HAVE YOU HEARD OF HAPPY EARS ON TAYLOR STREET?

Happy Ears on Taylor is the University of Illinois Hospital & Health Science System’s comprehensive cochlear implant service. We provide a range of services for children who need cochlear implants, and work carefully with their families.

Services can start as early as identifying newborns with hearing loss. Our team evaluates and helps newborns and their families through the implant process. We also provide post-implant speech language services and educational support.

We work closely with early-intervention (age 0-3 years) speech language therapists, the Chicago Public Schools, and other professionals who provide services for those with hearing impairment, including the Children of Peace School on Taylor Street. Some Happy Ears on Taylor patients work with us for many years, throughout their childhood and into adulthood!

This picture is from the Fall 2013 Carnival at the Children of Peace School on Taylor Street. This UI Cochlear implant alumna supervised one of the activity stations.

The upcoming Spring Carnival for children with hearing loss and their families will be held Saturday May 31, 2014 at 9:00 AM at Children of Peace School, 1900 W. Taylor Street.

Jane Dwyer, UI Health’s deaf education specialist/developmental therapist-hearing, is one of the facilitators for the on-going Happy Ears Playgroups.

The playgroups provide early intervention services to children with hearing loss ages 18-36 months.

IN MY CORNER

Welcome to spring, and the Spring issue of the CommENTator.

As you can see by the rest of this page, this edition focuses on our outstanding, nationally recognized Audiology program and the patients and families it treats and cares for.

We’re so proud of our Happy Ears on Taylor program, because it combines the best of sophisticated medical treatment, provided by world-class audiologists, speech-language pathologists, and other clinicians, with high-touch, personal care.

The photos on this page introduce you to some of these individuals, and the article inside on our Newborn Screening Program for hearing sheds light on how we work with children and their families from birth into adulthood, in some cases.

You’ll also meet our Alumnus of the Year, Francisco Civantos, M.D., a brilliant and conscientious man who embodies the best of our program and Department. Finally, we’ll meet a man who underwent a rare procedure by Miriam I. Redleaf, M.D., that has him happy and out of pain.

Enjoy the issue.

J. Regan Thomas, MD
Francisco J. Civantos, MD, FACS, the Department’s Alumnus of the Year, is a highly regarded head and neck surgeon at the University of Miami, where he is a Tenured Professor in the Department of Otolaryngology and an attending physician at the University of Miami Hospital and Jackson Memorial Hospital. He has served in various capacities at the University of Miami since 1992, when he also began work at the Veterans Administration hospital there. He spent five years at UI, from 1986-1991, first in a general surgery residency, then for four years in an ENT residency. After completing his UI residency, he did a fellowship at Vanderbilt University Medical Center, which immediately preceded his appointment at the University of Miami. He earned his BA at Harvard University and his M.D. from Columbia University.

His practice focuses on head and neck cancer, minimally invasive endoscopic surgery, and robotic surgery, among other areas. His record as a clinician, teacher, researcher, and public servant is extensive. He spoke to us about his training and experiences at UI Otolaryngology, and on the Department’s influence on his quarter-century of practice.

When you were informed of the Alumni of the Year honor, what was your reaction?

I was honored and flattered. I wondered if I was really worthy of such accolades! I’m incredibly humbled to be mentioned in the same vein as others who’ve been honored in this way before.

When you came to UI in 1986, you’d been at Harvard and Columbia for your undergraduate and medical training. What made you want to come to the Midwest?

When I was at Columbia, I’d always been told that the programs in the Midwest were the strongest in head and neck surgery. I’d always been interested in ENT. At that time, there was a lot of competition between general surgery and ENT, and the programs in the Midwest tended to be very strong. I looked at a number of places in the Midwest, but when I got to U of I, I found the people so genuine and friendly, that’s why I wanted to stay there. And that impression, that atmosphere won me over.

Whom in particular did you encounter during your interviews who had such an effect?

During my UI interviews, I met Dr. (Edward) Applebaum. He had a way of making a person feel good about his own achievements, and at the same time was very frank communicator. He was a fantastic educator. What I sensed during my interview with him was real, and that was a big part of the reason that I wanted to be at U of I. I also was influenced by Dr. Arvind Kumar and his demeanor. He and Dr. Applebaum were extremely important in my interest and desire to come to U of I. But everyone – including the administrative staff – was so nice.

