ReSound

For people with Cochlear Implants

Spring 2021 **Issue 70**

Japanese Cherry Blossom

Manchester Cicada — a charity supporting implant patients

This newsletter has been produced on behalf of the Manchester CICADA Charity

contents

Editorial

Welcome to the Spring edition of Resound.

By now hopefully most of you will have had your first Covid jab and some I have heard have also had the second one so that is indeed progress.

In keeping with many other charities we have of course scaled back our activities and will have had our first AGM on Zoom by the time this is published. How times change!

As pleased as I am with progress on getting out of lockdown, the new post Covid world will of necessity be different in many ways and we are exploring what that means to our activities as well.

We hope you have enjoyed the Lockdown Letters over the last year and we will continue with these as a way of keeping in touch especially for those that do not have the use of the internet.

CICADA will be working closely with the Implant team at the Manchester Royal Infirmary to help both new and existing CI users with information and advice to keep us all safe and also maintain the service that the MRI provide to us all.

Our close association with the MRI has also helped us recruit new members during the last year and hopefully once the immediate crisis is over, we can move on and build on the success we have had in previous years and can continue to grow.

Once again, if you have a story to tell about your journey with the implant program or an everyday occurrence we would love to hear from you, this magazine after all is about you.

We hope you enjoy this issue and if you've any comments, or stories to send along please let me know.

Kevin Williams - Editor

"MY NEW PROCESSOR: a personal progress report "

by John Newton

Attending at the implant clinic in Manchester to get an upgraded processor feels a bit like Christmas. The manufacturers seem to really think big with the packaging and the paperwork. I carried away the three small items which are included, the processor itself, the "Audio Link" and the "Fine tuner" (remote control) which all fit comfortably into my trouser pocket in the rucsac they come in which would be a good size for, say, a couple of weeks walking the Pennine Way. The clinic are equally generous with their time when it comes to explaining and adjusting the new gear, I had an hour or more with the charming Ms Whittle. There is a lot of information to absorb and when I got home, I sat down with the various manuals to get properly acquainted with it.

Med-El Sonnet 2

My new toy is the Med-El Sonnet 2. As a veteran user of hearing aids, I tend to take with a pinch of salt the claims that are made for them, especially new ones. We are usually told how clever the electronics are at overcoming the perennial hearing problems all deaf people have to face on a daily basis, the background noise, focussing on a specific speaker and so on. The manuals which come with the Sonnet 2 are no exception to this so it was a very pleasant surprise to discover when I began to try it all out, that my perception of speech was definitely much improved.

I live alone and have not been able to make voice calls on the phone for quite a long time so much of my conversation is with the TV (it doesn't usually answer back). I soon discovered that when I could see a speaker's face, I could follow what was being said without the subtitles which I normally use all the time. That in itself is a big step forward for me but it gets better than that. The Audio Link can be "paired" with the processor so that it connects directly via Bluetooth. I did this and plugged it into the audio outlet on the back of the TV so that the sound is fed straight into my ear. With that I found that I could understand a lot of the speech even when I was not looking at the speaker which is brilliant for me.

Later I got a chance to try it out with a real person when a mate called round for a chat. The Audio Link, comes with a lanyard which seems to invite one to hang it around the speaker's neck. Again it worked very well for me even when I just put it on the table between us. I also tried it out in a noisy restaurant sitting opposite my son where it also worked well.

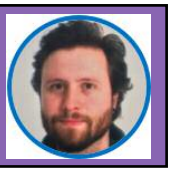
The gear has a specific facility to link directly with a Smart Phone and I haven't tried that out yet. That's partly because I am a bit scared of the embarrassment which would ensue if I try to call someone and it doesn't work for me. My plan is to run a trial when I am visiting my family perhaps making a call to someone I can see. I am keeping my fingers crossed about that. If I can make voice calls it would make a huge difference to me.

Neither have I had a chance to try it out with a group discussion. I have a monthly meeting with a u3a discussion group when I plan to see how it works in that situation. So stay tuned for my next report!

JSN 04072021

Virtual Mapping

By Unai Martinez de Estibariz, Adult Auditory Implant Coordinator



The Covid-19 crisis forced a very sudden shutdown of our cochlear implant (CI) service in March 2020. The hospital Trust cancelled all elective surgery and outpatient appointments.

Although we managed to switch on the implants of all the patients who had recently had surgery, many were left with programme settings that were less than optimal. This meant the team has had to become more inventive in order to continue supporting our patient's cochlear implant care remotely as we could not do this in clinic.

