

Patient Identification Card

The holder of this card uses a cochlear implant system. It consists of an externally worn speech processor, a stimulator which has been surgically implanted in the head, and a microphone and transmitting coil worn behind the ear. The cochlear implant provides auditory sensation via electrical stimulation.

- Implant (tick one only): Nucleus® 22 Nucleus® 24
 Nucleus® 24 Contour™ Nucleus® 24k
 Nucleus® 24 Double Array

Name: _____ Tel: _____

Address: _____

For information please contact:

Hospital: _____ Tel: _____

Address: _____

Clinician: _____ Tel: _____

Address: _____



Cochlear

Cochlear Ltd (ABN 96 002 618 073) 14 Mars Road, Lane Cove NSW 2066, Australia Tel: 61 2 9428 6555 Fax: 61 2 9428 6352
Cochlear Americas 400 Inverness Drive South, Suite 400, Englewood CO 80112, USA Tel: 1 303 790 9010 Fax: 1 303 792 9035
Cochlear Europe Ltd 22-24 Warple Road, Wimbledon, London SW19 4DD, United Kingdom Tel: 44 20 8879 4900 Fax: 44 20 8946 9046
Cochlear GmbH Karl-Wiechert-Allee 76A, D-30625 Harenow, Germany Tel: 49 511 542 770 Fax: 49 511 542 7770
www.cochlear.com

PRINTED IN AUSTRALIA
N94160F ISS3 APR2002

Warnings

Medical Treatments Generating Induced Currents

Some medical treatments generate induced currents that may cause tissue damage or permanent damage to the cochlear implant. Warnings for specific treatments are given below.

- **Electrosurgery:** Electrosurgical instruments are capable of inducing radio frequency currents that could flow through the electrode array. **Monopolar** electrosurgical instruments must not be used on the head or neck of a cochlear implant patient as induced currents could cause damage to cochlear tissues or permanent damage to the implant. **Bipolar** electrosurgical instruments may be used on the head and neck of patients, however, the cautery electrodes must not contact the implant and should be kept more than 1 cm (~ 1/2 in.) from the extracochlear electrodes.
- **Diathermy:** Do not use therapeutic or medical diathermy (thermopenetration) using electromagnetic radiation (magnetic induction coils or microwave). High currents induced into the electrode lead can cause tissue damage to the cochlea or permanent damage to the implant. Medical diathermy using ultrasound may be used below the head and neck.
- **Neurostimulation:** Do not use neurostimulation directly over the cochlear implant. High currents induced into the electrode lead can cause tissue damage to the cochlea or permanent damage to the implant.
- **Electroconvulsive Therapy:** Do not use electroconvulsive therapy on a cochlear implant patient under any

circumstances. Electroconvulsive therapy may cause tissue damage to the cochlea or damage to the cochlear implant.

- **Ionizing Radiation Therapy:** Do not use this therapy directly over the cochlear implant because it may cause damage to the implant.
- **Magnetic Resonance Imaging (MRI) Nucleus® 22 Only** Magnetic Resonance Imaging (MRI) is contraindicated. Do not allow patients with a cochlear implant to be in the room where an MRI scanner is located.
- **Magnetic Resonance Imaging (MRI) Nucleus® 24 Only** Magnetic Resonance Imaging (MRI) is contraindicated except under the circumstances described below. Do not allow patients with a cochlear implant to be in the room where an MRI scanner is located except under the following special

circumstances.

The Nucleus 24 Cochlear implant has a removable magnet and specific design characteristics to enable it to withstand MRI up to 1.5 tesla, but not higher. If the cochlear implant's magnet is in place, it must be removed surgically before the patient undergoes an MRI procedure. The patient must take off the speech processor and headset before entering a room where an MRI scanner is located.

If the implant's magnet is still in place, tissue damage may occur if the recipient is exposed to MRI. Once the magnet is surgically removed, the quality of the MRI will be affected by the metal in the cochlear implant. Image shadowing may extend as far as 6 cm (~ 2½in.) from the implant, thereby, resulting in loss of diagnostic information in the vicinity of the implant.

If the physician is unsure that the patient has a Nucleus 24 cochlear implant with a removable magnet, the physician should use an X-ray to check the radiopaque lettering on the implant. There are three platinum letters printed on each implant. If the middle letter is a 'C', 'H', 'J', 'L', 'P' or 'T', the implant has a removable magnet. Once the magnet has been removed, MRI can be performed. If you require additional information about removal of the magnet, please contact Cochlear.

The holder of this card has an implant with a removable magnet.

Loss of Residual Hearing

Insertion of the electrode into the cochlea will result in complete loss of residual hearing in the implanted ear.

Long-term Effects of Electrical Stimulation

Most patients can benefit from electrical stimulation levels that are considered safe, based on animal experimental data. For some patients, the levels needed to produce the loudest sounds exceed these levels. The long-term effects of such stimulation in humans are unknown.

Small Parts Hazard

Parents and caregivers should be counseled that the external implant system contains small parts which may be hazardous if swallowed or may cause choking if inhaled.

Battery Ingestion

Batteries can be harmful if swallowed. Ensure that batteries are kept out of reach of young children. If swallowed, seek prompt medical attention at the nearest emergency center or call the National Button Battery Hotline collect at (202) 625 3333.

Head Trauma

A blow to the head in the area of the cochlear implant may damage the implant and result in its failure. Young children who are developing their motor skills are at a greater risk to receive an impact to the head from a hard object (e.g. table or chair).

Theft and Metal Detection Systems

Devices such as airport metal detectors and commercial theft detection systems produce strong electromagnetic fields. Some cochlear implant recipients may experience a distorted sound sensation when passing through or near one of these devices. To avoid this, turn off the speech processor when in the vicinity of one of these devices. The materials used in the cochlear implant also may activate metal detection systems. For this reason, recipients should carry the Cochlear Implant Patient Identification

Card with them at all times. Show this card upon request.