

**(19) AUSTRALIAN PATENT OFFICE**

(54) Title  
**Surgical stapling instrument having a spent cartridge lockout**

(51)<sup>6</sup> International Patent Classification(s)  
**A61B 017/064**

(21) Application No: **2004202204** (22) Application Date: **2004.05.19**

(30) Priority Data

(31) Number (32) Date (33) Country  
**10/441,565 2003.05.20 US**  
7

(43) Publication Date : **2004.12.09**

(43) Publication Journal Date : **2004.12.09**

(71) Applicant(s)  
**Ethicon Endo-Surgery, Inc.**

(72) Inventor(s)  
**Weisenburgh, William B; Setser Michael E; Shelton, IV Frederick E**

(74) Agent/Attorney  
**Callinan Lawrie, 711 High Street, Kew, VIC, 3101**

## **SURGICAL STAPLING INSTRUMENT HAVING A SPENT CARTRIDGE LOCKOUT**

### **Abstract of the Invention**

A surgical instrument for laparoscopic and endoscopic clinical procedures simultaneously  
5   severs and staples tissue clamped in an end effector comprising an elongate channel, which  
holds a staple cartridge, and a pivotally attached anvil. An E-beam firing bar engages the  
channel and selectively engages the anvil during distal firing movements, wherein the  
tissue is severed and stapled driven upward from the staple cartridge to form against the  
anvil. In particular, a wedge integral to the staple cartridge is driven distally by a middle  
10   pin of the firing bar to effect stapling. A lockout mechanism of the staple cartridge  
responds to the presence of the wedge sled in its unfired position to allow the firing bar to  
fire. Otherwise, the lockout mechanism prevents firing when the staple cartridge is spent.

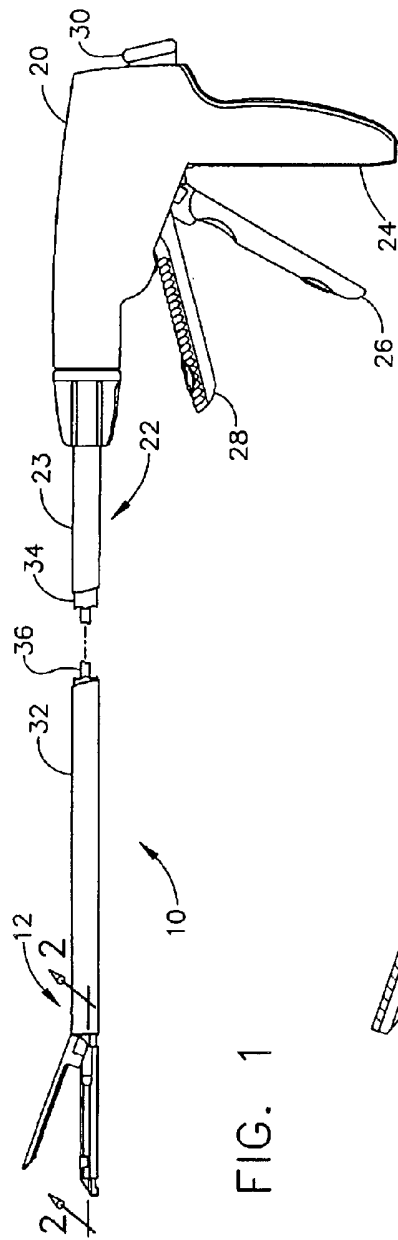


FIG. 1

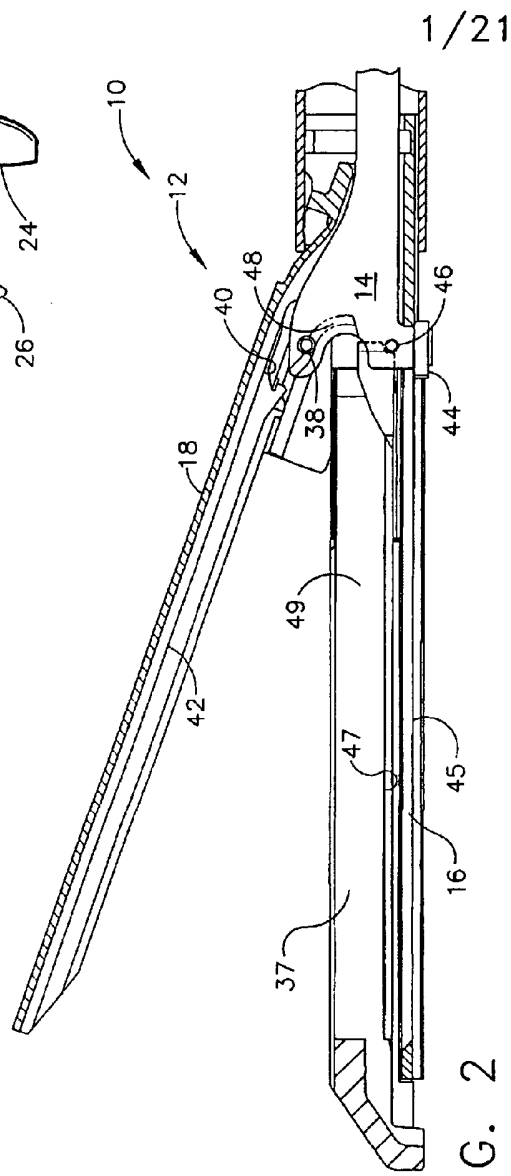


FIG. 2

1/21

**AUSTRALIA**  
**Patents Act 1990**

**COMPLETE SPECIFICATION**  
**FOR A STANDARD PATENT**  
**ORIGINAL**

---

**TO BE COMPLETED BY APPLICANT**

**Name of Applicant:** ETHICON ENDO-SURGERY, INC.

**Actual Inventors:** Frederick E. Shelton IV, Michael E. Setser and William B. Weisenburgh

**Address for Service:** CALLINAN LAWRIE, 711 High Street,  
Kew, Victoria 3101, Australia

**Invention Title:** SURGICAL STAPLING INSTRUMENT HAVING A SPENT  
CARTRIDGE LOCKOUT

The following statement is a full description of this invention, including the best method of performing it known to us:-

---

## **SURGICAL STAPLING INSTRUMENT HAVING A SPENT CARTRIDGE LOCKOUT**

### **Cross Reference to Related Applications**

The present application is related to four co-pending and commonly-owned  
5 applications filed on even date herewith, the disclosure of each is hereby incorporated by  
reference in their entirety, these four applications being respectively entitled:

- 1) "SURGICAL STAPLING INSTRUMENT HAVING A FIRING LOCKOUT  
FOR AN UNCLOSED ANVIL" to Frederick E. Shelton IV, Mike Setser, and Bruce  
Weisenburgh;
- 10 2) "SURGICAL STAPLING INSTRUMENT HAVING SEPARATE DISTINCT  
CLOSING & FIRING SYSTEMS" to Frederick E. Shelton, Mike Setser, and Brian J.  
Hemmelgarn;
- 3) "SURGICAL STAPLER INSTRUMENT HAVING A SINGLE LOCKOUT  
MECHANISM FOR PREVENTION OF FIRING" to Frederick E. Shelton IV, Mike  
15 Setser, Bruce Weisenburgh; and
- 4) "SURGICAL STAPLING INSTRUMENT INCORPORATING AN E-BEAM  
FIRING MECHANISM" to Frederick E. Shelton IV, Mike Setser, and Bruce  
Weisenburgh.

### **Field of the Invention**

20 The present invention relates in general to surgical stapler instruments that are  
capable of applying lines of staples to tissue while cutting the tissue between those staple  
lines and, more particularly, to improvements relating to stapler instruments and  
improvements in processes for forming various components of such stapler instruments.

### **Background of the Invention**

25 Surgical staplers have been used in the prior art to simultaneously make a  
longitudinal incision in tissue and apply lines of staples on opposing sides of the incision.  
Such instruments commonly include a pair of cooperating jaw members that, if the  
instrument is intended for endoscopic or laparoscopic applications, are capable of passing  
through a cannula passageway. One of the jaw members receives a staple cartridge  
30 having at least two laterally spaced rows of staples. The other jaw member defines an

18/05/04, eh14141.sp, 2

anvil having staple-forming pockets aligned with the rows of staples in the cartridge. The instrument includes a plurality of reciprocating wedges which, when driven distally, pass through openings in the staple cartridge and engage drivers supporting the staples to effect the firing of the staples toward the anvil.

35       An example of a surgical stapler suitable for endoscopic applications is described in U.S. Pat. No. 5,465,895, which advantageously provides distinct closing and firing actions. Thereby, a clinician is able to close the jaw members upon tissue to position the tissue prior to firing. Once the clinician has determined that the jaw members are properly gripping tissue, the clinician can then fire the surgical stapler, thereby severing  
40       and stapling the tissue. The simultaneous severing and stapling avoids complications that may arise when performing such actions sequentially with different surgical tools that respectively only sever or staple.

It is often advantageous to build an end effector for the surgical stapler that is reusable. For instance, one patient may need a series of severing and stapling operations.  
45       Replacing an entire end effector for each operation tends to be economically inefficient. This is especially true if the end effector is built to be strong and reliable over repeated operations. To that end, staple cartridges are fitted into the end effector prior to each operation of the surgical stapler. Thus, a much smaller amount of the surgical stapler is discarded after each use.

50       While the staple cartridge provides numerous advantages, it is desirable to prevent inadvertent firing of the surgical stapler when a spent staple cartridge is installed. Otherwise, the severing of tissue may occur without the staples to minimize bleeding.

It is particularly desirable that preventing such inadvertent firing be accomplished in a reliable way that is not subject to an intervening malfunction. Moreover, for ease of  
55       manufacturing and assembly, it is further desirable that the lockout features be accomplished with a minimum number of components.

Consequently, a significant need exists for an improved surgical stapling and severing instrument that prevents inadvertent firing (i.e., severing and stapling) when a staple cartridge is not installed or is spent, having been previously fired.

60      **Brief Summary of the Invention**

The invention overcomes the above-noted and other deficiencies of the prior art by providing a lockout mechanism that prevents firing a surgical stapling and severing instrument when a staple cartridge is already spent. In particular, the lock mechanism prevents distal movement of a firing bar, and thus severing of tissue, in instances where  
65 simultaneous stapling would not occur.

In one aspect of the invention, a surgical instrument includes a handle portion operable to produce a firing motion that actuates an implement portion. This implement portion has an elongate channel that receives a staple cartridge with a firing drive slot defined therebetween. A firing mechanism engages the elongate channel along its  
70 longitudinal length and includes an engaging device that traverses the firing drive slot for distally moving a wedge sled in the staple cartridge. A lockout mechanism is advantageously positioned to be moved out of the firing drive slot by the presence of the wedge sled in its unfired, proximal position, and thus allowing the firing bar to fire. When the wedge sled is moved to its distal position (i.e., spent cartridge), the lockout  
75 mechanism resiliently moves downwardly from the staple cartridge into the firing drive slot. The proximal and distal sides of the lockout mechanism present in the firing drive slot are shaped to allow the engaging device of the firing bar to return to its proximal, initial position but to thereafter impede distal movement until an unfired staple cartridge is installed.

80      These and other objects and advantages of the present invention shall be made apparent from the accompanying drawings and the description thereof.

**Brief Description of the Figures**

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

FIG. 1 depicts a partially cut-away side elevation view of a surgical stapling and severing instrument in an open position.

FIG. 2 depicts a cross-sectional side elevation detail view along the line 2-2 of FIG. 1 of an end effector of the surgical stapling and severing instrument.

FIG. 3 depicts an enlarged side elevation view of the firing bar of the surgical stapling and severing instrument of FIG. 2.

FIG. 4 depicts an enlarged front view of the firing bar of the surgical stapling and severing instrument of FIG. 2.

95 FIG. 5 depicts a cross-sectional side elevation detail view of an alternative end effector for the surgical stapling and severing instrument of FIG. 1, incorporating a firing bar that lacks a middle pin for preventing pinching of the end effector.

FIG. 6 depicts a side elevational view of a handle portion of a proximal end of the surgical stapling and severing instrument of FIG. 1 with a left side removed to expose  
100 interior parts in an unclamped, unfired ("start") position.

FIG. 7 depicts a perspective, exploded view of the handle portion of the proximal end of the surgical stapling and severing instrument of FIG. 1.

FIG. 8 depicts a side elevational view of the handle portion of the proximal end of the surgical stapling and severing instrument of FIG. 1 with the left side removed to  
105 expose interior parts in the closed ("clamped") position.

