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(19) **United States**(12) **Patent Application Publication**
BEIRA et al.(10) **Pub. No.: US 2018/0125519 A1**(43) **Pub. Date: May 10, 2018**(54) **ARTICULATED HAND-HELD INSTRUMENT****Publication Classification**(71) Applicant: **DISTALMOTION SA**, Lausanne (CH)(51) **Int. Cl.***A61B 17/29* (2006.01)*A61B 34/00* (2006.01)*A61B 17/00* (2006.01)(72) Inventors: **Ricardo Daniel Rita BEIRA**, Lausanne (CH); **Michael Urs FRIEDRICH**, Bern (CH)(52) **U.S. Cl.**CPC *A61B 17/2909* (2013.01); *A61B 34/71* (2016.02); *A61B 2090/0813* (2016.02); *A61B 2017/00424* (2013.01); *A61B 2017/0046* (2013.01); *A61B 17/00234* (2013.01)(73) Assignee: **DistalMotion SA**, Lausanne (CH)(21) Appl. No.: **15/564,194**(22) PCT Filed: **Apr. 11, 2016**(86) PCT No.: **PCT/IB2016/000542**

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(57) **ABSTRACT**

An articulated hand-held medical instrument is provided. The instrument is primarily intended to be used in minimally invasive surgical procedures. The articulated instrument comprises a master-slave architecture whereby user hand movements on a proximal handle element are replicated on a distal end-effector. The proximal handle comprises a number of handle links joined by handle joints that correspond to a number of end-effector links joined by end-effector joints. The articulated hand-held medical instrument can be used in standard laparoscopic procedures in various port arrangements and through the use of standard equipment such as trocars, and movements inside the patient's body may be tracked using available endoscopic cameras.

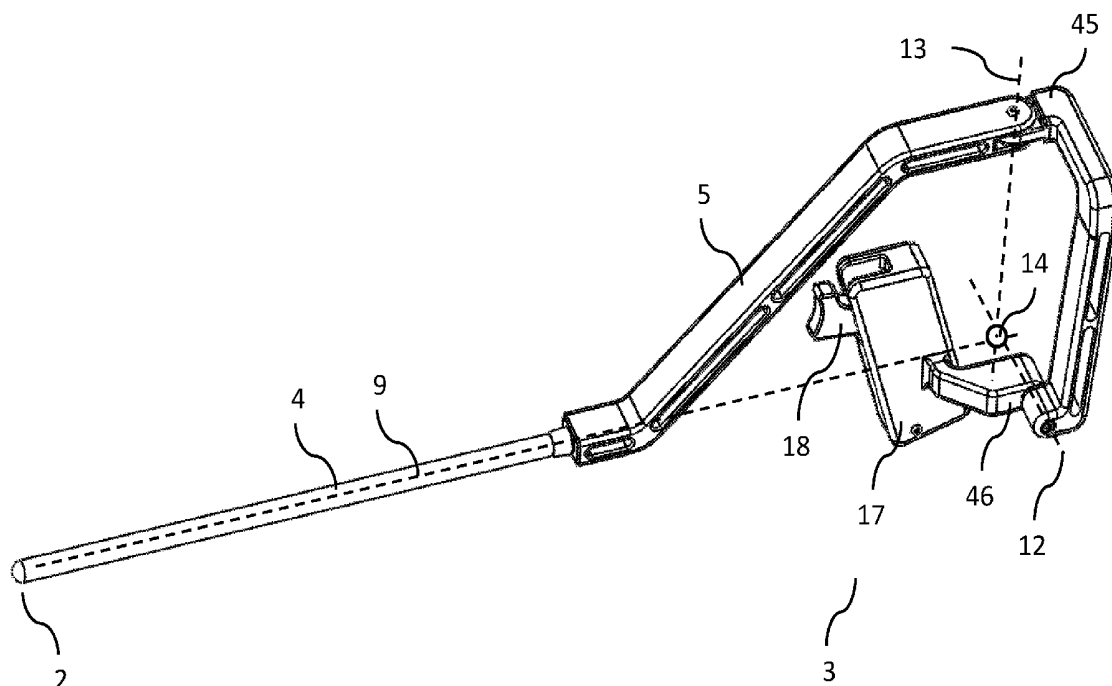
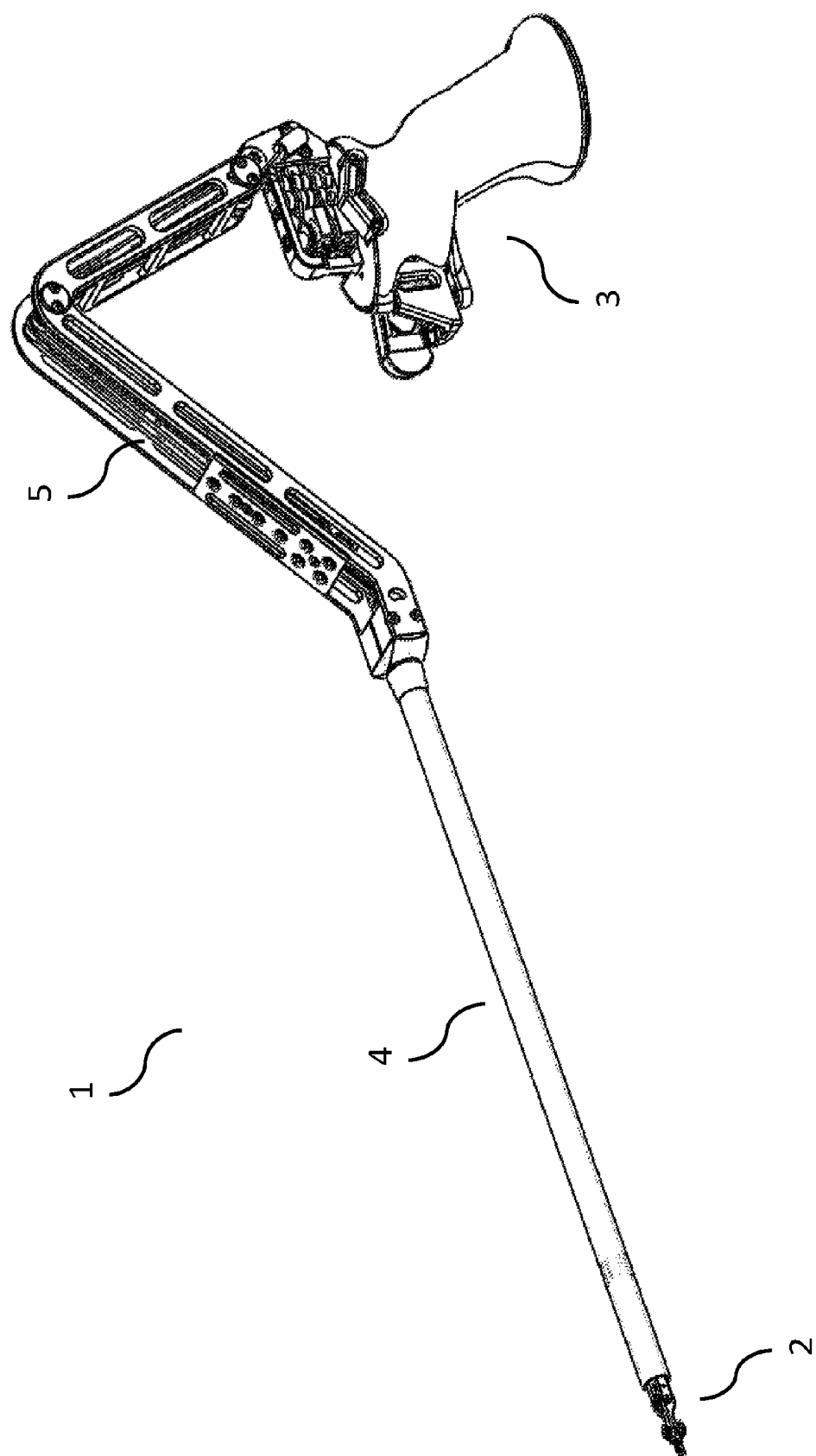


