ReSound

For people with Cochlear Implants

Summer 2021 **Issue 71**

Worsley bridge on the Bridgewater 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 a variety of topics in this issue and as we emerge from the lockdown, gradually, we can even report on some of our members braving the wind and weather to begin to enjoy some of the activities that we used to take for granted.

We have a report from the Implant team at Manchester on the ever developing situation regarding such things as appointments and repairs, which are still affected by the need to look after ourselves when visiting hospital.

CICADA has been working closely with the Implant team at the Manchester Royal Infirmary and are beginning to provide additional help to new and prospective users of CI's where the team have asked for help.

This is a positive development for CICADA and shows the potential to provide help in areas where we have a good deal of user experience.

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.

Members will shortly be getting news about planned meet ups and I look forward to seeing you after the isolation of the past eighteen months!

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.

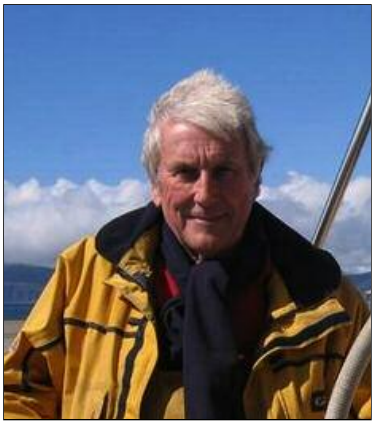
We hope you enjoy this issue and if you've any comments, or stories to send along please let me know.

Kevin Williams - Editor

(If anyone would like a print of the front cover picture let me know, it's all in a good cause)

"Keep this line open"

by John Newton



I hope that most people reading this will know about textphone, the system which makes it possible for a deaf person to make phone calls even if they cannot hear their caller. It's been around for a long time, over 20 years. It used to require a special land line phone, with a keyboard and a screen. Several years ago it was redesigned so that it could be used via portable devices such as smartphones and tablets, since then it has gone through various upgrades, the latest version is called RelayUK (you can read all about it at relayuk.bt.com and download the necessary app).It's free, you pay only the normal call costs.

For converts like me it's a lifeline and particularly useful for personal business calls, to banks, insurance companies and so on. I don't use it much for social calls relying on text, emails and video calls like FaceTime for that. That's probably a personal thing. The service works via a live operator who translates speech into text on your phone or tablet screen, some people find the presence of the third person inhibiting. Personally I have no qualms about that and have happily discussed very personal things with my doctor using RelayUK!

To get to the point, BT has recently announced that it is engaged in a redesign and upgrade and in preparation for that the UK Council of Deafness have canvassed a lot of users of the system to get their comments on it. This revealed some problem areas which arise because the system is not known very well by a lot of hearing people and also organisations like banks so that, when they are on the receiving end of a call, the assume it's nuisance call and hang up. Many organisations who should know about are ignorant of it, the NHS in particular seems to be a culprit...

BT will presumably be making more effort to advertise the system but that shouldn't stop you, the people with hearing loss who are the ultimate beneficiaries from also promoting it and persisting with its use. If you call someone and the called number hangs up, the RelayUK operator will ask you "do you want me to redial?". In my experience the second attempt always succeeds. If any organisation say that they can't receive such calls, complain loudly, the law is on your side.

Another objection which has been expressed which I have limited patience with says "but I don't have a smartphone". That seems a bit like saying to Mr Marconi "I think this radio thing is brilliant, but it's no use to me because I don't have a morse key or the black box full of strange devices which you say is necessary". I remember the days when the arrival of the (quarterly) phone bill was awaited with dread in some households. Today you can get a perfectly good smartphone for about £10 a month. That seems to me to be a very small price to be in touch with the world.

Stay tuned!

