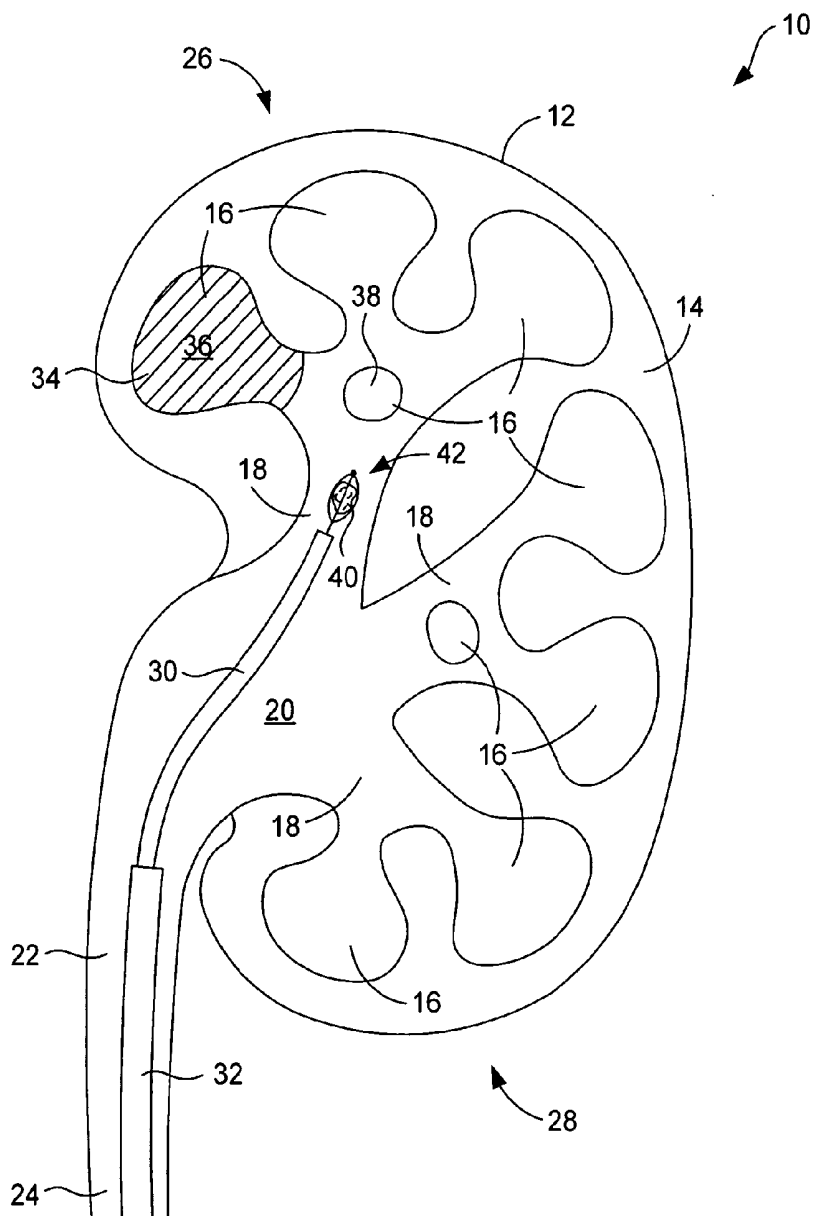




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(19) **United States**(12) **Patent Application Publication**
Knapp(10) **Pub. No.: US 2011/0144485 A1**(43) **Pub. Date: Jun. 16, 2011**(54) **SYSTEM AND METHOD FOR MARKING
BODY CAVITIES****Publication Classification**(75) Inventor: **Tracey E. Knapp**, Lawrenceville,
GA (US)(73) Assignee: **C. R. Bard, Inc.**, Murray Hill, NJ
(US)(21) Appl. No.: **13/030,687**(22) Filed: **Feb. 18, 2011****Related U.S. Application Data**(63) Continuation of application No. 11/070,813, filed on
Mar. 2, 2005, now Pat. No. 7,907,991.(51) **Int. Cl.****A61B 1/018** (2006.01)**A61B 1/307** (2006.01)**A61B 6/00** (2006.01)(52) **U.S. Cl. 600/431; 600/135; 600/104**(57) **ABSTRACT**

A surgical method, including inserting an internal viewing device via a ureter into a first calyx of a kidney, inspecting the first calyx with the internal viewing device, and determining whether the first calyx contains one or more stones. If the first calyx does contain one or more stones, it is marked with a first marking material, but if the first calyx does not contain one or more stones, it is marked with a second marking material different from the first marking material.



