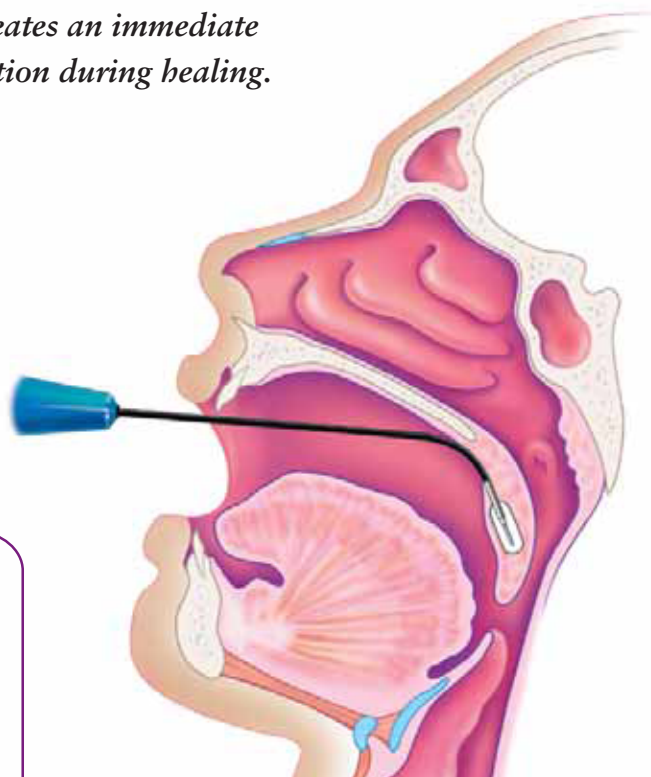




# Treatment for Snoring

## Procedure Overview

*Intended for the treatment of snoring, this procedure uses Coblation-Channeling® to simultaneously remove and shrink tissue. The unique action of Coblation® technology creates channels by ablating tissue as the Wand is inserted into the soft palate. For tissue shrinkage, a submucosal necrotic lesion is created around the tissue channel. This dual therapy creates an immediate reduction in palatal tissue, with a greater reduction during healing.*



System	ReFlex Ultra Catalog Number
Coblator® II	E4855-01
	EIC4855-01

## Equipment Preparation

- 1 Insert the ReFlex Ultra® 55 Wand into the connector end of the patient cable. Align the raised dot on the Wand handle with the black dot on the patient cable.
- 2 Set the controller power level to 4, 5, or 6, depending on surgeon preference as judged by resistance during channeling (ablation) into the soft palate.

## Patient Preparation

- 1 For patient comfort, apply a topical nasal anesthetic spray before administering local anesthetic.
- 2 Use a local anesthetic with a vasoconstrictor and inject according to local institutional guidelines. Take care to provide sufficient anesthetization to avoid patient discomfort or sensation during the procedure. The anesthetic serves to facilitate Coblation-Channeling by expanding submucosal tissue.

## Coblation-Channeling Technique

Before each insertion, place the Wand tip in saline or other conductive media to ensure formation of the plasma field. The intracellular fluid within the tissue will be sufficient to maintain the plasma field during channeling. Space out multiple channels to avoid creating overlapping lesions.

### ReFlex Ultra 55 Plasma Wand

- 1 Before channeling, use the inactivated Wand to determine the optimal insertion point at the high mid-line area, approximately one-centimeter distal to the hard/soft palate junction. Allow room for the channel to follow the curvature of the soft palate.
- 2 Use the Ablation pedal of the foot control to activate the Wand as you advance the tip into the palatal tissue (*fig. 1*). Advance the tip of the Wand at a 90° angle in relation to the palate to limit mucosal contact during insertion. When the lead electrode is through the mucosa, remove your foot from the ablation pedal and blunt dissect along the curvature of the soft palate (*fig. 2*). Advance the tip submucosally to the black visualization marker on the shaft. This marker indicates that all exposed electrodes are below the mucosal surface. Upon reaching the visualization marker, wiggle the Wand shaft to confirm desired placement of the Wand.
- 3 On occasion, patients may experience some sensation. If this happens, either administer more local anesthetic or apply more saline or other conductive media to the Wand tip to enhance Coblation.
- 4 Using the same pedal (ablation), activate the Wand for an additional 10 seconds, then stop. Next, carefully remove the *inactivated* Wand from the tissue channel. Exposed activated electrodes may burn the mucosa surface.  
**NOTE:** The ReFlex Ultra Wand **DOES NOT** require use of the Coagulation pedal during the procedure.
- 5 Create approximately 3 (one midline and two lateral) or 4 (two midline and two lateral) Coblation channels per procedure (*fig. 3*). The midline lesions should begin approximately one centimeter distal to the hard palate/soft palate junction. The lateral lesion entry points should be no more than one centimeter away from the midline lesions' entry points. Be sure not to overlap lesions.
- 6 If surface blanching occurs in the area of the Wand, the procedure should be stopped.

figure 1

Avoid mucosal damage by inserting at a 90° angle.



figure 2

Blunt dissect along the curvature of the soft palate.



figure 3

Wand insertion sites and direction.



## Patient Post-op Instructions

- Instruct the patient to sleep at a 45° angle the first night.
- Most patients experience some swelling or edema during the first 24 to 48 hours after the procedure. Typically, swelling or edema is not excessive; however, some patients may require steroids.
- Use a saline nasal spray to aid healing.
- For postoperative pain management, use antidiolorific drugs as required.
- Gargling with salicylic acid solution and sucking on ice chips can help relieve the post-op pain and swelling.



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