



(51) International Patent Classification:

A61B 1/00 (2006.01) *A61B 17/10* (2006.01)
A61B 1/04 (2006.01) *A61B 17/34* (2006.01)
A61B 17/00 (2006.01) *A61B 17/88* (2006.01)
A61B 17/04 (2006.01)

(21) International Application Number:

PCT/US2018/031477

(22) International Filing Date:

08 May 2018 (08.05.2018)

(25) Filing Language:

English

(26) Publication Language:

English

(30) Priority Data:

62/503,030 08 May 2017 (08.05.2017) US

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(81) Designated States (unless otherwise indicated, for every

kind of national protection available): AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BN, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DJ, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IR, IS, JO, JP, KE, KG, KH, KN, KP, KR, KW, KZ, LA, LC, LK, LR, LS, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SA,

(54) Title: LAPAROSCOPIC DEVICE IMPLANTATION AND FIXATION SYSTEM AND METHOD

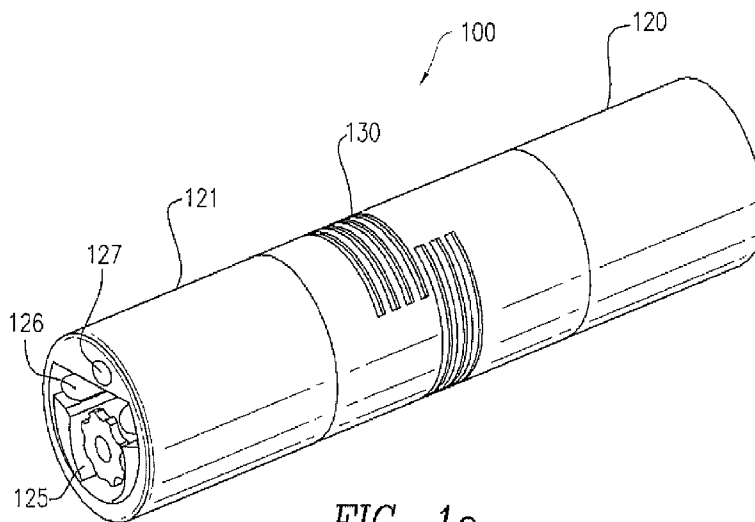


FIG. 1a

(57) Abstract: Devices used during minimally invasive surgery (sometimes called minimal access surgery or laparoscopic surgery) for implantation and fixation of various cameras, for example, to the human body. An insertable device including a housing divided into two sections, a camera, a sensor, at least two LED lights, a lens flush located above the camera lens to clean a lens of the camera, and a motor for moving the camera in relation to the housing with pan and tilt capabilities. An insertion tool for inserting devices including a cannula, a top housing, and a bottom, wherein the bottom couples with the insertable device. A capture and fixation device for capturing and fixing an insertable device to an internal body cavity wall, the device includes a cannula, at least one slideable clamp device, and a retractable loop. Once the insertable device is positioned, the retractable loop fixes the insertable device to the body cavity wall.



SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN,
TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

- (84) Designated States** (*unless otherwise indicated, for every kind of regional protection available*): ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, ST, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, KM, ML, MR, NE, SN, TD, TG).

Published:

- *with international search report (Art. 21(3))*
- *before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments (Rule 48.2(h))*

LAPAROSCOPIC DEVICE IMPLANTATION AND FIXATION SYSTEM AND METHOD

[0001] This application claims priority to U.S. Provisional Patent Application No. 62/503,030, filed May 8, 2017, entitled “Improved Laparoscopic Device Implantation and Fixation System and Method” and is hereby incorporated by reference in its entirety.

FIELD OF THE INVENTION

[0002] The present invention relates to a system of related devices used during surgery. More specifically the present invention relates to devices used during minimally invasive surgery (sometimes called minimal access surgery or laparoscopic surgery) for implantation and fixation of various cameras to the human body.

BACKGROUND OF THE INVENTION

[0003] Minimally invasive surgical procedures, e.g., laparoscopic procedures, have dramatically reduced patient recovery times. However, the reduced recovery times have correspondingly resulted in an increase, from a surgeon's perspective, in the complexity of the surgical procedures. This is in part due to the characteristic relatively small incisions, e.g., approximately 10 mm in diameter, through which a surgeon accesses a surgical site to perform the minimally invasive surgery. The limited access adds to the complexity of the surgical procedures since surgeons must remotely manipulate sufficiently small instruments through the incisions and must also view the surgical site through the small incisions.

[0004] Imaging systems that provide a view of the surgical site for a minimal access surgical procedure typically include an endoscope, e.g., a tubular instrument containing optical lenses and

light guides that feed images to an external video camera and a monitor, such as the endoscope discussed in U.S. Pat. No. 4,651,201. Endoscopes, however, have drawbacks. For instance, since the surgeon is generally using both hands to manipulate other instruments used in the procedure, e.g., forceps, scissors, coagulators/cauterizer probes, etc., an assistant is required to hold and orient the endoscope to adjust the view during the procedure. Robotics have recently been introduced to automate the task of orienting the endoscope during minimally invasive surgical procedures, such as the Automated Endoscopic System for Optimal Positioning ("AESOP"). The AESOP uses a robot arm that is directed by spoken commands to orient the endoscope. While the AESOP takes the burden off the assistant and provides a much more stable view of the field, the equipment necessary for the AESOP is complex and occupies a large part of the operating room floor. AutoLap is another system currently on the market, providing an image-guided robotic laparoscopic positioning system. AutoLap interacts with the surgeon's movements in the surgical cavity, guiding the robotic laparoscopic positioner in real time. However, AutoLap still requires a scope to be inserted for the entire duration and the trocar cannula cannot be used for an additional instrument. Therefore, multiple patient incisions are required. In addition, AutoLap requires additional equipment on the outside of the patient which is expensive and also may get in the surgeon's way.

[0005] A smaller and simpler robotic endoscope manipulator that can be placed directly over the insertion point was developed at the Institut National de Recherche en Informatique et en Automatiqueinria ("INRIA"). However, the INRIA system as well as other robotic systems fail to address the limited available range of motion about the fulcrum at the abdominal wall through which the endoscope as well as other instruments pass to gain access to the surgical site. The

limited range of motion translates into limits with regard to the degree of freedom that the instruments may be oriented toward the surgical site.

[0006] Active or hyper endoscope systems have been proposed that generally consist of a multi-link robotic arm with a camera mounted thereon, such as the active endoscope discussed in Japanese Patent 2000175865, which is hereby incorporated herein by reference, which provides additional freedom with respect to orienting the endoscope camera. However, these systems require a dedicated incision for the endoscope to access the surgical site and typically require relatively high voltage to operate the actuators necessary to manipulate the hyper endoscope which from a safety perspective may be problematic when used in surgical procedures. Pill cameras have also been adopted for imaging sections of the small intestine that are out of the reach of a colonoscope, such as the pill camera described in U.S. Pat. No. 5,604,531 and U.S. Pat. No. 6,428,469. However, pill cameras do not generally include means for orienting the camera; rather, pill cameras merely rely on peristalsis to orient the camera.

