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Optical penetrating adapter for surgical portal

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OPTICAL PENETRATING ADAPTER FOR SURGICAL PORTAL

Abstract

An optical penetrating adapter (100) for mounting to a surgical portal to permit
5 visualization through the surgical portal includes an adapter member defining a
longitudinal axis and having a transparent window (108) adapted to penetrate tissue
and to permit visualization therethrough and means for coupling the adapter member
to the surgical portal. The transparent window may have various shapes and
configurations adapted to penetrate, dissect, resect or separate tissue in a non
10 traumatic manner. Alternatively, the transparent window may incorporate structure
such as cutting edges blades, points, etc to pierce, cut or incise tissue.

FIG. 1

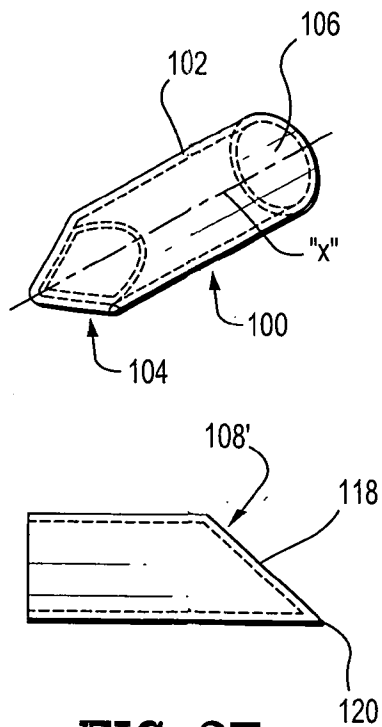
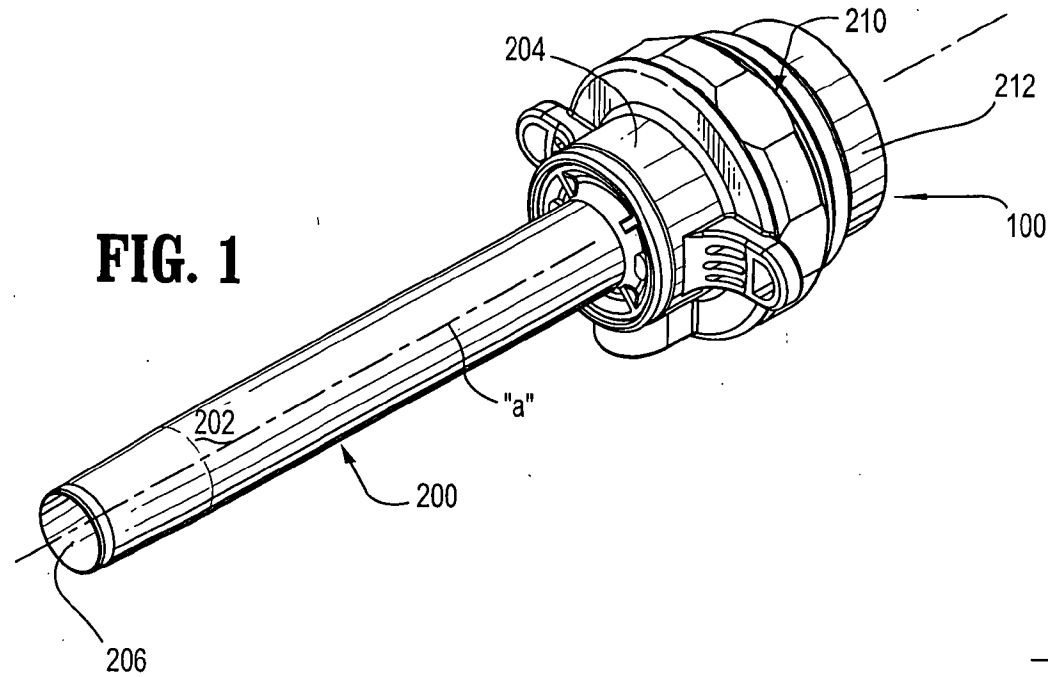


FIG. 2E

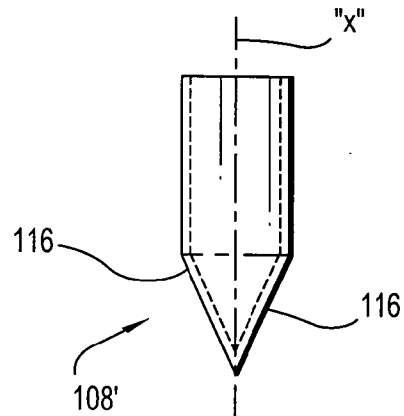


FIG. 2D

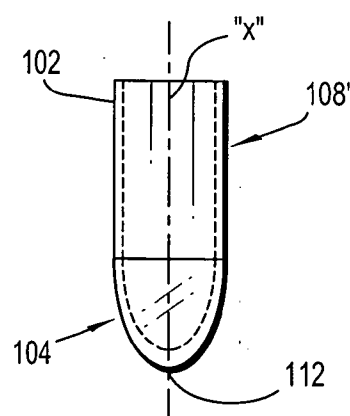


FIG. 2C

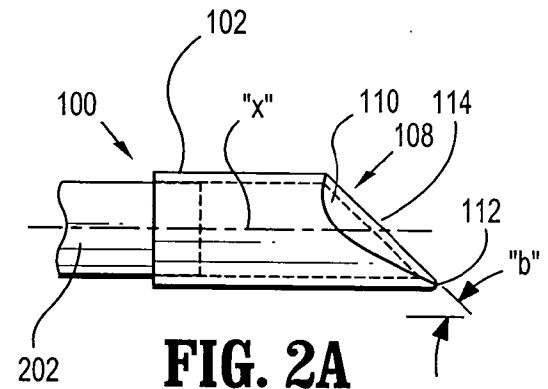


FIG. 2A

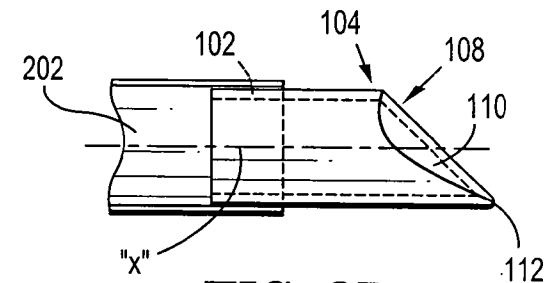


FIG. 2B

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COMPLETE SPECIFICATION

FOR A STANDARD PATENT

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Invention Title:	Optical penetrating adapter for surgical portal

The following statement is a full description of this invention, including the best method of performing it known to me/us:-

OPTICAL PENETRATING ADAPTER FOR SURGICAL PORTAL

BACKGROUND

1. Technical Field

5 The present disclosure relates to an apparatus for penetrating body tissue during minimally invasive surgical procedures, such as endoscopic or laparoscopic procedures. More particularly, the present disclosure relates to an optical penetrating adapter for mounting to an endoscopic portal for providing penetrating capabilities to the portal while also permitting visual observation during penetration of the peritoneum or other body tissue.

