



My First 100 Cases



Jack A. Shohet, MD

Board certified in both otolaryngology and neurotology, Dr. Jack A. Shohet is a highly credentialed and distinguished neurotologist/otologist practicing in Orange County, California. He has collaborated with world-renowned otologists, implanted the county's first middle-ear hearing device, and is actively involved in the development and study of leading-edge treatments for hearing disorders and related problems. His practice was one of six sites worldwide involved in the clinical trials for the Esteem Implantable Hearing System, and he has implanted nearly 200 Esteem devices since 2004.

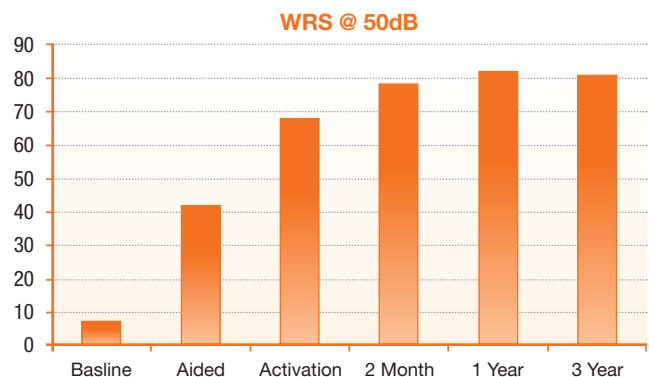
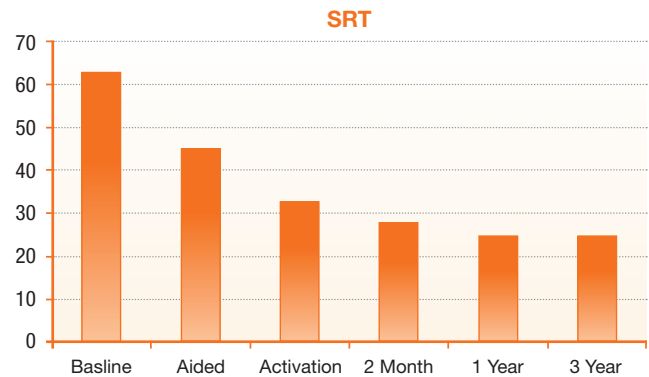
After performing nearly 200 Esteem Hearing Implant cases, I have seen the remarkable opportunity that this technology allows us to offer to hearing loss patients, as well as to our own practice. It has been personally fulfilling to see the dramatic improvement that hearing implant surgery can make in the lives of these patients. Beyond the clinical success my patients have experienced, one of my biggest lessons in the first 100 cases was that in order to be successful in this emerging field, we need to take a hard look at our overall practice management.

An effective solution for a new & desirable patient population

The Esteem has enabled us to provide a new treatment modality for a population of patients we previously could not help. This is a group of people who simply have not been satisfied with hearing aids and may not be candidates for other devices or procedures. Moreover, these are people who are willing to pay for an elective procedure that can restore their independence, confidence, and overall lifestyle.

From a hearing-outcomes perspective, the Esteem Implant provides appreciable functional gain and improvement in WRS. My data that was included (19 of the 57 total patients) in the prospective, nonrandomized, multicenter US FDA trial, shows that preoperative speech reception threshold (SRT) improved from an unaided 63 dB and aided 45 dB average to 23 dB with the Esteem at 12 months. Furthermore, SRT has held constant at this level at 36 months.

WRS at 50 dB scores improved from an unaided 7% and aided 42% average to over 80% postoperatively at 12 and



36 months. Pure tone average (500, 1000, 2000 Hz) improved approximately 30 dB at these same time intervals. Our results have remained consistently excellent through our subsequent cases.

While no hearing device, implantable or otherwise, can restore hearing to normal, the Esteem has the advantage of being a direct-drive system that leverages middle-ear anatomy, making it less prone to the distortion of hearing aids.

