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(54) Title: SYSTEMS AND METHODS FOR OPTIMIZING AND MAINTAINING VISUALIZATION OF A SURGICAL FIELD DURING THE USE OF SURGICAL SCOPES

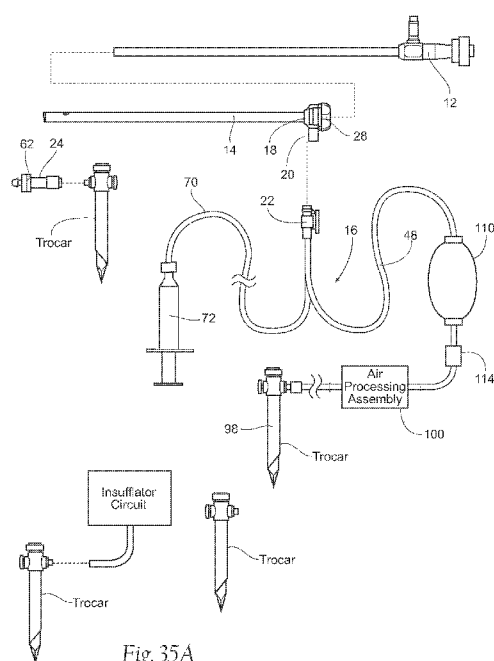


Fig. 35A

(57) Abstract: A self contained air component coupled to a sheath that is sized and configured to receive a laparoscope including a laparoscopes providing visualization of an operating cavity. The air conveying component comprises an air flow path having an inlet sized and configured for communication with a source of CO₂ and an outlet coupled to the lumen including in the sheath for passing CO₂ continuously conveyed by the driven air moving component across the laparoscopic lens to maintain visualization of the operating cavity. The air conveying component includes a driven air moving component in communication with the air flow path sized and configured to continuously convey CO₂ from the source through the air flow path to the outlet, independent of operation of the insufflations circuit. The source of CO₂ can comprise a laparoscopic access device for accessing the operating cavity insufflated with CO₂ by operation of an insufflator circuit.

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**SYSTEMS AND METHODS
FOR OPTIMIZING AND MAINTAINING
VISUALIZATION OF A SURGICAL FIELD
DURING THE USE OF SURGICAL SCOPES**

5 Related Application

 This application claims the benefit of United States Provisional Patent Application Serial No. 61/335,712, filed January 11, 2010, and entitled "Systems and Methods for Optimizing and Maintaining Visualization of a Surgical Field During the Use of Surgical Scopes," which is incorporated herein by reference.

Field of the Invention

 The invention generally relates to surgical scopes, and, more particularly, for optimizing and maintaining visualization of a surgical field when using a surgical scope, such as, e.g., a laparoscope.

Background of the Invention

 Minimally invasive surgical procedures utilizing surgical scopes are desirable because they often provide one or more of the following advantages: reduced blood loss; reduced post-operative patient discomfort; shortened recovery and hospitalization time; smaller incisions; and reduced exposure of internal organs to possible contaminants.

 Generally, minimally invasive surgeries utilize

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scopes, such as laparoscopes, that permit remote visualization of a surgical site within a patient's body while the surgical procedure is being performed. During a laparoscopic procedure, the patient's abdominal or pelvic
5 cavity is accessed through two or more relatively small incisions rather than through a single large incision that is typical in a conventional surgery. Surgical scopes, such as laparoscopes, usually consist in part of a rigid or relatively rigid rod or shaft having an
10 objective lens at one end and an eyepiece and/or integrated visual display at the other. The scope may also be connected to a remote visual display device or a video camera to record surgical procedures.

In laparoscopic surgeries, the abdomen is typically
15 inflated with a gas through the use of an insufflator, to distend the abdominal space by elevating the abdominal wall above the internal organs and thereby create a sufficient working and viewing space for the surgeon. Carbon dioxide is usually used for insufflation, though
20 other suitable gases may also be used. Conventional insufflators are adapted to cycle on and off to maintain a preset and suitable pressure within the patient's body cavity.

The local environment within a patient's abdominal
25 space is generally rather warm and humid, and the use of devices such as harmonic scalpels and other cutting and coagulating devices generate mist, smoke, and other debris that is released into the surgical field and often becomes suspended throughout the expanded abdominal
30 space. Additionally, blood, bodily fluids, pieces of tissue, fat or other bodily material may come in contact with or even attach to the lens. As a result of these conditions, visualization through the scope can be significantly diminished. Typically, the only solution to
35 fogging and debris collection on the lens is removal of

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the scope from the body cavity and defogging or cleaning the lens by wiping it with a cloth, warming the scope tip, or utilizing another defogging method. The need to remove the scope to defog and remove debris from the lens is inconvenient for the scope operator and the surgeon and can interrupt and undesirably prolong surgical procedures.

Summary of the Invention

One aspect of the invention provides a system comprising a sheath sized and configured to receive a laparoscope including a laparoscopic lens providing visualization of an operating cavity insufflated with CO₂ through operation of an insufflator circuit. The sheath also includes a lumen for passing air from a source across the laparoscopic lens to maintain visualization of the operating cavity. According to this aspect of the invention, the source comprises an air conveying assembly. The air conveying mechanism includes a housing and an air flow path self-contained within the housing. The air flow path comprises an inlet sized and configured for communication with the operating cavity and an outlet sized and configured for communication with the lumen of the sheath. The air conveying mechanism includes an air moving component self-contained within the housing in communication with the air flow path. The air conveying mechanism is powered independent of the insufflator circuit to convey CO₂ from the operating cavity through the air flow path for passage across the laparoscopic lens, to thereby maintain visualization of the operating cavity independent of operation of the insufflator circuit.

In one embodiment, the air conveying assembly can further include an air treatment component self-contained within the housing in communication with the air flow path that removes at least one undesired agent the air

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flow path and/or a dehumidifying component self-contained within the housing in communication with the air flow path that removes water vapor from the air flow path.

5 In one embodiment, the air conveying assembly can further includes a source of power self-contained within the housing for powering the air conveying mechanism and other powered components self-contained within the housing.

10 In one embodiment, the inlet of the air flow path can communicate with an air supply trocar.

Another aspect of the invention provides an assembly comprising a laparoscopic access device for accessing an operating cavity insufflated with CO₂ by operation of an insufflator circuit and an air conveying component
15 coupled to the laparoscopic access device. The air conveying component comprises an air flow path having an inlet in fluid communication with operating cavity and an outlet sized and configured for fluid communication with an external instrument. The air conveying component also
20 includes a air moving component in communication with the air flow path sized and configured to be continuously driven independent of the insufflator circuit to convey CO₂ from the operating cavity continuously through the air flow path to the external instrument.

25 In one embodiment, the laparoscopic access device and the air conveying component comprise an integrated, self-contained assembly.

Another aspect of the invention provides an air conveying component coupled to a sheath that is sized and
30 configured to receive a laparoscope including a laparoscopic lens providing visualization of an operating cavity. The sheath includes a lumen communicating with the outlet of the air conveying mechanism for passing CO₂ continuously conveyed by the driven air conveying component
35 across the laparoscopic lens to maintain visualization of

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the operating cavity. According to this aspect of the invention, the air conveying mechanism includes an air flow path having an inlet sized and configured for communication with a source of CO₂ and an outlet. The air
5 conveying mechanism also includes a driven air moving component in communication with the air flow path sized and configured to continuously convey CO₂ from the source through the air flow path to the outlet.

In one embodiment, the sheath and the air conveying
10 mechanism comprise an integrated-self-contained assembly.

Another aspect of the invention provides a method. The method comprises (i) operating an insufflator circuit to insufflate an operating cavity with CO₂, and (ii) visualizing the operating cavity insufflated with CO₂
15 through a laparoscopic lens. The method further includes (iii) independent of (i), operating an air conveying assembly to convey CO₂ from the operating cavity through an air flow path outside the operating cavity. The method includes (iv) passing CO₂ conveyed during (iii) across
20 the laparoscopic lens to maintain visualization of the operating cavity.

In one embodiment, the method can include, during (iii), removing at least one undesired agent from the air flow path and/or removing water vapor from the air flow
25 path.

Another aspect of the invention provides a method that couples a laparoscopic access device for accessing an operating cavity insufflated with CO₂ by operation of an insufflator circuit with an air conveying component.
30 The air conveying component comprises an air flow path having an inlet in fluid communication with operating cavity and an outlet sized and configured for fluid communication with an external instrument. The air conveying mechanism includes a air moving component in
35 communication with the air flow path sized and configured

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to be continuously driven independent of the insufflator circuit to convey CO₂ from the operating cavity continuously through the air flow path to the external instrument. The method includes driving the air moving
5 component.

Another aspect of the invention provides a method that couples an air conveying component with a sheath sized and configured to receive a laparoscope including a laparoscopic lens providing visualization of an operating
10 cavity. The air conveying component comprises an air flow path having an inlet sized and configured for communication with a source of CO₂ and an outlet. The air conveying mechanism includes a driven air moving component in communication with the air flow path sized
15 and configured to continuously convey CO₂ from the source through the air flow path to the outlet. According to this aspect of the invention, the sheath includes a lumen communicating with the outlet of the air conveying mechanism for passing CO₂ continuously conveyed by the
20 driven air conveying component across the laparoscopic lens to maintain visualization of the operating cavity. The method includes driving the air conveying mechanism.

Brief Description of the Drawings

Fig. 1A is a somewhat schematic view of a view
25 optimizing assembly for use with a laparoscope having a 0° shaft tip.

Fig. 1B is a section view of the sheath, showing internal fluid flow lumens, taken generally along line 1B-1B in Fig. 1A.

30 Fig. 2A is a somewhat schematic of a view optimizing assembly for use with a laparoscope having an angled shaft tip.

Fig. 2B is a section view of the sheath, showing internal fluid flow lumens, taken generally along line
35 2B-2B in Fig. 2A.

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Fig. 3A is an enlarged perspective view of a manifold that the view optimizing assembly shown in Fig. 1A or Fig. 2A incorporates, including a quick exchange coupling, and a quick exchange coupler that the tubing set shown in Fig. 1A or Fig. 2A incorporates, the coupling and the coupler being disconnected.

Fig. 3B is a sectional view taken generally along line 3B-3B in Fig. 3A, showing a one way check valve that is normally closed.

Fig. 4A is an enlarged perspective view of the manifold including a quick exchange coupling and the quick exchange coupler of the tubing set, as shown in Fig. 3A, but now connected.

Fig. 4B is a sectional view taken generally along line 4B-4B in Fig. 4A, showing the one way check valve that is opened by the connection of the quick exchange coupling and connectors.

Figs. 5A(1) and 5A(2) are enlarged, exploded views of the deflector assembly for use with a laparoscope having a 0° shaft tip.

Figs. 5B(1) and 5B(2) are enlarged, exploded views of the deflector assembly for use with a laparoscope having an angled shaft tip.

Fig. 6 is a schematic view of the critical physical, pneumatic, and optical characteristics of the deflector assembly shown in Figs. 5A and 5B.

Figs. 7 to 34 illustrate a representative method including the set up and use of the view optimizing assembly using sterile technique by technicians/operating room personnel.

Fig. 35A shows a view optimizing assembly for use with a laparoscope having a tubing set with an in-line air processing or conveying assembly.

Fig. 35B is an enlarged section view of the air processing or conveying assembly shown in Fig. 35A.

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Fig. 36 shows a view optimizing assembly for use with a laparoscope having an air processing or conveying assembly that forms an integrated part of the sheath component of the assembly.

5 Fig. 37 shows a view optimizing assembly for use with a laparoscope having an air processing or conveying assembly that forms an integrated part of a trocar that is used in association with the assembly.

10 Fig. 38 shows a pump filled with sterile fluid with a "surface-active agent" or surfactant that can be operated in association with a view optimizing assembly like that shown in the preceding drawings.

Description of the Preferred Embodiments

15 Although the disclosure hereof is detailed and exact to enable those skilled in the art to practice the invention, the physical embodiments herein disclosed merely exemplify the invention, which may be embodied in other specific structure. While the preferred embodiment has been described, the details may be changed without departing from the invention, which is defined by the claims.

I. View Optimizing Assembly

A. Overview

25 Figs. 1A/1B and Fig. 2A/2B show a view optimizing assembly 10 for use in association with a state of the art laparoscope 12. In Figs. 1A/1B, the laparoscope 12 possesses at 0° (blunt) shaft tip. In Figs. 2A/2B, the laparoscope possess an angle shaft tip (e.g., a 30° shaft tip or 45° shaft tip). The components of the view
30 optimizing assembly 10 may be made from plastic materials (extruded and/or molded), but other suitable materials, such as metal or a composite material, or combinations thereof could be used.

35 As will be described in greater detail, the view optimizing assembly 10 facilitates intra-operative

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defogging, surgical debris deflection, and cleaning of a laparoscope lens during minimally invasive surgery, while also maintaining visualization of the surgical site. The view optimizing assembly 10 is intended to be a single-use, disposable laparoscopic accessory. The view
5 optimizing assembly 10 is desirably a sterile accessory for immediate set up and use on a sterile operating field.

As shown in Figs. 1A and 2A, the view optimizing
10 assembly 10 comprises a multi-lumen sheath assembly 14, which mounts over the shaft of the laparoscope 12. The end of the shaft is sized and configured to match the size and configuration of the corresponding laparoscope 12, having a blunt tip in Fig. 1A and an angled tip in
15 Fig. 2A. The assembly 10 includes a tubing set 16 to connect the sheath 14 to an existing anhydrous carbon dioxide (CO₂) insufflation circuit.

In use, the view optimizing assembly 10 makes possible the practice of a surgical method for
20 maintaining clear visualization of the surgical site without removing the laparoscope 12 from the abdominal cavity for the purpose of cleaning or de-fogging its lens. Furthermore, the view optimizing assembly 10 also makes possible a surgical method for maintaining clear
25 visualization that includes the ability to make a quick exchange of laparoscopes having different operating characteristics (e.g., laparoscopes with different tip angles, lengths, or diameters) entirely on the sterile operating field and without interference with the
30 preexisting surgical set-up on the sterile operating field. The view optimizing assembly 10 integrates with the existing suite of minimally invasive instrumentation. It does not interfere with the surgical set-up, and it requires minimal change in the process or practice of a
35 surgical operating room (OR) team.

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The view optimization assembly 10 desirably comes packaged for use in sterile peel away pouches (see Fig. 7). As also shown in Figs. 1A and 2A, the pouches contain the components of the view optimization assembly 10, including the sheath 14 and a manifold 18 that is assembled to the sheath 14 and that includes a quick exchange coupling 20; the tubing set 16 which includes a quick exchange coupler 22 that mates with the quick exchange coupling 20 on the manifold 18; and (optionally) a vent device 24.

B. The Sheath / Manifold Assembly

As shown in Figs. 1A and 2A, the sheath 14 / manifold 18 assembly includes a sheath 14 that is sized and configured to receive a laparoscope 12 having a prescribed tip angle, length, and diameter. The sheath 14 includes a stop 26 (see Figs. 5A(2) and 5B(2) formed adjacent the distal end of the sheath 14. The stop 26 prevents advancement of the laparoscope 12 beyond the distal end of the sheath 14, so that lens at the distal end of the laparoscope 12 rests in a desired, generally coterminous alignment with the distal end of the sheath 14. The sheath 14 also includes a locking collar 28 at its proximal end to frictionally engage the laparoscope 12 and resist axial withdrawal of the laparoscope 12 from the sheath 14.

In use, it is expected that the laparoscope 12 will be inserted into the sheath 14 by a scrub nurse during set-up for the operation (see Figs. 8 to 11). The assembled laparoscopic and sheath 14 will then be handed as a unit to personnel at the operating room (OR) table at the desired time). The laparoscope 12 is then connected by personnel at the OR table in conventional fashion to a light cable 30 (which directs light to illuminate the operative field) and the camera cable 32 (which takes the image from the scope and displays it on

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monitors in the OR) (see Fig. 14). The sheath 14 is sized and configured not to interfere with this normal set-up of the laparoscope 12.

In use, the assembled laparoscopic and sheath 14 are placed as a unit through a trocar into the body cavity (e.g., the abdominal cavity), for viewing the surgical procedure as it is performed (see Fig. 16).

As shown in Figs. 1A and 2A, and as further shown in Figs. 3A, the sheath 14 / manifold 18 assembly also includes the manifold 18 at the proximal end of the sheath 14. The manifold 18 communicates with multiple lumens (five 34 to 42) are shown in the illustrated embodiment) formed within the wall of the sheath 14 (see Figs. 1B and 2B. In use, the lumens 34 to 42 convey anhydrous CO₂ to the distal end of the sheath 14; vent or exhaust air from the distal end of the sheath 14 through the manifold 18; and, if desired, convey sterile fluid and bursts of air to the distal end of the sheath 14. In a representative embodiment (see Figs. 1B and 2B), two lumens 34 and 36 are dedicated to the transport of CO₂; two lumens 40 and 42 are dedicated to venting; and one lumen 38 is dedicated to the transports of sterile fluid or air.

C. The Tubing Set

As previously described, the tubing set 16 includes a quick exchange coupler 22 that mates with the quick exchange coupling 20 on the manifold 18 (see Figs. 3A/3B and 4A/4B). The tubing set 16 includes lengths of flexible medical grade tubing with individual end couplers (best shown in Figs. 1A and 2A) that connect to an existing CO₂ insufflation circuit and, if desired, a source of sterile fluid (saline or sterile water, preferably with a "surface active agent") on the sterile operating field (e.g., a bag or a syringe). The tubing set 16 includes a Y-connector 44 that divides the

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anhydrous CO₂ output of the insufflation circuit in a first branch 46 for coupling to an insufflation trocar inserted in the body cavity (as will be described later), and a second branch 48 coupled to the quick exchange coupler 22.

The second branch 48 diverts a small portion of the CO₂ output (e.g., 20% or less) to the quick exchange coupler 22.

As shown in Figs. 3B and 4B, the quick exchange coupler 22 includes a one way check valve 50 that communicates with the second branch 48 of the tubing set 16. In the illustrated embodiment, the check valve 50 comprises a ball valve. Insufflation pressure normally presses the ball valve 50 against a ball valve seat 52 (as shown in Fig. 3B). A projection 54 in the manifold 18 displaces the ball valve 50 from the valve seat 52 when the quick exchange coupler 22 mates with the quick exchange coupling 20 on the manifold 18 (as shown in Fig. 4B). Unseating the ball valve 50 opens flow communication through the check valve 50. In the absence of coupling the quick exchange coupler 22 on the tubing set 16 to the quick exchange coupling 20 on the manifold 18, the check valve 50 remains closed, normally blocking flow of CO₂ through the second branch 48.

Thus, the tubing set 16 accommodates the set-up of the supply of the entire CO₂ output to a insufflation trocar through the tubing set 16, separate and independent of the connection of the tubing set 16 to the manifold 18 of the sheath 14.

As Figs. 3A and 4A further show, a latch 56 carried on a spring-biased button 58 on the quick exchange coupler 22 "clicks" into a detent 60 on the quick exchange coupling 20 on the manifold 18 to reliably lock the coupler 22 and coupling 20 together for use, opening the check valve to flow CO₂ through the second branch 48

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(shown in Figs. 4A/4B). Depressing the button 58 allows the quick exchange coupler 22 and coupling 20 to be separated, and the check valve 50 will close in response to insufflation pressure in the second branch 48 (as shown in Figs. 3A/3B).

Connection of the quick exchange coupling 20 on the manifold 18 to the quick exchange coupler 22 on the tubing set 16 is intended to occur at the OR table in the normal course, after the laparoscope 12 is connected to the light cable 30 and the camera cable 32 (see Fig. 15). Upon coupling, the one way check valve 50 is opened, and the manifold 18 directs the small portion of CO₂ from the CO₂ insufflation circuit. Disconnection of the of the quick exchange coupling 20 on the manifold 18 to the quick exchange coupler 22 on the tubing set 16 is also intended to occur at the OR table in the normal course, after a removal and/or exchange of a laparoscope 12 (see Fig. 22).

D. The Vent Device

The vent device 24 (see Figs. 1A and 2A) comprises a tube with an inline membrane 62 that restricts air flow through the tube. A proximal end of the tube is sized and configured to couple to a stopcock valve of a conventional trocar, as will be described later. In use, the vent device 24 provides a controlled leak of CO₂ from the operating cavity, as will also be described in greater detail later.

E. The Deflector Assembly

1. CO₂

The sheath 14 includes at its distal end a deflector assembly 64 (see Figs. 5A(1) and 5A(2) for a blunt shaft tip and Figs. 5B(1) and 5B(2) for an angled shaft tip). The deflector assembly 64 projects a predetermined distance beyond the distal end of the sheath 14, and thus also a predetermined distance beyond the lens at the

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distal end of the laparoscope 12. The deflector assembly 64 communicates with the lumens in the sheath 14. The deflector assembly 64 is sized and configured to direct the small portion of the CO₂ from the insufflation circuit in a prescribed flow path and flow velocity continuously across the laparoscopic lens.

The desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens creates a "wind shear." The wind shear path of anhydrous CO₂ prevents fogging. The desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens also desirably serves to deflect smoke and surgical debris away from the laparoscopic lens during surgery.

2. Physical, Pneumatic, and Optical

Characteristics of the Deflector Assembly

The size and configuration of the deflector assembly 64 are defined and constrained by several, sometime overlapping considerations including (i) prescribed physical characteristics, which are imposed due to the need to access the operating environment in as minimally invasive manner as possible and to be compatible with state of the art laparoscopes and other laparoscopic surgical instruments and techniques; (ii) prescribed pneumatic characteristics, which are imposed due to the need to create a particular "wind shear" effect in terms of the flow path and flow velocity of CO₂ across the laparoscopic lens; and (iii) prescribed optical characteristics, which are imposed due to the need to prevent interference with the field of view and the visualization of the operating field by the laparoscope 12.

3. Physical Characteristics

The size and configuration requirements for

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minimally invasive access compatible with state of the art laparoscopic instrumentation and techniques are paramount. These requirements impose constraints upon the minimum inside diameter of the sheath 14 as well as the maximum outside diameter of the sheath 14. Because state of the art laparoscopes are provided with different shaft diameters, lengths, and lens configurations, the sheath dimensions and configuration change for compatibility with them. The view optimizing assembly 10 actually includes a family of sheath 14 / manifold 18 assemblies differently sized and configured to accommodate different classes of laparoscopes, to make possible compatibility with the families of state of the art laparoscopes that are in use.

For example, state of the art laparoscopes include 10 mm laparoscopes, 5 mm laparoscopes, and, within these sizes, 0° shaft tips, 30° shaft tips, and 45° shaft tips. Further, within these classes of laparoscopes, manufacturing tolerances typically vary from scope to scope, as well as from manufacturer to manufacturer. A given sheath 14 / manifold 18 assembly for a given laparoscope class (e.g., 10 mm or 5 mm) desirably takes these typical manufacturing and manufacturer variances into account, and is desirably sized and configured to fit the largest scope variance encountered within a given laparoscope class.

To maximize the fluid flow lumen area within the sheath 14, the minimum inside diameter of a given sheath 14 must closely conform to the maximum outside diameter of the shaft of the particular state of the class of laparoscope 12 selected for use, which the sheath 14 must accommodate in a smooth, sliding fit. Further, a gap between the outside diameter of the laparoscope shaft and the inside diameter of the sheath 14 must be minimized to avoid the transport and leakage of blood and fluids from

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the operating field. Still further, minimizing the gap also assures that the laparoscope 12 self-centers in the sheath 14, thereby assuring faithful and accurate visualization through the laparoscope lens.

5 For example, for a typical laparoscope 12 in the 10 mm class, which measures 0.392 inch, the inside diameter of the sheath 14 is manufactured to .405 inch, providing a gap thickness of 0.0064 inch. For a 5 mm laparoscope 12
10 in the 5 mm class, which measures 0.196 inch, the inside diameter of the sheath 14 is manufactured to 0.218 inch, providing gap thickness of 0.011 inch.

 The maximum outside diameter of the sheath 14 for minimally invasive access must take into account the minimum inside diameter of the trocar, which the maximum
15 outside diameter cannot exceed.

 For example, for a typical 10 mm trocar that measures 0.509 inch, the outside diameter of the sheath 14 is manufactured to 0.486 inch, providing a gap thickness of 0.0115 inch. For a typical 5 mm trocar that
20 measures 0.324 inch, the outside diameter of the sheath 14 is manufactured to 0.300 inch, providing a gap thickness of 0.012 inch.

