

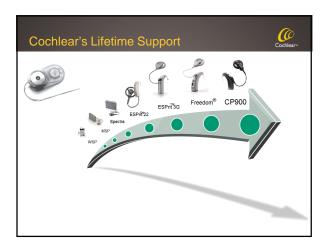
Learning Objectives

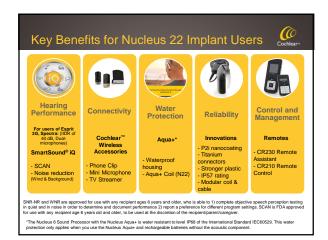


 Perform Nucleus 6 upgrades for Nucleus 22 recipients in an efficient manner, to optimize patient outcomes.



- Effectively counsel recipients on the functional aspects of their upgrade.
- Implement programming adjustments to address the most common patient feedback encountered when upgrading from previous technology.

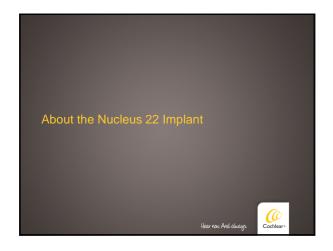


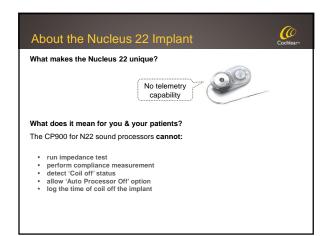


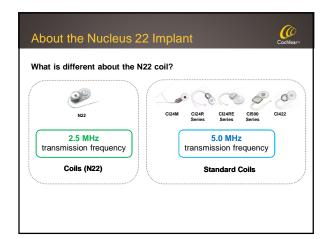
People are very openminded about new things,
as long as they are exactly like the old ones.

Charles F. Kettering









Programming the Nucleus 22

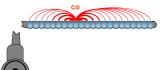


- SPeak is the only sound coding strategy
- Uses up to 20 channels
- Stimulation modes: Bipolar (BP, BP+1, etc.), CG, Variable Mode, or Pseudomonopolar
 - Your upgrade patients will not likely need changes to stimulation mode
- When re-MAPping, each T and C must be measured individually as interpolation is not allowed in the software
 - If patient was recently programmed, consider simply converting
- Gain adjustments may have been made if recipient does not use ADRO (ADRO available in Freedom only)
 - Reducing gains = less likely channel will be chosen for stimulation
- Increasing gains = more likely channel will be stimulated

Common Ground Mode



- Most diagnostic for short and open circuits
 - Allows you to isolate individual electrodes
 - Historically used with children to monitor individual electrodes
 - You may see patients in this mode; recommend maintaining "as is"

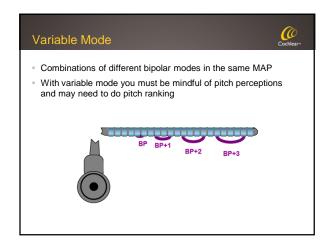


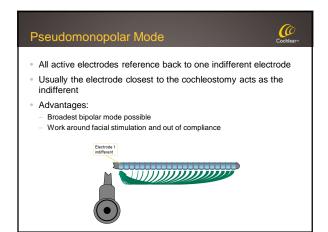
Bipolar Mode

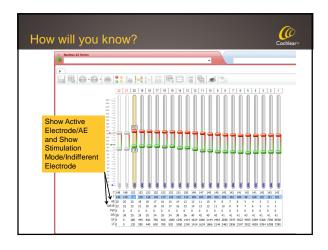


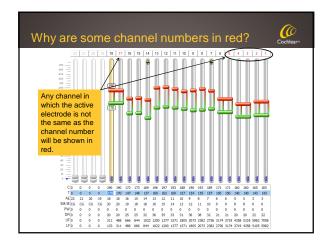


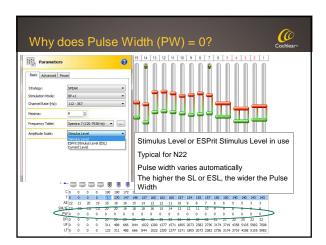
- The wider the BP mode the more neural elements are recruited
- The wider the BP mode the less current you need to stimulate
- Wider modes often used to work around facial nerve stimulation and out of compliance electrodes
- Note that new Nucleus 22 processor MAPs will default to BP+3, but that may not be the mode historically used by the recipient
- Typically convert from current processor's MAP as opposed to creating a brand new MAP
- If you must create a new MAP, obtain CDX or a print-out of old MAP
- > Otherwise, pitch percept may be different

