

EAR AND HEARING HEALTH

DEPARTMENT OF AUDIOLOGY

A New Office



Spring cleaning took on a new meaning in our Glen Ellyn office this year. With the exponential growth of our department in recent years, a new larger facility has become necessary to continue to meet the requests for our services.

Our Glen Ellyn Audiology Department has now completed the move into our brand new medical facility at 430 Pennsylvania Avenue. Many of our patients have watched the construction of this building adjacent to our previous office. With the move into the new facility, our department has expanded to include two sound booths equipped with state-of-the-art technology to provide diagnostic assessment for all ages. Of

course, the same smiling audiologists are there to assist you with all of your hearing and balance concerns.

We look forward to showing off our new facility!

Please note our new direct line to the Glen Ellyn Audiology Department: 630 348 3620.

Single Sided Deafness (SSD)

Single sided deafness (SSD) has long been an invisible, underestimated and largely unaddressed disability. SSD commonly results from a number of medical conditions including ear or brain tumors, advanced Meniere's disease, head trauma, viral infections, measles and sudden hearing loss. Onset of SSD can be sudden and unexpected frequently impacting our youngest and most active patients. Depending on the cause of SSD, some cases can be medically treated *if attention is sought immediately*. However, for many other patients, SSD is a permanent condition.

Unfortunately, effective use of only one ear creates communication difficulties in many situations, especially understanding speech in environments with background noise such as restaurants, group situations and from a distance, as well as difficulty determining the origin of sounds. Often patients will express that participation in group conversations and social situations is frustrating and convey feelings of social exclusion or isolation in addition to their overall communication frustration.

Until recent years, the only solution for SSD was CROS (contralateral routing of offside signal) hearing aids. A CROS system requires a patient to wear instruments either in or behind both ears. The aid on the "non-hearing" ear contains a microphone that detects sounds and a transmitter that transfers the sounds through radio signals to the receiver worn on the better ear. Like traditional hearing aids, sound from a CROS system is then directed into the ear canal. Unfortunately, many patients have been dissatisfied with the sound quality, circuit noise and cosmetics of these devices returning the units after trial experiences with minimal benefit.

Fortunately, two recent innovations, the TransEar and the BAHA, have resulted in more options for our SSD patients. Both of these technologies address the limitations of traditional CROS systems by transferring sounds through vibration directly to the cochlea of the better hearing ear eliminating the need for use of two instruments.

If you or a loved one is currently affected by SSD, please check out articles inside, visit www.singlesideddeafness.com and give your audiologist a call for further information. Most importantly, if you ever notice a sudden change in your hearing, seek immediate medical care to improve the likelihood of successful detection and treatment of any underlying medical conditions.

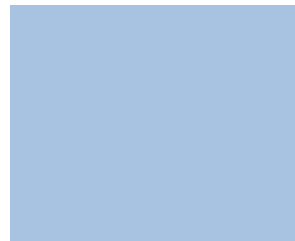
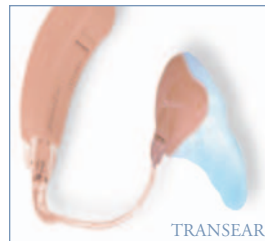


Stay Tuned 808 Rickert Drive

Our Naperville Department will also be moving to a new medical facility located at the corner of Rickert and Ogden. Finishing touches on this building are still underway with an anticipated move early this summer. Watch your mail, we will make sure to keep you up-to-date!

Department of Audiology

Linda Berry, M.S., CCC-A
Mary Theiler, Au.D.
Kristen Evans Davia, Au.D.
Stacy Michels, M.A., CCC-A
Michael Hojnacki, Au.D.



TransEar®: Hear Sounds All Around You Again

Helping those with single sided deafness (SSD) has posed a challenge due to the limited benefits from the CROS hearing aid technology. Fortunately, today there is another option that involves wearing only one device.

In 2005, the U.S. FDA approved the distribution of this device from Ear Technology called the TransEar.

The TransEar looks like a behind-the-ear hearing aid that is connected by a thin flexible wire to a small custom shell that fits deeply and snugly in the “non-hearing” ear.

