



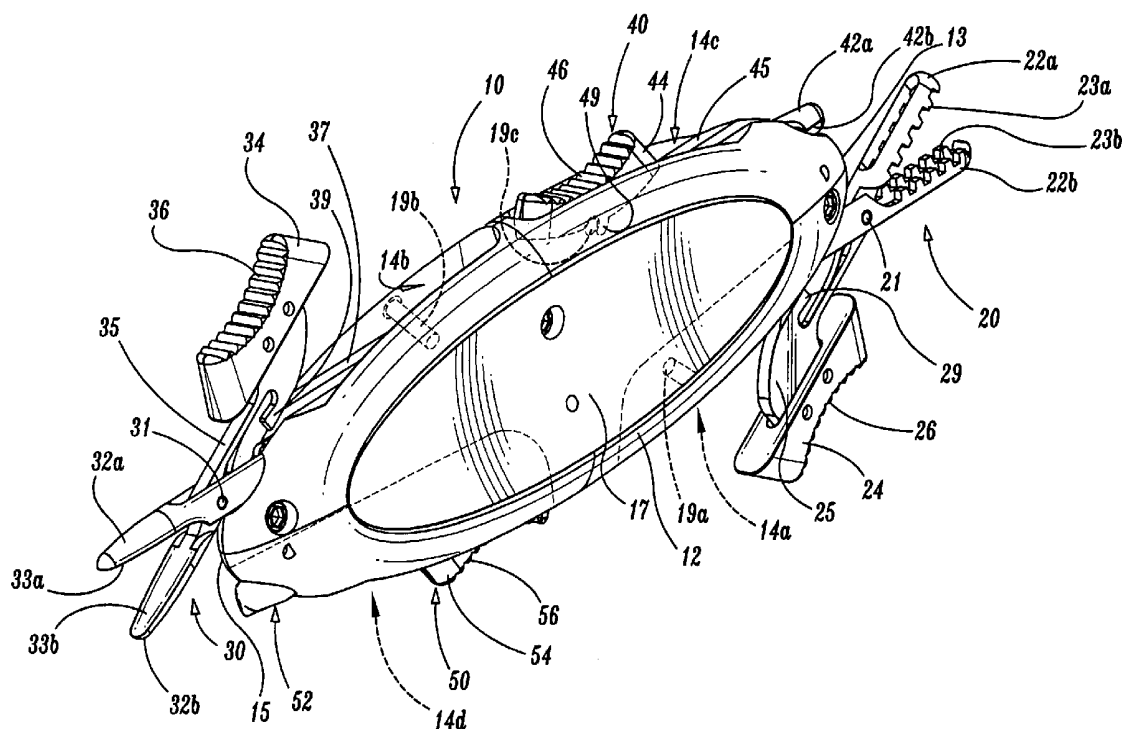
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(19) **United States**(12) **Patent Application Publication****Bayer et al.**(10) **Pub. No.: US 2004/0068253 A1**(43) **Pub. Date:****Apr. 8, 2004**(54) **MULTI-PURPOSE SURGICAL INSTRUMENT****Publication Classification**(76) Inventors: **Hanspeter R. Bayer**, Meriden, CT
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(52) **U.S. Cl.** **606/1; 606/205; 606/170**

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150 Glover Avenue
Norwalk, CT 06856 (US)(21) Appl. No.: **10/428,706**(22) Filed: **May 2, 2003****Related U.S. Application Data**(63) Continuation of application No. 10/264,555, filed on
Oct. 4, 2002, now abandoned.(57) **ABSTRACT**

A multi-instrument surgical tool for use during hand-assisted laparoscopic surgery includes a housing having a plurality of ports disposed therein which are each dimensioned to slidably house one of a plurality of surgical instruments for selective deployment from the case. The housing also includes a corresponding plurality of elongated channels each in communication with a respective one of the plurality of ports. Each of the instruments including an actuator which is movable within a respective channel from a first position wherein the instrument is at least partially housed within the housing to a second position wherein the actuator is disengaged from the respective channel and the actuator is freely operable to actuate the instrument for its intended purpose.



