ESRT protocol in Custom Sound® Pro 7.0



When clinically appropriate, electrically evoked stapedius reflex thresholds (ESRT) may be utilized as an objective measure for cochlear implant programming. Research supports using postoperative ESRTs for MAP verification.^{1–6} Cochlear recommends combining ESRT with behavioral loudness scaling to determine upper stimulation levels.

Absence of ESRT response does not indicate a device issue or inability to hear.

1

Perform a standard tympanogram bilaterally

- $\hfill\square$ Ensure normal middle ear function in the recording ear
- □ Ensure the probe tip achieves a consistent seal preferably without being held by clinician

2

Optimize recording parameters for reflex decay mode

- □ Set immittance bridge to reflex decay mode
- □ Set probe tone to 678 Hz for adults and 1000 Hz for children.⁷ A 226 Hz may be considered if equipment does not accommodate a higher probe tone
- □ Maximize recording window to 15+ seconds
- □ Stimulus should be set to contralateral or external stimulus

3

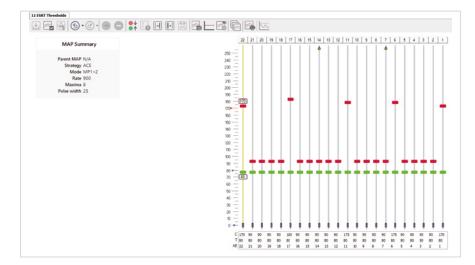
Select ear for immittance probe

- ESRTs are a bilateral response, and ear selection may be ipsilateral or contralateral, as determined by tympanometry
- □ Initial recording is typically attempted with probe in contralateral ear

4

ESRT measurement setup in Custom Sound Pro 7.0

- □ Connect patient's sound processor to Custom Sound[®] Pro 7.0 to record responses
- □ Utilize the Set Levels screen to allow for single channel stimulation off air
- □ Identify three electrodes to measure starting with at least one basal, mid, and apical channel to provide profile estimation
- □ Select parameters for recording (stimulation mode, pulse width, and stimulation rate)
 - □ Consider recipient's mapping parameters for closest correlation to upper stimulation levels
- □ Ensure sound is enabled to aid observation of time-locked responses



Record ESRT thresholds

5

Utilize Hughson-Westlake method for threshold detection

- □ Present stimulation (2–3 beeps) in ascending steps
- □ Initial step size of 10 Current Level until response obtained
- □ Reduce step size to 5 Current Level to threshold seek
- □ Responses may be observed as a positive or negative time-locked deflection
- □ If stimulation elicits a response, document threshold and proceed to the next electrode

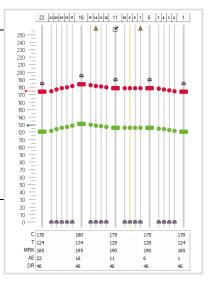
Additional considerations

- □ Increase pulse width
- □ Change probe tone frequency (226 Hz, 678 Hz, 1000 Hz)
- □ The probe tip must maintain a hermetic seal without clinician support. Change probe tip or utilize Otoferm as needed.
- $\hfill\square$ In case of a hyper-compliant tympanogram and excessive artifact:
 - $\hfill\square$ Increase probe tone frequency
 - □ Adding positive pressure manually (up to +50 daPa) may help stabilize the tympanic membrane for recording

6

Displaying thresholds in Custom Sound[®] Pro 7.0

□ Manually enter ESRT thresholds by adding values in the objective marker section found in the data grid on the Set Levels screen



7

Globally adjust C-levels

- □ Maintain profile and adjust C-levels to a level that is perceived as "loud" for the recipient
- □ Beware of upper stimulation levels exceeding ESRT or upper stimulation levels that are unusually low
- □ An appropriate dynamic range for 40 to 60 Current Level should be maintained

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- 4. Messersmith, J., Entwisle, L., & Stout, A. (2002). Electrically evoked stapedial reflex threshold: A procedure. Perspectives of the ASHA Special Interest Groups, 9(3), 4-11.
- 5. Pitt, C., Munoz, K., Schwartz, S., & Kunz, J. (2020). The long-term stability of the electrical stapedial reflex threshold. Otology & Neurotology, 42, 188-196.
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- 7. Wolfe J, Gilbert M, Schafer E, Litvak LM, Spahr AJ, Saoji A, Finley C. (2017) Optimizations for the electrically-evoked stapedial reflex threshold measurement in cochlear implant recipients. Ear Hear, 38(2), 255-261.

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