

TREAT SMART

Procedure-Oriented Solution for Optimal Patient Outcome



TREAT SMART – THE CELON METHOD

The CELON system is a procedure-oriented, safe, and efficient solution for ENT specialists. Thanks to the innovative and minimally invasive CELON method a variety of indications can be gently treated.

The CELON Method – Minimally Invasive, Gentle, and User-Friendly

The CELON method is a bipolar radiofrequency-induced thermotherapy (RFITT) which allows minimally invasive and impedance-controlled tissue ablation. This method is also a particularly gentle, quick, and highly efficient treatment that requires only a short training session. A hospital stay is generally not required, and the patient can return to normal activities soon after the procedure. This innovative method has been successfully used for over ten years in many ENT practices and clinics worldwide.

CELON Method – The Proven Benefits

Benefits for the ENT Specialist 1, 5, 6, 7	Benefits for the Patient 4, 9, 11
· Efficient and economical outpatient treatment completed in a short period of time · Defined, reproducible results · Controlled treatment avoids overdose effects · Low risk of complications	· No hospital stay needed – outpatient treatment, usually under a local anesthetic (for most procedures) · Protection of organ surfaces (mucosa, ciliated epithelium) · Minimal or even no pain during and after the procedure · Minimized restrictions on your normal activities in the days following the procedure

“ Probes are a particular feature in radiofrequency surgery. Olympus is at the forefront when it comes to the handling and functionality of interstitial probes. The very sharp and extremely thin, semiflexible CelonProBreath probes are ideal for procedures on the nasal turbinate under local anesthetic. The ProBreath probe only requires a single puncture, and offers maximum comfort. (May 2016) ”

PD Dr. Klaus Stelter
HNO Zentrum Mangfall-Inn



Please see the references on the back page.

Olympus Supports ENT Specialists with a Comprehensive After-Sales Service

- Initial training for ENT specialists and their medical teams
- Learning opportunities at reference centers all over Europe
- Training videos and procedure guides to prepare specialists and ensure better clinical outcomes
- Patient marketing online and for the waiting room to create awareness
- International and national workshops

