For professionals

Trends in Bone Conduction: Considerations for Treating Both Ears

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CAM-MKTP-682 March 2019

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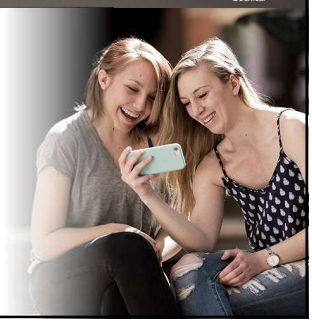
Cochlear

Agenda

- Introduction
- Clinical benefits of bilateral Baha systems
- Baha system candidacy
- Bilateral features of the Baha 5 Sound Processor
- Bilateral fitting considerations



Learner Outcomes

- List the potential benefits of bilateral Baha fittings
- List the candidacy criteria for bilateral Baha fittings and describe the most appropriate candidates for this type of fitting
- Describe the features in Baha Fitting Software that support bilateral fittings for Baha recipients

Using Bone Conduction to Treat Hearing Loss

Conductive and Mixed Hearing Loss

Single-Sided Deafness

Baha® Systems

Baha Connect

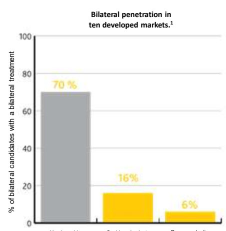
Baha Attract

Non-Surgical

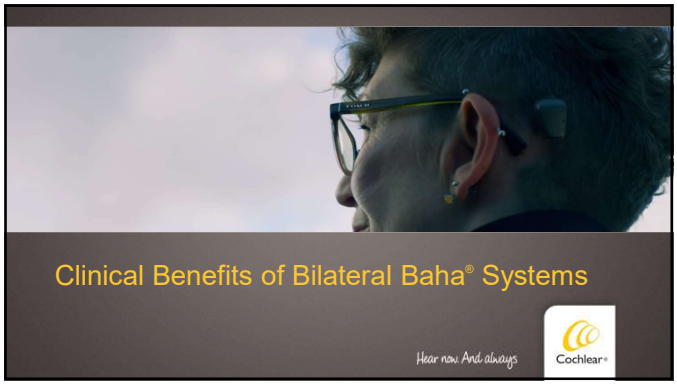
Getting the Best Outcomes for Patients

For decades, treating people with bilateral hearing loss with two hearing aids has been the standard of care. The benefits are well established, and providing just one hearing aid to these people seems counterintuitive to most.

But what about bone conduction?



1. Markets included in the data set are US, UK, Benelux, AU, Nordics, ES, DE, FR, IT, KR. Source for hearing aid penetration data; EuroTrak 2017, designed and executed by Anovum (Zurich). Bone conduction and Cochlear implant data; source data is on file. Cochlear Bone Anchored Solutions AB.


Clinical Benefits of Bilateral Baha® Systems
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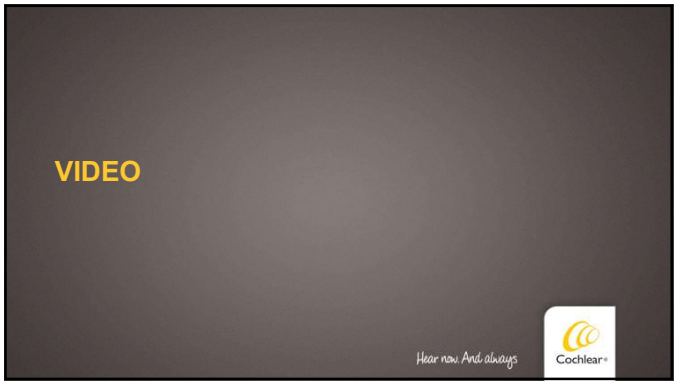
VIDEO
Hear now. And always
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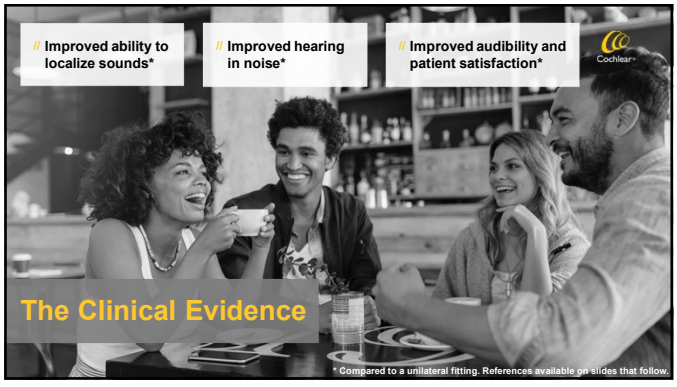

Improved ability to localize sounds*
Improved hearing in noise*
Improved audibility and patient satisfaction*
Cochlear
The Clinical Evidence
* Compared to a unilateral fitting. References available on slides that follow.

