Thank you for your interest in the Vanderbilt Bill Wilkerson Center Cochlear Implant Program. A cochlear implant is designed for individuals with severe to profound hearing loss in both ears that receive little or no benefit from hearing aids. Cochlear implantation requires surgery followed by multiple visits for programming the cochlear implant system and aural (re)habilitation therapy.

An individual must undergo a series of evaluations to determine if a cochlear implant is an appropriate treatment for your child’s hearing loss. The evaluation process is extensive and involves assessments by the ear, nose, throat (ENT) doctor, audiologist, speech-language pathologist, social worker, and/or psychologist. We will also need to consult with your child’s school or early interventionist during the evaluation process.

The first step in the evaluation process is to complete the intake packet that is enclosed. **The following five items must be completed prior to scheduling the appointment:**

1. Case History form,
2. Release of Information form,
3. Parent Stress Index Questionnaire (return the packet with the answer sheet),
4. Copy of your child’s most recent hearing test results (audiogram), and
5. Referral from your child’s pediatrician for “medical, radiological, speech-language, social work and audiological evaluations for cochlear implant work-up”.

Your child’s pediatrician and audiologist can fax their materials to us at 615-936-1225. Upon receipt of all five items, you will be contacted regarding your child’s appointment time for the cochlear implant evaluation. The evaluation is conducted over a two day period which is usually on a Monday and Tuesday. It is very important that you bring your child’s hearing aids and earmolds to the evaluation. Once all the testing is complete, a decision regarding your child’s candidacy for cochlear implantation will be decided by the team members.

Enclosed you will find some general information about our program. If you would like additional information about the cochlear implant or our team, please call Kelly Newhouse, Program Assistant @ (615) 936-8623.
Child Case History

Date __________________________  Referred by ________________________________

I. General Information

First Name __________________________ Middle Initial ______ Last Name __________________________

Street Address ____________________________

City ____________________________ State ______ Zip Code ____________________________

Birth Date ___________ Age _______ Gender ________ Home Phone ______________________________

Child’s Primary Insurance ____________________________ Policy Number ______________________________

Mother’s First Name __________________________ Mother’s Last Name __________________________

Address (if different from above) ____________________________

Mother’s Date of Birth ___________ Education Level ________ Occupation ______________________________

Work Phone ____________________________ Cell Phone ____________________________ Email ____________________________

Father’s First Name __________________________ Father’s Last Name __________________________

Address (if different from above) ____________________________

Father’s Date of Birth ___________ Education Level ________ Occupation ______________________________

Work Phone ____________________________ Cell Phone ____________________________ Email: ____________________________

What name does your child like to be called? ____________________________________________

Who is responsible for the care of this child? ____________________________________________

Does this child have any brothers or sisters? If so, what are their names and ages? ______________________________

II. Associated Professionals

Pediatrician’s Name __________________________ Phone Number ____________________________

Address ____________________________
III. Statement of Problem

At what age was the hearing loss first diagnosed? ________________________________

Do you know what caused the hearing loss? Yes  No  If so, what? ________________________________

What diagnosis have you received regarding the degree of hearing loss? ________________________________

Which is the better ear?    Right    Left    Same

Is there a family history of hearing loss? Yes  No  If so, please describe ________________________________

IV. Health History

Was the pregnancy full term with normal delivery? Yes  No  If not, please explain ________________________________

Birth Weight_________________________Length_________________Apgar Score__________________________

Have you noticed any problems other than hearing? If so, please describe the nature of the problem, diagnosis, and treatment, if any. ________________________________
Does your child have a history of ear infections? Yes  No  If so, how many per year?______________

Has your child’s vision been evaluated? Yes  No  If so, when and what were the results?______________

Has your child ever had a developmental or psychological evaluation? Yes  No  
(If so, please attach a copy of the evaluation results.)

