

## Signs and symptoms of hearing loss

- Discharging ears.
- Ear aches/pain in area of head/ear.
- Ringing, buzzing & roaring sounds in the ear.
- Swelling around ear.
- Dizziness.
- "Blocked sensation" in the ear.
- Frequent requests for repetitions.
- Sits near the television or has the volume loud.
- Baby babbling ceases +-6-8 months of age or the babbling is replaced by screaming.
- Insufficient language development.

## Risk Factors

- Family history of hearing loss, speech, and language difficulties
- Infection/illness of the mother during pregnancy, e.g. Rubella, syphilis
- Problems at birth, e.g. prematurity, anoxia, low birth weight
- Deformity of head/neck, e.g. absent or deformed outer ear, hydrocephalus, microcephalus, cleft lip and/or palate
- Syndromes that include speech and hearing problems, e.g. Down's Syndrome, FAS, Waardenburg Syndrome, Usher's Syndrome, etc.
- Mumps, measles, meningitis
- Ototoxic medication
- Recurrent middle ear problems



A newborn's hearing is tested as part of the Neonatal Hearing Screening Programme at Pelonomi Hospital

## Prevention of hearing difficulties

- Attend to ear aches, discharge and discomfort in the ear immediately.
- Do not insert any objects into the ear canal.
- Do not instill ear drops not prescribed for yourself into your ears.
- Do not expose your ears to excessively loud music for extended periods of time.
- Be aware of the causes of hearing difficulties and its applicability to yourself.

## What happens in a hearing test?

1. **The case history** is done to get background information about the patient and their hearing problem.

The audiologist takes a case history.



2. **The Otoscopic Examination** is done to evaluate the status of the patient's outer ear canal and eardrum.

The audiologist conducts an Otoscopic examination on a patient.



3. **The Immittance Measurements** involves measuring the function of the middle ear. A probe is inserted into the outer ear canal.

Measuring the middle ear function



4. **Pure Tone Audiometry** is done in order to determine the lowest threshold where a patient can detect a sound.

Measuring pure tone thresholds. The child must raise her hand each time she hears the sound



5. **Speech Audiometry** is done in order to determine the lowest threshold where a patient can identify and understand speech.

6. **Otoacoustic Emissions (OAE's)** and **Auditory Brainstem Responses (ABR's)** are also ways of testing hearing, especially in babies, infants and mentally retarded children and adults who are unable to respond appropriately in the behavioural Pure Tone Audiometry.

For more information, contact the Speech Therapy and Audiology Department at Pelonomi Regional Hospital in Heidedal, Bloemfontein on the Ground Floor in the I Block. Tel: 051 405 1078. We would be happy to assist you!