John Newton 28092021

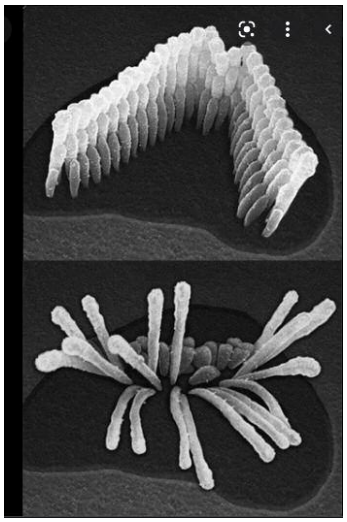
Regenerating hair cells

By Keck School of Medicine

Scientists from the USC Stem Cell laboratory of Neil Segil have identified a natural barrier to the regeneration of the inner ear's sensory cells, which are lost in hearing and balance disorders.

Overcoming this barrier may be a first step in returning inner ear cells to a newborn-like state that's primed for regeneration, as described in a new study published in Developmental Cell.

"Permanent hearing loss affects more than 60 percent of the population that reaches retirement age," said Segil, who is a Professor in the Department of Stem Cell Biology and Regenerative Medicine, and the USC Tina and Rick Caruso Department of Otolaryngology -- Head and Neck Surgery. "Our study suggests new gene engineering approaches that could be used to channel some of the same regenerative capability present in embryonic inner ear cells."



In the inner ear, the hearing organ, which is the cochlea, contains two major types of sensory cells: "hair cells" that have hair-like cellular projections that receive sound vibrations; and so-called "supporting cells" that play important structural and functional roles.

When the delicate hair cells incur damage from loud noises, certain prescription drugs, or other harmful agents, the resulting hearing loss is permanent in older mammals. However, for the first few days of life, lab mice retain an ability for supporting cells to transform into hair cells through a process known as "transdifferentiation," allowing recovery from hearing loss. By one week of age, mice lose this regenerative capacity -- also lost in humans, probably before birth.

Based on these observations, postdoctoral scholar Litao Tao, PhD, graduate student Haoze (Vincent) Yu, and their colleagues took a closer look at neonatal changes that cause supporting cells to lose their potential for transdifferentiation.

In supporting cells, the hundreds of genes that instruct transdifferentiation into hair cells are normally turned off. To turn genes on and off, the body relies on activating and repressive molecules that decorate the proteins known as histones. In response to these decorations known as "epigenetic modifications," the histone proteins wrap the DNA into each cell nucleus, controlling which genes are turned "on" by being loosely wrapped and accessible, and which are turned "off" by being tightly wrapped and inaccessible. In this way, epigenetic modifications regulate gene activity and control the emergent properties of the genome.

In the supporting cells of the newborn mouse cochlea, the scientists found that hair cell genes were suppressed by both the lack of an activating molecule, H3K27ac, and the presence of the repressive molecule, H3K27me3. However, at the same time, in the newborn mouse supporting cells, the hair cell genes were kept "primed" to activate by the presence of yet a different histone decoration,

H3K4me1. During transdifferentiation of a supporting cell to a hair cell, the presence of H3K4me1 is crucial to activate the correct genes for hair cell development.

Unfortunately with age, the supporting cells of the cochlea gradually lost H3K4me1, causing them to exit the primed state. However, if the scientists added a drug to prevent the loss of H3K4me1, the supporting cells remained temporarily primed for transdifferentiation. Likewise, supporting cells from the vestibular system, which naturally maintained H3K4me1, were still primed for transdifferentiation into adulthood.

"Our study raises the possibility of using therapeutic drugs, gene editing, or other strategies to make epigenetic modifications that tap into the latent regenerative capacity of inner ear cells as a way to restore hearing," said Segil. "Similar epigenetic modifications may also prove useful in other non-regenerating tissues, such as the retina, kidney, lung, and heart."

Story Source:

Materials provided by Keck School of Medicine of USC. Original written by Cristy Lytal. Note: Content may be edited for style and length.

