

## + ENT Product Catalog

COBLATION® Technology, Sinus Surgery,  
RAPID RHINO® EPISTAXIS and Sinus Dressings

### COBLATION Technology

#### Tonsil and Adenoids

		Catalog Number
	COBLATION® HALO® Wand	72290134
	EVAC® 70 Xtra Wand	EIC5872-01
	EVAC 70 Xtra HP Wand	EIC5874-01
	EXCISE® PDW Wand	EIC9820-01
	PROCISE® MAX Wand	EIC8898-01
	PROCISE XP Wand	EIC8872-01
	PROCISE EZ View Wand	EIC8875-01
	PROCISE EZ Wand	EIC8870-01

5 po2

6 po2

### COBLATION Technology

#### Snoring and Soft Tissue Reduction

		Catalog Number
	REFLEX ULTRA 55 Wand	EIC4855-01
	REFLEX ULTRA SP Wand	EIC4857-01

7 po2

#### Laryngeal and Tracheal Procedures

		Catalog Number
	PROCISE LW Wand	EIC7070-01
	PROCISE MLW Wand	EIC7071-01

1 po2

2 po2

#### Turbinate Reduction

		Catalog Number
	REFLEX ULTRA® PTR Wand	EIC4835-01
	REFLEX ULTRA 45 Wand	EIC4845-01
	TURBINATOR® Wand	EIC6895-01

4 po2

3 po2

### Controllers and Accessories

	Catalog Number
 WEREWOLF® COBLATION System for ENT	72290144
Wired Foot Pedal for WEREWOLF	72290007
ENT WEREWOLF Power cord/manual	
Western Europe	72290082
Iberia	72290083
UK/IRL	72290084
Scandinavia	72290087
WEREWOLF ENT backward-compatibility adapter	72290136
 COBLATOR II Surgery System (220-240v)	13546-02
• Controller, Foot Control, Flow Controller Unit with Cable, Power Cord, and User Manual	
Foot Control	10863
Shielded Foot Control	10863-01
Irrigation Pump	72290055
Flow Control Unit	10101
Flow Control Replacement Cable	06149
COBLATION ENT System Cart	ENTCART / ENTPOLE
EVAC Bending Tool	E2020-01

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Wand	Part Number	Shaft Length	Shaft Outer Diameter	Suction Lumen Diameter	Active Tip Diameter
EVAC 70 Xtra	EICA 5872-01	137mm	5.8mm	1.6 mm	x = 3.4 mm; y = 3.8 mm
EVAC 70 Xtra HP	EICA5874-01	137 mm	5.8mm	1.6 mm	x = 3.4 mm; y = 3.8 mm
PROcise XP	EICA 8872-01	137 mm	4.6mm	1.6 mm	x = 3.6 mm; y = 4 mm
PROcise EZ View	EICA 8875-01	137 mm	4.6mm	1.6 mm	x = 3.5 mm; y = 4 mm
PROcise EZ	EICA 8870-01	137 mm	4.6mm	1.6 mm	x = 2.9 mm; y = 3.9 mm
PROcise MAX	EICA 8898-01	140 mm	5.0 mm	1.9 mm	x = 2.9 mm ; y = 5.4 mm
Excise PDW	EIC 9820-01	120 mm	4.0 mm	x = 1.5 mm ; y = 1.2 mm	x = 4.6 mm ; y = 2 mm
LW	EICA 7070-01	165 mm	4.1 mm	1.7 mm	x = 2.9 mm ; y = 3.4 mm
MLW	EICA 7071-01	190mm	3.25 mm	.9 mm	2.4 mm

Suction Lumen Diameter

Shaft Outer Diameter

Shaft Length

Part Number

Wand

Active Tip Diameter

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2 p02

18



## ArthroCare® ENT Plasma Wands with Integrated Cable



*The new Integrated Cable Wands (ICW) incorporate a cable into the handle of the Coblation® Plasma Wand.*

The ICW offers the convenience of a Coblation Plasma Wand and cable in one sterile package.

