

The Southside Scene

Welcome to our newsletter! We hope you will find the information it contains to be helpful, and encourage you to pass it along to friends or family members who might also benefit from it. Please feel free to suggest topics for further newsletters – call us or let us know at your next visit!

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In the Livingston Health
Services Building

Spring Consumer Seminar is May 20th!

Southside Hearing Center will be hosting our 2nd Annual Spring Consumer Seminar on May 20th from 11:00 am to 1:00 pm at the Big Tree Inn in Geneseo.

Ed Anthony and Chris Smith from GN ReSound, a leading manufacturer of hearing aids, will be our guest speakers. They will discuss how we hear and how the hearing process can break down, as well as common challenges with hearing aids and recent advances with digital technology.

They will answer many frequently asked questions about hearing and hearing aids, including:

- Why do I hear, but not understand?
- What can't I hear in background noise?
- What's that whistling sound, and how can I get rid of it?
- Can you help me to hear better on the telephone?

This informational seminar will benefit current hearing aid users, those who have been considering hearing aids, and those who would just like



more information about hearing loss in general.

This is an open invitation for current patients or their friends and family members who are interested in learning more about hearing loss and amplification, and will be a great opportunity for us to get to know you better! **Space is limited, so please RSVP to Kathy or Sue as soon as possible at 243-7690 if you plan to attend.** Reservations will be taken on a first-come, first-served basis. There will also be a limited menu, so we will ask your menu choice at the time you make your reservation. Hope to see you there!

SPECIAL POINTS OF INTEREST

- "Why do I hear, but not understand?" Find out at our **Spring Consumer Seminar** on May 20th...call now to make your reservations!
- Tired of going to the store to get hearing aid batteries? **Join our Battery Club**, and we'll mail them to you when you need them! Call us for details.
- HIPAA is in full effect! **Please bear with us as we have you complete the necessary paperwork at your next visit.** Remember, this law was established to protect YOUR rights as a patient!

Technology Update

There are many factors that influence the success of a hearing aid fitting. In no specific order, these factors include (but are not limited to):

- OCCLUSION
- PERSONAL MOTIVATION,
- (UN)REALISTIC EXPECTATIONS,
- PERSONAL COMFORT, and
- CHOICE OF PRODUCT.

Of these factors, one can see that the overall psychology behind wearing hearing aids is a BIG factor. It is also fair to say that many of the factors influence one another.

But, one of the toughest to overcome is **OCCLUSION**.

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**Sue
Says...**

Wax FAQs

Your mother always told you to clean your ears! Q-tips were made to stick in your ears, right? They're the perfect shape...aren't they?!

Q: Is all ear wax the same?

A: Cerumen (the medical term for wax) can come in all different colors and consistencies. It can be hard and dark; it can be amber and runny. Medically speaking, cerumen can contain mucus and blood. The problems with cerumen arise when the wax becomes hard and dry. This, in addition to an ear canal that may be small, curvy, narrowed, dry, rigid, or collapsed, will provide optimal conditions for problems with cerumen. This is when cerumen needs to become more medically managed, or managed personally (to some degree.)

Q: Why do my ears produce wax?

A: The truth about cerumen is that it's good for your ears. We may not like it, but it's our body's way of protecting our ear canals from dry skin (it has lubricating qualities), and from foreign bodies such as bugs, dust, and debris (it's sticky and smelly). In general, cerumen is not to be removed on a daily basis. The ear canal generally does its own cleansing by shedding the cerumen little by little throughout our day...in the shower, while we sleep, each time we touch our ears. All too frequently we try to swab out our ears after a shower, and then complain of continuous itching. The itching is most often a result of dry skin caused by the swabbing, and we aren't allowing the cerumen to do its job. (The itching could be caused by other factors and could sometimes mean more serious issues such as fungal infection, psoriasis, eczema, medications, hormones, or other medical issues. Consulting your physician could be warranted.) Q-tip swabs are not encouraged because they tend to push the wax deeper, rather than pull it out. This can create a more difficult experience than necessary, such as pushing the cerumen up against the eardrum.

Q: So what should I do about ear wax?

A: Some common methods of cerumen management include:

- Use of an oil (i.e. baby oil or mineral oil) to keep the cerumen soft so that it can shed more easily, or be removed more easily, can be effective. Use of a few drops even once per week can be a preventative measure.
- Use of an over-the-counter wax removal system such as Debrox, or other systems can be an effective way to break up the cerumen, allowing for smaller particles to be shed more naturally, or to be physically removed. A home mixture of a 50/50 solution-Hydrogen Peroxide and warm water can be used in place of the above.
- Ear flushing...this is my least favorite method of wax removal for a number of reasons
 - It often pushes the wax in further up against the eardrum, rather than out, and water gets trapped behind the cerumen allowing for optimal breeding of bacteria and fungus
 - Even if significant amounts of cerumen are removed with this method, water in the ear canal promotes fungal infections (you've heard of Swimmer's Ear)
 - If the wrong force of water is used, a perforation of the eardrum can easily occur causing more problems than when you started
 - Use of water in the ears can cause dizziness/vertigo, which is a natural response of the vestibular (balance) system, depending on the temperature of the water used

That having been said about ear flushing, it can be effective if performed by a trained professional that knows the appropriate methods to prevent the above concerns.

Please note, whenever water is used in the ear canal the possibility of infection occurs. An added precaution would be to use a few drops of rubbing alcohol after the ear wash, to ensure the water dries up. This goes for the hydrogen peroxide/warm water solution also.

