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(54) Title: OPTHALMIC VALVED TROCAR CANNULA

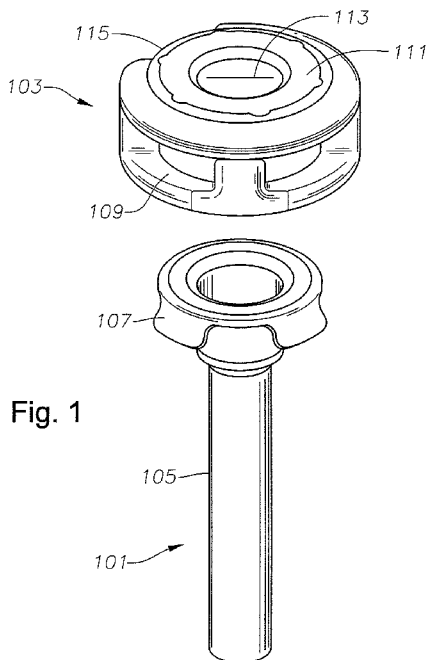


Fig. 1

(57) Abstract: In various embodiments, a trocar cannula (101) may be configured for insertion into an eye to facilitate insertion and removal of instruments during surgery. The cannula may be affixed to an overcap (103) to inhibit rotation of the overcap relative to the cannula that includes a seal (111). In some embodiments, the seal may be overmolded into the overcap or may include a wafer that is fixed between the cannula and the overcap to inhibit rotation relative to the cannula and the overcap. In some embodiments, the cannula and overcap may snap together through a tab/slot interface (107, 109) in a permanent fashion such that the cannula and overcap may not be separated without damaging the cannula or overcap. In some embodiments, a vent cannula may be receivable in the slit of the seal for allowing fluids to vent from the eye through the cannula (which may include an indentation to frictionally engage the vent).

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Ophthalmic Valved Trocar Cannula

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Priority Claim

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This application claims the benefit of priority of U.S. Provisional Patent Application Serial No. 61/289,449, titled "OPHTHALMIC VALVED TROCAR CANNULA," filed on December 23, 2009, whose inventors are Jose Luis Lopez, Anil K. Patnala, and Michael M. Martin, which is hereby incorporated by reference in its entirety as though fully and completely set forth herein.

10

FIELD OF THE INVENTION

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The present invention generally pertains to ophthalmic surgery. More particularly, but not by way of limitation, the present invention pertains to ophthalmic trocar cannulas and vents.

DESCRIPTION OF THE RELATED ART

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Microsurgical instruments may be used by surgeons for removal of tissue from delicate and restricted spaces in the human body, e.g., in surgery on the eye (such as procedures for removal of the vitreous body, blood, scar tissue, or the crystalline lens). Such instruments may include a control console and a surgical handpiece with which the surgeon dissects and removes the tissue. With respect to posterior segment surgery, the handpiece may be a vitreous cutter probe, a laser probe, or an ultrasonic fragmenter for cutting or fragmenting the tissue and may be connected to the control console by a long air-pressure (pneumatic) line and/or power cable, optical cable, or flexible tubes for supplying an infusion fluid to the surgical site and for withdrawing or aspirating fluid and cut/fragmented tissue from the site. The cutting, infusion, and aspiration functions of the handpiece may be controlled by the remote control console that not only provides power for the surgical handpiece(s) (e.g., a reciprocating or

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rotating cutting blade or an ultrasonically vibrated needle), but may also control the flow of infusion fluid and provide a source of vacuum (relative to atmosphere) for the aspiration of fluid and cut/fragmented tissue. The functions of the console may be controlled manually by the surgeon, (e.g., through use of a foot-operated switch or
5 proportional control).

During posterior segment surgery, the surgeon may use several handpieces or instruments during the procedure. This procedure may require that these instruments be inserted into, and removed out of the incision. This repeated removal and insertion
10 may cause trauma to the eye at the incision site. To address this concern, hubbed cannulae were developed at least by the mid-1980s. These devices may include a narrow tube with an attached hub. The tube may be inserted into an incision in the eye up to the hub, which may act as a stop, preventing the tube from entering the eye completely. The hub may be stitched to the eye to prevent inadvertent removal.
15 Surgical instruments can be inserted into the eye through the tube, and the tube may protect the incision sidewall from repeated contact by the instruments. In addition, the surgeon may use the instrument, by manipulating the instrument when the instrument is inserted into the eye through the tube, to help position the eye during surgery. Disadvantages of prior art cannulae may include the height of the projection on the
20 surface of the eye, as well as the lack of any means to control loss of intraocular pressure during instrument exchange or removal. The eye, being a pressurized globe, may expel aqueous or vitreous out of the open cannula when a surgical device is not present. With prior art cannulae, loss of intraocular pressure was prevented by the insertion of a plug or cap into the tube to seal the cannula and prevent the expression
25 of fluid and tissue. This may be a time-consuming process that may require additional instrumentation as well as the assistance of other operating room personnel and may increase the risk of post-operative infection.

SUMMARY OF THE INVENTION

In various embodiments, a trocar cannula may be configured for insertion into an eye to facilitate insertion and removal of instruments during surgery. The cannula
5 may be affixed to an overcap (affixed to inhibit rotation of the overcap relative to the cannula). The overcap may include a seal for inhibiting the flow of fluids out of the cannula (when an instrument is not inserted) while the cannula is inserted in the eye. In some embodiments, the seal may be molded into the overcap or may include a wafer that is fixed between the cannula and the overcap such that the seal does not
10 rotate relative to the cannula and the overcap. In some embodiments, the cannula and overcap may snap together through a tab/slot interface in a permanent fashion such that the cannula and overcap may not be separated without damaging at least part of the cannula or overcap. In some embodiments, a vent cannula may be slidably receivable in the slit of the seal for allowing fluids to vent from the eye through the
15 cannula. In some embodiments, the cannula may include at least one indentation to frictionally engage a portion of the vent when the vent is inserted into the cannula.

BRIEF DESCRIPTION OF THE DRAWINGS

For a more complete understanding of the present invention, reference is made to the following description taken in conjunction with the accompanying drawings in which:

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FIG. 1 illustrates a cannula and an overcap, according to an embodiment;

FIG. 2 illustrates the cannula affixed to the overcap, according to an embodiment;

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FIG. 3a illustrates a top view showing the slit in the seal on the overcap, according to an embodiment;

FIG. 3b illustrates a side view of the cannula and overcap with several example dimensions, according to an embodiment;

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FIGs. 4a-d illustrate cross-sections of embodiments of the overcap and seal;

FIG. 5a illustrates the cannula on a trocar inserter, according to an embodiment;

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FIG. 5b illustrates the cannula on a trocar inserter with a shipping cap, according to an embodiment;

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FIGs. 6a-b illustrates a vent, according to an embodiment;

FIG. 7 illustrates a vent in the valved trocar cannula, according to an embodiment;

FIG. 8 illustrates a cross section of the vent in the valved trocar cannula, according to an embodiment;

FIGs. 9a-b illustrate a second embodiment of a vent;

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FIGs. 10a-c illustrate a third embodiment of a vent;

FIG. 11 illustrates a flowchart of a method for forming the valved trocar cannula, according to an embodiment;

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FIG. 12 illustrates a flowchart of a method for forming the valved trocar cannula, according to another embodiment;

FIG. 13 illustrates a flowchart of a method for using the vent with the valved trocar cannula, according to an embodiment; and

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FIG. 14 illustrates a valved trocar cannula inserted into an eye, according to an embodiment.

20 It is to be understood that both the foregoing general description and the following detailed description are exemplary and explanatory only and are intended to provide a further explanation of the present invention as claimed.

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DETAILED DESCRIPTION OF THE EMBODIMENTS

FIG. 1 illustrates an embodiment of a trocar cannula 101 and an overcap 103. The trocar cannula 101 may be configured for insertion into an eye to facilitate insertion and removal of instruments during surgery. The cannula 101 may include a shaft 105 capable of extending into the eye (e.g., through a sclera, conjunctiva, etc). In some embodiments, the cannula 101 may be attached to an overcap 103. For example, the cannula 101 may include one or more tabs 107 configured to engage corresponding slots 109 on the cannula 101 (e.g., the cannula 101 illustrated in FIG. 1 includes four tabs 107 to engage four corresponding slots 109 on the overcap 103). Other attachments are also contemplated. For example, the cannula 101 may include the slots and the overcap may include the tabs. In some embodiments, the cannula 101 may be attached to the overcap 103 through adhesive, thermal bonding, etc. In some embodiments, a seal 111 may be coupled to the overcap 103 (e.g., the seal 111 may be disposed at least partially between the shaft 105 and the overcap 109) to form an overmolded valve. As shown in FIG. 1, a surface of the seal 111 may be exposed on the overcap 109. In some embodiments, the exposed surface of the seal 111 may include one or more slits 113 to allow passage of surgical tools into the cannula 101. In the absence of a surgical instrument, the seal 111 may inhibit fluid flow through the seal 111.

