Chat Transcript
"Topic: "Moving from Hearing Aids to Cochlear Implants: How to Decide"
Guest Speaker: Jane R. Madell, PhD, CCC-A/SLP, Cert AVT
April 23, 2009 at 7 P.M. (EDT)

Moderator: Good Evening.

My name is Toni Barrient; I will be the Moderator for this evening’s chat. The Hearing Loss Association of America (HLAA) is proud to present live moderated chats, featuring the nation's leading experts in hearing loss and hearing loss issues.

This is your opportunity to ask a question and learn more about hearing loss from leaders from a variety of disciplines associated with hearing loss.

This evening’s session will be a moderated chat. I ask that you please hold all your questions for the first half of this evening’s chat. The first half hour of this evenings chat will be for our guest speaker to answer all the questions that have been submitted in advance. Once those questions have been answered I will open the floor for questions and you may ask our guest directly.

Our topic tonight is: "Moving from Hearing Aids to Cochlear Implants: How to Decide” Our expert answering your questions this evening is Dr. Jane Madell.

Dr. Madell is Director of the Hearing and Learning Center and co-director of the Cochlear Implant Center at New York Eye and Ear Infirmary, and Professor, Clinical Otolaryngology, Albert Einstein College of Medicine and New York Medical College. She received her doctoral degree from the University of Wisconsin in 1969.

Dr Madell is a certified audiologist, speech-language pathologist and auditory verbal therapist. Dr Madell’s clinical and research interests have been in the area of evaluation of hearing in infants and young children, management of hearing loss in children with severe and profound hearing loss, selection and management of amplification including hearing aids, cochlear implants and FM systems, assessment of auditory function, and evaluation and management of auditory processing disorders. Dr Madell has published 3 books, and numerous book chapters, and journal articles. She is a frequent presenter at professional meetings and we are so fortunate to have her with us this evening.

Welcome to the HLAA chat room, Dr. Madell.
jane_madell: Thank you Toni and HLAA chatters. I am delighted to be here with you. I hope this will be a valuable hour and that we can answer lots of questions.

Moderator: Dr. Madell we have many questions for you this evening so I will get started right away.

Thomas from Florida: I have nerve deafness and aids don't seem to do much good. Does it make sense for someone my age (69) to get implants?

ejane_madell: Your age has nothing to do with whether you will benefit from an implant. We do implants on people in their 90’s if they are appropriate candidates. The first question is whether you are an audiological candidate and that depends on your hearing loss and your benefit from hearing aids. Then we need to know that you are healthy enough to undergo surgery. If you are, go for it.

From Jenna: What are your thoughts on how a 30 year old with severe-profound hearing loss should balance the benefits and risks of getting a cochlear implant with the possibility of hair cell/nerve regeneration procedures potentially being available in a decade or two?

jejane_madell: The answer to that depends on how you are managing now. If you are doing relatively well you can wait. But you are giving up having an easier life now for the possibility that MAYBE you will hear better in 10-20 years. We do not know how well hair cell regeneration will work or if it will work well for people with long term hearing loss. If you do one ear, you have the other ear for future technologies and you will receive good benefit now. We find that many young adults choose to go this route, and many then do the other ear because the benefit of doing well now is more powerful than “maybe” doing well in the future.

From -Mary, IL: Hi: I am currently wearing a hearing aid in my left ear; with considerable hearing loss in right ear that was determined it was not able to amplify. Is there an age limit when cochlear implants are no longer advisable? My hearing is continuing to decline in my left ear and I am very fearful of total hearing loss. Thank you.

