Introduction

The Birmingham bone anchored hearing aid programme was instituted in 1988 as part of the Birmingham osseointegrated programme. It soon became apparent that bone anchored hearing aid patients required a multi-disciplinary team and deserved a special clinic devoted to their assessment and follow-up.

A multi-disciplinary team including an otologist, audiologist and speech therapist with genetic input was established. With time and increasing experience the bone anchored hearing aid team has developed considerable experience with this new form of rehabilitation for the hearing impaired. Our experience is now considerable and the time is long overdue for the publication of the results. The initiating team in Gothenburg have been publishing their results for some years and the Nijmegen group have an enviable record of publication as well.

The bone anchored hearing aid is now a well established form of treatment in the United Kingdom but it is natural that purchasing Health Authorities should ask for information as to the indication and results of this treatment.

It therefore seems sensible to publish our results as a supplement to the Journal of Laryngology and Otology so that the data from the largest British series will be accessible to those who wish to set up and provide a similar service in their region and to the purchasers of health care.

The supplement is made up of seven free-standing papers looking at different aspects of the bone anchored hearing aid and therefore necessarily some duplication of information. The papers have been written over a time period so that the experience reported in each paper may be of a different accumulative data set.

In the first paper, Proops discusses the evolution of the surgical methods and the complications. In the second paper, Cooper, Burrell, Powell, Proops and Bickerton discuss the overall adult results and selection of patients. In the third paper, Powell, Burrell and Proops assess the paediatric experience and results. In the fourth paper, Burrell, Cooper and Proops look at the possibly controversial use of the bone anchored hearing aid in otosclerotics. In the fifth paper, Macnamara, Phillips and Proops examine the effect of the bone anchored hearing aid on a group of patients who had conductive hearing loss due to chronic suppurative otitis media. In the penultimate paper, Hartland and Proops report on the use of the bone anchored hearing aid in patients with a significant hearing loss many of whom have been rehabilitated with the super bass body-worn aid and in the final paper, Thomas discusses speech and voice rehabilitation in selected patients with a bone anchored hearing aid.

The overall philosophy of the Birmingham Bone Anchored Team is an integrated assessment and rehabilitation package and these papers encompass that aim.

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David W. Proops B.D.S., F.R.C.S. 1996