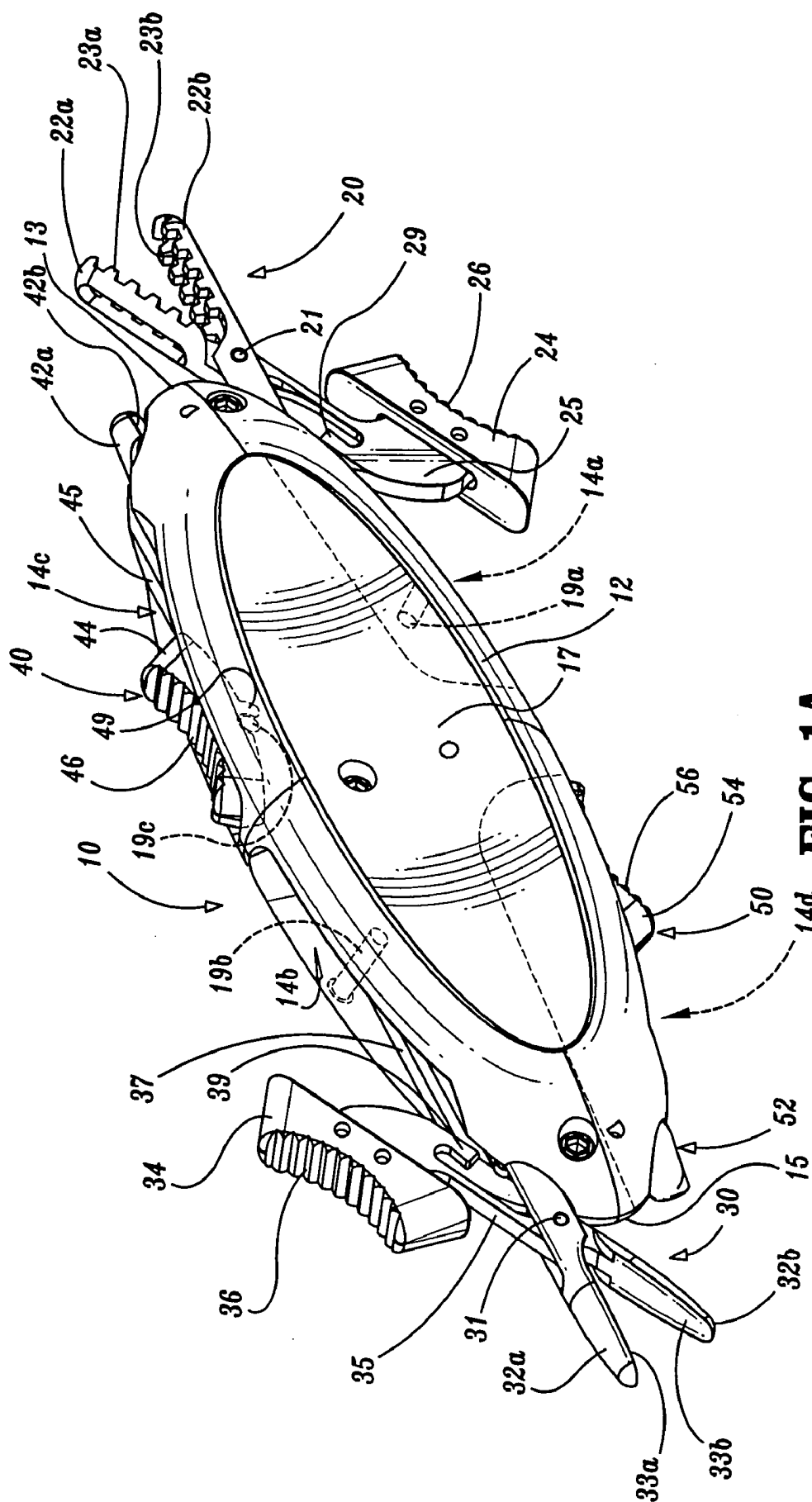


FIG. 1A

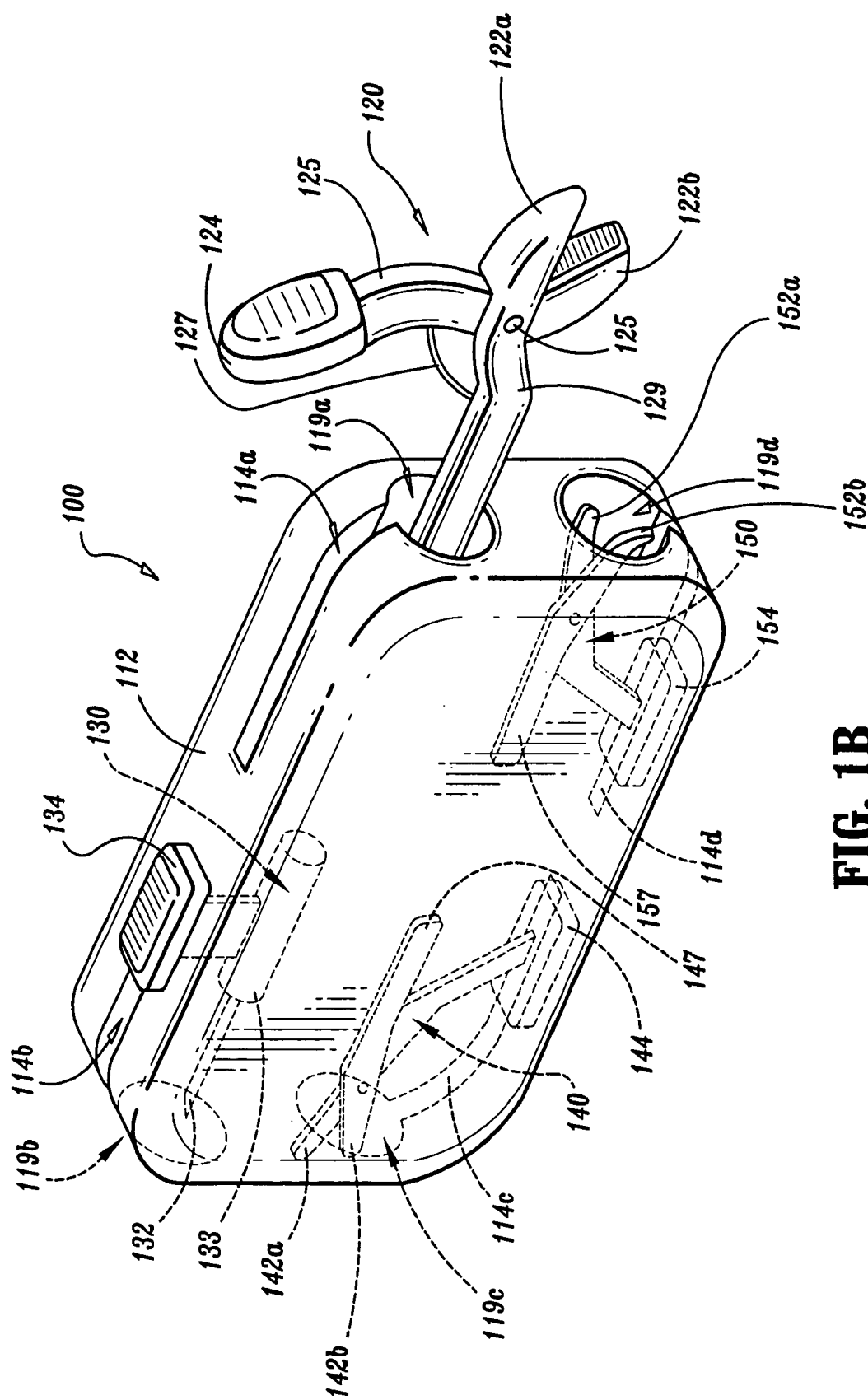


FIG. 1B

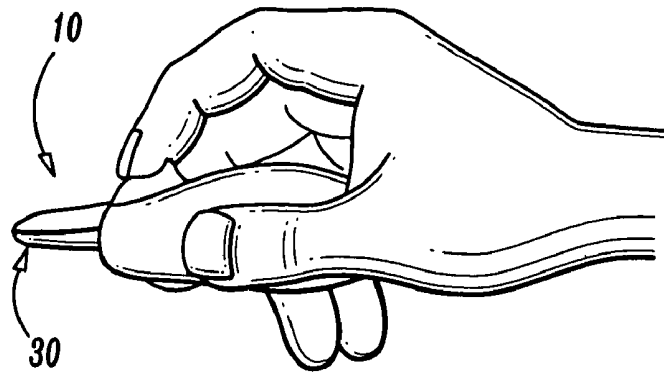


FIG. 1C

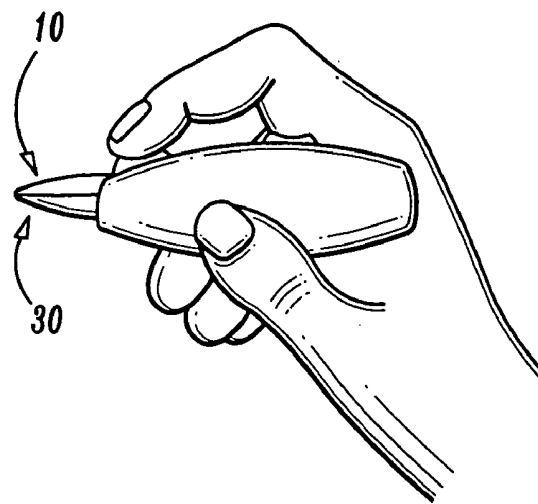


FIG. 1D

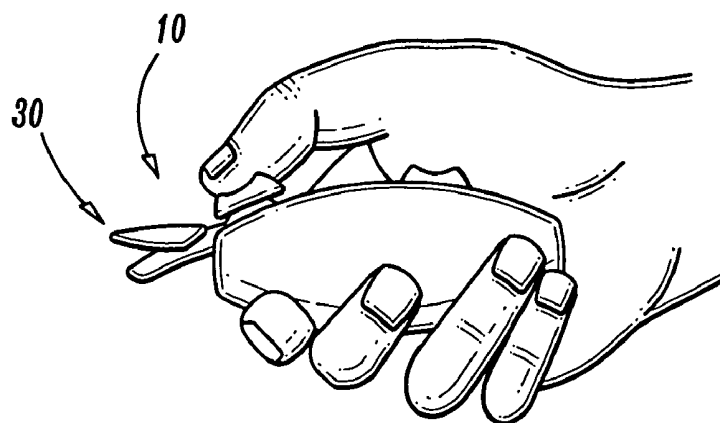


FIG. 1E

