

CICADA BUZZ

Emma Scanlan's Presentation

Emma Scanlan our guest speaker at the November BBQ and AGM is principal audiologist at Australian Hearing, mainly responsible for working with complex adult and indigenous services. Emma has worked in the pediatric and adult areas for many years. She has provided clinical service and practice for all clients with severe and profound hearing loss, poor communication ability and other impairments as well as hearing loss. She is a board and committee member for Deafness Forum, SHHH, National Relay Services and also active in other organizations.

Emma gave us some interesting insight into the work she does in remote Aboriginal communities, particularly in the West Kimberley area W.A. By way of background Emma explained that the program started in the Northern Territory in the 1970's. Over 215 urban, regional and remote communities are now visited each year as well as the Redfern Aboriginal Medical Service.

Emma supplied some background information about Aboriginal and Torres Strait Islander hearing health. There is a very high level of early onset in a disease which fluctuates throughout people's lifetimes and the associated hearing loss. This lasts for many, many years. There is a high burden of other diseases in Aboriginal communities and hearing is just one of those many factors that has to be considered. Sometimes it doesn't have the highest priority and, indeed, sometimes it has one of the lower priorities when compared to things like heart disease, diabetes etc, which are prevalent in the communities. Problems like overcrowded living conditions, poor nutrition, stones and insects trapped in the ear and swimming in stagnant water (even after surgery for a patched eardrum) are just some of the things that contribute to ear infections. This in turn impacts on hearing skills, speech skills and language development often contributing to high rates of truancy and non-attendance at school. Hearing loss impacts on communication, social and emotional well-being and reduces prospects for education

and employment - there are definitely links between poor hearing and the criminal justice system.

On the positive side, because of all the middle ear issues, a lot of bone conduction hearing aides are fitted rather than air conduction ones. Bone conduction aides send the sound through the bones of the skull bypassing the middle ear. It can be more effective and it doesn't matter if there's presence or not of a middle ear problem, the bone conducted sound keeps working. Another good thing is that all the classrooms have sound amplification systems. This means that everyone in the classroom has a much better chance of being able to hear the teacher's voice as their hearing fluctuates over time.

Working in the West Kimberly Region is not for the faint hearted. For six years Emma has travelled from Sydney to Perth, then Perth to Broome, driving for 20 - 30 hours and then taking further trips in a small plane to reach remote communities. Sometimes a river must be crossed by car and there is the possibility of a crocodile for company! The temperature is as high as 47 degrees and humidity is 80%.

After Emma's presentation, the audience was invited to ask questions and they did so with

enthusiasm! Here are a couple put forward and Emma's answers.

Q: Did the Aboriginal people have those diseases before they came to live in town when previously they had lived in the bush?

A: Probably not, the living conditions were completely different. They didn't live in houses for example. The diet and nutrition were completely different as they just had what was available through hunting and gathering and weren't living on top of each other.

Q: The number of Aboriginals in this area wearing hearing aids is double the national average. I assume that the rate would be even higher than that because some children and adults fall off the radar.

A: The World Health Organization counts anything over 4% of this type of ear disease as being a big issue. The communities we visit is 60 - 80%. It is difficult to provide intervention in a transient population. There is a lot of work done to ensure people attend appointments.

Emma's presentation was extremely interesting and informative and thoroughly enjoyed by those who attended. Emma answered the many questions about her work and finished up by saying that she finds the work very rewarding and that the clients she works with are "really, really, lovely people".



Sharan & Emma

State CICADA Associations

New South Wales

CICADA AUSTRALIA INC.

Secretary: Judy Cassell
PO Box 5028
South Turrumurra NSW 2074
Email: judycassell@cicada.org.au

Queensland

CICADA QUEENSLAND

Secretary: Shirley Edwards
85 Crotona Rd
Capalaba QLD 4157
Ph/Fax: (07) 3824 5003
Email: lee14@tpg.com.au

South Australia

CICADA SOUTH AUSTRALIA

PO Box 415
Angaston SA 5353
Email: mailadmin@cicadasa.org.au

Western Australia

CICADA CLUB W.A. INC.

Coordinator: Lynette Fleming
33 Framfield Way
Balga WA 6061
Phone: (08) 9349 7712
Fax: (08) 9349 9763

Northern Territory

CICADA DARWIN

Coordinator Chris Blackham-Davison
Email: Deafncrazy@gmail.com
SMS: 0427 897 170

ACT

CICADA ACT INC

Secretary: Pete Halsey
pete.halsey@actdrc.org.au
Mob: 0438 203 110 sms only

Hook Up Online And Share Your News

Please visit us at www.cicada.org.au
Or our Facebook page Cicada Australia Inc.
Darwin friends now have their own Facebook page Cicada Northern Territory

If you would prefer to receive this newsletter by email, please send your details to suewalters@cicada.org.au

Donations over \$2 to CICADA are tax-deductible.

