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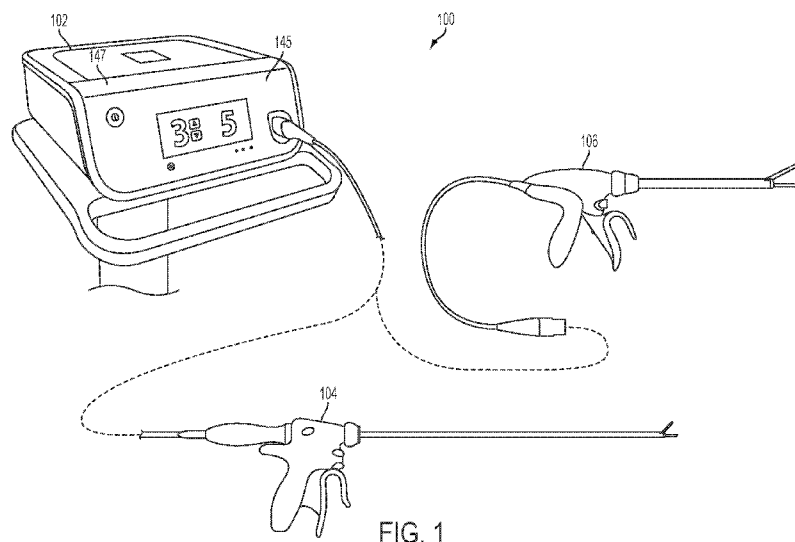


FIG. 1

(57) Abstract: Various embodiments are directed to systems and methods for providing segmented power curves to tissue. A surgical generator may receive an indication of a first impedance of tissue to be treated by a surgical end effector. The generator may determine that the first impedance is within an impedance range corresponding to a first power curve segment of the segmented power curve and provide a drive signal to the end effector according to a first power curve. The generator may further receive an indication of a second impedance of the tissue to be treated by the end effector, determine that the second impedance is within an impedance range corresponding to a second power curve segment of the segmented power curve, and provide the drive signal to the end effector according to a second power curve.



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MANAGING TISSUE TREATMENT

BACKGROUND

Various embodiments are directed to surgical systems that may be utilized in electrosurgical and/or ultrasonic devices to manage the delivery of energy to tissue to optimize tissue treatment.

Electrosurgical devices for applying electrical energy to tissue in order to treat and/or destroy the tissue are commonly used in surgical procedures. An electrosurgical device may comprise a handle and an instrument having a distally-mounted end effector (e.g., one or more electrodes). The end effector can be positioned against the tissue such that electrical current is introduced into the tissue. Electrosurgical devices can be configured for bipolar or monopolar operation. During bipolar operation, current is introduced into and returned from the tissue by active and return electrodes, respectively, of the end effector. During monopolar operation, current is introduced into the tissue by an active electrode of the end effector and returned through a return electrode (e.g., a grounding pad) separately located on a patient's body. Heat generated by the current flow through the tissue may form hemostatic seals within the tissue and/or between tissues and thus may be particularly useful for sealing blood vessels, for example. The end effector of an electrosurgical device may also comprise a cutting member that is movable relative to the tissue and the electrodes to transect the tissue.

Electrical energy applied by an electrosurgical device can be transmitted to the instrument by a generator in communication with the handle. The electrical energy may be in the form of radio frequency ("RF") energy. RF energy is a form of electrical energy that may be in the frequency range of 300 kHz to 1 MHz. During its operation, an electrosurgical device can transmit low frequency RF energy through tissue, which causes ionic agitation, or friction, in effect resistive heating, thereby increasing the temperature of the tissue. Because a sharp boundary may be created between the affected tissue and the surrounding tissue, surgeons can operate with a high level of precision and control, without sacrificing un-targeted adjacent tissue. The low operating temperatures of RF energy may be useful for removing, shrinking, or sculpting soft tissue while simultaneously sealing blood vessels. RF energy may work

particularly well on connective tissue, which is primarily comprised of collagen and shrinks when contacted by heat.

Ultrasonic surgical devices, such as ultrasonic scalpels, are another type of powered surgical devices used in surgical procedures. Depending upon specific device configurations and operational parameters, ultrasonic surgical devices can provide substantially simultaneous transection of tissue and homeostasis by coagulation, desirably minimizing patient trauma. An ultrasonic surgical device may comprise a handle containing an ultrasonic transducer, and an instrument coupled to the ultrasonic transducer having a distally-mounted end effector (e.g., a blade tip) to cut and seal tissue. In some cases, the instrument may be permanently affixed to the handle. In other cases, the instrument may be detachable from the handle, as in the case of a disposable instrument or an instrument that is interchangeable between different handles. The end effector transmits ultrasonic energy to tissue brought into contact with the end effector to realize cutting and sealing action. Ultrasonic surgical devices of this nature can be configured for open surgical use, laparoscopic, or endoscopic surgical procedures including robotic-assisted procedures.

Ultrasonic energy cuts and coagulates tissue using frictional heating and can be transmitted to the end effector by an ultrasonic generator in communication with the transducer. Vibrating at high frequencies (e.g., 55,500 times per second), the ultrasonic blade denatures protein in the tissue to form a sticky coagulum. Pressure exerted on tissue by the blade surface collapses blood vessels and allows the coagulum to form a hemostatic seal. A clinician can control the cutting speed and coagulation by the force applied to the tissue by the end effector, the time over which the force is applied and the selected excursion level of the end effector.

SUMMARY

Various embodiments are directed to systems and methods for providing segmented power curves to tissue. A surgical generator may receive an indication of a first impedance of tissue to be treated by a surgical end effector. The generator may determine that the first impedance is within an impedance range corresponding to a first power curve segment of the segmented power curve and provide a drive signal to the end effector according to a first power curve. The generator may further receive an indication of a second impedance of the tissue to be treated by the end effector, determine that the second impedance is within an impedance range

corresponding to a second power curve segment of the segmented power curve, and provide the drive signal to the end effector according to a second power curve.

In some embodiments, the generator may provide a drive signal to the end effector according to a first power curve, determine that an impedance of tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment, and provide the drive signal to the end effector according to the second power curve.

Various examples are directed to a surgical system comprising an end effector and a generator. The end effector may comprise at least one jaw member having an open position and a closed position. The generator may be programmed to receive a request for an energy cycle routine to the end effector. The generator may determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle. The generator may apply a modified energy cycle routine to the end effector. Applying the modified energy cycle routine may comprise delivering less energy than applying the energy cycle routine.

FIGURES

The novel features of the various embodiments are set forth with particularity in the appended claims. The described embodiments, however, both as to organization and methods of operation, may be best understood by reference to the following description, taken in conjunction with the accompanying drawings in which:

FIG. 1 illustrates one embodiment of a surgical system comprising a generator and various surgical devices usable therewith.

FIG. 2 illustrates one embodiment of an example ultrasonic device that may be used for transection and/or sealing.

FIG. 3 illustrates one embodiment of the end effector of the example ultrasonic device of FIG. 2.

FIG. 4 illustrates one embodiment of a clamp arm assembly that may be employed with the ultrasonic device of FIG. 2.

FIG. 5 is a schematic diagram of a tissue impedance module of the generator of FIG. 1 coupled to the blade and the clamp arm assembly of FIGS. 3 and 4 with tissue located therebetween.

FIG. 6 illustrates one embodiment of an example electrosurgical device that may also be used for transection and sealing.

FIGS. 7, 8, and 9 illustrate one embodiment of the end effector shown in FIG. 6.

FIGS. 10, 11, 12, 13 and 13A illustrate one embodiment of an alternative end effector 132' that may be used with the electrosurgical device shown in FIG. 6.

FIG. 14 illustrates one embodiment of the surgical system of FIG. 1.

FIG. 15 shows a perspective view of one example embodiment of a surgical system comprising a cordless electrical energy surgical instrument with an integral generator.

FIG. 16 shows a side-view of a handle of one embodiment of the surgical instrument of FIG. 9 with half of the handle body removed to illustrate various components therein.

FIG. 17 shows one embodiment of an RF drive and control circuit.

FIG. 18 shows one embodiment of the main components of a control circuit.

FIG. 19 illustrates one embodiment of a chart showing example power curves.

FIG. 20 illustrates one embodiment of a process flow for applying one or more power curves to a tissue bite.

FIG. 21 illustrates one embodiment of a chart showing example power curves that may be used in conjunction with the process flow of FIG. 20.

FIG. 22 illustrates one embodiment of a chart showing example common shape power curves that may be used in conjunction with the process flow of FIG. 20.

FIGS. 23-25 illustrate process flows describing routines that may be executed by a digital device of the generator to generally implement the process flow of FIG. 20 described above.

FIG. 26 illustrates one embodiment of a process flow for applying one or more power curves to a tissue bite.

FIG. 27 illustrates one embodiment of a segmented power curve.

FIG. 28 illustrates an alternative embodiment of a segmented power curve.

FIG. 29 illustrates a plot showing an implementation of the segmented power curve of FIG. 28 according to one embodiment.

FIG. 30 illustrates a state diagram showing one embodiment of a state diagram that may be implemented by a surgical system to execute a segmented power curve.

FIG. 31 illustrates a flow chart showing one embodiment of a process flow that may be executed by a surgical system to execute a segmented power curve.

FIG. 32 illustrates a flow chart showing one embodiment of a process flow that may be executed by a surgical system (e.g., a generator 102, 220 thereof) to execute a segmented power curve using a look-up table.

FIG. 33 illustrates a flow chart showing one embodiment of a process flow for modifying a drive signal when a previous energy cycle has already been applied to a tissue bite.

FIG. 34 illustrates a flow chart showing another embodiment of a process flow for modifying a drive signal when a previous energy cycle has already been applied to a tissue bit.

DESCRIPTION

Before explaining various embodiments of surgical devices and generators in detail, it should be noted that the illustrative embodiments are not limited in application or use to the details of construction and arrangement of parts illustrated in the accompanying drawings and description. The illustrative embodiments may be implemented or incorporated in other embodiments, variations and modifications, and may be practiced or carried out in various ways. Further, unless otherwise indicated, the terms and expressions employed herein have been chosen for the purpose of describing the illustrative embodiments for the convenience of the reader and are not for the purpose of limitation thereof. Also, it will be appreciated that one or more of the following-described embodiments, expressions of embodiments and/or examples, can be combined with any one or more of the other following-described embodiments, expressions of embodiments and/or examples.

In some embodiments, a surgical system may be configured to provide a drive signal to an end effector of an ultrasonic or electrosurgical instrument according to a segmented power curve. A segmented power curve may be a power curve having designated impedance ranges or segments. Each segment may be associated with one or more power curves. When tissue treated by the end effector exhibits a tissue impedance in a first power curve segment associated with a first power curve, then the surgical system may apply the first power curve. When the tissue treated by the end effector exhibits a tissue impedance in a second power curve segment associated with the second power curve, the surgical system may apply the second power curve. The second power curve, in some embodiments, may be less aggressive than the first power curve. In some examples, the second power curve corresponds to a constant power (e.g., 0-5 Watts). In this way, the tissue may rest or coast during application of the second power curve.

In some embodiments, the surgical system may be configured to modify an energy cycle provided to tissue by an ultrasonic or electrosurgical end effector if a clinician requests a second or subsequent energy cycle on the same tissue bite. When an energy cycle is requested, the generator may determine whether the end effector is positioned to treat the same tissue that was treated by the previous energy cycle. For example, when an energy cycle is requested, the generator may be configured to determine whether jaws of the end effector have been opened since the completion of the previous energy cycle (e.g., whether the jaw aperture or distance between the jaw members has increased). If the jaws have not been opened since the previous energy cycle, it may indicate that the end effector is positioned to treat the same tissue bite. If the end effector is positioned to treat the same tissue bite, the generator may be configured to modify the requested energy cycle. For example, the generator may apply a less aggressive power curve and/or modify parameters of the applied power curve or curves to reduce the amount of power provided. In this way, the generator may reduce the risk of damaging tissue by overtreatment.

It will be appreciated that the terms “proximal” and “distal” are used herein with reference to a clinician gripping a surgical device. Thus, an end effector is distal with respect to the more proximal portion of the surgical device gripped by the clinician. It will be further appreciated that, for convenience and clarity, spatial terms such as “top” and “bottom” may also be used herein with respect to the clinician gripping the surgical device. However, surgical devices are used in many orientations and positions, and these terms are not intended to be limiting and absolute.

FIG. 1 illustrates one embodiment of a surgical system 100 comprising a generator 102 configurable for use with surgical devices. According to various embodiments, the generator 102 may be configurable for use with surgical devices of different types, including, for example, the ultrasonic surgical device 104 and electrosurgical or RF surgical device 106. Although in the embodiment of FIG. 1 the generator 102 is shown separate from the surgical devices 104, 106, in certain embodiments the generator 102 may be formed integrally with either of the surgical devices 104, 106 to form a unitary surgical system.

FIG. 2 illustrates one embodiment of an example ultrasonic device 104 that may be used for transection and/or sealing. The device 104 may comprise a handle 116 which may comprise an ultrasonic transducer 114. The transducer 114 may be in electrical communication with the

generator 102, for example, via a cable 112 (e.g., a multi-conductor cable). The transducer 114 may comprise piezoceramic elements, or other elements or components suitable for converting the electrical energy of a drive signal into mechanical vibrations. When activated by the generator 102, the ultrasonic transducer 114 may cause longitudinal vibration. The vibration may be transmitted through an instrument portion 124 of the device 104 (e.g., via a waveguide embedded in an outer sheath) to an end effector 126 of the instrument portion 124.

FIG. 3 illustrates one embodiment of the end effector 126 of the example ultrasonic device 104. The end effector 126 may comprise a blade 151 that may be coupled to the ultrasonic transducer 114 via the wave guide (not shown). When driven by the transducer 114, the blade 151 may vibrate and, when brought into contact with tissue, may cut and/or coagulate the tissue, as described herein. According to various embodiments, and as illustrated in FIG. 3, the end effector 126 may also comprise a clamp arm 155 that may be configured for cooperative action with the blade 151 of the end effector 126. With the blade 151, the clamp arm 155 may comprise a set of jaws 140. The clamp arm 155 may be pivotally connected at a distal end of a shaft 153 of the instrument portion 124. The clamp arm 155 may include a clamp arm tissue pad 163, which may be formed from TEFLON® or other suitable low-friction material. The pad 163 may be mounted for cooperation with the blade 151, with pivotal movement of the clamp arm 155 positioning the clamp pad 163 in substantially parallel relationship to, and in contact with, the blade 151. By this construction, a tissue bite to be clamped may be grasped between the tissue pad 163 and the blade 151. In some embodiments, a strain gauge 156 or other pressure sensor may be positioned on the clamp arm 155, for example, between the clamp pad 163 and clamp arm 155, to measure the pressure exerted on tissue held between the clamp arm 155 and the blade 151. Also, in some embodiments, the clamp arm 155 may comprise a temperature sensor 158 for sensing a temperature of tissue between the clamp arm 155 and the blade 151. The temperature sensor 158 may be, for example, a thermocouple, a resistive temperature device, an infrared sensor, a bimetallic device, etc.

The tissue pad 163 may be provided with a sawtooth-like configuration including a plurality of axially spaced, proximally extending gripping teeth 161 to enhance the gripping of tissue in cooperation with the blade 151. The clamp arm 155 may transition from the open position shown in FIG. 3 to a closed position (with the clamp arm 155 in contact with or proximity to the blade 151) in any suitable manner. For example, the handle 116 may comprise

a jaw closure trigger 138. When actuated by a clinician, the jaw closure trigger 138 may pivot the clamp arm 155 in any suitable manner. For example, the jaw closure trigger 138 may be coupled to a jaw closure member 141 extending through the shaft 124 to the clamp arm 155. Proximal motion of the jaw closure trigger 138 may cause corresponding proximal motion of the jaw closure member 141, which may pull the clamp arm 155 towards the blade.

The generator 102 may be activated to provide the drive signal to the transducer 114 in any suitable manner. For example, the generator 102 may comprise a foot switch 120 coupled to the generator 102 via a footswitch cable 122 (FIG. 14). A clinician may activate the transducer 114, and thereby the blade 151 by depressing the foot switch 120. In addition, or instead of the foot switch 120 some embodiments of the device 104 may utilize one or more switches or buttons positioned on the handle 116 that, when activated, may cause the generator 102 to activate the transducer 114. In some embodiments, the handle 116 may comprise a pair of buttons 136a, 136b positioned relative to the closure trigger 138 to allow the clinician to operate the buttons 136a, 136b with an index finger, for example, while gripping the closure trigger 138. In other embodiments, the buttons 136a, 136b may be replaced with a single similarly located button. Also, for example, one or more additional buttons, such as 136c, may be positioned on an upper portion of the handle 116. For example, the button 136c may be configured to, when depressed, cause the generator 102 to provide a pulsed output. The pulses may be provided at any suitable frequency and grouping, for example. In certain embodiments, the power level of the pulses may be the power levels set utilizing buttons 136a, 136b, as described above. Also, in some embodiments, the generator 102 may be activated based on the position of the jaw closure trigger 138, (e.g., as the clinician depresses the jaw closure trigger 138 to close the jaws 140, ultrasonic energy may be applied).

The various buttons 136a, 136b, 136c may be hardwired and/or programmable to, when depressed, bring about various effects on the drive signal provided to the transducer 114. For example, in some embodiments, the state of the buttons 136a, 136b may be communicated to the generator 102. In response to the state of the buttons, the generator 102 may determine an operating mode of the device 104, expressed as the form of the drive signal provided by the generator 102. When the button 136a is depressed, for example, the ultrasonic generator 102 may provide a maximum drive signal to the transducer 114, causing it to produce maximum ultrasonic energy output. Depressing button 136b may cause the generator 102 to provide a user-

selectable drive signal to the transducer 114, causing it to produce less than the maximum ultrasonic energy output.

It will be appreciated that the ultrasonic device 104 may comprise any combination of the buttons 136a, 136b, 136c. For example, the device 104 could be configured to have only two buttons: a button 136a for producing maximum ultrasonic energy output and a button 136c for producing a pulsed output at either the maximum or less than maximum power level per. In this way, the drive signal output configuration of the generator 102 could be 5 continuous signals and 5 or 4 or 3 or 2 or 1 pulsed signals. In certain embodiments, the specific drive signal configuration may be controlled based upon, for example, EEPROM settings in the generator 102 and/or user power level selection(s).

In certain embodiments, a two-position switch may be provided as an alternative to a button 136c. For example, a device 104 may include a button 136a for producing a continuous output at a maximum power level and a two-position button 136b. In a first detented position, button 136b may produce a continuous output at a less than maximum power level, and in a second detented position the button 136b may produce a pulsed output (e.g., at either a maximum or less than maximum power level, depending upon the EEPROM settings).

In some embodiments, the end effector 126 may also comprise a pair of electrodes 159, 157. The electrodes 159, 157 may be in communication with the generator 102, for example, via the cable 128. The electrodes 159, 157 may be used, for example, to measure an impedance of a tissue bite present between the clamp arm 155 and the blade 151. The generator 102 may provide a signal (e.g., a non-therapeutic signal) to the electrodes 159, 157. The impedance of the tissue bite may be found, for example, by monitoring the current, voltage, etc. of the signal. In some embodiments, the non-therapeutic signal provided to the electrodes 159, 157 may be provided by the surgical device 106 itself.

FIG. 4 illustrates one embodiment of the clamp arm assembly 451 that may be employed with the ultrasonic device 104. In the illustrated embodiment, the clamp arm assembly 451 comprises a conductive jacket 472 mounted to a base 449. The conductive jacket 472 is the electrically conductive portion of the clamp arm assembly 451 that forms the second, e.g., return, electrode. In one implementation, the clamp arm 155 (FIG. 3) may form the base 449 on which the conductive jacket 472 is mounted. In various embodiments, the conductive jacket 472 may comprise a center portion 473 and at least one downwardly-extending sidewall 474 which can

extend below the bottom surface 475 of the base 449. In the illustrated embodiment, the conductive jacket 472 has two sidewalls 474 extending downwardly on opposite sides of the base 449. In other embodiments, the center portion 473 may comprise at least one aperture 476 which can be configured to receive a projection 477 extending from the base 449. In such embodiments, the projections 477 can be press-fit within the apertures 476 in order to secure the conductive jacket 472 to the base 449. In other embodiments, the projections 477 can be deformed after they are inserted into the apertures 476. In various embodiments, fasteners can be used to secure the conductive jacket 472 to the base 449.

In various embodiments, the clamp arm assembly 451 comprises a non-electrically conductive or insulating material, such as plastic and/or rubber, for example, positioned intermediate the conductive jacket 472 and the base 449. The electrically insulating material can prevent current from flowing, or shorting, between the conductive jacket 472 and the base 449. In various embodiments, the base 449 may comprise at least one aperture 478, which can be configured to receive a pivot pin (not illustrated). The pivot pin can be configured to pivotably mount the base 449 to the shaft 153 (FIG. 3), for example, such that the clamp arm assembly 451 can be rotated between open and closed positions relative to the shaft 153. In the illustrated embodiment, the base 449 includes two apertures 478 positioned on opposite sides of the base 449. In one embodiment, a pivot pin may be formed of or may comprise a non-electrically conductive or insulating material, such as plastic and/or rubber, for example, which can be configured to prevent current from flowing into the shaft 153 even if the base 449 is in electrical contact with the conductive jacket 472, for example. Additional clamp arm assemblies comprising various embodiments of electrodes may be employed. Examples of such clamp arm assemblies are described in commonly-owned and contemporaneously-filed U.S. Patent Application Ser. Nos. 12/503,769, 12/503,770, and 12/503,766, each of which is incorporated herein by reference in its entirety.

FIG. 5 is a schematic diagram of the tissue impedance module 402 coupled to the blade 151 and the clamp arm assembly 451 with tissue 414 located therebetween. With reference now to FIGS. 1-3, the generator 102 may comprise a tissue impedance module 402 configured for monitoring the impedance of the tissue 414 (Z_t) located between the blade 151 and the clamp arm assembly 451 during the tissue transection process. The tissue impedance module 402 is coupled to the ultrasonic device 104 by way of the cable 112. The cable 112 includes a first

“energizing” conductor 112a connected to the blade 151 (e.g., positive [+] electrode) and a second “return” conductor 112b connected to the conductive jacket 472 (e.g., negative [-] electrode) of the clamp arm assembly 451. In some embodiments, the generator 102 may provide a drive signal to the transducer on the conductors 112a, 112b and/or over additional conductors included in the cable 112. In one embodiment, RF voltage v_{rf} is applied to the blade 151 to cause RF current i_{rf} to flow through the tissue 414. The second conductor 112b provides the return path for the current i_{rf} back to the tissue impedance module 402. The distal end of the return conductor 112b is connected to the conductive jacket 472 such that the current i_{rf} can flow from the blade 151, through the tissue 414 positioned intermediate the conductive jacket 472 and the blade 151 and the conductive jacket 472 to the return conductor 112b. The impedance module 402 connects in circuit, by way of the first and second conductors 112a, b. In one embodiment, the RF energy may be applied to the blade 151 through the ultrasonic transducer 114 and the waveguide (not shown). In some embodiments, the RF energy applied to the tissue 414 for purposes of measuring the tissue impedance Z_t is a low level subtherapeutic signal that does not contribute in a significant manner, or at all, to the treatment of the tissue 414.

FIG. 6 illustrates one embodiment of an example electrosurgical device 106 that may also be used for transection and sealing. According to various embodiments, the transection and sealing device 106 may comprise a handle assembly 130, an elongated shaft 165 and an end effector 132. The shaft 165 may be rigid, as shown, (e.g., for laparoscopic and/or open surgical application) or flexible, (e.g., for endoscopic application). In various embodiments, the shaft 165 may comprise one or more articulation points. The end effector 132 may comprise jaws 144 having a first jaw member 167 and a second jaw member 169. A translating member 173 may extend within the shaft 165 from the end effector 132 to the handle 130. At the handle 130, the shaft 165 may be directly or indirectly coupled to a jaw closure trigger 142 (FIG. 6).

The jaw members 167, 169 of the end effector 132 may comprise respective electrodes 177, 179. The electrodes 177, 179 may be connected to the generator 102 via electrical leads 187a, 187b (FIG. 7) extending from the end effector 132 through the shaft 165 and handle 130 and ultimately to the generator 102 (e.g., by a multi-conductor cable 128). The generator 102 may provide a drive signal to the electrodes 177, 179 to bring about a therapeutic effect to tissue present within the jaw members 167, 169. The electrodes 177, 179 may comprise an active electrode and a return electrode, wherein the active electrode and the return electrode can be

positioned against, or adjacent to, the tissue to be treated such that current can flow from the active electrode to the return electrode through the tissue. As illustrated in FIG. 6, the end effector 132 is shown with the jaw members 167, 169 in an open position.

