

## Electronystagmography (ENG)

Your Appointment is on: \_\_\_\_\_.

Ohio ENT  
4300 Clime Road  
Columbus, Ohio 43228  
(614) 275-4300

Judy L. Lazor, AuD, CCC-A, FAAA

### Instructions and What to Expect From Your ENG; Please Read Carefully!

An ENG has been scheduled for you in an effort to assist your physician in determining the cause of your symptoms. The ENG consists of several tests that contribute information on the condition of the balance system of the inner ear. This information will assist your doctor in developing your treatment plan.

Certain substances can influence the responses to the test and limit the usefulness of the test for diagnostic purposes. Please do not take any of the following medications for **48 hours (2 full days)** prior to the test unless instructed otherwise by your physician or your ENG clinician, at the number listed above.

- **Anti-dizzy pills (such as Antivert/Meclizine, Scopolamine, Phenergan)**
  - **Antihistamines**
  - **Cold or Allergy medications (over-the counter or prescription)**
  - **Sleeping pills, Anti-Anxiety medications, Depressants or Anti Depressants**
  - **Tranquilizers (such as Valium, Ativan, Xanax.....)**
  - **Prescription and non-prescription Pain medications**
  - **Alcoholic beverages**
  - **Diuretics (specifically prescribed for dizziness or imbalance)**
  - **Narcotics of any kind**
  - **Herbal remedies (such as Ginkgo, Valerian)**
- ...or, any medications which contain any of the above or are not considered "life-sustaining".**

**DO NOT DISCONTINUE** any heart, high blood pressure, or diabetic medications prior to the test. **This list is not complete.** If there is any question as to which medications are acceptable, call the office number listed above.

Please wear comfortable clothing and **refrain from using make-up of any kind; mascaras and liners included, facial creams, lotions or earrings the day of the test.** In addition, please do not eat at least 4 hours prior to testing unless you are diabetic. **If you are diabetic, DO NOT ALTER YOUR CURRENT DIET OR DIABETIC MEDICATION REGIMEN.**

The test may take up to 1 ½ hours. You may experience brief feelings of dizziness during some portions of the test. You may wish to arrange for someone to accompany you to your appointment.

**Please bring with you**, to your appointment, a detailed list of all current medications, the dosage amounts and the frequency. Please do not attempt to memorize them.

Please arrive early to your appointment in order to complete any pre-testing paperwork, if necessary. Please take care of any restroom needs prior to being called to your appointment. Consider bringing a snack for after testing is complete. **Failure to comply with these instructions may compromise the results of this test. As a result, it may be necessary to reschedule your ENG or you may be asked to sign a financial waiver in the event that your insurance does not make payment.**

**Please notify the office within 24 hours if you cannot keep this appointment.**