At what age did your child: Babble______  Sit alone _________
Walk alone_________  First word_________  Put words together_________
Self feed__________  Toilet independently_______

V. Amplification History

Does your child wear hearing aids? Yes  No  If so, which ear? Right  Left  Both
What is the make and model of the hearing aids?____________________________________________
On average, how many hours does your child wear the hearing aids each day?____________________
How old are the current hearing aids?_________________________________________________________
Do you feel that your child benefits from the hearing aids?____________________________________
Is there a change in your child’s behavior and amount of speech production when he/she is wearing the hearing aids? Yes  No  If yes, please describe___________________________________________________________

VII. Communication Information

Did your child babble or coo as an infant? No  Yes
Does the child use his/her voice consistently? No  Yes
Does the child vocalize more with the hearing aids on? No  Yes
Does the child attempt to imitate speech? No  Yes
Do your family members understand your child? No  Yes
Can others understand your child? No  Yes: Most can  Some can  Few can

Please circle any of the following ways your child communicates with others:

Speaks  Gestures  ASL  Sign Language  Cued Speech  Other______________________________

What are your communication goals for your child?__________________________________________
VIII. Educational Information
Have you or your child ever received special training and/or special classes for the hearing loss? Yes  No

What do you expect from the cochlear implant?

IX. Cochlear Implant History (Complete the following information if you did NOT receive your cochlear implant at the VBWC NCCD Cochlear Implant Program.)

Hospital_________________________Surgeon_________________________

Audiologist_________________________Phone_________________________

Address_________________________

Date of surgery_________________________Activation date_________________________

# of electrodes inserted_________________________Description of activation experience_________________________

Rehabilitation services provided by cochlear implant program_________________________

X. Release of Information

I authorize the above named professionals to release information regarding my child to the Vanderbilt Bill Wilkerson Center for the purpose of conducting a cochlear implant work-up.

_________________________________________  ___________
Parent/Guardian Signature                    Date

_________________________________________  ___________
Witness                                      Date

Please return this form and a copy of your child’s most recent audiogram to the address on the front of this form. Thank you.
Vanderbilt Bill Wilkerson Center
Cochlear Implant Program
Medical Center East, South Tower, Room 9302
1215 21st Avenue South
Nashville, TN 37232-8025
Adult Program: 615-936-8623
Children’s Program: 615-936-8623
Fax: 615-936-1225

Team Members

Director and Coordinators
David Haynes, MD, Medical Director
Susan Amberg, Au.D., Adult Coordinator
Tamala S. Bradham, Ph.D., CCC-A, Pediatric Coordinator
Kelly Newhouse, Program Assistant

Neuro-Otologists/Otolologists
Marc Bennett, MD
David Haynes, MD
Robert Labadie, MD, Ph.D.

Pediatric Otolaryngologists
Dale Tylor, MD
Christopher Wootten, MD

Audiologists
Susan Amberg, Au.D., CCC-A
Tamala S. Bradham, Ph.D., CCC-A
Andrea Hedley-Williams, Au.D., CCC-A
Catherine Hayes, Au.D., CCC-A
Linsey Watkins, Au.D., CCC-A
Anne Marie Tharpe, Ph.D., CCC-A

Speech-Language Pathologists
Emily Byram, MS, CCC-SLP
Carrie Cohen, MS, CCC-SLP
Ginger Jones, MA, CCC-SLP, LSLS Cert. AVT
Emily Lund, MS, CCC-SLP
Geneine Snell, M.Ed., CCC-SLP

Teachers of the Deaf
Kelli Blankenship, MA, CED
Katie Kiske, MA, CED
Meredith Nichols, MDE
Robert Shaffer, MA
Uma Soman, M.Ed., CED, LSLS Cert. AVEd
Leena Varma, M.Ed., CED

Social Worker
Dolores Smith, MSSW, LCSW
Introduction

Since the early 1980's, the Vanderbilt Bill Wilkerson Center (VBWC) has been actively involved in providing cochlear implant services for children and adults as well as being involved in research efforts to improve technology and intervention services. This exciting technology has improved the quality of life for countless adults and children with hearing loss. The experienced team of surgeons, audiologists, speech-language pathologists, and educators of the deaf at the VBWC are well prepared to provide the much needed services for successful usage of the cochlear implant system. We have two programs – one for adults and one for children - to better meet the needs of the families. The children program is located within the Service Division of the National Center for Childhood Deafness and Family Communication. The adult program is located within the Division of Audiology.

