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INSIDE THIS ISSUE:

Amplification Options for Single Sided Deafness

by Jane Louey

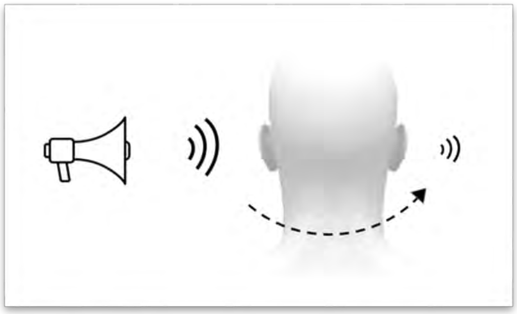
BSc(Hons), MClinAud, MAudA(CCP)

Guest Speaker at VIC Meeting 16th June 2018

It is easy to underestimate the challenges associated with single sided deafness, more technically known as unilateral hearing loss. particularly if one ear still has normal hearing. Aside from the obvious challenge of being unable to hear sound on the side with the hearing loss, the main challenges experienced with asymmetrical hearing loss include sound localisation and hearing conversation in background noise.

Sound localisation

Sound localisation is the ability to tell which direction a sound is coming from. The brain relies on information coming from both ears to work out where a sound is in the horizontal plane. For example, if somebody is speaking to you on your left side, their voice will be louder in your left ear than your right ear. Your left ear will also hear their voice a fraction faster than your right ear will. This is because the head becomes a physical barrier that sound has to travel around to get to the other ear.



The brain can detect these tiny differences when receiving information from both ears. It then uses these differences to identify whether the sound is coming from the left or the right side. If one ear does not hear as well as the other ear, these slight differences can become skewed and the brain can get confused about which direction a sound is coming from.

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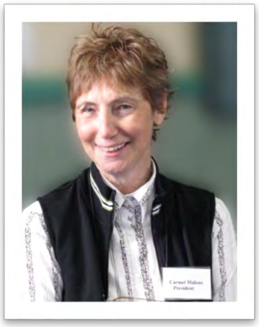
Carmel's Corner



Hello Everyone
As 2018 has progressed I have been looking at the support areas required by our ANAA members and their families from first diagnosis through the Acoustic Neuroma journey. There are many words to describe the feelings when the patient first hears the words "Acoustic Neuroma brain tumour."

It is a very rare form of tumour and the newly diagnosed person has never heard of it and doesn't know anyone who has the same diagnosis. This is a very frightening experience. Fortunately, the use of the Internet search engines will identify the Acoustic Neuroma Association Australia, which has an amazing resource of information, supports available, and contact people across Australia. The state meetings also provide a great opportunity to meet members and their families and experience support in the decision making process and recovery.

However, it is the carers and family members who walk the silent journey and rarely receive acknowledgement and support in their vital role. Annually at each of our state meetings, carers have an opportunity to meet with each other and regardless of the Australian state, the issues are similar:

- Understanding an acoustic neuroma brain tumour
- Seeking support services
- Looking after yourself
- Acknowledgment of and validation of feelings
- Trying to keep things normal
- Dealing with the aftermath of surgery

Across the Association Victoria addressed carer needs with Dr Joanne Brooker (Monash University) speaking about the psycho-social needs of carers with a follow up newsletter lead article. In NSW Dr Maria Kangas (Macquarie University Hospital) presented her research on the 10 top stressors for carers and followed up with a newsletter lead article. However recent state meetings' feedback indicate carers are asking ANAA to provide more tangible support and address this very important issue of carer needs and support.

Recent research has shown face to face contact with others in similar situations and with similar needs is one of the most effective ways of managing stress, reducing depression and anxiety and validating our experiences and feelings. A renowned Australian Sociologist Dr Hugh Mackay recently (2018) spoke of "the value of a culture where people make time to attend to and listen to each other".

My hope is we in ANAA will continue to provide the opportunity for carers to be listened to and heard which in turn will greatly benefit each person diagnosed with an Acoustic Neuroma brain tumour.

Kind regards
Carmel Malone
ANAA National President

> *"A work of art is the trace of a magnificent struggle"*
> *-Grace Hartigan*

NEWSLETTER INFORMATION

Newsletter Contributions Welcome

This is your opportunity to share information and stories with other ANAA members.

Your story can help others in their journey through the Acoustic Neuroma experience.

Send your contributions to:
Shayne Cunningham:-
via email -
shayne.cunningham61@gmail.com
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Another way for us to provide support and information.

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Newsletters are automatically sent to financial members via the ANAA Webmaster.

