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(54) Title: A SYSTEM FOR USE IN SURGICAL PROCEDURES

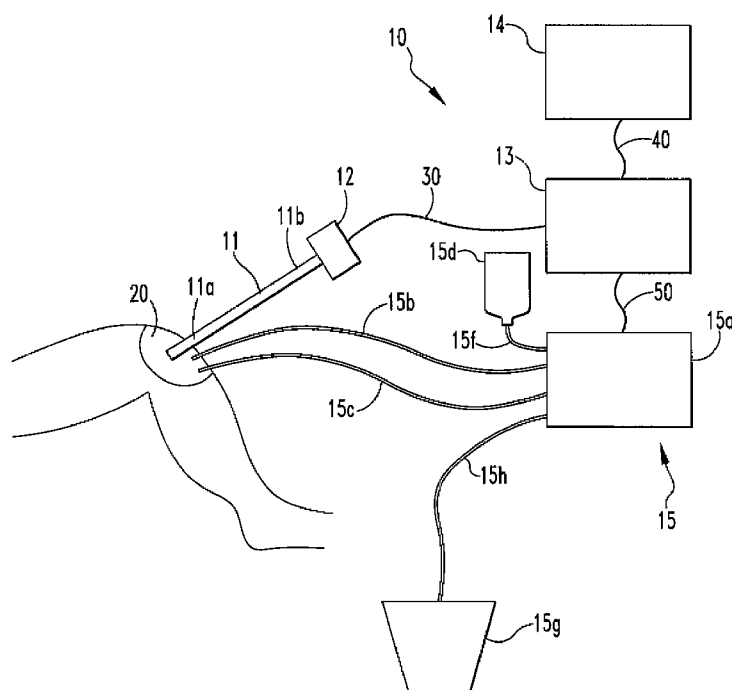


FIG. 1

(57) Abstract: The present disclosure relates to a system for use in surgical procedures. The system includes an endoscope; an imaging device coupled to the endoscope; an imaging processor coupled to the imaging device; and at least one management system coupled to the imaging processor, wherein a function of the management system is automatically adjusted upon receipt of a communication from the imaging processor. A method of adjusting an image of a surgical site during a surgical procedure is also disclosed.



GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM,  
ZW), Eurasian (AM, AZ, BY, KG, KZ, MD, RU, TJ,  
TM), European (AT, BE, BG, CH, CY, CZ, DE, DK, EE,  
ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV,  
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ML, MR, NE, SN, TD, TG).

Published:

— with international search report (Art. 21(3))

## A System for Use in Surgical Procedures

### CROSS REFERENCE TO RELATED APPLICATIONS

[0001] This application is a PCT International Application of United States Patent Application No. 61/157391 filed on March 4, 2009, the disclosure of which is incorporated by reference in its entirety.

### BACKGROUND

#### TECHNICAL FIELD

[0002] The present disclosure relates to systems for use in surgical procedures, such as endoscopic surgeries.

#### RELATED ART

[0003] Currently, during a surgical procedure, such as an endoscopic surgical procedure, an optical image from the surgical site is captured by an endoscope. The image is transmitted to an imaging device, such as a camera, that is coupled to the endoscope, processed, and then transmitted by the device to an imaging processor, such as a camera control unit. The imaging processor further processes the image before transmitting it to a display unit, such as a monitor. The image on the monitor is closely watched by the operating room staff so that when the image becomes unclear, manual adjustments can be made to restore a clear view of the image. For example, when bleeding occurs at the site and the image turns red, the surgeon, or another member of the surgical staff, makes manual adjustments to a fluid management unit, such as a fluid pump, in order to irrigate the site and restore the clear view of the image. This manual activity requires time and resources, thereby extending the amount of time the staff spends performing the surgery.

[0004] Therefore, a system is needed that allows for the imaging processor to detect when the image becomes unclear and responds by automatically communicating this information to, for example, a fluid management system, so that automatic adjustments can be made to the fluid management system in order to restore a clear image of the surgical site.

#### SUMMARY

[0005] In one aspect, the present disclosure relates to a system for use in surgical procedures. The system includes an endoscope; an imaging device coupled to the endoscope; an imaging processor coupled to the imaging device; and at least one management system coupled to the imaging processor, wherein a function of the management system is automatically adjusted upon receipt of a communication from the imaging processor.

