

# Audiological and Medical Considerations for SSD

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Clinical Audiologist

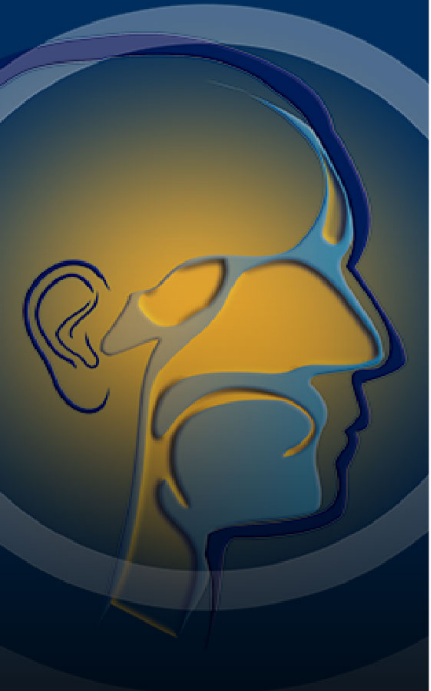
Emily Stucken, MD  
Neurotologist





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# Disclosures

Rachel Fryatt, AuD: receives a salary through Michigan Medicine

Emily Stucken, MD: receives a salary through Michigan Medicine, receives grant funding for research through the National Institutes of Health



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# Learning objectives

- Identify causes for single-sided deafness
- Describe devices currently available for patients with SSD
- Explain pre-operative testing to determine best audiological recommendations

# What is SSD?

“A type of unilateral hearing loss where the reduction in hearing is so severe that your ear is considered to be non-functional or deaf.”



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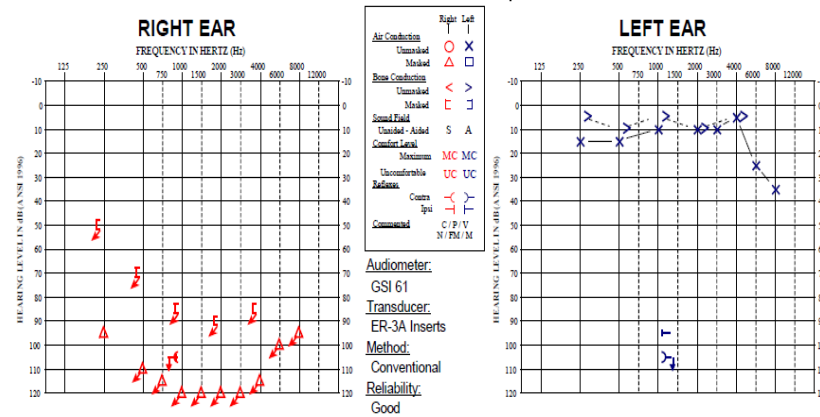
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# Causes for SSD

- Etiology
- Duration

# Causes for SSD – does it matter?



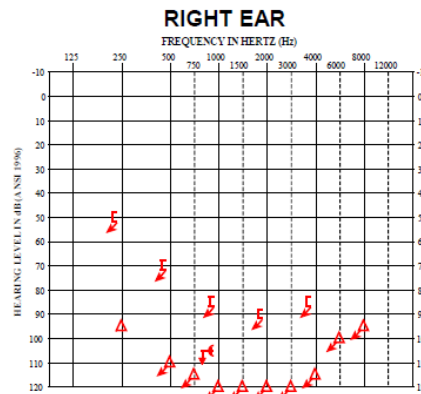
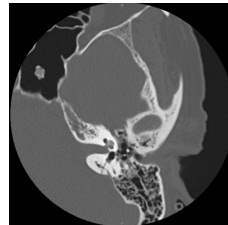
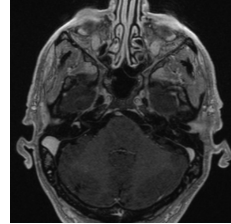
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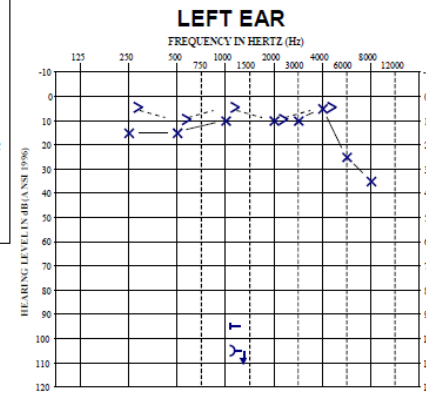


# Causes for SSD

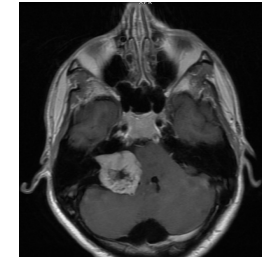
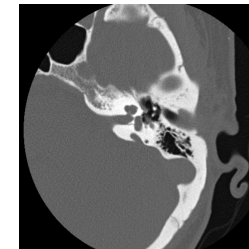
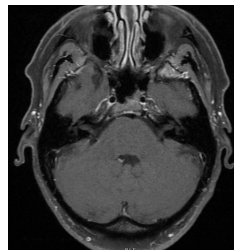


Right Left  
 Air Conduction: Unmasked (O, X), Masked (Δ, □)  
 Bone Conduction: Unmasked (∩, ∪), Masked (∩, ∪)  
 Sound Field: Unaided (S), Aided (A)  
 Comfort Level: Maximum (MC), Uncomfortable (UC)  
 Reflexes: Contra (C), Ipsi (I), Commented (C/P/V, N/FM/M)

Audiometer: GSI 61  
 Transducer: ER-3A Inserts  
 Method: Conventional  
 Reliability: Good



SPEECH AUDIOMETRY						SPEECH AUDIOMETRY					
* = Masked						* = Masked					
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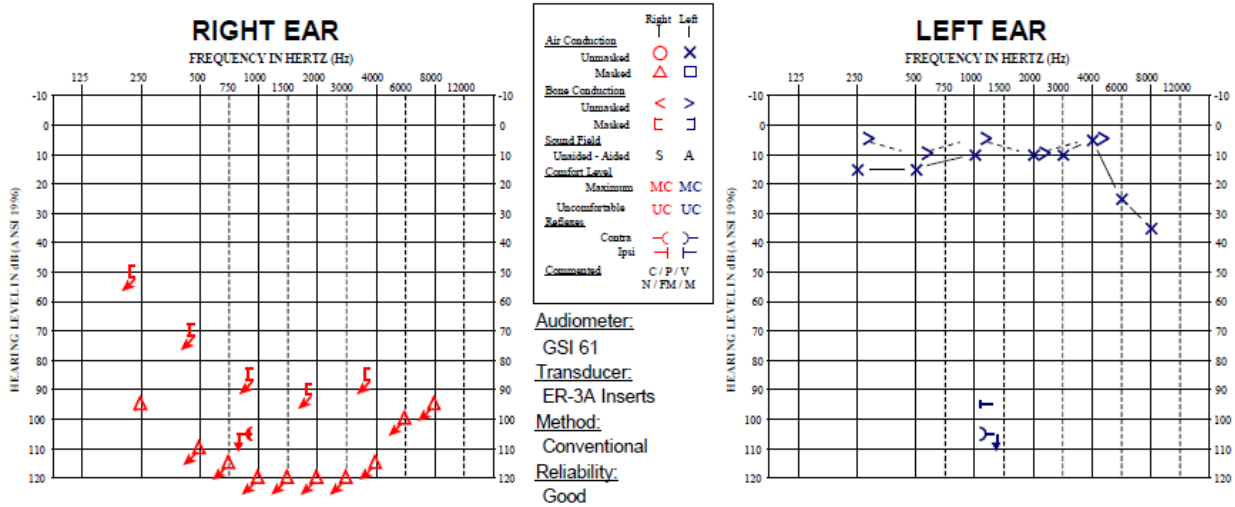


# Causes for SSD

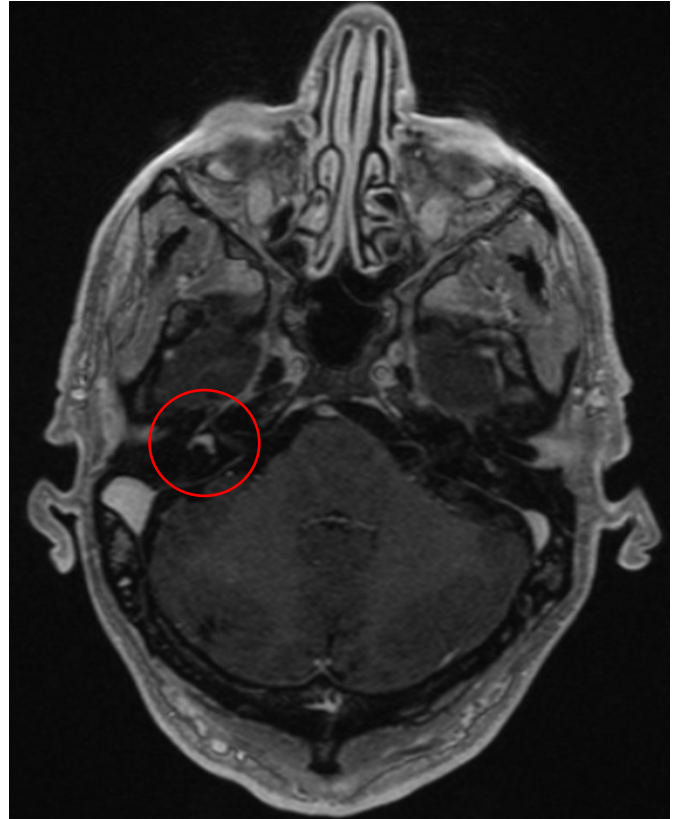
- Congenital
- Infectious/inflammatory
- Ototoxicity
- Trauma
- Neoplastic
- Autoimmune
- Idiopathic



# Causes for SSD

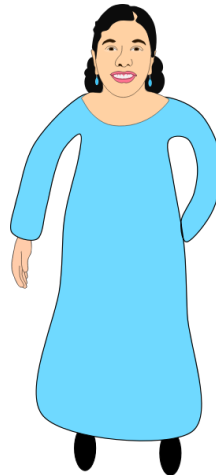
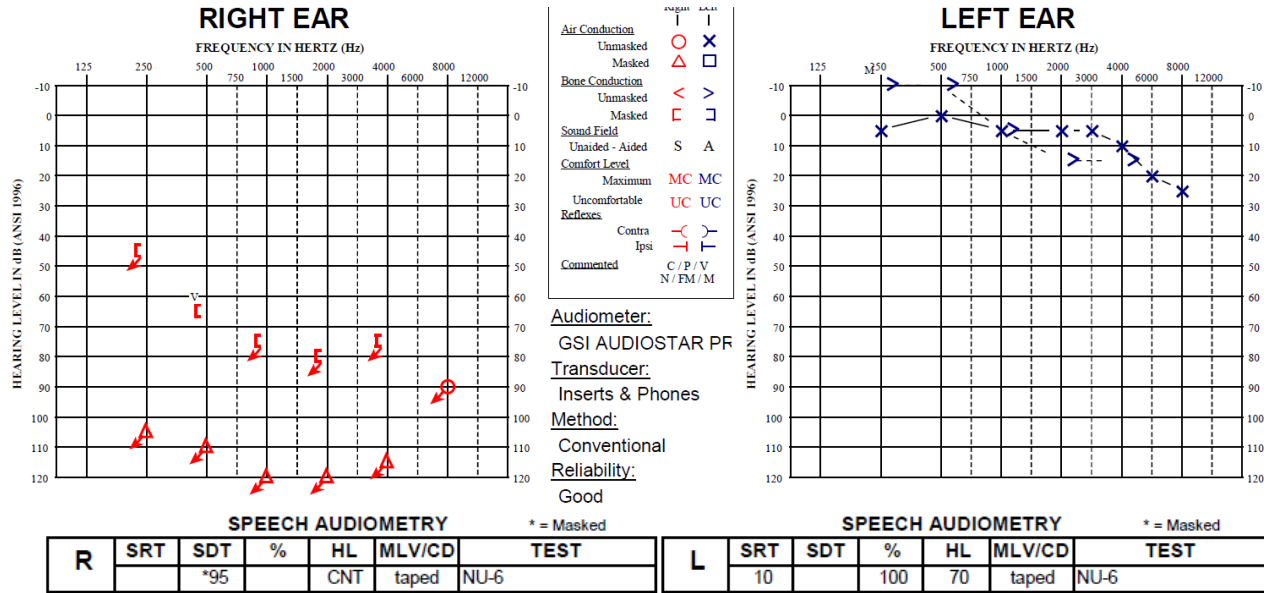


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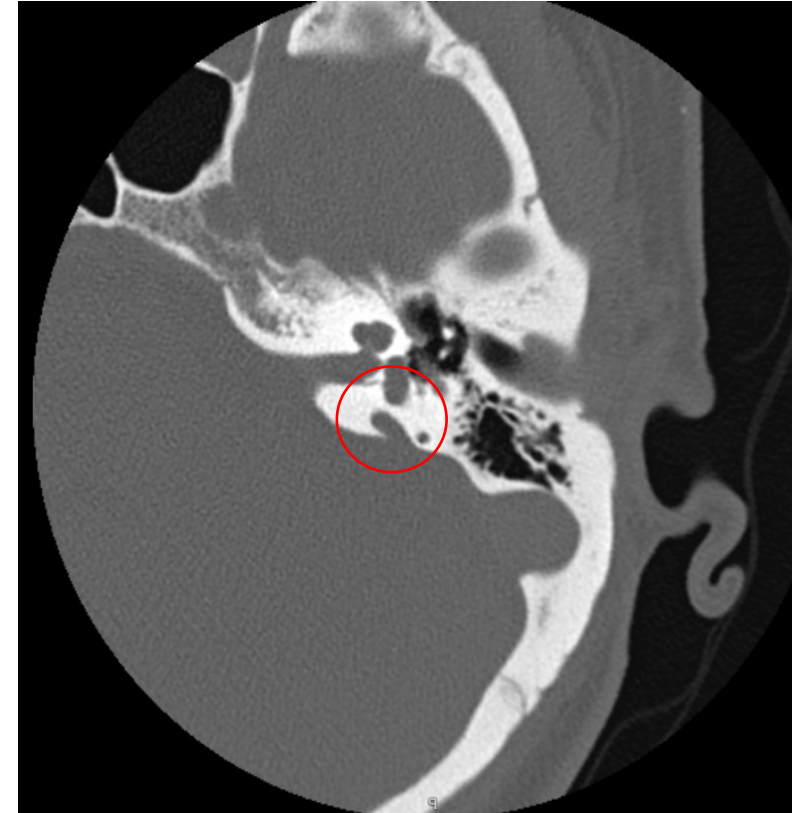
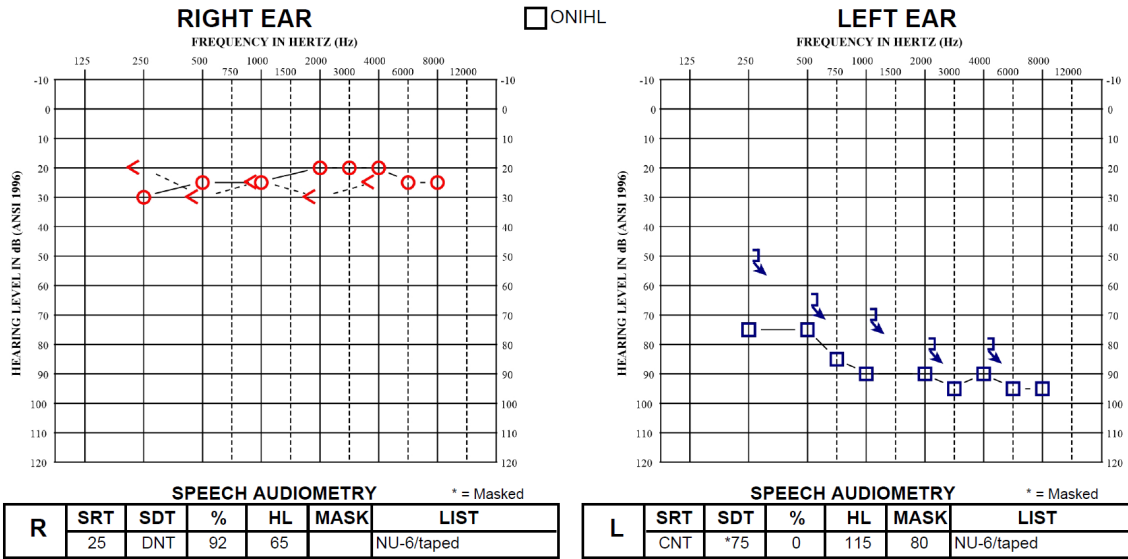