Ear's inner secrets revealed with new technology

What does it actually look like deep inside our ears? This has been very difficult to study as the inner ear is protected by the hardest bone in the body. But with the help of synchrotron X-rays, it is now possible to depict details inside the ear three-dimensionally. Together with Canadian colleagues, researchers from Uppsala University have used the method to map the blood vessels of the inner ear.

The study, which was published in the scientific journal Scientific Reports, can provide an explanation for why it is so effective to treat deafness in people with cochlear implants (CI). This is a method that means that an electrode that electrically stimulates the auditory nerve is operated into the inner ear.

To-date, around 500,000 people worldwide have been treated with this technique. In Uppsala, the operation is also performed on patients with severe hearing loss, but who can perceive sounds with lower frequencies.

"We need to get better at understanding the micro-anatomy of the human auditory organ and how electrodes operated in affect structures in the cochlea.

It can lead to an improved electrode design and better hearing results. 3D reconstructions mean that we can study new surgical paths to the auditory nerve," says Helge Rask-Andersen, Senior Professor in Experimental Otology at the Department of Surgical Sciences.

To be able to study the blood vessels in the inner auditory organ, the researchers used the synchrotron system in Saskatoon, Saskatchewan, Canada. The system, which is one of eight in the world, is as large as a football pitch and accelerates particles with very high energy. This makes it possible to create pictures of the smallest parts of the inner ear. Through computer processing, the images can then be made three-dimensional.

The researchers hope the method in the future can contribute to new knowledge about diseases of the ear, such as Meniere's disease, sudden deafness and tinnitus, the causes of which are still largely

unknown. But as yet, it is not possible to study living patients with this technique. The radiation is too strong.

"We study specimens from the deceased, meaning donated temporal bones. We hope that the technology can be modified in the future to achieve better resolution than today," says Helge Rask-Andersen.

Story Source:

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

New Study Opens Doors to Customized Cochlear Implants

As groundbreaking as cochlear implants (CIs) are, these devices still have some limitations, particularly in configuring a CI specifically for an individual.

A recent study from the University of Sydney School of Biomedical Engineering addressed this challenge and examined the use of output signal to noise ratio (OSNR) in predicting how a CI might fare for a recipient (Ear Hear. Sep/Oct 2020;41[5]:1270-1281). It concluded that the OSNR model "could accurately predict individual recipient scores for a range of algorithms and noise types" and may be used as "a tool to assist researchers and clinicians in the development or fitting of CI sound processors."

A cochlear implant uses sound processing algorithms to convert external sounds into electric signals, which are then sent directly to the auditory nerve. A vast number of algorithm parameter combinations could be programmed into the device, and evaluating their efficacy requires extensive testing.

Brett Swanson, PhD, who supervised the research, described the meticulous work it takes to test the viability of CI algorithms.

"A cochlear implant stimulates the auditory nerve directly, so if you're a researcher with normal hearing, you can't listen to it yourself," he noted in a press release. "Instead, we rely on dedicated volunteers with cochlear implants who spend hours in soundproof rooms listening to sentences in noise and telling us what they hear. It is vital work, but mentally draining."

A reliable prediction model such as the OSNR streamlines this testing process by calculating the speech intelligibility that a CI user would have across various listening conditions.

"This research has the potential to drastically reduce the amount of time that we need from our volunteers," said Swanson.

More than reducing volunteer testing time, the OSNR method could mean that personalized configurations of CIs are soon possible for hearing loss patients.

Currently, because of the difficulty of CI testing, only a few algorithm parameter combinations are typically tested for each CI recipient. Finding a recipient's optimal configuration is a challenge.

"For practical reasons, few parameter settings are set for a specific recipient," lead author Greg Watkins, PhD, told The Hearing Journal. "Threshold and maximum levels are set, and a small number of other parameters might be changed."

But if ideal configurations could be accurately calculated, each patient's CI algorithms could be specifically configured to suit them best.

