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(54) **SYSTEMS AND METHODS FOR OPTIMIZING AND MAINTAINING VISUALIZATION OF A SURGICAL FIELD DURING THE USE OF SURGICAL SCOPES**

SYSTEME UND VERFAHREN ZUR OPTIMIERUNG UND BEWAHRUNG DER ANSICHT EINES CHIRURGISCHEN FIELDS WÄHREND DER VERWENDUNG VON CHIRURGISCHEN ENDOSKOPEN

SYSTEMES ET PROCEDES PERMETTANT D'OPTIMISER ET DE MAINTENIR LA VISUALISATION DU CHAMP CHIRURGICAL PENDANT L'UTILISATION DE MICROSCOPES POUR CHIRURGIE

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Description

Field of the Invention

[0001] The invention generally relates to surgical scopes, and, more particularly, for optimizing and maintaining visualization of a surgical field when using a surgical scope, such as, e.g., a laparoscope.

Background of the Invention

[0002] Minimally invasive surgical procedures utilizing surgical scopes are desirable because they often provide one or more of the following advantages: reduced blood loss; reduced post-operative patient discomfort; shortened recovery and hospitalization time; smaller incisions; and reduced exposure of internal organs to possible contaminants.

[0003] Generally, minimally invasive surgeries utilize scopes, such as laparoscopes, that permit remote visualization of a surgical site within a patient's body while the surgical procedure is being performed. During a laparoscopic procedure, the patient's abdominal or pelvic cavity is accessed through two or more relatively small incisions rather than through a single large incision that is typical in a conventional surgery. Surgical scopes, such as laparoscopes, usually consist in part of a rigid or relatively rigid rod or shaft having an objective lens at one end and an eyepiece and/or integrated visual display at the other. The scope may also be connected to a remote visual display device or a video camera to record surgical procedures.

[0004] In laparoscopic surgeries, the abdomen is typically inflated with a gas through the use of an insufflator, to distend the abdominal space by elevating the abdominal wall above the internal organs and thereby create a sufficient working and viewing space for the surgeon. Carbon dioxide is usually used for insufflation, though other suitable gases may also be used. Conventional insufflators are adapted to cycle on and off to maintain a preset and suitable pressure within the patient's body cavity.

[0005] The local environment within a patient's abdominal space is generally rather warm and humid, and the use of devices such as harmonic scalpels and other cutting and coagulating devices generate mist, smoke, and other debris that is released into the surgical field and often becomes suspended throughout the expanded abdominal space. Additionally, blood, bodily fluids, pieces of tissue, fat or other bodily material may come in contact with or even attach to the lens. As a result of these conditions, visualization through the scope can be significantly diminished. Typically, the only solution to fogging and debris collection on the lens is removal of the scope from the body cavity and defogging or cleaning the lens by wiping it with a cloth, warming the scope tip, or utilizing another defogging method. The need to remove the scope to defog and remove debris from the lens is incon-

venient for the scope operator and the surgeon and can interrupt and undesirably prolong surgical procedures.

[0006] WO 00/15099, on which document is based the preamble of claim 1, discloses a disposable sheath for receiving a medical endoscope that is adapted to view a surgical site. The sheath comprises an elongate tubular housing for receiving the endoscope and a lumen extending longitudinally through the wall of the tubular housing for conveying a flow of fluid. A hub is positioned at a proximal end of the tubular housing that includes a locking mechanism for securing the endoscope and a nipple for connecting the sheath to a source of fluid.

[0007] US 2005/0203342 discloses a sheath for receiving an arthroscopic instrument. The sheath has a plurality of inwardly extending ribs that run longitudinally along the inner surface of the sheath. The ribs and the outer surface of the arthroscopic instrument together define a plurality of fluid carrying lumens when the arthroscopic instrument is received in the sheath.

[0008] EP-A-0,497,347 discloses a laparoscope having a rigid, elongate sheath, a lens located at the distal tip of the sheath and a means for removing material from the lens comprising a fluid flow channel which terminates in a nozzle located at the distal tip for directing a flow of fluid across the exterior surface of the lens.

[0009] US 2007/0282253 discloses a laparoscopic lens cleaner comprising an elongate sheath, fluid and gas carrying conduits carried by the sheath, and fluid and gas discharge nozzles provided in the interior of the sheath for receiving and discharging fluid and gas from the fluid conduit and gas conduit respectively.

Summary of the Invention

[0010] According to the present invention, there is provided a view optimizing assembly according to claim 1.

[0011] The deflector assembly has critical physical, pneumatic, and optical characteristics that make possible intra-operative defogging, surgical debris deflection, and cleaning of a laparoscope lens during minimally invasive surgery, while also maintaining visualization of the surgical site. In use, the view optimizing assembly makes possible the practice of a surgical method for maintaining clear visualization of the surgical site without removing the laparoscope from the abdominal cavity for the purpose of cleaning or de-fogging its lens.

[0012] The view optimizing assembly has a quick exchange feature. In use, the quick exchange feature makes possible a surgical method for maintaining clear visualization that includes the ability to make a quick exchange of laparoscopes having different operating characteristics (e.g., laparoscopes with different tip angles, lengths, or diameters) entirely on the sterile operating field and without interference with the preexisting surgical set-up on the sterile operating field. The view optimizing assembly integrates with the existing suite of minimally invasive instrumentation. It does not interfere with the surgical set-up, and it requires minimal change in the

process or practice of a surgical operating room (OR) team.

Brief Description of the Drawings

[0013]

Fig. 1A is a somewhat schematic views of a view optimizing assembly for use with a laparoscope having a 0° shaft tip.

Fig. 1B is a section view of the sheath, showing internal fluid flow lumens, taken generally along line 1B-1B in Fig. 1A.

Fig. 2A is a somewhat schematic of a view optimizing assembly for use with a laparoscope having an angled shaft tip.

Fig. 2B is a section view of the sheath, showing internal fluid flow lumens, taken generally along line 2B-2B in Fig. 2A.

Fig. 3A is an enlarged perspective view of a manifold that the view optimizing assembly shown in Fig. 1A or Fig. 2A incorporates, including a quick exchange coupling, and a quick exchange coupler that the tubing set shown in Fig. 1A or Fig. 2A incorporates, the coupling and the coupler being disconnected.

Fig. 3B is a sectional view taken generally along line 3B-3B in Fig. 3A, showing a one way check valve that is normally closed.

Fig. 4A is an enlarged perspective view of the manifold including a quick exchange coupling and the quick exchange coupler of the tubing set, as shown in Fig. 3A, but now connected.

Fig. 4B is a sectional view taken generally along line 4B-4B in Fig. 4A, showing the one way check valve that is opened by the connection of the quick exchange coupling and connectors.

Figs. 5A(1) and 5A(2) are enlarged, exploded views of the deflector assembly for use with a laparoscope having a 0° shaft tip.

Figs. 5B(1) and 5B(2) are enlarged, exploded views of the deflector assembly for use with a laparoscope having an angled shaft tip.

Fig. 6 is a schematic view of the critical physical, pneumatic, and optical characteristics of the deflector assembly shown in Figs. 5A and 5B.

Figs. 7 to 34 illustrate a representative method including the set up and use of the view optimizing assembly using sterile technique by technicians/operating room personnel.

I. view Optimizing Assembly

A. Overview

[0014] Figs. 1A/1B and Fig. 2A/2B show a view optimizing assembly 10 for use in association with a state of the art laparoscope 12. In Figs. 1A/1B, the laparoscope 12 possesses at 0° (blunt) shaft tip In Figs. 2A/2B, the

laparoscope possess an angle shaft tip (e.g., a 30° shaft tip or 45° shaft tip). The components of the view optimizing assembly 10 may be made from plastic materials (extruded and/or molded), but other suitable materials, such as metal or a composite material, or combinations thereof could be used.

[0015] As will be described in greater detail, the view optimizing assembly 10 facilitates intra-operative defogging, surgical debris deflection, and cleaning of a laparoscope lens during minimally invasive surgery, while also maintaining visualization of the surgical site. The view optimizing assembly 10 is intended to be a single-use, disposable laparoscopic accessory. The view optimizing assembly 10 is desirably a sterile accessory for immediate set up and use on a sterile operating field.

[0016] As shown in Figs. 1A and 2A, the view optimizing assembly 10 comprises a multi-lumen sheath assembly 14, which mounts over the shaft of the laparoscope 12. The end of the shaft is sized and configured to match the size and configuration of the corresponding laparoscope 12, having a blunt tip in Fig. 1A and an angled tip in Fig. 2A. The assembly 10 includes a tubing set 16 to connect the sheath 14 to an existing anhydrous carbon dioxide (CO₂) insufflation circuit.

[0017] In use, the view optimizing assembly 10 makes possible the practice of a surgical method for maintaining clear visualization of the surgical site without removing the laparoscope 12 from the abdominal cavity for the purpose of cleaning or de-fogging its lens. Furthermore, the view optimizing assembly 10 also makes possible a surgical method for maintaining clear visualization that includes the ability to make a quick exchange of laparoscopes having different operating characteristics (e.g., laparoscopes with different tip angles, lengths, or diameters) entirely on the sterile operating field and without interference with the preexisting surgical set-up on the sterile operating field. The view optimizing assembly 10 integrates with the existing suite of minimally invasive instrumentation. It does not interfere with the surgical set-up, and it requires minimal change in the process or practice of a surgical operating room (OR) team.

[0018] The view optimization assembly 10 desirably comes packaged for use in sterile peel away pouches (see Fig. 7). As also shown in Figs. 1A and 2A, the pouches contain the components of the view optimization assembly 10, including the sheath 14 and a manifold 18 that is assembled to the sheath 14 and that includes a quick exchange coupling 20; the tubing set 16 which includes a quick exchange coupler 22 that mates with the quick exchange coupling 20 on the manifold 18; and (optionally) a vent device 24.

B. The Sheath / Manifold Assembly

[0019] As shown in Figs. 1A and 2A, the sheath 14 / manifold 18 assembly includes a sheath 14 that is sized and configured to receive a laparoscope 12 having a prescribed tip angle, length, and diameter. The sheath 14

includes a stop 26 (see Figs. 5A(2) and 5B(2)) formed adjacent the distal end of the sheath 14. The stop 26 prevents advancement of the laparoscope 12 beyond the distal end of the sheath 14, so that lens at the distal end of the laparoscope 12 rests in a desired, generally coterminal alignment with the distal end of the sheath 14. The sheath 14 also includes a locking collar 28 at its proximal end to frictionally engage the laparoscope 12 and resist axial withdrawal of the laparoscope 12 from the sheath 14.

[0020] In use, it is expected that the laparoscope 12 will be inserted into the sheath 14 by a scrub nurse during set-up for the operation (see Figs. 8 to 11). The assembled laparoscopic and sheath 14 will then be handed as a unit to personnel at the operating room (OR) table at the desired time). The laparoscope 12 is then connected by personnel at the OR table in conventional fashion to a light cable 30 (which directs light to illuminate the operative field) and the camera cable 32 (which takes the image from the scope and displays it on monitors in the OR) (see Fig. 14). The sheath 14 is sized and configured not to interfere with this normal set-up of the laparoscope 12.

[0021] In use, the assembled laparoscopic and sheath 14 are placed as a unit through a trocar into the body cavity (e.g., the abdominal cavity), for viewing the surgical procedure as it is performed (see Fig. 16).

[0022] As shown in Figs. 1A and 2A, and as further shown in Figs. 3A, the sheath 14 / manifold 18 assembly also includes the manifold 18 at the proximal end of the sheath 14. The manifold 18 communicates with multiple lumens (five 34 to 42) are shown in the illustrated embodiment) formed within the wall of the sheath 14 (see Figs. 1B and 2B). In use, the lumens 34 to 42 convey anhydrous CO₂ to the distal end of the sheath 14; vent or exhaust air from the distal end of the sheath 14 through the manifold 18; and, if desired, convey sterile fluid and bursts of air to the distal end of the sheath 14. In a representative embodiment (see Figs. 1B and 2B), two lumens 34 and 36 are dedicated to the transport of CO₂; two lumens 40 and 42 are dedicated to venting; and one lumen 38 is dedicated to the transports of sterile fluid or air.

C. The Tubing Set

[0023] As previously described, the tubing set 16 includes a quick exchange coupler 22 that mates with the quick exchange coupling 20 on the manifold 18 (see Figs. 3A/3B and 4A/4B). The tubing set 16 includes lengths of flexible medical grade tubing with individual end couplers (best shown in Figs. 1A and 2A) that connect to an existing CO₂ insufflation circuit and, if desired, a source of sterile fluid (saline or sterile water, preferably with a "surface active agent") on the sterile operating field (e.g., a bag or a syringe). The tubing set 16 includes a Y-connector 44 that divides the anhydrous CO₂ output of the insufflation circuit in a first branch 46 for coupling to an

insufflation trocar inserted in the body cavity (as will be described later), and a second branch 48 coupled to the quick exchange coupler 22.

[0024] The second branch 48 diverts a small portion of the CO₂ output (e.g., 20% or less) to the quick exchange coupler 22.

[0025] As shown in Figs. 3B and 4B, the quick exchange coupler 22 includes a one way check valve 50 that communicates with the second branch 48 of the tubing set 16. In the illustrated embodiment, the check valve 50 comprises a ball valve. Insufflation pressure normally presses the ball valve 50 against a ball valve seat 52 (as shown in Fig. 3B). A projection 54 in the manifold 18 displaces the ball valve 50 from the valve seat 52 when the quick exchange coupler 22 mates with the quick exchange coupling 20 on the manifold 18 (as shown in Fig. 4B). Unseating the ball valve 50 opens flow communication through the check valve 50. In the absence of coupling the quick exchange coupler 22 on the tubing set 16 to the quick exchange coupling 20 on the manifold 18, the check valve 50 remains closed, normally blocking flow of CO₂ through the second branch 48.

[0026] Thus, the tubing set 16 accommodates the set-up of the supply of the entire CO₂ output to an insufflation trocar through the tubing set 16, separate and independent of the connection of the tubing set 16 to the manifold 18 of the sheath 14.

[0027] As Figs. 3A and 4A further show, a latch 56 carried on a spring-biased button 58 on the quick exchange coupler 22 "clicks" into a detent 60 on the quick exchange coupling 20 on the manifold 18 to reliably lock the coupler 22 and coupling 20 together for use, opening the check valve to flow CO₂ through the second branch 48 (shown in Figs. 4A/4B). Depressing the button 58 allows the quick exchange coupler 22 and coupling 20 to be separated, and the check valve 50 will close in response to insufflation pressure in the second branch 48 (as shown in Figs. 3A/3B).

[0028] Connection of the quick exchange coupling 20 on the manifold 18 to the quick exchange coupler 22 on the tubing set 16 is intended to occur at the OR table in the normal course, after the laparoscope 12 is connected to the light cable 30 and the camera cable 32 (see Fig. 15). Upon coupling, the one way check valve 50 is opened, and the manifold 18 directs the small portion of CO₂ from the CO₂ insufflation circuit. Disconnection of the quick exchange coupling 20 on the manifold 18 to the quick exchange coupler 22 on the tubing set 16 is also intended to occur at the OR table in the normal course, after a removal and/or exchange of a laparoscope 12 (see Fig. 22).

D. The Vent Device

[0029] The vent device 24 (see Figs. 1A and 2A) comprises a tube with an inline membrane 62 that restricts air flow through the tube. A proximal end of the tube is sized and configured to couple to a stopcock valve of a

conventional trocar, as will be described later. In use, the vent device 24 provides a controlled leak of CO₂ from the operating cavity, as will also be described in greater detail later.

E. The Deflector Assembly

1. CO₂

[0030] The sheath 14 includes at its distal end a deflector assembly 64 (see Figs. 5A(1) and 5A(2) for a blunt shaft tip and Figs. 5B(1) and 5B(2) for an angled shaft tip). The deflector assembly 64 projects a predetermined distance beyond the distal end of the sheath 14, and thus also a predetermined distance beyond the lens at the distal end of the laparoscope 12. The deflector assembly 64 communicates with the lumens in the sheath 14. The deflector assembly 64 is sized and configured to direct the small portion of the CO₂ from the insufflation circuit in a prescribed flow path and flow velocity continuously across the laparoscopic lens.

[0031] The desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens creates a "wind shear." The wind shear path of anhydrous CO₂ prevents fogging. The desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens also desirably serves to deflect smoke and surgical debris away from the laparoscopic lens during surgery.

2. Physical, Pneumatic, and Optical

Characteristics of the Deflector Assembly

[0032] The size and configuration of the deflector assembly 64 are defined and constrained by several, sometime overlapping considerations including (i) prescribed physical characteristics, which are imposed due to the need to access the operating environment in as minimally invasive manner as possible and to be compatible with state of the art laparoscopes and other laparoscopic surgical instruments and techniques; (ii) prescribed pneumatic characteristics, which are imposed due to the need to create a particular "wind shear" effect in terms of the flow path and flow velocity of CO₂ across the laparoscopic lens; and (iii) prescribed optical characteristics, which are imposed due to the need to prevent interference with the field of view and the visualization of the operating field by the laparoscope 12.

3. Physical Characteristics

[0033] The size and configuration requirements for minimally invasive access compatible with state of the art laparoscopic instrumentation and techniques are paramount. These requirements impose constraints upon the minimum inside diameter of the sheath 14 as well as

the maximum outside diameter of the sheath 14. Because state of the art laparoscopes are provided with different shaft diameters, lengths, and lens configurations, the sheath dimensions and configuration change for compatibility with them. The view optimizing assembly 10 actually includes a family of sheath 14 / manifold 18 assemblies differently sized and configured to accommodate different classes of laparoscopes, to make possible compatibility with the families of state of the art laparoscopes that are in use.

[0034] For example, state of the art laparoscopes include 10 mm laparoscopes, 5 mm laparoscopes, and, within these sizes, 0° shaft tips, 30° shaft tips, and 45° shaft tips. Further, within these classes of laparoscopes, manufacturing tolerances typically vary from scope to scope, as well as from manufacturer to manufacturer. A given sheath 14 / manifold 18 assembly for a given laparoscope class (e.g., 10 mm or 5 mm) desirably takes these typical manufacturing and manufacturer variances into account, and is desirably sized and configured to fit the largest scope variance encountered within a given laparoscope class.

[0035] To maximize the fluid flow lumen area within the sheath 14, the minimum inside diameter of a given sheath 14 must closely conform to the maximum outside diameter of the shaft of the particular state of the class of laparoscope 12 selected for use, which the sheath 14 must accommodate in a smooth, sliding fit. Further, a gap between the outside diameter of the laparoscope shaft and the inside diameter of the sheath 14 must be minimized to avoid the transport and leakage of blood and fluids from the operating field. Still further, minimizing the gap also assures that the laparoscope 12 self-centers in the sheath 14, thereby assuring faithful and accurate visualization through the laparoscope lens.

[0036] For example, for a typical laparoscope 12 in the 10 mm class (0.392 inch), the inside diameter of the sheath 14 is manufactured to 10.3 mm (.405 inch), providing a gap thickness of 0.16 mm (0.0064 inch). For a laparoscope 12 in the 5 mm class (0.196 inch), the inside diameter of the sheath 14 is manufactured to 5.5 mm (0.218 inch), providing a gap thickness of 0.28 mm (0.011 inch).

[0037] The maximum outside diameter of the sheath 14 for minimally invasive access must take into account the minimum inside diameter of the trocar, which the maximum outside diameter cannot exceed.

[0038] For example, for a typical 10 mm trocar that measures 12.9 mm (0.509 inch), the outside diameter of the sheath 14 is manufactured to 12.3 mm (0.486 inch), providing a gap thickness of 0.29 mm (0.0115 inch). For a typical 5 mm trocar that measures 8.2 mm (0.324 inch), the outside diameter of the sheath 14 is manufactured to 7.6 mm (0.300 inch), providing a gap thickness of 0.30 mm (0.012 inch).

[0039] It is desirable, given the particular size and configuration constraints of the laparoscopic instrumentation and techniques used, to maximize the outside diameter

to the extent possible. This is because, together the inside and outside diameters of the sheath 14 define the wall thickness for the sheath S_w . The wall thickness S_w , together with the length of the sheath 14, in turn, define the maximum area available for the transport of the CO₂ and fluids by the sheath 14. The area of the fluid flow lumen or lumens dedicated to the supply of CO₂, in turn, defines the maximum flow rate of the CO₂ directed by the deflector assembly 64. The flow rate should be sufficient at a minimum, given the output of the insufflator selected for use, to supply anhydrous CO₂ across the lens of the laparoscope 12 sufficient to prevent fogging. Also affecting the effectiveness of the CO₂ to defog the lens, is the water content of the anhydrous CO₂. Given the same flow rate, the less water that is present in the anhydrous CO₂, the greater is the defogging capacity of the assembly. Further, the flow rate desirable should also be sufficient to deflect smoke and surgical debris away from the viewing field of the laparoscopic lens during surgery, so that the anhydrous CO₂ directed by the deflector assembly 64 both defogs and deflects debris.

