



manx care

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Sonova - 002 NHS Isle of Man Audiology Booklet A5 20pp (21-0592)

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Congratulations on taking steps to address your hearing difficulties. We look forward to helping you to achieve a better quality standard of hearing and a better quality of life as a result. This booklet will tell you more about what will happen and what you can expect from your Audiology Service. The Audiology Department is staffed by a team of highly qualified and experienced Clinical Audiologists and support staff who are dedicated to helping you achieve the best from your hearing and hearing aids.

Your assessment

Please apply olive oil to your ears before attending your first assessment

- Olive oil encourages the natural movement of wax from the outer ear. It is advisable to buy a bottle of olive oil and 'dropper' from your local pharmacist.
- Apply 1-2 drops at night, for 3-4 nights prior to an appointment, is helpful for wax removal. If you have continued problems with excessive wax it may be beneficial to use 1-2 drops of olive oil each week. This will not stop wax collecting, but will make removal easier

How to use them

- Lie down on your side with the affected ear upwards.
- Gently pull the outer ear backwards and upwards. Using room temperature olive oil and the dropper, drop 1-2 drops in the ear canal and gently massage the area in front of the ear.
- Remain lying down for 10 minutes and then wipe away any excess oil. DO NOT put any cotton wool in your ear canal as this will absorb the oil.
- Repeat the procedure with the opposite ear if necessary.

When you attend your first appointment you can expect:

- A full history to be taken
- An examination of your ears
- Removal of ear wax if needed (available at Nobles Hospital only)
- A comprehensive hearing test
- A full explanation of the results

A detailed treatment plan explained in easy to understand terms and addressing your needs. This will include a demonstration of any hearing aids you may need.

You may have a copy of your test result if you wish and the audiologist will arrange any further treatment appointments with you at the assessment.

We encourage you to bring your partner, a family member or friend if you wish.

Other services

If the Audiologist feels it necessary, they may advise:

- Further investigations for dizziness problems
- A referral to the ENT Department, for example, if you have an ear infection
- Help for tinnitus (noises in the ears)
- Speech recognition tests

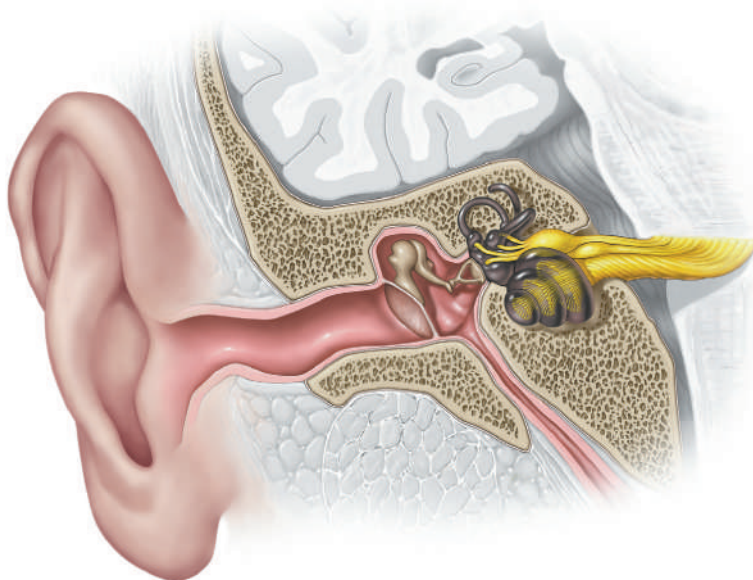
Other treatments, tests or referrals as required and in agreement with the patient

How the ear works

The diagram below shows the structure of the human ear. When a sound is created it causes a vibration to occur, the sound vibration in the air then travels down the ear canal to the ear drum.

Behind the eardrum is the middle ear, the middle ear is an air filled space that contains three tiny bones which are called the ossicles. The sound vibrations travel across the eardrum and along the ossicles to the inner ear which contains the cochlea, the cochlea is the hearing organ.

The cochlea is filled with fluid and contains thousands of tiny hair cells which act like an electrical switch. The sound vibrations makes waves within the fluid of the cochlea, these waves trigger the hair cells which results in an electrical signal being sent along the auditory nerve to the brain where the sound is interpreted.



The different types of hearing loss

Conductive Hearing Loss - Conductive Hearing Loss occurs when sound is not conducted efficiently through the outer ear canal to the eardrum and the tiny bones (ossicles) of the middle ear. Conductive hearing loss usually involves a reduction in sound level or the ability to hear faint sounds. This type of hearing loss can often be corrected medically or surgically.

