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Procedure Guidelines for Radiofrequency Ablation of **Naevi and Fibroma**

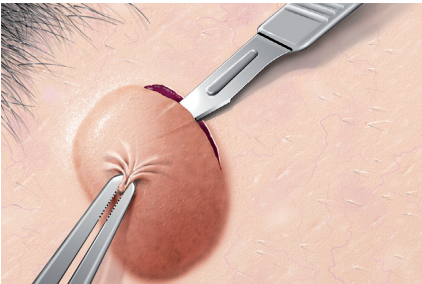


Fig. 1: Cold excision

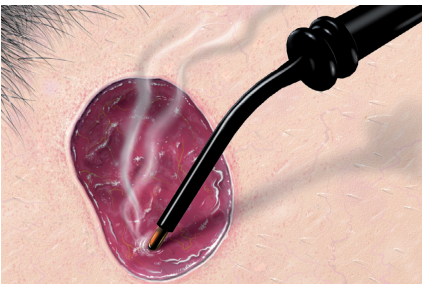


Fig. 2: Tangential ablation

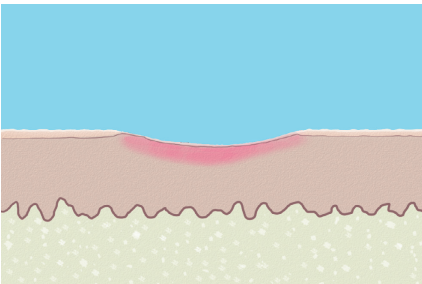


Fig. 3: Cut through post-operative site



Fig. 4: Pre-operative site



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 / contraindications

Removal of cosmetically undesired, elevated moles in the face or on the neck, such as papular naevi or fibroma. Congenital naevi 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 naevi radiofrequency epilation with a special needle probe is recommended. This serves to remove disturbing hairs and lowers the risk of recurrence when naevus cells are thermally damaged around the hair follicle.

Procedure

Adjust the CURIS® and BM-780 II RF generator according to the table below. Perform cold tangential excision of the largest naevus 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 rounded 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).



Abb. 6: Flexible radiofrequency ball electrode (REF 36 08 16)

Postoperative treatment

Send the part of the naevus 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 naevus 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.

Unit settings	
CURIS® Ball electrode: Monopolar CUT 1 Power adjustment: 4 to 6 watts	BM-780 II Ball electrode: Monopolar CUT 1 Power adjustment: 1 to 1.5
Other accessories: Monopolar handpiece (REF 36 07 01), cable (REF 36 02 36) and single-use neutral electrode (REF 36 02 22), optional rubber patient plate (REF 36 02 26)	Other accessories: Monopolar handpiece (REF 36 02 18), cable (REF 36 02 36) and single-use neutral electrode (REF 36 02 22), optional rubber patient plate (REF 36 02 26)