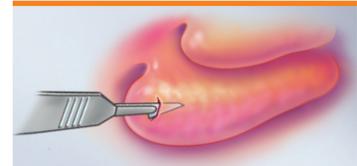


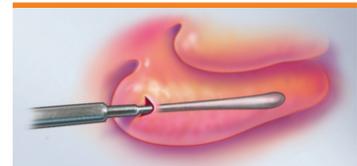
## Abbreviated Surgical Technique

Refer to the **TURBINATOR Wand Surgical Technique (part number 52371)** before using the Wand.

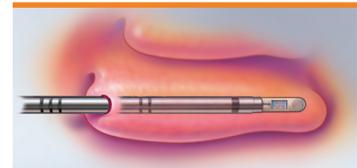
1 Incise the anterior portion of the inferior turbinate.



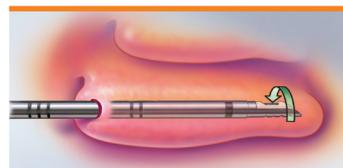
2 Use a Freer or Cottle elevator to create a submucosal pocket (medial to the bone).



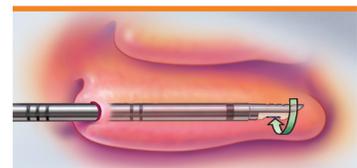
3 Orient TURBINATOR Wand tip as shown in image, and insert into pocket to desired depth. Slightly rotate device as needed to advance Wand along bone. Do not activate during insertion.



4 Orient electrode superiorly or inferiorly towards target tissue (typically ~15° laterally towards bone).



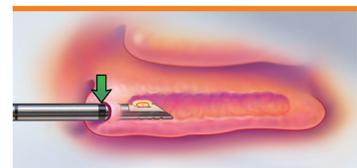
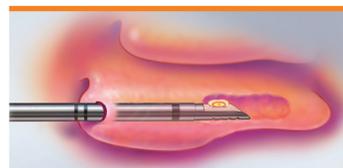
Orientation for superior resection



Orientation for inferior resection

**NOTE:** Ensure device tip is fully contained submucosally prior to activation.

5 Activate Wand while slowly retracting (approximately 5 seconds). Stop activation at single depth marker.



### Ordering information

#### TURBINATOR COBLATION<sup>◊</sup> Wands

Reference #	Description
EICA6895-01	TURBINATOR WAND

NOTE: If mucosal blanching is observed, stop activation. Reposition and repeat as needed to achieve hemostasis.

NOTE: Clogging of the Wand suction is typically caused by large, ablated tissue remnants. Wiping off the Wand tip with a wet gauze or surgical towel between passes can help to prevent clogging of the Wand. Should the Wand suction become clogged, intermittently dip the tip of the Wand into a saline filled non-metallic beaker and press the yellow Ablate foot pedal to flush out the Wand's suction port. If the Wand remains clogged, fill a 10-20cc syringe with saline and back flush the suction port of the Wand while pressing the Ablate pedal.

CAUTION: Avoid allowing saline to fall in areas not being treated as user or patient thermal injury may result. When priming or cleaning the Wand, hold the Wand over a towel away from the patient to collect the saline.

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