Sensorineural Hearing Loss - Sensorineural hearing loss (SNHL) occurs when there is damage to the inner ear (cochlea), or to the nerve pathways from the inner ear to the brain. Most of the time, SNHL cannot be medically or surgically corrected. This is the most common type of permanent hearing loss.

Mixed Hearing Loss - Sometimes a conductive hearing loss occurs in combination with a sensorineural hearing loss (SNHL). In other words, there may be damage in the outer or middle ear and in the inner ear (cochlea) or auditory nerve. When this occurs, the hearing loss is referred to as a mixed hearing loss.

Facts about hearing loss

WHAT IS HEARING?

It is something most of us take for granted. Hearing is essential to:



Communicate



Socialize



Learn



Work



Be entertained

It helps keep us safe and aware in our environment.

HEARING LOSS IS A GLOBAL ISSUE



466 Million

people have disabling hearing loss¹

AREN'T THERE TREATMENTS FOR HEARING LOSS?

In many cases, yes, but identification of hearing loss and treatment remains low:



Nearly 1 in 3 people over the age of 65 have disabling hearing loss²



People wait an average of 10 years to seek diagnosis²



Many people who would benefit from hearing aids are not treated³

Why should you care? Because untreated hearing loss has a huge health, social and economical impact.



Over 80% of hearing aid users report improvement in their daily lives²



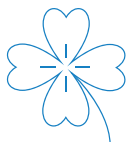
Untreated hearing loss can increase the risk of social isolation, frequent hospitalizations, depression and dementia²

The top 3 benefits of using hearing aids



1. BRAIN POWER AND HEALTH

Hearing health and brain health are connected. With hearing loss, the brain has to work harder to follow conversations and filter out noise. Using hearing aids frees up energy and can help the brain work better and faster, improving memory and attention.



2. IN THE MOOD FOR SOMETHING GREAT

Hearing aids can boost your mood and lower the incidence of depression by 36%. People with hearing loss who wear hearing aids also report feeling less nervous, tense and irritable than those who don't. There are fewer arguments with loved ones too.



3. FEEL FREE TO GET OUT THERE AND BE YOU

Being able to hear what is happening - even in noise - gives a greater sense of space and boosts your confidence, social life and independence, as you can do more and join in more with ease. Hearing aids keep you active and linked to your world.

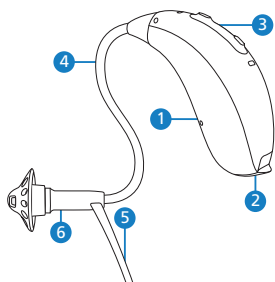
BETTER HEARING ENRICHES QUALITY OF LIFE

Hearing aids can make a positive difference to people with hearing loss, especially health and wellbeing. 94% of hearing aid users say that their quality of life has improved since they started using theirs.

Your hearing aid

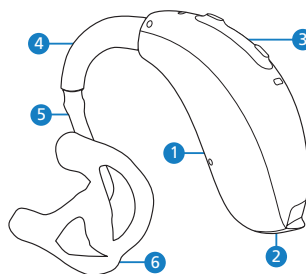
Programmes

Many digital hearing aids have different programmes or settings for different listening situations. The programmes change how the hearing aid behaves when you go into different situations, such as into a noisy situation or when listening to music. The types of programme depend on the model of hearing aid and how it has been set up. Your audiologist will explain what you can do and how to switch between listening programmes. If you wear two hearing aids, your audiologist will help you make sure that you get the right sound balance between the two sides. If you go to church, the cinema/theatre or any building with a loop, the audiologist can add a loop program for you



Nathos™ Nova M Slimtube

- 1 Right or left indicator* on back of hearing aid
- 2 Battery compartment with ON/OFF switch
- 3 Multi-function button / volume
- 4 Slim tube
- 5 Retention cord
- 6 Speaker (with Dome earpiece attached)



Nathos™ Nova M Earmould

- 1 Right or left indicator* on back of hearing aid
- 2 Battery compartment with ON/OFF switch
- 3 Multi-function button / volume
- 4 Hook
- 5 Tube
- 6 Classic ear mould

*Right = red
Left = blue

NHS hearing instruments can be either battery powered or rechargeable. Your Audiologist will discuss which is the most appropriate device. NHS hearing aids are bluetooth enabled meaning you can stream media, phone calls etc from any bluetooth enabled smart phone or tablet.

How to put your hearing aid in

It is important to get the earmould into your ear properly so that it functions effectively and so that it is comfortable. Your Audiologist will show you how to do this in the clinic but it may take some more practice at home before you are an expert. You may find it helpful to use a mirror when practicing.

