

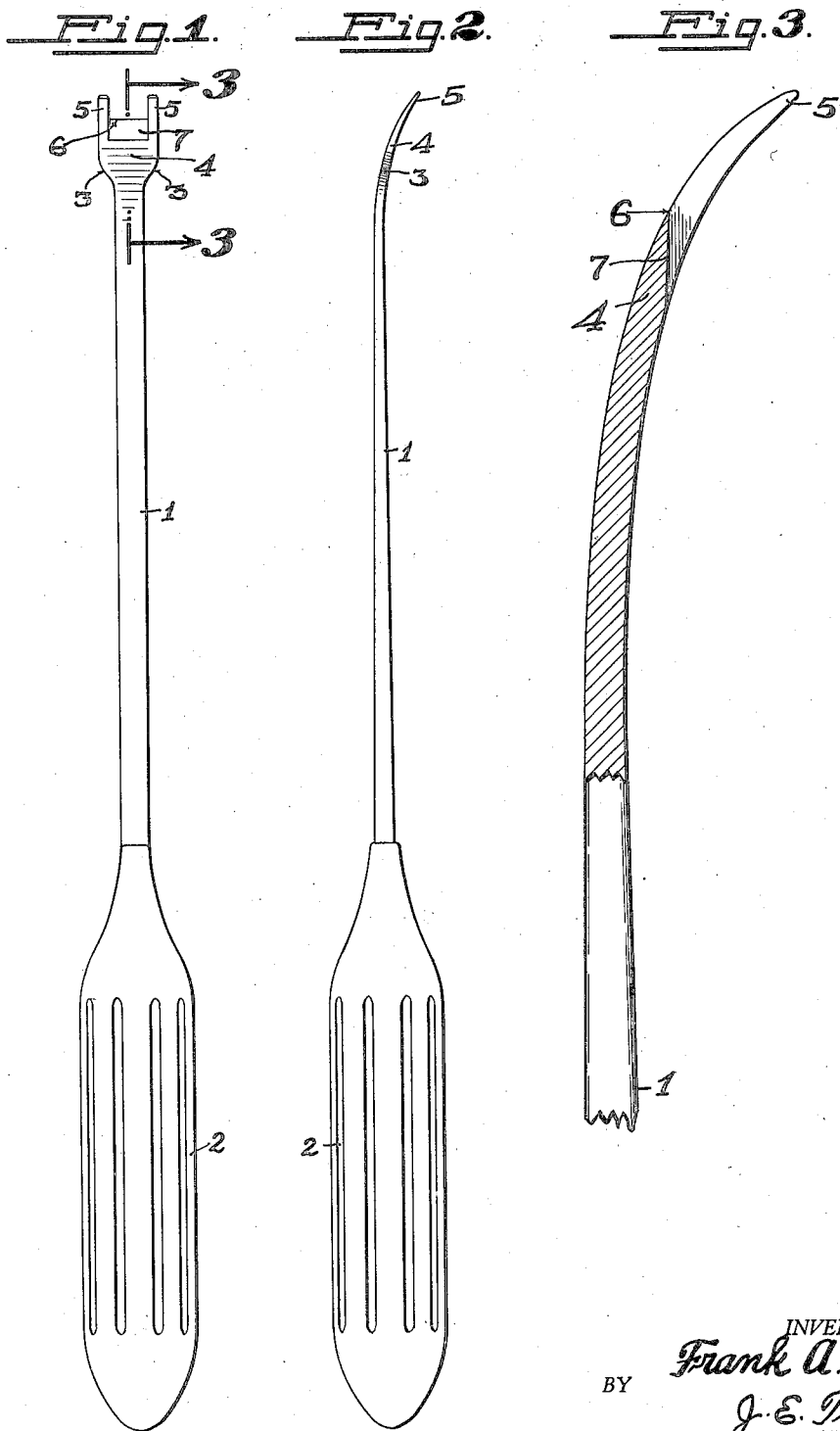
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SURGICAL INSTRUMENT

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SURGICAL INSTRUMENT

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2 Claims. (Cl. 128—305)

This invention relates to surgical instruments of the kind particularly adapted for use in removing semilunar cartilages from the knee.

