

CICADA CHORUS

SHARE | LISTEN | CONNECT

WINTER 2026



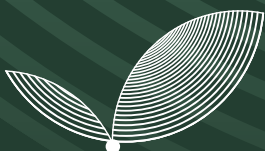
**FOR WHOM
THE TINNITUS
BELL RINGS,
BUZZES OR
WHISTLES...**

Ed Errington

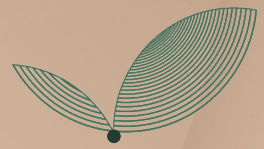
**COCHLEAR
IMPLANTS & TINNITUS
AFTER HEARING
RESTORATION**

Mini Gupta

**HEARING SOLUTIONS
for Retirement Villages**



CICADA
QUEENSLAND
SHARE - LISTEN - CONNECT



CICADA
QUEENSLAND
SHARE - LISTEN - CONNECT



SHARE

- Support and assistance for hearing implant recipients and anyone affected by hearing loss.
- Independent information on all hearing technology options.
- CICADA Chorus magazine and regular newsletters.

LISTEN

- Hearing implant rehabilitation seminars.
- Listening resources for all brands of hearing implants.
- Education and advocacy on hearing loss issues.

CONNECT

- Hearing Solutions Summits - educating and connecting professionals with hearing implant candidates.
- Regular social meet-ups with a CICADA Qld group in your local area. • Morning teas and larger events.
- Virtual chats - connect with us from any location.

**You are not alone –
Meet others on a similar journey**

Contact us:
connect@cicadaqld.org



PRESIDENTS DESK



I've been told I have 400 words to fill you in on everything that has taken place since the last Chorus was printed. Quite frankly, that is an impossible task! Instead, I want to use this opportunity to focus on the things that continue to blow my mind and keep me humble: the incredible people who form the backbone of CICADA Queensland.

To say our committee is "active" would be a massive understatement. Each seat on our committee represents a vital pillar of our mission. As we grow, I look forward to seeing these roles evolve into chairs of dedicated subcommittees. Two areas that demand extraordinary detail and grit are our magazine publishing and our grant applications. The sheer volume of work behind these positions is staggering.

Beyond that, there are the "simple" things that are anything but simple: the endless hours poured into administration, accounting, and, now that we are more active than ever, event management. These tasks are led by passionate, diligent people donating their time to create a better hearing health landscape in Queensland.

One person, in particular, embodies the maturity and growth of our organization: Kymm Smith. Kymm has spent the last few years studying Audiology and has recently graduated. As she moves into the industry as a professional audiologist, she is handing over her role as Magazine Editor. We are thrilled to welcome Linda Bradby, who will be stepping into that space.

Many people join us for only a "season". They need support before and after surgery, seeking out those with lived experience to help navigate rehabilitation or celebrate those first great sounds. For others, it's a lifelong journey. Kymm will always be part of the CICADA backbone, but as she steps into this professional role, we couldn't be prouder. Seeing someone who is bilaterally implanted working within the industry is phenomenal. Kymm, we thank you, we wish you the best, and I personally look forward to seeing you in the wings whenever you can join us.

Finally, I must mention our Hearing Solutions Summits. We are now hosting these right across the state, supporting local medical professionals and our members alike. We look forward to bringing these to a region near you soon.

Thank you to everyone making this happen.



Professor Graeme Clark, Professor Dr Erwin Hochmair and Dr Ingeborg Hochmair were amongst those recently recognised for their pioneering work in the field of cochlear implants, winning the Queen Elizabeth Prize for Engineering.

CONTENTS



2 | For Whom the Tinnitus Bell Rings, Buzzes or Whistles...



6 | Cochlear Implants & Tinnitus After Hearing Restoration



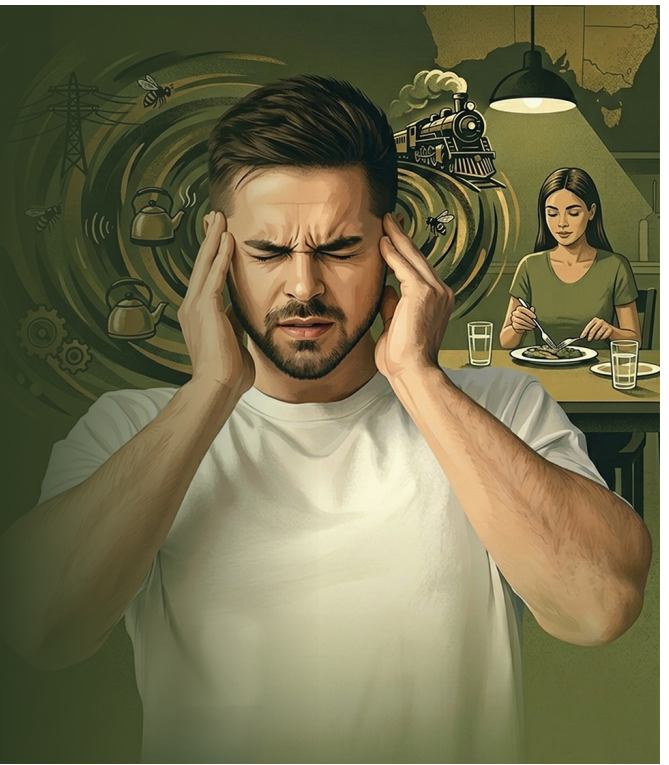
8 | Do you hear what I hear?



10 | Hearing Solutions For Retirement Villages

FOR WHOM THE TINNITUS BELL RINGS, BUZZES OR WHISTLES...

By Ed Errington



Picture this...

You and your partner are sat enjoying an evening meal at home. You're just about to reach for a glass of water. Suddenly the once quiet dining room erupts into an ear-splitting whooshing sound as loud as a train pulling into a station. Whatever it is, it sounds as if it's right by your side - yet you can't see it. Long minutes later the noise peaks but it does not disappear completely. It's still with you.

You look at your partner - expecting her to respond to the loud noise, but she appears totally oblivious to it. Why can't she hear what you can hear?

No you are not going mad. According to the literature, tinnitus is a physical condition, experienced as noises in the head. The source of this sound 'trickery' is your brain, rather than your ear. The most commonly reported noises are whistling, humming, clicking, roaring, buzzing, whooshing or hissing.

As a tinnitus sufferer, I am not alone: approximately 17% to 30% of Australians experience tinnitus at some stage in their lives. Among those, an estimated 15% to 20% of the population report their tinnitus causes significant distress, impacting the quality of their life.

I first met tinnitus four decades ago when under pressure to write up my PhD thesis (Psychology/Education) and submit it to external examiners. I was reaching the end of my tenure as holder of a Postgraduate Commonwealth Scholarship Award and felt the increasing pressures.

It had taken almost four years to reach this point. While taking a short break on Christmas Day before the final push for completion, I went for a swim in a friend's pool. The following morning, I was

metaphorically all at sea - buffeted by incessant waves of vertigo and nausea. I experienced loud whooshing sounds in my right ear. This combined assault of symptoms stole 60% of hearing in the right ear and 40% in the left.

An ENT specialist diagnosed Ménière's Disease - a disorder of the inner ear causing severe dizziness (vertigo), ringing in the ears (tinnitus) and hearing loss. Stress likely prompted the Ménière's attack. The fear I felt about the Ménière's and accompanying tinnitus, generated further stress. I was prescribed medication for vertigo and nausea, but told nothing could be done to cure the tinnitus. Tinnitus was here to stay - I had to live with it.

