

ReSound

For people with Cochlear Implants

Winter 2021

Issue 69



North Ofram in Yorkshire

Manchester
Cicada  a charity supporting implant patients

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

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Editorial

Welcome to the Winter 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

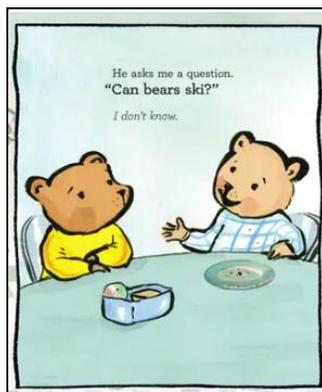
“DEAFNESS IS AN EXPERIENCE NOT A TRAUMA”

by John Newton

It's fairly unusual to see anything about deafness in the newspaper or TV so it was a surprise to see this headline in the paper one morning recently. It proved to be a review of a book for children called "Can Bears Ski?" by Raymond Antrobus.

I learned that the author, who was deaf from birth felt that children should have some understanding of deafness and the title was what he heard when he was small when adults said to him "Can you hear me?" Can you hear me became can bears ski which his young self found understandably confusing until his deafness was properly diagnosed when he was six. I am sure many members reading this will be reminded of their own mishearings.

Raymond Antrobus is an English poet who also teaches at the Blanche Nevile deaf school in London. The book has been around long enough to gather fans, not just in England. It prompted a junior school in Canada to arrange a skiing outing (rather more feasible in Canada than it is in England). Grandparents have used it to explain their deafness to their grandchildren which prompted me to order a copy for my middle granddaughter Emma who will be four in April. She is an amazing talker, but I find it difficult to get her to stay still and look at me while she is doing it. I also realised that when I ask her to repeat something, as a learner in the language line she is inclined to think "Oh dear, maybe I got it wrong" and



go quiet. David Attenborough says that the most interesting animal in the world is a child of Emma's age. The way they acquire language so quickly is only one of the things that bear that out and I love listening to her (when I can hear her). She is currently

obsessed with dinosaurs and their numerous different species.

I am not sure about the headline though which was quoted as a statement made by the author. The dictionary defines trauma as a wound, or "severe mental or emotional stress". I know from deafened people I have met that losing one's hearing can be quite devastating. It doesn't kill you perhaps but it must often feel traumatic. All its sufferers presumably eventually come to terms with it on some basis. Some obviously cope better than others. I would suggest that the headline makes sense as a mantra for someone who is deaf, but we wouldn't want hearing people to use it to belittle the problems that deafness brings.

Later on in the day I found the newspaper article, I switched on my TV and found myself in the middle of "Neighbours" the soap opera set in Australia where the players were talking about cochlear implants. I have never heard these marvelous devices mentioned on the TV before. Alas, I am not a follower of soaps and caught only this brief glimpse of the exchange. Maybe someone reading this can fill us in of how that played out dramatically in Oz?

Beryl's Story

I was brought up with a Mother who was born deaf, and she used to relate her experiences of school.

Her deafness was never taken into account and she was just placed on the front row, where she still struggled to hear every word.

My Granddad was deaf too, so I always had to talk loudly, and think it became a habit over the years. My Granddad was the first in the family to get a hearing aid, which, in those days looked rather like a transistor radio in a leather case which he had to wear like a shoulder bag.

Mum got hers much later, and resembled more like the ones of today.

Mum's deafness caused her to withdraw into her own little world, She would never mix, as people didn't understand, and often treated her as stupid, which was far from the truth.

In those days I had perfect hearing,. My hearing began to decline when I was around 40. My first acceptance was during a show in the theatre when I didn't hear the punchline of a joke, yet was only on row 3 of the front stalls.

From then on, it gradually got worse and I started wearing a hearing aid that just slotted in the ear, but after a while that wasn't strong enough, so eventually I wore two conventional hearing aids.

At the time I was running a floristry business and my husband had to do the phone work. When he died I was lost, as I had always relied on him to be "my ears". So, with my daughter's support I made a doctors appointment to ask if was it possible to have an operation.

At first I thought I might be eligible for bone conduction, but after tests I was found not to have enough. It was then I was offered a Cochlear implant, and made many visits to Manchester

University for various tests where it was found I was suitable, but had to wait for funding to be available.

