CHECKLIST FOR SUDDEN SENSORINEURAL HEARING LOSS (SSHL)

What to do if you suddenly notice you cannot hear. SSHL is a poorly understood condition that you may never have heard about until it affects you. It can happen to anyone regardless of age or whether you have had any previous hearing problems. It can often be treated successfully without permanent hearing damage but you need to act NOW!

FIRST NOTICE HEARING LOSS



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You may have woken up to reduced hearing or notice a 'pop' or drop in your hearing. There may also be tinnitus, dizziness or a feeling of fullness in the ear.



DO NOT IGNORE IT!

Do NOT wait a few days to see if it improves or to book in with your GP. You need to seek the advice of a hearing professional STRAIGHT AWAY. It may be that you simply have ear wax or congestion but if it is SSHL then you need urgent care.

CALL A LOCAL AUDIOLOGIST OR HEARING SPECIALISE

Try to get an emergency ear check via otoscope to rule out a physical blockage and discuss symptoms with a specialist as soon as possible and within 24hours. If not possible do not delay but go

GO STRAIGHT TO A&E

SSHL is a medical emergency and requires urgent treatment. Time is critical as the chances of recovery are improved if treatment is started within 24-48 hours of onset.

HAVE AN EMERGENCY AUDIOGRAM (hearing Test)

Pure tone audiometry is required to confirm SSHL – defined as a loss of at least 30dB on 3 consecutive frequencies over 72 hours or less.

(a whisper is 30dB and normal speech is about 60dB so this means most speech will sound like a whisper)

SSHL IS INVISIBLE

You may otherwise look fit and well so insist you are taken seriously. Present the audiogram, if you have one, along with any previous hearing assessments you may have had done. This is crucial evidence that your hearing has drastically dropped.

START URGENT TREATMENT

Usually a course of high dose oral steroids is given (often 14 day course — tapered). Anti-viral medication may also be offered.



FOLLOW UP WITH ENT/ AUDIOLOGY

A follow up appointment with an ENT consultant should be arranged and further investigation may be required, eg. CT or MRI scan, blood

tests. Hearing assessment should be repeated to monitor progress of recovery.