"Although the prediction methodology was designed as a lab tool, it does provide potential to evaluate different sound processor configurations for an individual 'on the bench' rather than in a sound booth," Watkins added. "Potentially, this metric could be used to develop configurations, which are customized to an individual recipient's unique hearing capabilities."

How did his team confirm the accuracy of the OSNR method?

"The prediction method was designed to predict how accurately individuals would understand speech if their sound processor algorithm was changed or reconfigured," Watkins explained.

"The method takes existing 'reference' speech scores in one condition and maps them to a metric, the OSNR, to provide a map from OSNR to a speech score. Using computer simulation, the OSNR value for other listening conditions or sound processor configurations are calculated, and the reference score map is used to predict speech scores in the new condition.

"The method has been shown to be accurate for a range of noise types and sound processing conditions. It seems best suited to predicting performance when significant non-linear processing causes changes to the instantaneous gains applied during sound processing."

An accurate prediction model would be highly valuable for clinicians hoping to maximize the benefit of CIs for their patients. Watkins himself knows the value of this from his own hearing loss history.

"I am an electrical engineer by training and worked in the telecommunications industry, in product development and project management, for many years. About 15 years ago, I started to experience hearing loss and this motivated me to return to university as a part-time PhD student at the University of Sydney, Australia," he shared.

"My motivation was the idea that my technical experience and living with a disability might bring a new perspective to some of the challenges with CIs. During my studies, I received bilateral CIs and began the process of learning to hear with them—which is a process in itself and is not something that happens overnight."

This study provides an opportunity for customized configurations or perhaps additional sets of "preferred configurations" that could be selected by an audiologist, said Watkins. "When? That depends on interest from [CI] manufacturers."

>>StageTEXT **Caption Shows in the North West**

The Lowry theatre, Media City, Salford Quays, Manchester
The Lion, the Witch and the Wardrobe, Thursday 16th December, 7pm
January 2022
Wed 5 Jan 2022, 2:30pm The Strange Undoing of Prudencia Hart
Royal Exchange Theatre, Manchester

Wed 5 Jan 2022, 7:30pm The Strange Undoing of Prudencia Hart
Royal Exchange Theatre, Manchester

for more information about upcoming shows check the link below
http://www.stagetext.org/whats-on?date=12-2021&region=4

Out and about at last!

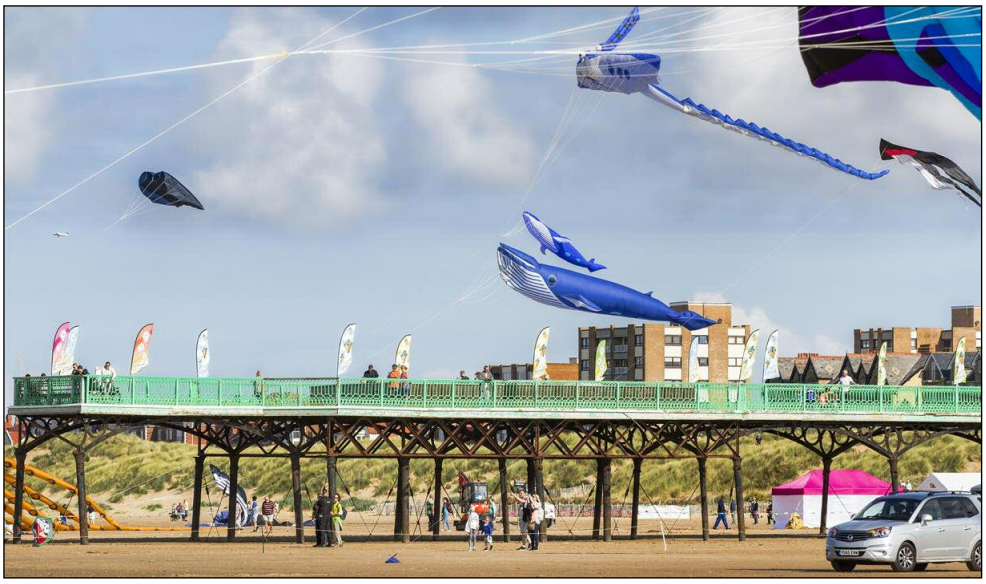
The very popular St Anne's Kite Festival took place on St Annes Central Beach, from 3rd, 4th and 5th September with Kites of all shapes and sizes from all over the UK. The annual Kite flying event held on the beach is one guaranteed to 'Blow the cobwebs away' and certainly looked lively.

