ReSound

For people with Cochlear Implants

Spring 2018 **Issue 58**

"Spring in the Derbyshire countryside"

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.

After the AGM and Buffet in Liverpool we now have the new program of events for the year which you should have received by now, but we have included it in the magazine as well.

This year we have tried as far as possible to spread out the locations around the region to make it easier for members to attend at least one event throughout the year.

As mentioned in the previous issue the highlight of the year will be the visit to the Terracotta exhibition in Liverpool which we have organised for September so as to avoid the disruption caused by the closure of Lime street station over June and July, but there are some other significant events on the program as well so hopefully something for everyone.

We continue to work closely with both the MRI and now Tameside hospitals helping both with the drop in sessions and now also talking to pre-implant patients at the briefing that the hospital gives before the operation.

A big set of thanks goes to the members who have so far been helping out with these activities as well as the help and support with the organisation and running of events.

Everyone on the EC thanks you all for your continued support throughout the year and we look forward to seeing you at an event or meeting soon. The next event is the Ten pin bowling at Deansgate in Manchester at a brand new complex which includes a Restaurant and bar as well as the bowling lanes so for those that would like it, we will be planning to have a meal there after we have worked up an appetite.

Kevin Williams - Editor

2018 AGM and Buffet

by Kevin Williams

In March we held our Annual General Meeting at the Liner Hotel in Liverpool.

This year we changed the format to have the actual meeting first to discuss the progress of the charity and to elect new members to the EC who look after the day to day affairs.

The EC now have a new member, Lynn Grimshaw who you will instantly recognise as our resident actress who brings an abundance of energy and ideas to the committee. We look forward to working with Lynn through the year.

The EC now consists of John Newton, Alan Corcoran, Kevin Williams, Norah Clewes, Beryl Hardman and Lynn Grimshaw.

Following the conclusion of the meeting we were treated to a delicious buffet and a chance to chat about the plans for the next year in a relaxed environment.

One other special event was celebrated at the meeting, it was the 12th Anniverary, to the day, of Beryl Hardman getting her CI and to mark the occasion she was presented with a suitably calorific chocolate cake.

I have to report that we felt it was our duty to help dispose of it.

Next years AGM will be held at Gaskell House in Manchester and will be followed by a tour of the house.

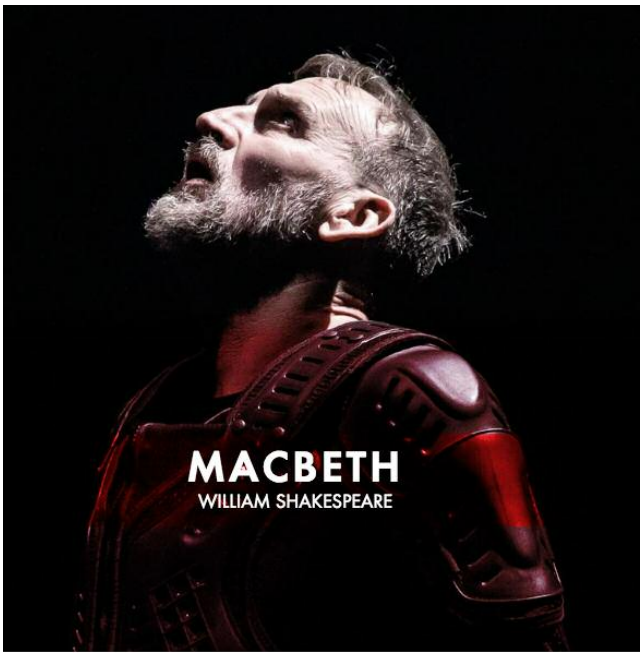
MACBETH AT THE ROYAL SHAKESPEARE THEATRE

OR

How to curse in Elizabethan English

by John Newton

The Royal Shakespeare Theatre (RST) in Stratford recently put on a modern costume version of Macbeth with local lad Christopher Eccleston who is a native of Salford and probably better known to most as Dr Who. I enjoyed one of the (regrettably few) captioned productions of the play.



For most productions the company put on two captioned shows for each run of a play. If you've not experienced captioned theatre I should explain that the captions appear on a screen, usually three lines at a time.

The Stratford theatre has a big apron stage with the audience on three sides. A block of seats is reserved on one side facing the captions which appear on the front of the circle seats opposite. The text is scrolled manually by one of the stage staff to synchronise with the actors' speech and usually they do it well.

It's not like watching the news with captions on live TV where there is a delay between the speech and the words or, as sometimes happens with recorded TV programmes, getting the text before the speech.

Captioned theatre took quite a long time to become common in England, there was a lot of resistance to the idea from some theatres. It was (and is) promoted by STAGETEXT* a charity set up for that purpose. The Royal Exchange Theatre in Manchester refused for a long time to countenance it although they do it now.

It's churlish to complain about the RST since they were one of the pioneers who have now been doing it for a good few years.

People who don't like late nights are catered for, one captioned show is usually a matinee.

