



Coblation® Soft Palate Reduction Uvulopalatoplasty Technique Guide

A fast and easy treatment for snoring and soft palate obstruction with minimal pain and rapid recovery.

Coblator® II Surgery System Setup

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

NOTE: This guide is not intended to replace the User's Manual or Instructions for Use. Thoroughly review the Manual (P/N 12630) and appropriate Wand IFU before installing or operating this system.

- 2 Adjust the Controller settings: Coblation 6 and Coagulation 3.
- 3 Connect a 500 ml bag of saline to the Wand and thread the IV tubing through the Flow Control Valve. Prime the saline line and adjust flow rate to a slow, steady drip based on user preference.
- 4 Manually adjust the position of the Saline Delivery Sheath on the ReFlex Ultra SP Wand based on use of the device and user preference.

NOTE: The Sheath should be in the fully deployed position when making incisions to provide maximum saline delivery to the tip of the Wand. The Sheath should be in the fully retracted position when making channels to minimize interference between the Sheath and the target tissue.

Patient Preparation

- 1 Administer local or general anesthesia according to institution guidelines.
- 2 Inject local anesthetic with a vasoconstrictor into treatment sites.
- 3 If performing under local anesthesia, sufficient infusion of the treated area with local anesthetic is mandatory to avoid discomfort during tissue cutting and channeling. Occasionally patients experience minor pain stemming from the lateral region, which may indicate localized larger vessels. To prevent excessive bleeding, avoid ablating too far laterally.

Procedure

Palatal Incisions:

- 1 To resolve narrow transversal pharyngeal diameter, adjust the Wand's Saline Delivery Sheath to the "cutting" position and create 1-2 cm long transverse incisions made at 45 degree angles between the rim of the soft palate and the adjoining anterior and posterior pillars (Figure 1). If clinical examination showed a thick, floppy palate, higher angled incisions (e.g. 60 degree) should be made to provide more retraction of the tissue. Likewise, if the palate is thin or less tissue retraction is desired, lower angled incisions (e.g. horizontal) should be made.
- 2 Dissection is obtained by gentle strokes of the Wand tip while stabilizing the soft palatal rim by using surgical forceps.
- 3 A single incision on each side is used to maximize undamaged mucosal lining, thus reducing the tendency for retraction and mucosal scarring as well as salivary gland damage that can cause mouth dryness.

figure 1



ReFlex Ultra SP Wand in the "cutting" position with Saline Delivery Sheath fully deployed

ReFlex Ultra SP Wand in the "channeling" position with Saline Delivery Sheath fully retracted

Procedure Continued

Palatal Channeling:

- 1 To further retract and diminish the thickness of the soft palate, adjust the Wand's Saline Delivery Sheath to the "channeling" position and activate the Wand as you advance the tip submucosally upward to within 1 cm of the hard palate through the palatal incisions that were previously made.
- 2 Create three 10-second channels in a fan-shaped pattern on each side of the midline (Figure 2).

Pillar Channeling:

- 1 To reduce broad anterior and posterior pillars that may participate in pharyngeal narrowing by causing a small transversal diameter, adjust the Wand's Saline Delivery Sheath to the "channeling" position and activate the Wand as you advance the tip submucosally downward through the palatal incisions that were previously made (Figure 3).
- 2 Create one or two 10-second channels per pillar.

Uvular Resection & Channeling:

- 1 To reduce uvular tissue, adjust the Wand's Saline Delivery Sheath to the "cutting" position and activate the Wand as you insert it transversely through the distal 1/3 of the uvula so that you can see the tip of the Wand on the opposite side. Use surgical forceps to stabilize the uvula during insertion.
- 2 To minimize bleeding, create one 10-second lesion to coagulate the uvular artery at the site where you intend to resect the uvula.
- 3 Continue resection by making gentle side-to-side strokes with the tip of the Wand until the tissue is removed.
- 4 For additional reduction of the uvula, adjust the Wand's Saline Delivery Sheath to the "channeling" position and create one to three 10-second channels upward into the base of the uvula (Figure 4).

Patient Post-Operative Instructions

Observe the patient for a few hours and give plenty of ice cubes and cold drinks to control swelling and bleeding. Cold meals and cold drinks for 24 hours. Administer anti-inflammatory/pain medication and antibiotics as appropriate.

Technique courtesy of: Magne Tvinnereim, MD, PhD, Bergen, Norway

figure 2

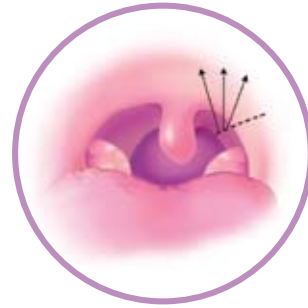


figure 3



figure 4



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