ReSound

For people with Cochlear Implants

Summer 2017 **Issue 55**

"Summer meadow from the Leeds Liverpool Canal"

Manchester Cicada — a charity supporting implant patients

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

contents

Editorial

Welcome to the summer edition of Resound.

We have now held several events off our calendar which are reported in this edition from boat trips to tours and seasides we have been travelling all around the region giving people the opportunity to meet up no matter where they live.

We have lots of information about what is happening in our CI world from across the pond which may be of interest to our more technical readers as well as stories about members themselves.

Information about all of our events that are planned are detailed on our website under the Events 2017 tab so it's a handy reference point to keep up to date as changes do happen from time to time. (http://www.manchestercicada.org.uk/events-2017/)

We welcome all the new members who have joined this year and who will hopefully feature in interviews in subsequent issues of the magazine.

CICADA is continuing to work closely with the Implant team at the MRI and and also other hospitals such as Tameside General to help both new and existing CI users. If you think that you could help your local hosptal in any way do get in touch with anyone from the EC and we will do all we can to help.

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.

All of us on the EC thank you all for your continued support throughout the year and look forward to seeing you at an event or meeting soon.

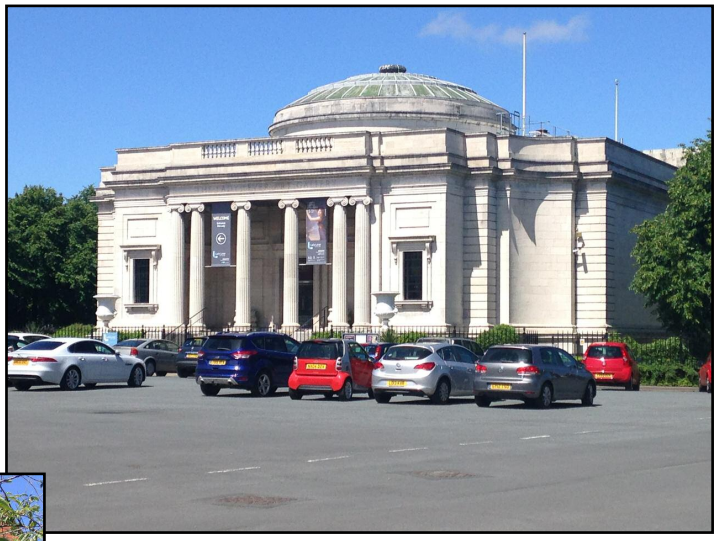
Kevin Williams - Editor

Safari to Port Sunlight

by Kevin Williams

Earlier his year a group of us met at Port Sunlight on the Wirral to look around this famous village built by Lever Brothers to accommodate workers in its soap factory (now part of Unilever); work commenced in 1888. The name is derived from Lever Brothers' most popular brand of cleaning agent, Sunlight.

Between 1899 and 1914, 800 houses were built to house a population of 3,500. The garden village had allotments and public buildings including the Lady Lever Art Gallery, a cottage hospital, schools, a concert hall, open air swimming pool, church, and a temperance hotel.



Lady Lever Art Gallery

Lever introduced welfare schemes, and provided for the education and entertainment of his workforce, encouraging recreation and organisations which promoted art, literature, science or music.

Workers cottages

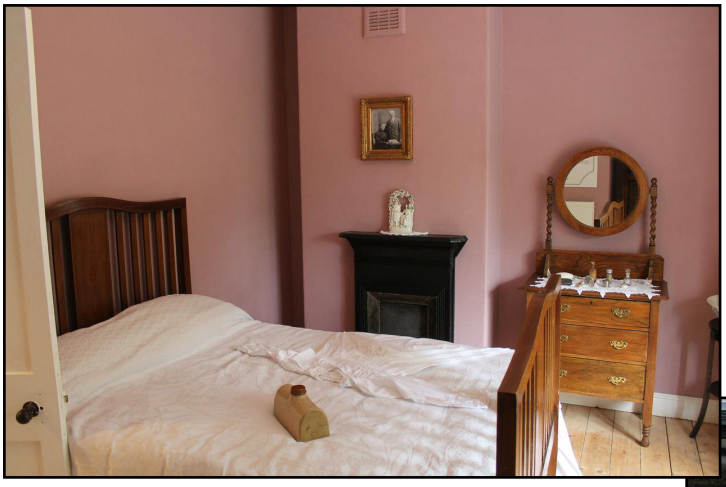
As you can imagine it was a challenge to be able to look around so many buildings spread over such a large area however we decided to use our own transport hence the name 'Safari'.

We assembled at the Museum in the first instance which contained a subtitled video show describing the idea behind the village.

Next door, was a fully restored workers house complete with period furniture which brought some memories back for some of the party!

Memorial Fountain

Following this tour we retired to the resaurant for lunch and then fully refreshed, assembled outside ready to start the Safari.



Bedroom in Workers Cottage

Port Sunlight Museum

Had we been on a coach for the visit we would have driven around stopping at various places whilst the guide talked about the history of each place of interest.

Not to be outdone, and with the aid of our newly acquired neck loops, we drove around in a convoy of cars with our

Our Safari Party

Master of Ceremonies, Mr Alan Corcoran esq. performing the role of guide with the aid of the microphone in the lead car.

Having completed a circuit of the village and arriving back at the museum some of the party then went around the Lady Lever Art Gallery before heading for home.

