Tuesday 8th May 2012.

“Hot Topics in Neuro Therapy Part 1: Cochlear Implants”: Should we do it?

Abstract:

This lecture is based upon the 25 year experience of the first Cochlear Implant Unit in South Africa, at the Tygerberg Hospital, University of Stellenbosch.

It will focus upon the moral compass and issues surrounding Cochlear Implantation (CI). Perspectives from both the Medical and Deaf sub-culture will be highlighted.

Without hearing there can be no speech development and human linguistic communication is impossible. The outcomes of CI in the following groups are as follows:

**Prelingual children under 4 yrs**
- Develop normal speech & language
- Mainstream schooling
- Normal life

**Postlingual adults & children**
- Can achieve functional hearing
- Resume economic/social activity

**Prelingual adolescents**
- Improve speech & lip reading
- Awareness of environmental sounds

Many medical professionals and in particular Radiologists, are far removed from the entire work-up process and are unaware of CI being considered an unwanted technology which demeans and threatens a way of life for many of the Deaf.

The rights of the deaf adult or child to hear will be addressed. Adults have the freedom of choice. In the case of children, who decides for them and who has the right to condemn a child to a life of silence?

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The author takes the position that the right to hearing and speech is a human right.

The cost efficacy and educational outcome of CI are proven both in adults and children.

In children, QALY’s & Dollar/QALY second only to paediatric I.C.U.

In adults, QALY & Dollar/QALY ranks above cardiac bypass.

Funding of CI remains controversial and problematic in developing countries. A new moral hazard surfacing in Africa, confronting CI teams is the marketing of cheaper existing CI devices that are not FDA approved as well as the possibility of generic device substitutes in the near future.

**The role of the medical profession is**

Ensure appropriate selection of suitable cochlear implant candidates.

Provide responsible, professional management of the deafness as a team.

Ensure long-term sustainability.

Provide appropriate support (which includes device support, rehabilitation, and counseling).

Provide information to funders for them to make informed prioritisation decisions.

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