# Causes for SSD

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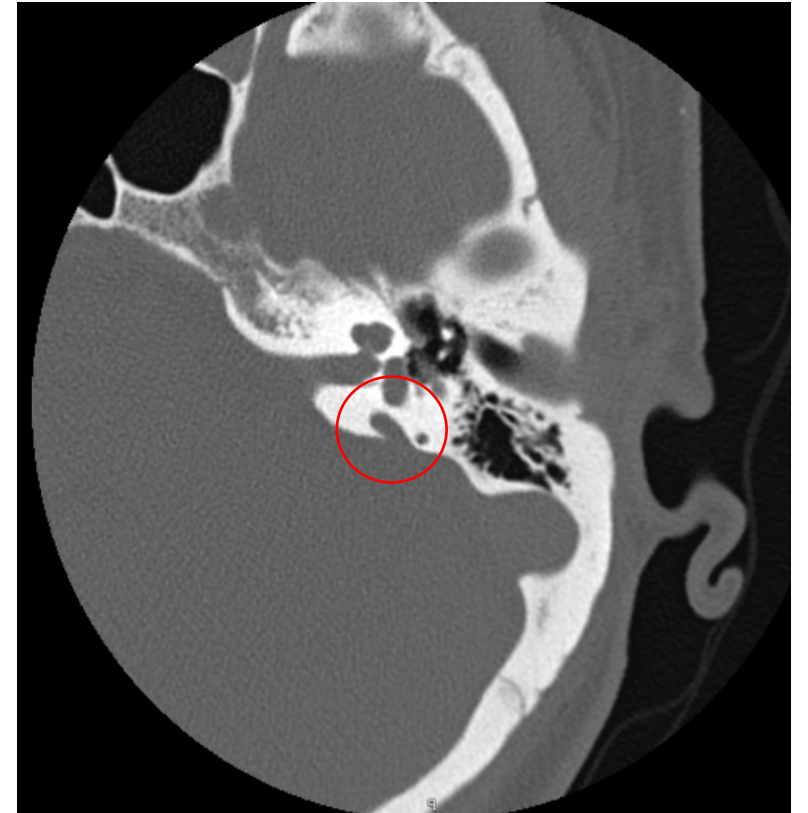
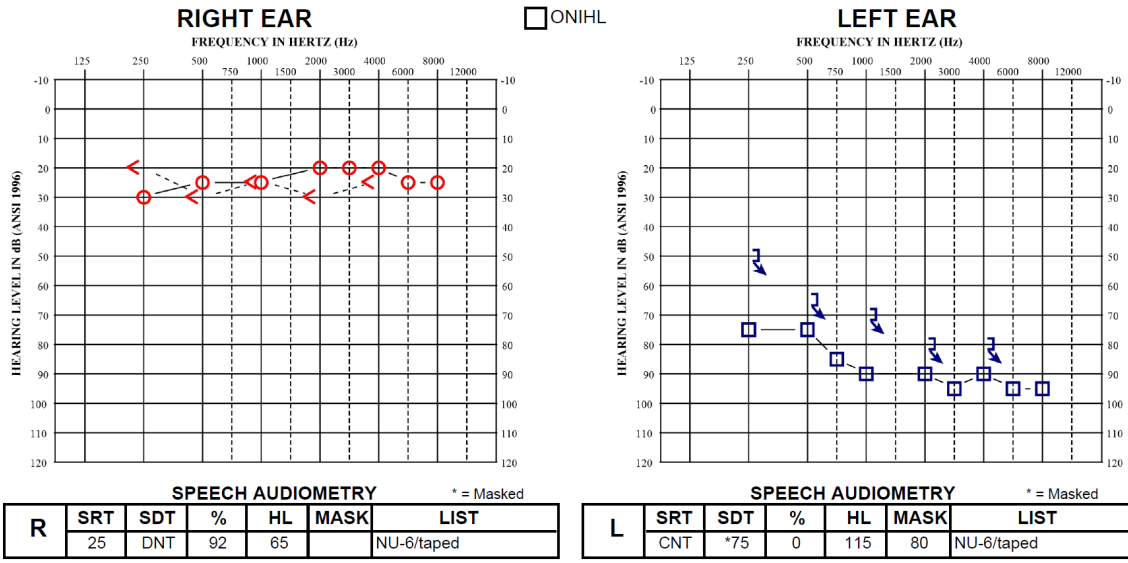


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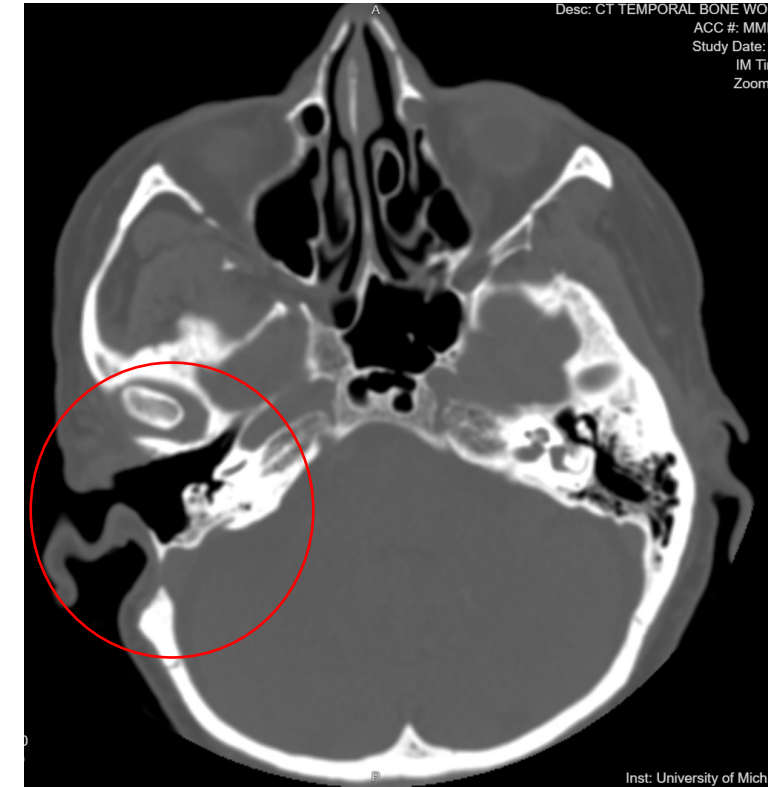
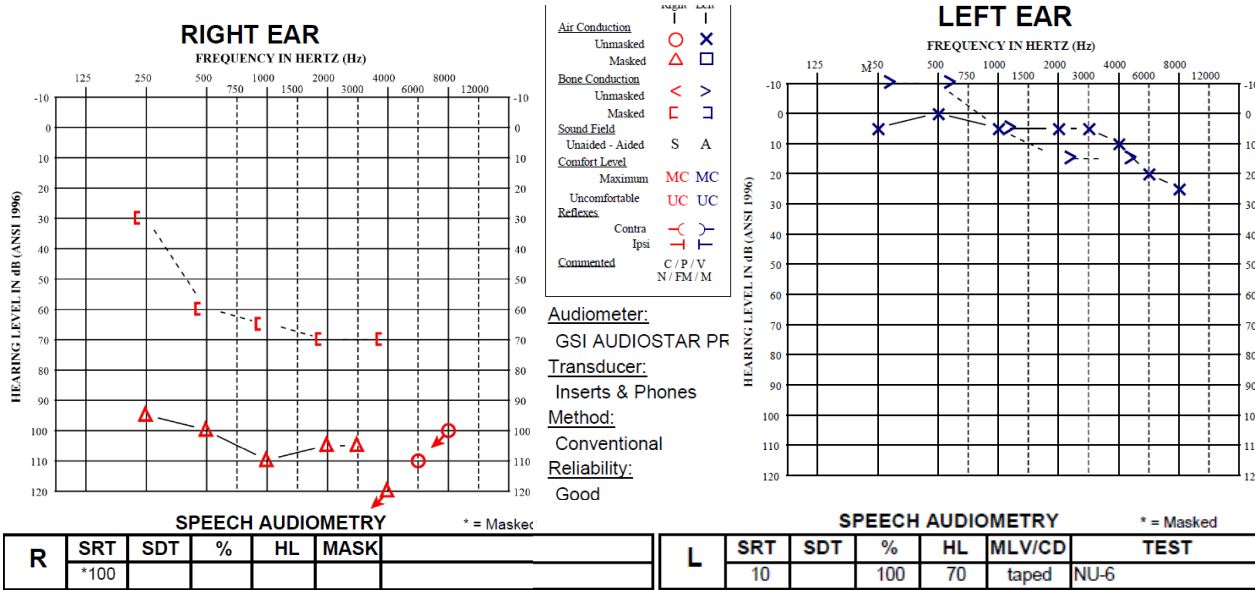


# Causes for SSD

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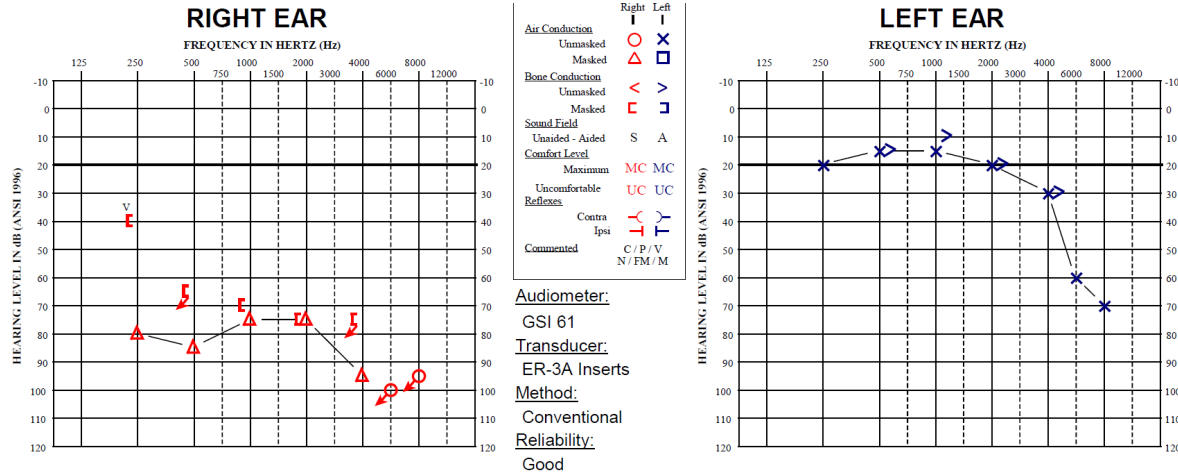


# Causes for SSD

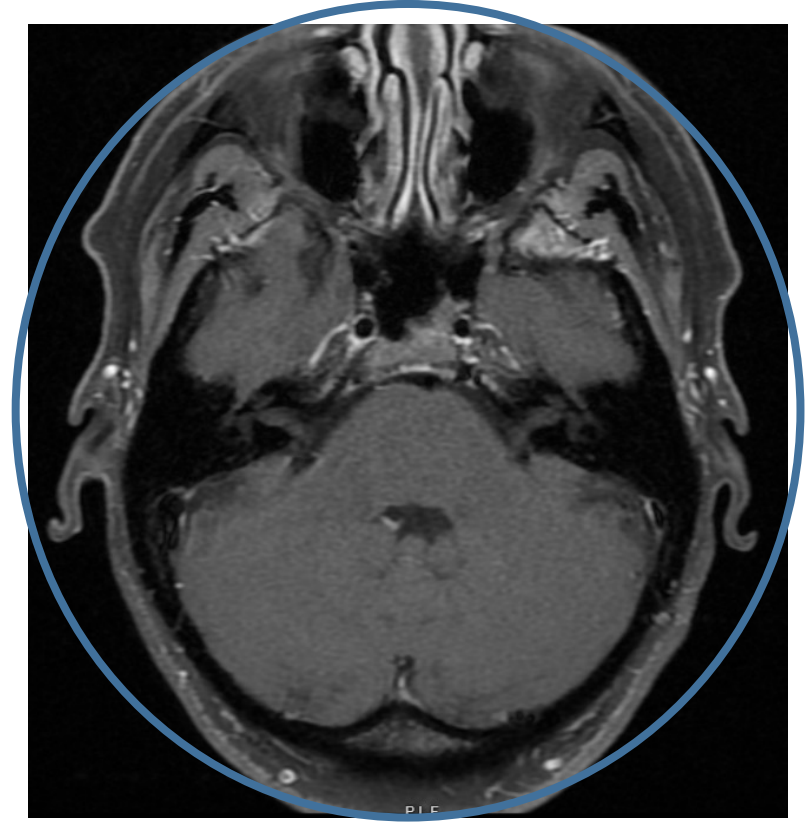


# Causes for SSD

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SPEECH AUDIOMETRY * = Masked							SPEECH AUDIOMETRY * = Masked						
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
		*65	0	* 105	LV	List 1		15		96	60	LV	List 1





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# Causes for SSD – does it matter?

- Device category
- Radiographic surveillance needs
- Device selection
- Prognosis



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# Why do we want to treat SSD?

Overcome the head shadow effect (localization)

Binaural summation

Binaural Squelch



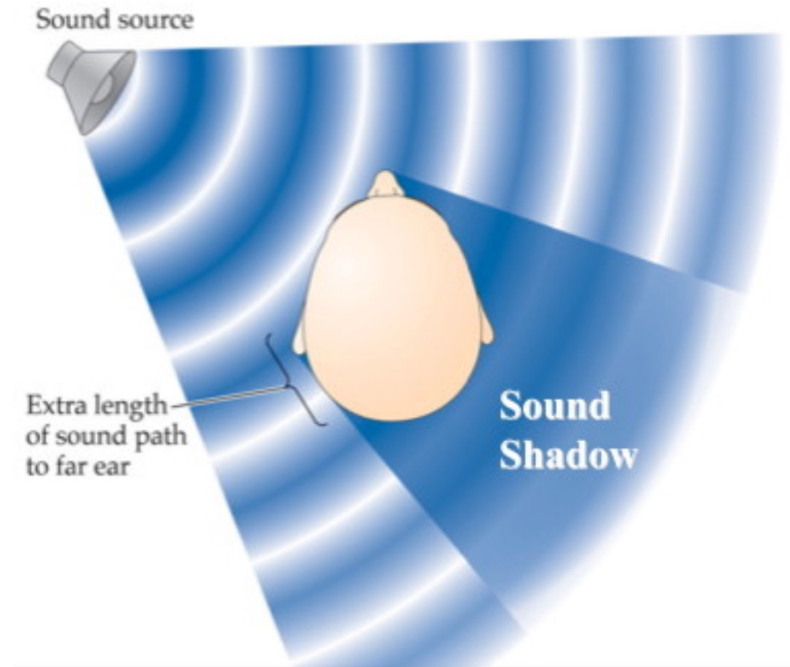


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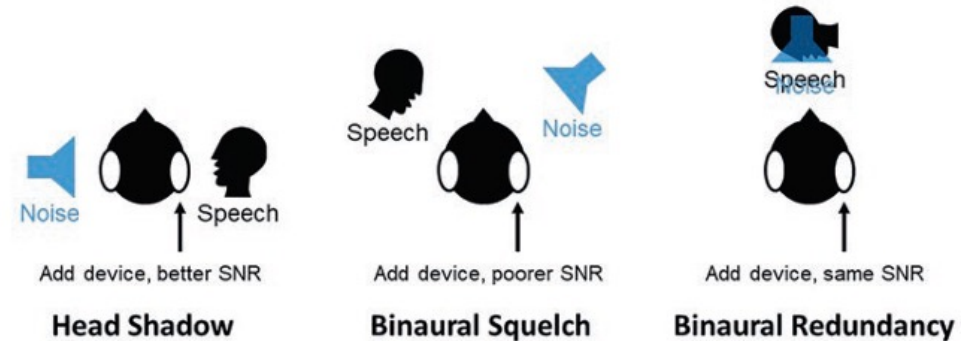
# Head shadow effect



- Localization is almost entirely based on processing of ITDs and ILDs
- Difficult in spatially separated sources

# Binaural Summation & Squelch

- Central processing
- Two ears are louder than one
- Binaural squelch is the brain understanding which ear has better SNR





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# Common complaints for SSD patients

1. Sound awareness
2. Speech understanding in background noise
3. Localization

Additional consideration: Tinnitus



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# An overwhelming number of studies show the detriments in untreated unilateral hearing loss

Social  
isolation

Distractibility

Safety  
Concerns

Tinnitus

Poor school  
performance

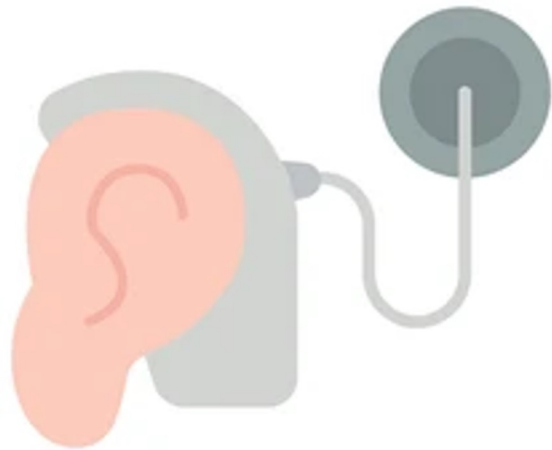
Less  
complex  
sentence  
structure

Difficulty  
following  
directions

Increased  
levels of  
stress

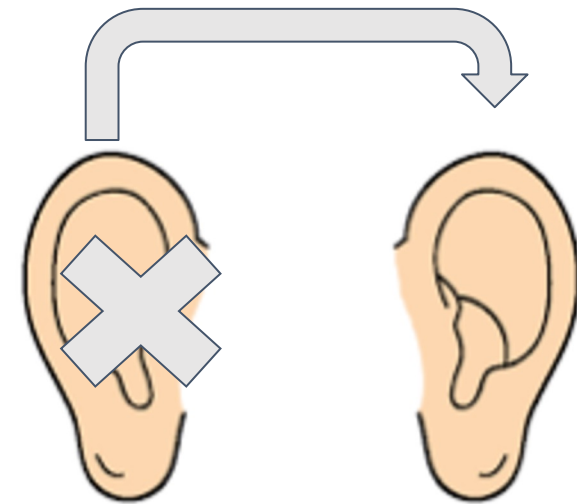
# Two options for treatment

Audibility on the affected ear

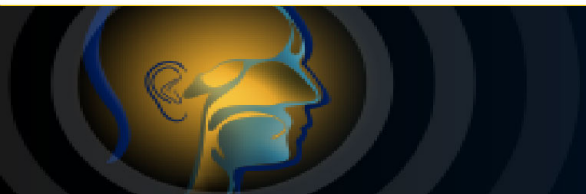


Cochlear implant

Reroute signal to the better hearing ear



CROS system  
Bone conduction device (BCD)





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# What makes a cochlear implant candidate?

Etiology & contraindications

FDA indications

Duration of deafness

Case history & patient complaint



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# Medical considerations for CI for SSD

- Is there a patent cochlea + functional cochlear nerve?
- Prior surgery?
- Ongoing pathology?
- Vestibular function?
- Need for postoperative radiography?
- Duration of deafness?