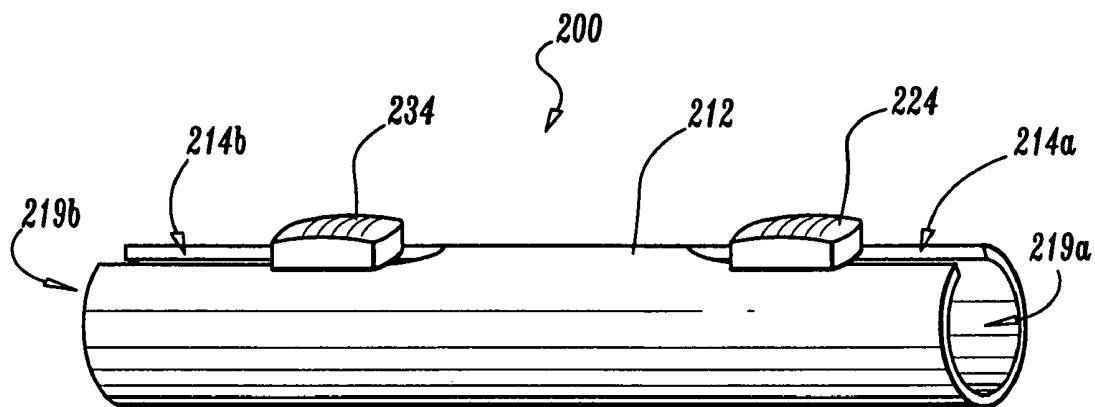


FIG. 2A

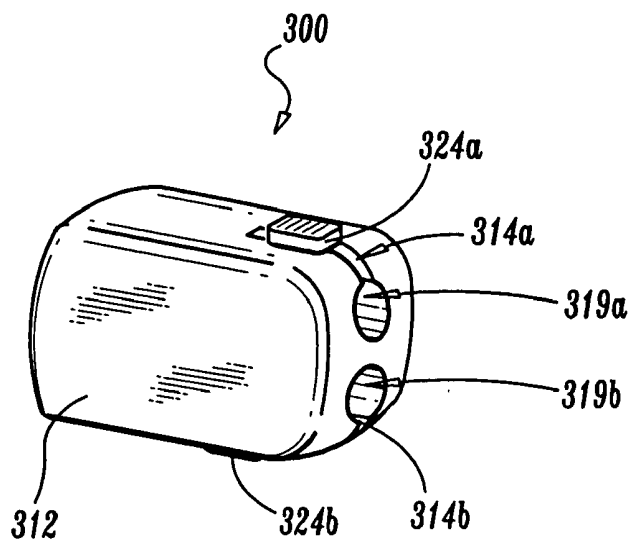
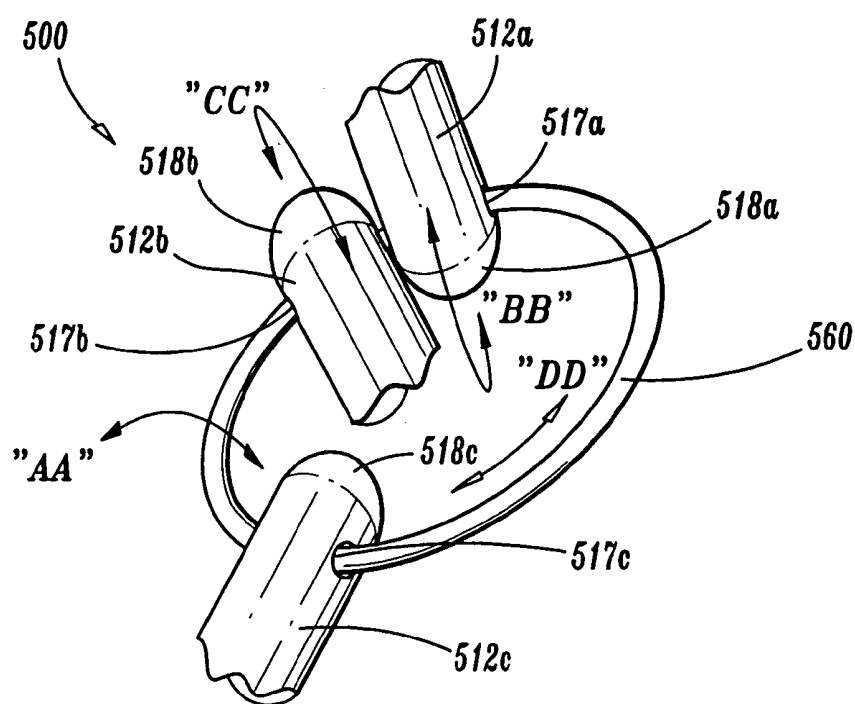
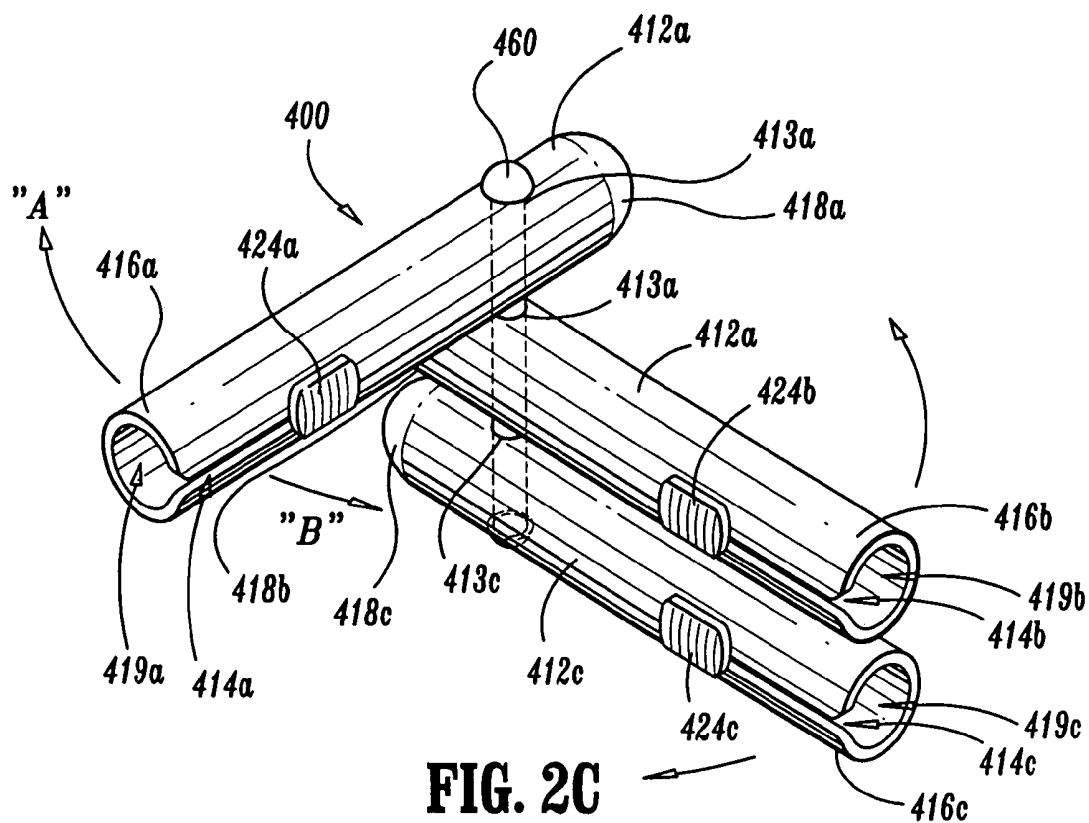
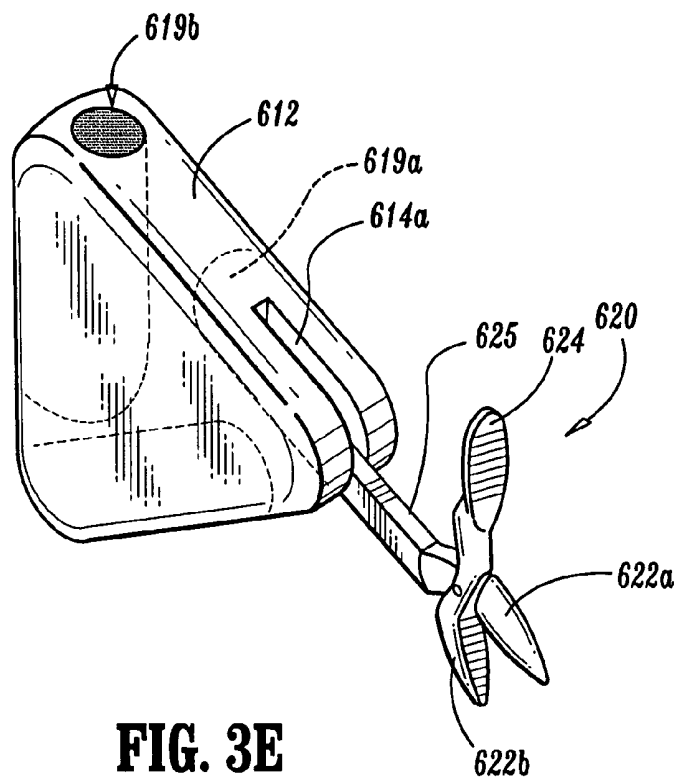
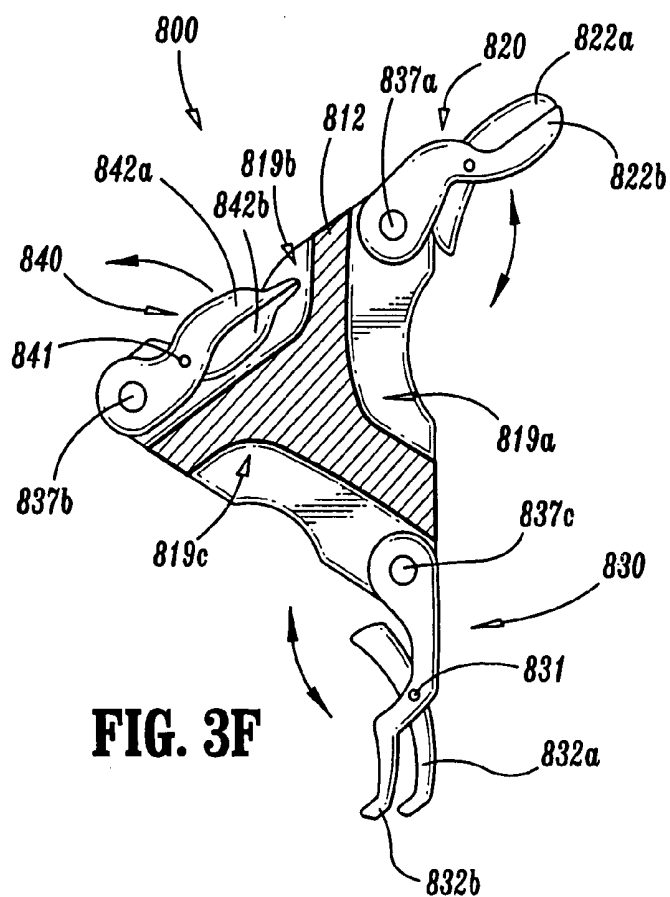