2. Background of the Related Art

10 Minimally invasive surgical procedures, including endoscopic and laparoscopic procedures, permit surgery to be performed on organs, tissue and vessels far removed from an opening within the tissue. Laparoscopic procedures are performed in the interior of the abdomen through a small incision such as, for example, a narrow endoscopic tube or cannula inserted through a small entrance incision in the skin. Typically, after the abdominal cavity is insufflated,
15 a trocar is used to puncture the cavity wall, i.e., the peritoneal lining, to create a pathway to the underlying surgical site. Generally, the trocar includes a stylet or obturator having a sharp tip for penetrating the body cavity, which is positioned coaxially within an outer cannula. The stylet is removed, leaving the outer cannula in place for reception of instrumentation utilized to perform the surgical procedure. An example of a known trocar is described in commonly assigned U.S.
20 Patent No. 6,319,266 to Stellan, which issued November 21, 2001, the contents of which are incorporated herein in its entirety by reference. However, with known trocars, advancement of

the stylet through tissue is typically performed blind, i.e., without visualization of the tissue being entered.

SUMMARY

Accordingly, the present disclosure is directed to further improvements in
5 accessing tissue during endoscopic or laparoscopic surgical procedures. In particular, the present disclosure provides a transparent penetrating adapter adaptable to a conventional endoscopic portal to permit direct visualization of body tissue during penetration of the body cavity. Moreover, the transparent penetrating adapter may be mounted to a conventional cannula to provide penetrating capabilities to the cannula while providing an optical window for a viewing
0 device positioned in the cannula during entry into the body cavity.

Generally, the present disclosure is directed to a method for the abdominal cavity, including the steps of providing a penetrating end member adapted to pass through tissue, mounting the penetrating end member to a surgical portal and advancing the penetrating end member through the abdominal wall to permit the surgical portal to access an underlying surgical
15 site.

The present disclosure is also directed to a method for providing visualized entry into the abdominal cavity, including the steps of providing an optical penetrating adapter, coupling the optical penetrating adapter to a surgical portal, positioning a viewing device within the surgical portal and advancing the surgical portal through the abdominal wall while viewing
20 with the viewing device the underlying tissue through the optical penetrating adapter.

In an alternate embodiment, the present disclosure is directed to an optical penetrating system including a surgical portal having at least one seal for maintaining insufflation pressure in the abdominal cavity, an adapter member defining a longitudinal axis and having a transparent window adapted to penetrate tissue and to permit visualization therethrough, and means for coupling the adapter member to the surgical portal. The transparent window may have various shapes and configurations adapted to penetrate, dissect, resect or separate tissue in a non traumatic manner. Alternatively, the transparent window may incorporate structure such as cutting edges blades, points, etc to pierce, cut or incise tissue.

A kit incorporating at least one or a plurality of different optical penetrating adapters with or without a cannula and/or endoscope is also contemplated.

BRIEF DESCRIPTION OF THE DRAWINGS

Preferred embodiments of the present disclosure are described hereinbelow with references to the drawings, wherein:

FIG. 1 is a perspective view of the optical penetrating adapter in accordance with the principles of the present disclosure and shown in a disassembled condition relative to a cannula assembly;

FIG. 2A is a side plan view of the optical penetrating adapter mounted about the cannula sleeve of the cannula assembly in accordance with the embodiment of FIG. 1;

FIG. 2B is a side plan view of the optical penetrating adapter mounted within the cannula sleeve of the cannula assembly in accordance with an alternate embodiment of the present disclosure;

FIG. 2C is a top plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 1-2A;

FIG. 2D is a top plan view of an alternate embodiment of the optical penetrating adapter of FIGS. 1-2A;

FIG. 2E is a side plan view of the optical penetrating adapter in accordance with the embodiment of FIG. 2D;

FIG. 3A is a top plan view of an alternate embodiment of the optical penetrating adapter of the present disclosure;

FIG. 3B is an axial view of the optical penetrating adapter in accordance with the embodiment of FIG. 3A;

FIG. 3C is a side plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 3A-3B;

FIG. 3D is a cross-sectional view taken along the lines 3D-3D of FIG. 3C illustrating the concave surfaces of the optical penetrating adapter in accordance with the embodiment of FIGS. 3A-3C;

FIG. 3E is a cross-sectional view similar to the view of FIG. 3D illustrating an alternate embodiment of the optical penetrating adapter having planar surfaces;

FIG. 4A is a side plan view of another alternate embodiment of the optical penetrating adapter of the present disclosure;

FIG. 4B is an axial view of the optical penetrating adapter in accordance with the embodiment of FIG. 4A;

FIG. 4C is a top plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 4A-4B;

FIG. 5A is a top plan view of another alternate embodiment of the optical penetrating adapter of the present disclosure;

FIG. 5B is a bottom plan view of the optical penetrating adapter in accordance with the embodiment of FIG. 5A;

5 FIG. 5C is a side plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 5A-5B;

FIG. 5D is a perspective view of the optical penetrating adapter in accordance with the embodiment of FIGS. 5A-5C;

10 FIG. 5E is an axial view of the optical penetrating adapter in accordance with the embodiment of FIGS. 5A-5D;

FIG. 6A is a top plan view of another alternate embodiment of the optical penetrating adapter of the present disclosure;

FIG. 6B is a bottom plan view of the optical penetrating adapter in accordance with the embodiment of FIG. 6A;

15 FIG. 6C is a side plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 6A-6B;

FIG. 6D is a perspective view of the optical penetrating adapter in accordance with the embodiment of FIGS. 6A-6C;

20 FIG. 6E is an axial view of the optical penetrating adapter in accordance with the embodiment of FIGS. 6A-6D;

FIG. 7A is a top plan view of another alternate embodiment of the optical penetrating adapter of the present disclosure;

FIG. 7B is a bottom plan view of the optical penetrating adapter in accordance with the embodiment of FIG. 7A;

FIG. 7C is a side plan view of the optical penetrating adapter in accordance with the embodiment of FIGS. 7A-7B;

FIG. 7D is a perspective view of the optical penetrating adapter in accordance with the embodiment of FIGS. 7A-7C; and

FIG. 7E is an axial view of the optical penetrating adapter in accordance with the embodiment of FIGS. 7A-7D; and

FIG. 8 is a view illustrating the optical penetrating adapter mounted to the cannula assembly and with an endoscope positioned therein to permit visualization during penetration of tissue.

DETAIL DESCRIPTION OF PREFERRED EMBODIMENTS

Referring now to the drawings, in which like reference numerals identify identical or substantially similar parts throughout the several views, FIG. 1 illustrates the optical penetrating adapter 100 of the present disclosure with an access device or portal such as cannula or trocar assembly 200. Cannula assembly 200 may be any conventional cannula suitable for the intended purpose of accessing a body cavity and typically defines a passageway permitting introduction of instruments therethrough. Cannula assembly 200 is particularly adapted for use in laparoscopic surgery where the peritoneal cavity is insufflated with a suitable gas, e.g., CO₂, to raise the cavity wall from the internal organs therein. Cannula assembly 200 is typically used with an obturator assembly (not shown) which may be blunt, a non-bladed, or a sharp pointed instrument positionable within the passageway of the cannula assembly 200. In a conventional

procedure, the obturator assembly is utilized to penetrate the abdominal wall or introduce the cannula assembly 200 through the abdominal wall, and then subsequently is removed from the cannula assembly to permit introduction of the surgical instrumentation utilized to perform the procedure through the passageway.

5 Cannula assembly 200 includes cannula sleeve 202 and cannula housing 204 mounted to an end of the sleeve 202. Cannula sleeve 202 defines a longitudinal axis "a" extending along the length of the sleeve 202. Sleeve 202 further defines an internal longitudinal passage 206 dimensioned to permit passage of surgical instrumentation. Sleeve 202 may be formed of stainless steel or other rigid materials such as a polymeric material or the like. Sleeve
0 202 may be clear or opaque. The diameter of sleeve 202 may vary, but typically ranges from about 4.5 to about 15 mm for use with the seal assembly 100 of the present disclosure.