FIGS. 7, 8, and 9 illustrate one embodiment of the end effector 132 shown in FIG. 6. To close the jaws 144 of the end effector 132, a clinician may cause the jaw closure trigger 142 to pivot along arrow 183 (FIG. 6) from a first position to a second position. This may cause the jaws 144 to open and close according to any suitable method. For example, motion of the jaw closure trigger 142 may, in turn, cause the translating member 173 to translate within a bore 185 of the shaft 165. A distal portion of the translating member 173 may be coupled to a reciprocating member 197 such that distal and proximal motion of the translating member 173 causes corresponding distal and proximal motion of the reciprocating member. The reciprocating member 197 may have shoulder portions 191a, 191b, while the jaw members 167, 169 may have corresponding cam surfaces 189a, 189b. As the reciprocating member 197 is translated distally from the position shown in FIG. 8 to the position shown in FIG. 9, the shoulder portions 191a, 191b may contact the cam surfaces 189a, 189b, causing the jaw members 167, 169 to transition to the closed position. Also, in various embodiments, the blade 175 may be positioned at a distal end of the reciprocating member 197. As the reciprocating member 197 extends to the fully distal position shown in FIG. 9, the blade 175 may be pushed through any tissue present between the jaw members 167, 169, in the process, severing it. In some embodiments, a strain gauge 166 or any other suitable pressure sensor may be placed on the jaw member 167 and/or the jaw member 169 to measure the pressure placed on tissue by the respective jaw members 167, 169 during tissue treatment (FIG. 8). Also, in some embodiments, one or both of the jaw members 167, 169 may comprise a temperature sensor 168 for sensing a temperature of tissue between the jaw members 167, 169 (FIG. 8). The temperature sensor 168 may be, for example, a thermocouple, a resistive temperature device, an infrared sensor, a bimetallic device, etc.

In use, a clinician may place the end effector 132 and close the jaws 144 around a tissue bite to be acted upon, for example, by pivoting the jaw closure trigger 142 along arrow 183 as described. Once the tissue bite is secure between the jaws 144, the clinician may initiate the provision of RF or other electro-surgical energy by the generator 102 and through the electrodes 177, 179. The provision of RF energy may be accomplished in any suitable way. For example,

the clinician may activate the foot switch 120 (FIG. 14) of the generator 102 to initiate the provision of RF energy. Also, for example, the handle 130 may comprise one or more switches 181 that may be actuated by the clinician to cause the generator 102 to begin providing RF energy. Additionally, in some embodiments, RF energy may be provided based on the position of the jaw closure trigger 142. For example, when the trigger 142 is fully depressed (indicating that the jaws 144 are closed), RF energy may be provided. Also, according to various embodiments, the blade 175 may be advanced during closure of the jaws 144 or may be separately advanced by the clinician after closure of the jaws 144 (e.g., after a RF energy has been applied to the tissue).

FIGS. 10, 11, 12, 13 and 13A illustrate another embodiment of an electrosurgical device 4106. Referring to FIG. 13A, the device 4106 may comprise a handle assembly 4130, a shaft 4165 and an end effector 4132. The shaft 4165 may couple the end effector 4132 to the handle assembly 4130. In some examples, the shaft 4165 may comprise an outer sheath 4158. The end effector 4132, may be used with the electrosurgical device 4106 and/or may be used that may be used with the electrosurgical device 106 shown in FIG. 6. The end effector 4132 comprises first and second jaw members 4167, 4169. The jaw members 4167, 4169 may comprise respective electrodes 4177, 4179 for providing electrosurgical energy to tissue between the jaw members 4167, 4169. A knife 4137 may be alternately extendible and retractable through respective slots 4127, 4129 in the jaw members 4167, 4169. In some examples, the knife 4137 may omit shoulder portions for actuating the jaw members, as described above with respect to the end effector 132. For example, the jaw members 4167, 4169 may be actuated by a jaw actuator independent of the blade 4137, such as the outer sheath 4158. In some examples, one or more of the jaw members 4167, 4169 may comprise teeth 4143 for gripping tissue (FIG. 12). Also, one or more of the jaw members 4167, 4169 may comprise a pin 4133 positioned to ride within the slot 4127 of the opposite jaw member 4167 to maintain alignment of the jaw members 4167, 4169 during the closing and firing process (FIG. 12).

The handle assembly 4130 may comprise a jaw closure trigger 4142. When actuated by a clinician, the jaw closure trigger 4142 may retract a jaw actuator, such as, for example, the outer sheath 4158, to close jaw members 4167, 4169. The jaw closure trigger 4142 be coupled to a clamp arm 4454. The clamp arm 4454 may be coupled to a yoke 4456. When the jaw closure trigger 4142 is actuated in the direction indicated by arrow 4183, the yoke 4456 moves

proximally and compresses a clamp spring 4406. Compression of the clamp spring 4406 retracts the jaw actuator to transition the jaw members 4167, 4169 from an open position to a closed position. For example, the jaw actuator may comprise one or more pins or shoulder portions, similar to 191a, 191b, which may contact one or more cam surfaces, similar to 189a, 189b, on the jaw members 4167, 4169. In some examples, the jaw actuator may comprise one or more pins that ride in cam slots of the respective jaw members 4167, 4169.

The handle assembly 4130 may also comprise a firing trigger 4402. The firing trigger 4402 may be actuatable independent of the jaw closure trigger 4142. The firing trigger 4402 may be coupled to a reciprocating member 4404. The reciprocating member 4404 may be coupled to the knife 4137. For example, the knife 4137 may be positioned at a distal portion of the reciprocating member (FIG. 11). The firing trigger 4402 may comprise a rack gear 4412 positioned to couple with a combination gear 4460. The combination gear 4460 comprises a gear 4410 and a gear 4414 coupled on a common axis. The gear 4414 may be in contact with the rack gear 4412. To actuate the firing trigger 4402, a clinician may depress the firing trigger 4402 proximally. This may cause the firing trigger to pivot about pivot point 4442. Actuation of the firing trigger 4402 in the direction indicated by arrow 4183 may translate the rack gear, causing counter-clockwise rotation of the combination gear 4460. The gear 4410 may interface with a rack gear 4408 coupled to the reciprocating member 4404. Counter-clockwise rotation of the gear 4410 may translate the rack gear 4408 and the reciprocating member 4404 distally, advancing the knife 4137 within the 4127, 4129 described herein. An energy button 4416 may be depressed or otherwise actuated to begin delivery of energy to the electrodes 4167, 4169. The energy button 4416 may be any suitable type of button, switch, or similar device.

The electrosurgical instrument 4106 may also comprise a closure switch 4450. The closure trigger 4142 may have a corresponding feature 4452 such that when the closure trigger 4142 is actuated in a proximal direction, the feature 4452 contacts and actuates the switch 4450. Actuation of the switch 4450 may indicate jaw closure. The feature 4452 is illustrated as a protrusion extending proximally from a body of the jaw closure trigger 4142. Any suitable feature of the trigger 4142, however, may be positioned to contact the closure switch 4450. Additional details of electrosurgical devices similar to the 4106 and other devices that may be used in conjunction with the various features described herein are provided in U.S. Patent

Application Serial No. 14/075,863 (Attorney Docket No. END7373USNP/130427), filed on November 8, 2013, which is incorporated herein by reference in its entirety.

FIG. 14 is a diagram of the surgical system 100 of FIG. 1. In various embodiments, the generator 102 may comprise several separate functional elements, such as modules and/or blocks. Different functional elements or modules may be configured for driving the different kinds of surgical devices 104, 106. For example an ultrasonic generator module 108 may drive an ultrasonic device, such as the ultrasonic device 104. An electrosurgery/RF generator module 110 may drive an electrosurgical device 106, 4106. For example, the respective modules 108, 110 may generate respective drive signals for driving the surgical devices 104, 106, 4106. In various embodiments, the ultrasonic generator module 108 and/or the electrosurgery/RF generator module 110 each may be formed integrally with the generator 102. Alternatively, one or more of the modules 108, 110 may be provided as a separate circuit module electrically coupled to the generator 102. (The modules 108 and 110 are shown in phantom to illustrate this option.) Also, in some embodiments, the electrosurgery/RF generator module 110 may be formed integrally with the ultrasonic generator module 108, or vice versa.

In accordance with the described embodiments, the ultrasonic generator module 108 may produce a drive signal or signals of particular voltages, currents, and frequencies, e.g. 55,500 cycles per second (Hz). The drive signal or signals may be provided to the ultrasonic device 104, and specifically to the transducer 114, which may operate, for example, as described above. In some embodiments, the generator 102 may be configured to produce a drive signal of a particular voltage, current, and/or frequency output signal that can be stepped with high resolution, accuracy, and repeatability. Optionally, the tissue impedance module 402 may be included separately or formed integrally with the ultrasonic generator module 108 to measure tissue impedance when utilizing an ultrasonic device 104, for example, as described herein above.

In accordance with the described embodiments, the electrosurgery/RF generator module 110 may generate a drive signal or signals with output power sufficient to perform bipolar electrosurgery using radio frequency (RF) energy. In bipolar electrosurgery applications, the drive signal may be provided, for example, to the electrodes of the electrosurgical device 106, 4106, for example, as described above. Accordingly, the generator 102 may be configured for

therapeutic purposes by applying electrical energy to the tissue sufficient for treating the tissue (e.g., coagulation, cauterization, tissue welding, etc.).

The generator 102 may comprise an input device 145 located, for example, on a front panel of the generator 102 console. The input device 145 may comprise any suitable device that generates signals suitable for programming the operation of the generator 102. In operation, the user can program or otherwise control operation of the generator 102 using the input device 145. The input device 145 may comprise any suitable device that generates signals that can be used by the generator (e.g., by one or more processors contained in the generator) to control the operation of the generator 102 (e.g., operation of the ultrasonic generator module 108 and/or electrosurgery/RF generator module 110). In various embodiments, the input device 145 includes one or more of buttons, switches, thumbwheels, keyboard, keypad, touch screen monitor, pointing device, remote connection to a general purpose or dedicated computer. In other embodiments, the input device 145 may comprise a suitable user interface, such as one or more user interface screens displayed on a touch screen monitor, for example. Accordingly, by way of the input device 145, the user can set or program various operating parameters of the generator, such as, for example, current (I), voltage (V), frequency (f), and/or period (T) of a drive signal or signals generated by the ultrasonic generator module 108 and/or electrosurgery/RF generator module 110.

The generator 102 may also comprise an output device 147 (FIG. 1) located, for example, on a front panel of the generator 102 console. The output device 147 includes one or more devices for providing a sensory feedback to a user. Such devices may comprise, for example, visual feedback devices (e.g., an LCD display screen, LED indicators), audio feedback devices (e.g., a speaker, a buzzer) or tactile feedback devices (e.g., haptic actuators). Although certain modules and/or blocks of the generator 102 may be described by way of example, it can be appreciated that a greater or lesser number of modules and/or blocks may be used and still fall within the scope of the embodiments. Further, although various embodiments may be described in terms of modules and/or blocks to facilitate description, such modules and/or blocks may be implemented by one or more hardware components, e.g., processors, Digital Signal Processors (DSPs), Programmable Logic Devices (PLDs), Application Specific Integrated Circuits (ASICs), circuits, registers and/or software components, e.g., programs, subroutines, logic and/or combinations of hardware and software components.

In some embodiments, the ultrasonic generator drive module 108 and electrosurgery/RF drive module 110 may comprise one or more embedded applications implemented as firmware, software, hardware, or any combination thereof. The modules 108, 110 may comprise various executable modules such as software, programs, data, drivers, application program interfaces (APIs), and so forth. The firmware may be stored in nonvolatile memory (NVM), such as in bit-masked read-only memory (ROM) or flash memory. In various implementations, storing the firmware in ROM may preserve flash memory. The NVM may comprise other types of memory including, for example, programmable ROM (PROM), erasable programmable ROM (EPROM), electrically erasable programmable ROM (EEPROM), or battery backed random-access memory (RAM) such as dynamic RAM (DRAM), Double-Data-Rate DRAM (DDRAM), and/or synchronous DRAM (SDRAM).

In some embodiments, the modules 108, 110 comprise a hardware component implemented as a processor for executing program instructions for monitoring various measurable characteristics of the devices 104, 106, 4106 and generating a corresponding output drive signal or signals for operating the devices 104, 106, 4106. In embodiments in which the generator 102 is used in conjunction with the ultrasonic device 104, the drive signal may drive the ultrasonic transducer 114 in cutting and/or coagulation operating modes. Electrical characteristics of the device 104 and/or tissue may be measured and used to control operational aspects of the generator 102 and/or provided as feedback to the user. In embodiments in which the generator 102 is used in conjunction with an electrosurgical device 106, 4106, the drive signal may supply electrical energy (e.g., RF energy) to the end effector 132 in cutting, coagulation and/or desiccation modes. Electrical characteristics of the device 106, 4106 and/or tissue may be measured and used to control operational aspects of the generator 102 and/or provided as feedback to the user. In various embodiments, as previously discussed, the hardware components may be implemented as DSP, PLD, ASIC, circuits, and/or registers. In some embodiments, the processor may be configured to store and execute computer software program instructions to generate the step function output signals for driving various components of the devices 104, 106, 4106, such as the ultrasonic transducer 114 and the end effectors 126, 132.

The surgical devices 104, 106, 4106 described herein may be incorporated into unitary surgical systems comprising both a surgical device, such as 104, 106, and 4106, and an integral generator. FIGS. 15-18 show various embodiments of a surgical system 200 comprising an

example unitary electrosurgical system 200. FIG. 15 shows a perspective view of one example embodiment of a surgical system 200 comprising a cordless electrical energy surgical instrument 210 with an integral generator (not shown in FIG. 15). The electrosurgical system 200 is similar to the surgical system 100 (e.g., utilized with the electrosurgical device 106, 4106). The electrosurgical system 200 can be configured to supply energy, such as electrical energy, ultrasonic energy, heat energy, or any combination thereof, to the tissue of a patient either independently or simultaneously as described in connection with FIGS. 1-14, for example. The electrosurgical instrument 210 may utilize the end effector 132 and elongated shaft 165 described herein with respect to FIGS. 6-9 in conjunction with a cordless proximal handle 212. In one example embodiment, the handle 212 includes the integral generator circuit 220 (see FIG. 16). The generator circuit 220, sometimes referred to herein as a generator 220, performs a function substantially similar to that of generator 102. In one example embodiment, the generator circuit 220 is coupled to a controller or control circuit (e.g., 281 in FIG. 17). In the illustrated embodiment, the control circuit is integrated into the generator circuit 220. In other embodiments, the control circuit may be separate from the generator circuit 220.

In one example embodiment, various electrodes in the end effector 126 (e.g., 177, 179) may be coupled to the generator circuit 220. The control circuit 281 may be used to activate the generator 220, which may serve as an electrical source. In various embodiments, the generator 220 may comprise an RF source, an ultrasonic source, a direct current source, a microwave source, and/or any other suitable type of thermogenic energy source, for example. For example, a direct current source may be utilized to power a heating element that could treat tissue. In one example embodiment, a button 228 may be provided to activate the generator circuit 220 to provide energy to the end effector 126.

FIG. 16 shows a side-view of one example embodiment of the handle 212 of the cordless surgical instrument 210 with half of a first handle body removed to illustrate various components within the second handle body 234. The handle 212 may comprise a lever arm 221 (e.g., a trigger) which may be pulled along a path (similar to 183) around a pivot point. The lever arm 221 may be coupled to an axially moveable member 278 disposed within the shaft 165 by a shuttle operably engaged to an extension of lever arm 221. In one example embodiment, the lever arm 221 defines a shepherd's hook shape comprising a distal trigger hook 221a and a proximal trigger portion 221b. As illustrated, the distal trigger hook 221a may have a first length

while the proximal trigger portion 221b may have a second length with the second length greater than the first length.

In one example embodiment, the cordless electrosurgical instrument comprises a battery 237. The battery 237 provides electrical energy to the generator circuit 220. The battery 237 may be any battery suitable for driving the generator circuit 220 at the desired energy levels. In one example embodiment, the battery 237 is a 1030 mAh, triple-cell Lithium Ion Polymer battery. The battery may be fully charged prior to use in a surgical procedure, and may hold a voltage of about 12.6V. The battery 237 may have two fuses fitted to the cordless electrosurgical instrument 210, arranged in line with each battery terminal. In one example embodiment, a charging port 239 is provided to connect the battery 237 to a DC current source (not shown).

The generator circuit 220 may be configured in any suitable manner. In some embodiments, the generator circuit comprises an RF drive and control circuit 240 and a controller circuit 282. FIG. 17 shows one embodiment of an RF drive and control circuit 240. FIG. 17 is a part schematic part block diagram showing the RF drive and control circuitry 240 used in this embodiment to generate and control the RF electrical energy supplied to the end effector 126. In this embodiment, the drive circuitry 240 is a resonant mode RF amplifier comprising a parallel resonant network on the RF amplifier output and the control circuitry operates to control the operating frequency of the electrosurgical drive signal so that it is maintained at the resonant frequency of the drive circuit, which in turn controls the amount of power supplied to the end effector 126. The way that this is achieved will become apparent from the following description.

As shown in FIG. 17, the RF drive and control circuit 240 comprises the above described battery 237 are arranged to supply, in this example, about 0V and about 12V rails. An input capacitor (C_{in}) 242 is connected between the 0V and the 12V for providing a low source impedance. A pair of FET switches 243-1 and 243-2 (both of which are N-channel in this embodiment to reduce power losses) is connected in series between the 0V rail and the 12V rail. FET gate drive circuitry 245 is provided that generates two drive signals - one for driving each of the two FET's 243. The FET gate drive circuitry 245 generates drive signals that causes the upper FET (243-1) to be on when the lower FET (243-2) is off and vice versa. This causes the node 247 to be alternately connected to the 12V rail (when the FET 243-1 is switched on) and the 0V rail (when the FET 243-2 is switched on). FIG. 8B also shows the internal parasitic

diodes 248-1 and 248-2 of the corresponding FET's 243, which conduct during any periods that the FET's 243 are open.

As shown in FIG. 17, the node 247 is connected to an inductor-inductor resonant circuit 250 formed by inductor L_s 252 and inductor L_m 254. The FET gate driving circuitry 245 is arranged to generate drive signals at a drive frequency (f_d) that opens and crosses the FET switches 243 at the resonant frequency of the parallel resonant circuit 250. As a result of the resonant characteristic of the resonant circuit 250, the square wave voltage at node 247 will cause a substantially sinusoidal current at the drive frequency (f_d) to flow within the resonant circuit 250. As illustrated in FIG. 17, the inductor L_m 254 is the primary of a transformer 255, the secondary of which is formed by inductor L_{sec} 256. The inductor L_{sec} 256 of the transformer 255 secondary is connected to an inductor-capacitor-capacitor parallel resonant circuit 257 formed by inductor L_2 258, capacitor C_4 260, and capacitor C_2 262. The transformer 255 up-converts the drive voltage (V_d) across the inductor L_m 254 to the voltage that is applied to the output parallel resonant circuit 257. The load voltage (V_L) is output by the parallel resonant circuit 257 and is applied to the load (represented by the load resistance R_{load} 259 in FIG. 8B) corresponding to the impedance of the forceps' jaws and any tissue or vessel gripped by the end effector 126. As shown in FIG. 8B, a pair of DC blocking capacitors C_{bl1} 280-1 and C_{bl2} 280-2 is provided to prevent any DC signal being applied to the load 259.

In one embodiment, the transformer 255 may be implemented with a Core Diameter (mm), Wire Diameter (mm), and Gap between secondary windings in accordance with the following specifications:

Core Diameter, D (mm)

$$D = 19.9 \times 10^{-3}$$

Wire diameter, W (mm) for 22 AWG wire

$$W = 7.366 \times 10^{-4}$$

Gap between secondary windings, in gap = 0.125

$$G = \text{gap}/25.4$$

In this embodiment, the amount of electrical power supplied to the end effector 126 is controlled by varying the frequency of the switching signals used to switch the FET's 243. This

works because the resonant circuit 250 acts as a frequency dependent (loss less) attenuator. The closer the drive signal is to the resonant frequency of the resonant circuit 250, the less the drive signal is attenuated. Similarly, as the frequency of the drive signal is moved away from the resonant frequency of the circuit 250, the more the drive signal is attenuated and so the power supplied to the load reduces. In this embodiment, the frequency of the switching signals generated by the FET gate drive circuitry 245 is controlled by a controller 281 based on a desired power to be delivered to the load 259 and measurements of the load voltage (V_L) and of the load current (I_L) obtained by conventional voltage sensing circuitry 283 and current sensing circuitry 285. The way that the controller 281 operates will be described in more detail below.

In one embodiment, the voltage sensing circuitry 283 and the current sensing circuitry 285 may be implemented with high bandwidth, high speed rail-to-rail amplifiers (e.g., LMH6643 by National Semiconductor). Such amplifiers, however, consume a relatively high current when they are operational. Accordingly, a power save circuit may be provided to reduce the supply voltage of the amplifiers when they are not being used in the voltage sensing circuitry 283 and the current sensing circuitry 285. In one-embodiment, a step-down regulator (e.g., LT1502 by Linear Technologies) may be employed by the power save circuit to reduce the supply voltage of the rail-to-rail amplifiers and thus extend the life of the battery 237.

FIG. 18 shows the main components of the controller 281, according to one embodiment. In the embodiment illustrated in FIG. 18, the controller 281 is a microprocessor based controller and so most of the components illustrated in figure 8c are software based components. Nevertheless, a hardware based controller 281 may be used instead. As shown, the controller 281 includes synchronous I,Q sampling circuitry 291 that receives the sensed voltage and current signals from the sensing circuitry 283 and 285 and obtains corresponding samples which are passed to a power, V_{rms} and I_{rms} calculation module 293. The calculation module 293 uses the received samples to calculate the RMS voltage and RMS current applied to the load 259 (FIG. 8B; end effector 126 and tissue/vessel gripped thereby) and from them the power that is presently being supplied to the load 259. The determined values are then passed to a frequency control module 295 and a medical device control module 297. The medical device control module 297 uses the values to determine the present impedance of the load 259 and based on this determined impedance and a pre-defined algorithm, determines what set point power (P_{set})

should be applied to the frequency control module 295. The medical device control module 297 is in turn controlled by signals received from a user input module 299 that receives inputs from the user (for example pressing buttons 228 or activating the control levers 221 on the handle 212) and also controls output devices (lights, a display, speaker or the like) on the handle 212 via a user output module 261.

The frequency control module 295 uses the values obtained from the calculation module 293 and the power set point (P_{set}) obtained from the medical device control module 297 and predefined system limits (to be explained below), to determine whether or not to increase or decrease the applied frequency. The result of this decision is then passed to a square wave generation module 263 which, in this embodiment, increments or decrements the frequency of a square wave signal that it generates by 1 kHz, depending on the received decision. As those skilled in the art will appreciate, in an alternative embodiment, the frequency control module 295 may determine not only whether to increase or decrease the frequency, but also the amount of frequency change required. In this case, the square wave generation module 263 would generate the corresponding square wave signal with the desired frequency shift. In this embodiment, the square wave signal generated by the square wave generation module 263 is output to the FET gate drive circuitry 245, which amplifies the signal and then applies it to the FET 243-1. The FET gate drive circuitry 245 also inverts the signal applied to the FET 243-1 and applies the inverted signal to the FET 243-2.

In various embodiments, the surgical devices 104, 106, 4106, 200 may be configured to provide to the generator 102, 220, an indication of the state of the jaw or clamp arm. This may allow the generator 102, 220 to sense when the clinician has released a tissue bite after treatment. For example, after providing an energy cycle to a surgical device 104, 106, 4106, 200, the generator 102, 220 may determine whether the clinician has released the treated tissue from between the jaw members or clamp arm and blade based on whether the generator 102, 220 has received an indication that the jaw members or clamp arms have been opened since the energy cycle (e.g., whether the jaw aperture has increased).

The surgical devices 104, 106, 4106, 200 may be configured to provide the generator 102, 220 with an indication of the state of the jaw members or clamp arm in any suitable manner. For example, referring to the ultrasonic surgical device 104, a proximity sensor 191 may be positioned to provide the generator 102, 220 with an indication when the clamp arm 155 is

opened or closed (FIG. 3). Any suitable proximity sensor may be used such as, for example, a capacitive proximity sensor, an optical proximity sensor, a magnetic proximity sensor, a mechanical switch, a Hall effect sensor, etc. Although the proximity sensor 191 is shown coupled to the shaft 153, the proximity sensor 191 may be placed at any position on the shaft 153, clamp arm 155 or other component that moves relative to the clamp arm 155 or blade 151. Additionally, or alternatively, the generator 102, 220 may be in communication with the electrodes 157, 159. For example, a closed circuit between the electrodes 157, 159 may indicate that tissue is present while an open circuit between the electrodes 157, 159 may indicate that no tissue is present. Additionally or alternatively, the generator 102, 220 may be in communication with the pressure sensor 156. For example, an increase in pressure may indicate that the clamp arm 155 is closed or closing while a decrease in pressure may indicate that the clamp arm 155 is open or opening. Additionally or alternatively, the generator 102, 220 may be in communication with the temperature sensor 156. For example, a decrease in temperature may indicate that tissue has been removed from between the clamp arm 155 and the blade 151. In some embodiments, a sensor 193 may be positioned in the handle 116 to sense the position of the trigger 138 (FIG. 2) or of any transmission components between the trigger 138 and the clamp arm 155. The sensor 193 may be any suitable type of sensor including, for example, a proximity sensor, a switch, etc. For example, the position of the trigger 138 and transmission components may correspond to the position of the clamp arm 155.

