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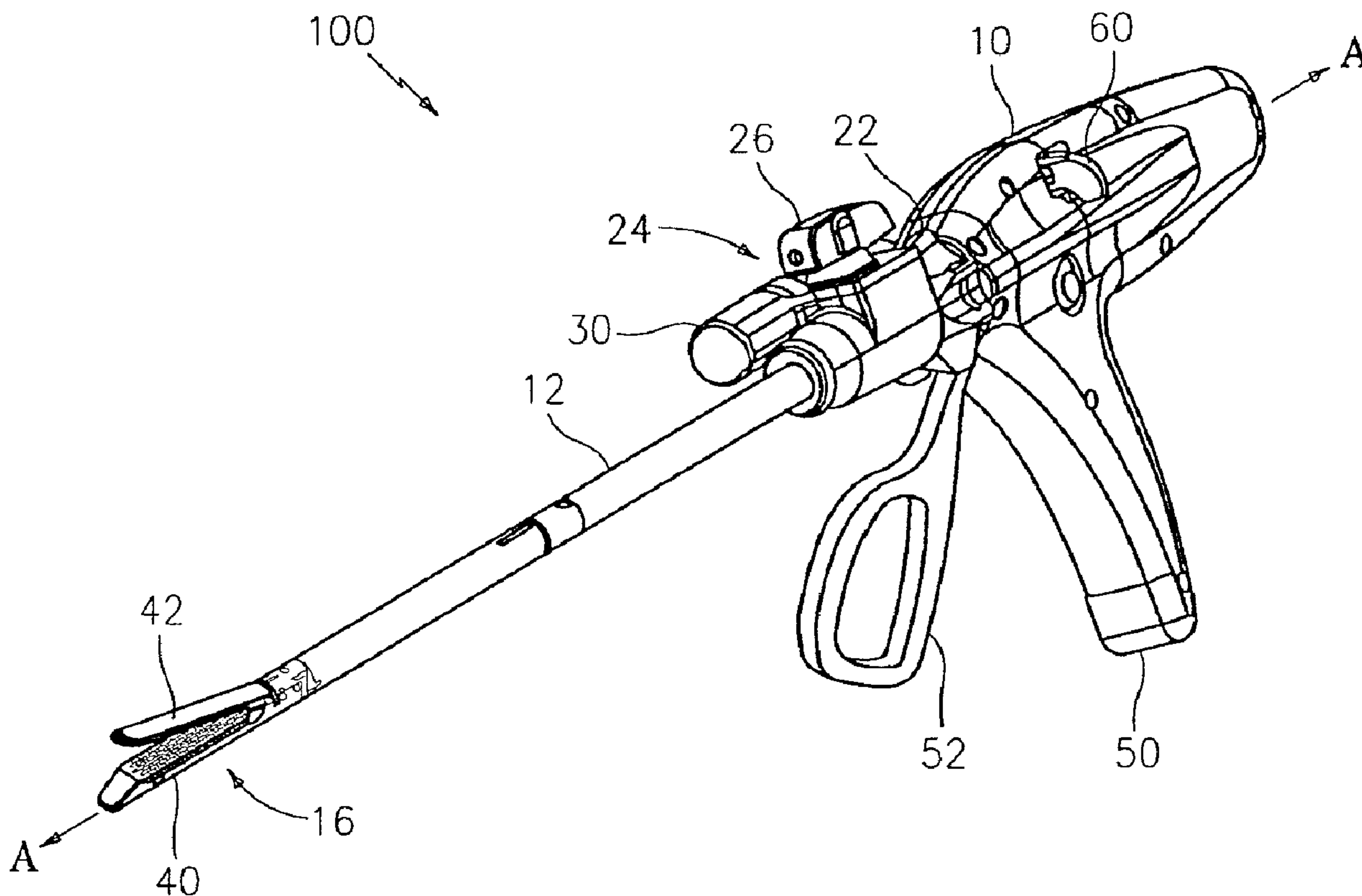
(72) **Inventeurs/Inventors:**
MARCZYK, STANISLAW, US;
PRIBANIC, RUSSELL, US;
ROSS, ADAM J., US;
ZEMLOK, MICHAEL A., US

(73) **Propriétaire/Owner:**
TYCO HEALTHCARE GROUP LP, US

(74) **Agent:** OSLER, HOSKIN & HARCOURT LLP

(54) **Titre : AGRAFEUSE A UNE MAIN**

(54) **Title: ONE HANDED STAPLER**



(57) **Abrégé/Abstract:**

The present disclosure is directed to a surgical instrument, which includes a handle assembly and an elongate member having two jaw members. The second jaw member is movable in relation to the first jaw member between an open position and a closed position. The first jaw member is supported by the elongate body and contains a plurality of fasteners. The elongate member extends distally from the handle assembly and defines both a longitudinal axis and a distal portion. A switch is placed about the handle assembly to allow the handle assembly to operate in multiple modes.