Also spotted amongst all the colourful aerial exhibits were our own intrepid explorers, Beryl Hardman and Lynn Grimshaw enjoying the fun of the seaside.

It would be an understatement to say that they were colourful but they looked well against a grey sky

I'm sure the Seagulls were a little wary of this collection of items!

Definitely some 'fish out of water here'



Lip reading corner

This section of the magazine is going to be a regular feature in future editions of Resound. Many of us consciously or unconsciously lip read when talking to others, and this has become infinitely more obvious during the pandemic.

Barbara

We have two members, Barbara Hitchins and Alison Cookson who are both active members of ATLA and deliver lipreading classes in the North West.

Alison

This is a note from Barbara in response to my enquiry about Lipreading classes.

"With lip reading, some classes are being resumed. Alison Cookson and I returned to teaching in June, and I think we will see more classes going back over the next few weeks. I don't think there are a lot of classes in the North West yet, however the pandemic was an opportunity for people to develop new skills, and they are teaching online.
Some may go back to face to face, but some will continue online.
The advantage is that teachers don't have to find and pay for a venue, so there no travel costs either. For students, there's no travelling, classes are run at a greater variety of times, including evenings and weekends, and if there's no local class, they may be able to find a suitable online class.
It means the social side of classes is less easy, but at least everyone should be able to find a class. If anyone is interested in joining a lip reading class, they can go to atlalipreading.org.uk and click on classes. They can then search for a town to see if there are any classes.

If they're interested in online classes, they should enter the search term OnlineOnly, and it will come up with a list of classes."

The following item is a summary of research done by Nottingham University into the experiences of cochlear implant patients

Contrary to common belief, lip reading can have a beneficial effect for those with cochlear implants. Researchers found the more a person's brain responded to lip reading, the more responsive the brain became to sound delivered through the implant.

A study run by Nottingham University, found that lip-reading may have a beneficial effect on the brain and on a person's ability to hear with a cochlear implant, contrary to what was previously believed.

Currently, when someone receives a cochlear implant, clinical professionals delivering rehabilitation encourage them to focus on the sound only, and to avoid reliance on visual language (such as lip-reading) for fear that it will limit how well they are able to learn to hear with their

cochlear implant.

The study, that was published in the journal PNAS, found that, in contrast to existing theory, the more a person's brain became responsive to lip-reading the more it also became responsive to sounds delivered through their cochlear implant, and the better they were able to hear. The results could inform future rehabilitation of people with hearing loss who have implants fitted.

The team of hearing experts at the NIHR Nottingham Biomedical Research Centre used a brain imaging method called fNIRS (functional near-infrared spectroscopy) that uses light to measure brain activity.

The technique works by shining harmless infra-red light into the head to measure how much oxygen different parts of the brain are using – the more oxygen being used, the more active that part of the brain.

Lead researcher on the project, Dr Carly Anderson, said: "Up to now, there has been no scientific evidence of a link between how the hearing parts of the brain respond to visual speech and how well a person can hear with their cochlear implant.

It is difficult to measure brain activity in people with implants as the device has magnetic and electrical parts that are incompatible with well-known scanning methods like MRI. So we studied deaf adults who received cochlear implants from the NHS Nottingham Auditory Implant Programme and used infra-red light to examine brain activity instead.

