

# Sound Matters

NCIP

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Northern Cochlear Implant Programme

## Introducing Laura Le Roux, Audiologist



### Laura Le Roux

Laura joined The Hearing House in August 2014. She graduated with a Masters of Audiology in 2010 and started at Dilworth Hearing in Epsom where she began working in adult cochlear implant rehabilitation as well as hearing aid rehabilitation and diagnostic testing. In 2012, she took on the clinic manager's role at Dilworth Hearing in Howick, and at the same time ran Dilworth's cochlear implant programme. She continues to work part-time for Dilworth Hearing, but is now part of The Hearing House team on Fridays and Saturdays.

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## Introducing Megan Levi, Audiology Assistant

Megan joined The Hearing House team in January 2014. Having finished a Diploma of Business in 1996, she worked in Accounts Payable at Hyundai Automotive NZ Ltd for eight years. In 2002, she took leave to have her first son and went on to enjoy being a stay-at-home mum to her three sons and developed her interest in Early Childhood Education. From 2009-2013, Megan joined the Good Seed Trust and worked alongside Pasifika and Maori families at a Certified (MOE) Community Playgroup she ran in Mangere East. During this time, Megan attended many courses in Early Childhood development and learning and enjoyed her work building relationships with the families that attended. She took a special interest in encouraging children 0-5 years and their families to learn and play together. These skills are now well used in her role as she with the under-fives during their audiology appointments at The Hearing House.



## Who's on the NCIP Audiological Team?

### ADULT

Ellen Giles - CI Rehabilitationist  
Caroline Selvaratnam - Audiologist  
Derek Hadfield - Audiologist

### PAEDIATRIC

Leigh Martelli - Audiologist  
Ruth Lin - Audiologist  
Claire Spence - Audiologist  
Laura Le Roux - Audiologist  
Megan Levi - Audiology Assistant

## Paediatric & Adult Programme Updates

### UPDATE ON PAEDIATRIC NUMBERS

Age (years)	Implants received in the past 8 months (01/04/14- 31/12/2014)			
	Public	Private	Re-implant	Total
0-2	16	0	0	16
3-5	16	0	1	17
6-12	6	3	0	9
13-19	10	0	0	10

Thirty-four children have received cochlear implants since April 2014. In total, 52 ears were implanted. There is a significant increase in numbers since the last issue of *Sound Matters*. Notably, a large proportion of the children who received implants were under the age of six years, which is most likely due to the new Government funding for bilateral implantation released on July 1st 2014. Bilateral CI funding was announced during this period for:

- Children under the age of six who received one CI through NCIT prior to 1 July 2014
- From 1 July 2014, children undergoing CI assessment will be funded for bilateral CIs. Sequential CI surgeries will be considered if there is a clinical need.

Only one child underwent re-implantation due to an accident which resulted in the internal device shifting. At the time of this publication, there are still 16 children under assessment or awaiting surgery for a cochlear implant.

### UPDATE ON ADULT NUMBERS

The financial year commenced July 2014 with 20 implants being allocated for the year. Progress to-date is detailed below:

Implants completed 01/07/2014 - 13/01/2015	
Number of adults implanted with full funding	10
Number of adults scheduled for surgery with full funding	7
Still to allocate	3

- Please note that the subsidised cochlear implants scheme is no longer being offered.

Adult numbers 2014-2015 year (as of 13/01/2015)	
Number of adults in assessment	10
Number of adults referred but not yet ready to start the assessment (referred to Hearing Therapists in the local area for further testing)	10
Number of adults on eligibility list	73
Number of adults 'on review' - not yet in criteria but close to meeting the criteria	29

The new adult referral template continues to work well; we appreciate receiving the complete diagnostic information with the referral — including the Real-Ear Measurements (REMs) — so we can schedule adults for assessment within a few weeks of receiving the completed referral. The **referral rate** for the July 2014 to December 2014 was an average of seven adults per month; this is in line with our usual rate of seven per month (in 2013-2014 year) .

### ADULTS WITH COCHLEAR IMPLANTS

Young people transfer to the adult programme from the paediatric programme at age 19 years; 12 young adults with CIs are expected to join the adult programme in this financial year. Last year, 11 children transferred across to the adult programme. A total of 331 publically funded adults are being supported by the programme as of 14/01/2015.