Most will know the play is a dark tale of witchcraft, murder and madness. Among my acquaintance it tends to be something you remember from school. I "did it" for O level a very long time ago but I still remember bits especially the cursing. I recall arriving home from school and reciting extracts for my Dad over tea to his delight. "*The devil damn thee black, thou cream faced loon! /Where gott'st thou that goose look?" or Go prick thy face and over-red thy fear/ Thou lily livered boy*". And everyone remembers the witches cooking up their spells "*Double, double, toil and trouble/Fire burn and cauldron bubble*".

It's one of those plays like Hamlet which you can say is full of quotations! "*Lay on Macduff/ And damned be him that first cries 'Hold, enough'*".

The theatre has a good induction loop system but for anyone with hearing loss, the direct access to the text which the captions provide adds a wonderful extra dimension to the drama and also reminds us how much our 21st century English language owes to Shakespeare.

We use his words every day probably without realising it. In Macbeth we hear about a poisoned chalice and even-handed justice and in other plays things disappear into thin air or we learn we must be cruel only to be kind. There are hundreds of such words and phrases which Shakespeare first used still in common use 400 years later.

Emerging on the beautiful Stratford riverside gardens after the show with the stirring words still echoing in my ears (well sort of!) I felt very grateful for access which captions give us now to such inspiring theatre.

Find the STAGETEXT, website here http://www.stagetext.org/ You can sign up for their regular announcements of captioned theatre in your area.

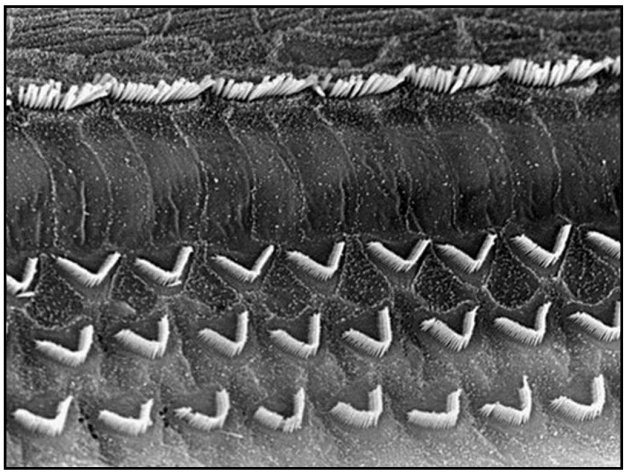
StageTEXT programme of events for the North West

April		
Sat 21 Apr 2018, 2:00pm	Mary Stuart	The Lowry
Mon 23 Apr 2018, 7:30pm	Miss Saigon (Tour)	Manchester Palace Theatre
Sat 28 Apr 2018, 2:30pm	This House	The Lowry
May		
Tue 1 May 2018, 7:30pm	The Big Corner	Octagon Bolton
Sat 5 May 2018, 2:00pm	The Jungle Book	The Lowry
Tue 8 May 2018, 7:30pm	The Cherry Orchard	Royal Exchange Theatre,Mcr
Thu 24 May 2018, 7:30pm	Blood Brothers	Manchester Palace Theatre
June		
Tue 19 Jun 2018, Evening	Summer Holiday	Octagon Bolton
November		
Thu 29 Nov 2018, 7:30pm	Kinky Boots	Manchester Palace Theatre
December		
Thu 13 Dec 2018, 7:30pm	Wicked	Manchester Palace Theatre
February 2019		
Thu 14 Feb 2019, 7:30pm	Jersey Boys	Manchester Palace Theatre
March 2019		
Thu 7 Mar 2019, 2:30pm	Motown The Musical	Manchester Palace Theatre

Repairing Cells in the ear:

Researchers at USC and Harvard have developed a new approach to repair cells deep inside the ear -- a potential remedy that could restore hearing for millions of elderly people and others who suffer hearing loss.

The lab study demonstrates a novel way for a drug to zero in on damaged nerves and cells inside the ear. It's a potential remedy for a problem that afflicts two-thirds of people over 70 years and 17 percent of all adults in the United States.



Hair Cells -Yale University

"What's new here is we figured out how to deliver a drug into the inner ear so it actually stays put and does what it's supposed to do, and that's novel," said Charles E. McKenna, a corresponding author for the study and chemistry professor at USC Dornsife College of Letters, Arts and Sciences.

"Inside this part of the ear, there's fluid constantly flowing that would sweep dissolved drugs away, but our new approach addresses that problem. This is a first for hearing loss and the ear. It's also important because it may be adaptable for other drugs that need to be applied within the inner ear."

The paper was published April 4 in the journal Bioconjugate Chemistry. McKenna co-authored it with David Jung of Harvard Medical School, among others. It is the latest achievement in USC's priority program to advance biomedicine, including the recent launching of the USC Michelson Center for Convergent Bioscience.

The Michelson Center unites USC experts across disciplines to solve some of the most intractable research challenges related to health at the molecular level. The facility will house the new USC Center of Excellence in Drug Discovery, with McKenna as its director.

