



Coblation® Tonsillectomy

A precise, non-thermal alternative to conventional techniques that results in minimal pain and quick recovery

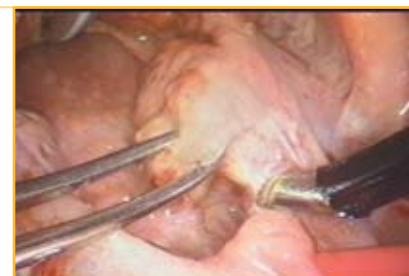
Coblator II Equipment Set-up



- 1 Turn on the power switch on the Controller. Connect the Foot Control and the integrated cable of the Wand into the corresponding receptacles on the front of the Controller. When the Wand is connected to the Controller, the default settings of 7 and 3 should appear on the Coblation and Coagulation LEDs respectively.
 - 2 Attach the Flow Control Valve to an IV pole by placing the Clamp onto the shaft of the pole; hang a 500ml or 1000ml bag of saline on the IV pole.
 - 3 Plug one end of the Flow Control Cable into the rear of the Flow Control Valve Unit and one end into the front of the Controller. Press the Valve switch up towards the green dot to open the pinch valve. Spike the saline bag with IV tubing extension and thread the IV tubing behind the pinch valve. Press the activation switch *down* to manually close the valve.
 - 4 Press the activation switch up to manually activate the flow control. Set the drip rate with the roller clamp wide open for optimal saline flow. Press the activation switch to the *down* position.
- NOTE:** Saline should **ONLY** drip when surgeon steps on the Foot Pedal.
- 5 Connect the Wand's suction tubing to the OR suction separate from the Yankheur's.

Tonsillectomy

- Use an Allis clamp to retract the tonsil in order to identify the lateral extent of the tonsil submucously.
 - Retract the tonsil inferomedially and use the Wand to incise the mucosa. Good retraction of the tonsil is one of the essential elements to staying on the proper plane of the tonsillar capsule.
- 1
- Once the fascia is identified superiorly, dissect from a superior to inferior direction and from a lateral to medial direction.
 - Hover over the tissue by leaving a small interface between the tissue and the tip in order for a plasma layer to form. This is critical for Coblation to take place and will expedite the dissection process.
- 2
- Hold the Wand as lightly as possible as this will aid in the dissection process and will decrease the likelihood of clogging and intra-operative bleeding.
 - Continue to dissect the tonsil under tension by retracting the tonsil inferiorly and medially.
 - Position the face of the Wand tip (active electrodes) towards (medially) the tonsil at all times in order to avoid penetrating the muscular plane.
 - Continue to utilize a sweeping motion (airbrushing) of the Wand across the fascia bands that are produced by inferior and medial traction.
- 3



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Tonsillectomy continued

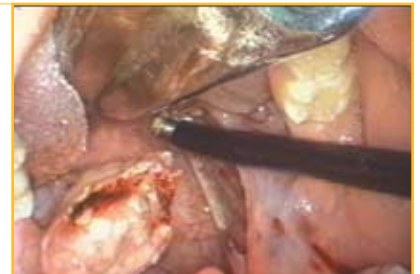
- Any time there is bleeding, press the “C” Pedal on the Foot Pedal for coagulation. Ensure that the saline is flowing when the Coag Pedal is pressed.
- Apply electrodes directly onto the bleeder with increased pressure to achieve desired depth of penetration for optimal hemostasis.
- If increased coagulation is needed, you can increase the intensity of the Coag by raising the Coag setting to 5. This must be done manually using the arrows on the front of the Controller.
- It may also be necessary to cant the tip of the Wand to the side of the tissue plane while coagulating in order to achieve optimal hemostasis.



- By staying within the proper plane, typically there is very little bleeding that needs to be controlled.
- Optimizing the irrigation and suction features of the Wand helps to remove the blood/tonsil remnants and increases the conductivity of the dissection.
- Utilizing a Yankheer suction in conjunction with Wand suction will also decrease the likelihood of the Wand becoming clogged.



- Continuously wipe off the electrodes with a wet 4x4 throughout the procedure to help prevent clogging of the Wand.
- Also, intermittently dip the tip of the Wand into a saline-filled beaker and press the Coblation Foot Pedal to flush out the Wand to prevent it from becoming clogged.
- If the Wand remains clogged, fill a 2cc–4cc syringe with saline and back-flush the suction port of the Wand.
- Continue to dissect the tonsil down to the inferior pole to complete the procedure.



- Any small remnants of lymphoid tissue remaining at the junction of the inferior pole and the base of the tongue can be easily removed by sweeping the Wand across the tissue in the Coblation mode.
- After the tonsils are removed, rub the Yankheer suction over the tonsil fossae to make sure there is no evidence of oozing or bleeding.
- Coagulate the tonsil fossae again with the Wand, especially at the inferior and superior poles to ensure that they are dry.
- Close the patient’s mouth for 30 seconds to 1 minute and then re-open to check for any bleeding.



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