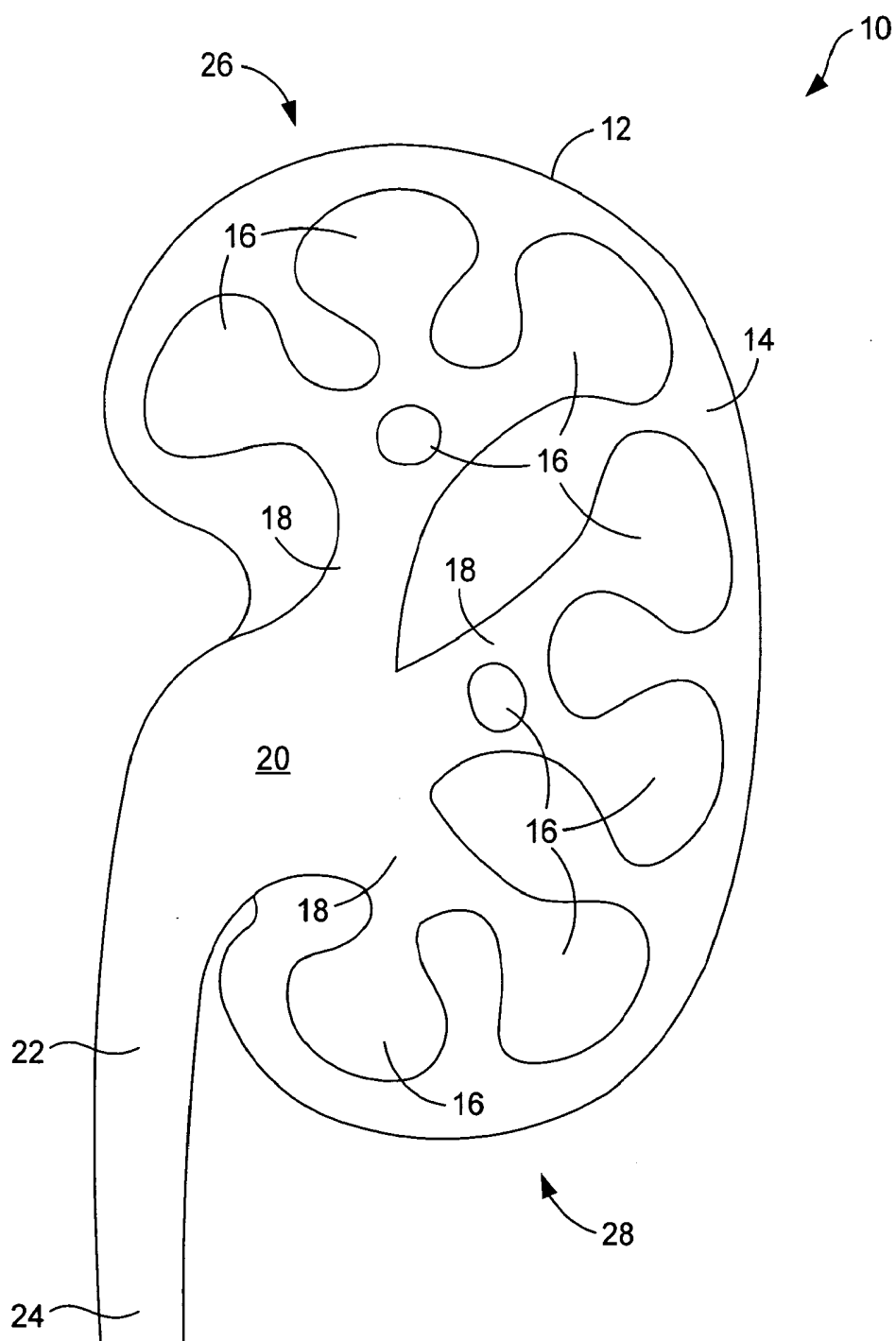


FIG. 1

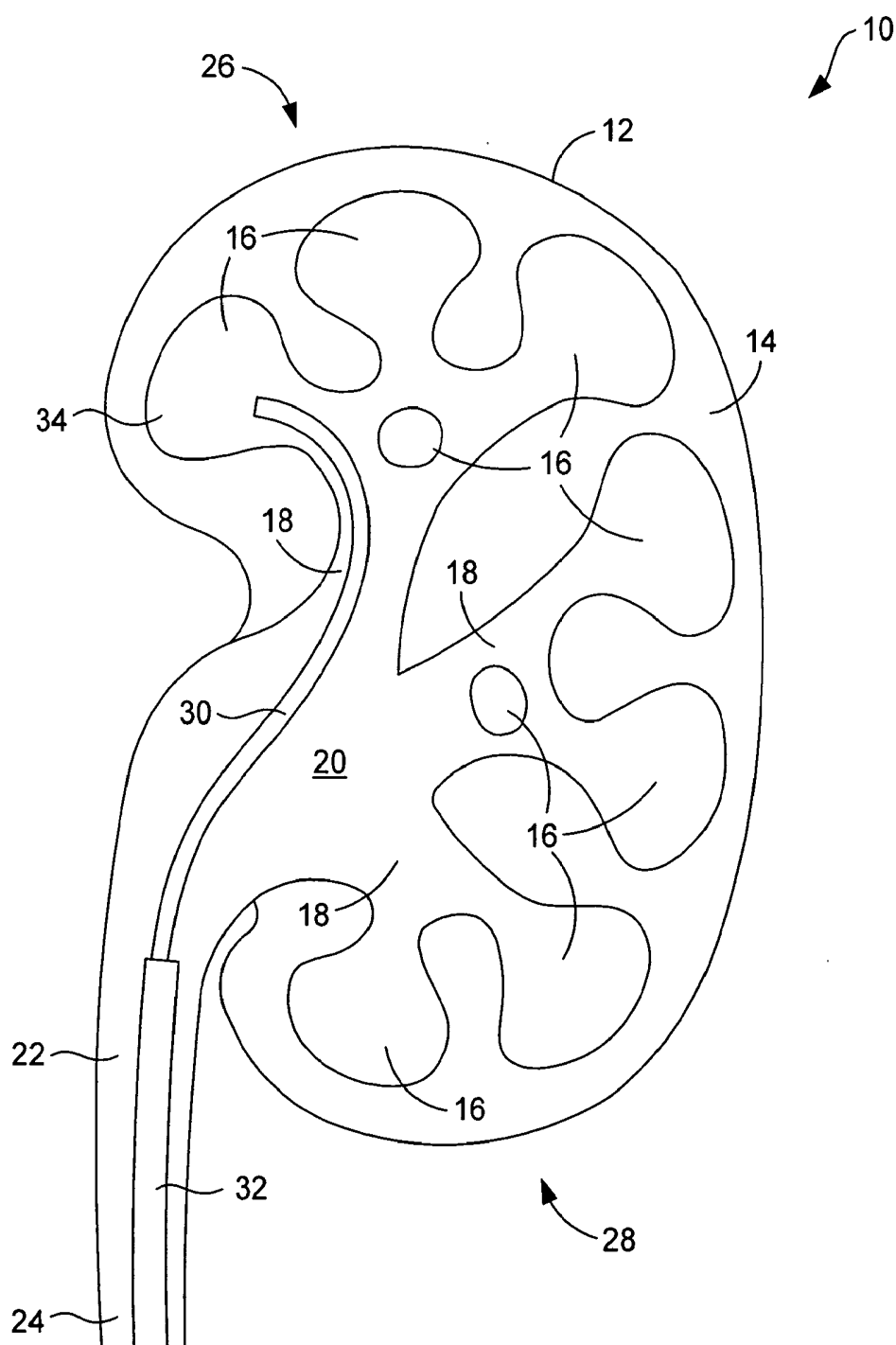


FIG. 2A

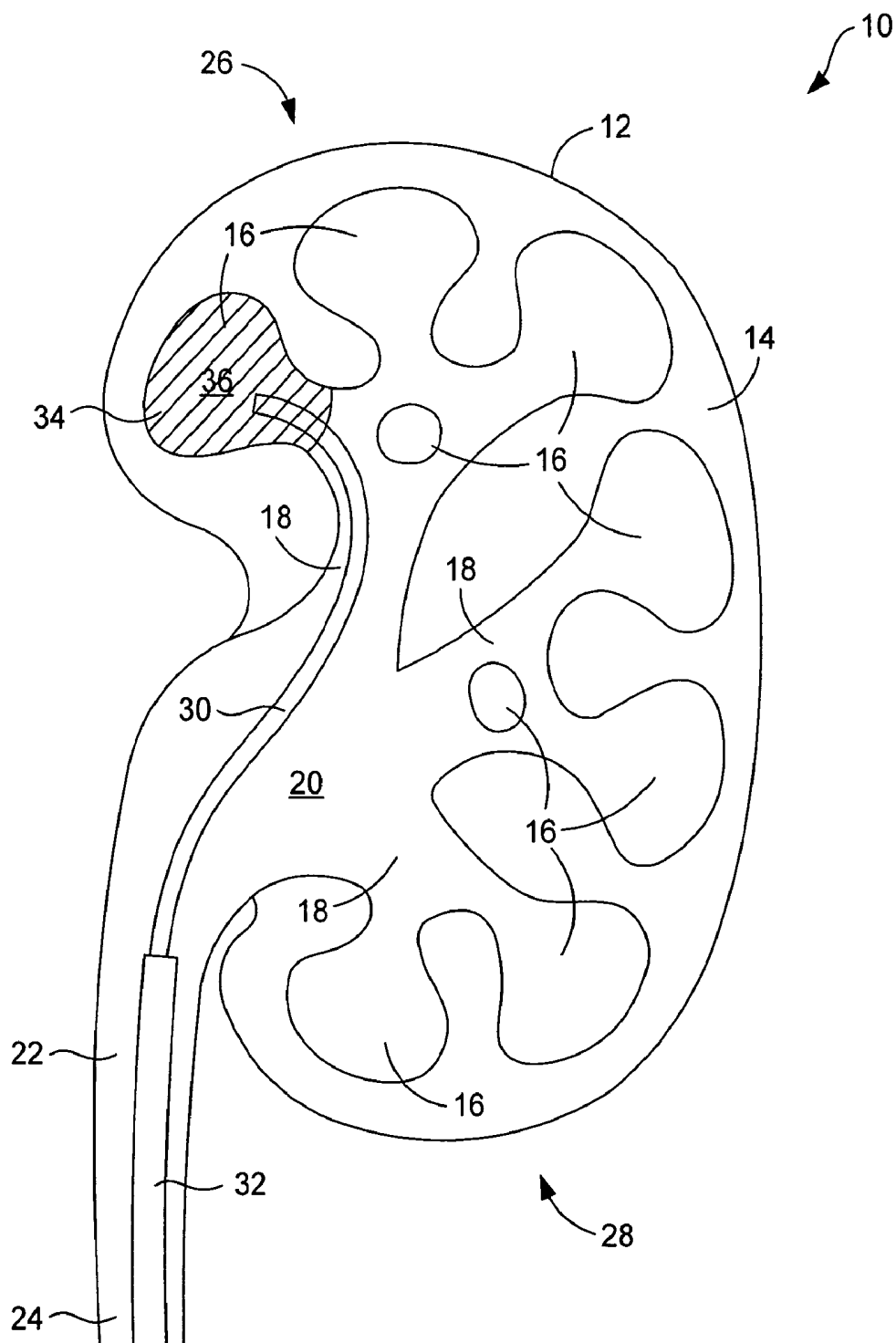


FIG. 2B

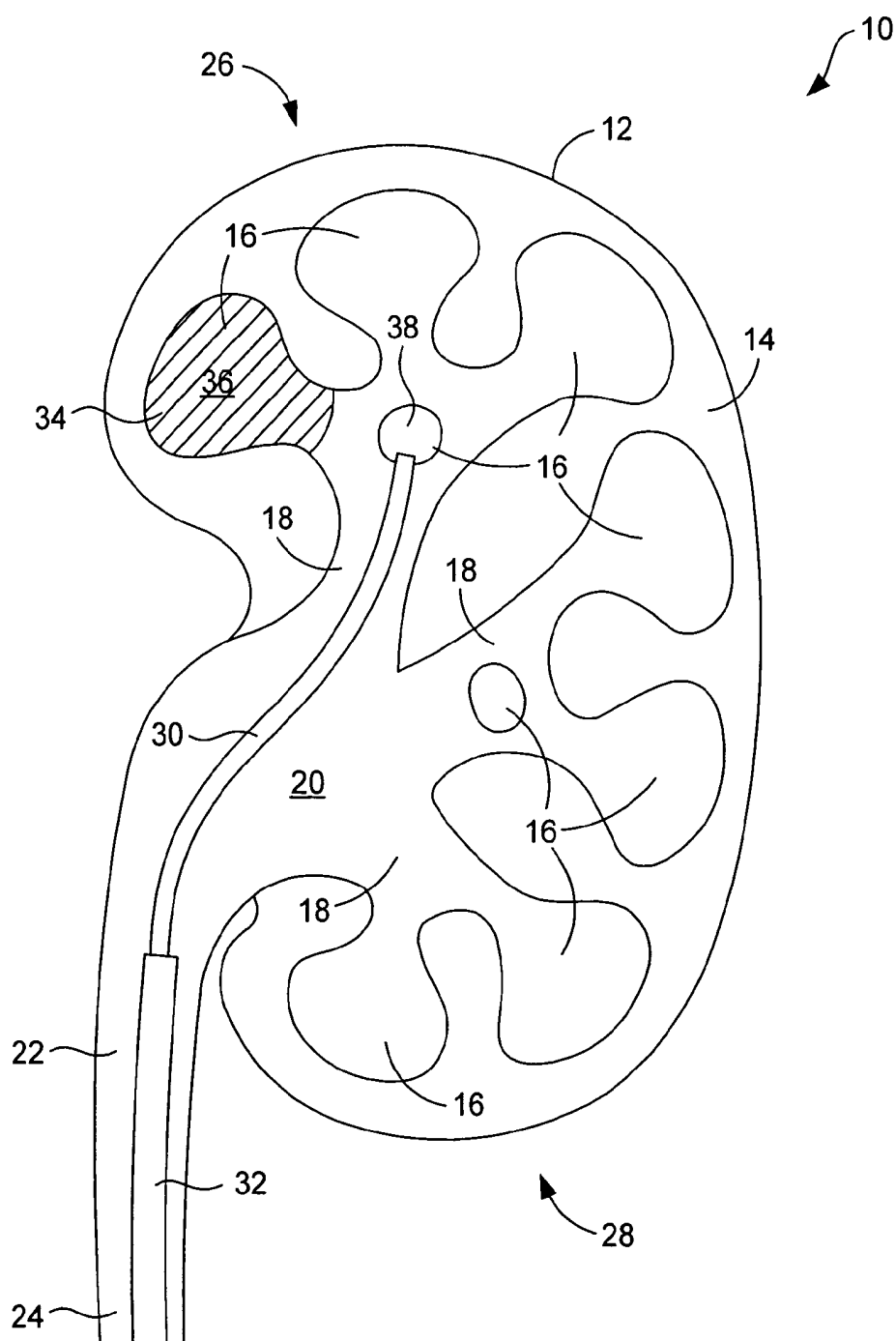


FIG. 2C

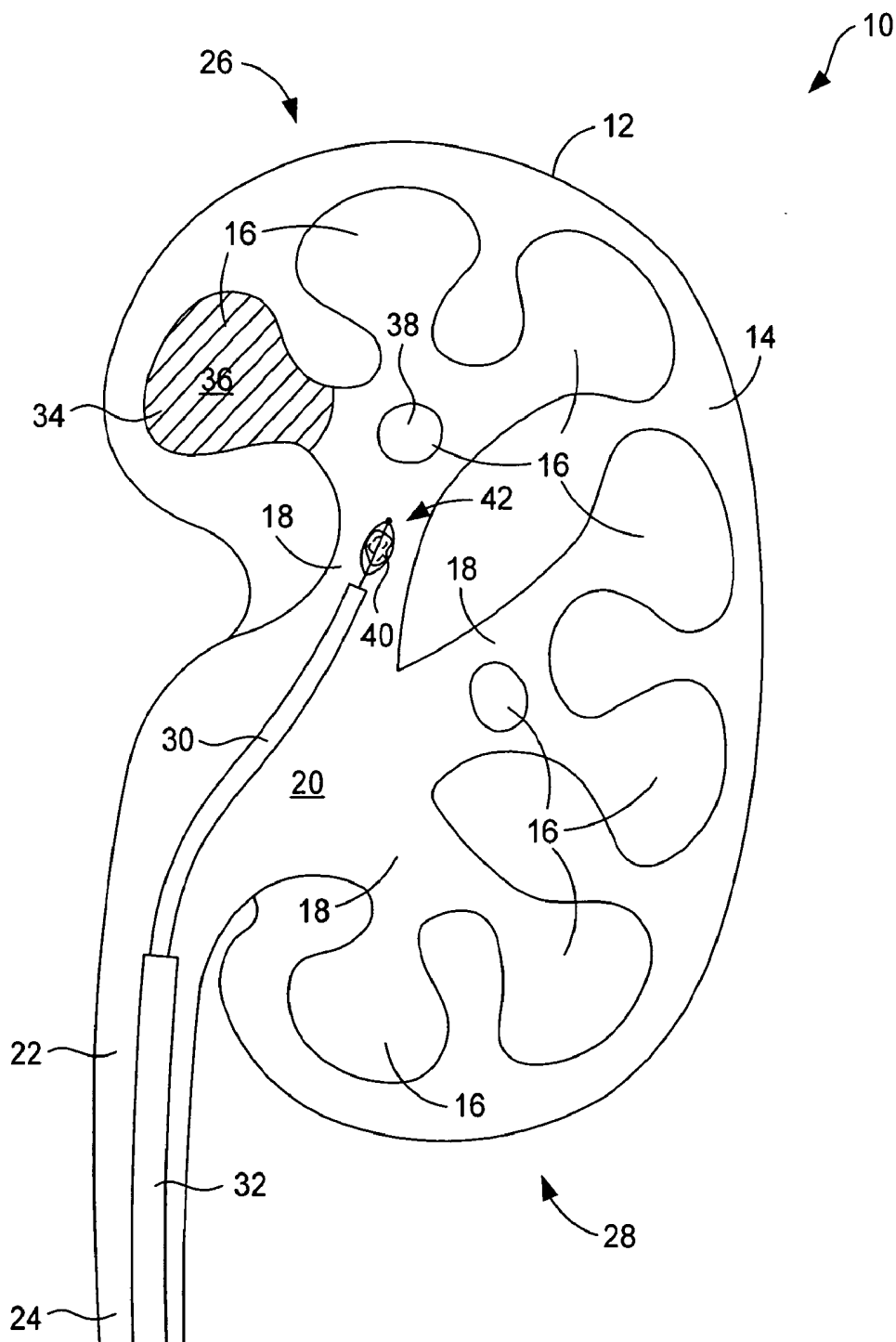


FIG. 2D

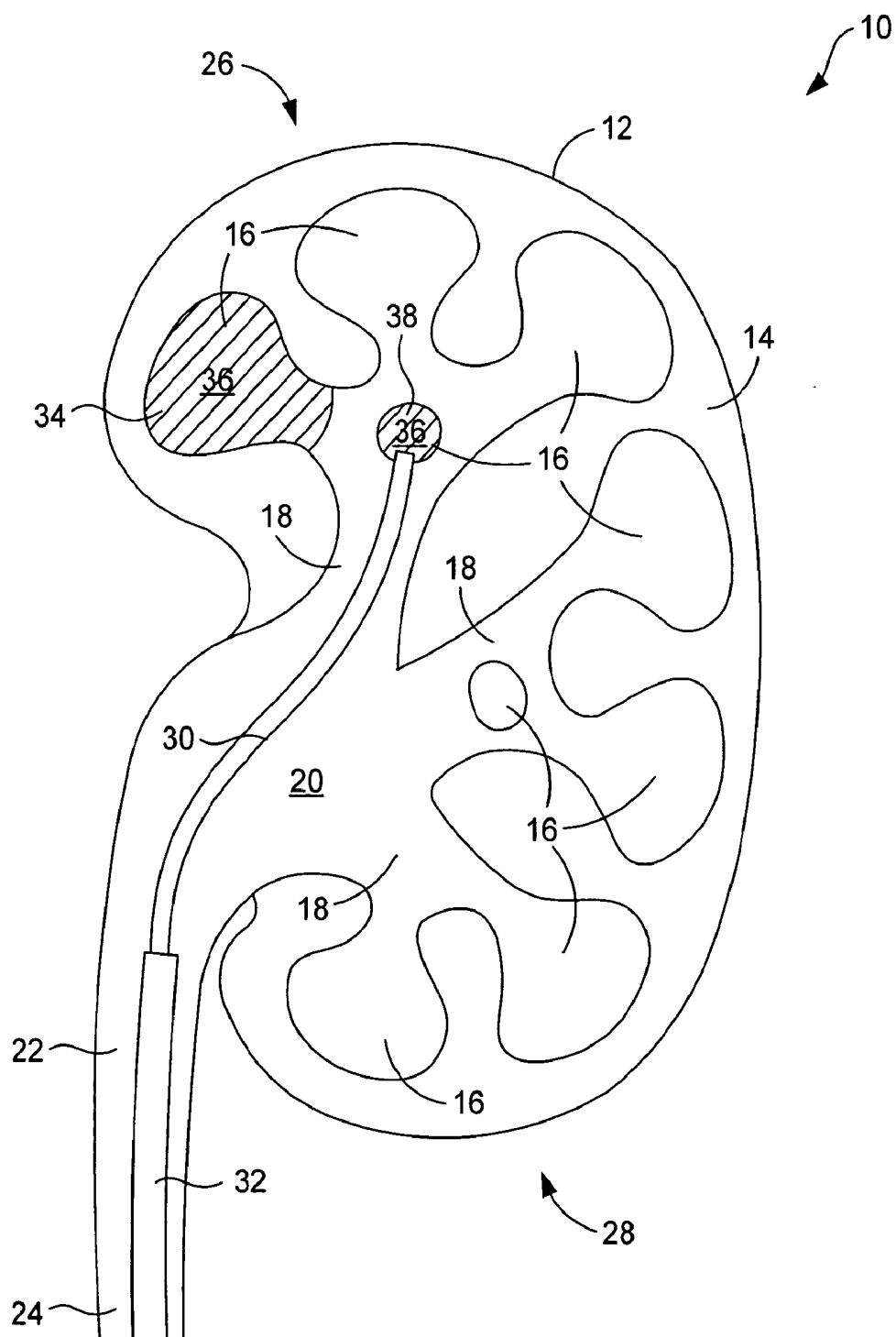


FIG. 2E

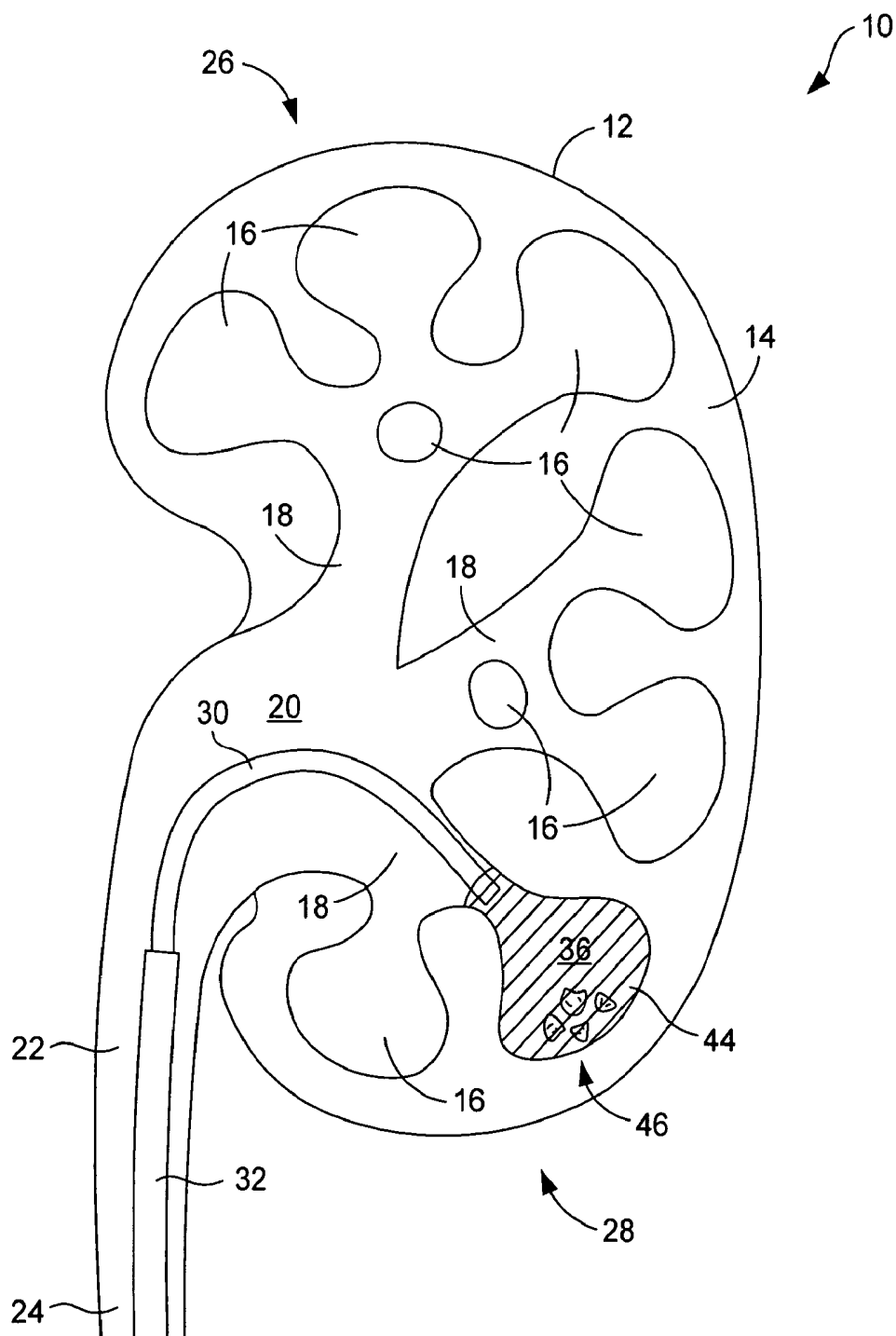


FIG. 3A

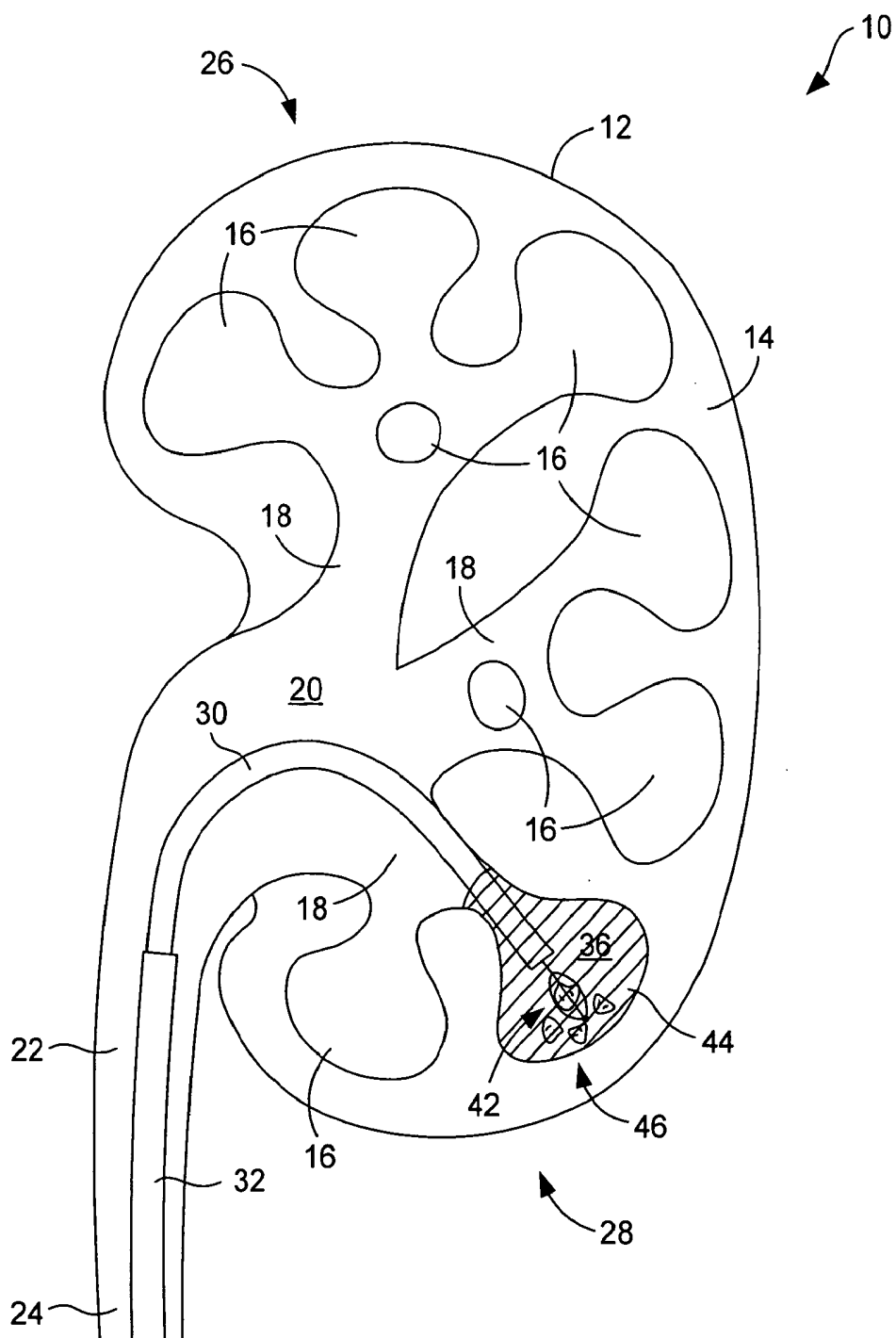


FIG. 3B

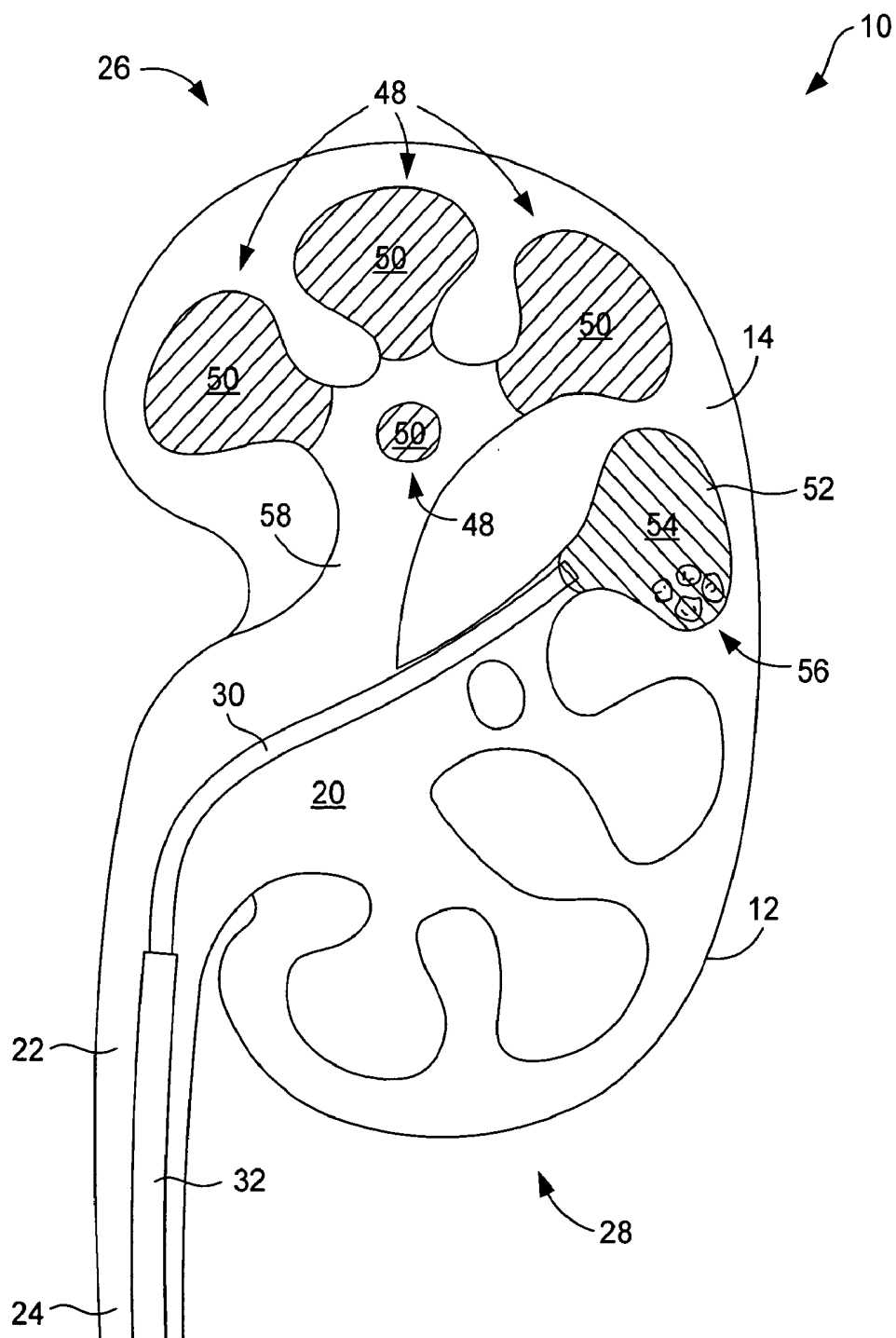


FIG. 4

SYSTEM AND METHOD FOR MARKING BODY CAVITIES

PRIORITY

[0001] This application is a continuation of U.S. patent application Ser. No. 11/070,813, filed Mar. 2, 2005, which is incorporated by reference in its entirety herein.

BACKGROUND

[0002] Surgeons are often called upon to inspect internal body cavities to diagnose or remedy a medical condition. For example, a surgeon may inspect the calices of a patient's kidney to search for and remove kidney stones.

[0003] In the case of kidney inspection and stone removal, the surgeon may need to inspect each of multiple calices of the kidney. FIG. 1 illustrates a typical kidney 10 that is representative of a kidney that a surgeon may need to inspect. As is shown in FIG. 1, the kidney 10 includes an outer capsule 12 that surrounds a renal cortex 14 in which a plurality of minor calices 16 are formed. Each of the minor calices 16 may extend from a major calyx 18 that, in turn, extends from the renal pelvis 20. The renal pelvis 20 is connected to the ureteropelvic junction 22, which leads down to the ureter 24.

