Updated Referral Criteria for ENT and Cochlear Implants



Globally, Australia is known for its pioneering research on Cochlear Implants.

Although Australia has good public and private funding for Cochlear Implantation, only 10% of eligible adults receive this therapy. Hearing loss is one of the biggest modifiable risk factors for the development of neurodegeneration and dementia later in life. Equally, once dementia has already set in, it is too late to consider cochlear implants because outcomes are generally poor. Therefore, timely referral and assessment is key.

A major barrier identified has been the lack of a standardised model of care. To address this, more than 70 stakeholders across the hearing health pathway have formed the ANZ Hearing Health Collaborative — a coalition representing peak professional bodies, clinical experts, patients, government and industry. Together, they have launched the first binational adult Cochlear Implant Consensus, establishing guidance for cochlear implant referral, candidacy and outcome measures.

These guidelines have been jointly endorsed by RACS, ASOHNS, AMA, Audiology Australia and RACGP.

It is vitally important for GPs, who are a central point of contact for patients, to understand who to screen and when to refer patients for Cochlear Implantation, which these guidelines explicitly cover. Awareness of this invisible disability is important not only for the patient's hearing and cognitive health but also because it may help clinicians improve communication with their deaf patients about other health issues, thereby improving education and compliance with other therapies.

REFERRAL GUIDELINES

	Patients and Care Givers	GPs, Non-Implanting ENT Surgeons and Audiologists	
		Clinical Criteria	**Audiological Criteria**
Referral Criteria	Inadequate benefit from optimised hearing aids including: • Missing more than half of a conversation • Difficulty with phone use • Lip reading • Motivated to learn more about the next possible steps with support and guidance.	**As for previous column** • For first time presentation with hearing loss, treat wax, infection or acute external or middle ear disease prior to referral for full audiological assessment • If sudden or rapid loss is suspected and hearing loss is not explained by external or middle ear disease, immediate referral to an ENT or emergency department is warranted.	**As for previous columns** • Three-frequency (500, 1000, 2000 Hz) unaided pure tone average (PTA) in any ear equal to or greater than 60 dB HL (decibels hearing level) AND • Aided monaural phoneme score of less than 60% OR • Unaided phoneme score (on AB words) of 70% or less in any ear.
Ongoing Monitoring	If not current candidate, re-evaluation is recommended with ongoing difficulty or further hearing deterioration.	Many individuals will require multiple conversations prior to considering referral for evaluation; health care professionals are encouraged to provide information and support	If not considered candidate, consider re-referral with further deterioration every 1–2 years

Guidelines for referral apply to patients, care givers and all medical and allied health professionals who support individuals affected by hearing loss. Referral for evaluation for Cochlear Implantation candidacy is warranted if there are clinical and audiological markers. For those who meet these criteria, referral is warranted to a cochlear implant specialist for a comprehensive, multidisciplinary cochlear implant evaluation and preoperative assessment.

FIND AN ENT SPECIALIST

Sydney Adventist Hospital