

+ Subcapsular tonsillectomy

Using COBLATION® technology

A tonsillectomy/adenoidectomy
technique guide



COBLATION®
PROCISE® XP
Adenotonsillectomy Wands

The following technique is for informational and educational purposes only. It is not intended to serve as medical advice. It is the responsibility of treating physicians to determine and utilize the appropriate products and techniques according to their own clinical judgment for each of their patients. For more information on the COBLATION[®] PROCISE[®] XP Adenotonsillectomy Wand, including its indications for use, contraindications, and product safety information, please refer to the product's label and the Instructions for Use packaged with the product.

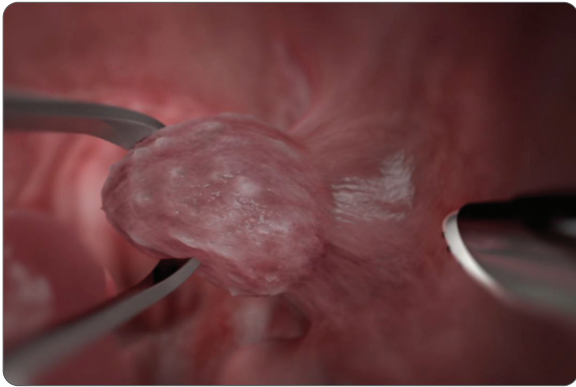


Figure 1

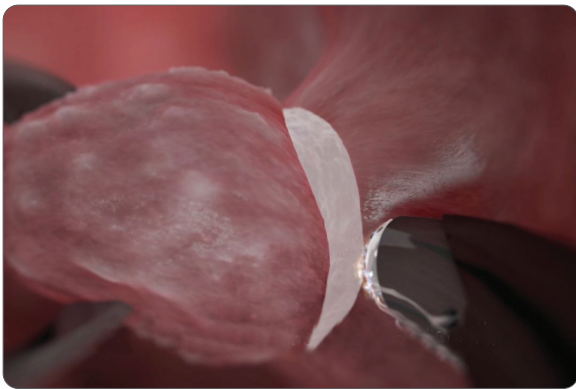


Figure 2

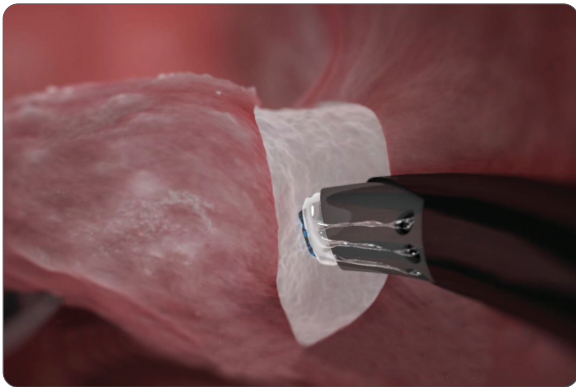


Figure 3



Subcapsular tonsillectomy

Preparation

- The system defaults to 7 for Coblate setting and 3 for Coag setting. Adjust as needed per surgeon preference.
- Connect the wand's suction to OR suction (recommended pressure is 250–350mmHg). Running additional suction lines off of the same cannister is not recommended.
- Using the roller clamp, adjust saline flow to an optimal level of three drips per second in the drip chamber. Too little saline may impede wand performance.
- Always have a plastic basin filled with saline on the Mayo stand for wand maintenance. Also have a wet 4x4 to gently wipe off both the active and return electrodes throughout the procedure as needed.

Tonsillectomy procedure

Initial incision

- Insert the non-activated wand into the treatment area.
- Grasp tonsil and retract medially with an Allis clamp or similar instrument. (**Figure 1**)

NOTE: In order to maintain proper wand angle, it may be helpful hold the wand in the right hand for the right tonsil and left hand for the left tonsil.

