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(54) **IMPLANT SITE PREPARATION METHOD
AND RELATIVE PIEZOELECTRIC
SURGICAL DEVICE**

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(*) Notice: Subject to any disclaimer, the term of this
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U.S.C. 154(b) by 594 days.

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(57) **ABSTRACT**

A surgical device for preparation of an implant site is disclosed. The device comprises a body capable of being held by a user and an insert that is capable of being coupled to an end of the body. An ultrasound transducer is disposed within the insert in response to an electrical signal. The insert includes a tip having a plurality of cutting elements disposed in a substantially circular configuration. The insert also includes a channel having an opening at the tip for the passage of fluid.

28 Claims, 10 Drawing Sheets

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A61B 17/00 (2006.01)

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(52) **U.S. Cl.** **606/79**; 606/169; 606/170

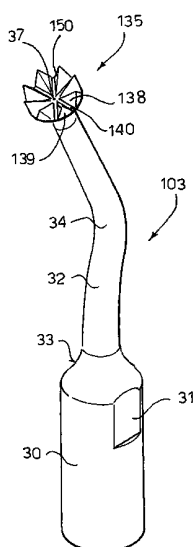
(58) **Field of Classification Search** 606/79,
606/80, 169, 170

See application file for complete search history.

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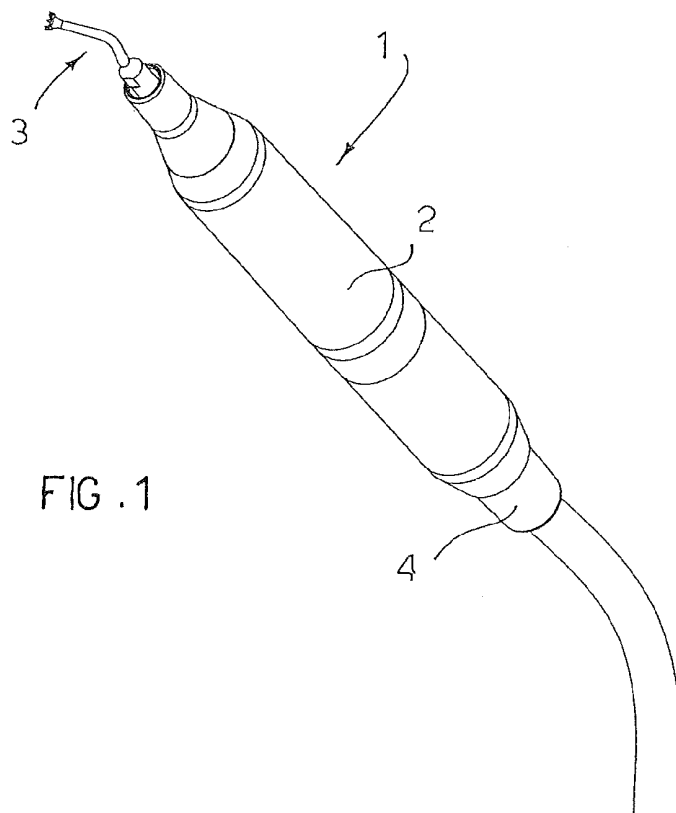


