

# NEWSLETTER

## MAGNETISE



### Report from the Chair

Welcome to this season edition of HCCIG's Magnetise, summer has been and gone and at least we can't complain about the weather this year. So with the dark nights drawing in at least we have our Christmas weekend away to look forward to. HCCIG has had a successful year with membership levels at around 97. We are also pleased to report on the success of our summer BBQ and the last wine bar event that was also well attended, many thanks to Brian Walshe from Cochlear Ltd from being on hand to answer questions from our members. Please do remember to inform us of any change of your details, especially home or email addresses to enable us to keep you informed of HCCIG's news and events. This is particularly important this month as I will be sending out the required forms to renew your memberships.

### Newsletter Updates

HCCIG received many compliments on the new look newsletter and so here it is again. Please submit articles for the next publication of Magnetise by the 31st January 2014 to [hccigs@gmail.com](mailto:hccigs@gmail.com). Your newsletter will be emailed to you unless you require a hard copy, in this case please do let us know.

### Social Media Update

Website

Please do remember if there is anything that you feel should be displayed on our website to get in touch. Guest blogger contributions welcome, email [hccig@ymail.com](mailto:hccig@ymail.com).

Facebook

To find us on Facebook, search Home Counties Cochlear Implant Group, and feel free to add comments, photos, updates on any members news.

Twitter

### CHRISTMAS WEEKEND

**If you wish to attend all or part of this weekend, please let us know. There are currently 34 members attending and still spaces available.**

For more details on this event please take a look at our website

### Christmas Carol Signing Event

HCCIG is sorry to inform you that this event has been cancelled this year.



### Dates For Your Diary

2013/2014

#### WINE BAR

Tuesday 12th November 2013

Tuesday 18th February 2014

Tuesday 15th July 2014

Tuesday 16th September 2014

Tuesday 11th November 2014

6pm till 9pm,

Brookes Brothers, Wine Bar, 33-35

Brooke Street, Holborn, London,

EC1N 7RS.

Nearest Tube Chancery Lane, exit 2.

Just come along, join in and catch up on the latest CI chat.

#### COFFEE BAR

Wednesday 6th November 2013

1 till 3pm, 36 Brigadier Hill, Enfield,

EN2 0NQ. Child friendly, low cost

coffee and snack bar, with free chat!

Meet other CI users; find out more

about Implants from people who

have them. Everyone is welcome.

#### AFTERNOON TEA

Wednesday 25th September 2013

Wednesday 5th March 2014

Wednesday 7th May 2014

Wednesday 9th July 2014

Wednesday 8th October 2014 from

4pm till 7pm, at Southgate Beaumont

Barchester Healthcare, 15 Cannon

Hill, Old Southgate, London, N14

7DJ. A stunning grade II listed home,

in beautiful grounds, another chance

to meet other CI users; find out

more about Implants from the peo-

ple that use them. Everyone is wel-

come, ample of Car Parking spaces.

## Manufacturers News



### HIFOCUS MID-SCALA ELECTRODE FROM ADVANCED BIONICS RECEIVES APPROVAL IN

#### EUROPE

The all-new HiFocus Mid-Scala electrode designed to help preserve residual hearing is now approved by TÜV Advanced Bionics (AB), a global leader in cochlear implant technology and a company of the Sonova Group, has announced that it has received TÜV approval in Europe for the HiFocus™ Mid-Scala electrode. The latest offering in AB's HiFocus™ electrode family, the HiFocus Mid-Scala is designed to help protect the delicate structures of the cochlea for the preservation of residual hearing without compromising performance. The new HiFocus Mid-Scala array is the latest innovation in electrode design. Developed through extensive research and state-of-the-art manufacturing processes, the HiFocus Mid-Scala electrode has been designed for optimal mid-scala placement in the cochlea to protect its delicate structures and preserve residual hearing. It is fully upgradeable for next-generation sound processing and provides recipients with the opportunity to enjoy the best possible hearing now and improved hearing in the future as new technology is introduced.

"For anyone with significant hearing loss, the preservation of any hearing that remains is important when getting a cochlear implant," said Hansjuerg Emch, Group Vice President of the Sonova Medical Division within which AB resides. "At the same time, we need to ensure that the electrode deposition in the cochlea enables the best possible electrical stimulation of the hearing nerve. We developed the HiFocus Mid-Scala electrode to do just that."

Featuring the industry's smallest pre-curved array, the HiFocus Mid-Scala is the only pre-curved electrode developed for the latest soft surgery approaches, including round window insertion, to suit surgeon preferences and individual recipient needs.

"The HiFocus Mid-Scala is truly the industry's first and only electrode developed for a variety of surgical approaches. We are proud to provide surgeons with unparalleled flexibility to suit their preferred techniques," said Mark Downing, Director of Product Management and Surgical Support. "With this approval, surgeons across Europe now have three advanced electrode options to choose from that best meet the needs of their patients."

