

Coblation-Channeling of the Tongue™



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TECHNIQUE GUIDE

Procedure Overview

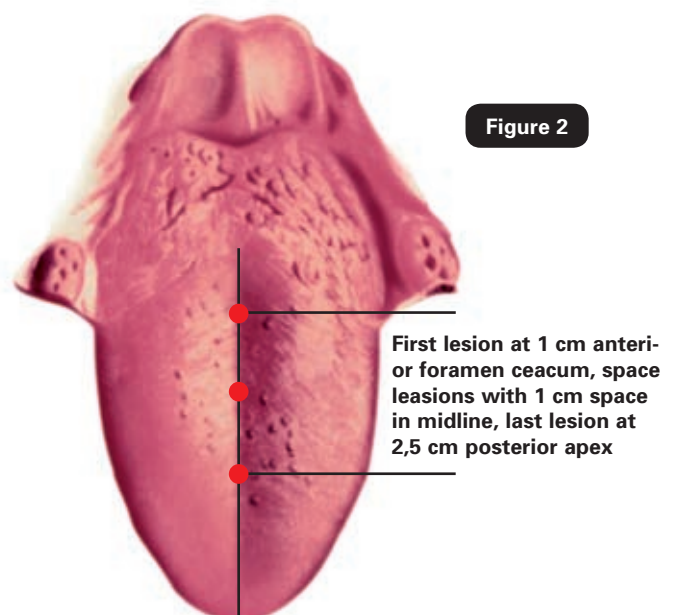
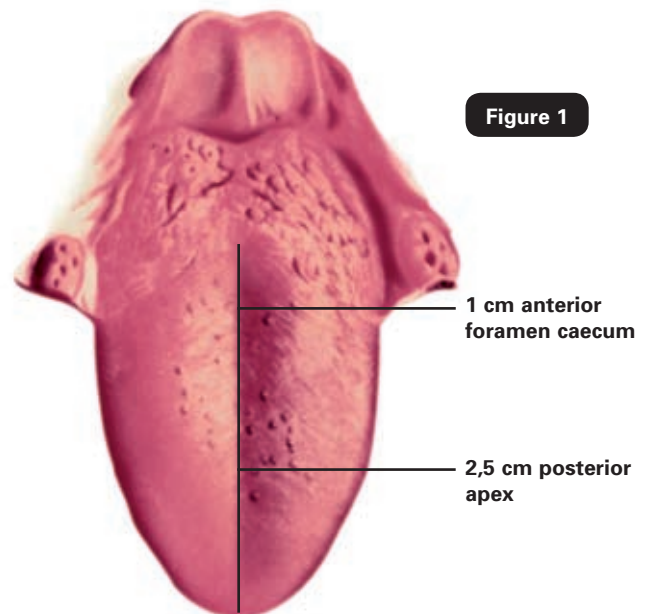
The procedure uses Coblation-Channeling to create multiple lesions to reduce tongue tissue. Treatment is determined by a Modified Mallampati Index. For patients with Mallampati Index I-II, vertical Coblation-Channeling is performed and for patients with Mallampati Index III-IV, both vertical and horizontal Coblation-Channeling is performed. Maximum volume reduction of the tongue is obtained at approximately eight weeks. This minimally invasive procedure can be carried out with low morbidity and under local or general anesthesia. The tongue channeling procedure can be repeated after three months if clinical outcome is unsatisfactory.

