March 11, 1941. J. A. FREEL 2,234,472

SURGICAL SCISSORS

Filed Dec. 29, 1937

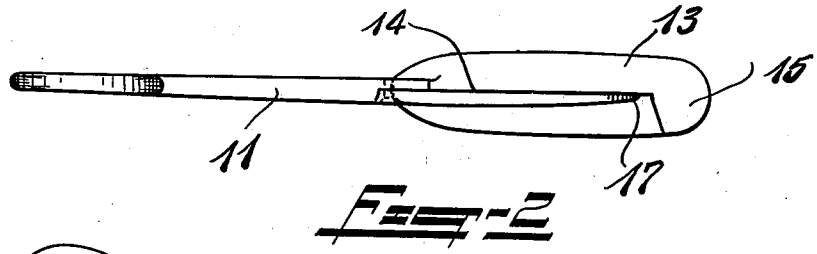


Fig-2

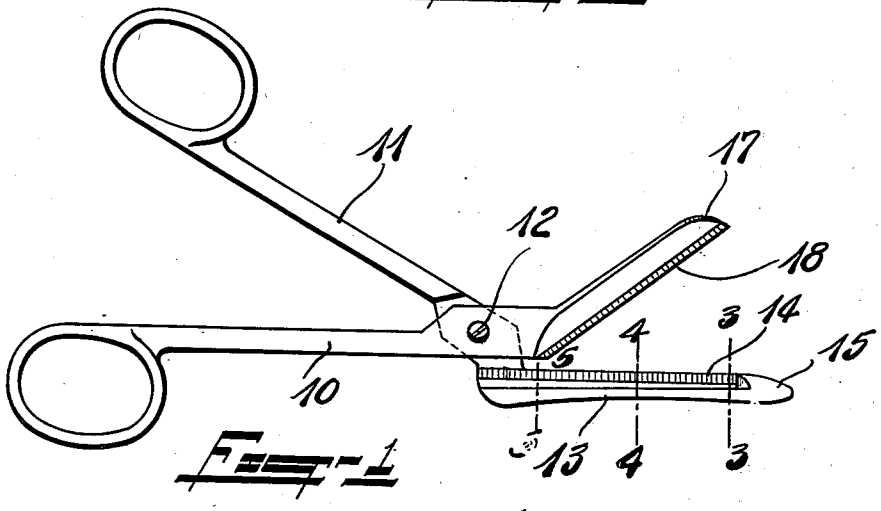


Fig-1

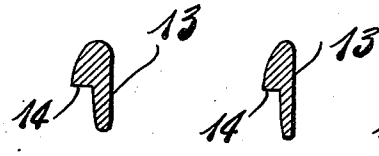


Fig-5

Fig-3

Fig-4

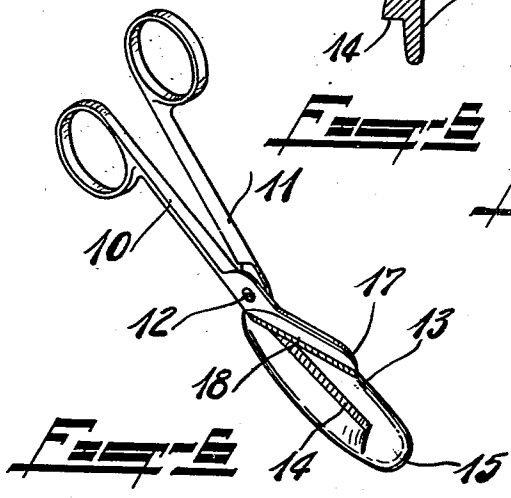


Fig-6

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SURGICAL SCISSORS

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3 Claims. (Cl. 128—318)

This invention relates to surgical scissors, and more especially to an episiotomy scissors for use in making abdominal and other incisions for various purposes known to the medical profession.

One of the prime objects of the invention is to design a surgical scissors which has no sharp corners, edges or points, which can be placed in the desired position required for the episiotomy without having to insert the fingers, and which eliminates the possibility of unnecessary abrasions or lacerations.

Another object is to design a episiotomy scissors formed with a concave bottom surface, so that it closely conforms to the curvature of the fetal head.