Referring to the various surgical devices 104, 106, 4106, 200, the position of the jaw members (or clamp arm) may be determined in a similar manner. For example, a proximity sensor 195 may be positioned at the end effector 132 (FIG. 8) to sense when the jaw members 167, 169 are in proximity to one another (e.g., closed). Proximity or switch sensors may also be positioned in the respective handle assemblies. The handle assembly 130 (FIG. 6) shows an example of a proximity sensor 199 positioned therein. The proximity sensor 199 may be positioned to sense actuation of the jaw closure trigger 142 and/or an intermediate component directly or indirectly in contact with the jaw closure trigger 142. In addition to or instead of the proximity sensor 199, one or more similar proximity sensors (not shown) may be positioned in the shaft 165 (FIG. 6), 4165 (FIG. 13A). For example, a shaft-positioned proximity sensor may sense a position of the closure trigger 142, 4142, jaw members 167, 169, 4167, 4169,

reciprocating member 197, 139, 173, 4404, etc. In some examples, a proximity sensor may comprise a switch, such as 4450 (FIG. 13A).

In addition to or instead of using proximity sensors, the generator 102, 220 may be in communication with one or more of the pressure sensor 166, and/or the temperature sensor 168 to sense the closure state of the jaw members 167, 169, for example, as described herein with respect to the ultrasonic device 104. In some examples, the generator 102, 220 may also determine whether the jaws are closed by sending a signal to the electrodes 177, 179. If a closed circuit is detected, it may indicate that the jaw members 167, 169 are closed either on each other or on tissue.

According to various embodiments, the generator 102, 220 may provide power to a tissue bite according to one or more power curves. A power curve may define a relationship between power delivered to the tissue and the impedance of the tissue. For example as the impedance of the tissue changes (e.g., increases) during coagulation, the power provided by the generator 102, 220 may also change (e.g., decrease) according to the applied power curve. Power curves may be applied in any suitable manner. For example, the generator 102, 220, may manipulate characteristics of the drive signal provided to the surgical device to bring about the level of power indicated by the power curve. Also, in some examples, a power curve may be implemented in terms of other drive signal characteristics. For example, a power curve may specify voltages, currents, frequencies, duty cycles, etc. corresponding to tissue impedance.

Different power curves may be particularly suited, or ill-suited, to different types and/or sizes of tissue bites. Aggressive power curves (e.g., power curves calling for high power levels) may be suited for large tissue bites. When applied to smaller tissue bites, such as small vessels, more aggressive power curves may lead to exterior searing. Exterior searing may reduce the coagulation/weld quality at the exterior and can also prevent complete coagulation of interior portions of the tissue. Similarly, less aggressive power curves may fail to achieve hemostasis when applied to larger tissue bites (e.g., larger bundles).

FIG. 19 illustrates one embodiment of a chart 1300 showing example power curves 1306, 1308, 1310. The chart 1300 comprises an impedance axis 1302 illustrating increasing potential tissue impedances from left to right. A power axis 1304 illustrates increasing power from down to up. Each of the power curves 1306, 1308, 1310 may define a set of power levels, on the power axis 1304, corresponding to a plurality of potential sensed tissue impedances, in the

impedance axis 1302. In general, power curves may take different shapes, and this is illustrated in FIG. 19. Power curve 1306 is shown with a step-wise shape, while power curves 1308, 1310 are shown with curved shapes. It will be appreciated that power curves utilized by various embodiments may take any usable continuous or non-continuous shape. The rate of power delivery or aggressiveness of a power curve may be indicated by its position on the chart 1300. For example, power curves that deliver higher power for a given tissue impedance may be considered more aggressive. Accordingly, between two power curves, the curve positioned highest on the power axis 1304 may be the more aggressive. It will be appreciated that some power curves may overlap.

The aggressiveness of two power curves may be compared according to any suitable method. For example, a first power curve may be considered more aggressive than a second power curve over a given range of potential tissue impedances if the first power curve has a higher delivered power over the range. Delivered power over the range of potential tissue impedances may be measured in any suitable manner. For example, the delivered power over the range may be represented by an area under the power curve over the range or, when a power curve is expressed discretely, a sum of the power values for the power curve over the set of potential tissue impedances.

According to various embodiments, the algorithms described herein may be used with any kind of surgical device (e.g., ultrasonic device 104, electrosurgical device 106, 4106, 200). In embodiments utilizing an ultrasonic device 104, tissue impedance readings may be taken utilizing electrodes 157, 159 and/or utilizing the clamp arm assembly 451 described herein with respect to FIGS. 4 and 5. With an electrosurgical device, such as 106, 200, 4106, tissue impedance readings may be taken utilizing first and second electrodes 177, 179.

In some embodiments, an electrosurgical device 104 may comprise a positive temperature coefficient (PTC) material positioned between one or both of the electrodes 177, 179, 4177, 4179 and the tissue bite. The PTC material may have an impedance profile that remains relatively low and relatively constant until it reaches a threshold or trigger temperature, at which point the impedance of the PTC material may increase. In use, the PTC material may be placed in contact with the tissue while power is applied. The trigger temperature of the PTC material may be selected such that it corresponds to a tissue temperature indicating the completion of welding or coagulation. Accordingly, as a welding or coagulation process is

completed, the impedance of the PTC material may increase, bringing about a corresponding decrease in power actually provided to the tissue.

During the coagulation process, tissue impedance may generally increase. In some embodiments, tissue impedance may display a sudden impedance increase indicating successful coagulation. The increase may be due to physiological changes in the tissue, a PTC material reaching its trigger threshold, etc., and may occur at any point in the coagulation process. The amount of energy that may be required to bring about the sudden impedance increase may be related to the thermal mass of the tissue being acted upon. The thermal mass of any given tissue bite, in turn, may be related to the type and amount of tissue in the bite.

Various embodiments may utilize this sudden increase in tissue impedance to select an appropriate power curve for a given tissue bite. For example, the generator 102, 220 may select and apply successively more aggressive power curves until the tissue impedance reaches an impedance threshold indicating that the sudden increase has occurred. For example, reaching the impedance threshold may indicate that coagulation is progressing appropriately with the currently applied power curve. The impedance threshold may be a tissue impedance value, a rate of change of tissue impedance, and/or a combination of impedance and rate of change. For example, the impedance threshold may be met when a certain impedance value and/or rate of change are observed. According to various embodiments, different power curves may have different impedance thresholds, as described herein.

FIG. 20 illustrates one embodiment of a process flow 1330 for applying one or more power curves to a tissue bite. The process flow 1330 may be applied as all or a part of an energy cycle performed by a surgical device on tissue. In the process flow 1330, any suitable number of power curves may be used. The power curves may be successively applied in order of aggressiveness until one of the power curves drives the tissue to the impedance threshold. When the tissue is driven to the impedance threshold the energy cycle may be terminated. At 1332, the generator 102, 220 may apply a first power curve. According to various embodiments, the first power curve may be selected to deliver power at a relatively low rate. For example, the first power curve may be selected to avoid tissue searing with the smallest and most vulnerable expected tissue bites.

The first power curve may be applied to the tissue in any suitable manner. For example, the generator 102, 220 may generate a drive signal implementing the first power curve. The

power curve may be implemented by modulating the power of the drive signal. The power of the drive signal may be modulated in any suitable manner. For example, the voltage and/or current of the signal may be modulated. Also, in various embodiments, the drive signal may be pulsed. For example, the generator 102, 220 may modulate the average power by changing the pulse width, duty cycle, etc. of the drive signal. The drive signal may be provided to the first and second electrodes 177, 179, 417, 4179 of the electrosurgical device 106. In some embodiments the drive signal implementing the first power curve may be provided to an ultrasonic transducer 114 of the ultrasonic device 104 described above.

While applying the first power curve, the generator 102, 220 may monitor the total energy provided to the tissue. The impedance of the tissue may be compared to the impedance threshold at one or more energy thresholds. There may be any suitable number of energy thresholds, which may be selected according to any suitable methodology. For example, the energy thresholds may be selected to correspond to known points where different tissue types achieve the impedance threshold. At 1334, the generator 102, 220 may determine whether the total energy delivered to the tissue has met or exceeded a first energy threshold. If the total energy has not yet reached the first energy threshold, the generator 102, 220 may continue to apply the first power curve at 1332.

If the total energy has reached the first energy threshold, the generator 102, 220 may determine whether the impedance threshold has been reached (1336). As described above, the impedance threshold may be a predetermined rate of impedance change (e.g., increase) a predetermined impedance, or combination of the two. If the impedance threshold is reached, the generator 102, 220 may continue to apply the first power curve at 1332. For example, reaching the impedance threshold in the first power curve may indicate that the aggressiveness of the first power curve is sufficient to bring about suitable coagulation or welding.

In the event that the impedance threshold is not reached at 1336, the generator 102, 220 may increment to the next most aggressive power curve at 1338 and apply the power curve as the current power curve at 1332. When the next energy threshold is reached at 1334, the generator 102, 220 again may determine whether the impedance threshold is reached at 1336. If it is not reached, the generator 102, 220 may again increment to the next most aggressive power curve at 1338 and deliver that power curve at 1332.

The process flow 1330 may continue until terminated. For example, the process flow 1330 may be terminated when the impedance threshold is reached at 1336. Also, for example, the process flow 1330 may terminate upon the exhaustion of all available power curves. Any suitable number of power curves may be used. If the most aggressive power curve fails to drive the tissue to the impedance threshold, the generator 102, 220 may continue to apply the most aggressive power curve until the energy cycle is otherwise terminated (e.g., by a clinician or upon reaching a final energy threshold).

According to various embodiments, the process flow 1330 may continue until tissue impedance reaches a termination impedance threshold. The termination impedance threshold may indicate that coagulation and/or welding is complete. For example, the termination impedance threshold may be based on one or more of tissue impedance, tissue temperature, tissue capacitance, tissue inductance, elapsed time, etc. These may be a single termination impedance threshold or, in various embodiments, different power curves may have different termination impedance thresholds. According to various embodiments, different power curves may utilize different impedance thresholds. For example, the process flow 1330 may transition from a first to a second power curve if the first power curve has failed to drive the tissue to a first tissue impedance threshold and may, subsequently, shift from the second to a third power curve if the second power curve has failed to drive the tissue to a second impedance threshold.

FIG. 21 illustrates one embodiment of a chart 1380 showing example power curves 1382, 1384, 1386, 1388 that may be used in conjunction with the process flow 1330. Although four power curves 1382, 1384, 1386, 1388 are shown, it will be appreciated that any suitable number of power curves may be utilized. Power curve 1382 may represent the least aggressive power curve and may be applied first. If the impedance threshold is not reached at the first energy threshold, then the generator 102, 220 may provide the second power curve 1384. The other power curves 1386, 1388 may be utilized, as needed, for example in the manner described above.

As illustrated in FIG. 21, the power curves 1382, 1384, 1386, 1388 are of different shapes. It will be appreciated, however, that some or all of a set of power curves implemented by the process flow 1330 may be of the same shape. FIG. 22 illustrates one embodiment of a chart showing example common shape power curves 1392, 1394, 1396, 1398 that may be used in conjunction with the process flow 1330. According to various embodiments, common shape power curves, such as 1392, 1394, 1396, 1398 may be constant multiples of one another.

Accordingly, the generator 102, 220 may implement the common shape power curves 1392, 1394, 1396, 1398 by applying different multiples to a single power curve. For example, the curve 1394 may be implemented by multiplying the curve 1392 by a first constant multiplier. The curve 1396 may be generated by multiplying the curve 1392 by a second constant multiplier. Likewise, the curve 1398 may be generated by multiplying the curve 1392 by a third constant multiplier. Accordingly, in various embodiments, the generator 102, 220 may increment to a next most aggressive power curve at 1338 by changing the constant multiplier.

According to various embodiments, the process flow 1330 may be implemented by a digital device (e.g., a processor, digital signal processor, field programmable gate array (FPGA), etc.) of the generator 102, 220. FIGS. 23-25 illustrate process flows describing routines that may be executed by a digital device of the generator 102, 220 to generally implement the process flow 1330 described above. FIG. 23 illustrates one embodiment of a routine 1340 for preparing the generator 102, 220 to act upon a new tissue bite. The activation or start of the new tissue bite may be initiated at 1342. At 1344, the digital device may point to a first power curve. The first power curve, as described above, may be the least aggressive power curve to be implemented as a part of the process flow 1330. Pointing to the first power curve may comprise pointing to a deterministic formula indicating the first power curve, pointing to a look-up table representing the first power curve, pointing to a first power curve multiplier, etc.

At 1346, the digital device may reset an impedance threshold flag. As described below, setting the impedance threshold flag may indicate that the impedance threshold has been met. Accordingly, resetting the flag may indicate that the impedance threshold has not been met, as may be appropriate at the outset of the process flow 1330. At 1348, the digital device may continue to the next routine 1350.

FIG. 24 illustrates one embodiment of a routine 1350 that may be performed by the digital device to monitor tissue impedance. At 1352, load or tissue impedance may be measured. Tissue impedance may be measured according to any suitable method and utilizing any suitable hardware. For example, according to various embodiments, tissue impedance may be calculated according to Ohm's law utilizing the current and voltage provided to the tissue. At 1354, the digital device may calculate a rate of change of the impedance. The impedance rate of change may likewise be calculated according to any suitable manner. For example, the digital device may maintain prior values of tissue impedance and calculate a rate of change by comparing a

current tissue impedance value or values with the prior values. Also, it will be appreciated that the routine 1350 assumes that the impedance threshold is a rate of change. In embodiments where the impedance threshold is not a rate of change, 1354 may be omitted. If the tissue impedance rate of change (or impedance itself) is greater than the threshold (1356), then the impedance threshold flag may be set. The digital device may continue to the next routing at 1360.

FIG. 25 illustrates one embodiment of a routine 1362 that may be performed by the digital device to provide one or more power curves to a tissue bite. At 1364, power may be delivered to the tissue, for example, as described above with respect to 1334 of FIG. 20. The digital device may direct the delivery of the power curve, for example, by applying the power curve to find a corresponding power for each sensed tissue impedance, modulating the corresponding power onto a drive signal provided to the first and second electrodes 177, 179, the transducer 114, etc.

At 1366, the digital device may calculate the total accumulated energy delivered to the tissue. For example, the digital device may monitor the total time of power curve delivery and the power delivered at each time. Total energy may be calculated from these values. At 1368, the digital device may determine whether the total energy is greater than or equal to a next energy threshold, for example, similar to the manner described above with respect to 1334 of FIG. 20. If the next energy threshold is not met, the current power curve may continue to be applied at 1378 and 1364.

If the next energy threshold is met at 1368, then at 1370, the digital device may determine whether the impedance threshold flag is set. The state of the impedance threshold flag may indicate whether the impedance threshold has been met. For example, the impedance threshold flag may have been set by the routine 1350 if the impedance threshold has been met. If the impedance flag is not set (e.g., the impedance threshold is not met), then the digital device may determine, at 1372, whether any more aggressive power curves remain to be implemented. If so, the digital device may point the routine 1362 to the next, more aggressive power curve at 1374. The routine 1362 may continue (1378) to deliver power according to the new power curve at 1364. If all available power curves have been applied, then the digital device may disable calculating and checking of accumulated energy for the remainder of the tissue operation at 1376.

If the impedance flag is set at 1370 (e.g., the impedance threshold has been met), then the digital device may disable calculating and checking of accumulated energy for the remainder of the tissue operation at 1376. It will be appreciated that, in some embodiments, accumulated energy calculation may be continued, while 1370, 1372, 1374, and 1376 may be discontinued. For example, the generator 102, 220 and/or digital device may implement an automated shut-off when accumulated energy reaches a predetermined value.

FIG. 26 illustrates one embodiment of a process flow 1400 for applying one or more power curves to a tissue bite. For example, the process flow 1400 may be implemented by the generator 102, 220 (e.g., the digital device of the generator 102, 220). At 1402, the generator 102, 220 may deliver a power curve to the tissue. The power curve may be derived by applying a multiplier to a first power curve. At 1404, the generator 102, 220 may determine if the impedance threshold has been met. If the impedance threshold has not been met, the generator 102, 220 may increase the multiplier (e.g., as a function of the total applied energy). This may have the effect of increasing the aggressiveness of the applied power curve. It will be appreciated that the multiplier may be increased periodically or continuously. For example, the generator 102, 220 may check the impedance threshold (1404) and increase the multiplier (1406) at a predetermined periodic interval. In various embodiments, the generator 102, 220 may continuously check the impedance threshold (1404) and increase the multiplier (1406). Increasing the multiplier as a function of total applied energy may be accomplished in any suitable manner. For example, the generator 102, 220 may apply a deterministic equation that receives total received energy as input and provides a corresponding multiplier value as output. Also, for example, the generator 102, 220 may store a look-up table that comprises a list of potential values for total applied energy and corresponding multiplier values. According to various embodiments, the generator 102, 220 may provide a pulsed drive signal to tissue (e.g., via one of the surgical devices 104, 106, 200, 4106). According to various embodiments, when the impedance threshold is met, the multiplier may be held constant. The generator 102, 220 may continue to apply power, for example, until a termination impedance threshold is reached. The termination impedance threshold may be constant, or may depend on the final value of the multiplier.

According to various embodiments, a surgical system may be configured to apply energy to tissue according to a segmented power curve. According to a segmented power curve, the

surgical system (e.g., a generator 102, 220 thereof) may apply a first power curve when tissue impedance is in one of a set of first power curve segments and a second power curve when tissue impedance is in one of a set of second power curve segments. The first and second power curves may have any suitable shape, for example, as described herein. In various embodiments, the second power curve may be less aggressive than the first power curve over a range of impedances. For example, the second power curve may be less aggressive than the first power curve over the range of impedances actually exhibited by the tissue during the course of an energy cycle (e.g., as received by the generator 102, 220). In some examples, the second power curve may be less aggressive than the first power curve over the range of impedances expected to be exhibited by tissue in general, by tissue of the specific type being treated, etc. In some embodiments, the second power curve is a constant (e.g., 0 - 5 Watts or another suitable value). In this way, when tissue impedance is in one of the first power curve segments, the generator 102, 220 may provide a high energy level that advances the coagulation of the tissue quickly and drives tissue impedance up. When tissue impedance passes into a second power curve segment, the generator 102, 220 may reduce the energy level (e.g., to between 0 and 5 Watts). This may slow the rate of impedance increase, which can lead to better sealing outcomes.

In some embodiments, first and second power curve segments may be described by a ratio of the sum of first power curve segment widths (e.g., in ohms) to the sum of second power curve segment widths over all tissue impedances or a range of tissue impedances. The ratio may describe the tissue impedance range over which the segmented power curve is actually applied (e.g., as measured by the surgical system) or a range over which the segmented power curve is expected to be applied. The expected range may be determined, for example, based on impedances measured over prior applications of the segmented power curve or similar segmented power curves. In some examples, the ratio may be taken over a single first power curve segment and a single second power curve segment. A segmented power curve for driving tissue impedance up quickly may have a relatively high ratio of first power curve segment width to second power curve segment width. A segmented power curve for driving tissue impedance up more slowly may have a lower ratio. Any suitable ratio may be used in a segmented drive signal. In some examples, the ratio may have a value between 1/10 and 10. In some examples, the ratio may have a value between 1/3 and 3.

Additionally, first and second power curve segments may be placed according to any suitable pattern. In some embodiments, first and second power curve segments are equally spaced across tissue impedances. First power curve segments, for example, may have a constant first width. Second power curve segments may have a constant second width. In some embodiments, first power curve segment widths may vary across tissue impedances, as may second power curve segment widths. Also, first and second power curve segments may be irregularly spaced according to any suitable pattern.

FIG. 27 illustrates one embodiment of a segmented power curve 3000. In FIG. 27, the horizontal axis 3002 represents tissue impedance (Z) while the vertical axis 3004 represents power (3006), current (3008) and voltage (3010) delivered to tissue according to the segmented power curve 3000. First power curve segments 3013 are ranges of tissue impedance at which the generator 102, 220 applies a first power curve. Second power curve segments 3012 are ranges of tissue impedance at which the generator 102, 220 applies a second power curve. For the example power curve 3000, the first power curve provides a maximum power of 200 Watts when the tissue impedance is below fifty ohms and then gradually reduces its power level as tissue impedance increases. The second power curve is a constant 5 Watts. Below about 80 ohms, the segmented power curve 3000 is in a first power curve segment 3013. Between about 80 ohms and 320 ohms, the first and second power curve segments 3013, 3012 alternate regularly with a ratio of first power curve segment widths 3013 to second power curve segment widths 3012 that is about one (1).

FIG. 28 illustrates an alternative embodiment of a segmented power curve 3020. The segmented power curve 3020 uses the same first and second power curves as the example segmented power curve 3000. The segmented power curve 3020, however, utilizes a larger number of smaller segments 3012, 3013. Below about 60 ohms, the segmented power curve 3020 is in a first power curve segment 3013. Between about 60 ohms and 320 ohms, the first and second power curve segments 3013, 3012 alternate regularly with a ratio of the first power curve segment widths 3013 to the second power curve segment widths 3012 that is about one third ($1/3$).

FIG. 29 illustrates a plot 3050 showing an implementation of the segmented power curve 3020 according to one embodiment. In the plot 3050, the horizontal axis 3052 represents time while the vertical axis 3054 shows power 3058 and tissue impedance 3056. An energy cycle

begins when time is equal to zero (e.g., the generator 102, 220 begins to apply energy to tissue). Between zero (0) and about 0.45 seconds, tissue impedance 3056 remains below about 60 ohms and the surgical system remains in the initial first power curve segment 3013 where a maximum power of 200 Watts is provided (e.g., power 3058). Between zero (0) and about 0.45 seconds, tissue impedance 3056 initially falls and then rises, forming what is sometimes referred to the “bathtub” portion of the impedance plot 3056. After about 0.45 seconds, tissue impedance 3056 exceeds about 60 ohms, causing a transition into an initial second power curve segment 3012. As the power is cut according to the second power curve, the impedance drops below about 60 ohms and back into the initial first power curve segment 3013. The impedance 3056 continues to rise (in first power curve segments 3013) and fall (in second power curve segments 3012), but trending towards higher impedance peaks in the first power curve segments 3013. This may continue until an end-of-cycle event occurs (e.g., a threshold impedance is reached).

FIG. 30 illustrates a state diagram showing one embodiment of a state diagram that may be implemented by a surgical system (e.g., a generator 102, 220 thereof) to execute a segmented power curve, such as 3000, 3020. During execution of the segmented power curve, the generator 102, 220 may be in have a first power curve state 3032 and a second power curve state 3034. When in the first power curve state 3032, the generator 102, 220 may provide a first power curve 3036 that may be any suitable power curve including, for example, those described herein. When in the second power curve state, the generator 102, 220 may provide a second power curve 3038. The second power curve 3038 may be any suitable power curve including, for example, those described herein. In various embodiments, the second power curve 3038 may be a constant power level, as shown in FIGS. 27 and 28. The constant power level may be any suitable power level including, for example, between 0 Watts and 5 Watts. Although the second power curve 3038 is a constant, other examples may use any suitable power curve in the second power curve state. In some embodiments, the second power curve 3038 is less aggressive than the first power curve 3032.

The generator 102, 220 may transition 3040 between the first power curve state 3032 and the second power curve state 3034 according to a state transition function 3042. Referring to the state transition function 3042, the horizontal axis 3002 corresponds to tissue impedance while the vertical axis 3044 corresponds to the state of the generator 120. The high (H) state on the axis 3044 corresponds to the first power curve state 3032, while the low (L) state on the axis 3044

corresponds to the second power curve state 3034. For example, impedance ranges for which the state transition function 3042 is high may correspond to the first power curve segments 2012 in FIGS. 27 and 28. Impedance ranges for which the state transition function 3042 is low may correspond to second power curve segments 3012. The high/low ratio of the state transition function may correspond to the ratio of first power curve segment widths to second power curve segment widths described above. To apply a segmented power curve, the generator 102, 220 may monitor tissue impedance and find a value for the state transition function 3042. If the state transition function 3042 is high, the generator 102, 220 may apply the first power curve 3036. If the state transition function 3042 is low, the generator 102, 220 may apply the second power curve 3038.