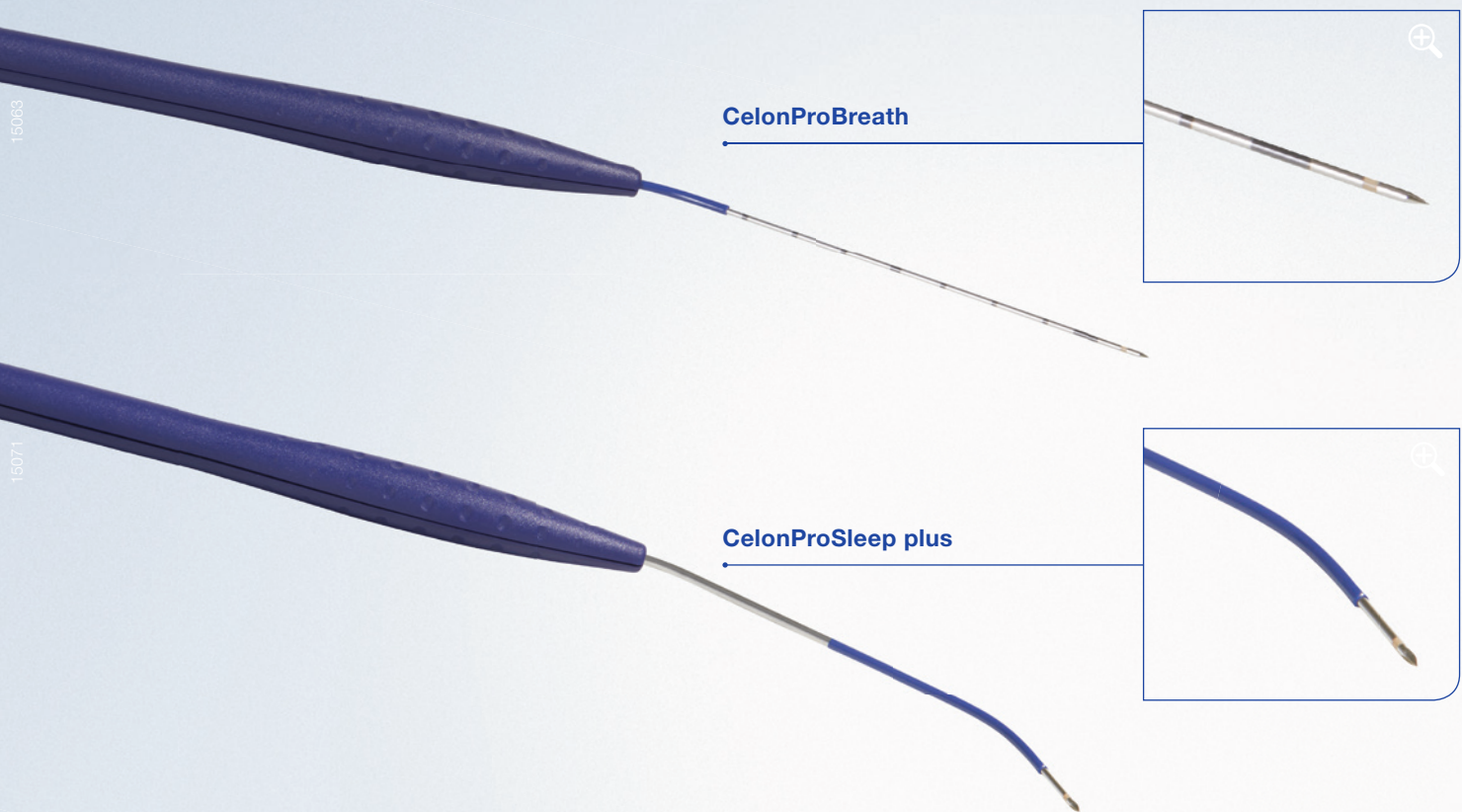
More information about CELON: www.olympus.eu/celon