ABSTRACT

The present disclosure is directed to a surgical instrument, which includes a handle assembly and an elongate member having two jaw members. The second jaw member is movable in relation to the first jaw member between an open position and a closed position. The first jaw member is supported by the elongate body and contains a plurality of fasteners. The elongate member extends distally from the handle assembly and defines both a longitudinal axis and a distal portion. A switch is placed about the handle assembly to allow the handle assembly to operate in multiple modes.

ONE HANDED STAPLER

BACKGROUND

1. Technical Field

The present disclosure relates to a surgical stapling device and, more particularly, to an endoscopic surgical stapling device having a tool assembly and an endoscopic body portion, wherein the anvil is pivoted by a motor and the staples are fired manually.

2. Background of Related Art

Surgical devices wherein tissue is first grasped or clamped between opposing jaw structure and then joined by surgical fasteners are well known in the art. In some instruments a knife is provided to cut the tissue which has been joined by the fasteners. The fasteners are typically in the form of surgical staples but two part fasteners can also be utilized.

Instruments for this purpose can include two elongated members which are respectively used to capture or clamp tissue. Typically, one of the members carries a staple cartridge which houses a plurality of staples arranged in at least two lateral rows while the other member has an anvil that defines a surface for forming the staple legs as the staples are driven from the staple cartridge. Generally, the stapling operation is

effected by cam bars or cam wedge that travel longitudinally through the staple cartridge, with the cam bars or cam wedge acting upon staple pushers to sequentially eject the staples from the staple cartridge. A knife can travel between the staple rows to longitudinally cut and/or open the stapled tissue between the rows of staples. Such instruments are disclosed, for example, in U.S. Pat. No. 3,079,606 and U.S. Pat. No. 3,490,675.

A later stapler disclosed in U.S. Pat. No. 3,499,591 applies a double row of staples on each side of the incision. This is accomplished by providing a disposable loading unit in which a cam member moves through an elongate guide path between two sets of staggered staple carrying grooves. Staple drive members are located within the grooves and are positioned in such a manner so as to be contacted by the longitudinally moving cam to effect ejection of the staples from the staple cartridge of the disposable loading unit. Other examples of such staplers are disclosed in U.S. Pat. Nos. 4,429,695 and 5,065,929.

Each of the instruments described above were designed for use in conventional surgical procedures wherein surgeons have direct manual access to the operative site. However, in endoscopic or laparoscopic procedures, surgery is performed through a small incision or through a narrow cannula inserted through small entrance wounds in the skin. In order to address the specific needs of endoscopic and/or laparoscopic surgical procedures, endoscopic surgical stapling devices have been developed and are disclosed in, for example, U.S. Pat. No. 5,040,715 (Green, et al.); U.S. Pat. No. 5,307,976 (Olson, et al.); U.S. Pat. No. 5,312,023 (Green, et al.); U.S. Pat. No. 5,318,221 (Green, et al.); U.S. Pat. No. 5,326,013 (Green, et al.); and U.S. Pat. No. 5,332,142 (Robinson, et al.).

U.S. Surgical, the assignee of the present application, has manufactured and marketed endoscopic stapling instruments, such as the Multifire ENDO GIA* 30 and Multifire ENDO GIA* 60 instruments, for several years. These instruments have provided significant clinical benefits. Nonetheless, improvements are possible.

SUMMARY

In accordance with the present disclosure, a surgical instrument is provided. The surgical instrument has a handle assembly and an elongate body extending distally from the handle assembly. The handle assembly includes a handle and a switch. The switch allows the handle to have multiple modes of operation. At least one of the modes of operation is a firing mode, a clamping mode, or a retraction mode. The switch extends through both the left and right hand sides of the handle assembly.

