

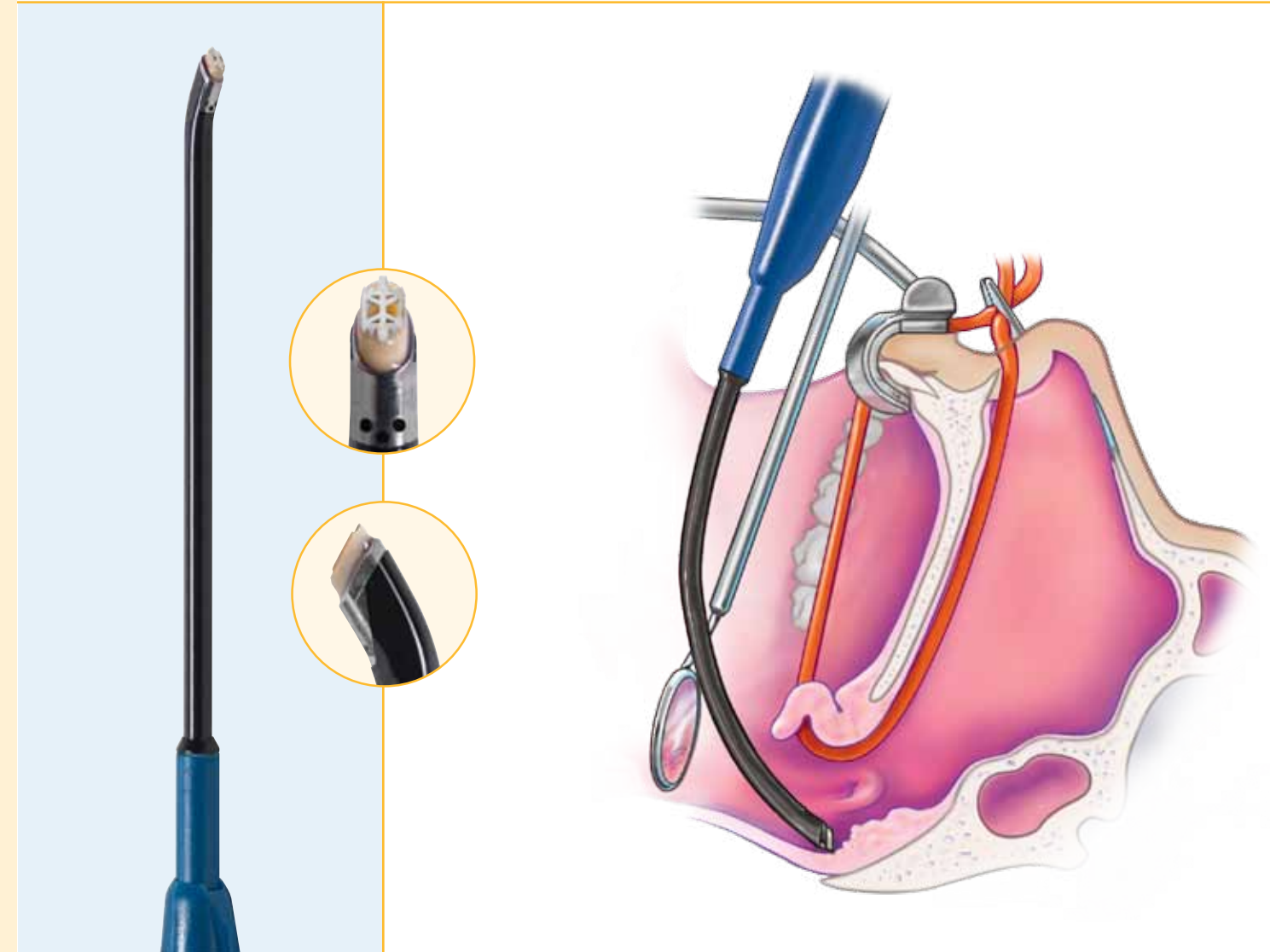


Coblation®

Adenotonsillectomy with PROcise® mAx Plasma Wand

WARNINGS AND PRECAUTIONS

- Care should be taken in monitoring the targeted tissue during ablation to ensure consistent and controlled tissue removal is maintained. Care should also be taken to ensure surrounding tissue is properly monitored. Due to the smaller anatomies of certain patients, carefully monitor the surrounding tissues to ensure tissue ablation is localized to the targeted tissue.
- DO NOT contact metal objects such as a mouth gag while activating the Plasma Wand as it may damage the Wand or cause malfunction.
- User should always pay close attention to the depth, orientation and coverage of the Plasma Wand, and to its proximity to surrounding untargeted tissue.
- DO NOT activate the foot control until the Plasma Wand is in contact with the targeted tissue.
- Use care when bending the shaft of any PROcise Plasma Wand.
- User should be cognizant of potential electrical stimulation of muscle tissue during Coblation.
- User should control irrigant dripping from the Wand when not in the treatment area to avoid potential burns.
- When priming Wand irrigation line and setting flow rate, hold Wand tip away from patient as dripping irrigant could result in patient burns.
- Visually reconfirm which foot pedal is being pressed, i.e., Ablate or Coag.



