

EAS

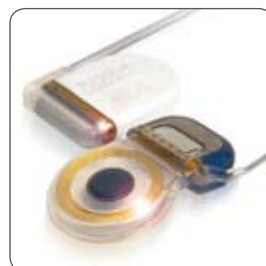
## EAS™ Hearing Implant System – The Ideal Solution for Partial Deafness

- EAS features the powerful and efficient DUET 2, a second generation EAS audio processor with improved acoustic and CI performance and an **on-the-go, switch-free design with the FineTuner™ remote control.**
- The **acoustic component** of the DUET 2 Audio Processor amplifies low frequencies and uses the natural auditory pathway via an ear mould, while the **cochlear implant component** electrically stimulates the higher frequencies via the implant.
- The **atraumatic FLEX<sup>EAS</sup> electrode array** is designed for the preservation of low frequency hearing.
- Clinical studies demonstrate significant improvement with EAS over acoustic amplification alone, which is particularly beneficial for **sound quality** and **understanding speech in noisy environments.**

### Components of the EAS™ Hearing Implant System



DUET 2 Audio Processor with  
FineTuner remote control



SONATA<sub>Ti</sub><sup>100</sup> or PULSAR<sub>Ci</sub><sup>100</sup>  
cochlear implant



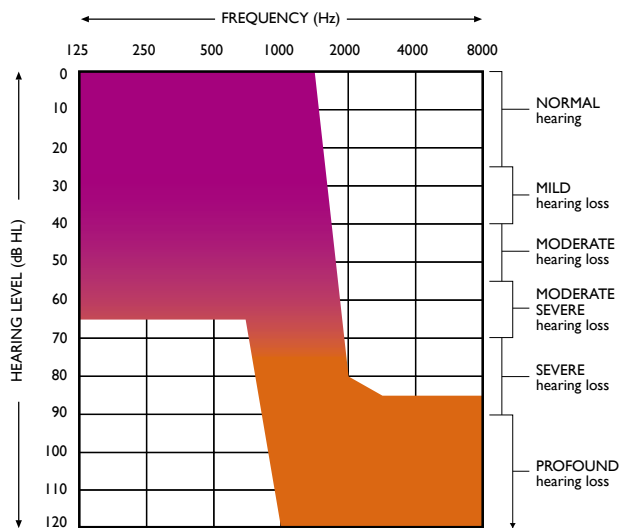
FLEX<sup>EAS</sup>  
electrode array

# Candidacy for EAS™

EAS™ is the first hearing implant system available worldwide for combined Electric Acoustic Stimulation. **EAS is the ideal solution for people with partial deafness**, defined as a mild to moderate low frequency sensorineural hearing loss sloping to a profound hearing loss in the higher frequencies.

The following points may help to determine if a patient is a candidate for EAS:

## ■ Audiogram\*



\*Audiological thresholds do not generally provide sufficient information to determine implant candidacy.

## ■ Speech Scores

The patient's monosyllable score should be  $\leq 60\%$  at 65 dB SPL in the best aided condition.

## ■ Additional Patient Criteria

- No progressive hearing loss
- No autoimmune disease
- No hearing loss as a result of meningitis, otosclerosis or ossification
- No malformations or obstruction of the cochlea
- No air-bone gap  $> 15$  dB
- No external ear contra indications to using amplification devices