 It is desirable, given the particular size and configuration constraints of the laparoscopic
25 instrumentation and techniques used, to maximize the outside diameter to the extent possible. This is because, together the inside and outside diameters of the sheath 14 define the wall thickness for the sheath S_w . The wall thickness S_w , together with the length of the sheath 14,
30 in turn, define the maximum area available for the transport of the CO₂ and fluids by the sheath 14. The area of the fluid flow lumen or lumens dedicated to the supply of CO₂, in turn, defines the maximum flow rate of the CO₂ directed by the deflector assembly 64. The flow
35 rate should be sufficient at a minimum, given the output

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of the insufflator selected for use, to supply anhydrous CO₂ across the lens of the laparoscope 12 sufficient to prevent fogging. Also affecting the effectiveness of the CO₂ to defog the lens, is the water content of the anhydrous CO₂. Given the same flow rate, the less water that is present in the anhydrous CO₂, the greater is the defogging capacity of the assembly. Further, the flow rate desirable should also be sufficient to deflect smoke and surgical debris away from the viewing field of the laparoscopic lens during surgery, so that the anhydrous CO₂ directed by the deflector assembly 64 both defogs and deflects debris.

Medical grade CO₂ for use with conventional insufflators is typically 99% pure, that is, no more than 1% of the gas is other than CO₂, and such medical grade anhydrous CO₂ generally has a maximum moisture content of 25 parts per million by volume. Typically, a state of the art insufflator circuit delivers anhydrous CO₂ at a max flow rate of about 20 liters per hour. Typically, the insufflator circuit will sense pressure in the circuit and cycle off when the sensed pressure is at or above 15 mmHg and cycle on when the sensed pressure is below 15 mmHg.

Given the above sheath dimensions, and given the supply of typical medical grade anhydrous CO₂, a flow rate of at least about 1.0 liters per minute is critical to achieving this objective. Given the above dimensions, and the supply of typical medical grade anhydrous CO₂, a flow rate less than 0.8 liters per minute is not sufficient to prevent significant accumulation of moisture on the laparoscope lens.

In a representative embodiment, for a sheath 14 having an inside diameter of .405 inch and an outside diameter of .486 inch, and a length of 11.25 inch (which accommodates passage of a typical 10 mm laparoscope and

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its own passage through a conventional trocar) (i.e., S_w
= .081 inch), the total area available in the sheath wall
is 0.056 square inches. Based upon required structural
support within the wall (inside, outside, and radial) the
5 total available area for lumens to transport fluids is
0.027 square inch.

In a representative embodiment, the total lumen area
is occupied by five lumens 34 to 42, two for transporting
CO₂ (34 and 36), one for sterile fluid (38), and two for
10 passive exhaust air venting (40 and 42).

The area of each lumen can be maximized by selection
of lumen geometry. In a representative embodiment, lumen
geometry is generally triangular or pie shaped with
rounded corners. The radial walls that separate the
15 lumens within the sheath 14 are sized to minimize the
spacing between the lumens.

In a representative embodiment, CO₂ transport is
accomplished by two lumens 34 and 36 that extend about
175 degrees about the outer circumference of the sheath
20 14 and comprising a flow area of 0.013 square inches.
Sterile fluid transport is accomplished by one lumen 38
comprising a flow area of 0.003 square inches. Exhaust
air venting is accomplished by two lumens 40 and 42
comprising a flow area of 0.011 square inches. The distal
25 openings of the exhaust lumens 40 and 42 desirably are
spaced from the distal end of the sheath, to prevent
uptake of blood and fluids.

4. Pneumatic Characteristics.

As diagrammatically shown in Fig. 6, the deflector
30 assembly 64 must overhang the laparoscopic lens by a
prescribed transverse distance, defining a deflection
width X, sufficient to change the direction of CO₂
flowing axially through lumens of the sheath 14 (i.e.,
along the axis of the laparoscope shaft) into a non-
35 axially, transverse path across the laparoscopic lens

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(i.e., at an angle relative to the axis of the laparoscope shaft). Still, the distance of the deflection width X should not extend to the point that obstructs the field of the view of the laparoscopic lens. This is an example where a pneumatic characteristic of the deflector assembly 64 overlaps with an optical characteristic. Further optical characteristics will be described in greater detail below.

The deflector assembly 64 must also project axially beyond the distal terminus of the sheath 14 by a prescribed axial distance, defining an air channel distance Y, sufficient to maintain the CO₂ flowing along the path bounded by the deflection width X at a distance sufficiently close (proximal) to the laparoscopic lens to achieve the desired shear flow effect, but without forming an abrupt flow bend that can lead to a reduction in the desired CO₂ flow velocity.

Together, the deflection width X and the channel distance Y define the pneumatic characteristics of the deflection assembly. At the desired minimum flow rate, the pneumatic characteristics create a flow path that conveys CO₂ continuously across the laparoscopic lens at the desired flow velocity, in shorthand called the "wind shear." The pneumatic characteristics of the CO₂ "wind shear" across the laparoscopic lens prevent fogging, as well as desirably deflect smoke and surgical debris away from the viewing field of the laparoscopic lens during surgery.

Together, the pneumatic characteristics defined by the deflection width X and the channel distance Y create an exit angle A_{EXIT} , measured between the plane of the laparoscopic lens and the terminal edge of the deflector assembly 64. The exit angle A_{EXIT} must be less than a maximum angle of 45 degrees, else the flow path of the CO₂ will not pass sufficiently both across and proximal

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to the laparoscopic lens. To maintain a desired exit angle A_{EXIT} , the channel distance Y should be at least equal to the wall thickness of the sheath S_W and should not exceed 1.5 times the wall thickness of the sheath S_W .

5 The deflection width X should be at least equally to two times the channel distance Y , but not extend into the field of view of the laparoscopic lens.

5. Optical Characteristics

The optical characteristics of the deflector
10 assembly 64 are selected (i) to not block or reduce the illuminated image of the operating field provided by the laparoscope 12; (ii) not decrease the intensity of the illumination provided by the laparoscope 12 on the operating field; and (iii) prevent reflection of
15 illumination light at the lens of the laparoscope 12.

As discussed above, the maximum deflection width X takes into account one of the desirable optical characteristics; namely, the deflection width X should not obstruct the field of the view of the laparoscopic
20 lens.

To prevent the decrease of the illumination, the deflector assembly 64 is desirably made from a material having high light transmission properties (i.e., transparency), to not interfere with the passage of light
25 through the light cable 30 onto the operating field as well as the passage of the reflected image conveyed to the camera cable 32 of the laparoscope 12.

Furthermore, the material and surface finish of the deflector assembly 64 must pose minimal reflectivity to
30 light. In a representative embodiment, the deflector assembly 64 is made from Bayer Makrolen Rx1805 with a surface finish defined as SPI/SPE A-3.

6. Orientation

As before described, CO₂ transport is accomplished
35 by two lumens 34 and 36 that extend about 175 degrees

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about the outer circumference of the sheath 14. For a 0° shaft tip (see Fig. 5A), the orientation of the deflector assembly 64 relative to the laparoscopic lens is not critical. However, for angled shafts (e.g., 30° shaft tips and 45° shaft tips) (see Fig. 5B), the orientation of the deflector assembly 64 relative to the laparoscopic lens is critical.

As Fig. 5B shows, the angled tip of a typical laparoscope 12 has a high end 66 and a low end 68. The lens slopes at the prescribed angle between the high end 66 and the low end 68. In a laparoscope 12 having an angled tip, the illumination cable 30 (transmitting light onto the operating field) is located at the high end 66 of the angled tip, and the camera cable 32 (transmitting reflected light back to the camera) is located at the low end 68 of the angled tip. To provide the desired wind shear effect on an angled tip, it is critical that the deflector assembly 64 be oriented relative to the sloped laparoscopic lens such that the flow CO₂ is directed across the sloped plane of the lens from the low end 68 of the tip toward the high end 66 of the tip. In this arrangement, the defogging and debris deflection flow path originates proximal to the camera cable 32, which effectively comprises the eyes of the OR team. In this arrangement, the desired exit angle A_{EXIT} directs the flow path of the CO₂ both sufficiently across and proximal to the sloped plane of the laparoscopic lens to achieve optimal defogging and debris deflection.

F. Sterile Fluid Flush

As previously explained, if desired, the tubing set 16 can also include, connected to the quick exchange coupler 22, a length of tubing 70 sized and configured for connection to a source 72 of sterile fluid, such as saline or sterile water (as shown in Figs. 1A and 2A). Preferably, the sterile fluid includes in solution a

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"surface-active agent" that stabilizes mixtures of oil and water (e.g., fat) by reducing the surface tension at the interface between the oil and water molecules.

5 The quick exchange coupling 20 on the manifold 18 (see Fig. 3A/3B and 4A/4B) can also include a port to integrally connect the sterile fluid tubing 70 to direct the sterile fluid through the separate lumen 38 in the sheath 14 to the distal end of the sheath 14. The deflector assembly 64 directs the sterile fluid across
10 the laparoscopic lens.

As shown in Figs. 1A/2A, the sterile fluid tubing 70, if present, desirably includes an in-line pumping device 72. The in-line pumping device 72 is sized and configured to be operated on demand by a person at the OR
15 table to convey bursts of sterile fluid through the manifold 18 through the lumen to the distal end of the sheath 14. The in-line pumping device 72 and source can be integrated and comprise, e.g., a 20cc syringe filled with sterile fluid and connected by a tubing luer-lock on
20 the saline tubing. Alternatively, the in-line pumping device 72 and source can be separate and comprise, e.g., a bag of sterile fluid, a spike connection on the saline tubing of the tubing set 16 to open communication with the bag in conventional fashion, and an inline squeeze
25 bulb or the like to pump burst of sterile fluid from the bag to the quick exchange coupler 22.

In this arrangement, the deflector assembly 64 is also sized and configured to direct the burst of sterile fluid in a desired path across the laparoscopic lens. The
30 bursts of sterile fluid serve to flush debris off the end of the lens that may eventually accumulate, thereby cleaning the lens. Thereafter, bursts of air supplied through the deflector assembly 64 by a squeeze pump 74 in the tubing set 16 (see Figs. 1A/2A) serve to clear
35 residual fluid droplets off the lens and away from the

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deflector assembly 64 to maintain the desired flow path and flow velocity of CO₂ established by the deflector assembly 64 continuously across the laparoscopic lens, to maintain an acceptable view.

5 In an illustrative embodiment (see Figs. 5A and 5B), the deflector assembly 64 directs the bursts of sterile fluid or air along a plurality of individual diverging channels 76 (three are shown). The diverging channels 76 distribute the bursts of sterile fluid or air in a fanning pattern across the lens of the laparoscope 12. In the illustrative embodiment, the diverging channels 76 discharge the bursts of sterile fluid or air in a path that is generally ninety-degrees to the path of CO₂. This orientation of the sterile fluid path relative to the CO₂ path across the lens, optimal for effective lens cleaning, applies to both 0° shaft tips and angled tips (e.g., 30° shaft tips and 45° shaft tips).

II. Use of the View Optimizing Assembly

20 The view optimizing assembly is well suited for use as a single-use disposable laparoscopic accessory device to facilitate intra-operative defogging and debris deflection (due to the flow of anhydrous CO₂) and cleaning of the lens of a laparoscope 12 (due to burst of sterile fluid, preferably including a "surface-active agent") during minimally invasive surgery, while also maintaining visualization of the surgical site.

30 Figs. 7 to 34 illustrate a representative method including the set up and use of the view optimizing assembly using sterile technique by qualified technicians/operating room personnel.

35 The procedure can be incorporated into written instructions for use that accompany the packaging. The instructions can also be supplied separately, e.g., embodied in separate instruction manuals, or in video or audio tapes, CD's, and DVD's. The instructions for use

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can also be available through an internet web page.

The instructions can direct the OR set-up to peel open the outer pouches in which the components of the view optimizing assembly (shown in Fig. 7), and remove the sterile contents on the sterile field. The sheath 14 / manifold 18 assembly is removed, taking care to prevent damage to the walls of the sheath 14 or to its distal end, and also keeping the tubing set 16 and vent device 24 on the sterile field prior to making necessary connections.

During set up (see Figs. 8 and 9), the sheath 14 (with the manifold 18, which is integrally connected to the sheath 14 during manufacture, called a sheath assembly) can be assembled to the corresponding laparoscope 12. In this representative example, it is contemplated that the OR team plan to use a 0-degree laparoscope 12 (see Figs. 8 and 9) and at least one angled laparoscope 12 (see Figs. 10 and 11), e.g., a 30-degree and/or a 45-degree laparoscope 12. Therefore, during set-up, a sheath assembly for each laparoscope 12 selected for use will be pre-assembled to the corresponding laparoscope 12.

As Figs. 8 and 10 show, while gently pressing the tip of the sheath assembly against one hand or fingertip, the laparoscope 12 can be inserted down into the sheath 14. The sheath 14 is sized and configured so that the laparoscope 12 will slide smoothly through the sheath 14. Insertion continues until the lens and distal rim of the laparoscope 12 seat against the stop at the distal end of the sheath 14. The laparoscope 12 will "bottom out" inside the sheath 14 against the stop 26, assuring correct axial alignment of the lens with the deflector assembly 64.

If the laparoscope 12 is angled (as shown in Fig. 10), the corresponding sheath assembly will also include

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an alignment fork guide 78. The light post of the scope seats within the alignment fork guide 78, therefore assuring correct rotational alignment between the angled lens and the deflector assembly 64.

5 The laparoscope 12 (now fully inserted into the sheath 14) the manifold 18 are supported by hand, a member of the OR set-up team rotates the locking collar 28 on the sheath assembly in the desired direction, e.g., clockwise (see Figs. 9 and 11), indicated by an arrow on
10 the locking collar 28, until a firm stop is felt tactilely (e.g., after approximately one-third (1/3) of a turn). Registration of an alignment mark on the locking collar 28 and an alignment mark on the manifold 18 serves to visually confirm that the laparoscope 12 is secured
15 against axial movement relative to the sheath 14.

 The insufflator is set up off the sterile field. Once the patient is draped on the sterile field, and it is expected that the end of the output tubing from the insufflator (originating from the insufflator off the
20 sterile field) will be brought onto the sterile field. It is also expected that the light cable 30 and the camera cable 32 for the laparoscope 12 will be brought onto the sterile field.

 As Figs. 12 and 13 generally show, the OR team makes
25 an incision to gain access to the laparoscopic operating site within the body, e.g., into the abdominal cavity through the abdominal wall. A first trocar with a stopcock valve (which may take the form of an optical trocar) is inserted through the incision. Alternatively,
30 according to physician preference, the first trocar can be pushed through abdominal wall with only a skin incision. The obturator (the sharp inner insert of the trocar) is removed from the first trocar once it is in position.

35 The insufflator line of the tubing set 16 on the

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sterile field is connected to the output tubing of the insufflator circuit on the sterile field. The first branch 46 of the tubing set 16 on the sterile field, originating at the Y-connector 44, is coupled to the stopcock valve of the first trocar (see Fig. 13). The stopcock valve is opened, and the insufflator is turned on. CO2 output of the insufflation circuit inflates the abdomen through the first trocar.

During this time (see Figs. 8 and 10), the second branch 48 of the tubing set 16 on the sterile field, also originating at the Y-connector 44, and the quick exchange coupler 22 integrally attached to it can remain on the sterile field in a free, unconnected condition as the insufflator supplies CO2 through the first branch 46. The one-way check valve in the quick exchange coupler 22 serves to block flow of CO2 through the second branch 48, even as the insufflator supplies CO2 through the first branch 46. The entire CO2 pressure of the insufflator circuit is, at the present, delivered to the first trocar through the first branch 46.

The first laparoscope 12 selected for use, which has been pre-inserted into the sheath 14 by the OR set-up team as just described, is handed to personnel at the OR table at the appropriate time. On the sterile field, personnel at the OR table connect the light cable 30 and the camera cable 32 to the laparoscope 12 (see Fig. 14). On the sterile field, personnel at the OR table now connect the quick exchange coupler 22 of the tubing set 16 to the quick exchange coupling 20 of the manifold 18 (see Fig. 15). The one way valve opens, and a small portion of the output of the insufflator circuit is routed by the second branch 48 through the manifold 18 into to the sheath 14.

The laparoscope / sheath assembly is then placed as an integrated unit through the first trocar to get an

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initial view of the abdominal cavity (see Fig. 16). Due to the technical features of the deflector assembly 64, CO₂ flows over the lens, eliminating fogging and also deflecting away debris. If present, the pump (e.g., the 5 20cc syringe) filled with sterile fluid (preferably with a "surface-active agent") and connected to the tubing luer-lock, can be operated by personnel at the OR table to flush sterile fluid through the deflector assembly 64 of the sheath 14. The deflector assembly 64 directs the 10 fluid bursts across the lens in a path generally 90-degrees offset from the CO₂ path. Once this is done, the bulb on the tubing set 16 can be pumped several times introduce bursts of air to clear droplets off the lens and away from the tip deflector, to maintain to the 15 continuous directed flow of CO₂ across the laparoscopic lens.

Once a satisfactory view is achieved, additional ancillary trocars with stopcock valves, e.g. three to four, or more, are also placed through incisions to 20 provide access for other instruments (see Fig. 17). The trocar vent device 24 provided with the view optimizing assembly is desirably placed in the stopcock of one of the ancillary trocars, and the stopcock valve is opened (see Fig. 18).

25 As Fig. 19 shows, a member of the OR team preferable decouples the main insufflation line (the first branch 46 tubing of the Y-connector 44 of the tubing set 16) from the first trocar to the stopcock valve of another available trocar on the sterile field (except the trocar 30 to which the vent device 24 is coupled). This other trocar then serves as the main insufflation trocar, separate from the first trocar, which now serves as the main visualization trocar. In this way, the main CO₂ insufflation provided for the duration of the surgery is 35 provided by an insufflation trocar that is also not the

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visualization trocar. The controlled leak of insufflation pressure that the vent device 24 provides creates a pressure gradient within the pneumo-peritoneum that helps maintain a generally continuous flow of CO₂ from the deflector assembly 64 across the lens, despite periodic
5 cycling of the insufflator. Lumens 40 and 42 in the sheath 14 (previously described) can also serve as additional passive vents, to leak insufflation pressure out through the manifold 18.

10 The surgery proceeds. The deflector assembly 64 provides intra-operative defogging and cleaning of the laparoscope lens during the minimally invasive surgery, while maintaining visualization of the surgical site. The sterile fluid flush mechanism can be used, as desired, if
15 required to augment visualization by flushing the lens. If this is done, the bulb on the tubing set 16 should be pumped several times to clear droplets off the lens and away from the deflector assembly 64 to maintain the CO₂ curtain across the lens.

20 During the surgery, the OR team can decide, e.g., that one portion of the procedure is better visualized with a different angle scope. The quick exchange features of the coupler of the tubing set 16 and the coupling of the manifold 18, greatly facilitate the exchange of one
25 laparoscope 12 for another with minimal interruption of the surgical procedure and without compromising the sterile field.

To exchange one laparoscope 12 for another, a member of the OR team withdraws the laparoscope/ sheath assembly
30 an integrated unit from the visualization trocar (see Fig. 20).). A member of the OR team disconnects the laparoscope 12 from the light cable 30 and camera cable 32 (see Fig. 21). A member of the OR team uncouples the quick exchange coupler 22 from the quick exchange
35 coupling 20, freeing the laparoscope/ sheath assembly

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from the tubing set 16 (see Fig. 22). The disconnected laparoscope/ sheath assembly is handed as an integrated unit to a member of the OR team, e.g., a scrub nurse (see Fig. 23). There is no reason to remove the sheath 14 from the matching laparoscope 12 at this time. This can be accomplished later, after the surgery is all done.

The laparoscope/ sheath assembly that includes the second laparoscope 12 that is to be used, has already been assembled into an integrated unit, as previously described. This pre-assembled unit is handed to a member of the OR team (see Fig. 24). A member of the OR team connects the second laparoscope 12 to the light cable 30 and camera cable 32 (see Fig. 25). A member of the OR team couples the quick exchange coupler 22 of the tubing set 16 to the quick exchange coupling 20, connecting the second laparoscope/ sheath assembly in flow communication with the tubing set 16 (see Fig. 26), completing the quick exchange. The second laparoscope/ sheath assembly is inserted into the visualization trocar (see Fig. 27).

The quick connect feature functions with a manifold 18 associated with every sheath 14. The tubing set 16 on the sterile field can be rapidly disconnected, but need not, and desirably is not, exchanged with another tubing set 16. During a given surgical procedure, the same tubing set 16 serves every laparoscope / sheath assembly used (unneeded tubing sets 16 that came with the additional sheaths can be simply discarded).

The surgery proceeds using the second laparoscope / sheath assembly.

Additional quick exchanges of laparoscopes can be accomplished as surgery proceeds in the manner just described.

Once surgery is completed, all instruments, including the laparoscope / sheath assembly in use are removed from the visualization trocar (see Fig. 28). A

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member of the OR team disconnects the laparoscope 12 from the light cable 30 and camera cable 32 (see Fig. 29). A member of the OR team uncouples the quick exchange coupler 22 from the quick exchange coupling 20, freeing the laparoscope/ sheath assembly from the tubing set 16. The laparoscope / sheath assembly is handed to a member of the OR team (see Fig. 31), and placed alongside previously used laparoscope/ sheath assemblies (see Fig. 32).

Access sites are closed. The insufflator is shut off. The tubing set 16 is disconnected from the insufflator circuit. The lock collars on the manifolds 18 are loosened, and laparoscopes are withdrawn from the sheaths for reuse (Fig. 33). The sheaths and tubing set 16 are disposed of (Fig. 34).

Some trocars are called "optical trocars" that have a lumen within the obturator, that is within the trocar. If the lens of a laparoscope 12 is first placed into the center of an optical trocar to guide the first trocar insertion, then the sheath 14 cannot be present on the laparoscope 12, as the combination cannot fit through the lumen of the obturator. In this situation, the laparoscope 12 is used without a sheath 14 is used to place the first trocar. The laparoscope 12 is then inserted through the sheath 14, and connection of the tubing set 16 occurs in the manner just described. With the obturator removed from the trocar, the laparoscope / sheath assembly is placed through the first trocar in the manner described.

III. Self-Contained Supply and Processing of Air For the Deflector Assembly

Fig. 35A shows a view optimizing assembly 10 for use in association with a state of the art laparoscope 12, like that shown in Figs. 1A/1B (blunt tip) and Fig. 2A/2B (angle shaft tip). In many respects, the assembly 10

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shown in Fig. 35A includes components like that shown in Figs. 1A/1B and 2A/2B, and common reference numbers are likewise assigned to these common components.

As shown in Fig. 35A, the view optimization assembly
5 10 includes a sheath 14 and a manifold 18 that is assembled to the sheath 14 and that includes a quick exchange coupling 20; a tubing set 16 which includes a quick exchange coupler 22 that mates with the quick exchange coupling 20 on the manifold 18; and (optionally)
10 a vent device 24. The sheath 14 is sized and configured to receive a laparoscope 12 having a prescribed tip angle, length, and diameter.

In Figs. 1A/1B and 2A/2B, the tubing set 16 includes lengths of flexible medical grade tubing with a coupler
15 44 that connected to an existing CO2 insufflation circuit. As previously described, in this arrangement, the deflector assembly 64 is sized and configured to direct the small portion of the CO2 from the insufflation circuit in a prescribed flow path and flow velocity
20 across the laparoscopic lens. In this arrangement, as previously explained, a second branch 48 of the tubing set 16 diverts a small portion of the CO2 output (e.g., 20% or less) of the insufflation circuit to the quick exchange coupler 22. When coupled to the manifold 18, the
25 diverted portion of the CO2 output is conveyed through lumens in the sheath 14 to a deflector assembly 64 at the distal end of the sheath 14 (see Figs. 5A(1) and 5A(2) for a blunt shaft tip and Figs. 5B(1) and 5B(2) for an angled shaft tip). As previously described, conventional
30 insufflators are adapted to cycle on and off to maintain a preset and suitable pressure within the patient's body cavity. Therefore, when the insufflation circuit is cycled off, the diverted portion of the CO2 output conveyed to the deflector assembly 64 is interrupted.

35 The embodiment shown in Fig. 35A differs from the

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previously described embodiment in that the second branch 48 of the tubing set 16 is not coupled to the insufflation circuit. Rather, the tubing set 16 is coupled to a separate, dedicated air supply trocar 98 (with stop cock valve). The trocar 98 is placed through an incision, and when the stop cock valve is opened, provides communication with the insufflated CO₂ environment present in the operating cavity. With the obturator removed, the trocar 98 may also serve to provide additional access for an instrument into the operating cavity.

In this arrangement, the second branch 48 includes an in-line air processing or conveying assembly 100 (see also Fig. 35b) contained within a housing coupled in air flow communication with the tubing of the second branch 48. The in-line air processing or conveying assembly 100 serves to draw air from the insufflated CO₂ environment present in the operating cavity through the trocar 98, for delivery by the sheath 14 continuously through the deflector assembly 64, independent of operation of the insufflation circuit itself. Even when the insufflation circuit is cycled off, the air processing or conveying assembly 100 operates to draw air from the insufflated CO₂ environment present in the operating cavity, to the deflector assembly 64 of the sheath 14. Further, the in-line air processing or conveying assembly 100 can also serve to beneficially process or treat the air drawn from the insufflated CO₂ environment present in the operating cavity, after it is removed from the operating cavity and before it is conducted by the deflector assembly 64, to remove, e.g., smoke, particulates, aerosolized pathogens, and water vapor from the airflow before it is conducted by deflector assembly 64 across the lens of the laparoscope.

