Bone Anchored Hearing Aids B.A.H.A

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Specific Indications

- Intolerance of conventional hearing aids
 - Draining ear
 - Mastoid cavity (feedback)
 - Topical sensitivity
- Congenital malformations
 - Microtia / atresia
 - Syndromic / sporadic
- Conductive loss in an only hearing ear
- Single-sided deafness

Conductive Defects

- Wax & foreign bodies
- Otitis externa
- Acute suppurative otitis media (ASOM)
- Otitis media with effusion (OME)
- Chronic otitis media (CSOM)
 - Scarring; perforation
- Cholesteatoma
- Otosclerosis
- Ossicular chain disruption

Drawbacks traditional alternative

Air conduction devices

- Presence of ear mould aggravates infection
- Acoustic feedback
- Dependent on middle ear function

Reconstructive surgery

- Potential risk of hearing damage
- Less predictable outcome

Bone conduction devices

- Discomfort
- Poor sound quality
- Cumbersome





Advantages

Over air conduction devices

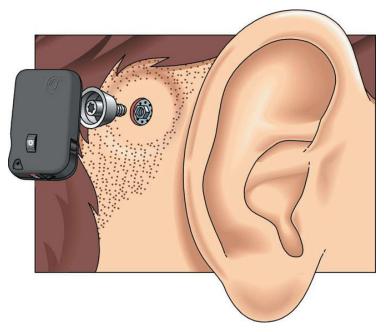
- No occlusion of the ear canal
- No feedback problems
- Sound bypasses the middle ear

Over reconstructive surgery

- Predictable results
- Low risk for the patient
- Reversible surgery

Over bone conduction devices

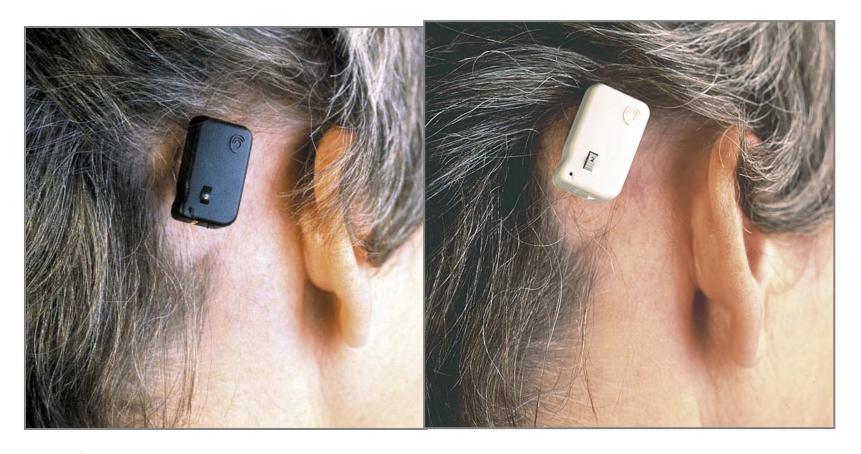
- More comfortable
- Better sound quality
- Aesthetic appearance











- Classic
- Compact
- Cordelle
- Digital



Contraindications

- Average bone threshold worse than 45 dB
- Patients who may be non-compliant
 - Anatomical
 - -Psychiatric
 - -Social

These are recommendations and not absolute contraindications

FDA approved for children above the age of 5

Basic principles

Careful patient selection

- Meticulous surgical technique
 - Secure osseointegration
 - Stable skin surrounding the implant site

Patient selection

Medical

• Audiological

• Psychological

Pre-implantation assessment

• Pure tone audiogram

B.C. 45dB

• Speech Discrimination score >60%

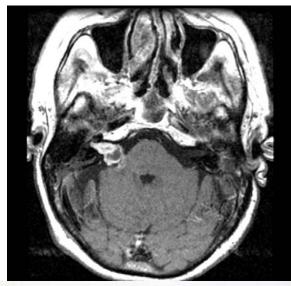
• "Bite bar"

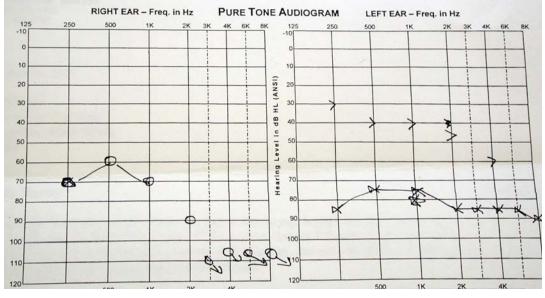
Try them today

• "Head band"