ADHEAR Bone Conduction system

MED EL

ADHEAR is a novel hearing system revolutionizing the concept of bone conduction

ADHEAR is the only non-surgical bone conduction device which does not apply pressure onto the skin and is therefore very comfortable to wear.

The sound waves are transmitted onto the bone via the adhesive adapter which is placed on the skin behind the ear.

The adhesive adapter is very light and is

hardly noticed.

ADHEAR delivers clear hearing benefit. Tests have shown that the performance of this new bone conduction system is comparable or even better than that of other passive bone conduction devices.

This unique system sees the adhesive adapter staying securely in place. This allows you to enjoy a continual hearing experience without interruption due to the system staying in its optimal position.

In addition, the close proximity to the inner ear also helps so sound information can be transferred efficiently.

System Components Details

The ADHEAR System consists of the ADHEAR Audio Processor and the ADHEAR Adhesive Adapter.

So what do these components offer?

ADHEAR Audio Processor

Intelligent hearing system

Adapts automatically to the user's environment

Up-to-date microphone features and signal processing

Directional and omni-directional microphones, feedback cancellation and noise reduction

Connectivity

Can be connected to audio devices (mobile phones etc.), Bluetooth streamers and accessories, FM receivers, telecoil receivers

Four different programs

Pre-configured programs therefore no programming required

Programs can be changed at the push of a button

Choice of colours

Available in Simply Black, Terra Brown and Dove Silver

Easy to use

Battery liftetime approximately two weeks
ADHEAR comes in three colours

ADHEAR Adhesive Adapter

Highly innovative technology

- Optimised for sound transmission without pressure onto the skin
- Single-use adhesive
- Can be worn 3 to 7 days
- Water resistant

  Can be worn during bathing, showering and other water-related activities
- Choice of colours

  Available in beige or brown

Ben Fogle is appointed a Patron of Hearing Dogs

Posted by Sarah O'Brien from Hearing Dogs for the Deaf

As part of Deaf Awareness Week 2017, we were delighted to announce Ben Fogle as a Patron of Hearing Dogs. We chat to Ben about deafness, loneliness and his love of Labs...

Ben Fogle has been a supporter of Hearing Dogs for, well, almost his whole life!

The Charity was co-founded by his father Dr Bruce Fogle 35 years ago, which kick-started a transformation in the lives of thousands of deaf people in the UK.

The announcement came ahead of Deaf Awareness Week (15-21 May) as the dog-loving adventurer helped us to launch our 'Deafness doesn't have to be lonely' campaign - which highlights the positive impact that hearing dogs have on the wellbeing of their deaf recipients, meaning deafness isn't such a lonely experience.

Perhaps no other form of hearing loss assistance has such a profound effect on a deaf person's life; from alerting to important sounds and danger signals that can't be heard, providing invaluable companionship and being an important visual indicator of an otherwise invisible disability when in public.

A hearing dog offers warm, loving, sensitive and loyal assistance creating the kind of life-enriching partnership not possible from a technological gadget. Our dogs have reduced feelings of loneliness, isolation, anxiety and stress and restored independence, confidence and self-esteem.

Ben Fogle said:

"I've grown up as part of the Hearing Dogs family, so for me to now take on this official role for the Charity my father co-founded is a huge honour.

Through his work, I've seen at first-hand how devastating the effects of deafness can be.

"Loneliness and isolation, sometimes driven by embarrassment, lack of self-confidence and self-esteem, can really reduce the quality of life for many deaf people who are left feeling cut off from the world, school, work, friends and family – and can often become quite depressed.

"I've met and spoken with many recipients who have told me their hearing dog has quite literally given them their life back; their independence, self-confidence and self-esteem restored and once again happy and enjoying life in a way they never thought possible.

And that's all thanks to these very special little canine hearing dog heroes who have taken away the loneliness of deafness and replaced it with a friendship beyond measure."

We'd like to send a huge thanks to our new Patron Ben Fogle for supporting us!

Hearing Dogs for Deaf People 35 years

Hearing Link and Hearing Dogs for Deaf People Merger: 1 August 2017 (Official Statement)

We are delighted to announce that Hearing Link will be merging with Hearing Dogs for Deaf People following the public announcement on 18th July at the Hearing Dogs AGM, attended by our joint Royal Patron, HRH The Princess Royal.
The merger will formally take place on 1st August 2017.

As we all know only too well, in common with many small charities the challenging and competitive fundraising environment has proved extremely difficult for Hearing Link.

By merging with Hearing Dogs, and incorporating Hearing Link as a distinct service within the larger charity, we have secured the future of our work and can plan with confidence to deliver our life-changing services to ever increasing numbers of people.

Hearing Link's name will not change, and our vision remains a world where everyone can enjoy life and participate fully and confidently, whatever their level of hearing. Hearing Link's services will continue to run as before, but with the stability of a much larger charity to strengthen our work.

We look forward to continuing 'business as usual', retaining our identity, logo and UK-wide offices, and working with our volunteers and staff to provide our usual Helpdesk, specialist programmes and services, website and social media platforms into the future.

The merger between Hearing Link and Hearing Dogs and Hearing Link brings three key benefits:

Impact – We will be able to provide more life-changing services to a greater number of people than ever before.