Figure 1



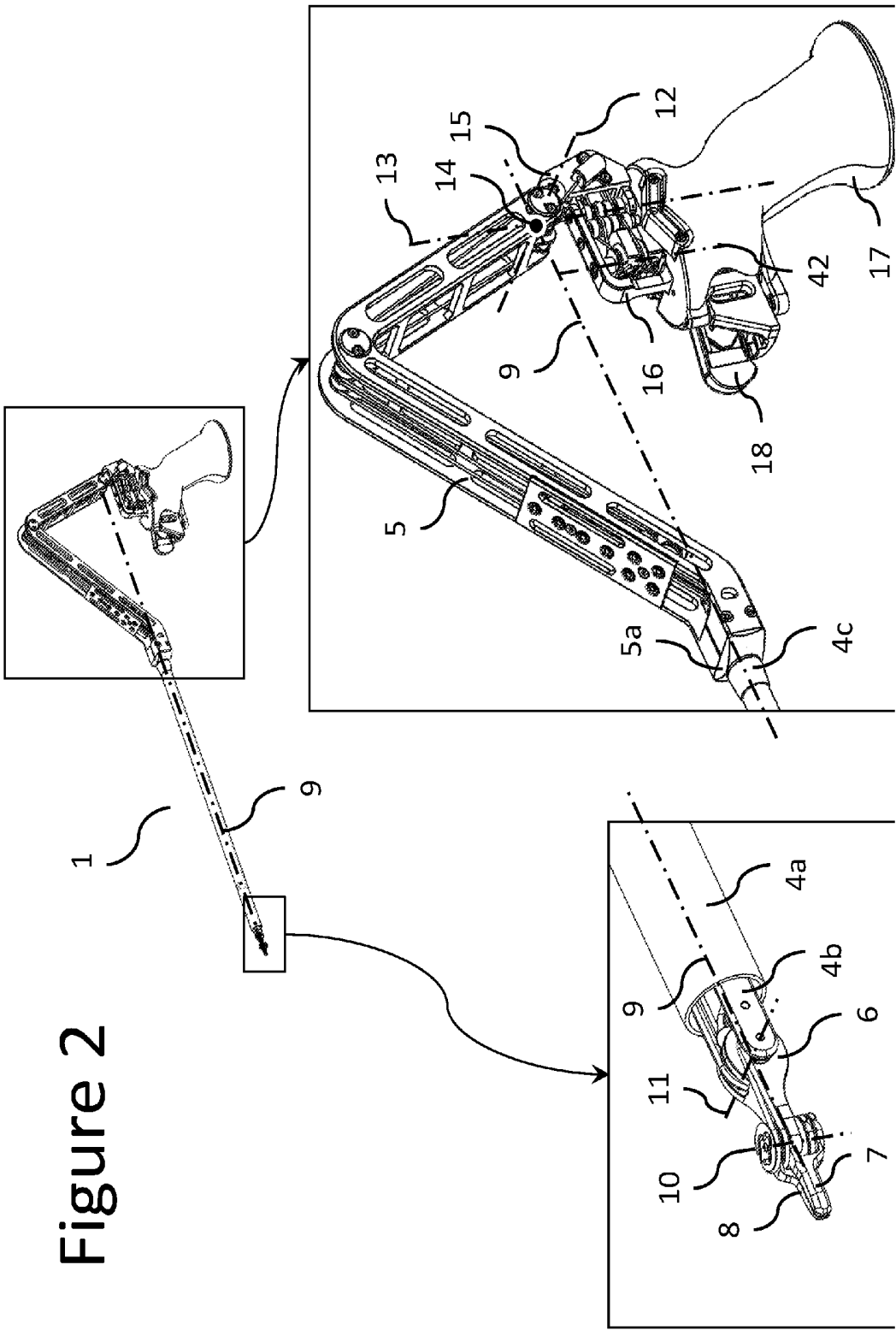


Figure 3

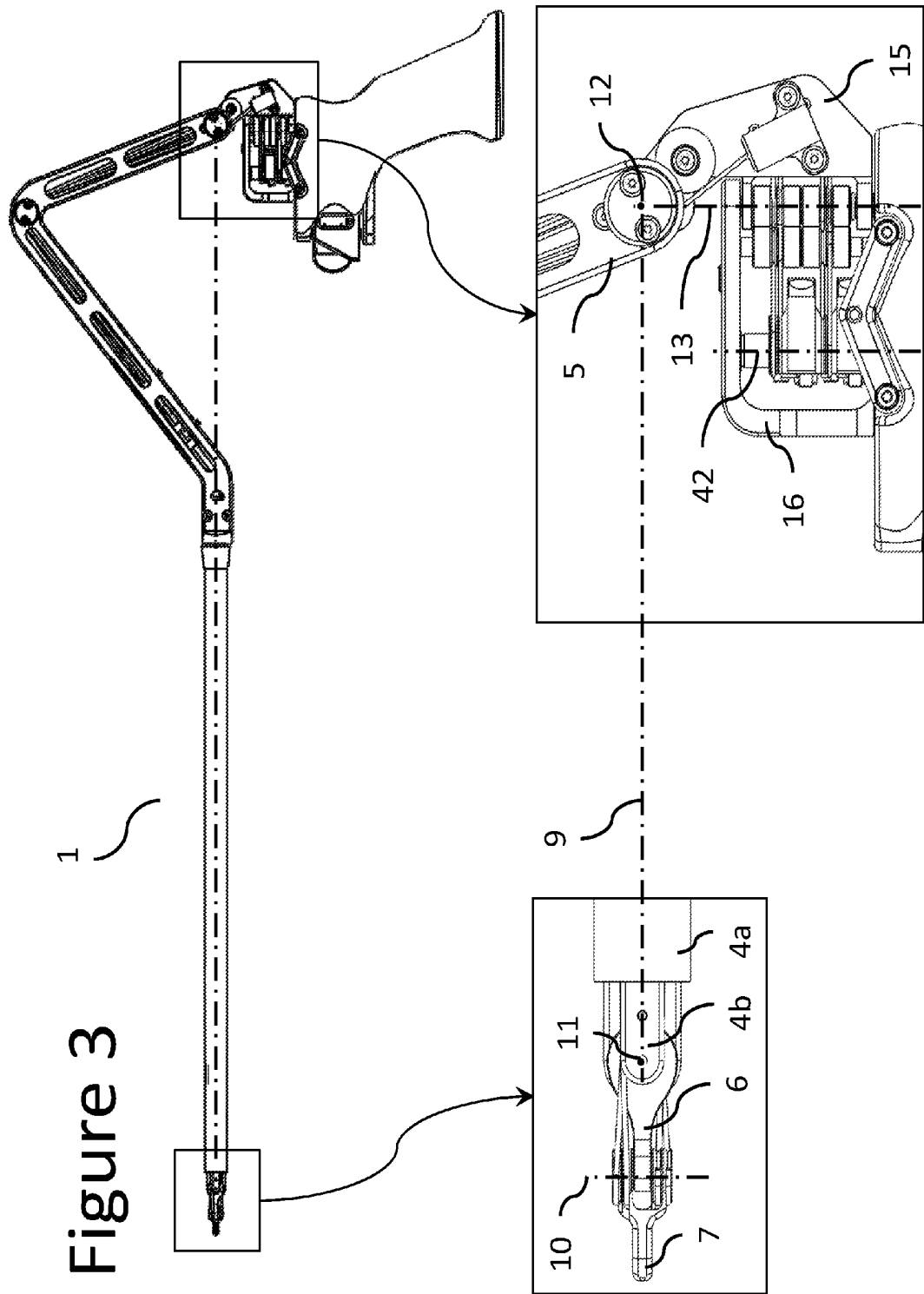


Figure 4

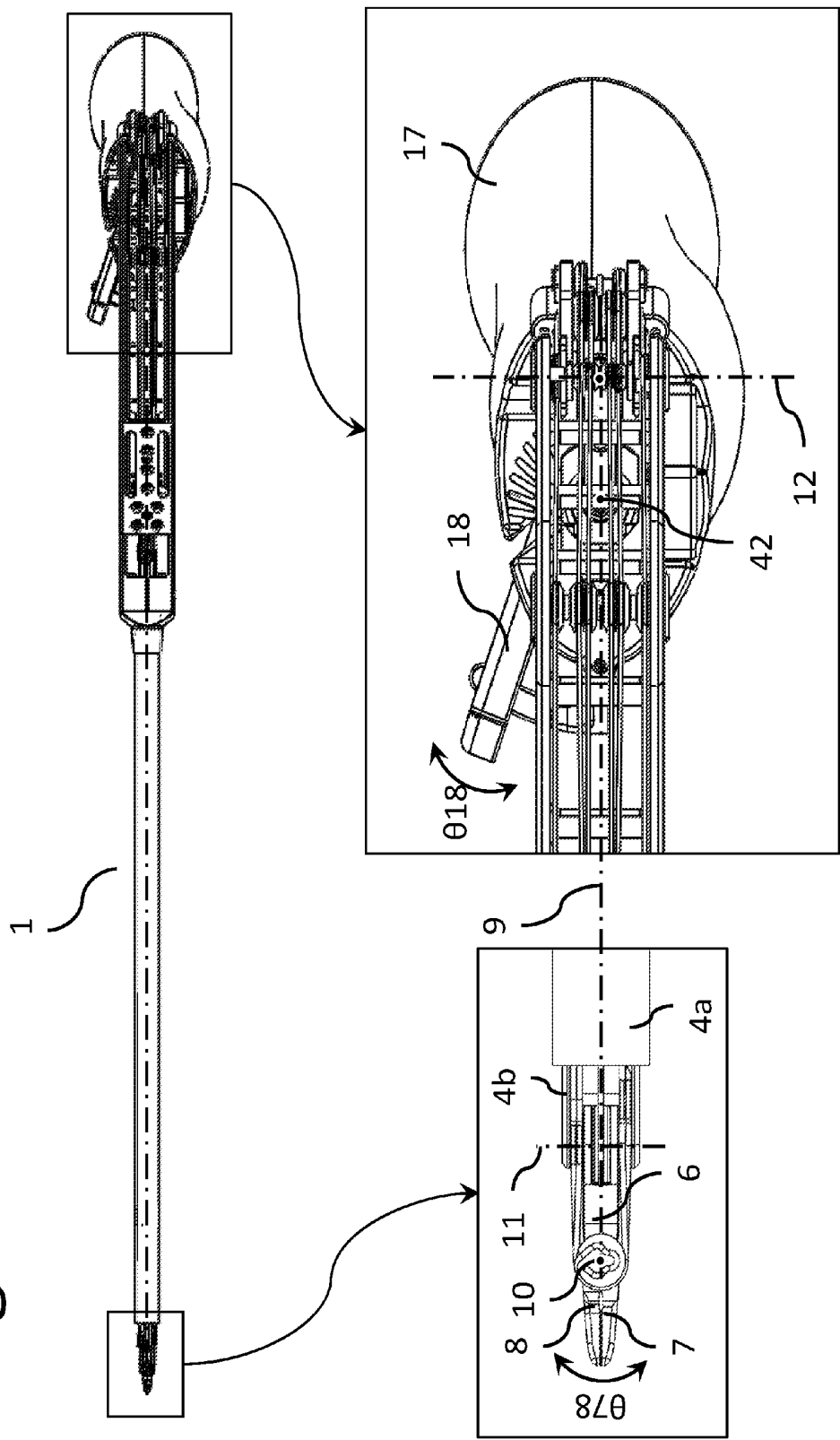


Figure 6

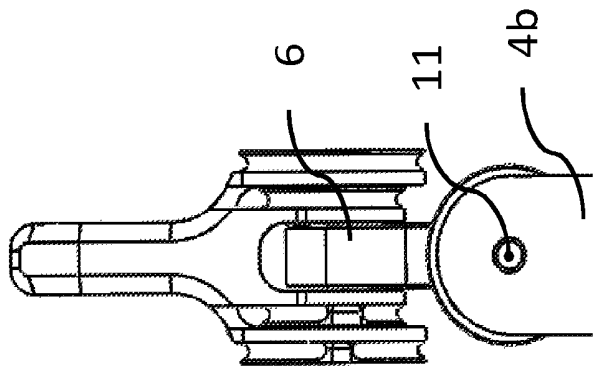


Figure 5

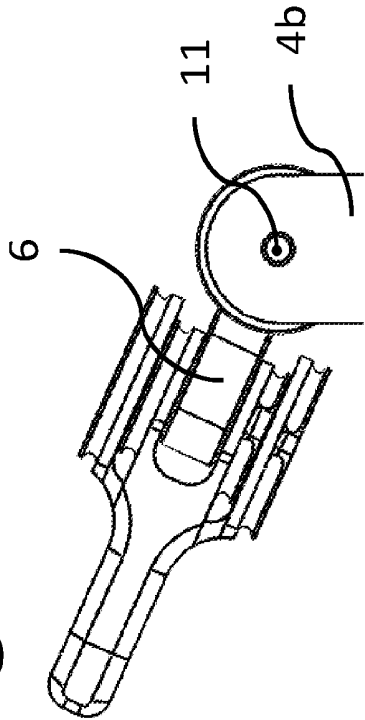


Figure 7

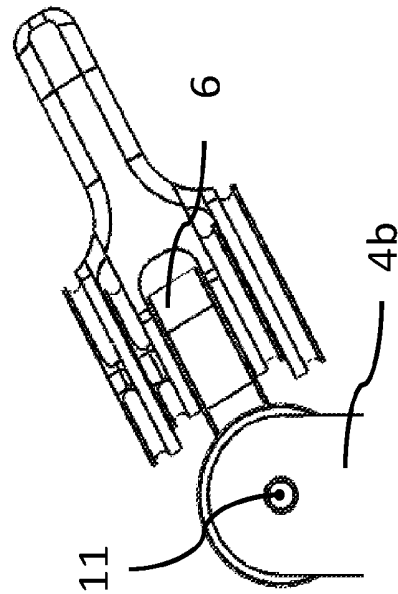


Figure 9

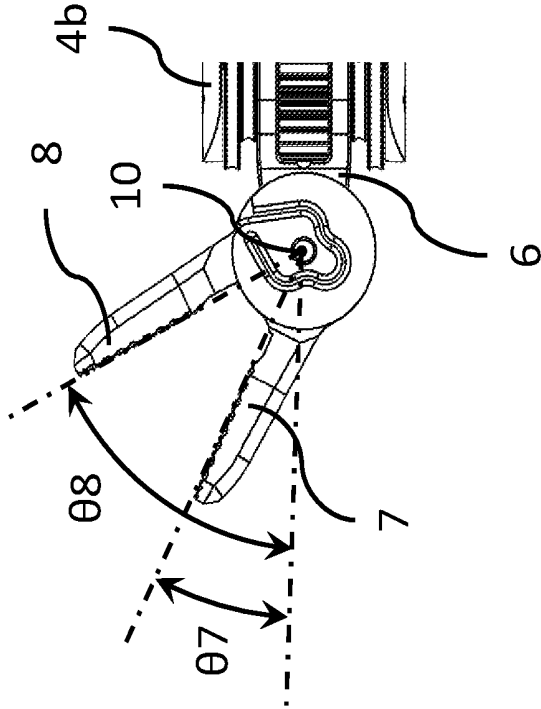


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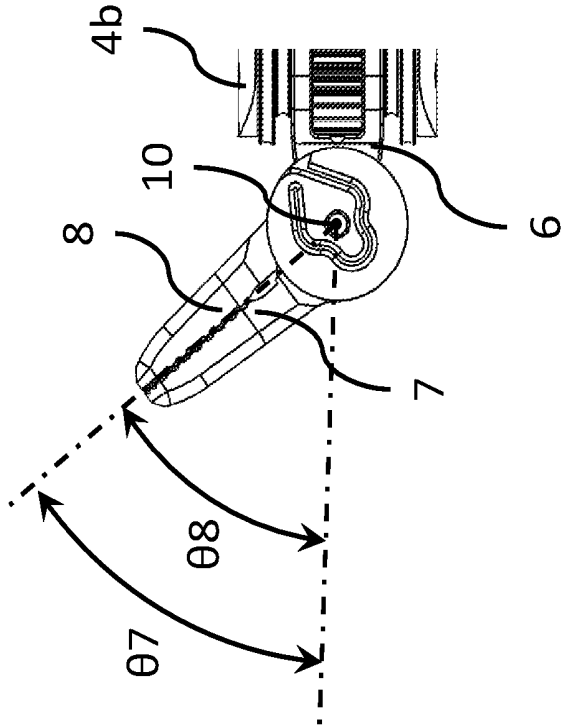
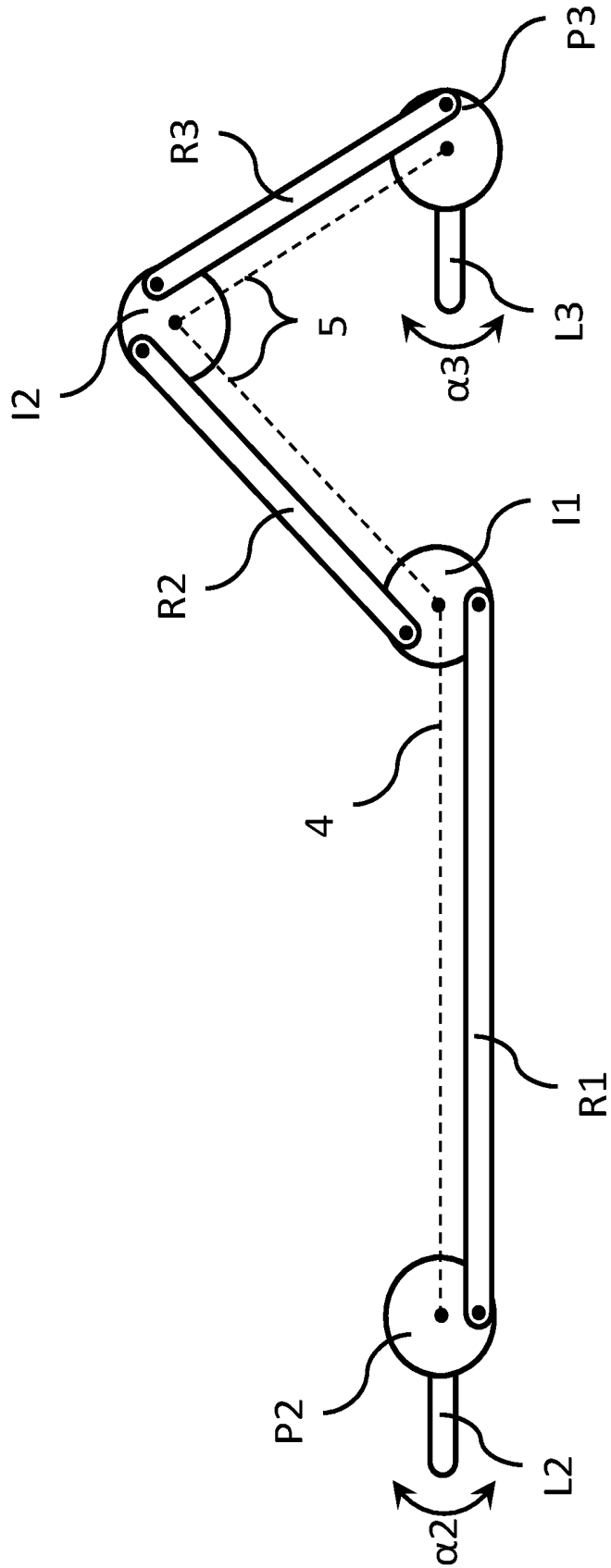


Figure 11



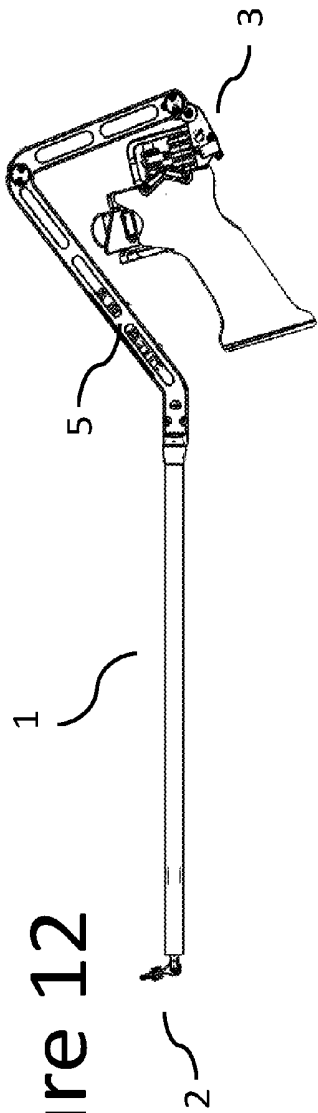


Figure 12

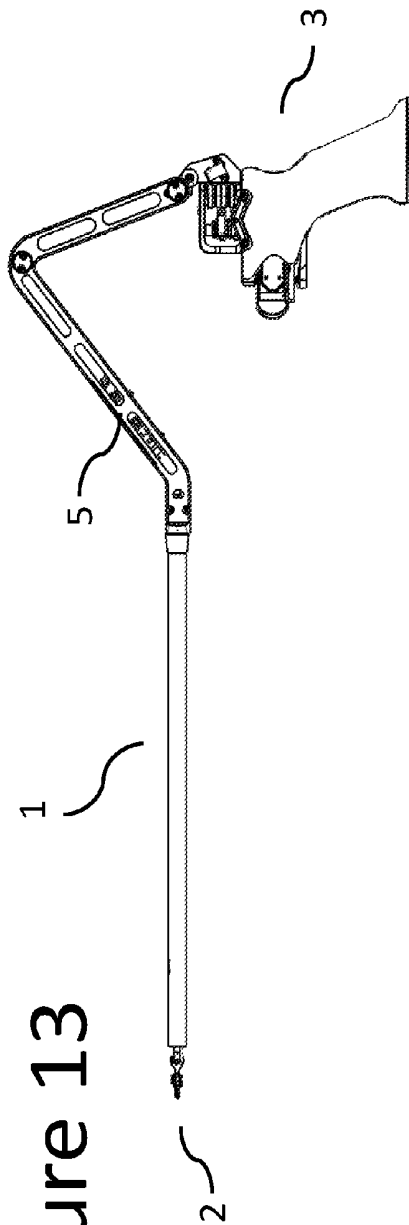


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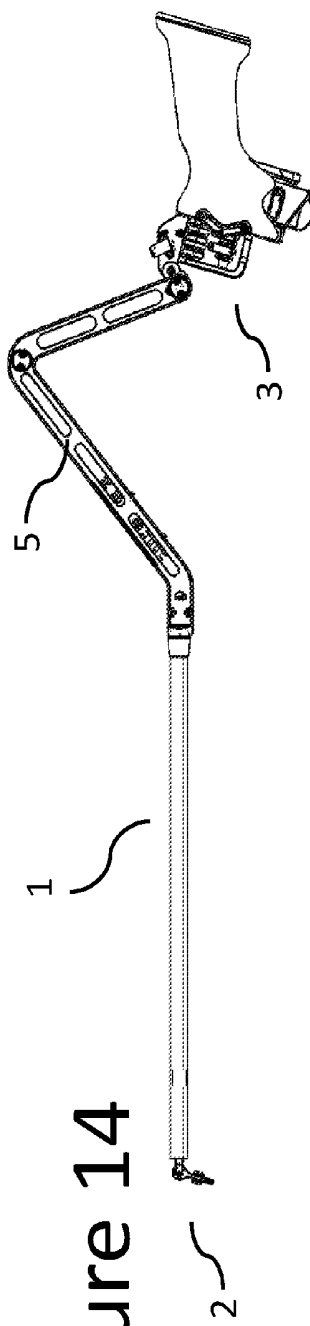


Figure 14

Figure 15

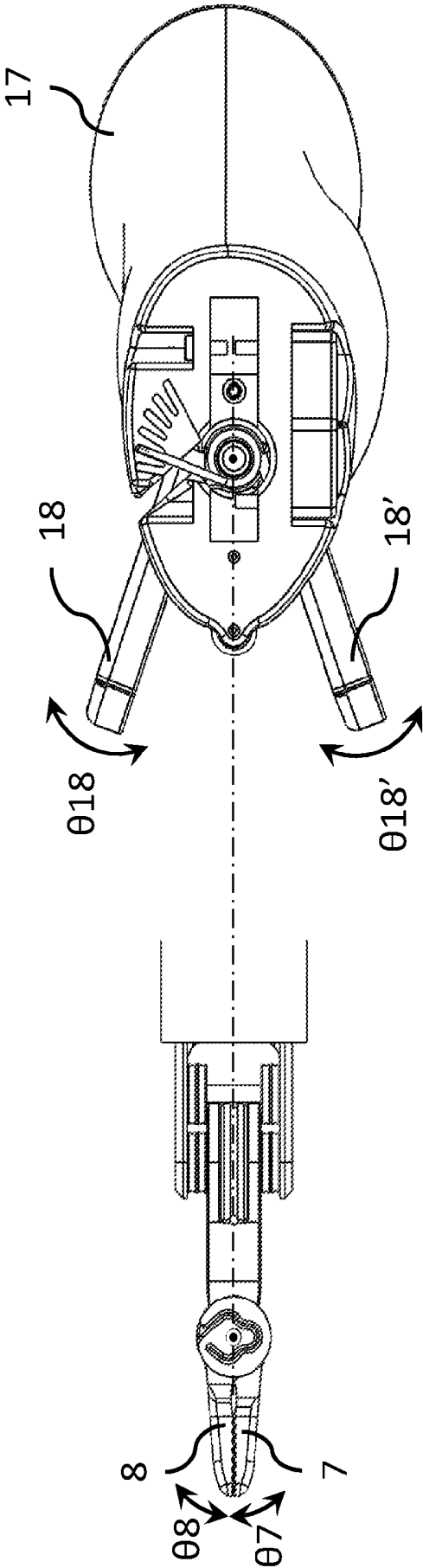
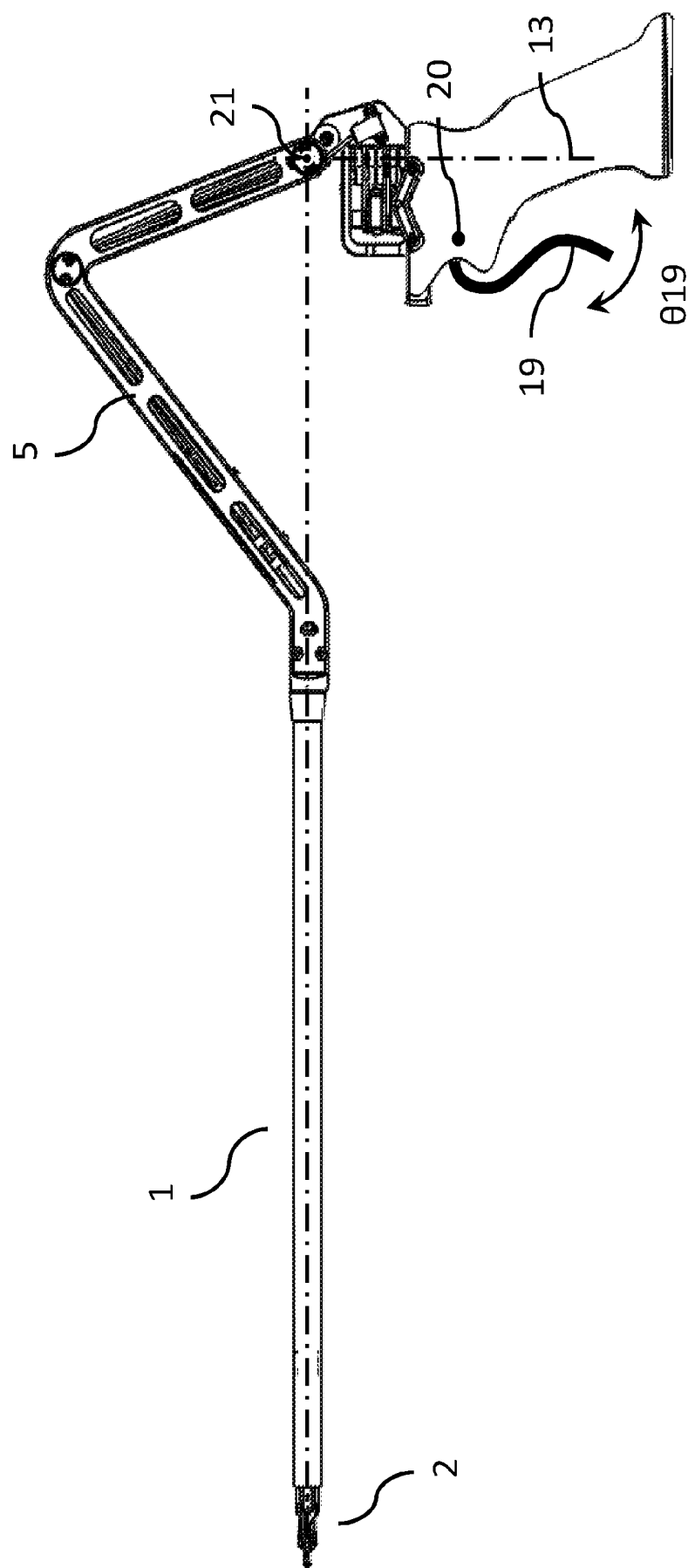


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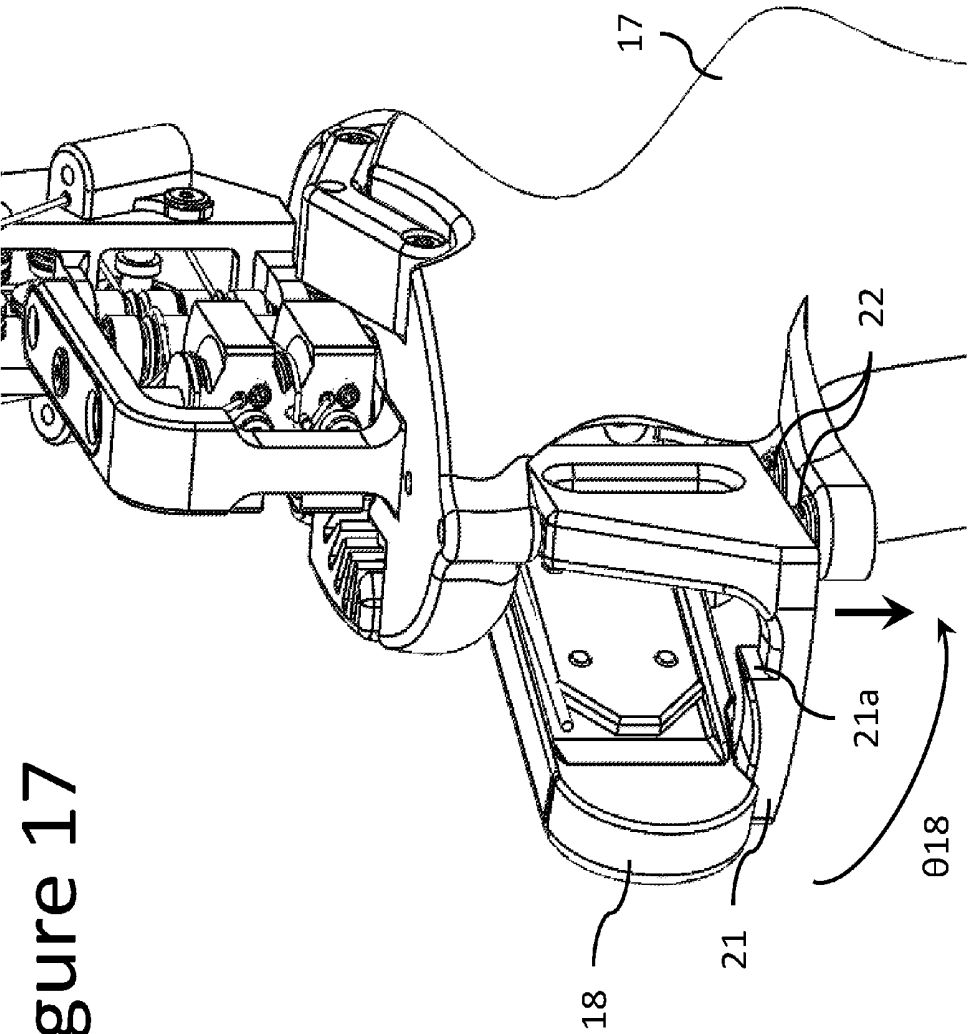
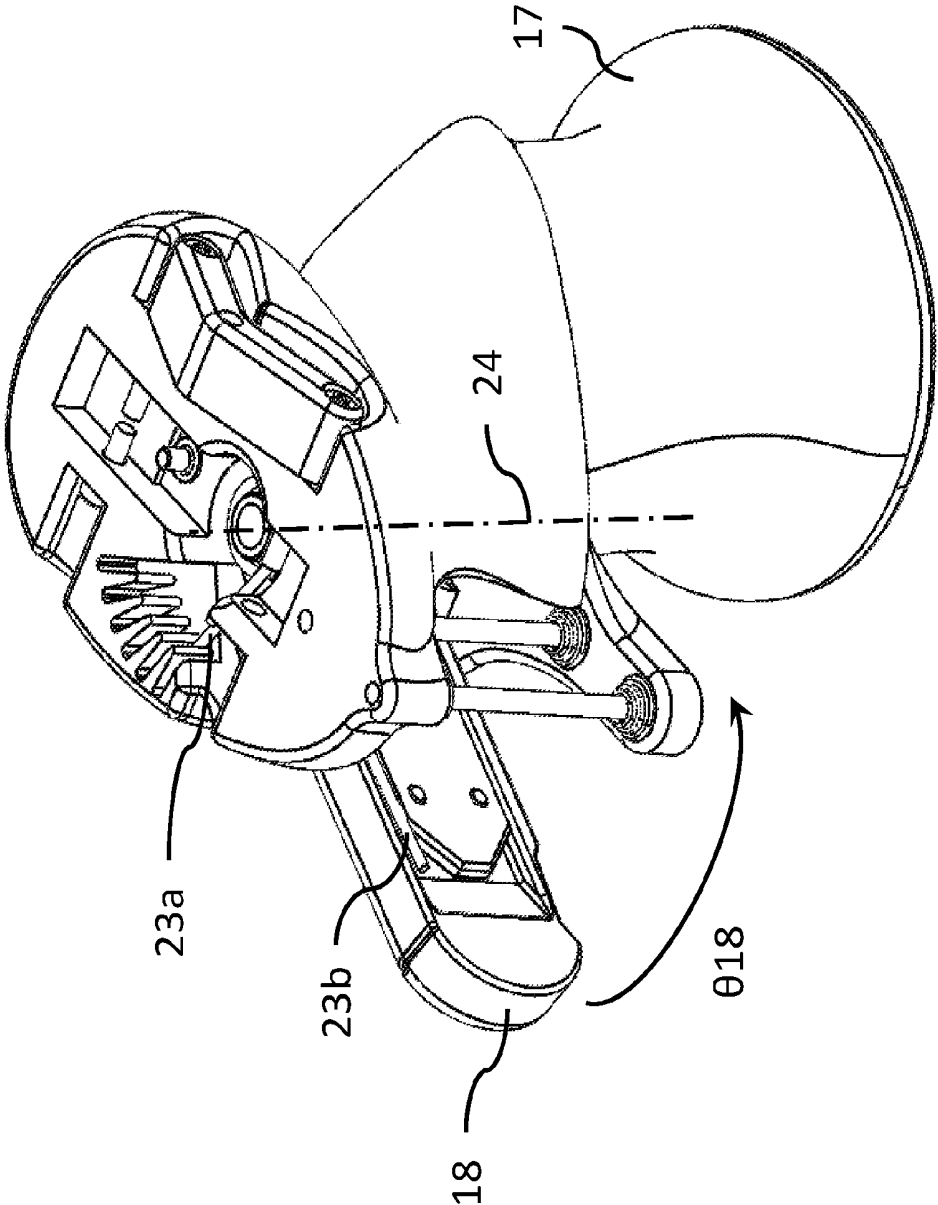


