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- Something is blocking the transmission of airborne vibration of air particles striking the Ear Drum (tympanic membrane)
- •Wax (Cerumen) or other debris
- •Malformed or blocked ear canal
- •Collapsing ear canal



### **Conductive Hearing Loss**



- $\bullet$  Something is blocking the transmission of airborne vibration of air particles striking the Ear Drum (tympanic membrane)
- •Tympanic membrane perforation
- Tympanosclerosis
- •Cholesteatoma
- •Disarticulation or malformation of the ossicles.
- •Surgical alteration of the middle ear for disease management



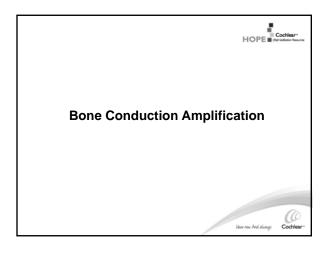
### **Treatment Options Conductive Loss**

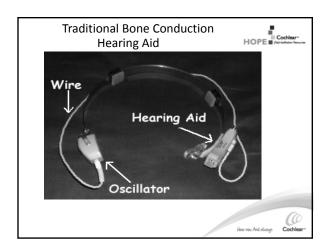


- Medical/Surgical: Removal of foreign body, surgical alteration of ear canal (Canalpalsty)
- •Myringotomy with vent tubes (Pressure Equalization Tubes PE Tubes)
- •Tympanoplasty
  •Mastiodectomy
- •Middle ear reconstruction
- •Amplification (hearing aid fitting)

Note: Amplification will be dependant upon the condition of the outer/middle ear. If infection and/or drainage is present, this may contraindicate use of traditional air conduction hearing aids







# Traditional Bone Conduction Hearing Aid This device is a conventional Air Conduction hearing aid (Power Device) that has been modified to drive a Bone Conduction Oscillator. All of this is mounted to a spring steel band and is worn on the head. The spring steel band produces sufficient force to allow the vibration from the oscillator to drive the skull. Net Result: A VERY tight fit, often resulting in discomfort.

### Traditional Bone Conduction Hearing Aid

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Due to the configuration of traditional Bone Conduction devices, long term compliance with wearing has been a problem.

There is also a loss of vibratory energy because of the soft tissue between the oscillator and the actual skull.



### Bone Anchored Hearing System

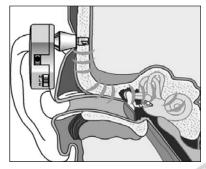




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### Bone Anchored Hearing System





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### Bone Anchored Hearing System



- •Since this approach requires a surgical procedure, there exist specific criteria for candidacy for the procedure
- •The recipient must be 5 years or older and should have healthy bone
- •The recipient should be able to support good personal hygiene in the maintenance of the abutment site



### Baha System

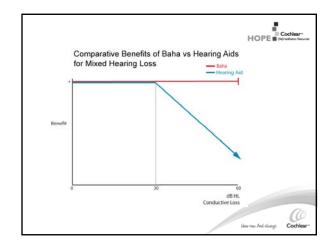


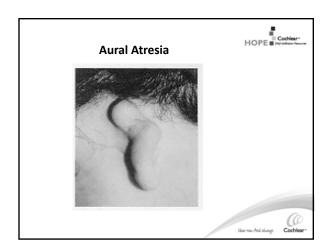
## FDA Indication Criteria Mixed and Conductive Hearing Loss

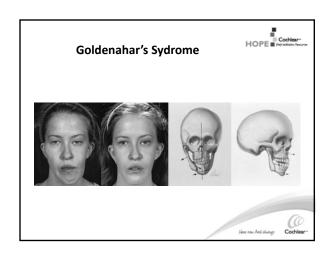
- > 5 years of age
- $^{\bullet}\underline{<}$  45 dB HL BC pure tone average (PTA) (.5, 1, 2 and 3K Hz)
- •For bilateral fitting Symmetric bone conduction thresholds are defined as less than 10 dB difference in the PTA (.5,1,2, and 4K) or less than 15 dB at individual frequencies.

