



(12) **EUROPEAN PATENT APPLICATION**

(43) Date of publication:
11.07.2018 Bulletin 2018/28

(51) Int Cl.:
A61B 17/42 (2006.01) A61B 18/14 (2006.01)

(21) Application number: **17187366.4**

(22) Date of filing: **09.06.2010**

(84) Designated Contracting States:
AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL PT RO SE SI SK SM TR

(72) Inventor: **MOROZOV, Vadim**
Towson, MD 21286 (US)

(30) Priority: **25.06.2009 US 220246 P**

(74) Representative: **FRKelly**
27 Clyde Road
Dublin D04 F838 (IE)

(62) Document number(s) of the earlier application(s) in accordance with Art. 76 EPC:
10792511.7 / 2 445 435

Remarks:

- This application was filed on 22.08.2017 as a divisional application to the application mentioned under INID code 62.
- Claims filed after the date of filing of the application / after the date of receipt of the divisional application (Rule 68(4) EPC).

(71) Applicant: **University of Maryland, Baltimore**
Baltimore, MD 21201-1508 (US)

(54) **ELECTROSURGICAL ELEMENT AND UTERINE MANIPULATOR FOR TOTAL LAPAROSCOPIC HYSTERECTOMY**

(57) A vaginal cervical retractor used to maneuver and visualize the uterus during various medical examinations and procedures would include an inner tube provided with a movable assembly of plastic cups (cervical cup and vaginal cup) designed to be inserted into the uterine cavity and a retractable electrosurgical needle. A cervical cup is molded to a hollow outer shaft to form the movable cup assembly. This hollow shaft is provided

through which the inner tube can be inserted. By utilizing a vaginal cervical retractor elevator provided with an inner rigid tubing, freely sliding vaginal cup and cervical cup designed to move on the inner tubing, attached to a hollow, plastic outer shaft into which the inner tubing can be inserted, and a retractable, flexible, electrosurgical needle, the colpotomy procedure can be performed with the improved uterine manipulator.

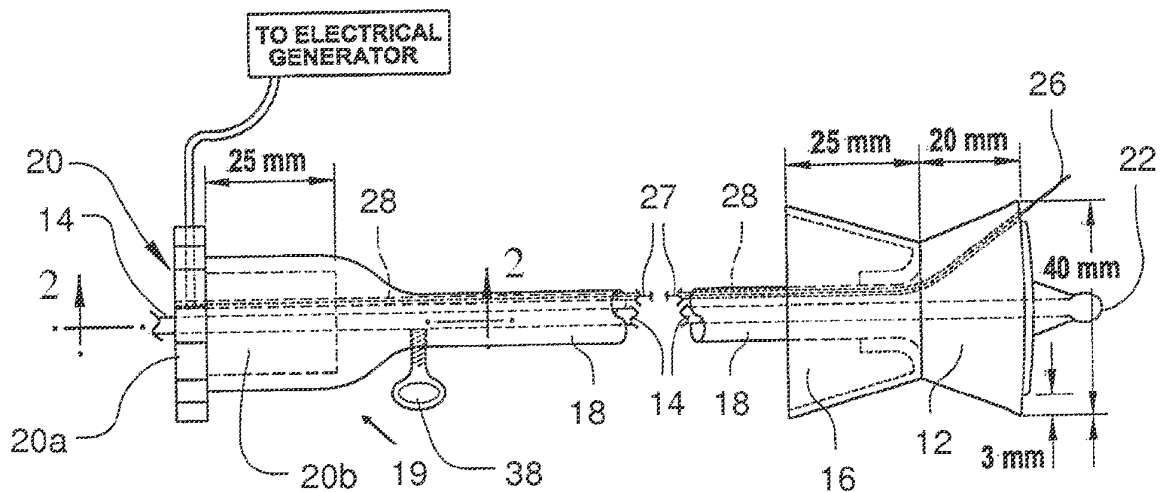


Figure 1

Description

Technical Field

[0001] The present invention relates generally the field of surgical devices, and more particularly the invention relates to an improvement to a uterine manipulator device used for total laparoscopic hysterectomy procedures.

Background Art

[0002] Various surgical procedures that are performed on women require that the women's uterus be manipulated such that the physician can view the uterus and cervix properly. Typical of these examinations and procedures would be a complete total laparoscopic hysterectomy, a partial laparoscopic hysterectomy, a colpotomy, as well as other procedures and examinations. Generally, during the performance of a laparoscopic procedure, a small incision is made in the wall of the abdomen and a laparoscope is inserted therethrough to permit visualization of the peritoneal cavity and the uterus.

