

Information for Children and their Carers



Single Sided Deafness

What Is Single Sided Deafness (SSD)?

Single Sided Deafness can also be called Unilateral Deafness or One-Sided hearing loss. All these terms mean the same thing; a hearing loss in one ear. (The other ear usually has normal hearing).

This leaflet provides information for a young person or their carer about single sided deafness.

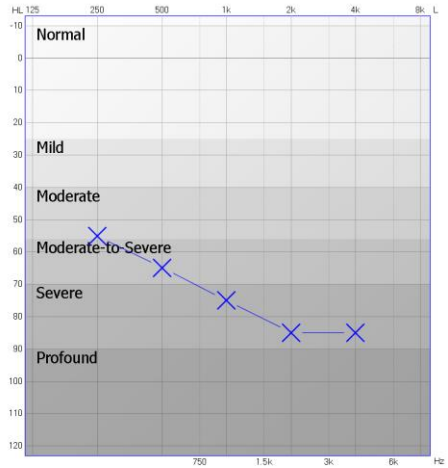
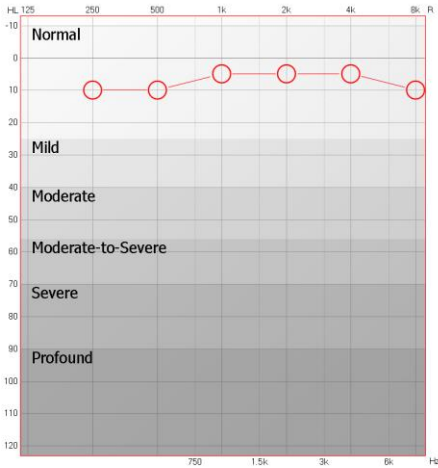
The level of deafness in the affected side can range from having a mild, moderate, severe or a profound hearing loss.

A profound hearing loss often means there is no useable hearing, and a conventional BTE (behind the ear) hearing aid would not help.

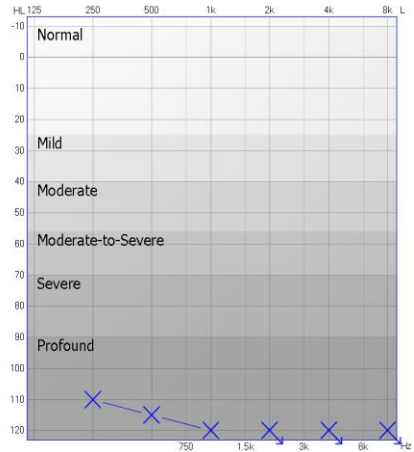
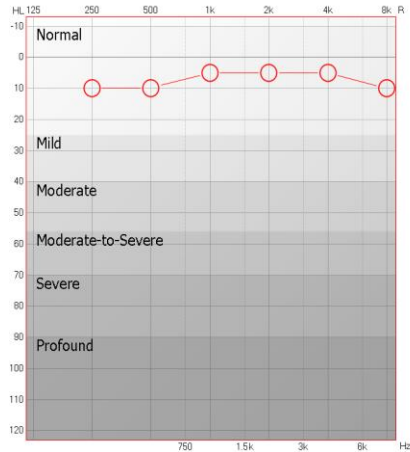
Depending how old you are / your child is, a hearing test can be performed to determine the level of deafness.



The example audiogram below shows normal hearing in the right ear (red circles) & a **moderate to severe** hearing loss in the left ear (blue crosses):



The example audiogram below shows normal hearing in the right ear (red circles) & a **profound** hearing loss in the left ear (blue crosses):



What does this mean for you or your child?

The impact of Single Sided Deafness (SSD) can vary from person to person. Factors such as the age the hearing difficulty occurred, and the level of hearing loss can both affect how well the loss is managed.

Sometimes children who are born with SSD grow up not knowing any different and can manage well, particularly during their early years. It is often only if children develop an issue with their better hearing ear or when they move into more challenging listening environments that the impact of their SSD is more noticeable. This is why regular hearing tests are essential.

The more common difficulties people with SSD face are:

- Hearing speech from the side with the hearing loss
- Hearing from a distance (e.g. the back of the classroom)
- Identifying where a sound has come from (the direction of sound)
- Understanding speech in background noise
- Listening fatigue (tiredness)
- Needing to hold the phone to your hearing ear
- May need more visual cues (lipreading) to complement their understanding of speech



Why does this happen?

There are many reasons why single-sided deafness develops. Some children have a congenital hearing loss, meaning they have been born with their hearing loss. Other children can develop their hearing loss at a later age.

Some reasons are listed below:

- Infections, such as Cytomegalovirus, mumps or meningitis
- Inner ear abnormalities (issues with the cochlear nerve)
- Structural abnormalities such as microtia
- Trauma / injuries
- Ototoxic medications
- Tumours
- Genetic causes
- Unknown



The incidence of SSD in the UK is approx. 0.6-1 for every 1000 babies born. This rises to approximately 3 in every 100 children by school age.

The introduction of the newborn hearing screening programme is allowing earlier identification of hearing loss in newborn babies, meaning that early intervention and support can be provided.

What can help you or your child?

If you feel you or your child needs some help with their hearing, there are several options available, depending on the severity of the hearing loss in the affected side.



