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Merry Christmas from EURO-CIU



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[Message from the President](#)



Photo: the Board and Advisors: Robert Mandara, Brian Archbold, Teresa Amat, Leo De Raeve, Beatrice Cusmai, Henri-François Baiverlin, Sari Hirvonen-Skarbö, Pieter Bolle and Fernando Giménez

Another year is over, and it has been intense. EURO-CIU, as you well know, has been influencing and lobbying at the WHO or the European Parliament, and continuing as founding members of the World Hearing Forum. The Board has held several meetings a year, as well as representing Cochlear Implant Users at several events in Brussels, getting media coverage and being invited to an online event at the European Parliament on World Hearing Day. Several of you have helped us make our campaigns more visible in social media with photos or videos; trying to improve the visibility of cochlear implants and hearing loss throughout Europe.

The Board is very proud of our @OPCI member as well as collaboration with @ONICI, they reached for the stars with an amazing Rotterdam Symposium.

Communication accessibility is always a must in our events, but sometimes it is difficult to accomplish. This time, in Rotterdam, all participants gave an "excellence in quality" to the organizers thanks to the great advancements in technology that allowed to translate in several languages in 4 screens as well as having other languages at the users' disposal thanks to their phones with QR Access. During the Symposium there was a "Silence room" for anybody who had Hearing Burnout provoked by a full stress Schedule of "active hearing". This was well received as well. You will be able to find all the presentations [to download from our website](#).

To end this introduction of the newsletter, can I just say, I am really hopeful of EURO-CIU's future after Rotterdam. We got a new Secretary from Belgium for our Board as you can see in his photo, and in the articles below you will learn more about the work we have going on. Remember to share your studies, research, projects with us and have an amazing holiday. Thinking about all of you and warming up for 2023 with more ideas!

Teresa Amat

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Message from the Editor



The number of readers of the newsletter keeps growing, but I rely on you all to provide articles that are of interest to our readers - so many thanks to those of you who provide articles.

Please feel free to forward this Newsletter to Members of Parliament, Members of the European Parliament, friends, colleagues and members of your own organisations. We are keen to increase the number of people who can read about the benefits of cochlear implantation. Let's get the message across!

The next edition will be due in March 2023, so please let me have your articles and jpg photos by Monday 6 March 2023. Just e-mail them to me at newsletter@eurociu.eu

It just leaves me to wish you good health; and with every good wish for Christmas and the New Year.

Brian Archbold (Editor)

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[EURO-CIU General Assembly](#)



The EURO-CIU General Assembly took place in Rotterdam, immediately after the Symposium, about which please see later articles. Our President, Teresa Amat, opened both the Symposium and General Assembly.

We must continue working to achieve real collaboration between EURO-CIU and our members, so that it is a truly reciprocal relationship. We must get members to go, on behalf of themselves and EURO-CIU, to European and International level events; but speaking with some of you, we see that there is a serious problem that worries the Board enormously, which is the lack of generational change in many of the member associations.

Still, we need you to sometimes raise your heads of your regions and nations and show the problems, projects or successes to others like you do in this newsletter. Sometimes the solution that was so sought after was simply found by a neighbouring association that had already experienced a similar situation.

For that reason, the Board is so happy to see members presenting projects for the future: We will meet next year in the autumn in Valencia, thanks to @FederacionAICE. We will have another Symposium in 2024 in Vienna thanks to @CIA and finally, from @SUKI of Czech Republic is willing to try to review the European Friendship Week in the summer of 2024. All these steps forward from all of you, makes us proud of EURO-CIU's members.

You all must remember, the Board does not have all the solutions, it is the other way around, we must be facilitators. Put situations or frameworks in place, so that you among yourselves can find new paths; so, share your problems, your solutions, your research, etc. And we will reach so much more thanks to your support.

Check more info in [our website!](#)

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[EURO-CIU – General Assembly – appointment of new Secretary](#)



I'm glad to present myself as the new Secretary of EURO-CIU. I'm Pieter Bolle, father of three children: Wouter (12y), Mathijs (11y) and Thomas (7y). Mathijs was born profoundly deaf on one side and hard of hearing on the other side. He was implanted at a young age (7m). He received a second cochlear implant at 2 years because his hearing degraded, and a hearing aid was no longer sufficient. I joined the local association VLOK-CI (Vlaamse Ouders van Kinderen met een Cochleair Implant – Flemish Parents of Children with a cochlear implant) in 2012 and became a member of the board in 2015. In my professional life, I'm Inspector-General at the Health and Safety Executive of the Belgian Government, but now I'm temporarily involved in a project on better indoor air quality at the Ministry of Public Health. My mantra: everyone has the right to hear!

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EURO-CIU – Symposium held in Rotterdam



Photos: top left - the group of organisers; top right - different languages on the

[screens; bottom left - delegates at the symposium; bottom right - delegates at the General Assembly](#)

November 11, 2022: European CI Congress in Rotterdam

After a preparation of almost 2 years by the people of OPCI and ONICI, the time had finally come:

The congress with the title: ***"Cochlear implants now and in the future: what do we already know and what can we expect?"***

Right in the center of Rotterdam, visitors were welcomed at the Postillion Congress Center.

Over 200 visitors came, including about 45 members of EURO CIU. Most of the visitors came from the Netherlands and Belgium.

In about 14 presentations the topic was highlighted from various angles, both by professionals and CI users. And for the first time in the history of EURO-CIU symposia, half of the speakers were CI users themselves.

Of course, the presentations were supported by a sign language interpreter and by speech-to-text interpreters: on the screens everything could be read in 4 languages. And if there were people who wanted to see another language, they could do so by scanning a QR code that allowed you to find the desired language on your phone.

As is appropriate during such a large event, the breaks were used to exchange many experiences. There was also an extensive information market from the sponsors of the event, including, of course, the CI manufacturers, affiliated hearing aid manufacturers and organizations involved to a greater or lesser extent with CI users.

From the feedback the organization received, we can certainly tell that it was a success. This was true not only of the speakers but also of the venue. The fact that the programme was worthwhile both for professionals and for "ordinary" CI users certainly contributed to this.

After the congress, the EURO-CIU participants, the speakers and the organization went on a city tour of Rotterdam, which was concluded with a dinner.

To get an impression of the content of the presentations, the PowerPoints of the speakers can be accessed [here on the EURO-CIU website](#).

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[EURO-CIU Symposium – The AuDiET study as a step towards personalized care](#)





Stephen

70% recognition

Presented	p	0.7	0.3	-	-	pen
	b	0.3	0.7	-	-	
	t	-	-	0.7	0.3	
	d	-	-	0.3	0.7	
		p	b	t	d	
		Response				



Randy

70% recognition

Presented	p	0.7	0.1	0.1	0.1	pen
	b	0.1	0.7	0.1	0.1	
	t	0.1	0.1	0.7	0.1	
	d	0.1	0.1	0.1	0.7	
		p	b	t	d	
		Response				

On the 11th of November it was my absolute pleasure to introduce the AuDiET study, the centerpiece of my PhD candidate programme, to the EURO-CIU Symposium in Rotterdam. My PhD programme is part of a larger project called MOSAICS (Minimize Outcome Spread And maximize partiCipation in Society), it is a European Industrial Doctorate project funded by the European Union's Horizon 2020 framework, and EURO-CIU is one of the partners in the project, allowing me and three other PhD candidates to work on the complex problem of addressing unexplained variability in outcomes.

"But what is the AuDiET study?" you may be wondering if you were not there. Well, AuDiET stands for Auditory Diagnostics and Error-based Treatment; it also means "he/she/they will hear" in Latin. AuDiET is a study born from the observation that, currently, clinical care after the implantation of a CI does not appear to take into consideration the unique characteristics of a person with a CI, the sounds that are harder for them to identify, in other words their **error patterns**. Instead, fitting is usually based on loudness scaling techniques aimed at balancing the perceived sound loudness over the whole range of frequencies that the implant can represent.