The air processing or conveying assembly 100 can be

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variously sized, configured, and constructed. In the embodiment exemplified in Figs. 35A and 35B, the air processing or conveying assembly 100 includes, self contained within the housing, a driven air moving component 102. In the illustrated embodiment, the driven air moving component 100 comprises a powered turbine or a powered blower or fan 102. The turbine, blower or fan 102 is powered to rotate and establishing a flow of air from the insufflated CO₂ environment present in the operating cavity, through a lumen in the wall of the trocar 98, and into the second branch 48. Desirably, the turbine, blower, or fan 102 is sized and configured to deliver airflow through the deflector assembly 64 at a rate of at least 1.0 l/min.

The air processing or conveying assembly 100 can further include, self-contained within the housing in the path of airflow established by the turbine, blower, or fan 102, one or more elements 104 that trap smoke, particulates, aerosolized pathogens, odors, chemical toxins, and other undesired agents from a physiologic airflow. For example, the element 104 can include a filter media. The filter media can be sized and configured to beneficially remove, e.g., airborne particles, smoke, pathogens, and toxins from the airflow.

The filter media 104 can comprise, e.g., at least one layer of an ultra low particulate air (ULPA) filtration material and/or a high efficiency particulate air (HEPA) filtration material to remove a high percentage (e.g., 99+%) of airborne particles from the airflow. Such filtration materials can comprise, e.g., an array of randomly arranged microfibers -- e.g., ULPA grade hydrophobic glass, PTFE, or polypropylene microfibers -- which are sized and configured to remove small sized pollutants and particles (e.g., as small as 0.1 micron (aerosolized) particles), by interception,

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impaction, and/or diffusion in association with the media.

5 The filter media 104 can comprise, in addition to the ULPA and/or HEPA filtration material, at least one layer of a material that absorbs smoke, odors and chemical toxins from the airflow. The layer can be formed by or incorporate, e.g., carbon or charcoal based material, or a diatomaceous earth material, or other odor removing or reducing agents.

10 The air processing or conveying assembly 100 can further include, self-contained within the housing in the flow path established by the turbine, blower, or fan 102, a dehumidifying unit 106 for removing adsorbing water vapor from the airflow. The dehumidifying unit 106 can be
15 variously sized and configured. The dehumidifying unit 106 can comprise, e.g., one or more desiccant materials having a high affinity for adsorbing water vapor, such as silica gel. The desiccant material can be sized and configured in a "rotor" form, comprising alternate layers
20 of flat and corrugated sheets impregnated with the active component (desiccant) to form a large number of axial air channels running parallel through the rotor structure. As air passes through these channels, moisture is transferred between the air and the desiccant.

25 Alternatively, the dehumidifying unit 106 can comprise an electronic dehumidifier, using, e.g., a peltier heat pump to generate a cool surface for condensing the water vapor from the airflow. Electronic dehumidifiers have the benefit of being very quiet when
30 in use, and make possible very small dehumidifying units 106.

Desirably, the dehumidifying unit 106 provides a dehumidified airflow having a moisture content of 25 parts per million by volume or less.

35 The air processing or conveying assembly 100

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desirably includes, self-contained within the housing, a source of power 108 for the driven turbine, blower or fan 102 and other components requiring energy to function, e.g., the electronic dehumidifying unit 106 (if present).

5 The source of energy 108 may comprise, e.g., a battery which is rechargeable, or a disposable battery or batteries which are replaced, or a capacitor.

In the arrangement shown in Fig. 35A, the second branch 48 of the tubing set 16 delivers air processed by the air processing or conveying assembly 100 to the quick exchange coupler 22. When coupled to the manifold 18, the air processed by the air processing or conveying assembly 100 is continuously conveyed through lumens in the sheath 14 to a deflector assembly 64 at the distal end of the sheath 14. The deflector assembly 64 is sized and configured to direct the air processed by the air processing or conveying assembly 100 in a prescribed flow path and flow velocity continuously across the laparoscopic lens, in the manner previously described.

20 The desired flow path and flow velocity of air processed by the air processing or conveying assembly 100 established by the deflector assembly 64 across the laparoscopic lens creates a continuous "wind shear," which in this embodiment is independent of operation of the insufflation circuit. The wind shear path of air processed by the air processing or conveying assembly 100 (being dehumidified) prevents laparoscopic lens fogging. The wind shear path or air processed by the air processing or conveying assembly 100 (being also treated to remove smoke and other debris) also desirably serves to deflect smoke and surgical debris away from the laparoscopic lens during surgery, in the manner previously described.

As further shown in Fig. 35A, and as previously described, the assembly 10 can include a pump 72 (e.g.,

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the 20cc syringe) filled with sterile fluid (preferably with a "surface-active agent" or surfactant 112, as Fig. 38 further shows). As previously described, the pump 72 can be operated by personnel at the OR table to flush
5 sterile fluid through the deflector assembly 64 of the sheath 14. The deflector assembly 64 directs the fluid bursts across the lens in a path generally 90-degrees offset from the airflow path, as previously described.

In this arrangement, the tubing set 16 can also
10 include an in-line bulb 110 carried in an upstream flow direction from the air processing or conveying assembly 100. The tubing set 16 also includes, in an upstream flow direction from the bulb 110, a one-way valve 114 that prevents fluid flow from the bulb 110 toward the air
15 processing or conveying assembly 100. The bulb 110 can be pumped several times introduce bursts of air processed by the air processing or conveying assembly 100 through the deflector assembly 64, to clear liquid droplets off the lens and away from the deflector assembly 64, to maintain
20 to the continuous directed flow of air processed by the air processing assembly 100 across the laparoscopic lens.

The air processing or conveying assembly 100 can be incorporated into a view optimizing assembly 10 in various other ways to provide a treated airflow
25 continuously to the deflector assembly 64, independent of operation of an insufflation circuit.

For example, as shown in Fig. 36, the air processing or conveying assembly 100 can be an integrated component of the sheath 14 itself. In this arrangement, the sheath-
30 integrated air processing assembly 100 is supplied by air from the dedicated trocar 98 communicating with the insufflated CO2 environment of the operating cavity, in the manner previously described. In this arrangement, the driven turbine, blower or fan 102, and optionally the
35 filter media 104 and/or the dehumidifying unit 106 self-

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contained within the sheath-integrated air processing or conveying assembly 100, conduct and treat air drawn from the insufflated CO2 environment of the operating cavity for direct conveyance in treated and dehumidified form continuously to the deflector assembly 64.

In this arrangement, as shown in Fig. 36, the in-line bulb 110 and one-way valve 114 assembly used to clear from the lens droplets of sterile fluid delivered by the pump 72, desirably communicates in parallel with the insufflation circuit, and not in-line with the air processing or conveying assembly 100. In this arrangement, the bulb 110 is squeezed to pump bursts of CO2 from the insufflation circuit, when desired, to clear the liquid droplets off the lens and away from the deflector assembly 64.

In another illustrative embodiment, as shown in Fig. 37, the air processing or conveying assembly 100 can be an integrated component of the trocar 98 itself. In this arrangement, the driven turbine, blower, or fan 102, and optionally the filter media 104 and/or the dehumidifying unit 106 self-contained within the trocar-integrated air processing or conveying assembly 100, conduct and treat air from the trocar 98 for conveyance in treated and dehumidified form continuously to the deflector assembly 64. In this arrangement, as shown in Fig. 37, the in-line bulb 110 and one-way valve 114 assembly used to clear from the lens droplets of sterile fluid delivered by the pump 72 desirably communicates in-line with the trocar-integrated air processing or conveying assembly 100. In use, the bulb 110 is squeezed to pump bursts of air processed by the air processing assembly 100, when desired, to clear the liquid droplets off the lens and away from the deflector assembly 64.

The invention therefore makes possible an assembly comprising a self contained air conveying component

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coupled to a sheath that is sized and configured to receive a laparoscope including a laparoscopic lens providing visualization of an operating cavity. The air conveying component comprises an air flow path having an inlet sized and configured for communication with a source of CO₂ and an outlet. The air conveying component includes a driven air moving component in communication with the air flow path sized and configured to continuously convey CO₂ from the source through the air flow path to the outlet. The sheath coupled to the air conveying component can include a lumen communicating with the outlet of the air conveying mechanism for passing CO₂ continuously conveyed by the driven air moving component across the laparoscopic lens to maintain visualization of the operating cavity. The sheath and self-contained air conveying component can comprise an integrated assembly.

The invention also makes possible an assembly comprising a laparoscopic access device for accessing an operating cavity insufflated with CO₂ by operation of an insufflator circuit coupled to a self-contained air conveying component. The air conveying component comprises an air flow path having an inlet in fluid communication with operating cavity and an outlet sized and configured for fluid communication with an external instrument. The air conveying component includes an air moving component in communication with the air flow path. The air conveying component is sized and configured to be continuously driven independent of the insufflator circuit to convey CO₂ from the operating cavity continuously through the air flow path to the external instrument. The external instrument can itself comprise a sheath sized and configured to receive a laparoscope including a laparoscopic lens providing visualization of the operating. In this arrangement, the sheath includes a

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lumen communicating with the outlet of the air conveying component for passing CO₂ continuously conveyed by the driven air coving component across the laparoscopic lens to maintain visualization of the operating cavity.

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We Claim:

1. A system comprising
a sheath sized and configured to receive a
laparoscope including a laparoscopic lens providing
5 visualization of an operating cavity insufflated with CO2
through operation of an insufflator circuit, the sheath
including a lumen for passing air from a source across
the laparoscopic lens to maintain visualization of the
operating cavity, and
10 the source comprising an air conveying assembly
including a housing, an air flow path self-contained
within the housing comprising an inlet sized and
configured for communication with the operating cavity
and an outlet sized and configured for communication with
15 the lumen of the sheath, and an air moving component
self-contained within the housing in communication with
the air flow path and powered independent of the
insufflator circuit to convey CO2 from the operating
cavity through the air flow path for passage across the
20 laparoscopic lens, to thereby maintain visualization of
the operating cavity independent of operation of the
insufflator circuit.
2. A system according to claim 1
wherein the air conveying assembly further includes
25 a source of power self-contained within the housing for
powering the air moving component.
3. A system according to claim 2
wherein the source of power comprises a battery.
4. A system according to claim 1
30 wherein the air moving component comprises a fan.
5. A system according to claim 1
wherein the air conveying assembly includes an air
treatment component self-contained within the housing in
communication with the air flow path that removes at
35 least one undesired agent the air flow path.

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6. A system according to claim 5
wherein the undesired agent comprises one or more of
smoke, particulates, pathogens, odors, and toxins.

7. A system according to claim 5
5 wherein the air treatment component comprises a
filter media.

8. A system according to claim 7
wherein the filter media includes an ultra low
particulate air filtration media.

9. A system according to claim 7
10 wherein the filter media includes a high efficient
particulate air filtration media.

10. A system according to claim 7
wherein the filter media includes a material that
15 absorbs at least one of smoke, odors, and toxins.

11. A system according to claim 1
wherein the air conveying assembly further includes
a dehumidifying component self-contained within the
housing in communication with the air flow path that
20 removes water vapor from the air flow path.

12. A system according to claim 11
wherein the dehumidifying component comprises one or
more desiccant materials.

13. A system according to claim 11
25 wherein the dehumidifying component comprises an
electronic dehumidifier.

14. A system according to claim 13
wherein the air conveying assembly further includes
a source of power self-contained within the housing for
30 powering the electronic dehumidifier.

15. A system according to claim 1
wherein the inlet of the air flow path communicates
with an air supply trocar.

16. A system according to claim 1
35 wherein the air conveying assembly is an integrated

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component of an air supply trocar.

17. A system according to claim 1
wherein the inlet of the air flow path communicates
with tubing coupled to an air supply trocar.

5 18. A system according to claim 1
wherein the outlet of the air flow path communicates
with tubing coupled to the lumen of the sheath.

19. A system according to claim 1
wherein the air conveying assembly is an integrated
10 component of the sheath.

20. A system according to claim 1
wherein the inlet and outlet of the air flow path
communicate with tubing coupled to an air supply trocar
and the lumen of the sheath, respectively.

15 21. A method comprising
(i) operating an insufflator circuit to insufflate
an operating cavity with CO₂,
(ii) visualizing the operating cavity insufflated
with CO₂ through a laparoscopic lens,
20 (iii) independent of (i), operating an air conveying
assembly to convey CO₂ from the operating cavity through
an air flow path outside the operating cavity, and
(iv) passing CO₂ conveyed during (iii) across the
laparoscopic lens to maintain visualization of the
25 operating cavity.

22. A method according to claim 21
during (iii), removing at least one undesired agent
from the air flow path.

23. A method according to claim 21
30 during (iii), removing water vapor from the air flow
path.

24. A method according to claim 21
wherein (iii) includes powering a fan.

25. A method according to claim 21
35 wherein (iii) includes filtering the air flow path.

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26. A method according to claim 21
wherein (iii) includes dehumidifying the air flow
path.

27. An assembly comprising
5 a laparoscopic access device for accessing an
operating cavity insufflated with CO₂ by operation of an
insufflator circuit, and
an air conveying component coupled to the
laparoscopic access device and comprising an air flow
10 path having an inlet in fluid communication with
operating cavity and an outlet sized and configured for
fluid communication with an external instrument, and a
air moving component in communication with the air flow
path sized and configured to be continuously driven
15 independent of the insufflator circuit to convey CO₂ from
the operating cavity continuously through the air flow
path to the external instrument.

28. An assembly according to claim 27
wherein the air conveying component further includes
20 a source of power for driving the air moving component.

29. An assembly according to claim 27
wherein the air conveying component further includes
an air treatment component in communication with the air
flow path to remove at least one undesired agent from the
25 air flow path.

30. An assembly according to claim 27
wherein the air conveying component further includes
a dehumidifying component in communication with the air
flow path to remove water vapor from the air flow path.

31. As assembly according to claim 27
and further including the external instrument
comprising a sheath sized and configured to receive a
laparoscope including a laparoscopic lens providing
visualization of the operating, the sheath including a
35 lumen communicating with the outlet of the air conveying

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component for passing CO₂ continuously conveyed by the driven air coving component across the laparoscopic lens to maintain visualization of the operating cavity.

32. An assembly according to claim 27
5 wherein the laparoscopic access device and the air conveying component comprise an integrated assembly.

33. An assembly comprising
an air conveying component comprising an air flow path having an inlet sized and configured for
10 communication with a source of CO₂ and an outlet, and a driven air moving component in communication with the air flow path sized and configured to continuously convey CO₂ from the source through the air flow path to the outlet, and

15 a sheath coupled to the air conveying component, the sheath being sized and configured to receive a laparoscope including a laparoscopic lens providing visualization of an operating cavity, the sheath including a lumen communicating with the outlet of the
20 air conveying mechanism for passing CO₂ continuously conveyed by the driven air coving component across the laparoscopic lens to maintain visualization of the operating cavity.

34. An assembly according to claim 33
25 wherein the air conveying component further includes a source of power for driving the air moving component.

35. An assembly according to claim 33
wherein the air conveying component further includes an air treatment component in communication with the air
30 flow path to remove at least one undesired agent from the air flow path.

36. An assembly according to claim 33
wherein the air conveying component further includes a dehumidifying component in communication with the air
35 flow path to remove water vapor from the air flow path.

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37. As assembly according to claim 33
and further including the source comprising a
laparoscopic access device for accessing an operating
cavity insufflated with CO₂ by operation of an
5 insufflator circuit.

38. An assembly according to claim 33
wherein the sheath and the air conveying component
comprise an integrated assembly.

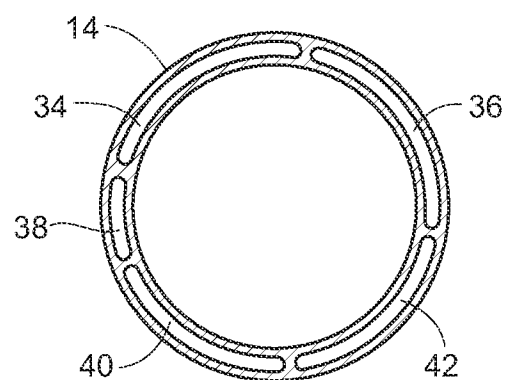
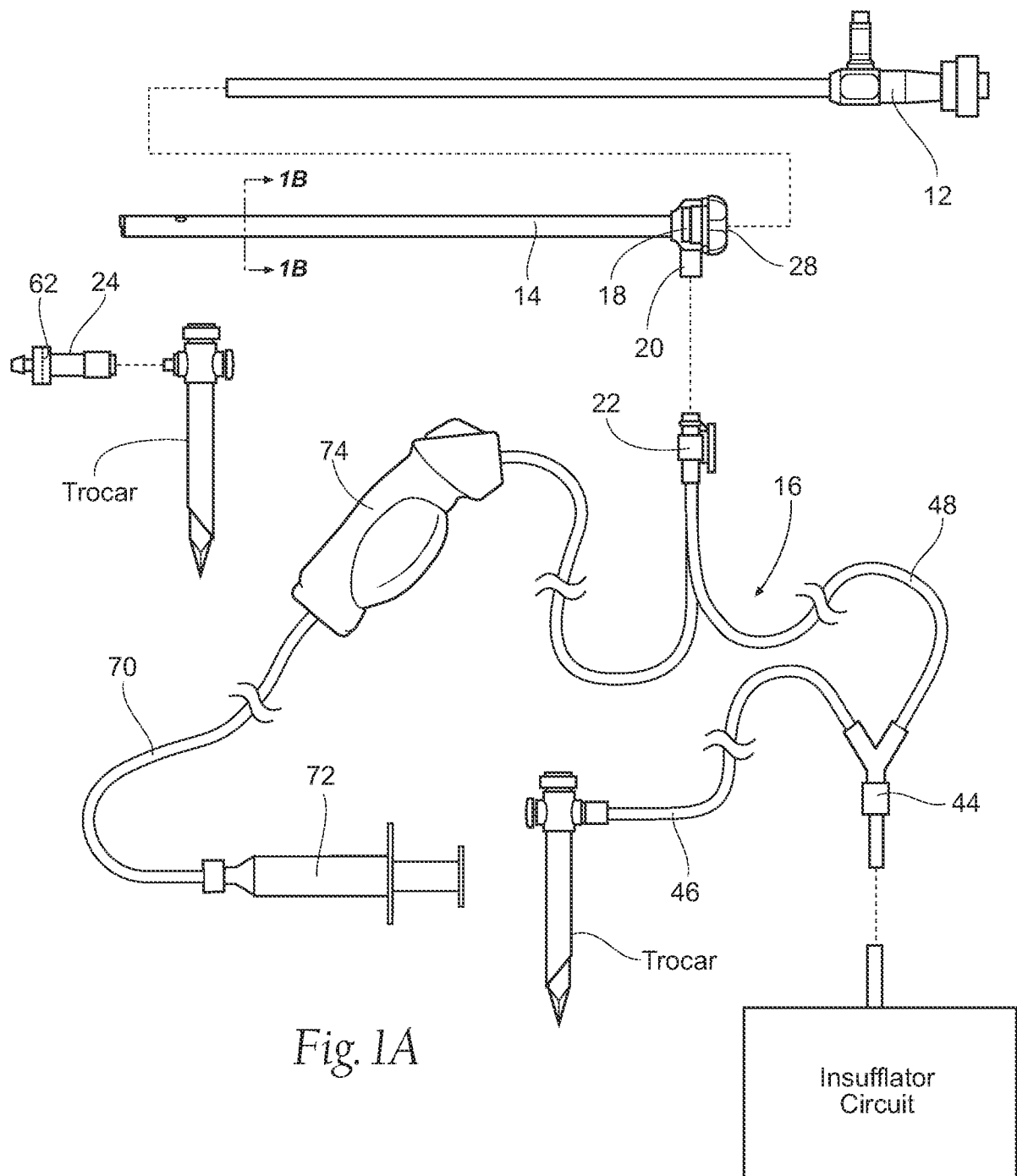
39. A method comprising
10 coupling a laparoscopic access device for accessing
an operating cavity insufflated with CO₂ by operation of
an insufflator circuit with an air conveying component
comprising an air flow path having an inlet in fluid
communication with operating cavity and an outlet sized
15 and configured for fluid communication with an external
instrument, and a air moving component in communication
with the air flow path sized and configured to be
continuously driven independent of the insufflator
circuit to convey CO₂ from the operating cavity
20 continuously through the air flow path to the external
instrument, and

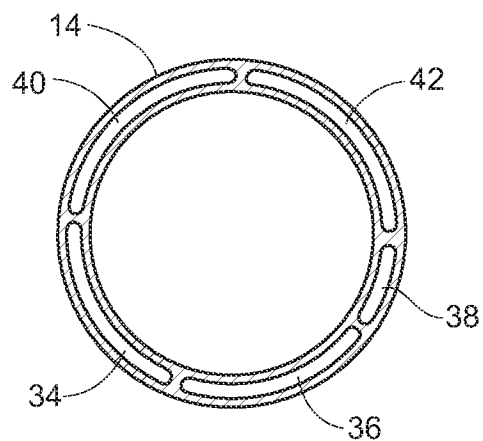
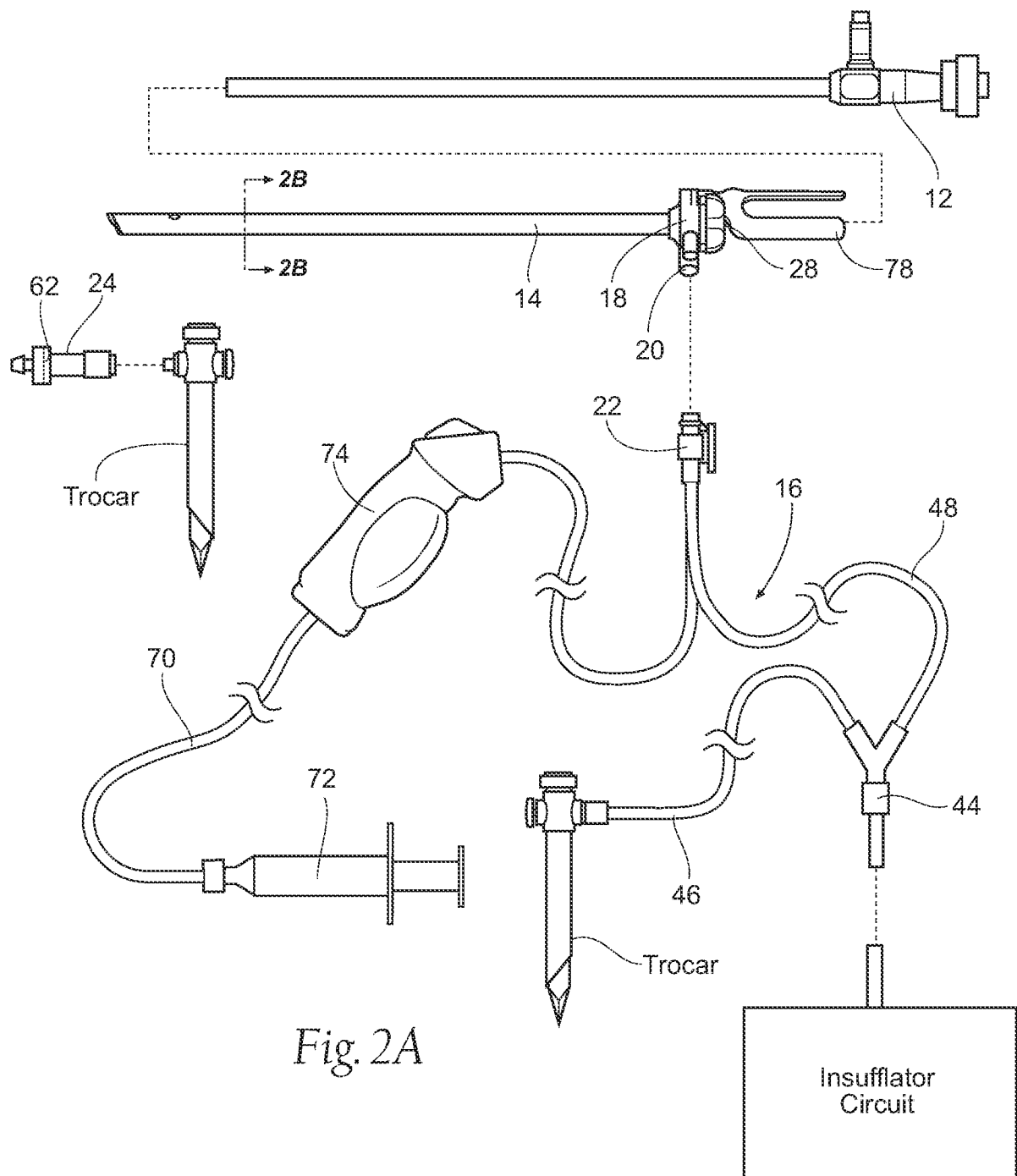
driving the air moving component.