FIG. 1

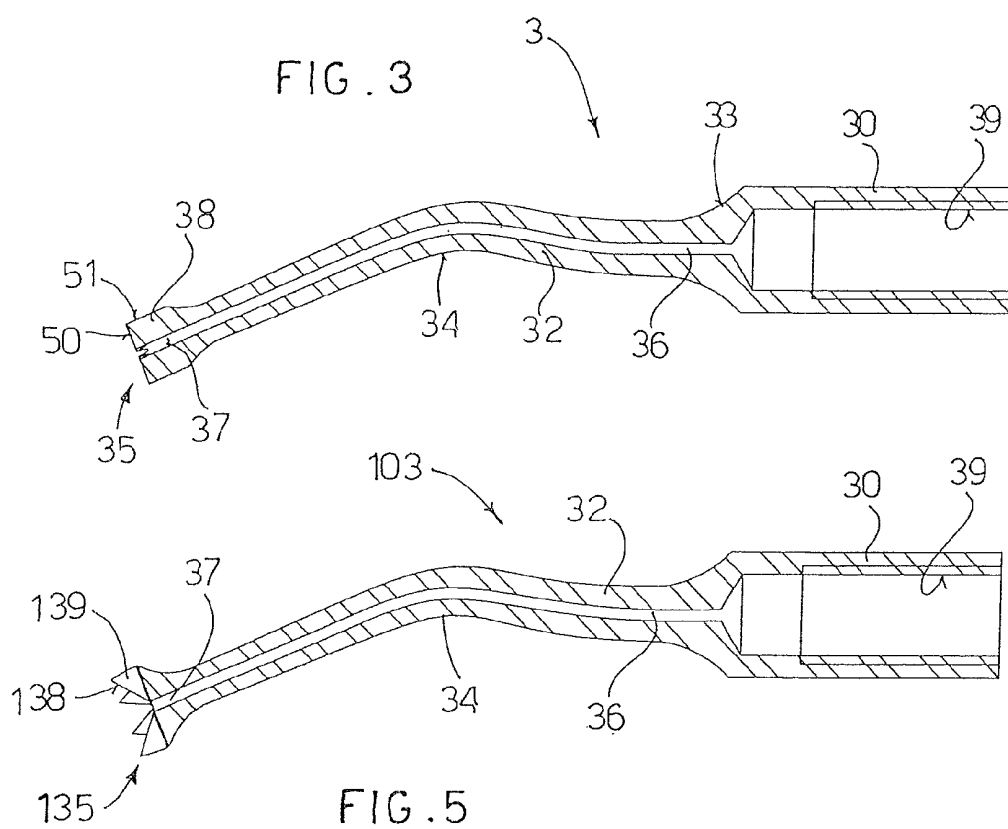


FIG. 3

FIG. 5

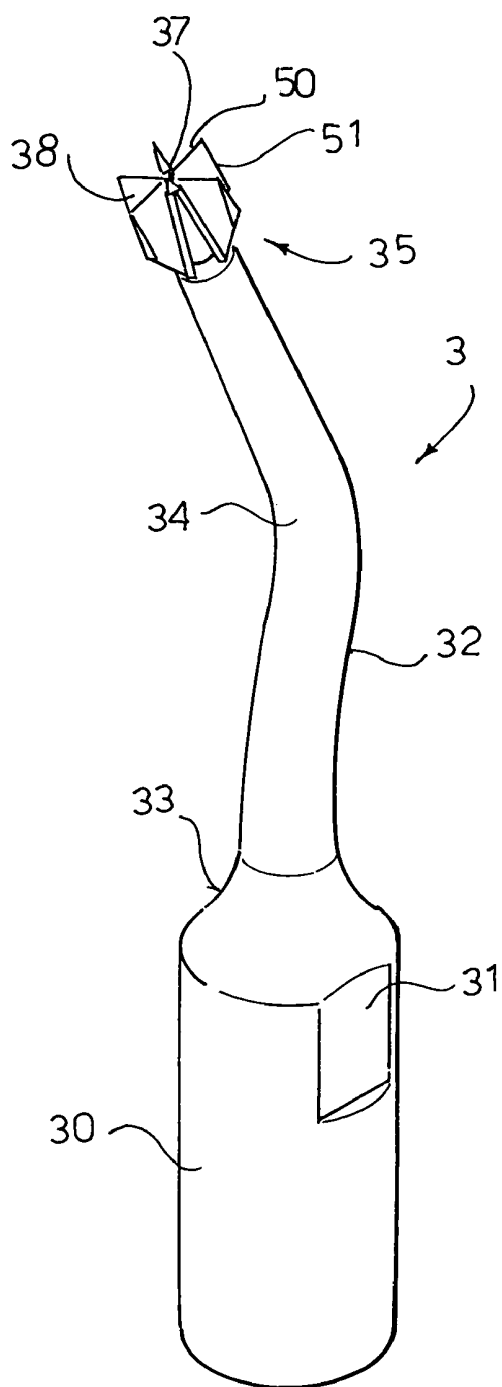


FIG. 2

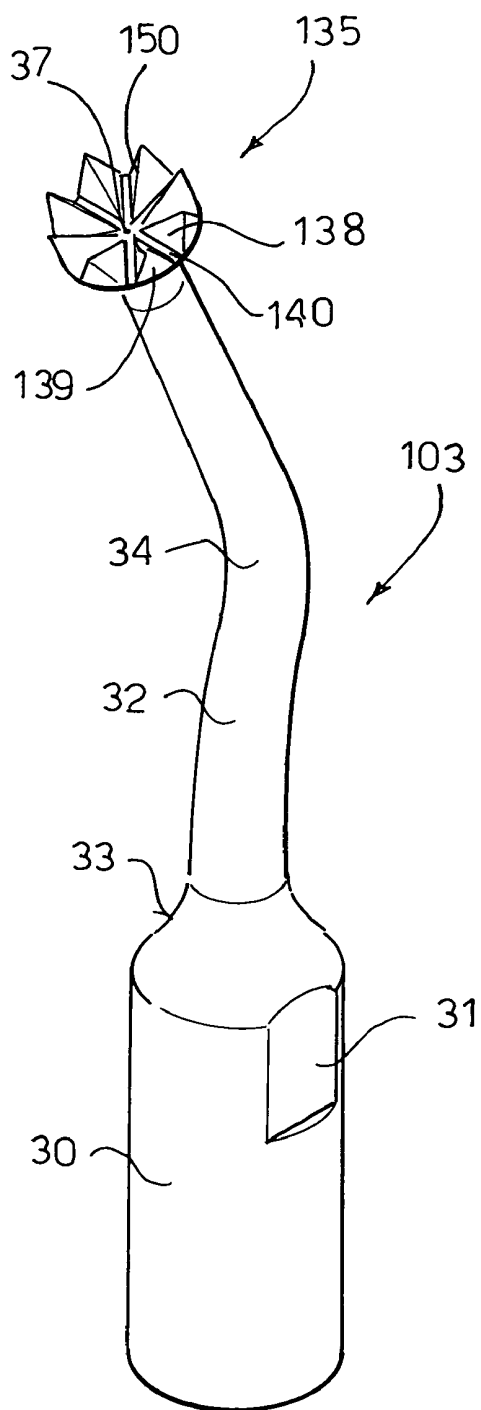


FIG. 4

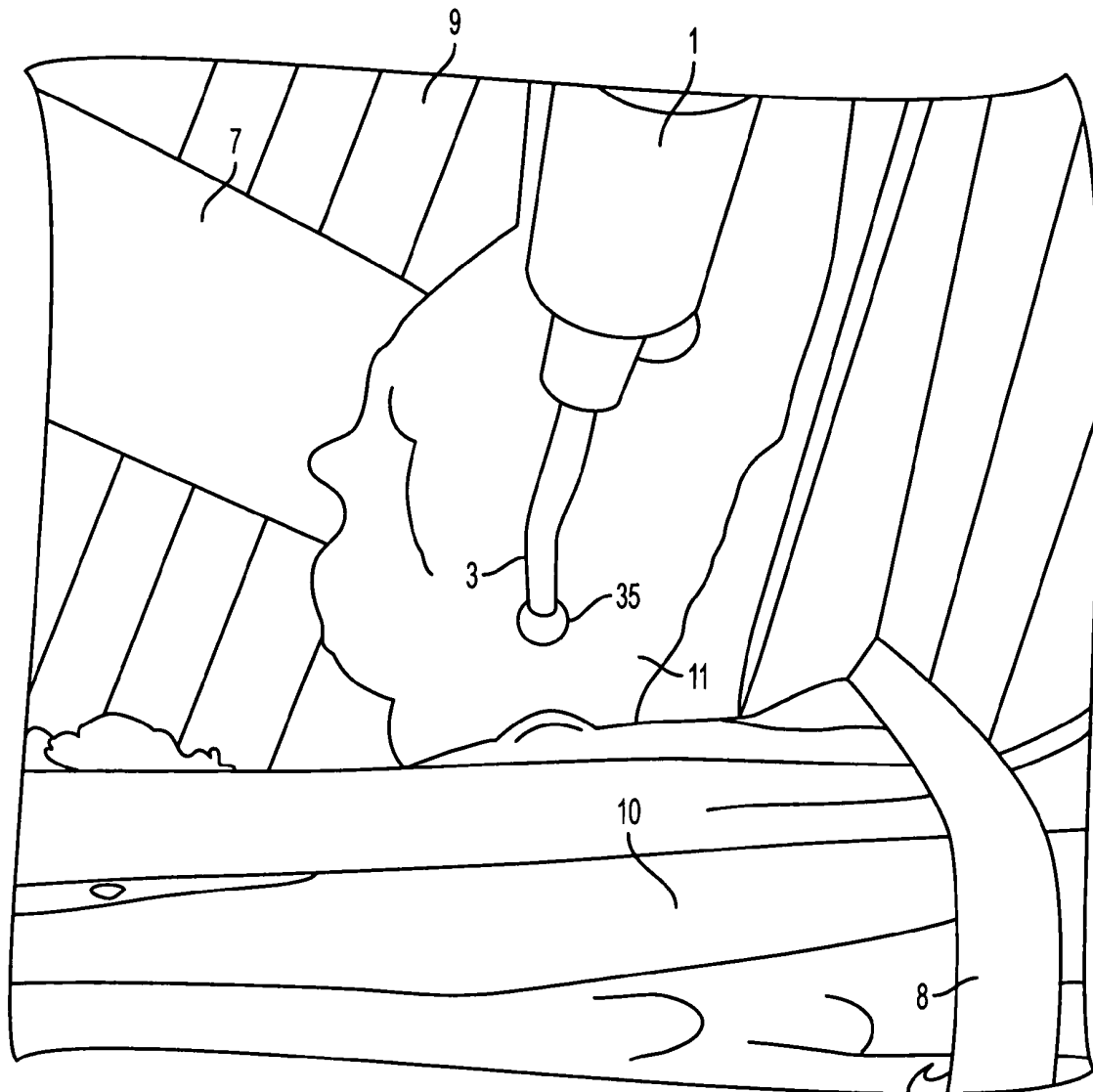


FIG. 6

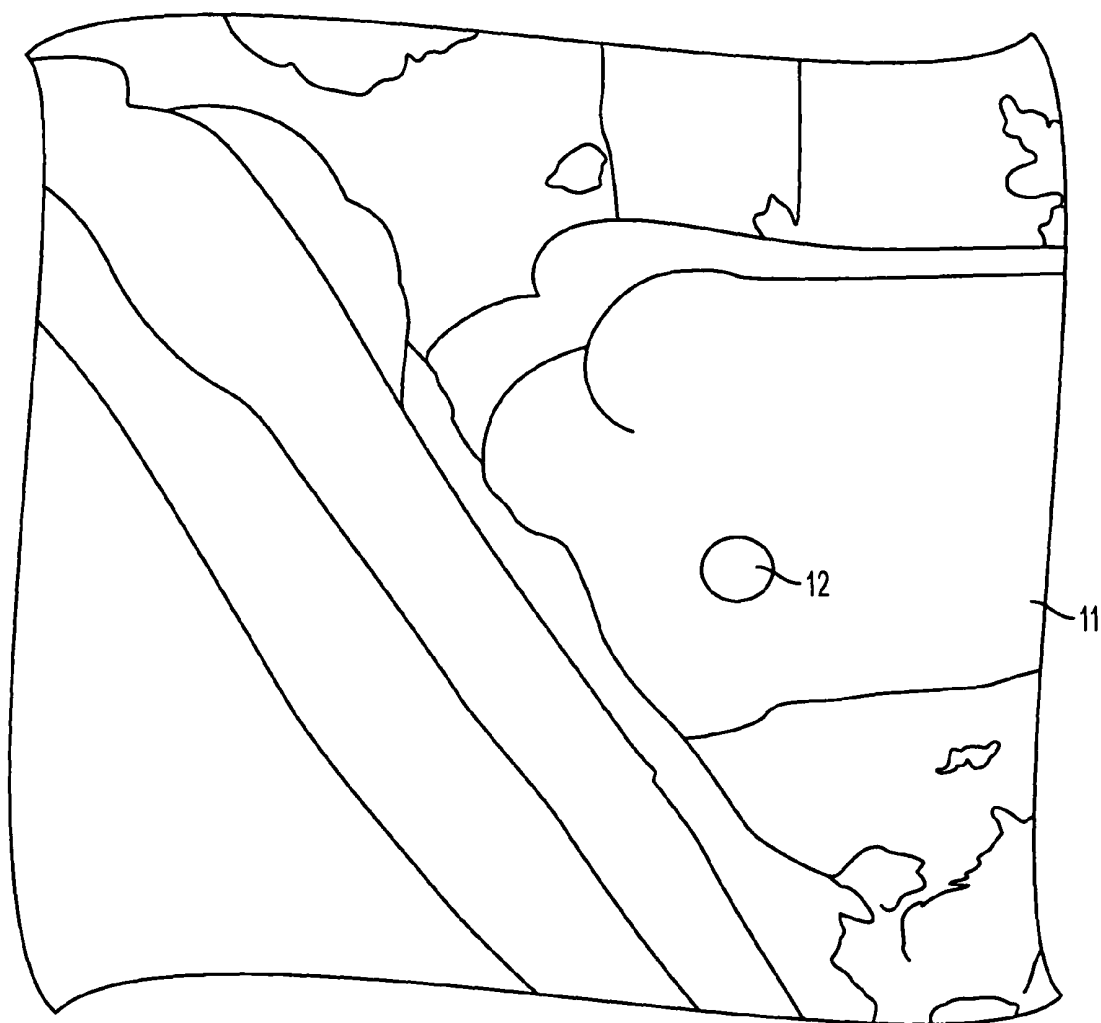


FIG. 7

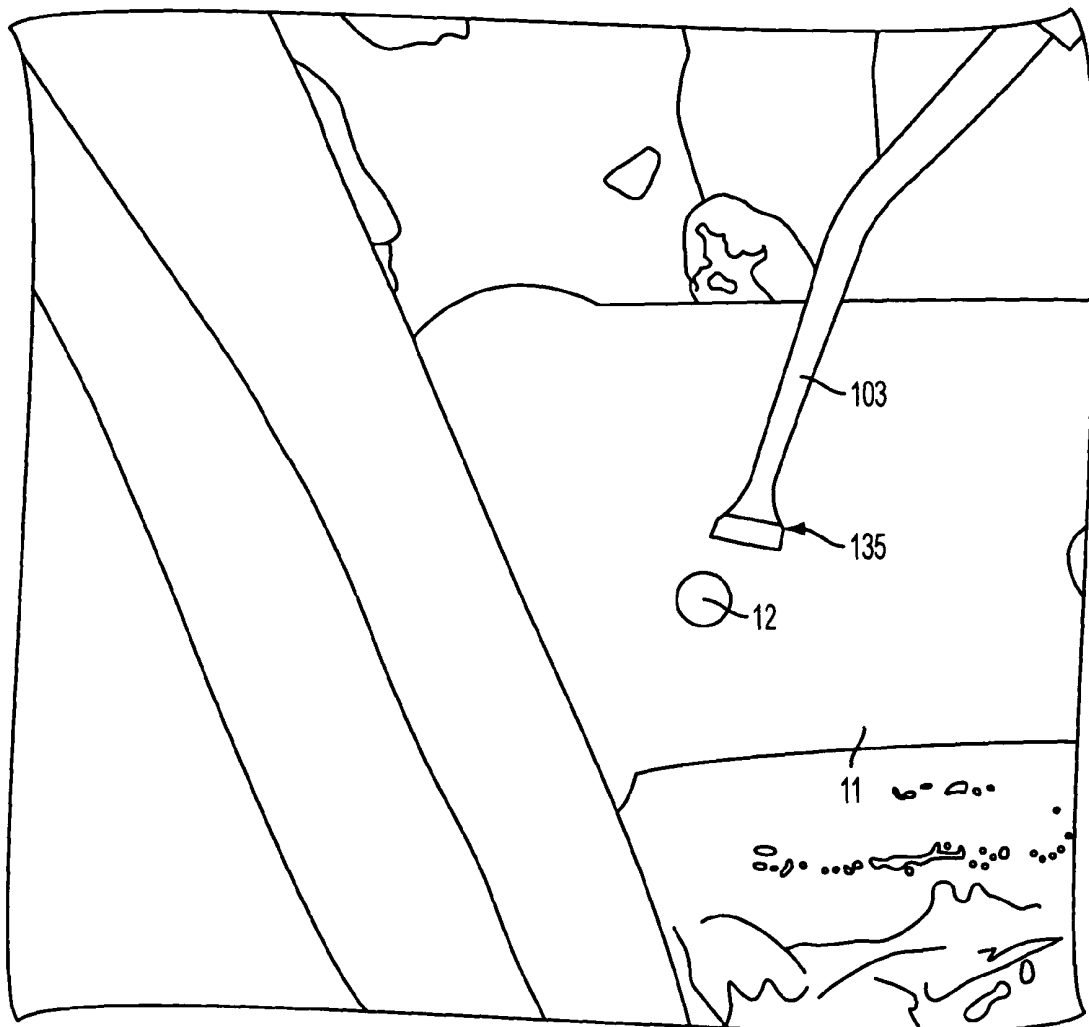


FIG. 8

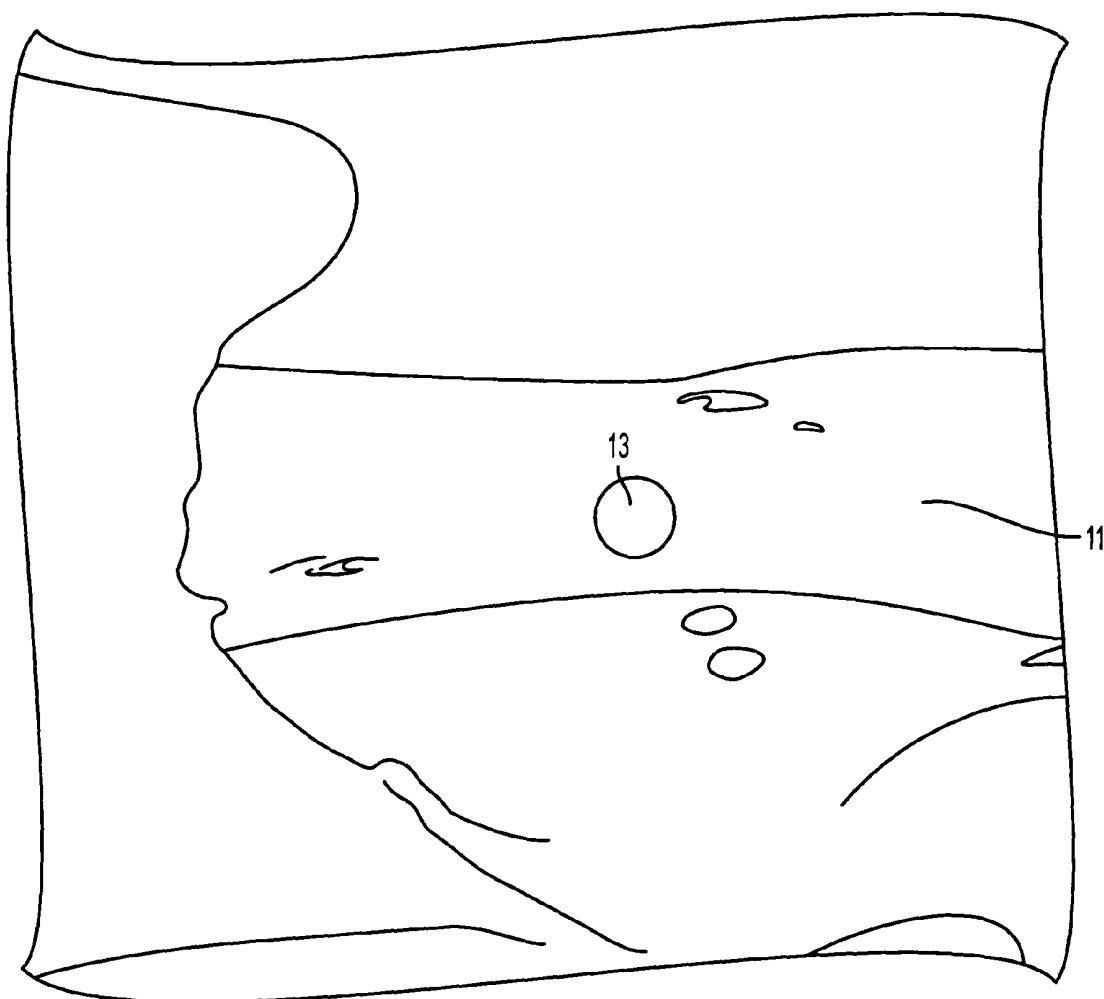


FIG. 9

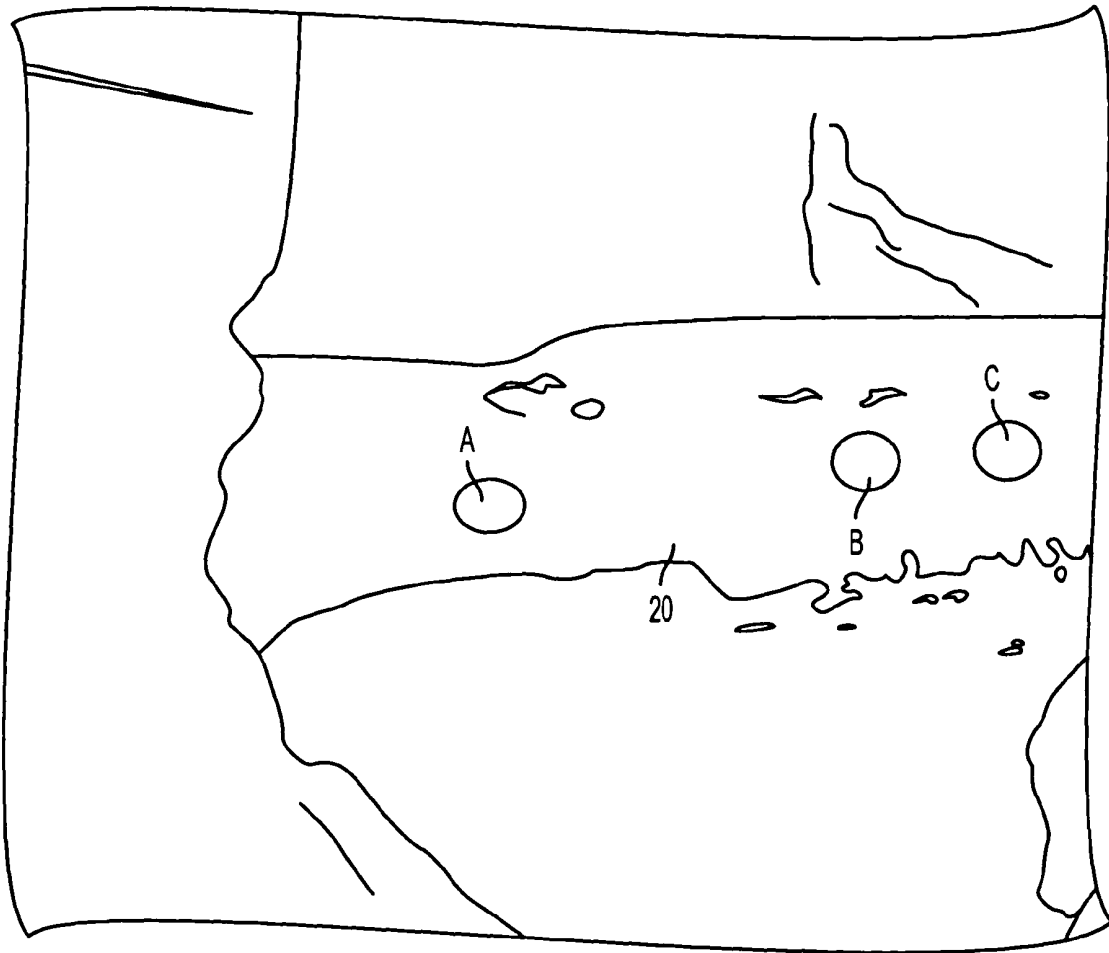


FIG. 10

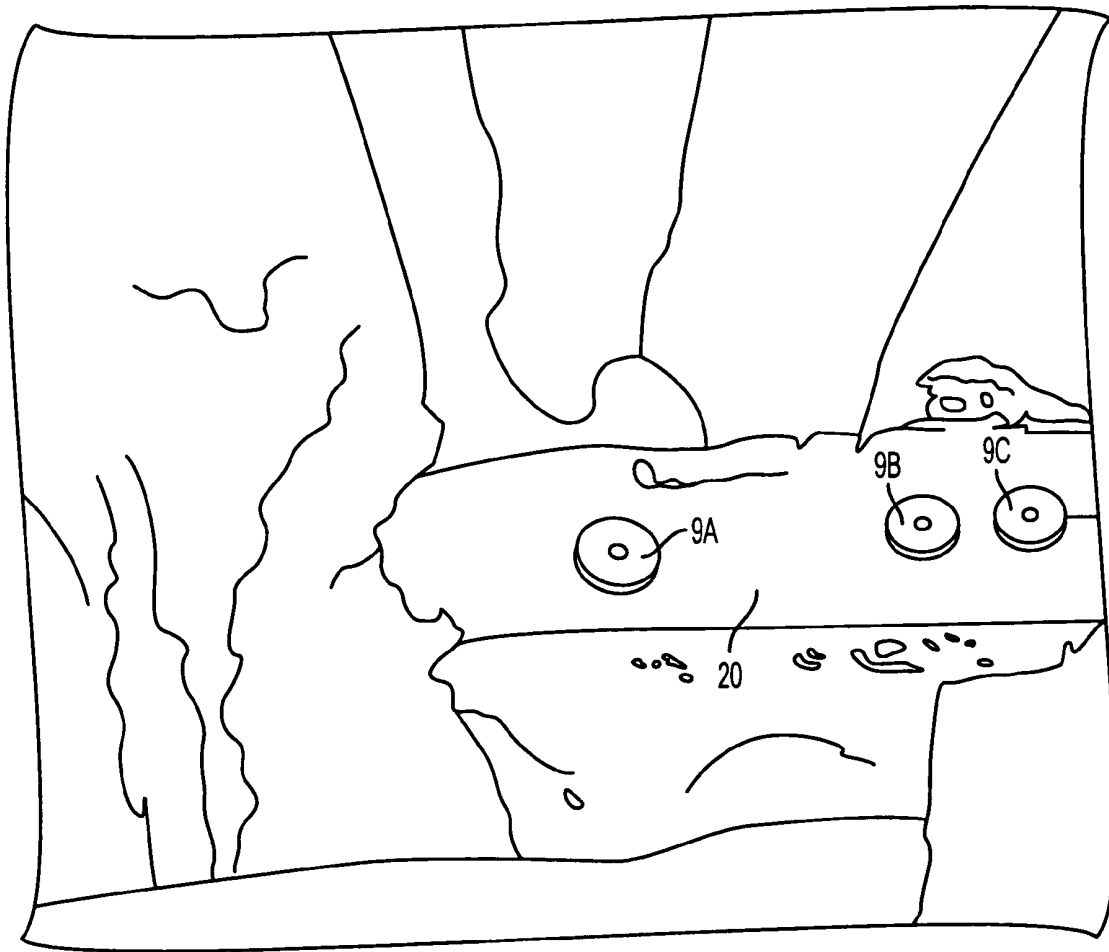


FIG. 11

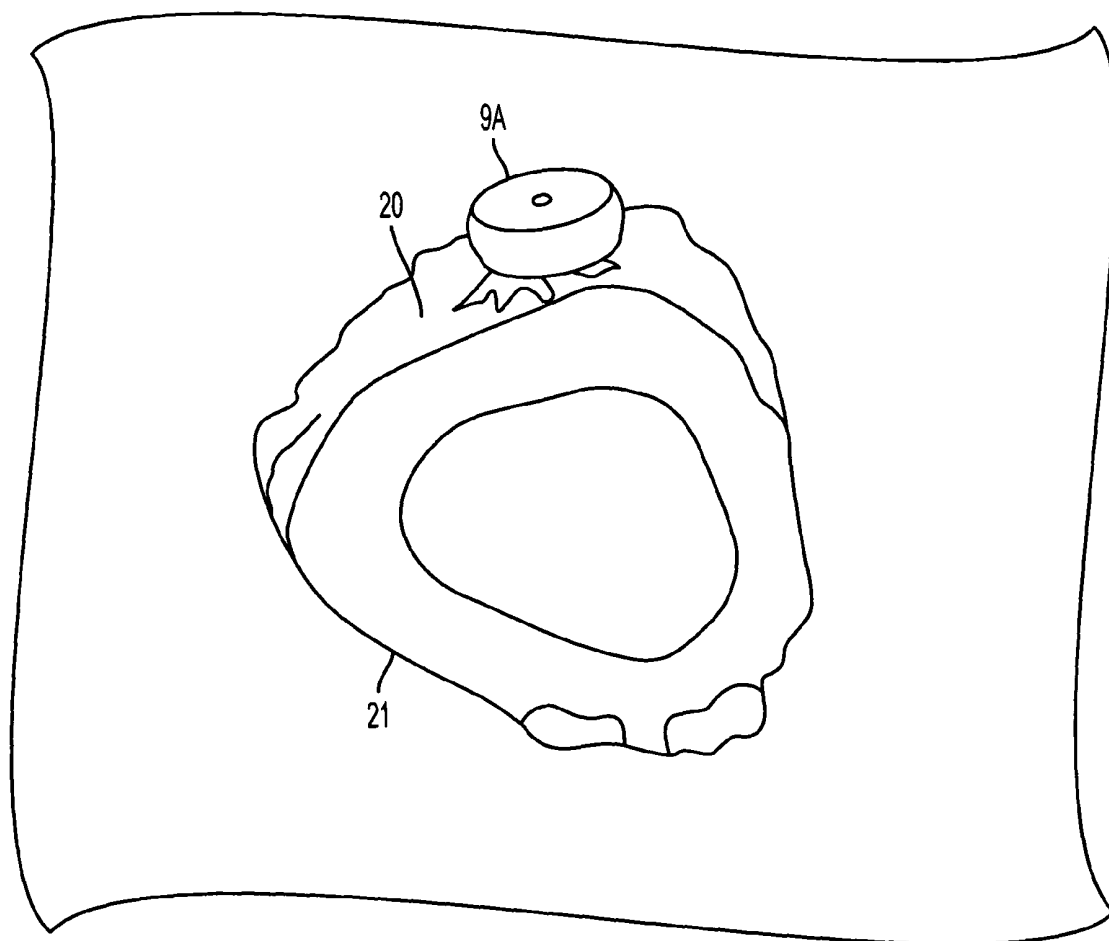


FIG. 12

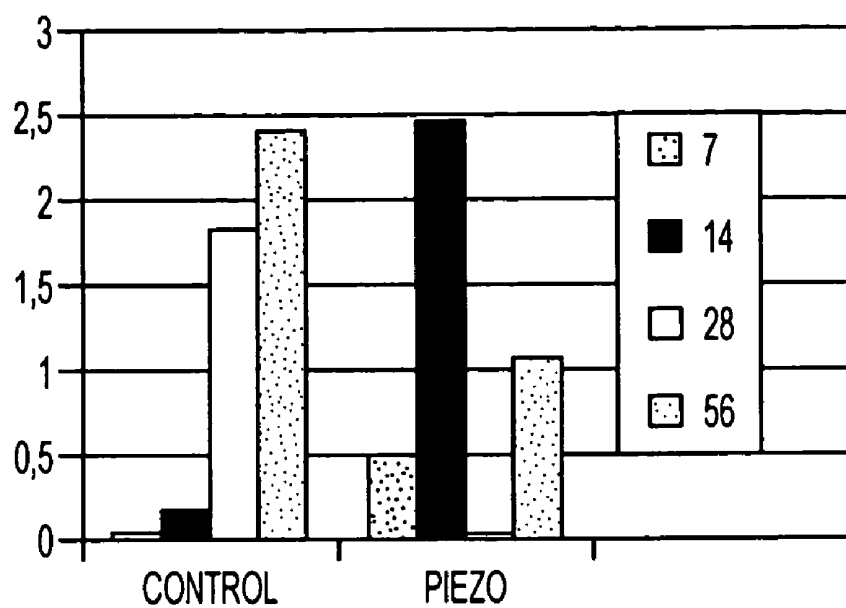


FIG. 13

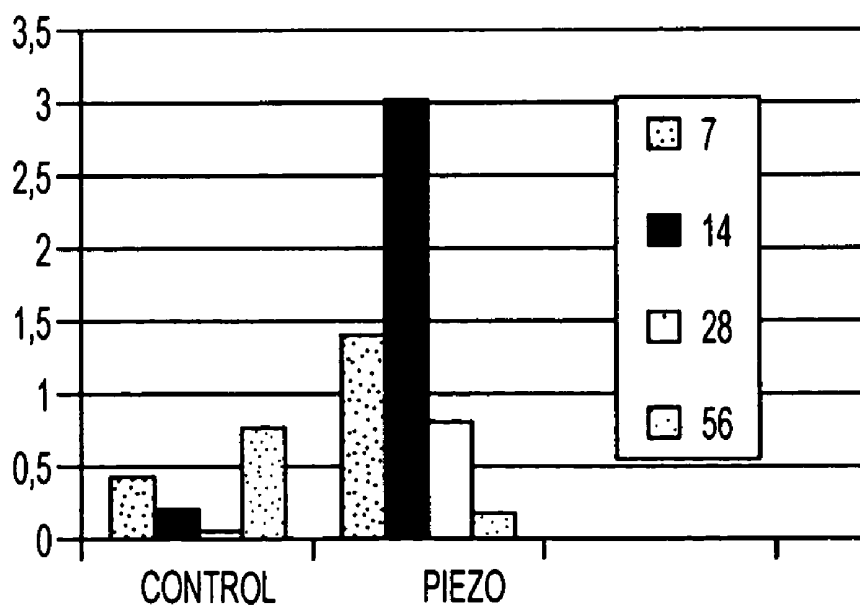


FIG. 14

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IMPLANT SITE PREPARATION METHOD AND RELATIVE PIEZOELECTRIC SURGICAL DEVICE

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention refers to a surgical method of implant site preparation, in particular for endosseous dental implantology and to a piezoelectric surgical device used to implement said method.

2. Background of the Invention

Endosseous dental implantology uses cylindrical or conical implants which are inserted into a hole made in the bone called the implant site. The implant site is generally made with spiral-shaped rotating drills, driven by micromotors. The drills have variable diameters and are applied in ascending order until a hole of the size chosen to accommodate the implant is obtained.

These methods present severe limitations if they are to be used in difficult situations (such as, for example, restricted surgery access or anatomically delicate bone conditions, and in particular when it is necessary to operate in the vicinity of soft tissue).