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# Duration of deafness

- Speech perception scores in SSD patients are negatively correlated with duration of deafness, but limited data from CI users leads to uncertainty in clinical recommendation (Cohen & Svirsky, 2019)
- When is it considered “too long” for CI outcomes?
  - Few studies looking at this topic use a 10 year cut-off
  - There’s evidence to suggest that brain reorganization occurs as soon as 2 years post onset (Kral & Sharma, 2012) and can be rapidly restored in early implantation in young children with SSD (Polonenko, Gordon, Cushing, & Papsin, 2017)
  - More evidence in pediatric patients, with better outcomes in patients with sooner implantation



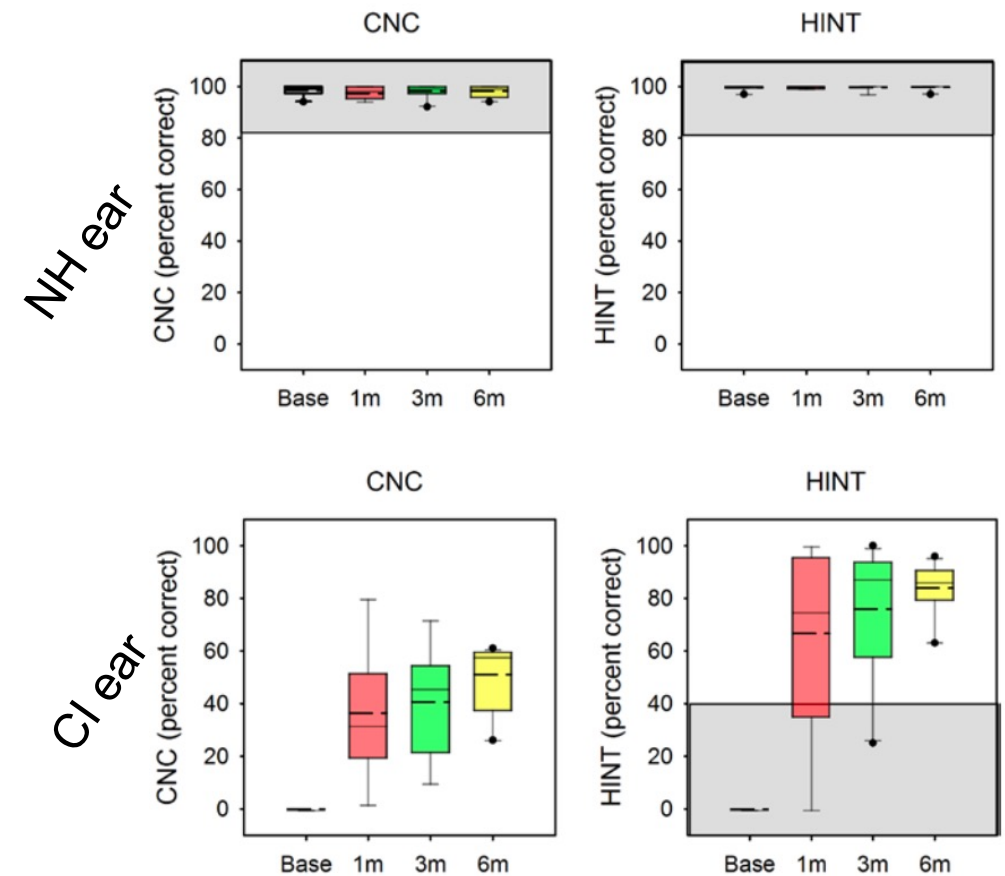


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# Realistic expectations

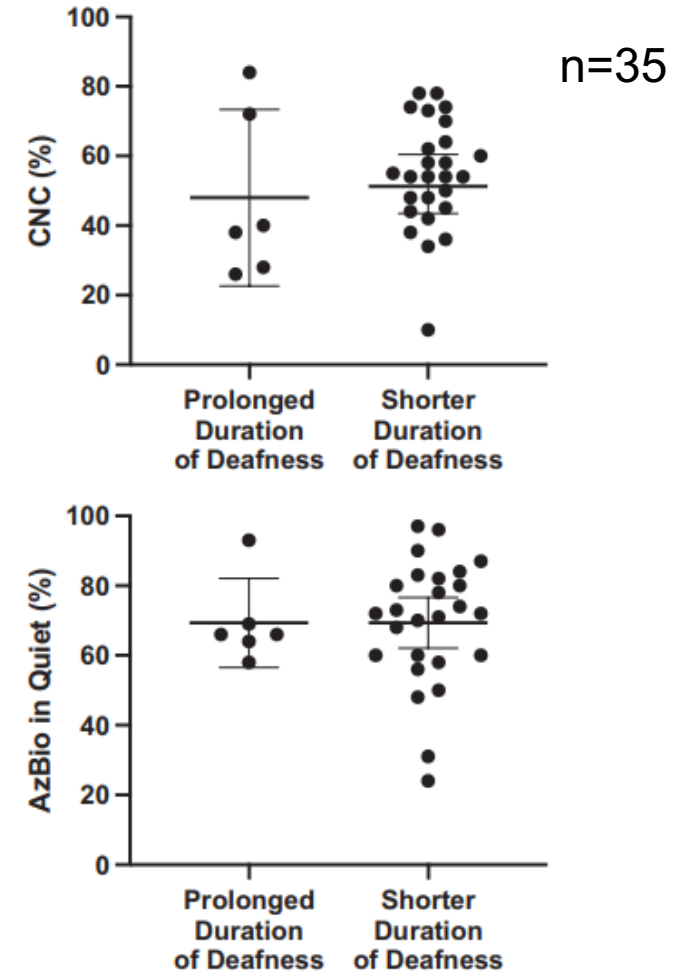
- Galvin et al. (2019)
- Immediate improvement in speech understanding
- Also tested for localization; did not improve until after 6 months post activation
- Tinnitus severity decreased



# New research on this topic

## Nassiri et al (2022)

- In adult patients with acquired SSD, split into two groups: <10 years DoD and >10 yrs
- Prolonged deafness:
  - CNC 39%
  - AzBio 66%
- Shorter deafness:
  - CNC 54%
  - AzBio 72%
- Concluded that prolonged deafness alone should not preclude a motivated SSD patient from pursuing CI





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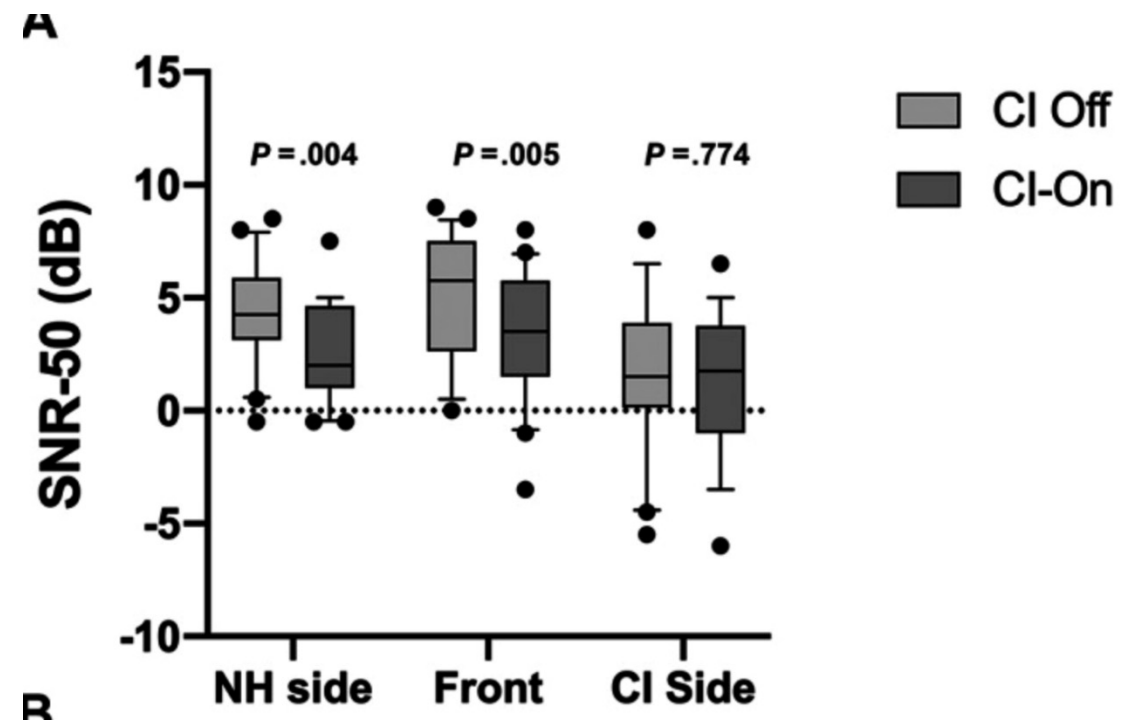


# CI for pediatric SSD

- Incidence (rises with age)
- Consequences of untreated UHL
- Age of implantation: FDA criteria is 5 years and older
  - However, evidence suggests better outcomes at younger ages
  - Imaging usually at 6 months

# Benefits of CI for Pediatric SSD

- Brown et al (2022) found children with unilateral hearing loss significantly benefit from cochlear implant by 12 months post activation
  - BKB-SIN improved 3.6 dB advantage
  - Improved CNC performance
  - 1.6 dB advantage in summation
  - 2.5 dB advantage in squelch





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# ACIA Taskforce Guidelines

- Recently, ACIA published guidelines in management of SSD for both adults and pediatric populations
- Supported by AAA
- AudiologyOnline presentations outline these guidelines





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# When to consider a BCD?

Etiology & contraindications

FDA indications

Duration of deafness

Case history & patient complaint



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# Surgical Considerations – Bone Conduction Device

- Anatomy?
- Need for MRI?
- Skin/wound concerns?
- Need for radiation?
- Lifestyle?



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# Bone Conduction Devices – abutment system complications







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# BCD MRI compatibility (processor removed)

- Baha Connect 1.5T or 3T
- Ponto 1.5T or 3T
- Baha Attract 1.5T
- Alpha 2 MPO (Sophono) 1.5T or 3T
- Bonebridge 1.5T
- Osia 1.5T w MRI Kit



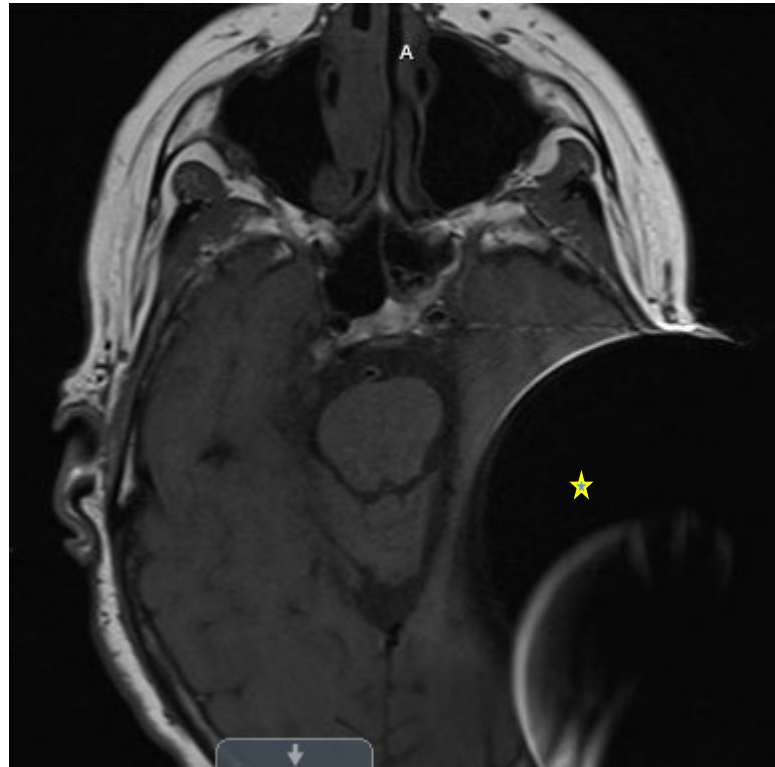
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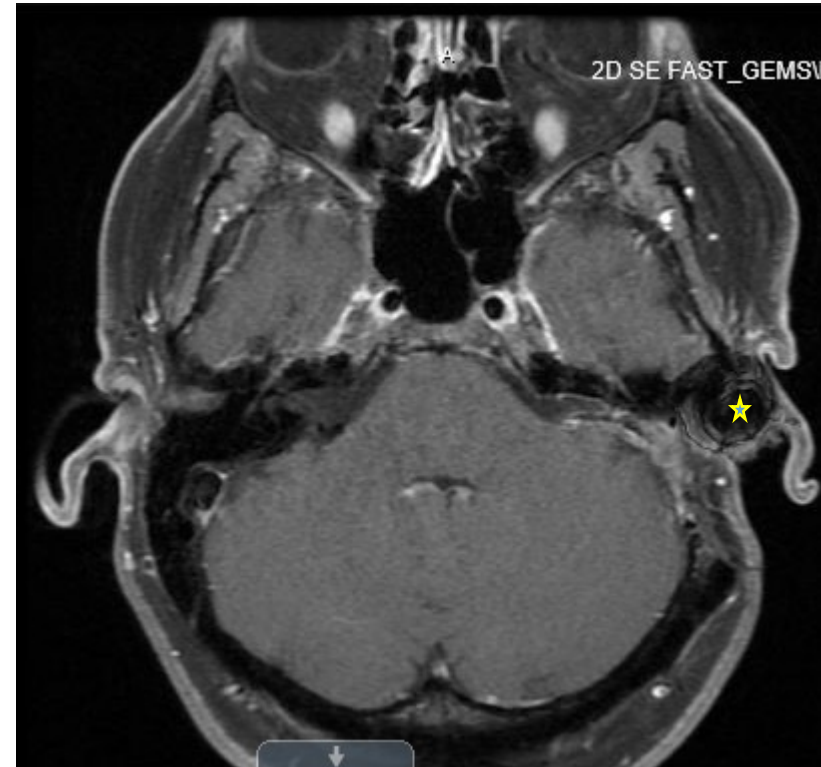


# Implant MRIs

- Artifact



Cochlear Implant



Percutaneous abutment BCD



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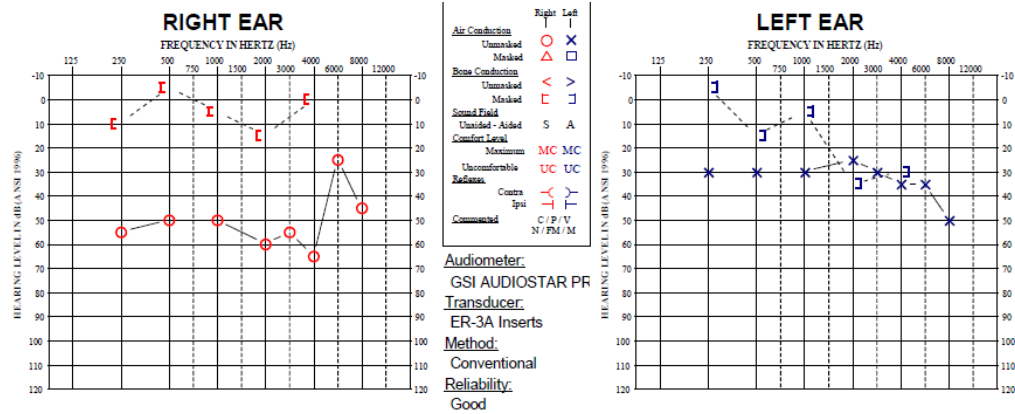
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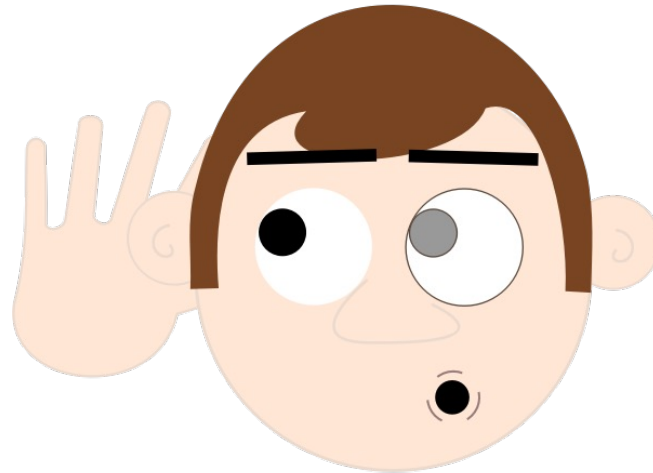
# BCDs for SSD vs CHL vs MHL

- Different expectations
- Hearing experience
- Localization

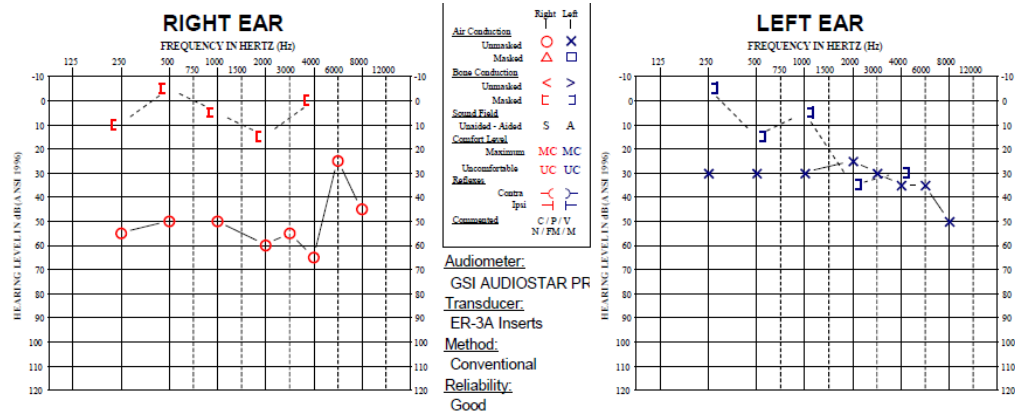
# BCDs for SSD vs conductive HL



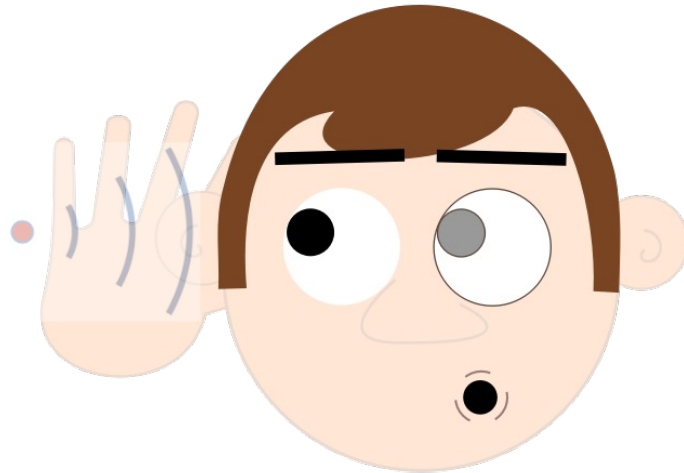
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						* = Masked							
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
	55		100	* 90	REC	List 1		30		100	70	REC	List 1