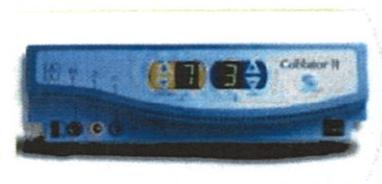
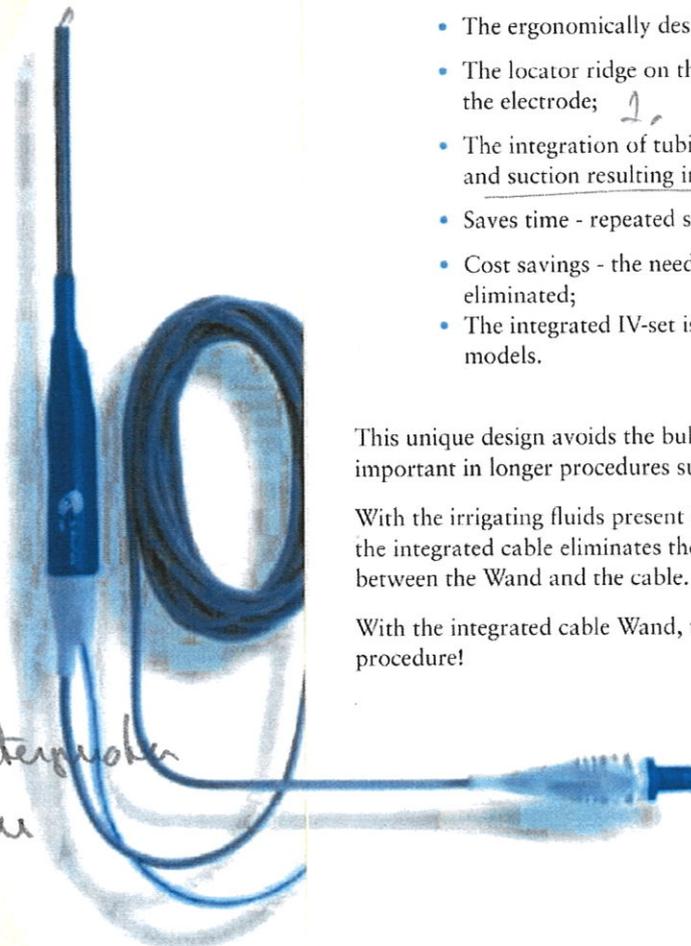
- The ergonomically designed handle minimizes physician fatigue;
- The locator ridge on the handle allows the surgeon to properly orient the electrode; *1. integrirana hidolojia pripalovanja*
- The integration of tubing into the handle ensures consistent saline flow and suction resulting in minimized interference; *man in rirbium*
- Saves time - repeated sterilization is eliminated with reusable cable;
- Cost savings - the need to purchase multiple or back-up cables is eliminated;
- The integrated IV-set is available for EVac™ Xtra models and PROcise™ models.

This unique design avoids the bulk and weight of a reusable cable, which is especially important in longer procedures such as tonsillectomy cases.

With the irrigating fluids present in tonsillectomy and adenoidectomy procedures, the integrated cable eliminates the possibility of saline infiltration into the connection between the Wand and the cable.

With the integrated cable Wand, there is only one connection necessary to begin the procedure!

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The Coblator™ II

*2. Puhamas vaudohi su Coblator II*



## Integrated saline and bipolar energy

Plasma is formed by creating a high density energy field within an electrical conductive fluid, such as saline. A key to sustaining a stable plasma layer is our patented saline delivery system. Without integrated saline, plasma must be formed using the body's interstitial fluid, which dissipates quickly once energized.

COBLATION® technology uses bipolar energy to help control the amount of energy and heat delivered to the surrounding tissue. The bipolar nature of COBLATION technology also helps to reduce the risk of airway fires in ENT surgery.<sup>1</sup>



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### Controlled, continuous plasma

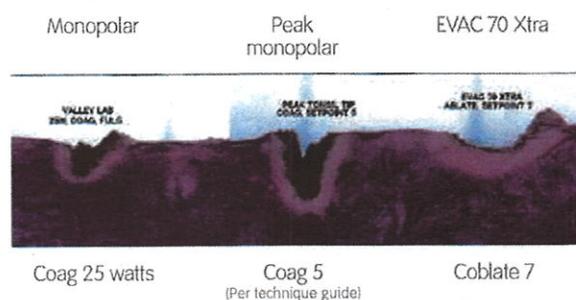
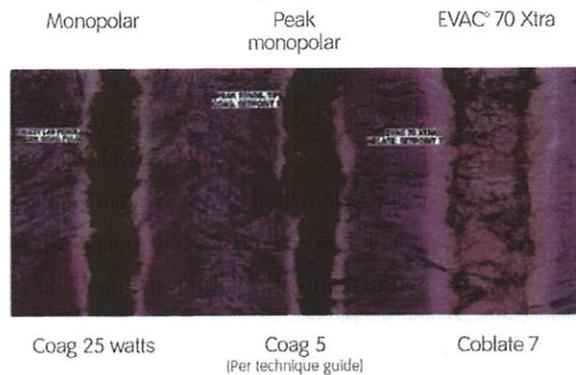
2.