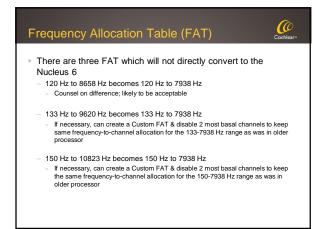


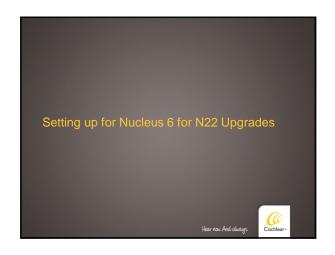


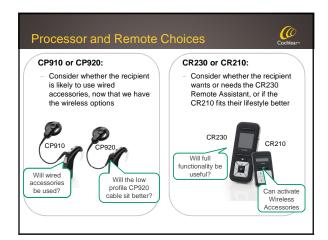




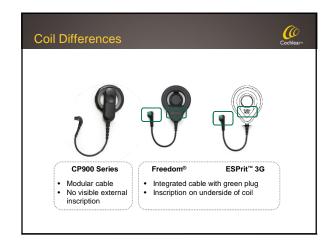


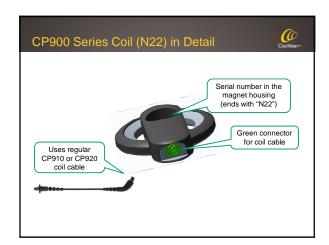


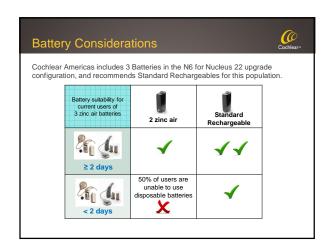


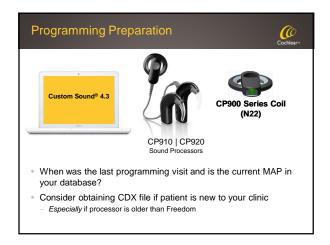


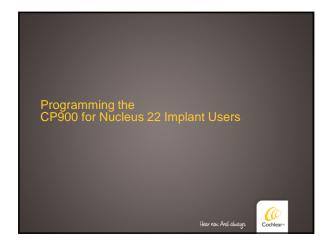




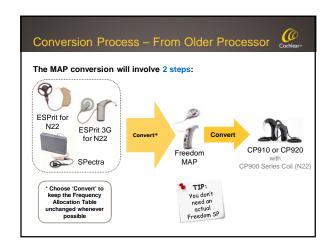


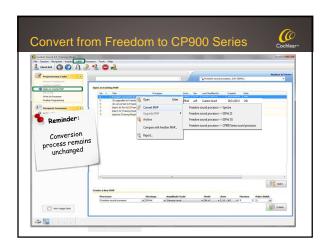




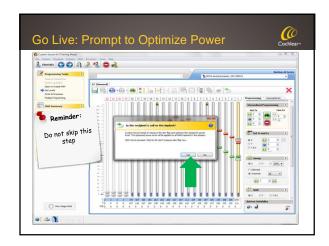






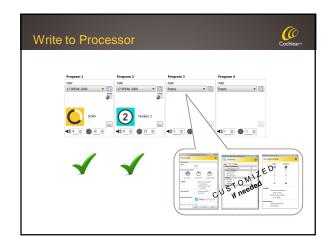


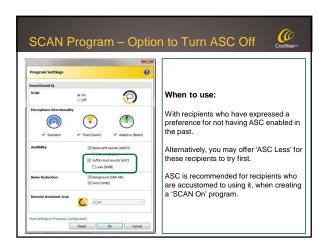


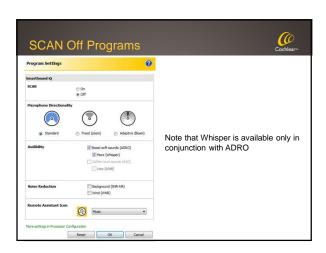


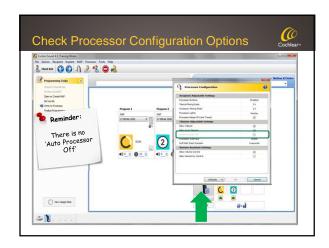


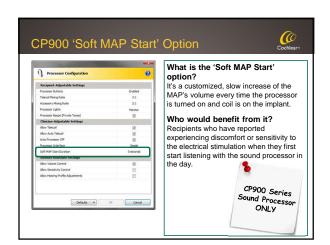