I don't regret my decision to go ahead as it brought a whole new world to me, which will be 19 years in March. I got wonderful care at the clinic and MRI. Even now if I want advice, the clinic is only an email away.

I recently was upgraded with an N7 which I love. I was able to apply for a TV streamer which enables me to have sound directly into my processor, I also have an app on my mobile which enables me to either change settings or volume. I am still learning of all the advantages it brings!

Every day I am thankful for modern technology that has enabled me to lead an independent life, and open up a new world, because without it I have no hearing at all.



Study reveals how people with hearing loss are affected by Covid-19 lockdown

A new report into how people with hearing loss have been experiencing the Covid-19 lockdown has found there have been many negative effects on them, but also a few unexpected positive ones.



University of
Nottingham
UK | CHINA | MALAYSIA



The study was carried out in a rapid turnaround by experts in hearing disability at the University of Nottingham's Hearing Sciences Scottish Section at the Glasgow Royal Infirmary.



When lockdown happened in March, the team devised an online questionnaire for hearing impaired volunteers to fill in to map their experiences over the period.

The survey asked how certain restrictions and safety measures imposed during lockdown affected their behaviour, emotions, hearing performance, hearing aid usage and tinnitus.

The survey was completed by 129 adults with varying degrees of hearing loss living in the Glasgow area and yielded some interesting results:

- Video calls were used more frequently than before lockdown, but enjoyment of group video calls was mixed. Live subtitling during video calls was only used by a minority but was appreciated by those who did. Those participants with comparatively better hearing used their hearing aids less than before lockdown.
- Widespread increased anxiety, especially in the worse hearing group, particularly about verbal communication situations and not being able to access their audiology services. Some people also reported dwelling more on their hearing loss during lockdown than in normal times. However, people with more severe hearing loss showed substantial relief at not having to attend challenging social gatherings.
- Most of the participants said they found it hard to converse with people in face masks due to muffled sound and not being able to see lips moving. A majority also said they would like to see all key workers equipped with transparent face masks to improve communication for people with hearing loss.
- There was some weaker evidence of face mask fixtures interfering with



hearing aids worn on the ear and of tinnitus having worsened during lockdown.

The study throws up several recommendations including the widespread adoption of clear face masks and easy access to live subtitles on video calls.

The research team is also calling for manufacturers of hearing devices to develop processing modes and accessories that are specifically designed for video calls.

Leading the work, Director of the University's Scottish Section of Hearing Sciences, Professor Graham Naylor, said:

"When lockdown happened, we had to act fast as we were very curious to find out about the particular experiences of people with hearing loss during this stressful period.

We think the study has indeed captured some important insights into the interactions of hearing loss and the extensive safety measures brought in to mitigate the effects and extent of the pandemic".

Homemade Protective Face Mask with Transparent Front for Hearing Impaired



"Our results confirm some consequences which have been widely mentioned in anecdotal reports, such as the challenges of conversing with people in face masks, but also illuminate aspects which have not been evidenced before, including heightened rumination about one's hearing loss and (conversely) relief about not having to face the challenges of social gatherings."

'Covid-19 Lockdown Affects Hearing Disability and Handicap in Diverse Ways:

A Rapid Online Survey Study'

is published in the journal

'Ear and Hearing' and was funded by the Medical Research Council and the Chief Scientist Office of the Scottish Government.



Changing the connection between the hemispheres affects speech perception

When we listen to speech sounds, our brain needs to combine information from both hemispheres. How does the brain integrate acoustic information from remote areas?

In a neuroimaging study, a team of researchers led by the Max Planck Institute of Psycholinguistics, the Donders Institute and the University of Zurich applied electrical stimulation to participants' brains during a listening task.

The stimulation affected the connection between the two hemispheres, which in turn changed participants' listening behaviour.

When we listen to speech sounds, the information that enters our left and right ear is not exactly the same. This may be because acoustic information reaches one ear before the other, or because the sound is perceived as louder by one of the ears. Information about speech sounds also reaches different parts of our brain, and the two hemispheres are specialised in processing different types of acoustic information. But how does the brain integrate auditory information from different areas?