THE CELON SYSTEM

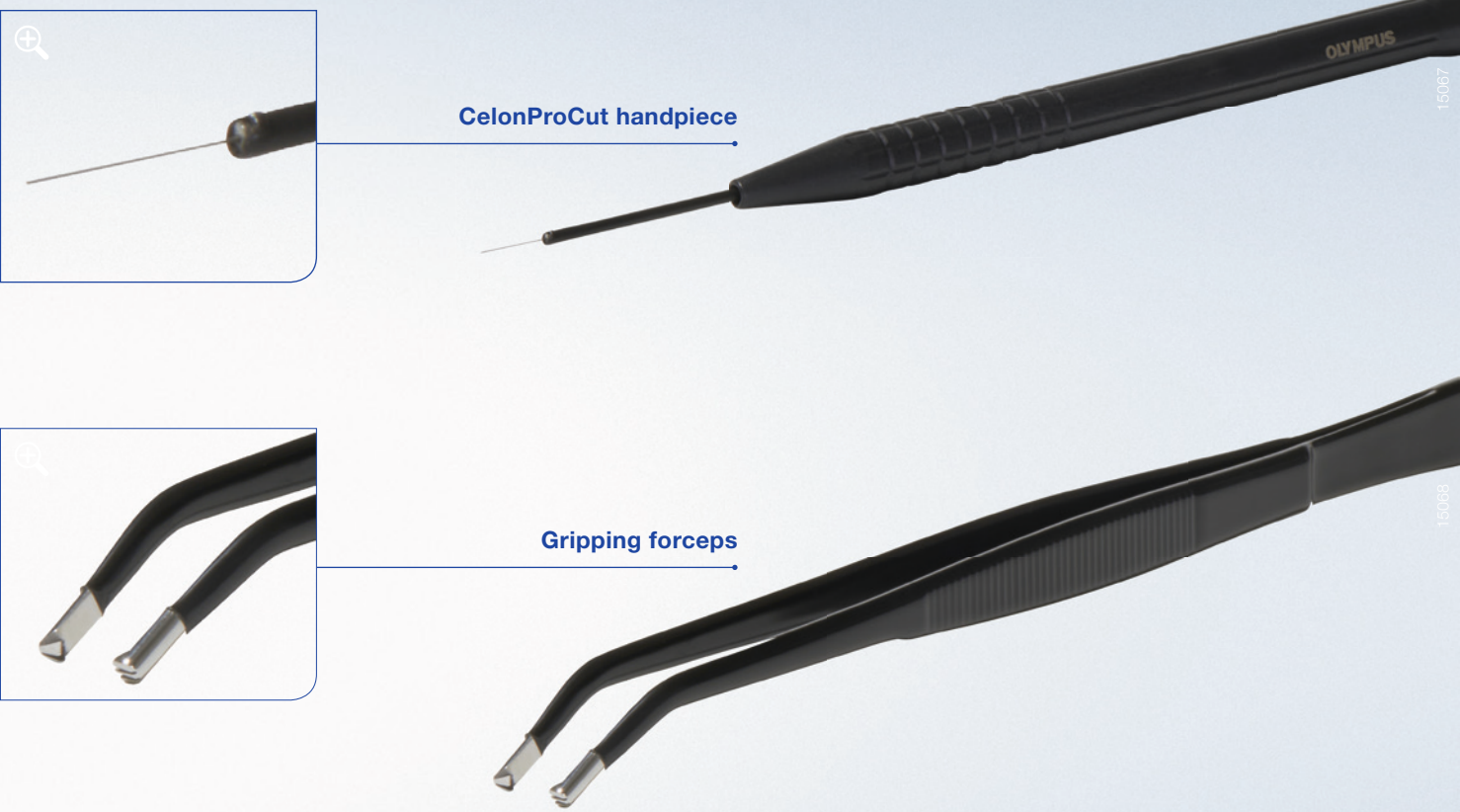
CELON RFITT Applicators – Gentle, Bipolar Tissue Ablation

Combined with the intelligent power control unit, CELON ELITE, the bipolar CELON RFITT applicators can be used for minimally invasive impedance-controlled tissue ablation when treating turbinate and tonsil hypertrophy, snoring, and mild sleep apnea.



CelonProCut Accessories – Monopolar Cutting with the Advantages of Bipolar Technology

The ProCut functionality enables monopolar cutting with the advantages of bipolar technology. The tissue to be removed is held with the forceps, which also serve as a return electrode. Thereby the fine-cutting electrode ensures fast and precise cutting. The current remains confined to the tissue area undergoing treatment; a neutral electrode is not required.



CELON ELITE Power Control Unit - RFITT and Standard Electrosurgical Procedures

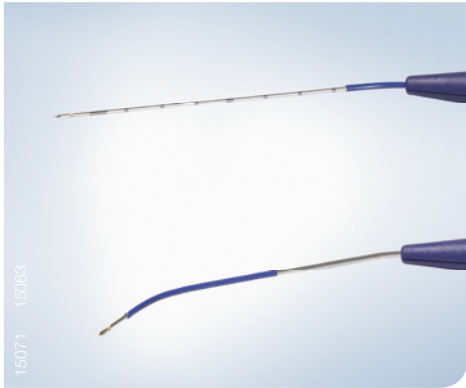
CELON ELITE is a radiofrequency based power control unit that incorporates multiple functions into a single device. The intelligent tissue monitoring allows precise and safe tissue ablation for a variety of ENT indications. It can also be used to perform standard electrosurgery in the ENT office or operating room. The settings can be personalized which simplifies the everyday work routine for the ENT specialist and medical staff.

