

# Procedure Guidelines for Radiofrequency Ablation of Nevi and Fibroma



Fig. 1: Cold excision



Fig. 2: Tangential ablation

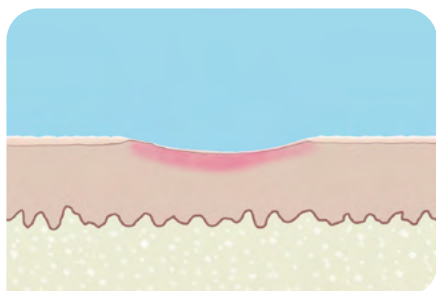


Fig. 3: Cut through postoperative site



Fig. 4: Preoperative site Fig. 5: Postoperative site

## Indications/Contraindications

Removal of cosmetically undesired or irritated, elevated moles in the face or on the neck, such as papular nevi or fibroma. Congenital nevi should not be removed by radiofrequency ablation since portions of these lesions may be deep and will be more likely to recur. A dermatologist should assess clinically that the lesions are benign. Conspicuous scars are unlikely to form after treatment, but the patient needs to be informed that they might occur.

## Patient preparation

Inject 1 to 2ml of local anesthetic per lesion, e.g. prilocaine 1% with 1:100.000 adrenaline, into the skin areas to be treated. For hairy papular nevi radiofrequency epilation with a special needle probe is recommended. This serves to remove disturbing hairs and lowers the risk of recurrence when nevus cells are thermally damaged around the hair follicle.

## Procedure

Adjust the BM-780 II radiofrequency generator according to the table below. Perform cold tangential excision of the largest nevus part with a size 15 scalpel blade or the Stevens scissors (Fig. 1). Moisten the treatment site with a cotton swab soaked in normal saline. Then ablate the remaining lesion with multiple gentle, brush-like strokes using a ball electrode (REF: 36 08 16) for refined cosmetic results (Fig. 2). Treatment is completed when a slight indentation of the ablation site is visible (Fig. 3).



Fig. 6: Monopolar ball electrode, malleable (REF: 36 08 16)

## Postoperative treatment

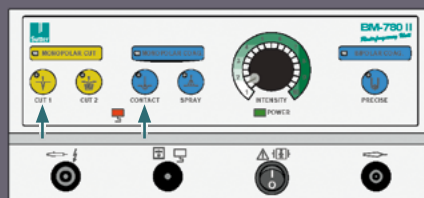
Send the part of the nevus that was shaved off in for histological analysis. This serves for quality control purposes of the diagnosis and provides security in the event that the nevus recurs and shows features of a pseudomelanoma. A healing ointment and a dressing are applied to the wound. Follow up after 6 to 8 weeks. A slight indentation may remain after ablation. It will usually disappear within the following weeks or months.

## Settings\* for BM-780 II Radiofrequency Generator

(REF: 36 00 80-01)

Ball electrode: Monopolar CONTACT Coag  
Power adjustment: 1 to 1.5

alternatively: CUT 1  
Power adjustment: 1 to 1.5



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



134° C  
autoclavable



Monopolar ball electrode

Qty.	REF	Description
5	36 08 16	Monopolar ball electrode, malleable total length 63 mm



**BM-780 II** Radiofrequency Generator  
basic set



Qty.	REF	Description
1	36 00 80-01	<b>BM-780 II</b> Radiofrequency generator (incl. mains cord, user manual, test protocol and instruction CD-ROM)
1	36 01 05	Foot switch, protection class IP X8
1	37 01 38 L	Bipolar silicone cable, length: 4.5 m
1	36 02 18	Monopolar pencil for Ø 2.4 mm shaft electrodes, cable length: 4 m
1	36 02 36	Cable for single-use patient plates, length: 4.5 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.



PRECISION ELECTROSURGERY  
Made in Germany

**SUTTER MEDIZINTECHNIK GMBH**

TULLASTRASSE 87 · 79108 FREIBURG/GERMANY  
TEL. +49(0)761-51551-0 · FAX +49(0)761-51551-30  
WWW.SUTTER-MED.COM · INFO@SUTTER-MED.DE