jejane_madell: There is no age limit with cochlear implants. How well you will do depends on many things and they cannot all be predicted in advance. It is generally thought that you will do better if you have had some exposure to sound in the ear to be implanted. In other words, people you have never worn hearing aids are less likely to do well with implants than people who have had hearing aids even if they got very little benefit. That is generally because their brains have received auditory stimulation and they are able to learn to use sound when they get implanted. That said, there are a lot of people who did not wear a hearing aid in one ear who do very well. In your case, you are not using your right ear so you have nothing to loose by implanting it and seeing how much you can learn to use it. Especially since you are concerned about losing more hearing in the other ear, this would be worth considering.
**From Nancy in California:** I lost my hearing due to auditory nerve damage because of surgery. I have vestibular neuronitis; I had a retrolabyrinthine section which failed and then a trans temporal nerve section on my left ear due to the vertigo. I lost my hearing completely in the left ear but the vertigo is gone. I had a BAHA implanted and then I started developing an intermittent plugged ear. I was told it was allergy. I was told I need a hearing aid. I purchased a Siemens Centra in canal digital. I've had nothing but problems from day one with it. When my ear is plugged it doesn't help at all. I went to the House Ear Institute in Orange, CA. I saw a Dr. Luxford. He told me to get the hearing aid and if my hearing gets bad enough to do a cochlear implant. What if my auditory nerve there gets damaged? I'll be profoundly deaf. I am in a quandary as what to do. My hearing is very bad and my aid just doesn’t work properly. I don’t know what to do anymore. What are your suggestions? I can't believe my plugged ear is from allergies; I take Allegra daily and have for year. I recently had ophthalmic migraines and was put on high does prednisone. It sometimes helped my hearing but not to any great extent. I'm now off the prednisone. Thanks in advance for your help.

**jane_madell:** Your situation is very complicated and not easy to answer without more information. I can tell you that Dr Luxford is an excellent physician and very knowledgeable. It sounds like there is more than one thing going on with you. I would take all your case records and get an opinion from more than one qualified otologist. There are a number of good people in California. Do not rule out cochlear implants. If you are a candidate, it might make a big difference for you.

**Pam, PA:** How do you tell if cochlear implants will make things better for a person who has been deaf since age 3 (am 61 now)? I wear a behind the ear aid. My biggest problem is differentiating sounds on the phone.

**jane_madell:** Determining if a CI will help depends on your hearing. We implant lots of people who have had long term hearing loss and many do well. We expect that a person who is a CI candidate will do better with the CI than with hearing aids. The question is what is your unaided hearing and how do you do with appropriate hearing aids. Cochlear implants are recommended for people with severe and profound hearing loss. So that is the first thing. Do you have a severe to profound hearing loss?

Second, how do you do with hearing aids? Some of the people who come to our center for evaluation are not wearing the right hearing aids. When we try new hearing aids on them they find that they are doing well enough so that they do not need a cochlear implant. Others do not do well enough so they are cochlear implant candidates. Age is not the factor. How you hear is the factor. If the phone is your main problem you can consider an amplified phone or a connection directly from the phone to your hearing aids. Your audiologist should be able to help you with this.
George in CT: Wear a Starkey aid (DaVinci) in right ear. Have not been able to obtain success in left ear. Had little success with a bi-cross. Had a fenestration surgery about 61 years ago in right ear (and revision). Had Stapes procedure and revision in left ear about 50 years ago (unsuccessful) Do you think a cochlear implant would be appropriate for me- in left ear? Is it possible to function successfully with an aid in one ear and an implant in the other? I would be processing sound differently from one side to the other. Would that be compatible? Also, I was told that I have nerve damage in the left ear. Will that preclude having a cochlear implant? Also, is this all possible at the age of 84?

jane_madell: Yes it is possible at 84. We have implanted people into their 90’s. If you are healthy enough for surgery than you can consider a cochlear implant. Yes it is possible to do well with a HA in one ear and a CI in the other, in fact, we recommend it. Two ears give you lots of advantages – they improve the ability to localize (to tell where sound is coming from) and improve the ability to hear in competing noise. We encourage new CI users to practice listening with the CI alone for a few hours a day to speed the ability to learn to listen to this new signal and to build listening skills with the CI, but the rest of the day, and in all critical listening situations (like school and work) we encourage people to use a HA and CI together. As for the nerve damage, that means different things to different people. Usually it means that the damage is in the cochlear. That is exactly who a CI is designed for. If there is damage to the auditory nerve itself (as in having a tumor on the nerve) then a CI will not help but that is a very rare situation. Your otologist will be able to answer that question. The surgery that you have described in middle ear surgery so it should not affect the cochlear where the implant is placed.