More information about CELON products: www.olympus.eu/celon

SMART BENEFITS

Smart Instrument Design for Ergonomic Treatment

- Bipolar Design**
- Precise treatment, current only flows between poles of applicator tip
 - Special hardened tip enables easier mucosal entry (into dedicated tissue)
- CelonProBreath**
- Special design allows submucosal treatment till posterior end of the turbinate
 - Markings on the shaft can be used as positioning gauge
- CelonProSleep plus**
- Curved applicator makes the soft palate, palatine tonsils, and tongue base easy to reach
 - Blue insulation tube indicates depth of insertion



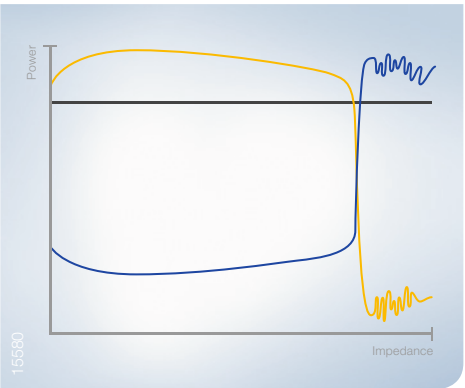
Smart Mode Selection for Procedure-Oriented Treatment

- Special RFITT Modes**
- Dedicated impedance-controlled modes for ENT procedures
 - To be used in combination with ergonomic CELON applicators
- Dedicated Cutting Modes**
- To be used in combination with the ProCut accessories
- Full Range of Monopolar and Bipolar Standard Modes**
- For standard procedures in the ENT office or operating room



Smart Tissue Monitoring for Safe and Efficient Procedures

- Impedance Feedback and Autostop in RFITT Procedures**
- Audible and visible impedance feedback ensures full control
 - Automatic stop of energy supply when impedance threshold of tissue is reached – no overdose effects
- Autostart**
- Automatic coagulation when bipolar forceps touch the tissue
 - No foot-switch activation required
- Fast Spark Monitor**
- Monopolar cutting with constant spark intensity in various tissues
 - More safety and control during the procedure



