Scottish Cochlear Implant Programme

NHS Ayrshire & Arran

When referring a patient with severe to profound hearing loss, we would be very grateful if you could also provide information on:

- **Hearing history** - when the patient started to go deaf in each ear and if/when they stopped using the telephone.

- **Hearing aid use and history** - to identify when hearing aids were first fitted and to identify any gaps when they weren't used. Information on current hearing aid type, settings and data logging is useful too if possible. This can help us decide the best ear for implant.

- **Salient points from the medical history**- this will help "flag up" in advance any anaesthetic/surgical issues. If you are referring as an audiologist, GP letters, or patients themselves can sometimes provide this information.

- **Whether there is any MRI or CT of temporal bones on PACS** – we are of course able to carry out MRI or CT here at Crosshouse, but it is very helpful if there is existing imaging that can be used. This reduces anaesthetic and waiting list time for infant assessments and can save repetition and radiation dose for many patients.

- C**opies of at least one recent audiogram** - to compare with ours and corroborate hearing assessment. This is also very useful for triage.

- M**ode of communication** - please make us aware of the patient's main mode of communication (oral/aural, sign language etc.) and whether they have acquired intelligible speech. Speech quality is an important marker of auditory exposure during the critical speech acquisition window of birth to three years. This helps us determine candidature.

Congenitally deaf older children and adults – the main aim of cochlear implantation is to enable patients to communicate orally/aurally. Cochlear implantation is of little or no benefit after the age of 5 years old in those who have not developed functional spoken language.

Children: As you will be aware, outcome of implantation in children is time sensitive; **therefore we would be grateful if you would refer any child with a bilateral severe OR profound ABR <u>at three to six months</u> (chronological age).**Ideally we aim to implant most children at 12-18 months of age if possible.

If in doubt please refer. We are always happy to offer our opinion on any case.

On behalf of the Cochlear Implant Team.