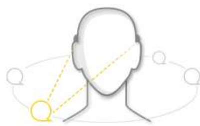
Improved Ability to Localize Sounds

Several studies demonstrate clear localization benefits when comparing a unilateral bone conduction fitting to a bilateral fitting.[1-3]

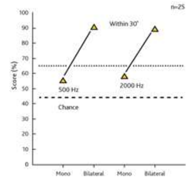
Bilateral patients are able to localize sound within 30°

9 TIMES OUT OF 10

Unilateral patients are close to chance level.[1]



Localization of sound, bilateral vs unilateral[1]



Mono = unilateral fitting
Bilateral = bilateral fitting

1. Bosman AJ, Snik AF, van der Pouw CT, Mylanus EA, Cremers CW. Audiometric evaluation of bilaterally fitted bone-anchored hearing aids. Audiology. 2001;40:158-167.
2. Agterberg MJ, Hol MK, Cremers CW, Mylanus EA, van Opstal J, Snik AF. Conductive hearing loss and bone conduction devices: restored binaural hearing? Adv Otorhinolaryngol. 2011;71:84-91.
3. Dun CA, Agterberg MJ, Cremers CW, Hol MK, Snik AF. Bilateral Bone Conduction Devices: Improved Hearing Ability in Children With Bilateral Conductive Hearing Loss. Ear Hear. 2013;34(6):806-8.

Improved Hearing in Noise

Available clinical evidence suggests that a two ear approach leads to improved hearing in noise.[1-3]

Up to

3.1 dB

improved SNR

when going from a unilateral to bilateral fitting[1]

Difference in Speech Reception Threshold in Noise between bilateral and unilateral bone conduction implant condition

Study	N	Mean improvement in SNR with bilateral vs unilateral BCI
Bosman et al.[2]	25	2.5 dB (sound and noise separated) P < .001
Priwin et al.[3]	12	3.1 dB (sound and noise separated) 2.8 dB (surround sound)

1. Jansen RM, Hong P, Chadha NK. Bilateral bone anchored hearing aids for bilateral permanent conductive hearing loss: a systematic review. Otolaryngol Head Neck Surg. 2012;147(3):412-22.
2. Bosman AJ, Snik AF, van der Pouw CT, Mylanus EA, Cremers CW. Audiometric evaluation of bilaterally fitted bone-anchored hearing aids. *Audiology*. 2001;40:158-167.
3. Priwin C, Stenfelt S, Granstrom G, Tjellstrom A, Hakansson B. Bilateral bone-anchored hearing aids (BAHAs): an audiometric evaluation. *Laryngoscope*. 2004;114:77-84.

Improved Audibility

A bilateral fitting of a bone conduction solution provides a summation effect. This will improve the dynamic range and speech perception in quiet.[1]

Up to

5.4 dB

summation effect

when going from a unilateral to bilateral fitting[1]

Difference in Speech Reception Threshold in Quiet between bilateral and unilateral bone conduction implant Condition

Study	N	Mean improvement in SRT with bilateral vs unilateral BCI
Bosman et al.[2]	25	4.0 dB (P < .001)
Hamann et al.[3]	23	4.0 dB
Priwin et al.[4]	12	5.4 dB (P = .001)

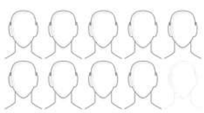
1. Jansen RM, Hong P, Chadha NK. Bilateral bone anchored hearing aids for bilateral permanent conductive hearing loss: a systematic review. Otolaryngol Head Neck Surg. 2012;147(3):412-22.
2. Bosman AJ, Snik AF, van der Pouw CT, Mylanus EA, Cremers CW. Audiometric evaluation of bilaterally fitted bone-anchored hearing aids. *Audiology*. 2001;40:158-167.
3. Hamann C, Manach Y, Roulleau P. Bone anchored hearing aid. Results of bilateral applications [in French]. *Rev Laryngol Otol Rhinol (Bord)*. 1991;112:297-300.
4. Priwin C, Stenfelt S, Granstrom G, Tjellstrom A, Hakansson B. Bilateral bone-anchored hearing aids (BAHAs): an audiometric evaluation. *Laryngoscope*. 2004;114:77-84.

