between implants was 6 years 2 months. All children underwent oral/aural rehabilitation. Most children were assessed six months after surgery. Both subjective and objective measures were performed for this purpose. As an objective measure of speech perception, a new test was developed specifically for this study. It consisted of a four alternative forced choice adaptive spondee discrimination test to determine SNR; and a subjective measure of speech perception of child's performance in specific situations administered as a questionnaire to the parents (SSQ Speech, Spatial, and Qualities of Hearing Scale).

Speech stimuli consisted of 20 spondaic words which varied in level and were initially presented at 62 dBA. The Noise stimulus consisted of continuous speech shaped noise presented at 42 dBA, which was raised no more than 62 dBA.

The speech signal was presented from one loudspeaker located in front of the listener, and two loudspeakers were located at 90 degrees to the left or right to present the adaptive noise in both first implant and bilateral conditions.

Although there was great intersubject variation in the results; one-tailed paired t-tests indicated

such as localization, binaural squelch, head shadow and overall ease in communication.

Reco end tions

In terms of the evidence found on this critical review, careful recommendations should be provided to parents in terms of the amount of benefit that bilateral cochlear implants provide, relative to listening to speech information in noisy situations.

More research is needed and should be