

In this issue :

- [President's Message](#)
- [Message from the Editor](#)
- [Board News and CALL FOR SLOGAN!](#)
- [European Friendship Week 2018](#)
- [Members of the European Parliament ask a written question in the European Parliament about #HearingLoss](#)
- [3rd Stakeholders' Meeting for the WHO Programme on Prevention of Deafness and Hearing Loss](#)
- [Bulletin of the World Health Organization](#)
- [WHO - Country Actions on Hearing Care](#)
- [SURVEY - International survey of bimodal hearing aid and contralateral routing of signal \(CROS\) technology use in adult cochlear implant recipients](#)
- [EDF 'Picture Equality' Photo Competition 2018](#)
- [EURO-CIU - Facebook](#)
- [AUSTRIA - Velden forever!](#)
- [CZECH REPUBLIC - Summer in the Czech Republic](#)
- [HUNGARY – Budapest Marathon](#)
- [The Netherlands – OPCI](#)
- [ROMANIA - Children with cochlear implants from Romania had a summer to remember!](#)
- [RUSSIA - Tatjana – the first Russian Nucleus recipient relies on her CI since 1991](#)
- [SPAIN - Federación AICE Summer Camp](#)
- [USA - ACI ALLIANCE - CI2019: Pediatric Cochlear Implantation on the Beach!](#)
- [USA - ACI ALLIANCE - Student with Cochlear Implants Competes in US National Spelling Bee—Again](#)
- [ADVANCED BIONICS - "Experience Sound from All Sides" thanks to the Naida Link CROS Solution](#)
- [ADVANCED BIONICS - Music-based early intervention makes listening exercises fun!](#)
- [COCHLEAR - My Nucleus® 7 Sound Processor Upgrade Experience](#)
- [COCHLEAR - Cochlear™ invites you and your family and friends to Cochlear LIVE!](#)
- [MED-EL - Explore Life – There's more to hear](#)
- [MED-EL - "The patient is the centre of everything we do at MED-EL."](#)
- [MED-EL - "Stepping into the unknown is hard"](#)
- [OTICON MEDICAL - A recent independent study from Berlin \(2\) confirms it: Neuro Zti is safe, convenient and painless for 1.5T MRI exams with the magnet in place.](#)
- [OTICON MEDICAL - Neuro users say it: the everyday sounds better with speech-omni](#)

EURO-CIU  
European Association of Cochlear Implant Users  
16, rue Emile Lavandier  
L - 1924 Luxembourg  
Fax: + 352 44 22 25  
[info@eurociu.eu](mailto:info@eurociu.eu)  
[newsletter@eurociu.eu](mailto:newsletter@eurociu.eu)



Visit [www.eurociu.eu](http://www.eurociu.eu)

## President's Message



*(Photo: Teresa Amat at the World Health Organization in Geneva)*

Last end of June EURO-CIU Board met to discuss the conclusions from the Barcelona Workshop 2018, which brought a long list of ideas for the Board to work during the next few years.

Before the summer, we did balance of the first part of the year and started to prepare for the next school year 2018-2019, including the [#CochlearImplantDay](#) or [#CIDay19](#); the first stages of the 25-year anniversary celebration in 2020, as well as meet with the polish cochlear implant organization, Slyszechezgranic, to prepare the 2019 Congress in Poland.

The Board as well was involved in encouraging an open question in the European Parliament about hearing loss. Worked to increase the number of Facebook posts and tweets in our feed and we raised awareness with cochlear implants and the empowerment of our [#Clusers](#) teens promoting the nowadays traditional and amazing European [#CochlearImplant](#) summer camp, [#EuropeanFriendshipWeek](#).

You will be able to read more about it below. We hope you had a good summer and recharged your batteries (literally and figuratively) to work again this new school year. Have an amazing Autumn!

***Teresa Amat (President)***

[Back to top](#)

## Message from the Editor



We have some interesting articles this time, and there is an important article from the World Health Organization, which is worth reading. Thanks to those who have sent us articles - it's always good to hear what is happening in our member countries.

Please feel free to forward this Newsletter to Members of Parliament, friends, colleagues and members of your own organisations. We are keen to increase the number of people who can read about the benefits of cochlear implantation. Let's get the message across, particularly as we develop our public policy initiatives about which you can read in this newsletter.

The next edition of the EURO-CIU Newsletter will be due in December, so please let me have your articles and jpg photos by Monday 3 December 2018. Just e-mail them to me at [newsletter@eurociu.eu](mailto:newsletter@eurociu.eu)

With every good wish.

**Brian Archbold (Editor)**

---

[Back to top](#)

### Board News and CALL FOR SLOGAN!



The Board presented the new communication plan (CP) in Barcelona at the General Assembly. The new CP will be introduced in several steps, like website, Facebook, logo, etc. The implementation has started in April with the new logo and website which received a lot of recognition.

The next steps will be:

- two board members have started a short video series with ci users. It will be continuing and presented on different channels in February at the ci day.
- Annual Report will get a new look soon
- we plan to present an international photo series in which people can meet with European ci users and know their stories.

### **CALL FOR SLOGAN!**

We are seeking a slogan for the EURO-CIU which can perfectly express and describe our activity.

If you have any ideas, suggestions, please send them to [Ervin Bonecz](mailto:Ervin Bonecz), **Vice-President**. [info@macie.hu](mailto:info@macie.hu). **The best one wins a box of chocolates!**

---

[Back to top](#)

### European Friendship Week 2018



***(Photo: Participants at European Friendship Week)***

We're extremely grateful to EURO-CIU for supporting our European Friendship Week (EFW) for teenagers. EFW is a residential week held in the UK for teenage CI users and, in 2018, it received the highest possible rating by UK Government inspectors being rated as OUTSTANDING (again!).

This summer, delegations from Denmark, Estonia, England, Finland, Germany, Italy and Romania came together for something very different to a traditional cultural exchange. Of course, we shared information about our home countries, tried to learn words in different languages and there was even the obligatory visit to an English seaside town with fish and chips from a paper bag!

But, the young people with cochlear implants developed a shared understanding far deeper than the words they spoke. They exchanged perspectives on living with a hearing loss, and how it feels to be hearing technology dependent.

Ask any of the young people and they'll tell you – it was a lot of fun. And fun is important; we all learn more when things are fun. The programme designed and delivered by specialist speech and language therapists from The Ear Foundation (Clare Allen and Di Harbor), focused on skills young people need for successful transition into adulthood. Weeks of careful planning and resource development results in activities that focused on:

- Resilience
- Independence
- Self-esteem
- Personal understanding
- Confidence to communicate with a range of people
- Community and friends
- Team work

Now in its eighth year, we know European Friendship Week changes lives. You can watch, as during the time they're with us, even the shyest young people grow in confidence and build relationships. And effects are long-lasting. Parents email us months later, proudly telling us how their child has changed.

[Back to top](#)



**Here are a few comments from the young people of EFW 2018**

***How has EFW impacted on you? What have you learnt?***

"It's made me feel proud"

"I know I'm not the only one who has a hearing loss"

"I realise, that you don't have to know the people in your group to work well with them"

"I'm better at thinking things through"

"With problem solving, you have to think logically and collaborate"

Our thanks to:

- EURO-CI, for financial support and helping people around Europe know the great things EFW offers.
- Adult leaders from overseas, who come to support their delegation, provide essential communication and practical support.
- Our highly skilled team of volunteers and young leaders, many with hearing loss who provide positive role models along with running activities.

Despite months of preparation and the 18-hour days it takes to deliver the programme, everyone at The Ear Foundation loves EFW. It's more than a cultural exchange – it's one of the best life lessons you could hope to be involved with.

Please [click here](#) to see the video from last year's EFW.

[Back to top](#)

[Members of the European Parliament ask a written question in the European Parliament about #HearingLoss](#)



In Europe, 10% of the total population self-report experiencing hearing loss, but only 39% of those receive professional **#hearing care** and use hearing devices. **#HearingLoss** is a huge health problem in the EU, threatening to put great pressure on health and social care systems if left untreated.

Research shows that with current suboptimal use of **#hearingdevices** the socioeconomic costs to the EU of hearing loss exceed EUR 500 billion per year. Broader uptake of medical technology, such as hearing aids and **#cochlearimplants**, can alleviate this burden.

MEP Heinz K. BECKER (EPP, Austria), together with Lambert van NISTELROOIJ (EPP, Netherlands) Boris ZALA (S&D, Slovakia) and Monika SMOLKOVÁ (S&D, Slovakia), addressed a written question to the European Commission to foster exchange of best practice on high-quality hearing care, including early screening programmes for children and adults. We are looking forward to reading EC replies!

