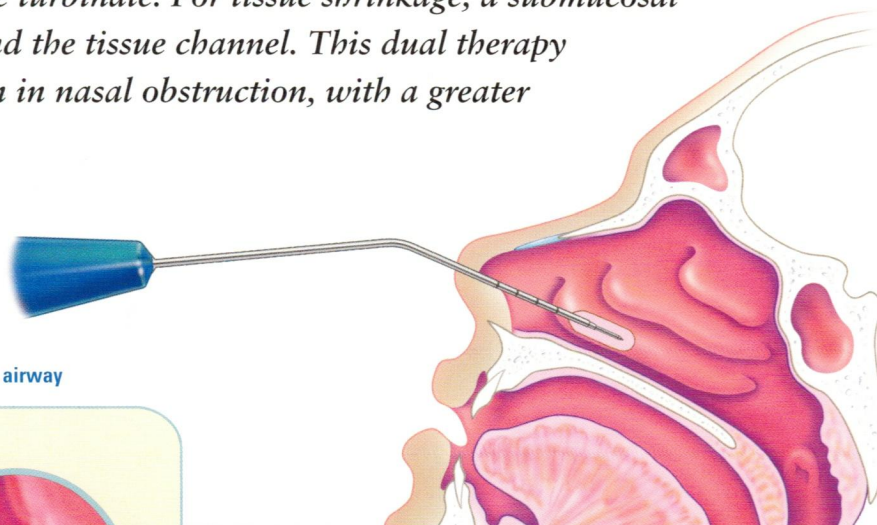




Treatment of Turbinate Reduction

Procedure Overview

Intended for the treatment of enlarged or hypertrophied turbinates, this procedure uses Coblation-Channeling® to simultaneously remove and shrink submucosal tissue. The unique action of Coblation® technology creates channels by ablating tissue as the Wand is inserted into the turbinate. For tissue shrinkage, a submucosal necrotic lesion is created around the tissue channel. This dual therapy creates an immediate reduction in nasal obstruction, with a greater reduction during healing (fig.1).



Tissue removal leads to immediate opening of nasal airway

figure 1



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 also serves to expand mucosal tissue for better Coblation-Channeling.

Equipment Preparation

- 1 Insert the ReFlex Ultra® 45 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.
- 2 Set the controller power level to 4, 5, or 6, depending on surgeon preference as judged by resistance during channeling (ablation) into the inferior turbinate.

Procedural Precautions

- On occasion, patients may experience some sensation. If this happens either administer more local anesthetic, or apply more saline or other conductive media to the Wand tip to enhance Coblation.
- For post-operative pain management use antidolorific drugs as required.
- If the patient complains of discomfort or numbness, or if mucosal blanching occurs, stop the procedure immediately.

NOTE: The markings on the ReFlex Ultra 45 shaft are to be used as a guide to determine the depth of the insertion into the turbinate. The markings are in 5 millimeter increments. The first mark is placed at 15mm from the tip. The last marking is placed at 30mm.

Coblation-Channeling Technique

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.

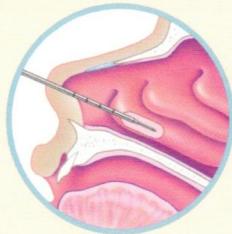
System	ReFlex Ultra Catalog Number
Coblator® II	E4845-01
	EIC4845-01

For Channeling Anterior Portion of the Turbinate

- 1 Use the Ablation pedal of the Foot Control to activate the Wand as you advance the tip into the Inferior Turbinate. Advance the tip submucosally stopping at the first visualization mark (fig.2). This marker indicates that all exposed electrodes are 4mm below the mucosal surface.
- 2 While holding the Wand in place, continue to hold the Ablation pedal for an additional 10 seconds to create the lesion. Next, carefully remove the inactivated Wand from the turbinate.

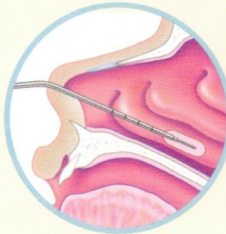
figure 2

Advance the tip submucosally stopping at the first visualization mark.



Advance the tip to the last visualization mark, hold ablation pedal for 10 seconds.

figure 3



For Channeling the Posterior Portion of the Turbinate

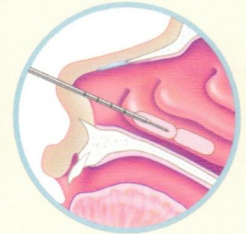
- 1 Use the Ablation pedal of the Foot Control to activate the Wand as you advance the tip into the Inferior Turbinate. Advance the tip submucosally all the way to the last visualization marker (fig.3).
- 2 While holding the Wand in place, continue to hold the Ablation pedal for an additional 10 seconds to create the first lesion.
- 3 After holding for 10 seconds, withdraw the inactivated Wand stopping at the first visualization marker (fig.4). This marker indicates that all exposed electrodes are 4mm below the mucosal surface.
- 4 While holding the Wand in place, once again depress the Ablation pedal for 10 seconds to create the second lesion. Lastly, carefully remove the inactivated Wand from the turbinate.

NOTE: The ReFlex Ultra Wand **DOES NOT** require use of the Coagulation pedal during the procedure.

- 5 According to turbinate size, create 2-3 Coblation channels per Inferior Turbinate. Depending on the number of channels and the original turbinate size, some volume reduction should be immediately visible.

figure 4

Withdraw inactivated Wand stopping at first visualization mark, hold ablation pedal for 10 seconds.



Patient Post-op Instructions

- Some patients may experience some nasal congestion and nasal drainage during the first week.
- For post-operative pain management, use Tylenol® or ibuprofen.
- For the first week, instruct patient to avoid blowing nose.
- After the procedure, it is normal for some patients to experience some minor bleeding.
- Use a saline nasal spray to aid healing.



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CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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