With AuDiET we want to try something different. Let us imagine two recipients, Stephen and Randy, both showing a 70% phoneme recognition score on a speech in quiet test.

(Please see tables above)

But while Randy's errors (that is, misheard phonemes) are randomly distributed, Stephen's are systematic, i.e., **Stephen has a tendency to consistently repeat the same errors while Randy's error pattern is unpredictable.** The question that we asked ourselves was *"Should these two recipients undergo a different post-implantation clinical journey, taking into account their unique error patterns?"* and the answer that we formulated was AuDiET.

The AuDiET study, currently being run at Radboud university medical center, starts from administering a battery of diagnostic tests to adults with a CI, then **formulating individualized, personalized fitting and training interventions** based on which errors each subject makes more consistently. The study is still ongoing, but I do hope that there will be data to present at the next symposium.

I could not have asked for a better audience to present to than the one at the EURO-CIU symposium. Being there reminded me of the reason why I started my PhD journey; your warm welcome, the numerous questions and the shows of interest made me feel deeply humbled at the thought of being able to do a part in helping the CI community, one whose support I knew personally when one of my sisters, profoundly deaf at birth, received an implant.

I hope that, through the AuDiET study, we will have the chance to assist you, your audiologists and your speech-language therapists to trace your own path in the post-implantation journey, a path based on your uniqueness. And I hope that this path will lead you to better outcomes, better hearing, and overall better living.

For further information, you can visit our website at <https://www.mosaics-eid.eu/> or follow us on Twitter at https://twitter.com/MOSAICS_2020.

Enrico Migliorini

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[EURO-CIU – Optimising care through Living Guidelines](#)



COCHLEAR IMPLANTATION IN ADULTS

OPTIMISING CARE THROUGH LIVING GUIDELINES

Cochlear implants (CIs) are an effective medical treatment for many adults living with severe, profound, or moderate sloping to profound sensorineural hearing loss (SPSNHL). However, it is estimated that only ~5% of adults who could benefit from a CI have one.^{1,2}

An international collaboration of hearing experts, known as the CI Task Force, are leading the effort to develop Living Guidelines that will optimise care for hearing impaired adults, improve CI accessibility, and standardise treatment globally.

In previous EURO-CIU newsletters, I provided information related to the Living Guidelines initiative, which is an essential step in developing a consistent approach to optimising care for hard of hearing adults who may not receive adequate benefit from hearing aids. The process is governed by the CI Task Force, consisting of three Co-Chairs (Dr Angel Ramos, Meredith Holcomb, and Leo De Raeve), and 51 CI users and hearing experts from around the globe, in conjunction with CIICA.

At this stage approximately 14,000 publications have been reviewed. This will then inform the draft recommendations, guidelines, consensus and expert opinion, based on the levels of evidence available. Once launched online for open access, this will form the basis of a global set of living guidelines and guidance that can be adapted and adopted in country, to optimise the Standard of Care for adults, improving access and equity to hearing care, as well as consistent referral pathways and aftercare.

In-depth interviews with the Task Force members were also carried out as part of the process, these interviews focused on the implementation of guidelines and the barriers to

successful adoption in country. A publication for the novel methodology of the Living Guidelines process, as well as a separate publication reflecting the insights from the interviews will follow in early 2023.

From the systematic literature review, it was identified that there is little evidence available related to appropriate rehabilitation and how to measure patient outcomes. To assist in the creation of guidance and expert opinion, CIICA were consulted and a third CIICA conversation took place on 24 October 2022 to help inform the recommendations. This event reinforced the ideas that have been expressed in the previous CIICA conversations held on 7th July and 7th September 2022.

There were concerns that most research looks at clinic-based measures and not at how users might define their outcomes in everyday life. For several attendees, speech perception in quiet or in noise are not the most important outcome measures, but the impact of their CI on their daily communication skills, their social-emotional functioning and their quality of life is more important for them. This was also confirmed by the results of a short patient reported outcomes survey at the end of the 3rd conversation. The summary of this 3rd event is downloadable from the website of CIICA: <https://ciicanet.org/events/ciica-conversation-living-guidelines-3/>. On the 12th of December the fourth CIICA conversation took place, in which how to measure 'patient related outcomes' was discussed.

Once launched, all guidelines and recommendations will become available via MAGICapp: a web-based tool that helps users and organisations to author, publish and update digitally structured Clinical Practice Guidelines based on current evidence.

The final step will be the translation and adaptation to your local situation, to your country, to optimise the standard of care for adults. The global Living Guidelines and recommendations are expected to launch to coincide with International CI-day (25 February 2023) and World Hearing Day (3 March 2023).

For more information on the Living Guidelines Initiative and the Task Force please visit : <https://adultheating.com/living-guidelines/>, <https://ciicanet.org/2022/03/02/living-guidelines-project/> or contact me at leo.de.raeve@onici.be.

Dr Leo De Raeve
Scientific Advisor, EURO-CIU

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[EURO-CIU at the 73rd SEORL-CCC Spanish National Congress Of Gran Canaria](#)



After 3 years, an important Congress has been organised in Spain, at Gran Canaria, where on 13 -15 October 2022 many national and international scientists gathered in the wonderful Congress Palace by the sea, at Las Palmas.

It was the 73rd National Congress organised by the Spanish Society of Otorhinolaryngology Head and Neck Surgery, with the presidency of dr Del Rosarios and dr Ramos Macias. Their primary goal was to achieve a high aurality congress in which the training and continuous education of its members, and in particular the youngest, continues to be the main objective. The scientific program concentrated in three very intense days with lectures, among the others, of four Honorary members and at least 15 other international guests.

EURO-CIU was present at the Congress with the President Teresa Amat and the 2nd Vice President Beatrice Cusmai at the EURO-CIU stand, giving out information about the association and the advocate actions held also during the pandemic.

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[A New Briefing Document from CIICA and EURO-CIU](#)

COCHLEAR IMPLANTS FOR DEAF CHILDREN

Hearing is fundamental for children to acquire spoken language. Spoken language enables them to communicate, interact with their families and carers, learn and thrive. Addressing hearing loss early is crucial to ensure that children can develop and progress with their peers.

Today's hearing technologies, including cochlear implants, are effective, particularly if hearing loss is identified early and addressed.

- For children with greater degrees of hearing loss, cochlear implants (CI) provide useful hearing not possible with hearing aids.
- Cochlear implantation in children has been shown to be safe, effective and cost-effective.
- Over 300,000 children globally have received cochlear implants (industry estimate).

“

Cochlear implant is one of the most successful of all neural prostheses developed to date. (WRH, page 100)

Children with cochlear implants have greater likelihood of acquiring oral language, integrating into regular schools and being able to experience sounds along with better speech skills.

(WHO, 2021, page 98)

However, not all children who could benefit have the access to CI or the support to fully benefit from their improved hearing.

As with hearing aids, issues such as high costs, and shortage of trained workforce and rehabilitation services, have resulted in their (CI) restricted accessibility to countries other than those in high-income groups – with considerable variation even within these.

(WHO, 2021, P179)



RECOMMENDATIONS:

- Newborn hearing screening should be in place to allow early fitting of hearing aids and cochlear implants to take place, together with early intervention.
- Cochlear implantation should be considered for all those children with greater levels of hearing loss (see the audiogram guide).
- Children's implantation requires access to multi-professional skills including ear surgeons, audiologists, speech and language therapists, teachers of the deaf, psychologists.
- Children with CI require follow-up services, including regular programming of the system and regular habilitation, including communication and spoken language skills.
- Families and local professionals, including teachers and therapists should be involved in the ongoing care of children with CI.
- Following cochlear implantation, children need the opportunity to hear rich spoken language.
- Lifelong services are required, including managing the technology and the transitions to school, higher education and the world of work.
- Access to accessories to support the use of the CI system in education, work and home should be given.
- Family services, including peer to peer support and groups, facilitate the effective use of the CI system in communication.