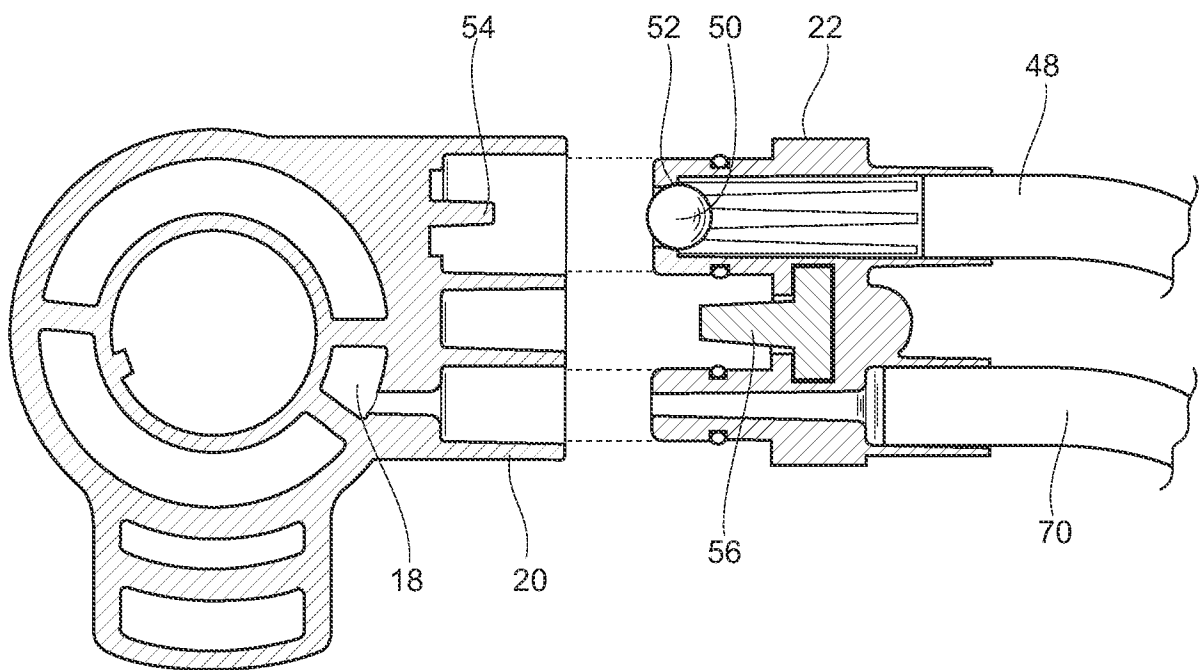
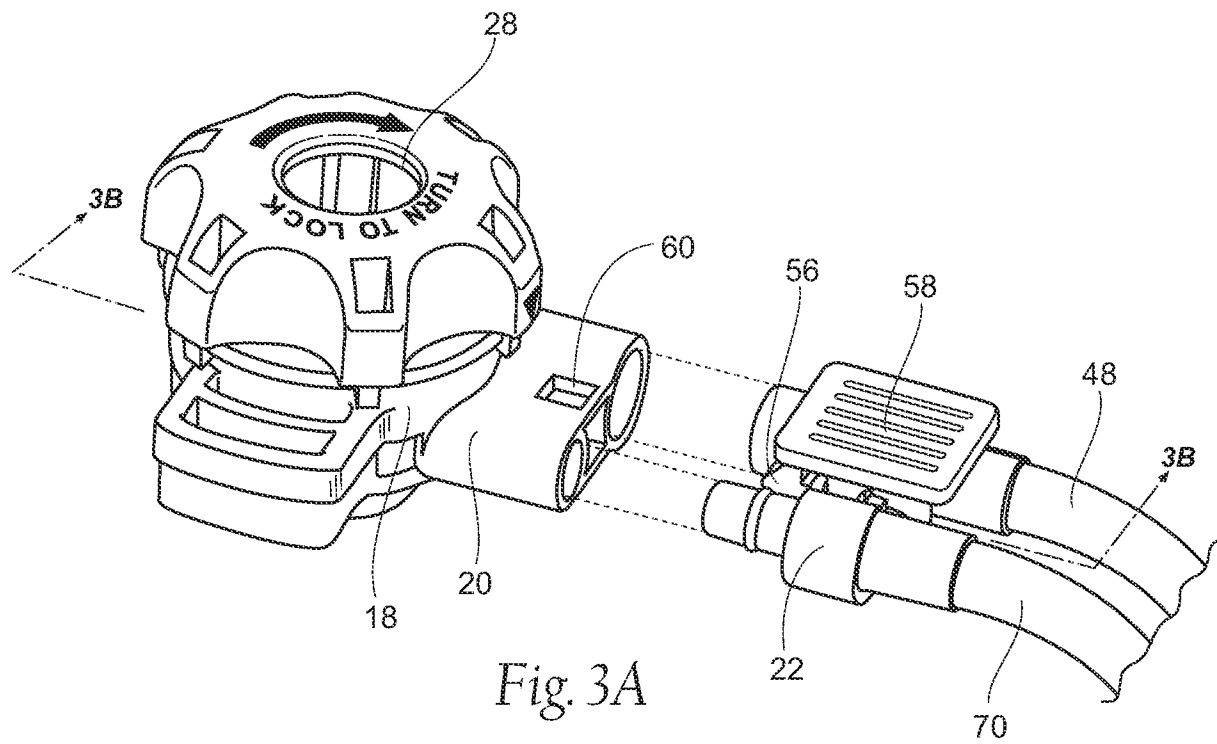
40. A method comprising
coupling an air conveying component with a sheath
25 sized and configured to receive a laparoscope including a
laparoscopic lens providing visualization of an operating
cavity, the air conveying component comprising an air
flow path having an inlet sized and configured for
communication with a source of CO₂ and an outlet, and a
30 driven air moving component in communication with the air
flow path sized and configured to continuously convey CO₂
from the source through the air flow path to the outlet,
the sheath including a lumen communicating with the
outlet of the air conveying mechanism for passing CO₂
35 continuously conveyed by the driven air coving component

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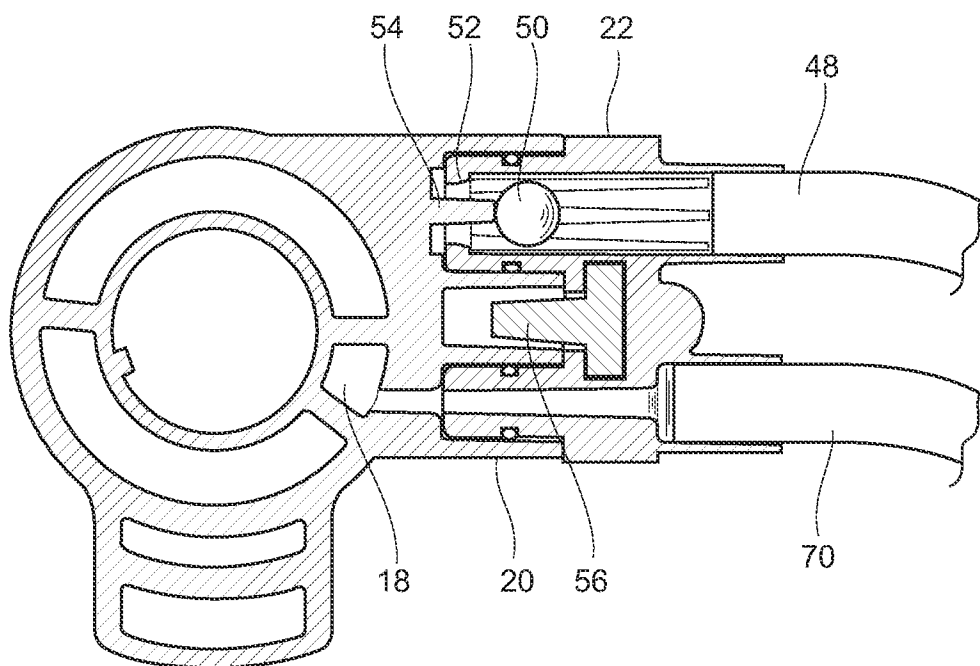
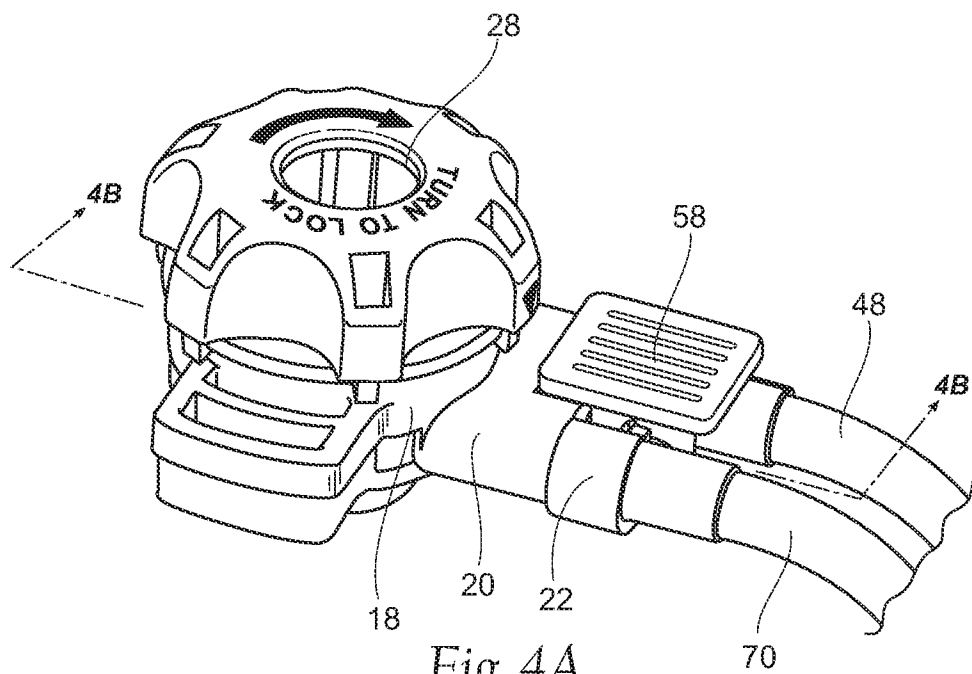
across the laparoscopic lens to maintain visualization of
the operating cavity, and
driving the air conveying mechanism.

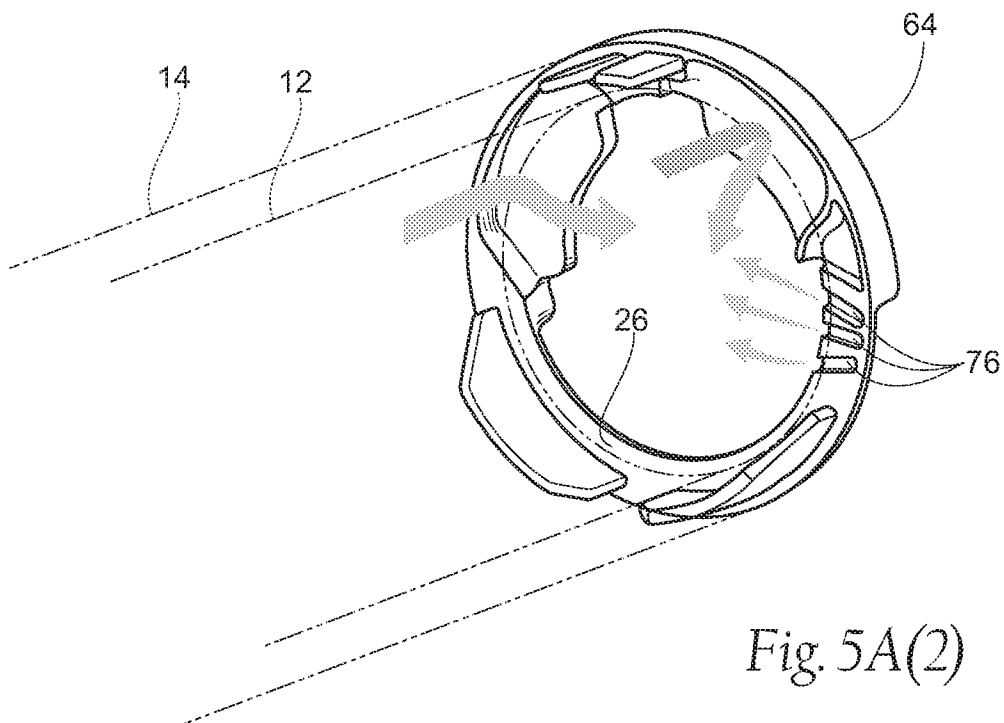
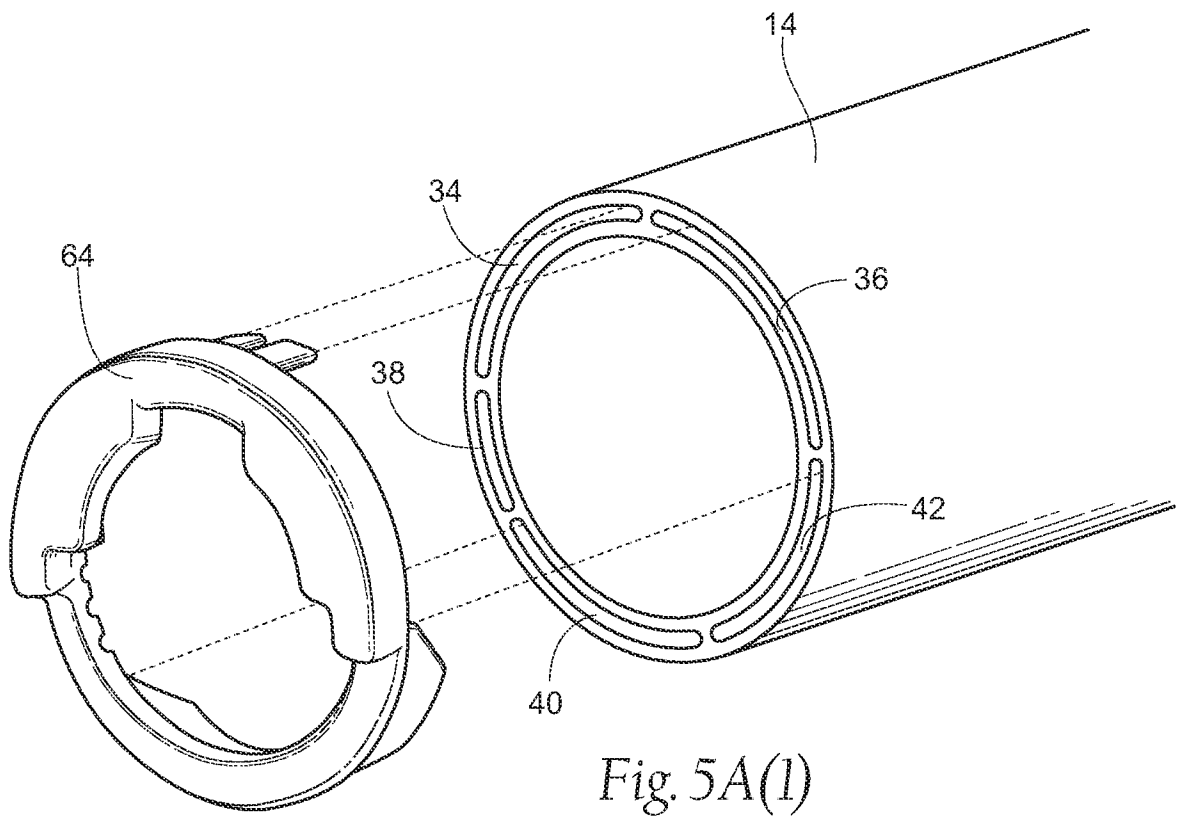






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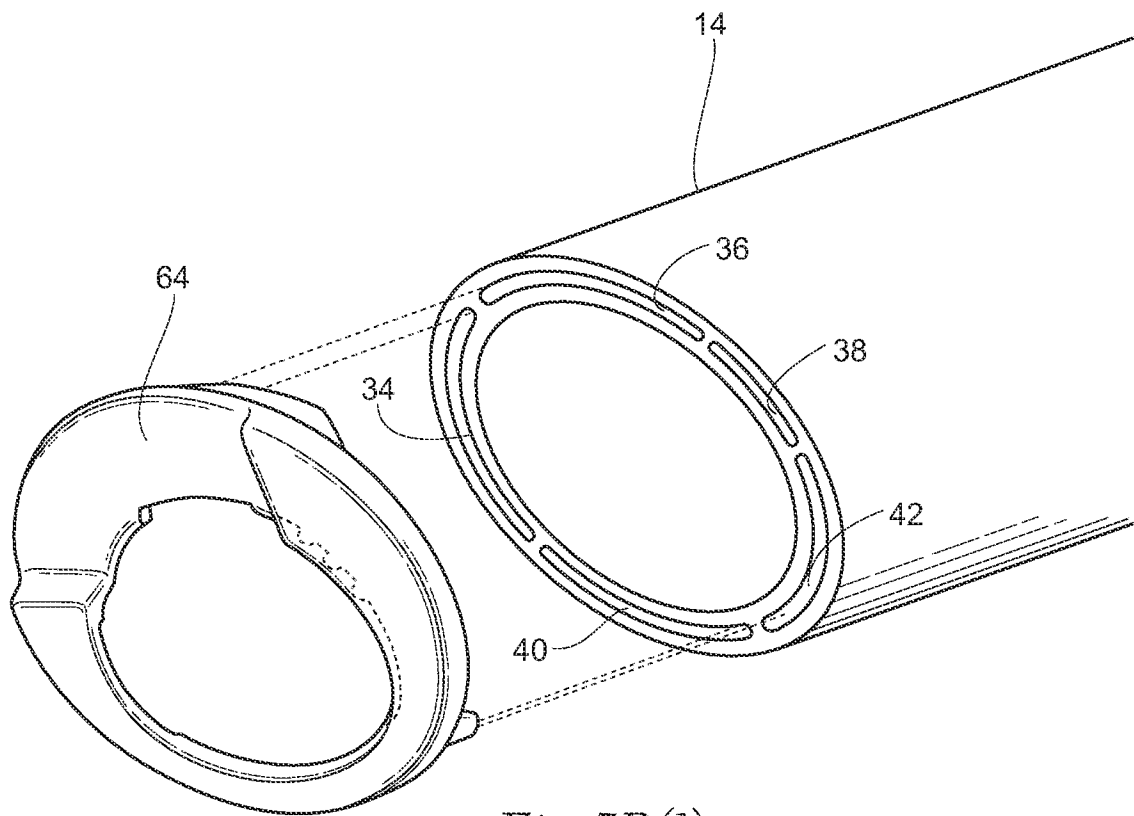


Fig. 5B(1)

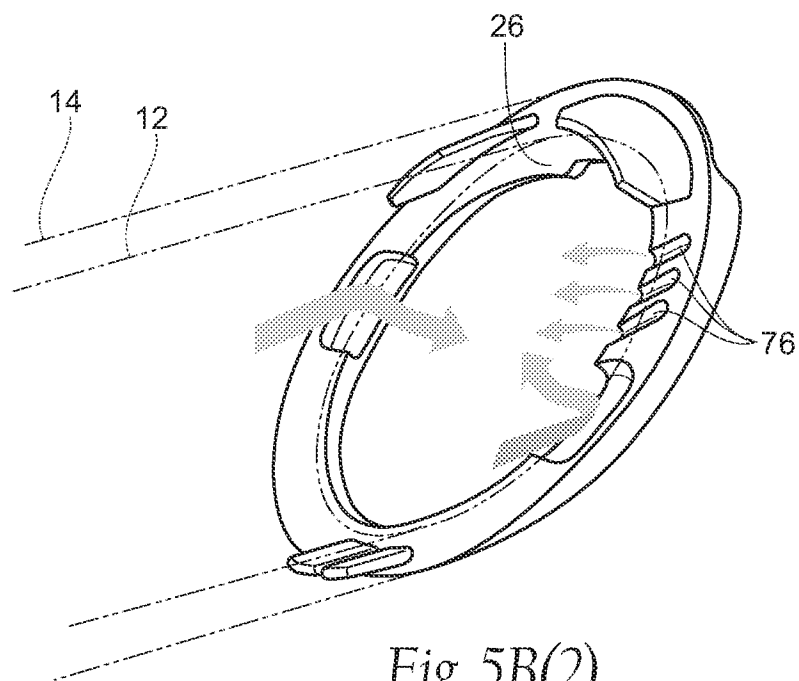


Fig. 5B(2)