Cannula housing 204 may include several components connected to each other through conventional means or alternatively may be a single housing component. Cannula housing 204 further includes diametrically opposed housing grips 208 dimensioned and arranged
15 for gripping engagement by the fingers of the user. Such grips may include apertures for suture-anchoring the cannula assembly 200 to the body. Cannula housing 204 may be attached to cannula sleeve 202 by any suitable means or may be integrally formed with cannula sleeve 202. Cannula housing 204 may further include an internal zero closure valve which is adapted to close
20 in the absence of a surgical instrument and/or in response to the pressurized environment of the insufflation gases present in the abdominal cavity. One suitable zero closure valve contemplated for use with cannula housing 204 is a duck bill valve, flapper valve, or the like.

Cannula housing 204 may also include seal assembly 210 which is preferably releasably connected to the proximal end of cannula housing 204. Seal assembly 210 includes seal housing 212 and an internal seal (not shown) disposed within seal housing. The internal seal is preferably adapted to form a substantial fluid tight seal about an instrument inserted through the seal. One suitable internal seal is a flat disc-shaped valve, balloon valve, etc.... The internal seal may comprise a flat disc-shaped, conical, or hourglass-shaped member including a fabric material molded with an elastomer. The seals disclosed in certain embodiments of commonly assigned U.S. Patent No. 6,482,181, the entire disclosure of which is hereby incorporated by reference, may be used. Seals disclosed in certain embodiments of commonly assigned U.S. Patent Application No. 2004/0066008A1, filed October 4, 2002 the entire disclosure of which is hereby incorporated by reference herein, may be used. In a further alternative, the internal seal is preferably a fabric seal and is desirably arranged so as to have a constriction. For example, the valve may have the general shape of an hourglass. The fabric can be a woven material, a braided material, or a knitted material. The type of material is selected to provide a desired expansiveness. For example, a braid of varying end count and angle may be selected. A preferred material is a synthetic material such as nylon, Kevlar (Trademark of E.I. DuPont de Nemours and Company) or any other material that will expand and compress about an instrument inserted therethrough. The selected material desirably minimizes or prevents the formation of gaps when the instrument is introduced into the seal. The material of the seal may be porous or impermeable to the insufflation gas. If porous, the seal may include a coating of a material which is impermeable to the insufflation gas or at least a portion of the valve may be coated. In addition, the fabric may be coated on its interior with urethane, silicon or other flexible lubricious materials to facilitate passage of an instrument through the seal. In certain embodiments, the fabric is twisted about the axis "a" so as

to form a constriction or closed portion. The fabric is desirably constructed of a material and/or arranged so that the fabric forms a constriction or closure. The seal may also be molded so as to have a constriction or may be knitted, braided or woven so as to have a constriction. Other arrangements for the seal are also envisioned.

5 Referring now to FIGS. 1 and FIG. 2A, optical penetrating adapter 100 of the present disclosure will be discussed. Optical penetrating adapter 100 is contemplated for mounting to cannula sleeve 202 to provide cannula assembly 200 with penetrating capabilities thus obviating the need for a separate obturator introduced within the cannula sleeve 202. Optical penetrating adapter 100 when mounted to cannula assembly 200 is particularly suitable for use
0 with a viewing device such as an endoscope or laparoscope introduced within cannula sleeve 202. In this capacity, optical penetrating adapter 100 serves as a window for the endoscope to permit direct visualization of body tissue during penetration of the peritoneal cavity or other tissue portions. Optical penetrating adapter 100 is dimensioned to pass through body tissue and may incorporate structure to separate, retract, dissect, cut, puncture, or pierce the body tissue. Such
15 structure is inclusive of cutting edges, blades, points, etc.

Optical penetrating adapter 100 includes proximal mounting section 102 and distal penetrating section 104, and defines adapter axis "x". Proximal mounting section 102 is generally cylindrical in configuration defining internal bore 106 which receives the distal end of cannula sleeve 202. In a preferred embodiment, mounting section 102 is dimensioned to engage cannula
20 sleeve 202 and form a frictional relationship therewith so as to mount optical penetrating adapter 100 to cannula assembly 200 as shown in FIG. 2A. Alternatively, as depicted in FIG. 2B,

proximal mounting section 102 may be dimensioned to be coaxially positioned within longitudinal passage 206 of cannula sleeve 202 and secured within the cannula sleeve 202 through a frictional relationship or the like. Other means for mounting optical penetrating adapter 100 to cannula sleeve 202 are also envisioned including a bayonet coupling, snap fit, tongue and groove mechanism, etc. The proximal mounting section 102 and cannula sleeve 202 are desirably arranged so that the outer surface of the optical penetrating adapter 100 is flush with the outer surface of the cannula sleeve 202.

Optical penetrating adapter 100 may comprise a polymeric material and be fabricated via known injection molding techniques. Alternatively, optical penetrating adapter 100 may comprise an optical glass. The optical penetrating adapter 100 may be monolithically formed or the proximal mounting section 102 may be a separate component assembled with the distal penetrating section 104.

Distal penetrating section 104 defines transparent window 108 which permits visualization along the adapter axis "x" of cannula sleeve 202 and, desirably, locations offset relative to the adapter axis "x". The term "transparent" is to be interpreted as having the ability to permit the passage of light with or without clear imaging capabilities. Moreover, the transparent material includes any transparent or translucent material or any material which is not opaque to visible light or other radiation utilized for imaging. It is also to be appreciated that only a portion of transparent window 108 needs to be transparent. Furthermore, a portion of optical penetrating adapter 100 or the entire adapter may be translucent or transparent.

Transparent window 108 is generally tapered in configuration, e.g., bulbous or conically-shaped, to facilitate passage through body tissue. In one preferred embodiment, transparent window 108 includes single arcuate surface 110 defining arcuate penetrating end face 112. Penetrating end face 112 is generally arranged at an oblique angle "b" relative to the adapter axis "x" and extends to remote penetrating tip or apex 114. Angle "b" is measured at a central plane passing through axis "x" and may range from about 30° to about 60° and is preferably about 45° relative to adapter axis "x". Penetrating tip 114 may be pointed; however, in the preferred embodiment, penetrating tip 114 is rounded or arcuate as shown. The rounded configuration of penetrating tip 114 prevents undesired piercing or cutting of tissue during entry of penetrating end face 112. Penetrating tip 114 is radially displaced relative to adapter axis "x". Penetrating tip 114 presents a reduced profile to facilitate initial insertion within a narrow incision or opening in tissue. The gradual taper of arcuate surface 110 extends outwardly in directions lateral to axis "x" as well as the vertical direction and provides gradual separation, dissection, and/or retraction of tissue during entry of optical penetrating adapter 100 within the tissue.

In an alternative embodiment, as shown in FIGS. 2D and 2E, transparent window 108' may include a pair of intersecting surfaces 116 in lieu of single arcuate surface 110. Intersecting surfaces 116 are substantially planar but may be concave or convex in configuration. Intersecting surfaces 116 may define an end face edge 118 along the line of intersection of the faces 116. Edge 118 is preferably centered with respect to the longitudinal axis. Thus, during visualization, edge 118 may be seen as a thin line through the viewing field, so as not to substantially obstruct viewing of the body tissue through intersecting surfaces 116. In this embodiment, penetrating tip 120 is pointed which may facilitate piercing or cutting of tissue.