All changes of email and postal address please direct to:

Paul Ford at:
paulmeg@initialsolutions.com.au

Members only

UPCOMING MEETINGS FOR 2018

NSW, ACT & QLD ♦ Saturday 3rd November	**VIC** ♦ Saturday 20th October (AGM)
WA ♦ Saturday 18th August ♦ Saturday 17th November	**SA & NT** ♦ Saturday 27th October
TAS TBA	**COMMITTEE MEETINGS** ♦ Sunday 18th November

Background noise.
The other challenge associated with unilateral hearing loss is hearing what you want to hear in a noisy room. The ability to focus on one conversation in a crowded room is very complex and relies on having both ears working optimally. The sound localisation cues discussed above also contribute to hearing ability in a noisy place. There are also other signals that rely on both ears working optimally to help the brain work out what you want to listen to and what is background noise. When the brain is hearing the same thing in both ears, in a way it is hearing the same thing twice. There is a better chance of identifying what you want to listen to and what is background noise with two ears working properly than when only one ear is relaying information to the brain. Everything also sounds a bit louder when you are listening with two ears compared with just one ear, which also gives you a better chance of hearing in a noisy place.

What options are available to help me if I have hearing loss in one ear?
The amplification options that are currently available are designed to try to overcome the impact of hearing loss on sound localisation and listening in background noise. There are a variety of options that may be suitable for different individuals. These include hearing aids, implants or wireless accessories.

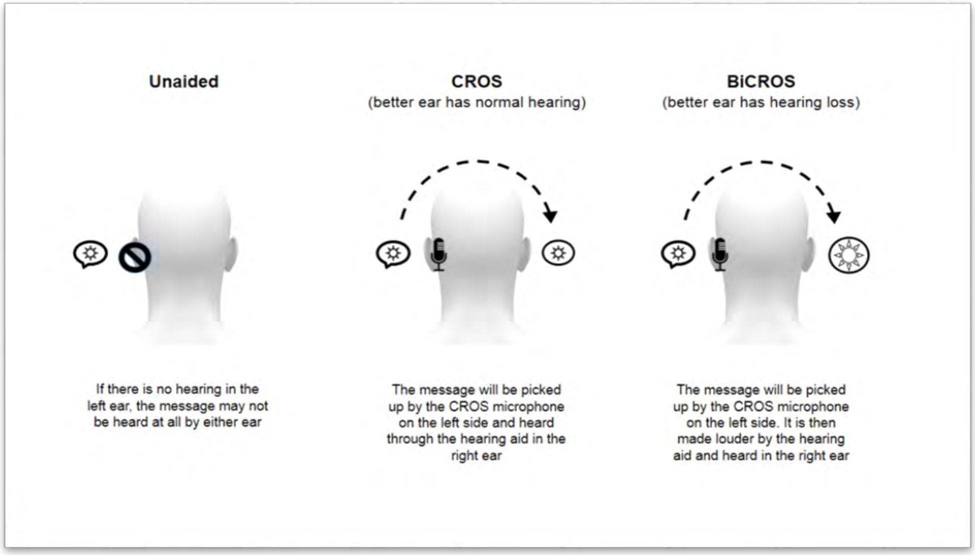
Hearing aid for the poorer ear.
Fitting a hearing aid to the ear with hearing loss is an option for people who can still obtain meaningful information from their worse ear. The speech test that forms part of a standard hearing test can give an idea about whether increasing the volume will result in better hearing ability for conversation. If the ear with hearing loss can hear words clearly when they are made louder, having just one hearing aid may be beneficial to balance the ear with hearing loss with the better ear.

A hearing aid is programmed specifically for your hearing loss and aims to give more volume to the sounds that are difficult to hear. This strategy aims to improve the brain's ability to use sound from both ears to work out the direction that sound is coming from as well as to help with hearing conversation in background noise. It is an option that is suitable for a mild hearing loss right down to a profound hearing loss.

Often with acoustic neuromas or pathologies that affect the auditory nerve, speech or just sound in general can sound distorted in the affected ear. For these cases, a hearing aid is not recommended. This is because it just does not provide any benefit compared with not wearing a hearing aid. Or worse still, it will make the distortion louder and cause greater hearing problems. The more suitable hearing aid option in this case is a CROS system.

CROS system
CROS stands for Contralateral Routing of Signal and is the more commonly recommended hearing aid option when one ear cannot be aided with a traditional hearing aid. It consists of two parts, a microphone that is worn in the poorer ear and a hearing aid that is worn in the better ear. Sound is picked up on the poorer side by the microphone and is sent across wirelessly to the hearing aid in the other ear. This enables the better ear to hear sound that originates from the side of the poorer ear.

Lead article continues on page 6



For individuals with normal hearing in the better ear, the system is called a CROS. The hearing aid is still needed for the better ear to receive the sound from the CROS microphone, but it will provide little to no amplification. For individuals with hearing loss in the better ear, the system is called a BiCROS. The hearing aid in the better ear is adjusted specifically for the hearing loss in this ear. The CROS and BiCROS mainly bring back awareness of sound on the poorer side. They also allow you to hear what someone is saying if they are sitting on the side of your bad ear.