The new Mid-Scala model, like every electrode array in the HiFocus line, delivers AB's proprietary current steering technology for hearing that more closely resembles normal hearing. The HiFocus Mid-Scala electrode, HiRes 90K™ Advantage implant, and current steering are just a few of many industry firsts delivered by AB to

provide recipients with better hearing through the most advanced technology. AB has developed unsurpassed sound processing strategies designed to provide the best hearing performance in real-world settings, including ClearVoice™, HiRes Fidelity 120™, and AutoSound. AB also recently introduced Neptune™, the world's first and only swimmable sound processor, which continues to make a big splash in many countries across the world.

For more information about the HiFocus™ Mid-Scala electrode or Advanced Bionics, contact

a local AB representative or visit [www.AdvancedBionics.com](http://www.AdvancedBionics.com)

### Neptune Testimonial By Sarah Clark Unilateral AB Recipient

"I love the Neptune! Let me tell you why: I can swim, shower, exercise indoors or outdoors without any fear of rain, water or sweat impairing its ability to function. It's small and light, it looks trendy and I can personalise it with my favourite colour covers and headpieces (available from Connexans).

Once I received my Neptune, I spent a whole day in a Spa with my Mother, where I was able to test its ability to hear in a sauna, steam room, Jacuzzi and a swimming pool! Previously, in this environment I would have had to spend the whole day in silence but not that day...I could relax in the sauna and steam room knowing that if somebody spoke to me I'd be able to clearly hear them



and I swam in the swimming pool, hearing the water splashing and lapping at my shoulders for the first time in a very, very long time. I could also still hear the music, whilst underwater; it just sounded slightly muffled...In a normal environment, everything sounds slightly louder with the Neptune, because the microphone is in the headpiece, but this is a good thing in my opinion!

It is important to care for the Neptune by taking it apart and using a Zephyr Dry & Store overnight on a frequent basis, especially after being in a wet or

moist environment so that the components can dry out. I'd heartily recommend a Neptune for people who are active, because there's nothing on your ear so you can sweat, swim, roll around, climb or jump about to your heart's delight!"

Neptune™, the first and only SWIMMABLE sound processor in the world features the industry's only freestyle™ design for the freedom to choose your wearing style without compromising performance.

For more information about the Neptune™ sound processor or Advanced Bionics, contact a local AB representative or visit; [www.AdvancedBionics.com](http://www.AdvancedBionics.com)



### Cochlear™ Celebration 2013

Join us at the Informational Exhibition and Open House  
 Saturday, 19 October 2013  
 10.00 am - 4.00 pm  
 Registration commences 09.00 am  
 Lunch and refreshments included

Kings Place  
 Battlebridge Room  
 90 York Way  
 London N1 9AG

Kings Place is fully accessible for wheelchair users.



**Register for the event and attend a workshop for the opportunity to win an iPad Mini!**

Take advantage of this one of a kind opportunity to meet the experts from Cochlear! This fun packed and informative day is **FREE** to all Cochlear™ Nucleus® and Cochlear Baha® implant recipients and their family. Join us for the day or drop in for just part of it!

The exhibition offers you and your family the opportunity to speak with professionals, staff and recipients about various topics that may interest you about your or your child's Cochlear Nucleus implant or Cochlear Baha System. You may also like to attend workshops held by international guests or simply use the occasion to just catch up with friends and make new ones!



**Cochlear Announces the Nucleus® 6 System - Simply Smarter in Every Hearing Situation**

We are really pleased to announce that we now have CE approval for Cochlear™ Nucleus® 6 system, our next generation cochlear implant sound processor. Nucleus 6 delivers industry first innovations designed to provide superior outcomes in a way that makes hearing a lot easier for the recipient - in the smallest sound processor on the market.

Built on a completely new microchip platform with five times the processing power of the market-leading Nucleus® 5 sound processor, Nucleus 6 delivers:  
 SmartSound iQ advanced sound processing to optimise performance in every hearing situation  
 True automation with industry's only scene classifier, which analyses the sound environment and automatically applies the best sound processing technology  
 Direct wireless connectivity to the sound processor linking customers to a wide range of Bluetooth and audio devices  
 Fully integrated hearing aid functionality in every sound processor to boost

residual hearing through acoustic stimulation  
 Comprehensive data logging capability providing a rich source of information for the clinician to help optimise individual performance  
 Smallest sound processor on the market  
 Optimising hearing performance in every hearing situation  
 With Nucleus 6, Cochlear introduces its third generation of input processing - **SmartSound iQ**. Different listening situations require specifically designed sound processing technologies to optimise hearing performance. SmartSound iQ delivers the broadest range of input processing capabilities available including new background noise and wind noise solutions.

