

**WEST OF TORONTO  
COCHLEAR IMPLANT MEETING  
SUN. JUNE 14/15**

LINDA BAINE: Good afternoon ladies and gentlemen. Can everyone hear me?

We do have some headsets available, just raise your hand and Rob will bring a set.

If you can't hear or understand clearly what I am saying, raise your hand.

I want to say thank you for coming today, I know it isn't a nice day and thanks to our speakers.

My name is Linda Baine, a member of CHHA Hamilton for many years including president, and right now I am a speech reading instructor – see me if you are interested.

I have profound hearing loss for a long time, wore hearing aids for many years and have a cochlear implant which I had for 13 years. I am not here to talk about myself, we are pleased to have 3 guest speakers, we have a short break in the middle.

Our speakers and myself can later answer any questions you have, and our 3<sup>rd</sup> speaker is one of our members, David Lacombe, about to have a cochlear implant.

First, I want to ask our president Rob Diehl to say some words.

ROB: Thank you Linda and good afternoon, I am happy everyone could make it, I am president of CHHA Hamilton and welcome to our 2015 west of Toronto cochlear implant club meeting.

Some ground rules; washrooms are out the door and to the right, and we have question time – just raise your hand and I will bring you the mic.

Thanks to Advanced Bionics for sponsoring today, which allows us to host these events, and to those cochlear implant recipients, including those awaiting surgery, thanks for being engaged, this helps build a community and brings awareness, education and support for those crucial for those with hearing loss. Please have an enjoyable afternoon.

David Shipp is our first speaker, coordinator of the cochlear implant program at Sunnybrook, and an assistant prof at University of Toronto and will update the cochlear implant program at Sunnybrook.

DAVID: OK thanks for having me, you save me from having to paint my basement.

I want to update things I mentioned last year and in the past in terms of what is happening with the program, including some announcements, including a surprising one.

We have the 4 audiologists you see listed on the screen. And we have our 3 surgeons as on the screen, and right now we are close to our current research clinical fellow, Dr. Hilly, close to returning to Israel in July and will be replaced.

Our staff: as on the screen, and they have assistants, including Adrian who is starting med school so they re hiring someone new.

And we have a research fellow; for the last year we had Dr. Hwang ,from Ottawa, and will be our new clinical fellow, and will be replaced by Dr. Kurien from Edmonton.

When you need to contact us there are different people depending on what you need. If you need an appointment, you can contact your audiologist but you should contact Luana, I listed her contact information and you probably dealt with her. If Dr. Chen was your surgeon, Cheryl is his secretary, or if Dr. Lin, Yvonne is the secretary. And if Dr. Nedzelski was your surgeon, Donna is the secretary.

The reason I put that up is because sometimes you contact Luana with a medical question, or Dr. Chen's secretary about an appointment with an audiologist. What will work best is to contact the correct person depending on your need, e.g. Luana is the one to contact for an appointment with your audiologist, for programming, trouble shooting, ADP information ,or tax credits. For equipment concerns you can contact her but if she doesn't know the answer the audiologist can get back to you.

However, for a medical question, contact your doctor's secretary, not one of us. All medical questions or concerns, e.g. pain, dizziness, possible infection, increased tinnitus, meningitis vaccination, waiting list, should go to the doctor's secretary. If you are on the waiting list, the secretary keeps the doctor's waiting list, not me, and his own secretary knows this information.

Other medical or dental inquiries, e.g. is it safe with a cochlear implant, should go to the doctor's office, such as an MRI or X-ray. They are the one to contact.

Almost a year ago this was our group, and next year I will show you our new picture. As of last June this was the group, and the lettering on the bottom identifies everyone. We are taking a new picture in a couple of weeks.

In terms of the numbers we do now, in the last year we had a permanent funding increase to 108 implants per year. Back in 1993, when the government started funding them regularly, we had 20, so now we are 5 times as many.

What our program also does is we undergo a contract RFP, or request for proposal – we determine which of the 2 implant companies we use for the next 5 years. We just completed that: either Cochlear Corporation or Med-El will be our companies.

This is some big news: the hospital approved an extra audiologist, so I listed the 4 already there, and hired a 5<sup>th</sup>, because of increasing demand for the service. We did interviews and reference checks, and 3 days ago we hired Dr. Kaminskis who will be permanent full time.

