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(54) **ARTICULABLE LAPAROSCOPIC INSTRUMENT**

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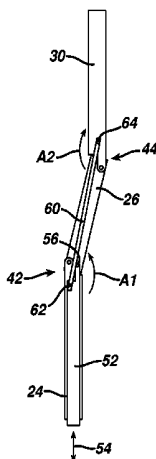
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(57) **ABSTRACT**

A medical device comprises a handle comprises an actuator. A shaft extends distally from the handle. A first shaft segment extends proximally from the handle and has a proximal end and a distal end. A second shaft segment has a proximal end and a distal end and is pivotably supported with respect to the distal end of the first shaft segment at a position offset from a longitudinal axis of the shaft in a first offset direction. A third shaft segment has a proximal end and a distal end and is pivotably supported with respect to the distal end of the second shaft segment at a position offset from the longitudinal axis of the shaft in a second offset direction different from the first offset direction. A first member extends through at least a portion of the first shaft segment and is operatively associated with the actuator. A second member extends through at least a portion of the second shaft segment. The second member has a proximal end pivotably supported with respect to the distal end of the first member and a distal end pivotably supported with respect to the third shaft segment. The actuator is operative to provide substantially simultaneous compound articulation of the second and third shaft segments.

7 Claims, 21 Drawing Sheets



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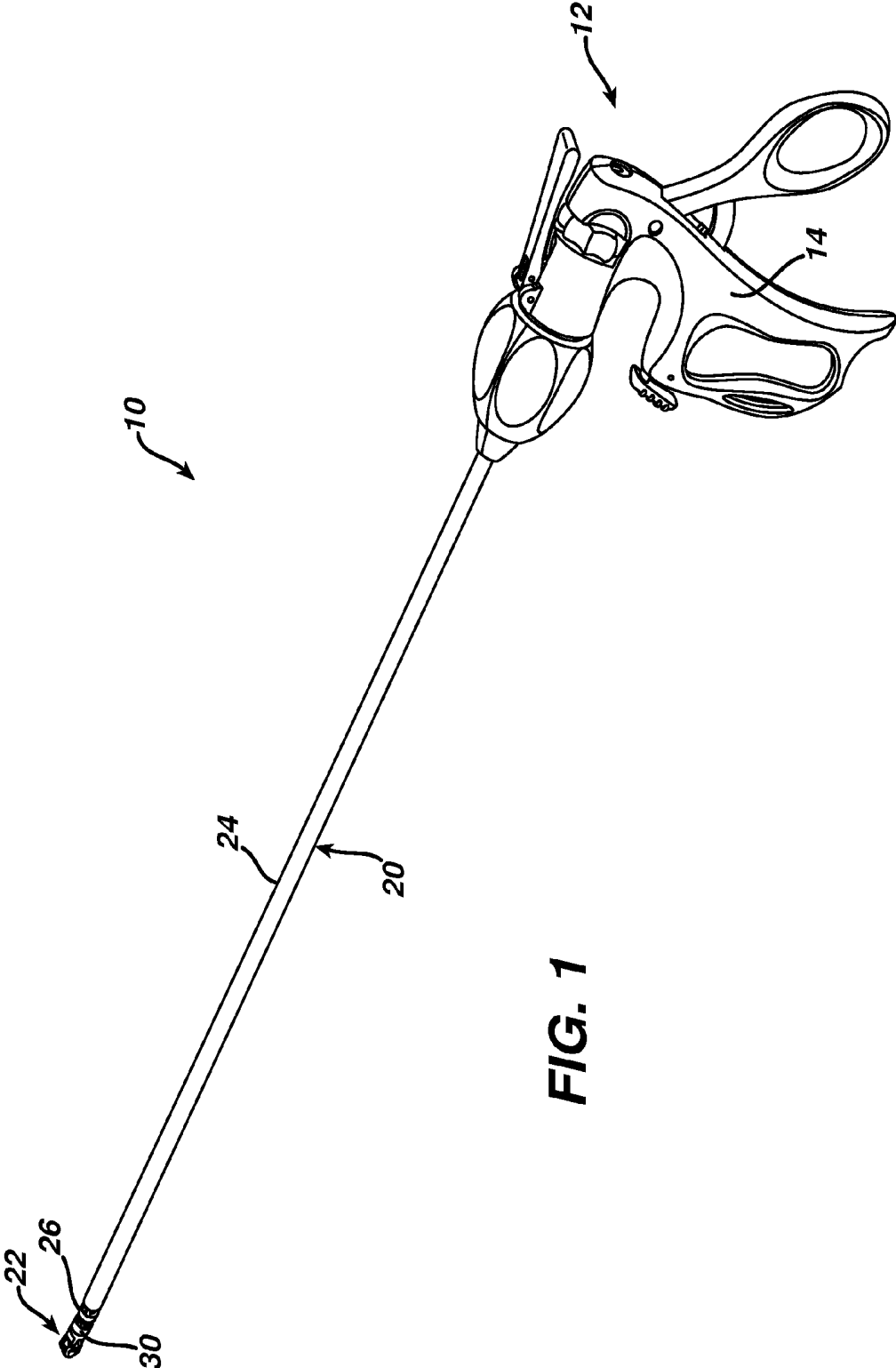


