Putting control in your hands

Combining COBLATION technology with FLOW~IQ◊ technology to remove tissue with speed and precision[1,2*]

Smith+Nephew

WEREWOLF◊
COBLATION◊
System

Understanding the control

FLOW~IQ◊ Technology

- Automatically regulates saline outflow with COBLATION◊ energy to optimize performance across soft tissue types[1]
- The only platform to control energy output and outflow suction
- Enables VAC mode, designed to clear debris and improve visibility

FLOW 50◊ & FLOW 90◊ Wands

- In Vac mode FLOW 50 wand removes tissue approximately 4 times faster than our market leading 50 degree wand[2†]
- FLOW 90 wand triangular tip designed to enable tissue manipulation
- Five distinct operating modes address multiple tissue types and minimize instrument changes

COBLATION Technology

- The controlled plasma field produced by COBLATION allows for precise removal of soft tissue with minimal thermal damage (100-200 µm) evident in untargeted cartilage tissue [1‡]

SCOPE-SENSING Technology

- Proprietary circuits detect when a wand is in close proximity to metal and will automatically suspend energy delivery
- When a safe distance is achieved, COBLATION energy will automatically resume

AMBIENT◊ Technology

- Provides accurate, real-time temperature monitoring of the intra-articular fluid[3,4]

Key features

Coag is available for haemostasis

VAC mode is a unique feature that rinses the joint without changing instruments and removes loose debris

Hi mode is recommended for rapid bulk debridement of less dense, more oedematous tissue

Med mode is recommended for medium density tissue such as meniscus or healthy labrum

Lo mode is recommended for more dense tissue such as articular cartilage

Did you know?

COBLATION stands for controlled ablation

Faster + Better + Safe

COBLATION◊ technology is clinically proven to improve patient outcomes compared to mechanical debridement.[5-7§]

Faster patient recovery[5¶]

- Significantly less post-op knee pain at all follow-up points (6 hours to 1 year, p≤0.014)[5]
- 91% reduction in relative risk of taking NSAIDs for knee pain at 1 year[5]
- 24% faster return to work[5]

Better patient outcomes[5-7¶]

- 71% reduction in relative risk of revision surgery at 4 years[7]
- 88% reduction in relative risk of joint replacement surgery at 4 years[7]
- Significantly better KOOS and Tegner scores shown at 6 weeks, 1 year, 4 years and 10 years post-surgery, p<0.001[5-7]

Safe for use on multiple joint soft tissue[8-12]

- A study of 840 surgeries provided no evidence of chondrolysis following COBLATION treatment[9]

Designed for your control

Backed by 20 years of experience, legacy and innovation, WEREWOLF◊ technology continues the heritage of putting control in your hands.

Choose where you have the control; the wand, device touch-screen or foot pedal, the choice is yours.

Whichever one you decide, seamlessly choose from three COBLATION◊ technology modes designed for multiple joint tissue types to produce specific ablation speeds and tissue effects for your procedure.

Get more out of your wands, with these features now you don't need to keep large inventories of wands but simply adjust the controls.

Ordering information

WEREWOLF◊ System	
Reference #	Description
72290146	WEREWOLF+ COBLATION◊ System

Wands	
Reference #	Description
ASHA4830-01	AMBIENT◊ SUPER MULTIVAC 50 (IFS)
ASHA4250-01	AMBIENT SUPER TURBOVAC 90 (IFS)
ASHA2530-01	COVAC◊ 50
ASHA3730-01	COVAC 70
AC4340-01	COVATOR◊
72290037	FLOW 50◊
72290038	FLOW 90◊
72290004	HIPVAC◊

Wands	
Reference #	Description
ASCA5001-01	MEGAVAC◊
AC2340-01	SIDEWINDER◊ BLADE
ASC4251-01	STARVAC◊
ASC4830-01	SUPER MULTIVAC◊ 50
ASH4830-01	SUPER MULTIVAC 50 (IFS)
ASC4250-01	SUPER TURBOVAC◊ 90
ASH4250-01	SUPER TURBOVAC 90 (IFS)
ACH4041-01	TOPAZ◊ EZ
ACH4045-01	TOPAZ
72290042	WEREWOLF FASTSEAL 6.0 Hemostasis Wand

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Learn more at **smith-nephew.com**

ArthroCare Corporation
7000 West William
Cannon Drive
Austin, TX 78735

Sports Medicine
Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810

www.smith-nephew.com
T +978 749 1000
US Customer Service:
+1 800 343 5717

References

1. Amiel D, Ball ST, Tasto JP. Chondrocyte viability and metabolic activity after treatment of bovine articular cartilage with bipolar radiofrequency: an in vitro study. *Arthroscopy*. 2004;20(5):503-510 **2.** ArthroCare 2014. FLOW 50 Wand Vac Mode Comparative Bench-Top Study Report. P/N 53303-01_A. **3.** ArthroCare Corporation 2015. Report, Design Verification, FLOW 50 at Maximum 1X Sterility. P/N 65200-01 Rev.A. **4.** Smith+Nephew 2019.Report, Design Verification, 1X Ablation Testing & Every Tissue Every Mode (ETEM), FLOW 90. P/N 88079-01 Rev.C. **5.** Spahn G, Kahl E, Muckley T, Hofmann GO, Klinger HM. Arthroscopic knee chondroplasty using a bipolar radiofrequency-based device compared to mechanical shaver: results of a prospective, randomized, controlled study. *Knee Surg Sports Traumatol Arthrosc.* 2008;16(6):565-573. **6.** Spahn G, Hofmann GO, Von Engelhardt LV. Mechanical debridement versus radiofrequency in knee chondroplasty with concomitant medial meniscectomy: 10-year results from a randomized controlled study. *Knee Surg Sports Traumatol Arthrosc.* 2016;24(5):1560-1568. **7.** Spahn G, Klinger HM, Muckley T, Hofmann GO. Four-year results from a randomized controlled study of knee chondroplasty with concomitant medial meniscectomy: mechanical debridement versus radiofrequency chondroplasty. *Arthroscopy.* 2010;26(9 Suppl):S73-80. **8.** Chivot M, Airaudi S, Galland A, Gravier R. Analysis of parameters influencing intraarticular temperature during radiofrequency use in shoulder arthroscopy. *Eur J Orthop Surg Traumatol.* 2019;29(6):1205-1210. **9.** Gharaibeh M, Szomor A, Chen DB, Macdessi SJ. A Retrospective Study Assessing Safety and Efficacy of Bipolar Radiofrequency Ablation for Knee Chondral Lesions. *Cartilage.* 2018;9(3):241-247. **10.** Liu YJ, Wang Y, Xue J, Lui PP, Chan KM. Arthroscopic gluteal muscle contracture release with radiofrequency energy. *Clin Orthop Relat Res.* 2009;467(3):799-804. **11.** Sean NY, Singh I, Wai CK. Radiofrequency microtenotomy for the treatment of plantar fasciitis shows good early results. *Foot Ankle Surg.* 2010;16(4):174-177. **12.** Taverna E, Battistella F, Sansone V, Perfetti C, Tasto JP. Radiofrequency-based plasma microtenotomy compared with arthroscopic subacromial decompression yields equivalent outcomes for rotator cuff tendinosis. *Arthroscopy.* 2007;23(10):1042-1051.

**As demonstrated in bench-top testing*
†As demonstrated in vitro
‡ Demonstrated ex vivo; cell damage may vary depending on protocol used
§ For knee chondroplasty, n=60
¶ As compared to mechanical debridement for knee chondroplasty; n=60