Ellen from VA: What improvements have been made in the cochlear implant in the last 2 years?

jane_madell: There have been a number of changes in cochlear implants. There are improved programming strategies, and advances in the way sound is being processed. The speech processors are getting smaller and are more water resistant. Processing speech is faster making it more like normal speech. Usually the underling question when someone asks me this is “Should I wait to see what else is coming down the pike?” The answer to that is NO. While implants are always getting better, many of the changes will be able to be adapted with the current implants. We have people implanted 20 years ago who do wonderfully with their devices. The brain is a wonderful thing. If it has access to sound it can learn to adapt.

Richard from Ohio- My hearing loss is profound my speech comprehension is 50% or lower and have been told I would make a good candidate for an implant. But the space between my ear and head is narrow, and any hearing that is too thick causes eventual pain. The BTE processor for am implant looks even thicker, so an on body processor has been suggested. But isn't the on body processor with wires running through your clothing a weak compromise. I also hear that you greatly sacrifice directionality with the on body processor.

jane_madell: All the manufacturers have options that would work for you. With the AB body worn (PSP) there is nothing behind the ear because it's all included in the headpiece. Cochlear and Med-EL have "off the ear" options as well but the mic/processor is worn on the shoulder. This is not the best place for a mic. It is best if it at the ear. Some patients who had
similar issues with the BTE find that mole skin (Dr Scholls pads for corns on the feet) along the spine of the processor can alleviate some pressure and/or irritation.

**Su from California:** I have moderate to profound sensory neural hearing loss both ears, though Rt is a little better than Lt ear. This is due to cochlear otosclerosis. I have heard CI is less successful & more difficult to place the electrodes in cochlea that is otosclerotic. I am nervous about getting CI, though my ENT doc recommends it. Could you comment on this? Thank you.

**Jane_Madell:** Cochlear otosclerosis can affect the ability to get a CI only if there is significant ossification of the cochlea which can sometimes occur with cochlear otosclerosis. It is rare, but it can happen. Otherwise, it should not affect the benefit of the CI. A CT scan will tell your surgeon if you have ossification in the cochlear.

**Laura’s question:** Recently I was advised CI would be my best move as my progressive hearing loss is quickly advancing. I am 47 and have worn aids 20 years, all ITE. Is it unusual to skip BTE stage straight to CI? I have tried BTE’s but never had good tube fit that wouldn't cause pain. Also for my severe loss, even newest advanced features such as for the phone did not work as well as my ITE’s.

**Jane_Madell:** I think it is worth a try with BTE’s before you move on to a CI. In our experience, there are no ITE’s that are as powerful as BTE’s. Before you go through surgery you want to be sure that there is nothing short of surgery which will meet your needs. The new hearing aids are more powerful and provide more of an ability to adjust the signal than have been available as recently as 2 years ago. In my opinion, you should give yourself the opportunity to try before you go for surgery. The phone should not be a problem. You should find an audiologist who routinely fits people with severe and profound hearing losses with BTE hearing aids so you know that you have someone working with you who has experience in this area. Remember, the great majority of people who use hearing aids have mild to moderate hearing losses. You need to be working with someone who has experience with severe and profound hearing losses.

**Terry from Maryland:** How young can a child be to do an implant?

**Jane_Madell:** The FDA says that children should be implanted after 12 months but many centers are implanting children at younger ages. We know that infants have very plastic brains and that if the have auditory access early then they can develop speech and language commensurate with their normally hearing peers. So our viewpoint is, the earlier the better. As soon as you know for sure that a child has a severe to profound hearing loss and are sure that the child will not receive sufficient benefit from hearing aids than CI’s should be considered.

