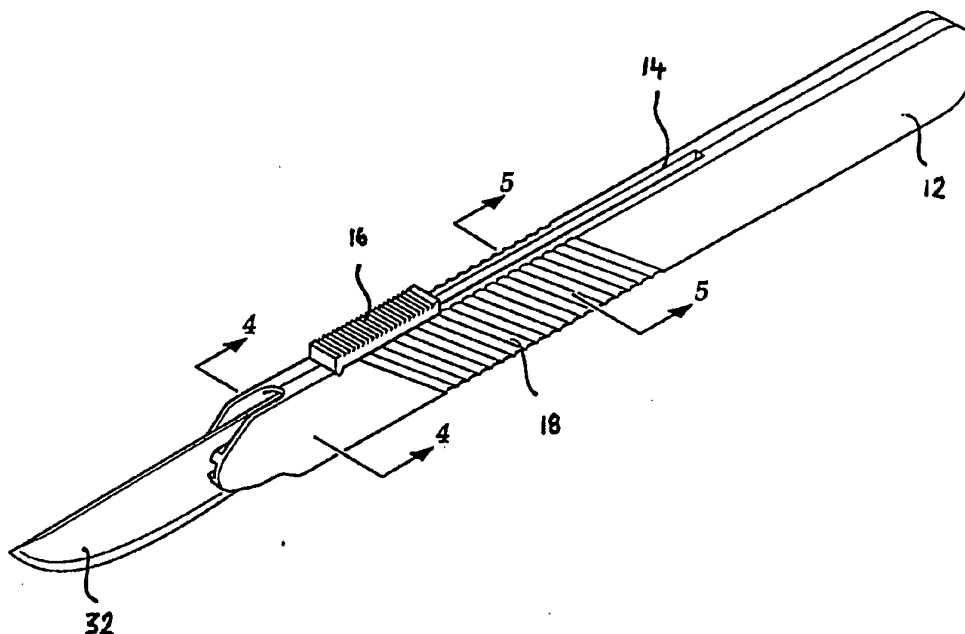




INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification ⁶ : A61B	A2	(11) International Publication Number: WO 95/24855 (43) International Publication Date: 21 September 1995 (21.09.95)
(21) International Application Number: PCT/AU95/00157 (22) International Filing Date: 17 March 1995 (17.03.95) (30) Priority Data: PM 4564 17 March 1994 (17.03.94) AU (71) Applicant (for all designated States except US): NOBLE HOUSE GROUP PTY. LTD. [AU/AU]; 7 Spensley Place, Wanniasa, ACT 2903 (AU). (72) Inventors; and (75) Inventors/Applicants (for US only): DILLON, Jagmohanbir, Singh [AU/AU]; 16 Dashwood Retreat, Bonython, ACT 2905 (AU). MOBBS, William, Leonard [AU/AU]; 7 Spensley Place, Wanniasa, ACT 2903 (AU). (74) Agents: RAINEY, David, Albert et al.; Thomson Pizzey, Woden Plaza Offices, Level 2, Woden, ACT 2606 (AU).		(81) Designated States: AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV, MD, MG, MN, MW, MX, NL, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TT, UA, UG, US, UZ, VN, European patent (AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG), ARIPO patent (KE, MW, SD, SZ, UG). Published <i>Without international search report and to be republished upon receipt of that report.</i>

(54) Title: SCALPEL**(57) Abstract**

The invention relates to a scalpel including: a blade member (32); a handle (12) adapted to receive a mandrel (34) therein; a mandrel (34) adapted to be closely received within handle (12), the mandrel being adapted to support the blade member and having engagement means (16) for operative engagement by a user for movement of the mandrel within the handle; biasing means (50) for biasing the mandrel from an operative position to an inoperative position within the handle; and restraining means (28, 30) for restraining the mandrel in the operative position against the action of the biasing means.

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"SCALPEL"**TECHNICAL FIELD**

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This invention relates to a scalpel and a mounting assembly therefor. As used herein, the term "scalpel" is used to denote a cutter, including cutters intended for use in a surgical environment. Accordingly, the term "scalpel" encompasses cutters other than those which are normally referred to as scalpels for surgical use.