FIG. 2B





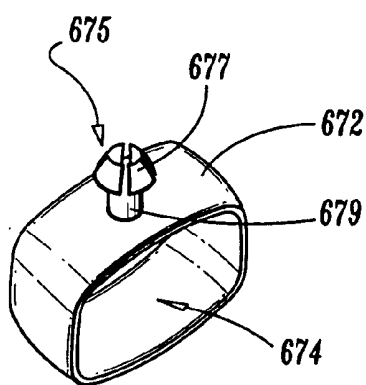
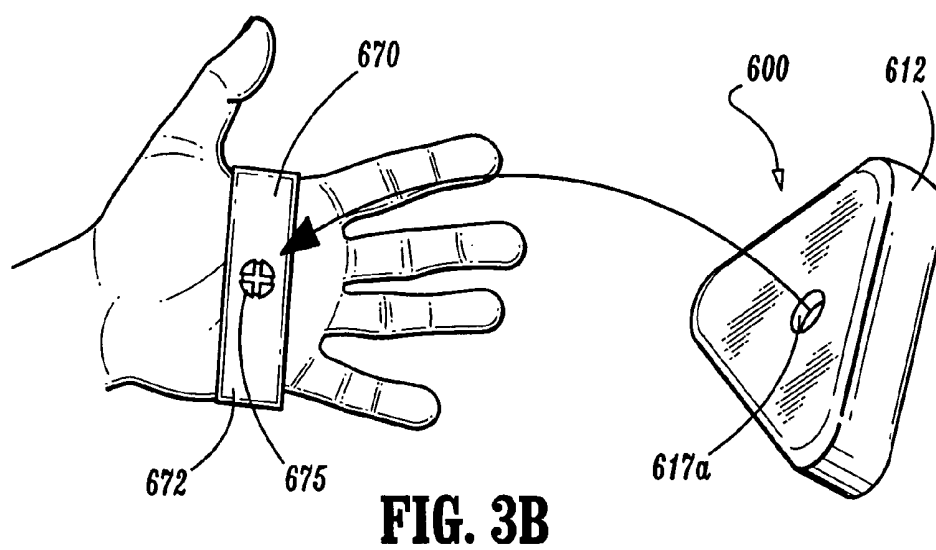


