

Procedure Guidelines for Radiofrequency Ablation of Nevi and Fibroma



Fig. 1: Cold excision



Fig. 2: Tangential ablation

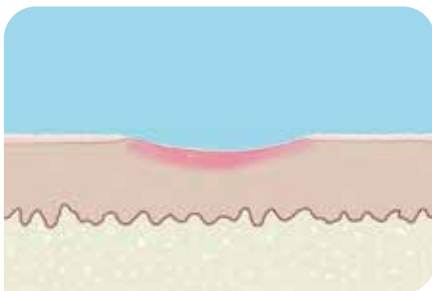


Fig. 3: Cut through postoperative site



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 2 ml 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 CURIS® 4 MHz 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 CURIS® 4 MHz radiofrequency generator (REF: 36 01 00-01)

Valid for the CURIS® with the orange label.



Ball electrode: CONTACT
Power adjustment: 4 to 6 watts
alternative: CUT 1
Power adjustment: 4 to 6 watts



For further accessories see back page.

Ball electrode: CONTACT
Power adjustment: 20 bis 40 watts
alternative: CUT 1
Power adjustment: 20 to 36 watts



For further accessories see back page.

* 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



Monopolar ball electrode

134° C
autoclavable



Qty.	REF	Description
5	36 08 16	Monopolar ball electrode, malleable total length 63 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 CURIS® (cut & coag) with holding bracket, cable length: 4 m
or 1	36 01 14	Foot switch with two pedals for CURIS® (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 (x100)	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.



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