Similarly, end face edge 118 may be sharpened to incise the tissue during entry of the adapter. Alternatively, the edges of the transparent window 108' may be curved and more blunt.

FIGS. 3A-3D illustrate an alternate embodiment of the optical penetrating adapter of the present disclosure. Optical penetrating adapter 300 includes penetrating section 302 which is generally pyramidal in configuration, i.e., having at least three primary surfaces 304 arranged to define the tapered optical window shown. Adjacent primary surfaces 304 are connected by auxiliary surfaces 306. Primary and auxiliary surfaces 304, 306 extend to apex or penetrating end face 308 which is preferably rounded, arcuate or blunted. Apex 308 is in general alignment with the adapter axis "x" of optical penetrating adapter 300. Primary surfaces 304 may be concave as shown in FIG. 3D or may be substantially planar primary surfaces 304' as shown in FIG. 3E. Auxiliary surfaces 306 may be generally convex (FIG. 3D) or generally planar 306' in configuration as shown in the embodiment of FIG. 3E. As appreciated, in the embodiment of FIG. 3D, penetrating section 302 is devoid of any sharp edges, due in part to the presence of convex auxiliary surfaces 306 and rounded penetrating end face 308. This penetrating section 302 of FIG. 3D may be desirable in procedures where penetration of the tissue is to be performed without piercing or cutting tissue, but, rather via retracting, separating or dissecting tissue. In the embodiment of FIG. 3E, penetrating section 302' may incorporate edges 310 at the junctures of primary surfaces 304' with auxiliary surfaces 306". Edges 310 may be sharpened to facilitate piercing or cutting of tissue.

FIGS. 4A-4C illustrate another alternate embodiment of the optical penetrating adapter of the present disclosure. Optical penetrating adapter 400 includes first and second

primary surfaces 402 interconnected by secondary surface 404. Secondary surface 404 defines end face 406. End face 406 is arranged at an oblique angle "c" relative to adapted axis "x" and extends to penetrating tip 408. Penetrating tip 408 is radially displaced relative to the axis "x" of adapter 100 and is rounded as shown. Secondary surface 404 is preferably bulbous or generally convex and is continuous along the general axis of adapter 100 thereby permitting visualization along the axis during penetration of tissue (i.e., secondary surface 404 is devoid of any edges adjacent the axis "x" of adapter 100). Accordingly, with this embodiment of optical penetrating adapter 400, visualization along the axis "x" is not impeded. Penetrating tip 408 provides a reduced profile to facilitate initial insertion of optical penetrating adapter 400 within a narrow incision.

FIGS. 5A-5E illustrate another alternate embodiment of the optical penetrating adapter of the present disclosure. Optical penetrating adapter 500 includes penetrating section 502 defining a transparent window consisting of multiple surfaces. Specifically, penetrating section 502 includes arcuate nose 504 which defines apex or penetrating end face 506. Arcuate nose 504 is semicircular in a first extent as viewed in the side plan view of FIG. 5C and is generally rectangular in a second extent defining a narrow cross-section as viewed in the axial view of FIG. 5E. Extending contiguously from arcuate nose 504 is a pair of opposed first surfaces 508 which are obliquely arranged relative to adapter axis "x" and diverge outwardly toward the proximal end of the adapter 500. Extending contiguously from first surfaces 508 is a pair of second surfaces 510 which also diverge outwardly from the adapter axis "x", preferably, at a greater angle of divergence than first surfaces 508. First surfaces 508 intersect arcuate nose 504 along lines of intersection 512. Second surfaces 510 intersect first surfaces 508 along lines of intersection 514.

Lines of intersection 512, 514 are each obliquely arranged relative to longitudinal axis "x" at an angle "m". Angle "m" preferably ranges from about 30° to about 60°, more preferably, about 45°.

First and second surfaces 508, 510 may be planar, concave, or convex in configuration.

Penetrating section 502 of optical penetrating adapter 500 presents a reduced profile which

5 facilitates passage of the penetrating section 502 through tissue. In particular, the narrow

configuration of arcuate nose 504 permits relatively easy initial entry into, and manipulation

within, the narrow incision or wound site. Primary and secondary surfaces 508, 510 provide

gradual retraction or dissection of the tissue defining the incision or opening during passage of the

optical penetrating adapter 500 through tissue. Moreover, the arrangement of primary and

10 secondary surfaces 508, 510 and the oblique characteristic of the lines of intersection 512, 514

define a streamlined profile which substantially minimizes tissue resistance.

FIGS. 6A-6E illustrates another embodiment of the present disclosure. Optical penetrating adapter 600 is similar to the optical penetrating adapter 500 of FIGS. 5A-5E.

However, with this embodiment arcuate nose 602 is generally tapered in a first extent in the side

15 plan view of FIG. 6C, defining a frusto-conical configuration having rounded arcuate apex or end

face 604. The frusto-conical configuration defines a narrow nose 602 relative to the

corresponding nose 504 of optical penetrating adapter 500. This narrow nose 602 further

facilitates initial entry and manipulation within a relatively small incision or opening in tissue. In

addition, the gradual taper of nose 602 provides for a relatively gradual retraction or separation of

20 tissue.

FIGS. 7A-7E illustrate another alternate embodiment of the optical penetrating adapter of the present disclosure. Optical penetrating adapter 700 includes an optical window having arcuate or bulbous penetrating surface 702 defining rounded apex or penetrating end face 704. Penetrating end face 704 is arranged at an oblique angle relative to the adapter axis "x" to define an extreme tip 704'. First surfaces 706 contiguously extend from penetrating surface 704 and are preferably substantially parallel to adapter axis "x". Second surfaces 708 intersect first surfaces 706 along lines of intersection 710 and diverge outwardly in the proximal direction at a predetermined angle relative to adapter axis "x". Third surfaces 712 intersect second surfaces 708 along lines of intersection 714 and extend outwardly relative to axis "x" at a predetermined angle greater than the angle of divergence of second surfaces 708. Optical penetrating adapter 700 provides a more narrow profile relative to the adapters of the prior embodiments. In particular, the extreme tip 704' as provided by the inclination of penetrating end face 704 permits insertion in relatively narrow incision or opening sites. The parallel arrangement of first surfaces 706 presents a reduced profile during initial passage of penetrating end 702 through tissue. The oblique arrangement of second and third surfaces 708, 712 provides for gradual separation of the tissue while the oblique lines of intersection 710, 714 present minimal resistance to the engaged tissue.

The transparent windows in accordance with this disclosure may include an image directing member (not shown) for directing optical images into the longitudinal passage 206 of the cannula sleeve 202 or back to an image apparatus. The image directing member may be a lens, an optical prism, an optical mirror, or like image directing medium.

Referring now to FIG. 8, the use of the optical penetrating adapters during a laparoscopic surgery will be discussed. The peritoneal cavity "p" is insufflated as is conventional to raise the cavity wall to provide greater access to tissue and organs therewithin. Thereafter, any of the aforementioned optical penetrating adapters is mounted to cannula sleeve 202 of the conventional cannula assembly 200. (For reference purposes, adapter 100 of FIG. 2A will be utilized). An endoscope 300 is positioned within the cannula assembly 200. One suitable endoscope is disclosed in commonly assigned U.S. Patent No. 5,718,664 to Peck et al., the contents of which are incorporated herein by reference. The internal seal within cannula housing 204 may form a fluid tight seal about the endoscope 300. As appreciated, endoscope 300 is advanced within cannula sleeve 202 until the distal end 302 of the endoscope 300 is adjacent transparent window 108 of optical penetrating adapter 100. In this position, the distal lens element of the endoscope 300 is adjacent transparent window 108 so as to be capable of viewing the tissue being entered. Endoscope 300 may be secured relative to the cannula assembly 200 utilizing a resilient washer or a cam locking system incorporated with the cannula assembly 200 or formed separately therefrom.