Figure 17

Figure 18



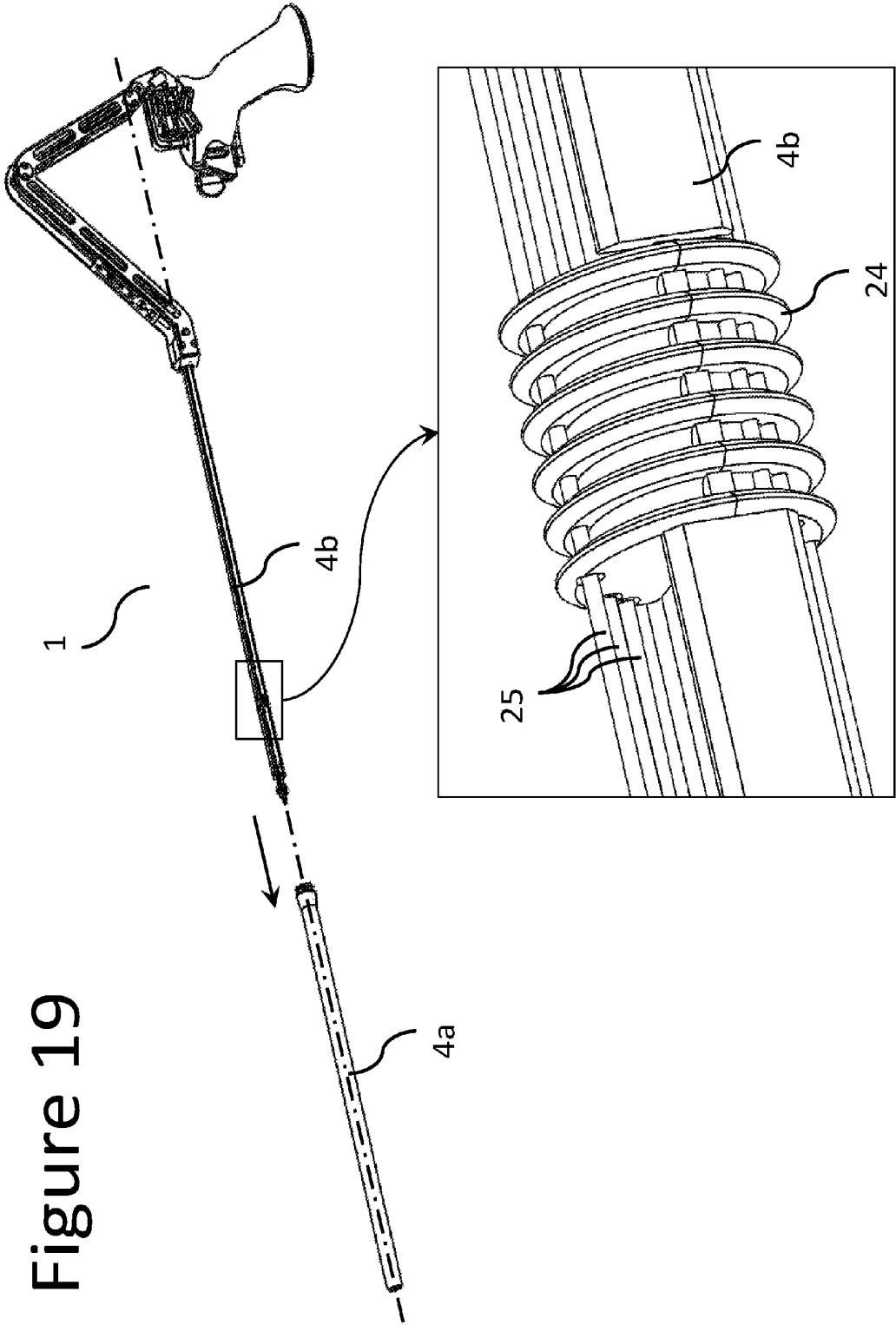


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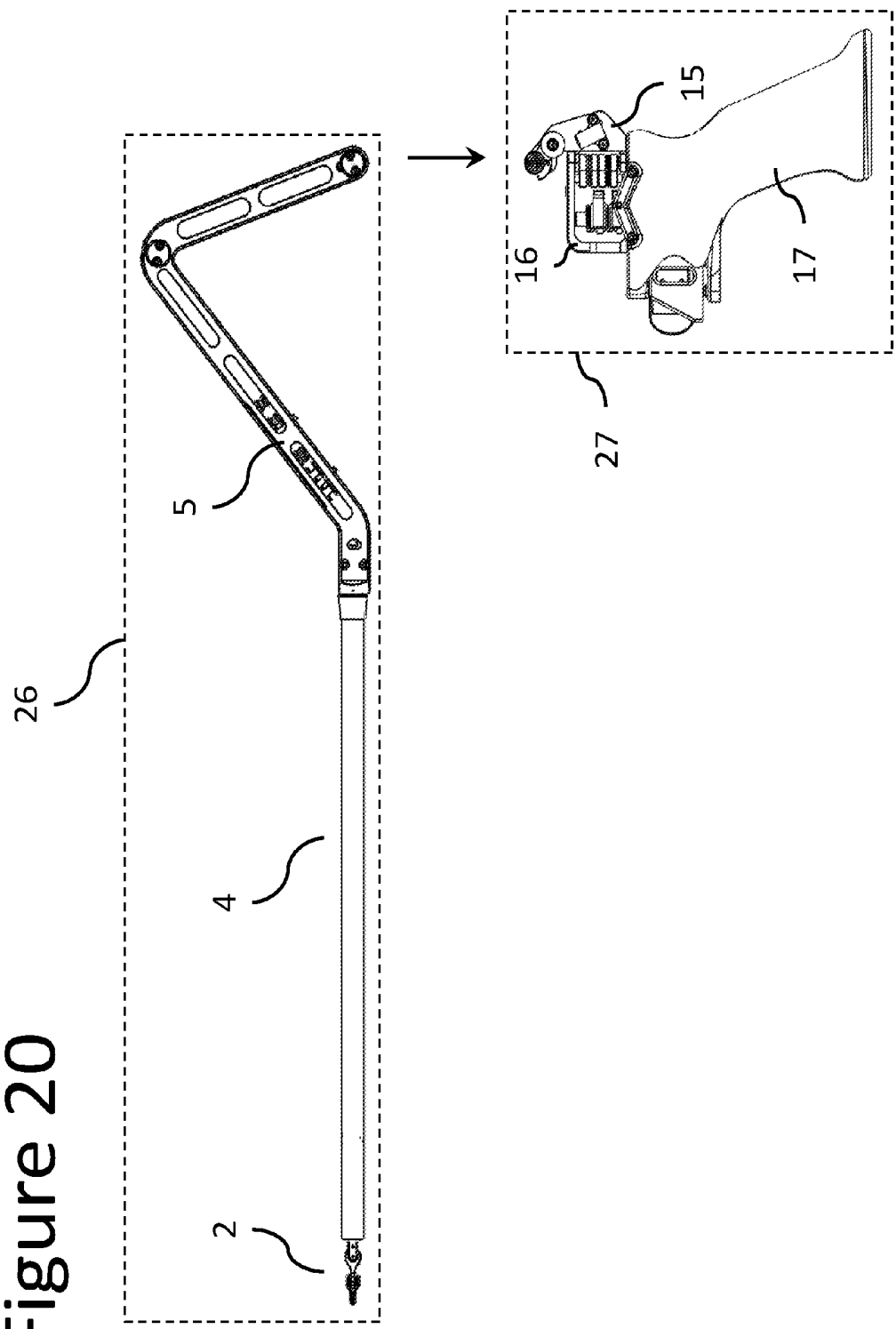


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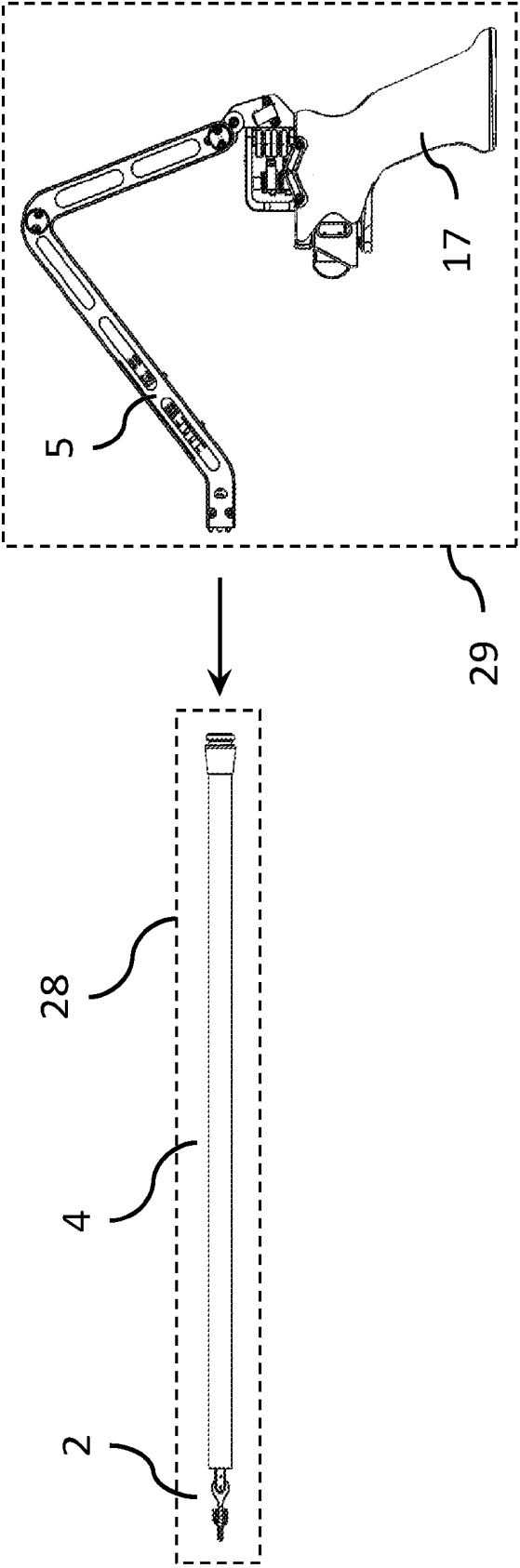


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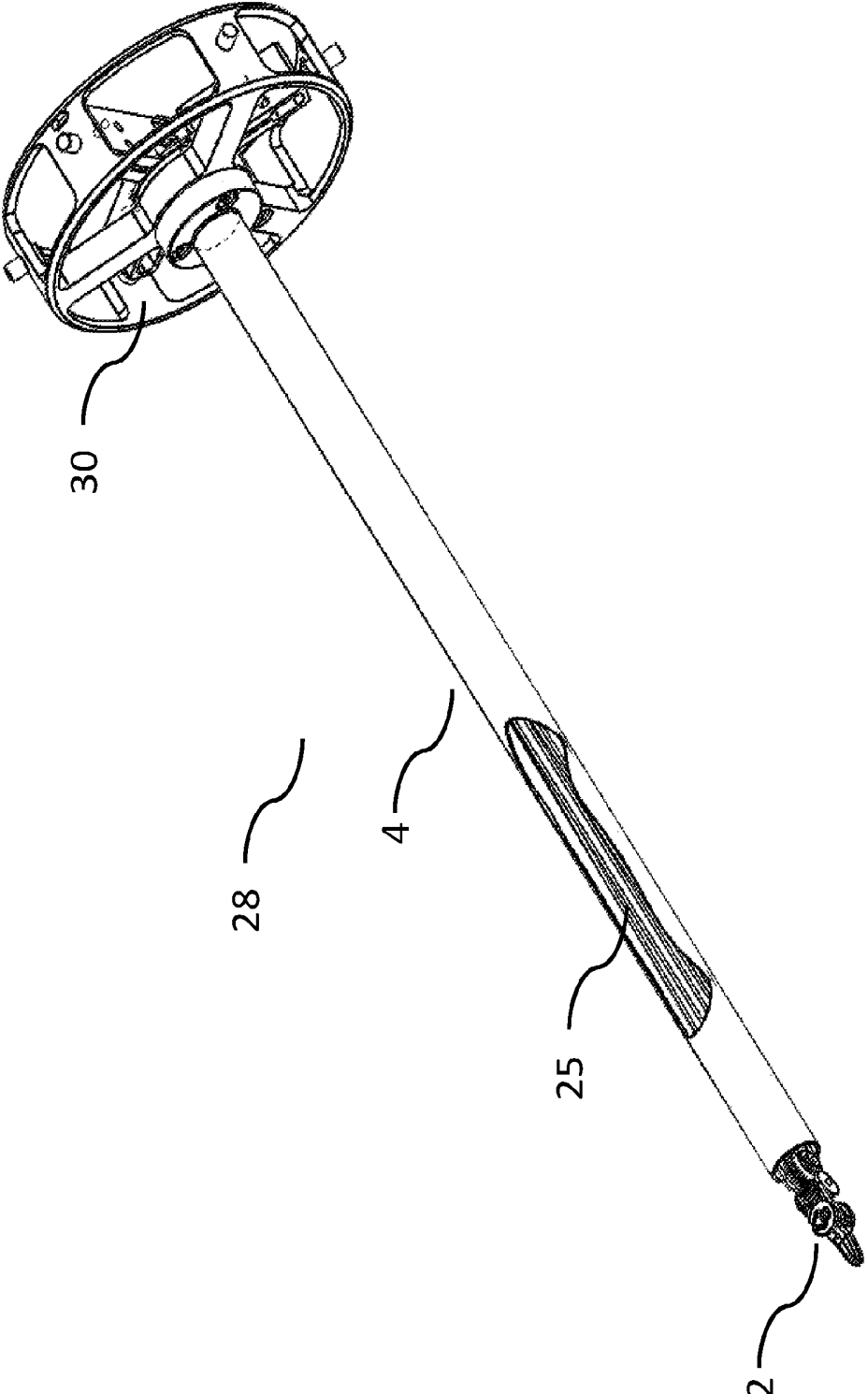


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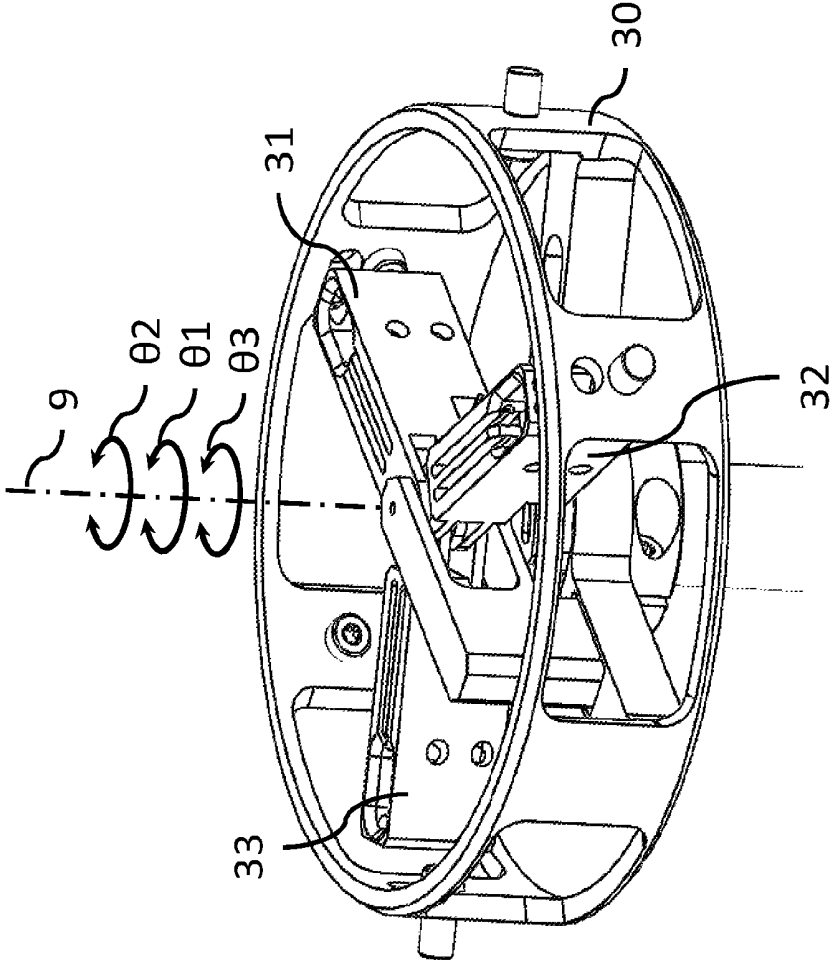


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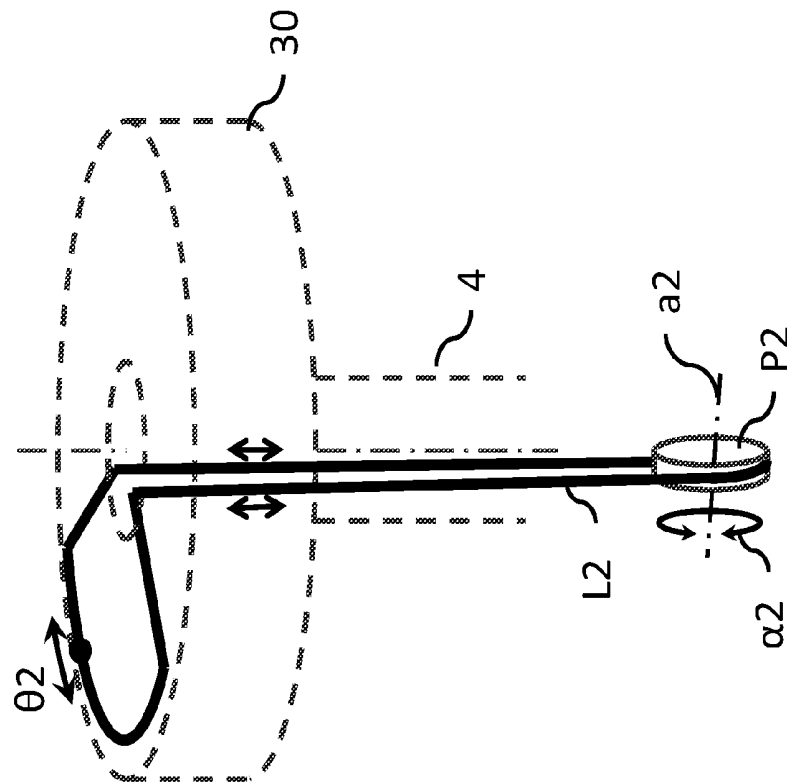


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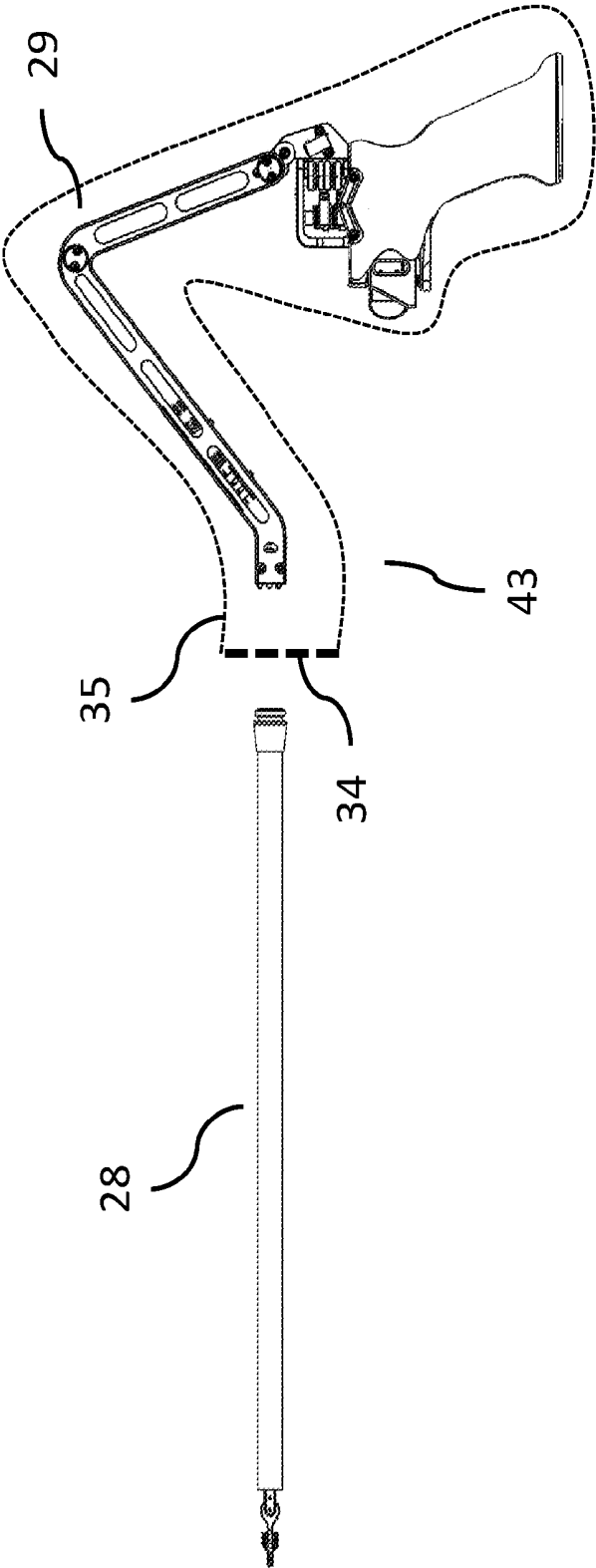