FIG. 2 illustrates an embodiment of the cannula 101 affixed to the overcap 103 (e.g., after engagement of the tabs 107 in respective slots 109). In some embodiments, the tab/slot interface may prevent rotation of the overcap 103 relative to the cannula 101 (e.g., during insertion of the cannula 101 into the eye). In some embodiments, the tabs 107 may be configured to permanently hold the overcap 103 to the cannula 101 (such that the overcap 103 may not be removed from the cannula 101 without destroying part of the cannula 101 and/or overcap 103). For example, the tabs 107 (and cannula 101) may be made of stainless steel and the overcap 103 may be made of plastic (e.g., polycarbonate). Other materials are also contemplated. The

permanent hold between the overcap 103 and the cannula 101 may prevent inadvertent removal of the overcap 103 from the cannula 101 during surgery (e.g., vitreoretinal surgery).

5 FIG. 3a illustrates a top view of an embodiment of the slit 113 in the seal 111 on the overcap 103. FIG. 3b illustrates a side view of an embodiment of the cannula 101 and overcap 103 with several example dimensions (provided in inches). Other dimensions are also contemplated. For example, while the outer diameter of the cannula 101 is shown as 0.029 inches (corresponding to a 23 gauge cannula), in
10 another embodiment, the outer diameter of the cannula may be 0.0243 inches (for a 25 gauge cannula). Other outer diameters are also contemplated.

 FIGs. 4a-c illustrate cross-sections of an embodiment of the overcap 103 and seal 111. The seal 111 may be made of an elastomer (e.g., silicone). In some
15 embodiments, the seal 111 may be attached to the overcap 103 to inhibit rotation of the seal 111 relative to the overcap 103. For example, the seal 111 may be overmolded into a depression 403 and one or more holes 401 in the overcap 103. In some embodiments, the seal 111 may include a silicon wafer 405 that is formed separately from the overcap 103 and inserted between the overcap 103 and the
20 cannula 101 during assembly of the overcap 103 onto the cannula 101. In such a case, the seal 111 may be attached to the overcap 103 and cannula 101 through a friction fit. Other attachments are also contemplated (e.g., adhesive).

 FIG. 5a illustrates an embodiment of the cannula 101 on a trocar inserter 501.
25 In some embodiments, the trocar inserter 501 may include a trocar blade 503 attached to a handle 505. In some embodiments, the handle 505 may be made of plastic and the blade 503 may be made of stainless steel. Other materials are also contemplated. The trocar blade 503 may extend past the end of the shaft 105 and may include one or more sharp edges to pierce an eye 1401 (e.g., pierce a hole through the sclera 1403
30 and into the vitreous body 1405) for insertion of the cannula 101. In some

embodiments, a guide 507 may fit into guide slot 115 to inhibit rotation of the overcap 103/cannula 101 relative to the handle 505 during insertion of the cannula 101 into eye 1401. In some embodiments, the guide 507 may releasably engage the guide slot 115 such that when the trocar inserter 501 is withdrawn from the overcap 103/cannula 101, the guide 507 does not pull the overcap 103/cannula 101 out of the eye 1401. For example, the guide 507 may frictionally engage the guide slot 115 with a friction force that is less than a friction force exerted by the eye on the external sides of the cannula 101 when the cannula 101 is in the eye.

10 While the guide 507 is depicted as a tab to be received into guide slot 115, other interlocking features are also contemplated. For example, the guide 507 and guide slot 115 may include different interlocking features (such as a ring and a rod) or may include other interlocking components (e.g., interlocking magnets (one on each of the handle and overcap 103), engaging o-rings (one on each of the handle and overcap 103), etc). In some embodiments, the guide 507/guide slot 115 interaction may prevent rotation between the cannula 101 and the overcap 103 so that any angular movement of the trocar handle 505 about the handle's axis may be transmitted to the overcap 103 and then to the cannula 101. This interaction may provide vitreoretinal surgeons angular control of the cannula 101 relative to the trocar handle 505 during insertion of the cannula 101 into the sclera 1403. FIG. 5b illustrates an embodiment of the cannula 101 on a trocar inserter 501 with a shipping cap 511 (which may be snapped on over the cannula 101 and/or over the trocar inserter 501 to protect the cannula 101 and/or trocar inserter 501.

25 FIGs. 6a-b illustrates an embodiment of a vent 601. While the seal 111 of the valved trocar cannula may close off the cannula from fluid flow into or out of the cannula when, for example, a surgical instrument is occluding the cannula, a vent cannula 603 may be configured to slide into the slit 113 of the seal 111 to allow fluids to vent from the eye through the cannula 101 (e.g., see FIG. 7). In some embodiments, the vent 601 may hold the seal 111 in an open position to allow fluid

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(e.g., a gas or liquid) to vent through the cannula 101. For example, a gas (or another fluid) may flow through the cannula 101 and out of vent 601 during a procedure to replace the gas with another fluid. The vent 601 may further include a rim 609 to provide a stop for preventing the vent from slipping all the way into the seal 111. The vent cannula 603 may have an outer diameter that is smaller than an inner diameter of trocar cannula 101 to allow the vent cannula 603 to slide past the seal 111 and into the trocar cannula 101. The vent cannula 603 may further include a rim 609 with at least one dimension that is large enough to prevent the vent 601 from slipping completely into the trocar cannula 101 (e.g., the diameter of the rim 609 may be larger than an inner diameter of the trocar cannula 101).

In some embodiments, the vent 601 may be a separate device from the cannula to allow the vent 601 to be inserted and removed without adding or removing parts of the cannula 101 (e.g., without having to remove the overcap 103 of the cannula 101). The size of the vent 601 may also allow a user (e.g., a surgeon) to handle the vent 601 with fingers (or, for example, forceps) during the insertion and removal of the vent 601.

In some embodiments, the vent 601 may include a flexible tube 605 (e.g., a silicone tube) frictionally engaging the vent cannula 603. The tube 605 may provide a visual indicator (e.g., be at least partially transparent) of the venting process (e.g., if a substance is overflowing from the eye (such as silicone during a viscous fluid control injection procedure), the silicone may flow into the tube 605 and be visible to a user. In some embodiments, the tube 605 may be used as a grasping surface for vent removal from the cannula 101 (e.g., to assist grasping by fingers or forceps). Vent cannula 603 may include a tube portion 607 configured to receive the flexible tube 605 along an outer perimeter of the tube 607 (which may be made of, for example, stainless steel). In some embodiments, the tube 607 and vent cannula 603 may be formed of one piece. FIG. 6b illustrates several example dimensions (provided in inches), according to an embodiment. Other dimensions are also contemplated. In

some embodiments, the dimensions of the vent 601 may allow for the passage of instruments through the vent 601 when the vent 601 is in seal 111.

FIG. 8 illustrates a cross section of an embodiment of the vent 601 in the
5 cannula 101. In some embodiments, the cannula 101 may include at least one
indentation 801 to frictionally engage a portion of the vent cannula 603 when the vent
601 is inserted into the cannula 101. The indentation 801 may be dimensioned to
provide enough resistance to the vent 601 to keep the vent 601 in place during a
10 procedure. In some embodiments, the resistance between the indentation 801 and
vent 601 may be less than needed to pull the cannula 101 out of the eye when
withdrawing the vent 601 from the cannula 101 (such that the cannula 101 is not
pulled out of the eye when the vent 601 is pulled out of the cannula 101 while the
cannula 101 is in the eye).

15 Other embodiments of the vent are also contemplated. For example, an
embodiment of a vent 901 is shown in FIGs. 9a-b. As seen in FIGs. 9a-b, the vent
901 may not include a tube 605, but may instead be a single piece. The vent 901 may
be deep drawn and may include a retention feature for mating with a retention feature
on a cannula 101. Other formation techniques are also contemplated (e.g., the vent
20 901 may be molded). In some embodiments, the vent may not include a retention
feature. Yet another embodiment is shown as vent 1001 in FIGs. 10a-c. Vent 1001
may include a large bell shaped inlet that may make it easier to insert and remove
tools through the vent 1001 when the vent 1001 is inserted into a cannula 101. The
vent 1001 may also include one or more retention features 1003 to increase a grip
25 between the vent 1001 and a cannula 101 when the vent 1001 is inserted into a
cannula 101.

FIG. 11 illustrates a flowchart of a method for forming the valved trocar
cannula, according to an embodiment. The elements provided in the flowchart are
30 illustrative only. Various provided elements may be omitted, additional elements may

be added, and/or various elements may be performed in a different order than provided below.

At 1101, the overcap 103 may be formed. For example, the overcap 103 may be molded to include thru-holes 401 for receiving a silicone seal 111. Molding processes for the overcap 103 may include injection molding, compression molding, blow molding, rotational molding, etc. Other techniques for forming the overcap 103 are also contemplated (e.g., casting).

At 1103, the seal 111 may be overmolded onto the overcap 103. For example, the seal 111 may include an elastomer (such as silicone) molded into a depression 403 of the overcap 103 and may flow into holes 401 to secure the seal 111 to the overcap 103. In some embodiments, the overcap 103 may be placed into a mold that defines spaces through the overcap 103 for the seal 111. The elastomer may then be injected into the mold and flow through the defined spaces through the overcap 103 to form the seal 111 in the overcap 103. Other manufacturing processes are also contemplated. For example, the seal 111 and overcap 103 may be molded as one piece (e.g., using the same material for both the overcap 103 and seal 111 in a single mold). In some embodiments, the seal 111 may be formed separately from the overcap 103 (e.g., see FIG. 10). In some embodiments, the seal may be formed with a slit 113 or the slit 113 may be formed in the seal 111 after the seal is formed (e.g., the slit 113 may be cut into the seal 111 using a sharp edge).