CICADA Australia Inc. thanks Cochlear Ltd. for supporting the design, printing and distribution of this newsletter.

Presidents Report

A warm welcome to the New Year!

I want to thank you all for supporting CICADA.

I also want to express my appreciation to our Sydney CICADA Committee, the Illawarra, Western Sydney and other teams who gladly volunteer their time to organise social events so that we can share the personal experience of cochlear implants, help each other by providing information on the technology and services and enjoy the camaraderie of our fellow recipients and friends.

CICADA's strength lies mainly in our social events, welcoming and providing potential recipients with real life experience of CI's. However the growing presence of online social media is a reality that has a strong influence on society's choices and decisions.

There is talk of establishing a not-for-profit Australian National Alliance for CI's, involving professionals, recipients and families, similar to the American Cochlear Implant Alliance and the British Cochlear Implant Group. At this early stage, it has not been discussed how CICADA support groups will work within the framework of a National Alliance.

CICADA will take part in discussions and see where we can fit into the picture.

My apologies that I was not present at the AGM last November and thanks to Alan Jones and Bill Gibson for chairing our meeting. Thanks also to Sharan Westcott, champion I.T support, for getting all the visuals and sound up and running. Many thanks also to Lee Smith from Steno-MeToo for providing live captions for our meeting.

I packed up my troubles in my old kit bag and went marching with other volunteers in the 100th anniversary re-enactment of the COOEE MARCH from Gilgandra to Sydney. The March was to raise awareness of this historical Australian event and we visited schools and community groups along the way, holding remembrance services at local war memorials and laying wreaths. My fellow marchers and support crew also learned a bit about cochlear implants.....!!

See the report in this issue.

Over 31 years since my first implant, I still feel that the cochlear implant is a miracle of modern medicine. People from 4 months to 90+ years of age are reaping the benefits of the latest sound processors and accessories and able to participate in life HEARING again, or hearing even better. I can name 5 recipients over 90 in my own local area who are managing their hearing very well and they often exclaim how wonderful it is and that they are glad they went ahead with the operation. (Photo of Sue Walters and Norman Heldon)



Sue Walters and Norman Heldon

Norm Heldon is our oldest implant recipient at 98. Just 18 months ago he was still making his way up to our Morning Teas at Gladesville by public transport. In 2011, he did a presentation at the SCIC Christmas gathering, reciting the whole of "The Man From Snowy River". After a fall just over a year ago, Norm still has his sense of humour, telling me recently he now has a "forgettery" more than a memory. I said that he has a lot more to remember than most of us!

Best wishes to you Norman, you are a wonderful ambassador.

Sue Walters

NSW Support Groups

Western Sydney

We have a picnic day (BBQ) on the 21st February 2016 which is a Sunday from 10.30 am at the Rosella area, Nurragingy Reserve Knox Road Doonside. There is an undercover area with toilets & play area for the kids.... donation is only \$2.50 to cover for the sausage sizzle.

We are on Facebook.com/westsydneybicada
email:westsydneybicada@hotmail.com



Sean & Margaret Sewell with Geoff Letford holding their new Cicada banner

Illawarra

Picnics in the Park 2016

Sunday 28th February - Illawarra Live Steamers
Sunday 17th April - Windang Picnic Parks
Sunday 26th June - Illawarra Live Steamers
Sunday 21st August - Shellharbour Pool
Sunday 23rd October - Illawarra Live Steamers
Sunday 11th December - Shellharbour Pool
Xmas Party

Time: from 10:30am till 2.30pm

North Wollongong: Illawarra Live Steamers (Entry off Virginia Street, Northern End). Please note: Enclosed footwear MUST be worn on "Trains".

Shellharbour: In the picnic huts opposite waterfront. Turn into Shellharbour Village from Shellharbour Road (Addison Street), go past the shops, turn right at the end of Addison Street (there is a pub on the left-hand corner).

Windang: Picnic shelters next to round-a-bout (off Reddall Parade, Windang St and Entrance St), South-east side of Windang Bridge

\$2.50 for a Sausage Sizzle (complementary tea and coffee provided). There are some seats in the huts, otherwise a rug or chair maybe handy. BYO drinks. If you feel so inclined, bring some nibbles!

There is a playground for children, toilets, change rooms, swimming pool (Shellharbour) with sandy beaches nearby.