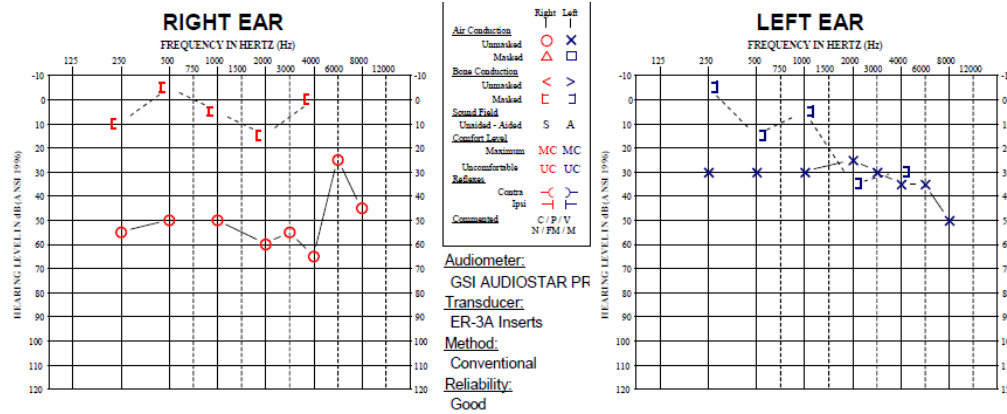
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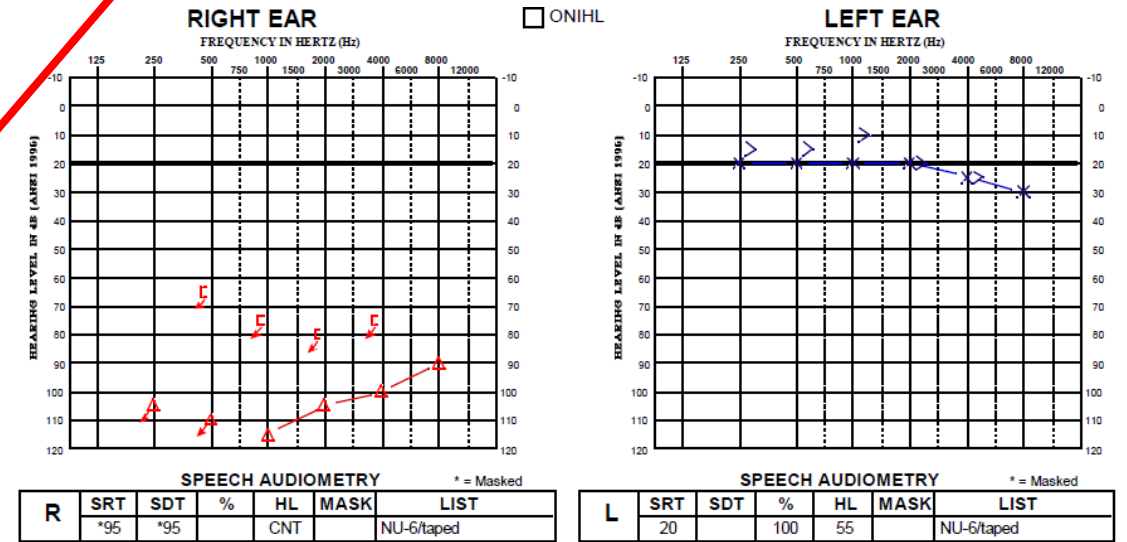
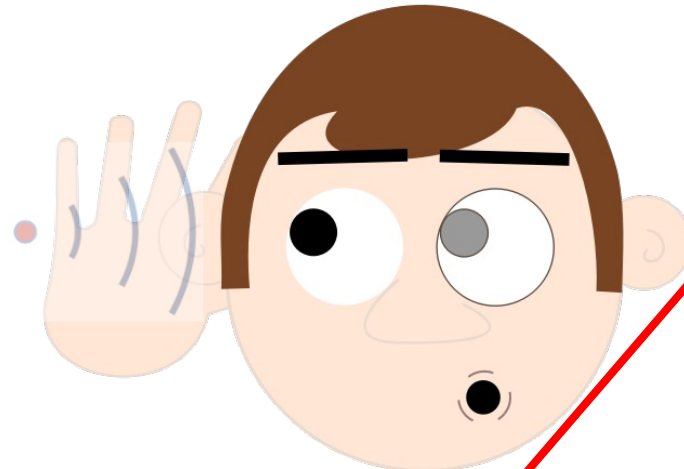
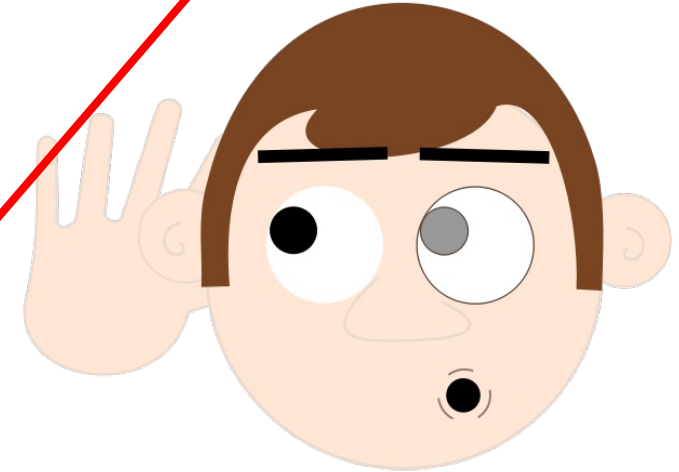
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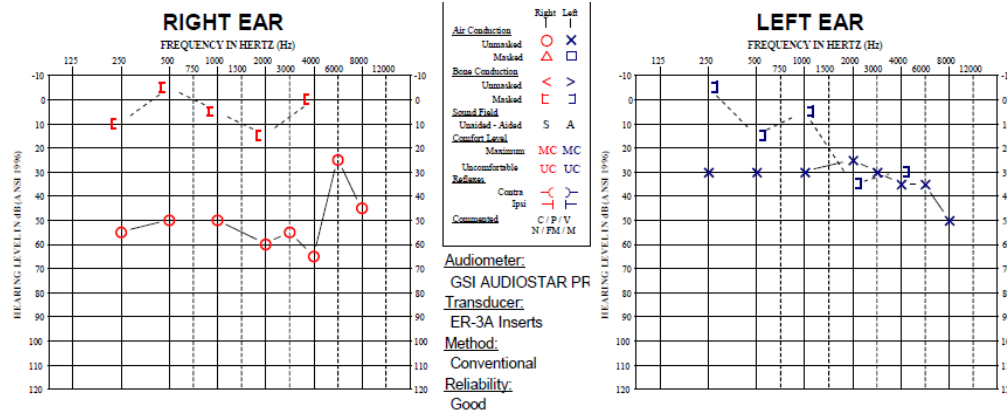
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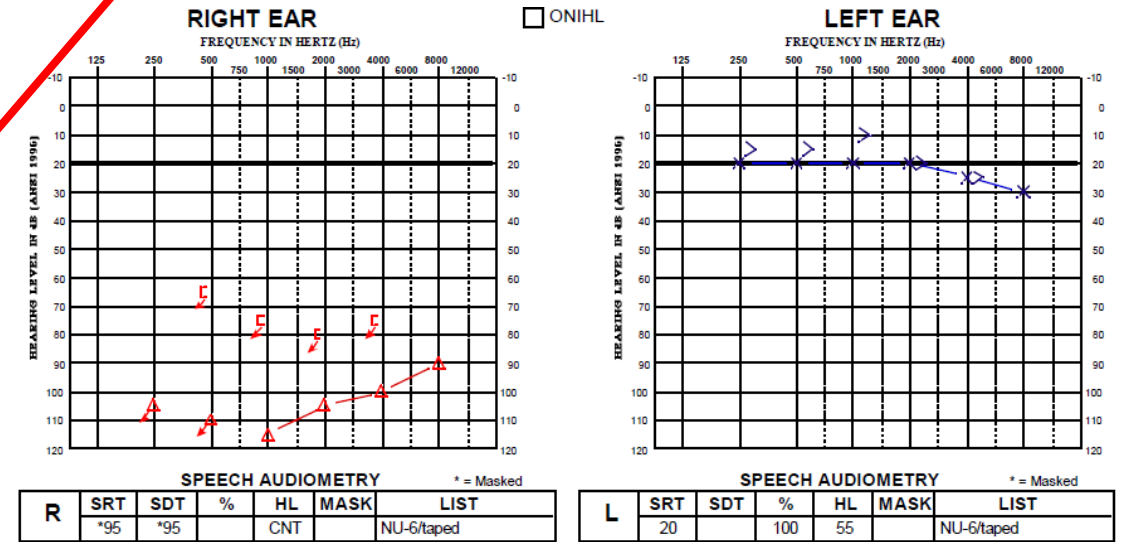
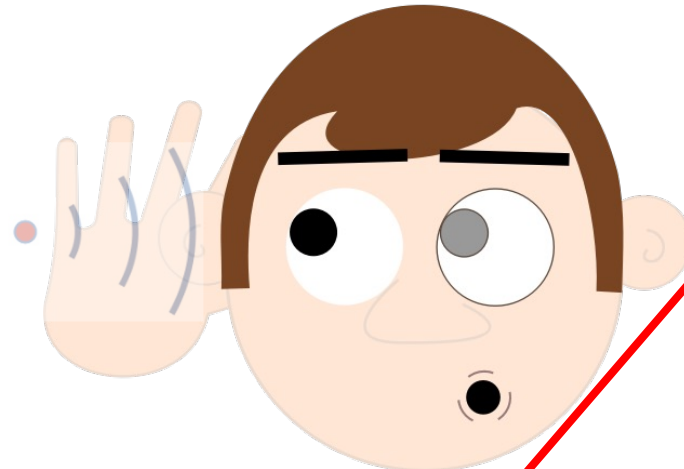
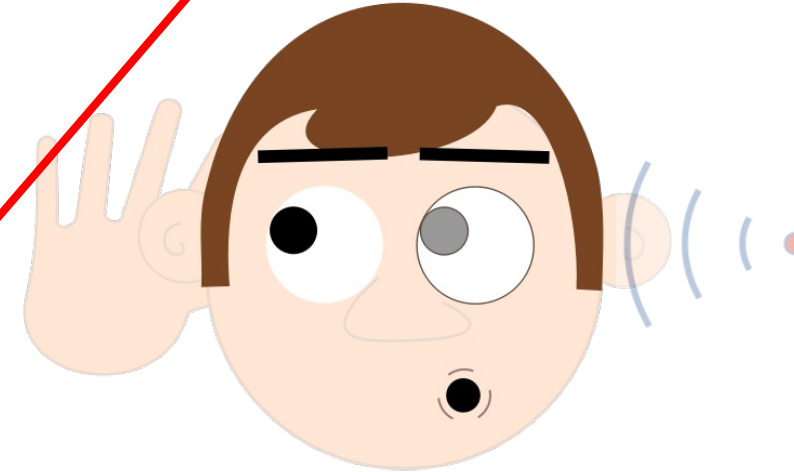
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# BCDs for SSD vs conductive HL



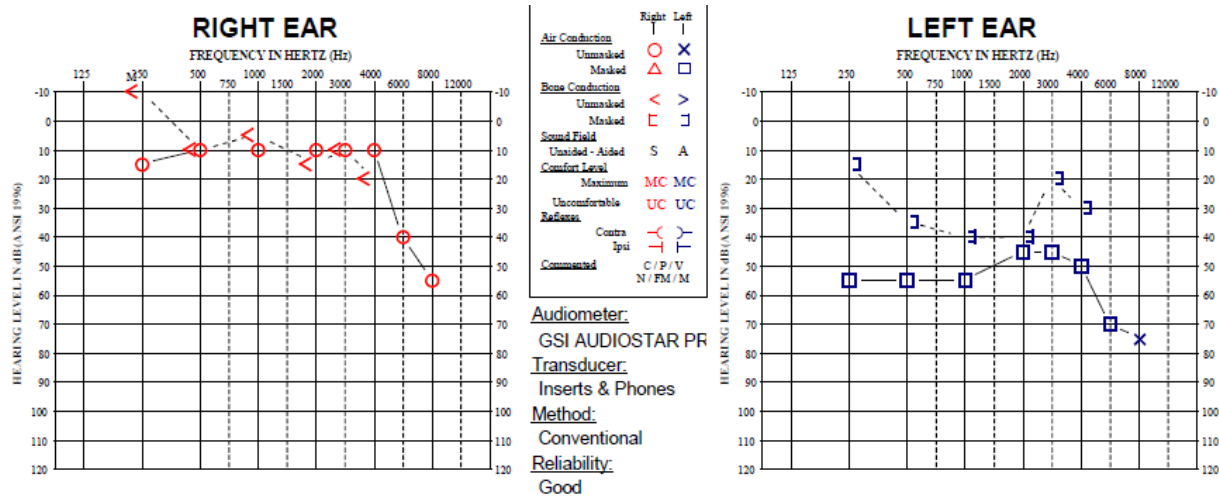
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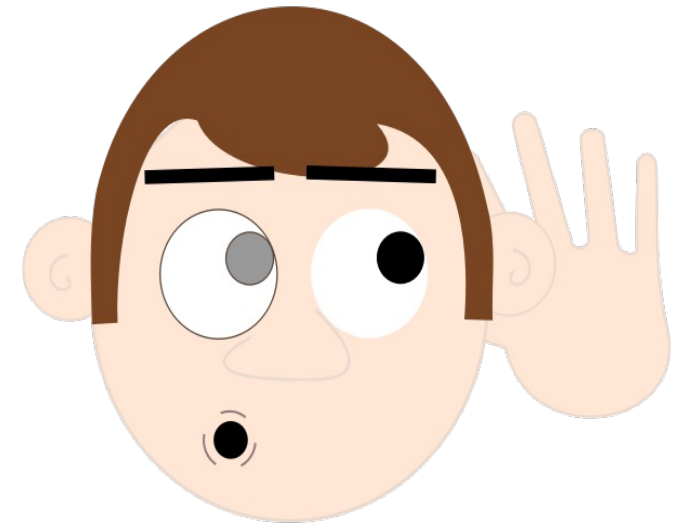
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R	SRT	SDT	%	HL	MASK	LIST	L	SRT	SDT	%	HL	MASK	LIST
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# BCDs for mixed hearing loss

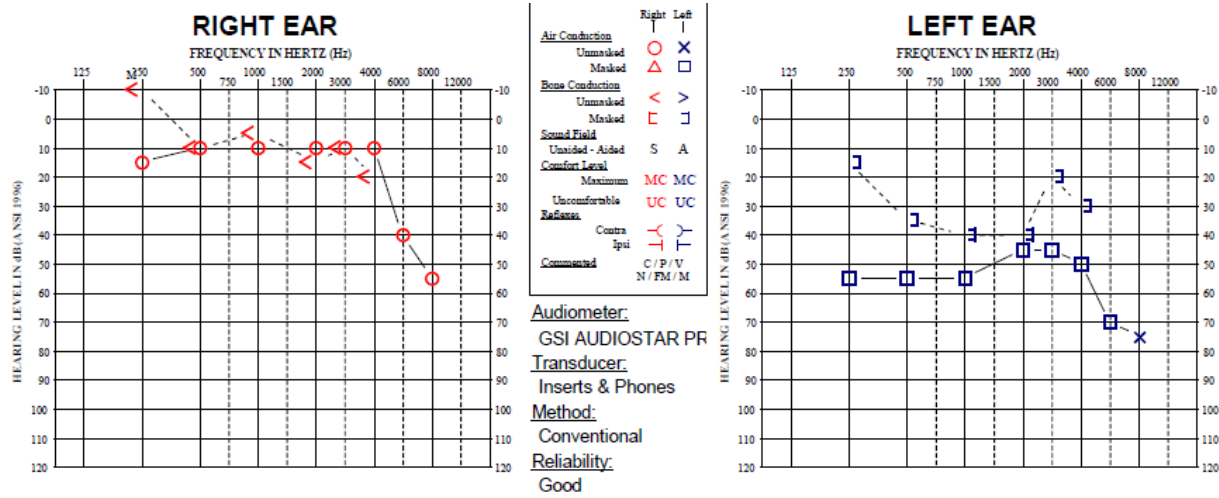


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						* = Masked					
R	SRT	SDT	%	HL	MLV/CD	L	SRT	SDT	%	HL	MLV/CD
	15		100	* 55	REC		*55		100	* 90	REC
					NU-6 LIST 2A						NU-6 LIST 3A

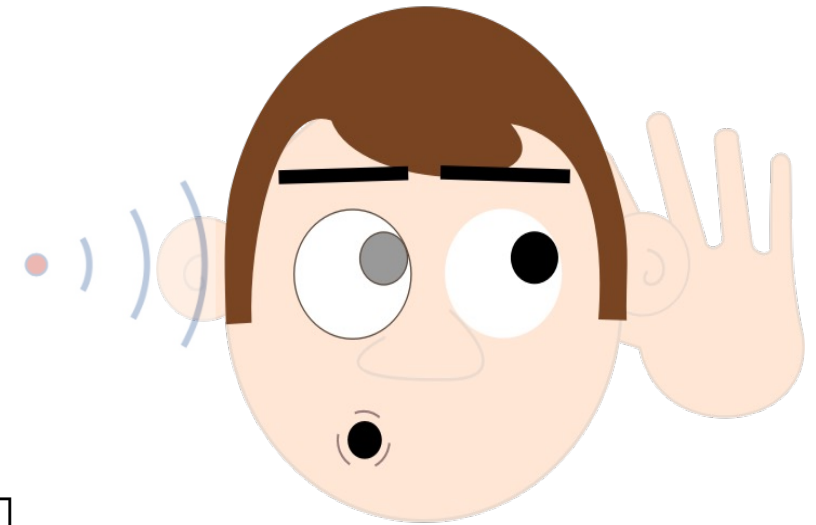




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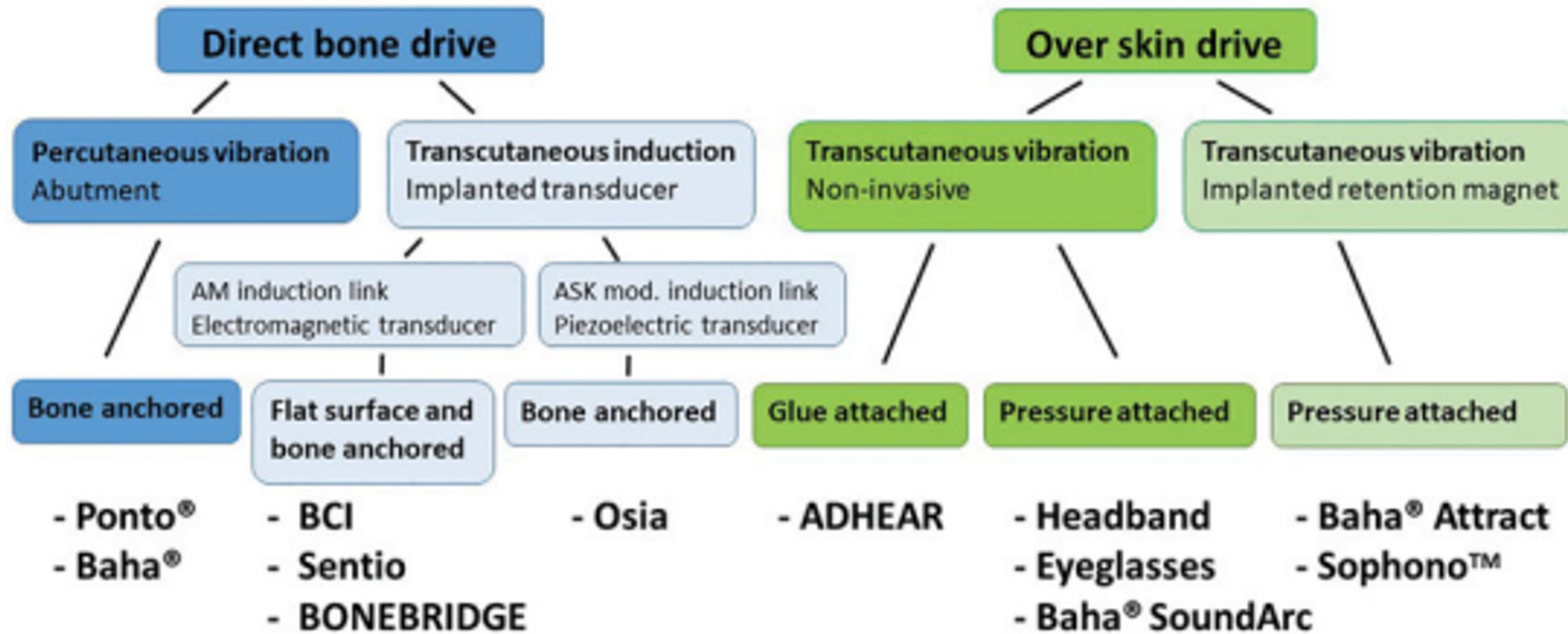