Slimtube

1



Place the hearing aid behind your ear.

2



Insert the slim tube into your ear canal

3



Tuck the retention cord into the bowl of your ear to secure your hearing aid

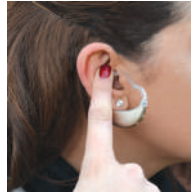
Earmould

1



To insert the earmould, hold it with your thumb and forefinger on the outer side near the tubing. Gently insert the canal tip into your ear canal. At this point you may need to pull down your earlobe with your other hand.

2



Then gently press the earmould into place with your finger. Ensure the top part of your mould is securely under the fold at the top of your ear.

3



Carefully place the instrument over the top of the ear until it rests securely in place.

Batteries

Batteries can be collected from Nobles Hospital Audiology reception or the Volunteers desk in the main hospital foyer during normal office working hours. Batteries are also available during normal office hours from the reception desk at Ramsey Cottage Hospital.

GP surgeries listed below can also supply batteries, however, you must be registered as a patient at that surgery. Please take your hearing aid card with you when requesting batteries.

Snaefell / Kensington / Laxey / Castletown / Peel / Ballasalla / Port Erin

If you need new batteries you can also post your card to the Audiology Department and new batteries will be posted to you.

Please dispose of used hearing batteries responsibly either by returning them to the audiology Department or by placing them in local battery disposal facilities – Do not place them in the household waste.

Batteries are dangerous if swallowed. Keep them stored where young children and Pets cannot reach them!

Hearing Aid Repairs

If your hearing aid is faulty, please contact the Department for a repair appointment.

Lost hearing aids

This department operates a Lost Aid Policy.

Lost hearing aids will incur an administration charge per aid before being replaced. Once paid you will be given a receipt which you must present to your Audiologist along with a form that you can collect from reception.

If you feel you have mitigating circumstances, you may appeal the charge in accordance with the form. Your reasoning will be discussed and a decision will be reached as to whether the charge should be paid.

What if I cannot attend?

If you decide that your appointment is no longer needed or you cannot / are unable to attend, please contact the department as soon as possible so that the appointment can be offered to another patient

The effects of failing to attend an appointment without giving us good notice are:

- An increase in waiting time for appointments
- Frustration for both staff and patients
- A waste of NHS resources
- A potential risk to the health of patients

You can obtain your hearing aid batteries Free from the following pharmacies (Don't forget your battery card):

Douglas:	Clear Pharmacy 13 Castle Street	Peel:	Clear Pharmacy 8-10 Atholl Place
	Hemensley`s Pharmacy 1 Windsor Road		Clear Pharmacy 6-8 Michael Street
	Kinrade`s Pharmacy Ballaquayle Road	Ballasalla:	Costain`s Pharmacy Main Road
	Boots Chemist, Strand Street.	Pt Erin:	Clear Pharmacy Darnills Complex Station Road
Onchan:	Karsons Pharmacy Corkills Garage	Pt St Mary:	Clear Pharmacy Helmshore House, Bay View Road
Laxey:	S C Rodan Pharmacy 15 New Road		
Kirk Michael:	The Village Pharmacy		

Using the telephone with a hearing aid

The most important thing to remember when using the phone is that you should hold the receiver to the hearing aid microphone and NOT your ear. As a hearing aid user, any sound now passes through your hearing aid before reaching your ear. The pictures below show an example of how to achieve this.

Do not press the phone receiver on to the hearing aid as this may cause whistling.

Leaving a gap of around an inch.



Many modern telephones have telecoils (loop systems) built in and this may offer a better telephone experience. Ask the Audiologist to activate the loop system on your hearing aid and for an explanation on how to use it.

Further more, current NHS hearing aids can connect to your smartphone via bluetooth allowing streaming through the hearing aids.

Hearing aid users should also have their ears checked regularly for any wax blockage preventing the hearing aid from working properly

Cleaning your hearing aid

- Wipe outside of hearing aid on a daily basis with a soft, dry cloth, this will help prevent blockage and remove any earwax.
- Please leave the battery compartment of the hearing aid left open during the night to insure the hearing aid is off and also air can get to the aid, allowing it to dry.
- Please avoid cleaning the aid with any sharp object such as, pins or toothpicks into the openings; it is very easy to damage the internal parts of the aid.
- Any internal blockage, such as wax build up please attend a drop in session when convenient, to be seen by an audiologist.
- Hearing aids should be professionally cleaned every 3 to 6 months. If a patient develops wax on regular intervals then the aid needs to be professionally cleaned more frequently.
- **Hearing aid wearers should also be checked regularly of any wax blockage preventing the hearing aid from functioning properly.**

Cleaning your earmould

- Wipe Ear mould every night with a soft, dry cloth, this will help prevent blockage and remove any earwax collected during the day.
- If wax has entered the tube of the ear mould and cannot be reached, remove the ear mould from the hearing aid and run warm (not hot) water over the ear mould and through the tubing.
(IT IS IMPORTANT NOT TO GET THE HEARING AID WET)
- Dry the ear mould before re connecting it to the Hearing aid
- Make sure no water is left in the tube
- You can use olive oil ear drops as advised.

