



# Newsletter for Adult Cochlear Implant Recipients

April 2019

Welcome to our second Hearing House newsletter.

We have been busy since we were last in touch and want to bring you up to date with all the activities of the adult programme.

Our first big news is that we are receiving extra funding for surgeries for 12 adults from the Ministry of Health. We are required to complete those surgeries by the end of June 2019.

## Funding Update

### **Funding:**

**Base volumes for 2018-2019 financial year:** 20 fully-funded implants. Ten surgeries were booked July-December 2018 and the other 10 booked January-June 2019.

**Special volumes:** Two extra volumes were received outside the 20 base for clients with ear issues that meant an implant needed to be done urgently.

**Additional volumes:** 12 additional volumes were announced in March 2019 to be booked before the end of the financial year (30 June, 2019).

### **Waiting List:**

37 clients are waiting for funding (10 of them have been on the waiting list for more than two years).

### **New referrals:**

71 new referrals were received since 1 July, 2019, an average of 8 referrals per month.

### **Adult projects at The Hearing House:**

At the end of 2018 the adult team did its first outreach clinic in Whangarei. In 2019 we plan visits to Whangarei, Hamilton, Rotorua and Tauranga. (Two visits per year). At this point this service is not available for clients in their first switch on year. To help us stay in contact could you please let us know of any changes to your contact details (i.e. postal address, email, phone and mobile number) and let us know if you want to be seen at outreach. Thank you in advance.

2019 sees the start of the remote programming project. This means you being seen in your local area over a Skype-like connection with the Audiologist in Auckland. This saves you travelling to Auckland. The goal is to have our first pilot clients up and running by July 2019 with remote programming being an option for all clients who are one year post-switch on or more, being able to access this service.

# Newsletter for Adult Cochlear Implant Recipients

## Adult Cochlear Implant - Emergency Easter Cover

The Hearing House will close on Thursday, April 18, 2019 at 4pm and reopen on Monday, April 29, 2019, at 8am.

If there is a technical emergency with your equipment between April 18 and April 29 please **email** [adultci@hearinghouse.co.nz](mailto:adultci@hearinghouse.co.nz) or **text 021 492 241**. Staff will be available to talk with you and manage any issues relating to your device, loaners and/or parts.

Please be aware that staff will **not be available on statutory holidays (April 19, 22 and 25) and weekends**, so if you call at these times please leave a message. We will be in contact as soon as possible after these days.

It's important you ensure you have sufficient batteries and spare parts **before** Easter, so please either place an order through the Cochlear online store or contact The Hearing House reception (09 579 2333) by **Monday 8<sup>th</sup> of April 2019**.

**Easter emergency contact number: 021 492 241**

**Easter emergency email: [adultci@auckland.ac.nz](mailto:adultci@auckland.ac.nz)**



# Newsletter for Adult Cochlear Implant Recipients

## Manufacturer's News



### Experience the benefits of hearing with both ears - Special dual processor promotional offer

For a limited time people who are getting their second ear implanted can take advantage of Cochlear Ltd's special offer, of TWO Nucleus®7 Sound Processors when you purchase a Cochlear™ implant system.

To take advantage of this offer contact The Hearing House.



## Staff Changes

### Izabela Joshi –

#### Business Development Manager

My role at The Hearing House is to raise funds so people with hearing loss can thrive in their lives like anyone else.

To do that I rely on the generosity of amazing people so my colleagues can provide life-changing and valuable services to all our clients.

Funding comes from a variety of sources, including grants from trusts and foundations, corporate support and donations from individuals – such as one-off donations, monthly giving or leaving a gift in your Will. The funding we receive supports adult focussed projects, among many other aspects of our service.



# Newsletter for Adult Cochlear Implant Recipients

## Extending Hearing Ability With Hard-To-Hear Speakers Ellen Giles, CI Rehabilitationist

Often when partners or friends speak quickly it can be very challenging for CI recipients.

