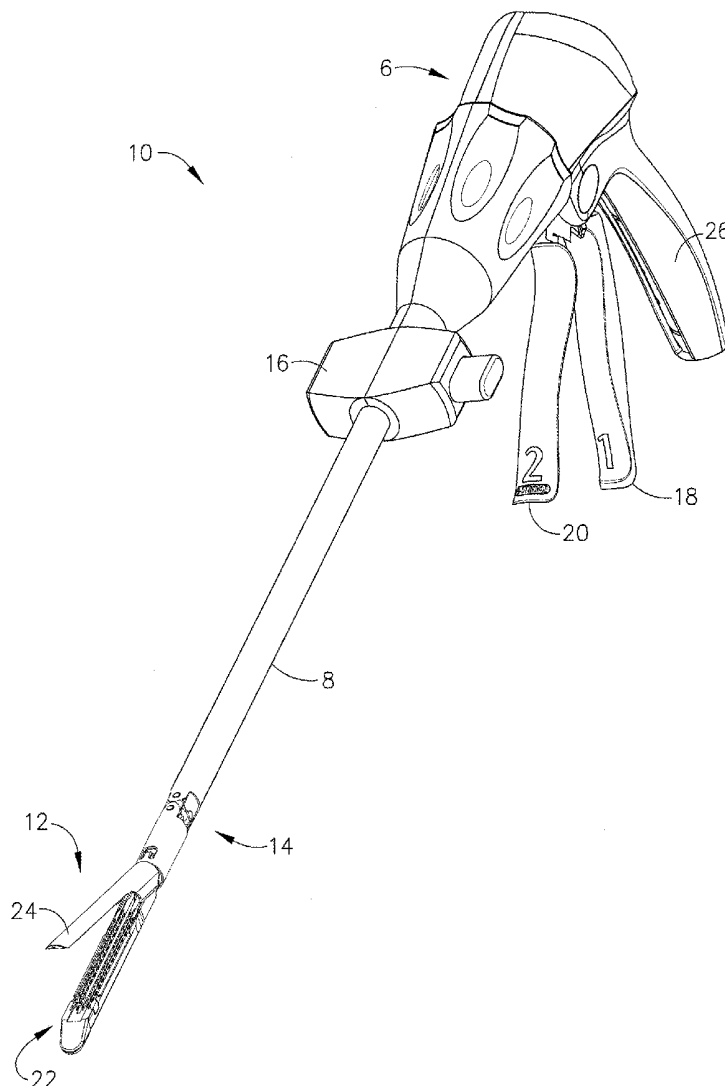




US 20110132963A1

(19) **United States**(12) **Patent Application Publication**
Giordano et al.(10) **Pub. No.: US 2011/0132963 A1**(43) **Pub. Date: Jun. 9, 2011**(54) **SURGICAL INSTRUMENT WITH WIRELESS
COMMUNICATION BETWEEN CONTROL
UNIT AND REMOTE SENSOR****Publication Classification**(51) **Int. Cl.***A61B 17/068* (2006.01)*A61B 17/94* (2006.01)*A61B 17/32* (2006.01)(52) **U.S. Cl. 227/176.1; 606/1; 227/175.1; 606/170**(57) **ABSTRACT**(75) **Inventors:** **James R. Giordano**, Milford, OH
(US); **Jeffrey S. Swayze**, Hamilton,
OH (US); **Frederick E. Shelton,**
IV, Hillsboro, OH (US)(73) **Assignee:** **Ethicon Endo-Surgery, Inc.,**
Cincinnati, OH (US)(21) **Appl. No.: 13/026,493**(22) **Filed: Feb. 14, 2011****Related U.S. Application Data**(63) Continuation of application No. 11/651,807, filed on
Jan. 10, 2007.

A surgical instrument, such as an endoscopic or laparoscopic instrument. The surgical instrument may comprise an end effector comprising at least one sensor. The surgical instrument may also comprise an electrically conductive shaft having a distal end connected to the end effector wherein the sensor is electrically insulated from the shaft. The surgical instrument may also comprise a handle connected to a proximate end of the shaft. The handle may comprise a control unit electrically coupled to the shaft such that the shaft radiates signals as an antenna from the control unit to the sensor and receives radiated signals from the sensor. Other components electrically coupled to the shaft may also radiate the signals.



