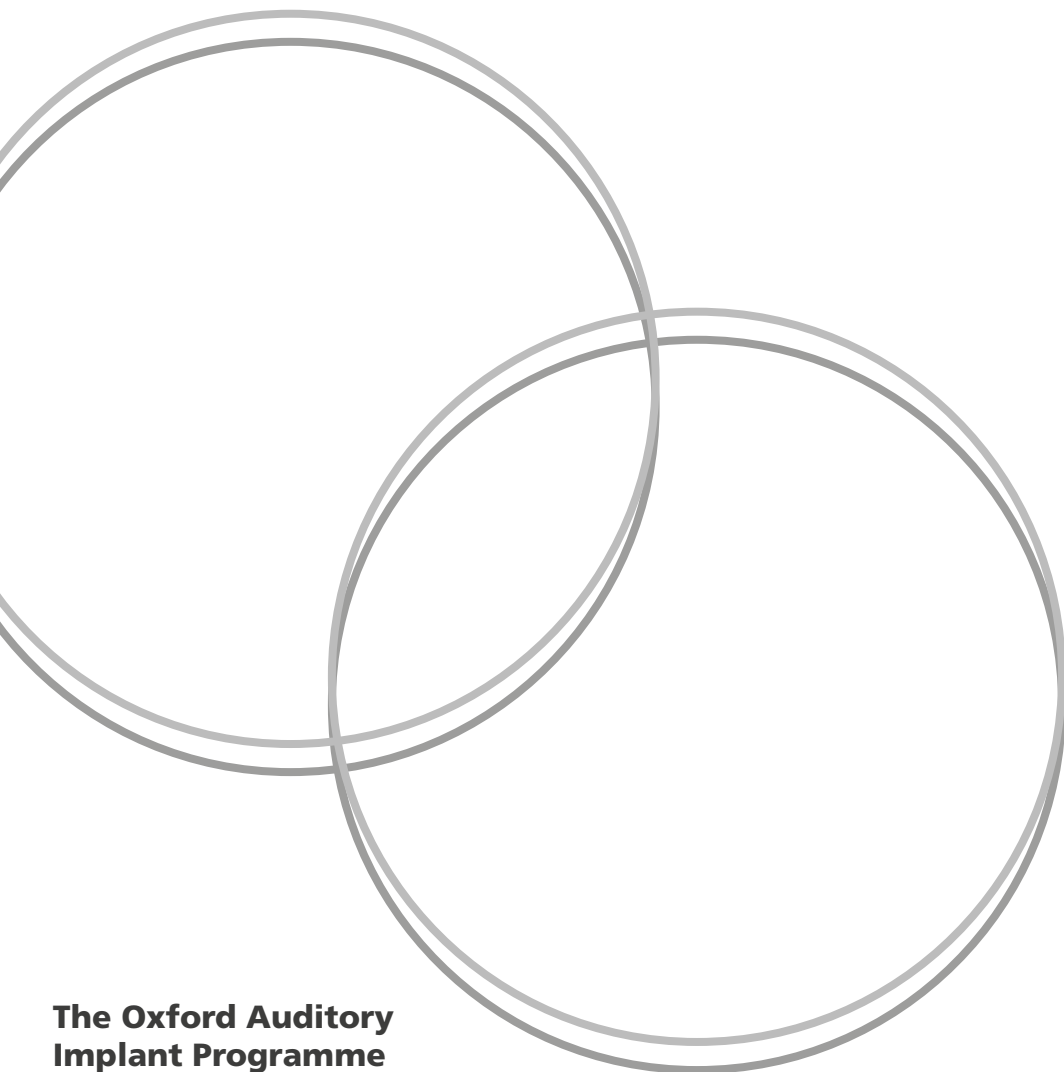




Oxford University Hospitals
NHS Foundation Trust

Cochlear Implant Summary

Information for adult patients



**The Oxford Auditory
Implant Programme**

Thank you for coming for your cochlear implant assessment. Following your assessment, we have agreed that you are likely to benefit from cochlear implantation.

