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Messerly

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(54) **MULTIFUNCTIONAL CURVED BLADE FOR USE WITH AN ULTRASONIC SURGICAL INSTRUMENT**

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(21) Appl. No.: **09/648,785**

(22) Filed: **Aug. 28, 2000**

Related U.S. Application Data

(62) Division of application No. 09/413,225, filed on Oct. 5, 1999, now abandoned.

(51) Int. Cl.⁷ **A61B 17/32**

(52) U.S. Cl. **606/169; 606/205**

(58) Field of Search 606/167, 169, 606/205; 604/22; 601/2

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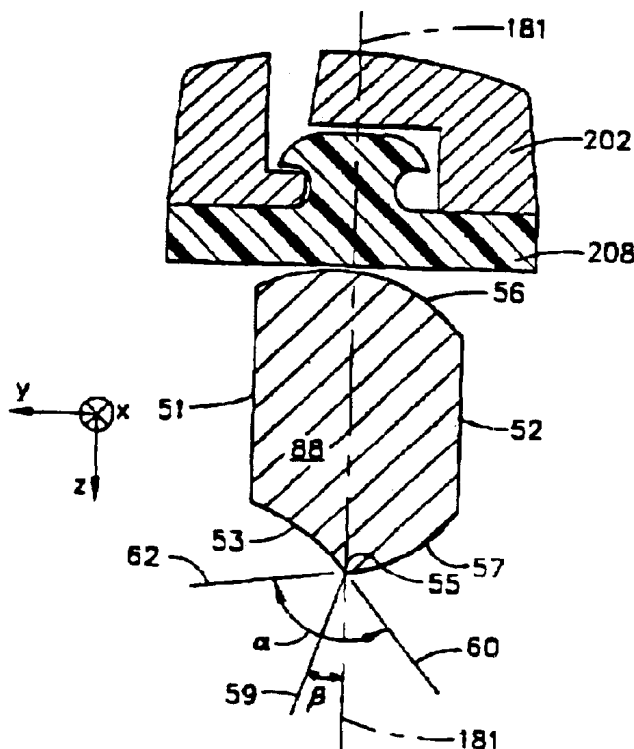
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Primary Examiner—Michael H. Thaler

(57) **ABSTRACT**

The present invention relates, in general, to ultrasonic surgical clamping instruments and, more particularly, to a multifunctional curved shears blade for an ultrasonic surgical instrument. Disclosed is an ultrasonic surgical instrument that combines end-effector geometry to best affect the multiple functions of a shears-type configuration. The shape of the blade is characterized by a radius cut to form a curved and potentially tapered geometry. This cut creates a curved surface including a concave surface and a convex surface. The convex surface transitions into a short, straight, flat surface. The length of this straight portion affects, in part, the acoustic balancing of the transverse motion induced by the curved shape. Relative to straight blade tips, the tip curvature of the present design provides improved visibility of the transection site and improved access to targeted tissues.

14 Claims, 17 Drawing Sheets



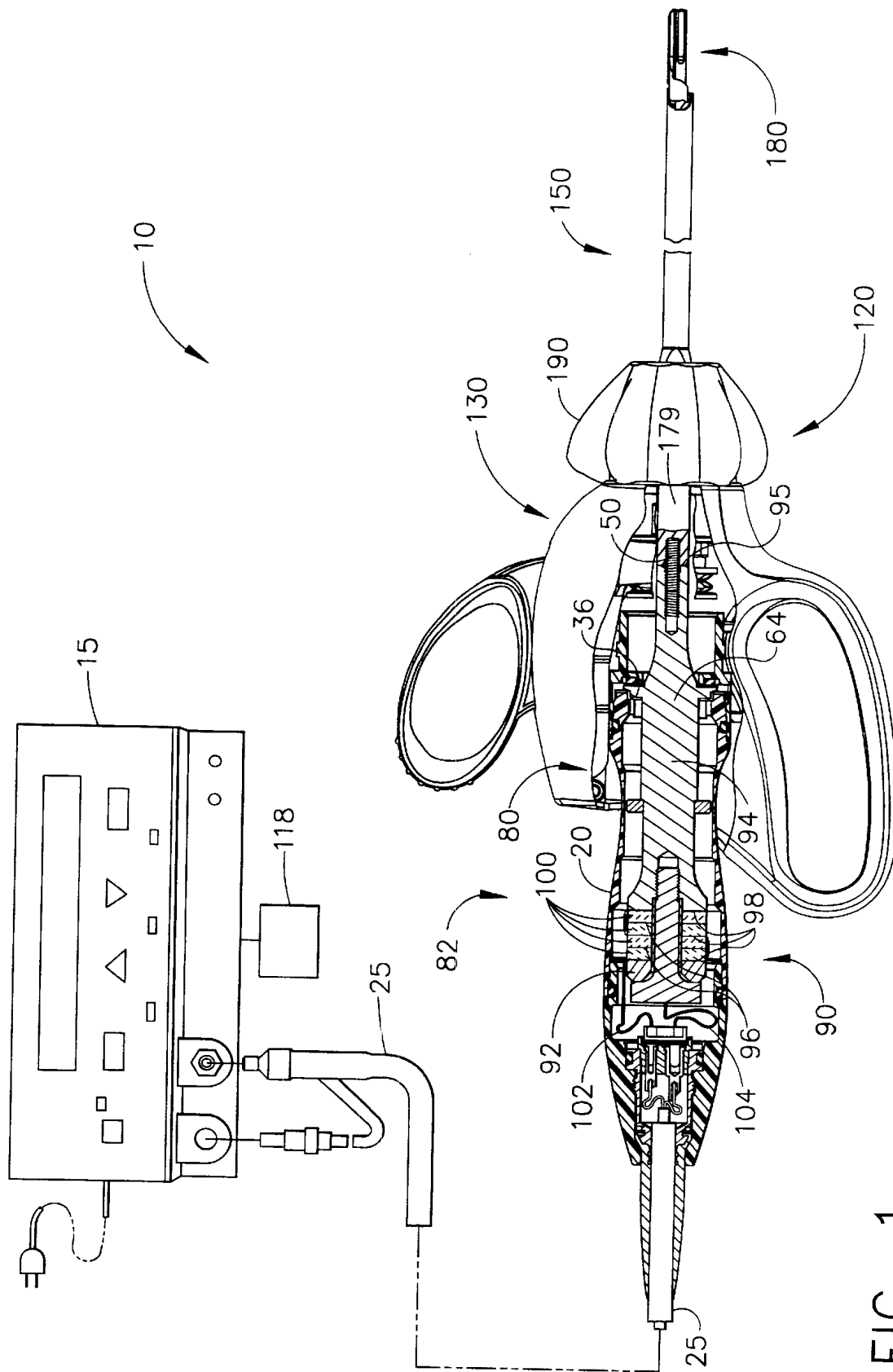
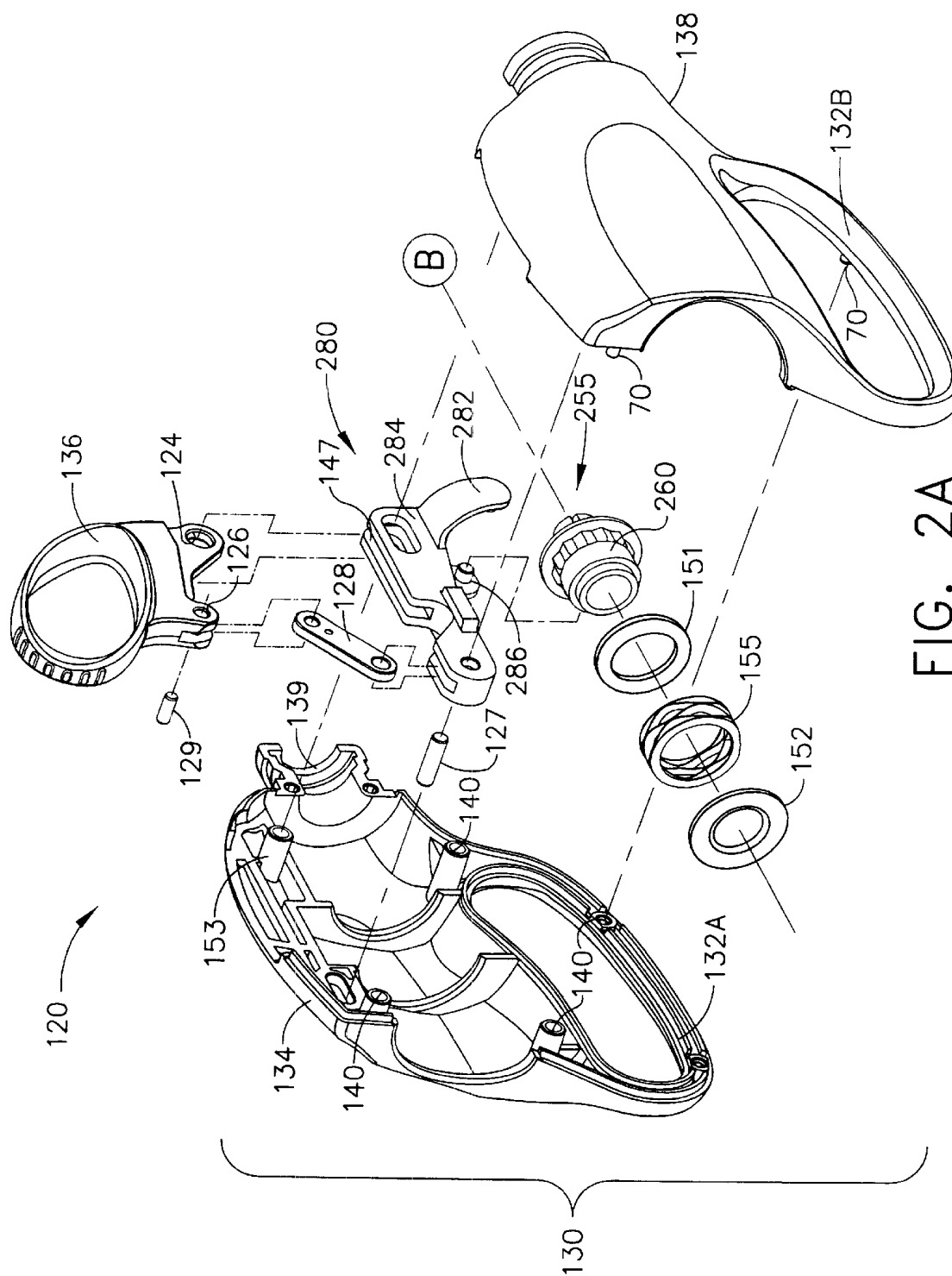
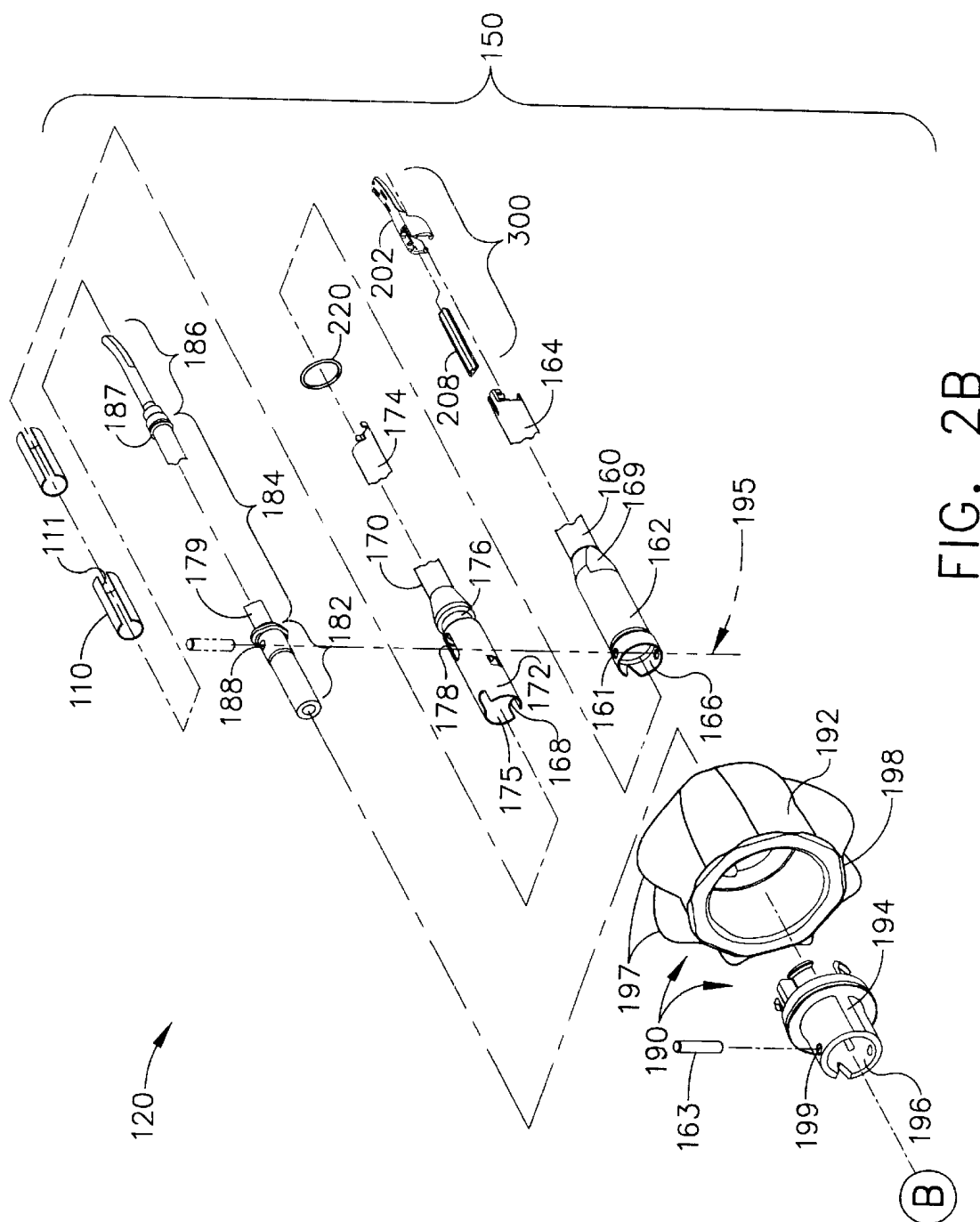
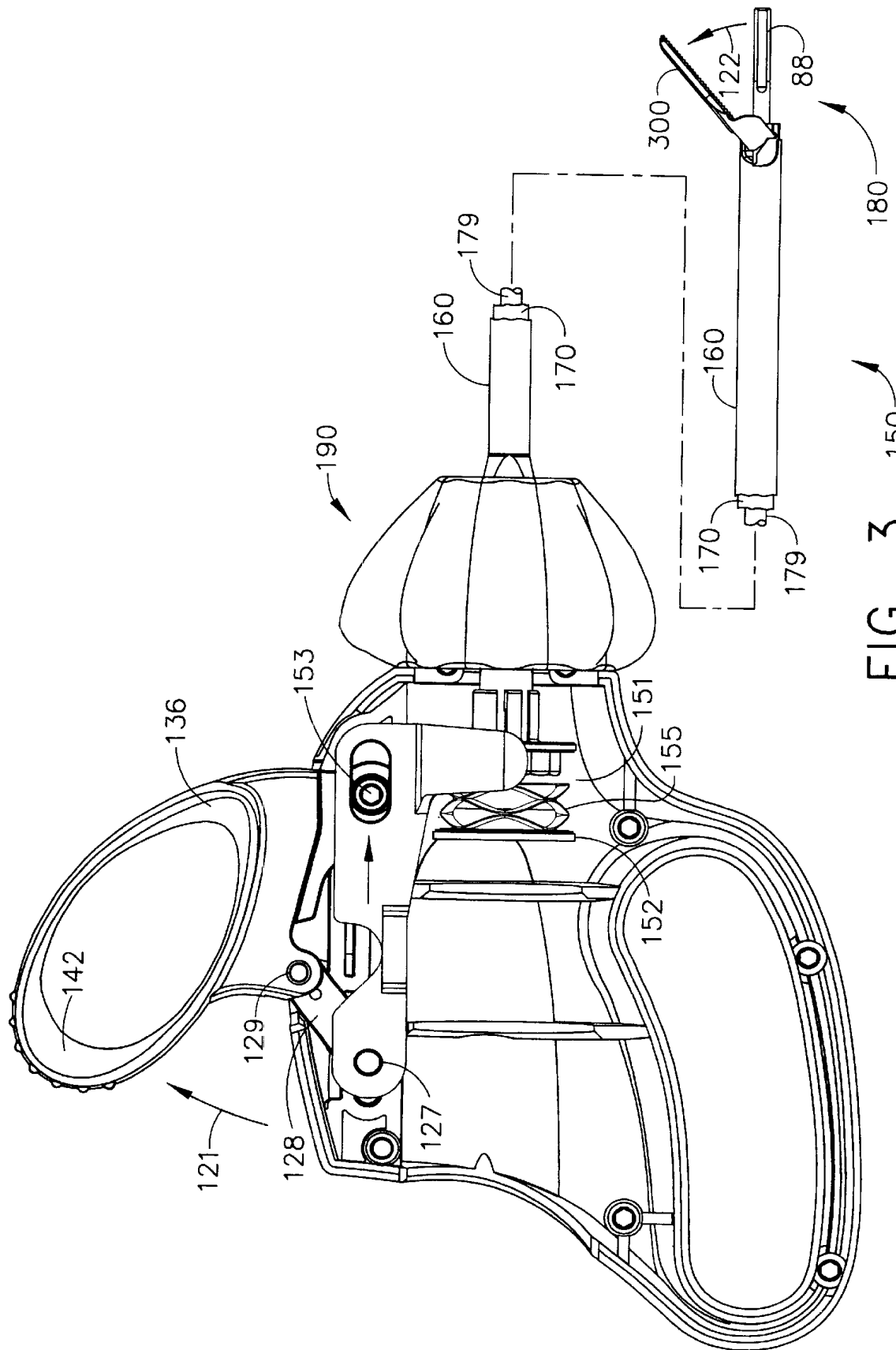