[0040] Medical grade CO₂ for use with conventional insufflators is typically 99% pure, that is, no more than 1% of the gas is other than CO₂, and such medical grade anhydrous CO₂ generally has a maximum moisture content of 25 parts per million by volume. Typically, a state of the art insufflator circuit delivers anhydrous CO₂ at a max flow rate of about 20 liters per hour. Typically, the insufflator circuit will sense pressure in the circuit and cycle off when the sensed pressure is at or above 15 mmHg and cycle on when the sensed pressure is below 15 mmHg.

[0041] Given the above sheath dimensions, and given the supply of typical medical grade anhydrous CO₂, a flow rate of at least about 1.0 liters per minute is critical to achieving this objective. Given the above dimensions, and the supply of typical medical grade anhydrous CO₂, a flow rate less than 0.8 liters per minute is not sufficient to prevent significant accumulation of moisture on the laparoscope lens.

[0042] In a representative embodiment, for a sheath 14 having an inside diameter of 10.3 mm (.405 inch) and an outside diameter of 12.3 mm (.486 inch), and a length of 286 mm (11.25 inch) (which accommodates passage of a typical 10 mm laparoscope and its own passage through a conventional trocar) (i.e., $S_w = 2$ mm (.081 inch)), the total area available in the sheath wall is 36 mm² (0.056 square inches). Based upon required structural support within the wall (inside, outside, and radial) the total available area for lumens to transport fluids is 17.4 mm² (0.027 square inch).

[0043] In a representative embodiment, the total lumen area is occupied by five lumens 34 to 42, two for transporting CO₂ (34 and 36), one for sterile fluid (38), and two for passive exhaust air venting (40 and 42).

[0044] The area of each lumen can be maximized by selection of lumen geometry. In a representative embodiment, lumen geometry is generally triangular or pie

shaped with rounded corners. The radial walls that separate the lumens within the sheath 14 are sized to minimize the spacing between the lumens.

[0045] In a representative embodiment, CO₂ transport is accomplished by two lumens 34 and 36 that extend about 175 degrees about the outer circumference of the sheath 14 and comprising a flow area of 8.4 mm² (0.013 square inches). Sterile fluid transport is accomplished by one lumen 38 comprising a flow area of 1.9 mm² (0.003 square inches). Exhaust air venting is accomplished by two lumens 40 and 42 comprising a flow area of 7.1 mm² (0.011 square inches). The distal openings of the exhaust lumens 40 and 42 desirably are spaced from the distal end of the sheath, to prevent uptake of blood and fluids.

4. Pneumatic Characteristics.

[0046] As diagrammatically shown in Fig. 6, the deflector assembly 64 must overhang the laparoscopic lens by a prescribed transverse distance, defining a deflection width X, sufficient to change the direction of CO₂ flowing axially through lumens of the sheath 14 (i.e., along the axis of the laparoscope shaft) into a non-axially, transverse path across the laparoscopic lens (i.e., at an angle relative to the axis of the laparoscope shaft). Still, the distance of the deflection width X should not extend to the point that it obstructs the field of the view of the laparoscopic lens. This is an example where a pneumatic characteristic of the deflector assembly 64 overlaps with an optical characteristic. Further optical characteristics will be described in greater detail below.

[0047] The deflector assembly 64 must also project axially beyond the distal terminus of the sheath 14 by a prescribed axial distance, defining an air channel distance Y, sufficient to maintain the CO₂ flowing along the path bounded by the deflection width X at a distance sufficiently close (proximal) to the laparoscopic lens to achieve the desired shear flow effect, but without forming an abrupt flow bend that can lead to a reduction in the desired CO₂ flow velocity.

[0048] Together, the deflection width X and the channel distance Y define the pneumatic characteristics of the deflection assembly. At the desired minimum flow rate, the pneumatic characteristics create a flow path that conveys CO₂ continuously across the laparoscopic lens at the desired flow velocity, in shorthand called the "wind shear." The pneumatic characteristics of the CO₂ "wind shear" across the laparoscopic lens prevent fogging, as well as desirably deflect smoke and surgical debris away from the viewing field of the laparoscopic lens during surgery.

[0049] Together, the pneumatic characteristics defined by the deflection width X and the channel distance Y create an exit angle A_{EXIT} , measured between the plane of the laparoscopic lens and the terminal edge of the deflector assembly 64. The exit angle A_{EXIT} must be less than a maximum angle of 45 degrees, else the flow path of the CO₂ will not pass sufficiently both across and

proximal to the laparoscopic lens. To maintain a desired exit angle A_{EXIT} , the channel distance Y should be at least equal to the wall thickness of the sheath S_w and should not exceed 1.5 times the wall thickness of the sheath S_w . The deflection width X should be at least equal to two times the channel distance Y , but not extend into the field of view of the laparoscopic lens.

5. optical Characteristics

[0050] The optical characteristics of the deflector assembly 64 are selected (i) to not block or reduce the illuminated image of the operating field provided by the laparoscope 12; (ii) not decrease the intensity of the illumination provided by the laparoscope 12 on the operating field; and (iii) prevent reflection of illumination light at the lens of the laparoscope 12.

[0051] As discussed above, the maximum deflection width X takes into account one of the desirable optical characteristics; namely, the deflection width X should not obstruct the field of the view of the laparoscopic lens.

[0052] To prevent the decrease of the illumination, the deflector assembly 64 is desirably made from a material having high light transmission properties (i.e., transparency), to not interfere with the passage of light through the light cable 30 onto the operating field as well as the passage of the reflected image conveyed to the camera cable 32 of the laparoscope 12.

[0053] Furthermore, the material and surface finish of the deflector assembly 64 must pose minimal reflectivity to light. In a representative embodiment, the deflector assembly 64 is made from Bayer Makrolon Rx1805 with a surface finish defined as SPI/SPE A-3.

6. Orientation

[0054] As before described, CO₂ transport is accomplished by two lumens 34 and 36 that extend about 175 degrees about the outer circumference of the sheath 14. For a 0° shaft tip (see Fig. 5A), the orientation of the deflector assembly 64 relative to the laparoscopic lens is not critical. However, for angled shafts (e.g., 30° shaft tips and 45° shaft tips) (see Fig. 5B), the orientation of the deflector assembly 64 relative to the laparoscopic lens is critical.

[0055] As Fig. 5B shows, the angled tip of a typical laparoscope 12 has a high end 66 and a low end 68. The lens slopes at the prescribed angle between the high end 66 and the low end 68. In a laparoscope 12 having a angled tip, the illumination cable 30 (transmitting light onto the operating field) is located at the high end 66 of the angled tip, and the camera cable 32 (transmitting reflected light back to the camera) is located at the low end 68 of the angled tip. To provide the desired wind shear effect on an angled tip, it is critical that the deflector assembly 64 be oriented relative to the sloped laparoscopic lens such that the flow CO₂ is directed across the sloped plane of the lens from the low end 68 of the tip

toward the high end 66 of the tip. In this arrangement, the defogging and debris deflection flow path originates proximal to the camera cable 32, which effectively comprises the eyes of the OR team. In this arrangement, the desired exit angle A_{EXIT} directs the flow path of the CO₂ both sufficiently across and proximal to the sloped plane of the laparoscopic lens to achieve optimal defogging and debris deflection.

10 F. Sterile Fluid Flush

[0056] As previously explained, if desired, the tubing set 16 can also include, connected to the quick exchange coupler 22, a length of tubing 70 sized and configured for connection to a source 72 of sterile fluid, such as saline or sterile water (as shown in Figs. 1A and 2A). Preferably, the sterile fluid includes in solution a "surface-active agent" that stabilizes mixtures of oil and water (e.g., fat) by reducing the surface tension at the interface between the oil and water molecules.

[0057] The quick exchange coupling 20 on the manifold 18 (see Fig. 3A/3B and 4A/4B) can also include a port to integrally connect the sterile fluid tubing 70 to direct the sterile fluid through the separate lumen 38 in the sheath 14 to the distal end of the sheath 14. The deflector assembly 64 directs the sterile fluid across the laparoscopic lens.

[0058] As shown in Figs. 1A/2A, the sterile fluid tubing 70, if present, desirably includes an in-line pumping device 72. The in-line pumping device 72 is sized and configured to be operated on demand by a person at the OR table to convey bursts of sterile fluid through the manifold 18 through the lumen to the distal end of the sheath 14. The in-line pumping device 72 and source can be integrated and comprise, e.g., a 20cc syringe filled with sterile fluid and connected by a tubing luer-lock on the saline tubing. Alternatively, the in-line pumping device 72 and source can be separate and comprise, e.g., a bag of sterile fluid, a spike connection on the saline tubing of the tubing set 16 to open communication with the bag in conventional fashion, and an inline squeeze bulb or the like to pump bursts of sterile fluid from the bag to the quick exchange coupler 22.

[0059] In this arrangement, the deflector assembly 64 is also sized and configured to direct the burst of sterile fluid in a desired path across the laparoscopic lens. The bursts of sterile fluid serve to flush debris off the end of the lens that may eventually accumulate, thereby cleaning the lens. Thereafter, bursts of air supplied through the deflector assembly 64 by a squeeze pump 74 in the tubing set 16 (see Figs. 1A/2A) serve to clear residual fluid droplets off the lens and away from the deflector assembly 64 to maintain the desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens, to maintain an acceptable view.

[0060] In an illustrative embodiment (see Figs. 5A and 5B), the deflector assembly 64 directs the bursts of sterile

fluid or air along a plurality of individual diverging channels 76 (three are shown). The diverging channels 76 distribute the bursts of sterile fluid or air in a fanning pattern across the lens of the laparoscope 12. In the illustrative embodiment, the diverging channels 76 discharge the bursts of sterile fluid or air in a path that is generally ninety-degrees to the path of CO₂. This orientation of the sterile fluid path relative to the CO₂ path across the lens, optimal for effective lens cleaning, applies to both 0° shaft tips and angled tips (e.g., 30° shaft tips and 45° shaft tips).

II. Use of the View Optimizing Assembly

[0061] The view optimizing assembly is well suited for use as a single-use disposable laparoscopic accessory device to facilitate intra-operative defogging and debris deflection (due to the flow of anhydrous CO₂) and cleaning of the lens of a laparoscope 12 (due to burst of sterile fluid, preferably including a "surface-active agent") during minimally invasive surgery, while also maintaining visualization of the surgical site.

[0062] Figs. 7 to 34 illustrate a representative method including the set up and use of the view optimizing assembly using sterile technique by qualified technicians/operating room personnel.

[0063] The procedure can be incorporated into written instructions for use that accompany the packaging. The instructions can also be supplied separately, e.g., embodied in separate instruction manuals, or in video or audio tapes, CD's, and DVD's. The instructions for use can also be available through an internet web page.

[0064] The instructions can direct the OR set-up to peel open the outer pouches in which the components of the view optimizing assembly (shown in Fig. 7), and remove the sterile contents on the sterile field. The sheath 14 / manifold 18 assembly is removed, taking care to prevent damage to the walls of the sheath 14 or to its distal end, and also keeping the tubing set 16 and vent device 24 on the sterile field prior to making necessary connections.

[0065] During set up (see Figs. 8 and 9), the sheath 14 (with the manifold 18, which is integrally connected to the sheath 14 during manufacture, called a sheath assembly) can be assembled to the corresponding laparoscope 12. In this representative example, it is contemplated that the OR team plan to use a 0-degree laparoscope 12 (see Figs. 8 and 9) and at least one angled laparoscope 12 (see Figs. 10 and 11), e.g., a 30-degree and/or a 45-degree laparoscope 12. Therefore, during set-up, a sheath assembly for each laparoscope 12 selected for use will be pre-assembled to the corresponding laparoscope 12.

[0066] As Figs. 8 and 10 show, while gently pressing the tip of the sheath assembly against one hand or fingertip, the laparoscope 12 can be inserted down into the sheath 14. The sheath 14 is sized and configured so that the laparoscope 12 will slide smoothly through the sheath 14. Insertion continues until the lens and distal rim of the laparoscope 12 seat against the stop at the distal end of

the sheath 14. The laparoscope 12 will "bottom out" inside the sheath 14 against the stop 26, assuring correct axial alignment of the lens with the deflector assembly 64.

[0067] If the laparoscope 12 is angled (as shown in Fig. 10), the corresponding sheath assembly will also include an alignment fork guide 78. The light post of the scope seats within the alignment fork guide 78, therefore assuring correct rotational alignment between the angled lens and the deflector assembly 64.

[0068] The laparoscope 12 (now fully inserted into the sheath 14) the manifold 18 are supported by hand, a member of the OR set-up team rotates the locking collar 28 on the sheath assembly in the desired direction, e.g., clockwise (see Figs. 9 and 11), indicated by an arrow on the locking collar 28, until a firm stop is felt tactilely (e.g., after approximately one-third (1/3) of a turn). Registration of an alignment mark on the locking collar 28 and an alignment mark on the manifold 18 serves to visually confirm that the laparoscope 12 is secured against axial movement relative to the sheath 14.

[0069] The insufflator is set up off the sterile field. Once the patient is draped on the sterile field, and it is expected that the end of the output tubing from the insufflator (originating from the insufflator off the sterile field) will be brought onto the sterile field. It is also expected that the light cable 30 and the camera cable 32 for the laparoscope 12 will be brought onto the sterile field.

[0070] As Figs. 12 and 13 generally show, the OR team makes an incision to gain access to the laparoscopic operating site within the body, e.g., into the abdominal cavity through the abdominal wall. A first trocar with a stopcock valve (which may take the form of an optical trocar) is inserted through the incision. Alternatively, according to physician preference, the first trocar can be pushed through abdominal wall with only a skin incision. The obturator (the sharp inner insert of the trocar) is removed from the first trocar once it is in position.

[0071] The insufflator line of the tubing set 16 on the sterile field is connected to the output tubing of the insufflator circuit on the sterile field. The first branch 46 of the tubing set 16 on the sterile field, originating at the Y-connector 44, is coupled to the stopcock valve of the first trocar (see Fig. 13). The stopcock valve is opened, and the insufflator is turned on. CO₂ output of the insufflation circuit inflates the abdomen through the first trocar.

[0072] During this time (see Figs. 8 and 10), the second branch 48 of the tubing set 16 on the sterile field, also originating at the Y-connector 44, and the quick exchange coupler 22 integrally attached to it can remain on the sterile field in a free, unconnected condition as the insufflator supplies CO₂ through the first branch 46. The one-way check valve in the quick exchange coupler 22 serves to block flow of CO₂ through the second branch 48, even as the insufflator supplies CO₂ through the first branch 46. The entire CO₂ pressure of the insufflator circuit is, at the present, delivered to the first trocar through the first branch 46.

[0073] The first laparoscope 12 selected for use, which

has been pre-inserted into the sheath 14 by the OR set-up team as just described, is handed to personnel at the OR table at the appropriate time. On the sterile field, personnel at the OR table connect the light cable 30 and the camera cable 32 to the laparoscope 12 (see Fig. 14). On the sterile field, personnel at the OR table now connect the quick exchange coupler 22 of the tubing set 16 to the quick exchange coupling 20 of the manifold 18 (see Fig. 15). The one way valve opens, and a small portion of the output of the insufflator circuit is routed by the second branch 48 through the manifold 18 into to the sheath 14.

[0074] The laparoscope / sheath assembly is then placed as an integrated unit through the first trocar to get an initial view of the abdominal cavity (see Fig. 16). Due to the technical features of the deflector assembly 64, CO2 flows over the lens, eliminating fogging and also deflecting away debris. If present, the pump (e.g., the 20cc syringe) filled with sterile fluid (preferably with a "surface-actuve agent") and connected to the tubing luer-lock, can be operated by personnel at the OR table to flush sterile fluid through the deflector assembly 64 of the sheath 14. The deflector assembly 64 directs the fluid bursts across the lens in a path generally 90-degrees offset from the CO2 path. Once this is done, the bulb on the tubing set 16 can be pumped several times to introduce bursts of air to clear droplets off the lens and away from the tip deflector, to maintain continuous directed flow of CO2 across the laparoscopic lens.

[0075] Once a satisfactory view is achieved, additional ancillary trocars with stopcock valves, e.g. three to four, or more, are also placed through incisions to provide access for other instruments (see Fig. 17). The trocar vent device 24, provided with the view optimizing assembly is desirably placed in the stopcock of one of the ancillary trocars, and the stopcock valve is opened (see Fig. 18).

[0076] As Fig. 19 shows, a member of the OR team preferably decouples the main insufflation line (the first branch 46 tubing of the Y-connector 44 of the tubing set 16) from the first trocar to the stopcock valve of another available trocar on the sterile field (except the trocar to which the vent device 24 is coupled). This other trocar then serves as the main insufflation trocar, separate from the first trocar, which now serves as the main visualization trocar. In this way, the main CO2 insufflation provided for the duration of the surgery is provided by an insufflation trocar that is also not the visualization trocar. The controlled leak of insufflation pressure that the vent device 24 provides creates a pressure gradient within the pneumo-peritoneum that helps maintain a generally continuous flow of CO2 from the deflector assembly 64 across the lens, despite periodic cycling of the insufflator. Lumens 40 and 42 in the sheath 14 (previously described) can also serve as additional passive vents, to leak insufflation pressure out through the manifold 18.

[0077] The surgery proceeds. The deflector assembly 64 provides intra-operative defogging and cleaning of the laparoscope lens during the minimally invasive surgery, while maintaining visualization of the surgical site. The

sterile fluid flush mechanism can be used, as desired, if required to augment visualization by flushing the lens. If this is done, the bulb on the tubing set 16 should be pumped several times to clear droplets off the lens and away from the deflector assembly 64 to maintain the CO2 curtain across the lens.

[0078] During the surgery, the OR team can decide, e.g., that one portion of the procedure is better visualized with a different angle scope. The quick exchange features of the coupler of the tubing set 16 and the coupling of the manifold 18, greatly facilitate the exchange of one laparoscope 12 for another with minimal interruption of the surgical procedure and without compromising the sterile field.

[0079] To exchange one laparoscope 12 for another, a member of the OR team withdraws the laparoscope/sheath assembly as an integrated unit from the visualization trocar (see Fig. 20). A member of the OR team disconnects the laparoscope 12 from the light cable 30 and camera cable 32 (see Fig. 21). A member of the OR team uncouples the quick exchange coupler 22 from the quick exchange coupling 20, freeing the laparoscope/sheath assembly from the tubing set 16 (see Fig. 22). The disconnected laparoscope/ sheath assembly is handed as an integrated unit to a member of the OR team, e.g., a scrub nurse (see Fig. 23). There is no reason to remove the sheath 14 from the matching laparoscope 12 at this time. This can be accomplished later, after the surgery is all done.

[0080] The laparoscope/ sheath assembly that includes the second laparoscope 12 that is to be used, has already been assembled into an integrated unit, as previously described. This pre-assembled unit is handed to a member of the OR team (see Fig. 24). A member of the OR team connects the second laparoscope 12 to the light cable 30 and camera cable 32 (see Fig. 25). A member of the OR team couples the quick exchange coupler 22 of the tubing set 16 to the quick exchange coupling 20, connecting the second laparoscope/ sheath assembly in flow communication with the tubing set 16 (see Fig. 26), completing the quick exchange. The second laparoscope/ sheath assembly is inserted into the visualization trocar (see Fig. 27).

[0081] The quick connect feature functions with a manifold 18 associated with every sheath 14. The tubing set 16 on the sterile field can be rapidly disconnected, but need not, and desirably is not, exchanged with another tubing set 16. During a given surgical procedure, the same tubing set 16 serves every laparoscope / sheath assembly used (unneeded tubing sets 16 that came with the additional sheaths can be simply discarded).

[0082] The surgery proceeds using the second laparoscope / sheath assembly. ,

[0083] Additional quick exchanges of laparoscopes can be accomplished as surgery proceeds in the manner just described.

[0084] Once surgery is completed, all instruments, including the laparoscope / sheath assembly in use are

removed from the visualization trocar (see Fig. 28). A member of the OR team disconnects the laparoscope 12 from the light cable 30 and camera cable 32 (see Fig. 29). A member of the OR team uncouples the quick exchange coupler 22 from the quick exchange coupling 20, freeing the laparoscope/ sheath assembly from the tubing set 16. The laparoscope / sheath assembly is handed to a member of the OR team (see Fig. 31), and placed alongside previously used laparoscope/ sheath assemblies (see Fig. 32).

[0085] Access sites are closed. The insufflator is shut off. The tubing set 16 is disconnected from the insufflator circuit. The lock collars on the manifolds 18 are loosened, and laparoscopes are withdrawn from the sheaths for reuse (Fig. 33). The sheaths and tubing set 16 are disposed of (Fig. 34).

[0086] Some trocars are called "optical trocars" that have a lumen within the obturator, that is within the trocar. If the lens of a laparoscope 12 is first placed into the center of an optical trocar to guide the first trocar insertion, then the sheath 14 cannot be present on the laparoscope 12, as the combination cannot fit through the lumen of the obturator. In this situation, the laparoscope 12 is used without a sheath 14 to place the first trocar. The laparoscope 12 is then inserted through the sheath 14, and connection of the tubing set 16 occurs in the manner just described. With the obturator removed from the trocar, the laparoscope / sheath assembly is placed through the first trocar in the manner described.