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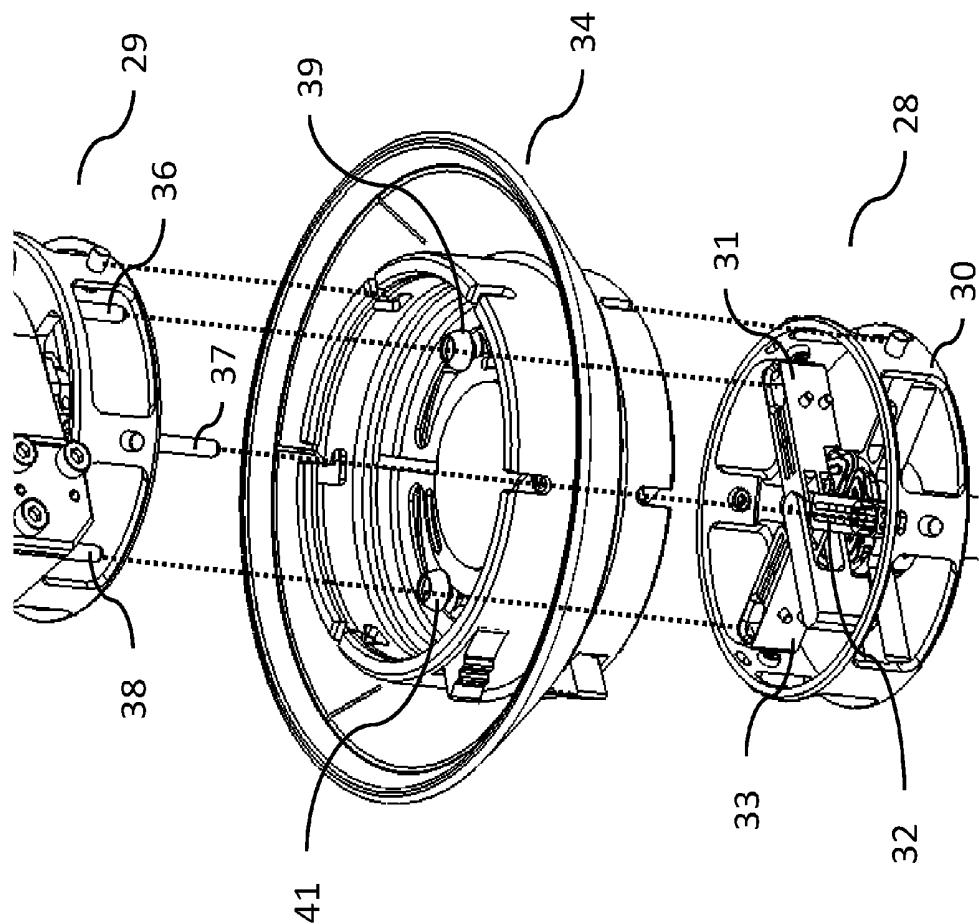


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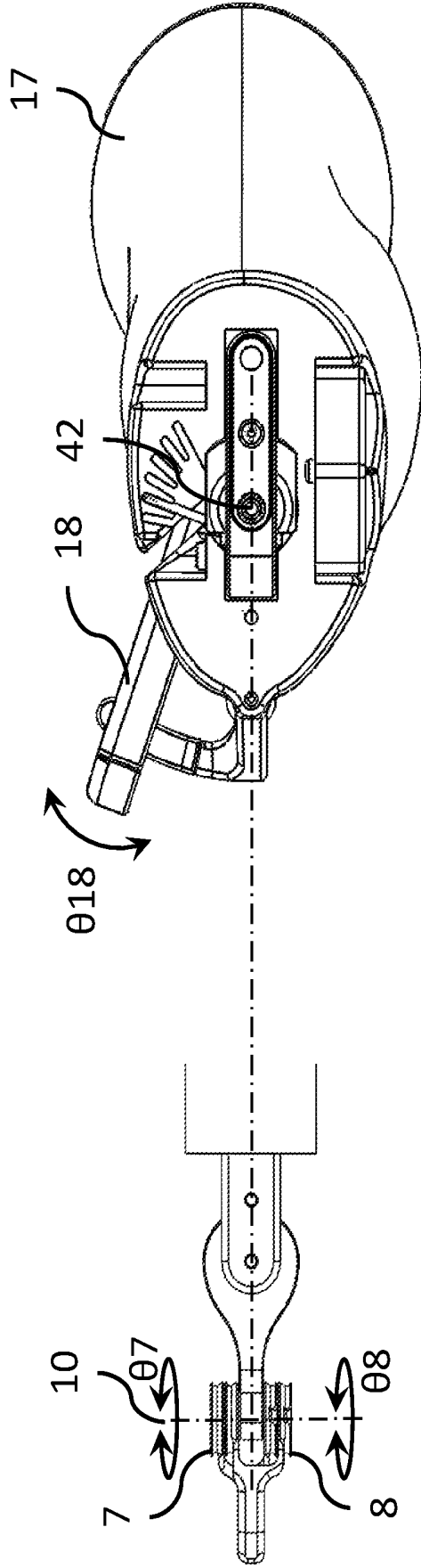


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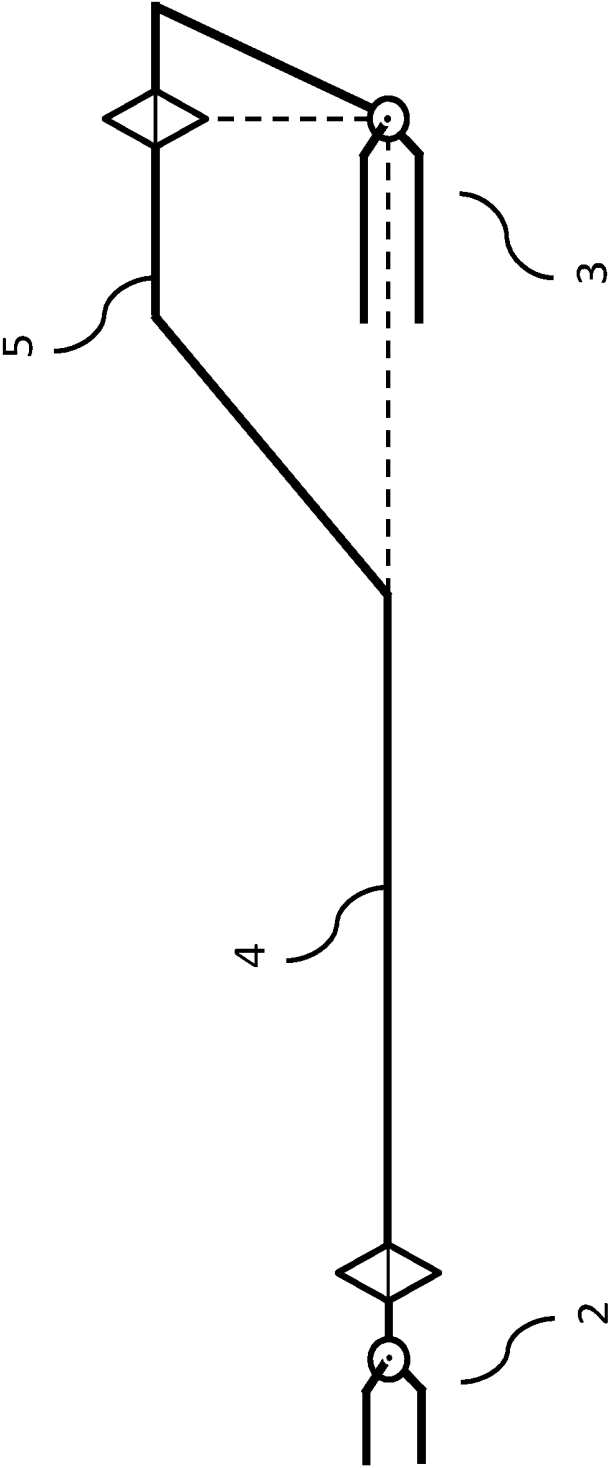


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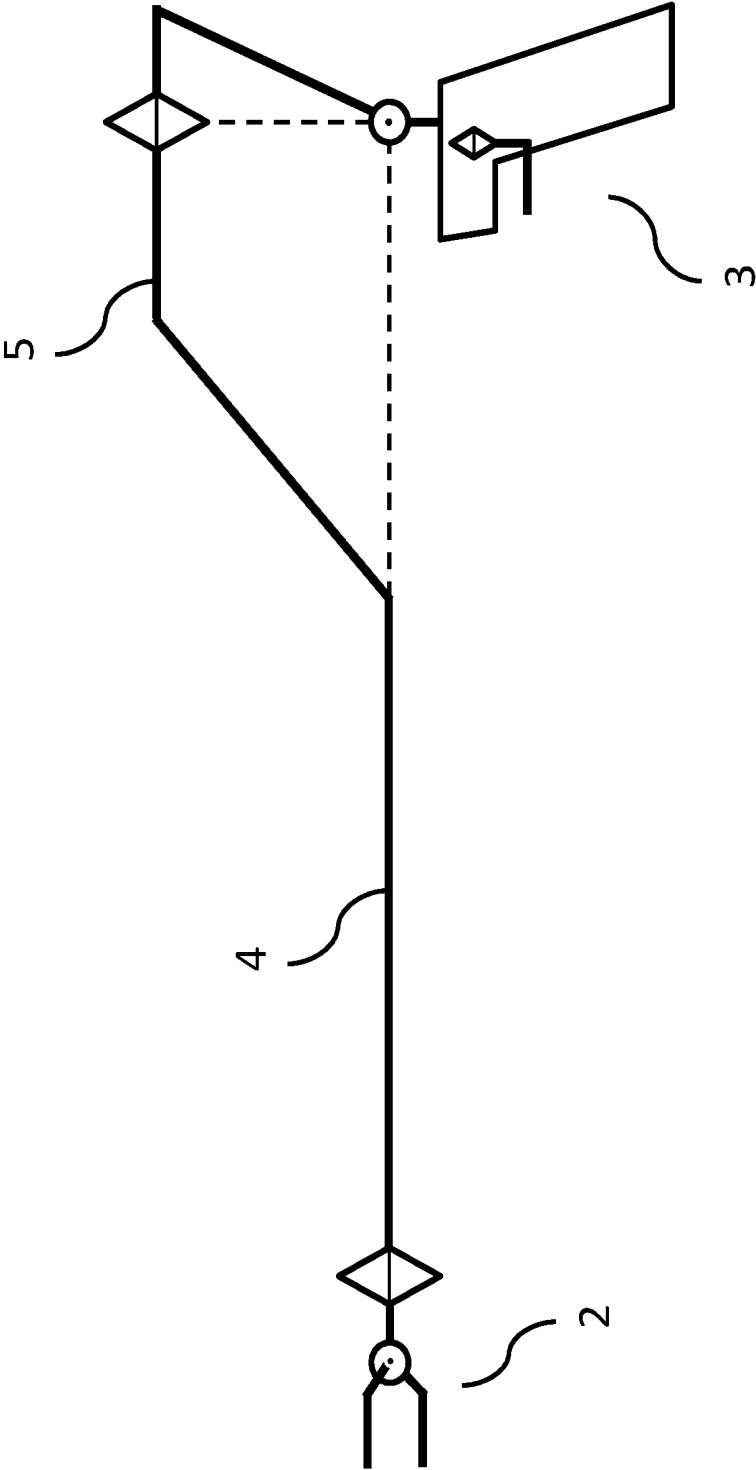


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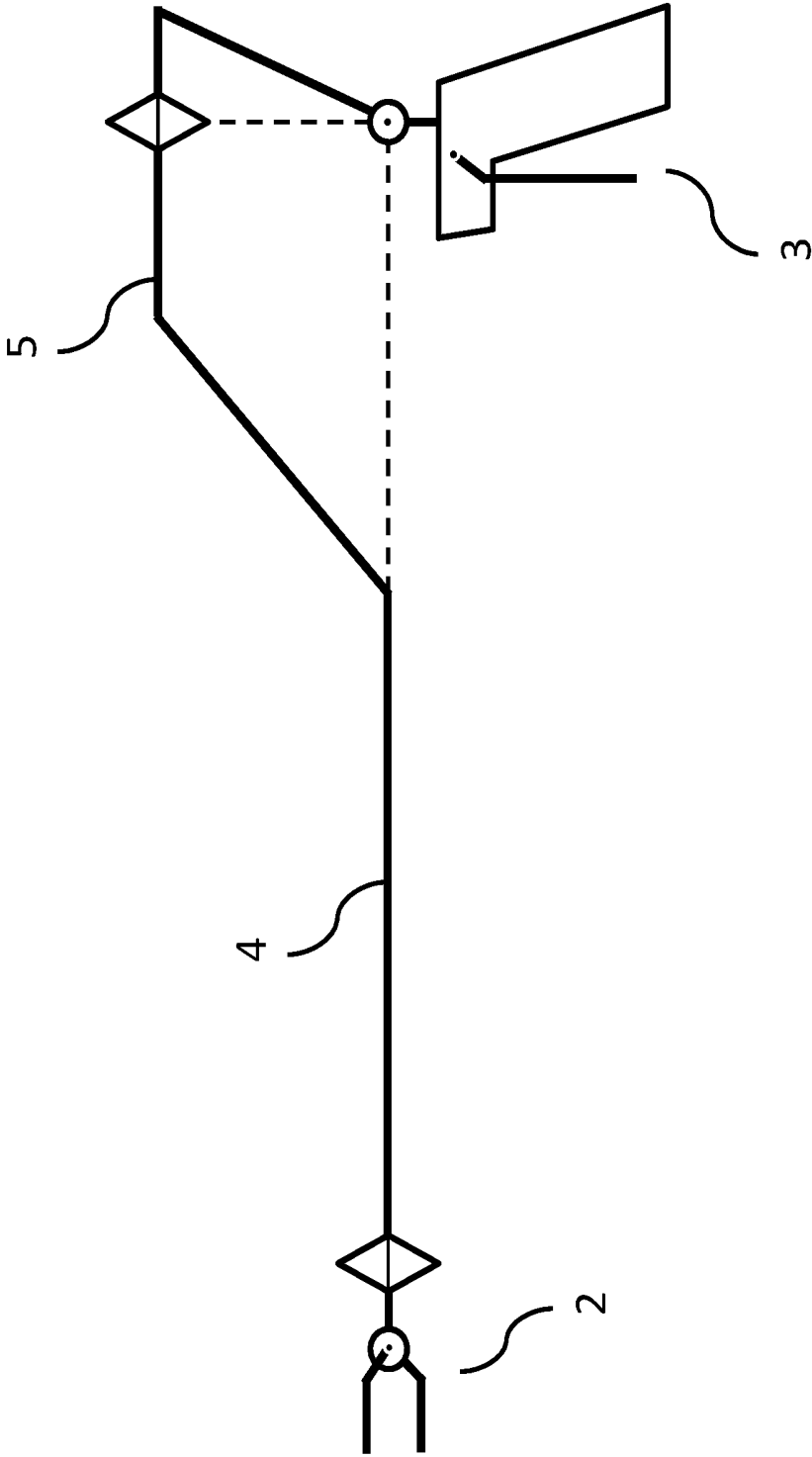


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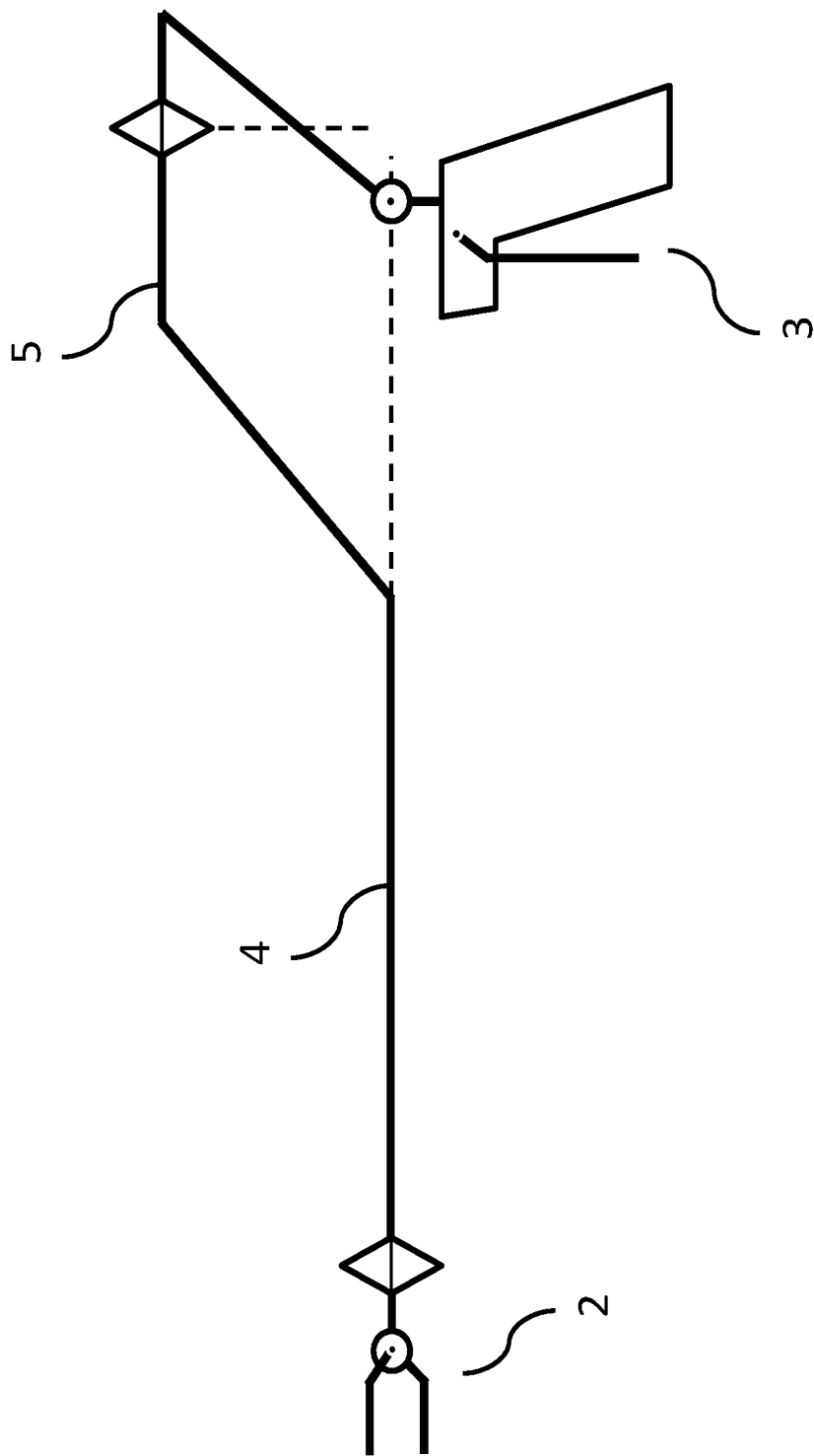


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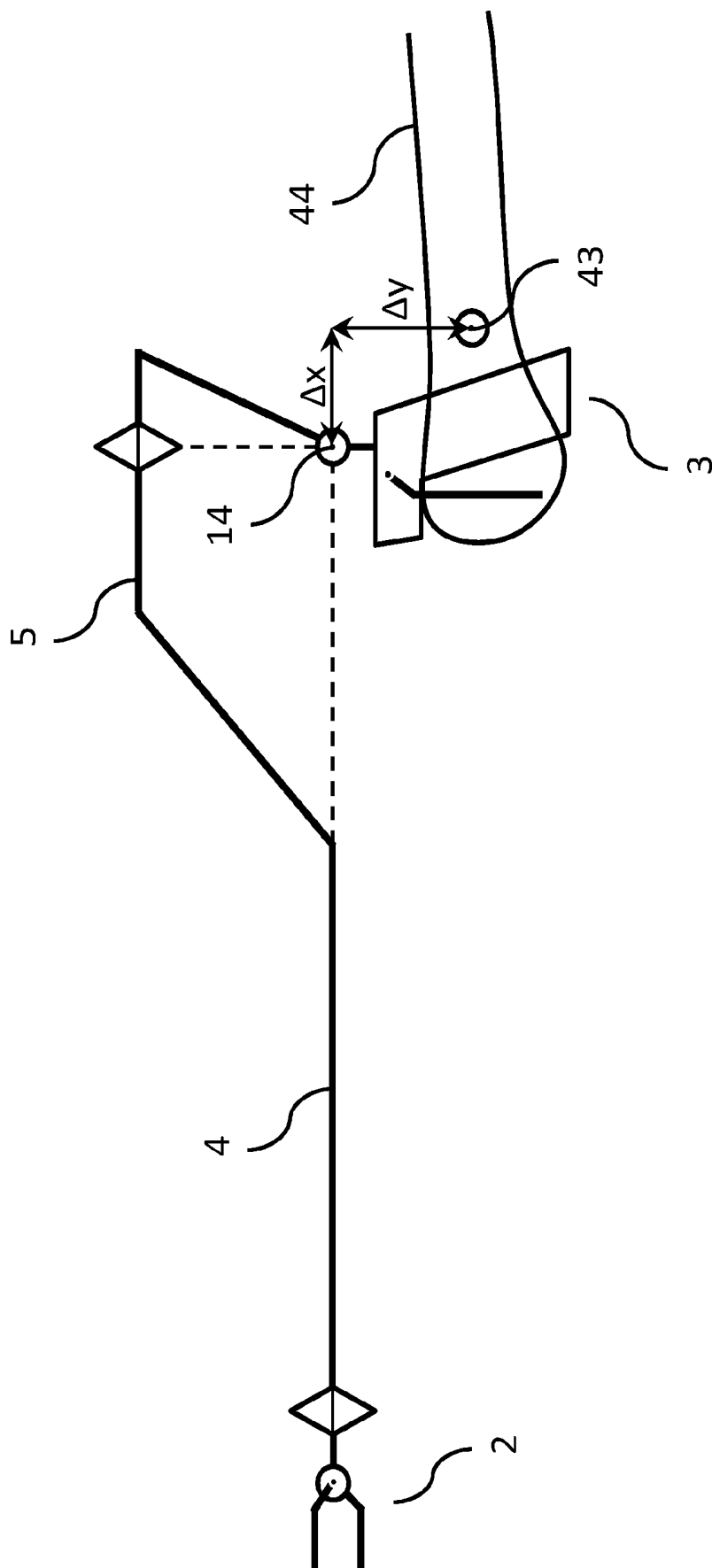