There are caveats.

The research was conducted on animal tissues in a petri dish. It has not yet been tested in living animals or humans. Yet, the researchers are hopeful given the similarities of cells and mechanisms involved. McKenna says since the technique works in the laboratory, the findings provide "strong preliminary evidence" it could work in living creatures. They are already planning the next phase involving animals and hearing loss.

The study breaks new ground because researchers developed a novel drug-delivery method. Specifically, it targets the cochlea, a snail-like structure in the inner ear where sensitive cells convey sound to the brain.

Hearing loss occurs due to aging, working with noisy machines and too many loud concerts. Over time, hair-like sensory cells and bundles of neurons that transmit their vibrations break down, as do ribbon-like synapses, which connect the cells.

The researchers designed a molecule combining 7,8-dihydroxyflavone, which

mimics a protein critical for development and function of the nervous system, and bisphosphonate, a type of drug that sticks to bones. The pairing of the two delivered the breakthrough solution, the researchers said, as neurons responded to the molecule, regenerating synapses in mouse ear tissue that led to repair of the hair cells and neurons, which are essential to hearing.

"We're not saying it's a cure for hearing loss," McKenna said. "It's a proof of principle for a new approach that's extremely promising. It's an important step that offers a lot of hope."

Hearing loss is projected to increase as the U.S. population ages. Previous research has shown that hearing loss is expected to nearly double in 40 years. Damage to the inner ear can lead to "hidden hearing loss," which is difficulty hearing whispers and soft sounds, especially in noisy places. The new research gives hope to many hoping to avoid loss of hearing and quality of life.

Story Source:

Materials provided by University of Southern California. Original written by Gary Polakovic. Note: Content may be edited for style and length.

Imagining an object can change how we hear sounds

Seeing an object at the same time that you hear sound coming from somewhere else can lead to the "ventriloquist illusion" and its after effect, but research suggests that simply imagining the object produces the same illusory results. The findings are published in Psychological Science, a journal of the Association for Psychological Science.

"The sensory information we imagine is often treated by the brain in the same way as information streaming in to us from the outside world," says researcher Christopher C. Berger of the California Institute of Technology. "Our work shows that what we imagine in our 'mind's eye' can lead to changes in perception across our sensory systems, changing how we perceive real information from the world around us in the future."

The brain is constantly integrating information from multiple senses to produce a coherent experience of the world. This process is seamless and adaptive -- for example, in the ventriloquist illusion, the perceived location of a sound shifts toward the location of visual stimulus if they are presented at the same time. And if we experience this pairing repeatedly, the illusion will persist as an aftereffect even when the visual stimulus is gone and we only hear the sound.

We might like to believe that sights and sounds in the real world is categorically different from imagining them -- however, brain imaging data suggest that the distinction between real and imagined isn't quite so clear. Given this overlap, Berger and coauthor H. Henrik Ehrsson hypothesized that the ventriloquism aftereffect would occur with stimuli that are both seen and imagined. They tested their hypothesis in a series of six experiments.

In an adaptation phase, participants imagined a circle appearing in a specific location on screen at the same time that they heard white noise coming from one of three locations behind the screen (e.g., left, center, right). In the test phase, they heard bursts of white noise emanating from randomly assigned locations and indicated whether the noise came from the left- or right-hand side of the screen.

The results showed that imagining a circle simultaneously with hearing sounds was enough to induce the ventriloquism aftereffect -- participants' responses in the

test phase were biased in accordance with the specific imagery-sound pairing they experienced during the adaptation phase.

"We were surprised to find that the effects on participants' perception of acoustic space were almost as strong for imagined stimuli as they were for real visual stimuli," says Berger. "That is, what we imagine seeing can affect our future perception of sound as much as what we actually see."

For the aftereffect to emerge, however, the sounds presented in the two phases must be consistent. In four experiments, the ventriloquism aftereffect emerged in response to both mental imagery and visual stimuli, but only when the adaptation and test phase featured the same tone. The aftereffect did not appear when the adaptation phase featured a tone and the test phase featured white noise.

Berger and Ehrsson hope to continue investigating the overlap in processing between mental imagery and visual perception. They note that research in this area may eventually have applications in a variety of domains, including in rehabilitation following injury or stroke and the development of brain-computer interfaces and neural prostheses.

Story Source:
Materials provided by Association for Psychological Science. Note: Content may be edited for style and length.

Journal Reference:
1.Christopher C. Berger, H. Henrik Ehrsson. Mental Imagery Induces Cross-Modal Sensory Plasticity and Changes Future Auditory Perception. Psychological Science, 2018; 095679761774895 DOI: 10.1177/0956797617748959

...and from down under...

How the brain balances hearing between our ears

UNSW researchers have answered the longstanding question of how the brain balances hearing between our ears, which is essential for localizing sound, hearing in noisy conditions and for protection from noise damage.