By combining bipolar energy with continuous saline delivery, COBLATION technology Wands are able to create a stable plasma layer of only 100µm-200µm thick around the active electrode.

This allows for the precise excision of tissue while minimizing the heat that is transferred to the patient and ensures a controlled amount of plasma throughout the entire procedure.

Compared to other modalities, this can lead to cleaner margins and less harm to surrounding healthy tissue.<sup>2</sup>

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## PROCISE<sup>®</sup> LW laryngeal Wand

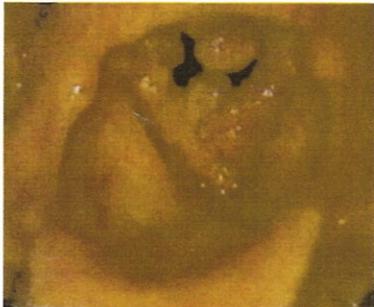
The PROCISE LW laryngeal Wand can be an ideal tool for controlled removal of bulky lesions. With its malleable Wand shaft, the PROCISE LW Wand offers versatility in surgical approach.

The PROCISE LW Wand offers

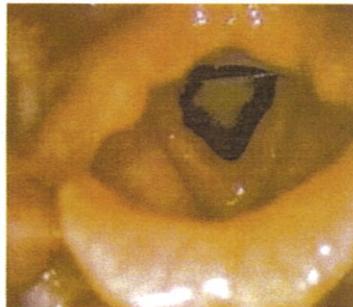
- Screen electrode to swiftly debulk targeted tissue during laryngeal surgical procedures
- Malleable Wand shaft to adapt to surgical preference and patient anatomy

### Efficient lesion removal

Before COBLATION<sup>®</sup> technology treatment



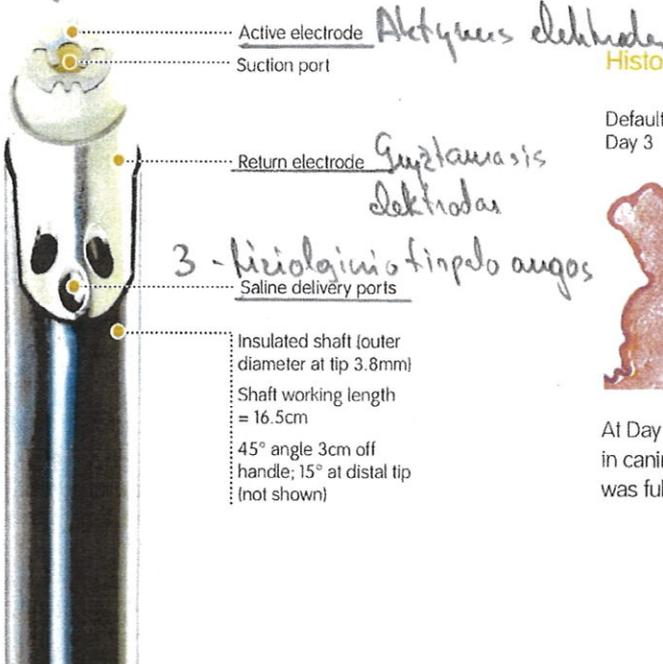
After COBLATION technology treatment



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### Histological evidence<sup>5</sup>

Default COBLATE setting, Day 3



Default COBLATE setting, Day 21



At Day 21, all vocal-fold lesions were 100% epithelialized in canine model. Gross appearance of vocal-fold lesions was fully healed with no exudates present.

# ArthroCare® ENT Plasma Wands with Integrated Cable

## Tonsillectomy and Adenoidectomy Wands

### EVac 70 Xtra | EIC 5872-01

A single, versatile surgical instrument for the effective removal of both tonsils and adenoids that provides your patients with minimal pain and fast recovery. With improved suction and electrode configuration, the EVac 70 Xtra has a longer and more malleable shaft to access the choanal adenoids, as well as, clearing of the area around the eustachian tube.

### EVac 70 Extra HP | EIC 5874-01

The EVac 70 Xtra HP Plasma Wand offers long usability and a stabilised coagulation function with-out excessive thermal penetration. Its' design with the successful triple active electrode configuration and the use of Tungsten material results in longer lasting electrodes. With the same length and malleability, as well as, the integrated IV tubing as the other Tonsillectomy Plasma Wands, the EVac 70 Xtra HP continues the versatility and effectiveness in removal of both tonsils and adenoids with minimal pain and fast recovery.

