



# ReFlex Ultra™ PTR & 45

Coblation® Turbinate Reduction Wands

Two surgical wands are shown against a light blue background. The wand in the foreground is in sharp focus, showing its blue handle, a curved metal shaft with a red band, and a fine-tipped electrode. A second wand is visible in the background, slightly out of focus.

**Designed to Create:**

- *Immediate tissue removal*
- *Continued postoperative contraction*
- *Efficient and quick procedures*

# ReFlex Ultra PTR

## Turbinate Reduction Wand

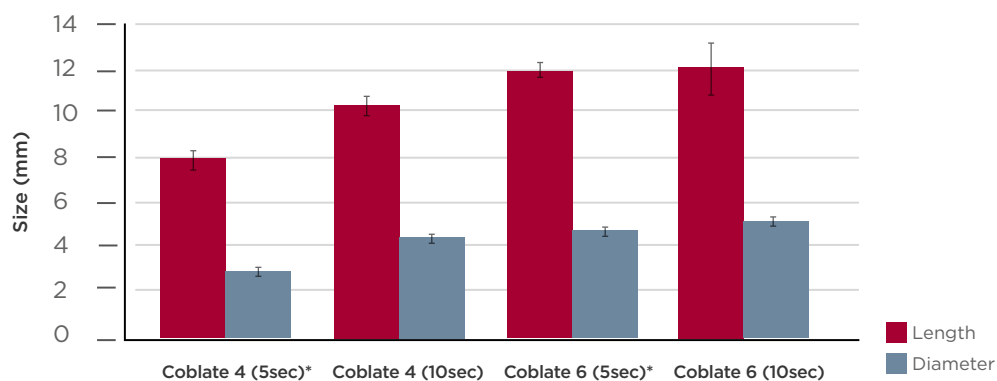
With its sleek profile and integrated visual markers, the ReFlex Ultra PTR makes turbinate reduction fast and efficient. Coblation treatment for hypertrophic turbinates results in immediate removal of central turbinate tissue and continued postoperative contraction<sup>1</sup> of additional tissue for best-in-class results.



### Key Features:

- Shorter, smaller diameter provides easy access and reduces visual obstruction
- Two orange depth markers for improved visibility

## ReFlex Ultra PTR Coblation Wand Lesion Data<sup>2</sup>



\*NOTE: 10 seconds is the recommended activation duration.

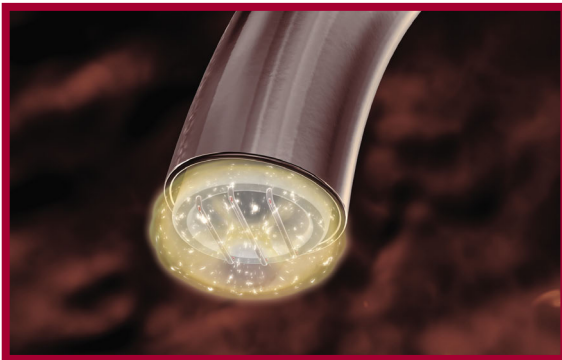
## Coblation Technology

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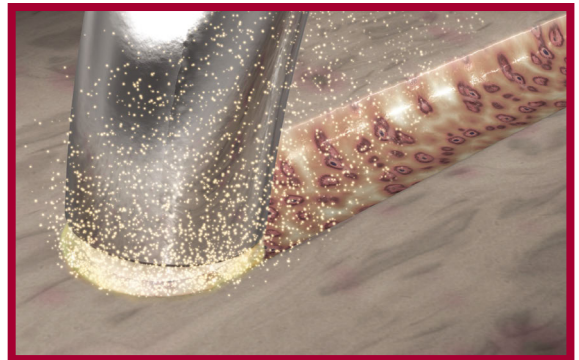
Coblation technology was designed and patented by ArthroCare. The term Coblation means “controlled ablation.” To date, over 6 million procedures have been successfully performed utilising ArthroCare Coblation technology to ablate and coagulate tissue.