Improved Patient Satisfaction

Recipients express satisfaction and increased quality of life when receiving their bilateral bone conduction implant.[1]

9 OUT OF 10 patients report increased quality of life

When fitted bilaterally.[2]



Benefits scores of bilateral vs unilateral bone conduction implants (BCI)

	Bilateral	Unilateral		
Overall GBI score	+ 38 (33-44)	+31 (22-41)	+ 33 (25-42)	+32 (10-55)
Number in study	93	60	94	59
Total response	71	51	69	41
Response rate	76%	85%	73%	69%
Study	Ho et al.[2]	Arunachalam et al.[3]	McLarnon et al.[4]	Gillett et al.[5]

The Glasgow Benefit Inventory (GBI) score for Gillett et al was calculated from the box and whisker plot in their article. Values in parentheses are 95% confidence interval.

1. Dutt SN, McDermott A, Burrell SP, Cooper HR, Reid AP, Proops DW. Patient satisfaction with bilateral bone-anchored hearing aids: the Birmingham experience. J Laryngol Otol Suppl. 2002;116:37-46.
2. Ho EC, Monksfield P, Egan E, Reid A, Proops D. Bilateral bone anchored hearing aid: impact on quality of life measured with the Glasgow Benefit Inventory. Otol Neurotol. 2009;30:891-896.
3. Arunachalam PS, Kilby D, Meikle D, Davison T, Johnson IJ. Bone-anchored Hearing Aid quality of life assessed by Glasgow Benefit Inventory. Laryngoscope 2001;111:1260-3.
4. McLarnon CM, Davison T, Johnson IJ. Bone-anchored Hearing Aid: comparison of benefit by patient subgroups. Laryngoscope 2004;114:942-4.
5. Gillett D, Fairley JW, Chandrashaker TS, Bean A, Gonzalez J. Bone-anchored hearing aids: results of the first eight years of a programme in a district general hospital, assessed by the Glasgow Benefit Inventory. J Laryngol Otol 2006;120:537-42.