BACKGROUND ART

15

The emergence of HIV and other patient-to-patient transmissible diseases has encouraged the development of scalpels having some means for protecting the blade of the scalpel when the scalpel is not in use, or has performed its single use.

20

It is known to provide a scalpel with a guard which can be slid forward relative to the blade to shield the blade. Examples of such constructions are taught in International Patent Application WO 93/11916, European Patent Application 279 957, and Australian Patent Application 31999/93.

25

It is also known to at least partially withdraw the blade into the handle of the scalpel for the purpose of controlling the depth of cut as exemplified by the teaching of European Patent Application 251 485.

30

DISCLOSURE OF INVENTION

This invention in one aspect resides broadly in a scalpel including:-

35

a handle;

a mandrel adapted to be closely received within the handle, the mandrel being adapted to support a blade member and having engagement means for operative

engagement by a user for movement of the mandrel within the handle;

5 biasing means for biasing the mandrel from an operative position to an inoperative position within the handle; and

 restraining means for restraining the mandrel in the operative position against the action of the biasing means.

10 The blade member may be supported on the mandrel in a number of ways. Thus the blade can be manufactured with lugs adapted to be received within apertures on the mandrel, or alternatively the blade may be supported and fixed on the mandrel by ultrasonic welding of a plastic mandrel about the blade shank. The blade can also be
15 supported on the mandrel by rivets or other similar fastening means. However it is preferred that the mandrel includes mounting means for mounting the blade member thereon, the mounting means constituting mandrel stiffening means and being adapted to guide the mandrel
20 for movement within the handle.

 In a preferred embodiment the scalpel may include locking means actuatable upon retraction of the mandrel from the operative position to non-releasably lock the mandrel in the inoperative position.

25 The handle may be made from a range of suitable materials which may be quite rigid and not requiring stiffening. However it is preferred that the handle includes handle stiffening means.

30 In one preferred embodiment the opposite sides of the handle extend to form jaws and the handle stiffening means extend along the jaws. In such an arrangement the mounting means and the handle stiffening means may cooperate to guide the mandrel for movement in the handle.

35 It is preferred that the handle includes a longitudinally extending slot, the engagement means being adapted to extend through the slot. Preferably, the longitudinally extending slot is located on the upper

surface of the handle although for varying ergonomic requirements in the implementation of special surgical techniques it may be desirable that the slot and the engagement means are located on each side surface or on the base of the handle.

The restraining means may include a projecting member on the engagement means and receiving means on the handle for releasably receiving the projecting member therein. The projecting member may be biased into engagement with the receiving means or alternatively the receiving means may be located so as to receive the projecting member as the engagement means is moved longitudinally along the handle towards the handle opening.

The locking means may be any suitable arrangement for ensuring that the blade, once retracted within the handle after use, cannot be re-used.

The biasing means may be any suitable means such as for example a compression spring. It is preferred that the biasing means is a tension spring attached to the mandrel and the end of the handle. Alternatively, resilient plastics, rubber or the like may be used to provide the biasing effect.

The blades and the handles are preferably colour coded for ease of recognition during surgical procedures.

It is preferred that the locking means is primed upon initial movement of the mandrel to the operative position. Thus, the blade member would be in the inoperative position prior to use, would be moved to the operative position for use, and may be locked in the inoperative position after use. That is, the scalpel would be a single use implement but would be packaged and transported in the inoperative configuration for safety. Preferably, the locking means includes a detent on one of the mandrel or the handle, stop means on the other of the mandrel or the handle and detent actuating means actuable upon movement of the mandrel to the operative position to bias the detent for locking engagement with the stop

means when the mandrel is moved from the operative position to the inoperative position.

According to another broad aspect of the invention there is provided a mandrel for a scalpel, the mandrel
5 being adapted to slide within a handle and comprising:-

mounting means for mounting a blade member;

engagement means for operative engagement by a user;
and

resilient means for resiliently engaging an inner
10 surface of the handle.