This resource was supported by an educational grant from Cochlear.

Cochlear Implants for Deaf Children

We were delighted to launch this new document at the EURO-CIU General Assembly in Rotterdam in November, which we hope will be useful to you all. The document summarises the latest evidence on the impact of hearing loss in childhood and on the effectiveness of cochlear implants, including cost-effectiveness. Like its predecessor, Spend2Save, which focused on adults, this briefing paper provides a resource for groups and individuals advocating for CI services for children. Too often, the lifelong implications are forgotten, and parents and families struggle to find the information they need.

This paper provides the evidence, and the references to support this, so that you can use it in your own country according to your own needs. As before, we encourage you to translate it, and we can help you do this. The system worked before for Spend2Save for 17 languages, so we can do this again! We provide you with the Word document, you translate and return it to us, and the wonderful Deb puts it in the same format – so that the

documents all have a consistent style wherever they are used. You can put your logo on and change photos if you wish. When Deb has worked on it, it will be returned to you for checking. You will have it print and web ready.

We already have four languages underway.

Obtain your copy at www.ciicanet.org/resources

Email sue.archbold@outlook.com

Sue Archbold & Brian Lamb

EURO-CIU is a founding member of CIICA

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AUSTRIA – Cochlea Implantat Austria (CIA) – CIA organises in-person activities



"You haven't changed at all!", Gertrude Moser, chairwoman of the CIA Lower Austria, greeted the guests at the traditional Sommerheurigen in May, and: "We all haven't aged a bit..." Phrases that are commonly used in Austria with a twinkle in the eye, even if they do not quite correspond to the facts: in reality, the CIA of Lower Austria in particular had to cancel many meetings during the pandemic for consideration of the older and vulnerable members. But since the Sommerheurigen in May (photo: Hans Horak, Karl-Heinz Fuchs and Heinz Kirchschlager with his accordion, all three CIA, and a friend of Heinz), the group have been making up for it vigorously. The members are participating again with great pleasure and with high numbers.

The highlights of this year were the 18th CIA Summer Days in Velden on Lake Wörthersee. This year there were more families than ever before: 150 participants from all over Austria, 25 of them children under the age of four, as well as numerous school children and teenagers with CI's, their parents and their siblings.

The active CIA of Lower Austria not only invited to the afore-mentioned Sommerheurigen but also to a summer party at a traditional Austrian Gasthaus. A folk music event in the

Pielachtal (also Lower Austria) turned into an additional, unofficial CIA meeting since a great number of CIA members visited their CI colleague Heinz Kirchschrager: He played the so-called Alphorn together with his folk music band. The CIA group from Burgenland organised an excursion to Lake Neusiedl: participants from all over Eastern Austria visited an apiary, enjoyed a boat trip and finished a great day with a barbecue.

For the time being, the regular group meetings will still be flexible, depending on the current and local pandemic situation. These days, however, the various CIA groups do celebrate Christmas together, as they used to before the pandemic. And the next Summer Days in Velden are already being planned!

Photo ©Trude Moser

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AUSTRIA – Cochlea Implantat Austria (CIA) – CI promotion tour on two wheels



Max Sailer is a passionate cyclist. As his hearing started deteriorating, also his beloved hobby of cycling was affected. He did not feel safe in traffic because he could no longer hear the approaching cars. But everything turned positive again when he, last year, got his first Cochlear Implant and soon later, this year in spring, his second. He also immediately joined the CIA to meet other CI users and share his experience. Already in summer he went on a big cycling tour: he cycled 4,000 kilometers in 45 days, across Austria, Germany and parts of Switzerland. On the way, he visited several CI centres and met with CI users and friends.

The CIs not only gave Max his confidence back as he finally felt safe again in road traffic, but also enabled other, beautiful and important hearing impressions: in addition to the sounds around the road and nature, he also heard the “whistle” announcing a blown bicycle tyre.

Max wears his CIs with pride, not surprisingly, therefore, his eye-catching design covers, drew the attention of many people, asking about the little high-tech devices behind his ears. Max became a CI advocate on the road for all of us! He shared his impressions and experiences with us on [Facebook](#) and in our magazine. Thank you, Max, and wherever your two wheels take you next, have a good trip!

Photo ©Goran Milosavljevic

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AUSTRIA – Cochlea Implantat Austria (CIA) – First inpatient rehabilitation for CI children in Austria!



Up to now, CI rehabilitation in Austria has only been offered on an outpatient basis, with adults occasionally using inpatient services in Germany. Since March 2022, there is the possibility of inpatient hearing rehabilitation for young CI patients up to 18 years of age in the kokon Children's Rehabilitation Centre in Rohrbach-Berg. This first-time opportunity is possible thanks to the Kepler University Hospital (KUK) Linz and the afore-mentioned kokon Rehabilitation Centre.

"Paediatricians fought for more than ten years for the possibility of paediatric rehabilitation in Austria," recounts Prim. Priv.-Doz. Dr. Evelyn Lechner, medical director at kokon Rohrbach-Berg. kokon is a therapy centre, designed especially and exclusively for children. Dr. Paul Martin Zwittag, ENT primary physician and head of the CI team at KUK Linz, agrees and sees the advantages of inpatient rehabilitation: "Especially with children, a lot of the hearing rehabilitation has to do with everyday life."

For a comprehensive rehabilitation/hearing therapy, the KUK contributes with its medical and audiological expertise, while the kokon offers logopaedic-, occupational- and music therapy, as well as physio- and psychotherapy. One inpatient rehabilitation unit lasts for four weeks: each kokon guest has sessions in groups with children of similar age and developmental stage; and in the case of young children, together with their parents. The costs are covered by the Austrian health insurance.

Photo ©kokon

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SPAIN – AICE – Cochlear Implant Dolls



In the last 25 years technology, health, policies, awareness and also visibility of diversity has advanced. A clear reflection of the latter is the commitment to inclusiveness from Miniland Dolls, a Spanish toy manufacturer.

The Miniland Dolls collection was born to promote inclusive values such as empathy and tolerance, through dolls of different racial profiles, sex or condition. Miniland, recently awarded the first prize of the “Empowerment” category of the “Play for Change Awards,” for their collection of dolls with Down’s Syndrome, wanted to continue contributing to promoting the respect for diversity with its new collection. New dolls with functional diversity have been incorporated, specifically two dolls with a cochlear implant have been developed in different racial profiles, with the aim of giving visibility to cochlear implant users. Such children can feel identified, instilling values of coexistence and respect towards others, through play. Cochlear Implant Dolls have received the #PlayforChangeAwards – diversity & inclusion category by Toy Industries of Europe 2022.

Since 2021 Miniland photo catalogue has included 2 models with cochlear implants playing with their toys, (5-year-old boy and 4-year-old girl) members of Federación AICE. We appreciate the initiative allowing children to identify themselves and to help them feel part of a society that too many times it stigmatizes the difference.

We think Miniland Dolls are a good toy, helping in two ways: primarily, to our children that will be reflected and identified and secondly, confirming “inclusion” is a good business decision. Society supports and appreciates the gesture, as does Federación AICE and hopefully all our friends in EURO-CIU. Available at www.miniland.es

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[SPAIN – AICE – Young summer CAMPAICE is always a success](#)



As everybody knows, Federación AICE has been celebrating summer camps for our teens since 2015. The young people's cochlear implant summer camps, which are attended by CI teens from the whole of Spain, are always a success. CAMPAICE is the only one with cochlear implant monitors, and it is completely accessible to communication due to its activities being subtitled.