Clinical studies on bilateral benefits

1. Hamann C, Manach Y, Roulleau P. Bone anchored hearing aid. Results of bilateral applications [in French]. Rev Laryngol Otol Rhinol (Bord). 1991;112:297-300.
2. Reuter WF, Marks C. Rehabilitation in Franceschetti syndrome: an interdisciplinary approach using bone anchored hearing aids. Ear Nose Throat J. 1997;76:402-403.
3. van der Pouw, Kitty TM, Snik FM, Cremers CWRJ. Audiometric results of bilateral bone-anchored hearing aid application in patients with bilateral congenital aural atresia. Laryngoscope. 1998;108:548-55.
4. Snik AF, Beynon AJ, Mylanus EA, van der Pouw CT, Cremers CW. Binaural application of the bone anchored hearing aid. Ann Otol Rhinol Laryngol 1998;107:187-193.
5. Bosman AJ, Snik AF, van der Pouw CT, Mylanus EA, Cremers CW. Audiometric evaluation of bilateral fitted bone-anchored hearing aids. Audiology. 2001;40:158-167.
6. Kaga K, Setou M, Nakamura M. Bone-conducted sound lateralization of interaural time difference and interaural intensity difference in children and a young adult with bilateral microtia and atresia of the ears. Acta Otolaryngol. 2001;121(2):274-7.
7. Federspeil PA, Plinkert PK. Konchenverankerte hörgerate immer beidseitig. HNO 2002 50:405-409.
8. Dutt SN, McDermott A, Burrell SP, Cooper HR, Reid AP, Proops DW. Patient satisfaction with bilateral bone anchored hearing aids: the Birmingham experience. J Laryngol Otol Suppl. 2002;116:37-46.
9. Dutt SN, McDermott A, Burrell SP, Cooper HR, Reid AP, Proops DW. Speech intelligibility with bilateral bone anchored hearing aids: the Birmingham experience. J Laryngol Otol. 2002;116:47- 51.
10. Priwin C, Stenfelt S, Granstrom G, Tjellstrom A, Hakansson B. Bilateral bone-anchored hearing aids (BAHAs): an audiometric evaluation Laryngoscope. 2004;114:77-84.
11. Snik AF, Bosman AJ, Mylanus EA, Cremers CW. Candidacy for the bone-anchored hearing aid. Audiol Neurootol. 2004;9(4):190-6.
12. Hol MK, Cremers CW, Coppens-Schellekens W, Snik AF. The BAHA Softband. A new treatment for young children with bilateral congenital aural atresia. Int J Pediatr Otorhinolaryngol. 2005;69(7):973-80.
13. Snik AF, Mylanus EA, Proops DW, Wolfaardt JF, Hodgetts WE, Somers T, Niparko JK, Wazen JJ, Sterkers O, Cremers CW, Tjellström A. Consensus statements on the BAHA system: where do we stand at present? Ann Otol Rhinol Laryngol Suppl. 2005;195:2-12.
14. Stenfelt S. Physiological aspects regarding bilateral fitting of BAHAs. Cochlear Implants Int. 2005;6 Suppl 1:83-6.
15. Stenfelt S. Bilateral fitting of BAHAs and BAHA fitted in unilateral deaf persons: acoustical aspects. Int J Audiol. 2005;44(3):178-89.
16. MacDonald JA, Henry PP, Letowski TR. Spatial audio through a bone conduction interface. Int J Audiol. 2006;45(10):595-9.
17. Priwin C, Jonsson R, Hultcrantz M, Granstrom G. BAHA in children and adolescents with unilateral or bilateral conductive hearing loss: a study of outcome. Int J Pediatr Otorhinolaryngol. 2007;71:135-145.
18. Rowan D, Gray M. Lateralization of high-frequency pure tones with interaural phase difference and bone conduction. Int J Audiol. 2008;47(7):404-11.
19. Snik A, Leijendeckers J, Hol M, Mylanus E, Cremers C. The bone-anchored hearing aid for children: recent developments. Int J Audiol. 2008;47(9):554-9.
20. Verhagen CV, Hol MK, Coppens-Schellekens W, Snik AF, Cremers CW. The Baha Softband. A new treatment for young children with bilateral congenital aural atresia. Int J Pediatr Otorhinolaryngol. 2008;72(10):1455-9.
21. Ho EC, Monksfield P, Egan E, Reid A, Proops D. Bilateral bone anchored hearing aid: impact on quality of life measured with the Glasgow Benefit Inventory. Otol Neurotol. 2009;30:891-896.
22. Bernstein JM, Sheehan PZ. An approach to bilateral bone-anchored hearing aid surgery in children: contralateral placement of sleeper fixture. J Laryngol Otol. 2009;123(5):555-7.
23. Deas RW, Adamson RB, Curran LL, Makki FM, Bance M, Brown JA. Audiometric thresholds measured with single and dual BAHA transducers: The effect of phase inversion. Int J Audiol. 2010;49(12):933-9.
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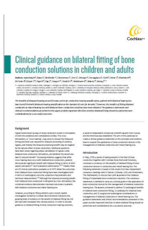
26. Roman S, Nicollas R, Triglia JM. Practice guidelines for bone-anchored hearing aids in children. Eur Ann Otorhinolaryngol Head Neck Dis. 2011;128(5):253-8.
27. Agterberg MJ, Hol MK, Cremers CW, Mylanus EA, van Opstal J, Snik AF. Conductive hearing loss and bone conduction devices: restored binaural hearing? Adv Otorhinolaryngol. 2011;71:84-91.
28. Colquitt J, Jones J, Harris P, et al. Bone-anchored hearing aids (BAHAs) for people who are bilaterally deaf: a systematic review and economic evaluation. Health Technol Assess. 2011;15:1-200
29. Agterberg MJ, Snik AF, Hol MK, Van Wanrooij MM, Van Opstal AJ. Contribution of monaural and binaural cues to sound localization in listeners with acquired unilateral conductive hearing loss - improved directional hearing with a bone conduction device. Hear Res. 2012;286(1-2):9-18
30. Jansen RM, Hong P, Chadha NK. Bilateral bone anchored hearing aids for bilateral permanent conductive hearing loss: a systematic review. Otolaryngol Head Neck Surg. 2012;147(3):412-22.
31. Stenfelt S, Zeitooni M. Binaural hearing ability with mastoid applied bilateral bone conduction stimulation in normal hearing subjects. J Acoust Soc Am. 2013;134(1):481-93.
32. Dun CA, Agterberg MJ, Cremers CW, Hol MK, Snik AF. Bilateral Bone Conduction Devices: Improved Hearing Ability in Children With Bilateral Conductive Hearing Loss. Ear Hear. 2013;34(6):806-8
33. Zeitooni M, Mäki-Torkko E, Stenfelt S. Binaural hearing ability with bilateral bone conduction stimulation in subjects with normal hearing: implications for bone conduction aids. Ear and Hearing, 2016. 37(6), pp.690-702.
34. Vaughan A. Is binaural hearing accessible using bone conduction stimulation? Thesis, University of Southampton. 2017.