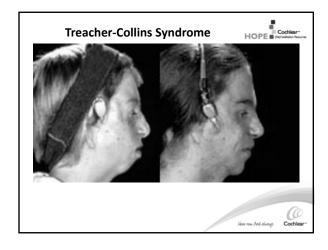


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Bone Anchored Hearing System	
Since the Baha Sound Processor can be mounted on a steel test band or the Soft Band, a potential candidate can	
be evaluated or may trial the device to determine clinical outcome. This is the only implantable hearing system	
where this can be done.	
For children under 5 years of age, the Soft Band may be	
used until the child is 5 when implantation of the fixture can be accomplished.	
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Bone Anchored Hearing System  HOPE ■ October Hope System	
The use of a horse conducted solution will account to the	
The use of a bone anchored solution will usually provide a better functional gain result when compared to a fitting of a traditional bone conduction fitting.	
The improved result in bone anchored solutions now positions this	
treatment in a favorable light.	
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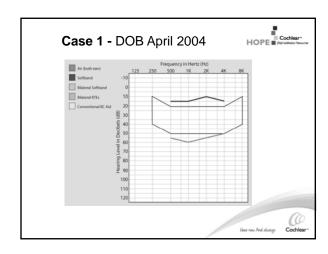


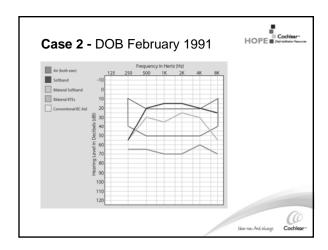
### Arkansas Children's Hospital

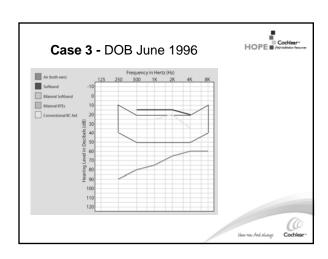


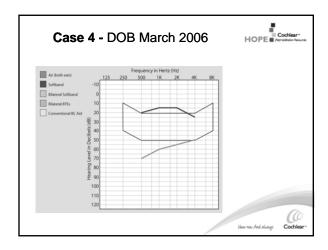
- Arkansas Children's currently following ~100 children utilizing Baha for "permanent" hearing loss
- 60 have or began with Softband
- Treating children with a range of etiologies (i.e., conductive—unilateral or bilateral, SSD, Treacher Collins, atresia)
- Following case studies represent range of children served

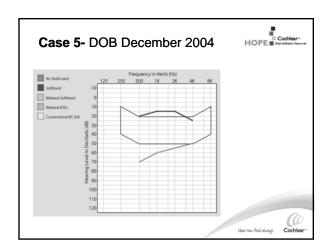












## Related HOPE Online Seminars (Archived) Pediatric Baha: Softband to Implantation (Christensen) Mixed Hearing Loss in Children: What are the Options? (Cire) Using Baha in Young Children: Research and Clinical Considerations for Early Intervention Professionals (Cire)

Upcoming HOPE Online	HOPE	Ochlear*
Wednesday, February 2, 3:00 pm ET  Preparing Students to be Successful in their Lea Environments  Cheryl DeConde Johnson, Ed.D., The ADVant Audiology, Deaf education Vantage-Consulting	age –	
Wednesday, February 16, 3:00 pm ET The Ins and Outs of Language Sampling Ashley Garber, M.S., CCC-SLP, Cert. AVT, Lis Language Connections	tening a	and
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## Early Intervention Workshops 2011



- Facilitating Spoken Language Development for Young Children with Hearing Loss
- One Day Introductory Seminar for Early Intervention and Educational Professionals
- Three More Sites: Albuquerque, NM (Mar 15), San Marcos, TX (March 16), Fairfax, VA (May 18)
- For more information, go to www.regonline.com/hopeworkshops
- Or call Sarah Gard at 303.524.6848, sgard@cochlear.com

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### Helping Adults and Children with Cochlear Implants Enjoy Music Workshops 2011



- One day workshops for professionals; evening (or half day) workshops for adults and parents
- Four more sites scheduled so far (watch for more)
- Toronto (Feb 11/12), Ann Arbor, MI (April 12/13), Houston (April 26/27), Oklahoma City (April 28)
- For more information, go to: <u>www.regonline.com/hopeworkshops</u> or call Sarah Gard at 303.524.6848, <u>sgard@cochlear.com</u>

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# Contact Cochlear • For questions about this seminar, please contact: gcire@cochlear.com • For inquiries and comments regarding HOPE programming, please contact: dsorkin@cochlear.com • For a Certificate of Participation, please send your completed Feedback Form to: • hopefeedback@cochlear.com