[0007] Therefore there is a need for systems and devices for minimal access procedures that do not require an assistant to hold and orient an instrument and that provide additional or greater freedom than is provided with an endoscope or other instrument with regard to orienting the instrument toward the site of interest. There is also a need for systems and devices for minimal access procedures that provide additional or greater freedom with regard to orienting the instrument toward a site of interest than is provided with an active or hyper endoscope that do not require a dedicated access incision into the site for the instrument. Some prior art for fixing surgical tools to the human body internally, include U.S. Patent 9,033,957 discloses a surgical anchor system having an opening and at least one pin to position and orient a surgical tool inside

a human body. The surgical anchor is anchored to the lumen of the body cavity by insertion of a single small pin which may be attached providing a hands free anchor point for other tools while also freeing up the trocar for insertion of additional anchors or providing for insertion of another working surgical tool.

[0008] U.S. Publication 2002/0042562 teaches an immobilized in vivo sensing device that has rings attached to it and uses the rings for sewing the device capsule to a desired location in the vicinity of the surgical site. U.S. Publication No. 2005/0288555 discloses a device and method for viewing internal body surfaces without an external attachment. The device is swallowed by the patient or placed with an endoscope and may be secured to the body using securement elements attached to the device such as a barbed hook, a loop or a tab. U.S. Publication 2008/0312500 discloses an endoscope system that includes a camera, a camera side magnet and a fixing magnet for fixing the camera within the abdominal cavity using fixing magnets and an adhesive layer.

[0009] The present invention is an improvement to prior art minimal access surgery devices such as U.S. Patent No. 9, 730,761, titled "Insertable Device and System for Minimal Access Procedure," filed January 17, 2012, and U.S. Patent No. 9,393,076, titled "Insertable Device and System for Minimal Access Procedure," incorporated by reference herein. Both U.S. Patents '076 and '761 teach a system including at least one insertable device. The insertable device having an elongated body, two actuators, and a camera. The '761 patent controlling the movement of the camera remotely by a control system. U.S. Patent '076 has a driving device communicatively connected to the insertable device. The driving device including at least one

controller and an image tracking module for tracking the movement of at least one object in a field of view of the camera. Although fixing tools in the human body may be taught in the prior art, they do not teach the novel ideas of the present invention.

SUMMARY OF THE INVENTION

[0010] The present invention provides a capture and fixation device for capturing and fixing an insertable device to an internal body cavity wall, the device includes a cannula, wherein the cannula inserts into and/or through a body cavity wall, at least one slideable clamp device surrounding the cannula, and a retractable loop deployable through a plastic sheath passable through the cannula, wherein the retractable loop captures the insertable device and assists in positioning the insertable device, once the insertable device is positioned, the retractable loop fixes the insertable device to the body cavity wall.

[0011] The present invention also provides an insertion tool for inserting devices during a laparoscopic procedure, the tool includes a cannula, wherein the cannula encloses cables from an inserted device, a top housing, wherein the top housing encloses motors or printed circuit boards for driving the motors for the insertable device, and a bottom, wherein the bottom couples with the insertable device.

[0012] The present invention also provides an insertable device for use during a laparoscopic procedure. The insertable device includes a housing divided into two sections, a first housing and a second housing, a camera, the camera enclosed in the first housing wherein the first housing is moveable, a sensor, at least two LED lights, a lens flush located above the camera lens to clean a lens of the camera, and a motor for moving the camera in relation to the housing with

pan and tilt capabilities, wherein the camera maintains the same horizon regardless of the camera position.

BRIEF DESCRIPTION OF THE DRAWINGS

[0013] A more detailed understanding of the invention may be had from the following description of a preferred embodiment, given by way of example and to be understood in conjunction with the accompanying drawing:

[0014] Fig. 1a shows an embodiment of an insertable device of the present invention;

[0015] Fig. 1b shows the pan tilt capabilities of the insertable device;

[0016] Fig. 2 shows another view of the insertable device;

[0017] Fig. 3 shows an embodiment of an insertion tool of the present invention;

[0018] Figs. 4a and 4b show the channels of the cannula and the top housing of the present invention;

[0019] Fig. 5 shows cables connected to the insertion tool and insertable device;

[0020] Figs. 6a and 6b show the ends of the insertion tool and the insertable device for magnetic coupling;

[0021] Figs. 7a, 7b and 7c show a capture and fixation device of the present invention in different stages; and

[0022] Fig. 8 shows a more detailed view of a clamp of the capture and fixation device of the present invention.

DETAILED DESCRIPTION

[0023] The present invention includes an insertable device, an insertion tool, and a capture and fixation device. Figs. 1a, 1b and 2 show insertable device 100 with a camera, for example. Insertable device 100 includes housing 120 that encloses camera 125, motors for moving camera 125 and lens flush 127 above camera 125. Camera 125 may be a high definition camera, has a sensor and provides LED illumination via at least 2 LEDs, 126. The use of multiple LEDs reduces shadows that result from a single LED. The motor provides a mechanism for moving camera 125 in relation to housing 120 with pan and tilt capabilities (as shown in Fig. 1b). The pan and tilt mechanism maintains the same horizon for camera 125 regardless of the pan or tilt position in contrast to prior art in which the horizon moves with the position of the camera. Lens flush 127 is located above the camera lens and sprays the lens with a sterile saline solution, when necessary, to keep the lens clear. Housing 120 is approximately 48 mm long in its entirety, for example. Camera 125 is enclosed in a moveable section 121 of housing 120 having a hinge. This allows camera 125 to move in line with the insertable device 100 during insertion, but can move up, down, left or right as necessary after insertion. Movable section 121 is approximately 19 mm long, for example, Camera 125 can provide an exploded view. Fig. 2 shows cabling 135

for insertable device 100 exiting out of the back 102 of insertable device 100. Cables 135 provide powering for the motor sensor and LEDs, as well as the source of saline solution for lens flush 127. Cables 135 also provide signal and image information to an exterior unit on a shelf with software, image processing, tool tracking software, test panel and interface and manual control for the pan/tilt mechanism. Back of device 102, also includes magnets, 136, used to secure insertable device 100 to an insertion tool.

[0024] Fig. 3 shows an embodiment of an insertion tool 301 of the present invention. Insertion tool 301 includes a bottom 340, a top 350 and a cannula 345. Top 350 has top housing 352 and bottom housing 354. Insertion tool 301 provides housing for motor drive electronics as well as providing a channel for wires and tubes that connect to insertable device 300. Top housing 352 encloses the motor drive electronics. Top housing 352 dimensions may be approximately 46 mm long, 60 mm wide and has a 35 mm diameter, for example. The motor drive electronics may include driver boards for the pan and tilt motors. Insertable device 300 couples to bottom 340 of insertion tool 301.

[0025] Cannula 445 is split down the middle for easy assembly and houses two separate channels as seen in Fig. 4a, one for tooling, 447, and one for cables, 448. One channel, 448, houses the wires that deliver power to the motors and LED's, camera wires, and lens wash tubing, etc. while the other channel, 447, is used for insertion of a laparoscopic instrument during surgery. The laparoscopic instrument may vary in size from 3-5mm. Cannula 445 may be approximately 150 mm in length with a 11mm diameter, for example. Fig. 4b shows a top view of top housing 452 which has camera cable channel 448, tool channel 447 and motor drive service loop 449 based on a camera orientation being upward. For example, for the camera of an

insertable device, channel 448 within cannula 445 houses the wires for connecting the camera, and carries wires for delivering power to the motors, LED's, and sensors of the camera. These wires can carry an image from the camera sensor and can carry a lens wash solution. As seen in Fig. 5, cables (wires, tubes, etc.) 556 continue out of the back 502 of insertion tool 500. Cables and wires 556 are used for lens wash, the camera and sensors and travel through cannula 545, exiting top housing 522 and connecting to a computer/power source or other external units to the surgical patient. Wires and cables, 556, for motor power and signals exit the bottom of housing 554. Insertion tool 501 is compatible with 11mm trocars, for example.