The resilient means may take any form and may extend in any direction. However, it is preferred that the resilient means are laterally and rearwardly extending wings.

15 Preferably also, the mandrel includes restraining means in the form of a projecting member adapted to be received in receiving means disposed in the handle.

In a preferred embodiment manual force on the engagement means disengages the projecting member from
20 receiving means to allow displacement of the mandrel relative to the handle. In one embodiment the mandrel is resilient and bifurcated whereby the manual force on the engagement means disengages the projecting member from the receiving means. Thereafter, the biasing means is
25 operative to urge the mandrel to the inoperative position.

BRIEF DESCRIPTION OF DRAWINGS

30 In order that this invention may be more easily understood and put into practical effect, reference will now be made to the accompanying drawings which illustrate a preferred embodiment of the invention, wherein:-

FIG 1 is a perspective view of a scalpel with the
35 blade in the operative position;

FIG 2 is a perspective view of a scalpel with the blade in the inoperative position;

FIG 3 is an exploded perspective view of a mandrel,

blade and biasing means;

FIGS 4 and 5 are cross sections along lines 4-4 and 5-5 of FIG 1 respectively;

FIG 6 is a perspective view of an alternative
5 mandrel;

FIG 7 is a plan view of the mandrel of FIG 6 shown in sliding engagement in a complementary handle;

FIG 8 is an elevational view of another scalpel according the invention; and

10 FIG 9 is a perspective view of an alternative mandrel.

BEST MODE

15 As can be seen in FIGS 1 and 2, a retractable scalpel has a hollow handle 12 open at one end 20 and having longitudinally extending slot 14 along its upper surface. Slot 14 receives the shank of an engagement means in the form of tab 16 which is a part of mandrel
20 34. The sides of handle 12 carry a series of corrugations 18 which enhance the grip of the user of the scalpel. The sides of handle 12 extend beyond the opening 20 and form a pair of jaws 22, 24. Stiffening ribs 26 are formed on jaws 22, 24 as can be more clearly
25 seen in FIGS 4 and 5. A recess 28 is formed in the upper surface of handle 12 and can retain a projection 30 formed on the leading edge of tab 16.

As is best seen in FIGS 3 and 4, mandrel 34 has a web 36 at one end of which a pair of ribs 38 constitute
30 both stiffening means and mounting posts on which blade 32 is mounted by means of cutout 46. The distal end of blade 32 is angled at 48 to bear against angled support shoulder 42 on mandrel 34. At the distal end of mandrel 34 a pair of stiffening ribs 40 are located on either
35 side of web 36. Post 44 is formed on web 36 and in use spring 50 is hooked over post 44 and the other end of spring 50 attached to post 52 which extends inwardly from the inner surface of handle 12 (see FIG 5) to form

biasing means for biasing the mandrel towards the position in which the blade is retracted.

Handle 12 and mandrel 34 may be formed from a suitable durable plastics material. Handle 12 is stiffened by ribs 26 and mandrel 34 is stiffened by ribs 38 and 40. As can be seen in FIG 4, in the operating position with the blade 32 extending through opening 20, ribs 38 closely cooperate with ribs 26 and the internal sidewalls of jaws 22 and 24 to guide and closely support the blade 32 within the handle thereby minimising the potential for lateral and vertical play in blade 32 under operating conditions. Similarly as can be seen in FIG 5, ribs 40 closely cooperate with ribs 26 and the internal sidewalls of handle 12 to guide the mandrel within the handle.

In an alternative arrangement illustrated in FIG 9, the mandrel can include an alternative mounting arrangement to that described above. In this alternative, the mounting end of the mandrel is bifurcated to form arms pivotally mounted on an extension of the mandrel body. The arms respectively have a recess and a complementary projection. The projection is adapted to be closely received within the recess in a friction fit. The projection is dimensioned to be closely received within a cutout of the blade which is sandwiched between the bifurcated arms. Whilst FIG 9 shows the arms pivoting downwardly from an extension of the lower mandrel body, the arms may be mounted to the mandrel body in other manners. For example, the arms may pivot upwardly from an extension of the upper mandrel body

Referring to FIGS 6 and 7, there is illustrated an alternative mandrel and handle. For simplicity the blade member is not shown.