To investigate this question, lead researcher Basil Preisig from the University of Zurich collaborated with an international team of scientists. In an earlier study, the team discovered

that the brain integrates information about speech sounds by 'balancing' the rhythm of gamma waves across the hemispheres -- a process called 'oscillatory synchronisation'. Preisig and his colleagues also found that

they could influence the integration of speech sounds by changing the balancing process between the hemispheres. However, it was still unclear where in the brain this process occurred.

Did you hear 'ga' or 'da'?



The researchers decided to apply electric brain stimulation (high density transcranial alternating current stimulation or HD-TACS) to 28 healthy volunteers while their brains were being scanned (with fMRI) at the Donders Centre for Cognitive Neuroimaging in Nijmegen. They created a syllable that was somewhere in between 'ga' and 'da', and played this ambiguous syllable to the right ear of the participants. At the same time, the disambiguating information was played to the left ear. Participants were asked to indicate whether they heard 'ga' or 'da' by pressing a button. Would changing the connection between the two hemispheres also change the way the participants integrated information played to the left and right ear?

The scientists disrupted the 'balance' of gamma waves between the two

hemispheres, which in turn affected what the participants reported to hear ('ga' or 'da').

Phantom perception

"This is the first demonstration in the auditory domain that interhemispheric connectivity is important for the integration of speech sound information," says Preisig. "This work paves the way for investigating other sensory modalities and more complex auditory stimulation." "These results give us valuable insights into how the brain's hemispheres are coordinated, and how we may use experimental techniques to manipulate this" adds senior author Alexis-Hervais Adelman. The findings, to be published in PNAS, may also have clinical implications.

"We know that disturbances of interhemispheric connectivity occur in auditory 'phantom' perceptions, such as tinnitus and auditory verbal hallucinations," Preisig explains. "Therefore, stimulating the two hemispheres with (HD-)TACS may offer therapeutic benefits. I will follow up on this research by applying TACS in patients with hearing loss and tinnitus, to improve our understanding of neural attention control and to enhance speech comprehension for this group."

Story Source:

Materials provided by Max Planck Institute for Psycholinguistics. Note: Content may be edited for style and length

COVID-19 and hearing loss: What we know

Contributed by Joy Victory, managing editor, Healthy Hearing

Last updated February 15, 2021
COVID-19, also known as the coronavirus, has now been linked to many long-term complications, including heart damage, lung damage and neurological disorders. One emerging area of research is whether hearing loss and tinnitus (ringing in the ears) can result from coronavirus infection—either as a symptom or as a complication days or weeks later. We do know that many different types of viral and bacterial infections can cause sudden hearing loss. But older coronaviruses that triggered epidemics, such as SARS and MERS, did not appear to cause hearing problems. What about SARS-CoV-2, the current coronavirus that's causing a global pandemic? We dive into the latest health care research on the topic, below.

Coronavirus and hearing loss

Sudden hearing loss as a symptom
Based on published case reports, it appears that sudden hearing loss is rarely a symptom of coronavirus onset.

In a June 2020 report, several Iranian patients reported hearing loss in one ear, as well as vertigo. In another report about sudden sensorineural hearing loss and COVID-19, one Egyptian man with no other coronavirus symptoms developed sudden hearing loss, and then tested positive for coronavirus.

But beyond those reports, not much has been published by researchers.

Note: Sudden hearing loss is a medical emergency. Seek medical attention if you experience sudden hearing loss in one ear. The faster you get treatment, the more likely you'll

get your hearing back.

Hearing loss as a complication of coronavirus infection

What does appear to be a little more common (though still rare) is developing hearing loss or tinnitus as a complication of COVID-19 infection, meaning it's not part of the initial onset of symptoms but develops later.

In October 2020, for example, the medical journal BMJ Case Reports published a case study of a 45-year-old British man who developed tinnitus and sudden hearing loss in one ear after he became critically ill with COVID-19. His hearing partially recovered after he received steroid treatment for the hearing loss.

While it's not possible to prove that COVID-19 directly caused his hearing loss, the study authors explained, it seems very likely this was the case, especially because he didn't receive any drugs that include hearing loss as a side effect (known as ototoxicity).

