June 13, 1933. J. L. OLENIK 1,913,770

SPONGE HOLDER FOR SURGICAL USE

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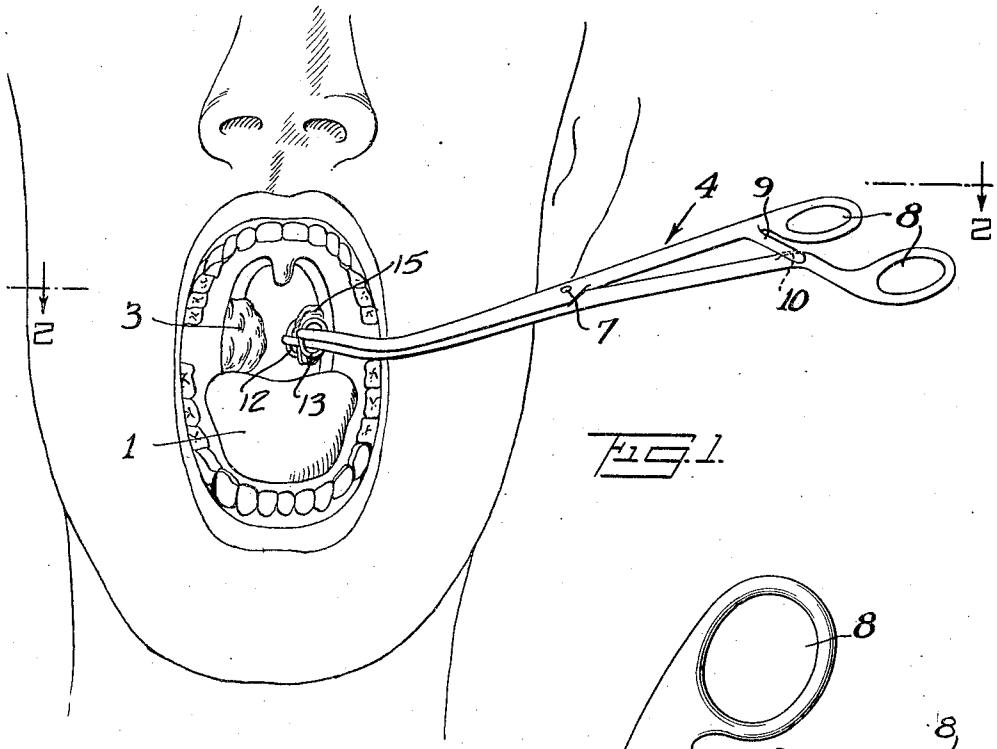


FIG. 1.