Mandrel 50 includes rib 38 which acts as a mounting post for the blade member and cooperates with rib 26 to guide the mandrel. Mandrel 50 may include a second rib on the side of the mandrel opposite to the side on which

the blade member mounts to cooperate with the other rib 26. In contrast to the handle shown in FIGS 1 to 5, ribs 26 do not extend the full length of the interior of the handle. Rather, they terminate with a profile which is
5 complementary to the leading shoulder of the resilient wings 52 as shown in FIG 7.

Mandrel 50 includes engagement means in the form of tab 16.

Mandrel 50 also includes resilient means in the form
10 of laterally and rearwardly extending wings 52 which, in use bear against the inner surface of the handle as shown in FIG 7.

Mandrel 50 includes restraining means in the form of a projecting member 54 adapted to be received in
15 receiving means disposed in the handle.

Mandrel 50 is resilient and bifurcated at 56 whereby manual force on engagement means 16 disengages the projecting member 54 from the receiving means.

Referring to FIG 8, there is shown a scalpel in
20 accordance with the invention. In this embodiment, the handle and mandrel are curved for ergonomic reasons.

Suitable materials for the mandrel and handle include light-weight metal and durable plastic material.

It will be appreciated that the retractable scalpel
25 in accordance with this invention has a number of advantages. The stiffness provided by the stiffening ribs, the close tolerance of mandrel within the handle and the guiding interplay between the respective ribs each provide an element of stability against lateral and
30 vertical movement of the blade under operating conditions. This can be important in certain surgical procedures where force is required. The single use non-reusable locking arrangement is particularly beneficial in guarding against cuts and needle stick-type injury to
35 both medical personnel and in particular to waste disposal staff.

The scalpel in accordance with the invention has a good strength to weight ratio, is simple to manufacture

and can be mass produced relatively inexpensively in comparison with known scalpels.

It will of course be realised that whilst the above has been given by way of an illustrative example of this
5 invention, all such and other modifications and variations hereto, as would be apparent to persons skilled in the art, are deemed to fall within the broad scope and ambit of this invention as is hereinafter claimed.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:-

1. A scalpel including:-
a handle;
5 a mandrel adapted to be closely received within said handle, said mandrel being adapted to support a blade member and having engagement means for operative engagement by a user for movement of said mandrel within said handle;
10 biasing means for biasing said mandrel from an operative position to an inoperative position within said handle; and
restraining means for restraining said mandrel in said operative position against the action of said
15 biasing means.
2. A scalpel as claimed in claim 1, wherein said mandrel includes mounting means for mounting said blade member thereon, said mounting means constituting mandrel
20 stiffening means and being adapted to guide said mandrel for movement within said handle.
3. A scalpel as claimed in claim 2, wherein said handle includes handle stiffening means cooperable with
25 said mandrel stiffening means to guide said mandrel.
4. A scalpel as claimed in claim 1, and including locking means actuatable upon retraction of said mandrel from said operative position to non-releasably lock said
30 mandrel in said inoperative position.
5. A scalpel as claimed in claim 1, wherein said handle includes a longitudinally extending slot, said engagement means being adapted to extend through said
35 slot.
6. A scalpel as claimed in claim 1, wherein said restraining means includes a projecting member on said

engagement means and receiving means on said handle for releasably receiving said projecting member therein.

7. A scalpel as claimed in claim 6, wherein said
5 projecting member is biased into engagement with said receiving means.

8. A mandrel for a scalpel, the mandrel being adapted to slide within a handle and comprising:-
10 mounting means for mounting a blade member;
engagement means for operative engagement by a user;
and
resilient means for resiliently engaging an inner
surface of the handle.

