

Journal of Otology & Rhinology

Short Communication

A SCITECHNOL JOURNAL

The Path to Improved Hearing and Quality of Life

Vincent Kozak*

Department of Medicine, University of Calgary, Calgary, Canada *Corresponding author: Vincent Kozak, Department of Medicine, University of Calgary, Calgary, Canada, E-mail: vincentkozak@gmail.com Received date: 06 January, 2023, Manuscript No. JOR-23-89439; Editor assigned date: 10 January, 2023, PreQC No. JOR-23-89439 (PQ); Reviewed date: 24 January, 2023, QC No. JOR-23-89439; Revised date: 31 January, 2023, Manuscript No. JOR-23-89439 (R); Published date: 07 February, 2023, DOI: 10.4172/2324-8785.100040

Description

Cochlear implants are electronic devices that are designed to help people with severe hearing loss or deafness to hear. The implant is made up of two main parts: An external speech processor and an internal implant. The speech processor is placed behind the ear and it captures sound and turns it into digital signals. These signals are sent to the internal implant which is surgically placed under the skin and attached to the cochlea in the inner ear [1]. The implant then sends electrical signals directly to the auditory nerve which sends the signals to the brain where they are interpreted as sound.

Cochlear implants are a life-changing technology that has helped many people with severe hearing loss to hear sounds they may never have been able to hear before. The implant is particularly effective for people who have lost their hearing due to damage to the inner ear or the auditory nerve. Cochlear implants are not suitable for everyone, however. They are typically only recommended for people who have severe hearing loss or deafness and who have not had success with other forms of hearing aids or amplification devices [2]. They are also more effective in people who have lost their hearing after learning how to speak, as they are already familiar with the sounds of speech. Despite the many benefits of cochlear implants, they are not without risks. The surgery to implant the device carries the risk of infection, damage to the facial nerve, and other complications. Additionally, the implant itself can fail or malfunction, requiring additional surgery to replace or repair it.

Virtual Cochlear Implantation

It is also known as simulation or modeling, is a computerized process that can help predict the outcome of cochlear implant surgery. In virtual cochlear implantation, a computer model of the inner ear and the implant device is created, and the surgical plan can be simulated before the actual surgery. Virtual cochlear implantation can provide valuable information to the surgeon and the patient, such as the predicted level of hearing improvement and the potential complications that may arise during the surgery. The simulation can also help to optimize the placement of the electrode array and to select

the appropriate device parameters, such as the stimulation rate and the number of electrodes used. This technology has the potential to improve the safety and efficacy of cochlear implant surgery, especially in cases where the anatomy of the inner ear is complex or atypical. It can also help to set realistic expectations for the patient regarding the expected outcomes of the surgery [3]. However, it's important to note that virtual cochlear implantation is still a relatively new technology, and more research is needed to fully understand its potential benefits and limitations.

Cochlear Implantation Imaging

Imaging is an important aspect of cochlear implantation, as it helps the surgeon to plan the surgical approach and to determine the appropriate size and placement of the implant device. The most common imaging modalities used in cochlear implantation is Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) [4]. CT imaging can provide detailed information about the bony structures of the inner ear, which is important for determining the optimal trajectory for the implant electrode array. MRI imaging can provide information about the soft tissues of the inner ear, which can help the surgeon to assess the status of the cochlea and the auditory nerve.

In addition to CT and MRI, some centers also use Cone Beam CT (CBCT) imaging, which is a type of CT imaging that uses a coneshaped X-ray beam to produce 3D images with lower radiation exposure and shorter scanning time than traditional CT. Other advanced imaging techniques, such as Diffusion Tensor Imaging (DTI), can also provide information about the microstructure of the inner ear and the auditory nerve, which can be useful for predicting the outcomes of cochlear implantation.

Cochlear implants have revolutionized the way that people with severe hearing loss are able to communicate and interact with the world around them. With continued advances in technology, it is likely that cochlear implants will continue to become even more effective and accessible to those who could benefit from them.

References

- 1. Battmer R, Backous DD, Balkany TJ, Briggs RJS, Gantz BJ, et al. (2010) International classification of reliability for implanted cochlear implant receiver stimulators. Otol Neurotol 31: 1190-1193.
- Wilson BS, Finley CC, Lawson DT, Wolford RD, Eddington DK, 2. et al. (1991) Better speech recognition with cochlear implants. Nature 352: 236-238.
- Mauger SJ, Arora K, Dawson PW (2012) Cochlear implant 3. optimized noise reduction. J Neural Eng 9: 065007.
- 4. Kral A, Sharma A (2012) Developmental neuroplasticity after cochlear implantation. Trends Neurosci 35:111-122.

Citation: Kozak V (2023) The Path to Improved Hearing and Quality of Life. J Otol Rhinol. 12:1

All articles published in Journal of Otology & Rhinology are the property of SciTechnol and is protected by copyright laws. Copyright © 2023, SciTechnol, All Rights Reserved.