Claims

1. A view optimizing assembly (10) comprising:

a sheath (14) sized and configured to receive a laparoscope (12) having a laparoscopic lens at its distal end for providing visualization of an operating cavity insufflated with carbon dioxide (CO₂) through operation of an insufflator circuit, the sheath having a wall that includes a lumen for conveying anhydrous CO₂ from a source and carrying a manifold (18) communicating with the lumen; and

a tubing set (16) having one end configured to connect to the insufflator circuit;

the view optimizing assembly further comprises a deflector assembly (64) at the distal end of the sheath communicating with the lumen, the deflector assembly being sized and configured to direct the anhydrous CO₂ exiting the lumen across the laparoscopic lens, **characterized in that:**

the manifold (18) includes a quick exchange coupling (20),

the tubing set (16) has a second end coupled to a quick exchange coupling (22) that

mates with the quick exchange coupling on the manifold, the quick exchange coupling (22) of the tubing set (16) including a normally closed one way valve (50) to normally prevent flow of anhydrous CO₂ from the source, and

the quick exchange coupling (20) of the manifold (18) includes an element (54) that opens the normally closed one way valve (50) in response to mating with the quick exchange coupling (22) of the tubing set (16) to convey anhydrous CO₂ from the source into the lumen.

2. The assembly according to claim 1, wherein the deflector assembly is configured for use with a laparoscope (12) having an angled tip with a high end (66) and a low end (68), the lens of the laparoscope sloping at a prescribed angle between the high end and the low end.

3. The assembly according to claim 2, wherein the deflector assembly (64) is orientated so that when the laparoscope is inserted into the sheath the orientation of the deflector assembly relative to the sloped laparoscopic lens is such that the flow of anhydrous CO₂ is directed across the lens from the low end (68) to the high end (66) of the angled tip.

4. The assembly according to claim 2, wherein the deflector assembly is configured for use with a laparoscope (12) having an angled tip with an angle of 30°.

5. The assembly according to claim 2, wherein the deflector assembly is configured for use with a laparoscope (12) having an angled tip with an angle of 45°.

6. The assembly according to any one of claims 2 to 5 further comprising an alignment fork guide (78) for assuring correct rotational alignment between the angled lens of the laparoscope and the deflector assembly (64) when the laparoscope is inserted into the sheath.

7. The assembly according to any one of the preceding claims further comprising a locking collar (28) located at a proximal end of said sheath (14) for frictionally engaging the laparoscope (12) to resist axial withdrawal of the laparoscope from the sheath.

8. The assembly according to any one of the preceding claims, wherein the deflector assembly (64) projects a prescribed distance beyond the distal end of the sheath (14), defining an air channel distance Y, and also overhanging the laparoscopic lens by a prescribed transverse distance, defining a deflection width X, together the air channel distance Y and deflection distance X creating a flow path for the anhy-

drous CO₂ across the laparoscopic lens, the channel distance Y being at least equal to the wall thickness of the sheath and not exceeding 1.5 times the wall thickness of the sheath, the deflection width X being at least equal to two times the channel distance Y.

9. The assembly according to any one of the preceding claims, wherein the lumen is sized and configured to convey the anhydrous CO₂ from the source at a flow rate of at least 1 liter per minute.
10. A surgical system comprising a view optimizing assembly as claimed in any one of claims 1 to 9 and a laparoscope.

Patentansprüche

1. Sichtoptimierende Anordnung (10), umfassend:

eine Ummantelung (14), die dimensioniert und ausgebildet ist, um ein Laparoskop (12) aufzunehmen, das eine laparoskopische Linse an seinem distalen Ende aufweist, um eine Visualisierung eines Betätigungshohlraums bereitzustellen, der durch Betätigung einer Insufflatorschaltung mit Kohlendioxid (CO₂) aufgeblasen wurde, wobei die Ummantelung eine Wand aufweist, die ein Lumen zum Fördern von wasserfreiem CO₂ aus einer Quelle umfasst und einen Verteiler (18) trägt, der mit dem Lumen kommuniziert; und

einen Schlauchsatz (16) mit einem Ende, das zum Verbinden mit der Insufflatorschaltung ausgebildet ist;

wobei die sichtoptimierende Anordnung ferner eine Ablenkanordnung (64) an dem distalen Ende der mit dem Lumen kommunizierenden Ummantelung umfasst, wobei die Ablenkvorrichtung dimensioniert und ausgebildet ist, um das das Lumen verlassende wasserfreie CO₂ über die laparoskopische Linse zu leiten,

dadurch gekennzeichnet, dass

der Verteiler (18) eine Schnellwechselkupplung (20) umfasst,

der Schlauchsatz (16) ein zweites Ende aufweist, das mit einer Schnellwechselkupplung (22) gekoppelt ist, die sich mit der Schnellwechselkupplung auf dem Verteiler paart, wobei die Schnellwechselkupplung (22) des Schlauchsatzes (16) ein normalerweise geschlossenes Einwegventil (50) umfasst, um normalerweise eine Strömung von wasserfreiem CO₂ aus der Quelle zu verhindern, und

die Schnellwechselkupplung (20) des Verteilers (18) ein Element (54) umfasst, das das normalerweise geschlossene Einwegventil (50) als Reaktion auf das Paaren mit der Schnellwech-

selkupplung (22) des Schlauchsatzes (16) öffnet, um wasserfreies CO₂ aus der Quelle in das Lumen zu fördern.

2. Anordnung gemäß Anspruch 1, bei der die Ablenkanordnung zum Verwendung mit einem Laparoskop (12) ausgebildet ist, das eine abgewinkelte Spitze mit einem hohen Ende (66) und einem tiefen Ende (68) aufweist, wobei sich die Linse des Laparoscops mit einem vorgeschriebenen Winkel zwischen dem hohen Ende und dem tiefen Ende neigt.
3. Anordnung gemäß Anspruch 2, bei der die Ablenkanordnung (64) orientiert ist, so dass, wenn das Laparoskop in die Ummantelung eingeführt wird, die Orientierung der Ablenkanordnung relativ zu der geneigten laparoskopischen Linse derart ist, dass die Strömung des wasserfreien CO₂ über die Linse von dem tiefen Ende (68) zu dem hohen Ende (66) der abgewinkelten Spitze gerichtet ist.
4. Anordnung gemäß Anspruch 2, bei der die Ablenkanordnung zur Verwendung mit einem Laparoskop (12) ausgebildet ist, das eine abgewinkelte Spitze mit einem Winkel von 30° aufweist.
5. Anordnung gemäß Anspruch 2, bei der die Ablenkanordnung zur Verwendung mit einem Laparoskop (12) ausgebildet ist, das eine abgewinkelte Spitze mit einem Winkel von 45° aufweist.
6. Anordnung gemäß einem der Ansprüche 2 bis 5, die ferner eine Ausrichtgabelführung (78) zum Gewährleisten einer korrekten Drehausrichtung zwischen der abgewinkelten Linse des Laparoscops und der Ablenkanordnung (64) umfasst, wenn das Laparoskop in die Ummantelung eingeführt wird.
7. Anordnung gemäß einem der vorhergehenden Ansprüche, die ferner einen Verriegelungskragen (28) umfasst, der an einem proximalen Ende der Ummantelung (14) zur reibungsmäßigen Ineingriffnahme des Laparoscops (12) lokalisiert ist, um gegen das axiale Herausziehen des Laparoscops aus der Ummantelung Widerstand zu leisten.
8. Anordnung gemäß einem der vorhergehenden Ansprüche, bei der die Ablenkanordnung (64) einen vorgeschriebenen Abstand über das distale Ende der Ummantelung (14) herausragt, wobei ein Luftkanalabstand Y definiert wird, und ebenfalls über der laparoskopischen Linse um einen vorgeschriebenen transversalen Abstand hängt, wobei eine Ablenkbreite X definiert wird, wobei der Luftkanalabstand Y und der Ablenkbreite X zusammen einen Strömungsweg für das wasserfreie CO₂ über die laparoskopische Linse erzeugen, wobei der Kanalabstand Y mindestens gleich der Wanddicke der Um-

mantelung ist und das 1,5-fache der Wanddicke der Ummantelung nicht überschreitet, wobei die Ablenkbreite X mindestens gleich dem zweifachen des Kanalabstands Y beträgt.

9. Anordnung gemäß einem der vorhergehenden Ansprüche, bei der das Lumen dimensioniert und ausgebildet ist, um das wasserfreie CO₂ aus der Quelle mit einer Strömungsrate von mindestens 1 Liter pro Minute zu fördern.
10. Chirurgisches System mit einer sichtoptimierenden Anordnung gemäß einem der Ansprüche 1 bis 9 und einem Laparoskop.

Revendications

1. Ensemble d'optimisation de vue (10) comprenant :

une gaine (14) dimensionnée et configurée pour recevoir un laparoscope (12) ayant une lentille laparoscopique au niveau de son extrémité distale permettant de fournir une visualisation d'une cavité d'opération dans laquelle est insufflée du dioxyde de carbone (CO₂) par l'action d'un circuit insufflateur, la gaine ayant une paroi qui comprend une lumière pour acheminer le CO₂ anhydre depuis une source et comportant un collecteur (18) communiquant avec la lumière ; et

un jeu de tubulures (16) ayant une extrémité configurée pour se raccorder au circuit insufflateur ;

l'ensemble d'optimisation de vue comprenant en outre un ensemble de déflecteur (64) au niveau de l'extrémité distale de la gaine communiquant avec la lumière, l'ensemble de déflecteur étant dimensionné et configuré pour diriger le CO₂ anhydre sortant de la lumière à travers la lentille laparoscopique, **caractérisé en ce que** :

le collecteur (18) comprend un raccord à échange rapide (20),

le jeu de tubulures (16) a une seconde extrémité couplée à un raccord à échange rapide (22) qui s'accouple avec le raccord à échange rapide sur le collecteur, le raccord à échange rapide (22) du jeu de tubulures (16) incluant une valve anti-reflux normalement fermée (50) afin d'empêcher normalement l'écoulement de CO₂ anhydre depuis la source, et

le raccord à échange rapide (20) du collecteur (18) comprend un élément (54) qui ouvre la valve anti-reflux normalement fermée (50) en réponse à l'accouplement avec

le raccord à échange rapide (22) du jeu de tubulures (16) afin d'acheminer le CO₂ anhydre depuis la source dans la lumière.

2. Ensemble selon la revendication 1, dans lequel l'ensemble de déflecteur est configuré pour être utilisé avec un laparoscope (12) ayant une pointe coudée avec une extrémité haute (66) et une extrémité basse (68), la lentille du laparoscope s'inclinant selon un angle prescrit entre l'extrémité haute et l'extrémité basse.
3. Ensemble selon la revendication 2, dans lequel l'ensemble de déflecteur (64) est orienté de sorte que lorsque le laparoscope est inséré dans la gaine, l'orientation de l'ensemble de déflecteur par rapport à la lentille laparoscopique soit telle que l'écoulement de CO₂ anhydre soit dirigé à travers la lentille depuis l'extrémité basse (68) jusqu'à l'extrémité haute (66) de la pointe coudée.
4. Ensemble selon la revendication 2, dans lequel l'ensemble de déflecteur est configuré pour être utilisé avec un laparoscope (12) ayant une pointe coudée avec un angle de 30°.
5. Ensemble selon la revendication 2, dans lequel l'ensemble de déflecteur est configuré pour être utilisé avec un laparoscope (12) ayant une pointe coudée avec un angle de 45°.
6. Ensemble selon l'une quelconque des revendications 2 à 5, comprenant en outre un guide de fourche d'alignement (78) permettant d'assurer un alignement de rotation correct entre la lentille coudée du laparoscope et l'ensemble de déflecteur (64) lorsque le laparoscope est inséré dans la gaine.
7. Ensemble selon l'une quelconque des revendications précédentes, comprenant en outre une bague de blocage (28) située à une extrémité proximale de ladite gaine (14) permettant d'enclencher par frottement le laparoscope (12) afin de résister à un retrait axial du laparoscope depuis la gaine.
8. Ensemble selon l'une quelconque des revendications précédentes, dans lequel l'ensemble de déflecteur (64) dépasse d'une distance prescrite au-delà de l'extrémité distale de la gaine (14), définissant une distance de conduit d'air Y, et surplombant également la lentille laparoscopique d'une distance transversale prescrite, définissant une largeur de déflexion X, la distance de conduit d'air Y et la distance de déflexion X créant conjointement un chemin d'écoulement pour le CO₂ anhydre à travers la lentille laparoscopique, la distance de conduit Y étant au moins égale à l'épaisseur de paroi de la gaine et ne dépassant pas 1,5 fois l'épaisseur de paroi de la

gaine, la largeur de déflexion X étant au moins égale à deux fois la distance de conduit Y.

9. Ensemble selon l'une quelconque des revendications précédentes, dans lequel la lumière est dimensionnée et configurée pour acheminer le CO₂ anhydre depuis la source à un débit d'au moins 1 litre par minute. 5
10. Système chirurgical comprenant un ensemble d'optimisation de vue tel que revendiqué dans l'une quelconque des revendications 1 à 9 et un laparoscope. 10

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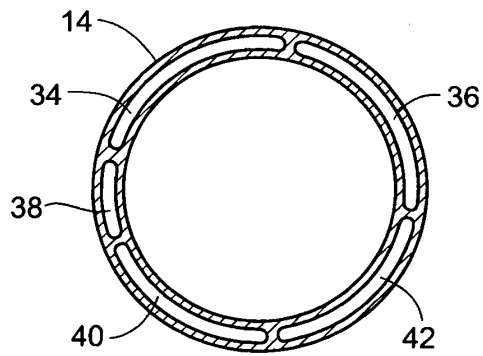
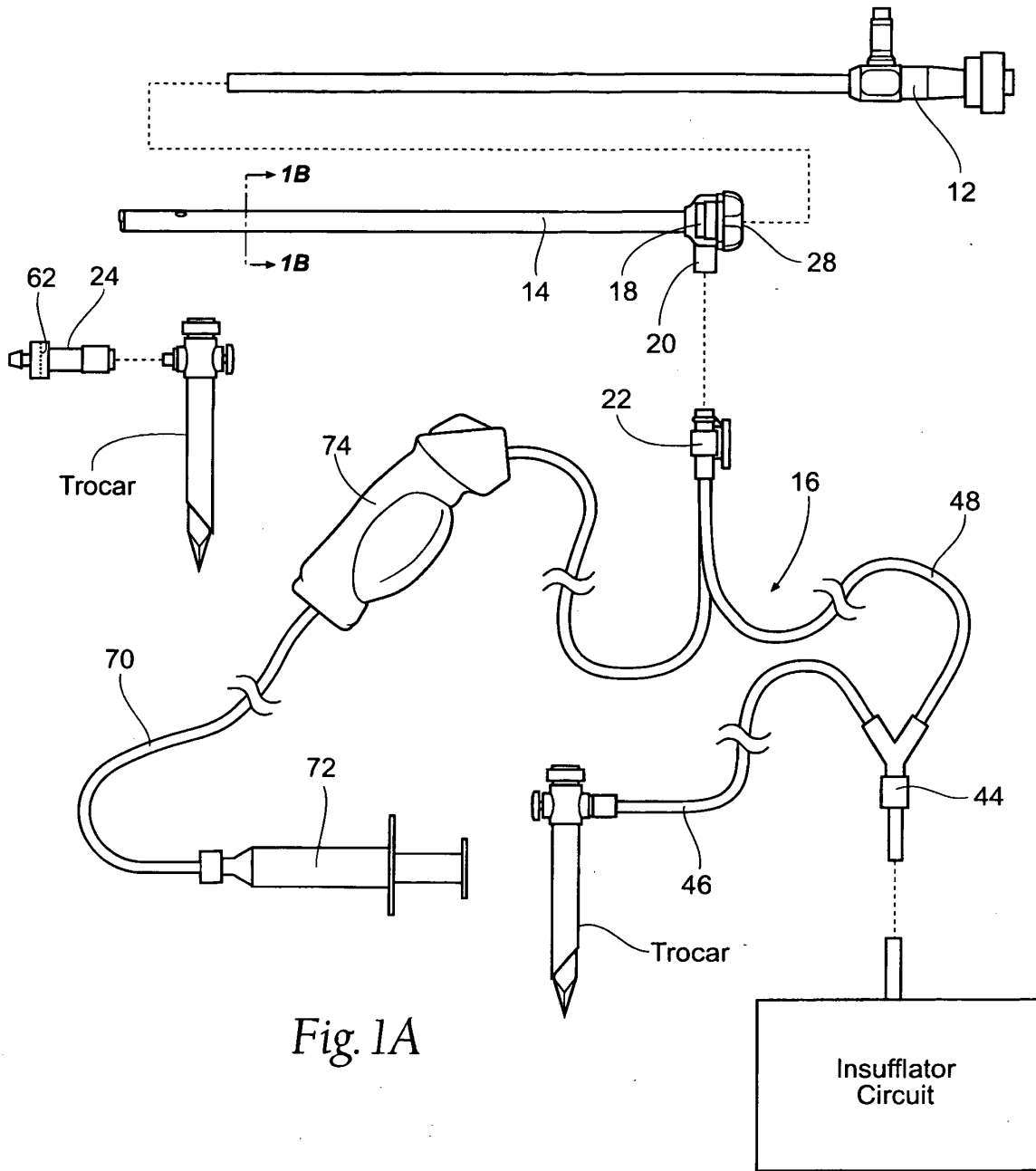
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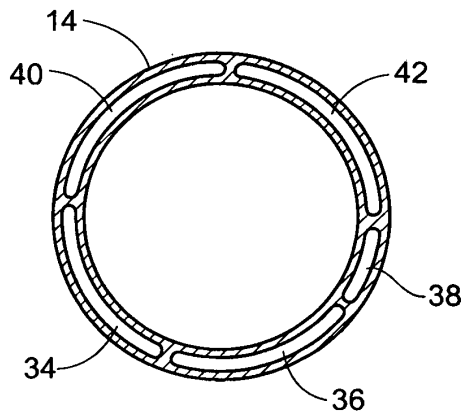
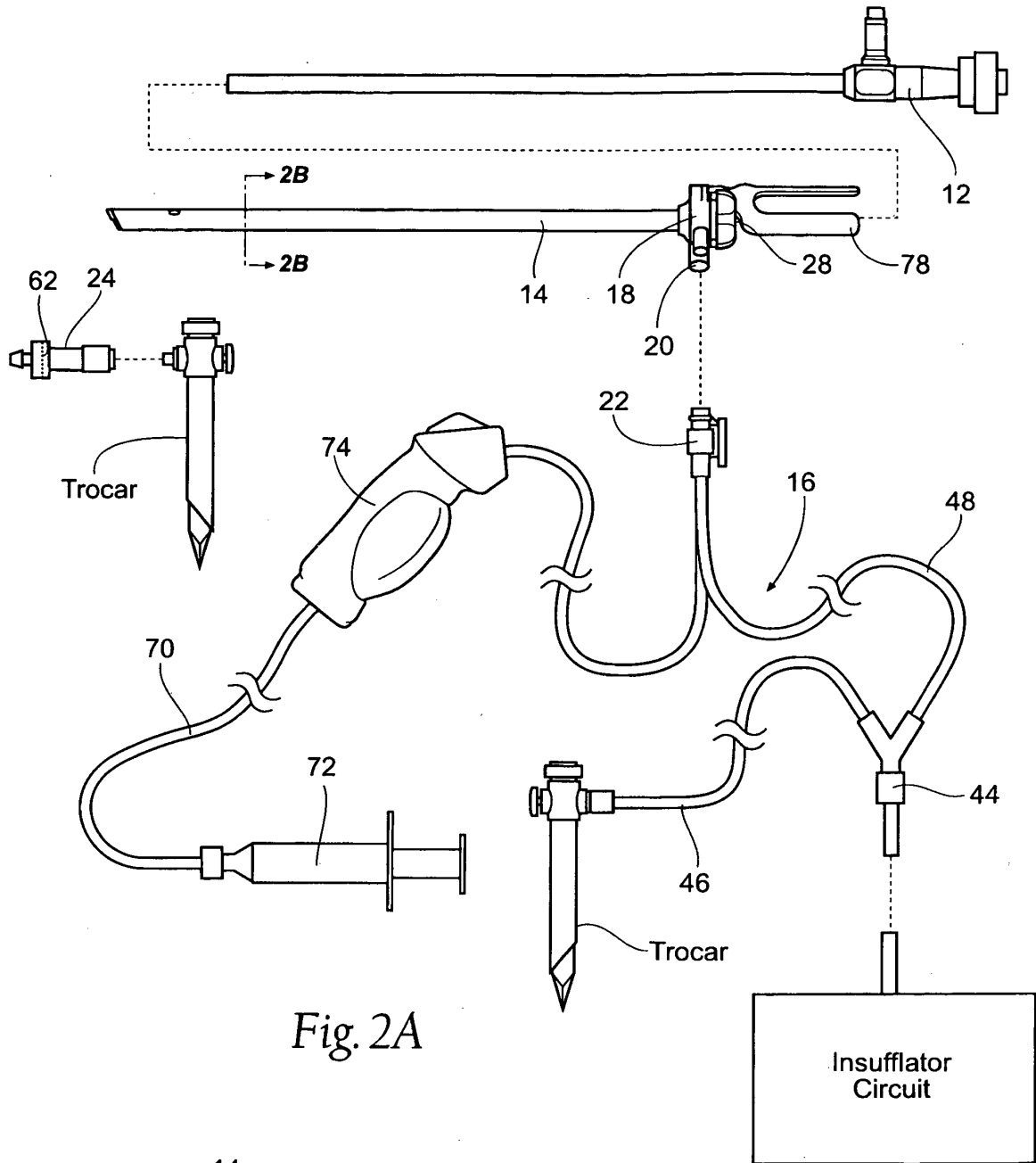
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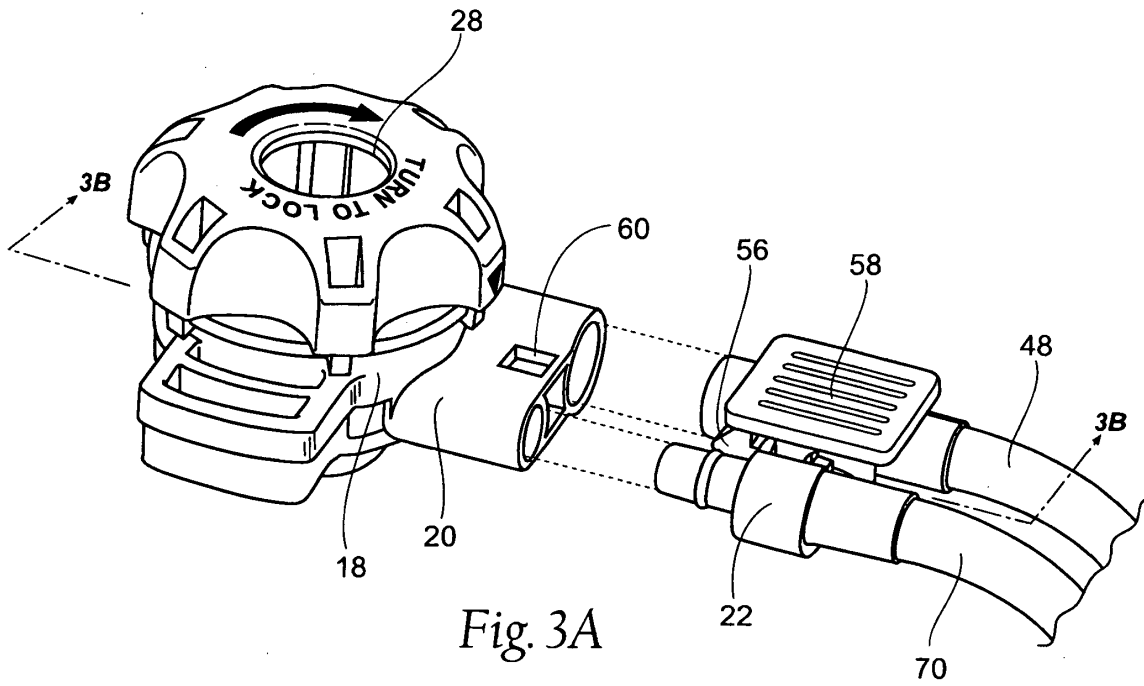