There are multiple playgrounds for children, toilets, change rooms and a protected sandy beach zone at Windang.

A canteen, toilets & change rooms are available at North Wollongong Live Steamers and PARKING is available at all venues.

If you want more information please contact David Romanowski details below. All events are subject to weather permitting.

2016 Gatherings to be held at SCIC

Building 39 Punt Rd Gladesville

PLEASE NOTE: Parking can be difficult at Gladesville Hospital on weekdays. You may have to allow extra time to find a spot and walk back. The Banjo Patterson reserve at the bottom of Punt Rd usually has parking.

Thursday Morning Teas

Feb - Oct 10.30am - 12pm

| | |
|---|---------------|
| 4th February | 7th July |
| 3rd March | 4th August |
| 7th April | 1st September |
| 5th May | 6th October |
| 2nd June | |
| First Thursday of month Feb to Oct only | |

Sunday BBQ

With guest speaker 11am - 3pm

| | |
|------------|------------------|
| 13th March | 14th August |
| 22nd May | AGM 6th November |

The Escape to Bondi Beach

The Escape Group is for young adults with Cochlear Implants & their friends.

On Sunday 10th January the CICADA Escapees enjoyed Bondi Beach.

With blue sunny skies, sand, and perfect surf conditions it was a great way to catch up and enjoy the day.

The Escapees have bimonthly outings in Sydney that revolve around having fun while spending time together!

This group organises and communicates the events from a private Facebook group.

If you would like to know more then please contact David Romanowski (Email: dr930@uowmail.edu.au Mobile: 0432 715 691 or directly on Facebook)



CICADA ILLAWARRA Christmas Party

Report by Faye Yarroll

Well what a great day it turned out to be today at the Illawarra Cicada Christmas Day.

We had amazing weather with some of the most beautiful views in Australia at the lovely Shell Harbour waterfront.

This group just keeps going from strength to strength and the friendship and support that we all share with other implantees and potential candidates is something that only those who have experienced a hearing loss can relate to.

To David and Bob who have been running the group - we wish to say "thank you" on behalf of all the members for your hard work and organisation throughout the year. It is the dedication of just a few who keep this group strong.

Today everyone excelled in the array of scrumptious chicken, salads, nibbles, and the vast array of yummy cakes. No one ever goes home hungry!

Robert & I and my Lions Hearing Dog "Sydney" enjoy visiting the Illawarra Group and to lend a helping hand and support to you all and we hope to see you again in 2016.



Hear This

A police officer pulled over a car – "Your wife fell out five kilometres back" – said the policeman.
"Oh, thank goodness!" said the driver, "I thought I was going deaf".

Life is full of complications. Even when you are born there's a string attached!



The Belier Family

I highly recommend this gem of a movie. It is in French with English subtitles. It has enormous charm and humour, a real sense of warmth and a knockout finale.

It is a story of a family of four who all are deaf mutes except the daughter. It will make you laugh, think and cry!

Cecilia Kramar



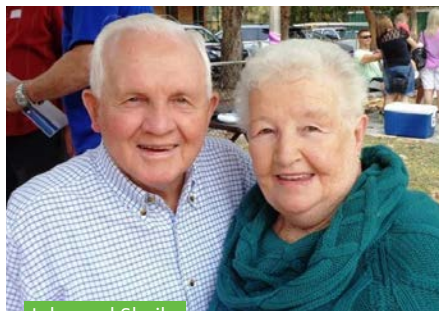
NEWS

Don and Verna Rouvray celebrated their 50th Wedding Anniversary on 4th Aug 2015, with a nice lunch overlooking Sydney Harbour at Mosman. Congratulations Don and Verna!



Don and Verna

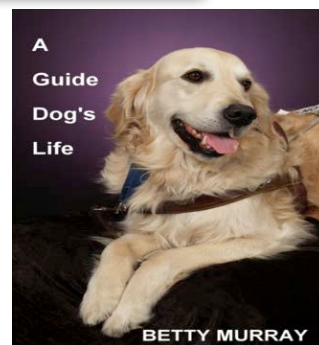
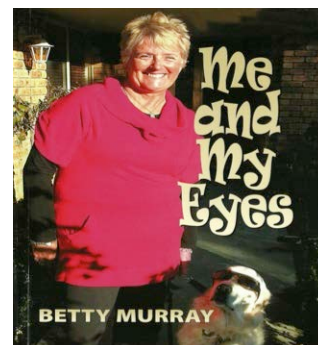
Congratulations also to John and Sheila Reid from Wollongong, who celebrated their 60th wedding anniversary in Sept 2015



John and Sheila

Sad news about our dear friend Ruth Fotheringham, who passed away 29th December. Ruth was a lovely lady and quite active in CICADA for many years, especially as our social groups coordinator and helping with the Western Sydney CICADA group. Ruth was also an active member of Better Hearing Australia for many years. Fond memories of her warm personality and practical advice.

