

Dear Patient,

Welcome to UC Health. You have been referred for a cochlear implant consultation. The purpose of the cochlear implant consultation is to ensure that you meet candidacy guidelines for a cochlear implant as well as to help you understand how a cochlear implant works and the process needed to obtain the device. This assessment consists of testing with and without hearing aids. As a result, it is very important that you wear or bring your current hearing aids with you to the appointment. It is advised that you also bring any previous hearing tests that you may possess. The appointment will take approximately 90 minutes. During this time we will obtain a brief hearing history, perform testing, show you the cochlear implant equipment, and answer any questions. It is suggested that you bring a family member or friend to this appointment, for a strong support system is necessary during the cochlear implant process.

Enclosed you will find information about each cochlear implant. You can request more information through the company websites:

1. [www.advancedbionics.com](http://www.advancedbionics.com)
2. [www.cochlear.com](http://www.cochlear.com)
3. [www.medel.com](http://www.medel.com)

Attached you should find directions to our facility. There is also a packet of database paperwork. Please fill out to the best of your ability.

After the audiologic assessment, you will be scheduled to see a neurotologist to ensure that you are medically cleared to receive a cochlear implant and undergo surgery. The surgeon may decide to order further testing, imaging, and consultations prior to scheduling surgical implantation.

Please contact our office at 513-475-8453 should you have any questions or concerns. It is important to specify that you are calling regarding a cochlear implant so that you are directed to the correct person. Thank you for expressing interest in our program. We look forward to working with you on your journey towards hearing enrichment.

Sincerely,

Lisa Houston, AuD, PhD

Theresa Hammer, AuD, PhD

Ravi N. Samy, M.D., FACS

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## Cochlear Implantation/ Auditory Brainstem Implantation Checklist

PATIENT INFORMATION	
<b>Patient Name</b>	
<b>Home Address</b>	
<b>Telephone Number</b>	
<b>Physician's Name</b>	
<b>Audiologist's Name</b>	
<b>Email Address</b>	
<b>Type of Hearing Device</b>	
<b>Insurance Company</b>	

CHECKLIST	
Guidelines	Comments
<input type="checkbox"/> Initial office visit with physician. Date and Location.	
<input type="checkbox"/> Audiology Testing: Audiogram, ABR (if needed)	
<input type="checkbox"/> OMS Paperwork Completion	
<input type="checkbox"/> MRI/CT Completion. Obtain disc of images.	
<input type="checkbox"/> Insurance Approval	
<input type="checkbox"/> Prevnar 13 Vaccination. Initial Date.	
<input type="checkbox"/> Pneumovax Vaccination. Initial Date. Booster Date.	
<input type="checkbox"/> Preferred Hearing Device and Side of Implantation	
<input type="checkbox"/> Anticipated Surgery Date	
<input type="checkbox"/> Anticipated Activation Date	
<input type="checkbox"/> Follow-up Appointment with Physician	
<input type="checkbox"/> Participant of Research Consent (Red Cap)	

## Patient Appointment Schedule

	Date	Location	Miscellaneous
<b>Initial Consult with Practitioner</b>			
<b>Device Evaluation with Audiology</b>			
<b>Pre-Op Appointment</b>			
<b>Surgery Date</b>			
<b>Initial Post-Op Appointment</b>			
<b>Activation Date</b>			
<b>One Month Appointment</b>			
<b>Three Month Appointment</b>			
<b>One Year Appointment</b>			
<b>Two Year Appointment</b>			
<b>Three Year Appointment</b>			

\* Please arrive 15 minutes prior to your scheduled appointment time to complete the registration process.

**Office Addresses:**

UC Health Physician’s Office – Clifton  
 Medical Arts Building  
 Otolaryngology-Head and Neck Surgery  
 222 Piedmont Avenue Suite 5200  
 Cincinnati, OH 45219

UC Health Physician’s Office – North  
 West Chester North Building  
 Otolaryngology-Head and Neck Surgery  
 7690 Discovery Drive Suite 3900  
 West Chester, OH 45069