The cutting characteristics of the techniques currently in use are unsatisfactory because the rotation of the drill and the consequent macrovibrations generated reduce the operator's tactile sensitivity with a consequent loss of control of the cutting depth. Furthermore, the high mechanical energy produced by the use of these instruments increases the risk of overheating of the tissues involved, compromising healing thereof.

Rotating drills act both on mineralized and non-mineralized tissue and consequently it is possible to damage involuntarily the soft tissue and the delicate structures (for example the vascular nerve bundles) near to the operating field.

SUMMARY OF THE INVENTION

The object of the invention is to overcome the drawbacks of the prior art through the use of a surgical device combined with a method for preparation of the implant site which allow surgical procedures to be performed with extreme precision and control, maximum intra-operative visibility and selectivity of cutting, with an increase in safety and a reduction in the above described risks.

These objects are achieved in accordance with the invention with the characteristics listed in appended independent claims 1 and 3.

Preferred embodiments of the invention will be apparent from the dependent claims.

The surgical device for implant site preparation according to the invention comprises:

- a body designed to be gripped by the user;
- an insert mounted on the head of said body and having such a shape as to be able to operate on bone tissues, and
- an ultrasonic transducer disposed inside the body and connected to said insert to make it vibrate at a frequency in the ultrasound range.

The insert comprises a tip consisting of a plurality of cutting elements disposed in a substantially circular configuration. In the body of the insert there is provided a channel which ends in an outlet channel opening in the tip of the insert for passage of an irrigating fluid, so as to cool efficiently the work area involved by the tip of the insert and at the same time to exploit the physical effect of cavitation which allows a

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greater cleaning of the operating field with a consequent increase in visibility with respect to the conventional method.

The object of this patent is the preparation of the implant site for cylindrical or conical implants using a suitable ultrasonic instrument for bone surgery, such as that described in U.S. Pat. No. 6,695,847, with specially designed inserts provided with internal irrigation means.

The combined use of the ultrasonic device and of the aforementioned inserts allows an implant site to be made with great surgical ease and with an excellent tissue response, with an acceleration of the mechanisms of healing and of new bone formation, as shown by tests and experimental research in animals (as reported below).

BRIEF DESCRIPTION OF THE DRAWINGS