Smart User Interface Saves Personalized Settings and Time

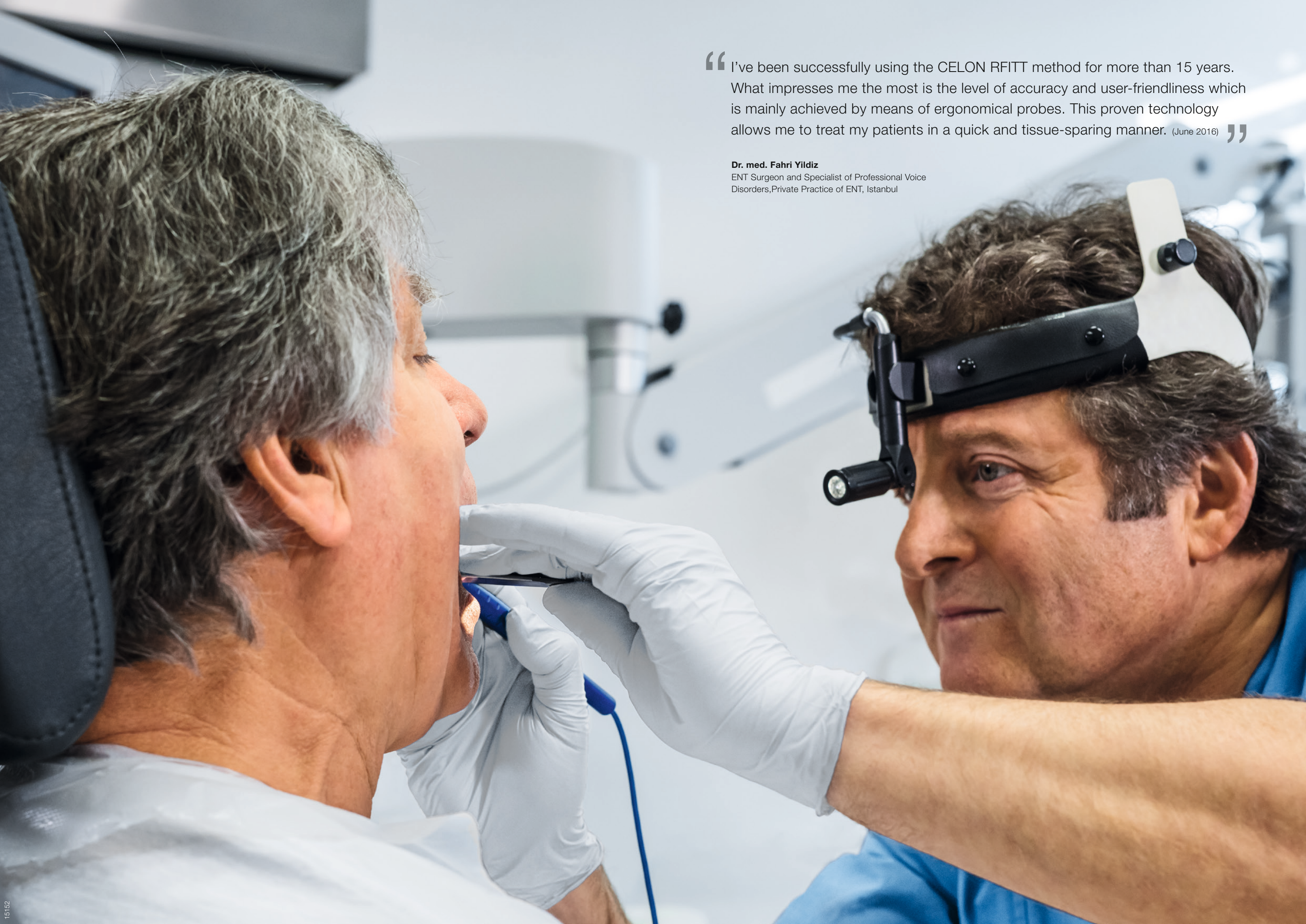
- User-Friendly Touch Screen**
- Intuitive and clear structured menu
- Quick Memory Function**
- Individual procedure settings can be stored
 - Quick recall of saved settings (plug and play)
- Treatment Analysis**
- Intensity and duration of delivered energy is displayed
 - Control and analyze option for every procedure



“An excellent innovation incorporating various functions in one device with the possibility of storing standard settings for the individual surgeon. It also allows objective documentation of duration and intensity of Radiofrequency energy delivered. (May 2016) ”

Mr. Bhik Kotecha M.Phil., FRCS
Consultant Otolaryngologist





“ I’ve been successfully using the CELON RFITT method for more than 15 years. What impresses me the most is the level of accuracy and user-friendliness which is mainly achieved by means of ergonomical probes. This proven technology allows me to treat my patients in a quick and tissue-sparing manner. (June 2016) ”

Dr. med. Fahri Yildiz
ENT Surgeon and Specialist of Professional Voice
Disorders, Private Practice of ENT, Istanbul

SMART AND PROVEN CELON PROCEDURES

The innovative CELON method is a minimally invasive, gentle, and user-friendly treatment option for a variety of ENT indications. The treated tissue and organ surfaces remain intact and the natural healing process is stimulated. Most procedures for adult patients can be performed on an outpatient basis under local anesthesia. The underlying radiofrequency technology of the CELON method has been used for over ten years, and its effectiveness, safety, and user-friendliness have been proven in a variety of studies.

More information about the CELON procedures: www.olympus.eu/celon

Volume Reduction of Hypertrophic Turbinates 6, 7, 11

Due to the design of the **CelonProBreath** applicator, submucosal thermal lesions are created along the entire length of the turbinate, keeping the ciliated epithelium and mucous membranes intact. A visible reduction in volume as a result of scarring and the body's resorption of the coagulated tissue can be expected after three weeks.