[0003] According to multiple published reports, more than 600,000 hysterectomies are performed annually in the United States alone. Conventional hysterectomy surgical procedures typically involve one of four approaches--vaginal hysterectomy (VH), total abdominal hysterectomy (TAH), total laparoscopic hysterectomy (TLH), and laparoscopically assisted vaginal hysterectomy (LAVH). Vaginal, LAVH, and TLH have become more popular among surgeons because these approaches are less invasive than TAH, with VH being the least invasive approach. Close to 12% of those surgeries are done by a minimally invasive approach or laparoscopically, translating this into more than 70,000 surgeries annually in the United States, alone. VH is considered the least invasive; however, many women are not candidates for VH secondary to large uterus, previous surgery, and presence of adhesions. Unless medical indications require TAH (such as in the case of tumor removal and the associated need to avoid cell spillage), vaginal, TLH and LAVH are usually viewed as more preferable because each is less invasive when compared to major abdominal surgery. Thus, TLH and LAVH approaches usually result in shorter hospitalization and recovery times. With more advance instrumentation and better training of the gynecologic surgeons, the number of hysterectomies is expected to grow ever higher.

[0004] Difficulty, however, is encountered when employing TLH and LAVH techniques due to inherent limitations on visibility, anatomical identification, and the ability to manipulate organs (especially the uterus). In the case of TLH, these limitations are particularly pronounced because of higher degree of difficulty in securing the uterine arteries and cardinal ligaments associated with this approach. Altogether, TLH becomes a longer procedure, increasing intraoperative complications risks. During TLH, separation of the uterus and the cervix from

the vagina remains one of the most difficult and cumbersome steps of the procedure. A higher degree of surgical difficulty has been found empirically to give rise to an increased risk of inadvertent damage to or dissection into the bladder, ureters, uterine vessels, and uterosacral and cardinal ligaments during the surgical procedure. Although the risk of inadvertent damage, for example, to the ureters can be minimized by the insertion of ureteral stints and/or peritoneal dissection to delineate ureter location, such techniques increase the complexity and the cost of the hysterectomy, and was not found to be effective.

[0005] A number of instruments have been developed to assist the physician in visualizing the uterus and facilitating the performance of these various examinations and procedures. Typical of these prior art instruments are those which are described in U.S. Pat. Nos. 3,926,192 to Van Maren; 4,000,743 to Weaver; 4,976,717 to Boyle; and 4,997,419 to Lakatos et al. The patent to Van Maren is directed to a medical instrument that is inserted into the vagina and passes through the cervix to enter the uterus. A cup-shaped member is provided whose end wall is connected to a source of vacuum, the cup-shaped member including a conical element designed to be placed against the cervical os. The patent to Weaver describes a uterine anteverter that includes an arcuately curved shield, which limits the distance a manipulating arm can be extended into the uterine cavity.

[0006] U.S. Patent No. 5,209,754 to Ahluwalia describes a vaginal cervical retractor used to maneuver and visualize the uterus during various medical examinations and procedures. The Ahluwalia device has been commercialized by ConMed Corporation under the title Vcare for the Vaginal-Cervical Ahluwalia Retractor-Elevator.

[0007] Available instruments, however, do not address the issue of difficult and time-consuming separation of the uterus and the cervix from the vagina during total laparoscopic hysterectomy. Accordingly, there is a real and unsatisfied need in the surgical arts for a simplified total laparoscopic hysterectomy device that can reduce the time of the surgical procedure, minimize blood loss during surgery, minimize the risk of infection and injury to the patient during surgery, and minimize anesthesia time.

Disclosure of Invention

[0008] Accordingly, it is an object of the present invention to provide a surgical device that avoids the disadvantages of the prior art. Specifically, it is an object of the present invention to provide a combination uterine manipulator and electrosurgical element that avoids the disadvantages of the prior art.

[0009] It is an object of the present invention to provide an improvement to existing uterine manipulators. A related object of the present invention is to incorporate a retractable monopolar electrode needle into a uterine manipulator.

[0010] It is another object of the present invention to provide a surgical device that enables improved surgical control of the operating field. A related object of the present invention is to facilitate increased patient safety by minimizing surgical manipulation. A further related object is to reduce the cost of a total laparoscopic hysterectomy by eliminating the need for multiple surgical instruments and minimize anesthesia time.