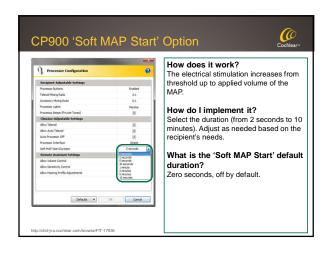




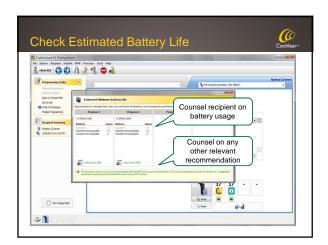


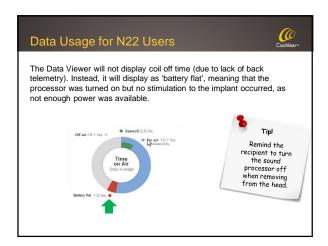




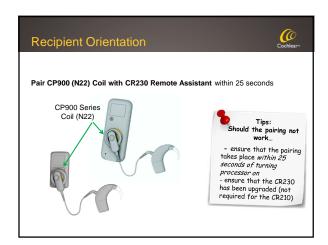


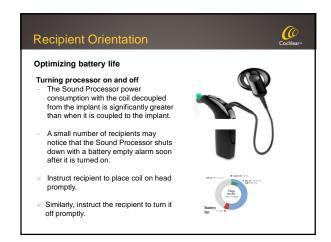






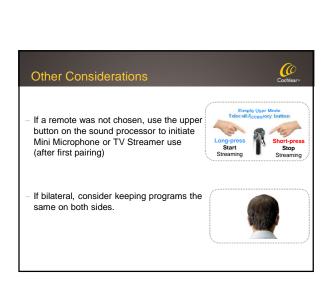


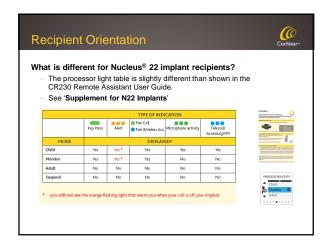


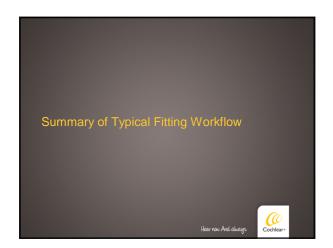




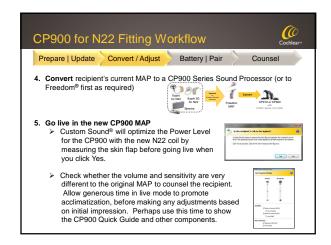


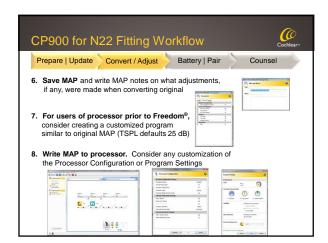


















As you explore the world of sound around you, know that you are not alone. You are part of the Cochlear Family. We are here, providing the resources and support you need now and for years to come.	
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