The elongate body has a distal portion and defines a longitudinal axis. A first jaw member is supported by the elongate body and contains a plurality of fasteners. A second jaw member is mounted adjacent the first jaw member and is movable in relation to the first jaw member between an open position and a closed position by the handle assembly. The handle assembly is also connected to an actuation member and able to move the actuation member relative to the first jaw member to sequentially eject fasteners.

The switch is configured to move a slider cam over a rack member located within the handle assembly. The rack member has two sets of teeth that are diametrically opposed. A first set of teeth points distally along the longitudinal axis and is configured to engage a first pawl. A second set of teeth points proximally along the longitudinal axis and is configured to engage a second pawl. The first pawl pivots about a distal region of the first pawl. The second pawl pivots about a proximal region of the second pawl.

The surgical instrument has an articulation mechanism that pivots the distal portion of the elongate body about the longitudinal axis. The articulation mechanism includes a motor and power supply.

BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying drawings, which are incorporated in and constitute a part of this specification, illustrate embodiments of the disclosure, and together with a general description of the disclosure given above, and the detailed description of the embodiments given below, serve to explain the principles of the disclosure.

FIG. 1 is a perspective view of the surgical instrument in accordance with the principles of the present disclosure;

FIG. 2 is a perspective view of the surgical instrument of FIG. 1, with parts separated;

FIG. 3 is a side cross-sectional view of the surgical instrument of FIG. 1; and

FIG. 4 is a side cross-sectional view of another embodiment of a surgical instrument.

Other features and advantages of the present disclosure will become apparent from the following detailed description, taken in conjunction with the accompanying drawings, which illustrate, by way of example, the principles of the present disclosure.

DETAILED DESCRIPTION

In the drawings and in the description which follows, the term "proximal", as is traditional, will refer to the end of the apparatus which is closest to the operator, while the term "distal" will refer to the end of the apparatus which is furthest from the operator.

The present disclosure can be used with any fastening device known in the art and

is intended to encompass the same, shall be discussed in terms of both conventional and endoscopic procedures and apparatus. However, the use herein of terms such as "endoscopic", "endoscopically", and "endoscopic portion", among others, should not be construed to limit the present disclosure to an apparatus for use only in conjunction with an endoscopic tube. The apparatus of present disclosure may find use in procedures in these and other uses including but not limited to where access is limited to a small incision such as in arthroscopic and laparoscopic procedures, or other conventional medical procedures (i.e. Open procedures).

Now referring to FIGS. 1 and 2, a surgical instrument, e.g., a surgical stapler, in accordance with embodiments of the present disclosure is referred to as reference numeral 100. Surgical instrument 100 includes a handle assembly 10, an endoscopic portion 12 and an end effector 16 defining a longitudinal axis A-A extending therethrough. Further details of surgical instrument 100 are included in U.S. Patent Application Publication No. 2008/0083806, filed on October 6, 2006.

While the features of the embodiments illustrated in FIG. 1 is shown in connection with a particular type of surgical instrument 100, it is envisioned that the features described with respect to FIG. 1 are operable with other surgical instruments.

With continued reference to FIGS. 1 and 2, endoscopic portion 12 extends distally from handle assembly 10. End effector 16 is selectively connectable to a distal end of endoscopic portion 12. The endoscopic portion 12 is rotatable about axis A-A relative to distal portion 20 of handle assembly 10. A knob 22 is shown in mechanical cooperation with endoscopic portion 14 to facilitate such rotation.

Handle assembly 10 includes a stationary handle 50, a moveable handle 52, and electrical contacts (i.e., conductive rings 18) disposed adjacent distal portion 20 of the handle assembly 10. Conductive rings 18 are internally wired within handle assembly 10 to a power source (either within handle assembly 10 or external thereto) and/or a micro controller. It is envisioned that conductive rings 18 are removable from handle assembly 10.

Endoscopic portion 12 is shown having an articulation mechanism or actuator 24 disposed in mechanical cooperation therewith. As discussed above, articulation mechanism 24 is configured to pivot end effector 16 with respect to a longitudinal axis "A-A". Here, an articulation knob 26 that is operatively disposed on endoscopic portion 12, and a motor 28 disposed within a housing 30 of endoscopic portion 12 may be used to articulate end effector 16 engaged with endoscopic portion 12.

