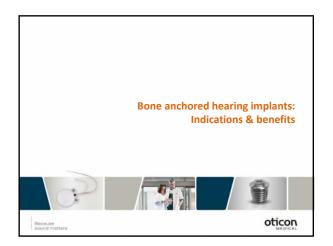
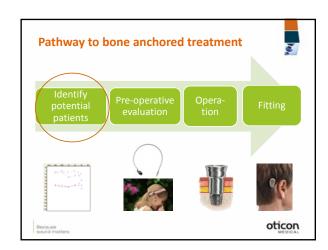
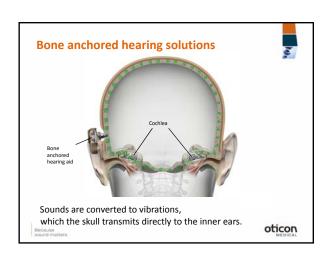
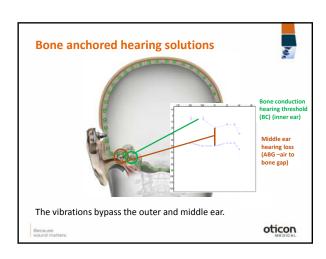


Outline • Bone anchored hearing implants: Indications & benefits • Background and the new MIPS surgical components • MIPS video • Pre-clinical results from MIPS development • Clinical results from the first evaluation • Q & A Learning Objectives • After this course learners will be able to describe the advantages of the MIPS technique. • After this course learners will be able to describe characteristics of the most suitable patients for the MIPS procedure. • After this course learners will be able to list the steps of performing MIPS.







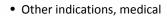


Candidates for bone anchored hearing solutions



Audiological indications

- Conductive & mixed hearing losses
- Single-sided deafness







Conductive

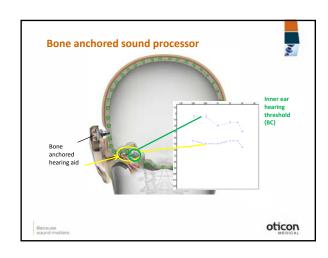
Mixed HL

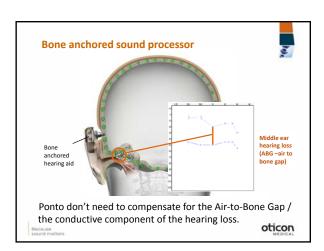
Typical diagnosis:

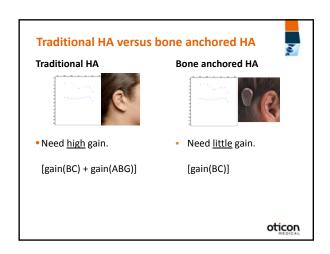
- Chronic otitis media
- Congenital malformation of outer ear (microtia)
- otosclerosis
-

without/with an inner ear hearing loss









Traditional hearing aid versus bone anchored HA



Traditional HA

IA



- Need high gain
- Likely problems with feedback
- Tight ear mould
- Advanced technology

Bone anchored HA



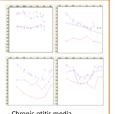
- · Low gain
- Better sound quality
- Ear canal is open
- Just as advanced technology as in modern traditional HA

oticon

Potential candidates for Ponto



Conductive and mixed HL



- Congenital malformation

- If ABG >30 dB, speech recognition is likely to be better with a bone anchored sound processor than with a traditional hearing aid. ^{1,2}
- Bone Conduction (BC) threshold up to av. 55 dB HL

HL AC

 Mylanus et al. Intraindividual comparison of the bone-anchored hearing aid and air-conduction hearing aids. Otologyngology- Head & Neck surgery. 1996; 124(3): 271-6.
 Wolf et al. Better performance with bone-anchored hearing aid than acoustic devices in paties with covere pickopa eth. The Internoposone 1716/13615. 2010.

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Because

Candidates for bone anchored hearing solution

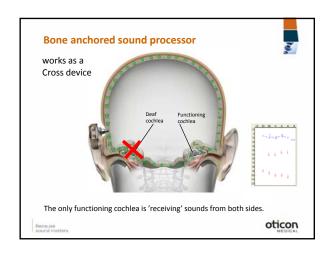


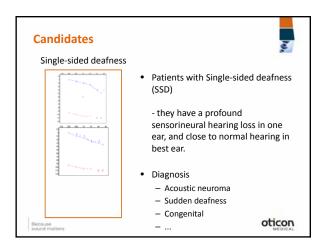
- Conductive & mixed hearing losses
- Single-sided deafness