The landmark animal study also provides new insight into hearing loss and is likely to improve cochlear implants and hearing aids.

The findings of the NHMRC-funded research are published in the journal Nature Communications.

UNSW Professor Gary Housley, senior author of the research paper, said his team sought to understand the biological process behind the 'olivocochlear' hearing control reflex.

"The balance of hearing between the ears and how we discriminate between sounds versus noise is dependent upon this neural reflex that links the cochlea of each ear via the brain's auditory control centre," Professor Housley said.

"Until now we haven't fully understood what drives the olivocochlear reflex."

"Our hearing is so sensitive that we can hear a pin drop and that's because of the 'cochlear amplifier' in our inner ear. This stems from outer hair cells in the cochlea which amplify sound vibrations."

"When sound intensity increases, the olivocochlear reflex turns down the 'cochlear amplifier' to dynamically balance the input of each ear for optimal hearing, sound localisation and to protect hearing."

The study found that the cochlear's outer

hair cells, which amplify sound vibrations, also provide the sensory signal to the brain for dynamic feedback control of this sound amplification, via a small group of auditory nerve fibres of previously unknown function.

In mice lacking the sensory fibre connection to the cochlear outer hair cells, loud sound presented to one ear had no effect on hearing sensitivity in the other ear. In normal control mice this produced an almost instant suppression of hearing.

Similarly, the olivocochlear reflex normally causes a rapid reduction in hearing in the ear receiving an increase in sound. This hearing adaptation was also absent in the mice lacking the sensory fibre connection.

The researchers speculate that some of the hearing loss that humans experience as they age may be related to the gradual breakdown of this sensory fibre connection to the outer hair cells.

"A major limitation of hearing aids and cochlear implants is their inability to work in tandem and support good hearing in noisy conditions," Professor Housley said

"The ultimate goal is for cochlear implants in both ears to communicate with each other so that the brain can receive the most accurate soundscape possible. This research will help us move closer to that goal."

Story Source:
Materials provided by University of New South Wales.
Note: Content may be edited for style and length

Credit: © Brian Jackson / Fotolia

Synaesthesia-like phenomenon

Up to one in five people may show signs of a synaesthesia-like phenomenon in which they 'hear' silent flashes or movement, according to a new study from City, University of London.

While the effect is barely known to science, the researchers found that this 'visually-evoked auditory response' (**vEAR**) is far more common than other types of synaesthesia -- such when certain sounds elicit a specific colour -- with flashing lights and motion evoking vivid sounds.

The survival of this association may also explain other links between sound and vision, such as why we like to listen to music synchronised with flashing lights or dance.

The effect also provides a good way to learn about what's happening in the brain in people with synaesthesia, with vEAR's high prevalence making it easier to investigate the mechanisms behind such cross-sensory perception. The study is published in the journal Cortex.

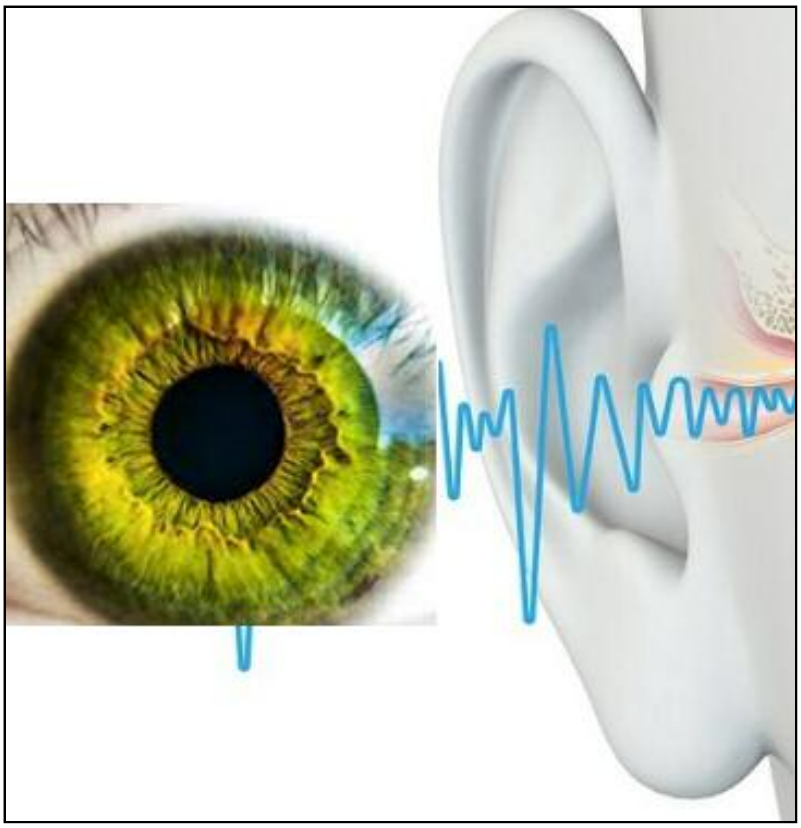
While other typical synaesthesias are estimated to have an overall prevalence of 4.4 per cent, the vEAR effect has recently gained some prominence on social media following the rise of 'noisy GIFs', and in particular the 'thudding pylon' GIF which received thousands of retweets.