The motor 28 is used to provide articulation and has at least one electrical contact 32 (a pair of electrical contacts 32a and 32b is shown) operably disposed with endoscopic portion 12. Electrical contact 32 is in electrical communication with motor 28 of endoscopic portion 12 and is configured to communicate electrical power between conductive rings 18 of handle assembly 10 and motor 28. Here, motor 28 is operatively connected to the actuation member to move the actuation member substantially along longitudinal axis A-A, i.e. to articulate end effector 16. It is envisioned that motor 28 provides or helps provide power that is helpful for articulation of end effector 16, rotation of endoscopic portion 12, etc.

Conductive rings 18 are substantially circular in shape and disposed around distal portion 20 of handle assembly 10. As can be appreciated, the shape and/or configuration

of conductive rings 18 around distal portion 20 of handle assembly 10 helps allow substantially continuous contact between conductive rings 18 and electrical contacts 32 as endoscopic portion 12 is being rotated about longitudinal axis A-A with respect to handle assembly 10. Thus, a complete 360° rotation is possible. Further, communication of power between motor 28 and electrical contact 32 is possible notwithstanding the rotational direction of endoscopic portion 12 with respect to handle assembly 10. Additionally, it is envisioned that mechanical and/or electrical stops may be disposed on endoscopic portion 12 and/or distal portion 20 of handle assembly 10 to limit rotational displacement of endoscopic portion 12.

While only one type of end effector 16 is illustrated in FIG. 1, it is contemplated that several types of end effectors 16 (e.g., a pivotable cartridge assembly, end effectors including a substantially circular cartridge assembly, parallel approximating jaw members, configured for sequential firing of staples and/or configured for simultaneous firing of staples) may be used in connection with surgical instrument 100 and may be usable with different types of endoscopic portions 12.

Referring additionally to FIG. 3, the end effector 16 includes a cartridge assembly 40 and an anvil assembly 42. Cartridge assembly 40 and anvil assembly 42 further define a pair of jaws. Cartridge assembly 40 houses a plurality of staples and a drive mechanism (not shown). An example of a drive mechanism is disclosed in United States Patent Application Publication No. 2004/0108357, filed on November 3, 2003. Anvil assembly 42 is movable in relation to cartridge assembly 40 between an open position spaced from cartridge assembly 40 and an approximated or clamped position in

juxtaposed alignment with cartridge assembly 40. End effector 16 may alternatively be arranged such that cartridge assembly 40 is movable in relation to anvil assembly 42. Drive mechanism (not shown) is configured to eject the plurality of staples from the cartridge assembly 40 upon actuation from a drive rod 80. The drive rod 90 is coupled through an actuation shaft 80 to the movable handle 52.

Switch 60 (FIG. 1) is configured to alternate the function of movable handle 52 between a grasping or "firing" mode and a "return" mode. In firing mode, end effector 16 is configured to operate as a grasping jaw mechanism, i.e., anvil assembly 42 is movable in relation to cartridge assembly 40 to grasp tissue therebetween and apply the fasteners therethrough. In return mode, end effector 16 is configured to operate as a releasing mechanism, i.e., anvil assembly 42 is movable in relation to cartridge assembly 40 to release the tissue.

Switch 60 includes a slide cam 62. Switch 60 is configured to be engaged by the surgeon's finger to move slide cam 62 along an actuation shaft 80 within the handle assembly. As to be appreciated, alternatives to switch 60 are also contemplated, e.g., knobs, levers, depressible buttons, toggles, trigger assemblies, etc.

Handle assembly 10 includes a housing 11 formed from a pair of molded half-sections 11a and 11b (FIG. 2), which forms stationary handle 50. Half-sections 11a and 11b are formed of a thermoplastic material, e.g., polycarbonate. Alternately, other materials having the requisite strength requirements may be used to form housing 11, e.g., surgical grade metals. Housing 11 half-sections 11a and 11b are secured to each other using known fastening techniques, e.g., adhesives, welding, interlocking structure, screws, etc. Alternately, other fastening techniques may be used.

Referring to FIG. 1, movable handle 52 is rotatably supported between housing half-sections 11*a* and 11*b*. A biasing member (not shown), e.g., a torsion spring, may be included to urge movable handle 52 away from stationary handle 50 to a non-compressed position. An advancement pawl 70, as shown in FIG. 3, is rotatably supported on movable handle 50 and is biased by a spring (not shown) towards the actuation shaft 80. A return pawl 72 is also rotatably supported on movable handle 50 and is biased by a spring (not shown) towards the actuation shaft 80.

