

## National Institute for Clinical Excellence

# Auditory brain stem implants

## 1 Guidance

1.1 Current evidence on the safety and efficacy of auditory brain stem implants appears adequate to support the use of this procedure by surgical teams experienced in this technique, provided that normal arrangements are in place for consent, audit and clinical governance.

## 2 The procedure

### 2.1 Indications

- 2.1.1 This procedure is used to treat total deafness in both ears caused by damage to the vestibulocochlear nerve as a result of tumours or surgery.
- 2.1.2 In people with vestibulocochlear nerve damage, hearing is not improved by hearing aids or cochlear implants.

## 2.2 Outline of the procedure

- 2.2.1 The cochlear nucleus lies in the brain stem and is responsible for processing sound signals carried from the ear through the vestibulocochlear nerve. Auditory brain stem implants are electrodes placed in the cochlear nucleus.
- 2.2.2 Removal of vestibulocochlear nerve tumours and placement of auditory brain stem implants are often done at the same time. An incision is made in the skin on the side of the head and some of the bone behind the

ear is removed. This exposes the tumour so that it can be removed and also allows access to the brain stem beneath it. The electrodes can then be implanted into the cochlear nucleus. The brain stem may sometimes be approached through the back of the head. People with auditory brain stem implants wear an external receiver and speech processor. This device converts sounds into electrical signals, which are then sent to the implant.

## 2.3 Efficacy

- 2.3.1 The evidence was limited to case series data. One study reported that 85% (75/88) of patients received auditory sensations when their implants were activated. In another study, some hearing was reported in 94% (51/54) of patients. For more details, refer to the Sources of evidence.
- 2.3.2 One Specialist Advisor commented that results were unpredictable.

## 2.4 Safety

2.4.1 The main complications reported in the identified studies were: cerebrospinal fluid leak 3% (2/61); meningitis 2% (1/61); and pulmonary embolism 2% (1/54). A study of 61 patients reported no severe or serious non-auditory sensations. Tingling in various parts of the body was reported to be 'not uncommon' in a study of 88 patients. For more details, refer to the Sources of evidence.

# **Interventional Procedure Guidance 108**

### This guidance is written in the following context:

This guidance represents the view of the Institute which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Interventional procedures guidance is for health professionals and people using the NHS in England, Wales and Scotland.

2.4.2 The Specialist Advisors listed the potential adverse effects of the procedure as death, damage to lower cranial nerves, intracranial haematoma/brainstem stroke, meningitis, and implant-related infection.

### 2.5 Other comments

- 2.5.1 This procedure is suitable for a small proportion of patients who have complete hearing loss for whom no alternative treatment would restore hearing. In the UK, this procedure has been performed on only a small number of patients in a limited number of hospitals.
- 2.5.2 Long-term data are needed for this procedure.

Andrew Dillon Chief Executive January 2005

# Information for the public

NICE has produced information describing its guidance on this procedure for patients, carers and those with a wider interest in healthcare. It explains the nature of the procedure and the decision made, and has been written with patient consent in mind. This information is available, in English and Welsh, from www.nice.org.uk/IPG108publicinfo

## Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

Interventional procedure overview of auditory brain stem implants, December 2002.

Available from: www.nice.org.uk/IP133overview

### **Ordering information**

Copies of this guidance can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0792. *Information for the public* can be obtained by quoting reference number N0793 for the English version and N0794 for a version in English and Welsh.

The distribution list for this guidance is available on the NICE website at www.nice.org.uk/IPG108distributionlist

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