PEDIATRIC COCHLEAR IMPLANT EXPECTATIONS

To parents of children who are prospective cochlear implant users:
The purpose of this letter is to give you some degree of appreciation and to prepare you for the postsurgical years of intensive work needed when children receive a cochlear implant. Our cochlear implant team has determined that your child is a good candidate for a cochlear implant. This means that with the proper programming, auditory-verbal and aural rehabilitation therapy, and parent use of a home program spanning several years, your child should be able to receive significantly greater hearing benefit from a cochlear implant than you are currently seeing from a hearing aid. As a group, children like yours with a cochlear implant receive great benefit from the device. However, children vary significantly in their hearing performance and in how much time it takes them to achieve hearing functions that result in using spoken language. Children typically learn to converse in face-to-face conversation, and some eventually attend regular schools and learn to talk on the telephone. The benefit to some other children is more limited due to factors such as late age of implantation, use of sign language, inappropriate educational setting and multiple disabilities. Regardless of how well they perform, all of our implant patients persist in having difficulties understanding speech when there is a group talking and when there is background noise. The cochlear implant improves hearing but does not lead to normal hearing functions.

Most children receive weekly or twice a week therapy for at least the first two years of implant use. Many are in therapy for several more years in order to maximize their auditory functions for communication and education. There is no way we can predict any child’s course of adjustment to the device or the amount of therapy that will be needed. Many parents find the first few weeks or months to be disappointing, discouraging, and sometimes depressing. It is important to anticipate this potentially frustrating adjustment period so that you will continue to work hard with your child and persevere with the programming, therapy, and home program. From our adult patients, we know that in the beginning, patients do not recognize speech coming from the implant. Instead, several have reported hearing “chirps”, “beeps”, “slow drawn-out talking”, “unrecognizable talking”, “high pitch sound”, “rushes of air”, etc. Some experience dizziness and headaches. These are typically temporary and with continued use of the implant, therapy, re-programming and daily practice with listening activities at home, improvement is slow and steady. Progress in understanding speech can be measured with the passing months and years of cochlear implant use.

By offering to provide you with a cochlear implant, our team is also committing ourselves to working with you and your child to achieve the best results possible. Some of our recommendations will be very challenging for you and your family, but from our collective years of experience with hundreds of children, we have learned some of the best guidelines to follow for maximum results in hearing, speaking, and academic achievement.

Please feel free to discuss your questions or concerns with the members of the Dallas Ear Institute cochlear implant team. We are here to help you in any way we can.

Brian Rodgers, MD | B. Robert Peters, MD | Yoav Hahn, MD
Leslie Lianos, MS | Kristin King, AuD
Sarah Nuche, PhD | Linda Daniel, MA/MS | Brenda Bliss, MS