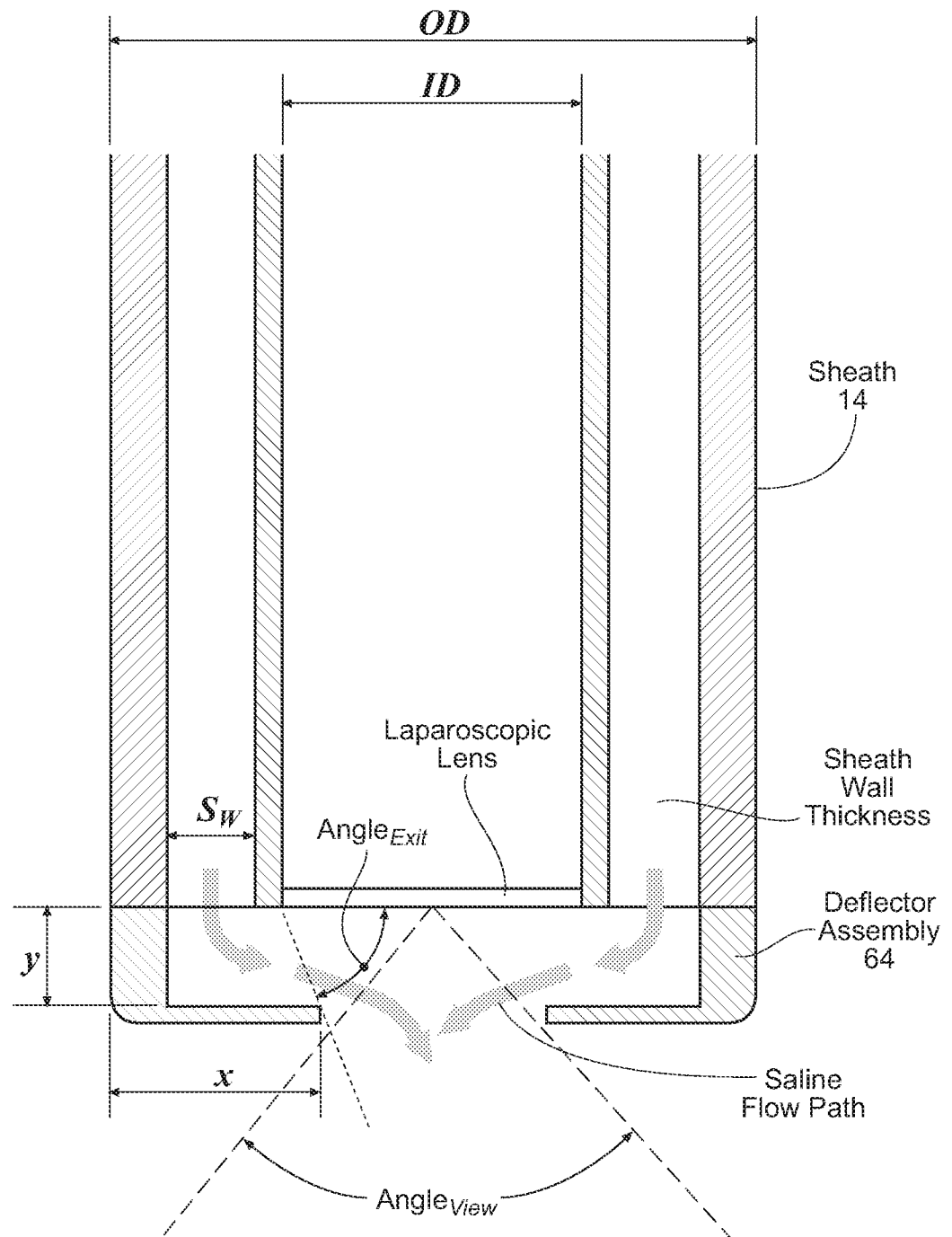


Fig. 6

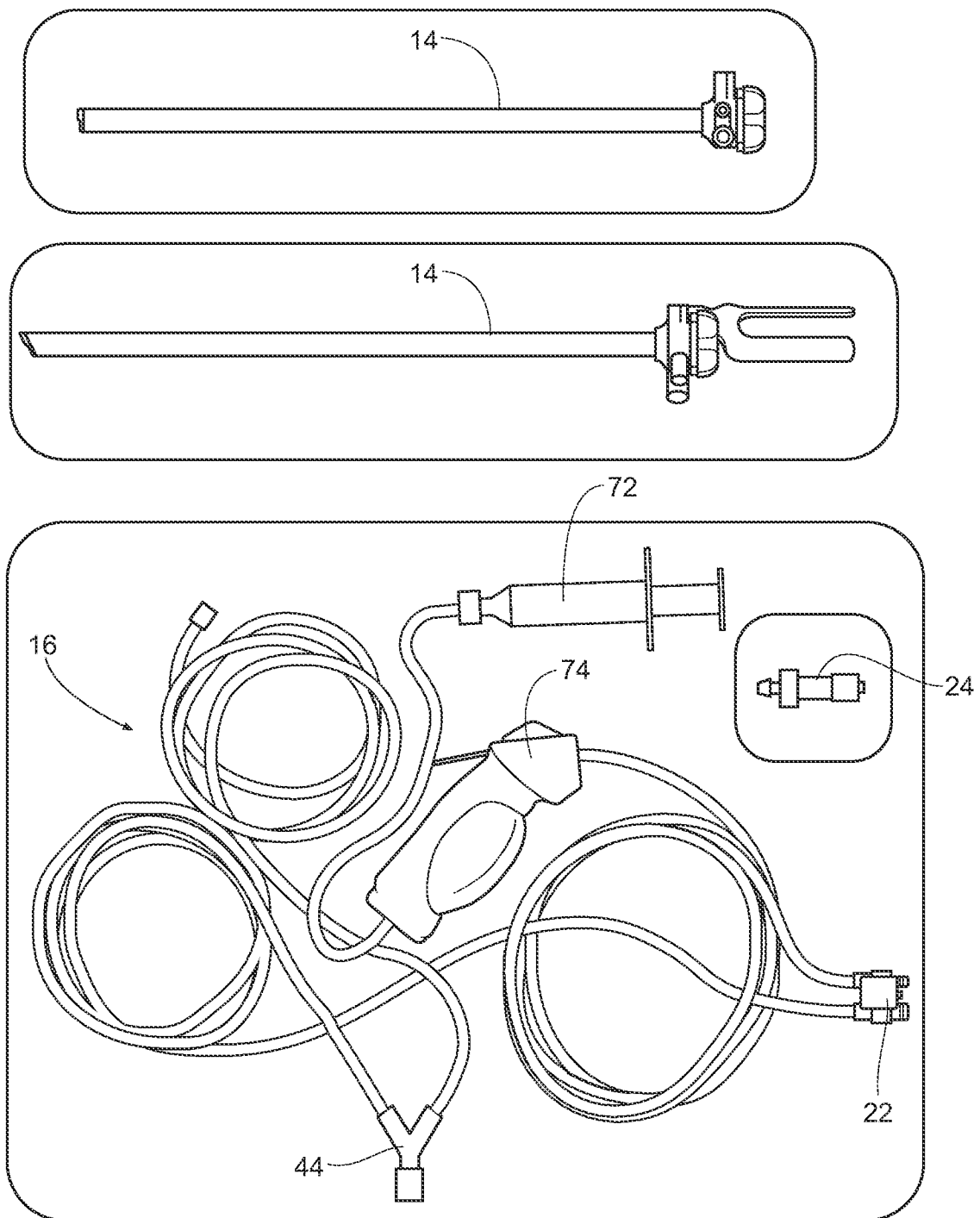
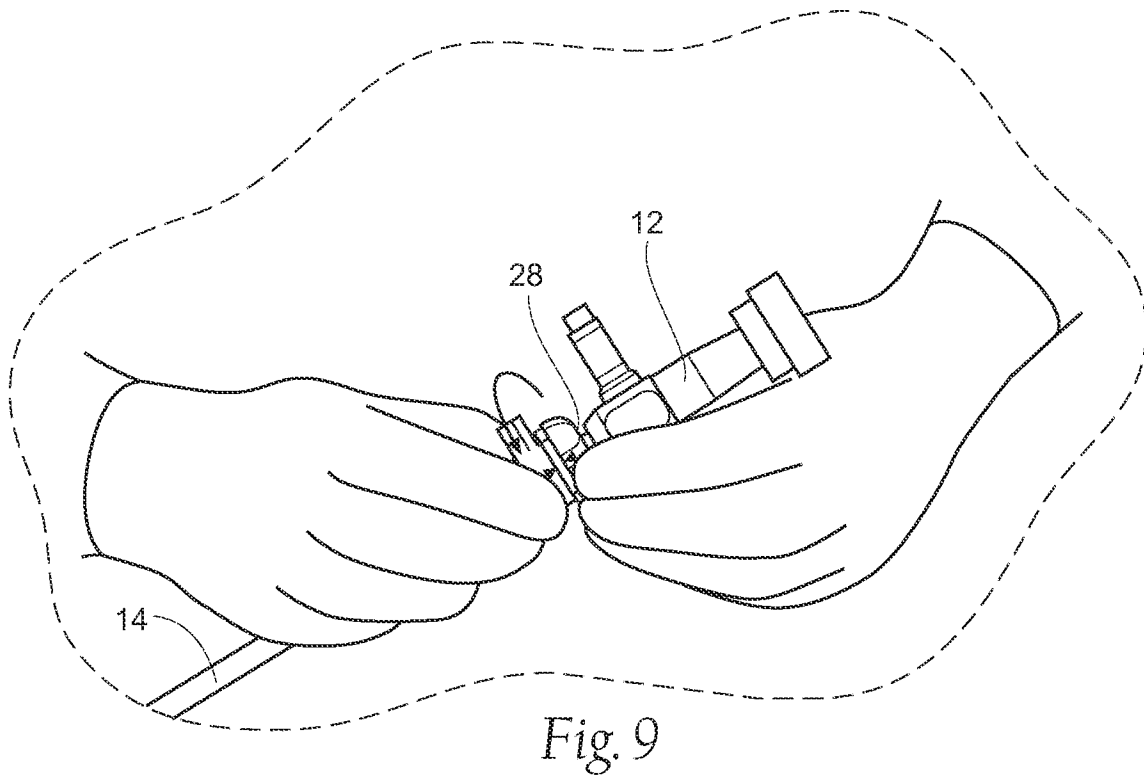
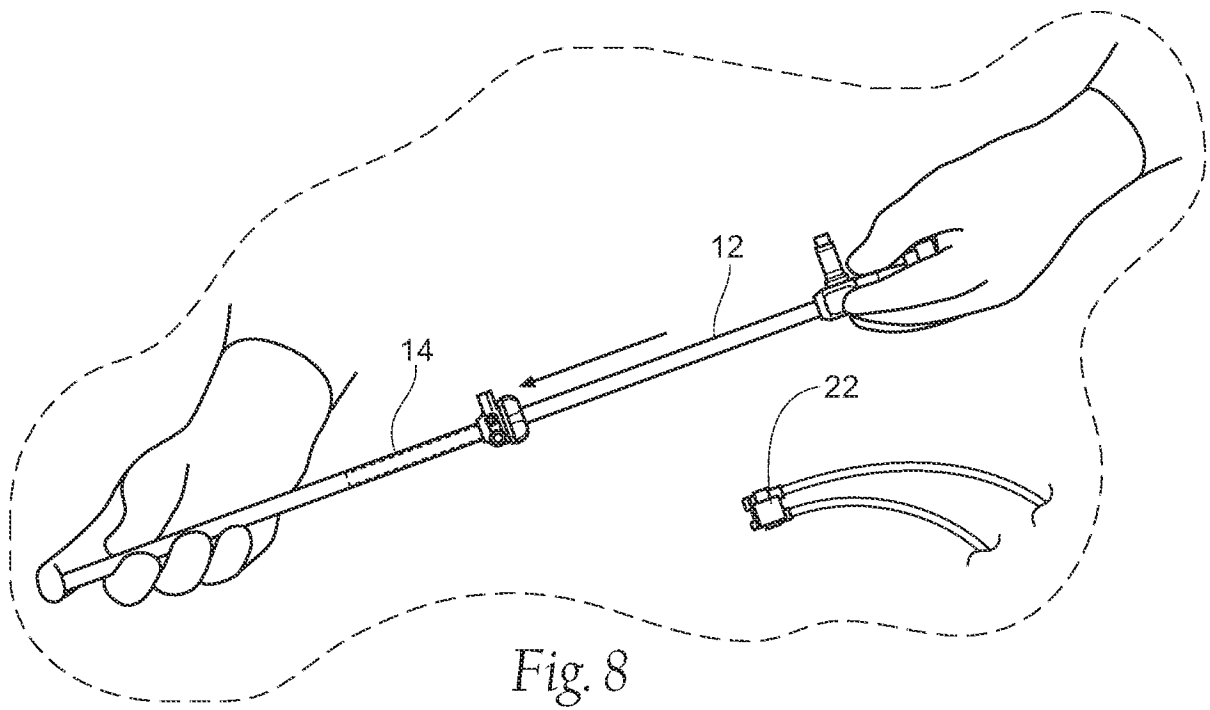
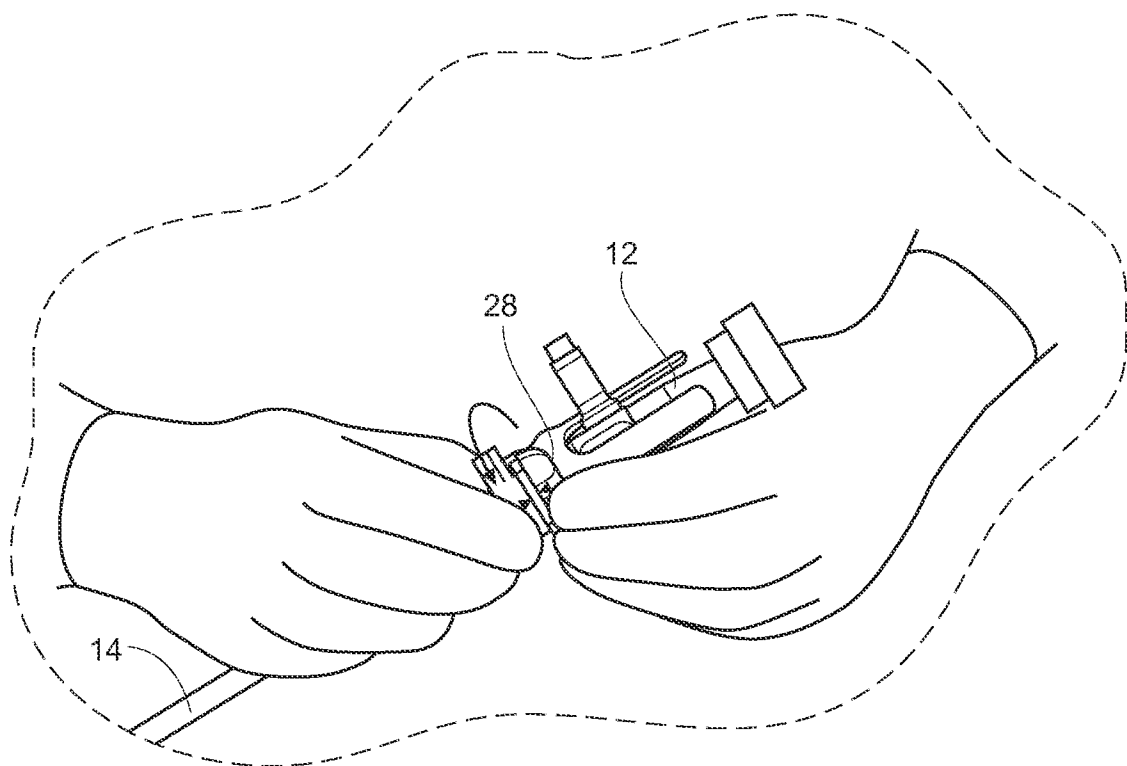
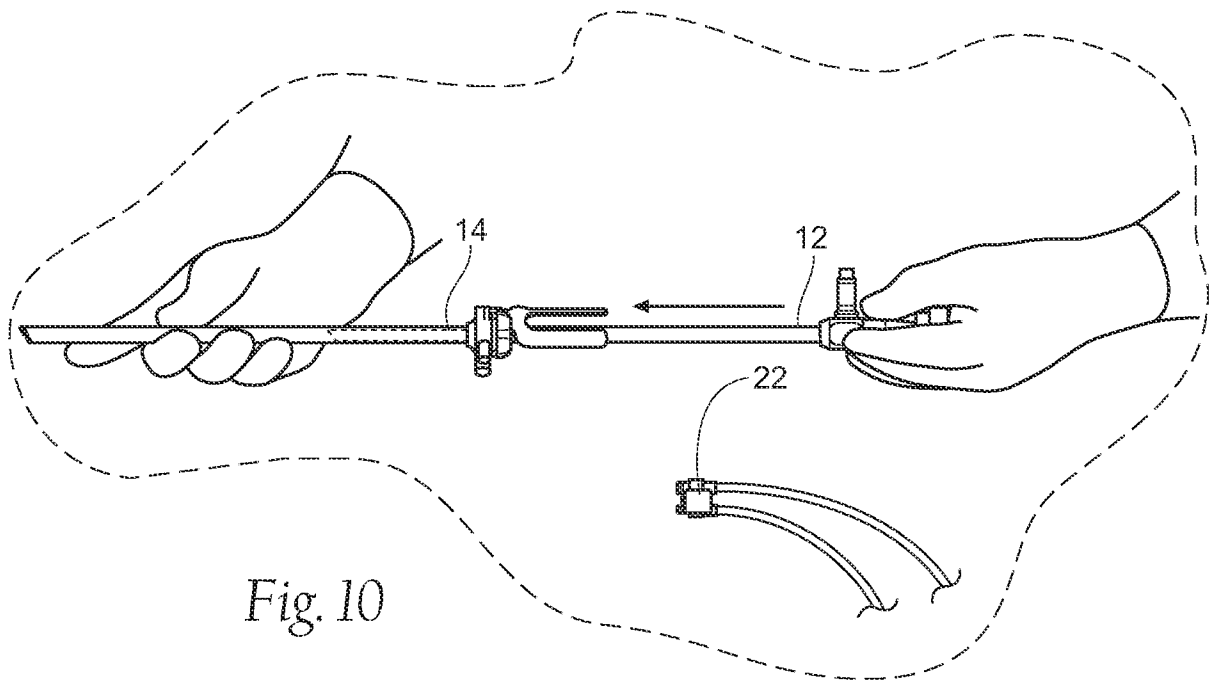


Fig. 7

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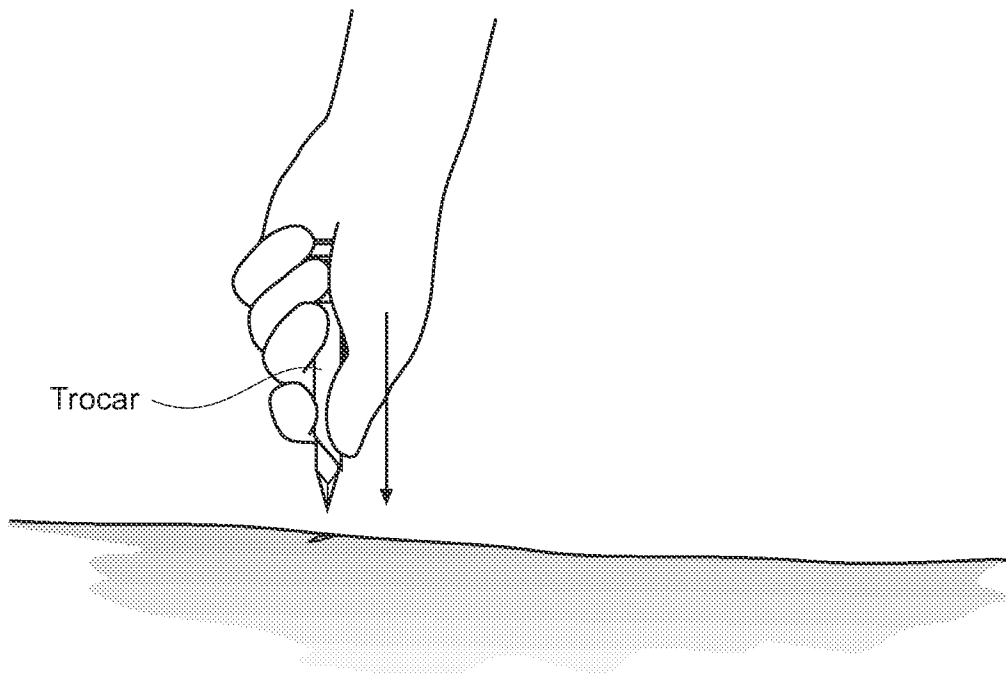


Fig. 12

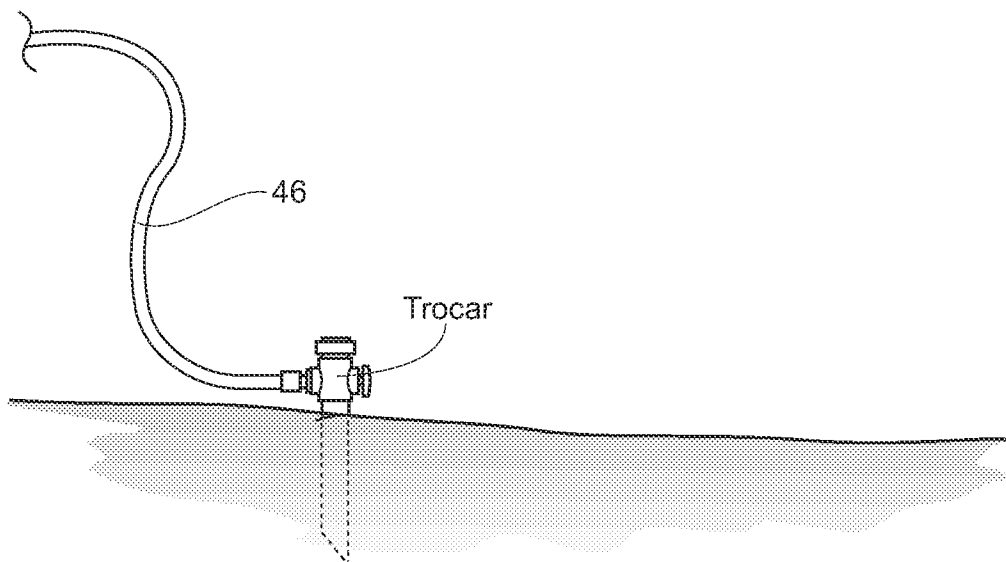


Fig. 13

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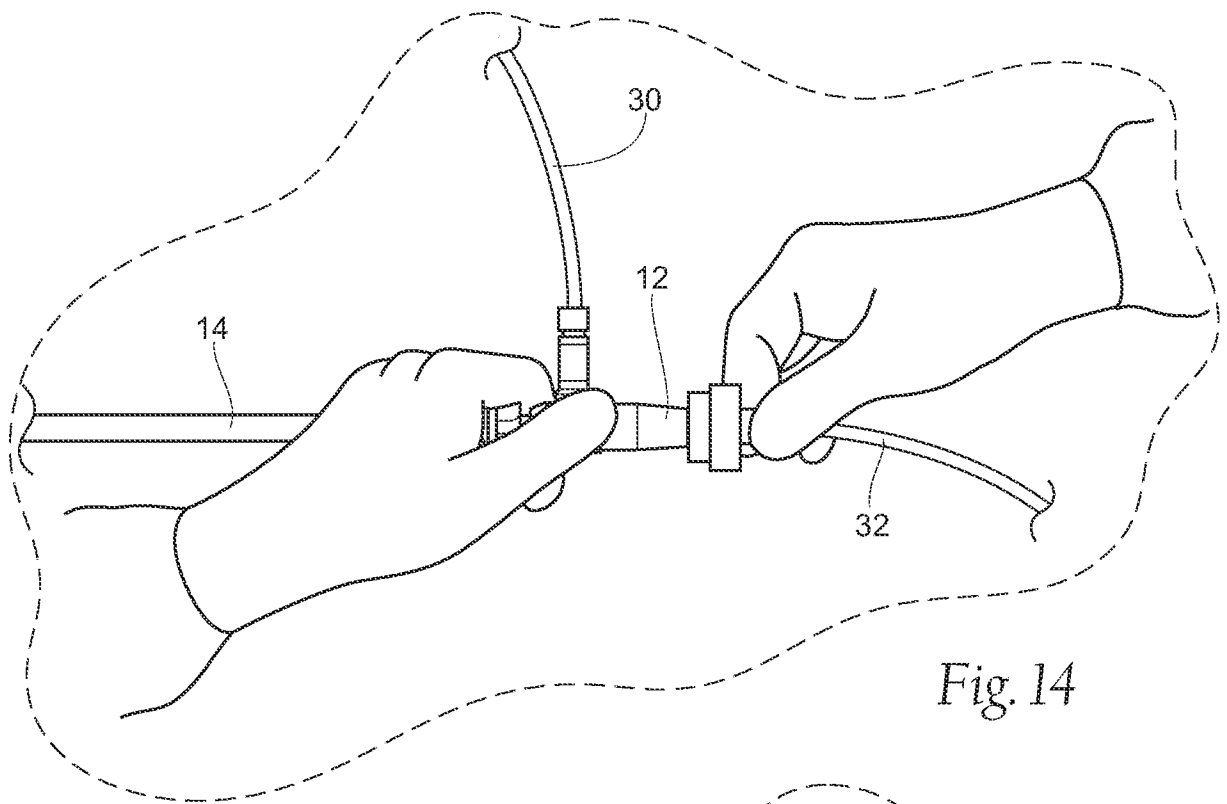