The procedure is continued by positioning optical penetrating adapter 100 within a previously formed opening or incision "i" in tissue "t" and advancing the adapter 100 to retract, dissect, or penetrate the tissue. During penetration of the body tissue, the surgeon observes the underlying tissue through the endoscope 300 to ensure there is no undesired contact with organs, tissue, etc. lying beneath the peritoneal lining. In instances where a video system is utilized, the surgeon simply observes the penetration of body tissue "t" via any known video monitor. Once the surgeon penetrates the body tissue "t" and positions the distal end of cannula sleeve 202 in the

desired position within the peritoneal cavity "p" as observed through the endoscope 200, the surgeon discontinues the application of force. Surgery is then carried out through other cannula assemblies which access the peritoneal cavity. This surgery may be monitored with endoscope 300 as visualized through transparent window 108.

5 It will be understood that various modifications can be made to the embodiments of the present invention herein disclosed without departing from the spirit and scope thereof. For example, the present disclosure also contemplates a surgical kit which incorporates at least one, and preferably, at least two, of the aforescribed optical penetrating adapters with or without a cannula assembly. Also, various modifications may be made in the configuration of the parts.

10 Therefore, the above description should not be construed as limiting the invention but merely as exemplifications of preferred embodiments thereof. Those skilled in the art will envision other modifications within the scope and spirit of the present invention as defined by the claims appended hereto.

The claims defining the invention are as follows:

1. A method for accessing the abdominal cavity, comprising the steps of:
providing a penetrating end member adapted to pass through tissue;
mounting the penetrating end member to a surgical portal; and
5 advancing the penetrating end member through the abdominal wall to permit the surgical portal to access an underlying surgical site.

2. A method for providing visualized entry into the abdominal cavity, comprising the steps of:
providing an optical penetrating adapter;
10 coupling the optical penetrating adapter to a surgical portal;
positioning a viewing device within the surgical portal; and
advancing the surgical portal through the abdominal wall while viewing with the viewing device the underlying tissue through the optical penetrating adapter.

3. The method according to claim 2 wherein the optical penetrating adapter is
15 dimensioned to penetrate tissue and wherein the step of advancing includes penetrating the tissue with the optical penetrating adapter.

4. The method according to claim 2 wherein the optical penetrating adapter includes an internal bore adapted to receive the surgical portal and wherein the step of coupling includes positioning an end of the surgical portal within the internal bore of the optical penetrating
20 adapter.

5. The method according to claim 2 wherein the optical penetrating adapter includes an outer tubular wall portion adapted to be positioned within a lumen of the surgical portal and wherein the step of coupling includes positioning the outer wall portion within an end of the surgical portal for reception within the lumen of the surgical portal.

6. The method according to claim 3 wherein the viewing device includes distal image forming means for forming an image of the underlying tissue and wherein the step of positioning includes arranging the distal image forming means to be adjacent the transparent window.

7. The method according to claim 6 wherein the step of advancing includes penetrating the abdominal lining to access the abdominal cavity.

8. An optical penetrating system for permitting visualization, which comprises:

a surgical portal having at least one seal for maintaining insufflation pressure in the abdominal cavity;

an adapter member defining a longitudinal axis and having a transparent window adapted to penetrate tissue, the transparent window being adapted to permit visualization therethrough; and

means for coupling the adapter member to the surgical portal.

9. The system according to claim 8 wherein the adapter member includes an internal bore adapted to receive the surgical portal to releasably couple the transparent window member to the surgical portal.

10. The system according to claim 8 wherein the adapter member defines an outer wall dimensioned for reception within an internal lumen of the surgical portal to couple the adapter member to the surgical portal.

11. The system according to claim 8 wherein the transparent window is generally tapered in configuration.

12. The system according to claim 8 wherein the transparent window includes at least three oblique primary surfaces coaxially arranged relative to the longitudinal axis of the adapter member and extending to an apex.

13. The system according to claim 12 wherein the three primary surfaces are generally concave.

14. The system according to claim 13 including secondary surfaces interconnecting adjacent primary surfaces, the secondary surfaces being generally convex.

15. The system according to claim 8 wherein the transparent window including an arcuate nose defining an apex, a pair of opposed first surfaces extending contiguously from the

arcuate nose and arranged at a first oblique angle relative to the adapter axis, and a pair of opposed second surfaces extending contiguously from the first surfaces and arranged at a second oblique angle greater than the first oblique angle relative to the adapter axis.

16. The system according to claim 15 wherein the arcuate nose is generally semi-circular in shape along a first extent of the adapter member.

17. The system according to claim 15 wherein the arcuate nose is generally frusto-conical in shape along a first extent of the adapter member.

18. The system according to claim 8 wherein the transparent window including an arcuate penetrating surface defining an apex, a pair of opposed first surfaces extending contiguously from the penetrating surface and arranged in general parallel relation to the longitudinal axis, a pair of opposed second surfaces extending contiguously from the first surfaces and arranged at an oblique angle relative to the longitudinal axis, and a pair of opposed third surfaces extending contiguously from the second surfaces and arranged at an oblique angle which is different from the oblique angle of the second surfaces.

19. The system according to claim 8 including a cannula assembly having a cannula sleeve whereby the adapter member is mountable to the cannula sleeve, the cannula assembly and the adapter member forming a surgical kit.

20. A method for accessing the abdominal cavity, said method being substantially as hereinbefore described with reference to any one of the embodiments as that embodiment is shown in the accompanying drawings.

21. A method for providing visualized entry into the abdominal cavity, said method being substantially as hereinbefore described with reference to any one of the embodiments as that embodiment is shown in the accompanying drawings.

22. An optical penetrating system for permitting visualization, said method being substantially as hereinbefore described with reference to any one of the embodiments as that embodiment is shown in the accompanying drawings.