FIG. 1







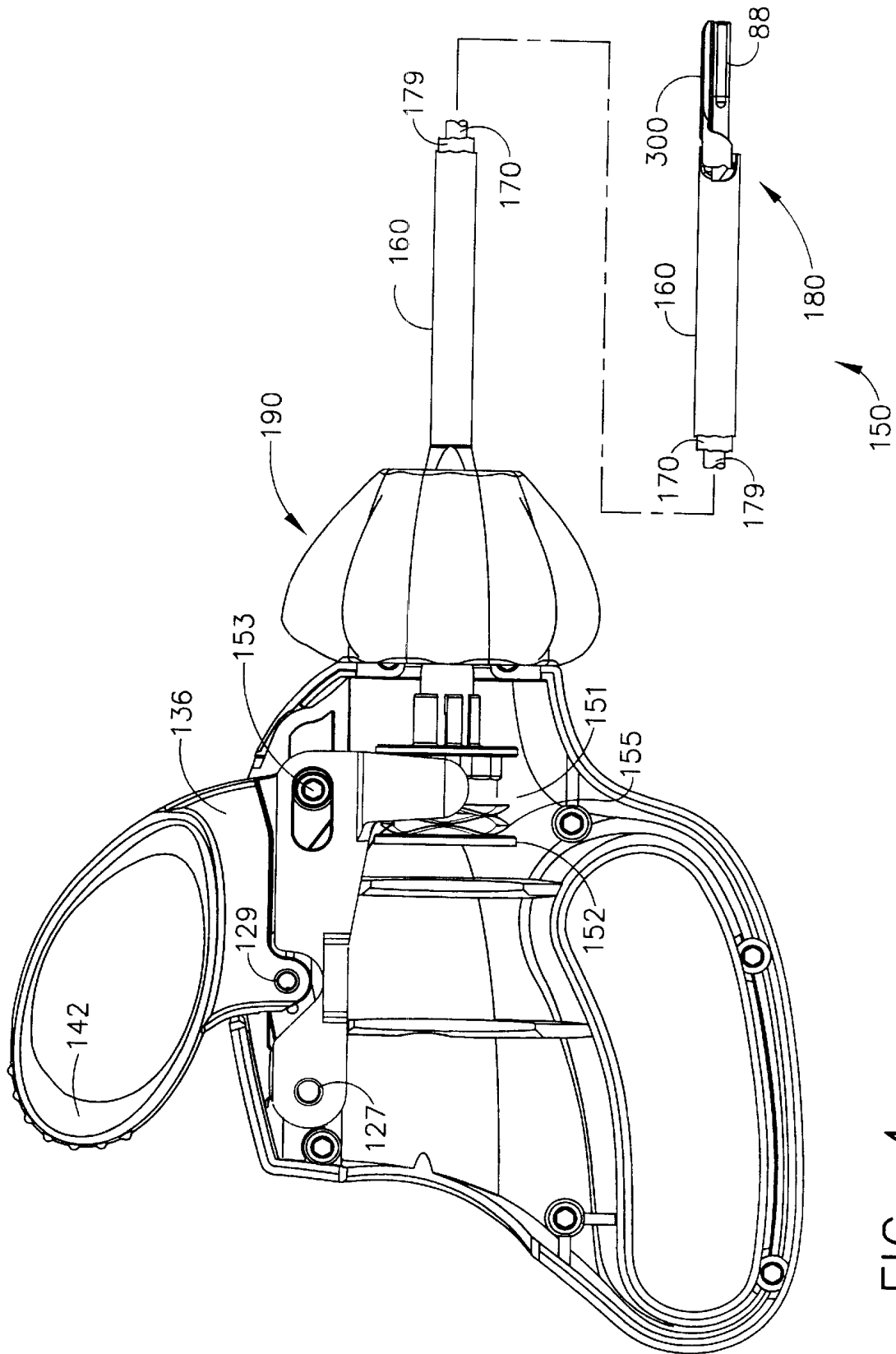


FIG. 4

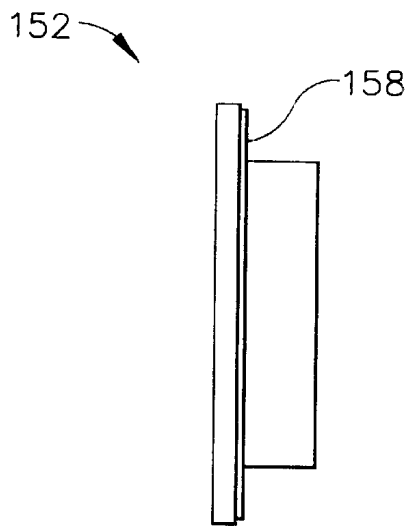


FIG. 5

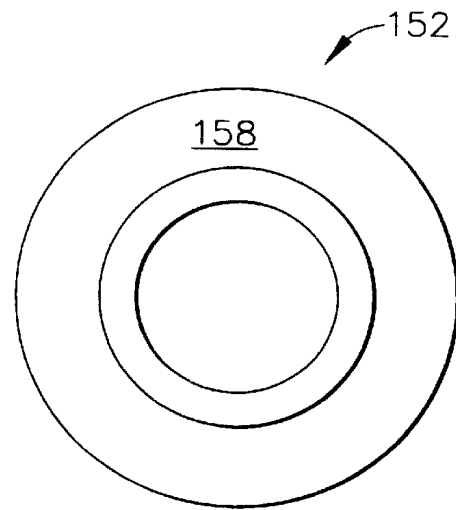


FIG. 6

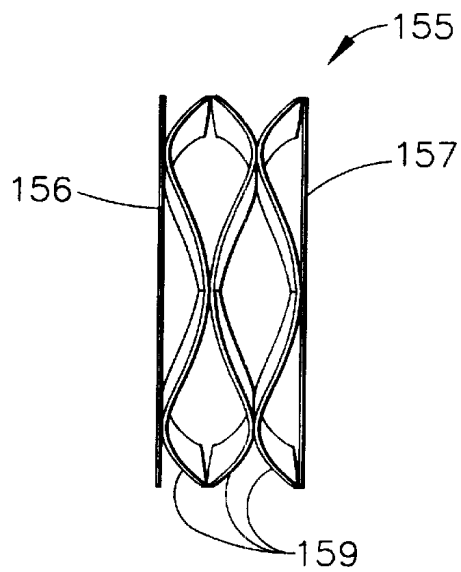


FIG. 7

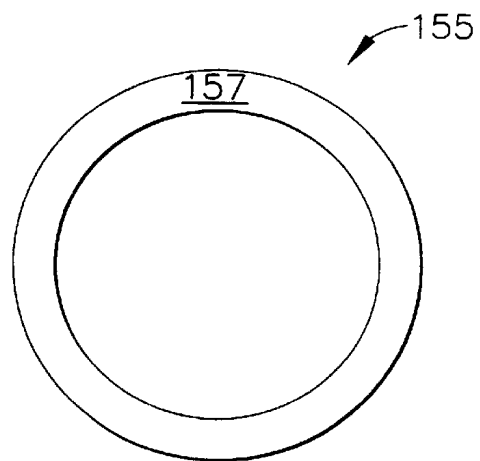


FIG. 8

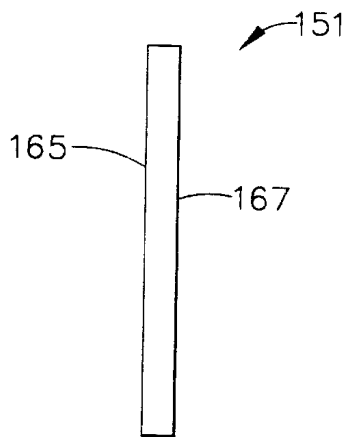


FIG. 9

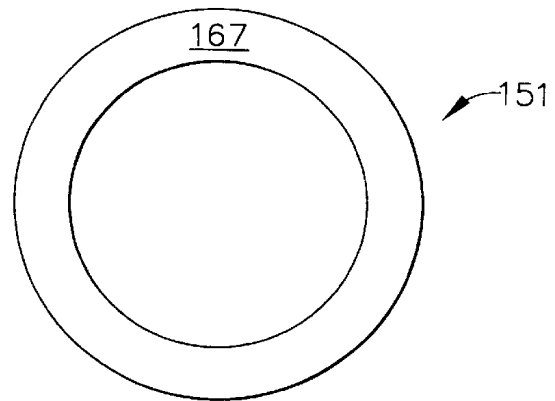


FIG. 10

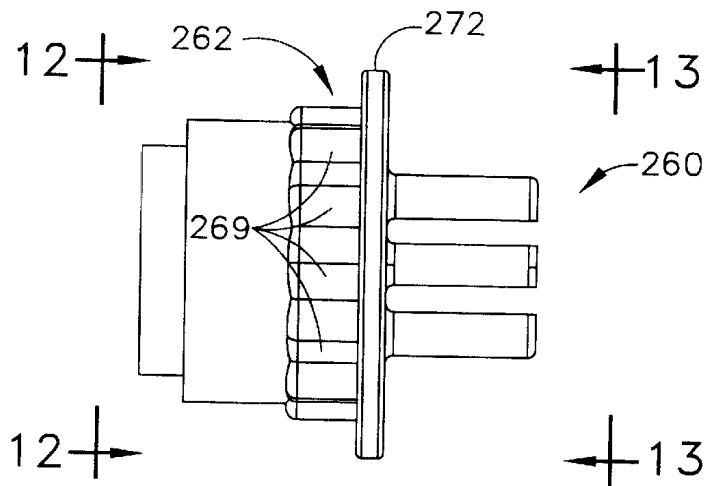


FIG. 11

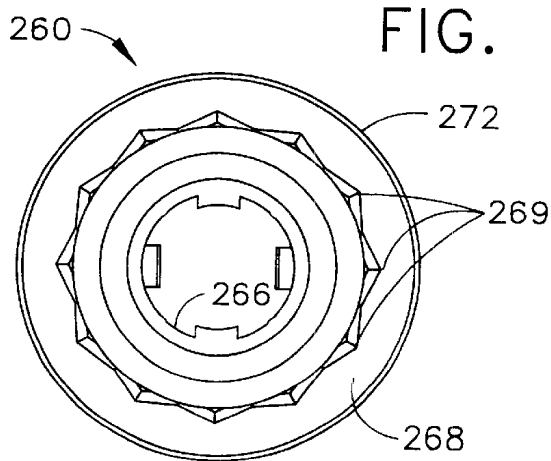