Federación AICE has celebrated each event in a different Spanish province. This year 41 people, including 31 cochlear implant teens, between 11 and 17 years old, CI monitors and volunteers, enjoyed a whole week in Cazorla (Jaen), doing fun activities, sports and workshops.

The objective of this summer camp is to know and satisfy the needs of our group. On one hand, once again we have had the help of an audiologist, who explained how to get the most out of their own CI devices, which most of the teens did not really know. On the other hand, working together with a psychologist, teens get to know better their personal relationships, facing their fears and improving their confidence with new challenges.

CAMPAICE has many benefits, especially emotional benefits, because kids are enjoying themselves, making friends, playing and even... falling in love!

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SWEDEN - Barnplantorna – There are no national guidelines for family intervention



Over many years the Swedish organisation Barnplantorna has been pushing the local intervention centres towards a larger hearing approach within family intervention for today's deaf children. The majority of them have possibilities to hear and develop spoken language that was not possible a couple of decades ago.

We also know that substantial neurobiological evidence indicates that hearing is the most effective sensory modality for developing spoken language and cognition. In Sweden, due to a national hearing screening programme, all children with hearing loss are diagnosed as newborn. That means that babies (toddlers) can be fitted with hearing aids very early or have cochlear implant surgery at the age of 5-6 months. However, the intervention teams in Sweden do not seem to be in line with the intervention offered to these children and their families.

Background

Sweden is divided into 21 regions with hospital care as well as intervention. However, for years parents have realised that the intervention is different in quality depending on where you live and who you meet in the intervention centre. Nowadays parents keep informing each other in social media such as Facebook.

For Barnplantorna, as an organisation for parents of deaf children, this has also been obvious for years. We have organised conferences for professionals inviting international professionals and experts such as Carol Flexer, Amy McConkey Robbins, Shani Dettman, Ann Geers and many more but the differences in the quality of Intervention still remains.

It is possible that the interventions teams had a more standardized approach and work before children received cochlear implants in 1991. Barnplantorna really questions how these children are described and divided in deaf or hearing impaired (that is how Sweden still characterizes these children). What effect does this have on family intervention? That is what we wanted to find out.

Evidence hand in hand with clinical experience

We know today from the cochlear implant teams that clinical experience and today's evidence from research goes hand in hand.

Several studies could serve as guidelines for the interventions centres to update themselves. For example:

Research coming out of the University of Melbourne is suggesting that the sky is the limit for children who receive their cochlear implants during the first year of life (Dettman et al., 2016). Shani Dettman and colleagues in Melbourne examined listening and spoken language outcomes for 403 children at school-age entry (e.g., 5 to 6 years old), 151 of whom were implanted prior to 12 months of age, 61 implanted between 13 to 18 months of age, 66 implanted between 19-24 month of age, and 125 implanted after their second

birthday. Remarkably, 81% of the children who received an implant prior to 12 months of age achieved age-appropriate vocabulary levels (e.g., mean standard score of 99.8 on the Peabody Picture Vocabulary Test) at school-age entry! In contrast, only 52% of children implanted between 13 to 18 months of age achieved normal vocabulary development (mean standard score = 82.9), and less than 25% of children implanted after 18 months of age achieved normal vocabulary scores (e.g., mean standard score of 65.4 for children implanted between 19 to 24 months of age).

The LOCHI study (Ching et al., 2013; 2018), the Melbourne group (Chu et al., 2016; Dettman, Wall, Constantinescu, & Dowell, 2013), and the CDaCI study (Geers et al., 2017) all examined the relationship between the outcomes of children with cochlear implants and the communication mode used by the child's caregivers. Each of these research studies found better listening and spoken language outcomes for children whose families communicated through listening and spoken language compared to the outcomes of children whose families used sign language.

Ann Geers and her CDaCI colleagues (2017) examined spoken language and literacy outcomes for three groups of children who had an average age of implantation of just under 2 years of age: 1) No Sign Language: no use of sign language prior to or after implantation, 2) Short-term Sign Language: use of sign language prior to implantation and/or for up to 12 months after implantation, and 3) Long-term Sign Language: use of sign language prior to implantation and/or for at least 3 years after implantation. The authors reported better language and literacy outcomes for late-elementary age children in the no-sign group compared to both the short-term and long-term sign language groups. Geers concluded that "early exposure to sign language did not enhance spoken language or reading abilities. In fact, children whose parents signed were significantly more likely than children of non-signing parents to exhibit language delays and fall behind age-mates in reading comprehension." Long-term use of sign language was associated with even greater delays.

It is important to remember that 90-95% of children with hearing loss have parents who have normal hearing (Mitchell & Karchmer, 2004). Consequently, most parents of children with hearing loss are not fluent in sign language. When they communicate with their children through spoken and sign language, it is possible that they are reducing the number of words they are speaking in an attempt to pair spoken words with their limited sign language vocabulary. As a result, they may not be speaking as much to their children, and the language-rich listening environment modelled by the parents is not as robust as what would occur when parents communicate via the use of open-ended, expansive, complex spoken language. Accordingly, Geers and colleagues (2017) noted that *"it is possible that use of sign language interfered with auditory and speech development."*

Despite research today, some intervention centres in Sweden seem to lack the ability to provide parents with intervention from today's research as well as clinical experience from today's children with cochlear implants.

How could Barnplantorna reveal that?

Questionnaire revealed the lack of national guidelines!

In the beginning of 2022 Barnplantorna sent out a questionnaire to all interventions teams (for parents of deaf children) in the 21 regions that Sweden is divided into. The eleven questions were formed by Barnplantorna in cooperation with doctors and speech pathologists.

Questions:

1. Describe a general intervention plan for children aged 0-18.
2. Which areas of development do you identify in your intervention team?
3. How has intervention changed over the last five years, give example how and why.

4. How do you evaluate intervention achievements and what tools do you use in evaluation?
5. Do you work with AVT (Auditory Verbal Therapy), and do you have certified AVT therapists?
6. What families are offered AVT and for how long?
7. What children and families are offered sign language?
8. Do you have any plans to introduce the LENA-tool (more info. www.lena.org) within intervention in your region?
9. At what age are children fitted with hearing aids (children diagnosed after newborn hearing screening) in the region you represent?
10. At what age are children (diagnosed after newborn hearing screening) referred to a cochlear implant clinic?
11. 1-3-6 policy or now 1-2-3 policy for children diagnosed after newborn hearing screening are today international standards out of the earlier the better. Where is your intervention team in this process?

Answers were presented in a report

The results/answers to the questions from 16 regions were presented in a report, five regions chose not to answer! The report has been widely spread through social media and our website <http://www.barnplantorna.se/>

It revealed huge differences between the regions, such as most parents and children are introduced to and recommended to sign language. One region does not offer AVT to any families! These are appalling findings.

Concerning 1-2-3 or 1-3-6 that is:

1 month is the latest age that a child's hearing is tested after birth

2- or 3-months age is the latest age that the hearing loss is confirmed

3- or 6-months child must be fitted with appropriate hearing technology and started family intervention.

Result revealed that half of the intervention teams still follow the 1-3-6 approach.

The answers also revealed, within the intervention teams, a lack of informing parents of important fundamental knowledge concerning children's development such as the links below

Parental sensitivity – communication – child's development

Communication – hearing – language – development of cognition

Language – Theory of Mind (ToM)

ToM – social cognition – emotional development

The understanding of the above connections must permeate through all intervention for the optimal development in all children with hearing loss. The possibilities have never been this huge and what the future brings we still do not know but to not give the children with hearing loss the best possibilities to develop hearing, listening and spoken language (LSL) should really not be allowed!