"We suggest that patients are asked about hearing loss in [intensive care] when applicable, and any patient reporting acute hearing loss should be referred to otolaryngology on an emergency basis," the authors said.

Overall, research shows that hearing loss and tinnitus are not common symptoms of COVID-19 infection; nor are they considered common complications as the disease progresses.

However, if you are positive for COVID-19 and experience sudden hearing loss, seek prompt medical care to increase your chance of getting your hearing back.

As well, autopsy reports have detected the virus in the middle ear bones. And in this case report, a German man experienced acute profound hearing loss after developing

COVID-19 pneumonia.

Perhaps most enlightening so far are the results of a UK survey, which found that nearly 1 out of 10 coronavirus patients self-reported either hearing loss or tinnitus 8 weeks later. That was surprising, the authors noted, but they also pointed out that the hearing loss and tinnitus could be unrelated or indirectly related (such as a medication side effect).

In other words, more research on the long-term auditory consequences of coronavirus is vitally needed.

"High-quality studies are needed to investigate the acute effects of COVID-19, as well as for understanding long-term risks, on the audio-vestibular system," state the authors of a systematic review on this topic.

Does COVID-19 damage the auditory system?

A very small study out of Israel examined 16 patients, half of whom had tested positive for COVID-19 and half who were not infected (the control group). They found no differences in the two groups when looking for signs of auditory nerve damage. The researchers used tests known as otacoustic emissions (OAE) and auditory brainstem response (ABR) measurements to evaluate auditory function.

The study should be interpreted with caution, since there were only 16 people enrolled, and all of the coronavirus patients were asymptomatic, meaning they never felt sick from the infection. The researchers are planning a much larger study that will include patients who developed severe COVID-19 complications.

Hearing loss or tinnitus as a side effect of medication used to treat

coronavirus

What is well-known: Some medications used to treat the coronavirus carry a relatively high risk of hearing loss, ringing in the ears or vertigo and dizziness as a side effect. These drugs include quinine, chloroquine and hydroxychloroquine.

"These antiviral medications have known adverse events, including tinnitus and hearing loss, and the symptoms may be misdiagnosed as being caused by COVID-19," stated the authors of the systematic review mentioned above.

Read more about drugs that cause hearing loss.

COVID-19 'long-haulers' with tinnitus and balance problems

Some coronavirus patients have reported prolonged illnesses and atypical symptoms, dubbed "covid long-haulers." In a survey of nearly 650 long-haulers, about one-third

experienced earaches and two-thirds had dizziness and vertigo. Only 1 patient reported hearing loss. There seemed to be "no predictable pattern" as to when or why someone might experience these symptoms, notes this research summary on the topic.

Bottom line on hearing loss and COVID

More research is needed before we fully understand how the coronavirus affects hearing and balance. We still don't know to what extent the coronavirus causes hearing loss, tinnitus or balance problems.

As the pandemic wears on and research shifts to long-term effects, we'll likely begin to learn more. Check back for updates.

Note: Information about the coronavirus pandemic is quickly evolving. If you have any concerns about coronavirus and your hearing, seek a healthcare provider's guidance.

CICADA Web site report

As well as being a traumatic year for civilization as a whole 2020-2021 has been a bit of an ordeal for the website. The site was the target of a series of spam and other attacks and as a result I had to delete the whole site and rebuild it with enhanced security features included.

The restructure of the site is nearly complete and it has given me a chance to update certain information, for example the MRI clinic has new members, we now have Lockdown letters available to view as well as the Resound back copies.

The membership application process

has been amended to automatically add new members to the Resound subscription list and send a welcome email rather than just an acknowledgement as before.

The events section has been rebuilt with a new display application to make it easier to scroll through or enlarge pictures.

We have links to our website on the NCIUA and Hearing Link websites.

There is work to do on our Facebook site to link both it and the Website better so that new items appearing on either platform will generate news items on the other.

As ever, any feedback or ideas would be appreciated.

MY STORY: Hotelier Calum Milne on fighting back after his most challenging year yet

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!

Former managing director at Llangoed Hall, Calum Milne is recovering from cancer that has left him deaf and forced him to discover new ways of working. Here he explains how the industry needs to focus on making it a level-playing field for less-able people looking for work.



Can you explain your story over the past year?