FIG. 3A

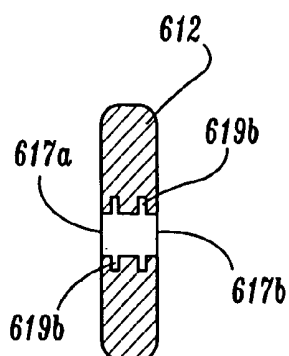


FIG. 3D

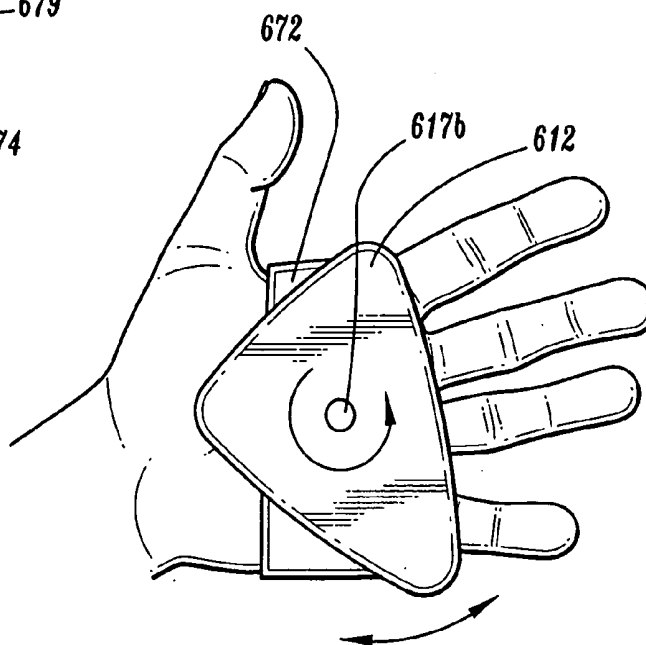


FIG. 3C

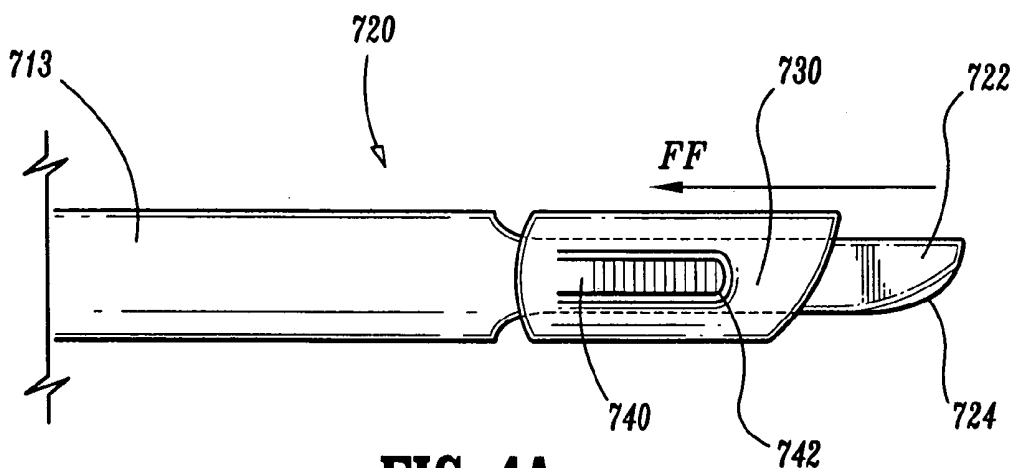


FIG. 4A

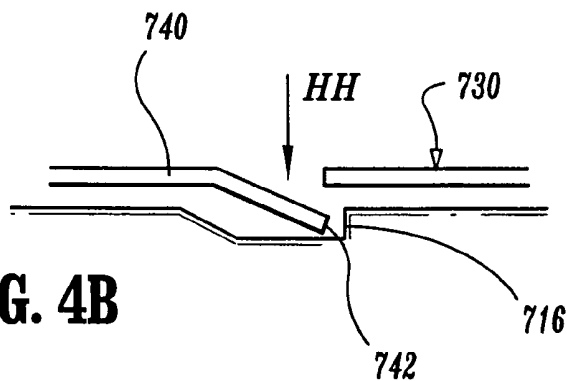


FIG. 4B

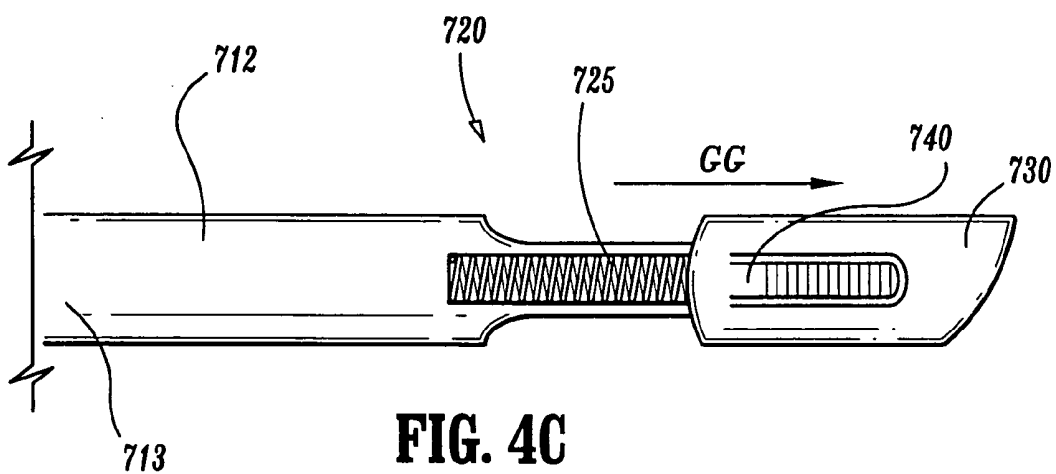


FIG. 4C

MULTI-PURPOSE SURGICAL INSTRUMENT

BACKGROUND

[0001] 1. Technical Field

[0002] The present invention relates to the field of surgical tools and more particularly to a multipurpose surgical tool for use during hand-assisted laparoscopic surgery, minimally invasive surgical procedures and traditional open surgical procedures.

[0003] 2. Background of Related Art

[0004] Open surgery, in general, has remained the procedure of choice for many surgeons since it enhances a surgeon's view of the operating cavity and allows a surgeon to readily palpate the internal organs as needed during a surgical procedure. However, the relatively large incisions required can often be traumatic for patients and may result in a prolonged healing process. As a result and as an alternative to traditional open surgery, many surgeons utilize minimally invasive surgical techniques to treat tissue remotely through small incisions utilizing specialized endoscopic instruments. More particularly, endoscopic instruments are inserted into the patient through a cannula or port that has been made with a trocar. Typical sizes for cannulas range from three millimeters to twelve millimeters. Smaller cannulas are usually preferred, which, as can be appreciated, ultimately presents a design challenge to instrument manufacturers who must find ways to make surgical instruments that fit through the smaller cannulas.

[0005] Certain endoscopic surgical procedures require cutting, cauterizing and/or sealing blood vessels and/or vascular tissue which, typically, requires the surgeon to insert different instruments through the working lumen of the endoscope to treat the tissue. As can be appreciated, this simply adds to the overall complexity of the operation since it requires the repeated exchange of surgical instruments through the working lumen to perform the different tasks associated with the particular surgery involved.

[0006] There are also some disadvantages to endoscopic surgery. For example, endoscopic instruments tend to limit a surgeon's ability to freely manipulate organs and often limit the surgeon's view of the operating cavity. Moreover, when using endoscopic instruments, the surgeon loses tactile feedback of the tissue which can play an important role in some surgical procedures. Further, when the particular surgery dictates the removal of a tissue specimen, the tissue must be either morselized to fit through the trocar lumen or the surgeon must create a larger opening to remove the specimen intact essentially abandoning the benefits associated with endoscopic surgery.

[0007] Combining the advantages of the traditional and the laparoscopic techniques for abdominal surgery is commonly referred to as "hand-assisted laparoscopic surgery" (HALS). In this procedure, the normal laparoscopic small puncture openings are made with the exception that one opening is made late in the procedure and large enough to allow a surgeon's hand to pass through the opening to manipulate tissue, deliver new instruments into the operating cavity and/or remove tissue specimens. HALS attempts to restore dexterity and tactile feedback by allowing the surgeon to place one hand within the operating space through a hand port. Once the hand is in the operating space,

it can be used to manipulate and palpate tissues in much the same way as it is used in open surgical procedures.

[0008] When performing surgery in the abdominal cavity, air or gas is typically introduced to create a condition known as "pneumoperitoneum". Ideally, HALS procedures are performed while maintaining the pneumoperitoneum which eliminates re-insufflation of the surgical cavity. As can be appreciated, if a surgeon's hand has to be removed to retrieve additional surgical instruments, the cavity will deflate and subsequent re-insufflation of the pneumoperitoneum may be required. This simply prolongs the overall surgical procedure and makes HALS surgery very tedious especially when multiple instruments must be utilized during the surgical procedure. As a result, a need exists to develop an improved surgical tool which reduces the need to remove the instruments useful for performing hand assisted laparoscopic surgical procedures.

SUMMARY

[0009] The present disclosure relates to a multipurpose surgical tool for use in minimally invasive surgical procedures such as Hand Assisted Laparoscopic Surgery (HALS). Additionally, the multipurpose surgical tool of the present disclosure may be used in traditional open surgical procedures.

[0010] During HALS surgery, the multipurpose surgical tool may be inserted, in the hand, through a hand port which is made during the course of the surgery. The surgeon manipulates the tool as needed and switches among the plurality of specialized surgical instruments encased within the tool. As can be appreciated, this eliminates the need for the surgeon to remove his/her hand from the operating cavity to switch among instruments.

[0011] The present disclosure includes a multi-instrument surgical tool for use during hand-assisted laparoscopic surgery which includes a housing or casing having a plurality of ports disposed therein. The housing includes a corresponding plurality of elongated channels each in communication with a respective one of the plurality of ports. Each of the ports is dimensioned to slidably house one of a plurality of surgical instruments therein for selective deployment from the housing. The instruments each include an actuator which is movable within a respective channel from a first position wherein the instrument is at least partially housed within the housing to a second position wherein the actuator is disengaged from the respective channel and the actuator is freely operable to actuate the instrument.

[0012] In one embodiment, the housing includes two ports for slidably housing two instruments. Preferably, the ports are disposed adjacent one another, however, in an alternate embodiment, the ports are disposed on opposite sides of the housing. In yet another embodiment, the housing is generally triangular and includes three instruments disposed therein.

[0013] Preferably, the instruments are selected from a group consisting of: needle holders; needle drivers; graspers; forceps; vessel sealing devices; dissectors; resectors; probes; morselators; ultrasonic instruments; video-assisted devices; clip appliers; surgical staplers; coagulators; bipolar and mechanical scissors; irrigation instruments; and suction instruments.

[0014] In one embodiment, the housing includes a mechanical interface or aperture disposed on the outer periphery thereof which selectively engages a corresponding mechanical interface or press-lock which is affixable to a surgeon's hand by a clip or strap. Ideally, the mechanical interfaces are rotatable relative to one another which facilitates selection of one of the plurality of instruments within the housing.

[0015] Preferably, one of the plurality of instruments is a surgical scalpel which includes proximal and distal ends. The proximal end is dimensioned to slideably engage one of the ports of the housing and the distal end includes a cutting edge. A safety guard is also included which is movable relative to the scalpel from a first position wherein the guard substantially covers the cutting edge of the scalpel to a second position wherein the cutting edge is exposed.

[0016] In one embodiment according to the present disclosure, the guard includes a locking tab for releasably locking the guard in the second position. Preferably, the guard is spring-biased to return to the first safety position.

[0017] In yet another embodiment according to the present disclosure, the multi-instrument surgical tool includes a housing having a plurality of recesses disposed along the outer periphery thereof. Each of the recesses is dimensioned to receive one of a plurality of surgical instruments therein. A pivot rotatably affixes each instrument to the housing such that each instrument is selectively rotatable relative to the outer periphery of the housing. An actuator is movably affixed to the surgical instrument for activating the surgical instrument for the surgical instrument's intended purpose.