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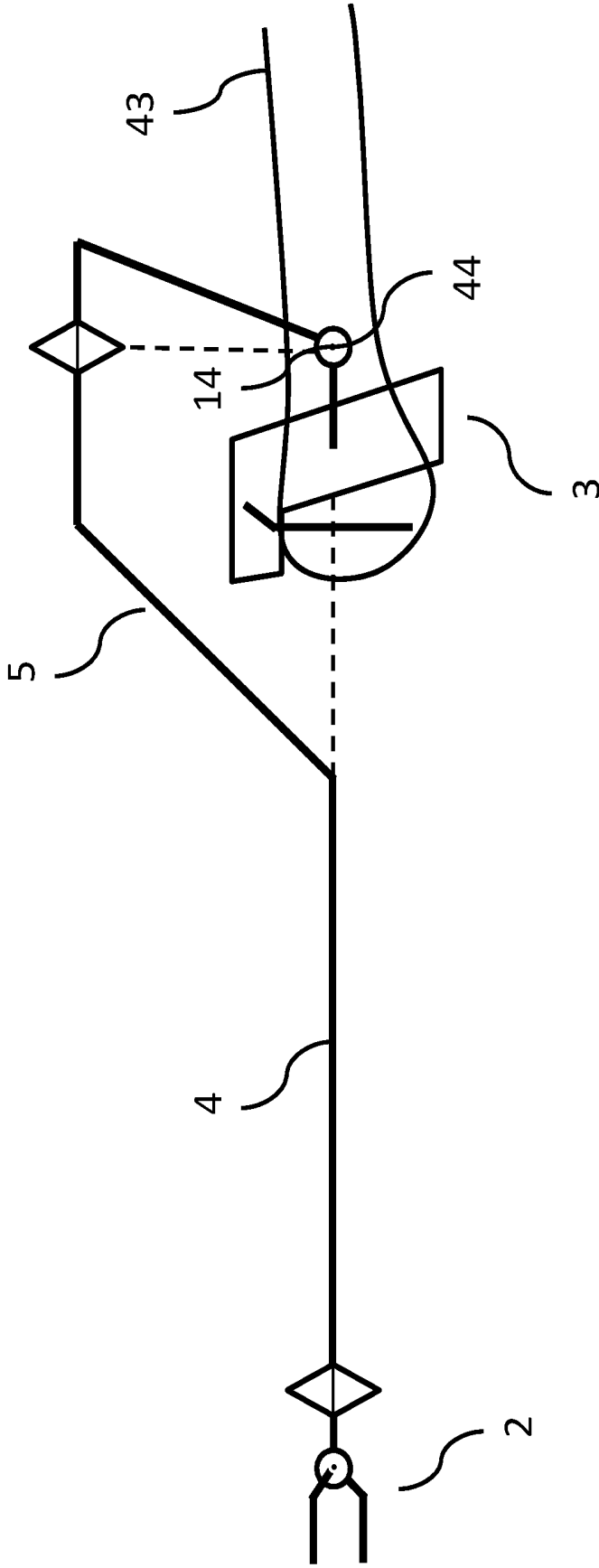


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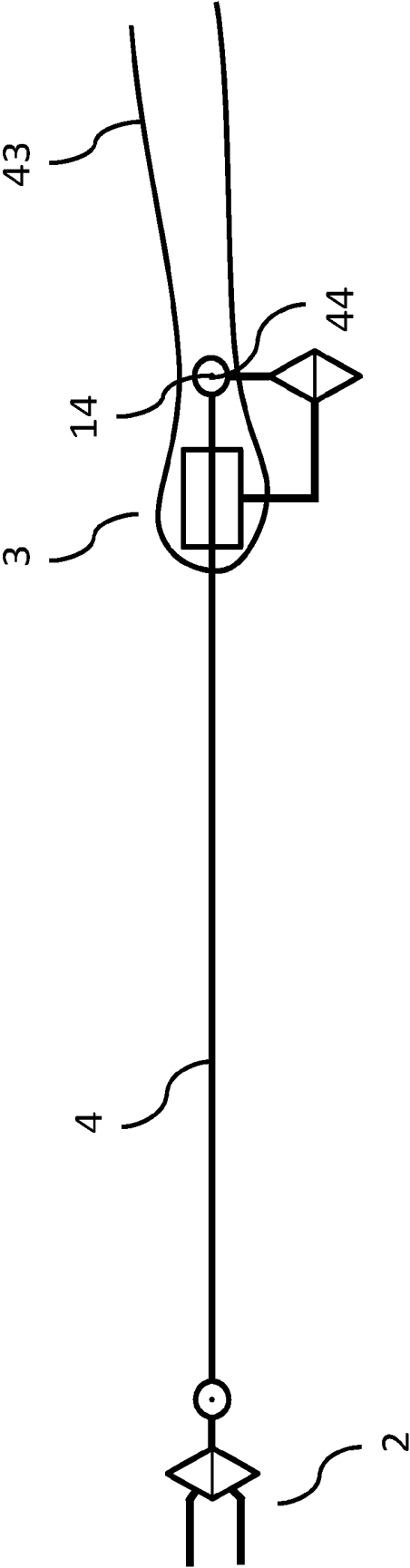


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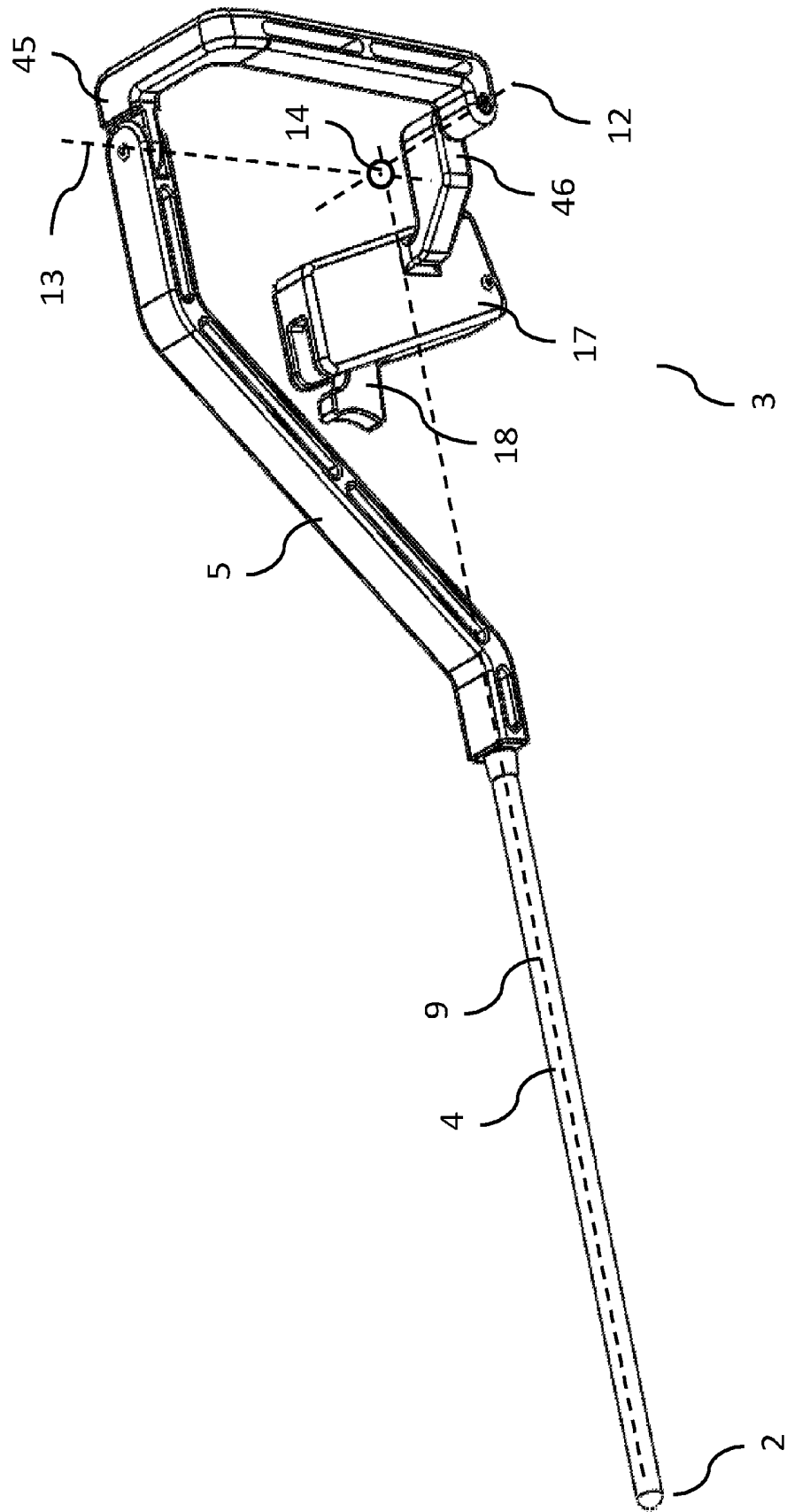


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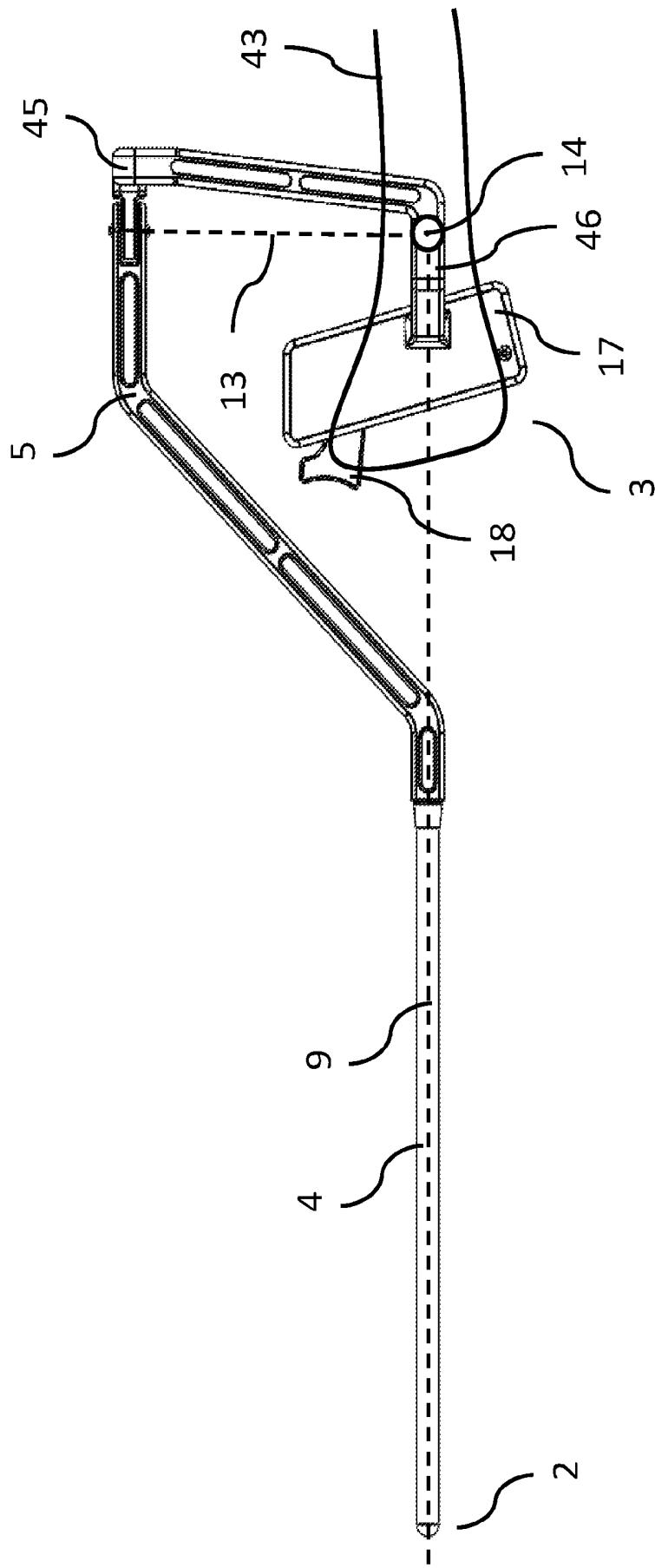


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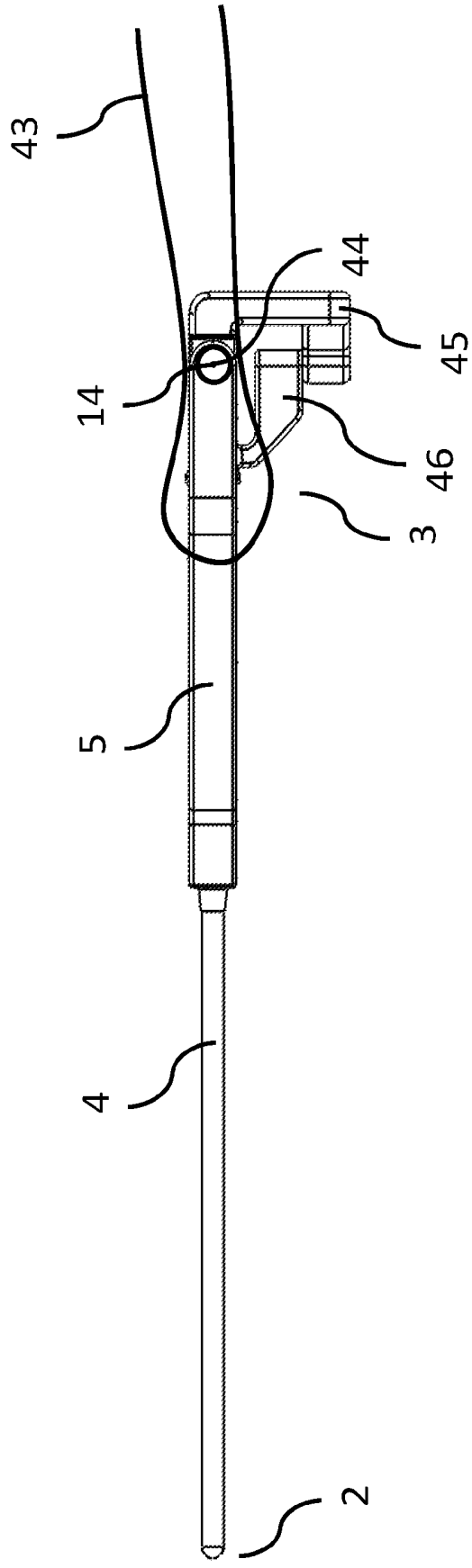
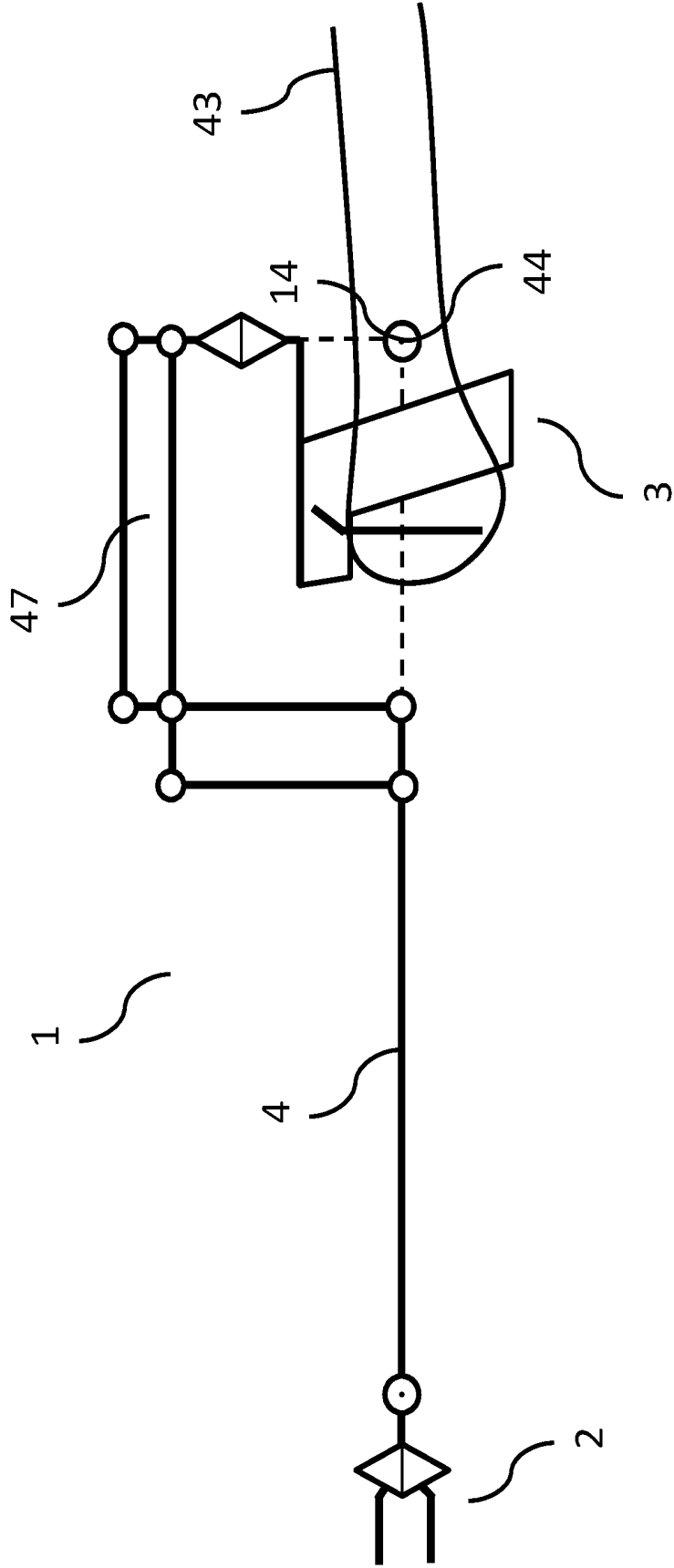