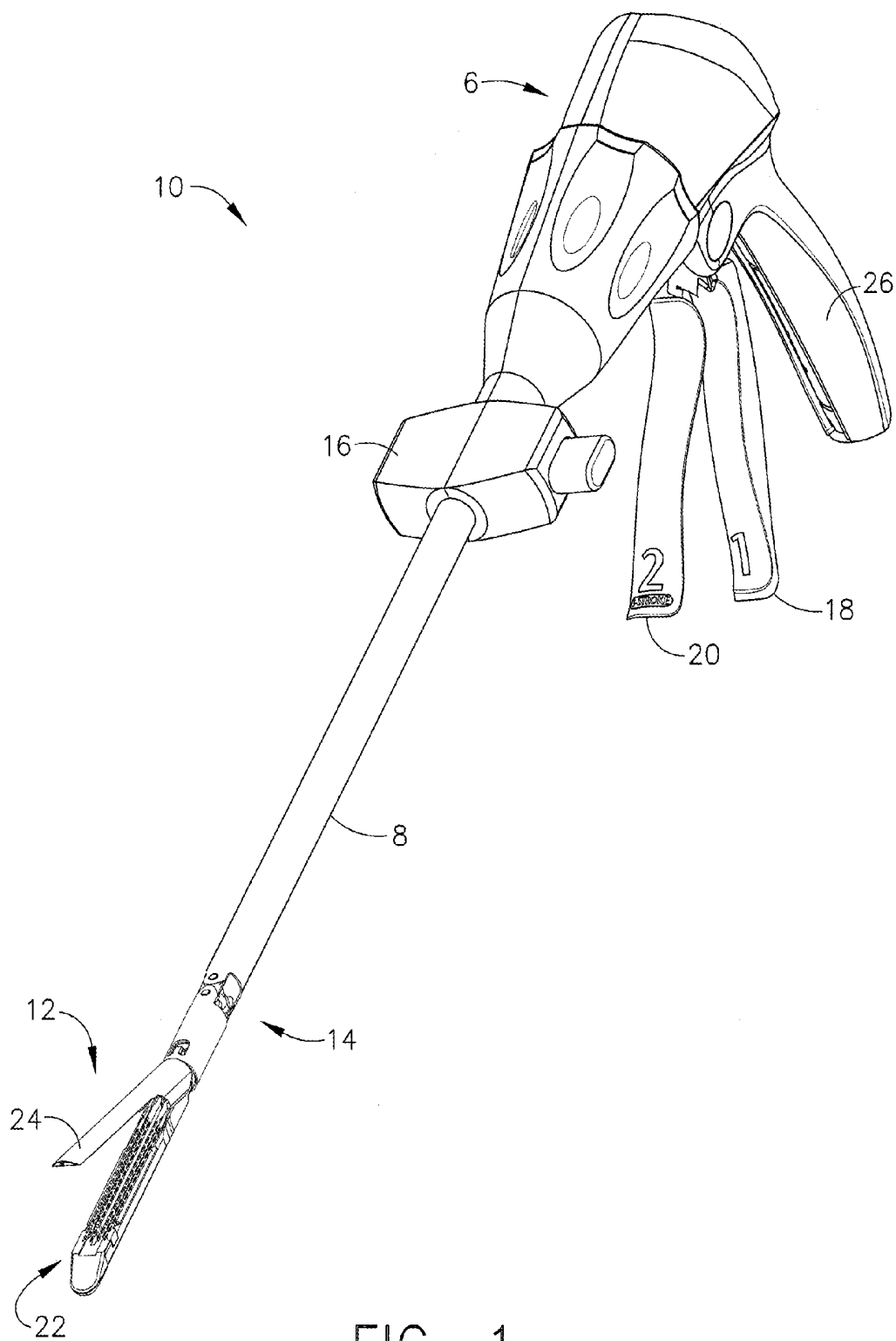


FIG. 1

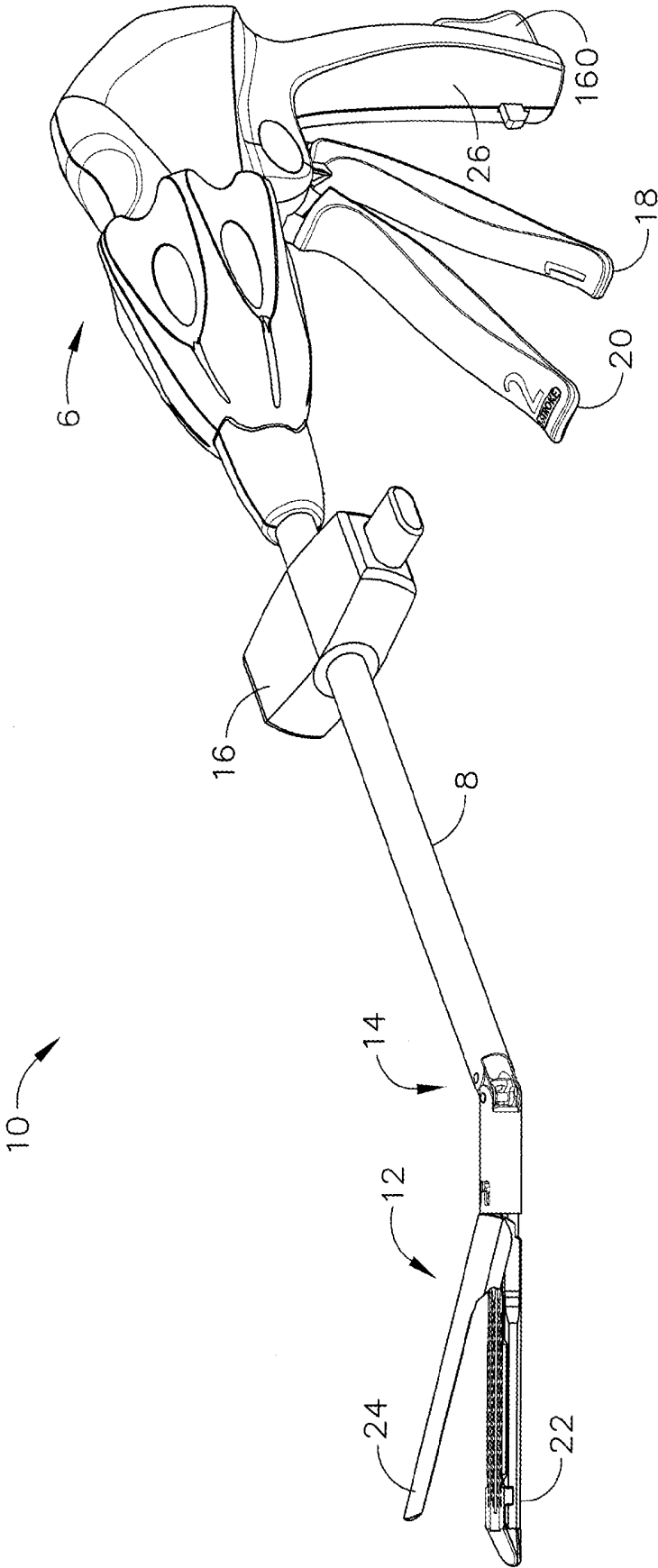


FIG. 2

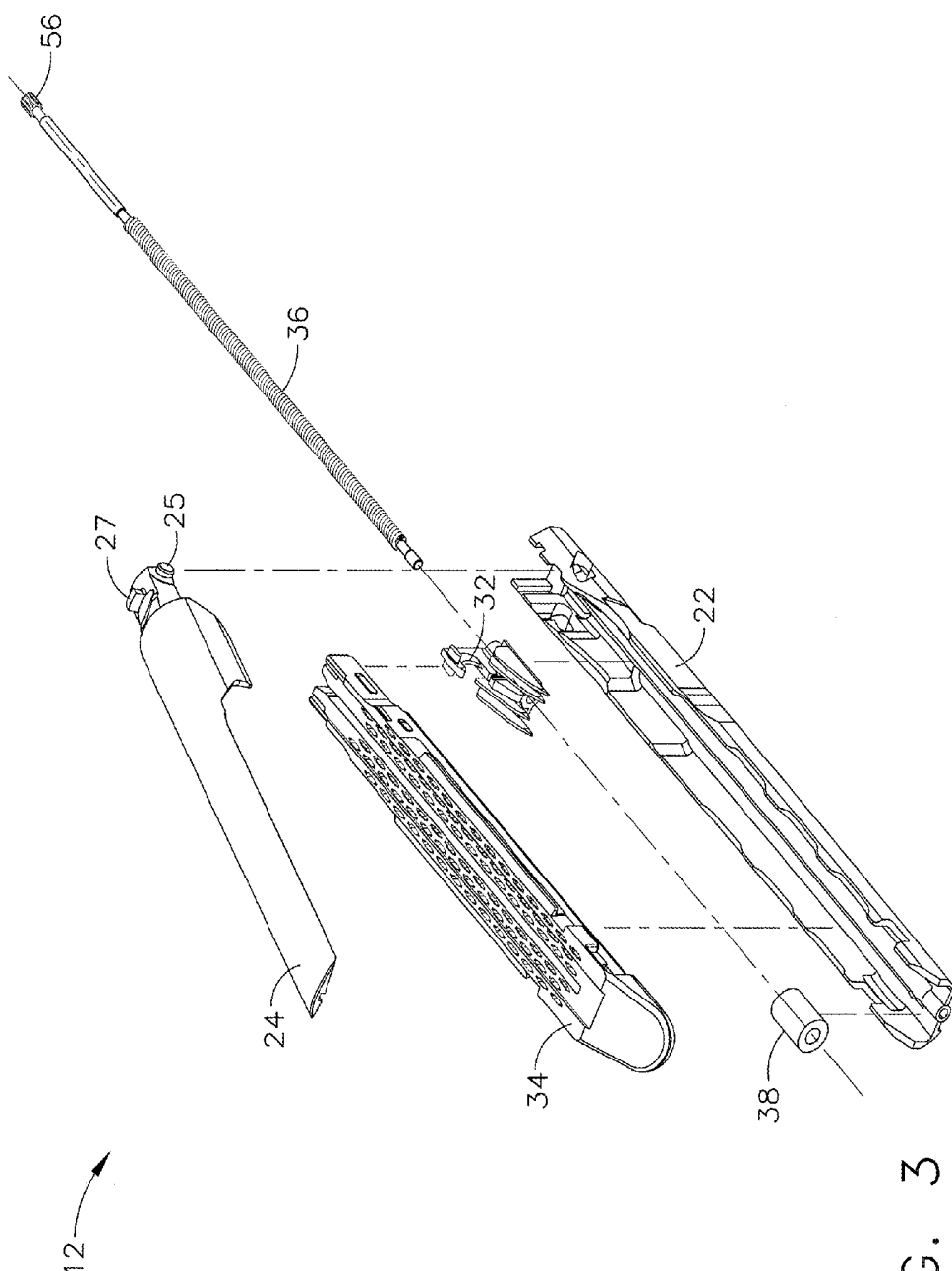


FIG. 3

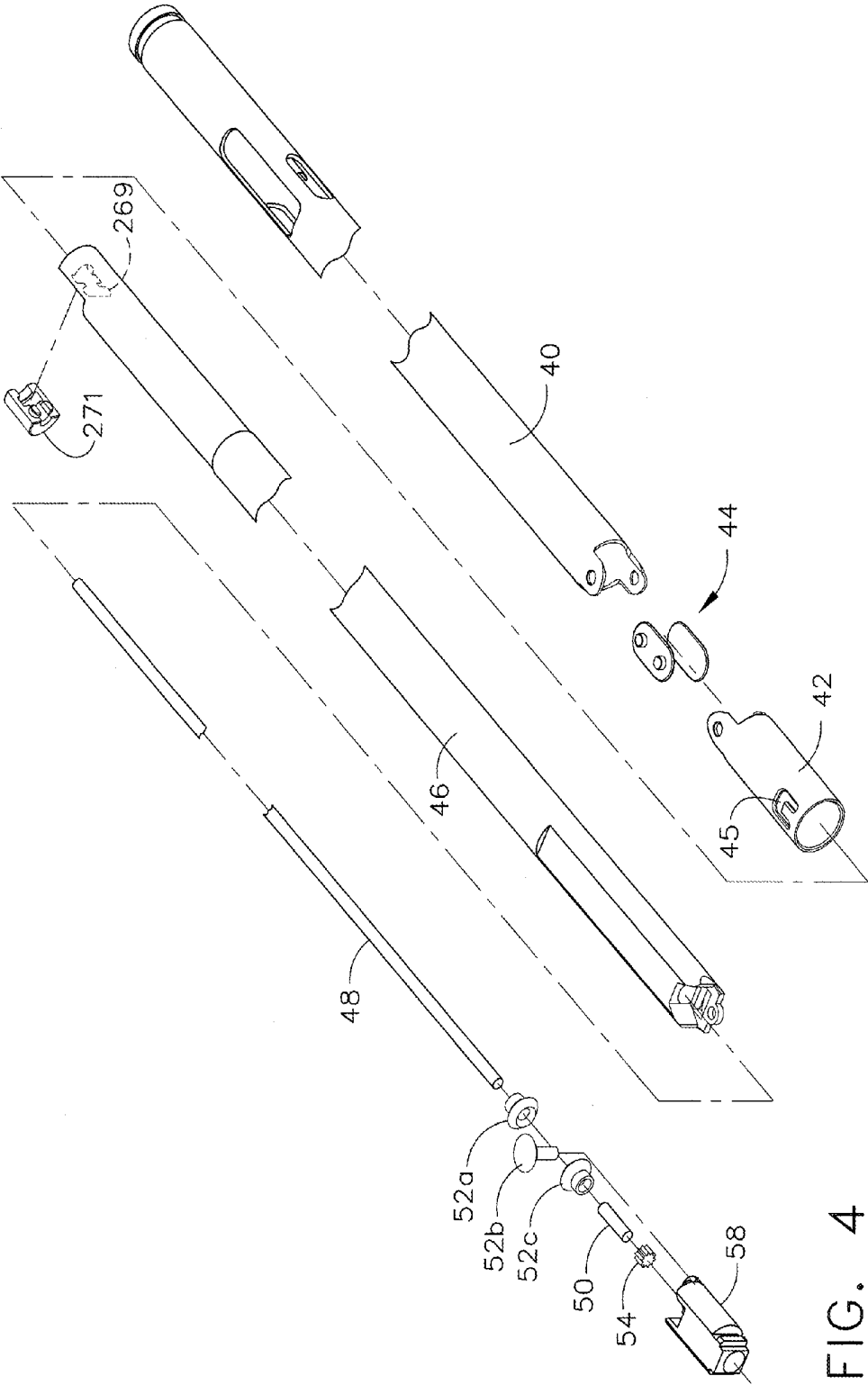
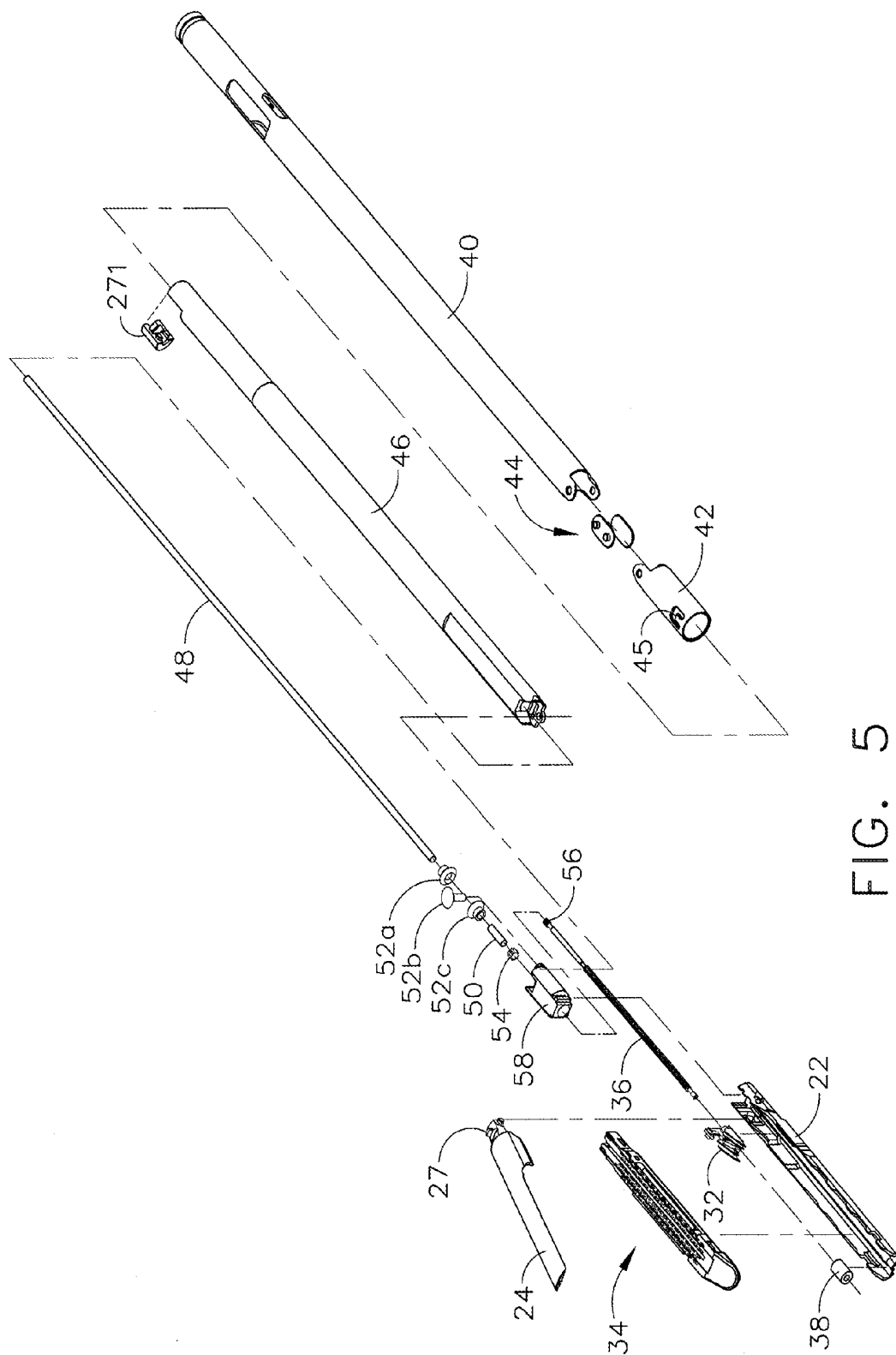
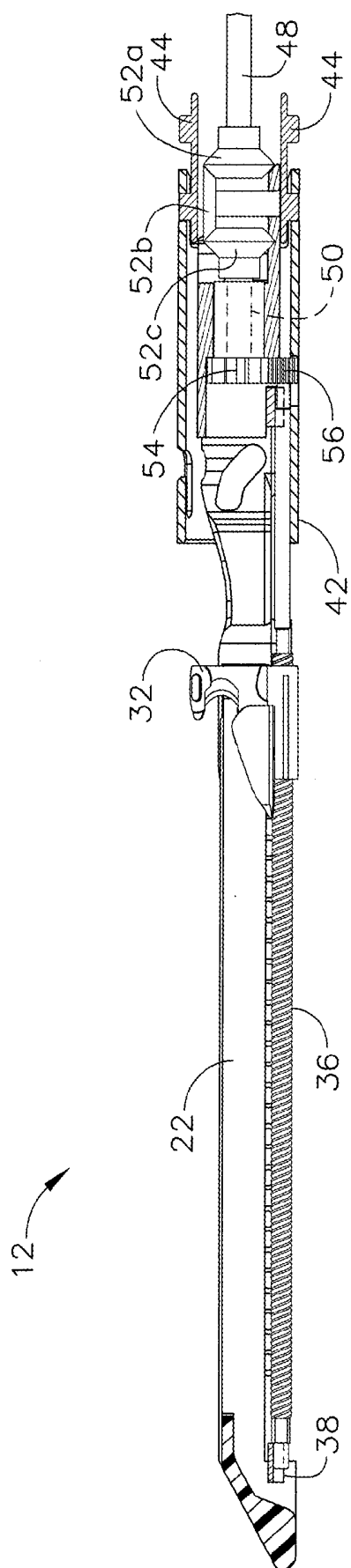


