

Model 2220 Two-Channel Handpiece

- ▲ Creates two lesions simultaneously
- ▲ Significantly reduces procedure time
- ▲ Straight handle provides easy access to the oral cavity
- ▲ Compatible with Somnoplasty two-channel control units
- ▲ 2220-2210-05 - Handpiece (5 per box)
720-1017 - Cable (1 per box)

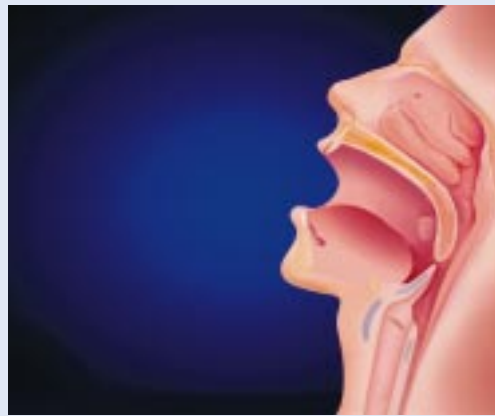


Model 1200 Single-Channel Handpiece

- ▲ Allows for independent lesion placement
- ▲ Comfortable pistol grip handle
- ▲ Compatible with all Somnoplasty control units
- ▲ 1200-2110-05 - Handpiece (5 per box)
720-1013 - Cable (1 per box)

The Somnoplasty System:

- ▲ Delivers temperature-controlled radiofrequency (TCRF) thermal energy to reduce and tighten tissue in the upper airway
- ▲ Thermocouples at the needle tip and insulation continuously monitor and control temperature, thereby preserving surface mucosa and reducing pain, bleeding, and other complications
- ▲ Procedures can be performed using local anesthesia in an outpatient or office setting
- ▲ Cleared to treat a variety of sleep and breathing disorders — including chronic turbinate hypertrophy, obstructive sleep apnea syndrome, upper airway resistance syndrome, and habitual snoring



TCRF is delivered submucosally into the tongue; tissue is gently heated to create coagulative lesions. The body naturally resorbs the lesion over a period of 4-8 weeks leading to tissue volume reduction and relief from obstructive sleep apnea symptoms.

Outpatient Procedure to Treat Obstructive Sleep Apnea Syndrome

Until now, patients with obstructive sleep apnea syndrome (OSAS) faced limited and unpleasant surgical and medical therapies. The Somnoplasty Treatment for OSAS/UARS is a minimally invasive outpatient procedure that reduces and tightens tissue responsible for obstructive sleep apnea, including the base of tongue, the most difficult to treat source of obstruction.

The Somnoplasty Treatment is a safe and effective treatment for patients with retroglossal obstruction and can also be used in conjunction with uvulopalatopharyngoplasty (UPPP) or uvulopalatal flap (UPF) for patients with multilevel obstruction.

- ▲ Among patients who had failed other surgical treatments, 65-75% improved and 33-45% were cured (based on RDI) after the Somnoplasty Treatment. ^(1, 2, 3)
- ▲ Combining the treatment with a UPPP as an initial operative approach improves success rates in patients with both retropalatal and retroglossal obstruction. ⁽⁴⁾
- ▲ Improvement in symptoms associated with OSAS are as good or better than improvements reported by CPAP patients. ⁽³⁾

References:

- 1 Powell NB, Riley RW, and Guilleminault C. Radiofrequency tongue base reduction in sleep-disordered breathing: A pilot study. *Otolaryngology, Head and Neck Surgery*, May 1999.
- 2 Stuck, BA, Mauer, JT, Hormann, K. Tongue base reduction with radiofrequency tissue ablation: Preliminary results after two treatment sessions. *Sleep Breathing* 2000;4(4): 155-62.
- 3 Woodson, BT, Huntley, TC, Mickelson, SA, Nelson, LM. A Multi-Institutional Study of Tongue Somnoplasty for OSA. *Otolaryngology-Head and Neck Surgery*. 123(2): P53-4.
- 4 Nelson, LM. Simultaneous Tongue Base Somnoplasty in Obstructive Sleep Apnea Surgery. *Otolaryngology-Head and Neck Surgery*. 123(2): P75.



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