

Chapter 32

Tinnitus from the Perspective of a Patient

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Keyword ROTC Reserve Officer Training Corps

In my wish to perhaps help others suffering from tinnitus and the constant ringing and hissing in both ears since March 16, 1996, I thought it would be appropriate to provide a historical background on how this intractable problem came about in my life. As those who are suffering from tinnitus, I am aware it is a symptom and not a disease and that it can be brought about from a number of variable causes that include: (1) use of excess alcohol, (2) caffeine, (3) aspirin in heavy doses, (4) certain medications, (5) hardening of the arteries, (6) high blood pressure, (7) infection of the ear canal or eardrum, (8) Ménière's disease (inner ear disorder), and (9) exposure to loud noise(s). In my particular case, the latter is the cause of my tinnitus.

Let me first describe my upbringing. Upon graduation from Washington and Jefferson College in June of 1955, I was commissioned as Second Lieutenant in the United States Army in connection with having enrolled in ROTC (a 4-year Reserve Office Training Corp). In that same month and year, I was posted at the United States Transportation School at Ft. Eustis, Virginia a short distance from Williamsburg, Virginia. In February of 1956, I was assigned to serve as a part of the post-war occupation of then West Germany and stationed at the United States seventh Army Headquarters near the city of Stuttgart. Although I was attached to a Transportation Unit, we were required to take part in maneuvers every 3 months. On those occasions, as an officer, I carried a 45-caliber pistol and was required to fire it on the firing range. On other occasions, I was designated the "firing

line officer" on the firing range to supervise the firing of 50-caliber machine guns by enlisted men in our unit. Occasionally, I also fired the 50-caliber machine gun. Knowledge of fire power and the use of weapons was necessary because, as I recall, we were informed of the possible menace by the Russian Army, which had divided the country into East and West Germany. In any event, I must say that the noise from firing the 45-caliber pistol and alternately firing the 50-caliber machine gun was deafening. It must also be remembered that at that time, we had no ear protectors or any other device(s) to shield us from the horrendous noise. After completing a few rotations as "firing line officer" I noticed some "ringing" in my right ear; although it was slight, I reported it to my Company Commander.

He suggested that I make an appointment with the resident Army physician, who, after a quick examination and test, stated that I had a 10/11% hearing loss but, did not issue any Order excusing me from being on the firing range. I mentioned this encounter with the military physician because the examination was so casual and did not address my problem with the onset of tinnitus. However, I was so troubled that a continuation of exposure to extremely loud noise on the firing line would aggravate the tinnitus that I again approached my Company Commander who shared my concerns. Accordingly, he issued an Executive Order excusing me from the firing range altogether.

After that, I was assigned to the Motor Pool for the remainder of my tour until June 1957 when I received an Honorable Discharge as a First Lieutenant. Thereafter, although the mild tinnitus continued in my right ear, it was more of an irritating problem but, more importantly, did not interfere with my studies at the University of Washington and Lee Law School (Lexington, Virginia), where I was admitted shortly after my discharge from the Army.

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I should note, in particular, that I was not taking any medication for the mild tinnitus in my right ear. In other words, I led a normal life and had no health problems since my discharge in June of 1957. However, to my great misfortune, all that changed on the night of March 16, 1996. On that night, as a solicitor for a local municipality, I attended a meeting of the Planning Commission to review a plan for a real estate developer who was seeking a special exception of the building code for the construction of apartments in the municipality. After a lengthy review of the plans, the meeting was adjourned.

As I was about to enter my car, the fire sirens on the tower next to the municipal building sounded off and since my car doors were locked, my only option was to place my fingers in each ear in hopes of diminishing the extremely loud sirens. All I could do was wait until the sirens turned off and then enter my car because I had no other choice. In other words, had I attempted to open my car door I would have exposed my ears to even louder noise. I knew immediately that my tinnitus was greatly increased by the exposure to the sirens because as I drove home, the ringing was louder and was now not only the right ear but also in the left ear, which previous to this incident was absent of any tinnitus. When I arrived home, my wife asked me why my face was so ashen and I related the above incident. I also told her that in the few seconds that I was exposed to the screeching of these sirens, loud hissing in both ears was immediately noticeable. I was not only devastated but fell into deep depression right away because, in my opinion, the mild tinnitus prior to this incident was forever aggravated.