CROS systems are continually improving and now carry a lot of the features that are available in traditional hearing aids. These include wireless connectivity and audio streaming from mobile phones or other bluetooth electronic devices straight to the hearing aid. Wireless connectivity also enables data sharing between the hearing aid and CROS satellite microphone. This allows information from both ears to be used by the sound processing system of the hearing aid, particularly for listening in a noisy place. This mimics how the brain processes the information that it receives from two ears to help filter out background noise. The more recently released CROS systems therefore aim to improve the listener's ability to hear the conversation that they want to hear in a noisy environment.

Implants

For individuals who have tried hearing aids with no success, there are two implant options that might be worth considering: the BAHA (bone-anchored hearing aid) and the cochlear implant.
Although the BAHA's name suggests it is a hearing aid, it is actually classed as an implant. A sound processor is worn on the poorer side and sends sound to the better ear through bone vibrations. This principle is similar to that of the CROS where the better ear is hearing sound from the poorer side. The device can be trialled on a headband before undergoing any surgery to ensure that this option works for you.

Cochlear implants are becoming a more common amplification option for people with profound hearing loss in one ear. Cochlear implants involve surgical insertion of some electrodes into the cochlear that stimulate the auditory nerve directly. A processor is worn behind the ear to pick up sound which is then converted and sent to the brain as an electric signal rather than an acoustic signal.

Lead article continues on page 7

By giving back hearing to the bad ear, the brain can use cues from both ears again and there can be an improvement in sound localisation and listening ability in background noise. However, the success of a cochlear implant relies on an intact auditory nerve amongst a number of other factors and not everybody with hearing loss is a candidate for a cochlear implant.
Further information can be found at https://www.cochlear.com/au/home or through your local cochlear implant clinic.

Wireless communication devices

Wireless communication devices relay conversation directly to your ear through a hearing aid or earpiece. They can be thought of as wireless microphones that are placed near the person you want to listen to. These devices allow you to hear them as though they are right next to you speaking into your ear even though they are at the other side of a room or the other side of a table.

Wireless communication devices may be helpful for any level of hearing loss. This is because they can be used in conjunction with hearing aids. For individuals whose poorer ear cannot be helped by a hearing aid and whose better ear has normal hearing, these devices can be used with an earpiece that sits in the ear with normal hearing. Each hearing aid manufacturer will have their own version of a wireless communication device that will work with their brand of hearing aids. There is also the Phonak Roger™ suite of devices with a range of options for different situations that may also be suitable.

Situations where these devices can be useful include lectures or meetings where there is a main speaker who is standing on a stage some metres away. Wireless communication devices are a great option to hear conversation in the car where lip-reading is impossible and road noise drowns out conversation. The device can also be used at a café or restaurant where it is very noisy. You will still hear background noise when using the device, but the advantage is that the speaker will be easier to hear because their voice will not get lost amongst all the other noise and will be heard directly in your ear.

There are a range of different options to help with unilateral hearing loss as a result of an acoustic neuroma. While there is no single option that helps everybody, one or more of these options may be suitable for your unique situation and lifestyle. A discussion with your audiologist can help you to work out which option or combination of options might work best for you. Technology is always improving and in years to come there may be even better options to help with unilateral hearing loss or single sided deafness.

Jane Louey
BSc(Hons), MClinAud, MAudA(CCP)

TASMANIA NEWS

TASMANIA MEETING REPORT

6th May 2018

We had a good turnout with 14 people attending the meeting, including two members from Northern Tasmania. There were a good mix of AN experiences and treatments including 3 people on watch and wait, 4 who had had gamma knife and 5 who had had surgery. We all spoke briefly of our experiences and outcomes to date. We welcomed our 2 newest members Alan and Sharon and their partners.

A short report was given on our Strategic Planning day in Melbourne on the 14th April with some of the outcomes from this. A copy of handout with a chronology of our Tasmanian meetings dating back to 2011 was distributed to everyone. This also showed a list of Tasmanian members stories and which issue of the newsletter they were in.

Tasmania being a small state has few options for treatment locally; there are a few neurosurgeons who can operate but there are no options for radiation treatments such as Gamma Knife, Stereotactic or Cyberknife. As such many of us have to travel interstate for consultations and treatments adding an extra level of difficulty when making decisions.

We hope to organise another meeting towards the end of the year with a guest speaker.

Sue Webster
State Contact Officer - Tasmania

SOUTH AUSTRALIA MEETING REPORT

23rd June 2018

Our second meeting for 2018 kicked off a little earlier than usual, at 12pm. Everyone arrived and we ordered our meals quite promptly, which meant we received them quite promptly! We had a great turnout of 15 adults and were lucky enough to have two young children come along too!

After lunch, we were lucky enough to have Shona Fennell and Marjorie Wellby from Better Hearing Australia (BHA) Adelaide attend to speak to us about the implications of hearing impairments. Shona began the presentation with a bit of background of BHA. BHA is a national, volunteer organisation which specialise in promoting best practice in hearing loss management through advocacy, support and education.