In a nutshell, I was holidaying in Tenerife, as I usually do with my parents and we have done for the last 30 years, and I didn't feel 100%. I was quite conscious of the fact that my ears didn't pop on the aeroplane flight over and it was niggling me all week.

After 12 days, we came home as scheduled and I made a phone call to my doctor who said, because it was a Saturday, to go to the hospital and just get checked out. The hospital unfortunately said they only dealt with heart attacks and not earache.

I went back to my doctor on the Monday morning for an emergency appointment and they sent me straight to Dundee Nine Wells Hospital and, from thereon, I had scans, bloods tests, was given antibiotics and kept in for 48 hours. On a Sunday morning, I got a phone call and, by this point, my hearing was playing up dramatically and I could

hardly hear anything. My mother took the call and it was the hospital saying could I come in straightaway. I went in and that was me for two and a half weeks with neck cancer. Tumours in my neck were removed.

Now, after seven operations – four on my ears alone – I have been left profoundly deaf. There is a chance of maybe a cochlear implant but I'm still awaiting appointments for that because I just haven't been well enough to undergo that operation which involves drilling into the skull. Surprisingly, that doesn't sound that bad compared to some other things I've been through.

I am now deaf and learning to live with it. I've picked up lipreading quite well and my tutor is a fantastic lady who was recommended to me by my doctor. Every week, she sends me things to say and do. I am trying to keep my voice and the more activities I do, the more I can keep my tone and avoid shouting, which unfortunately happens to a lot of deaf people who don't hear the tone.

Every morning, I program my voice in my mind by using the dB skills on my app on my phone that tells me if I am speaking calmly, loudly, very loudly or quietly. It's a new learning curve all round, so that's been my last year.

It's been nine months of hell for my

parents. It didn't really bother me as I just had to deal with it and get on with it, but watching them has been more upsetting than anything else.

My advice to hospitality businesses is to spend money to make all feel inclusive

What was your attitude and approach to employing less-able people prior to 2020?

I have no problem employing less-able people, as I treat every individual on his or her merits. With a less able person, I would adapt to work around what he or she is able to do. There is equipment available that covers everything. For example, I have a pager that tells me if the fire alarm is going off or the phone is ringing. I'm no different to anybody else. Sir Bernard Ashley, who was the founder of the award-winning country house hotel Llangoed Hall, near Brecon was a very liberal-minded man and I would commend him for that. He told me the trick was to treat people like you would want to be treated yourself.

We had a couple of Down's Syndrome people who helped us out. One was a gardener and client guide and one was a cleaner. They did their jobs very well. One was with us for 22 years and the other one 10 years.

How do you think the hospitality industry fares compared to other industries when it comes to employing less able people?

I would like to think that the hospitality industry is very fair-

minded and very good, but actually I have come across exactly the opposite. Sometimes it bothers me and there are occasionally terrible examples. The Institute of Hospitality, of which I'm a fellow, holds online courses and you cannot participate if you are deaf because they are done on Zoom. Due to the cost, they will not install captioning or subtitles, as it's called. Deaf people and maybe short-sighted people would benefit from subtitles. Sadly, our own Institute is not prepared to pay the money to enable deaf people to participate on a course about encouraging deaf people to stay in a hotel.

Have you seen any innovative examples of companies within the sector helping less able people find work in hospitality?

My advice is to get yourself a good agent who knows you personally. Meet and chat with them over coffee, if you can be socially distant. I have a wonderful couple of agents who look after me while I look for a new job. This is not the right time to be looking for work during the Covid pandemic, but actually it's not the right time to be sitting back and dwelling on what happened to me. It's time to get up off my

backside, get myself going and show that I've got something to give after 31 years' experience in the luxury country house hotel market.

What can the hospitality sector do to ensure less able people are given a fairer chance of



employment?

Flexibility is the key here. Treat people as you would want to be treated yourself, be fair, open-minded, honest and don't skirt around things. Just be straightforward but polite about it and then everybody will get on. My advice to hospitality businesses is to spend money to make all feel inclusive.

What are the biggest struggles you have faced over the past year?