Re-tubing your earmould

There are a few different types of tubing, ask your Audiologist to tell you what type of tubing you need.

Earmoulds should be retubed every 6 months. The audiology service is happy to provide this service for you if you prefer.

Separate your hearing aid from the earmould by pulling the flexible tube from the rigid hook. Take care not to pull the tubing from the earmould.

Place the hearing aid somewhere dry and safe.

Cut one side of the tubing diagonally, so it tapers at the end. Avoid cutting too close to the bend.

Thread the tapered tube through the earmould ensuring the tapered part is pulled all the way through, and the bend in the tube sits near the sound hole.

Cut the tapered end of tubing flush to the tip of the earmould.

Using the old piece of tubing as a guide, cut the new tube at the same length. This can now be attached to your hearing aid.



How to clean your hearing aid - Slimtube

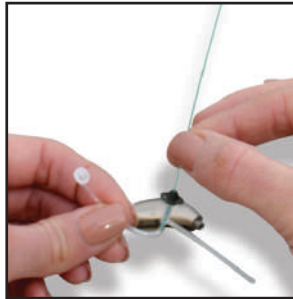
Keeping the Thin Tube clean is important for keeping the instrument in good working order. You will be given a tool to do this.

Daily cleaning

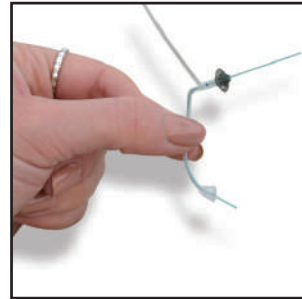
Use a damp cloth or 'wet wipe' to gently clean round the dome checking for blockages



Unscrew the Thin Tube from the instrument.



Push the cleaning tool right through the Thin Tube from the instrument end, and out through the dome.



Screw the thin tube back on the instrument.

Do not remove the dome from the thin tube as it may become loose.

Do not immerse the thin tube or hearing aid in water.

Replacing the tube and the dome

You will need to change the tubing when it becomes brittle, discoloured, or becomes loose, usually 2 -3 times a year. The dome needs to be replaced when it becomes discoloured.

Telephone or attend a repair clinic for replacement tubes – the information is on your hearing aid card.

Common problems

Ear mould comfort

An ear mould that doesn't fit well or is difficult to put in place properly will not only be uncomfortable, but will make your hearing aid less effective and may make it squeal, whistle or sometimes buzz. Ear moulds should fit very snugly but comfortably - even when you are eating.

If your ear mould hurts you or if you find it very difficult to put in or keep in place, go back to your Audiologist. They are able to modify your ear mould or guide you on how to put it in with more success.

Tubing

- Tubing too long: this may cause the hearing aid to fall from behind the ear. **Solution** - the tubing needs to be shortened to the correct length.
- Tubing too short - this may cause the hearing aid to be uncomfortable and the ear to become sore. **Solution** - replace the old tubing.

Squealing, buzzing or whistling

This happens if amplified sound leaks back out of your ear past the ear mould and gets picked up by the hearing aid microphone. It is technically known as 'acoustic feedback'. Check that you have the ear mould in properly. You may have excess wax in your ears - ask your GP or Audiologist to check your ears. If your hearing aid has a volume control - check that the volume is not set too high. Check that the hearing aid is not on the loop / T programme.

If your ear mould is cracked, loose or does not fit snugly enough request a replacement from your Audiologist.

Troubleshooting

If the hearing aid doesn't seem to be working properly or sounds faulty:

- Pull the ear mould off the elbow of the hearing aid, blow through the tube to clear all the moisture and then reconnect. If this reoccurs often ask your audiologist about having 'stay dry tubing'.
- Check the aid is not on the loop / T programme
- If your hearing aid has a volume control - Check that it is adjusted to the correct volume - try switching the hearing aid off and then on again.
- Check that the battery is in the right way round
- Try a new battery
- Check that the batteries you are using are in date - the use by date can be found on the reverse of the battery packet.
- Check that the ear mould or tube is not blocked with wax or condensation – clean the ear mould and blow down the tubing to remove any droplets of water.
- Check that the elbow of the hearing aid is not blocked with condensation – try to dry out by disconnecting the ear mould and leave in a warm place over night.
- Check that the tubing is not twisted or squashed - if you are not able to untwist or un-squash the tubing arrange an appointment to have the tubing replaced.