[0006] In an embodiment, the endoscope is capable of transmitting an optical image to the imaging device. In another embodiment, the imaging device processes the optical image and transmits the image to the imaging processor. In yet another embodiment, the system further includes a display unit coupled to the imaging processor, wherein the imaging processor further processes the image and transmits the image to the display unit. In a further embodiment, adjustments to the management system allow for adjustments to the image transmitted to the display unit. In yet a further embodiment, the imaging device includes a camera. In an embodiment, the imaging processor includes a camera control unit. In another embodiment, the at least one management system includes a fluid management system.

[0007] In yet another aspect, the present disclosure relates to a method of adjusting an image of a surgical site during a surgical procedure. The method includes providing an endoscopic system comprising an endoscope; an imaging device coupled to the endoscope; an imaging processor coupled to the imaging device; at least one management system coupled to the

imaging processor; and a display unit coupled to the imaging processor; and obtaining an image of the surgical site by viewing the surgical site with the endoscope, the image being transmitted by the imaging processor to the display unit, wherein a function of the management system is automatically adjusted upon receipt of a communication from the imaging processor, the adjustments to the management system allowing for adjustments to the image,

[0008] In an embodiment, the at least one management system includes a fluid management system.

[0009] Further areas of applicability of the present disclosure will become apparent from the detailed description provided hereinafter. It should be understood that the detailed description and specific examples, while indicating the preferred embodiment of the present disclosure, are intended for purposes of illustration only and are not intended to limit the scope of the disclosure.

#### BRIEF DESCRIPTION OF THE DRAWINGS

[0010] The accompanying drawings, which are incorporated in and form a part of the specification, illustrate the embodiments of the present disclosure and together with the written description serve to explain the principles, characteristics, and features of the disclosure. In the drawings:

[0011] Fig. 1 shows a first embodiment of the system of the present disclosure.

#### DETAILED DESCRIPTION OF THE EMBODIMENTS

[0012] The following description of the preferred embodiment(s) is merely exemplary in nature and is in no way intended to limit the invention, its application, or uses.

[0013] Fig. 1 shows a first embodiment of the system 10 of the present disclosure in use during endoscopic surgery. The system 10 includes an endoscope 11 with a first end 11a and a

second end **lib**. The first end **11a** of the endoscope **11** is disposed within a body cavity **20**, such as a joint cavity, and an imaging device **12**, such as a camera, is coupled to the second end **lib** of the endoscope **11**. An imaging processor **13**, such as a camera control unit, is coupled to the camera **12** via coupling means **30**, such as a cable.

[0014] Coupled to the imaging processor **13** via separate coupling means **40,50** are a display unit **14**, such as a monitor, and a management system **15**, such as a fluid management system. The fluid management system **15** includes a fluid pump **15a** and fluid inflow/fluid outflow lines **15b,15c** coupled to the pump **15a**. For the purposes of this disclosure, a single cartridge system that includes lines for both the inflow and the outflow is used. The cartridge is coupled to the pump **15a** via coupling means. However, other systems may be used. A fluid source **15d**, such as a saline bag or other fluid source, is coupled to the pump **15a**, via a first tubing **15f** and a waste container **15g** is coupled to the pump **15a** via a second tubing **15h**.

[0015] During a surgical procedure, an optical image from the surgical site **20** is captured by optical lenses that are located within the endoscope **11**. The image is transmitted to the camera **12**, specifically to a sensor located within the camera **12**, and is processed by the sensor resulting in an analog video signal. The analog video signal is converted to a digital video signal by an analog to digital converter, also located within the camera **12**. The converter may be any analog to digital converter known to one of skill in the art. In addition to the converter, the camera **12** optionally may include a serializer-deserializer (SERDES). If the normal camera readout speed is maintained and the digital video signal is sent to the camera control unit **13** in parallel, an increase in the diameter of the coupling means **30** may be required, which may cause the coupling means **30** to be too large and inflexible. The use of a SERDES substantially reduces this possibility by serializing the signal and increasing the serial transmission rate.

[0016] Once the digital video signal is transmitted to the camera control unit 13, the signal is processed by a digital video signal processor located within the unit 13. The processed signal is then transmitted via the coupling means 40 to the monitor.