Simply smarter' with performance that adapts automatically Nucleus 6 introduces the industry's first scene classifier, SCAN, which analyses the sound environment then applies the best sound processing solutions to optimise hearing performance. In the past, recipients had to manually change programs for different sound environments. With Nucleus 6 this happens automatically, so they don't have to think about it.

"With Nucleus 6, we have built on our long history of innovation in sound processing to give our recipients the best technology available so they can hear their best in real world hearing situations," said Lisa Aubert, General Manager, UK/IE & South Africa

**Truly wireless connectivity**  
Nucleus 6 delivers truly wireless capabilities. Unlike other wireless solutions, sound can be streamed directly to the sound processor wirelessly from a wide range of Bluetooth and audio sources without the need for intermediary body worn devices. A range of new Cochlear wireless audio accessories including a TV streamer, remote microphone and phone clip will follow shortly after launch.

**Bimodal wireless connectivity**  
The Cochlear wireless accessories can also simultaneously stream sound from Bluetooth and audio devices direct to GN ReSound hearing aids (which include ReSound, Beltone and Interton brands) as well as the

Nucleus 6 sound processor. This provides an integrated, bimodal solution for those people who have both a cochlear implant and GN ReSound hearing aid.

**Hybrid capability to enrich residual hearing**

For customers who have residual hearing in their implanted ear, their hearing experience may be significantly improved if this residual hearing can also be amplified. Unique to Nucleus 6, every sound processor has the capability to operate as an all-in-one hearing aid plus cochlear implant sound processor, which delivers both electrical and acoustic stimulation simultaneously.

**New clinical insights with comprehensive data logging capability**

The Nucleus 6 System also includes a range of new innovations specifically designed for the clinician. Of major benefit is the industry's only comprehensive data logging capability, which monitors and records how the sound processor is being used and the types of sound environments experienced. Data logging provides rich information for the clinician to help them have better discussions with their patients to enable even better hearing outcomes.

Smallest sound processor on market  
Despite the wide range of new features in Nucleus 6, all have been delivered in the smallest BTE (behind the ear) worn sound processor on the market. Water resistance is impor-

tant for both lifestyle and reliability. With an IP57 rating, no BTE sound processor is more water-resistant. And now each sound processor has an advanced water-resistant nano-coating, making it more reliable around water than ever before.

**The leading choice**

The Nucleus 6 System has been built on the same principles that have seen Cochlear remain the company of choice for implantable hearing solutions for over thirty years. Today when choosing a cochlear implant, seven out of ten people globally choose Nucleus from Cochlear due to its leading technology, superior reliability and lifetime commitment to customers.

"Cochlear remains committed to providing its recipients with the opportunity to hear their best throughout their lifetime, no matter when they received their implant," said Lisa. "Nucleus 6 is currently compatible with all Nucleus CI24RE and Nucleus CI500 implants and Cochlear is working hard to ensure that recipients with earlier implants will soon be able to access this new technology."

**The Nucleus 6 experience**

We have created a video called Molly's Day to help people see and appreciate the benefits of Nucleus 6. To see the video, visit [www.cochlear.com/mollysday](http://www.cochlear.com/mollysday) or please visit our website to learn more about Nucleus 6

[www.cochlear.com/uk](http://www.cochlear.com/uk)

## MED-EL

**MED-EL Cochlear Implant System receives CE mark approval for Single-sided Deafness (SSD)**

MED-EL has become the first hearing implant company to receive approval for marketing cochlear implants as a treatment for single-sided deafness for all age groups. The approval applies to all countries which recognise

the CE mark. It was granted based on a number of long-term scientific studies conducted by several European clinics working closely with MED-EL. These studies showed that MED-EL cochlear implant users who suffered from single-sided deafness enjoyed improved quality of life as they were better able to understand speech in noisy envi-

ronments and to determine the direction from which sounds came.

"MED-EL has driven this research initiative, in close collaboration with our customers and professional partners, so that individuals with SSD can enjoy the benefits of hearing with both ears instead of having to rely on just one," said MED-EL CEO,

Dr. Ingeborg Hochmair.

The treatment of single-sided deafness using cochlear implants was pioneered in collaboration with several surgeons including Prof. Paul Van de Heyning, from Antwerp University Hospital, Belgium.

“The approval of MED-EL cochlear implants for SSD is an exciting development. Since we published our first clinical study in 2008 we’ve demonstrated the benefits of using a cochlear implant for people with single-sided deafness, and now at last these benefits can be extended to the general public. People with single-sided deafness often have problems following conversations in noisy environments and in working out the direction from which a sound came. This can be really frustrating for them. A cochlear implant uses electrical stimulation to restore hearing to the ear with hearing loss. A cochlear implant makes it easier for them to understand the sometimes overwhelming world of sound, and improves their quality of life,” said Prof. Van de Heyning.