Another bit of news: Tara is pregnant and due early August, so she will work unless the baby is early until Fri. July 24. If Tara follows you, she will have appointments until July 17. But we will hire a replacement during her leave, and started interviewing already and soon should have someone in her spot.

Here is some big news: Dr. Nedzelski, there since the beginning of the program, will retired in about a year but will continue seeing patients until around next April or May, and off to the cottage.

He has been at Sunnybrook over 40 years and was the chief of the program until about 10 years ago, so the recruitment for his replacement starts early next year, or at least someone to sit in his office, and be ready for when he leaves.

You hope we have a big party for him? Yes, we will figure out something.

A reminder: beginning June 29 a lot of the 400 series highways have HOV lanes because of the Pan-Am Games, along with the Parapans after. This continues until the end of August, i.e. even worse traffic, so if you have an appointment at Sunnybrook give yourself extra time because it will be bad. That is a photo of what will happen on Bayview.

In terms of this year, our year is April 1 to March 31, and did 31 new surgeries, with 12 scheduled this month into next month. Since 1984 when we started we have done over 1500 surgeries, and currently follow over 1400 patients with at least one implant, and 138 have bilaterals. When you have 2 cochlear implants it is like 2 separate patients because you have to work on each side, so we follow over 1500 implants and this number is rising, which is why we have an extra person on staff.

In terms of our patients, most have Advanced Bionics, Shannon's company, 587 have Cochlear Corporation, 339 have Med-El and 1 has a Neurelec, a French device which has little presence here but mainly in Europe.

This is about you: the people who live in the west of Toronto club, 429 of you, with a similar male/female split, i.e. mainly females, with the average age about 54 years old, ranging in this area from 18 to 94. In terms of the manufacturers, 39% have Advanced Bionics, 38% have Cochlear Corporation and 23% have Med-El.

Where were you implanted? Most at Sunnybrook, but 76 at Sick Kids hospital, because when a child is implanted when they are 18 they transfer to the adult program. 7 were from somewhere in the U.S., 5 from elsewhere in Ontario, 2 from BC, and outside North America we have 8.

Where do you live? You can see the slide, most are from Peel, e.g. Mississauga, with one person from Norfolk County and everywhere in between.

In terms of 2 of our companies, I don't want to steal Shannon's thunder in terms of Advanced Bionics, I will focus on Cochlear Corporation and Med-El.

If you have an implant made by Cochlear Corporation, usually called Nucleus, it happened after 1994 or so, then the newest 6 processor is compatible with your implant. So our new patients have this new processor, but if you were upgrading, this is something you might get.

When you go to the company website, they mention important features, e.g. smartsound IQ, which adjusts to the sound environment you are in. It helps with wind noise, background noise, and improved water resistance; if you had your implant for years, we used to say not get

it wet, and if you have a problem it is usually because of moisture, but now they are more water resistant. All companies now have accessories that allow you to get your processor wet, i.e. swimming, showering.

I think originally it was because of kids, so they could hear in the pool but adults have embraced this too, but without this accessory you can still get it damp. And it has wireless, e.g. FM systems or other things you use, built into the device.

The newest Med-El equipment includes the Synchrony implant, with either the Rondo processor, the round one, and I don't know if anyone here has that – it goes around the side of the head and is all in one piece. They also have a Sonnet behind the ear processor too, similar to what the new Nucleus has, and many are things that Shannon may describe, e.g. sound management to help with wind and background noise reduction, volume control, waterproof accessory, wireless connectivity. But right now the Sonnet has no rechargeable battery option but will soon, so if you have upgraded you are still used 675 batteries with the processor.

Are there questions?

Question: I had the operation 4 years ago, how long do they last?

The implant will theoretically last a lifetime if it doesn't fail; a small percentage stop working, requiring another operation, but in terms of external equipment it depends on how well you care for it. If you have the original Med-El processor you can upgrade to Sonnet, but if Opus works fine that's up to you.

How long will the processor last? Everyone is different, e.g. some last 10 years, others have to be replaced much more often. But if you take care of it, it won't have to be replaced as long.

We will save more questions for the panel discussion so remember your question for later.