FIG. 9 depicts a side elevational view of the handle portion of proximal end of surgical stapling and severing instrument of FIG. 1 with the left side removed to expose interior parts in the stapled and severed ("fired") position.

FIG. 10 depicts an isometric view of the end effector at the distal end of the surgical  
110 stapling and severing instrument of FIG. 1 with the anvil in the up or open position exposing the staple cartridge and cutting edge of the firing bar.

FIG. 11 depicts an isometric, exploded view of the implement portion of the surgical stapling and severing instrument of FIG. 1.

FIG. 12 depicts an isometric view of the end effector at the distal end of the surgical  
115 stapling and severing instrument of FIG. 1 with the anvil in the up or open position with



the cartridge largely removed exposing a single staple driver and a double staple driver as exemplary and the wedge sled in its start position against a middle pin of the firing bar.

FIG 13 depicts an isometric view of the distal end of the surgical stapling and severing instrument of FIG. 1 with the anvil in the up or open position with the staple  
120 cartridge completely removed and a portion of an elongate channel removed to expose a lowermost pin of the firing bar.

FIG. 14 depicts a side elevation view in section showing a mechanical relationship between the anvil, elongate channel, and staple cartridge in the closed position of the surgical stapling and severing instrument of FIG. 1, the section generally taken along  
125 lines 14-14 of FIG. 10 to expose wedge sled, staple drivers and staples but also depicting the firing bar along the longitudinal centerline.

FIG. 15 depicts a section view of the end effector of the surgical stapling and severing instrument with the cartridge and firing bar in the start position taken along line 15-15 of FIG. 10.

130 FIG. 16 depicts a section view taken along line 16-16 of Fig. 15 showing the cross-sectional relationship between the firing bar, elongate channel, wedge sled, staple drivers, staples and staple cartridge.

FIG. 17 depicts a side elevation section view of the surgical stapling and severing instrument of FIG. 1 taken along the longitudinal centerline of the end effector in a  
135 partially closed but unclamped position gripping tissue.

FIG. 18 depicts a partially cut-away side elevational view of the surgical stapling and severing instrument of FIG. 1 in the closed or clamped position.

FIG. 19 depicts a side elevation view in centerline section of the distal end of the surgical stapling and severing instrument of FIG. 1 in the closed or clamped position with  
140 tissue properly compressed.

FIG. 20 depicts a partially cut-away side elevation view of the surgical stapling and severing instrument of FIG. 1 in a partially fired position.

FIG. 21 depicts a view in centerline section of the distal end of the surgical stapling and severing instrument of FIG. 1 in a partially fired position.

145 FIG. 22 depicts a partially cut-away side elevation view of the surgical stapling and severing instrument of FIG. 1 in a fully fired position.

FIG. 23 depicts a view in centerline section of the distal end of the surgical stapling and severing instrument of FIG. 1 in a fully fired position.

FIG. 24 depicts a perspective bottom view looking distally at the elongate channel  
150 partially cut away to expose part of a cartridge body and a spent cartridge lockout mechanism engaging a middle pin of a firing bar.

FIGS. 25-28 depict a cross-sectional side detail view of the spent cartridge lockout mechanism, staple cartridge and firing bar of FIG. 24, sequentially shown in a cartridge loaded and unfired state in FIG. 25, a cartridge being fired state in FIG. 26, a spent  
155 cartridge with firing bar being retracted state in FIG. 27, and spent cartridge with firing bar retracted state in FIG. 28.

FIG. 29 depicts a bottom perspective view of a partially cut-away cartridge body to expose an integral spent cartridge lockout mechanism.

FIGS. 30-33 depict a cross-sectional side detail view of the integral spent cartridge  
160 lockout mechanism of FIG. 29, sequentially shown in a cartridge loaded and unfired state in FIG. 30, a cartridge being fired state in FIG. 31, a spent cartridge with firing bar being retracted state in FIG. 32, and a spent cartridge with firing bar retracted state in FIG. 33.

#### **Detailed Description of the Invention**

Turning to the Drawings, wherein like numerals denote like components throughout  
165 the several views, FIG. 1 and 2 depict a surgical stapling and severing instrument 10 that is capable of practicing the unique benefits of the present invention. The surgical stapling and severing instrument 10 incorporates an end effector 12 having an E-beam firing mechanism ("firing bar") 14 that advantageously controls the spacing of the end effector 12. In particular, an elongate channel 16 and a pivotally translatable anvil 18 are  
170 maintained at a spacing that assures effective stapling and severing. Furthermore, firing (i.e., severing and stapling ) is prevented from occurring if the instrument is not capable of stapling with a single lockout mechanism, which is described in more detail below.

The surgical and stapling and severing instrument 10 includes a handle portion 20 connected to an implement portion 22, the latter further comprising a shaft 23 distally  
175 terminating in the end effector 12. The handle portion 20 includes a pistol grip 24 toward which a closure trigger 26 is pivotally drawn by the clinician to cause clamping, or closing, of the anvil 18 toward the elongate channel 16 of the end effector 12. A firing trigger 28 is farther outboard of the closure trigger 26 and is pivotally drawn by the clinician to cause the stapling and severing of clamped tissue in the end effector 12.

180 It will be appreciated that the terms "proximal" and "distal" are used herein with reference to a clinician gripping a handle of an instrument. Thus, the end effector 12 is distal with respect to the more proximal handle portion 20. It will be further appreciated that for convenience and clarity, spatial terms such as "vertical" and "horizontal" are used herein with respect to the drawings. However, surgical instruments are used in many  
185 orientations and positions, and these terms are not intended to be limiting and absolute.

Closure trigger 26 is actuated first. Once the clinician is satisfied with the positioning of the end effector 12, the clinician may draw back the closure trigger 26 to its fully closed, locked position proximate to the pistol grip 24. Then, the firing trigger 28 is actuated. The firing trigger 28 springedly returns when the clinician removes pressure.  
190 A release button 30 when depressed on the proximal end of the handle portion 20 releases any locked closure trigger 26.

A closure sleeve 32 encloses a frame 34, which in turn encloses a firing drive member 36 that is positioned by the firing trigger 28. The frame 34 connects the handle portion 20 to the end effector 12. With the closure sleeve 32 withdrawn proximally by  
195 the closure trigger 26 as depicted, the anvil 18 springedly opens, pivoting away from the elongate channel 16 and translating proximally with the closure sleeve 32.

The elongate channel 16 receives a staple cartridge 37 that is responsive to the firing bar 14 to drive staples into forming contact with the anvil 18. It will be appreciated that although a readily replaceable staple cartridge 37 is advantageously described herein,  
200 a staple cartridge 37 consistent with aspects of the present invention may be permanently affixed or integral to the elongate channel 16, for instance when a larger portion of the end effector 12 is replaced after each firing.

## E-BEAM FIRING MECHANISM

With particular reference to FIGS. 2-4, the firing bar 14 includes three vertically  
205 spaced pins that control the spacing of the end effector 12 during firing. In particular, an  
upper pin 38 is staged to enter an anvil pocket 40 near the pivot between the anvil 18 and  
elongate channel 16. When fired with the anvil 18 closed, the upper pin 38 advances  
distally within a longitudinal anvil slot 42 extending distally through anvil 18. Any minor  
upward deflection in the anvil 18 is overcome by a downward force imparted by the  
210 upper pin 38.

Firing bar 14 also includes a lower most pin, or firing bar cap, 44 that upwardly  
engages a channel slot 45 in the elongate channel 16, thereby cooperating with the upper  
pin 38 to draw the anvil 18 and the elongate channel 16 slightly closer together in the  
event of excess tissue clamped therebetween.

215 The firing bar 14 advantageously includes a middle pin 46 that passes through a  
firing drive slot 47 formed in a lower surface of the cartridge 37 and an upward surface of  
the elongate channel 16, thereby driving the staples therein as described below. The  
middle pin 46, by sliding against the elongate channel 16, advantageously resists any  
tendency for the end effector 12 to be pinched shut at its distal end. To illustrate an  
220 advantage of the middle pin 46, FIG. 5 depicts an alternative end effector 12' that lacks a  
middle pin on a firing bar 14'. In this depiction, the end effector 12' is allowed to pinch  
shut at its distal end, which tends to impair desired staple formation.

Returning to FIGS. 2-4, a distally presented cutting edge 48 between the upper and  
middle pins 38, 46 on the firing bar 14 traverses through a proximally presented, vertical  
225 slot 49 in the cartridge 37 to sever clamped tissue. The affirmative positioning of the  
firing bar 14 with regard to the elongate channel 16 and anvil 18 assure that an effective  
cut is performed.

## CAMBERED ANVIL WITH SELECTED CARTRIDGE GAP

The affirmative vertical spacing provided by the E-Beam firing bar 14 is suitable  
230 for the limited size available for endoscopic devices. Moreover, the E-Beam firing bar 14  
enables fabrication of an anvil 16 with a camber imparting a vertical deflection at its  
distal end, similar to the position depicted in FIG. 5. This cambered anvil 16

advantageously assists in achieving the desired gap in the end effector 12 even with an anvil 16 reduced thickness, which is thus more suited to the size limitations of an  
235 endoscopic device.

The E-Beam firing bar 14 further enables increased applications, especially in combination with a range of configurations of staple cartridges. For instance, a clinician may select a gray staple cartridge yielding a 0.02 mm tissue gap, a white staple cartridge yielding a 0.04 mm tissue gap, a blue cartridge yielding a 0.06 mm tissue gap, or a green  
240 cartridge yielding a 0.10 mm tissue gap. The vertical height of each respective staple cartridge in combination with the length of staples and an integral wedge sled (described in more detail below) predetermines this desired tissue thickness with the anvil 18 appropriately vertically spaced by the E-Beam firing bar 14.

#### TWO-AXIS HANDLE

245 With reference to FIGS. 6-9, the handle portion 20 is comprised of first and second base sections 50 and 52, which are molded from a polymeric material such as a glass-filled polycarbonate. The first base section 50 is provided with a plurality of cylindrical-shaped pins 54. The second base section 52 includes a plurality of extending members 56, each having a hexagonal-shaped opening 58. The cylindrical-shaped pins 54 are  
250 received within the hexagonal-shaped openings 58 and are frictionally held therein for maintaining the first and second base sections 50 and 52 in assembly.

A rotating knob 60 has a bore 62 extending completely through it for engaging and rotating the implement portion 22 about its longitudinal axis. The rotating knob 60 includes an inwardly protruding boss 64 extending along at least a portion of the bore 62.  
255 The protruding boss 64 is received within a longitudinal slot 66 formed at a proximal portion of the closure sleeve 32 such that rotation of the rotating knob 60 effects rotation of the closure sleeve 32. It will be appreciated that the boss 64 further extends through frame 34 and into contact with a portion of the firing drive member 36 to effect their rotation as well. Thus, the end effector 12 (not shown in FIGS. 6-9) rotates with the  
260 rotating knob 60.

A proximal end 68 of the frame 34 passes proximally through the rotating knob 60 and is provided with a circumferential notch 70 that is engaged by opposing channel

securement members 72 extending respectively from the base sections 50 and 52. Only the channel securement member 72 of the second base section 52 is shown. The channel  
265 securement members 72 extending from the base sections 50, 52 serve to secure the frame 34 to the handle portion 20 such that the frame 34 does not move longitudinally relative to the handle portion 20.

The closure trigger 26 has a handle section 74, a gear segment section 76, and an intermediate section 78. A bore 80 extends through the intermediate section 78. A  
270 cylindrical support member 82 extending from the second base section 52 passes through the bore 80 for pivotably mounting the closure trigger 26 on the handle portion 20. A second cylindrical support member 83 extending from the second base section 52 passes through a bore 81 of firing trigger 28 for pivotally mounting on the handle portion 20. A hexagonal opening 84 is provided in the cylindrical support member 83 for receiving a  
275 securement pin (not shown) extending from the first base section 50.

A closure yoke 86 is housed within the handle portion 20 for reciprocating movement therein and serves to transfer motion from the closure trigger 26 to the closure sleeve 32. Support members 88 extending from the second base section 52 and securement member 72, which extends through a recess 89 in the yoke 86, support the  
280 yoke 86 within the handle portion 20.