**Written question:**

<https://bit.ly/2LNdu2X>

**Read more on hearing loss and our European Coalition:**

<https://lnkd.in/gSNvyKh>

**#TogetherToHear**

[Back to top](#)

**3rd Stakeholders' Meeting for the WHO Programme on Prevention of Deafness and Hearing Loss**



**(Photo: Group attending Stakeholders' Meeting)**

On 3 & 4 July, the 3rd Stakeholders' Meeting was held in Geneva. EURO-CIU was represented by our President Teresa Amat plus Dr Leo de Raeve, Dr Sue Archbold, Laia

Zamora, Brian Archbold and also Sarah Allen from The Ear Foundation. Representatives from all the cochlear implant companies were also in attendance.

Over the past two years, the World Health Organization (WHO) has arranged Stakeholders' meetings to further its programme on the prevention of deafness and hearing loss. These meetings have provided WHO an opportunity to share the current work done in the field of ear and hearing care as well as the World Health Assembly (WHA) resolution on prevention of deafness and hearing loss (WHA70.13). The meetings have also served to improve the understanding of global needs and perspectives of different stakeholders in order to have helped define a shared vision for global action on hearing loss.

The main purpose of such action is to promote the implementation of the WHA resolution in order to make ear and hearing care accessible to all people across the world.

In this context, the main objectives of the 3rd Stakeholders' meeting were:

- Review actions initiated/undertaken by WHO, its partners and Member States for implementation of the WHA 70.13;
- Share case-studies/examples that showcase the implementation of WHA 70.13;
- Announce the World Hearing Forum;
- Report activities from World Hearing Day 2018 and plan for 2019 activities.

### Opening session

**Dr Etienne Krug, Director of Department of Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, WHO** opened the meeting and welcomed the participants. He acknowledged the fast growth of the stakeholder group in only three years which demonstrates the growing commitment among this group towards WHO-led action for ear and hearing care.

With the passing of the resolution last year, Dr Krug highlighted WHO's commitment towards the goal of making ear and hearing care accessible for all. He emphasized WHO's transformation, which focuses on increasing access to quality health services for all issues and for all people.

Dr Krug brought up the question of how the hearing community could collectively transform actions into concrete results at country level, in terms of prevention, services, and assistive technologies.

During this session, all participants had the opportunity to introduce themselves.

### WHA resolution on prevention of deafness and hearing loss: one year on and making a difference at the country level

**Dr Shelly Chadha, Technical Officer, Prevention of Deafness and Hearing Loss** remarked that the ultimate goal of the WHA resolution on hearing is to make ear and hearing care accessible for all. Presenting the programme's four strategies of work, **Dr Chadha** pointed out the global landscape on how the programme has been strengthened based on the mandate of the resolution. The four key strategies of work are summarized below:

#### 1. Undertake effective evidence-based advocacy for prioritization of ear and hearing care

- a. Observe World Hearing Day annually
- b. Launch the World Report on Hearing
- c. Develop a learning module on ear and hearing care for hearing care professionals
- d. Maintain and update website and enhance social media outreach

#### 2. Gather and collate data to drive action for hearing loss

- a. Support conduct of epidemiological studies in selected countries across all regions: a 'handbook on survey for prevalence of hearing loss and its causes'
- b. Undertake a global survey on various aspects of hearing loss
- c. Collect data on public health aspects of hearing
- d. Develop a database of contacts within each country

#### 3. Support strategy development and implementation in WHO Member States

- a. Develop a 'toolkit of comprehensive technical support'
- b. Promote regional collaborations
- c. Support country-level planning: through technical assistance

#### 4. Develop and promote the 'Make Listening Safe' initiative

- a. Develop and implement global standards for safe listening devices
- b. Launch a public health campaign for listening behaviour change
- c. Recommend a regulatory framework for the control of recreational sound exposure

Dr Chadha extended an invitation to all participants to take strong cohesive actions, that could facilitate the translation of global policy to action at local level.

### WHA resolution- making a difference at a country level

- **Dr Juan Carlos Silva, Regional Advisor PAHO** presented the experience from the Region of the Americas in working towards translating the global policies into regional objectives and concrete activities.
- **Dr Maryam Mallick, WHO Country Office in Pakistan**, shared her experiences regarding promotion of ear and hearing care in the country.
- **Dr Arun Agarwal from India** introduced two successful stories on the impact of the National Program of Control of Deafness in India.

## Making hearing a public health priority

**Dr Alarcos Cieza, Coordinator of the Prevention of Blindness and Deafness, Disability and Rehabilitation Unit** emphasized the importance of advocacy for making ear and hearing care a political priority.

"The need for ear and hearing care is huge but the demand remains low and supply extremely low", she said. Dr Cieza gave a detailed description of several key points to keep in mind in order to raise the profile of ear and hearing care at global, regional and national level.

### Group activity

In continuation with her talk, Dr Cieza highlighted the need for a united global effort to realize the vision of making hearing health a priority. She shared WHO's vision of a global advocacy initiative which would serve to bring together all stakeholders under a single banner. This initiative could translate global policy and directives to actions at a national and local level by creating a shared vision and furthering collaboration among stakeholders. The initiative which is expected to be launched in 2019 will be driven by the World Hearing Forum. The participants were then divided into six groups to discuss the following questions:

1. What advocacy and network activities can be undertaken as part of the Global Initiative?
2. What should the initiative be called?
3. How will the initiative be promoted?

### World Hearing Forum

**Dr Chadha** presented the rationale for having a **World Hearing Forum** which would drive the global advocacy initiative for raising awareness on ear and hearing care at all levels.

She presented the vision, mission, proposed actions and governance structure of the Forum. It is expected that membership procedures will be finalized in the next three months. The Forum would give the field of global hearing health the opportunity to develop a global unified identity and voice; have greater visibility at global, regional and national levels; and increase stakeholder participation. The visual identity of the Forum was unveiled by Mr Michael Chowen, upon invitation of Dr Alarcos Cieza.

### World Hearing Day 2018

**Dr Karen Reyes, consultant at WHO programme for hearing**, presented a video highlighting the activities undertaken worldwide during the celebration of the 2018 World Hearing Day with the theme Hear the future. She also mentioned the changes made to the materials and timelines based on inputs received from stakeholders, including editable formats, an online event registration and a report form.

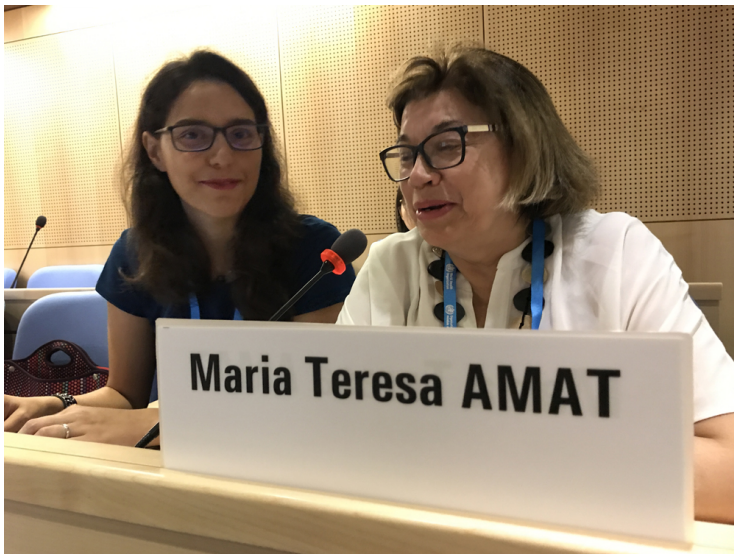
### Conclusion and next steps

- Develop a global advocacy initiative on hearing loss. Use the feedback from the group work to determine the name and set the activities for the initiative in consultation with the foundation committee of the Forum. It is planned to be launched in 2019.
- World Hearing Forum: updates and guidance for membership will be published on the website.
- World Report on Hearing: once an initial draft is finalized, consultation webinars requesting feedback will be announced.
- World Hearing Day: The theme for 2019 will be announced in mid-August. Open invitation to actively engage in this effort through the organization of events at local, national and regional levels.
- Participants to contribute with visual storytelling portraying cross-cultural and all aspects of hearing interventions and impact to be used by WHO.
- A WHO Bulletin special issue on hearing is planned. A call for papers will be issued and all sectors will be invited to submit their scientific papers to the Bulletin for peer review on public health aspects of ear and hearing care.

---

[Back to top](#)

[Bulletin of the World Health Organization](#)



*(Photo: Laia Zamora and Teresa Amat at the WHO Stakeholders' Meeting)*

We think that you will find this article of interest:

<http://www.who.int/bulletin/volumes/96/9/18-221697.pdf>

The *Bulletin of the World Health Organization* will publish a theme issue on the public health approach of hearing loss.