Consensus Meeting

In May, 2018, a panel of leading experts* in the field of bone conduction convened a consensus on the benefits of bilateral fitting of bone conduction devices.

"Bilateral fitting facilitates improved localization ability, improved hearing in quiet and in noise, both in children and adults."



Adult candidacy

"For adults with symmetric bilateral conductive or mixed hearing loss indicated for a bone conduction solution, bilateral fitting should be recommended."

Pediatric candidacy

"In children with a bilateral hearing loss indicated for a bone conduction solution, a bilateral fitting should be strongly recommended at an early age. This potentially allows them to use all auditory cues to develop binaural hearing."

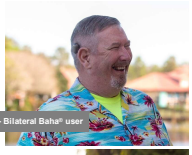
*Agterberg M, Radboud University Medical Center, Nijmegen, Babu S, Michigan Ear Institute, Michigan, Breitholtz F, Cochlear Bone Anchored Solutions, Molnlycke, Christensen L, Cook Childrens Medical Center, Fort Worth, Cire G, Cochlear Americas, Denver, Dhooge I, Ghent University Hospital, Gent, Ferruggiaro A, University of Maryland Medical Center, Baltimore, Hol M, Radboud University Medical Center, Nijmegen, Ittner C, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Mathews M, UAB University Hospital, Birmingham, McGrew B, UAB University Hospital, Birmingham, Moyer C, Rady Children's Hospital, San Diego, Page N, Physician Group of Arizona, Phoenix, Ray J, Sheffield Teaching Hospitals, Sheffield, Snapp H, University of Miami, Miami, Stenfelt S, Linkoping University Hospital, Linkoping, Waldmann B, Cochlear Deutschland, Hannover, Wazen J, Silverstein Institute, Sarasota, Wong J, District Medical Group, Phoenix.

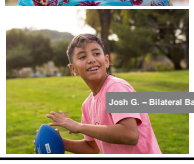
This meeting was sponsored by Cochlear, Bone Anchored Solutions AB.

Improved Patient Outcomes

The published clinical evidence clearly suggests that a two ear approach in bone conduction leads to improvements in the patient's ability to localize sound and hear in noise. It also suggests that a bilateral solution can improve audibility and lead to greater patient satisfaction.

The
RIGHT PATIENT
will benefit from a
BILATERAL SOLUTION[1]


Bill K. – Bilateral Baha® user


Josh G. – Bilateral Baha® user

1. Jensen RW, Hong P, Cheatle NK. Bilateral Bone-Anchored Hearing Aids for Bilateral Permanent Conductive Hearing Loss: A Systematic review. Otolaryngol Head Neck Surg. 2012;147(3):412-22.

Choosing Candidates for Bilateral Baha® Systems

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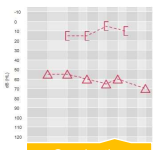
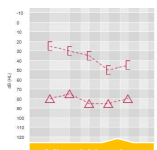
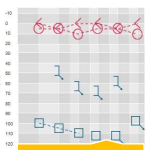
Baha System Candidacy Review


Conductive Hearing Loss

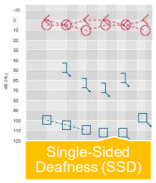

Mixed Hearing Loss


Single-Sided Deafness (SSD)

FDA Indications for Implantation

Single-Sided Deafness

- ≥ 5 years of age for surgical solution
- Normal Hearing in the contralateral ear
  - Defined as PTA Air Conduction thresholds equal to or better than 20 dB at 0.5, 1, 2 & 3 kHz
- Functions by transcranial routing of the signal