There are a number of things to consider when making a decision about whether cochlear implantation is the right choice for you. This leaflet has been written to summarise the information we have explained to you about the cochlear implantation process. It is only a summary, so if anything is unclear or has not been fully explained, please speak to a member of the Auditory Implant Programme team (contact numbers are at the end of the leaflet).

What are the potential outcomes with a cochlear implant?

Cochlear implants can give a perception of sound and will allow you to access (hear) speech sounds. Your brain can then learn to interpret these sounds as speech. It will take time for you to make sense of the new sounds you are hearing.

The outcomes from having cochlear implants vary. You may be able to communicate much more easily with other people and find you no longer need to rely on lip reading. You may also be able to talk on the telephone with familiar speakers. However, you are still likely to have some difficulty in noisy environments or when listening to people in large groups.

If you were born deaf or were deafened before you learnt to talk, you might find that the results from your cochlear implants are not as good as for other people who have had a short period of profound deafness.

You may be able to use your cochlear implants to give you an awareness of environmental sounds (the sounds around you), but may not be able to understand speech without lip reading or sign support.

If you have heard speech, either with or without hearing aids, before becoming deaf, you are likely to adapt quicker to the new sounds you experience with cochlear implants.

Having a cochlear implant will not necessarily improve the sound quality of your own voice.

There are factors that affect the outcomes from having cochlear implants, which means we cannot always predict how well they will work for each person.

There are specific speech and language, developmental and cognitive disorders that may affect the outcomes from cochlear implants. These might not be related to your hearing loss.

Which ear will have the implant?

Bilateral cochlear implants (one for each ear) are funded for children under 19 years of age and adults with visual impairment.

Funding is normally only available for one cochlear implant.

We will discuss with you which ear is the best to implant. This can depend on how long you have had deafness in each ear; whether you wear hearing aids; or if there are anatomical or physical reasons why one ear would be better than the other.

What happens during the implant operation?

The cochlear implants will be put in place during an operation, which is carried out under a general anaesthetic. This means you will be unconscious throughout the operation.

The operation takes place in the ENT theatres, in the West Wing of the John Radcliffe Hospital. It takes between two and three hours for an implant to be placed. You are usually able to go home on the same day, but should bring an overnight bag in case you need to stay on the ward overnight.

Before the operation, you will need to come for a Pre-assessment clinic appointment. This is usually a week or two before the date of your surgery. This is to make sure you are fit for the general anaesthetic you will have during the surgery.

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter. Fasting is very important before an operation. If you have anything in your stomach whilst you are under anaesthetic, it might come back up while you are unconscious and get into your lungs.

What happens after the operation?

After the cochlear implant surgery, you may have a small bandage on your head. The time it takes to recover after the operation can vary, but you are likely to feel better very quickly.

Going home

You will need to have a relative or a friend who can take you home and look after you for the first few days after surgery. You should not go home on public transport after this procedure. You will need to be taken home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

In the next 24 hours:

- do not go to work
- do not drive a motorised vehicle
(your insurance will not cover you)
- do not operate machinery
- do not make important decisions
- do not sign legally binding documents
- do not drink alcohol.

You will need to take two weeks off work after the operation. When you come in for the operation, please tell your nurse if you need a sick certificate for when you leave hospital.

Recovery and wound care

After the operation, you may experience some discomfort in your ear; this can be helped by taking painkillers. You may also feel a little dizzy and tired, but this should improve over the next few days.

Your wounds will have been closed with dissolvable stitches, which do not need to be removed. They will gradually dissolve over the next 12 days.

It is important that you keep your wound dry for the first week. Take care not to knock or scratch it when you brush your hair or when putting on glasses. You will need to wait a minimum of 1 week after your operation before gently washing your hair. If you are unsure whether you should wash your hair, you can wait until we see you to first turn on your cochlear implant (about 2 weeks after the operation). Do not dye or perm your hair for 3 months, as these strong chemicals can irritate your skin. Also avoid using other hair products for 1 week.

Flying should be avoided for 4 weeks after the operation. This can be uncomfortable (due to the change in air pressure).

What are the risks?

As with all operations there are some possible complications or risks. The surgeon will discuss these with you when you sign the consent form. The consent form confirms that you agree to the procedure and understand what it involves.