Betty Murray



Betty Murray was born in Gilgandra NSW in 1950. She was one of nine children. Betty Murray has Retinitis Pigmentosa, as does four of her brothers and sisters, and she is partially deaf. Betty was declared legally blind in 1988 and soon became a client of Guide Dogs NSW/ACT and began using a cane. Betty has had two guide dogs since 2001. During that time she has had many problems with shop access, taxis, people wanting to pat the guide dog etc. She has also had many people stopping her and asking different questions about the guide dog and what it can do. In 2011 Betty decided to write a book, "Me and My Eyes", about her life, the loss of her sight, and give answers to many of the questions that people have asked her over the years. In 2013 she wrote another book, "A Guide Dogs Life", telling the story of a guide dog's life from the dog's perspective. In 2013 Betty was fitted with a Cochlear Implant to help with her hearing. In 2014 Betty was fitted with her second Cochlear Implant. Betty is writing another book, "Me and My Eyes: The Next Chapter" telling the highs and lows of dealing with her sight and hearing loss.

"Me and My Eyes" is \$20.00 plus \$3.00 postage.

"A Guide Dogs Life" is \$12.00 plus \$3.00 postage.

"The Next Chapter" is \$15.00 plus \$3.00 postage.

Contact can be made through;
Email jemurray@tpg.com.au
or phone 0296234861

All proceeds go to Guide Dogs NSW and Genetic Eye Research.

COOEE MARCH

Re-enactment 2015

The original COOEE MARCH from Gilgandra to Sydney was the first recruitment drive for WW1, after the great loss of men at Gallipoli. The Hitchen brothers from Gilgandra initiated this "snowball march" with subsequent marches starting up in other parts of Australia. Men from towns along the route joined the march to volunteer for the war, swelling the numbers to 263 by the time it reached Sydney.

Brian Bywater from Gilgandra is the force behind the 100th anniversary re-enactment and with the Cooee committee, took 5 years to plan and organise this event.

Several people in the re-enactment were direct descendents of original "Cooee's". Many were people who live or had lived in Gilgandra at some time. I spent holidays in Gilgandra when I was young, with my great great aunt and uncle, who was the Shire President. I had fond memories of life in the country and decided to march as a tribute to those who have gone to war, (some from my own family such as my grandfather) for the personal challenge and to see the country from a different perspective.

We marched for 26 days, an average of about 30km each day except for some shorter days of 15-25kms (then we had time to do our

washing!!). Out on the Western Plains it was very hot and I had forgotten how many flies there are in the bush. On the third day, one kind support person produced fly nets to go over our hats for which we were very grateful after inhaling and swallowing quite a few flies. We took turns carrying the flags at the front of the column, Australian flag, red ensign and the British flag and held Memorial services at every town we stopped in to remember the fallen and learn the names of the men who had joined in each town on the original march. They were marching off, possibly never to return, where as we in the modern day march at least knew we would be going home at the end.

We camped out under the stars about 5 nights along the way, also in horse stables, showgrounds, sports pavilions and a woolshed. WE had a wonderful support crew that cooked for us and carried our baggage and bedrolls during the day. We were warmly welcomed by the people in country towns and the smaller the town, the warmer the welcome, with beautiful lunches and dinners also provided by school mums, country womens' association, RSL clubs and other community groups. It seems we found the heart and soul of rural Australia with quite large crowds and schoolchildren coming out to meet us and cheer us on.

We were up very early in the morning and I relied on my mates to wake me up as I didn't take my shake awake alarm clock. I had to

explain to them that I take my sound off at night and don't hear anything and some of them wished that they were deaf too, so they didn't have to listen to all the snoring and noise of 40-odd people camped together in a hall! I used disposable batteries in my processors as I didn't want to have to charge batteries and I took a small portable dry kit to keep my processors in at night. My marching mates were quite interested in the cochlear implant and how it works for me. They learned that I don't always hear everything and need to be alerted to some things if I am not paying attention! Sometimes the column was all formed up ready to march on and I would be chatting away to a local, unawares!

It was so beautiful seeing the countryside change as we marched along each day. Horses, cows and even sheep would run across fields to the fenceline to watch and greet this strange herd marching on the road!! I never imagined they would be so interested. Our journey over the Blue Mountains was quite cold and wet, but we marched on in raincoats. We did however, seek shelter at a hotel one night, aiming to get our boots dry when we were particularly soaked through. I met so many wonderful people in our group and it was quite sad when we reached Martin Place on Remembrance Day to take part in the service at the cenotaph, as this meant our long March was over, though we will remain friends due to our shared experience.