### PROcise XP | EIC 8872-01

The PROcise XP Plasma Wand offers a durable and slim design. It combines the proven triple active electrode configuration tip with the unique, gravity-defying saline delivery system. It's design, with the use of Tungsten material, results in longer lasting electrodes. The PROcise XP offers better visualization, improved irrigation and suction, as well as, cleaner dissection. Additionally, it offers an anti-clogging system and malleability for tonsils and adenoids and is very suitable for palate surgery, including UPPP.

### PROcise LW | EIC 7070-01

The PROcise LW Plasma Wand is designed with a long and slim shaft thus making it possible to use in conjunction with an operating microscope and long enough to reach the vocal cords. Equipped with the new gravity defining saline irrigation ports and core suction lumen, the PROcise LW leaves a bloodless field allowing for a good view during the procedure. Further advantages of this technique include a suction port that can be used to lift the laryngeal papillomata from the underlying surface before being ablated, thus, reducing the thermal footprint on the collateral tissue.

### PROcise EZ View Sinus Wand | EIC 8875-01

The PROcise EZ View Sinus Wand is a single, versatile instrument for your sinus surgery procedures, bringing you precise soft tissue removal while offering optimal surgeon visibility and controlled hemostasis in a dry field. The decreased diameter on the working shaft and increased shaft malleability provides surgeon flexibility with safe navigation and orientation.

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For internal use only. Not for distribution in the United States.  
P/N 46512 Rev. B



# Turbينات – ReFlex Ultra 45 (EIC4845-01)

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- Simultaneously removes and shrinks submucosal tissue
- 3 visualisation markers on the shaft for improved device positioning visibility
- Ability to treat both anterior and posterior portion of turbinate
- Fast and easy
  - 10 seconds per lesion
  - OR or in-office procedure
  - Minimally invasive



For internal use only. Not for distribution in the United States.  
P/N 46512 Rev. B



# Turbinates – ReFlex Ultra PTR (EIC4835-01)

4902

- Simultaneously removes and shrinks submucosal tissue
- 2 orange visualisation markers for improved visibility
- Smaller and shorter shaft with sharper tip provides easy access and reduces visual obstruction
- Fast and easy
  - 10 seconds per lesion
  - OR or in-office procedure
  - Minimally invasive



Vienkartinis ylinis elektrodas konchoplastikai

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**REFLEX ULTRA° 45 turbinate reduction Wand**

With a slightly longer shaft length and integrated markers, the REFLEX ULTRA 45 Wand is suited for the reduction of larger turbinates

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Key features

- May treat both anterior and posterior portion of turbinate
- Features three black depth markers for improved device positioning visibility



