

5th International Conference on

OTORHINOLARYNGOLOGY

August 07-08, 2017 London, UK

Innovations in hearing technology that will benefit your patients

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Approximately 70% of UK adults aged over 70 have meaningful hearing loss. By 2030, the population aged over 75 will rise by 50% to 7.1 million. By 2035, it's estimated that there will be 15.6 million people with hearing loss in the UK - that's one in five. Unmanaged hearing loss is independently associated with accelerated cognitive decline. A mild hearing loss is thought to almost double the risk of developing dementia and a moderate hearing loss is thought to triple this risk. Despite its high prevalence and adverse consequences for health outcomes, hearing loss is largely underdiagnosed and undertreated. Almost two thirds of adults with hearing loss do not use hearing aids. This may be partly attributed to poor public understanding of hearing health and outdated perceptions of hearing technologies and services. Does wearing hearing aids slow down cognitive decline? A 25-year longitudinal study found that cognitive decline in older hearing aid users was not significantly different to that of older adults with no hearing loss. The study concludes that hearing aid use by older adults attenuates accelerated cognitive decline. Clinicians must become more effective in addressing the stigma associated with hearing loss and wearing hearing aids. Hearing health needs to be aligned with other routine health checks such as dental or vision checks. We will all need to work together to ensure that all adults are aware of their hearing health status, know about advances in hearing technologies and are taught that hearing aids are an important tool for staying connected and cognitively well. We will look at modern hearing technology to equip you to educate your patients to take control of their hearing health.

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Tonsillectomy for obstructive sleep apnea: Is it necessary to breach the capsule?

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There is an increasing recognition of obstructive sleep apnea in addition to recurrent tonsillitis, as an indication of adenotonsillectomy, which is often seen in much younger kids. Post-operative pain, risk of bleeding and at least two weeks of recovery time and especially in kids less than 4 years of age makes this procedure with significant post-operative risks. However, the recognition of the tonsillar capsule as a watershed with the blood vessels lateral to it on an average double the diameter when compared to its medial, as well as absence of the sensory nerve endings medial to it, is rather promising. This is especially in cases of obstructive sleep apnea where, reduction in bulk of adenoids and tonsils is only required. Therefore, ablation of tonsils medial to the capsule with cold radiofrequency ablation (coblation) has much lower incidence of bleeding (0.4% vs. 4% by conventional techniques) and post-operative pain with much quicker recovery in the post-operative period. Its role in performing tonsillectomy in cases of recurrent tonsillitis is more controversial due to risk of tonsillar remnants getting infected. The author describes and presents the mechanism of action of coblation intra-capsular tonsillectomy and his experience in performing this procedure.

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