Integration – The merger will enable the two organisations to integrate services, and the recipients of hearing dogs will benefit from access to the broad range of helpful advice and support, rehabilitation programmes and practical solutions that we will continue to offer to the wider community.

Efficiencies – The collaboration will provide logical cost benefits by efficiently combining back-office functions, such as finance and administration, to ensure our donated funds are used in pursuing our core purpose as much as possible, and giving us the stability to secure our future services.

Guided by our UK network of experienced, knowledgeable and passionate volunteers, we will continue to support people with hearing loss, their family and their friends as they adjust to and overcome their emotional and practical challenges, helping them find better ways to manage their hearing with confidence.

Lorraine Gailey, Chief Executive of Hearing Link, says: "Our values and aims are so closely aligned, it was a natural move for us to come together to create a stable

future for Hearing Link, where we can reach even more people and their families, offering even better support for as long as they need us."

The merger of our two organisations has ensured the future of Hearing Link. It means that the wealth of knowledge and expertise within our charity will not be lost, and will now be greatly enhanced through the development opportunities provided by our over 100 combined years of experience in helping people with hearing loss.

UK Cinema Report

Findings suggest exhibitors are not meeting demand from deaf audiences.

New research suggests that UK cinemas are failing to cater adequately for deaf audiences.

The report, produced by the Independent Cinema Office, reveals that less than 10% of deaf people surveyed consider their cinema provision as 'good' or 'excellent', with 67% of respondents citing it as 'poor'.

Statistics suggest that cinemas are falling behind demand, with 97.5% of respondents agreeing that they would attend more often if the experience was improved.

Less than 9% of respondents believe there are an adequate amount of subtitled screenings in their local area, with 23% saying that these screenings are non-existent.

Similarly, only 2% of respondents believe there was an adequate number of British Sign Language-interpreted screenings in their area.

More than 60% of deaf audiences said that staff were unaware of the needs of deaf or hard of hearing audiences, while less than 2% felt that staff were adequately trained to meet these needs.

The research was the result of a series of focus groups of deaf people and nationwide surveys of both audiences and exhibitors.

Cinemas

The study also conducted a venue survey to establish the provisions currently in place for deaf audiences.

It found that 30% of cinemas never show films with captions, and that 6% show such screenings once a week.

Financial issues were a core concern, with 44% of respondents reporting that subtitled screenings were usually attended by 20 persons or less.

Of the cinemas quizzed, 66% said that staff had not undertaken any training to increase awareness of the general needs of deaf and hard of hearing people.

Indepedent cinemas made up 30% of respondents to the venue survey, while 26% were mixed arts venues.

The report was funded by the BFI's Film Audience Network.

The ICO plans to launch a series of resources to address the challenges highlighted in the findings, including British Sign Language guides for cinema staff, and a best practice case study from Glasgow

Film Theatre's Visible Cinema, which is seen as a leader in deaf cinema provision.

Last year, the ICO worked on archive film project Power In Our Hands, which celebrated the history of the deaf community in the UK and held screenings across the country.

Catharine Des Forges, director of the Independent Cinema Office, commented: "We were overwhelmed by the level of support when we released the British Deaf Association's Power in Our Hands last year".

"It was a unique opportunity that demonstrated that deaf people are interested in visiting the cinema. However, it was also a wakeup call that more could be done for the one in six people in the UK who are affected by deafness. We hope that the resources we've produced create real change so that the cinema can be the same transformative experience as it is for hearing patrons."

Devoted Dad

Devoted dad gets hearing implants tattooed on head so his deaf son doesn't feel alienated

A Plymouth man has had cochlear implants permanently tattooed on his head in a bid to stop people staring at his deaf son.

Kenny Rapson said he made the permanent gesture so Kenny Jnr didn't feel so alienated. He said "My son has cochlear implants so I thought it would be nice and he wouldn't feel left out if I had them tattooed on my head as well.

He doesn't really notice it that much, but I notice people looking at him. As he gets older, I know he'll become more conscious of people so I just thought I'd have it so he could fit in and not feel so alienated".

Seven-year-old Kenny was fitted with cochlear implants - small electronic devices which provide a sense of sound to a deaf person - when he was two after a case meningococcal meningitis which left him unable to hear.

"He likes Captain America so I let him choose that to go on mine - he helped me plan the whole thing. He was buzzing when I had it done, he said 'daddy you've got them just like me'. I'd do anything for my son as any father would".

Jane, his mother said " Kenny's been over the moon. It's been amazing. It choked me up and brought a tear to my eye to even know his dad was having it done.

I think it's an amazing thing he's done for his son".

News from across the pond

White noise after loud noise prevents hearing deficits in mice

Mild hearing loss from exposure to less than one hour of loud noise leads to a reorganization of circuits in a key midbrain structure of the auditory system in mice, finds new research published in The Journal of Neuroscience. However, exposure to moderate white noise for seven days immediately following loud noise prevented the reorganization of these circuits and related hearing deficits in some mice.

Karl Kandler and colleagues found that about half of mice exposed to high sound pressure levels (116 decibels) for 45 minutes were unable to detect silent gaps in background sound one week later. This gap detection deficit is interpreted in animal models as a sign of tinnitus (perceived ringing or other sound in the ear), which commonly develops after hearing loss. In both animal models and humans, tinnitus is associated with elevated activity in the inferior colliculus (IC).