A proximal end 90 of the closure sleeve 32 is provided with a flange 92 that is snap-fitted into a receiving recess 94 formed in a distal end 96 of the yoke 86. A proximal end 98 of the yoke 86 has a gear rack 100 that is engaged by the gear segment section 76 of the closure trigger 26. When the closure trigger 26 is moved toward the pistol grip 24 of  
285 the handle portion 20, the yoke 86 and, hence, the closure sleeve 32 move distally, compressing a spring 102 that biases the yoke 86 proximally. Distal movement of the closure sleeve 32 effects pivotal translation movement of the anvil 18 distally and toward the elongate channel 16 of the end effector 12 and proximal movement effects closing, as discussed below.

290 The closure trigger 26 is forward biased to an open position by a front surface 130 interacting with an engaging surface 128 of the firing trigger 28. Clamp first hook 104 that pivots top to rear in the handle portion 20 about a pin 106 restrains movement of the firing trigger 28 toward the pistol grip 24 until the closure trigger 26 is clamped to its

closed position. Hook 104 restrains firing trigger 28 motion by engaging a lockout pin  
295 107 in firing trigger 28. The hook 104 is also in contact with the closure trigger 26. In  
particular, a forward projection 108 of the hook 104 engages a member 110 on the  
intermediate section 78 of the closure trigger 26, the member 110 being outward of the  
bore 80 toward the handle section 74. Hook 104 is biased toward contact with member  
110 of the closure trigger 26 and engagement with lockout pin 107 in firing trigger 28 by  
300 a release spring 112. As the closure trigger 26 is depressed, the hook 104 is moved top to  
rear, compressing the release spring 112 that is captured between a rearward projection  
114 on the hook 104 and a forward projection 116 on the release button 30.

As the yoke 86 moves distally in response to proximal movement of the closure  
trigger 26, an upper latch arm 118 of the release button 30 moves along an upper surface  
305 120 on the yoke 86 until dropping into an upwardly presented recess 122 in a proximal,  
lower portion of the yoke 86. The release spring 112 urges the release button 30 outward,  
which pivots the upper latch arm 118 downwardly into engagement with the upwardly  
presented recess 122, thereby locking the closure trigger 26 in a tissue clamping position,  
such as depicted in FIG. 8.

310 The latch arm 118 can be moved out of the recess 122 to release the anvil 18 by  
pushing the release button 30 inward. Specifically, the upper latch arm 118 pivots  
upward about pin 123 of the second base section 52. The yoke 86 is then permitted to  
move proximally in response to return movement of the closure trigger 26.

A firing trigger return spring 124 is located within the handle portion 20 with one  
315 end attached to pin 106 of the second base section 52 and the other end attached to a pin  
126 on the firing trigger 28. The firing return spring 124 applies a return force to the pin  
126 for biasing the firing trigger 28 in a direction away from the pistol grip 24 of the  
handle portion 20. The closure trigger 26 is also biased away from pistol grip 24 by  
engaging surface 128 of firing trigger 28 biasing front surface 130 of closure trigger 26.

320 As the closure trigger 26 is moved toward the pistol grip 24, its front surface 130  
engages with the engaging surface 128 on the firing trigger 28 causing the firing trigger  
28 to move to its "firing" position. When in its firing position, the firing trigger 28 is  
located at an angle of approximately 45° to the pistol grip 24. After staple firing, the  
spring 124 causes the firing trigger 28 to return to its initial position. During the return

325 movement of the firing trigger 28, its engaging surface 128 pushes against the front surface 130 of the closure trigger 26 causing the closure trigger 26 to return to its initial position. A stop member 132 extends from the second base section 52 to prevent the closure trigger 26 from rotating beyond its initial position.

The surgical stapling and severing instrument 10 additionally includes a  
330 reciprocating section 134, a multiplier 136 and a drive member 138. The reciprocating section 134 comprises a wedge sled in the implement portion 22 (not shown in FIG. 6-9) and a metal drive rod 140.

The drive member 138 includes first and second gear racks 141 and 142. A first notch 144 is provided on the drive member 138 intermediate the first and second gear  
335 racks 141, 142. During return movement of the firing trigger 28, a tooth 146 on the firing trigger 28 engages with the first notch 144 for returning the drive member 138 to its initial position after staple firing. A second notch 148 is located at a proximal end of the metal drive rod 140 for locking the metal drive rod 140 to the upper latch arm 118 of the release button 30 in its unfired position.

340 The multiplier 136 comprises first and second integral pinion gears 150 and 152. The first integral pinion gear 150 is engaged with a first gear rack 154 provided on the metal drive rod 140. The second integral pinion gear 152 is engaged with the first gear rack 141 on the drive member 138. The first integral pinion gear 150 has a first diameter and the second integral pinion gear 152 has a second diameter which is smaller than the  
345 first diameter.

FIGS. 6, 8 and 9 depict respectively the handle portion 20 in the start position (open and unfired), a clamped position (closed and unfired) and a fired position. The firing trigger 28 is provided with a gear segment section 156. The gear segment section 156 engages with the second gear rack 142 on the drive member 138 such that motion of the  
350 firing trigger 28 causes the drive member 138 to move back and forth between a first drive position, shown in FIG. 8, and a second drive position, shown in FIG. 9. In order to prevent staple firing before tissue clamping has occurred, the upper latch arm 118 on the release button 30 is engaged with the second notch 148 on the drive member 138 such that the metal drive rod 140 is locked in its proximal-most position, as depicted in FIG. 6.  
355 When the upper latch arm 118 falls into the recess 122, the upper latch arm 118



disengages with the second notch 148 to permit distal movement of the metal drive rod 140, as depicted in FIG. 9.

Because the first gear rack 141 on the drive member 138 and the gear rack 154 on the metal drive rod 140 are engaged with the multiplier 136, movement of the firing  
360 trigger 28 causes the metal drive rod 140 to reciprocate between a first reciprocating position, shown in FIG. 8, and a second reciprocating position, shown in FIG. 9. Since the diameter of the first pinion gear 150 is greater than the diameter of the second pinion gear 152, the multiplier 136 moves the reciprocating section 134 a greater distance than the drive member 138 is moved by the firing trigger 28. The diameters of the first and second  
365 pinion gears 150 and 152 may be changed to permit the length of the stroke of the firing trigger 28 and the force required to move it to be varied.

It will be appreciated that the handle portion 20 is illustrative and that other actuation mechanisms may be employed. For instance, the closing and firing motions may be generated by automated means.

#### 370 SEPARATE AND DISTINCT CLOSING AND FIRING END EFFECTOR

The end effector 12 of the surgical stapling and severing instrument 10 is depicted in further detail in FIGS. 10-16. As described above, the handle portion 20 produces separate and distinct closing and firing motions that actuate the end effector 12. The end effector 12 advantageously maintains the clinical flexibility of this separate and distinct  
375 closing and firing (i.e., stapling and severing). In addition, the end effector 12 introduces the aforementioned ability to affirmatively maintain the closed spacing during firing after the clinician positions and clamps the tissue. Both features procedurally and structurally enhance the ability of the surgical stapling and severing instrument 10 by ensuring adequate spacing for instances where an otherwise inadequate amount of tissue is  
380 clamped and to enhance the clamping in instances where an otherwise excessive amount of tissue has been clamped.

FIG. 10 depicts the end effector 12, which is in an open position by a retracted closure sleeve 32, with a staple cartridge 37 installed in the elongate channel 16. On a lower surface 200 of the anvil 18, a plurality of stapling forming pockets 202 are arrayed  
385 to correspond to a plurality of stapler apertures 204 in an upper surface 206 of the staple

cartridge 37. The firing bar 14 is at its proximal position, with the upper pin 38 aligned in a noninterfering fashion with the anvil pocket 40. The anvil pocket 40 is shown as communicating with the longitudinal anvil slot 42 in the anvil 18. The distally presented cutting edge 48 of the firing bar 14 is aligned with and proximally from removed from the  
390 vertical slot 49 in the staple cartridge 37, thereby allowing removal of a spent cartridge and insertion of an unfired cartridge, which is snapfit into the elongate channel 16. Specifically, extension features 208, 210 of the staple cartridge 37 engage recesses 212, 214 (shown in FIG. 12) of the elongate channel 16.

FIG. 11 shows the implement portion 22 of the surgical stapling and severing  
395 instrument 10 in disassembled form. The staple cartridge 37 is shown as being comprised of a cartridge body 216, a wedge sled 218, single and double drivers 220, staples 222, and a cartridge tray 224. When assembled, the cartridge tray 224 holds the wedge sled 218, single and double drivers 220, and staples 222 inside the cartridge body 216.

Having a wedge sled 218 integral to the staple cartridge 37 enables a number of  
400 flexible design options as compared to incorporating camming surfaces onto a firing bar itself. For instance, a number of different staple cartridges may be selected for use in the instrument 10 with each staple cartridge having a different configuration of rows of staples, each thus having a unique wedge sled configured to contact the middle pin 46 of the firing bar 14 while causing the driving of the staples 222. As another example, the  
405 integral wedge sled 218 provides an opportunity for a number of lockout features, described in greater detail in the first and third aforementioned co-pending applications.

The elongate channel 16 has a proximally placed attachment cavity 226 that receives a channel anchoring member 228 on the distal end of the frame 34 for attaching the end effector 12 to the handle portion 20. The elongate channel 16 also has an anvil  
410 cam slot 230 that pivotally receives an anvil pivot 232 of the anvil 18. The closure sleeve 32 that encompasses the frame 34 includes a distally presented tab 234 that engages an anvil feature 236 proximate but distal to the anvil pivot 232 on the anvil 18 to thereby effect opening and closing of the anvil 18. The firing drive member 36 is shown as being assembled from the firing bar 14 attached to a firing connector 238 by pins 240, which in  
415 turn is rotatably and proximally attached to the metal drive rod 140. The firing bar 14 is guided at a distal end of the frame by a slotted guide 239 inserted therein.

With particular reference to FIG. 12, a portion of the staple cartridge 37 is removed to expose portions of the elongate channel 16, such as recesses 212, 214 and to expose some components of the staple cartridge 37 in their unfired position. In particular, the  
420 cartridge body 216 (shown in FIG. 11) has been removed. The wedge sled 218 is shown at its proximal, unfired position with a pusher block 242 contacting the middle pin 46 (not shown in FIG. 12) of the firing bar 14. The wedge sled 218 is in longitudinal sliding contact upon the cartridge tray 224 and includes wedges 228 that force upward the single and double drivers 220 as the wedge sled 218 moves distally. Staples 222 (not shown in  
425 FIG. 12) resting upon the drivers 220 are thus also forced upward into contact with the anvil forming pockets 202 on the anvil 18 to form closed staples. Also depicted is the channel slot 45 in the elongate channel 16 that is aligned with the vertical slot 49 in the staple cartridge 37.

FIG. 13 depicts the end effector 12 of FIG. 12 with all of the staple cartridge 37  
430 removed to show the middle pin 46 of the firing bar 14 as well as portion of the elongate channel 16 removed adjacent to the channel slot 45 to expose the firing bar cap 44. In addition, portions of the shaft 23 are removed to expose a proximal portion of the firing bar 14. Projecting downward from the anvil 18 near the pivot, a pair of opposing tissue stops 244 prevent tissue being positioned too far up into the end effector 12 during  
435 clamping.

FIG. 14 depicts the end effector 12 closed in a tissue clamping position with the firing bar 14 unfired. The upper pin 38 is in the anvil pocket 40, vertically aligned with the anvil slot 42 for distal longitudinal movement of the firing bar 14 during firing. The middle pin 46 is positioned to push the wedge sled 218 distally so that wedge 228  
440 sequentially contacts and lifts double drivers 220 and the respective staples 222 into forming contact with staple forming pockets 202 in the lower surface 200 of the anvil 18.

FIG. 15 depicts the upper surface 206 of the staple cartridge 37 with the firing bar 14 in its unfired, proximal position. The stapler apertures 204 are arrayed on each side of the vertical slot 49 in the staple cartridge 37.

445 FIG. 16 depicts the end effector 12 near the pivot showing that the elongate channel 16 has opposing ramp portions 246 to thereby cooperate with the tissue stops 244 of the

anvil 18 (not shown in FIG. 16) to prevent tissue from jamming the end effector 12. Also depicted in greater detail are the double drivers 220 and their relation to the staples 222.