[0011] These and other objects of the present invention are accomplished by enabling a device that can perform a total laparoscopic hysterectomy and colpotomy while maintaining pneumoperitoneum. The device of the present invention will allow a surgeon to manipulate the uterus while simultaneously performing colpotomy during total laparoscopic hysterectomy. By utilizing a vaginal cervical retractor elevator provided with an inner rigid tubing, inner and outer cups designed to move on the inner tubing, a hollow, plastic outer shaft into which the inner tubing can be inserted, and a retractable, flexible, electrosurgical needle, the colpotomy procedure can be performed with the improved uterine manipulator.

Brief Description of the Drawings

[0012] The above and other features, aspects, and advantages of the present invention are considered in more detail, in relation to the following description of embodiments thereof shown in the accompanying drawings, in which:

Figure 1 is a side elevational view of a combination uterine manipulator and electrosurgical element according to an embodiment of the present invention.

Figure 2 is an enlarged cross-sectional view taken along lines 2-2 of Figure 1.

Figure 3 is a partial section view of the surgical device, in use, according to an embodiment of the present invention.

Figure 4 is a front elevational view of a locking and tightening collar of the surgical device according to an embodiment of the present invention.

Figure 5 is a side elevational view of the locking and tightening collar of the surgical device according to an embodiment of the present invention.

Figure 6 is a rear elevational view of a locking and tightening collar according to an embodiment of the present invention.

Figure 7 is a cross-sectional view taken along lines 7-7 of Figure 4.

Best Mode(s) for Carrying Out the Invention

[0013] The invention summarized above may be better understood by referring to the following description, which should be read in conjunction with the accompanying drawings. This description of an embodiment, set out below to enable one to build and use an implementation of the invention, is not intended to limit the inven-

tion, but to serve as a particular example thereof. Those skilled in the art should appreciate that they may readily use the conception and specific embodiments disclosed as a basis for modifying or designing other methods and systems for carrying out the same purposes of the present invention. Those skilled in the art should also realize that such equivalent assemblies do not depart from the spirit and scope of the invention in its broadest form.

[0014] The present invention is an improvement of a pre-existing uterine manipulator. The improvement involves the addition of a retractable electrosurgical needle into the uterine manipulator.

[0015] Referring to the drawings, Figures 1 and 2 show the improved surgical instrument, indicated generally as 10, according to the present invention. The surgical instrument 10 includes a rigid manipulation shaft 14, which is used as a central assembly axis upon which the parts of the surgical instrument 10 are centered. A cervical cup 12 is molded to a manipulator tube 18 that surrounds the manipulation shaft 14. The cervical cup 12 and manipulator tube 18 act as one-piece for passage of a retractable electrosurgical needle 26 and monopolar electrode 27 through a tunnel 28. The manipulator tube 18 is slightly thickened and provides electrical insulation for the monopolar electrode 27. In a preferred embodiment, the tunnel 28 presents approximately 2mm clearance. The manipulation shaft 14 typically comprises a metal alloy covered by a non-conductive sheath. The sheath is normally plastic. On the distal end of the manipulation shaft 14 is an inflatable balloon 22 to stabilize the manipulator tube 18 within the uterine cavity.

[0016] The manipulator tube 18 is sized and configured to conform to the sacral curve and is used for positioning the cervical cup 12 and the vaginal occlusion cup 16 during insertion of the surgical instrument 10. The cervical cup 12 is provided with a funnel-like base having a tapered body approximately 20mm in length with a maximum diameter of approximately 40mm. The cervical cup 12 displaces the cervix 32 away from the ureters, retracts the urinary bladder, and defines the colpotomy incision. Also mounted on the manipulator tube 18 is a vaginal occlusion cup 16, which includes a hole therein, allowing the uterine manipulator tube 18 to be inserted there-through such that the vaginal occlusion cup 16 freely rotates and slides around the manipulator tube 18. The vaginal occlusion cup 16 has a tapered body approximately 25mm in length with a maximum diameter of approximately 40mm. The vaginal occlusion cup 16 prevents loss of pneumoperitoneum. When the surgical instrument 10 is inserted into the vagina 24, the cervical cup 12 surrounds and supports the cervix 32 and the vaginal occlusion cup 16 stretches the upper vaginal canal, allowing the manipulator tube 18 to perform its particular procedure.

[0017] Referring to Figure 3, the surgical instrument 10 can be inserted into the vagina 24 so that the cervical cup 12 surrounds the cervix 32 and at least a portion of

the uterus 30. The vaginal occlusion cup 16 make an airtight seal in the vagina 24 to maintain pneumoperitoneum when a circumferential colpotomy is completed. The balloon 22 is inserted inside the uterine cavity and is inflated to stay in place in the uterus 30 by injecting air into the balloon 22, as is know in the art. Once the manipulator tube 18 and cervical cup 12 are engaged, the assembly can be locked in place on the manipulation shaft 14 using thumbscrew 38, until such time that a colpotomy needs to be performed.