Pre-Op Assessments

- 78 Y
- Rt dead ear (XRT)
- Left ear
 - Mix HL
 - -HA
 - Wet
- Video





Pre-operative test equipment



Pre-implantation assessment

Verbal & written information exchange

• entific.com website



Meet implantee

Contraindications



• Poor Hygiene

• Insufficient bone volume



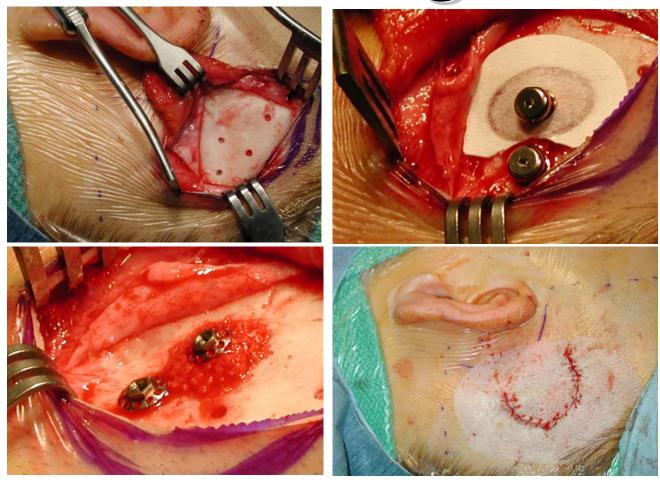
Surgical technique

- Single stage
- Two stages



• General or local anaesthetic

Two stages



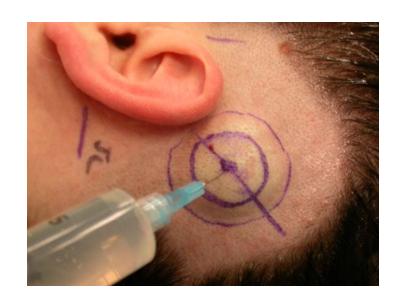
Surgery

Preparation

• Mark skin



• Infiltrate



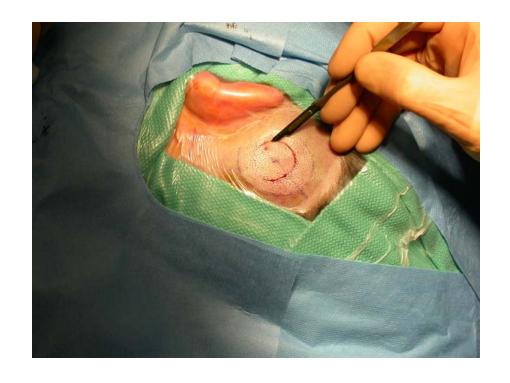
Skin graft technique



Skin graft technique

- Modification
- Inferiorly-based implant-site split-skin graft

Knife

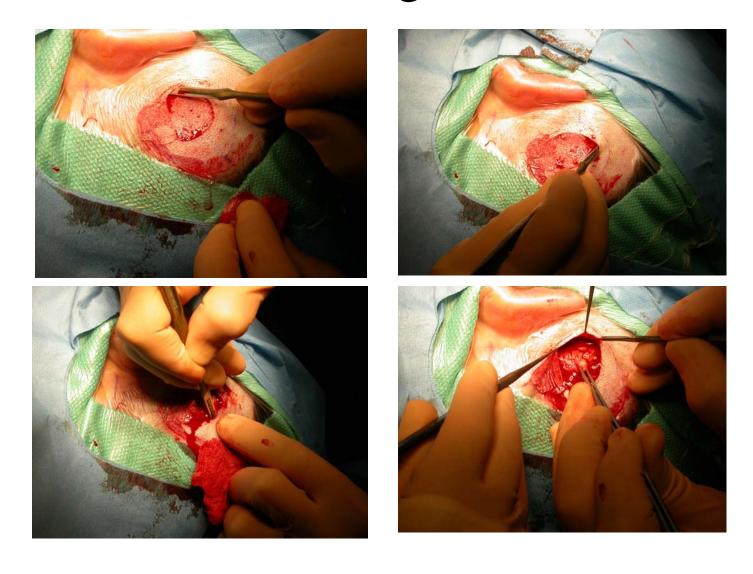






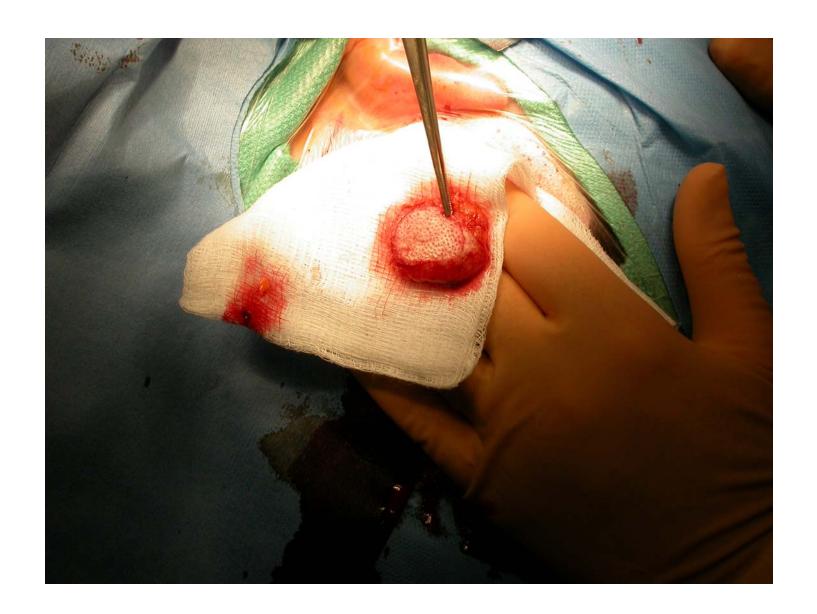


Wide under-mining of soft tissues

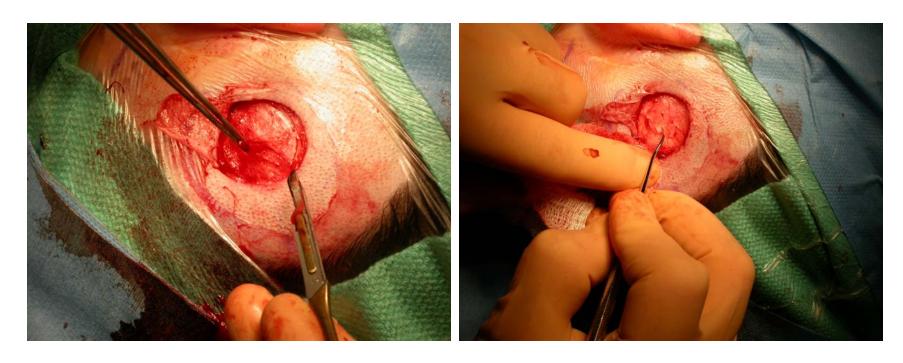


