

A Cochlear Implant Assessment

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My experience with receiving a cochlear implant assessment began with a visit to my audiologist. After my semi-annual hearing check-up, four years ago, my audiologist told me that my word recognition scores were poor, particularly in noise. He suggested I consider a cochlear implant.

I knew he was right. I was struggling to hear at parties. It was hard for me to socialize, and I was turning down invitations to meet people in noisy restaurants. It was time to rethink my ability to hear.

I had a lot of questions. I asked what kind of doctor I would need to see, what was involved with an implant assessment, what was involved in surgery, and recovery, and what hearing improvements I might expect.

My audiologist explained that I would need to see an Otolaryngologist and audiologist, specializing in implants and an insurance specialist to help me navigate through the financial aspects of paying for the surgery.

My audiologist went on to say that there were no implant specialists within a reasonable distance from where I lived. I would have to drive two hundred miles to Miami or visit a practice in Sarasota, an hour and a half away. I decided to set up visits in both places.

I quickly found out that the practices I chose in Sarasota and Miami were busy places. There was a six week wait for an initial appointment. At my first visit, there was a long wait in the waiting room of both doctors. Each doctor looked over my medical records and decided I would be a good candidate for evaluation.

I was told I would need another thorough audiological exam, counseling, a meeting with their insurance advisors, and a MRI. I would also need pneumonia vaccine.

At that point, I had to make a choice of doctors for insurance purposes. I chose the group in Miami simply because my husband and I thought the doctor was more personable, and we discovered he did more implants than the doctor I saw in Sarasota. We knew he was a skilled surgeon.

I scheduled my second appointment. Since I would be coming from a distance, we made the appointments for the MRI scan early in the morning, and then we scheduled the audiological evaluation. We were told that would take 2 hours. After the exam, my doctor would go over all of the results. In the meantime, I received my pneumonia vaccination locally.

It was a busy day. The whirring of the MRI and the claustrophobia was unnerving. The audiological exam was long, listening to sounds with and without my hearing aids, repeating words in quiet and noise, again with and without my hearing aids. The audiologist spent a lot of time going over my hearing history, and how I interact socially. She assessed my hearing issues and asked how my hearing aids helped and where they were deficient. She explained that this helps an insurance company determine if you are a CI candidate.

When concluding her assessment, she felt implants would help me achieve a significant improvement when hearing in a quiet. However, she predicted only a small improvement in hearing in noise. She suggested that I would still need a mini mic when hearing in background noise and that I might still need a television adapter, particularly when listening to female voices. She made clear that there was no way that my hearing would be normal in quiet or in noise.

She showed me implants from three manufacturers and took the time to go over the pros and cons of each. I had researched implants before arriving and had already decided on one from the Cochlear company.

Two and a half hours later, and after all my questions were answered, she asked me to wait in the waiting room. It wasn't long before the resident working with my surgeon came to get my husband and I. This personable doctor-in-training went over all aspects of the surgery.

Cochlear Implants are outpatient procedures, and the procedure itself takes 3 to 4 hours. Patients are given anesthesia. The surgeon makes an incision behind the ear and inserts the wire into the cochlea and internal components of the implant under the skin. Once the acoustic wires are tested, the wound is stitched. I was told it would be 3 to 4 weeks before the surgical site healed. Once you are deemed healed, you return for a visit to the audiologist to receive the external components of the implant. At that point the implant is tuned to your personal needs.

My doctor joined us. Together, we decided the implant would go into my left ear which was slightly worse than the right ear. My next meeting would be with a finance advisor who would help me with insurance questions. I was grateful when finding out that he would call me.

Three weeks later, I received a phone call from the person in charge of insurance assessments. Since I was 64 at the time, and still on private insurance, he told me my deductible would be \$50,000.00. I was shocked.

Then he came up with an idea. It was September and my birthday is in February. He suggested I wait to schedule surgery until I was on Medicare and avoid the deductible. I asked if I would have to be re-evaluated, and found out it would as long as surgery took place within a year. My husband and I decided that waiting was the better way to go.

September gave way to cooler winter months and year-end holidays. Before I knew it, I was signing up for Medicare. Now I only had to wait for my birthday in February to roll around and then I could schedule the surgery.

in the meantime, I chatted with people who had received an implant. I heard mixed messages. Some were very happy that they had gone through the procedure while others wished they hadn't. I went online to do more research and discovered more issues and problems that people with implants can have. I started to wonder if I would have a good result. What bothered me most was that there was no turning back. For better or worse, I would have to live with an implant, no matter what my outcome would be.

My birthday came and went. I received a call from my doctor's office asking if I'd like to schedule. I told them I needed more time to think things over. They understood.

One night shortly thereafter, my husband and I attended a gathering of his retired physicians club. We were seated with another couple. Right away, I noticed that the doctor with whom my husband was conversing was wearing an implant.

Of course I jumped in wanting to know what he thought of his device. He explained that after experiencing sudden hearing loss, he had tried hearing aids but they had not helped him, hence the implant. He admitted his implant had improved his hearing. He described his frustrations, mostly with connectivity issues with his phone. He had to use a mini mic to hear in noise and was disappointed in the way he heard music and female voices. He described those sounds as mechanical. Multiple adjustments of his devices had not solved his problems.

I told him that I was considering an implant and that I had to make a decision soon. He recommended waiting. If you still can hear with hearing aids, stick with that, he said.

I let another month pass. In the end, I decided against surgery. I called my audiologist and asked him to be on the lookout for new hearing aid technology.

That was 4 years ago. Though my hearing isn't perfect, I now have a pair of hearing aids with artificial intelligence. They have improved my hearing, particularly in noise. I will keep wearing hearing aids until there comes a day when I can no longer hear well enough to engage in life.