Fig. 3A

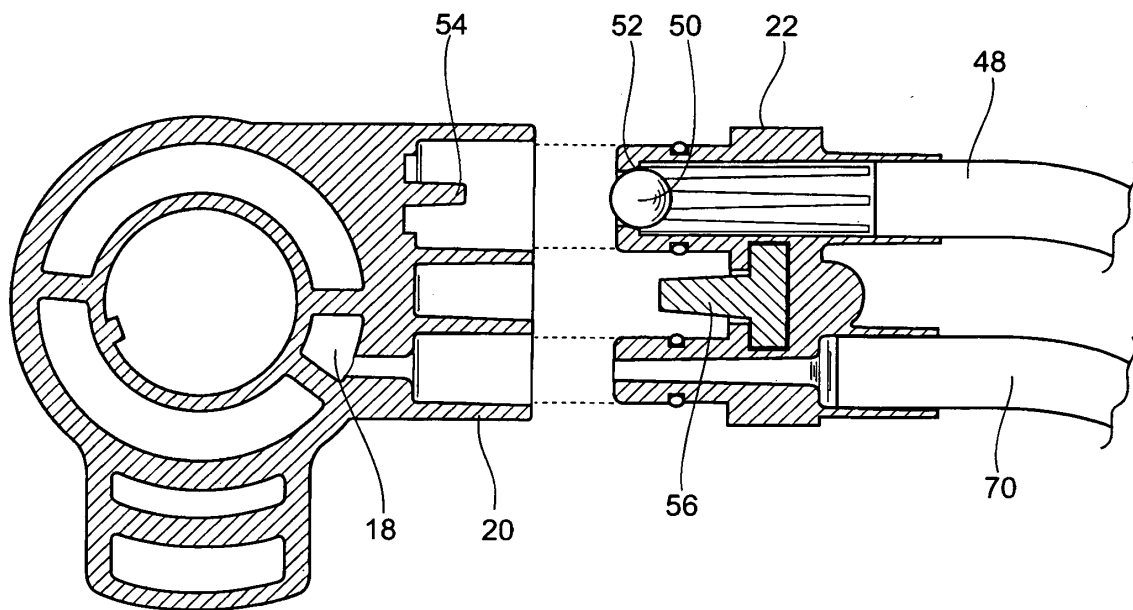


Fig. 3B

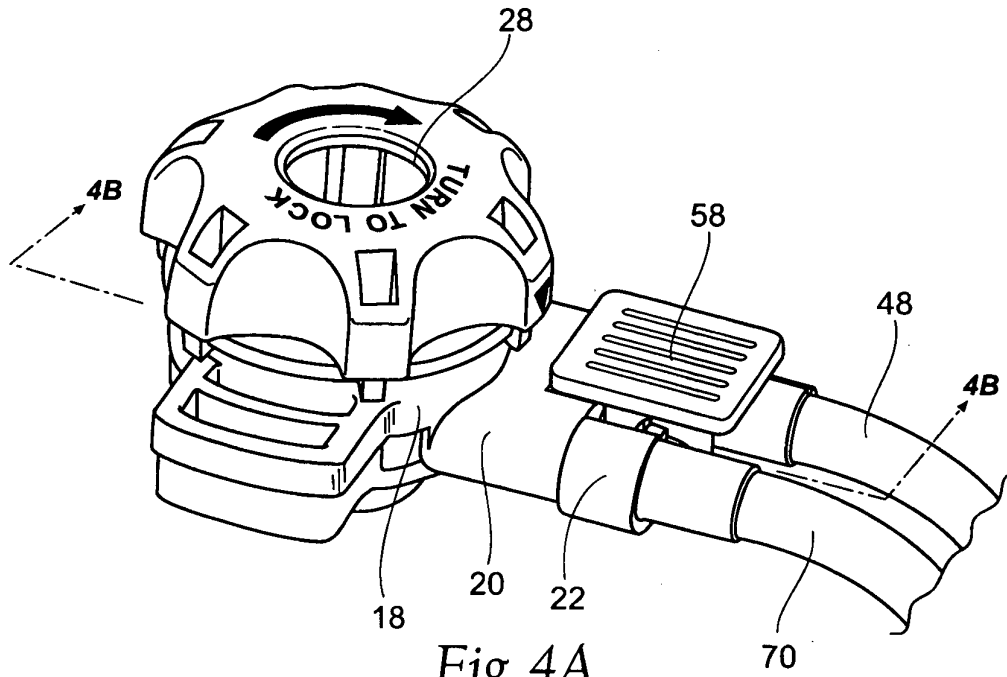


Fig. 4A

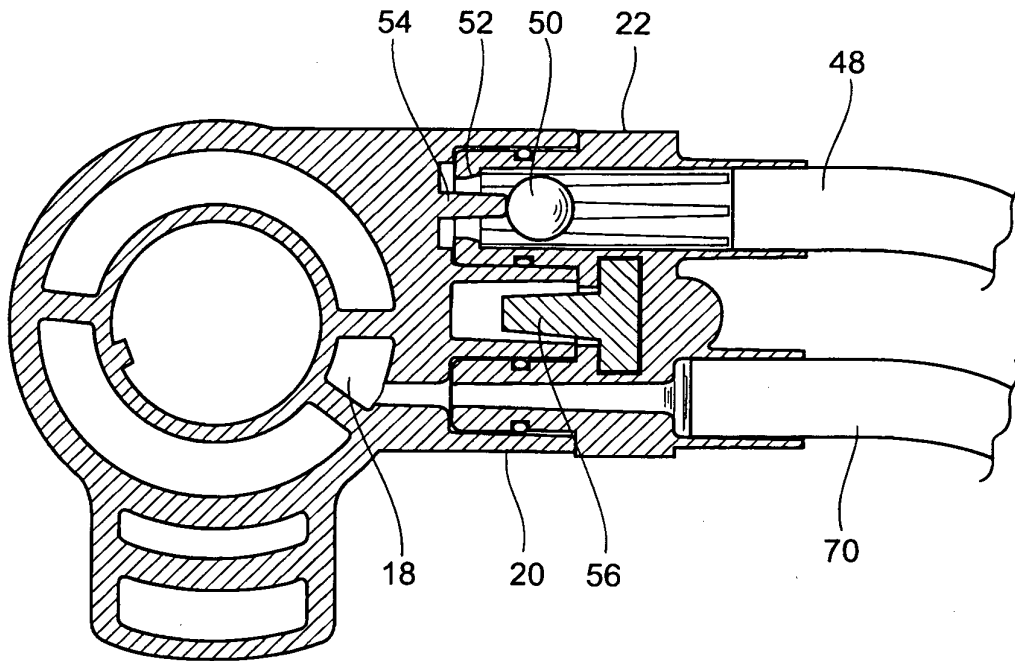


Fig. 4B

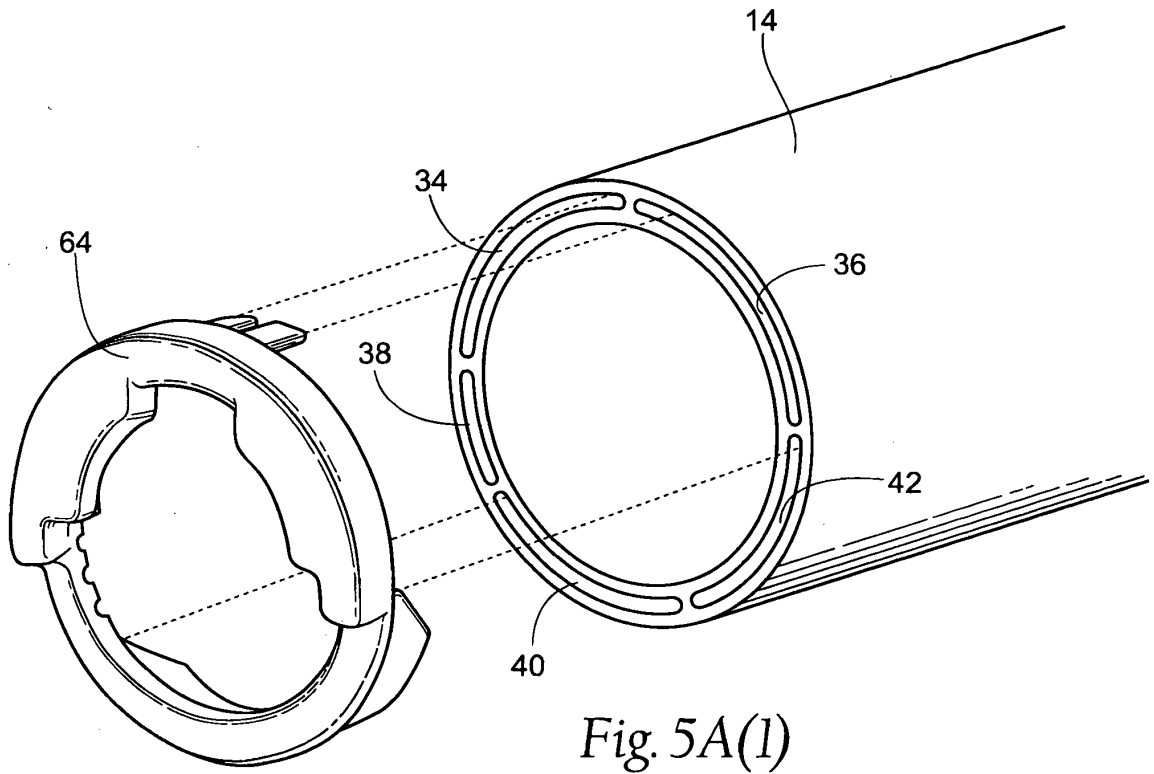


Fig. 5A(1)

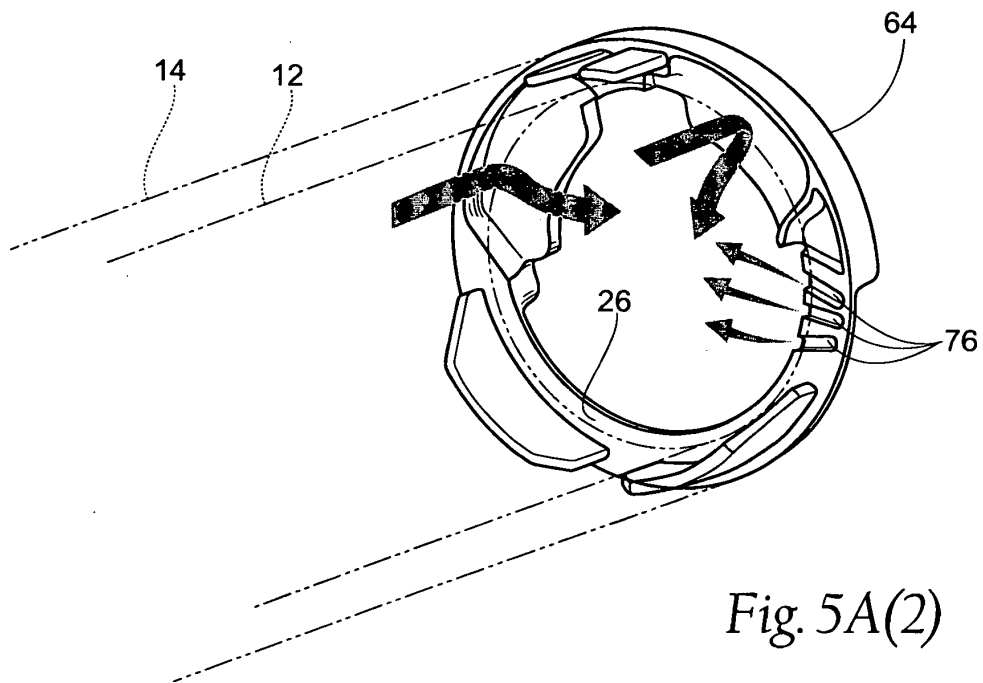


Fig. 5A(2)

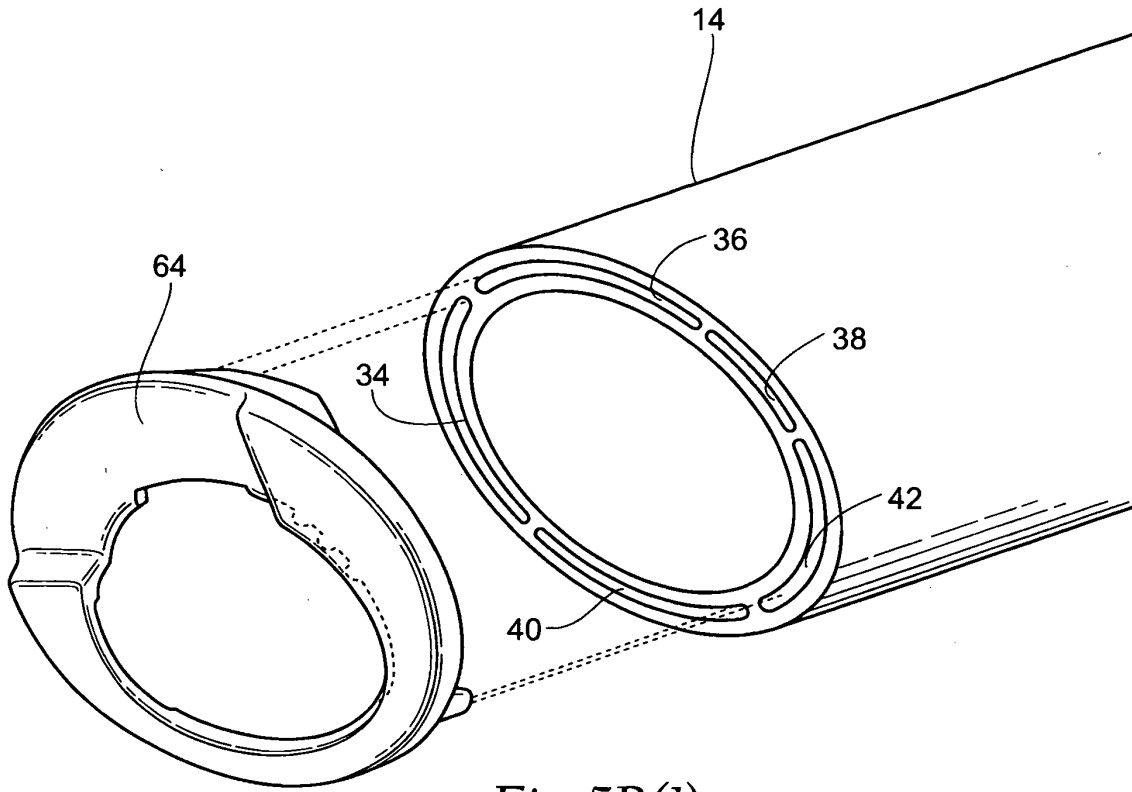


Fig. 5B(1)

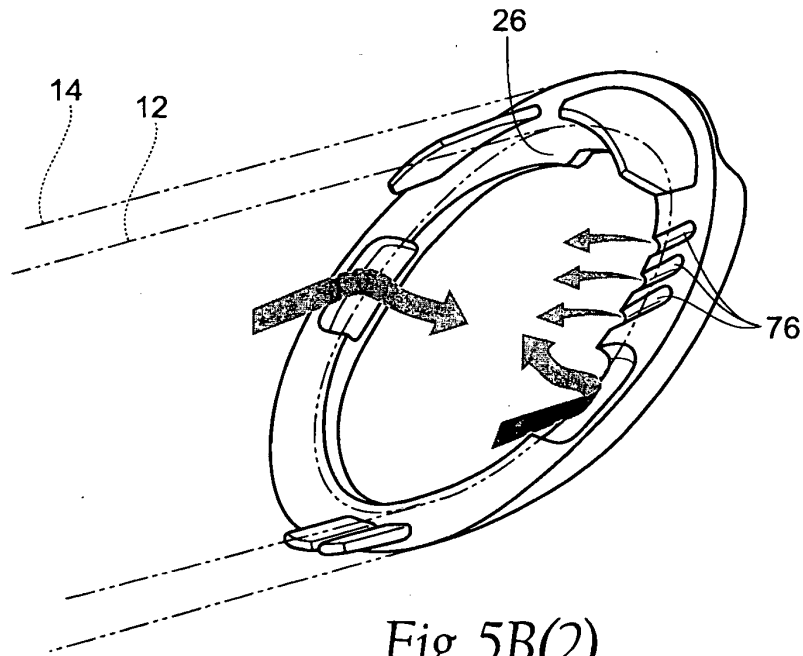


Fig. 5B(2)