Different way





Removal of peri-cranial tissues



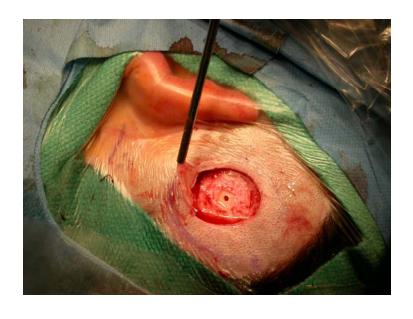
Clean skin graft

Test drill & countersink

- High speed drill
 - $-3 \text{ mm} \rightarrow$
 - 4 mm
 - Countersink

- Constant irrigation
- Check for adequate bone thickness



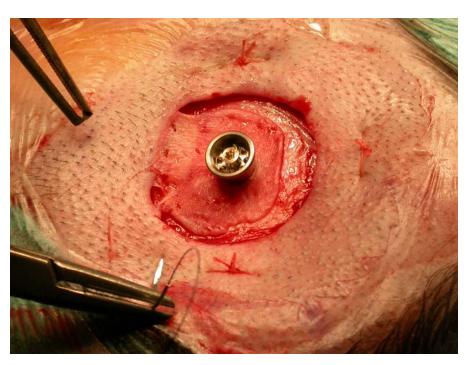


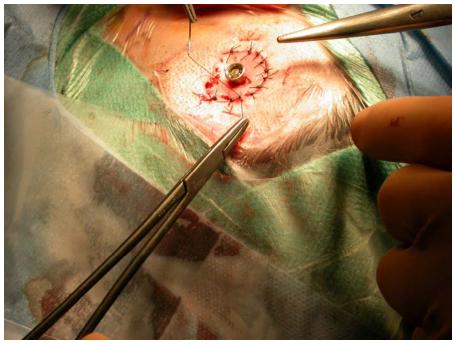
Fixture placement

- Slow speed drill
- Constant irrigation



Replace graft and suture

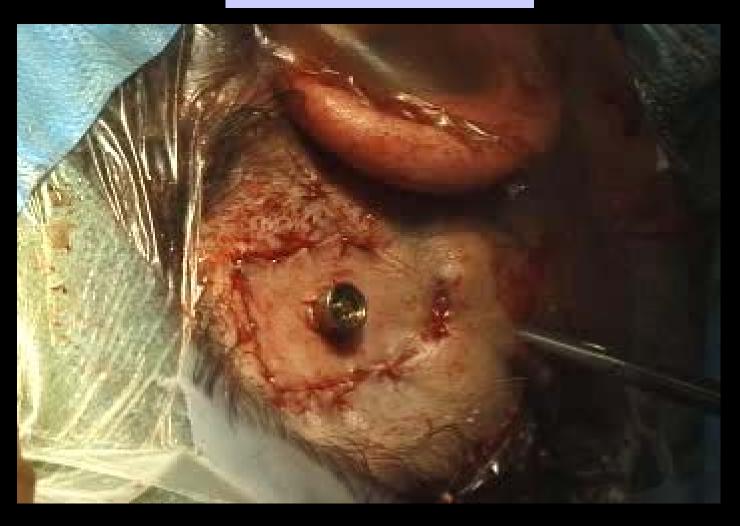




Graft

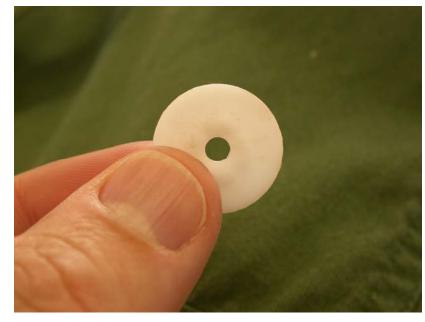


Suture



Layered sponge dressing & healing cap





Layered sponge dressing



Healing cap



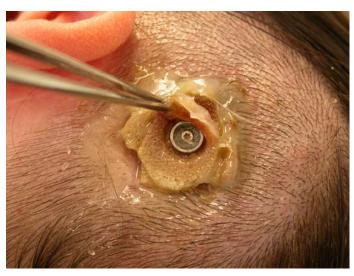
Essential steps

- Take the split-skin graft as thin as possible
- Widely undermine the edges
- Over-excise soft tissue esp. superiorly
- Remove peri-cranial tissues down to periosteum