- With the wand facing medially toward the tonsil, make initial incision, defining the entire length of the anterior pillar using the Ablate function.
- Keep wand pointed at the tonsillar tissue and use a light sweeping motion to separate the tonsil in its capsule from the muscle fibers. (**Figure 2**)

NOTE: Positioning the wand face toward the tonsil tissue will help avoid penetrating the muscle plane and provide concomitant hemostasis to the tonsil fossa. (**Figure 3**)

- Hover the wand face just off the target tissue so suction remains uninterrupted. A decrease in audible suction or excessive vapor may indicate a clogged wand.

NOTE: If tonsils are embedded, gently blunt dissect laterally with the back tip of the non-activated wand to help identify plane.

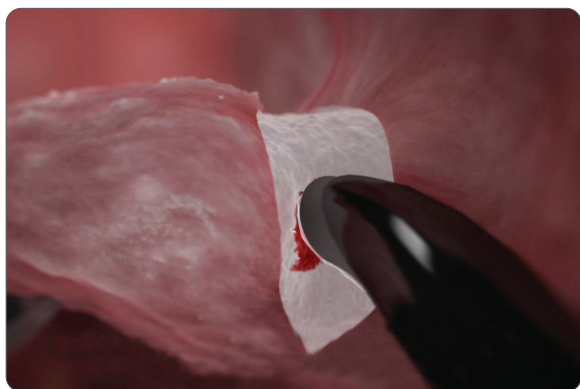


Figure 4

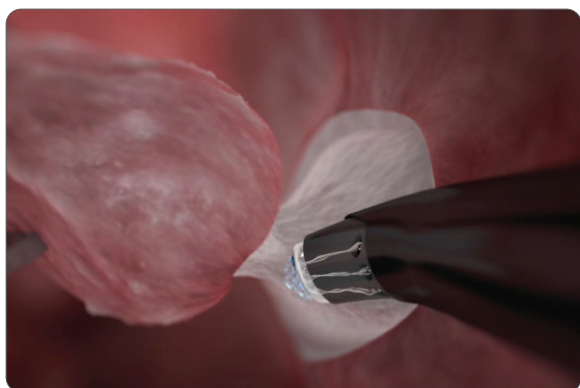


Figure 5



Figure 6

Coagulating bleeders

- Should any bleeding vessels appear, stop dissection and address in the Coag mode of the wand.
- Prior to coagulation, visually reconfirm the Coag (blue) foot pedal is to be activated.
- To activate coagulation, place the wand face directly on the target tissue and depress the Coag (blue) foot pedal. (**Figure 4**)

NOTE: Time and pressure are important factors in achieving hemostasis with COBLATION® Wands. Pressing the wand tip firmly into tissue for 3 seconds is recommended for optimal hemostasis.

After tonsil removal

- After the tonsil is removed (**Figure 5**), it may be useful to rub the tonsillar fossa with a Yankauer tip or cotton ball to help identify potential sources of bleeding and oozing that can be treated with Coag intra-operatively. (**Figure 6**)
- A mirror may assist in visualizing the superior and inferior poles during coagulation.
- Release the mouth gag to remove constriction from compressed blood vessels in order to help identify any insufficiently coagulated areas.

Maintaining optimal wand performance

- Clogging of the wand suction is typically due to large, ablated tissue remnants. Keep the tip of the wand at a slight angle and distance from the tissue.
- To help prevent clogging, periodically submerge the wand tip in a basin of saline and press Ablate. The active and return electrodes may also be gently wiped with a wet gauze or surgical towel.
- Should the wand become clogged, first disconnect OR suction to the wand and place the wand tip in a basin of saline. Then using a saline-filled syringe (20cc), backflush the suction line of the wand several times while simultaneously pressing the Ablate pedal. Particulate should appear in the bottom of the basin.