BRIEF DESCRIPTION OF THE DRAWINGS

[0018] Other objects and features of the present invention will become apparent from the following detailed description considered in connection with the accompanied drawings. It should be understood, however, that the drawings are designed for the purpose of illustration only and not as a definition of the limits of the invention.

[0019] Illustrative embodiments of the subject surgical tool are described herein with reference to the drawings wherein:

[0020] **FIG. 1A** is a perspective view of multi-instrument surgical tool in accordance with the present disclosure;

[0021] **FIG. 1B** is a perspective view of another embodiment of a four-instrument surgical tool in accordance with the present disclosure wherein four instruments are deployable from a rectangular-shaped housing;

[0022] **FIGS. 1C-1E** are schematic representations showing various hand orientations for using the instruments of **FIGS. 1A and 1B**;

[0023] **FIG. 2A** is a side view showing a two-instrument surgical tool according to the present disclosure wherein the instruments are deployable from opposite sides of the housing;

[0024] **FIG. 2B** is a perspective view showing a two-instrument surgical tool according to the present disclosure wherein the instruments are deployable from the same side of the housing;

[0025] **FIG. 2C** is a perspective view showing a three-instrument surgical tool according to the present disclosure wherein the instruments are rotatable about a common pin for selective deployment of each instrument;

[0026] **FIG. 2D** is a perspective view showing a three-instrument surgical tool according to the present disclosure wherein the instruments are positionable about a key chain for selective deployment of each instrument;

[0027] **FIG. 3A** is a perspective view of a mounting strap for use with the surgical tool according to the present invention;

[0028] **FIG. 3B** is a schematic view showing the proper orientation of the mounting strap of **FIG. 3A** on the surgeon's hand and the method of engaging the mounting strap within a corresponding mounting slot in the outer housing of the surgical tool;

[0029] **FIG. 3C** is a schematic view showing the surgical tool rotationally mounted atop the mounting strap on the surgeon's hand;

[0030] **FIG. 3D** is a cross section of the mounting slot of **FIG. 3B**;

[0031] **FIG. 3E** shows the embodiment of **FIG. 3B** with a surgical grasping instrument shown in a deployed configuration;

[0032] **FIG. 3F** shows another embodiment of the surgical tool according to the present invention wherein each of the plurality of surgical instruments is housed in a corresponding recess disposed along the outer periphery of the housing;

[0033] **FIG. 4A** is a side view of another embodiment of the present disclosure which shows a spring-biased blade guard for protecting a cutting blade of a scalpel;

[0034] **FIG. 4B** is a schematic illustration of a locking mechanism for the blade guard of **FIG. 4A** which locks the blade guard in a retracted position to enable use of the cutting blade; and

[0035] **FIG. 4C** is a side view of the embodiment of **FIG. 4A** showing the distal movement of the spring-biased blade guard after release of the locking mechanism.

DETAILED DESCRIPTION

[0036] Preferred embodiments of the multipurpose surgical tool will be described in terms of a HALS procedure wherein the typical laparoscopic incisions are made with the exception that one, larger opening is made during the course of the procedure which is large enough to allow a surgeon's hand to pass through the opening to manipulate tissue, deliver new instruments into the operating cavity and/or remove tissue specimens. Air or gas is introduced to create the pneumoperitoneum and the HALS procedure is performed while maintaining the pneumoperitoneum.

[0037] In the drawings and in the description which follows, the term "proximal", as is traditional, will refer to the end of the instrument which is closer to the user, while the term "distal" will refer to the end which is further from the user. When described in accordance with a particular figure, the proximal and distal ends are designated for the purpose of clarification only since the nature and use of the surgical

tool of the present invention enables the surgeon to freely position and rotate the tool within the surgeon's hand.

[0038] Referring now in detail to the drawing figures in which like reference numerals identify similar or identical elements, one embodiment of the present disclosure is illustrated generally in FIG. 1A and is designated therein as multipurpose surgical tool 10. Surgical tool 10 includes a case or housing 12 which has a plurality of elongated instrument slots or ports 14a, 14b, 14c and 14d defined therein for removably housing a corresponding plurality of surgical instruments 20, 30, 40 and 50, respectively. More particularly, FIG. 1A shows one embodiment of the present multipurpose surgical tool 10 which includes four surgical instruments 20, 30, 40 and 50 mounted for selective deployment within elongated ports 14a, 14b, 14c and 14d. Other embodiments are described in the figure descriptions which follow and include two-instrument (FIGS. 2A and 2B) and three-instrument (FIGS. 2C, 2D, 3B, 3C, 3E and 3F) embodiments of the multipurpose tool 10 and variations thereof.

[0039] Turning back to the embodiment shown in FIG. 1A, each of the corresponding plurality of surgical instruments, e.g., 20, is deployably housed within a corresponding elongated port 14a defined within the housing 12. With the four-instrument embodiment, two elongated ports 14a and 14c are located at one end, e.g., proximal end 13, for housing instruments 20 and 40, respectively, and two elongated ports, e.g., 14b and 14d are located at the opposite end, e.g., distal end 15, for housing instruments 30 and 50. As can be appreciated, each elongated port, e.g., 14a, is dimensioned to house the particular port's surgical instrument 20 and, as such, the relative dimensions of each port 14a may vary depending upon the particular instrument 20 being housed. Preferably, the outer surface of the housing 12 includes an ergonomically enhanced scallop to facilitate handling the tool 10 under wet operating conditions.

[0040] Alternatively, it is envisioned that all or some of the elongated ports 14a-14d may be dimensioned in a substantially uniform manner to enable an interchange of different surgical instruments 20, 30, 40 and 50. For example, it is envisioned that the surgeon may be able to select a combination of surgical instruments needed for a particular operation and assemble the tool 10 with these selected instruments prior to insertion. Preferably, the surgical instruments are selected from a group consisting of: needle holders; needle drivers; graspers; forceps; vessel sealing devices; dissectors; resectors; probes; morselators; ultrasonic instruments; video-assisted devices; clip applicators; surgical staplers; coagulators; bipolar and mechanical scissors; irrigation instruments; and suction instruments.

[0041] Moreover, it is also envisioned that certain elongated ports, e.g., 14a and 14c, may be dimensioned to accommodate one category of surgical instruments, e.g., 20 and 40, and the remaining ports 14b and 14d may be dimensioned to accommodate a second category of surgical instruments, e.g., 30 and 50. The surgeon is then able to interchange among the different categories of surgical instruments and removably engage the selected instruments in the correspondingly dimensioned or appropriate elongated ports as needed.

[0042] FIG. 1A shows the multi-purpose surgical instrument 10 having a forceps 30 deployed at the distal end 15 of

the housing 12. The forceps includes two opposing jaw members 32a and 32b which are movable relative to one another about pivot 31 by virtue of an actuator 34. The jaw members 32a and 32b have inner facing surfaces 33a and 33b which cooperate to grasp tissue therebetween upon selective movement of the actuator 34. Preferably, the actuator 34 includes an ergonomically enhanced thumb tab 36 to facilitate deployment of the forceps 30 and subsequent actuation of the jaw members 32a and 32b within the operating cavity under wet conditions. A lever arm 35 is disposed between the actuator 34 and the movable jaw member, e.g., 32b, to increase the grasping pressure by mechanical advantage.

[0043] The forceps 30 also includes a locking flange 39 which engages a corresponding locking post 19b to releasably lock the forceps 30 within the corresponding elongated port 14b when retracted within housing 12. Preferably, a spring arm or leaf spring 37 biases the locking flange 39 against the locking post 19b in a pre-loaded configuration. As can be appreciated, when the actuator 34 is retracted proximally, the actuator 34 releases the locking flange 39 from the locking post 19b and allows the forceps 30 to deploy from the housing 12, i.e., the pre-loaded spring arm 37 forces the forceps 30 distally or outwardly from the housing 12 when released. Once deployed from elongated port 14b, the spring arm 37 also biases the jaws 32a and 32b in an open configuration to facilitate approximation of the tissue. Downward movement of the actuator 34 moves the jaw members 32a and 32b relative to one another about pivot 31 to grasp tissue.