Figure 38



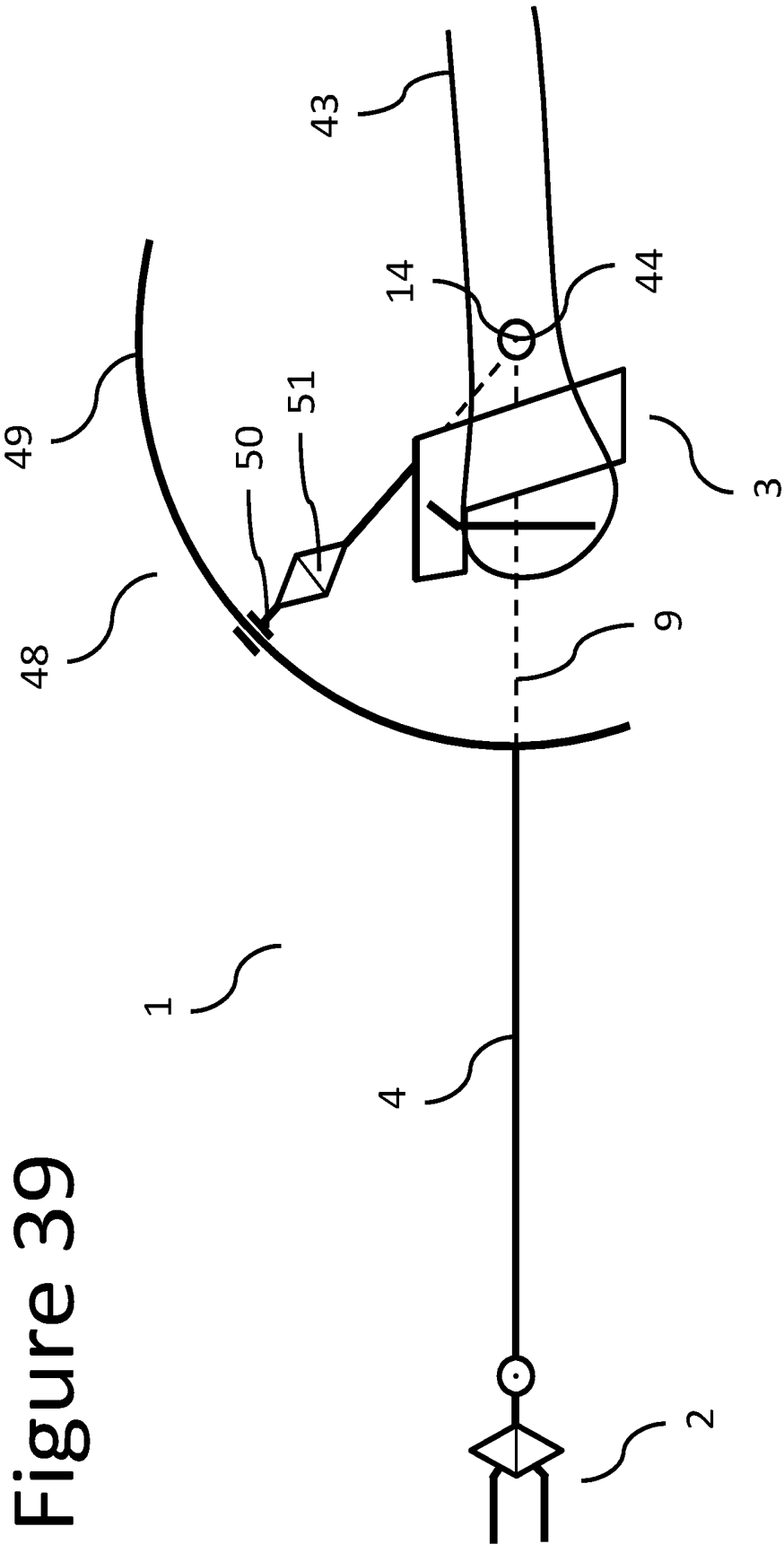


Figure 39

Figure 41

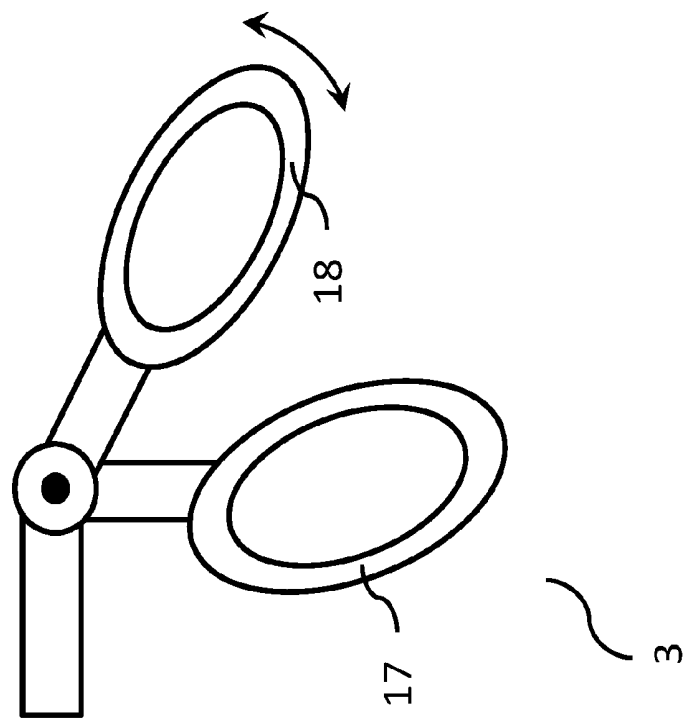


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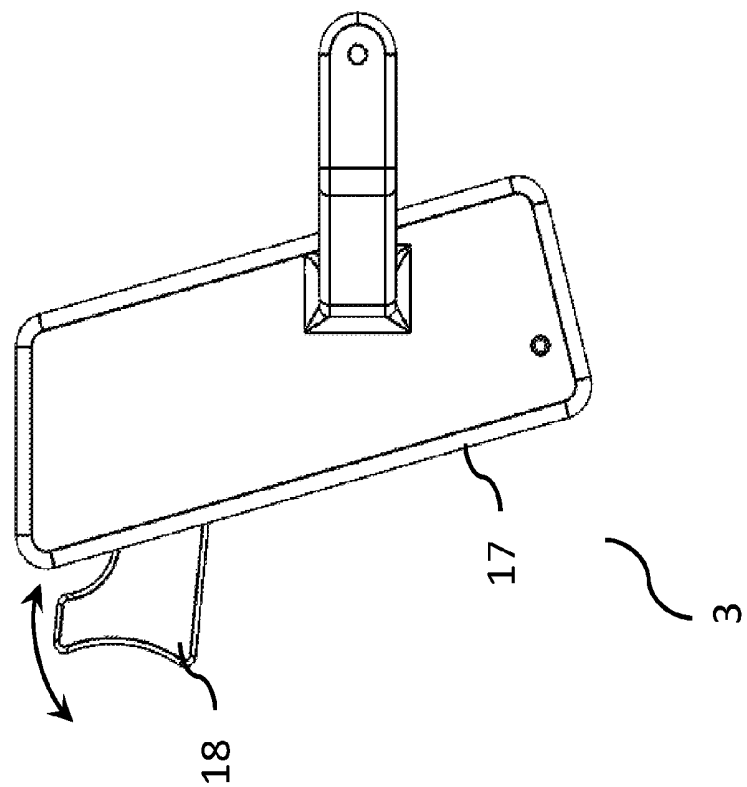


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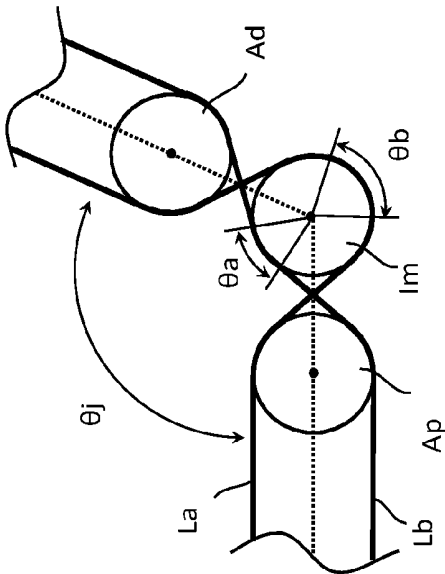


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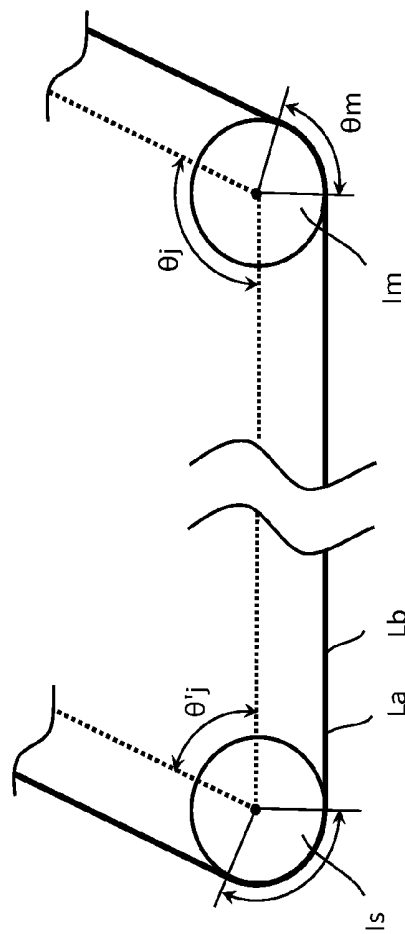


Figure 44

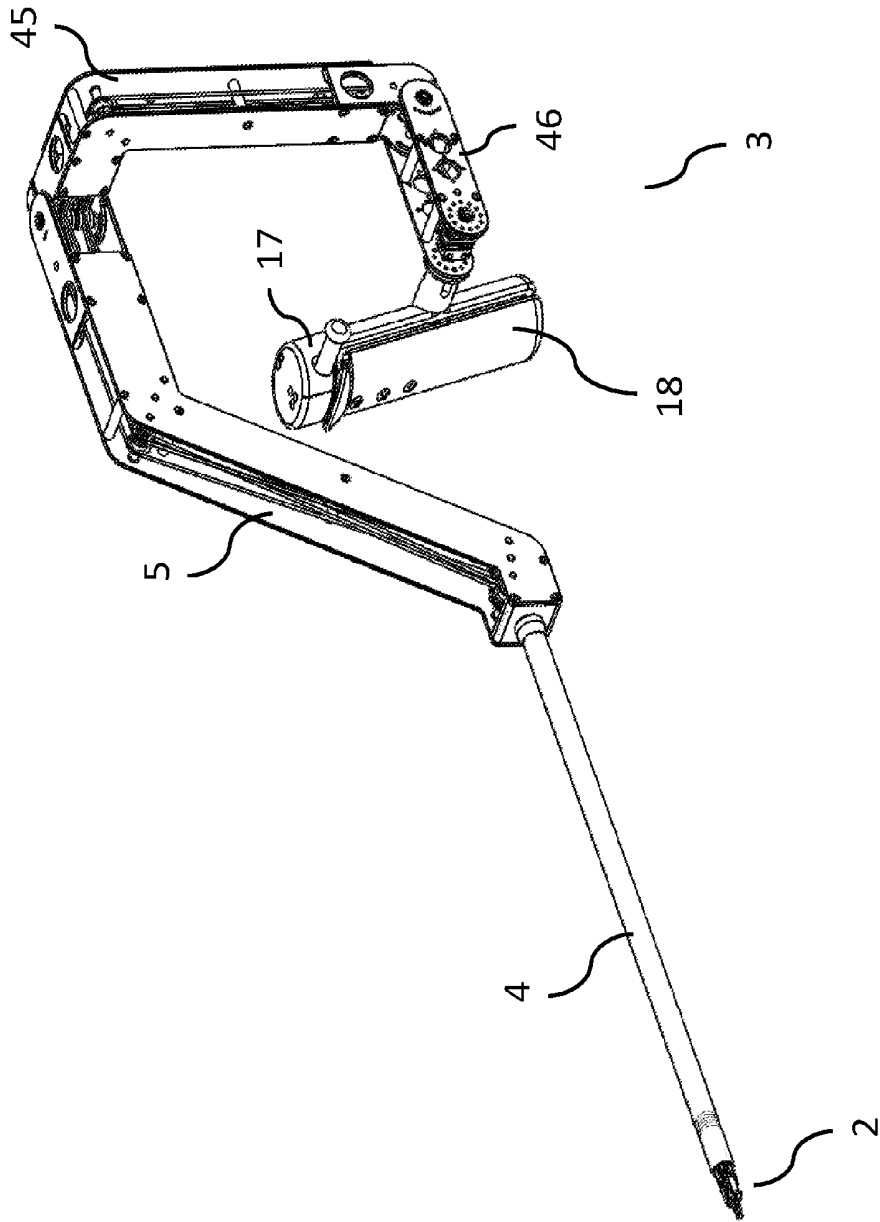


Figure 45

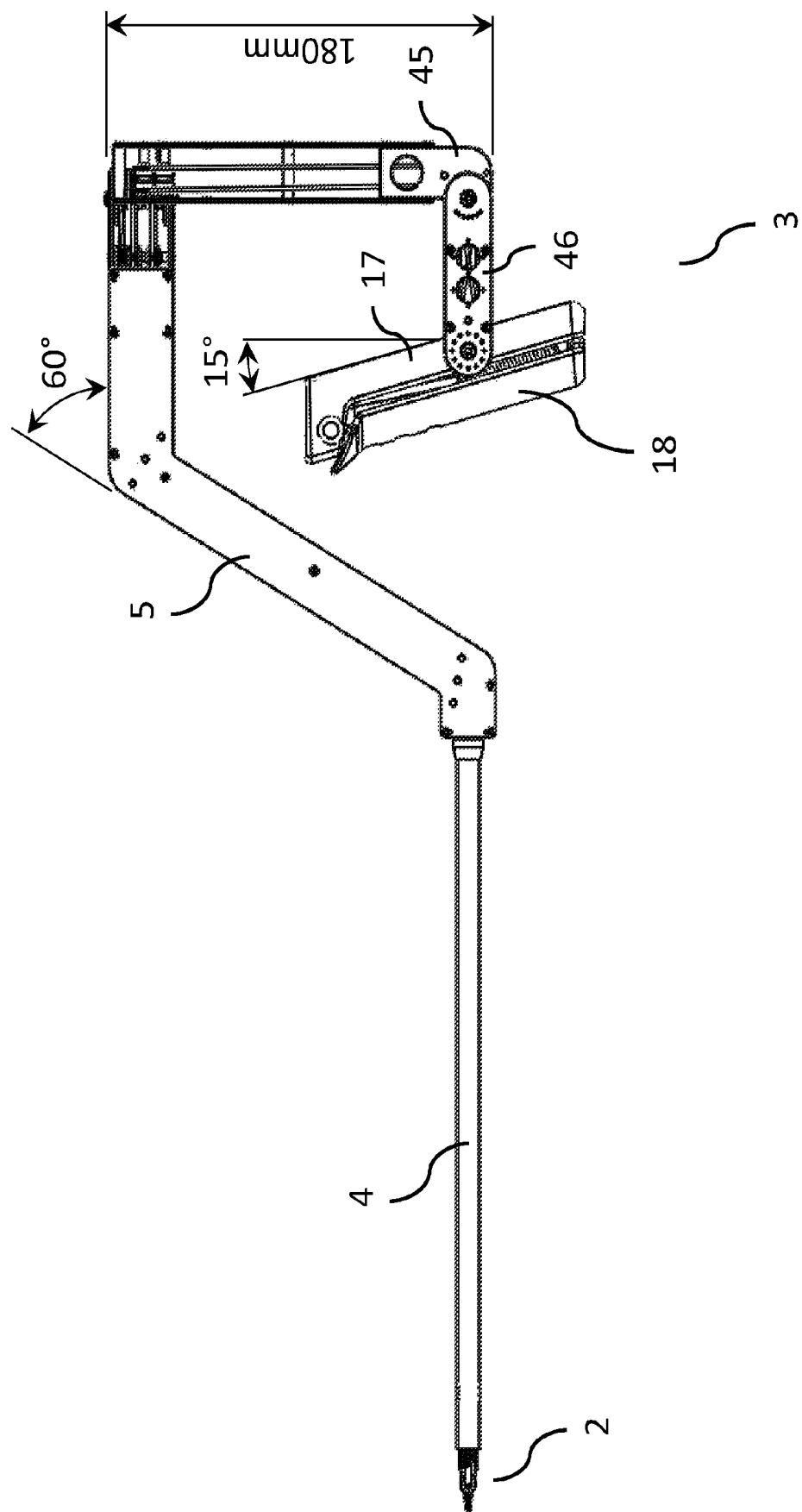


Figure 46

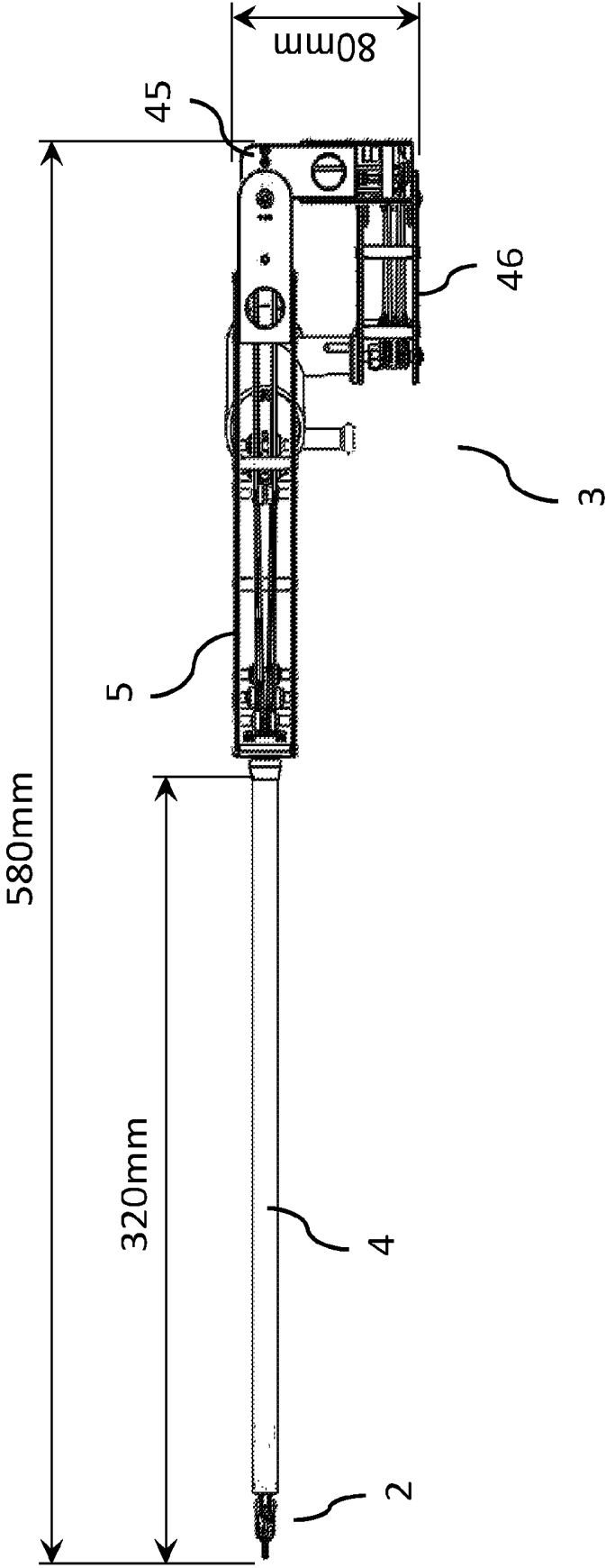
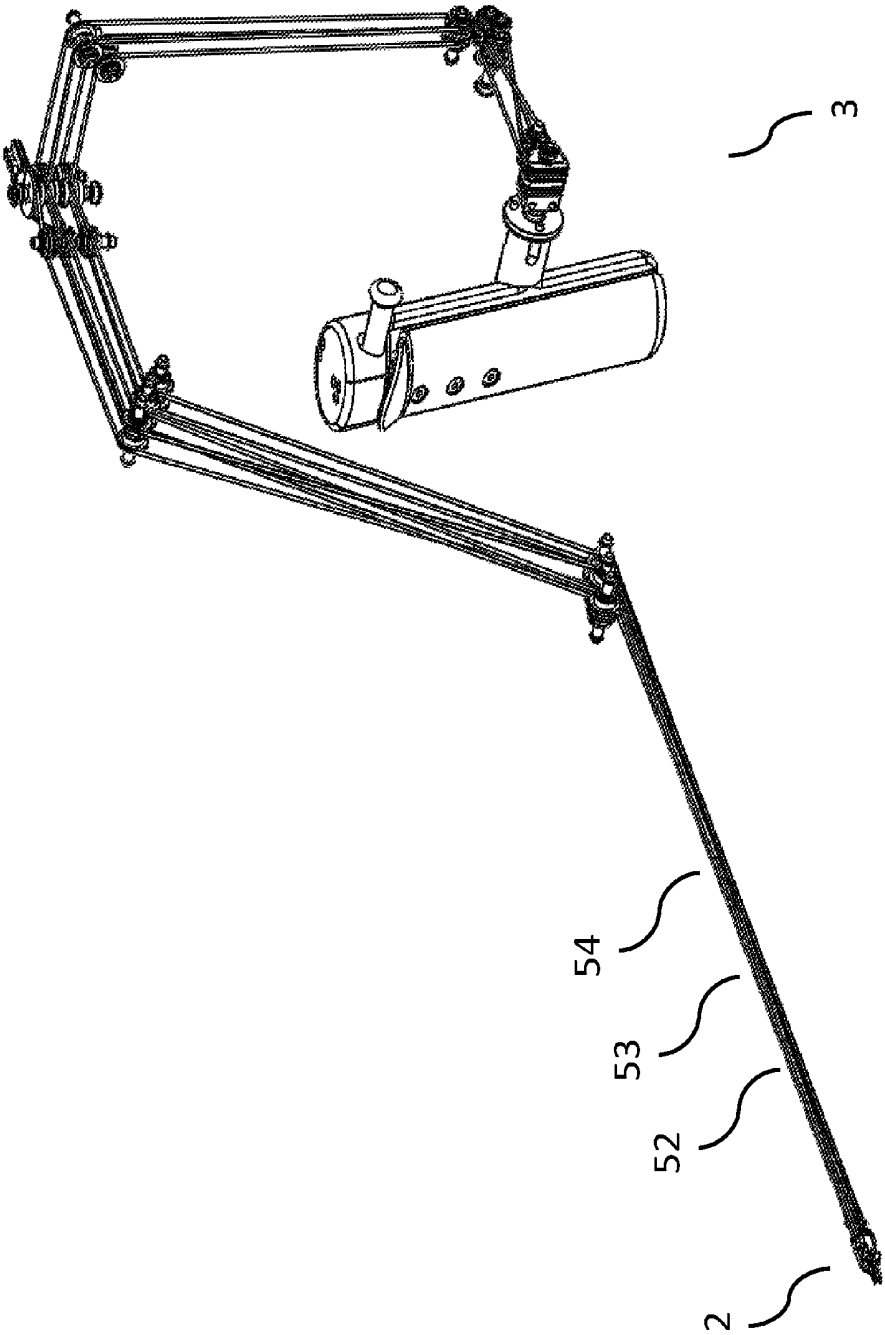