Further characteristics of the invention will be made clearer by the detailed description that follows, referring to a purely exemplary and therefore non-limiting embodiment thereof, illustrated in the appended drawings, in which:

FIG. 1 is a perspective view illustrating an ultrasound handpiece according to the invention;

FIG. 2 is a perspective view of the insert mounted on the handpiece of FIG. 1;

FIG. 3 is a sectional view of the insert of FIG. 2;

FIG. 4 is a perspective view of a second type of insert;

FIG. 5 is a sectional view of the insert of FIG. 4;

FIGS. 6-9 illustrate the successive steps of the surgical method carried out with the ultrasound handpiece according to the invention;

FIG. 10 illustrates an animal bone in which three holes have been made; one with the ultrasound method and the other two with the traditional method;

FIG. 11 illustrates the bone of FIG. 10 in which three implants have been implanted in the three holes made previously;

FIG. 12 illustrates an autopsy specimen of the bone of FIG. 11 after a sufficient time for mineralization of the bone around the implant;

FIGS. 13 and 14 are two histograms showing the results of biomolecular analyses, on the BMP4 and TGF- β 2 molecules respectively, on autopsy specimens collected at successive times on implant sites made with the ultrasound method and with the traditional method.

DETAILED DESCRIPTION OF THE INVENTION