- Drill with correct speed and always with cooling

First visit









First visit





The ideal implant site



• Thin



• Hairless



• Immobile

Post-op guidelines

- OPA. 1 week post-op.
 - Remove healing cap
 - Change dressing (possibly reapply)
 - Clean wound (polysporin)
- OPA. 2 weeks later
 - Clean wound
- OPA 1 month later
 - Baby's tooth brush
- Fitting @ 3 months post-op



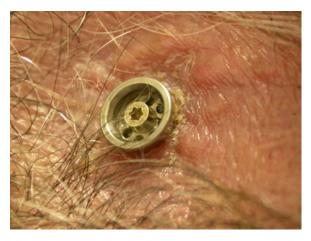
Cleaning with brush





Hygeine









Fitting





Complications

Complications

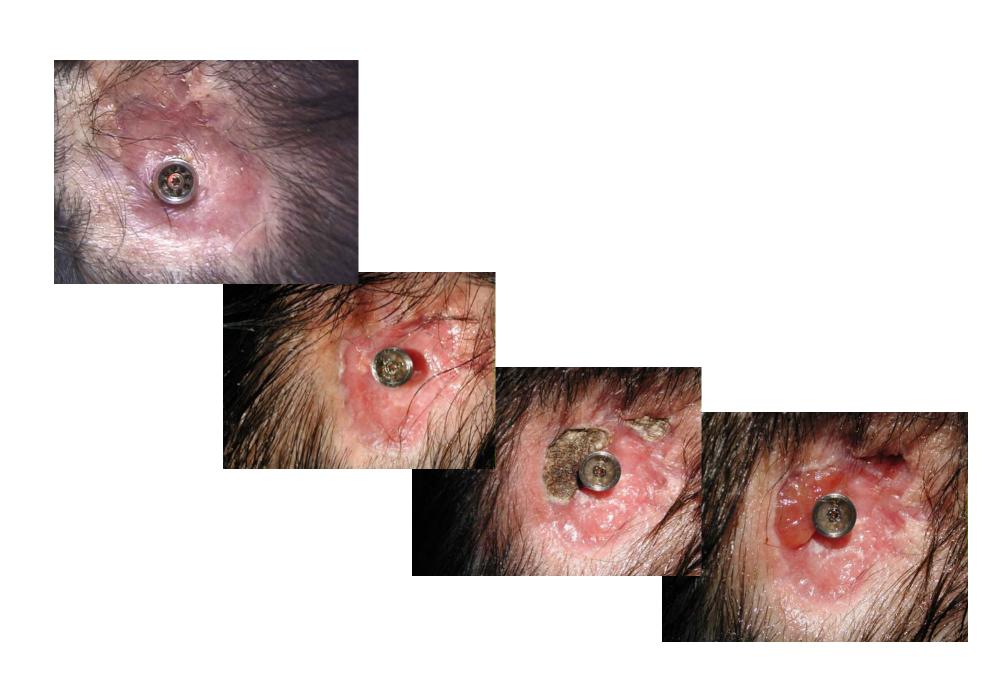
- Wound complications
 - Infection/granulation
 - Overgrowth of soft tissue
 - Skin graft non-take
- Operative complications
 - Unable to find bone thick enough
 - Sigmoid sinus injury
 - Dural Injury
 - Facial nerve injury
- Bone complications
 - Non-osseointegration
 - Bone fracture

