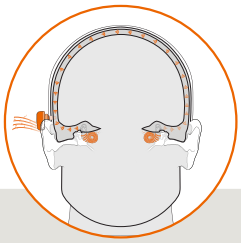
A Quick Guide for Professionals

Ponto Candidacy

Audiological criteria

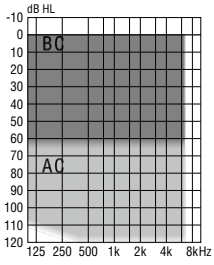
Conductive or mixed hearing loss

Studies indicate that patients with conductive or mixed hearing losses and an air-bone gap of more than 30 dB PTA[1] will benefit significantly from a bone anchored sound processor, compared to an air conduction hearing aid.[A,B,C]

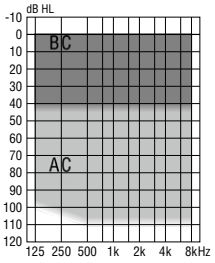


Fitting range for conductive/mixed hearing loss

Ponto 5 SuperPower



BC hearing losses up to and including average 65 dB HL[2]



BC hearing losses up to and including average 45 dB HL[2]

Ponto 5 Mini

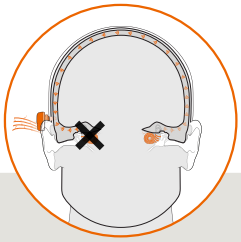
Bilateral fitting is applicable for most patients having a symmetrically conductive or mixed hearing loss.

Possible causes of conductive and mixed loss:

- Chronic otitis media
- Congenital causes
- Aural atresia and/or Microtia
- External otitis
- Cholesteatoma
- Otosclerosis
- Traumatic injury to middle ear structures
- Other ossicular disease

Single-Sided Deafness (SSD)

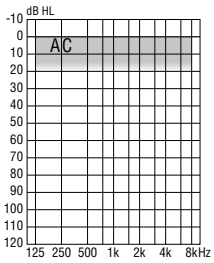
Patients are considered SSD once it has been determined that their affected ear will no longer benefit from amplification provided by a traditional hearing aid.



Fitting range for single-sided deafness

Ponto 5 SuperPower

Ponto 5 Mini



AC thresholds up to and including average 20 dB HL[2] on the good ear

Also, the use of a bone conduction system can be considered for any patients who are candidates for an air-conduction contralateral routing of signals (AC CROS) hearing aid, but for some reason cannot or will not use an AC CROS.

Possible causes of single-sided deafness:

- Acoustic neuroma tumours
- Sudden deafness
- Congenital causes
- Ménière's disease
- Neurological degenerative disease
- Ototoxic drugs
- Surgical interventions

Note: *Please refer to the Ponto Candidacy Guide for detailed information on patient selection criteria for the Ponto bone anchored hearing system.*

[1] *Average of 0.5, 1, 2 and 4 kHz*

[2] *Average of 0.5, 1, 2 and 3 kHz*

[A] *Mylanus EA, van der Pouw KC, Snik AF, Cremers CW. Intraindividual comparison of the bone-anchored hearing aid and air-conduction hearing aids. Archives of Otolaryngology-Head & Neck Surgery 1998;124(3):271-6.*

[B] *De Wolf MJ, Hendrix S, Cremers CW Snik AF. Better performance with bone anchored hearing aid than acoustic devices in patients with severe airbone gap. The Laryngoscope 2011;121:613-16.*

[C] *Bosman AJ, Snik AF, Hol MK, Mylanus EA. Evaluation of a new powerful bone- anchored hearing system: A comparison study. Journal of the American Academy of Audiology 2013; 24(6)505-13.*

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A Quick Guide for Professionals
System Candidacy

When choosing between a percutaneous system and an active transcutaneous system, there are several factors that should be considered and discussed with the candidate:

Surgical procedure and anaesthesia

What is the patient's willingness and ability to undergo surgery and anaesthesia?

A Ponto implant enables truly minimally invasive procedures under local anaesthesia. The procedure for a percutaneous implant often takes less than 15 minutes. In contrast, an active transcutaneous surgery, though routine, does take longer, is more invasive and typically requires general anaesthesia.

Future need for MRI

What if the patient needs an MRI scan in the future?

An implant can affect the ability to undergo an MRI scan and may also create artifacts. A percutaneous Ponto implant can remain in place during an MRI scan and has minimal impact on future MRI needs. In comparison, an active transcutaneous implant will create a larger artifact and may need to be removed if a scan of the head is required.

Audiological outcomes

What are the hearing needs of the patient?

A Ponto implant supports the strongest BAHS sound processors. Therefore, it is the preferred choice for patients with severe mixed hearing loss, but it also provides the best possible hearing outcomes with smaller hearing losses. Always consider factors such as hearing degradation and implant lifespan.

Future options

What is the time horizon and future medical needs?

A percutaneous Ponto implant has a small surgical footprint and can be easily removed, leaving only a tiny scar. Therefore, a percutaneous system can keep future choices open for reconstruction and other hearing solutions.

This Candidacy Quick Guide does not replace the Ponto Candidacy Guide, Surgical Manual, or the Addenda, including MONO or MIPS procedures. It is important to read and understand the Ponto Candidacy Guide, the Surgical Manual, and Addenda for a description of patient indications, contraindications, and recommended procedures, including warnings and precautions. Not all products are available in all markets. Product availability and indications are subject to regulatory approval and may vary depending on the market.

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