Hardly surprising my anxiety levels were high. Yes, I was fearful - understandably so. Would tinnitus really last forever? Where was the help I needed to manage it? Would tinnitus get louder over time? Will it rob me of all silence in my life? These were just a few questions that were answered later. However, I slowly realised that managing stress was an important factor in dealing with the visiting Ménière's-tinnitus duo.

At work, things were particularly challenging when attending meetings with inevitable moments of

silence. I had little choice but to try and ignore the tinnitus. Though harder in the beginning, it became easier later. I noticed the more positive (relaxed) my mood, the quieter the tinnitus. During times of reflection, I tuned into my thoughts about tinnitus and my automatic responses to it. I realised that constantly engaging in distressing self-talk was not the best way to deal with it.

As a PhD student, I had studied people's dispositions and investigated the impact of these on attitudes and actions. The literature suggests the more central a person's belief, the more difficult it is to change it. If I wanted to lower my negative responses towards tinnitus, I needed to banish them to the periphery of my mind.

I found banishment was best done in small steps, so when time permitted, I engaged in two-minute breathing exercises, or stepped outside for some fresh air, or listened to soothing sounds (music/nature) to reset my nervous system. I consciously slowed down activities and adopted a more mindful approach to life. I maintained consistent sleep levels, regular exercise, and personal time with my partner to help reduce baseline stress levels.

Collectively, these choices eventually channeled excess nervous energy into grounded activity. By adopting this approach, I shifted slowly away from my perception as tinnitus victim towards that of tinnitus self-manager. There were times when I literally let the tinnitus go - to the point of indifference.

I was fitted with a hearing aid in the right (tinnitus) ear - allowing me to work with a degree of confidence. Roles in supervising teacher education, and later higher education, demanded high level, interactive skills - set within variable hearing spaces in Australia, UK, and New Zealand. Work sites later expanded - along with the workload - to encompass 12 more countries where I delivered professional development workshops for university staff. This

keep-busy work helped to mask the tinnitus until it finally diminished and was easier to work with.

So, in the early days, I perceived myself as a tinnitus victim - vulnerable to an unpredictable tinnitus 'bully.' It was harassment at its worst. On this, the darkest side of my journey, I learned that the main weapon in my arsenal was stress management techniques.

This is not the end of my story.

Throughout my shared tinnitus venture, I have my soulmate to thank - for her love, understanding, 24/7 support and invaluable role as my second ear prior to my cochlea implant.



Ed and Rowena Errington.

Dr Ed Errington

Following a Ménière's attack in 1984, I spent 4 decades working as a teacher, teacher educator, and academic development adviser in Australian, UK and New Zealand universities.

This rewarding work was undermined by progressive hearing loss and ever-present tinnitus. I retired after my most powerful hearing aid lost the plot.

In 2023, I was blessed with a Cochlear Implant and joined Cicada Queensland shortly afterwards. The CI has enabled me to write and narrate my own and other contributors' stories for radio while continuing to learn Spanish at a deeper level. All supported by brilliant adaptive cochlear technology.

MARKING THE SHIFT FROM TINNITUS VICTIM TO TINNITUS MANAGER

By Ed Errington

Dr Ed Errington recently gave an informative presentation to fellow members of the Townsville group, sharing his experience of tinnitus and the strategies he uses to manage it.

*"The Only Thing We Have to Fear Is Fear Itself."*¹

Let me introduce Sam. He used to suffer from tinnitus. He confided about his past fears, and poor quality of life while living in the shadow of tinnitus. His tinnitus encounters had been unpredictable, intense and unmanageable. In darker days, he had labelled himself: 'a tinnitus victim.'

When invited to give a tinnitus presentation for Cicada members, Sam's revelations came to mind.

I am indebted for information/research knowledge made available through the Australian Tinnitus Association's excellent publications.² I also drew on my own research that investigated the impact of belief systems on attitudes and outcomes.³

My presentation was in three parts. The first addressed the impact of thoughts, beliefs and emotions on tinnitus responses. The second focussed on dispelling tinnitus fears. The third helped participants ignore fears and identify/track, and engage their tinnitus triggers.

The presentation aimed to empower participants by encouraging a proactive approach to tinnitus management.

1: Reacting to tinnitus

A first step towards tinnitus adaption is to acknowledge the impact of thoughts (particularly fears) and beliefs on emotions and subsequent tinnitus adaption. It is reasonable to assume those engaged in distressing self-talk can hardly be expected to deal

very effectively with their tinnitus.

What do participants think/feel about their tinnitus?

One hypothetical scenario I offered involved Sam sitting quietly and reading a book when suddenly he experiences loud tinnitus. He might exclaim: "if this continues I'll go deaf," leaving him depressed and fearful. Alternatively, he may have said: "I'm going to go mad. I know it." Sam would likely react negatively because he feels frustrated and pessimistic. A more positive response could have been: "the tinnitus is loud but I'm off swimming this afternoon, that'll take my mind off the noise." With this response he would be feeling more confident believing he will cope. Different beliefs: different outcomes.

Sam might have engaged in cognitive reframing - a psychological technique that exposes how he interprets and responds to his tinnitus. Reframing entails an intention to transform negative thoughts/responses into more realistic ones. Sam may jot down his undesirable (often fearful) thoughts and try to modify these daily. How Sam responds will have a bearing on his tinnitus adaption.

2: Dispelling fears about tinnitus

On any journey, knowing where you are at the outset is vital if progress is to be verified.

I introduced participants to the work of British psychologist Richard Hallam⁴ who researched the adaptive behaviours of patients undergoing tinnitus. He identified four stages of adaption - outlining what to expect at each one. His model offers hope to those fearing tinnitus intensity will never decrease, never go away.

One overriding theme of Hallam's work is Tinnitus Awareness. The

less we become aware of tinnitus, the more we advance towards habituation. Stages range from 1 to 4:

Stage 1: Persistent awareness of tinnitus, (never seems to go away).

Stage 2: Intermittent lack of awareness, (especially during absorbing activities).

Stage 3: Awareness of tinnitus mainly limited to periods of fatigue, stress, or quiet.

Stage 4: Attention rarely given to tinnitus. It is limited to periods when louder than normal.

I asked participants: 'which stage do you see yourself at?' Many recognised theirs immediately. Some reflected on move(s) made from one stage to another. Hallam's research indicates that being stuck permanently within any one stage is unusual - offering hope for those feeling trapped at any stage.

3: Tracking and dealing with tinnitus triggers

Mapping/tracking personal tinnitus triggers can provide valuable feedback. Clues about what to avoid and which routines to safely follow. The strategy has the potential to convert broader speculation about tinnitus events, and what causes them - into specific, reality-based decision making.

In the absence of taking notes to record data, it is almost impossible to identify accurately personal tinnitus triggers or create valid management plans. I shared my map, then asked participants to plot their own triggers over 2-3 days. My version of the map was adapted from a concept by Thompson (2024)⁵. It was built on responses to 6 questions:

a. What time(s) does the trigger usually happen?



- b. Where are/were you when the trigger activates?
- c. How intense is/was the tinnitus?
- d. What are/were you doing at the time?
- e. What action(s) do you usually take when the trigger activates?
- f. What might trigger your tinnitus?

I limited the mapping exercise to 2/3 days- just long enough for a trial exercise. Extending the exercise would have produced more data. It may have revealed clearer patterns of tinnitus activity. Decisions made on the basis of this observable data could result in adjustments to daily routines and have a positive impact on the quality of living with tinnitus.

