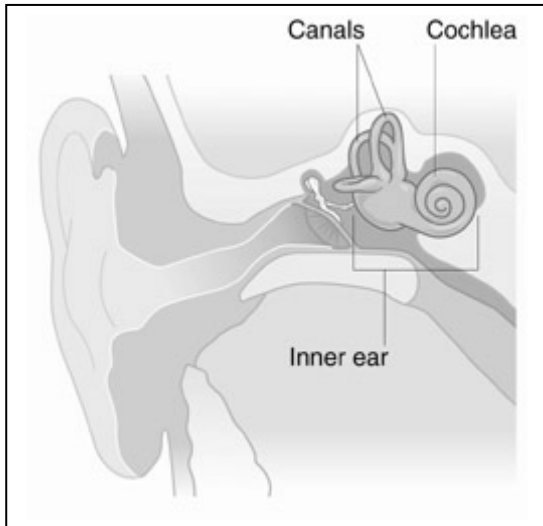


Meniere's Disease



Dr Iseli thinks that you may have Meniere's disease (endolymphatic hydrops). Meniere's disease is a term for the recurrent *symptoms* (problems) of episodic *vertigo* (the room or you seem to move) usually with *tinnitus* (ringing in the ears), hearing loss and a feeling of fullness in the ear. Although the underlying cause is unknown, symptoms are caused by raised fluid pressure in the inner ear. Episodes often come on suddenly and without warning. They are sometimes associated with *nausea* (feeling sick to your stomach) and vomiting. Hearing loss tends to progress

and hearing aids may help with this.

Diagnosis is made by typical symptoms and some tests. Testing with a hearing test (audiogram) may show typical changes and scans (MRI/ CT) are used to rule out other rare causes of vertigo (tumors, MS, strokes). Balance testing is required before more advanced treatments to check which ear(s) is/are affected. Although there is no cure currently for Meniere's, a number of strategies may be tried to reduce the number of episodes and treat the symptoms. Surgery is available if these measures fail.

NON DRUG TECHNIQUES TO REDUCE THE NUMBER OF ATTACKS

- If you smoke, STOP.
- Restrict your salt intake (ideally <2g sodium/day)
- Reduce caffeine consumption (caffeinated coffee, sodas, and chocolate).
- Control or reduce stress with regular exercise, consider acupuncture and psychotherapy to learn relaxation techniques.

QUICK TIPS FOR A LOW SALT DIET

- Do not add salt to food.
- Avoid convenience items and fast food which are often high in sodium.
- Choose unsalted snack foods.
- Buy lower sodium products often labeled as "lower sodium" or "no salt added".
- Check food labels to learn how much sodium is in one serving.
- When eating at a restaurant, ask that your food be prepared with less salt, or none if possible.

ADVANCED TECHNIQUES TO REDUCE THE NUMBER OF ATTACKS

- Diuretics. See your GP to start a diuretic (triamterene/ HCTZ usually start 37.5/25 and increase to 75/50 as tolerated). Your GP will need to monitor your blood pressure and may check your blood electrolytes (salts).
- Meniett device. A safe, non invasive device paid for by your insurance company. It requires placement of a ventilation tube by Dr Iseli in hospital. The device looks like an iPhone and applies air pressure into the middle ear through the tube for 5 minutes, 3x/day. The Meniett has been proven to reduce attacks in many patients.

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- Middle ear injections (gentamicin). Are considered for patients suffering frequent attacks despite the above treatments. They are very effective (90%) but have a small risk of permanent hearing loss (5%).
- Surgery is very effective and considered in cases when all else fails. Surgery carries the risk of permanent hearing loss.



TREATING A DIZZY ATTACK

- Lie down in a dark room. Do not drive during or near the time of attacks.
- Take prescribed anti-nausea medication (Stemetil – prochlorperazine 5mg by mouth or 25mg per rectum up to 3x/day; ondansetron 4mg wafers if this fails).
- Try motion sickness medication (meclizine 25mg 3x/day). If this fails, try prescribed diazepam 5-10mg up to 2x/day. Note that frequent use of diazepam should be avoided as it can be habit forming and reduced effectiveness.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- Nausea and vomiting are continuous.
- You have no relief from vertigo.
- You have weakness or numbness in your hands or legs, difficulty walking or speaking, loss of vision or double vision.

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