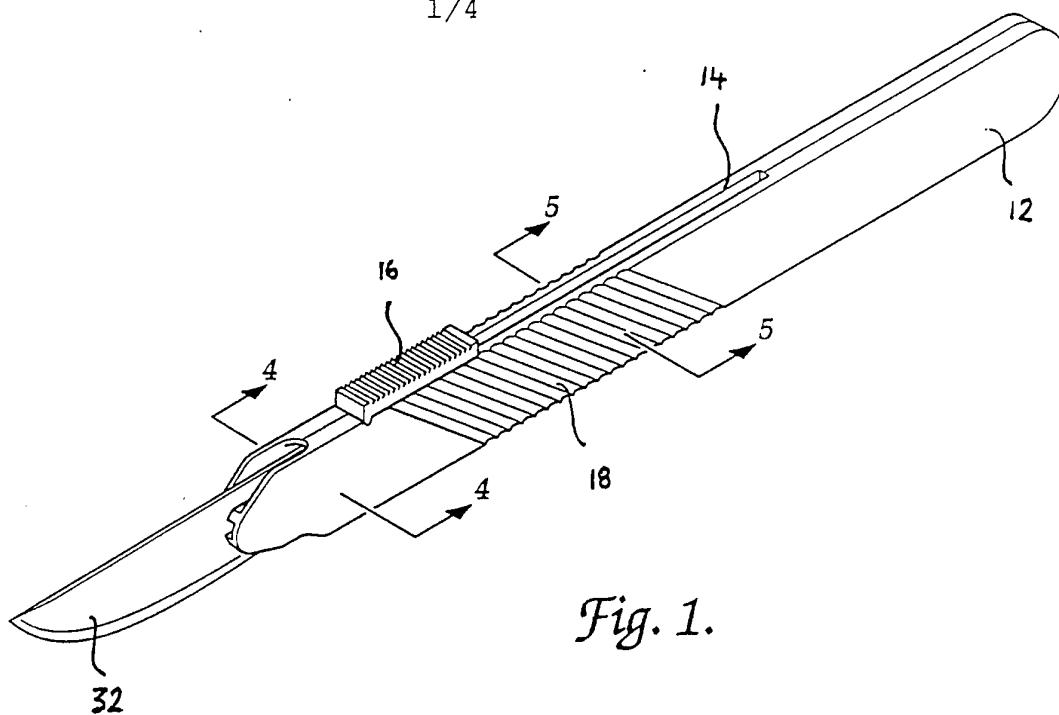
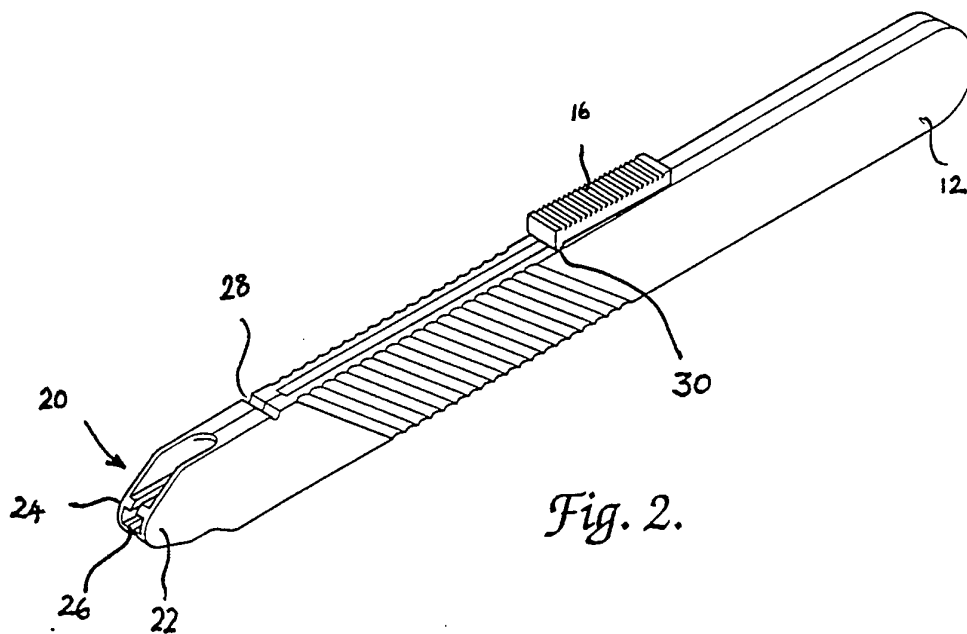
15 9. A mandrel as claimed in claim 8, wherein the resilient means are laterally and rearwardly extending wings.