FIG. 1

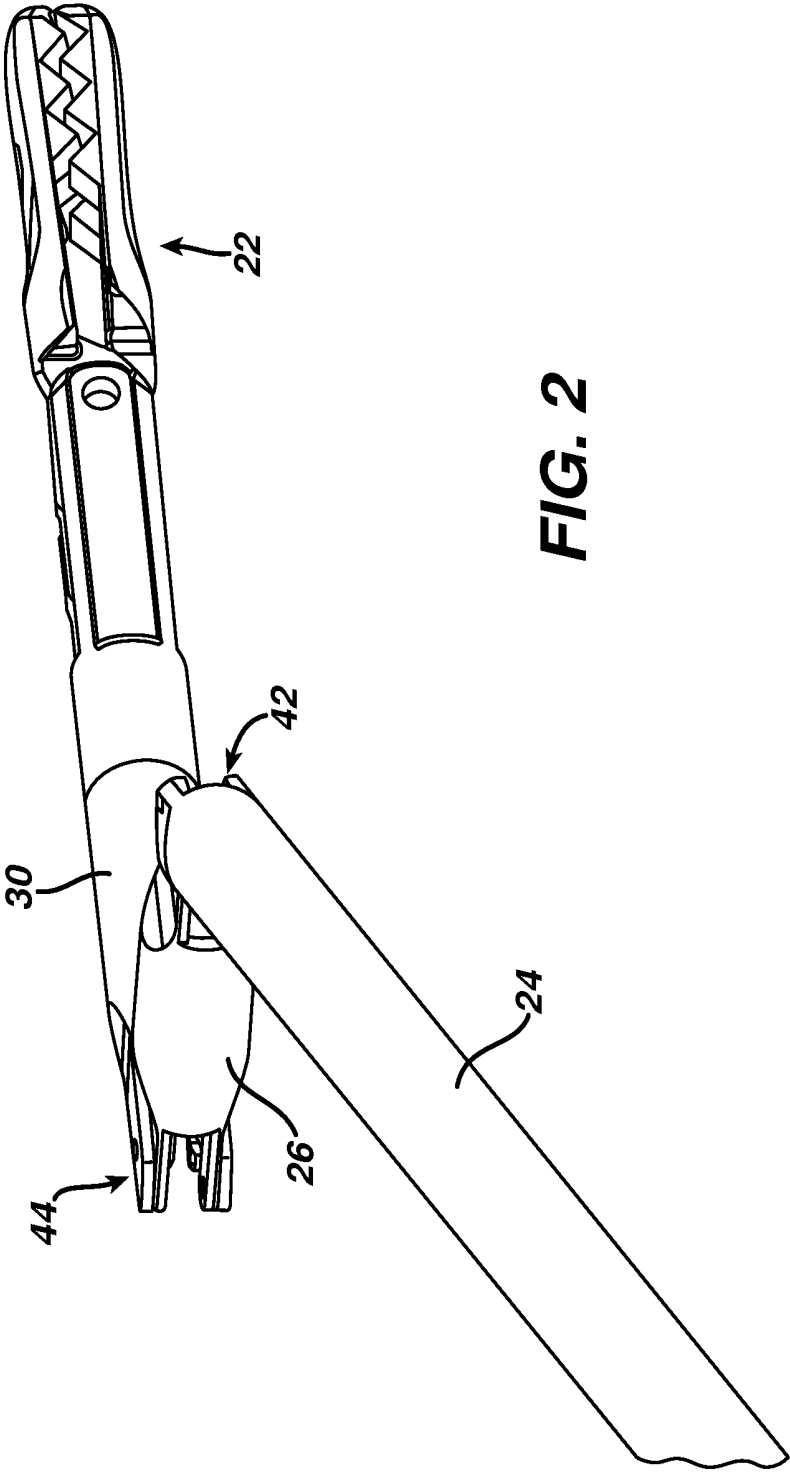


FIG. 2

FIG. 3

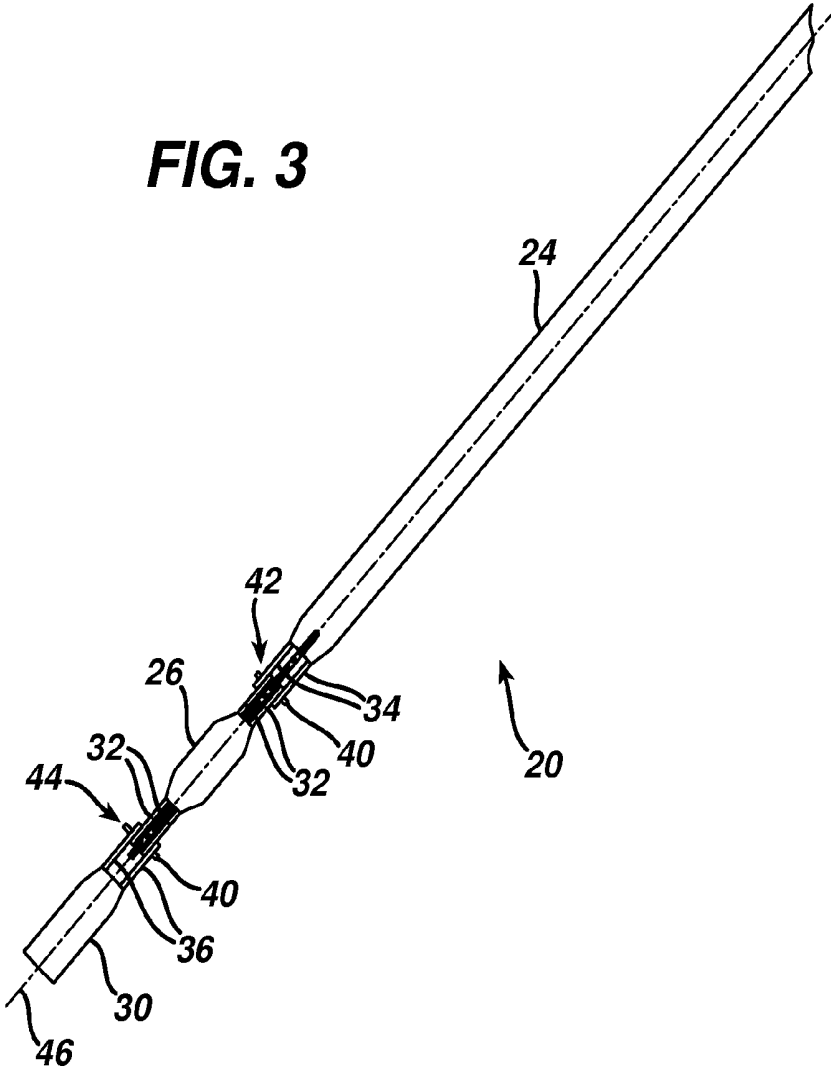


FIG. 4

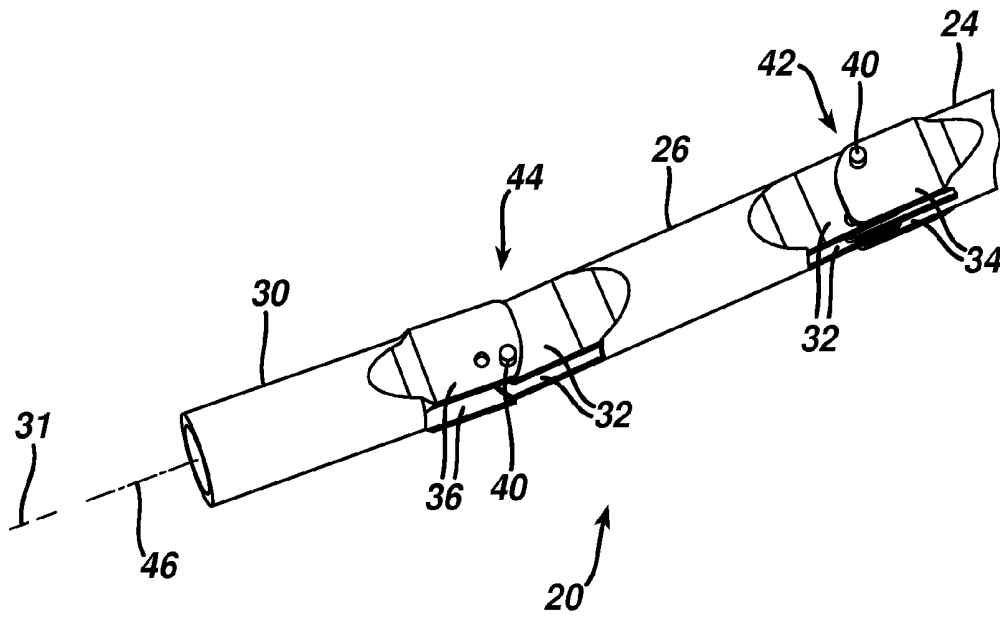


FIG. 5

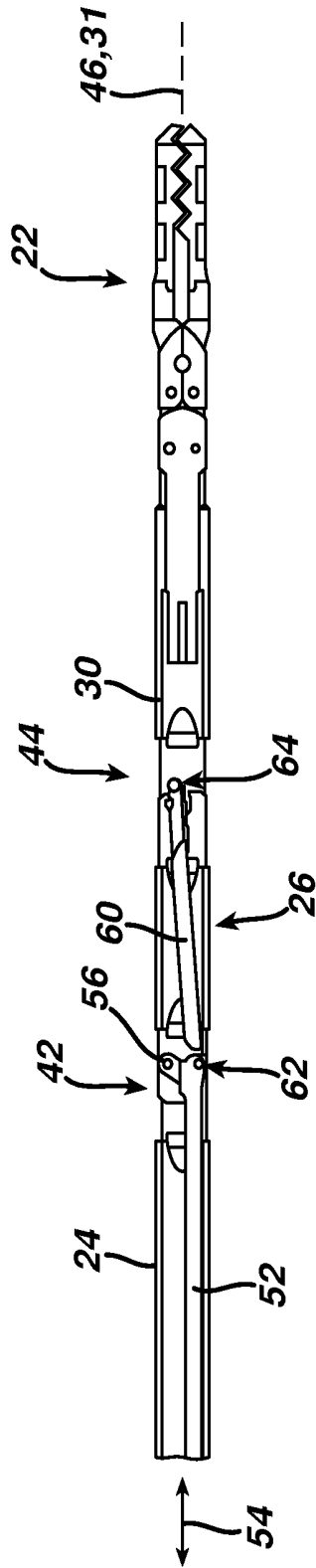


FIG. 7

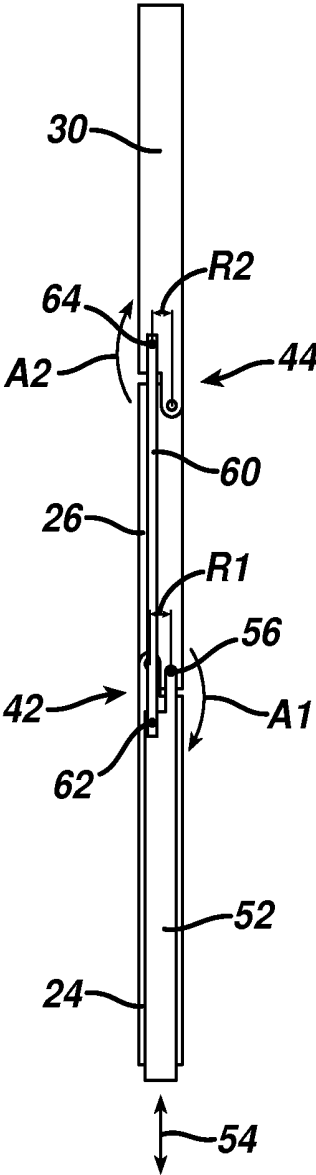


FIG. 7A

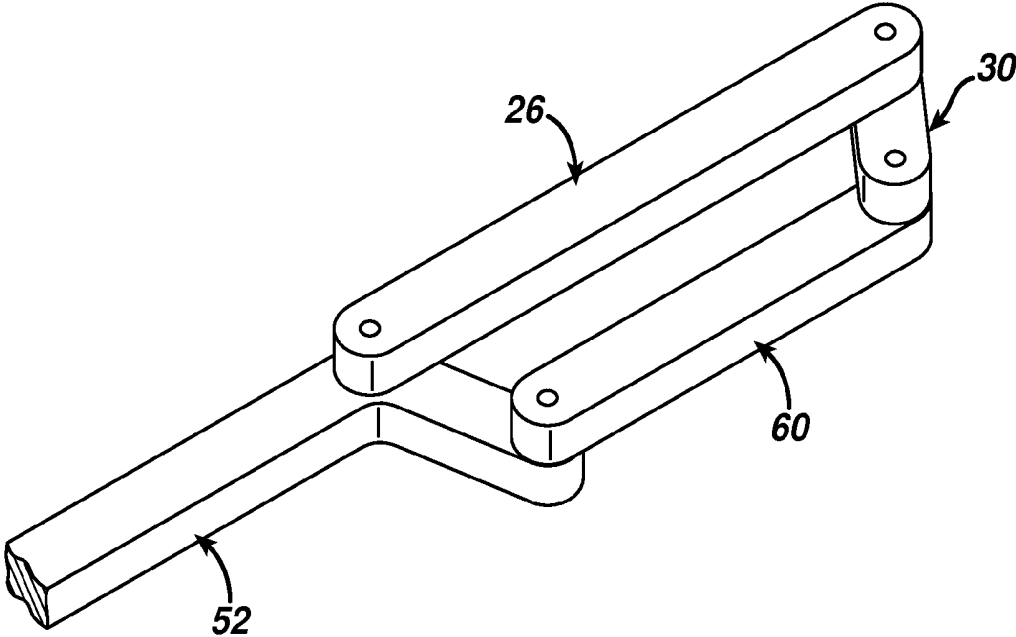
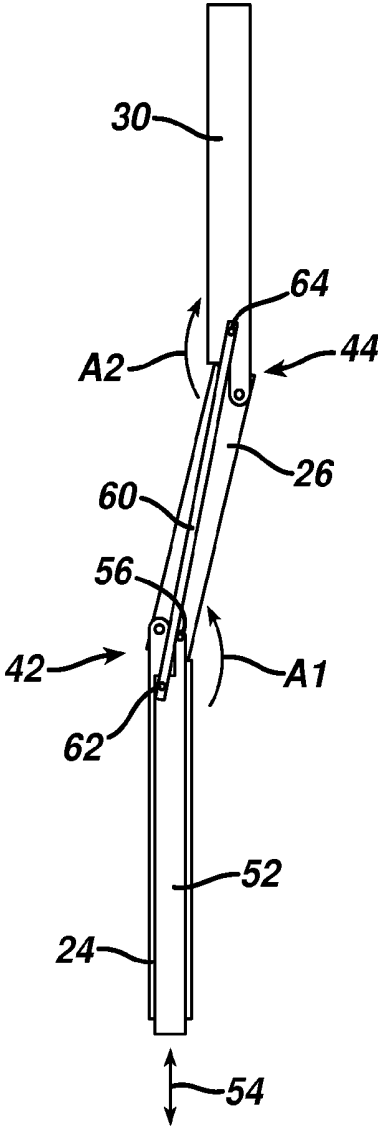