It is recommended that a CI is adjusted and fine-tuned a number of times in the first few weeks of implant use as the patient gets used to hearing with it.

Gradually over time the frequency of the fine-tuning sessions decreases. In general, we aim to see patients 6 times in the first year as recommended by BCIG's quality standards with some patients requiring more and some less intervention based on a case by case basis.

In collaboration with CI manufacturer Cochlear, we have been able to courier a laptop with the implant programming software already installed and a programming pod to patients' homes.

We prioritised those CI users that were due a mapping appointment while our department was not seeing patients face to face. This was mainly offered the cohort of users whose CI was switched on prior to the start of lockdown and any users that required urgent mapping sessions.

Being able to offer this service has alleviated pressure on our service by reducing the waiting list before reopening and provided CI users with the opportunity to optimise their CI settings timely.

The set up for this remote pathway can be seen in the diagram overleaf.

The setup requires two ways of simultaneous communication while the patient is at home and the clinician is based remotely, either at their home or in the clinic.:

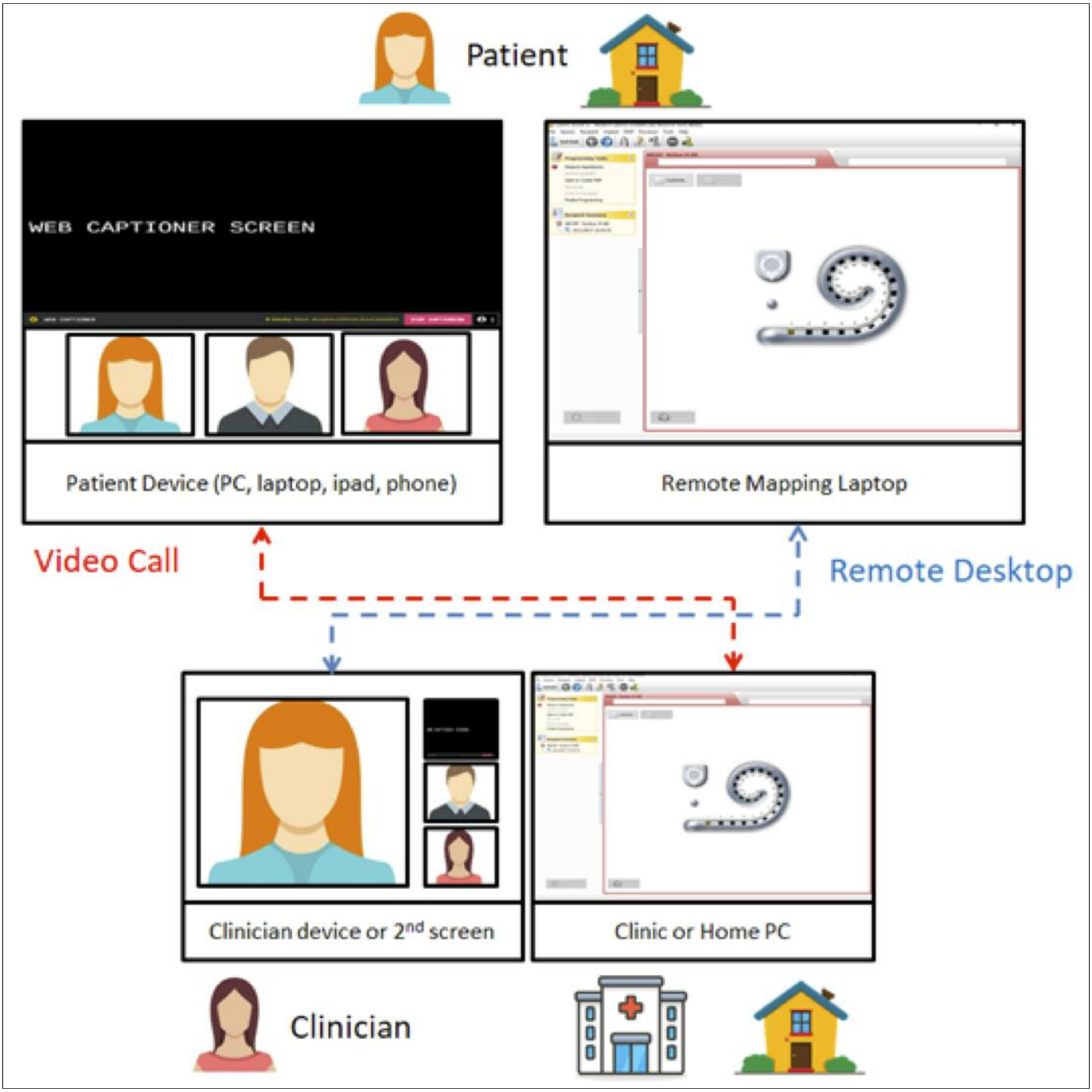
- video call with live captioning (using Attend Anywhere)
- remote desktop access to the laptop (using Team Viewer)