#### OPERATION

450 In use, the surgical stapling and severing instrument 10 is used as depicted in FIGS 1, 2, and 17-23. In FIGS. 1-2, the instrument 10 is in its start position, having had an unfired, fully loaded staple cartridge 37 snap-fitted into the distal end of the elongate channel 16. Both triggers 26, 28 are forward and the end effector 12 is open, such as would be typical after inserting the end effector 12 through a trocar or other opening into  
455 a body cavity. The instrument 10 is then manipulated by the clinician such that tissue 248 to be stapled and severed is positioned between the staple cartridge 37 and the anvil 18, as depicted in FIG. 17.

With reference to FIGS. 18-19, next, the clinician moves the closure trigger 26 proximally until positioned directly adjacent to the pistol grip 24, locking the handle  
460 portion 20 into the closed and clamped position. The retracted firing bar 14 in the end effector 12 does not impede the selective opening and closing of the end effector 12, but rather resides within the anvil pocket 40. With the anvil 18 closed and clamped, the E-beam firing bar 14 is aligned for firing through the end effector 12. In particular, the upper pin 38 is aligned with the anvil slot 42 and the elongate channel 16 is affirmatively  
465 engaged about the channel slot 45 by the middle pin 46 and the firing bar cap 44.

With reference to FIGS. 20-21, after tissue clamping has occurred, the clinician moves the firing trigger 28 proximally causing the firing bar 14 to move distally into the end effector 12. In particular, the middle pin 46 enters the staple cartridge 37 through the firing drive slot 47 to effect the firing of the staples 222 (not shown in FIGS. 20-21) via  
470 wedge sled 218 toward the anvil 18. The lower most pin, or firing bar cap 44, cooperates with the middle pin 46 to slidably position cutting edge 48 of the firing bar 14 to sever tissue. The two pins 44, 46 also position the upper pin 38 of the firing bar 14 within longitudinal anvil slot 42 of the anvil 18, affirmatively maintaining the spacing between the anvil 18 and the elongate channel 16 throughout its distal firing movement.

475 With reference to FIGS. 22-23, the clinician continues moving the firing trigger 28 until brought proximal to the closure trigger 26 and pistol grip 24. Thereby, all of the

ends of the staples 222 are bent over as a result of their engagement with the anvil 18. The firing bar cap 44 is arrested against a firing bar stop 250 projecting toward the distal end of the channel slot 45. The cutting edge 48 has traversed completely through the  
480 tissue. The process is complete by releasing the firing trigger 28 and by then depressing the release button 30 while simultaneously squeezing the closure trigger 26 to open the end effector 12.

While the present invention has been illustrated by description of several embodiments and while the illustrative embodiments have been described in considerable  
485 detail, it is not the intention of the applicant to restrict or in any way limit the scope of the appended claims to such detail. Additional advantages and modifications may readily appear to those skilled in the art.

For example, the affirmative spacing of the anvil 18 and elongate channel 16 is achieved in part with two pins 44, 46 on the firing bar 14 engaging opposite sides of a  
490 channel slot 47 and a single upper pin 38 entrained within an anvil slot 42. It would be consistent with aspects of the invention for the anvil to be captured by opposing pins on either side of a longitudinal slot and/or for an elongate channel to have an internal slot that entrains a lower pin.

For another example, although the E-beam firing beam 14 has advantages for an  
495 endoscopically employed surgical severing and stapling instrument 10, a similar E-Beam may be used in other clinical procedures. It is generally accepted that endoscopic procedures are more common than laparoscopic procedures. Accordingly, the present invention has been discussed in terms of endoscopic procedures and apparatus. However, use herein of terms such as "endoscopic", should not be construed to limit the present  
500 invention to a surgical stapling and severing instrument for use only in conjunction with an endoscopic tube (i.e., trocar). On the contrary, it is believed that the present invention may find use in any procedure where access is limited to a small incision, including but not limited to laparoscopic procedures, as well as open procedures.

For yet another example, although an illustrative handle portion 20 described herein  
505 is manually operated by a clinician, it is consistent with aspects of the invention for some or all of the functions of a handle portion to be powered (e.g., pneumatic, hydraulic, electromechanical, ultrasonic, etc.). Furthermore, controls of each of these functions may

be manually presented on a handle portion or be remotely controlled (e.g., wireless remote, automated remote console, etc.).

510 As yet an additional example, although a simultaneous stapling and severing instrument is advantageously illustrated herein, it would be consistent with aspects of the invention for stapling to comprise other types of fasteners and attachment techniques.

#### SPENT CARTRIDGE LOCKOUT

As described above, the E-beam firing bar 14 provides unique capabilities for  
515 affirmatively spacing the end effector 12 while simultaneously severing tissue and effecting the forming of staples on each side of the cut. Preventing the distal movement of the firing bar 14 thus prevents the inadvertent severing of tissue. A spent cartridge lockout mechanism 270 advantageously responds to a spent staple cartridge 37 by blocking the middle pin 46 of the firing bar 14 (only the middle pin of the firing bar being  
520 shown in FIG. 24).

In particular, the spent cartridge mechanism 270 is depicted as being incorporated into a cartridge body 272 with blocking members 274 resiliently positioned above the wedge sled 218 (not shown in FIG. 24). In particular, the blocking members 274 each reside within a downward and proximally opening cavity 276. Each block member 274  
525 includes a leaf spring end 277 that is held within the cavity 276.

The cavities 276 are vertically aligned and spaced and parallel about the vertical slot 49. The cartridge body 272 also includes wedge slots 278 that longitudinally pass through the cartridge, being open from a portion of a proximal and underside of the cartridge body 272 to receive individual wedges of the wedge sled 218 (not shown in  
530 FIG. 24).

Each lockout mechanism 270 has a deflectable end 280 shaped to reside within the respective cavity 276 when depressed and to impede a distally moving middle pin 46 of a firing bar 14 when released.

FIGS. 25-28 depict the lockout mechanism 270 sequentially as the surgical stapling  
535 and severing instrument 10 is fired. In Fig. 25, an unfired staple cartridge 37 has been inserted into the elongate channel 16 with the wedge sled 218 depressing upward the

deflectable ends 280 so that the firing drive slot 47 formed between the cartridge 37 and the elongate channel 16 is unimpeded.

In FIG. 26, firing of the cartridge 37 has commenced, with the wedge sled 218 and  
540 the middle pin 46 of the firing bar 14 having distally traversed past the deflectable ends 280, which then spring down into the firing drive slot 47.

In FIG. 27, the staple cartridge 37 is now spent with the wedge sled 218 fully driven distally and no longer depicted. The firing bar 14 is being retracted proximally. Since the deflectable ends 280 pivot from a more distal point, the firing bar 14 is able to ride under  
545 the deflectable ends 280 during retraction, causing them to be depressed up, out of the firing drive slot 47.

In FIG. 28, the firing bar 14 is fully retracted and now confronts a non-depressed (released) pair of deflectable ends 280 to prevent distal movement. The single lockout mechanism 270 thereby activated remains during the period in which the spent staple  
550 cartridge 37 is removed until an unfired staple cartridge 37 is installed.

FIG. 29 depicts another lockout mechanism 290, depicted as an integral lockout hook 292 formed as part of a cartridge body 294. In particular, a proximally directed wedge shaped recess 296 defines proximally directed shaft 298 that terminates in a downwardly projecting hook end 300. It will be appreciated that the cartridge body 294  
555 is depicted partially cut away showing only one lockout hook 292, although a pair may advantageously be used, one on each side of the vertical slot 49 (not shown in FIG. 29). Thus, the lockout mechanism 290 may be economically incorporated into a staple cartridge 37 without additional assembly steps.

FIGS. 30-33 depict the sequence of operation of the integral lockout hooks 290. In  
560 FIG. 30, the staple cartridge 37 is unfired so that the distally positioned wedge sled 218 depresses upwardly the hook ends 300 into the wedge shaped recess 296, allowing the middle pin 46 of the firing bar 14 to move distally during firing, as depicted in FIG. 31. With the wedge sled 218 and middle pin 46 distally removed with respect to the lockout hooks 292, the lockout hooks 292 resiliently returns to its released position, with hooks  
565 end 300 occupying the firing drive slot 47.

In FIG. 32, the firing bar 14 is being retracted to the point of contacting the hook ends 300 of the lockout hook 292. Since the distal edge of the hook ends 300 is ramped downward proximally, the middle pin 46 of the firing bar 14 rides under the hook ends 300, forcing them up into the wedge shaped recess 296 until middle pin 46 is past the  
570 hook ends 300, as depicted in FIG. 33 wherein the hook ends 300 resiliently spring back down to block the middle pin 46. Thus, the firing bar 14 is prevented from distal movement while the spent staple cartridge 37 remains in the elongate channel 16.

While the present invention has been illustrated by description of several embodiments and while the illustrative embodiments have been described in considerable  
575 detail, it is not the intention of the applicant to restrict or in any way limit the scope of the appended claims to such detail. Additional advantages and modifications may readily appear to those skilled in the art.

For example, although a lockout mechanism comprised of a pair of fingers or hooks has been depicted, some applications may rely upon only one such structure.

580 As another example, although the middle pin 46 of the firing bar is engaged by the locking mechanism, in some applications the locking member may impede the another portion of a firing bar, such as a vertical surface or a lower cap.

As yet an additional example, although a staple cartridge advantageously allows reuse of most of the end effector, applications of the lockout mechanism may be in  
585 disposable end effectors that are replaced after each firing.



The claims defining the invention are as follows:

1. A staple cartridge for use in a surgical instrument having a firing device,  
comprising:
  - a plurality of drivers supporting the plurality of staples;
  - 5 a wedge device;
  - a body having a longitudinal wedge cavity that communicates transversely with a plurality of staple apertures, the wedge cavity open proximally to receive the firing device;
  - a plurality of staples positioned in the staple apertures;
  - a plurality of drives supporting the staples sized to translate from the wedge cavity
  - 10 into the staple apertures;
  - the wedge device proximally positioned in the wedge cavity; and
  - the lockout device coupled with the body and movable between a lockout recess defined in the body and a proximal portion for the wedge cavity traversed by the firing device.
- 15 2. The stapling cartridge of claim 1, wherein the lockout device includes a tip resiliently inserted into the wedge cavity having a ramped distal side and a blocking proximal side.
3. The stapling cartridge of claim 2, wherein the body comprises a resilient material, the lockout device comprises a proximally projecting finger with a downwardly
- 20 formed tip formed integrally with the body.
4. The staple cartridge of claim 2, wherein the lockout device comprises a movable member springedly attached to the body.
5. The staple cartridge of claim 1, wherein the firing device comprises a firing bar having a vertical cutting edge, the staple body including a proximally opening vertical slot
- 25 registered to receive the vertical cutting edge.
6. The staple cartridge of claim 5, wherein the firing bar includes a pin projecting transverse to the cutting edge for sliding engagement to the elongate channel, the body of the staple cartridge further comprising a firing drive slot registered to receive the pin, the lockout mechanism further comprising a pair of movable bodies positioned offset laterally
- 30 from the vertical slot and for engaging the pin.
7. A surgical instrument, comprising:
  - a handle means for producing a closing motion and a firing motion;
  - an implement means for clamping upon tissue in response to the closing motion and to severing clamped tissue in response to the firing motion; and

a stapling means responsive to the firing means to staple the severed tissue and responsive to a spent stapling condition to prevent firing.

8. A surgical instrument, comprising:

a pair of pivotally opposing jaws;

5 a firing bar positioned for longitudinal movement between the opposing jaws;

a handle portion operably configured to close the opposing jaws and to fire the firing bar;

a staple device engageable in the opposing jaws comprising:

an initially proximally positioned wedge device distally positioned by firing of the

10 firing bar, and

a lockout device resiliently positioned to block subsequent distal movement of the firing bar in response to a distally positioned wedge device.

9. The surgical instrument of claim 8, wherein the staple device comprises:

a plurality of drivers supporting the plurality of staples;

15 a wedge device;

a body having a longitudinal wedge cavity that communicates transversely with a plurality of staple apertures, the wedge cavity open proximally to receive the firing device;

a plurality of staples positioned in the staple apertures;

a plurality of drives supporting the staples sized to translate from the wedge cavity

20 into the staple apertures;

the wedge device proximally positioned in the wedge cavity; and

the lockout device coupled with the body and movable between a lockout recess defined in the body and a proximal portion for the wedge cavity traversed by the firing device.

25 10. The surgical instrument of claim 9, wherein the lockout device includes a tip resiliently inserted into the wedge cavity having a ramped distal side and a blocking proximal side.

11. The surgical instrument of claim 10, wherein the body comprises a resilient material, the lockout device comprises a proximally projecting finger with downwardly  
30 formed tip formed integrally with the body.