[0026] The insertion tool may have a seal, such as a silicone or other sealing membrane to prevent gas leaks from the body cavity. The seal may be in both the tool channel and the cable channel of the cannula. The cannula and the housings of the insertion tool may be made from medical grade plastic and have a paint finish on the housings. The cannula may have a semitransparent finish. The bottom of the insertion tool and the cannula may be made up of 2 black anodized simple machined parts.

[0027] Figs. 6a and 6b show the connection between insertable device 600 and insertion tool 601. Insertable device 600 is magnetically coupled to bottom 640 of insertion tool 601 with both bipolar magnetic couplers and mechanical couplers so that the external orientation of insertion tool 601 is always in the same orientation with insertable device 600. Insertion tool 601 and insertable device 600 are magnetically coupled, polarized, using 2 sets of magnets, 660, fitting male and female magnets at the end of insertion tool 601. Magnets 660 have a tunable pull force base on proximity magnets, 661. The mechanical coupling allows rotation of insertable device 600 without the potential for unwanted disconnect. Rear housing 620 of insertable device 600

provides grooves 630 for looping a snare. (There may be multiple grooves which can be located at multiple sites on the insertable device as needed to optimize the product.)

[0028] Insertion tool coupled with an insertable device is inserted into a body cavity through a standard laparoscopic trocar, 10mm or 11mm, for example. During insertion, the camera and the housing of the insertable device line up to form a cylinder (as shown in Fig. 1a). After insertion, the camera can be moved up and down or left and right in respect to the housing, as shown in Fig. 1b. The insertion tool can be rotated and manipulated to align the camera in the necessary position for performing surgery. The housing offset of the insertable device shows the position of the camera. While probing the body cavity for the best location to fix the insertable device, a “worm view” may be used. When positioning the camera, the camera may be positioned in an appropriate orientation of the horizon in the display of the image. Because of the coupling between the insertable device and the insertion tool, the horizon of the camera image does not change with the movement of the camera in the allowed directions.

[0029] Once an insertable device is within the body cavity, it is captured and fixed in the optimal position by capture and fixation device 702. Figs. 7a and 7b show capture and fixation device 702 which includes a long, hollow needle/ cannula 775, at least two slidable clamp devices 780, 790, and a wire snare loop 785 that is deployable through plastic sheath 770 surrounding snare 785. Clamp mechanism 790 clamps and holds sheath 770 and wire snare 785 in the desired position within cannula 775. Clamp mechanism 780 slides along the outside of hollow needle/ cannula 775 and holds needle/ cannula 775 in a position so that snare 785 with insertable device 100 is firmly held up against the body cavity wall at the insertion site of needle/ cannula 775 in the body cavity. Cannula 775 should have a maximum diameter of 3mm to prevent visible

scarring of the skin at the insertion site. A 3mm cannula allows for a 2mm working channel. Snare 785 may be oval, round, hexagonal, or other shape and is flexible so that it can conform to the shape of the camera module. Fig. 7a shows capture and fixation device 702 ready for insertion into a body cavity, for example the abdomen. In this position, snare 785 is retracted within cannula 775.

[0030] Fig. 7b shows the positioning of cannula 775 after it has been inserted into a body cavity and snare 785 is deployed. Fig. 7c shows capture and fixation device 702 positioned as if cannula 775 is inserted in the body cavity, insertable device 700 is captured by snare 785 and clamp 780 is deployed, clamping insertable device 700 against the cavity wall.

[0031] Upon insertion of an insertable device having a camera into a body cavity using the insertion tool, the capture and fixation device needle/cannula is inserted by a surgeon's assistant, for example, through the body wall using imaging from the camera of the insertable device. The needle/cannula is inserted through the body cavity wall with the snare retracted within the plastic sheath, and the plastic sheath residing within the cannula and not protruding during insertion of the cannula. After inserting the tip of the cannula into the body cavity using visualization from the camera on the insertable device, the tip of the plastic sheath is then advanced into the body cavity, followed by the snare which is deployed and opened in the body cavity. Using images from the camera, the insertable device is passed through snare 785 and snare 785 is then closed. The surgeon, for example, guides the insertable device through the snare with the imaging assistance provided by the insertable device camera. The snare is initially used to guide the insertable device into position. Once located in the desired field of view, the insertable device is pushed through the snare and tightened around the insertable device in a groove provided in the

housing of the insertable device. The snare is then pulled back through the needle/cannula until the insertable device is up against the end of the needle. Clamp, 790, in the handle of the needle/cannula 775 is then tightened to hold sheath 770 and snare 785 in that position. Needle 775 is withdrawn through the abdominal wall until the insertable device is adjacent to the interior side of the body cavity, for example, the abdominal wall. Clamp mechanism 780 is slid down needle 775 and positioned against the external surface of the body wall (skin) and allowed to tighten and hold the insertable device in the optimal position for surgery. Each clamp, a body clamp and a snare sheath clamp, may include a clamp button 892, a retention pin 894 and a clamp spring 898 as shown in Fig. 8.

[0032] Once insertable device is secured in the snare, the insertion tool is decoupled from the insertable device by pulling the insertion tool away from the now fixed insertable device to release the insertable device. The insertion tool is no longer attached to the insertable device, however the wires and tubes from the insertable device pass through one channel of the cannula of the insertion tool and the tool channel is now available for use in the procedure. The tool channel is used to introduce 3-5mm laparoscopic instruments, for example, with which the operation can be performed.

[0033] The external electronics connected with the insertable device may include PC with GPU having a USB camera connector, an embedded Jetson board or other central processing unit for meeting computational requirements having both a local display and high resolution video outputs for connecting to one or more external displays, a surgical graphical user interface, a joystick interface, a trackball interface, or some other standard computer interface, an image processor and an image tracker.

[0034] Although the present invention has been described in conjunction with specific embodiments, those of ordinary skill in the art will appreciate the modifications and variations that can be made without departing from the scope and the spirit of the present invention. The capture and fixation device and insertion tool disclosed can be used for any insertable device in addition to the insertable device with a camera that is disclosed. Such modifications and variations are envisioned to be within the scope of the appended claims.

CLAIMS

1. A capture and fixation device for capturing and fixing an insertable device to an internal body cavity wall, the device comprising:
 - a cannula, wherein the cannula inserts into and/or through a body cavity wall;
 - at least one slideable clamp device surrounding the cannula; and
 - a retractable loop deployable through a plastic sheath passable through the cannula, wherein the retractable loop captures the insertable device and assists in positioning the insertable device, once the insertable device is positioned, the retractable loop fixes the insertable device to the body cavity wall.
2. The device as recited in claim 1 wherein the clamp device includes a clamp button, a clamp spring, and a retention pin.
3. The device as recited in claim 1 wherein the device includes two slideable clamp devices, a first clamp device clamping the insertable device against an interior of the body cavity wall and a second clamp device tightening the retractable loop once the insertable device is properly located.
4. The device as recited in claim 1 wherein the retractable loop surrounds the insertable device in an interior body cavity wall and tightens around the insertable device to fix the insertable device in place against the interior body wall.