In reality: most common problems

- Skin site granulation
- Sagging and drooping of superior skin
- Thickening of subcutaneous tissues
- Whistling and feedback
- Insufficient power
- Skull numbness or pain
- Placed too far back

The drifter'





Sebaceous skin at graft site





Poor hygeine





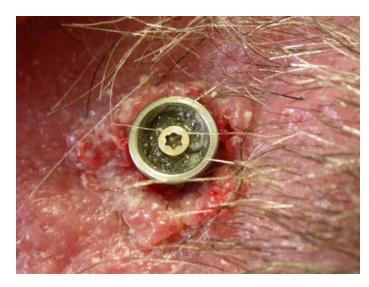
Hygiene





Complications - granulation







Infected sebaceous cyst



The 'overhang'



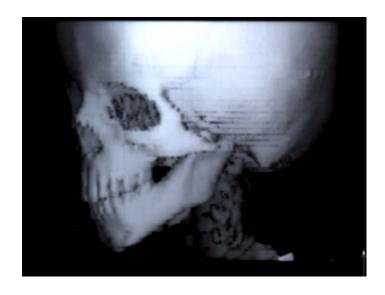
Cases

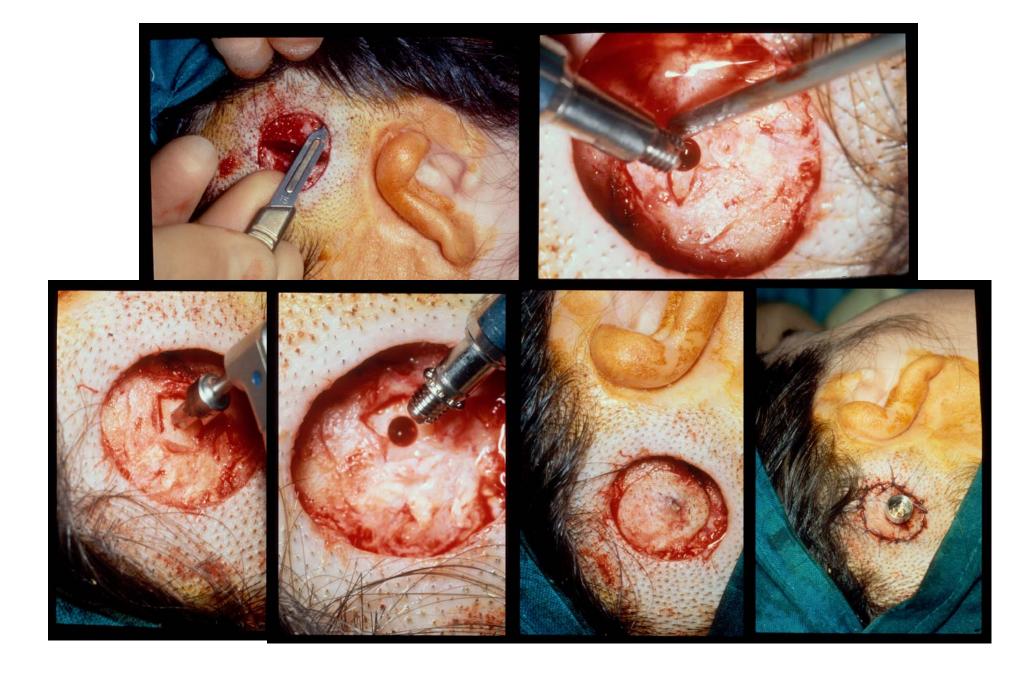




Case

- 4 Y Girl
- Congenital Aural Atresia
- For atresia repair consult





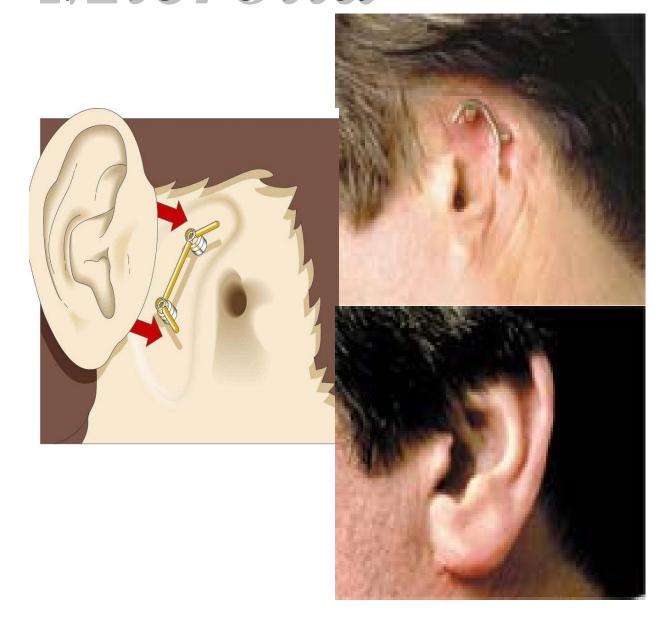
Microtia / atresia





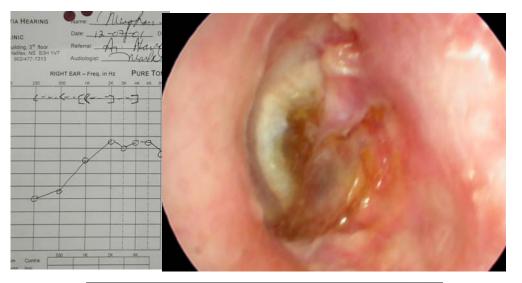


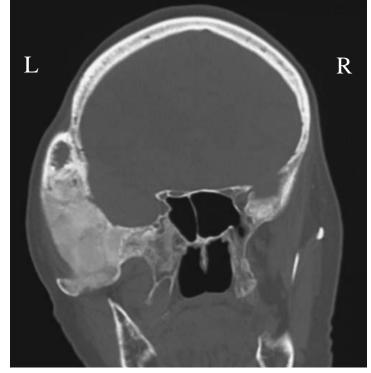
Microtia

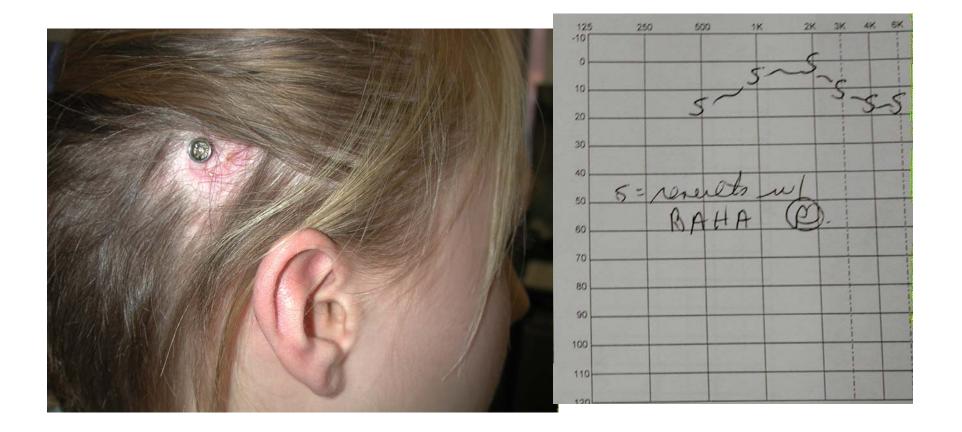


Case

- 17 Y
- Left FD→ SNHL
- Right CSOM
- HA not good
- ? Right / Left BAHA







Case

- 19 Y old Female
- Hemifacial microsomia
- Bilateral CSOM
- Can not use HA
- Bilateral CHL 45 db