At 1105, a cannula 101 may be formed. For example, the cannula 101 may be deep drawn. Deep drawing the cannula 101 may include starting with a disc of material that is pressed between one or more sets of male/female dies to deep draw the cannula 101. A final step in cannula formation may include removing excess material and/or polishing the cannula 101. In some embodiments, material between the tabs 107 may be sheared off between a male and female die or may be removed in other ways (e.g., cut away). In some embodiments, the cannula 101 may be molded

(e.g., injection molding, compression molding, blow molding, rotational molding, extrusion molding, etc). Other techniques for cannula formation are also contemplated. In some embodiments, the cannula 101 may be made of stainless steel or plastic. Other materials may also be used. In some embodiments, the cannula 101
5 may be formed with snapping tabs 107. For example, the dies or mold for the cannula 101 may include spaces for the formation of the tabs or the tabs may be formed on the cannula 101 through machining. Other tab forming techniques are also contemplated.

At 1107, the overcap 103 may be affixed to the cannula 101. For example, the
10 tabs 107 may be snapped into corresponding slots 109. In some embodiments, the overcap 103 may slightly deform to receive the tabs 107 or the tabs 107 may be configured to slightly deform as the overcap 103 is pressed onto the cannula 101 and then return to their initial condition as the corresponding slots 109 of the overcap 103
15 pass over the tabs 107. The tabs 107 may be rigid enough (e.g., made of stainless steel) such that the overcap 103 may not be removed from the cannula 101 without destroying part of the cannula 101 and/or overcap 103.

FIG. 12 illustrates a flowchart of a method for forming the valved trocar cannula according to another embodiment. The elements provided in the flowchart
20 are illustrative only. Various provided elements may be omitted, additional elements may be added, and/or various elements may be performed in a different order than provided below.

At 1201, an overcap 1103 may be formed (e.g., through molding). In some
25 embodiments, the overcap 1103 may be formed with receiving slots 109.

At 1203, a seal 111 (such as a silicone wafer 405) may be formed. In some
embodiments, the silicone wafer 405 may be molded with a slit 113 or the slit 113
30 may be formed in the silicone wafer 405 after molding (e.g., the slit 113 may be cut into the silicone wafer using a sharp edge).

At 1205, the cannula 101 may be formed. For example, the cannula 101 may be molded out of stainless steel and may include tabs 107.

5 At 1207, the silicone wafer 405 may be inserted between the cannula 101 and overcap 103 and the overcap 103 may be affixed to the cannula 101 (e.g., the overcap 103 may be snapped onto the cannula 101 such that the slots 109 may receive tabs 107).

10 FIG. 13 illustrates a flowchart of a method for using the vent with the valved trocar cannula, according to an embodiment. The elements provided in the flowchart are illustrative only. Various provided elements may be omitted, additional elements may be added, and/or various elements may be performed in a different order than provided below.

15 At 1301, the trocar blade 503 may be inserted through the slit 113 in the seal 111 and through cannula 101. At 1303, the eye 1401 may be pierced with the trocar blade 503 and the cannula 101 may be pushed into the eye. At 1305, the trocar blade 503 and cannula 101 may be rotated as needed during the insertion. At 1307, the
20 trocar blade 503 may be withdrawn leaving the cannula 101 in the eye 1401. At 1309, a vent 601 may be inserted as needed to open the seal 111 to allow fluid/gas to vent through the cannula 101 and out of the eye 1401. The vent 601 may be removed and/or reinserted as needed into the seal 111 and cannula 101 without withdrawing the cannula 101 from the eye during the procedure. Inserting the withdrawing the
25 vent 601 may be performed using, for example, the user's fingers or a pair of forceps.

 Various modifications may be made to the presented embodiments by a person of ordinary skill in the art. Other embodiments of the present invention will be apparent to those skilled in the art from consideration of the present specification and
30 practice of the present invention disclosed herein. It is intended that the present

specification and examples be considered as exemplary only with a true scope and spirit of the invention being indicated by the following claims and equivalents thereof.

WHAT IS CLAIMED IS:

1. An apparatus, comprising:
a cannula configured for insertion into an eye;
5 an overcap affixed to the cannula, wherein the overcap is configured not to rotate relative to the cannula; and
a seal between the cannula and the overcap, wherein the seal is configured to allow passage of surgical tools into the cannula through a slit in the seal while inhibiting fluid flow through the seal when a surgical tool is not present in the seal.
10
2. The apparatus of claim 1, wherein the seal comprises silicone overmolded into a depression in the overcap.
3. The apparatus of claim 2, wherein the silicone is molded into holes in the
15 overcap to inhibit rotation of the seal relative to the overcap.
4. The apparatus of claim 1, wherein the seal comprises a silicon wafer.
5. The apparatus of claim 1,
20 wherein the cannula includes at least one tab;
wherein the overcap includes at least one slot; and
wherein the overcap is affixed to the cannula by receiving the at least one tab in the at least one slot.
- 25 6. The apparatus of claim 1, further comprising a vent cannula configured to slide into the slit of the seal for allowing fluids to vent from the eye through the cannula.
7. The apparatus of claim 6, wherein the cannula comprises at least one
30 indentation to frictionally engage a portion of the vent when the vent is inserted into the cannula.

8. The apparatus of claim 1, wherein the overcap comprises a guide slot, wherein the guide slot is configured to receive a guide from a trocar handle and wherein interaction between the guide slot and the guide inhibit rotation of the overcap relative
5 to the handle during insertion of the cannula into an eye.

9. An apparatus, comprising:
a handle;
a trocar blade coupled to the handle;
10 a trocar cannula affixed to an overcap that comprises a seal molded onto the overcap, wherein the seal includes a slit configured to receive the trocar blade therethrough, wherein the trocar blade is configured to pierce an eye to push the cannula into the eye;
wherein the overcap is configured not to rotate relative to the cannula;
15 wherein the seal is configured to allow passage of surgical tools into the cannula through a slit in the seal while inhibiting fluid flow through the seal when a surgical tool is not present in the seal; and
wherein the handle further comprises a guide and wherein the overcap further comprises a guide slot, wherein the guide slot is configured to receive the guide from
20 the handle and wherein interaction between the guide slot and the guide inhibit rotation of the overcap relative to the handle during insertion of the cannula into an eye .

10. The apparatus of claim 9, wherein the seal comprises silicone overmolded into
25 a depression in the overcap.

11. The apparatus of claim 10, wherein the silicone is molded into holes in the overcap to inhibit rotation of the seal relative to the overcap.

30 12. The apparatus of claim 9, wherein the seal comprises a silicon wafer.

13. The apparatus of claim 9,
wherein the cannula includes at least one tab;
wherein the overcap includes at least one slot; and
5 wherein the overcap is affixed to the cannula by receiving the at least one tab
in the at least one slot.
14. The apparatus of claim 9, wherein the cannula comprises at least one
indentation to frictionally engage a portion of the vent when the vent is inserted into
10 the cannula.
15. A method, comprising:
forming an overcap;
forming a cannula;
15 securing a seal to the overcap;
affixing the overcap to the cannula.
16. The method of claim 8, wherein securing the seal to the overcap comprises
molding silicone into a depression of the overcap.
20
17. The method of claim 8, wherein the seal comprises a silicone wafer and
wherein securing the seal to the overcap comprising placing the silicone wafer
between the overcap and cannula prior to affixing the overcap to the cannula.
- 25 18. The method of claim 8,
wherein forming the overcap comprises forming at least one slot in the
overcap;
wherein forming the cannula comprises forming at least one tab in the
cannula; and

wherein affixing the overcap to the cannula comprises receiving the at least one tab into the at least one slot.