How does it work?

The behind-the-ear unit has a microphone that detects sounds, transmits them to a miniature box located in the shell, which then sends sound vibrations through the bones of the skull to the cochlea of the better ear. All of this happens so quickly, that the brain is able to distinguish sounds coming in from the better ear versus the “non-hearing” ear, resulting in sound localization and the perception of hearing in stereo.

What can I expect to hear on my “non-hearing” side?

Everyone’s experience is different, but many patients report that they have better sound localization, know that someone is speaking on their “non-hearing” ear side, and feel less fatigued while listening in challenging communication environments such as restaurants, family gatherings and meetings.

Who is a candidate?

Minimal requirements include a normal ear canal in the “non-hearing” ear and normal to near normal hearing in the good ear. A complete audiologic evaluation by an audiologist and a medical evaluation by an ear, nose and throat (ENT) physician are necessary to determine whether or not you are a candidate.

For answers to FAQs and testimonials, you can contact our offices or visit www.transear.com.

BAHA: A Surgical Approach to Better Hearing

The BAHA is the only surgically implanted treatment option for single sided deafness (SSD).

Like TransEar, BAHA functions through direct transfer of sound through bone vibration from the “non-hearing” ear to the better hearing ear. The BAHA was initially cleared by the U.S. Food and Drug Administration (FDA) for treatment of SSD in adults and children 5 years and older in 2002. Worldwide, over 30,000 patients have benefited from this technology since it’s introduction in Europe in 1977.

How does it work?

The BAHA digital processor clicks onto an implanted stem behind the “non-hearing” ear to detect and convert sound into vibrations that are then transmitted via the implant through the skull to the cochlea of the better hearing ear. Patients report a perception of hearing in “stereo” and improved abilities to communicate in group conversations and noisy environments as well as improved ability to determine the origin of sounds.

What about the surgery?

A minor outpatient procedure with minimal recovery or postoperative discomfort is required to implant a small titanium stem into the bone behind the hearing loss ear. The implant fuses with the bone, a process called osseointegration, in approximately three to six months providing a strong stable attachment for the processor. Once osseointegration is complete, an appointment is scheduled with your audiologist to receive the processor and learn how to properly attach and use the instrument.

Who is a candidate?

Patients must have good hearing sensitivity in the better hearing ear for this technology to work, though patients with mild hearing loss in the better hearing ear may also receive benefit. BAHA candidates must additionally be medically healthy and able to care for and clean the implant area daily to prevent complications. A complete diagnostic hearing assessment and a in-office trial with a BAHA demonstrator with your audiologist as well as a medical evaluation with our ear, nose and throat (ENT) physician specializing in BAHA, Dr. Griffith Hsu, is the best way to determine if the BAHA may be an option for you or a loved one.

For further information and to read patient testimonials, please visit www.cochlearamerica.com/Products/878.asp or speak with your audiologist.

Illinois Telecommunications Access Corporation (ITAC)

Are you or a loved one experiencing difficulty using the telephone due to significant hearing loss? The Illinois Telecommunication Access Corporation (ITAC) is a not-for-profit program required and regulated by Illinois and federal law to ensure that individuals with significant hearing or speech difficulties have access to telephone use to the greatest extent possible. The program is funded through a small line charge assessed on every telephone line in Illinois.

Individuals with moderate or greater degrees of hearing loss who are legal residents of Illinois may be eligible to receive appropriate amplified telephones. The applicant must have a working land line telephone service in place; cellular, internet based, wireless and cable serviced lines are not currently supported under this program. A brief application including applicant identification and contact information is required. Your audiologist or physician must also complete a certification section documenting the degree, nature and permanence of your hearing loss. The application is then submitted to ITAC along with a copy of the applicant’s telephone bill and driver’s license or state identification card. Once approved, the applicant will visit one of several state-wide selection centers to test several amplified telephones for volume, ringer volume and tone to ensure equipment chosen is appropriate for each individual’s needs and limitations.

This program allows that incredibly important access for our loved ones to reach 911 in emergencies as well as permitting easier communication with family members and friends.