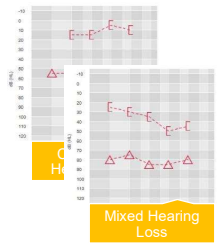


Baha® System Candidacy

FDA Indications for Implantation

Mixed & Conductive Hearing Loss

- ≥ 5 years of age for surgical solution
- ≤ 65 dB HL Bone Conduction PTA
  - PTA of 0.5, 1, 2 & 3 kHz
- For bilateral fitting, symmetric bone conduction thresholds are defined as less than 10 dB difference on average (0.5, 1, 2 & 3 kHz) or less than 15 dB at individual frequencies



Bilateral Baha System Candidacy

Audiological indications[1]

- Bilateral mixed or conductive hearing loss
- <10 dB difference on average (PTA4) <u>or</u>
- <15 dB difference at individual frequencies

To achieve binaural hearing, bone conduction thresholds should be <u>symmetrical</u>.[2]

Note: In the United States and Canada, the placement of a bone anchored implant is contraindicated in children below the age of 5.

Common otological causes (adults)

- Bilateral chronic otitis media, or other conditions leading to persistent air bone gap

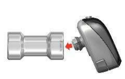
Common otological causes (pediatrics)

- Bilateral microtia/atresia
- Ear canal stenosis
- Treacher-Collins syndrome

1. Janssen RM, Hong P, Chadha NK. Bilateral Bone-Anchored Hearing Aids for Bilateral Permanent Conductive Hearing Loss: A Systematic review. Otolaryngol Head Neck Surg. 2012;147(3):412-22.
2. Bosman et al; Audiometric Evaluation of Bilaterally fitted Bahas (2001) Audiology 40, 158-167

Candidacy Evaluation

Pre-operative testing can be used to predict post-operative benefit[1]



1 - Monini S, Filippi C, Atturo F, Biagini M, Lazzarino AI, Barbara M. (2015) Individualised headband simulation test for predicting outcome after percutaneous bone conduction implantation. Acta Otorhinolaryngol Ital. 35(4):258-64

Steps for Evaluation

1. Fit the sound processor to the patient using a SoundArc or Softband and the Baha Fitting Software
2. Perform objective testing with and without Baha and compare
   - ✓ SSD: Spatially separated speech in noise
   - ✓ Conductive/Mixed: Speech or speech in noise
3. Evaluate subjective benefit
   - ✓ Informal assessment: "How does it sound?"
   - ✓ Formal assessment: Questionnaire (ie, APHAB)
4. Counsel the patient

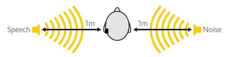


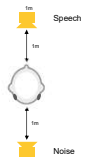
Image A. Set-up of hearing in noise test for SSD candidates.

Bilateral Baha System Evaluation

Tips for demonstrating bilateral Baha Systems

- Fit on Softband or SoundArc ensuring it doesn't touch sound processor on contralateral side
- Consider programming both sound processors so that they can be linked for Active Balanced Directionality
- Balance the loudness for the second side to the initial side

A take-home **trial** with the second device may be used to establish benefit.



Considerations for testing:

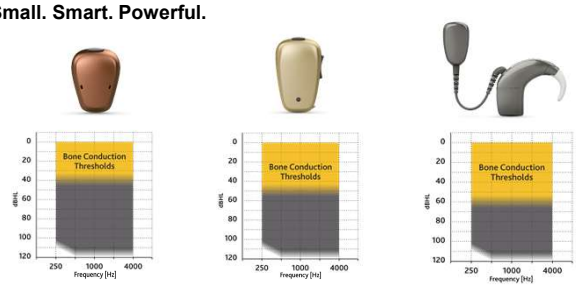
- Compare results for unilateral condition to bilateral condition for speech in noise
- Test with speech in front and noise behind for best results

Features in Baha® Sound Processors to Support Bilateral Fitting

Hear now. And always.

Baha 5 Sound Processors

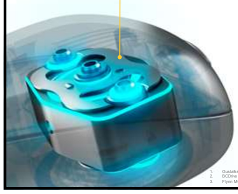
Small. Smart. Powerful.



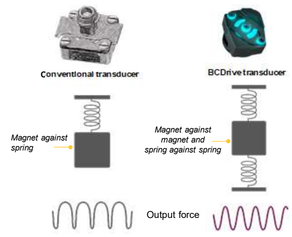
Powered by BCDrive™ Transducer Technology

BCDrive™ Transducer

- **Less distortion[1]**
- **More reliable[2]**
- **Twice as efficient[3]**



Designed for clearer sound



Bilateral Features: Active Balanced Directionality

Cochlear's Ardium Smart Platform enables smart connectivity through automatic ear-to-ear exchange between a bilateral pair of Baha 5 sound processors.