They will welcome papers focusing on identifying and filling the gaps in evidence across comprehensive hearingcare services, from promotion of ear and hearing care, to screening, hearing devices and rehabilitation. In particular, the papers should report on unmet needs, outcomes of services, and effective and sustainable initiatives to reach underserved groups. Submission of papers reporting on both the magnitude of diseases and conditions, such as ear infections, meningitis and rubella, that can affect hearing, are encouraged. As well, papers addressing health system issues and promoting an intersectoral approach to ear and hearing care, such as looking beyond health. As much as possible, papers should seek to integrate examples from low- and middle-income countries across life course.

The deadline for submission is 30 November 2018. Manuscripts should be submitted in accordance with the Bulletin's guidelines for contributors (available at: <http://www.who.int/bulletin/volumes/96/1/18-990118/en/>), and the cover letter should mention this call for papers.

---

[Back to top](#)

## [WHO - Country Actions on Hearing Care](#)



*(Photo: Sue Archbold addressing the lunchtime seminar)*

### **WHO, July 3, 2018 COUNTRY ACTIONS ON HEARING CARE: EXAMPLES ACROSS EUROPE**

Sue Archbold was asked by Shelly Chadha to give a lunchtime seminar at the World Health Organisation as part of their third workshop on hearing care in July 2018 on the topic of Country Actions on Hearing Care, examples across Europe. She began by highlighting the fact the hearing care is often low on the public agenda and its impact not realised. She gave the example of the Virgin Active advert where the ballerina's cochlear implant had been blanked out. The work of WHO and the resolution passed last year has done much to help this and Sue reported on recent research published in the *Lancet* on the impact of hearing loss (Wilson et al, 2017 and Livingstone et al, 2017), together with the evidence included in The Ear Foundation's reports on adult hearing loss found on [The Ear Foundation's website](#).

Examples of country actions included the establishment of the Deafness and Hearing Alliance in the UK some years ago, bringing together the major organisations to influence

hearing care. <https://hearinglossanddeafnessalliance.wordpress.com/>. The Alliance has a coordinator, Brian Lamb, and succeeded in getting an Action Plan on Hearing Loss published by the government which acknowledged that: Hearing is central to our health and well-being, saying "... As humans we are social beings and depend on communication to survive and thrive". The Plan had **five objectives**:

1. Prevention
2. Early Diagnosis and intervention
3. Patient Centred and Integrated Care
4. Independence and Ageing Well
5. Learning and Working Well with HL

And is available at [www.england.nhs.uk](http://www.england.nhs.uk) Working groups were established for these areas and What Works Guides were produced, downloadable from <https://www.england.nhs.uk/publication/what-works-guides-action-plan-on-hearing-loss/>

As part of the Alliance, an Action Group for Adult Cochlear Implantation was set up, (<https://actiongrouponadultcochlearimplants.wordpress.com/>), led by The Ear Foundation, and resulting in a number of reports, including Spend to Save, the European report which has been effective with the support of EHIMA, AEA, EFHOH and particularly EURO-CIU. The summary is now available in 15 languages, from [The Ear Foundation](#) and from [EURO-CIU](#) and currently being updated.

Sue also reported on the European Coalition, led by Mark Laureyns, with the Manifesto on Hearing Loss and Disability and the AEA Action Plan for World Hearing Day in Brussels with the lunch seminar, emphasising the importance of prevention, awareness (screening and campaigns), and intervention (accessibility) <https://www.aea-audio.org>. Hearing screening was carried out in parliament as part of the awareness raising campaign. Across Europe, EFHOH is also campaigning for:

- Access to captioning (speech to text) and training development.
- Access to audio-visual media with subtitling.
- Access to hearing aids, cochlear implants, assistive listening devices, and **quality hearing care**.

And working with EDF working on Accessibility act.

EURO-CIU of course is very active across Europe and Sue reported the various country actions taking place using the Spend2Save resources to inform and influence governments, as reported in the last edition of EURO-CIU News. In particular she mentioned the work in France of Hartmann and Kervasdoue whose report of the Return on Investment of 10:1 when hearing care managed well has been hugely influential and recently resulted in the funding of hearing aids and the President committing to the funding of out of pocket expenses.

In summary, across Europe there is:

- Increasing interest in deafness and hearing loss, its management
- Accessible evidence
- Increased working together with increased activity by user groups
- Increased Access to governments
- Increased Global activity eg the work of WHO and of IFOS
- **BUT...** No budgets...uncertainty and change...

Which makes it even more important that we work together with consistent messages and as one user commented:

**"policy changes only ever occur over long periods of time and typically come from a bottom up initiative."**

**so.... we need to keep going!**

---

[Back to top](#)

[SURVEY - International survey of bimodal hearing aid and contralateral routing of signal \(CROS\) technology use in adult cochlear implant recipients](#)





*(Photo: Dr Nicci Campbell)*

#### **Abstract**

Adults with bilateral severe and profound sensorineural hearing loss often receive only one cochlear implant. Over time the criteria for cochlear implantation have been relaxed and we are seeing more cochlear implant recipients with usable residual hearing in their contralateral (opposite) ear.

We are conducting an international survey via an online questionnaire for the professionals in the field of cochlear implants. This survey investigates international current bimodal (cochlear implant in one ear and a hearing aid in the other ear) fitting practice and provision for adult cochlear implant users.

The information will offer an insight into the current practice of bimodal fitting across different countries. This will allow for sharing of information and contribute towards developing new guidance to assist cochlear implant professionals in providing optimal support and maximizing the hearing outcomes of adults with one cochlear implant.

For the survey, please see: <https://survey.soton.ac.uk/28119>

It is the aim that CI-teams and audiologists from audiological centres fill in this survey (not CI-users themselves). They have to fill in the survey before the 30 September 2018. More information can be found on the above website.

Dr Leo De Raeve, Scientific Advisor to EURO-CIU hopes that you can forward this request to your affiliated CI-teams and audiological centers.

Leo says that we hope to deliver you the outcomes of this survey at the next general assembly of EURO-CIU.

*For further details you can contact:*

*Manal Alfakhri (PhD student researcher at University of Southampton, UK) at [mna1g13@soton.ac.uk](mailto:mna1g13@soton.ac.uk)*

*The supervisor: Nicci Campbell (Professorial Fellow (Enterprise), University of Southampton, UK) at [n.g.campbell@soton.ac.uk](mailto:n.g.campbell@soton.ac.uk)*

*The co-supervisor: Dr. Daniel Rowan (Associate Professor Audiology, University of Southampton, UK) at [dr@isvr.soton.ac.uk](mailto:dr@isvr.soton.ac.uk)*

*Study collaborators: Dr. Debi Vickers (Reader in Speech and Hearing Science, University College London, UK) and Dr. Patrick Boyle (Senior Director External Cooperations, Advanced Bionics, UK)*

---

[Back to top](#)

[EDF 'Picture Equality' Photo Competition 2018](#)



We are delighted to announce our EDF's 2018 Photo Competition.

#### **Theme**

The theme of the competition is **Equality and Inclusion of persons with disabilities**. According to the UN Convention on the Rights of Persons with Disabilities, all persons with disabilities have the right to live where and with whom they want, go to a mainstream inclusive school and have a regular job, vote in the elections and go to the movies or sport club as anyone else. Persons with disabilities should not be discriminated against because of their disability. They should receive the support they need to participate in all aspects of life and society as anyone else.

This theme must be implemented into the photo submissions. Feel free to be creative and unique. However, do not stray away from the goal of the theme. Photos which are not relevant will not be considered for the competition.

#### **How to enter**

The photo entries can be submitted by emailing it to: Lucia D'Arino - [lucia.darino@edf-feph.org](mailto:lucia.darino@edf-feph.org). All submissions are due on the **1st of October 2018, 23.59 PM CET**

#### **Eligibility**

The competition is open to everyone and there is no entry fee.

All participants must submit, together with their photo, a signed copy of page 6 in the [Photo Competition Rules, Terms & Conditions](#) and then click on the link. Two authorisations are needed, one from the person who took the picture and one from the person(s) appearing IN the picture.

#### **Entries**

Each participant may submit one entry. Participant should be an individual and not an organization. The photo should represent the theme 'Equality'. Every photo submission should be accompanied by a short description (in English) as well as the author name, place (city & country) where the picture was taken.

#### **Selection of winners**

There will be a selection of 20 finalists, based on the following criteria: **quality of the picture, innovation, creativity and relevance to the competition theme**. All 20 final photos, including the three winners, will be exhibited during various events and in other European countries, including the European Day of Persons with Disabilities and Brussels Photo Exhibit.