FIG. 4





6
6
6

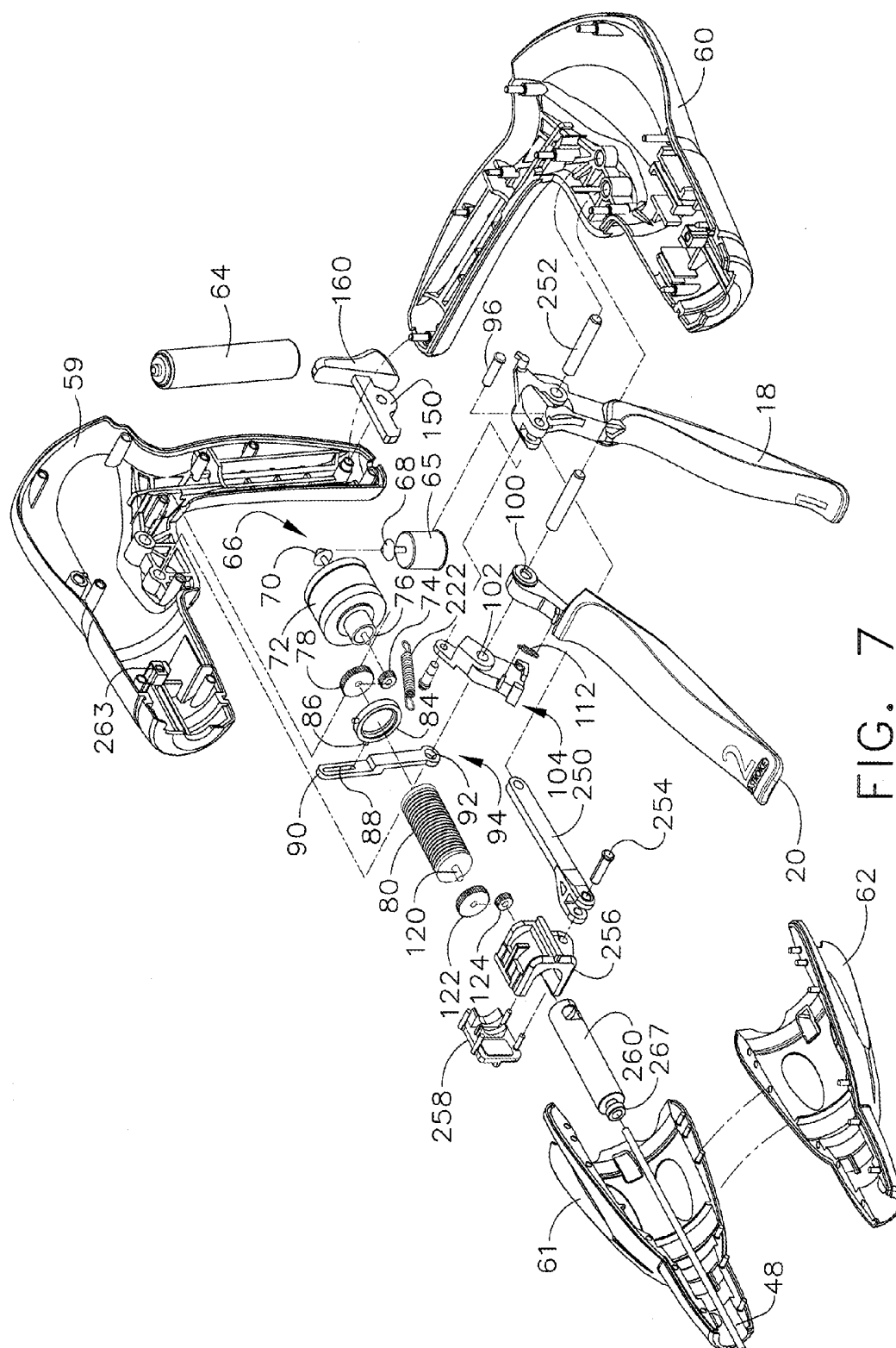


FIG. 7

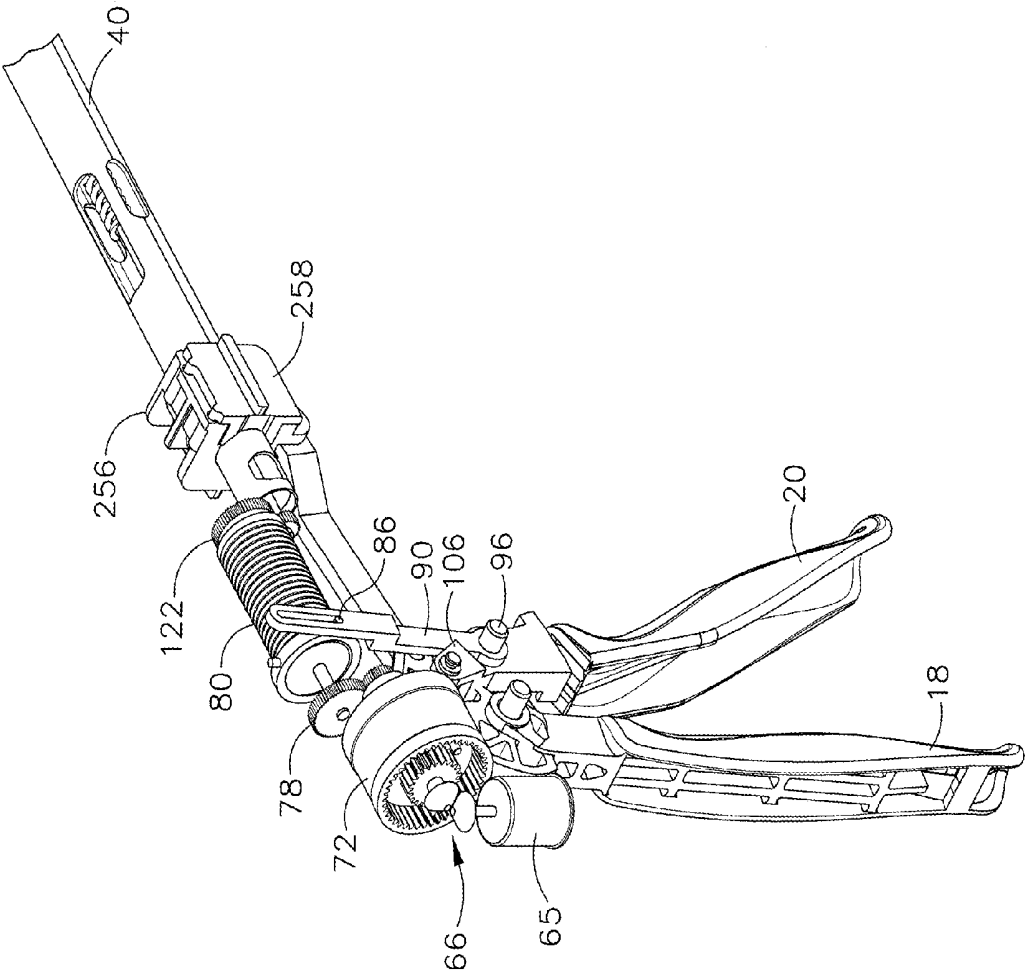


FIG. 8

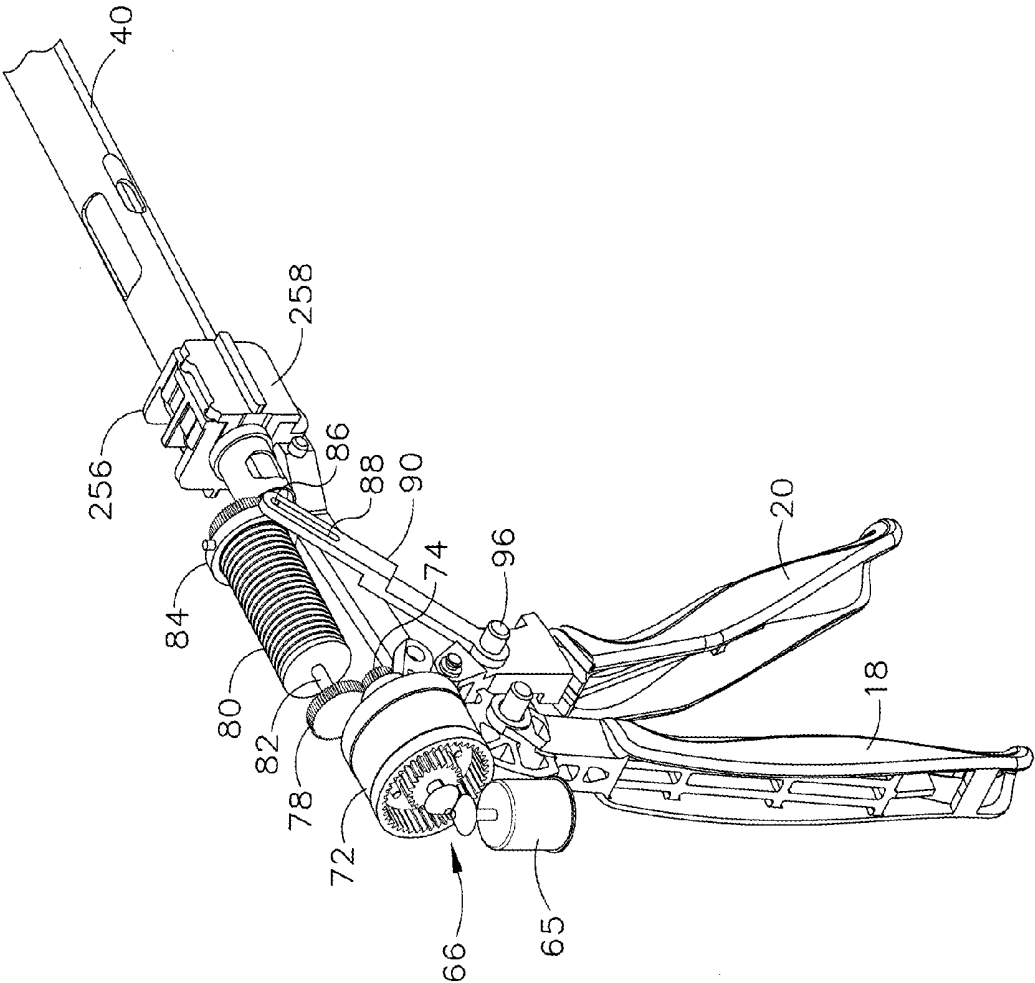


FIG. 9

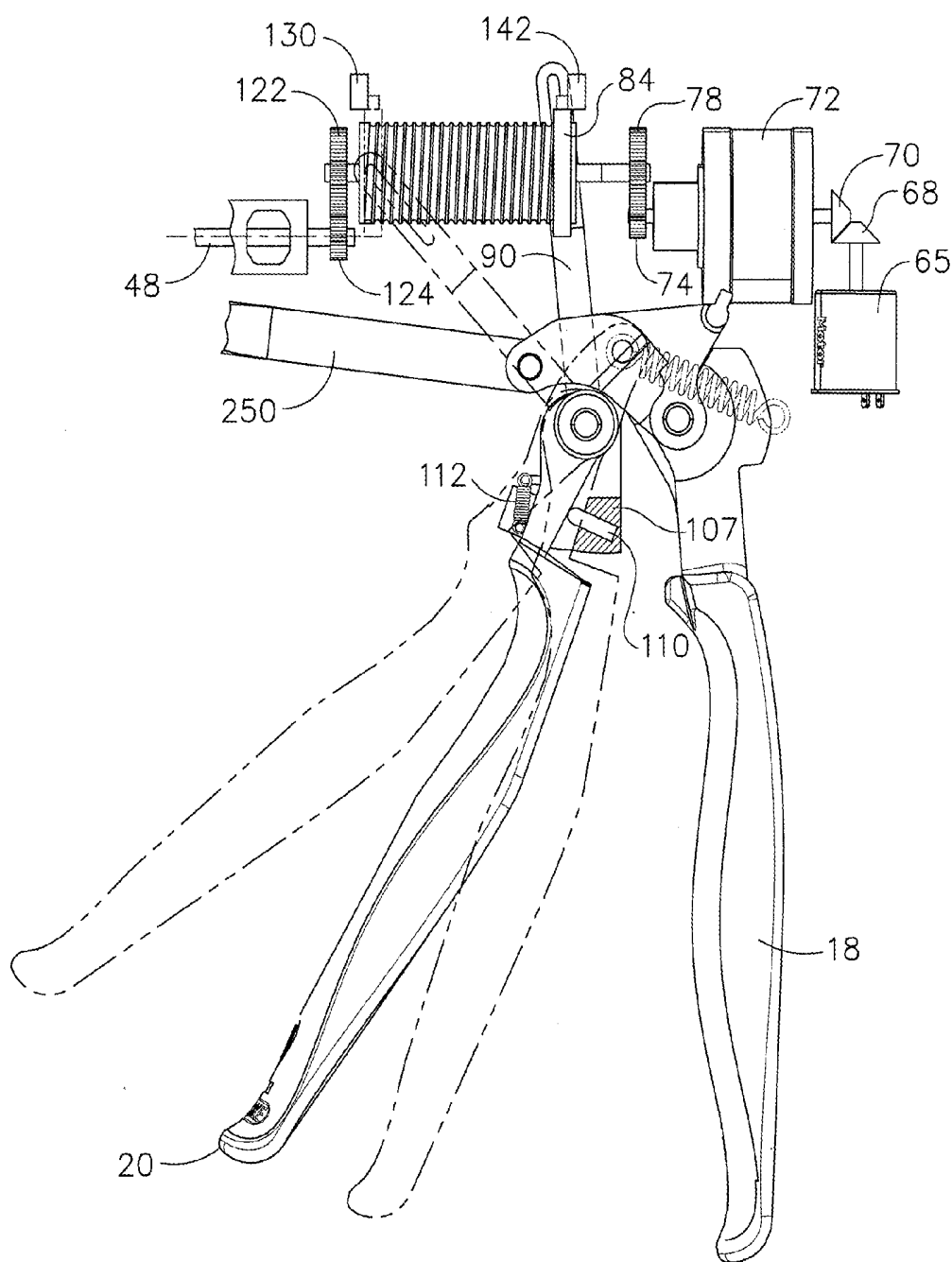


FIG. 10

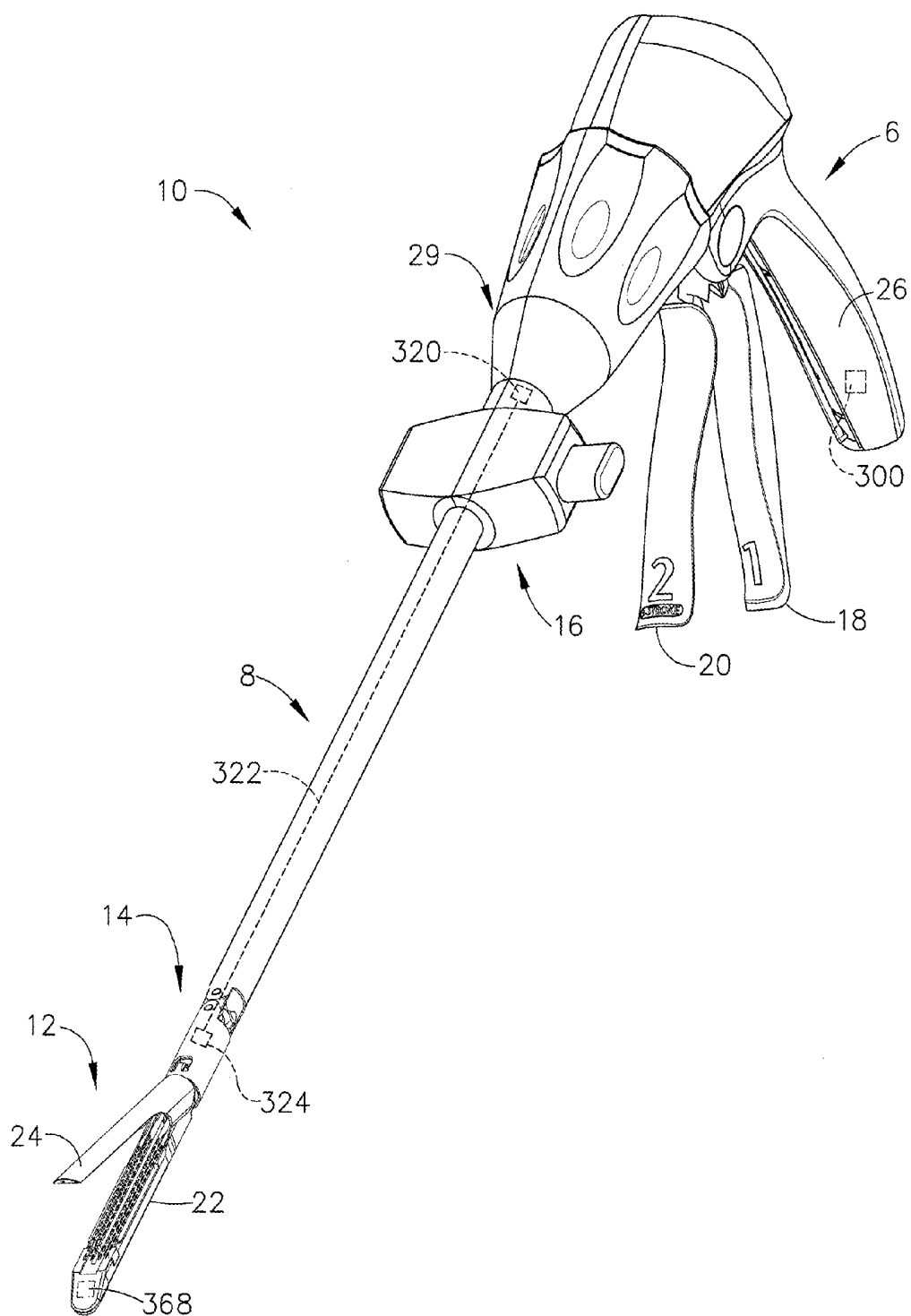


FIG. 11

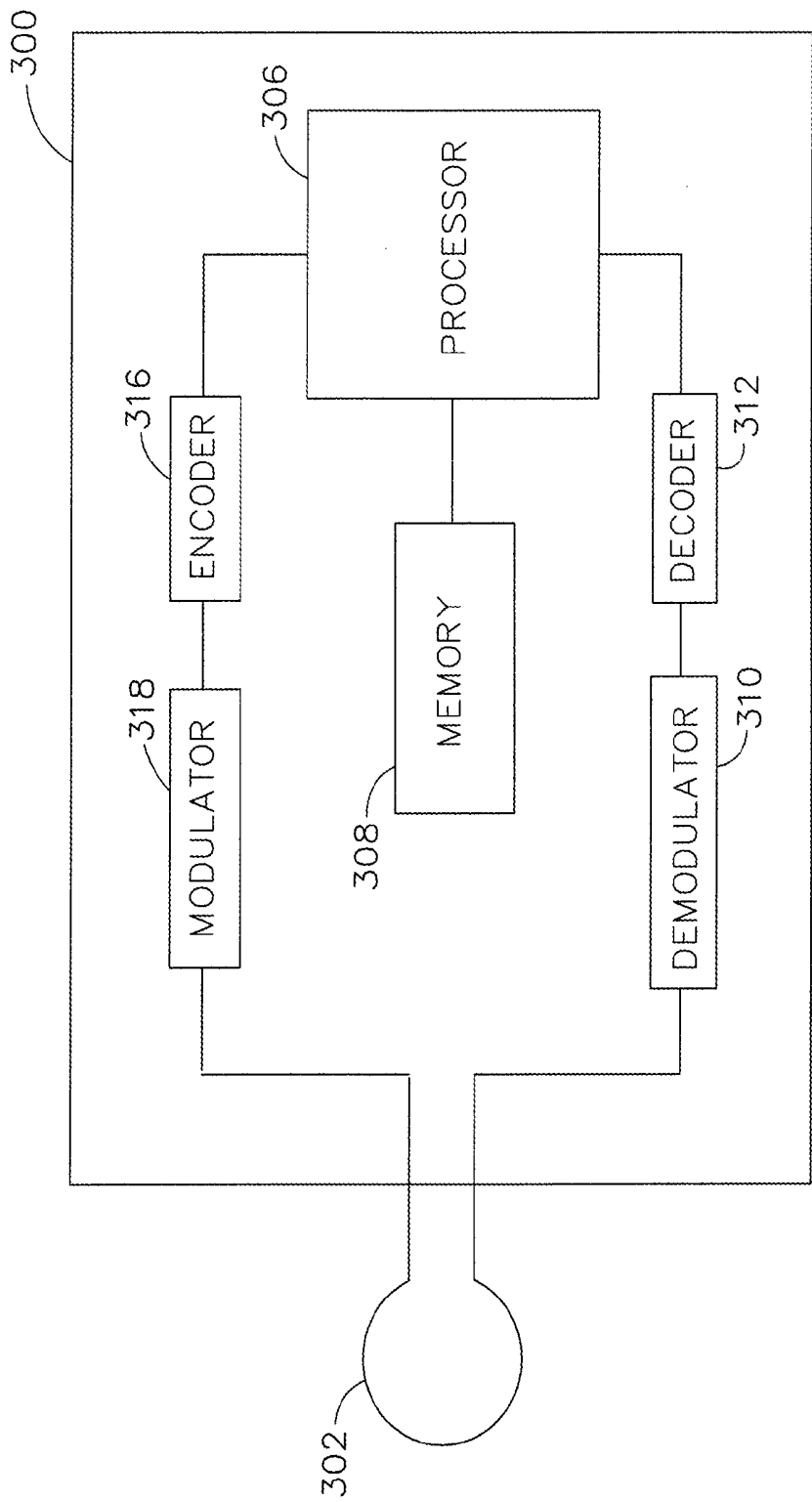


FIG. 12

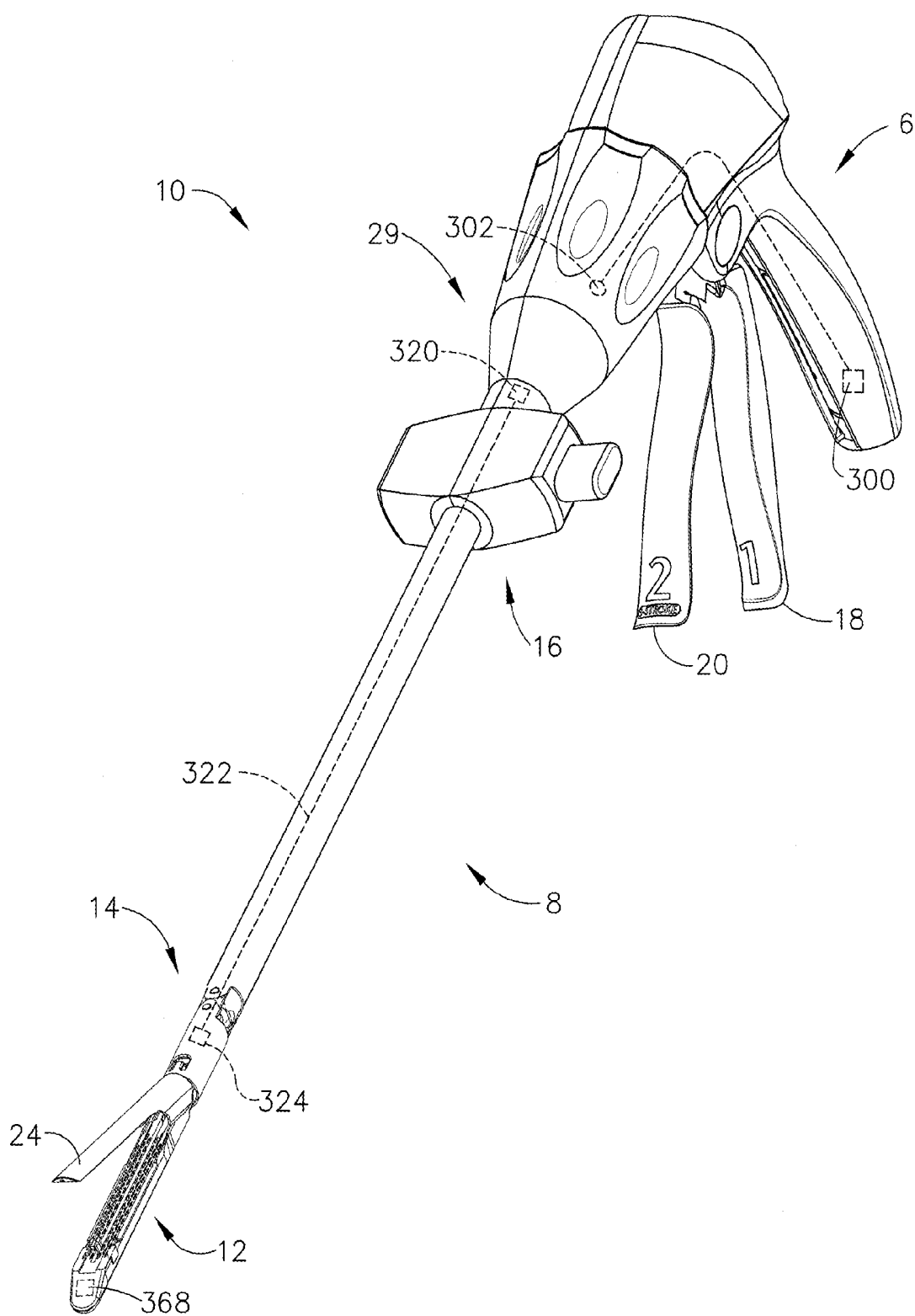


FIG. 13

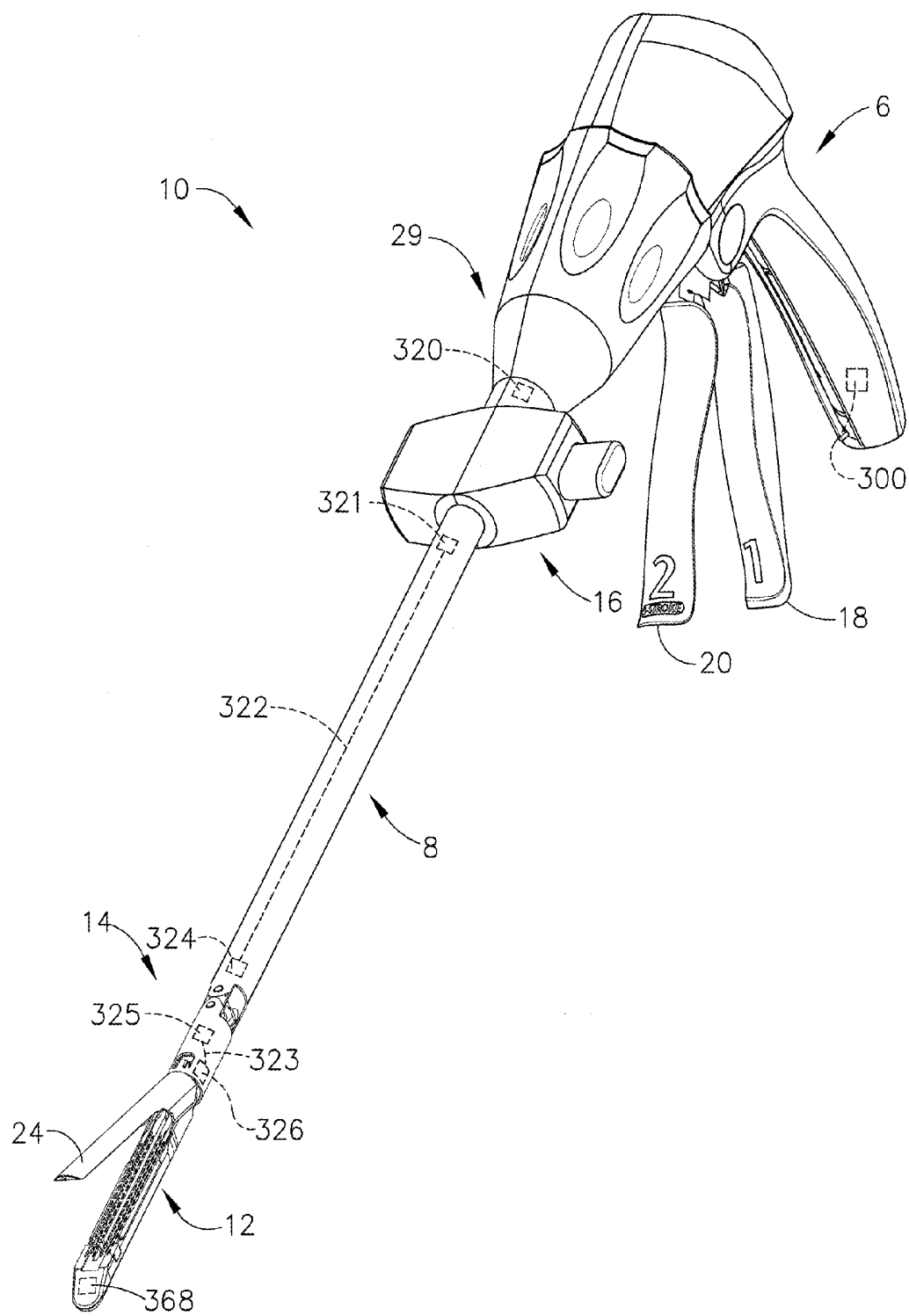


FIG. 14

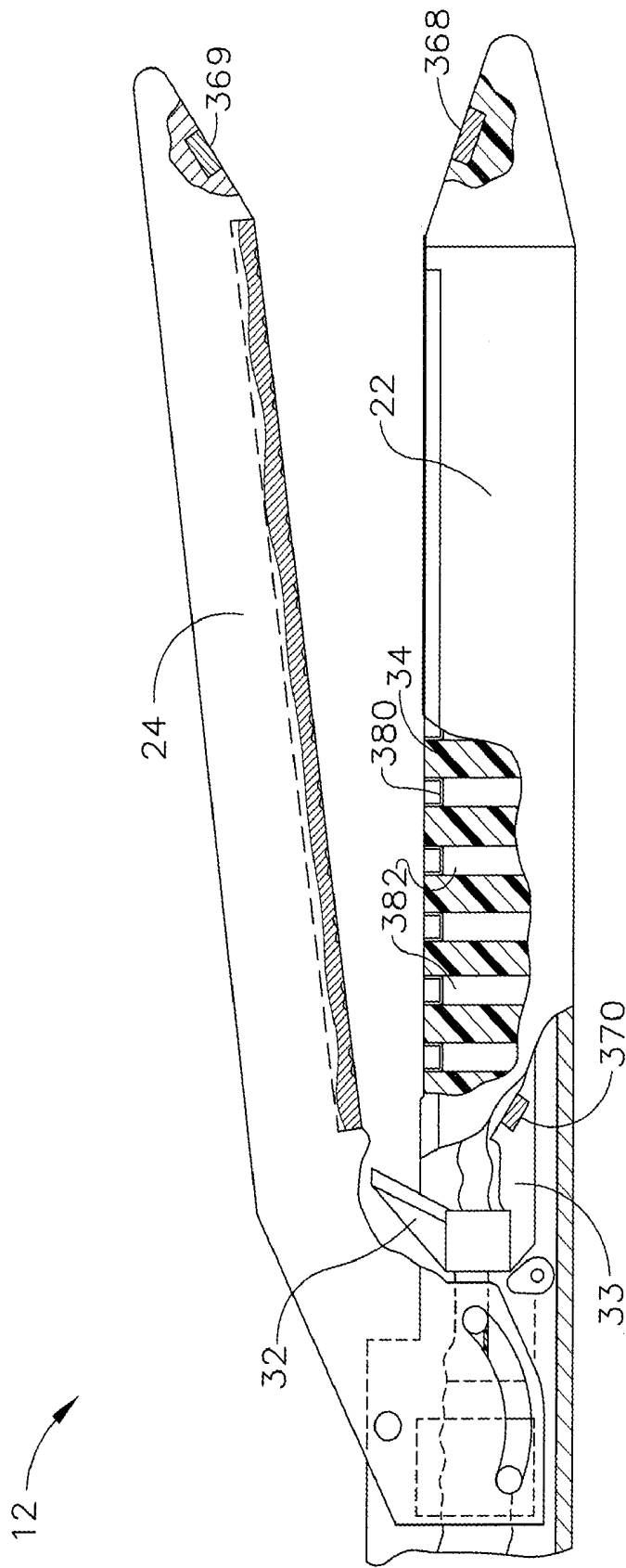


FIG. 15

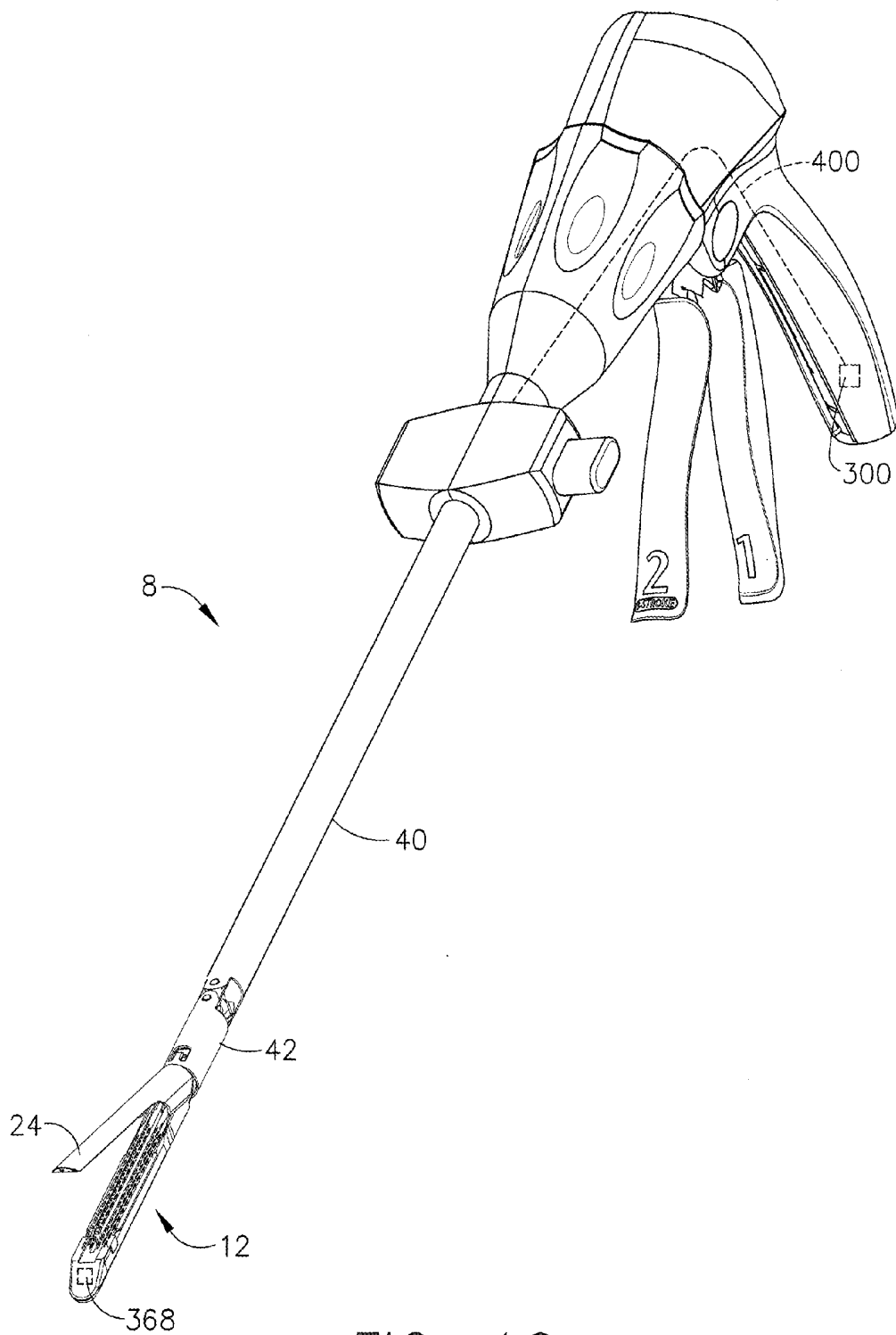


FIG. 16

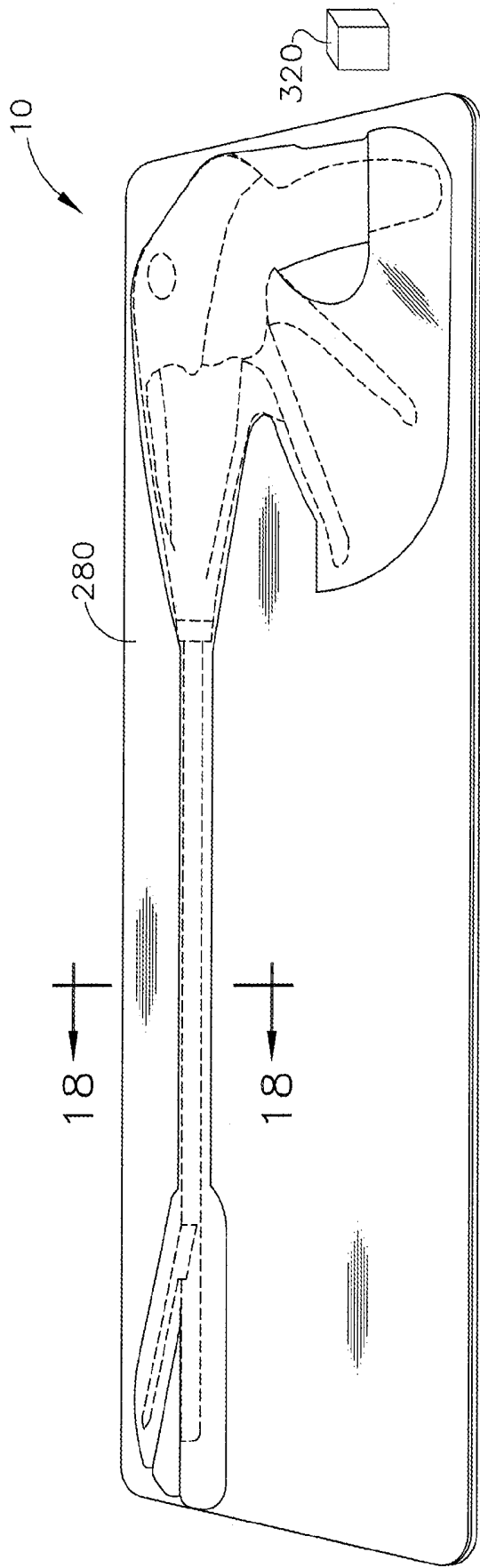


FIG. 17



FIG. 18

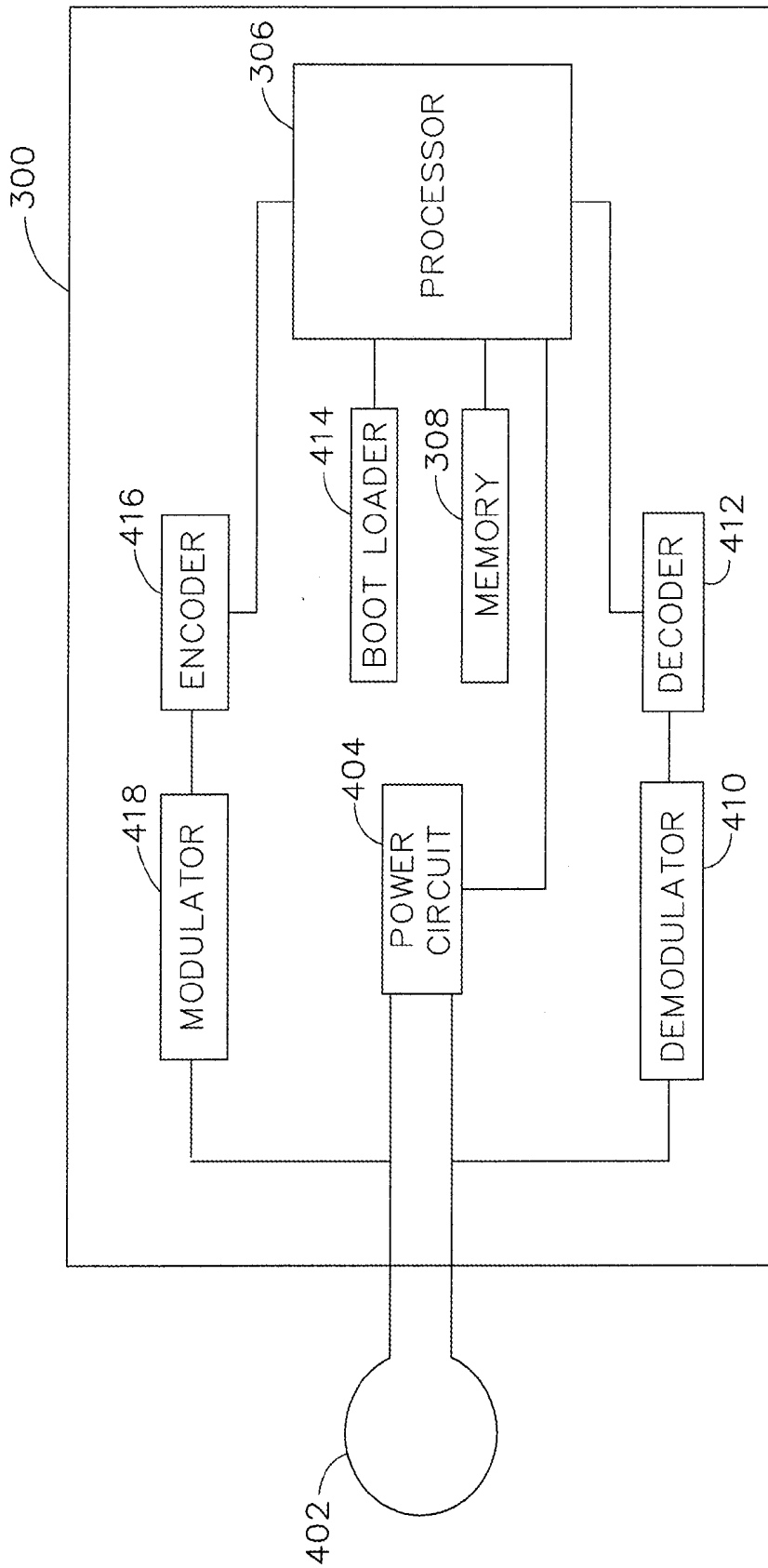


FIG. 19

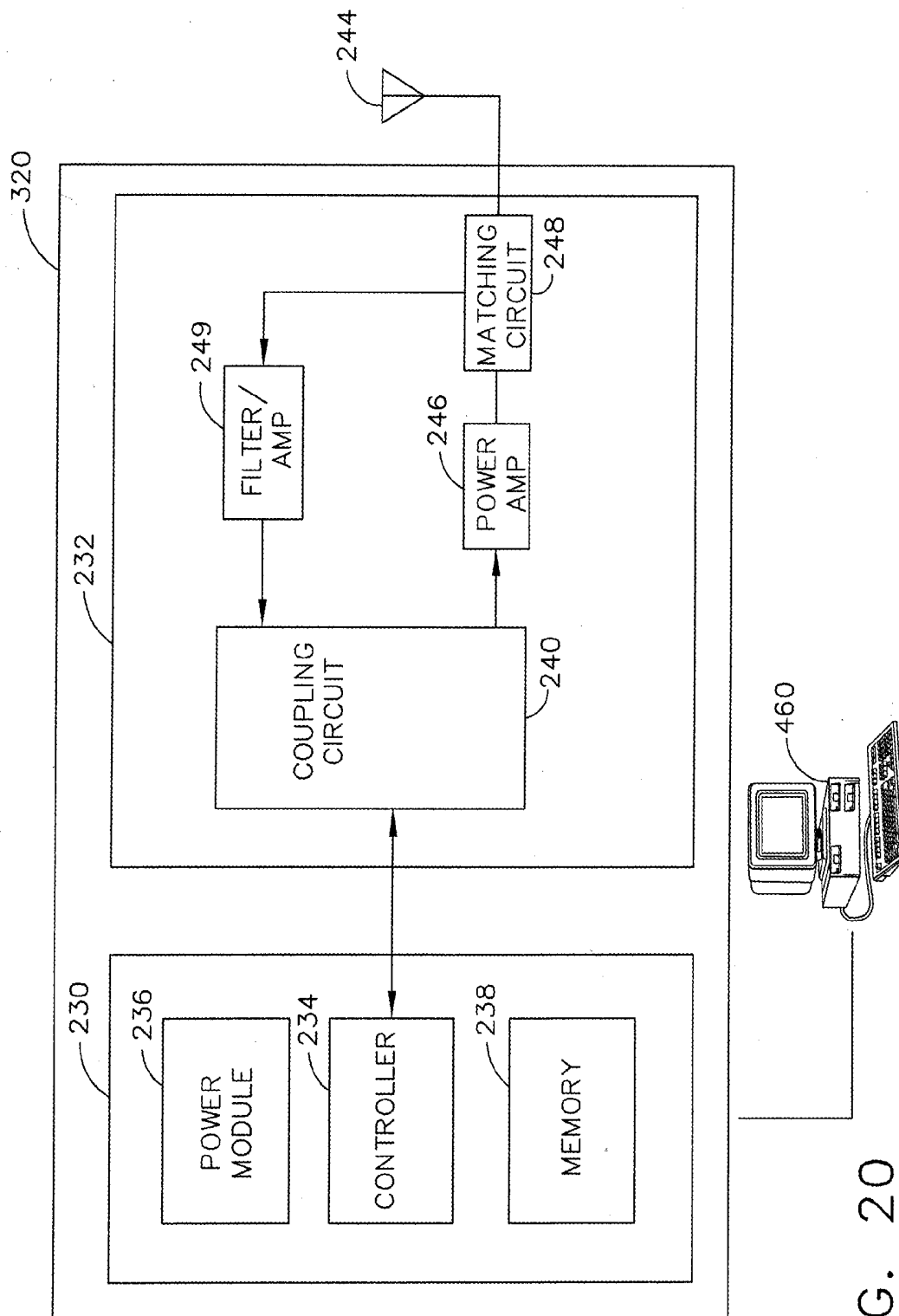


FIG. 20

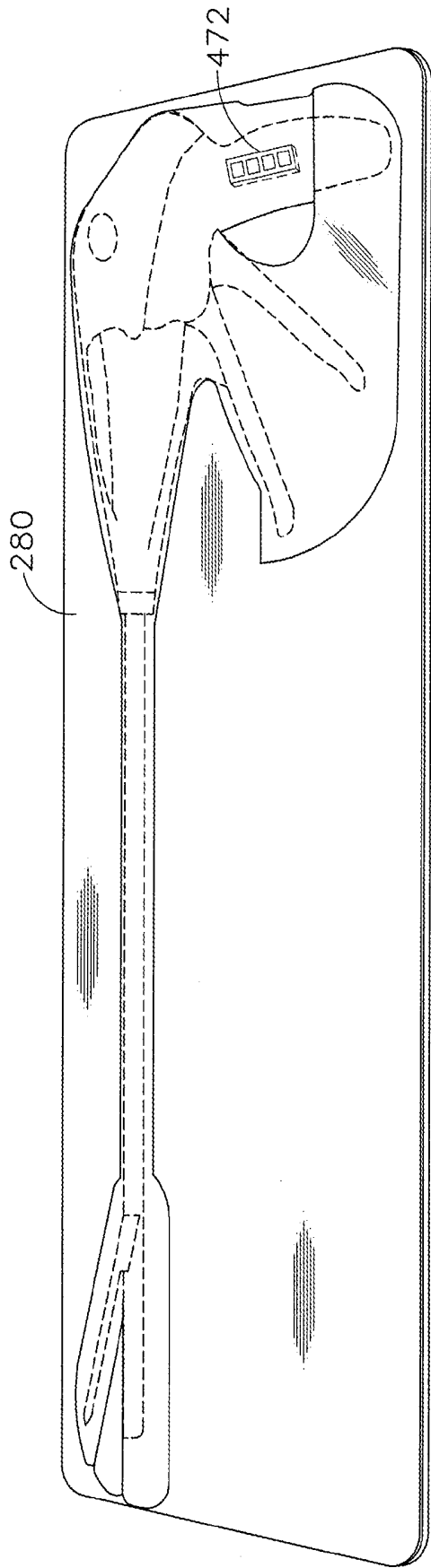


FIG. 21

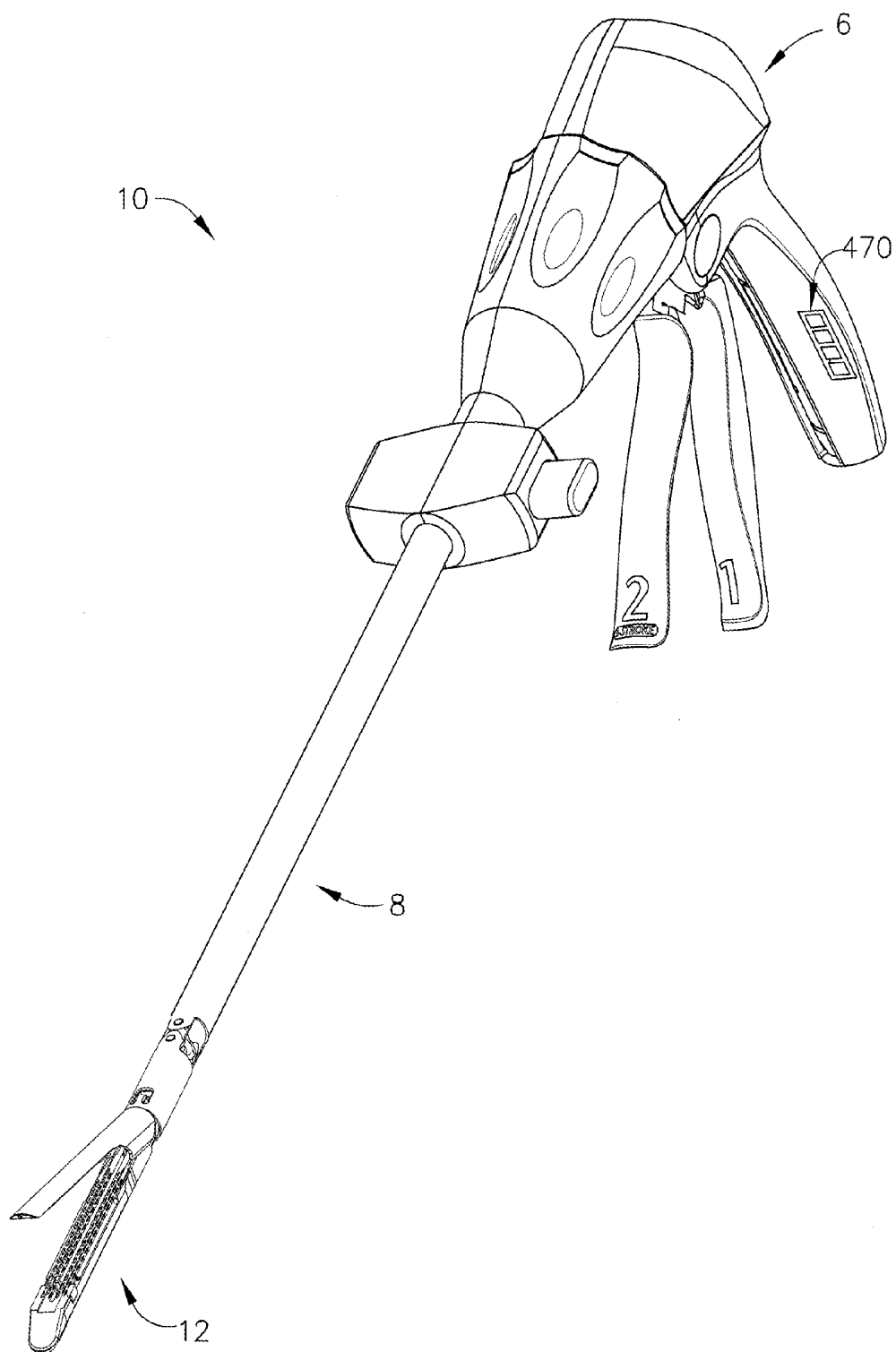


FIG. 22

SURGICAL INSTRUMENT WITH WIRELESS COMMUNICATION BETWEEN CONTROL UNIT AND REMOTE SENSOR

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] The present application is a continuation of and claims the benefit from U.S. patent application Ser. No. 11/651,807, filed Jan. 10, 2007, U.S. Patent Application Publication No. US-2008/0167672-A1, entitled "SURGICAL INSTRUMENT WITH WIRELESS COMMUNICATION BETWEEN CONTROL UNIT AND REMOTE SENSOR" which is herein incorporated by reference in its entirety and which is related to the following U.S. patent applications, which are also incorporated herein by reference in their respective entireties:

[0002] (1) U.S. patent application Ser. No. 11/651,715, filed Jan. 10, 2007, U.S. Patent Application Publication No. US-2008/0167522, entitled "SURGICAL INSTRUMENT WITH WIRELESS COMMUNICATION BETWEEN CONTROL UNIT AND SENSOR TRANSPONDERS," by J. Giordano et al.;

[0003] (2) U.S. patent application Ser. No. 11/651,806, filed Jan. 10, 2007, U.S. Patent Application Publication No. US-2008/0167671, entitled "SURGICAL INSTRUMENT WITH ELEMENTS TO COMMUNICATE BETWEEN CONTROL UNIT AND END EFFECTOR," by J. Giordano et al.;

[0004] (3) U.S. patent application Ser. No. 11/651,768, filed Jan. 10, 2007, now U.S. Pat. No. 7,721,931, entitled "PREVENTION OF CARTRIDGE REUSE IN A SURGICAL INSTRUMENT," by F. Shelton et al.;