5. The device as recited in claim 4 wherein the retractable loop rests in a groove in a housing of the insertable device.
6. The device as recited in claim 1 wherein the loop is retracted in the cannula upon insertion into the body cavity.
7. The device as recited in claim 1 wherein the loop is extended into a shape to surround an insertable device when deployed within the body cavity.
8. An insertion tool for inserting devices during a laparoscopic procedure, the tool comprising:
 - a cannula, wherein the cannula encloses cables from an inserted device;
 - a top housing, wherein the top housing encloses motors or printed circuit boards for driving the motors for the insertable device,
 - and a bottom, wherein the bottom couples with the insertable device.
9. The insertion tool as recited in claim 8 wherein the insertable device includes a camera.
10. The insertion tool as recited in claim 8 wherein the cannula has a first channel enclosing the cables from the insertable device and a second channel for insertion of a laparoscopic instrument during surgery.
11. The insertion tool as recited in claim 8 wherein the bottom of the insertion tool couples with the insertable device magnetically.

12. An insertable device during laparoscopic procedure comprising:
- a housing divided into two sections, a first housing and a second housing;
 - a camera, the camera enclosed in the first housing wherein the first housing is moveable;
 - a sensor;
 - at least two LED lights;
 - a lens flush located above the camera lens to clean a lens of the camera; and
 - a motor for moving the camera in relation to the housing with pan and tilt capabilities, wherein the camera maintains the same horizon regardless of the camera position.
13. The insertable device as recited in claim 11 wherein upon insertion of the device into a body cavity, the first housing and the second housing are in line forming a cylinder.
14. The insertable device as recited in claim 11 wherein after insertion of the insertable device into a body cavity, the first housing can move up, down, right or left as needed.
15. The insertable device as recited in claim 11 further comprising cables, wherein the cables exit a back of the insertable device, the cables providing signal and image information to an external unit.