The jury's decision is final, and no correspondence will be entered in on its decision. At the end of the jury selection period, the 20 finalists will be notified by email. Out of the 20 finalists, the Jury will select the 3 final nominees.

These 3 final nominees will be invited to Brussels to take part in the European Day of Persons with Disabilities organised by the European Commission on 4-5 December in Brussels.

The winner's name will be revealed on the 2nd of November.

#### **Prize**

The three final nominees will receive:

- 1st place award: 500 euros
- 2nd place award: 300 euros
- 3rd place award: 200 euros

For more detailed information see the [Photo Competition Rules, Terms & Conditions](#) , and then click on the link.

Please share with your networks and contacts.

Kind regards,

**Lucía D'Arino.**  
**Communications and Events Officer**

---

[Back to top](#)

[EURO-CIU - Facebook](#)



**Our Facebook is up and running! Follow us to know more! [Click here.](#)**

---

[Back to top](#)

[AUSTRIA - Velden forever!](#)



**(Photo: Families at Wörthersee)**

This summer the CIA celebrated the 15th anniversary of the 'Summer Days' - an integrative summer week for families with CI-kids. Birgitt Valenta, mother of two implanted boys, tells:

"A hot day in July – I am driving with my family on the highway. We are all impatient to spot the turquoise glimmer of Wörthersee, Europe´s largest Alpine lake located in Carinthia. It is the same ritual every year, the pleasant feeling of arriving at a place like home. After so many summer holidays spent together with other CI-families and close friends, Velden on the Wörthersee is a familiar place for us.

Some of the families are participants since the very first time; their children are young adults now – still looking forward the reunion. While I think back nostalgically, how it was when they all were small kids, I am very glad about young families joining us and about the visitors passing by for some few hours or a whole day.

When we started to gather CI-families on a nice location, we wanted to exchange experience and learn from each other. Over the years the meeting became an essential holiday for our children. Many of the grown-up children still say, Velden on the Wörthersee would be their favorite place for holiday.

Additionally, to a programme of activities and entertainment, experts of the field of hearing and CIs are available for discussions. But the most important is the feeling that we belong

together. The common history of hearing is a strong band, you may feel that. I am moved by this feeling year by year. Now, after being part of the group for 15 years, my husband and I know that we got a lot of power from those meetings and discussions. The experiences there had a great influence to the development of our family and our children. So I hope for all new CI-families in Austria that they also have the possibility to take part in this very special time in Velden on the Wörthersee."

---

[Back to top](#)

## CZECH REPUBLIC - Summer in the Czech Republic



There are two actions that take place during the summer months: The Rehabilitation Week for Families and Adult CI Users; and a Summer Camp for children with CI.

**The Week for Families** has been taking place for many years, traditionally on the first week of July. On the first day of the week, an annual General Assembly of SUKI members takes place. This year a new Board has been elected. The Board then voted for a new President, which is now Leona Pejcharová that you maybe know from the General Assembly of EURO-CIU in Barcelona. Leona Pejcharová is a mother of two bilaterally implanted children and was previously also a representing person of the Czech organisation "Federation of Parents and Friends of the Hearing-Impaired" at FEPEDA. Nowadays she manages a project on the inclusion of hearing impaired pupils to the mainstream schools called Experience to understanding (<http://zazitek.zsheureka.cz/en/>).

What is the Programme of the Rehabilitation Week? First of all, participants can take advantage of two speech therapists that are there at their disposal. Their schedule is usually totally full. There are many lectures prepared for both parents and adult CI users. Usually we have a lecture on actual social policy in the Czech Republic and advantages that we can make use of. (It is necessary to mention that the actual state of things in that field is not so good, but that is a theme for another article.) Also there is usually a lecture given by speech therapists and CI technicians. This year we also had a lecture about an interesting Elkonin method (Google it, if you don't know it!). Then we had a lecture about CI and sports.

Every evening a minilecture on sign language took place and last but not least we organise a round table for parents to share their experiences. We organise collective trips to remarkable places around, and older children usually go on a bike trip with their parents (or other parents). As many families come regularly, they have already formed a group of close friends. But they are still open for all new families and share their experiences gladly.

Of course, a special programme for children is prepared. This time we had a morning lecture focused on the development of socio-emotional skills and also a night "path of courage" and so-called SUKI CINEMA. There are two students that take care of small children during lectures, so that their parents can participate undisturbedly. The week usually ends by SUKI Olympics: Parents prepare various disciplines for the children. If they manage to fulfil all the tasks, they can choose a reward they want (there are usually three big tables full of different things such as candies, toys, DVDs, colouring books, etc.).

The second action that took place on the third week of July is the Summer Camp for children aged 6-15. The first summer camp took place last year and was VERY successful (You can have a look on a Czech television show about the camp <https://www.ceskatelevize.cz/porady/1096066178-televizni-klub-neslysicich/217562221800017/>). It was so successful that this year the demand exceeded the capacity of the camp. Why? We are very happy to have an excellent team of camp leaders, so enthusiastic and full of energy. Children just love them. The camp is sponsored by Cochlear, MED-EL and Advanced Bionics. Hopefully we will be able to expand capacity of the camp in the future.

---

[Back to top](#)

## HUNGARY – Budapest Marathon



**(Photo: Last year's Budapest Marathon)**

Hungarian Cochlear Implant Association's (MACIE) little, but enthusiastic team will attend the Spar International Marathon in Budapest on 7th of October.

Organisers are expecting more than 10,000 runners from more than 80 countries.

The aim of the run is to make the CI more visible, raise awareness and collecting donations to the association.

MACIE team will wear uniform t-shirt. It was made by the Cochlear's Hungarian distributor Amplifon. MACIE would like to say a big thank for this support!

If you would like to attend and be part of the running team, please contact Ervin Bonecz on [info@macie.hu](mailto:info@macie.hu)

[Back to top](#)

### The Netherlands – OPCI



**(Photo: OPCI Day on CI and tinnitus)**

#### Progress in waiting list issues

We mentioned before that OPCI started an action to minimize the waiting list for CI candidates. This process is still going on and we still work together with Radboudmc on behalf of all the CI centres in The Netherlands. The past half year we worked on an analysis of the possible solution directions. This analysis was the base of our second meeting with the Nederlandse Zorgautoriteit (NZa) an advisory body of the minister of Public Health.

The outcome of the meeting is that OPCI and the Radboud contact other medical specialists and patient organisations to ask them how they reduce the waiting list in their speciality, so that we can learn from the instruments they used in reducing their waiting lists. Meanwhile the NZa will contact the health insurance companies to ask them how, especially the money for aftercare can be obtained. Because the cost of the aftercare is a part of the total budget for CI: the more CI's have been implanted the higher the costs are for aftercare. And then there is no money left to implant new CI's.

We knew, when we started this action, that it will be a long trajectory to reach our goal. But we are still happy that we made small steps forward.

[Back to top](#)

### ROMANIA - Children with cochlear implants from Romania had a summer to remember!



As cochlear implantation on a national scale was implemented quite late in Romania, many of the first CI recipients have just finished their 8th grade in mainstream education and had to face the national tests, whose outcome would determine the high school they will attend for the next 4 years.

The tests were challenging, unfortunately some of the results were not the expected ones but as a general conclusion, we deem the outcome as a positive one. We, as an association, have drawn our own lessons and we are looking forward to further adapting the national laws in order to promote the inclusion of children with special needs, not only CI recipients, in mainstream education.

We started our summer season with an already traditional family event in Transylvania, running from 1st to 6th July during which children and teenagers with cochlear implants benefited from horse assisted therapy provided by our partner "HIP-TEP Association for therapeutic horse-riding".

Meanwhile parents were involved in team-building activities, sharing their experiences, whilst also hiking in the mountains or doing rafting.

Our association's team was present for a second year in a row at the European Friendship Week. As I assume there will be a separate article on this great event, I would like only to provide everybody with the feedback from our participants: it's been an incredible experience and we have received a HUGE interest from our youth in taking part in the next year's EFW.

Coming back to Romania, at the end of August we had a week-long summer school for children with CIs and their families, in total approx. 90 participants. It was for the first time we organized such an event with a special school from the deaf, in this case, Bivolarie Highschool from Vicovu de Sus, northern Romania.

In an incredible landscape, our kids were involved in various activities, from harvesting and watering the vegetables in the greenhouse, baking cookies, moulding clay objects and figures in the pottery workshop, sports competitions, personal development workshops, trips and many more.

The Bivolarie Highschool for the Deaf is unique among the special schools in Romania as it's located in the countryside, having the advantage of wide open areas, as well as great logistic base, having various vocational workshops in order to help deaf students in learning a profession.

