

HEARING SOLUTIONS SIG

Sun City Texas Computer Club

September 14, 2017

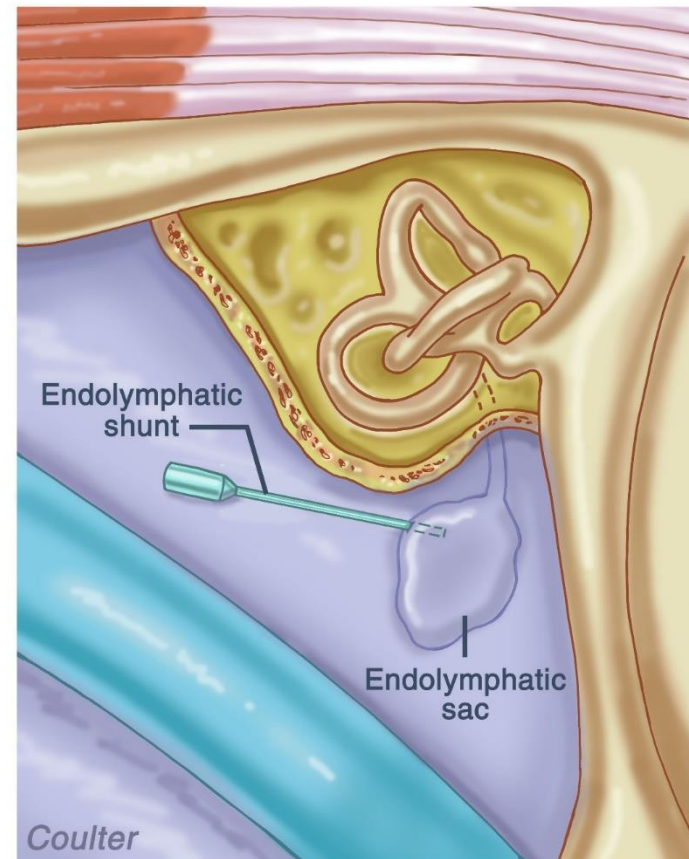
With two speakers today.

Susan Ward

512 869-5537

***“Endolymphatic Shunt
Placement”***

***“Cessation of Vertigo
from Meniere's
Disease.”***



“Endolymphatic Shunt Placement” – Cessation of *Vertigo from Meniere's Disease*”

Meniere's is a disorder of the inner ear - usually only one ear - which affects both hearing and balance. There is no cure. After I was diagnosed, I was given a series of steroid injections through the eardrum; this was to slow the progression of hearing loss, although it had no affect on my tinnitus.

From time to time I would become a little dizzy but nothing serious. For instance occasionally I would wake up in the morning and be dizzy. About a year later I had what I call a Meniere's attack. It consisted of severe vertigo and vomiting and lasted about 6 hours. Needless to say I was very tired afterwards. What is seldom mentioned in articles is that one's eyesight is sometimes compromised during the attack, & I couldn't even see to use the phone.

I returned to Dr. Slater's surgeon & was given another series of injections, since the attack had resulted in more hearing loss. Very occasional episodes of dizziness continued but no nausea or vomiting.

All went well for a considerable time until one day, out of the blue, I had another attack. This time it was so severe I ended up in the ER, because I couldn't stop vomiting. For the next week or so I had episodes of vertigo almost everyday which lasted anywhere from a few minutes to a few hours.

Contd.

All went well for a considerable time until one day, out of the blue, I had another attack. & this time it was so severe I ended up in the ER because I couldn't stop vomiting. For the next week or so I had episodes of vertigo almost everyday which lasted anywhere from a few minutes to a few hours.

It was then that Dr. Slater suggested the shunt emplacement. Although it is a very safe procedure, there was a small complication. The brain is covered by a tissue-paper thin membrane called the dura, & the surgeon nicked this during the procedure. This is not an uncommon event, but I had to stay overnight in the hospital to be sure there was no bleeding.

Under general anesthetic, the surgeon drilled hole about 2cm in diameter in my skull behind my ear, removed the mastoid bone, & inserted a Endolymphatic shunt. He then sewed the fascia together & used surgical glue to complete the closure. I can feel the area which is rather like the soft spot on the skull of babies. The bones will eventually regenerate & cover the hole completely.