Actuation shaft 80 is slidably supported between retracted and advanced positions within housing 11 and includes a distal end defining a recess 82 configured to rotatably receive the proximal end 92 of a drive rod 90. Actuation shaft 80 includes a first toothed rack 84 and a second toothed rack 86. Advancement pawl 70 has an engagement finger 70*a*, which is biased by spring (not shown) towards toothed rack 84 of actuation shaft 80. Return pawl 72 has an engagement finger 72*a*, which is biased by spring (not shown) towards second toothed rack 86 of actuation shaft 80.

Slide cam 62 is placed about actuation shaft 80 and is movable from a firing position and a return position by movement of switch 60. In the firing position, the slide cam 62 is moved between the engagement finger 72*a* of return pawl 72 and the second toothed rack 86. When movable handle 52 is actuated while slide cam 62 is in a firing position, i.e., is pivoted towards stationary handle 50 against the bias of a torsion spring (not shown), engagement finger 70*a* of advancement pawl 70 engages the first toothed rack 84 of actuation shaft 80 to advance actuation shaft 80 and drive rod 90 distally. As the drive rod 90 is advanced, the anvil assembly 42 moves toward the cartridge assembly

40 until the tissue therebetween is compressed and the drive mechanism 44 ejects the fasteners from the cartridge assembly 40.

In the return position, the slide cam 62 is moved between the engagement finger 70a of advancement pawl 70 and the first toothed rack 84. When movable handle 52 is actuated while slide cam 62 is in a return position, i.e., is pivoted towards stationary handle 50 against the bias of a torsion spring (not shown), engagement finger 72a of return pawl 72 engages the second toothed rack 86 of actuation shaft 80 to retract actuation shaft 80 and drive rod 90 proximally. As the drive rod 90 is retracted, the anvil assembly 42 moves away from the cartridge assembly 40 releasing the tissue.

Now referring to FIG. 4, another embodiment of surgical instrument 200 includes a slide cam 262 connected to a lever 260. Lever 260 acts similarly to switch 60 above to move the slide cam 262 from a firing position to a return position.

It will be understood that various modifications may be made to the embodiments disclosed herein. Therefore, the above description should not be construed as limiting, but merely as exemplifications of various embodiments. Those skilled in the art will envision other modifications within the scope and spirit of the claims appended hereto.

Although being shown as an endoscopic surgical stapler, the present system may be used with any fastener applier known in the art.

It should be understood that the foregoing description is only illustrative of the present disclosure. Various alternatives and modifications can be devised by those skilled in the art without departing from the disclosure. Accordingly, the present disclosure is intended to embrace all such alternatives, modifications and variances. The embodiments described with reference to the attached drawing figures are presented only

to demonstrate certain examples of the disclosure. Other elements, steps, methods and techniques that are insubstantially different from those described above and/or in the appended claims are also intended to be within the scope of the disclosure.

The embodiments of the present invention for which an exclusive property or privilege is claimed are defined as follows:

1. A surgical instrument comprising:
 - a handle assembly including a stationary handle and a movable handle;
 - an elongate body extending distally from the handle assembly and defining a longitudinal axis, the elongate body having a distal portion and supporting a drive rod;
 - a first jaw member supported by the elongate body and containing a plurality of fasteners;and
 - a second jaw member mounted adjacent the first jaw member, the second jaw member being configured to move in relation to the first jaw member between an open position and a closed position upon movement of the drive rod in response to actuation of the movable handle; and
 - a switch operatively connected to the handle assembly, the switch being configured to alternate the movable handle between at least two modes of operation such that, in a first mode of operation, actuation of the movable handle in a first direction advances the drive rod distally, and, in a second mode of operation, actuation of the movable handle in the first direction retracts the drive rod proximally.
2. The surgical instrument of claim 1, wherein the modes of operation include at least one selected from a group consisting of a firing mode, a clamping mode, and a retraction mode.
3. The surgical instrument of claim 1 or 2, wherein the switch extends through two sides of the handle assembly.
4. The surgical instrument of claim 1 or 2, wherein the switch is adapted to move a slider cam.