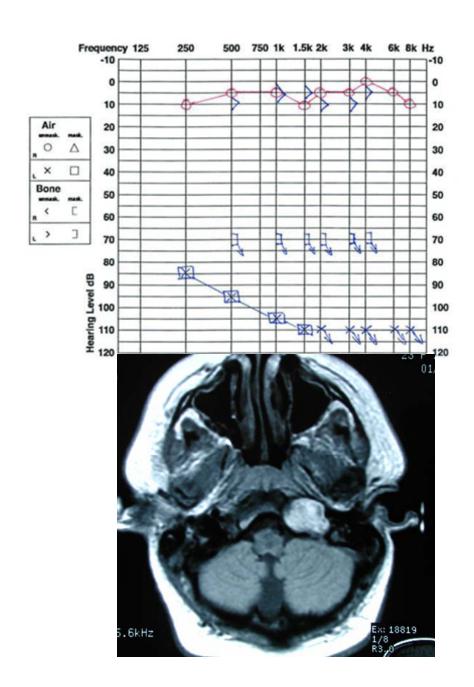


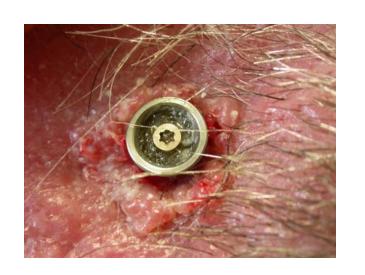
Hemifacial microsomia



Case

- 75 Y old Male
- Left Lipoma





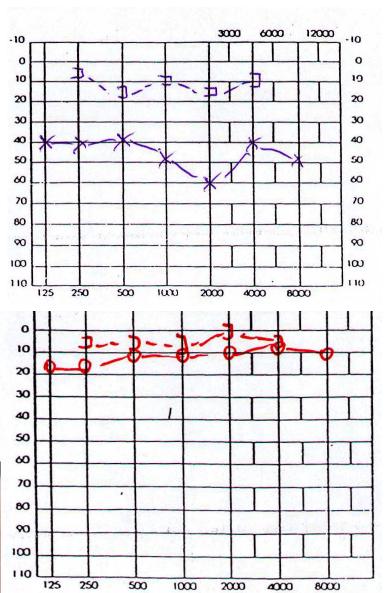


- Florid granulation tissue
- Debridement
- Topical cautery

Case

- 44 Y Old Female
- Left severe retraction
- Fail surgeries post-Stapedectomy
- No more ear surgery
- Policewoman
- Video-1
- Video-2



