

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



Fig. 1: Puncture sites for infiltration of local anesthetic



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. 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 and bipolar electrodes 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™ needle electrode (REF: 36 03 42) (Fig. 3). The incision line is parallel and close to the anterior pillar (Fig. 2).

To achieve 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: Micro-dissection electrode ARROWtip™ (REF: 36 03 42)


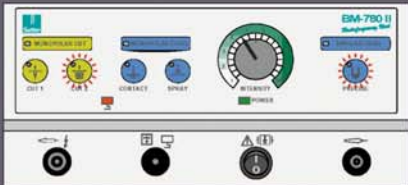


Fig. 4: Bipolar forceps (e. g. REF: 70 01 75 SG)

Post-operative treatment

Specific post-operative treatment is not required. If necessary, give pain killers (paracetamol or diclofenac).

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.

Unit settings	
<p>CURIS® ARROWtip™: Monopolar CUT 2 Power adjustment: 20 to 25 watts Forceps: PRECISE Power adjustment: 15 to 30 watts</p> 	<p>BM-780 II ARROWtip™: Monopolar CUT 2 Power adjustment: 3 to 3.5 Forceps: Bipolar Precise Power adjustment: 4 to 5</p> 
<p>Other accessories: bipolar cable (REF: 37 01 54 L), monopolar handpiece (REF: 36 07 01), cable (REF: 36 02 36) and disposable patient plates (REF: 36 02 22) optional rubber patient plate (REF: 36 02 26)</p>	<p>Other accessories: bipolar cable (REF: 37 01 38 L), monopolar handpiece (REF: 36 02 18), cable (REF: 36 02 36) and disposable patient plate (REF: 36 02 22) optional rubber patient plate (REF: 36 02 26)</p>