



Issue 38 | Summer 2016 | University of Southampton Auditory Implant Service

# Newsletter

**Congratulations to Genevieve Khoury who is the 2015/6 winner of the Cochlear UK Graeme Clark Scholarship. Genevieve (20), was born with a progressive hearing loss, and received her first cochlear implant at the age of 15 followed by her second at 19.**

Genevieve says “The benefits of having cochlear implants are huge! I often relied on the help of close friends for clarification of things I misheard and was generally a quiet person. I now have access to sounds I had never heard before and I am able to hear all the letters that make up everyday speech. My confidence has grown and so has my social group. I am able to finally hear the birds sing, the ticking of the clock (I used to assume it was a figure of speech!), the indicators of the car and the crossing signal beeps amongst other things.”

On hearing that she had won the award, Genevieve said “I am delighted and extremely grateful. Having cochlear implants has opened up a world of opportunities for me and has allowed me to fulfil my dream of studying medicine. I am very grateful to have had continuous help and support from all my friends, teachers, family and the staff at the Auditory Implant Service.”

To read the full press release visit our website.

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# Patient News

## Life with Sound

My name is Lin. I am in my early fifties, married with three children and four granddaughters. First of all, a bit of history, I'll be brief, I promise. Since the age of eight I have had a hearing aid in my right ear and since 30 have had hearing aids in both ears. The second hearing aid came about as I was missing out on so much of the day-to-day growing up of my first two children. Although I hadn't wanted to give in to having a second hearing aid, it restored the balance of my hearing until the years caught up with me again, and I knew my hearing had worsened significantly as I turned 50.

In October 2014, I had my usual scheduled appointment for hearing aid maintenance at a local repair clinic. The audiologist told me that she was talking with her colleagues about my suitability for a cochlear implant, and I did want to know more. Coincidentally, my elder sister had a CI fitted the year before and was coming up to her one-year assessment. My sister was born profoundly deaf, so seeing first hand how much more she could hear and being aware of the improvement it had made to her life, I agreed to proceed with the assessments.

I was prepared for a long wait, but fortunately, I was offered a cancellation appointment and had the operation in February 2015. All went well.

Four weeks later, it was the moment we all wait for: the 'switch on' appointment. I was nervous but, yes, excited too, and it worked! I shed a few tears as you would expect but the greatest surprise was hearing my own voice again. All I could say was, "I sound awful! Do I really sound like that?"

While being driven home from the 'switch on' appointment, I complained that the car indicator ticking was too noisy, but nothing can prepare you for the overwhelming wave of old-remembered sounds that start flooding

back, it was so lovely to hear all the normal household sounds again, a boiling kettle, the rustle of leaves across tarmac, the ticking of the wall clock, and birdsong - those little birds sing so loudly! I have enjoyed reacquainting myself with all those familiar domestic sounds but I just couldn't take any more of the clock ticking, so I invested in a non-ticking clock.

At the time of having the switch-on, my son and daughter-in-law were expecting their 4th child. It was a lovely experience to hear all the baby sounds I had missed with the older grandchildren. I never knew how loudly a baby could suckle!

As well as rediscovering all the old sounds, it has been enjoyable to listen to so many new sounds, too. I can hear so much more of the music on my iPod, but who would have thought that the tapping of keys on a mobile phone could be so annoying?

My brother got married in June 2015 and my sister Sandra and I were talking and comparing notes about what we can hear, annoying noises, etc. when I noticed that not only could I hear the music from the lounge hi-fi coming out in to the garden, but I could make out the lyrics, too. All this just four months from the switch on.

I have always volunteered at the local schools since my own children went to school, and I still help out now even though they have long since flown the nest. Since having the CI fitted, helping out in classes is more enjoyable as I can hear the children so much more easily. Occasionally I still have trouble understanding the odd child, but I now know that it's not me, it's just the way some children speak shyly.

In November 2015 I decided to apply for a job as a member of Dorset's SCP team, to you and me, I'm a Lollipop Lady. I was a little nervous, as the role involves listening for background sounds; it's as well to be as prepared as possible when you hear ambulance sirens in the distance.

The head of Road Safety interviewed me, and any concerns he had about my hearing must have been allayed as he offered me the role there and then subject to a Doctor's report and the green light from East Dorset Occupational Health.