In my case, I responded to my triggers using distraction and mindfulness techniques. Mindfulness for me involved paying closer attention to eating, driving, and later to communication with a friend. Looking for repeated patterns is important: I identified, then modified my sleep habits - successfully reducing tinnitus intensity.

Relinquishing the role of tinnitus victim involves dispelling fears, lessening awareness on the adaptive journey, and engaging proactively with real-time, mapping data to modify daily routines and so, avoid/minimise tinnitus triggers.

Many thanks to my alter ego Sam who transformed himself

from tinnitus victim to tinnitus manager.

REFERENCES

- ¹ Roosevelt, F.D. (1932) *First Inaugural Address*.
- ² Australian Tinnitus Association Ltd. <info@tinnitus.asn.au>
- ³ Errington, E.P. (1985), *Teacher beliefs, Attitudes Towards Drama, and Educational Outcomes*, PhD. Thesis. University of Wollongong, NSW.
- ⁴ Hallam, R. (1989) cited in *Tinnitus Today*, Spring, 2018, Australian Tinnitus Association Ltd.
- ⁵ Thompson, M. (2024) cited in *Tinnitus Talk*, March, 2024:p.9. Australian Tinnitus Association Ltd.

MY TINNITUS MAP (EXCERPT - MAY 2025)

WHEN DOES IT HAPPEN?	WHERE DOES IT HAPPEN?	HOW INTENSE? LOW? MEDIUM? HIGH?	WHAT ARE/WERE YOU DOING?	WHAT THEN?	LIKELY TRIGGER? Stress? Sleep quality? Noise levels? Dietary choices? Routine? Other?
7:30am	Bedroom	HIGH	Waking up	Took a shower and masked the tinnitus.	Had very little sleep. Over-active mind in a (too) quiet bedroom setting.
9.05am	Having breakfast.	MEDIUM	Focus on eating	Nothing	Continuing outcome of poor sleep.
10:45am	Inside my favourite cafe.	LOW	Focusing on hearing/talking with friend.	Café noise masked the tinnitus.	Continuing outcome of poor sleep.



COCHLEAR IMPLANTS & TINNITUS AFTER HEARING RESTORATION

By Mini Gupta
Tinnitus & Sound Sensitivity Specialist Audiologist
All Ears Hearing

Cochlear implants often reduce tinnitus because they do more than improve hearing. They restore meaningful sound input to an auditory pathway that has been deprived. Recent research, especially in single-sided deafness, shows that cochlear implantation can reduce tinnitus more effectively and more consistently than options such as CROS or bone-conduction devices in suitable candidates. The 2024 United States Department of Veterans Affairs and Department of Defence Clinical Practice Guideline for Tinnitus now suggests cochlear implantation for adults who meet cochlear implant candidacy requirements.

At the same time, tinnitus does not improve for everyone. Some people hear better after cochlear implantation but continue to experience persistent tinnitus, fluctuating tinnitus, sound sensitivity, or listening fatigue. This can feel confusing. The most helpful way to understand this is to stop thinking of tinnitus as an “ear-only” problem.

In my clinical framework, tinnitus is a multi-system condition. The auditory system may provide the tinnitus signal, but other systems influence how strongly the person reacts to it.

- The emotional system gives tinnitus meaning.
- The stress system increases body arousal.
- The attention system keeps checking whether tinnitus is still there.
- The sound tolerance system affects how comfortably sound is received.
- Jaw and neck pathways can also influence tinnitus in some people.

A Multi-System View of Tinnitus After Good CI Outcomes

This is where tinnitus becomes more clinically interesting. A cochlear implant can restore access to sound without fully settling the person’s tinnitus

experience. This is because tinnitus is not sustained by the auditory system alone.

Modern tinnitus research often describes tinnitus as involving both auditory and non-auditory brain networks. Jastreboff’s neurophysiological model explains this in a clinically useful way: hearing tinnitus is one thing but suffering from tinnitus is another. In many people with troublesome tinnitus, the auditory system is only part of the picture. I find it useful to explain tinnitus to cochlear implant recipients as an interaction between the multiple systems:

System	Role in Tinnitus	How it may appear after CI
Auditory system	Provides or unmask the tinnitus signal when sound input is reduced	Hearing improves and tinnitus may soften because external sound becomes stronger
Emotional system	Gives tinnitus meaning	“I hear better, but the tinnitus still feels threatening”
Stress system	Drives body arousal, vigilance, sleep disruption, and tension	Tinnitus spikes with stress, illness, fatigue, or overload
Attention system	Keeps checking for tinnitus	The brain keeps asking, “Is it still there?”
Sound tolerance system	Controls comfort, loudness tolerance, and how sound is accepted	Everyday sounds feel sharp, intrusive, or tiring; tinnitus becomes reactive
Jaw and neck pathways	Can influence tinnitus in some people	Tinnitus changes with clenching, neck posture, movement, or muscle tension.

This framework helps explain why tinnitus sometimes persists after objectively good cochlear implant

outcomes. The implant may improve the auditory input. The person may hear better, communicate better, and show improved hearing scores. But the emotional, stress, attention, sound tolerance, or jaw and neck components may still be active. This does not mean the implant has failed. It means the auditory system may have improved before the wider tinnitus system has settled.

When Tinnitus Becomes Reactive to Sound

This is the part many cochlear implant recipients recognise immediately. Some people do not simply have “leftover tinnitus.” Their tinnitus reacts to sound. It may increase after a busy environment, after music, after certain pitches, after hearing tests, after mapping sessions, or after a long day of listening. This pattern may come with sharpness, overload, listening fatigue, difficulty in noise, and reduced tolerance of everyday sound. An important distinction is needed here.

In people with sensorineural hearing loss, sound sensitivity is related to a reduced auditory dynamic range or auditory recruitment. Auditory recruitment means soft sounds may still be difficult to hear, but louder sounds become uncomfortable very quickly. The usable listening range becomes narrow. A patient may say: “I need it louder to hear it, but when it is louder, it is too much.”

A similar issue can occur with cochlear implant stimulation. The goal of a CI map is not only speech understanding. It is audibility, speech clarity, and comfort. Every map includes lower levels that help sound become detectable and upper comfort levels that determine how strong the stimulation can be. If upper stimulation is beyond what the user can comfortably manage, sound may feel sharp, painful, distorted, or exhausting. The nervous system may then stay in a state of auditory vigilance instead of adapting.

This is where “more sound” and “better rehabilitation” are not always the same thing. For some people, the goal is not maximum stimulation. The goal is stable and comfortable auditory integration.

Why the Non-Implanted Ear Still Matters

The multi-system view of tinnitus is particularly important for bimodal users: people who use a cochlear implant in one ear and a hearing aid in the other. A cochlear implant in one ear does not make the other ear irrelevant. Both ears are part of the same listening brain. Best practice bimodal care includes cochlear implant programming, hearing aid fitting in the non-implanted ear, tinnitus management and auditory rehabilitation. This is exactly right, because the non-implanted ear may help or hinder the overall listening experience. If the hearing aid side is poorly fitted, over-amplified, uncomfortable, or triggering auditory recruitment and reactive tinnitus, the person may remain sound stressed even when the cochlear implant itself is working well.

This is why uncomfortable loudness levels, reduced dynamic range, auditory recruitment, tinnitus reactivity, and sound tolerance should be considered

carefully. The hearing aid may need adjustment. Sound enrichment may need to be introduced gradually. Some patients may need desensitisation before they can comfortably use stronger amplification.