[0004] To inspect the kidney 10, the surgeon will normally insert a viewing device, such as an endoscope, into each of the calices 16 of the kidney 10 to enable visual inspection of each calyx for stones. Such a viewing device may be inserted into the kidney via the urinary tract. Fluoroscopy may also be used during such a procedure to aid the surgeon in positioning the viewing device in the desired portion of the kidney 10.

[0005] It is common for surgeons to use a top-to-bottom approach when inspecting the kidney 10. In such a procedure, the surgeon checks a first calyx 16, determines whether it contains any stones, and, assuming it does not, checks the next calyx. When a stone is discovered, it is fragmented, if necessary, and removed from the calyx 16 using a retrieval device. This process continues from the top 26 of the kidney 10 to the bottom 28 of the kidney until each calyx 16 has been inspected and every stone or stone fragment has been removed. During the process, the surgeon or the surgical staff tracks which calices 16 have been inspected in an effort to ensure that each calyx is checked.

[0006] Because there may be many different calices 16 to inspect and because the position of the viewing device can only be inferentially determined from the images captured by the viewing device and any captured fluoroscopic images, it is often difficult for the surgeon to know with any certainty whether a given calyx has or has not been inspected. As a result, the surgeon may revisit one or more calices one or more times to ensure that it has been checked and does not contain any stones. This "double-checking" lengthens the time required to complete the procedure, thereby increasing risk and/or discomfort to the patient.

[0007] Even in cases in which the surgeon and staff are careful in keeping track of which calices 16 have been inspected, it is possible for them to make a mistake that results in one or more calices not being inspected. In such a case, one or more stones or stone fragments may remain which can act as seeds for further stone formation.

[0008] In cases in which a stone must be fractured before being removed, for instance if the stone is too large to be removed as a single piece, lithotripsy may be performed to break the stone into smaller fragments. When lithotripsy is

performed, it is possible for a stone fragment to be propelled into a calyx 16 that has already been checked. If this happens, one or more stones or stone fragments may remain which, again, can act as seeds for further stone formation.

SUMMARY

[0009] Disclosed are systems and methods for marking a body cavity. In one embodiment, a system includes means for inspecting a body cavity, and means for visibly marking the body cavity so as to convey visual information regarding the body cavity.

