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(54) METHOD AND APPARATUS FOR ANCHORING LAPAROSCOPIC INSTRUMENTS

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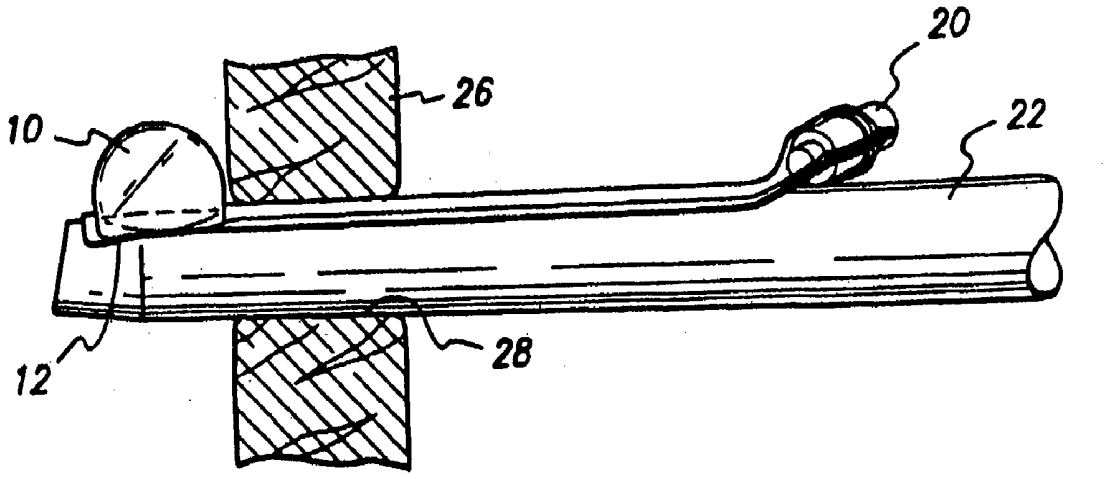
Publication Classification

(51) **Int. Cl.**[7] **A61B 17/34**

(52) **U.S. Cl.** **606/185**

(57) **ABSTRACT**

A balloon anchor provides for the anchoring of a surgical instrument, such as conventional trocar sheath, within a puncture opening formed by a trocar. When used on a trocar sheath, the anchor is secured to the smooth outer surface of the sheath for extension through the puncture opening as the trocar within the sheath forms the opening. Adhesive or mechanical means are provided to secure the balloon the instrument. No modification to the structure of the instrument is required. Once in place within the opening, the balloon is inflated to the interior of the tissue to anchor the instrument in place. Certain embodiments also provide for inflation of the is balloon within and/or to the exterior of the opening.



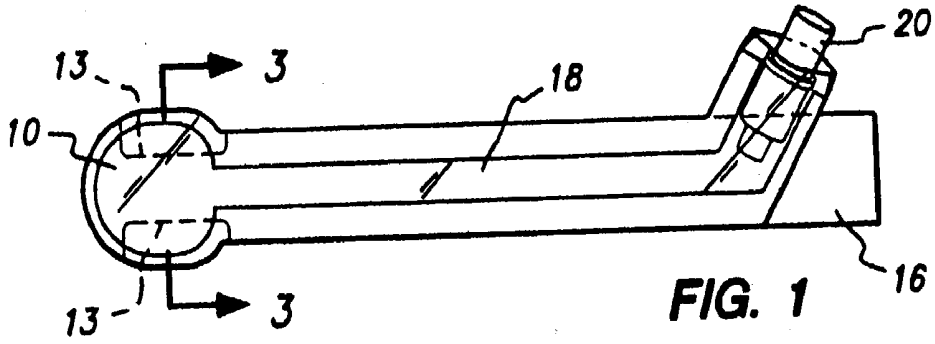


FIG. 1

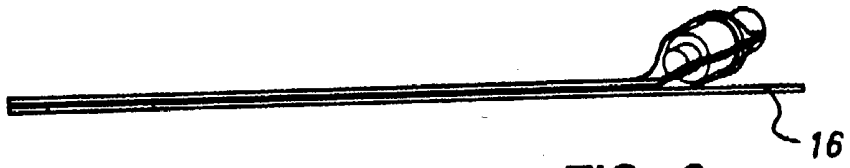


FIG. 2

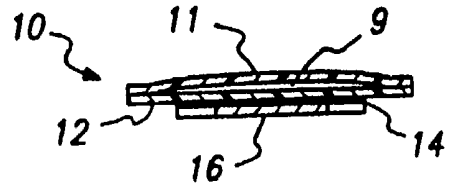
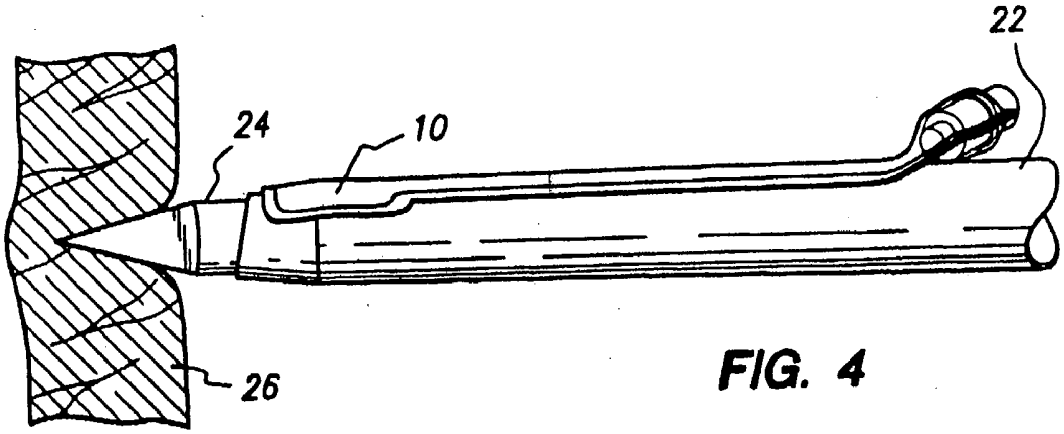


FIG. 3



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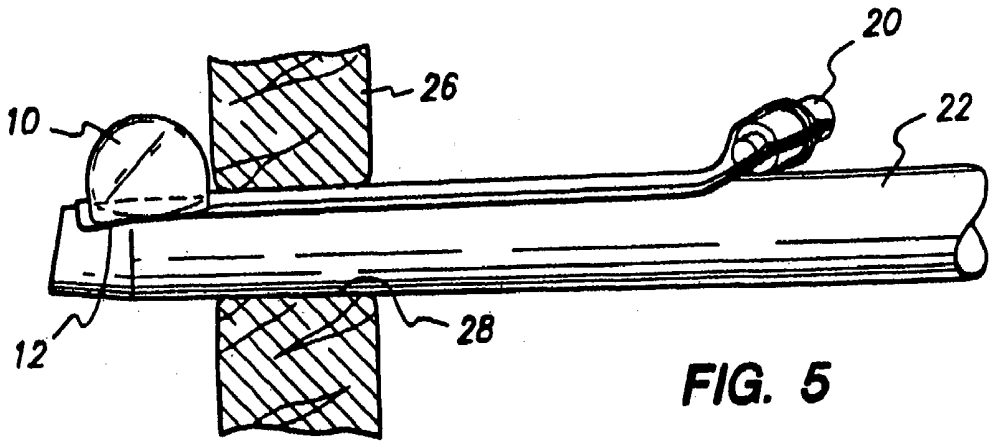


FIG. 5

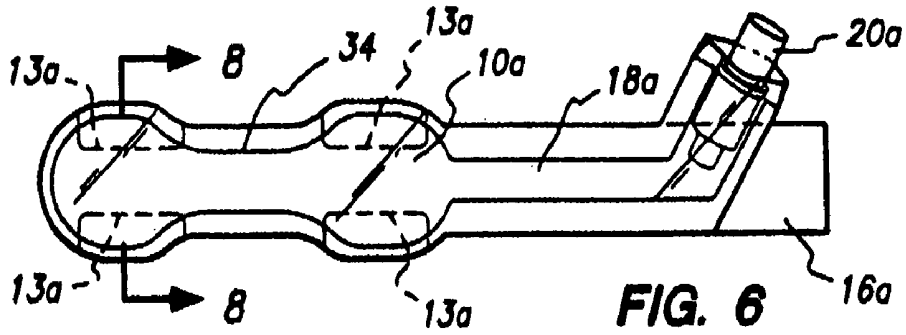


FIG. 6

FIG. 7

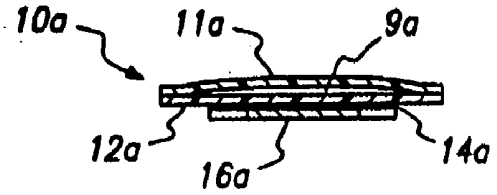


FIG. 8

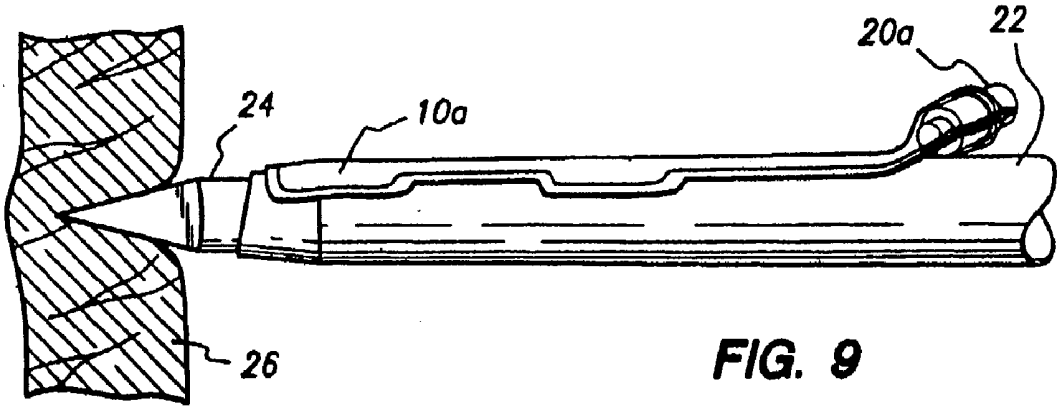
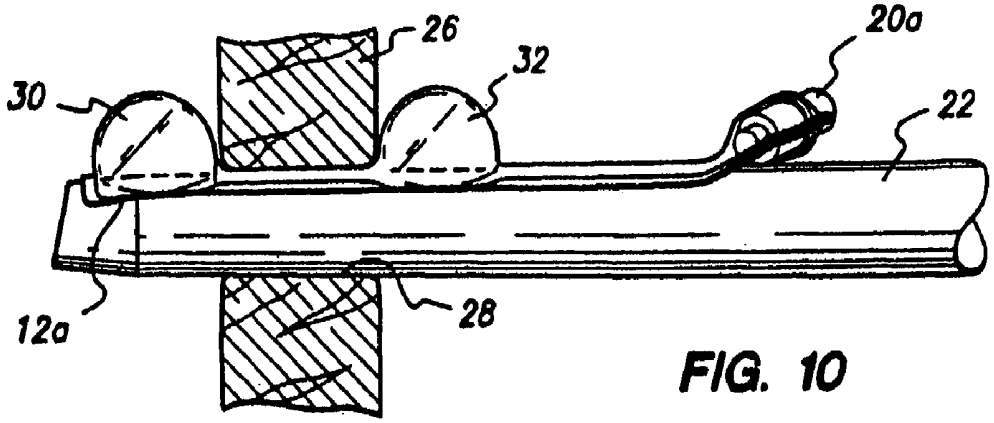


FIG. 9



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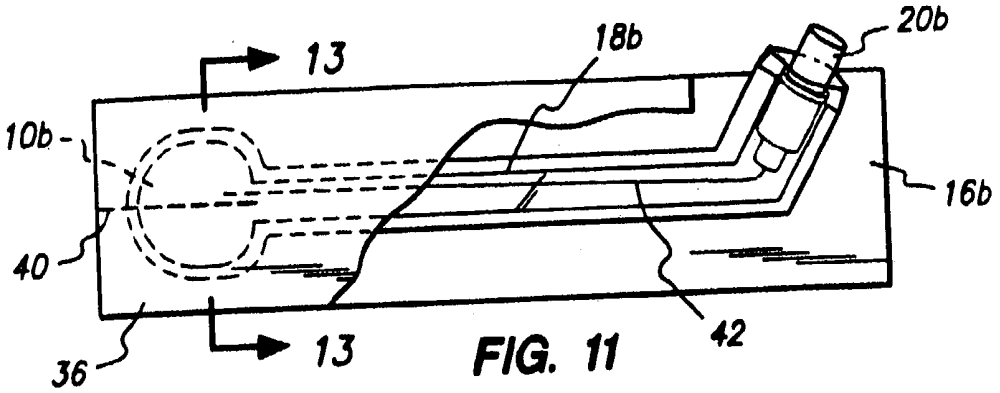

