Conclusion:
Evaluation of prognostic factors is a key element in pediatric cochlear implantation. This study confirmed that added handicap is strongly associated with worse postoperative outcomes. Also, residency is associated with more successful rehabilitation, but without statistical significance. This study identified a need to emphasize the role of added handicap as a strong predictor of worse postoperative performance in pediatric cochlear implantations.

Introduction
The aim of this study was identification some of factors that are associated with pediatric cochlear implantation outcomes.

Methods
A retrospective review of 42 charts was performed at the department of otorhinolaryngology, head and neck surgery at the University Clinical Centre in Tuzla, Bosnia and Herzegovina. We examined the possible influence of a number of variables (residency, age at implantation, added handicap, type of implant) on the postoperative performance. Individual case records were examined retrospectively for above mentioned factors. Postoperative performance of CI users (success of postoperative rehabilitation) was analyzed using "EARS evaluation protocol" developed by Med-El, one year after activation of cochlear implant.

Results
Success of rehabilitation of children with cochlear implant was successful in 60% children. Children residents had a better success in rehabilitation, but not statistically significant (p=0.143). From 18 children with unsuccessful rehabilitation, 8 had an additional handicap (44.4%). From 12 children that were residents with unsuccessful rehabilitation, 12 (50%) had an added handicap. Children without additional handicap had a better success in rehabilitation (Test: p=0.0005). Older children had a better success in rehabilitation, but without statistical significance (p=0.203). Regarding the type of cochlear implant, rates of successful rehabilitations were: Sonata 100Pi: 75%, Pulsar: 57.1% and Combi 40+: 56.6%.