Some of the potential complications and risks are:

- Dizziness and/or sickness for a few days after the operation. These symptoms can also occur if you turn your head quickly or bend down suddenly. This is usually temporary.
- A change to your sense of taste on one side of your tongue. This usually improves over time.
- The wound becoming swollen and painful, which may be a sign that it has become infected. In the unlikely event that this happens you will need to be treated with antibiotics. You should contact the cochlear implant programme for further advice. If it is a weekend or after 4.30pm, you should go to your nearest Accident and Emergency department and ask to be seen by the On-call ENT doctor.
- Bruising or damage to the facial nerve, which runs near the site of the surgery. This is carefully monitored throughout the operation, to make sure that bruising or damage to the facial nerve very rarely occurs. However, there is a very small risk of damage, which could affect the movement of muscles in the face.
- If you suffer from tinnitus, you may notice a change to the level of your tinnitus, if you had this before your operation. It may get louder or may disappear altogether. It will usually return to normal levels after a few weeks.
- The implant stops working. This rarely occurs. If it does, you will need a further operation to replace the broken or faulty implant.

The cochlear implant rehabilitation process

The initial switching on and fitting of the external sound processor will be approximately two weeks after the operation. The first time we stimulate your cochlear implant it will be at a very quiet level. We will then increase the level to a point which is comfortable for you.

People have reported that, to start with, speech sounds robotic; like 'Micky Mouse', or like someone talking with helium, as well as other descriptions. Some people report a feeling or vibration, before they are able to identify sound as speech.

If you could hear at a previous point, you are unlikely hear speech as you remember it straight away. The brain adapts to the new signal and gradually learns to listen to speech and make sense of it. This can take a few months. Some people find speech is clear quite early on, but other people are never able to understand speech without cues, lip reading or sign support.

In the first year after your implant, you will need to come to the hospital for multiple audiology (tuning) and speech and language therapy (SALT) appointments. You are likely to have 3 appointments in the first month, then a further 6 to 10 over the rest of the year. This varies from person to person and depends on how quickly you progress with the rehabilitation process.

You will need to wear the sound processor as much as possible, to obtain the most benefit.

How to contact us

If you have any questions, please call or email the Auditory Implant Programme team.

Telephone: **01865 234 550**

This is no answer phone facility, however our email account is checked daily multiple times, so if your request is not urgent, please send it via email.

Email: **auditoryimplantprogramme@ouh.nhs.uk**

Website: **www.ouh.nhs.uk/auditoryimplant**

Support groups

We will try to put you in touch with someone in a similar situation to you, who has had a cochlear implant. It is often helpful to speak to someone who has been through the same process. We also have an active local support group which runs events throughout the year for cochlear implant users and their families.

OxCIS (Oxford Cochlear Implant Support Group)

Michele Motteux: Volunteer Advisor and Patient Advocate to the Cochlear Implant Programme.

Email: michelemotteux@hotmail.co.uk

CI Five Counties (UK) Support group

Email: CIFiveCounties@gmail.com

You may also find useful information and support from the following websites:

Action on Hearing Loss

www.actiononhearingloss.org.uk

Advanced Bionics

www.advancedbionics.com/uk/en/home

British Cochlear Implant Group

www.bcig.org.uk

British Deaf Association

www.bda.org.uk

Cochlear

www.cochlear.com/wps/wcm/connect/uk/home

Delta

www.deafeducation.org.uk

National Cochlear Implant Users Association

www.nciua.org.uk

Medel

www.medel.com/uk

Device choice

We have shown you models of each electrode and sound processor that we offer, explained how they work and given you written information to read at home. Unless there is a medical or physical reason why one system is recommended, you can choose which device you would prefer. You are welcome to arrange a time to come and have another look at the models or discuss the device choice further.

This form summarises the options you have already agreed about cochlear implantation with the Cochlear Implant team.

Both ears Left ear Right ear

Implant and sound processor choice:

Advanced Bionics Cochlear Medel

Processor:

Colour:

Date for surgery (if available):

The date for surgery is subject to change, as emergency patients may have to take priority.

The above information has been explained to me by:

Name of team member:

Signature of team member:

Date:

Name of patient:

Signature of patient:

Date:

Name of interpreter:

Signature of interpreter:

Date:

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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