

# COCHLEAR IMPLANT CLINIC REFERRAL GUIDELINES

## Background

Candidacy criteria for cochlear implants have changed dramatically over time due to improving hearing outcomes and advances in technology. Cochlear implants may often be a better option than hearing aids for people with a significant hearing loss.

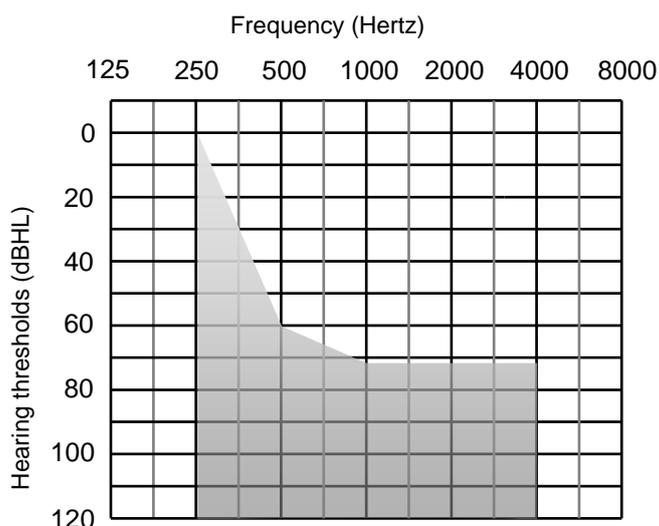
Many people use a combination of a hearing aid and a cochlear implant. Some people with normal hearing in one ear may also now benefit.

The following information may assist you when considering making a referral to the Cochlear Implant Clinic. We are happy to receive referrals for patients of any age. Please refer children as early as possible.

## Referral guidelines

The option of a cochlear implant can be considered if the patient has:

- A moderate-to-severe or worse hearing loss in the poorer hearing ear as depicted on the audiogram below:



*\* The hearing thresholds indicated on the audiogram are guidelines only for when an assessment to establish the suitability of a cochlear implant could be considered.*

- Limited speech recognition ability with appropriate conventional hearing aids:
  - aided speech perception score on monosyllable word test less than 55% in the poorer hearing ear
  - complain that people mumble or aren't speaking clearly
  - rely on lip-reading or other visual cues like subtitles on TV
  - have difficulty understanding people over the telephone
  - avoid social gatherings because of the impact of noise
- Fitness to undergo a general anaesthesia.
- Either congenital or acquired hearing loss.
- Stable psychological state

## General referral requirements:

Any health professional can refer directly to the Cochlear Implant Clinic.

Please include the following information in your referral:

- Patient demographic information, contact details and preferred contact person
- Medicare, pension and DVA number and expiry dates
- Interpreter requirements and language
- History and aetiology of hearing loss
- A current audiogram and/or previous audiograms
- Information about hearing aids
- Relevant medical issues; especially issues that may increase the anaesthetic risk (Patients with chronic active ear disease may require additional management by the Otologists within the implant clinic).
- Summary of relevant test results; eg. radiology, pathology, balance tests
- Your details, contact details and provider number (this is a Medicare billed clinic with no out of pocket cost to Medicare eligible patients)
- **Please ensure all referrals are addressed to Mr Robert Briggs**

## Referral prioritisation

### Urgent:

A referral is classified as 'urgent' if the following is identified:

- Recent case of meningitis
- Recent sudden hearing loss that persists following ENT management.  
Sudden significant hearing loss (within 72 hours) should be treated as a medical emergency with immediate (same day) referral to the Eye and Ear Hospital Emergency Department.
- Late diagnosis of severe-to-profound hearing loss in a child over 1 year of age

We aim to see urgent patients within 2 weeks of the referral being received.

### Next available:

This category is applied to all non-urgent patients and appointments are allocated according to the next available 'initial discussion' appointment slot.

We aim to see patients within 4 weeks of receiving their referral but this may vary according to the number of urgent referrals received.

### If you have a query or would like to send us a referral, please contact our clinic directly:

Cochlear Implant Clinic, Royal Victorian Eye & Ear Hospital  
Locked Bag 8, East Melbourne 8002, Victoria  
Phone: (03) 9929 8624; Fax: (03) 9929 8625;  
E-mail: [cic@eyeandear.org.au](mailto:cic@eyeandear.org.au)

## COCHLEAR IMPLANT CLINIC INFORMATION

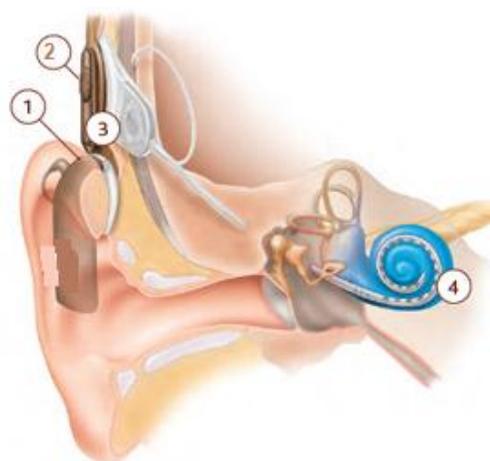
The Cochlear Implant Clinic is part of the Royal Victorian Eye and Ear Hospital, operating since 1984, and has a large team of ENT surgeons, audiologists and speech pathologists involved in assessments and post-operative care.

Preoperative appointments involve thorough ENT investigations, complete audiological assessment and counselling. All appropriate hearing options including surgical options will be explored. (eg. stapedectomy, grommets, bone conduction Implants). If a cochlear implant is recommended, patients will be assessed for anaesthetic risk.

The cochlear implant is a system consisting of an *internal implant* (requiring a 2 hour operation and 1 night stay in hospital) and an *external device* (sound processor), worn over the ear.

### How a cochlear implant works

1. Microphones on the sound processor pick up sounds and the processor converts them into digital information.
2. This information is transferred through the coil (via a magnet) to the implant just under the skin.
3. The implant sends electrical signals down the electrode into the cochlea.
4. The electrode array in the cochlea picks up the signals and sends them to the brain, giving the sensation of sound.



The cochlear implant is different to a traditional hearing aid because hearing aids can only amplify the remaining natural hearing, whilst **an implant can provide electronic/artificial hearing for all sounds in the speech range** and therefore improve access to speech.

Whilst a cochlear implant does not provide 'normal' hearing, when recommended, **75% of people have a SIGNIFICANT improvement** in the implanted ear. Median outcomes for adult patients with an acquired hearing loss are 90% perception of sentences in quiet and 65% for perception of sentences in noise.

Patients need to attend post-operative appointments for programming the device and rehabilitation and will require ongoing annual reviews.

Appointments are covered by state and federal government funding for Australian permanent residents. Cochlear implant surgery and the prosthesis is fully funded by the government for public Medicare eligible patients and by private health insurance companies for private patients.