



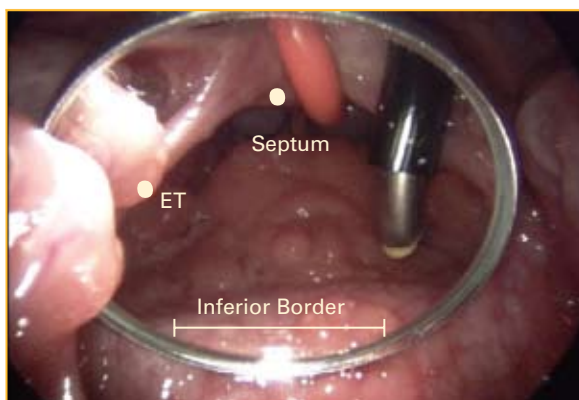
Coblation® Adenoidectomy

A precise and controlled adenoidectomy technique that results in minimal blood loss, less pain and quick recovery

Adenoidectomy



- When the Wand is connected to the Controller, the default settings of 7 and 3 should appear on the Coblation and Coagulation LEDs respectively. Keep the settings on 7 or 8 for ablation of the adenoids and 3 for Coagulation.
- Connect the Wand's suction tubing to the OR suction separate from the Yankheur's. Ensure that the saline flow is wide open.



- Retract the soft palate by using a Robinson red rubber catheter through the anterior nares.
- Using a mirror, assess the size of the adenoids. You should be able to identify the inferior edge of the adenoid, the opening to the Eustachian tubes, as well as the septum in the midline.



- Do not pre-bend the Wand. Always begin ablating the adenoid tissue at the *inferior edge* of the adenoids. Move the tip of the Wand to and fro (away to near) taking approximately a centimeter of tissue with each pass until you reach the posterior choanae.

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Adenoidectomy continued



- As you ablate the adenoid tissue, the suction component of the Wand removes the debris so your operative field is clear. Continue to *hover* over the tissue by leaving an *interface* between the tissue and the tip of the Wand. This mechanism will prevent the suction from becoming compromised.

NOTE: Do not bury tip into the tissue and keep tip of Wand moving at all times.



- If the Wand clogs, you may hear a decrease in the degree of suction, or see steam or a pool of saline. To clear the obstruction, remove the Wand from the oral cavity, place tip into a saline-filled basin, and then activate the Coblation Foot Pedal to flush out the suction port.
- There is clear demarcation between lymph tissue of the adenoid and the posterior pharyngeal wall. In cases where there is a large bulk of adenoid tissue, use this plane of dissection to dissect or remove pieces of the adenoid to speed up the dissection.



- In areas where it is difficult to access the adenoid tissue, gently bend the Wand at the junction of the Wand and the handle rather than at the tip of the Wand. This bend will provide you with a better angle of approach into the nasopharynx without obscuring visualization.
- Blood loss is minimal, however, when necessary small bleeders can be controlled with the Wand by using the Coagulation function. Hemostasis is established by applying direct pressure to the bleeders or by canting the tip of the Wand slightly sideways to the tissue plane and pressing on the Coagulation Foot Pedal.

NOTE Take care not to make contact with the uvula during ablation or coagulation.

Courtesy of J. Mark Palmer, M.D.
Cook Children's Medical Center, Fort Worth, TX



ArthroCare ENT
680 Vaqueros Avenue
Sunnyvale, CA 94085-3523
order entry **800-797-6520**
phone 408-736-0224
order entry fax 888-994-2782
www.arthrocareENT.com

ArthroCare Europe AB
Baggensgatan 25
111 31 Stockholm
Sweden
phone +46 8 546 172 00
fax +46 8 546 172 39
info@arthrocare.se

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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