FIG. 12

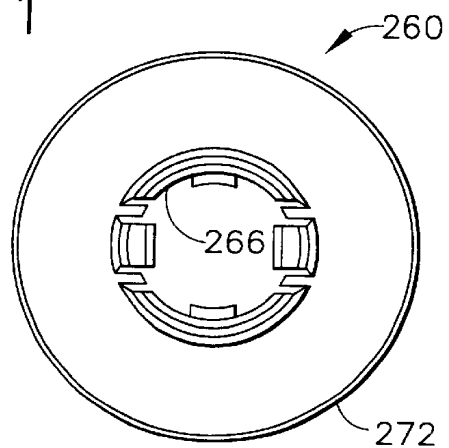


FIG. 13

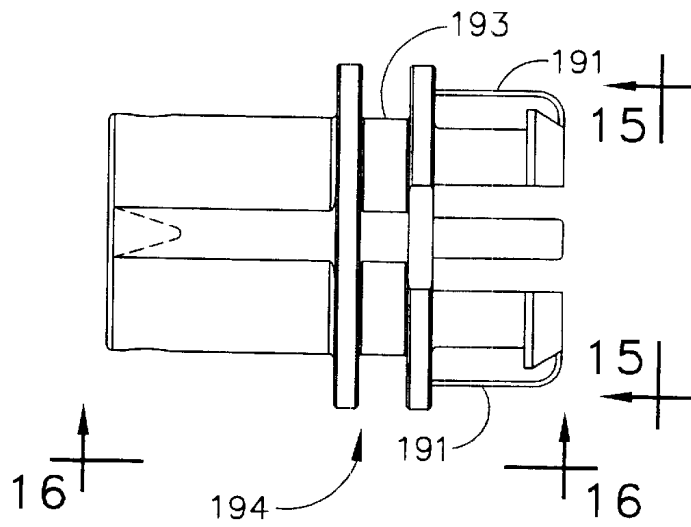


FIG. 14

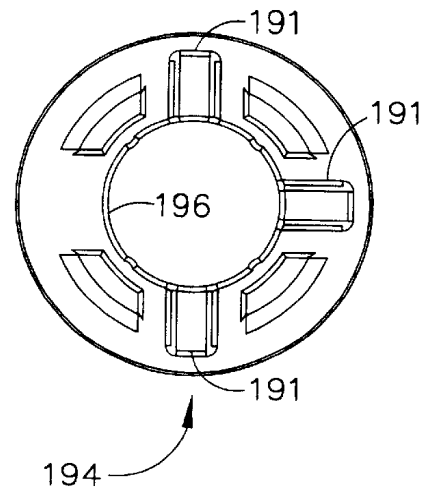


FIG. 15

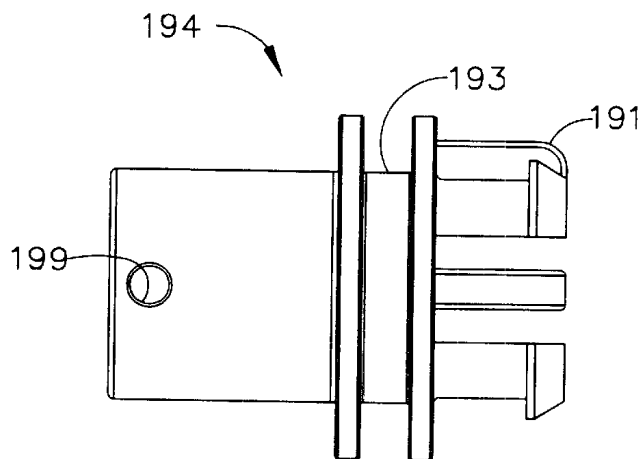


FIG. 16

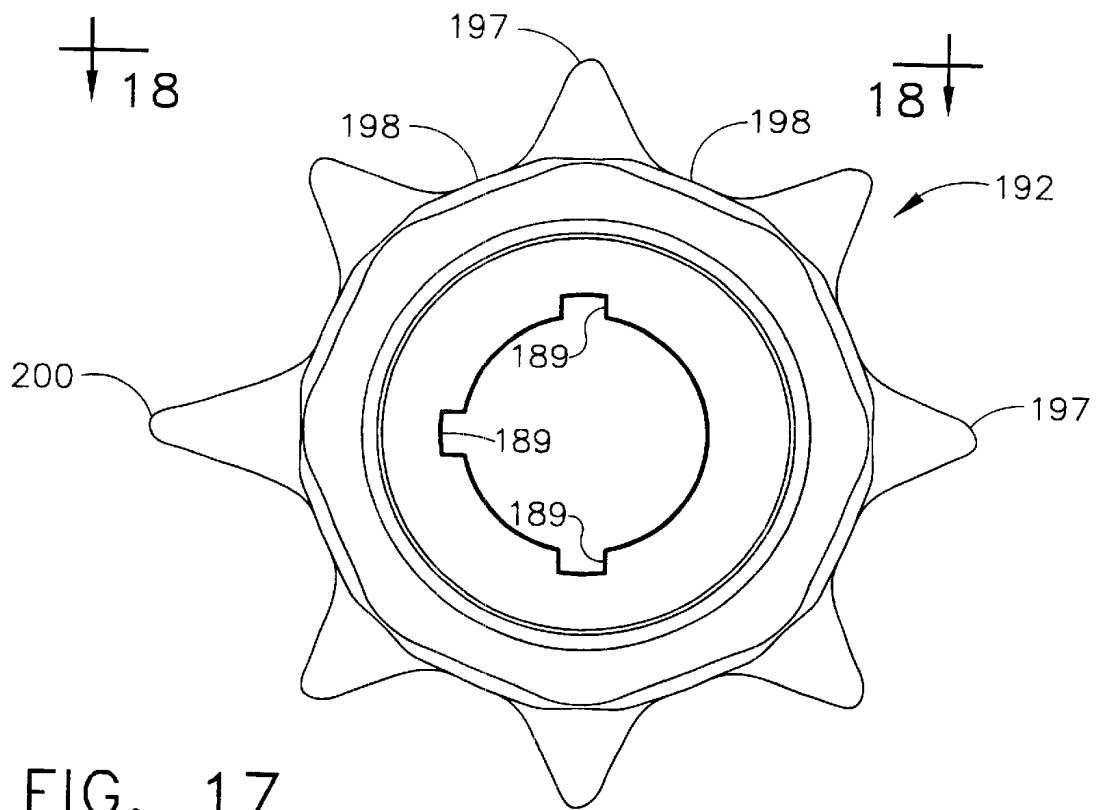


FIG. 17

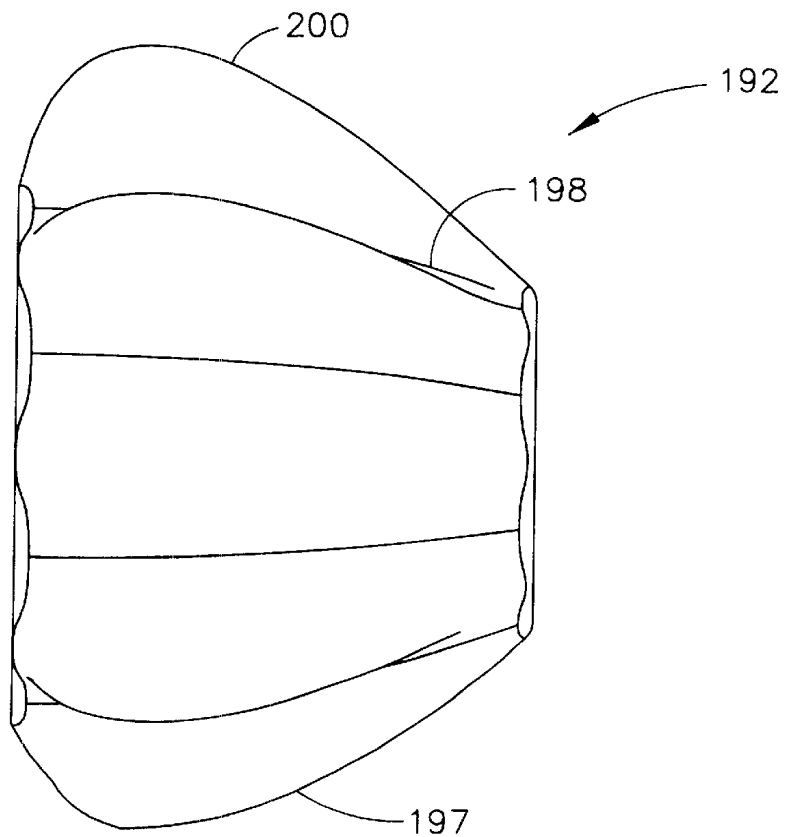


FIG. 18

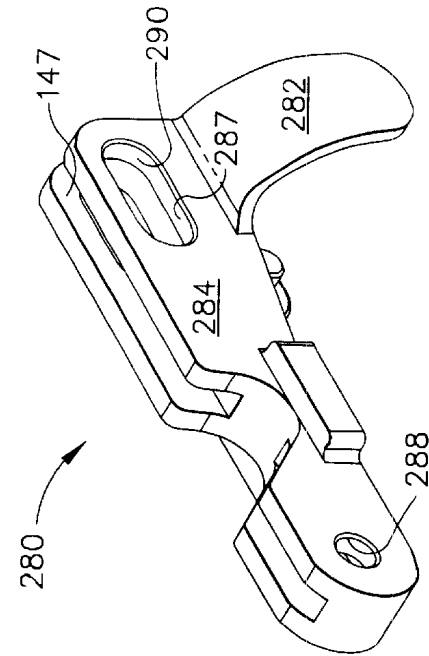


FIG. 19

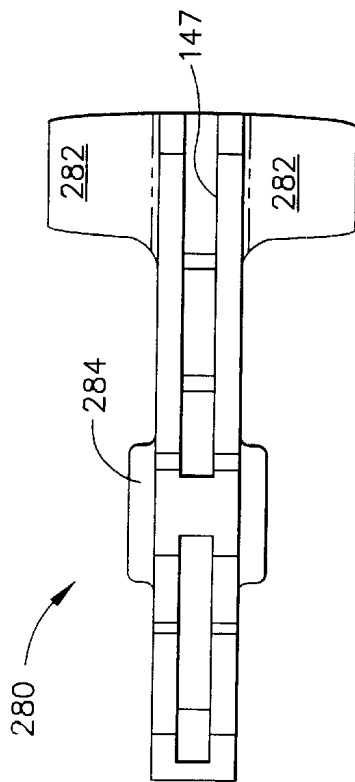


FIG. 20

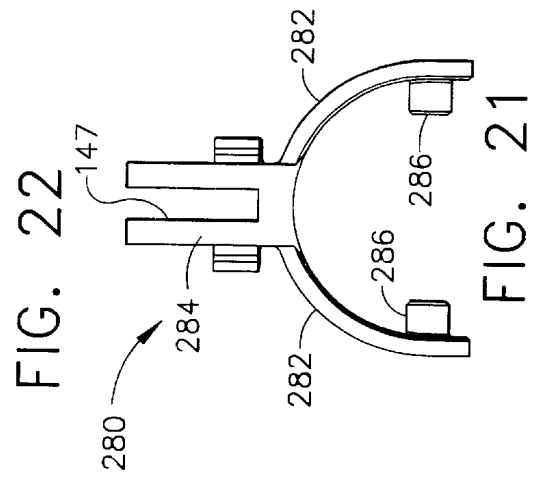


