Adenotonsillectomy featuring the PROCISE® MAX COBLATION® Wand

A faster, more effortless COBLATION Wand for intracapsular tonsillectomy and adenoidectomy procedures.

PROCISE MAX COBLATION Wand

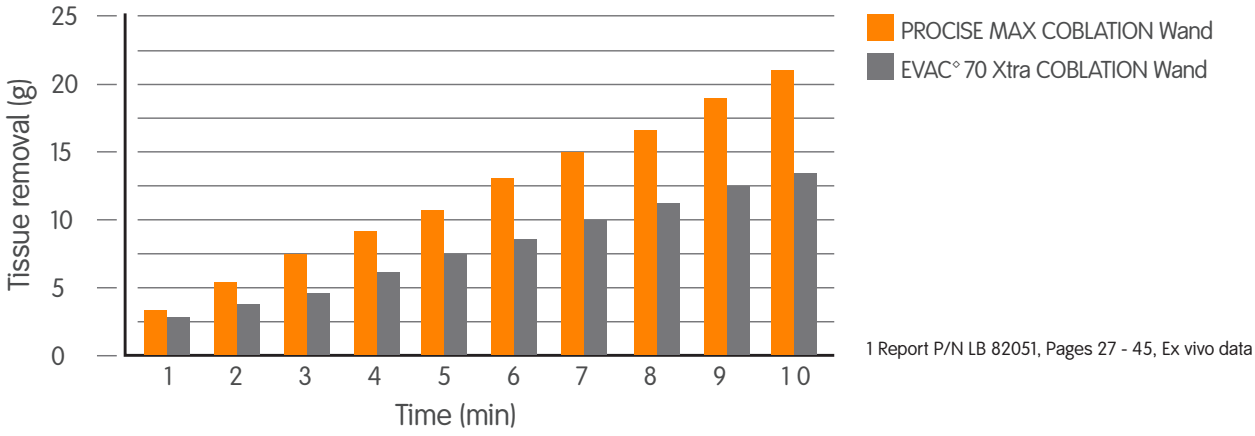
Enhanced flat electrode

PROCISE MAX unique screen electrode

The PROCISE MAX was uniquely designed for rapid tissue removal during intracapsular tonsillectomy and adenoidectomy procedures. A larger, flat-screen electrode creates a wider plasma area, translating to more rapid tissue removal than any of our other Wands.

Ablation rate comparison over 10 minutes at default set points: PROCISE MAX COBLATION Wand vs. EVAC® 70 Xtra COBLATION Wand

Over 50% faster ablation than EVAC 70 Xtra[1] COBLATION Wand



1 Report P/N LB 82051, Pages 27 - 45, Ex vivo data

Adenoidectomy

Preparation

1 The system defaults to setting 7 for Coblate and setting 3 for Coag. Adjust as needed per surgeon preference.

2 Connect the Wand's suction to operating room suction (recommended pressure is 250-350mm Hg). Running additional suction lines off of the same cannister is not recommended.

3 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.

4 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.

Surgical tips

1 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. (Fig. 1)

2 In difficult-to-reach areas, especially near the posterior choanae, Wand may be bent for better access.

3 When bending the Wand, make sure to bend slowly and gently to avoid kinking the saline delivery lumen. (Fig. 2)

4 Start procedure with straight Wand, only bending when needed to reach remaining tissue.

System defaults to setting 7 (Coblate) and 3 (Coag)