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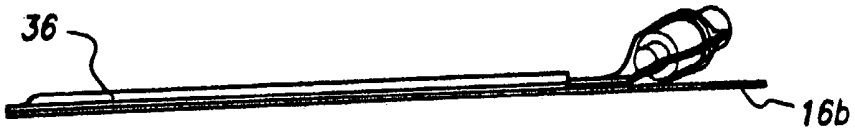

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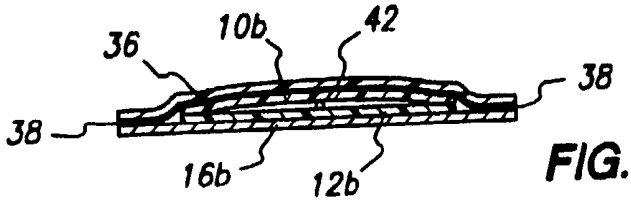

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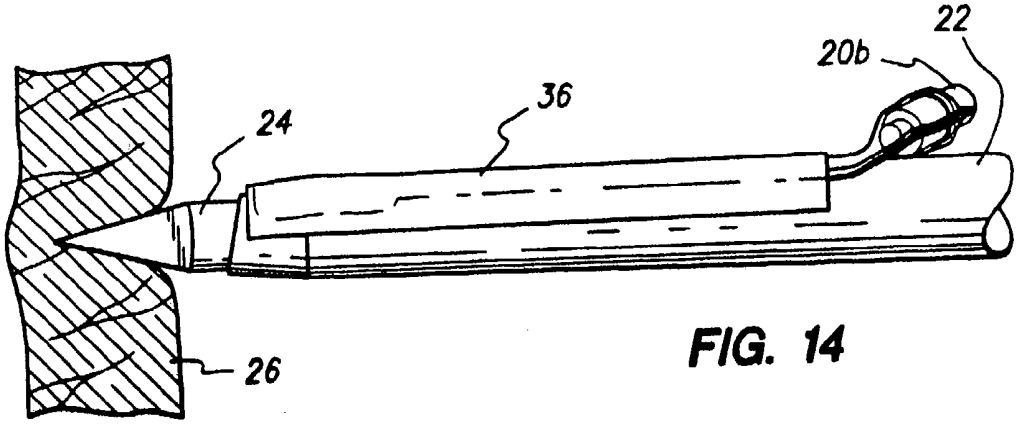

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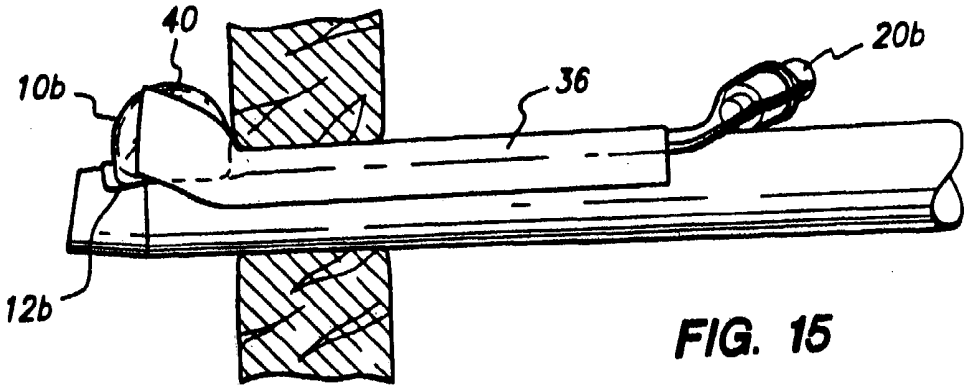

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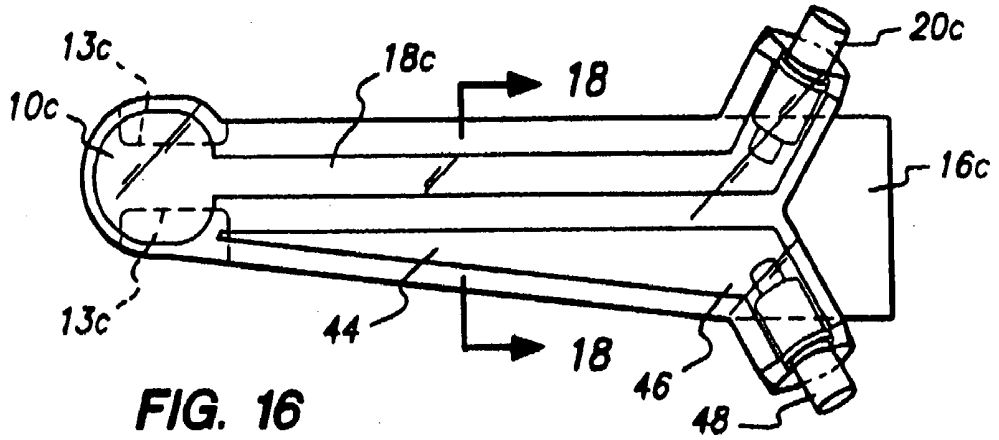

FIG. 16

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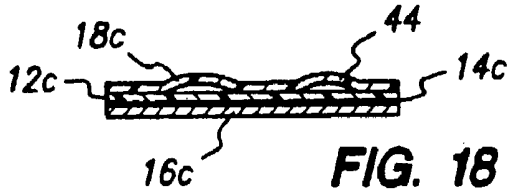

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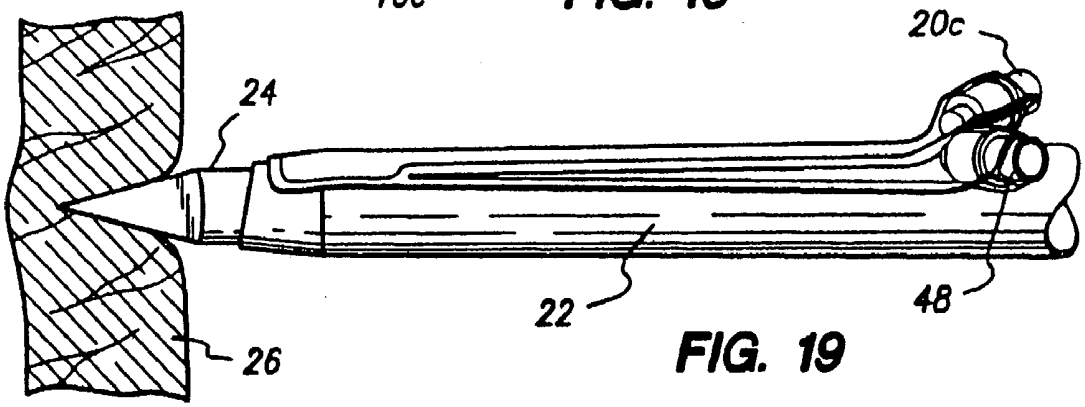

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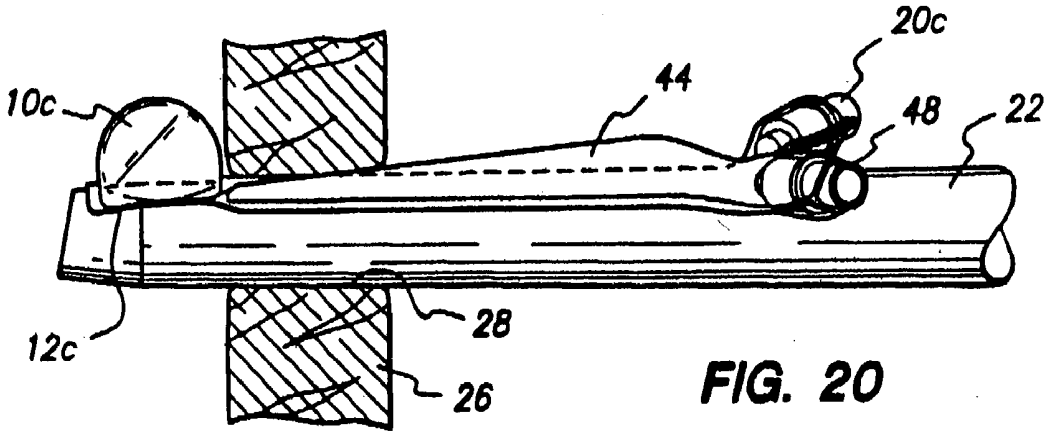

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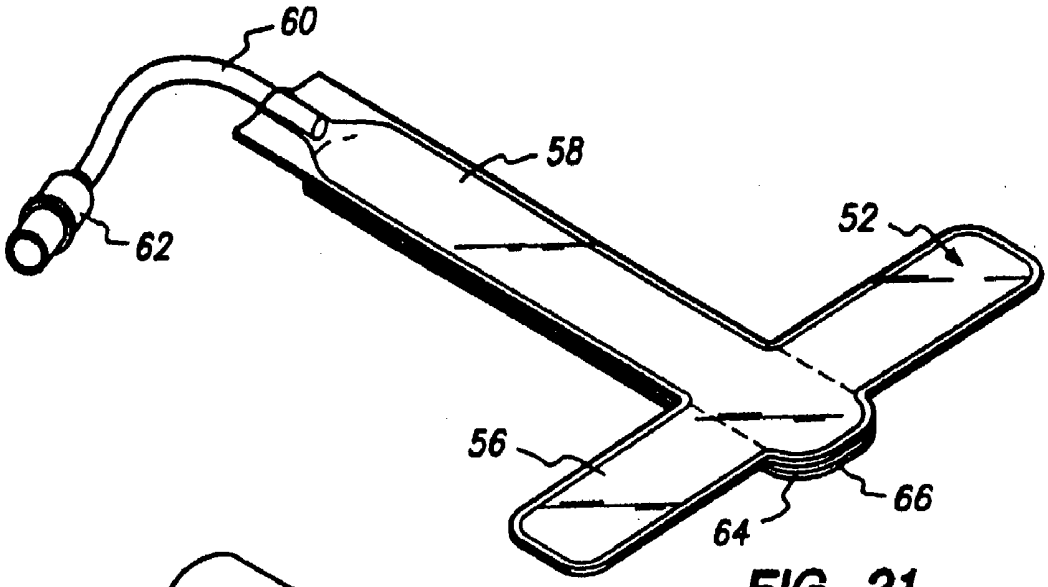

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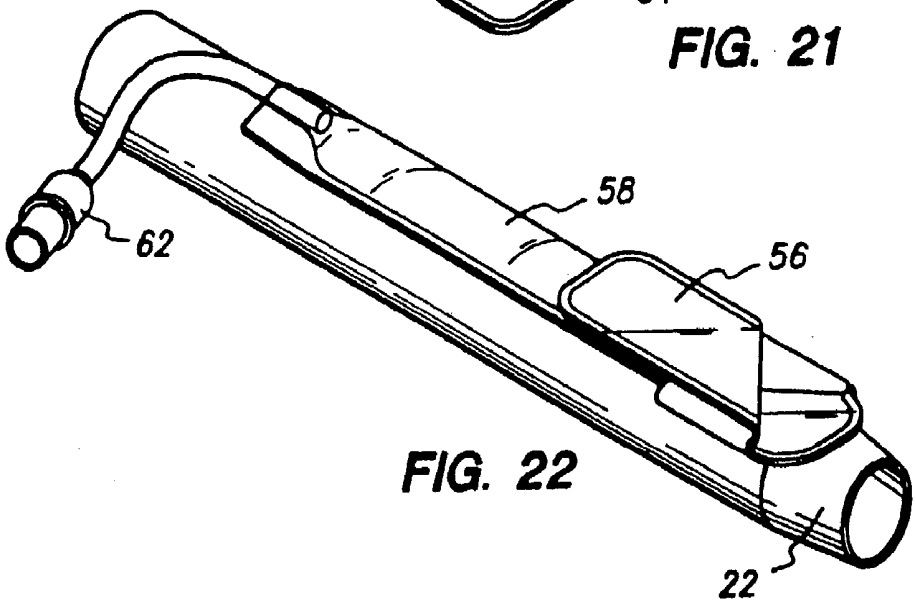