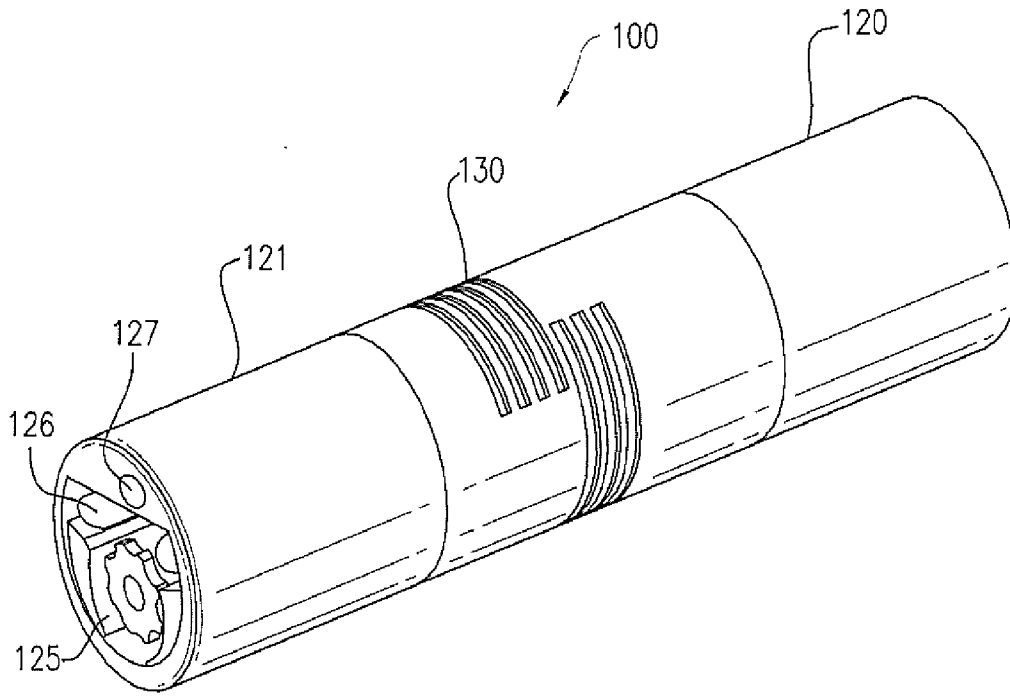


FIG. 1a

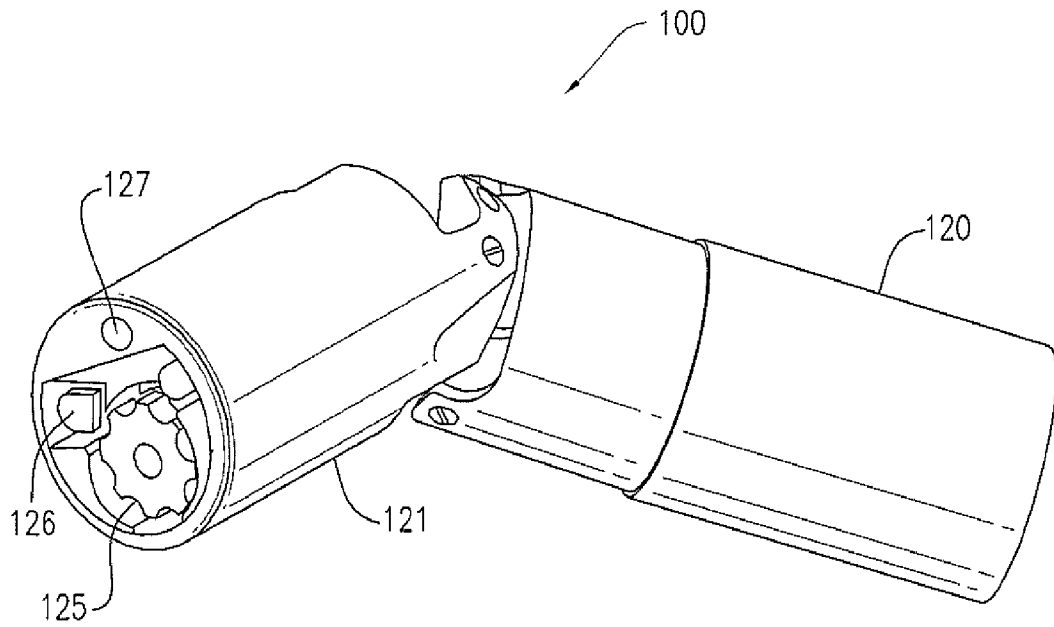


FIG. 1b

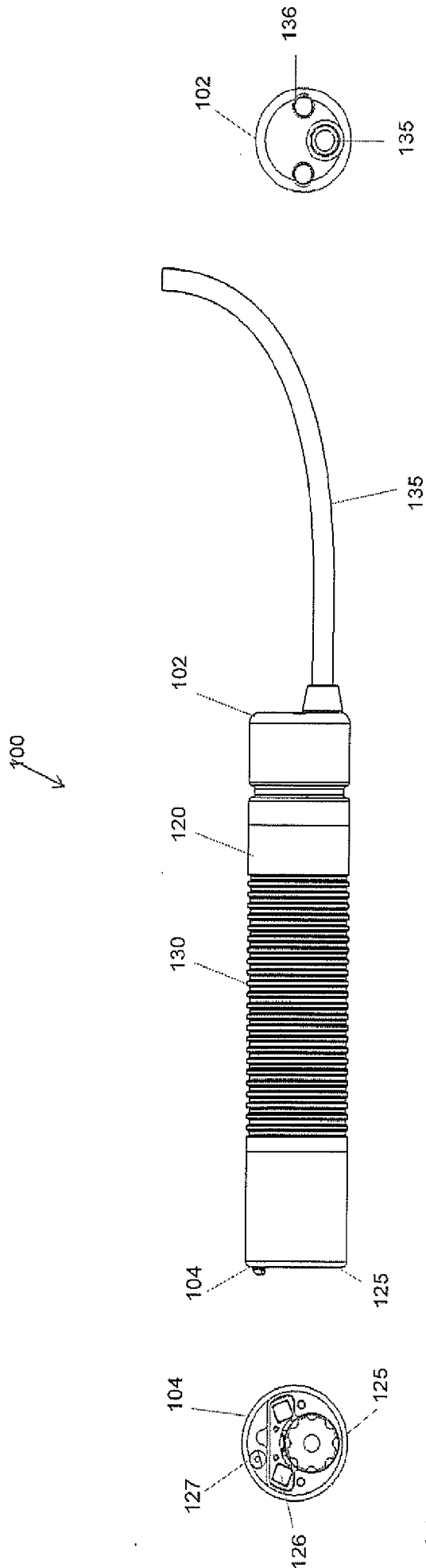


Fig. 2

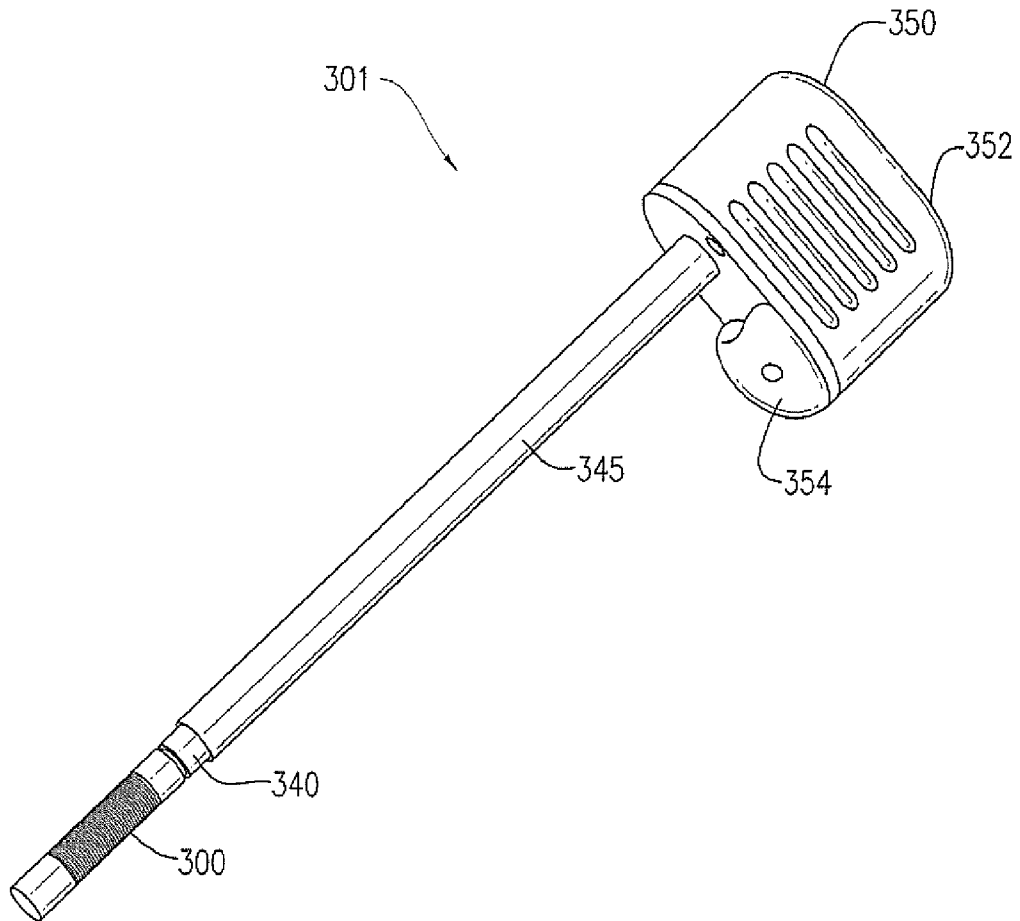


FIG. 3

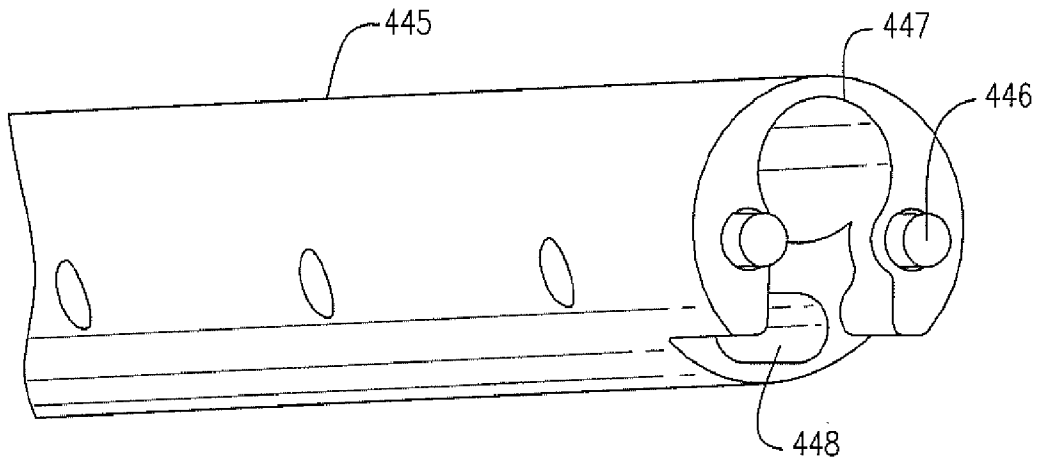


FIG. 4a

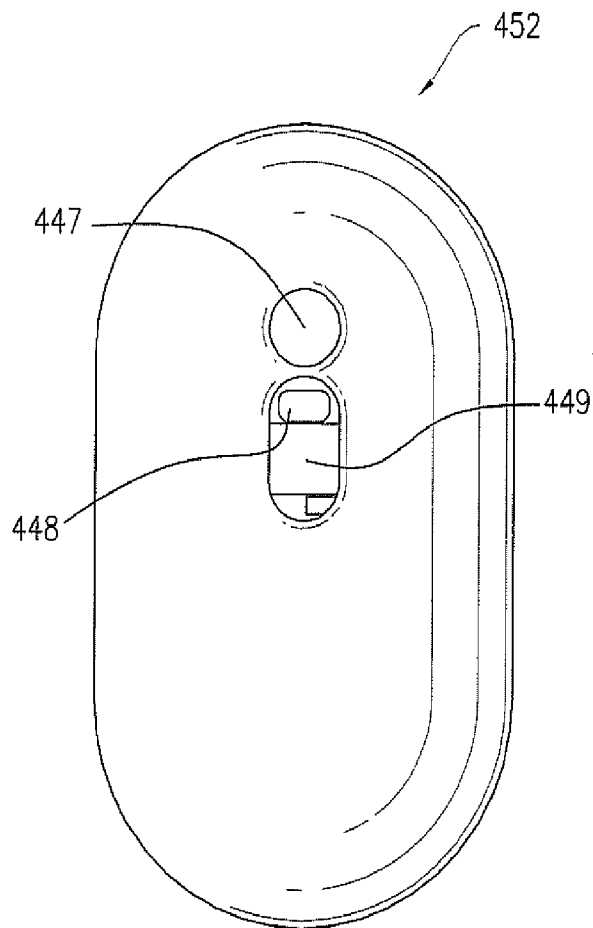


FIG. 4b

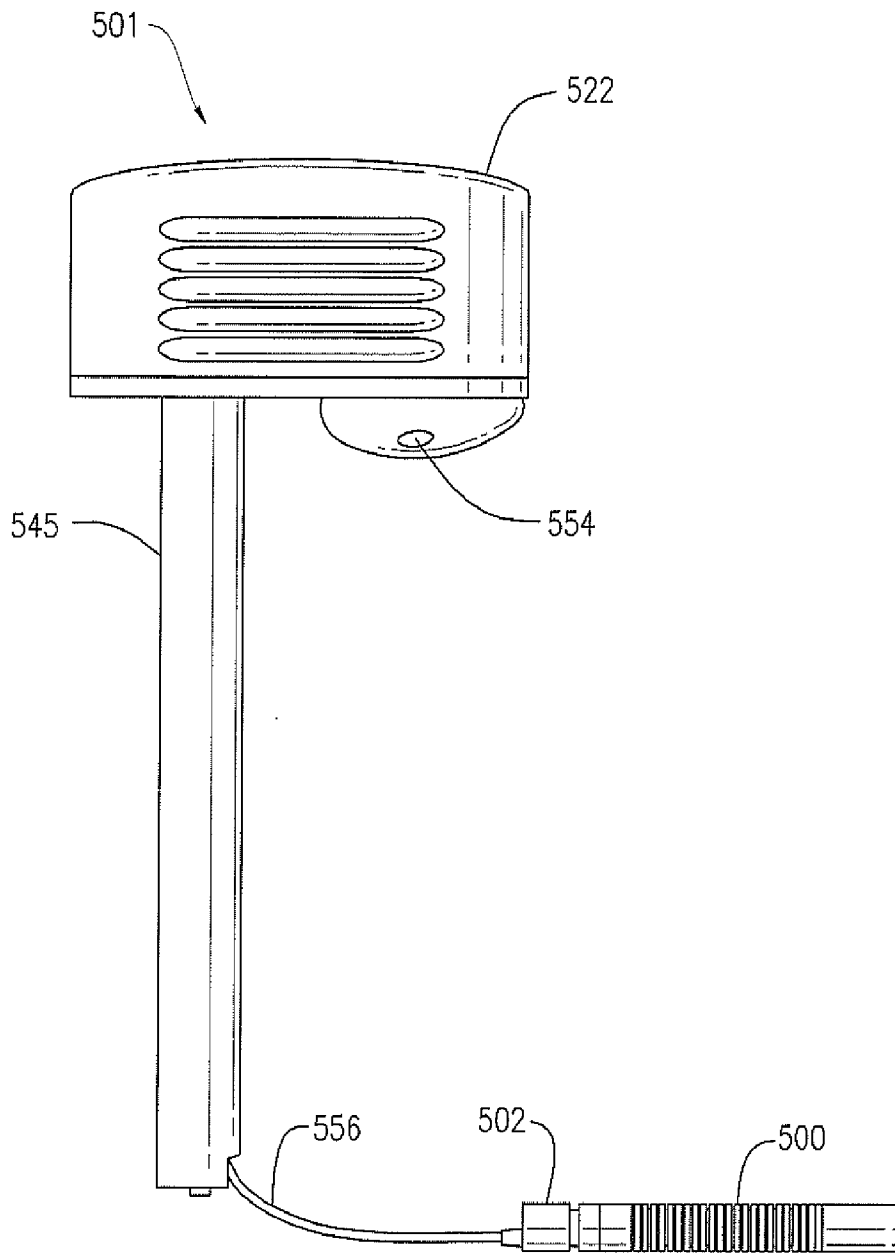


FIG. 5

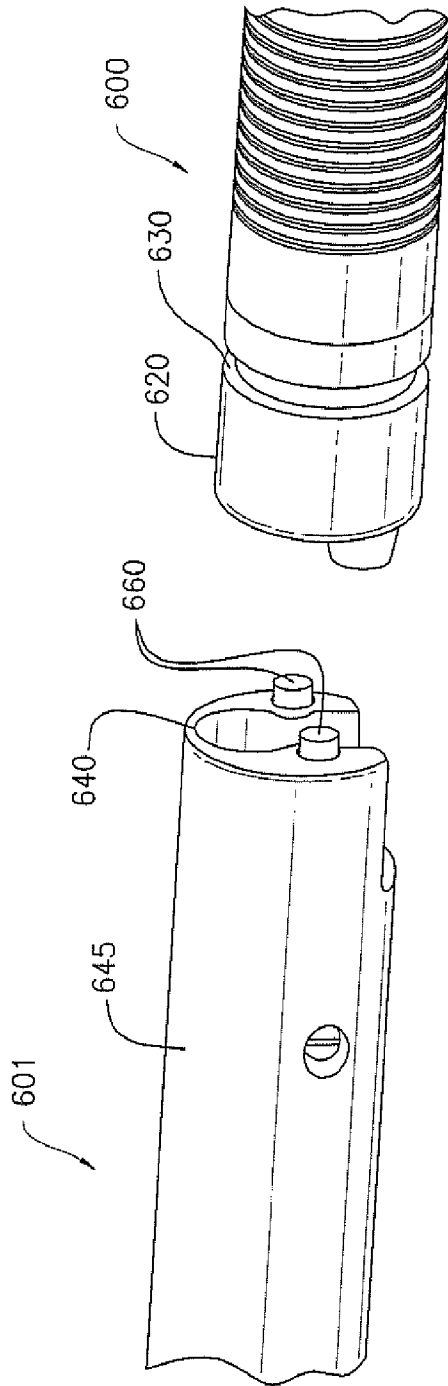


FIG. 6a

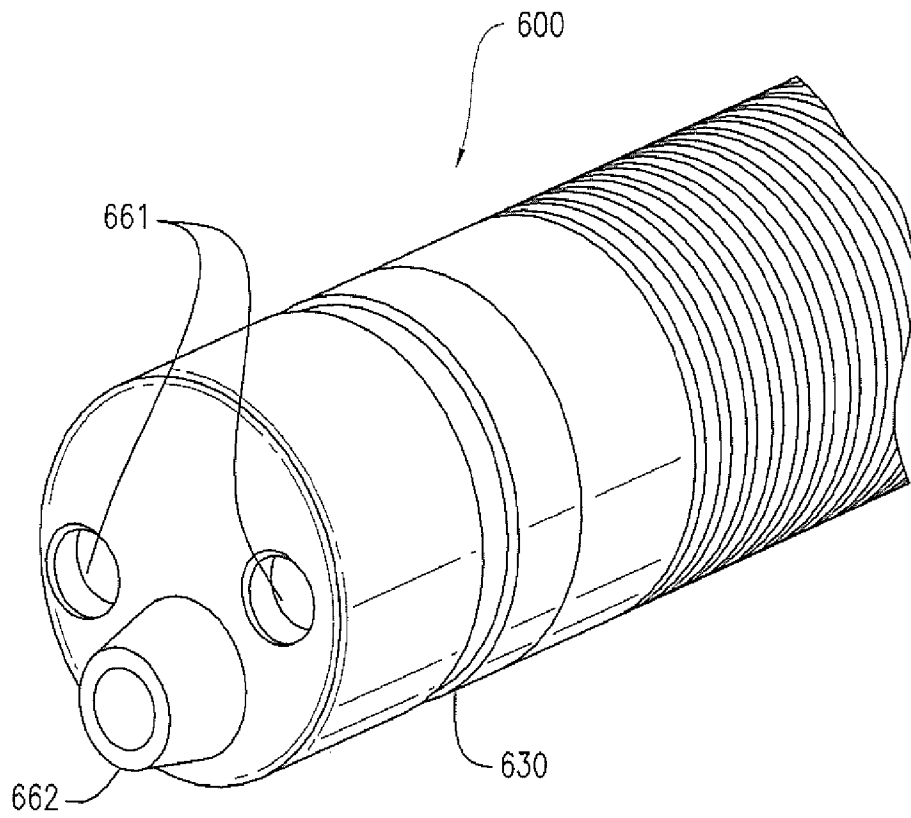


FIG. 6b

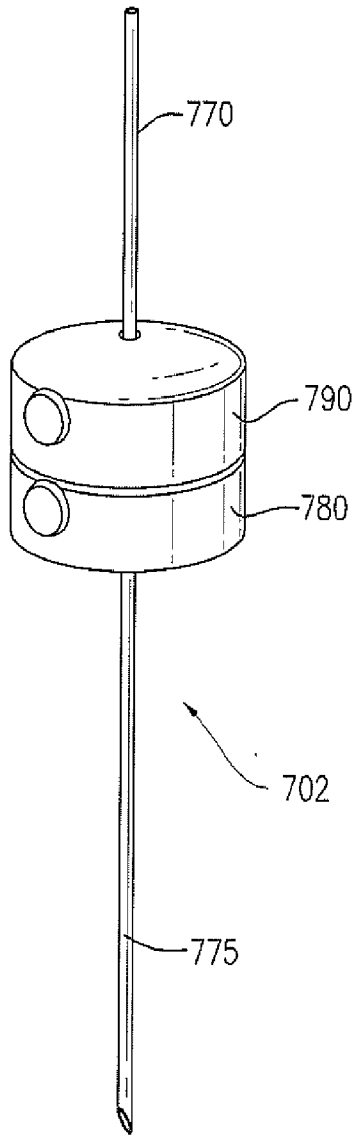


FIG. 7a

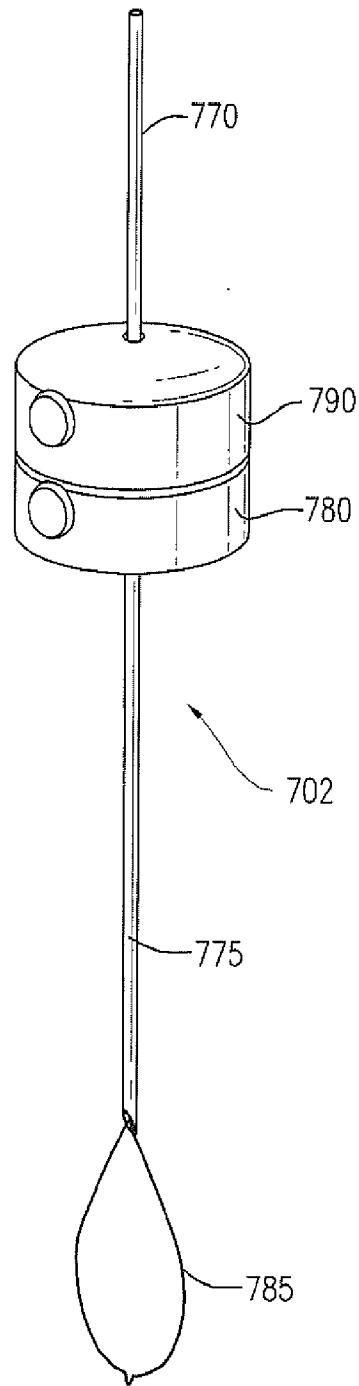


FIG. 7b

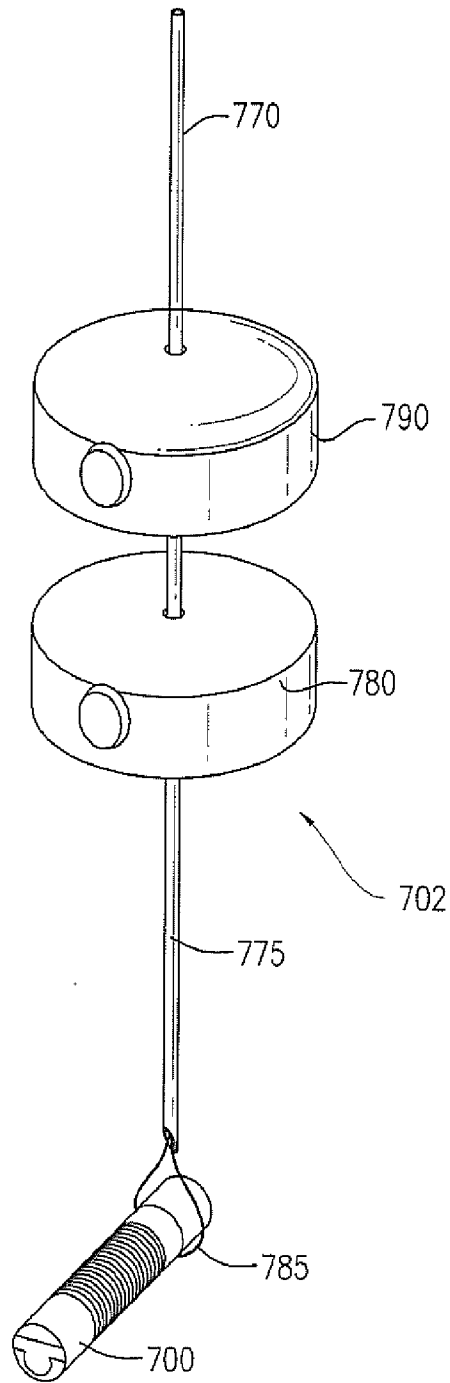


FIG. 7c

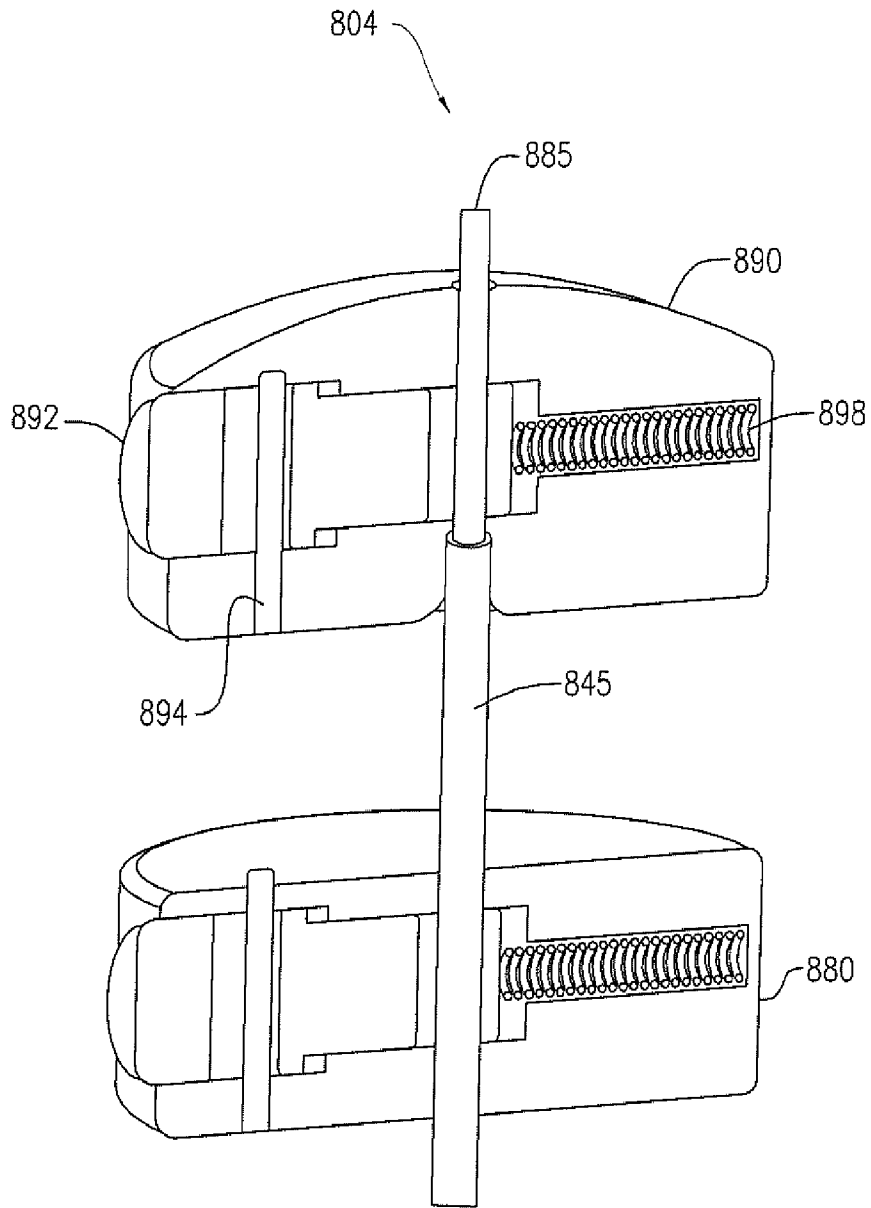


FIG. 8

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2018/031477

A. CLASSIFICATION OF SUBJECT MATTER

IPC(8) - A61B 1/00; A61B 1/04; A61B 17/00; A61B 17/04; A61B 17/10; A61B 17/34; A61B 17/88(2018.01)
 CPC - A61B 17/32056; A61B 1/00147; A61B 1/041; A61B 17/00234; A61B 2017/00358; A61B 17/0401;
 A61B 17/0469; A61B 17/7053; A61B 17/8861; A61B 17/8869 (2018.08)

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)
 See Search History document

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
 USPC - 600/104; 606/74; 606/139; 606/142; 606/151 (keyword delimited)

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
 See Search History document

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 5,395,374 A (MILLER et al) 07 March 1995 (07.03.1995) entire document	1-15