FIG. 8



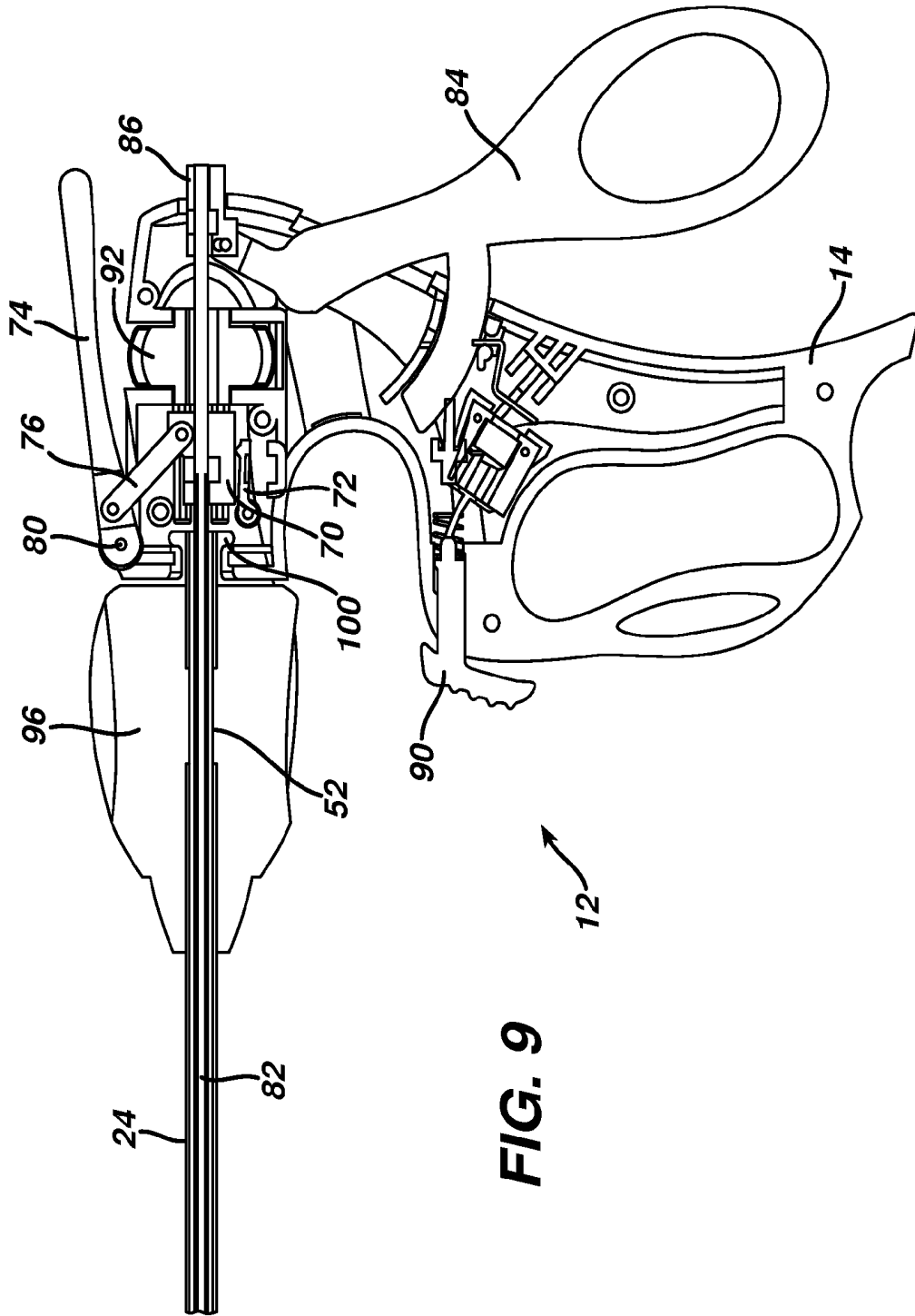
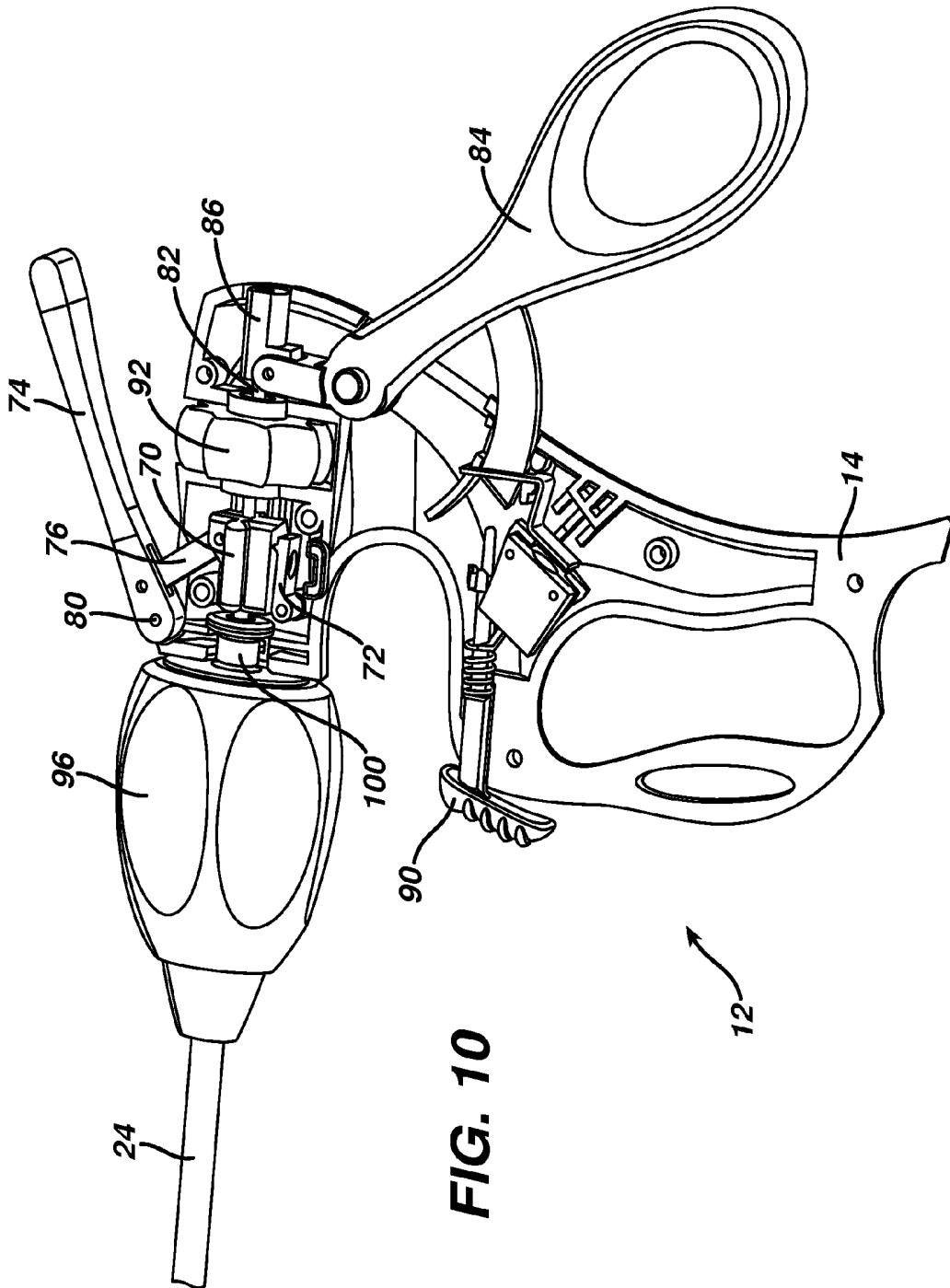


FIG. 9



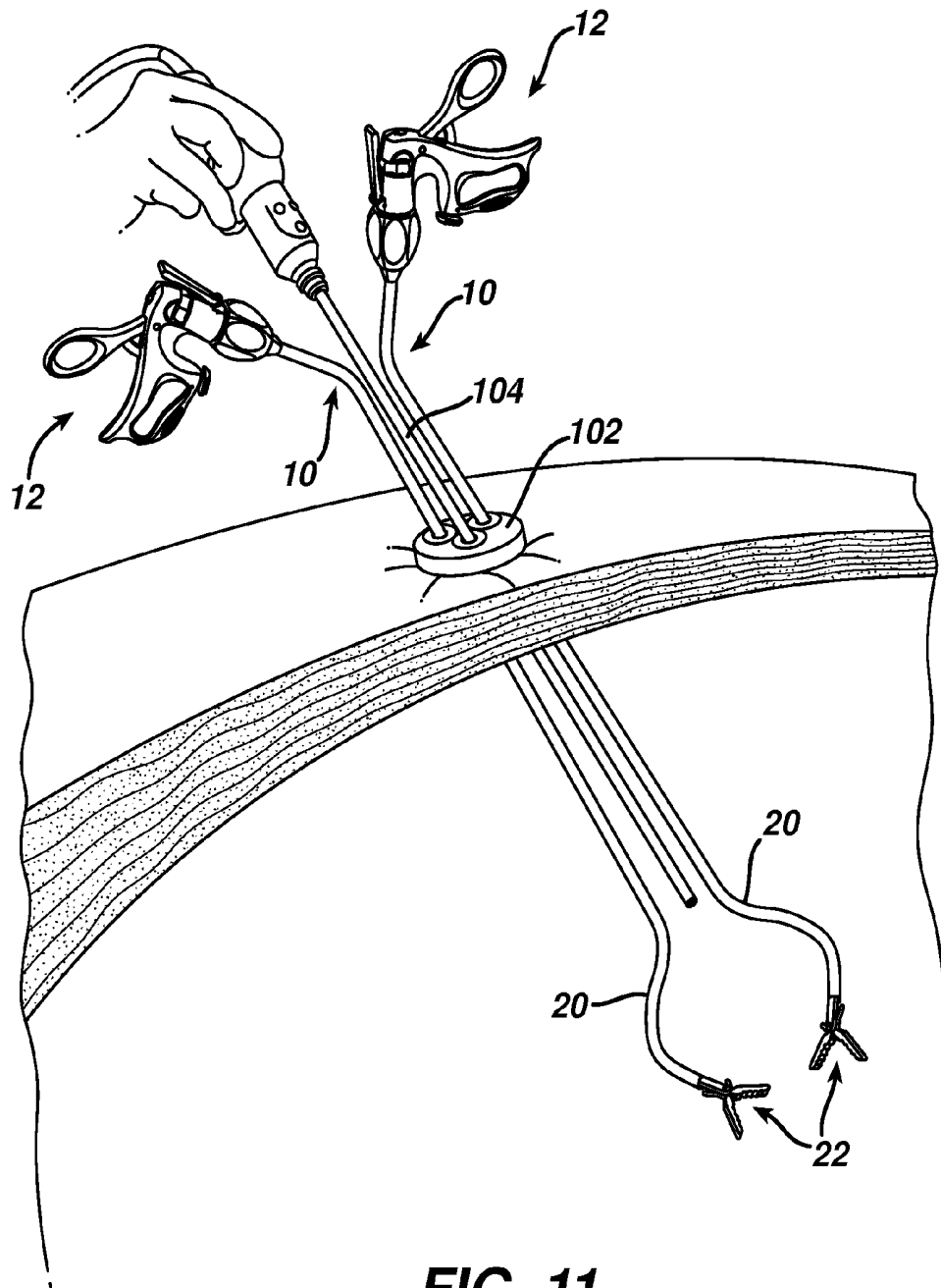
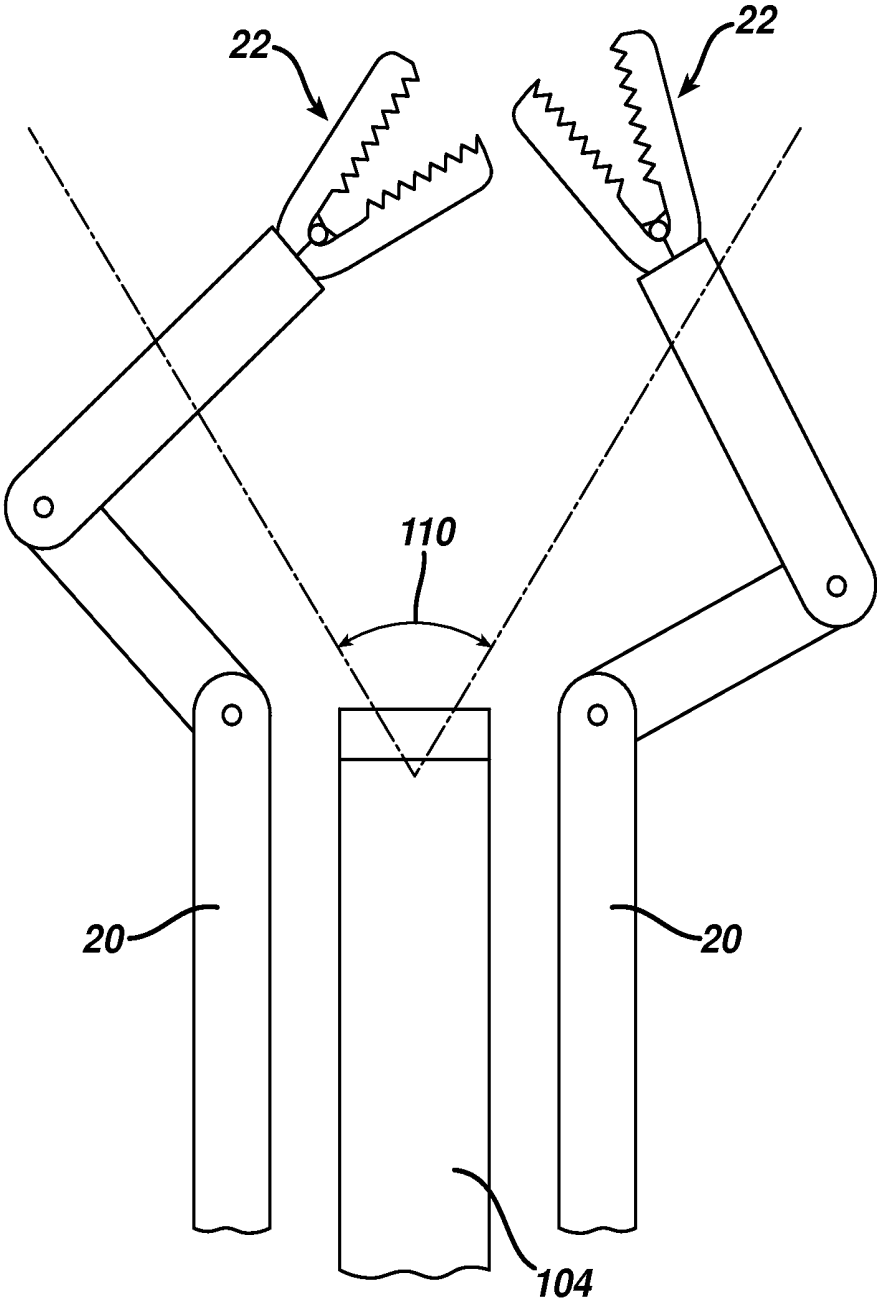