Fig. 14

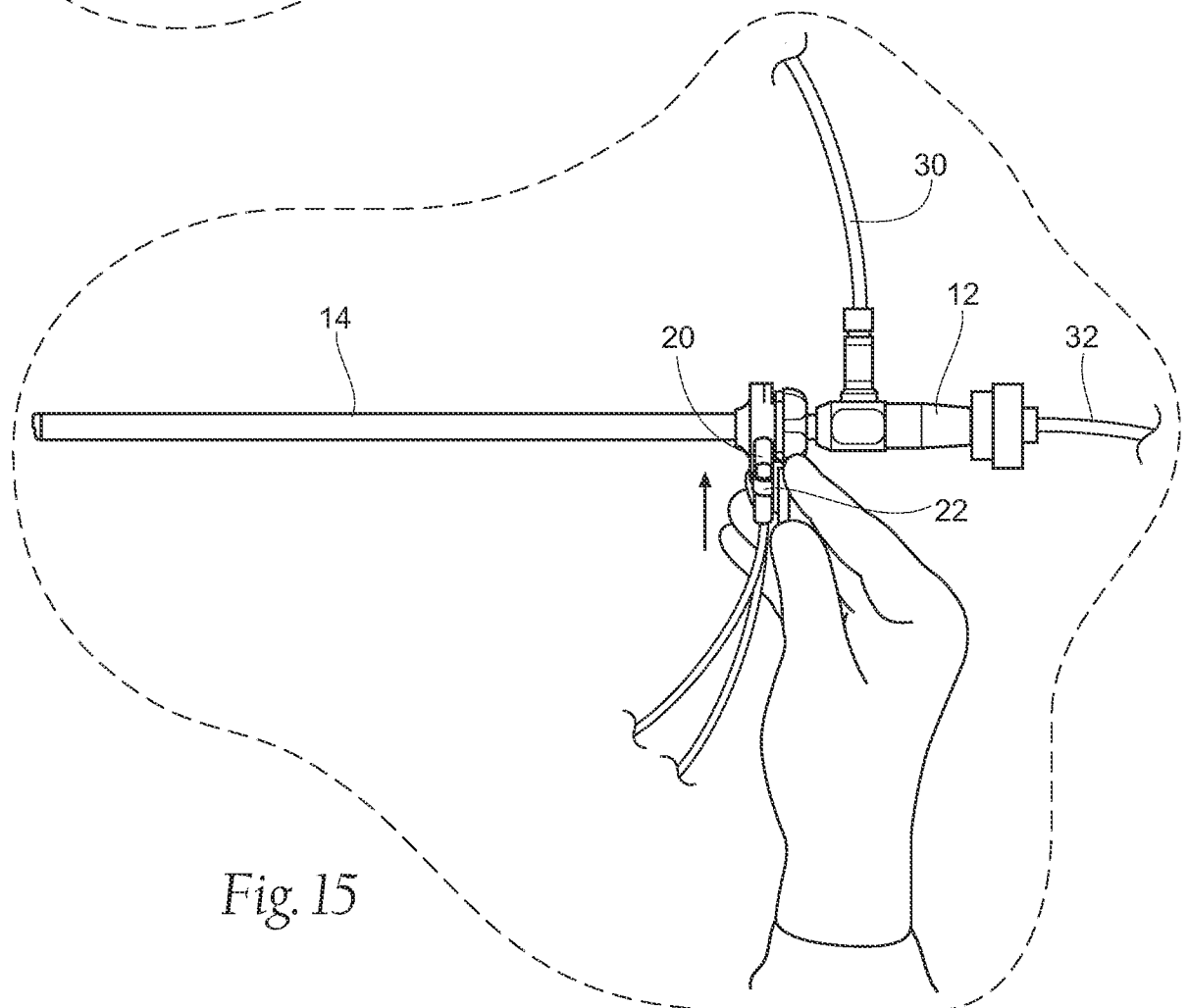
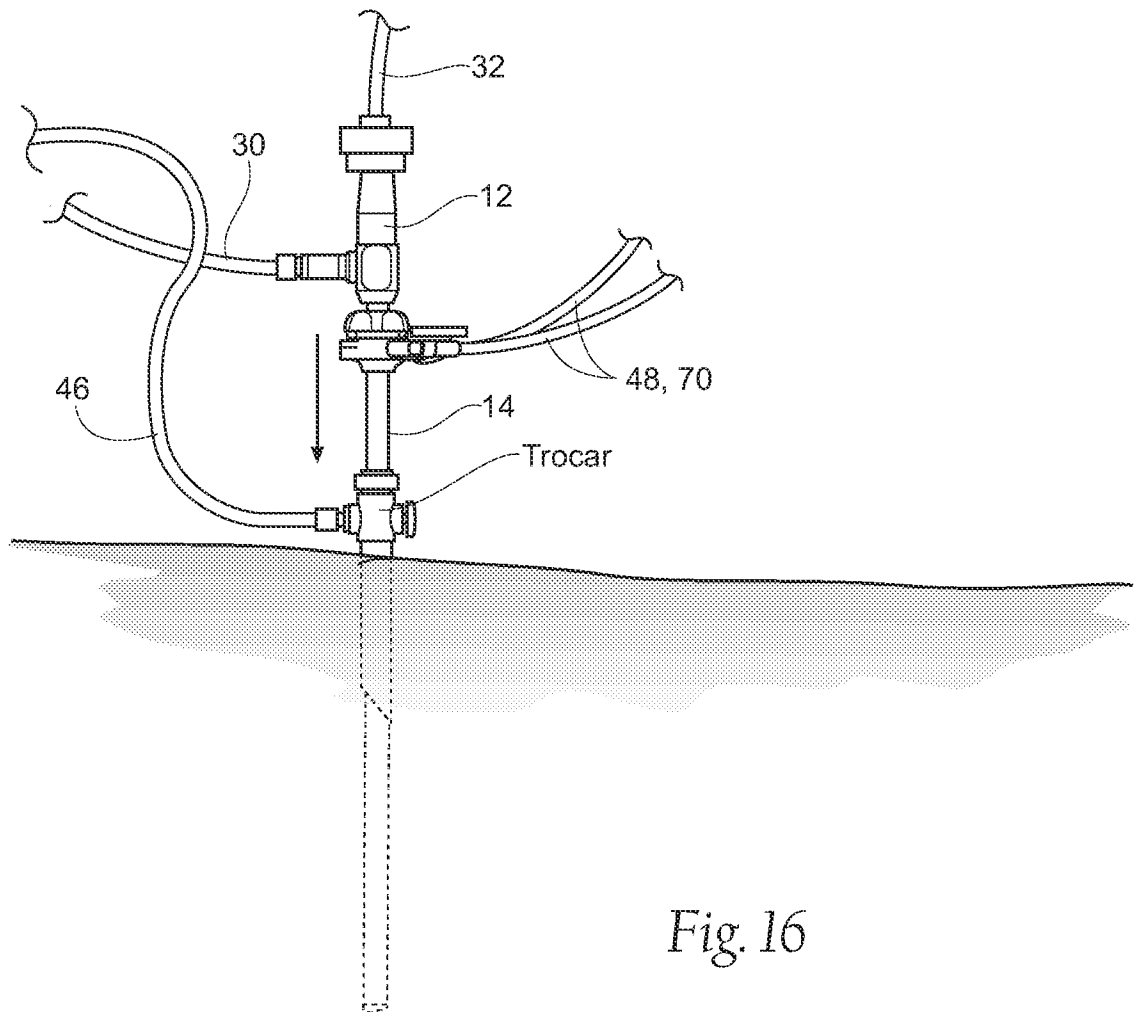
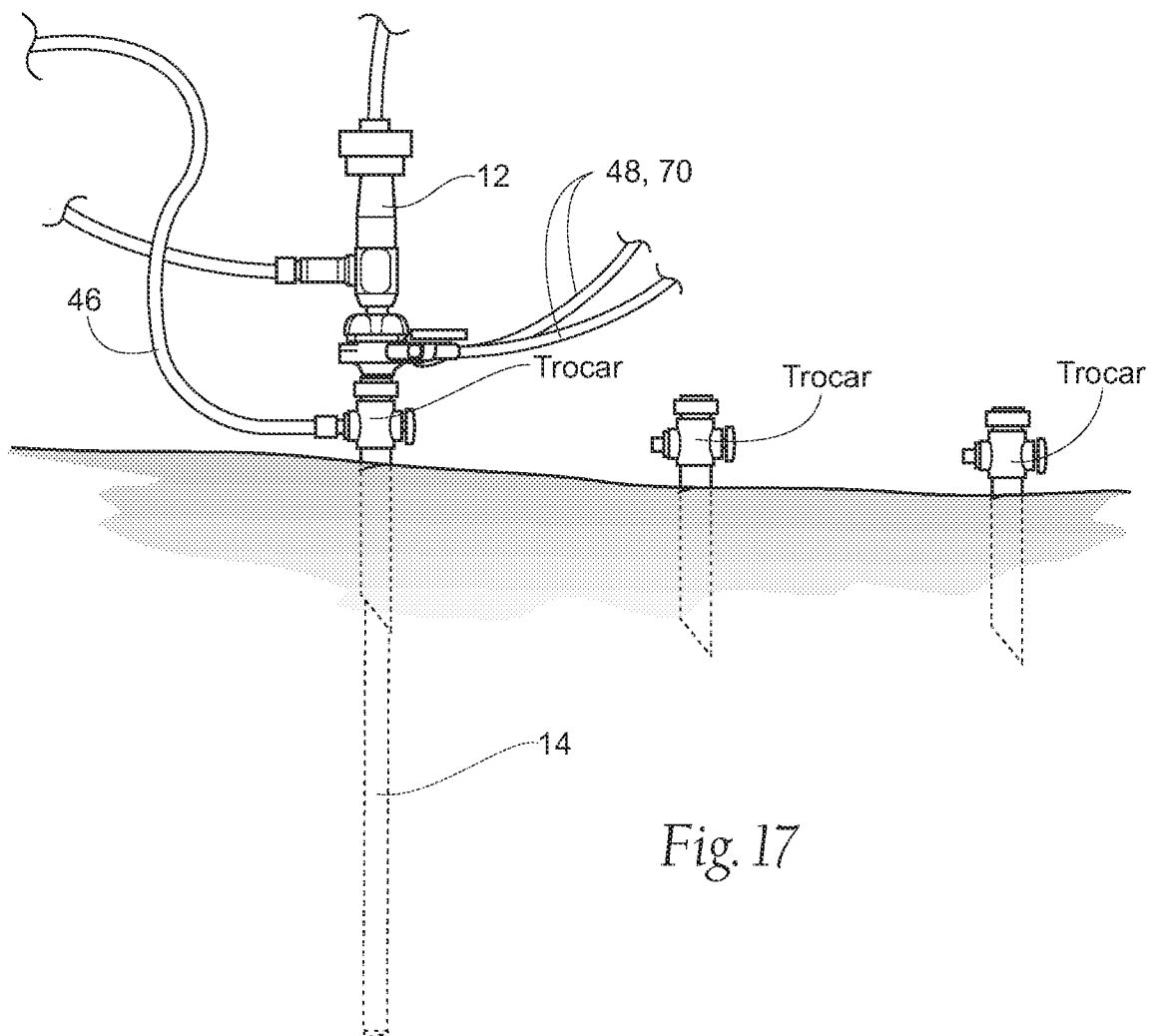
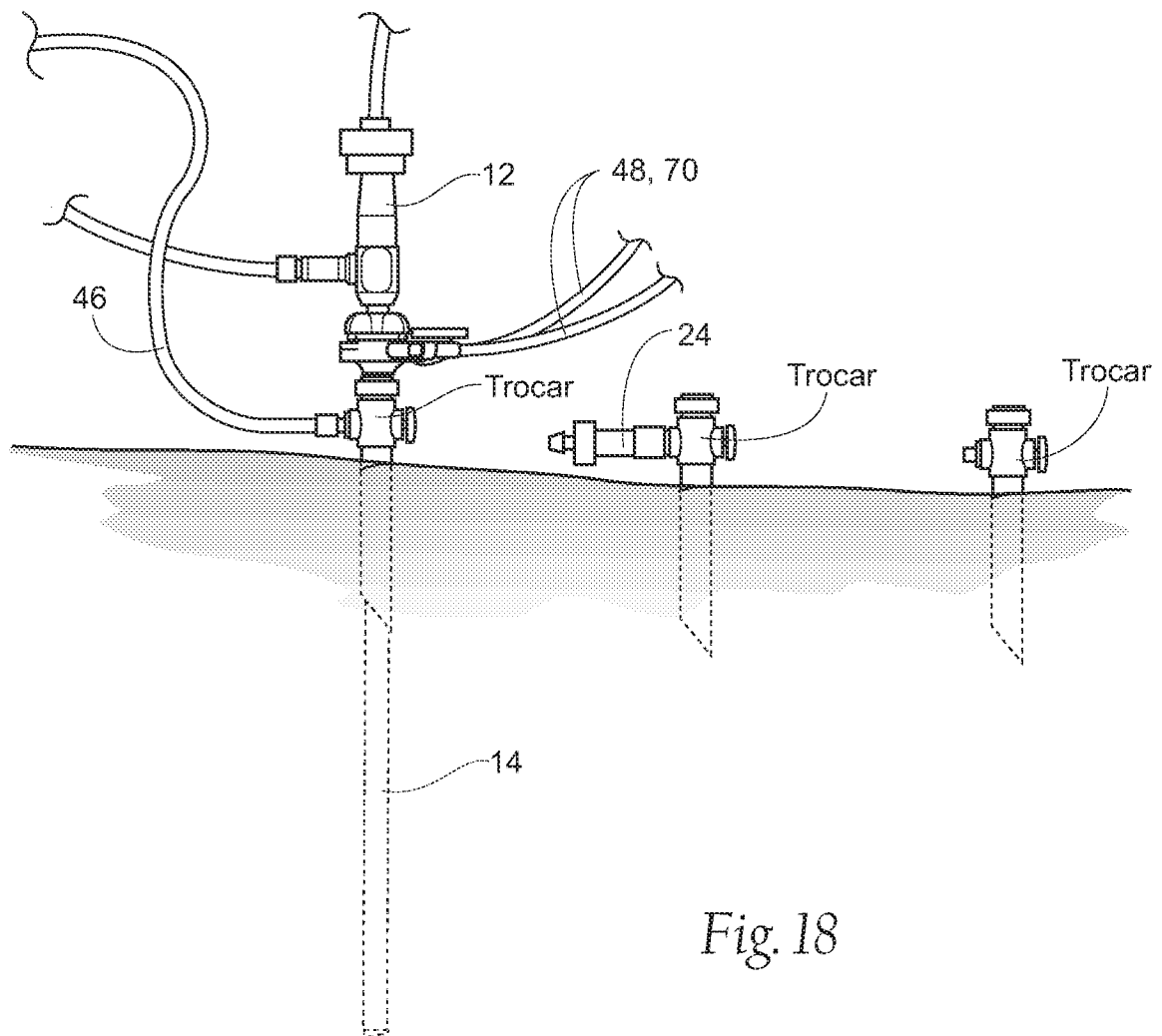
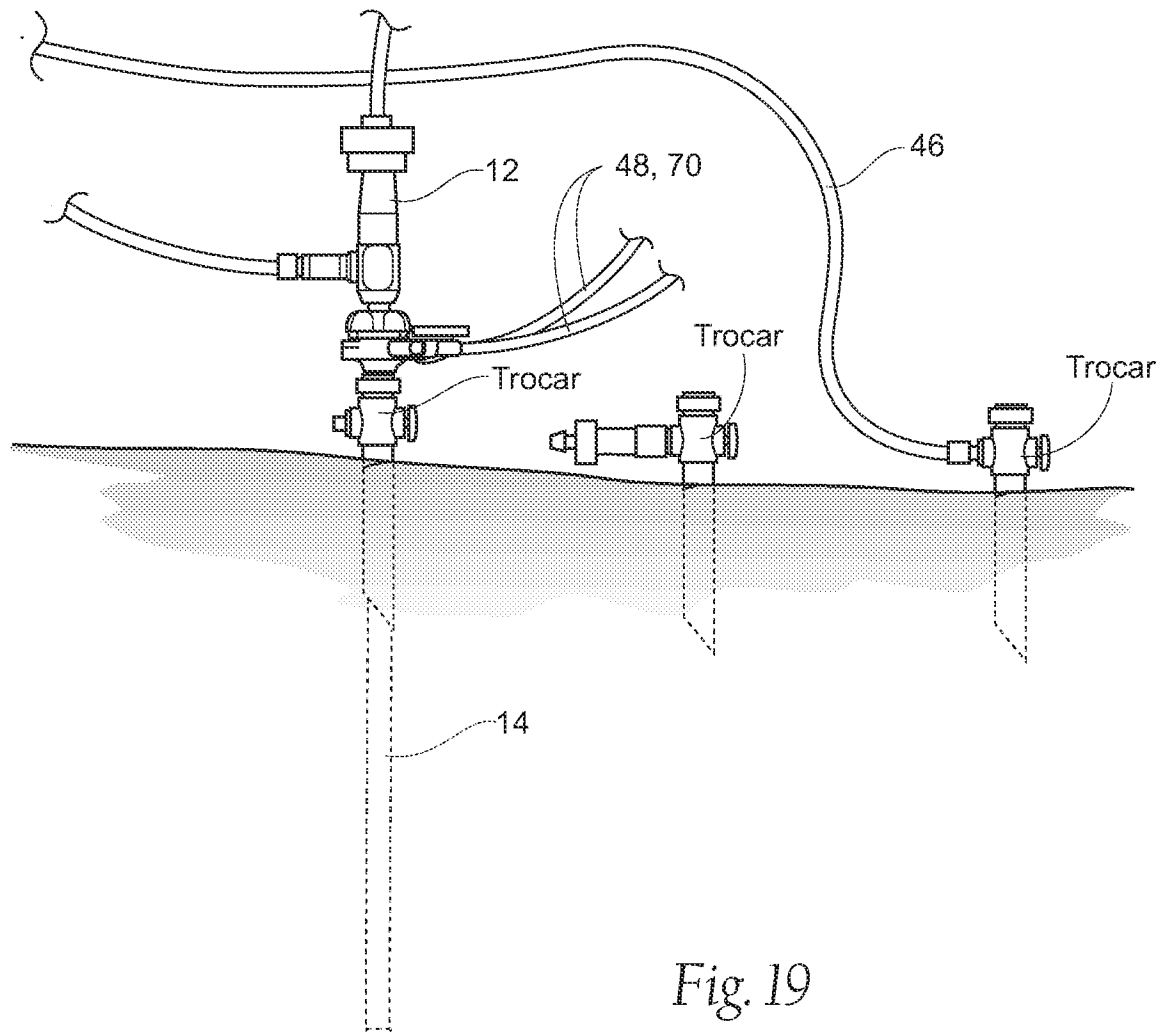


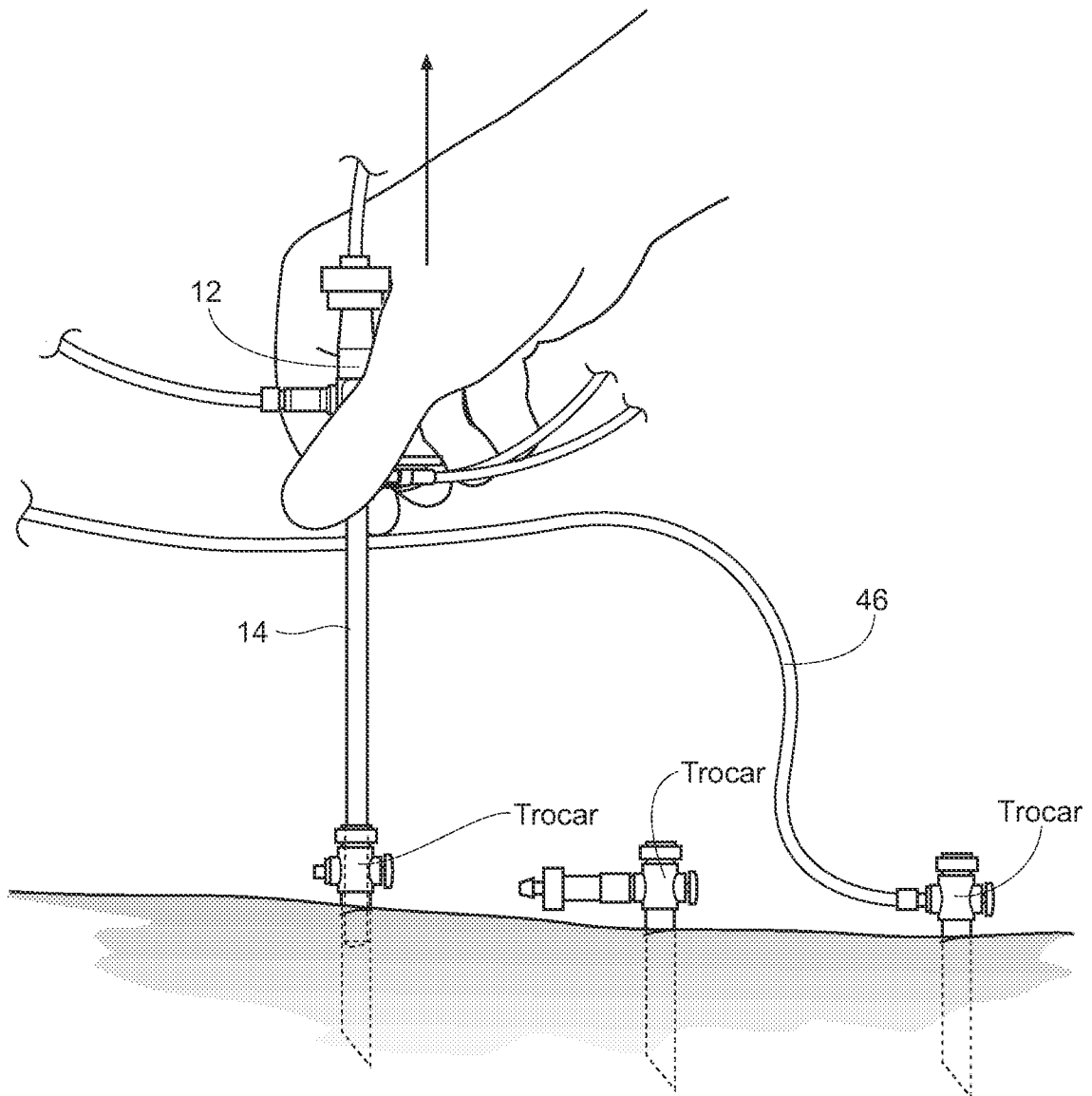
Fig. 15

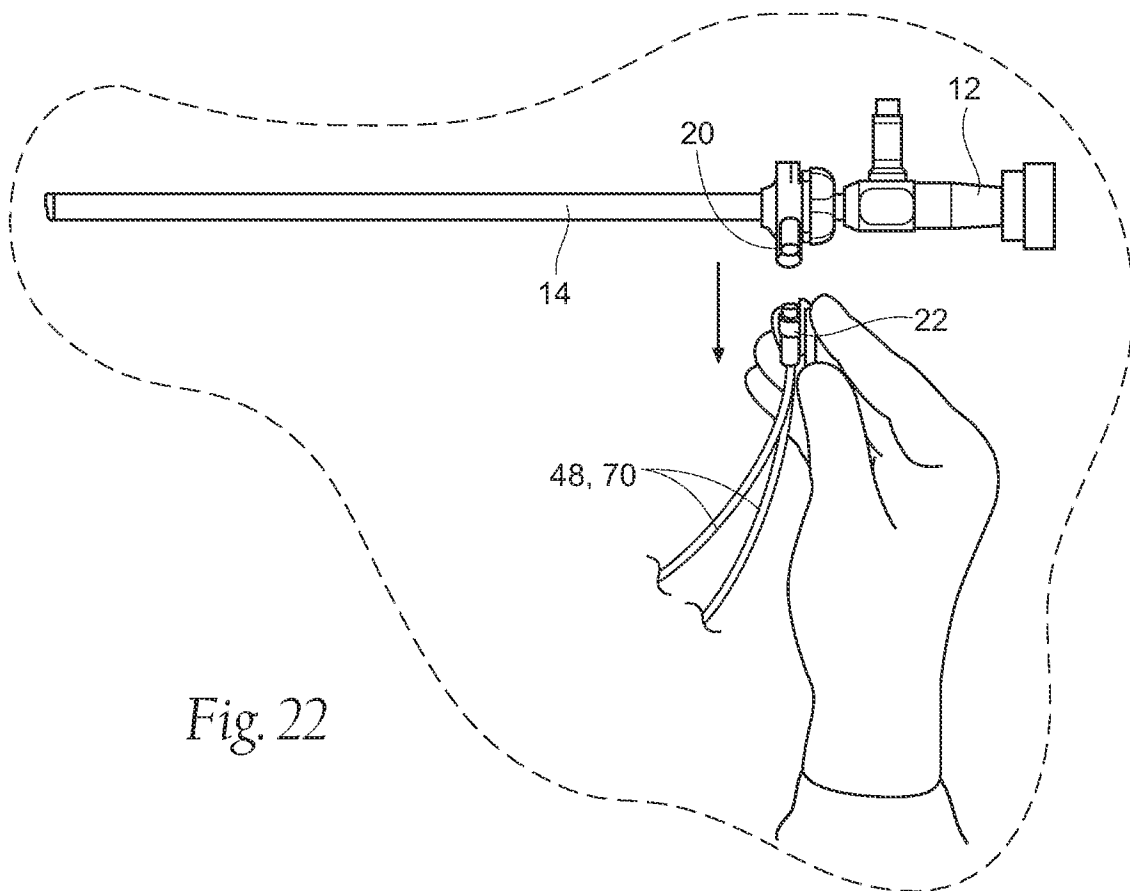
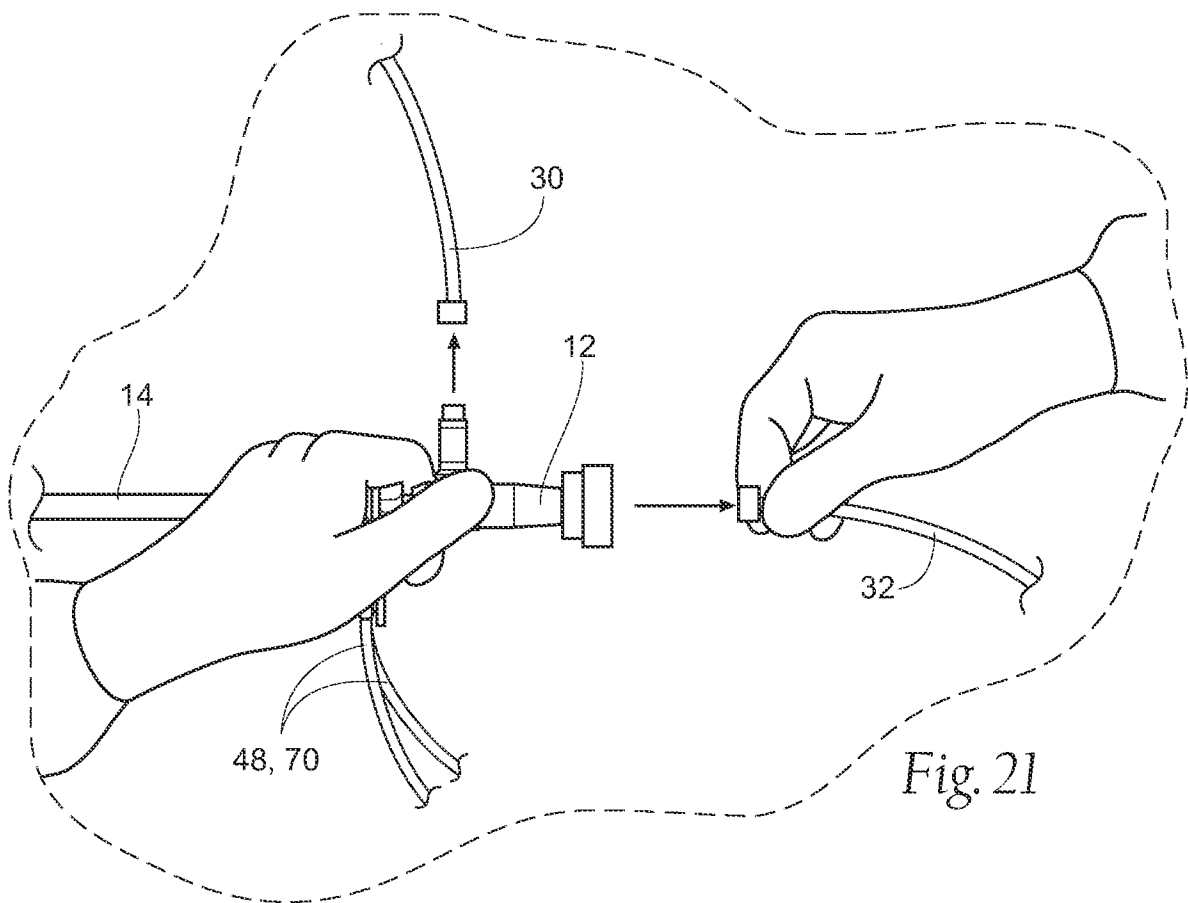