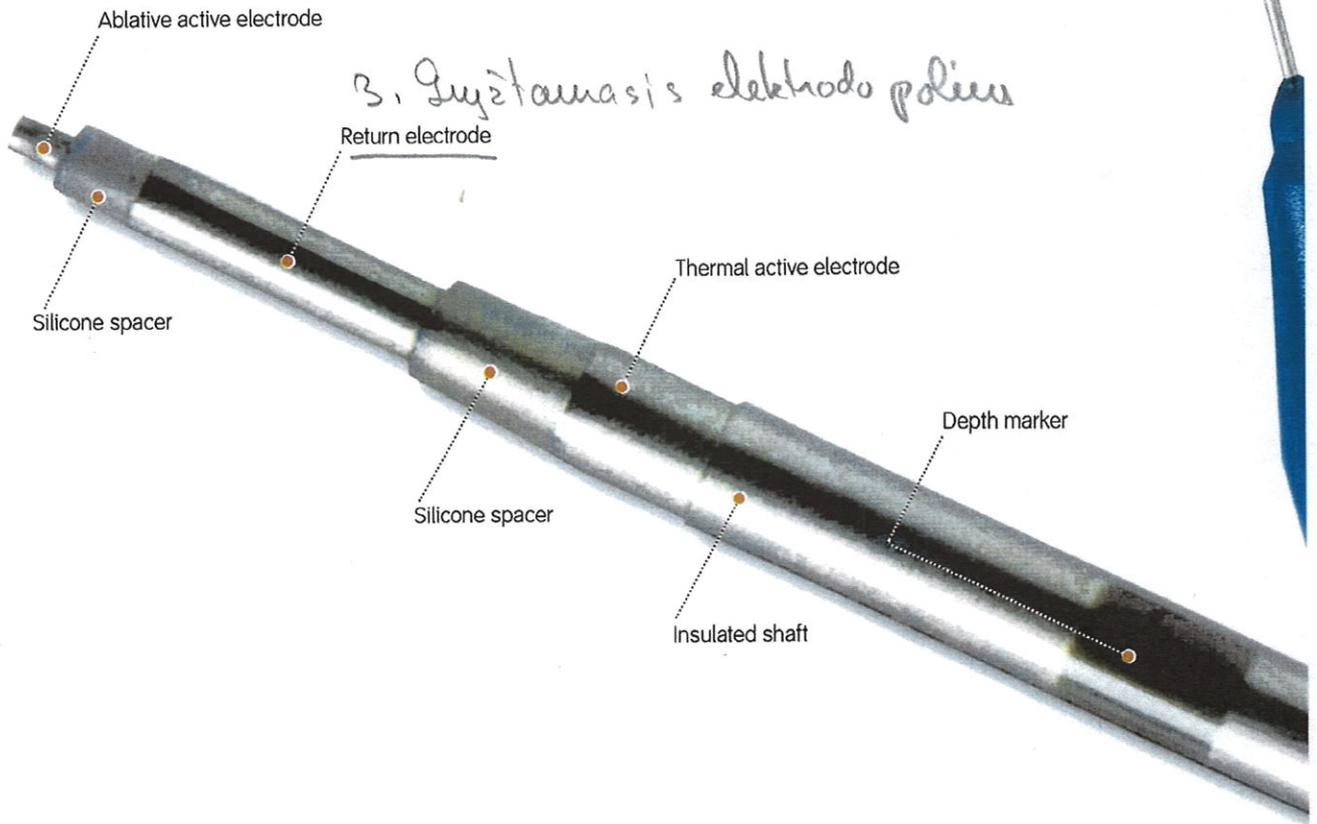
Green dots indicate Wand entry points



Tissue removal leads to immediate opening of the nasal airway

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## T&A – PROcise EZ View (EIC8875-01)

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- Triple wire active electrode configuration (tungsten)
- Decreased diameter of the working shaft
- Malleable shaft
- Unique, gravity-defying saline delivery system
  - Provides tip with saline regardless of orientation
  - Unobstructed port clears the surgical field to reduce clogging



# Bringing enhanced precision to laryngeal and tracheal surgery

The PROCISE® laryngeal wand portfolio includes two options, allowing you to tailor your surgical approach based on preferences, lesion type, and patient anatomy.

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**PROCISE MLW Wand**

Active electrode .....  
Suction port .....  
Return electrode .....  
Saline delivery port .....  
Insulated shaft (outer diameter at tip 2.8mm) .....  
Shaft working length = 19cm  
50° angle 3cm off handle; 16° at distal tip (not shown)