As a result of the increased tinnitus, now in both ears, I could not sleep. At the suggestion of my wife, I took a couple of aspirins, but this did not reduce the loud tinnitus at all nor did it help me to fall asleep. In the morning, after a completely restless night, I was frantic and wanted to see a doctor as soon as possible. My wife called a family friend who recommended an eminent and highly respected otologist. When my wife called the otologist's office, she was informed that the doctor was attending a conference in Europe. However, after explaining the urgency of the matter, the office secretary scheduled an appointment to be seen immediately after her return in 2 weeks time. In the interim, I called another otologist whose office made an appointment for me. At that visit, I related the circumstances of exposure to the sirens to the doctor and he proceeded to conduct

an examination. At the end of the exam, he gave me a prescription for Zoloft to help me cope with the tinnitus. That particular doctor advised me to return to my law office and "work on a brief and forget the tinnitus." I responded that with constant loud hissing in both ears, I could not return to my law practice since I could not concentrate on my work, and furthermore, I was extremely depressed and disheartened about my condition. Incidentally, the Zoloft I was taking at the time caused me to feel dazed and weak. Upon the return of the otologist recommended by my family friend, an appointment was confirmed. Upon my arrival, I underwent a battery of tests to determine if there was any loss of hearing arising out of exposure for the loud sirens. The tests revealed that there was some loss of hearing, especially at high-pitched sounds. However, my hearing was not greatly diminished. Also during that visit, it was decided that I should cease taking Zoloft, and Xanax was prescribed instead.

I was also advised that it might be helpful and therapeutic to see a psychologist. I was agreeable to this approach and an appointment was made with a psychologist at a nearby geriatric center. This course of action was followed for approximately 4 months. However, since the otologist concluded that this regimen was not as helpful as she had anticipated, she recommended a consultation with one of the most eminent psychiatrists at a psychiatric hospital. I must say that this particular psychiatrist was very helpful because I found him to be sincerely interested in my plight. His candid and positive assessment of my depression occasioned by my tinnitus was helpful as well. Despite those efforts, my otologist determined, through many discussions, that my depression was so deep and pervasive that I might harm myself. Accordingly, in early December of 1996, she informed me that the department of neurology at a university hospital was performing experimental surgery (referred to as microvascular decompression of the eighth cranial nerve) for those who were suffering from loud tinnitus. Although the outcome of that particular surgery was uncertain and indeed questionable, the otologist suggested that it might be a matter that I might consider in view of my intractable tinnitus. Moreover, she concluded that emotionally, I was a suitable candidate for this procedure. As I recall, I met with the surgical team to thoroughly discuss the surgery. I also remember the admonition of the chief surgeon, specifically, that the surgery (1) may reduce the tinnitus, (2) may make

the tinnitus louder, (3) may cause a loss of hearing altogether, or (4) may not accomplish anything at all. Naturally, after hearing these, fear and anxiety swept over me but, taking into consideration the debilitating and constant hissing in both ears, it was necessary for me to consider the above scenario and to make a decision about the proposed surgery. My wife and I deliberated about this and ultimately I harkened back to my days in law school to what I remembered in my class on the subject of negligence to convince me to go forward with the surgery. The rationale in one of the cases under study had to do with how one should approach a serious problem, which was enunciated as follows: “when embarking on a course of conduct, one must weigh the magnitude of the risk(s) against the utility of the conduct.” If the risk(s) outweighs the particular conduct contemplated, then the utility of the conduct must be abandoned.

“On the other hand, if the utility of the conduct outweighs the risk(s), then one must proceed with the conduct.” In my decision, which was supported by my wife, we concluded that the hope we placed in the surgical procedure outweighed the risk(s) of potential harm because of the intractable and debilitating condition arising out of the loud and unceasing ringing in both my ears. In this context, we believed we were making the correct decision in going through with the microvascular decompression surgery of the eighth cranial nerve. Thus, in late December 1996, the surgical team scheduled me to undergo a microvascular decompression operation for my left eighth nerve. The decision to operate on the left side was made by the neurological team on the premise that since it was the side which was damaged most recently, the chance of any success would be more likely than the right side, where the tinnitus first surfaced while I was on military duty in May 1956.

The surgery began with an incision just below the hairline behind the left ear as muscle and fascia were dissected. Then a burr hole was placed and extended with the craniectomy extending to the skull floor. The dura was then opened to view the eighth nerve. Finally, a piece of Teflon felt was interposed between the nerve and vessel.

I was then taken to the recovery room and when I gained consciousness, it felt like “a ton of bricks” (emphasis supplied) had struck my head. Fortunately, nurses stayed with me (in 12-h shifts), and in 4 days I was discharged.

After the surgical procedure, I had follow-up visits with various members of the surgical team as well as the otologist. At first, it appeared to me that the tinnitus had diminished slightly but after a few months, the tinnitus had returned to the level prior to the surgery. Of course, I was quite disappointed. However, I had been advised by the surgical team that this was one of the likely results of the surgery.

