

Addressing Common Patient Questions

- Am I ready for a cochlear implant (CI)?
 - The Audiologic CI evaluation will determine if you are a candidate and will also help you to become educated about your options. Only then can you make the best decision for yourself.
- What is surgery like? How long is it?
 - CI surgery is a fairly straightforward ear surgery, which lasts 1-2 hours. Generally, it is an outpatient procedure and most patients report very little pain and few side effects from surgery.
- Will it work?
 - Pre-CI evaluations verify that a CI will give patients improved access to sound. An individual's success and outcomes have to do with how we teach our brains to use the new information from the CI. Individuals who are committed to follow up and consistent CI use should expect to have increased speech perception and reduced listening effort within 3-6 months post CI surgery. CIs significantly improve speech understanding in both quiet and moderate noise in adults with bilateral moderate to profound sensorineural hearing loss; these gains are likely to remain stable over time².
- Am I too old?
 - Age alone should not be a limiting factor to CI candidacy, as positive speech recognition and quality of life outcomes are experienced by older adults as well as younger adults². 90+ year old patients can receive CIs, assuming they are medically stable and able to undergo surgery.
- Will I still wear a hearing aid?
 - Many patients will start with one CI and continue use of a hearing aid on the other ear, which maximizes their hearing potential.
- Will I lose my residual hearing?
 - While patients may lose some of their residual hearing in the ear to be implanted, their other ear will be unchanged. Hearing preservation techniques have become increasingly better at saving hearing in the implanted ear.
- Should I go for a cochlear implant evaluation now or should I wait until I cannot function at all?
 - Pursuing an evaluation does not guarantee candidacy nor requires an individual to move forward with a CI. Once someone learns they are a candidate, they can make an informed decision about the next steps. Adults who are eligible for a CI should receive the implant as soon as possible to maximize post-implantation speech understanding. Those with a shorter duration of deafness tend to proceed quicker and get more benefit from a CI than those who wait. If you are medically stable and a candidate for elective surgery now, we do not know if that will remain the case in the future.
- Does my insurance cover CI?
 - All public insurance (Medicare, Medicaid, VA, Tricare) and 90% of private health insurance plans cover CIs, though coverage varies.
- What should patients consider when referred for a CI?
 - "Getting by" is not enough. Access to a clear and proficient signal is important to maintain cognitive health. How much effort you expend in trying to "hear" affects cognition.
 - Have you withdrawn socially? How frustrated are you and/or your family members in communication?
 - What are your hearing goals?
 - Are you able to commit to follow-up visits? Patient will need 2-3 pre-CI appointments and 6+ post mapping appointments in the first year of use.
 - Knowledge is power! Scheduling a CI eval is not a commitment to get a CI, just a commitment to learn more.

1. Sorkin, D. L., & Buchman, C. A. (2016). Cochlear Implant Access in Six Developed Countries. *Otology & Neurotology*, 37(2). doi:10.1097/mao.0000000000000946.
2. Delphi Consensus Group on Cochlear Implantation in Adults. (2019).
3. Zwolan, T. A., Schwartz-Leyzac, K. C., & Pleasant, T. (2020). Development of a 60/60 Guideline for Referring Adults for a Traditional Cochlear Implant Candidacy Evaluation. *Otology & Neurotology*, 41(7), 895-900. doi:10.1097/mao.0000000000002664.