Changing lives beyond the audiogram

The lifestyle benefits of the Esteem implant are profound, allowing people with sensorineural hearing loss to not merely hear their lives, but to live them without the omnipresent thought, worry, anxiety, and burdens associated with hearing aids. Esteem patients can exercise, swim, sleep, and live normally without having to concern themselves with putting the device in, taking it out, changing batteries, worrying about its visibility, or otherwise thinking about their hearing device in any way. Many of our patients have also stated that they feel safer because they can leave the Esteem on 24/7.

Empowering people to live like never before

There is no doubt that many of our patients are baby boomers and matures who value the ability to remain active and independent and don't want the stigma of wearing a hearing aid. However, the Esteem has also given us the ability to provide many younger patients with a level of confidence and empowerment that they have previously never known. Recently, a 19-year-old woman with hearing loss since birth came to us. She was unable to hear without hearing aids. After implanting the Esteem in her right ear, she was able to hear and understand well with that ear for the first time in her life. We subsequently implanted the Esteem in her other (left) ear, and during her recovery period she was able to rely entirely on her right ear. This woman's parents told us that the changes in her life have been beyond measure.

We regularly see a remarkable increase in Esteem patients' confidence, self-esteem, and willingness to engage in situations they once avoided. It's common for us to hear them say, "I feel like a different person." While not a measurable medical outcome, the differences are as noticeable as they are personally rewarding. Yet, while the Esteem enables us to improve hearing and lifestyle for desirable cash-pay patients with unmet needs, it is important to understand that treating these patients may require changes in your practice.

Setting proper expectations

The critical importance of setting proper expectations with our Esteem patients quickly became evident. Because these patients are paying out of pocket, they do tend to be a little more demanding and often have their own ideas and expectations about what Esteem can do for them. Therefore, it is important to have someone within the practice that is making sure these patients completely understand the nature of the procedure and the capabilities of the device, including what it can and cannot do. While there are certain things that must be discussed by the surgeon, we found the need to develop special processes for managing patient expectations

from the initial contact. This started with creating the role of a full-time patient coordinator and finding the right person to take it on. It's a team effort in our practice, and everyone needs to be on the same page: patient coordinator, audiologist, and surgeon.

A concierge level of care

In addition to setting and managing patient expectations, Esteem practices must also coordinate the acquisition of prior test results or conduct additional tests. As is common for Esteem surgeons, we often have patients coming from long distances, adding to the task of coordinating care. Before they ever arrive at our door, we must verify their eligibility, handle their workups, get their medical background, obtain the necessary medical clearances, discuss the limitations of the device, and explain the process. Our patient coordinator is central to handling these tasks, even taking the extra steps to help organize patients' travel, accommodations, and local transportation in many cases.

Once they arrive, these patients spend about two hours with our audiologist, after which I meet them, review their history, conduct the exam, and go over all aspects of the procedure and device with them. I perform the surgery the following day, and we request patients to remain in town for a couple of days so I can see them for the postsurgical follow-up.

Developing a rhythm

Today, our intraoperative time is about 2.5 hours. But this didn't happen overnight. The procedure to implant the Esteem device is complex and involves many steps, each building on the preceding step. Initially, our surgical times were longer—surgeons would be wise to block out the entire day for their first 10 to 15 Esteem cases. It takes a little time to develop the "rhythm" for this surgery, including spending time to train the OR staff, develop the necessary teamwork, and get everyone comfortable with the procedure. Today, my surgical times are due in no small part to the fact that my nurses know the flow of the surgery. This shortened procedure makes for easier patient recovery.

Changing lives has been worth our while

For both local and traveling patients, managing expectations and coordinating the many steps involved have proven to be as important as developing surgical skill and teamwork. By implementing the right processes and people and streamlining our intraoperative efficiency, we've been able to transform our practice, attract a new set of desirable patients, and provide them with the top quality care and life-changing outcomes they deserve.

NOTE: Dr. Shohet is a paid consultant of Envoy Medical Corporation.