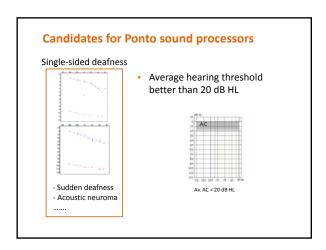


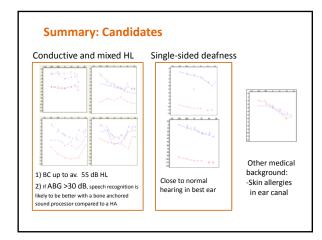
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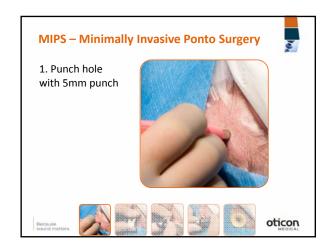


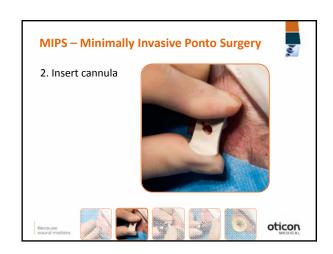


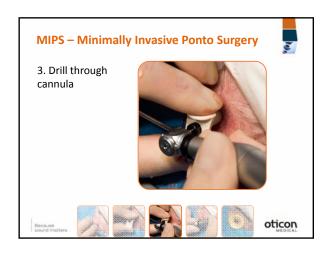


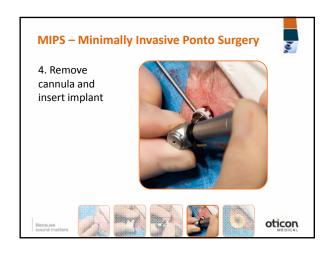






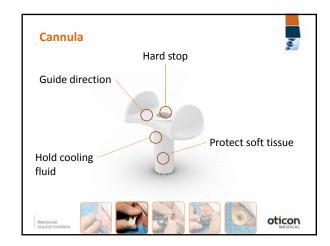


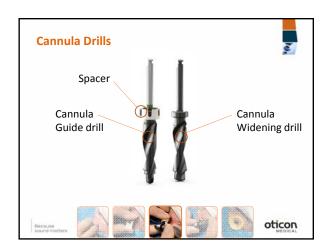




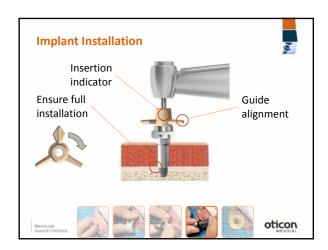


















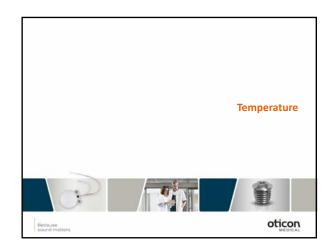
Patient Selection • Minimally invasive Ponto surgery (MIPS) is a single-stage surgery. • Same patient groups as for single-stage surgery in current manual: • Adult patients with normal bone quality and thickness • Children suitable for single-stage surgery; • Normal bone quality and a bone thickness above 4 mm • Typically 12 years or older • Skin thickness equal to or less than 12 mm

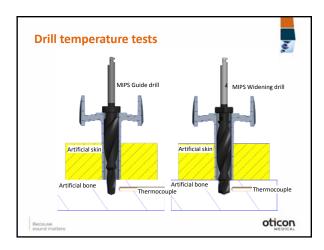


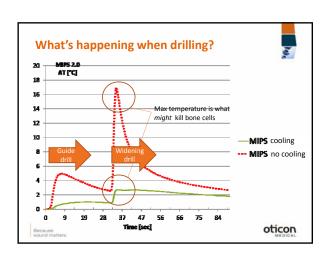


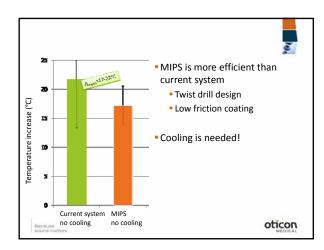


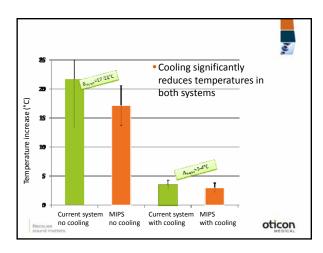


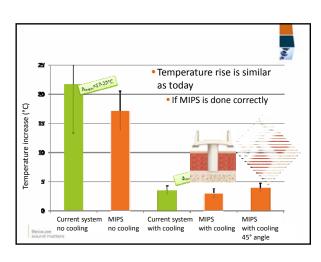












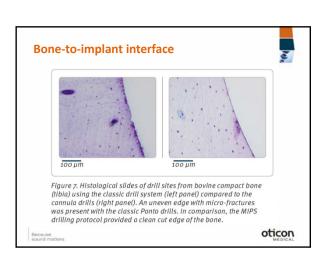
Drill temperature tests Conclusion

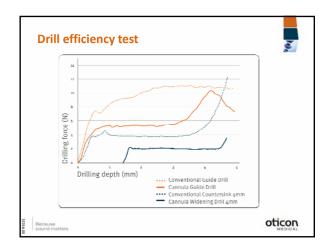


- MIPS with cooling is comparable to today's situation
- Take away for "how to do it"
 - Consider angle of patient's head
 - Fill cannula prior to each drill step
 - Continue flushing there is no such thing as too much
 - Stop drilling immediately when reaching stop
 - Flush it directly after drilling