Dated 27 January, 2006

Tyco Healthcare Group LP

Patent Attorneys for the Applicant/Nominated Person

SPRUSON & FERGUSON

FIG. 1

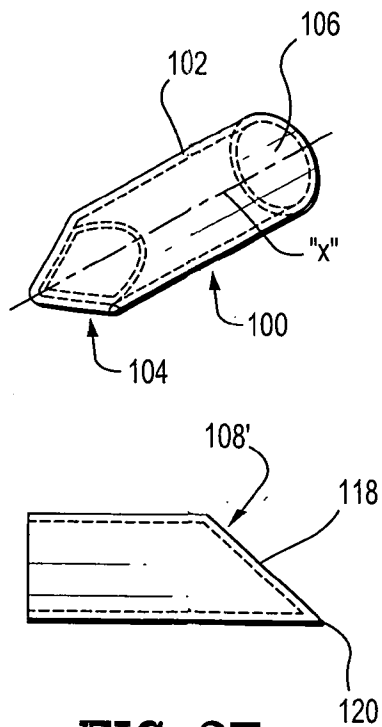
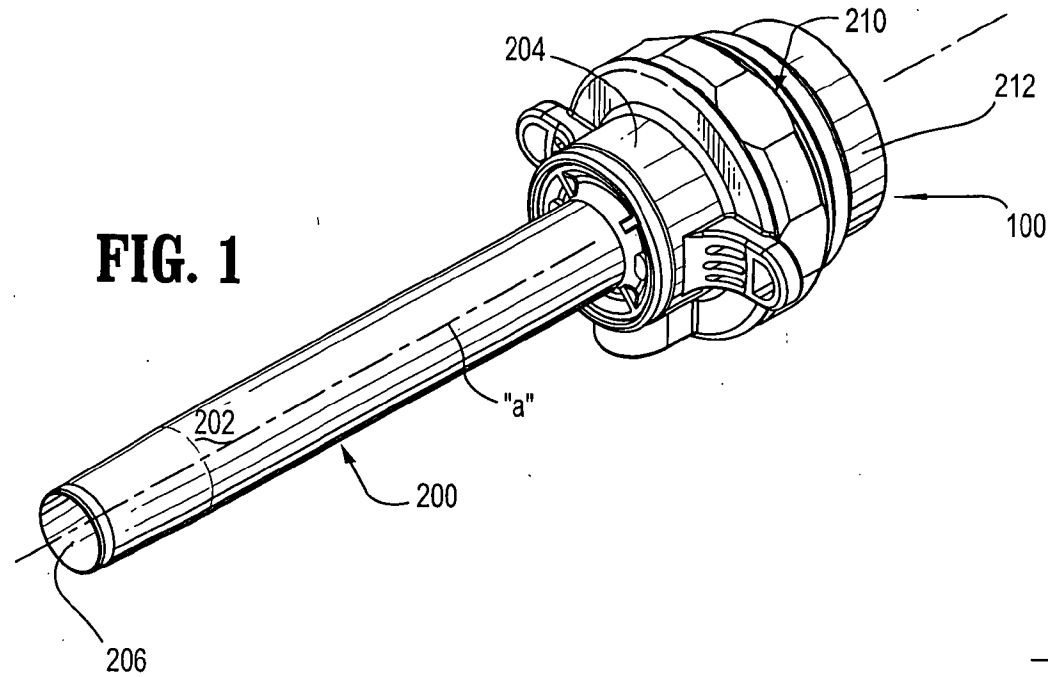