FIG. 11

FIG. 12



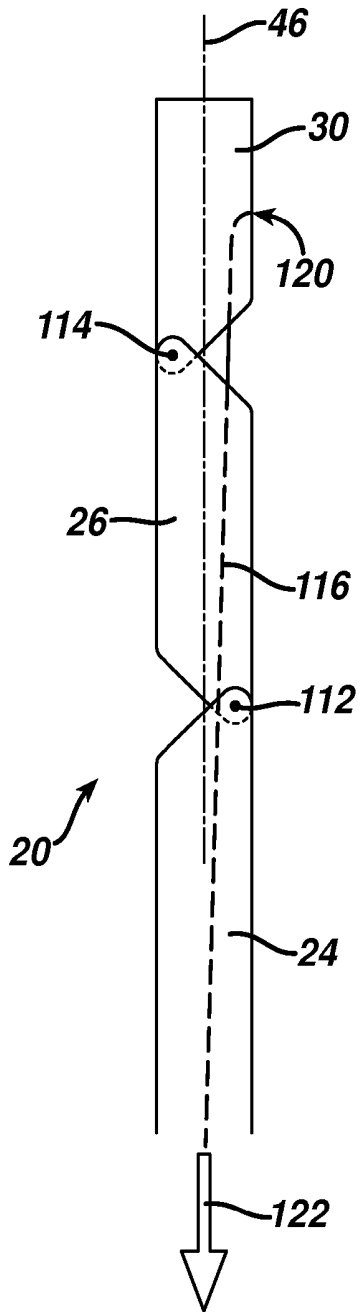


FIG. 13A

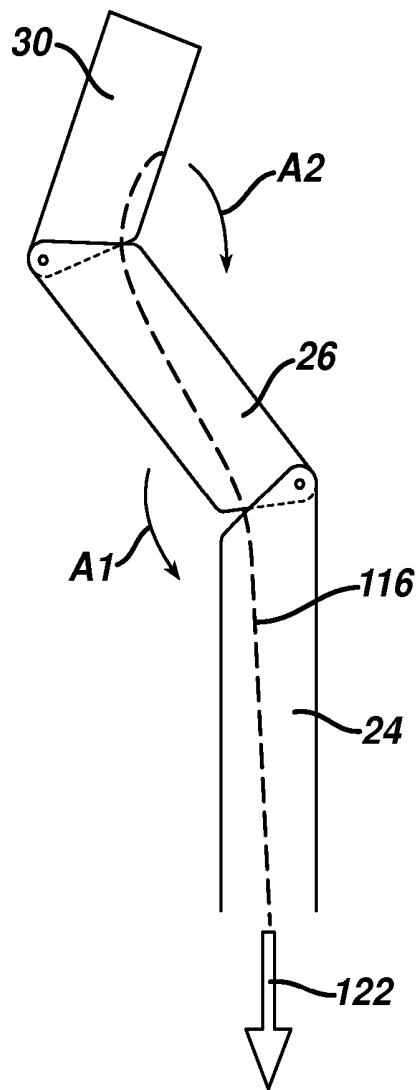


FIG. 13B

FIG. 14C

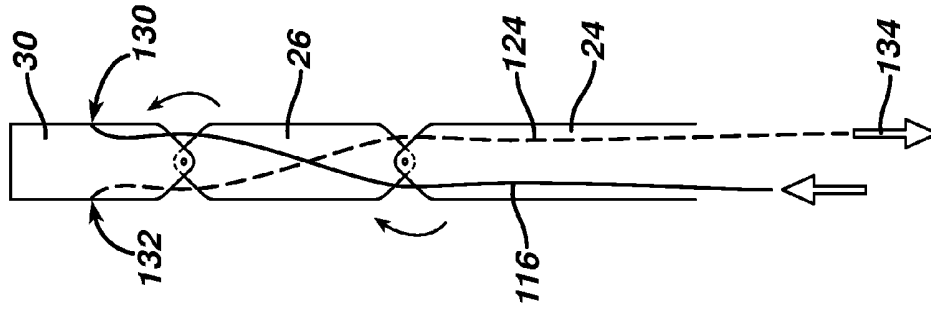


FIG. 14B

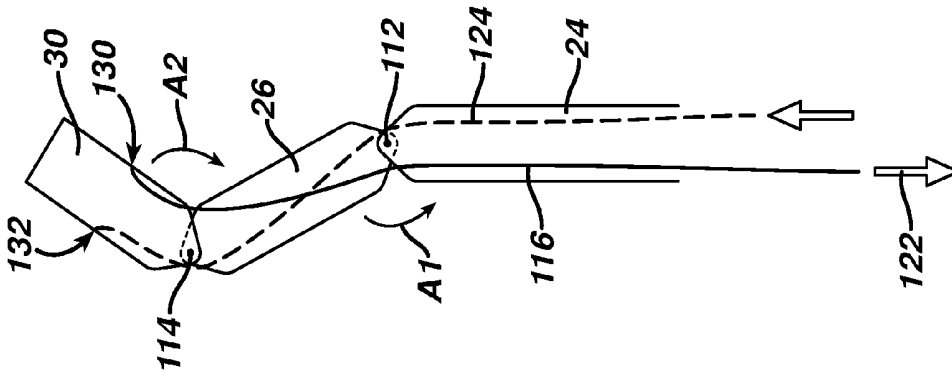
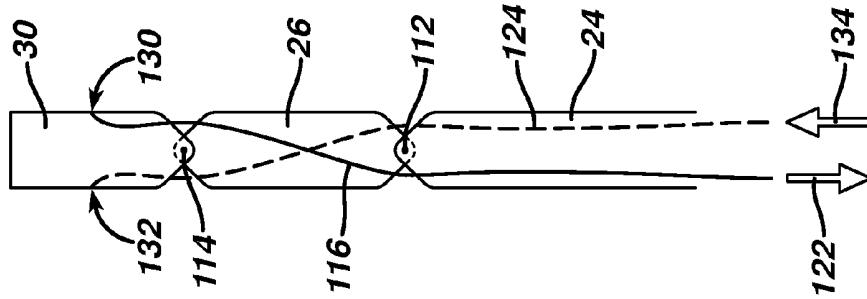