Shona started off explaining how the ear and hearing works, going on to discuss some of the issues which we encounter when we are hearing impaired, such as hearing conversations in noisy settings and determination of sound direction. We all agreed we have experienced those kind of issues, particularly when a family member speaks to you from another room in the house!

Shona then went on to offer some suggestions on how individuals communicating with someone with a hearing impairment can make communication easier:

- Gain attention – make sure you have the hearing-impaired persons attention before you speak to them
- Eye contact – make sure you look at the hearing-impaired person when speaking to them as expression is important and many people can lip-read (even if they don't realise it!)
- Positioning – try to position yourself so that the hearing-impaired person can clearly see your face. Making sure the light is on your face can help
- Get to the point – explain the topic before going into detail and try not to go off topic
- Speak clearly – Do not speak too quickly, speak distinctly and not too loudly (yelling and exaggeration and distort speech and come off aggressive)
- Rephrase – if the hearing-impaired person does not understand what you said the first time, try rephrasing this as some sounds are harder to hear and lip-read than others
- Distance – the closer you are to the hearing-impaired person, the easier it is for them to hear and understand you
- Reduce noise – close windows, turn off the tv, etc. to make it easier for the hearing-impaired person when you are speaking to them
- Background noise – if background noise in unavoidable, try sitting closer to the hearing-impaired person and try to ensure there is only one person speaking at a time. Even better, try to avoid noisy cafes or crowded restaurants.
- Understanding – it is important to note that hearing aids only provide limited benefits so do not expect hearing aids to completely 'fix' hearing loss.

SA meeting report continues on page 10

I think this information is so beneficial to explain to people around us and the whole group agreed with all these points!

Shona then went on to discuss some hearing aid maintenance and cleaning tips (if you would like a copy of some tips and trouble-shooting ideas, please contact me I will email you a copy!). Shona also gave us each an exercise sheet to use if we are going into a situation we know will be difficult to hear, the idea is to write down key words so that your brain is ready to hear those words if they come up.

Marjorie then spoke to us about the importance and benefits of gestures in communicating. A few examples of gestures are as follows:

- Wiggling crooked finger – come here!
- Palm of hand raised towards the other person – stop or halt!
- Forefinger held across sealed lips – Quiet. Silence.
- Both arms extended, open palms up – Help me! What can I do?
- Thumb and two fingers or right hand extended- Hand it to me. Pay me.
- Head nodded up and down – Yes. Right. I approve.
- Hands extended, palms down, moved back and forth referee style – All right. You've made it.

It was really interesting to be made aware of the fact that we all use gestures in everyday life without any conscience effort! Marjorie told us that people who used gestures when speaking have been proven to be more effective communicators (not even considering the impact of hearing-loss).

Perhaps we should all start trying to take notice of what gestures we regularly use, and especially make an effort to use them when we are communicating with each other!

I would love to hear feedback on what gestures we all use or let everyone know some more creative ones! There are over 1,000 gestures, so there is no way one person can know them all!

Shona then spoke again and spoke about the importance of lip-reading. It seems that (to an extent) lip-reading can be picked up without us even realising, especially if your hearing declined over time (it may be more difficult for people who lost hearing suddenly). Despite our tumours, it is amazing how our brains work out how to communicate with others without any conscience effort from us!

There was much more discussion about hearing loss, coping strategies, and individual experiences as the meeting wound to an end. We cannot thank Shona and Marjorie enough; the content was fantastic and everyone left the meeting in high spirits.

We must do a special shout-out to Karen Thurston, who still came to the meeting on her birthday! I hope you enjoyed the day!

I got to meet some members I have not been lucky enough to meet in person yet, and it was so good to see some familiar faces I haven't seen in a long time!

SA meeting report continues on page 11

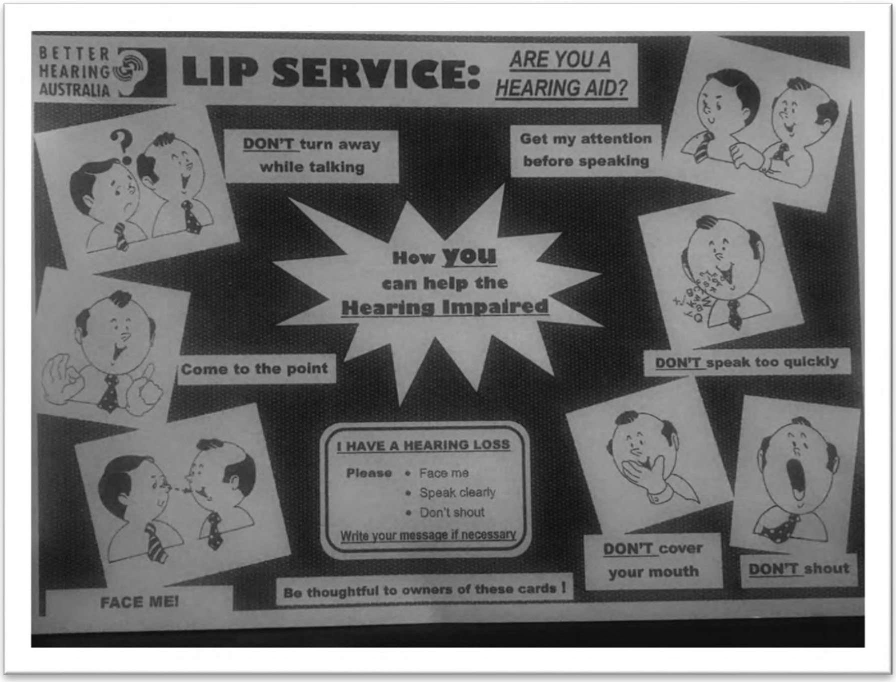
We must give a special mention to Paul Ford, who has been kind enough to drive all the way to Adelaide for our little meetings for the last couple of years. Your presence was very sorely missed and it wasn't the same without you! We all agreed that you are such a trooper Paul, we are so proud of you!