Following noise exposure, the IC circuits in mice with gap detection deficits became more excitatory, which may contribute to IC hyperactivity. The authors were able to prevent these changes by exposing mice to white noise at moderate intensity (75 decibels), suggesting that noise-induced hearing loss reopens a sensitive period in the IC that could be targeted by sound therapy to treat tinnitus.

Story Source:
Materials provided by Society for Neuroscience.

For children with cochlear implants, oral communication may provide better outcomes

Study explores how effective sign language is for young patients

In a new, multisite study of deaf children with cochlear implants, UT Dallas researchers have found that children with either no exposure or limited exposure to sign language end up with better auditory, speaking and reading skills later. The paper is one of the first nationwide longitudinal studies of how sign language exposure affects young cochlear implant recipients.

The topic of whether children with cochlear implants should begin their communication experience with sign language has been controversial. However, Dr. Andrea Warner-Czyz, assistant professor in the School of Behavioral and Brain Sciences (BBS) and co-author of the study, said the research clarifies outcomes for such decisions.

"If you want your deaf child to be an oral communicator and have reading and language measures on par with their normal hearing peers, then signing to them may not provide the easiest route to that outcome," she said.

The study recently was published in the journal Pediatrics.

A cochlear implant is a biomedical device surgically implanted in the cochlea to replace the function of the damaged inner

ear. The Food and Drug Administration has approved cochlear implantation for children with severe to profound hearing loss as young as 1-year-old.

Dr. Ann Geers, a BBS research scientist who was the lead author of the study, said a major question for normal hearing parents and the professionals who work with pediatric cochlear implant users is whether spoken language skills are best developed by focusing on the auditory speech signal or whether early exposure to an unambiguous visual language provides an important foundation for learning a spoken language.

To determine the answer, Geers, Warner-Czyz and researchers from six cochlear implant centers across the U.S. studied about 100 elementary-age children who had cochlear implants. The children, like 95 percent of all children born with hearing loss, had parents with normal hearing. The children either had early exposure to sign language that continued more than two years after the implantation, early sign language exposure that stopped before two years post-implant, or had no sign language exposure.

Each year, the researchers looked at how the children performed in the areas of speech perception, speech intelligibility, language and reading. The study showed that the children who continued to sign after two years of having a cochlear implant had poorer outcomes across all communication domains, particularly compared to those who didn't sign at all.

"This study provides the most compelling support yet available for the benefits of listening and spoken language input for promoting verbal development in children implanted by 3 years of age," Geers said. "Contrary to earlier published assertions, there was no advantage to parents' use of sign language. This result affirms the decision of many hearing parents who choose not to use sign language when their child receives a cochlear implant."

The researchers said the study's findings should be a powerful counseling tool for families, especially those whose native language is spoken rather than signed.

"A lot of these families think that once their child receives a cochlear implant, then that's it. But there's a lot of work that goes into getting these kids with the successful outcomes -- some of which has to do with how you use spoken language to communicate with your child," Warner-Czyz said.

Story Source:
Materials provided by University of Texas at Dallas.

Intelligible speech despite noisy surroundings

Prof Dr Dorothea Kolossa and Mahdie Karbasi from the research group Cognitive Signal Processing at Ruhr-Universität Bochum (RUB) have developed a method for predicting speech intelligibility in noisy surroundings.

The results of their experiments are more precise than those gained through the standard methods applied hitherto. They might thus facilitate the development process of hearing aids.

The research was carried out in the course of the EU-funded project "Improved Communication through Applied Hearing Research," or "I can hear" for short.

Specific algorithms in hearing aids filter out background noises to ensure that wearers are able to understand speech in every situation -- regardless if they are in a packed restaurant or near a busy road. The challenge for the researchers is to maintain high speech transmission quality while filtering out background noises.

Before an optimised hearing aid model is released to the market, new algorithms are

subject to time-consuming tests.

Researchers and industrial developers run hearing tests with human participants to analyse to what extent the respective new algorithms will ensure speech intelligibility. If they were able to assess speech intelligibility reliably in an automated process, they could cut down on time-consuming test practices.

New algorithm developed

To date, the standard approaches for predicting speech intelligibility have included the so-called STOI method (short time objective speech intelligibility measure) and other reference-based methods.

These methods require a clear original signal, i.e. an audio track that's been recorded without any background noises. Based on the differences between original and filtered sound, the value of speech intelligibility is estimated.

Kolossa and Karbasi have found a way to predict intelligibility without needing a clear reference signal, which is still more precise than the STOI method. Consequently, Kolossa and Karbasi's findings might help reduce test processes in the product development phase of hearing aids.

The RUB researchers have tested their method with 849 individuals with normal hearing. To this end, the participants were asked to assess audio files via an online platform.

With the aid of their algorithm, Kolossa and Karbasi estimated which percentage of a sentence from the respective file would be understood by the participants. Subsequently, they compared their predicted value with the test results.

Research outlook

In the next step, Kolossa and Karbasi intend to run the same tests with hearing-impaired participants. They are working on algorithms that can assess and optimise speech intelligibility in accordance with the individual perception threshold or type of hearing impairment. In the best case scenario, the study will thus provide methods for engineering an intelligent hearing aid. Such hearing aids could automatically recognise the wearer's current surroundings and situation.

If he or she steps from a quiet street into a restaurant, the hearing aid would register an increase in background noises.