A further object is to design a surgical scissors in which the cutting edge of the lower blade does not project above the upper edge or surface of said blade, thus making it impossible to cause a laceration other than at the point where the actual cutting is done.

A still further object is to provide a surgical scissors in which the lower blade is formed as a shield with the cutting edge located in the center, the nose or outer end thereof projecting beyond the end of the upper blade and serving as a smooth, round nosed guide.

With the above and other objects in view, the present invention consists in the combination and arrangement of parts, hereinafter more fully described, illustrated in the accompanying drawing, and more particularly pointed out in the appended claims, it being understood that changes may be made in the form, size, proportion and minor details of construction without departing from the spirit, or sacrificing any of the advantages of the invention.

In the drawing:

Fig. 1 is a side elevational view of my episiotomy scissors.

Fig. 2 is a top plan view thereof.

Fig. 3 is a transverse sectional view taken on the line 3—3 of Fig. 1.

Fig. 4 is a view similar to Fig. 3 and taken on the line 4—4 of Fig. 1, and

Fig. 5 is also a similar view taken on the line 5—5 of Fig. 1.

Fig. 6 is an isometric view of the episiotomy scissors.

Referring now more particularly to the drawing in which I have shown the preferred embodiment of my invention, the numerals 10 and 11 comprise a pair of handled blades pivotally connected at 12 in the usual manner, the lower end 13 of the base blade 11 being formed relatively wide in cross section with the lower surface concaved in a longitudinal direction, so that it conforms to the curvature of the fetal head.

A cutting edge 14 is formed on this base blade as shown, and is located in the center thereof, so that it lies entirely within the lines of the base blade, terminating in an outwardly and downwardly curved surface to the edge of the blade, thus it will noted that this cutting edge does not project above the upper surface of this base blade, nor does it extend entirely therethrough, and consequently, it is impossible to cause a laceration, other than in the intended spot, and where the actual cutting is done, the edges and corners of the blade being rounded to form a smooth surface. It will also be noted that this cutting edge does not extend the full length of the base blade and that a rounded nose or shield 15 projects beyond said cutting edge, this nose serving as a guide for the instrument, eliminating the necessity of having to insert the fingers to guide the scissors, thereby reducing the possibility of infection, and the nose further serves as a shield for the cutting edge of the blade.

The cutting edge 16 of the upper blade is of conventional design, the front end being curved as at 17, the cutting edge 18 cooperating with the cutting edge 14 of the lower blade as usual.

This construction has many advantages over the conventional surgical scissors at present in general use, it will not make unnecessary pressure points on the skull; it has no sharp points; corners or edges that could injure or puncture the skull; nor can it form any unnecessary abrasions or lacerations, and the smooth, rounded shield or nose eliminates the necessity of using the fingers to guide.

From the foregoing description, it will be obvious that I have perfected a very simple, practical and economical surgical scissors, which can be used in operation in episiotomy, and upon other parts of the body with advantageous results.

What I claim is:

1. A surgical scissors of the class described, comprising a pair of pivotally connected handled blades, the outer marginal edges of the lower blade being smooth rounded, said blade being relatively wide in cross section, with its lower surface longitudinally concaved, said concaved surface being transversely flat, the cutting edge being entirely within the lines of the lower blade and on the vertical longitudinal center of the lower blade and terminating in outward and downwardly curved surfaces to the rounded edge of the blade.

2. A surgical scissors of the character described comprising a pair of pivotally connected handled blades, the lower blade being relatively wide in cross section and formed with cutting edge disposed entirely within the lines thereof, said cutting edge terminating in an outwardly and downwardly curved surface to the lower edge of the blade, and a smooth, outwardly, and downwardly curved convexed nose on the front end of said blade and forming a shield for said cutting edge.

3. A surgical instrument of the class described, comprising a pair of pivotally connected handled blades, the lower base blade being relatively wide in cross section and having its lower surface longitudinally concaved, a cutting edge on said blade on the vertical longitudinal center of the base blade, said edge being entirely within the lines of said base blade and terminating at a point spaced from the front end thereof, and an outwardly and downwardly curved end on said blade, said end forming a guide for the instrument and a shield for said cutting edge.

JOHN A. FREEL.