It sounds as if those initial impressions became longer-term career influences...

Absolutely. From Dr. Applebaum, I really learned the value of critical thinking and not letting emotions get in the way of decision making. Not that we shouldn’t show emotion and care about our patients, but in the end we’re not magicians or gods. We can’t make something happen because we want to. Dr. Applebaum had had experience treating cancer through his work at the Veterans Administration, so even though he was not doing head and neck cancer cases when I began my residency, he was incredibly involved in discussions about cancer cases. His influence was important in helping us make hard decisions that had direct impact on patients’ quality of life.

So if tests showed a tumor that was impossible to remove or that trying to do the impossible could risk compromising the few years a patient might have left, he was influential in helping us be clear and logical thinkers and always making the right decisions on behalf of our patients, and not letting emotions or ego get in the way.

Were there others who served as mentors during your time in the Department?

Absolutely. My first year, Dr. (Burton) Soboroff came out of retirement and served as the head and neck oncologist, so I got some of my earliest training from him. He taught the value of efficiency and accuracy. Then, after Dr. Soboroff had filled in so ably, Dr. (Barry) Wenig came and was my head and neck attending. I spent a lot of time with him, and he’s a big part of the reason I went into ENT.


Dr. Stephanie Joe:
- Presented “Nasal Congestion, Learning in the Electronic Age” and was member of the panel discussion: “Update on Sinus Treatments” at the 38th Midwinter Symposium on Practical Surgical Challenges in Otolaryngology, Snowmass, Colorado; February 17-20, 2014.

Dr. Miriam Redleaf:
- Presented “Air Space Reduction Tymanomastoidectomy” and “Middle Cranial Fossa Dehiscence” at the 38th Midwinter Symposium on Practical Surgical Challenges in Otolaryngology, Snowmass, Colorado; February 17-20, 2014.

Dr. J. Regan Thomas:
- Presented “Update on Scar Revision” and “Improving Results with Local Flaps” at the 38th Midwinter Symposium on Practical Surgical Challenges in Otolaryngology, Snowmass, Colorado; February 17-20, 2014.
- Presented the keynote address: “Obtaining the Proper Nose”, participated in a Panel: “Risks & Hazards on the Use of Alloplasts”, and presented two lectures: “Aloplastic Implants: Pros and Cons” and “Improving Local Flaps in Nasal Skin Reconstruction” at the European Rhinoplasty Summit, Munich, Germany, 3/25-28/2014.

Happy Ears Playgroup focuses on developing listening speech, language, motor, pre-literacy, and social skills in a fun educational environment.

Listening and spoken language strategies are utilized along with American Sign Language.

For information, please contact Jean Hayes (at left, seated) at 312.996.1526.
A diagnosis of a hearing problem can be a difficult piece of news for a parent, especially the parent of a newborn.

About three of every thousand infants are born with a hearing problem or acquire one shortly after birth. But early diagnosis and intervention can not only lead to treatment that may help mainstream children’s speech-language development but provide critical support to families and children, said Nichole Suss, AuD, a UI audiologist.

That’s why newborn hearing screening—a service provided at UI long before screenings became mandated under Illinois law in 2002—is so critical. Illinois requires at-birth screening for a variety of conditions ranging from hearing problems to endocrine, metabolic, and blood disorders from cystic fibrosis to sickle cell disease.

Dr. Suss said that about half of all congenital hearing loss UI diagnoses are in babies treated in UI’s Neonatal Intensive Care Unit (NICU).

Those newborns who need more support, such as medication or ventilators, due to prematurity and related issues and that require NICU care typically have associated risk factors for hearing loss, she added.

The Division of Audiology screens about 500 newborns annually in the NICU. UI Hospital delivers about 2800 babies annually, with most of the non-NICU hearing screenings performed by other clinicians. The screening, typically offered about 24 hours after birth, is noninvasive and administered through an automated auditory brain response device. Sensor pads are attached to the head, and small earphones are attached to the baby. Then soft sounds are piped in through them, Dr. Suss said (see far right).

