Your Guide to Adult Cochlear Implantation

Information Presentation

Prepared by The Comprehensive Ear and Hearing Center
Welcome!

From the entire University of Chicago adult cochlear implant team, we want to thank you for visiting with us as you begin your journey towards cochlear implantation. We hope this presentation provides you and your family important information to help navigate this process, which understandably can seem overwhelming at times.
What is a cochlear implant (CI)?

CIs are used to restore inner ear hearing when traditional hearing aids are not enough.

It can be thought of as a “bionic ear”

A CI consists of two parts:

1. **Internal device**: this is implanted by your surgeon and consists of a magnet, receiver, and special electrode which is threaded into the cochlea to stimulate the hearing nerve directly.

2. **External device**: this is worn over the ear and contains a microphone, processor, and magnet, which sends the signal to the internal device.
What is a cochlear implant (CI)?

This is an example of what an external device looks like:
What is a cochlear implant (CI)?

Here is an example of an internal device (under the skin):
What is a cochlear implant (CI)?

Here is an illustration of both components in place:
What is a cochlear implant (CI)?

Some companies also offer an “off-the-ear” option
What is a cochlear implant (CI)?

We offer all three devices from US FDA approved manufacturers:
Evaluation Process

You will meet with a CI surgeon and an audiologist

There are no painful or invasive tests during any evaluation

Evaluation (Audiologist):

- Review prior hearing tests (audiograms)
- Test hearing with and without your current hearing aids, in conditions with and without background noise
- Test speech understanding (word discrimination)
- Administer hearing quality of life assessments
- Review available CI devices from various manufacturers
- Discuss realistic expectations and outcomes
Evaluation Process

Evaluation (Surgeon):

• Perform a detailed medical history and a thorough examination with a focus on the ears
• Assess the anatomy of inner ear structures with a CT scan or MRI, if this has been done prior. If not, a CT scan or MRI may be ordered by your surgeon
• Discuss the surgery and associated risks and benefits
• Evaluate your vaccination status and review vaccination recommendations
• Review reports of hearing assessments from the audiologist
• Discuss realistic expectations and outcomes
Evaluation Process

One strength of our program is the collaborative relationship between our team members.

We will review all assessments to provide what we believe is the best recommendation for each patient.

In general, our team will only offer a CI if we collectively agree that it is likely to result in a major improvement in your hearing—not just subtle improvement.
Candidacy

Traditionally, patients with bilateral, severe sensorineural (inner ear) hearing loss who no longer get adequate benefit from traditional hearing aids are candidates.

Candidacy is also expanding to patients with hearing loss in only one ear, as well as those who still have some residual, low-frequency (bass-tone) in their ears.

Depending on your performance on the hearing tests, you may qualify for implantation. There are certain “cutoffs” for performance, i.e., you have to perform “poorly” enough to qualify. Medicare/Medicaid and the vast majority of private insurance carriers will cover cochlear implantation if the scores meet these cutoffs.
Candidacy

ABSOLUTE contraindications
Only a few, rare instances where implantation is not possible:
• Absence of cochlea
• Absence of a cochlear nerve

RELATIVE contraindications
• Active ear disease or infection
• Severe malformations of the cochlea
• Significant medical comorbidities or an inability to safely tolerate general anesthesia
• Significant psychiatric conditions that would limit proper device use
• Poor psychosocial environment where a patient is isolated and unable to practice communication
• Unwillingness to participate in follow-up or rehabilitation process
Surgery

Surgery is performed under general anesthesia

Typically 1-2 hours (per ear)

Done as an outpatient, meaning you can go home later in the day

There is typically not major downtime or pain

During surgery the device will be tested to make sure it is working properly
Surgery

What are risks of surgery?

- Bleeding around the device
- Infection
- Device failure
- Device extrusion/exposure
- Imbalance/dizziness
- Possible loss of some or all natural (or residual) hearing if present before surgery in the ear implanted
- Change or alteration of taste
- Facial nerve weakness or paralysis
- Meningitis (rare, but the reason for the vaccination recommendations)
- Leakage of brain (cerebrospinal) fluid
- Risks from general anesthesia; depending on your medical comorbidities, pre-operative testing/clearance may be requested from your primary provider or other specialists
- Failure to improve or gain adequate benefit from the device
Your surgeon will review these risks with you in more detail, but in general these risks are quite rare and the surgery is well tolerated.
Surgery

A small, C-shaped incision is made behind the ear. This allows access to the mastoid bone to place the implant.

Only a small amount of hair may needed to be shaved from this area, if any.
Surgery

When you wake up, you will have a gauze pressure dressing over the ear. You can remove this in 1-2 days.
Recovery

Pain is usually minimal; often times Tylenol or Ibuprofen is all that is needed, rarely will a short course of stronger pain medication be required.

You will be prescribed a short course of antibiotics to take to help prevent infection.

Some symptoms you might notice after surgery include:

- Numbness of the outer ear (auricle), which is a result of the incision behind the ear
- Dizziness/imbalance for a few days
- Stiffness/soreness of the neck
- Some pain or soreness when chewing
- Change in taste or a dry mouth
- Popping, fullness, or pressure sensation in the ear (from blood or fluid that collects in ear)
Recovery

1-2 weeks after surgery, you will have your first-post-operative visit with the surgeon to assess the wound’s healing.

Please notify your surgeon if any of the following occur before your visit:

- Persistent, bright red bleeding from the wound
- Significant swelling/bruising over the wound
- Signs of infection, such as high fever, redness of wound, drainage that is yellow-green or foul smelling
- Signs that the incision is coming apart or breaking down
- Extreme pain that is not relieved with medication
- Persistent, clear fluid leaking from nose
- Persisting dizziness or vertigo that is so severe it limits mobility or ability to tolerate food/drink
ACTIVATION
Activation

This is the day you’ve been waiting for! It is important to realize your device will not be activated immediately after surgery. This is to allow proper time to heal and swelling to go down.

2-4 weeks after surgery, you will return to have the device activated with your audiologist.

The initial speech you hear through the implant may sound unnatural. It is hard to predict what you will experience, but for many this is often an exciting day!

*Please do not get discouraged with the sound quality at your activation.* This will only get better with time and continued practice! *Remember,* you are learning how to hear again in a totally new way!
Activation

To activate your device, the external speech processor has to be “mapped” or programmed for you to hear sound.

With computer software, the electrodes of the implant are stimulated. You will hear a series of “beeps” and the audiologist will measure your response to these sounds to determine levels that are loud but comfortable.
Follow-up

During the first few months of hearing with your implant, reprogramming or “mapping” is done numerous times with your audiologist. As your hearing and understanding with the CI improves, fewer reprogramming visits are needed, and many patients can be spaced out to annual visits.

We have a skilled speech and language pathologist with specialized training in aural rehabilitation (auditory therapy). During these comprehensive evaluations, your speech, listening, memory, reading, and writing skills may be assessed with the goal to help you better use the implant.

Your surgeon will often periodically assess the wound and your performance, but most of your early follow-up will be with your audiologist.
Frequently Asked Questions

Do you recommend one device company?

Which ear to implant?

MRI safety?

Vaccinations?

Statistics about our center?

Include some of the group photos to make it more personal
Thank you!