Accordingly, it would filter out the ambient noises -- if possible without impairing the quality of the speech signal.

About the project

The main objective of the project "Improved Communication through Applied Hearing Research" was to optimise hearing aids and cochlear implants to ensure that they fulfil their function for their wearer even in very noisy surroundings.

RUB researchers worked in an international team together with researchers from the UK, Switzerland, Denmark, and Belgium. Prof Dr Rainer Martin from the RUB Faculty of Electrical Engineering and Information Technology headed the EU-funded project. Industrial partners were hearing aid manufacturer Sivantos and cochlear implant company Cochlear. "I can hear" ended in December 2016.

Story Source:
Materials provided by Ruhr-Universitaet-Bochum.

Best practices for cochlear implant hearing preservation identified

Cochlear implants that have electrodes designed without wire perform better than those with wires for long-term hearing preservation, a Mount Sinai researcher has reported in a first-of-its-kind study.

The research also determined that the best surgical approach for cochlear implant procedures did not involve drilling into the bone around the ear. The results, published in the June 23, 2017, online edition of The

Laryngoscope, may transform how doctors approach cochlear implant procedures to give patients the best possible outcomes.

Cochlear implants help preserve hearing in patients with nerve deafness who cannot benefit from hearing aids.

They are surgically placed in the inner ear to convert sound waves into electrical signals that stimulate the auditory nerve to provide hearing.

"This is the largest clinical study done in the world on conventional electrodes and will have major implications for doctors and their patients who need their long-term hearing restored," said the study's lead investigator, George Wanna, MD, Site Chair, Department of Otolaryngology-Head and Neck Surgery at New York Eye and Ear Infirmary of Mount Sinai (NYEE) and Mount Sinai Beth Israel; Chief, Division of Otology-Neurotology and Director of the Center for Hearing and Balance and Ear Institute at Mount Sinai Health System. "This study is a breakthrough for patients with hearing loss, and improvements in practice and techniques will allow them to enjoy many hearing benefits such as music enjoyment, listening in complex environments, and sound localization."

Dr. Wanna and a team of researchers from Vanderbilt University examined roughly 230 patients with every type of cochlear implant, including three FDA-approved implants that use different types of electrodes to stimulate the auditory nerve.

They found that electrodes designed with no wire (called lateral wall electrodes) performed the best in maintaining residual hearing in the inner ear, compared to electrodes made with wire. More specifically, the non-wire electrodes were less traumatic, causing less injury and minimizing fractures inside the inner ear.

The study found that the actual brand of the electrode did not make a difference; the presence or absence of wire was the only distinguishing factor.

Dr. Wanna and the researchers also looked at the impact of two major surgical approaches used to insert the electrodes in the inner ear: "round window" (where surgeons open the membrane without bone removal or drilling in the inner ear) and "cochleostomy" (which requires drilling into the bone to get inside the inner ear).

They reported that patients who had the round window approach had a much better chance of keeping their residual hearing in the long term.

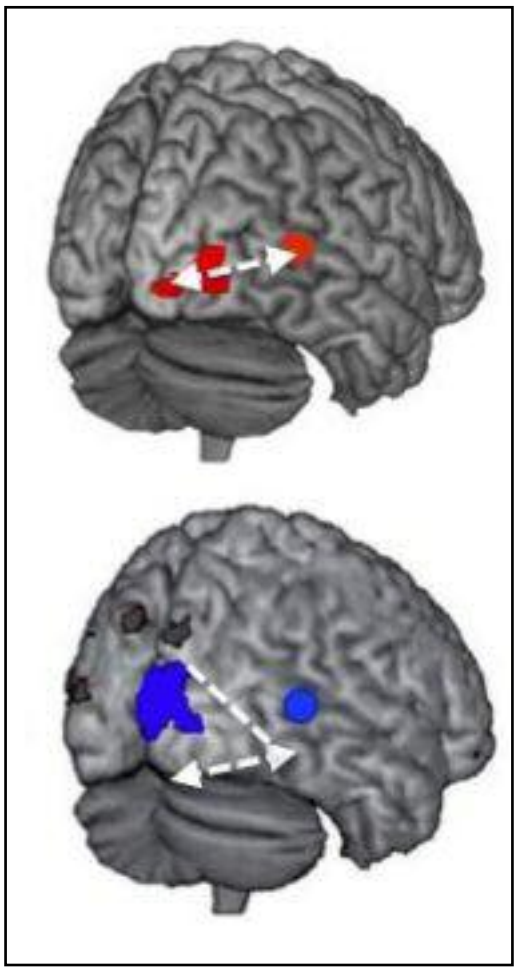
"The cochleostomy approach causes fibrosis and scarring, leading to hearing loss over time," said Dr. Wanna. "Our results also revealed that using oral steroids also helped in the long term to preserve hearing by preventing inflammation."

"We hope the findings will help surgeons choose the best implants and approaches for their patients," said Dr. Wanna. "This is an exciting time in this field, and the advancement in hearing technology and continued improvements in techniques and outcomes will benefit patients and their families."