5. The surgical instrument of any one of claims 1 to 4, further comprising an actuation member, wherein the handle assembly is operably connected to the actuation member and is configured to move the actuation member relative to the first jaw member to effectuate sequential ejection of the fasteners through an actuation stroke.
6. The surgical instrument of any one of claims 1 to 5, wherein the handle assembly includes a first and second pawl, the first pawl being pivotable about a proximal section and the second pawl being pivotable about a distal section.
7. The surgical instrument of any one of claims 1 to 5, wherein the handle assembly includes a rack member having a first and a second set of teeth arranged or disposed in a diametrically opposed relation.
8. The surgical instrument of any one of claims 1 to 7, further comprising an articulation mechanism configured to pivot the distal portion of the elongate body about the longitudinal axis.
9. The surgical instrument of claim 8, wherein the articulation mechanism includes a motor.
10. The surgical instrument of claim 8, further comprising a power supply.
11. The surgical instrument of any one of claims 1 to 3, further comprising a first pawl, a second pawl, and a rack member located within the handle assembly, the rack member having a first set of teeth pointing distally along the longitudinal axis and configured to engage the first pawl, and a second set of teeth pointing proximally along the longitudinal axis and configured to engage the second pawl.

12. The surgical instrument of claim 11, further comprising a slider cam, wherein the switch is configured to move the slider cam relative to the rack member to change the mode of operation of the movable handle.

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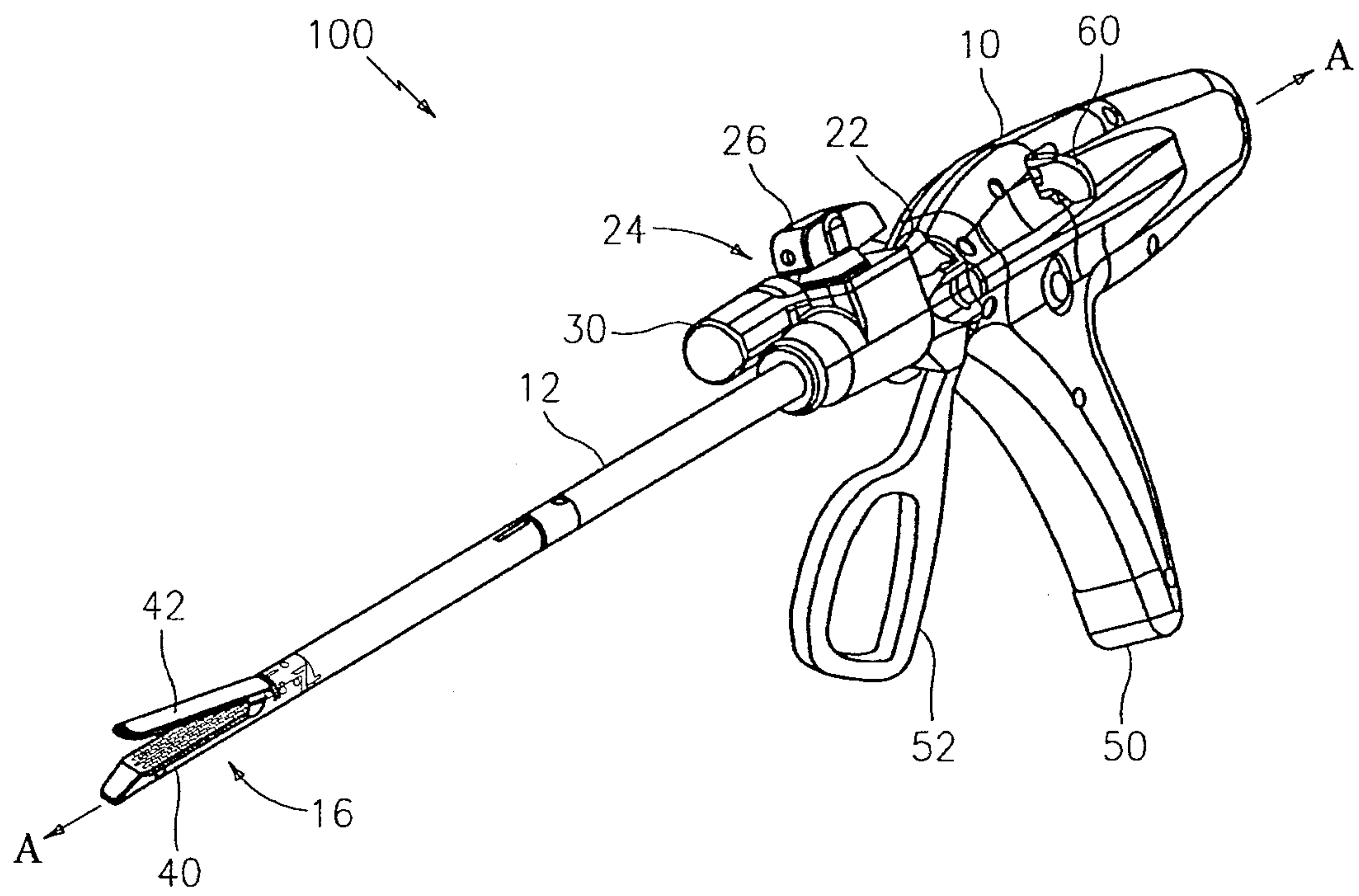


