

About Hearing Loss

Hearing loss is classified by its laterality (left, right, both sides), degree, severity and origin.

The origin of the hearing loss is important because it often helps us to decide upon a management plan. Hearing loss that comes from the outer/middle ear is classified as a conductive hearing loss. Logically, the problem here is with how the sound travels through these portions of the ear. Typical pathologies which can lead to a conductive hearing loss include:

- middle ear infections
- impacted wax in the ear canal
- conditions such as Otosclerosis or Cholesteatoma and many more.

Conductive hearing losses should always be investigated by an Ear, Nose and Throat specialist to first rule out any possible medical intervention.

Sometimes hearing loss happens because of damage to the inner ear (cochlea) or hearing nerve. This is called a sensorineural hearing loss (SNHL). This type of hearing loss is usually permanent and progressive in nature and cannot be treated medically or surgically. SNHL usually feels like a loss of speech clarity/understanding rather than a loss of volume. This type of hearing loss is most commonly seen in the elderly but can also be caused by:

- noise exposure
- certain medication
- trauma to the ear
- certain conditions such as Meniere's Disease, Meningitis and many more.

A mixed hearing loss can happen when there is both a conductive and a sensorineural loss present. As before, due to the conductive component, an ENT consult is highly recommended prior to amplification to rule out any possible medical management.

Degree of hearing loss indicates the severity of the impairment, or how much hearing has been lost. We typically don't work in percentages of loss any more but rather in degrees such as 'mild', 'moderate', 'moderately-severe', 'severe' and 'profound'.

After the laterality, origin and degree have been established, management can be discussed for any hearing loss that may have been found during testing.

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