FIG. 31 illustrates a flow chart showing one embodiment of a process flow 3050 that may be executed by a surgical system (e.g., a generator 102, 220 thereof) to execute a segmented power curve, such as 3000, 3020. For example, the process flow 3050 may represent an energy cycle. At the beginning of the energy cycle, at 3054, the generator 102, 220 may provide the first power curve to tissue. At 3056, the generator 102, 220 may receive a measurement of the impedance of tissue being acted upon by the first power curve. In some embodiments utilizing an ultrasonic surgical device, such as 104, the impedance may be an impedance of the transducer. At 3058, the generator 102, 220 may determine whether the received impedance measurement indicates a second power curve segment. If no, the generator 102, 220 may continue to provide the first power curve at 3054. If yes, the generator 102, 220 may provide the second power curve at 3060. Whether starting from action 3054 or from action 3060, the generator 102, 220 may periodically execute 3056 and 3058 to determine whether to switch power curves. The process flow 3050 may conclude, for example, when the tissue impedance or other property indicates the end of the energy cycle.

In some examples, a segmented power curve may implemented utilizing a look-up table or other suitable mechanism for storing tissue impedances and corresponding drive signal characteristics. For example, FIG. 32 illustrates a flow chart showing one embodiment of a process flow 3070 that may be executed by a surgical system (e.g., a generator 102, 220 thereof) to execute a segmented power curve, such as 3000, 3020, using a look-up table. Instead of alternately applying first and second power curves, the generator 102, 220 may apply a consolidated segmented power curve indicated by a look-up table. At 3072, the generator 102,

220 may receive an indication of the impedance of tissue being treated by the end effector. At 3074, the generator 102, 220 may receive a corresponding drive signal characteristic (e.g., power, voltage, current, etc.). For example, the generator 102, 220 may store a look-up table or other mechanism that stores tissue impedances and corresponding drive signal characteristics. Drive signal characteristics indicated by the look-up table may incorporate both the first power curve and the second power curve described herein. For example, for impedances corresponding to a first power curve segment, the look-up table may return a drive signal characteristic consistent with the first power curve. For impedances corresponding to a second power curve segment, the look-up table may return a drive signal characteristic consistent with the second power curve. At 3076, the generator 102 may apply the received drive signal characteristic to the end effector. The process flow 3070 may be executed, for example, during the provision of an energy cycle. In some examples, it may be executed continuously until termination of the energy cycle.

In various embodiments, the surgical system (e.g., the generator 102, 220 thereof) may be programmed to modify the signal provided to tissue if a clinician requests a second or subsequent energy cycle on the same tissue bite. An energy cycle may represent a single instance in which energy is applied to a tissue. For example, FIGS. 20, 26, 30 and 31 illustrate flow charts and/or state diagrams setting forth energy delivery algorithms that may be applied in an energy cycle. An energy cycle may conclude when energy provision to the tissue ceases, for example, when the tissue impedance or other indicator reaches a threshold value or an energy delivery algorithm otherwise terminates.

Many energy cycles are designed to operate on tissue that has not yet been treated. Some clinicians, however, prefer to apply multiple energy cycles to the same piece of tissue in contact with the end effector (e.g., tissue bite). Applying a second or subsequent energy cycle to the same tissue bite, however, can sometimes damage tissue by applying excessive energy. Accordingly, the generator 102, 220 may be programmed to modify a drive signal provided to electrosurgical electrodes and/or an ultrasonic transducer if the generator determines that the end effector is in contact with tissue that has already been treated by a previous energy cycle.

FIG. 33 illustrates a flow chart 3100 showing one embodiment of a process flow 3100 for modifying a drive signal when a previous energy cycle has already been applied to tissue. The process flow 3100 may be executed by a surgical system with any suitable type of surgical

device including, for example, the ultrasonic surgical device 104 and/or the electrosurgical devices 106, 4106, 200 described herein. At 3102, the surgical system (e.g., a generator 102, 220 thereof) may receive an indication of an energy cycle request from a clinician. The clinician may request an energy cycle in any suitable manner. For example, referring to the ultrasonic surgical device 104, the clinician may request an energy cycle by actuating one or more of buttons 136a, 136b, 136c (FIG. 2). In some examples, the clinician may request an energy cycle by actuating a button on the surgical device (e.g., 181, 4412, 136a, 136b, 136c).

At 3104, the generator 102, 220 may determine whether the end effector of the surgical device is in contact with tissue that has already been treated. The generator 102, 220 may make this determination in any suitable way. For example, the generator 102, 220 may determine whether the end effector has released the last tissue to be treated. Release may be sensed in any suitable manner. For example, the generator 102, 220 may determine whether electrosurgical jaws 167, 169 or an ultrasonic clamp arm 155 have been opened, as described herein. In some examples, the generator 102, 220 may monitor a property of the end effector, such as temperature. If the temperature of the end effector is above a threshold value, it may indicate that the tissue present has already been treated. In some examples, the generator 102, 220 may monitor an impedance between electrodes in the end effector, such as 157, 159 of the end effector 126, electrodes 177, 179 of the end effector 132, the electrodes 4177, 4179 of the end effector 4132, etc. For example, after an energy cycle, the generator 102, 220 may provide a non-therapeutic signal to the electrodes and monitor whether an open circuit is detected. An open circuit may be detected, for example, if the impedance exceeds a threshold value, if the current between the electrodes falls below a threshold value, etc. If an open circuit is detected after an energy cycle, the generator 102, 220 may determine that the end effector is no longer in contact with the tissue that was treated during the energy cycle. If no open circuit is detected after the energy cycle, the generator 102, 220 may determine that the end effector is still in contact with the tissue that was treated during the energy cycle. In some examples, the generator 102, 220 may monitor a pressure exerted between members of the end effector (e.g., between jaw members 167, 169 or 4167, 4169, between a clamp arm 155 and blade 151, etc.). The pressure may be sensed, for example, by one or more pressure sensors 156, 166, as described herein. If the generator 102, 220 determines there no reduction in pressure below a threshold

pressure level since the previous energy cycle was completed, it may determine that the tissue contacting the end effector has been previously treated.

If the tissue at the end effector has not been treated, then the generator 102, 220 may, at 3108, apply the requested energy cycle. If the tissue at the end effector has been treated, then the generator 102, 220 may, at 3106, apply a modified energy cycle. For example, because the tissue has already been treated, the generator 102, 220 may modify the requested energy cycle to reduce the total energy delivered during the energy cycle.

The energy cycle may be modified in any suitable manner. In some examples, the generator 102, 220 may reduce average power levels provided during the energy cycle, for example, by reducing the current, voltage, duty cycle, or any other suitable property. In some examples, the generator 102, 220 may change the value of a threshold property, such as impedance, that indicates the end of the algorithm. For example, the threshold property may be modified in a manner that tends to reduce the total energy delivered during the energy cycle. In some examples, the generator 102, 220 may modify the energy cycle by applying one or more maximum values. For example, the generator 102, 220 may apply a maximum total energy to be delivered during the energy cycle. If the maximum total energy is exceeded, then the generator 102, 220 may terminate the energy cycle. That is, if the energy cycle has not otherwise terminated before the expiration of the maximum time, then the generator 102, 220 may terminate the energy cycle. Also, for example, where the energy cycle involves the application of a power curve, modifying the energy cycle may comprise reducing the power levels delivered over all or a portion of the power curve, for example, by applying a multiplier. Where the energy cycle involves applying a segmented power curve, as described herein, modifying the energy cycle routine may comprise, modifying the first and/or second power curves, reducing the ratio of first power curve segment widths to second power curve segments widths, etc. Also, for example, the generator 120, 220 may apply a maximum power, voltage, current, etc. The generator 120, 220 may be programmed to prevent the power, voltage, current, etc., from exceeding respective maximum values during the energy cycle.

FIG. 34 illustrates a flow chart showing another embodiment of a process flow 3200 for modifying a drive signal when a previous energy cycle has already been applied to a tissue bit. The process flow 3200 may be executed by a surgical system including any suitable type of surgical device including, for example, the ultrasonic surgical device 104 and the electrosurgical

devices 106, 4106, 200 described herein. At 3202, the surgical system (e.g., a generator 102, 220 thereof) may receive an indication of jaw closure. When the surgical system uses an ultrasonic device, the indication of jaw closure may be an indication that the clamp arm 155 has been pivoted against the blade 151. When the surgical system uses an electrosurgical device, the indication of jaw closure may be an indication that the jaw members 167, 169 have been moved to a closed position. The indication of jaw closure may come from any suitable sensor or mechanism including, for example, proximity sensors 191, 193, 195, 199, 4450, pressure sensors 156, 166, temperature sensors 156, electrodes 157, 159, 177, 179, etc.

At 3204, the generator 102, 220 may receive an indication of an energy cycle request, similar to 3102 described herein. At 3206, the generator 102, 220 may provide a drive signal to the surgical device (e.g., ultrasonic surgical device 104 or electrosurgical device 106, 4106, 200) according to the requested energy cycle. At 3208, the energy cycle may cease. For example, the energy cycle may terminate, at which point the generator 102, 220 may discontinue the drive signal. The generator 102, 220 may then await a next request for an energy cycle. At 3210, the generator 102, 220 may receive a next request for an energy cycle, for example, as described herein. At 3212, the generator 102, 220 may determine whether the jaws have opened since the provision of the first energy cycle (or, with the ultrasonic device 104, whether the clamp arm 155 has pivoted away from the blade 151). If the jaws have opened, it may indicate that the clinician has released the tissue bite treated by the previous energy cycle. Accordingly, if the jaws have opened, the generator 102, 220 may, at 3206, provide the drive signal according to the requested energy cycle. If the jaws have not opened, it may indicate that the clinician intends to apply an energy cycle to the same tissue bite that was previously treated. Accordingly, at 3214, the generator 102, 220 may provide a drive signal according to a modified energy cycle, as described herein.

Although the various embodiments of the devices have been described herein in connection with certain disclosed embodiments, many modifications and variations to those embodiments may be implemented. For example, different types of end effectors may be employed. Also, where materials are disclosed for certain components, other materials may be used. The foregoing description and following claims are intended to cover all such modification and variations.

Any patent, publication, or other disclosure material, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated materials does not conflict with existing definitions, statements, or other disclosure material set forth in this disclosure. As such, and to the extent necessary, the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference. Any material, or portion thereof, that is said to be incorporated by reference herein, but which conflicts with existing definitions, statements, or other disclosure material set forth herein will only be incorporated to the extent that no conflict arises between that incorporated material and the existing disclosure material.

Various aspects of the subject matter described herein are set out in the following numbered clauses:

1. A surgical system, the system comprising:
 - an end effector; and
 - a generator programmed to:
 - receive an indication of a first impedance of tissue to be treated by the end effector;
 - determine that the first impedance is within an impedance range corresponding to a first power curve segment of the segmented power curve;
 - provide a drive signal to the end effector according to a first power curve;
 - receive an indication of a second impedance of the tissue to be treated by the end effector;
 - determine that the second impedance is within an impedance range corresponding to a second power curve segment of the segmented power curve;
 - provide the drive signal to the end effector according to a second power curve.
2. The surgical system of clause 1, wherein the second power curve is less aggressive than the first power curve.
3. The surgical system of clause 1, wherein the second power curve has a lower delivered power over a range of tissue impedance indications received by the generator, wherein the range of tissue impedance indications comprises the indication of the first impedance and the indication of the second impedance.

4. The surgical system of clause 1, wherein the second power curve is a constant power.

5. The surgical system of clause 4, wherein the second power curve is a constant power between 0 Watts and 5 Watts.

6. The surgical system of clause 1, wherein a ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/10 and 10.

7. The surgical system of clause 6, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/3 and 3.

8. The surgical system of clause 1, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is about 1.

9. The surgical system of clause 1, further comprising a transducer mechanically coupled to the end effector, providing the drive signal to the end effector comprises providing the drive signal to the transducer.

10. The surgical system of clause 1, wherein the end effector further comprises a first electrode and a second electrode, and wherein providing the drive signal to the end effector comprises providing the drive signal to the first electrode and the second electrode.

11. The surgical system of clause 1, wherein the generator is further programmed to:
receive a request for an energy cycle routine to the end effector;
determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle; and

apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

12. A surgical system, the system comprising:
an end effector; and

a generator to provide a drive signal to the end effector, wherein the generator is programmed to:

provide a drive signal to the end effector according to a first power curve;

determine that an impedance of tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment; and

provide the drive signal to the end effector according to the second power curve.

13. The system of clause 12, wherein determining that an impedance of the tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment comprises:

receiving an indication of a first impedance of the tissue treated by the end effector; and
evaluating a state transfer function based on the first impedance, wherein a result of the state transfer function indicates that the first impedance is within an impedance range corresponding to a second power curve segment.

14. The system of clause 12, wherein determining that an impedance of the tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment comprises:

receiving an indication of a first impedance of the tissue treated by the end effector; and
retrieving a drive signal characteristic corresponding to the first impedance, and wherein providing the drive signal to the end effector according to the second power curve comprises applying the drive signal characteristic to the drive signal.

15. The surgical system of clause 12, wherein the second power curve is less aggressive than the first power curve.

16. The surgical system of clause 12, wherein the second power curve has a lower delivered power over a range of tissue impedance indications received by the generator, wherein the range of tissue impedance indications comprises the indication of the first impedance and the indication of the second impedance.

17. The surgical system of clause 12, wherein the second power curve is a constant power.

18. The surgical system of clause 17, wherein the second power curve is a constant power between 0 Watts and 5 Watts.

19. The surgical system of clause 12, wherein a ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/10 and 10.

20. The surgical system of clause 19, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/3 and 3.

21. The surgical system of clause 12, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is about 1.

22. The surgical system of clause 12, wherein the generator is further programmed to:
receive a request for an energy cycle routine to the end effector;
determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle; and
apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

CLAIMS

We claim:

1. A surgical system, the system comprising:
an end effector; and
a generator programmed to:
receive an indication of a first impedance of tissue to be treated by the end effector;
determine that the first impedance is within an impedance range corresponding to a first power curve segment of the segmented power curve;
provide a drive signal to the end effector according to a first power curve;
receive an indication of a second impedance of the tissue to be treated by the end effector;
determine that the second impedance is within an impedance range corresponding to a second power curve segment of the segmented power curve; and
provide the drive signal to the end effector according to a second power curve.
2. The surgical system of claim 1, wherein the second power curve is less aggressive than the first power curve.
3. The surgical system of claim 1, wherein the second power curve has a lower delivered power over a range of tissue impedance indications received by the generator, wherein the range of tissue impedance indications comprises the indication of the first impedance and the indication of the second impedance.
4. The surgical system of claim 1, wherein the second power curve is a constant power.
5. The surgical system of claim 4, wherein the second power curve is a constant power between 0 Watts and 5 Watts.

6. The surgical system of claim 1, wherein a ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/10 and 10.

7. The surgical system of claim 6, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/3 and 3.

8. The surgical system of claim 1, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is about 1.

9. The surgical system of claim 1, further comprising a transducer mechanically coupled to the end effector, providing the drive signal to the end effector comprises providing the drive signal to the transducer.

10. The surgical system of claim 1, wherein the end effector further comprises a first electrode and a second electrode, and wherein providing the drive signal to the end effector comprises providing the drive signal to the first electrode and the second electrode.

11. The surgical system of claim 1, wherein the generator is further programmed to:
receive a request for an energy cycle routine to the end effector;
determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle; and
apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

12. A surgical system, the system comprising:
an end effector; and
a generator to provide a drive signal to the end effector, wherein the generator is programmed to:
provide a drive signal to the end effector according to a first power curve;

determine that an impedance of tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment; and

provide the drive signal to the end effector according to the second power curve.

13. The system of claim 12, wherein determining that an impedance of the tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment comprises:

receiving an indication of a first impedance of the tissue treated by the end effector; and
evaluating a state transfer function based on the first impedance, wherein a result of the state transfer function indicates that the first impedance is within an impedance range corresponding to a second power curve segment.

14. The system of claim 12, wherein determining that an impedance of the tissue treated by the end effector has moved from an impedance range corresponding to a first power curve segment to an impedance range corresponding to a second power curve segment comprises:

receiving an indication of a first impedance of the tissue treated by the end effector; and
retrieving a drive signal characteristic corresponding to the first impedance, and wherein providing the drive signal to the end effector according to the second power curve comprises applying the drive signal characteristic to the drive signal.

15. The surgical system of claim 12, wherein the second power curve is less aggressive than the first power curve.

16. The surgical system of claim 12, wherein the second power curve has a lower delivered power over a range of tissue impedance indications received by the generator, wherein the range of tissue impedance indications comprises the indication of the first impedance and the indication of the second impedance.

17. The surgical system of claim 12, wherein the second power curve is a constant power.

18. The surgical system of claim 17, wherein the second power curve is a constant power between 0 Watts and 5 Watts.

19. The surgical system of claim 12, wherein a ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/10 and 10.

20. The surgical system of claim 19, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is between 1/3 and 3.

21. The surgical system of claim 12, wherein the ratio of a width of the first power curve segment to a width of the second power curve segment is about 1.

22. The surgical system of claim 12, wherein the generator is further programmed to:
receive a request for an energy cycle routine to the end effector;
determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle; and
apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

23. A surgical system, the system comprising:
an end effector comprising at least one jaw member having an open position and a closed position; and
a generator programmed to:
receive a request for an energy cycle routine to the end effector;
determine that the at least one jaw member has not been in the open position since a conclusion of a previous energy cycle; and

apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

24. The surgical system of claim 23, wherein the generator is further programmed to modify the energy cycle routine to generate the modified energy cycle routine.

25. The surgical system of claim 24, wherein modifying the energy cycle routine comprises modifying a threshold impedance at which the energy cycle routine terminates.

26. The surgical system of claim 23, wherein applying the modified energy cycle comprises applying the energy cycle routine for no more than a maximum time.

27. The surgical system of claim 23, wherein applying the modified energy cycle comprises terminating the energy cycle if a total energy delivered during the energy cycle exceeds a total energy maximum.

28. The surgical system of claim 23, wherein applying the modified energy cycle comprises preventing at least one of a voltage, a current, or a power from exceeding a maximum value.

29. The surgical system of claim 23, wherein the end effector further comprises an ultrasonic blade.

30. The surgical system of claim 23, wherein the at least one jaw member comprises a first jaw member and a second jaw member, wherein the first jaw member comprises a first electrode, and wherein the second jaw member comprises a second electrode.

31. The surgical system of claim 23, wherein determining that the jaw member has not been in the open position since the conclusion of the previous energy cycle comprises determining that the generator has not received an indication that the jaw member has been in the open position since the conclusion of the previous energy cycle.

32. The surgical system of claim 23, wherein determining that the at least one jaw member has not been in the open position since the conclusion of the previous energy cycle comprises:

receiving a signal indicating a temperature at the end effector; and
determining that the temperature at the end effector is greater than a threshold temperature.

33. The surgical system of claim 23, wherein the end effector comprises a first electrode and a second electrode, and wherein determining that the at least one jaw member has not been in the open position since the conclusion of the previous energy cycle comprises:

providing a non-therapeutic signal between the first and second electrodes; and
determining that the non-therapeutic signal has not indicated an open circuit between the first and second electrodes since the conclusion of the previous energy cycle.

34. The surgical system of claim 23, wherein determining that the at least one jaw member has not been in the open position since the conclusion of the previous energy cycle comprises determining that a signal from a pressure sensor has not indicated a reduction in pressure at the at least one jaw member since the conclusion of the previous energy cycle.

35. The surgical system of claim 23, wherein determining that the at least one jaw member has not been in the open position since the conclusion of the previous energy cycle comprises determining that a signal from a proximity sensor has not indicated a reduction in pressure at the at least one jaw member since the conclusion of the previous energy cycle.

36. The surgical system of claim 23, wherein determining that the at least one jaw member has not been in the open position since the conclusion of the previous energy cycle comprises determining that a signal from at least one sensor has not indicated an increase in jaw aperture.

37. The surgical system of claim 23, wherein the generator is further programmed to: after applying the modified energy cycle routine, receive a second request for the energy cycle routine;

determine that the at least one jaw member has been in an open position since a conclusion of the modified energy cycle routine; and
apply the energy cycle routine.

38. The surgical system of claim 23, wherein the generator is further programmed to: receive an indication of a first impedance of tissue to be treated by the end effector; determine that the first impedance is within an impedance range corresponding to a first power curve segment of the segmented power curve;

provide a drive signal to the end effector according to a first power curve; receive an indication of a second impedance of the tissue to be treated by the end effector;

determine that the second impedance is within an impedance range corresponding to a second power curve segment of the segmented power curve; and
provide the drive signal to the end effector according to a second power curve.

39. A surgical system, the system comprising:
an end effector comprising at least one jaw member having an open position and a closed position; and

a generator programmed to:
receive a request for an energy cycle routine to the end effector;
determine wherein the end effector is in contact with tissue that has been treated by a previous energy cycle; and
apply a modified energy cycle routine to the end effector, wherein applying the modified energy cycle routine delivers less energy than applying the energy cycle routine.

40. The surgical system of claim 39, wherein the generator is further programmed to: after applying the modified energy cycle routine, receive a second request for the energy cycle routine;

determine that the end effector is not in contact with tissue that has been treated by the modified energy cycle;

apply the requested second energy cycle routine.

41. The surgical system of claim 39, wherein applying the modified energy cycle comprises applying the energy cycle routine for no more than a maximum time.

42. The surgical system of claim 39, wherein determining that the end effector is in contact with tissue that has been treated by a previous energy cycle comprises determining that the generator has not received an indication that the jaw member has been in the open position since a completion of the previous energy cycle.

43. The surgical system of claim 39, wherein determining that the end effector is in contact with tissue that has been treated by a previous energy cycle comprises:

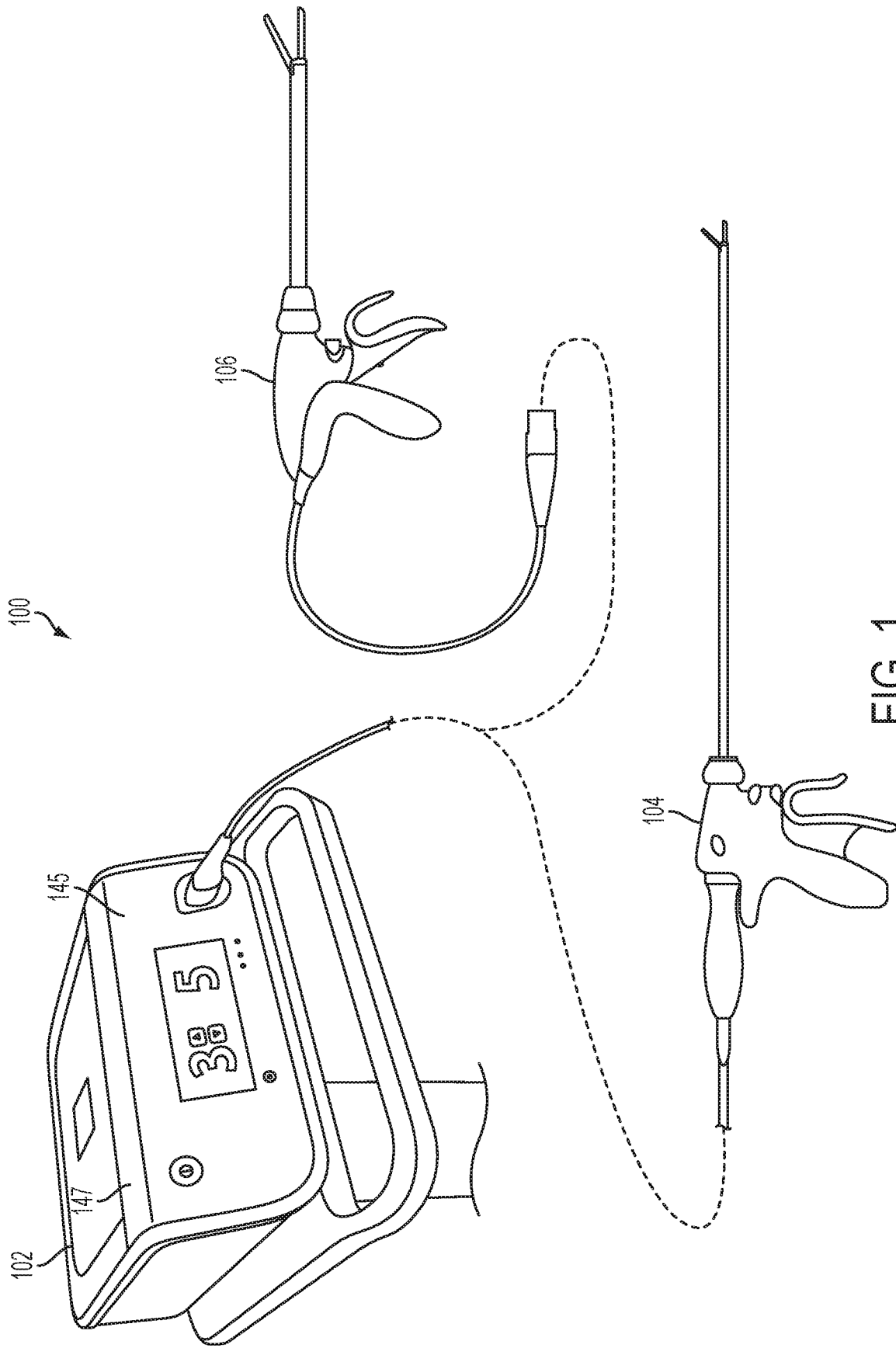
receiving a signal indicating a temperature at the end effector; and

determining that the temperature at the end effector is greater than a threshold temperature.