Designed for precise, controlled removal of small lesions near delicate anatomy

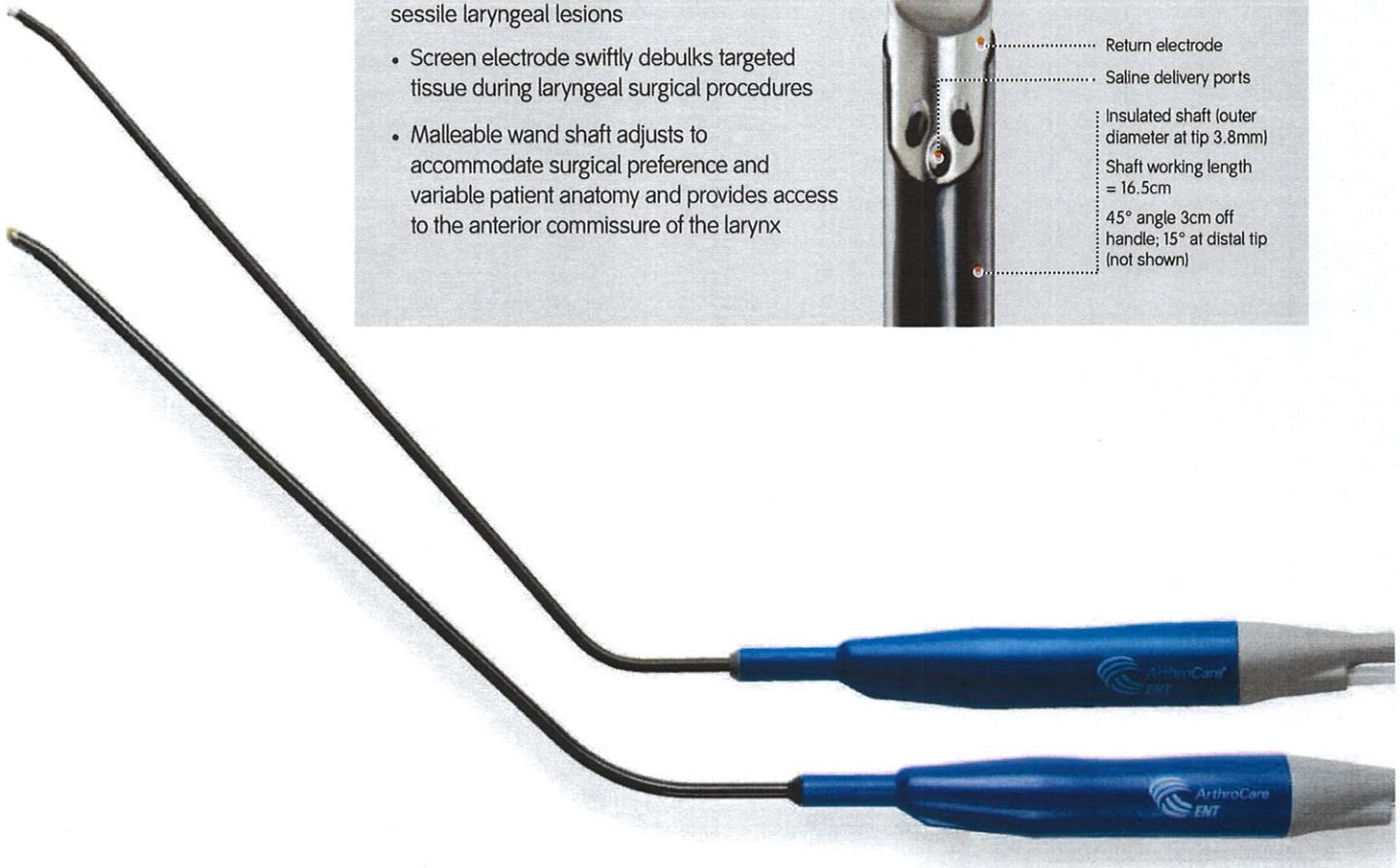
- Single-wire electrode to provide "pinpoint" precision for lesion removal near delicate patient anatomy in laryngeal and tracheal procedures
- Extended length and ultra-slim wand shaft for improved access to subglottic anatomy (19cm working length) and increased visualization of surgical field

**PROCISE LW Wand**

Active electrode .....  
Suction port .....  
Return electrode .....  
Saline delivery ports .....  
Insulated shaft (outer diameter at tip 3.8mm) .....  
Shaft working length = 16.5cm  
45° angle 3cm off handle; 15° at distal tip (not shown)

Designed for controlled removal of bulky, sessile laryngeal lesions

- Screen electrode swiftly debulks targeted tissue during laryngeal surgical procedures
- Malleable wand shaft adjusts to accommodate surgical preference and variable patient anatomy and provides access to the anterior commissure of the larynx



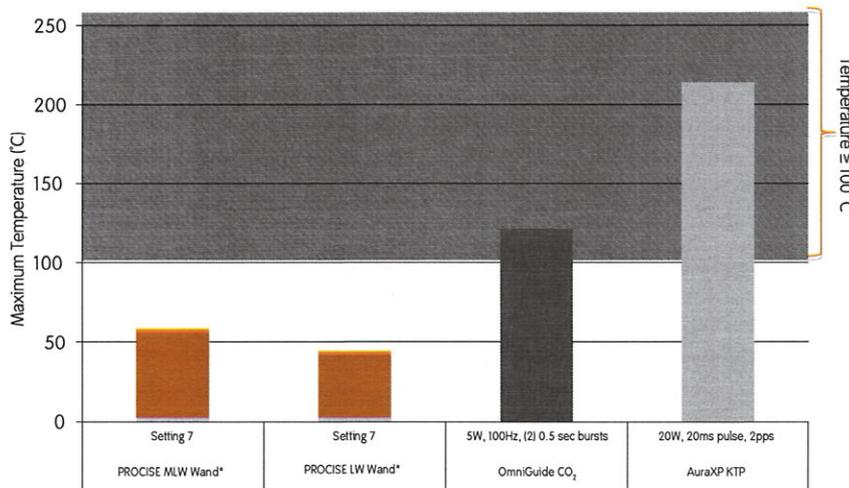
# Less heat means less harm

The PROCISE<sup>®</sup> laryngeal wands utilize COBLATION<sup>®</sup> technology and are designed to operate at a relatively low temperature to gently dissolve and/or shrink target tissue with minimal thermal damage to surrounding healthy tissue.