"THE 85er's"

Recollections of the early days of CI's at RPAH (from Shirley Hanke)

Prof Graeme Clark and his team from Melbourne University developed the world's first truly effective cochlear implant. Prof Bill Gibson had performed two successful implants in August 1984 and the team in Sydney was the first to undertake Nucleus cochlear implants outside Melbourne.

It was Prof Gibson's aim to do 10 cochlear implants in 1985 for research purposes. It was still considered "experimental" and the government and private health funds would not contribute to the cost. We had to raise

our own funds and pay Sydney University \$10,000 for the device before the operation. Due to the efforts of Lionel ("Mick") Barrie, the Repatriation Dept eventually agreed to pay the expenses for ex-servicemen who had lost their hearing in WW11.

I had lost my hearing suddenly and completely soon after my 11th birthday after a diphtheria vaccination at school. I had all my tests for the implant at RPAH in 1984 and was admitted for surgery in Jan 1985, to be the third implant recipient of Bill Gibson.

The operation took 5.5 hours and the hair on the left side of my head was almost completely shaved. I remember being very giddy when I woke and remained in RPA for 4 days. When the bandages were removed, I found I had a circular cut with 25 staples in it.

Eleven days after the surgery, I heard my first sounds after 47 years of silence. I was overwhelmed; it was wonderful. I had been told I might only hear environmental sounds, but I had been trained to lip-read and the sound made it so much easier. Due to my 47 years of profound deafness, the audiologists had no idea how I would respond over time and Stephanie Shaw, an audiologist from Nucleus would come to my weekly appointments at RPAH to help with the programming and to see the progress I was making. It was a big learning curve for everyone and it was marvelous to take part in those times, preparing the way for the future.

Through our contributions to the early research, the childrens' implant programme was able to proceed a few years later.

GERRY SMITH CELEBRATING HIS 30 YEARS OF HEARING

**Aged 95 and just getting on with
life.....**

There are many implant recipients who are in their 90's and manage their implant equipment very well....just another part of getting on with their life. Gerry Smith from northern NSW celebrated his 95th birthday in January 2016 and is celebrating 30 years since his hearing was switched on in February 1986. Gerry has recently upgraded to the Nucleus 6 processor, developed to be backward-compatible to the early model Nucleus 22 implant. It seems he is enjoying the improved sound quality. What a marvellous thing to witness in his lifetime! Good on you Gerry!
Here are Gerry's words:

"As a result of war injuries I lost my hearing and was totally deaf by the age of 40. My wife and I saw on TV about a bionic ear and they televised the operation. My wife suggested making enquiries, so we contacted the Dept of Veteran's Affairs doctor in Sydney who did some suitability tests and sent me to see Professor Gibson. Prof Gibson seemed reluctant to do the operation because of my age, 65 and the length of time I had been deaf, 26 years, also the distance I lived from Sydney, 800kms for follow up treatment. However, he reconsidered because my speech was so normal, people didn't realise I was deaf! I also would give anything to hear my daughter in law's voice and my two grandchildren's, as I went deaf before I knew them.

Two to three weeks after the operation came the big day "switch on!" Would I hear or would I not? I heard Charles (my audiologist) say "Gerry can you hear me, what did I say?" And I repeated it back to him. There were many tears in the room at that moment!

I then had a lot of homework to do. Hours of listening to sounds and identifying them by listening to children's books with tapes. I decided to listen to music. Tried the modern music, The Beatles, but no good so my wife suggested the older music of the 30's and 40's, something I could relate to before I went deaf. I reached the stage where I could follow it and even identify the instruments, the piano being the easiest. The first processor I wore on my belt with the flashing lights and cords running up over my head. It drew a lot of interest from people. "What's that?" they would ask. I had trouble with the wire I had to wear over my head to keep the coil on the implant from slipping, so I made a few modifications to achieve a suitable and comfortable fit as I had encountered one man with his taped onto his head! No way was I going to do that!

I felt like the bionic man and called myself \$6 man not the \$6,000,000 man!

I have advanced through all the models over the last 30 years and the latest one is the greatest one. For example, I was in the kitchen

making a cuppa and had the music playing in the lounge room, when I recognised the words "I cried all the way to the altar" and I knew that was a song by Patsy Kline and it was her singing it! Some TV programmes I can now follow without the subtitles.