The automated system confirms a “pass” or a non-pass. A non-pass is not necessarily a confirmation of a hearing problem, Dr. Suss noted. A second screen is performed in the hospital, and if that again indicates a real possibility of a hearing problem, a referral is made for outpatient evaluation. The good news is that most infants seen for outpatient diagnostic testing, which ideally occurs within 2-3 weeks of discharge from the hospital, are determined to have normal hearing, Dr. Suss added.

But she cautions against parents dismissing the importance of seeking follow-up soon after the screening in the hospital.

“Whether the newborn has a defined hearing problem or none at all, knowing and addressing problems and possible treatment early on is always the best way to go,” she added.

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“Whether the newborn has a defined hearing problem or none at all, knowing and addressing problems and possible treatment early on is always the best way to go,” she added.

That’s because diagnosis can be much easier among very young newborns. The testing requires babies to be still, asleep and quiet for 60-90 minutes, Dr. Suss said. “That’s much easier to accomplish with newborns than with infants who are more aware of their surroundings and likelier to be awake more or on edge in a strange environment.”

Early testing and diagnosis tend to lead to earlier interventions, such as hearing aids. UI Audiology can help those children obtain hearing aids, Dr. Suss said.

UI Audiology can help children obtain hearing aids. For those who meet candidacy requirements, children can receive cochlear implants as early as one year of age. In addition to technology, the child’s habilitation is closely tied in with services provided by UI Otolaryngology, including speech therapy.

Jean Hayes, UI speech-language pathologist, echoes the importance of early intervention, especially for children with the most chronic hearing problems.

“Children who receive cochlear implants before 18 months of age are more likely to use listening and spoken language more effectively than those who receive cochlear implants at a later age,” she said. “It’s never too late of course, but that age is an important milestone.”

Hayes, who spent 13 years in Chicago Public Schools working with children with hearing loss, knows the challenges many children and their families face when speech and language are delayed due to hearing loss.

“It’s hard for children who are diagnosed later or don’t receive early intervention to catch up,” she noted. “These children are more likely to struggle in school.”

“However, since so many children are benefiting from early treatment today, it’s no longer about helping kids catch up like it used to be. We’ve moved from remediation to keeping children on a typical developmental course in terms of speech-language development. It’s very exciting,” she added.

“Whether the newborn has a defined hearing problem or none at all, knowing and addressing problems and possible treatment early on is always the best way to go,” she added.

Lagging development due to hearing problems not only affects children in school. It can translate to hard times throughout life, Dr. Suss noted. “Many adults who were born with hearing loss but had late access to habilitation are as intelligent as those without hearing difficulties, but are at risk for being underemployed, unemployed, and dependent,” she noted.

“Hearing loss can lead to a vicious cycle of academic problems, developmental delays, and lack of professional mobility,” she added.

A newborn with hearing loss needs a team to help with his or her journey, and the child’s needs will change as he or she gets older.

That’s why UI Audiology provides a range of experienced clinicians and services that constitutes a continuum of care that stands out among Chicagoland and Midwest facilities, and allows for comprehensive care of patients throughout their entire childhood.

“Our ability to care for a patient from birth into adulthood serves as a real strength of our program,” Hayes said.

“What’s most important is empowering family members to take an active role in their child’s development and encouraging parents to advocate for the needs of their children. Letting parents know they’re in a supportive environment is critical,” Hayes added.

“The more parents are knowledgeable about the skills and resources they need, as well as helping their children transition into schools, the more confident they and their children will be,” Hayes said.

The Division can answer questions and provide support essentially 24/7, and link parents to others with hearing-impaired children, including organizations of parents like Guide by Your Side http://ilhandsandvoic-es.wordpress.com/gbys/.

In this photo Gabrielle Cager, AuD, UI Audiologist, is working with Ann, an early intervention therapist at a panel sponsored by UI Audiology. Early Intervention Panels are important elements of UI Audiology’s Happy Ears on Taylor Program. These regular sessions are conducted for Chicagoland early intervention therapists who work with children with hearing loss from birth to age 3. Early intervention therapists often work in the child’s home and/or with parents on cases that involve hearing aids, osseointegrated implants, and cochlear implants.

