



Coblation surgery a hit with parents, kids

REMOVAL OF ANXIETY

New tonsillectomy procedure hurts less, heals faster in outpatient format

BY LAURA KASTE & KRISTA B. LEDBETTER

In years past, having tonsils removed was a painful but common rite of passage for many children – one that often included an overnight stay in the hospital and a lengthy recovery, but the promise of lots of free ice cream.

Today's tonsillectomy patients, however, have more to look forward to than frozen snacks. A new tonsillectomy procedure being practiced in the Fox Valley hurts less and heals faster than the traditional surgery.

The procedure is called coblation and is offered by the Ear, Nose and Throat Specialists of Wisconsin. Dr. Christopher Keller and his partners at the Westhaven

Drive offices in Oshkosh have been using this procedure for about a year with excellent results.

"It's an improved variation of the old way," Keller says, in which an electrical cauterizer was used. The new coblation procedure, which uses plasma to cut, bleeds less than the previous method, he says. There is also less damage to the surrounding tissue. "The cut is smooth and heals much more quickly. This does it with a lower temperature and reduces the risk of injury. The patient recovers more quickly and is back on a regular diet more quickly."

The coblation procedure takes about 20 minutes and is done as an outpatient surgery, so young children aren't forced to spend a scary night in an unfamiliar hospital. Instead, they can recover in the comfort of their own homes.

"There are two major reasons to remove the tonsils. One, they are too large, which you mostly see in younger children between ages 2 and 11. They have trouble breathing. And the other reason is if they have chronic or recurrent tonsillitis."

Madison Hanson of Menasha had more problems than uncomfortably swollen tonsils. The 6-year-old girl also suffered from sleep apnea and would actually stop breathing during the night, says her mom Heather Cooper.



So Madison went in to Theda Clark in March to have her tonsils out via coblation. Cooper was very impressed with the new procedure, especially since Madison's older sister Alexis had her tonsils out in March of 2001 using the old cutting procedure.

"The biggest difference was in healing time," says the girls' mother. "With my oldest (Alexis), it was a good two weeks before she slept through the night and was eating solid foods again. With my

Dr. Christopher Keller performs a tonsillectomy surgery on 3-year-old Samantha Feutz with coblation at Mercy Medical Center in Oshkosh. The blue tool, "coblation wand," in Dr. Keller's right hand is used to cut tissue and coagulate blood vessels. At left, Samantha follows the medical staff to the surgery room. Photos/Shu-Ling Zhou





middle daughter (Madison), she slept through the night that first night and was eating soft foods about three days later."

Three-year-old Samantha Feutz also had a tonsillectomy this year. She was finally diagnosed with tonsillitis after several misdiagnoses, says her mother Barb Byczynski of Oshkosh.

"I've taken her to the doctor before, and they've always done strep tests. But they were always negative," Byczynski says.

When Samantha was taken to Dr. Keller's office, he and Byczynski decided to remove her tonsils using the coblation procedure. Samantha's entire surgery – including time in the recovery room – took just one hour, her mom says.

Samantha was a little scared when she came out of surgery but was fine soon after. "She was pretty much fine the rest of the day," Byczynski says. "She ate Popsicles that day."

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arise that extend hospital stays.

▼ If children are up to it, they should take advantage of the activities the hospital offers, such as making crafts or socializing with other patients their age. It sometimes helps to know that other kids are going through what they are going through.

▼ Doctors have a tendency to state the "worse-case scenarios" when discussing your child's illness. Try to step out of the room and chat in private with the doctor. While your child may appear not be listening, they are soaking everything in and some things they hear are very scary. It's better to present things to your child in a way that you know they can handle.

▼ If the doctor is dictating the course of treatment, they should speak directly to the child, if he or she is old enough. Some doctors have a tendency to speak about young patients as if they aren't in the room or are invisible.

▼ Get your rest. When your child is sleeping, you should be resting as well. Problems seem to crop up at night, and the first person your child will call for is you. You need to keep your energy up.

▼ If at all possible, one parent should try to stay with the child at all times. UW-Children's Hospital sets up cots for parents to sleep in the room with their children.

▼ Bring activities from home to entertain your child, from books to CDs to DVDs. The days can be very long when lying around a hospital room.

▼ Keep a journal. This is so important, especially if your child has a serious illness. Record notes from the doctors, diagnoses, what medication your child is taking, etc. This is especially helpful if your child has several doctors, so that everyone is on the same page.

Amanda Lauer of Appleton is a freelance writer.

HOSPITAL STAYS: LESSONS LEARNED

BY AMANDA LAUER

My four children have been notoriously healthy through their growing-up years. When our youngest child was stricken with a serious illness last year at the age of 12, we had to learn how to adjust to hospital life. Two extended stays at UW-Children's Hospital in Madison taught us a few things.

▼ Make sure your child brings along something comforting from home, such as a blanket or stuffed animal. Everything Elizabeth went through, "Puppy-bear" went through as well, including going into surgery and coming out wearing a surgical cap and bandages.

▼ Pack your bags for twice as long as you think you'll be at the hospital. Complications sometimes

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