A successful cochlear implant outcome is not only about the implanted ear. It is about the whole auditory system learning to live with sound again.

What This Means for Rehabilitation

Post-CI tinnitus care should not be reduced to one question: “Did the implant fix the tinnitus?”

Better questions are:

- Is the map comfortable?
 - Is listening sustainable?
 - Is the tinnitus emotionally loaded?
 - Is the patient constantly monitoring it?
 - Is the non-implanted ear helping or aggravating the system?
 - Are jaw or neck factors influencing the tinnitus?
- Are stress, sleep, anxiety, or fatigue keeping the cycle active?

Rehabilitation should reflect this complexity. Mapping should aim for speech access as well as loudness comfort. Sound enrichment should be gentle and paced, not forced. Tinnitus counselling and education are important. This fits with both the United States Department of Veterans Affairs and Department of Defence Clinical Practice Guideline for Tinnitus and habituation based approaches such as Tinnitus Retraining Therapy.

Where reduced sound tolerance is present, auditory system desensitisation may need to proceed carefully. Standard advice such as “just wear it more” or “more sound is better” may not suit every tinnitus patient.

Where jaw, neck, or muscle tension affects tinnitus, physiotherapy or dental input may be helpful. Where anxiety, depression, sleep disturbance, or trauma are part of the picture, mental health support should be considered part of good care, not an afterthought.

Final Clinical Recommendation

For recipients who continue to experience tinnitus despite good cochlear implant progress, my recommendation is simple: seek assessment from an audiologist with specific expertise in tinnitus and sound tolerance.

Persistent tinnitus after cochlear implantation does not automatically mean poor implantation or poor hearing recovery. It may mean the auditory system has improved, but the wider tinnitus network still needs targeted rehabilitation. This may include careful mapping, bimodal optimisation, paced sound enrichment, tinnitus counselling, sound desensitisation, and referral to other professionals when needed.

The implant may restore access to sound but sometimes the nervous system still needs time, safety, and careful rehabilitation before sound truly feels comfortable again.

DO YOU HEAR WHAT I HEAR?

YES, ABSOLUTELY; PROBABLY; NOT! - MANAGING EXPECTATIONS OF A COCHLEAR IMPLANT

By Robert Webber

It is a truth universally acknowledged that your ability to read an eye chart at the optometrist will be an accurate indicator of what you will see outside the examination room.

The hearing test with an audiologist also provides an insight into how you will hear in the real world, but cochlear implants and hearing aids are likely to throw up a few surprises. It is very likely that you and I will not hear exactly the same - unlike two people with prescription lenses.

Here are some of the surprises or quirks that I have encountered following being implanted with a CI.

All birds now sing on my left. This is because I am bi-modal with a CI for my left ear and a hearing aid for my right. Whilst a HA can amplify frequencies my ear can hear, however poorly, my CI provides access to the high frequencies of bird song that have been long lost to me, if they were ever there at all.

I now realise my keyboard clatters and the TV remote clicks. I can hear the ping of a toll charge when I go across the Gateway Bridge. I no longer inadvertently leave the car indicators on after I change lanes because I can hear them!

However, my sense of direction is lost. All birds sound as though they are on my left because their song only enters my brain through my left ear. On a more serious note, I have to be very careful when I drive, as I have difficulty telling where emergency sirens are coming from.

Music is now sometimes brilliant, but it can occasionally be horrible. Prior to my surgery, I had prepared a list of familiar songs many of which I have been listening to for over 50 years. The aim was to help me learn to listen with the CI. Nancy Sinatra and Lee Hazlewood singing about going to Jackson (on my first LP bought in 1968) sounded wonderful, but I didn't even recognise The Band's Rag Mama Rag, which I have been listening to since 1969. Whereas Nancy and Lee produce music with great harmonies and orchestration, The Band's album revels in dissonance with an eruption of voices and instruments jumbled together.

Over time, I have learnt to enjoy all my old familiar records, but the lesson for me was to start with music with its foundation in clarity and precision, be it chamber music or Pink Floyd.

For many years, I found it difficult to use a mobile phone, and if anything getting a CI made it even more of a challenge. Even using the speaker function or streaming through a Bluetooth speaker was largely



a waste of time. I had to make and receive calls with my wife present.

The solution was expensive, but it was to change my hearing aid to one compatible with bi-modal streaming with my cochlear device. Foreign call centres are no longer off-limits to me, although I still hate dealing with them.

Technology provided the solution to enable me to use my phone, but it is a two-edged sword. Managing technology and keeping on top of the software and hardware changes is a challenge. A lot of planning also has to go into preparing for a long trip to ensure everything remains charged.

Even though tests show I have some hearing in one ear, I am functionally deaf when I remove the HA and CI at night. Without my devices, I do not hear fire alarms, rain falling on the roof, or my wife talking to me. I suspect that my brain has become dependent on the assistance of hearing devices. I am okay with this, but it is one more aspect of hearing loss and devices to deal with.

And finally, I would like to tell you about a paradox I encounter - the more I hear, the quieter some things are. I was often bothered by the combination of road, engine, and wind noise in cars. A small fridge I bought expressly because it was advertised as a quiet fridge annoyed me every time the compressor started. Now cars are quieter, and I don't hear the fridge at all unless I focus on it. I suspect that, as I now hear an expanded range of frequencies, the dominance of a narrow band of sound is less intrusive.

If you go ahead and get a CI, you may or may not have to deal with the things I have noted here. But what you will have to deal with is other people who may expect that your hearing is now 'fixed' in a similar fashion to how spectacles correct eyesight. With a CI, you very likely will still rely on face-to-face conversations and to experience difficulty in noisy environments.

But it is all worth it.



WHEN GOODBYES AREN'T FULLY HEARD

We've recently heard from several members about their experiences at funerals where they were unable to fully follow the service due to a lack of captioning or accessible support.

For people living with hearing loss, these moments can be especially significant. Funerals are times for reflection, connection, and farewell, yet without access to captions, live transcription, or other assistive options, important parts of the service can be missed. This can leave individuals feeling isolated at a time when shared understanding and inclusion matter most.

Some people have shared that even when they were physically present, they were unable to follow readings, eulogies, or announcements clearly, particularly in venues with challenging acoustics or

soft-spoken delivery. For some, this meant relying heavily on context or the reactions of others, rather than being able to engage directly with the service itself.

These experiences highlight the importance of accessible communication in all public and private ceremonies. Captioning, hearing loops, and advance planning with venues can make a meaningful difference, ensuring that everyone present is able to participate fully in moments that matter.

Have you experienced this at a funeral or memorial service? Did the venue or funeral provider offer any support such as captioning, a hearing loop, or other access options? We are interested in hearing what helped, and what was missing, so we can better understand the real experiences of our community.

DEAFNESS FORUM CAMPAIGN: OVER 65 ACCESS TO FUNDED COCHLEAR SOUND PROCESSOR UPGRADES

Deafness Forum Australia are advocating for improved access to cochlear implant technology for older Australians. They are calling on the Government to expand the Hearing Services Program to include funded cochlear implant sound processor upgrades for people aged 65 and over. At present, there is no funded pathway for this group, and the organisation believes that all Australians should have equitable access to communication, regardless of age.

The campaign on Change.org states, "Currently, the Australian Government's Hearing Services

Program provides excellent support, but it falls short for older Australians, specifically regarding the inclusion of funding for cochlear implant sound processors for users aged over 65. This omission leaves many seniors without the crucial access to auditory devices necessary for maintaining their quality of life...

