nko | sint-augustinus antwerpen
EUROPEAN INSTITUTE FOR ORL

CIICA 2026:

Where Science Meets Experience

TWO EARS NO EXCUSES

Turning Evidence and Advocacy into Bilateral Cochlear Implants.

Prof. Dr. ***Andrzej Zarowski***

Chairman - European Institute for ORL-HNS, Antwerp

President - European Academy of Otology & Neurotology [EAONO]

Executive Board Member – International Federation of ORL Societies [IFOS]

CIICA
COCHLEAR IMPLANT INTERNATIONAL COMMUNITY OF ACTION.AISBL



nko | sint-augustinus antwerpen
EUROPEAN INSTITUTE FOR ORL

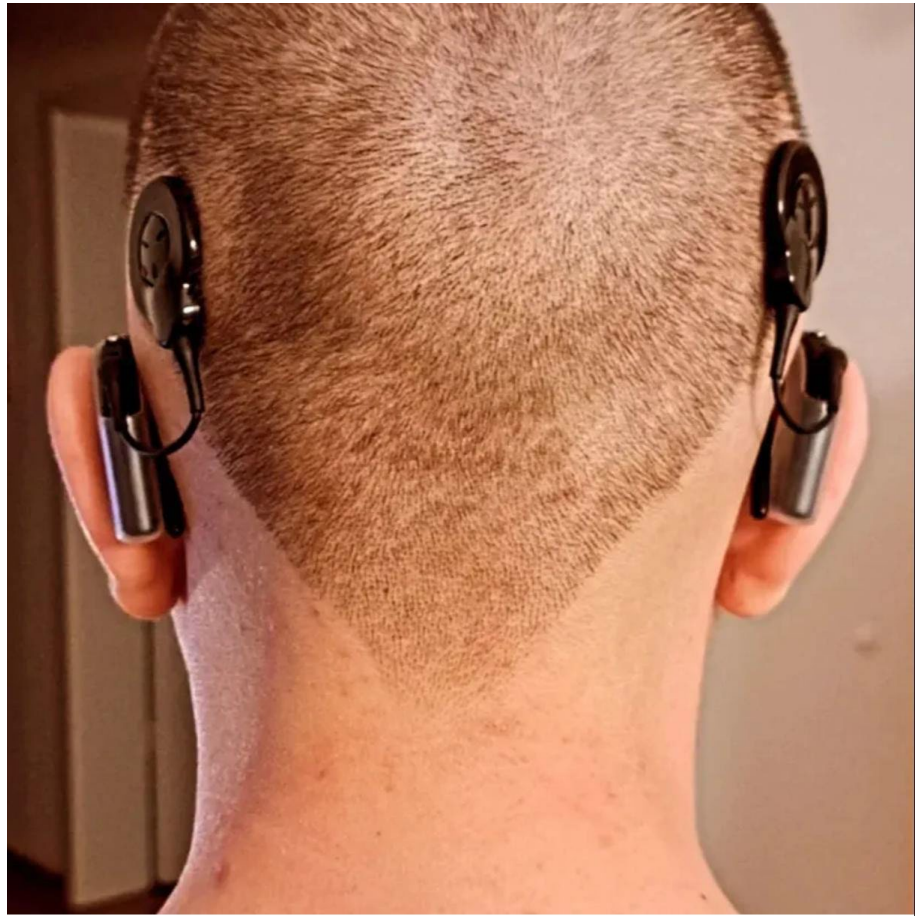
The ENT-Team – 56 collaborators

- 7 ENT Staff Members + Neurologist
- 6 Scientific Staff Members
- 7 Consultants
- 1 Fellows Neurotology
- 7 Trainees ENT/GP
- 10 Audiologists
- 1 Speech / Mime Therapist
- 9 Medical & Management Assistants
- 4 Surgical nurses
- 2 Tissue Bank Quality Technologist
- 1 Skillslab Manager



Why do we stop at one?

- **Two ears, no excuses !**
- Importance of restoring hearing to the deaf ear in SSD.
- Most healthcare systems satisfied with reimbursement of only one ear in bilateral deafness.
- Indeed one implant can change someone's life. **But just because one cochlear implant is successful, does that mean our treatment is complete?**



Nature gave us two ears for a reason

- We have two ears because hearing is fundamentally a spatial process.
- Necessary in everyday life:
  - conversation around the dinner table
  - meeting at work
  - child calling from another room
  - someone speaking from the passenger seat of a car
- A unilateral implant can restore access to speech and communication remarkably well. But it cannot provide the same two-sided auditory and spatial information as bilateral stimulation.
- Our goal should be **the best achievable hearing with both ears.**

The evidence

Meta-Analysis > Cochlear Implants Int. 2025 May;26(3):155-170.
doi: 10.1080/14670100.2025.2516932. Epub 2025 Jun 25.