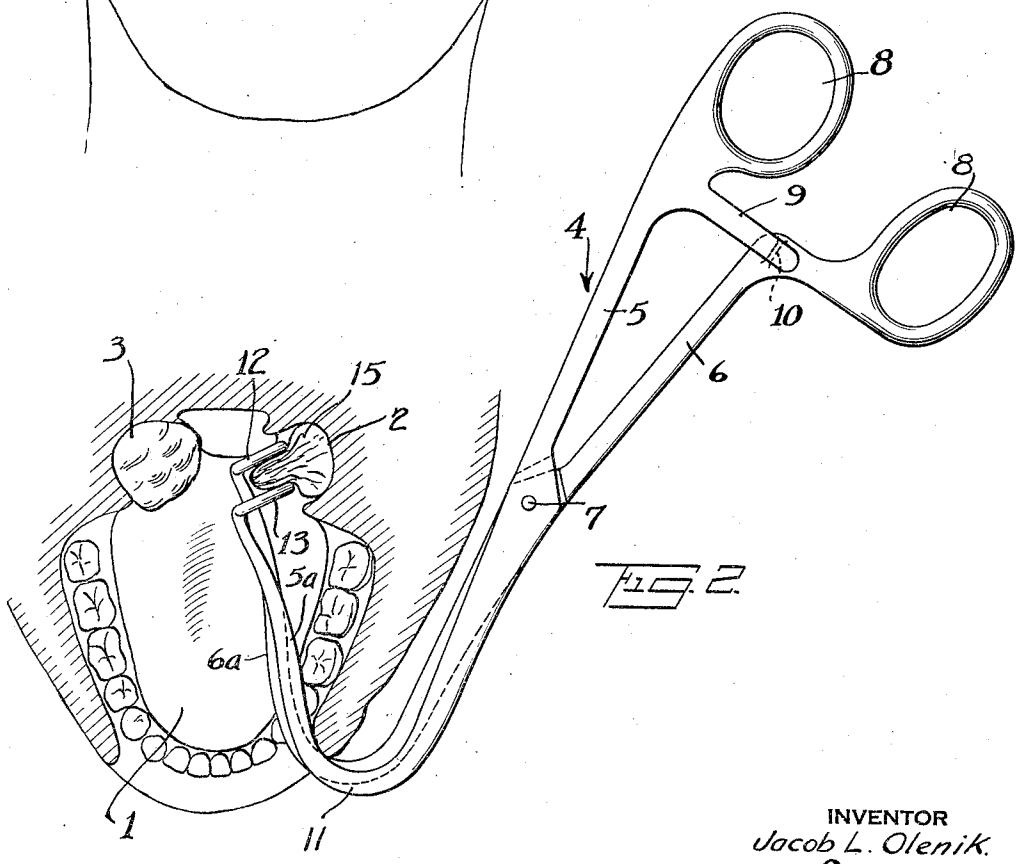


FIG. 2.

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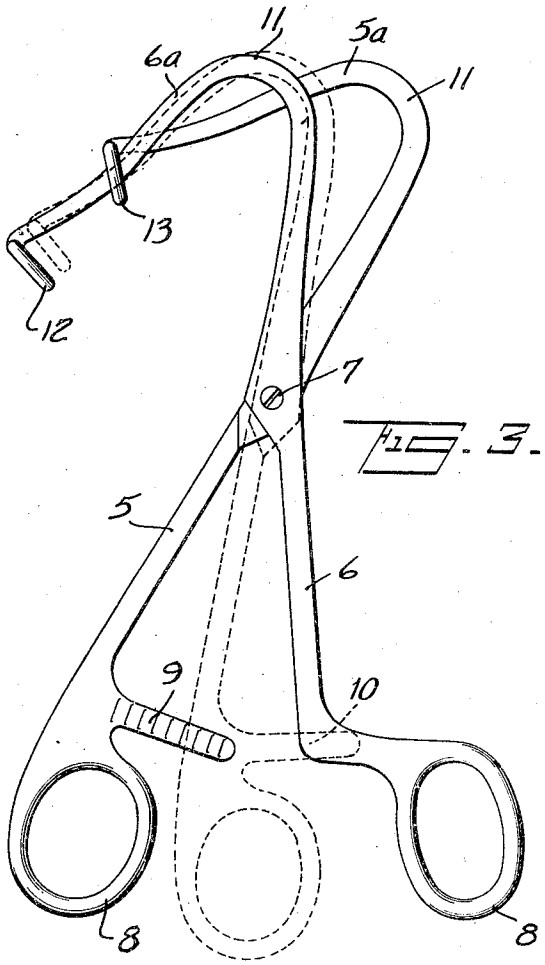


FIG. 3.

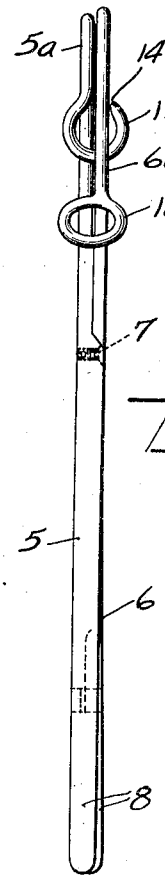


FIG. 4.

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SPONGE HOLDER FOR SURGICAL USE

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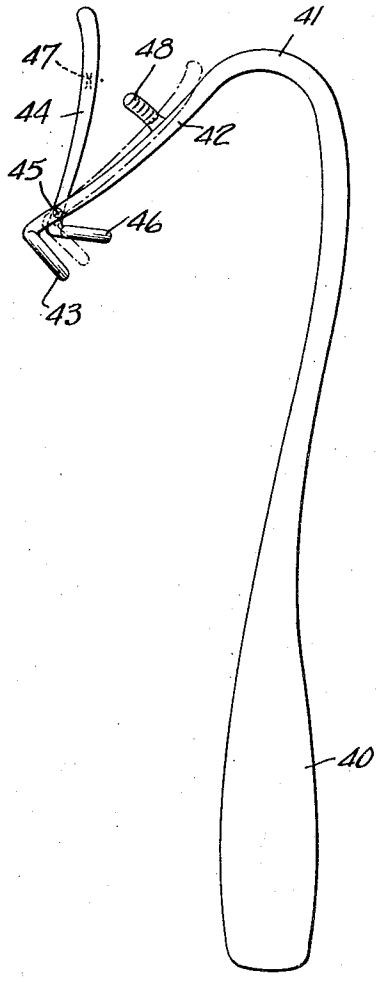


FIG. 6.