12. The surgical instrument of claim 10, wherein the lockout device comprises a movable member springedly attached to the body.

13. The surgical instrument of claim 9, wherein the firing device comprises a firing bar having a vertical cutting edge, the staple body including a proximally opening vertical slot registered to receive the vertical cutting edge.

14. The surgical instrument of claim 13, wherein the firing bar includes a pin  
5 projecting transverse to the cutting edge for sliding engagement to the elongate channel, the body of the staple cartridge further comprising a firing drive slot registered to receive the pin, the lockout mechanism further comprising a pair of movable bodies positioned offset laterally from the vertical slot and for engaging the pin.

15 A staple cartridge, substantially as hereinbefore described with reference to the  
10 accompanying drawings.

16. A surgical instrument, substantially as hereinbefore described with reference to the accompanying drawings.

15

Dated this 18<sup>th</sup> day of May, 2004

**ETHICON ENDO-SURGERY, INC.**

By Their Patent Attorneys

20

CALLINAN LAWRIE

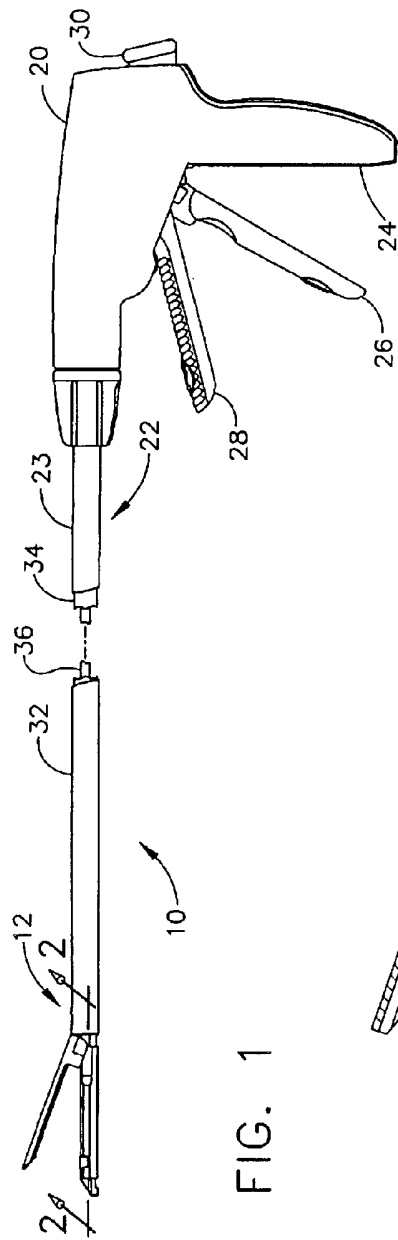


FIG. 1

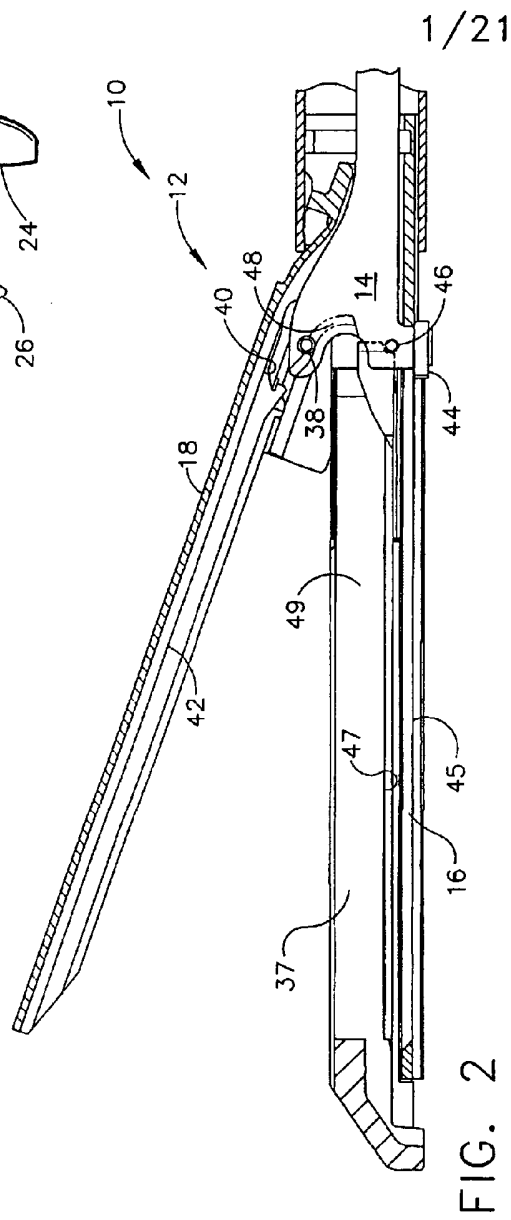
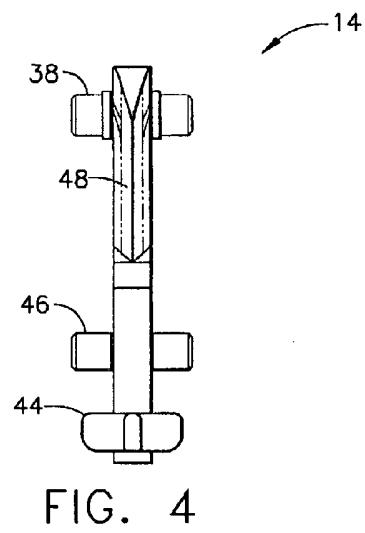
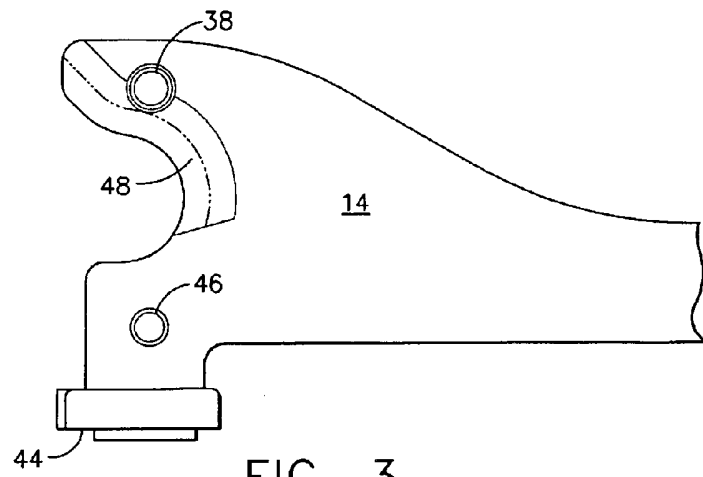