[0017] The digital video signal processor subdivides each field of data, contained within the signal, into regions of interest. Statistical information regarding these regions are provided by the processor to a microprocessor or video processor, which is also contained within the unit 13 and interfaces with the processor via a memory mapped interface. Other interfaces may also be used. The statistical information includes, but is not limited to Red, Green, Blue (RGB) value. The microprocessor converts the RGB value into Hue/Saturation/Value (HSV), via algorithms and other code that is stored within the microprocessor. Color space other than HSV, such as L\*AB, may be converted from the RGB value. Subsequently, the microprocessor uses this HSV information to detect the presence and location of blood at the surgical area 20 by color (Hue) and determine the concentration of this blood by the intensity of color (Saturation). Once the concentration of the blood becomes high enough that the image on the monitor becomes unclear, this unclear image information will be automatically downloaded, via the coupling means 50, by the control unit microprocessor to a microprocessor located in the fluid management system 15.

[0018] Upon receipt of this information, a function of the fluid management system 15, such as fluid inflow or fluid outflow, is automatically adjusted to create a clear view of the image. For example, when bleeding occurs at the site 20 and the image turns red, the unit 13 downloads this information to the fluid management system 15 and pre-determined adjustments to the pump 15a pressure settings may be made. For example, fluid inflow to the site 20, via the fluid inflow line 15b, may occur in order to irrigate the site 20 and restore the clear view of the

image. Alternatively, fluid outflow from the site **20**, via the fluid outflow line 15c, may occur in order to withdraw fluid and restore the clear view of the image. These adjusted settings may last for a pre-determined length of time and automatically revert to the preceding settings or the adjusted settings may prevail until such time that the camera control unit 13 detects the level of red within the image to be below a pre-determined level, thereby sending a signal to the pump **15a** to return its settings to the previous levels.

[0019] Furthermore, differential analysis of the statistics by the control unit microprocessor may help to distinguish between static red objects and moving objects, such as blood, at the surgical area **20**. The microprocessor may evaluate the statistics per data field and/or process the differential change over multiple data fields to control the rate of fluid inflow and fluid outflow to and from the surgical area **20**. Also, once the control unit 13 provides information to the fluid management system 15 that will actuate the system 15 (i.e., cause fluid inflow or fluid outflow to or from the area 20), the system 15 may send a communication to the unit 13 confirming receipt of this information and actuation of the system **15**. In this respect, the communication between the control unit 13 and the fluid management system 15 constitutes a closed loop control system. Furthermore, once the unit 13 receives this confirmation, the unit 13 may subsequently send information about this actuation to the monitor 14, such that an on screen display is showcased on the monitor, thereby allowing the user to know that the system **15** was actuated.

[0020] Also, rather than transmitting information via cables 30,40,50, the transmission may be wireless via the use of radio frequency technology or other wireless technology. The communication software protocol used by the control unit 13 and the fluid management system 15 to communicate may be, but is not limited to, RS232 or TCP/IP.



[0021] In addition to the recognition of redness within the image, other colors or image attributes may be detected by the unit 13 for various other surgical reasons and automatically communicated to the fluid management system 15. Furthermore, other management systems and devices including, but not limited to, shaver control units, radiofrequency generators, and gas insufflators may be coupled to the unit 13 for detection and subsequent communication of attributes for recognition. For instance, a gas insufflator may be coupled to the unit 13 so that, during surgery, debris, such as tissue particles and air bubbles, may be detected by the unit 13 and communicated, via a signal, to the insufflator. Upon receipt of this information by the insufflator, pre-determined adjustments to the insufflator pressure settings may be made. For example, inflow of air or some other medical substance to the site 20 may occur in order to free the site 20 of debris and restore the clear view of the image.

[0022] As various modifications could be made to the exemplary embodiments, as described above with reference to the corresponding illustrations, without departing from the scope of the disclosure, it is intended that all matter contained in the foregoing description and shown in the accompanying drawings shall be interpreted as illustrative rather than limiting. Thus, the breadth and scope of the present disclosure should not be limited by any of the above-described exemplary embodiments, but should be defined only in accordance with the following claims appended hereto and their equivalents.