Inclusion of cochlear implant sound processors for seniors in the Hearing Services Program would reflect an understanding of the vital role hearing plays in the health and engagement of older citizens. Modern cochlear technology enables profound

improvements in hearing, allowing individuals to continue participating actively in their communities, significantly reducing feelings of isolation and depression.

Deafness Forum Australia serves as the national voice for hearing health, working to drive systemic change so all Australians can access communication and live inclusively.

For more information and to support the petition, go to: <https://deafnessforum.org.au/campaigns/> or <https://www.change.org/p/expand-hearing-services-for-australians-aged-over-65>



LIVING IN A NURSING HOME WITH COCHLEAR IMPLANTS

Moving into a nursing home can be a big adjustment, and for cochlear implant (CI) users, there are a few extra things to think about. Life in a residential care setting can still be full and enjoyable if the right supports are in place.

It helps to let staff know about your implants and how they work. Simple things, like explaining how to handle your sound processors, when batteries need changing, or asking about quieter spaces for chats or activities, can make a big difference. You might also want to show staff how to put on or remove your processor safely, and where to store it overnight.

Having a family member or support person who understands the technology can be invaluable in making the transition smoother.

Regular visits, maintaining familiar routines, and helping staff understand the cochlear implant all make a big difference. Not all staff are familiar with CI devices, so having someone who can check the processors, bring spare batteries, cables, or accessories, know who to contact if a problem arises, and advocate on your behalf helps ensure you stay connected and included. Many residents also benefit from personal listening devices, such as remote microphones for group activities or a TV

streamer in their bedroom.

Using visual cues, such as facing each other when talking, written notes, or captioned TV, can help overcome background noise and make conversations easier. Many Australian nursing homes are becoming more aware of technology needs like cochlear implants. With clear communication between residents, families, and staff, CI users can continue to enjoy social activities and everyday life with confidence.

Helpful Tips for Families, Carers, and Aged Care Staff

Helping someone care for a cochlear implant can be simple once a routine is established. The external processor is a sensitive electronic device that relies on regular care to continue working effectively. A few small checks each day can make a big difference to hearing, communication, and comfort.

Everyday Care

• Make sure the device is working properly

Check that the processor is switched on and that the external coil is sitting correctly in place. If the coil becomes loose or falls off, sound may stop or become unclear.

- **Keep batteries ready for use**

Rechargeable batteries should generally be placed on charge overnight so the processor is ready for the next day. If disposable batteries are used, it is helpful to keep extras nearby in case power runs low unexpectedly.

- **Clean the equipment gently**

The processor can collect dust, perspiration, and natural skin oils during the day. A gentle wipe with a clean, dry cloth helps keep microphones and external parts free from build-up. Liquids and household cleaners should not be used on the equipment.

- **Protect the processor from moisture**

Humidity and moisture can affect the electronics over time. After periods of sweating, warm weather, or long use, storing the processor in a drying container overnight can help maintain performance.

- **Avoid water exposure**

Unless specialised waterproof equipment is attached, the processor should be removed before bathing, swimming, or being out in heavy rain.

Ongoing Maintenance

- **Look over cords and external parts**

Regularly check wires and cables for signs of wear such as splitting, twisting, or cracking, as damaged parts may affect sound quality.

- **Monitor sound clarity**

If hearing seems dull or muffled, the microphone covers or filters may need changing. These small parts help stop dust and debris from entering the microphones.

- **Check for comfort**

The processor should sit comfortably behind the ear and the magnet should hold securely without causing redness or soreness.

- **Have spare equipment available**

Keeping backup batteries or replacement parts nearby can help reduce stress if a component stops working unexpectedly.

Troubleshooting Common Problems

If the cochlear implant user suddenly has difficulty hearing:

- Confirm the battery still has power
- Check the coil is connected correctly
- Restart the processor
- Examine cables for damage
- Dry the processor if moisture may be present
- Ask the user whether the sound is weak, distorted, or missing altogether

Communication Support

- Allow extra time if the person needs to adjust their equipment
- Reduce background noise during conversations where possible
- Speak clearly while facing the person
- Remember that hearing ability may change depending on fatigue, noisy environments, or equipment performance

Contact your audiologist or your local CICADA Qld group for advice, resources, and support as you navigate the transition to a nursing home. Visit your device manufacturer's website for more information on cochlear implant care and maintenance.

"Many Australian nursing homes are becoming more aware of technology needs like cochlear implants."





**“Talking to others helped
me understand how my life
could change.”**

Angela, Cochlear™ Nucleus® System
recipient and Cochlear Buddy

Cochlear™ Buddy Program



Talk to someone who's been there

Making the decision to pursue a hearing implant can feel overwhelming. The questions, the uncertainty, the wondering if this is the right choice - it's a lot to navigate alone. That's why the Cochlear Buddy Program exists: to connect you with someone who truly understands because they've walked this exact path themselves.

What Is a Cochlear Buddy?

Every Cochlear Buddy is a volunteer recipient who has completed their own hearing implant journey. They don't provide medical advice, but they can share honest insights about what the experience was really like - from the decision-making process, their experience of surgery and then 'switch on', and beyond. Whether you're just beginning to research implants, preparing for surgery, or adjusting to new sounds with a hearing implant, a Cochlear Buddy can offer the kind of support that only comes from lived experience.

Why Connect with a Buddy?

Sometimes the most helpful perspective comes not from a brochure or a website, but from a real conversation with someone who remembers what it felt like to have the same questions you have now.

Allie from NSW, a cochlear implant recipient, puts it perfectly:

“Speaking to a cochlear implant recipient before I decided to go ahead with the surgery was important for me because I could identify with what she was saying, and it allayed some of those fears. It does make you feel less alone and feel like you're speaking to someone who understands.”

That's the heart of the Cochlear Buddy Program - connection, understanding, and the reassurance that you're not alone in this journey.

Ready to Connect?



Getting matched with a Cochlear Buddy is simple:

1. Scan the QR code to visit the Cochlear Buddy webpage
2. Click “**Connect with a Cochlear Buddy Today**” and complete a brief form
3. We'll match you with a Buddy who understands your situation
4. Your Buddy will reach out by phone, video call, or email - whatever works best for you

Whether you're seeking practical information or emotional reassurance, your Cochlear Buddy is ready to share their story and support you at every step.

Sometimes, the best guidance comes from someone who can say, “I've been exactly where you are, and here's what helped me.”

AUSTRALIAN DEAF GAMES

The countdown is on for the 2026 Australian Deaf Games, held in July and set against the stunning backdrop of the Sunshine Coast. This much-anticipated event will bring together Deaf and hard of hearing athletes from across the country to celebrate sport, community, and connection.

Among the many organisations supporting the Games, CICADA Queensland will be in attendance with an information table at the Deaf Community Expo, to be held within the Games Hub, at the Sunshine Coast Function Centre in Caloundra. Attendees are encouraged to stop by, meet the team, and learn more about the support, resources, and advocacy available for people with hearing loss and cochlear implants.

Whether you're competing, cheering from the sidelines, or simply soaking up the atmosphere, the 2026 Australian Deaf Games promise to be a vibrant and inclusive celebration for all.

