



Coblation Turbinate Reduction

A minimally invasive technique that reduces turbinate hypertrophy while maintaining normal nasal function.

Coblator® II Surgery System Setup

- 1 Set up the Coblator II System and the ReFlex Ultra® PTR or the ReFlex Ultra 45 Wand according to the Controller User's Manual and Wand Instructions for Use (IFU).

NOTE: This guide is not intended to replace the Coblator II User's Manual or Wand IFU. Thoroughly review the User's Manual and Wand IFU before installing or operating this system.

- 2 Default settings: Coblate 4, Coag 2. Adjust as needed and per surgeon preference.



Patient Preparation

- 3 Administer local or general anesthesia according to institution guidelines and based on surgeon preference.

NOTE: Injection of a local anesthetic, such as 1% lidocaine (without vasoconstriction), may serve to expand mucosal tissue making the procedure easier to perform.



Procedure

- 4 Before each insertion, place Wand tip in saline gel or other conductive media to ensure initial formation of the plasma field.

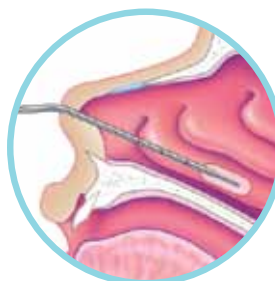
NOTE: Intracellular fluid within the tissue will be sufficient to maintain the plasma field during channeling.

- 5 Use the Coblation Foot Pedal to activate the Wand as you advance the tip submucosally into the inferior turbinate. Once the tip enters the turbinate tissue, take your foot off the Coblation Foot Pedal.

- 6 Advance the inactivated Wand submucosally to the most proximal (closest to the handle) visualization marker on the wand shaft (figure 1).

CAUTION: More aggressive turbinate reduction can be achieved by keeping your foot on the Coblation pedal as you advance the Wand submucosally to the most proximal visualization marker, however great care should be taken to prevent the Wand tip from puncturing the posterior turbinate mucosa to avoid collateral damage to surrounding tissues.

figure 1



Advance tip to the most proximal visualization marker, hold ablation pedal for 10 seconds.

figure 2



Withdraw inactivated Wand stopping at most distal visualization marker, hold ablation pedal for 10 seconds.

- While holding the Wand in place, depress the Coblation Foot Pedal to activate the Wand for 10 seconds to create the first lesion.

CAUTION: If patient complains of discomfort or numbness (under local anesthesia), or if excessive mucosal blanching occurs, stop energy delivery to the Wand immediately.

- Withdraw the inactivated Wand stopping at the most distal (closest to the sharp Wand tip) visualization marker (figure 2).

NOTE: If using the ReFlex Ultra 45 Wand, after the first lesion is created, withdraw Wand to the middle marker and create a second lesion by stepping on the Coblate pedal for 10 seconds, before withdrawing Wand to the distal marker to create the third and final lesion.

- While holding the Wand in place, once again depress the Coblation Foot Pedal for 10 seconds to create the final lesion.

- Lastly, carefully remove the inactivated Wand from the turbinate.

NOTE: Depending on turbinate size, 1-3 channels may be created per turbinate. The number of lesions per turbinate may range from 2-3. Lesion sizes at various Coblate settings and lesion durations can be seen in figure 3.



Before Turbinate Reduction

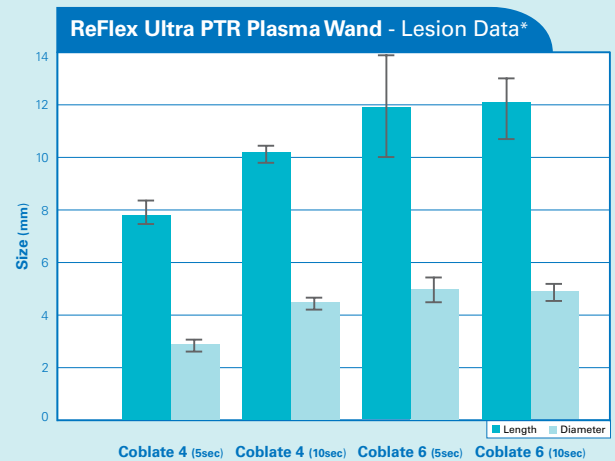


After Turbinate Reduction

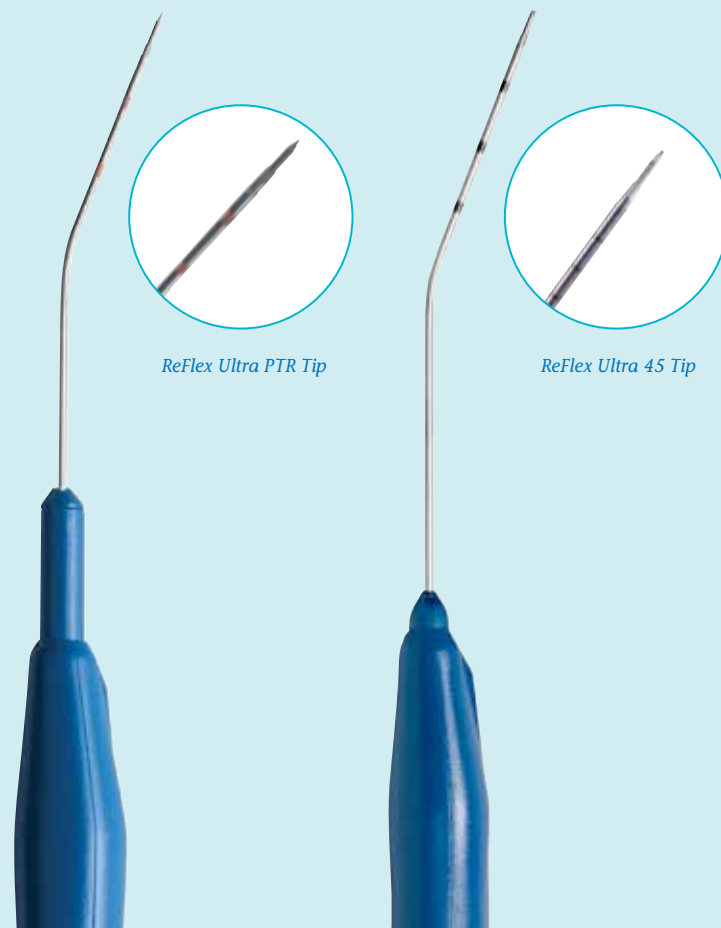
Patient Post-op Instructions

- Some patients may experience minor nasal congestion and nasal drainage during the first week following the procedure. Patients should avoid blowing their nose during this time.
- After the procedure, it is normal for some patients to experience minor bleeding.
- Swelling is reduced within five to seven days, and patients can return to normal activity and diet immediately.

figure 3



*Reference: P/N 19123 Turbinate Wand Thermal Penetration Bench Top Study Report: Figures 2, 6, 9, 12.



Technique & Surgical Images Courtesy of: Seth M. Pransky, M.D., Rady Children's Hospital, San Diego, CA



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