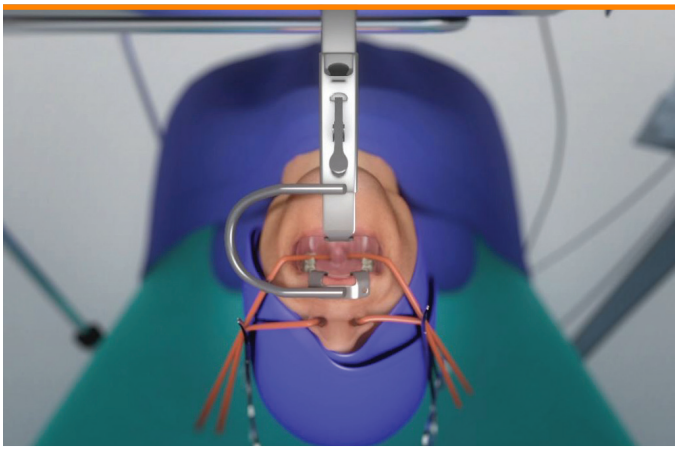


Fig. 1

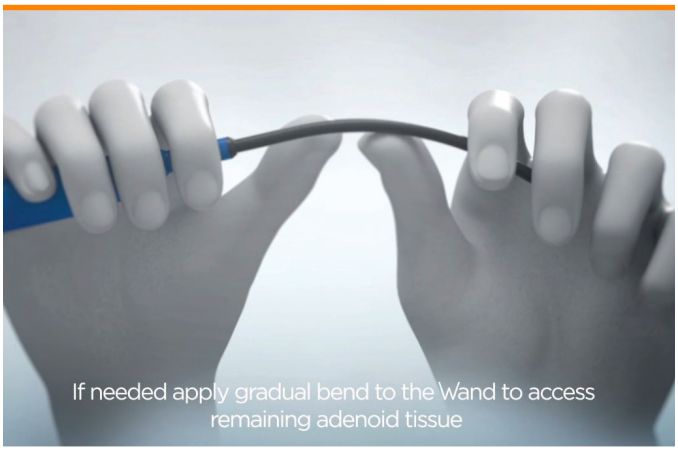


Fig. 2

Please refer to the Instructions for Use (IFU) packaged with the product for a complete list of warnings, precautions and contraindications.

Adenotonsillectomy

Procedure

1 Starting at the inferior edge of the adenoids, work across the tissue bed, gradually moving superiorly toward the vomer. (Fig. 3)

2 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. (Fig. 4)

3 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.

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.

4 The Wand may be gently bent to access tissue near the posterior choanae. (Fig. 5)

5 A decrease in audible suction or excessive steam may indicate a clogging Wand. Should this occur, continue to press Ablate while lifting 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 COBLATION® 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 Coblate pedal depressed if continued clogging occurs.

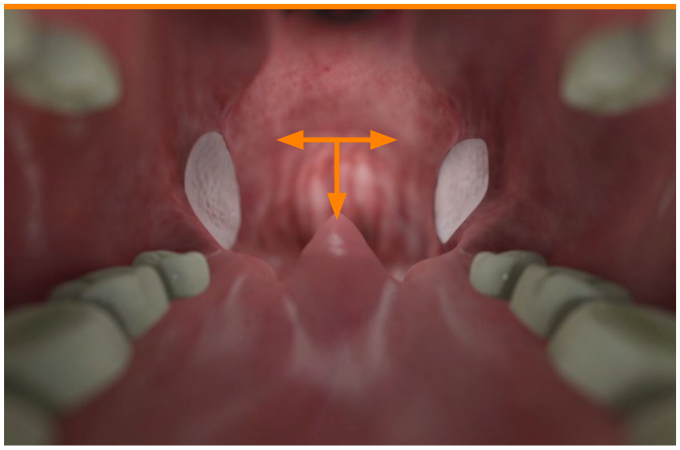


Fig. 3

Fig. 4

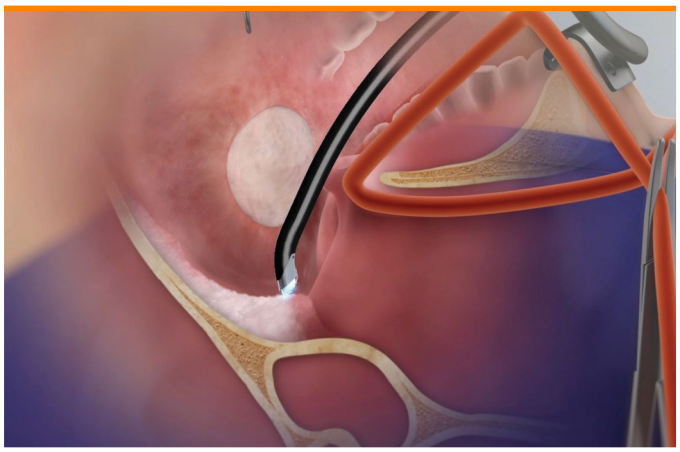


Fig. 5

Intracapsular tonsillectomy

Surgical tips

1 With COBLATION° technology, you can remove tonsillar tissue layer by layer.

2 The progress of tonsil ablation can be judged by the palpation of tonsillar fossae.

3 Typically, bleeding is minimal during ablation of tonsillar tissue. Oozing can be treated by applying the Wand face directly and squarely onto the bleeder and depressing the Coag foot pedal.