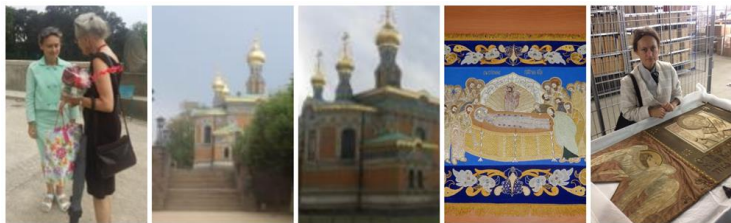
At the same time, we helped them established an early intervention centre for deaf children through a project funded by Orange Foundation whilst also a pottery workshop with the support of Cochlear and MED-EL.

What an incredible summer!

---

[Back to top](#)

## [RUSSIA - Tatjana – the first Russian Nucleus recipient relies on her CI since 1991](#)



***(Photo: Monika meeting Tatjana 27 years after implantation)***

Tatjana – the first Russian Nucleus recipient relies on her CI since 1991

The tiny lady in her green dress standing in front of this beautiful orthodox church on Mathildenhöhe in Darmstadt (Hessen, Germany) must be Tatjana.

I can hardly believe that 27 years passed by since we first met in Moscow.

She was chosen by Prof. George Tavartkiladze, head of the National Institute of Audiology and Hearing Rehabilitation to become the first female candidate to receive a Nucleus Cochlear Implant system. She was extremely lucky – Prof. Ernst Lehnhardt performed the surgery.

And she was extremely shy. She had lost her hearing suddenly at the age of 6 years on her birthday after having attended a concert. Nobody could explain why it happened and nobody could help her.

She waited for 12 years until the miracle happened for her.

Was it now, that the second miracle would happen?

At this moment I was probably as shy as she was, and it took a few moments until we both started to speak. She in German and I in Russian.

And then she told me her story. After the implantation she started to study German – language, literature and history – at the University in Moscow and she graduated

successfully. She also specialized in embroidering ecclesiastical motives for the orthodox church and became director of a school teaching this exceptional art.

She got married, has a son and lost her husband. He died from a stroke. She worked hard in several churches to support her child and she taught German to multiple handicapped children.

When she received the invitation from the Maria Magdalena orthodox church a dream came true. She more than gladly accepted because she wanted to visit the country, whose language, literature and history she has studied. And she was and still is waiting for help.

When we met in Darmstadt in August she still wore a very old speech processor. She got "upgraded" from the third generation to the fourth, i.e. Freedom in Moscow in the year 2015. This was ten years after this model had been introduced in Western Europe. A new upgrade to Nucleus 6 in the frame of the governmentally funded programme will not be possible in Russia until 2020.

The latest model, Nucleus 7 is not even registered yet.

We wanted to help spontaneously and got a donation Nucleus 6 refurbished for her.

We contacted the CIC in Friedberg, Hessen and Yvonne Seebens (director of this excellent rehabilitation centre) agreed also spontaneously to do the fitting for Tatjana. We spent three hours with her undergoing various tests, programming the SP and talking about next possible steps.

The N 22 implant, which Tatjana got in 1991, is "at its limits" and even the latest speech processor model (Nucleus 7) would not bring the desirable benefit. A re-implantation should be considered.

Tatjana has to get used to her "new hearing" and so she needs to stay in Germany for a couple of months in order to check progress and to adjust the programme. This is why we now are in the process of prolonging her visa.

We already discussed a potential re-implantation with Prof. Roland Laszig (director of the ENT University Clinic in Freiburg). He cautioned us and explained the risks connected with such a "revision" surgery. There is no guarantee that the implant can be removed and there is no guarantee that the new model implant will provide better results.

Should Tatjana – fully aware of this situation – decide to go for re-implantation we will try to raise the necessary funds.

In any case we will help her to stay in Germany as long as she wants, and we are looking for people who are willing to support this wonderful lady.

***Dr. Dr. h.c. Monika Lehnhardt-Gorjany***  
***Lehnhardt Stiftung***

***September 2018***

---

[Back to top](#)

[SPAIN - Federación AICE Summer Camp](#)



Last July, Federación AICE did their own summer camp as always, with just cochlear implant teens, and this year with 3 cochlear implant leaders. They reached a new record of participants with more than 50 persons living together during 9 days in the province of Cuenca, between Madrid and Valencia.

A non-stop of activities, workshops, games filled the days and nights that followed a cinematic schedule. The leaders dressed up as emperors from Asterix & Obelix movies, as Avatars, as pirates from Pirates of the Caribbean, as magicians from Harry Potter, as superheroes, etc. and the kids had to guess the games and try to dress up better than their leaders.

Adventure activities like canoeing, archery, zip line, etc. gave them a rush in adrenaline but as well more confidence in their own capabilities.

The summer camp is not just holidays for the cochlear implant users, they learn as well about accessibility with workshops about captioning with the “club of the subtitles”, about filming and acting in a “make your own movie” day and about different disabilities and how to approach each one.

Several games tried to find a middle ground between the teenager’s shyness, self-awareness and bravery so you can, for example, speak in public, which in turn, it gives them more self-assurance.

Following the slogan EURO-CIU is promoting this year “Cochlear Implants #NOLimits!”, Federación AICE’s summer camps wants the kids to enjoy themselves but as well empower them to the real world that awaits them outside.

The entire event was accessible thanks to a loop and direct transcription in case they need it to support their hearing. Check out the YouTube video to see more about it:

<https://www.youtube.com/watch?v=sggpZxk3YwA>

---

[Back to top](#)

[USA - ACI ALLIANCE - CI2019: Pediatric Cochlear Implantation on the Beach!](#)





*(Photo: Dr Nina Kraus)*

The Diplomat Hotel, Hollywood, FL July 10–13, 2019

Plan now to join us on July 10–13, 2019 in the beautiful, newly renovated Diplomat Beach Resort on Hollywood Beach, Florida. This conference will provide an opportunity to immerse yourself in the latest developments related to pediatric cochlear implantation, with specific emphasis on the management of the “whole child” using a multidisciplinary approach. The University of Miami Department of Otolaryngology/Ear Institute has organized a comprehensive scientific program that addresses both clinical and research innovations in pediatric CI.

The major themes for CI2019 are:

- Beyond the CI: The Role of Therapy, Education, and Family Engagement
- Moving the Field Forward: Expanding Indications and Specials Needs Populations
- New Models of Service Delivery: Models for a Global Healthcare Market
- Complex Cases: Surgical and Audiological Management
- Advancements in Pediatric CI: Science, Technology, and Medicine

Nina Kraus PhD will give this year’s John Niparko Memorial Lecture on “Sound Processing in Healthy and Hurting Brain: What have we learned from Music and Concussion?” Dr. Kraus is the director of the Auditory Neuroscience Laboratory at Northwestern University.

Abstract Submissions for CI2019 Pediatric - Abstracts will open in September. Watch our website for notifications and details: <https://www.acialliance.org/page/CI2019>.

#### **Between Sound and Silence**

The New York Times Op Docs published a short version of The Listening Project film (which premiered during the ACI Alliance CI2018 DC conference) called Between Sound and Silence. This documentary produced by one of the film producers, Irene Brodsky, includes some new material not included in the original film and demonstrates what is possible today for children with hearing loss using cochlear implants. Please share this brief documentary. <https://www.acialliance.org/page/TheListeningProject>

---

[Back to top](#)

[USA - ACI ALLIANCE - Student with Cochlear Implants Competes in US National Spelling Bee—Again](#)



*(Photo: Neil Maes)*

Two years ago, ACI Alliance interviewed Neil Maes' mother, Christy Maes, about her family's experience with early intervention and the guidance her family received about cochlear implantation for her child. Her son Neil was born deaf, identified early, and implanted by 11 months of age. Neil was eleven at the time of the interview and had just competed in the 2016 Scripps National Spelling Bee. Now 13, Neil was recently back in Washington, DC to compete a second time. The path to compete at the national level is difficult. Returning a second time is less common; 22% were returning competitors in 2018. Competing twice as a child who is deaf is remarkable.

We interviewed Neil by telephone to ask him about the competition process, how he prepares, and what advice he has for other students interested in competing. To read about Neil's experiences, visit <https://www.acialliance.org/page/Stories>.

[Back to top](#)

### ADVANCED BIONICS - "Experience Sound from All Sides" thanks to the Naída Link CROS Solution



Hearing from both ears provides a more balanced and focused representation of sounds.

**If you hear with a cochlear implant in one ear but do not have any hearing in your other ear, you can use a Naída Link CROS** to send sounds from that side to your Naída CI so that you can enjoy hearing your best in quiet and noise without having to reposition yourself. <sup>1</sup>

**The Naída Link CROS makes it easier to walk into any listening situation with confidence.** Not only do you benefit from hearing sound from both sides, the Naída CI and Naída Link CROS microphones simultaneously and automatically adapt to different environments so that you hear better in quiet and in noise.