**Naomi from Ohio:** I have 80% hearing loss in my Lt. ear and 20% in the left. I was told last year I would probably be eligible for a cochlear implant in 2 yr. I have great difficulty hearing the spoken voice at plays, church, large group meetings, etc. I wear hearing aids. The Lt. ear is supposed to stimulate the nerve only. Is there anything I can to improve my hearing until I can have a cochlear implant?
**jane_madell:** If you have an 80% hearing loss in your left ear than I do not understand why you are not a cochlear implant candidate in that ear now. First I would ask for another opinion. Second, everyone with hearing loss (and many people without hearing loss) have difficulty hearing in plays, church, or large group meetings. Hearing aids or cochlear implants are not enough in those situations.

I strongly recommend that you try some other assistive devices. Many theaters and churches have infra-red systems or FM systems and you should certainly be using them. You can usually rent them for a small fee. The amplification system from the theater is sent directly to the device so you will be able to hear it right in your hearing aids. It is usually necessary that you have a telephone coil in your hearing aid so that you can use this.

Ask at your church if they have one, and ask at the theater or at the meeting facility. If your church does not have one, and if they do not, ask them to consider getting one. I can assure you that there are many people who would benefit. You do not need to use hearing aids to benefit. People who do not use hearing aids can wear small earphones to help them hear through the assistive device. Ask your audiologist to help you get the information you need about what is available in your area.

**Brenda from Texas:** My daughter is 8 and has had a CI since the age of 2. She currently uses a hearing aid on her other ear and does seem to get some benefit even though it shows to be severe to profound when tested. Should we be considering another CI at this time? How much speech therapy/audio verbal therapy would needed for full benefit of the additional CI? Would insurance pay for a second CI?

**jane_madell:** Whether or not to get a CI on the other ear depends on how well she is doing with the HA. What is her speech perception with the hearing aid? Does she have binaural benefit (does the HA improve her speech perception when she is using it with her CI?) Does she hear better with both than with one?

At the current time, hearing aids provide better music perception than cochlear implants so we have some kids who are particularly into music who want to continue to use a HA even though their speech perception is poorer with the HA than with the CI. However, speech perception with the CI will likely be better than with the HA, especially in competing noise. Most of our families are electing to go for the second CI. While it requires arguing with the insurance companies, it is usually possible to get the insurance company to pay for the second implant.

**Su again from California:** How long does cochlear implant last? Any long term data on how long people hear well with CI? 10-20yrs or more or less? Thanks very much

**jane_madell:** There are a lot of people you have been wearing them for 20 years and continue to hear well. That is as long as they have been around.

**Robben:** Thank you SO much for taking time to help us in the hearing impaired world! I am 42yrs old & moderately to severely sensory/motor hearing impaired and it is hereditary. I wear bilateral BTE hearing aids. My question is at what point does one know when to go from hearing
aids to the cochlear implant? I would think it is based on several things such as word recognition, ability to function in the work & real world, as well as type of hearing loss. Thanks again for your time.

jane_madell: You are correct. All those things are factors. Hearing loss should be severe to profound (worse than 70 dB). Speech perception should be poor. Medicare requirement is 40% or poorer on sentences but many centers implant people with better scores. Basically, if you feel you are managing well in your every day life you are not a candidate but if you feel you are struggling, you should be evaluated.

Joyce from Florida: I have just been advised that my hearing loss is 100% in noisy environments. Hearing Aids have not helped as I can hear high pitched noises extremely well. I have been provided an FM tool. It helps some but I wondered if there is more than one provider of FM devices? I paid $4000.00 for this one and it has had some problems in the first few weeks. I do not want to go to Cochlear implants yet, even though the doctor has advised I am a candidate. I still have parts of my hearing (even though not most voices) and do not want to do away with what I have. Any advice or guidance?

jane_madell: There are several different companies that make FM systems. Not all the companies make all kinds so which one is right for you would depend specifically on your hearing loss and the situations you want to listen in. However, if you are not hearing voices then it is time to consider a cochlear implant. Remember, if you do an implant in one ear you still have your other ear so you are not doing away with your hearing.