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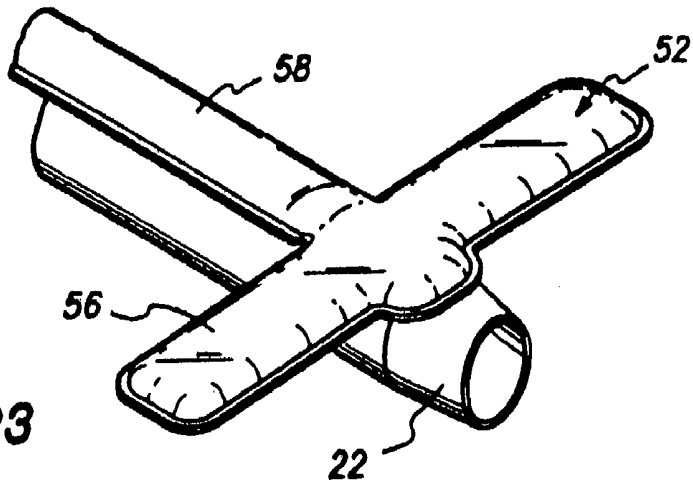

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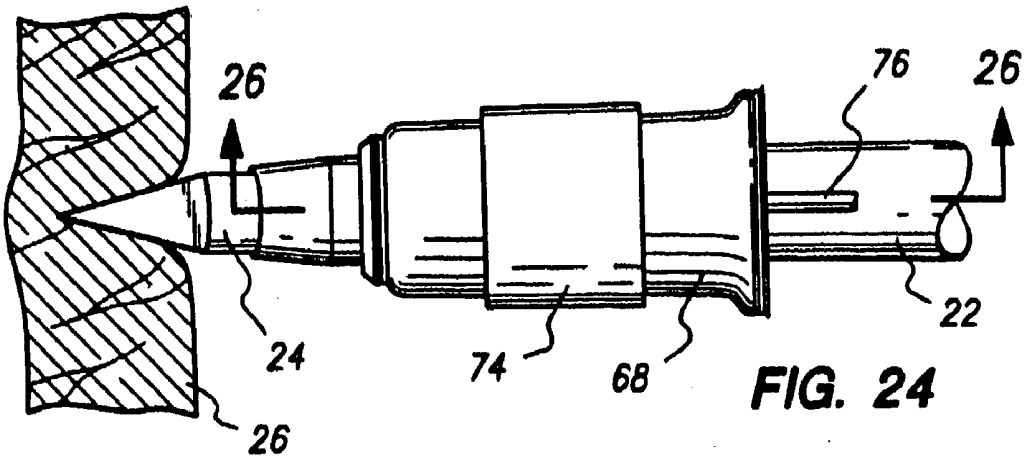

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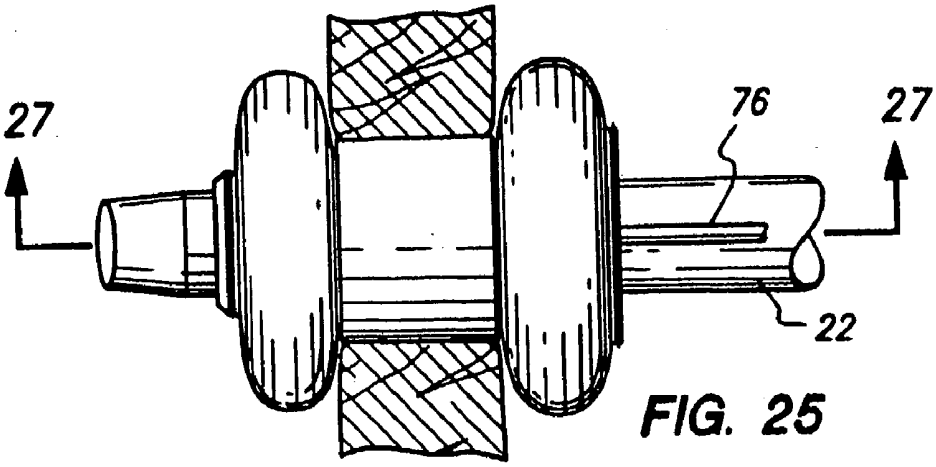

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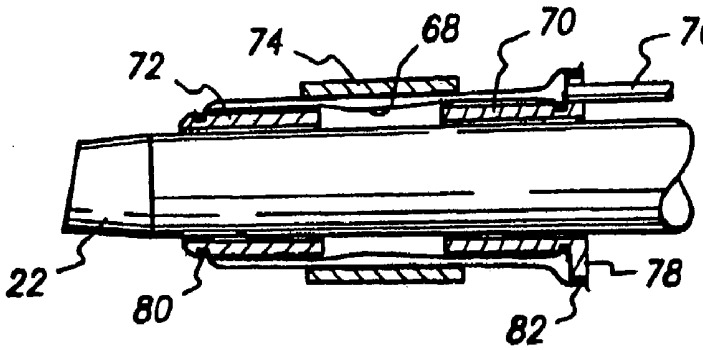

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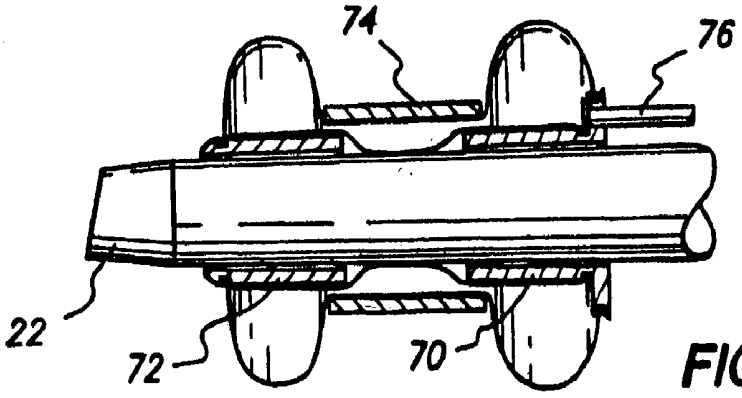

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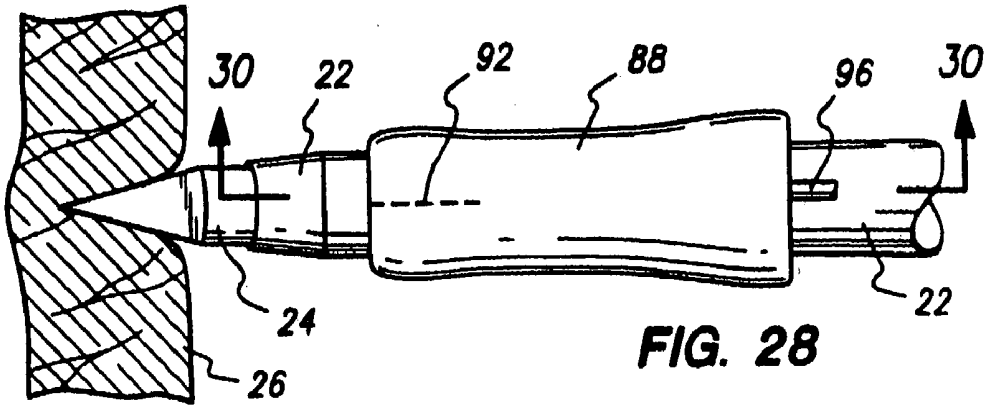

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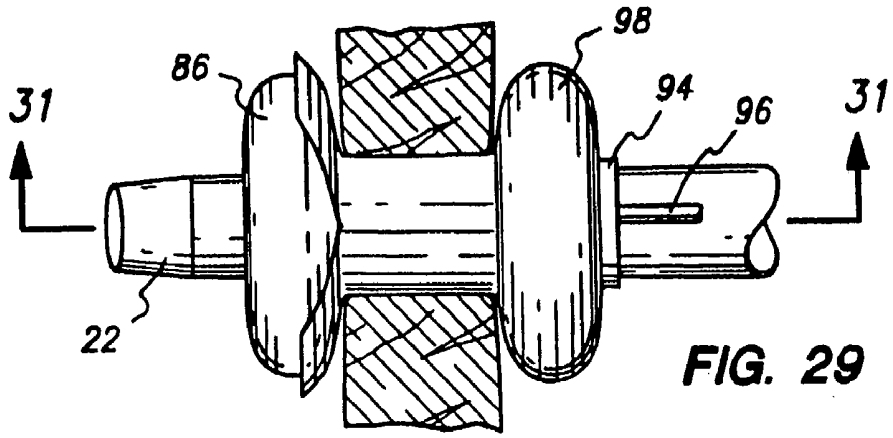

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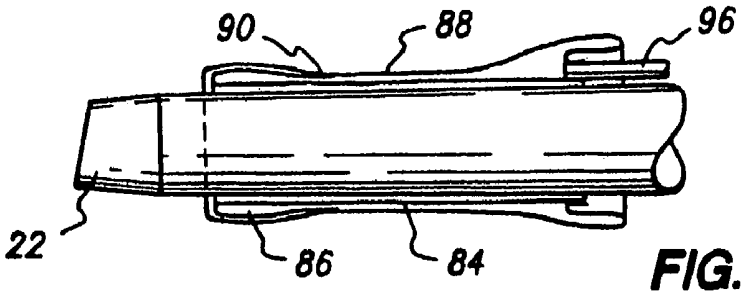


FIG. 30

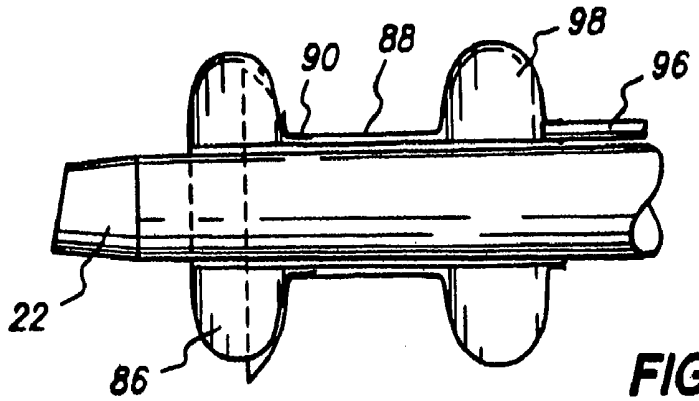
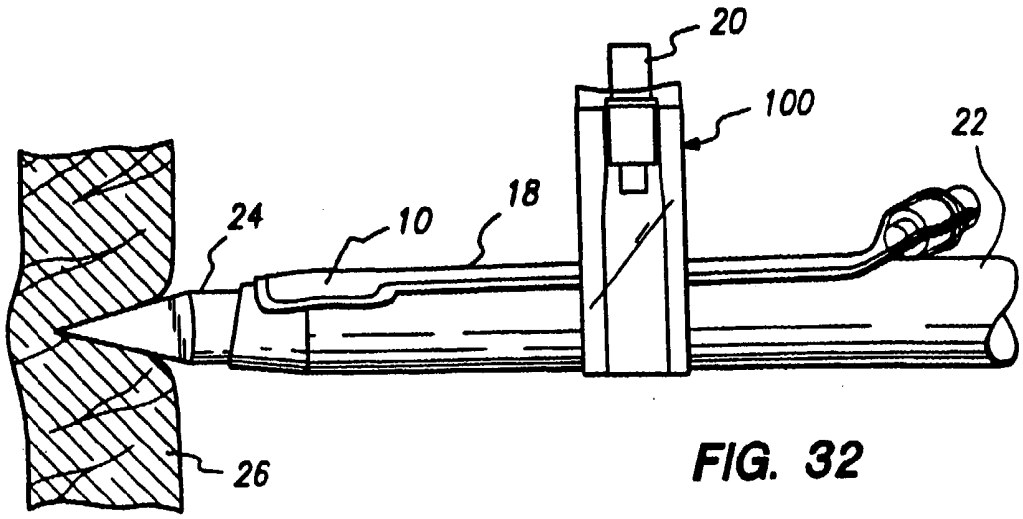


