

# CHECKLIST FOR SUDDEN SENSORINEURAL HEARING LOSS (SSNHL)

What to do if you suddenly notice you cannot hear in one of your ears? SSNHL 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



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



## DO NOT IGNORE IT!

A good way of checking your hearing yourself is to put a phone to each ear and ask someone to talk to you to see if the ears sound different to each other. If this is the case 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. If it is SSNHL then you need urgent care.

## CALL A LOCAL AUDIOLOGIST OR HEARING SPECIALIST

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 24 hours. If not possible do not delay but go to A&E.



## GO STRAIGHT TO A&E

SSNHL 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 SSNHL – defined as a loss of at least 30dB on 3 consecutive frequencies over 72 hours or less in one ear. (a whisper is 30dB and normal speech is about 60dB so this means most speech will sound like a whisper). They may use the results in your non-affected ear to show the difference in results. If you already have compromised hearing - don't take any chances, let the medical professional know this.

## SSNHL 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). 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.

