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





Fig. 1: Puncture sites for infiltration of local



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 $5\,\text{to}\,10\,\text{ml}$ 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 suprarenine $1:200\,000$) 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.



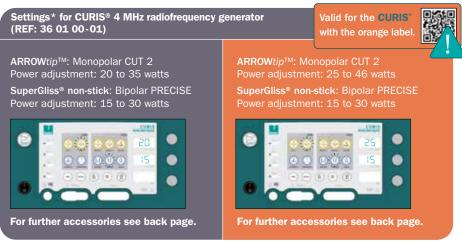
Fig. 3: ARROWtip™ monopolar microdissection electrode, single-use (REF: 36 44 42)



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).



* Always start with the lowest settings to achieve the desired effects. If necessary, increase the settings step-by-step until the desired effect is achieved. This may even be 50 watts or higher. The settings may differ from patient to patient, from tissue to tissue, and have to be adjusted accordingly.

Please consider that this information is not meant to serve as a detailed treatment guide.

Recommended products for this treatment





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





autoclavable







RaVoR™ (Radiofrequency Volume Reduction)

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





CURIS® 4 MHz radiofrequency generator

Basic Equipment

	* * *		
	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 with two pedals for $\text{CURIS}^{\$}$ (cut & coag) with holding bracket, cable length: 4 m
or	1	36 01 14	Foot switch with two pedals for $\text{CURIS}^{\textcircled{\$}}$ (cut & coag) without holding bracket, cable length: 4 m
	1	37 01 54 L	Bipolar cable for CURIS®, cable length: 3 m
	1	36 07 04	Monopolar handpiece (pencil) cut $\&$ coag, shaft 2.4 mm, cable length 3 m $$
	1	36 02 38	Cable for single-use patient plates, length: 3 m
	1 (x 100)	29 00-5	Single-use patient plate, split, for adults and children, PU 20 x 5 pcs.

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.