A surgical device according to the invention, which is denoted as a whole with reference numeral 1, is described with the aid of the figures. As shown in FIG. 1, the surgical device 1 is a handpiece that comprises a body 2, substantially cylindrical in shape so that it can be easily gripped by a surgeon. At the head of the body 2 is mounted an insert 3 having a suitable shape for the creation of an implant site, as will be described hereunder.

The body 2 of the handpiece is connected to an external connector element 4. The external connector 4 bears electrical supply and hydraulic supply cables designed to be connected respectively to an electrical supply, to a hydraulic supply and to a peristaltic pump provided on a console. The console provides a control panel for operation of the surgical device 1.

Inside the surgical device 1 there is provided a transducer connected to the insert 3. The transducer can be piezoceramic resonator, designed to transform the electrical input signal into a vibration in the ultrasound frequency, so as to make the insert 3 vibrate. For this purpose the transducer is supplied

with alternating voltage and current, preferably with sinusoidal voltage of about 160 Volt r.m.s. at a frequency ranging between 25 kHz and 30 kHz, so as to act as a sound wave concentrator and to set the insert **3** in vibration at an ultrasonic working frequency. An ultrasonic work carrier frequency of 27 KHz is preferably chosen.

According to requirements, the supply signal of the transducer having a carrier ultrasound frequency can be modulated or overmodulated with a low-frequency signal (6-40 Hz); or can be modulated or overmodulated with a series of low-frequency bursts.