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						* = Masked							
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
	15		100	* 55	REC	NU-6 LIST 2A		*55		100	* 90	REC	NU-6 LIST 3A



# Bone Conduction Devices

Transmission and attachment modalities



*Hakansson et al, 2019*



# New additions to the BCD device selection



Osia  
Cochlear Americas



Bonebridge  
MEDEL



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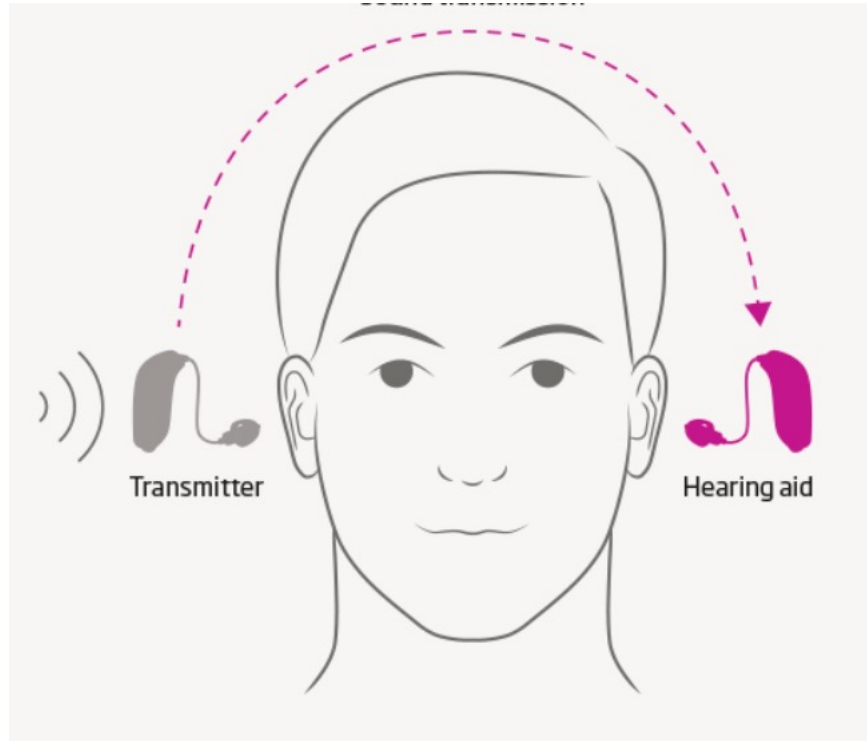
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# Comparing the two new devices

- Osia and Bonebridge perform comparable or better than BAHA via abutment (Pla-Gil et al., 2020; Huber et al., 2013)
- Very limited data to show performance differences in the two
- Schwam et al. (2022) published a clinical capsule report in *Otology & Neurotology* and compared implants
  - No statistically significant difference in outcomes
  - OSIA had higher rates of issues with audio quality and poor cosmesis
  - BB required special techniques

# Non-surgical option: CROS HA



	MEDEL CI	MEDEL Bonebridge	Cochlear Americas - CI	Cochlear Americas - OSIA	Cochlear Baha (Attract & Connect)
<b>Thresholds: Better ear</b>	-Mild to mod severe SNHL -PTA $\leq$ 55 dBHL (.5, 1, 2, 4 kHz) - $\geq$ 15 dB difference in PTA between ears	AC PTA $\geq$ 20 dBHL (0.5, 1, 2, 3 kHz)	AC PTA $\geq$ 30 dBHL (0.5, 1, 2, 4 kHz)	AC PTA $\geq$ 20 dBHL (0.5, 1, 2, 3 kHz)	AC PTA $\geq$ 20 dBHL (0.5, 1, 2, 3 kHz)
<b>Thresholds: Worse ear</b>	PTA $\geq$ 90 dBHL (0.5, 1, 2, 4 kHz)	Profound SNHL	PTA > 80 dBHL (0.5, 1, 2, 4 kHz)	Profound hearing loss	Profound hearing loss
<b>Speech understanding</b>	Adult: Aided CNC $\leq$ 5% Age 5-18: $\leq$ 5% on age appropriate monosyllabic word test	No criteria	Aided CNC or developmentally appropriate word test $\leq$ 5%	No criteria	No criteria
<b>Age</b>	5 years and older	12 years and older	5 years and older	12 years and older	5 years and older
<b>CROS Trial</b>	At least 1 month trial with a CROS or other relevant device without subjective benefit	Recommend AC/BC device experience prior to surgery	Recommend at least 2-week trial with CROS or other suitable hearing device	Recommend AC/BC device experience prior to surgery	Recommend AC/BC device experience prior to surgery
<b>Other Details</b>		Also indicated for any patient who is a candidate for a CROS system but cannot/will not use a CROS		Also indicated for any patient who is a candidate for a CROS system but cannot/will not use a CROS	Softband options for patients <5 years



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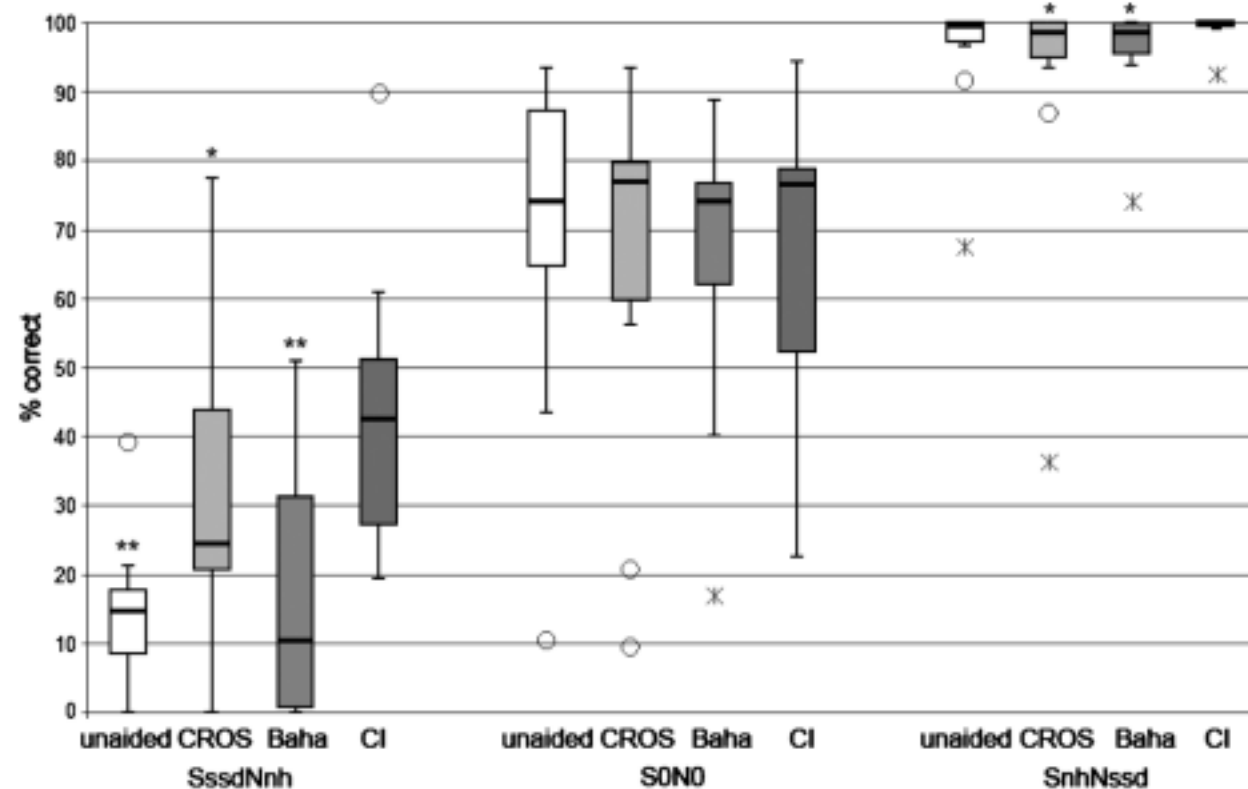
# Objective measures preoperatively

- Performing booth testing with demo devices can provide realistic expectations and guide management recommendations
- Can adjust testing to patient needs
- Speech in noise testing



# Arndt et al. (2011)

- N=11, mean DoD 25 months
- Tested with unaided, CROS, Baha softband, and post-op CI



Noise = NH  
 Speech = HL

Noise & Signal  
 0 deg azimuth

Noise = HL  
 Speech = NH



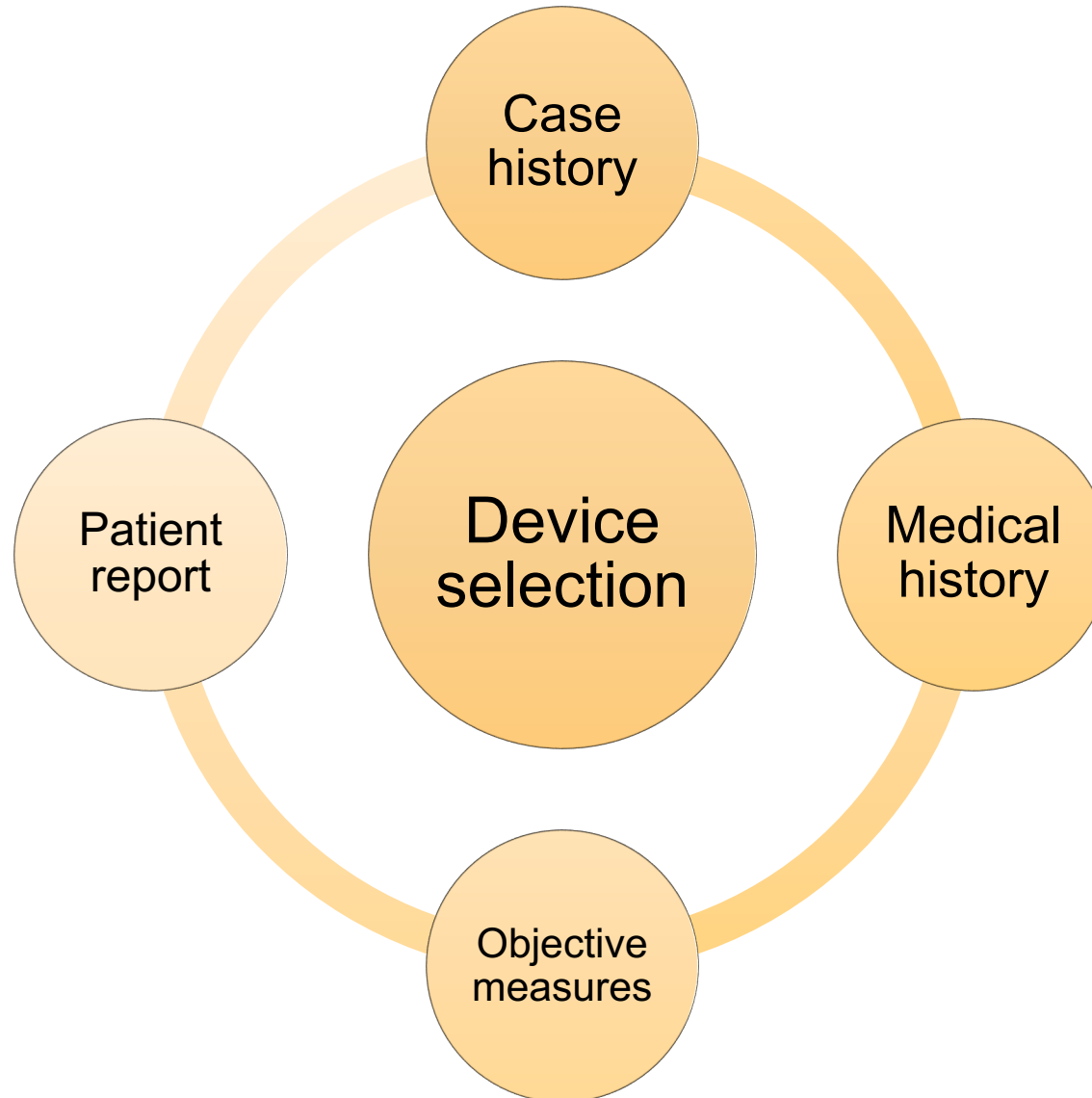


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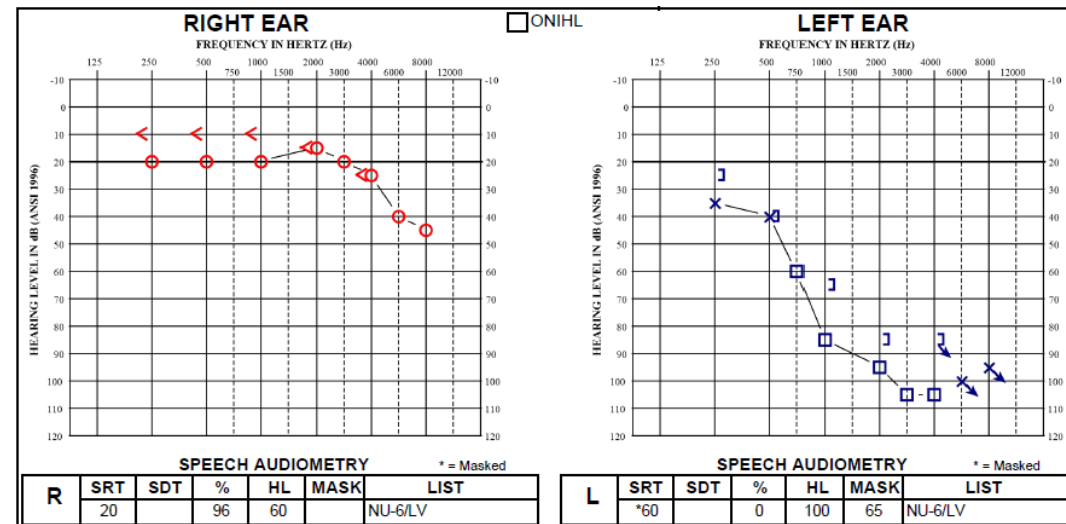
# How to decide?





# Patient A

- 45 year old female
- Bilateral SSNHL in 2010, with recovery only in right ear
- Primary complaints:
  - Significant tinnitus perception (THI = 66)
  - Work environment (SSQ = 1.4)



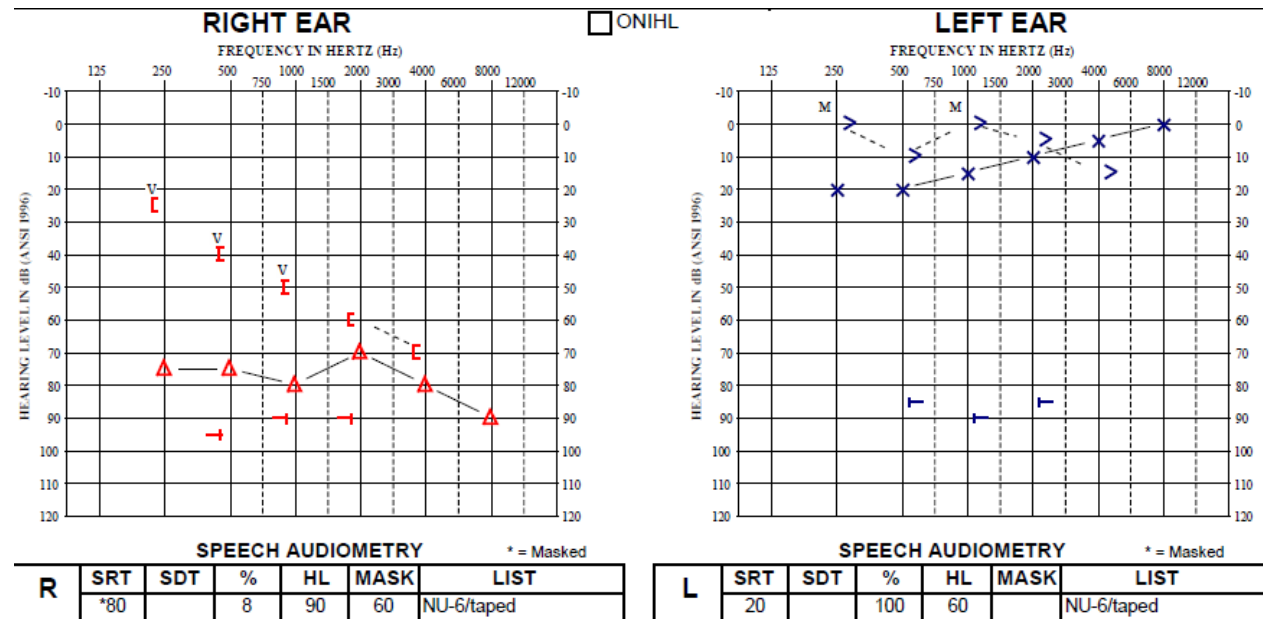
	<b>CNC, Quiet</b> Signal <sup>p</sup>	<b>QuickSIN</b> Signal <sup>p</sup> , Noise <sup>o</sup>	<i>AzBio -Quiet</i>
<i>Everyday listening condition: unaided</i>	DNT	2.5 dB SNR Loss	DNT
<i>Left Aided (Right plugged/muffled)</i>	0/25 = 0%	19.5 dB SNR Loss	17/154 = 11%
<i>BP6: Left (Right plugged/muffled)</i>	17/25 = 68% (likely cross hearing)*	7.5 dB SNR Loss	DNT
<i>CROS Left</i>	DNT	1.5 dB SNR Loss	DNT

\*masking could not be performed due to equipment limitations.