In removing semilunar cartilage from its attachment it is often difficult to maintain a tenotomy knife or other cutting instrument in place. The bed from which the cartilage is removed is often jagged, and besides this the posterior end of the cartilage is very difficult to see. The present invention has for its primary object the provision of an improved surgical instrument for removing the semilunar cartilages from the knee.

In the accompanying drawing:

Fig. 1 is a plan view of a surgical instrument embodying the preferred form of my invention; Fig. 2 is a side view of the same; and

Fig. 3 is an enlarged sectional view taken on the line 3—3 of Fig. 1.

Referring to the drawing the numeral 1 designates a slightly tapered slender shank, made preferably from a suitable quality of steel, having a heavy and considerably enlarged handle 2 at one end and a slightly curved and somewhat flattened knife portion at its opposite end. It is of considerable importance that the handle 2 be enlarged and heavy, thereby facilitating to a decided extent the proper handling of the instrument when a cartilage removing operation is performed. The end of the instrument where the knife portion is located is formed with a curve corresponding substantially to the curvature of a semilunar cartilage. Opposite sides of the shank, at points where the knife portion begins, are curved outwardly as at 3, thereby providing an enlarged or widened part 4 which continues the slight curve commencing in the forward end of the shank. The opposite edges of the widened part 4 are substantially parallel and terminate at the ends of two spaced blunt tips 5 which project beyond a knife edge 6. The width of the knife edge is approximately one quarter of an inch, which is the average thickness of a semilunar cartilage. The knife edge is located at points along the outer curved side of the widened part 4 and is positioned at the forward end of a beveled surface 7. The entire knife end of the instrument, commencing at a point on the shank 1 immediately adjacent the widened part 4 and ending at the blunt tips 5, is gradually curved so as to permit the knife edge 6 to become operatively positioned in a proper cutting position against the concave articular surfaces of the tibia.

In ordinary practice an incision is firstly made in the leg near the location of the semilunar car-

tilage to be removed. The incision may be either of the types known as para-patellar, split-patellar, or Sir Robert Jones. In using the instrument the cartilage is grasped at its anterior end and with an ordinary knife is freed from its attachment for approximately half an inch. After the enlarged knife portion of the instrument is inserted through the incision, the handle 2 is manipulated in such a manner that the said knife portion is slipped into a position in which the knife edge 6 is located at the base of the cartilage in the path already started. The curve of the knife portion of the instrument, conforming as it does to the curvature of the cartilage, causes the knife edge 6 to be brought into the proper cutting position. The forwardly projecting probe tips 5 being positioned at opposite sides of the knife edge serve as guides during the manipulation of the instrument. By making traction with a clamp on the anterior end of the cartilage and pushing on the handle of the instrument, the base of the cartilage may be followed around until it is freed. The length of the shank 2 permits the knife portion of the instrument to be operated upon tissue or cartilage which is considerably removed from the point where the incision is made. Not only can the operation be successfully performed with my instrument through an incision much smaller than would have been heretofore required, but the previous practice of having the incision located at a point close to the cartilage to be cut away may now be changed so that it may be made at a convenient location considerably removed therefrom.

It is apparent to those skilled in the art that my invention is susceptible of numerous changes with respect to form, shape and minor details of construction. It is, therefore, to be understood that the appended claims shall determine the limits my invention may assume rather than the exact disclosures herein made.

Having described my invention what I claim is:

1. A surgical instrument comprising a shank having an enlarged and curved end portion a pair of curved spaced probe members projecting forwardly from the end portion, and a cutting edge provided at the forward end of the end portion at points between the probe members, the said cutting edge being located along the outer curved side of the end portion, and the said probe members being substantially parallel to one another and positioned in separate planes, each perpendicular to the cutting edge.

2. A surgical instrument for use in removing semilunar cartilages comprising a slender shank,

a curved end portion at one end of the shank having a curvature corresponding substantially to the curvature of a semilunar cartilage, a pair of curved spaced probe members projecting forwardly from the main body of the end portion, a knife
5 edge provided on the main body of the end portion at points between the probe members, the

said knife edge being located along the outer curved side of the end portion, and the said probe members being substantially parallel to one another and positioned in separate planes, each perpendicular to the cutting edge.

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