*Fig. 20*



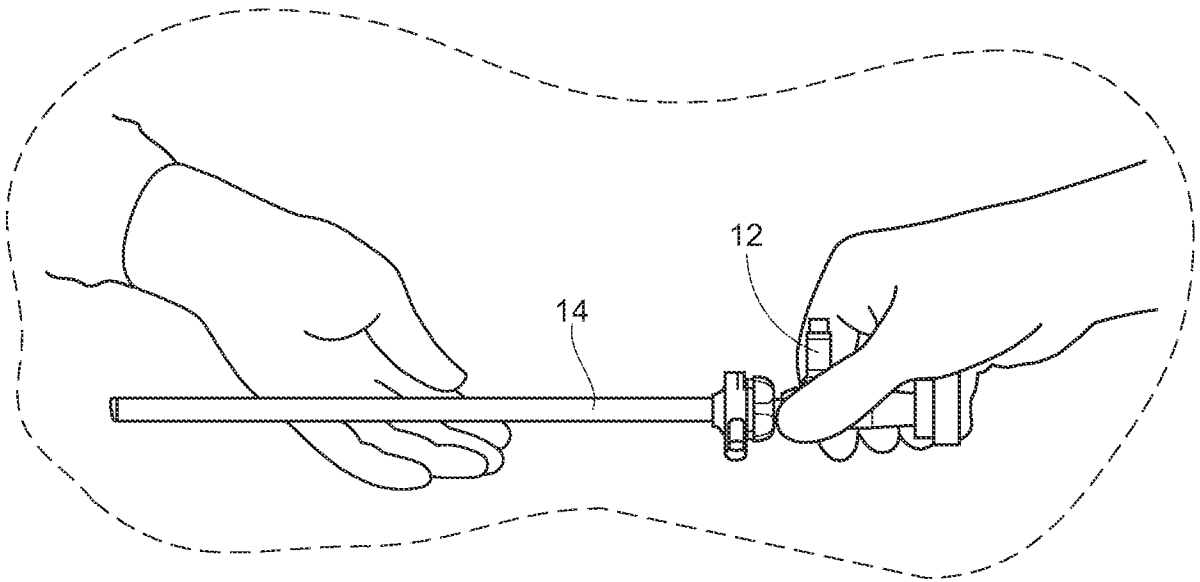


Fig. 23

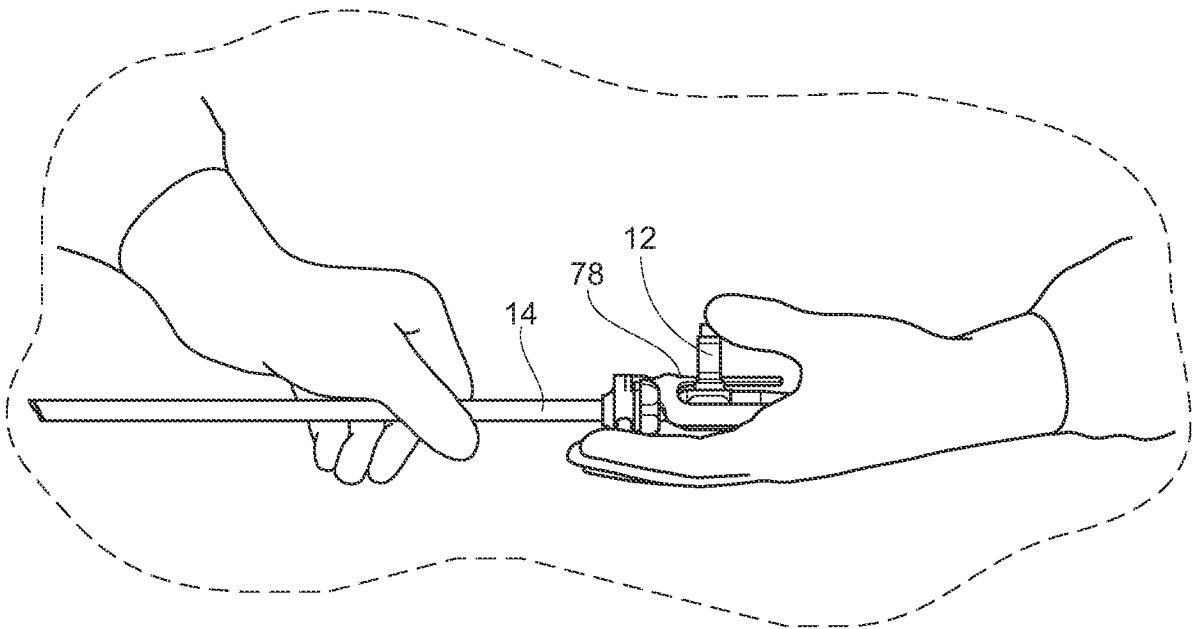
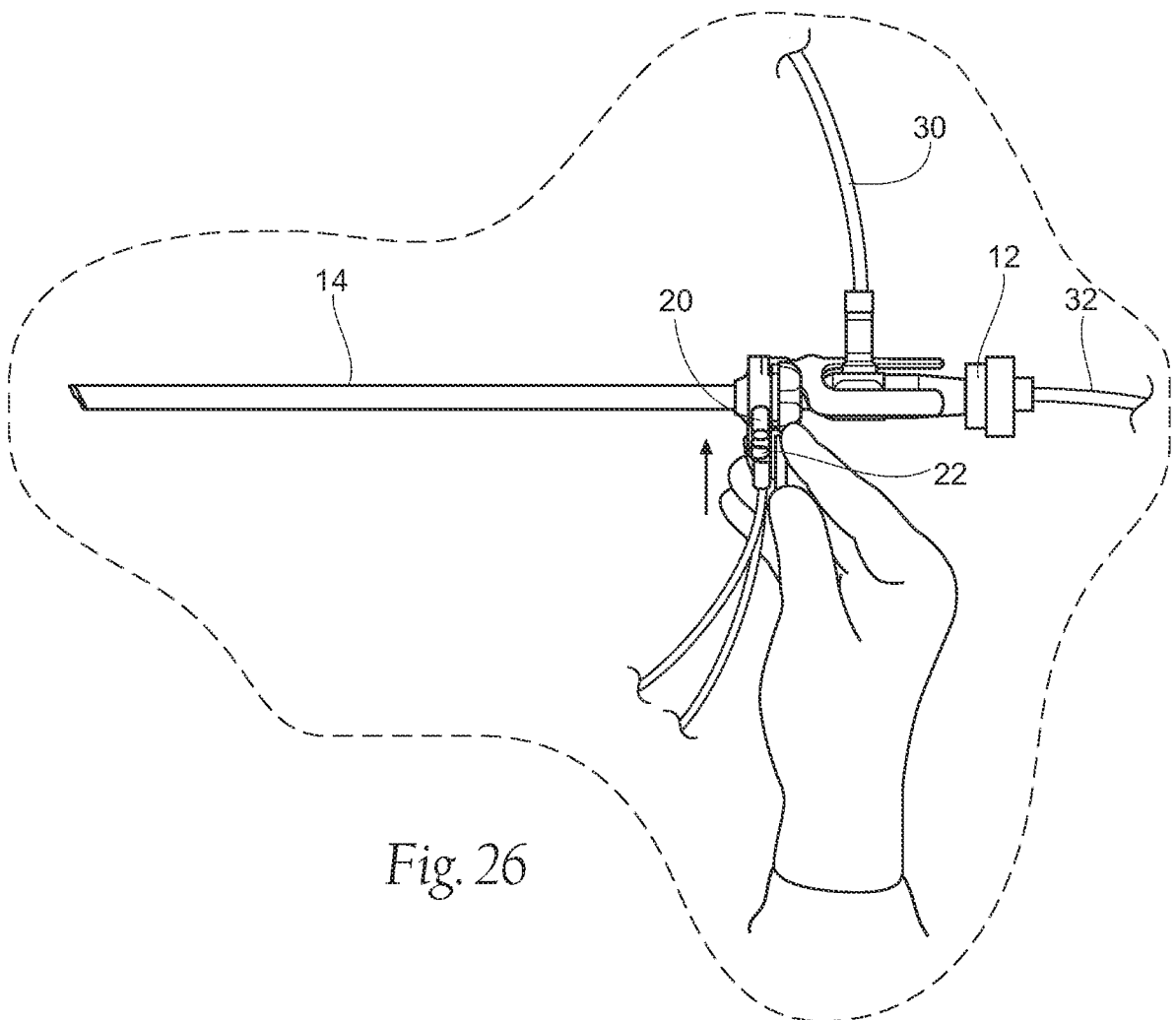
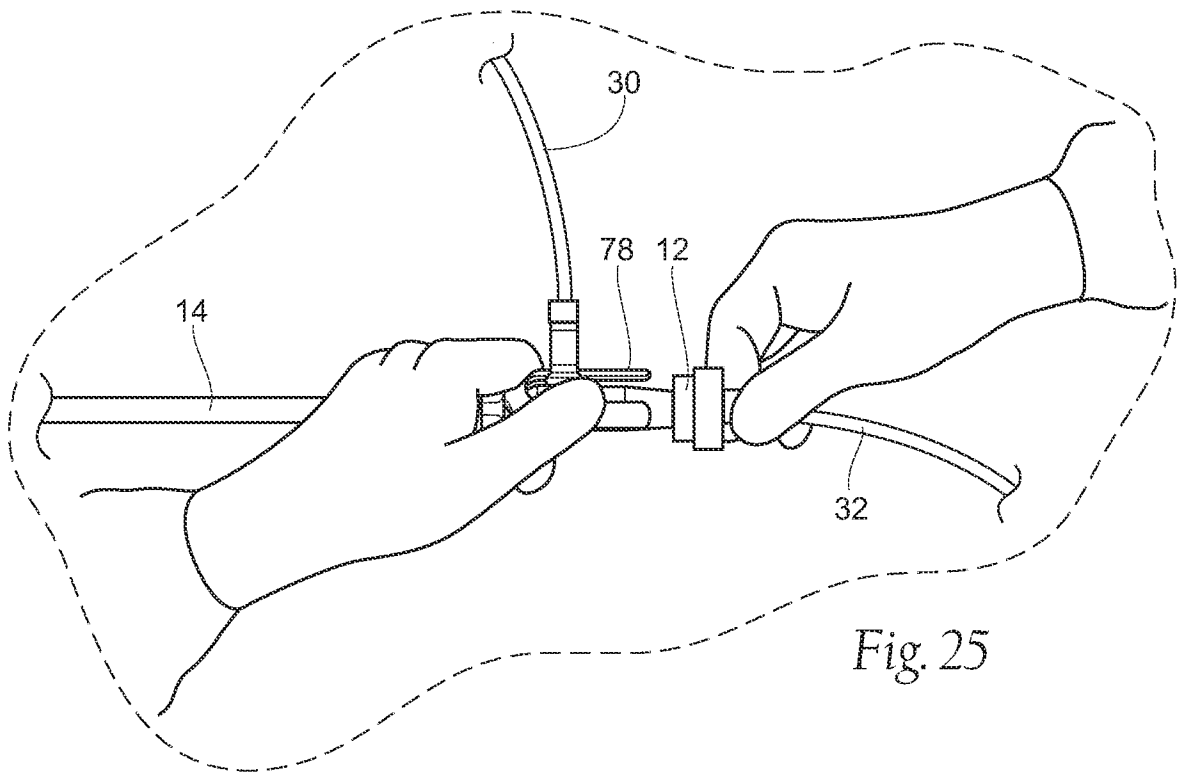


Fig. 24



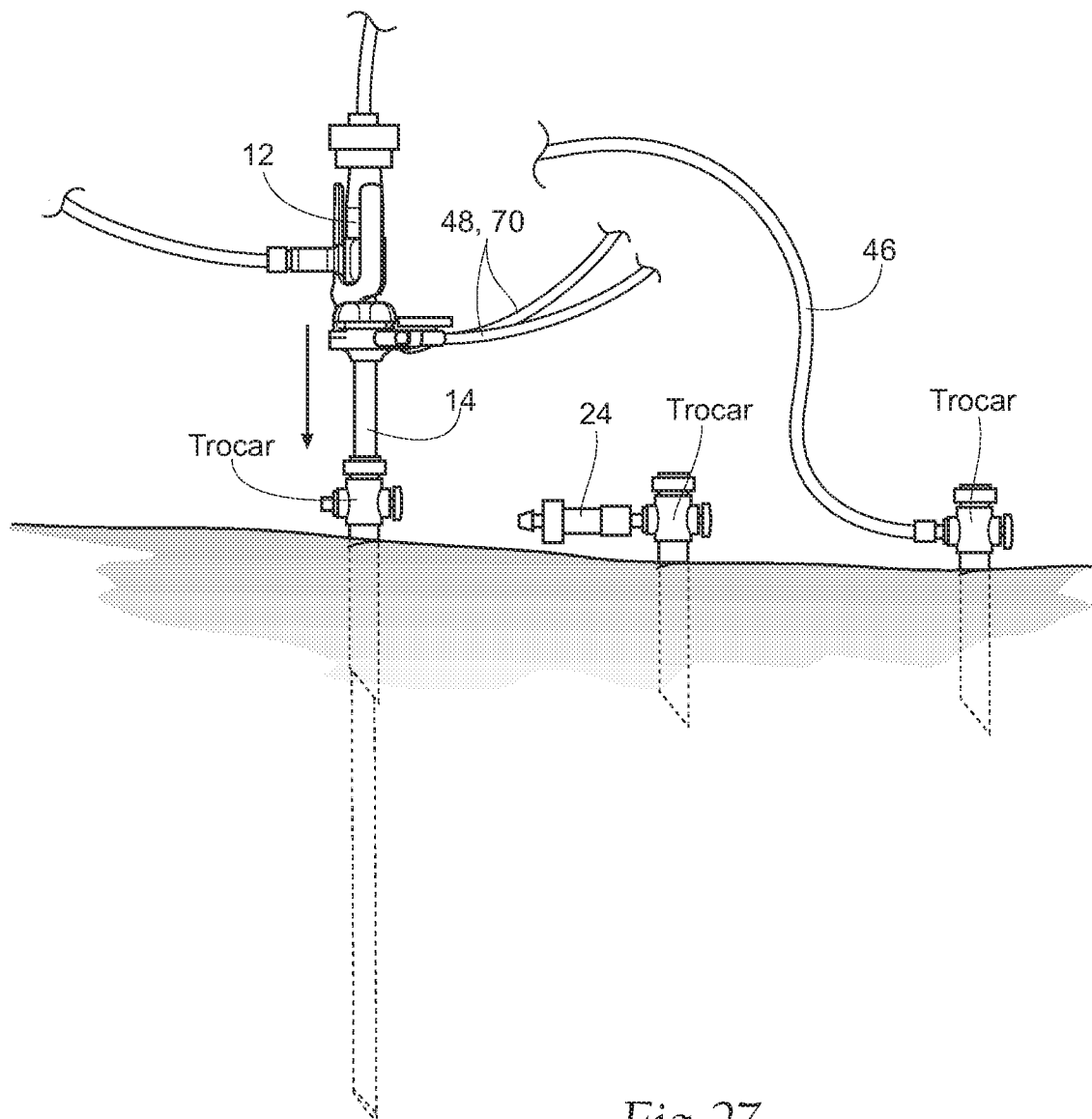


Fig. 27

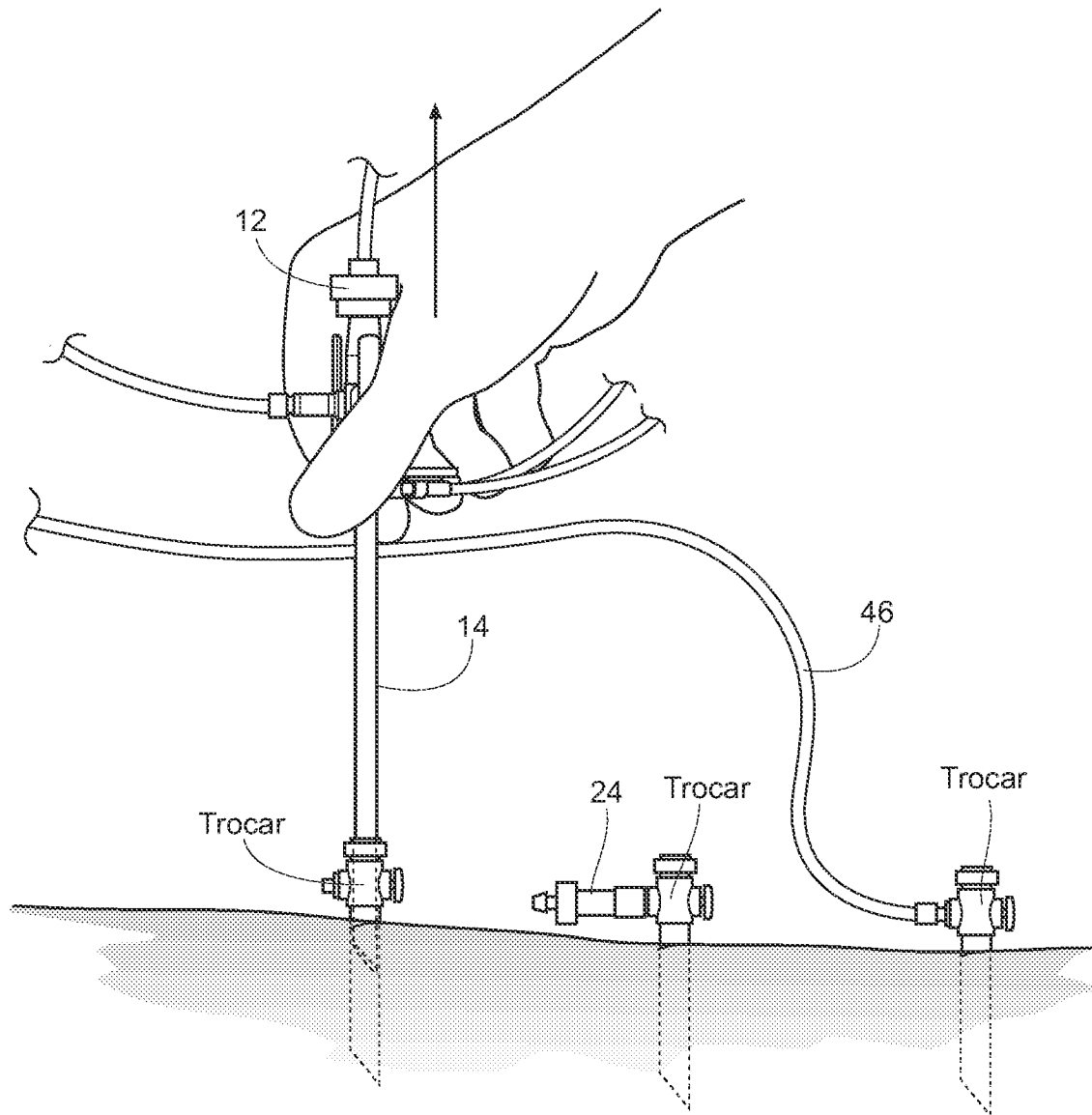
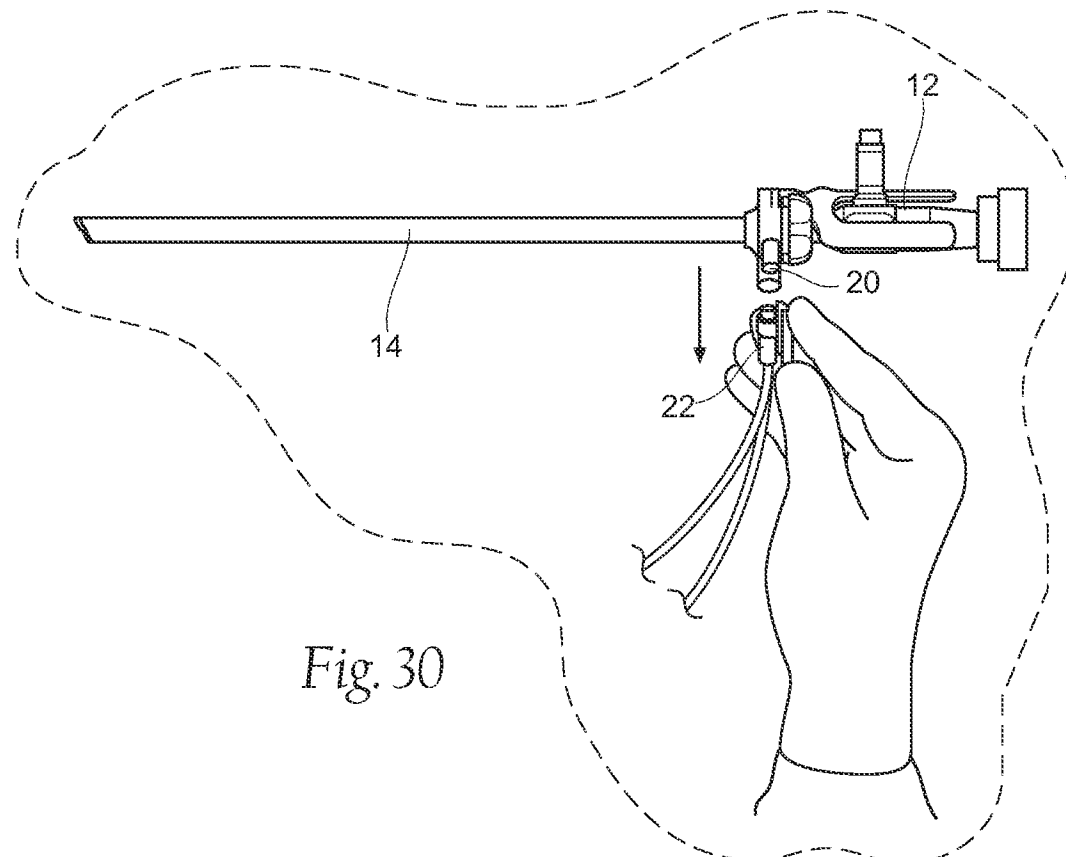
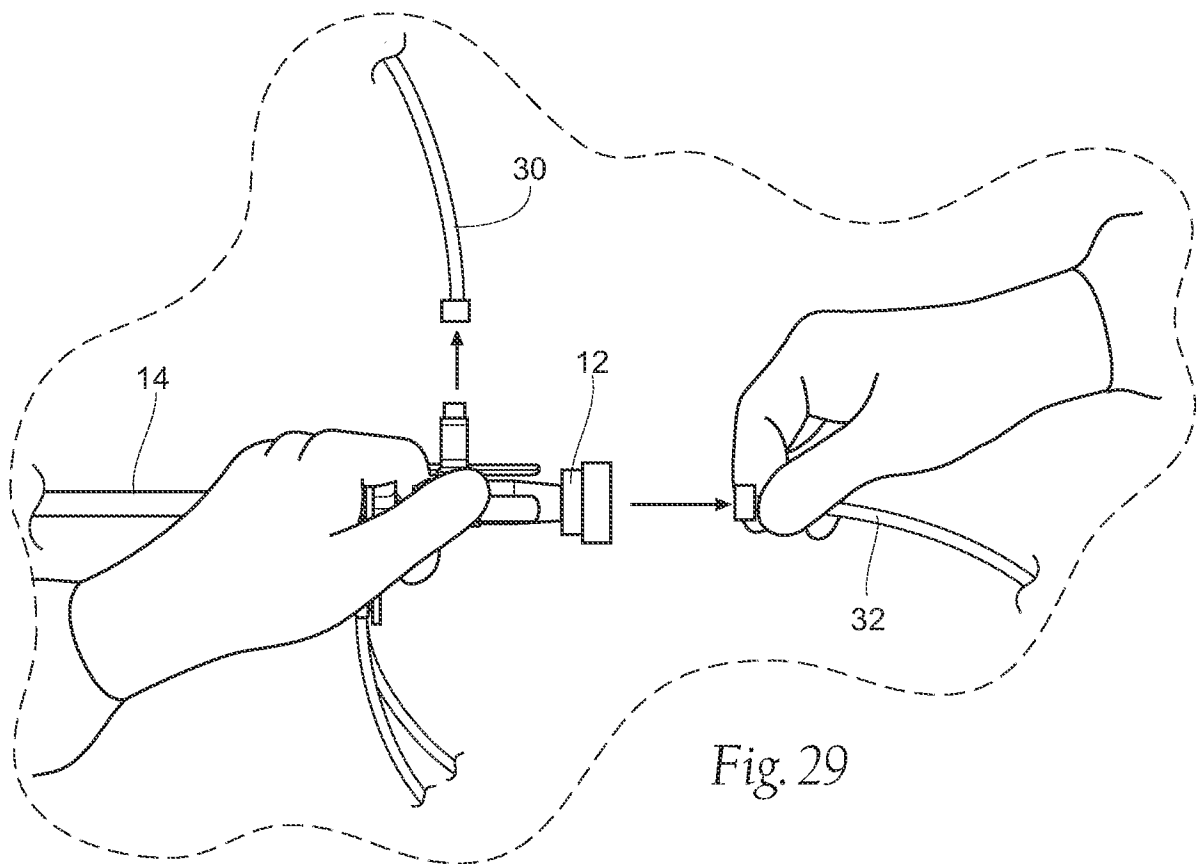