A	US 2015/0025310 A1 (OI MEDICAL LIMITED) 22 January 2015 (22.01.2015) entire document	1-15
A	US 2010/0010294 A1 (CONLON et al) 14 January 2010 (14.01.2010) entire document	1-15
A	US 2015/0142041 A1 (MAQUET CARDIOVASCULAR LLC) 21 May 2015 (21.05.2015) entire document	1-15
A	US 2016/0354083 A1 (DEPUY MITEK LLC) 08 December 2016 (08.12.2016) entire document	1-15

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 application or patent 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 principle 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

17 August 2018

Date of mailing of the international search report

10 SEP 2018

Name and mailing address of the ISA/US
 Mail Stop PCT, Attn: ISA/US, Commissioner for Patents
 P.O. Box 1450, Alexandria, VA 22313-1450
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 Blaine R. Copenheaver

PCT Helpdesk: 571-272-4300
 PCT OSP: 571-272-7774

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2018/031477

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.:
because they relate to subject matter not required to be searched by this Authority, namely:

2. 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:
See extra sheet(s).

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 additional fees, this Authority did not invite 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.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US2018/031477

Continued from Box No. III Observations where unity of invention is lacking

This application contains the following inventions or groups of inventions which are not so linked as to form a single general inventive concept under PCT Rule 13.1. In order for all inventions to be examined, the appropriate additional examination fees need to be paid.

Group I, claims 1-7 are drawn to capture and fixation device for capturing and fixing an insertable device to an internal body cavity wall comprising a slideable clamp and a retractable loop.

Group II, claims 8-15 are drawn to an insertion tool for inserting devices comprising a housing and motors.

The inventions listed in Groups I and II do not relate to a single general inventive concept under PCT Rule 13.1, because under PCT Rule 13.2 they lack the same or corresponding special technical features for the following reasons:

The special technical features of Group I, wherein the cannula inserts into and/or through a body cavity wall; at least one slideable clamp device surrounding the cannula; and a retractable loop deployable through a plastic sheath passable through the cannula, wherein the retractable loop captures the insertable device and assists in positioning the insertable device, once the insertable device is positioned, the retractable loop fixes the insertable device to the body cavity wall, are not present in Group II; and the special technical features of Group II, wherein the cannula encloses cables from an inserted device; a top housing, wherein the top housing encloses motors or printed circuit boards for driving the motors for the insertable device, and a bottom, wherein the bottom couples with the insertable device, a camera, the camera enclosed in the first housing wherein the first housing is moveable; a sensor; at least two LED lights; a lens flush located above the camera lens to clean a lens of the camera; and a motor for moving the camera in relation to the housing with pan and tilt capabilities, wherein the camera maintains the same horizon regardless of the camera position, are not present in Group I.

Groups I and II share the technical features of a device for inserting an insertable device to an internal body cavity wall, the device comprising: a cannula. However, these shared technical features do not represent a contribution over the prior art. Specifically, US 2016/0354083 A1 to DePuy Mitek, LLC teaches of a device for inserting an insertable device to an internal body cavity wall (Abstract; Fig. 3A, wherein a device 100 is inserted into a body cavity wall T1 and T2, para. [0043]), the device comprising: a cannula (Fig. 3C, wherein the system includes a cannula 130, para. [0043]).

Since none of the special technical features of the Group I and II inventions are found in more than one of the inventions, unity is lacking.