[0010] In one embodiment, a method includes inspecting a body cavity, and marking the body cavity with a marking material to provide a visual indication regarding the cavity.

[0011] In one embodiment, a marking material for marking a body cavity includes a radiopaque contrast agent that is viewable through fluoroscopy, and a colored dye that is viewable using an internal viewing device.

BRIEF DESCRIPTION OF THE DRAWINGS

[0012] The disclosed system and method can be better understood with reference to the following drawings. The components in the drawings are not necessarily to scale.

[0013] FIG. 1 is a schematic cross-sectional view of a kidney.

[0014] FIG. 2A is a schematic cross-sectional view of a kidney, illustrating inspection of a first calyx using a viewing device.

[0015] FIG. 2B is a schematic cross-sectional view of a kidney, illustrating marking the first calyx with a marking material.

[0016] FIG. 2C is a schematic cross-sectional view of a kidney, illustrating inspection of a second calyx using a viewing device.

[0017] FIG. 2D is a schematic cross-sectional view of a kidney, illustrating removal of a stone from the second calyx using a retrieval device.

[0018] FIG. 2E is a schematic cross-sectional view of a kidney, illustrating marking the second calyx with a marking material.

[0019] FIG. 3A is a schematic cross-sectional view of a kidney, illustrating marking a third calyx with a marking material.

[0020] FIG. 3B is a schematic cross-sectional view of a kidney, illustrating removal of a stone from the third calyx using a retrieval device.

[0021] FIG. 4 is a schematic cross-sectional view of a kidney, illustrating filling of a group of calices with a first marking material, and filling a separate calyx with a second marking material.

DETAILED DESCRIPTION

[0022] As is described in the foregoing, it can be difficult to keep track of which of multiple body cavities have or have not been inspected during a surgical procedure. As is discussed in the following, however, the progress of such inspection can be clearly indicated using a marking material. By way of example, such a marking material can be used to mark one or more cavities that have already been inspected. Alternatively, a marking material can be used to mark one or more cavities of interest, for example that contain an object to be removed. In a further alternative, a first type of marking material can be used to mark cavities of a first type (e.g., that contain objects

to be removed) and a second type of marking material can be used to mark cavities of a second type (e.g., that contain no objects to be removed). The marking material contains a marking substance that can be viewed with a viewing device and/or that can be viewed fluoroscopically. In the former case, the marking substance may comprise a dye. In the latter case, the marking substance may comprise a contrast agent.