FIG. 14A



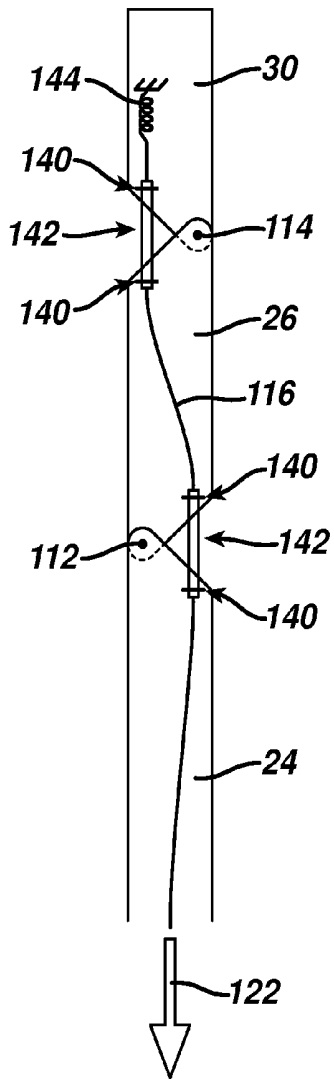


FIG. 15A

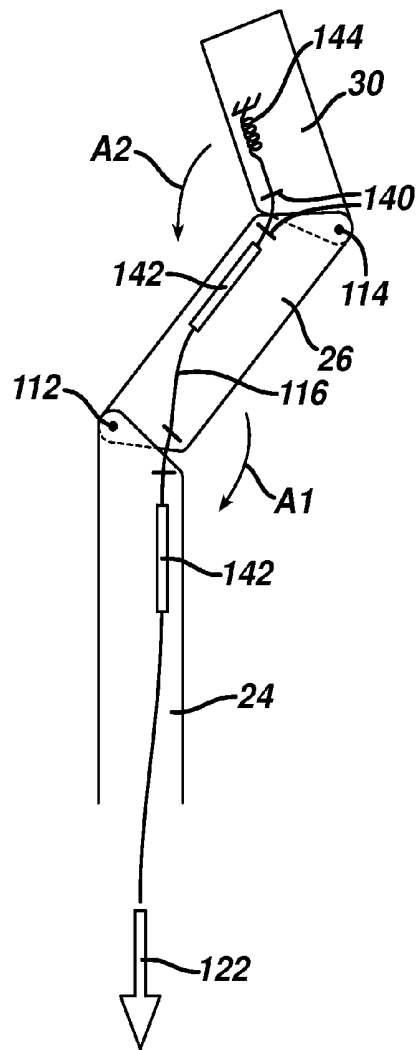


FIG. 15B

FIG. 16A

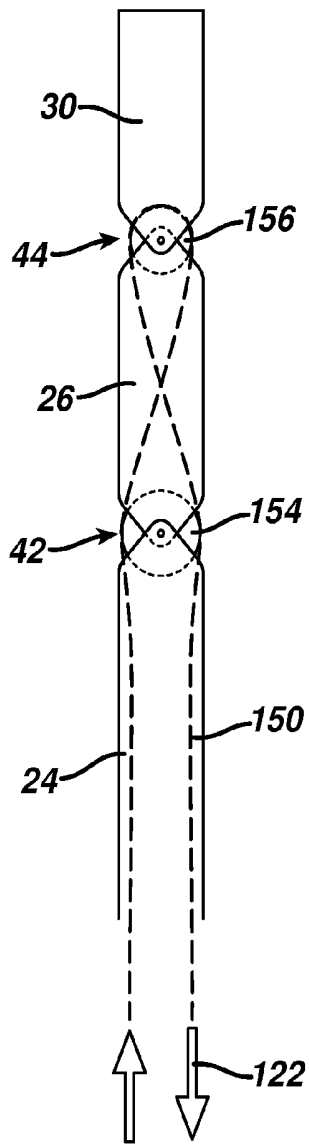


FIG. 16B

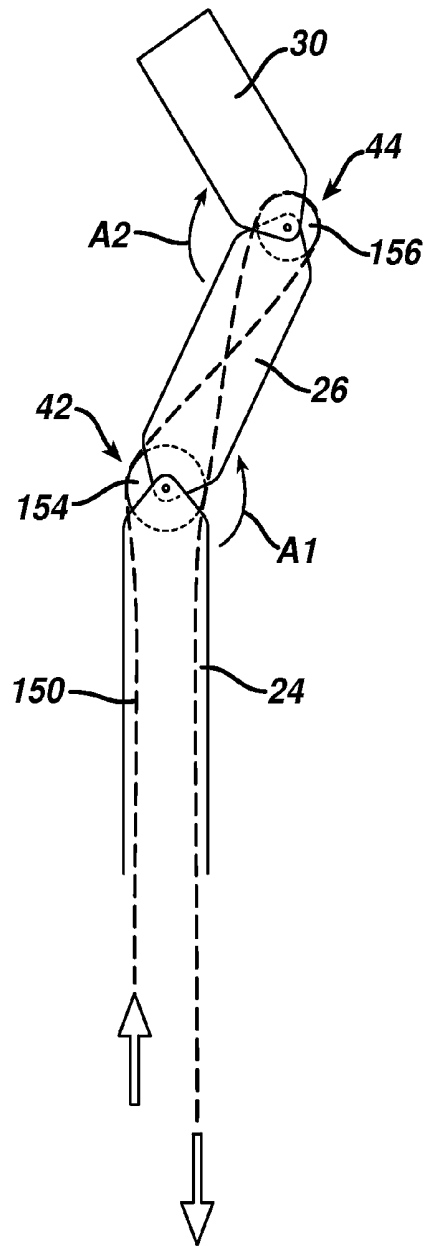


FIG. 17A

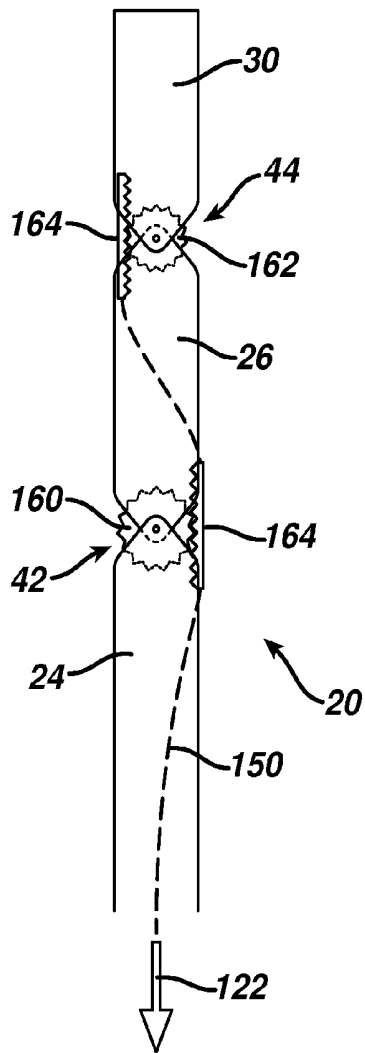
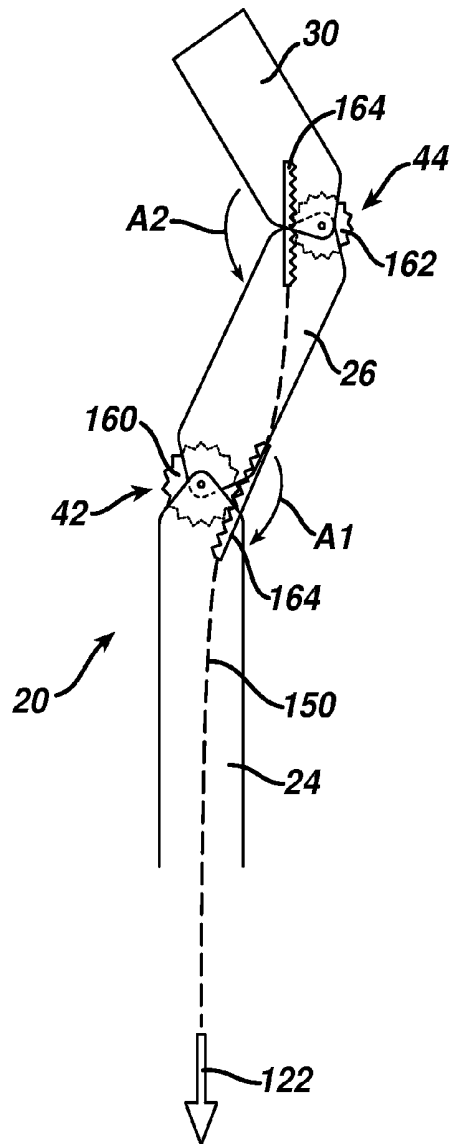
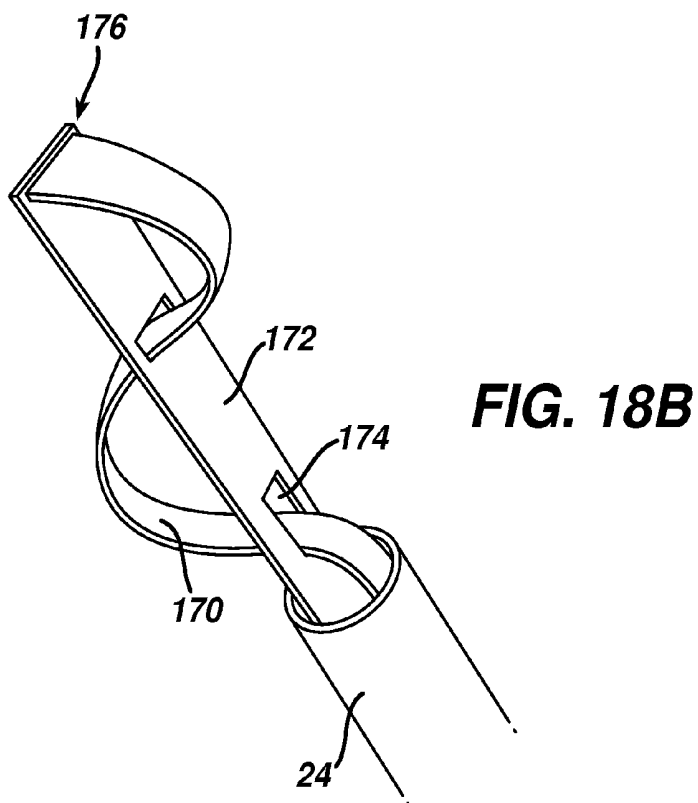
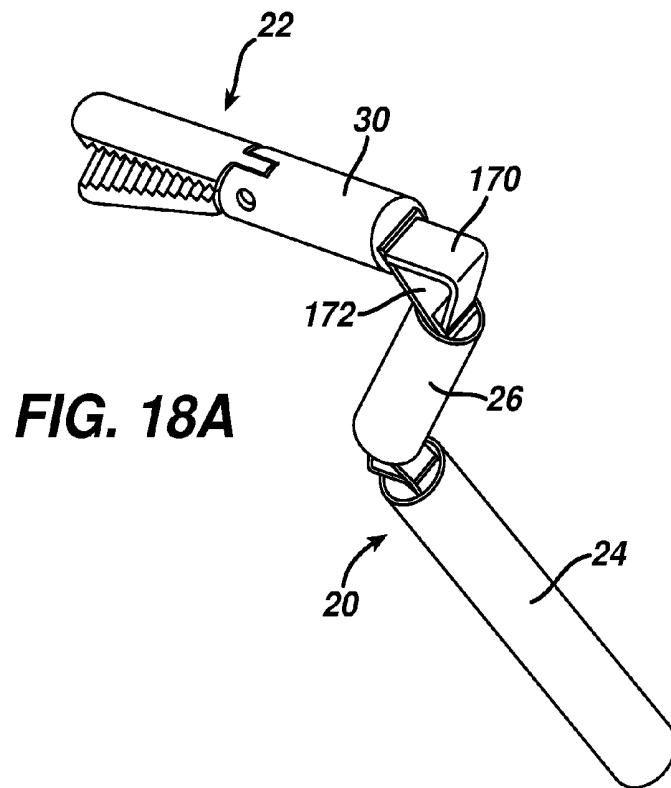


FIG. 17B





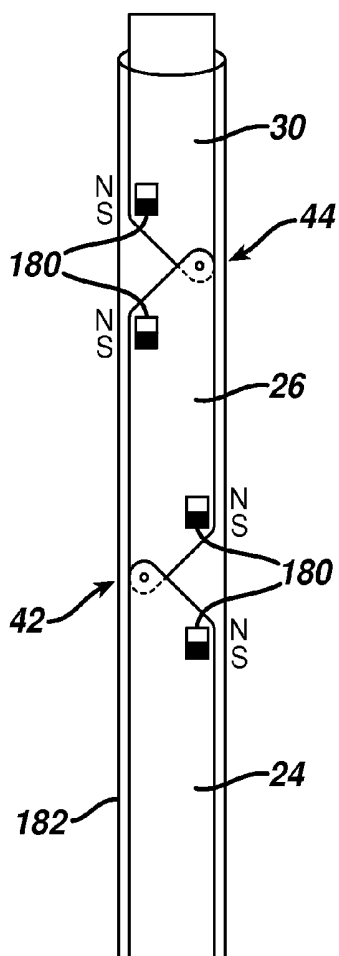


FIG. 19A

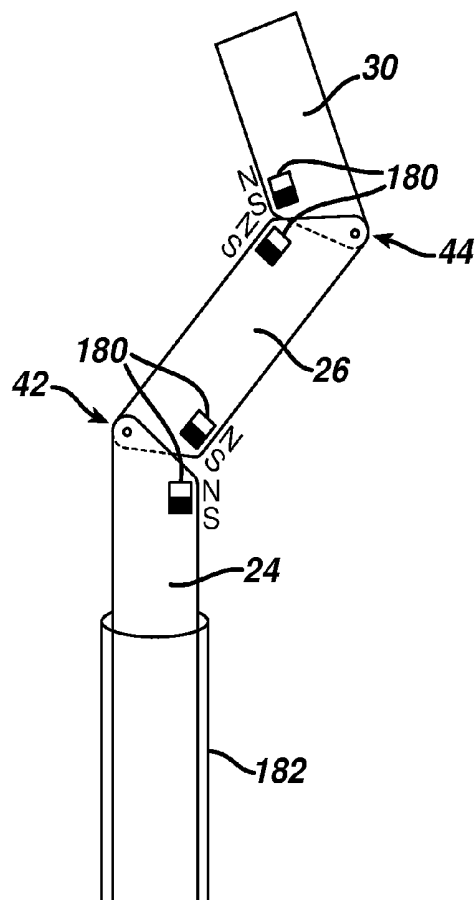
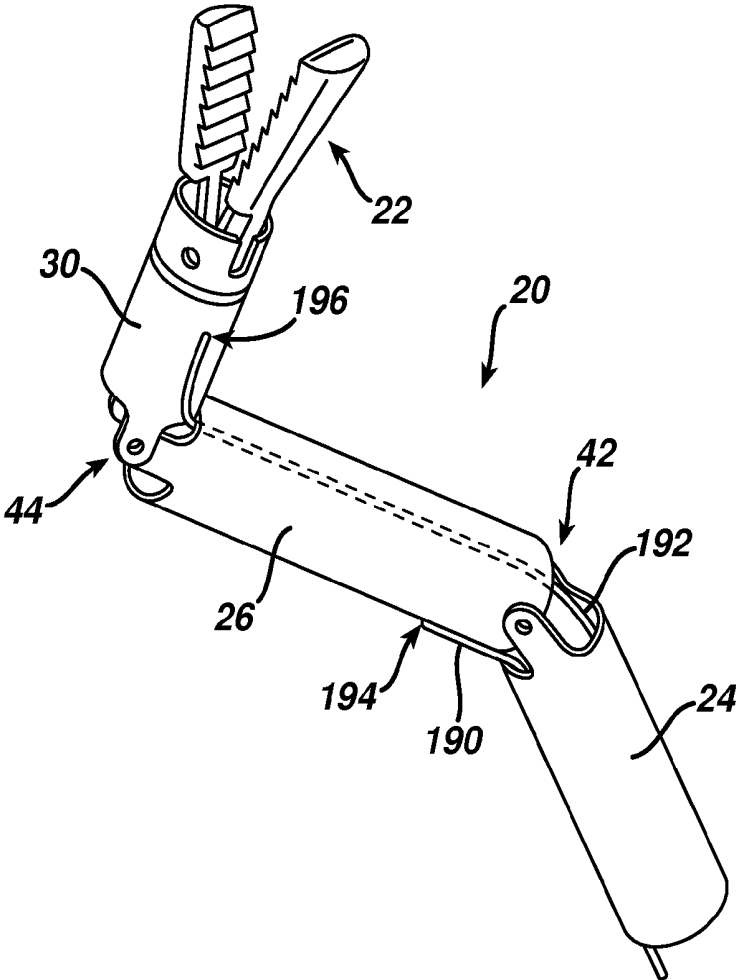


FIG. 19B

FIG. 20



ARTICULABLE LAPAROSCOPIC INSTRUMENT

RELATED APPLICATIONS

This application claims the benefit of U.S. provisional application No. 61/249,780 filed on 8 Oct. 2009.

FIELD

The present invention relates generally to surgical instruments for minimally invasive surgical procedures and, more particularly, to a laparoscopic surgical instrument having a shaft that can be articulated for positioning a working end at various complex angles to provide improved visualization, manipulation, and access to a surgical site. In particular, the present invention provides a surgical instrument with an articulating shaft for use with a single incision, multiple device access port wherein the shaft can be formed into a triangulated shape to allow multiple instrument tips to come together at a surgical site.

BACKGROUND

Minimally invasive, laparoscopic surgical procedures have become the preferred surgical technique for treating a number of different medical conditions, and the variety of laparoscopic procedures continues to increase. Laparoscopic surgical procedures are often preferred over more traditional open surgical procedures since the smaller incisions tend to reduce the post-operative recovery time and complications. In laparoscopic procedures, surgery is performed in the interior of the abdomen through a number of small incisions. A trocar or cannula is inserted into each of the incisions to provide access to the surgical site.

Laparoscopic procedures generally require the surgeon to act on organs, tissues and/or vessels far removed from the incisions. Thus, the instruments used in such procedures are typically long and narrow, while being functionally controllable from a proximal end of the instrument. Traditionally, many laparoscopic instruments have a generally stiff, straight shaft to facilitate placement through the trocar ports. Such instruments can have working tips rotatable about the shaft axis, while maintaining a linear relationship with the shaft.