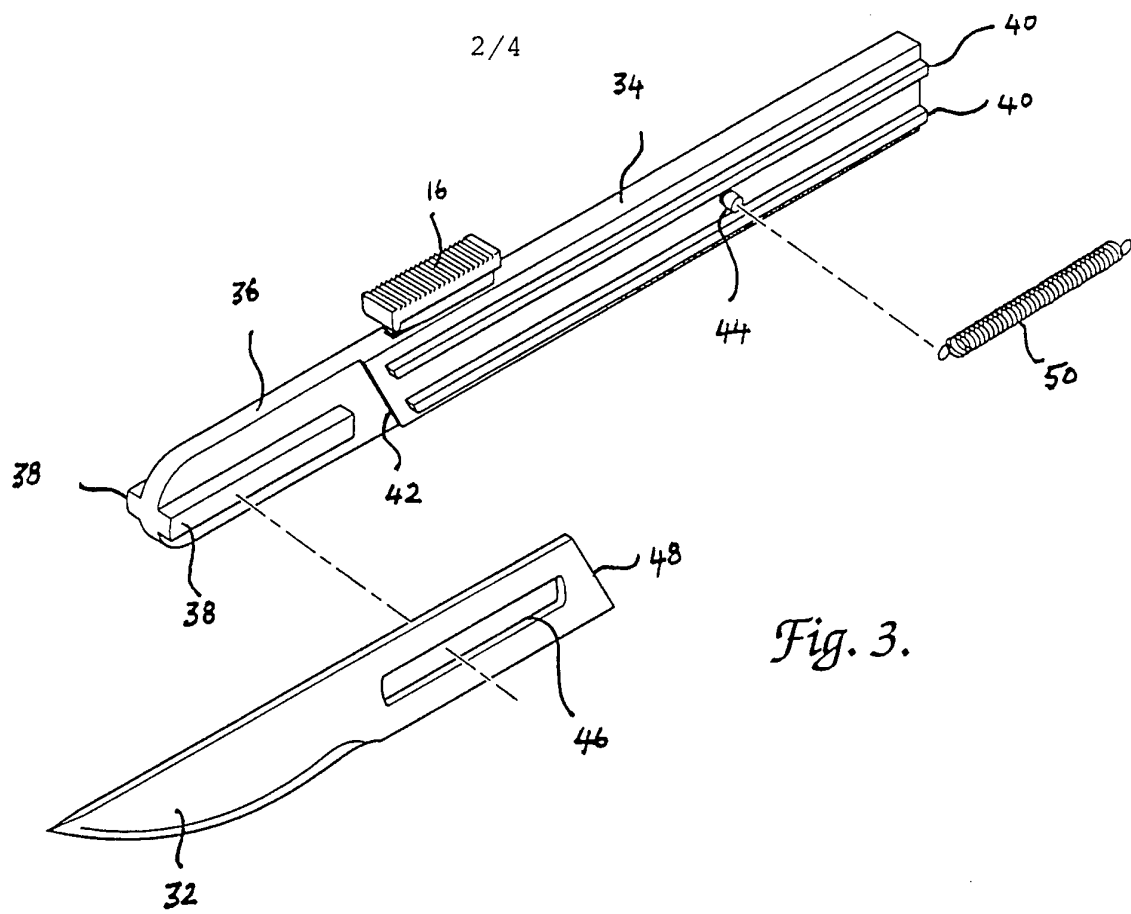
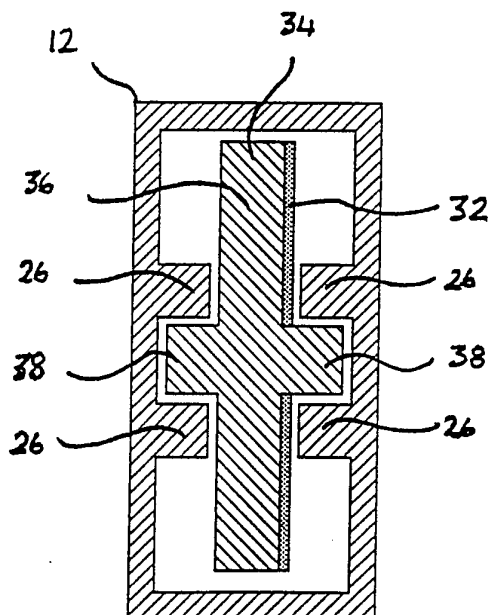
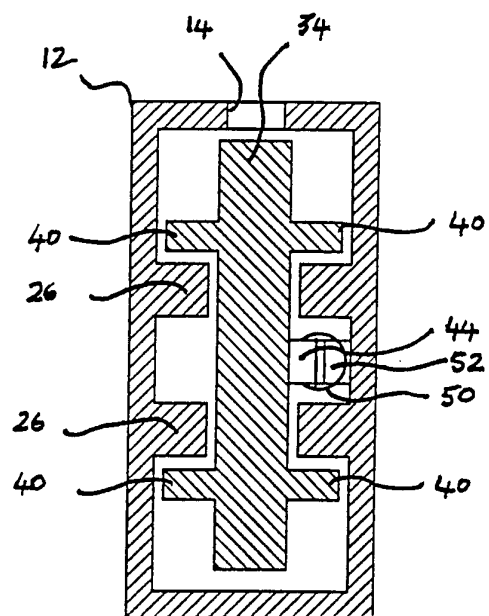
20 10. A mandrel as claimed in claim 8, wherein the mandrel includes restraining means in the form of a projecting member adapted to be received in receiving means disposed in the handle.