Several people have brought up the issue of “giving up your hearing” to have a cochlear implant. I think it is important to remember that you are almost always getting a lot more than you are giving up. Almost everyone is so happy to hear voices and to follow conversation again with a CI that they wonder why they took so long to make the decision. If you are struggling to communicate, you are missing a lot. Maybe a cochlear implant would be worth considering.

Helen from Missouri: I wear hearing aids, which make sounds louder, but I don't understand what is said. Would a cochlear implant aid in understanding?

jane_madell: That depends on a lot of things. What is your degree of hearing loss? And what exactly do you mean when you say that you do not understand speech? For many people who have problems understanding with hearing aids, we expect that they will do better with cochlear implants but without your individual test data I cannot answer the question for you personally.

Cynthia from Virginia: Hello, I am a CI recipient. I am also a certified Peer Mentor for Hearing Loss. The certification is from Gallaudet's Audiology two years program. I am still frustrated with local Audiologists not being familiar with CI. I would very much like to be shown how to enjoy music better, how to improve listening group conversations, etc. What do you suggest? I have contacted numerous Audiologists to offer my Service as a Peer Mentor to no avail.
I am also frustrated by how much many audiologists do NOT know about cochlear implants. Some of the CI manufacturers are trying to work with local HA audiologists to try and educate them but it will be awhile before this happens.

**jane_madell:** Your CI audiologist should be the person who can help you with music and with listening in noise. You may benefit from having a music program in your speech processor. For listening in noise I would strongly recommend using an FM system. That will help a lot. Music is still a problem for cochlear implant users and a few of the CI manufacturers are working on it.

**Mary, New York:** Is there significant research to recommend against implanting an ear that has been deaf since childhood in an older adult? Balanced against the risk of implanting the only remaining ear, and the stress of the totally deaf post-implant waiting period?

**jane_madell:** If the person has been using a HA in the ear that has been deaf since childhood than, even though the person does poorly with the HA the person can do well with a CI. If the person has not worn a HA than the CI evaluation process will include trying a HA so you will be able to see if you get anything at all with that ear. I fully understand your concern about giving up your only hearing ear and the period of time until you would learn to listen with the CI. I would suggest that you can consider implanting the poorer ear and, if it turns out that, because of the severity of the hearing loss and the length of deafness, you do not receive enough benefit, you can consider implanting the better ear, later.

**Norm from Pennsylvania:** I received my CI May 2008, hook-up June 2008 in my right ear, which I did not hear well since childhood, my left ear was normal. Hearing loss began in my left ear at age 50. At the time of hook-up I was able to hear right away. However I have a lot of noise which has not left. I do have tinnitus which got worse since the implant. The Doctor called the noise nerve stimulation, which should leave. After 10 months it has not. I hope to receive a bilateral in the future. What is the possibility of having the same noise in my other ear? Thank you.

**jane_madell:** I do not know the answer to that. It is always a risk. Almost always the tinnitus is short term.

**Bonnie from California:** I have profound high frequency loss in both ears, but normal low frequency loss. Is there an implant that would preserve my low frequency hearing? I am currently scheduled for a cochlear evaluation at House Ear Institute. Thanks much

**jane_madell:** Yes there is. Which particular device is appropriate for you depends on the specifics of your hearing loss – where exactly do you hear normally? If it is only in the very low frequencies (250 Hz) a standard cochlear implant would be recommended. If the hearing loss is good through 1000 Hz than severe to profound there are short implants made by Cochlear Corp and by Med El. Because they are short electrodes they only affect the high frequencies and the person can hear with the ear open for the low frequencies or can use a hearing aid if needed. The Med El device has a HA and CI combined. This can provide a significant improvement in the ability to hear.
**Mary K from Virginia:** My audiologist's wife had discouraged me from looking into this option. She said that what you hear is not natural. I understand it is different as ever hearing aid you try has a different sound and takes time to adjust. Do you think her concern is valid? I do understand it is not the same a regular hearing.