## COBLATION technology operates at lower temperatures than CO<sub>2</sub> and KTP lasers

At temperatures above 100°C, carbonization of tissue takes place. The chart below shows tissue temperatures for both the OmniGuide<sup>®</sup> CO<sub>2</sub> and AuraXP<sup>™</sup> KTP lasers exceeded this 100°C threshold while temperatures measured for the PROCISE LW and MLW wands did not. The evidence of carbonization for the CO<sub>2</sub> and KTP lasers is confirmed in the photographic images shown below where the presence of blackened tissue is observed.<sup>4</sup>

### Peak Treatment Temperatures (°C)<sup>4</sup>

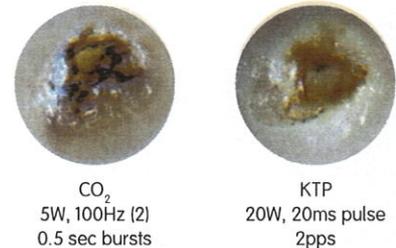


\*COBLATION technology temperatures remain between 42° and 65° C

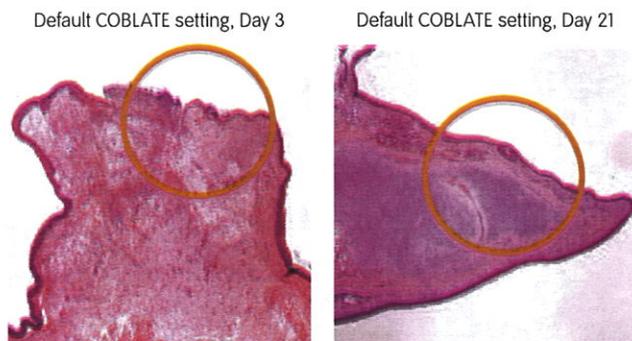
### Tissue Images of Thermal Damage



### CO<sub>2</sub> and KTP Laser

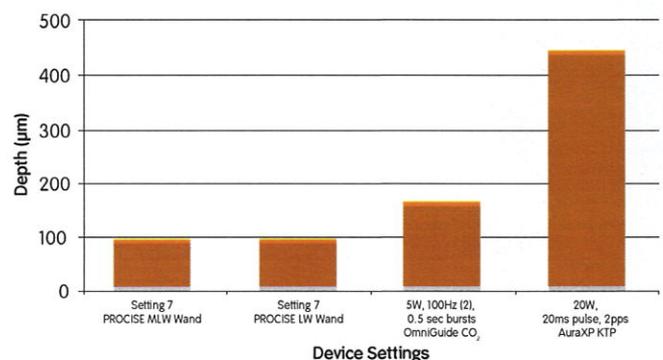


### Histological Evidence<sup>5</sup>



Performance comparison study of the PROCISE MLW wand, CO<sub>2</sub> laser, and Microdebrider evaluated the healing of vocal-fold lesions in a canine model. At Day 21, all vocal fold lesions were 100% epithelialized and there was no statistically significant difference between the depth of necrosis between the PROCISE MLW wand and CO<sub>2</sub> laser.

### Thermal Effect<sup>6</sup>



**Lower depth of thermal penetration minimizes damage to surrounding healthy tissue**

- PROCISE MLW wand – 90µm
- PROCISE LW wand – 90µm
- OmniGuide CO<sub>2</sub> laser – 160µm
- AuraXP KTP laser – 430µm

**COBLATION<sup>®</sup> Technology** works through the creation and application of a high-energy field called 'glow discharge plasma.' This controlled plasma field ablates tissue through a chemical process whereby the highly-energized particles in the plasma break down molecules in the tissue.