It was a great meeting. I have included a couple of pictures and a copy of a 'Lip Service' Card provided by BHA Adelaide to each of us. I am going to stick mine on the fridge so hopefully people remember how best to communicate with me.

If you have any questions, concerns, or want any additional information, you can contact me directly on 0423 586 293 or at organizer_sa@anaa.org.au.

Our next meeting details are as follows:
Saturday 27th October 2018,
Meeting starting at 12pm, ordering lunch from the bistro (speaker from 1.15pm)
The Goody Hotel (75 Goodwood Road, Goodwood SA 5034)
Speaker: Prof. Margie Sharpe, a vestibular expert on the impact of balance issues and various other topics.

Hope to see you there!
Stacey Truran
SA State Contact Officer



The 'Lip-Service' Card provided by BHA, which provides people a quick reference as to how to speak to hearing-impaired persons

SA meeting report continues on page 12

Amber Crawford, Charlotte Crawford (child), Marilyn Neal, Rob Ratcliff, Margaret Ratcliff, Pat Slater, Bronwyn Slater, Ron Whitford, Petra Gevertz-Hill

Pat Slater, Ron Whitford, Cherie Whitford, Karen Thurston, Pamela Gardner, Jeffrey Gardner, Aileen, Ruth Pocock

Amber Crawford, Charlotte Crawford (child), Petra Gevertz-Hill, Sebastian Hill (child)

Marjorie Wellby and Shona Fennell from Better Hearing Australia Adelaide doing their amazing presentation!

Cruising with an AN? YES YOU CAN!

by Sue Brown

I have always loved to travel and over the last twenty years, my husband and I have travelled overseas many times. We have done many various types of holidays. We have cruised, we have been on tours, and we have done self-driving trips. We caught planes, trains, buses, ferries, you name it.

But now my life has changed dramatically. I lost my husband of 48 years to cancer in 2016, only months after I had radiation on my acoustic neuroma. So I am no longer part of a reasonably fit and active twosome. Now I am a solo traveller with balance issues and who is deaf in one ear. As you can imagine, 2017 was a difficult year for me and the thought of travelling overseas was far from my mind. But life goes on and I knew I had to get back out there. But I knew that everything would be different!!

So 2018 saw me venturing away again. I have visited Sri Lanka with a group of fellow solo travellers, cruised New Zealand with some friends and am heading to Europe on my own in June and July. And yes, everything is different!! Not only do I have to take into account my solo status but my mild disability caused by my AN.

My trip to Sri Lanka was wonderful, it is a beautiful country. But I did find that it was a difficult physical environment for someone with balance issues. The terrain was variable, not many nice solid footpaths. Lots of uneven surfaces, cobble stones, sand, steep slopes, uneven steps, no hand rails, etc, etc. I really missed having my partner to hold my arm as we walked around. My fellow travellers were wonderful, giving me lots of physical and emotional support. And while I really appreciated it, psychologically I hated it. I didn't want to be the "invalid" of the group. And it was all extremely tiring. All that concentration just to get around wears you out. I was certainly slower and got tired more quickly than I ever had before. I'm very glad I went, I loved the trip and I had a wonderful time. But it was definitely a learning experience for me.

My cruise was a very different experience. I was travelling with friends and while we spent all day ashore when we were in port, there were plenty of sea days just to relax. When I returned, I was asked what it was like to cruise with an AN. Well, here's the good news. Not very different from cruising without an AN. The cruise ships of today are so large and are fitted with amazing stabilisers that often you hardly know you are on a ship. Yes, I still had my usual balance issues, but ships are also geared for movement and there are hand rails everywhere. We did have a couple of quite rough days as we crossed the Tasman Sea and I was having difficulty walking around. But, so was everybody else!!! I felt normal!! So the bottom line is, don't feel that your AN means that you can't enjoy cruising. You can. And cruising is a very easy way to travel. You go on board, unpack once and just keep arriving at different destinations. And they feed you and make your bed and entertain you!! What more could you ask for. There is so much to do on board ship you wonder where the time goes.
My AN didn't stop me riding the North Star with amazing views over the ship and the ocean. But I did pass on the Flow Rider (surfing) and the Ripcord (a sky diving simulator).