Well, I started work at the end of February 2016 and I am thoroughly enjoying it. As I help out at the 2 schools that the children go to, it helps that they know me already.

I have been to the telephone workshop, and now quite happily answer the phone. I still have a long way to go on that, but I'm getting there. It helps a lot when my husband refuses to accept text messages, I have to ring him, as it's all practice (well, that's what he tells me!).

I play the saxophone, so that sounds different too.

I have always ridden a bike, so having the implant has helped me feel safer during my bike riding; I can hear vehicles behind me better now. Where I live, we have a lovely country park (Moors Valley). It has been nice hearing the different calls of the aquatic birds on Crane Lake.

It's been a revelation to hear accurately again, even now 16 months later I am still learning new sounds. I have a good support team of family and friends, who don't mind me asking "What's that noise I can hear?"

"Thank you, NHS.  
Thank you, Team AIS  
Southampton. Thank  
you for the chance to  
hear properly again."

**Linda Pagden**



Two sisters, two implants...



Rush-hour Verwood - all under control



In the back garden, blowing my horn



## Have your say – Clinical Governance Board

USAIS has a clinical governance board which meets twice a year to provide advice and oversight of how it is doing and making sure that the best interests of its service users are being met.

The board includes members representing auditory implant users and their parents and will soon have some vacancies. If you are over 18 and a user of a cochlear implant,

bone-anchored hearing aid or middle ear implant, or are the parent of an auditory implant user, and are interested in becoming a member of the governance board please contact the Director of USAIS, Carl Verschuur via [C.A.Verschuur@soton.ac.uk](mailto:C.A.Verschuur@soton.ac.uk). You will need to be willing to participate in twice-annual meetings which take place at USAIS in the early evening, normally once in May and once in November.

## Sound waves



One of our implant users, Ellie Hook, created this visual representation of the sounds she hears with her cochlear implant.

You can see the high, soft sounds at the top, staccato electronic sounds in different patterns, angry roaring loud sounds in red, and harsh crunching and crackling sounds.

Well done Ellie!

## Confidence with CI

**One of our implant users has compiled a list of tips on how to be confident with a cochlear implant.**

### **Wear your CIs with pride**

When someone asks you what they are, look pleased that they are asking. Smile and say, "They are cochlear implants and they help me to hear much better."

### **Respect your brain**

It is working immensely hard 24/7! Your CIs have presented you with an entirely amazing world; remember what it was like before them.

### **Expect that you will still find some situations hard**

But don't be too hard on yourself about it, just stay strong and keep your chin up.

### **Be courageous**

Ask your friends to look at you when they speak. You are the one that needs help and they are able to give it. They are your friends after all and should be willing to make small changes but you need to tell them how.

### **Be kind to yourself**

You are doing exceptionally well, remind yourself of how far you have come when you are feeling low.

### **Use the CIs to your advantage**

If you don't want to listen, pull the magnets away! It's a wonderful trick and people will be envious! Have fun with your processors!

### **Don't be shy**

Speak up. Your thoughts and questions are important. Your voice should be heard.

### **Be proud and brave**

Wear your hair any way you wish. Most of the time you forget you are wearing your CIs. Don't wear your hair down because of them; instead wear your hair UP because of them!

### **Happiness comes from within**

Smile lots and make sure your laughter outweighs your tears. Life is too short to be sad.

### **Believe in yourself**

Don't dwell on small things that don't matter, the big thing is that you can hear.



Carol Riggs – proud CI user from USAIS since September 2014

[carolriggs62@talktalk.net](mailto:carolriggs62@talktalk.net)  
[@BionicHear](https://www.facebook.com/BionicHear)

# AIS Plus: Self-funded Cochlear Implant Service

We offer a self-funded cochlear implant route at USAIS for adults whose hearing levels fall outside the criteria set by NHS England.

Candidates that we are currently considering for the self-funded route are adults with severe bilateral hearing loss, who are out of NICE criteria.

In the future we plan to open the candidacy to include:

- Adults with severe to profound bilateral hearing loss who already have one cochlear implant but would like a second one for the other ear
- Children who do not meet NICE criteria but do meet our self-funded service criteria

We will keep you updated in this regard.