FIG. 31



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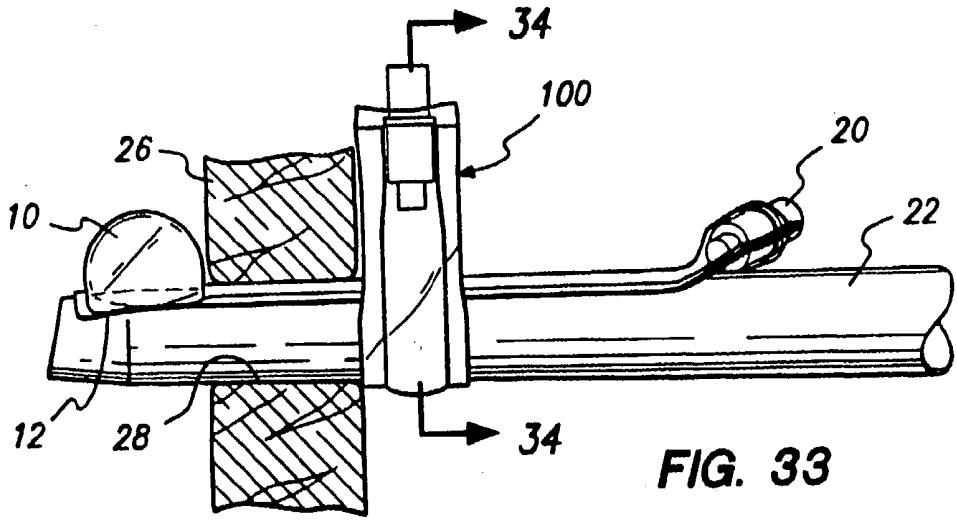


FIG. 33

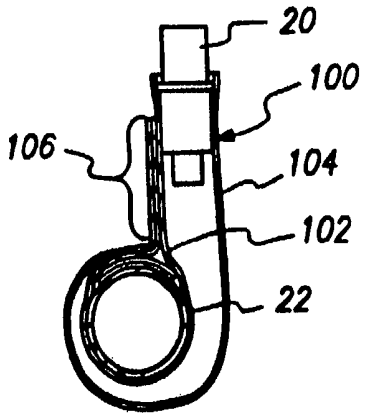


FIG. 34

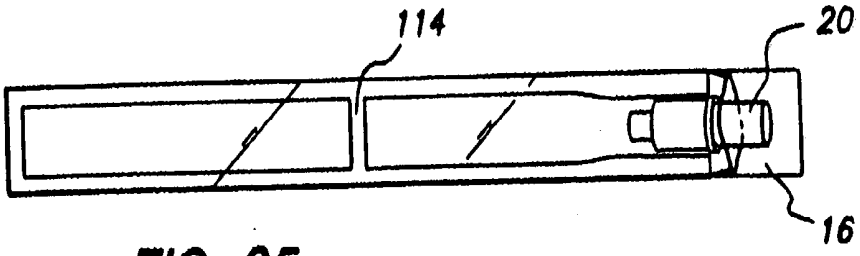


FIG. 35

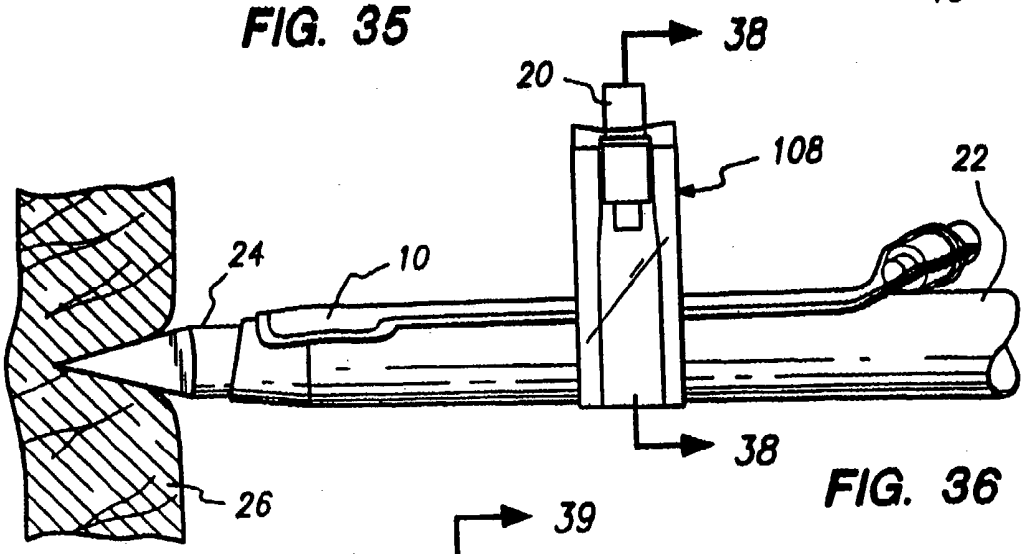


FIG. 36

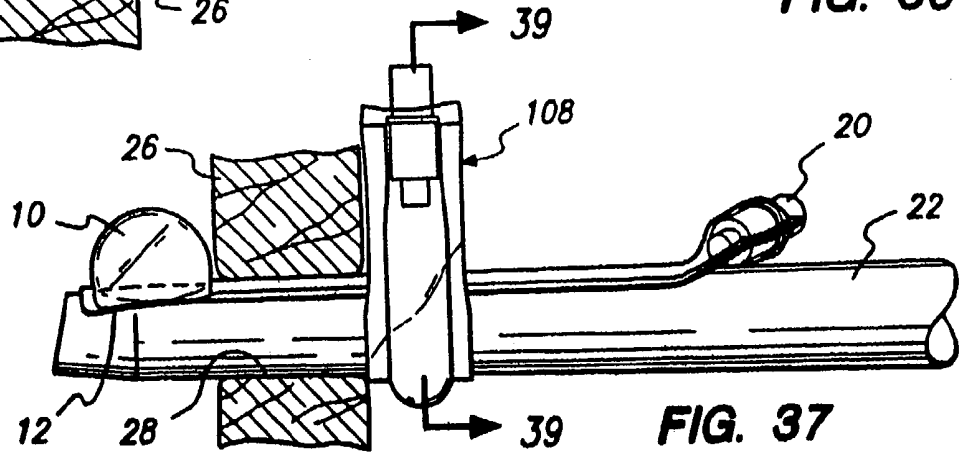
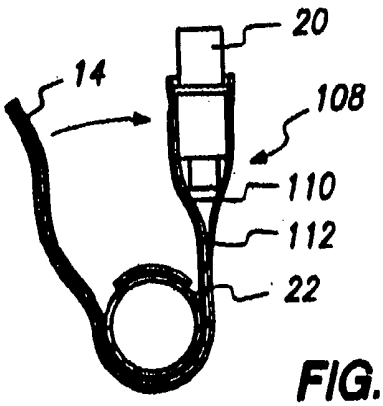


FIG. 37



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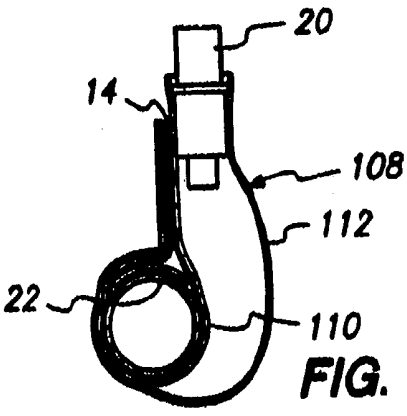