This prompted me to get family members to record their own sentences (using the record facility on the CI recipient's smart phone) and the CI recipient to practice listening to these recordings.

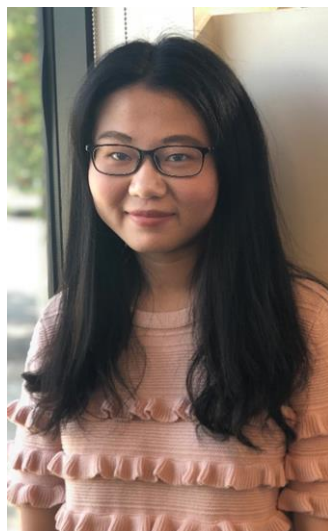
To start with, the CI recipient will need a copy of the sentences or short story to follow the text, but after a couple of run-throughs it should be possible to understand more of the recording by listening alone. This leads very nicely into telephone training too.

If you need some topic related sentences to get started there are 61 lists on this website, so there's bound to be something for starters.

Go to <https://www.speaklanguages.com/english/phrases/at-home>

These sentences are presented with clear speech so are at the easy end of the scale and are good practice in themselves.

Derek, our Audiologist, and one of our student interns, Mingcai, have kindly made some short recordings and I am happy to email these to you with a copy of the sentences and stories if you'd like to try them – just let me know.



# Newsletter for Adult Cochlear Implant Recipients

## Options For CI Users With Tinnitus

Derek Hadfield, MNZAS Audiologist

It is a pleasure to see the improved hearing, communication, and quality of life that a cochlear implant has provided to many of our adult users. A cochlear implant can also have secondary benefits in helping to mask tinnitus. We understand, however, that tinnitus can still be a concern for some users after they receive their cochlear implant.

There are a number of options and strategies, in addition to using a cochlear implant that can help reduce tinnitus, which include:

Sound enrichment: It is important to use your cochlear implant all day, every day, to ensure the hearing networks of the brain are well stimulated. This in turn reduces activity in areas of the brain that promote tinnitus. Being able to hear more sounds and speech through a cochlear implant also draws our focus and attention away from tinnitus.

You can add more sound by participating in social and outdoor activities, as well as through listening to recorded background sounds (such as nature sounds and relaxing music, which can be readily downloaded in most App stores) if you are often in quiet settings. Recorded sounds can be played through a speaker or streamed directly into your cochlear implant (depending on the model of processor you have).

Relaxation: Increased stress, whether for a short period, or for a longer duration can increase the brain's awareness and sensitivity to tinnitus.

Therefore, stress-busting activities, such as light exercise, having time for yourself, doing activities that you enjoy, and relaxation exercises (such as breathing and muscle relaxation exercises), can all help with reducing tinnitus.

Improving sleep: When we do not sleep well we do not cope as well, which can make it more difficult to manage tinnitus. Reduced sleep can also put the brain in a more alert state, increasing our awareness of tinnitus.

It is important to regularly go to sleep and to wake up at the same time for the brain to learn good sleep patterns. It is also important to avoid stimulating and stressful activities before going to sleep (such as work, and difficult problem-solving tasks), as we need to be in a relaxed state in order to have good quality sleep.

Exposure to certain types of artificial light before going to sleep (such as TV light) can also make it more difficult to sleep by disrupting the brain's natural sleep cycle.

Having a healthy diet: Having a healthy, balanced diet can improve our overall health and wellbeing, and help to reduce tinnitus.

Alcohol, salt and stimulants (such as caffeine) can increase tinnitus so moderating these foods can be helpful.

# Newsletter for Adult Cochlear Implant Recipients

If tinnitus causes you concern and if you feel you need additional support you can come to our clinic for a tinnitus assessment.

Your individual case history and factors affecting your tinnitus will be carefully considered, and we will provide a management plan, tailored to your individual needs.