## Remote MAPping - Reaching Out-of-Auckland and Cochlear Implant Users

One of the challenges for the paediatric CI programme has been working with CI users and their families who live outside of the greater Auckland area. Some families travel long distances, which can take up to four or five hours. There are usually 10 appointments within the first year following cochlear implantation.

The Hearing House Audiologists have been involved in trialling remote CI mapping sessions with school-aged children from nine families who are mainly in the Waikato and Bay of Plenty areas. The sessions involve enlisting the help of an assistant who visits the child locally, either at the local hospital, clinic, home, or school. The assistant has mostly been the CI habilitationist who also works with the child and can combine a habilitation appointment with the mapping session.

The remote mapping session involves the audiologist using software called *Team Viewer* to sign in from their clinic in Auckland and take over the laptop carried by the assistant at the local destination with the child. The assistant is responsible for connecting the CI processor to the laptop, while the Audiologist navigates the CI mapping software. Simultaneously, a Skype session is conducted on a separate iPad or tablet to maintain face-to-face contact between the audiologist and the patient.

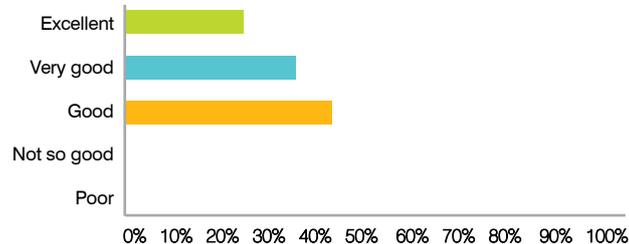
A small online survey about the remote mapping sessions has been conducted for the children and their parents. Only two parents have responded, so their results will not be included here. Positive responses have been reported from the children so far.

As indicated in the graphs below, all participants in these remote mapping sessions have reported “good” to “excellent” sound quality for the session, as well as the quality of their CI maps produced. Apart from one child who reported their Audiologist’s image “kept freezing on the screen”, the rest were happy with quality of the image and found it helpful that they did not have to travel to Auckland for the session.

Positive comments have been made by most of the children indicating they enjoyed the use of the iPad and having the sessions at school. One very mature young patient even reported that “remote mapping means my parents can work as usual. We save a lot of petrol, and we don’t get tired, stiff, and sore from the travelling.” It is hoped further development of remote mapping will continue with families living in other locations in the near future.

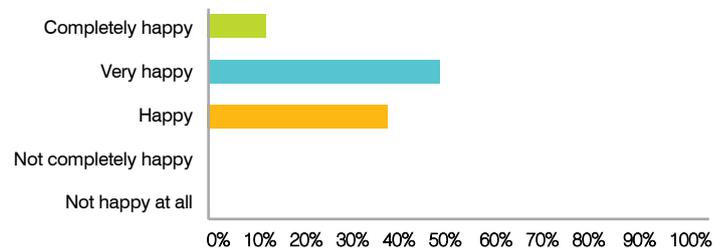
**Q1. What is your opinion of the general sound quality (Your ability to hear the audiologist via the internet) during the session?**

Answered: 9 Skipped: 0



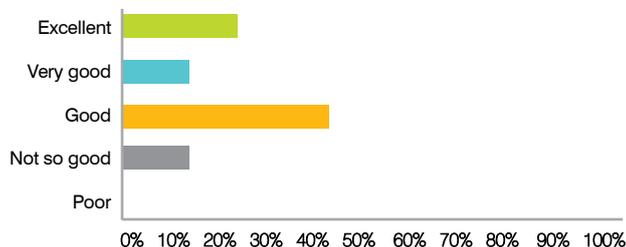
**Q4. Are you happy with the sound your MAP made in this session?**

Answered: 9 Skipped: 0



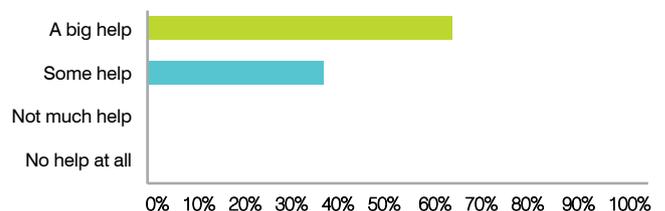
**Q2. What was the picture on the screen of the audiologist like?**