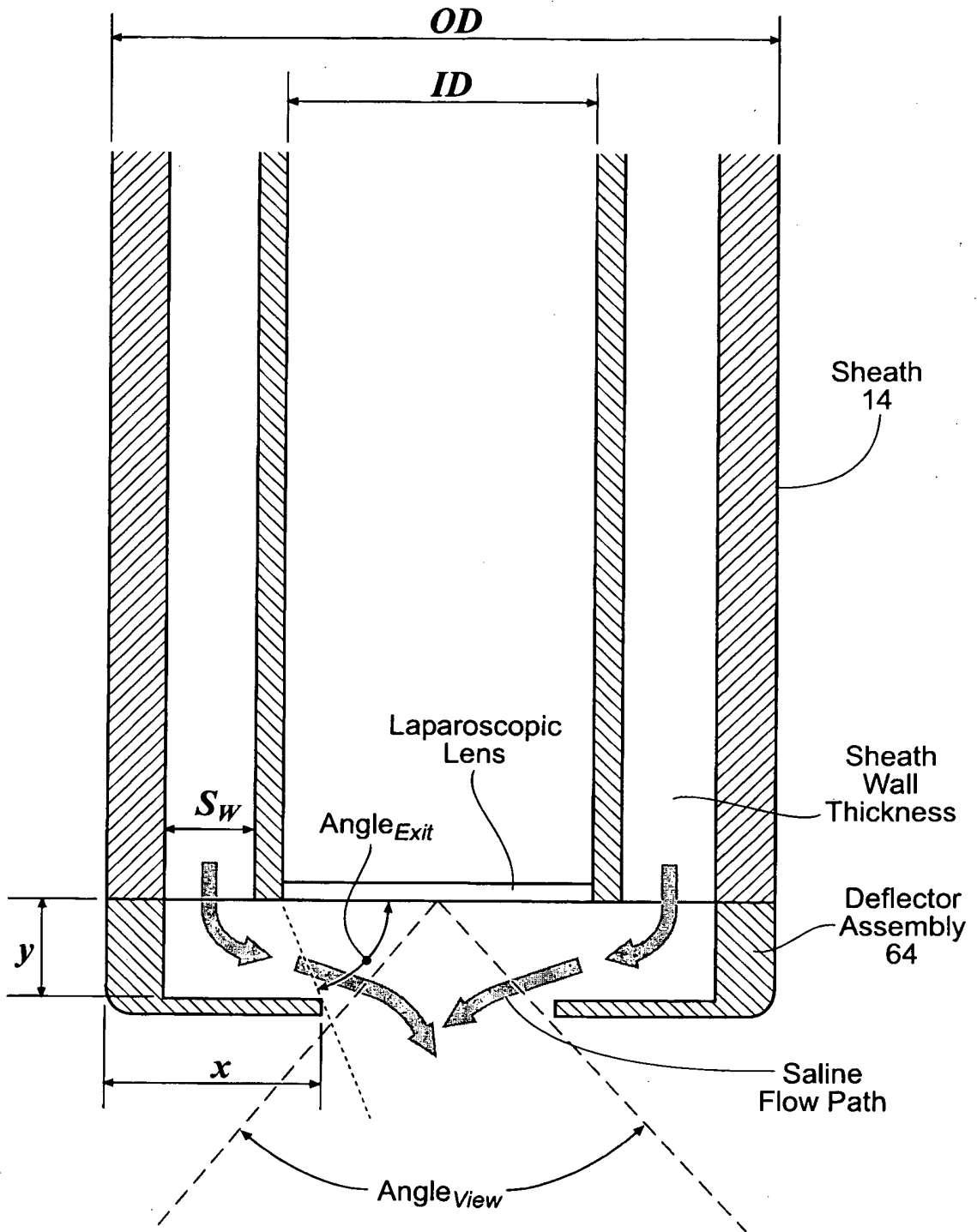


Fig. 6

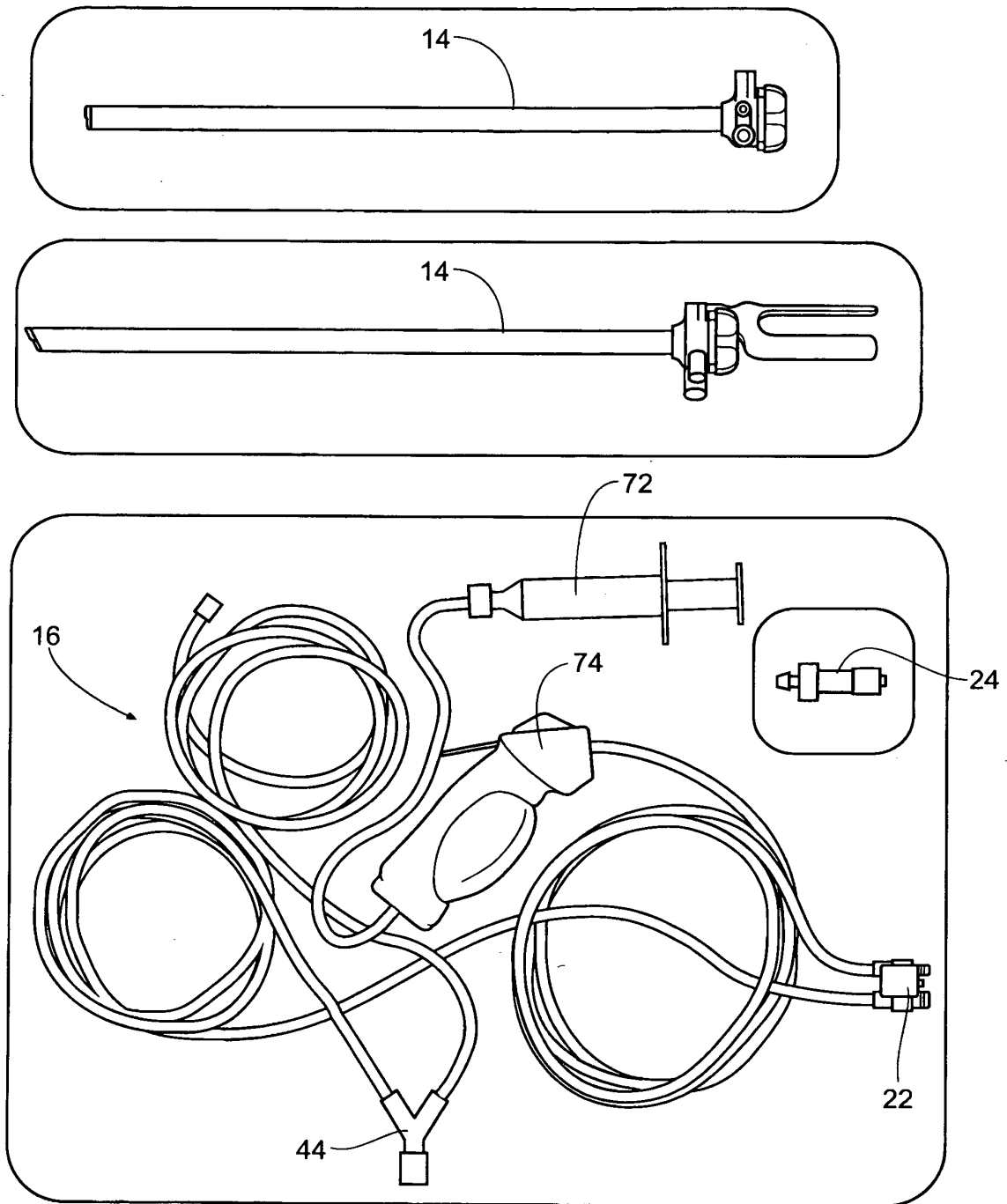
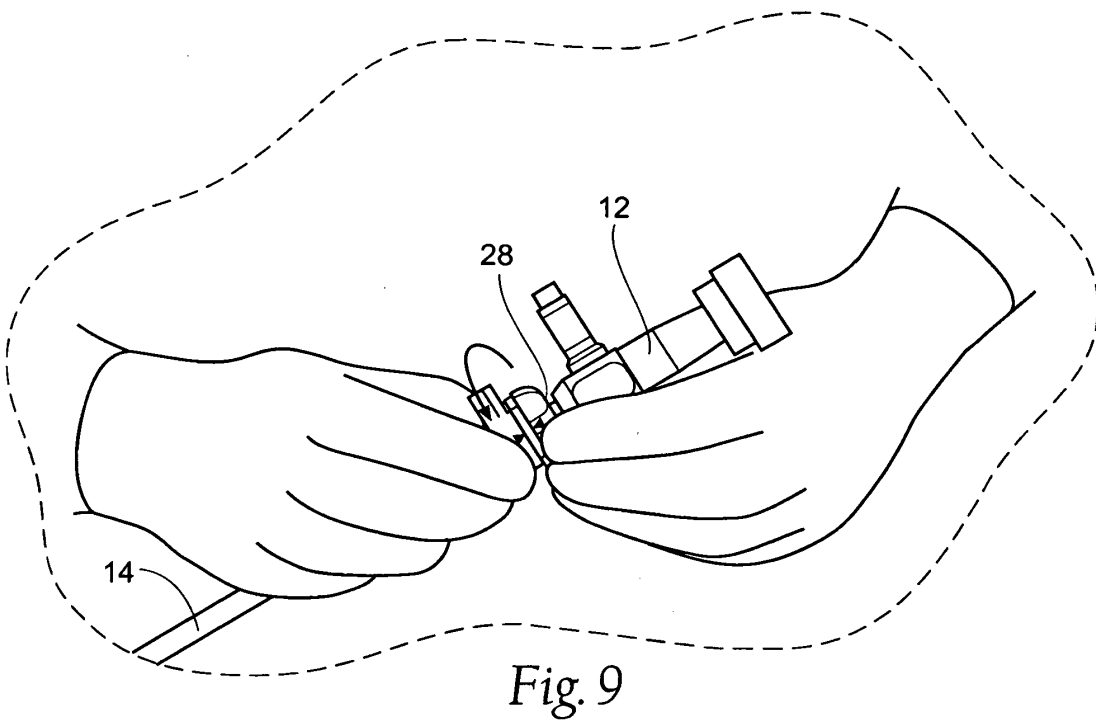
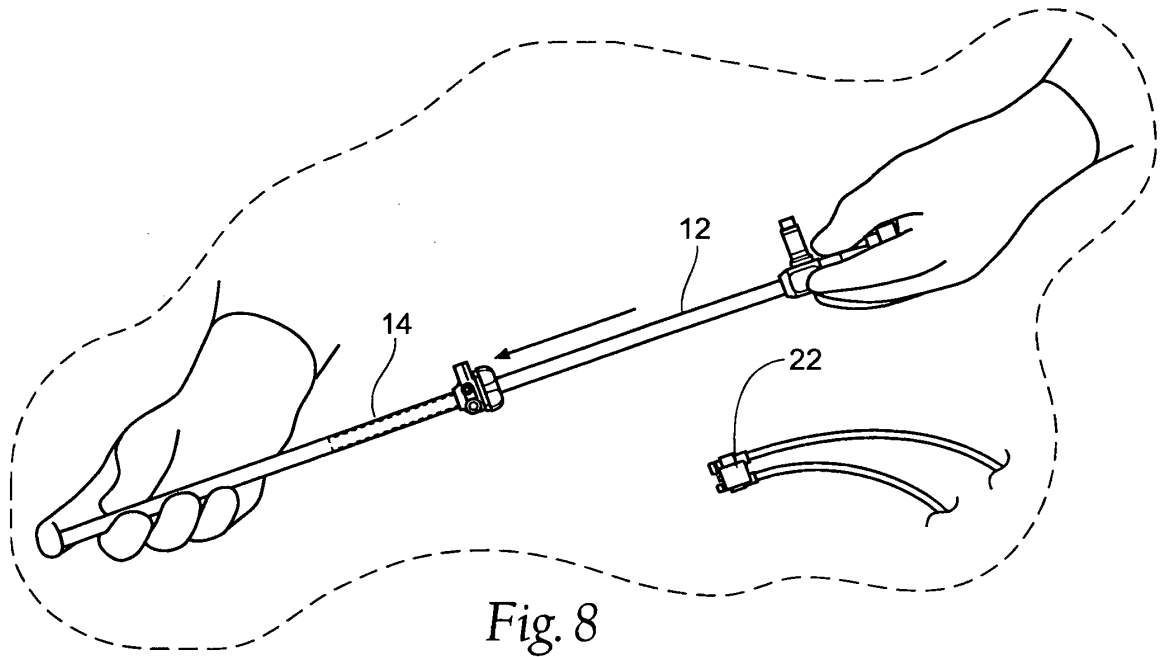
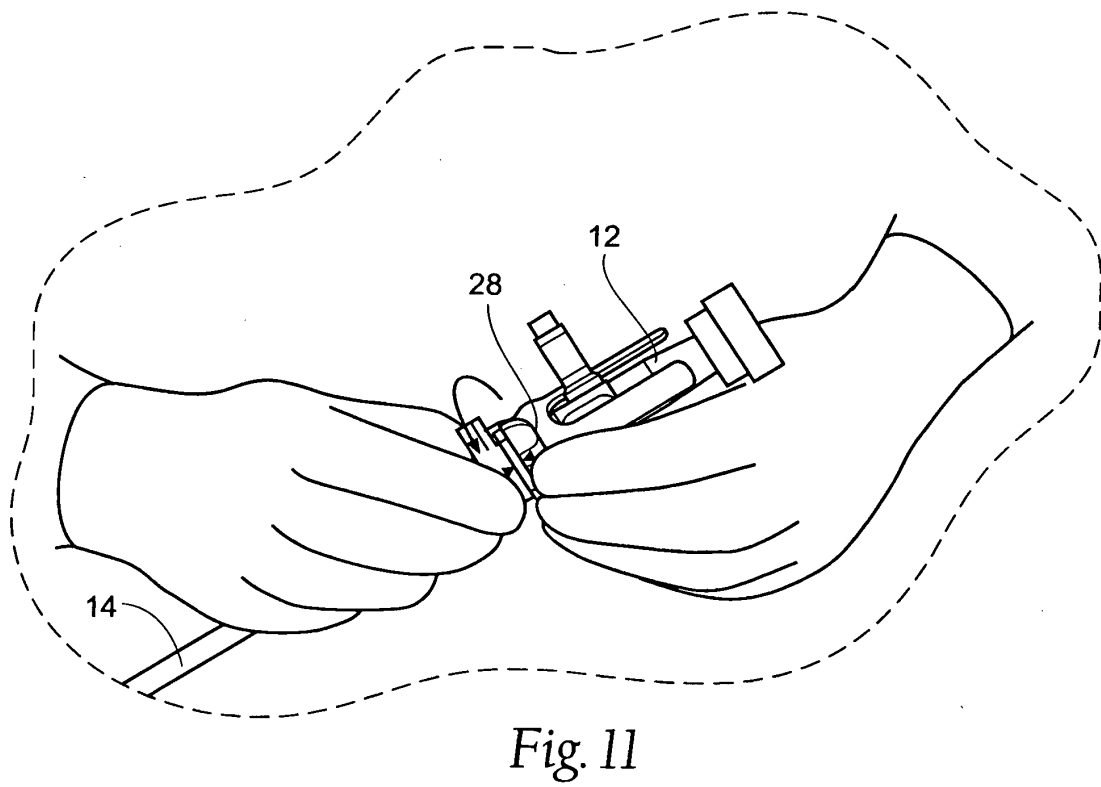
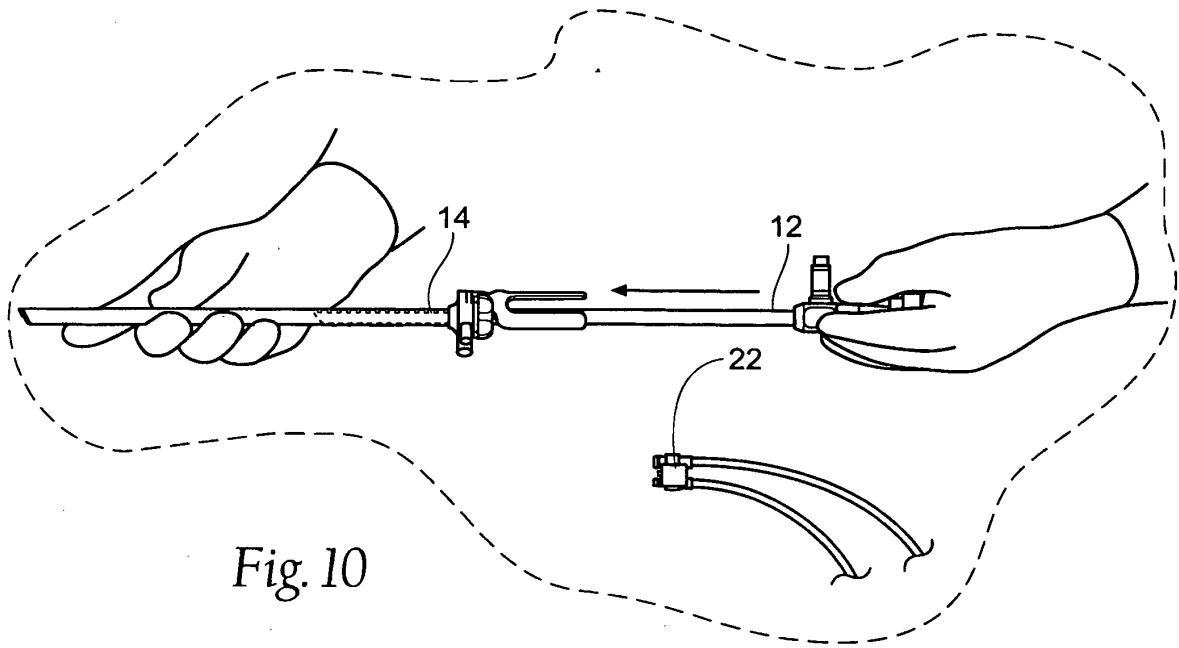