FIG. 39

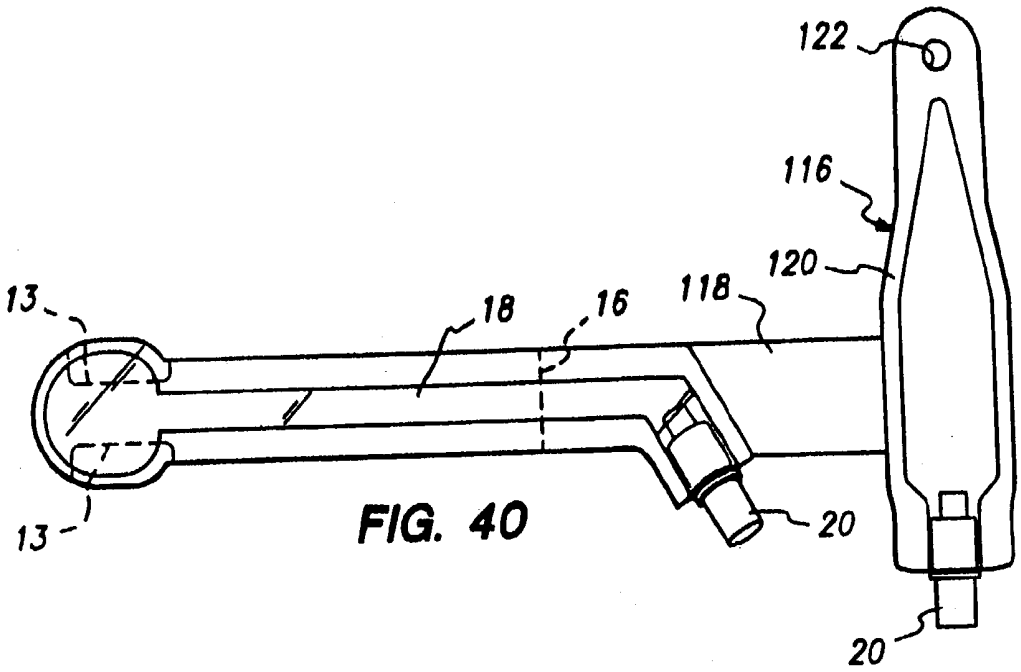

FIG. 40

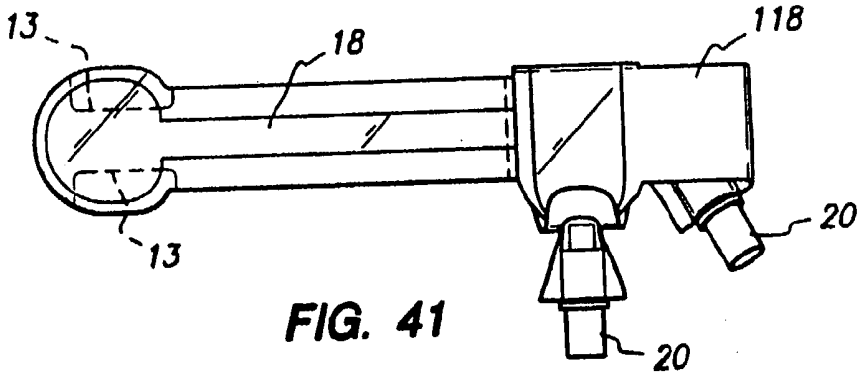

FIG. 41

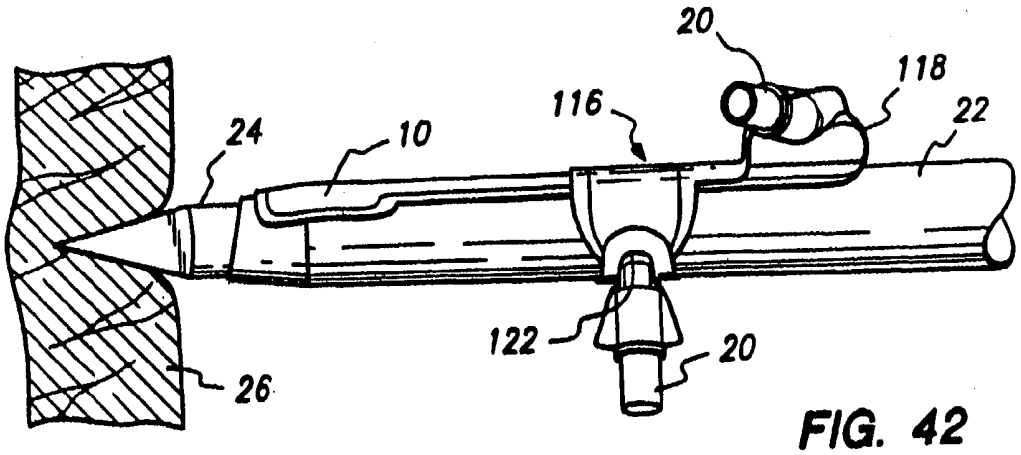

FIG. 42

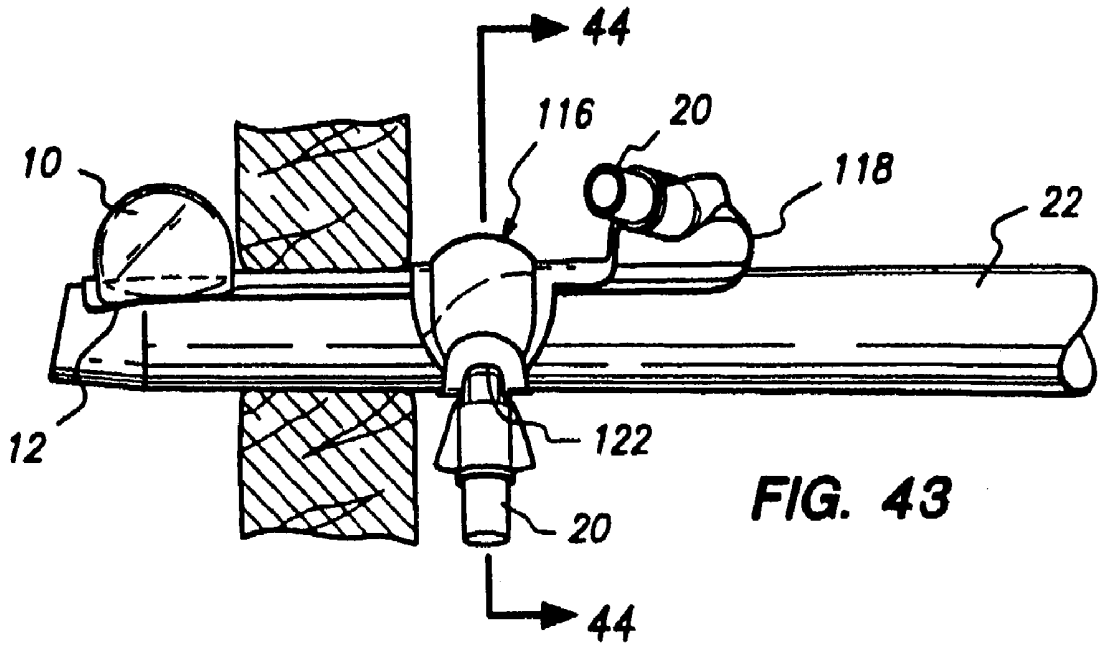

FIG. 43

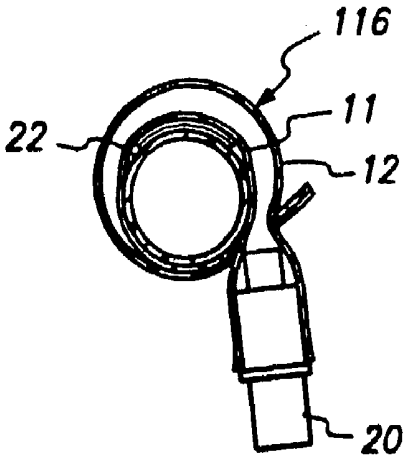

FIG. 44

METHOD AND APPARATUS FOR ANCHORING LAPAROSCOPIC INSTRUMENTS

BACKGROUND OF THE INVENTION

[0001] The present invention relates to an improved anchor for securing laparoscopic instruments within puncture openings during surgery. In its more specific aspects, the invention is concerned with a balloon anchor adapted to be secured to the outside surface of virtually any laparoscopic instrument, without the necessity of modifying the structure of the instrument.

[0002] Laparoscopic surgery provides a minimally invasive approach to a wide variety of surgical procedures in, for example, the abdominal and thoracic cavities. In a minimally invasive approach, small incisions are made to provide access for instruments needed to perform surgery. The instruments, such as trocars, endoscopes, clip appliers, cautery devices and other tools, are commonly inserted through these small incisions using cannulas which are adapted to provide a pressure seal when using pneumoperitoneum. It is desirable to secure or anchor these cannulas into position in the incision to allow easy insertion and withdrawal of instruments through the cannula without corresponding movement of the cannula. Likewise, it is sometimes desirable to secure or anchor an instrument itself in an incision and prevent unwanted distal or proximal movement of the instrument.

[0003] Prior anchors for laparoscopic instruments have employed threaded sleeves adapted to be secured to the instruments and screwed into a laparoscopic puncture opening to secure the instrument in place. An anchor of this type is found in U.S. Pat. No. 5,217,441. Such anchors require a specific size for each size of instrument, since the sleeve must be of a configuration complemental to that of the instrument. The screw threads also must be twisted into place and are relatively traumatic.

[0004] The prior art also teaches adhesive anchors, sometimes called "grippers," for securing laparoscopic instruments in place within puncture openings. Such anchors employ a tubular boss configured to snugly engage the instrument and a flexible disk carried by the boss for adhesion to the outside surface of the punctured tissue. The boss must be specifically configured to match the configuration of the instrument being anchored. Blood emitting from the puncture opening often intrudes between the disk and the tissue so as to destroy the integrity of the anchor during surgery.

[0005] The prior art also teaches the provision of specially constructed laparoscopic cannula provided with inflatable balloons to anchor the cannula in place within a puncture opening. A cannula of this type may be seen in U.S. Pat. No. 5,002,557. Such cannula are expensive to fabricate and must be especially configured to match the instrument with which they are used.

[0006] It is also old in the art to anchor drainage catheters with balloons incorporated into the catheter. One well-known catheter of this type used for urinary drainage is the "Foley" catheter. In such catheters, the balloon and the conduit provided for its inflation is integrally molded into the catheter.

SUMMARY OF THE INVENTION

[0007] The present invention is an improvement over the prior art in that it provides a universal balloon anchor which may be secured to the outside of a laparoscopic instrument and inflated to anchor the instrument in place within a puncture opening. The balloon is configured so as to have a low profile generally contiguous with the outside surface of the instrument to facilitate its low insertion force placement and removal, without significant trauma to the tissue defining a small laparoscopic opening.

[0008] In its broadest aspects, the anchoring system of the invention provides a low profile balloon adapted to be engaged with the outside surface of a laparoscopic instrument. In the preferred embodiments, the balloon is adhesively secured to the instrument. Certain embodiments also employ mechanical structure to constrain the balloon and hold it in place. Conduit means for inflating the balloon is also secured externally of the instrument being anchored.

[0009] In the method of the invention, the balloon is secured to the outer surface of an instrument to be anchored with the balloon in a deflated low profile configuration essentially contiguous with the outer surface of the instrument. The instrument is then extended through the puncture opening within which it is to be anchored so as to dispose at least a portion of the balloon to the inside of the opening. The balloon is then inflated to anchor the instrument.

[0010] A principal object of the invention is to provide a universal anchor which may be secured to virtually any instrument used for laparoscopic surgery to anchor the instrument within a puncture opening.

[0011] Another and related object is to provide such an anchor which is inexpensive and may be used with a minimum of trauma to the punctured tissue.

[0012] Yet another object of the invention is to provide such an anchor which can accommodate puncture openings formed in tissues of different wall thicknesses.

[0013] Still another object of the invention is to provide such an anchor which may form a seal around the puncture.

[0014] Still another and more specific object of the invention is to provide such an anchor which may lock the instrument against movement either into or out of a puncture opening.

[0015] A further object of the invention is to provide such an anchor which may be used for both gasless- and gas-(insufflation) type laparoscopic surgery.

[0016] Another object of the invention is to provide such an anchor which may be located anywhere along the length of a laparoscopic instrument and which can be used in multiples, if desired.

[0017] Yet a further object of the invention is to provide such an anchor which is ideally suited for one-time use and does not have such bulk as to create undue disposal problems.

[0018] The foregoing and other objects will become more apparent when viewed in light of the following detailed description and accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0019] **FIG. 1** is a plan of a first embodiment of the anchor, employing a balloon provided with an adhesive backing wherein a shielding strip is temporarily disposed over the backing;

[0020] **FIG. 2** is an elevational view of the anchor shown in **FIG. 1**;

[0021] **FIG. 3** is a cross-sectional view of the anchor shown in **FIG. 1**, taken on the plane designated by line **3-3**;

[0022] **FIG. 4** is an elevational view of the **FIG. 1** anchor in place on a trocar sheath, with the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0023] **FIG. 5** is an elevational view similar to that of **FIG. 4**, showing the sheath fully extended through the puncture opening, with the balloon inflated and the trocar removed from the sheath;

[0024] **FIG. 6** is a plan view of a second embodiment of the anchor, employing a balloon of an elongate generally hourglass-shaped configuration provided with an adhesive backing wherein a shielding strip is temporarily disposed over the backing;

[0025] **FIG. 7** is an elevational view of the anchor shown in **FIG. 6**;

[0026] **FIG. 8** is an cross-sectional view of the anchor shown in **FIG. 6**, taken on the plane designated by line **8-8**;

[0027] **FIG. 9** is an elevational view of the **FIG. 6** anchor in place on a trocar sheath with the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0028] **FIG. 10** is an elevational view similar to **FIG. 9**, showing the sheath fully extended through the puncture opening, with the balloon inflated and the trocar removed from the sheath;

[0029] **FIG. 11** is a plan view of a third embodiment of the anchor, employing a balloon having a securing patch disposed thereover wherein the patch is provided with an adhesive backing and a shielding strip is temporarily disposed over the backing;

[0030] **FIG. 12** is an elevational view of the anchor shown in **FIG. 11**;

[0031] **FIG. 13** is a cross-sectional view of the anchor shown in **FIG. 11**, taken on the plane designated by line **13-13**;

[0032] **FIG. 14** is an elevational view of the **FIG. 11** anchor in place on a trocar sheath, with the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0033] **FIG. 15** is an elevational view similar to that of **FIG. 14**, showing the sheath fully extended through the puncture opening, with the balloon inflated and the trocar removed from the sheath;

[0034] **FIG. 16** is a plan view of a fourth embodiment of the anchor employing a balloon, wherein the balloon has two separately inflatable chambers and an adhesive backing with a shielding strip temporarily disposed over the backing;

[0035] **FIG. 17** is an elevational view of the anchor shown in **FIG. 16**;

[0036] **FIG. 18** is a cross-sectional view of the anchor shown in **FIG. 16**, taken on the plane designated by line **18-18**;

[0037] **FIG. 19** is an elevational view of the **FIG. 16** anchor in place on a trocar sheath with the balloon of the anchor in a deflated condition and the trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0038] **FIG. 20** is an elevational view similar to that of **FIG. 19**, showing the sheath fully extended through the puncture opening, with both chambers of the balloon inflated and the trocar removed from the sheath;

[0039] **FIG. 21** is a perspective view of a fifth embodiment of the anchor employing a balloon with an adhesive backing, wherein the balloon is elongate and extends across the backing;

[0040] **FIG. 22** is a perspective view of the anchor shown in **FIG. 21** adhesively secured to a trocar sheath, with the balloon in a deflated condition folded against the sheath;

[0041] **FIG. 23** is a perspective view similar to that of **FIG. 22**, showing the balloon inflated and extending transversely to either side of the sheath;

[0042] **FIG. 24** is an elevational view of a sixth embodiment of the anchor in place on a trocar sheath, with the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0043] **FIG. 25** is an elevational view similar to that of **FIG. 24**, showing the sheath fully extended through the puncture opening, with the balloon inflated and the trocar removed from the sheath;

[0044] **FIG. 26** is a cross-sectional view taken on the plane designated by line **26-26** of **FIG. 24**;

[0045] **FIG. 27** is a cross-sectional view taken on the plane designated by line **27-27** of **FIG. 25**;

[0046] **FIG. 28** is an elevational view of a seventh embodiment of the anchor in place on a trocar sheath, with the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0047] **FIG. 29** is an elevational view similar to that of **FIG. 28**, showing the sheath fully extended through the puncture opening, with the balloon inflated and the trocar removed from the sheath;

[0048] **FIG. 30** is a cross-sectional view taken on the plane designated by line **30-30** of **FIG. 28**;

[0049] **FIG. 31** is a cross-sectional view taken on the plane designated by line **31-31** of **FIG. 29**;

[0050] **FIG. 32** is an elevational view of an eighth embodiment of the anchor in place on a trocar sheath with

the balloon of the anchor in a deflated condition and a trocar extended through the sheath in the process of forming a puncture opening in a tissue layer;

[0051] **FIG. 33** is an elevational view similar to that of **FIG. 32**, showing the sheath fully extended through the puncture opening, with the balloons of the anchor inflated and the trocar removed from the sheath;

[0052] **FIG. 34** is a cross-sectional view taken on the plane designated by line **34-34** of **FIG. 33**;

[0053] **FIG. 35** is a plan view of a flat balloon adapted to be wrapped around a trocar sheath to provide a generally angular balloon in a ninth embodiment of the anchor;

[0054] **FIG. 36** is an elevational view of the ninth embodiment of the anchor in place on a trocar sheath, with the balloons of the anchor in a deflated condition and a trocar extending through the sheath in the process of forming a puncture opening in a tissue layer;

[0055] **FIG. 37** is an elevational view similar to that of **FIG. 36**, showing the sheath fully extended through the puncture opening, with the balloons inflated and the trocar removed from the sheath;