I consulted with my otologist about the current state of my condition and reported that I still had difficulty sleeping due to the constant hissing in both ears.

She then recommended that I purchase a “Sound Soother” with a timer. I mention this because this machine or device replicates different sounds such as water fall and the rush of ocean waves. This helped me to begin sleep, although to a small degree, but in a few hours I could hear the hissing again, which thus disturbed my sleep to such an extent that I abandoned the “Sound Soother.” When I returned to my law practice a few months after the surgery, on the advice of my otologist, I purchased a set of head phones under the name of “Viennatoners” (operated by batteries) to wear during the daytime hours and at work.

Although these “head phones” somewhat “masked” the tinnitus, I found them not only impracticable (it was difficult to make or accept office phone calls), but also of little benefit in attempting to manage the tinnitus, so I abandoned this approach after a few months.

In the meantime, even though I had not experienced any reduction of tinnitus incident to the microvascular decompression operation, I met with the surgical team and my otologist to seek their opinion about undergoing a second surgical procedure on the right side because the tinnitus was unbearable. After taking another series of tests, it was determined once again that I was physically and mentally able to tolerate such a surgical procedure. Thus, in early June of 1997, I underwent another microvascular decompression operation – this time of the eighth cranial nerve on the right side. One might question why I would subject myself to another operation when the first one was not successful. The answer, to me at least, was quite ordinary and simple, that is to say that due to suffering tinnitus 24/7, I was rather desperate and willing to accept the risk inherent in such a surgical procedure. Despite all the pain and suffering from this operation, I came out of it without any side effects and anxiously waited for some positive result even though I had

tinnitus on that side since my military days. However, after a number of months, I was again disappointed that there was no degree of reduction of the tinnitus.

I continued to visit my otologist to take hearing tests, which indicated that although I was extremely sensitive to high-pitched sounds (termed Hyperacusis), my hearing was not diminished as a result of the tinnitus. It was of some comfort to know that my hearing was quite good under the circumstances. It should be noted that I continued visiting my psychiatrist, only instead of visits every 3 months, my appointments has been reduced to twice a year. I find, even at this present time, that the sessions were of immeasurable benefit to me. During the visits to the psychiatrist for the past 14 years, newer medications have helped me manage my tinnitus.

I currently take Effexor to calm my nerves during the day and Clonazepam has been the drug of choice before I go to bed because it begins my sleep cycle and I am able to get at least 6 h of sleep without hearing the hissing sound of tinnitus. During the early days of my tinnitus, a group of us suffering from the same nagging disability would call each other to offer comfort and support. Indeed, I found that some in our group who were experiencing very loud tinnitus were taking Clonazepam during the day and night because it was so debilitating. One unfortunate lady, who was in our group, was suffering so much from loud constant ringing and hissing (bi-laterally) that she could not sleep at all and after a number of months, in ultimate desperation, took her own life.

Of course, I must also say that suffering from the intractable effects of tinnitus has changed my lifestyle dramatically. Thus, I must be careful to avoid noisy venues and places. As a consequence, since the onset of aggravation of my tinnitus in 1996, I have not attended the symphony, movies, concerts, weddings, sports events, and crowded restaurants. Even a set of

keys accidentally dropped in our kitchen, the banging of a door, or the whirling of a mixer all cause heightened noise, which, in turn, increases the hissing ring in each ear. On some such occasions, it seems to be especially loud and there is no relief until I go to bed with the aid of Clonazepam. Nor have I been able to utilize my lawn mower or my snowplow. Not surprisingly, because of the tinnitus, I have found myself speaking to friends, colleagues, and others in a low tone and invariably, they ask me to speak louder. On occasions when I cannot avoid noise (loud church choir for example), I find it necessary to place foam earplugs (which I always carry with me) in my ears for some protection. As one can see, my quality of life has been substantially changed due to my tinnitus. On the other hand, I am fortunate to have a patient and supportive wife, an otologist whose specialty in the study of tinnitus has given me encouragement to be positive and a psychiatrist who has provided me with years of counseling and drug therapy, all of whom have given me hope to continue my fractured life as best I can under stressful circumstances.

If I may offer some gratuitous advice to anyone who suffers from tinnitus, I would first urge him or her to never surrender to this nagging problem. I would also encourage them to be their own advocate by reading the vast information available in books, periodicals, and medical journals on the subject of tinnitus. The reservoir of information on the Internet is also a tremendous source of knowledge on the subject.

Lastly, I would counsel that if one is struggling with tinnitus, a specialist in otology be sought and not, with due respect, merely a family practice physician.

I am hopeful that the recitation of events that have occupied my life since June of 1996 may be of comfort and benefit to others who are suffering from this persistent and unyielding malady.