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Local Physicians Announce New Tonsillectomy Procedure

New, Gentler Surgical Technique Reduces Pain and Recovery Time for Patients

Oshkosh, Wisconsin (June 13, 2005) – Having your tonsils taken out used to mean eating popsicles and drinking clear liquids for a week or more. From the 1940's through the 1960's, tonsillectomies were almost a routine course of treatment for children since doctors had only a few antibiotics to treat common throat infections. When the antibiotics quit working, the decision was made to remove the tonsils.

However, in the 1980's due to an increase in the number of antibiotics, tonsillectomies were not deemed necessary. Standard tonsillectomies have improved over the years and typically are performed as day surgery unless the child is under three years of age. Conventional methods use a scalpel to cut tonsil tissue causing heavy bleeding or electrocautery causing burning of the tissues and severe pain. Following surgery, the patient often experiences a very sore throat and recuperation period. Bleeding is the biggest complication usually occurring a week after surgery when some fragile blood vessels that are beginning to heal break open.

Each year about 600,000 tonsillectomies are performed on children in the United States. Tonsillectomy is the single most common major surgical procedure done in children, usually because of chronic inflammation of the tonsils that interfere with a child's breathing or sleep. The tonsils are two oval-shaped masses of lymphatic tissue at the back of the throat. Their location is a key pathway for germs to enter the body, and researchers believe that they function to sample bacteria and viruses and filter out the ones that could cause harm. However, this can also lead to infection. Antibiotics can be used to help fight infection, but surgery may also be recommended. Common symptoms of infection

include sore throat, swollen or reddened tonsils, discomfort or pain when swallowing, fever or bad breath.

Enlarged tonsils can cause breathing and sleeping problems in children. At the present time, ear, nose and throat physicians are performing more tonsillectomies to aggressively treat these problems since very often tonsils partially block the airway and removing them can eliminate the obstruction. This will correct snoring and sleep apnea in children.

Ear, Nose and Throat Specialists of Wisconsin use Coblation exclusively on their tonsillectomy and adenoidectomy patients at Theda Clark Medical Center, Aurora Medical Center, Mercy Medical Center, Berlin Memorial Hospital and Ripon Medical Center. Called Coblation (stands for “controlled ablation”), the new procedure is designed to protect surrounding healthy tissue from damage. Dr. Christopher Keller stated, “Instead of using a hot electrical wand to burn away tonsil tissue, the new method surrounds the tonsil area with a salt-water solution, allowing removal of the tissue at a much lower temperature. The tissue that is left behind is perfectly white and healthy-looking, not black and charred.”

Coblation tonsillectomy uses bipolar radiofrequency energy to rapidly remove tissue with minimal thermal collateral damage. The radiofrequency energy is applied to a conductive medium of saline solution over the tissue. This causes a plasma field composed of highly ionized particles to form around the electrodes. The ionized particles have enough energy to cause molecular dissociation of the tissue. The surgeon places the tip of a Coblation wand against the infected tonsil while the energy at the tip dissolves, removes and disintegrates the tissue. The wand’s about the diameter of a pen refill and is attached by a cord to a desktop generator.

The traditional electrocautery method involves electrically generated heat as high as 1,100 degrees that burns through the tonsils’ connections to the inside of the mouth. This can result in significant collateral damage and deep thermal penetration. In sharp contrast, Coblation breaks molecular bonds and dissolves soft-tissue connections at relatively cool temperatures below 158 degrees. With Coblation, the tonsils and adenoids are quickly removed with very little blood loss and much less pain.

According to Dr. Keller, “Since the FDA approved Coblation technology almost three years ago, some physicians have raved about its benefits. All three physicians in our group are convinced that Coblation tonsillectomy is better for the patient. Any way the tonsils come out will cause pain but Coblation offers the least discomfort for the patient.” Currently, the group is using ArthroCare’s new EVac® 70 Xtra Plasma Wand™ which can be used for adenoidectomy as well as tonsil dissection.

“The Coblation procedure takes approximately one half hour. Following surgery, the patient is observed in the recovery room for another two hours and can generally go home after that. Typically antibiotics are prescribed for a few days along with a pain medication to relieve the patient’s discomfort and prevent infection,” said Dr. Keller.

Two studies were presented last fall by the American Academy of Otolaryngology involving the Coblation method. In one study of 80 children (average age 6 years), half were operated on using Coblation and the other half were treated with the electrocautery method. The children treated with coblation had 4.15 days of pain compared with 5.9 days of pain with electrocautery. Children were also able to resume a regular diet a day earlier with Coblation with 5.2 days versus 6.2 days for electrocautery.

The second study involved 101 children with sleep apnea, aged two to 16. It also showed that children treated with Coblation had less pain than those treated with the electrocautery method. After one to two days and using a pain scale of between one and 10, the children who had the Coblation procedure had an average pain score of 2.5 compared with a score of 4.6 for those treated with electrocautery. The Food and Drug Administration approved Coblation for tonsillectomies and adenoidectomies in August 2001. Since the first one was done in 2000, more than 50,000 have been done worldwide.

Recovery after Coblation tonsillectomy generally takes about 2 days, compared with about a week for the traditional procedure, according to a study by the device's manufacturer, ArthroCare Corp. of Sunnyvale, California. Popsicles and ice cream are regarded as traditional post-tonsillectomy foods; however, parents have reported that children whose tonsils were removed with Coblation are ready for solid food within three days after surgery.

"The results speak for themselves. Coblation is a win-win situation for patients and a big improvement over the previous method. We've noticed kids are back to school faster, adults are back to work more quickly and overall less pain medication is needed," explained Dr. Keller.

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