I work with hearing aid and cochlear implant patients, and provide services and support for patients that have tinnitus.

*\* Derek Hadfield specialised in tinnitus management at The University of Auckland, which he practised for 7 years.*

## MRI Procedures

All newer electrode arrays are MRI compatible but it is important that the correct procedure is followed when having an MRI scan to limit the risk of bruising or the magnet shifting.

Prior to an MRI the Adult Cochlear Implant Programme must be contacted to provide the most up to date information on protocols and to double check that you do have an electrode array that is MRI compatible.

After the MRI the electrode must be checked by a CI audiologist/or ENT to make sure that the magnet has not shifted. Please contact the clinic to organise an appointment in the first week after the MRI scan.

## Pindrop and Cochlear Implant Consumer Groups

For Hearing Awareness Month in March, Pindrop Foundation launched its' Campaign to End Silence, raising awareness of the impact of severe to profound hearing loss and once again calling for more funding.

Richard Milne self-funded his own cochlear implant and shared his experiences of hearing loss, and you can watch his video story with subtitles here: <https://vimeo.com/320141601>

# Newsletter for Adult Cochlear Implant Recipients

Pindrop has also launched its own podcast, which discusses all things about hearing loss and cochlear implants.

They will be talking to researchers, scientists, surgeons, audiologists, associated health professionals and clients about their life and work, what inspires and motivates them.

The first episodes feature:

- Bill Baber, ENT Surgeon, talking about cochlear implant surgery.
- Suzanne Purdy, Head of the School of Psychology, University of Auckland talking about the impact of severe to profound hearing loss on adults.
- Grant Searchfield, Associate Professor at the University of Auckland School of Population Health and Director of the Hearing and Tinnitus clinic talking about tinnitus.

You can listen to the podcast or read the subtitled videos here:

<https://www.pindrop.org.nz/community/the-pindrop-podcast/>

Cochlear Implant Consumer Groups are meeting regularly in Auckland, Waikato, Tauranga and Whangarei.

To find out when your local one will next be meeting, email:

Auckland | Glenda Fraser | [cicgauckland@gmail.com](mailto:cicgauckland@gmail.com)

Waikato | Cabby Keyte | [cicgwaikato@gmail.com](mailto:cicgwaikato@gmail.com)

Tauranga | Nikki Moloney | [nikki.moloney@avalon.org.nz](mailto:nikki.moloney@avalon.org.nz)

Whangarei | Nic Russell | [nic@pindrop.org.nz](mailto:nic@pindrop.org.nz)

## Recruiting Cochlear Implant Candidates Scheduled For Surgery To Participate In A Research Project

The Hearing House and the Northern Cochlear Implant Program are participating in an important study that is funded by the Australian Research Council and Cochlear Ltd. The goal of the study is to better understand the effect of cochlear implant use on cognitive function in adults, aged 60 and older.

Cognitive impairment is a common disorder in aging that occurs in people with or without hearing loss. Studies indicate that people with hearing loss show a faster rate of cognitive decline compared to people who have normal hearing.

31/03/2019

# Newsletter for Adult Cochlear Implant Recipients

Given this relationship, it is important to determine whether restoring hearing affects the predicted rate of cognitive decline. The purpose of this project is to determine whether using a cochlear implant can have a protective, or slowing, effect for cognitive decline.

Each participant will be evaluated prior to surgery and after 18 months of CI use. This assessment can be scheduled at the time of the pre-operative evaluation. It includes a 30 minute practice period and then a 30 minute test of cognitive function, plus 10 questionnaires (which you are welcome to do at home and bring into the clinic with you) and a medical history form. A saliva sample will be collected to test for a genetic marker as well.

While this research does not involve any intervention treatment, there are no physical risks. It is voluntary and all personal information provided is confidential.

People who choose to participate in research activities such as this often do so because they want to “give back” and help the community of hearing healthcare clinicians and researchers understand more about the impact of hearing loss. Knowledge is power. It can influence public policy, identify best practices in health care, and lead to improvements in service delivery and technology.

