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.

Disclaimer: These procedure guidelines have been carefully researched and compiled with the help of specialist physicians. They are not meant to serve as a detailed treatment guide. They do not replace the user instructions for the medical devices used. Sutter accepts no liability for the treatment results beyond legal regulations.

Indications and contraindications

Patients with symptomatic hyperplasia of the tonsils. Contraindicated for chronic tonsillitis. 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 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 ARROW tip^{TM} monopolar microdissection electrode (REF: 36 03 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



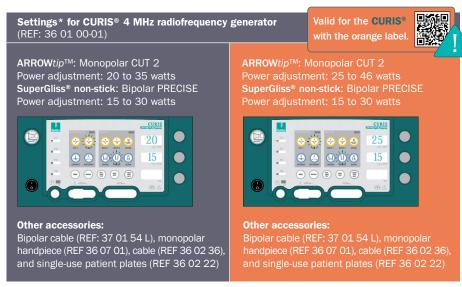
Fig. 3: ARROWtip™ monopolar microdissection electrode (REF: 36 03 42)



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).



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.

Recomended products for this treatment









Qty.	REF	Description
2	36 03 42	ARROWtip™ monopolar microdissection electrode,
		total length 107 mm



134° C autoclavable







RaVoR™ (Radiofrequency Volume Reduction)

Qty.	REF	Description
1	78 01 75	SuperGliss® non-stick bipolar forceps, length: 19 cm, angled tips: 1 mm





[REF 87 00 10] CURIS® 4 MHz radiofrequency generator

basic set with single-use patient plates

Qty.	REF	Description
1	36 01 00-01	CURIS* 4 MHz radiofrequency generator (incl. main cord, user manual and test protocol)
1	36 01 10	Footswitch two pedals for CURIS° (cut & coag), 4 m cable
1	37 01 54L	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
1 (x50)	36 02 22	Safety patient plates, single-use, packing 5 x 10 pcs. (not shown)