Fig. 28



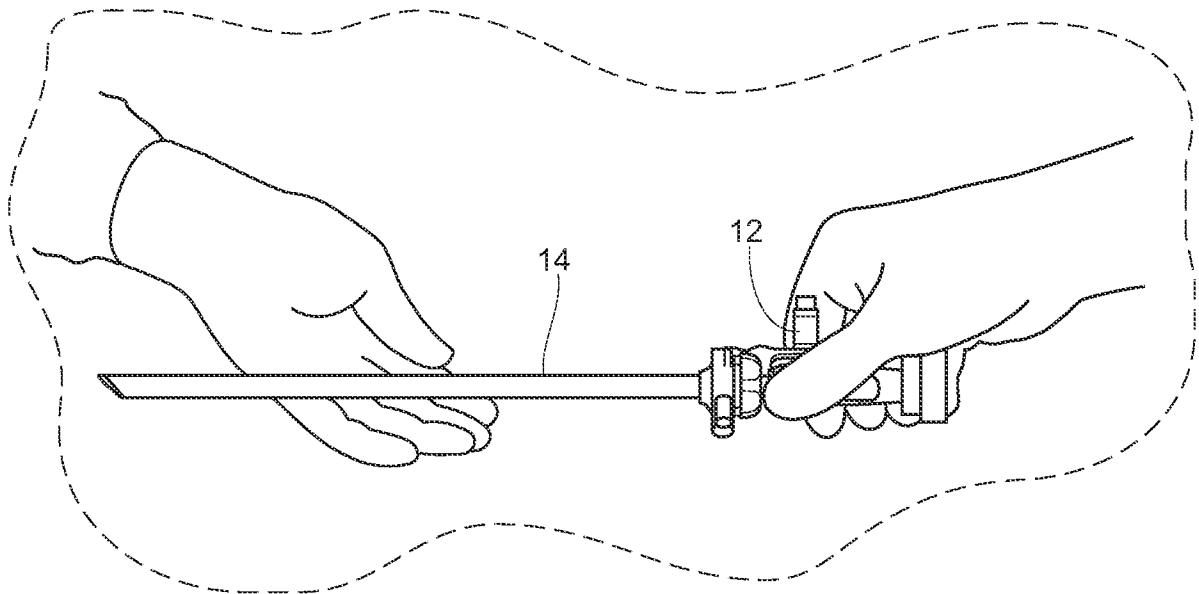


Fig. 31

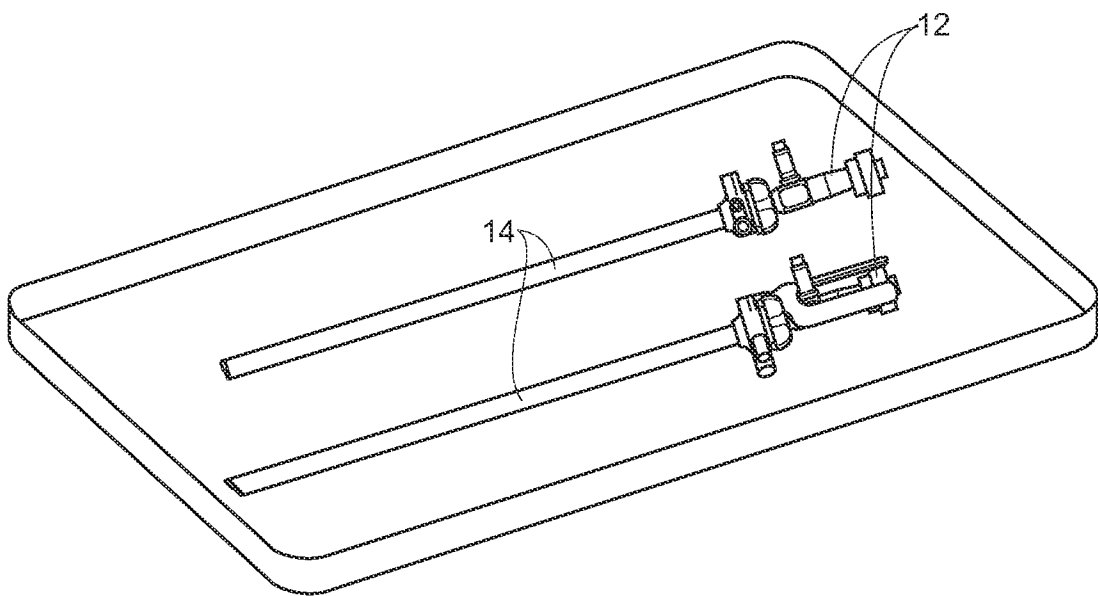
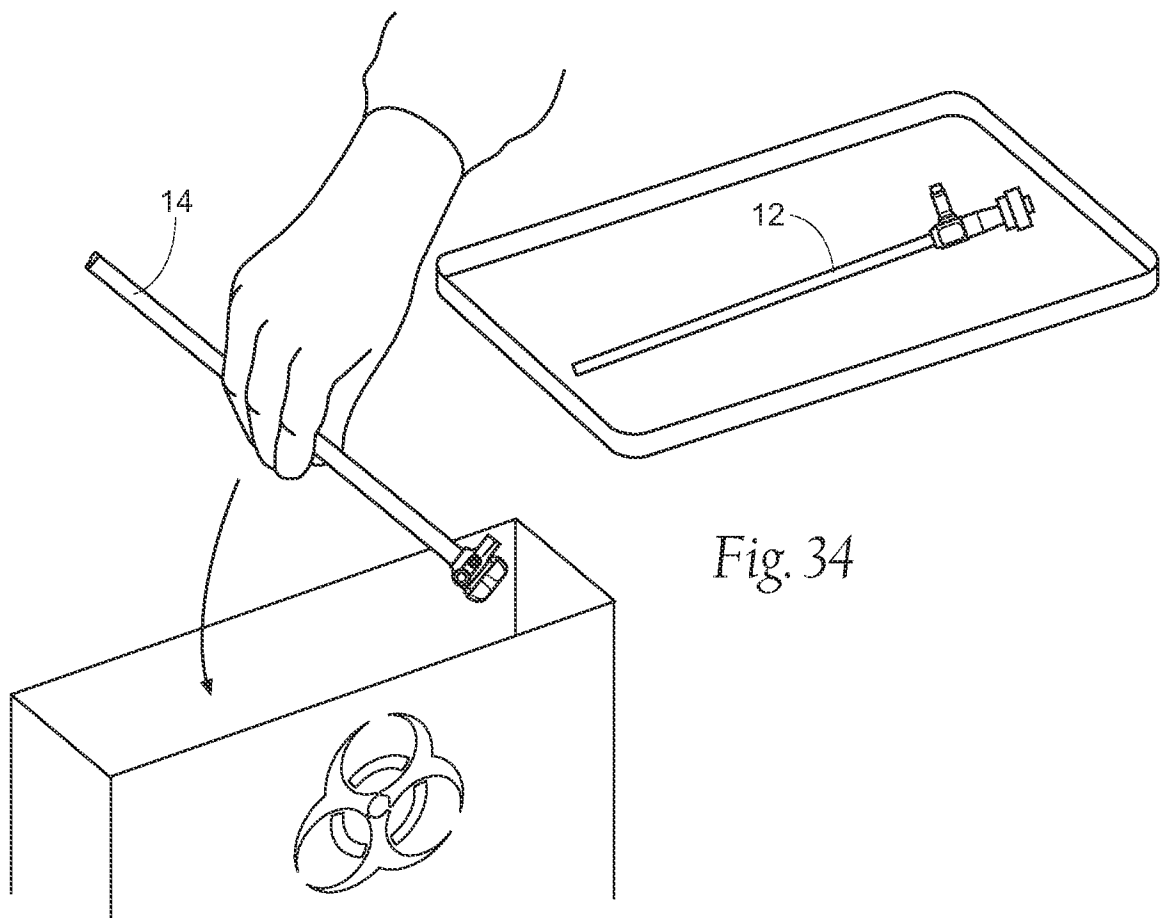
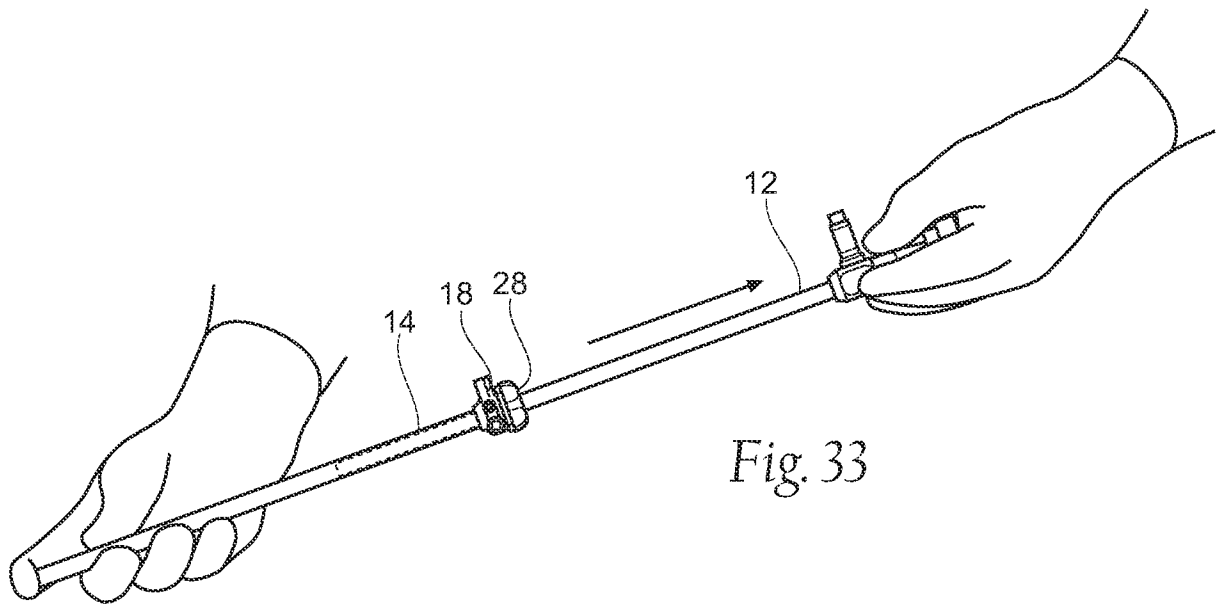
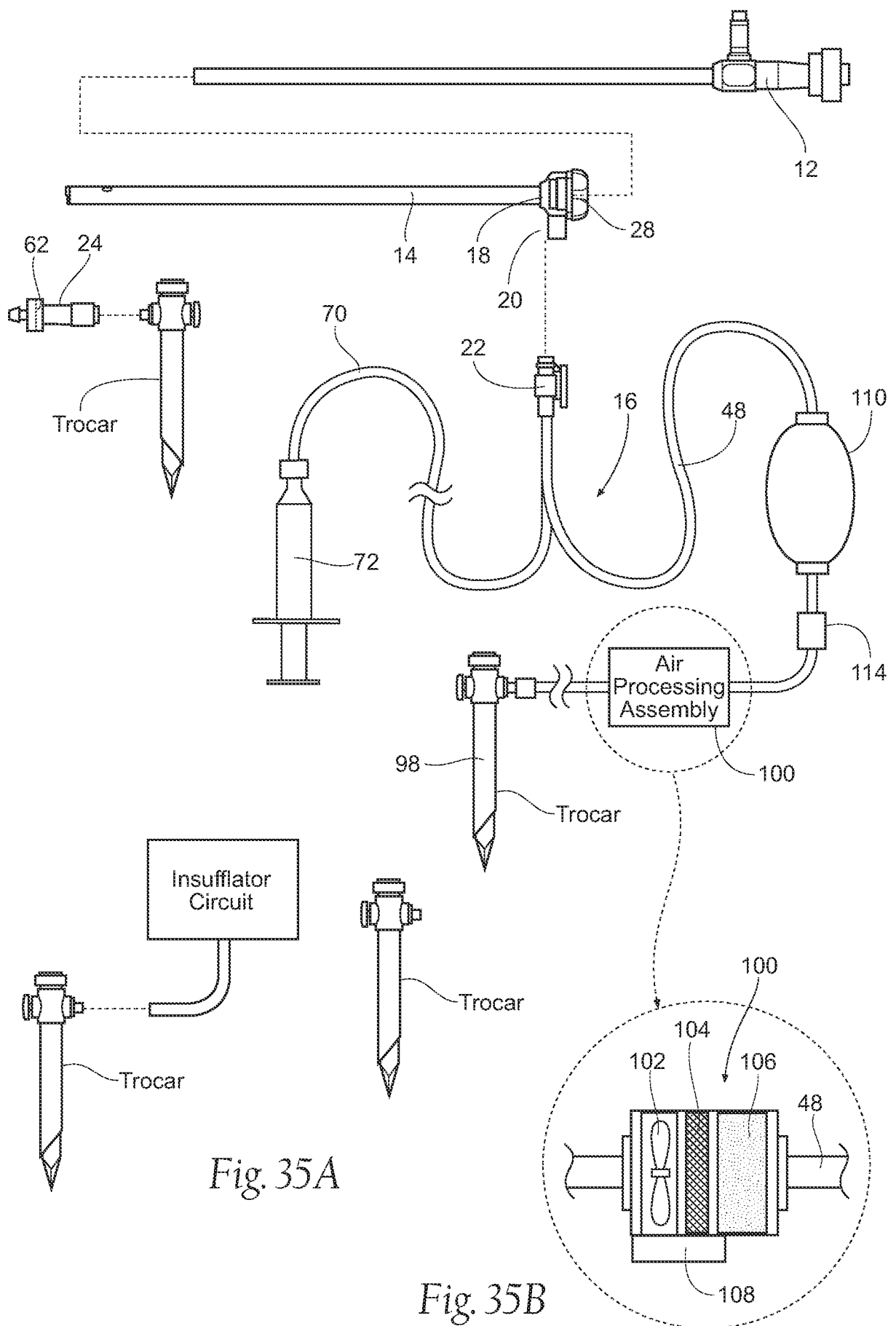


Fig. 32





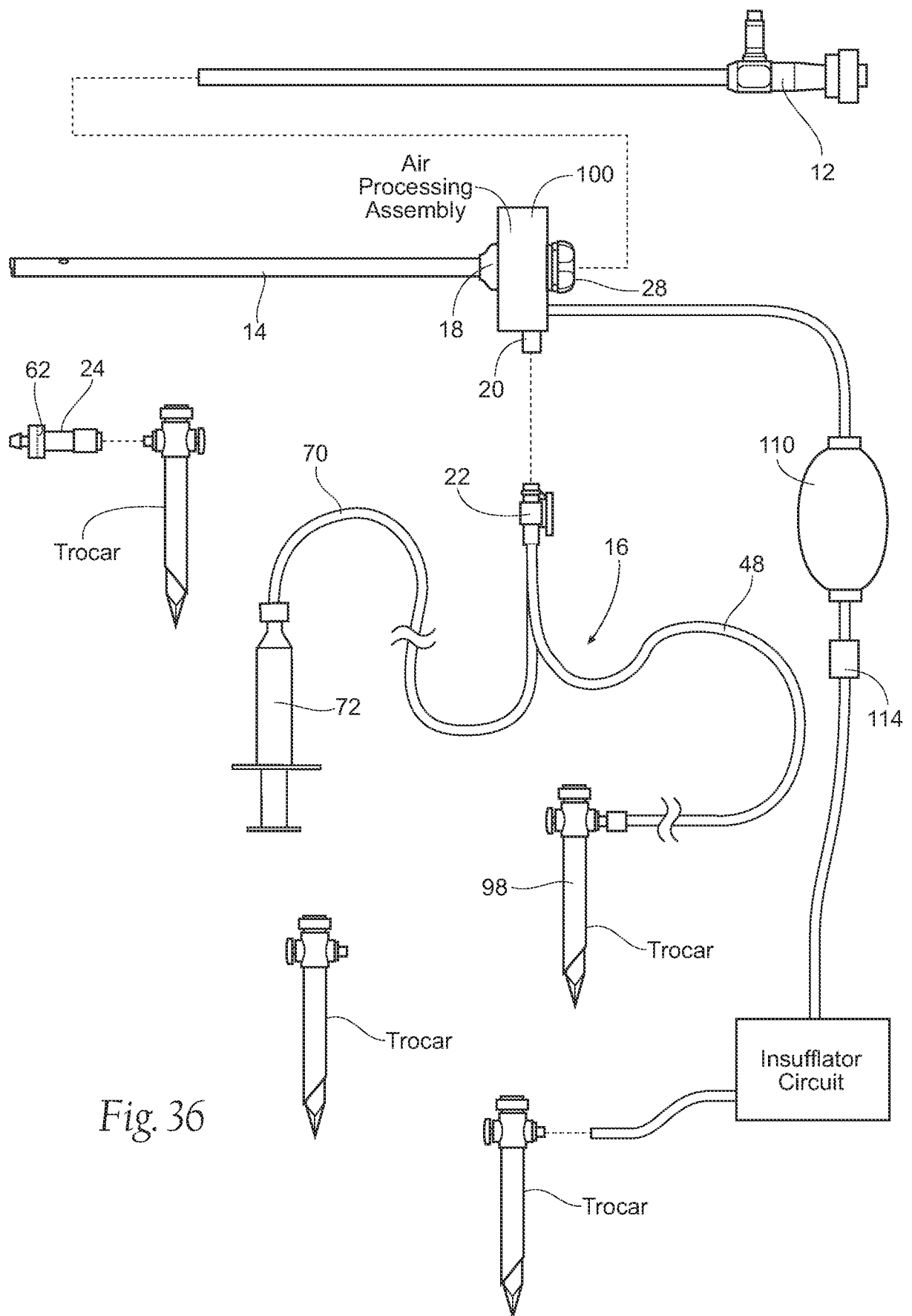


Fig. 36

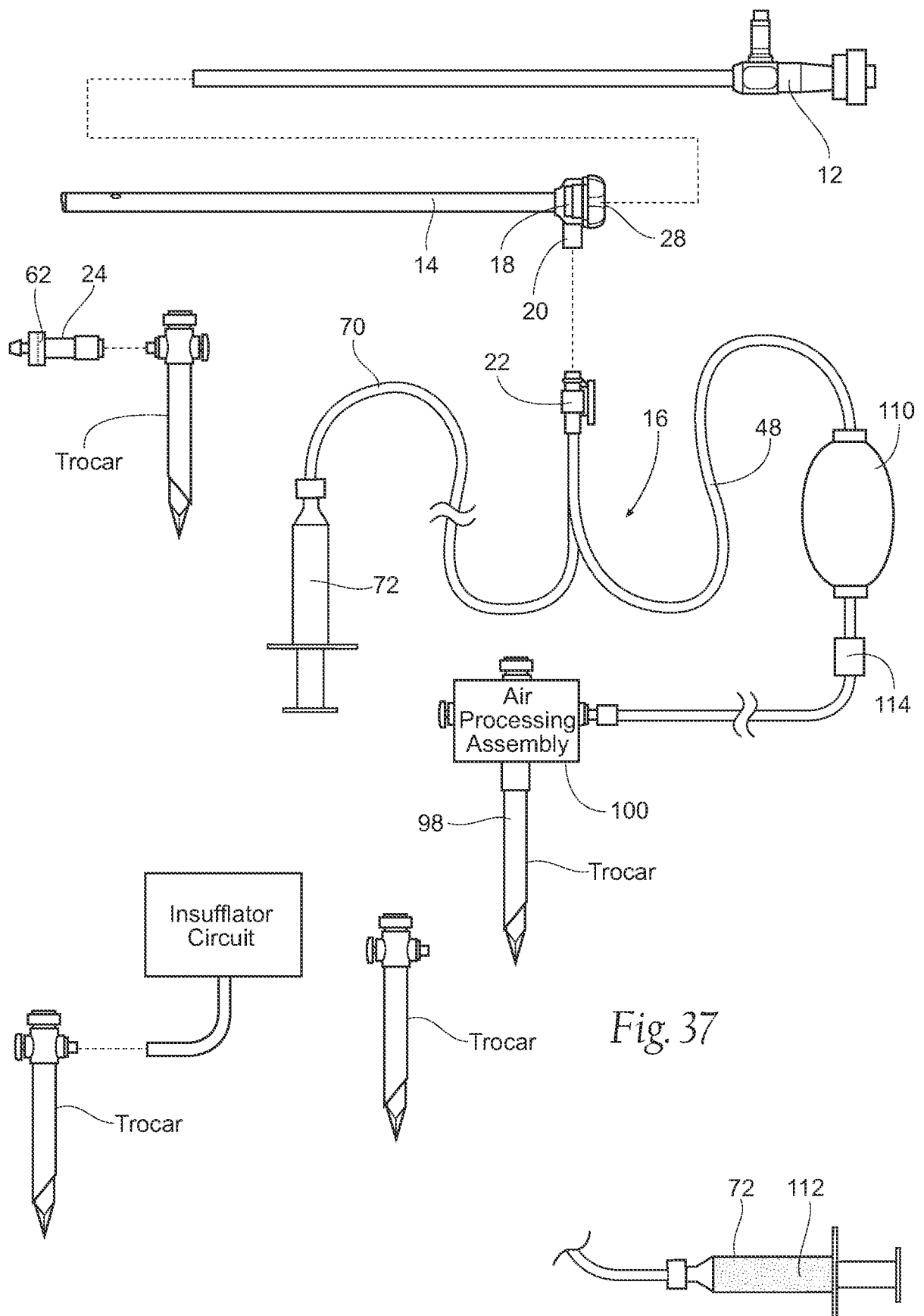


Fig. 37

Fig. 38

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US 11/20824

A. CLASSIFICATION OF SUBJECT MATTER

IPC(8) - A61B 1/12 (2011.01)

USPC - 600/158

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

USPC: 600/158

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
USPC: 600/101, 104, 121, 123, 129, 153, 155, 158, 159; 55/492, 485 (keyword limited; terms below)

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

PubWEST (PGPB, USPT, EPAB, JPAB): Google Scholar

Search terms: gas, air, clean\$, co2, carbon dioxide, filter\$, purif\$, circulat\$, vapor, water, dehumidif\$, smoke, debri

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2007/0225664 A1 (SCHULTZ et al.) 27 September 2007 (27.09.2007), Fig 2B, 3, 4A-4C, para[0004], [0026], [0029], [0030], [0033], [0034], [0041], [0042], [0045]-[0047],	27-30, 32, and 39
---		1-26, 31, 33-38, and 40
Y	US 2008/0319266 A1 (POLL et al.) 25 December 2008 (25.12.2008), Fig 1-4, 6, 7, 10, 11, para [0007]-[0011], [0016], [0023], [0024], [0028], [0032]-[0035], [0039], [0040], [0084]	1-26, 31, 33-38, and 40
Y	US 2007/0289449 A1 (ROBERTS et al.), 20 December 2007 (20.12.2007), Fig 2, para[0025]	12
Y	US 5,448,891 A (NAKAGIRI et al.) 12 September 1995 (12.09.1995), Fig 1, 3, abstract, col 1, ln 31-42, col 2, ln 4-11, col 3, ln 10-29	13 and 14
A	US 2003/0200738 A1 (BOOTH) 30 October 2003 (30.10.2003), entire document	1-40

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"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

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Date of the actual completion of the international search

11 April 2011 (11.04.2011)

Date of mailing of the international search report

19 APR 2011

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