A Case Manager's Journey Through Hearing Loss and Rehabilitation

Unite Professionals Case Management
Your Rehabilitation, Our Priority

Introduction to Angela

Angela has worked as an Occupational Therapist for over 20 years, amassing extensive experience in supporting clients recovering from life-altering surgeries and functional declines resulting from various medical conditions. She has operated in both acute and community settings, collaborating with a diverse range of multi-agency professionals. Her clinical expertise necessitates the interpretation of clinical information from multidisciplinary teams to recommend suitable care and rehabilitation programs, provide assistive equipment, and identify options for environmental adaptations. This case study explores her personal experience of hearing loss and rehabilitation.

Initial Diagnosis and Surgery

In February 2025, I underwent Ear Nose and Throat surgery to have the new Cochlear Osia 2 device implanted after almost 30 years of living with unilateral hearing loss following a cholesteatoma. I was in my final year of University at the time of diagnosis, and recall being told that the cholesteatoma had eaten through the ossicles in my middle ear, eroded the mastoid bone and exposed the facial nerve leading to me to require urgent surgery. My initial response was to pretend nothing had happened, to move on and to ignore. This approach seemed to generate the best reaction in those around me too and fed a positive cycle of feeling 'recovered' and restored to my previous self.

Summary

Living Without Hearing Aids:

It was suggested that I use a hearing aid, but I decided to live without hearing aids and rely on strategy and adaptation. I compensated to the loss of hearing by ensuring that all noise activity occurred on my ‘good’ side, whether it was a telephone call, the traffic as I was walking along the street, ringing someone’s doorbell, or identifying the direction of a sound that I needed to identify to orient myself to the environment. I relied heavily on my ‘good’ ear and some residual hearing of certain pitches in the affected ear. I became proficient in lip-reading. For many years, this approach seemed adequate and no one complained that I had mis-heard them.

The Impact of the Covid-19 Pandemic:

Several years later, during the Covid-19 pandemic, I working as an Occupational Therapist in a busy acute hospital where staff and most patients were required to wear masks. I was suddenly plunged into a very different world as I was not able to lip-read and had not realised quite how much I had depended on this way of communicating. By this time, I was also getting older and was aware that my ‘good’ ear was not quite so good either. I left my acute OT role around this time after many years of practice, partly driven by loss of confidence as I did not feel capable of leading a team when I could not hear the conversations in the office.

A New Chapter in Rehabilitation

And so began my rehabilitation journey. I decided I needed to go back to the ENT department to explain the deterioration in my overall hearing and how it was affecting my work and my daily life. My previous strategies were no longer adequate, my neck had become stiff and painful after several years of being slightly rotated to the right, and I was concerned that mis-hearing and mis-understanding would lead to social withdrawal and isolation in older age. I therefore accepted that I needed professional advice. I was re-assessed and referred for the newest form of bone-anchored technology. This would suit my needs with unilateral conductive hearing loss and would enable me to identify the direction of sounds and hear voices more clearly.

Undergoing Osia 2 Implant Surgery

The surgery went ahead in February 2025 and involved the titanium implant comprising a removable magnet and transducer being secured to the skull with titanium screws. The implant osseo-integrates over time and I was informed by the surgeon that it adheres so strongly that I could be lifted off my feet if someone grabbed the implant and lifted me up. Bizarrely, this was reassuring as I was concerned that yoga poses could potentially dislodge the implant, and I love yoga, so that was a serious consideration. On the flip side, I realised that I needed to be definitely sure that I wanted to go ahead with the surgery as the implant would not be coming off easily or at all once it was secured in place.

The surgery was more invasive than I had expected and I developed a haematoma with bruising which extended down my neck. I found it difficult to maintain the same upright position for long periods of time due to neck pain and my head felt heavy. Car journeys were particularly difficult and I felt quite nauseous and dizzy initially. These symptoms resolved over time and I received an audiology appointment to have the processor ‘fitted’ or magnetically attached to the implant for the end of April 2025.

First Processor Fitting Experience

The initial fitting of the processor involved a hearing test where my ‘reference ear’, the new preferred name for my ‘good’ ear, was compared to my ‘bad’ ear. This involved a standard hearing test followed by the magnet within the implant being spun around which felt like electric shocks and was rather disarming. This was followed by the Audiologist driving a combination of chromatic scales with white noise into my head with increasing volume. I found this to be a quite frightening and visceral experience. The session took place in one of the sealed and totally silent audiology clinic rooms with enormous doors like a nuclear bunker.