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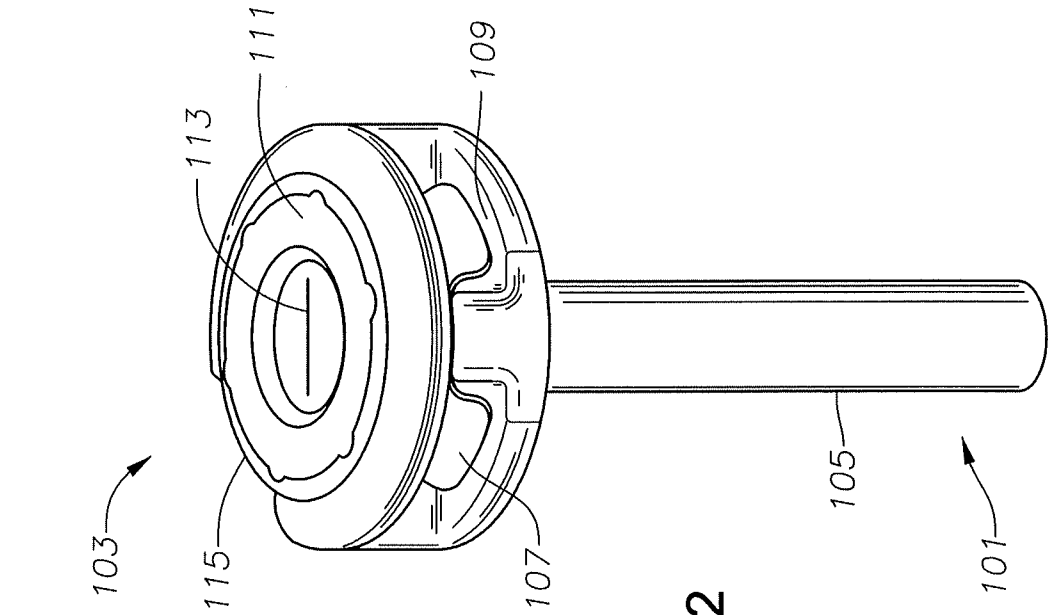


Fig. 2

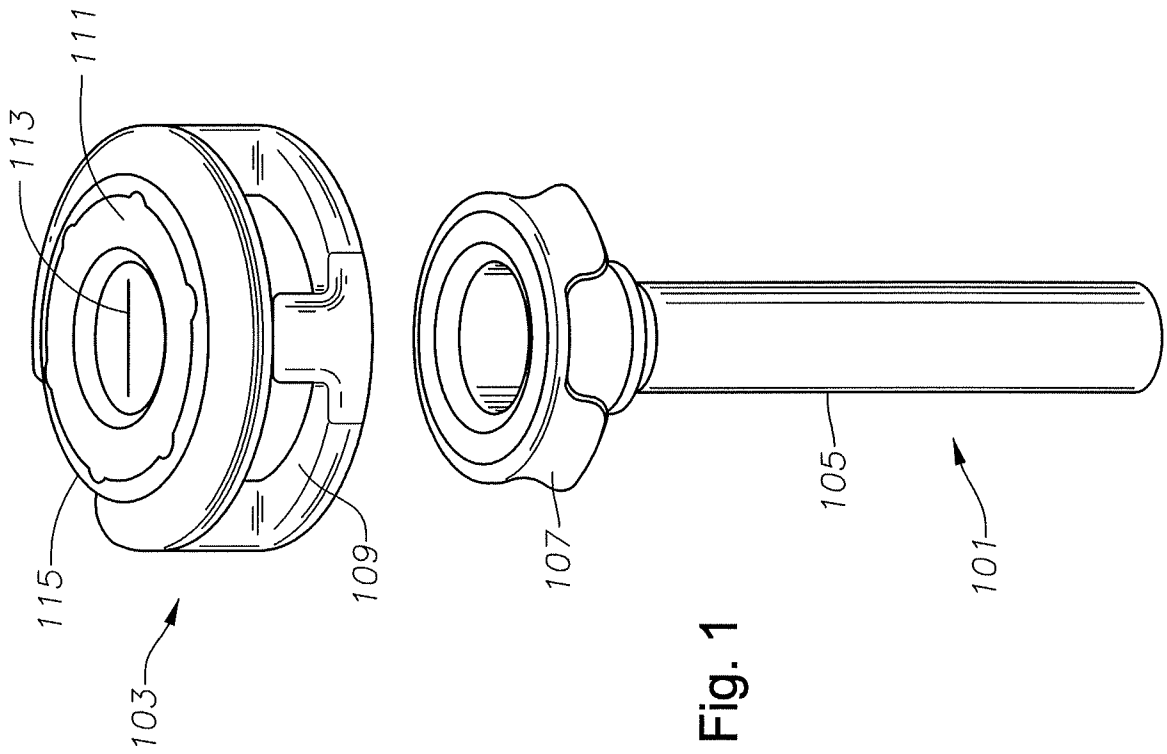
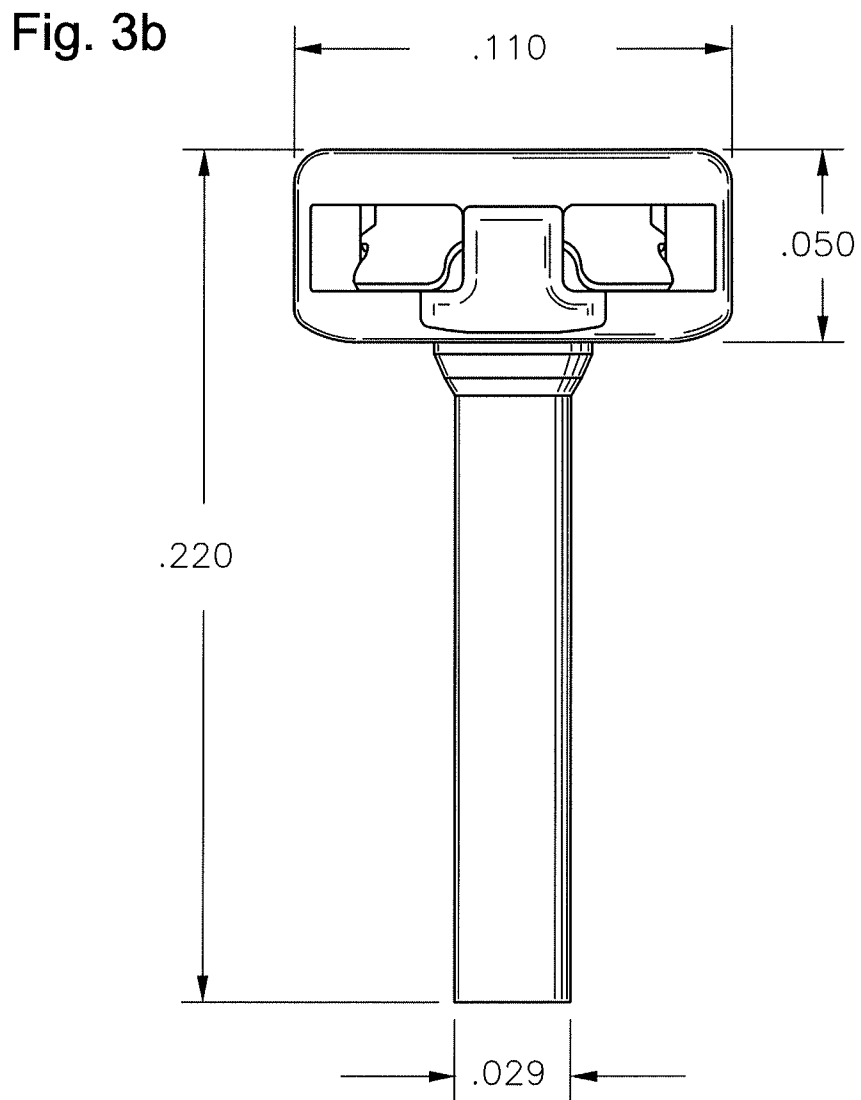
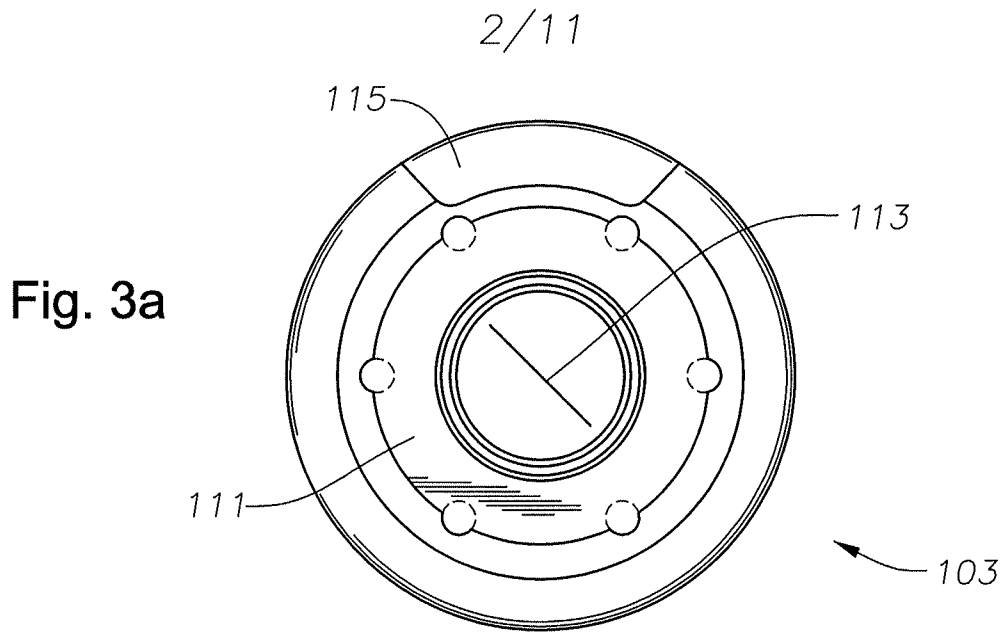