Coblation involves the creation and application of a high-energy field called “glow discharge plasma.” This plasma ablates tissue through a chemical process as highly energised particles in the plasma break down molecules in the tissue. Coblation technology provides two distinct advantages to the surgeon:

- Coblation operates at lower temperatures than other RF based technologies
- The 100µm - 200µm plasma field (about the size of a human hair) allows for precise removal of soft tissue with minimal thermal damage to untargeted tissue



Plasma field formation

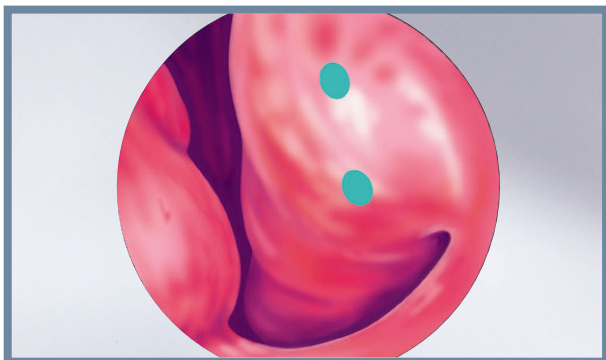
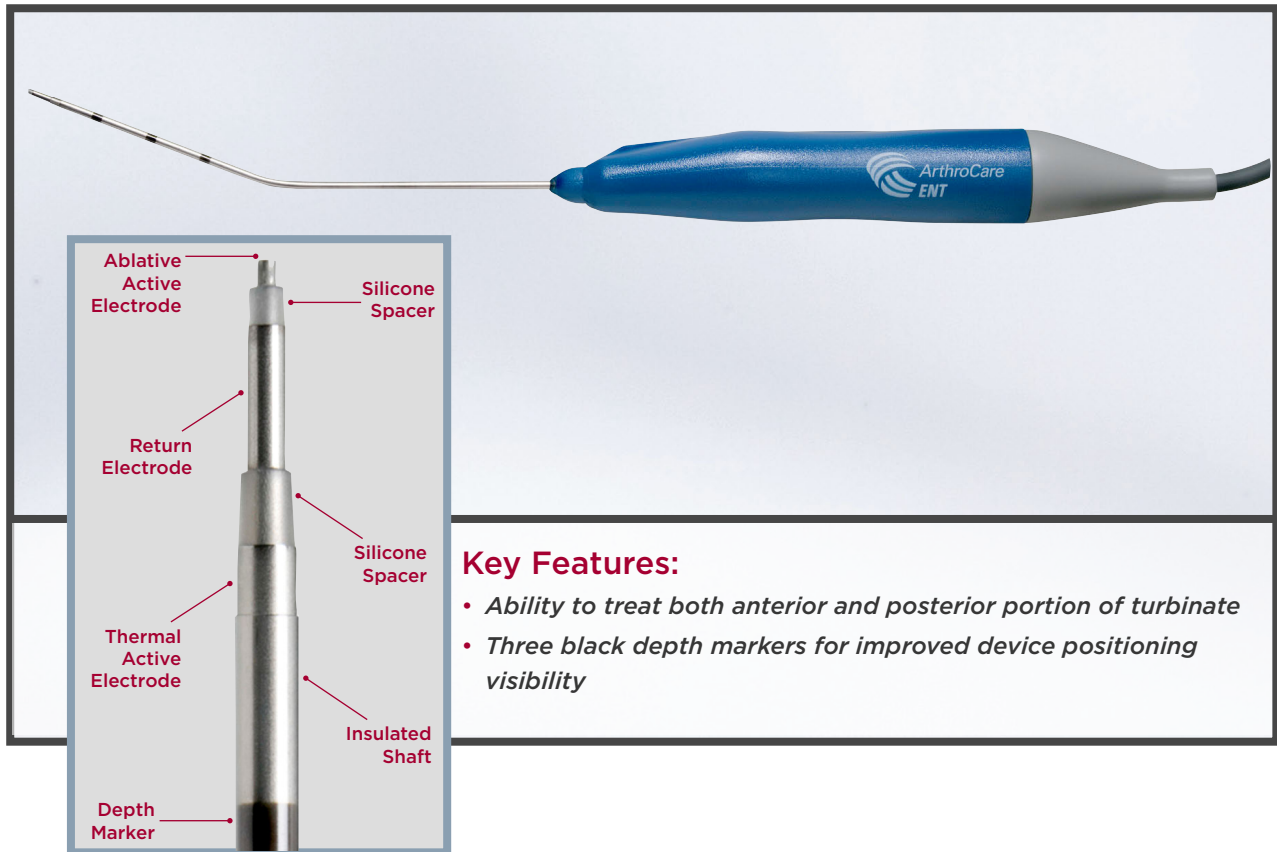