Cochlear implants are safe and effective in helping deaf individuals hear sounds – with proper training this can lead to speech understanding. In 1985, the United States Food and Drug Administration (FDA) approved their used for people with hearing loss. Currently, there are three FDA approved cochlear implant systems available in the United States: (1) Harmony by Advanced Bionics Corporation (www.advancedbionics.com), (2) Nucleus by Cochlear Americas (www.cochlear.com), and (3) PULSARci by Med El Corporation (www.medel.us.com). The Vanderbilt Bill Wilkerson Center (VBWC) implants all three systems.

What is a cochlear implant?

Hearing loss is usually the result of damage to special cells in the inner ear (called "hair cells") which sense changes in sound pressure and trigger nerves to send signals to the brain resulting in the perception of sounds. Even though deaf individuals have damage to these hair cells, there are many usable nerve fibers that can be stimulated by the cochlear implant's electrical signals.

Thus, a cochlear implant is a device that uses advanced technologies to enable a person with hearing loss to hear sounds. Cochlear implants have two parts - the internal part which is placed in the inner ear during surgery and the external portion which can be worn in several ways (like a hearing aid or on the body with a portion going to the head). The internal part has a wire with multiple electrodes on it which is placed in the cochlea, the part of the inner ear responsible for hearing. The external part senses sound signals and sends these across the skin to the internal part.

A cochlear implant is much different from a hearing aid. A hearing aid makes sound louder – called amplification. A cochlear implant bypasses the normal middle ear and electrically stimulates the nerve responsible for hearing. Thus, it is for people with more severe forms of hearing loss than those who can use hearing aids.

What are the benefits of the cochlear implant?

People who have cochlear implants tell us that they feel more connected to the world around them. They can hear sounds like birds singing, telephones ringing, and cars approaching - to name but a few. People with the cochlear implant can learn to talk and understand speech – although this depends upon training and practice. There are two big groups who benefit from cochlear implants – young children born deaf and adults who lose their hearing later in life.

Children who benefit the most from cochlear implants are those who have been deaf for short period of time. That is why we try to identify deaf children at a young age. We have also found that children benefit most when they are in good auditory-oral educational programs and have the support of their family. Family support
is essential in helping children get the most out of their cochlear implants. Children get better and better results as they use their cochlear implant – those who have used their device for more than three years still show improvement.

As for adults who have gone deaf after hearing and developing speech, cochlear implants often allow them to hear again. Benefits are many and include the ability to improve their jobs, the opportunity to do more social events, increased sense of security, and freedom to enjoy hearing events like musical concerts.

What is the cost of the cochlear implant?

As with most medical devices, cochlear implants are expensive. Many insurance carriers provide full or partial coverage. As a courtesy to the families, VBWC cochlear Implant Program will submit paper-work to your insurance carrier for approval. The amount of coverage, however, depends on your specific insurance carrier. Your implant coordinators will work with you to see how much your insurance will cover.

Who is a cochlear implant candidate?

Before a person is considered to be a candidate for a cochlear implant, there are a series of tests that will need to be performed. These include hearing tests, x-rays of the inner ear, medical tests, psychological evaluation/developmental evaluation and speech testing. Because cochlear implants are intended to be permanent, these tests are important to determine who is likely to benefit. As directed by the FDA, all candidates must have recently tried hearing aids. Children also need to be enrolled in pre-implant training to demonstrate that they will take part in therapy after cochlear implantation.

What about the cochlear implant surgery?

Cochlear implant surgery is done as an outpatient – meaning you go home the same day as surgery is done. Surgery is done under general anesthesia and you are completely asleep for the procedure. The whole process takes a couple of hours. Typically, a small amount of hair is shaved above and behind the ear.