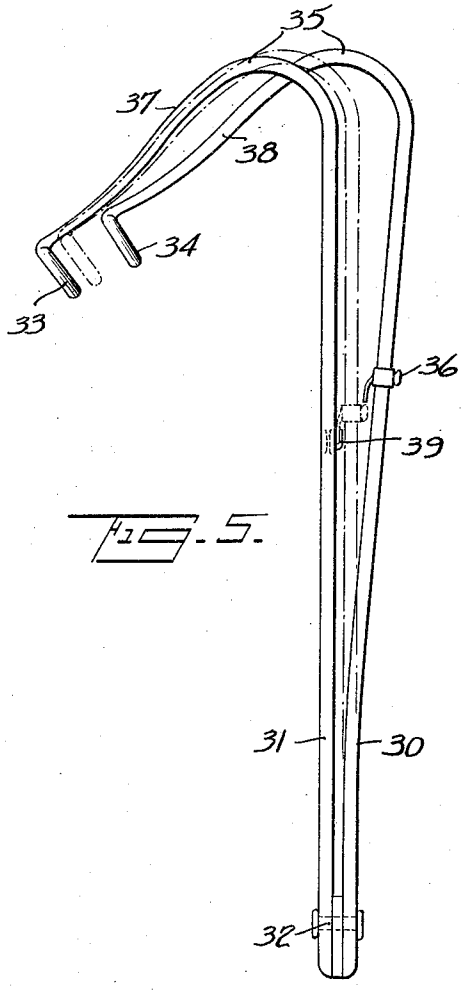


FIG. 5.

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Patented June 13, 1933 1,913,770

UNITED STATES PATENT OFFICE

JACOB L. OLENIK, OF NEW YORK, N. Y.

SPONGE-HOLDER FOR SURGICAL USE

Application filed December 14, 1931. Serial No. 580,774.

This invention relates generally to instruments for holding sponges and absorbent pads for use in surgical operations, but it is more specifically designed for use in holding an absorbent pad or sponge for stanching the flow of blood from a wound left by the removal of one tonsil in such manner as to present no interference to an immediately succeeding operation on the opposite tonsil.

The cutting or pulling out of a tonsil results in a fairly copious flow of blood from the wound so formed, and a sponge or pad which may be saturated with a proper coagulant has to be thereafter held against said wound to stop the bleeding therefrom as soon as possible. This usually requires about five minutes or more of time, and if the sponge is held in position by an ordinary pair of surgical forceps (as has heretofore been necessary) the mouth of the patient and the space before the mouth are so completely occupied by the forceps and the hand of the person holding them that the surgeon cannot begin operating on the other tonsil until the bleeding from the first wound has been stopped. This prolongs by many minutes the period during which the anæsthetic must remain effective, which period is limited if a local anæsthetic is being used, increases the discomfort of the patient in any case, and the possibly harmful after effects of the anæsthetic, and takes up the time of the surgeon, who, if he is a specialist, often has a series of such operations waiting his attention.

By the use of my hereinafter described invention the above recited delays may be largely avoided, the sponge-holding tool made in accordance with said invention being so shaped that it effectively presses the sponge against the wound while it lies snugly against that side of the interior of the patient's mouth, and has the portion of the instrument exterior of the mouth hooked backward so that it can be conveniently held by the nurse or other assistant, thus leaving the greater portion of the mouth interior, and all of the space in front of it, free for the immediate insertion by the surgeon of the instrument for removal of the other tonsil without delay. In this way the time for completion of the whole operation on both tonsils may be reduced to a few minutes.

The best form of apparatus at present known to me embodying my invention is illustrated in the accompanying 3 sheets of drawings in which

Fig. 1 is a perspective view of the lower portion of the face of a patient with the mouth open and my invention in use.

Fig. 2 is a horizontal section on line 2—2 of Fig. 1.

Fig. 3 is a plan view of a pair of forceps embodying the preferred form of my invention.

Fig. 4 is a side or edge view of the same, and

Figs. 5 and 6 illustrate modifications.

