Less pain, less post-op bleeding[1–4*]

An evidence-based look at **COBLATION◊ Technology Intracapsular Tonsillectomy (CIT)**

Smith+Nephew

*When compared to a traditional tonsillectomy

Total tonsillectomies are considered the status quo[5], but there is another way

New evidence has revealed that COBLATION Intracapsular Tonsillectomy (CIT) may offer:

- Pain free **4.2 days sooner**[6,7]*
- Less time to analgesia free **4.1 days sooner**[6]*
- Speedier return to normal activity **2.8 days sooner**[6]*
- Low primary post tonsillectomy hemorrhage (PTH) **Under 1%**[1–4]
- Happy Parents **99% of parents recommend CIT**[7]

*When compared to a traditional tonsillectomy

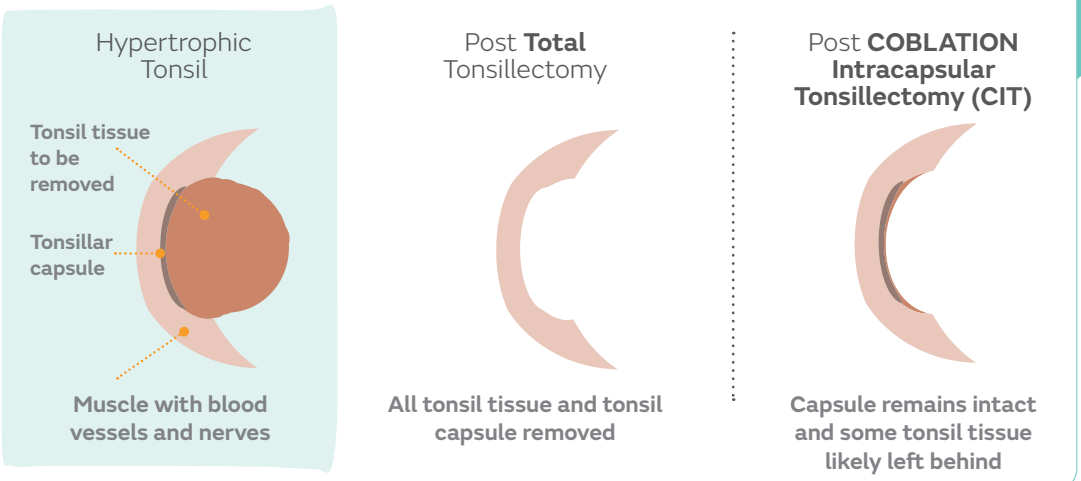
0%
readmission for pain[10]

In a recent large study of CIT patients, there were no delayed discharges or readmissions for pain

There is a new normal

COBLATION◊ Intracapsular Tonsillectomy (CIT)

Since the underlying arteries are not exposed, the risk of PTH is substantially reduced, leading to a safer procedure for patients, with less burden on the healthcare system as a whole.



Less pain means less medication consumption

There is a decreased need for post-operative analgesic medication after CIT, shortening the time patients are on pain medication by 4.1 days on average.[8]

4.1 days less medication consumption[9]

Less pain for your patients...and for you

- CIT patients are on average pain-free **4.2 days** sooner than total tonsillectomy patients.[8]
- CIT results in a less painful recovery throughout the healing process.[8]

Less painful recoveries lead to happier patients, fewer calls for pain control and more time for you to focus on your practice[2,9]

Less pain at **1 and 7 days**[8]

*When compared to a traditional tonsillectomy

Less time hurting, more time playing

On average, CIT patients return to a normal diet and normal activity about 3 days sooner[8]

Normal dinners **3.5 days sooner**[8]

Back to work **2.8 days earlier**[8]

Back to school **2.8 days earlier**[8]

Low Post Tonsillectomy Hemmorhage (PTH)

Accepted PTH rates of 3% from total tonsillectomies are no longer the norm.[2] CIT results in a PTH of under 1% helping to reduce the morbidity of the procedure[1–3]

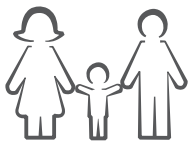
A recent Meta-analysis found:

Odds of a secondary hemorrhage are reduced by

79%

with intracapsular tonsillectomy[10]

99% of parents would recommend a CIT[9]



Just like patients have a choice in ENTs, you have a choice in what post-op complications you accept

0% PTH.[7]

In a recent study, **1,045** patients underwent Tonsillectomies. Of those who had a **Total Tonsillectomy, 6.4%** experienced PTH. Those who had **Intracapsular Tonsillectomy, 0% had PTH[7].**

*When compared to a traditional tonsillectomy

A COBLATION◊ Technology Intracapsular Tonsillectomy

Why COBLATION Technology for Intracapsular Tonsillectomy?

Unlike a total tonsillectomy, which removes all tonsil tissue including the capsular plane, therefore exposing the larger bloods vessels located in the extracapsular space, an intracapsular tonsillectomy aims to remove all tonsil tissue by ablating the tonsil tissue to the tonsillar capsule.[9] This provides a protective shield from large nerves and blood vessels, typically found in the muscle below the tonsil bed.

COBLATION technology involves the creation and application of a high-energy field called “glow discharge plasma.” This plasma ablates tissue through a chemical process as highly energized particles in the plasma break down molecules in the tissue.

- Operates at lower temperatures than other radio frequency (RF) based technologies[11]
- The 100 – 200 microns plasma field allows for precise removal of soft tissue[11]
- Integrated suction and hemostasis

Smith+Nephew offers a full portfolio of COBLATION wands for a COBLATION Intracapsular Tonsillectomy (CIT) procedure.

For further product information, please consult your Smith and Nephew ENT sales representative.

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

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