FIG. 2E

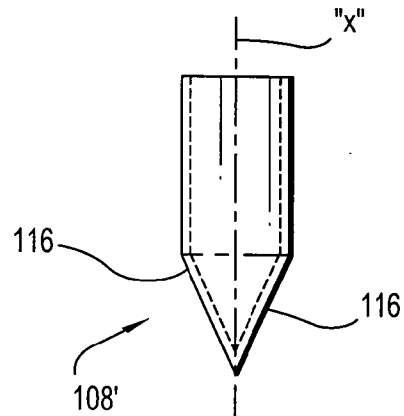


FIG. 2D

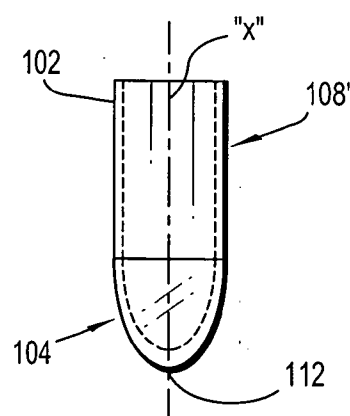


FIG. 2C

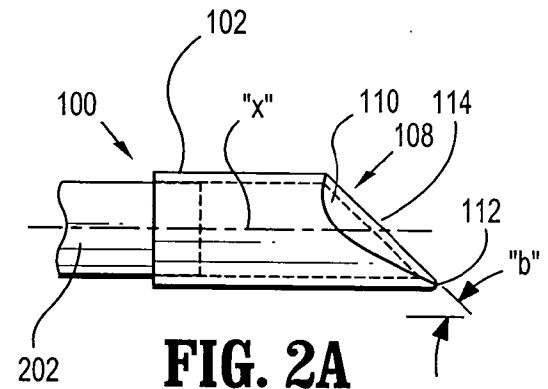


FIG. 2A

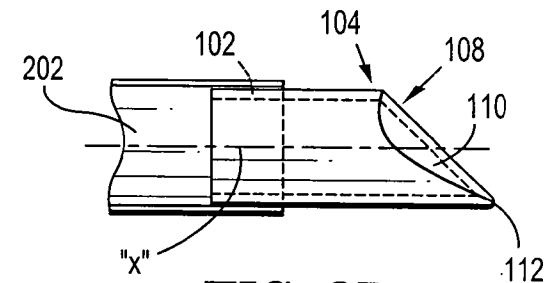


FIG. 2B

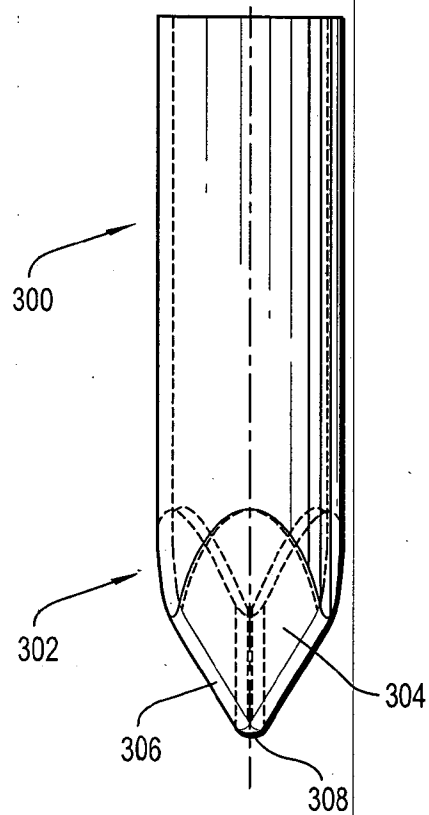


FIG. 3A

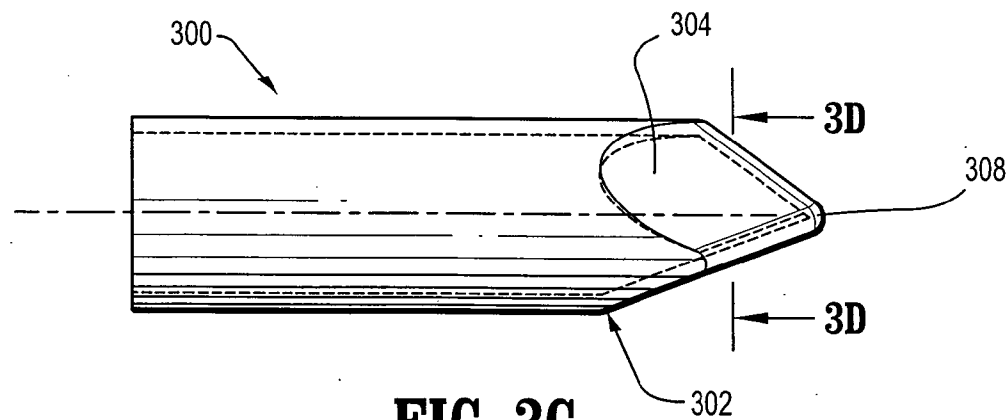


FIG. 3C

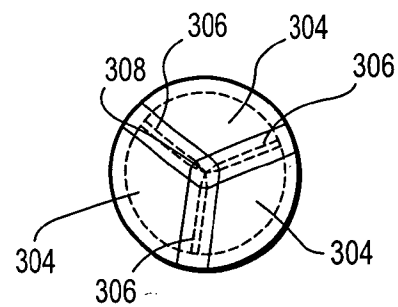


FIG. 3B

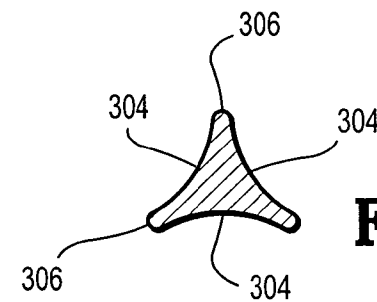


FIG. 3D

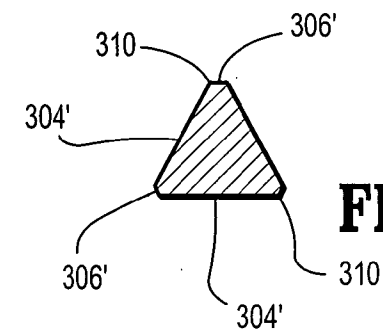


FIG. 3E

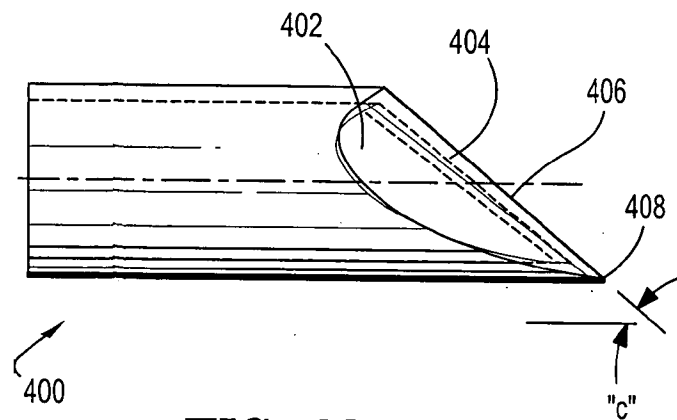


FIG. 4A

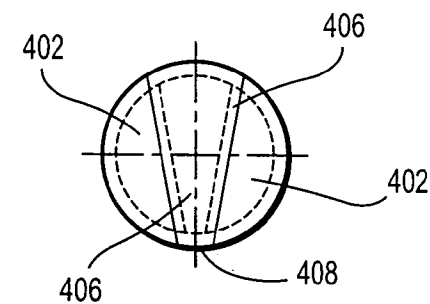


FIG. 4B

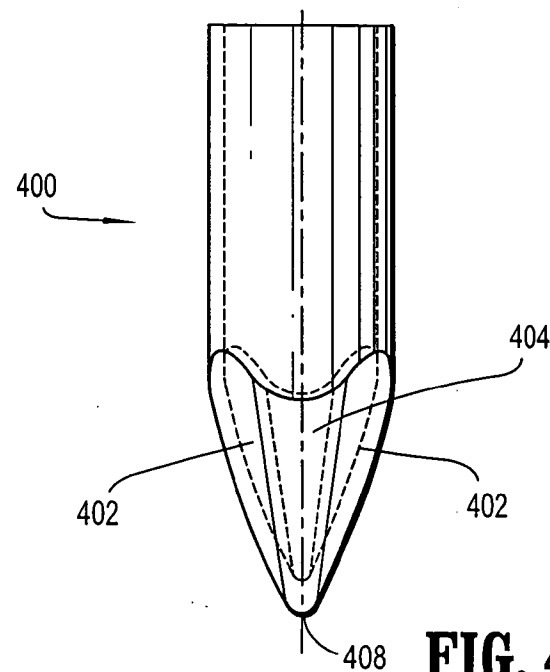


FIG. 4C

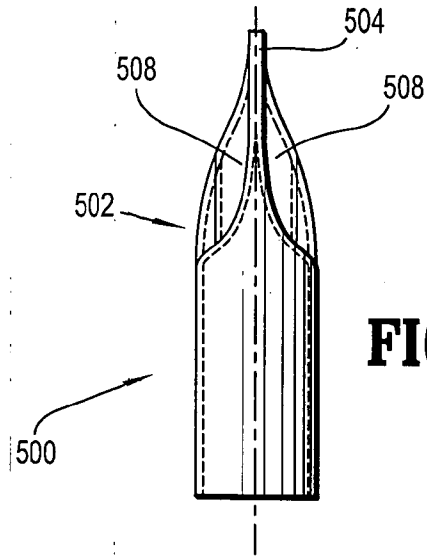


FIG. 5A

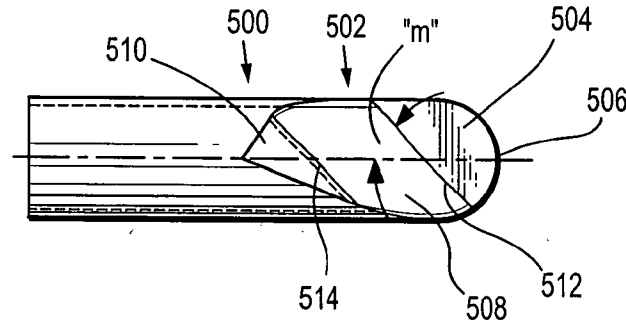


