



Carolina Ear, Nose & Throat Head and Neck Surgery Center

THE BONE-ANCHORED COCHLEAR STIMULATOR (BAHA) INFORMATION FOR PATIENTS

INTRODUCTION: The BAHA is a medical device approved by the USFDA (United States Food and Drug Administration) to treat hearing loss that cannot be helped by other measures such as medications, surgery, or a conventional hearing aid. The BAHA functions by vibrating the skull, bypassing the ear canal, vibrating the inner ear. The BAHA can be used to treat hearing loss in one or both ears.

BAHA INSURANCE COVERAGE: In general, BAHA insurance coverage varies with each insurance company and with each patient's insurance plan. Every attempt is made to obtain insurance approval for the device and BAHA surgical procedure.

BAHA SURGERY: The BAHA surgical procedure is performed under a general anesthetic in the outpatient surgical suite, and takes about 45 to 60 minutes. A skin incision is made behind the ear. The tissues underneath are thinned, and a small titanium implant (called a BAHA abutment) is then placed. A dressing is placed for several days. The BAHA implant is allowed to become fixed into the bone behind the ear for 12 weeks. The BAHA hearing device is then snapped into place. Very little programming is required as the BAHA is based on digital.

RISKS AND COMPLICATIONS OF BAHA SURGERY: The most common complication of BAHA is due to inadequate healing of the skin graft, and this occurs in less than 10% of patients. The BAHA wound will generally heal with local wound care. In some cases, it might be necessary to revise the BAHA wound in the office or under a general anesthetic.

The second most common BAHA complication is infection. This risk is generally low and less than 5%. At times antibiotics may be required after BAHA surgery. Rarely, the infection will require revision of the BAHA site either in the office or under anesthesia. With a severe infection, the BAHA implant might either fall out or have to be removed. The chance of the BAHA implant extruding is around 3%. Some numbness of the BAHA wound is common for several months, and this generally improves with time. Rarely is numbness permanent. Problems with the general anesthetic such as heart attack, stroke, and blood clots are exceedingly rare, and thus far have not been seen. Pain at the BAHA implant site usually means that the implant site is not being cared for properly, which is discussed below.

BAHA POSTOPERATIVE CARE: The BAHA surgical procedure is performed in the surgery center and the patient goes home that day, with a dressing (called a mastoid dressing) in place. The purpose of the mastoid dressing is to keep the BAHA wound clean and collect any wound drainage. Prescriptions for pain medications and antibiotics are provided. The mastoid dressing is removed the next day and the skin surrounding the BAHA abutment can be cleaned with a washcloth. Underneath the mastoid dressing is a white cap (called the healing cap) and gauze dressing. The patient can shower the day after surgery, but the BAHA wound and dressing should be kept dry. This dressing is kept in place for 7-10 days and is removed at the first postoperative visit. The gauze dressing is removed and a light dressing is placed under the healing cap, snapping on the BAHA abutment. The patient can change this dressing daily, and the dressing is no longer necessary after about one to two weeks in most patients. The patient should try to wear the BAHA healing cap constantly during the first 3 months until the implant is activated.

BAHA ACTIVATION: Approximately 12 weeks after surgery, the BAHA hearing device is placed on the BAHA abutment by our audiology staff. Very little programming is required as the BAHA device is digital.