For more information visit <https://austdeafgames.org.au>



Achieving Sunshine Moments Together
Australian Deaf Games
2026
Sunshine Coast Queensland
WWW.AUSTDEAFGAMES.ORG.AU
JULY 4 - JULY 11, 2026

Sponsors: Sunshine Coast Council, Queensland, Deaf Sports Australia, deaf connect, RSL, 104.9 Sunshine FM, Sunshine Coast Airport, CONVO, CIO Foundation, National Relay Service, AI MEDIA, BioRevive CLEAN DRY ITING CANCER LAMER EMISA, SPORTSLINK TRAVEL, 39 worldsmouth, Print Ezy

SWIMMING WITH THE AQUA KIT - MEMBER'S STORY

By Jenny Armstrong

Hearing the Pool for the First Time

I've been deaf my whole life, so the pool has always been silent for me. I loved swimming, but I never knew what it sounded like. Even after getting my cochlear implant, I couldn't wear it in the water.

Recently, I tried my new waterproof accessories for the first time during a water fitness class. The moment I heard the water moving around me, and the bubbles from my kicks, I couldn't help but laugh. It was such a strange, wonderful surprise.

Now, swimming feels different. I can hear lifeguards' calls at the beach and know when it's time to get out of the pool. It's not just fun anymore. I feel safer and more connected to everything around me.

Hearing the pool has made a world I've always loved feel alive in a way I never expected.





COSMETIC PROCEDURES WITH A COCHLEAR IMPLANT: WHAT YOU NEED TO KNOW

Cochlear implant users often wonder whether cosmetic or aesthetic procedures are safe. Whether it is a simple beauty treatment, a minimally invasive procedure, or a more complex surgery, it is important to understand how these treatments may interact with your implant.

This guide outlines key considerations to help ensure your cochlear implant stays safe before, during and after any cosmetic procedure.

Safety First

Before undergoing any cosmetic treatment, there are a few essential rules to follow. Always inform your practitioner that you have a cochlear implant. This includes surgeons, dentists, dermatologists and beauty technicians.

You should also remove your external audio processor before any procedure and make sure that treatment is never performed directly over the implant site.

Treatments That Are Generally Safe With Precautions

Many cosmetic procedures can be carried out safely, provided appropriate care is taken.

Chemical peels are typically safe when performed away from the implant area. However, deeper peels or those involving heat or electrical stimulation should be avoided near the implant.

Microneedling is also considered safe when using mechanical devices. Treatments that use radiofrequency energy must not be used near the implant site.

Botox and dermal fillers can be used safely as long as injections are kept well away from the implant and no energy-based devices are involved.

Laser hair removal is generally safe because it uses light energy, but treatment should never be performed directly over the implant. Electrolysis, which uses electrical current, must be avoided near the implant site.

Tattoos are safe if placed away from the implant, but tattoo removal, particularly with lasers, is not recommended close to the implanted area due to heat and energy transfer risks.

For wart removal, safety depends on the method used. Techniques such as diathermy should not be used near a cochlear implant, while alternatives like cryotherapy may be safer.

Procedures Requiring Extra Caution

Some treatments require more careful planning and communication with your healthcare provider.

Most routine dental work is safe, but tools that use strong vibrations or electrical energy may need to be limited or avoided.

Laser eye surgery is generally safe if the external processor is removed beforehand and the medical team is aware of the implant.

Facelifts and other surgeries in the head and neck region can be performed, but strict precautions must be followed, particularly regarding the use of electrosurgical instruments.

Rhinoplasty, or nose surgery, also requires careful planning, as some commonly used tools are not suitable for cochlear implant users.

Hair transplants and liposuction do not pose a direct risk to the implant, but your surgical team must still follow cochlear implant safety guidelines and avoid the implant area.

If Your Procedure Is Not Listed

Cosmetic technologies are constantly evolving. Even if a specific procedure is not mentioned, the same principles apply. Inform your clinician, avoid the implant site, remove your processor and ensure your provider follows cochlear implant safety guidelines.

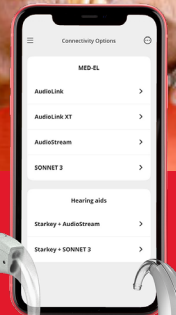
Reproduced with permission from MED-EL. Find the full article at <https://blog.medel.com/technology/cosmetic-procedures-with-a-cochlear-implant/>



The Perfect Pair

Bimodal Streaming with DualSync Technology

When a MED-EL cochlear implant and a compatible Starkey hearing aid work together, sound comes together too. DualSync enables Apple devices to stream audio to both ears at the same time, supporting balanced, more natural listening in everyday life.



Hearing Life Fully Again.

Clearer hearing, renewed confidence and everyday life with bimodal hearing

In Conversation: Helen Court, CICADA committee member and Audiologist, speaks with a MED-EL cochlear implant user about life with bimodal hearing.

For many people with hearing loss, the decline is gradual. A MED-EL user from Queensland first noticed changes in her 50s, and over the years she found herself withdrawing socially. By her late 70s, conversations were exhausting, phone calls became stressful, and she felt increasingly isolated.

Things began to change when she chose a MED-EL cochlear implant. She had researched the different options and wanted a system that aimed to deliver the closest to natural hearing. MED-EL designs its implants to follow the natural structure of the cochlea and to stimulate as much of it as possible. This approach supports fuller sound quality and more natural pitch perception, helping users understand complex sounds and hear better in daily life.

In her words,

"I wanted the most natural sound possible. MED-EL just made sense."

After her implant, she updated her hearing aid and was fitted with a Starkey device for her other ear. This opened the door to bimodal hearing. For her, the combination brought the natural balance of two-ear listening and a sense of ease she had not felt in years.

The experience improved again with **DualSync**. This technology allows Apple devices to recognise the MED-EL audio processor and compatible Starkey hearing aid as a pair, streaming sound to both ears at the same time.

Her reaction was immediate:

"AMAZING. I sometimes forget I am deaf."

Phone calls are now effortless, even in busy places. She no longer steps outside to hear. Music sounds familiar and enjoyable. Watching television with her husband feels natural and relaxed. DualSync also works with many Android phones through combined audio routing, which allows simultaneous streaming to multiple devices.

She describes the clarity and balance as "perfect" and says hearing with both ears again makes everything feel normal. Being able to hear humour and emotion in voices has restored joy to her family conversations. Her confidence has grown as well. She no longer relies on others to speak for her during important calls and feels she is treated with respect again.

Her message to others considering a cochlear implant or a bimodal setup is simple:

"Do it. Getting a cochlear implant was one of the best things I have ever done. The hearing aid completed the experience."

With MED-EL's natural hearing philosophy and the simplicity of DualSync streaming, she feels she has joined the world again. As she puts it, "I feel whole again."

To respect privacy, the user's name has been withheld.



Scan the QR code to learn more or chat to our local Queensland team.

hearinghelp@medel.com.au

1300 744 821



By Rick Thornton

Overwhelm is a condition where you are feeling stressed by too many sounds, thoughts, tasks, questions or emotions, leaving you feeling stuck or out of control. It can also come about from sensory overload where any, or a number, of your senses are receiving too much input, such as noise for hearing.

You may start feeling:

- irritable or frustrated
- helpless or somehow “less”
- anxious
- confused/embarrassed

These feelings can carry over into your diet, sleep patterns, relationships and your self esteem.

This is particularly evident for me, as a cochlear implant user, as too many sounds, competing requests, impatience with my speed of response or seemingly “odd” responses from me leaves me helpless in a sense. This situation seriously affects my speech recognition and overextends my brain processing “workload”. What is noisy to a hearing person can be horrific for me.

What to do?

