Labyrinthitis and Vestibular Neuritis

What is labyrinthitis and vestibular neuritis?

Vestibular neuritis (sometimes called vestibular neuronitis) means inflammation of the vestibular nerve. This is the nerve that comes from the inner ear that takes messages from the semi-circular canals to the brain.

Labyrinthitis means inflammation of the labyrinth in the inner ear. This causes the same symptoms as vestibular neuritis, with the addition of hearing loss.

What are the symptoms?

The main symptom is vertigo, a feeling of spinning or moving when still. Initially, the vertigo can be quite intense lasting 1-2 days, though this may be longer. People may also feel nauseous or vomit and symptoms are often worse on movement. The two conditions are separated by their associated symptoms: labyrinthitis is typically associated with hearing difficulties and tinnitus; neuritis is typically not.

How common is it?

Exact figures are unknown, although it is estimated that about 5% of all dizziness is due to labyrinthitis or vestibular neuritis.

What causes the dizziness?

The balance organs in our ears are used to working together, sending information to the brain to keep us steady. However, if one balance organ is sending less information to the brain than the other, this can lead to dizziness. At first, people typically experience an intense and constant spinning sensation lasting several days. Following this initial period, the dizziness is then mainly caused by head movements.

Are my symptoms likely to improve?

Yes. The brain is quite good at compensating for this difference in balance organ function over time and typically people start to feel better after a few days or weeks. However, this process can be speeded up by performing a set of individually tailored balance exercises. These aim to provoke the symptoms of dizziness in a mild and controlled way in order to help the brain accept the changed signals or to 're-calibrate' itself. By remaining active and performing the exercises, ideally for 10-15 minutes, twice a day, you should notice an improvement in your symptoms within a few weeks.

Is it likely to happen again?

Fortunately, for most people (over 95%) vestibular neuritis or labyrinthitis is a one-time experience.

Things you can do to help

Labyrinthitis or vestibular neuritis usually gets better on its own, but there are things you can do to ease the symptoms.

- **Do** -lie still in a dark room if you feel very dizzy
  -drink plenty of water if you're being sick – it's best to drink little and often
  -try to avoid noise and bright lights
  -try to get enough sleep – tiredness can make symptoms worse
  -start to go for walks outside as soon as possible – it may help to have someone with you to steady you until you become confident when you're out and about, keep your eyes focused on a fixed object, rather than looking around all the time

- **Don't** -drive, cycle or use tools or machinery if you feel dizzy
  -drink alcohol – it can make symptoms worse

If you have symptoms of labyrinthitis or vestibular neuritis that do not get better after a few days or are getting worse contact your GP. If you suddenly lose your hearing in one ear then contact your GP or NHS111.

Treatment for labyrinthitis or vestibular neuritis

If you have labyrinthitis or vestibular neuritis, antihistamines or motion sickness tablets may be prescribed for up to 3 days. Do not take them for any longer, as they can slow down your recovery.

Labyrinthitis or vestibular neuritis is usually caused by a viral infection, such as a cold or flu, so antibiotics will not help.

Exercises for long-term balance problems

Sometimes, balance problems can last for much longer – for many months or even years.

Vestibular rehabilitation is a series of exercises that can help restore balance. You should only do the exercises under the supervision of a specialist such as a physiotherapist or audiologist.

You can ask a GP to refer you to a physiotherapist, or it may be possible to refer yourself directly.

Acknowledgements:
Royal Berkshire Hospital https://www.royalberkshire.nhs.uk/media/irbfwowf/labyrinthitis-and-vestibular-neuritis_jan24.pdf accessed 30.07.2025
https://www.nhs.uk/conditions/labyrinthitis/ accessed 30/.07.2025

If you need further advice, please contact the Emergency Department – details below
Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback
Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)
If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.
Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.
If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.
If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743