Detlef Fischer, a MED-EL hearing implant user who now wears a cochlear implant on his right side, says he is so relieved that he can understand what people are saying and work out the direction sound travels from again. “I noticed a significant improvement in my ability to understand speech,” said Detlef, who was

implanted at the Military Hospital in Koblenz by Prof. Joachim Müller. “Voices sound very natural and high frequency sounds seem to harmonise just like normal hearing.”

Dr. Hochmair is delighted that a completely new patient group can now enjoy improved quality of life with a cochlear implant. “We are very pleased to be able to extend the benefits of hearing with our cochlear implants to users with single-sided deafness,” said Dr. Hochmair. “As a company, we remain dedicated to strong clinical research in order to deliver comprehensive hearing implant solutions to individuals with hearing loss worldwide.”

The approval of MED-EL’s cochlear implant system for the treatment of single-sided deafness includes all countries that recognise the CE mark.

If you require further information about MED-EL’s hearing implant systems, please contact [customerservice@medel.co.uk](mailto:customerservice@medel.co.uk) or visit [www.medel.com](http://www.medel.com).

### Connectivity to mains powered devices!

MED-EL is pleased to announce that all MED-EL audio processors are now approved for direct connection to mains-powered audio and video devices with immediate effect. This approval means that **MED-EL HEARING IMPLANT SYS-**

**TEMS** users are easily able to connect their audio processor directly to mains-powered devices such as notebooks and PCs.

The only requirement is that the device is CE marked. Hearing implant users can now benefit from a larger range of devices, which can be used without potential auditory disadvantages. This makes using online video telephony or browsing through media libraries easier and more comfortable without the need for any additional assistive listening devices.

This makes using online video telephony or browsing through media libraries easier and more comfortable without the need for any additional assistive listening devices.

Direct connection to audio receivers or terminal devices guarantees enormous auditory support for our users, especially on the phone, in louder environments or in public places like theatres. Until now only assistive listening devices or battery-powered devices like portable CD-players, MP3-players and mobile phones could be directly connected to audio processors.

The new approval applies to all MED-EL audio processors!

If you require further information please contact [customerservice@medel.co.uk](mailto:customerservice@medel.co.uk) or call 01226 242874

## MED-EL CEO Dr. Ingeborg Hochmair Receives Prestigious Lasker Award for Development of the Modern Cochlear Implant

MED-EL is pleased to announce that CEO and Founder Ingeborg Hochmair, PhD, has been selected to receive this year’s prestigious *Lasker-DeBakey Clinical Medical Research Award* for the development of the modern cochlear implant. She shares the award with Graeme M. Clark (Emeritus, Univ. of Melbourne, Australia) and Blake S. Wilson (Duke University, NC, USA). This highly-

respected scientific award honours scientists whose contributions have improved the clinical treatment of patients. The award ceremony took place in New York on 20th September 2013.

Ingeborg Hochmair, a PhD in electrical engineering, is being recognised for her early contributions to the field of cochlear implants starting with the development of the

world’s first multi-channel microelectronic cochlear implant that was implanted in Vienna in 1977.

Hearing preservation has guided Dr. Hochmair’s research and development activities towards a highly flexible electrode array that preserves the delicate structures of the cochlea despite deep insertion into the cochlea.

The cochlear implant was, and re-

mains, the first replacement of a human sense, the sense of hearing. Dr. Hochmair's intellectual rigour, pioneering spirit, and life-long drive towards excellence have transformed the lives of nearly 100,000 individuals around the world. "Many of these achievements were attained with the shared commitment of my husband and closest collaborator, electrical engineer Erwin Hochmair, and with other outstanding partners, such as basic researchers, surgeons, clinicians, co-

workers at MED-EL and, ultimately, the end-users of the devices," said Dr. Hochmair. Together with Prof. Erwin Hochmair, Ingeborg Hochmair founded MED-EL with a vision that would ultimately bring cutting-edge applications to life in more than 100 countries. Being CEO of MED-EL is not simply a job for Dr. Hochmair; it is her life. Helping people overcome hearing loss as a barrier to communication was a founding principle of MED-EL and

remains her mission and her passion. Improving the quality of life of patients continues to be a personal and professional core value that is lived every day through her leadership at MED-EL. For more information about the Lasker Awards, visit [www.laskerfoundation.org](http://www.laskerfoundation.org). For further information about MED-EL and our products, visit the website at [www.medel.com](http://www.medel.com) or email [customerservice@medel.co.uk](mailto:customerservice@medel.co.uk).

**Calling all RONDO Users: We want to hear from you**

Do you use a RONDO audio processor as the external part of your MED-EL CI system?

If so, MED-EL would like to thank you for choosing the RONDO, and as one of its early users we would love to know what you think of it. If you are a MED-EL CI user with at least 4 weeks of experience with the RONDO, please visit [www.medel.com/rondo](http://www.medel.com/rondo) and click on "RONDO survey" in the 2 Ways to Hear offer section to tell us what you think.