Sue's story continues on page 14

More of Sue’s cruise

I'm looking forward to my trip to Europe but there is a little apprehension because I am travelling totally alone. I have planned the trip to the nth degree and arranged it to suit my needs. I have not experienced any problem flying with my AN, apart from only hearing out of one half of the headphones and not hearing the cabin crew if they talk to me on my deaf side. But I do try and organise my flight, choosing airlines that give me less stopovers. That means the flying time is usually less and I have to get on and off planes fewer times.

So here’s my advice. Just go for it. If you want to do something, just give it a go. But consider the issues that you might experience and do whatever you can to minimise them.

Sue’s story continues on page 15

Some of the lessons I have learnt are:

- Accept that you have a disability, even if it is only a mild one. This is not easy, I found it very difficult. I didn't want to see myself that way. But I know I can’t do all the things I used to be able to do, the way I used to do them. I know I have a “new normal”.
- Give yourself plenty of time. If you're walking more slowly, give yourself more time at the airport, it’s often a long way to some of those gates. And Murphy’s law says that your gate will usually be the furthest away. If you need to, take advantage of those little carts that ferry people around. That's why they are there.
- Don't be afraid to ask for help. And yes, ask strangers if you have to. The thing with an AN, is that it is often an invisible disability. Nobody knows you’re having problems. Most people are very happy to help.
- Swallow your pride and use a walking stick if this helps. I have always resisted this, but it was a god send in Sri Lanka. And it is also a physical symbol to other people that you have some limitations.
- Be prepared for some times when you feel down or your confidence is shaken. I know I did, but I'm not sure if this was AN related or because I was missing my husband. Probably a bit of both. But you should also realise that this is very normal.
- Organise yourself. Make everything as easy and as straightforward as possible. If everything is in order, that's one less thing you have to worry about.
- If you feel that you can’t do a particular activity, don't do it. You can’t always see and do everything when you're on holiday, even if you are 100% fit. Just be sensible. Always consider your safety.
- Don't have regrets about what you choose not to do. Appreciate and be thankful for what you have done.
- Just do it. Don't put it off. It’s easy to make excuses why now is not the right time. But we, of all people, know that you never know what tomorrow will bring. Live every day to the fullest.
- And lastly, enjoy yourself. Create wonderful memories. Have fun!!

Sue Brown
NSW Member

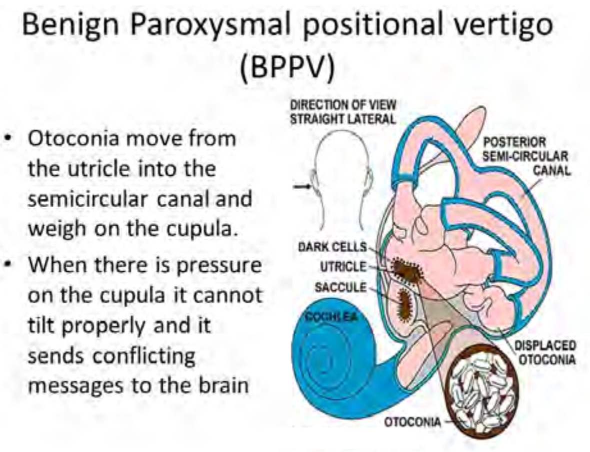
NEW SOUTH WALES NEWS

Hello Acoustic Neuroma members and friends.
I feel it is important that I share this information about an experience that I had last year. After having a fall and hitting my head, a few days later I started to experience symptoms, of what I was later to learn, was Vertigo. The symptoms mainly happened when I lay down at night and a little when walking. Immediately I thought it was the AN, as you would. I went to the balance unit at RPA hospital (Neurology department) to see professor Miriam Welgampola. Who has been one of our guest speakers at our Sydney NSW AN meetings, and she is incredible.

Firstly she shook my head and when I opened my eyes she immediately knew it wasn't the AN. She explained to me that we all have crystals in our ears, and sometimes they can dislodge in the middle ear which can cause dizziness. The crystals known as calcium carbonate crystals "Otoconia" which is referred to as, Benign paroxysmal positional vertigo or (BPPV) is the most common cause of vertigo, and is also the most common vestibular disorder.