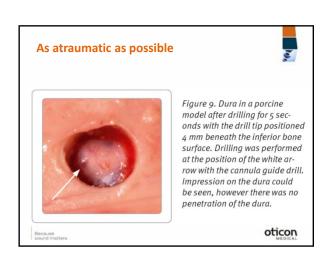
Because sound matte oticon



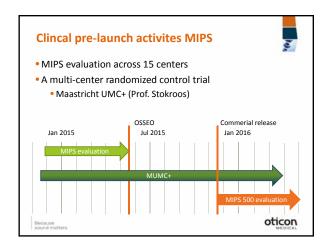


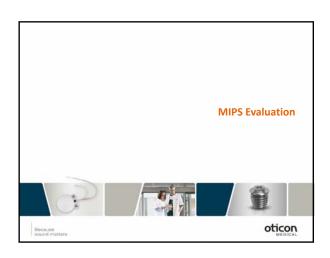




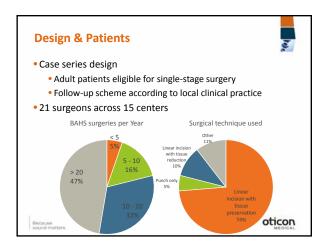




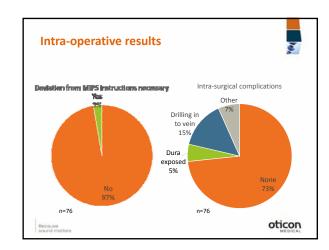


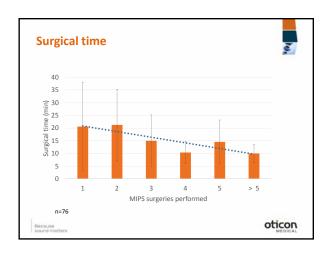


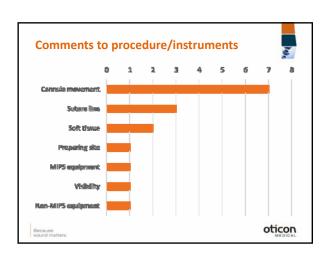


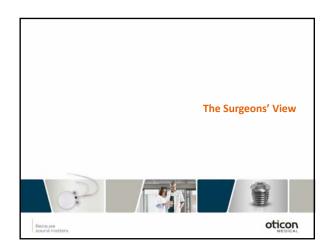
















Acknowledgements

Addenbrook's Hospital
Akademiska Sjukhuset
Careggi University Hospital
Dominikus Kankenhaus
Gruppo Otologico
Isala Klinicekan
James Cook University Hospital
Krankenhaus Maria Hilf
Ospedale Civile
MUMC+

Cambridge, UK Uppsala, Sweden Florence, Italy Disseldorf, Germany Piacenza, Italy Zwolle, The Netherlands Middlesborough, UK Stockholm, Sweden Mönchengladbach, Germany Venice, Italy Maastricht, The Netherlands

Mr. James Tysome
Karin Strömbeck
Dr Vannucchi
Dr. Red. Claus Cantus,
Dr. Garuso; Dr Giannuzzi
Dr. Rik Lutgert
Mr. Anirvan Banerjee
Prof. Malou Hultrantz
Prof. Dr. med. Jochen Windfuhr
Dr Bordin
Prof. Robert Stokroos
Janny Hof; Jan Wouter Brunings; Joost
van Tongeren
Marc van Hoof; Tim Calon
Mr. Junaid Hanif
Ms. Rupan Banga
Dr. Myrthe Hol; Dr. Emmanuel Mylanus
Chrisje den Besten
Mr. Shyam Singam
Mr. Savage Jones; Ms. Theresa Frawley

Norfolk and Norwich University Hospital Norwich, UK
Queen Elizabeth Hospital Birmingham, UK
Radboud University Medical Centre Nijmegen, The Netherlands

Torbay Hospital Tullamore General Hospital

Devon, UK Tullamore, Ireland



Summary



- Bone anchored implants indicated for
 - Mixed/conductive losses
 - Single-sided deafness
 - Some medical conditions
- MIPS: Minimally Invasive Ponto Surgery
 - Single-stage patients, i.e. where the implant and abutment are place at once
 - Typically adult patients with normal bone quality
 - New instruments designed for minimal trauma
 - Suturefree and scar-less surgery!

Because sound matters