**jane_madell:** Of course it is different than normal hearing but a hearing aid is also different than normal hearing, and a hearing loss sounds different than normal hearing. People who benefit from cochlear implants have significant problems understanding speech. Their speech perception scores are poor (that is why we are recommending that they consider a cochlear implant.) For those patients, a cochlear implant makes all the difference in the world. It enables them to communicate in a much easier fashion with those around them. In the beginning it sounds “funny”. People say it sounds like an electric voice or a cartoon character but in a very short time people are able to hear and to understand speech. So, no, I do not think that is a valid concern. What does your audiologist say? He should have more information about this than his wife.

**Earl from California:** What advice can you give a cochlear implant candidate regarding the selection of the device or manufacturer to go with for one's implant?

**jane_madell:** I can assure you that if you are a candidate, you will do better with any implant than you do with your hearing aids. Which device you choose is a personal decision. First you want to be sure that your surgeon and your audiologist are comfortable with the device you are choosing. You do not want to select a device with neither of them has used before. Chances are it would be fine but I would prefer not to have someone experimenting on me. Each system has some advantages so ask your audiologist to describe them all to you. Some people like the way one looks when compared to others. Some select ones that have some programming factor that they consider better and others pick ones that friends have found useful. Whichever you choose, you will hear better. All three manufacturers make excellent devices.

**Robert from Maryland:** Lap swimming is my only exercise. Can a cochlear implant deal with frequent immersion in chlorinated cool water?? Is a bathing cap sufficiently protective?

**jane_madell:** Absolutely. This is no problem once the incision heals.

**Mary Louise from Oregon:** I am 87 with profound hearing loss, late deaf progressive since age 55. Really quite deaf now. Hearing aids no longer help. My family and friends don't understand why I am so reluctant to undergo cochlear implanting. I am wary of the discomfort and risks involved with the surgical process, and at my advanced age deplore the length of time and effort involved in finally acquiring enough of an improvement to overcome the disadvantages. Statistically, what would be the chance of enjoying music again? That alone might make it worthwhile. Is my resistance reasonable?

**jane_madell:** I understand your resistance but if you are having problems communicating that you should consider going for it. If you are healthy and can undergo surgery, then implants can be considered. As one of our surgeons says, the ear is not a movable body part (like your arm) so
it does not move around a lot and there should be minimal pain. It does take time to learn to hear with the implant but we are talking about a few months. If you are a healthy person, we should assume that you will be around for longer than that and hearing during that time will be nice. As far as music is concerned, everybody is different. Some people do okay with music and others do not. If you have a memory of music, that helps.

**Phyllis, Minnesota:** I am going to receive a cochlear implant this summer at the Univ. of MN. I have to decide in which ear I want the implant. One ear is better than the other and the audiologist thinks that is the one I should choose. Is there any consensus on which is the better ear to choose?

**jane_madell:** The answer depends on what you are hearing in each ear. If you hear well enough in one ear to use a hearing aid, implant the poorer ear. If you cannot hear well with a hearing aid they go for the better ear. It will likely give you the better results.

**Last Question from Sandra in Wisconsin:** Is there information I can get to learn more about this Implant?

**jane_madell:** The best thing to do is to go the internet and look up each of the implant companies Cochlear Corporation, Med El, and Advanced Bionics all have lots of very good information on their websites. They are a treasure trove of information. Then talk with your audiologist. He or she will be able to help. If there is a CI support group in your area that may also be helpful.

**Moderator:** I am going to open the floor for questions. One second here.

Moderation stops.