44. The surgical system of claim 39, wherein the end effector comprises a first electrode and a second electrode, and wherein determining that the end effector is in contact with tissue that has been treated by a previous energy cycle comprises:

providing a non-therapeutic signal between the first and second electrodes; and

determining that the non-therapeutic signal has not indicated an open circuit between the first and second electrodes since a conclusion of the previous energy cycle.



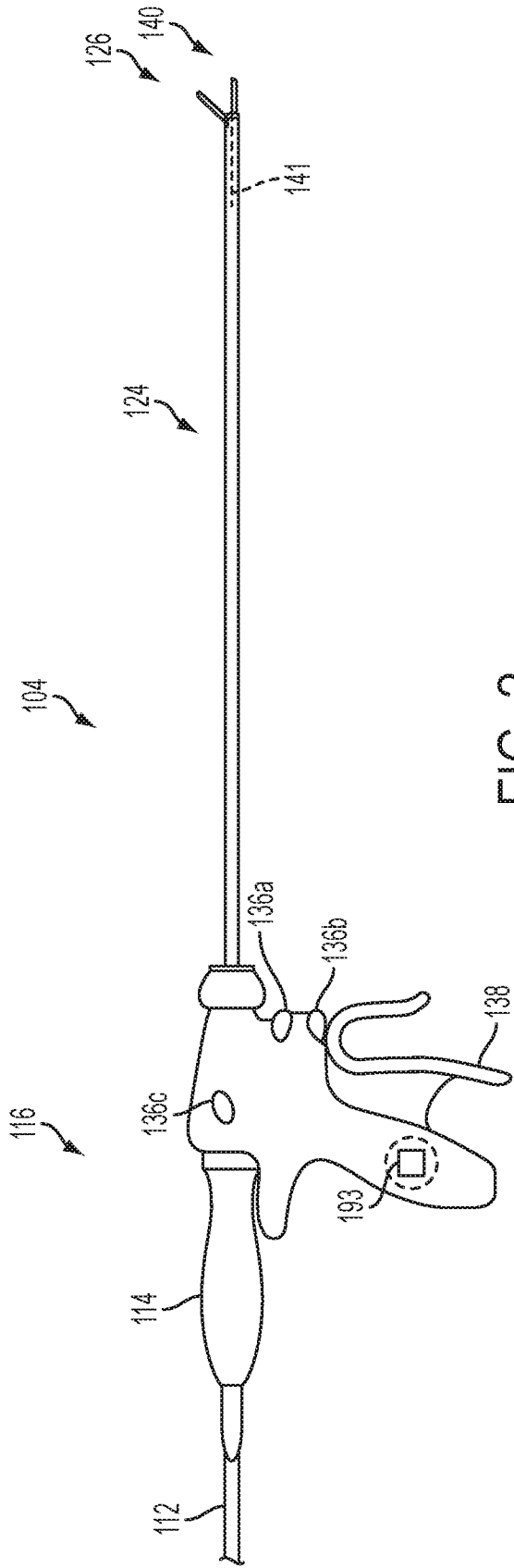


FIG. 2

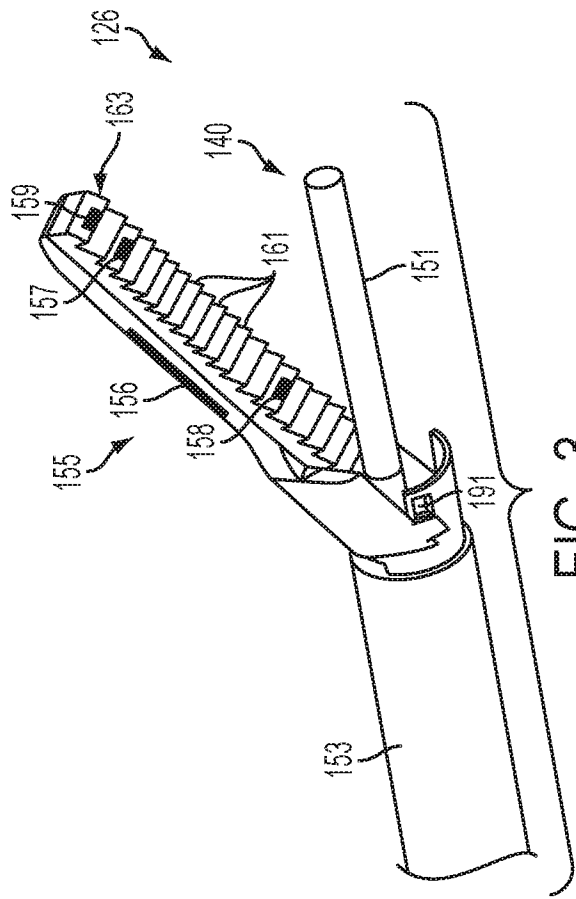


FIG. 3

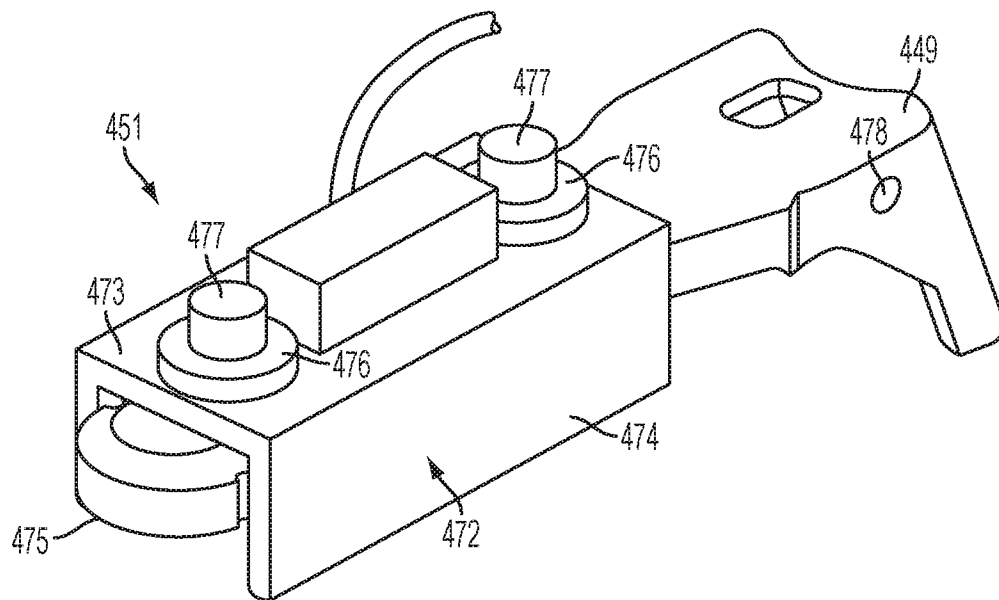


FIG. 4

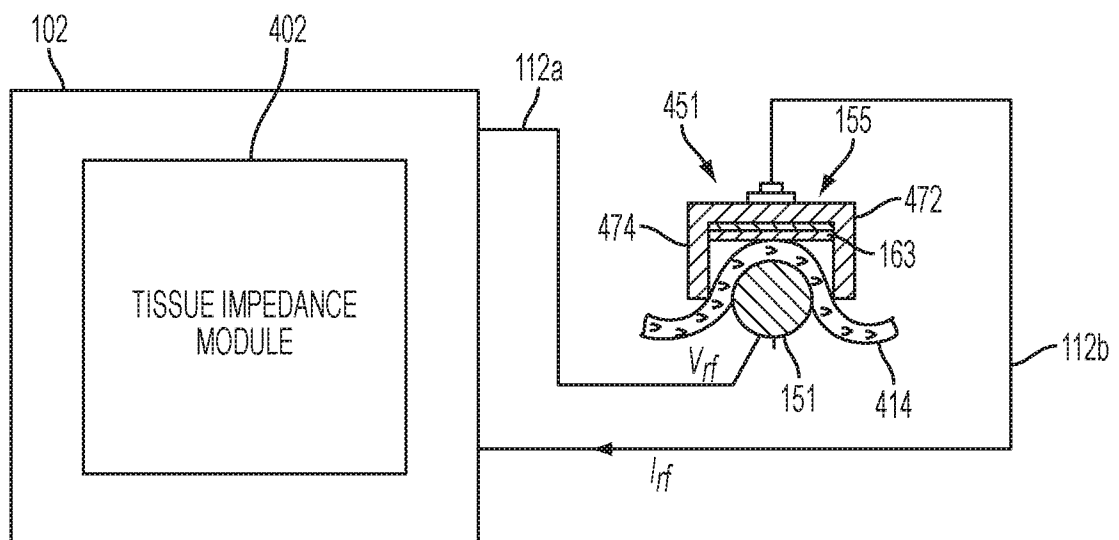


FIG. 5

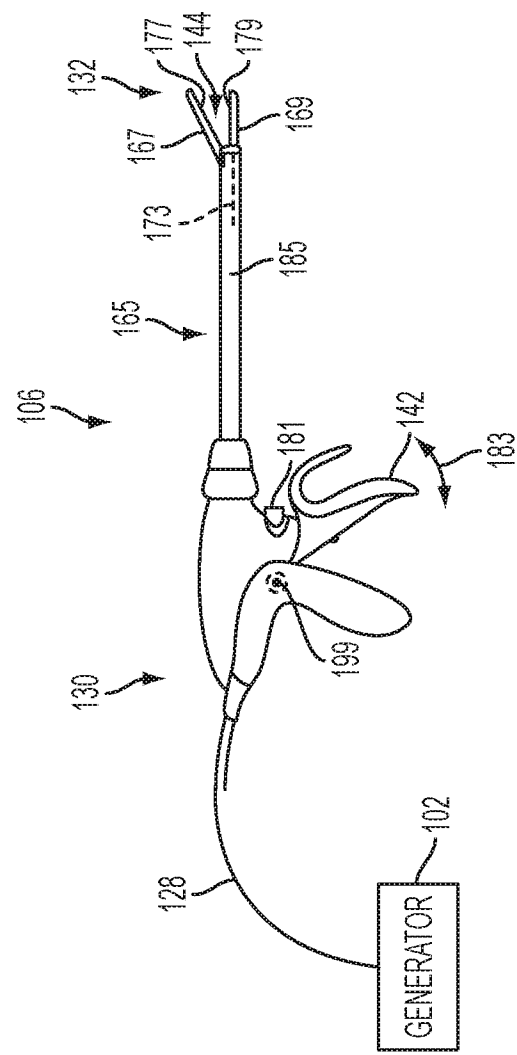
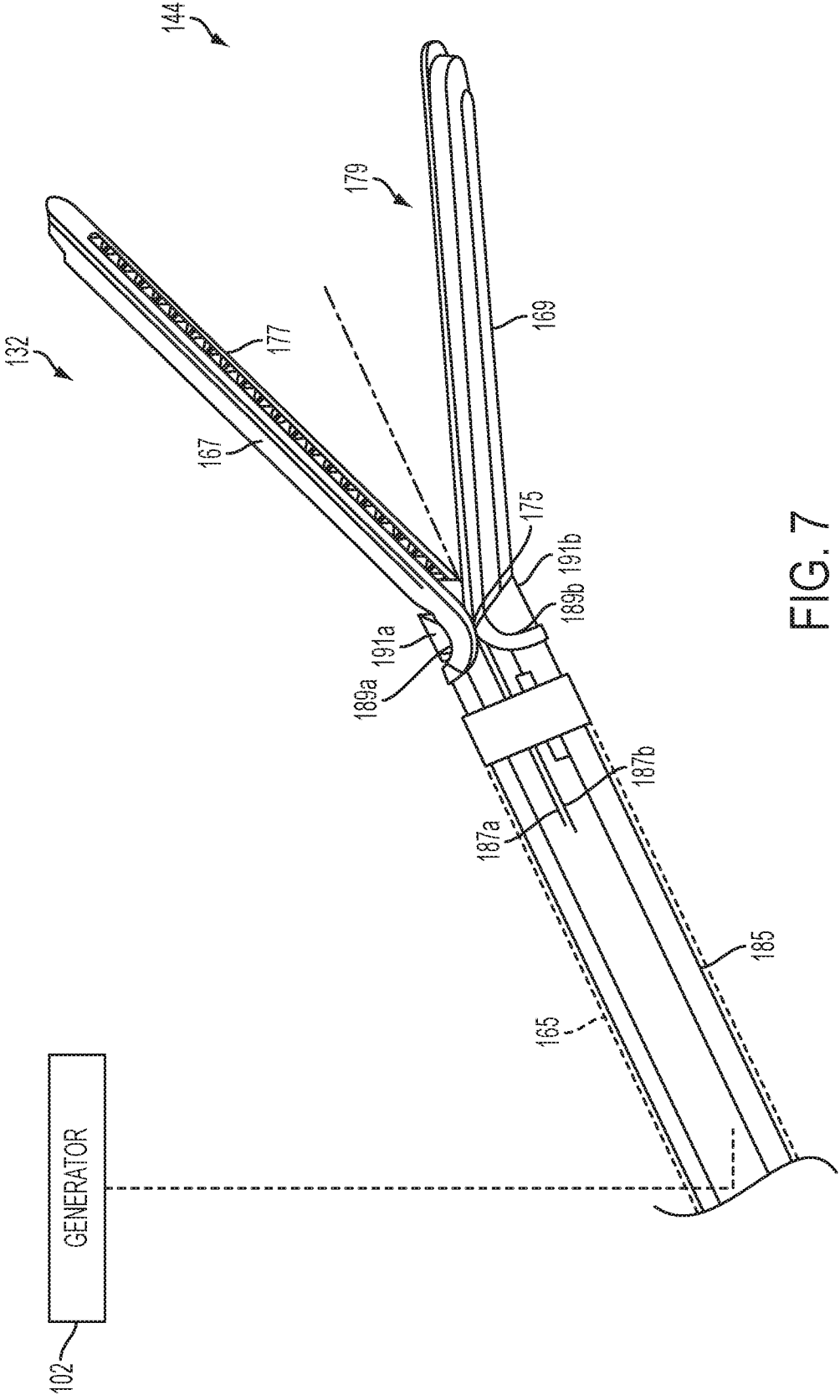
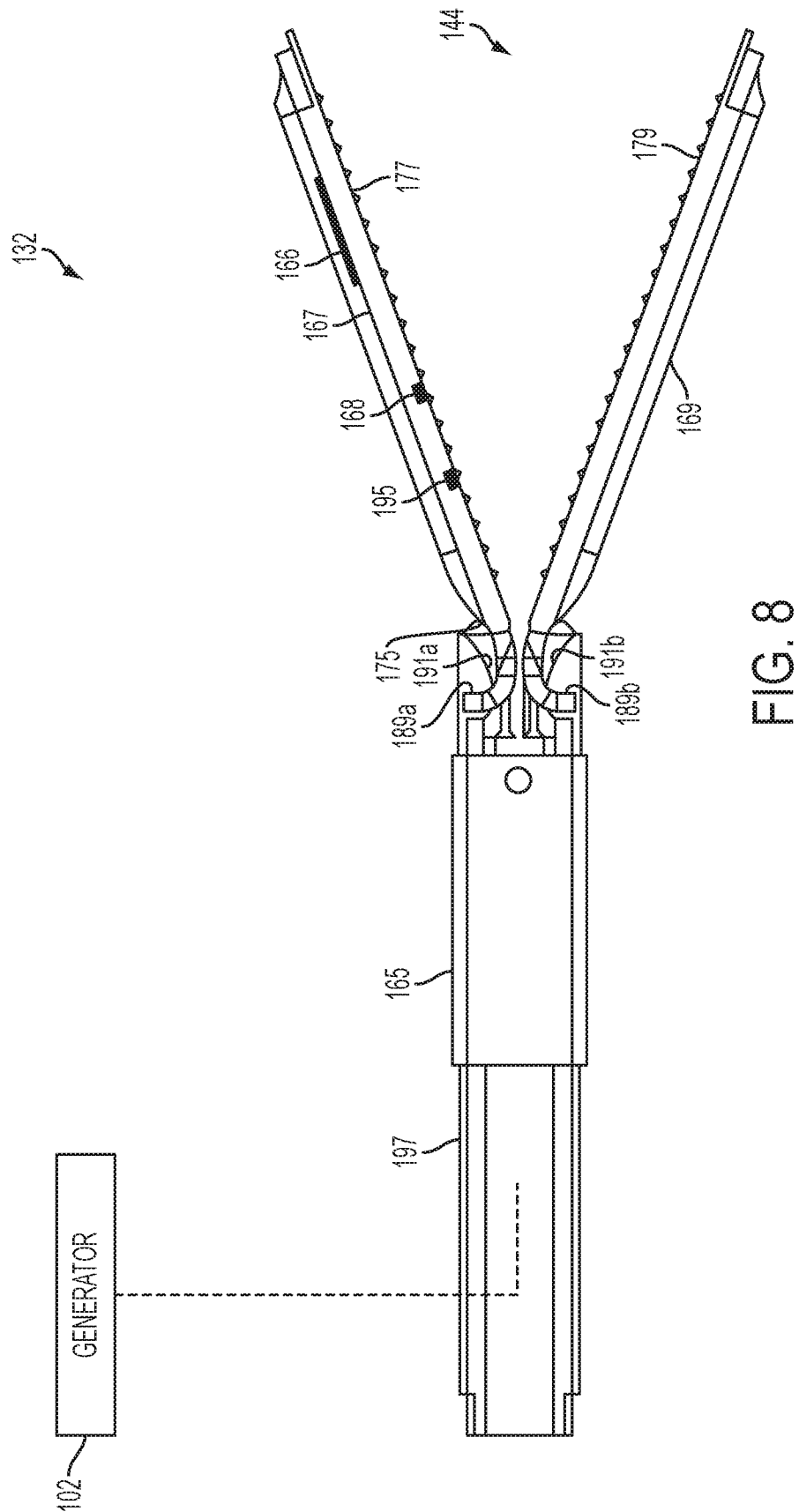