Its prevalence may be greater than other types because auditory and visual events are much more highly correlated in nature when compared to other types of synaesthesia associated with colour and visual forms.

To further investigate the prevalence of the phenomenon, the researchers carried out the first large-scale online study of this barely-known effect, and recruited 4,128 participants to answer a survey, with 1,058 of these also answering additional trait-related questions.

The survey included 24 silent video clips

which depicted meaningful versus abstract subjects engagement in slow, fast, smooth or sudden movements. This included a ballet dancer performing a pirouette and a hammer hitting a nail. The survey also included additional multiple choice questions asking about demographics, experience of vEAR and other traits.



As well as noting the significantly higher prevalence of the vEAR, with 21% of the 4,128 completing respondents saying that they had previously experienced vEAR, the researchers also found that even meaningless abstract visual stimuli can evoke vivid sounds.

It was seen that correspondents who had answered 'yes' to experiencing vEAR were specifically sensitive to the pure motion energy present in videos such as swirling or patterns that were not predictive of sounds.

The researchers also saw that vEAR was associated with phenomena such as tinnitus and also musical imagery. This suggests that physiological factors such as raised cortical excitability in the brain might jointly explain these phenomena.

Speaking about the research, Dr Elliot Freeman, author of the study and a Senior Lecturer in Psychology at City, University of London, said:

"Some people hear what they see. Car indicator lights, flashing neon shop signs, and people's movements as they walk may all trigger an auditory sensation.

"Ours is the first large-scale survey of this ability. We found that as many as 21% of people may experience forms of this phenomenon, which makes it considerably more prevalent than other synaesthesias.

"We think that these sensations may sometimes reflect leakage of information from visual parts of the brain into areas that are more usually devoted to hearing. In extreme forms of this crosstalk, any abstract visual motion or flashing may be sufficient to trigger the sensation of hearing sounds."

Dr Christopher Fassnidge, who completed his PhD at City and is the first author on the paper, said:

"This is an exciting insight into the different ways some of us perceive the world around us. The high prevalence of this phenomenon may make it easier for us to study and better understand the underlying mechanisms in the brain behind such synaesthetic effects.

Our findings allow us to begin to build a picture of the types of people who may have this Visual Ear.

Story Source:

Materials provided by City University London. Original written by George Wigmore. Note: Content may be edited for style and length.

3 ways to make meetings more inclusive for the deaf

By Amy Rowe

Amy Rowe is partner and director at Foco, a fintech PR and content marketing agency.

It was the all-agency meeting on a Monday

morning that finally made me snap.

It had taken place between 20 of us, under the thrumming air-con and between two open windows.

The sound of drilling next door sailed through the air, mingling with the murmuring of the morning radio.

We were going through the weekend's papers, most of the staff carefully mumbling into their laps, interrupted every now and then by a latecomer, who'd swing cheerfully through the doors, eventually pulling themselves across the laminate floor in a swivel chair. I couldn't hear a thing.

Actually, more accurately, I could hear everything, but it was all a wall of conflicting sound through my hearing aids.

Background noise in meetings is all too common and it is a real problem for the deaf and hard of hearing.

I reverted, at the age of 32, to a sulkier, 14-year-old version of me.I was asked a question I couldn't hear properly so I shrugged my answer.

I simply couldn't be bothered to ask anyone to repeat what they said anymore.

I recognised my behaviour wasn't great, so spoke to management.

Apologies were made, people scrambled for solutions.

"What do you think would help?" I was asked, and I wanted to say: "Microphones? Trained actors able to project their voices?"

There are more realistic solutions.This is not a tell-all shocking account of an agency's thoughtless behaviour.

It is every single place I've ever worked.

But, with one in six people experiencing a hearing loss across the UK, I think it's time to create a blueprint.

To start us off, here are three ways in which those of us in communications could make our meetings more inclusive for the deaf and hard of hearing.

1. Stop having fun

No, but seriously, banter is the worst during an all-staff meeting. Your deaf or hard of hearing person can't hear it; they're concentrating far too hard on switching attention across umpteen voices to listen to sideways cracks.

2. Training staff

Senior staff should be made aware, through training if possible, of the unique challenges deaf people face in communicating at work.

Don't assume that because your account executive with a hearing loss says they don't mind taking notes during a client meeting they are fine.

This requires tact and empathy and you need to consider while deaf people are every bit as capable as people who have, they may not always want to broadcast the challenges they are facing.

3. Consider the acoustics

Is there anything you can do to improve

the acoustics in the meeting room?

Closing windows and turning off a noisy air conditioning unit are pretty standard, but what about soft furnishing?

Adding a rug and cushions are all cost-effective ways of improving sound, and anything you can do to improve the acoustics in the meeting room? Closing windows and turning off a noisy air conditioning unit are pretty standard, but what about soft furnishing?

