Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Audiology Service

Tel : 01624 650407
Email: audiology.nobles@gov.im
Webpage: www.gov.im/hearing

Contents

Content / Intro.....2
Your Assessment /Olive oil instructions..3
How the ear works.....4
Different types of Hearing Loss.....5
What is a hearing aid.....6
Your Hearing aid.....7
How to put your hearing aid in.....8
Drop in Clinics.....9
Batteries / Lost aids.....10
Using the telephone.....12
How to care for your hearing aid.....13
Retubing your earmold.....14
Cleaning open fit tubing.....15
Common Problems.....16
Trouble shooting.....17
Communication tips.....18
Tinnitus - What is it?.....19
Tinnitus - Can you help me?.....20

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.

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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.

(Further information can be obtained at a drop in)

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

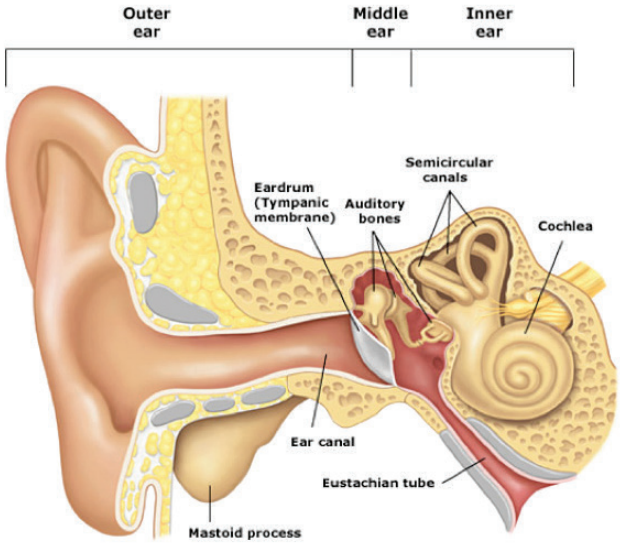
How the ear works

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 in interpreted.

The green line shows the path that sound travels through your ear.



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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.

Levels of hearing loss

Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately Severe	56 - 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G. (1981). Uses and abuses of hearing loss classification. Asha, 23, 493–500.

What is a hearing aid?

A hearing aid is a highly sophisticated communication device. There are many different types of hearing aids, just as there are many forms of hearing loss but they share five basic components. All of them work on amplifying sounds to enhance particular hearing range problems.

How do they work?

- A microphone picks up sounds.
- Sounds are analysed by the processing chip.
- Processed sounds are sent to the amplifier.
- Amplified sounds are sent to the loudspeaker.
- Sounds are transmitted by the loudspeaker into the inner ear where they are transformed into electrical impulses.
- Impulses are picked up by the brain where they are processed.

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Your hearing aid

Programmes

Many digital hearing aids have different programmes or settings for different listening situations. The programmes let you 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 or hearing aid dispenser will explain what you can do and how to switch between listening programmes. If you wear two hearing aids, your audiologist or hearing aid dispenser 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 Auto M Open Fit

1. Right or left indicator*, placed in the battery compartment
2. Battery compartment with ON/OFF switch
3. Volume control
4. Program switch
5. Microphone input
6. Slim tube
7. Dome

*Right = red Left = blue

Nathos Auto M Earmould

1. Right or left indicator*, placed in the battery compartment
2. Battery compartment with ON/OFF switch
3. Volume control
4. Program switch
5. Microphone input
6. Hook
7. Earmould

*Right = red Left = blue

There are a range of wireless accessories that you can purchase that can enable you to control your hearing aids with your mobile phone, stream music etc. Please discuss this with the audiologist if you wish to explore these

Volume

Many hearing aids have a volume control. This is usually a small lever. To increase the volume, push lever upwards. Push the lever down to make the volume quieter. Some hearing aids adjust the volume automatically. With these aids, there is no volume control for you to adjust as it is all done automatically by the hearing aid.

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.

Slim tube

Place the hearing aid behind your ear.

