



EAR Institute of Chicago

PHONE: (630) 789-3110 FAX: (630) 789-6219



Hearing/Balance/Facial Nerve Disorders

Implantable Hearing Systems

Lateral Skull Base Surgery

OTOLOGY/NEUROTOLOGY:

Robert A. Battista, M.D.

AUDIOLOGY:

Vasilike Rauch, Au.D.

Kathleen Highhouse, Au.D.

Jill Messina, Au.D.

MAIN OFFICE/ HEARING AID CENTER

11 Salt Creek Lane

Suite 101

Hinsdale, IL 60521

We require a 24-hour notice of cancellation. A \$75.00 cancellation fee will be charged for cancellation not within 24 hours. The cancellation fee is an out of pocket expense.

VIDEONYSTAGMOGRAPHY (VNG)

Description: Videonystagmography (VNG) is an analysis of specific eye movements called nystagmus. The VNG will help in the diagnosis and treatment of patients who experience dizziness, vertigo, or imbalance. Specifically, the test may help determine if the dizziness is related to the inner ear system.

What to expect: The test is performed in our office by a Doctor of Audiology and requires about 1.5 to 2 hours. Goggles will be placed around your eyes. You will be asked to follow several visual and physical tasks during the evaluation. You may feel somewhat dizzy or fatigued following the test; therefore, **someone should accompany you and be able to drive you home afterwards.** Your physician will discuss the results with you in a timely manner.

What to do: To obtain the most accurate results, please:

- Stop diuretics (water pill) 5 days prior to the test, unless taken for high blood pressure.
- 72 hours before the test, do not take Valium (diazepam)
- 48 hours before the test, do not take Antivert (Meclizine), anti-nausea medication, antihistamines, antidepressants, Dramamine, Klonopin, migraine medication, Bonine, Librium, sedatives, sleep medications, or stimulants. Do not consume alcohol or take recreational drugs.
- 24 hours before the test, abstain from caffeine and caffeine products (i.e., coffee, tea, colas, chocolate, and nicotine).
- On the date of the test: eat lightly (i.e., juice and toast if being tested early in the morning). Do not wear eye makeup (i.e., eyeliner, mascara, eye shadow, etc.).

If you fail to follow these instructions, your test may need to be rescheduled.

Where to go: Ear Institute of Chicago

11 Salt Creek Lane, Suite 101

Hinsdale IL 60521

** You will be asked to provide billing and insurance information.

If you have questions: Please contact us at 630-789-3110 if you have any questions regarding a specific medication or any portion of this test.

Your appointment is scheduled for: _____/_____/_____ at _____
am/pm

I have read and understood these instructions.

Signature: _____

Date: _____