[0044] A second instrument, namely, a grasping forceps 20, is shown deployed from the proximal end of the housing 12 of tool 10. Grasping forceps 20 includes two opposing jaw members 22a and 22b which are movable relative to one another about pivot 21 in much the same manner as forceps 30, i.e., by an actuator 24. Preferably, the inner facing surfaces 23a and 23b of the jaw members 22a and 22b are corrugated to facilitate grasping and manipulation of tissue.

[0045] Grasping forceps 20 includes many of the same or similar components as forceps 30. For example, grasping forceps 20 also deploys in much the same fashion as forceps 30 (i.e., depression of an ergonomically enhanced tab surface 24 to disengage the locking flange 29 from locking post 19a to release spring arm (not shown)). The forceps 20 also releasably locks into housing in a similar manner (i.e., by virtue of the mechanical engagement of the locking flange 29 and a corresponding locking post 19a). As can be appreciated, both of the forceps 20 or 30 may be deployed at any one time or the locking posts 19a and 19b may be interconnected (either mechanically or electro-mechanically) to allow deployment of only one instrument at a time.

[0046] FIG. 1A also shows third and fourth instruments 40 and 50 which are shown in a retracted or "housed" position within housing 12. These instruments 40 and 50 may include any of the instruments identified in the group described above. Preferably, each of these instruments is designed to lock within the housing 12 and deploy from the housing 12 in much the same fashion and described above with respect to forceps 20 and 30. Moreover, each of these instruments includes similar components as described above which have similar functions. For example, instrument 40 includes an actuator 44, ergonomic surface 46, lever arm 45,

jaw members 42a and 42b and locking flange 49 (which engages locking post 19c). Instrument 50 includes an actuator 54, ergonomic surface 56 and jaw members 52 which again cooperate in much the same fashion as described above.

[0047] FIG. 1B shows another embodiment of the surgical tool 100 of the present disclosure which shows a plurality of surgical instruments (forceps 120, needle driver 130, shears 140 and curved shears 150) for use with a rectilinear-shaped housing 112. Each instrument 120, 130, 140 and 150 is housed within a respective port 119a, 119b, 119c and 119d. Each instrument, e.g., forceps 120, is manually deployable by moving a corresponding slide-like actuator or slide member, e.g., 124, distally (or forwardly) within an elongated slot 114a disposed within the forceps' port 119a. One arm 125 of the forceps 120 is attached at one end to the slide member 124 and at the other end to a corresponding jaw member 122b. The other jaw member 122a is attached to a second arm 129 which slidably reciprocates within port 119a. Initial distal movement of the slide member 124 rides arm 125 along slot 114a until the slide member 124 releases from slot 114a. Preferably, a spring 127 biases the slide member 124 against arm 129 which, in turn, biases the jaw members 122a and 122b in an open configuration for approximating tissue.

[0048] To retract or store the forceps 120 in the housing 112, the surgeon simply re-engages the slide member 124 within slot 114a and moves the slide member 124 proximally along slot 114a until substantially all of the forceps 120 is seated within port 119a. Preferably, the spring 127 holds the forceps 120 in friction-fit engagement within slot 114a. Alternatively, a locking mechanism (not shown) may be employed to secure the forceps 120 within port 119a.

[0049] The other instruments, namely, needle driver 130, shears 140 and curved shears 150, all include similar components and are deployable in a similar fashion. More particularly, needle driver 130 includes a slide member 134 which slides along slot 114b to selectively deploy a needle tip 132 through port 119b. Shears 140 include a slide member 144 which slides along slot 114c to selectively deploy arm 147 and blade members 142a and 142b through port 119c. Curved shears 150 include a slide member 154 which slides along slot 114d to selectively deploy arm 157 and blade members 152a and 152b through port 119d.

[0050] As best illustrated in FIGS. 1C-1E, the surgeon can grasp and hold the surgical tool 10, 100 in a variety of different orientations for utilizing the different instruments contained therein. Moreover, the symmetrical aspects of the surgical tool 10, 100 allow the surgeon to comfortably use the tool 10, 100 in either a right-handed or left-handed orientation.

[0051] FIG. 2A shows an alternative embodiment of a two-instrument surgical tool 200 which utilizes two ports 219a and 219b disposed on opposite sides of an elongated tube-like housing 212. Each of the housed instruments (not shown) includes a slide-like actuator or slide member 224 and 234 which moves along a corresponding slot 214a and 214b disposed within the housing 212 to deploy the particular instrument as needed during a given surgical procedure much in the same (or similar) manner as described above with respect to the four-instrument embodiment of FIGS. 1A-1D.

[0052] FIG. 2B shows another version of a two-instrument surgical tool 300 which utilizes two ports 319a and 319b disposed adjacent one another (i.e., on the same side). Each instrument (not shown) includes an actuator 324a and 324b which moves along a corresponding slot 314a and 314b disposed within the housing 312 to deploy the particular instrument in the same (or similar) manner as described above.

[0053] FIG. 2C shows an alternative embodiment of a three-instrument surgical tool 400 which utilizes three elongated instrument housings 412a, 412b and 412c each having a respective instrument port 419a, 419b and 419c disposed at a distal end 416a, 416b and 416c of each housing (412a, 412b and 412c). The three-instrument housings 412a, 412b and 412c are commonly attached to an elongated rod or cylinder 460 which engages each housing 412a, 412b and 412c through an aperture 413a, 413b and 413c located at a proximal end 418a, 418b and 418c of housings 412a, 412b and 412c, respectively. Each instrument (not shown) includes an actuator 424a, 424b and 424c which moves along a corresponding slot 414a, 414b and 414c disposed within housings 412a, 412b and 412c to deploy the particular instrument in the same (or similar) fashion as described with respect to FIGS. 1A-1E.

[0054] As can be appreciated, the user simply rotates one of the three housings, e.g., 412a, which contains a particular surgical instrument (not shown) about rod 460 in the direction "A" and slides the actuator 424a distally to deploy the surgical instrument for introduction into the surgical field. To select a different instrument, the user retracts slide 424a, rotates housing 412a back into vertical registration with the other housings 412b and 412c in the direction "B" and rotates a new housing, e.g., 412b, in the direction "A" to selectively deploy another instrument (not shown).

[0055] FIG. 2D shows another version of the three-instrument surgical tool 500 wherein the housings 512a, 512b and 512c are commonly mounted to a key ring 560 through an aperture 517a, 517b and 517c located at the proximal end 518a, 518b and 518c of housings 512a, 512b and 512c, respectively. Much like the above three-instrument embodiment, the user simply rotates one of the three housings, e.g., 512a, about ring 560 in the direction of the arrows "AA", "BB" and "CC" to position the surgical instrument for introduction into the surgical field. The user can also move a particular instrument in the direction "DD" along ring 560 to facilitate selection and handling of the instrument in the surgical field.

[0056] FIGS. 3A-3D show another embodiment of a three-instrument surgical tool 600 which utilizes a mounting strap or hand clip 670 to permit selective rotation of the surgical tool within a surgeon's hand. Preferably, hand clip 670 includes at least one mechanical interface which mates with a corresponding mechanical interface disposed on the housing 612 of the surgical tool 600. More particularly and as shown in FIGS. 3A and 3B, hand clip 670 includes a press-lock fitting 675 which mechanically engages a corresponding aperture 617a (or 617b) located within the outer periphery of the housing 612. As best shown in FIGS. 3A and 3D, the press lock is designed for snap-fit engagement within aperture 617a (or 617b).

[0057] More particularly, the press-lock includes a segmented top portion 677 which is supported by a stem section

679. Upon introduction of the top portion **677** into one of the two apertures **617a** or **617b** (for right-handed or left-handed use of the surgical tool, respectively), the segmented top portion **677** initially compresses inwardly to facilitate engagement within the respective aperture **617a** (or **617b**). Once the top portion **677** is fully engaged within aperture **617a** (or **617b**), the top portion **677** expands or “snaps” into engagement with a ring-like flange **619a** (or **619b**) disposed within the inner periphery of aperture **617a** (or **617b**). Preferably, the top portion **677** and the ring-like flange **619a** (or **619b**) are dimensioned to facilitate rotation of the surgical tool **600** relative to the hand clip **670** to allow a surgeon to select and orient the particular surgical tool **600** as needed during surgery (See FIG. 3C).