Fig. 1



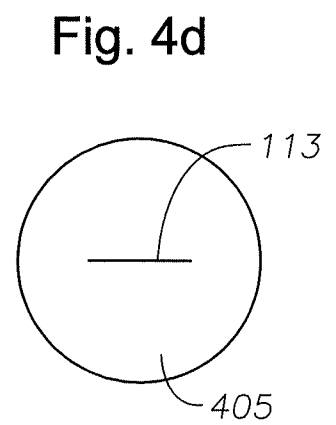
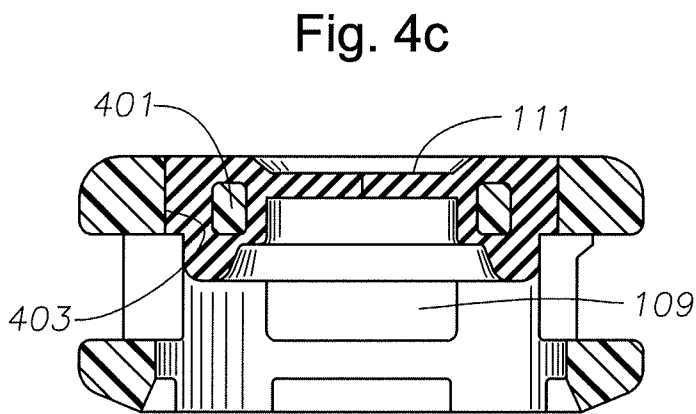
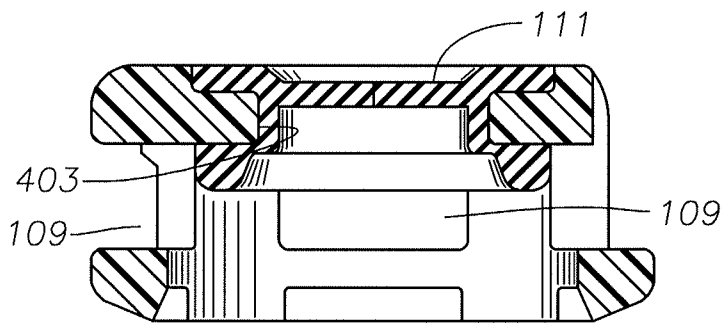
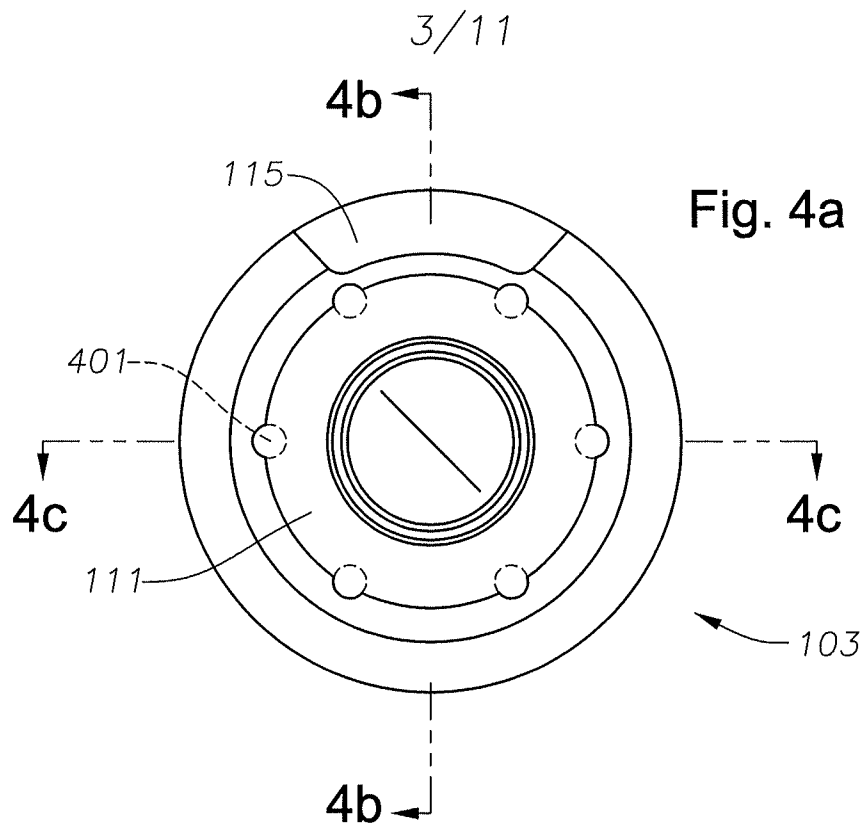