UI Audiology began these panels to keep these important community providers up-to-date on treatment in Audiology, and to help them learn about the hardware and equipment they use in their work. The panels have been well received across the community, and intervention therapists are requesting additional topics for the courses, such as unilateral hearing loss, which will be offered late in summer 2014.

ALUMNI PROFILE: FRANCISCO J. CIVANTOS, MD

I learned so many things from Dr. Wenig, but one that stands out is creativity, and how important creativity is in surgery—using new ideas and trying new approaches, always with care, logic, and with good, well thought out approaches. That’s how Barry was and is, and I’ve tried to model myself after him in that way.

You and Dr. Wenig have a long professional relationship, is that right?

I’ve learned about so many aspects of ENT from him. Dr. Wenig and I, though connected to robotics, haven’t discussed that aspect of ENT much. However, just about any other topic in ENT I’ve learned from him. His creativity shone through during my residency. For example, he was involved in research with the YAG laser. We used to work on a lot of cases using that, and he was always excited to try new ideas, new instruments, and share and teach that experience to those who worked with him.

We hear a lot from our alumni far and wide about the reputation of the program, and how its position as a teaching hospital with a diverse mix of patients and cases is influential in alumni’s professional development. Has that been your experience?

All over the world, UI’s reputation is sterling. It’s one of the top programs in the country and generally recognized for producing great work and leaders. And the environment, the diversity of patients and conditions, really does influence the way I look at my practice. I’ve always been open to caring for anyone who needed help, for the insured and the uninsured, for people who are easy to take care of and hard to take care of. We can’t do all of our work pro bono, but part of the mission of the physician is to think about the patient’s financial status last and the patient’s care first. My experience at U of I was an important part of understanding that. Everyone’s a person, everyone deserves respect, and we should treat every patient in the same manner, communicate the same to every patient...The basis for that comes from my UI experience, of working with different patients there and at Cook County Hospital.
She diagnosed a keratosis of the inner ear—an abnormal growth of unusually hard wax that ear cleanings typically can’t clear. Such buildup must be removed regularly so it doesn’t erode the skin, she said.

In Hitchcock’s case, the “super-firm” wax was so hard it was eroding his skin and the bony external part of the ear canal. “The ear canal is a bony tube coated with skin on the inside,” she added. “When the skin wears away, sometimes there are symptoms, and in Mr. Hitchcock’s case, they were significant.”

After a few weeks of drug treatment, she began preparing Hitchcock for likely surgery, “When you start eroding all the bone into your jaw joints, it’s very painful,” Dr. Redleaf said.

What amounted to bone-on-bone pain in such a sensitive and vital area of the body is often not properly treated. But Dr. Redleaf had a solution, one she prepared Hitchcock for from their first meeting—a skin graft in the inner ear.

She made sure the flap she grafted had a reliable blood supply that ensured the new skin would coat the area that had previously been exposed and worn away.

The result, she said, was to create a “buffer between the bones” that maintains the blood flow and preserves the skin.

If the skin flap isn’t pedicled in this fashion, she noted, the grafted skin might only last a month or two, and the hard wax can build up as before. “You have to cover the bone so it’s no longer exposed,” she said.

“It’s not quite bone on bone, but it is exposed bone that has to be covered by skin” so the symptoms and pain don’t recur, she added, likening the process to laying carpet over a hard floor to provide a cushion.

To Hitchcock, the relief was transformative. After about a week of being unable to hear after the surgery because his ears were plugged with cotton, he said “it felt better right off the bat.”

The minimal scarring didn’t bother him (and still doesn’t), and what most enthused him was that he could start eating normally again without excruciating pain.

“It was almost like a miracle,” he said. His hearing has improved since the surgery, and it didn’t take long for him, back on solid food, to gain back the 30 pounds he’d lost.

Caring for his ears required a fair amount of attention. Dr. Redleaf advised him to stay indoors in the weeks following the surgery to protect his ears from cold winter weather, and careful washing and good ear cleanings every six months are still needed.

“I was lost. I didn’t have anywhere to go,” he recalled. “Now everything’s perfect.”