The report can be downloaded in Swedish https://www.barnplantorna.se/wp-content/uploads/2022/03/horselrapport_2022-03-01.pdf

Questions send a mail to info@barnplantorna.se

Ann-Charlotte Gyllenram
President

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RELATED CONGRESS – ESPCI 2023



ROTTERDAM, MAY 31ST - JUNE 3RD

www.espci2023.org



Photo: Dr. Marc van der Schroeff, Prof. Dr. Emmanuel Mylanus (President of the Symposium), Dr. Ir. Jantien Vroegop and Dr. Ronald Pennings.

Green is the colour of our conference. Not only because it makes up two thirds of the Rotterdam flag, but mainly because we want this to be the greenest and most sustainable conference in hearing up to date. The ESPCI is the largest conference on cochlear implants for children, but that also means it has a huge impact on the environment. The large number of international professionals flying to the conference emit an extraordinary amount of CO2 into our atmosphere. We, as the executive committee of ESPCI 2023, recognize the burden imposed on our environment and are proud to take the first steps towards a more sustainable conference.

We actively promote public transportation and ask you to make use of our Eurostar and Thalys discount offer. We also offer free use of public transportation with the Rotterdam Welcome Card and compensate CO2 through tree planting.

Registration for the conference is now open – [please click on this link](#).

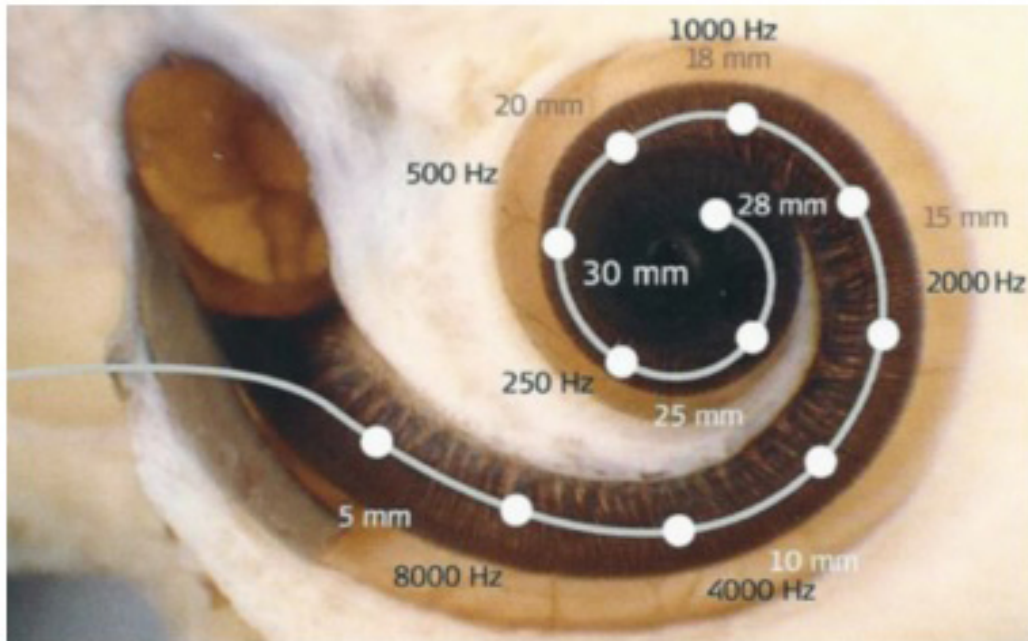
You may now [submit an Abstract](#), but please make sure to follow all guidelines when you submit your abstract. Deadline for submissions is 1 February 2023. Below, you will find a few important items. If you want to read all guidelines, [click here](#)

- Abstracts can only be submitted online via the abstract submission form.
- Abstracts sent by post or email will not be accepted.
- To ensure smooth review process of abstracts, a topic for your work must be selected during the submission process. Note: the choice you make for the topic can be changed by the executive or the scientific committee.

If you would like to have a look at the themes of the conference and the draft programme to date, [please click here](#).

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WORLD NEWS – AUSTRIA – Excellence dedicated to Hearing Implants



(Image: Tonotopy of the inner ear and optimum electrode configuration)

The HEARRING Group is an independent network of world-leading experts and centres concerned with all aspects of hearing restoration and implantable hearing devices. Through being comprehensive, co-active, innovative, and educational they are committed to making progress every day. Detailed information on the HEARRING clinics, their goals, and members can be found on the HEARRING website (<https://www.hearring.com/>).

Complete Cochlear Coverage

Why is this topic important?

The tonotopic organisation of the cochlea is the spatial arrangement of where sounds of different frequency are processed in the brain. The aim of successful cochlear implantation is to imitate this spatial arrangement as naturally as possible. This place-pitch match can be achieved through the insertion of a full-length electrode array. A long electrode array can stimulate across the whole cochlea from the base to the apical region for a more accurate tonotopic match.

Long electrode arrays (≥ 28 mm) provide better speech understanding in quiet and noise in everyday situations and increased sound quality which means that sounds are more enjoyable and not high-pitched. Long electrode arrays also allow for increased perception of prosody and rhythm and thus enhance music appreciation in cochlear implant users.

This is due to the fact that long electrode arrays stimulate the second turn of the cochlea, which by nature is responsible for the perception of the bass tones (< 400 Hz). The bass

tones are essential for the perception of prosody, rhythm, and the discrimination between male and female voice. 25% of the acoustic nerve cells in the spiral ganglions are located in the second turn. A series of scientific publications have shown that low tones can only be perceived through electrical stimulation based on the electrodes in the second turn. Studies have also shown that long flexible electrode arrays are ideally suited for the preservation of the inner ear structures and residual hearing.

Dutrieux N, Quatre R, Péan V, et al. 2022. Correlation Between Cochlear Length, Insertion Angle, and Tonotopic Mismatch for MED-EL FLEX28 Electrode Arrays. Otol Neurotol 1;43(1):48-55.

Dutt SN, Gaur SK, Vadlamani S, et al. 2021. Evolving a Radiological Protocol for Cochlear Duct Length Measurement: Three Audit Cycles. Indian J Otolaryngol Head Neck Surg. <https://doi.org/10.1007/s12070-021-02774-8>

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WORLD NEWS – KYRGYZSTAN – The Lehnhardt Foundation – Internship at the KMG Klinikum Güstrow



- **1st photo: Dr. Blanda Kamin (senior physician in the ENT department KMG Klinikum Güstrow), Cholpon Beisheeva (ENT doctor from Bishkek), Prof. Dr. medical Tino Just (head of the ENT department KMG Klinikum Güstrow), Munar Beishenova (ENT doctor from Bishkek)**
- **2nd photo: Munar Beishenova (ENT doctor from Bishkek)**
- **3rd photo: Cholpon Beisheeva (ENT doctor from Bishkek), Gudrun Fischer (head of the state development center for hearing impaired children), Dr. Blanda Kamin (senior physician in the ENT department KMG Klinikum Güstrow), Munar Beishenova (ENT doctor from Bishkek)**

As part of the GIZ funding program “Clinic partnerships - partners strengthen health”, the project “CI and long-term care for deaf children” began in August 2020. It is supervised by the Lehnhardt Foundation and enables structured further training in the field of cochlear implant care in Kyrgyzstan. The Lehnhardt Foundation and the KMG Klinikum Güstrow invited two ENT doctors to sit in on the hospital for one week. Dr. Cholpon Beisheeva (Head of the ENT Department) and Dr. Munar Beishenova (ENT specialist) work at the “National Center of Maternity and Childhood Care” in Bishkek, Kyrgyzstan.