One of the limitations with this service is the delay in getting the laptop to homes and the necessary decontamination and quarantine the device needs after the session. However, we have received positive feedback from users who have been aware of improvements in sound quality following the remote mapping

session.

We plan to continue offering this service in the foreseeable future, especially for patients who are unable to been seen in clinic for face to face appointments who may be shielding or other patients that belong to vulnerable groups and are required to continue isolating.

Remote mapping set up



Anyone can get super-hearing

New audio technique can track bats in flight and help localise sources of ultrasonic sound.

Humans can observe what and where something happens around them with their hearing, as long as sound frequencies lie between 20 Hz and 2,000 Hz.

Researchers at Aalto University have now developed a new audio technique that enables people to also hear ultrasonic sources that generate sound at frequencies above 20,000 Hz with simultaneous perception of their direction. The results have been published in Scientific Reports on 2 June 2021.

'In our study, we used bats in their natural habitat as sources of ultrasonic sound. With our new technique, we can now hear the directions-of-arrival of bat sounds, which means we can track bats in flight and hear where they are -- we're essentially giving ourselves super hearing,' says Professor Ville Pulkki from Aalto University.

Small devices have been used before to listen to bats but previous versions haven't allowed listeners to locate the bats, just hear them. With their device the researchers record ultrasound using an array of microphones flush mounted and uniformly distributed on the surface of a small sphere.

After the signal has been pitch-shifted to audible frequencies, the sound is played back on the headphones immediately.

Currently, the pitch-shifting is performed on a computer, but, in the future, it could be done with electronics attached to the headphones.

'A sound-field analysis is performed on the microphone signals, and as a result we obtain the most prominent direction of the ultrasonic sound field and a parameter that suggests that the sound comes only from a single source.

After this, a single microphone signal is brought to the audible frequency range of human hearing and its single-source signal is played back on the headphones so that the listener can perceive the source from the direction the sound was analysed to arrive,' Pulkki says.

On top of its popular appeal, the technique has tangible real-world applications.

'In science and art, people have always been interested in how they could improve their senses. Finding sources of ultrasonic sound is also useful in many practical situations, such as finding leaks in pressurised gas pipes. Minor pipe leaks often produce strong ultrasound emissions not detected by normal hearing. The device allows us to spot the sound source quickly,' Pulkki explains.

'Sometimes, damaged electrical equipment also emit ultrasound, and the device could be used for locating faulty equipment faster in places such as data centres,' he continues.

Story Source:

Materials provided by Aalto University. Note: Content may be edited for style and length.

(Ed.)

I look foward to getting a new program on my processor maybe so I can sit on the terrace in the evening and eavesdrop on the bats? Any plans Cochlear / Med-El?

New technique to treat middle ear infections

In a new study, researchers have designed a miniaturized 3D-printed device to inactivate Pseudomonas aeruginosa, a common bacterium that causes the infection.

Middle ear infections, also known as otitis media, affect more than 80% of the children in the U.S. In a new study, researchers have designed a miniaturized 3D-printed device to inactivate Pseudomonas aeruginosa, a common bacterium that causes the infection.

The device -- a microplasma jet array -- generates plasma, which is composed of charged particles and reactive molecules that have been previously shown to inactivate various pathogens. "This is the first time anyone has tried treating middle ear infections using plasma technology," said Jungeun Won, a graduate student in the Boppart lab. "Usually, the treatment involves using antibiotics or surgical intervention."

The problem with using antibiotics is two-fold. First, antibiotics are ineffective in more than 30% of the patients with acute infections. Second, their use can lead to increased antibiotic resistance because the bacteria form biofilms -- aggregates that attach to the surface of the ear.

