

Procedure Guidelines for Radiofrequency Tonsillotomy (Partial resection of the tonsils)



Fig. 1: Puncture sites for infiltration of local anesthetic



Fig. 2: The protruding part of the tonsil is dissected along the incision line and parallel to the palatal pillar.

Indications and contraindications

Patients with symptomatic hyperplasia of the tonsils. There are no specifically known contraindications for RF surgery. For patients with pacemakers see the directions in the user instructions for the generator.

Patient preparation

Preoperatively inject 5 to 10 ml of an anesthetic with NaCl (e.g. a vial of ultracaine 1%; xylocaine 2% or lidocaine 2% with 0.9% NaCl solution and if needed, with supraprenine 1:200 000) into the anterior palatal pillars. Use more anesthetic to perform the intervention under local anesthesia. The infiltration will cause the tonsils to protrude from the tonsil bed.

Verify that the insulation of both the monopolar electrode and the bipolar forceps is intact before using them. Do not use defective or damaged instruments to avoid the risk of burns.

Intervention

Use serrated forceps to grasp the tonsil. Resect the protruding part of the tonsil without pulling by using an ARROWtip™ monopolar microdissection electrode (REF: 36 44 42) (Fig. 3). The incision line is parallel and close to the anterior pillar (Fig. 2).

To achieve a more pronounced volume reduction, luxate the tonsil in medial direction, depending on the patient's anatomy. Make sure that the tonsil bed and palatal pillars remain intact. After excision the surface of the remaining part of the tonsil should not look scarred or dry.

Should small bleedings occur, use a cotton swab soaked in alpha-sympaticomimeticum or bipolar forceps (e.g. REF: 74 01 75 SG) for hemostasis (Fig. 4). See the recommended unit settings below.



Fig. 3: ARROWtip™ monopolar microdissection electrode, single-use (REF: 36 44 42)



Fig. 4: SuperGliss® non-stick bipolar forceps (REF: 78 01 75 SG)

Postoperative treatment

Specific postoperative treatment is not required. If necessary, give pain killers (paracetamol or diclofenac).

Settings* for CURIS® 4 MHz radiofrequency generator (REF: 36 01 00-01)

Valid for the CURIS® with the orange label.



ARROWtip™: Monopolar CUT 2
Power adjustment: 20 to 35 watts

SuperGliss® non-stick: Bipolar PRECISE
Power adjustment: 15 to 30 watts



For further accessories see back page.

ARROWtip™: Monopolar CUT 2
Power adjustment: 25 to 46 watts

SuperGliss® non-stick: Bipolar PRECISE
Power adjustment: 15 to 30 watts



For further accessories see back page.

* Please consider that this information is not meant to serve as a detailed treatment guide. Always start with the lowest settings and adjust them accordingly.

Recommended products for this treatment



ARROWtip™ monopolar microdissection electrode

Qty.	REF	Description
10	36 44 42	ARROWtip™ monopolar microdissection electrode, single-use total length 105 mm



134° C
autoclavable



RaVoR™ (Radiofrequency Volume Reduction)

Qty.	REF	Description
1	78 01 75SG	SuperGliss® non-stick bipolar forceps, length: 20 cm, angled tips: 1 mm



CURIS® 4 MHz radiofrequency generator

Basic set

Qty.	REF	Description
1	36 01 00-01	CURIS® 4 MHz radiofrequency generator (incl. mains cord, user's manual and test protocol)
1	36 01 10	Foot switch two pedals for CURIS® (cut & coag), 4 m cable
1	37 01 54 L	Bipolar cable for CURIS®, length: 3 m
1	36 07 04	Monopolar handpiece (pencil) cut & coag, shaft 2.4 mm, cable 3 m
1	36 02 38	Cable for single-use patient plates, length: 3 m

available patient plates:

1 (x100)	29 00-5	Single-use patient plate, split, for adults and children, PU 20 x 5 pcs.
1 (x50)	95 80 04	Single-use patient plate, split, for adults, PU 10 x 5 pcs.
1 (x50)	95 80 05	Single-use patient plate, split, for children, PU 10 x 5 pcs.
1	36 02 26	Re-usable rubber patient plate

Product availability is subject to regulatory approval in individual markets. Products may therefore not be available in all markets. Lengths for orientation purposes; may vary slightly.



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