After the surgery, I was told NOT to blow my nose for 48 hours; & in order to keep the incision site dry, not to wash my hair for several days. My ear felt very "full", but I had only a few very short episodes of dizziness for a couple of days. I returned to Dr. Slater after one week; he checked the incision site, & removed what was left of the glue. There was little pain. My hearing level has decreased somewhat but not to any great extent. I still have constant tinnitus, but in any case, I am happy to be without the disabling vertigo.

For further information, you may contact - Susan Ward 512 869-5537

Over The Counter Hearing Aids: What Does This Mean & What Will Change?

Paige Peterson AuD, PhD, CCC-A, FAAA, ABA
September 14, 2017

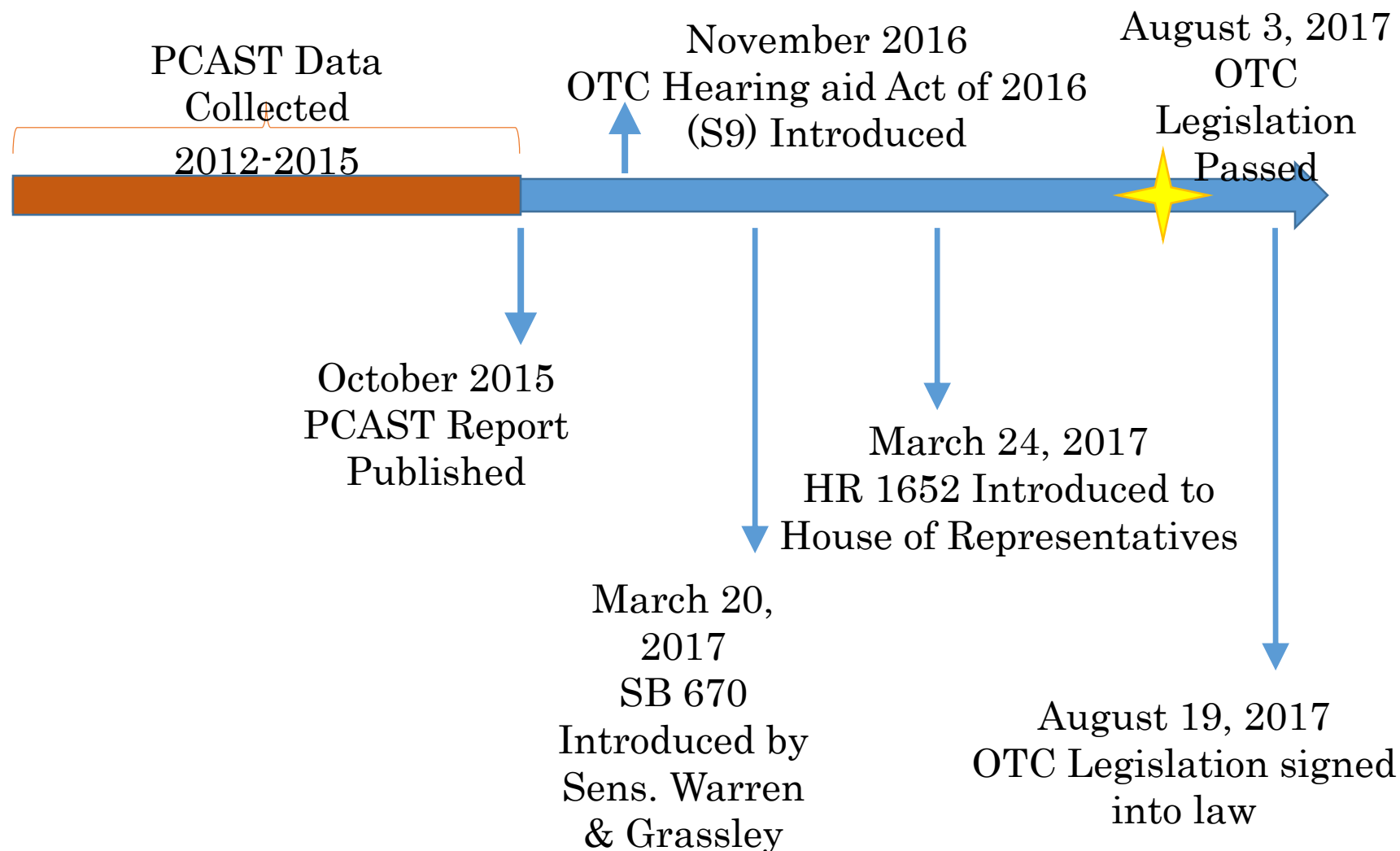


HEARING & BALANCE CENTER
— OF AUSTIN —

Current Situation

- There are currently *Three-ish* categories for amplification devices:
 - Hearing Aids
 - FDA regulated for those with measurable hearing loss
 - Currently sold online without regulation
 - PSAPs (Personal Sound Amplification Products)
 - Intended for those without hearing loss to augment sounds around them
 - Hearables (Braggi Dash etc.)
 - Headphones/Ear Pieces that offer noise cancellation and some sound augmentation

Timeline of Events



Why did this happen?