A major bonus would be if these things were all done as standard, without needing to consult the deaf person.

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(This article first appeared in C&IT sister title PRWeek).

The Joys of hearing music again

by Adrian Lee

This Article first appeared in the Daily Express newspaper a while ago, but we thought it appropriate as one thing that many CI users have enjoyed most is the ability to hear music again.

The Joys of hearing music again

Advances in cochlear implants mean that some deaf people can now listen to music. Denis Fitzgerald from near St. Asaph in North Wales, is an amateur musician who became profoundly deaf. He told ADRIAN LEE how his implants have allowed him to rediscover his passion.

My father was a keen musician so I was exposed to classical music before I could speak, and it became a very important part of my life. In my 20's I began playing the bassoon. I played purely for my own enjoyment and attended many classical concerts by the Hallé Orchestra in Manchester.

At that time my hearing was normal and I had a good ear for music.

Then in my mid-20s, I began suffering very bad attacks of vertigo and spinning to the point where I had to give up my job as an air traffic controller. Eventually my hearing also began to deteriorate and got much worse over a period of about ten years.

> 'Deafness is isolating and I lost my confidence'

I was given a hearing aid. That gave me some assistance and I learned to lip-read but I had to stop going to concerts in the mid-Eighties, and I was also unable to use the phone. Deafness is very isolating and I lost confidence.

Finally Ménières disease was diagnosed. Pressure had built up and the hair cells in my ear that allowed me to hear had been destroyed.

I had surgery to ease the pressure and my condition stabilised for a while. But from about 1990, I had no hearing at all.

Wearing hearing aids no longer helped me.

I live in a rural area and I did an experiment involving standing back to back with a neighbour who fired a shotgun. I only knew it had gone off when I smelled the explosive!

Dennis and Heather hosting their BBQ

Then the possibility of having a cochlear implant was discussed. My surgeon at Manchester Royal Infirmary was himself an amateur musician and appreciated what music meant to me. We chose an implant that would give me the best chance of being able to hear music again, at the expense of being able to understand speech.

My first implant, in my left ear,was fitted on the NHS 10 years ago. A ceramic implant containing a computer was inserted into a recess in my skull, leaving a tiny bump. I also had a processor and radio transmitter attached to the outside of my ear.

I turned it on at 11am and by lunchtime I could hear sounds on the car radio. That evening I had a 20-minute phone conversation.

Music is much more complex than speech so initially I was disappointed with the improvement but my ability to hear music gradually returned over about two years.

It was a case of my brain, which had not heard music for about eight years, relearning the sounds.

Two years after the implant I attended my first concert.

Some sounds still confused me, such as the difference between a French horn and a cello.

When I had a second implant fitted five years after the first, there was a marked improvement. Soon I was even able to enjoy pieces of music I had never heard before.

Now, I listen to music every day and have got back something that gives me intense pleasure.

My wife Heather says she has got her husband back. I count myself spectacularly lucky that my ability to hear music is as good as ever.

Not everyone who has the implants will be so fortunate. It helped that before I became deaf, I had a good musical ear, but I believe many people can benefit.

In the past few years I have been working on a test to see how implants and the brain cope with music.

Working with a composer, Oliver Searle, we have developed eight modules consisting of 3,000 different sounds. I hope it will allow other deaf people to rediscover music in the same way I have.

Volunteers wanted

We are very pleased that Karen Smith, hearing therapist at the CI clinic at Manchester Royal Infirmary has asked CICADA to participate in the group meetings which she organises for her patients.

She runs these sessions roughly once a month covering people about to get an implant, or at least considering it and she is now planning a separate series of "coffee mornings" for recent implantees, that is people who now have the implant.

The first is called an *information session* and has been going for some time, CICADA has been involved for several of these monthly events now.

The second is, at the time of writing a new idea which is intended to be more informal and will be a *coffee morning* event.

The information sessions are normally on a Tuesday, 1:30 to 4pm and the CICADA participant is asked to give a short talk about what CICADA do lasting about 10 minutes. There is also time for informal chat. Some members will remember their own feelings at that time about the implantation process and the questions in their minds and the fears and will understand how helpful it is at that stage to have a chance to talk to someone who has gone through it.

At the time of writing, the coffee mornings are planned to be on the first Wednesday in the month and we hope to get two CICADA members to attend for each.

For the *information sessions* one CICADA member is enough (but see below).

If you agree to help, the first time you do it we will ensure that you have someone with you who has done it before to ease you into the role. It's not stressful, the groups are quite small, usually half a dozen at the most and the atmosphere is relaxed.

For the information sessions Speech to Text interpretation is provided so you will have no difficulty in following the proceedings.

As yet we don't know exactly how the coffee mornings will be organised but clearly they are intended to be relaxed and informal. All of them take place in a meeting room at the clinic.

If you would like to help with this, please contact our secretary Kevin Williams.

Spares and repairs

We operate a drop in service for spares and repairs.