[0056] **FIG. 38** is a cross-sectional view taken on the plane designated by line **38-38** of the **FIG. 36**;

[0057] **FIG. 39** is a cross-sectional view taken on the plane designated by line **39-39** of **FIG. 37**;

[0058] **FIG. 40** is a plan view of a tenth embodiment of the anchor employing a distal balloon corresponding generally to that of the first embodiment and a proximal balloon connected to the distal balloon by a web;

[0059] **FIG. 41** is a plan view of the tenth embodiment anchor wherein the proximal balloon has been folded over and wrapped around the air passage leading to the distal balloon;

[0060] **FIG. 42** is an elevational view of the tenth embodiment anchor in place on a trocar sheath, with the balloons of the anchor in a deflated condition and a trocar extending through the sheath in the process of forming a puncture opening in a tissue layer;

[0061] **FIG. 43** is an elevational view similar to that of **FIG. 42**, showing the sheath fully extended through the puncture opening, with the balloons inflated and the trocar removed from the sheath; and,

[0062] **FIG. 44** is a cross-sectional view taken on the plane designated by line **44-44** of **FIG. 43**.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

First Embodiment

[0063] As shown in FIGS. **1-3**, this embodiment comprises an elastomeric balloon **10** having a first film layer **11** of elastic or semi-elastic material, and a second film layer **12** of elastic, semi-elastic or inelastic material. Second film layer **12** is ideally very flexible so that it can easily confirm to the outside surface of an instrument such as a trocar sheath. Preferably, first film layer **11** and second film layer **12** are made of material suitable for medical applications having a good strength to thickness ratio. Thinner materials facilitate lower deflated profiles and thus lower incision insertion forces. First film layer **11** can be made of urethane or other appropriate film. A semi-elastic PS-8010 polyurethane film, referred to as PS-8010, manufactured by Deerfield Urethane of Deerfield, Mass. is suitable. Second film layer **12** is preferably a flexible inelastic material, such as polyester. A suitable material is Rexham 705517 manufactured by Rexham Industrial, Inc. of Matthews, N.C. Alternatively, first and second film layers **11, 12** can be made of the same elastic or semi-elastic material if desired. A contact adhesive **14** is adhered to the undersurface of second layer **12** and covered by a removable paper or plastic shielding strip **16**. Contact adhesive **14** and corresponding shielding strip **16** are cut-away at portions **13** to facilitate unrestrained expansion of the balloon upon inflation. An inflation tube **18** is integrally formed by bonding first and second film layers **11, 12** together. A check valve or stop cock **20** is secured to the proximal end of the tube **18** for purposes of introducing inflation fluid (liquid or gas) into the tube **18**.

[0064] In the embodiment illustrated, the balloon **10** is formed by peripherally bonding first layer **11** and second layer **12** together thereby creating a sealed inflatable chamber **9** therebetween. An alternative construction for the balloon would be to fabricate the balloon as a closed elastomeric envelope with contact adhesive applied directly one side of the envelope. With such a construction, a removable paper or plastic shielding strip would also be provided over the adhesive. In use, the balloon of such a construction would be adhered directly to an instrument with the contact adhesive. The surface of the instrument would serve as the inelastic backing restraining the balloon from elongation upon inflation.

[0065] **FIG. 4** illustrates the first embodiment balloon attached to the smooth outer surface of an instrument, in this case a conventional trocar sheath **22**. As there shown, the shielding strip **16** has been removed from the adhesive **14** and the second film layer **12** is adhered to the sheath by the adhesive. In the deflated condition shown in **FIG. 4**, the balloon **10** and tube **18** have a low profile essentially contiguous with the outside surface of the sheath **22**.

[0066] **FIG. 4** also shows a sharp tipped trocar **24** extending through the sheath **22** and into piercing engagement with a layer of living tissue **26** such as an abdominal wall. The sheath **22** is telescopically received on the trocar **24** and moves with the trocar through the tissue **26**.

[0067] **FIG. 5** shows the sheath **22** extended fully through a puncture opening **28** which has been formed by the trocar **24**, with the trocar removed from the sheath. As shown in **FIG. 5**, the balloon **12** has been inflated to the interior of the tissue to anchor the sheath distally against removal from the puncture. With the sheath so anchored, other instruments can be passed therethrough for diagnostic or surgical purposes and withdrawn from the sheath without unwanted proximal movement of the sheath. Upon completion of the procedure, the balloon **12** is deflated to return to the condition shown in **FIG. 4** and the sheath may be removed from the incision with a minimum of trauma.

Second Embodiment

[0068] This embodiment is illustrated in FIGS. **6-10** and is similar to the first embodiment, with the exception that the balloon **10***a* is of an elongate hourglass-shaped configura-

tion. Parts of the second embodiment corresponding to those of the first embodiment are designated by like numerals followed by the letter a, as follows: elastic balloon **10***a*; first layer **11***a*; second layer **12***a*; chamber **9***a*; adhesive cut-away portions **13***a*; contact adhesive **14***a*; shielding strip **16***a*; inflation tube **18***a*; and check valve or stop cock **20***a*.

[**0069**] The second embodiment balloon is applied and used in the same way as that of the first embodiment. As seen in **FIG. 9**, the balloon is adhered to the outside surface of a trocar sheath **22** so as to extend longitudinally of the sheath. The hourglass shape of the balloon **10***a* provides distal and proximal portions **30** and **32**, respectively. Upon extension of the sheath **22** through the tissue as shown in **FIG. 10**, these portions are disposed to either side of the tissue **26** to anchor the sheath **22** against movement distally into or proximally out of the opening **28** through which the sheath extends. The necked-down portion of the balloon **10***a*, designated **34**, does not significantly expand upon inflation of the portions **30** and **32**. Constraint of the portion **34** is provided both by its reduced dimension, as compared to the portions **30** and **32**, and its adherence to the second film layer **12***a*.

[**0070**] Like the first embodiment balloon, when in the deflated condition the balloon **10***a* assumes a low profile configuration essentially contiguous with the outside surface of the sheath **12**. This minimizes trauma to the tissue both during insertion and removal of the sheath.

Third Embodiment

[**0071**] As shown in FIGS. **11-15**, the third embodiment is similar to that of the first embodiment, with the exception that the balloon, designated **10***b*, is a closed elastomeric envelope having top and bottom surfaces; and the backing strip is a patch **36** adhered to and extending over the balloon. The patch **36** is provided with contact adhesive **38** to either side of the balloon **10***b*. A removable paper or plastic shielding strip **16***b* extends across the balloon **10***b* and over the adhesive **38**. Inflation tube **18***b* for the third embodiment is contiguous with the balloon **10***b* and also adhered beneath the patch **36**. Contact adhesive **38** on the patch **36** is disposed to either side of the tube **18***b* and covered by the removable shielding strip **16***b*. A check valve or stop cock **20***b* is secured in the proximal end of the inflation tube **18***b*.

[**0072**] In use, the shielding strip **16***b* is removed from the adhesive **38** and the balloon assembly is secured directly to the outside surface of the instrument with which it is used by the patch **36**. **FIG. 14** shows the balloon so applied to a trocar sheath **22** having a trocar **24** extended therethrough. The adhesive **38** to either side of the balloon lob and inflation tube **18***b* adheres directly to the smooth outside surface of the trocar sheath **22**. A perforated tear line **40** is formed in the patch **36** over the balloon **10***b*.

[**0073**] Once secured in place as shown in **FIG. 14**, the third embodiment balloon **10***b* is extended through the tissue **26** in the same manner as the first embodiment balloon. After being extended fully through the tissue as shown in **FIG. 40**, the balloon is inflated to the inside of the tissue. Such inflation functions to tear the patch **36** along the frangible tear line **40**. Upon completion of the surgical procedure or as otherwise desired, the balloon may be deflated to return to its condition closely contiguous to the sheath so that the sheath may be removed with a minimum of trauma.

[**0074**] The third embodiment sheath shown in FIGS. **11-15** is provided with a thin spacer string **42** between the inner and outer sides of the balloon lob. Ideally, this string extends over the full length of the balloon **10***b* and inflation tube **18***b* so as to prevent the sides of the balloon and tube from fully closing against one another when the balloon is in the deflated condition. The space provided by the string provides a fluid passage and facilitates inflation of the balloon with a minimum of pressure. Although the string is only shown in the third embodiment, it should be understood that it might be applied to any of the embodiments discussed herein.

Fourth Embodiment

[**0075**] As shown in FIGS. **16-20**, the fourth embodiment corresponds to the first embodiment, with the addition that it is provided with a second balloon **44** of an elongate-divergent configuration. The balloon **44**, as may be seen in **FIG. 16**, diverges from the distal balloon, designated **10***c*. The balloons **10***c* and **44** provide separate inflation chambers. A separate inflation tube **46** having a check valve or stop cock **48** is provided for inflation of the balloon **44**. The elements of the fourth embodiment corresponding to those of the first embodiment are designated by like numerals, followed by the letter c, as follows: balloon **10***c*; first film layer **12***c*; second film layer **12***c*; adhesive cut-away portions **13***c*; contact adhesive **14***c*; shielding strip **16***c*; inflation tube **18***c*; and, check valve or stop cock **20***c*.

[**0076**] The fourth embodiment anchor is applied to an instrument and surgically inserted in the same manner as the first embodiment anchor. Such an application may be seen in **FIG. 19** wherein the fourth embodiment anchor is shown attached to the smooth outside surface of the trocar sheath **22** having a sharp tipped trocar **24** extended therethrough into piercing engagement with a layer of living tissue **26**. Once extended through the tissue as shown in **FIG. 20***a*, the balloon **10***c* is first inflated to the interior of the tissue to anchor the sheath against removal in the proximal direction. The second balloon **44** is then inflated to anchor the sheath against movement interiorally of the tissue in the distal direction relative to the user. The elongate tapered configuration of the balloon **44** accommodates tissue of virtually any thickness and can also serve to form a seal between the interior of the puncture **28** and the sheath **22**. Upon completion of the surgical procedure, both balloons are deflated and the sheath is removed, with a minimum of trauma.

Fifth Embodiment

[**0077**] The balloon of this embodiment, as shown in FIGS. **21-23**, is of a generally T-shaped configuration and fabricated of superimposed sheets of flexible inelastic film. The commercially available film known as Rexham 705517 has been found suitable.

[**0078**] **FIG. 21** shows the fifth embodiment anchor in deflated condition as it would be supplied for use with any desired surgical instrument. The anchor comprises a balloon **52** fabricated of superimposed peripherally connected sheets of elastic, semi-elastic or inelastic flexible film. Preferably, semi-elastic urethane material is used. The balloon has an elongate transverse section **56** and a longitudinally extending section **58**. An inflation tube **60** having a check valve or stop cock **62** is secured in fluid communication with the

section **58**. A contact adhesive layer is secured to and extends over the section **58**. A removable shielding strip **66** is disposed over the adhesive **64**. As shown, the adhesive **64** is adhered directly to the balloon **52**.

[**0079**] The fifth embodiment anchor is adhered to the outside surface of an instrument and used in essentially the same manner as the first embodiment anchor. **FIG. 22** shows the anchor secured to a trocar sheath **22**. As there shown, the shielding strip **66** has been removed from the adhesive and the section **58** has been adhered longitudinally of the sheath with the adhesive **64**. While **FIG. 22** shows the ends of the transverse balloon section **56** folded over the section **58**, it should be understood that these ends are not adhered to the sheath. The folded over condition is simply for purposes of reducing the profile of the balloon during insertion.

[**0080**] **FIG. 23** shows the balloon as it would appear after inserted into place through a puncture and inflated. Such insertion would be carried out in essentially the same manner shown in **FIGS. 4 and 5**. Once in place with the transverse section **56** to the interior of the pierced tissue, inflation of the anchor functions to expand the transverse section transversely of the trocar sheath **22**, thus securely anchoring the sheath against removal from the puncture opening. Upon completion of the surgical procedure, the balloon is deflated and may collapse against the sheath upon removal, with a minimum of trauma.

Sixth Embodiment

[**0081**] The sixth embodiment anchor is of an elongate toroidal configuration and adapted to be slipped over and around a surgical instrument, without need for an adhesive. As shown in FIGS. **24-27**, this embodiment comprises: an elongate toroidal elastic balloon **68**; spaced proximal and distal rings **70** and **72**, respectively, disposed within the balloon **68**; an intermediate ring **74** disposed around the balloon between the proximal and distal rings; and, an inflation tube **76** communicating with the interior of the balloon through a flange **78** on the ring **70**. As shown, the balloon **68** is fabricated of a sleeve folded over upon itself with one end of the sleeve tied to the ring **72** by a cord **80** and the other end of the sleeve tied to the outside of the flange **78** by a cord **82**.