FIG. 21

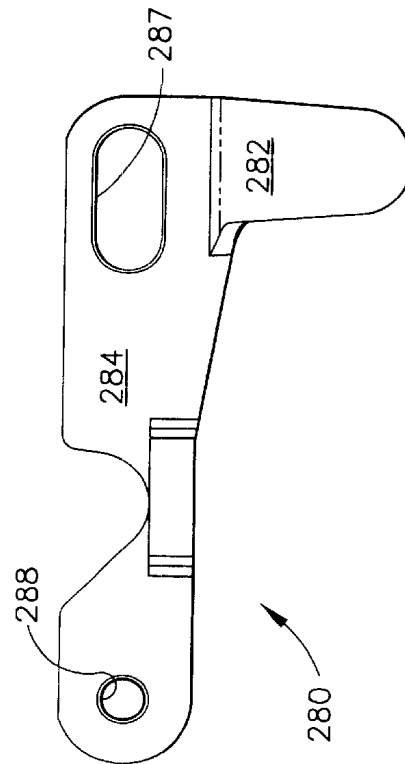


FIG. 22

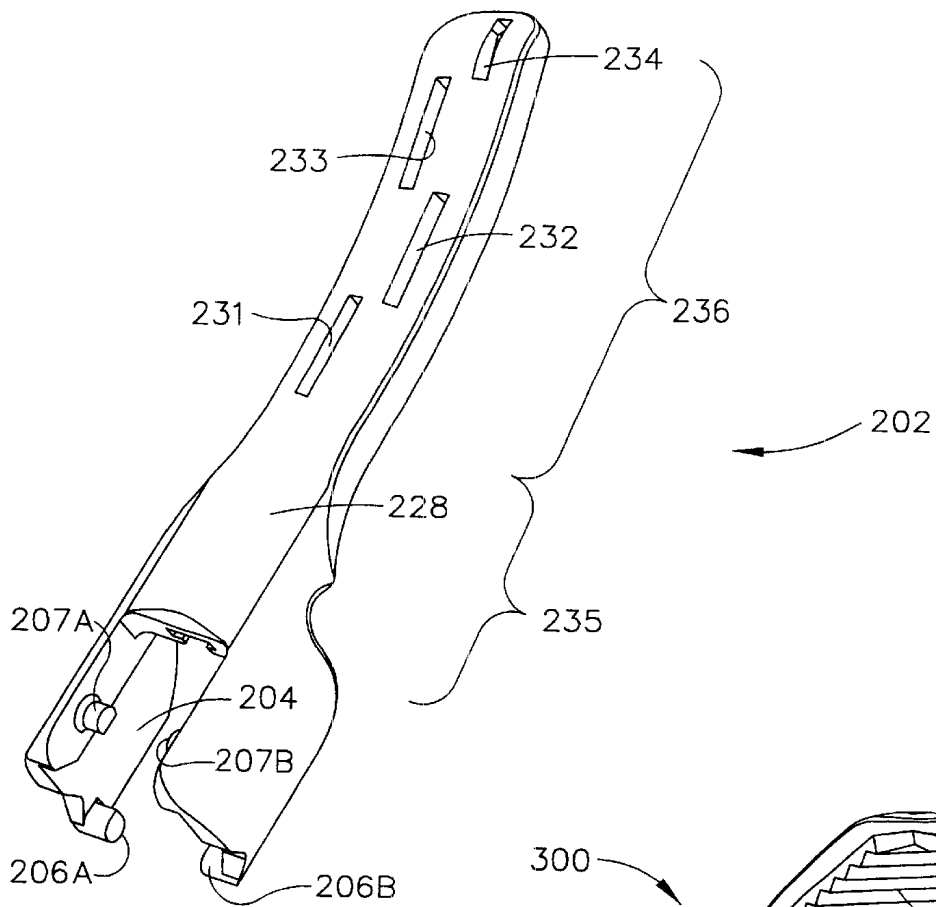


FIG. 24

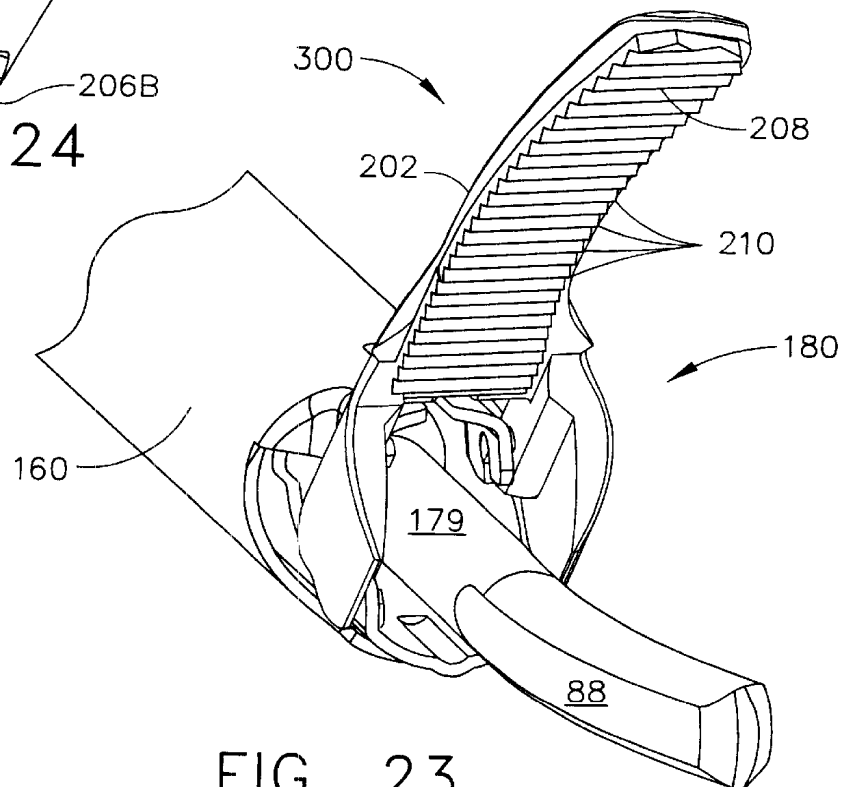


FIG. 23

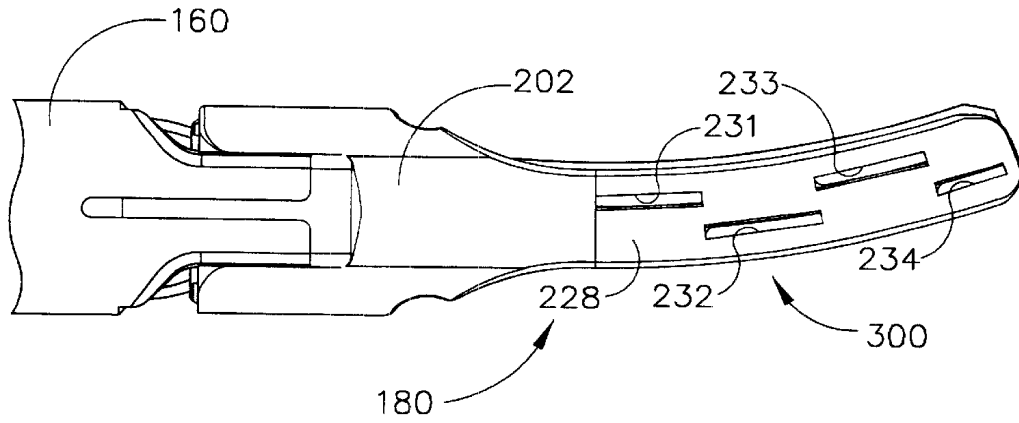


FIG. 25

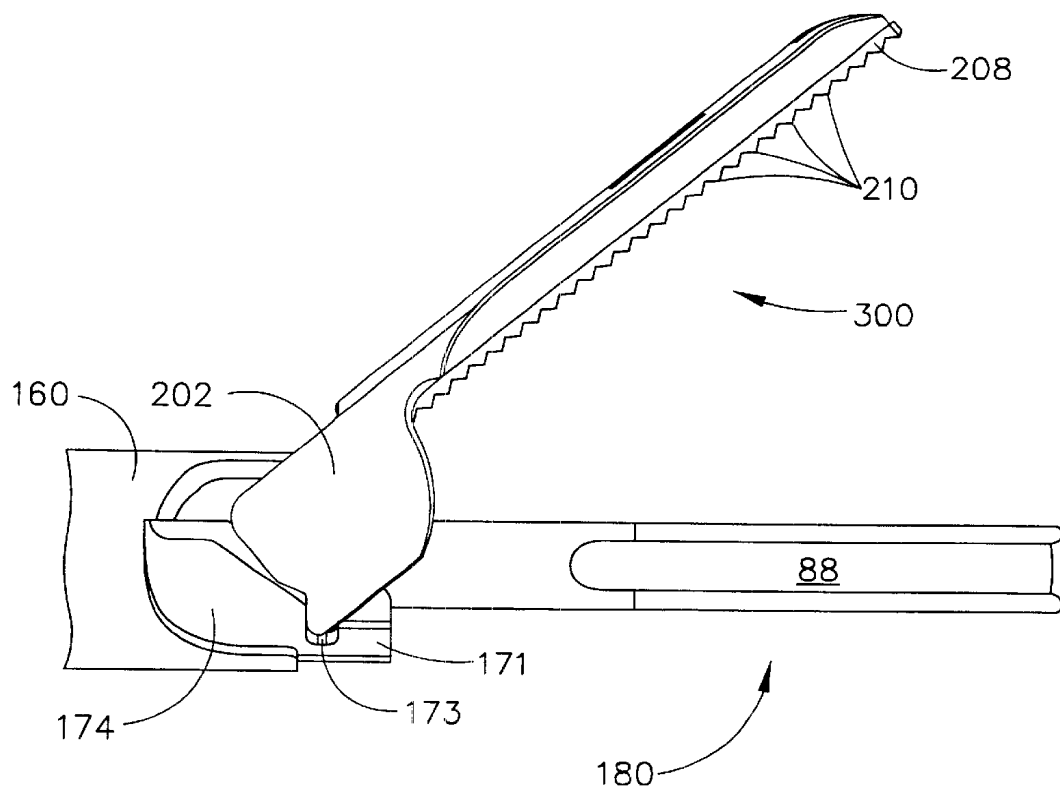


FIG. 26

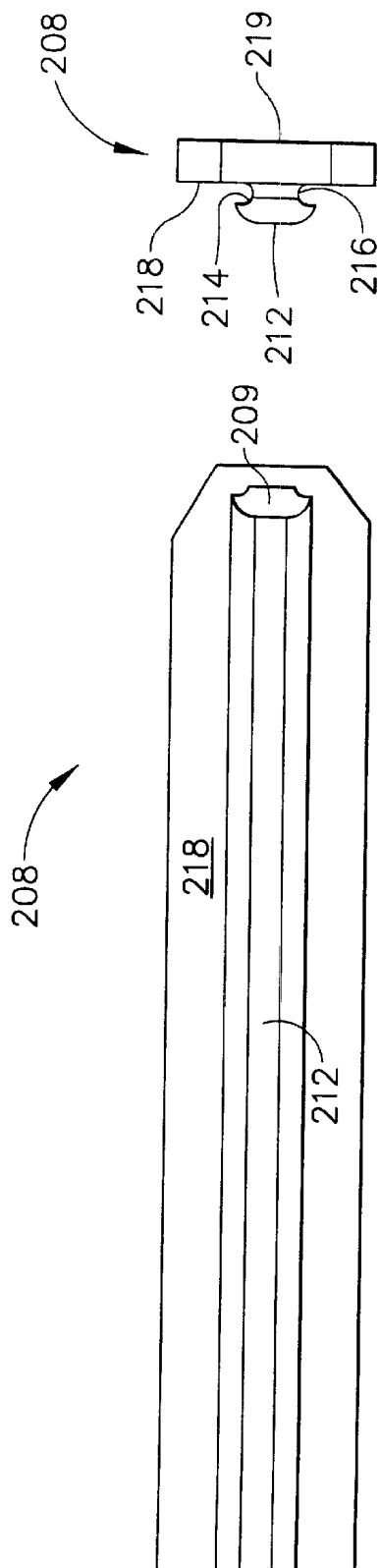


FIG. 27

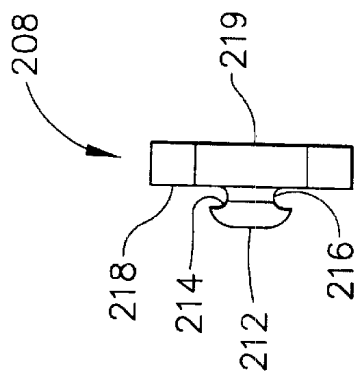


FIG. 29

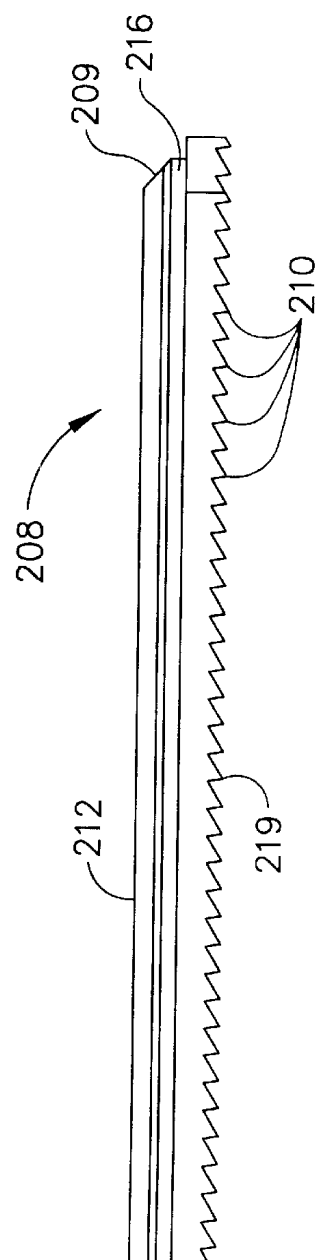
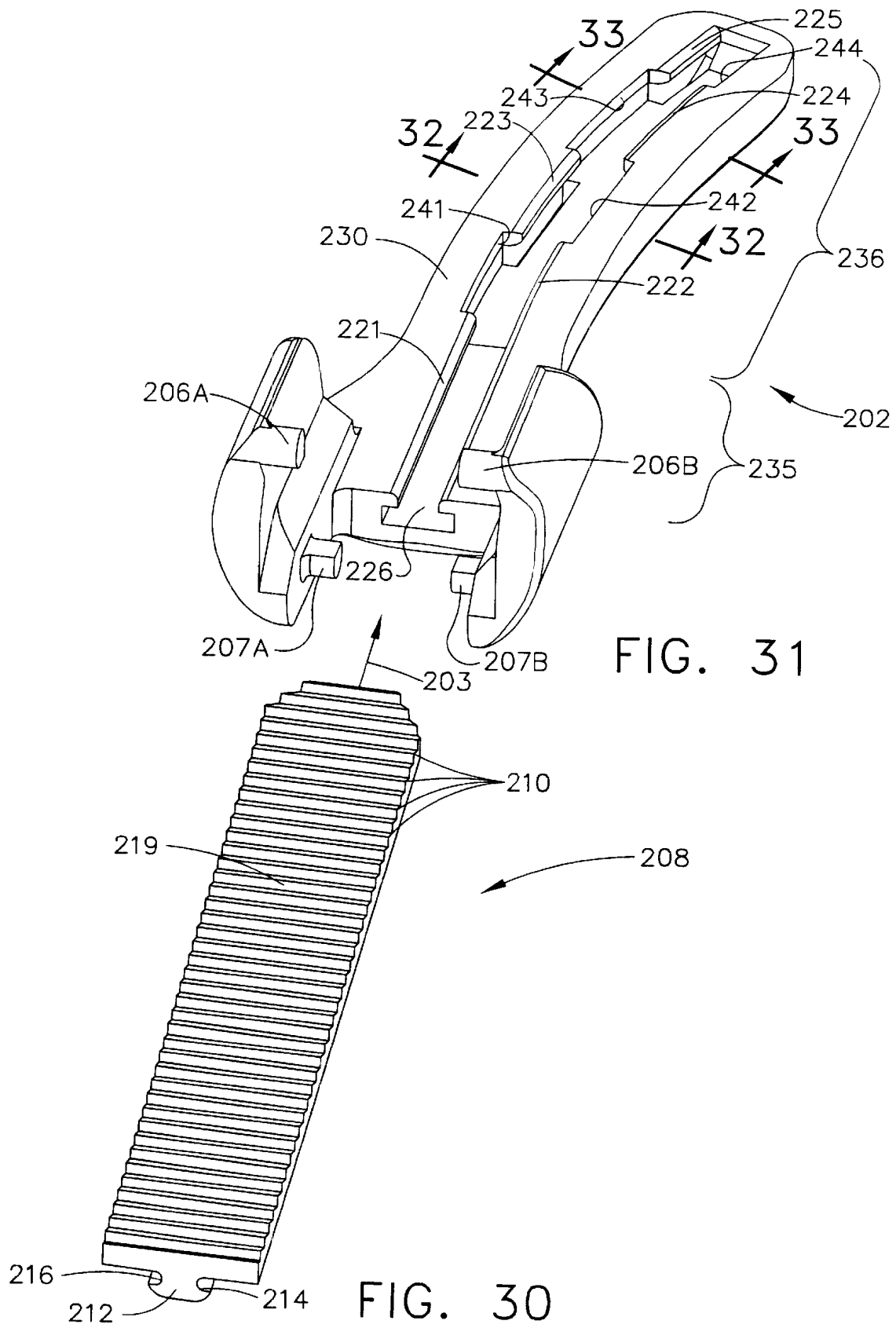