Coblation on soft tissue

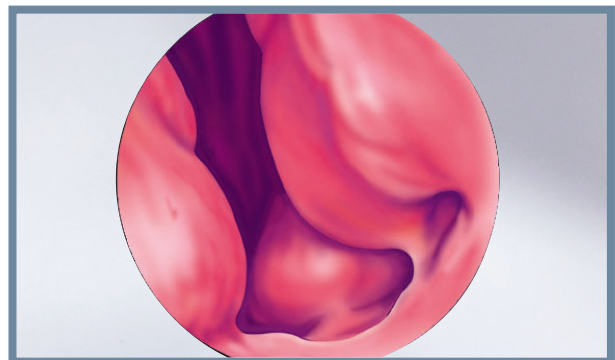
# ReFlex Ultra 45

## Turbinate Reduction Wand

With a slightly longer shaft length and integrated markers, the ReFlex Ultra 45 is suited for the reduction of larger turbinates.



Green dots indicate Wand entry points



Tissue removal leads to immediate opening of the nasal airway

# Coblation-Channeling with ReFlex Ultra 45 Coblation Wand

## Preparation, Step A

Before the procedure begins, administer local or general anesthesia according to institution guidelines and based on surgeon preference.

## Preparation, Step B

Before each insertion to the turbinate, place Wand tip in saline gel or other conductive media to ensure initial formation of the plasma field.

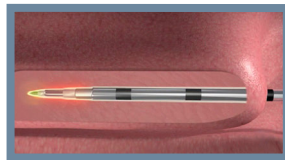
**Technical Tip:** You may inject the turbinate with 2-4cc of 1% Lidocaine with or without epinephrine in order to balloon the turbinate.

## Surgical Procedure



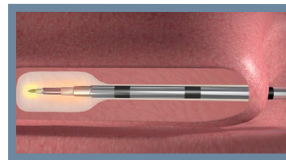
**Step 1**

Activate the Wand using the ablate pedal and enter the tip submucosally into the turbinate. Once inserted, take your foot off the pedal.



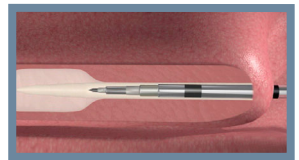
**Step 2**

Advance the inactivated Wand submucosally to the most proximal (closest to the handle) marker.



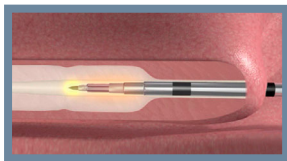
**Step 3**

Press the ablate pedal while holding the Wand in place and keep the Wand activated for 10 seconds to create the first lesion.



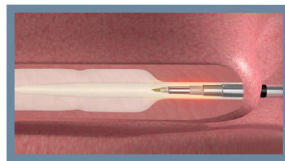
**Step 4**

Withdraw the inactivated Wand to the medial visualisation marker.



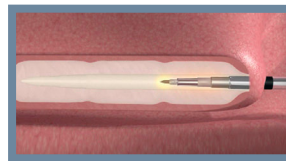
**Step 5**

Press the ablate pedal and activate the Wand for 10 seconds to create the second lesion.



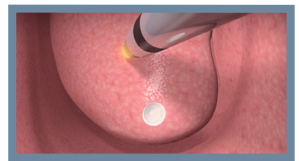
**Step 6**

Withdraw the inactivated Wand to the most distal (closest to the Wand tip) visualisation marker.



**Step 7**

Press the ablate pedal and activate the Wand for 10 seconds to create a third lesion.



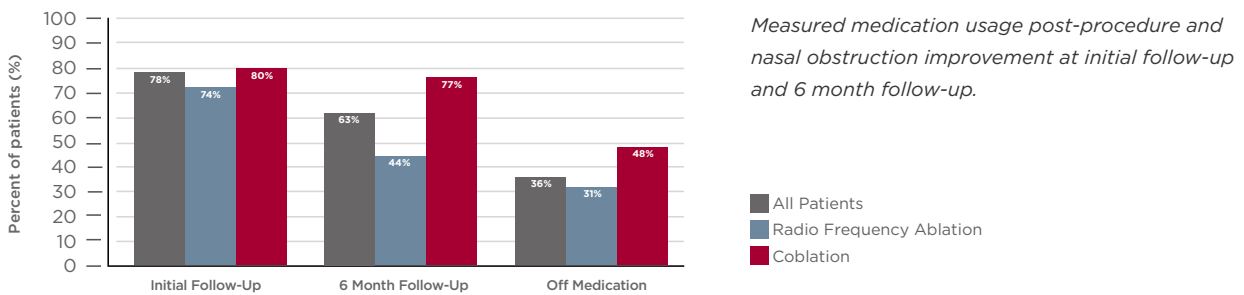
**Step 8**

Carefully remove the inactivated Wand. This process may be repeated to create multiple channels to decrease size of turbinate.