Treatment of Habitual Snoring 1, 2, 4, 8, 10, 13

Stiffening of Soft Palate

The bipolar RFITT **CelonProSleep plus** applicator is used to puncture the soft palate muscle at precise positions, and in so doing, coagulates its submucosal tissue. A tightening of the palatine tissue can be expected within approximately four weeks. As a result, the vibration of the soft palate is reduced, largely eliminating the main cause of habitual snoring. Usually, only one to two treatment sessions are needed.



Shortening of Uvula/Webbing

Additionally the **CelonProCut** accessories can be used efficiently to reduce the uvula and the soft palate mucous membrane in selective cases of habitual snoring. In this procedure the uvula is held by forceps, which also serve as a return electrode. The fine cutting electrode ensures fast and precise cutting. The palatine muscle remains largely intact, while the risk of tissue bleeding at the palatine arch and the enlarged uvula is low. As a result, the breathing passage is significantly expanded.



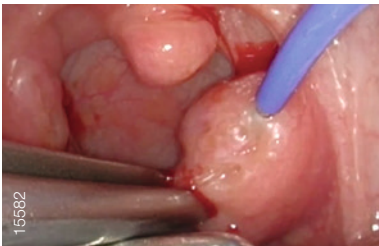
Volume Reduction of the Tongue Base 2, 3, 4, 10, 14

The bipolar RFITT **CelonProSleep plus** applicator is used to treat enlargement or slackening of the muscles of the tongue, leading to a volume reduction and stiffening. The tongue base will be stabilized and the respiratory tract is opened. The coagulation causes a local denaturation of the treated tissue area, leaving tissue and organ surfaces intact, which in turn leads to reduced postoperative pain and risk of infection. A visible reduction in volume accompanied by a tightening of the tissue can be expected within four to six weeks. Usually only two treatment sessions are needed.



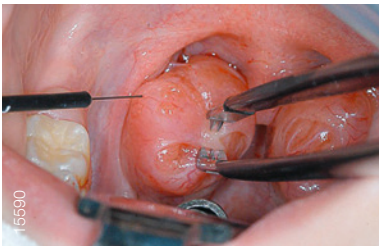
Volume Reduction of Hypertrophic Tonsils 9, 12

The bipolar RFITT **CelonProSleep plus** applicator is used to preserve the function of the palatine tonsils in cases of tonsil hyperplasia where complete removal of the tonsils is not necessary. The lymphatic tissue within the tonsils is precisely coagulated, involving only minimal risk of bleeding and minimal pain. Absorption of the coagulated tissue over the next three to four weeks leads to a volume reduction of up to 40 percent. The procedure can be repeated six weeks later if required.



Partial Removal of Hypertrophic Tonsils 9, 12

The bipolar **CelonProCut** system can be used to preserve the function of the palatine tonsils in cases of tonsil hypertrophy where an efficient and gentle partial removal of the tonsils is needed. The tonsils are grasped with forceps, which also serve as a return electrode. The incision with the cutting electrode ensures fast and precise cutting with only a minor risk of intraoperative bleeding. The current remains confined to the tissue area being treated; a neutral electrode is not required. Complete healing can be expected within approximately three weeks.



Beyond the Proven CELON Procedures

In addition standard electrosurgical procedures in ENT, for example, treatment of epistaxis, can be performed with the CELON ELITE power control unit. ENT specialists may be able to use compatible standard hand instruments that are already available in their office or hospital.

Ordering Information

Power Control Unit

Order Nr.	Description
WA90001A	CELON ELITE "Type E", Monopolar output socket for international/Erbe plugs, (incl. double-pedal foot switch)
WA90002A	CELON ELITE "Type B", Monopolar output socket for international/Bovie plugs, (incl. double-pedal foot switch)
WA95621A	Power cable, EU, 4.5 m w. angled plug, (Many European countries, Type E/F)
WA95622A	Power cable, US, 4.5 m w. angled plug, (USA, Canada, and other countries, Type B)
WA95623A	Power cable, UK, 4.5 m w. angled plug, (United Kingdom and other countries, Type G)
WB50402W	Double-pedal foot switch