"We measured how hearing parts of the brain responded to visual speech before the volunteers received their cochlear implant, and then again 6 months after the implant had been switched on. From this we could see how their brain activity changed over that time.

We also tested how well they could hear speech with their implant 6 months after switch-on, using speech tests which require volunteers to repeat back spoken sentences played to them."

Dr Douglas Hartley from the NIHR Nottingham Biomedical Research Centre and ENT Consultant Surgeon at Nottingham University Hospitals NHS Trust, said: "The results of the brain imaging were very interesting and revealing. We found that the brain response to lip-reading did not need to decline from before to after implantation for a person to hear well with their cochlear implant.

Instead we found that a greater increase in the brain response to lip-reading was linked to better hearing ability, as well as a greater increase in the brain response to auditory speech."

The study shows that activation of hearing parts of the brain by lip-reading does not limit the ability of these brain regions to be activated by speech sounds heard through the implant, nor does it limit the ability to hear with a cochlear implant.

In fact it shows the opposite: increased activation by lip-reading could help achieve greater restoration of hearing following cochlear implantation.

In other words, visual cues may help people with cochlear implants rather than hinder them.

Source: University of Nottingham

Original Research: Full open access research for "Adaptive benefit of cross-modal plasticity following cochlear implantation in deaf adults" by Carly A. Anderson, Ian M. Wiggins, Pádraig T. Kitterick, and Douglas E. H. Hartley in PNAS. Published online August 14 2017 doi:10.1073/pnas.1704785114

Cochlear Implant Myths and Facts

There are lots of rumours about cochlear implants out there. But just how true are they? We're here to set the record straight about these 10 common cochlear implant myths.

MYTH 1: Cochlear implants are only for young people
Fact: There's no upper age limit for getting a cochlear implant, and lots of people get CIs in their eighties or nineties. Studies even show that older cochlear implant recipients have significant improvements in speech perception.

MYTH 2: Getting a cochlear implant requires brain surgery
Fact: There's absolutely no brain surgery involved in getting a cochlear implant. The implant itself sits under skin behind the ear and an electrode is inserted into the cochlea, which is in the inner ear. The surgeon doesn't need to go near your brain at all.

MYTH 3: You can't have an MRI with a cochlear implant
Fact: All our modern multi-channel cochlear implants are suitable for MRIs at 1.5 Tesla. And, thanks to their special magnet design, our SYNCHRONY series implants can even undergo MRIs at 3.0 Tesla.

MYTH 4: A cochlear implant will destroy whatever hearing you have left
Fact: The inner ear is very delicate, but our cochlear implants have soft and flexible electrodes that are designed to preserve those delicate structures. That, combined with ever-improving surgical techniques, helps keep residual hearing in place.

MYTH 5: You can't go swimming with a cochlear implant
Fact: The implant itself sits under skin, so is protected from water and safe to swim with. The external audio processor is usually just splashproof though. This means you should either remove it before you swim, or apply a waterproof accessory like WaterWear, so you can still enjoy sound in the pool.

MYTH 6: You can't appreciate music with a CI
Fact: Plenty of cochlear implant recipients enjoy listening to music, and many are even talented musicians themselves. Of course, rehabilitation and practice are important to get the most out of music.

MYTH 7: Cochlear implant users can't be near WIFI devices
Fact: WIFI devices don't affect cochlear implants or their audio processors, and you don't need to worry about being near them.

MYTH 8: Cochlear implants need to be replaced regularly

FACT: Cochlear implants themselves are built to offer a lifetime of hearing and you shouldn't need to replace them for decades. But most people usually upgrade their external audio processor every few years so that they can benefit from the latest technology.

MYTH 9: You can't fly with a cochlear implant
Fact: Flying with a cochlear implant is no problem! Still, it's a good idea to let the security team at the airport know that you have an implant, because it might set off security scanners.