Many, many thanks to Professor Gibson and the cochlear implant team for changing my life and that of my wife and family. Originally they were saying how the speech processor was so big but I said I didn't care how big it was if I could have a conversation with my family I would push the bloody thing in a wheelbarrow!!!!



USING YOUR COCHLEAR WIRELESS PHONE CLIP WITH A LANDLINE PHONE

Faye Yarroll has provided some excellent information and tips on using this Bluetooth phone clip with a landline phone.

Firstly, you need to have the Nucleus 6 model sound processor, which is the latest upgrade, to be able to use the wireless phone clip. You also need a landline phone that has Bluetooth HeadSet Compatible Profile ("Bluetooth HSP Support".) Not just "Bluetooth Compatible"

Faye found a Panasonic Cordless Telephone that will work with the Cochlear Phone Clip in case anyone is interested in knowing and it works well.

Panasonic Model No.: KX-TG7892AZS (2 Handsets)

There are two configurations that you can buy. One with 2 handsets and the other has 3 handsets. Be aware other phones look very similar, but they won't work if they do not have HSP Support = YES.

What is a Bluetooth profile? When two Bluetooth devices establish a connection, they learn about the protocols the partner device offers. Only devices that share the same protocols can exchange data, just like

two humans have to agree on a common language to have a meaningful conversation. While Bluetooth defines the physical wireless connection between devices, a Bluetooth profile establishes the commands and functionality these devices can exchange using the Bluetooth technology. HSP (Handset Profile) Bluetooth profile is the profile required for a typical mono Bluetooth headset operation and the "Cochlear Wireless Phone Clip". HSP provides the basic functionalities needed for communications between a handset and a headset.

See the full document on this link:

http://www.c-a-network.com/tips&hints/_tips&hints.php

MINUTES of the ANNUAL GENERAL MEETING CICADA AUSTRALIA Inc

Sunday 1st November, 2015

Apologies: Sue Walters, Alex Gibson, Judy Cassell, Roma Wood

Present: refer to Sign in book

Welcome: Prof Bill Gibson

Acceptance of Minutes of AGM held on 2nd November 2014

Accepted: Neville Lockhart Seconded by Alan Jones

Matters arising?

President's Report: read by Sharon Westcott for Sue

Treasurers Report: Chris Boyce, the circulated financial report was audited by Warner Lewis

Acceptance by Faye Yarroll Seconded by Di Lee

Election of New Committee: No election was required as nominations received were not in excess of the vacancies available

Executive Committee Members

President: Sue Walters

Karen Cooper

Public Officer: Cecilia Kramar

Secretary: Judy Cassell

Alan Jones

Treasurer: Chris Boyce

Annual Raffle Draw

1st Prize \$500 Linda Gibson from Sutherland

2nd Prize \$200 M. Henderson from

Helensburgh

3rd Prize \$100 Fiona Campbell from Guildford

Sharon Westcott introduced the Guest
Speaker Emma Scanlan

Topic: AUDIOLOGY IN THE REMOTE WEST
KIMBERLEY REGION

Questions

Meeting concluded at 11:55 am

Technology talk

Toongabbie boy with hearing loss meets Prince Charles after dad raises \$10,000 for RIDBC

RIDBC Dec 2015

Toongabbie residents, Farida Zabih and Baker Tamory, were overjoyed when they, along with their son, Raiyaan, received an invitation to a garden reception at Government House to meet The Prince of Wales and The Duchess of Cornwall during the Royal Visit to Australia in November. "To meet the Prince of Wales and mingle with other people who have helped raise funds for charities was an unforgettable moment and a beautiful gift to my family," said Baker.



The Tamory family attended a Garden reception by the Governor of NSW and Mrs Hurley in the presence of TRH The Prince of Wales and The Duchess of Cornwall during the Royal Visit to Australia.

Diagnosed with hearing loss at birth, Raiyaan received two hearing aids at six weeks of age. "There is no history of hearing loss in our family so it was an absolute shock," said Baker. "It was very confronting for us as parents and it was an emotional time. You just want the best for your child." At three months of age, Raiyaan began accessing intensive weekly speech and language sessions through RIDBC Early Learning Program. "RIDBC has given us the skills we need to communicate with our son," said Farida. "The progress Raiyaan has made is fantastic. He is now three and is age appropriate, if not above, and speaks three languages – English, Dari and Arabic." Baker said "When I found out that I could use Bicycle NSW's Spring Cycle to fundraise for RIDBC it was a eureka moment. My wife, Farida, and I often feel like, as humans, we tend to just take and take. It's so often about 'what's in it for me?' This ride was a way for us to give back to RIDBC as they have done so much for us." He has raised over \$10,000 for RIDBC. For next year's Spring Cycle, I hope to create an RIDBC group and continue to raise much needed funds."