Figure 47



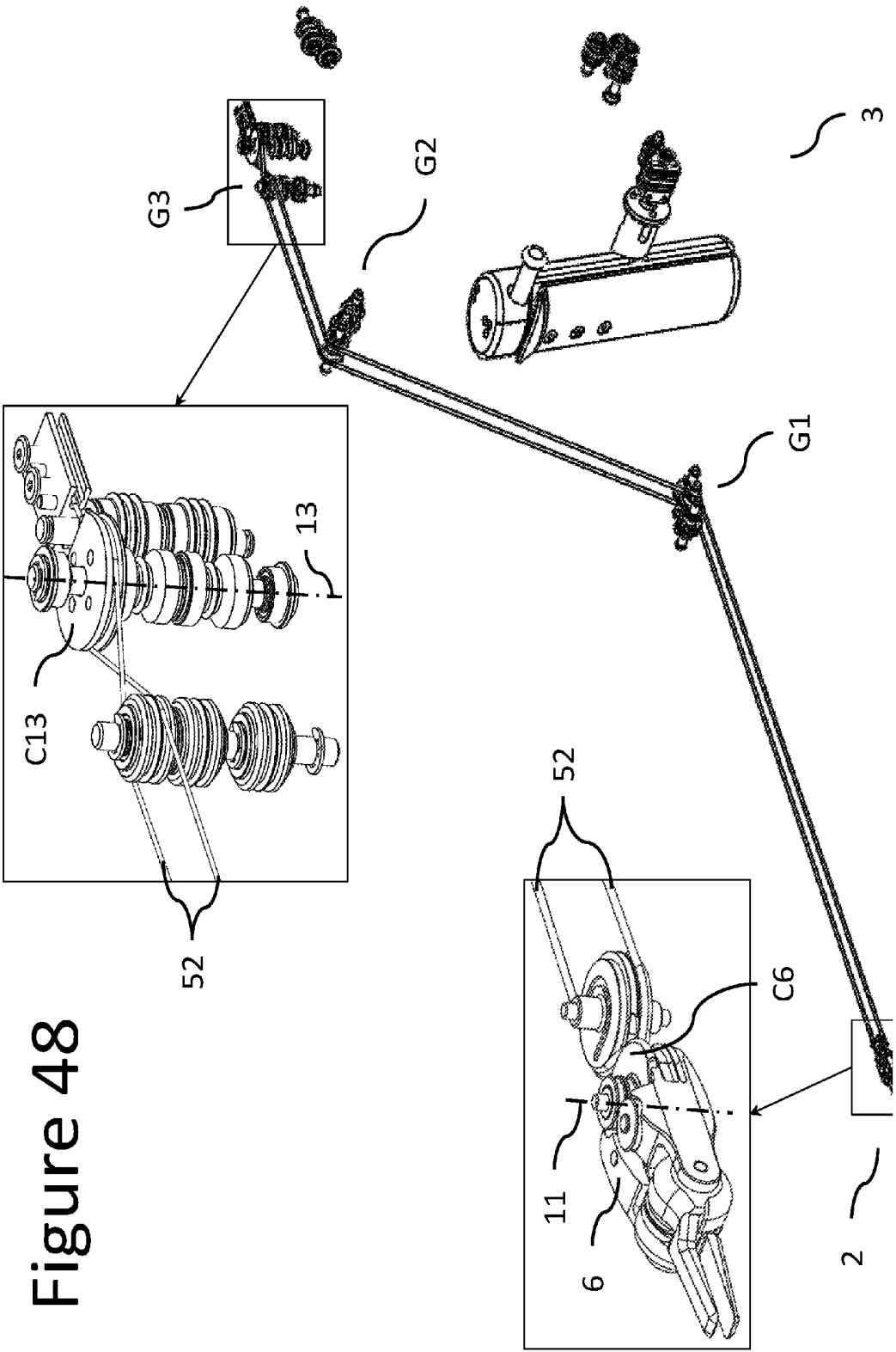


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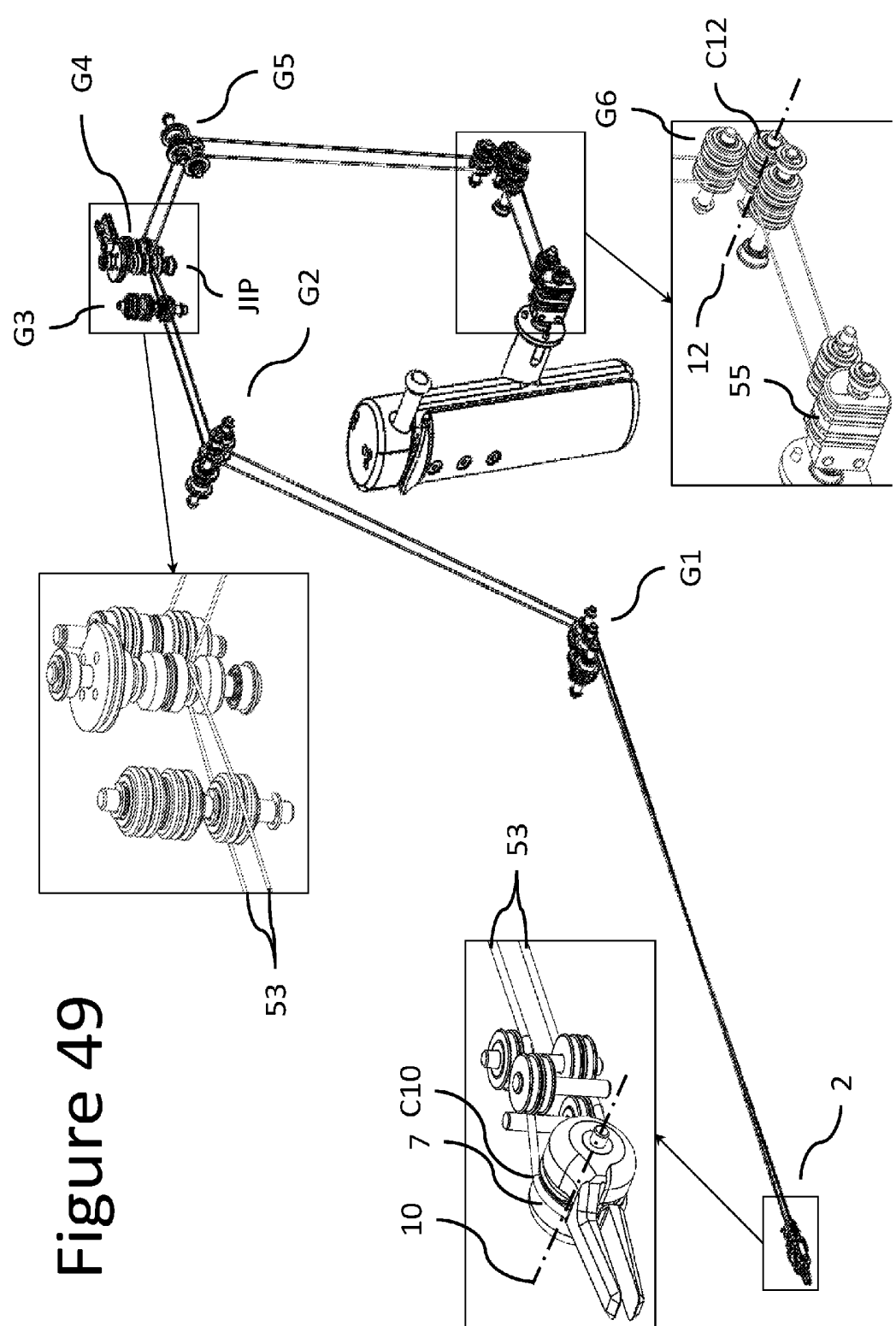


Figure 49

Figure 51

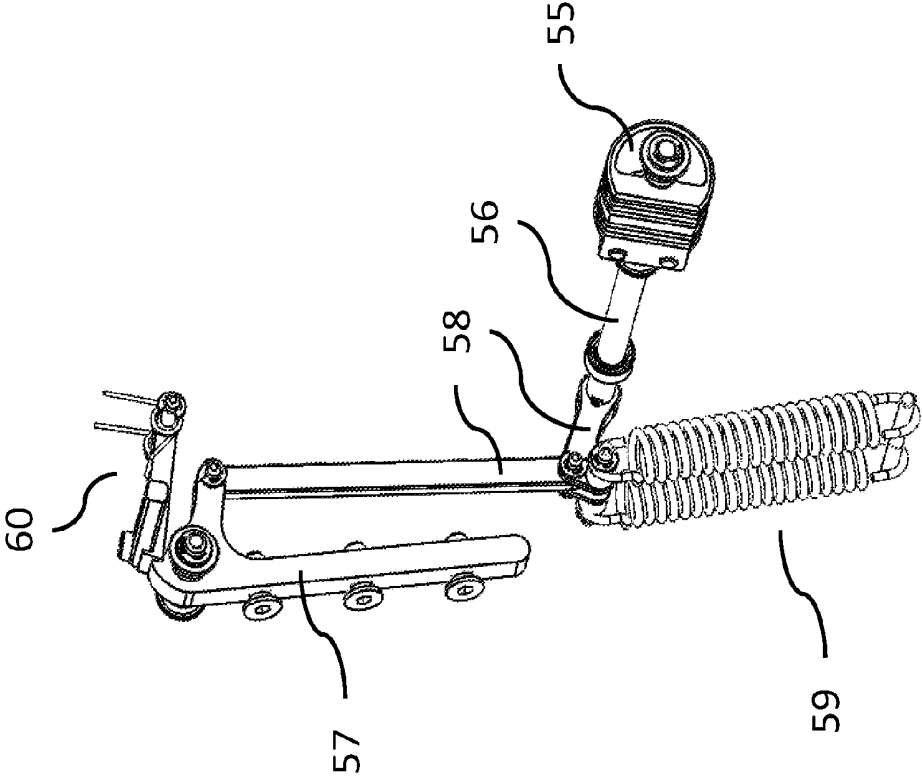
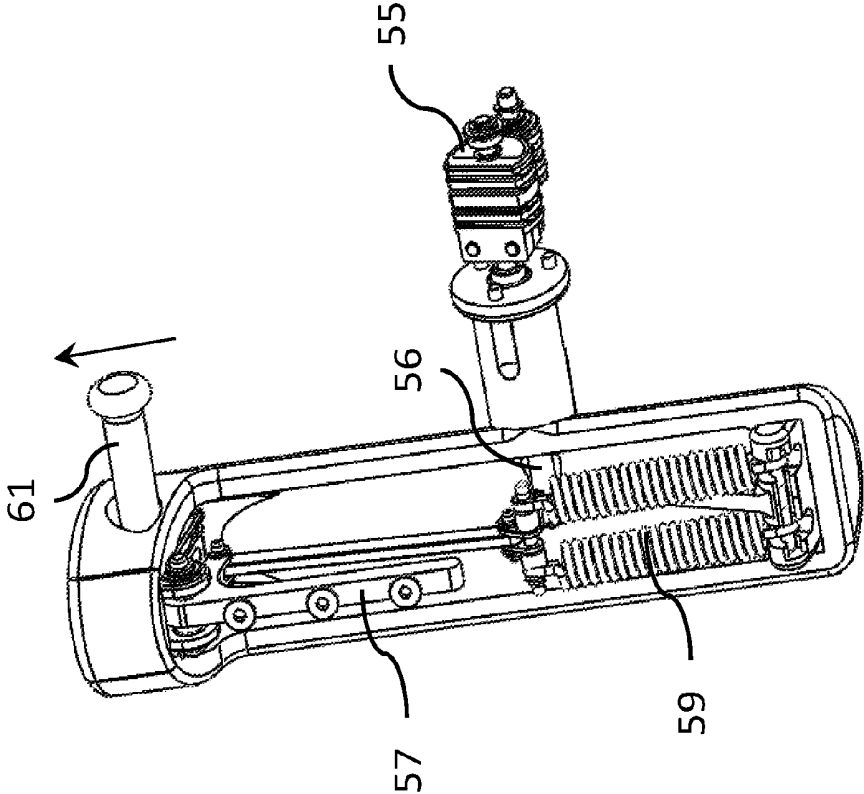


Figure 50



ARTICULATED HAND-HELD INSTRUMENT

FIELD OF THE INVENTION

[0001] The present invention relates to the field of remotely actuated mechanical systems, more particularly to surgical instruments, and most particularly to articulated hand-held surgical instruments. More specifically, this invention relates to articulated hand-held surgical instruments primarily designed to be used in minimally invasive surgical procedures. The inventive surgical instruments are designed to be used in a full range of minimally invasive surgical procedures and with standard equipment, such as trocars and endoscopic cameras. The articulated hand-held surgical instruments are designed to provide greater reach, range of motion and dexterity than that accessible with the use of standard laparoscopic instruments.

BACKGROUND OF THE INVENTION

[0002] Open surgery is still the standard technique for most surgical procedures. It has been used by the medical community for several decades and consists of performing the surgical tasks through a long incision in the abdomen, through which traditional surgical tools are inserted. However, due to the long incision, this approach is extremely invasive for the patients, resulting in substantial blood loss during the surgery and long and painful recovery periods at the hospital.

[0003] In order to reduce the invasiveness of open surgery, laparoscopy, a minimally invasive technique, was developed. Instead of a single long incision, four to five small incisions are made in the patient through which appropriately sized surgical instruments and endoscopic cameras are inserted. Because of the low invasiveness, this technique reduces blood loss and shortens hospital stays and pain. When performed by experienced surgeons, this technique can attain clinical outcomes similar to open surgery. However, despite the above-mentioned advantages, laparoscopy requires extremely advanced surgical skills to manipulate the rigid and long instrumentation. The entry incision acts as a point of rotation, decreasing the surgeon's freedom for positioning and orientating the instruments inside the patient. The movements of the surgeon's hand about this incision are inverted and scaled-up relative to the instrument tip ("fulcrum effect"), which removes dexterity, sensibility and magnifies the tremors of the surgeon's hands. In addition, these long and straight instruments force surgeons to work in a uncomfortable posture, which can be tremendously tiring during several hours of operation and result in stress and discomfort for hands, arms and body. Therefore, due to these drawbacks of laparoscopic instrumentation, these minimally invasive techniques are mainly limited to use in simple surgeries, while only a small minority of surgeons is able to use them in complex procedures.

[0004] To overcome these limitations, surgical robotic systems were developed to provide an easier-to-use approach to complex minimally invasive surgeries. By means of a computerized robotic interface, these systems enable the performance of remote laparoscopy wherein the surgeon sits at a console manipulating two master manipulators to perform the operation through several small incisions. Like laparoscopy, the robotic approach is also minimally invasive, bringing several advantages over open surgery in terms of pain, blood loss, and recovery time. In

addition, it also offers better ergonomy for the surgeon compared to open and laparoscopic techniques. However, although being technically easier, robotic surgery brings several negative aspects. A major disadvantage of these systems is related to the extremely high complexity of existing robotic devices, which are composed of complex mechanical and electronic systems, leading to huge costs of acquisition and maintenance, which are not affordable for the majority of surgical departments worldwide. Another drawback of these systems comes from the fact that current surgical robots are very large, competing for precious space within the operating room environment and significantly increasing preparation time. Access to the patient is thus impaired, which, together with a lack of force-feedback, raises safety concerns.

[0005] In addition to robotic systems, several hand-held laparoscopic instruments are known. These instruments provide access to the surgical field without the need for an expensive and cumbersome robotic system, but they often provide poor ergonomy to the user.

[0006] There are known examples of hand-held, articulated surgical instruments. However, they present significant drawbacks in their designs. For example, one known articulated instrument (ref) must be attached to the user's forearm by a frame, making its use cumbersome and likely tiring, given that every movement must involve the user moving his entire forearm, which needs to be geometrically aligned with the instrument's shaft. Other known articulated instruments (refs) require the manipulation of knobs or similar elements on the device handle to produce corresponding movements in an end-effector. Such arrangement does not allow for a natural replication of user hand movements.

[0007] Accordingly, an aim of the present invention is to provide an articulated hand-held medical instrument that allows for a natural replication of user hand movements on the instrument handle at an end effector. The instrument is to allow for good ergonomy and ease of use as compared to known hand-held articulated instruments.

SUMMARY OF THE INVENTION

[0008] Theses aims and other advantages are achieved by a new articulated hand-held medical instrument. The articulated hand-held medical instrument of the present invention is primarily intended to be used in minimally invasive surgical procedures.

[0009] The articulated hand-held medical instrument comprises a frame, a proximal handle and a distal end-effector. The proximal handle is joined to the distal end-effector by an instrument tube and a structural frame. The instrument tube may optionally be introduced to the patient's body during a minimally invasive surgical procedure through a trocar or other standard piece of equipment.

[0010] The proximal handle of the articulated hand-held surgical instrument is made up of a series of handle links connected by handle joints. The distal end-effector element is generally made up of a number of end-effector links connected by end-effector joints. Mechanical transmission means transmit user motions performed on the proximal handle to the distal end-effector. In this way, the articulated hand-held surgical instrument has a master-slave architecture allowing for the replication of user hand movements on the proximal handle at the distal end-effector. Taken in conjunction with the multiple links and degrees of freedom,

this architecture allows for greater dexterity and ergonomics than that accessible with standard laparoscopic instruments.

BRIEF DESCRIPTION OF FIGURES

[0011] The invention will be better understood according to the following detailed description of several embodiments with reference to the attached drawings, in which:

[0012] FIG. 1 shows a perspective view of the articulated instrument according to an embodiment of the present invention.

[0013] FIG. 2 shows a detailed perspective view of the articulated instrument according to an embodiment of the present invention;

[0014] FIG. 3 shows a detailed side view of the articulated instrument according to an embodiment of the present invention;

[0015] FIG. 4 shows a detailed top view of the articulated instrument according to an embodiment of the present invention;

[0016] FIG. 5 shows the distal end-effector of the articulated instrument according to an embodiment of the present invention in a first active position;

[0017] FIG. 6 shows the distal end-effector of the articulated instrument according to an embodiment of the present invention in a second active position;

[0018] FIG. 7 shows the distal end-effector of the articulated instrument according to an embodiment of the present invention in a third active position;

[0019] FIG. 8 shows the distal end-effector of the articulated instrument according to an embodiment of the present invention in a fourth active position;

[0020] FIG. 9 shows the distal end-effector of the articulated instrument according to an embodiment of the present invention in a fifth active position;

[0021] FIG. 10 shows a simplified path of a flexible transmission system actuating a distal end-effector articulation of the articulated instrument according to an embodiment of the present invention;

[0022] FIG. 11 shows a simplified path of a rigid transmission system actuating a distal end-effector articulation of the articulated instrument according to a different embodiment of the present invention;

[0023] FIG. 12 shows the articulated instrument according to an embodiment of the present invention in a first active position;

[0024] FIG. 13 shows the articulated instrument according to an embodiment of the present invention in a second active position;

[0025] FIG. 14 shows the articulated instrument according to an embodiment of the present invention in a third active position;

[0026] FIG. 15 illustrates the actuation of the two distal end-effector links of the articulated instrument according to an embodiment of the present invention;

[0027] FIG. 16 shows a schematic side view of the articulated instrument, according to an embodiment of the current invention;

[0028] FIG. 17 shows a perspective view of a clamp system used in the proximal handle of the articulated instrument, according to an embodiment of the current invention;

[0029] FIG. 18 shows a perspective view of a spring system used in the proximal handle of the articulated instrument, according to an embodiment of the current invention;

[0030] FIG. 19 shows a procedure through which an external tube of an instrument shaft can be assembled and disassembled on the articulated instrument according to an embodiment of the present invention;

[0031] FIG. 20 shows a distal part of an articulated instrument detached from the proximal part of the articulated instrument according to an embodiment of the present invention;

[0032] FIG. 21 shows a distal part of an articulated instrument detached from the proximal part of the articulated instrument according to another embodiment of the present invention;

[0033] FIG. 22 shows a detachable distal part of an articulated instrument according to an embodiment of the present invention;

[0034] FIG. 23 shows the rotational elements of an interface portion of a distal part of the articulated instrument according to an embodiment of the present invention;

[0035] FIG. 24 shows the rotational kinematics of an interface portion of a distal part of the articulated instrument according to an embodiment of the present invention;

[0036] FIG. 25 shows schematically the sterile interface between the distal and proximal parts of the articulated instrument according to an embodiment of the current invention;

[0037] FIG. 26 shows a perspective view of a rigid connector composing a sterile interface operationally mounted between the distal and proximal parts of the articulated instrument according to an embodiment of the current invention;

[0038] FIG. 27 illustrates the actuation of the two distal end-effector links of the articulated instrument according to an embodiment of the present invention;

[0039] FIG. 28 shows an alternative kinematics of the articulated instrument according to an embodiment of the present invention;

[0040] FIG. 29 shows an alternative kinematics of the articulated instrument according to an embodiment of the present invention;

[0041] FIG. 30 shows an alternative kinematics of the articulated instrument according to an embodiment of the present invention;

[0042] FIG. 31 shows an alternative kinematics of the articulated instrument according to an embodiment of the present invention.

[0043] FIG. 32 shows a kinematic model of an embodiment of the present invention displaying the position of the user's wrist joint relative to that of a centre of rotation of the handle.

[0044] FIGS. 33 and 34 show alternative kinematic models of embodiments of the present invention displaying alignment of the user's wrist joint relative to the centre of rotation of the handle.

[0045] FIGS. 35, 36 and 37 show embodiments of the present invention where the user's wrist is in alignment with the centre of rotation of the handle.

[0046] FIGS. 38 and 39 show kinematic models of embodiments of the present invention including a wrist alignment concept in accordance with the invention.

[0047] FIGS. 40 and 41 show representative handle links that may be used in accordance with embodiments of the present invention.

[0048] FIG. 42 shows a schematic view of a cable routing method to maintain a closed loop with a constant length,

shown at the joint level, in accordance with various embodiments of the present invention;

[0049] FIG. 43 shows a schematic view of another cable routing method to maintain a closed loop with a constant length, shown at the level of equivalent handle/end-effector joints, in accordance with various embodiments of the present invention;

[0050] FIGS. 44, 45 and 46 show different views, with main dimensions, of a detailed design of an embodiment of the present invention.

[0051] FIGS. 47, 48 and 49 show the mechanical transmission elements of the different degrees-of-freedom of the instrument, in accordance with various embodiments of the present invention.

[0052] FIGS. 50 and 51 show detailed views of the instrument's actuation system, in accordance with various embodiments of the present invention.

DETAILED DESCRIPTION OF THE INVENTION

[0053] The articulated instrument 1 of FIG. 1, according to an embodiment of the present invention, is intended to be used in minimally invasive surgical procedures.

[0054] One of the key features of this type of articulated instrument 1 lies in its master-slave architecture, which enables the replication of the user hand movements, on a proximal handle 3 (the master), by a distal end-effector 2 (the slave) inside the patient's body.