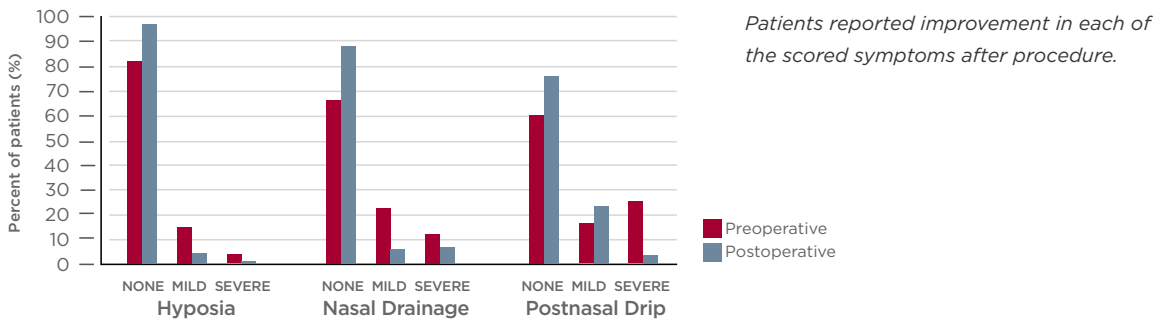
# Proven Results

Minimally invasive hypertrophic turbinate procedure can be efficiently performed in the operating room or in office settings.

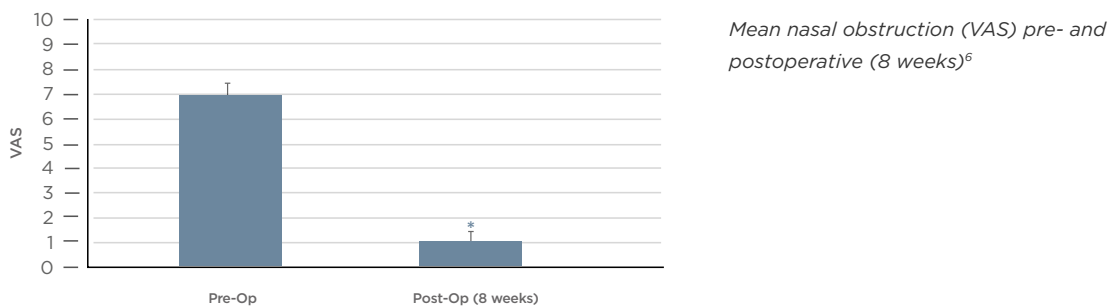
## Coblation Treatment Outcomes Compared to Other Radiofrequency Techniques<sup>3</sup>



## Pre and Postoperative Symptoms Using Coblation at 8-week Follow-Up<sup>4</sup>



## Visual Analogue Scale<sup>5</sup>



## Coblation-Channeling™ with ReFlex Ultra PTR Coblation Wand

### Preparation, Step A

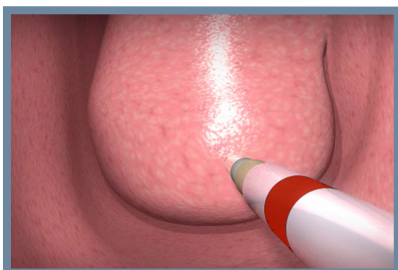
Before the procedure begins, administer local or general anesthesia according to institution guidelines and based on surgeon preference.

### Preparation, Step B

Before each insertion into the turbinate, place Wand tip in saline gel or other conductive media to ensure initial formation of the plasma field.