The use of straight instrument shafts limits the positioning range of the distal working end of the instrument at the surgery site. The limited ability to manipulate the working end of the instrument has been partially overcome in the past by the use of multiple incisions spaced apart at distances of between 6-9 inches. Spacing apart the multiple incisions has allowed the straight instrument shafts to be directed towards the central surgical site at various angles from the incisions.

Articulation assemblies for use with surgical instruments have also been employed. For instance, U.S. Pat. No. 5,704,534 to Huitema et al, incorporated herein by reference, discloses an articulating surgical instrument and remotely articulating an end effector of an instrument.

Recently, there has been great interest in reducing the number of access incisions for laparoscopic procedures. Limiting the procedures to a single access incision, such as through the navel, or a few closely placed incisions, reduces the risk of infection, as well as the healing time, pain, and scarring of the patient.

Co-pending and commonly assigned patent application Ser. Nos. 12/399,482; 12/399,473; 12/512,542; and 12/512,568 disclose access devices and methods for introducing multiple instruments and/or a laparoscope through a single

incision, such as at the navel. Such access devices can include multiple instrument openings spaced relatively closely together.

When using straight shafted instruments with a single or closely spaced access ports, the shafts extend substantially parallel through the ports, which can make it difficult to bring the instrument tips together in a working relationship at the surgical site. Furthermore, it is difficult to have full visualization of the surgical site through the laparoscope due to the spacing between the parallel tips. In order to effectively perform a procedure, the working ends of the various instruments must be able to approach the surgical site from different angles. Thus, to effectively place the working tips of laparoscopic instruments from a single access incision into the desired operative positions requires increased maneuverability of the instrument shafts.

With the foregoing in mind, Applicants have recognized the desirability of having a surgical instrument that provides for precise placement of a working end at a surgical site, including the desirability of having a surgical instrument in which the precise positioning of the working end is obtainable by articulating and rotating the instrument shaft. Further, Applicants have recognized the desirability of having a surgical instrument in which a distal portion of the instrument shaft can be articulated to provide a compound angle relative to a shaft axis to increase the flexibility in positioning the working tip, such as to position the working tip within a field of view of a laparoscope inserted through the same access device through which the instrument shaft is inserted.

Applicants have also recognized the desirability of having an surgical instrument in which the instrument shaft can be inserted in a straight configuration along with other instruments through a single incision, multiple device access port and subsequently articulated to a generally triangular configuration, to precisely position the distal working end in close, non-interfering proximity with other instrument tips at the surgical site. Yet further still, it can be desirable to have such a surgical instrument in which the operation of the working end and articulation of the instrument shaft can be separately and easily controlled using an external handle.

SUMMARY

In one embodiment, a surgical instrument has a handle portion, a working end, such as comprising an end effector for grasping and/or manipulating tissue, and a shaft extending at least part way from the handle to the working end. The shaft can include a proximal shaft segment extending from an instrument handle, and at least two relatively distal shaft segments associated with a distal portion of the instrument shaft. The two (or more) shaft segments can be actuated from a first generally straight configuration in which the two distal shaft segments are generally aligned in a generally straight line with the proximal shaft segment, to a second articulated configuration to form a compound angle, where one of the more distal shaft segments is rotated in an opposite sense from rotation of another of the more distal shaft segments.

The shaft may include a first (or primary) proximal shaft segment; a second central or intermediate shaft segment pivotably connected to a distal portion of the proximal shaft segment; and a third shaft segment pivotably connected to a distal portion of the second shaft segment. A working end, such as an end effector having jaws, can be operatively associated with the distal end of the third shaft segment, such that the end effector jaws can be rotated about a longitudinal axis of the third shaft segment.

In one embodiment, articulation can be provided at least in part by an assembly comprising a multiple linkage apparatus, such as four bar linkage mechanism. For example, at least a portion of the second shaft segment may serve as one of the link members in the four bar linkage mechanism, and at least a portion of the third shaft segment may act as another of the link members.

The instrument may further include first and second link members serving as the other two link members of the four bar mechanism. A proximal end of the first link member may be operatively associated with an actuator in the handle, and the distal portion of the first link member, which can have a “dog leg” shape, may be pivotably connected at a first pivot location to a proximal portion of the second link member. The first link member may also be pivotably connected to a proximal portion of the second shaft segment at a second pivot location spaced apart from the first pivot location. The second link member, in addition to having a proximal portion pivotably connected to first link member, can also have a distal portion pivotably connected to a proximal portion of the third shaft segment.

The instrument shaft may be articulated to have first, second and third shaft segments take on a triangular configuration, and to have a distal end of a second shaft segment rotate away from an axis associated with the first shaft segment, and a distal end of a third shaft segment rotate back toward the axis of the first shaft segment. In such a triangular configuration, the working end of the instrument, such as a grasper, can be conveniently oriented to have a desired position and angular orientation with respect to a surgical site (such as viewed through a laparoscope). Two or more such instruments may be used in a relatively close, non-interfering relationship with each other, or with other instruments. Additionally, the working end can be rotated with respect to the distal most shaft segment while the instrument shaft is in a triangular configuration.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of an exemplary surgical instrument showing a first embodiment of an articulating shaft;

FIG. 2 is a perspective view of the distal end of the instrument shown in FIG. 1, showing the instrument shaft articulated into a compound angle;

FIG. 3 is a perspective view of the distal end of the instrument shaft shown in a straight configuration;

FIG. 4 is a more detailed, distal end view of the instrument shaft shown in FIG. 3;

FIG. 5 is a sectional view of the distal end of the surgical instrument of FIG. 1, shown in a straight configuration;

FIG. 6 is a sectional view of the distal end of the surgical instrument of FIG. 1, shown in an articulated configuration;

FIG. 7 is a diagrammatic view of the shaft sections, linkage and pivot connections shown in a straight configuration;

FIG. 7A is a schematic illustration showing an assembly comprising a four bar linkage mechanism where at least a portion of a second shaft segment and at least a portion of a third shaft segment serve as link members.

FIG. 8 is a diagrammatic view of the shaft sections, linkage and pivot connections shown in a representative articulated configuration;

FIG. 9 is a sectional view of an exemplary handle including controls for articulating the instrument shaft;

FIG. 10 is a perspective view of the handle of FIG. 9, shown with the handle cover removed;

FIG. 11 is a diagrammatic view of a laparoscopic procedure using a single incision, multiple device access port having multiple instrument openings, a laparoscope inserted into the access port, and two instruments having articulating shafts. FIG. 11 further illustrating the proximal portions of the instrument shafts positioned outside the body can have a bend or angle so that the handles of the instruments are less likely to hit or interfere with one another when the instrument shafts are inserted into the instrument openings of the access port;

FIG. 12 is a schematic illustration of a laparoscopic surgical site illustrating instruments such as those shown in FIG. 11, where the instrument shafts are articulated to have a compound shaft angle and a triangular configuration, and where each instrument shaft includes a shaft segment rotated away from a field of view provided by a laparoscope, and where each instrument shaft has a more distal shaft segment and associated end effector rotated toward the field of view;

FIGS. 13A and 13B are schematic diagrams of the distal end of an instrument shaft showing a second embodiment for articulating the shaft;

FIGS. 14A, 14B, and 14C are schematic diagrams of the distal end of an instrument shaft showing a third embodiment for articulating the shaft;

FIGS. 15A and 15B are schematic diagrams of the distal end of an instrument shaft showing a locking arrangement for the second articulating shaft embodiment;

FIGS. 16A and 16B are schematic diagrams of the distal end of an instrument shaft showing a fourth embodiment for articulating the shaft;

FIGS. 17A and 17B are schematic diagrams of the distal end of the instrument shaft showing a fifth embodiment for articulating the shaft;

FIG. 18A is a perspective view of the distal end of the instrument shaft showing a sixth embodiment for articulating the shaft;

FIG. 18B is a more detailed perspective view of the interconnected bands of the sixth embodiment;

FIGS. 19A and 19B are schematic diagrams of the distal end of the instrument shaft, showing a seventh embodiment for articulating the shaft; and

FIG. 20 is a perspective view of an eighth embodiment for articulating an instrument shaft.

DETAILED DESCRIPTION

Turning now to the drawing figures, wherein like numerals indicate like elements throughout the views, FIG. 1-10 illustrate an exemplary surgical instrument. As shown in FIG. 1, instrument 10 can include a proximal handle portion 12 having a pistol grip 14 shaped for gripping by a surgeon. An elongated, tubular shaft 20 extends distally from handle 12.

Shaft 20 can include multiple shaft segments, and can have a diameter that is less than or equal to about 10 mm, and more particularly less than or equal to about 5 mm to allow for insertion of the shaft through a trocar (not shown) or an instrument opening of a multiple instrument access port of the type illustrated in FIG. 11, such as during a laparoscopic surgical procedure.

A working element 22 is attached to the distal end of shaft 20. Working element 22 can comprise any of a variety of end effectors useable in a surgical procedure and sized for passage through a relatively small (5 mm or less) trocar port including, but not limited to, graspers, dissectors, scissors, and forceps. In the exemplary embodiment shown and described herein, working element 22 is a tissue grasper having a pair of reciprocating jaws for engaging and manipulating a section of

tissue. Handle **12** includes controls for operating the distal end effector as well as articulating and rotating the instrument shaft.

As shown in greater detail in FIGS. **2** and **3**, shaft **20** can have a plurality of sections along the longitudinal length of the shaft. In the embodiment shown, shaft **20** includes a primary (first) relatively proximal shaft section **24**, a second (center) shaft section **26**, third (end) shaft section **30**. While three shaft sections are illustrated, it will be understood that more than three shaft sections may be employed in other embodiments.

First shaft section **24** can be a relatively rigid tubular section, and can have the longest length of the three sections **24**, **26** and **30**. In one embodiment, the third shaft section **30** can be longer than shaft section **26**. Alternatively, shaft section **26** can be longer than shaft section **30**, or the two shaft sections **26** and **30** could have substantially equal lengths.

In FIG. **1**, first shaft section **24** is shown as extending distally from the handle in a generally straight line fashion. Alternatively, shaft section **24** can have a bend or curvature near its proximal end, such as is illustrated in FIG. **11**. Such a bend or curvature can be helpful in preventing handles of two instruments from interfering one with the other when two or more instruments are inserted in closed spaced instrument openings or closely spaced trocars. A bend or curvature in the proximal portion of shaft section **24** may be fixed, or alternatively, may be in the form of a flexible “elbow” that can be adjusted, such as manually, at the point of use.

The proximal end of first section **24** may be connected to handle **12** so as to be rotatable relative to the handle about the longitudinal shaft axis. Referring to FIGS. **2** and **6**, near the distal end of shaft **20**, second, center section **26** and the distal most (third) shaft section **30** are connected in a pivotal relationship, such that center section **26** may be rotated relative to section **24** (such as about an axis generally perpendicular to the longitudinal axis of shaft section **24**, for example an axis extending generally perpendicular to and out of the plane of FIG. **6**), and third shaft section **30** may be rotated relative to section **26** (and relative to section **24**) in a generally opposite direction.

The distal end of primary section **24** may be attached to the proximal end of center section **26**, while the distal end of the second, center section **26** may be connected to the proximal end of third, distal most shaft section **30**. End effector **22** is shown connected to the distal end of end section **30**, and preferably rotates relative to the section **30** about a longitudinal axis of section **30**. In FIG. **4**, the longitudinal axis of section **30** is generally aligned with axis **46** when the shaft sections are aligned in a generally straight line configuration. In FIG. **6**, the longitudinal axis of section **30** and working end **22** is denoted as axis **31**, and is shown inclined with respect to axis **46**.

As shown in FIGS. **3** and **4**, the adjoining ends of shaft sections **24**, **26** and **30** are shaped to include pairs of spaced arms, clevises, or similar structure for forming pivot connections/joints between the adjacent sections **24/26** and **26/30**. The gap between arm pairs **32** on center section **26** can be less than the gap between arm pairs **34**, **36** on primary and end sections **24**, **30** respectively, to allow the center section arms to be inserted between the primary and end section arms. Pins **40** are shown inserted (eg. By press fit) through holes in each set of nested arm pairs to form pivot hinge-type joints **42**, **44** between the adjacent shaft sections.