Abby is unilaterally implanted with the Naída CI from AB and has been recently fitted with a Naída Link CROS on the other ear. [Click here](#) to watch Abby's review of how much CROS impacts her everyday life, and how richer her world sounds now.

<sup>1</sup>. Mosnier I, Flament J, Amar-Haziza D, Mathias N, Sterkers O. Use of a Contralateral Routing Of Signals (CROS) system in bilaterally deaf recipients with unilateral cochlear implant. Presentation at the 13th European Symposium on Pediatric Cochlear Implants, Lisbon, May 25–28, 2017.

---

[Back to top](#)

[ADVANCED BIONICS - Music-based early intervention makes listening exercises fun!](#)



Melissa Hyder is a mom of three, and two of her children were born with moderate-to-severe hearing loss. They wear hearing aids, or as they call them, their “Super Ears.”

Melissa discovered the **BabyBeats™ early intervention resource** and explains in her blog posts how she learned about “the amazing benefits of music to help develop a child’s auditory brain while working on language and speech development”. As a family, they have been trying out each section of the BabyBeats resource and having a lot of fun in the process. Check out their progress in the videos that are posted within her [blog post](#).

If you’re interested in learning more about why **music is one of the best ways to develop a child’s growing brain**, take a look at an interview between Chris Rocca (Music Therapist and Creator of BabyBeats) and Carol Flexer (Professor at University of Akron). [Here](#) they explain why music is important for all children, including those with a hearing loss, and how it can help to develop communication and even literacy skills.

---

[Back to top](#)

[COCHLEAR - My Nucleus® 7 Sound Processor Upgrade Experience](#)



*(Photo, and article written by Angela Irwin)*

#### **Twenty-one years. Seven sound processor upgrades.**

I am in absolute awe that after twenty-one years as a CI recipient, Cochlear® continues to raise the bar in my hearing performance.

I was first implanted in 1997 and went bilateral eight years later. After losing my hearing very slowly over the course of 15 years, the results I got with my CI were nothing short of life changing. My first sound processor was the SPRInt™ body processor. I'll admit it wasn't overly exciting for a 22-year-old girl to have to wear the box on my waist and manage the cord that ran under my shirt up to the microphone behind my ear but, because of the results I got, there's no question I would have worn it for the rest of my life. It didn't occur to me, in the beginning, that there would be something called an "upgrade" that I would be able to utilize without having additional surgery.

With each upgrade, I have received an improvement in hearing performance, particularly in challenging listening environments, as well as enjoyed smaller and smaller processor size.

As I was anticipating my Nucleus® 7 upgrade, I was most looking forward to the iPhone compatibility. Since I had experienced an increase in hearing performance with each of my prior upgrades, one would think I would be expecting that again, but I wasn't. I felt that I was hearing so well that it wouldn't be possible to have more improvement. I'm happy to report that I was completely wrong!

As small and light as the Nucleus® 6 processor is, the Nucleus 7 is noticeably lighter and smaller. It sits very comfortably and securely on my ears. The very first thing that I noticed when I turned the new processors on, was an improvement in sound quality. It was subtle, but enough to be noticeable, even at home in a quiet environment. Specifically, I could understand my husband even better (more clearly), with very little effort, when he is speaking from another room.

A few days after receiving the Nucleus 7 upgrades, my husband and I were watching the World Cup at a pub. I started chatting with a couple seated at a table about 3 metres (10 feet) away. They shared where they were from, where they'd been on their travels so far, and how long they were going to be in France. As it was their first time in Nice, I gave them some tips on things to do. It was only after we finished our conversation that I realized what had happened: that I'd had a full conversation from 10 feet away with ease, in a somewhat noisy environment! This was with my regular program setting, and not a setting specific for noise.

#### **Nucleus® Smart App**

As I mentioned, I was excited about the iPhone compatibility and to learn what the App would be able to do.

The App can be used to change the volume, change programs, enable ForwardFocus and as well other wireless accessories, like the MiniMic and TV Streamer.

It has a great feature, "find my processor", that I know I will utilize at some point. I've certainly misplaced my processors in the past and it would have been great to have help in tracking them down.

It can also track the time spent in speech every day and how many times the coil has come off. I haven't used those, but I imagine it would be very useful information for parents and new recipients.

In the past, I haven't changed settings very much but, since my phone goes with me everywhere anyway, it's been fun to test out different settings to be sure I'm optimizing my hearing experience in a particular environment.

I listen to music, watch videos and take phone calls all of which stream directly to the implant (not through the processor microphones), for even clearer sound and no other accessories needed.

I was pleasantly surprised to discover that, when my iPhone rings, I don't have to do or touch anything to answer the call. It automatically begins streaming, almost instantaneously. The phone just needs to be somewhere nearby to answer a call – I don't even need to be holding it.

#### **ForwardFocus™**

Full disclosure: I didn't know what ForwardFocus was when I received the upgrades. But it is definitely the part I have been the most impressed with after using it. I was already hearing very well in noise, but this technology takes it to another level.

ForwardFocus utilizes noise cancellation to dampen sounds behind you and boosts the directional mic in front of you, so you really hear the person(s) you hope to hear. This is another step up from the previous (amazing!) technology we have available for noisy situations, like Beam and SCAN.

A few weeks after getting the Nucleus 7s, I had the opportunity to put the ForwardFocus to the ultimate test. I spent 3 days at a professional trade show booth speaking to people in an extremely noisy environment. There were several hundred people in attendance at the conference, so it was extremely loud during the break times. The acoustics were terrible: very high ceilings, lots of floor to ceiling windows, and no carpeting. Numerous normal hearing people asked me how it was possible I was hearing so well in those conditions, as they were struggling to hear.

I was very surprised and impressed at how well I was understanding with that level of background noise. And not only that, but how little effort hearing so well required. That really stuck out for me. Usually in an environment that noisy, I would have been a bit nervous about hearing well and would have been very alert and paying extra attention to make sure I didn't miss anything. But I realized I wasn't doing any of that. And, of course, the benefit of not expending extra effort is that I wasn't as tired at the end of the day as I normally would have been in such an environment.

I cannot express my gratitude enough to the incredibly dedicated people of Cochlear, all over the world, who continually push the boundaries and deliver improved hearing and features with every upgrade.

---

[Back to top](#)

### [COCHLEAR - Cochlear™ invites you and your family and friends to Cochlear LIVE!](#)



Come and enjoy a day of fun activities and interactive workshops, take the opportunity to talk to the Cochlear Team and meet other recipients.

The day is for people who have a hearing implant from Cochlear (Cochlear™ Nucleus® and Cochlear™ Baha®, Carina®) and their families/friends.

We are also pleased to invite people considering implant surgery to attend and join the free information workshops.

**VENUE** National Conference Centre, Solihull, West Midlands

**DATE** Saturday 10 November 2018

**TIME** 10:00AM – 4:00PM

#### **REGISTRATION**

You can book up to 4 FREE tickets to attend. Please ensure you use the appropriate registration link below.

Recipient Registration Link: [bit.ly/Cochlear-Live](http://bit.ly/Cochlear-Live)

Candidate Registration Link: [bit.ly/Cochlear-Live-2](http://bit.ly/Cochlear-Live-2)

We look forward to receiving your registration and meeting you on the day!

---

[Back to top](#)

### MED-EL - Explore Life – There's more to hear



*“Disability is a point of difference, and so is great ability.”*



MED-EL is proud to offer those interested in the topic of hearing, high quality content via Explore Life – a platform that raises the profile of hearing and provides readers and users with the opportunity to become part of an exciting new network.

Explore Life enables members to immerse themselves in videos, articles, interviews and other content on a wide variety of interesting and diverse topics to suit all interests including health, innovation, work, kids, music and many more.

Articles that are gaining interest from the Explore Life membership include:

- [How do you explore life](#), featuring extracts of interviews with surgeons, audiologists and speech and language therapists from the CI2018 conference in Antwerp, Belgium
- [Travels with an implant](#), an article that gives you all the information you need about traveling with a hearing implant
- [The importance of being different](#), an essay from Siebert Neethling about his son who has cochlear implants and the importance of being yourself

“It’s exciting to watch the Explore Life community continue to grow and to see the content that our membership is most interested in,” commented Patrick D’Haese, Corporate Director of Awareness and Public Affairs, MED-EL. “For those who are yet to visit the site, we encourage you to start your journey of discovery and to explore the most fascinating topics of everyday life – by watching, reading and hearing about a large number of subjects.”