FIG. 5C

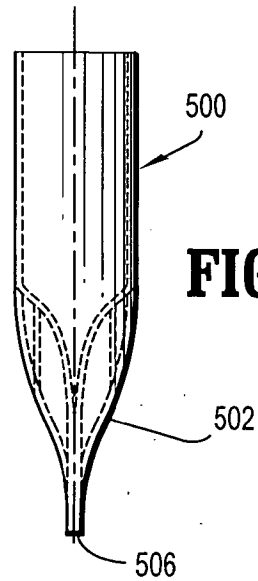


FIG. 5B

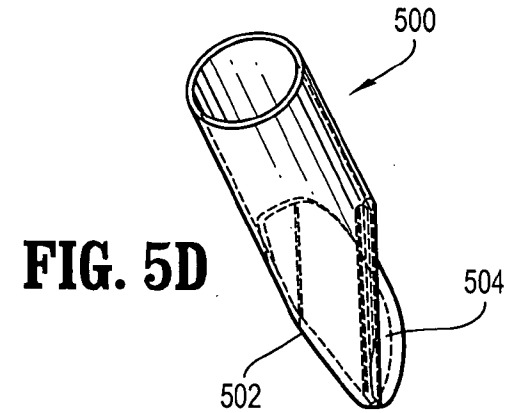


FIG. 5D

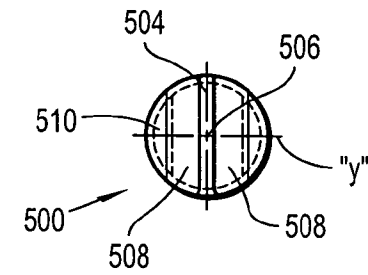


FIG. 5E

FIG. 6A

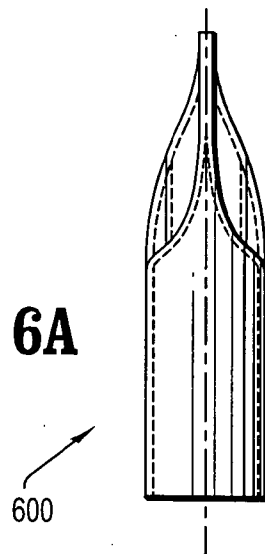


FIG. 6B

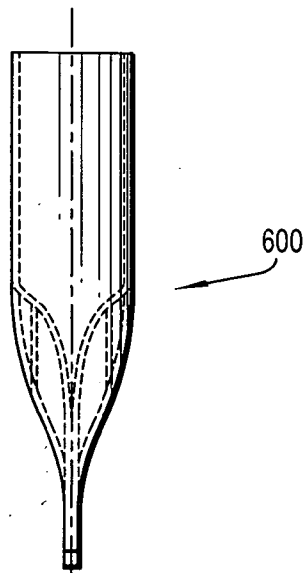


FIG. 6D

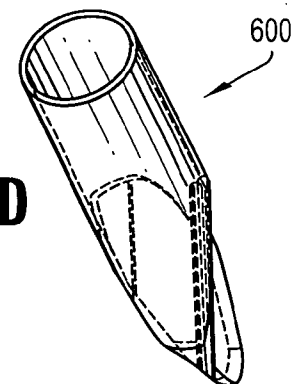


FIG. 6C

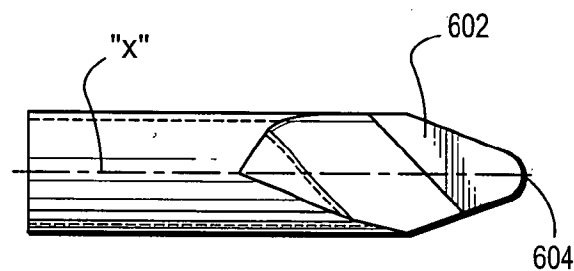


FIG. 6E

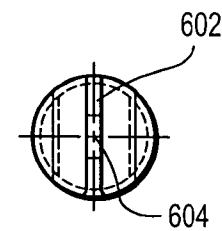


FIG. 7A

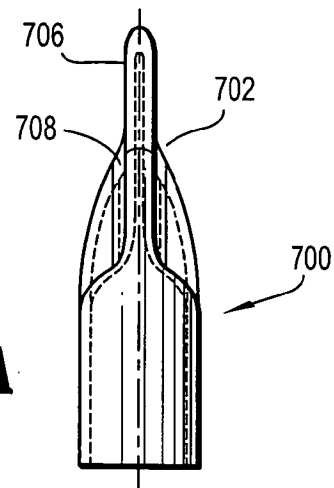


FIG. 7E

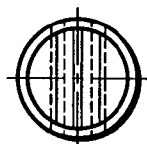


FIG. 7B

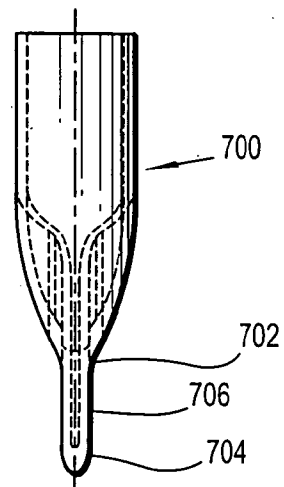


FIG. 7D

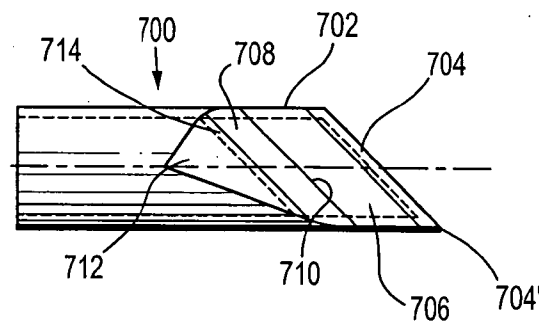
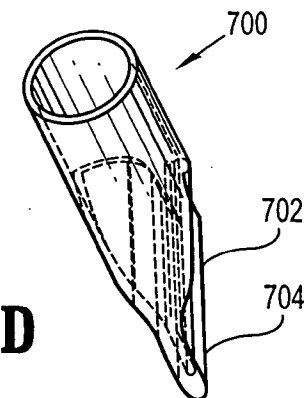


FIG. 7C

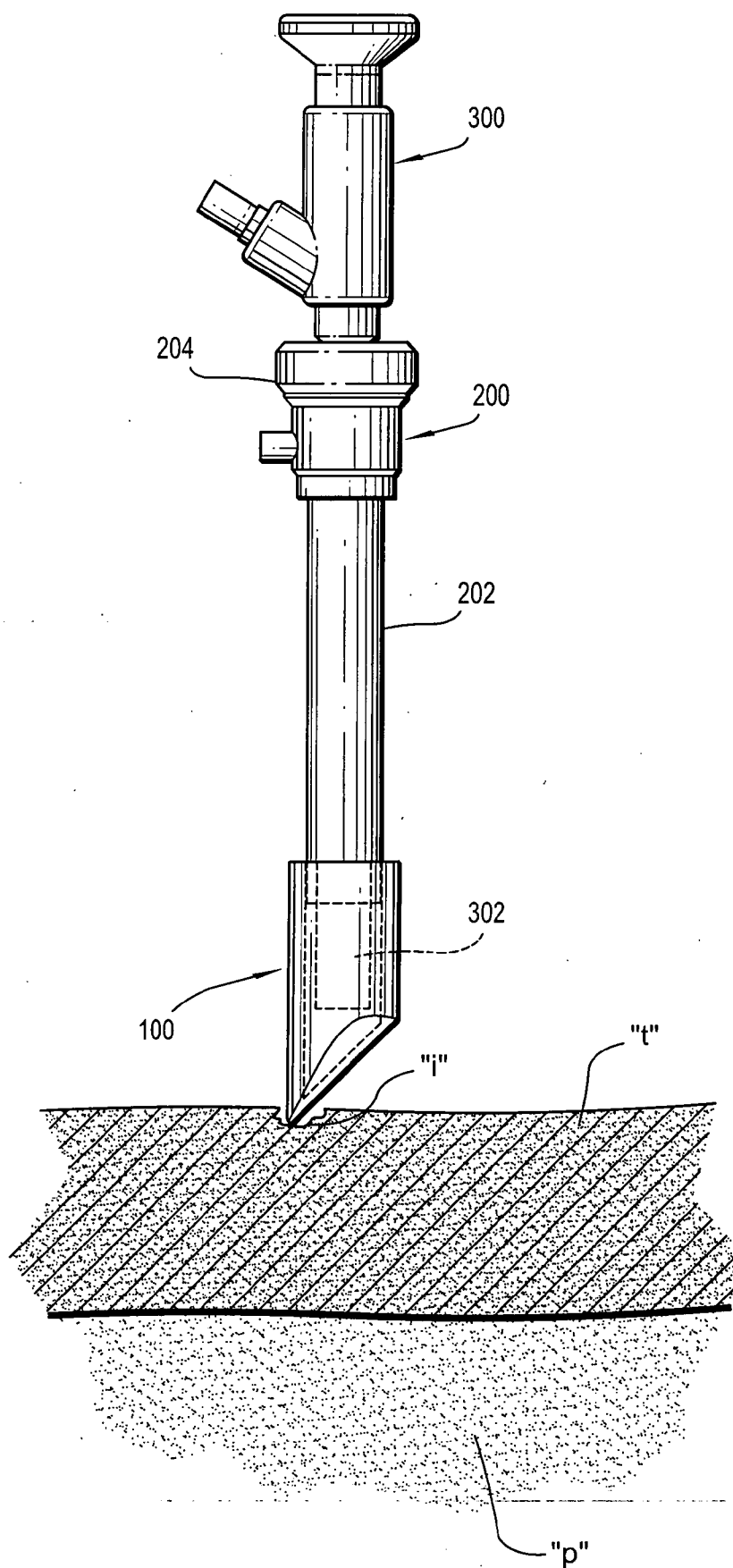


FIG. 8