Story Source:
Materials provided by The Mount Sinai Hospital / Mount Sinai School of Medicine

When writing interferes with hearing

For deaf people, the reorganization of brain circuits impacts on the success of cochlear implants



Up, red: right occipito-temporal coupling during deafness, indicating a poor cochlear implant prognosis.
Below, blue: right occipito-tempora uncoupling after deafness, indicating a good cochlear implant outcome (adapted from Strelnikov et al. 2013).
Credit: © UNIGE - Institut Vernes, Paris

A cochlear implant is an electronic device capable of restoring hearing in a profoundly deaf person by directly stimulating the nerve endings in the inner ear. This technology enables people who have become deaf to be able to communicate orally again, even by telephone, and children born deaf to learn to speak and to benefit from normal schooling. However, results can be extremely variable, with implants having only little benefit for some patients, without any means of predicting failure based only on purely clinical factors. Using data from brain imaging techniques that enable visualising the brain's activity, a neuroscientist at the University of Geneva (UNIGE) and a Parisian ENT surgeon have managed to decipher brain reorganisation processes at work when people start to lose their hearing, and thus predict the success or failure of a cochlear implant among people who have become profoundly deaf in their adult life. The results of this research may be found in Nature Communications.

A cochlear implant is an electric device designed to counter the loss of hearing linked to an inner ear deficiency, either congenital or acquired. First used as experimental devices in the 1970s, they have become commonplace since the 1990s. They provide many deaf people with a significantly improved ability for oral understanding and thus a considerable boost to their quality of life.

However, despite the technological advances, there are still some 5 to 10% of adult patients who have become deaf for whom this technique remains stubbornly ineffective. Why? In order to find an answer to this question crucial for clinical practice, Diane Lazard, an ear, nose and throat surgeon at the Institut Vernes (Paris) and Anne-Lise Giraud, neuroscientist in the UNIGE's Faculty of Medicine, have sought to identify which brain factors might be linked to the success or failure of implants.

The two scientists have studied how the brain of a deaf person manages to represent the sound of the spoken word

and its capacity of re-using these representations after a cochlear implant.

Anne-Lise Giraud explained: 'The test went like this. We presented some visual stimuli to the subjects, in the form of written word, and asked them to determine whether two words, without the same orthographic ending, rhymed or not -- for instance wait and gate. Subjects would then have to recourse to their memory of sounds and, using functional neuroimaging (fMRI) techniques, we observed the neural networks in action.'

Whereas the researchers were expecting that the subjects would be slower and less accurate that those in a control group of people without any hearing difficulty, to their surprise they found that certain deaf people completed the task quicker and more accurately than their normo-hearing counterparts.

The 'super-readers' and their reorganised brains

For 'Super-readers', who appear to be able to handle written words quicker than those with no hearing impediment, the brain has opted to replace orality by written exchanges and has restructured itself accordingly.

The brain circuits used by such 'super-readers', and which are situated in the right hemisphere, are organised differently and thus cochlear implants give poor results.

The other deaf people, those who carried out the task at the same speed as the control subjects, remain anchored to orality and therefore gain more benefit from cochlear implants. Unlike the 'super-readers', the latter manage to master lip-reading as deafness encroaches, and therefore maintain a central phonological organisation very similar to that of normo-hearing people, which uses the left hemisphere of the brain. There are therefore two categories of subjects whose brain circuits function very differently.

This research points to the essential role played by the interactions between the auditory and visual systems in the success or failure of cochlear implants.

Their outcome will indeed depend on this cortical reorganisation. For 'super-readers', the fact of having adapted to deafness by developing certain "supra-natural" visual capabilities constitutes a handicap for the use of implants. Is it possible to go back in time? 'It's difficult to say at the moment,' says Diane Lazard, 'but the idea is also to be able to spot in advance the people who will have a propensity for the written stimulus and to offer them active means for remaining with orality, particularly with auditory prostheses and speech therapy used much earlier than is currently practised.'

But as Anne-Lise Giraud explains, 'Equally we do not know why certain people quite unconsciously choose one direction rather than the other, but predisposition surely plays a part, because we all learn to integrate auditory and visual information by the time we are three.

Certain people manage this better than others and, with deaf people, those who integrate the audio-visual elements best will probably have a tendency to remain more aligned with orality.'

Such results also explain why it is so important to be able to equip congenitally-deaf children during their first few months, i.e. before the onset of the reorganisation of the visual and auditory brain circuits, a process which may compromise their ability to access orality.

Story Source:

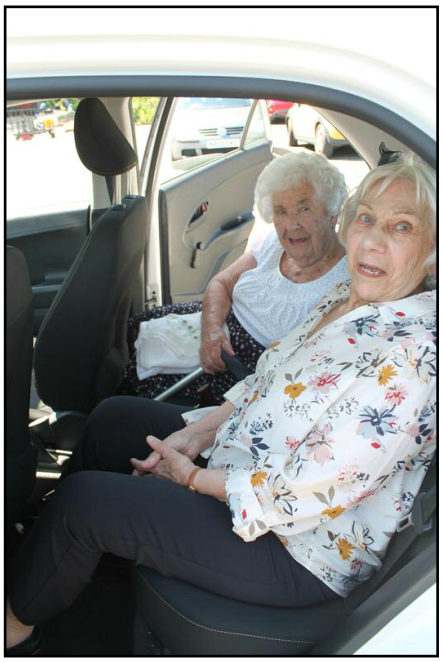
Materials provided by Université de Genève. Note: Content may be edited for style and length

Voyage on a barge - Leeds - Liverpool Canal

We met recently at Riley Green Marina near Preston with the intention of going for a leiurely sail, with lunch provided and a bit of sightseeing. When we arrived the first sight that greeted us was the burned out remains of the pub and restaurant on the site which was a bit of a shock! Fortunately the marina was not damaged but the chef from the pub won't be doing any more Barbequed ribs in the near future! It was a really hot day almost too hot to sunbathe so while we waited for our Air conditioned Restaurant to be made ready, some of us took shelter where we could.