FIG. 6





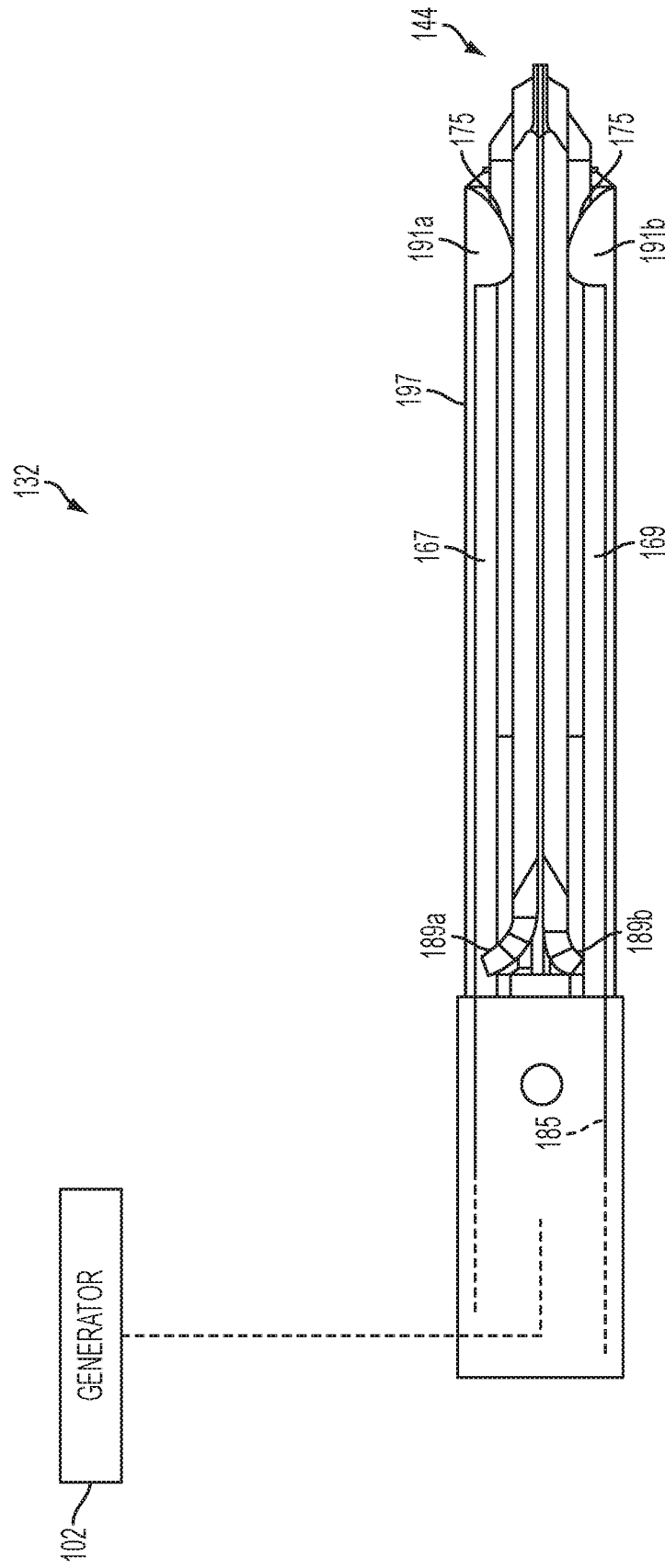


FIG. 9

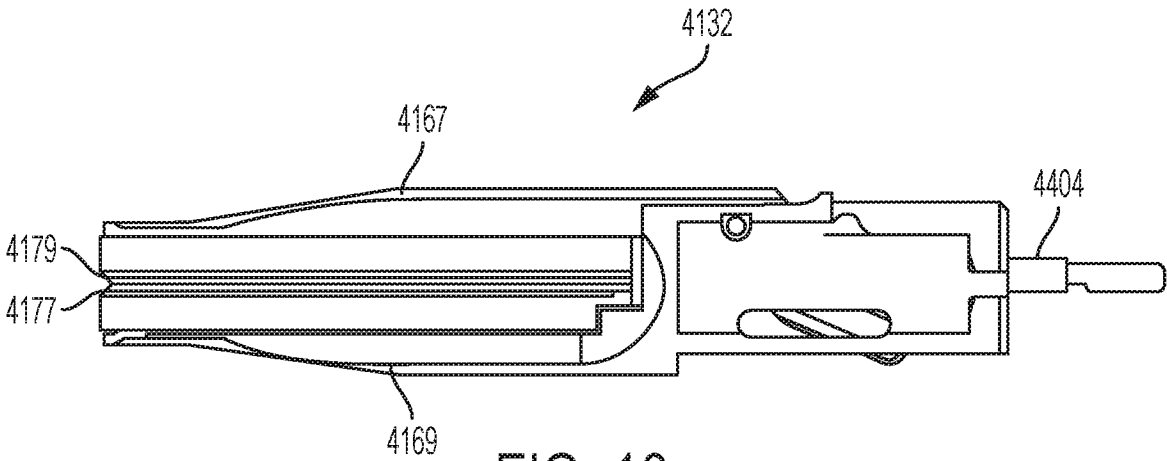


FIG. 10

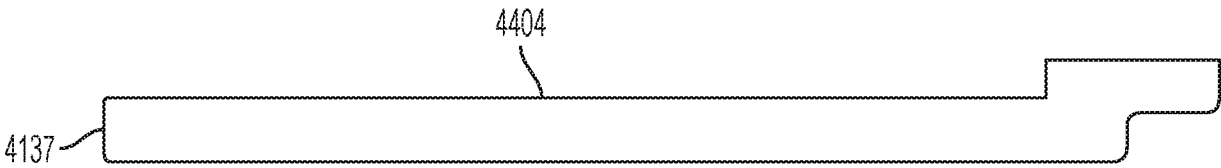


FIG. 11

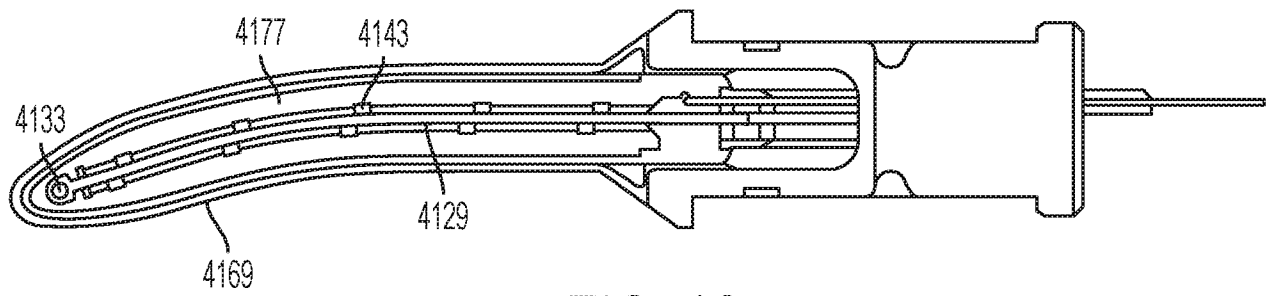


FIG. 12

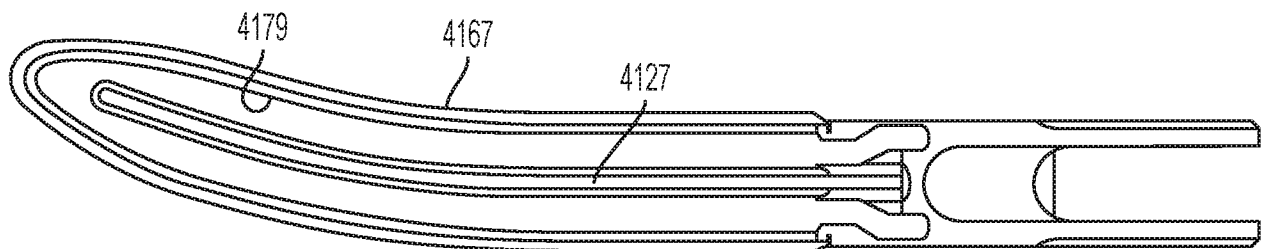


FIG. 13

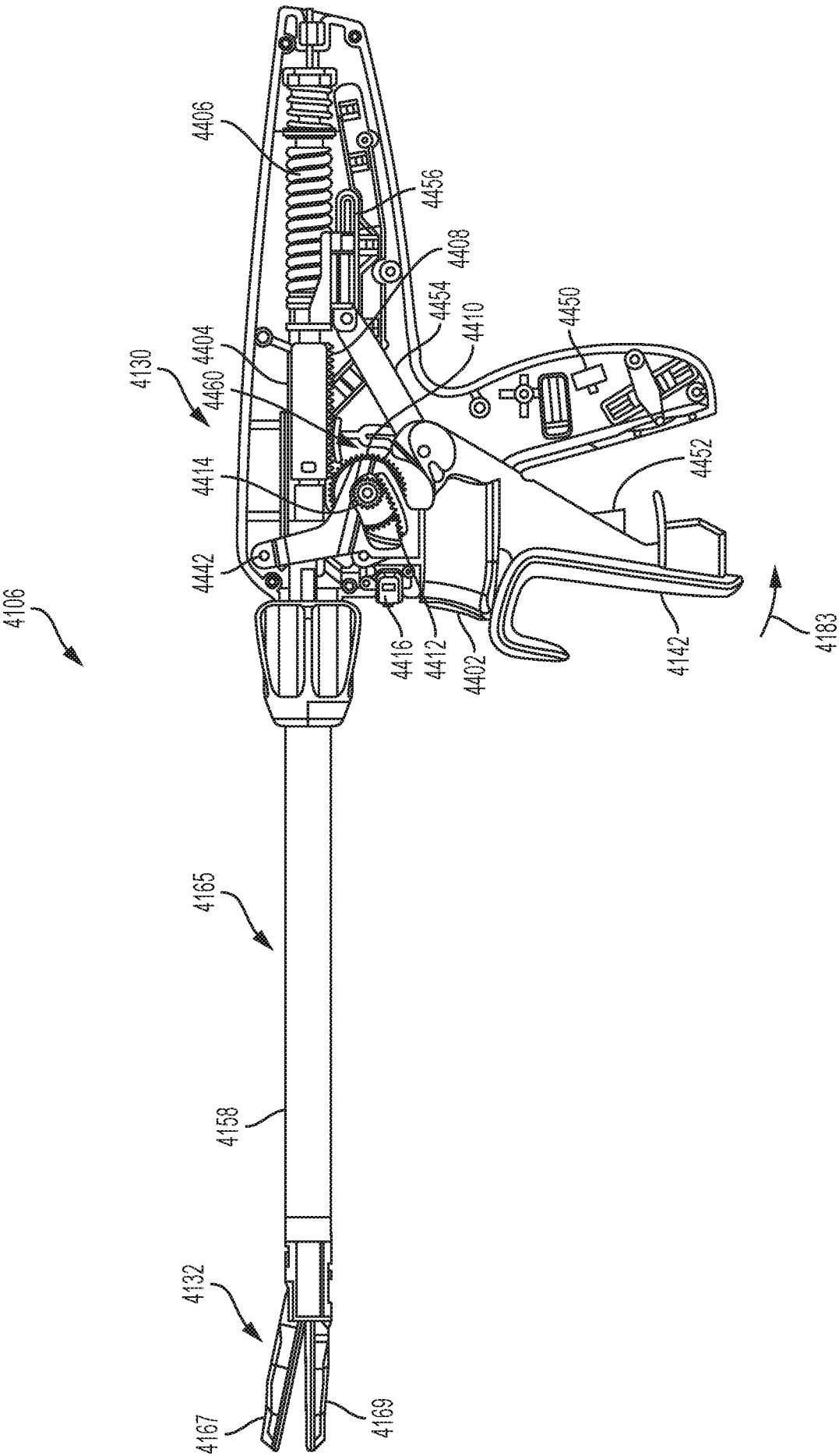


FIG. 13A

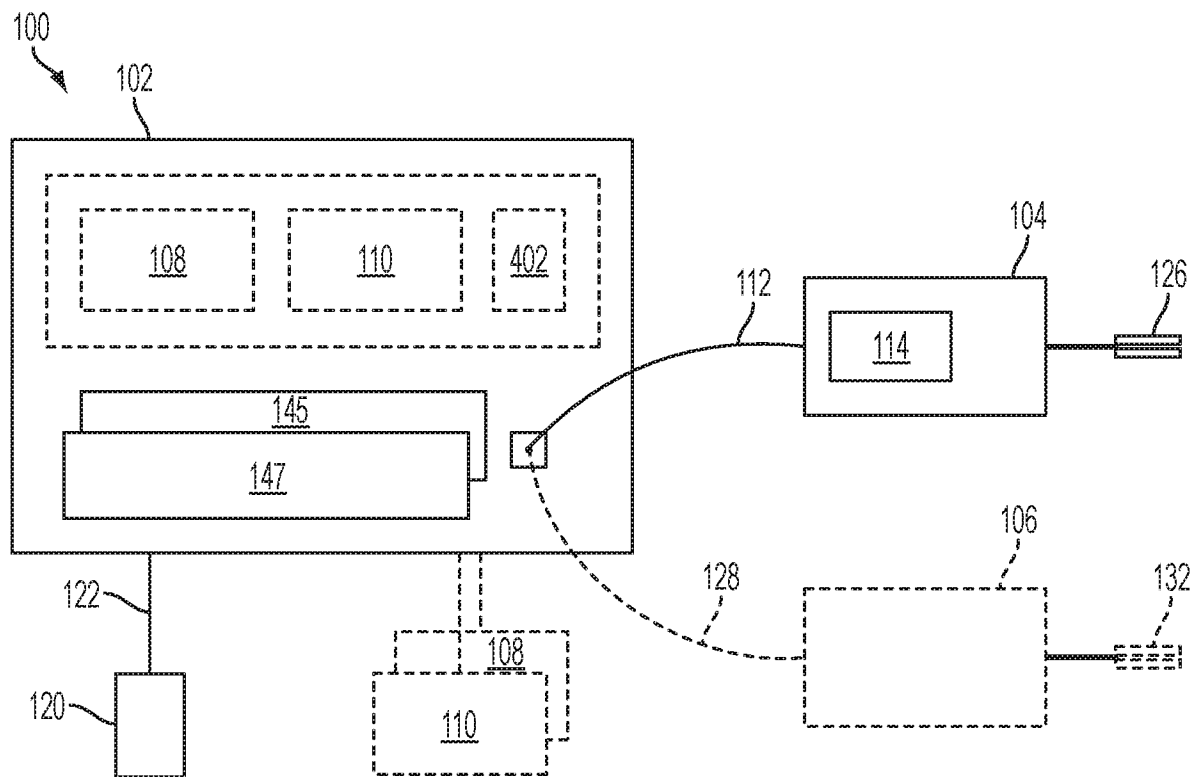


FIG. 14

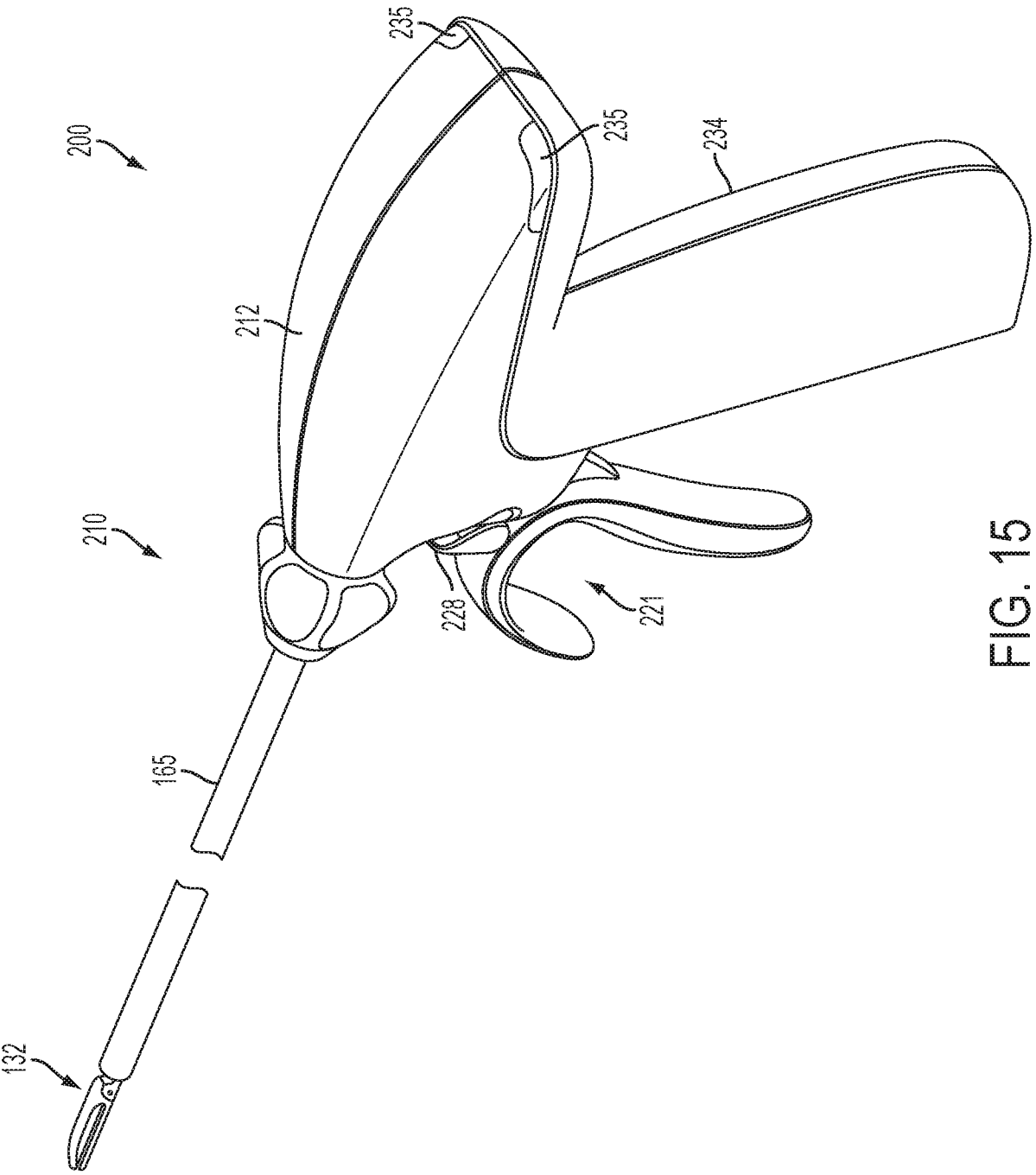


FIG. 15

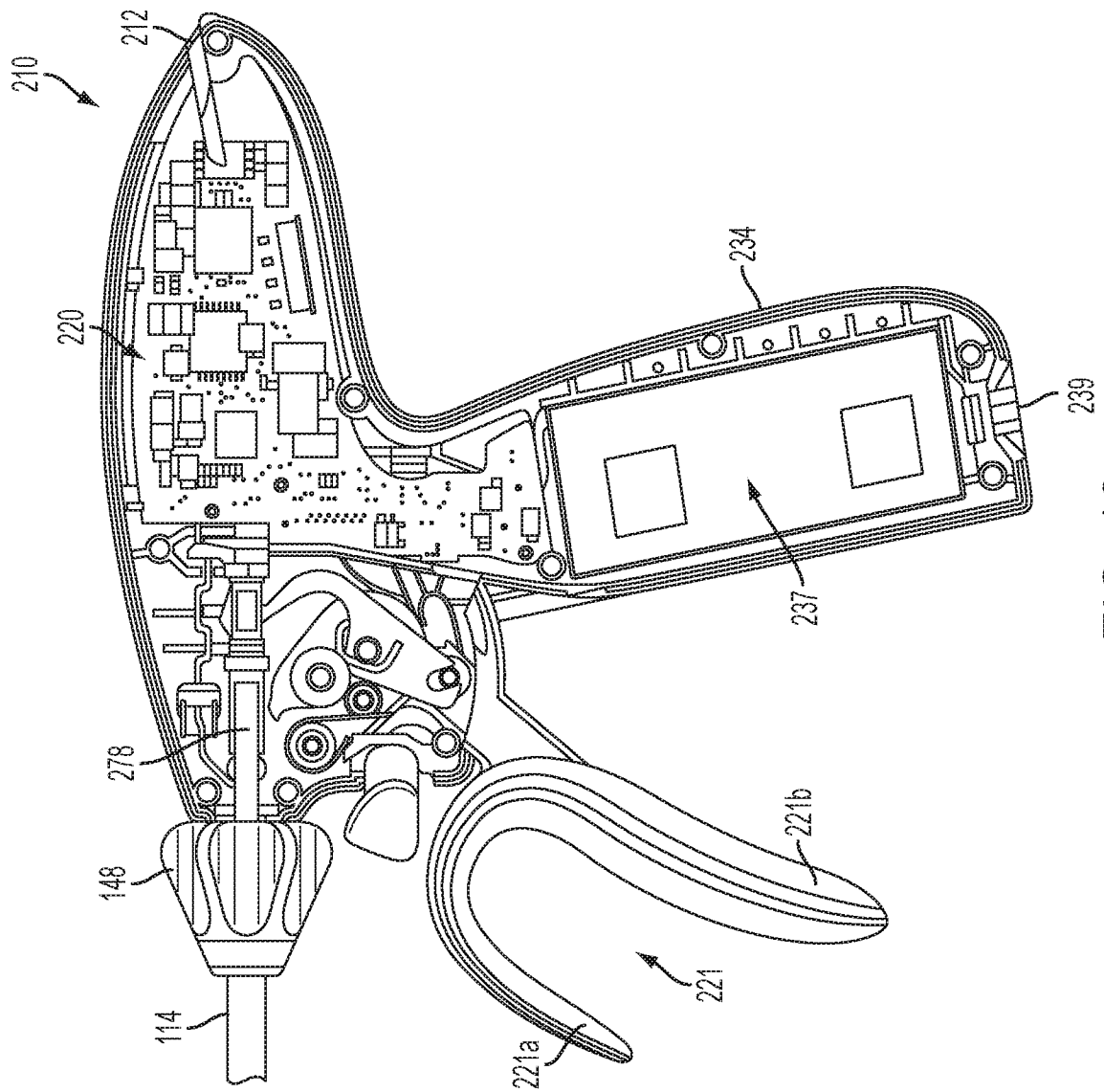
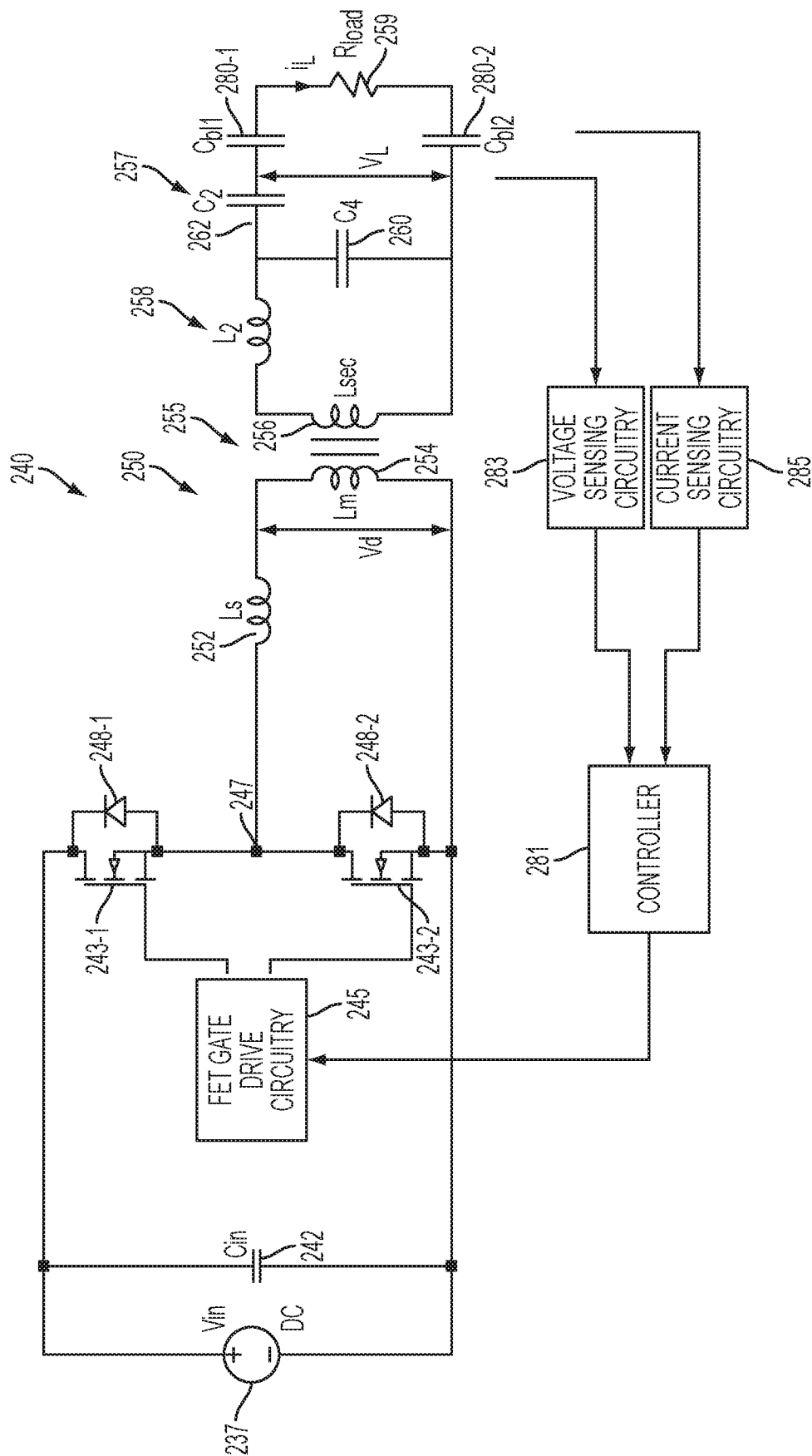