## CLAIMS

We claim:

1. A system for use in surgical procedures comprising:  
an endoscope;  
an imaging device coupled to the endoscope;  
an imaging processor coupled to the imaging device; and  
at least one management system coupled to the imaging processor,  
wherein a function of the management system is automatically adjusted upon receipt of a communication from the imaging processor.
2. The system of claim 1 wherein the endoscope is capable of transmitting an optical image to the imaging device.
3. The system of claim 2 wherein the imaging device processes the optical image and transmits the image to the imaging processor.
4. The system of claim 3 further comprising a display unit coupled to the imaging processor, wherein the imaging processor further processes the image and transmits the image to the display unit.
5. The system of claim 4 wherein adjustments to the management system allow for adjustments to the image transmitted to the display unit.
6. The system of claim 1 wherein the imaging device comprises a camera.
7. The system of claim 1 wherein the imaging processor comprises a camera control unit.
8. The system of claim 1 wherein the at least one management system comprises a fluid management system.

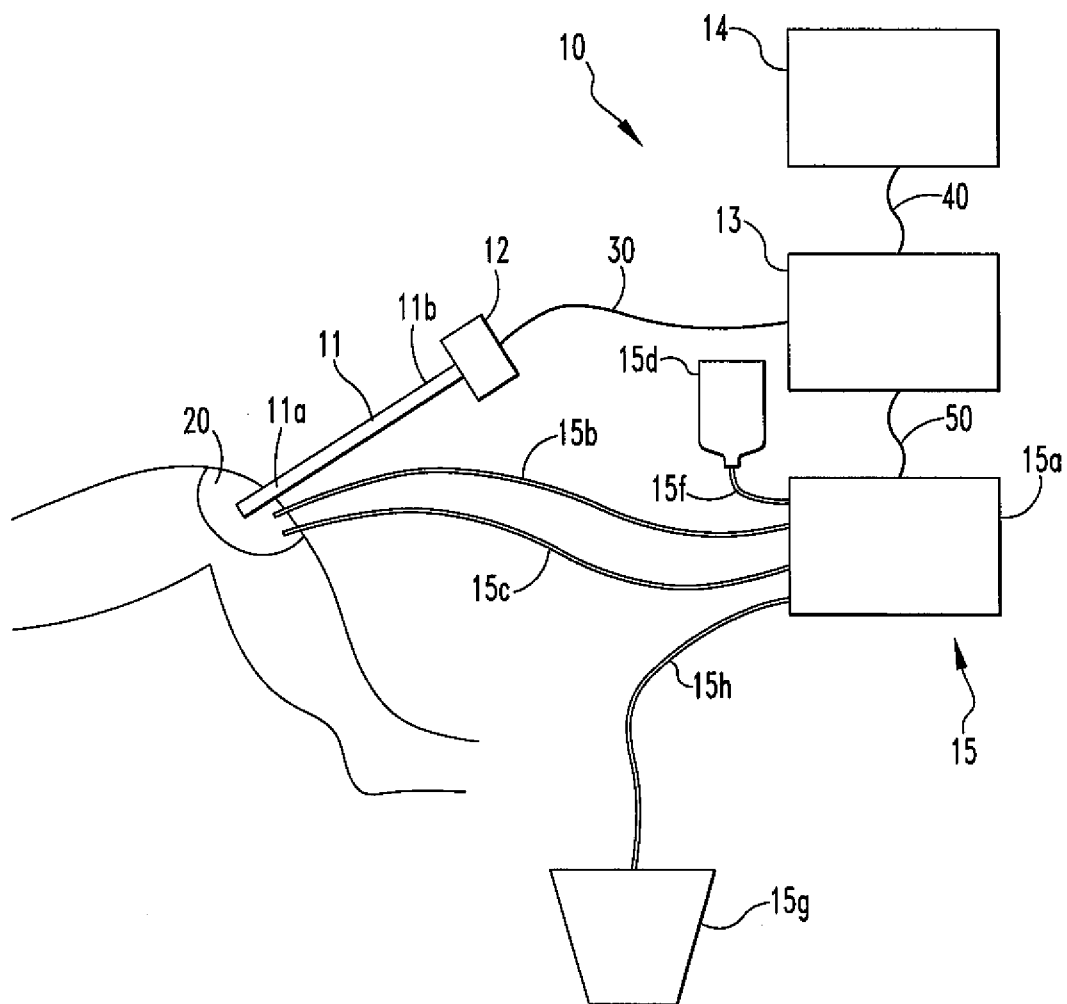
9. A method of adjusting an image of a surgical site during a surgical procedure comprising:

providing an endoscopic system comprising an endoscope; an imaging device coupled to the endoscope; an imaging processor coupled to the imaging device; at least one management system coupled to the imaging processor; and a display unit coupled to the imaging processor; and

obtaining an image of the surgical site by viewing the surgical site with the endoscope, the image being transmitted by the imaging processor to the display unit, wherein a function of the management system is automatically adjusted upon receipt of a communication from the imaging processor, the adjustments to the management system allowing for adjustments to the image.