For more information and an application, please contact your audiologist or visit www.itactty.org.

Risk of Sudden Hearing Loss

Since our last newsletter, the U.S. Food and Drug Administration (FDA) announced revised precautions to the use of erectile dysfunction medications including Cialis®, Viagra® and Levitra® following reports of sudden onset of significant hearing loss shortly after use of these medications.

Most reported cases involved one ear, though a few instances of hearing loss in both ears were also reported at the time. To date, these medications have not been directly identified as the cause of the hearing loss, however, evidence was suggestive enough to require a more prominently displayed warning on the medication packaging.

Should you or a loved one ever experience a sudden decline in hearing sensitivity, please seek immediate medical care including a hearing test. Some cases of sudden hearing loss can be reversed if identified and treated early.



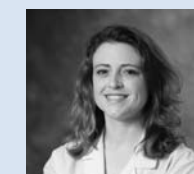
Batteries

Our last newsletter included a battery offer for our patients. A small quantity of these 48 pack of Rayovac Ultra Proline batteries are still available for \$40.00. Please call to reserve your packs in the correct size now. For your convenience, batteries can be picked up at any of our three locations or can also be mailed directly to your home.

*Glen Ellyn 630 348 3620
Lombard 630 873 8720
Naperville 630 355 8000
option 1, ext 139639*

Congratulations!

Congratulations to our newest Au.D. on staff. Dr. Kristen Evans Davia recently completed her doctorate degree through A.T. Still University!



Summer Reminder

The trials of this past winter are finally behind us! Time to start planning your warmer weather activities. For our patients with moisture related hearing aid issues, it’s also time to resume using your Dry and Store conditioning systems on a daily basis. Check your stock of desiccant bricks now, keeping in mind the increased frequency of replacement during our humid summer months. Are you stocked up to get you through those active summer months ahead? If not, give us a call. Our replacement bricks are priced at just \$5.00 each.



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Our Staff



Linda Berry, M.S., CCC-A : Ms. Berry earned her Master's degree in Audiology in 1990 from Illinois State University. She worked in a variety of settings before joining DuPage Medical Group in 1994. Ms. Berry enjoys the variety that our department offers while working closely with the physicians in the Otolaryngology Department to provide excellent hearing healthcare to our patients. Her clinical interests include rehabilitation with our senior population and electrophysiology assessments.



Mary Theiler, Au.D. : Dr. Theiler completed her doctorate degree at A.T. Still University in 2006 in addition to her Master's degree from Northern Illinois University in 1996. She joined DuPage Medical Group in 2000 with experience in the areas of pediatrics and industrial assessment. Her clinical interests include pediatric assessment and habilitation, digital amplification and hearing assistive technology as well as our BAHA program. Dr. Theiler is currently continuing her education in the area of tinnitus assessment and management.



Kristen Evans Davia, Au.D. : Dr. Davia recently completed her doctorate degree at A.T. Still University, in addition to her Master's degree from Ohio State University in 2002. She joined DuPage Medical Group in 2002 to complete her clinical fellowship year and stayed on as a licensed and certified clinical audiologist. Her clinical interests include vestibular and electrophysiologic diagnostics. She is currently working to expand her specialties to include tinnitus assessment and treatment.



Stacy Michels, M.A., CCC-A: Ms. Michels earned her Bachelor's degree in Communicative Disorders as well as her Master's degree in Audiology from Northern Illinois University. She joined the DuPage Medical Group in August 2005 after completing her clinical fellowship year as an educational audiologist. Ms. Michels enjoys the full range of diagnostic services our department offers and hopes to contribute her knowledge regarding FM systems and CAPD testing. Her clinical interests include electrophysiologic assessments and hearing conservation.



Michael Hojnacki, Au.D.: Dr. Hojnacki, a new member of DuPage Medical Group in August 2007, recently completed his doctorate degree at Central Michigan University. He spent the last year of his externship at a non-profit hearing center in southern California working primarily with pediatric and Spanish speaking patients; Dr. Hojnacki is bilingual in English and Spanish. His clinical interests include vestibular diagnostics, electrophysiologic testing and early identification and treatment of hearing loss.