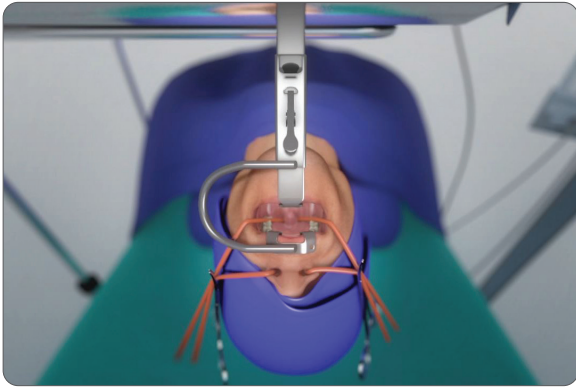


Figure 7



Figure 8

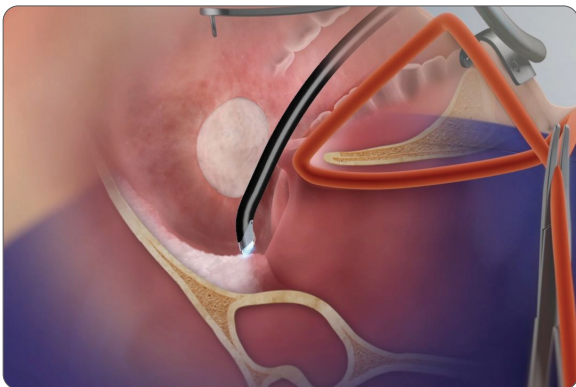


Figure 11

Adenoidectomy

Surgical tips

- Use of a shoulder roll and retraction of the soft palate via red rubber catheters will help to provide maximum work space and increased visualization. (**Figure 7**)
- In difficult-to-reach areas, especially near the posterior choanae, the wand may be bent for better access.
- When bending the wand, make sure to bend slowly and gently to avoid kinking the saline delivery lumen. (**Figure 8**)
- Start procedure with straight wand, only bending when needed to reach remaining tissue.

Adenoidectomy procedure

- Starting at the inferior edge of the adenoids, work across the tissue bed, gradually moving superiorly towards the vomer. (**Figure 9**)
- Hover the wand over the tissue, utilizing a light, inferior-to-superior brushing motion to ablate tissue. Take care not to bury the tip into the tissue or blunt dissect with the wand as this may lead to bleeding and/or clogging. (**Figure 10**)
- Small surface bleeders can often be stopped by continuing to ablate through them. If coagulation is needed, place the wand tip squarely on the bleeder and depress the Coag pedal.

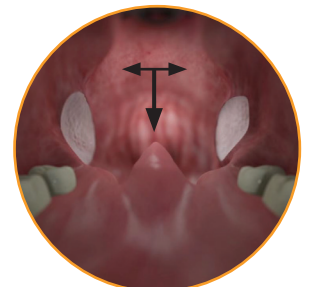


Figure 9

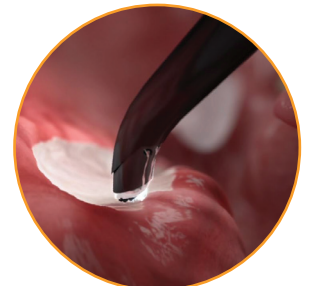


Figure 10

NOTE: Direct the wand face toward the targeted tissue. When approaching lateral adenoid tissue, direct wand medially away from the torus tubarius. Also ensure exposed electrode is never in contact with the soft palate.

- The wand may be gently bent to access tissue near the posterior choanae. (**Figure 11**)
- A decrease in audible suction or excessive steam may indicate a clogging wand. Should this occur, continue to press Ablate while lifting the wand slightly off adenoid tissue to clear suction. Resume the procedure with hovering touch.

NOTE: If the wand clogs, remove the wand from the oral cavity and place the tip in a basin of saline. Depress the Ablate pedal to flush out the suction port. In addition, a syringe filled with saline can be used to backflush the suction line on the wand with the Ablate pedal depressed if continued clogging occurs.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Ordering information

COBLATION[®] PROCISE[®] XP Adenotonsillectomy Wands

Reference #	Description
EIC8872-01	PROCISE XP COBLATOR [®] II
EC8001-01	COBLATOR II System
EICA8872-01	PROCISE XP COBLATOR II

Additional instruction

To order the instruments used in this technique, call **+1 800 343 5717** in the U.S. or contact an authorized Smith+Nephew representative. Prior to performing this technique, consult the Instructions for Use documentation provided with individual components – including indications, contraindications, warnings, cautions and instructions.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Learn more at **smith-nephew.com**



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References

Fig. 1-11 images from P/N 55817B