The RONDO survey only takes 10 minutes and you could win an 8GB USB touch pen. The survey is running

until the end of December 2013, so don't miss out on the opportunity to have your say. Your feedback is invaluable and will help us to continue to improve our products.

The RONDO is the world's first single-unit audio processor, and is based on the proven technology found in the OPUS 2 audio processor including features such as Automatic Sound Management and FineHearing. For further information about the RONDO and our other products, visit the website at [www.medel.com](http://www.medel.com)

## Research Projects

University College London Hospitals   
NHS Foundation Trust

**Cochlear implants in adults and Children Members Meet 10 May 2013**

Mr Jeremy Lavy, consultant ENT surgeon, gave an interesting talk on cochlear implants, including their history. Some of the members who attended the talk were recipients of a cochlear implant.

Mr Lavy explained that sensory loss in people is quite variable, for example when someone is blind others may reach out to help but when someone is deaf it may not be obvious and they could be perceived by

others as shouting and having to ask people to repeat themselves. Members learnt that the hearing pathway in the development of a child's brain continues to develop up until the age of 4 and nothing beyond that age. The range of different sound frequencies was demonstrated by a "speech banana" on the slides where one end is at the higher end of the hearing spectrum, and the other end being very poor hearing.

The members learnt of the history into cochlear implants which went back to 1987 when a surgeon and a neurophysiologist got together to

try to see if they could stimulate the cochlear nerve. Eventually they developed a fairly crude coiled wire into a patient's cochlear nerve and after a couple of weeks the device was stimulated and the patient reported he could hear a clicking sound. Although much more work was required to be done, this proved ground breaking in terms of electronic stimulation of the cochlear nerve. In 1982 an ENT surgeon and colleague went to San Francisco to see the work being done there on cochlear implants and they brought two devices back with them to the UK. Following this, the first implant was done at the Royal Ear

Hospital in London and soon afterwards cochlear implants in the UK became established. In 2009 it was proven that cochlear implants worked. Furthermore it was agreed they would be available on the NHS, through NICE (National Institute of Clinical Excellence) guidelines, providing their hearing was worse than a given criteria, as outlined in Mr Lavy's slides.

When someone's hearing is potentially bad enough to benefit from an implant, they are tried with a hear-

ing aid to see how well they can do and part of the assessment includes having an MRI scan. Because of the constraints of one cochlear implant for an adult, techniques of having one implant with two wires have been tried and whilst this not the same as having two implants it can give definite advantages to the patient.

Lani Swart showed videos of cochlear implants being "switched on" and it was amazing to see the reactions of someone hearing for the

very first time and in a child that could be quite a frightening experience.

Mr Alexander McBride, a patient and cochlear implant recipient, shared his experience of having an implant and the difference it has made to his life. He also shared his thoughts of the difficult decisions he had to make in deciding whether the cochlear implant was right for him.

Ros Waring  
Membership development manager

### The lived experiences of young adults cochlear implant users - Dr Laura Snell

Email: [laurasnell\\_languageservices@yahoo.co.uk](mailto:laurasnell_languageservices@yahoo.co.uk)

This document provides a summary of the key findings identified in the doctoral research undertaken by Dr Laura Snell, Lancaster University.

#### Why this topic?

During the 1980s/1990s, the introduction of cochlear implantation evoked controversial debates about the potential impact of the technology on young deaf children. Ethical concerns were raised about the decision making which was undertaken predominantly by hearing parents of deaf children, along with the operation required to fit the internal component of the cochlear implant. Some members of the deaf community felt that cochlear implants could marginalise the deaf child by forcing decisions about choosing either a deaf or hearing identity, or position the implanted child as being stuck in-between the deaf and hearing worlds, without full access to either. Concerns were also raised about the potential impact on the deaf community, with cochlear implants being viewed as a direct route towards oral communication and as a rejection of deaf identity (see: Doe 2007; Ladd 2003; Lane 1999; Lane et al. 1996).

There is an abundance of existing literature which explores the clinical aspects of cochlear implantation, along with research into the educational, communication and psychosocial experiences of children under 18 years old, and their families (see: Wheeler et al. 2009; Watson et al. 2008; Wheeler et al. 2007; Thoutenhoofd et al. 2005).

However, the views and experiences of young adult implant users have been noticeably absent. The timing of this research was an important feature of its originality, as we now have a generation of young adults living with cochlear implants; some of the users have been implanted as children amidst the controversial debates, but others have decided for themselves, as teenagers, to get a cochlear implant.

The purpose of the research This qualitative research investigated the lived experiences of sixteen young adult cochlear implant users, aged between 19 – 30 years old. The study explored the implant users' experiences of deafness, their use and perceptions of cochlear implant technology, their

embodiment of the technology, and their personal and social identities.