If you are scheduled for surgery in the next year we hope you will consider participating in this study. We can provide more information and answer any questions upon your request. Thank you for your consideration.

## Patient Story - Stephanie Dixon

A year ago Stephanie Dixon went from feeling like a fraud to feeling like her life had just begun.

The 63-year-old’s hearing loss was a slow and progressive one that resulted from a condition she inherited from her mother.

She first got hearing aids when she was 22 years old, but her hearing loss only got worse. As time went by her ability to comprehend speech “was definitely going downhill”.

“Life was becoming such a struggle. It was exhausting. I felt like a fraud. I was getting by on a lot of guess work. I was saying ‘yes’ and ‘no’ in what I hoped were the right places.”



# Newsletter for Adult Cochlear Implant Recipients



“I retired early due to never being able to cope from a hearing perspective.”

Stephanie says the isolation and struggle was affecting her mental health.

“I was close to depression and my husband was worried. My husband felt that after I had the cochlear implant, the wife he married had come back.”

Stephanie had discussed the possibility of getting

cochlear implants with audiologists for a few years, but in late 2017 her audiologist said it was time to think about an implant.

She went through the assessment process and “more than qualified”. She had surgery in May 2018 thanks to a cochlear implant funding injection from the government that saw 30 more people from the Northern Cochlear Implant Programme implanted.

“Life began on May 9, 2018.”

Stephanie says since her device was switched-on, life has been an upwards trajectory.

“I by no means hear every word, but it no longer stresses me. For the first time in my adult life I behave normally and I can interact normally.

“I walk into shops and I can have a conversation with the staff. I often walk out and think ‘you have no idea [I’m deaf] do you?’

“I’ve almost forgotten what those faint fuzzy sounds were like.”

Stephanie is now the treasurer for her local branch of Forest and Bird. “I can only do that because I can go to meetings and hear what is being said.”

During her first summer with a cochlear implant she also experienced seasonal sounds which she had been missing out on.

“Cicadas were a hissy buzz in the background, but now the sound is almost overwhelming.” Stephanie is delighted with her progress post-surgery.

# Newsletter for Adult Cochlear Implant Recipients

“I’m functioning at an optimal level. It’s been a remarkable story for me.”

She’s also been able to enjoy some everyday things like listening to the radio and using the phone.

“I hadn’t heard the radio since I was 30. All those auditory sources were useless to me. Now I’m able to listen to podcasts and TED talks. I no longer have to ask my husband to make all my phone calls.”

Stephanie’s also been able to talk on the phone to someone for whom English is a second language – “I could understand everything”.

The mother of two is even impressed that she can pick accents now.

“I used to dread social occasions but now it’s a source of great pleasure.”

Stephanie says life has opened up for her and “there are a raft of possibilities” ahead of her.

“I’m feeling relaxed and confident. I’m so amazed and thankful.”

News that she had been allocated funding to receive a cochlear implant was met with a mix of “trepidation” and “extreme excitement”.

But once the surgery was carried out the hard work began.

“It’s a weird sound, but it’s how I hear now. Voices sound like Donald Duck on speed. It was a matter of learning to adjust. You’ve got to do your homework. I was seriously motivated. I was determined to make it work.”

Stephanie completed the daily exercises assigned to her by The Hearing House Rehabilitationist, Ellen Giles, and exposed herself to a variety of listening situations and environments.

“I’m so grateful there was another option for when the hearing aids didn’t work anymore.”

Stephanie says Audiologist and Adult Programme Manager Caroline Selvaratnam along with Ellen have been very influential in her journey with a cochlear implant.

“Without their help I certainly wouldn’t have made as much progress as I have.”

One of her greatest pleasures is spending time with her two-year-old granddaughter.

“She’s starting to chatter, chatter, chatter and I can hear it all.”