Anesthesia and Medication:

An antibiotic prophylaxis was applied with 2 x 500 mg Cefuroxim per day for 5 days.

I suggest to perform the tongue base treatment under general anesthesia.

If requested by the patient, a post-operative pain reduction was performed with 2-3 tablets (50mg) Diclofenac per day.

Treatment:

For easy access and good visibility, I use either a mouth opener or a laryngoscope (as used for intubation). Disinfection of the tongue surface was performed using Hexetidine.

A power control unit of type CelonLab ENT was used in combination with an RF applicator of type CelonProSleep plus. A power setting of 7 W was chosen for the treatment of the tongue base.

The electrode was introduced into the tongue base at the marked positions (see Fig. 1) in the circumvallate papillae area until the insulation tube of the electrode shaft contacted the surface of the tongue base. The power was activated until the control unit acoustically indicated the end of energy application.

To get optimal results, 2 treatment sessions with 8 punctures each were performed (see Fig. 2). The time between two sessions was 6 weeks.