

Totally Implantable Cochlear Implants

Information for patients and families

Anirvan Banerjee

Trustee with portfolio for research and horizon scanning

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About this information

A totally implantable cochlear implant became available in Europe in September 2026. It is not yet routinely available in the UK, including through the NHS. This information from the British Cochlear Implant Group (BCIG) is for patients and families who would like to know more about it.

BCIG represents cochlear implant professionals in the UK. We do not sell or promote implants. This information reflects the position in October 2026 and will be reviewed as further evidence and NHS funding decisions become available.

How the implant works

A conventional cochlear implant has an internal component under the skin and an external sound processor worn on or behind the ear. In a totally implantable cochlear implant, the microphone, sound processor and rechargeable battery are all under the skin. No external processor is needed for everyday hearing.

The microphone sits under the skin above and behind the ear. The implant can therefore provide hearing during sleep, showering and swimming, when a conventional processor would usually be removed.

MED-EL's TICI UNICO is the first commercially available device of this type. Other manufacturers, including Cochlear, are evaluating their devices in clinical trials.

Availability in the UK

The device received European CE marking in July 2026. Details of UK availability are still awaited.

NHS funding bodies in England, Wales, Scotland and Northern Ireland will need to decide whether to fund it and which patients would be eligible. Further evidence may be required. BCIG is working with these bodies to support those decisions, but there is no confirmed timetable.

If you are considering private treatment in the UK or abroad, please speak to your NHS implant centre first. You should establish who would provide long-term follow-up, programming and repairs, as these arrangements have not yet been agreed.

**British Cochlear Implant Group, c/o The Richard Ramsden Centre for Hearing Implants,
Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL**

info@bcig.org.uk

www.bciq.org.uk

Who may be suitable

The device is currently approved for adults with severe to profound hearing loss who are eligible for a conventional cochlear implant. It is not approved for children.

It will not be suitable for every adult. Assessment will include your hearing history, the anatomy of your ear and skull, your general health and your communication needs. It offers an additional option alongside conventional implants.

Children and families

No totally implantable cochlear implant is currently approved for children, and these devices have not been tested in children. We do not know whether continuous access to sound would improve speech, language or social development.

Early implantation is important for speech and language development in babies and young children. We advise families not to delay a conventional cochlear implant while waiting for this technology. Your implant team can discuss future options as your child grows.

Evidence so far

The early results are encouraging, but experience remains limited. Around 40 people had received the MED-EL device by September 2026.

The findings reported so far include:

- Comparable speech understanding with the implanted and external microphones in small studies of the MED-EL device.
- Patient-reported improvements in confidence and social life, with some using the implanted microphone for up to 18 hours a day.
- In a separate study of Cochlear's research device, participants used the fully implanted mode for about half of their listening time on average and an external processor for the remainder.

Several questions remain unanswered:

- How long the implant and its battery will last over 10, 20 or more years.
- How often further surgery will be needed to replace the implant.
- How much sounds such as chewing, footsteps and your own voice will affect everyday listening. A microphone under the skin can pick up these body sounds.
- Whether any particular group of patients will achieve better results than with a conventional implant.

Practical considerations

The battery lasts up to about 40 hours between charges. Charging is usually needed each day and takes about 1 to 1.5 hours, using a charger placed over the implant. Hearing continues during charging.

The battery cannot be replaced separately. If it wears out, replacing the implant requires another operation.

The operation is similar to conventional cochlear implantation, but takes a little longer because the microphone also needs to be positioned.

With a conventional implant, a newer external processor can be fitted without replacing the internal device. The components inside a totally implantable device cannot be upgraded in the same way.

MRI scans are possible under specified conditions. The implanted microphone can affect images around it, which may be relevant if you need regular scans of the head.

There is currently no direct Bluetooth streaming in fully implanted mode. Using phones and other devices differs from a conventional implant, so ask your team how this would work for you.

The implant can also be used with a compatible external MED-EL sound processor when required.

If you are waiting for an implant or already have one

If you have been offered a conventional cochlear implant, we advise you not to delay treatment. These implants have established benefits for hearing and quality of life. Researchers involved in trials of fully implantable devices give the same advice.

If you already have a working implant, replacing it carries surgical risks. Changing to a totally implantable device would not normally be recommended without a clear medical reason.

Further information

Your cochlear implant centre can advise you about your own circumstances. BCIG will review this information after its January 2027 meeting, or sooner if NHS funding decisions are made.

Sources

- MED-EL UK and Ireland. TICI UNICO launch announcement. 29 September 2026.
- HearingTracker. MED-EL launches TICI UNICO, first fully implantable cochlear implant. 29 September 2026.
- Briggs R, Tari S, Rousset A, English R, Hersbach A, Cowan R. Evaluation of a totally implantable cochlear implant in adults with bilateral sensorineural hearing loss: a feasibility study. *Ear and Hearing*. 2026;47(2):298–309. doi:10.1097/AUD.0000000000001750.
- Hearing Health Matters. Cochlear fully implantable research update. September 2026.

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