**Benefits of COBLATION technology:**

- Precise tissue removal<sup>7</sup>
- Integrated hemostasis
- Settings can be fine-tuned
- Lower temperatures than other RF-based systems<sup>7</sup>
- 100µm - 200µm plasma field<sup>7</sup>  
(about the size of a human hair)

More than **10 million** procedures to date have been performed using COBLATION technology.<sup>8</sup>



## Ordering Information

### PROCISE® LW AND PROCISE MLW

Reference #	Description
EICA7070-01	PROCISE LW Wand
EICA7071-01	PROCISE MLW Wand
EC8000-01	COBLATOR® II Controller

#### References:

- 1 Smith LP, Roy S. Operating room fires in otolaryngology; risk factors and prevention. Am J Otolaryngol. Article in press (Epub 2010 Apr 14).
- 2 Roy S, Smith LP. Device-related risk of fire in oropharyngeal surgery: a mechanical model. Am J Otolaryngol. 2010 Sept; 31(5):356-359. This article references preclinical non-human data. As such, results may not necessarily be the same in human procedures.
- 3 Matt BH, Cotte LA. Reducing risk of fire in the operating room using COBLATION® technology. Otolaryngol Head Neck Surg. 2010 Sept; 143(3):454-5
- 4 Data on file (P/N 86257)
- 5 Whitepaper – Performance Comparison of the PROCISE Mini Laryngeal Wand (MLW), CO2 Laser, and Microdebrider: A Preclinical Canine Study. (P/N 42279)
- 6 Data on file (P/N 86820)
- 7 Stalder K. Coblation in Otolaryngology. Proc SPIE. 2003; 4949:341-353.
- 8 This figure was calculated by capturing the number of COBLATION wands sold during the timeframe of July 2008 –May 2016. (P/N 81915)

The information presented is intended to demonstrate Smith & Nephew product offerings. It is the responsibility of operating physicians to determine and utilize the appropriate products and techniques, according to their own clinical judgment, for each of their individual patients. For more information on the application of any products discussed in the brochure, as well as indications for use, contraindications, and product safety information, please consult the Instructions for Use (IFU) for such product.

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PN 10295 V1 09/17

## Coblation® Soft Palate Reduction and Uvulopalatoplasty

A “sound” solution for snoring



Coblation soft palate reduction snoring treatment procedures involve the reduction and/or removal of soft tissue, such as those found in the soft palate and uvula, to treat patients with socially disruptive snoring. The procedures use a Coblation-Channeling® technique designed to simultaneously remove and shrink submucosal tissue while leaving the mucosal lining virtually undisturbed.

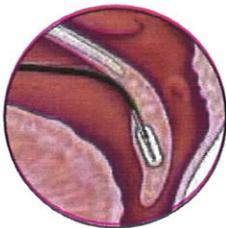
The unique action of Coblation technology creates channels by ablating tissue as the Wand is inserted into the soft palate. For tissue shrinkage, a submucosal necrotic lesion is created around the tissue channel. This dual therapy creates an immediate reduction in soft palate tissue. Submucosal lesions are created in approximately 10 seconds. This makes Coblation soft palate reduction an ideal outpatient procedure; performed in the office setting under local anesthesia or in the operating room in conjunction with other surgical procedures.

Coblation-based bipolar plasma devices are designed to operate at a relatively low temperature to gently dissolve and/or shrink target tissue with minimal thermal damage to surrounding healthy tissue. Coblation technology provides ablation, resection, coagulation of soft tissue and hemostasis of blood vessels in one convenient surgical device.



### ReFlex Ultra® 55 Plasma Wand (EIC4855-01)

A small, easy-to-use device for minimally-invasive soft palate reduction snoring treatment procedures



- Distal ablative electrode and proximal thermal electrode configuration
  - Coblation-Channeling dual therapy for immediate tissue removal combined with thermal lesion creation
- Insulated Wand shaft with 55 degree bend
  - Wand tip angle follows the curvature of the soft palate
  - Black shaft insulation serves as a depth marker during Wand tip insertion

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### ReFlex Ultra® SP Plasma Wand (EIC4857-01)

Designed for rapid dissection and channeling of soft palate tissue during uvulopalatoplasty and soft palate reduction snoring treatment procedures



- Small, single-wire active electrode configuration
  - “Pin-point” precision for bipolar ablation and coagulation during laryngeal and tracheal procedures
  - Reduced risk of airway fire compared to laser and traditional electrosurgical methods<sup>1,2,3</sup>
- Extended-length, ultra-slim Wand shaft
  - Increased surgical field visualization
  - Access to the anterior commissure of the larynx and trachea
- Integrated saline irrigation and suction capabilities
  - Optimum saline delivery to active electrode regardless of Wand orientation



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**CAUTION:** Federal (USA) law restricts this device to sale by or on the order of a physician.

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P/N 10320 Rev F

V. Vézicé