Fig. 7





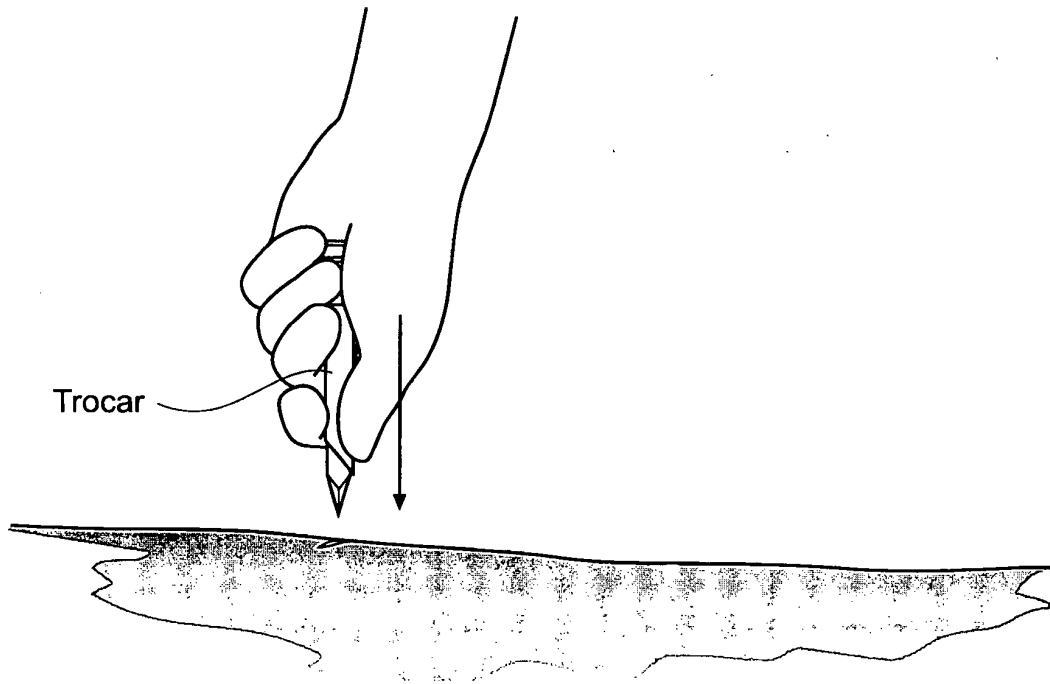


Fig. 12

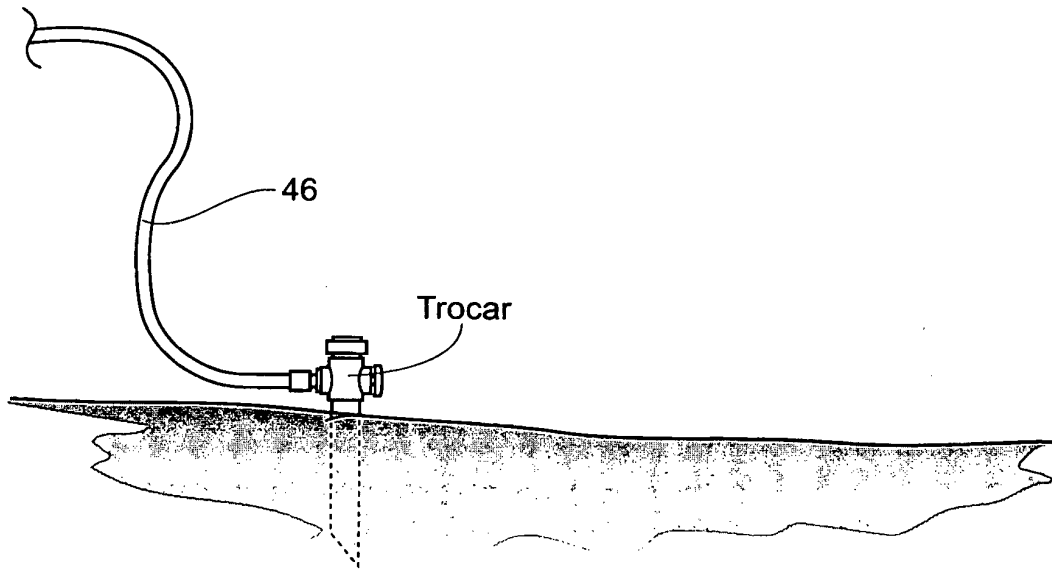


Fig. 13

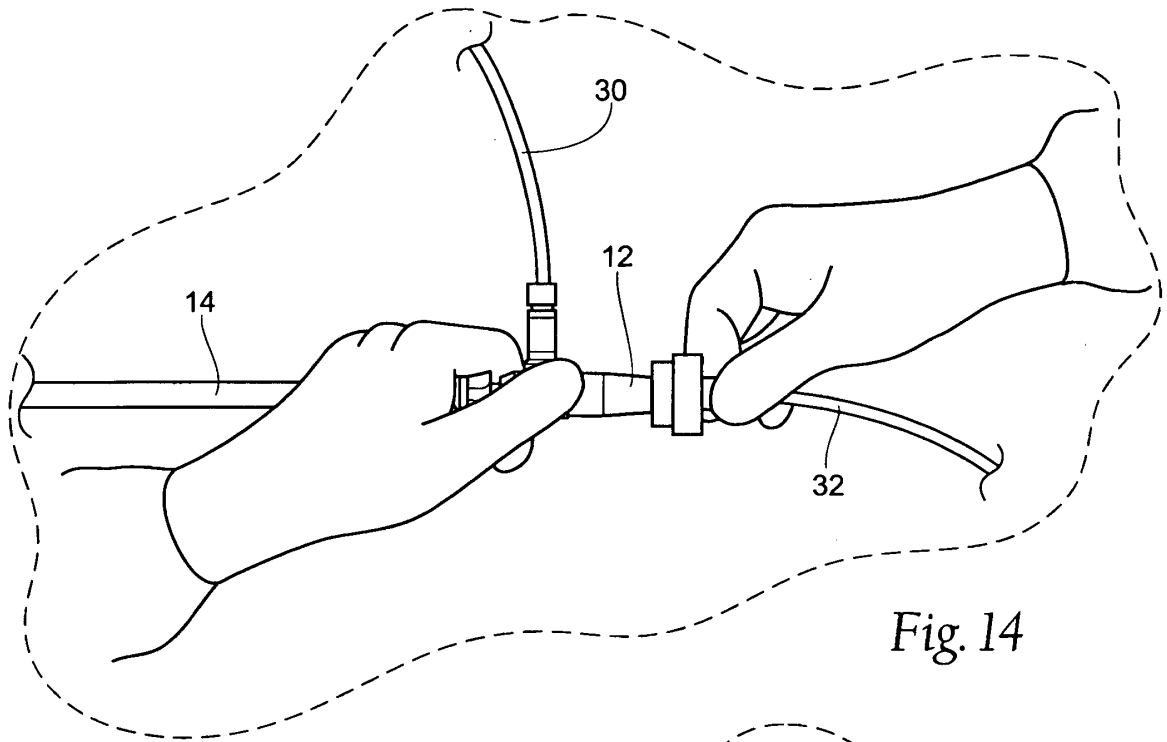


Fig. 14

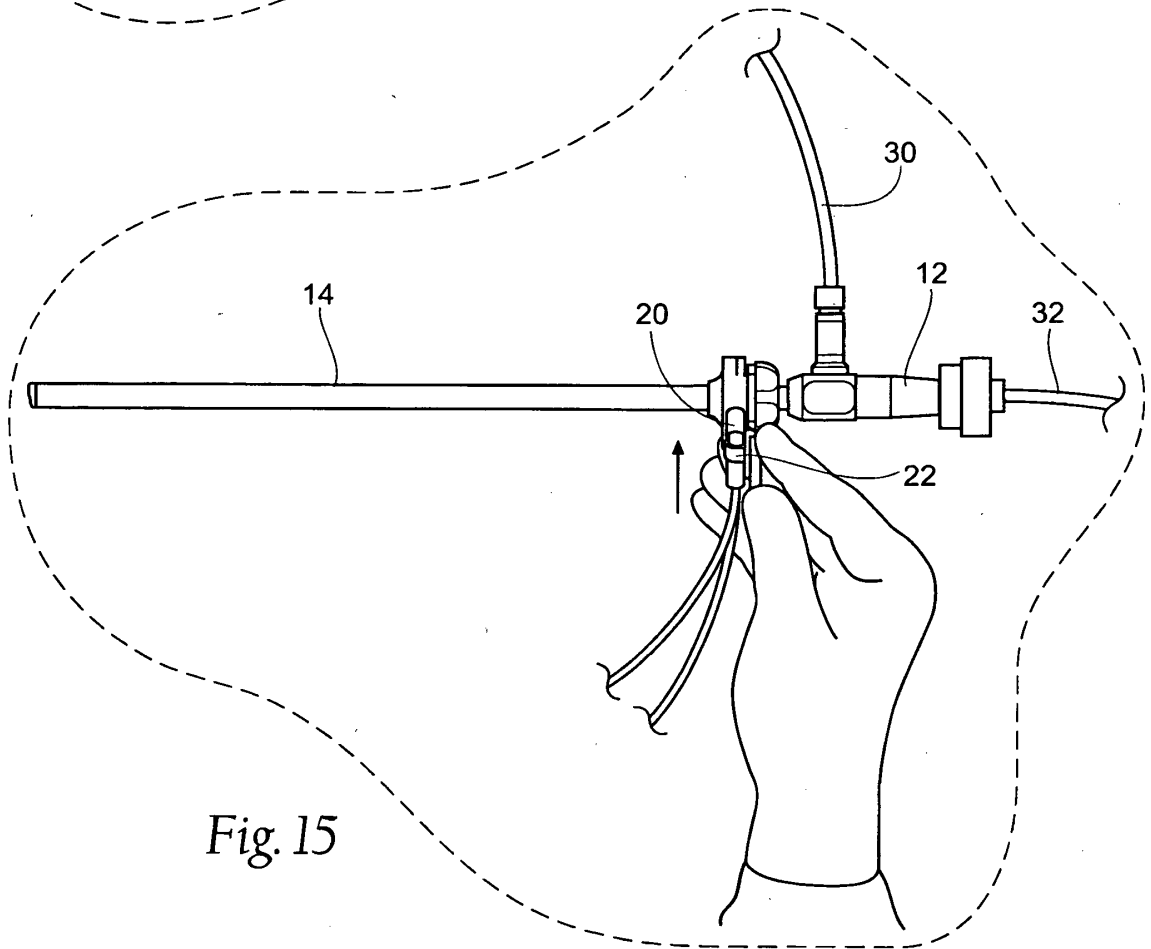


Fig. 15

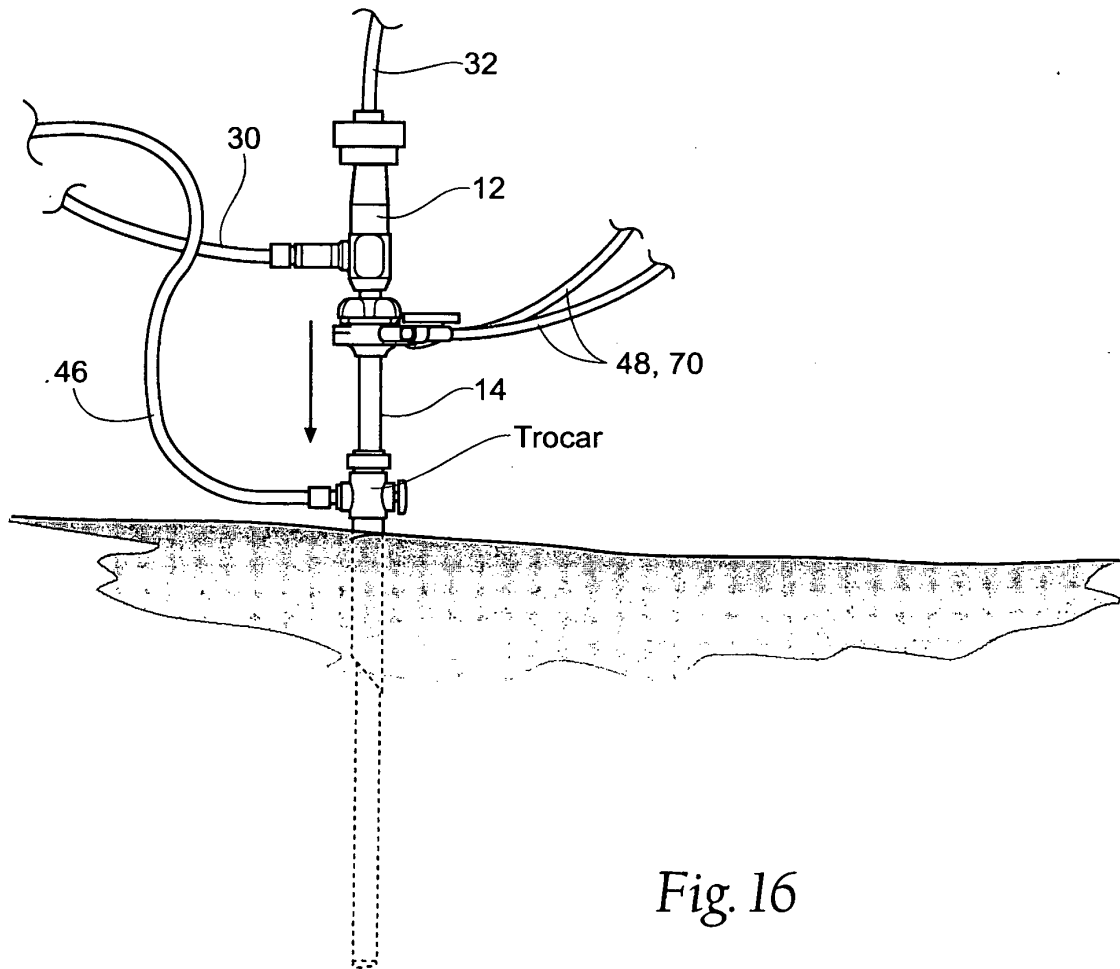


Fig. 16

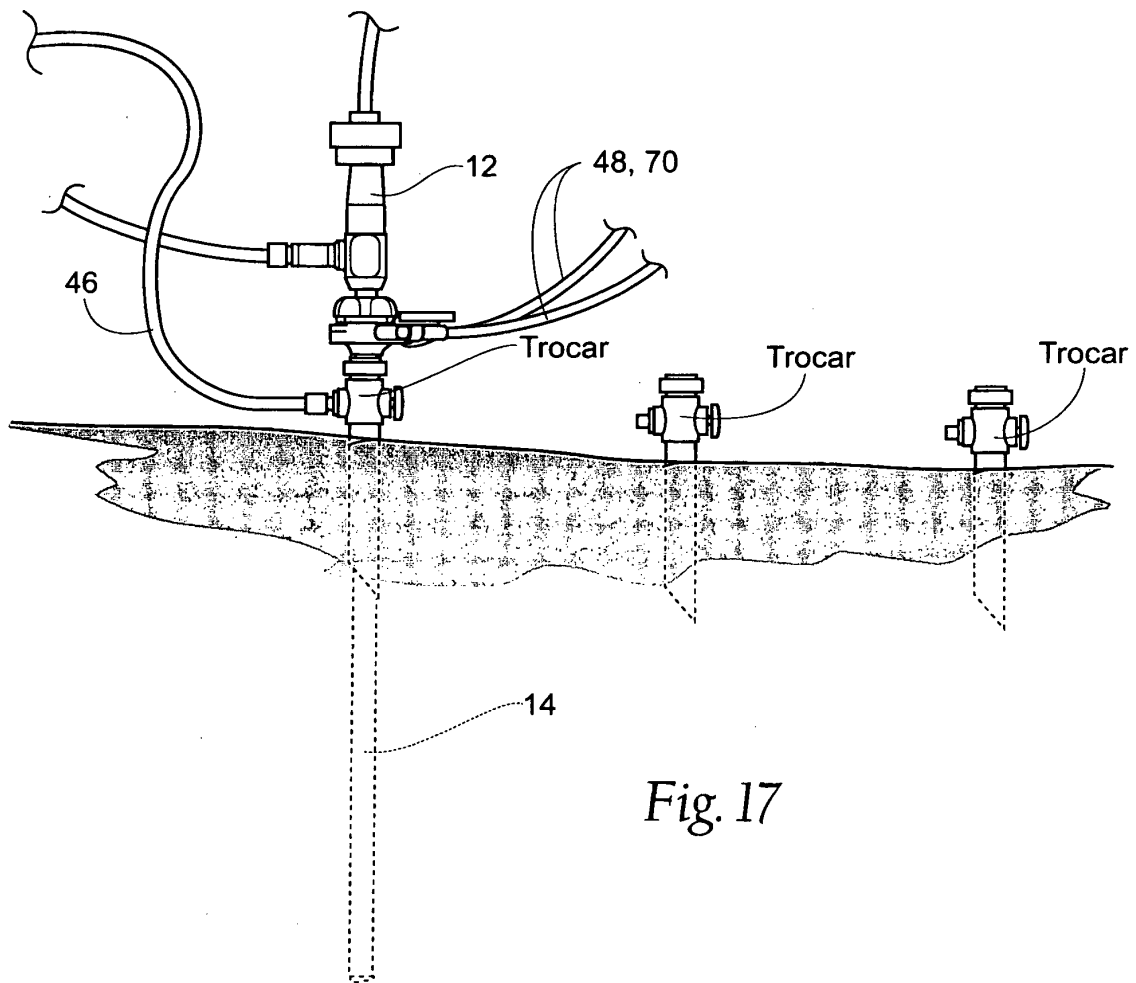


Fig. 17

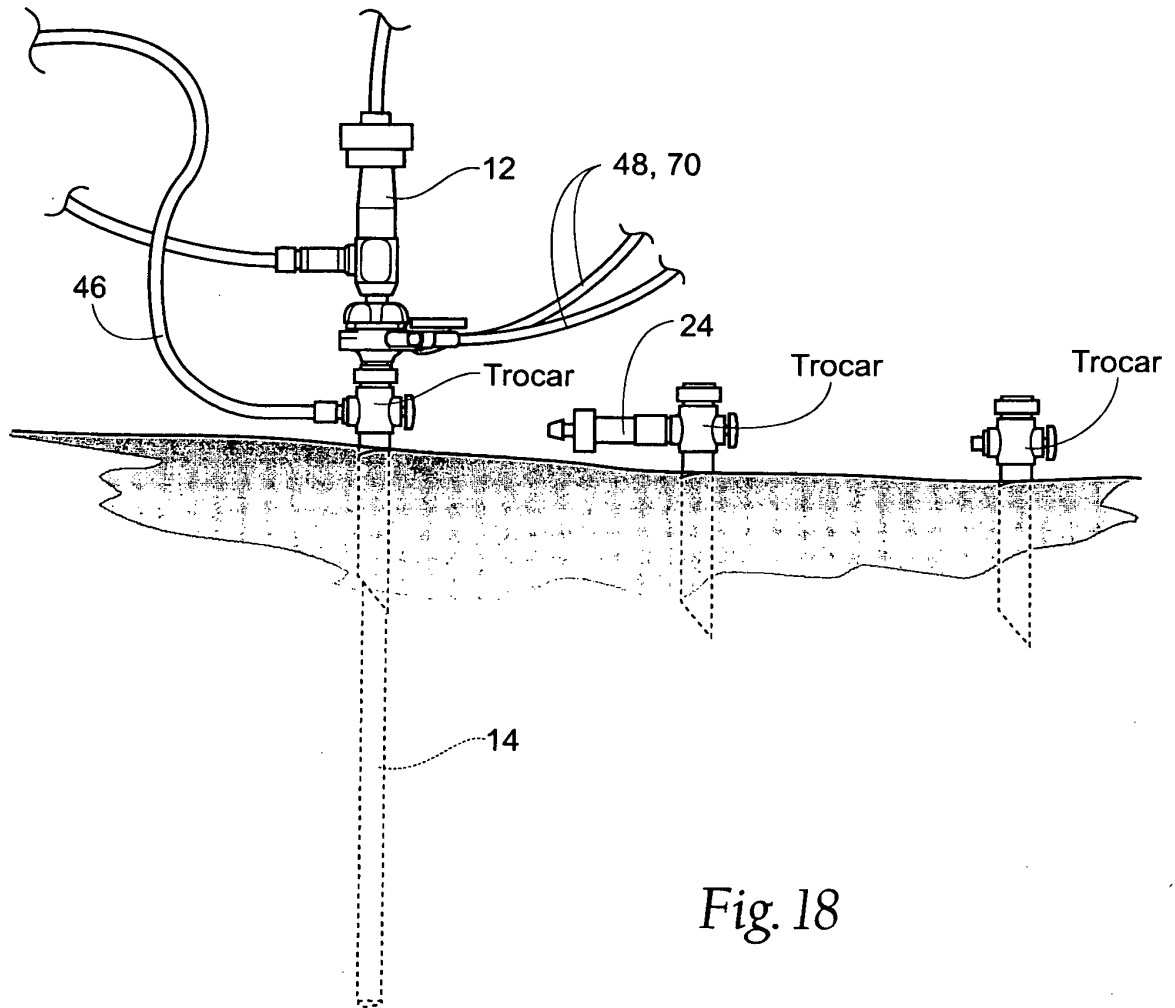
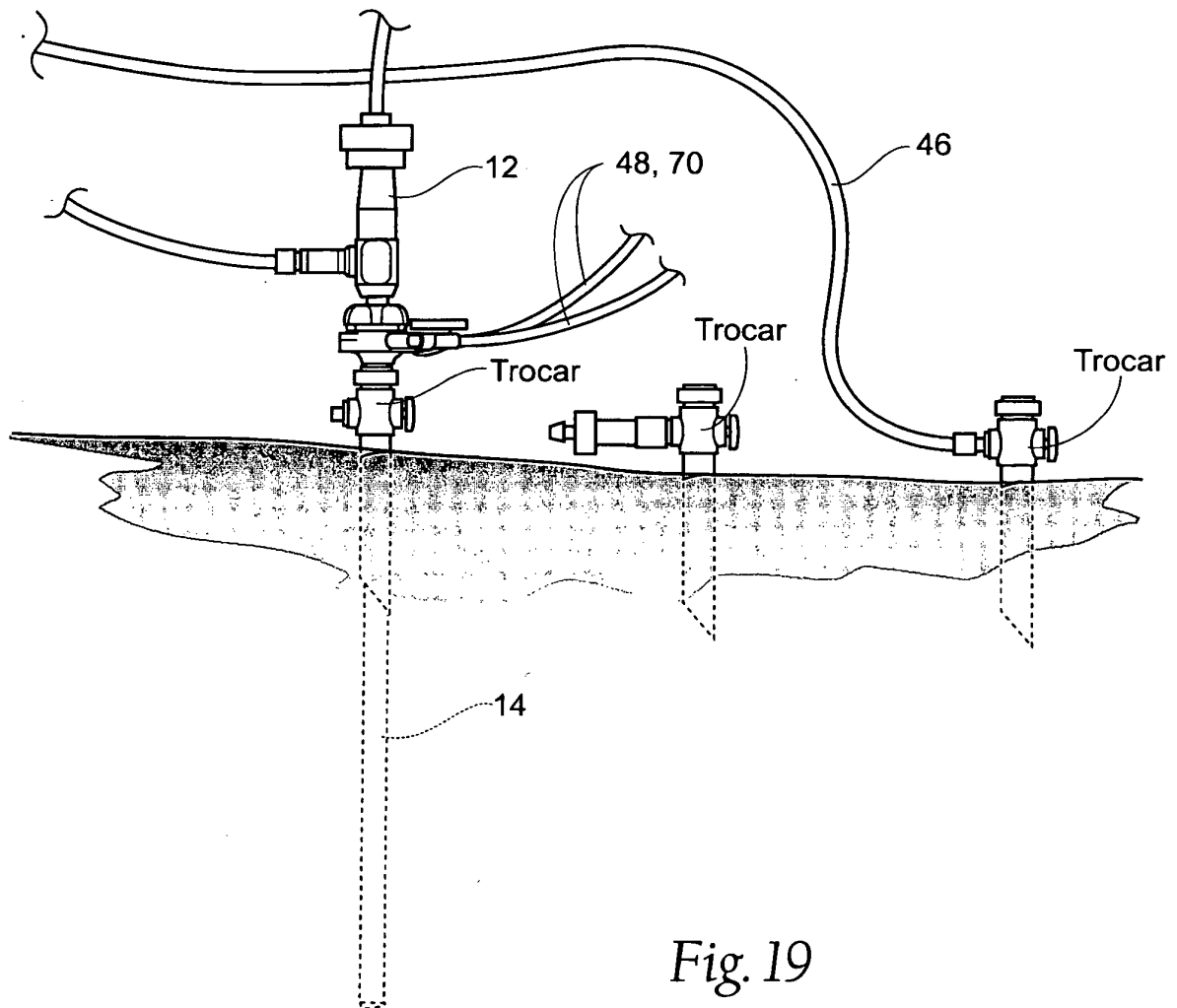