# Patient B

- 43 yo female
- Right SSD from birth, imaging reveals EVA diagnosis
- Previously tried traditional hearing aid without benefit
- Everyday hearing difficulties
  - 1. In the car
  - 2. Localization
  - 3. Noisy environments

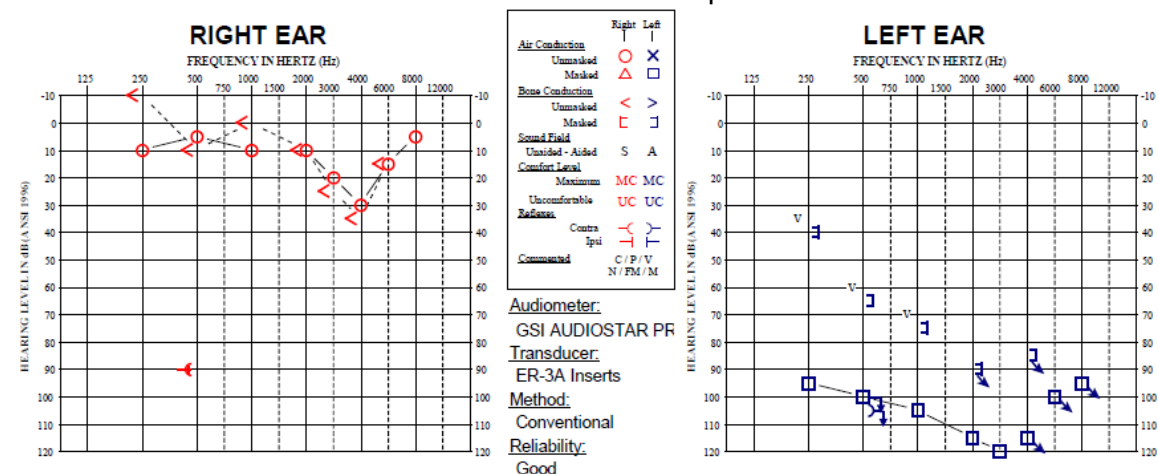


	<b>QuickSIN</b> Signal <sup>0</sup> , Noise <sup>0</sup>
Everyday listening condition: no amplification	0.5 dB SNR Loss
Baha 6: Right (Left plugged/muffled)	0.5 dB SNR Loss
CROS Right	-0.5 dB SNR Loss



# Patient C

- 56 yo male
- Congenital left HL
- Primary complaints:
  - Sound awareness
  - Conversations with wife
- Denies tinnitus, localization difficulties



SPEECH AUDIOMETRY						SPEECH AUDIOMETRY						
						* = Masked						
R	SRT	SDT	%	HL	MLV/CD	L	SRT	SDT	%	HL	MLV/CD	TEST
	20		100	60	REC		NR	*90		CNT	taped	NU-6

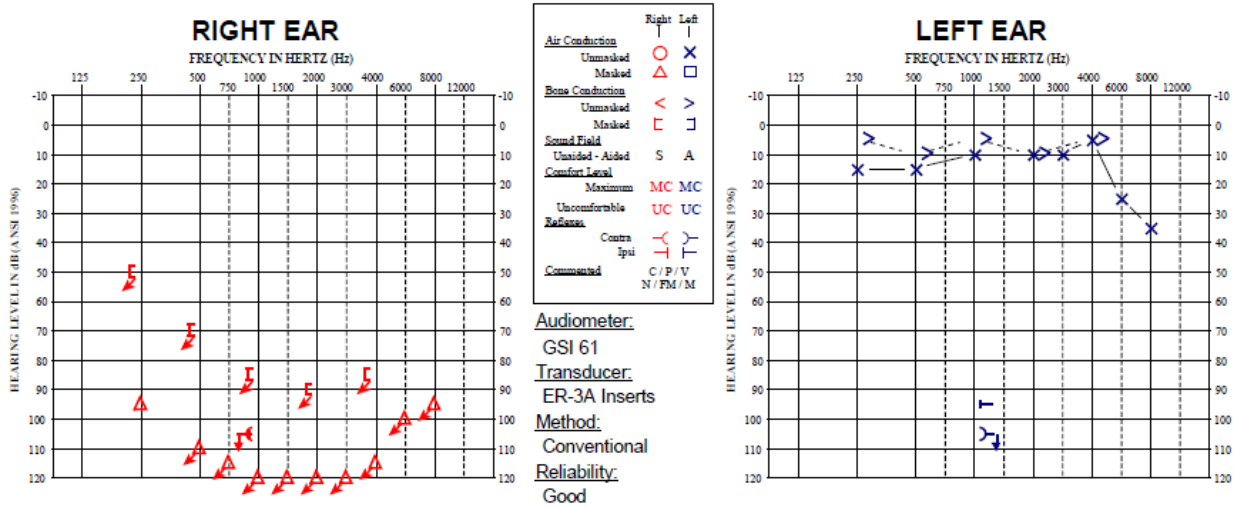
	<b>CNC, Quiet</b> Signal <sup>0</sup>	<b>QuickSIN</b> Signal <sup>0</sup> , Noise <sup>0</sup>
Everyday listening condition: no amplification	DNT	3.5 dB SNR Loss
BP6: Left	24/25 = 96%	1.5 dB SNR Loss
CROS Left	DNT	2.5 dB SNR Loss



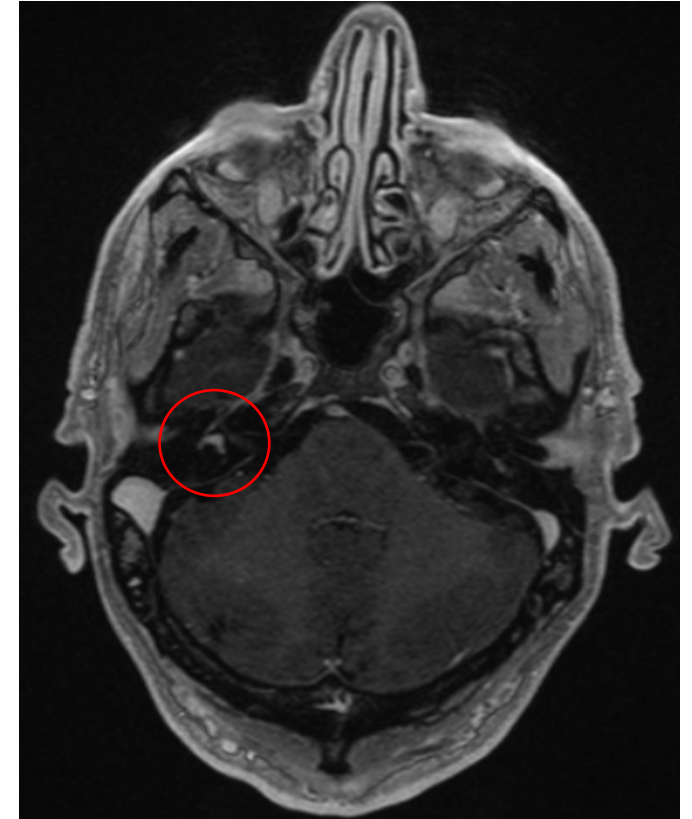
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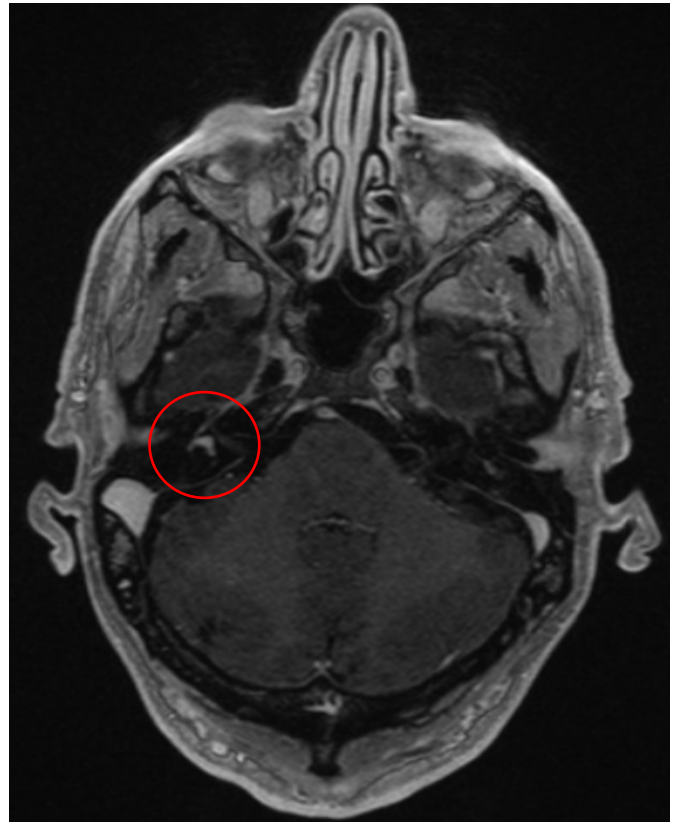
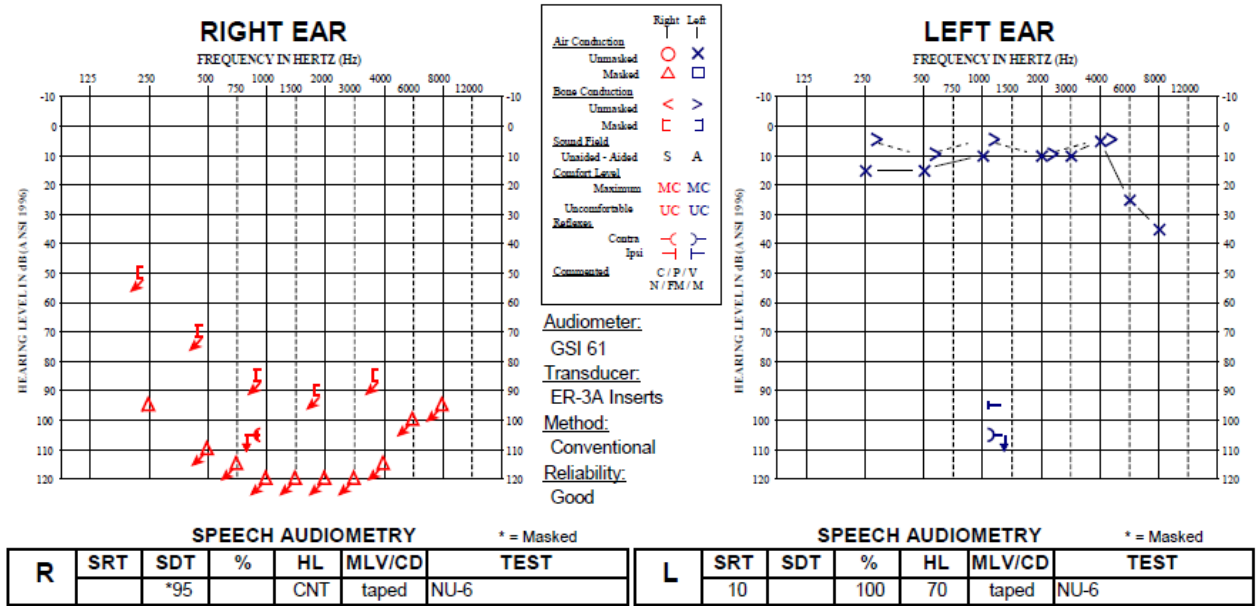
# Device?



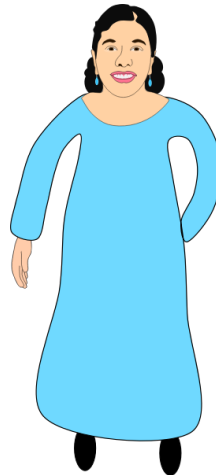
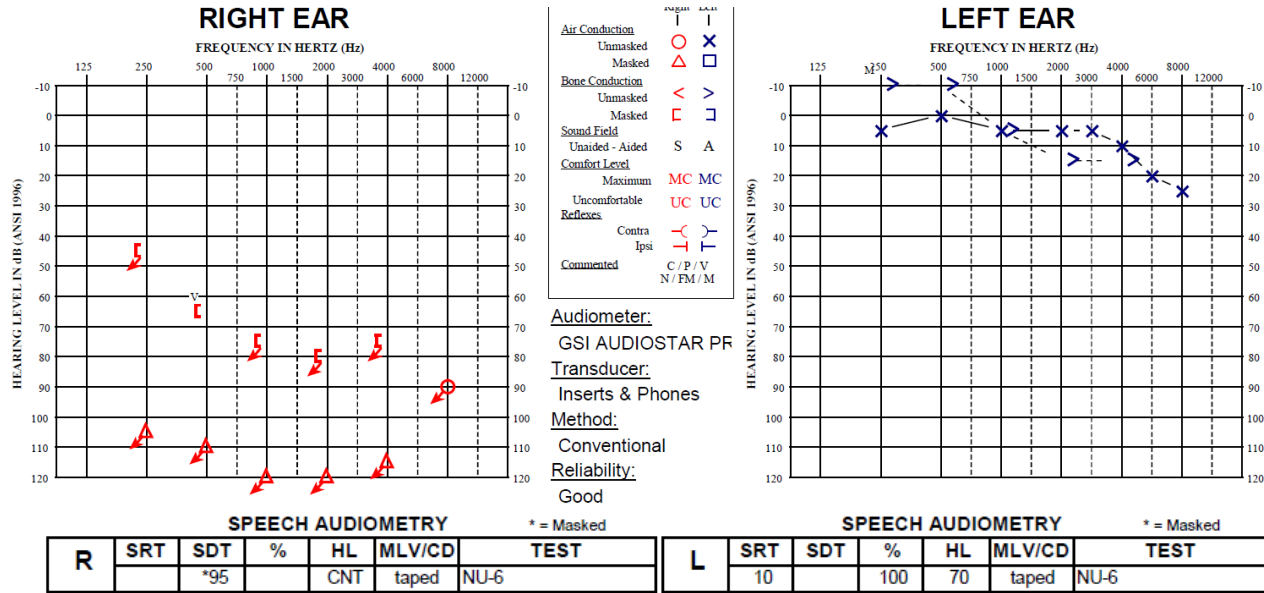
SPEECH AUDIOMETRY * = Masked							SPEECH AUDIOMETRY * = Masked						
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
		*95		CNT	taped	NU-6		10		100	70	taped	NU-6



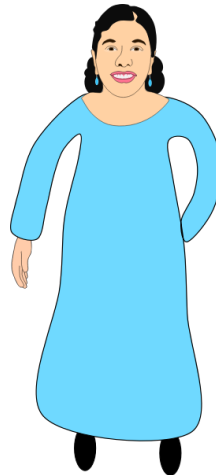
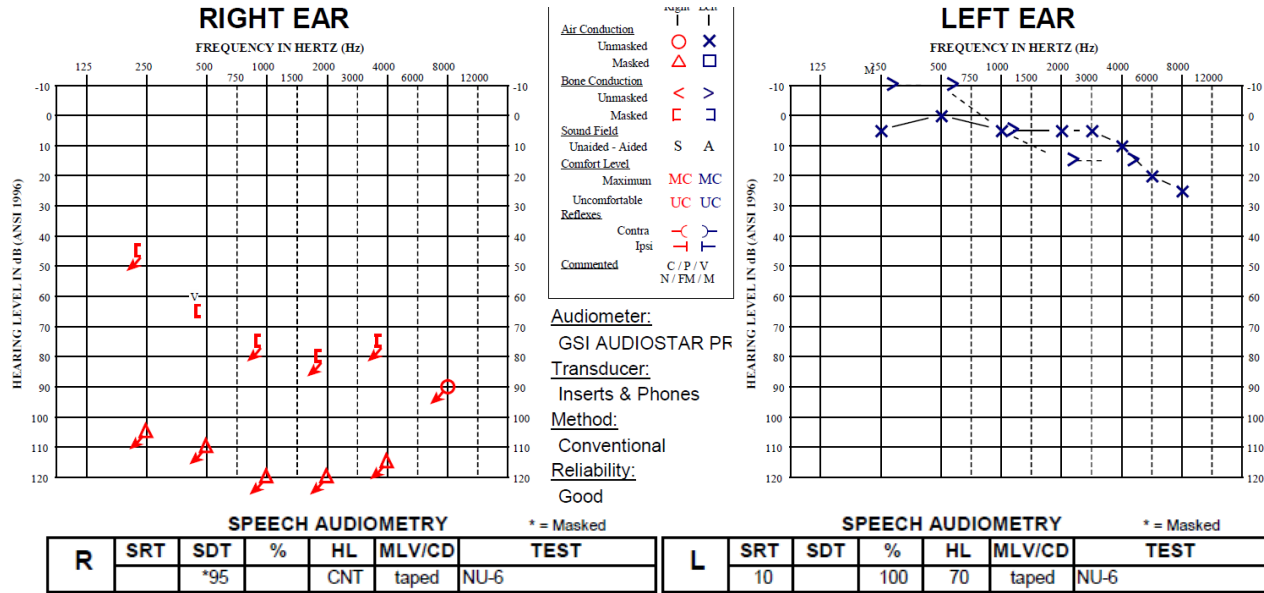
# Right cochlear implant/labyrinthectomy