Well, there are two sides to this coin:

- 27m Americans >50 with hearing loss
- 1:7 seek treatment
 - Cost
 - “Looking Old”
- Those that seek treatment, on average, wait 7+ Years longer than they should
- Traditional Medicare doesn't Cover (61% pay out of pocket)
- Financial Gain
- Access to a large population
- Political?
- It already exists
- PSAPs
- Online Retail



Over-The-Counter Hearing Aid Act of 2017

- Breakdown of the Act can be found [HERE](#)
 - Most Professionals haven't actually read it

What does it ACTUALLY Do?

- Allows PSAPs to be marketed to those with hearing loss as OTC and REGULATED
- Allows tech companies to enter into the hearables market
 - Lead to new innovation?
- Hopefully, give more regulation to the online sales, unethical marketing
- Provide entry level option, WITHOUT any professional guidance/adjusting
 - Debatable if this is a better solution given a medical model

Concerns are Legitimate

- Moderate hearing loss can have much larger implications

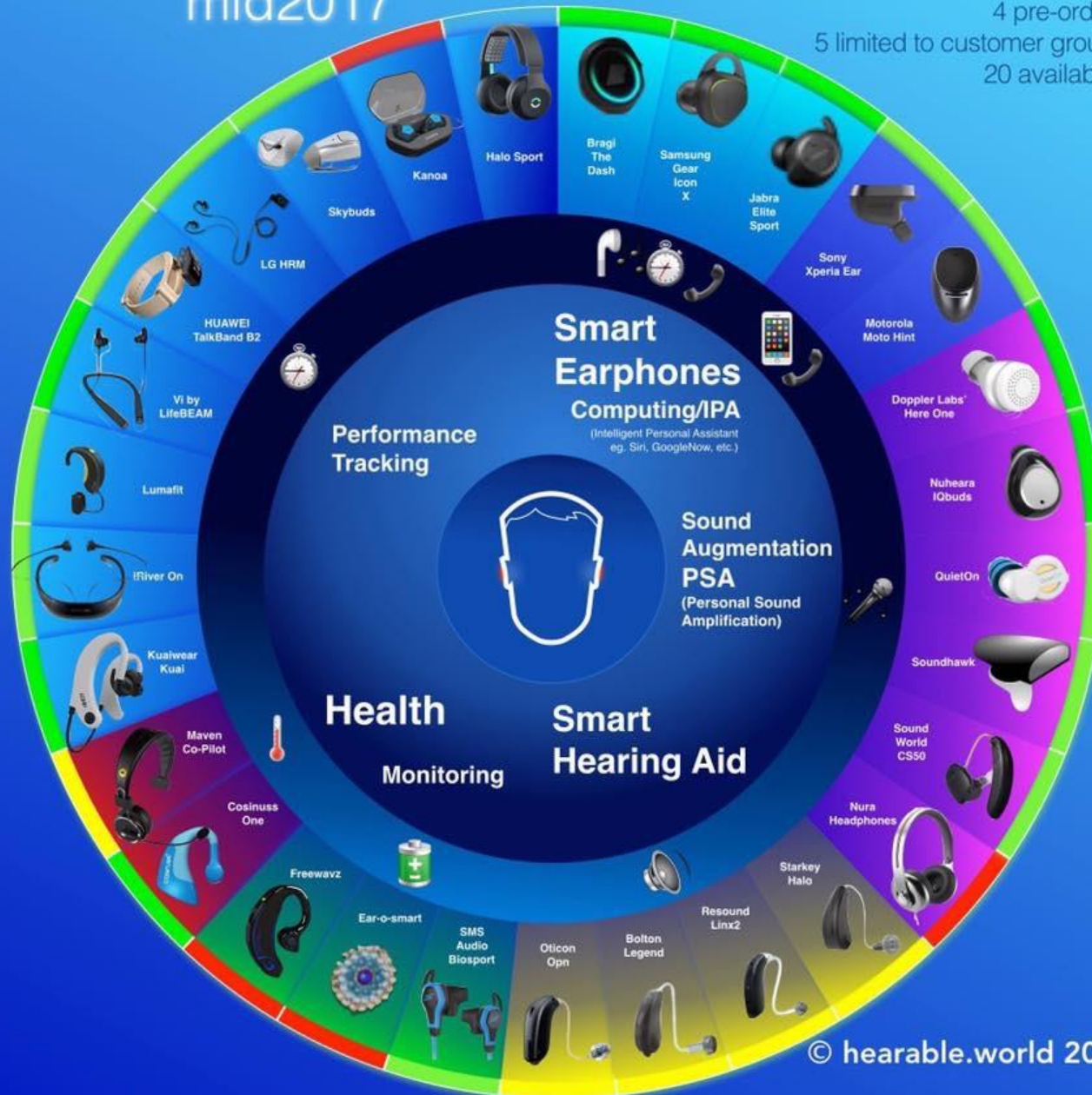
The Hearable Universe mid2017

needed downsizing to 29 devices, (7 devices will not have a market debut) of which 25 are now available (5 of which only to specific customer groups). This Infographic is a category and availability visualisation.

4 pre-order ●

5 limited to customer group ●

20 available ●



Questions & Answers

“What You Should Know About OTC (Over-the-Counter) Hearing Devices”

The newly enacted law, called the Over-the-Counter Hearing Aid Act of 2017, will allow the retail sale of prescription-quality hearing aids for adults with mild to a flat moderate hearing loss. These are not acceptable for pediatric use.

What does this mean for you? What is the potential impact on your hearing care?

OTC Questions

- **When will the Over-the-Counter Hearing Aid Act of 2017 go into effect?**

The law was enacted in August 2017, but the FDA must first propose and finalize applicable regulations before the OTC devices actually hit the market. The FDA has up to three years to finalize the regulations, but most experts believe it will take 1-2 years.

- **What will the FDA regulations address?**

The regulations will apply certain safety, labeling, and manufacturing requirements to the new category of hearing aids, holding them to the standards of other medical devices.

Aren't OTC hearing aids already available?

Only personal sound-amplification products — wearable electronics neither FDA-approved nor recommended to treat actual hearing loss — are currently available over the counter. They can now market themselves as hearing aids, and they currently are doing so.

