

# Monopolar and bipolar diathermy

## Monopolar and bipolar diathermy

In monopolar surgery ( Figure 7.18a ), the electrical current created in the ESU passes through a single electrode (diathermy pencil) to the tissue, causing the desired tissue effect (cut or coagulation). To complete the cycle, the current then passes through the tissues and returns via a very large surface plate (the indifferent electrode or dispersive cable) back to the earth pole of the generator. In bipolar diathermy ( Figure 7.18b ), the two active electrodes are usually represented by the limbs of a pair of diathermy forceps, blades of scissors or graspers. Both forceps ends are therefore active and current flows between them and only the tissue held between the limbs of the forceps heats up. This form of diathermy is used when working in sensitive areas (e.g. near the recurrent laryngeal nerve in thyroid surgery) or in patients with implantable electrical devices, as current can interfere with these devices. A separate return electrode (the indifferent electrode) to return current is not needed. Figure 7.18 (a)

unit Active cable Active electrode Dispersive Patient cable plate Monopolar diathermy (a) The principles of diathermy. Monopolar diathermy. TABLE 7.4 Comparison of cutting and coagulation of tissue using diathermy.

Cutting	Coagulation
Lower voltage current	Higher voltage current
Continuous (current is 'on' 100% of the time when used)	Interrupted (current flows 6% of the time and off for the remaining 94%)
Energy concentrated over a small area	Energy dispersed over a large area
The modulated current allows the tissue to cool slightly, so tissue heating is slower	Tissue is heated rapidly and to a higher temperature, than with cutting mode. This causes a dehydration effect (loss of cellular fluid causing vaporisation of tissue and thereby resulting in and protein denaturation), resulting in coagulation of tissue. Dehydration is not as 'cutting' tissue effective as vaporisation for cutting tissue but is ideal for haemostasis. Bleeding is stopped by a combination of the distortion of the walls of the blood vessel, coagulation of the plasma proteins and stimulation of the clotting cascade
Minimal lateral spread and collateral damage	Extensive lateral spread
Similar to cutting and works best when held just above the tissue, with no contact	Cutting divides tissue by generating sparks, which arc or minimal contact with tissue to the tissue; this is most efficient when the tip is held just above the tissue
Uses: coagulation and achieving haemostasis	Uses: clean cut of tissue
To be used to dissect and divide tissue and not just to make skin incisions	

## Monopolar and bipolar diathermy

In monopolar surgery ( Figure 7.18a ), the electrical current created in the ESU passes through a single electrode (diathermy pencil) to the tissue, causing the desired tissue effect (cut or coagulation). To complete the cycle, the current then passes through the tissues and returns via a

very large surface plate (the indifferent electrode or dispersive cable) back to the earth pole of the generator. In bipolar diathermy ( Figure 7.18b ), the two active electrodes are usually represented by the limbs of a pair of diathermy forceps, blades of scissors or graspers. Both forceps ends are therefore active and current flows between them and only the tissue held between the limbs of the forceps heats up. This form of diathermy is used when working in sensitive areas (e.g. near the recurrent laryngeal nerve in thyroid surgery) or in patients with implantable electrical devices, as current can interfere with these devices. A separate return electrode (the indifferent electrode) to return current is not needed. Figure 7.18 (a)

unit Active cable Active electrode Dispersive Patient cable plate Monopolar diathermy (a) The principles of diathermy. Monopolar diathermy. TABLE 7.4 Comparison of cutting and coagulation of tissue using diathermy. Cutting Coagulation Lower voltage current Higher voltage current Continuous (current is 'on' 100% of the time when Interrupted (current flows 6% of the time and off for the remaining 94%) used) Energy concentrated over a small area Energy dispersed over a large area The modulated current allows the tissue to cool slightly, so tissue heating is slower Tissue is heated rapidly and to a higher temperature, than with cutting mode. This causes a dehydration effect (loss of cellular fluid causing vaporisation of tissue and thereby resulting in and protein denaturation), resulting in coagulation of tissue. Dehydration is not as 'cutting' tissue effective as vaporisation for cutting tissue but is ideal for haemostasis. Bleeding is stopped by a combination of the distortion of the walls of the blood vessel, coagulation of the plasma proteins and stimulation of the clotting cascade Minimal lateral spread and collateral damage Extensive lateral spread Similar to cutting and works best when held just above the tissue, with no contact Cutting divides tissue by generating sparks, which arc or minimal contact with tissue to the tissue; this is most efficient when the tip is held just above the tissue Uses: coagulation and achieving haemostasis Uses: clean cut of tissue To be used to dissect and divide tissue and not just to make skin incisions

### Monopolar and bipolar diathermy

In monopolar surgery ( Figure 7.18a ), the electrical current created in the ESU passes through a single electrode (diathermy pencil) to the tissue, causing the desired tissue effect (cut or coagulation). To complete the cycle, the current then passes through the tissues and returns via a very large surface plate (the indifferent electrode or dispersive cable) back to the earth pole of the generator. In bipolar diathermy ( Figure 7.18b ), the two active electrodes are usually represented by the limbs of a pair of diathermy forceps, blades of scissors or graspers. Both forceps ends are therefore active and current flows between them and only the tissue held between the limbs of the forceps heats up. This form of diathermy is used when working in sensitive areas (e.g. near the recurrent laryngeal nerve in thyroid surgery) or in patients with implantable electrical devices, as current can interfere with these devices. A separate return electrode (the indifferent electrode) to return current is not needed. Figure 7.18 (a)

unit Active cable Active electrode Dispersive Patient cable plate Monopolar diathermy (a) The principles of diathermy. Monopolar diathermy. TABLE 7.4 Comparison of cutting and coagulation of tissue using diathermy. Cutting Coagulation Lower voltage current Higher voltage current Continuous (current is 'on' 100% of the time when Interrupted (current flows 6% of the time and off for the remaining 94%) used) Energy concentrated over a small area Energy dispersed over a large area The modulated current allows the tissue to cool slightly, so tissue heating is slower

Tissue is heated rapidly and to a higher temperature, than with cutting mode. This causes a dehydration effect (loss of cellular fluid causing vaporisation of tissue and thereby resulting in and protein denaturation), resulting in coagulation of tissue. Dehydration is not as 'cutting' tissue effective as vaporisation for cutting tissue but is ideal for haemostasis. Bleeding is stopped by a combination of the distortion of the walls of the blood vessel, coagulation of the plasma proteins and stimulation of the clotting cascade Minimal lateral spread and collateral damage Extensive lateral spread Similar to cutting and works best when held just above the tissue, with no contact Cutting divides tissue by generating sparks, which arc or minimal contact with tissue to the tissue; this is most efficient when the tip is held just above the tissue Uses: coagulation and achieving haemostasis Uses: clean cut of tissue To be used to dissect and divide tissue and not just to make skin incisions

---

Revision #1

Created 2025-12-31 15:26:00 UTC by Omar Ayman

Updated 2025-12-31 15:26:00 UTC by Omar Ayman