Deal with it. I have what I call a translation gap (nanoseconds but it is there) where my brain needs time to decipher electronic input into speech. I need “order” in sound.

Identify what the source is. In relation to hearing, this is sensory overload or hearing fatigue. Take breaks when you need to.

Control it as best you can by using your device controls. Experiment with them and see what helps you the most.

Take control and self advocate. I have been known to demand attention and tell those concerned to shut up, get in line and let me help them one at a time (or stop over talking and show each other some respect by hearing each other out). A bit rough but it works. At meetings, I insist that some pattern or agenda is followed and discussion does not jump all over the place. Again “order” is important to me. (This also avoids “sandbagging”, “brain farts” or ambushes!) At SMOKO I just give up and have my break nearby, but not with the group. I find that a few will gravitate to you for peace as well.

Do not take it home and “do it in peace”. Home is YOUR place to clear your mind and take a hearing break. Everyone else can wait! I find this approach works ok in my men’s shed. I love to help people but I need time and their patience to do that. If I don’t get that, then they wait or maybe see the “dark side” of my force!

Don’t think negative thoughts! It is not you. It is the situation you are in and you can control that, to a degree. Even hearing people find these situations difficult.

Take a day off. Do something for yourself. You will feel better and they will get the message on how much they rely on you and your good will. I often hear that I was “missed”(because I know where everything is.) A day off calms me and makes a point to others.

Drive safely. Remember, YOU are driving your bus and YOU decide who gets on and who gets thrown off! In the air force every flight brief contains the phrase “the pilot is in command of the aircraft irrespective of rank”. They want to fly with you, they do as you ask.



Russ Ezzy

OUR FIRST HEARING SOLUTIONS PRESENTATION FOR RETIREMENT VILLAGES

Monday the 9th of March saw what we hope will be the first of many presentations of a slideshow that we put together for a Hearing Solutions show-and-tell at retirement villages. John and Donna Ross travelled to Bargara (near Bundaberg) to talk in the Carlyle Gardens Retirement Village where Russ - a Cicada Qld committee member - lives.

The aim of the day was to not only support and inform deaf residents, but also to see how the event was received and how we could improve it. Russ is the area coordinator for the Bundaberg region, and he plans to give the talk at many, if not all, of all the local retirement villages. John Foreman in Townsville is planning to do the same, following a visit from John and Donna on the 16th. It is hoped that all our coordinators will have the time and the opportunity to follow suit. We have applied for funding through grants to train extra volunteers for the work in areas with large numbers of these facilities.

So on the Sunday before the presentation in Bargara, it absolutely poured rain, but Monday made Sunday look like a light mist. And it didn't stop all day. Russ measured over 15 inches of rain (380 mm) for the two days. The result, of course, was that most of the residents of the retirement village wisely decided to remain at home.

In the end only seven people turned up for the presentation, which was disappointing but wholly understandable. The good news is that they were all very interested in what we had to say and asked some pertinent questions which John was able to respond to in greater depth. The event was composed around introducing residents to Cicada Qld and what we do, pointing out the many problems associated with deafness, giving a few pointers in living with deaf people, outlining the potential benefits of cochlear implants with the example of our own improvement in quality of life, and offering help and advice for any of their problems.

Russ was contacted the following morning (which was fine, at last) by another two residents who asked for information, and he spent two hours with them. Retirement villages being what they are, Russ is confident the ripple effect will continue to bring enquiry. He also plans to follow up with a talk at the monthly Managers Morning Tea.

So, all in all, a promising result for our first attempt, and certainly a great base to build on going forward.

Update: As we went to print, one of the residents here that I spoke to after the event has already been to see a C.I. qualified audiologist, and has found out that both her ears are eligible for second stage testing. She is currently exploring her options.





ADVANCED
BIONICS

POWERFUL CONNECTIONS

A Sonova brand



REMOTE PROGRAMMING

Visit your audiologist over a virtual appointment with your smartphone or tablet. Only AB offers complete cochlear implant programming this way, giving you a convenient way to hear better, sooner.

Ask your audiologist about Remote Programming.

Learn more at AdvancedBionics.com/au



Remote programming suitability will be determined by your clinician. This product is not available for purchase by the general public. Always follow the directions for use. Note: Remote Programming is recommended for recipients 13 years and older. An initial in-office fitting session must be performed to access Remote Programming capabilities

MARVEL FROM EAR TO EAR

Each moment feels more complete when you hear sounds from all around you. Marvel offers the only linked two-ear cochlear implant solutions, giving you richer and clearer sound quality and a more natural 360-degree hearing experience.

Ask your audiologist which solution is right for you.

Learn more at Advancedbionics.com/au



Marvel CI + Link M Hearing Aid



Marvel CI + CROS



Marvel CI + Marvel CI



Note: Advanced Bionics cochlear implants are indicated for severe-to-profound bilateral sensorineural hearing loss or severe-to-profound unilateral hearing loss. Assessment for suitability must be performed by a hearing healthcare professional. This product is not available for sale to the general public. Always follow the directions for use.



EAR TO THE GROUND...



Gillian Bartholomew

BRISBANE NORTH

The Brisbane North group started in September 2025 to cater for those on the north of the Brisbane River and has quite a lovely mix of people in ages and lived experience of deafness. We also have several partners and family members

who come along and enjoy the discussion and fun. So far, we have held three meet ups in Bracken Ridge Library and covered topics like exploring the people and services behind CICADA Queensland, tips on how to survive Christmas and group situations, self-care and preventing isolation, and supporting someone with a hearing loss where partners and family members shared their knowledge and tips. In February we met at a café near the waterfront at Shorncliffe and enjoyed some social time.

The aim in creating the Brisbane North group was to provide a friendly place for anyone who is deaf or has a hearing loss to come and meet others who have similar experiences. Whether you have a Cochlear Implant, wear hearing aids or use Auslan for communication, this space is for making friends, learning about the broad range of technology available to make communication easier, and finding support from like-minded people. I am thankful for the wonderful team of volunteers who help set up/pack up or help with morning tea so that visitors can enjoy a chat and coffee and find answers for their questions. If you are struggling with hearing loss or supporting someone who is, come and meet our friendly team!



Ange Jonassen

BRISBANE SOUTH

Before the end of 2025, we caught up at the OAG Café at the Art Gallery in South Bank. It was such a lovely spot—sitting under the shaded trees with the sound of waterfalls nearby—perfect for a relaxed coffee and a good catch-up.

Our first meetup for the year was at Wynnum Library, with a mix of regular members and some new faces, which was great to see. We talked about Love, Connection & Social Life with Hearing—how hearing loss can affect relationships and

that sense of belonging. It was a really open and honest discussion, with everyone sharing their own experiences. We also spoke about ways to stay connected and support each other, because with the right understanding, those connections can still be strong. It was a really enjoyable morning, finished off with a casual morning tea.

Looking ahead, we have got some great things coming up. We will have a range of guest speakers, including an audiologist, clinician and a personal coach, plus a social event in June where we'll be joining up with the Northside Brisbane group.

I am really looking forward to what's ahead and continuing to support CICADA members as we share, learn and support each other along our hearing journey.



Penny Phillips

SUNSHINE COAST

A new year has begun and the increase in enquiries is very notable, many professionals are sending people our way now for extra support and help in making their way through the cochlear implant journey.

Our first Meetup was in February with over 20 people in attendance and a special morning tea was held to welcome everyone back.

It was good to see the regulars and some new faces and hear from them and listen to their questions about the process of living with hearing loss and a cochlear implant.