This is open: 9am – 3pm, Mon-Fri (closed on bank holidays). We also see patients 3-4pm but for pre-booked repairs only.

Please be aware that this is for equipment problems only, a full appointment may be required with an audiologist at another time if no faults are found with the equipment.

As this is a drop-in service you may need to wait a short time to be seen.

If you contact us beforehand to let us know that you are coming and an idea of what the problem may be then this should make things easier when you attend.

If you are coming into the clinic for a routine appointment and you know you have an equipment issue or need spares you may want to attend 15 minutes earlier so that you can try and have it resolved before you see your clinician.

Warranties

Please remember that most parts of the speech processor are covered by a lengthy warranty and we must return the faulty parts to the manufacturer to validate it.

It is important that you return the warranty parts of the speech processor or associated equipment that is no longer working; this saves us a lot of money.

Postal spares/repairs

If you are unable to attend the drop in clinic but have faulty equipment we can organise a postal repair.

If the main processing unit is at fault we can still swap it through the post but due to the high cost we need it to be sent special delivery.

We cannot send a replacement processor without the special delivery tracking number (given by the post office). This will mean you will be without your equipment for up to 24hrs. We will also return the new processor to you special delivery.

Please note our last post for special delivery is 2.00pm so please get the tracking number to us by 1:45pm or it will mean a delay in returning the replacement.

We can also post out dry bricks, mic covers and leads etc. so please try and keep up to date with your spares. Changing a lead can solve most problems and may prevent you having to come in to the centre

For spares and repairs please contact Angela Fuller/Andrew Cooper on:

Tel: 0161 276 8079

Fax: 0161 276 5003

Email: auditory.implant@mft.nhs.uk

Text: 07580 822867

Lost processors

Please be aware that the speech processors are very expensive and cost in the region of £5,000 each. It is very important to have some way of securing it to your ear.

Various options are available to secure the processor; your clinician will go through the options with you in your first week of implant use.

Speech processors are regularly lost by putting it in a pocket or bag and not using them!

If you do lose a processor there is a policy we must follow for ALL patients.

You would be required to have a really good look in the first instance and then obtain a lost reference number from the police.

You will need to fill in a lost processor form and pay a fee (for patients aged 18 and over) before we will provide a loaner device and while we request funding for a new

speech processor. Multiple lost processors will result in a Bodyworn device being issued.

Summary of the policy for lost / damaged beyond repair speech processors.

Upon returning the completed form to the Implant Centre and paying the fee, a loaner replacement speech processor can be issued. This must be collected from the implant centre. The securing options for the processor will be discussed. The patient and /or parent will be asked to sign to acknowledge receipt of the speech processor and how they have agreed to secure the processor.

The patient and /or parent will be advised that the upgrade date will then be adjusted to correspond to the date the replacement device was provided e.g. 6 financial years from date of issue.

Provision of replacement devices upon loss/damage of multiple speech processors or speech processors lost/damaged on more than one occasion:*

a) Following loss of 1 speech processor- loaner replacement is the same type of device as currently used by patient** Funding will be requested and upgrade date adjusted.

b) Following loss of 2 speech processors- a loaner replacement** will be offered but in the body worn configuration for a minimum of 6 months until funding is approved or the lost device is found and returned to the Manchester Implant Centre. Funding will be requested and upgrade date adjusted.

c) Following loss of 3 or more speech processors

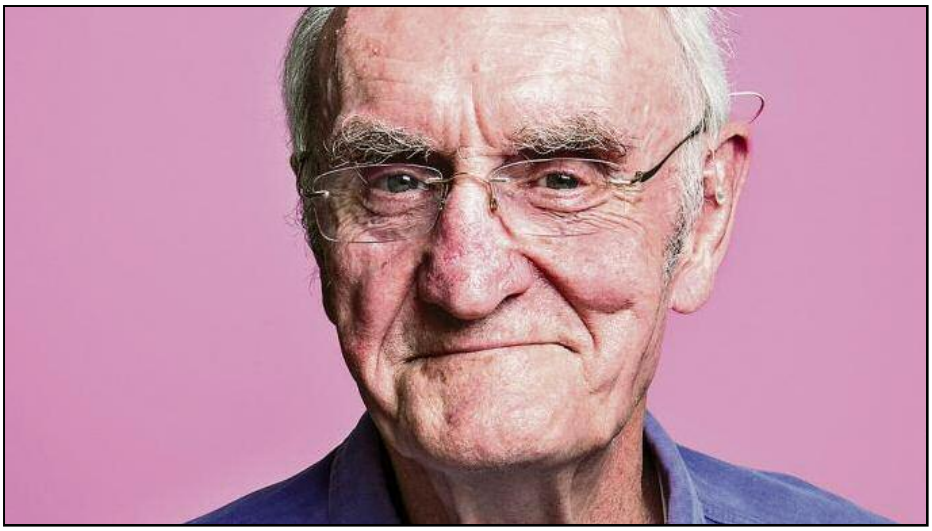
- Adults (18 and over): Funding will be requested and no replacement will be offered until funding has been approved for a replacement device. If funding is agreed the replacement will be in the body worn configuration in order to reduce the likelihood of further loss. Upgrade date will be adjusted.