People who have diabetes, or are on blood thinners, are strongly cautioned NOT to put ANYTHING in the ears that may scratch or tear the canal walls! Additionally, if there is a known perforation of the tympanic membrane (eardrum) then nothing should be put into the ear. This goes for those who have had ear surgery, especially mastoidectomy, tympanoplasty, and, sometimes, even stapedectomy.

The ear provides the most effective methods for wax removal naturally. If it will not happen naturally, the physical removal of the wax tends to be the most effective and least traumatic method. This usually involves special tools that your physician, otolaryngologist, or audiologist has available to them.

Some methods of wax removal that are **NOT** at all recommended:

- Use of bobby pins, keys, golf tees, pen caps, pens, screwdrivers, needles, or other small objects that fit in there so nicely

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Sue Says....



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- Candles...a method that involves heat and fire in/near the ear to soften the wax. I have seen 3rd degree burns as a result of this.

Q: How does wax impact hearing aids?

A: As many of you have heard me chant, the two things that give hearing aids the biggest problems (and us headaches) are WAX and MOISTURE, WAX and MOISTURE! The hearing aid manufacturers are on a continuous search for the hearing aid that doesn't get plugged with wax. They've come a long way (some more than others)...but still haven't found it. You might have the best hearing aid in the world, but it will still be rendered useless at some point or another because of wax. Even the smallest fleck of wax can do it. Efforts need to be made to keep the hearing aid ports free of wax and debris. What you cannot do on your own, I may be able to do in my office with different tools. When neither of us succeeds, that's when they go in for repair. Unfortunately, this happens more frequently than anybody likes (including myself).

Some signs that suggest wax/debris is the problem:

- The hearing aid seems weak despite a new battery
- The hearing aid is whistling (wax in the hearing aid or your ear can be the cause of this one)
- The hearing aid seems intermittent
- You're not feeling as though you are hearing as well as you had been with the hearing aid
- The hearing aid sounds scratchy or distorted

Some people may find that their ears produce more wax since wearing hearing aids. This is not terribly uncommon for a couple of reasons. First, the hearing aid is preventing the normal shedding of the wax into the environment because it is in your ear. And, sometimes the presence of the hearing aid actually stimulates the glands in the ear canal that produce the wax. Some people need to be more diligent with wax build-up prevention than they needed to be prior to wearing the hearing aids.

Q: What the moral of this story?

A: The bottom line is...keep your hearing aids clean, keep your ears clean but don't be overzealous (remember that some wax is good), and have periodic hearing aid cleanings with me in the office to try to keep those aids from going in for repair!

Technology Update

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WHAT IS OCCLUSION?

Put your fingers in your ears and then talk. What does your voice sound like? Loud, hollow, different...right? Like you have a cold...right? This is occlusion. It will pretty much happen whenever you have something in your ears, including hearing aids. It happens because sound (your voice, chewing, other body sounds) is transmitted through the bones of your head and skull. An open ear canal allows for this sound to escape. Plug the canal...it cannot escape as easily, offering a perception of increased loudness of one's own bodily sounds.

Occlusion is usually apparent to some degree for almost every person just starting to wear hearing aids. Exceptions to this rule usually include those people who have considerable amount of low frequency (low pitched or bass tones) hearing loss, or have a conductive hearing loss (where the problem is in the middle ear). The people who are most bothered by the occlusion effect are those who have good/near normal low frequency hearing, and sometimes a deeper voice. Men tend to fall into this category quite readily, but women will have similar problems.

WHAT CAN BE DONE ABOUT IT?

Your audiologist is experienced in working with this all-too-common-of-a-problem. There are some things that can be done to try and minimize occlusion. Such things include drilling out the vent holes, making new casings with either shorter or longer ear canals, changing the style of the hearing aid, programming changes, and product changes. Working through the issue and being very descriptive about how your voice sounds are very important in the attempt to pinpoint what the steps need to be in order to attend to the issue.

The product and the style that are chosen are important factors. For instance, if the product is a digital product, but the signal process

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*Discovering the Human Touch in Hearing
Technology*

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Technology Update

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ing speed is slow (i.e. basic technology or one manufacturer versus another), then an echo may occur and the sound may be muddy, and ultimately your voice may sound hollow. Quite frankly, some manufacturers are better at predicting occlusion, structuring their product for occlusion, and thus reducing the problem from the beginning. Some of the better products for reducing occlusion include GN Resound's Canta 7 series, Oticon's Adapto series, Siemens' Triano series and Widex's Diva series. These products have faster processing and have made adaptations to canal lengths, and vent holes. They are all, of course, top of the line products. However, they are starting to trickle down the technologies to less pricier products.

A behind-the-ear hearing instrument usually offers the best chance at reducing occlusion regardless of technology

simply because an earmold can be more open than a customized hearing instrument, thus reducing the echo.

Despite all of the technological and mechanical efforts of reducing occlusion, most people will experience some degree of occlusion when all is said and done. It is very important to acknowledge this as a part of wearing hearing aids. This falls into the realistic expectations category.

It is also important to acknowledge that one's own voice WILL sound different with hearing aids simply because, with hearing loss, just as you do not hear others/sounds clearly, you do not hear your own voice clearly. With hearing aids, you are reintroducing sounds that you are not used to, including your own voice. This should not be confused with occlusion.

May is Better Hearing and Speech Month!

This month is designated as National Better Hearing and Speech month to encourage people to have their hearing evaluated in order to improve general communication.

We at Southside Hearing Center ALWAYS advocate healthy hearing! If we can be of assistance to you or a loved one, please call us for an appointment.