Preparation

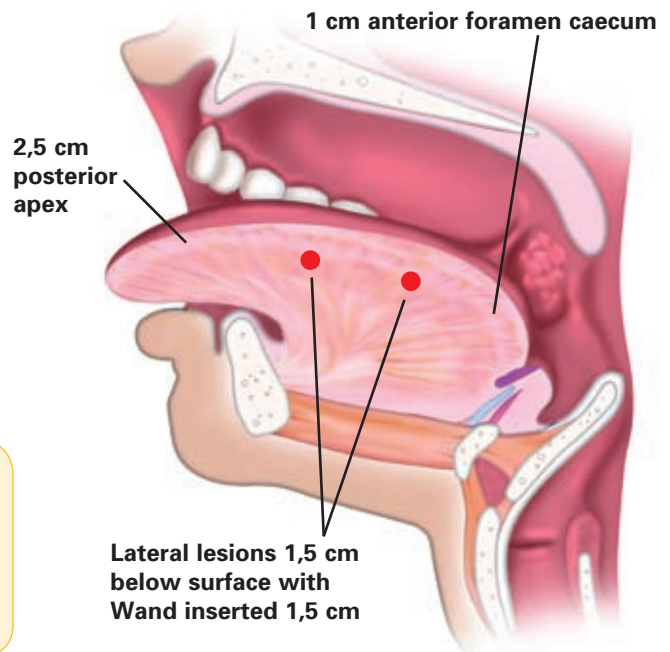
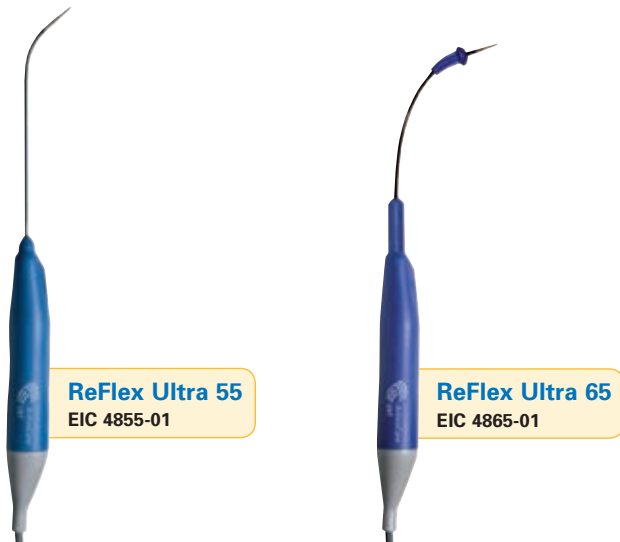
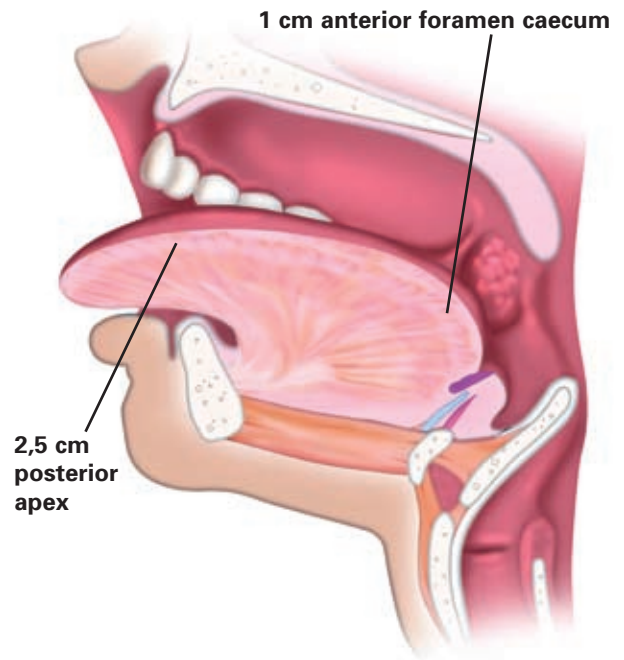
The ReFlex Ultra™ Plasma Wand should be connected to the Coblator™ II System with the power level set to 5.

Coblation-Channeling Technique:

- 1 Channeling of the tongue can be performed under either local or general anesthesia. Nasal intubation is recommended for better access under general anesthesia.
- 2 A tongue clamp or holding suture is used to expose the posterior aspects of the tongue.
- 3 In the midline of the tongue, identify one landmark that is 1 cm anterior foramen caecum and one landmark that is 2,5 cm posterior the apex of the tongue.
- 4 Place the vertical lesions in the midline of the tongue with the first lesion 1 cm anterior to the foramen caecum. Space the lesions in the midline with 1 cm apart with the last lesion 2.5 cm from the apex of the tongue.
- 5 Insert the tip of the Wand 1,5 cm and apply energy for 10 seconds (yellow ablation pedal). If intense muscle contractions are observed, stop the energy and retract the Wand. Typically three to four lesions are placed in the midline of the tongue and in between the landmarks described in figure 2.



- 6 If bilateral horizontal lesions are indicated (typically for tongues with Mallampati Index III-IV), identify the foramen caecum and from the lateral view of the tongue draw an imaginary line 1 cm anterior to the foramen caecum and one line 2,5 cm from the apex of the tongue.
- 7 From the lateral aspect of the tongue, place two 10 seconds lesions horizontally with the Wand inserted 1,5 cm, positioned at 1,5 cm below the superior surface of the tongue and in-between the landmarks at 1 cm anterior foramen caecum and 2,5 cm posterior to the apex.
- 8 Insert the Wand and apply energy for 10 seconds (yellow ablation pedal). If contractions in the muscle are observed, stop the energy and retract the Wand. Typically, two lateral lesions on each side are created depending on the size of the tongue.



Patient Post-Operative Care

- Encourage the patient to eat and drink as normal
- Administer antibiotics according to local guidelines
- Edema can occur but is typically not severe

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