[**0082**] In use, the sixth embodiment anchor is simply slipped over the instrument to which it is applied. In the exemplary embodiment illustrated, the instrument comprises a trocar sheath **22**. As shown in **FIG. 24**, the balloon is deflated and a sharp tipped trocar **24** extends through the sheath **22** into piercing engagement with a layer of living tissue **26**. Once fully extended through the tissue, the balloon **68** is inflated as shown in **FIG. 25** to expand to either side of the tissue. As so expanded, the balloon forms donut-shaped barriers to either side of the tissue. Expansion of the balloon within the thickness of the tissue is prevented by the ring **74**. The space between the rings **72** and **70** permits the interior wall of the balloon to expand into gripping engagement with the sheath, as shown in **FIG. 27**. Thus, the sheath is anchored against movement into or out of the pierced tissue. Upon completion of the surgical procedure, the balloon is deflated and returns to the condition shown in **FIG. 26**, thus permitting removal of the anchor with a minimum of trauma.

[**0083**] To maintain the orientation of the rings in the sixth embodiment, one or more thin ribs may be provided between the proximal and distal rings **70** and **72**. These ribs (not illustrated) are so proportioned and spaced so as not to interfere with inward expansion of the balloon into gripping engagement with the sheath, as shown in **FIG. 27**. The outer intermediate ring **74** may be adhered to the outside surface of the balloon **68** to prevent its displacement along the balloon.

Seventh Embodiment

[**0084**] The seventh embodiment anchor is similar to that of the sixth embodiment in that it employs an elongate toroidal balloon adapted to be received around the instrument to be anchored. In the case of the seventh embodiment, however, the balloon is preferably fabricated so that the distal portion of the balloon is elastomeric and the proximal portion is inelastic. **FIG. 30** shows such a construction wherein an inner elastomeric sleeve **84** is folded upon itself to provide a distal balloon section **86**. An inelastic sleeve **88** is extended over the sleeve **84**. The inelastic sleeve **84** is circumferentially welded to the folded over end of the inner sleeve **84** at a weld line **90**. From the weld line to the distal end of the inelastic sleeve a perforated tear line **92** is provided to permit the sleeve to break upon expansion of the distal balloon section **86**. The proximal end of the outer inelastic sleeve **88** is folded upon itself and circumferentially sealed to a flange member **94** by a tie. An inflation tube **96** extends through the flange member **94** into fluid communication with the interior of the balloon formed by the sleeves **84** and **88**.

[**0085**] In use, the seventh embodiment anchor is slipped around the instrument to be anchored. As shown in **FIG. 28**, the instrument comprises a trocar sheath **22** having a sharp tipped trocar **24** extending therethrough in the process of piercing an opening in a layer of living tissue **26**. The trocar is pushed fully through the tissue, together with the anchor. Once in place, as shown in **FIG. 29**, the trocar is removed and the balloon is inflated. Inflation functions to form toroidal balloon sections to either side of the tissue and to interiorally expand the balloon into gripping engagement with the sheath. Thus, the sheath is anchored against movement into or out of the tissue.

[**0086**] It will be appreciated that upon expansion of the distal balloon section **86** the inelastic sleeve tears along the tear line **92**. That portion of the sleeve **88** within the tissue remains intact and functions to constrain the balloon. The proximal end of the balloon, designated **98**, expands to a toroidal configuration by unfolding the folded over portions of the sleeve **88** (see **FIG. 30**). Upon completion of the surgical procedure, the balloon is deflated, thus permitting the anchor to be removed with a minimum of trauma.

Eighth Embodiment

[**0087**] This embodiment is illustrated in FIGS. **32-34** and corresponds to the first embodiment, with the addition that it is provided with a toroidal balloon assembly **100** adapted to be slidably received around the balloon **10** and its air passage **18**. Elements of the eighth embodiment corresponding to those of the first embodiment are designated by like numerals. The purpose of the torodial balloon assembly **100** is to provide an anchor "ring" which can be freely moved along a trocar sheath or other instrument to which the balloon **10** is adhered to provide a skin-side anchor which

may be adjusted to accommodate the thickness of the tissue (e.g., abdominal wall) through which the sheath is extended. Initially, the balloon assembly is in a deflated condition and freely movable along the sheath. Upon being adjusted to the desired position (see **FIG. 33**), the assembly is inflated, thus causing its inner diameter to decrease into secure gripping engagement with the sheath.

[**0088**] Ideally, the balloon assembly **100** is fabricated with an elastic or semi-elastic inner film layer **102** and an elastic or semi-elastic outer film layer **104** which are peripherally RF welded together. The materials for these layers may be the same as those suggested for the balloon of the first embodiment. A check valve or stop cock **20** is sealingly secured in the open end of the balloon assembly **100**.

[**0089**] The inner construction of the toroidal balloon assembly **100** is illustrated in **FIG. 34**. As there seen, the assembly is elongate and wrapped upon itself to form a toroidal configuration. The proximal and distal ends of the elongate balloon are adhered or welded together at area **106**. The trocar sheath **22** is shown slidably received within the toroid provided by the assembly.

[**0090**] In use of the eighth embodiment, the balloon **10** would be secured to the sheath in a manner identical to that described with respect to the first embodiment. The toroidal balloon assembly **100** would then be slid over the sheath in a deflated condition. Then the sheath would be passed through the tissue **26** and anchored against removal by inflation of the balloon **10**, as shown in **FIG. 29**. The deflated toroidal assembly **100** would then be adjusted along the length of the sheath to engage the outside of the tissue and then inflated, as shown in **FIG. 33**. The latter inflation functions to expand the assembly **100** into gripping engagement with the sheath and anchor the sheath against movement distally relative to the tissue.

Ninth Embodiment

[**0091**] This embodiment is shown in FIGS. **35-39** and is similar to the eighth embodiment in that it is used with the distal balloon **10** of the first embodiment and provides a skin-side anchor. It differs from the eighth embodiment only in the construction of the skin-side anchor assembly, designated **108**. Elements of the ninth embodiment corresponding to those of the first embodiment are designated by like numerals.

[**0092**] The anchor assembly **108** is similar to the assembly **100** in that it is fabricated of an elastic or semi-elastic inner film layer **110** and an inelastic or semi-elastic outer film layer **112** peripherally RF welded together to provide a balloon. In the case of the assembly **108**, however, a weld line **114** is formed to extend across the assembly intermediate its length so that the balloon only extends over approximately one-half of the length of the assembly (see **FIG. 35**). Also, in the case of the ninth embodiment, the distal and proximal ends of the assembly are not welded together, but rather are provided with contact adhesive **14** whereby they may be selectively secured together after being wrapped around an instrument. A check valve or stock cock **20** is sealingly received in the open end of the balloon provided by the assembly **108**.

[**0093**] **FIGS. 38 and 39** show how the assembly **108** is placed around the trocar sheath **22**. In **FIG. 38**, the assembly is being wrapped around the sheath. In **FIG. 39**, the distal and proximal ends of the assembly have been secured together by the adhesive **14** and the balloon has been inflated to expand the assembly into gripping engagement with the sheath.

[**0094**] In use, the ninth embodiment anchor is passed through a tissue layer in the same manner as the first embodiment anchor and the distal balloon **10** is then inflated, as seen in **FIG. 37**. Then the assembly **108** is slid along the sheath **22** into engagement with the outside surface of the tissue. Once so engaged, the assembly is inflated to securely engage the assembly with the outside surface of the sheath and anchor the sheath against distal movement relative to the tissue.

[**0095**] **FIG. 36** shows the assembly **108** in place around the sheath prior to extension of the sheath through the tissue layer **26**. As an alternative, the assembly could be wrapped around the sheath after it has been extended through the tissue. Such a procedure is possible because the assembly is capable of being wrapped around the sheath after it is in place within a layer of body tissue.

Tenth Embodiment

[**0096**] This embodiment is shown in FIGS. **40-44** and also incorporates the distal balloon of the first embodiment. In the case of the tenth embodiment, however, a skin-side anchor assembly **116** is connected in transverse relationship to the inflation tube **18** by a flexible web **118**. Elements of the tenth embodiment corresponding to those of the first embodiment are designated by like numerals.

[**0097**] The assembly **116** and web **118** are fabricated from continuations of the film layers forming the balloon **10** and the tube **18**. These layers are peripherally welded together at a weld line **120** extending around the assembly **116**. One end of the assembly **116** is open and sealingly receives a check valve or stock cock **20**. An aperture **122** proportioned for receipt over the distal end of the valve **20** is formed in the end of the assembly **116** opposite that which receives the valve.

[**0098**] To prepare the tenth embodiment for use, the web **118** is folded over the tube **18** to dispose the first elastic film layer **11** of the assembly in opposition to the tube **18**. Then the assembly is wrapped around the inflation tube **118** to engage the aperture **122** over the distal end of the valve **20**, as shown in **FIG. 41**. With the assembly **116** so prepared, the generally toroidal balloon provided by the anchor may be slipped over an instrument, such as a trocar sheath, with which it is used. Initially, the shielding strip **16** would be left in place as the anchor is so positioned. Once the balloon **10** is positioned as desired, its distal end would be lifted and the shielding strip would be removed. Then the balloon **10** and the inflation tube **18** would be pressed into secure adhered relationship with the outside of the instrument, as shown in **FIG. 42**.

[**0099**] With the tenth embodiment anchor in place on a trocar sheath as shown in **FIG. 42** and the balloons in deflated condition, the sheath is initially passed through a tissue layer and anchored with the distal balloon **10** in same manner as the first embodiment. Once so in place, the assembly **116** is slid along the sheath into engagement with the outside of the tissue, as shown in **FIG. 43**, and inflated.

The flexibility of the web **118** facilitates such adjustment. Inflation of the assembly **116** serves to secure the assembly against movement relative to the sheath and anchor the sheath against distal movement.

CONCLUSION

[0100] From the foregoing description, it is believed apparent that the present invention enables the attainment of the objects initially set forth herein. In particular, it provides an anchor which may be readily applied to any surgical instrument without modification of the instrument and which may be used with a minimum of trauma to the patient. While all embodiments serve as effective anchors, the tenth embodiment is considered the preferred embodiment because of its ease of manufacture from two layers of film material and the secure anchor which it provides against both proximal and distal movement. It should be understood, however, that the invention is not intended to be limited to the specifics of the illustrated embodiments, but rather is defined by the accompanying claims.

What is claimed as the invention is:

1. In combination with a trocar sheath having a generally smooth outside surface, an improved anchoring system, comprising:

a) a balloon engaged with the outside surface of the sheath, said balloon having a profile when in a contracted non-inflated condition closely adjacent the outer surface of a sheath and a profile when in an expanded inflated condition extending laterally from the sheath;

b) means securing the balloon in engagement with the outside surface of the sheath; and

c) means to selectively inflate the balloon.

2. In a combination according to claim 1, the improved anchoring system wherein the means securing the balloon in engagement with the outside surface of the sheath comprises a contact adhesive on the balloon.

3. In a combination according to claim 2, the improved anchoring system wherein:

a) the means to selectively inflate the balloon comprises a conduit in fluid communication with the balloon; and,

b) a contact adhesive on the balloon secures the balloon to the outside surface of the sheath.

4. In a combination according to claim 1, the improved anchoring system wherein:

a) the balloon is of an elongate configuration and extends across the sheath; and,

b) the means securing the balloon in engagement with the outside surface of the sheath secures only an intermediate portion of the balloon to the sheath.

5. In a combination according to claim 1, the improved anchoring system wherein:

a) the balloon is of an elongate configuration having distal ends and extends longitudinally of the sheath;

b) the means securing the balloon in engagement with the outside surface of the sheath secures the balloon to the sheath so that the distal ends of the balloon may inflate to an enlarged profile.

6. In a combination according to claim 5, the improved anchoring system wherein the balloon is of an elongate hourglass-shaped configuration.

7. In a combination according to claim 1, the improved anchoring system wherein:

a) the balloon is comprised of superimposed sheets; and,

b) a thin spacer is disposed between the sheets to provide an fluid passage between the sheets when the balloon is in contracted non-inflated condition.

8. In a combination according to claim 1, the improved anchoring system wherein the balloon is elongate and has individually inflatable first and second chambers, the first chamber being disposed at one end of the balloon and the second chamber extending lengthwise of the balloon.