FIG. 1

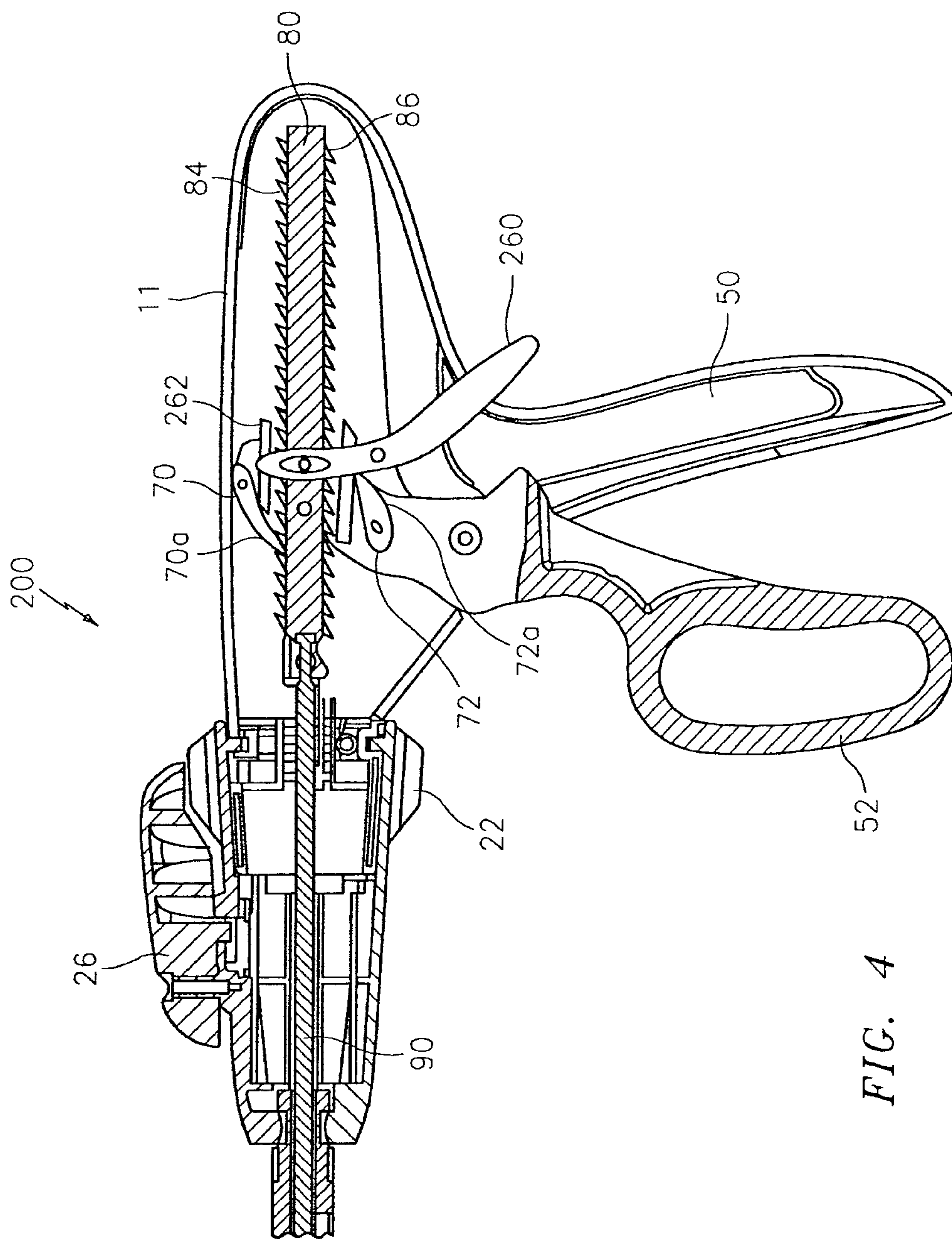


FIG. 4