Insert the slim tube into your ear canal

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

Earmould

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.

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.

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

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Opening Hours

The department is open from 9am-12:15pm and 1:15pm-5pm Monday to Friday for pre-booked appointments, enquiries and battery collection.

However, if your hearing aid develops a problem, you wish to speak with the audiologist or have lost your hearing aid, you may attend one of our Drop in clinics listed below. **You do not need an appointment for the Drop in clinics below.** Please note, Wax removal during Drop in Clinics is subject to availability and you are advised to contact the department before attending if you are seeking wax removal.

*Please always bring your Hearing Aid plastic ID card when attending the clinic for any reason

Drop in Clinics for Hearing Aid Repairs

Noble's Hospital

Monday.....9:30am to 12 noon
Wednesday.....1:30pm to 4.30pm
Friday.....9:30am to 12 noon

Ramsey and District Cottage Hospital

Monday & Wednesday.....9:30am to 12noon

Southlands, Port Erin

Tuesday.....9:30am to 12noon

Drop in Clinics start promptly at the times stated - Patients are strongly advised not to attend before the start time or otherwise outside the advertised times as you may not be seen. The Drop in clinic can accommodate a limited number of patients at any given time and in busier clinics, the Senior Audiologist has the authority to stop accepting any further patients into the drop in clinic if needed. Signage in the department will indicate how long your wait may be during drop in clinics

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. You can also request batteries by telephone or someone can collect them on you behalf.

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

Repairs

If your hearing aid is no longer working, it is possible to post the hearing aid in to the Audiology Department. Please include a short letter detailing the problems and your hearing aid Hearing Aid Card. We will repair your hearing aid and return it to you as soon as possible.

Lost hearing aids

This department operates a Lost Aid Policy which you may view on request.

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

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You can now obtain your hearing aid batteries from the following pharmacies:

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

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.

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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 detailed overleaf.

Re-tubing your earmould

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

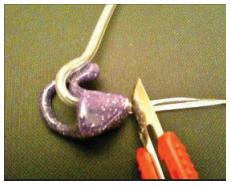
Earmoulds should be retubed every 4-6 months. The audiology service is happy to provide this service for you if you prefer.

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.

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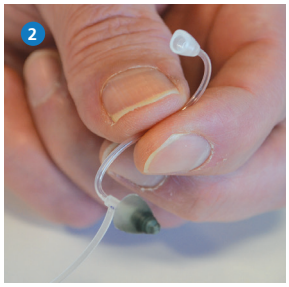
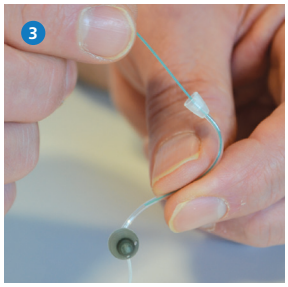
Cleaning an open fit tubing

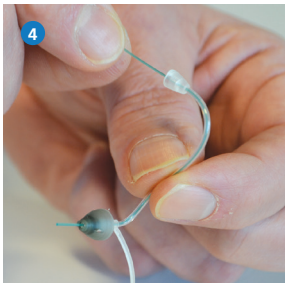
Unscrew the sound tube from the hearing aid



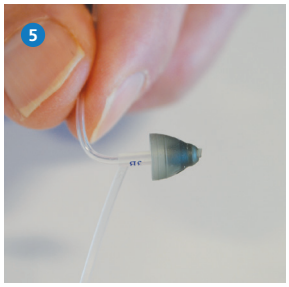
You will now need to clean the sound tube using the cleaning wire



Feed the cleaning wire into the bottom hole at the 'hearing aid' end of the sound tube



Feed the wire through the sound tube until you can pull it out at the 'end' end



Use a soft cloth or tissue to wipe any wax off the ear dome

Screw the sound tube onto the hearing aid

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 drop in 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.

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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.

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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 a 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 our Tinnitus support Group so you can meet/share experiences with other people who have tinnitus

(T)
British Tinnitus Association | Registered Tinnitus Support Group

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!

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