For more information, please visit our website or contact [ais.plus@soton.ac.uk](mailto:ais.plus@soton.ac.uk)

## BCHI news

As patient numbers with Bone Conduction Hearing Implants are increasing we are pleased to announce that Stuart Whyte, Educational Audiologist and Suzanne O’Gara, Clinical Scientist (Audiology) are now part of the BCHI team alongside their cochlear implant work.



**Suzanne O’Gara**  
Clinical Scientist



**Stuart Whyte**  
Educational Audiologist

# Bone Conduction Hearing Implants (BCHI)

## ‘Belle and her BAHA (Bone Anchored Hearing Aid)’ - A Parent’s Perspective



**Belle was born with a Cleft Lip and Palate and failed all her new-born hearing screenings. The cause was given as glue ear. When she was 15 months old a decision was made to insert grommets during her second cleft repair, suddenly they noticed that glue ear was not the issue. A month later she had a head scan and it was discovered she had bilateral atresia of the ear canals and at 18 months old she started wearing conventional hearing aids. She also started dancing with her older sister at school.**

For the next few years she struggled with her hearing with constant whistling and feedback which got even worse at school, especially when wearing her radio aids. She attends a mainstream school with an attached Hearing Unit. This constant noise problem was not only affecting her but her peers and her speech was getting worse and worse. She also struggled at dance as she couldn’t hear the music during competitions. So two years ago she was referred to the Auditory Implant Service for a trial of Bone Anchored Hearing Aids (BAHAs) on a soft band ... within a day she refused to ever wear Behind the Ear (BTE) hearing aids again and has gone from strength to strength. Her speech has improved and her listening has improved. The ToDs in the Unit have had to learn new skills as she is the only one in the school that has them. Her dancing has

improved so much that she regularly now wins competitions competing against 30-50 other children in her age category with no allowances being made for her hearing difficulties, and she passes dance exams with Highly Commended marks. I also make my own soft bands for her especially for her team at dance so she doesn’t feel left out, and for school so she can have a change once in a while with themes like Frozen and Minions. Although at the moment she is not quite ready for having the implants due to having operations for further cleft repair, we are hoping that in the near future this will happen. Our local outreach worker from the NDCS also managed to secure a trial of a pair of headphones for her BAHAs so that she could wear them in hospital during her recovery from latest cleft surgery a few weeks ago.

Most recently, Belle won in a Superstars competition, came 1st in Under 10s and is now Champion of Champions. She has only been dancing two weeks after having her major operation and not being able to dance for eight weeks.

Well done Belle.



Her dance school is Belindas Dance Academy which has been running for 22 years and her teacher Belinda has never made special allowances for Belle, just treats her as normal. She expects the same from Belle as she does from any other dancer.



USAIS offer a self-funded cochlear implant route as part of the AIS Plus Service

## AIS Plus

### Early experience of hearing sounds through a cochlear implant – Ian Hobday

Life has changed significantly since I received my cochlear implant in October 2015, at the age of 77. Having my implant has given me access again to the hearing world.

Prior to my implant I had suffered bilateral progressive hearing loss. It had reached a stage where I was unable to use the telephone, enjoy a visit to a restaurant, take part in committee work or have an impromptu chat with a friend in the street. There were occasions when my mishearing generated misunderstanding and friction over the washing up!

My local Audiologist and I configured my hearing aid curves as best we could. Despite this my hearing aids increasingly gave less benefit and so I also joined a lip-reading class. A further drop in my hearing prompted me to research cochlear implants and the NICE criteria – my hearing was, frustratingly, just outside the NICE criteria, despite the significant impact my hearing loss was having on my life. A visit to an ENT consultant in my local hospital confirmed this. Further online investigation led me to the self-funded pathway at AIS. A thorough hearing and multi-disciplinary assessment revealed that I met the self-funded pathway criteria. It was a big decision and great expense but I took the plunge. Mr Tim Mitchell did the surgery in October 2015.