[0018] The flexible electrosurgical needle 26 and monopolar electrode 27 are housed inside the tunnel 28 that traverses the manipulator tube 18. The electrosurgical needle 26 remains in the tunnel 28 until the surgeon is ready to use it. The proximal end of the monopolar electrode 27 is attached to a standard operating room electrosurgical generator by means of a standard monopolar cord. The attachment point of the monopolar cord to the electrode 27 is located at the proximal end of a locking collar 20, as shown in Figure 4. The locking collar 20 is used to advance and fix in place the electrosurgical needle 26. The locking color 20 freely slides and rotates on the manipulation shaft 14, together with the manipulation tube 18 and cervical cup 12.

[0019] Figures 4-7 show the locking and tightening color for the surgical instrument 10. The locking collar 20 includes a cogwheel front outer portion 20a, which is shaped for easy handling and rotation by the hand of a surgeon, and a rear star-shaped outer portion 20b. The diameter of the proximal end 19 of the manipulator tube 18 is slightly enlarged and hollowed to enable the star-shaped portion 20b to be engaged therein. The electrosurgical needle 26 is retracted and housed inside the manipulator tube 18 and cervical cup 12 by means of pulling on the locking collar 20 until ready to be engaged.

[0020] After completing all other necessary steps of the surgical procedure, the surgeon must be ready to perform a colpotomy, the separation of the uterus 30 and cervix 32 from the vagina 24. With the surgical instrument 10 in place, the electrosurgical needle 26 is advanced through the vaginal-cervical junction 36 into the pelvic cavity 34, under direct laparoscopic vision, by means of advancing the locking collar 20. The star-shaped portion 20b of the locking collar 20 is engaged into a correspondingly shaped receiving well 25 on the proximal end 19 of the manipulator tube 18. In a preferred embodiment, the receiving well 25 is approximately 25mm deep and is sized and configured to receive the similarly sized star-shaped portion 20b of the locking collar 20. The star-shaped portion 20b fixes the assembly of the collar 20 within the manipulator tube 18 and provides rotational torque to the manipulator tube 18, cervical cup 12, and electrosurgical needle 26. The sharp point of the electrosurgical needle 26 punctures the tissue at the vaginal-cervical junction 36. The advancement of the electrosurgical needle 26 will be achieved by the cephalad sliding motion of the electrosurgical needle 26 and monopolar electrode 27 within the protective tunnel 28.

[0021] The monopolar electrode 27 is activated so that the electrosurgical needle 26 can then be rotated around the rigid manipulation shaft 14 as indicated by arrow 40. With the star-shaped portion 20b locked in place, rotating the cogwheel 20a results in electrosurgical separation of the uterus 30 and cervix 32 from the vagina 24. By utilizing the principles of electrosurgery applied to the monopolar electrosurgical needle 26, the separation of the uterus 30 and cervix 32 from the vagina 24 is performed by electric current passing through the monopolar electrode 27 and electrosurgical needle 26 while the surgical instrument is rotated in a circular pattern around the vaginal-cervical junction 36.

[0022] The invention has been described with references to a preferred embodiment. While specific values, relationships, materials and steps have been set forth for purposes of describing concepts of the invention, it will be appreciated by persons skilled in the art that numerous variations and/or modifications may be made to the invention as shown in the specific embodiments without departing from the spirit or scope of the basic concepts and operating principles of the invention as broadly described. It should be recognized that, in the light of the above teachings, those skilled in the art can modify those specifics without departing from the invention taught herein. Having now fully set forth the preferred embodiments and certain modifications of the concept underlying the present invention, various other embodiments as well as certain variations and modifications of the embodiments herein shown and described will obviously occur to those skilled in the art upon becoming familiar with such underlying concept. It is intended to include all such modifications, alternatives and other embodiments insofar as they come within the scope of the appended claims or equivalents thereof. It should be understood, therefore, that the invention may be practiced otherwise than as specifically set forth herein. Consequently, the present embodiments are to be considered in all respects as illustrative and not restrictive.

Industrial Applicability

[0023] The present invention is applicable to surgical instruments. The invention discloses a colpotomy assembly having an electrosurgical needle retractably mounted therein. The device can be made in industry and can be used in the medical field.