MYTH 10: After CI surgery, I'll hear immediately
FACT: After having your CI implanted, you'll usually have to wait a few weeks until your cochlear implant is activated. It's also important to keep in mind that it takes some time and practice to learn to hear with a cochlear implant, which is why rehabilitation is so important.

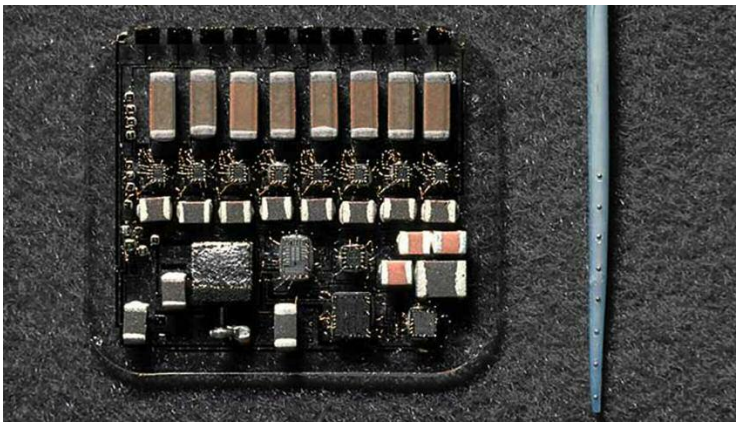
The Early History of Cochlear Implants and MED-EL

Hundreds of thousands of people around the world can hear thanks to our implants. But getting here was a long journey. It goes back almost 50 years to when MED-EL CEO Ingeborg Hochmair and her husband Erwin pioneered the modern multi-channel cochlear implant. Let's step back in time and take a closer look at how it all began.

The Start of Cochlear Implant Development

In 1975, Ingeborg and her future husband Erwin Hochmair were studying cochlear implant development at the Technical University of Vienna.

At the time, there was a lot of scepticism about whether it was even possible for a cochlear implant to help treat deafness. But the Hochmairs knew what they wanted to accomplish. "Our very optimistic goal was to design an electronic implant that would enable the user not only to hear sounds but also to provide the ability to understand some speech," Ingeborg said.



A big step towards this goal was made in 1977: On December 16, 1977, a cochlear implant designed by the Hochmairs was surgically implanted at the University Clinic in Vienna by Prof. Kurt Burian.

Ground-breaking Hearing Technology
Just like modern cochlear implants, the first cochlear implant had two primary parts: an external processor that turned sound into electrical signals and an internal implant that sent information to the brain. The implant itself had two sections: a computer that received information from the external processor, and an electrode array that is put into the ear. Its computer chip worked with a long electrode array that provided electrical stimulation to many different parts of the cochlea. This was done because early research showed that where the

stimulation happened would change the perceived pitch of the sound, just like what happens in a piano: press keys that are far apart and they will sound very different.

The electrode array also used a special design pioneered by the Hochmairs: wave-shaped wires. These wires were inside of the electrode array and allowed the electrode array to be really flexible so it could softly fit inside of the cochlea, which is about the size of a pea. These special wires also help to provide Structure Preservation, which means preserving the delicate nerves that are inside the cochlea.

This first cochlear implant, like all others at the time, helped the recipients to hear sound but understanding speech was still difficult and at the very least required the recipient to watch the speaker and lip-read closely.

Understanding Speech with a Cochlear Implant

One of the most famous early recipients of a Hochmair cochlear implant is Connie, as she was known in scientific journals.

Connie worked closely with Ingeborg in these early years. She received a Hochmair cochlear implant in 1979 and was so enthusiastic that she would spend hours and hours with Ingeborg testing different ways that the implant could send electrical information to the cochlea. These tests formed the foundation of how today's MED-EL cochlear implants process sound. "One cannot avoid being passionate about clinical medical research in the field of CIs because of the close contact and trustful cooperation with users," Ingeborg said.