Thank you David.

I want to introduce our keynote speaker, Shannon Miller, an audiologist and principal clinical specialist with Advanced Bionics and will discuss what is new and exciting with cochlear implants at her company.

SHANNON: Anyone here in the process of getting a cochlear implant? How many have Advanced Bionics?

You asked if anyone is in the process of getting a cochlear implant? I have been to one session with Dr Lin and I don't understand the question: there are 2 companies so we don't have a choice about which implant to use.

I meant not necessarily are you choosing Advanced Bionics but in the process of implantation, because I have slides on general outcomes with cochlear implant and the outcomes are very good if you are on the fence about it.

This is the graph I mentioned: in the top left you see 2 scores from 50 people using hearing aids, i.e. how well did they hear in quiet and the same test with a cochlear implant? The hearing aids scores are dark blue; the light blue are cochlear implants, so many people couldn't do the test with hearing aids. Once they received an implant, the scores skyrocketed, so I included this for those on the fence – the technology is fantastic no matter what company you get, i.e. we work in collaboration and drive innovation together.

The scores are similar for things like sentences in noise – implants today have lots of benefits for hearing in noise.

Not only does performance improve but emotional health, reduced isolation, and more options at work and in education are better.

In terms of Advanced Bionics, we are in California in the San Fernando Valley near LA. Some people here have Advanced Bionics so if you are in LA or nearby, you can give us a call and we can look up your serial number and you can meet the people who made your implant, and the process is similar in all 3 companies, and we can let you see your own processor and tour our company.

Who has heard of Phonak? In 2009 Advanced Bionics was bought by Sunova, which owns Phonak hearing aids, so we have worked together with their technology to improve our products. The Naida processor which I mention is our first joint product, so Phonak has 60 years of experience in sound processing, extracting speech from noise, and microphone technology, and over 3 million people use this technology which we use in our cochlear implant system.

If you have a chance, I brought some brochures on the far right and can chat with you at the break. I have a demo implant, as if I lifted the lid: our 90K implant, which performs with no surgery upgrades, available since 2001, and operating at about 25% of its capabilities, e.g. how the implant analyzes sounds. So it is tomorrow's technology with today's implant.

The implant is flexible because of the 16 boxes on the bottom: electrode power sources, allowing us to stimulate 83,000 pulses per second, and deliver up to 120 different pitches right now, and can do even more.

If we shift to the external technology, the Naida Q70 is available now, the 1<sup>st</sup> product we released with Phonak, using their developments in terms of wearability, with a headpiece that swivels 360°: older processors have a specific wear pattern, but with this you won't get stress points on the cable.

It also has 5 different power options. I have a slide showing them. The LED on the top shows how the implant is functioning, referencing the colours in the manual to help with trouble shooting, and does the volume up or down. You have 5 different programs available with this processor.

Dual mic technology: beam forming is a term that helps reduce background noise from behind, and this has 4 different mics, the T mic in the ear to help you talk on the phone; a mic at the top; behind to help reduce background noise; and on the headpiece because we have a waterproof case, i.e. there is a waterproof mic option available too.

Here are the different battery options, 3 rechargeable and 2 disposable, depending on how much power you need per day and on the size.

Now I want to discuss the technology inside the processor – how do we improve hearing in noise?

Ultrazoom is an adaptive beam former: the mic in the back analyzes sound and the source of noise, constantly shifting to reduce that noise, and improve speech in noise. Clinical tests have been phenomenal, so if you have Naida I encourage this technology, so see your audiologist.

The next few slides are salt in the wound: there are few bilateral implants in Canada, but we want to be ready, so our Naida processor is the 1<sup>st</sup> truly bilateral processor because it works in either ear. You put 5 processors for each ear, and it recognizes which implant is being used.

It enhances communication in the car: if you have 2 implants, you can program only one mic to be active, e.g. the passenger might want only the left mic active in order to talk to the driver, so the right mic is attenuated, streaming information. He hears the dominant conversation.

This is called zoom control: you can focus on the left or right, resulting in clearer speech understanding.

You can stream phone calls to both ears, e.g. I wear ear buds so I can hear conversation in a noisy environment, and this is the point: a phone conversation is streamed wirelessly to the opposite ear.

