

## Common Myths (and facts) about Cochlear Implants

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**Myth: A cochlear implant restores normal hearing for persons who are deaf.**

**Fact:** A cochlear implant does not restore normal hearing. It is a communication tool but not a “cure” for deafness. Cochlear implants can provide more access to speech information than previously received from a hearing aid. Practice with the implant, supplemented with listening therapy are effective means to obtain the maximum benefit from this device.

**Myth: Surgical risks for cochlear implantation are high.**

**Fact:** Risk is inherent in any surgery requiring general anesthesia. However, the surgical risks for cochlear implantation are minimal and surgery is typically performed as an outpatient procedure. The majority of patients require no hospital stay and have no surgical complications.

**Myth: As new & improved technology becomes available, additional surgeries are required to take advantage of the new technology.**

**Fact:** The surgically implanted unit is designed to last a lifetime. The externally worn speech processor, which is responsible for coding the speech and sending the information to the internal unit, is software-dependent and can readily accept new and improved speech-coding technology as it becomes available. Additionally, the speech processor may be upgraded as technology improves.

**Myth: Children outgrow the internal device and require an additional surgery after their bodies grow.**

**Fact:** The cochlea is fully formed at birth and the skull structures have achieved almost full growth by the age of two. The electrode array is designed to accommodate the skull growth in children.

**Myth: It's better to wait for new technology to become available before getting a cochlear implant.**

**Fact:** The design of the surgically implanted receiver and electrode array has changed relatively little during the history of cochlear implants. In contrast, the speech coding strategies, which are responsible for delivering the signal to the internal unit and are stored in the externally worn speech processor, have changed significantly in recent history. The speech processor is designed to accept new strategies when available. It is always best to receive your cochlear implant sooner rather than later as there is a learning curve associated with the device, and duration of deafness can have a profound impact on the patient's performance over time.

**Myth: Implant users can only identify environmental noises, not speech.**

**Fact:** Cochlear implants provide a wide range of sound information and performance on speech perception testing does vary among individuals; however, with time and appropriate rehabilitation, most users understand more speech than they did with their hearing aids and many are able to communicate by regular telephone or enjoy music!

**Myth: Implant users cannot swim, shower, or participate in sports.**

**Fact:** When NOT wearing the external equipment, users can swim, shower, and participate in any number of water activities. The only restriction placed on implant users relates to skydiving and scuba diving as the significant air-pressure changes encountered in these activities is not advisable. Participation in all other athletic pursuits is unrestricted though protective head gear is always wise.

**Myth: Cochlear implants are new and experimental devices.**

**Fact:** Cochlear implants have been around since the 1970's and several devices are currently FDA-approved for use in children and adults.