“Dr. Redleaf explained things to me about the condition in layman’s terms I could understand. To me, she’s a miracle worker.”

“Thats what I really liked about her,” Hitchcock remembered. “From the first time I met her, the way she came across, her determined nature, the confidence and attitude she showed in talking to me, made me feel confident.”

“I knew that to her it was about the patient. She said, ‘we’re going to get this fixed’.”

And she did. In late November, just weeks after the referral, Dr. Redleaf grafted a postage stamp-sized pedicle flap from the back of Hitchcock’s ear into his inner ear. She’d been confident the procedure had a strong likelihood of success, something that instilled faith in Hitchcock.

Unlike grafts some other otologists use that don’t last in these cases, Dr. Redleaf made sure the flap she grafted had a reliable blood supply that ensured the new skin would coat the area that had previously been exposed and worn away.

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“I’ve seen a lot of doctors and a lot of doctors who’d let me down, Hitchcock said.

“She is the best doctor I’ve ever had.”
Dr. H. Steven Sims, associate professor in the Department, was honored by the weekly Chicago Defender newspaper as one of its “Men of Excellence” this past January.

The Men of Excellence honor is described by the publication as including “a very special class of men who are recognized for the excellence they demonstrate daily in their professional and personal lives.”

“It is a special honor to be recognized by such a venerable publication,” said Sims. “My bachelor’s degree is in African-American history, and the Chicago Defender was a prime resource for me. It is humbling to be included in its pages.”

Sims is one of 50 African-American men in the Chicagoland area from a wide array of professional backgrounds to receive the honor. All men were nominated by Chicago Defender readers.

Barry Wenig, MD and Gina Jefferson, MD provided comprehensive head and neck cancer screens to nearly 90 patients at three different Mile Square Health Center locations in Chicago.

The screenings were provided during the week of April 25.

In addition to providing screenings, the team educated patients on the warning signs of head and neck cancer and identified conditions such as precancerous lesions, thyroid goiters and hearing loss.

UI HEALTH VOICE DOC ONE OF CHICAGO DEFENDER’S MEN OF EXCELLENCE

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Laura Robles from Ambulatory Administration gave some very high praise for the work done by both Regina (Lias) and Marge (Lannon) at the clinic’s front desk. “…Marge and Regina do a great job with a very complex process. It requires the ability to multi-task while making each patient feel like they are the most important person in the clinic. Marge and Regina do a great job with this.” Congratulations and keep up the great work!

Audiology extern Margaret Halinski won the Student Initiated Research and Clinical Application award for her capstone project entitled “Cochlear Inhibition in Musicians and Non-Musicians.” The award was presented to her by the Illinois Speech-Language-Hearing Association (ISHA) in February. Good job, Margaret!

The Discovery Channel’s program, Daily Planet, featured Dr. H. Steven Sims, director of the Chicago Institute for Voice Care at UI Health, and pro beatboxer Yuri Lane, in a segment about how beatboxing isn’t as harsh on the vocal cords as could be expected, and may even be safer than singing. Check out the video here: http://watch.discoverychannel.ca/daily-planet/april-2014/daily-planet---april-21st-2014/#clip1081543.

Congratulations to Elliot and Emily Lieberman on the birth of their daughter, Olivia Margot born 2/27/2014, 6 lbs. 6 oz., and 20 inches. She is known as “Livy”.

Magdalene Boorazanes, AuD did a community outreach presentation at Riverside Public Library in February, as part of the library’s Art of Aging Series. The presentation focused on how we hear throughout our lifespan, how hearing is tested, as well as management of hearing loss. Well done, Dr. Boorazanes!

Patty Chism is very proud of her son, Nicholas, who just completed his undergraduate degree in criminal justice and has landed a job. Bravo to both mother and son!
The NOW HEAR THIS! Fund was created in response to the limited financial resources available to many individuals and families touched by deafness or hearing loss and the significant cost of state of the art treatment. This fund provides financial assistance to those in need who are candidates for hearing loss treatments or rehabilitation.

Our web address is: http://www.nowhearthisfund.org/

Contributions may be made to The NOW HEAR THIS! Fund through the donations page on our website.