For those who have some usable hearing, you may want to try a hearing aid. These are called behind-the-ear (BTE) hearing aids. (See pg. 9) This type of hearing aid is usually very effective at amplifying sound in the ear with the hearing loss, enabling you / your child to hear sound from that side.

For those who have no usable hearing in the ear with the hearing loss, and if they are able to wear a hearing device, they may want to try cros aids. (See pg. 10) These will help you / your child access sound from the affected side.

If this trial is unsuccessful, i.e. there is limited benefit from the cros aids, and you / your child is over the age of 6, you / they may benefit from an implantable hearing aid called a bone-anchored hearing device. (See pg. 11) You / your child MUST have tried cros aids first (& had limited benefit) before you can be referred to an implantable hearing service.

Implantable devices can also be considered for children who are unable to wear a BTE device due to structural abnormalities.

To summarise, your options are:



1. No hearing aid

**Sensible placement
and awareness**



2. BTE hearing aid

**If there is some
usable hearing in
the affected
ear**



3. Cros aids

**If there is no
usable hearing
in the affected
ear.**



4. Implantable hearing device

**If cros aid trial has been
unsuccessful or if BTE
devices cannot be worn**

1. No hearing aid

If you prefer not to use a hearing device, there are other helpful ways of ensuring you can hear optimally. These include:

- Ensure you are / your child is sat at the front of their classroom
- Ensure you are / your child is sat near to the person speaking to you, with optimum hearing towards your better hearing ear
- Keep background noise as low as possible
- Ensure those communicating with you or teaching you are aware of your hearing loss
- Create a system so you / your child can communicate any problems in school. This may mean check-in sessions with your teacher

Technology can also help, such as a soundfield system or radio aid system. These consist of a microphone which wirelessly transmits the teachers voice to a speaker or receiver.



2. Behind The Ear Hearing Aid (BTE)

A BTE (Behind The Ear) hearing aid has a microphone which picks up sounds, processes it digitally & sends the louder & clearer sound through the earmould tubing into your ear. This enables the wearer to hear better.

You / your child must have some usable hearing for a BTE hearing aid to benefit you. Those who have a severe or profound hearing loss may not feel any benefit from this type of hearing device. You / your child may also still need the strategies from the previous page to help you hear optimally.

BTE hearing aids are often Bluetooth enabled & can have additional programmes for different listening situations. They also have a volume control either through a switch or App.

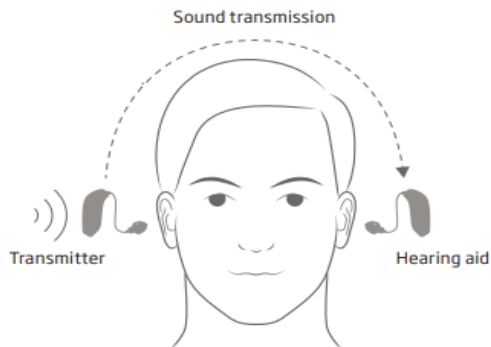


3. Cros Aids

Cros aids look just like small BTE hearing aids. The wearer uses 2 devices, one in each ear. The device in your affected ear picks up sound from this side and wirelessly sends it to the device worn in the better hearing ear. This allows you to hear the sound from your affected side.

These devices are usually considered for slightly older children due to the sizing restrictions of the tubes which hold the devices in place.

There can still be some limitations with these devices, particularly locating the direction of sounds & hearing in noisier environments.



4. An Implantable hearing device

This option for you / your child with SSD applies if the cross aid trial has been unsuccessful or if BTE devices cannot be worn. You may then consider an implantable hearing device.

For children over the age of 6 but under the age of 16, a referral can be made to an implantable hearing service. Our nearest services are in Manchester or Liverpool. There are a strict set of criteria you must fulfil for them to consider you / your child a candidate for an implantable hearing device but they will complete their own assessments to inform you of your options.

For children over the age of 16, you can be referred to a more local service if desired.



As the name suggests, these devices are 'implanted' into an area of you / your child's skull. This is usually behind the ear with the hearing loss. This removes the need for anything inside or over your ears.

There are 2 types of implants:

1. Where the implant protrudes through the skin (an abutment).
2. Where the implant is underneath the skin (a magnet). The 'hearing aid' is then attached either onto the abutment or magnet.

These devices work by picking up sound & sending this sound through your skull (bone) to the working cochlea on the better hearing side.



The role of the Paediatric Audiology Service

The paediatric audiologists will complete a full assessment of your / your child's hearing. This will include looking in your / your child's ears, completing a hearing test and possibly speech tests & questionnaires.

Once a full picture of your / your child's hearing has been established, we will discuss if any hearing support for your / your child is needed or wanted. We may try a few different options before deciding on the best option that benefits you / your child.

If you / your child has a newly diagnosed hearing loss, we may also ask our consultant to consider if any investigations are needed to establish the cause of the hearing loss.

We are all here to support you / your child with their hearing loss



Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

www.ndcs.org.uk

www.microtiauk.org

www.oticon.co.uk

www.oticonmedical.com/uk

www.medel.com/en-gb

www.connevans.co.uk

Local support groups:

<https://www.facebook.com/groups/405627293299271/>

www.signhisayhi.org.uk

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Contact details

Should you require further advice or information please contact Paediatric Audiology telephone: **01772 401310/2**

Email: Paediatric.Audiology@lthtr.nhs.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**.

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

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