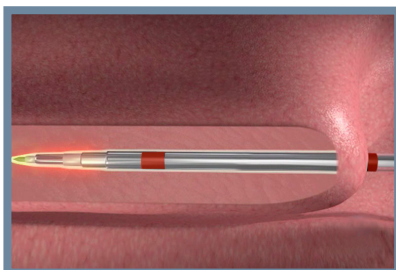
*Technical Tip:* You may inject the turbinate with 2-4cc of 1% Lidocaine with or without epinephrine in order to balloon the turbinate.

### Surgical Procedure



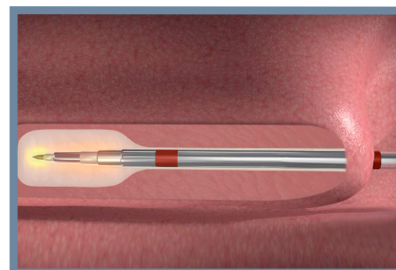
#### Step 1

Press the ablate pedal while advancing the Wand tip submucosally into the inferior turbinate. Once inserted, remove your foot from the ablate pedal.



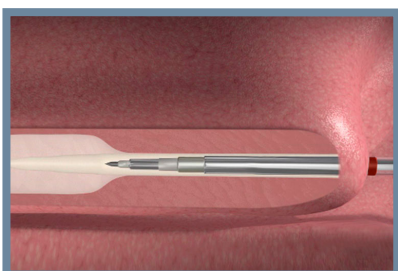
#### Step 2

Advance the inactivated Wand submucosally to the most proximal (closest to the handle) marker.



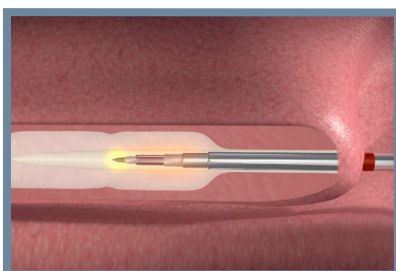
#### Step 3

Press the ablate pedal while holding the Wand in place and keep the Wand activated for 10 seconds to create the first lesion.



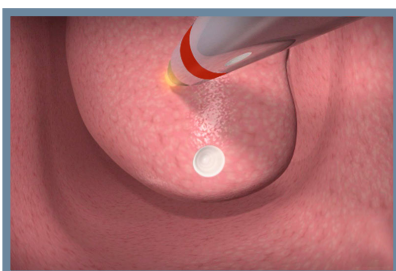
#### Step 4

Withdraw the inactivated Wand to the distal (closest to the Wand tip) visualisation marker.



#### Step 5

Press the ablate pedal and activate the Wand for 10 seconds to create a second lesion.



#### Step 6

Carefully remove the inactivated Wand. This process may be repeated to create multiple channels to decrease size of turbinate.

## Ordering Information

Part Number	Description
EIC4835-01	ReFlex Ultra PTR
EIC4845-01	ReFlex Ultra 45
EC8001-01	Coblator™ II Controller

To order and for more information, please contact your ArthroCare ENT representative

- 1 Leif J.J. Bäck, MD, et. al., "Submucosal Bipolar Radiofrequency Thermal Ablation of Inferior Turbinates: A Long-Term Follow-up With Subjective and Objective Assessment," *The Laryngoscope*, The American Laryngological, Rhinological and Otolological Society, Inc., Lippincott Williams & Wilkins, Inc., Philadelphia, 2002
- 2 Reference P/N 19123 Turbinate Wand Thermal Penetration Bench Top Study Report: Figures 2, 6, 9, 12
- 3 University of Split, Split University Hospital Center, Department of ENT, Head and Neck Surgery, Split, Croatia, 2009, Seattle, Washington
- 4 Department of Pediatric Otolaryngology, Nationwide Children's Hospital, Columbus, OH, 2009, Seattle, Washington
- 5 University of Split, School of Medicine, Department of Neuroscience Methodology, Split, Croatia, 2009, Seattle, Washington
- 6 Significant difference compared to pre-op ( $p < 0.001$ )

## We have a different perspective.

We don't see the status quo; we see opportunities to improve.

We don't see routine procedures; we see opportunities for better outcomes.

ArthroCare looks at the big picture.

We see the connections between our patients, our physicians, and our solutions.

We always look for new ways to advance the standard of care.

## Warranty Information

This product is guaranteed for materials, function, and workmanship for single patient use only.

DO NOT REUSE. This warranty is in lieu of all other warranties, express, implied, and/or statutory.



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