[0023] Referring now to the drawings, in which like reference numerals identify corresponding components, FIGS. 2A-E illustrate various steps in an embodiment of a method for inspecting a plurality of internal body cavities. In the example of FIGS. 2A-2E, the body cavities comprise calices of a kidney that are to be inspected for kidney stones. Although a kidney application is shown in the figures and is described in detail herein for purposes of example, the systems and methods of this disclosure can be applied to other internal body cavities. Therefore, the present disclosure is intended to cover applications beyond kidney inspection and stone removal.

[0024] Beginning with FIG. 2A, illustrated is the kidney 10 first described in relation to FIG. 1. As is described above, the kidney 10 comprises a plurality of calices 16 that may comprise kidney stones that are to be removed (none visible in the view of FIG. 2A). While the bodies of some of the calices 16 are visible in FIG. 2A, only the openings of other calices are visible (indicated by circles in FIGS. 2A-2E).

[0025] As is illustrated in FIG. 2A, an internal viewing device 30 has been inserted into the kidney 10 via the ureter 24. By way of example, the viewing device 30 comprises a ureteroscope that has been inserted through a ureteral access sheath 32 that has been inserted into the urinary tract via the external meatus. Although use of an access sheath 32 is depicted in FIG. 2A, the viewing device 30 could, alternatively, be inserted through the urinary tract without the access sheath. Use of the access sheath 32, however, simplifies insertion and removal of the viewing device 30, particularly in cases in which the viewing device must be repeatedly inserted removed, as when removing multiple stone fragments. In alternative embodiments, the viewing device 30 can be introduced into the kidney 10 using other methods, for instance percutaneously.

[0026] With further reference to FIG. 2A, the viewing device 30 has been maneuvered into a first calyx 34 of the upper portion of the kidney 10. That calyx 34 may, for example, be a suitable calyx to start with in a top-to-bottom inspection procedure, such as that described in the foregoing. As is shown in FIG. 2A, the calyx 34 is clear of any stones or other objects that would require removal. Because of this, no further action is required in relation to the calyx 34, and the surgeon may move on to the next calyx 16 of the kidney 10.

[0027] As is described above, it can be difficult for a surgeon or the surgical staff to keep track of which calices 16 have or have not been inspected. To avoid this problem, the surgeon can mark the calyx 34 prior to moving on to the next calyx 16. By marking the calyx 34 in this manner, the surgeon can readily determine that he or she has already inspected that calyx and understand that no further inspection of the calyx is necessary. In some embodiments, marking can be achieved by filling the calyx 34 with a marking material. Such a procedure is illustrated in FIG. 2B. As is indicated in that figure, the calyx 34 has been filled with a marking material 36. Although the entire calyx 16 is shown filled with that marking material 36, the calyx (or other cavity) could be marked by filling only a portion of the calyx with the marking material.

For example, the marking material 36 could be used to fill just the entrance to the calyx 34, if desired.

[0028] The marking material 36 can be deposited using various different devices and techniques. In some embodiments, the marking material 36 is injected into the calyx 34 (or other cavity) using a working or irrigation channel of the viewing device 30. In other embodiments, the marking material 36 is delivered using a separate catheter that is inserted through the urinary tract (not shown). In still further embodiments, the marking material 36 is percutaneously injected into the desired site using an external injection device, such as a syringe.

[0029] Irrespective of the manner in which the marking material 36 is deposited, the marking material contains a marking substance that is visible using one or both of the viewing device and fluoroscopy. In some embodiments, the marking material 36 comprises one or more dyes that enable the surgeon to readily identify the marking material when viewing the kidney interior using the viewing device 30. Suitable dyes include, for example, methylene dyes, such as methylene blue and methylene red. When such a dye is used, the surgeon will be able to readily determine that the calyx 34 has already been inspected upon later returning to that area of the kidney 10.

[0030] In some embodiments, the marking material 36 further or alternatively includes a contrast agent that enables identification of the marking material, and the cavity in which it is placed, through fluoroscopy. The term "contrast agent" refers to any radiopaque material capable of being fluoroscopically monitored. The contrast agent can be either water soluble or water insoluble. Examples of water soluble contrast agents include metrizamide, iopamidol, iothalamate sodium, iodamide sodium, and meglumine. Examples of water insoluble contrast agents include tantalum, tantalum oxide and barium sulfate, each of which is commercially available in the proper form for in vivo use. Other water insoluble contrast agents include gold, tungsten and platinum. As with the dye, the contrast agent assists the surgeon in determining which calices 16 (or other cavities) have already been inspected.

[0031] In some preferred embodiments, the marking material 36 is in liquid form prior to deposition, but forms a gel after or during deposition. In some embodiments, the marking material 36 can be a temperature-sensitive material that is in liquid form below normal body temperature, but that forms a gel at or above body temperature. Such materials include lower critical solution temperature materials, such as polyoxyethylene-polyoxypropylene (PEO-PPO) block copolymers. When such a material is used, it can be delivered to the calyx 34 in liquid form, and then transition into a gel as it is heated by the kidney 10. Alternative temperature-sensitive materials include those that are in liquid form at or above normal body temperature, but form a gel below body temperature. In such a case, the material can be deposited within the calyx 34 and cooled to form a gel. Examples of such materials include gelatin materials.

[0032] In other embodiments, the marking material 36 comprises two separate component that, when mixed, form a gel. One example of such materials are those that include crosslinkable polymers that form a gel when contacted with a crosslinking agent. Crosslinkable polymers that may be suitable for use in the invention include both ionically crosslinkable and non-ionically crosslinkable polymers. Crosslinking agents that may be employed include both ionic crosslinking

agents and non-ionic crosslinking agents. Ionically crosslinkable polymers include anionic crosslinkable polymers and cationic crosslinkable polymers that may be used in conjunction with anionic crosslinking agents and cationic crosslinking agents, respectively.

[0033] Irrespective of the type of marking material **36** that is used, the marking material is a temporary implant that it is automatically or manually removed once it is no longer needed to identify the calyx **34** (or other cavity). For example, in cases in which the marking material **36** is a temperature-sensitive material, the material will slowly degrade within the kidney and be excreted. Optionally, the speed with which the temperature-sensitive gel breaks down can be increased by either cooling or heating the marking material **36**, depending upon whether the material forms a gel at higher or lower temperatures.

[0034] In cases in which the marking material **36** comprises two separate components that together form a gel, breakdown of the marking material can, for example, be achieved by providing a third material that degrades the gel. For instance, if the marking material **36** includes a crosslinkable polymer, a suitable de-crosslinking agent may be used to dissolve the gel, in which case the material will again be excreted. Suitable de-crosslinking agents include sodium phosphate, sodium citrate, inorganic sulfates, ethylene diamine tetraacetic acid and ethylene dime tetraacetate, citrates, organic phosphates (e.g., cellulose phosphate), inorganic phosphates (e.g., pentasodium tripolyphosphate, mono- and di-basic potassium phosphate, sodium pyrophosphate), phosphoric acid, trisodium carboxymethylxy succinate, nitrilotriacetic acid, maleic acid, oxalate, polyacrylic acid, sodium, potassium, calcium, or magnesium ions.

[0035] In still other embodiments, the gel may be removed by drawing the gel out of the calyx using a lumen of the viewing device or a separate catheter.

[0036] Although the marking material **36** may, in some cases, naturally degrade and be excreted over time, the marking material will remain in place for at least the duration of the inspection procedure. Therefore, as the surgeon moves on to other calices **16** (or other cavities), the marking material **36** will continue to provide a visual marker of where the surgeon has already been.