**Moderator** you may ask your questions now..

**Pat** Pat From PA, I Am Going To See My Surgeon Tomorrow Regarding My Implant On June 5. What Do I Need To Ask Him?

**jane_madell:** Pat have you already had an evaluation to determine if you are a candidate? If yes, ask your surgeon what to expect from the surgery and from the recovery. Ask your audiologist what kind of benefit you are likely to get and also ask what kinds of activities you can participate in that will help you to improve faster

**joegordon, Dr** Madell, Is the Lyric hearing aid similar to a CI? Thank you.

**jane_madell** Joe - the Lyric is a hearing aid. It is nothing like a cochlear implant.
Dianen, I am concerned about the risks associated with the surgery - facial nerve paralysis, vertigo, etc. How frequently do these adverse reactions occur, and how can I assess the likelihood of an adverse reaction personally?

jane_madell Dianen - they do occur but rarely when in the hands of a good surgeon. You need to ask your surgeon how often she or he has done this surgery and ask what their complication rates are. Most surgeons use a facial nerve monitor so they can tell if they are getting close to the facial nerve and can stop before a problem develops. Some people get dizzy but it is almost always short lived.

Specks What is the technological life cycle length of CI devices and where are we with the current models, i.e., is there likely to be any new versions of CI released in the next 6 to 12 months?

jane_madell: Specks - we have patients who have been using devices for 20 yrs and are still doing well. Yes new things do come out but I do not think it is worth waiting.

Psmith, during the evaluation to see if you are qualified for CI. You aid 70 db or higher combined or just one ear.

jane_madell: Psmith - the FDA says that you need to hear at 70 db or poorer. Usually we do not do an implant if one ear is much better that 70 but sometimes we do.

tracy_bater, I will be seeing my Primary Doctor on Monday April 27th then go from there

carol, I have a profound hearing loss since birth my left ear is not usable and recently suffered more loss in right ear with tinnitus I am 44 now and have done well with Ha with speech reading what has been your experience with pre lingual adults adjusting, I am getting evaluated now at NYEE and concerned about the difference if Ha versus implant

tracy_bater, does this digital hearing aid sound similar to cochlear implant??

jane_madell: tracy bater - no a digital hearing aid and implant do not sound the same. For most people who are CI candidates, a Ha does not provide enough Hi frequency information. A CI is great at high frequencies. So they will sound different.

Victor, When choosing which ear to implant first, I'd ask what is telephone reception like with a CI? Which ear is used for Telephone? That might have an impact on the choice.

jane_madell: Victor - that is one consideration. Some people also want to consider if they are right or left handed and choose the dominant side

Specks, you mentioned facial nerve monitors can you tell us more about them. Are they common or rare? Should you ask your surgeon if he uses one?
jane_madell: speckes - facial nerve monitors are common but you should ask your surgeon if he uses one. Most do but not all.

tracy_bater: so are you saying that I will be hearing better with CI than Digital Ha?

ejane_madell: tracy bater - Yes, if you are a CI candidate you should hear better with a CI than with a digital Ha

dianen: Another question. With a CI in one ear and a Ha in the other, do voices and music seem more natural than with a CI alone?

ejane_madell: Dianen - different people have different experiences. many people like music better with a Ha but that is only if you hear well enough with a Ha

Carol: what is your experience with pre lingual adults adjusting and its success I have worn Ha since birth in one ear only

ejane_madell: Carol - people who have worn a Ha and who have therefore had good brain stimulation for sound will likely receive benefit from a CI. People who have long standing HL who never wore a Ha will not do as well

jgrant870: I have worn 2 hearing aids all my life, my hearing has dropped about 3 db a year, but last September through January I've lost a total of 10 db, and I will be retested again in a couple of months. I am on my way to being a candidate for a CI implant; my worry is that I will lose my musical ability to tone on the piano and organ. Is this going to affect my musical ability? I am pushing 50 years old this November.

ejane_madell: jgrant 870, if you get a CI in one ear, you will still have the other ear which will continue to hear the way it is hearing now. And programming for CI's are constantly improving and music should get better and better.