That's easy, Zoom calls. Have you ever tried to lipread somebody on a zoom call? I see the face for about three seconds at the very beginning of a phone call before I zoom in to try and get a full blown picture of the lips moving. It's very, very difficult. Now I've got it sussed; I use my iPad for the Zoom calls and my telephone is on. A special app hears what the person speaking is saying and converts it into text for me so that I can read it. Sometimes, due to pixilation, it is very difficult to read somebody's lips so I've learnt to be adaptable.

How have your experiences changed in trying to secure employment?

Well, I've got a couple of agents & a press officer working for me on that front now, but this isn't the time, as I said earlier, to be looking for a job. I've got 31 years' experience of resurrecting country house hotels from the wilderness to Relais & Châteaux Hotel of the Year. It's all about the team that I appoint, not just about me. If anyone does need a luxury country house hotel manager with this experience, or possible Hotel Inspector please get in touch directly.

Have you leant on any hospitality charities during this time?

No, I haven't actually asked any of the charities for any help. I am very well supported by my parents and it's not the sort of thing I would do anyway. I'm fortunate enough that I've got some savings that enable me to do things myself and get the equipment I need, such as an Apple Watch which receives messages and phone calls and makes me more connected. A new vibrating pillow pager that tells me when my phone is ringing, when the front door bells are ringing and when the smoke detector is going off, which is usually when the toast is getting burnt in the morning. A good bit of technology.

My mind is also very sharp still and I want to be honest with everybody. I went for an interview and said that I was deaf. The interviewer was polite, but the facial expression was of shock and horror until I started to speak to them. One of the people asked could I speak Danish. I could show them that, despite being deaf, I was more than capable of speaking a foreign language and get my tone correct.

The expressions were priceless.

I have a little expression that I used: when it's a tough time you are rubber duck because rubber ducks just keep bouncing back. You deal with what you're given and mine is deafness in which case I'm dealing with it with various equipment, lessons et cetera. You get on with it as there's no point in dwelling on it. If the doctors can fix it later in life, that will be great. If not, I will have an implant disk stuck on the inside of my forehead skull and that will be fine. Otherwise I will live in a very quiet world but can still make a lot of noise!

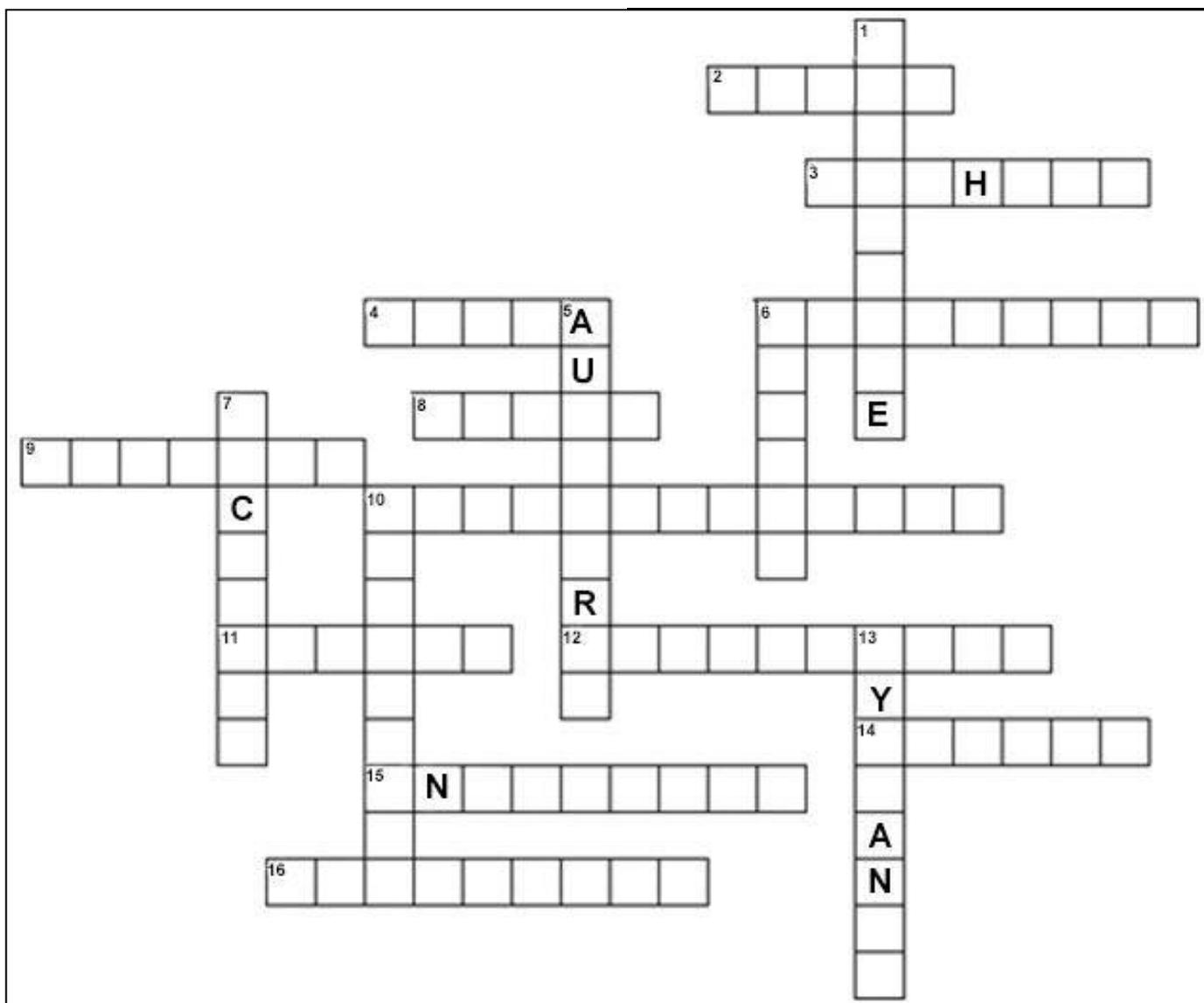
WIN a £25 Amazon Gift Voucher by entering the MED-EL Crossword Puzzle
 Can you solve our crossword puzzle below? The clues all relate to our ears and MED-EL's current product portfolio.