The power of the vibrations of the insert **3** is regulated by varying the duty cycle of the signal with the carrier ultrasound frequency and by maintaining constant the duty cycle of the signal at the modulation or overmodulation frequency.

This method, which adopts modulation of the vibration of the insert **3**, makes it possible to minimize the heat that develops in the soft tissue because of the energy dissipation due to vibration of the insert.

The method, which provides for use of a carrier signal at ultrasound frequency modulated with low frequency bursts, varying the duty cycle of the carrier signal at ultrasound frequency, makes it possible to have a hammering effect of the insert **3**, combined with the efficacy of the ultrasound vibration which causes a clean, precise cut in the mineralized tissues.

As shown in FIGS. 2 and 3, the insert **3** comprises a cylindrical tang **30** designed to be connected to the ultrasonic transducer inside the surgical device **1**. The tang **30** comprises a groove **31** designed to be engaged by a mounting key of the handpiece and an inner thread **39** for connection to an attachment of the transducer of the handpiece.

The tang **30** is connected to a shank **32** with a smaller diameter than the tang **30**, by means of a tapered transitional portion **33** having a decreasing diameter from the tang **30** to the shank **32**.

The shank **32** has at its end a tip **35** which is the working part of the insert **3**. The shank **32** has centrally a curved portion **34** so as to be able to direct the tip **35** more easily towards the work area. The curved portion **34** defines an obtuse angle which can range from 90° to 170°.

As shown in FIG. 3, a duct **36** is formed axially in the body of the insert for passage of a cooling fluid, such as a physiological solution for example. The duct **36** is open in the rear part of the tang **30** to be connected to a hydraulic supply tube provided in the handpiece and ends with an outlet duct **37** disposed in the tip **35** of the insert.

From the outlet duct **37** there protrude radially outward a plurality of radial tongues **138**, preferably six in number, disposed equidistant from each other by an angle of about 60°. The peripheral edges of the tongues **138** define a circumference having a diameter of about 2-2.5 mm, preferably 2.2 mm.

Each radial tongue **138** comprises a cutting end profile **50** and a cutting lateral profile **51** so as to be able to make an incision in the bone, when the tip **35** of the insert vibrates at ultrasound frequency.

FIGS. 4 and 5 show a second type of insert **103**, in which like or corresponding elements to those already described are denoted with the same reference numerals and are not described in detail.

The insert **103** differs from the insert **3** only in the shape of its tip **135**. The tip **135** of the insert **103** has a circular plate **139** at the centre of which the outlet duct **37** opens.

A plurality of segments **138** preferably eight in number, disposed radially with respect to the outlet duct **37** and equidistant from each other by an angle of about 45° are provided

on the circular plate **139**. Each segment **138** is shaped as a pyramid with an upturned triangular base, with the vertex pointing towards the outlet duct **37**. Each segment **138** has a cutting profile **150** which converges radially from the periphery of the segment towards the outlet duct **37**.

Corridors **140** which start from the outlet duct **37** and extend radially outward are left between the segments **138**.

In this manner the irrigating liquid flows out radially from the outlet duct **37** and spreads radially through the radial corridors **140**, so as to maximise the cooling of the cutting area.

The peripheral edges of the segments **138** and of the corridors **140** define a circumference having a diameter of about 2.5-4 mm, preferably 3.3 mm.

In this manner the first insert **3** can be made to form a small diameter hole in the bone and the second insert **103** can be used to enlarge the hole made by the first insert **3**.

Performance of the surgical procedure according to the invention is described with reference to FIGS. 6-9.

As shown in FIG. 6, using suitable tools **7**, **8** the mucoperiosteal flaps **9** and **10** of the surgical area are lifted so as to expose the bone **11** in which the procedure is to be performed. The smaller diameter tip **35** of the insert **3** of the ultrasound surgical device **1** is applied to the portion of bone concerned **11**.

The tip of the insert is made to vibrate at ultrasound frequency and at the same time the cooling fluid passes through the duct **36** inside the insert and reaches the outlet duct **37** in the tip **35** of the insert, from which it flows out, cooling the area on which the tip **35** is working.

A light pressure is exerted with the hand on the surgical device **1**, combined with an angular oscillating movement, so that the tip **35** of the insert presses on the bone cortex **11**, at the area chosen for the implant site.

This procedure continues until a suitable depth for the length of the implant is reached. Then the insert **3** is removed from the bone **11** and, as shown in FIG. 7, a hole **12** having a slightly greater diameter than the tip **35** of the insert **3** is left.

As shown in FIG. 8, at the end of this operation the insert **103** having a tip **135** with a larger diameter is used in a similar fashion so as to enlarge the hole **12**, until an enlarged hole **13** (FIG. 9) is obtained, having a diameter substantially equal to the diameter of the selected implant.

At this point the selected implant can be implanted in the hole **13**.

This system for the preparation of implant sites holds various advantages.

Extreme ease of execution of the procedure is achieved, thanks to the precision and to the control afforded by ultrasound piezoelectric surgery. The action of traditional devices (micromotors combined with drills) is associated with macrovibrations so that performance of the procedure lacks precision, whereas the action of the ultrasound handpiece is characterized by microvibrations of the insert **3**, **103** which allow a greater tactile sensitivity of the operator with a better intraoperative precision.

Reliability is achieved in cutting of the bone which, thanks to the particular ultrasonic frequency vibrations of the insert **3**, **103**, allows a selective cutting, that is a cutting which is effective in removing biological material in mineralized structures (bone) with minimal trauma for the soft tissues and for the delicate structures. Accidental contact of the cutting tip **35**, **135** of the insert with a nerve does not cause injury, thus it is possible to operate in safety, even in areas that are anatomically difficult or high risk with traditional instruments.

The duct **36** carries the irrigation fluid to the outlet duct **37** in the tip of the insert, allowing the surgical field to be irrigated precisely, avoiding critical overheating of the bone during the operation.

Use of the surgical device **1** combined with the method described for preparation of the implant site, allows better regeneration of biological tissue compared with traditional methods, as shown by comparative tests on animals reported below with reference to FIGS. **10-14**.

Comparative Tests

Sixteen implants (Nobel Biocare porous implants MK III Ti unite) were placed in the tibia of eight minipigs. The experimental animals were divided into two groups of four animals.

In a first group of four animals a single implant per animal was placed and the implant site was prepared using a piezo-electric surgical technique.

In a second group of four animals three implants per animal were placed. In each animal of the second group one implant site was prepared by the piezoelectric surgical method and two implant sites were prepared by a traditional surgical method using Brånemark system drills (control test).

FIG. **10** shows the bone **20** of the animal in which the hole A was prepared with the piezoelectric method and the holes B and C with the traditional method.

FIG. **11** shows the bone **20** of the animal, in which the implants **9A**, **9B** and **9C** have been implanted in the respective holes A, B and C.

In the second group comprising four animals, each with three implants, the animals were sacrificed at successive intervals of time, namely exactly 7, 14, 28 and 56 days after placement of the implants, to collect the relative autopsy specimens (bone block with implant).

FIG. **12** shows an autopsy specimen **21** in which the implant **9A** is healed into the bone **20**.

The relative autopsy specimens were then subjected to histological (decalcification) and biomolecular tests (cDNA evaluated with PCR Real-Time for gene expression of BMP-4, TGF- β).

The two surgical methods (traditional and with ultrasound surgical device **1**) showed no qualitative histological differences in the times observed. As shown in the graphs of FIGS. **13** and **14**, respectively, the biological analysis showed that expression of the two molecules (BMP-4, TGF- β 2) was increased in the piezoelectric surgical method (Piezo) in the first experimental times compared with the traditional method (Control).

