



Procedure overview

Intended for the treatment of snoring, this COBLATION-CHANNELING[®] procedure simultaneously removes and shrinks tissue. The unique action of COBLATION technology creates channels by ablating tissue as the Wand is inserted into the soft palate. For tissue shrinkage, a submucosal necrotic lesion is created around channeled tissue. This dual therapy creates an immediate reduction in palatal tissue, with a greater reduction during healing.

Surgical technique

Equipment, Step A

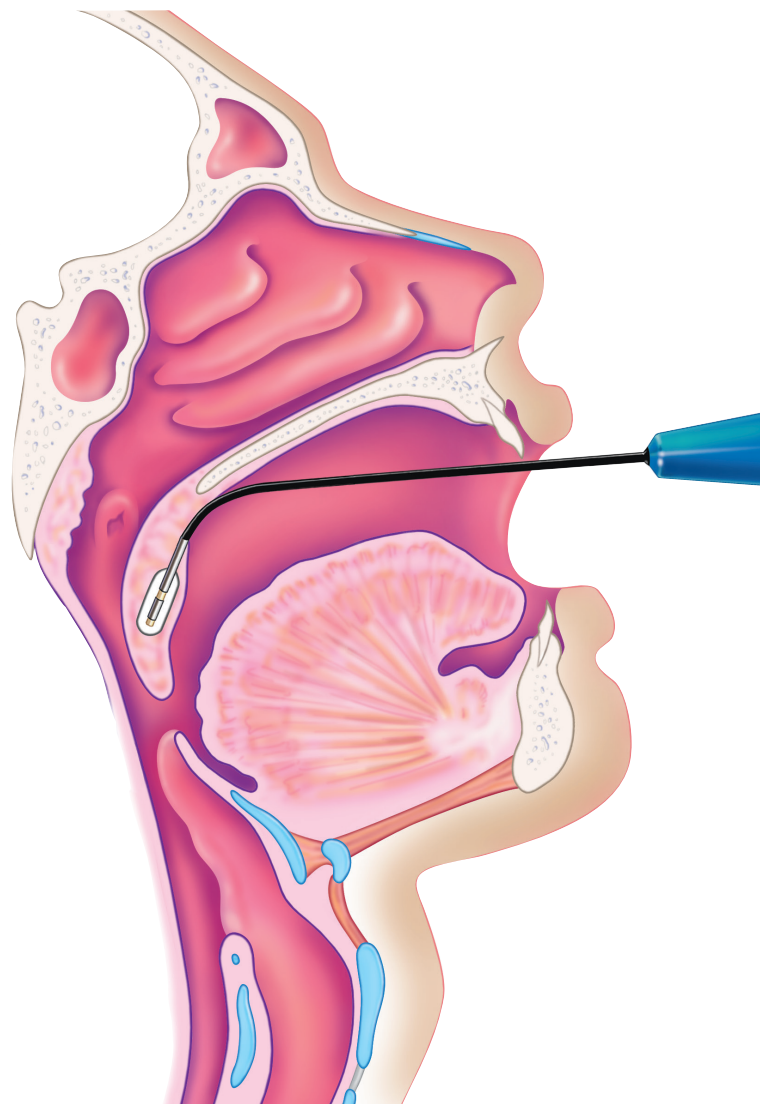
Insert the REFLEX ULTRA[®] 55 Wand into the connector end of the patient cable. Align the raised dot on the Wand handle with the black dot on the patient cable.

Equipment, Step B

Set the Controller power level to 4, 5, or 6, depending on surgeon preference as judged by resistance during channeling (ablation) into the soft palate.

Patient preparation

- 1 For patient comfort, apply a topical nasal anesthetic spray before administering local anesthetic.
- 2 Use a local anesthetic with a vasoconstrictor and inject according to local institutional guidelines. Take care to provide sufficient anesthetization to avoid patient discomfort or sensation during the procedure. The anesthetic serves to facilitate the COBLATION-CHANNELING technique by expanding submucosal tissue as judged by resistance during channeling (Ablation) into the soft palate.