"Biofilms are very dense, making it difficult for the antibiotics to penetrate," said Helen Nguyen (IGOH), an Ivan Racheff Professor in Civil and Environmental Engineering. "Our idea was that if we could disrupt the structure of the biofilm, we could increase the penetration of the antibiotics."

The researchers tested the microplasma jet array by building a model of the middle ear. They used an excised rat eardrum and tested the antimicrobial effects of the microplasma on the bacteria that were located behind the eardrum.

"We used different duration times for the treatment and found that 15 minutes and longer was effective in inactivating the bacteria," Won said. "We also monitored the tissue to see if we had created any holes or ruptures, but we didn't find any obvious physical damage."

"We think that the microplasma disrupts the biofilm by disturbing the bacterial cell membrane," Nguyen said. "So far, we only have indirect measurements supporting our idea, but we will look into it in the future."

Although the thickness of the rat eardrum is 30% lower than that of a human, which is about the width of a hair strand, the results suggest that the microplasma treatment could be used to treat middle ear infections in humans.

"Middle ear infections and the over-prescription of antibiotics to treat these are major clinical challenges that are in need of new treatment technologies and solutions," said Stephen Boppart, Grainger Distinguished Chair in Engineering, who is also a medical doctor.

The researchers are now designing a smaller, earbud-shaped jet array for treatments that will allow longer exposure times. They will also test the devices on animal models using biofilms of the other bacteria that cause middle ear infections, including, but not limited to, Haemophilus influenzae, Streptococcus pneumoniae, and Moraxella catarrhalis, to test whether the treatment is also effective with these bacteria. Additionally, the researchers will closely monitor the tissues of the middle ear to ensure that there is no structural

and functional tissue damage from the plasma technology.

Story Source:

Materials provided by Carl R. Woese Institute for Genomic Biology, University of Illinois at Urbana-Champaign. Original written by Ananya Sen. Note: Content may be edited for style and length.

Study explains 'cocktail party effect' in hearing impairment

New research suggests new therapies for people with hearing loss

Plenty of people struggle to make sense of a multitude of converging voices in a crowded room. Commonly known as the "cocktail party effect," people with hearing loss find it's especially difficult to understand speech in a noisy environment.

New research suggests that, for some listeners, this may have less to do with actually discerning sounds. Instead, it may be a processing problem in which two ears blend different sounds together -- a condition known as binaural pitch fusion.

The research, co-authored by scientists at Oregon Health & Science University and VA Portland Health Care System, was published today in the Journal of the Association for Research in Otolaryngology.

The study's lead author attributes these difficulties to abnormally broad binaural pitch fusion in people with hearing impairment. The new study suggests that, for people with hearing impairment, fusing of different sounds from both ears leads to sound blending together in a way that is often unintelligible.

"This differs from what people with normal hearing experience in what is known as the 'cocktail party effect,'" said Lina Reiss, Ph.D., associate professor of otolaryngology/head and neck surgery in the OHSU School of Medicine. "People with normal hearing can separate and understand the multiple voices, but they just get confused about which voice is saying what."

Reiss, who has hearing impairment herself and is part of the Oregon Hearing Research Center at OHSU, previously co-authored research in 2018 that first demonstrated broad binaural pitch fusion in hearing impairment. Together with another study showing blending of the fused pitches, the research suggested the possibility that similar fusion and blending could occur with sounds in speech.

The new study put the theory to the test.

Researchers with OHSU and the VA's National Center for Rehabilitative Auditory Research recruited 11 people with normal hearing and 10 with hearing loss. Participants were fitted with headphones in a double-walled, sound-attenuated booth in OHSU's Hatfield Research Center.

Two vowel sounds were played simultaneously through the headphones, with a different vowel sound played to each ear, and with voice pitch varying between male and female voices. Participants were then asked to respond on a touchscreen to identify the specific vowel sounds.

Using statistical analysis, researchers definitively revealed that people with hearing loss experienced abnormal fusion of speech across both ears, even for different voice pitches.

When different vowel sounds were fused, participants heard an entirely new vowel sound. For example, the vowel "ah" (as in "hot") spoken by a female talker would fuse with the vowel "ee" (as in "heed") spoken by a male talker, and be heard as "eh" (as in "head").

"Abnormal binaural fusion may provide a new explanation for the difficulties that hearing-impaired listeners have with understanding speech in multi-talker environments," the authors concluded.

Reiss called it a breakthrough, suggesting the possibility of new therapies to improve the perception of speech among the millions of people worldwide with hearing impairment.