[0058] FIG. 3E shows the surgical tool **600** of FIG. 3B with a surgical grasping instrument **620** shown deployed from port **619a** of housing **612** and ready for use. Much in the same (or similar) manner as described above with respect to the embodiment of FIGS. 1A-1D, the grasping instrument **620** includes a slide-like actuator **624** which moves along slot **614a** to extend the shaft **625** and jaws **622a** and **622b** from the housing **612** to enable use of the grasping instrument **620** as needed during a surgical procedure.

[0059] FIG. 3F shows another embodiment of the surgical tool **800** according to the present disclosure wherein a plurality of surgical instruments **820**, **830** and **840** are each housed in a corresponding recess **819a**, **819b** and **819c**, respectively, disposed along the outer periphery of the housing **812**. More particularly, each instrument, e.g., grasper **820**, is rotatably mounted to housing **812** about a pivot **837a** and is selectively movable from a first “stored” position to a second “deployed” position. Preferably, each recess, e.g., **819a**, is dimensioned to store the respective instrument, e.g., grasper **820**, in a generally flush manner with respect to the outer periphery of the housing **812**. Moreover, each recess **819a** is preferably dimensioned such that the jaw members or end effectors **822a** and **822b** remain properly seated in a generally closed configuration when stored.

[0060] As can be appreciated, the other instruments of surgical tool **800** are deployed in much the same fashion as grasper **820** and include similar elements to those instruments described above. For example, instrument **830** is a curved forceps and includes jaws **832a** and **832b** which are rotatable about pivot **831** to approximate and grasp tissue. The forceps **830** mounts to housing **812** about pivot **837c** and is stored within recess **819c** when not in use. Likewise, scissors **840** include jaws **842a** and **842b** which are rotatable about pivot **841** to sever tissue. The scissors **840** mount to housing **812** about pivot **837b** and are stored within recess **819b** when not in use.

[0061] As shown best in FIGS. 4A-4C, one of the plurality of instruments may be a surgical scalpel **720** having proximal and distal ends **713** and **722**, respectively. The proximal end **713** is preferably dimensioned to slideably engage one of the ports (not shown) of the housing (not shown) and the distal end **722** includes a cutting edge **724**. A spring-loaded safety guard **730** is also included which is movable relative to the scalpel **720** from a first position wherein the guard **730** substantially covers the cutting edge **724** of the scalpel **720** (See FIG. 4C) to a second position wherein the cutting edge **724** is exposed.

[0062] Preferably, the safety guard **730** includes a locking tab **740** for releasably locking the guard **730** in the second position (See FIG. 4B). The guard **730** may also include a spring **725** which automatically extends the guard **730** once the locking tab **740** is released to cover the cutting edge **724** when not in use. More particularly, during use the user retracts the guard **730** proximally against spring **725** in the direction “FF” and simultaneously depresses locking flange **740** inwardly (i.e., in the direction of arrow “HH”) such that a distal end **742** of the locking tab **740** abuts against a corresponding flange or notch **716** disposed within the outer periphery of scalpel **730** (See FIG. 4B). The biasing force of the spring **725** retains the locking tab **740** within the notch **716** and locks the guard **730** in a retracted position to expose the cutting edge **724** of the scalpel **720** for use. Once the surgeon has completed the cut using the scalpel **720**, the surgeon simply retracts the guard **730** proximally (i.e., in the direction “FF”) which releases the locking tab **742** from the notch **716** and allows the guard **730** to extend distally in the direction “GG” over the cutting edge **724** under the force of the spring **725**.

[0063] From the foregoing and with reference to the various figure drawings, those skilled in the art will appreciate that certain modifications can also be made to the present disclosure without departing from the scope of the same. While several embodiments of the disclosure have been shown in the drawings, it is not intended that the disclosure be limited thereto, as it is intended that the disclosure be as broad in scope as the art will allow and that the specification be read likewise. Therefore, the above description should not be construed as limiting, but merely as exemplifications of preferred embodiments. Those skilled in the art will envision other modifications within the scope and spirit of the claims appended hereto.

What is claimed:

1. A multi-instrument surgical tool for use during hand-assisted laparoscopic surgery, comprising:

a housing having a plurality of ports disposed therein, each of said ports being dimensioned to slidably house one of a plurality of surgical instruments therein for selective deployment from said case, said housing including a corresponding plurality of elongated channels each in communication with a respective one of said plurality of ports; and

each of said instruments having an actuator which is movable within a respective channel from a first position wherein said instrument is at least partially housed within said housing to a second position wherein said actuator is disengaged from said respective channel and said actuator is freely operable to actuate said instrument.

2. A multi-instrument surgical tool according to claim 1 wherein said housing includes two ports disposed therein for slidably housing two instruments.

3. A multi-instrument surgical tool according to claim 2 wherein said ports are disposed adjacent one another.

4. A multi-instrument surgical tool according to claim 2 wherein said ports are disposed on opposite sides of said case.

5. A multi-instrument surgical tool according to claim 1 wherein said housing is generally triangular.

6. A multi-instrument surgical tool according to claim 1 wherein said instruments are selected from a group consisting of: needle holders; needle drivers; graspers; forceps; vessel sealing devices; dissectors; resectors; probes; morselators; ultrasonic instruments; video-assisted devices; clip applicators; surgical staplers; coagulators; bipolar an mechanical scissors; irrigation instruments; and suction instruments.

7. A multi-instrument surgical tool according to claim 1 wherein said housing includes a mechanical interface disposed on the outer periphery thereof, said mechanical interface being selectively engageable with a corresponding mechanical interface which is affixable to a surgeon's hand.

8. A multi-instrument surgical tool according to claim 7 wherein said mechanical interfaces are rotatable relative to one another to orient a given instrument for deployment and use.

9. A multi-instrument surgical tool according to claim 1 wherein one of said instruments includes a surgical scalpel which includes:

proximal and distal ends, said proximal end being dimensioned to slideably engage one of said ports of said housing and said distal end having a cutting edge;

a safety guard which is movable relative to said scalpel from a first position wherein said guard substantially

covers the cutting edge of said scalpel to a second position wherein said cutting edge is exposed.

10. A multi-instrument surgical tool according to claim 9 wherein said guard includes a locking tab for releasably locking said guard in said second position.

11. A multi-instrument surgical tool according to claim 9 wherein said guard is spring-biased to return to said first position.

12. A multi-instrument surgical tool for use during hand-assisted laparoscopic surgery, comprising:

a housing having a plurality of recesses disposed in the outer periphery thereof, each of said recesses being dimensioned to receive one of a plurality of surgical instruments therein;

a pivot which rotatably affixes said instrument to said housing such that said surgical instrument is selectively rotatable relative to the outer periphery of said case; and

an actuator movably affixed with said surgical instrument for actuating the surgical instrument for the surgical instrument's intended purpose.

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专利名称(译)	多功能手术器械		
公开(公告)号	US20040068253A1	公开(公告)日	2004-04-08
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[标]申请(专利权)人(译)	BAYER HANSPETER R. 海因里希RUSSELL		
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其他公开文献	US7156839		
外部链接	Espacenet USPTO		

摘要(译)

在手辅助腹腔镜手术期间使用的多器械手术工具包括壳体，壳体具有设置在其中的多个端口，每个端口的尺寸设计成可滑动地容纳多个手术器械中的一个，用于从壳体选择性地展开。壳体还包括相应的多个细长通道，每个细长通道与多个端口中的相应一个连通。每个仪器包括致动器，该致动器可在相应的通道内从第一位置移动，其中器械至少部分地容纳在壳体内至第二位置，其中致动器从相应的通道脱离，致动器可自由操作以致动该工具用于其预期目的。