COBLATION-CHANNELING[®] procedure with REFLEX ULTRA[®] 55 COBLATION[®] Wand

Before each insertion, place the Wand tip in saline or other conductive media to ensure formation of the plasma field. The intracellular fluid within the tissue will be sufficient to maintain the plasma field during channeling. Space out multiple channels to avoid creating overlapping lesions.

- 1 Before channeling, determine the optimal insertion point at the high midline area, approximately 1cm distal to the hard/soft palate junction. Allow room for the channel to follow the curvature of the soft palate. (Fig. 1)
- 2 Use the Ablation pedal of the foot control to activate the Wand as you advance the tip into the palatal tissue. Advance the tip of the Wand at a 90° angle in relation to the palate to limit mucosal contact during insertion.
- 3 When the lead electrode has passed through the mucosa, remove your foot from the Ablation pedal and blunt dissect along the curvature of the soft palate. Advance the tip submucosally to the black visualization marker on the shaft. (Fig. 2)

Make sure the Wand is in the desired position.

NOTE: On occasion, patients may experience some sensation. If this happens, either administer more local anesthetic or apply other conductive media (e.g. saline, saline gel) to the Wand tip to enhance COBLATION plasma formation.

- 4 Using the same pedal (Ablation), activate the Wand for an additional 12 seconds. Carefully remove the inactivated Wand from the tissue channel. Exposed activated electrodes may burn the mucosa surface.

NOTE: The REFLEX ULTRA 55 Wand DOES NOT require use of the Coagulation pedal during the procedure.

- 5 Create approximately 3 (one midline and two lateral) or 4 (two midline and two lateral) COBLATION channels per procedure. The lateral lesion entry points should be no more than one centimeter away from the midline lesions' entry points. Be sure not to overlap lesions. (Fig. 3)
- 6 If surface blanching occurs near the Wand, terminate the procedure.

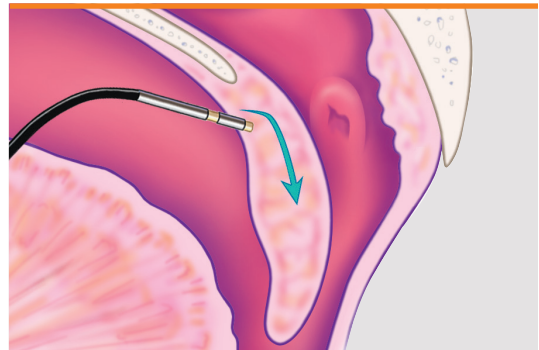


Fig. 1

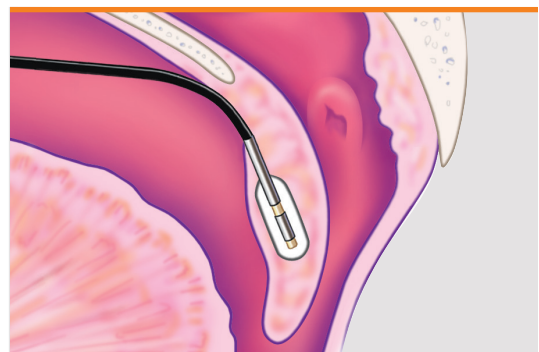


Fig. 2

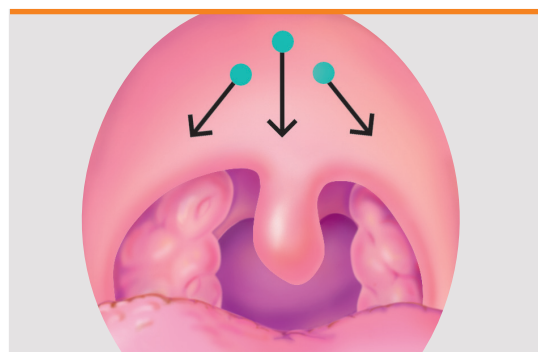


Fig. 3

Ordering information

REFLEX ULTRA° 55 COBLATION° Wand

| Reference # | Description |
|-------------|-------------------------|
| EC8000-01 | COBLATOR° II CONTROLLER |
| EICA4855-01 | REFLEX ULTRA 55 |

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