"This suggests more targeted rehabilitation strategies to improve speech perception in noise," she said.

Story Source:

Materials provided by Oregon Health & Science University. Original written by Erik Robinson. Note: Content may be edited for style and length.

A Smart ear! Alerts with a difference

Platform detects sounds in the environment and delivers them as smartphone alerts for deaf and hearing-impaired people

With Silicon Valley and London's Tech City the two jewels in the world startup crown, Wolverhampton is perhaps the last place you'd expect to produce the next hottest startup. A case in point is the three Middle Eastern students who decided to relocate to Wolverhampton to build their new app, which is revolutionising the way sounds are communicated. They have already attracted several investors, won awards and generated interest from industry.

It all started a few years ago when then students Anwar Almojarkesh, Amr Wanley and Juma El-Awaisi met as contestants on Stars of Science, a reality TV show in Qatar. They discussed startup ideas, last year pitching and winning a spot on The Sirius Programme, a support package set up by UK Trade and Investment (UKTI) to encourage startups to launch from the UK. The programme meant a placement with Oxygen Accelerator in Wolverhampton, a 13-week intensive and mentor-led tech accelerator that culminates in a series of investor days where teams get help to raise funding to take their business to the next stage.

A smart ear

The trio's startup is called Braci, a platform and a product that detects sounds in the environment and delivers a notification about that sound to any medium the user has specified, for example in the form of a message on a screen. The team call it a "smart ear" and the product is targeted at those hard of hearing, such as the deaf and elderly.

The user downloads the Braci app, which turns their smartphone into an extra ear, always listening on their behalf. The name comes from the original idea that users could wear a bracelet that did everything the app now does. The existing incumbents in this market rely on the user deploying a series of physical transmitters next to all sound sources, which means those alternatives are expensive and not portable.

Early successes

The team has so far secured around £100,000 from various investors and won several awards, at Slush in Finland and Starcube in the Czech Republic. What gives them an advantage over others who might try to emulate their success is the fact that Braci has created a "digital fingerprint" for a range of sounds, for which it has a provisional US patent and a pending patent in the UK.

It's these "fingerprints" that allow the Braci platform to detect sounds and convert them into easily understood notifications. There are, for example, 32 internationally recognised and distinctly different fire alarm sounds and Braci has them all mapped, along with doorbells, crying babies, burglar alarms and so on. When Samsung approached the team to verify the accuracy of the app, the test came back showing an astonishing 99% success rate.

The three guys live and work together in a house in Wolverhampton. They say that one of the main benefits of their location is the low cost of living compared to the capital; their bootstrap budget simply lasts longer. "I like that we are able to share a whole house, which gives us plenty of private and communal space," says product manager Juma El-Awaisi. "It's also great to always have someone around if you are working on stuff and have questions."

Aside from the tranquil surroundings, another benefit of their location is that it gives the team a lot of time to focus on the task at hand – building their business – rather than getting distracted by running around London. If there is an important networking event or client meeting in the capital, they know it's just a short train ride away.

What next?

Braci currently has 300 beta testers and has received very positive feedback about the ease of use of the product. Looking ahead, the team is excited to be based in the UK as there is a large eco-system of charities and organisations here set up to inform those that need help about what tools they can use to more easily live with their hearing impairment.

The NHS, plus regular hearing check-ups for the public, means that those in need are identified early, creating a large population of possible customers on their doorstep. Moving forward, they plan to add a vibrating feature so this tool can help blind people in the same way.

Implant improves balance, movement and quality of life for people with inner ear disorder

Getting around without the need to concentrate on every step is something most of us can take for granted because our inner ears drive reflexes that make maintaining balance automatic. However, for about 1.8 million adults worldwide with bilateral vestibular hypofunction (BVH) -- loss of the inner ears' sense of balance -- walking requires constant attention to avoid a fall. Now, Johns Hopkins Medicine researchers have shown that they can facilitate walking, relieve dizziness and improve quality of life in patients with BVH by surgically implanting a stimulator that electrically bypasses malfunctioning areas of the inner ear and partially restores the sensation of balance.

Results from their study of eight patients using the device are published today in the New England Journal of Medicine.

To maintain balance while moving through the world around us, our brains receive and process data from multiple sensory systems, including vision, proprioception (muscles and joints) and vestibular sensation from the inner ears. People with BVH have difficulty keeping their eyes, head and body steady. Head movements make their vision jump and blur, and walking requires conscious effort. Forced to deal with this mental distraction, individuals with BVH suffer a more than thirtyfold increase in fall risk and the social stigma of appearing to walk like someone who's intoxicated.