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Adenoidectomy

1 Preparation

- The system defaults to setting 7 for Coblate and setting 3 for Coag. Adjust as needed and per surgeon preference.
- For adenotonsillectomy, better visualization of the adenoid may be achieved by performing the tonsillectomy prior to the adenoidectomy
- Ensure electrodes are free of debris before starting procedure. Always have a wet 4X4 on the Mayo stand to gently wipe off both the active and return electrodes throughout the procedure as needed.

Note: Adjust saline flow to optimal level (typically a continuous saline flow over the electrodes). If excessive steaming occurs during the procedure, check to make sure saline flow is adequate and suction is working properly.



Beginning of procedure

2 Surgical Tips

- Wand can be bent for better access when necessary.
- In difficult-to-access areas, especially near the posterior choanae, gently bend the Wand.
 - Degree of bend depends on size and visibility of adenoids as well as the availability of working space.
 - When bending the Wand, make sure to bend slowly and gently to avoid kinking the saline delivery lumen.
- Retracting the soft palate can provide maximum work space and increased visualization.
- A mirror may be helpful to visualize the adenoid and help to identify:
 - Inferior edge of the adenoid
 - Opening of the Eustachian tubes
 - Septum in the midline

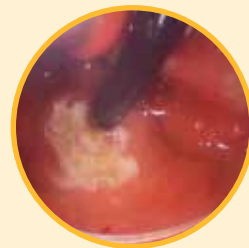


Wand bending

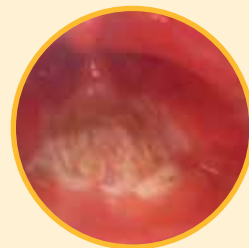
3 Procedure

- Move Wand in an inferior-to-superior fashion:
 - Take small strokes on the tissue (small painting strokes moving from inferior to superior and laterally).
 - Take incremental amounts of tissue with each pass until the desired amount is removed.
 - Optimal Wand performance requires active suction. Maintain space between electrodes and tissue in order to decrease chance of clogging. Press lightly and listen for continuous suction sound. When you do not hear suction, stop procedure and examine Wand and wall suction. Lack of suction could indicate the Wand is clogged or wall suction is not functioning properly.
- As ablation continues, the Wand suction removes debris to keep the operative field clear.
- Hover over the tissue by leaving an interface between the tissue and the Wand tip for optimal plasma creation. Plasma, not pressure, will dissolve the tissue.
 - This will also prevent the suction from clogging.
 - Keep the Wand tip moving at all times and do not bury the Wand tip into the tissue.
- Small surface bleeders can often be ablated through and stopped. If coagulation is needed place the Wand tip squarely/perpendicularly on the bleeder and depress the Coag pedal as needed.
- With Coblation®, you can typically see a clear demarcation between the remnant lymphatic tissue of the adenoid and the posterior pharyngeal wall.

Note: If the Wand clogs, remove the Wand from the oral cavity and place the tip in a basin of saline. Depress the Coblate pedal to flush out the suction port. In addition, a syringe filled with saline can be used to backflush the suction line on the Wand with the Coblate pedal depressed if continued clogging occurs.



The first few strokes- inferior to superior



Procedure complete

Intracapsular Tonsillectomy

1 Preparation

- The system defaults to setting 7 for Coblate and setting 3 for Coag. Adjust as needed.
- With Coblation, you can remove the tonsillar tissue, layer by layer.
- A continuous saline flow over the electrodes is required for plasma formation.



Comparison of before and after procedure

2 Procedure

- Hold Wand square/perpendicular to tonsillar surface and use a light brushing motion to ablate.
 - Hover over the tissue and leave a slight interface between the electrodes and the tissue which allows the plasma field to develop.
 - Press as lightly as possible, maintain constant motion, and listen for continuous suction. Plasma, not pressure, will dissolve the tissue.

Beginning of procedure (left tonsil)



Half way through procedure

3 Surgical Tips

- The progress of tonsil ablation can be judged by palpation of tonsillar fossae.
- To minimize the Wand from clogging:
 - Always have a wet 4X4 on the Mayo stand to wipe off the electrodes throughout the procedure as needed.
 - Ensure the tip is free of debris before ablating the second tonsil.
 - If clogging continues, dip the Wand tip into a saline-filled basin and depress the Coblate pedal to flush out the suction port. In addition, a syringe filled with saline can be used to backflush the suction line on the Wand with the Coblate pedal depressed if continued clogging occurs.
- Typically, bleeding is very minimal during ablation of tonsillar tissue. Oozing can be treated by applying the tip directly and squarely onto the bleeder and depressing the Coag foot pedal.
- After the procedure, relaxing the mouth gag will allow vessels to relax and may allow better identification of untreated bleeders.



Procedure complete- A nice smooth concavity in the tonsillar fossae

See Warnings and Precautions on the next page.