<b>Implant Manufacturer</b>	<b>Advanced Bionics</b>		<b>Cochlear</b>	
<b>Website</b>	www.advancedbionics.com		www.cochlear.com	www.cochlear.com
<b>Country of Origin</b>	Sylmar, California, USA		Sydney, Australia	Israel
<b>Internal Device</b>	HiRes (2012)/HiFocus (2013)		CI24RE (2011)/CI422 (2012)/L24 (2014)	Classic Series Synergey
<b>Reliability</b>	HiRes 98.1%		98%	
<b>Number of Channels/Stimulation Sites</b>	16		22	
<b>Sound Processor</b>	Naida CI Q70 (2013)	Neptune (2012)	N6 (2013)	Sonnet (2011)
<b>Remote Controls</b>	Yes	No	Yes	Yes
<b>Batteries</b>	Rechargeable (up to 16 hours)	AAA	Rechargeable (up to 20 hours)	Rechargeable (up to 16 hours)
	Disposable 2 p675 (up to 30 hours)		Disposable 2 p675 (up to 60 hours)	Disposable 2 p675 (up to 60 hours)
<b>Water Resistance</b>	Water Resistant	Water Proof	Water Resistant	Water Resistant
<b>Programs</b>	5 program slots	3 program slots	4 program slots	4 program slots
<b>Accessories</b>	Access Wireless Line: ComPilot, myPilot, TVLink, RemoteMic	Built in Telecoil, FM compatibility, Audio accessory ear hook	Cochlear Wireless: Mini Microphone, TV Streamer, Phone Clip	Built in Telecoil, FM compatibility, Audio Access Port
	Built in Telecoil, FM compatibility, Audio Accessory Ear hook		Built in Telecoil, FM compatibility, Audio accessory port	
<b>Wearing Options</b>	Behind the ear	Body Worn	Behind the ear	Behind the ear
<b>Warranty</b>	Internal: 10-year External: 5-year	Internal: 10-year External: 5-year	Internal: 10-year External: 5-year	Internal: 10-year External: 5-year
<b>Hybrid Option</b>	No	No	Yes, Acoustic component integrated with sound processor	No

**Cochlear Implant Manufacturer/ Device Comparison Table**

## Cochlear Implants and Vaccination Requirements

The Centers for Disease Control and Prevention (CDC) has issued vaccination recommendations for adults with cochlear implants. These recommendations can be viewed in detail on the CDC website: <http://www.cdc.gov>.

Because people with cochlear implants are at increased risk for pneumococcal meningitis, the CDC recommends that they receive pneumococcal vaccination on the same schedule that is recommended for other groups at increased risk for invasive pneumococcal disease. Recommendations for the timing and type of pneumococcal vaccination vary with age and vaccination history and should be discussed with a health care provider.

Currently, there are two vaccines given against pneumococcal vaccination. They are **Pneumovax 13 (PCV13)** and **Pneumovax (PPSV23)**. **Please see your primary care provider regarding obtaining these vaccines. Many patients 65 years and older have already received Pneumovax to reduce the risk of pneumonia.**

Adults age 19 and older who have **NOT** had any prior pneumococcal vaccination now need one dose of **Pneumovax 13** followed by a dose of **Pneumovax (PPSV23)** 8 weeks later. Those 65 years and older will need a **Pneumovax** booster.

Adults age 19 and older who have already received vaccination with **Pneumovax**, now need vaccination with **Pneumovax 13** to be given one year or more after their **Pneumovax** vaccination.

**If you are immunocompromised or 65 yrs and older, the vaccination schedule could vary and you should consult your health care provider.**

### **Additional Facts:**

Meningitis is an infection of the fluid that surrounds the brain and spinal cord. There are two main types of meningitis, viral and bacterial. Bacterial meningitis is the more serious type and the type that has been reported in individuals with cochlear implants. The symptoms, treatment, and outcomes may differ depending on the cause of the meningitis.

Meningitis in individuals with cochlear implants is most commonly caused by the bacterium *Streptococcus pneumoniae* (pneumococcus). There is no evidence that people with cochlear implants are more likely to get meningococcal meningitis, caused by the bacterium *Neisseria meningitidis*, than people without cochlear implants. Therefore, there is no current recommendation to receive the meningococcal vaccine prior to implantation.

Thank you for your attention to this important matter.

Ravi N. Samy, MD, FACS  
Director, Adult Cochlear Implant Program

Lisa Houston, AuD  
Cochlear Implant Program Coordinator

AB Sponsored at WCN

Cochlear Sponsored Support Group

MedEl Support Group at WCN

**University of Cincinnati Medical Center**  
**234 Goodman Street**  
**Cincinnati, OH 45219**  
**Same Day Surgery t – 513-584-7300**

**University of Cincinnati West Chester Hospital**  
**7700 University Drive**  
**West Chester, OH 45069**  
**Peri-Op Patient Services t – 513-298-3279**

We are pleased that you have chosen The University of Cincinnati Cochlear Implantation and Auditory Brainstem Implantation Program for your upcoming procedure. The staff serving you is professionally trained to provide the highest quality of care. We encourage you to ask questions and to inform us of any special needs, for we want your visit to be as comfortable as possible.

Your CI/ABI is scheduled for implantation on \_\_\_\_\_ at \_\_\_\_\_ am/pm at \_\_\_\_\_ Hospital.

Please arrive at \_\_\_\_\_ am/pm and check in at the front desk of the main hospital; they will direct you to the Diagnostic Center located on the 2<sup>nd</sup> floor of the hospital for pre-op care.