#### Research method

In-depth, semi-structured interviews were conducted with the sixteen young adult cochlear implant users. Some of the interviews were conducted face to face, but other interviews utilised various communication technology - MSN, Skype video call and email. In addition, various communication modes and languages were used with the participants: spoken English, British Sign Language (BSL), Sign Supported English (SSE) and written English. All of the data was analysed thematically in order to explore the participants' experiences of living with their cochlear implants.



Topics explored throughout the research

A range of topics were explored through the participant interviews, for example: the decision making process, the operation, the process of being 'switched on' and how the users adapt to new sounds. Participants discussed how they coped with annoying sounds and how they undertook sporting activities with the implant. The sound processor batteries were often mentioned, along with the aesthetics of the technology, and the experience of listening to music through the cochlear implant. In addition, we discussed communication between the users and their implant centre, the process of upgrading the external components, and the possibility of receiving bilateral implants in the future. We briefly explored the notion of 'cyborg bodies' and 'bionic ears', along with the experience of embodying the cochlear implant and the compromises this involved. Participants also shared their perspectives on various identity labels, communication modes and social group preferences.

#### Research findings

The participants in this study have shown that the experience of living with a cochlear implant can:

- increase access to sound and improve speech skills (to varying degrees),
- improve social connections with other people and communities,
- increase self-confidence and independence,
- reduce communication barriers,
- create more opportunities and more choice for the user.

However, it is important to remember that the users have to learn how to use the cochlear implant, adapt to the new sounds, and practice to gain (variable) benefit from it.

Overall, the 16 young adults described their implants as being a positive addition to their lives. For the participants in this study, the cochlear implant appears to enhance fluidity, rather than restrict identities or life experiences, and in doing so,

the technology blurs the boundaries between the body, technology, identities and communities.

#### Key theme: Fluidity

Fluidity was evident in the variability of outcomes when using a cochlear implant. Listening ability and speech skills are not the same for all users. Access to environmental sounds, the ability to use the telephone and the experience of listening to music also varies greatly.

Communication was fluid for some participants who used spoken English, SSE or BSL. Some implant users switched between communication modes/languages depending on whether they were communicating with deaf or hearing groups.

The personal and social identities of the participants were fluid. Identity labels can change over time and often have different meanings. Many participants moved fluidly between hearing and deaf social groups/communities.

Hearing levels can be described as fluid with the cochlear implant: when the implant is switched on the user has more access to sound, but when the implant is switched off, the user reverts to being profoundly/severely deaf.

#### Key theme: Blurring boundaries

Physical boundaries: the boundary between the machine and the human body becomes blurred through the external and internal components of the cochlear implant. The technology and the body work together to produce the new version of sound. The boundary and function of the human ear is also altered, as one participant stated: 'I feel like my ear has moved'.

Emotional boundaries: as the users adapt to the technology, the implant is embodied and becomes 'part of them'. The participants derived benefits from this embodiment and some acknowledged that it made them feel dependent on the cochlear implant.

Identity boundaries: traditional binaries of 'deaf' and 'hearing' do not capture the experiences of the cochlear implant users. Boundaries be-

tween identity labels such as 'deaf' and 'Deaf' are also blurred. Identity labels have different meanings because they are socially, culturally and temporally situated.

The historic boundary between cochlear implant technology and the deaf community is blurring. Many of the research participants were actively involved in the deaf community, suggesting that the community has adapted to some of the changes in deafness and developments in technology.

#### Acknowledgements

Thank you very much to the sixteen cochlear implant users who shared their experiences with me. I am also grateful for the fees bursary provided by the Department of Applied Social Science at Lancaster University.

#### References:

- Doe, L. 'Cochlear Implants: are they really a threat to the deaf community?' *Deaf Worlds*, 2007, 23, 1:1-17
- Ladd, P. (2003) *Understanding Deaf Culture: In Search of Deafhood* Clevedon, Multilingual Matters Ltd.
- Lane, H. (1999) *The Mask of Benevolence* New Edition San Diego, Dawn Sign Press
- Lane, H. & Hoffmeister, R. & Bahan, B. (1996) *A Journey into the Deaf World* San Diego, Dawn Sign Press
- Watson, L.M., Hardie, T., Archbold, S. and Wheeler, A. (2008) 'Parents' views on changing communication after cochlear implantation' *Journal of Deaf Studies and Deaf Education* 13, 1: 104-116
- Wheeler, A., Archbold, S., Gregory, S. and Skipp, A. (2007) 'Cochlear Implants: The Young People's Perspective' *Journal of Deaf Studies and Deaf Education* 12, 3: 303 - 316
- Wheeler, A., Archbold, S.M., Hardie, T. and Watson, L.M. (2009) 'Children with cochlear implants: the communication journey' *Cochlear Implants International* 10, 1: 41-62
- Thoutenhoofd, E., Archbold, S., Gregory, S., Lutman, M., Nikolopoulos, T. and Sach, T. (2005) *Paediatric Cochlear Implantation: Evaluating Outcomes* London, Whurr Publishers.