FIG. 2

1/21

2/21



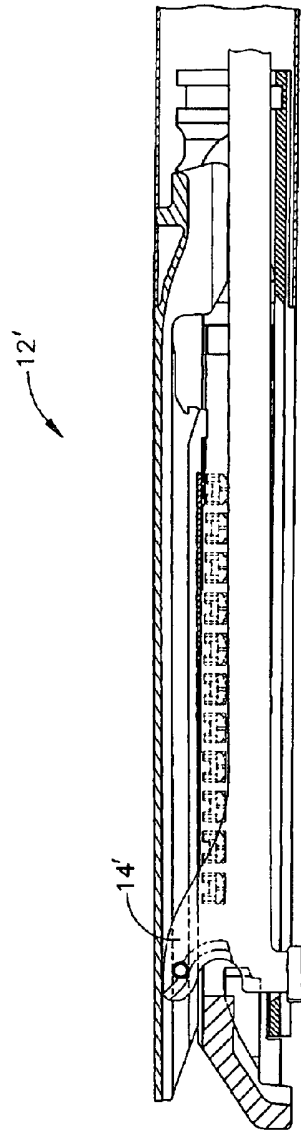


FIG. 5

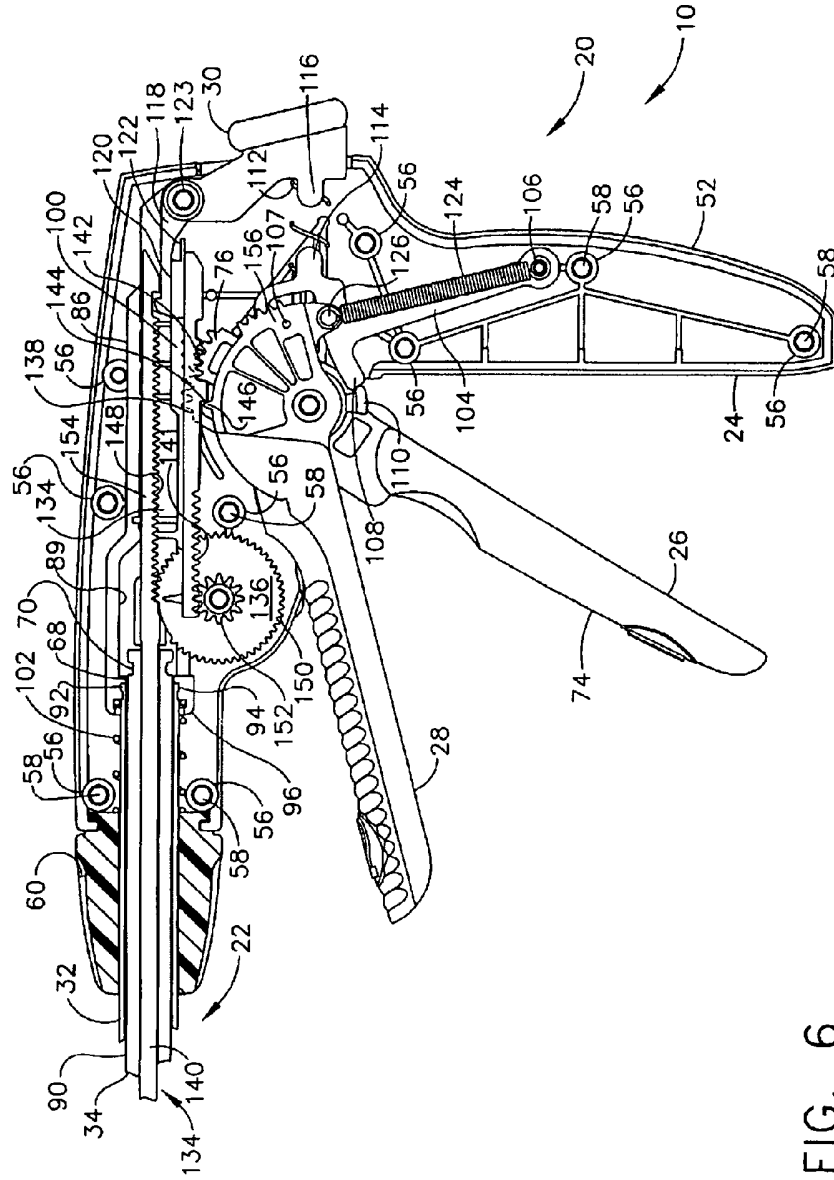


FIG. 6

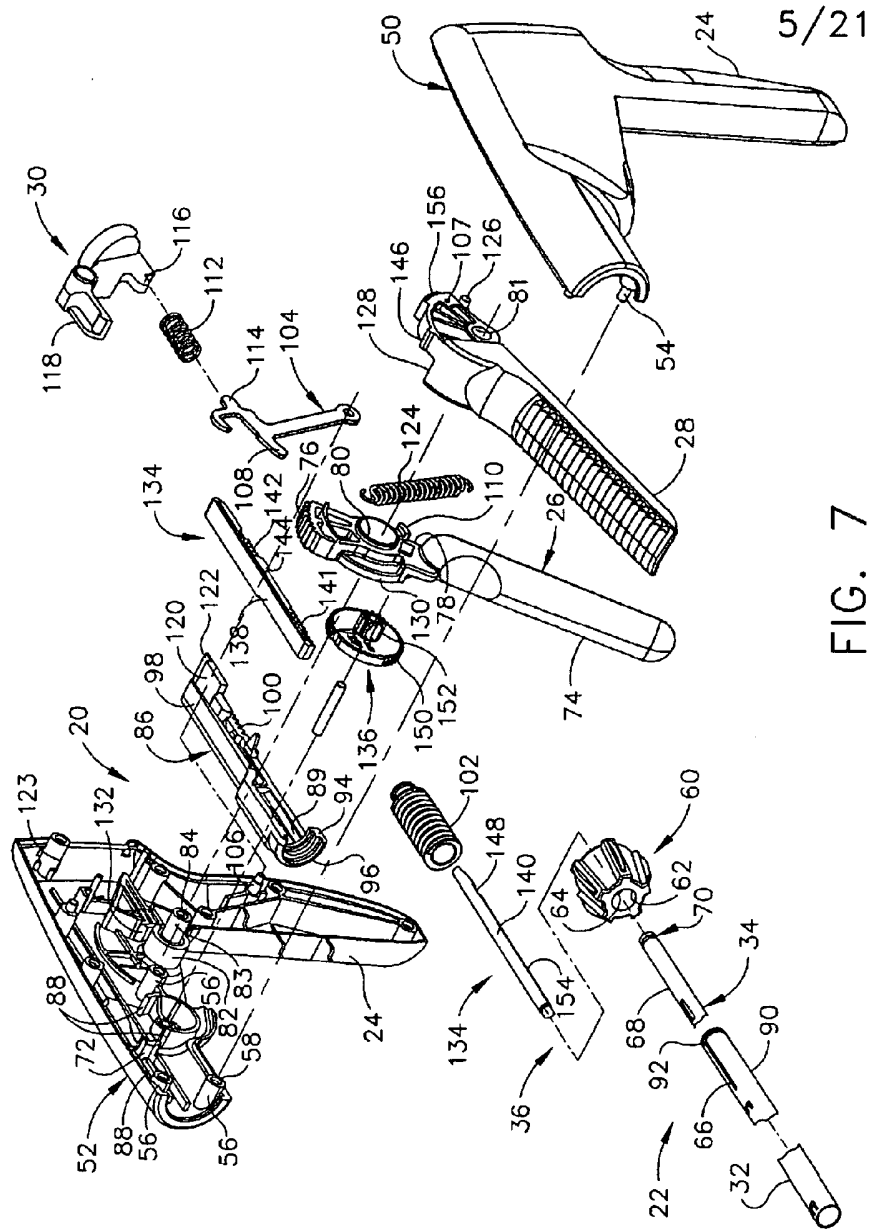


FIG. 7

5/21







8/21

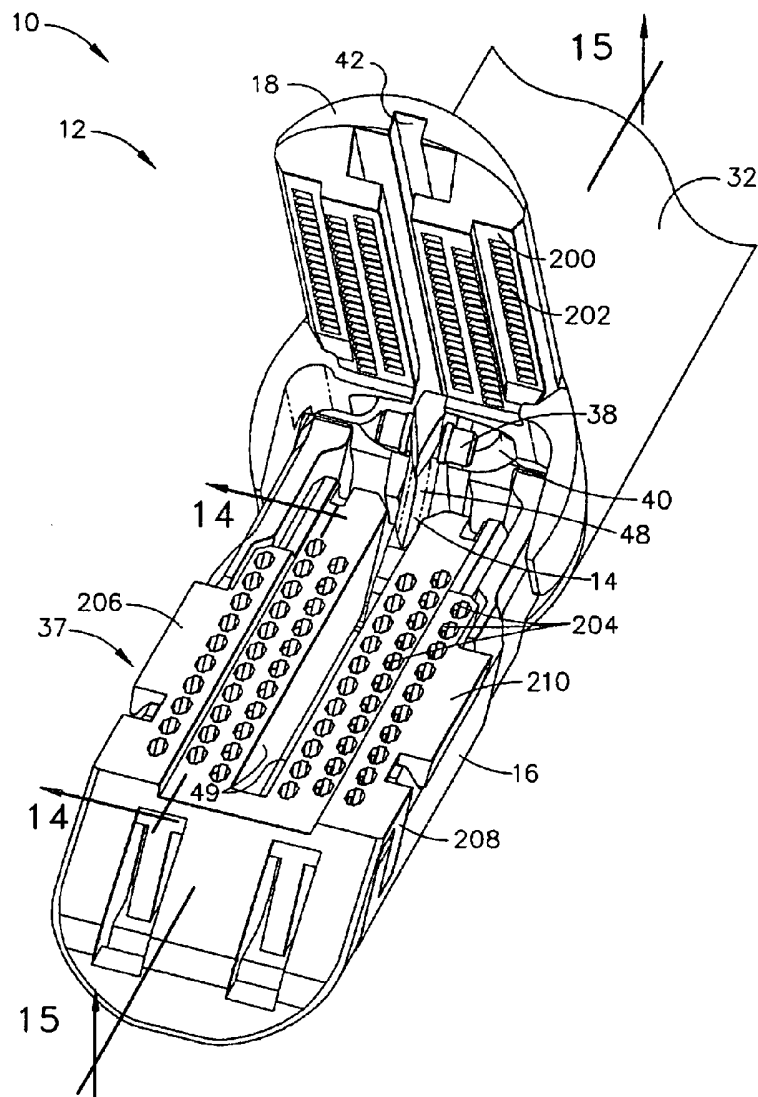


FIG. 10

9/21

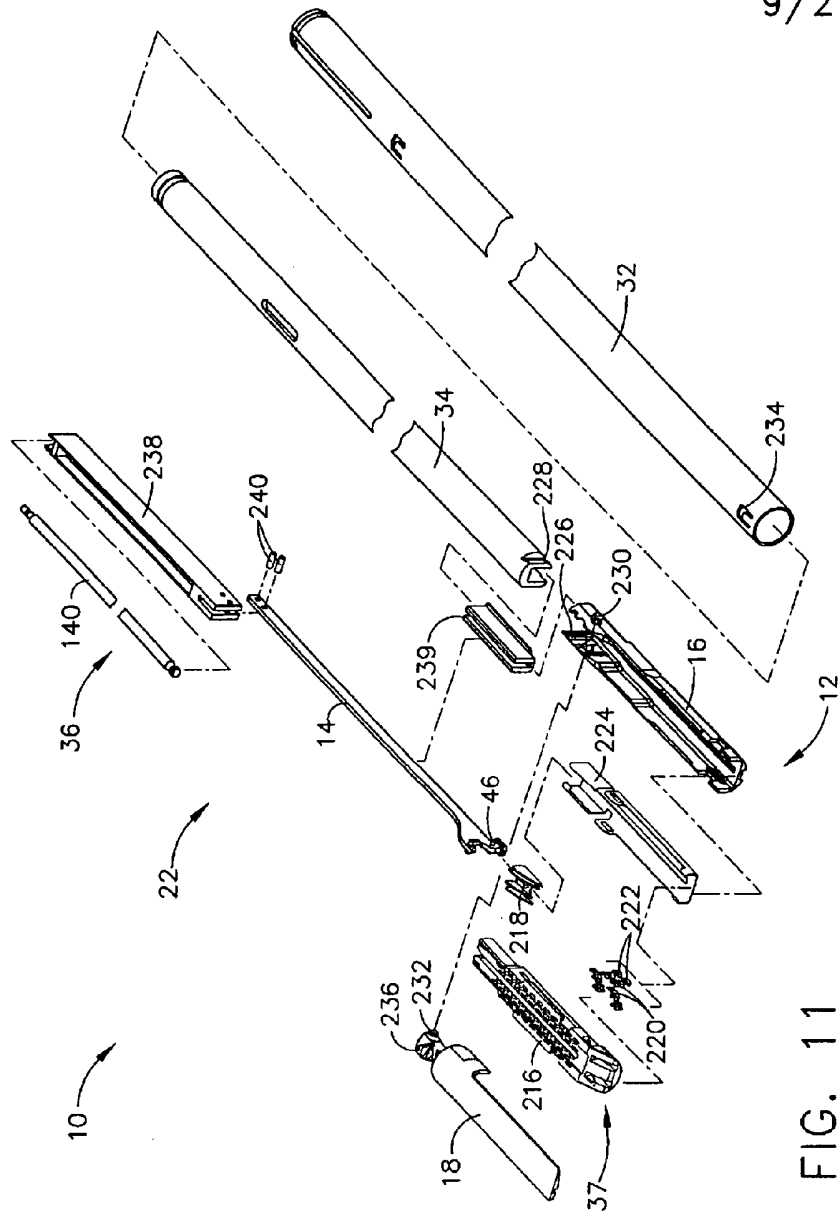
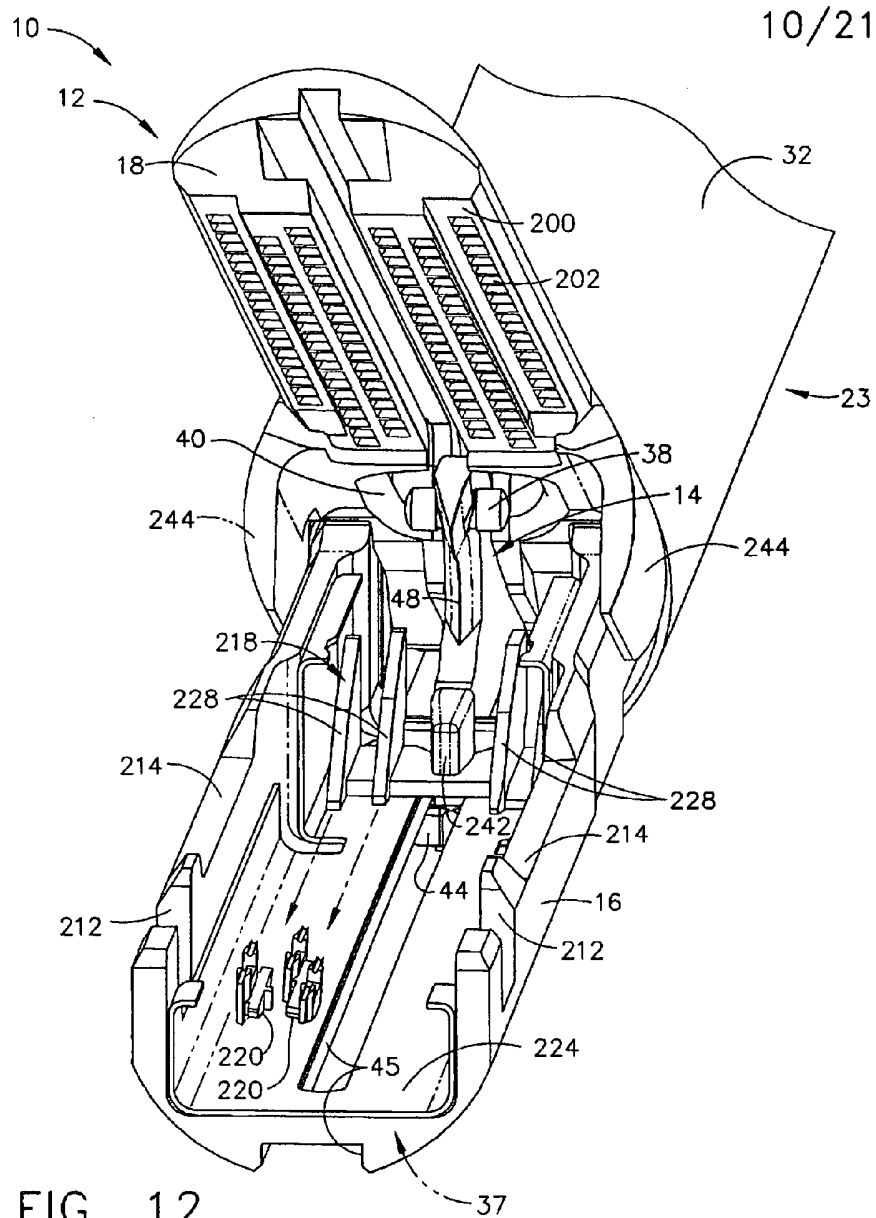
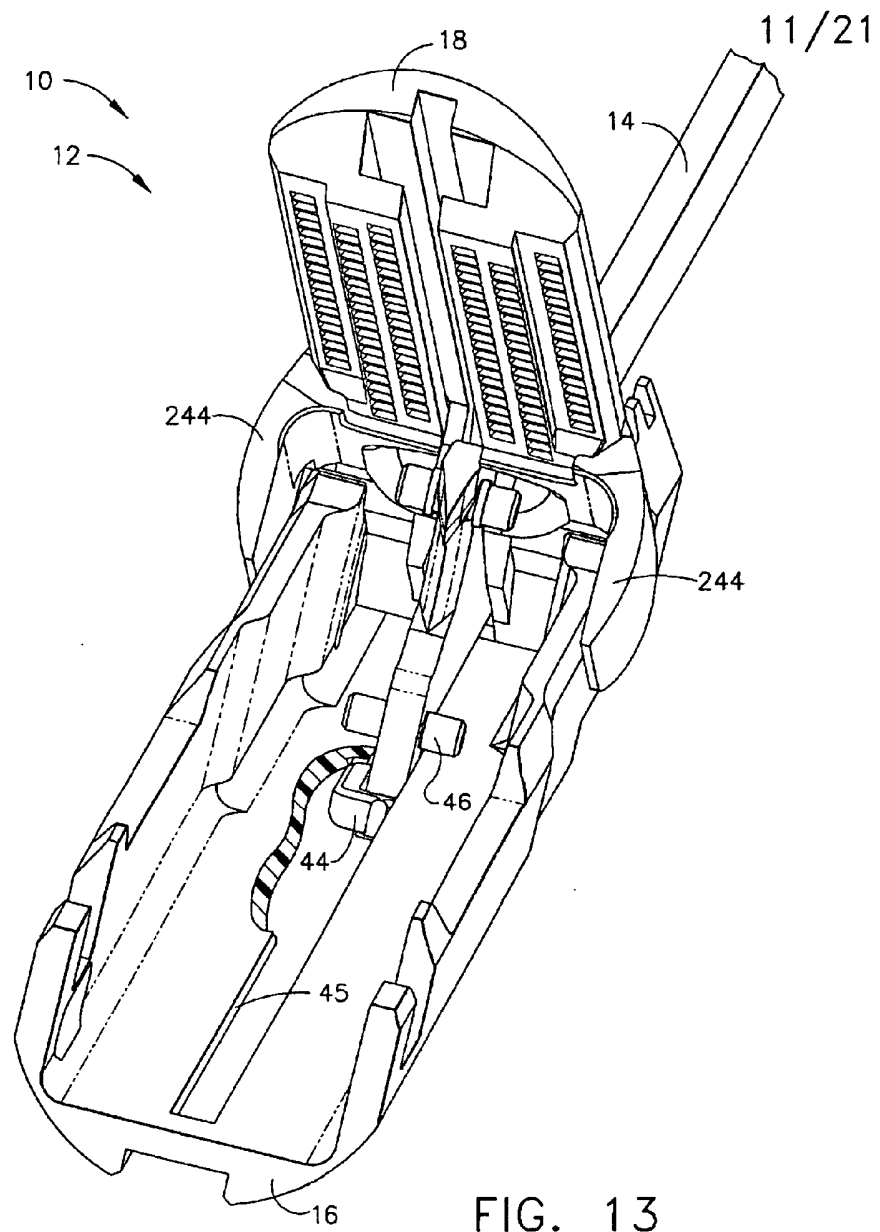