The benefit of bilateral cochlear implants in adults with bilateral sensorineural hearing loss: a systematic review and meta-analysis

Manohar Bance [1], Maria Costales Marcos [2], Jérémie Guignard [3], Wendy Huinck [4], Matthijs Killian [5], Vikte Lionikaite [6], Hafsa Quadri [7], Kim Rand [8 9], Ville Sivonen [10]

European Archives of Oto-Rhino-Laryngology (2026) 283:5547–5556
https://doi.org/10.1007/s00405-026-10302-z

OTOLOGY

Benefits of bilateral cochlear implantation in children: a systematic review and meta-analysis

Anastasia Zhuchkova[1] · Joan Remacha[2] · Marta Sandoval[2] · Alberto Codina[2] · Francesc Larrosa[2] · Manuel Bernal-Sprekelsen[2]

12,6%

1,5 dB S/N

We are measuring hearing. Are we measuring life?

- Speech recognition percentages. Speech reception thresholds. Decibels. Questionnaires…
- What truly matters:
  - social contacts in group, restaurant
  - good understanding but totally exhausted after a full day of listening
  - sound localization in a busy street…
- The benefits of bilateral hearing extend beyond speech recognition. **They include confidence, safety, participation, and potentially less listening effort.**
- These dimensions are not always adequately captured by generic quality-of-life measures.

The Belgian paradox

17	18
✓✓	–

- CIBIL reimbursement in Belgium below the age of 18.
- Has the auditory physiology changed overnight?
- Has the importance of spatial hearing disappeared?
- Does an adult suddenly need less hearing than a child?

- **The difference is not medical. It is administrative.**

Approaches to reimbursement

1. Fixed budget
   - ➢ Easy (and financially safe) for the reimbursement institution
   - ➢ Problems with increasing expenditure on renewals and servicing
   - ➢ Physicians forced to make the choices
2. In Belgium the reimbursement is based on pre-defined eligibility criteria:
   - FI (3 out of 4 frequencies) ≥ 70dB HL
   - ≤ 50% unaided speech discrimination at 70 dB SPL
   - ➢ No fixed budget (financial impact not pre-defined)
   - ➢ Physicians not responsible for allocation of scarce resources

=> "Financial criteria expressed in audiological terms"

What about the cost?

- The cost is a legitimate concern. Healthcare resources are finite.
- But the relevant economic question is not simply: *How much does the second implant cost?*
- It is: *What additional value does it provide over the patient's lifetime?*

Cost ≠ Value

Randomized Controlled Trial > Otol Neurotol. 2016 Jan;37(1):38-45.
doi: 10.1097/MAO.0000000000000901.

Cost–Utility of Bilateral Versus Unilateral Cochlear Implantation in Adults: A Randomized Controlled Trial

Yvette E Smulders [1], Alice van Zon, Inge Stegeman, Gijsbert A van Zanten, Albert B Rinia, Robert J Stokroos, Rolien H Free, Bert Maat, Johan H M Frijns, Emmanuel A M Mylanus, Wendy J Huinck, Vedat Topsakal, Wilko Grolman

5-10 year horizon

No excuses does not mean no clinical judgement

- We must consider residual hearing, duration of deafness, cochlear anatomy, vestibular function, surgical risks and, above all, the patient's wishes.
- Globally, we must recognise that some countries are still struggling to provide even a first cochlear implant, let alone adequate rehabilitation and lifelong support. **These are real challenges, not excuses.**
- An important distinction between deciding that a second implant is not appropriate for a particular patient and deciding that adults as a group should not have access to a second implant.
- **The first is clinical judgement. The second is healthcare policy.**

Turning evidence and advocacy into action

1. **Change our clinical objective:**
   - assess the hearing needs and treatment possibilities of both ears
   - unilateral implantation may be the first step, but it should not automatically be considered the final step
2. **Change how we communicate evidence to policymakers:**
   - robust real-world outcomes
   - transparent cost analyses
   - evidence of what bilateral hearing means for education, work, independence and everyday participation
3. **Clinicians and patients must speak together:**
   - scientific evidence gives our arguments credibility
   - lived experience gives them meaning
   - and organised advocacy gives them political influence

Two ears. One responsibility.

- What is the point of all this technological progress if our healthcare systems restrict access to a second ear that could provide substantial additional benefit?
- The challenge now is not only scientific. It is ethical, organisational and political.
- Our task is to make the second implant a genuine clinical option whenever its additional benefit justifies it — not a privilege determined simply by age or geography.
- **One implant can give someone access to sound.**
- **A second can help give them access to the world around them.**

Take-home message

- The time has come to move beyond demonstrating the benefits of bilateral implantation.
- The time has come to **deliver them!**

Two ears. No excuses!

Thank you for listening

1



2