That person chatting on the other side won't be so disruptive, as in the example shown here.

Quick sync is for comfort if you have 2 implants: you can change programs on one side and the other side is changed too, e.g. volume. The audiologist can add this to your programs.

As David said, wireless is the future. You are more active than ever and we don't want a cochlear implant to limit you, so we have an accessory for streaming music to the Naida or Phonak hearing aid if you have just 1 implant. That is available today, for any Bluetooth device, and can interface with the TV, although you need an accessory for that.

Your options today with the Phonak are to stream to 1 or 2 processors, or one processor and one hearing aid. But this is only for recent Phonak technology.

This shows what is available in terms of wireless.

I wanted to mention support available at Advanced Bionics, e.g. if you want to upgrade your externals, the kits are double in size to what used to be available. We do have apps available in different languages and is free from the app store, e.g. review different processor parts, understanding the equipment, how to use it, and how to use accessories. You can even see videos as to how it goes together.

You can also trouble shoot, i.e. before you call Sunnybrook you can then isolate what the problem is.

In order to optimize your outcome, obviously consistent device use is important, and you need family support, follow up, and motivation, and rehabilitation is a big component too.

If you do this rehab, we expect better outcomes, e.g. everyone can hear but not everyone can understand, and this is independent of what cochlear implant you have. The resources are either free or very inexpensive if you want this rehab. It is attending to the sound so the brain can connect to the meaning, including listening; I have brochures at the back with the website name, divided into 3 categories by age. There are different activities available, e.g. conversation, discrimination abilities, music. It tracks your performance over time and see the progress you are making with use.

We have an app called doABLE, which you can also print out with a listening partner, or engage through apple or android and it will track how you are doing. We want everyone with hearing loss to use it, not just Advanced Bionics users.

The last thing to mention is hearingjourney.com, a group of people with cochlear implants and those on the waiting list – it is a support group to chat with others about their experiences and your own. I go here a lot because there is power in numbers, e.g. if you are going on a ski trip, what helmet should you buy? I don't know the answer to this off the top of my head, but at this website you can find these answers on the web forum. There are topics like MRI, the future of Advanced Bionics.

If you want more information from us, our website and email are on the slide, so I encourage you to write this down or take a pamphlet, and I can answer questions too.

Thank you.

LINDA: Thank you Shannon that was very informative; we are a bit ahead of ourselves so let's stop for a break, give the notetaker a rest too, and you can ask us questions. Come back in 20 minutes or so.

[BREAK]

LINDA: Can you please take your seats so we can start again.

I want to introduce our of our CHHA members, David Lacombe, who had severe hearing loss for a long time and is examining having a cochlear implant himself, and will tell you about his journey to hearing.

DAVID LACOMBE: Good afternoon ladies and gentlemen. I am David LaCombe, and I am among the legions of the newly deaf.

Linda asked me if I would say a little about what I am experiencing, as I am now actively engaged in the process of acquiring a cochlear implant. She said I could speak for an hour or two, or at least until all the audience was asleep. My wife Jessie reminded me that a little is as good as a lot.

I know many of you have been through the cochlear process. I know that some of you, like myself, are in the door, and that some of you are contemplating starting.

My “deafness” started out like many as a gradual decline, first noticed 15 years ago. The amplification stage, where hearing aids were designed to assist me began about 12 years ago, progressed through a series of newer, bigger, louder hearing aids, which gave me some hearing improvement.

I must say, the costs involved in this process are astronomical, when you realize how simple the technology is that you are purchasing. However, it is the best we have and they continue to improve hearing aids.

With competition, the price may be very lower as well. There seems to be a “hearing” store on every corner. I am sure many of you have been on the same road, and have had the same experiences. Hearing aids, while a help, come with all sorts of new challenges.

On into now. About 4 years ago, I awoke and was doing my morning shave, when my wife poked me and I turned. As I looked at her I realized her mouth was moving but I was hearing “nothing”.

Fortunately for me, I was already involved with an ENT and with this situation, called his office. His advice to me was to come in immediately. Upon arrival, and after consultation, he decided that I should have steroid shots immediately.

This began a series of injections, and at the end of it, some minimal hearing had returned to both ears. The next year saw continued drops in functional hearing, with several audiological tests confirming what I knew: my right ear was just to hold my glasses up.

