

Richard Weir, M.D. is an otolaryngologist at Spartanburg ENT in Spartanburg, S.C. who practices at multiple facilities and uses a variety of approaches for tonsillectomy procedures.

“Post-operative discomfort is a constant struggle with tonsillectomies,” said Weir. “Over the years, manufacturers have developed a number of devices to try to improve patient outcomes, and while some have helped, others have been in vain. I was pretty content with the instruments that I had been using since they provided an improvement over older modalities, but I was still struggling to find a way to alleviate the pain.”

A Successful Trial with Unexpected Results

Weir wasn't looking for something new when he first learned of MiFusion™ ENTceps®, Microline Surgical's bayonet-style forceps, but he was willing to give it a try.

“I had four or five tonsillectomies scheduled and that's usually enough to climb up the learning curve and understand a technology, so I put ENTceps to the test,” said Weir. “I was skeptical of the technique at the time, but two weeks later I saw a significant difference in my patients. I've been using MiFusion ENTceps for three years now and continue to be impressed with the rapid healing.”

“**Microline's ENTceps is an economical seal and cut technology**”

MiFusion ENTceps is designed specifically for procedures where fine precision, soft tissue sealing and dividing is required, such as tonsillectomy, parotidectomy, thyroidectomy and uvulopalatopharyngoplasty. Unlike conventional devices that use monopolar, bipolar or ultrasonic energy as modes of operation, MiFusion ENTceps features Microline's patented Thermal Fusion technology (also known as Tissue Welding), which employs only direct heat and pressure to quickly and delicately cauterize and cut soft tissue, minimizing collateral tissue damage.



Richard Weir, M.D.

Achieving Better Patient Outcomes Without Added Costs

According to Weir, patients who have undergone tonsillectomies with MiFusion ENTceps heal faster, experience less post-operative discomfort and consume less narcotic pain medication compared with patients treated with other hot modalities. Weir attributes these improved patient outcomes to MiFusion ENTceps' precision and effectiveness in sealing.

“ENTceps is effective at controlling the bleeding so it is easy to identify the tissue planes,” said Weir. “With good visualization, I can stay on or inside the capsule of the tonsil and avoid damaging the musculature of the pharynx. I've had patients come back 12 or 13 days following the procedures with mucosal lining already present on the tonsillar fossa. This translates into quicker healing, less opportunity for post-operative bleeding, less narcotic consumption and quicker return to normal activities.”

Weir also notes that the patient benefits derived from MiFusion ENTceps do not come at an added cost – and the technology is cost competitive with other devices.

“A lot of the work I do is outpatient surgery and all of the operating rooms are very cost-conscious,” said Weir. “ENTceps is an economical cut and seal technology and it doesn't extend time in the OR, making it a cost-effective solution for these facilities.”

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