ACPIVR
THE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS INTERESTED IN VESTIBULAR REHABILITATION

Vestibular Schwannoma

This is a patient information leaflet designed to help answer the common questions asked about Vestibular Schwannoma. If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

What is a Vestibular Schwannoma (also called an Acoustic Neuroma)?

A Vestibular Schwannoma is a very rare, small, non-cancerous, slow-growing tumour on the vestibular nerve. This is also known as the 8th cranial nerve and it transmits information from the inner ear to the brain. This nerve runs through a narrow bony canal and carries messages to the brain about hearing and balance. A growth here can press on the nerve or sometimes grow out of the canal and press on parts of the brain. The cause of the growth is usually not known, it affects men and women equally and is most commonly diagnosed between the ages of 30 and 60 years of age. A rare condition called Neurofibromatosis Type 2 is also associated with benign growths on the vestibular nerve.

How is a Vestibular Schwannoma diagnosed?

One-sided hearing loss, balance and tinnitus (hissing noise in the ear) are usually the first symptoms people see a doctor/GP with. Balance may be affected in 50% of cases and if the benign growth presses on the nerve that supplies the muscles in the face there may be some facial weakness.

An MRI scan is the best type of scan to use for monitoring these tumours. However, occasionally a CT scan will be used instead if an MRI scan is not possible, for instance if you have any magnetic metal work inside your body. The MRI scan takes around thirty minutes and you will have an injection in your hand. The scan is painless, but it can be quite loud inside the scanner. Once the scan is done, the specialist will look at the scan and write to you with the result.

If the MRI scan shows a vestibular schwannoma, you will be given the diagnosis and referred to a neurosurgeon at a specialist centre for advice about the best management for you.

What are the treatment options for a Vestibular Schwannoma?

Medical Management Annual Surveillance Monitoring (Watch and Wait)

If the tumour is small (less than 1.5cm) the recommendation is to have an annual MRI scan to monitor any changes. If there is no change in size over a few years, they may extend the time between scans. If the tumour grows to more than 1.5cm alternative treatments may be discussed. The average growth rate is between 1-2mm per year and some don't change size over many years.

Surgery

An operation to remove the tumour may be considered, depending on its size, location, your age and other health conditions. Specialist skull base centres perform this type of surgery.

Radiotherapy (Gamma Knife Radiosurgery)

Radiotherapy can halt the growth of the tumour and is an alternative to surgery. It is only suitable for smaller tumours. It involves attending a specialist radiosurgery/Gamma Knife centre and having a special frame fitted to your head for an MRI and delivery of the stereotactic (very precise) radiotherapy. Follow up MRI scans re-check the size of the tumour and any signs of re-growth.

How can physiotherapy help?

A specialist Vestibular Rehabilitation Physiotherapist can offer you an exercise programme to improve your balance and reduce dizziness.

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Following an assessment, a treatment plan is agreed. This helps you work towards achieving your goals, for example returning to work. Vestibular physiotherapy treatment will include exercises for you to do at home. This can include eye and head movements and some exercises that challenge your balance. The exercises will be designed for your individual needs.

The exercises may be difficult, but your balance needs to be challenged to improve your symptoms. Commitment will be required to see improvements in your balance and you may be asked to do things that you do not like doing or have been avoiding. Daily exercise is important. Vestibular Rehabilitation helps the balance system compensate through movement. Exercises teach the unaffected balance mechanisms and the brain to adjust to the loss of sensory information on the affected side.

Support and understanding from family and friends, managers and employers is important. Your physiotherapist may be able to provide some guidance around how to discuss reasonable adaptations with your employer or workplace.

What else can I do to help myself?

Other things that will support your recovery are:

- Keep positive, be patient and accept support from those around you.
- Don't avoid doing things you enjoy even if they make you feel alittle dizzy. Avoid severe dizziness initially and build up your exercises gradually.
- Get out and about and keep active, for example dancing/ line dancing, gardening, swimming, tai chi and walking are all activities to promote balance and general fitness. You may need to build up steadily to do some of these activities. Choose something that you enjoy.
- Try something different. It is only by challenging balance that it improves.
- Practise relaxation and mindfulness. Be kind to yourself.

Acoustic neuroma and driving

You can be fined up to £1,000 if you do not tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

Car or motorcycle licence

You must tell DVLA if you experience sudden and disabling dizziness.

Talk to your doctor if you're not sure if your acoustic neuroma causes other symptoms that will affect your driving, or if you must tell DVLA about them.

Fill in forms B1 and DIZ1 and send them to DVLA.

The appropriate forms can be found online:
www.gov.uk/dizziness-and-driving

Bus, coach or lorry licence

You must tell DVLA if you either:

experience any sudden and disabling dizziness

have acoustic neuroma in both ears

You do not have to tell the DVLA if you have not experienced sudden and disabling dizziness and only have acoustic neuroma in one ear.

Fill in forms B1V and DIZ1V and send them to DVLA.
The address is on the form.

After surgery you can gradually return to driving as long as you feel safe to do so.. Always take advise from your doctor or surgeon.

Flying

Travelling by aeroplane should be avoided for at least three months after vestibular schwannoma surgery.

Useful websites:

British Acoustic Neuroma Association
bana-uk.com

gov.uk/acoustic-neuroma-and-driving

The Chartered Society of Physiotherapy (2013)
Physiotherapy Works: Vestibular Rehabilitation
csp.org.uk