Sign up now to Explore Life and benefit from numerous interactive possibilities at [www.explore-life.com](http://www.explore-life.com)

---

[Back to top](#)

### MED-EL - “The patient is the centre of everything we do at MED-EL.”



David Rätz, Director of Product Management at MED-EL, together with his team, is driving innovation in hearing solutions forward. He believes individualisation is the next step for the

*industry and that it is crucial to consider user feedback and unmet needs for product innovation.*

**What is your role as Director of Product Management at MED-EL?**

I am leading the corporate Product Management team based at our headquarters in Innsbruck, Austria, which is comprised of more than 20 experts in different fields, mostly engineers and scientists.

After starting in MED-EL's clinical support department, I changed to product management where I was responsible for EAS, the product line for electric acoustic stimulation, a combination of hearing aid and cochlear implant which was a brand-new technology at that time. In 2010 I relocated to Dubai to run MED-EL's operations for many countries within the Middle East and Africa. Last year I was given the great opportunity to return to Austria to head the Product Management department.

**What is your department responsible for?**

We are responsible for all activities along the product lifecycle and related services, which includes driving innovation and improvement in products and services from ideation to market. Therefore, we are also responsible for defining, launching and building products and services that meet the needs and wishes of patients. To be able to do this, we strongly rely on feedback from users and hearing professionals.

**How many hearing implants does MED-EL produce in a typical day?**

MED-EL produces hundreds of different hearing implants and systems every day for patients globally. We recently opened a state-of-the-art production facility in Innsbruck next to our research buildings. Within this new facility we utilise the latest and most advanced robotic production technology which has increased our capacity. We can also react more flexibly and quickly to the individual needs of every single recipient.

**How does MED-EL consider the experiences and needs of the patient when producing hearing implants?**

The patient is at the centre of everything we do, and our goal is to give every patient the best hearing solution possible for their individual needs. To do so, it's important for us to listen to users and professionals, and we have different ways of doing this. For example, we invite patients to our facilities in Innsbruck to share their experiences with the solution they are using.

**What differentiates MED-EL from other brands?**

The most significant difference is that MED-EL is a family company. Our CEO Dr Ingeborg Hochmair and her husband Professor Erwin Hochmair are the inventors of the modern cochlear implant as we know it today and founded the company to support and help hearing impaired individuals. They are both still actively involved in the company and their dedication is still shining through in all we do.

**What is unique about how MED-EL produces its hearing implants?**

All products are designed and produced in Austria, with the most advanced technology and based on the latest research and science. MED-EL originates from a university project and therefore science and technology are important to our culture. If we look at the history of our industry, MED-EL has been responsible for bringing many innovations to the market; for example, our latest innovation the SYNCHRONY Cochlear Implant System, which offers the highest MRI safety at 3.0 Tesla without requiring extra surgery to remove the magnet.

**How important are the materials you choose for hearing implants?**

The materials in a hearing implant must work and stay in the body for a long time. That's why we only use the very best performing, highest-grade materials. The design of the implant is also crucial, for example the electrodes we use are the softest in the industry, which minimises any trauma during insertion into the cochlea. It's important to preserve the delicate structures of the cochlea to allow for the option of changing to another treatment in the future. If the structure is damaged, it's damaged forever – and this is not the case with our products and the materials we use.

**In your opinion, which MED-EL product is the most exciting right now?**

I believe the RONDO 2 is the most exciting product right now. We have received excellent feedback from users and they really like the slimmer design and that it only has one button, providing an extra level of convenience. As it is an off-the-ear audio processor, it offers a high level of freedom, and the new wirelessly rechargeable 18-hour battery life makes the usability even better.

**Individualisation is something that MED-EL is striving for, how is your department bringing this vision to life?**

One of our missions for the Product Management department is to drive improvement and disruptive innovation for better individualisation and higher performance. It's a constant process and we learn every day. MED-EL already has the widest portfolio of electrode lengths to fit to every patient's individual anatomy, because we don't believe that one size fits all.

**In your opinion, what do you think a hearing implant will look like in 20 years?**

As a child I watched a TV series that featured a woman who received a futuristic implant following an accident and after that she was able to hear everything. At the time this was pure fiction, and today we are already there. I do think that we will see amazing developments in the field, particularly in sound quality performance and usability for the

patient. I also think that hearing implants will continue to become more invisible and that it will be possible for implants to interact with other devices.

**What is the ambition for MED-EL products going forward?**

Our mission is to overcome hearing loss as a barrier to communication and quality of life. MED-EL will continue to drive the industry forward with technology and innovation and, through this, provide the best hearing solution to every individual who is in need of such a device globally.

---

[Back to top](#)

**MED-EL - "Stepping into the unknown is hard"**



Prof. Timo Stoever, MD, helps people to hear every day. In an interview with [www.endlich-wieder-hoeren.org](http://www.endlich-wieder-hoeren.org) he states, that at some point, even a great medical miracle like the CI becomes routine for experienced doctors. Yet, he hopes that people with hearing loss find the courage to take this important step earlier.

**Professor Stoever, the University Clinic of Frankfurt is one of the most renowned cochlear implant centres in Germany. How has CI provision changed?**

CI provision has changed dramatically: In the beginning, cochlear implants were only given to profoundly deaf people to aid lip-reading. Nowadays we see many patients with residual hearing, which is even desired and considered highly positive. In the early days only adults were provided with a CI, we now aim to implant children in their first year of life if possible.

**Do you have a minimum age for implantation?**

The correct diagnosis and safe surgery with minimal risk must be assured. Usually this is possible from four to six months of age.

**Has the percentage of elderly candidates increased?**

Chronological age has never been a limiting factor for us. We implant seniors at 80, 85 or 90 years, as long as they are cognitively fit and willing to hear again. These people no longer want to accept the isolation that comes with deafness.

**Nevertheless, you strive for early intervention?**

Even after 10, 15 or 20 years of deafness there is a fair chance to hear again with the implanted ear. This is not impossible. We try to implant children who were born without



hearing as soon as possible, because speech and language develops so fast during the first years of life. At the age of five or six years we need to lower our expectations. However, we should ask ourselves the question: What do I consider a success? The absolute majority of users will benefit from a CI.

#### **Is a CI indicated for people with residual hearing?**

In most cases, CI treatment is more efficient if speech test results with hearing aids are below 50%. This can be measured exactly. Chances are extremely high that those candidates will benefit more from a CI than from a hearing aid.

#### **Every CI surgeon and every CI user has a story to tell. Which patient(s) do you remember most?**

Don't get me wrong, the many success stories that surgeons have seen in their career make cochlear implantation almost routine. Of course, this is not true for all patients. I notice a regular pattern; most candidates have suffered for a long time.

#### **What exactly do you mean?**

Often, hearing loss progresses slowly, it is hardly noticed in the beginning but gets worse over time. This leads to an increased feeling of isolation; people stay away from social activities and reject invitations. For most of them, family is a protective space - partners adapt to the situation - on the other hand, family is where friction most frequently occurs. Individuals with hearing loss laugh at the wrong points in conversations; they need repetitions of what was said. The job situation becomes more difficult. At some stage many people end up isolated and depressed.

#### **And still most candidates find it difficult to get out of this situation?**

For most patients cochlear implantation is a very difficult decision. They somehow manage with their hearing loss. Stepping into the unknown is much harder. But after implantation they all tell me the same: "If only I had known how it was going to change my life, I would have decided to receive a CI much earlier." For some people this process of putting an end to their helplessness may take years.

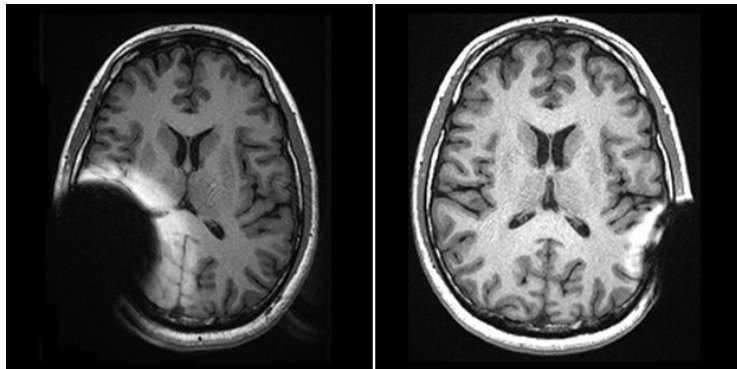
#### **Technology is evolving fast. What is on your wish list for research?**

I expect a lot of progress on the biological side. I hope to see hearing solutions with bionic elements that interact with the tissue. The ultimate perspective is to hear naturally with a CI, like normal hearing. Today's devices have come pretty close already, and most users will say that they hear really well. Hardly anybody, however, will tell you they hear as well as before, when they had normal hearing. I still think that this will be possible.