Questions & Answers Contd.

What are the pros of this legislation?

I personally believe the legislation will expand consumer access to more affordable hearing technology, motivate more people to get hearing help, reduce current stigma, and spur more product innovation. On a professional level, I hope that a medical model will be more widely utilized for fitting and dispensing, to allow transparency on the actual cost of goods vs. services, as you would any doctor. I also personally hope that it will lend regulation to the current unregulated OTC landscape (PSAPs etc).

What are the cons?

Access to hearing care is vital, but unfortunately the bill enables self-treatment for a serious physical condition that licensed professionals are more suited to evaluate, diagnose, and treat. The current wording in the legislation of *perceived* mild to moderate hearing loss needs to be further defined and quantified.

How much will the OTC hearing aids cost?

OTC devices may initially cost less than higher-quality technology sold in a clinical setting, but in the long run, skipping expert help could prove more costly to your health and your wallet. So you get what you pay for, right? Think of it as readers, you get them, they may or may not help. If you show up at the optometrist for help, they charge you for the time, even if it's to tell you that you really need real

Questions & Answers **Contd**

How can I determine whether I have mild or moderate hearing loss?

Hearing loss is measured by factors such as the lowest intensity of sound you can hear — 26–40 decibels for mild, 41–55 for moderate, and so on — and is best confirmed with a hearing test.

How can I best maintain good hearing health?

Limit exposure to excess noise, avoid self-treatment, and schedule regular hearing checks with a licensed professional — just as you would for your eyes or teeth. For optimal hearing health, nothing takes the place of seeing your local audiologist

For more information contact –

Great Hills ENT

Dr. Paige Peterson AuD, PhD, CCC-A, FAAA, ABA

512 258-2300



Heath Fair October 13, 2017

Visit the booth of

**Great Hills ENT & Hearing & Balance Center of Austin
with Dr. Paige Peterson**

**10:00 a.m. - Dr. Sabrina Marciante
Lecture focusing on "Balance"**

"Fall Risk, Fall Prevention, Reduce Your Risks"

Great Hills ENT has Moved!!!

**11645 Angus Rd, Ste B8
Austin, TX 78759**

NEXT MEETING

**October 12, 2017 - 10: a.m.
Activity Center Atrium**

Info - Contact Nelda McQuary at
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