Converts the two listening environments into one complete soundscape.

Bilateral Features: Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Bilateral Features:
Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Quiet environments

Active Bilateral Directionality

The automatic ear-to-ear exchange optimizes each sound processor's setting for the actual listening situation.

Bilateral Features:
Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Speech from front in noise

Active Bilateral Directionality

The automatic ear-to-ear exchange optimizes each sound processor's setting for the actual listening situation.

Bilateral Features:
Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Multiple speakers in noise

Active Bilateral Directionality

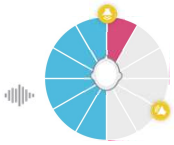
The automatic ear-to-ear exchange optimizes each sound processor's setting for the actual listening situation.

Bilateral Features:
Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Multiple speakers in noise



Active Bilateral Directionality

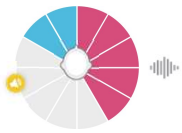
The automatic ear-to-ear exchange optimizes each sound processor's setting for the actual listening situation.

Bilateral Features:
Active Balanced Directionality

Scene Classifier II analyzes the listening environment and automatically selects the best signal processing strategy for both sound processors in any given situation.

Scene Classifier II

Single speaker from beside/behind in noise

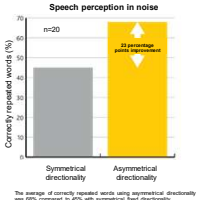


Active Bilateral Directionality

The automatic ear-to-ear exchange optimizes each sound processor's setting for the actual listening situation.

Improved Speech Perception in Noise

In the initial clinical testing, test subjects* experienced improved speech perception when using an asymmetrical mode in a noisy and complex listening situation.



The average of correctly repeated words using asymmetrical directionality was 69% compared to 46% with symmetrical fixed directionality.

In a noisy and complex listening situation, test subjects

Improved speech perception by **23** percentage points

when using an asymmetrical directionality mode.[1]

1. D1508553 Summary of clinical investigations of simulated ABD

*Test subjects with simulated conductive hearing loss. Speech was presented slightly from behind and babble noise from the front.

Bilateral Features:
Bilateral Wireless Streaming

Using the phone in noisy situations
Direct with the iPhone® or Wireless Phone Clip

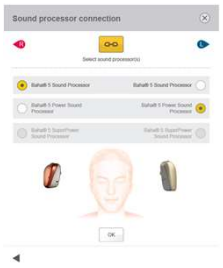
Hearing over distance
Wireless Mini Microphone or the mic in your iPhone

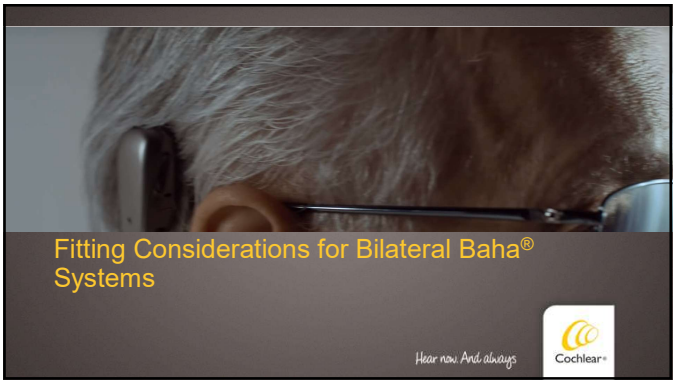
Conversations in noisy environments
Wireless Mini Microphone or the mic in your iPhone

The Ardium™ Smart Platform
A unique technology enabling a direct-to-device connection to both ears.