Claims

1. An electrosurgical element and uterine manipulator comprising:
 - an elongate tube having a proximal end and a distal end;
 - a cervical cup fixed to said elongate tube and opening toward said distal end of said elongate

- tube; and
 an electrosurgical needle retractably mounted
 in and extensible from said cervical cup.
2. The electrosurgical element and uterine manipulator
 of claim 1, further comprising:
- an occlusion cup rotatably mounted to said elongate
 tube and opening toward said proximal end
 of said elongate tube;
 wherein said elongate tube, said cervical cup,
 and said electrosurgical needle are rotatable as
 a unit with respect to said occlusion cup.
3. The electrosurgical element and uterine manipulator
 of claim 1 or 2, further comprising:
- an inner tube extending through said elongate
 tube, wherein said elongated tube is free to slide
 and rotate on said inner tube.
4. The electrosurgical element and uterine manipulator
 of claim 3, wherein said inner tube is formed of a
 metal alloy, and wherein said inner tube further com-
 prises a non-conductive sheath configured to elec-
 trically insulate said inner tube.
5. The electrosurgical element and uterine manipulator
 of claim 3 or 4, further comprising a balloon mounted
 to a distal end of said inner tube.
6. The electrosurgical element and uterine manipulator
 of any one of claims 3 to 5, further comprising a lock-
 ing collar surrounding said inner tube and removably
 attached to said outer tube, said locking collar being
 free to slide and rotate on said inner tube.
7. The electrosurgical element and uterine manipulator
 of claim 6, said locking collar further comprising a
 front outer portion and a rear outer portion, said front
 outer portion being configured for handling and ro-
 tation, and said rear outer portion being configured
 for engagement with a proximal end of said elongate
 tube.
8. The electrosurgical element and uterine manipulator
 of claim 7, wherein a proximal end of said elongate
 tube is configured for engagement with the rear por-
 tion of said locking collar.
9. The electrosurgical element and uterine manipulator
 of any one of claims 1 to 8, wherein said elongate
 tube further comprises a tunnel having a monopolar
 electrode portion of said electrosurgical needle
 therein.
10. The electrosurgical element and uterine manipulator
 of claim 9, wherein said tunnel is electrically insulat-
- ed.
11. The electrosurgical element and uterine manipulator
 of any one of claims 1 to 10, further comprising a
 handle mounted to a proximal end of said elongate
 tube.