[0037] Referring now to FIG. 2C, the surgeon has manipulated the viewing device **30** such that it is positioned for insertion into a second calyx **38** (which extends into the page in FIG. 2C). Assuming that the second calyx **38** comprises a stone (not visible in FIG. 2C), the surgeon can identify the stone using the viewing device **30**, and then remove it. Referring to FIG. 2D, the surgeon has removed the stone **40** using a retrieval device **42**. By way of example, the retrieval device **42** is inserted through a working channel of the viewing device **30**. In such a case, the retrieval device **42** and the viewing device **30** can be withdrawn from the body together (e.g., via the access sheath **32**) to remove the stone **40**. Alternatively, the retrieval device **42** can be inserted into the kidney **10** separate from the viewing device **30**.

[0038] After the stone **40** has been removed, and assuming no other stones exist in the second calyx **38**, the calyx can be marked with the marking material **36** in similar manner to that described above in relation to the first calyx **34**. Accordingly, the second calyx **38** can, for example, be filled with the marking material **36** as is indicated in FIG. 2E. Again, such filling can be accomplished using a working or irrigation

channel of the viewing device **30**, a separate catheter, or a percutaneous injection device.

[0039] The above-described process can continue in similar manner until every calyx **16** has been inspected, all stones have been removed, and all inspected calices have been marked. In such a case, the surgeon can readily determine that each calyx has been inspected. In cases in which the marking material **36** comprises a gel, a further benefit is provided if lithotripsy is performed. Specifically, once a calyx **16**, or its entrance, has been filled with a gel-based marking material, fragments that break off of a stone during lithotripsy will not be able to enter the calyx. Therefore, the surgeon need not recheck previously-inspected calices after lithotripsy.

[0040] FIGS. 3A and 3B illustrate an example of a further marking application. Beginning with FIG. 3A, a given calyx **44** comprises a plurality of stones **46** that are to be removed. By way of example, the stones **46** comprise fragments of a larger stone that was broken up through lithotripsy. Assuming that the surgeon can only remove one stone **46** at a time, or at least cannot remove all of the stones at once, the surgeon may need to return to the calyx **44** one or more times after withdrawing the viewing device **30**. In such a case, it may be difficult for the surgeon to relocate the calyx **44** or distinguish it from other calices **16** of the kidney **10**. To aid the surgeon in such relocation, the surgeon can mark the calyx **44** with the marking material **36**, as is indicated in FIG. 3A. After marking the calyx **44**, the surgeon can then remove the stones **46** (e.g., one by one) from the calyx through the marking material **36** using the retrieval device **42**. In cases in which the marking material **36** is a gel, the marking material will stay in place despite the insertion and withdrawal of the viewing device **30** and/or retrieval device **42**.

[0041] FIG. 4 illustrates a further marking application. In this application, several of the calices **48** have been marked with a first marking material **50** to indicate a first condition, and one calyx **52** has been marked with a second marking material **54** to indicate a second condition. In this example, the first condition is absence of any stones and the second condition is presence of one or more stones **56**. The marking material **50** is distinguishable from the marking material **54** in one or more ways. In some embodiments, the marking material **50** comprises a different colored dye than the marking material **54** comprises. In such a case, the surgeon can distinguish the two types of calices (e.g., those containing stones and those not containing stones) using the viewing device **30**. In addition or exception, the marking material **50** comprises a different concentration of contrast agent than the marking material **54**. In such a case, the surgeon can distinguish the two types of calices from a fluoroscopic image.

[0042] As is indicated in FIG. 4, each of the calices **48** extends from a major calyx **58**. In such a case, in which the cavities to be marked comprise all of the cavities of a given group or branch of cavities, the entire calyx **58** can be filled with the marking material **50** to indicate that that entire portion of the kidney **10** has already been inspected.

What is claimed is:

1. A surgical method, comprising:

inserting an internal viewing device via a ureter into a first calyx of a kidney, and inspecting the first calyx with the internal viewing device;

determining whether the first calyx contains one or more stones, and thereafter:

- if the first calyx does contain one or more stones, marking the first calyx with a first marking material, and removing the stones from the first calyx; and
- if the first calyx does not contain one or more stones, marking the first calyx with a second marking material different from the first marking material.
2. The surgical method according to claim 1, further comprising:
- moving the internal viewing device from the first calyx to a second calyx of the kidney and inspecting the second calyx with the internal viewing device;
- determining whether the second calyx contains one or more stones, and thereafter:
- if the second calyx does contain one or more stones, marking the second calyx with the first marking material, and removing the stones from the first calyx; and
- if the second calyx does not contain one or more stones, marking the second calyx with the second marking material.
3. The surgical method according to claim 1, wherein marking the first calyx with the first marking material includes filling the first calyx with the first marking material.
4. The surgical method according to claim 1, wherein marking the first calyx with the first marking material includes filling only the entrance of the first calyx with the first marking material.
5. The surgical method according to claim 4, wherein filling the entrance of the first calyx with the first marking material prevents objects from entering the first calyx.
6. The surgical method according to claim 1, wherein at least one of the first marking material and the second marking material comprises a colored dye.
7. The surgical method according to claim 6, wherein the colored dye includes a methylene dye.
8. The surgical method according to claim 6, wherein the first marking material comprises a first colored dye and the

second marking material comprises a second colored dye different from the first colored dye.

9. The surgical method according to claim 1, wherein at least one of the first marking material and the second marking material comprises a contrast agent.

10. The surgical method according to claim 9, wherein the first marking material comprises a contrast agent with a first concentration and the second marking material comprises a contrast agent with a second concentration different from the first concentration.

11. The surgical method according to claim 1, wherein at least one of the first marking material and the second marking material has an initial liquid form and a subsequent gel form.

12. The surgical method according to claim 11, wherein the at least one of the first marking material and the second marking material comprises a temperature-sensitive material that is in liquid form below normal body temperature and that is in gel form at or above body temperature.

13. The surgical method according to claim 1, wherein at least one of the first marking material and the second marking material comprises two separate components that when mixed form a gel.

14. The surgical method according to claim 13, further comprising contacting the gel with a third component that degrades the gel following removal of stones from the kidney.

15. The surgical method according to claim 1, wherein the inserting an internal viewing device comprises inserting an endoscope or ureteroscope.

16. The surgical method according to claim 1, wherein the removing comprises inserting a retrieval device through a working channel in the internal viewing device.

17. The surgical method according to claim 1, wherein the removing comprises inserting a retrieval device into the kidney separate from the internal viewing device.

* * * * *

专利名称(译)	用于标记体腔的系统和方法		
公开(公告)号	US20110144485A1	公开(公告)日	2011-06-16
申请号	US13/030687	申请日	2011-02-18
申请(专利权)人(译)	C. R. BARD , INC.		
当前申请(专利权)人(译)	C. R. BARD , INC.		
[标]发明人	KNAPP TRACEY E		
发明人	KNAPP, TRACEY E.		
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外部链接	Espacenet USPTO		

摘要(译)

一种手术方法，包括通过输尿管将内部观察装置插入肾的第一花萼，用内部观察装置检查第一花萼，以及确定第一花萼是否包含一个或多个宝石。如果第一个花萼确实包含一个或多个宝石，则用第一个标记材料标记，但如果第一个花萼不包含一个或多个宝石，则用第二个标记材料标记不同于第一个标记材料。