The invention claimed is:

1. A surgical device for preparation of an implant site comprising:

a body capable of being held by a user, the body having a first end;
an insert that is capable of being coupled to the first end;
and,

an ultrasound transducer disposed within the body, the ultrasound transducer to provide an ultrasound frequency vibration to the insert in response to an electrical signal,

wherein the insert includes a tip having an end with a plurality of cutting elements disposed in a substantially circular configuration and,

wherein the insert includes a channel having only a single opening at the end of the tip for the passage of a fluid, wherein the plurality of cutting elements are disposed radially from the opening, so as to provide a plurality of radial corridors which start from the opening and extend radially outward for passage of the fluid.

2. The device of claim **1**, including a hydraulic circuit, disposed in the body, to supply the fluid into the channel of the insert.

3. The device of claim **1**, wherein the plurality of cutting elements includes a plurality of radial tongues disposed radially from the opening, so that a plurality of peripheral edges of the plurality of radial tongues forms a circumference having a diameter of between approximately 2.0 mm and approximately 2.5 mm.

4. The device of claim **3**, wherein the plurality of radial tongues includes six radial tongues disposed equidistant from each other by an angle of approximately 60°.

5. The device of claim **1**, wherein the plurality of cutting elements includes eight cutting elements, disposed radially from the opening and equidistant from each other by an angle of approximately 45°.

6. The device of claim **1**, wherein each of the plurality of cutting elements is shaped in the form of a pyramid with an upturned triangular base, with the vertex pointing toward the opening.

7. The device of claim **1**, wherein a plurality of peripheral edges of the plurality of cutting elements defines a circumference having a diameter of between approximately 2.5 mm and 4.0 mm.

8. The device of claim **1**, wherein the insert includes a shank having a curved portion with an obtuse angle of between 90° and 170°.

9. The device of claim **1**, wherein the electrical signal includes a carrier signal at an ultrasound frequency modulated with a low frequency signal.

10. The device of claim **9**, wherein the low frequency signal includes a series of bursts.

11. The device of claim **9**, wherein the ultrasound frequency vibration of the insert is regulated by varying the duty cycle of the carrier signal and maintaining constant a duty cycle of the low frequency signal.

12. A surgical device for preparation of an implant site, comprising:

an insert for cutting bone; and

a body having a first interface coupled to the insert, the first interface to provide an ultrasound vibration frequency to the insert in response to an electrical signal and to provide a fluid to the insert,

wherein the insert includes a tip having an end with a plurality of cutting elements disposed in a substantially circular configuration,

wherein the insert includes a channel having only a single opening at the end of the tip for the passage of the fluid, and

wherein each of the cutting elements are disposed radially from the opening to provide a plurality of corridors to allow for the passage of fluid from the opening to an edge of the tip.

13. The device of claim **12**, further comprising an external connector, coupled to the body and at least one cable, to provide the electrical signal and the fluid to the body.

14. The device of claim **12**, wherein the ultrasound vibration frequency is between approximately 25 KHz and 30 KHz and wherein the electrical signal is modulated with a low frequency signal of between approximately 6 Hz and approximately 40 Hz.

15. The device of claim **12**, wherein the insert includes a first portion being substantially cylindrical for coupling to the first interface and a second portion being substantially cylindrical having a curved central portion, wherein the first portion has a diameter that is larger than a diameter of the second portion.

16. The device of claim 12, wherein each of the cutting elements includes a cutting edge extending radially from the opening to a peripheral edge of the insert.

17. The device of claim 12, wherein the insert includes a circular plate that is disposed with respect to the plurality of cutting elements, wherein the opening is formed at approximately a center of the circular plate, and wherein each of the plurality of cutting elements is shaped in the form of a pyramid with an upturned triangular base having a vertex pointing toward the opening.

18. The surgical device of claim 17, wherein the removable insert includes a first portion being substantially cylindrical for coupling to the first interface and a second portion being substantially cylindrical having a central curved portion, wherein the first portion has a diameter that is larger than a diameter of the second portion.

19. A surgical device for preparation of an implant site of a bone, the surgical device coupled to a power supply to provide an electrical signal and coupled to a peristaltic pump to provide a fluid, the surgical device comprising:

a removable insert to cut the bone; and

a handheld body coupled to a connector to provide the fluid and the electrical signal, the handheld body having a first interface coupled to the removable insert, the first interface to provide an ultrasound vibration to the insert in response to the electrical signal that is modulated with a low frequency signal of between approximately 6 Hz and approximately 40 Hz, and the first interface to provide the fluid to the removable insert,

wherein the removable insert includes a channel having only a single opening at an end of a tip for the passage of the fluid,

wherein the tip includes a circular plate forming the opening at an approximate center, the circular plate disposes a plurality of cutting elements that are each shaped in the form of a pyramid with an upturned triangular base having a vertex pointing toward the opening, and

wherein each of the cutting elements are disposed radially from the opening to provide a plurality of linear corridors between respective cutting elements to allow for the passage of fluid from the opening to an edge of the circular plate.

20. The surgical device of claim 19, wherein the first portion of the insert includes an inner thread for engaging with the first interface of the body.

21. A surgical device for cutting a bone, comprising:

a body to provide an ultrasound vibration and a fluid; and a removable insert having an interface to receive the ultrasound vibration and the fluid and a tip for cutting the bone, the insert having a channel to allow the passage of fluid from the interface to the tip,

wherein the tip has an end with a plurality of cutting segments having a plurality of periphery edge surfaces that form an approximate exterior circumference at the end of the tip,

wherein each of the plurality of cutting segments includes a cutting profile having a cutting edge that extends radially from each of the periphery edge surfaces and each cutting edge converges at only a single opening of the channel that is at an approximate center of the tip.

22. The surgical device of claim 21, wherein the insert further comprises a circular plate and the opening is at an approximate center of the circular plate.

23. The surgical device of claim 22, wherein each of the cutting segments are disposed with respect to the circular plate to form a plurality of corridors that allow a flow of the fluid radially from the opening to between respective cutting segments and across a surface of the circular plate to the periphery edge surfaces.

24. The surgical device of claim 23, wherein each of the periphery edge surfaces forms an approximate triangle having a vertex, wherein each vertex forms the approximate circumference at the end of the tip.

25. The surgical device of claim 21, wherein the periphery edge surfaces form the approximate exterior circumference at the end of the tip.

26. The surgical device of claim 21, wherein each of the periphery edge surfaces includes a vertex, and wherein each of the cutting edges extends from the vertex of each of the periphery edge surfaces downward to the opening.

27. The surgical device of claim 21, wherein the cutting segments are radial tongues.

28. The surgical device of claim 21, further comprising a circular plate, wherein the cutting segments are disposed on the circular plate to allow a flow of the fluid from the opening to cool a cutting area of the bone.

* * * * *

专利名称(译)	植入部位制备方法和相关压电手术装置		
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优先权	MI2005001172 2005-06-21 IT		
其他公开文献	US20070015102A1		
外部链接	Espacenet USPTO		

摘要(译)

公开了一种用于制备植入部位的手术装置。该装置包括能够由使用者握持的主体和能够连接到主体的一端的插入件。超声换能器设置在主体内，并响应于电信号向插入件提供超声频率振动。插入件包括尖端，该尖端具有以基本圆形配置设置的多个切割元件。插入件还包括通道，该通道在尖端处具有用于流体通过的开口。