**An Epic time hearing in and around the water on board the Norwegian Epic**



I have recently returned from a fabulous cruise on board the Norwegian Epic from 14th to 21st July 2013. Fun activities included Bowling, Karaoke, a spot of night clubbing and meeting new people. Hearing wise with the Neptune is still very different compared to my Harmony Processor which has the use of the T-Mic rather than through the mic on the headpiece.

I had questions from curious members of the public as to what I had clipped to my goggles, such as is that a video camera or whats that? The Neptune looks different to a conventional BTE processor.

Sound-wise I was hearing general sounds from further away, when people were talking to me and were nearby I was able to hear clearly. With general background and environmental sounds, these were at times confusing and at times jumbled possibly due to the placement of the mic. Hearing the sounds of splashing water and the sensation of sounds when going under water felt strange, as if someone had pulled a plug on you and sound was going down a plug hole!

My trials with AB's first waterproof processor is far from over, once I eventually get to try the T-com which is the Neptune's version of my Harmony's T-mic then the comparisons can continue. I had a great time on board to Norwegian Epic and enjoyed meeting new people courtesy of Love it Book it.com. Having the use of the Neptune meant I could hear in the water as well as on dry land.

Thanks to the marvelous hearing technology I am using I was able to enjoy a trip starting out as a group of strangers and leaving with a few friends. If someone had come up to me 5 years ago and told me I would be able to hear in the water, I would I thought they were having a laugh.

**“New Look Newsletter!”**

**- By Sophie Herbert**

I just wanted to let you know how good I thought the latest newsletter looks. I was in the RNTNE hospital last week and there were some in the waiting room. They were really eye catching from across the room and if I had not know what it was, I would have thought, 'Hello,,, Newsletter; whats that about?'

The new format is a real improvement on the old look, I like the bold, clear heading and all the way through there is a more sharp and professional look and I found it easier to find my way around and identify different topics.

I've had my implant for two years now, and like many people who have this operation, I'm finding the journey can be slow and its not a straightforward ascent to a world of sound. The HCCIG and the

magazine both before and after the operation have been an immense help. Meeting other members who had been through the operation, I got a far better picture of what it was like to have a cochlear implant, and I learned details which I simply would not have come by just through my contact with the hospital. To be fair, the hospital is busy and their work is to see if you are a suitable candidate, and to get the job done, but none of those people have actually had the experience of being deaf and living with an implant.

As well as getting a clearer picture of what it was like to receive an implant, the HCCIG has been a real help for support. Although the hospital felt I would be a good subject for the operation, I was very scared of going ahead. Contact with other implantees made me feel less alone in the process and their generosity with information, personal accounts and

realistically pitched encouragement was just wonderful.

I am still learning more after two years of having my implant. I cant always get to the meetings, but the Newsletter is great for keeping me in touch and making sure I know what is going on. The 'Dates for Your Diary' on the front, and highlighted in a different colour is very helpful. I also like the clearly headed 'Member's Corner'. The article by Stuart McNaughton about his book, "He Is Not Me" was quite powerful and made me want to read it.

**-By Margaret Oatway**

I wanted to let you know how much I like the new Magnetise. I think its really nice and I like the clear typeface and the colour blue at the top of each page with the line underneath. The whole newsletter is easy to read and good on the eyes. I think it looks professional. Well done!

**Life as a student with a Cochlear Implant – By Karen Wild**

Praying the traffic lights would turn red soon enabling me to get to the lecture, I worryingly checked my watch. It wasn't that I was worried about not gaining a seat at the front. No, everyone knew me by now and dare I say, knew my seat at the front! (The one closest to the speaker microphone) plus my note-taker would be there saving it, but being late meant I wasn't able to just slip in at the back like other students were able to and there was a chance I could miss the attendance register I'd need to sign which always started at the front, then ten minutes later had been passed on and now was at the back. It was imperative that we attended 90% of the lectures, otherwise a fail would be issued. I could of course just retrieve the attendance register from the back at the end of the lecture, but I knew that after becoming engrossed in the lecture, I could forget to do so. Plus there was of course the more important fact that sometimes missing the first five minutes of a lecture could be very hard to then catch on exactly what we were talking about for this one. It was therefore essential that I got there on time today!

I blame that vibrating clock of mine; the pad attached to it had somehow fallen to the floor. Not wanting to turn over in the night to something a little bulky I had actually tried to tie it round the panda bear I kept at the

head of my bed knowing that it was so powerful it would still wake me. But god knows how, the panda had somehow fallen to the floor with the pad still attached. Well, I guess it woke the panda anyhow!