The internship was short but designed very professionally by Prof. Dr. med. Tino Just and Dr. Blanda Kamin. The week started with a tour of the clinic: Visit of the intensive care unit, emergency room, ENT department, sterilization department, operation block with recovery room. Informative discussions took place during this week with the paediatrician responsible for newborn hearing screening, the head of the radiology department and an audiologist. The Clinic NHS protocol, the necessary documentation, patient tracking, including for those who were not born in the hospital, was explained. Munar and Cholpon could attend the first fitting of the speech processor after cochlear implantation of an adult and ask questions

During these days, the visitors were able to watch operations such as cochlear

implantation or tympanoplasty and work independently in the laboratory with artificial temporal bones. In order to carry out a CI operation, one must have prepared about 100 temporal bones.

A large part, in addition to the practical exercises, was dedicated to documentation and diagnostics. Presentations and discussions were held on the following topics: Selection of candidates for CI and hearing aids, how is the patient consultation organized, interpretation of CT & MRI of the temporal bone and auditory nerve, the choice of electrodes depending on anatomical conditions, Gusher Syndrome, unilateral deafness, neuropathy, acoustic neuroma.

Important for the ladies was the protocol of patient and x-ray plate positioning technique for accurate and optimal imaging of a specific area of the Temporal bone before and after Cochlear implantation.

The program also included interesting lectures on new products: implants and speech processors for the middle and inner ear, bone conduction – from the companies Cochlear, MED-EL and Advanced Bionics.

A visit to the school for hearing impaired in Güstrow (responsible for the federal state of Mecklenburg-Vorpommern) broadened the understanding of the doctors. The surgeons wanted to learn not only about anatomy and surgery, but also about the future development of children with CI who go to school and participate in society. For children up to the age of 6 and for school children, there is an early support program that accompanies the children once a week at home or in kindergarten/school.

The school looks after 800 hearing impaired pupils, 200 of them in the special school in Güstrow and 100 children in regular kindergartens, including 3 children in the special kindergarten in Güstrow. Children with different diagnoses are accommodated in the classes: children with auditory processing and perception disorders, with or without hearing aid or CI. Teachers use gestures only in classes where pupils absolutely need them. In the near future it is planned to introduce sign language as a compulsory subject as a foreign language.

Cholpon and Munar attended some classes of the 1st - 9th grades. The children were active, greeting visitors and talking about their friends, favourite subjects and music.

The ENT doctors would like to thank the Lehnhardt Foundation and the clinic's ENT team and have plans for the implementation of some measures in Kyrgyzstan according to the motto: Small steps lead to the big goal.

"We thank you for the time and effort you invested in us during the week of our internship. We were very happy to be a small part of your well-established team and hope that the team spirit and attitude towards each other, as well as the patients in our department, will be on the same level as in KMG Güstrow. Despite the short time, we were able to take a lot with us and would like to give feedback later on what we were able to introduce in our hospital, what we have seen in practice, what it takes to make the doctors' routine work easier and faster, and what helps them to organize and structure."

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[WORLD NEWS – UK – The Deaf Calypso Project](#)



Photo: William Ogden (second from the right) and his family, with Peter Boos (second from the left)

I had returned from my first "working holiday" but as I reflect on my trip to Barbados, I cannot help but be proud to have played a small part in The Deaf Calypso Project led by the brilliant Audiovisability. As a Trustee Director of Decibels, who was one of the sponsors for the project, I was fortunate to have been invited to participate behind the scenes in the lead up to the Deaf Calypso Project's concert held at the Frank Collymore Hall.

Audiovisability had stated "... The Calypso Project will bring together deaf and hearing professionals from across three continents in a truly ground-breaking music and visual arts project based on the island of Barbados. Drawing on Calypso's vibrant history, the activities will emphasise the island's culture, as well as take a wider look at deafness in the world at large. The message will be loud and clear: deaf people can do anything, except hear perfectly, and deaf Barbadians demand that their voice is heard. It is society – not deafness – that disables, and Calypso will raise awareness of this across the community, inspiring a new generation of deaf Barbadians. The project will have a community focus, involving people from all walks of life from Barbados.

"We want to create opportunities and worldwide networks for the deaf community in Barbados. It is our intention to create three new Calypso/Hip-hop fusion songs with videos in collaboration with deaf artists and the deaf community.

"We think this project is very important as the creative arts have a wonderful and instant way of giving the deaf community a voice through the medium of music, visual arts and sign language at a mainstream level..."

The concert was the first ever to have held talented deaf and hearing musicians, artists, film makers, and writers to name but a few, all to raise awareness of deaf people's needs in Barbados. I am proud to have witnessed a historical event to pave the way for positive changes to be implemented and long may it continue for the foreseeable future.

I was also very fortunate have my accommodation and flights paid for, thanks to the generosity of Decibels, Audiovisability and the Barbados Council for the Disabled, so I have decided to use this opportunity to bring my family along, so they'll also be able to share the experience with me and have a holiday too! I had also used the opportunity to broaden my network to liaise with the people behind the sponsorships and had met Peter Boos, who had set up the "Peter Boos Family Foundation" supporting youth development,

entrepreneurship, education, addiction treatment, environmental protection, arts & culture development, relief of poverty and support of various community and charitable causes that focus on Integral Human Development. We are hoping to develop our professional relationship further, in the near future.

My time spent in Barbados has given me an insight into the importance of belonging to a community, which has inspired me to continue being an advocate for accessibility and inclusivity.

[Click here for a link to The Calypso Project Live Stream.](#) In this video, you can share the success of the concert, to see how history has been made through the speeches and the importance of the event itself.

William Ogden BEM

(Editor's note: William Ogden currently works at a University as an Academic Affairs Adviser. He was awarded a British Empire Medal (BEM) for his 'hands-on' service that has made a significant difference to the lives of people in the local community. As a cochlear implant user who is profoundly deaf and partially blind, he wants to make a positive difference through his professional work and volunteering.)

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WORLD NEWS – UK – Auditory Verbal UK – Strategy Launch



AVUK's has launched its new 10-year organisational strategy: Creating a sound future for deaf children, setting out its vision to transform the landscape of Auditory Verbal provision in the UK so that every family in the UK who wants their deaf child to learn to listen and talk to be able to access an Auditory Verbal programme through publicly funded services in their local area.

To do this, AVUK needs to increase the number of specialist therapists in the UK; to continuing need to support families and aims to build sustainable services for the future that are inclusive and enable equality of opportunity.

Find out more about our strategy by watching our [video](#) or read more [here](#).

The new strategy comes as we celebrate alongside colleagues in Denmark who have already achieved their ambition to provide Auditory Verbal therapy as an option to all deaf children in the country. Following a successful three-year pilot programme, government-funded Auditory Verbal therapy will now be available to all families in Denmark who want their deaf child to learn to listen and speak. We hope to achieve the same investment in the UK.

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WORLD NEWS – UK – Auditory Verbal UK – CEO Presents at EURO-CIU Conference



Auditory Verbal UK was delighted to attend the EURO-CIU symposium in Rotterdam last month with CEO Anita Grover's presentation focusing on the future of habilitation for children with Cochlear Implants.

Anita highlighted the need for individuals and organisations to have much higher expectations for children with cochlear implants and the importance of early and effective support for families to enable them to have the same opportunities in life as their hearing friends.

Anita shared AVUK's vision for every family in the UK who wants their deaf child to learn to listen and talk to be able to access an Auditory Verbal programme through the National Health Service (NHS) and publicly funded services in their local area. Despite advances in screening, diagnosis, hearing technology, listening and spoken language development and practice, deaf children in the UK are still underachieving at school, have lower employment prospects and are also at risk of poor mental health and social exclusion.

Sharing her own Cochlear Implant journey, Anita also focussed on the parent coaching

aspect of Auditory Verbal therapy which allows families to use the skills they learn in their everyday lives to develop their child's listening and spoken language.

The presentation included videos of young deaf children speaking at the UK Houses of Parliament and highlighted the outstanding outcomes being achieved in Auditory Verbal programmes around the world, including AVUK's 10 year audit where 80% of all deaf children who spend at least two years on the programme achieve age-appropriate language, this figures rises to 97% for deaf children with no additional needs and 1 in 2 of children with additional and complex needs achieve at least age appropriate language.