Fig. 5a

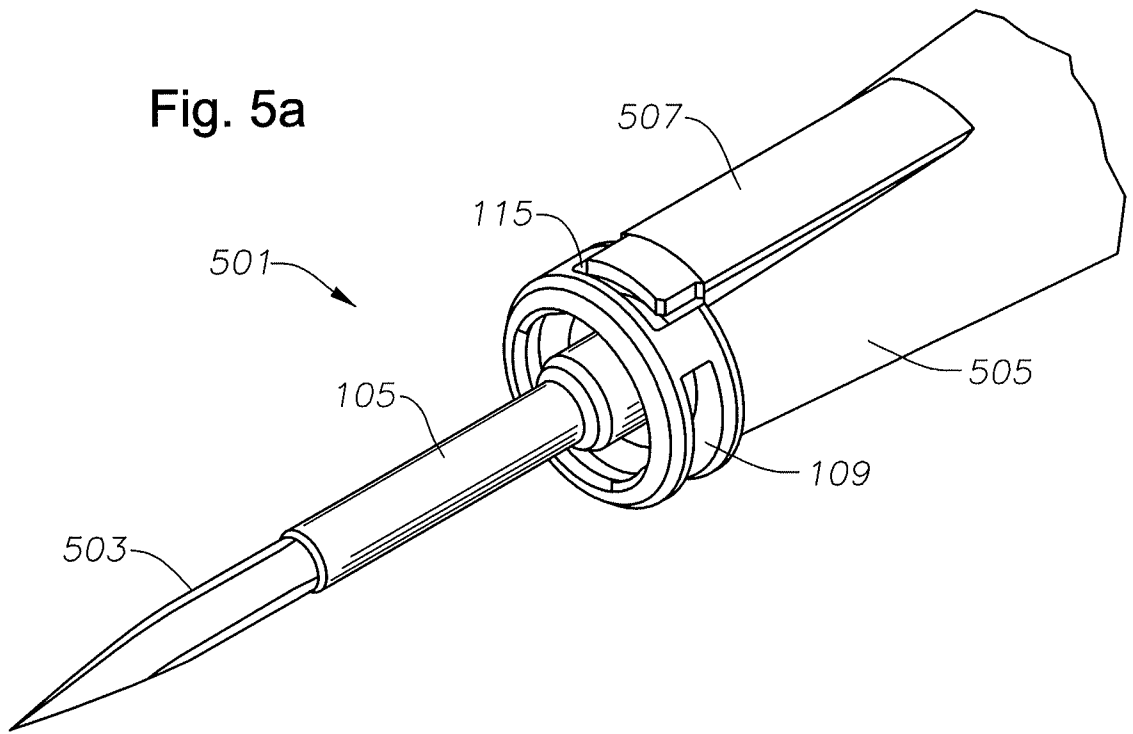


Fig. 5b

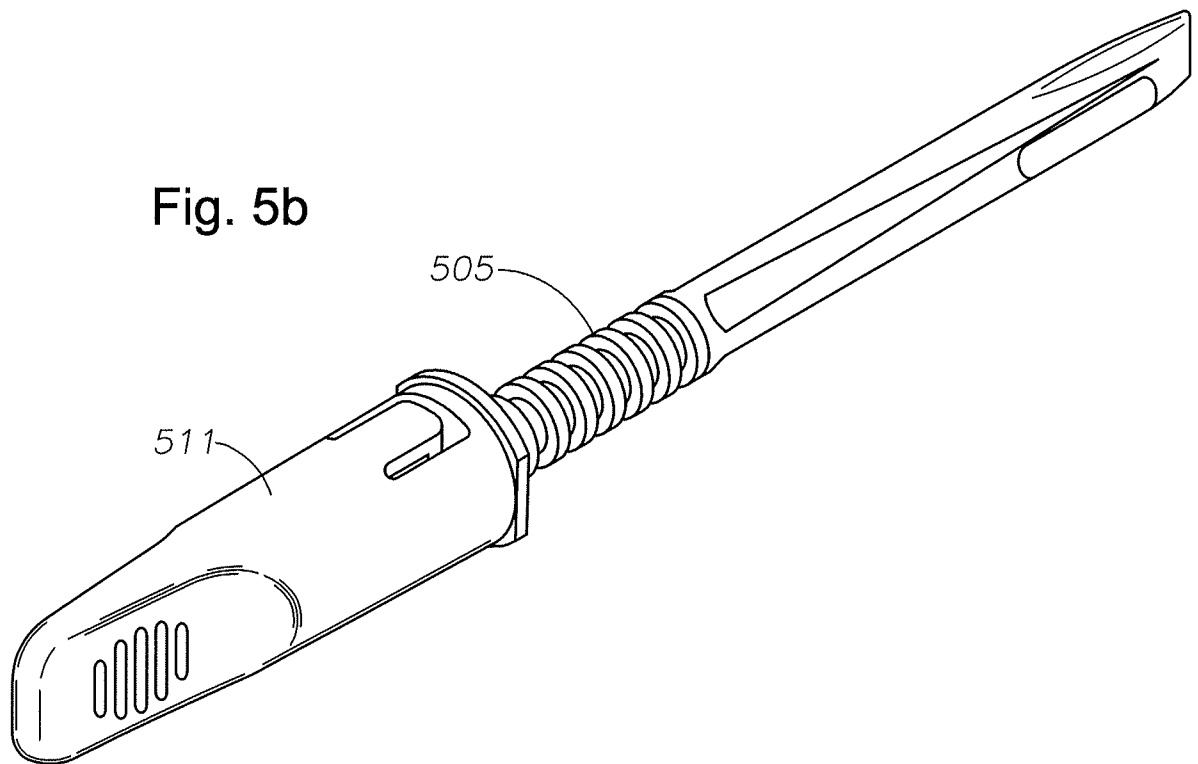


Fig. 7

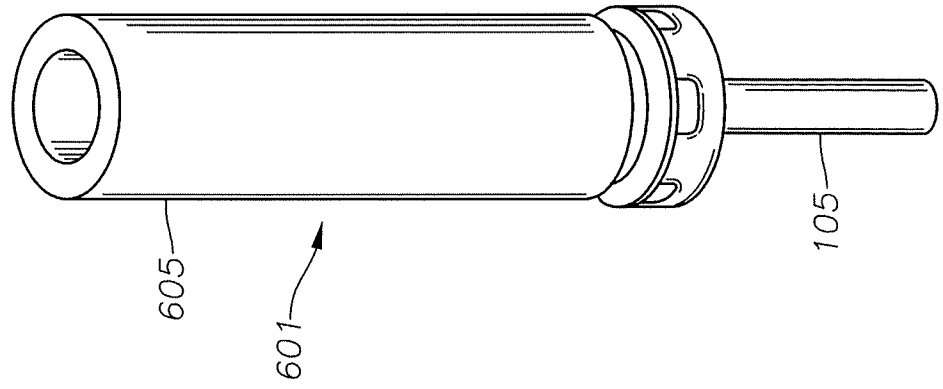


Fig. 6b

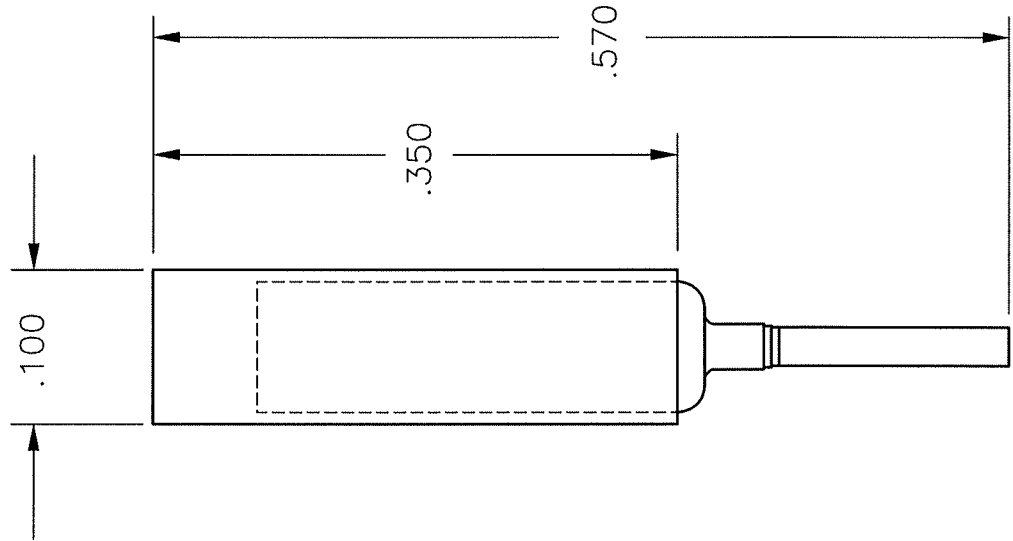
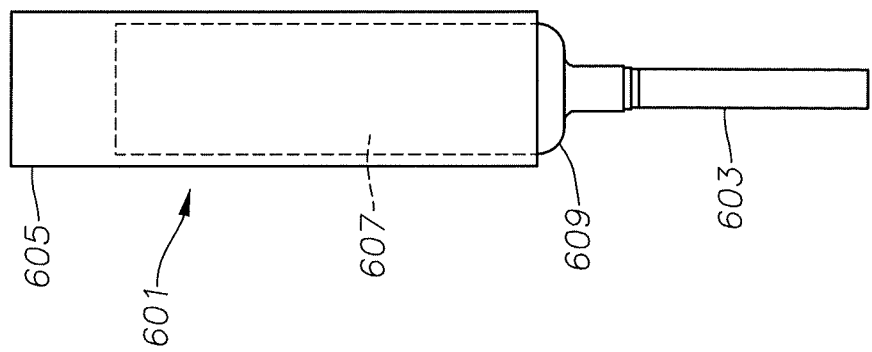


Fig. 6a



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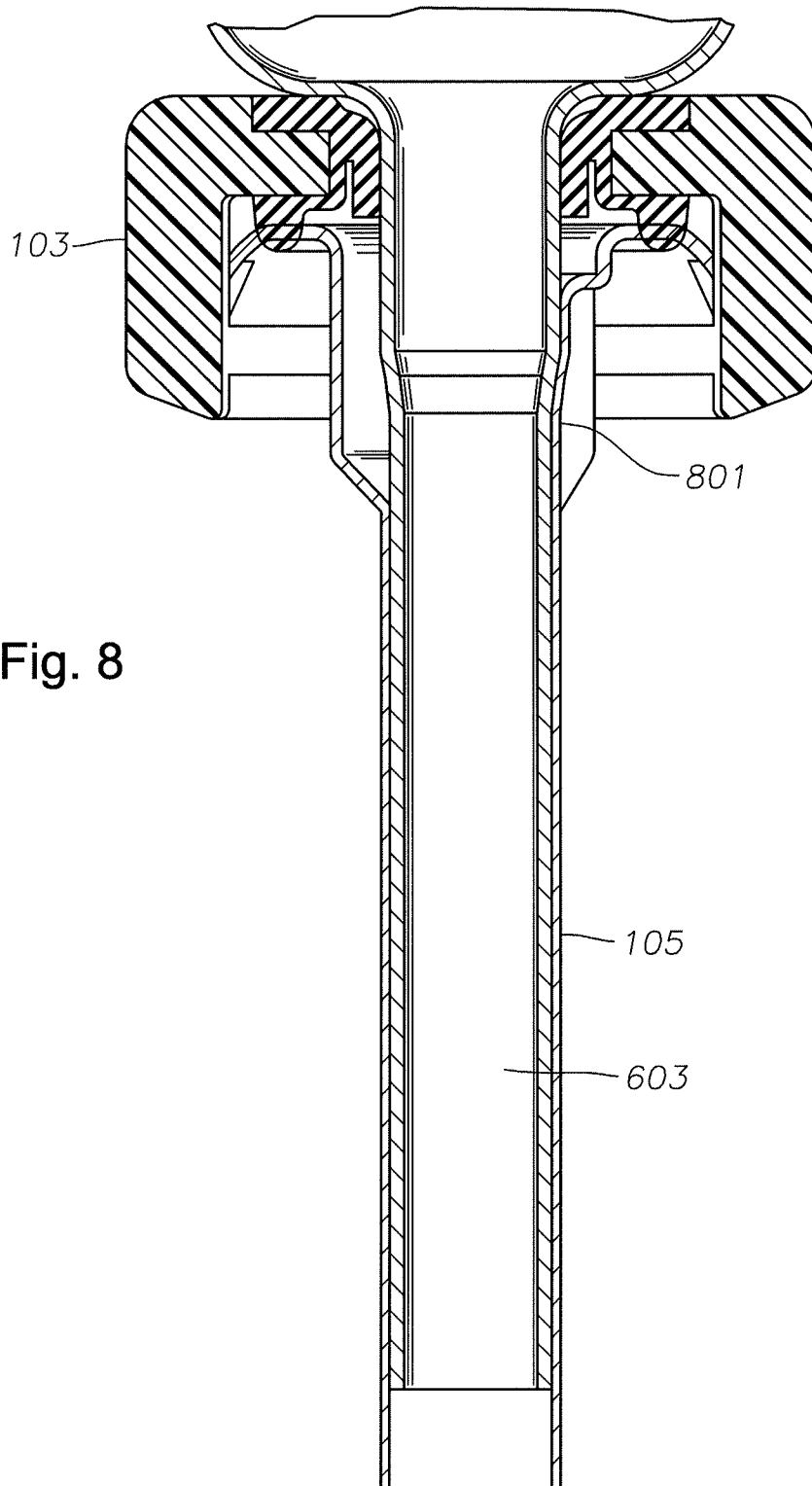