FIG. 28



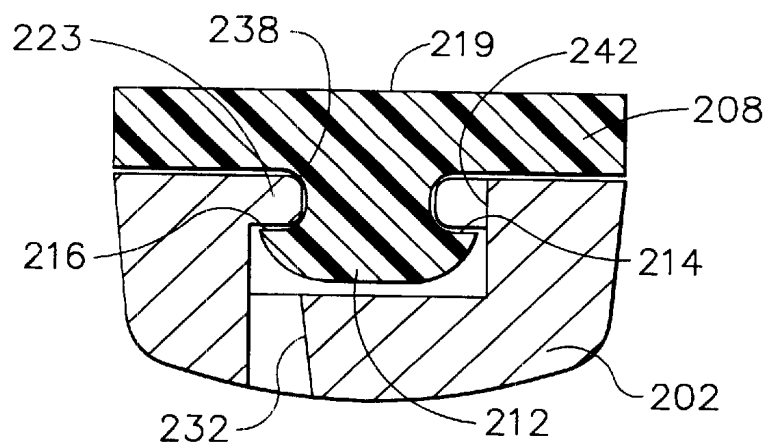


FIG. 32

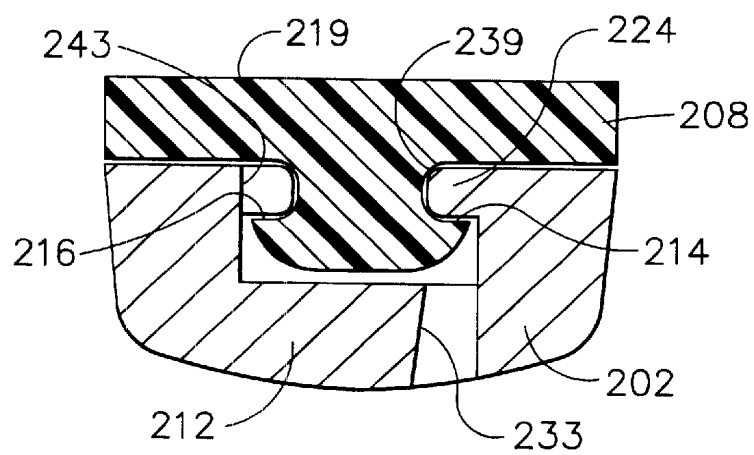


FIG. 33

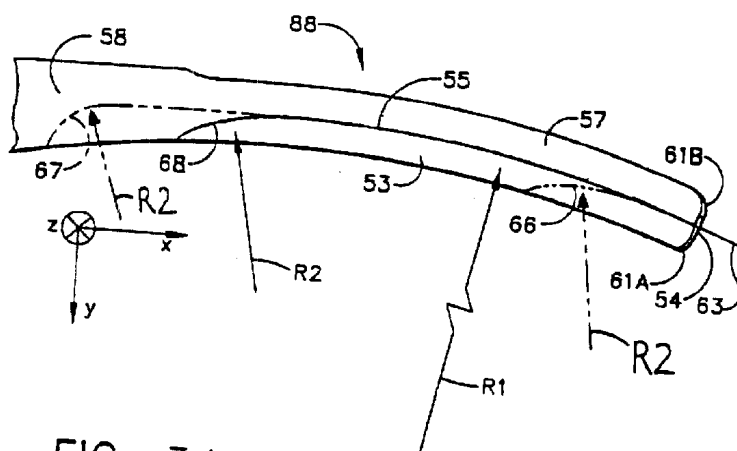


FIG. 34

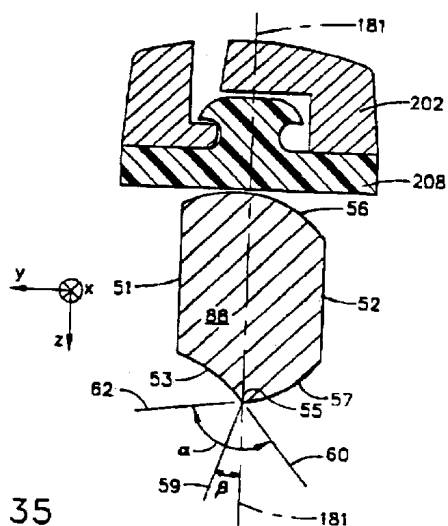


FIG. 35

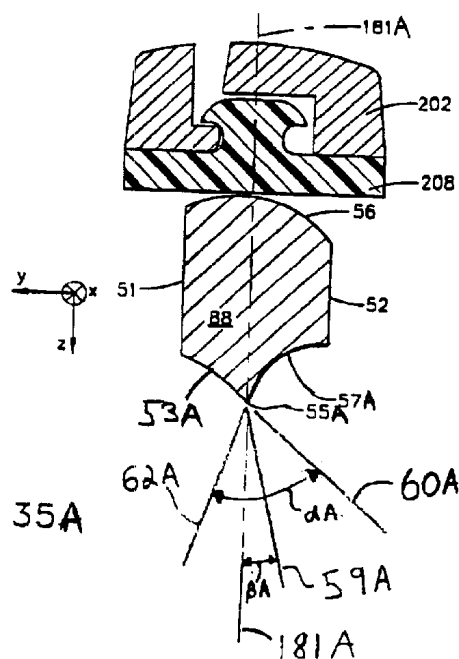


FIG. 35A

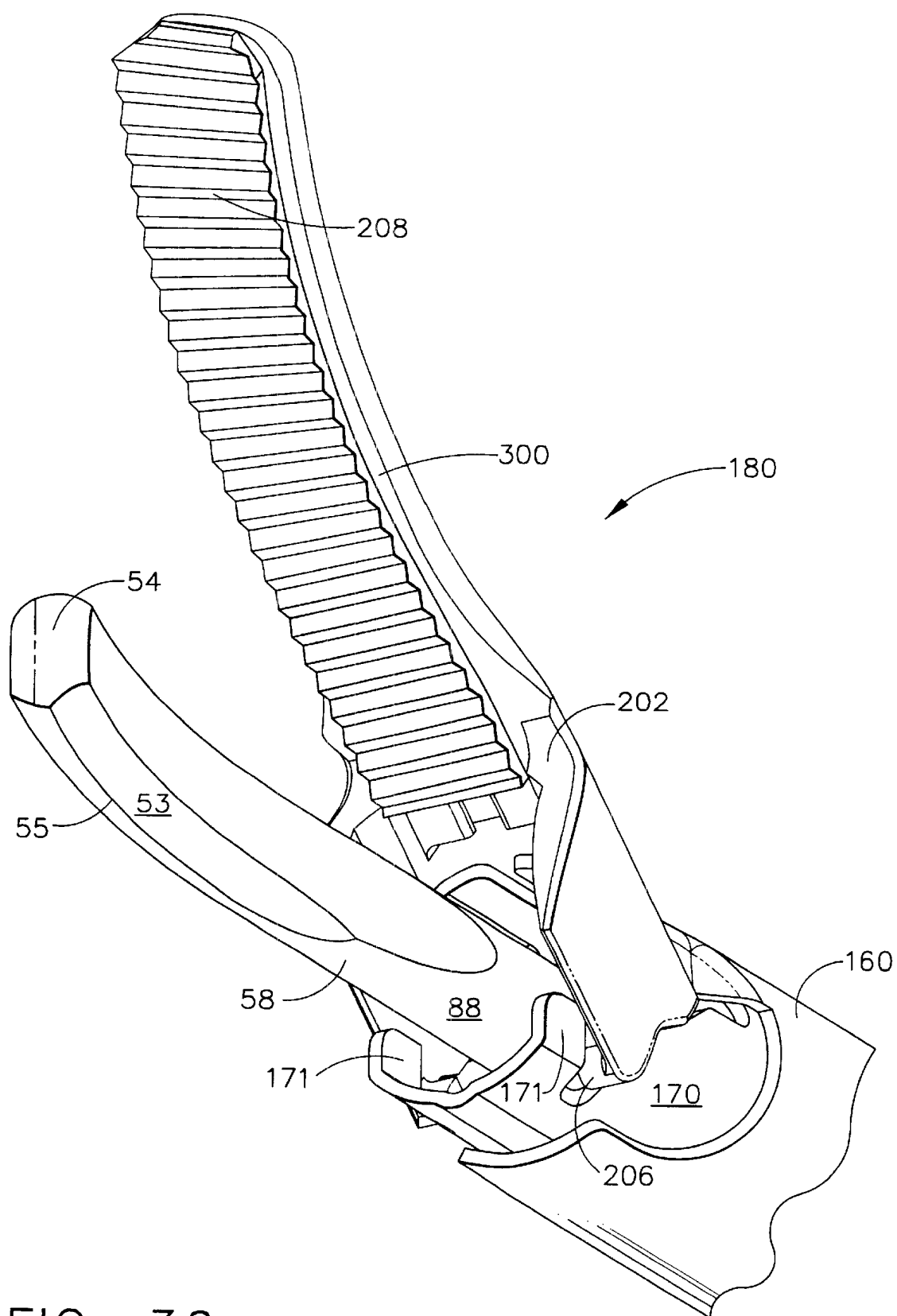


FIG. 36

MULTIFUNCTIONAL CURVED BLADE FOR USE WITH AN ULTRASONIC SURGICAL INSTRUMENT

This is a Divisional of prior application Ser. No.: 09/413, 225, filed Oct. 5, 1999 now abandoned.

FIELD OF THE INVENTION

The present invention relates, in general, to ultrasonic surgical clamping instruments and, more particularly, to a multifunctional curved shears blade for an ultrasonic surgical clamping instrument.

BACKGROUND OF THE INVENTION

This application is related to the following copending patent applications: application Ser. No. 08/948,625 filed Oct. 10, 1997 now U.S. Pat. No. 6,068,647; application Ser. No. 08/949,133 filed Oct. 10, 1997 now U.S. Pat. No. 5,947,984; application Ser. No. 09/106,686 filed Jun. 29, 1998 now abandoned; application Ser. No. 09/337,077 filed Jun. 21, 1999 now U.S. Pat. No. 6,214,023; application Ser. No. 09/412,557 now abandoned; application Ser. No. 09/412,996; and application Ser. No. 09/412,257 now U.S. Pat. No. 6,325,811 which are hereby incorporated herein by reference.

Ultrasonic instruments, including both hollow core and solid core instruments, are used for the safe and effective treatment of many medical conditions. Ultrasonic instruments, and particularly solid core ultrasonic instruments, are advantageous because they may be used to cut and/or coagulate organic tissue using energy in the form of mechanical vibrations transmitted to a surgical end-effector at ultrasonic frequencies. Ultrasonic vibrations, when transmitted to organic tissue at suitable energy levels and using a suitable end-effector, may be used to cut, dissect, or cauterize tissue. Ultrasonic instruments utilizing solid core technology are particularly advantageous because of the amount of ultrasonic energy that may be transmitted from the ultrasonic transducer through the waveguide to the surgical end-effector. Such instruments are particularly suited for use in minimally invasive procedures, such as endoscopic or laparoscopic procedures, wherein the end-effector is passed through a trocar to reach the surgical site.

Ultrasonic vibration is induced in the surgical end-effector by, for example, electrically exciting a transducer which may be constructed of one or more piezoelectric or magnetostrictive elements in the instrument hand piece. Vibrations generated by the transducer section are transmitted to the surgical end-effector via an ultrasonic waveguide extending from the transducer section to the surgical end-effector.

Solid core ultrasonic surgical instruments may be divided into two types, single element end-effector devices and multiple-element end-effector. Single element end-effector devices include instruments such as scalpels, and ball coagulators, see, for example, U.S. Pat. No. 5,263,957. While such instruments as disclosed in U.S. Pat. No. 5,263,957 have been found eminently satisfactory, there are limitations with respect to their use, as well as the use of other ultrasonic surgical instruments. For example, single-element end-effector instruments have limited ability to apply blade-to-tissue pressure when the tissue is soft and loosely supported. Substantial pressure is necessary to effectively couple ultrasonic energy to the tissue. This inability to grasp the tissue results in a further inability to fully coapt tissue surfaces while applying ultrasonic energy, leading to less-than-desired hemostasis and tissue joining.

The use of multiple-element end-effectors such as clamping coagulators include a mechanism to press tissue against an ultrasonic blade, that can overcome these deficiencies. A clamp mechanism disclosed as useful in an ultrasonic surgical device has been described in U.S. Pat. Nos. 3,636,943 and 3,862,630 to Balamuth. Generally, however, the Balamuth device, as disclosed in those patents, does not coagulate and cut sufficiently fast, and lacks versatility in that it cannot be used to cut/coagulate without the clamp because access to the blade is blocked by the clamp.

Ultrasonic clamp coagulators such as, for example, those disclosed in U.S. Pat. Nos. 5,322,055 and 5,893,835 provide an improved ultrasonic surgical instrument for cutting/coagulating tissue, particularly loose and unsupported tissue, wherein the ultrasonic blade is employed in conjunction with a clamp for applying a compressive or biasing force to the tissue, whereby faster coagulation and cutting of the tissue, with less attenuation of blade motion, are achieved.

Improvements in technology of curved ultrasonic instruments such as described in U.S. patent application Ser. No. 09/106,686 previously incorporated herein by reference, have created needs for improvements in other aspects of curved clamp coagulators. For example, U.S. Pat. No. 5,873,873 describes an ultrasonic clamp coagulating instrument having an end-effector including a clamp arm comprising a tissue pad. In the configuration shown in U.S. Pat. No. 5,873,873 the clamp arm and tissue pad are straight.

The shape of an ultrasonic surgical blade or end-effector used in a clamp coagulator device defines at least four important aspects of the instrument. These are: (1) the visibility of the end-effector and its relative position in the surgical field, (2) the ability of the end-effector to access or approach targeted tissue, (3) the manner in which ultrasonic energy is coupled to tissue for cutting and coagulation, and (4) the manner in which tissue can be manipulated with the ultrasonically inactive end-effector. It would be advantageous to provide an improved ultrasonic clamp coagulator optimizing these four aspects of the instrument.

Idemoto, et al. discloses a surgical ultrasonic horn used in a surgical operation comprising a horn body and an end plate portion. Cutting portions are provided on an edge and an end of the end portion. A passage for irrigation solution extends in the horn body and the end plate portion. At least one bore opens at the cutting portions by a jet angle of 5.degree. to 90.degree. in respect of a plane of the end plate portion. The irrigation solution passage communicates with the bore, thereby the irrigation solution is sprayed therethrough.

It would be advantageous to deliver ultrasonic power more uniformly to clamped tissue than predicate devices. It would also be advantageous to provide for improved visibility of the end-effector so that a surgeon can verify that the blade extends across the structure being cut/coagulated. It would also be advantageous to provide for improved tissue access with the end-effector more closely replicating the curvature of biological structures. It would also be advantageous to provide a multitude of edges and surfaces, designed to provide a multitude of tissue effects: clamped coagulation, clamped cutting, grasping, back-cutting, dissection, spot coagulation, tip penetration and tip scoring. It would also be advantageous to provide an ultrasonic clamp coagulator that self-tensions tissue during back-cutting, utilizing a slight hook-like or wedge-like action. It would further be advantageous to provide a multifunctional ultrasonic surgical blade using unique geometric features to include: compatibility with a clamping member, sharp fea-

tures for cutting, curvature for access and visibility, and a more uniform delivery of ultrasonic power than predicate devices. The present invention provides these features and improvements as described below.

SUMMARY OF THE INVENTION

Disclosed is an ultrasonic surgical instrument that combines end-effector geometry to best affect the multiple functions of a shears-type configuration. The shape of the blade is characterized by a radiused cut to form a curved and potentially tapered geometry. This cut creates a curved surface including, in one embodiment, a concave surface and a convex surface. The convex surface transitions into a short, straight, flat surface. The length of this straight portion affects, in part, the acoustic balancing of the transverse motion induced by the curved shape. Relative to straight blade tips, the tip curvature of the present design provides improved visibility of the transection site and improved access to targeted tissues. In one embodiment, an ultrasonic blade is described comprising a broad edge and a narrow edge. The broad edge opposes the narrow edge along a vertical plane, wherein the narrow edge is defined by the intersection of a first surface and a second surface, wherein the first surface is concave.

BRIEF DESCRIPTION OF THE DRAWINGS

The novel features of the invention are set forth with particularity in the appended claims. The invention itself, however, both as to organization and methods of operation, together with further objects and advantages thereof, may best be understood by reference to the following description, taken in conjunction with the accompanying drawings in which:

FIG. 1 illustrates an ultrasonic surgical system including a plan view of an ultrasonic generator, a sectioned plan view of an ultrasonic transducer, and a partially sectioned plan view of a clamp coagulator in accordance with the present invention;

FIG. 2A is an exploded perspective view of a portion of a clamp coagulator in accordance with the present invention;

FIG. 2B is an exploded perspective view of a portion of a clamp coagulator in accordance with the present invention;

FIG. 3 is a partially sectioned plan view of a clamp coagulator in accordance with the present invention with the clamp arm assembly shown in an open position;

FIG. 4 is a partially sectioned plan view of a clamp coagulator in accordance with the present invention with the clamp arm assembly shown in a closed position;

FIG. 5 is a side view of a collar cap of the clamp coagulator;

FIG. 6 is a front view of a collar cap of the clamp coagulator;

FIG. 7 is a side view of a force limiting spring of the clamp coagulator;

FIG. 8 is a front view of a force limiting spring of the clamp coagulator;

FIG. 9 is a side view of a washer of the clamp coagulator;

FIG. 10 is a front view of a washer of the clamp coagulator;

FIG. 11 is a side view of a tubular collar of the clamp coagulator;

FIG. 12 is a rear view of a tubular collar of the clamp coagulator;

FIG. 13 is a front view of a tubular collar of the clamp coagulator;

FIG. 14 is a side view of an inner knob of the clamp coagulator;

FIG. 15 is a front view of an inner knob of the clamp coagulator;

FIG. 16 is a bottom view of an inner knob of the clamp coagulator;

FIG. 17 is a rear view of an outer knob of the clamp coagulator;

FIG. 18 is a top view of an outer knob of the clamp coagulator;

FIG. 19 is a top view of a yoke of the clamp coagulator;

FIG. 20 is a side view of a yoke of the clamp coagulator;

FIG. 21 is a front view of a yoke of the clamp coagulator;

FIG. 22 is a perspective view of a yoke of the clamp coagulator;

FIG. 23 is a perspective view of an end-effector of the clamp coagulator;

FIG. 24 is a top perspective view of a clamp arm of the camp coagulator;

FIG. 25 is a top view of an end-effector of the clamp coagulator;

FIG. 26 is a side view of an end-effector of the clamp coagulator with the clamp arm open;

FIG. 27 is a top view of a tissue pad of the clamp coagulator;

FIG. 28 is a side view of a tissue pad of the clamp coagulator;

FIG. 29 is a front view of a tissue pad of the clamp coagulator;

FIG. 30 is a perspective view of a tissue pad of the clamp coagulator;

FIG. 31 is a bottom perspective view of a clamp arm of the clamp coagulator;

FIG. 32 is a first cross-sectional view of the clamp arm illustrated in FIG. 31;

FIG. 33 is a second cross-sectional view of the clamp arm illustrated in FIG. 31;

FIG. 34 is a bottom plan view of a blade of the clamp coagulator;

FIG. 35 is a cross-sectional view of a blade of the clamp coagulator;

FIG. 35A is a cross-sectional view of an alternate embodiment of a blade of the clamp coagulator; and

FIG. 36 is a perspective view of an end-effector of the clamp coagulator.