The ‘switch on’ was done in November 2015. I felt apprehensive as Nicci Campbell (Audiologist and Self-Funded CI Team Lead) placed the coil in position and started tuning the 16 individual electrodes. Would I hear anything? What if the implant had failed? Suddenly, I perceived a distant faint sound ‘out in space somewhere’ which became louder as Nicci increased the levels on her

keyboard. My job was to tell her when it was comfortable – not too loud. Once the individual electrodes were set we went ‘live’. By watching my wife’s lips, I could make out some of what she was saying as if from another planet with tissue paper in between. My own voice seemed to belong to me but I had to pause to see if it really was me for I sounded as if I had a badly fitting denture! After a bit of acclimatisation Nicci held a piece of paper in front of her mouth so I could not see her lips and said ‘red’ or ‘yellow’ (one versus 2 syllable words), I could correctly identify them! I caught the eye of my wife who was sitting across the room and we both smiled with delight.

In the first week voices seemed metallic and harsh – a bit like ‘barking foxes’. I was able to hear the rustle of my slippers on the carpet and the water running from the tap; both of these seemed to have little distortion. When Nicci swept through the electrodes at the second appointment I was able to hear the different pitches crudely rising and falling. Speech sounded strange in those first few weeks, as if it was ‘pushing at a barrier’ and causing me to miss the first part of the sound which created the ‘barking’ sensation which together with the elevated pitch of voices made it sound as if everyone was telling me off. My own voice sounded higher than I remembered it.

There were further tuning and intervention sessions with Anna Lyford (Hearing Therapist). As it was approaching Christmas time Anna suggested I try listening to carols through YouTube and so I linked my iPad to my sound processor with Bluetooth. At first the tune of a familiar carol sounded nothing like I knew it to be; notes for me rose when I knew they descended and vice versa. However, after a day or two, by humming the tune I was able, with a lot of effort, to perceive

the tune more correctly. I also listened to e-books via my laptop while reading the text from the paper version. Initially, I could not differentiate between male and female voices but this soon changed and I found myself listening to e-books without the text. Voices were losing their metallic edge and the ‘barrier’ was almost gone. By now it was two months since ‘switch on’ and at Anna’s suggestion; I followed a music course prepared for implant users by the University of Southampton. It was quite a challenge but there were instruments I could distinguish. I could track rising and falling cadences and had no trouble recognising rhythms - but it also confirmed, as I had been warned, that I will not be able to hear music, as I once did.

There is so much more I could share with you about these exciting five months since ‘switch on’. At this stage I am able to communicate easily and hear others in quiet listening environments and can follow an increasing amount of conversation without looking at the speaker. I am also using the telephone with increasing confidence. I still perceive my wife’s voice as higher in pitch than I know it to be. I cannot understand sudden asides she makes when I am not prepared for her to speak and have no idea of the context; but perhaps I was not too good at that even before my hearing deteriorated! Recently we attended ‘The Last Night of the Proms’ where the audience participation made up for the melodies I missed. I am attending society meetings again using a Bluetooth microphone clipped to the presenter and we have just seen a relay of ‘Giselle’ where the music just supported the ballet sequences, so my music limitations did not matter.

The past five months have been a tremendous journey. Thanks to the patient and friendly team at the AIS, life is back on track for me, my wife and our family.

## Stock and Equipment

### Upgrades

We are in a particularly busy period at the moment upgrading many of our patients who are due an upgrade to the latest model of processor for their implant. If you are one of these people please help us to help you by confirming whether you can attend the appointment and returning to us the form with which you choose the colour of processor that you would like. The quicker we have these details the easier it is to make sure that all the equipment will be here for you on the day of the upgrade. If you feel as though you need more information to make any of the decisions we require from you when choosing the upgrade options then please get in touch and we will be happy to advise. The repairs hotline is 02380 584068 or email us on [ais.repairs@soton.ac.uk](mailto:ais.repairs@soton.ac.uk).

### Advanced Bionics Neptune Processor Batteries

The Neptune processor uses rechargeable AAA batteries and Advanced Bionics have specified to us that only batteries and chargers that are supplied by them should be used in Neptune processors. Their choice of Duracell AAA Rechargeable NiMH 800mAh/1.2V batteries have been shown to provide the optimum performance in the manufacturers own tests. If you have had these batteries for a while now and feel as though the length of time that they last has decreased or that the processor is prone to switching off then please let us know and we will be happy to replace these for you.