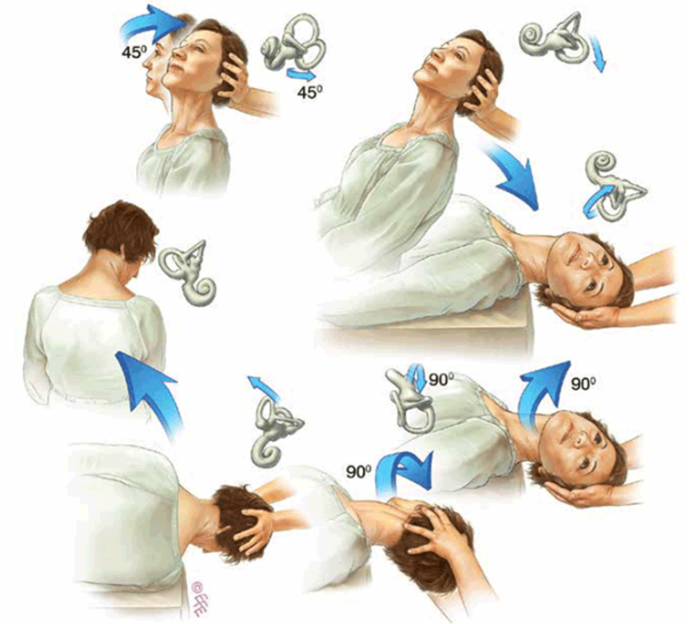
In order to elevate the vertigo sensation, Miriam placed me in a mechanical chair, which manoeuvred my body into various positions. The aim of this was to move the crystal particles in my ear and reposition them to where they did not cause the vertigo symptoms. Alternatively, if you do suffer from Vertigo symptoms, as my daughter did, you can see your local GP and after diagnosis, they can treat you with various head repositioning exercises, known as the Epley manoeuvre.

I hope this has been informative and helpful.
Thank you
Jan Taylor
NSW Member



Benign Paroxysmal positional vertigo (BPPV)

- Otoconia move from the utricle into the semicircular canal and weigh on the cupula.
- When there is pressure on the cupula it cannot tilt properly and it sends conflicting messages to the brain



The Epley Manoeuvre

NEW SOUTH WALES MEETING REPORT

7th July 2018

The meeting began as usual in the bistro. However there was a difference. There were a large number of visitors most of whom were former patients of the guest speaker Professor Paul Fagan. This resulted in many introductions, the swapping of stories about treatments and acoustic neuroma journeys while enjoying a delicious lunch provided by the bistro, the pork roast was a popular choice.
After lunch we gathered upstairs in the White room and it was soon apparent that we had a large meeting of about fifty people. We had fifteen visitors most of whom found out about the through our notice in the "Insearch" column of the Daily Telegraph (a major Sydney newspaper). A large percentage of the visitors were former patients of Professor Fagan who wished to see him and thank him for the wonderful treatment he gave them. Many travelled great distances, from Wauchope and even Tasmania and time of treatment stretched back to twenty four years.

President-Carmel Malone, Professor Paul Fagan, State Contact Officers Linden Kelleher & Shirley Beckett-Wolff

Professor Fagan speaking

At the start of the meeting Carmel announced that after thirteen years as President she would be standing down. THANK YOU CARMEL for thirteen years of loyal, faithful service to the Association. In the time you have been President due to your vision and effort the Association has grown into a truly Australia wide organisation of national and international repute. AGAIN THANK YOU.

Professor Paul Fagan then took the floor and began with the history of acoustic neuroma. The first description of acoustic neuroma symptoms was in 1830, the early operations at the beginning of the century. The advances in diagnosis due to the introduction of CAT scans and more recently MRI which have allowed doctors to accurately see and monitor acoustic neuromas without the need for invasive procedures.

He then outlined the different surgical procedures and how they evolved and changed. The introduction of the surgical microscope which allowed more precise removal of the tumour and the ability to see and preserve the facial nerve to greatly reduce facial paralysis caused by damaging the nerve. How he abandoned the procedures trying to preserve hearing because they usually resulted in greater facial paralysis.

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How the introduction of the MRI gave much clearer images of acoustic neuromas which led to the realisation that surgical intervention was not always necessary. That a watch and wait, monitoring approach was more beneficial for the patient. He now has some six hundred patients in the monitoring program. Some patients have been in the program for almost twenty years.

Acoustic neuromas are not brain tumours they are nerve tumours. But as they grow they impact the brain as their increasing size slowly compresses the brain stem. They usually begin to grow on the vestibular nerve in the hearing canal where they cannot cause too many problems because they are contained within a bony structure. As they continue their growth outside the ear canal they gradually become of concern as they begin to press against the brain stem. The emphasis is on gradual, there is generally no need to urgently treat an acoustic neuroma. You can do your research, get a second opinion and take your time, a delay of a year or so is usually of no consequence.

A tumour generally regarded as small if it is less than fifteen millimetres in size and is monitored. As the tumour approaches twenty millimetres in size it is the time to start thinking about treatment. Obviously if the initial diagnosis reveals a tumour larger than twenty millimetres then surgical removal is usually the best option. In certain circumstances stereotactic radiation treatment may be an option.

All these things were all explained simply and clearly, so much so that everyone in the room was totally engrossed in what Professor Fagan was saying that you could have heard a pin drop.

After his presentation David thanked Professor Fagan for a wonderful presentation and Shirley presented him with a small gift of appreciation. Even after this Professor Fagan talked with individuals answering their questions and posing for selfies.