10. The method of claim 9 wherein the at least one management system comprises a fluid management system.

1/1



# INTERNATIONAL SEARCH REPORT

International application No

PCT/US2010/024978

## A. CLASSIFICATION OF SUBJECT MATTER

INV. A61B1/015 A61B1/12 A61B1/313 G06T7/00  
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 G06T

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

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No
X	US 2006/069306 A1 (BANIK MICHAEL S [US] ET AL BANIK MICHAEL S [US] ET AL) 30 March 2006 (2006-03-30) the whole document	1-8
X	US 4 622 584 A (NAGASAKI TATSUO [JP] ET AL) 11 November 1986 (1986-11-11) column 5, line 42 - line 64	1-7
A		8
X	US 2008/183080 A1 (ABRAHAM THEODORE P [US]) 31 July 2008 (2008-07-31) paragraph [0086]	1
A		2-8
X	WO 2008/028149 A2 (VOYAGE MEDICAL INC [US]; SAADAT VAHID [US]; PEH RUEY-FENG [US]; TAM ED) 6 March 2008 (2008-03-06) paragraph [0113] paragraph [0137]	1
A		2-8

**D**

Further documents are listed in the continuation of Box C



See patent family annex

\* Special categories of cited documents

'A' document defining the general state of the art which is not considered to be of particular relevance

E earlier document but published on or after the international filing date

'L' document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

'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 principles 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

'&' document member of the same patent family

Date of the actual completion of the international search

26 April 2010

Date of mailing of the International search report

07/05/2010

Name and mailing address of the ISA/

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Fax (+31-70) 340-3016

Authorized officer

Al vazzi Delfrate, S

# INTERNATIONAL SEARCH REPORT

International application No  
PCT/US2010/024978

## Box No II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons

1 ☒ Claims Nos 9, 10  
because they relate to subject matter not required to be searched by this Authority, namely  
see FURTHER INFORMATION sheet PCT/ISA/210

2 **D** Claims Nos  
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically

3 ☐ Claims Nos  
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a)

## Box No III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows

1 ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims

2 ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not require payment of additional fees

3 ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid specifically claims Nos

4 ☐ No required additional search fees were timely paid by the applicant. Consequently this international search report is restricted to the invention first mentioned in the claims, it is covered by claims Nos

### Remark on Protest

☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee

☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation

☐ No protest accompanied the payment of additional search fees

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Continuation of Box II.1

Claims Nos. : 9 , 10

Claims 9 and 10 relate to subject-matter mentioned in Rule 67.1 (iv) PCT, in particular to a method of surgical treatment of the human body. The method of adjusting an image of a surgical site during a surgical procedure in fact, comprises the step of obtaining an image of the surgical site by viewing the surgical site with the endoscope, while, the management system automatically adjust this image. As described on p.5, par.0018, the management system is, for example, a fluid management system which, when bleeding occurs at the surgical site, provides fluid inflow or outflow in order to restore the clear view of the image. The step of providing a fluid flow at a surgical site is clearly an invasive method. Under terms of Art.17(2)(a)(1) an International Search Authority is not required to carry out a search for such claims.

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Continuation of Box II.2

Claims 9 and 10 relate to subject-matter mentioned in Rule 67.1 (iv) PCT, in particular to a method of surgical treatment of the human body. The method of adjusting an image of a surgical site during a surgical procedure in fact, comprises the step of obtaining an image of the surgical site by viewing the surgical site with the endoscope, while, the management system automatically adjust this image. As described on p.5, par.0018, the management system is, for example, a fluid management system which, when bleeding occurs at the surgical site, provides fluid inflow or outflow in order to restore the clear view of the image. The step of providing a fluid flow at a surgical site is clearly an invasive method. Under terms of Art.17(2)(a)(i) an International Search Authority is not required to carry out a search for such claims.

## INTERNATIONAL SEARCH REPORT

International application No

PCT/US2010/024978

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