

## Assessment for BAHA - referral information

- **Who can attend or receive our service?**

Children and adults may be referred to the team for assessment and management with a softband/headband trial. The service is appropriate for children or adults who are thought to have a conductive hearing loss, with or without microtia (where the outer ear or canal is missing).

- **Where to find us at York Hospital**

The service is based in the Audiology Department, York Hospital, Wigginton Road, York ,YO31 8HE. We also cover outlying areas such as Malton for assessment and fittings.

- **How do I refer a patient?**

For children please see the referral criteria and complete as fully as possible. For adults, a letter including any significant otological history, as well as recent PTA with AC and BC (see criteria sent to the ENT consultants).

- **How to contact us**

Audiology 01904 726741/725454

Head and Neck reception 01904 726400

## • **Meet the Team**

Our trained staff members offer a professional and caring service to children, adults and their families in a friendly environment.

- **Consultant Otolaryngologists**

Mr Gerard Reilly and Mr Alastair Mace

- **Head of Audiology**

Mrs Kate Iley

- **Audiologists**

Miss Christy Davidson Specialist Audiologist (Adults)

Mrs Stacey Gurnell Specialist Audiologist (Paediatrics)

Mrs Tracy Devine Specialist Audiologist  
(Adults and Paediatrics)

- **Teachers of the Deaf**

Mrs Helen Martin – Senior practitioner, York

Mrs Lesley Gallagher – Sensory partnership  
Co-ordinator, East Riding

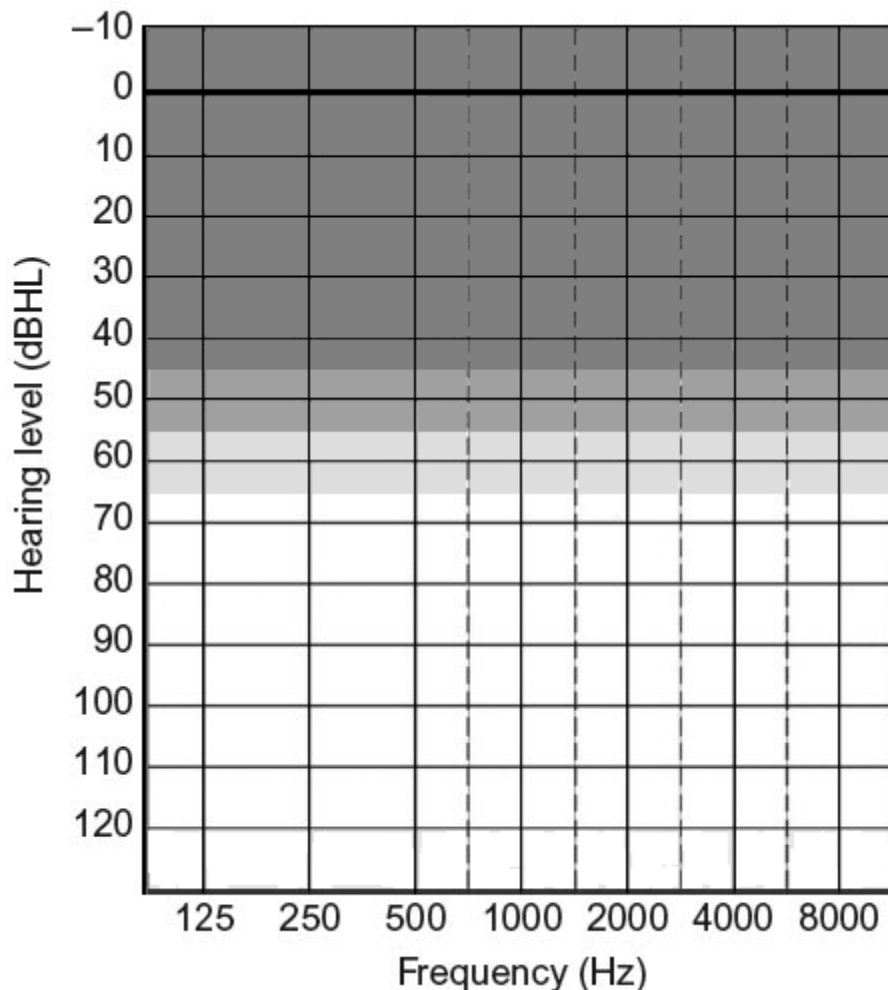
Carol Barnes – Senior practitioner, North Yorkshire

## ● Referral criteria

- Children or adults with:
  1. Congenital abnormalities of the outer and/or middle (e.g. atresia, microtia) with a conductive or mixed hearing loss
  2. Permanent conductive or mixed hearing loss
  3. Unilateral conductive or mixed hearing loss
  4. Single sided deafness (unilateral dead ear) where a Cros/Bicros system has shown to provide no significant benefit
- Patients should be able to handle the hearing aid device, and also be able to keep the skin around the BAHA site clean
- Patients should be capable of undergoing the assessment and rehabilitation provided. It is important that patients have a supportive network from home and local services to encourage the attendance of appointments and continued use of the BAHA
- Patients and their families should have realistic expectations of the BAHA's performance and on-going maintenance and hygiene
- Patients should have predominantly conductive hearing loss with good cochlear function
- For a conductive hearing loss patients will benefit with an air bone gap of more than 30dB
- For a mixed hearing loss patients will benefit with an air bone gap of more than 30dB. The most powerful BAHA

sound processor can compensate for a sensorineural element of up to 65db (measured at 0.5, 1, 2, 3 and 4KHz).

- Patients with single sided deafness who have normal hearing or a mild hearing loss in their better ear may benefit from a BAHA, but a Cros/Bicross hearing aid must be trialled first.
- BONE CONDUCTION THRESHOLDS MUST BE WITHIN THE SHADED AREAS:



**Referral information needed - please either complete the information on the form provided or supply with a letter.**

**Name of patient:** .....

**DOB:** .....

**Hospital number:** .....

**NHS number:** .....

**Address:** .....

**Telephone number:** .....

**GP:** .....

**Current provider of Audiology services:** .....

**FOR PAEDIATRIC REFERRALS ONLY:**

**Parent/carer's name:** .....

**Telephone number:** .....

**Teacher of the Deaf:** .....

**Audiological information:**

Current full audiogram: YES / NO

Previous audiogram: YES / NO

Tympanometry results provided: YES / NO

ABR results provided: YES / NO

**Current hearing aid information:**

Hearing aid: Right ear / Left ear / Bilateral

Make/Model: .....

Settings: .....

Earmould type: .....

**Medical information (aetiology, imaging, ENT):**

**Additional information:**

**Any additional needs:**

**Name of Referrer:** .....

**Position:** .....

**Address:** .....

**Contact:** .....

**Has the patient / their family been given any information on bone anchored hearing aids?**

**YES / NO**