[0005] (4) U.S. patent application Ser. No. 11/651,771, filed Jan. 10, 2007, now U.S. Pat. No. 7,738,971, entitled "POST-STERILIZATION PROGRAMMING OF SURGICAL INSTRUMENTS," by J. Swayze et al.;

[0006] (5) U.S. patent application Ser. No. 11/651,788, filed Jan. 10, 2007, now U.S. Pat. No. 7,721,936, entitled "INTERLOCK AND SURGICAL INSTRUMENT INCLUDING SAME," by F. Shelton et al.; and

[0007] (6) U.S. patent application Ser. No. 11/651,785, filed Jan. 10, 2007, U.S. Patent Application Publication No. US-2008/0167644, entitled "SURGICAL INSTRUMENT WITH ENHANCED BATTERY PERFORMANCE," by F. Shelton et al.

BACKGROUND

[0008] Endoscopic surgical instruments are often preferred over traditional open surgical devices since a smaller incision tends to reduce the post-operative recovery time and complications. Consequently, significant development has gone into a range of endoscopic surgical instruments that are suitable for precise placement of a distal end effector at a desired surgical site through a cannula of a trocar. These distal end effectors engage the tissue in a number of ways to achieve a diagnostic or therapeutic effect (e.g., endocutter, grasper, cutter, staplers, clip applier, access device, drug/gene therapy delivery device, and energy device using ultrasound, RF, laser, etc.).

[0009] Known surgical staplers include an end effector that simultaneously makes a longitudinal incision in tissue and applies lines of staples on opposing sides of the incision. The end effector includes a pair of cooperating jaw members that,

if the instrument is intended for endoscopic or laparoscopic applications, are capable of passing through a cannula passageway. One of the jaw members receives a staple cartridge having at least two laterally spaced rows of staples. The other jaw member defines an anvil having staple-forming pockets aligned with the rows of staples in the cartridge. The instrument includes a plurality of reciprocating wedges which, when driven distally, pass through openings in the staple cartridge and engage drivers supporting the staples to effect the firing of the staples toward the anvil.