I realized that I no longer could continue to be me. I was an active, heavily involved person, retired but enjoying the action so to speak, secretary of my Rotary Club, chair of the trustees at my Church, father, grampa, husband and all the rest of the relationships that one has.

My hearing loss was so severe I was no longer able to function in meetings or debates. Yes, I took speech reading programs, I tried to develop other skills to replace my hearing, but I was faced with the reality that I could no longer function.

This was profound for me. I was always the center of the beehive. Now, for the most part, I wasn't even in the beehive. I could no longer multi-task.

I want to reflect for a moment and thank my wife for her dedication and support. My deafness meant huge changes in our relationship. Countless repetitions, white boards, tablets, closed captioning, talking for me on my behalf, reorganizing our finances, to name but a few.

Also my family, friends, and associates have all been patient, kind, and supportive of me. Thanks to them, I maintained some form of sanity.

As it was, 3 ½ years ago I knew I needed a cochlear to possibly regain some function, which would allow me to be me. So began my odyssey. If you remember your own experiences, you will understand my choice of words.

With consultation, my ENT explained that although I was severely compromised, I did not meet the criteria for referral. His commitment to me was to monitor me, and when that time came, he would be the first to refer.

So came many more audiological surveys, resulting in measured depletion of hearing, a CATSCAN, which suggested all was physically normal in the ear from a structural standpoint.

Finally, over a year ago, I met the criteria. A referral was made and we were in the system. Within a few months, I met with an audiologist, and was assessed. Interestingly, my results were the same as my audiologist here at home.

Nonetheless, it was part of the process. Other components included an assessment of your middle ear function and balance, as well as a CATSCAN to search for physical suitability.

Next came more waiting, and then a meeting with the surgeon: a high energy guy who did his best to forewarn us that having the implant was only a small part of the battle. The follow-up required for learning how to use your cochlear would be long, demanding, and require considerable support from my wife.

I can tell you that night was a long sleepless affair. I pondered the challenge he had issued. Did I have the right stuff for this? Would we make it through? Would the cochlear provide me with renewed opportunities to participate in all aspects of life?

A restless night turned into an epic breakfast, as Jessie and I “talked” about what we had heard. She uses a tablet to express herself and I respond orally. The keys on the tablet were being well used, as we discussed the pros and cons of continuing in the process.

Of course, those who have been through this know what happens next: more tests, and a future meeting with surgeon, months away.

So time passed, we recently attended this next meeting, saw the results of the tests, which confirmed my candidacy for the implant, and then heard the good news: surgery most likely in early 2016.

What insight have I gained by being part of this process?

Well, first and foremost, the people you deal with, both locally and at Sunnybrook, demonstrate a sense of caring for you as patient. Their compassion for your challenges is second to none. They, like so many, are hampered in their service to you by the realities of the economics of medicine in this country. We have a system which works based on a rationing of resources.

I do not in any way believe that my needs are more important than others in the broad field of medicine. Sitting in the foyer of Sunnybrook demonstrates very acutely how many demands there are on the medical professionals, how needy some people are, and how desperate some people become in their quest for help with life-threatening illnesses.

I do not see myself in that category. I have a real need: I want to hear again, but I can still walk, talk and enjoy most aspects of life without compromise.

My grand-daughter's first birthday: what a wonderful time. Events where hearing is easily assisted by aids like closed captioning, where the visual impact is enough to make it exciting and rewarding.

Where am I today? Halfway there to the implant. A long way to the full use of the implant.

What have I learned? The professionals in the system design ways which for the client look like a mish-mash of paper, referrals, protocols, and delays. These simply reflect the reality of limited resources, to address a need with limits.

Is there a way to improve the system?

Of course, many more dollars would help give potential access to a larger number of people. The same could be said for almost any medical service covered by OHIP.

The bureaucrats who manage the system could make changes to speed up your referral. They have them now, things like criteria, wait time for tests and assessments, and waiting lists for surgery are designed to slow down the entry into the system. If everybody who potentially needed this service showed up one day at Sunnybrook? Well, I am sure you get the picture.

Somewhere, from someone, I heard that it costs about \$60,000.00 for a cochlear implant, including all aspects from start to finish.