Throughout the drawings like reference characters indicate like parts. 1 represents the patient's mouth cavity, 2 the wound therein left by a previous removal of the lefthand tonsil, and 3 the righthand tonsil still awaiting removal. 4 represents generally a pair of forceps, made in accordance with the preferred form of my invention, comprising the two sections or blades 5 and 6 pivoted together at 7 and provided with the scissors-like handles 8, 8. The member 5 of the forceps is provided with the usual projecting lug 9 having ratchet teeth on one surface thereof cooperating with a ratchet tooth 10 on the other member 6 to lock the forceps in any desired position of partial or complete closure. Each of the members 5 and 6 is bent laterally to one side at a point 11 (beyond the pivot 7) at an angle preferably less than 90 degrees, said bent portions, 5*a* and 6*a*, being preferably bowed or dished inwardly slightly toward handles 8, 8. The free ends of the forceps members are preferably again bent backward toward said handles about 90 degrees and suitably shaped to firmly grasp a sponge or absorbent pad 15 between them when the forceps are closed, or nearly closed. As shown these forceps ends are also bent around to form loops indicated at 12 and 13 respectively, the looped portion 13 being not quite closed upon itself but left with an open space 14 through which the portion 6*a* of the forceps member 6, to which the other looped

portion 12 is attached, may play back and forth as the forceps are opened or closed.

In use the sponge 15 is placed between the looped forceps ends 12 and 13 and firmly grasped between them by closing the forceps handles 8, 8, as far as is practicable, a free, exposed surface of the sponge being left facing toward said handles 8, 8. The instrument may then be inserted into the patient's mouth in the position shown in Figs. 1 and 2 as soon as one tonsil has been cut out, and held there by an assistant with the sponge 15 forced against the wound 2 without in any way interfering with the immediate repetition by the surgeon of the operation on the remaining tonsil 3. Another sponge or pad may then be placed against the second wound through the agency of any suitable means and the surgeon left free to go on with his next case, the duty of completing the stanching of the hemorrhages from both wounds being easily discharged by the nurse or other assistant.

As illustrating certain possible modifications I have shown in Fig. 5 another form of forceps in which the two members 30, 31, are hinged together at their ends, as shown at 32. Each member is bent at an angle of less than 90 degrees at 35, one member 31 has the backwardly inclined portion 37 carrying the bent back sponge-holding tip 33, while the other 30 has the slightly shorter similarly bent portion 38 terminating in tip 34. A different form of lock is here shown comprising a hook member carried by button 36 sliding in a slot in 30, while 31 carries the cooperating hook 39.

In the third embodiment shown in Fig. 6 there is only one handle member 40 having the backwardly inclined portion 42 bent sharply at 41 and provided with the sponge-holding tip 43, with which a similar tip 46 on short, pivoted member 44 cooperates. The pivot 45 connecting 40 and 44 is here placed near the forceps tips as shown and ratchet lug 48 on 42 cooperates with the ratchet tooth 47 on the under side of 44 to lock the forceps in closed position, as before.

Various other changes could be made in the details of the construction above described without departing from the underlying principle thereof so long as the relative arrangement and cooperation of the essential parts be preserved and the mode of operation retained to an extent which permits the desired result of ensuring the effective stanching of the bleeding of a wound on one side of a cavity by use of a pad-holding instrument in the hands of an assistant, while leaving a major portion of the cavity and the exterior space before it unobstructed, so that the surgeon can at once proceed with an additional operation upon the other side thereof.

Thus, as here shown, the axis of pivot 7 extends at a right angle to the plane in which the other portions of the forceps lie, but other arrangements of such pivot might be used by correspondingly rearranging the other elements in a well known manner. Also the bent ends of the forceps are preferably given an approximately elliptical outline as here shown, but any shape might be employed which would firmly hold the sponge or pad while leaving free the portion thereof facing the wound.

Having described my invention, I claim:

1. As a new article of manufacture, a surgical instrument for holding a pad or sponge against a wound in the interior of a cavity in the patient's body without interfering with the admission to, and movement within, the cavity of other instruments, which comprises an elongated handle adapted to be grasped by an assistant to the operator, a projecting portion connected to one end of said handle by a relatively short, bent section and extending backward toward the other end of said handle at an angle of about 45 degrees thereto, and means extending substantially at right angles from the free end of said bent section backward toward the said other end of said handle for holding a pad or sponge with a free surface exposed in that direction; whereby said instrument may be hooked into a cavity with said pad pressed against a wound in one wall thereof and held by said assistant, while the rest of the cavity is left free for the movement of other instruments for operations on opposite portions of the cavity wall.

2. An article of manufacture such as defined in claim 1, in which said first mentioned projecting portion is slightly bowed toward said handle portion.

3. An article of manufacture such as defined in claim 1 in which said holding means comprises a hinged clamp.

Signed at New York city, in the county of New York and State of New York this 3rd day of December, 1931 A. D.

JACOB L. OLENIK.