9. In a combination according to claim 8, the improved anchoring system wherein the second chamber has a wedge-shaped configuration diverging outwardly longitudinally of the sheath from the vicinity of the first chamber.

10. In a combination according to claim 1, the improved anchoring system wherein:

a) the balloon is of toroidal configuration and extends around the sheath; and,

b) the means securing the balloon in engagement with the outside surface of the sheath comprises a portion of the balloon adapted to extend into compression imparting relationship to the sheath upon inflation of the balloon.

11. In a combination according to claim 10, the improved anchoring system wherein:

a) the balloon is of an elongate toroidal configuration proportioned so as to extend lengthwise over a portion of the sheath: and,

b) the anchoring system further comprises confining means to restrict expansion of an intermediate portion of the balloon whereby, when in the inflated condition, the balloon extends laterally of the sheath to form an inflated chamber to either side of said confining means.

12. In a combination according to claim 1, the improved anchoring system wherein the means securing the balloon in engagement with the outside surface of the sheath comprises a patch extending over the balloon, said patch having adhesive portions to either side of the balloon engaged with the sheath.

13. In a combination according to claim 12, the improved anchoring system wherein said patch has a tear-away portion disposed over a portion of the balloon, said tear-away portion being frangible upon inflation of the balloon.

14. In a combination according to claim 1, the improved anchoring system further comprising a secondary anchor extending around the sheath for longitudinal movement relative thereto towards and away from the balloon, said secondary anchor having an expansible chamber which may be selectively inflated to securely engage the sheath.

15. In a combination according to claim 14, the improved anchoring system wherein the secondary anchor comprises a toroidal balloon having an inside formed from an elastomeric film material and an outside formed from a flexible generally inelastic film material.

16. In a combination according to claim 14, the improved anchoring system wherein the secondary anchor comprises an elongate flexible member which is wrapped around the sheath and secured in a generally toroidal configuration.

17. In a combination according to claim 14, the improved anchoring system wherein the balloon and secondary anchor are secured together by a flexible connecting element of sufficient length to enable the secondary anchor to move longitudinally relative to the balloon.

18. In a combination according to claim 14, the improved anchoring system wherein the balloon and secondary anchor are formed from common first and second flexible films peripherally joined to provide the balloon and the expansible chamber.

19. In a combination according to claim 18, the improved anchoring system wherein the first flexible film is elastomeric and disposed in facing opposition to the outside surface of the sheath and the second film is generally inelastic and disposed outside of the first film relative to the outside surface of the sheath.

20. An improved system for anchoring an instrument in place within a puncture opening in a tissue wall, said system comprising:

a) balloon adapted to be engaged with an outside surface of the instrument, said balloon having an essentially flat profile when in a contracted non-inflated condition and expanded high profile condition when inflated;

b) means to secure the balloon in engagement with an outside surface of the instrument for movement between the contracted and expanded conditions; and,

c) means to admit an inflation medium into the balloon.

21. An improved anchoring system according to claim 20 wherein the means to secure the balloon in engagement with an outside surface of the instrument comprises a contact adhesive on the balloon.

22. An improved anchoring system according to claim 21 wherein:

a) the means to admit an inflation medium into the balloon comprises a conduit secured in fluid communication with the balloon; and,

b) a contact adhesive is provided on the balloon to secure the balloon to an outside surface of the instrument.

23. An improved anchoring system according to claim 20, wherein:

a) the balloon is elongate of an configuration having distal ends and extends longitudinally of the instrument;

b) the means to secure the balloon in engagement with the outside surface of the instrument is adapted to secure the balloon to the instrument so that the distal ends of the balloon may inflate to an enlarged profile.

24. An improved anchoring system according to claim 23, wherein the balloon is of an elongate hourglass-shaped configuration.

25. An improved anchoring system according to claim 20, wherein:

a) the balloon is comprised of superimposed sheets; and,

b) a thin spacer is disposed between the sheets to provide an fluid passage between the sheets when the balloon is in contracted non-inflated condition.

26. An improved anchoring system according to claim 20, wherein:

a) the balloon is of an elongate configuration adapted to extend across the instrument; and,

b) the means to secure the balloon in engagement with an outside surface of the instrument is adapted to secure only an intermediate portion of the balloon to the instrument.

27. An improved anchoring system according to claim 20 wherein the balloon is elongate and has individually inflatable first and second chambers, the first chamber being disposed at one end of the balloon and the second chamber extending lengthwise of the balloon.

28. An improved anchoring system according to claim 27 wherein the second chamber has a wedge-shaped configuration diverging outwardly longitudinally of the sheath from the vicinity of the first chamber.

29. An improved anchoring system according to claim 20 wherein:

a) the balloon is of toroidal configuration and extends around the instrument when engaged with an outside surface thereof; and,

b) the means to secure the balloon in engagement with an outside surface of the instrument comprises a portion of the balloon adapted to extend into compression imparting relationship to the instrument upon inflation of the balloon.

30. An improved anchoring system according to claim 29 wherein:

a) the balloon is of an elongate toroidal configuration proportioned to extend lengthwise over a portion of the instrument: and,

b) the anchoring system further comprises confining means to restrict expansion of an intermediate portion of the balloon whereby, when in the inflated condition, the balloon may extend laterally of the sheath to form an inflated chamber to either side of said confining means.

31. An improved anchoring system according to claim 20 wherein the means to secure the balloon in engagement with an outside surface of the instrument comprises a patch extending over the balloon, said patch having adhesive portions to either side of the balloon for engagement with the instrument.

32. An improved anchoring system according to claim 31 wherein said patch has a tear-away portion disposed over a portion of the balloon, said tear-away portion being frangible upon inflation of the balloon.

33. An improved anchoring system according to claim 20, further comprising a secondary anchor adapted to extend around the instrument for longitudinal movement relative thereto towards and away from the balloon, said secondary anchor having an expansible chamber which may be selectively inflated to securely engage the instrument.

34. An improved anchoring system according to claim 33 wherein the secondary anchor comprises a toroidal balloon having an inside formed from an elastomeric film material and an outside formed from a flexible generally inelastic film material.

35. An improved anchoring system according to claim 33, wherein the secondary anchor comprises an elongate flexible member which my be wrapped around the instrument and secured in a generally toroidal configuration.

36. An improved anchoring system according to claim 33 wherein the balloon and secondary anchor are secured

together by a flexible connecting element of sufficient length to enable the secondary anchor to move longitudinally relative to the balloon.

37. An improved anchoring system according to claim 33 wherein the balloon and secondary anchor are formed from common first and second flexible films peripherally joined to provide the balloon and the expansible chamber.

38. An improved anchoring system according to claim 37 wherein the first flexible film is elastomeric and disposed to face inwardly in opposition to an instrument with which the balloon is engaged and the second film is generally inelastic and disposed outside of the first film relative to an instrument with which the balloon is engaged.

39. A method of anchoring an instrument having a generally smooth outer surface in a puncture opening extending through a body tissue of a thickness, said method comprising:

a) securing a balloon to the outer surface of the instrument so that the balloon has a low profile essentially contiguous with said surface when the balloon is in a contracted non-inflated condition and expanded high profile condition when the balloon is inflated;

b) extending the instrument through the puncture opening to dispose at least a portion of the balloon to the inside of the opening; and,

c) inflating the balloon.

40. A method according to claim 39 wherein:

a) the instrument comprises a trocar sheath having a sharp tipped trocar extending therethrough and from one side thereof; and,

b) the puncture opening is formed by forcing the sharp tipped trocar through the body tissue with the sheath in place on the trocar; and.

c) the balloon is secured to the sheath so as to extend into place within the puncture opening as the trocar is advanced through the opening.

41. A method according to claim 39 or **40**, wherein the balloon is secured to the outer surface of the instrument with a contact adhesive on the balloon.

42. A method according to claim 39 wherein:

a) the balloon is inflated through a conduit secured in fluid communication therewith; and,

b) the conduit is disposed to extend to the outside of the body tissue when the instrument is extended through the puncture opening and is secured to the outer surface of the sheath by a contact adhesive on the conduit.

43. A method according to claim 39, wherein:

a) the balloon is of an elongate configuration; and

b) the balloon is extended across the instrument and only an intermediate portion of the balloon is secured to the sheath.

44. A method according to claim 39, wherein:

a) the balloon is of an elongate configuration having distal ends and a length exceeding the thickness of the body tissue;

b) the balloon is secured to the outside surface of the instrument to extend longitudinally of the sheath so that the distal ends of the balloon may inflate to an enlarged profile to either side of the tissue.

45. A method according to claim 44, wherein the balloon is of an elongate hourglass-shaped configuration.

46. A method according to claim 39, wherein:

a) the balloon is comprised of superimposed sheets; and,

b) a thin spacer is disposed between the sheets to provide an fluid passage between the sheets when the balloon is in contracted non-inflated condition.

47. A method according to claim 39, wherein the balloon is elongate and has individually inflatable first and second chambers, the first chamber being disposed at one end of the balloon for inflation to the interior of the tissue and the second chamber extending lengthwise of the balloon for inflation with the interior of the puncture.

48. A method according to claim 47 wherein the second chamber has a wedge-shaped configuration diverging outwardly longitudinally of the sheath from the vicinity of the first chamber.

49. A method according to claim 39, wherein:

a) the balloon is of a toroidal configuration and extended around the instrument when secured to the outer surface thereof; and,

b) the balloon is secured to the outer surface of the sheath by a portion of the balloon which extends into compression imparting relationship to the instrument upon inflation of the balloon.

50. A method according to claim 39, wherein:

a) the balloon is of an elongate configuration and extended lengthwise over a portion of the instrument: and,

b) an intermediate portion of the balloon is constrained against expansion whereby, when in the inflated condition, the balloon extends laterally of the instrument to form an inflated chamber to either side of the body tissue.

51. A method according to claim 39, wherein the balloon is secured to the outer surface of the instrument by a patch disposed to extend over the balloon, said patch having adhesive portions to either side of the balloon for engagement with the instrument.

52. A method according to claim 51, wherein said patch has a tear-away portion disposed over a portion of the balloon, said tear-away portion being frangible upon inflation of the balloon.

53. A method according to claim 39, further comprising extending a secondary anchor around the instrument for longitudinal movement relative thereto towards and away from the balloon, said secondary anchor having an expansible chamber which may be selectively inflated to securely engage the instrument.

54. A method according to claim 53 wherein the secondary anchor comprises a toroidal balloon having an inside formed from an elastomeric film material and an outside formed from a flexible generally inelastic film material.

55. A method according to claim 53, wherein the secondary anchor comprises an elongate flexible member wrapped around the instrument and secured in a generally toroidal configuration.

56. A method according to claim 53 further comprising securing the balloon and secondary anchor by a flexible connecting element of sufficient length to enable the secondary anchor to move longitudinally relative to the balloon.

57. A method according to claim 53 wherein the balloon and secondary anchor are formed from common first and second flexible films peripherally joined to provide the balloon and the expansible chamber.

58. A method according to claim 57 wherein the first flexible film is elastomeric and disposed to face inwardly in opposition to the instrument and the second film is generally inelastic and disposed outside of the first film relative to the instrument with which the balloon is engaged.

59. An improved system for anchoring an instrument to limit its movement through a puncture opening in a tissue wall, said system comprising an anchor adapted to extend around the instrument for longitudinal movement relative thereto, said anchor having an expansible chamber which may be selectively inflated to securely engage the instrument.

60. An improved anchoring system according to claim 59 wherein the anchor comprises a toroidal balloon having an inside formed from an elastomeric film material and an outside formed from a flexible generally inelastic film material.

61. An improved anchoring system according to claim 59, wherein the anchor comprises an elongate flexible member which my be wrapped around the instrument and secured in a generally toroidal configuration.

62. An improved anchoring system according to claim 60 wherein the anchor is comprised of first and second flexible films peripherally joined to provide the expansible chamber.

63. An improved anchoring system according to claim 62 wherein the first flexible film is elastomeric and disposed to face inwardly in opposition to an instrument around which the anchor extends and the second film is generally inelastic and disposed outside of the first film.

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摘要(译)

球囊锚固件用于将外科器械（例如传统的套管针护套）锚固在由套管针形成的穿刺开口内。当在套管针护套上使用时，当护套内的套管针形成开口时，锚固件固定到护套的光滑外表面以穿过穿刺开口延伸。提供粘合剂或机械装置以将气球固定在器械上。不需要修改仪器的结构。一旦在开口内就位，将球囊充气到组织内部以将器械固定在适当位置。某些实施例还提供了气囊在开口内和/或外部的膨胀。