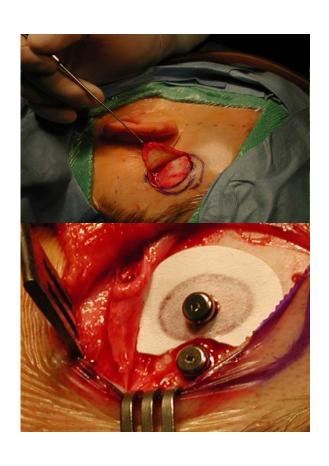


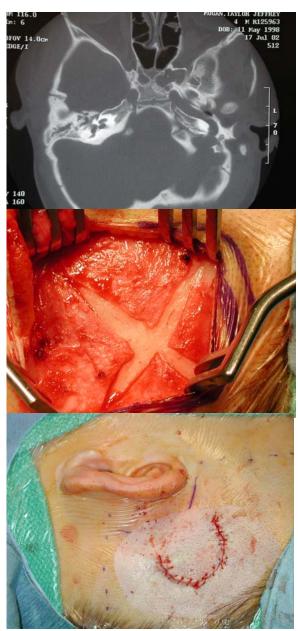
Nonsurgical Treatment





Paediatrics

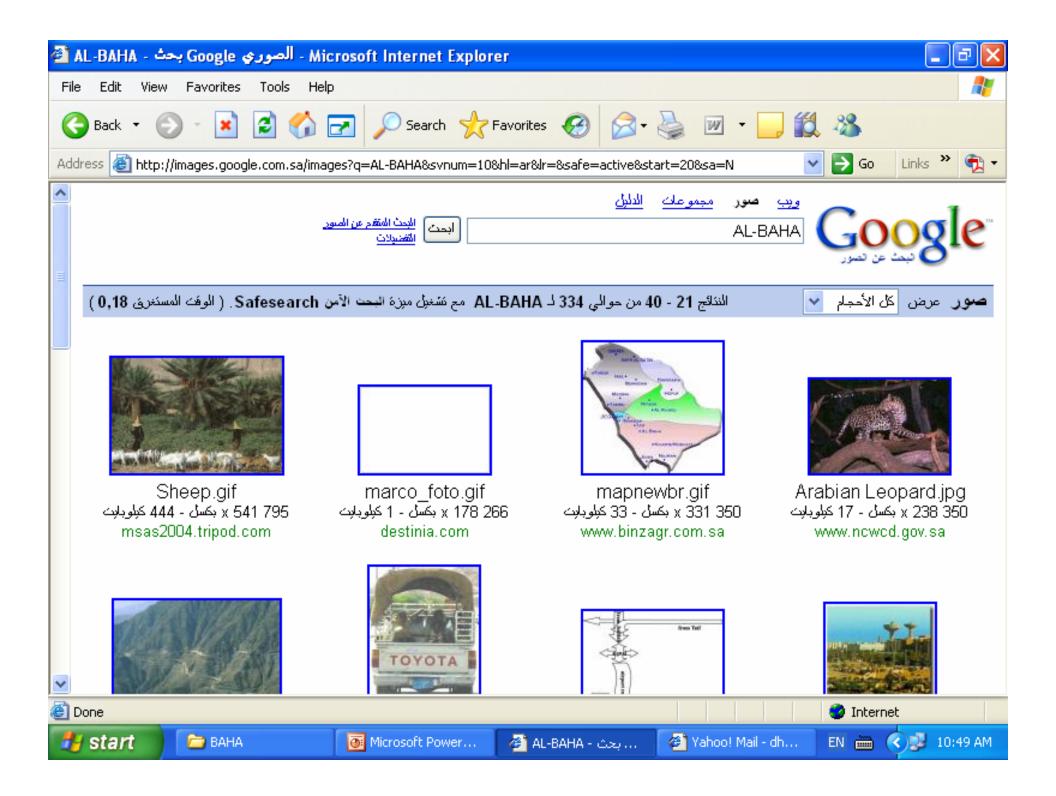




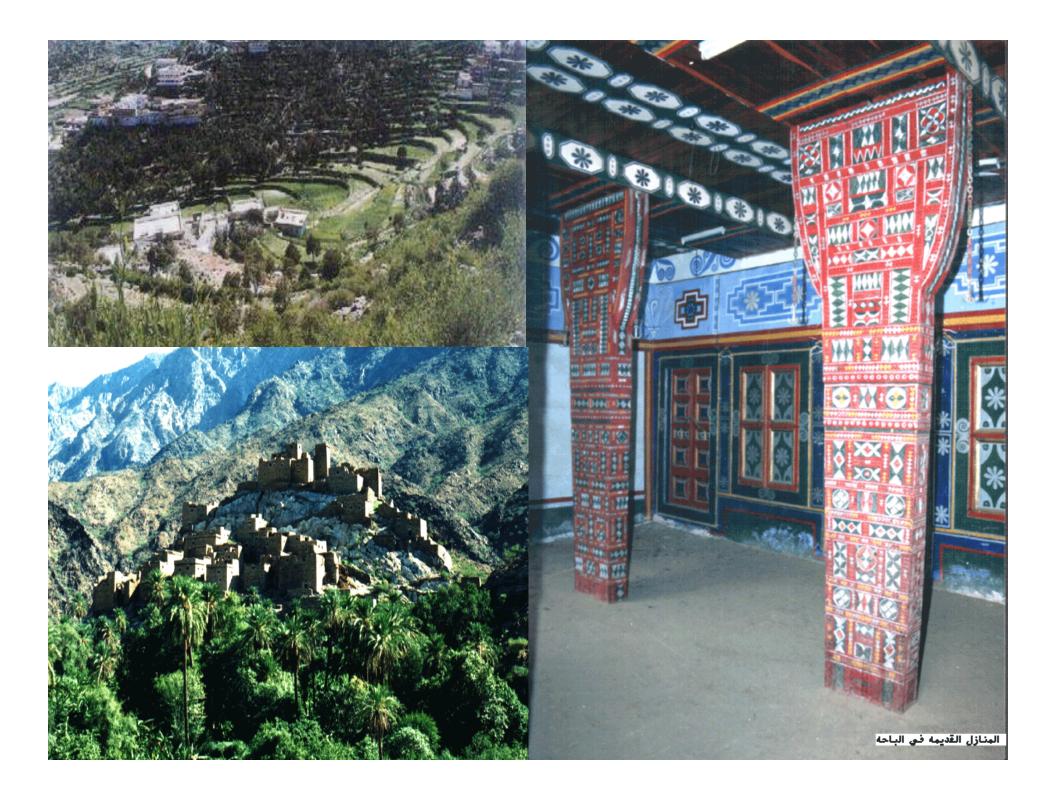
Add Speech presentation

Summary

- BAHA is excellent for bilateral conductive hearing loss with good bone curve
- Less benefit for unilateral conductive loss
- Better than CROS aids
- Problems are relatively minor
- Skin graft site is the biggest early and long term challenge
- Easy operation, but lots of little "tips"







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