Current therapy for BVH is limited to vestibular rehabilitation exercises. Doctors advise their patients with BVH to avoid medications that damage the inner ear (ototoxic drugs) or suppress brain function (sedatives), and caution them to steer clear of activities that might endanger them or others, such as driving, swimming and walking in poorly lit areas.

"Although about 20 individuals had been implanted elsewhere with devices used to stimulate the vestibular nerve in a laboratory setting, participants in this trial are true pioneers -- the first to use a vestibular implant as a long-term, 24-hour-per-day sensory restoration treatment," says senior study author Charley Della Santina, M.D., Ph.D., professor of otolaryngology-head and neck surgery and biomedical engineering at the Johns Hopkins University School of Medicine and director of the Johns Hopkins Vestibular NeuroEngineering Laboratory, which conducted the study.

To achieve this milestone, Della Santina and his colleagues used basic research and engineering technology to modify a cochlear implant -- a device that improves hearing loss by electrically stimulating the inner ear's cochlear nerve -- to instead activate the nearby vestibular nerve in response to signals from a motion sensor on the patient's head. Electrical pulse strength and timing convey information about the speed and direction of the patient's head motion which, in turn, drives head and eye reflexes that help maintain clearer vision during head movement and reduce the need to exert conscious effort to avoid falls.

In their study, the Johns Hopkins Medicine researchers evaluated eight patients with BVH who received the vestibular implant, assessing changes in postural stability, walking, hearing and patient-reported outcomes, including dizziness and quality of life. Assessments were conducted before implantation surgery (the baseline measure) and at six months and one year

afterward. Median scores improved for the group on four of the five posture and gait metrics, and on three of the four patient-reported outcomes.

All eight patients experienced some hearing loss in the implanted ear. Five maintained hearing in the implanted ear sufficient to use a telephone without a hearing aid, and three experienced greater hearing loss.

"Improvement in performance on standardized clinical tests of balance and walking has been remarkable," says Margaret Chow, study lead author and biomedical engineering doctoral candidate at The Johns Hopkins University. "Even more gratifying is that our patients have been able to return to activities that enrich their daily lives, such as exercising, riding a bike, gardening or dancing at a daughter's wedding."

Overall, the improvement in quality of life and relief from the misery of BVH has been life altering, says A'ndrea Messer, Ph.D., one of the patients chronicled in the Johns Hopkins Medicine study and a senior science and research information officer at Penn State University.

"The multichannel vestibular implant is incredible," says Messer. "Before receiving it, I couldn't walk in the dark, on uneven ground or without a cane. Now, I can do all of those things and am living a fairly normal life."

ED:I've included this story because of the effort he showed in adapting to circumstances beyond his control, something that we have all had to do over the years!

Story Source:

Materials provided by Johns Hopkins Medicine. Note: Content may be edited for style and length.

MED EL NEWS

AudioStream – Direct Wireless Streaming for SONNET and SONNET 2

New AudioStream accessory is now available in the UK, making direct streaming easy for all SONNET and SONNET 2 users.
After setting it up for the first time, all you need to do is slide the AudioStream onto your audio processor to stream sound from any compatible device, including music and phone calls.
In fact, it's so simple that 100% of our test users* would recommend the AudioStream**.**

Features

Water resistant (IP54)
Child Lock (Titanium)
Can pair with 8 devices: stream from 1 bilateral users
Backwards compatible with devices from 2014
Easy Handling – slide on and stream
Uses Bluetooth® Low Energy (BLE)**
High quality sound, true stereo for

The new AudioStream will now be available to all recipients of the SONNET 2, whether as a new patient, or as an upgrade from an older processor. ***

For information on AudioStream and device compatibility, please visit our webpage**:**

https://tinyurl.com/Medel-AudioStream

Don't want to wait for an upgrade?
The AudioStream is now available to purchase from the MED-EL online shop

https://uk.shop.medel.com

NOTE (For SONNET / SONNET 2 users purchasing AudioStream from the shop)
You will require a compatible battery pack frame or rechargeable battery adaptor to use AudioStream. You can check if your battery pack is compatible by looking for the below symbol.