Please schedule all post-op appointments prior to surgery through UCP at 513-475-8400, Latrice Wilson at 513-475-8419 or Lori Thomas at 513-475-8403.

### **Preoperative Instructions**

Please ensure that all pre-op testing is completed 3 days before your procedure.

**DO NOT EAT OR DRINK ANYTHING** (including gum, mints, water, etc) after midnight the day before surgery. Exception: of a small sip of water to swallow any oral medications previously cleared by physician(s). You may brush your teeth and gargle/spit on the morning of surgery, but do not swallow any water or paste.

A nurse from pre-op admission should call you the day prior to surgery to confirm your procedure, arrival time, directions to facility, and clarification of medication administration.

Please do not take the following medications in the 7 days prior to surgery: aspirin, aspirin containing products (Excedrin), NSAIDs (ibuprofen - Motrin/Advil, naproxen - Aleve, Mobic), herbal supplements, or multivitamins. Tylenol (acetaminophen) may be taken for pain. If you are taking a blood thinner such as Coumadin (warfarin) or Plavix, please discuss your care with the prescribing physician as well as the surgeon before stopping these medications, for coordination of care and alternative therapy may be needed.

Continue life-sustaining medications; including, but not limited to: heart, diabetic, anti-seizure, or blood pressure medications.

Make transportation arrangements for admission and discharge. Please bring a family member or other responsible adult to accompany you home upon discharge.

If you smoke, refrain from tobacco use in the 2 weeks prior to, as well as the 2 weeks following surgery.

Notify your surgeon if you develop any signs or symptoms of illness in the 2 weeks prior to surgery.

Day of surgery: Wear casual, comfortable, and loose fitting clothes. Leave valuables (money, jewelry, credit cards, etc) at home. If you wear glasses, contacts, or hearing aids please bring a case for safekeeping. Remove all make-up, jewelry, artificial nails, and nail polish prior to arrival.

Bring an updated list of medications with correct dosages and dispense instructions. Do not bring medications to the hospital unless you are a transplant patient.

Bring your insurance card to ensure correct and timely billing of hospital procedures.

Please do not bring children less than the age of 14 to the hospital.

***Your surgery could potentially be canceled if you do not follow the above instructions.***

**Clifton/ Medical Arts Building  
222 Piedmont Avenue, Suite 5200  
Cincinnati, OH 45219**

**West Chester/Physician's Office North Building  
7690 Discovery Drive Suite 3900  
West Chester, OH 45069**

**Otolaryngology – Head & Neck Surgery  
t (513) 475-8400  
f (513) 475-8228**

## **Postoperative Instructions**

Call (513) 475-8400 to make your 4-week postoperative appointment as soon as possible.

Call the office immediately if discharge from the ear persists longer than one (1) week or develops an odor.

DO NOT BLOW YOUR NOSE until seen for 1<sup>st</sup> visit following surgery. Any accumulated secretion in the nose should be expectorated through the mouth to avoid infecting the ear.

Sneeze with your mouth open.

Bloody/watery drainage from the incision area may occur during the first 10 days following surgery. If this happens, tape a piece of gauze behind the ear and call our office.

No heavy lifting bending or straining.

A full sensation with popping sounds may be noticed during the healing period. THIS IS NORMAL.

Keep water out of the ear until after your 1<sup>st</sup> postoperative appointment. Hair may be shampooed one (1) week following surgery, providing water does not enter the ear canal. This is avoided by putting a plug of cotton in the canal and applying Vaseline over the cotton.

(Cotton may need to be changed 3 or more times per day.)

If you have had surgery to improve your hearing do not be concerned regarding your hearing for a period of six to eight weeks following surgery. Your hearing will be evaluated at that time.

Should you develop a cold or become ill following your surgery, please notify your doctor.

If you have undergone a neurotologic procedure such as a nerve section, shunt, or removal of a tumor and develop clear fluid flow from the nose or suture line notify your doctor **immediately**.

**IMPORTANT**: Prior to leaving the hospital, be sure you have the phone numbers of your doctor and medical assistant.

If you have questions/ complications post-surgery, please call our main office to be directed to one of our medical personnel at (513) 475-8400. Please do not leave messages on Patty Hoerlein's voicemail if you are experiencing complications or have questions, only medical personnel can help you.

In case of emergency after hours, the doctor can be reached by calling our main number (513) 475-8400. You will be directed to our on-call answering service.

Sutures are absorbable (unless otherwise indicated). If sutures are not absorbable (therefore, blue or black), patient should return at post-op day 8-12 for suture removal. Staples should not be removed until  $\geq 10$  post-op days.

You may receive a prescription for ear drops – they are to be used 7 days prior to your 4-week appointment.

After removing the large bandage, a small bandage will be placed behind your ear. It is to stay in place for 72 hours; then **you** may remove it.