Fig. 18



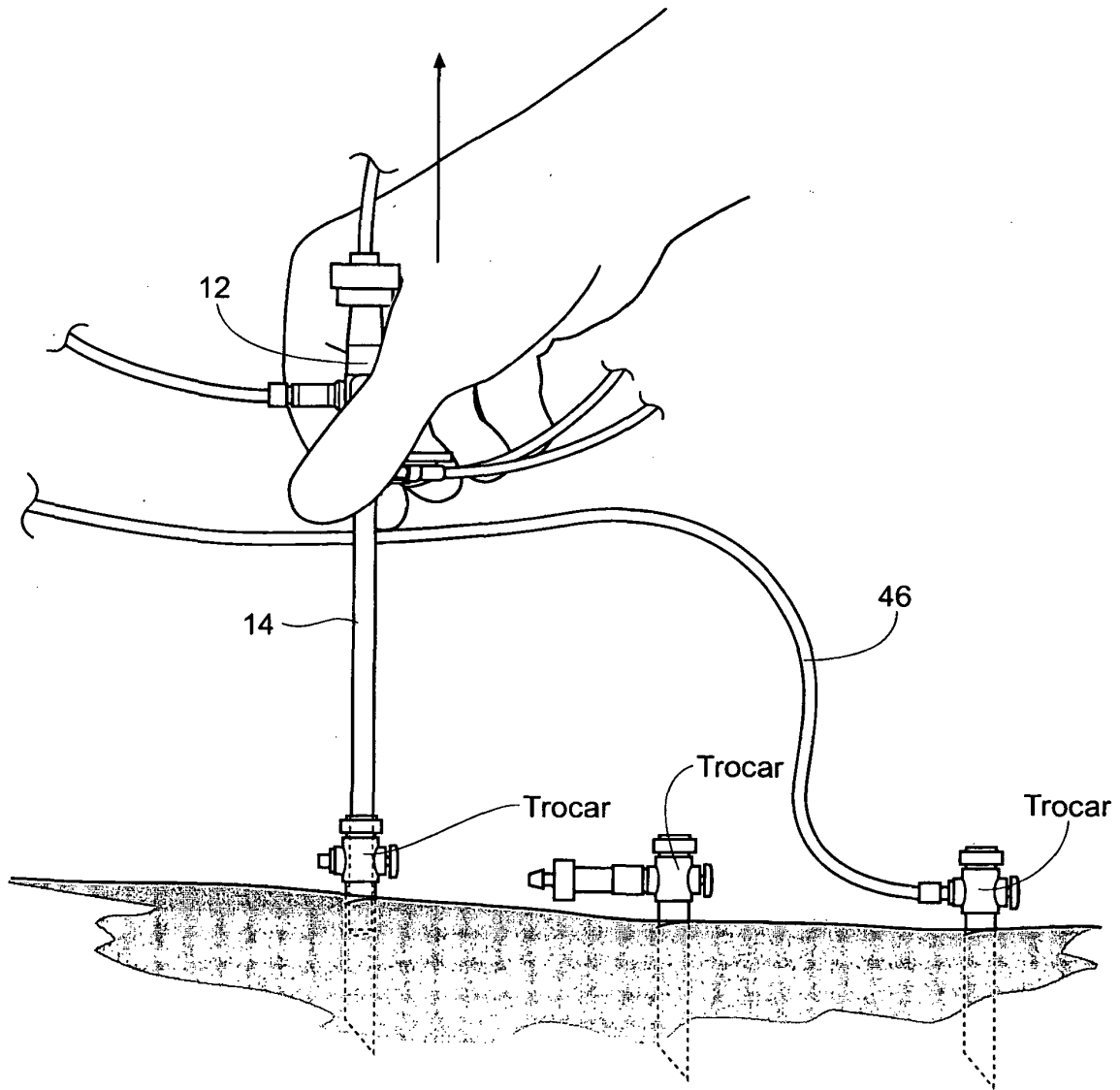
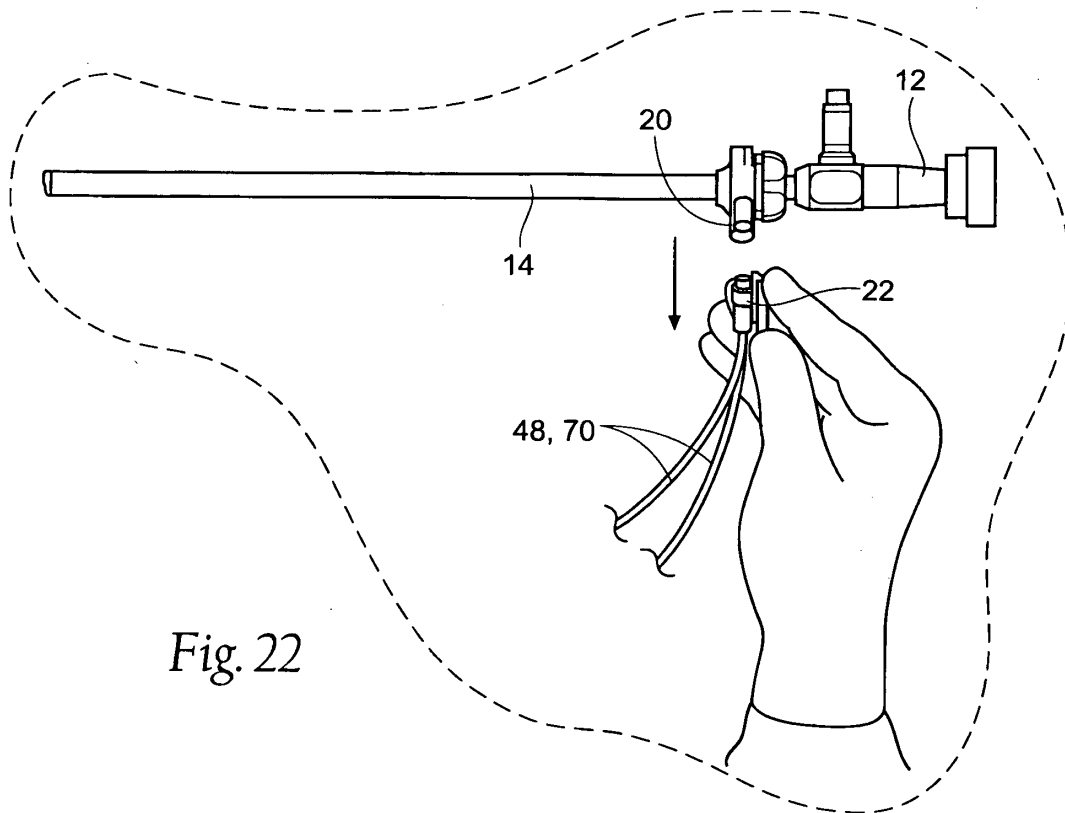
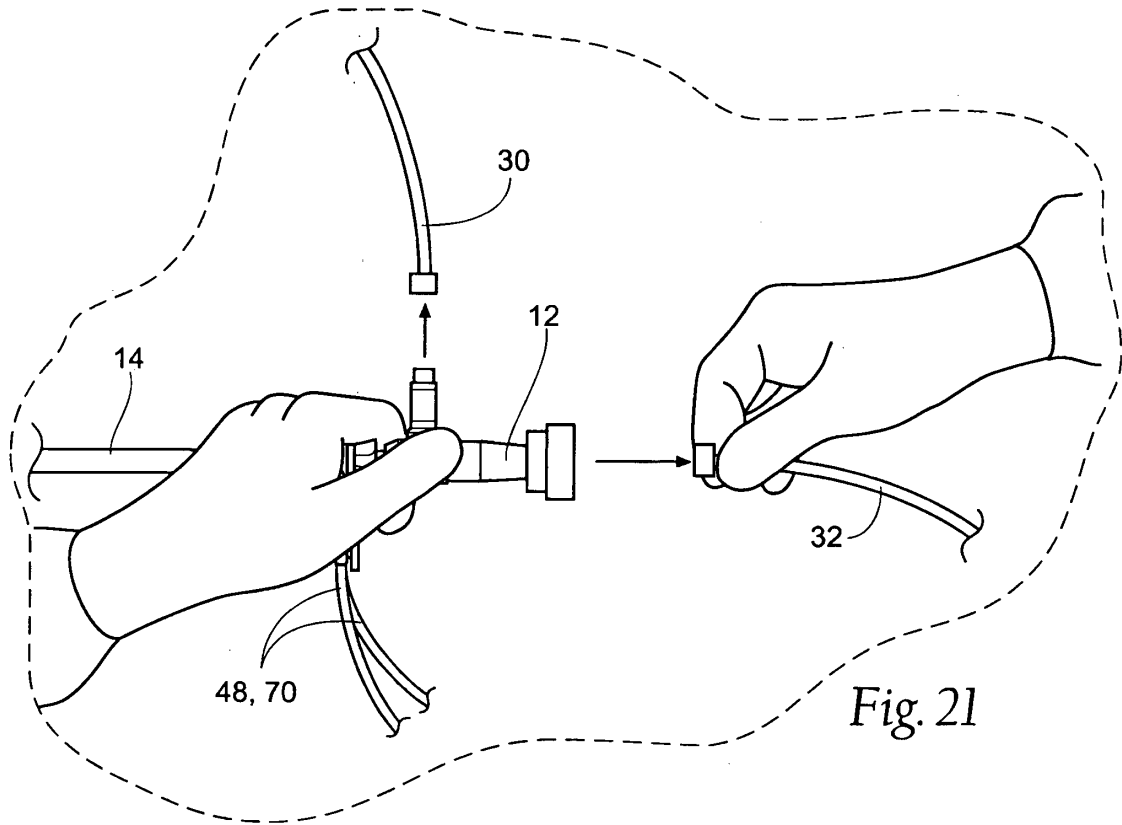


Fig. 20



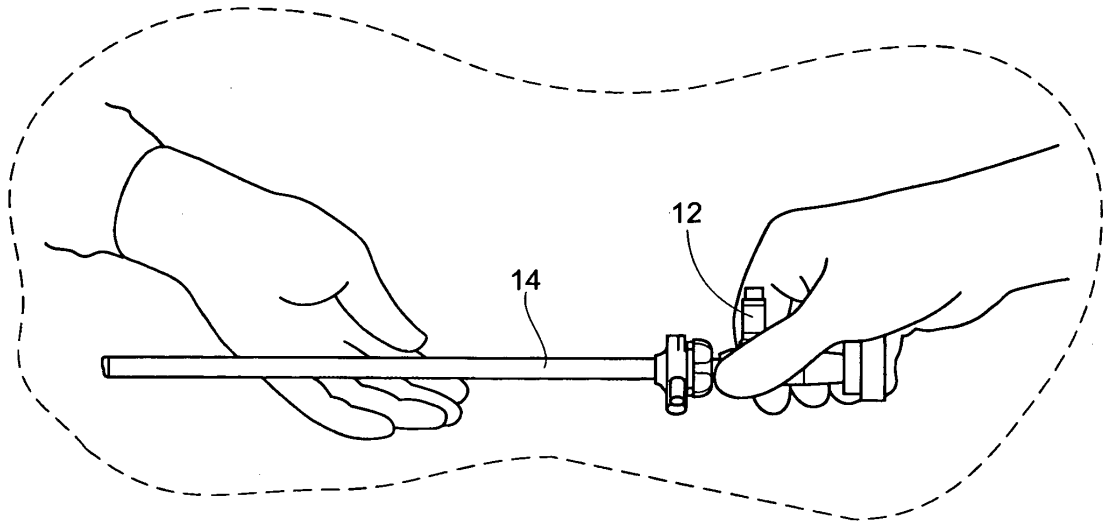


Fig. 23

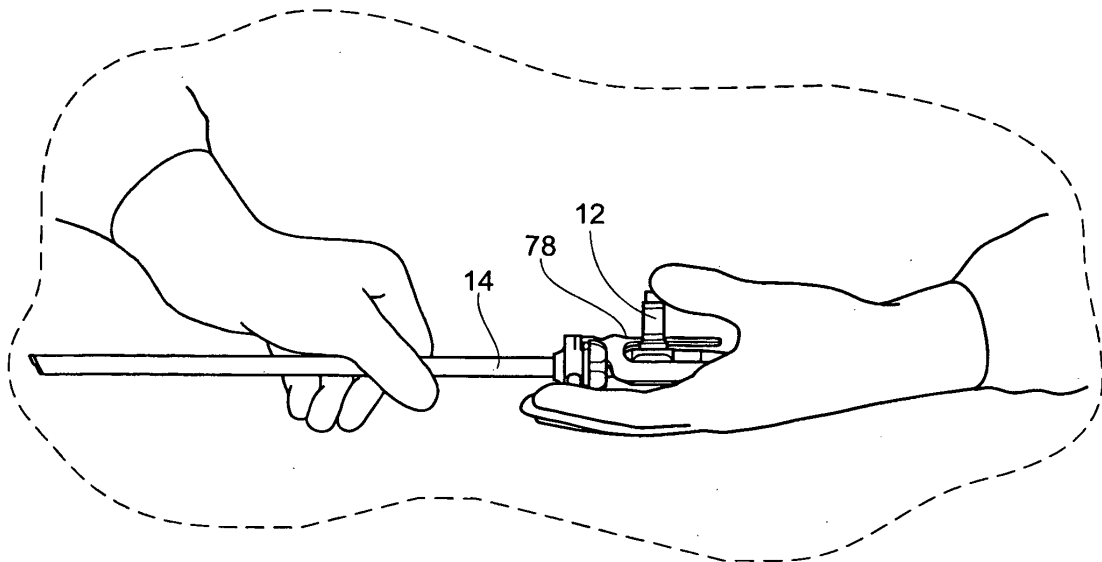
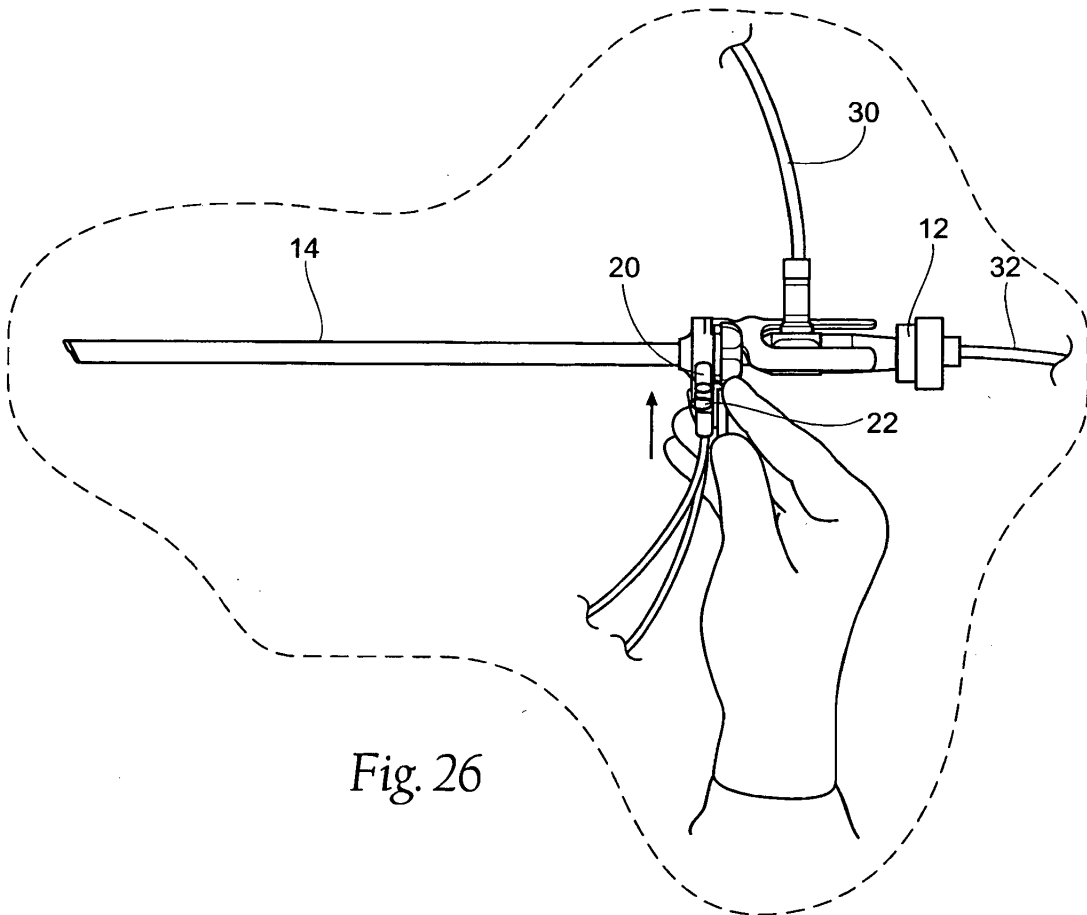
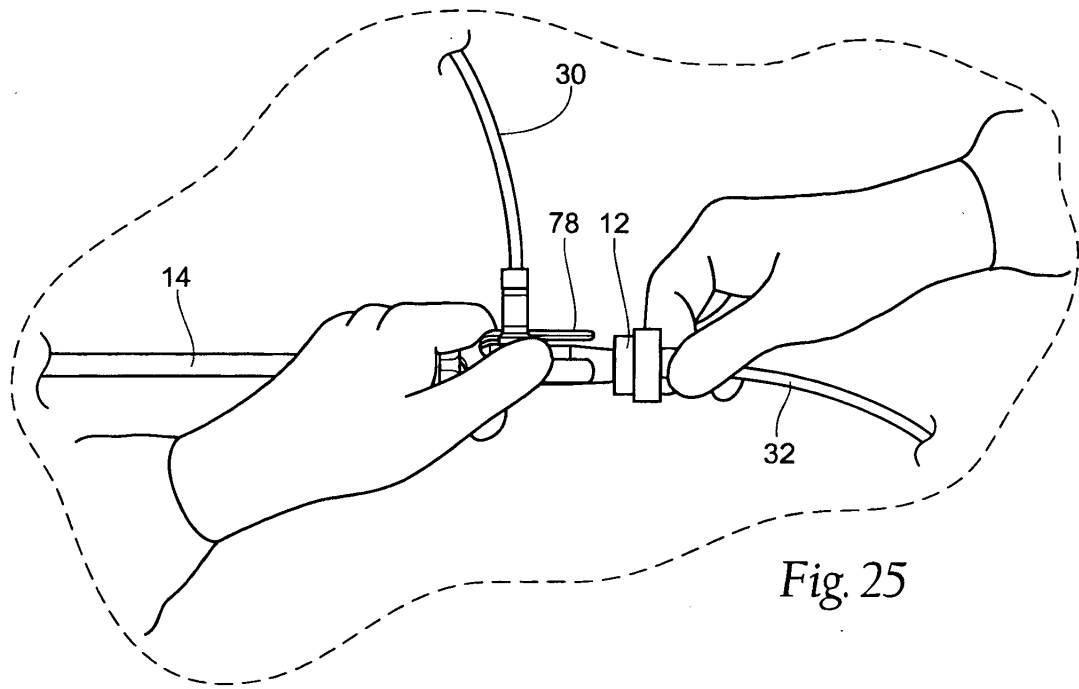