# Device?

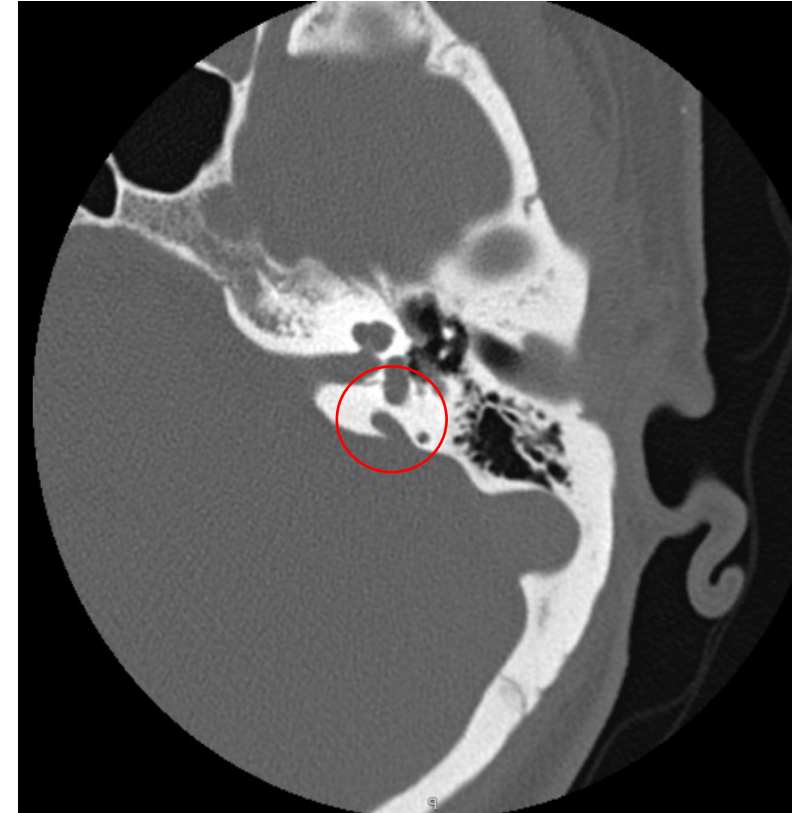
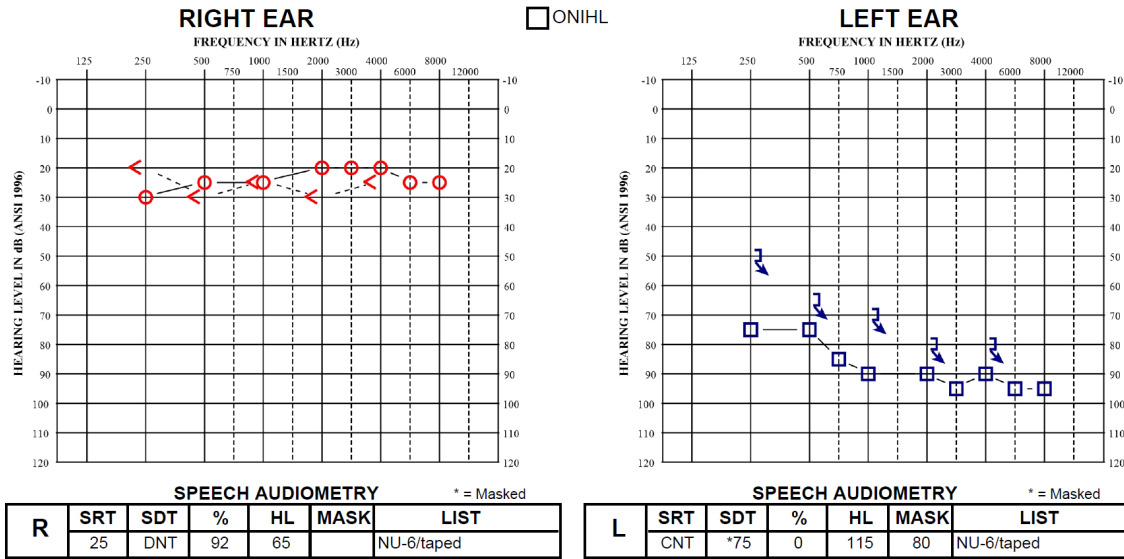


# Right BCD (percutaneous vs active transcutaneous)

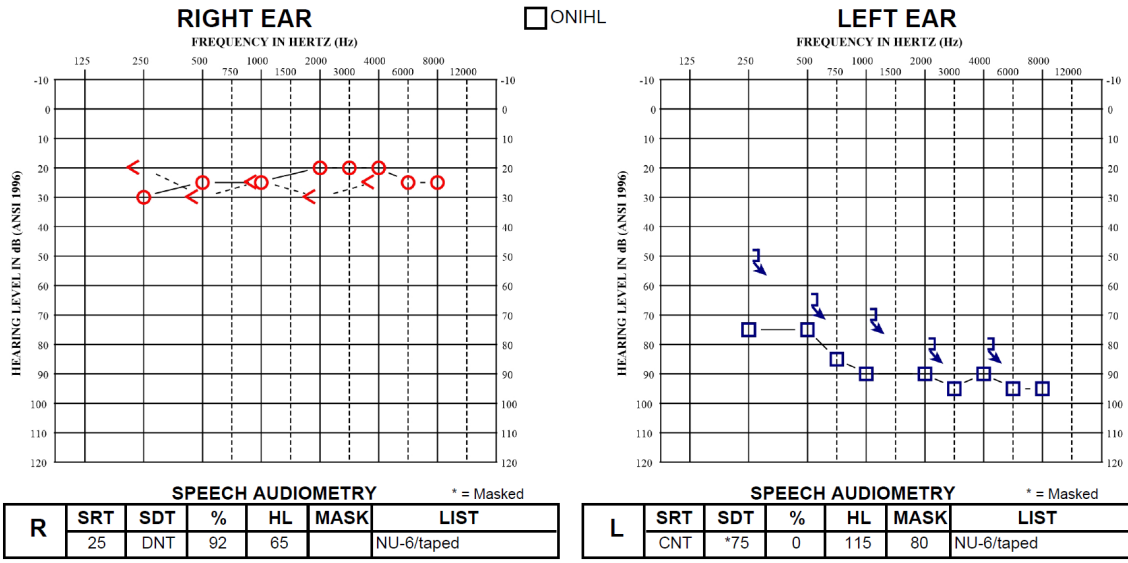




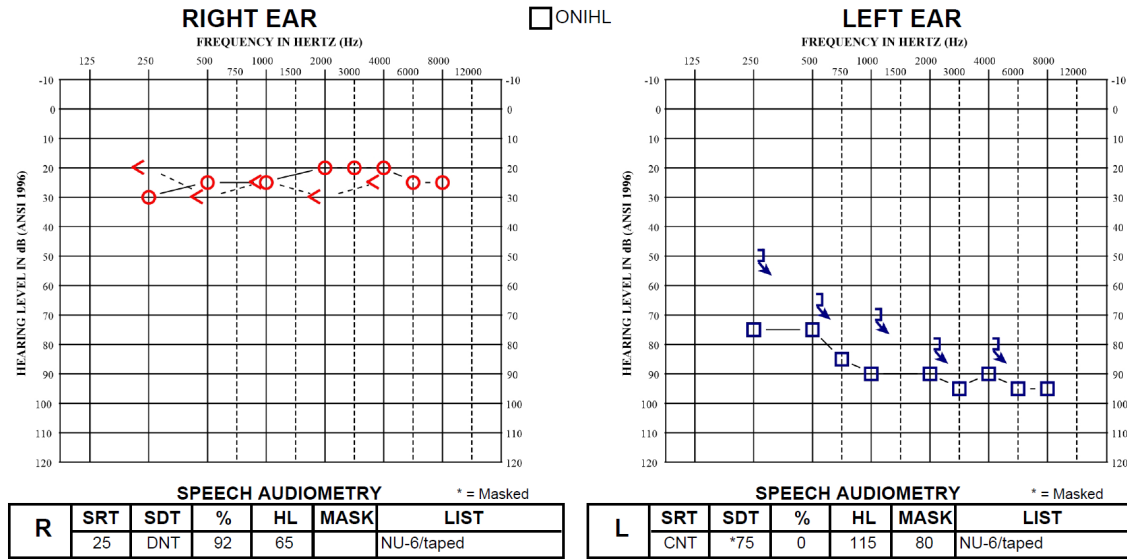
# Device?



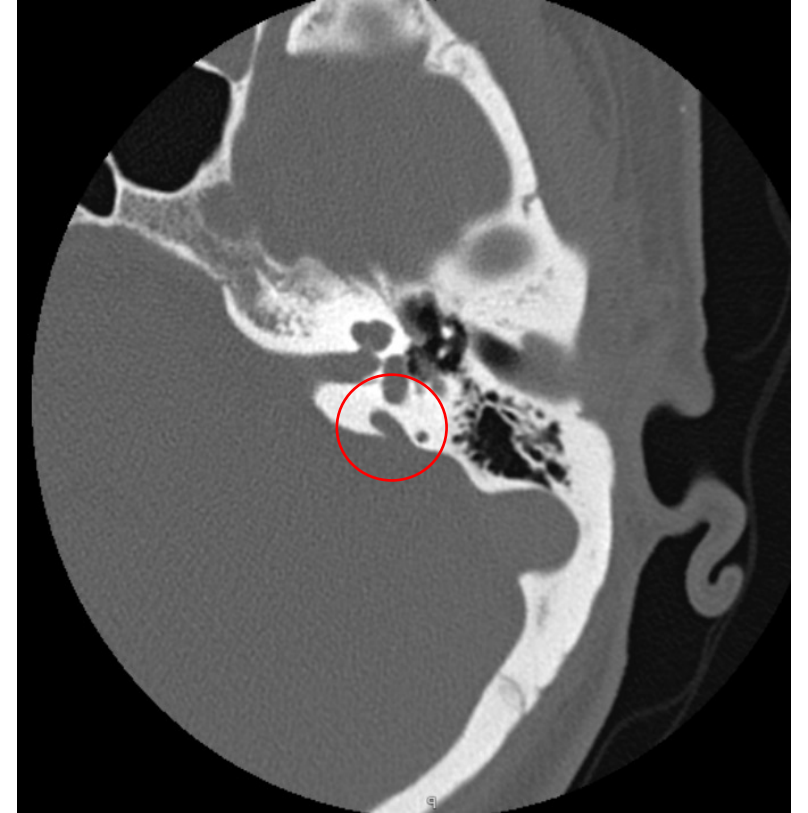
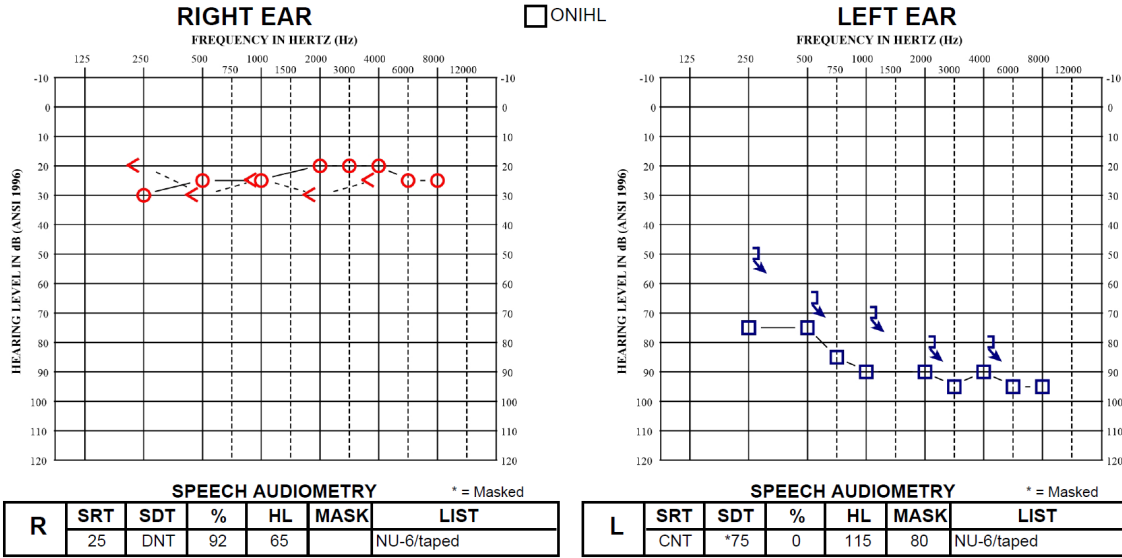
# Left cochlear implant



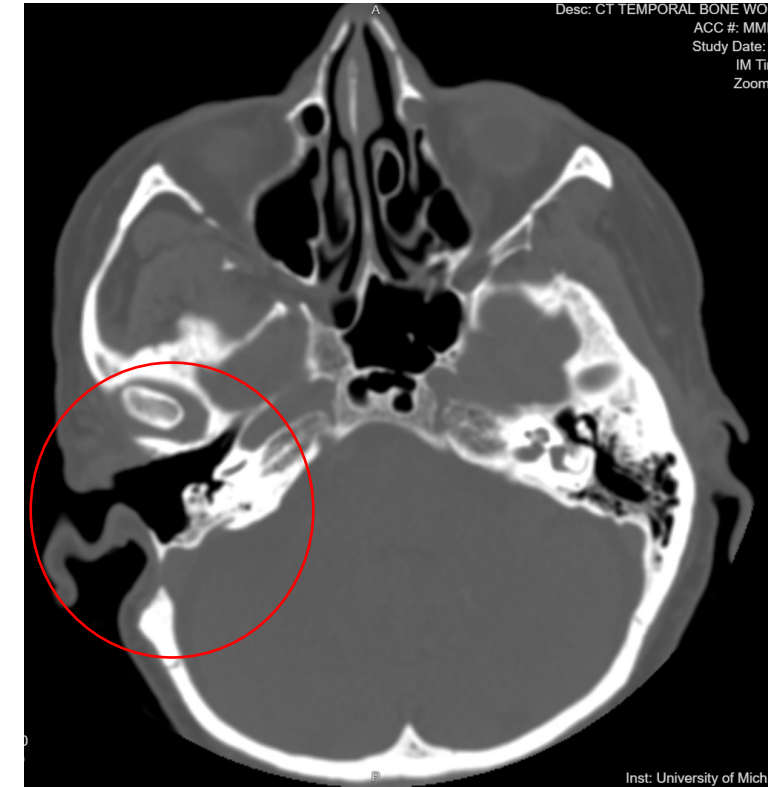
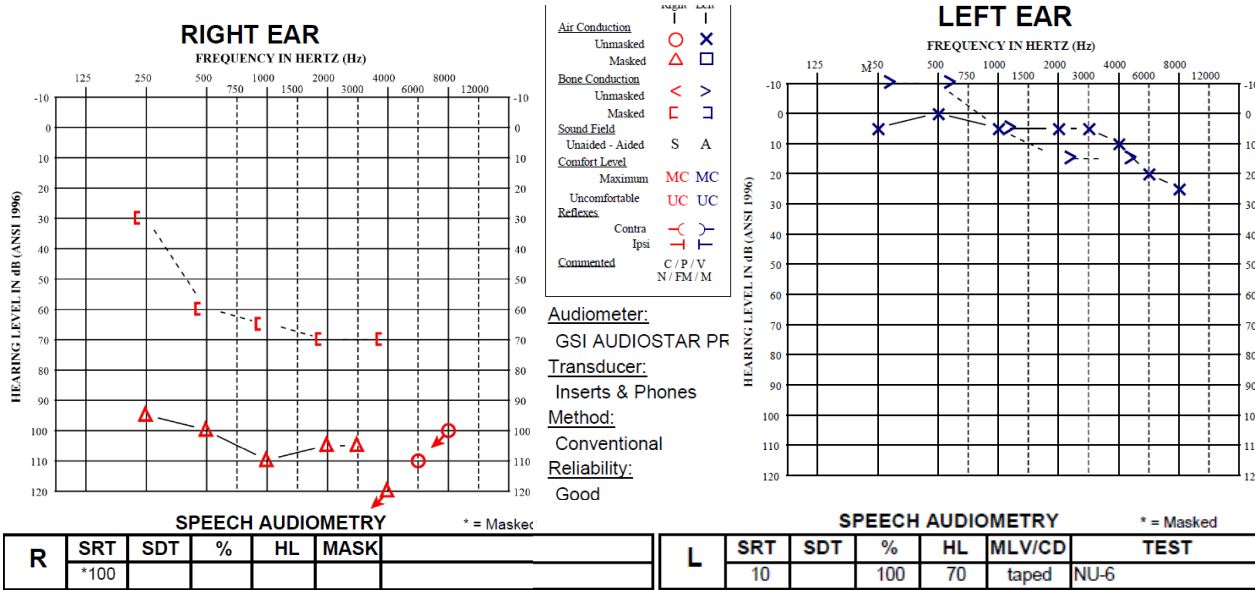
# Device?



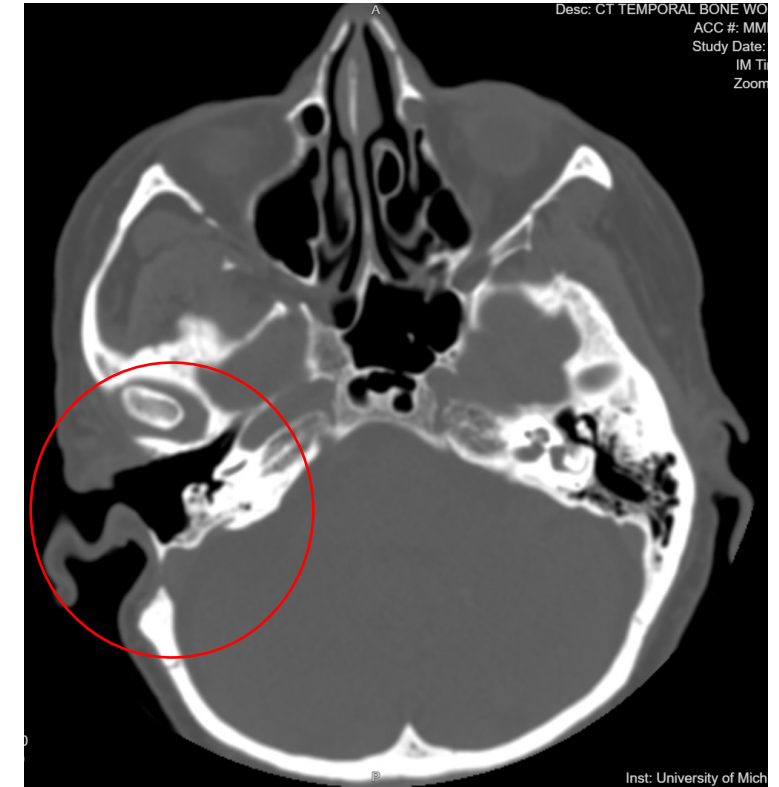
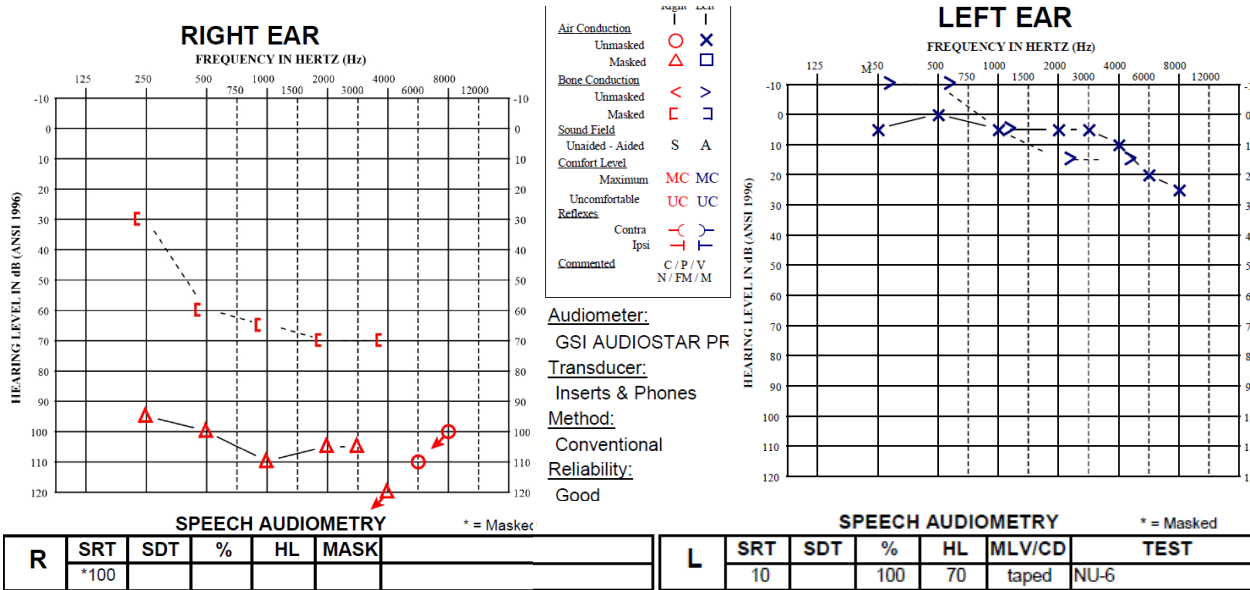
# Left BCD (active transcutaneous)



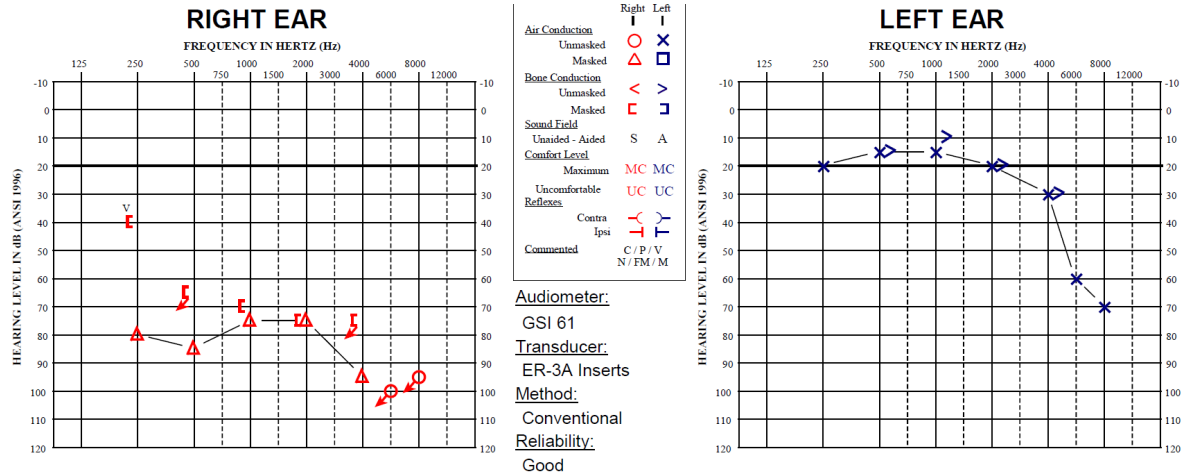
# Device?