### Returning Processors to USAIS

Please make every effort to return faulty processors to us in the repairs department as soon as you receive a replacement one from us in the post. One issue that comes up regularly is that people have to be given a processor of a different colour or sometimes even a different model as we don't have the correct one in stock. We only have a limited pool of stock to replace faulty processors and we return all of our faulty processors weekly to the manufacturers for them to be replaced/ repaired. We rely on you getting the faulty items back to us quickly so that we can then start the process of returning them for repair. When we run out of stock we either have to decide that we can't send out replacements as quick as we'd like or we purchase new processors at five thousand pounds each – this is money that comes directly from the repairs budget and can't then be spent elsewhere. If you have a faulty processor that has not been returned to USAIS please send it back in as soon as possible so that we can get it repaired.

## Sam and Anna's Top Tips for Tinnitus



**Tinnitus is the perception of sounds which aren't present in the external environment. It can sound like a tone – beeping or whistling – or a noise – maybe hissing or roaring. Some people even experience tinnitus as music, one lady describes her tinnitus as sounding like a Welsh male voice choir!**

Tinnitus can be perceived in one ear or both ears, or in the head. When we hear with our implants, sound travels via the implant to the hearing nerve and on up to the brain. A lot of auditory information is sent to the brain and it has a hard time trying to 'filter' out unwanted 'activity'. If there is a change, for example, and this can be in stress levels as well

as noise levels, the brain responds by trying to get more information and this extra activity is heard as tinnitus. It is important to emphasise that it can result from some kind of change, either emotional or physical. Having a cochlear implant is a major change!

Tinnitus is a very common condition with 10% of adults in the UK complaining of frequent tinnitus. The figure is higher in people with hearing loss and a recent study suggests that between 66 and 86% experience some degree of tinnitus. The good news is that the vast majority of people find that their tinnitus is reduced following implantation. However, a small number (between 3% and 13%) feel that their tinnitus is worse after having their cochlear implant.

If the tinnitus is suppressed straightaway after implantation we can deduce that the new sounds being heard are helping to 'mask' the tinnitus. If the tinnitus suppression is not immediate then this suggests that the brain is going to take a bit of time to 'reorganise' itself to try and 'filter out' the tinnitus. There are lots of ways you can help it to do this so that you 'habituate' to the tinnitus and it interferes less with your life.

### Get involved!

Here are our 'top tips' but we would love to hear from YOU – we would like to put together a booklet that can be given to people with cochlear implants who are struggling with tinnitus, a handy resource which will contain YOUR experiences and YOUR advice on how to 'tame tinnitus' when you use a cochlear implant. What works? What doesn't work? – please email or send us your tinnitus stories, we would love to hear from you. Find out about tinnitus – The British Tinnitus Association is the best place to find up-to-date advice and research

[www.tinnitus.org.uk](http://www.tinnitus.org.uk)

### Top Tips for Tinnitus

- **Talk** to the staff at USAIS – don't suffer in silence, we can help. We can offer 1:1 counselling or group workshops.
- **Find out** if there are any local support groups in your area – The British Tinnitus Association will list them or we can put you in touch. Your local Audiology Department may also have a Hearing Therapist which may be easier in terms of travel
- **Remember** that it DOES IMPROVE – 'habituation' or becoming used to the tinnitus, will happen given time – do things you enjoy and try not to focus on listening to the tinnitus
- **Take time** out to relax – if you feel anxious and afraid, the tinnitus will seem worse. Find a peaceful place, slow your breathing down and pay full attention to your breaths filling and leaving your body. Or, use visualisation to imagine yourself in a relaxing environment, a beach perhaps, the sun shining, a warm breeze.....or whatever triggers a feeling of peace and calm within you
- **Try** 'progressive muscle relaxation' – lie down, breathe properly, tense and relax your muscles in a very structured way, from your forehead to your toes. It resets your agitation.
- **Having sound entering both ears**, either via implant or hearing aids or both can help mask the tinnitus and make it less noticeable. Often people report that the tinnitus is louder when the processor isn't being worn, ie, when taken off at night
- **A good sleep routine** really helps – take time to 'wind down' before bed. No screens, a regular bedtime, no caffeine close to bedtime
- **Background sound** helps some – tinnitus can be more noticeable in quiet environments. This can be a form of 'white noise', the TV or music perhaps
- **Cognitive Behavioural Therapy** – changing negative beliefs which in turn influence emotions and behaviours to find different ways of managing tinnitus
- **Mindfulness** – a meditation technique which focuses on moving our attention from tinnitus by changing awareness. By creating a space from the tinnitus, we can decide how to respond to it