So I seem to be rounding the bend and moving toward the homestretch. Maybe next year I will be able show off my cochlear to all of you.

The process I have been involved in started a year ago in July when my initial referral occurred. Since then I have been at Sunnybrook for 6 hours, but probably spent more time than that just the waiting room. But that is how the system works, and I can't think of how to improve it except more money in the system.

Thank you for listening.

LINDA: Thank you very much David. Maybe we need another campaign, and David Shipp mentioned everyone showing up at Sunnybrook, which won't do much good – we need to contact and bombard the government, as we did before.

We want the panel available now to answer questions, you can ask any one of us. There is a microphone going around so please speak through it and we can repeat the question too. Direct your question to Shannon, David or myself.

Question: I can't hear my own voice so I always yell and am always told to pipe down. This is 8 years since I had my implant and since you mentioned taking care of your processor, how do I do that?

David: If you are on your 2<sup>nd</sup> processor after 8 years it sounds like you are taking good care of it. Keep it out of moisture, e.g. using a dry aid kit which you should have and use it regularly. See someone on our team once a year or 2 so they can check your equipment, and see if there are problems. Those are the basics, and it is good to have spare equipment, e.g. cords, batteries. If you can afford a 2<sup>nd</sup> processor, sure.

I know I have problem at work with perspiration, so I take it off but other than that, the 2<sup>nd</sup> one is already going and have looked at yours. Thank you very much.

That was her 3<sup>rd</sup> attempt to have that answered.

Do you have an annual check up?

Yes, every 2 or 3 months because the sound comes and goes.

Question: I want to ask Ms. Miller about her speech on the system Advanced Bionics. I have Med-EI and hope to learn about other systems, and you mentioned only about Advanced Bionics because of lack of time. But you mentioned a system with 5 microphones; sometimes less is more, why do we need so many? I have a 2<sup>nd</sup> Med-EI system and can listen and didn't have to look at the screen, and I can hear everything behind me. We don't need lots of feedback, but why have the 5 microphones at all?

Shannon: Our system has 4, and I don't work for Med-EI but I guess they have at least 2, including Sonnet. Advanced Bionics has 2 more: one is in the ear because 80% of our recipients want one in the ear, not on top of the ear, because we get sound through the ear canal, giving a high frequency boost and blocking sound from behind you, and makes using a phone easier. And the 2<sup>nd</sup> extra mic is for different applications, mainly it is on the headpiece and some parents like that because the kids are below them, or for someone in a wheelchair – you don't need it active, it is just there if you need it. And if you are in water, the mic on the headpiece is waterproof, so you can hear underwater and it doesn't have to be covered.

I still have some natural residual hearing, and sometimes in the car it almost closes, so that would be a good feature. As I said, I am lucky because when I was listening to David, everyone was looking at the screen and no one was looking at David. And if you just speak too fast, no one understands, and realize that you went through that process that we are not hearing properly so we need people to be articulate.

It is a good reminder to slow it down.

Question: pretty soon we are in the election, what are the best questions to ask candidates at the door to suggest how much money you will put into health care?

David: That is a tough question to answer. As mentioned, health care is provincial, not federal, although ultimately a lot comes from Ottawa but the provinces decide how it is spent. But when Linda was wrapping things up earlier, she talked about bombarding the government

– many years ago, we were trying to increase our funding, e.g. we had a 3 year waiting list, they didn't listen, so ultimately we sent a letter to all of our patients on the waiting list, I looked up where they lived, who their MPP was, saying you need to contact your MPP here is the Minister of Health's address, the opposition critics for the Liberals and NDP. Shelley Martel, the NDP health critic, brought this up in the legislature with our patient group in the gallery and she shamed the government to increase our funding: it doubled a month later.

So it can happen but needs to be organized, so contact your MPP about long waiting lists at cochlear implant programs.

When David was doing this, he was a speaker at the CHHA annual conference and spoke about the lack of funding, and many people here in the audience might help. He gave us the people to contact, which we did, and I asked people in the audience like myself, nurses, speech pathologists, etc. I was bombarded with people asking what they could do, and I got a letter from Shelley Martel, and everything added to what David and his group was doing. The funding came through, but we are back at the same stage.