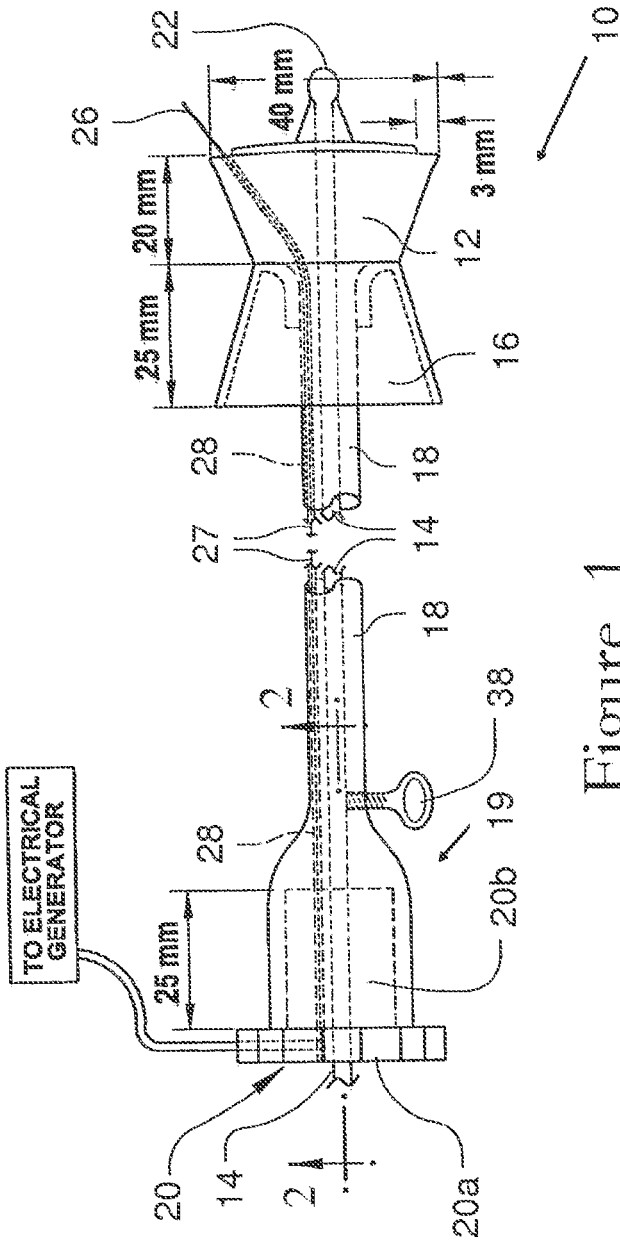


Figure 1

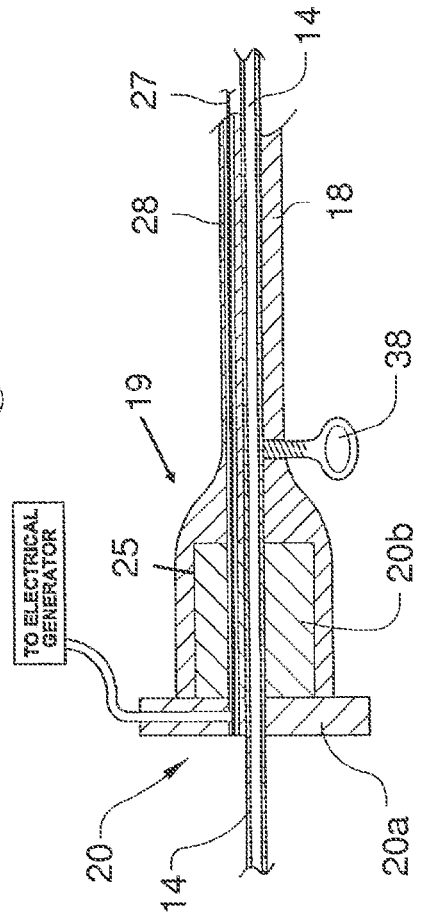


Figure 2

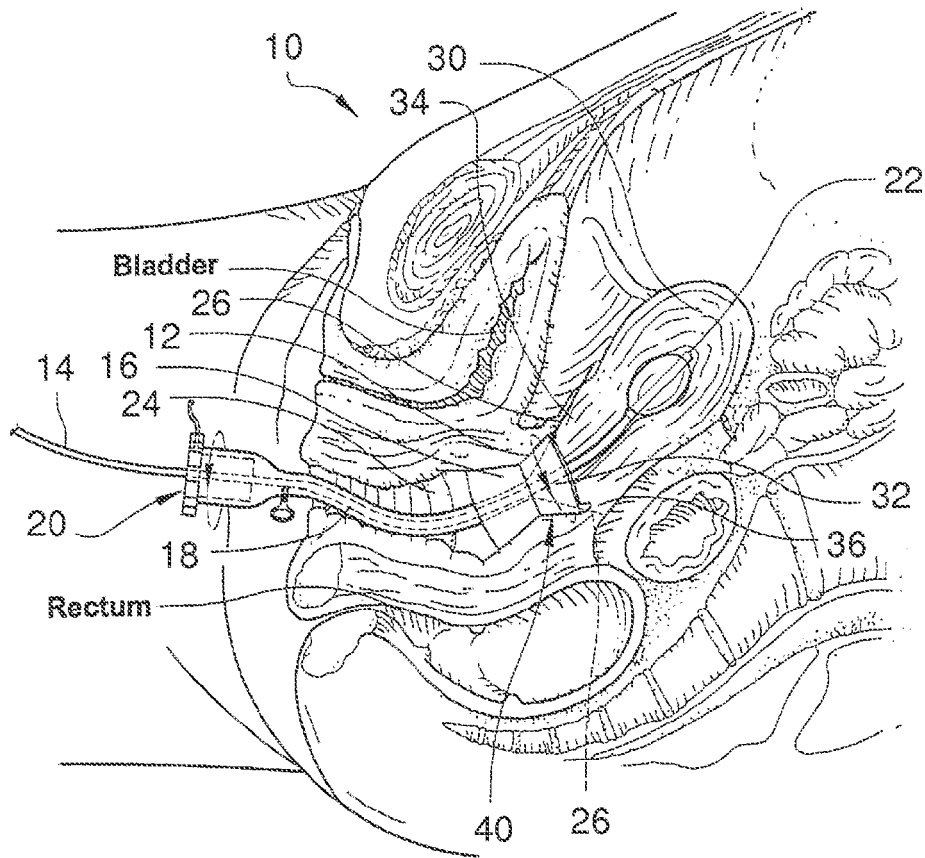


Figure 3

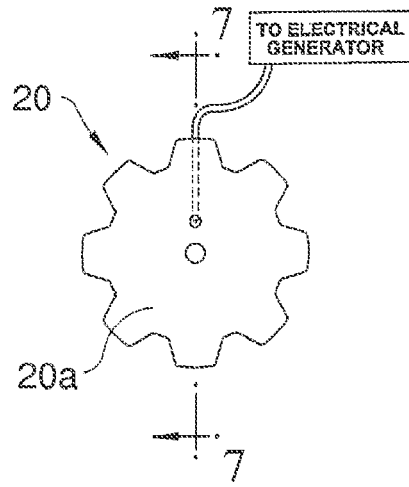


Figure 4

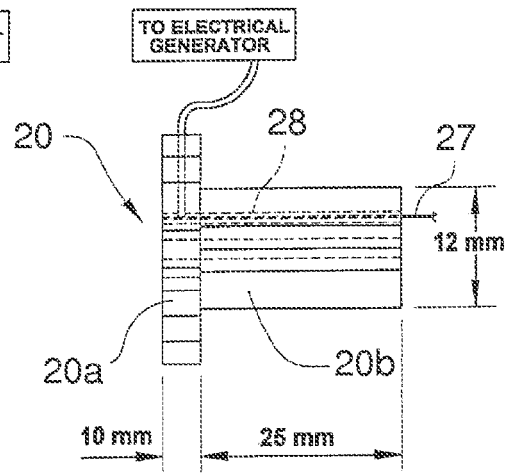


Figure 5

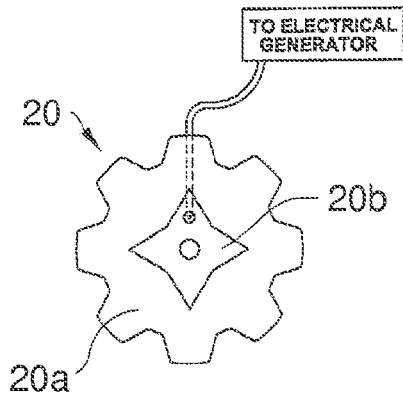


Figure 6

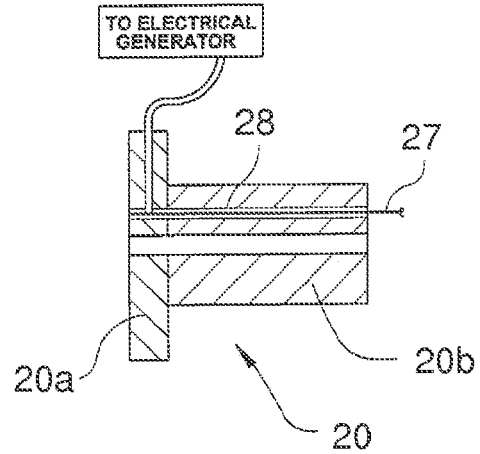


Figure 7



EUROPEAN SEARCH REPORT

Application Number
EP 17 18 7366

5

10

15

20

25

30

35

40

45

50

55

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (IPC)
X	US 2001/021854 A1 (DONNEZ JACQUES [BE] ET AL) 13 September 2001 (2001-09-13)	1,3,4, 9-11	INV. A61B17/42 A61B18/14
Y	* paragraphs [0022], [0068], [0071], [0076], [0079], [0081]; figure 1 *	2,5-8	
Y	CN 101 254 129 A (OBSTETRICS AND GYNECOLOGY HOSP [CN]) 3 September 2008 (2008-09-03) * the whole document *	2	
Y,D	US 5 209 754 A (AHLUWALIA PRABHAT K [US]) 11 May 1993 (1993-05-11) * column 2, line 55 - column 3, line 16; figure 8 *	5	
Y	US 6 423 075 B1 (SINGH JIWAN STEVEN [AU] ET AL) 23 July 2002 (2002-07-23) * column 7, lines 17-27 * * column 10, line 66 - column 11, line 5 * * column 7, lines 17-36 * * claim 10; figures 1, 8 *	6-8	
A	US 2008/287857 A1 (KJEKEN RUNE [US] ET AL) 20 November 2008 (2008-11-20) * paragraph [0058]; figures 5A-C *	1-11	TECHNICAL FIELDS SEARCHED (IPC) A61B
A	US 2005/277948 A1 (CEDARS LEONARD [US] ET AL) 15 December 2005 (2005-12-15) * paragraphs [0026] - [0027], [0031], [0034] - [0035]; figures 1-7 *	1-11	
The present search report has been drawn up for all claims			
Place of search The Hague		Date of completion of the search 21 March 2018	Examiner Rosander, Frida
CATEGORY OF CITED DOCUMENTS X : particularly relevant if taken alone Y : particularly relevant if combined with another document of the same category A : technological background O : non-written disclosure P : intermediate document T : theory or principle underlying the invention E : earlier patent document, but published on, or after the filing date D : document cited in the application L : document cited for other reasons & : member of the same patent family, corresponding document			

EPO FORM 1503 03/02 (P04C01)

ANNEX TO THE EUROPEAN SEARCH REPORT
ON EUROPEAN PATENT APPLICATION NO.