## Review of first public speaking experience at Westminster conference

by Carol Riggs

**I was fortunate enough to be given the opportunity to speak at the recent conference 'Adult Hearing Screening - Can We Afford To Wait Any Longer?' It was a joint presentation by The Ear Foundation and Action on Hearing Loss.**

This attention meant I had the perfect opportunity to explain the deep and far reaching impacts that hearing loss has on lives and to share my views on the importance of Adult Hearing Screening. I knew that the emotions and struggles I experience with hearing loss are exactly the same as the next person. I felt compelled to deliver my words with conviction, not just for me but for everyone else who experiences hearing loss.

I impressed upon the audience the need for Adult hearing Screening, to enable people to maximise their hearing and improve their well-being. I mentioned that individuals are not always able to detect their own hearing loss and therefore do not receive early intervention, which is proven to be the best solution. I also spoke about the stigma attached to hearing loss and wearing hearing aids, that needs breaking down. I suggested that if Adult Hearing Screening were mandatory we would have a much greater chance of addressing that stigma. Society would be so much better off if we didn't hide hearing loss or ignore it. I believe we need to raise the profile of hearing aids, to make them just like glasses which are acceptable and fashionable.

Hearing loss is such a soul-destroying, hidden disability that the sooner we can reduce the number of individuals that suffer in silence, the better all our futures will be.

I thoroughly enjoyed my day at Westminster and it would be wonderful to think that I made even a tiny contribution to improving attitudes surrounding the impact of hearing loss and the importance of hearing care. Moreover, I truly hope that Adult Hearing Screening will be introduced and make a huge difference to all those who need it now and in the future.

If you would like to read the report please go to the Ear Foundation website and click on Current Research—Adult Hearing Screening.



Left to right: Paul Brekell CEO of Action on Hearing Loss, Sue Archbold CEO of the Ear Foundation, Lilian Greenwood MP (Nottingham) and Carol Riggs

## Let us know what you think!

The long term care working group is made up of Ed Heard, Helen Cullington, Samantha Johnson and Sarah Flynn and we are looking at the service for implant users who have been using their implants for a while.

We would like your views:

- Would you like to be seen more or less often?
- Would you like more or less help with routine care or trouble shooting of your processor?
- What are the good and bad aspects of coming in to the Auditory Implant Service?
- Is travelling to the Auditory Implant Service difficult or expensive for you?
- What do you think about routine care or spares and repairs being delivered remotely via questionnaires, email, online or phone contact?
- Any other comments or criticisms of the current long term care of auditory implant patients.

Please send any responses in confidence to Sarah Flynn via [S.L.Flynn@soton.ac.uk](mailto:S.L.Flynn@soton.ac.uk) or by post.

## Reminders

### Changing microphone covers

If applicable to your processor, remember to change your microphone covers every 3 months or as advised by your audiologist. Replacement microphone covers are provided by the repairs service.

## Testing your microphone at home

**Sometimes a sound processor microphone can start to deteriorate, and if it happens gradually the person wearing the processor may not notice.**

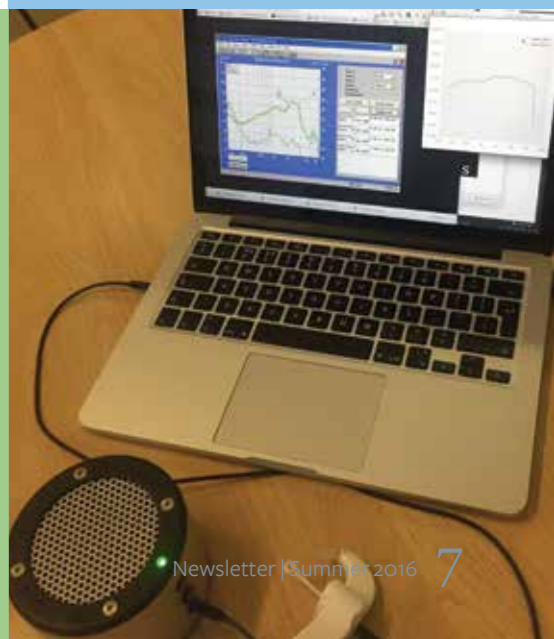
We would like to develop a tool to give to people with implants so they can test their microphones at home. A computer science student, Norbert Naskov, took on this project and has worked really hard to develop an app that can test Advanced Bionics T mics at home, just using a computer program and a small speaker.