Fig. 8

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Fig. 9b

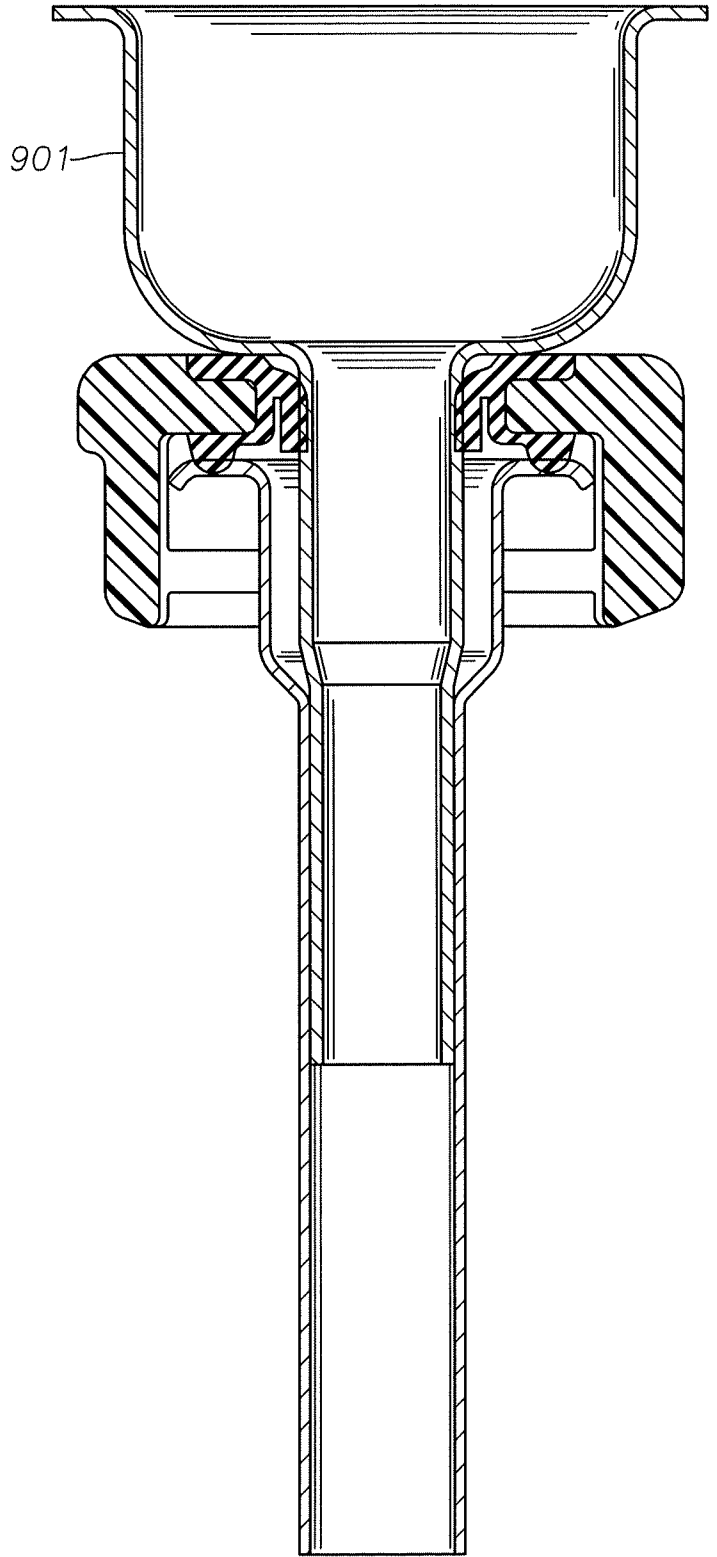
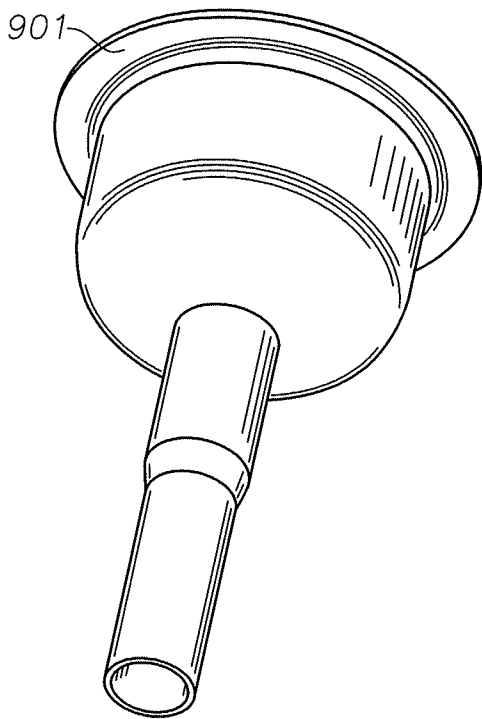


Fig. 9a



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Fig. 10a

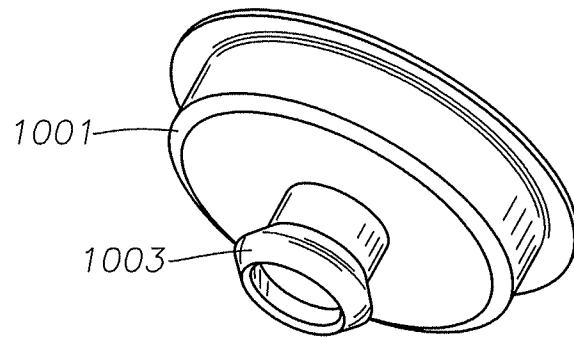
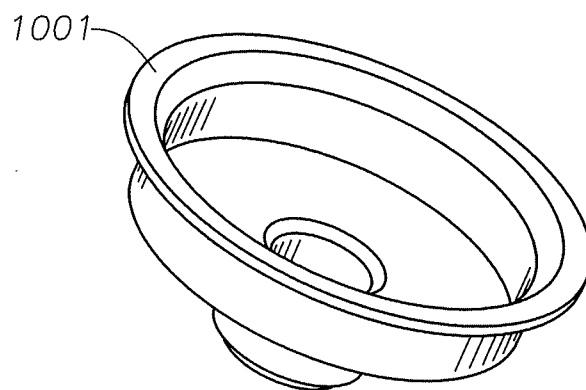