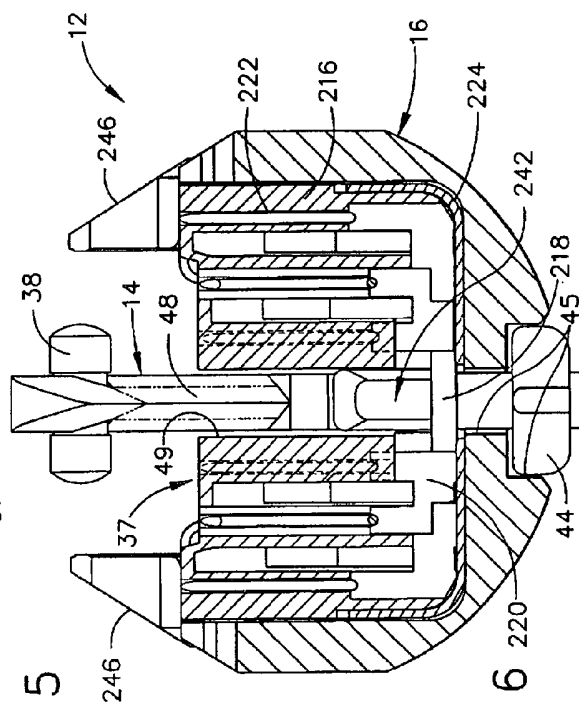
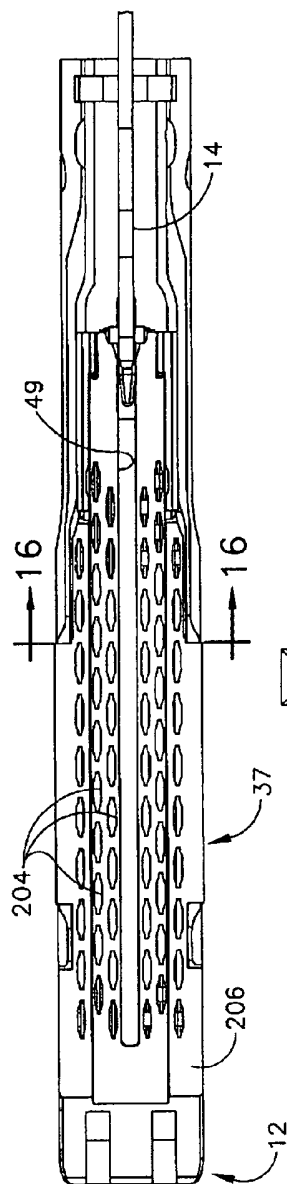
FIG. 11

10/21











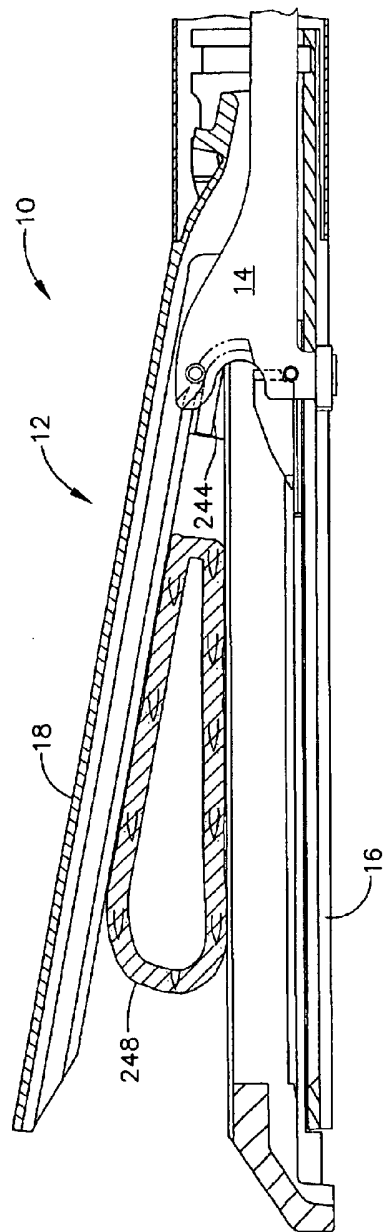
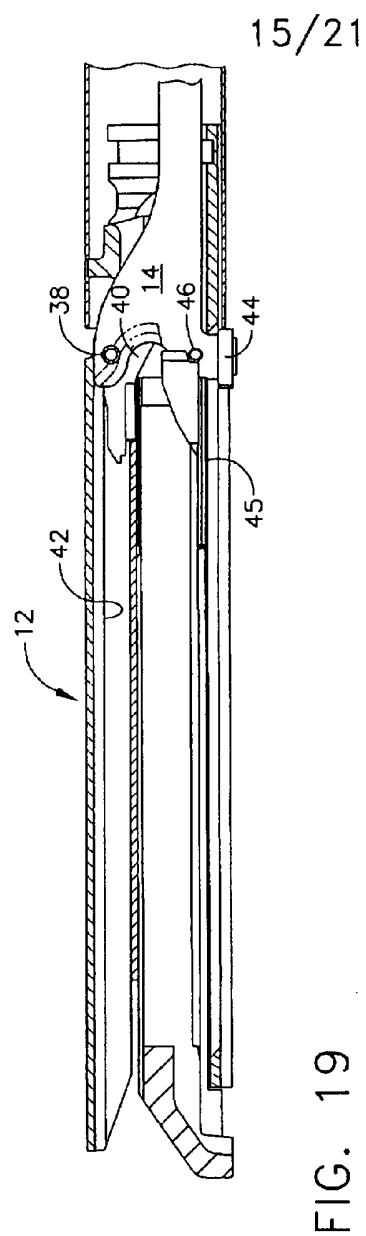
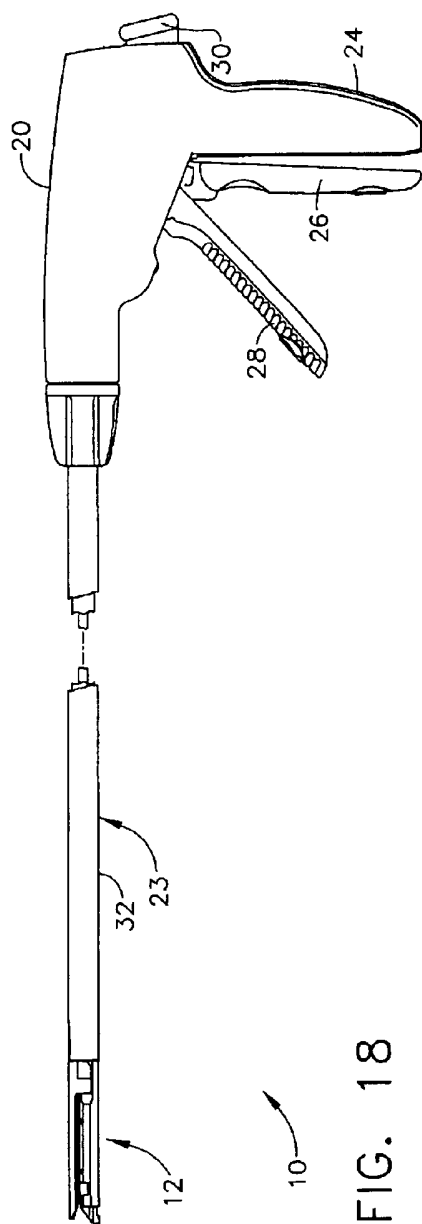