The Audiologist showed me how to set up and attach the processor. The magnet within the implant has four strengths which can be remotely operated by the Audiology team. My magnet was set at a 3 out of 4 which was deemed adequate over my hair. Fortunately, I have not had an issue with pressure build up or the development of pressure sores which is a common issue. The processor is about the size of a 2p piece with a small door that houses a button battery; as a highly technical piece of kit this seemed quite archaic. The button battery needs replacing every two days on average and it needs to be put in the right way around otherwise the processor will not work. The processor also needs to be magnetically attached to my head the right way up and secured with a fiddly hair-clip so it doesn’t drop off. I was informed by the Audiologist that ‘the NHS charge you £78 for a replacement and then silently cry’ if it’s lost. I was under no illusion that this was a very expensive piece of kit.

Adjusting to the Device

With this learning in mind, the processor tuned to my prescription and securely attached to my head, I left the building and the real work of trying to become accustomed to it began. So far this has involved disorientation, difficulty establishing where noises are coming from, hearing sounds and not knowing what they are, difficulties concentrating and exhaustion. I have also experienced the processor flying off when I flick my hair to one side, lift my reading my glasses over my head or put a jumper on. As it's powerfully magnetic it flies at the nearest magnetic object, on one occasion it flew at a frying pan and I thought I had broken it!

Ongoing Audiology and Sound Sensitivities

The second Audiology session involved fine-tuning of the device, once I'd found my way out of the clinic toilet. Sounds bounce off walls and surfaces differently with the processor in place and this continues to disorient me. I was reassured that this was a normal experience and I was not losing my mind. During this second session, the processor was attached to a laptop and the Audiologist remotely lowered the volume across all pitches as I was finding it difficult to tolerate the cacophony of sounds. I was finding it particularly difficult to tolerate high pitches such as keys jangling, cutlery being used, crisp packets being opened and train Tannoy announcements. I attended the Unite Professionals Conference in May 2025 and could clearly hear a teaspoon being put on a saucer across the conference room, over and above peoples' voices next to me. My voice sounded loud as I spoke to the other Case Managers and it was difficult to work out the direction of sounds.

Rehabilitation Progress and Reflections

After six weeks of rehabilitation, I feel I have now reached a point where I am neither comfortable with or without the device, which feels quite strange. I'm half way across the river and need to make a concerted effort to reach the bank on the other side. I have recently joined the Cochlear family so I can gain peer support. I have also set up the Cochlear app but remain bamboozled by the various settings. I'm still not confident to speak on the phone with the processor in place as I'm not used to hearing my own voice or the sounds around me while speaking on the phone at the same time. My next Audiology session will involve re-instating some of the higher pitches and increasing the volume across all pitches.

By the end of the day, I still feel quite overwhelmed and 'miss' sounds and what people are saying. I've been told it takes at least 3 months for the brain to adjust. I can see the benefit of having the new device and I know I need it as I'm getting older.However, it's taking me a while to become accustomed to it, and I am aware of how easily I could fall back into 'bad' habits. I'm also perceiving the sound to be quite fake at the moment, as if I'm in an airport hangar being spoken to through a Tannoy. My 'good' ear feels numb by the end of the day, which is a very strange sensation, almost as if it has given up compensating after so long. These difficulties apparently get better over time and I am therefore committed to making this new way work for me.

My personal experience of rehabilitation has made me reflect on my Case Management practice. Firstly, I have a greater appreciation of the need for rehabilitation options to be well-scoped, fully understood and openly discussed with clients ahead of any decisions being made. We need to know what we are signing ourselves up to. Many clients may not feel in the right place to start an intensive rehabilitation program, develop new strategies, or learn how to use equipment or medical devices. Some clients may feel they have adapted sufficiently using their own resources. Others may prefer a blended model or for the rehabilitation to occur gradually.

Rehabilitation also needs to be viewed within the context of clients' psycho-social needs with previous trauma influencing both the timing of rehabilitation and also engagement with the process. Clients may need to pause their rehabilitation for a period of time. This may be several weeks, months or even longer. Their needs will also change throughout their lives and consideration should be given to the appropriateness of certain interventions, strategies and devices and sustainability over time. I am more aware that rehabilitation needs to be arranged with professionals who are insightful, committed and experienced in tailoring the client's rehabilitation to their evolving needs over time. A compassionate approach, where clients are able to discuss their difficulties openly is essential if progress is to be made. Case Managers and the treating teams need to be alert to clients' tolerance levels as this can easily destabilise the effort and lead to dis-engagement very rapidly. My experience has highlighted that rehabilitation is not a linear process leading to a successful outcome. It is easy for clients to feel ashamed, guilty and embarrassed that they're not living up to the expectations of their Case Manager, rehabilitation team or families. It is difficult to voice your dislike of a piece of kit worth thousands of pounds that you feel needs tweaking as it doesn't quite work, for example! On reflection, I feel rehabilitation is akin to changing wheels on a moving train. A team approach with the client at the centre is key to achieving successful outcomes.

For questions and enquiries, reach out to us!

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