EP 17 18 7366

5

This annex lists the patent family members relating to the patent documents cited in the above-mentioned European search report. The members are as contained in the European Patent Office EDP file on The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

21-03-2018

10

15

20

25

30

35

40

45

50

55

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 2001021854 A1	13-09-2001	EP 1125556 A1 US 2001021854 A1	22-08-2001 13-09-2001
-----	-----	-----	-----
CN 101254129 A	03-09-2008	NONE	
-----	-----	-----	-----
US 5209754 A	11-05-1993	EP 0636038 A1 JP H08500745 A US 5209754 A WO 9319801 A1	01-02-1995 30-01-1996 11-05-1993 14-10-1993
-----	-----	-----	-----
US 6423075 B1	23-07-2002	AU 773391 B2 US 6423075 B1	27-05-2004 23-07-2002
-----	-----	-----	-----
US 2008287857 A1	20-11-2008	CA 2686855 A1 EP 2148721 A2 US 2008287857 A1 WO 2008143988 A2	27-11-2008 03-02-2010 20-11-2008 27-11-2008
-----	-----	-----	-----
US 2005277948 A1	15-12-2005	NONE	
-----	-----	-----	-----

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- US 3926192 A, Van Maren [0005]
- US 4000743 A, Weaver [0005]
- US 4976717 A, Boyle [0005]
- US 4997419 A, Lakatos [0005]
- US 5209754 A, Ahluwalia [0006]

专利名称(译)	用于全腹腔镜子宫切除术的电外科元件和子宫操纵器		
公开(公告)号	EP3345558A1	公开(公告)日	2018-07-11
申请号	EP2017187366	申请日	2010-06-09
[标]申请(专利权)人(译)	马里兰州巴尔的摩分校		
申请(专利权)人(译)	马里兰州巴尔的摩大学		
当前申请(专利权)人(译)	马里兰州巴尔的摩大学		
[标]发明人	MOROZOV VADIM		
发明人	MOROZOV, VADIM		
IPC分类号	A61B17/42 A61B18/14		
代理机构(译)	FRKELLY		
优先权	61/220246 2009-06-25 US PCT/US2010/037866 2010-06-09 WO		
外部链接	Espacenet		

摘要(译)

用于在各种医学检查和程序期间操纵和可视化子宫的阴道颈部牵开器将包括内管，该内管设置有可插入子宫腔的塑料杯（宫颈杯和阴道杯）的可移动组件和可伸缩的电外科针。将宫颈杯模制到中空外轴上以形成可移动杯组件。提供该空心轴，内管可以通过该空心轴插入。通过使用带有内部刚性管的阴道颈部牵开器电梯，自由滑动的阴道杯和宫颈杯设计成在内管上移动，连接到内管可以插入其中的中空塑料外轴，以及可伸缩的，可以使用改进的子宫操纵器进行柔性的电外科手术针，进行阴道切除手术。

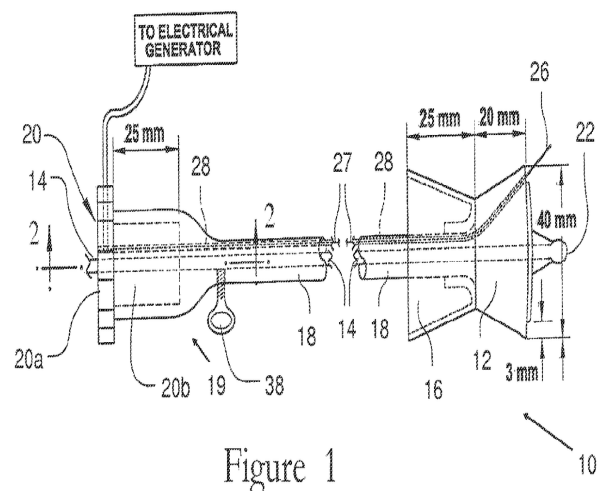


Figure 1