[0010] An example of a surgical stapler suitable for endoscopic applications is described in U.S. Pat. No. 5,465,895, which discloses an endocutter with distinct closing and firing actions. A clinician using this device is able to close the jaw members upon tissue to position the tissue prior to firing. Once the clinician has determined that the jaw members are properly gripping tissue, the clinician can then fire the surgical stapler with a single firing stroke, thereby severing and stapling the tissue. The simultaneous severing and stapling avoids complications that may arise when performing such actions sequentially with different surgical tools that respectively only sever and staple.

[0011] One specific advantage of being able to close upon tissue before firing is that the clinician is able to verify via an endoscope that the desired location for the cut has been achieved, including that a sufficient amount of tissue has been captured between opposing jaws. Otherwise, opposing jaws may be drawn too close together, especially pinching at their distal ends, and thus not effectively forming closed staples in the severed tissue. At the other extreme, an excessive amount of clamped tissue may cause binding and an incomplete firing.

[0012] Endoscopic staplers/cutters continue to increase in complexity and function with each generation. One of the main reasons for this is the quest to lower force-to-fire (FTF) to a level that all or a great majority of surgeons can handle. One known solution to lower FTF is use CO₂ or electrical motors. These devices have not fared much better than traditional hand-powered devices, but for a different reason. Surgeons typically prefer to experience proportionate force distribution to that being experienced by the end effector in the forming of the staple to assure them that the cutting/stapling cycle is complete, with the upper limit within the capabilities of most surgeons (usually around 15-30 lbs). They also typically want to maintain control of deploying the staples and being able to stop at anytime if the forces felt in the handle of the device feel too great or for some other clinical reason.