Communication tips for others



Get my attention

Before you start to speak you must ensure you are in the same room as the person and you have their full attention.



Don't speak too fast

If someone doesn't understand what you are saying you need to try and slow down your speech.



Face them

Always turn and face the person as it helps them pick up any visual clues you may give them.



Get to the point

Use plain language and don't waffle.



State the topic

If the context is known it is easier for someone to understand what you are saying. State the topic before moving from one conversation to another.



Rephrase

Rephrase what you have said with different words if the person has not understood what you have said even after you have repeated it.



Confirm details

Do not assume that someone has understood what you have said to them, confirm important details.



Time

Give plenty of time for the person to understand and process what you have said. Avoid bombarding people with speech, say what needs to be said slowly and pause between phrases.



Don't shout

You should keep your voice at a normal level. It is uncomfortable for a hearing aid user if you shout and it looks aggressive.



Write things down

If someone is struggling to understand you, write down what you are trying to say.

Tinnitus – What is it?

Tinnitus is the perception of noises in the head and/or ear which have no external source. Those living with the condition may have to endure a ringing, buzzing, hissing, whistling or other noise. The sensation can be constant or intermittent and it can vary in volume.

It is not a disease or illness; it is a symptom generated within the auditory system.

Some people have tinnitus which has a beat in time with their heartbeat. This is called pulsatile tinnitus.

Tinnitus is very common and is reported in all age groups, even young children. About 30% of people will experience tinnitus at some point in their lives, but the number of people who live with persistent tinnitus is approximately 10%. Of those people who have persistent tinnitus, around 1 in 10 will find it has a significant impact on their quality of life.

Tinnitus is more common in people who have hearing loss (usually caused by ageing, or exposure to loud noise) or other ear problems, but it can also be found in people with normal hearing. There are also a range of ailments that may cause tinnitus.

Below we've listed some of the potential causes of tinnitus:

Hearing loss

Exposure to loud noise

Stress and Anxiety

Ear Infections

Ear Wax Build-up

Other ear conditions (Ménière's Disease, Glue Ear, Otosclerosis, Perforated Eardrum) Other causes

Less commonly, tinnitus may develop as a result of a head injury, changes in blood flow (eg anaemia, high blood pressure), reactions to certain medications, acoustic neuroma (a rare non-cancerous growth that affects the hearing nerve), diabetes, and thyroid disorders.

Although Tinnitus is more common in people who have hearing loss, it can also be apparent in people with normal hearing. Many researchers and scientists continue to research this subject as they believe it may hold the key to explaining tinnitus as a whole.

Tinnitus – Can you help me?

Absolutely yes!

Whilst it's important to remember there is no cure for tinnitus, there are many things you can do to alleviate your awareness of it. You don't have to just put up and live with tinnitus!

The Isle of Man Audiology Service has highly trained Audiologists who can offer guidance, tinnitus retraining therapies and emotional support.

This may include:

- Thorough diagnostic tests (to rule out a treatable cause for your tinnitus)
- Questionnaires (to measure the severity of your tinnitus)
- Relaxation techniques / Stress management
- Discussions about “sound enrichment” and “silence avoidance”
- Advice on managing stress
- Recommending attendance at a Tinnitus support Group so you can meet/share experiences with other people who have tinnitus

We may recommend the use of noise/sound generators and other devices such as pillow speakers (if your tinnitus troubles you when trying to sleep) or the latest combination hearing aids if you have hearing loss and tinnitus together

What is the outlook for me?

We will offer you regular appointments and open access to us to ensure you have the support you need. With this ongoing support, many patients can successfully “habituate” to tinnitus. Habituation doesn't mean the tinnitus has been cured or gone away, it means that the brain has learned to ignore it which in turn will significantly reduce the distress tinnitus can cause. The process of “habituation” does however take time and you will need to work together with your audiologist to achieve this. Remember – You are not alone!

Contact Us

The Audiology department is by appointment only.

Email: audiology.nobles@nobles.dhss.gov.im

Phone: 650407

Post: Audiology Department
Nobles Hospital
Braddan
Douglas
IM4 4RJ

Opening Hours

The Audiology department is open from **9am-12:30pm** and **1:30pm-4:30pm**
Monday to Friday.