To enter, complete the puzzle and email a picture of your correctly completed crossword, together with your name to: allison.derbyshire@medel.com

(Please enter ReSound Crossword Puzzle in the subject line of your email)

One winner will be randomly selected from all correctly answered crossword entries received no later than Friday 30th April 2021.

Good Luck!



Across:

2. We hear, when sound _____ travel through the air to our eardrum.
3. The _____ is a snail-shaped part of the inner ear.
4. The function of the _____ is to act as a kind of funnel which assists in directing the sound further into the ear.
6. The name of MED-EL's current Cochlear Implant.
8. The name of MED-EL's off the ear audio processor.
9. The auricular lobule is also known as the _____.
10. When the hair cells of the cochlear are missing or damaged, this is known as _____ hearing loss.
11. The name of MED-EL's non-surgical bone conduction system.
12. _____ Day is when your audiologist turns on your audio processor for the first time.
14. There are 3 parts to the ear, Inner Ear, _____ Ear and outer Ear.
15. MED-EL's headquarters are in _____, Austria.
16. The Malleus, Incus and Stapes are known as the _____ chain.

Down:

1. MRI is an abbreviation for Magnetic _____ Imaging.
5. An _____ is a diagram used by hearing professionals to show visually how well you can hear.
6. The name of MED-EL's behind the ear audio processor is _____.
7. The founders of MED-EL are Dr. Ingeborg _____ and Professor Erwin _____.
10. What was the decade when MED-EL became the first manufacturer to create and implant the world's first microelectronic multi-channel cochlear implant.
13. When sound waves reach the _____ membrane, they cause it to vibrate.

I understand that by entering this competition my name and email address will be briefly stored within MED-EL's system. The winner's name will be announced in the next edition. Please tell us in your entry if you would like to abbreviate your name should you win. Our full privacy policy can be found at

–
www.medel.com/privacy-policy

Notes

As these are exceptional circumstances and as a result of the current virus situation we do not have events to remind people of.

However we thought that if we could give you links/contact details then you would not be short of someone to ask if you need assistance or advice.

The key to getting through all this is to follow advice, and if you encounter a situation that causes you risk then don't hesitate to shout for help.

Our website has a dedicated page for the Clinic, so, in no particular order :-

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/](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 which 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 things 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
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