As shown in FIG. **4**, the pins **40** and associated pivot connections/joints **42**, **44** can be laterally/radially offset from the longitudinal centerline **46** of the shaft. In the embodiment shown, the pins **40** and associated pivot connections/joints are

preferably spaced from the centerline of the shaft segments and positioned near the outer edge of the shaft sections. The proximal pivot joint **42** (between the primary and center sections **24**, **26**) is shown offset on the opposite side of the shaft centerline from the distal joint **44** (between the center and end sections **26**, **30**). Without being limited by theory, it is believed such an arrangement can be advantageous to allow the second, center section **26** and the third, end section **30** to pivot in opposite directions, as illustrated in FIGS. **2** and **6**. Such an arrangement can also facilitate rotation of the distal portion of second section **26** away from the shaft axis **46**, and rotation of the distal portion of the third section **30** back toward the shaft axis **46**. As shown in FIG. **6**, such an arrangement can permit the working end **22** (and also the distal portion of third section **30**) to “cross” the axis **46**. In the embodiment illustrated in FIG. **6**, the working end **22** can be positioned at or near the axis **46**, or across the axis **46**, with the axis **31** of section **30** and working end **22** inclined with respect to the axis **46**, as shown in FIG. **6**.

FIGS. **5**, **6**, **7**, and **7A** illustrate the instrument **10** may include an assembly comprising a four bar linkage mechanism for providing pivoting center section **26** relative to primary and end sections **24**, **30**. The four bar linkage may include at least a portion of shaft section **26**, at least a portion of shaft section **30**, at least a portion of a relatively rigid first link **52**, and at least a portion of a second link **60**. At least a portion of link **52** can extend through at least a portion of shaft section **24**, and at least a portion of second link **60** can extend through at least a portion of shaft section **26**.

FIG. **7A** provides a schematic illustration of the configuration of such a four bar linkage, comprising at least a portion of sections **24** and **30** and links **52** and **60**. In FIG. **7A**, portions of elements **24**, **30**, **52**, and **60** are represented as simple link components for purpose of simplified illustration.

Referring to FIGS. **5-7**, first link **52** may be disposed at partially within shaft section **24**, and can include a proximal end operatively associated with a driving mechanism in handle **12**. Arrow **54** in FIGS. **5** and **6** illustrates force/motion imparted to link **52** by the drive mechanism in handle **12**. The distal portion of first link **52** can include a “dog leg” shape. The “heel” of the distal portion of first link **52** can be pivotably connected to the proximal portion of second (center) shaft section **26** at a pivot connection/joint **56**.

The pivot connection/joint **56** between first link **52** and proximal end of center section **26** can be positioned on the opposite side of the shaft longitudinal centerline from the pivot connection **42** between the primary shaft section **24** and center shaft section **26**. The “toe” of the distal end of first link **52** can be pivotally attached to the proximal end of the second relatively rigid link **60**, as indicated at pivot connection/joint **62**. In turn, the distal end of second link **60** can be pivotally connected to a proximal portion of third shaft section **30** at a pivot connection/point indicated at **64**.

The pivot connection/joints can be provided with a pin inserted through the respective parts to allow the parts to pivot relative to each other. The linkage formed in part by first and second links **52**, **60** enables joints **42**, **44** to be substantially simultaneously actuated by a proximal pulling force on the first link **52** (by actuator in handle) to articulate the shaft **20** into a triangulated position, as shown in FIG. **6**. In this position, a compound angle is formed by the separate shaft sections, with the axes of the shaft sections lying in separate, intersecting planes that extend perpendicularly out of the plane of FIG. **6**. The axes of the shaft sections also lie within a common plane generally parallel to the plane of FIG. **6**.

The compound angle in shaft **20** enables end effector **22** to approach a surgical site in a non-linear position relative to the

primary shaft section 24. The degree of the compound angle formed by the pivoting shaft sections can be varied by varying the pulling force/displacement on first link 52. Varying the size of the compound angle changes the direction of approach of end effector 22 to the surgical site, which can assist in

FIGS. 7 and 8 illustrate in greater detail the compound angle formed by shaft sections 24, 26 and 30, as well as the movement of the first and second links 52, 60 as the shaft sections pivot about joints 42, 44. As shown in FIG. 7, the pivot connection between first link 52 and center section 26 is spaced from the pivot connection between primary and center sections 24, 26 by a distance labeled R1. Likewise, the pivot connection 64 between second link 60 and end section 30 is spaced from the pivot connection between the center and end shaft sections 26, 30 by a distance labeled R2. As first link 52 is pulled proximally by a driving force in handle 12, the link in turn pulls proximally on second link 60. As the links are pulled proximally, the links apply a pulling force on center and end sections 26, 30. The opposing, off-center locations of the pivot points between the three shaft sections 24, 26 and 30, as well as the off-center and opposing locations of the pivot connections between the first and second links 52, 60 and center and end sections 26, 30, result in the sections pivoting/rotating in opposite directions, relative to the shaft centerline, in response to the pulling force of the links.

As shown in FIG. 8, the pivoting shaft sections 26, 30 form a pair of angles identified as angle A1 (between primary section 24 and center section 26) and angle A2 (between center section 26 and end section 30). The measure of angles A1 and A2 can be dependent, at least in part, upon the distances R1 and R2 between the respective pivot connections, with each of the angles A1, A2 being determined separately by the associated distance R1, R2. The desired range for the compound angle formed by A1 and A2 in one embodiment is determined by the distances R1 and R2, with the distance R2 (between the distal pivot connections) being less than or equal to the distance R1 (between the proximal pivot connections). In at least one embodiment, the ratio R1/R2 of the separation distances can be the same as the ratio A1/A2 of the angles. Angle A1 can preferably be in the range of 90°-180°, while angle A2 can preferably be in the range of 60°-180°. Each of the distances R1 and R2 between the respective pivot connections may be limited by the outside diameter of shaft sections 24, 26 and 30, though in alternative embodiments, extensions or tabs could be used to increase R1 and/or R2 beyond what would generally be considered the outside diameter of the shaft sections. In one embodiment, the values of R1 and R2 range between a minimum of (0.5×diameter) and a maximum of (0.85×diameter) of the respective shaft section at the designated pivot point.

As mentioned above, instrument 10 includes a handle 12 having controls for articulating shaft 20 as well as operating end effector 22. In the exemplary handle shown in FIGS. 9 and 10, first link 52 is shaped as a rigid tube having a proximal end attached to a driving mechanism in the handle. The driving mechanism includes a carriage 70 having a toothed surface in contact with a pawl 72. A lever 74 extends from the surface of handle 12 and can be manually operated by the surgeon as the surgeon grips the handle. A rod 76 connects the distal end of lever 74 to carriage 70. Lever 74 pivots about a pin 80 connected at a distal end. The pivoting of lever 74 is conveyed through rod 76 to carriage 70 to translate the carriage (and thus link 52) proximally and distally inside the handle. As carriage 70 translates, pawl 72 engages the ridges of the toothed surface to hold the position of first link 52 (and thus the angle of the articulated shaft) between actuations of

lever 74. As lever 74 pivots downward, carriage 70 pulls first link 52 proximally within handle 12, causing the first and second links 52, 60 to articulate the distal end of shaft 20 into a triangulated configuration. As lever 74 pivots upward, carriage 70 pushes first link 52 distally, in turn pushing second link 60 distally through connection 62, straightening sections 26, 30 of shaft 20 into a linear configuration. As an alternative to lever 74 and carriage 70, other types of controls could be included within handle 12 for applying force to first link 52 in the direction of the shaft axis to articulate (and/or straighten) the distal shaft end.

A second driving mechanism may be included in handle 12 for operating end effector 22. This second driving mechanism can include a translating element extending from handle 12, distally through shaft 20, to end effector 22. The translating element includes a wire rod 82 having a proximal end attached to an activating member in the handle. The activating member includes a ratchet 86 which is driven by a thumb trigger 84. Ratchet 86 translates rod 82 along the longitudinal axis of shaft 20 in response to manual pressure on trigger 84. As trigger 84 is pivoted relative to the handle case, the trigger ratchets rod 82 proximally or distally through link 52. The translating element includes a flexible segment 88 (shown in FIG. 6) connected to rod 82 proximal of the pivot and end shaft sections 26 and 30. Flexible segment 88 is comprised of a pliable material such as, for example, nitinol, which is crimped onto the distal end of rod 82. The flexible segment continues distally through the articulating region of shaft 20 to end effector 22. The distal, flexible segment of the translating element is connected to end effector 22 to alter the condition of the effector, such as opening and closing the tissue grasper jaws, in response to translation of rod 82. The flexible extension of rod 82 through the articulating region of shaft 20 provides for control of the working instrument tip, yet allows for the articulation of the shaft at pivot joints 42, 44. The flexible extension also allows the end effector to be rotated through the articulated shaft.

A button 90 can be included on handle 12 for closing and holding the position of thumb trigger 84 to maintain the end effector in a particular state. A control, such as a knob 92, is also included in handle 12 for rotating the end effector 22. Knob 92 can rotate rod 82 a full 360° to in turn rotate the end effector (tissue grasper) a full revolution. An additional control, such as a second knob 96, is also provided on handle 12 for rotating shaft 20 a full 360° about the longitudinal shaft axis. The proximal end of shaft 20 is connected within knob 96 for rotating the shaft. A bushing 100 surrounds link 52 distal of carriage 70 for rotating the link relative to the carriage. Knobs 92, 96 allow for separate, relative rotation between the shaft and end effector. Shaft 20 can be rotated while articulated at joints 42, 44 to further increase the positioning range of the end effector.

Turning now to FIG. 11, which depicts a laparoscopic procedure using a single incision, multiple device access port device 102. Port device 102 can be inserted through a small incision in the abdominal cavity, such as at the navel, to provide access for a laparoscope 104 and the surgical instruments to the operative site. Port device 102 can include multiple instrument openings, each having an associated valve assembly. In FIG. 11, a pair of surgical instruments 10 are shown as a laparoscope 104 (for visualization) are shown inserted through the device 102 into the surgical site.

Additional details regarding suitable single incision, multiple device access ports can be found in the following copending patent applications incorporated by reference in their entirety herein: U.S. patent application Ser. No. 12/399,482 entitled "Methods And Devices For Providing Access

Into A Body Cavity” filed Mar. 6, 2009, U.S. patent application Ser. No. 12/399,473 entitled “Methods And Devices For Providing Access Into A Body Cavity” filed Mar. 6, 2009, U.S. patent application Ser. No. 12/512,542 entitled “Methods And Devices For Providing Access Into A Body Cavity” filed Jul. 30, 2009, and U.S. patent application Ser. No. 12/512,568 entitled “Methods And Devices For Providing Access Into A Body Cavity” filed Jul. 30, 2009.

The instruments can be inserted through port device 102 into the body cavity in an initial, straight shaft configuration. After insertion, the instruments can be manipulated to bring the end effectors together in a non-interfering, cooperative relationship as shown in FIGS. 11 and 12.

The shafts 20 of each instrument can be articulated and rotated, in the manner described above, as necessary to reach the surgical site. The articulation angle of each shaft can be varied in increments using levers 74. As the shafts are articulated, the shafts can be simultaneously rotated via the handles 12 to draw the end effectors 22 together. The instrument shafts 20 can be triangulated and rotated to bring the end effectors 22 together at the surgical site, and position the end effectors within the viewing angle 110 of the laparoscope 104 as shown in FIG. 12.