---

[Back to top](#)

[OTICON MEDICAL - A recent independent study from Berlin \(2\) confirms it: Neuro Zti is safe, convenient and painless for 1.5T MRI exams with the magnet in place.](#)



***Image artefacts occurring with (left) and without the magnet in place (right)***

14 June 2018 - As magnetic resonance imaging (MRI) exams become a more widespread diagnostic tool, it's important to consider how a cochlear implant stands up to this type of powerful magnetic imaging. When it comes to Neuro Zti implant, the short answer is great.

#### **Simply leave the magnet in place**

So, what makes Neuro Zti so suitable for MRI exams? Firstly, for MRI exams at 1.5 Tesla – the most common type – there's no need to remove Neuro Zti's magnet as Neuro Zti is designed to safely withstand this kind of magnetic force. The magnet is held firmly in place by the rigid implant structure (1), so it can't dislodge or flip, while the implant itself remains stable throughout the MRI exam thanks to a unique screw fixation system (1) that securely attaches it to the bone.

The rigid implant structure of the Neuro Zti keeps the magnet firmly in place

The design of the Neuro Zti limits any risk of painful torque or tugging that patients can experience if their implant magnet is housed in a soft silicone case. This has been confirmed by an independent study (2), which shows that having an MRI exam with Neuro Zti is painless at 1.5 Tesla with the magnet in place.

Although being able to leave magnet in place for MRI exams of up to 1.5 Tesla is the most convenient option, there are rare occasions when it might need to be removed to be able to

carry out the procedure. For example, if a diagnosis is needed of the head or ear/nose/throat region, the implant magnet may distort the image – creating a so-called image artefact. **(Please see images above)**

### The Neuro Zti magnet is easy to remove

In these instances, the magnet of Neuro Zti can be removed in a quick and minimally invasive procedure. A small incision is all that is required to access the magnet from the top of the implant. Then using the dedicated surgical tool, it can be removed in few steps and replaced once more following the MRI exam.

The dedicated surgical tool simplifies magnet removal

What's more, as the magnet casing is solid, it is designed to ensure multiple magnet removals without damaging the body of the implant. This can be an issue for CI magnets cased in silicone, which can loosen over time causing the magnet to flip and migrate **(3), (4)**

Read more about performing MRI exams on patients with a Neuro Zti implant

Safe, robust and future-proof

To sum up, Neuro Zti is compatible with standard MRI exams of up to 1.5 Tesla, with the magnet in place. In the event that the implant magnet distorts or obstructs the image – or if more powerful imaging above 1.5 Tesla is required – the magnet can be removed in few steps. Furthermore, the casing is designed to ensure multiple magnet removals without damaging the body of the implant. For children, this is an important factor to bear in mind.

Note: This information does not replace the Instructions for Use. Please read the Neuro Zti Instructions for Use included in the Neuro Zti implant packaging, the Instructions for Use specifically on Magnetic Resonance Imaging (MRI) exam and the Neuro Zti Surgical Tools Instructions for Use included in the surgical tool packaging.

Click here to [Find out more about the Neuro Zti](#)

**(1)** Oticon Medical CI Unique, April 2018

**(2)** Todt, I., Rademacher, G., Grupe G., Stratmann A., Ernst, A., Mutze S., Mittmann P. (2018). Cochlear implants and 1.5 T MRI scans: the effect of diametrically bipolar magnets and screw fixation on pain. *Journal of Otolaryngology - Head and Neck Surgery* (2018) 47:11

**(3)** Wagner F., Wimmer W., Leidolt L., Vischer M., Wiest R., Mantokoudis G., Caversaccio M.D., (2015). Significant Artifact Reduction at 1.5T and 3T MRI by the Use of a Cochlear Implant with Removable Magnet: An Experimental Human Cadaver Study. *PLoS ONE* 10 (7): e0132483. doi:10.1371/journal.pone.0132483

**(4)** Brian, W., Susan, N. Grace, P., Erin, C., David, H., Henry, O. (2018). Comparison of MRI in pediatric cochlear implant recipients with and without retained magnet. *International Journal of Pediatric Otorhinolaryngology*, doi:10.1016/j.ijporl.03.013.

[Back to top](#)

## OTICON MEDICAL - Neuro users say it: the everyday sounds better with speech-omni

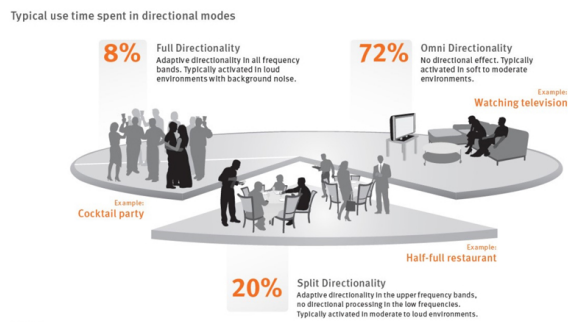


Figure 3. A typical distribution of different directionality modes for FreeFocus users.

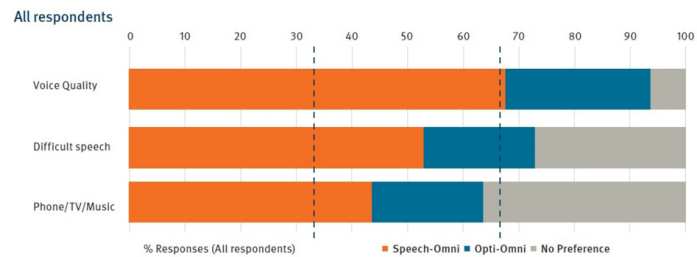


Figure 4. Averaged results (N=35), showing distribution of preference ratings in percentage of responses, for speech-omni in orange, opti-omni in blue or no-preference in grey. The dotted lines indicate the 33% chance level.

29 June 2018 - A recent survey of 35 cochlear implant users conducted in three clinics has confirmed that the new speech-omni setting of Neuro 2 is preferred by most users **(1)** in

low-noise environments. This is exactly the sort of situation in which the majority of listening takes place **(2)**.

So, what exactly is speech-omni? In short, it's a new omnidirectional setting – one of Oticon Medical's 22 unique **(3)** technologies – that aims to deliver a more natural listening environment in low levels of noise, the typical listening environment for most users **(5)**.

Using the principles of BrainHearing™ **(4)**, the speech-omni setting is designed to help the brain make sense of sounds. That means less straining to catch what's being said and easier understanding in this kind of ecological listening situation.

**Low-noise environments are where users spend most time **(5)** - please see Figure 3 above**

#### Designed to be closer to natural hearing

Let's take a look at how it works. When the intensity of the sound remains relatively low, below 65 dB SPL, speech-omni uses slight directionality to get mid- to high-frequency sounds – speech cues – from the front direction. That's what makes it closer natural hearing.

The first evaluation results comparing speech-omni with opti-omni – the other omnidirectional setting in the Neuro system – are fresh in. And the good news is that the surveyed users definitely prefer speech-omni in low noise environments.

#### A clear preference for all types of user

In the evaluation, 35 cochlear implant patients compared the two settings in ten different listening situations to test voice clarity and quality, listening environments, speech intelligibility, music and TV listening, and voice height and speed – and there was no mistaking the results.

With speech-omni in low noise situations, every single parameter involving speech was significantly improved – regardless of how long the users had had hearing loss or had used a cochlear implant.

**Over two thirds of respondents preferred speech-omni for voice quality - please see Figure 4 above**

#### Find out more about the study and speech-omni

**(1)** Caruso A., Negri M., Zanetti D., Guida M., Dallaturca E., Sanna M. - *Neuro users say it: the everyday sounds better with speech-omni – Oticon Medical white paper, 2018*

**(2)** Wu YH, Stangl E, Chipara O, Hasan SS, Welhaven A & Olseon J. (2017). *Characteristics of Real-World Signal to Noise Ratios and Speech Listening Situations of Older Adults with Mild to Moderate Hearing Loss. Ear Hearing. August – volume published ahead of print.*

**(3)** *Oticon Medical CI Unique, April 2018*

**(4)** Hoen M, Neel-Weile J, Holmberg M & Lunner T. (2018). *Oticon Medical BrainHearing™ – Helping the brain make sense of sound. Oticon Medical White Paper. [www.oticonmedical.com](http://www.oticonmedical.com).*

**(5)** Bosman AJ, Kruyt IJ, Mylanus EAM, Hol MKS, Snik AFM. (2018). *Evaluation of an abutment-level superpower sound processor for bone-anchored hearing. Clin Otolaryngol. doi: 10.1111/coa.13084.*

---

[Back to top](#)