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[WORLD NEWS – UK – Auditory Verbal UK – Ava Pearson – Inspiring Communicator](#)



AVUK young Ambassador and Cochlear Implant user Ava Pearson has been recognised for her work calling for all deaf children to have the same opportunities in life as their hearing peers with a UK National Inspiring Communicator Award. Well done Ava!

"When I was a baby, my parents found out that I had a profound hearing loss. They didn't know what the future would be like for me. I am now 15 years old. I attend a mainstream school, enjoy learning piano and saxophone and have ambitions to be a film director," said Ava in a recent video sharing her own hearing journey whilst supporting the launch of AVUK's new strategy.

Watch Ava's award acceptance speech here: <https://lnkd.in/ggRYJ3kr>

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[WORLD NEWS – USA – ACI Alliance update](#)

American Cochlear Implant Alliance Task Force Guidelines for Clinical Assessment and Management of Cochlear Implantation in Adults With Single-Sided Deafness (SSD)

- CI for SSD offers significant benefit for sound localization, tinnitus mitigation, and quality of life
- With sudden hearing loss, CI should not occur earlier than 3-6 months to allow time for medical workup
- Discuss and trial non-surgical options
- Long duration of deafness not a contraindication but may impact outcomes
- Advanced age not a contraindication
- Wear time associated with better outcomes (at least 8 hours a day)
- Auditory training during initial months

www.acialliance.org/page/DeterminingCICandidacy

© American Cochlear Implant Alliance

ACI ALLIANCE
AMERICAN COCHLEAR IMPLANT ALLIANCE

ACI Alliance Task Force Guidelines for Clinical Assessment and Management of Cochlear Implantation in Children and Adults with Bilateral & Single-Sided Deafness

Ear & Hearing has published the first three papers by ACI Alliance Task Forces on CI candidacy and management. The Task Forces were assembled to provide clarity on candidacy determination for adults (bilateral deafness and SSD) and children (bilateral deafness and SSD).

We are grateful for the important collaborative work of the task forces in helping promote broader understanding of candidacy determination and management in these populations. Read all the papers here and see the infographics that support them.

<https://www.acialliance.org/page/DeterminingCICandidacy>

Tuesday Talks | Cochlear Implant Consumer Advocacy Network Members Lead the Way

Tuesday Talks are a free, captioned webinar series hosted by ACI Alliance monthly at 12 Noon ET. The content is designed for adults, parents, and others seeking information on cochlear implantation and related topics. Members of the CI CAN consumer network play a pivotal role in each presentation by bringing their own experience with CI to the discussion. All sessions are free to attend and captioned. All talks are recorded and will be posted for free online.

[Click here for Flyer](#)

CI2023 John Niparko Memorial Lecture | Dallas, TX June 7-10, 2023

Carolyn J. Brown PhD, a professor in the Department of Communication Sciences and Disorders at University of Iowa will be delivering the Niparko lecture at CI2023 Dallas. Her lecture will be on Cochlear Implants at IOWA: 1983 to 2023. The Niparko lecture is given in honor of Dr. John K. Niparko's enduring commitment to cochlear implant research and clinical care and in recognition of his significant contributions to the field.

<https://www.acialliance.org/page/CI2023>

Adult Rehabilitation

Our website covers a vast array of resources on Adult Rehabilitation. [Naama's Blog](#) offers additional resources on cochlear implant rehabilitation for adults, and all the Patient Handouts from the Hearing Journal are [available on our website](#).

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ADVANCED BIONICS – Discover the Moment of Connection



This is a story about connection.

About losing, and then finding connection again.

And about how we're all immersed in a vivid world of life, laughter, and love, through our bonds with the people and moments we encounter.

But when connection to those people and the moments we share with them is tested due to hearing loss, it affects more than those who've lost the ability to experience sound. It also affects their loved ones and their connection to one another.

We gathered seven people with Advanced Bionics cochlear implants to see what happens when they hear their own stories for the very first time, straight from the sound of their loved one's voice.

Follow the stories of seven incredible journeys and feel what it's like to restore and renew life's connection to the people and the moments we love.

Watch the series: [AdvancedBionics.com/TheMoment](https://www.advancedbionics.com/TheMoment)

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ADVANCED BIONICS – Auditory Skills Training for Adults – What It Is and How It Can Help



CONNECTIONS



AdvancedBionics.com/Connections

Hearing technology, such as hearing aids and cochlear implants, help us hear our best, but hearing technology alone is not enough. There is a misconception that wearing hearing aids or cochlear implants is just like wearing glasses. Put them on and you hear clearly!

This is just not the case. It is important to train the brain to hear better. Most of us would never consider running a marathon without any training to go the distance. It is the same with training the brain to hear. When people first get hearing technology, auditory skills training is needed to help make sense of new sounds.

How does auditory skills training improve hearing?

Auditory skills training (AST) is the process of improving hearing skills through structured, repetitive listening exercises. In particular, it uses active listening exercises to train the brain to interpret sounds in order to understand spoken language.

Valeri Le Beau, Senior Rehab Manager at Advanced Bionics, has put together a very interesting articles with tools, tips, and recommendations on how you can improve your own auditory skills.

Read the full story on [CONNECTIONS](#), and make sure to visit our blog regularly. Explore it to find the powerful stories CI experts, CI recipients, or parents of children with CIs are sharing with us about their hearing journey and other helpful articles on hearing loss and cochlear implant technology.

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[COCHLEAR – Introducing the new CochlearTM Nucleus® 8 Sound Processor \(Experience smaller, smarter and better connected\)](#)



Whatever stage of life you're in – starting school or starting a family; moving out or travelling; working or thinking about retirement – your sound processor should help you hear your best.

That's why we're excited to introduce the Cochlear™ Nucleus® 8 Sound Processor. Smaller, smarter and better connected, the Nucleus® 8 Sound Processor opens up a world of new possibilities.^{1,2^}

Smaller than your device

The world's smallest and lightest sound processor is designed to be more comfortable than your current device.¹

Smarter hearing technology

Enhanced SmartSound iQ 2 with SCAN 2 technology senses changes in your listening environment and automatically adjusts to provide clearer sound.^{3^}

When you want to focus on face-to-face conversation, an improved ForwardFocus more powerfully reduces distracting background noise.^{4±}

Better connected

Experience the proven benefits of streaming audio directly to your sound processor – Apple and Android™ devices are just the start.^{5,*}

The Nucleus 8 Sound Processor will make it easier to bring sound to you – in more places and from more devices with Bluetooth® LE Audio.^{6,¥} Connect to what's being broadcast at airports, conference centres, theatres and more public venues supporting Bluetooth® Auracast™.[¥]

How to learn more

To learn more about Nucleus 8 and what you need to get started, ask your clinician or go to www.cochlear.com/nucleus8

[^] Compared to previous generation Nucleus 7 and Nucleus 6 Sound Processors

[±] Compared to the Nucleus 7 Sound Processor with ForwardFocus on

[¥] When the technology becomes available for the Cochlear Nucleus 8 Sound Processor, a firmware update to your sound processor will allow you to connect to Bluetooth LE Audio compatible devices.

1. Cochlear Limited. D1190805 Processor Size Comparison. 2022, May.

2. Mauger SJ, Warren C, Knight M, Goorevich M, Nel E. Clinical evaluation of the Nucleus 6 cochlear implant system: performance improvements with SmartSound iQ. *International Journal Of Audiology*. 2014, Aug; 53(8): 564-576.