[0013] To address this need, so-called "power-assist" endoscopic surgical instruments have been developed in which a supplemental power source aids in the firing of the instrument. For example, in some power-assist devices, a motor provides supplemental electrical power to the power input by the user from squeezing the firing trigger. Such devices are capable of providing loading force feedback and control to the operator to reduce the firing force required to be exerted by the operator in order to complete the cutting operation. One such power-assist device is described in U.S. patent application Ser. No. 11/343,573, filed Jan. 31, 2006 by Shelton et al., entitled "Motor-driven surgical cutting and fastening instrument with loading force feedback," ("the '573 application") which is incorporated herein by reference.

[0014] These power-assist devices often include other components that purely mechanical endoscopic surgical instru-

ments do not, such as sensors and control systems. One challenge in using such electronics in a surgical instrument is delivering power and/or data to and from the sensors, particularly when there is a free rotating joint in the surgical instrument.

SUMMARY

[0015] In one general aspect, the present invention is directed to a surgical instrument, such as an endoscopic or laparoscopic instrument. According to one embodiment, the surgical instrument comprises an end effector comprising at least one sensor transponder that is passively powered. The surgical instrument also comprises a shaft having a distal end connected to the end effector and a handle connected to a proximate end of the shaft. The handle comprises a control unit (e.g., a microcontroller) that is in communication with the sensor transponder via at least one inductive coupling. Further, the surgical instrument may comprise a rotational joint for rotating the shaft. In such a case, the surgical instrument may comprise a first inductive element located in the shaft distally from the rotational joint and inductively coupled to the control unit, and a second inductive element located distally in the shaft and inductively coupled to the at least one sensor transponder. The first and second inductive elements may be connected by a wired, physical connection.

[0016] That way, the control unit may communicate with the transponder in the end effector without a direct wired connection through complex mechanical joints like the rotating joint where it may be difficult to maintain such a wired connection. In addition, because the distances between the inductive elements may be fixed and known, the couplings could be optimized for inductive transfer of energy. Also, the distances could be relatively short so that relatively low power signals could be used to thereby minimize interference with other systems in the use environment of the instrument.

[0017] In another general aspect of the present invention, the electrically conductive shaft of the surgical instrument may serve as an antenna for the control unit to wirelessly communicate signals to and from the sensor transponder. For example, the sensor transponder could be located on or disposed in a nonconductive component of the end effector, such as a plastic cartridge, thereby insulating the sensor from conductive components of the end effector and the shaft. In addition, the control unit in the handle may be electrically coupled to the shaft. In that way, the shaft and/or the end effector may serve as an antenna for the control unit by radiating signals from the control unit to the sensor and/or by receiving radiated signals from the sensor. Such a design is particularly useful in surgical instruments having complex mechanical joints (such as rotary joints), which make it difficult to use a direct wired connection between the sensor and control unit for communicating data signals.

[0018] In another embodiment, the shaft and/or components of the end effector could serve as the antenna for the sensor by radiating signals to the control unit and receiving radiated signals from the control unit. According to such an embodiment, the control unit is electrically insulated from the shaft and the end effector.

[0019] In another general aspect, the present invention is directed to a surgical instrument comprising a programmable control unit that can be programmed by a programming device after the instrument has been packaged and sterilized. In one such embodiment, the programming device may wirelessly program the control unit. The control unit may be

passively powered by the wireless signals from the programming device during the programming operation. In another embodiment, the sterile container may comprise a connection interface so that the programming unit can be connected to the surgical instrument while the surgical instrument is in its sterilized container.

FIGURES

[0020] Various embodiments of the present invention are described herein by way of example in conjunction with the following figures wherein:

[0021] FIGS. 1 and 2 are perspective views of a surgical instrument according to various embodiments of the present invention;

[0022] FIGS. 3-5 are exploded views of an end effector and shaft of the instrument according to various embodiments of the present invention;

[0023] FIG. 6 is a side view of the end effector according to various embodiments of the present invention;

[0024] FIG. 7 is an exploded view of the handle of the instrument according to various embodiments of the present invention;

[0025] FIGS. 8 and 9 are partial perspective views of the handle according to various embodiments of the present invention;

[0026] FIG. 10 is a side view of the handle according to various embodiments of the present invention;

[0027] FIGS. 11, 13-14, 16, and 22 are perspective views of a surgical instrument according to various embodiments of the present invention;

[0028] FIGS. 12 and 19 are block diagrams of a control unit according to various embodiments of the present invention;

[0029] FIG. 15 is a side view of an end effector including a sensor transponder according to various embodiments of the present invention;

[0030] FIGS. 17 and 18 show the instrument in a sterile container according to various embodiments of the present invention;

[0031] FIG. 20 is a block diagram of the remote programming device according to various embodiments of the present invention; and

[0032] FIG. 21 is a diagram of a packaged instrument according to various embodiments of the present invention.

DETAILED DESCRIPTION

[0033] Various embodiments of the present invention are directed generally to a surgical instrument having at least one remote sensor transponder and means for communicating power and/or data signals to the transponder(s) from a control unit. The present invention may be used with any type of surgical instrument comprising at least one sensor transponder, such as endoscopic or laparoscopic surgical instruments, but is particularly useful for surgical instruments where some feature of the instrument, such as a free rotating joint, prevents or otherwise inhibits the use of a wired connection to the sensor(s). Before describing aspects of the system, one type of surgical instrument in which embodiments of the present invention may be used—an endoscopic stapling and cutting instrument (i.e., an endocutter)—is first described by way of illustration.

[0034] FIGS. 1 and 2 depict an endoscopic surgical instrument 10 that comprises a handle 6, a shaft 8, and an articulating end effector 12 pivotally connected to the shaft 8 at an

articulation pivot 14. Correct placement and orientation of the end effector 12 may be facilitated by controls on the handle 6, including (1) a rotation knob 28 for rotating the closure tube (described in more detail below in connection with FIGS. 4-5) at a free rotating joint 29 of the shaft 8 to thereby rotate the end effector 12 and (2) an articulation control 16 to effect rotational articulation of the end effector 12 about the articulation pivot 14. In the illustrated embodiment, the end effector 12 is configured to act as an endocutter for clamping, severing and stapling tissue, although in other embodiments, different types of end effectors may be used, such as end effectors for other types of surgical instruments, such as graspers, cutters, staplers, clip applicators, access devices, drug/gene therapy devices, ultrasound, RF or laser devices, etc.

[0035] The handle 6 of the instrument 10 may include a closure trigger 18 and a firing trigger 20 for actuating the end effector 12. It will be appreciated that instruments having end effectors directed to different surgical tasks may have different numbers or types of triggers or other suitable controls for operating the end effector 12. The end effector 12 is shown separated from the handle 6 by the preferably elongate shaft 8. In one embodiment, a clinician or operator of the instrument 10 may articulate the end effector 12 relative to the shaft 8 by utilizing the articulation control 16, as described in more detail in pending U.S. patent application Ser. No. 11/329,020, filed Jan. 10, 2006, entitled "Surgical Instrument Having An Articulating End Effector," by Geoffrey C. Hueil et al., which is incorporated herein by reference.

[0036] The end effector 12 includes in this example, among other things, a staple channel 22 and a pivotally translatable clamping member, such as an anvil 24, which are maintained at a spacing that assures effective stapling and severing of tissue clamped in the end effector 12. The handle 6 includes a pistol grip 26 towards which a closure trigger 18 is pivotally drawn by the clinician to cause clamping or closing of the anvil 24 toward the staple channel 22 of the end effector 12 to thereby clamp tissue positioned between the anvil 24 and channel 22. The firing trigger 20 is farther outboard of the closure trigger 18. Once the closure trigger 18 is locked in the closure position, the firing trigger 20 may rotate slightly toward the pistol grip 26 so that it can be reached by the operator using one hand. Then the operator may pivotally draw the firing trigger 20 toward the pistol grip 12 to cause the stapling and severing of clamped tissue in the end effector 12. The '573 application describes various configurations for locking and unlocking the closure trigger 18. In other embodiments, different types of clamping members besides the anvil 24 could be used, such as, for example, an opposing jaw, etc.

[0037] It will be appreciated that the terms "proximal" and "distal" are used herein with reference to a clinician gripping the handle 6 of an instrument 10. Thus, the end effector 12 is distal with respect to the more proximal handle 6. It will be further appreciated that, for convenience and clarity, spatial terms such as "vertical" and "horizontal" are used herein with respect to the drawings. However, surgical instruments are used in many orientations and positions, and these terms are not intended to be limiting and absolute.

[0038] The closure trigger 18 may be actuated first. Once the clinician is satisfied with the positioning of the end effector 12, the clinician may draw back the closure trigger 18 to its fully closed, locked position proximate to the pistol grip 26. The firing trigger 20 may then be actuated. The firing trigger 20 returns to the open position (shown in FIGS. 1 and 2) when

the clinician removes pressure. A release button 30 on the handle 6, and in this example, on the pistol grip 26 of the handle, when depressed may release the locked closure trigger 18.

[0039] FIG. 3 is an exploded view of the end effector 12 according to various embodiments. As shown in the illustrated embodiment, the end effector 12 may include, in addition to the previously-mentioned channel 22 and anvil 24, a cutting instrument 32, a sled 33, a staple cartridge 34 that is removably seated in the channel 22, and a helical screw shaft 36. The cutting instrument 32 may be, for example, a knife. The anvil 24 may be pivotally opened and closed at a pivot point 25 connected to the proximate end of the channel 22. The anvil 24 may also include a tab 27 at its proximate end that is inserted into a component of the mechanical closure system (described further below) to open and close the anvil 24. When the closure trigger 18 is actuated, that is, drawn in by a user of the instrument 10, the anvil 24 may pivot about the pivot point 25 into the clamped or closed position. If clamping of the end effector 12 is satisfactory, the operator may actuate the firing trigger 20, which, as explained in more detail below, causes the knife 32 and sled 33 to travel longitudinally along the channel 22, thereby cutting tissue clamped within the end effector 12. The movement of the sled 33 along the channel 22 causes the staples of the staple cartridge 34 to be driven through the severed tissue and against the closed anvil 24, which turns the staples to fasten the severed tissue. U.S. Pat. No. 6,978,921, entitled "Surgical stapling instrument incorporating an E-beam firing mechanism," which is incorporated herein by reference, provides more details about such two-stroke cutting and fastening instruments. The sled 33 may be part of the cartridge 34, such that when the knife 32 retracts following the cutting operation, the sled 33 does not retract. The channel 22 and the anvil 24 may be made of an electrically conductive material (such as metal) so that they may serve as part of the antenna that communicates with the sensor (s) in the end effector, as described further below. The cartridge 34 could be made of a nonconductive material (such as plastic) and the sensor may be connected to or disposed in the cartridge 34, as described further below.

[0040] It should be noted that although the embodiments of the instrument 10 described herein employ an end effector 12 that staples the severed tissue, in other embodiments different techniques for fastening or sealing the severed tissue may be used. For example, end effectors that use RF energy or adhesives to fasten the severed tissue may also be used. U.S. Pat. No. 5,709,680, entitled "Electrosurgical Hemostatic Device" to Yates et al., and U.S. Pat. No. 5,688,270, entitled "Electrosurgical Hemostatic Device With Recessed And/Or Offset Electrodes" to Yates et al., which are incorporated herein by reference, discloses cutting instruments that use RF energy to fasten the severed tissue. U.S. patent application Ser. No. 11/267,811 to Morgan et al. and U.S. patent application Ser. No. 11/267,363 to Shelton et al., which are also incorporated herein by reference, disclose cutting instruments that use adhesives to fasten the severed tissue. Accordingly, although the description herein refers to cutting/stapling operations and the like, it should be recognized that this is an exemplary embodiment and is not meant to be limiting. Other tissue-fastening techniques may also be used.

[0041] FIGS. 4 and 5 are exploded views and FIG. 6 is a side view of the end effector 12 and shaft 8 according to various embodiments. As shown in the illustrated embodiment, the shaft 8 may include a proximate closure tube 40 and

a distal closure tube 42 pivotably linked by a pivot links 44. The distal closure tube 42 includes an opening 45 into which the tab 27 on the anvil 24 is inserted in order to open and close the anvil 24. Disposed inside the closure tubes 40, 42 may be a proximate spine tube 46. Disposed inside the proximate spine tube 46 may be a main rotational (or proximate) drive shaft 48 that communicates with a secondary (or distal) drive shaft 50 via a bevel gear assembly 52. The secondary drive shaft 50 is connected to a drive gear 54 that engages a proximate drive gear 56 of the helical screw shaft 36. The vertical bevel gear 52b may sit and pivot in an opening 57 in the distal end of the proximate spine tube 46. A distal spine tube 58 may be used to enclose the secondary drive shaft 50 and the drive gears 54, 56. Collectively, the main drive shaft 48, the secondary drive shaft 50, and the articulation assembly (e.g., the bevel gear assembly 52a-c), are sometimes referred to herein as the “main drive shaft assembly.” The closure tubes 40, 42 may be made of electrically conductive material (such as metal) so that they may serve as part of the antenna, as described further below. Components of the main drive shaft assembly (e.g., the drive shafts 48, 50) may be made of a nonconductive material (such as plastic).

[0042] A bearing 38, positioned at a distal end of the staple channel 22, receives the helical drive screw 36, allowing the helical drive screw 36 to freely rotate with respect to the channel 22. The helical screw shaft 36 may interface a threaded opening (not shown) of the knife 32 such that rotation of the shaft 36 causes the knife 32 to translate distally or proximally (depending on the direction of the rotation) through the staple channel 22. Accordingly, when the main drive shaft 48 is caused to rotate by actuation of the firing trigger 20 (as explained in more detail below), the bevel gear assembly 52a-c causes the secondary drive shaft 50 to rotate, which in turn, because of the engagement of the drive gears 54, 56, causes the helical screw shaft 36 to rotate, which causes the knife 32 to travel longitudinally along the channel 22 to cut any tissue clamped within the end effector. The sled 33 may be made of, for example, plastic, and may have a sloped distal surface. As the sled 33 traverses the channel 22, the sloped forward surface may push up or drive the staples in the staple cartridge 34 through the clamped tissue and against the anvil 24. The anvil 24 turns the staples, thereby stapling the severed tissue. When the knife 32 is retracted, the knife 32 and sled 33 may become disengaged, thereby leaving the sled 33 at the distal end of the channel 22.

[0043] According to various embodiments, as shown FIGS. 7-10, the surgical instrument may include a battery 64 in the handle 6. The illustrated embodiment provides user-feedback regarding the deployment and loading force of the cutting instrument in the end effector 12. In addition, the embodiment may use power provided by the user in retracting the firing trigger 18 to power the instrument 10 (a so-called “power assist” mode). As shown in the illustrated embodiment, the handle 6 includes exterior lower side pieces 59, 60 and exterior upper side pieces 61, 62 that fit together to form, in general, the exterior of the handle 6. The handle pieces 59-62 may be made of an electrically nonconductive material, such as plastic. A battery 64 may be provided in the pistol grip portion 26 of the handle 6. The battery 64 powers a motor 65 disposed in an upper portion of the pistol grip portion 26 of the handle 6. The battery 64 may be constructed according to any suitable construction or chemistry including, for example, a Li-ion chemistry such as LiCoO_2 or LiNiO_2 , a Nickel Metal Hydride chemistry, etc. According to various

embodiments, the motor 65 may be a DC brushed driving motor having a maximum rotation of, approximately, 5000 RPM to 100,000 RPM. The motor 64 may drive a 90° bevel gear assembly 66 comprising a first bevel gear 68 and a second bevel gear 70. The bevel gear assembly 66 may drive a planetary gear assembly 72. The planetary gear assembly 72 may include a pinion gear 74 connected to a drive shaft 76. The pinion gear 74 may drive a mating ring gear 78 that drives a helical gear drum 80 via a drive shaft 82. A ring 84 may be threaded on the helical gear drum 80. Thus, when the motor 65 rotates, the ring 84 is caused to travel along the helical gear drum 80 by means of the interposed bevel gear assembly 66, planetary gear assembly 72 and ring gear 78.

[0044] The handle 6 may also include a run motor sensor 110 in communication with the firing trigger 20 to detect when the firing trigger 20 has been drawn in (or “closed”) toward the pistol grip portion 26 of the handle 6 by the operator to thereby actuate the cutting/stapling operation by the end effector 12. The sensor 110 may be a proportional sensor such as, for example, a rheostat or variable resistor. When the firing trigger 20 is drawn in, the sensor 110 detects the movement, and sends an electrical signal indicative of the voltage (or power) to be supplied to the motor 65. When the sensor 110 is a variable resistor or the like, the rotation of the motor 65 may be generally proportional to the amount of movement of the firing trigger 20. That is, if the operator only draws or closes the firing trigger 20 in a little bit, the rotation of the motor 65 is relatively low. When the firing trigger 20 is fully drawn in (or in the fully closed position), the rotation of the motor 65 is at its maximum. In other words, the harder the user pulls on the firing trigger 20, the more voltage is applied to the motor 65, causing greater rates of rotation. In another embodiment, for example, the control unit (described further below) may output a PWM control signal to the motor 65 based on the input from the sensor 110 in order to control the motor 65.