Mark your diary : Another Bird Walk on Saturday 6th June is booked this time at Mary Cairncross Scenic reserve from 9.30 am to 11.30am. I'm told there is a lovely cafe there with interactive bird talks as well. It should be fun!

We have many things lined up for 2026, all our professionals will be on hand to answer your questions as well as a special guest speaker Gillian Bartholomew who is a Counsellor and CI recipient and will be talking about living and coping with a hearing loss.

We hope to see you there.

Thank you to each and everyone of you for helping to make our Sunny Coast MeetUps supportive and informative and to those that help in any way, you are so appreciated.



John Foreman

TOWNSVILLE

Meet John Foreman, our Townsville Coordinator

John's hearing journey is one many will relate to - gradual loss, increasing isolation, and the frustration of trying to "get by" with hearing aids that just weren't enough.

After years of missing conversations, avoiding social situations, and relying heavily on his wife, John reached a turning point. With encouragement from CICADA, he revisited a cochlear implant assessment, and in 2019, everything changed. He got a cochlear implant.

Today, John describes the results as life-changing. From hearing everyday sounds he had long forgotten, to reconnecting with conversations and family, his cochlear implant has given him back a level of independence and confidence he thought was gone.

Now, John is paying it forward, supporting others in Townsville and helping people at every stage of their hearing journey feel informed, supported, and connected as the Townsville Coordinator for CICADA Qld.

If you are from this region or are visiting Townsville on the third Thursday of the month (excluding December and January), come and join us for a couple of hours. We are here to share, listen and connect.



Rob Frith

DARLING DOWNS

CICADA Queensland would like to sincerely thank Rob Frith for his valued contributions to our community. Rob has generously given his time and energy, beginning with his service on the CICADA Qld committee in 2021, where he helped guide

and strengthen the organisation during a period of committee change.

Originally a member of the Brisbane group, Rob later stepped into the role of Area Coordinator for the Darling Downs group, where his commitment helped local members stay connected, supported, and informed. Through hosting relaxed coffee-and-chat MeetUps and organising visits from key industry professionals, Rob created welcoming opportunities for cochlear implant recipients to share experiences

and gain valuable insights. His consistent support and generous behind-the-scenes efforts, including his contributions to the CICADA Chorus, have been greatly appreciated.

While Rob is stepping back from his role at CICADA Qld, MeetUps will continue in Toowoomba. For upcoming dates and details, please visit our website.

Thank you, Rob, for everything you've contributed to CICADA Qld!





Bridging the Gap to Auracast™

You arrive at a venue and see that Auracast is available.

It's designed to deliver clearer sound directly to personal devices, so you can listen better without background noise or distance getting in the way.

But how can you actually connect?

This is where an Auracast "bridge" becomes useful. It connects the broadcast in the venue to the way you already listen.

Using Audeara's Audio Transceiver (BT-LE), you can connect to an Auracast broadcast and pass that audio through to your existing accessory, whether that's an AudioLink or Mini Mic, so it continues through your cochlear implant the way you're used to listening.

Instead of changing how you listen, the bridge simply connects the new broadcast to the setup you already know and trust.

What this looks like in practice

At a venue such as the Queensland Performing Arts Centre, where Auracast is now available, the process is simple:

1. Connect the Audeara Audio Transceiver to your AudioLink or Mini Mic using the 3.5mm audio cable.
2. Use the Audeara Audio Transceiver to receive the venue's Auracast broadcast.
3. Your AudioLink or Mini Mic then sends the sound to your cochlear implant.

A more connected way to listen

As Auracast rolls out across more public spaces, it opens up new ways for you to access sound in shared environments.

By bridging Auracast into the devices you already use, you can take part in these experiences in a way that feels familiar and in your control.

Because you deserve to feel connected to the moments around you.

A special offer for CICADA readers

To support you in exploring Auracast, Audeara is offering CICADA Queensland readers **10% off the Audio Transceiver.**

If you'd like to try connecting to Auracast using your existing setup, simply use code **CICADA** at checkout when you visit **audeara.com**

Wish it sounded like it used to?

Rediscover the joy of listening with sound tailored to you.



EXCLUSIVE DISCOUNT

10% OFF
Audeara A-02 range

Use code **CICADA** at checkout



Scan to buy or visit
audeara.com



AUDEARA
Feel connected.

CONTACTS

BRIBIE ISLAND

Email: secretary@cicadaqld.org

BRISBANE NORTHSIDE

Gillian Bartholomew

Email: gillian.b@cicadaqld.org

SMS: 0402 734 846

BRISBANE SOUTHSIDE

Ange Jonassen

Email: ange.j@cicadaqld.org

SMS: 0402 118 393

BUNDABERG

Russ Ezy

Email: russ.e@cicadaqld.org

SMS: 0490 800 126

DARLING DOWNS

Email: secretary@cicadaqld.org or

Pam: pam.citable314@proton.me

GOLD COAST

Email: secretary@cicadaqld.org

FRASER COAST

Greg Nichol

Email: greg.n@cicadaqld.org

SMS: 0408 069 843

MACKAY / WHITSUNDAYS

Lindsay Creighton

Email: lindsay.c@cicadaqld.org

SMS: 0458 003 772

SUNSHINE COAST

Penny Phillips

Email: secretary@cicadaqld.org

SMS: 0421 328 909

TOWNSVILLE

John Foreman

Email: john.f@cicadaqld.org

SMS: 0417 762 547

MAGAZINE EDITOR

Kymm Smith

Email: connect@cicadaqld.org

WHO WE ARE

CICADA Qld Inc. is an independent, not-for-profit organisation run by volunteers, supporting people with hearing loss and hearing implants for over 30 years.

VISION STATEMENT

To ensure all Queenslanders of all ages affected by hearing loss, considering hearing implants, or currently using hearing technology, along with their families, are supported and informed.

MISSION STATEMENT

To work collaboratively with hearing professionals and the industry to promote and provide awareness, rehabilitation support, and opportunities for social engagement in a community encompassing all people with hearing loss, current hearing implant users, those considering hearing implants, and their friends and families.

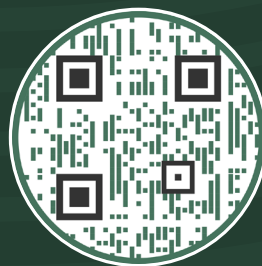


Would you like to host a CICADA Qld group in your local area?

Can you spare a few hours a month to hold a regular MeetUp? We are looking for friendly, outgoing people with a passion for supporting people with hearing loss,

hearing implant users and prospective cochlear implant recipients.

Good with technology? We need volunteers to assist with social media, graphic design, digital content and technical assistance. Are you a business with a venue or room suitable for our MeetUps? If any of the above apply, please contact us.



CICADA Qld Inc.

07 5413 9229

Locked Bag 5010

Caloundra DC Qld 4551

[f](https://www.facebook.com/CICADAQueensland) [@CICADAQueensland](https://www.instagram.com/CICADAQueensland)

www.cicadaqld.org



Proudly supported by

**Queensland
Government**

© 2017 CICADA QUEENSLAND

(Cochlear Implant Club and Advisory Association Queensland) is registered as a charity with the Australian Charities and Not-For-Profits Commission. ABN 70 273 643 930.

Whilst every effort has been made to ensure the information in the CICADA Chorus is accurate, it's intended as a general guide only and should not replace personalised advice from your hearing health professional.

OUR PARTNERS