And over time, the types of hearing loss that qualify for implants are different now, e.g. people might have better hearing now when they qualify, but more people now qualify than in the past, so we get more funding occasionally but only when there is a crisis.

For example, 3 years ago our program got about 220 referrals for possible candidates; this last year we had 485. And this year up to this point, from April and extrapolate to next March, it will be 550. And we can only do 108 per year, and about 40% of the people we assess qualify. So that would be about 200 people who could possibly get a cochlear implant, but only 108 will be done.

Question: I got mine 6 months ago, I was out late because I came from ST. Catherine's and heard you coming through the door, which is huge, and in church I can have my eyes off my pastor and can still hear. But the phone is an issue, partly because I am not working with it, and because I panic with it still. Are there tips? I have a neighbour on the waiting list who would have loved to come today, thanks for putting this together.

David: Ask Amy when you see her because she is our resident expert on dealing with rehab issues like the phone, and if you don't work at it, you have to.

I am doing the reading and listening every day but I still get lost.

Question: Concerning the last question, you said you had it 6 months – could you hear before?

With 2 hearing aids, yes.

So you know what a natural voice sounds like. After you were turned on with the implant, what does it sound like to you now?

It sounded funny at first.

Which makes me feel it has got better in terms of voice recognition? Does it keep getting better?

Especially with reading and listening to the book, I see improvement daily, especially with church because I see the difference.

It is torture because you can't get the message.

I was in tears the year before, and my journey started because I had vertigo for 6 months and asked whether I was ready for this, and he shrugged, so I went to an ENT and she focused on my getting an implant. And that started it.

Thank you.

And one quick question, I was asked about getting a copy of everything that was spoken of today.

Everyone hears differently and everyone's voice sounds different, so I don't know what a normal voice sounds like, but it takes people a different length of time to get accustomed to a cochlear implant, e.g. you might plateau in a year, 2, 3, etc. It is gradual but you need to keep working, e.g. when I had my appointment David said it might take 2 to 3 years, and it was about 2 years. The phone was a big issue, and one day I said, hi Bev, she asked how I knew who it was? Because I recognized her voice – I was beginning to hear more normally, and you won't be perfect again no matter the technology, but I am 100% better than with my hearing aids, although I am not a great lip reader and still rely on captioning and expressions, I still need to see people.

One more question?

Question: does it improve your ability to listen to music?

DAVID: That is a loaded question, and it is hard to give a good answer because music is an area with the broadest range of outcomes, e.g. many hear speech well with their implant but music sounds crappy; on the other hand some hear music well, not just from what they say but it is demonstrated, and if we knew the magic that lets them hear music we would share it.

At Sunnybrook we have a project with a member of the faculty of music at Toronto, and developed a useful tool to help you hear music better, and the side effect is better hearing of speech through brain training. When people listen to music they get the beat, the rest is the problem, e.g. you can hear a note here, and another a few keys away and it sounds the same. With this program we developed it is helping people hear more definitively when it comes to music, and they hear speech better too. That is an opportunity you can take if you contact our researcher: Leah Smith. Her email is [leah.smith@sunnybrook.ca](mailto:leah.smith@sunnybrook.ca)

ROB: Yes, you can get a copy of today's meeting: [chha-hamilton.ca](http://chha-hamilton.ca).

LINDA: I suggest that you take speech reading classes, speak to me if you are interested and I can give more information. If you have an email address, let them know at the desk and we will tell you of upcoming meetings.

ROB: Thank you for coming and thanks to the speakers.

I have some quick comments.

On behalf of CHHA, thanks to our presenters: David Shipp, Linda Baine, Shannon Miller, David Lacombe. I have some gifts for you as a thank you.

Again thanks to our sponsor Advanced Bionics, to the branch volunteers for putting this together, Linda, Jacquie, Jim, Bill, Carol, and Craig. And thanks to our notetaker James.

If you want membership to CHHA, you can see Craig and Jim at the desk. And I want to shamelessly plug our golf tournament. Sat. Sept. 12 at a 4pm, 9 holes plus dinner for \$65, or just dinner for \$20 if you don't want to golf – see the registration table for information. It is in Ancaster at Oak Gables.

Thank you again and we hope to see you soon.