Fig. 10b



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Fig. 10c

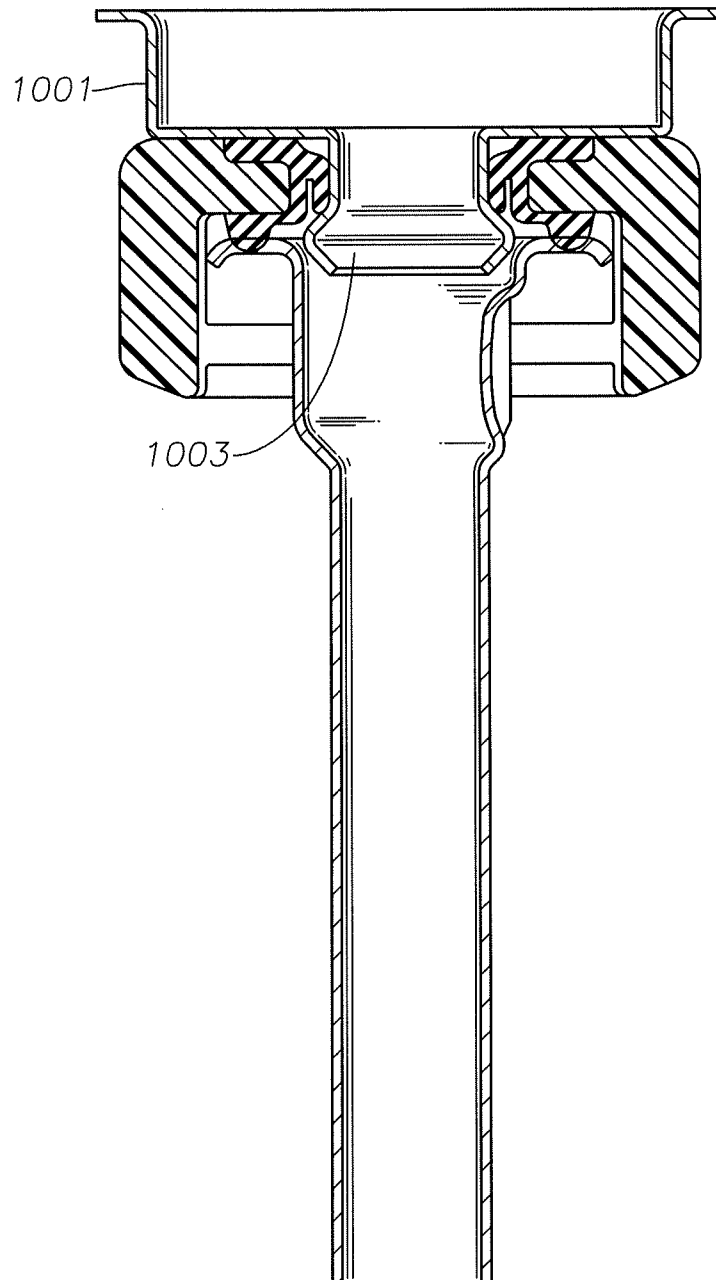


Fig. 11

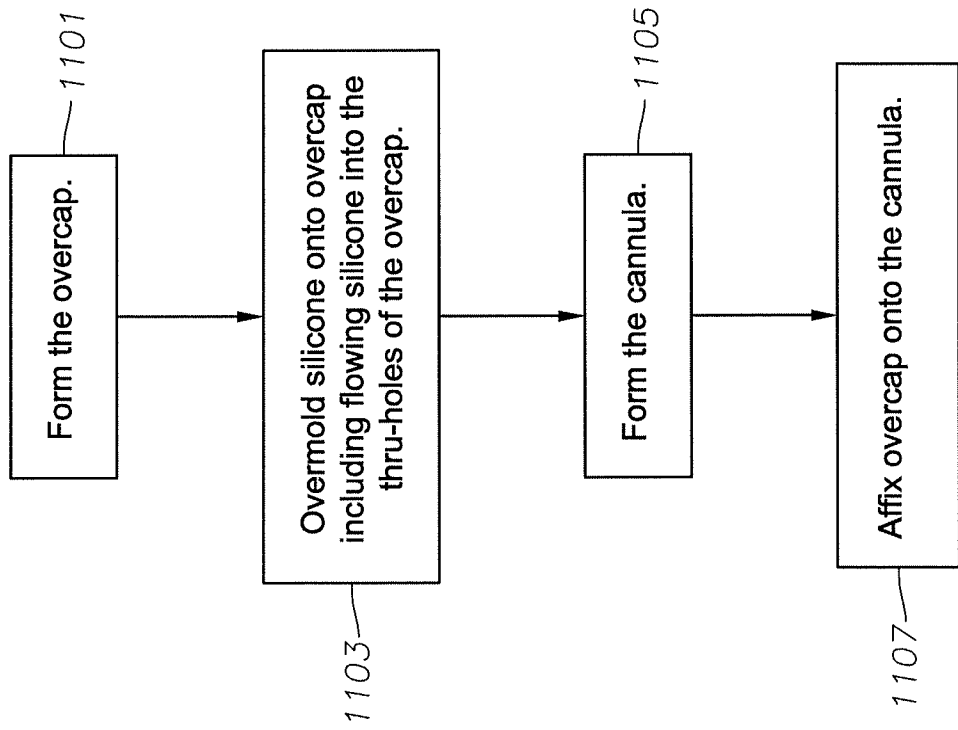


Fig. 12

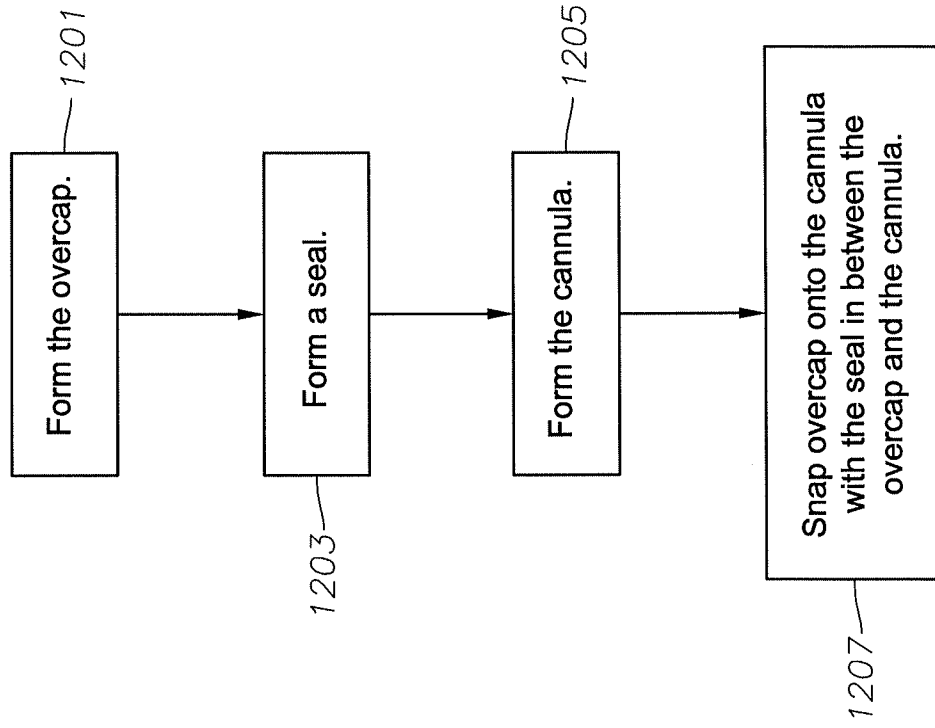


Fig. 13

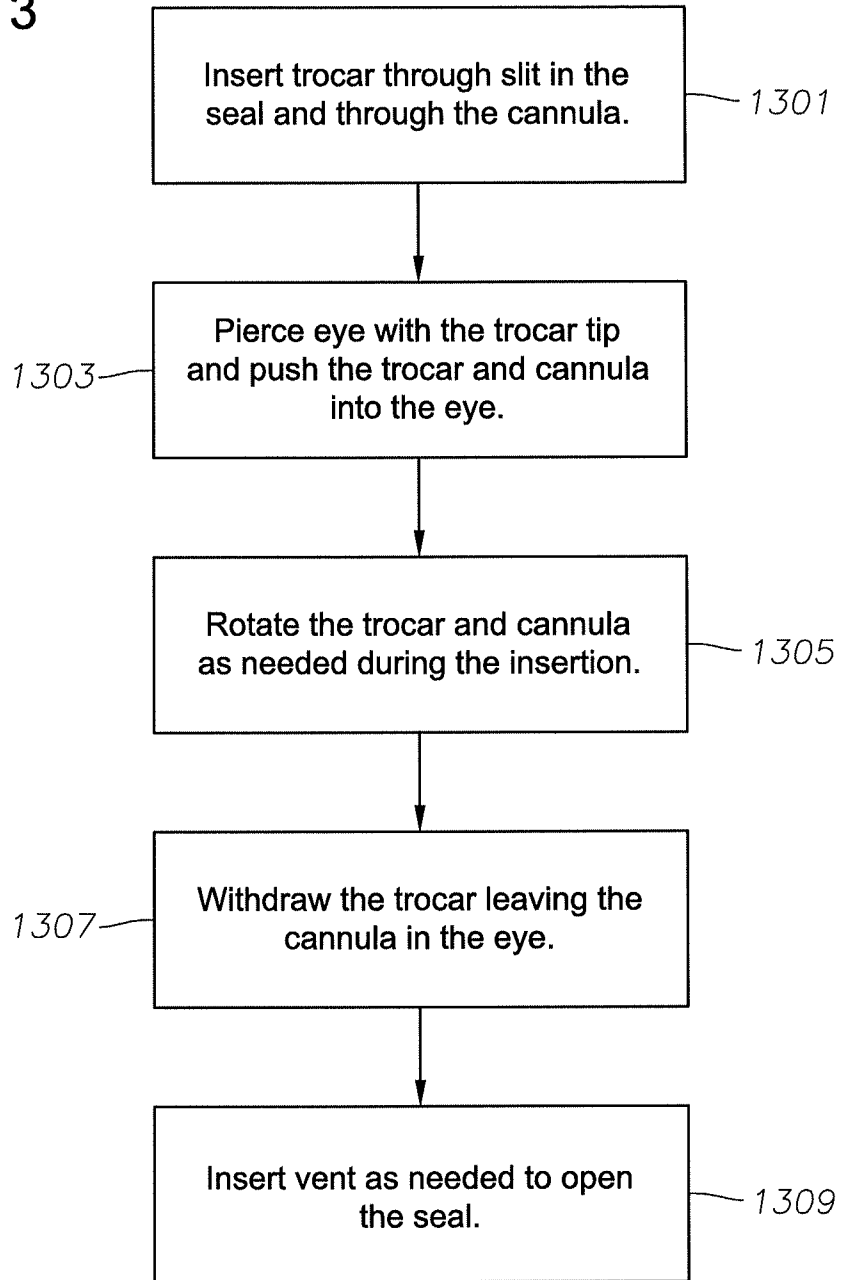
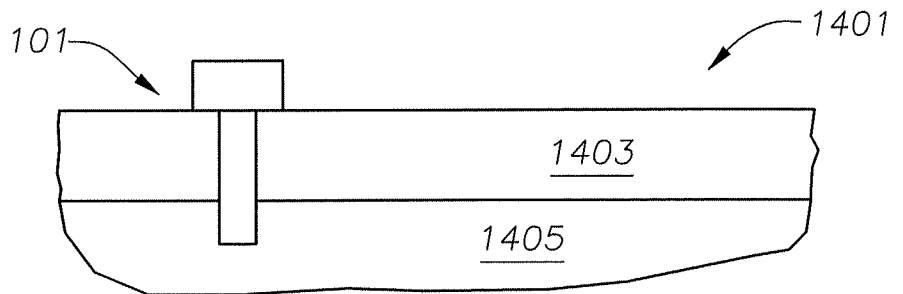


Fig. 14



INTERNATIONAL SEARCH REPORT

International application No
PCT/US2010/057582

A. CLASSIFICATION OF SUBJECT MATTER
INV. A61B17/34 A61F9/007
ADD.
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)
A61B A61F
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)
EPO-Internal, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
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Y	US 5 219 278 A (VAN LINTEL HARALD T G [NL]) 15 June 1993 (1993-06-15) column 1, lines 26-29 column 4, lines 19-22	4,12
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Further documents are listed in the continuation of Box C.

See patent family annex.

* Special categories of cited documents :

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Date of the actual completion of the international search 3 March 2011	Date of mailing of the international search report 31/03/2011
Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016	Authorized officer Merté, Birgit

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2010/057582

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

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