

Coordinating Committee in Otorhinolaryngology

Effective date: 3 February 2023

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Cochlear Implant 人工耳蝸植入術

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Introduction 簡介

To implant the internal component of a cochlear implant system 將人工耳蝸裝置植入耳內

Indications 適合病症

1. Bilateral severe to profound sensorineural hearing loss in adults and children > 12 months old

成年人及12個月以上小童兩側嚴重至深度神經性聽力損失

2. Limited benefit with appropriately fitted hearing aid 配戴助聽器但效用不大

Intended Benefits and Expected Outcome 預期結果

- 1. Hearing improvement 改善聽覺
- 2. Will not restore normal hearing 不能完全回復正常聽覺
- 3. Implant performance varies among individual patients 植入效果因人而異
- 4. Postoperative rehabilitative programs necessary to maximize performance 手術後需進行 康復訓練以達致最佳成效

Conditions that Would Not be Benefited by the Procedure 手術不能解決的問題

1. Deafness due to acoustic nerve or central auditory pathway lesions 聽神經或中央聽覺傳導通路損傷引致的耳聾

The Procedure 手術過程

- 1. Open the mastoid bone behind the ear 切開耳後乳突骨
- 2. Implant the receiver and electrode bands 植入接收器及電極東
- 3. Hook up the transmitter headpiece and speech processor after 4-6 week when the wound is healed
 - 4至6星期傷口癒合後連接頭部傳導體及言語處理器

Risk and Complication 手術風險和併發症

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

手術有一些副作用和併發症風險,醫務人員將盡力減少副作用和併發症風險。

Common Risks and Complications 常見副作用和併發症

- 1. Wound and implant infection 傷口及植入體感染
- 2. Bleeding and haematoma 出血及血腫
- 3. Loss of residual hearing in the implanted ear 進行植入的耳朵喪失剩餘聽覺
- 4. Transitory balance problem 過渡性平衡問題
- 5. Numbness around the ear 耳朵周圍麻痺
- 6. Tinnitus 耳鳴



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Uncommon Risks with Serious Consequences 不常見的嚴重風險或併發症

- 1. Facial nerve injury 面部神經受損
- 2. Meningitis 腦膜炎
- 3. Death due to serious surgical and anaesthetic complications 由於手術及麻醉的嚴重併發症引致死亡
- 4. Implant failure 植入體失敗
- 5. Electrode migration and implant extrusion 電極移位及植入體脫出
- 6. Change in taste 味覺轉變
- 7. Flap necrosis 皮瓣壞死
- 8. Failure of insertion of electrode 置入電極失敗
- 9. CSF/perilymph leakage 腦脊液/外淋巴液耳漏
- 10. Delayed abscess formation 延遲膿腫形成

Before the Procedure手術前準備

Patient should: 病人應該:

- 1. Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
 - 告知醫生其本身患有的其他疾病,如糖尿病、心臟病、高血壓及定時服用的藥物,包括中 藥及保健食品
- 2. Stop food and drink if needed as instructed by doctor or nurse 遵從醫護人員指示,在需要時禁食
- 3. Other special preparation or investigation before the procedure 其他手術前準備或檢查

After the Procedure手術後須知

- 1. May discharge home one or two days after the procedure 預計在手術後一兩天可出院回家
- 2. Skull x-ray to assess the position of electrode 顱骨 X 光檢查評估電極位置
- 3. Wound normally heals one week after the procedure 傷口一般會在一星期後自然癒合
- 4. Arrange for implant hook up and fitting of external part of the device few weeks after the procedure
 - 手術後數星期需回院進行植入體與外在組件連接及安裝
- 5. Over the next few months the audiologist will make adjustments to the speech processor to make you hear better
 - 接下來數月聽力學家會對言語處理器作所需調校,使接收更清晰

Alternative Treatment 其他治療方法

- 1. Hearing aid 助聽器
- 2. Other means of communication 其他溝通方式

Consequences of No Treatment 不治療的後果

- 1. Speech deterioration 言語能力退化
- 2. Auditory brain centre degeneration 腦部聽覺中心衰退
- 3. Loss of ability to acquire speech 喪失言語能力



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Follow Up 手術後跟進

1. Continuing evaluation of hearing status and adjustment of speech processor if needed 持續評估聽覺狀況,如有需要調校言語處理器

Remarks 備註

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

本單張只提供有關手術的基本資料,可能發生的風險或併發症不能盡錄。某類病人的風險程度 亦為不同。如有查詢,請聯絡你的醫生。