Smiling professionally for the cameras and ignoring the background.

Our transport awaits! fortunately the roof opens to cool things down!



The lock keepers office just the same as it was when it was built.

A roast dinner is on the way and at last we are in the shade.

Taking our time was exactly the sentiment for the day.

The trip lasted about three hours including a session getting through locks and avoiding Canada Geese families who had no road sense at all.

Getting away from it all.

Seaside visit

The beginning of July saw us visiting the seaside although it was a little chilly for paddling!

This time it was a return visit to the Ramada Hotel, located on the promenade at Southport.

We had been there more than four years ago for the first time so we decided on a return match.

Our group consisted of members who had travelled from all over the North West from Blackburn, Manchester and Chester and we enjoyed a superb meal and a chance to catch up with friends we had not seen for a while.

Shropshire law partner throws support behind national deaf awareness campaign - By shropshirelive.com - May 18, 2017

A leading Shrewsbury law partner, who is partially deaf in both ears, has thrown his support behind a national campaign aimed at increasing awareness of hearing loss issues among employers.

Hugh Strickland, who has been a Partner in Aaron & Partners' corporate and commercial team for almost three years, relies predominantly on face-to-face contact, text or email to talk to his clients.

And he says Deaf Awareness Week, which is supported by the national charity Action on Hearing Loss, is vitally important in the battle to educate other employers about the difficulties that exist for people suffering from hearing loss.

"I'm lucky to work with such a supportive practice and a group of colleagues who do everything they can to make communication as easy as possible for me," said Hugh, for whom hereditary deafness runs in the family.

"But I know that's not the case in all working environments – that's why Deaf Awareness Week is such an important campaign in helping to highlight the challenges people with deafness or hearing loss can face on a daily basis in the workplace."

Action on Hearing Loss says a lack of deaf awareness among employers and society at large is holding people with hearing loss back by creating unnecessary barriers, and in a new report titled 'Working for Change', the charity says this is costing the UK economy almost 25 billion pounds a year.

The report also says that despite the fact that employers are legally obliged to make reasonable adjustments to support people in the workplace, many lack the confidence or awareness to employ someone with hearing loss.

"I've never let deafness hold me back in life but I think more needs to be done to ensure employers and society at large can be more deaf aware," added Hugh.

"Technology, especially text and email, helps a huge amount but face to face communication is always the best option in my opinion. So much of communication is non-verbal so being able to look someone in the eye really helps with understanding.

"Around 50 per cent of people over 50, and 70 per cent of people over 70 will suffer from some form of deafness in their lives, and when you combine that with an ageing population in the UK where people are now living and working longer, it's vital that we break down any barriers that prevent people with deafness or hearing loss succeeding in the workplace."

News from MED-EL

Make a splash this summer with MED-EL WaterWear

WaterWear is a transparent cover which is simply put over your audio processor and closed with a single-use, adhesive strip to provide a tight seal. The cover may be used up to three times and provides an inexpensive, fully waterproof solution for bathing and swimming, with no loss of sound quality.

Our waterproof accessory is available for the RONDO and our behind-the-ear processers, SONNET and OPUS 2. The WaterWear package contains three WaterWear covers with nine adhesive strips, and compatible batteries.

If buying the WaterWear singularly, it is

important to change your batteries to alkaline, silver-oxide, or a rechargeable (HP675) option. The WaterWear for BTE is designed to be used with the standard battery pack cover; if you use OPUS 2XS (2x batteries) please exchange your battery pack for the standard battery pack (3x batteries), to ensure a tight seal.

So this summer if you want to take a dip or simply sing in the rain, you can order your WaterWear package from the MED-EL UK Shop by emailing orders@medel.co.uk

For more information about WaterWear, the RONDO, SONNET and other MED-EL products and accessories, visit www.medel.com/uk

Make time for EXPLORE Magazine

Time with our family and friends is so precious, and we value every second that ticks by with them. But have you ever really thought about time in more detail? In the latest edition of EXPLORE Magazine we explore time and how we can make the most of it.

Articles in EXPLORE TIME include: "The essence of time" - a glimpse into how we perceive time and why there is never enough of it. In "Out of this world" we explore whether time travel could one day be a possibility or whether it is as fictional as Doctor Who. Or perhaps you'd like to read "Slow track to success" – an interview with an editor who only reports old news!

And, for anyone considering a hearing implant, there are articles about the importance of the correct timing for surgery and rehabilitation to maximise the success of your hearing journey.

To request your free copy simply email orders@medel.co.uk or download it online at www.medel.com/explore.

If you've enjoyed reading EXPLORETIME, why not catch up with our back issues: EXPLORE Age, EXPLORE Kids, EXPLORE Sound and EXPLORE Music.

CICADA new equipment

One of the issues that came to light when we recently had a guided tour of St George's Hall in Liverpool was that when there was a group of us standing around a guide who was trying to explain something, it was difficult for people towards the back of the group to hear anything at times.