Fig. 24



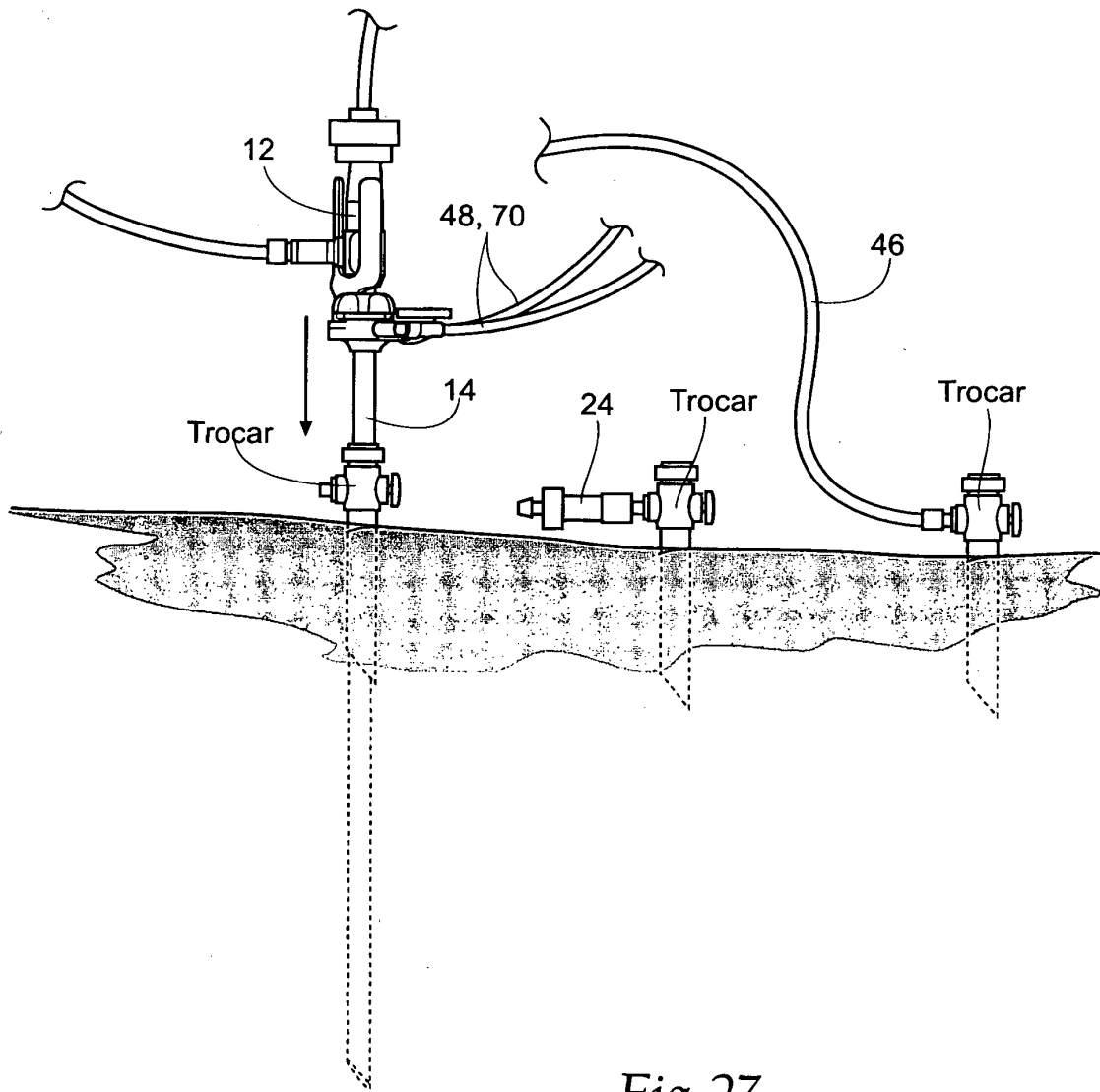


Fig. 27

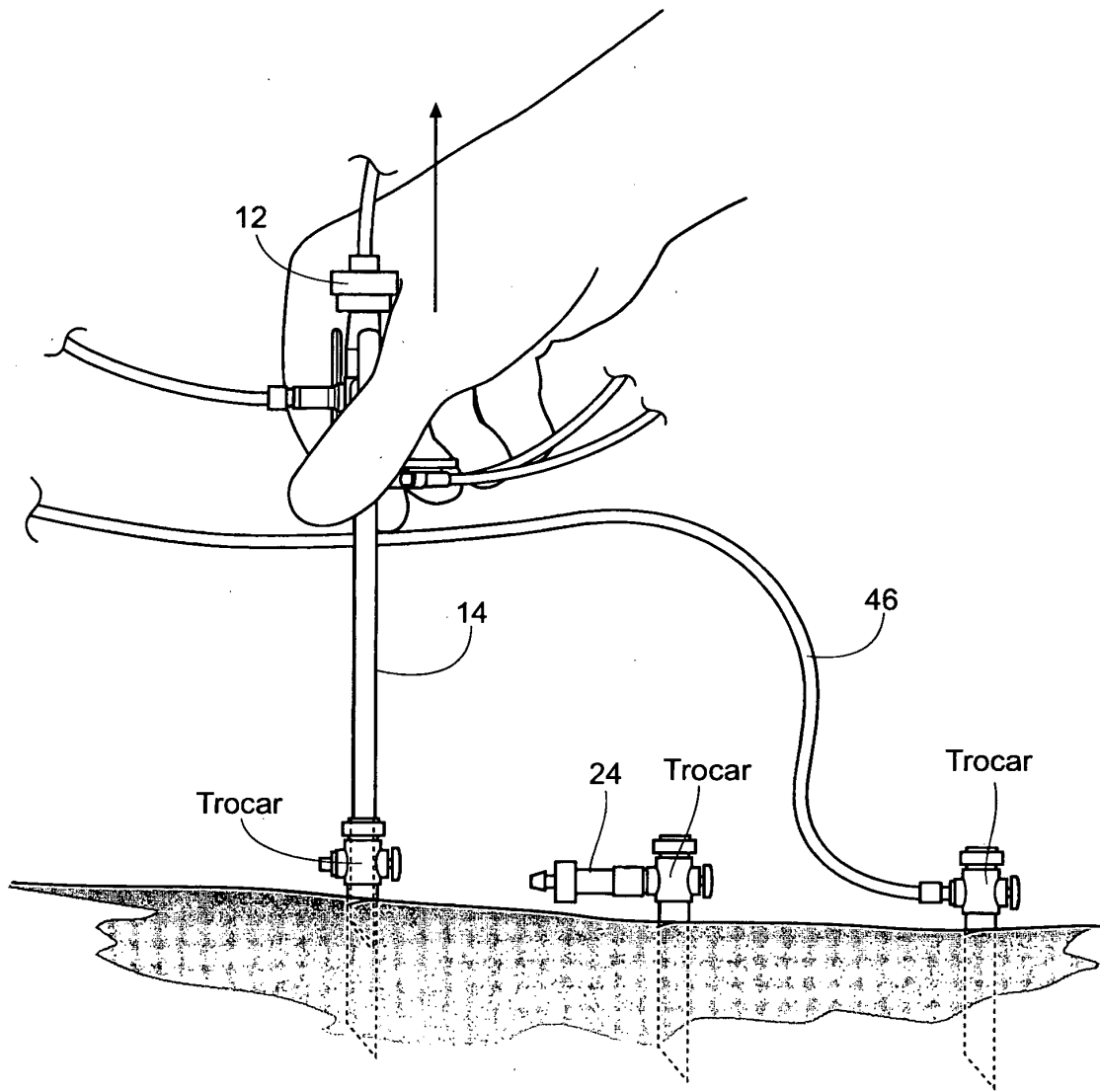


Fig. 28

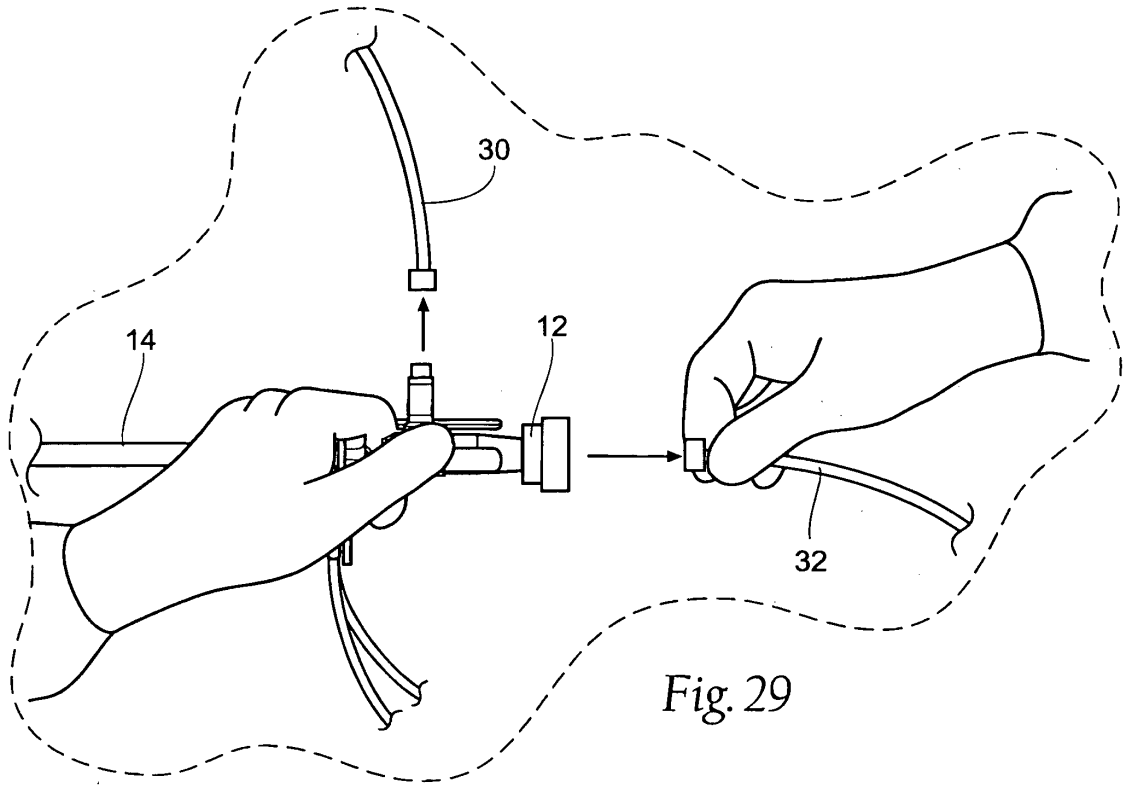


Fig. 29

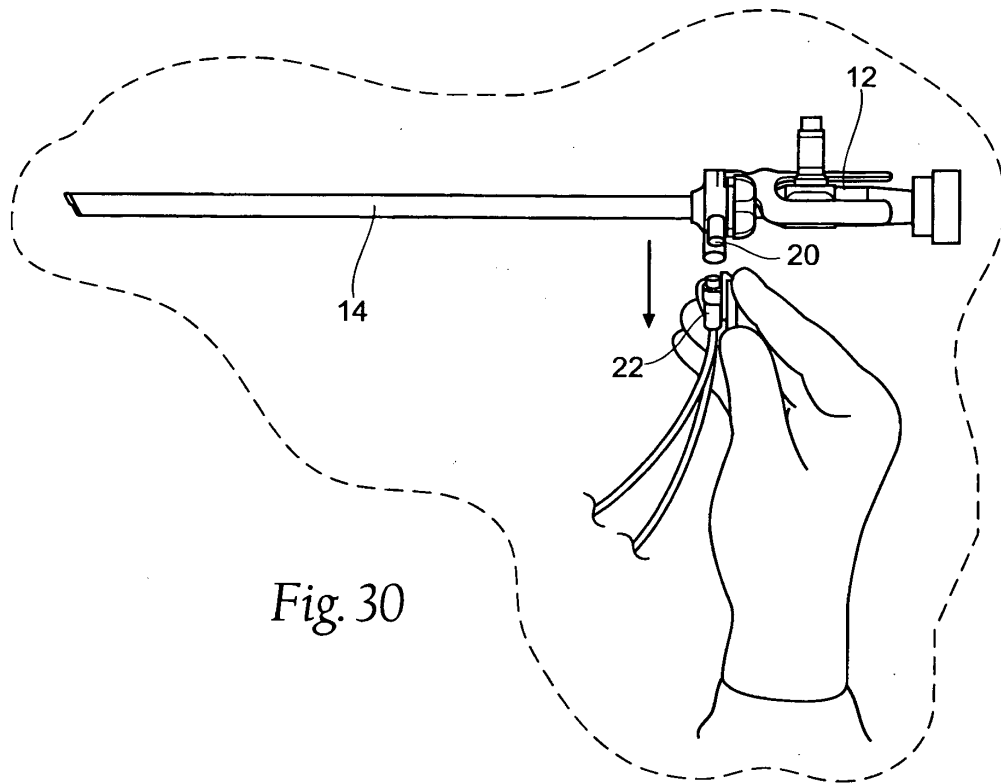


Fig. 30

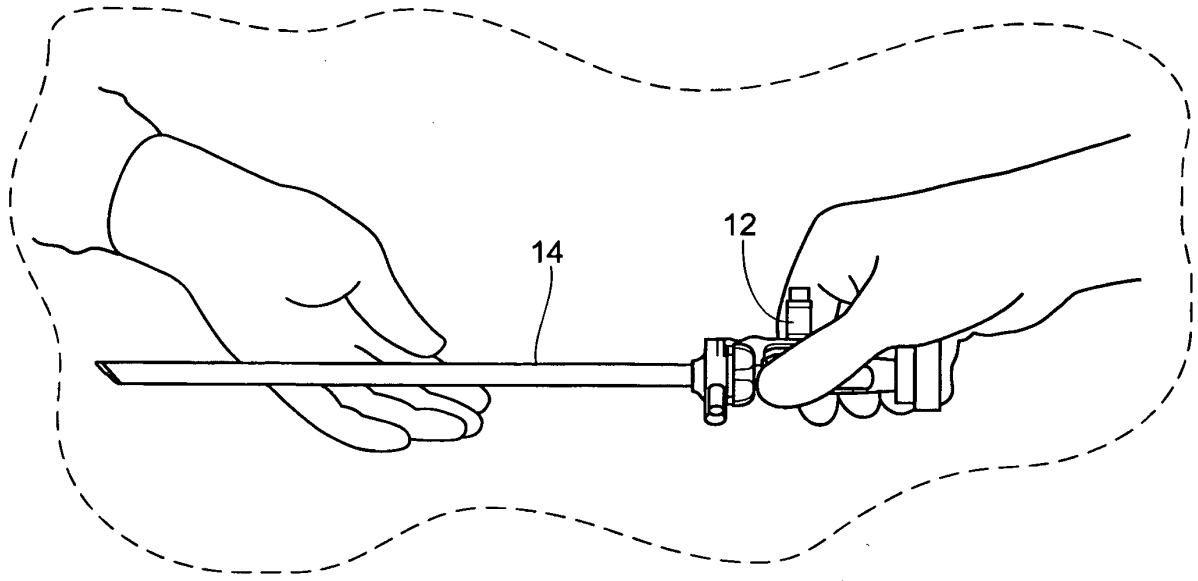


Fig. 31

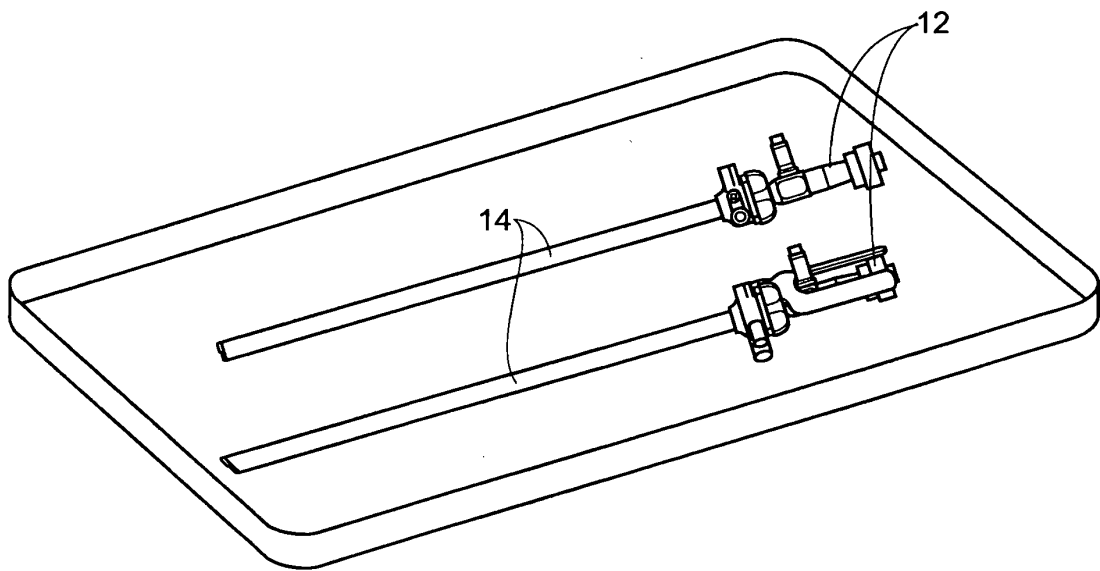
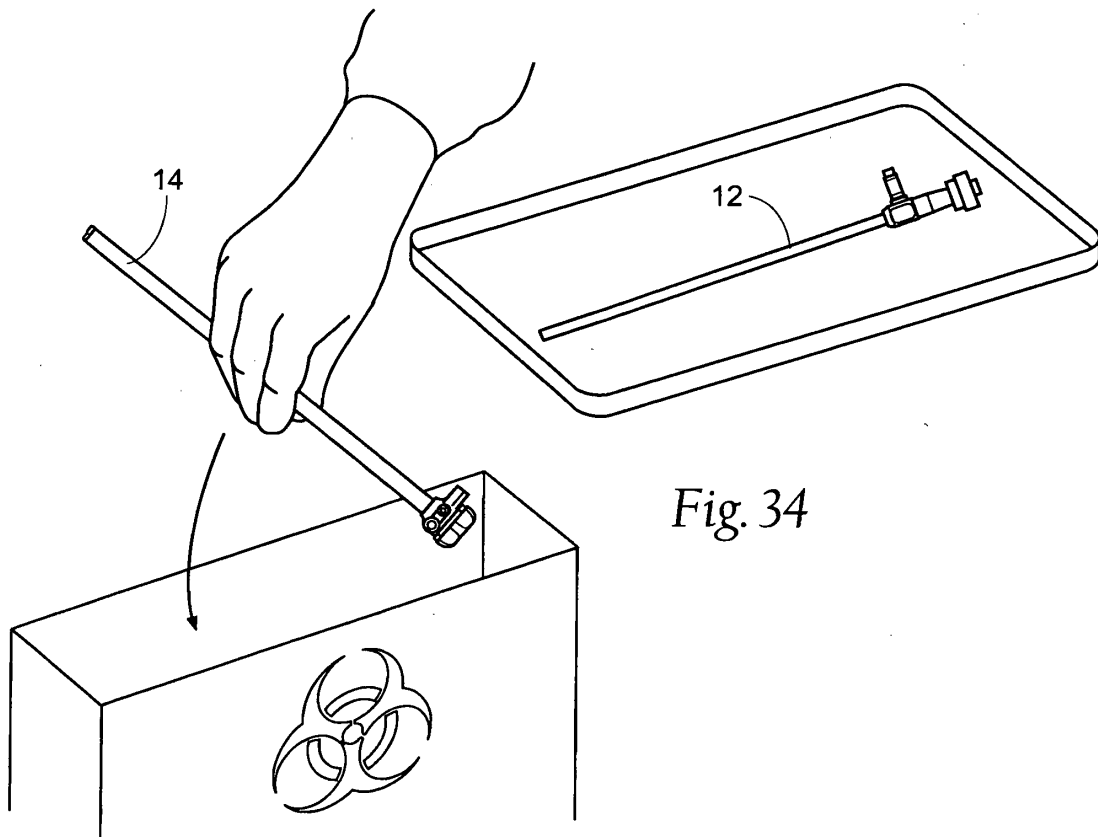
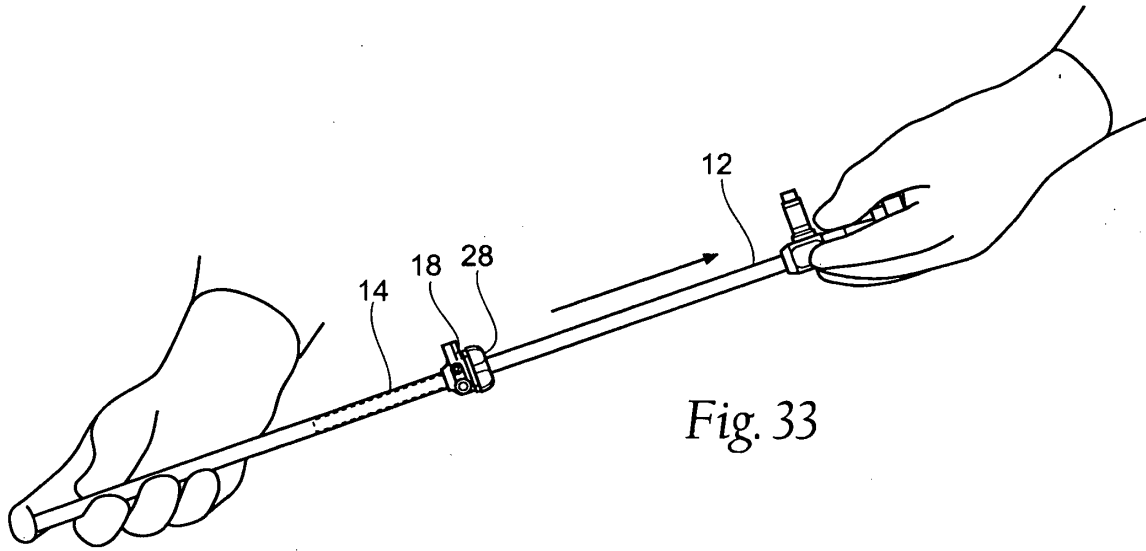


Fig. 32



REFERENCES CITED IN THE DESCRIPTION

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- WO 0015099 A [0006]
- US 20050203342 A [0007]
- EP 0497347 A [0008]
- US 20070282253 A [0009]

专利名称(译)	用于在手术镜的使用期间优化和维持手术视野的可视化的系统和方法		
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当前申请(专利权)人(译)	微创器械有限责任公司		
[标]发明人	POLL WAYNE L HUDDLESTON MATTHEW J CRISAFULLI CAROLINE M LANDIS ADAM DRACH GREGORY P		
发明人	POLL, WAYNE, L. HUDDLESTON, MATTHEW, J. CRISAFULLI, CAROLINE, M. LANDIS, ADAM DRACH, GREGORY, P.		
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优先权	61/170864 2009-04-20 US 61/121514 2008-12-10 US		
其他公开文献	EP2361034A1 EP2361034B1		
外部链接	Espacenet		

摘要(译)

本申请公开了几种用于保持手术范围可视化的装置。当外科手术室用于在患者体内进行外科手术时，该装置的实施例适于屏蔽，除雾或清洁手术镜的镜片。在一些实施例中，视图优化器以多个部分提供，使得能够将一个或多个操作员控制特征与手术范围的接合分开。在一些实施例中，视图优化器具有用于固定和定位手术镜的稳定装置。