DETAILED DESCRIPTION OF THE INVENTION

The present invention will be described in combination with ultrasonic instruments as described herein. Such description is exemplary only, and is not intended to limit the scope and applications of the invention. For example, the invention is useful in combination with a multitude of ultrasonic instruments including those described in, for example, U.S. Pat. Nos. 5,938,633; 5,935,144; 5,944,737; 5,322,055, 5,630,420; and 5,449,370.

FIG. 1 illustrates ultrasonic system 10 comprising an ultrasonic signal generator 15 with a sandwich type ultrasonic transducer 82, hand piece housing 20, and clamp coagulator 120 in accordance with the present invention. Clamp coagulator 120 may be used for open or laparoscopic surgery. The ultrasonic transducer 82, which is known as a

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“Langevin stack”, generally includes a transduction portion **90**, a first resonator or end-bell **92**, and a second resonator or fore-bell **94**, and ancillary components. The ultrasonic transducer **82** is preferably an integral number of one-half system wavelengths ($n\lambda/2$) in length as will be described in more detail later. An acoustic assembly **80** includes the ultrasonic transducer **82**, mount **36**, velocity transformer **64** and surface **95**.

The distal end of end-bell **92** is connected to the proximal end of transduction portion **90**, and the proximal end of fore-bell **94** is connected to the distal end of transduction portion **90**. Fore-bell **94** and end-bell **92** have a length determined by a number of variables, including the thickness of the transduction portion **90**, the density and modulus of elasticity of the material used to manufacture end-bell **92** and fore-bell **94**, and the resonant frequency of the ultrasonic transducer **82**. The fore-bell **94** may be tapered inwardly from its proximal end to its distal end to amplify the ultrasonic vibration amplitude as velocity transformer **64**, or alternately may have no amplification.

The piezoelectric elements **100** may be fabricated from any suitable material, such as, for example, lead zirconate-titanate, lead meta-niobate, lead titanate, or other piezoelectric crystal material. Each of the positive electrodes **96**, negative electrodes **98**, and piezoelectric elements **100** has a bore extending through the center. The positive and negative electrodes **96** and **98** are electrically coupled to wires **102** and **104**, respectively. Wires **102** and **104** are encased within cable **25** and electrically connectable to ultrasonic signal generator **15** of ultrasonic system **10**.

Ultrasonic transducer **82** of the acoustic assembly **80** converts the electrical signal from ultrasonic signal generator **15** into mechanical energy that results in primarily longitudinal vibratory motion of the ultrasonic transducer **82** and an end-effector **180** at ultrasonic frequencies. When the acoustic assembly **80** is energized, a vibratory motion standing wave is generated through the acoustic assembly **80**. The amplitude of the vibratory motion at any point along the acoustic assembly **80** depends on the location along the acoustic assembly **80** at which the vibratory motion is measured. A minimum or zero crossing in the vibratory motion standing wave is generally referred to as a node (i.e., where motion is usually minimal), and an absolute value maximum or peak in the standing wave is generally referred to as an anti-node. The distance between an anti-node and its nearest node is one-quarter wavelength ($\lambda/4$).

Wires **102** and **104** transmit the electrical signal from the ultrasonic signal generator **15** to positive electrodes **96** and negative electrodes **98**. A suitable generator is available as model number GEN01, from ETHICON ENDO-SURGERY Inc., Cincinnati, Ohio. The piezoelectric elements **100** are energized by an electrical signal supplied from the ultrasonic signal generator **15** in response to a foot switch **118** to produce an acoustic standing wave in the acoustic assembly **80**. The electrical signal causes disturbances in the piezoelectric elements **100** in the form of repeated small displacements resulting in large compression forces within the material. The repeated small displacements cause the piezoelectric elements **100** to expand and contract in a continuous manner along the axis of the voltage gradient, producing longitudinal waves of ultrasonic energy. The ultrasonic energy is transmitted through the acoustic assembly **80** to the end-effector **180**.

In order for the acoustic assembly **80** to deliver energy to end-effector **180**, all components of acoustic assembly **80** must be acoustically coupled to the ultrasonically active

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portions of clamp coagulator **120**. The distal end of the ultrasonic transducer **82** may be acoustically coupled at surface **95** to the proximal end of an ultrasonic waveguide **179** by a threaded connection such as stud **50**.

The components of the acoustic assembly **80** are preferably acoustically tuned such that the length of any assembly is an integral number of one-half wavelengths ($n\lambda/2$), where the wavelength λ is the wavelength of a pre-selected or operating longitudinal vibration drive frequency f_d of the acoustic assembly **80**, and where n is any positive integer. It is also contemplated that the acoustic assembly **80** may incorporate any suitable arrangement of acoustic elements.

Referring now to FIGS. 2A and 2B, an exploded perspective view of the clamp coagulator **120** of the surgical system **10** in accordance with the present invention is illustrated. The clamp coagulator **120** is preferably attached to and removed from the acoustic assembly **80** as a unit. The proximal end of the clamp coagulator **120** preferably acoustically couples to the distal surface **95** of the acoustic assembly **80** as shown in FIG. 1. It will be recognized that the clamp coagulator **120** may be coupled to the acoustic assembly **80** by any suitable means.

The clamp coagulator **120** preferably includes an instrument housing **130**, and an elongated member **150**. The elongated member **150** can be selectively rotated with respect to the instrument housing **130** as further described below. The instrument housing **130** includes a pivoting handle portion **136**, and a fixed handle **132A** and **132B** coupled to a left shroud **134** and a right shroud **138** respectively.

The right shroud **138** is adapted to snap fit on the left shroud **134**. The right shroud **138** is preferably coupled to the left shroud **134** by a plurality of inwardly facing prongs **70** formed on the right shroud **138**. The plurality of prongs **70** are arranged for engagement in corresponding holes or apertures **140**, which are formed in the left shroud **134**. When the left shroud **134** is attached to the right shroud **138**, a cavity is formed therebetween to accommodate various components, such as an indexing mechanism **255** as further described below.

The left shroud **134**, and the right shroud **138** of the clamp coagulator **120** are preferably fabricated from polycarbonate. It is contemplated that these components may be made from any suitable material without departing from the spirit and scope of the invention.

Indexing mechanism **255** is disposed in the cavity of the instrument housing **130**. The indexing mechanism **255** is preferably coupled or attached on inner tube **170** to translate movement of the handle portion **136** to linear motion of the inner tube **170** to open and close the clamp arm assembly **300**. When the pivoting handle portion **136** is moved toward the fixed handle portion **130**, the indexing mechanism **255** slides the inner tube **170** rearwardly to pivot the clamp arm assembly **300** into a closed position. The movement of the pivoting handle portion **136** in the opposite direction slides the indexing mechanism **255** to displace the inner tube **170** in the opposite direction, i.e., forwardly, and hence pivot the clamp arm assembly **300** into its open position.

The indexing mechanism **255** also provides a ratcheting mechanism to allow the elongated member **150** to rotate about its longitudinal axis relative to instrument housing **130**. The rotation of the elongated member **150** enables the clamp arm assembly **300** to be turned to a selected or desired angular position. The indexing mechanism **255** preferably includes a tubular collar **260** and yoke **280**.

The tubular collar **260** of the indexing mechanism **255** is preferably snapped onto the proximal end of the inner tube

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170 and keyed into opposing openings 168. The tubular collar 260 is preferably fabricated from polyetherimide. It is contemplated that the tubular collar 260 may be constructed from any suitable material.

Tubular collar 260 is shown in greater detail in FIGS. 11 through 13. The tubular collar 260 preferably includes an enlarged section 262, and a bore 266 extending there-through. The enlarged section 262 preferably includes a ring 272 formed around the periphery of the tubular collar 260 to form groove 268. The groove 268 has a plurality of detents or teeth 269 for retaining the elongated member 150 in different rotational positions as the elongated member 150 is rotated about its longitudinal axis. Preferably, the groove 268 has twelve ratchet teeth to allow the elongated portion to be rotated in twelve equal angular increments of approximately 30 degrees. It is contemplated that the tubular collar 260 may have any number of teeth-like members. It will be recognized that the teeth-like members may be disposed on any suitable part of the tubular collar 260 without departing from the scope and spirit of the present invention.

Referring back now to FIGS. 2A through 4, the pivoting handle portion 136 includes a thumb loop 142, a first hole 124, and a second hole 126. A pivot pin 153 is disposed through first hole 124 of handle portion 136 to allow pivoting as shown by arrow 121 in FIG. 3. As thumb loop 142 of pivoting handle portion 136 is moved in the direction of arrow 121, away from instrument housing 130, a link 128 applies a forward force to yoke 280, causing yoke 280 to move forward. Link 128 is connected to pivoting handle portion 136 by a pin 129, and link 128 is connected to base 284 by a pin 127.

Referring back now to FIG. 2A, yoke 280 generally includes a holding or supporting member 282 and a base 284. The supporting member 282 is preferably semi-circular and has a pair of opposing pawls 286 that extend inwardly to engage with the teeth 269 of the tubular collar 260. It is contemplated that the pawls 286 may be disposed on any suitable part of the yoke 280 for engagement with the teeth 269 of the tubular collar 260 without departing from the spirit and scope of the invention. It will also be recognized that the yoke 280 may have any number of ratchet arms.

Yoke 280 is shown in greater detail in FIGS. 19 through 22. The pivoting handle portion 136 preferably is partially disposed in a slot 147 of the base 284 of the yoke 280. The base 284 also includes a base opening 287, an actuator travel stop 290, and a base pin-hole 288. The pivot pin 153 is disposed through the base opening 287. Yoke 280 pawls 286 transfer opening force to inner tube 170 through tubular collar 260, resulting in the opening of clamp arm assembly 300.

The yoke 280 of the clamp coagulator 120 is preferably fabricated from polycarbonate. The yoke 280 may also be made from a variety of materials including other plastics, such as ABS, NYLON, or polyetherimide. It is contemplated that the yoke 280 may be constructed from any suitable material without departing from the spirit and scope of the invention.

As illustrated in FIGS. 3 and 4, yoke 280 also transfers a closing force to clamp arm assembly 300 as pivoting handle portion 136 is moved toward instrument housing 130. Actuator travel stop 290 contacts pivot pin 153 at the bottom of the stroke of pivoting handle portion 136, stopping any further movement, or overtravel, of pivoting handle portion 136. Pawls 286 of yoke 280 transfer force to tubular collar 260 through a washer 151, a force limiting spring 155, and collar cap 152. Collar cap 152 is rigidly attached to tubular

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collar 260 after washer 151 and force limiting spring 155 have been assembled onto tubular collar 260 proximal to enlarged section 262. Collar cap 152 is illustrated in greater detail in FIGS. 5 and 6. Force limiting spring 155 is illustrated in greater detail in FIGS. 7 and 8, and washer 151 is illustrated in greater detail in FIGS. 9 and 10. Thickness of washer 151 may be adjusted during design or manufacturing of clamp coagulator 120 to alter the pre-load of force limiting spring 155. Collar cap 152 is attached to tubular collar 260 by ultrasonic welding, but may alternately be press fit, snap fit or attached with an adhesive.

Referring to FIGS. 5 through 10, tubular collar 260, washer 151, force limiting spring 155, and collar cap 152 provide a force limiting feature to clamp arm assembly 300. As pivoting handle portion 136 is moved toward instrument housing 130, clamp arm assembly 300 is rotated toward ultrasonic blade 88. In order to provide both ultrasonic cutting, and hemostasis, it is desirable to limit the maximum force of clamp arm assembly 300 to 0.5 to 3.0 Lbs.

FIGS. 5 and 6 illustrate collar cap 152 including a spring surface 158. FIGS. 7 and 8 illustrate force limiting spring 155 including a cap surface 156, a washer surface 157, and a plurality of spring elements 159. Force limiting spring 155 is described in the art as a wave spring, due to the shape of spring elements 159. It is advantageous to use a wave spring for force limiting spring 155 because it provides a high spring rate in a small physical size well suited to an ultrasonic surgical instrument application where a central area is open for ultrasonic waveguide 179. Force limiting spring 155 is biased between spring surface 158 of collar cap 152 and spring face 165 of washer 151. Washer 151 includes a pawl face 167 (FIGS. 9 and 10) that contacts pawls 286 of yoke 280 after assembly of clamp coagulator 120 (see FIGS. 2 through 4).

Referring now to FIG. 2 and FIGS. 14 through 18, a rotational knob 190 is mounted on the elongated member 150 to turn the elongated member 150 so that the tubular collar 260 rotates with respect to the yoke 280. The rotational knob 190 may be fabricated from polycarbonate. The rotational knob 190 may also be made from a variety of materials including other plastics, such as a polyetherimide, nylon, or any other suitable material.

The rotational knob 190 preferably has an enlarged section or outer knob 192, an inner knob 194, and an axial bore 196 extending therethrough. Inner knob 194 includes keys 191 that attach cooperatively to keyways 189 of outer knob 192. The outer knob 192 includes alternating longitudinal ridges 197 and grooves 198 that facilitate the orientation of the rotational knob 190 and the elongated member 150 by a surgeon. The axial bore 196 of the rotational knob 190 is configured to snugly fit over the proximal end of the elongated member 150.

The inner knob 194 extends through an opening 139 in the distal end of the instrument housing 130. Inner knob 194 includes a channel 193 to rotatably attach inner knob 194 into opening 139. The inner knob 194 of the rotational knob 190 has a pair of opposing holes 199. The opposing holes 199 are aligned as part of a passageway 195 that extends through the elongated member 150, as will be described later.

A coupling member, such as, for example, pin 163, may be positioned through opposing holes 199 of the passageway 195. The pin 163 may be held in the passageway 195 of the elongated member 150 by any suitable means, such as, for example, trapped between ribs in housing 130, or a silicone or cyanoacrylate adhesive. The pin 163 allows rotational

torque to be applied to the elongated member **150** from the rotational knob **190** in order to rotate the elongated member **150**.

When the rotational knob **190** is rotated, the teeth **269** of the tubular collar **260** engage and ride up slightly on the corresponding pawls **286** of the yoke **280**. As the pawls **286** ride up on the teeth **269**, the supporting member **282** of the yoke **280** deflects outwardly to allow pawls **286** to slip or pass over the teeth **269** of the tubular collar **260**.