FIG. 16



71. 6

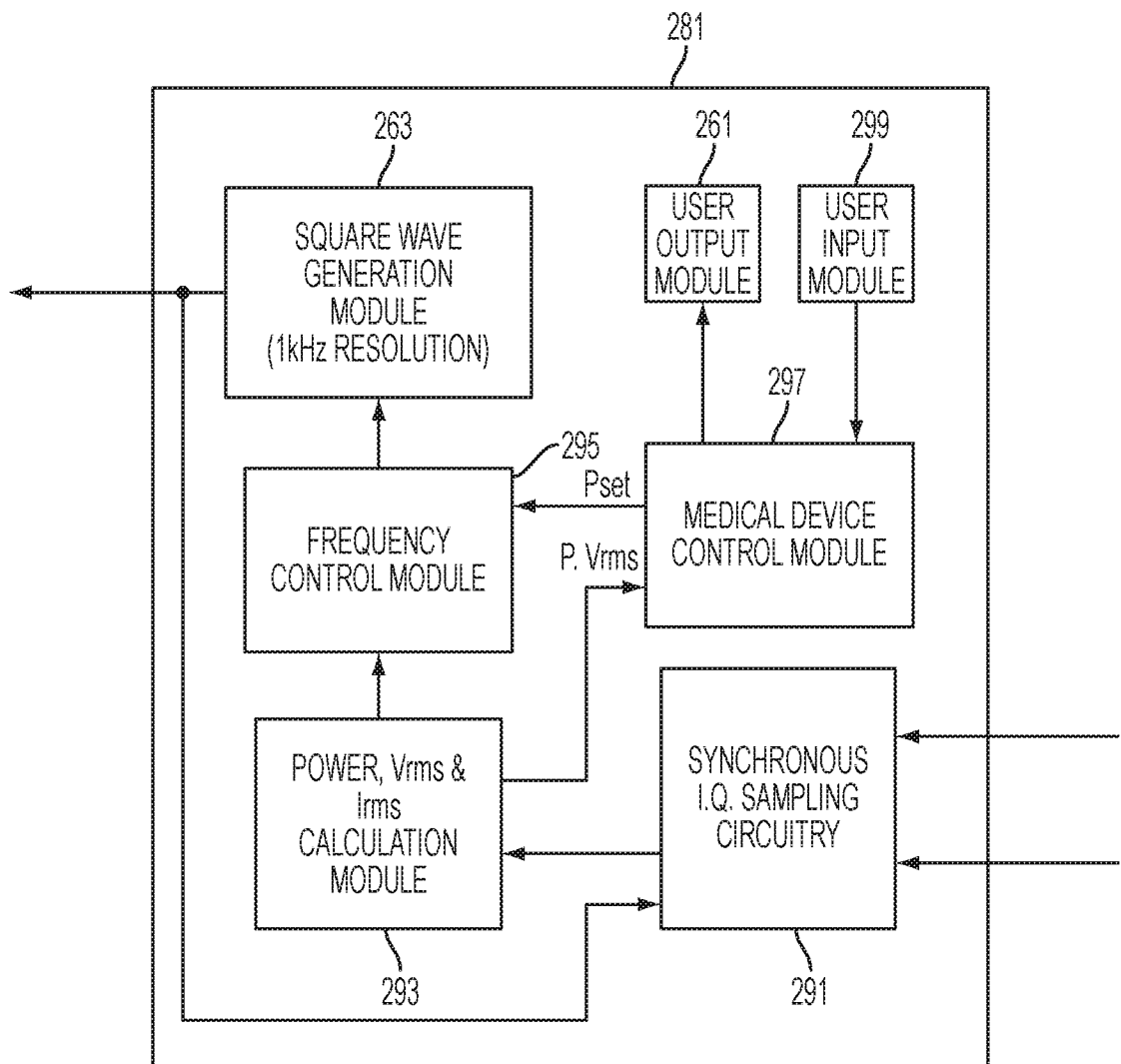


FIG. 18

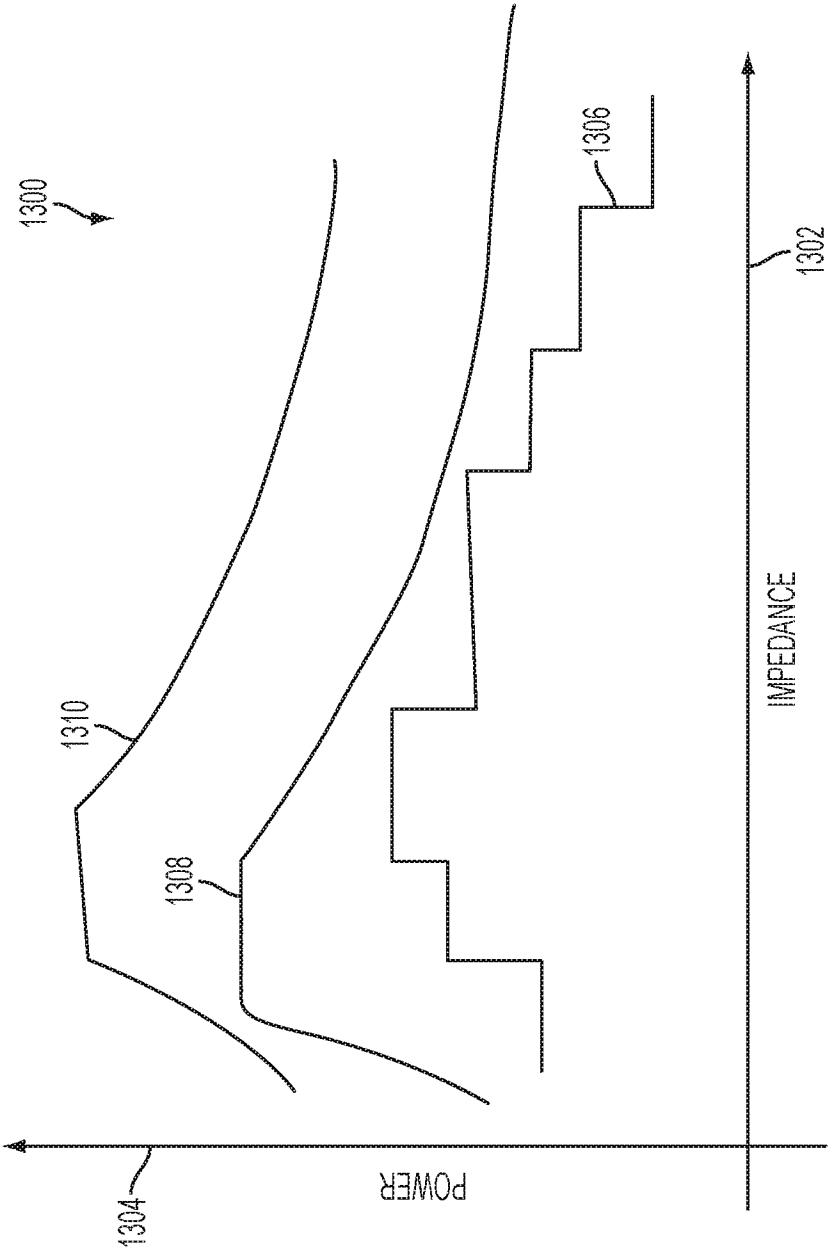


FIG. 19

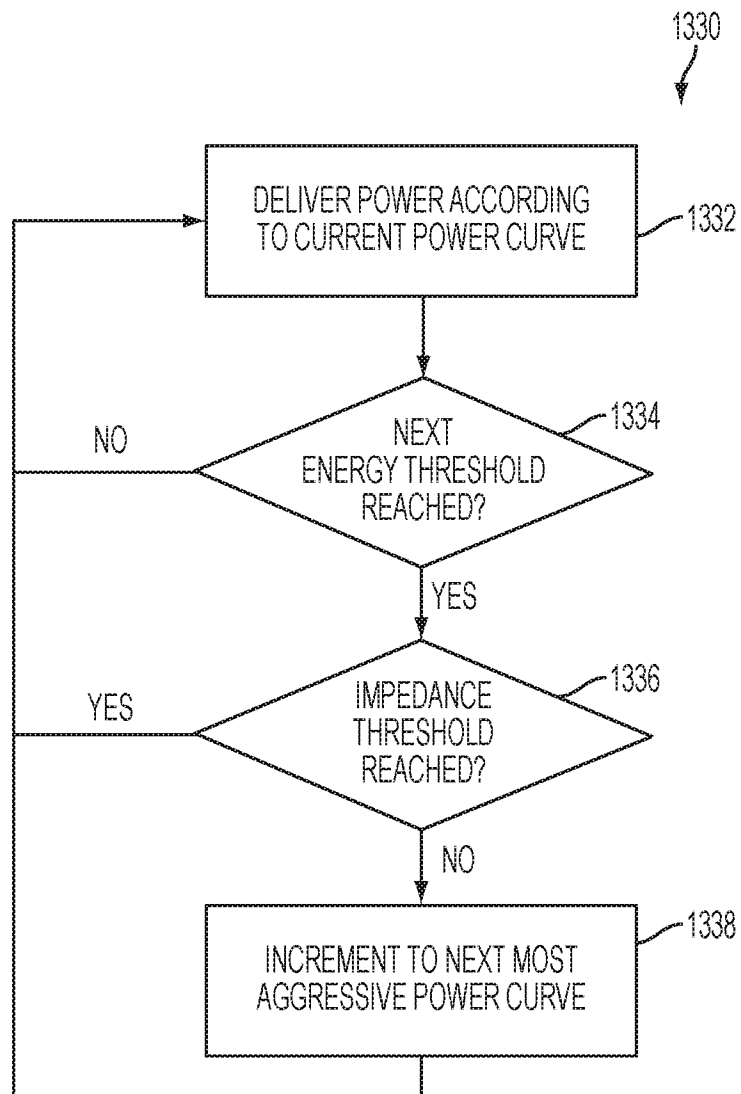


FIG. 20

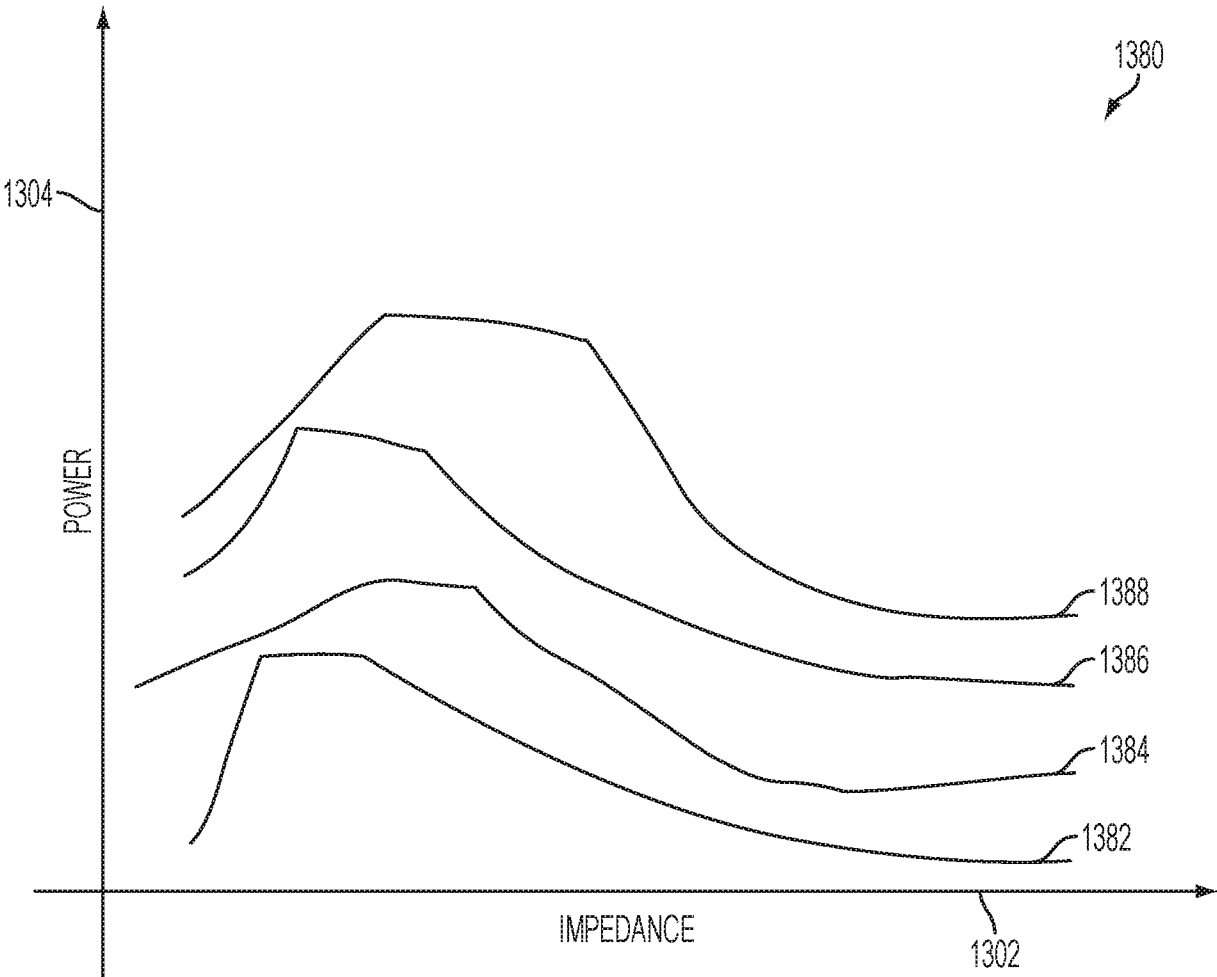


FIG. 21

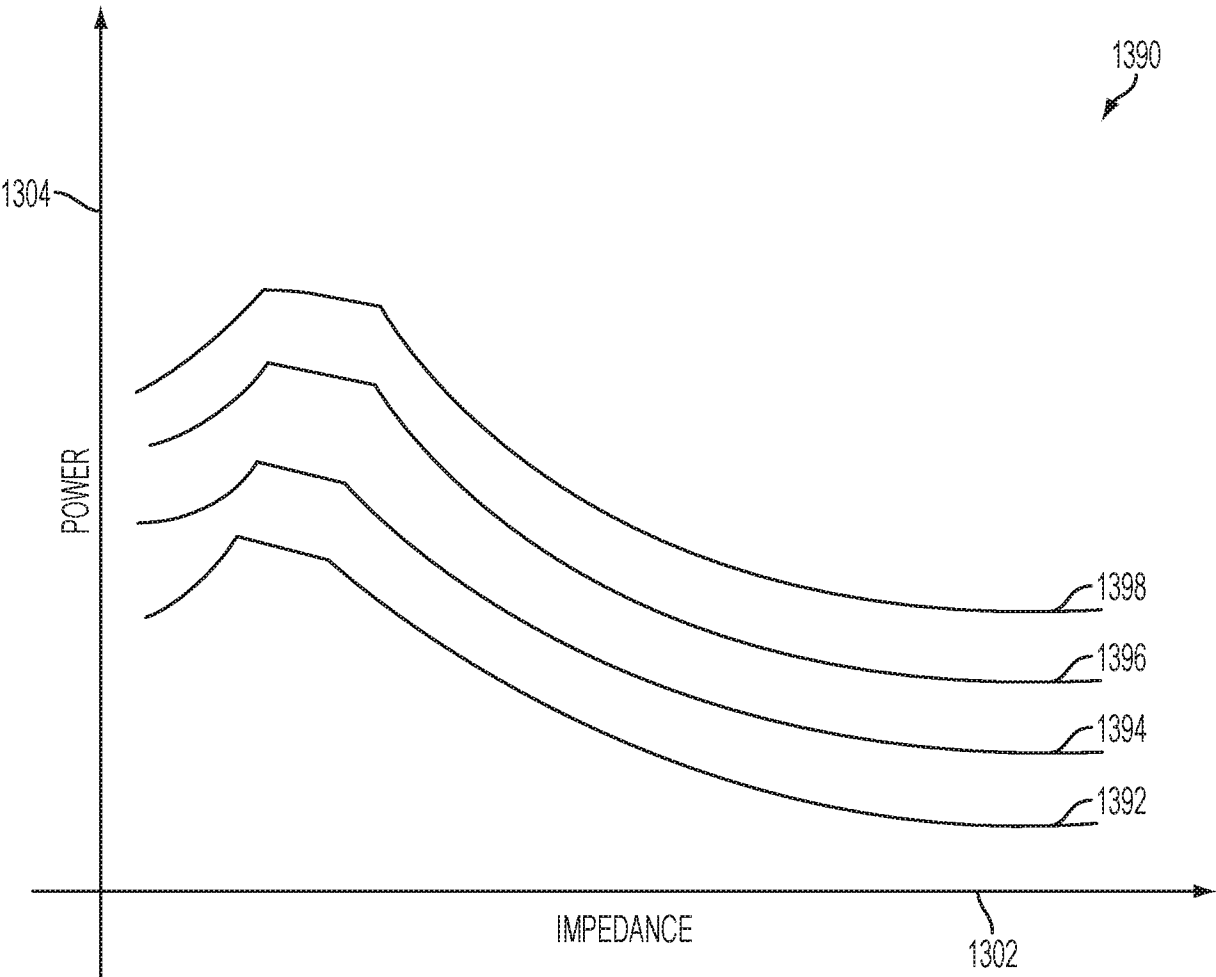


FIG. 22

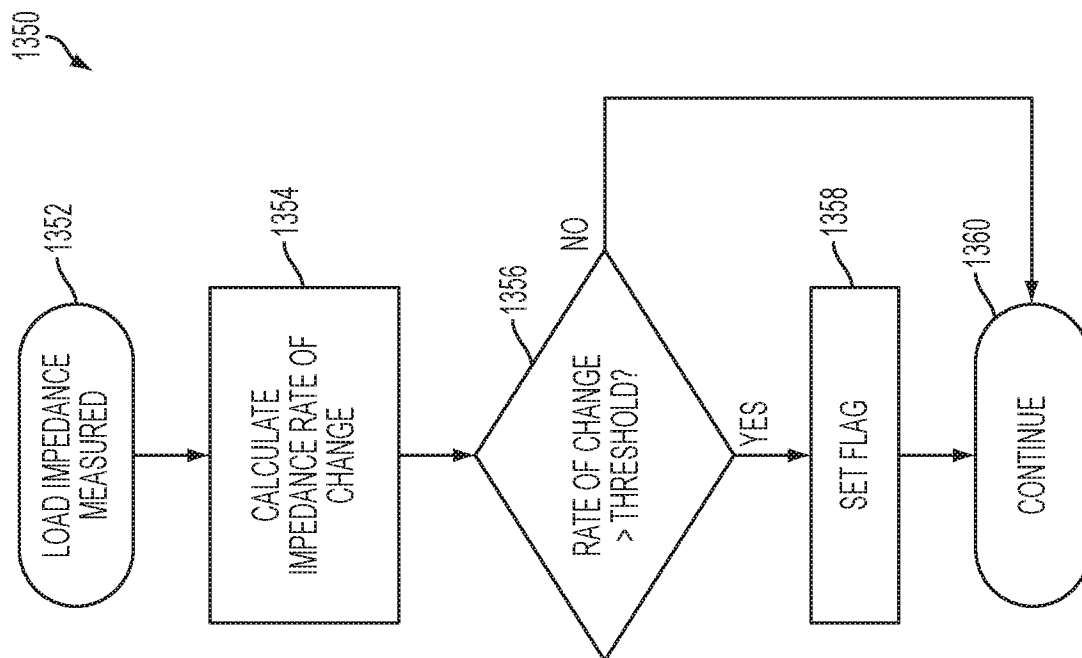


FIG. 24

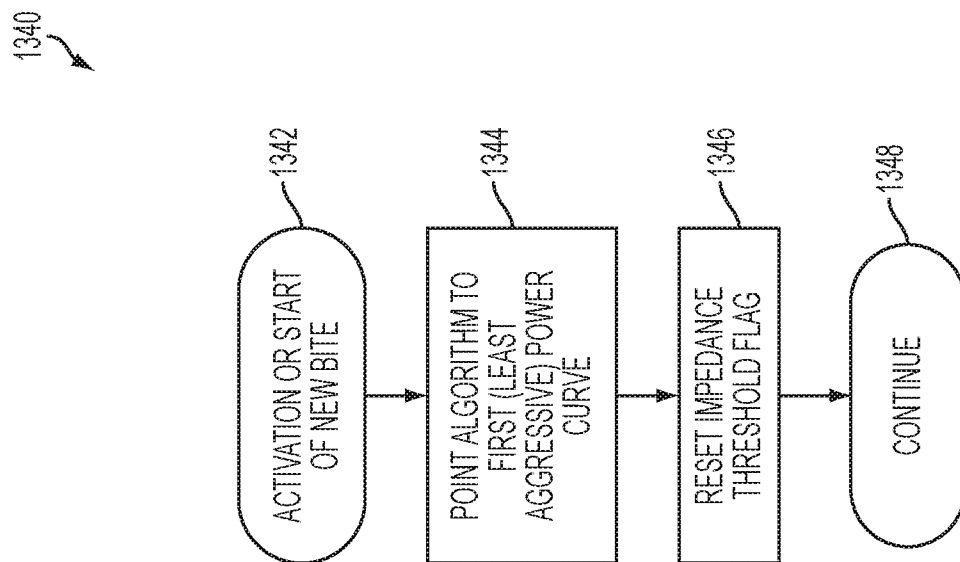


FIG. 23

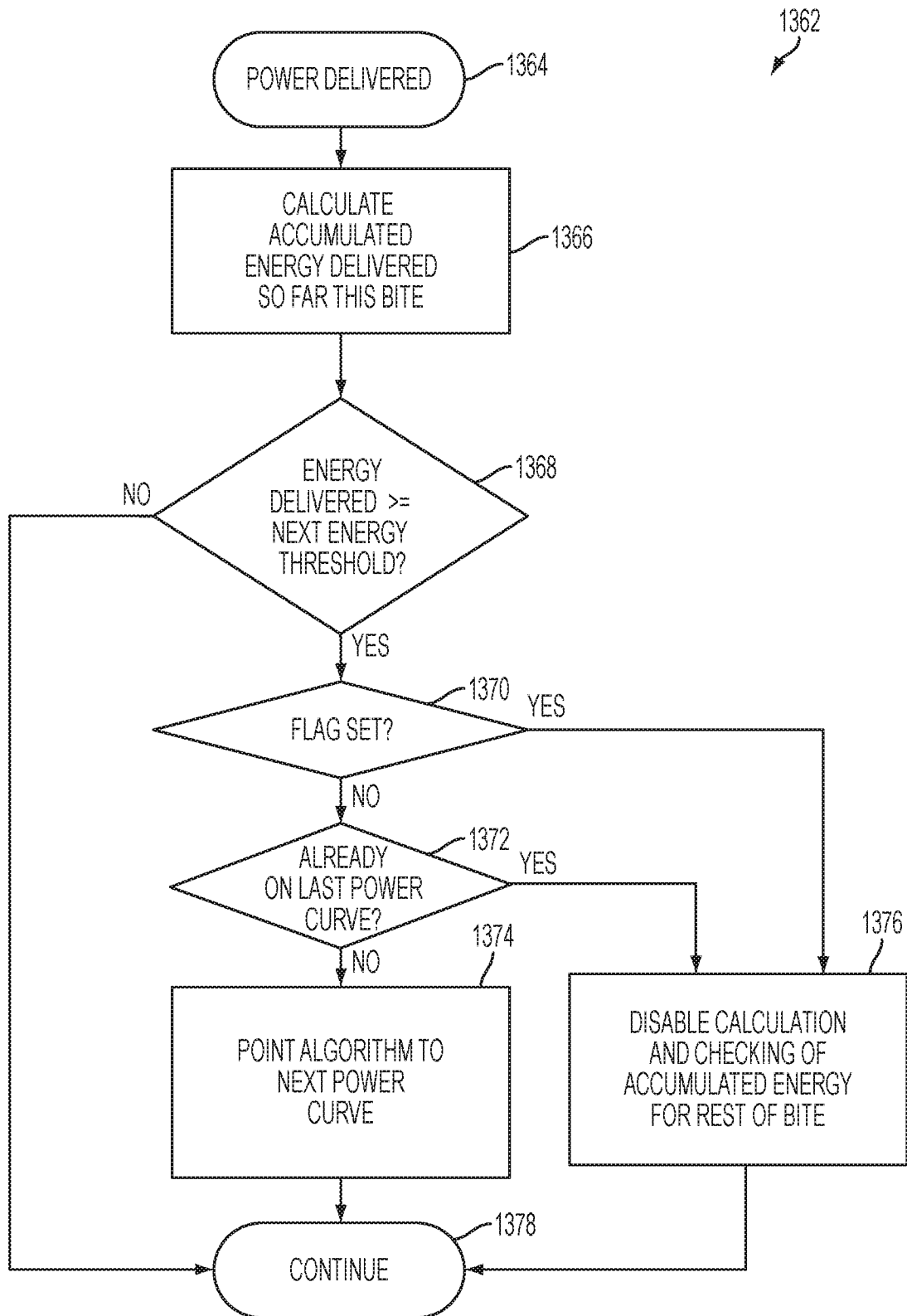


FIG. 25

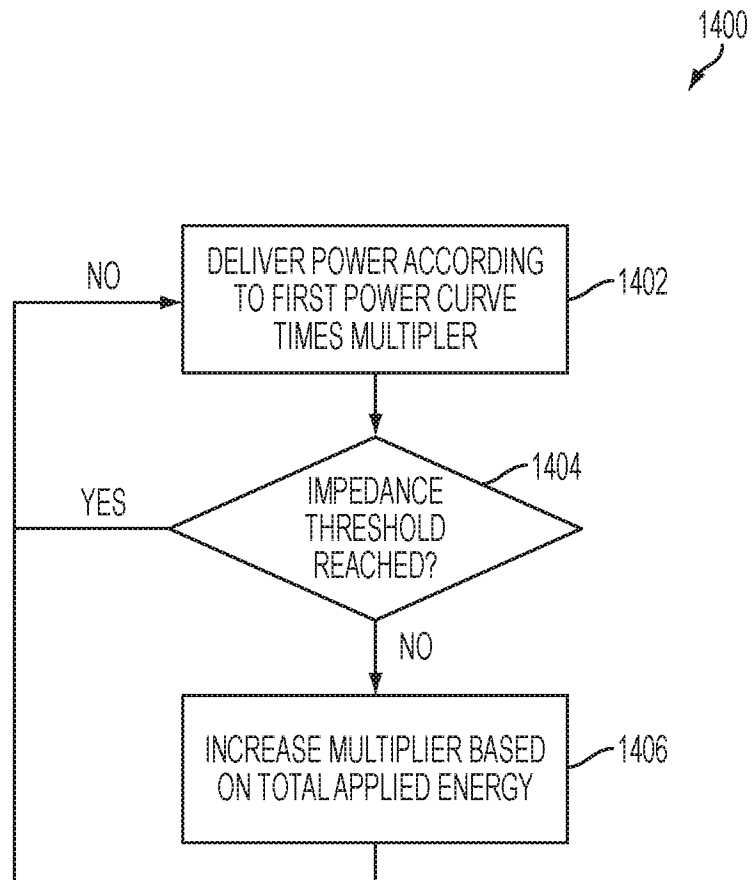


FIG. 26

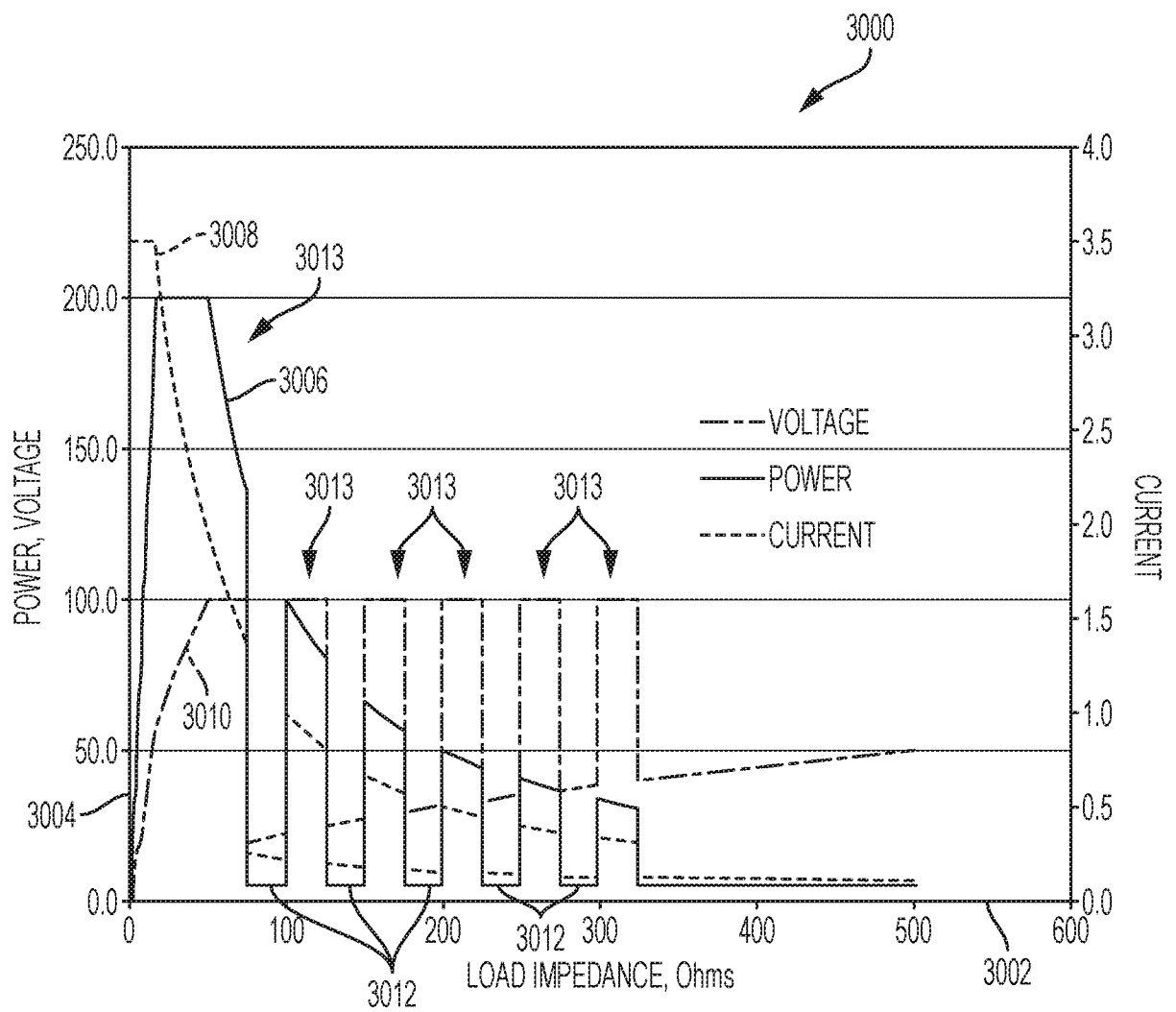


FIG. 27

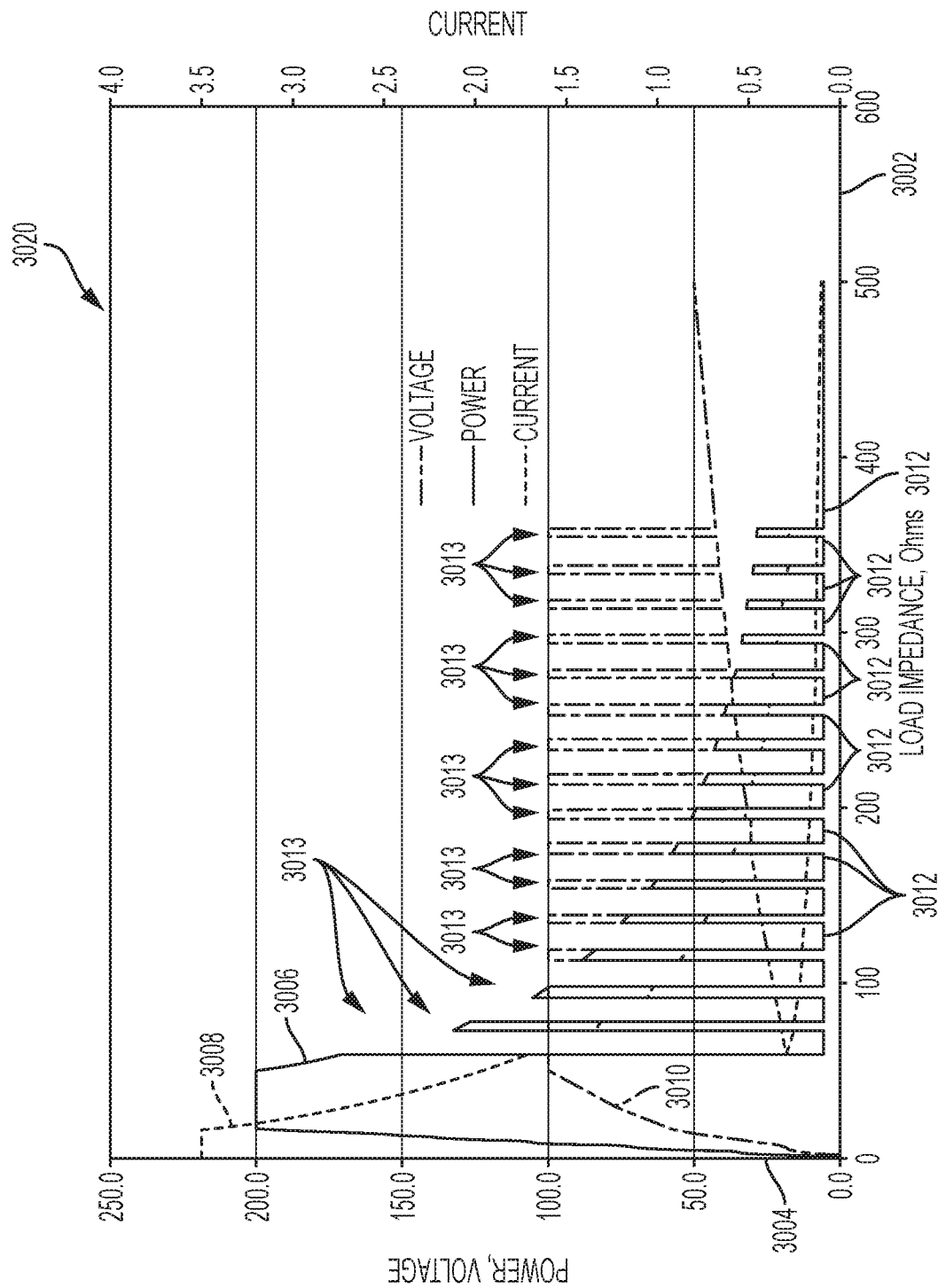


FIG. 28

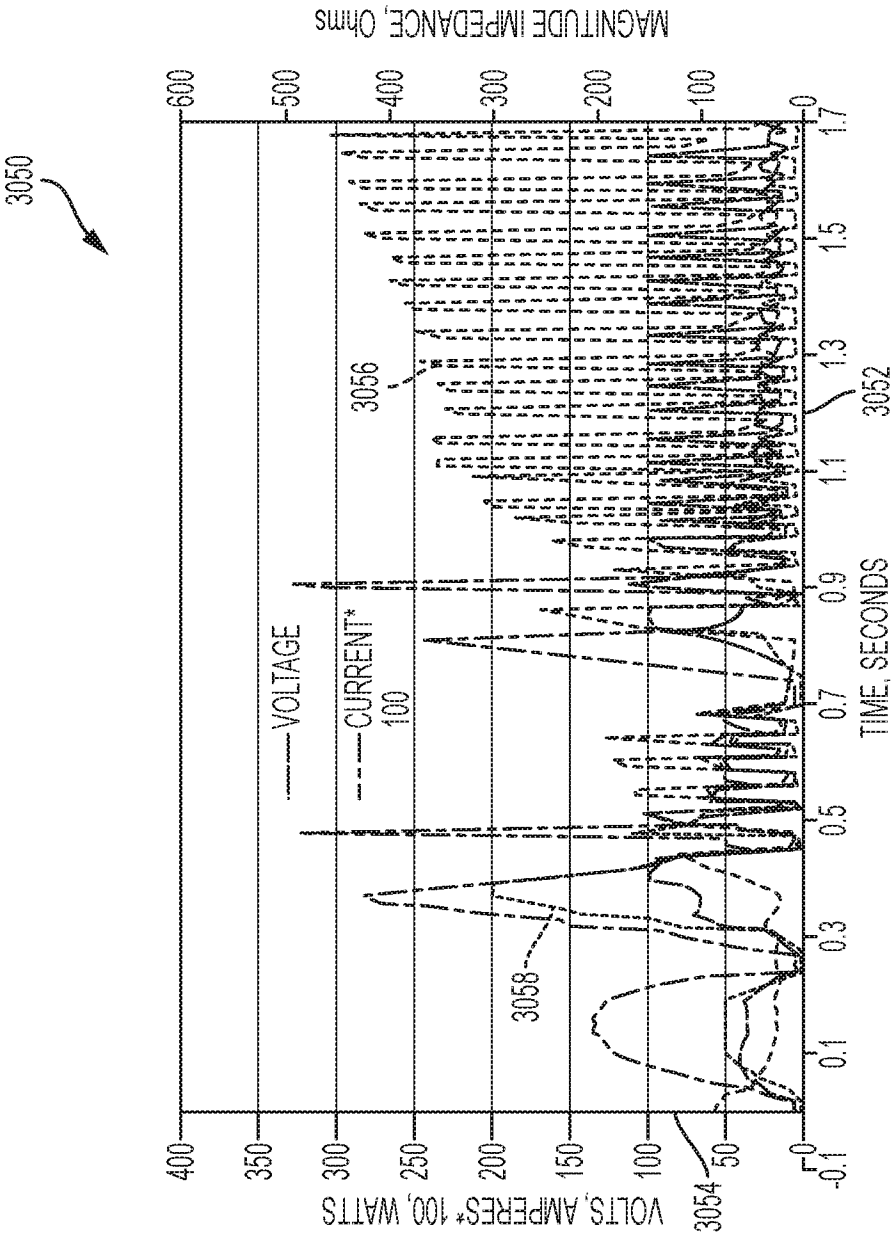


FIG. 29

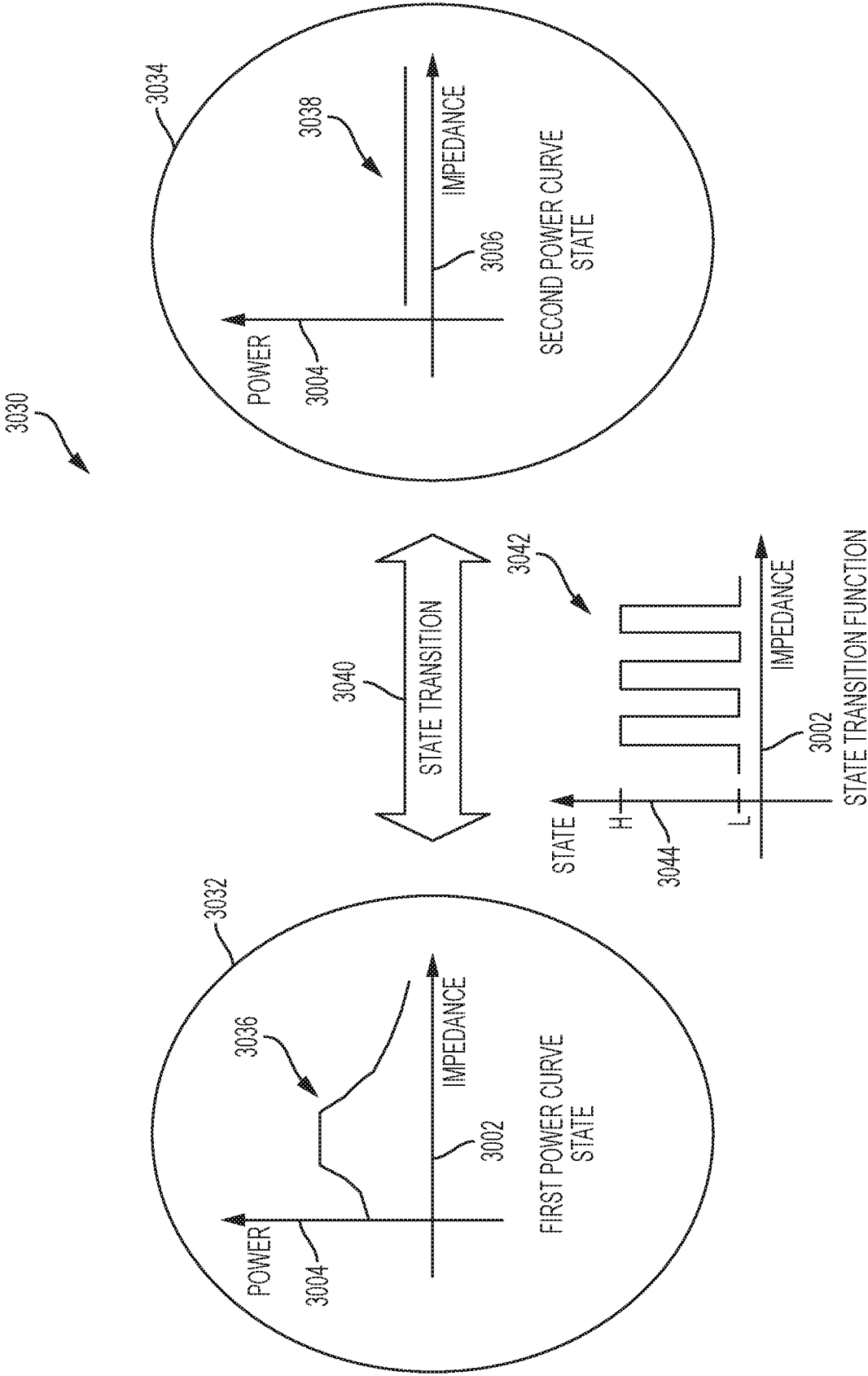


FIG. 30

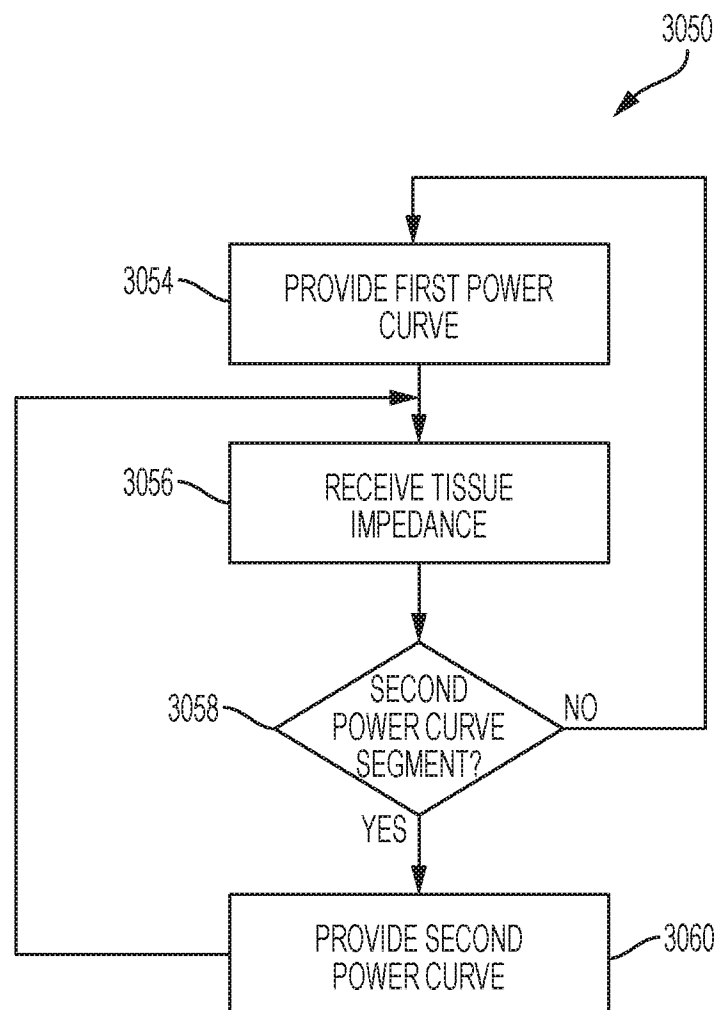


FIG. 31

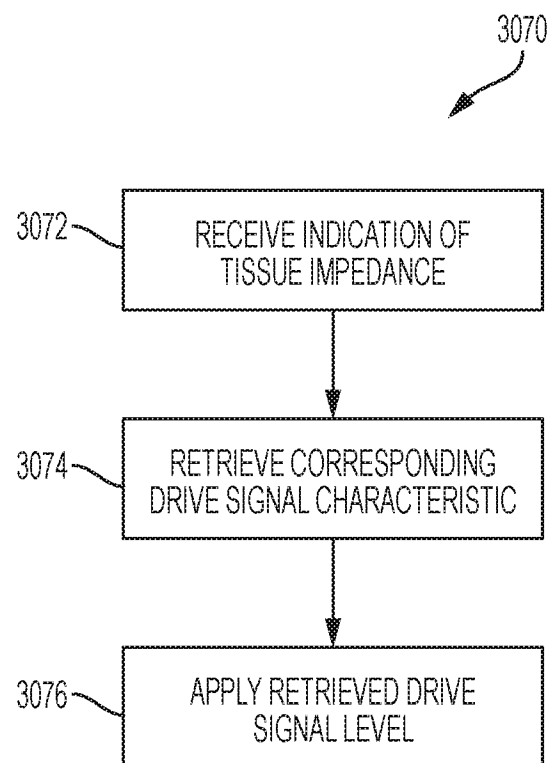


FIG. 32

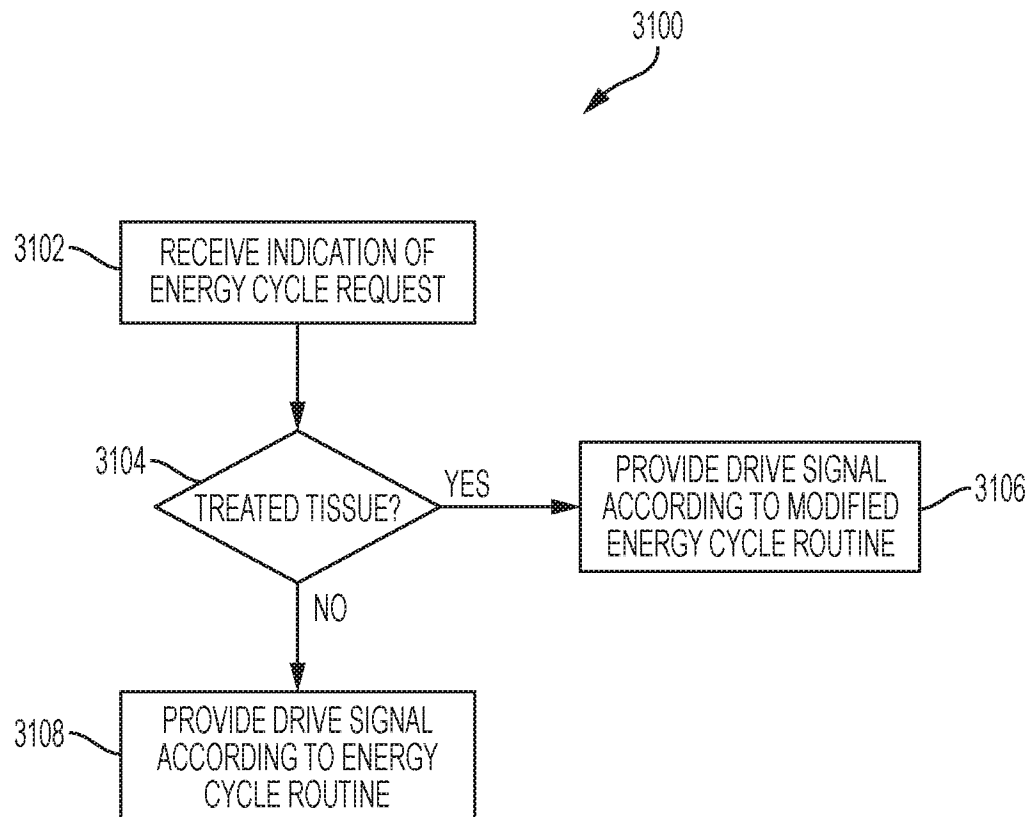


FIG. 33

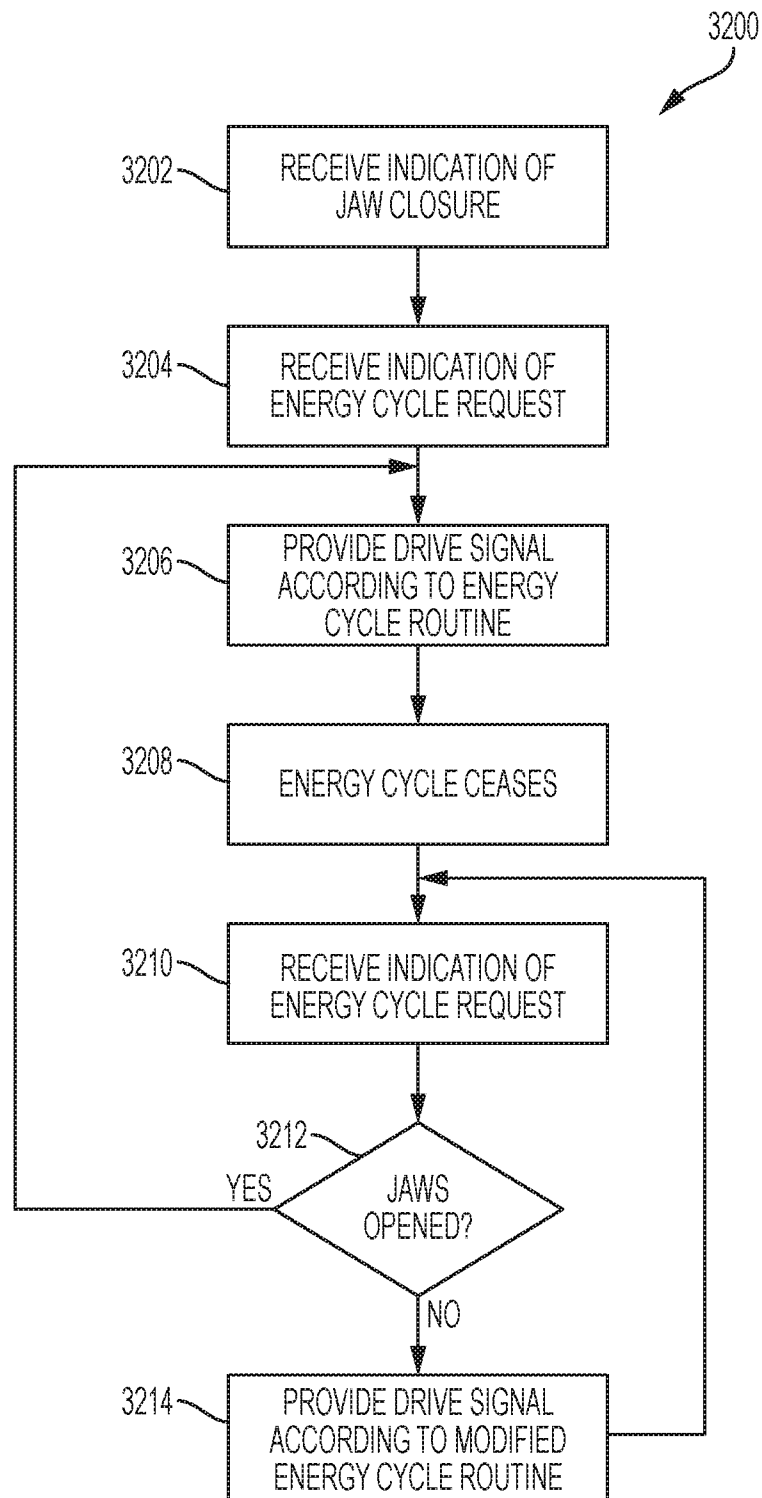


FIG. 34

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2016/022616

A. CLASSIFICATION OF SUBJECT MATTER INV. A61B18/12 A61B18/14 A61B17/32 A61B18/00 A61B17/00 ADD.		
According to International Patent Classification (IPC) or to both national classification and IPC		
B. FIELDS SEARCHED Minimum documentation searched (classification system followed by classification symbols) A61B		
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched		
Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) EPO-Internal, WPI Data		
C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2012/265196 A1 (TURNER DOUGLAS J [US] ET AL) 18 October 2012 (2012-10-18)	1-3, 6-10, 12-21,38
Y	paragraphs [0036], [0265], [0268], [0273] - [0276], [0279] - [0305], [0310], [0312] - [0314], [0316], [0319], [0321]; figures 1,69-85 -----	4,5
X	EP 2 076 195 A1 (MEDTRONIC INC [US]) 8 July 2009 (2009-07-08) paragraphs [0014], [015n]; figure 3 -----	1-8,12, 14-21,38
X	US 5 190 517 A (KLICEK MICHAEL S [US] ET AL) 2 March 1993 (1993-03-02) column 3, line 61 - column 4, line 17; figures 1,2 column 5, line 36 - column 6, line 26 ----- -/--	1,12,38