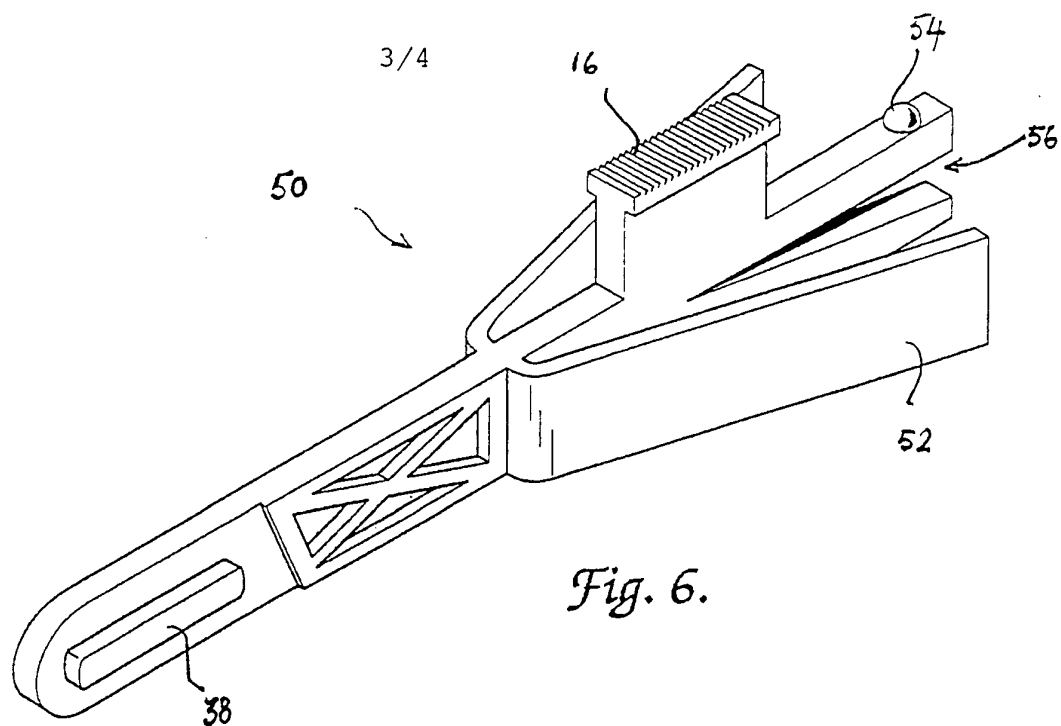
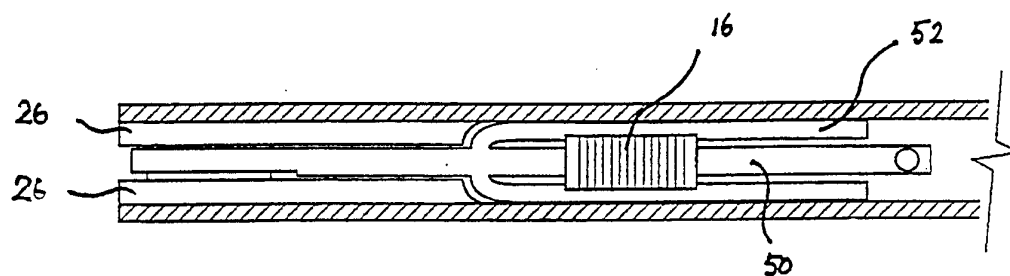
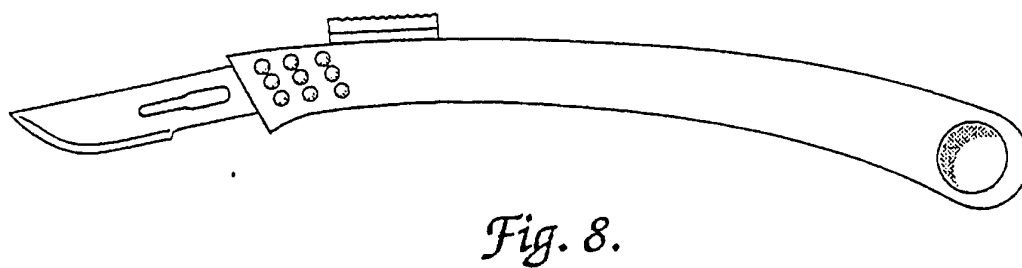
25 11. A mandrel as claimed in claim 10, wherein manual force on the engagement means disengages the projecting member from receiving means to allow displacement of the mandrel relative to the handle.