In one embodiment, the teeth **269** of the tubular collar **260** are configured as ramps or wedges, and the pawls **286** of the yoke **280** are configured as posts. The teeth **269** of the tubular collar **260** and the pawls **286** of the yoke **280** may be reversed so that the teeth **269** of the tubular collar **260** are posts, and the pawls **286** of the yoke **280** are ramps or wedges. It is contemplated that the teeth **269** may be integrally formed or coupled directly to the periphery of the elongated member **150**. It will also be recognized that the teeth **269** and the pawls **286** may be cooperating projections, wedges, cam surfaces, ratchet-like teeth, serrations, wedges, flanges, or the like which cooperate to allow the elongated member **150** to be indexed at selective angular positions, without departing from the spirit and scope of the invention.

As illustrated in FIG. 2, the elongated member **150** of the clamp coagulator **120** extends from the instrument housing **130**. As shown in FIGS. 2B through 4, the elongated member **150** preferably includes an outer member or outer tube **160**, an inner member or inner tube **170**, and a transmission component or ultrasonic waveguide **179**.

The outer tube **160** of the elongated member **150** preferably includes a hub **162**, a tubular member **164**, and a longitudinal opening or aperture **166** extending there-through. The outer tube **160** preferably has a substantially circular cross-section and may be fabricated from stainless steel. It will be recognized that the outer tube **160** may be constructed from any suitable material and may have any suitable cross-sectional shape.

The hub **162** of the outer tube **160** preferably has a larger diameter than the tubular member **164** does. The hub **162** has a pair of outer tube holes **161** to receive pin **163** to allow the hub **162** to be coupled to rotational knob **190**. As a result, the outer tube **160** will rotate when the rotational knob **190** is turned or rotated.

The hub **162** of the outer tube **160** also includes wrench flats **169** on opposite sides of the hub **162**. The wrench flats **169** are preferably formed near the distal end of the hub **162**. The wrench flats **169** allow torque to be applied by a torque wrench to the hub **162** to tighten the ultrasonic waveguide **179** to the stud **50** of the acoustic assembly **80**. For example, U.S. Pat. Nos. 5,059,210 and 5,057,119, which are hereby incorporated herein by reference, disclose torque wrenches for attaching and detaching a transmission component to a mounting device of a hand piece assembly.

Located at the distal end of the tubular member **164** of the outer tube **160** is an end-effector **180** for performing various tasks, such as, for example, grasping tissue, cutting tissue and the like. It is contemplated that the end-effector **180** may be formed in any suitable configuration.

End-effector **180** and its components are shown in greater detail in FIGS. 23 through 33. The end-effector **180** generally includes a non-vibrating clamp arm assembly **300** to, for example, grip tissue or compress tissue against the ultrasonic blade **88**. The end-effector **180** is illustrated in FIGS. 23 and 26 in a clamp open position, and clamp arm assembly **300** is preferably pivotally attached to the distal end of the outer tube **160**.

Looking first to FIGS. 23 through 26, the clamp arm assembly **300** preferably includes a clamp arm **202**, a jaw aperture **204**, a first post **206A** and a second post **206B**, and a tissue pad **208**. The clamp arm **202** is pivotally mounted about pivot pins **207A** and **207B** to rotate in the direction of arrow **122** in FIG. 3 when thumb loop **142** is moved in the direction indicated by arrow **121** in FIG. 3. By advancing the pivoting handle portion **136** toward the instrument housing **130**, the clamp arm **202** is pivoted about the pivot pin **207** into a closed position. Retracting the pivoting handle portion **136** away from the instrument housing **130** pivots the clamp arm **202** into an open position.

The clamp arm **202** has tissue pad **208** attached thereto for squeezing tissue between the ultrasonic blade **88** and clamp arm assembly **300**. The tissue pad **208** is preferably formed of a polymeric or other compliant material and engages the ultrasonic blade **88** when the clamp arm **202** is in its closed position. Preferably, the tissue pad **208** is formed of a material having a low coefficient of friction but which has substantial rigidity to provide tissue-grasping capability, such as, for example, TEFLON, a trademark name of E. I. Du Pont de Nemours and Company for the polymer polytetrafluoroethylene (PTFE). The tissue pad **208** may be mounted to the clamp arm **202** by an adhesive, or preferably by a mechanical fastening arrangement as will be described below.

As illustrated in FIGS. 23, 26 and 28, serrations **210** are formed in the clamping surfaces of the tissue pad **208** and extend perpendicular to the axis of the ultrasonic blade **88** to allow tissue to be grasped, manipulated, coagulated and cut without slipping between the clamp arm **202** and the ultrasonic blade **88**.

Tissue pad **208** is illustrated in greater detail in FIGS. 27 through 29. Tissue pad **208** includes a T-shaped protrusion **212**, a left protrusion surface **214**, a right protrusion surface **216**, a top surface **218**, and a bottom surface **219**. Bottom surface **219** includes the serrations **210** previously described. Tissue pad **208** also includes a beveled front end **209** to ease insertion during assembly as will be described below.

Referring now to FIG. 26, the distal end of the tubular member **174** of the inner tube **170** preferably includes a finger or flange **171** that extends therefrom. The flange **171** has openings **173A** and **173B** (**173B** not shown) to receive the posts **206A** and **206B** of the clamp arm **202**. When the inner tube **170** of the elongated member **150** is moved axially, the flange **171** moves forwardly or rearwardly while engaging the post **206** of the clamp arm assembly **300** to open and close the clamp arm **202**.

Referring now to FIGS. 24, 25, and 31 through 33, the clamp arm **202** of end-effector **180** is shown in greater detail. Clamp arm **202** includes an arm top **228** and an arm bottom **230**, as well as a straight portion **235** and a curved portion **236**. Straight portion **235** includes a straight T-slot **226**. Curved portion **236** includes a first top hole **231**, a second top hole **232**, a third top hole **233**, a fourth top hole **234**, a first bottom cut-out **241**, a second bottom cut-out **242**, a third bottom cut-out **243**, a fourth bottom cut-out **244**, a first ledge **221**, a second ledge **222**, a third ledge **223**, a fourth ledge **224**, and a fifth ledge **225**.

Top hole **231** extends from arm top **228** through clamp arm **202** to second ledge **222**. Top hole **232** extends from arm top **228** through clamp arm **202** to third ledge **223**. Top hole **233** extends from arm top **228** through clamp arm **202** to fourth ledge **224**. Top hole **234** extends from arm top **228** through clamp arm **202** to fifth ledge **225**. The arrangement

of holes 231 through 234 and ledges 211 through 225 enables clamp arm 202 to include both the straight portion 235 and the curved portion 236, while being moldable from a process such as, for example, metal injection molding (MIM). Clamp arm 202 may be made out of stainless steel or other suitable metal utilizing the MIM process.

Referring to FIGS. 30 and 31, tissue pad 208 T-shaped protrusion 212 is insertable into clamp arm 202 straight T-slot 226. Clamp arm 202 is designed such that tissue pad 208 may be manufactured as a straight component by, for example, injection molding, machining, or extrusion. As clamp arm 202 is inserted into straight T-slot 226 and moved progressively through curved portion 236, beveled front edge 209 facilitates bending of tissue pad 208 to conform to the curvature of clamp arm 202. The arrangement of holes 231 through 234 and ledges 211 through 225 enables clamp arm 202 to bend and hold tissue pad 208.

FIGS. 32 and 33 illustrate how clamp arm 202 holds tissue pad 208 in place while maintaining a bend in tissue pad 208 that conforms to curved portion 236 of clamp arm 202. As illustrated in FIG. 32, third ledge 223 contacts right protrusion surface 216 providing a contact edge 238, while left protrusion surface 214 is unsupported at this position. At a distal location, illustrated in FIG. 33, fourth ledge 224 contacts left protrusion surface 214 providing a contact edge 239, while right protrusion surface 216 is unsupported at this location.

Referring back now to FIG. 2 again, the inner tube 170 of the elongated member 150 fits snugly within the opening 166 of the outer tube 160. The inner tube 170 preferably includes an inner hub 172, a tubular member 174, a circumferential groove 176, a pair of opposing openings 178, a pair of opposing openings 178, and a longitudinal opening or aperture 175 extending therethrough. The inner tube 170 preferably has a substantially circular cross-section, and may be fabricated from stainless steel. It will be recognized that the inner tube 170 may be constructed from any suitable material and may be any suitable shape.

The inner hub 172 of the inner tube 170 preferably has a larger diameter than the tubular member 174 does. The pair of opposing openings 178 of the inner hub 172 allow the inner hub 172 to receive the pin 163 to allow the inner tube 170 and the ultrasonic waveguide 179 to transfer torque for attaching ultrasonic waveguide 179 to stud 50 as previously described. An O-ring 220 is preferably disposed in the circumferential groove 176 of the inner hub 172.

The ultrasonic waveguide 179 of the elongated member 150 extends through aperture 175 of the inner tube 170. The ultrasonic waveguide 179 is preferably substantially semi-flexible. It will be recognized that the ultrasonic waveguide 179 may be substantially rigid or may be a flexible wire. Ultrasonic vibrations are transmitted along the ultrasonic waveguide 179 in a longitudinal direction to vibrate the ultrasonic blade 88.

The ultrasonic waveguide 179 may, for example, have a length substantially equal to an integral number of one-half system wavelengths ($n\lambda/2$). The ultrasonic waveguide 179 may be preferably fabricated from a solid core shaft constructed out of material which propagates ultrasonic energy efficiently, such as titanium alloy (i.e., Ti—6Al—4V) or an aluminum alloy. It is contemplated that the ultrasonic waveguide 179 may be fabricated from any other suitable material. The ultrasonic waveguide 179 may also amplify the mechanical vibrations transmitted to the ultrasonic blade 88 as is well known in the art.

As illustrated in FIG. 2, the ultrasonic waveguide 179 may include one or more stabilizing silicone rings or damp-

ing sheaths 110 (one being shown) positioned at various locations around the periphery of the ultrasonic waveguide 179. The damping sheaths 110 dampen undesirable vibration and isolate the ultrasonic energy from the inner tube 170 assuring the flow of ultrasonic energy in a longitudinal direction to the distal end of the ultrasonic blade 88 with maximum efficiency. The damping sheaths 110 may be secured to the ultrasonic waveguide 179 by an interference fit such as, for example, a damping sheath described in U.S. patent application No. 08/808,652 hereby incorporated herein by reference.

Referring again to FIG. 2, the ultrasonic waveguide 179 generally has a first section 182, a second section 184, and a third section 186. The first section 182 of the ultrasonic waveguide 179 extends distally from the proximal end of the ultrasonic waveguide 179. The first section 182 has a substantially continuous cross-section dimension.

The first section 182 preferably has at least one radial waveguide hole 188 extending therethrough. The waveguide hole 188 extends substantially perpendicular to the axis of the ultrasonic waveguide 179. The waveguide hole 188 is preferably positioned at a node but may be positioned at any other suitable point along the ultrasonic waveguide 179. It will be recognized that the waveguide hole 188 may have any suitable depth and may be any suitable shape.

The waveguide hole 188 of the first section 182 is aligned with the opposing openings 178 of the hub 172 and outer tube holes 161 of hub 162 to receive the pin 163. The pin 163 allows rotational torque to be applied to the ultrasonic waveguide 179 from the rotational knob 190 in order to rotate the elongated member 150. Passageway 195 of elongated member 150 includes opposing openings 178, outer tube holes 161, waveguide hole 188, and opposing holes 199.

The second section 184 of the ultrasonic waveguide 179 extends distally from the first section 182. The second section 184 has a substantially continuous cross-section dimension. The diameter of the second section 184 is smaller than the diameter of the first section 182. As ultrasonic energy passes from the first section 182 of the ultrasonic waveguide 179 into the second section 184, the narrowing of the second section 184 will result in an increased amplitude of the ultrasonic energy passing there-through.

The third section 186 extends distally from the distal end of the second section 184. The third section 186 has a substantially continuous cross-section dimension. The third section 186 may also include small diameter changes along its length. The third section preferably includes a seal 187 formed around the outer periphery of the third section 186. As ultrasonic energy passes from the second section 184 of the ultrasonic waveguide 179 into the third section 186, the narrowing of the third section 186 will result in an increased amplitude of the ultrasonic energy passing therethrough.

The third section 186 may have a plurality of grooves or notches (not shown) formed in its outer circumference. The grooves may be located at nodes of the ultrasonic waveguide 179 or any other suitable point along the ultrasonic waveguide 179 to act as alignment indicators for the installation of a damping sheath 110 during manufacturing.

Still referring to FIG. 2, damping sheath 110 of the surgical instrument 150 surrounds at least a portion of the ultrasonic waveguide 179. The damping sheath 110 may be positioned around the ultrasonic waveguide 179 to dampen or limit transverse side-to-side vibration of the ultrasonic waveguide 179 during operation. The damping sheath 110

preferably surrounds part of the second section **184** of the ultrasonic waveguide **179**. It is contemplated that the damping sheath **110** may be positioned around any suitable portion of the ultrasonic waveguide **179**. The damping sheath **110** preferably extends over at least one antinode of transverse vibration, and more preferably, a plurality of antinodes of transverse vibration. The damping sheath **110** preferably has a substantially circular cross-section. It will be recognized that the damping sheath **110** may have any suitable shape to fit over the ultrasonic waveguide **179** and may be any suitable length.

The damping sheath **110** is preferably in light contact with the ultrasonic waveguide **179** to absorb unwanted ultrasonic energy from the ultrasonic waveguide **179**. The damping sheath **110** reduces the amplitude of non-axial vibrations of the ultrasonic waveguide **179**, such as, unwanted transverse vibrations associated with the longitudinal frequency of 55,500 Hz as well as other higher and lower frequencies.

The damping sheath **110** is constructed of a polymeric material, preferably with a low coefficient of friction to minimize dissipation of energy from the axial motion or longitudinal vibration of the ultrasonic waveguide **179**. The polymeric material is preferably floura-ethylene propene (FEP) which resists degradation when sterilized using gamma radiation. It will be recognized that the damping sheath **110** may be fabricated from any suitable material, such as, for example, PTFE.

The damping sheath **110** preferably has an opening extending therethrough, and a longitudinal slit **111**. The slit **111** of the damping sheath **110** allows the damping sheath **110** to be assembled over the ultrasonic waveguide **179** from either end. It will be recognized that the damping sheath **110** may have any suitable configuration to allow the damping sheath **110** to fit over the ultrasonic waveguide **179**. For example, the damping sheath **110** may be formed as a coil or spiral or may have patterns of longitudinal and/or circumferential slits or slots. It is also contemplated that the damping sheath **110** may be fabricated without a slit **111** and the ultrasonic waveguide **179** may be fabricated from two or more parts to fit within the damping sheath **110**.

It will be recognized that the ultrasonic waveguide **179** may have any suitable cross-sectional dimension. For example, the ultrasonic waveguide **179** may have a substantially uniform cross-section or the ultrasonic waveguide **179** may be tapered at various sections or may be tapered along its entire length.

The ultrasonic waveguide **179** may also amplify the mechanical vibrations transmitted through the ultrasonic waveguide **179** to the ultrasonic blade **88** as is well known in the art. The ultrasonic waveguide **179** may further have features to control the gain of the longitudinal vibration along the ultrasonic waveguide **179** and features to tune the ultrasonic waveguide **179** to the resonant frequency of the system.