Cochlear implant surgery has been performed for over 30 years and is considered safe and effective. The risks of cochlear implant surgery include those of general anesthesia as well as risks unique to ear operation – including infection, bleeding, facial nerve injury (the nerve which moves your face is located very close to the inner ear), leakage of fluid from around your brain (called a CSF leak), dizziness after surgery, rupture of the ear drum, and failure to be able to put the cochlear implant in place. While these all can occur, they are very rare, occurring in less than 1 out of 100 people.

The internal part of the cochlear implant is designed to last a lifetime. The external devices will need to be upgraded periodically – cochlear implant recipients are responsible for upgrade costs. Furthermore, cochlear implant recipients are responsible for the cost of maintenance, repairs, batteries, and non-warranty items.

What happens after the cochlear implant surgery? When do I first start hearing with the cochlear implant?

Approximately two to three weeks following surgery, the person returns to the VBWC for fitting and activation of the cochlear implant. This is the first time the person will be able to hear with the cochlear implant. The cochlear implant audiologist at VBWC will use a computer to set the levels that allow comfortable hearing for each electrode. These levels are unique for each person. The person returns often during their first six months to adjust the programs which run the implant. These frequent visits are necessary since it takes time for the ear to adjust to the new sounds. Usually, after the first six months, the person needs to only return once every six months for fine tuning, updating, and monitoring; however, this varies, particularly with children.
Do I have to be enrolled in therapy in order for me to receive a cochlear implant?

For both children and adults who have been without hearing, therapy is needed for successful understanding of speech. Adults typically have many years of sound memories to draw upon and usually learn to recognize sound as speech in a short period of time. Therapy consists of listening to sounds, words, phrases, sentences, and conversations, and practicing using different techniques to communicate better.

For children with little or no listening experiences, there are no sound memories on which to draw. Without intensive therapy and appropriate educational placement, children will show little to no benefit from the cochlear implant. In May 1995, the National Institute of Health (NIH) held a conference on cochlear implants. A statement issued by the panel at the end of this conference was “Access to optimal educational and (re)habilitation services is important to adults and is critical to children to maximize the benefits available from cochlear implantation.”

As part of the cochlear implant process, the VBWC Cochlear Implant Program requires families to commit to intensive and consistent therapy with a professional who is specifically trained. This must occur before surgery is recommended. The rehabilitation process can take many years, much as it takes normal children many years to learn how to hear and to speak.

What should I expect from the cochlear implant?

Since each person’s brain and inner ear is different, it is difficult to predict how well an individual will perform with a cochlear implant. While each person’s experience with cochlear implants are different, adults can expect that they will be able to detect everyday sounds in their environment, improve face-to-face communication, and have an increased ability to understand speech through hearing alone. This often leads to greater confidence to interact and socialize. Children can often achieve the same benefits as adults, although the progress is often slower. Many children are able to understand speech by listening alone with no visual cues. There are some children, however, that still require the use of lip reading and/or sign language to help them to understand spoken language. Research does show that the longer the person has had their hearing loss, the more difficult it is for them to benefit from a cochlear implant. The VBWC Cochlear Implant Program team members will discuss reasonable expectations with you at the time of the evaluations.

For more information about the VBWC Cochlear Implant Program, please contact:

Kelly Newhouse
Program Assistant
Vanderbilt Bill Wilkerson Center
Medical Center East, South Tower
1215 21st Avenue South, Room 6209
Nashville, TN 37232-8105
615-936-8623 (Voice)
615-936-1225 (fax)
kelly.newhouse@vanderbilt.edu
The following is a list of evaluations and procedures necessary to determine an individual's cochlear implant candidacy. A team member will serve as case manager and will assist the family during the candidacy evaluations. Several trips to Vanderbilt for testing may be required to complete all the evaluations that are necessary before a decision can be made regarding candidacy. Not all evaluations listed below will be necessary for every patient. Every effort will be made to minimize the number of trips required. For children, it is recommended that both parents attend all appointments, if possible.