[0045] The handle 6 may include a middle handle piece 104 adjacent to the upper portion of the firing trigger 20. The handle 6 also may comprise a bias spring 112 connected between posts on the middle handle piece 104 and the firing trigger 20. The bias spring 112 may bias the firing trigger 20 to its fully open position. In that way, when the operator releases the firing trigger 20, the bias spring 112 will pull the firing trigger 20 to its open position, thereby removing actuation of the sensor 110, thereby stopping rotation of the motor 65. Moreover, by virtue of the bias spring 112, any time a user closes the firing trigger 20, the user will experience resistance to the closing operation, thereby providing the user with feedback as to the amount of rotation exerted by the motor 65. Further, the operator could stop retracting the firing trigger 20 to thereby remove force from the sensor 100, to thereby stop the motor 65. As such, the user may stop the deployment of the end effector 12, thereby providing a measure of control of the cutting/fastening operation to the operator.

[0046] The distal end of the helical gear drum 80 includes a distal drive shaft 120 that drives a ring gear 122, which mates with a pinion gear 124. The pinion gear 124 is connected to the main drive shaft 48 of the main drive shaft assembly. In that way, rotation of the motor 65 causes the main drive shaft assembly to rotate, which causes actuation of the end effector 12, as described above.

[0047] The ring 84 threaded on the helical gear drum 80 may include a post 86 that is disposed within a slot 88 of a slotted arm 90. The slotted arm 90 has an opening 92 at its

opposite end **94** that receives a pivot pin **96** that is connected between the handle exterior side pieces **59**, **60**. The pivot pin **96** is also disposed through an opening **100** in the firing trigger **20** and an opening **102** in the middle handle piece **104**.

[0048] In addition, the handle **6** may include a reverse motor (or end-of-stroke sensor) **130** and a stop motor (or beginning-of-stroke) sensor **142**. In various embodiments, the reverse motor sensor **130** may be a limit switch located at the distal end of the helical gear drum **80** such that the ring **84** threaded on the helical gear drum **80** contacts and trips the reverse motor sensor **130** when the ring **84** reaches the distal end of the helical gear drum **80**. The reverse motor sensor **130**, when activated, sends a signal to the control unit which sends a signal to the motor **65** to reverse its rotation direction, thereby withdrawing the knife **32** of the end effector **12** following the cutting operation.

[0049] The stop motor sensor **142** may be, for example, a normally-closed limit switch. In various embodiments, it may be located at the proximate end of the helical gear drum **80** so that the ring **84** trips the switch **142** when the ring **84** reaches the proximate end of the helical gear drum **80**.

[0050] In operation, when an operator of the instrument **10** pulls back the firing trigger **20**, the sensor **110** detects the deployment of the firing trigger **20** and sends a signal to the control unit which sends a signal to the motor **65** to cause forward rotation of the motor **65** at, for example, a rate proportional to how hard the operator pulls back the firing trigger **20**. The forward rotation of the motor **65** in turn causes the ring gear **78** at the distal end of the planetary gear assembly **72** to rotate, thereby causing the helical gear drum **80** to rotate, causing the ring **84** threaded on the helical gear drum **80** to travel distally along the helical gear drum **80**. The rotation of the helical gear drum **80** also drives the main drive shaft assembly as described above, which in turn causes deployment of the knife **32** in the end effector **12**. That is, the knife **32** and sled **33** are caused to traverse the channel **22** longitudinally, thereby cutting tissue clamped in the end effector **12**. Also, the stapling operation of the end effector **12** is caused to happen in embodiments where a stapling-type end effector is used.

[0051] By the time the cutting/stapling operation of the end effector **12** is complete, the ring **84** on the helical gear drum **80** will have reached the distal end of the helical gear drum **80**, thereby causing the reverse motor sensor **130** to be tripped, which sends a signal to the control unit which sends a signal to the motor **65** to cause the motor **65** to reverse its rotation. This in turn causes the knife **32** to retract, and also causes the ring **84** on the helical gear drum **80** to move back to the proximate end of the helical gear drum **80**.

[0052] The middle handle piece **104** includes a backside shoulder **106** that engages the slotted arm **90** as best shown in FIGS. **8** and **9**. The middle handle piece **104** also has a forward motion stop **107** that engages the firing trigger **20**. The movement of the slotted arm **90** is controlled, as explained above, by rotation of the motor **65**. When the slotted arm **90** rotates CCW as the ring **84** travels from the proximate end of the helical gear drum **80** to the distal end, the middle handle piece **104** will be free to rotate CCW. Thus, as the user draws in the firing trigger **20**, the firing trigger **20** will engage the forward motion stop **107** of the middle handle piece **104**, causing the middle handle piece **104** to rotate CCW. Due to the backside shoulder **106** engaging the slotted arm **90**, however, the middle handle piece **104** will only be able to rotate CCW as far as the slotted arm **90** permits. In that

way, if the motor **65** should stop rotating for some reason, the slotted arm **90** will stop rotating, and the user will not be able to further draw in the firing trigger **20** because the middle handle piece **104** will not be free to rotate CCW due to the slotted arm **90**.

[0053] Components of an exemplary closure system for closing (or clamping) the anvil **24** of the end effector **12** by retracting the closure trigger **18** are also shown in FIGS. **7-10**. In the illustrated embodiment, the closure system includes a yoke **250** connected to the closure trigger **18** by a pin **251** that is inserted through aligned openings in both the closure trigger **18** and the yoke **250**. A pivot pin **252**, about which the closure trigger **18** pivots, is inserted through another opening in the closure trigger **18** which is offset from where the pin **251** is inserted through the closure trigger **18**. Thus, retraction of the closure trigger **18** causes the upper part of the closure trigger **18**, to which the yoke **250** is attached via the pin **251**, to rotate CCW. The distal end of the yoke **250** is connected, via a pin **254**, to a first closure bracket **256**. The first closure bracket **256** connects to a second closure bracket **258**. Collectively, the closure brackets **256**, **258** define an opening in which the proximate end of the proximate closure tube **40** (see FIG. **4**) is seated and held such that longitudinal movement of the closure brackets **256**, **258** causes longitudinal motion by the proximate closure tube **40**. The instrument **10** also includes a closure rod **260** disposed inside the proximate closure tube **40**. The closure rod **260** may include a window **261** into which a post **263** on one of the handle exterior pieces, such as exterior lower side piece **59** in the illustrated embodiment, is disposed to fixedly connect the closure rod **260** to the handle **6**. In that way, the proximate closure tube **40** is capable of moving longitudinally relative to the closure rod **260**. The closure rod **260** may also include a distal collar **267** that fits into a cavity **269** in proximate spine tube **46** and is retained therein by a cap **271** (see FIG. **4**).

[0054] In operation, when the yoke **250** rotates due to retraction of the closure trigger **18**, the closure brackets **256**, **258** cause the proximate closure tube **40** to move distally (i.e., away from the handle end of the instrument **10**), which causes the distal closure tube **42** to move distally, which causes the anvil **24** to rotate about the pivot point **25** into the clamped or closed position. When the closure trigger **18** is unlocked from the locked position, the proximate closure tube **40** is caused to slide proximally, which causes the distal closure tube **42** to slide proximally, which, by virtue of the tab **27** being inserted in the window **45** of the distal closure tube **42**, causes the anvil **24** to pivot about the pivot point **25** into the open or unclamped position. In that way, by retracting and locking the closure trigger **18**, an operator may clamp tissue between the anvil **24** and channel **22**, and may unclamp the tissue following the cutting/stapling operation by unlocking the closure trigger **18** from the locked position.

[0055] The control unit (described further below) may receive the outputs from end-of-stroke and beginning-of-stroke sensors **130**, **142** and the run-motor sensor **110**, and may control the motor **65** based on the inputs. For example, when an operator initially pulls the firing trigger **20** after locking the closure trigger **18**, the run-motor sensor **110** is actuated. If the staple cartridge **34** is present in the end effector **12**, a cartridge lockout sensor (not shown) may be closed, in which case the control unit may output a control signal to the motor **65** to cause the motor **65** to rotate in the forward direction. When the end effector **12** reaches the end of its stroke, the reverse motor sensor **130** will be activated. The

control unit may receive this output from the reverse motor sensor **130** and cause the motor **65** to reverse its rotational direction. When the knife **32** is fully retracted, the stop motor sensor switch **142** is activated, causing the control unit to stop the motor **65**.

[0056] In other embodiments, rather than a proportional-type sensor **110**, an on-off type sensor could be used. In such embodiments, the rate of rotation of the motor **65** would not be proportional to the force applied by the operator. Rather, the motor **65** would generally rotate at a constant rate. But the operator would still experience force feedback because the firing trigger **20** is geared into the gear drive train.

[0057] The instrument **10** may include a number of sensor transponders in the end effector **12** for sensing various conditions related to the end effector **12**, such as sensor transponders for determining the status of the staple cartridge **34** (or other type of cartridge depending on the type of surgical instrument), the progress of the stapler during closure and firing, etc. The sensor transponders may be passively powered by inductive signals, as described further below, although in other embodiments the transponders could be powered by a remote power source, such as a battery in the end effector **12**, for example. The sensor transponder(s) could include magnetoresistive, optical, electromechanical, RFID, MEMS, motion or pressure sensors, for example. These sensor transponders may be in communication with a control unit **300**, which may be housed in the handle **6** of the instrument **10**, for example, as shown in FIG. **11**.

[0058] As shown in FIG. **12**, according to various embodiments the control unit **300** may comprise a processor **306** and one or more memory units **308**. By executing instruction code stored in the memory **308**, the processor **306** may control various components of the instrument **10**, such as the motor **65** or a user display (not shown), based on inputs received from the various end effector sensor transponders and other sensor(s) (such as the run-motor sensor **110**, the end-of-stroke sensor **130**, and the beginning-of-stroke sensor **142**, for example). The control unit **300** may be powered by the battery **64** during surgical use of instrument **10**. The control unit **300** may comprise an inductive element **302** (e.g., a coil or antenna) to pick up wireless signals from the sensor transponders, as described in more detail below. Input signals received by the inductive element **302** acting as a receiving antenna may be demodulated by a demodulator **310** and decoded by a decoder **312**. The input signals may comprise data from the sensor transponders in the end effector **12**, which the processor **306** may use to control various aspects of the instrument **10**.

[0059] To transmit signals to the sensor transponders, the control unit **300** may comprise an encoder **316** for encoding the signals and a modulator **318** for modulating the signals according to the modulation scheme. The inductive element **302** may act as the transmitting antenna. The control unit **300** may communicate with the sensor transponders using any suitable wireless communication protocol and any suitable frequency (e.g., an ISM band). Also, the control unit **300** may transmit signals at a different frequency range than the frequency range of the received signals from the sensor transponders. Also, although only one antenna (inductive element **302**) is shown in FIG. **12**, in other embodiments the control unit **300** may have separate receiving and transmitting antennas.

[0060] According to various embodiments, the control unit **300** may comprise a microcontroller, a microprocessor, a field

programmable gate array (FPGA), one or more other types of integrated circuits (e.g., RF receivers and PWM controllers), and/or discrete passive components. The control units may also be embodied as system-on-chip (SoC) or a system-in-package (SIP), for example.

[0061] As shown in FIG. **11**, the control unit **300** may be housed in the handle **6** of the instrument **10** and one or more of the sensor transponders **368** for the instrument **10** may be located in the end effector **12**. To deliver power and/or transmit data to or from the sensor transponders **368** in the end effector **12**, the inductive element **302** of the control unit **300** may be inductively coupled to a secondary inductive element (e.g., a coil) **320** positioned in the shaft **8** distally from the rotation joint **29**. The secondary inductive element **320** is preferably electrically insulated from the conductive shaft **8**.

[0062] The secondary inductive element **320** may be connected by an electrically conductive, insulated wire **322** to a distal inductive element (e.g., a coil) **324** located near the end effector **12**, and preferably distally relative to the articulation pivot **14**. The wire **322** may be made of an electrically conductive polymer and/or metal (e.g., copper) and may be sufficiently flexible so that it could pass through the articulation pivot **14** and not be damaged by articulation. The distal inductive element **324** may be inductively coupled to the sensor transponder **368** in, for example, the cartridge **34** of the end effector **12**. The transponder **368**, as described in more detail below, may include an antenna (or coil) for inductive coupling to the distal coil **324**, a sensor and integrated control electronics for receiving and transmitting wireless communication signals.

[0063] The transponder **368** may use a portion of the power of the inductive signal received from the distal inductive element **326** to passively power the transponder **368**. Once sufficiently powered by the inductive signals, the transponder **368** may receive and transmit data to the control unit **300** in the handle **6** via (i) the inductive coupling between the transponder **368** and the distal inductive element **324**, (ii) the wire **322**, and (iii) the inductive coupling between the secondary inductive element **320** and the control unit **300**. That way, the control unit **300** may communicate with the transponder **368** in the end effector **12** without a direct wired connection through complex mechanical joints like the rotating joint **29** and/or without a direct wired connection from the shaft **8** to the end effector **12**, places where it may be difficult to maintain such a wired connection. In addition, because the distances between the inductive elements (e.g., the spacing between (i) the transponder **368** and the distal inductive element **324**, and (ii) the secondary inductive element **320** and the control unit **300**) and fixed and known, the couplings could be optimized for inductive transfer of energy. Also, the distances could be relatively short so that relatively low power signals could be used to thereby minimize interference with other systems in the use environment of the instrument **10**.

[0064] In the embodiment of FIG. **12**, the inductive element **302** of the control unit **300** is located relatively near to the control unit **300**. According to other embodiments, as shown in FIG. **13**, the inductive element **302** of the control unit **300** may be positioned closer to the rotating joint **29** so that it is closer to the secondary inductive element **320**, thereby reducing the distance of the inductive coupling in such an embodiment. Alternatively, the control unit **300** (and hence the inductive element **302**) could be positioned closer to the secondary inductive element **320** to reduce the spacing.

[0065] In other embodiments, more or fewer than two inductive couplings may be used. For example, in some embodiments, the surgical instrument 10 may use a single inductive coupling between the control unit 300 in the handle 6 and the transponder 368 in the end effector 12, thereby eliminating the inductive elements 320, 324 and the wire 322. Of course, in such an embodiment, a stronger signal may be required due to the greater distance between the control unit 300 in the handle 6 and the transponder 368 in the end effector 12. Also, more than two inductive couplings could be used. For example, if the surgical instrument 10 had numerous complex mechanical joints where it would be difficult to maintain a direct wired connection, inductive couplings could be used to span each such joint. For example, inductive couplers could be used on both sides of the rotary joint 29 and both sides of the articulation pivot 14, with the inductive element 321 on the distal side of the rotary joint 29 connected by a wire 322 to the inductive element 324 of the proximate side of the articulation pivot, and a wire 323 connecting the inductive elements 325, 326 on the distal side of the articulation pivot 14 as shown in FIG. 14. In this embodiment, the inductive element 326 may communicate with the sensor transponder 368.

[0066] In addition, the transponder 368 may include a number of different sensors. For example, it may include an array of sensors. Further, the end effector 12 could include a number of sensor transponders 368 in communication with the distal inductive element 324 (and hence the control unit 300). Also, the inductive elements 320, 324 may or may not include ferrite cores. As mentioned before, they are also preferably insulated from the electrically conductive outer shaft (or frame) of the instrument 10 (e.g., the closure tubes 40, 42), and the wire 322 is also preferably insulated from the outer shaft 8.

[0067] FIG. 15 is a diagram of an end effector 12 including a transponder 368 held or embedded in the cartridge 34 at the distal end of the channel 22. The transponder 368 may be connected to the cartridge 34 by a suitable bonding material, such as epoxy. In this embodiment, the transponder 368 includes a magnetoresistive sensor. The anvil 24 also includes a permanent magnet 369 at its distal end and generally facing the transponder 368. The end effector 12 also includes a permanent magnet 370 connected to the sled 33 in this example embodiment. This allows the transponder 368 to detect both opening/closing of the end effector 12 (due to the permanent magnet 369 moving further or closer to the transponder as the anvil 24 opens and closes) and completion of the stapling/cutting operation (due to the permanent magnet 370 moving toward the transponder 368 as the sled 33 traverses the channel 22 as part of the cutting operation).