Norbert found that the measurements were reliable and can give good feedback

about whether there is a change in T mic performance. This would then allow the person using the cochlear implant to replace their microphone and hopefully maintain their usual level of hearing.

The app currently runs on a computer; we are carrying on with this project to develop an app that can run on a mobile phone or tablet.

If anyone has any comments or suggestions, please get in touch with Helen Cullington, Research Coordinator at [H.Cullington@Southampton.ac.uk](mailto:H.Cullington@Southampton.ac.uk)



# Staff Update

## Welcomes



**Sam Bealing**

Hello! I'm Sam Bealing and I joined the west team here at USAIS in January – new year, new beginnings! I am an Educational Audiologist, working as part of the rehab team. I originally started out as a primary school teacher, where I worked with several children with different levels of hearing impairment, before working

as an Advisory Teacher for Hearing Impaired Children in Dorset. Being a glutton for punishment I then went back to studying (whilst working) and completed an MSc, and took on the role of Educational Audiologist for the Dorset Hearing Support Service. This meant my work became more clinical and I was involved in the technological side of things, partly through joining the FM Working Group. Since becoming part of the team at AIS I have met lots of new people as well as working alongside previous colleagues and patients again, but with a new hat on! I am enjoying the new challenges and look forward to seeing and working with many of you in the future.

## Goodbyes



**Colin Peake**

We wish the best of luck to Colin Peake, Educational Audiologist, in the East Team who has retired after 8 years of service. Colin has been a hugely important member of the team particularly for his knowledge and expertise with radio aids and sound field systems. He will be greatly missed.

## Maternity news

Welcome back to our Clinical Psychologist Caroline Gamble who has returned to work after the birth of her son. Meanwhile we wish our Clinical Psychologist Louise Lee all the best as she embarks on her maternity leave.

## Staff Fundraising



Roberta



Devyanee

Two of our Audiologists have been fundraising for Mind Charity. Congratulations to Roberta for completing her first Marathon in Brighton. Meanwhile Devyanee also took part in a sponsored head shave. Together they have raised over £1,300 plus Gift Aid. Thank you for the kind donations.

## Save the date

### LEAPing on with language for parents

USAIS in conjunction with Cochlear UK and the Ear Foundation will be running a free parents workshop for those with primary and secondary aged deaf children & pre school children moving from short to complex sentences. 'LEAPing on with language' will be held from 9:30 until 2:30 on Tuesday 20th September 2016 at the Auditory Implant Service with lunch provided. Please contact AIS.Training@soton.ac.uk to book your place. If you are unsure of your child's eligibility please discuss with their key worker.

### Social event for Teenagers Saturday 24 September 2016

We will be inviting all of our implanted teenagers (13 to 18) to an air rifle event run at the University of Southampton Watersports Centre. Beginners and experienced shooters welcome as training will be provided. Places will be limited so please look out for the invitation and send the reply slip back as soon as possible. There is a non-refundable £2.00 booking fee for the event. We will have lunch together afterwards on the picnic tables by the river or indoors if wet. It will be a great opportunity to meet other implanted teenagers and should be a lot of fun. We hope to see you there!



## Important

If you change your GP for any reason it is essential that you let us know your new GP's details immediately please. If the GP on our records is not the GP that you are currently registered with we may not be able to send you any spares or arrange to see you.

Thank you.

## Contact us

Auditory Implant Service, Building 19,  
University of Southampton, Highfield Campus, Southampton SO17 1BJ

Telephone: 023 8059 3522 | Repairs Hotline: 023 8058 4068 | Text: 07887 790765

Email: [ais@southampton.ac.uk](mailto:ais@southampton.ac.uk) | [ais.repairs@southampton.ac.uk](mailto:ais.repairs@southampton.ac.uk)

[www.southampton.ac.uk/ais](http://www.southampton.ac.uk/ais) | @UoS\_AIS

Do you have good news stories or events for our next Newsletter?

Please contact Coral at:  
[ais@southampton.ac.uk](mailto:ais@southampton.ac.uk)