Neck loops and transmitter in charging box

This spoiled the enjoyment of the event and is something that we have tried to overcome in other situations such as the AGM when we have a palantypist.

At our AGM we had a presentation from John Trett from Hearing Link who demonstrated lots of assistive devices and since then we have publicised them in Resound and also on the Website.

So the EC thought that it was about time we practiced what we preached and so we have purchased a kit consisting of ten neck loops and one transmitter to help us hear things.

Having tried them out, albeit in a rather unusual setting on the Safari to Port Sunlight, we will be trying them out in earnest at the guided tour of Bramall Hall next and will make sure they are available for future events. We will also be reporting back in the next issue so for those of you that get to try them please let us know your thoughts.

Memories of June Neale

by Norah Clewes

June and I have both been members of NADP since the early days. I had seen June's name in Network and read her article about a forthcoming cochlear implant but I never met her until after I had my own cochlear implant. June lived in Nottingham but was one of the pioneers of multichannel implant operations at Manchester Royal Infirmary. In fact she was probably the only person to persuade her health Insurance company to pay for her operation in the days before the NHS agreed to pay for them.

Professor Richard Ramsden and his friend Lawrence Cleary had set up a charity to pay for those early operations and he also set up a support group known as Cicada, for Manchester implant users and I got to know June through that group.

There was a fellowship with those pioneers and early implants users, meeting to share experiences and encourage each other, as well as writing for our magazine, Resound.

June was a great supporter of NADP and frequently joined in the email group discussions. She was also a keen supporter of the Ear Foundation in Nottingham which did many implants for children. She continued to support for the Ear Foundation with fund raising including a sponsored swim when in her seventies.

We started to exchange emails, and as many of her friends will know she had a great way with words and a great sense of fun.

She was interested in everyone and their life experiences without being critical or over curious. She had studied psychology and loved travelling, including visits to India and Norway.

June lived in Nottingham and she came to a number of Cicada events, the last, with her husband Peter, was the Christmas lunch at the Queen Hotel, Chester.

After they moved to Norfolk to live near to their daughter, Hilary, they were not able to travel so far but she always took an interest in Resound and the implant team staff that she knew from those early days.

Some of June's philosophy

"I think had I not been so beset with conquering deafness when young I wouldn't have cluttered my mind (and house) in the same way, and that it is better to travel much more lightly in this world, but as I don't suppose I shall have another chance, be thankful for all I have and what I've seen...

"Everyone seems in so much of a hurry, whilst earlier there was always time for a chat even in the most busy schedules. I think even hearing people would be bound to find this as they age. A certain ambience in conversation suits me well but I have always been interested in science rather than gossip."

June herself always had time to reply to emails and kept in touch with many friends, even as far away as New Zealand.

"I have usually been interested in psychology too but maybe I am beginning to need a psychologist myself now back to

painting my garden furniture."

Another friend of June's sent me an exchange of messages.

She wrote to June "You've got a birthday coming up, your 29th as ever. I admire you for being adaptable but certainly Peter's illness for the past goodness-much-too-many-months have not had an youthful effect on your body."

Her response, "No indeed, I just do my best with the ageing body, its my brain and -immortal soul- I sometimes worry about."

"As I age the unnerving thought keeps entering my head of how long my CI

will last as it is now 26 years old (wish I was!)"

I laughed at a brief note saying she was "expecting visitors and busy sweeping dust under the carpet"

Her friends enjoyed her quirkiness such as Xmas cards signed, "June, Pea and little Hilaree"

A hearing dog owner, she enjoyed her specially chosen doggy themed Christmas cards and all her cards were written in her unusual artistic handwriting.

June often signed herself Joon, maybe to distinguish her name from the month of her birthday. She would have been ninety-one this year when she died peacefully, six months after the death of her dear husband. Many were lucky to have her as a friend.

Assistive devices update.

The MRI assistive devices room now has a new member of staff.

John on the left at last years XMAS meal

After nearly six months of vetting, forms and other processing our very own John Newton has now started as a volunteer in the Assistive Devices room at MRI.

Working with Karen Smith from the Implant team, John will be helping people who have a CI and want to get help with other situations such as listening to the television and talking to friends while out and about.

Many patients are unaware of the wide range of devices from various manufacturers which can enhance the use of their CI's.

In the well equipped room, patients are able to talk to staff and discuss their own situation and then try out a range of devices to see what device works best for them.

The service has been running now at the MRI for over a year and after a slow start is now picking up in demand.

The same service will now be starting at the Tameside General Hospital where your intrepid editor (who seems to have time on his hands) is in the process of getting a room setup for out-patients of the audiology clinic.

With the help of the Social Services team for the deaf, Tameside residents should shortly have access to a similar facility to the one at Manchester Royal.

Congratulations Jane!

Jane and her son Austin at the awards ceremony

Huge congratulations to Jane Beenham, who was a member of the CICADA EC until recently and has been studying at the University of Central Lancashire (UCLAN).

She was awarded a Bachelors of Arts with first class honours in education and in deaf studies

As well as being awarded a B.A. Jane also gained a prize from the Centre for Excellence in Learning and Teaching School for Best Overall Dissertation.

Jane has been an active member of CICADA for several years and has juggled family life and academic studies to reach her goal.

We all wish her the best for the future.

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.

A big thank you to Norah Clewes for contributing to this issue.

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