Rusty__Cole: will recruitment and severe tinnitus disappear with a CI implant?

ejane_madell: Rusty - recruitment usually does. Tinnitus frequently does but not always

dahank: I have a severe hearing loss, am 54 yrs old, and am an elementary PE teacher. I have great difficulty understanding speech...especially with children, in my gym. I have tried assistive listening devices but have not liked them. Will a CI help me hear at meetings and in my noisy gym?

ejane_madell: dahank, A CI will help in many situations but the gym is a terrible listening situation and you will likely still have problems hearing in the gym. the acoustics are terrible with high ceilings and hard walls and floors

BigBear: everyone's experience with music is different for me music was noise at best with hearing aids with the CI's total bliss.
jgrant870 Thanks Bigbear

dianen, Jane, I can appreciate the resonance of individual instruments but can't discern pitch with my hearing aid. I'm thinking the Ha ear would continue to perceive the tone and hoping the CI would improve pitch discrimination. Could that happen?

Carol, right now sound is not clear will it be clearer with CI?

tracy_bater, are there anybody wearing one ear CI and other ear Ha?? Happy or not happy?

jane_madell: tracy - many people wear a Ha and CI at the same time. It is a great combination and works well for most people

Victor, Jane, Going back to longevity of CI. you mentioned 20 years and going strong. Does this suggest that people implanted as infants don't need new [resized] equipment? I'm not talking about technology updates just size and fit. Does one size fit all?

jane_madell: Victor - we are hoping that the internal part of a CI will not need to be replaced. There are, of course, device failures that require replacement. The cochlear is full size at birth so there should not be a need to replace. the external part does break and needs replacement but not the internal part.

Victor, TY Jane!

judy40 Tracy, happy with CI and HA.

Carol does tinnitus go away with CI?

BigBear Dr Madell are there times when you recommend against going bilateral and if so how often has this occurred for you

jane_madell: Big Bear - I almost Never recommend against bilateral. We have two ears for a reason. Two ears allow you to localize sound and improve the ability to hear in noise. I recommend only one CI if the person does well enough with a Ha or if the person wants a Ha ear for music. but most of our patients are bilateral.

BigBear, great! smile as I am bilateral

Shirley_Ann I was advised to have CI on my good ear (rt) but my left, I no longer can wear Ha. So would it be inadvisable to have bilateral simultaneously. My doctor said he is fine doing bilateral for me as he felt that doing with both ears at the same time can be beneficial to me. I understand that not many people have them done at the same time.

judy40, Besides an accident or tumors, is there any way the auditory nerve can be damaged?
jane_madell: Judy - there are some people who are born with deformed or absent auditory nerves.

tracy_bater, so I can hear on my right ear very well and I can not hear on the left ear so they should be working on my left ear to improve my hearing?

Moderator, We have gone overtime now. I am sorry we have not been able to have every question answered this evening. Dr. Madell you have answered a lot of very good questions for our audience tonight. Thank you so much for taking time from your very busy schedule to join us tonight.

judy40, Your grasp of the subject is stunning, Dr. Madell. Thank you very much.

Victor, Mod, so Pay the Good Doctor!!!

jgrant870, Thanks y'all it was beneficial

Joegordon, Great chat --learned a lot

jane_madell: thank you for inviting me. I had a great time.

Be sure to join in the CI chat every Monday night at 8p.m. EDT right here in the HLAA chat room.

Upcoming Chats

? May 14, 2009, 9:00 p.m. Nancy Macklin, HLAA Director of Operations and Events. Taking your questions about the upcoming Nashville Convention. Nancy explains why you do not want to miss this very special event.

Chat Transcripts will be available online tomorrow. Look for the link to the transcripts on the home page.

Please help support these web chats and Help Hearing Loss Association of America stamp out the stigma and ignorance surrounding hearing loss.

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Good night and thank you all for joining us tonight.

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