[Sponsored by Cochlear]

3. Cochlear Limited. D1864200 SCAN-X Design Description.
4. Cochlear Limited. D1964109 Clinical Investigation Report CLTD5804 – Feb 2022.
5. Cochlear Limited. D1631375 Nucleus 8 Sound Processor Product Definition.
6. Introducing Bluetooth® LE Audio, Nick Hunn. January 2022 <https://www.bluetooth.com/learn-about-bluetooth/recent-enhancements/le-audio/>

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Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always follow the directions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information. ForwardFocus is a clinician-enabled feature that can be user controlled or automated.

*The Nucleus 8 Sound Processor is compatible with Apple and Android devices. For compatibility information and devices visit www.cochlear.com/compatibility

ACE, Advance Off-Stylet, AOS, Ardium, AutoNRT, Autosensitivity, Baha, Baha SoftWear, BCDrive, Beam, Bring Back the Beat, Button, Carina, Cochlear, 科利耳, コクレア, 코클리어, CochlearSoftWear, Contour, コントゥア, Contour Advance, Custom Sound, DermaLock, Freedom, Hear now. And always, Hugfit, Human Design, Hybrid, Invisible Hearing, Kanso, LowPro, MET, MP3000, myCochlear, mySmartSound, NRT, Nucleus, Osia, Outcome Focused Fitting, Off-Stylet, Piezo Power, Profile, Slimline, SmartSound, Softip, SoundArc, True Wireless, the elliptical logo, Vistafix, Whisper, WindShield and Xidium are either trademarks or registered trademarks of the Cochlear group of companies.

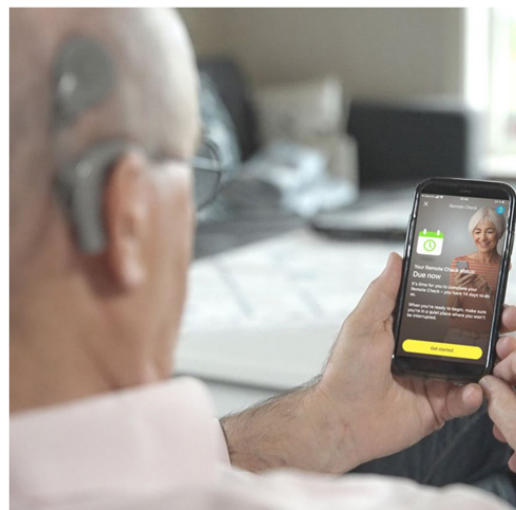
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COCHLEAR – Are you ready for Remote Care?



Imagine having an appointment with your clinician without going into the clinic. Learn about Cochlear™ Remote Care to find out how you can manage your hearing remotely. Are you ready?

If you're not sure you have everything you need, don't worry. Remote Care solutions are simple to use for even the least techy of us. To help, here's a quick quiz to check if you're Remote Care ready.

1. Do you sometimes find it challenging to attend clinic appointments?

If you answered "yes", Remote Care could be right for you. Remote Care offers the convenience of a hearing check or video appointment with your clinician, whether you're at home, work or when you're away – without a clinic visit.

2. Do you have a smartphone?

To use Remote Care, you'll need a compatible* smartphone and a Nucleus® 8, Nucleus 7

or Kanso® 2 Sound Processor.

3. Do you have the Nucleus Smart App installed on your phone?

To access Remote Care, you need to have the latest version of the Nucleus Smart App installed on your compatible smartphone. To find the app, scan the QR-code or open the App Store or Google Play on your phone and search for “Nucleus Smart” then tap Get or Install.

4. Is your sound processor paired to your Smart App?

The app will provide instructions for doing this. If you need more help to pair your sound processor to the Nucleus Smart App, you can find instructions on [cochlear.com/](https://www.cochlear.com/)

5. Have you spoken to your clinician about Remote Care?

To use Remote Care, your clinic must be offering these solutions and your clinician may need to enrol you. If you think Remote Care could be a good option for you, why not ask your clinician if Remote Care is available?

What was your score?

If you answered “Yes” to any of these questions, talk to your clinician or [click on this link](#) to learn about Remote Care.

Remote Care won't replace every in-clinic appointment, it offers you more ways to conveniently, easily and securely get the quality hearing health care you need, when you need it.

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Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

** For information regarding the sound processors, implants, operating systems and devices that are compatible with Cochlear's Remote Care services, visit www.cochlear.com/compatibility*

The Cochlear Nucleus Smart App and Baha Smart App are available on App Store and Google Play.

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[MED-EL – ideas4ears children's invention contest – submission until January 17, 2023](#)



The ideas4ears children's invention contest supported by MED-EL is back and on. For a chance to win an action-packed trip to Innsbruck, Austria, young inventors and creative minds aged 6-12 can submit their ideas for an invention that could help to change the lives of people with hearing loss. The competition is open until January 17, 2023. Any idea is welcome and can be submitted as a poster, picture or video!

"Inventing is often a process of elimination. In the case of the VIBRANT SOUNDBRIDGE, I had to build and test many devices that didn't work well enough or didn't work at all until I finally arrived at the design that was perfect. When I was inventing the components for the middle ear implant back at Stanford University, people would tell me 100 reasons why my invention wouldn't work, but I only needed one reason why it would."

Geoffrey Ball

Chief Technical Officer at MED-EL and inventor of the VIBRANT SOUNDBRIDGE middle ear implant, founder of ideas4ears

On the [ideas4ears website](#) you'll find all the information on the contest itself but also information on past winners for inspiration and some great tips. Check out the [Facebook page](#), too. Do you know someone who could love to join? Don't hesitate. We are looking forward to receiving your entry. [Join now](#).

"Going to Austria and seeing where my hearing has come from is something I will cherish for many years."

Dylan

Former ideas4ears winner

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[MED-EL Sound Sensation Music festival – Grand Finale](#)



Members of the Vienna Philharmonic orchestra, star violinist Yury Revich, and Eurovision winner Conchita Wurst in one concert? A rather unusual combination, one might think. Even more unusual was the fact that they were not the stars of this special concert held in Vienna in autumn. The real stars were seven cochlear and middle ear implant users who performed with the renowned artists and left the audience in awe about what is possible with a CI when it comes to music.

Russell Tyler, professional oboist in a Portuguese orchestra and an SSD CI user, played a touching Mozart piece with members of the Vienna Philharmonic Orchestra. "Playing Mozart with members of the Vienna Philharmonic was a dream come true", he recalls.

The Grand Finale, which can be watched [online](#), was one of the highlights of the Sound Sensation Music Festival. It brought together individuals with hearing implants, their families, and ENT specialists in interactive workshops and online events. Many more performances from CI users all over the world were featured in short daily concerts and a "Best of" Show. If you took part in [Virtual Voices and Band](#), don't miss the final result of this global rendition of Beethoven's Ode to Joy!

The entire Sound Sensation festival is available online on the [Sound Sensation landing page](#).

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[MED-EL & MELUDIA – new online brain-training helps people with hearing loss to enjoy music again](#)



MED-EL and cognition-training developers Meludia have joined forces to create a special online training tool designed to help people living with hearing loss to listen to and enjoy music. The 'Meludia Method' was originally designed for individuals with normal hearing, but Meludia co-founder Vincent Chaintrier who has hearing loss himself, saw Meludia's potential for cochlear implant users too.

"For people with hearing implants, Meludia helps the brain to use its full listening potential and sharpen listening skills using music in a simple and structured way that they never thought might be possible. It doesn't matter how old a person is, how long they have used their cochlear implant, or how much musical experience they have," explains Chaintrier.

The benefits of musical brain-training go far beyond simply enjoying music; they include:

- Distinguishing between multiple sounds at the same time, which is important to help people understand conversations in noisy situations
- Increasing listening skills and focus
- Improving auditory working memory
- Tuning in to someone's emotions, based on voice variations.

Special MED-EL offer: Register on my.medel.com and enjoy Meludia free of charge for 12 months. For more information visit meludia.com/en/med-el/

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