[0068] FIG. 15 also shows the staples 380 and the staple drivers 382 of the staple cartridge 34. As explained previously, according to various embodiments, when the sled 33 traverses the channel 22, the sled 33 drives the staple drivers 382 which drive the staples 380 into the severed tissue held in the end effector 12, the staples 380 being formed against the anvil 24. As noted above, such a surgical cutting and fastening instrument is but one type of surgical instrument in which the present invention may be advantageously employed. Various embodiments of the present invention may be used in any type of surgical instrument having one or more sensor transponders.

[0069] In the embodiments described above, the battery 64 powers (at least partially) the firing operation of the instru-

ment 10. As such, the instrument may be a so-called "power-assist" device. More details and additional embodiments of power-assist devices are described in the '573 application, which is incorporated herein. It should be recognized, however, that the instrument 10 need not be a power-assist device and that this is merely an example of a type of device that may utilize aspects of the present invention. For example, the instrument 10 may include a user display (such as a LCD or LED display) that is powered by the battery 64 and controlled by the control unit 300. Data from the sensor transponders 368 in the end effector 12 may be displayed on such a display.

[0070] In another embodiment, the shaft 8 of the instrument 10, including for example, the proximate closure tube 40 and the distal closure tube 42, may collectively serve as part of an antenna for the control unit 300 by radiating signals to the sensor transponder 368 and receiving radiated signals from the sensor transponder 368. That way, signals to and from the remote sensor in the end effector 12 may be transmitted via the shaft 8 of the instrument 10.

[0071] The proximate closure tube 40 may be grounded at its proximate end by the exterior lower and upper side pieces 59-62, which may be made of a nonelectrically conductive material, such as plastic. The drive shaft assembly components (including the main drive shaft 48 and secondary drive shaft 50) inside the proximate and distal closure tubes 40, 42 may also be made of a nonelectrically conductive material, such as plastic. Further, components of end effector 12 (such as the anvil 24 and the channel 22) may be electrically coupled to (or in direct or indirect electrical contact with) the distal closure tube 42 such that they may also serve as part of the antenna. Further, the sensor transponder 368 could be positioned such that it is electrically insulated from the components of the shaft 8 and end effector 12 serving as the antenna. For example, the sensor transponder 368 may be positioned in the cartridge 34, which may be made of a nonelectrically conductive material, such as plastic. Because the distal end of the shaft 8 (such as the distal end of the distal closure tube 42) and the portions of the end effector 12 serving as the antenna may be relatively close in distance to the sensor 368, the power for the transmitted signals may be held at low levels, thereby minimizing or reducing interference with other systems in the use environment of the instrument 10.

[0072] In such an embodiment, as shown in FIG. 16, the control unit 300 may be electrically coupled to the shaft 8 of the instrument 10, such as to the proximate closure tube 40, by a conductive link 400 (e.g., a wire). Portions of the outer shaft 8, such as the closure tubes 40, 42, may therefore act as part of an antenna for the control unit 300 by radiating signals to the sensor 368 and receiving radiated signals from the sensor 368. Input signals received by the control unit 300 may be demodulated by the demodulator 310 and decoded by the decoder 312 (see FIG. 12). The input signals may comprise data from the sensors 368 in the end effector 12, which the processor 306 may use to control various aspects of the instrument 10, such as the motor 65 or a user display.

[0073] To transmit data signals to or from the sensors 368 in the end effector 12, the link 400 may connect the control unit 300 to components of the shaft 8 of the instrument 10, such as the proximate closure tube 40, which may be electrically connected to the distal closure tube 42. The distal closure tube 42 is preferably electrically insulated from the remote sensor 368, which may be positioned in the plastic cartridge 34 (see FIG. 3). As mentioned before, components of the end effector

12, such as the channel 22 and the anvil 24 (see FIG. 3), may be conductive and in electrical contact with the distal closure tube 42 such that they, too, may serve as part of the antenna.

[0074] With the shaft 8 acting as the antenna for the control unit 300, the control unit 300 can communicate with the sensor 368 in the end effector 12 without a direct wired connection. In addition, because the distances between shaft 8 and the remote sensor 368 is fixed and known, the power levels could be optimized for low levels to thereby minimize interference with other systems in the use environment of the instrument 10. The sensor 368 may include communication circuitry for radiating signals to the control unit 300 and for receiving signals from the control unit 300, as described above. The communication circuitry may be integrated with the sensor 368.

[0075] In another embodiment, the components of the shaft 8 and/or the end effector 12 may serve as an antenna for the remote sensor 368. In such an embodiment, the remote sensor 368 is electrically connected to the shaft (such as to distal closure tube 42, which may be electrically connected to the proximate closure tube 40) and the control unit 300 is insulated from the shaft 8. For example, the sensor 368 could be connected to a conductive component of the end effector 12 (such as the channel 22), which in turn may be connected to conductive components of the shaft (e.g., the closure tubes 40, 42). Alternatively, the end effector 12 may include a wire (not shown) that connects the remote sensor 368 the distal closure tube 42.

[0076] Typically, surgical instruments, such as the instrument 10, are cleaned and sterilized prior to use. In one sterilization technique, the instrument 10 is placed in a closed and sealed container 280, such as a plastic or TYVEK container or bag, as shown in FIGS. 17 and 18. The container and the instrument are then placed in a field of radiation that can penetrate the container, such as gamma radiation, x-rays, or high-energy electrons. The radiation kills bacteria on the instrument 10 and in the container 280. The sterilized instrument 10 can then be stored in the sterile container 280. The sealed, sterile container 280 keeps the instrument 10 sterile until it is opened in a medical facility or some other use environment. Instead of radiation, other means of sterilizing the instrument 10 may be used, such as ethylene oxide or steam.

[0077] When radiation, such as gamma radiation, is used to sterilize the instrument 10, components of the control unit 300, particularly the memory 308 and the processor 306, may be damaged and become unstable. Thus, according to various embodiments of the present invention, the control unit 300 may be programmed after packaging and sterilization of the instrument 10.

[0078] As shown in FIG. 17, a remote programming device 320, which may be a handheld device, may be brought into wireless communication with the control unit 300. The remote programming device 320 may emit wireless signals that are received by the control unit 300 to program the control unit 300 and to power the control unit 300 during the programming operation. That way, the battery 64 does not need to power the control unit 300 during the programming operation. According to various embodiments, the programming code downloaded to the control unit 300 could be of relatively small size, such as 1 MB or less, so that a communications protocol with a relatively low data transmission rate could be used if desired. Also, the remote programming unit

320 could be brought into close physical proximity with the surgical instrument 10 so that a low power signal could be used.

[0079] Referring back to FIG. 19, the control unit 300 may comprise an inductive coil 402 to pick up wireless signals from a remote programming device 320. A portion of the received signal may be used by a power circuit 404 to power the control unit 300 when it is not being powered by the battery 64.

[0080] Input signals received by the coil 402 acting as a receiving antenna may be demodulated by a demodulator 410 and decoded by a decoder 412. The input signals may comprise programming instructions (e.g., code), which may be stored in a non-volatile memory portion of the memory 308. The processor 306 may execute the code when the instrument 10 is in operation. For example, the code may cause the processor 306 to output control signals to various sub-systems of the instrument 10, such as the motor 65, based on data received from the sensors 368.

[0081] The control unit 300 may also comprise a non-volatile memory unit 414 that comprises boot sequence code for execution by the processor 306. When the control unit 300 receives enough power from the signals from the remote control unit 320 during the post-sterilization programming operation, the processor 306 may first execute the boot sequence code ("boot loader") 414, which may load the processor 306 with an operating system.

[0082] The control unit 300 may also send signals back to the remote programming unit 320, such as acknowledgement and handshake signals, for example. The control unit 300 may comprise an encoder 416 for encoding the signals to then be sent to the programming device 320 and a modulator 418 for modulating the signals according to the modulation scheme. The coil 402 may act as the transmitting antenna. The control unit 300 and the remote programming device 320 may communicate using any suitable wireless communication protocol (e.g., Bluetooth) and any suitable frequency (e.g., an ISM band). Also, the control unit 300 may transmit signals at a different frequency range than the frequency range of the received signals from the remote programming unit 320.

[0083] FIG. 20 is a simplified diagram of the remote programming device 320 according to various embodiments of the present invention. As shown in FIG. 20, the remote programming unit 320 may comprise a main control board 230 and a boosted antenna board 232. The main control board 230 may comprise a controller 234, a power module 236, and a memory 238. The memory 238 may store the operating instructions for the controller 234 as well as the programming instructions to be transmitted to the control unit 300 of the surgical instrument 10. The power module 236 may provide a stable DC voltage for the components of the remote programming device 320 from an internal battery (not shown) or an external AC or DC power source (not shown).

[0084] The boosted antenna board 232 may comprise a coupler circuit 240 that is in communication with the controller 234 via an I²C bus, for example. The coupler circuit 240 may communicate with the control unit 300 of the surgical instrument via an antenna 244. The coupler circuit 240 may handle the modulating/demodulating and encoding/decoding operations for transmissions with the control unit. According to other embodiments, the remote programming device 320 could have a discrete modulator, demodulator, encoder and decoder. As shown in FIG. 20, the boost antenna board 232

may also comprise a transmitting power amp 246, a matching circuit 248 for the antenna 244, and a filter/amplifier 249 for receiving signals.

[0085] According to other embodiments, as shown in FIG. 20, the remote programming device could be in communication with a computer device 460, such as a PC or a laptop, via a USB and/or RS232 interface, for example. In such a configuration, a memory of the computing device 460 may store the programming instructions to be transmitted to the control unit 300. In another embodiment, the computing device 460 could be configured with a wireless transmission system to transmit the programming instructions to the control unit 300.

[0086] In addition, according to other embodiments, rather than using inductive coupling between the control unit 300 and the remote programming device 320, capacitively coupling could be used. In such an embodiment, the control unit 300 could have a plate instead of a coil, as could the remote programming unit 320.

[0087] In another embodiment, rather than using a wireless communication link between the control unit 300 and the remote programming device 320, the programming device 320 may be physically connected to the control unit 300 while the instrument 10 is in its sterile container 280 in such a way that the instrument 10 remains sterilized. FIG. 21 is a diagram of a packaged instrument 10 according to such an embodiment. As shown in FIG. 22, the handle 6 of the instrument 10 may include an external connection interface 470. The container 280 may further comprise a connection interface 472 that mates with the external connection interface 470 of the instrument 10 when the instrument 10 is packaged in the container 280. The programming device 320 may include an external connection interface (not shown) that may connect to the connection interface 472 at the exterior of the container 280 to thereby provide a wired connection between the programming device 320 and the external connection interface 470 of the instrument 10.

[0088] The various embodiments of the present invention have been described above in connection with cutting-type surgical instruments. It should be noted, however, that in other embodiments, the inventive surgical instrument disclosed herein need not be a cutting-type surgical instrument, but rather could be used in any type of surgical instrument including remote sensor transponders. For example, it could be a non-cutting endoscopic instrument, a grasper, a stapler, a clip applier, an access device, a drug/gene therapy delivery device, an energy device using ultrasound, RF, laser, etc. In addition, the present invention may be in laparoscopic instruments, for example. The present invention also has application in conventional endoscopic and open surgical instrumentation as well as robotic-assisted surgery.

[0089] The devices disclosed herein can be designed to be disposed of after a single use, or they can be designed to be used multiple times. In either case, however, the device can be reconditioned for reuse after at least one use. Reconditioning can include any combination of the steps of disassembly of the device, followed by cleaning or replacement of particular pieces, and subsequent reassembly. In particular, the device can be disassembled, and any number of the particular pieces or parts of the device can be selectively replaced or removed in any combination. Upon cleaning and/or replacement of particular parts, the device can be reassembled for subsequent use either at a reconditioning facility, or by a surgical team immediately prior to a surgical procedure. Those skilled in the art will appreciate that reconditioning of a device can utilize

a variety of techniques for disassembly, cleaning/replacement, and reassembly. Use of such techniques, and the resulting reconditioned device, are all within the scope of the present application.

[0090] Although the present invention has been described herein in connection with certain disclosed embodiments, many modifications and variations to those embodiments may be implemented. For example, different types of end effectors may be employed. Also, where materials are disclosed for certain components, other materials may be used. The foregoing description and following claims are intended to cover all such modification and variations.

[0091] Any patent, publication, or other disclosure material, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated materials does not conflict with existing definitions, statements, or other disclosure material set forth in this disclosure. As such, and to the extent necessary, the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference. Any material, or portion thereof, that is said to be incorporated by reference herein, but which conflicts with existing definitions, statements, or other disclosure material set forth herein will only be incorporated to the extent that no conflict arises between that incorporated material and the existing disclosure material.

What is claimed is:

1. A surgical instrument for use with an actuation device that has a control unit and a shaft that includes an electrically conductive outer tube, the surgical instrument comprising an end effector that is configured to be operably coupled to the electrically conductive outer tube such that at least one sensor within said end effector is electrically insulated from the electrically conductive outer tube such that the electrically conductive outer tube can wirelessly radiate communication signals from the control unit to the at least one sensor and can receive wirelessly radiated communication signals from the at least one sensor.

2. The surgical instrument of claim 1, wherein the at least one sensor comprises a magnetoresistive sensor.

3. The surgical instrument of claim 1, wherein the at least one sensor comprises a pressure sensor.

4. The surgical instrument of claim 1, wherein the at least one sensor comprises a RFID sensor.

5. The surgical instrument of claim 1, wherein the at least one sensor comprises a MEMS sensor.

6. The surgical instrument of claim 1, wherein the at least one sensor comprises an electromechanical sensor.

7. The surgical instrument of claim 1, wherein the at least one sensor is connected to a plastic cartridge of the end effector.

8. The surgical instrument of claim 1, wherein the end effector comprises an electrically conductive component coupled to the electrically conductive outer tube, wherein the electrically conductive component is configured to radiate communication signals to and from the sensor.

9. The surgical instrument of claim 1, wherein the surgical instrument comprises an endoscopic surgical instrument.

10. The system of claim 1, wherein the surgical instrument comprises a cutting and fastening surgical instrument.

11. The surgical instrument of claim 1, wherein the end effector comprises a cutting instrument.

12. The surgical instrument of claim 1, wherein the end effector comprises a plastic cartridge and the at least one sensor is disposed in the cartridge.

13. The surgical instrument of claim 1, wherein the communication signals radiated wirelessly from shaft use a wireless communication protocol.

14. The surgical instrument of claim 1, wherein the wireless signals comprise RF wireless signals.

15. A surgical instrument for use with an actuation device that has a control unit and a shaft that includes an electrically conductive outer tube that at least partially houses a drive shaft therein, the surgical instrument comprising an end effector that is configured to be operably coupled to the electrically conductive outer tube and the drive shaft for receiving control motions therefrom, said end effector having at least one sensor that is electrically insulated from the electrically conductive outer tube such that the electrically conductive outer tube can wirelessly radiate communication signals from

the control unit to the at least one sensor and can receive wirelessly radiated communication signals from the at least one sensor.

16. The surgical instrument of claim 15 wherein the drive shaft is powered by a motor within the control unit.

17. The surgical instrument of claim 15, wherein the at least one sensor is connected to a plastic cartridge of the end effector.

18. The surgical instrument of claim 15, wherein the end effector comprises an electrically conductive component coupled to the electrically conductive outer tube, wherein the electrically conductive component is configured to radiate wireless communication signals to and from the sensor.

19. The surgical instrument of claim 18, wherein the end effector comprises a plastic staple cartridge and the at least one sensor is disposed in the staple cartridge.

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专利名称(译)	在控制单元和远程传感器之间进行无线通信的手术器械		
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[标]申请(专利权)人(译)	伊西康内外科公司		
申请(专利权)人(译)	爱惜康内镜手术, INC.		
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外部链接	Espacenet USPTO		

摘要(译)

手术器械, 例如内窥镜或腹腔镜器械。手术器械可包括末端执行器, 末端执行器包括至少一个传感器。手术器械还可包括导电轴, 该导电轴具有连接到端部执行器的远端, 其中传感器与轴电绝缘。手术器械还可包括连接到轴的近端的手柄。手柄可包括电连接到轴的控制单元, 使得轴将信号作为天线从控制单元辐射到传感器并接收来自传感器的辐射信号。电耦合到轴的其他部件也可以辐射信号。