*This applies to both unilateral and bilateral CI patients.

** Loaner device colour depends on stock availability.

Tim Barlow in My Cousin Rachel

by Norah Cewes



Tim Barlow was deafened by artillery fire when he was an army officer.

Leaving the army he decided he wanted to be an actor. He has had a long career acting in theatre TV and films, He has had a one man show at the Edinburgh festival.

His distinctive gaunt features have gained him

many parts in films including Hot Fuzz and on TV he was in Holby city

Tim joined the National Association of Deafened People email group and members persuaded him of the advantage of a cochlear implant. He was worried that having an attachment on his head would limit possible parts but he found directors made allowances for that, sometimes using wigs and hats.

The great advantage of his implant is that now he can easily hear his directions and cues.

His most recent film was "*My Cousin Rachel*" playing the aged retainer.

The director allowed him to wear an old beanie hat. He said that at the audition he was asked what he thought of the part and replied that he loved playing grumpy old beggars!

This film is now available on DVD on the internet or from local libraries. Starring Rachel Weisz and Sam Claflin it is a film of the book by Daphne du Maurier and it had excellent reviews.

I very much enjoyed the film, especially seeing Tim's part in it.

The Silent Child

And to continue the film theme, for anyone who has not seen this short film yet we can thoroughly recommend a viewing.

It is a thought provoking and powerful film.

It is currently available to watch on BBC iPlayer

STORY

Set in rural England and Inspired by real life events.

The Silent Child film centres around a profoundly deaf four year old girl named Libby who is born into a middle class family and lives in a world of silence until a caring social worker teaches her the gift of communication.

When fresh faced social worker, Joanne turns up we see Libby transform. This once withdrawn four year old suddenly feels connected to the world and over a short period of time Joanne and Libby's relationship blossoms.

An insightful short story, inspired by real life events, observing one of the loneliest disabilities and the avoidable struggles that deaf children face.

Southport excursion!

by Kevin Williams

The first event on the calendar designed to blow the cobwebs of winter away was our outing to sunny Southport for a meal at the Ramada hotel on the promenade.

Something in the menu seems amusing!

From all over the Northwest and despite the uncertainty of some of the transport systems we converged for a good old chinwag with friends we had not seen for a while and enjoyed a delicious meal, followed in some cases by a 'brisk' walk along the front.

The seaside can be 'bracing' sometimes and this was no exception, not the weather for paddling but the warmth of the company more than made up for the weather.

By now all members should have received the events list for the year and we hope that a varied and widely spread program of events will mean some will be convenient for as many as possible.

Events program for 2018/2019

Sat April 28th	Lunch at the Ramada hotel - Southport
Fri May 25th	Bowling at Deansgate - Manchester
Sat June 9th	Lyme Hall guided tour and lunch – Disley (Stockport)
Sat July 14th	Boat Trip with meal - Chester
Fri Aug 17th	Quarry Bank Mill Styal - Wilmslow (Guided tour and lunch)
Sept 12th	Terracotta exhibition and lunch at St Georges Hall - Liverpool
October	End of year lunch late October – Alma Lodge Stockport
November	Grosvenor Exhibition – Chester and Italian Orchard – Preston
March 2019	AGM, lunch and tour, Gaskell House - Manchester

Notes for the diary

AGM and buffet March 23rd 2019

Next year's AGM is going to be held at Gaskell House in Manchester which we visited for a tour a few years ago. Home to Elizabeth Gaskell - a famous Victorian writer - we will be taken on a private guided tour after the AGM and buffet lunch which will be help upstairs in one of the modern meeting rooms.

Boat trip with meal Chester July 14th

We have been for meals and trips on Canal barges but this is different. It is a double decker boat on the river with a buffet and a two hour trip down river at Chester and promises to be an excellent afternoon out witth plenty of time to see the wildlife as well as the views of the river.

More details are on the website at :- https://www.chesterboat.co.uk/sightseeing/iron-bridge-cruise/

And finally ...

We would like to hear as soon as possible from people wanting to come to the Terracotta exhibition so we can organise the event, also if you are able to come to the Annual Dinner and AGM an early indication would be appreciated!

We look forward to meeting up with you during the year.

Resound Notes Section

We welcome contributions from members on any subject that would be of interest to others, (including your CI experiences) your recent experiences with the health service, meet ups, activities or other news about yourself.

If you have something that you think may be of interest to others email it to: editor@manchestercicada.org.uk

or fill in the form online at http://www.manchestercicada.org.uk/resound-2/

or write to:
Kevin Williams, 107 Manchester Road, Hyde, Cheshire SK14 2BX.

Big thank you to Norah Clewes, Denis Fitzgerald and John Newton for their contributions to this issue.

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