Rare defect causes supersonic hearing

KING 5 HealthLink November 2015

Imagine what it would be like to hear your eyes blink or your heart pound every second of the day. That was the case for one woman who struggled for years with higher-sensitive hearing and thought she was going crazy. We often hear about the challenges of hearing loss, but some people have just the opposite problem.



"I could actually hear myself blinking," said Renee Jarvinen. "I could hear my eyes moving side to side. I could hear my own heart beat like the heart was put right on my ear drum. Boom, boom, boom." Jarvinen went to doctors and a psychiatrist but for four long years, she was caught up in a real-life medical mystery. Finally she got a diagnosis: Superior Semi-Circular Canal Dehiscence (SSCD), a rare condition where there are holes in the ear canal where bone should be. "In Renee's situation she had this dehiscence on both side and in some ways she had double the symptoms," said vascular surgeon Dr. Ramacandra Tummala. The solution is to plug up the holes. Surgeons opened her skull and gently lifted her brain to access Jarvinen's semi-circular canal. One year later, she is well on her way to recovery. "I no longer hear my eyes move or blink," she said.

Hearing experts warn against privatisation of Australian Hearing in already-pricey, 'cowboy' industry

ABC News October 2015

Audiologists are warning against the privatisation of Australian Hearing, saying people suffering hearing loss will end up paying the price. "It's a cowboy industry that needs to be reined in, and I think the potential harm for people, whether it's physical or financial, could be substantial and it needs to stop," said Dr

Bill Vass, a doctor of audiology. "In the private sector the regulation is completely absent, anyone can provide hearing aids or pretend to provide the services to hearing-impaired people." As well as probably being unqualified, the person testing hearing at a private clinic may also be earning commission for whatever product they sell. The major hearing aid manufacturers own hundreds of clinics throughout Australia. They use advertising campaigns and free hearing tests to attract potential clients. Retiree Marcel Jones thought he would take advantage of a free hearing test. "The test went for about 15 or 20 minutes and I was told, 'you are definitely a candidate for hearing aids'. Mr Jones was not aware the clinic was owned by a hearing aid manufacturer and did not think to check the staff's qualifications. "She only told me that they range from \$2,000 to \$10,000 and I couldn't do with anything under the \$10,000 for my problem. She was really a trained salesperson and ... I couldn't say no." Audiologist Louise Collingridge has seen it from the other side, where there are high sales targets but big commissions on offer for those selling the hearing aids. "I have worked in a clinic where there was an expectation of a certain amount of turnover every month.



In spite of being a very experienced audiologist and in spite of valuing codes of ethics and considering myself to make clinical judgements, I found it very difficult to put that out of my mind for the reason that we are in the workplace to please our management."

Competing with the private clinics in this \$12 billion industry is Federal Government agency Australian Hearing. It subsidises the expensive technology and qualified staff needed for children and pensioners. One of the recommendations in the National Commission of Audit was to privatise Australian Hearing. Alex Jones, who is profoundly deaf, said the sale was a terrifying prospect and he was concerned for his profoundly deaf son, Tobian. "It's vital for deaf children all around Australia, privatising will lead to risk where children aren't well looked after." Not-for-profit group Better Hearing Australia said the problems in the industry go deeper than just rip-offs. "The biggest danger in the industry from a lack of regulation is that hearing aids alone won't solve someone's loss of hearing," national president Sara Duncan said. There needed to be greater support for people after they receive the right hearing aid. "I find it really confusing — we wouldn't give them a prosthetic arm and then say, 'your problem is solved', we'd give them rehabilitation, we'd give them other help."

BBC ALBA offers a poignant insight into cochlear implants

allmediascotland Jan 2016

A new BBC ALBA documentary broadcast on New Year's Day, titled 'The Switch On / Cluinneam', offers an emotional and poignant insight into the work of the Scottish Cochlear Implant Unit at Crosshouse Hospital, Kilmarnock, as it follows five patients on their personal journeys.



Begins a spokesperson: "Half a million profoundly deaf people across the world have had their hearing restored thanks to cochlear implantation. The Scottish Cochlear Implant Unit at Crosshouse Hospital in Kilmarnock is one of the UK's largest cochlear implant units, and the only unit of its kind in Scotland. Over the past 25 years, the team at Crosshouse have implanted 1,400 people, but they believe that number reflects only a fraction of the people who need it – research suggests that only five-to-ten per cent of the people who need a cochlear implant are being referred. The team are keen to get the message out about what cochlear implantation can do to transform lives. 50,000 people in Scotland are deaf but only about 100 get implants a year."