FIGS. 13A and 13B show an alternative embodiment for articulating the distal end of the instrument shaft 20. In this embodiment, shaft 20 is divided into three tubular sections 24, 26 and 30, with pivot connections 112, 114 between the sections being offset from the shaft centerline 46 and positioned near the outer edges of the tube. The four bar linkage of the first embodiment is replaced with a single flexible member 116 that extends through the interior of the sections, to a connection point indicated at 120 in the distal, end section 30. In this embodiment, shaft 20 is articulated into a compound angle by applying a proximally directed pulling force to element 116, as indicated by arrow 122. The pulling force of element 116 on end section 30 pivots the section relative to center section 26 at connection point 114, which in turn pivots the center section relative to primary section 24 about pivot connection 112, producing compound angles A1 and A2, as shown in FIG. 13B. To straighten shaft 20, the pulling force on element 116 is released, allowing the element to slack and release the pivoting force on shaft sections 26, 30. As the tension in element 116 is released, shaft sections 26 and 30 will return to a substantially straight configuration. Flexible member 116 can comprise a tension cable or, alternatively, the member can be formed of an electroactive polymer, shape memory polymer or nitinol wire. Using the polymers, energy can be provided to the member to reduce the size of the member, thereby causing the member to pull proximally on end section 30 to pivot the sections. Using a nitinol wire, the wire can be activated to contract, applying a proximally directed force to end section 30. As the activating energy is removed, the nitinol wire will return to its original condition, causing the shaft sections 26, 30 to return to the straight configuration of FIG. 13A.

FIGS. 14A through 14C show a third alternative embodiment for articulating the instrument shaft 20, in which a pair of flexible members 116, 124 are alternatively pulled proximally to pivot sections 26, 30 of the shaft. Flexible members 116, 124 extend through the interior of the tubular shaft 20 and are connected to opposing inner surfaces of end section 30, as indicated at 130, 132. Applying a proximal pulling force, indicated by arrow 122, to one of the flexible members 116 causes the member to pull down on one side of end section 30, pivoting the section relative to center section 26 at connection 114. As end section 30 pivots down, the center section 26 is in turn pivoted in the opposite direction relative

to primary section 24 at connection 116. The opposing pivot directions of end section 30 and center section 26 form the compound angle A1, A2. To return shaft 20 to a straight configuration, the proximal pulling forces on flexible members 116 and 124 are switched, with a pulling force, indicated by arrow 134, being applied to the opposite member 124. The pulling force of member 124 on the opposite side of end section 30 pivots the end section and, correspondingly, center section 26, back to a straight configuration.

FIGS. 15A and 15B illustrate an alternative locking arrangement for the single flexible member embodiment shown in FIGS. 13A and 13B. This arrangement provides for locking shaft 20 in a straight configuration in the absence of a proximal pulling force on member 116. The locking arrangement is applicable when element 116 is a tension cable. In this arrangement, pairs of guide rings 140 are connected to the inner edge of shaft 20 on the side opposite each of the pivot connections 112, 114. A guide ring 140 is connected to each of the shaft sections at the pivot joint. Pins 142 are attached along the length of cable 116, with the pins having a diameter to fit within guide rings 140 and a length longer than the longitudinal distance between each pair of rings. Pins 142 are positioned along cable 116 so as to reside within guide rings 140 when the cable is in a non-tensioned state. A spring 144 is attached to the inside of shaft 20 adjacent the shaft distal end for biasing element 116 and pins 142 distally. As a proximal pulling force (indicated by arrow 122) is applied to cable 116, the movement of the cable pulls pins 142 from between guide rings 140. Releasing pins 142 from guide rings 140 allows shaft sections 26 and 30 to pivot in response to the pulling force of cable 116. When the proximal pulling force 122 on cable 116 is released, spring 144 pulls cable 116 and pins 142 distally, causing the pins to lodge within the pairs of guide rings 140 to lock the pivot joints 42, 44 in a straight configuration.

FIGS. 16A and 16B show a fourth embodiment for articulating an instrument shaft. In this embodiment, a flexible cable 150 is wrapped about a pair of pulleys 154, 156 to pivot shaft sections 26 and 30 at joints 42, 44. Pulleys 154, 156 are attached to the pivot connections between the shaft sections. The proximal pulley 154 has a larger diameter than the distal pulley 156. The ratio between the pulley diameters determines the ratio between the angles A1 and A2 of the compound shaft angle. The smaller diameter of distal pulley 156 causes the pulley to rotate at a higher velocity than the proximal pulley 154 in response to a proximal pulling force indicated by arrow 122. The higher rotation speed of pulley 156 pivots end section 30 relative to center section 26 at joint 44 at a faster rate than the pivoting of the center section 26 relative to the primary section 24 at joint 42. The difference in pivot rates results in the distal angle A2 being less than the proximal angle A1. As the proximal pulling force is removed, cable 150 retracts back about the pulleys 154, 156 returning shaft 20 to a straight configuration.

FIGS. 17A and 17B show a fifth embodiment for articulating an instrument shaft 20. In this embodiment, a rack and pinion is connected to each of the pivot joints 42, 44 between the shaft sections 24, 26 and 30. The proximal pinion 160 has a larger diameter than the distal pinion 162 to produce a proximal angle A1 that is larger than the distal angle A2. As a flexible member 150 is pulled proximally, as indicated by arrow 122, the flexible member pulls the attached racks 164 along the edges of the pinions 160, 162, rotating the pinions. The rotation of pinions 160, 162 in turn pivots the attached shaft sections 26, 30 at joints 42, 44, as shown in FIG. 17B. To return shaft 20 to a straight configuration, the flexible member

150 is allowed to retract, drawing the racks 164 back across pinions 160, 162 to rotate the pinions back in the opposite direction.

FIGS. 18A and 18B show a sixth embodiment for articulating an instrument shaft 20. In this embodiment, a pair of bands 170, 172 extend proximally through shaft 20 to the instrument handle (not shown). Bands 170 and 172 can be flexible or semi rigid. Bands 170, 172 are shown stacked together so as to allow relative sliding motion between the bands. Bands 170, 172 can be fixed together at the distal end of the shaft, as indicated at 176. Proximal of attachment point 176, bands 170, 172 are interconnected by threading a first one of the bands 170 through notches 174 in the second band 172, as shown in FIG. 18B. The distal, connected ends of the two bands are attached to the end effector 22. To move the end effector, the proximal end of the second band 172 is pulled proximally while the proximal end of the first band 170 is held fixed. The relative pulling motion between the bands causes the second band 172 to slide relative to the first band 170. The relative sliding motion between the bands causes the first band 170 to bow relative to the second band 172. Bands 170, 172 are constrained by the distal shaft sections 26, 30 such that the flexing movement of the bands articulates the shaft sections as shown in FIG. 18A, moving the position of the end effector 22.

FIGS. 19A and 19B show a seventh embodiment for articulating an instrument shaft. In this embodiment, pairs of magnets 180 are located at each of the pivot joints 42, 44 between the shaft sections 24, 26 and 30 to pivot the sections. The magnet pair at joint 42 is located on the opposite side of shaft 20 from the pair at joint 44 to pivot the sections in opposite directions relative to the longitudinal shaft axis. The magnet pairs 180 are oriented with opposite poles facing, so that the magnets are drawn towards each other to pivot the shaft sections. A movable overtube 182 extends over shaft 20. When overtube 182 is in a forward position, covering the length of shaft 20 as shown in FIG. 19A, the overtube forces the magnet pairs 180 apart, constraining shaft sections 24, 26 and 30 to a straight condition. When overtube 182 is retracted, as shown in FIG. 19B, the forces between magnet pairs 180 draw the magnets together, pivoting the shaft sections 24, 26 and 30 at joints 42, 44.

FIG. 20 shows another alternative embodiment for articulating an instrument shaft, in which a pair of flexible linkages, such as cables 190, 192, extends longitudinally through shaft sections 24, 26 and 30. The distal end of a first one of the cables 190 is attached to center shaft section 26, as shown at 194, while the distal end of the second cable 192 is attached to the end shaft section 30, as shown at 196. The distal ends of cables 190, 192 are attached to opposite sides of the shaft 20, with first cable 190 attached to the outer surface of the shaft and second cable 192 attached to the inner surface of the shaft. Shaft sections 24, 26 and 30 are connected together by hinge joints 42, 44. To articulate shaft 20, proximally directed pulling forces are applied to the proximal ends of cables 190, 192 by driving mechanisms within handle 12 (not shown). These pulling forces are transferred through cables 190, 192 to the respective shaft sections 26, 30. As the cables 190, 192 exert a pulling force on sections 26, 30 the sections pivot about joints 42, 44 as shown. Shaft sections 26, 30 pivot in opposite directions relative to the shaft axis to form a compound angle, due to the opposing positions of the distal cable end connections. To return shaft 20 to a straight configuration, the pulling forces on cables 190, 192 are released, allowing the cables to slack and release the force on shaft sections 26, 30.

The foregoing description of embodiments of the invention has been presented for purposes of illustration and descrip-

tion. It is not intended to be exhaustive or to limit the invention to the precise form disclosed. Modifications or variations are possible in light of the teachings in the art. The embodiments were chosen and described in order to best illustrate the principles of the invention and its practical application to thereby enable one of ordinary skill in the art to best utilize the invention in various embodiments and with various modifications as are suited to the particular use contemplated. It is intended that the scope of the invention not be limited by the specific embodiments described above.

What is claimed is:

1. A medical device comprising:

an actuator comprising an articulation input and an actuation input;

a shaft comprising

a proximal shaft portion connected to the actuator, the proximal shaft portion defining a longitudinal centerline,

a middle shaft portion connected to the proximal shaft portion by a single first pivot joint laterally offset on a first side from the longitudinal centerline of the proximal shaft portion and from a longitudinal centerline of the middle shaft portion, the first pivot joint connected to the articulation input such that the articulation input causes the middle shaft portion to articulate laterally away from the longitudinal centerline of the proximal shaft portion,

a distal shaft portion connected to the middle shaft portion by a single second pivot joint laterally offset on a second side opposite the first side from the longitudinal centerline of the middle shaft portion and from a longitudinal centerline of the distal shaft portion, the second pivot joint connected to the articulation input such that the articulation input causes the distal shaft portion to articulate medially towards the longitudinal centerline of the proximal shaft portion; and

an end effector connected to the distal shaft portion and operably connected to the actuation input.

2. The medical device of claim 1, wherein the end effector comprises a pair of jaws that open and close relative one another.

3. The medical device of claim 1, wherein the articulation input simultaneously articulates the middle shaft portion about the first pivot joint and the distal shaft portion about the second pivot joint.

4. The medical device of claim 1, further comprising a first link positioned in the proximal shaft portion, the first link connected to the articulation input and to the middle shaft portion.

5. The medical device of claim 4, further comprising a second link positioned in the middle shaft portion, the second link being connected to the first link and to the distal shaft portion.

6. The medical device of claim 1, further comprising a flexible articulation member positioned in the proximal and middle shaft portions, the flexible articulation member being connected to the articulation input and to the distal shaft portion.

7. A medical device comprising:

an actuator comprising an articulation input and an actuation input;

a shaft comprising a proximal shaft portion connected to the actuator, the proximal shaft portion defining a longitudinal axis, a middle shaft portion connected to the proximal shaft portion by a single first pivot joint on a first side of the longitudinal axis, and a distal shaft portion connected to the middle shaft portion by a single

second pivot joint on a second side opposite the first side,
wherein the first and second pivot joints are offset on
opposite lateral sides of a longitudinal centerline of the
middle shaft portion; and
an articulation linkage connected to the shaft and the 5
articulation input, the articulation linkage being oper-
able to pivot the middle shaft portion about the first pivot
joint such that the middle shaft portion articulates later-
ally away from the longitudinal axis, and simultaneously
pivot the distal shaft portion about the second pivot joint 10
such that the distal shaft portion articulates medially
towards the longitudinal axis; and
an end effector connected to distal shaft portion, the end
effector being operably connected to the actuation input.

* * * * *

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摘要(译)

一种医疗装置包括具有致动器的手柄。轴从手柄向远侧延伸。第一轴段从手柄向近侧延伸并具有近端和远端。第二轴段具有近端和远端，并且在第一偏移方向上在从轴的纵向轴线偏移的位置处相对于第一轴段的远端可枢转地支撑。第三轴段具有近端和远端，并且在不同于第一偏移方向的第二偏移方向上在从轴的纵向轴线偏移的位置处相对于第二轴段的远端可枢转地支撑。第一构件延伸穿过第一轴段的至少一部分并且与致动器操作地相关联。第二构件延伸穿过第二轴段的至少一部分。第二构件具有相对于第一构件的远端可枢转地支撑的近端和相对于第三轴段可枢转地支撑的远端。致动器可操作以提供第二和第三轴段的基本上同时的复合铰接。

