Anesthesia and Medication

To counteract the gag reflex, the application of topical anesthetic, e.g. 10% lidocaine spray, to the soft palate and the back of the throat is recommended. Apply local anesthesia by injecting 0.5 to 1 ml of 2% lidocaine solution with adrenaline at five points below the border between the hard and soft palate (see Fig. 1).

For postoperative pain treatment use diclofenac or ibuprofen. In case of long-term analgesic intake, administration of a stomach protection drug, e.g. pantozol, is advisable.

Treatment of the soft palate

The soft palate is punctured at five points at regular distances around the midline of the soft palate (see Fig. 2). When placing the applicator, avoid insertion down into the uvula.

<table>
<thead>
<tr>
<th>Power Control Unit</th>
<th>CelonLab ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFITT Applicator</td>
<td>CelonProSleep plus</td>
</tr>
<tr>
<td>Recommended Power Setting</td>
<td>12W</td>
</tr>
</tbody>
</table>

Insert the applicator into the musculature until the applicator’s insulation tube is touching the tissue. The tip of the applicator should be located as precisely as possible to the middle of the tissue to avoid anterior and posterior lesions on the surface of the palate.

Once the applicator has been positioned, activate the power supply by pressing the footswitch. The status of coagulation is monitored via the acoustic signal. An increasing pitch of the signal indicates the progress of coagulation and the increasing tissue impedance. A high-pitched intermittent signal indicates the completion of the coagulation process.

Therapeutic effect

Volume reduction accompanied by a tightening of the palatine tissue is apparent within the next four to six weeks as a result of the body’s resorption process and the formation of scar tissue.

Notes

Should the mucous membrane pale towards white during the application, the power output must be discontinued immediately and the applicator must be repositioned. Otherwise, mucosal necrosis may occur. **A reduction of the power setting leads to an increase in the coagulation volume!**

In case of a very thin soft palate, a slightly higher power setting may be helpful for smaller lesions. Clinical experience indicates that an additional treatment session of the soft palate is usually necessary to achieve an optimal result. The follow-on intervention should only be conducted after a period of at least six weeks.
Treatment of the uvula

Especially in patients with pronounced webbing (excess mucous membrane between anterior and posterior palatine arch) or significant hyperplasia of the uvula, a reduction of the uvula and the mucous membrane of the soft palate may also be indicated. This treatment can be carried out during the same session.

![Fig. 3: Positioning of forceps and cutting electrode](image1)
![Fig. 4: Resection scheme](image2)

Hold the uvula with the forceps (see Fig. 3) which also serves as a return electrode. Press the footswitch to activate the power supply. The resection of excess mucous membrane in the soft palate is performed in the shape of a triangle on both sides of the uvula while making sure not to damage the muscle. Then, the resection of the uvula tip is carried out. The uvula musculature is left in place as far as possible (see Fig. 4).

**Therapeutic effect**

The healing process that is apparent in the next weeks leads to a further shortening of the uvula.

**Notes**

Make sure to proceed in the correct order:

1. Take hold of the uvula with the forceps
2. Activate the footswitch
3. Apply the cutting electrode to the tissue

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**Power Control Unit**

<table>
<thead>
<tr>
<th>Power Control Unit</th>
<th>CelonLab ENT with CelonProCut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting Electrode</td>
<td>CelonProCut Electrode Type 1</td>
</tr>
<tr>
<td>Recommended Power Setting</td>
<td>20W</td>
</tr>
</tbody>
</table>

Disclaimer: This application guide does not replace user instructions of the instruments and drugs referred to. User instructions are mandatory and have to be followed stringently. It is in the responsibility of the user to perform applications that have been derived from the information presented here. Prior to any application, it is necessary to arrive at a proper diagnosis of the sleep-related breathing disorder in order to rule out other conditions such as obstructive sleep apnea.