[0055] According to FIGS. 1, 2, 3 and 4, the articulated instrument 1 comprises: i) a proximal handle 3 having a number of handle links 15, 17, 18 interconnected by a plurality of handle joints, represented by rotations over the axes 12, 13, 42; a ii) a frame 5, structurally connecting the proximal handle 3 to the distal portion of the articulated instrument 1; iii) a distal end-effector 2 having a number of end-effector links 6, 7, 8 interconnected by a plurality of end-effector joints, corresponding to the handle links, and represented by rotations over the axes 11 and 10; and iv) an instrument shaft 4, connecting the distal end of the frame 5 to the distal end-effector 2. More particularly, the kinematic chain formed by the plurality of articulated end-effector links 6, 7, 8 and corresponding end-effector joints 11, 10 of the end-effector 2, may be substantially identical to the kinematic chain formed by the plurality of articulated handle links 15, 17, 18 and corresponding handle joints 12, 13, 42 of the proximal handle 3. As can be seen in FIG. 2, in some embodiments of the present invention, the axes 9, 12, and 13 are perpendicular to each other and intersect at a central rotation point 14, which is kinematically equivalent to a spherical joint.

[0056] Referring to FIGS. 2, 3 and 4, the end-effector 2 is connected to the distal extremity of the instrument shaft 4 by a proximal end-effector joint, which allows the rotation of the proximal end-effector link 6 by the proximal axis 11 in such a manner that the orientation of the proximal end-effector link 6 with respect to the main axis 9 of the instrument shaft 4 can be changed. The distal end-effector links 7, 8 are pivotally connected to the proximal end-effector link 6 by two distal joints, having coincident axes of rotation, which are represented by the distal axis 10. This distal axis 10 is substantially perpendicular and non-intersecting with the proximal axis 11 and substantially intersects

the main axis 9 of the instrument shaft 9. FIGS. 5 to 7 show the end-effector 2 with different angular displacements at the proximal end-effector link 6.

[0057] By actuating the two distal joints, the two distal end-effector links 7, 8 can be angulated over the distal axis 10, with respect to the plane containing the main axis 9 and the distal axis 10, by the angles θ_7 , θ_8 . Consequently, through the combination of rotations θ_7 and θ_8 , it is possible to operate the surgical instrument 1, in such a manner as to provide orientation motions between the end effector and the instrument shaft 4 (FIG. 8) and to accomplish its "open/close" function (FIG. 9).

[0058] The articulated instrument 1 further comprises mechanical transmission systems arranged to kinematically connect the distal end-effector 2 with the proximal handle 3 such that the movement (angle of joint) applied on each handle joint of the proximal handle 3 is reproduced by the corresponding end-effector joint of the distal end-effector 2.

[0059] For each degree of freedom of the articulated instrument 1, different types of mechanical transmission can be used. In order to minimize the system's overall friction and inertia, certain embodiments of the current invention may use a mechanical transmission in the form of pulley-routed flexible elements, where each driven pulley of the distal end-effector 2 is connected to the respective driving pulley of the proximal handle 2, by a closed cable loop transmission. As can be seen in FIG. 10, the action of the user creating a rotation α_3 on a general handle link L3 produces a rotation α_3 on the handle pulley P3, which is directly connected to the handle link L3. Then, the mechanical transmission system, composed by the closed cable loop comprising cables C1 and C2, passes by the frame 5 and the instrument shaft 4 and is able to kinematically connect the handle pulley P3 to the end-effector pulley P2 (a system of idle pulleys I1, I2 is used to guide the cables C1, C2 on their path). As a result, the user actuation α_3 on the handle link L3 is reproduced by the rotation α_2 of the handle link L2. Depending of the use of amplification elements, α_2 may be smaller, bigger or the same as α_3 .

[0060] The transmission of the movement between each handle pulley and the corresponding end-effector pulley in the aforementioned embodiments, by using this kind of mechanical transmission, may present certain drawbacks pertaining to kinematic and dynamic coupling between the driven and the driving pulleys. Furthermore, the adoption of a closed loop cable transmission requires that the overall length of the cable route must be kept constant, for all possible handle/end-effector configurations, independently of the motion performed by the driving pulleys of the articulated handle 2. In this sense, the aforementioned embodiments of the present invention will be operational but may not accommodate all possible use cases.

[0061] Therefore, cables must be routed through joint idler pulleys while maintaining constant cable length. The basics of the cable routing method used in this invention is illustrated in FIG. 42 for the general case of having both cables La and Lb, composing the closed loop L, being routed through a general pivot joint. The cables La and Lb are wrapped around a set of pulleys, Im, called the "joint idler pulleys," which are concentric with the joint's axis of rotation. To maintain constant cable length of the closed loop, cables La, Lb must remain in contact with the joint idler pulleys at all times. In this way, if the joint angle θ_j is reduced, the length of the superior segment of La, in contact

with the idler pulley $1m$ will decrease and the inferior segment of Lb will increase, by the same value, guaranteeing the constant length of the cable closed loop. In addition, in order to keep a permanent contact between the cables La and Lb with the idler pulleys $1m$, auxiliary pulleys Ap and Ad may be added.

[0062] Another solution to keep a constant cable length of the closed loop consists in compensating the length change not at the joint level but between the equivalent idler pulleys $1m$ and $1s$ of respective handle and end-effector as schematically shown in FIG. 43. In this case, both cables La , Lb are passing under $1m$ and $1s$ and, when the joint angle θ_j , θ'_j , is changed, the constant length of the closed loop is guaranteed because the increase/reduction of θ_s is compensated by the reduction/increase of θ_m .

[0063] In a different embodiment, as is conceptually illustrated in FIG. 11, the mechanical transmission may comprise rigid elements $R1$, $R2$, $R3$, instead of flexible elements $C1$, $C2$, to transmit motion between the handle link $L3$ and the end-effector link $L2$. Other embodiments can be achieved by combining flexible elements with rigid elements and/or geared components.

[0064] FIGS. 12 to 14 show the articulated instrument 1 with different angular displacements at the proximal handle link 15 (and therefore, proximal end-effector link 6). The geometry of frame 5 allows for the movement of the handle 3 in its full range of motion.

[0065] In the preferred embodiment of the current invention, the actuation θ_{18} of the handle link 18 is able to produce simultaneous rotations θ_7 , θ_8 on both the end-effector links 7, 8, with a certain movement amplification ratio. However, as shown in FIG. 15, a second distal handle link 18' may exist, so that its actuation θ_{18}' can actuate the end-effector link 7 by a rotation θ_7 and the actuation θ_{18} of the handle link 18 is actuating uniquely the end-effector link 8 by a rotation θ_8 .

[0066] In a different embodiment of the current invention, as shown in FIG. 27, the axis 42, around which the handle link 18 is able to rotate θ_{18} might be not parallel to the axis 10 around which the distal end-effector links 7, 8 are moving θ_7 , θ_8 , providing a different ergonomic position to the user. FIGS. 28 to 31 show alternative kinematics of the articulated instrument 1 according to different embodiments of the present invention.

[0067] In another embodiment of the current invention, the handle link 18 may be replaced by another handle link 19, whose axis of rotation 20 is perpendicular and non-intersecting with the axis 13 (FIG. 16), providing a different ergonomics to the user.

[0068] As can be seen in FIG. 17, a clamp element 21 may be used on the handle 3 in order to block the movement of the handle link 18 when it is brought to the "closed" position. This is particularly useful when the end-effector comprises a needle holder instrument and the user wants to apply high and constant gripping forces on needles when performing suturing tasks. Therefore, when the handle link 18 is brought θ_{18} to its "closed" position, its movement is blocked by a wedge/step geometry 21a (actuated by a system of miniature springs 22) of the clamp element 21 (FIG. 17). Then, in order to unlock the movement of the handle link 18, the user should press the clamp element 21 downwards, so that the handle link 18 can pass back through the wedge/step geometry 21a of the clamp element 21.

[0069] In another embodiment, the handle 3 may be provided with a spring element 23 that can bring the handle link 18 to an "opened" default position (FIG. 18) and apply a resistance torque when the handle link 18 is moving towards a "closing" direction.

[0070] As can be seen in FIG. 19, the external tube 4a, composing the instrument shaft 4, can be easily and individually detached and attached to the articulated instrument 1 after each procedure. Referring to FIG. 19, the internal structural element 4b is fixed directly to the frame 5 and the external tube 4a can be connected and disconnected from the internal structural element 4b by threaded surfaces or any other attachment mechanism. Therefore, with this architecture, the external tube 4a can be removed from the articulated instrument 1, without the need to disassemble other parts of the system, like the articulated end-effector 2 or the mechanical transmission elements 25, which remain completely operational without the external tube 4a. This feature facilitates tremendously the procedure to effectively clean and sterilize the articulated instrument 1, which can easily be performed by the hospital staff.

[0071] Towards a more distal region of the instrument shaft 4, the external tube 4a is in contact with a sealing element 24, which fills the gap between the internal surface of the external tube 4a and the internal structural element 4b. This sealing element 24 has little channels through which the transmission elements 25 can pass, guaranteeing the air-tightness of the articulated instrument 1.

[0072] In order to farther facilitate the cleaning and sterilization procedure, the distal part of the articulated instrument 1 may be able to be easily attached and detached to the proximal part of the articulated instrument 1. In one possible embodiment of the current invention, the attachment/detachment between the distal 26 and the proximal 27 parts of the articulated instrument 1 can be done between the frame 5 and the handle 3 (FIG. 20). However, in another embodiment of the current invention, the attachment/detachment between the distal 28 and the proximal 29 parts of the articulated instrument 1 can be done between the instrument shaft 4 and the frame 5 (FIG. 21).

[0073] In the above mentioned embodiment, the detachable distal instrument 28 may be provided with a distal articulated end-effector 2, a proximal hub 30 and the instrument shaft 4, through which different mechanical elements 25 may pass, delivering motion to the different end-effector links 6, 7, 8 (FIG. 22) from the proximal hub 30.

[0074] With reference to FIGS. 23 and 24, the movement is transmitted to each one of the three distal articulations of the articulated instrument 1 by a rotating element 31, 32, 33, which is able to rotate about the axis 9 and is connected to one of the transmission elements 25. As a result, when the rotating element 31, 32, 33 rotates a certain angle θ_1 , θ_2 , θ_3 about the axis 9, a rotation α_1 , α_2 , α_3 is transmitted to the respective end-effector link 6, 7, 8.

[0075] Since the distal part 28 of the surgical instrument 1 is partially entering the patient's body, it has to be sterile, just like the area in the vicinity of the patient. On the other hand, the proximal part 29 of the articulated instrument 1 may not be sterile and therefore should be separated from the sterile instrument portions 28 by a sterile interface 43 which protects the sterile area from the non-sterile components 29 of the articulated instrument 1 (FIG. 25).

[0076] The sterile interface 43 comprises two main components: a flexible sleeve 35, which covers the moving links

of the proximal part 29 of the articulated instrument 1 and a rigid connector 35, which i) guarantees that the sterile distal part 28 of the articulated instrument 1 is not directly touching the non-sterile components of the proximal part 29, ii) enables attachment/detachment between the distal 28 and the proximal 29 parts of the articulated instrument 1, and iii) ensures the connection/disconnection of the mechanical transmission systems that deliver motion to the end-effector links 6, 7, 8.

[0077] FIG. 26 shows how the rigid connector 34 can be disposed and operationally mounted between the proximal hub 30 and the proximal part 29 of the articulated instrument 1. In order to connect/disconnect the mechanical transmission systems that deliver motion to the end-effector links 6, 7, 8, three cylindrical elements 36, 37, 38, from the proximal part 29 of the articulated instrument 1, are inserted on three miniature cups 39, 40, 41 of the rigid connector 34, which are then inserted on the rotating elements 31, 32, 33. In this way, it can be guaranteed that the sterile surgical instrument 28 is not directly touching non-sterile components.

[0078] In other embodiments of the current invention, the movement of some of the three cylindrical elements 36, 37, 38, from the proximal part 29 of the articulated instrument 1, may be constrained so that some degrees-of-freedom of the end-effector 2 can be locked/unlocked in their range of movement, allowing for instance the use of the articulated instrument 1 as a standard laparoscopic instrument, with a single degree-of-freedom at the end-effector.

[0079] The articulated hand-held medical instrument of the present invention is designed to be used in a full range of minimally invasive surgical procedures in combination with standard laparoscopic equipment. For example, the inventive instrument may optionally be inserted through a trocar and its movements inside the patient's body may be tracked with an available endoscopic camera. In addition, the articulated hand-held medical instrument may be used in a range of port arrangements in minimally invasive surgical procedures.

[0080] The articulated instrument 1 can assume other kinematics, like the kinematic models shown in FIGS. 28 to 31.

[0081] As illustrated in FIG. 32, in most of the embodiments (and kinematic models) described up to this point, the central rotation point 14 of the articulated handle 3 is not coincident with the central wrist point 43 of the user 44. However, these positional offsets Δx , Δy (and possibly Δz) can create positional mismatches (also known as "parasitic movements") between the movements applied to the handle 3 and the movements generated at the end-effector 2. In particular, a pure rotation performed by the user's hand at the handle 3 might create a composed movement, of rotation plus a translation, of the end-effector 2. Therefore, in order to compensate for that, the central rotation point 14 and the central wrist point 43 have to be aligned. In order to achieve this, other kinematic models (like the ones of FIGS. 33, 38 and 39) can be used on the articulated instrument 1 of the current invention so that the central rotation point 14 is located in the free space and not within the structure of the moving links 5, 45, 46 (this kinematic feature may also be designated by Remote Center of Motion, RCM). In some of these embodiments, like the one of FIGS. 35, 36 and 37, there are three revolute joints whose axes 9, 12, 13 intersect at the RCM. Thus, the kinematics of the articulated instrument 1 can be set so that the central rotation point 14 (or

RCM) is substantially coincident to the central wrist point 44 of the user 43. FIGS. 36 and 37 show a side and top view of this alignment.

[0082] FIGS. 38 and 39 show two additional embodiments of the current invention using two different kinematic models. The articulated instrument 1 of FIG. 38 uses a double parallelogram mechanism 47 to achieve its RCM, where the central rotation point 14 is set to be substantially coincident to the central wrist point 44 of the user 43. The articulated instrument 1 of FIG. 39 uses a spherical mechanism, having a circular track 49 as the movement base, whose center is aligned with the axis 9 of the instrument shaft 4. Mounted on the circular track 49, a radial sliding element 50 comprises a collinear rotational joint 51 and is always aligned with the RCM (the central rotation point 14) at the center of the circular track 49.

[0083] In order to provide an ergonomic manipulation and gripping functionality to the user, the handle 3 of the articulated instrument 1 may be compatible with handle links 17 and 18 of multiple shapes and sizes. Therefore, while in the embodiment of FIG. 40, the handle links 17 and 18 may have a joystick-like or pistol-grip-like shape, in the embodiment shown in FIG. 41, the handle links 17 and 18 have a scissors-like or needle-holder-like configuration.

[0084] FIGS. 44 to 46 show three different views (with main dimensions) of a possible embodiment of the current invention. These figures show a detailed design version of the embodiment of FIGS. 35 to 37, with the kinematic model of FIGS. 33 and 34.

[0085] In order to be as light in weight as possible, the articulated instrument 1 may be, in the main, constructed of aluminum components, although the invasive part of the instrument should be mainly constructed of medical grade stainless steel and polymers. The mechanical transmission is essentially constructed of tungsten ropes, although steel or polymeric ropes could also be used in some specific situations, depending on the target number of cleaning and sterilization cycles that the instrument should support.

[0086] The mechanical transmission elements for each one of the three degrees of freedom of the instrument are shown in FIG. 47 to FIG. 49, as described in more detail below.

[0087] FIG. 48 shows the transmission of motion between the handle 3 and end-effector 2 for the proximal degree of freedom. Joints around the axes 11 and 13 are connected by a cable 52 in a single closed loop configuration (in some embodiments, it may comprise two segments of cable 52a and 52b) which runs from a driving pulley C13 connected to the proximal handle link 45 and passing through 3 sets of guiding pulleys G1, G2 and G3 up to a driven pulley C6, connected to the proximal end-effector link 6. The sets of guiding pulleys are used to shape the path of the transmission cables to the geometry of the frame 5 or handle links.

[0088] FIG. 49 shows the transmission of motion between the handle 3 and end-effector 2 for a first distal degree of freedom. Joints around the axes 10 and 12 are connected by a cable 53 in a single closed loop configuration (in some embodiments, it may comprise two segments of cable 53a and 53b) which runs from a driving pulley C12 up to a driven pulley C10, connected to the proximal end-effector link 7. On their path from the driving pulley C12 to the driven pulley C6, the closed loop cable 53 passes through 6 sets of guiding pulleys G1, G2, G3, G4, G5, G6 and a set of joint idle pulleys JIP. Although this degree-of-freedom is

driven by pulley C12, the closed cable loop is not directly attached to it. Instead they are attached to a distal actuation pulley 55, which couples the movement of the two distal degrees-of-freedom (shown in FIGS. 8 and 9) so that they perform the actuation of the instrument in parallel. The motion transmission between the handle 3 and end-effector 2 for the second distal degree of freedom is analogous, with a similar arrangement of cable loops and pulleys.

[0089] Attached to the distal actuation pulley 55, there is an actuation shaft 56 (FIGS. 50 and 51), which transmits the actuation input movement from the handle link 18. Handle link 18 is rigidly attached to an actuation link 57, which is connected by a linkage system 58 to the actuation shaft 56. A spring system 59 is permanently acting on the linkage system 58, bringing the actuation link 57 to a default open position. When brought to its maximum closed position, the actuation link 57 can be temporarily blocked by a spring-actuated ratcheting mechanism 60, which can be deactivated by pressing up the thumb trigger 61.

[0090] While this invention has been shown and described with reference to particular embodiments thereof, it will be understood by those skilled in the art that various changes in form and details may be made therein without departing from the spirit and scope of the invention as defined by the appended claims.

1. A handheld surgical instrument comprising:
an instrument shaft;
an articulated handle connected to a proximal end of the instrument shaft;
an articulated end effector connected to a distal end of the instrument shaft; and
a flexible mechanical transmission system connecting the articulated handle to the articulated end effector such that motion applied to the articulated handle is reproduced at the articulated end effector;
wherein the articulated end effector comprises at least three orientation or actuation degrees of freedom.
2. The handheld surgical instrument of claim 1, wherein the flexible mechanical transmission system comprises a system of cables and pulleys disposed at the articulated handle and articulated end effector.
3. The handheld surgical instrument of claim 2, wherein the articulated handle comprises a plurality of handle links connected by a corresponding plurality of handle joints and wherein the articulated end effector comprises a plurality of end-effector links connected by a corresponding plurality of end effector joints, and wherein the number of handle links is equal to the number of end-effector links.
4. The handheld surgical instrument of claim 3, wherein motion applied to a particular handle link is reproduced at the corresponding end-effector link.
5. The handheld surgical instrument of claim 3, further comprising a structural frame with a proximal end and a

distal end, wherein the proximal end of the structural frame is mounted on the articulated handle.

6. The handheld surgical instrument of claim 5, wherein the geometry of the structural frame allows the alignment of a human user's wrist with a remote center of motion of the handheld surgical instrument and wherein the geometry of the structural frame allows the articulated handle a full range of movement without colliding with the instrument shaft.

7. The handheld surgical instrument of claim 5, wherein the distal end of the structural frame is mounted on the proximal end of the instrument shaft and wherein the proximal end of the structural frame is mounted on a distal end of the articulated handle.

8. The handheld surgical instrument of claim 7, wherein the flexible mechanical transmission system follows a continuous path from a proximal end of the articulated handle to the distal end of the articulated handle and then from the proximal to the distal end of the structural frame and then from the proximal to the distal end of the instrument shaft and then from a proximal end of the articulated end-effector to a distal end of the articulated end effector.

9. The handheld surgical instrument of claim 5, wherein the structural frame consists of two links and one joint and wherein the structural frame functions to align a human user's wrist with a remote center of motion of the handheld surgical instrument.

10. The handheld surgical instrument of claim 9, wherein the distal end of the structural frame is mounted on the proximal end of the instrument shaft and wherein the proximal end of the structural frame is mounted on a proximal end of the articulated handle.

11. The handheld surgical instrument of claim 10, wherein the flexible mechanical transmission system follows a continuous path from a distal end of the articulated handle to the proximal end of the articulated handle and then from the proximal to the distal end of the structural frame and then from the proximal to the distal end of the instrument shaft and then from a proximal end of the articulated end-effector to a distal end of the articulated end effector.

12. The handheld surgical instrument of claim 1 wherein the at least three degrees of freedom of the articulated end effector comprise at least two orientational degrees of freedom and at least one actuation degree of freedom.

13. The handheld surgical instrument of claim 12 wherein at least two of the orientational degrees of freedom have a serial kinematic disposition.

14. The handheld surgical instrument of claim 12 or 13 wherein the at least one actuation degree of freedom is disposed in parallel to the orientational degrees of freedom.

15. The handheld surgical instrument of claim 14, wherein the flexible mechanical transmission system comprises cables made from steel or tungsten.

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申请(专利权)人(译)	DISTALMOTION SA		
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摘要(译)

提供了一种铰接式手持式医疗器械。该器械主要用于微创外科手术。该铰接式器械包括主 - 从架构，由此用户在近侧手柄元件上的手部运动被复制在远侧末端执行器上。近侧手柄包括通过手柄关节连接的多个手柄连杆，所述手柄连杆对应于由末端执行器关节连接的多个末端执行器连杆。铰接式手持式医疗器械可用于各种端口布置的标准腹腔镜手术中，并可通过使用诸如套管针的标准设备使用，并且可使用可用的内窥镜摄像机跟踪患者体内的运动。