30 12. A mandrel as claimed in claim 11, wherein the mandrel is resilient and bifurcated whereby the manual force on the engagement means disengages the projecting member from the receiving means.

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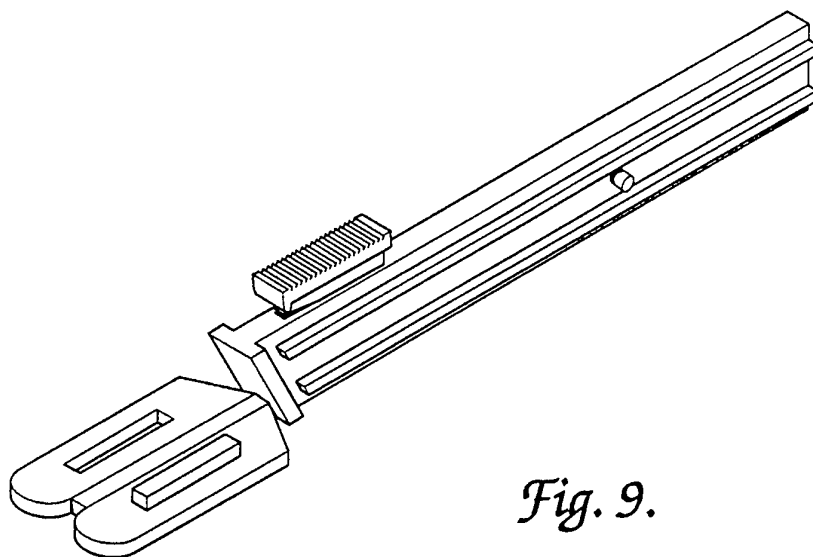


Fig. 9.