☒ 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 20 June 2016		Date of mailing of the international search report 23/08/2016
Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016		Authorized officer Viidebaum, Mikk

INTERNATIONAL SEARCH REPORT

International application No

PCT/US2016/022616

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 2009/270852 A1 (TAKASHINO TOMOYUKI [JP] ET AL) 29 October 2009 (2009-10-29) paragraphs [0097], [0098], [0105], [0108], [0110] - [0114]; figures 4,6A-6C,8,9B -----	4,5

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US2016/022616

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 additional sheet

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional 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.:
1-10, 12-21, 38

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- ☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- ☐ No protest accompanied the payment of additional search fees.

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

This International Searching Authority found multiple (groups of) inventions in this international application, as follows:

1. claims: 1-10, 12-21, 38

Searched claims 1-10, 12-21 and 38 relating to a surgical system for providing segmented power curves to tissue

2. claims: 11, 22-37, 39-44

Claims 11, 22-37, 39-44 relating to a surgical system to prevent application of second or subsequent energy cycle to the same tissue bite

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/US2016/022616

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 2012265196 A1	18-10-2012	US 2012265196 A1	18-10-2012
		US 2016089533 A1	31-03-2016
EP 2076195 A1	08-07-2009	EP 2076195 A1	08-07-2009
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		AU 660467 B2	29-06-1995
		CA 2110684 A1	10-12-1992
		DE 9290062 U1	27-01-1994
		DE 69227130 D1	29-10-1998
		DE 69227130 T2	22-04-1999
		EP 0678007 A1	25-10-1995
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