'The Switch On / Cluinneam' documentary follows five patients through assessment, surgery, switch on and rehabilitation, including:

- * Mark (48), from Kirkintilloch, an industrial engraver and sign maker lost his hearing in a matter of months. The doctors still don't know why. He knows that he will have to leave his job of 32 years if it doesn't go well. Mark has been on anti-depressants so will the implant save Mark's job... and his mental health?

- * Fraser (8), from Glasgow, is one of the estimated 40 per cent of children who are born deaf who also have additional needs. Fraser's mum, Erica, fought hard to get her son implanted, as the team weren't certain if Fraser would have the capacity to interpret the sounds he would hear with an implant. A year and a half on, the implant has been a huge success for Fraser who is making great progress with his language development.

Brett Lee unveils 'Sounds of Cricket' initiative in India

pharmabiz.com Oct 2015

Cricket legend and Cochlear's first Global Hearing Ambassador, Brett Lee unveiled the Indian leg of the global initiative 'Sounds of Cricket' to spread awareness about the significant functional, social, emotional and economic impact of hearing loss on individuals and their families. "I am delighted to be in India to help spread the message that if you have hearing loss there is technology that can help. I can't imagine cricket without sound: on the field not hearing the appeals and the crowd, off the field not hearing team mates, or at home not hearing family. I just can't imagine it", Brett Lee said. "That's why a cochlear implant is so important. It can change all of that. I've seen it happen. When people are 'switched on' for the first time, when they suddenly hear sound, you can see their sheer joy at being able to hear life. It is a wonderful, life changing moment."

"Unfortunately, there are multiple barriers to getting a cochlear implant. Many parents don't accept that their children have a hearing problem whilst others are not aware of the available treatment options. Hence my message to people in India is that hearing loss is not uncommon and that implant technology can help."

"Every year, 100,000 babies are born with hearing deficiency, there is clearly a need for a universal newborn hearing screening programme in India. Neonatal and infant hearing screening programmes can eventually improve the linguistic and educational outcomes for the child", said Dr. Milind Kirtane, Senior ENT Surgeon, Hinduja Hospital, Mumbai. "A cochlear implant is probably one of the best inventions in the recent history of medical science. It is the first device that can restore one of the five senses. I urge every parent to screen their newborn babies for hearing. I appeal to the paediatrician community in India to provide hearing screening with the same level of importance as vaccination,"

Progress Toward a Successor to the Cochlear Implant

CRBLM Nov 2015

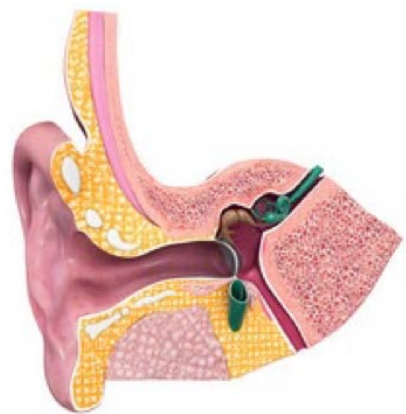
The efficacy of a neural prosthesis ultimately is limited by the quality of the electrode/neural interface. Present-day cochlear implants lie in a separate anatomical compartment from the target neural tissue, behind a bony wall. An alternative approach brings stimulating

electrodes in intimate contact with frequency-specific populations of auditory-nerve fibers. The multi-electrode array penetrates the modiolar trunk of the auditory nerve, crossing the array of fibers from the entire tonotopic spiral. By all measures that are possible in anesthetized animals, this intraneural stimulation out-performs conventional cochlear implants. This seminar will review progress to date and will address the challenges of translating this technology to human patients.

Computational technologies for accurate and safe ear surgery

Cordis Oct 2015

Technologies to accurately measure inner ears could transform surgery, cut healthcare costs and improve the lives of millions with hearing problems.



Implantation surgery requires a high level of clinical expertise in order to efficiently access the surgical site – the cochlea – localise nearby critical structures (such as facial nerves) and optimise the position of the electrode array inside the cochlea. Patients also come in all shapes and sizes; the length of the cochlear duct for example can vary between 25 and 35 mm. It is crucial therefore that anatomical variability is considered not only during the surgical planning process, but also in the design phase of implants.

A HEAR-EU project has pioneered ground-breaking imaging technology and surgical planning software to improve the likelihood of successful cochlear implant surgery.

The project's new high-energy micro-CT scanner prototype is now running and the intention is to soon bring the innovation to market. It can also cut healthcare costs by reducing hospitalisation and operation times. Computer assisted planning could also greatly benefit the training of young surgeons.