Procedure

1 Using the roller clamp, adjust the saline flow to an optimal level of three drips per second in the drip chamber. Too little saline may impede Wand performance. (Fig. 6)

2 Hover the Wand over the tonsil and use a light brushing motion to ablate tissue. (Fig. 7)

3 Maintain a constant motion of the Wand tip, pressing as lightly as possible to ensure efficient plasma formation. (Fig. 8)

4 Work evenly across the tonsil tissue, continuing to ablate until reaching desired depth. (Fig. 9)

5 Listen for continuous suction to indicate Wand lumen is clear of clogs.

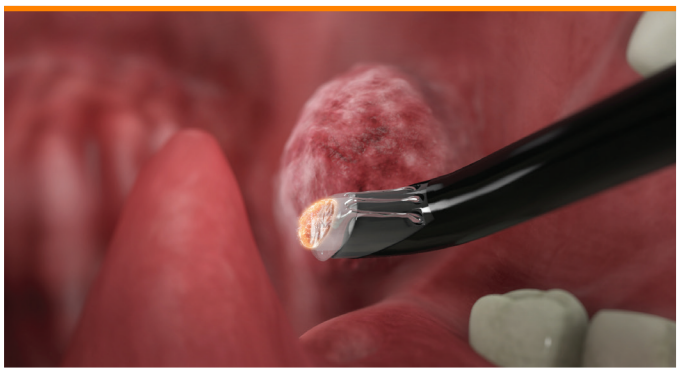


Fig 6

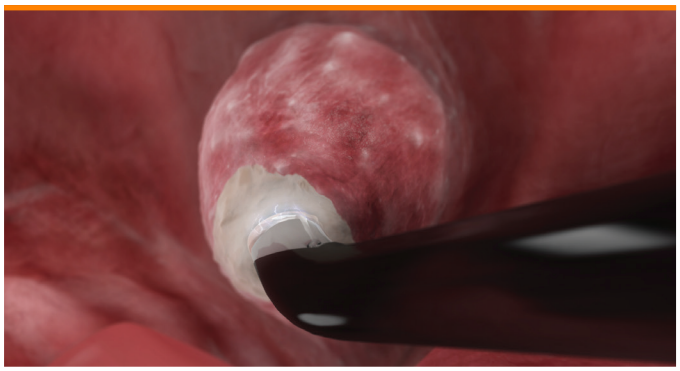


Fig 7

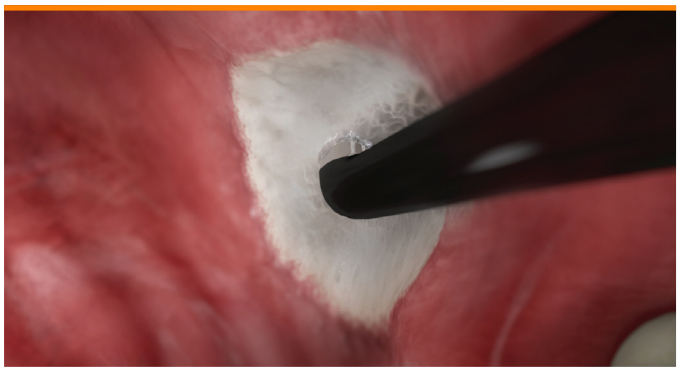


Fig 8

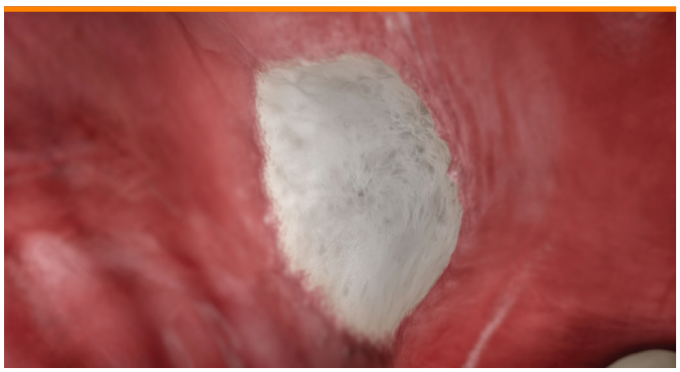


Fig 9

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Technique Guide

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COBLATION° PROCISE° MAX

COBLATION° Wand