Connie soon was part of making the Hochmair's first goal a reality. After she received a new processor in March, 1980, she was the first person ever who used a cochlear implant to understand speech by only listening: she did not need to lip-read or have visual cues as to what words were being said. At last, just five years after they started their research into cochlear implants, the Hochmairs had achieved their goal and set the direction for the cochlear implant development that still continues today.

Founding MED-EL and Pushing Forward

Carrying out research, developing new hearing solutions for different types of hearing loss, and improving our products to provide our users their best possible hearing—that's part of the everyday work of the Hochmairs and a team of experts from around the world in our MED-EL headquarters in Innsbruck, Austria.

Ingeborg and Erwin moved to Innsbruck with their recently founded start-up company MED-EL, and in 1990 hired the first employees. In the following decades, we invented multiple new hearing solutions and achieved many milestones in hearing technology development.

Today, more than 2,200 people from around 75 nations in 30 locations worldwide work for MED-EL. But one thing has stayed the same throughout the years: MED-EL's mission to overcome hearing loss as a barrier to communication.

Want to learn more about the history of MED-EL and the milestones in hearing technology? Then discover more on https://www.medel.com/about-medel/our-history.

MED-EL's Brand-New Design Cover Collection

No matter if you use RONDO 3 or a SONNET 2, Design Covers are a great way to change the look of your audio processor and adapt it to your style. At MED-EL we know that lots of you like wearing different styles and couldn't wait to try new designs. That's why we're excited to show you our brand-new Design Cover collection. The covers are available for RONDO 2, RONDO 3, the SONNET series audio processors (DL-Coil). You can order them from your local Webshop, scan the QR code shown here

SCAN ME

Now, let's take a closer look at the designs!

MED-EL Meets Marble

Whether you prefer black or white, with the new "Black Marble" and "White Marble" designs you can create an elegant and timeless audio processor look that makes you stand out immediately.

A trip to the jungle, dreaming of golden autumn days, or traveling back in time? Escape everyday life and dress up your audio processors to match your mood. The "Tigers", "Autumn Leaves", and "Retro" designs make our new Design Cover collection complete. Which one do you like best?

Your favourites for CI Audio Processors

Have a cochlear implant, but want to show off our popular strawberry design? We've got good news: "Very Berry" and "Night Sky"— are now also available for SONNET, SONNET 2, RONDO 2, and RONDO 3.

NHS Manchester University NHS Foundation Trust

Implant Team update

from Lianne Riley - Adult Rehabilation Audiologist

In terms of activity we can now see more patients for assessment and mapping, this was initially limited to control the flow of patients coming into the hospital.

The ENT doctors have started doing more surgeries now that there is less pressure for operating theatres. Understandably there is still a backlog of patients awaiting surgery but we are working hard to get through this.

Our repairs clinic still remains a booked appointment only service and patients can request an appointment by emailing the department using:

auditory.implant@mft.nhs.uk

We have a new member to the adult CI team – Dave Jay, he has a dual role – assessing patients prior to surgery to check for balance problems, this sometimes helps the ENT doctors decide which ear is best for a CI. He will also be doing some hearing assessments and mapping.

We have two CI champions in the department now, myself and Jenny Griffin, our role is to ensure that all patients and their families are offered a referral for a CI assessment in a timely manner. We have been auditing our patient population to ensure that we are meeting the needs of our patients and that our audiologists are well informed about cochlear implants and what a patient can expect from assessment through to rehab following switch on.

Notes

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

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

Either email secretary@manchestercicada.org.uk

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

CICADA

Website:www.manchestercicada.org.uk

Facebook group:Manchester CICADA club

Secretary direct contact:Text 07533217730

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

Manchester Implant Centre

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

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

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

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

National Support organisations

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

Equipment Suppliers for Deaf People

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

COVID-19 information links.

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

https://www.gov.uk/coronavirus

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

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

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