FIG. 17

14/21



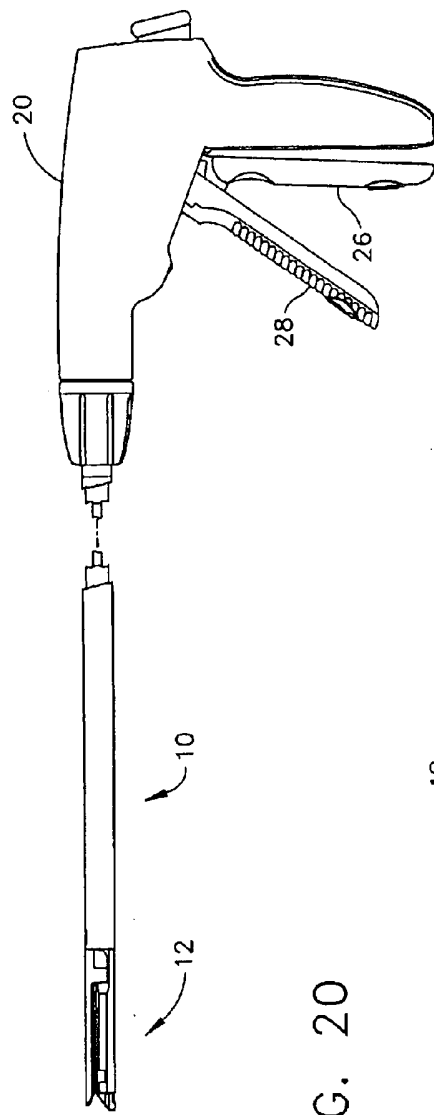


FIG. 20

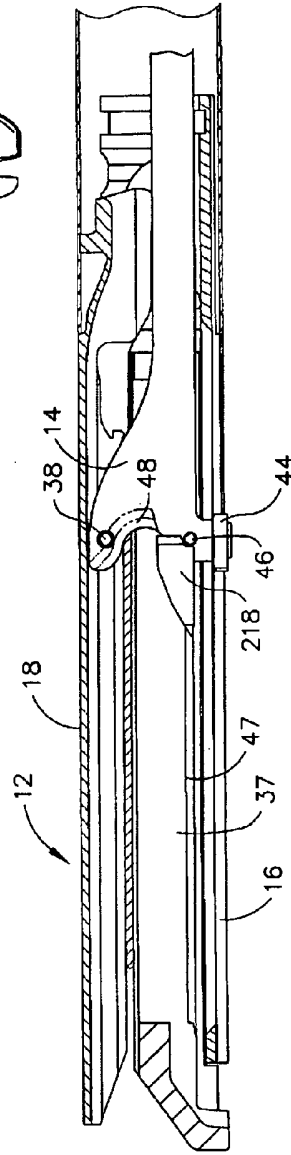


FIG. 21

16/21

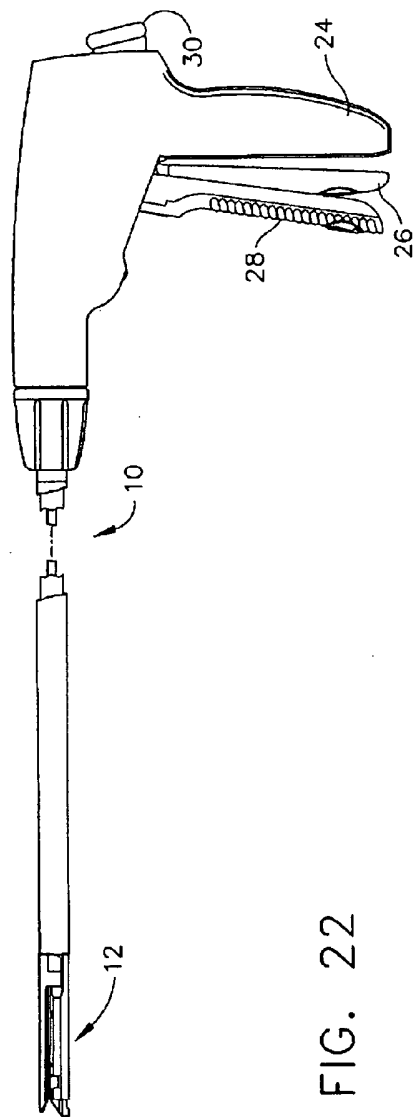


FIG. 22

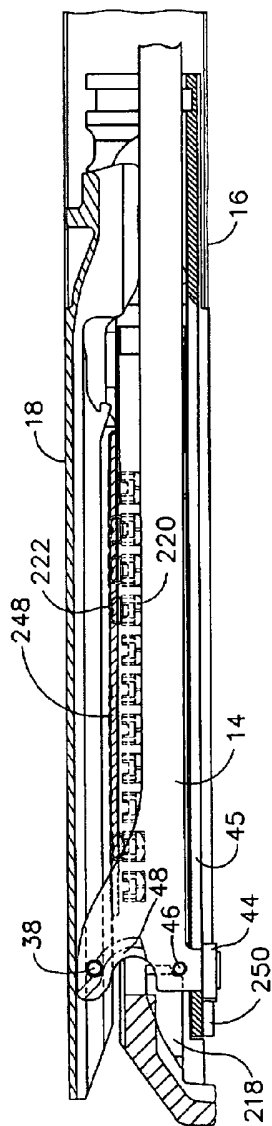


FIG. 23

17/21

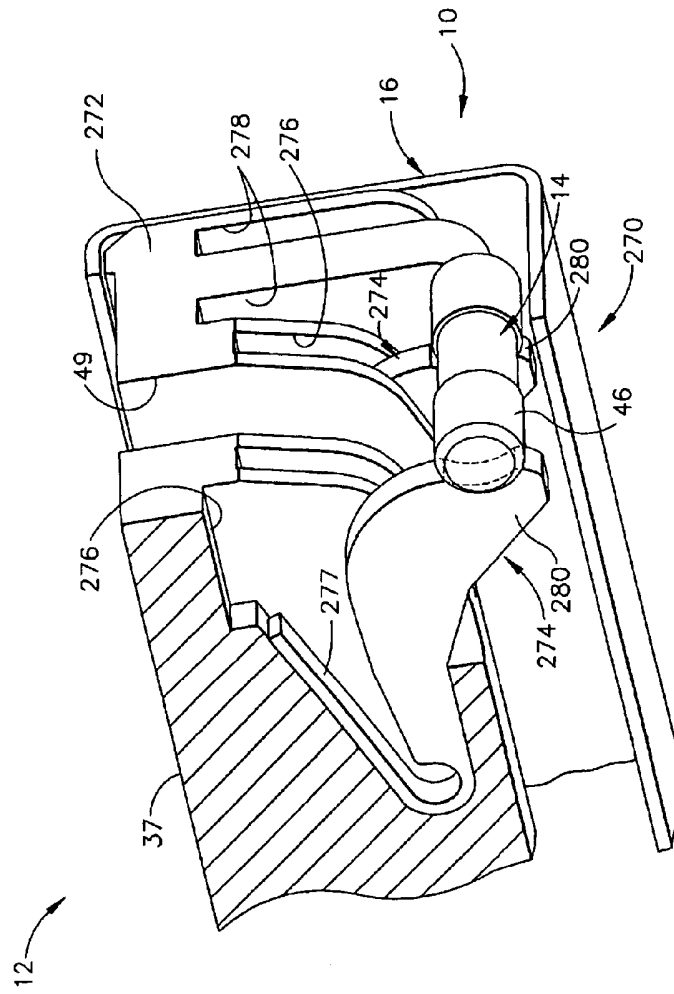


FIG. 24

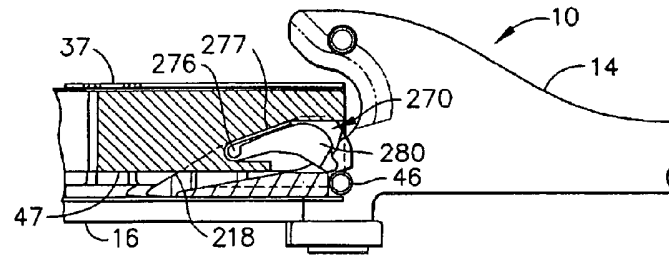


FIG. 25

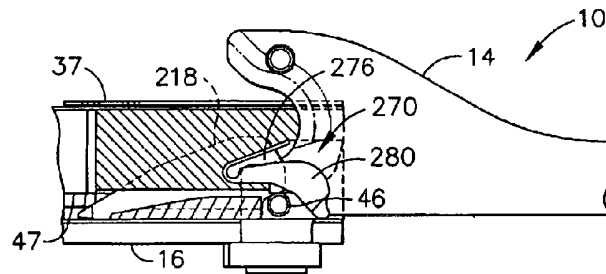


FIG. 26

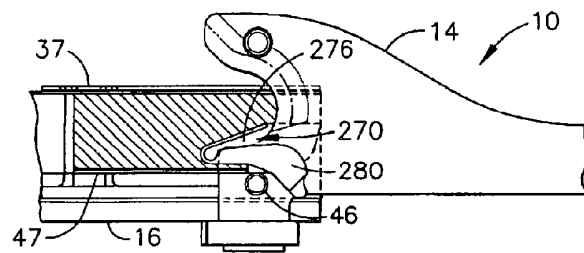


FIG. 27

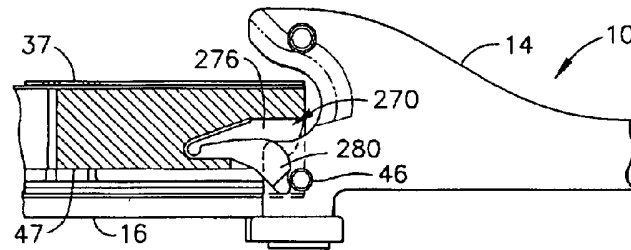


FIG. 28

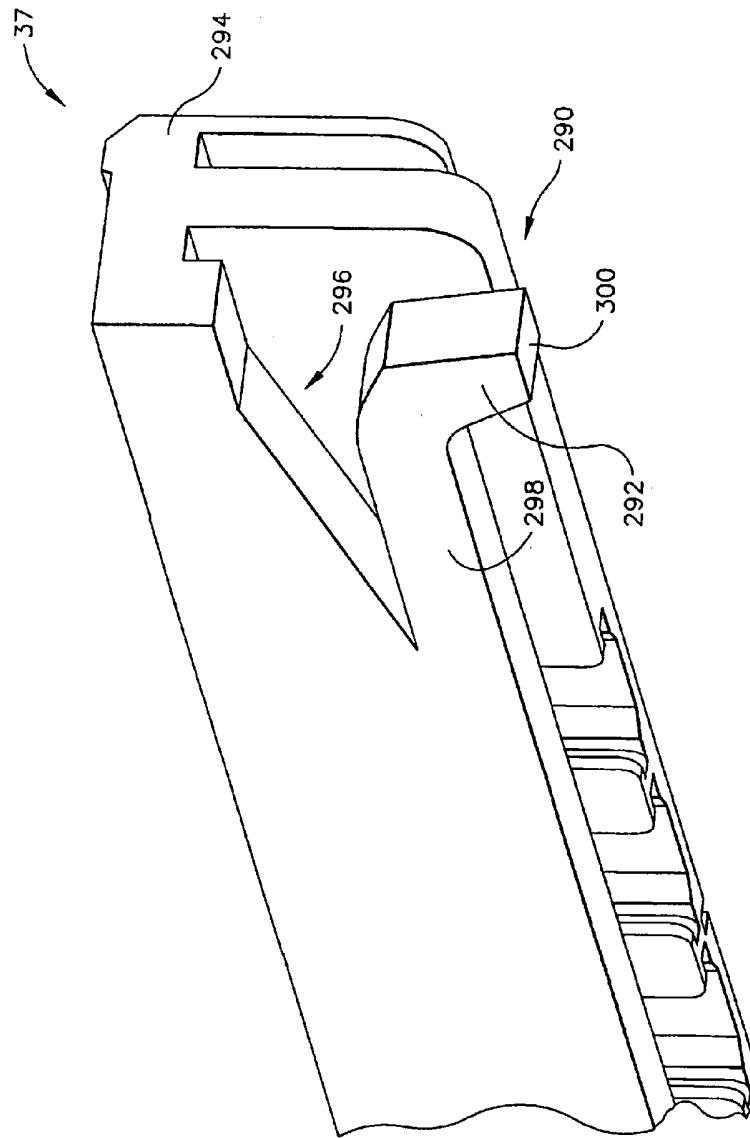


FIG. 29

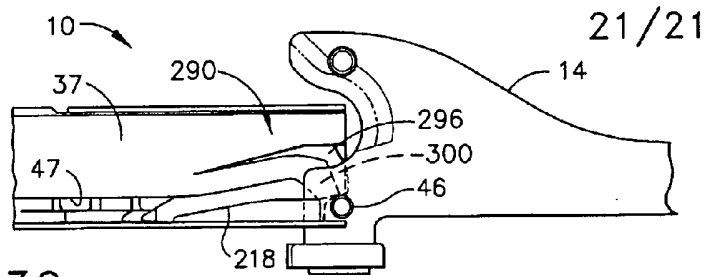


FIG. 30

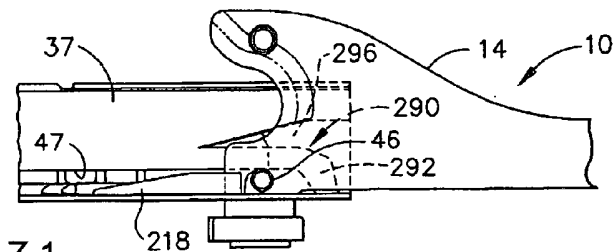


FIG. 31

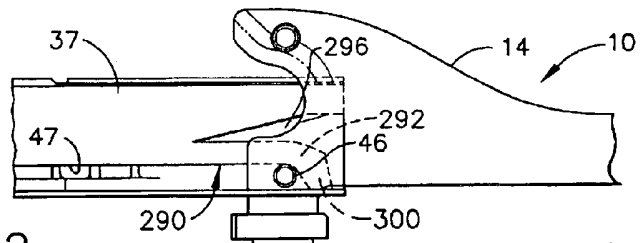


FIG. 32

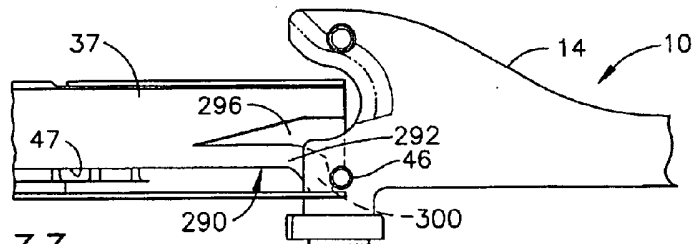


FIG. 33