Thank you Professor Fagan, you are a skilful surgeon, a wonderful orator, a kind caring person, a man of great patience and stamina.
We all felt very privileged and thank you for spending so much time with us.

To conclude it would be remiss not to give a big vote of appreciation to Herb and Jenny Gale and to Shirley for getting Professor Fagan to agree to come to a meeting and to Linden for actually bringing him to the meeting.

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NEW SOUTH WALES NEWS

Professor Paul Fagan with his former patients from left:
Esme, Judi, Nola, Prof Fagan, Shirley, Craig, Herb, Noel, Greg
Linden (kneeling)

Ray & Jan Taylor

Betty & Sandra Cormack

Leanne Hazell, Debbie Waters & Michelle Tong

May Lu & Lloyd Downey

Herb Gale & Bryan Gorddard

Rhonda Weed, Donna Coleman & Nancy Verco

VICTORIA MEETING REPORT

16th June 2018

A great meeting was held at the Blackburn Hotel on 16th June with 25 present and 3 apologies.

All who attended had the opportunity to socially connect with other like-minded persons, share stories and gain support.

The guest presenter, Jane Louey, from Knox Audiology, spoke about Hearing Aids and Unilateral Hearing Loss.

She covered the following points in her presentation:

- What is so difficult about hearing with just one ear?
- Traditional hearing Aids
- CROS and BiCros – contralateral routing of signal
- Implant systems e.g. BAHA (Bone Anchored Hearing Aid) / Cochlear Implant
- Wireless Microphone systems
- Hearing Aid features
  - ⇒ Wireless connectivity
  - ⇒ Rechargeable hearing aids

Jane concluded with the question:

- ♦ What does this mean for you?

All present had the opportunity to ask questions and seek advice relevant to each one's unique situation.

Following the presentation everyone utilized the opportunity to interact socially over coffee and cake. The energy level in the room was a clear indication of the meeting value, both professionally and socially. Each person left the meeting knowing the time spent was very worthwhile and they are not walking their Acoustic Neuroma journey alone.

Special thanks to Peter Harrup (Victoria ANAA meeting organizer) for all the meeting preparation and implementation.

Thanks also to staff at the Blackburn Hotel who had the venue set up beautifully and ensured everyone was made to feel very welcome.

Carmel Malone
National President ANAA

VIC meeting report continues on page 21

 Fiona Jarman, Carmel Malone & Paul Sireakowski	 Jill Harrup ,Rosina Paterno & Meg Ford
 Matthew Sadler, James De Graaff & Paul Ford	 Jane Louey, Peter Harrup & Maria Niksic
 Pam Lucas, Carmel Costa, Cassandra Simpson & Bill Whyte	 Tom Savage, Dian Scully & Heather Thompson

REMINDER

2018 SUBSCRIPTIONS

Subscriptions were due and payable on the 1st July 2018.
Annual Subscription is $40 and can be paid by direct debit to:
Account Name: ANAA Inc.
Bendigo Bank
BSB: 633 000
Account No: 160656377

or by cheque/money order payable to ANAA:
c/o David McAlister
11 Hindle Terrace
Bella Vista 2153 NSW
Please ensure you reference your payment with your name.

NOTE: If you joined the Association after the 1st January 2018 your initial subscription is valid to June 2019.

ANNUAL SUBSCRIPTIONS

Thanks to everyone who has paid their 2018 subscription.
Your continued support and generous donations are very much appreciated.
Without you we could not provide the critical support that so many benefit from once diagnosed.
So thank you!
If you have not paid yet 2018 subscriptions are now over due.

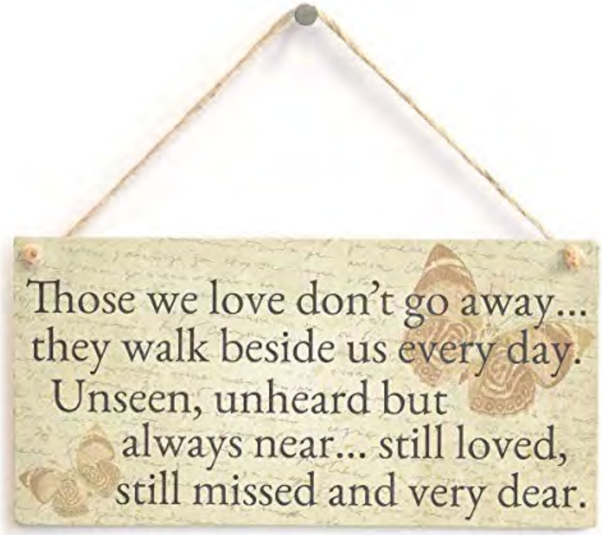
NOTE: If you joined the Association after the 1st January 2018 your initial subscription is valid to June 2019.

David McAlister
ANAA Treasurer

Thank You

HEARTFELT CONDOLENCES

The ANAA would like to express their condolences to Tasmania's Contact Officer Sue Webster & her family on the recent loss of their mother Grace.



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