RFITT Applicators

Order Nr.	Description
WB990007	CelonProBreath, (5pcs/box)
WB990008	CelonProSleep plus, (5pcs/box)

ProCut Accessories

Order Nr.	Description
WB990278	Celon Elite ProCut Handpiece
WB990202	CelonProCut Gripping Forceps
WB990177	CelonProCut Electrode, (5pcs/box)

Other

Order Nr.	Description
E0427213	Neutral electrode cable (reusable)

References

- Baisch A, Maurer JT, Härmann K, et al. Combined radiofrequency assisted uvulopalatoplasty in the treatment of snoring. Eur Arch Otorhinolaryngol. 2009 Jan;266(1):125-30.
- Balsevičius T, Uloza V, Vaitkus S, et al. Controlled trial of combined radiofrequency-assisted uvulopalatoplasty in the treatment of snoring and mild to moderate OSAS (pilot study). Sleep Breath. 2013 May;17(2):695-703.
- Civelek S, Cakir B, Emre I, et al. GlideScope video laryngoscope-assisted tongue base radiofrequency for the treatment of obstructive sleep apnea: pilot study. J Otolaryngol Head Neck Surg. 2010 Aug;39(4):329-34.
- Herder C, Kox D, van Tinteren H, et al. Bipolar radiofrequency induced thermotherapy of the tongue base: Its complications, acceptance and effectiveness under local anesthesia. Eur Arch Otorhinolaryngol. 2006 Nov;263(11):1031-40.
- Liukko T, Mäkitie AA, Markkola A, et al. Radiofrequency induced thermotherapy: an alternative palliative treatment modality in head and neck cancer. Eur Arch Otorhinolaryngol. 2006 Jun;263(6):532-6.
- O'Connor-Reina C, Garcia-Iriarte MT, Angel DG, et al. Radiofrequency volumetric tissue reduction for treatment of turbinate hypertrophy in children. Int J Pediatr Otorhinolaryngol. 2007 Apr;71(4):597-601.
- Oyake D, Ochi K, Takatsu M, et al. [Clinical effect of bipolar radiofrequency thermotherapy on allergic rhinitis]. Nihon Jibiinkoka Gakkai Kaiho. 2009 May;112(5):422-8.
- Olsewska E, Rutkowska J, Czajkowska A, et al. Selected surgical managements in snoring and obstructive sleep apnea patients. Med Sci Monit. 2012 Jan;18(1):CR13-18.
- Pfaar O, Spielhaupter M, Schirkowski A, et al. Treatment of hypertrophic palatine tonsils using bipolar radiofrequency-induced thermotherapy (RFITT). Acta Otolaryngol. 2007 Nov;127(11):1176-81.
- Plzak J, Zabrodsky M, Kastner J, et al. Combined bipolar radiofrequency surgery of the tongue base and uvulopalatopharyngoplasty for obstructive sleep apnea. Arch Med Sci. 2013 Dec 30;9(6):1097-101.
- Seeger J, Zenev E, Gundlach P, et al. Bipolar radiofrequency-induced thermotherapy of turbinate hypertrophy: pilot study and 20 months' follow-up. Laryngoscope. 2003 Jan;113(1):130-5.
- Stelter K, de la Chaux R, Patscheider M, et al. Double-blind, randomised, controlled study of post-operative pain in children undergoing radiofrequency tonsillectomy versus laser tonsillectomy. J Laryngol Otol. 2010 Aug;124(8):880-5.
- Tatla T, Sandhu G, Croft CB, et al. Celon radiofrequency thermo-ablative palatoplasty for snoring - a pilot study. J Laryngol Otol. 2003 Oct;117(10):801-6.
- van den Broek E, Richard W, van Tinteren H, et al. UPPP combined with radiofrequency thermotherapy of the tongue base for the treatment of obstructive sleep apnea syndrome. Eur Arch Otorhinolaryngol. 2008 Nov;265(11):1361-5.

Specifications, design, and accessories are subject to change without any notice or obligation on the part of the manufacturer.