The proximal end of the third section **186** of ultrasonic waveguide **179** may be coupled to the distal end of the second section **184** by an internal threaded connection, preferably near an antinode. It is contemplated that the third section **186** may be attached to the second section **184** by any suitable means, such as a welded joint or the like. Third section **186** includes ultrasonic blade **88**. Although the ultrasonic blade **88** may be detachable from the ultrasonic waveguide **179**, the ultrasonic blade **88** and ultrasonic waveguide **179** are preferably formed as a single unit.

The ultrasonic blade **88** may have a length substantially equal to an integral multiple of one-half system wavelengths

($n\lambda/2$). The distal end of ultrasonic blade **88** may be disposed near an antinode in order to provide the maximum longitudinal excursion of the distal end. When the transducer assembly is energized, the distal end of the ultrasonic blade **88** is configured to move in the range of, for example, approximately 10 to 500 microns peak-to-peak, and preferably in the range of about 30 to 150 microns at a predetermined vibrational frequency.

The ultrasonic blade **88** is preferably made from a solid core shaft constructed of material which propagates ultrasonic energy, such as a titanium alloy (i.e., Ti-6Al-4V) or an aluminum alloy. It will be recognized that the ultrasonic blade **88** may be fabricated from any other suitable material. It is also contemplated that the ultrasonic blade **88** may have a surface treatment to improve the delivery of energy and desired tissue effect. For example, the ultrasonic blade **88** may be micro-finished, coated, plated, etched, grit-blasted, roughened or scored to enhance coagulation and cutting of tissue and/or reduce adherence of tissue and blood to the end-effector. Additionally, the ultrasonic blade **88** may be sharpened or shaped to enhance its characteristics. For example, the ultrasonic blade **88** may be blade shaped, hook shaped, or ball shaped.

As illustrated in FIGS. **34**, **35** and **36**, the geometry of the ultrasonic blade **88** in accordance with the present invention delivers ultrasonic power more uniformly to clamped tissue than predicate devices. The end-effector **180** provides for improved visibility of the blade tip so that a surgeon can verify that the blade **88** extends across the structure being cut or coagulated. This is especially important in verifying margins for large blood vessels. The geometry also provides for improved tissue access by more closely replicating the curvature of biological structures. Blade **88** provides a multitude of edges and surfaces, designed to provide a multitude of tissue effects: clamped coagulation, clamped cutting, grasping, back-cutting, dissection, spot coagulation, tip penetration and tip scoring.

The distal most tip of blade **88** has a surface **54** perpendicular to a tangent **63**, a line tangent to the curvature at the distal tip. Two fillet-like features **61A** and **61B** are used to blend surfaces **51**, **52** and **54**, thus giving a blunt tip that can be utilized for spot coagulation. The top of the blade **88** is radiused and blunt, providing a broad edge, or surface **56**, for clamping tissues between it and clamp arm assembly **300**. Surface **56** is used for clamped cutting and coagulation as well as manipulating tissues while the blade is inactive.

The bottom surface has a spherical cut **53** that provides a narrow edge, or sharp edge **55**, along the bottom of blade **88**. The material cut is accomplished by, for example, sweeping a spherical end mill through an arc of radius **R1** and then finishing the cut using a second, tighter radius **R2** that blends the cut with a bottom surface **58** of the blade **88**. Radius **R1** is preferably within the range of 0.5 inches to 2 inches, more preferably within the range of 0.9 inches to 1.1 inches, and most preferably about 1.068 inches. Radius **R2** is preferably within the range of 0.125 inches to 0.5 inches, and most preferably about 0.25 inches. The second radius **R2** and the corresponding blend with the bottom surface **58** of blade **88** diminishes the stress concentrated at the end of the spherical cut relative to stopping the cut without this blend. The sharp edge **55** facilitates dissection and unclamped cutting (back-cutting) through less vascular tissues.

The curved shape of blade **88** also results in a more uniformly distributed energy delivery to tissue as it is clamped against the blade **88**. Uniform energy delivery is desired so that a consistent tissue effect (thermal and transec-

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tion effect) along the length of end-effector **180** is achieved. The distal most 15 millimeters of blade **88** is the working portion, used to achieve a tissue effect. The displacement vectors for locations along the curved shears blade **88** have directions that, by virtue of the improvements of the present invention over predicate instruments, lie largely in the x—y plane illustrated in FIG. **34**. The motion, therefore, of blade **88** lies within a plane (the x—y plane) that is perpendicular to the direction of the clamping force from clamp arm assembly **300**.

Spherical cut **53** on bottom surface **58** of blade **88** creates sharp edge **55** while removing a minimal amount of material from blade **88**. Spherical cut **53** on the bottom of blade **88** creates a sharp edge **55** with an angle of α as described below. This angle α may be similar to predicate shears devices such as, for example, the LCS-K5 manufactured by Ethicon Endo-Surgery Inc., Cincinnati, Ohio. However the blade **88** of the present invention cuts faster than predicate devices by virtue of the orientation of the angle α with respect to the typical application force. For the predicate shears devices, the edges are symmetric, spanning the application force equally. The edges for the present invention are asymmetric, with the asymmetry of the edges dictating how quickly tissue is separated or cut. The asymmetry is important in that it provides for an effectively sharper edge when ultrasonically activated, without removing a significant volume of material, while maintaining blunt geometry. This asymmetric angle as well as the curvature of the blade act to self tension tissue during back-cutting utilizing a slight hook-like or wedge-like action.

Sharp edge **55** of ultrasonic blade **88** is defined by the intersection of surface **53** and a second surface **57** left after bottom surface **58** has received spherical cut **53**. Clamp arm assembly **300** is pivotally mounted on said distal end of outer tube **160** for pivotal movement with respect to ultrasonic blade **88**, for clamping tissue between clamp arm assembly **300** and ultrasonic blade **88**. Reciprocal movement of inner tube **170** pivots clamp arm assembly **300** through an arc of movement, defining a vertical plane **181**. A tangent **60** of spherical cut **53** at sharp edge **55** defines an angle α with a tangent **62** of second surface **57**, as illustrated in FIG. **35**. The bisection **59** of angle α preferably does not lie in vertical plane **181**, but is offset by an angle β . Preferably the tangent **60** of spherical cut **53** lies within about 5 to 50 degrees of vertical plane **181**, and most preferably the tangent of spherical cut **53** lies about 38.8 degrees from vertical plane **181**. Preferably angle α is within the range of about 90 to 150 degrees, and most preferably angle α is about 121.6 degrees.

Looking to FIG. **35A**, an alternate embodiment of the present invention is illustrated with an asymmetric narrow edge. A tangent **60A** of a spherical cut **53A** at a sharp edge **55A** defines an angle α_A with a tangent **62A** of a second surface **57A**, as illustrated in FIG. **35A**. A bisection **59A** of angle α_A preferably does not lie in a vertical plane **181A**, but is offset by an angle β_A .

Referring now to FIGS. 1–4, the procedure to attach and detach the clamp coagulator **120** from the acoustic assembly **80** will be described below. When the physician is ready to use the clamp coagulator **120**, the physician simply attaches the clamp coagulator **120** onto the acoustic assembly **80**. To attach the clamp coagulator **120** to acoustic assembly **80**, the distal end of stud **50** is threadedly connected to the proximal end of the transmission component or ultrasonic waveguide **179**. The clamp coagulator **120** is then manually rotated in a conventional screw-threading direction to interlock the threaded connection between the stud **50** and the ultrasonic waveguide **179**.

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Once the ultrasonic waveguide **179** is threaded onto the stud **50**, a tool, such as, for example, a torque wrench, may be placed over the elongated member **150** of the clamp coagulator **120** to tighten the ultrasonic waveguide **179** to the stud **50**. The tool may be configured to engage the wrench flats **169** of the hub **162** of the outer tube **160** in order to tighten the ultrasonic waveguide **179** onto the stud **50**. As a result, the rotation of the hub **162** will rotate the elongated member **150** until the ultrasonic waveguide **179** is tightened against the stud **50** at a desired and predetermined torque. It is contemplated that the torque wrench may alternately be manufactured as part of the clamp coagulator **120**, or as part of the hand piece housing **20**, such as the torque wrench described in U.S. Pat. No. 5,776,155 hereby incorporated herein by reference.

Once the clamp coagulator **120** is attached to the acoustic assembly **80**, the surgeon can rotate the rotational knob **190** to adjust the elongated member **150** at a desired angular position. As the rotational knob **190** is rotated, the teeth **269** of the tubular collar **260** slip over the pawls **286** of the yoke **280** into the adjacent notch or valley. As a result, the surgeon can position the end-effector **180** at a desired orientation. Rotational knob **190** may incorporate an indicator to indicate the rotational relationship between instrument housing **130** and clamp arm **202**. As illustrated in FIGS. **17** and **18**, one of the ridges **197** of rotational knob **190** may be used to indicate the rotational position of clamp arm **202** with respect to instrument housing **130** by utilizing, for example, an enlarged ridge **200**. It is also contemplated that alternate indications such as the use of coloring, symbols, textures, or the like may also be used on rotational knob **190** to indicate position similarly to the use of enlarged ridge **200**.

To detach the clamp coagulator **120** from the stud **50** of the acoustic assembly **80**, the tool may be slipped over the elongated member **150** of the surgical tool **120** and rotated in the opposite direction, i.e., in a direction to unthread the ultrasonic waveguide **179** from the stud **50**. When the tool is rotated, the hub **162** of the outer tube **160** allows torque to be applied to the ultrasonic waveguide **179** through the pin **163** to allow a relatively high disengaging torque to be applied to rotate the ultrasonic waveguide **179** in the unthreading direction. As a result, the ultrasonic waveguide **179** loosens from the stud **50**. Once the ultrasonic waveguide **179** is removed from the stud **50**, the entire clamp coagulator **120** may be thrown away.

While preferred embodiments of the present invention have been shown and described herein, it will be obvious to those skilled in the art that such embodiments are provided by way of example only. Numerous variations, changes, and substitutions will now occur to those skilled in the art without departing from the invention. Accordingly, it is intended that the invention be limited only by the spirit and scope of the appended claims.

What is claimed is:

1. An ultrasonic clamp coagulator apparatus comprising:
 - a housing, said housing comprising an actuator;
 - an ultrasonic waveguide positioned within said housing, said ultrasonic waveguide comprising an end-effector extending distally from said housing,
 - said end-effector comprising an edge, wherein said edge is defined by the intersection of a first surface and a second surface, wherein said first surface is concave and wherein said second surface is convex;
 - a clamp arm pivotally mounted on said housing, said clamp arm pivotable with respect to said end-effector for clamping tissue between said clamp arm and said end-effector; and

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an actuation mechanism within said housing, said actuation mechanism connected between said clamp arm and said actuator, said actuation mechanism adapted to actuate said clamp arm pivotably with respect to said end-effector.

2. An ultrasonic clamp coagulator apparatus according to claim 1, wherein said end-effector further comprises a third surface opposite said edge, said third surface adapted to contact said clamp arm.

3. An ultrasonic clamp coagulator apparatus according to claim 2, wherein said third surface is convex.

4. An ultrasonic clamp coagulator apparatus comprising: a housing, said housing comprising an actuator;

an outer tube having a proximal end joined to said housing, and

a distal end, said outer tube defining a longitudinal axis;

an actuating element reciprocally positioned within said outer tube, said actuating element operatively connected to said actuator;

an ultrasonic waveguide positioned within said outer tube, said ultrasonic waveguide having an end-effector extending distally from said distal end of said outer tube,

said end-effector comprising an edge, wherein said edge is defined by the intersection of a first surface and a second surface, wherein said first surface is concave and wherein said second surface is convex;

a clamp arm pivotally mounted on said distal end of said outer tube for pivotal movement with respect to said end-effector for clamping tissue between said clamp arm and said end-effector, said clamp arm operatively connected to said actuating element so that reciprocal movement of said actuating element pivots said clamp arm; and

an actuation mechanism within said housing, said actuation mechanism connected between said clamp arm and said actuator, said actuation mechanism adapted to actuate said clamp arm pivotably with respect to said end-effector.

5. An ultrasonic clamp coagulator apparatus according to claim 4, wherein said end-effector further comprises a third surface opposite said edge, said third surface adapted to contact said clamp arm.

6. An ultrasonic clamp coagulator apparatus according to claim 5, wherein said third surface is convex.

7. An ultrasonic clamp coagulator apparatus comprising: a housing;

an ultrasonic waveguide positioned within said housing, said ultrasonic waveguide having an end-effector extending distally from said housing;

a blade means for cutting tissue and clamping tissue between said blade means and a clamp arm, wherein said blade means comprises an edge defined by the intersection of a first surface and a second surface,

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wherein said first surface is concave and wherein said second surface is convex; and

an actuator connected to said clamp arm, said actuator adapted to move said clamp arm with respect to said blade means.

8. An ultrasonic clamp coagulator apparatus comprising: a housing, said housing comprising an actuator;

an outer tube having a proximal end joined to said housing, and a distal end, said outer tube defining a longitudinal axis;

an actuating element reciprocally positioned within said outer tube, said actuating element operatively connected to said actuator;

an ultrasonic waveguide positioned within said outer tube, said ultrasonic waveguide having an end-effector extending distally from said distal end of said outer tube,

wherein said end-effector comprises a broad edge and a narrow edge, wherein said narrow edge is defined by the intersection of a first surface and a second surface, wherein said first surface is concave and wherein said second surface is convex; and

a clamp arm pivotally mounted on said distal end of said outer tube for pivotal movement with respect to said end-effector for clamping tissue between said clamp arm and said end-effector, the arc of said pivotal movement of said clamp arm defining a vertical plane, said clamp arm operatively connected to said actuating element so that reciprocal movement of said actuating element pivots said clamp arm along said vertical plane.

9. An ultrasonic clamp coagulator apparatus according to claim 8, wherein the tangent of said first concave surface at said narrow edge defines an angle α with said second surface, wherein the bisection of said angle α does not lie in said vertical plane.

10. An ultrasonic clamp coagulator apparatus according to claim 9, wherein the tangent of said first concave surface at said narrow edge lies within about 5 to 50 degrees of said vertical plane.

11. An ultrasonic clamp coagulator apparatus according to claim 10, wherein the tangent of said first concave surface at said narrow edge lies about 38.8 degrees from said vertical plane.

12. An ultrasonic clamp coagulator apparatus according to claim 10, wherein said angle α is within the range of about 90 to about 150 degrees.

13. An ultrasonic clamp coagulator apparatus according to claim 12, wherein said angle α is about 121.6 degrees.

14. An ultrasonic clamp coagulator apparatus according to claim 13, wherein the tangent of said first concave surface at said narrow edge lies about 38.8 degrees from said vertical plane.

* * * * *

专利名称(译)	多功能弯曲刀片，用于超声波手术器械		
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摘要(译)

本发明一般涉及超声外科夹持器械，更具体地说，涉及一种用于超声外科夹持器械的多功能弯曲剪刀片。公开了一种超声外科手术器械，其结合了末端执行器几何形状以最好地影响剪切型构造的多种功能。刀片的形状的特征在于圆角切割以形成弯曲且可能锥形的几何形状。该切口形成包括凹表面和凸表面的弯曲表面。凸面过渡成短而直的平坦表面。该直线部分的长度部分地影响由弯曲形状引起的横向运动的声学平衡。相对于直刀片尖端，本设计的尖端曲率提供了横切部位的改善的可见性和改善了对目标组织的接近。