If your current battery pack/RCB adaptor already displays the symbol signifying compatibility with the AudioStream (as shown) you will need to purchase the cover only option from the MED-EL shop. Should you not currently have a compatible battery pack frame or rechargeable adaptor, you will need to purchase the relevant extension kit which includes cover and compatible battery frame/adaptor (AudioStream Cover & Disposable battery kit/AudioStream Cover & RCB kit).

AudioKey 2 App

The AudioKey 2 app for Android or iOS allows you to connect and configure your AudioStream.
The AudioKey 2 app is compatible with SONNET 2 and SONNET 2 EAS and via the AudioLink, with SONNET and SONNET EAS users. (Note: reprogramming of your SONNET device by the clinic is required). Using this App also means you can control your audio processor settings, view detailed stats and even locate your lost audio processor - all without carrying a remote control.

Prefer to wait for your upgrade?
Why not download the Audio2Ear App which will enable you to connect, stream audio, including music, from a compatible smartphone to your SONNET or SONNET2 audio processor via the AudioLink, without the need for any cables? (For more information on the AudioLink please visit:
https://www.medel.com/en-gb/support/product-support/accessories/audiolink)

To download the Audio2Ear App, please follow the steps below:
1. Go to the App Store or Google Play store.
2. Search for the Audio2Ear symbol as shown here.
4. Click the Audio2Ear logo and install

To use the Audio2Ear app, please follow the steps below:
1. Ensure that your AudioLink device is on and paired to your smartphone.
2. Select the music or content you want to directly stream (e.g. iTunes, Spotify, YouTube, Blink, etc.).
3. Log into the Audio2Ear application and switch the streaming button to "On".

4. The audio should then be streamed directly to your audio processor(s).

Once downloaded:
In the app, simply sign into myMED-EL with your email address and a password, then you are good to go.
However, if you do not have a myMED-EL account, then you must create one through the AudioKey 2 app.

TIP: We suggest that you save your password to speed up the process of logging in next time.

*Early Market Experience Survey among 12 users.
**Bluetooth Low Energy can be found in certain devices with iOS11 and higher or Android10 and higher – see link below for list of compatible devices.
***Upgrade policy is decided by your clinic – please contact them for further details.

Snippets

By Kevin Williams

At the time of writing, fingers crossed,we will see the lifting of great swathes of regulations by the 19th of July followed by further changes in August and September. That gives us an opportunity to look at resuming activities such as tours, meals and other gatherings as we used to do in days gone by. It would be foolhardy at this point to start to select dates, given past experience, however, now is the time to give thought to the type of things that we would like to be doing and with that in mind I would encourage all of you to take a minute and maybe drop any of us on the EC a line with suggestions.
A 'welcome back' meal somewhere would be a great way to celebrate and give us all time to relect on what we have all been through and that is the first thing on the agenda.
I for one have missed face to face, 'real contact' with people and a good old chinwag, as well as the opportunity to have a meal out with friends so that is a priority.

Working with the Implant team- recent meetings

It has been impossible to meet up with anyone from the implant team over the last 18 months or so for obvious reasons so it was very nice last week to be able to sit down with the new Auditory Implant Coordinator who has been appointed following the retirement of Deborah Mawman and who has provided Resound with an article in this issue.
The reason for the meeting was to see how, after 30 years of working with the clinic, CICADA could work better with the implant team in the future and to review what has been of benefit to both of us in the past. As well as bringing Unai up to speed with who CICADA are and what we have been doing in the past, it was important to review the tremendous developments that have taken place in the effectiveness of Cochlear Implants and also the changes in the operational and recuperative processes that

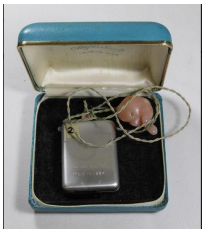
patients undergo.
The meeting gave us an opportunity for an exchange of ideas ranging from help in using various bits of ancilliary equipment that now come with implants, education for hospital staff on deaf awareness, using mobile Apps for patient support and rehabilitation and how to help potential new implant patients with questions before their operation.
One issue that the team raised was trying to arrange for new patients to be able to chat informally to someone who not only has an implant but more specifically had similar preoperative issues which were helped by the operation. In order to see if we can assist we will be writing to everyone individually to see if you would be willing to help by just having an informal chat with a new patient at some point about your experiences. No formal comitment at this stage just an indication so if you can help spare a little time then please drop me an email at: secretary@manchestercicada.org.uk
We have also, as a result of the meeting supplied the clinic with updated literature about us and will be producing a rolling presentation for the reception screen at the clinic.