# Right BCD (active transcutaneous)



# Device?

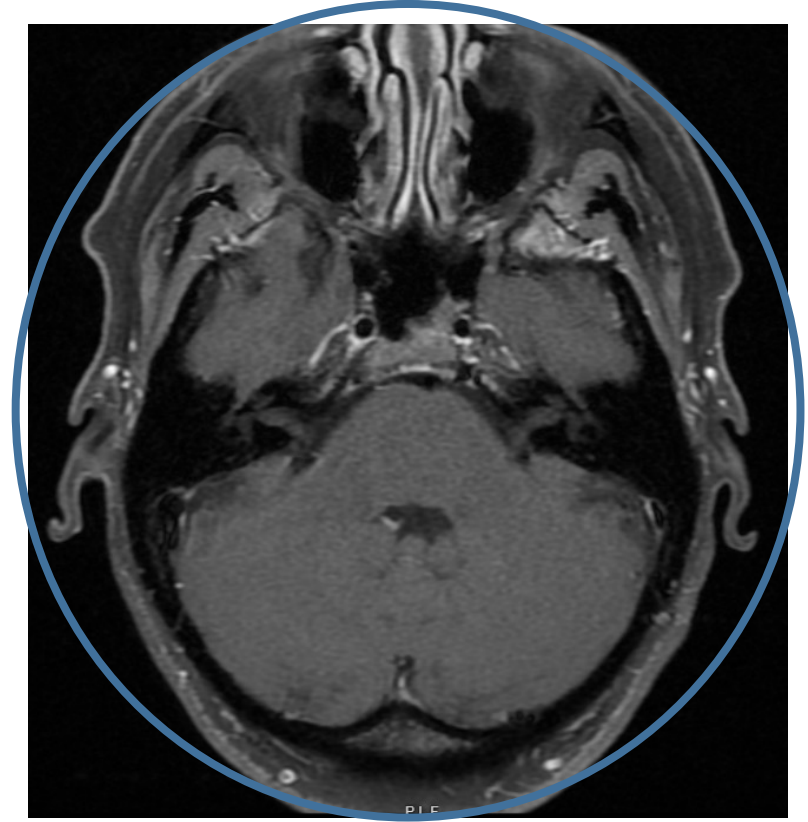


**SPEECH AUDIOMETRY** \* = Masked

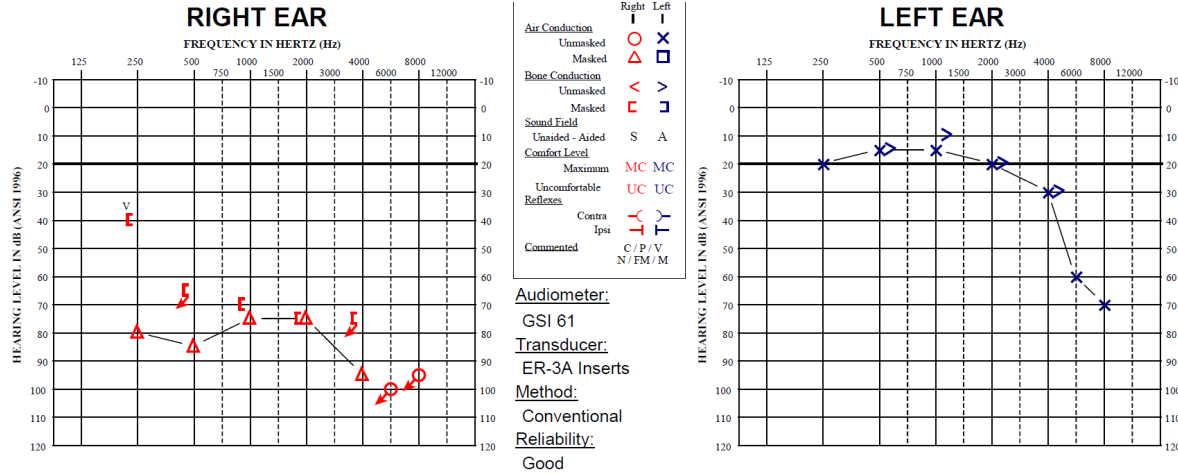
R	SRT	SDT	%	HL	MLV/CD	TEST
		*65	0	*105	LV	List 1

**SPEECH AUDIOMETRY** \* = Masked

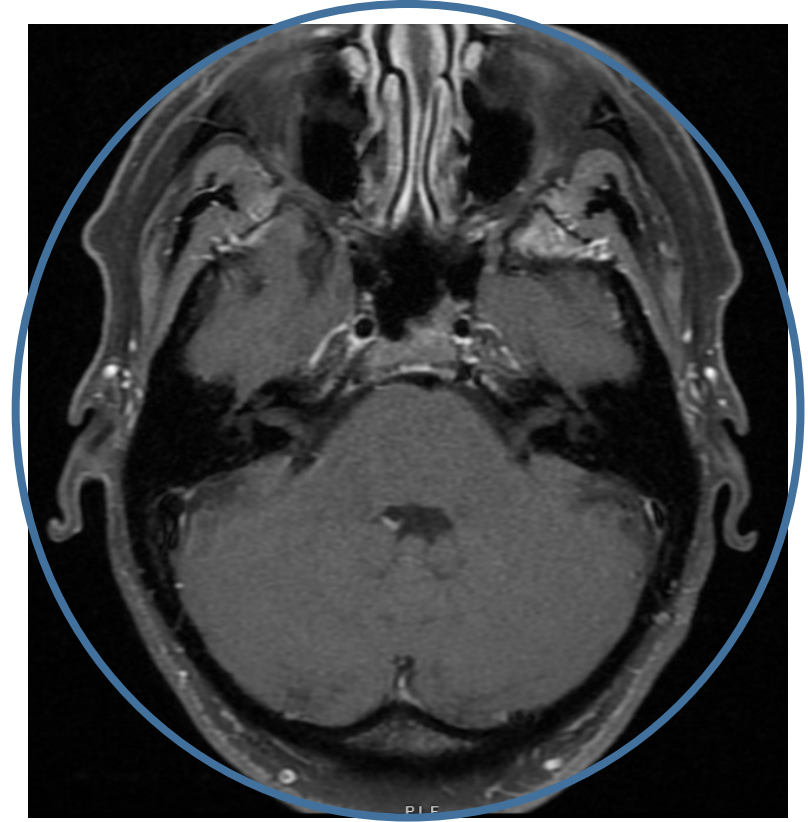
L	SRT	SDT	%	HL	MLV/CD	TEST
	15		96	60	LV	List 1



# Right cochlear implant (vs BCD)

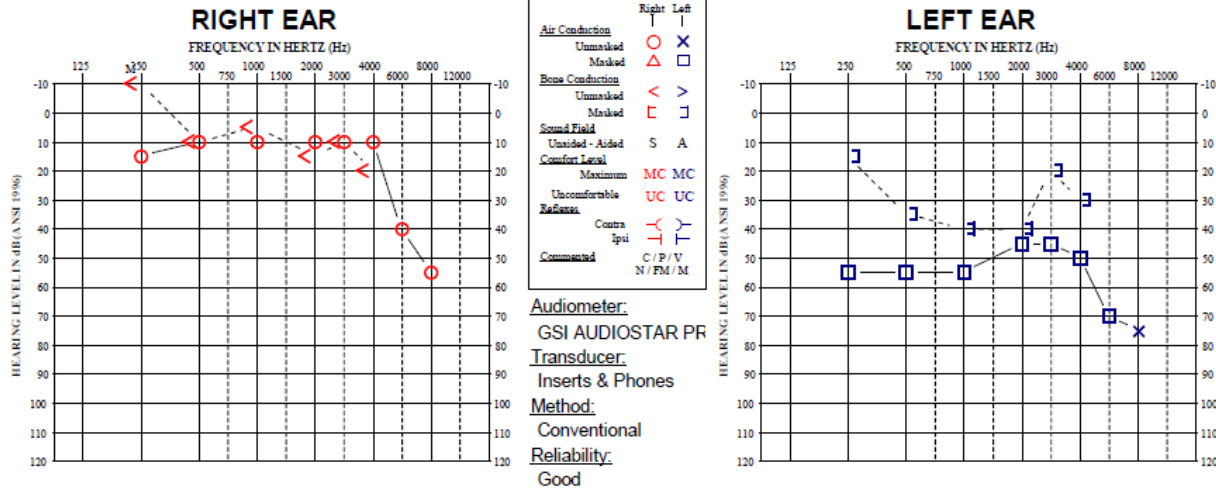


SPEECH AUDIOMETRY * = Masked							SPEECH AUDIOMETRY * = Masked						
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
		*65	0	* 105	LV	List 1		15		96	60	LV	List 1



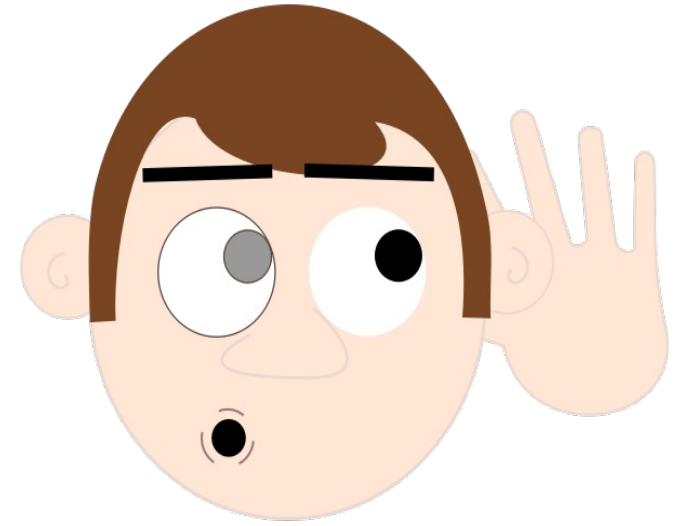


# Device?

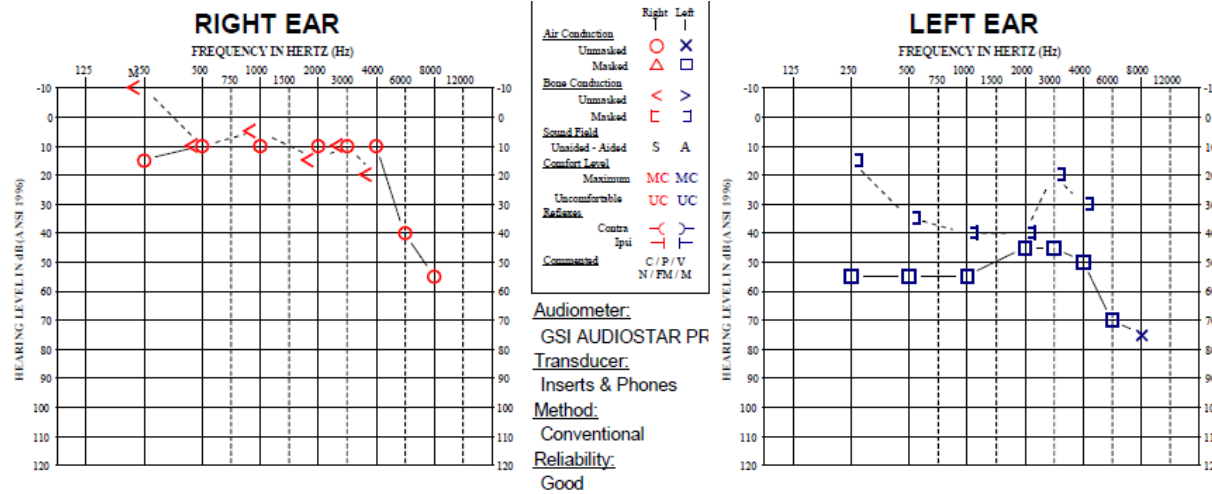


Audiometer:  
 GSI AUDIOSTAR PR  
Transducer:  
 Inserts & Phones  
Method:  
 Conventional  
Reliability:  
 Good

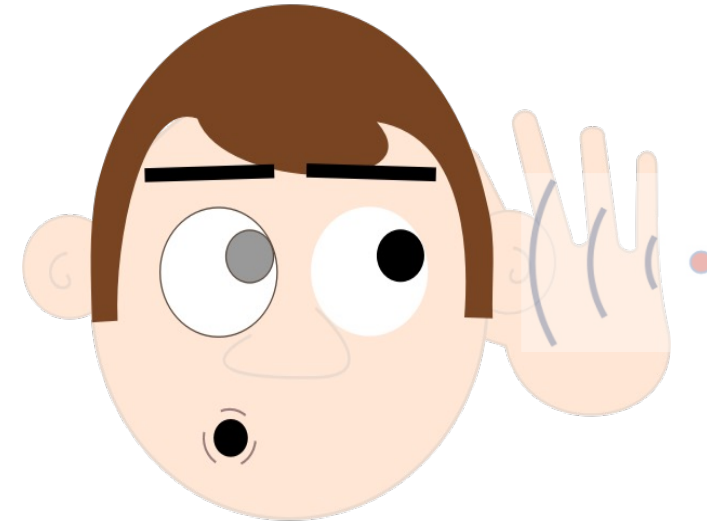
SPEECH AUDIOMETRY							SPEECH AUDIOMETRY						
							* = Masked						
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
	15		100	* 55	REC	NU-6 LIST 2A		*55		100	* 90	REC	NU-6 LIST 3A



# Conventional air conduction hearing aid



SPEECH AUDIOMETRY							SPEECH AUDIOMETRY						
							* = Masked						
R	SRT	SDT	%	HL	MLV/CD	TEST	L	SRT	SDT	%	HL	MLV/CD	TEST
	15		100	* 55	REC	NU-6 LIST 2A		*55		100	* 90	REC	NU-6 LIST 3A





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# References

- Arndt, S., Aschendorff, A., Laszig, R., Beck, R., Schild, C., & Kroeger, S. et al. (2011). Comparison of Pseudobinaural Hearing to Real Binaural Hearing Rehabilitation After Cochlear Implantation in Patients With Unilateral Deafness and Tinnitus. *Otology & Neurotology*, 32(1), 39-47. doi: 10.1097/mao.0b013e3181fcf271
- Galvin, J., Fu, Q., Wilkinson, E., Mills, D., Hagan, S., & Lupo, J. et al. (2018). Benefits of Cochlear Implantation for Single-Sided Deafness: Data From the House Clinic-University of Southern California-University of California, Los Angeles Clinical Trial. *Ear & Hearing*, 40(4), 766-781. doi: 10.1097/aud.0000000000000671
- Håkansson, B., Reinfeldt, S., Persson, A., Jansson, K., Rigato, C., Hultcrantz, M., & Eeg-Olofsson, M. (2019). The bone conduction implant – a review and 1-year follow-up. *International Journal Of Audiology*, 58(12), 945-955. doi: 10.1080/14992027.2019.1657243
- Marx, M., Mosnier, I., Venail, F., Mondain, M., Uziel, A., & Bakhos, D. et al. (2021). Cochlear Implantation and Other Treatments in Single-Sided Deafness and Asymmetric Hearing Loss: Results of a National Multicenter Study Including a Randomized Controlled Trial. *Audiology And Neurotology*, 26(6), 414-424. doi: 10.1159/000514085
- Nassiri, A., Wallerius, K., Saoji, A., Neff, B., Driscoll, C., & Carlson, M. (2022). Impact of Duration of Deafness on Speech Perception in Single-Sided Deafness Cochlear Implantation in Adults. *Otology & Neurotology*, 43(1), e45-e49. doi: 10.1097/mao.0000000000003357
- Pla-Gil, I., Redó, M., Pérez-Carbonell, T., Martínez-Beneyto, P., Alborch, M., & Ventura, A. et al. (2021). Clinical Performance Assessment of a New Active Osseointegrated Implant System in Mixed Hearing Loss. *Otology & Neurotology, Publish Ahead of Print*. doi: 10.1097/mao.0000000000003116
- Polonenko, M., Gordon, K., Cushing, S., & Papsin, B. (2017). Cortical organization restored by cochlear implantation in young children with single sided deafness. *Scientific Reports*, 7(1). doi: 10.1038/s41598-017-17129-z
- Schwam, Z., Perez, E., Oh, S., Wong, K., Fan, C., Cosetti, M., & Wanna, G. (2022). Initial Experience With Two Active Transcutaneous Bone-Anchored Hearing Implants. *Otology & Neurotology, Publish Ahead of Print*. doi: 10.1097/mao.0000000000003681



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Thank you!

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