Answered: 9 Skipped: 0



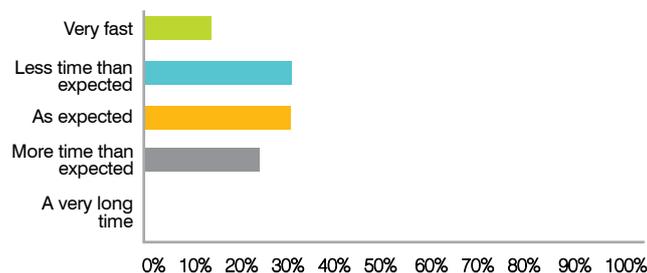
**Q5. Do you think MAPping in this way would be a big help to your family?**

Answered: 9 Skipped: 0



**Q3. How fast was the MAPping session?**

Answered: 9 Skipped: 0



## Cochlear Implant Recipients

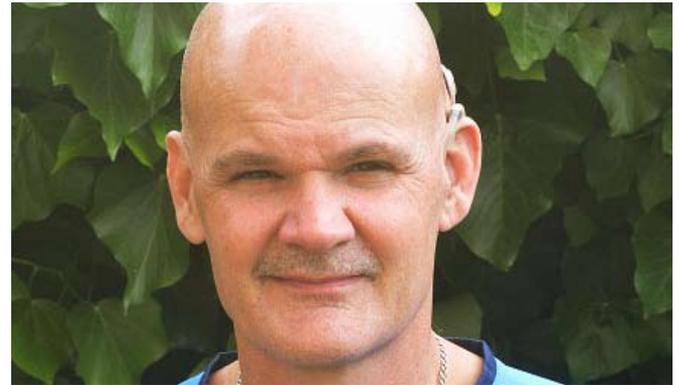


### DYLAN HAMILTON-RALPH

Dylan's hearing loss was suspected when his parents became worried about his speech and language clarity. His kindy referred him to speech and language therapy, and he was then referred for audiology. The hearing test revealed a mild, steeply sloping to severe, sensorineural hearing loss in July 2012. Dylan was fitted with hearing aids and responded well to them at the time. Genetic testing ordered by his ENT specialist revealed that Dylan has a mutation in the Pendrin Gene, associated with bilateral sensorineural hearing loss. A CT scan also showed enlarged vestibular aqueducts (EVA), which can exist as a result of the same mutation.

Unfortunately, in early 2013, a knock to his head in the swimming pool resulted in a sudden drop in his hearing, which can occur with the EVA diagnosis. As a result of this injury, Dylan lost good access to his high frequency hearing (above 2000 Hz) in both ears. This was a difficult period of time for him as he could not communicate well with others around him. His parents also felt this was contributing to his poor behaviour at the time. Dylan received a cochlear implant in his left ear, was switched on in June 2013, and has progressed really well since that time, with good access to sounds across the speech spectrum.

He currently also wears his hearing aid in his right ear and enjoys his CI as it allows him to go swimming when used with an Aqua+.



### NEIL CORDES

I started wearing a hearing aid in my early twenties. In my early thirties, I started having hearing fluctuation where it would come and go. I learned to accept this, as I had no other option. The CI wasn't an option at that stage, so I had to get on with life. (My fluctuations went on for around 22 years).

At the end of Jan 2013, I had a major hearing fluctuation where I lost all hearing in my left ear (my right ear has very little hearing). I had no hearing for about a month; it was very scary until one day I noticed a little coming back each day. Then, after a week or so, 'bang' it happened again! This happened a lot over the next six months. I found I could not function well at work or at home; plus, it affected my social life.

I was assessed by the CI team and put on the waiting list for a Cochlear Implant. In July 2013 I had great news; I was given funding to have Cochlear Implant surgery on my left ear. This was scheduled for August 2013 with switch on in September 2013. I was excited about this as it was going to change my life. Switch on was magical, I could hear clearly right from the start, I could even hear on the phone too. Wow!!!! (I didn't know what to expect). From there on, my brain was asking for more and more; I guess I caught on quickly. Today, I am hearing more than I could for years. I am still getting adjustments because my brain is still requesting more!! I really did benefit from having a Cochlear Implant, and I wish to thank the CI team for helping me with my journey

## REFERRALS & FEEDBACK

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