Lockdown changes - What changed in your daily life and will things go back?

Its fair to say I think that being locked down as we have been, was in itself a major change in lifestyle and one that brought about many others.
Home delivery of shopping, working from home, Zoom calls to relatives (who had heard of Zoom before the lockdown?), a greater use of the internet for a whole range of tasks, remote GP appointments, masks, hand washing, queuing, warning notices and arrows everywhere, lack of social contact, isolation and many other issues that arose because of it. But now we are moving on it is reasonable to say that some things will continue, the increase in online shopping certainly will and we realise how technology, not least the Internet has played a part in helping, maybe the less said about the computer modelling though the better ;)

What next for CI's and technology

Quite a few of us have been given new upgrades for processors, the Cochlear N7 and the Med-el Sonnett in particular and in common with lots of hearing devices now, BAHA and Hearing aids, many support BlueTooth communications. This is used by the technicians when setting up processors without the need to attach the device by cables to computer equipment and more conveniently to allow the use of Apps on mobile phones to control programs and other settings without the need to get hands and sticky fingers involved!
It doesn't seem that long ago that equipment like this was the most powerful device that the NHS could offer, fond memories anyone? Maybe not, and it's true to say that developments with electronic devices in general are gathering pace. We tend to take Smart Phones for granted these days but it wasn't that long ago that there were none around.



The future developments which will bring better and smaller electronic devices, also will include the increased use of artificial intelligence software which will be increasingly used to improve the hearing quality of Processors. But I believe that other functions could easily be added at the touch of a button, or the loading of an App from a phone. Imagine being able to load the app to your processor to 'hear the Bats' as in the earlier article (OK, not everyone's cup of tea), but an app that could connect you to satellite communications or translating languages in real time, or allowing implant users to hear a range of sounds that are currently inaudible to normal hearing people, all at the touch of a button. One day maybe :)

Notes

As we move from the lockdown hopefully soon, keep an eye open on the website and Facebook pages for more news of events and meet up's.

We would welcome any feedback or suggestions for events, articles for Resound especially on your experiences of the lockdown.

Either email secretary@manchestercicada.org.uk

Or write to me at the address below, all submissions are welcome.

CICADA

Website:www.manchestercicada.org.uk

Facebook group:Manchester CICADA club

Secretary direct contact:Text 07533217730

Main contacts for cicada listed at the bottom of this page.

Manchester Implant Centre

The Richard Ramsden Centre for Auditory Implants,Peter Mount Building, Manchester Royal Infirmary, Oxford Road,Manchester, M13 9WL

Main Contact Details:
TeL: 0161 701 6931 (Appointments)
TeL: 0161 276 8079 (repairs and spares)

* Please check the website regularly for updates on what the clinic are doing in the light of the virus outbreak.

http://www.manchestercicada.org.uk/implant-clinic/

National Support organisations

British Tinnitus Association:
https://www.tinnitus.org.uk/
Hearing Link:
https://www.hearinglink.org/
RNID (Action on Hearing Loss):
https://www.actiononhearingloss.org.uk/
Disabled Travel Advice:
http://www.disabledtraveladvice.co.uk/
Meniere's Society:
http://www.menieres.org.uk/
National Deaf Children's Society:
http://www.ndcs.org.uk/
National Association of Deafened People (NADP): http:// www.nadp.org.uk/

Equipment Suppliers for Deaf People

Sarabec: https://www.sarabec.com/
Connevans: http://www.connevans.co.uk
Hearing Link UK: https://www.hearinglink.org/
RNID (Action on Hearing Loss):
https://www.actiononhearingloss.org.uk/

COVID-19 information links.

(Just some official ones which you can subscribe to to get updates)
Main government website whih has links to information and also a facility to be on a mailing list for updates which is handy.

https://www.gov.uk/coronavirus

Most local council websites now have a corona virus section to tell us what they are doing and what services may be affected.

If you need help for other thngs during the duration of the virus then contact social services in the first instance.

Chairman	**Honorary Treasurer**	**Hon Secretary**
John Newton	Alan Corcoran	Kevin Williams
32 Queens road	45 Polefield Road	107 Manchester Road
Buxton	Prestwich	Hyde
Derbyshire	Manchester	Cheshire
SK17 7EX	M25 2GN	SK14 2BX
chairman@manchestercicada.org.uk	treasurer@manchestercicada.org.uk	secretary@manchestercicada.org.uk