**Description of Cochlear Implant Evaluations**

**Candidacy Evaluations**

**Audiological Evaluation:** A comprehensive hearing assessment will be completed with and without the hearing aids. This may require more than one visit. *It is essential that the individual brings his/her hearing aids and earmolds to the evaluation.*

**Location**

Vanderbilt Bill Wilkerson Center Cochlear Implant Program (VBWCIP)

VBWC Medical Center East, South Tower, 9th Floor

**Sedated Auditory Brainstem Response and Otoacoustic Emissions Tests:** These tests are objective measures of hearing sensitivity. Some children require sedation to obtain these test results.

**Location**

Vanderbilt Children’s Hospital, 1st Floor

**CT Scan:** A specialized x-ray to evaluate the anatomy of the hearing organ. Some children are sedated for this procedure.

**Location**

Vanderbilt Medical Center East, South Tower, 7th Floor

**Medical Examination:** The otologist/otolaryngologist will take a medical history, review the CT scan, and determine if there are any medical contraindications that would prohibit the surgery.

**Location**

VBWC Medical Center East, South Tower, 7th Floor

**Speech-Language Evaluation:** A formal and informal assessment of the person’s communication abilities *with his/her hearing aids* will be evaluated. Communication goals will be discussed at this appointment.

**Location**

VBWC-NCCDFC Medical Center East, South Tower, 6th Floor

**Developmental/Cognitive/Psychological Evaluation/Family Consultation:** For children, formal and informal evaluations of the child’s developmental milestones and capacity to learn will be assessed. Family expectations will also be discussed. *If your child has had a psychoeducational/developmental assessment, please forward the report to Kelly Newhouse, Program Assistant.*

**Location**

VBWC –NCCDFC Medical Center East, South Tower, 6th Floor

**Educational Assessment:** The child’s school will be contacted regarding educational placement, support, and the need, if any, for inservicing on cochlear implants.

**Location**

To be arranged by the case manager, if needed

Additional evaluations may be recommended based on the information obtained during the candidacy assessment.

**Location**

To be arranged by the case manager

After all the assessments are complete, the VBWCIP team members will meet and determine if the individual is a cochlear implant candidate. If the individual is determined to be a candidate, a surgery date will be scheduled. (In case of a child, he or she will need to be enrolled and attending appropriate therapy before a surgery date is scheduled.) Approximately two to four weeks after the surgery and medically cleared, the individual will need to return to VBWC for cochlear implant programming. If the individual is not a candidate, then the individual will be contacted and alternative options will be discussed.
Vanderbilt Bill Wilkerson Center (VBWC)
COCHLEAR IMPLANT RESOURCES

Advanced Bionics Corporation
12740 San Fernando Road
Sylmar, California 91342
800-678-2575 (V)
800-678-3575 (TTY)
info@advancedbionics.com
www.bionicear.com

Cochlear Americas
61 Inverness Drive East, Suite 200
Englewood, Colorado 80112
800-523-5798 (V, TTY)
customer@cochlear.com
www.cochlear.com

MED-EL Cochlear Implant
2222 East NC HWY 54,
Beta Building Suite 180
Durham, NC 27713
888-633-3524
implants@medelus.com
www.medel.com

OPTIONSchools
P.O. Box 191351
St. Louis, MO 63119
314-352-8882
DPHassell@auditoryoralschools.org
www.auditoryoralschools.org

Alexander Graham Bell Association of the Deaf and Hard of Hearing (AG Bell)
3417 Volta Place, NW
Washington, DC 20007
202-337-5220 (V)
202-337-5221 (TTY)
303-337-5221 (TTY)
info@agbell.org
www.agbell.org

Cochlear Implant Association
5335 Wisconsin Ave, NW, Suite 440
Washington, DC 20015-2052
202-895-2781
info@cici.org
www.cici.org

Hearing Loss Association of America (HLAA)
7910 Woodmont Ave, Suite 1200
Bethesda, Maryland 20814
301-657-2248 (V)
301-657-2249 (TTY)
info@hearingloss.org or
cochlearinfo@hearingloss.org
www.hearingloss.org

This partial list of resources is provided by the Vanderbilt Bill Wilkerson Center Cochlear Implant Program team members. For more information regarding cochlear implants and/or our program, please call Kelly Newhouse, Program Assistant, at (615) 936-8623.