Post-op day 1 patient should return for bandage removal unless completed inpatient. Remove large dressing and clean with hydrogen peroxide, apply thin layer of antibiotic ointment.

## Am I ready for an Aural Rehabilitation Consultation?

If you answer yes to the following questions, you are likely ready to participate in the initial rehabilitation consultation:

1. Are you at least one week post-activation?
2. Can you comfortably detect (but not necessarily understand) speech in the presence of minimal environmental noise?

\*Note: If you have recently been activated, and minimal environmental noises (i.e. ticking clock, birds chirping, fan humming) significantly overwhelm speech, you may wish to wait a few weeks prior to scheduling your first aural rehabilitation consultation.

3. Are you comfortable managing your technology at its basic functional level?

\*If you are still unsure whether you are ready to begin the aural rehabilitation process, email Maja Kinnear, M.A. CCC-SLP at [mheyduk@hearingspeechdeaf.org](mailto:mheyduk@hearingspeechdeaf.org).

Other Relevant Contact Information:

**For specific questions regarding programming**, please call Maja Kinnear M.A. CCC-SLP at (513)221-0527 or send an email to [mheyduk@hearingspeechdeaf.org](mailto:mheyduk@hearingspeechdeaf.org).

**To schedule an appointment and receive new patient paperwork**, call Katherine Burchett at (513) 221-0527 X 116 or send an email to [kburchett@hearingspeechdeaf.org](mailto:kburchett@hearingspeechdeaf.org).

**To reach us by fax:** (513) 221-8014.

Dear Cochlear Implant Recipient,

In an effort to better serve you and our future patients, we would like to administer this anonymous survey. If you would like to participate, please answer the following questions to the best of your ability:

1. How would you rate your overall cochlear implant process? On a scale of 1-10, with 10 being greatly satisfied and 1 being greatly dissatisfied. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. What kind of cochlear implant system did you have implanted? Circle one: AB, Med El, Cochlear. Other: \_\_\_\_\_

3. How would you rate the process that the audiologist used to guide you through the cochlear implant process? On a scale of 1-10, with 10 being greatly satisfied and 1 being greatly dissatisfied. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Prior to implantation, did you feel that you had enough information regarding the process to make an informed decision? Yes or No.

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. What attributes of the available devices led to your particular cochlear implant device choice? Color, size, shape, remote, MRI compatibility, water resistance, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How long have you had your cochlear implant? \_\_\_\_\_

Are you still satisfied with your choice/ decision? Yes or No

7. Were you given adequate time to make an informed device decision? Yes or No

8. How much research did you perform on your own? What outlets did you use?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did you have enough information about each device prior your selection? Yes or No

10. Did you talk to or meet with a cochlear implant patient prior to implantation? Yes or No

Comments: \_\_\_\_\_  
\_\_\_\_\_



**Directions for Clifton/ Medical Arts Building  
222 Piedmont Avenue Suite 5200**

Once you arrive on Eden Avenue, take a right after the Piedmont Avenue intersection, prior to the Goodman Avenue traffic light, and drive down into the parking garage marked UC Physicians/ Barrett Parking. Take the elevators to the 5th floor. After exiting the elevator, locate the registration desk for Otolaryngology. Our suite is 5200. It is adjacent to Dermatology. You will then sign in at the front desk and complete any required paperwork. Once necessary paperwork and registration is complete, the front desk attendants will notify the audiologist/ physician that you are ready for your appointment.

**Directions for West Chester/Physician's Office North Building  
7690 Discovery Drive Suite 3900**

Once you arrive in the parking lot, enter the building and proceed to the elevators on your right. Take the elevators to the 3<sup>rd</sup> floor. After exiting the elevator, turn left (away from Neurology) and follow the arrows for Otolaryngology/ Audiology. Our suite is 3900. It is on the right side of the hallway just past the restrooms and across from Dermatology. You will then sign in at the front desk and complete any required paperwork. Once necessary paperwork and registration is complete, the front desk attendants will notify the audiologist/ physician that you are ready for your appointment.

## Program Directory

### **Clinical Practitioners:**

**513-475-8400**

Ravi N. Samy, M.D., FACS – Surgeon and Cochlear Implant Director

Myles L. Pensak, M.D., FACS – Surgeon

Adele Rauen, PA-C, MMS – Physician Assistant and Clinical Liaison

### **Audiologists:**

**513-475-8453**

Lisa Houston, AuD, PhD and Cochlear Implant Coordinator

Theresa Hammer, AuD, PhD

### **Medical Secretaries:**

Latrice Wilson (Dr. Samy's Clinical Coordinator)

**513-475-8419**

Lori Thomas (Dr. Pensak's Clinical Coordinator)

**513-475-8440**

### **Academic Coordinator:**

Sheree Sims

**513-558-4143**