Bilateral Features:
Baha Fitting Software Enhancements

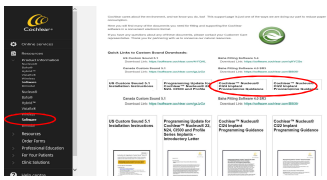
- ✓ Active Bilateral Directionality can be enabled or disabled as desired
- ✓ Can fit a Baha 5 and Baha 5 Power as a bilateral pair
- ✓ Bilateral linking to allow program changes in both ears at once
- ✓ Copy audiogram feature for quick entry of bilateral audiograms in stand-alone software





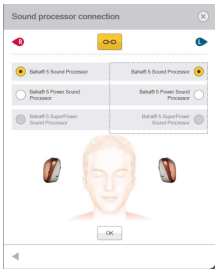
Baha Fitting Software 5.4

1. Link available in myCochlear Clinic or from your Cochlear Representative
2. Enter your email and contact info into download website
3. Click on unique link that is sent to your email to begin installation



Bilateral Fitting Tips

- Connect to both sound processors to begin programming
- Link button will allow changes to be made to both processors at the same time
- Can “link” matching processors or a Baha 5 to a Baha 5 Power



Bilateral Fitting Tips

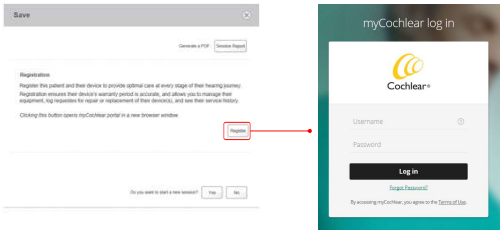
- If processors are linked, BC Select options will be applied to both sound processors
- Measure BC Direct separately for each ear (do not need to plug the opposite ear)

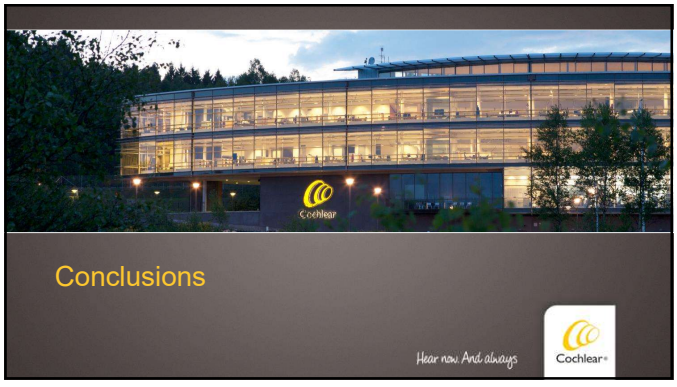
Bilateral Fitting Tips

- To make changes to each ear separately, click the “link” button to unlink the processors
- Can use the arrows to copy the program settings from one side to the other
- Control Sync allows adjustments on one side to affect the other (e.g., program change or volume control)

Bilateral Fitting Tips

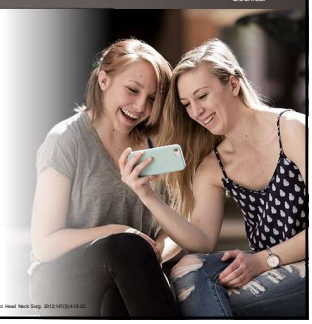
After successfully saving the sound processor(s) settings, there will be a link to register the device in myCochlear Clinic





Summary

- Two ears are better than one: the right patients will benefit from a bilateral bone conduction solution[1]
- Baha 5 sound processors have unique features to support bilateral fittings when appropriate



1. Janssen RM, Hong P, Chadha NK. Bilateral Bone-Anchored Hearing Aids for Bilateral Permanent Conductive Hearing Loss: A Systematic review. Otolaryngol Head Neck Surg. 2012;147(3):418-22.

Disclaimers

The contents of this guideline is intended as a guide for information purposes only and does not replace or remove clinical judgment or the professional care and duty necessary for each specific recipient case. The information has been prepared with reference to the best information available at the time of preparation. However, no assurance is given that the information is entirely complete or accurate in every respect. Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources and expertise.

This guideline does not address all elements of standard practice and accepts that individual clinicians are responsible to:

- Advise recipients of their choice and ensure informed consent is obtained prior to delivering care
- Provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct
- Apply standard precautions, and additional precautions as necessary, when delivering care
- Document all care in accordance with mandatory and local requirements.

This content is meant for professional use. If you are a consumer, please seek advice from your medical practitioner or health professional about treatments for hearing loss. They will be able to advise on a suitable solution for the hearing loss condition. All products should be used only as directed by your medical practitioner or health professional. Not all products are available in all countries. Please contact your local Cochlear representative

Cochlear Baha 5 sound processors are compatible with iPhone, iPad and iPod touch. For compatibility information visit www.cochlear.com/compatibility

Cochlear®

Hear now. And always

*Views expressed are those of the individual. Consult your hearing health provider to determine if you are a candidate for Cochlear technology. Please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.