Now arriving in the lecture room a few minutes late, I breathed a sigh of relief. I could see the attendance register on the front row and from the projector slide could also see we were on the first slide, a topic which I had actually already read up a little about the night before.

Now I needed to worry about my next challenge. My FM system (otherwise known to some as a radio aid) To link it up to my cochlear implant, I needed to take my processor off, plug the lead in to it, the other end attached to the FM receiver part, turn on both this and the transmitter one (the part for the lecturer), put my processor back on my head, and test that it was working for me (a quick tap on the microphone of the transmitter part would tell me so), and finally find a way to hand the part to the lecturer when she wasn't in the middle of an important point or answering someone's question. As always, the lecturer noticed I was holding it and came and retrieved it from me smiling in the process. As it were Audiology I was studying, I think they liked the reminder to the other students of the importance of Assistive Equipment!

It was certainly true that it made a tremendous difference to me. It

bought the speaker's voice closer almost like she was standing right in front of me. It also cut out other noises around me such as students leafing through papers or chatting. However, it was a bit of a pain having to plug the lead in and out during the ten minute breaks. I did of course want to chat to the other students and my note-taker, and not hear the lecturer, especially if she was planning to go to the toilet! The hospital had informed me at my last visit that the ratio setting on the processor could be changed so that I could hear the students much better, but I preferred the ratio it was on, my main aim to hear the lecturer well. The fiddling about with leads at break times was worth it!

The only downside about the FM system of course was often missing the students call out answers when the lecturer asked questions. At the beginning of the last year my personal tutor had informed the lecturers to repeat back the answers when they were called out, but understandably delivering a lecture, sometimes the lecturers would forget and just say "Correct!" However this was something I was planning to be a lot more assertive about in the new academic year. I wanted to make sure I got every single answer. It was essential if I were going to pass this course! The students (a lot of them new this coming academic year) were going to be hearing my voice a lot! Next issue? - Life as a student with a

**Barbeque 6<sup>th</sup> July 2013**

Barbeque took place in glorious sunshine at County Hall, Hertford. This was attended by 35 members and their families.

We all enjoyed a splendid Barbeque cooked by the County's chef, and managed by Sharon, the canteen

manager. The weather was extremely hot; a total change from 2012, when there was heavy rain. Our thanks go to the Catering Manager, Sharon and the chef, Bob for their time and professional expertise given free to HCCIG. Also a big thank you goes to Tesco stores at Brookfield Farm,

Cheshunt for the donation of bread and some of the meat.

Many thanks to Christine and John Christopher as they brought meat and to Jenny and Peter for the chicken.

David Gordon

### **Fundraising**

The trustees would like to emphasise the importance of fundraising for Home Counties Cochlear Implant Group. Without this we are not able to operate financially.

In order for the Charity to operate on a bare minimum it is important to cover the following running costs:

Professional Indemnity and other Insurances  
 Printing, postage stationery  
 Subscriptions to other Cochlear Implant related bodies  
 Travel

### Telephone

We usually ask for subscriptions to cover expenses in general but when we are hosting events we do actively source donations to support these events. In particular at these events we have to provide specific services such as the Palantypist and BSL interpreter. These services have to be paid for. Sometimes we have to pay for rental of the premises and catering. The trustees go out of their way to secure free services as much as possible, but this is not always the case each time.

We have in the past attempted to raise further funding from specific

events such as the Carol signing, jewellery sales and other events. We would welcome your support at these events, without this we could not operate at all.

Also if you are a UK resident tax payer, you can let us claim the appropriate tax relief via our application each year to H M Revenue and Customs under Gift Aid. Please fill out the Gift Aid form at the back of your subscription renewals and if you do need a specific gift aid form please let us know.

The Trustees

### **Christmas Meal and drink at The Weatherspoons.**

Tuesday 10th December 2013, from 6pm onwards, meal at 7.30pm, at Penderel's Oak, 283 - 288 High Holborn, London, WC1V 7HP.

Please let Jenny Burdge know if you are interested as table has to be booked.



### **Disclaimer**

HCCIG accept no responsibility for any information relating to third party organisations featured in this newsletter. While HCCIG makes every effort to ensure details are accurate, we advise our members to check these with the organisations concerned. HCCIG does not endorse any product or service of, nor does it verify any preferential treatment, offered by the organisations. All queries should be directed to them. Certain of the offers and services featured in this newsletter are only available to customers of those organisations. HCCIG does not provide medical advice or make recommendations with regard to any particular implant and no article in this newsletter should be construed as doing so.

### Contacting HCCIG

Please would you only contact Jenny on HCCIG business during working hours of 9.00am to 5.00pm. Monday to Friday. This is to allow Jenny some free time with her family. Thank you.

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A Voluntary Group Funded by Members

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