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(54) **SURGICAL TOOL**

(57) The present invention describes a surgical tool that comprises a stylus, a point of the surgical tool at the distal end of the stylus, and a handle at the proximal end of the stylus which comprises means for actuating the point of the tool. The handle is formed by a ball joint comprising: a base hemisphere coupled to the stylus; a central hemisphere solidly connected to the base hemisphere and located at the centre thereof; a gripping clamp with a cylindrical inner surface concentric with the base hemisphere; a rotation hemisphere solidly connected to the gripping clamp and located at the centre thereof, forming a ball joint together with the central hemisphere; and locking means. The locking means allow a locking or unlocking position to be adopted, in which in relative movement between the gripping clamp and the base hemisphere is prevented or permitted, respectively.

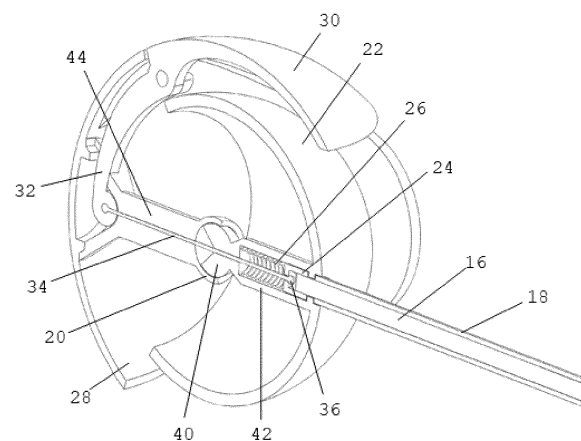


FIG. 2

Description

Field of the Invention

[0001] The present invention generally relates to the field of surgery, and more specifically to the field of surgical tools to be applied in minimally invasive surgery techniques.

Background of the Invention

[0002] For the surgical field, minimally invasive surgery (MIS or MAS) represents one of the most important breakthroughs over the past decades. Although it started out being used for gynaecological treatments, it has spread to other surgery disciplines, in part due to the advantages it offers the patient: less post-operative pain, shorter recovery times, lower risk of infection, and fewer marks left on the body, etc.

[0003] One of the areas that have benefitted the most from processes of this type is surgery performed in the pelvic-abdominal cavity, known as laparoscopic surgery or laparoscopy.

[0004] Surgical tools for laparoscopy and other types of minimally invasive surgeries known today in the art generally have scissor-type handles in the form of rings (see, for example, patent document US5782859) or pistol. In tools of this type, the surgeon inserts their fingers in the rings of the handle and acts on the rings to actuate the point of the surgical tool (for example, a clamp). The tool disclosed in patent document US5782859 also includes a turning wheel or rotatable knob which allows rotating the position of the point of the tool with respect to the handle in order to adopt the position required for the surgery.

[0005] In practice, however, despite the existence of said rotatable knob, after several hours of practical training, surgeons find it difficult to actuate this knob and as a result pronate their forearm in order to achieve the desired turning of the point. They must then hold this uncomfortable position at all times until they finish whatever action they are performing.

[0006] Therefore, despite the fact that laparoscopic surgery features those advantages characteristic of MIS, in practice, surgeons must make certain concessions. This practice requires greater effort, concentration, and mental stress (Berguer, R., 1998. Surgical technology and the ergonomics of laparoscopic instruments, *SurgEndosc*, 462; Patkin, M., Isabel, L., 1995. Ergonomics, engineering and surgery of endosurgical dissection, *Journal of the Royal College of Surgeons of Edinburgh* 40, 132; Berguer, R., Smith, W.D., Chung, Y.H., 2001. Performing laparoscopic surgery is significantly more stressful for the surgeon than open surgery, *SurgEndosc* 15, 1204-1207).

[0007] As discussed above, during surgery surgeons have to adopt awkward and uncomfortable postures with their fingers, hands, wrists, and arms (Trejo, A., Jung,

M., Oleynikov, D., Hallbeck, M.S., 2007. Effect of handle design and target location on insertion and aim with a laparoscopic surgical tool, *Appl Ergon* 38, 753) and these postures increase physical fatigue for the surgeon, causing tremors and potential errors that may result in the patient being injured during the operation.

[0008] These uncomfortable postures also affect the surgeon after the operation. In fact, one of the biggest causes of post-operative pain and numbness for surgeons is attributed to the postures adopted during laparoscopic surgery (Emam, T.A., Frank, T.G., Hanna, G.B., Cuschieri, A., 2001. Influence of handle design on the surgeon's upper limb movements, muscle recruitment, and fatigue during endoscopic suturing. *SurgEndosc* 15, 672; B Berguer, R., Forkey, D.L., Smith, W.D., 1999. Ergonomic problems associated with laparoscopic surgery. *Surg Endosc* 13, 466-8; Berguer, R., Gerber, S., Kilpatrick, G., Beckley, D., 1998. An ergonomic comparison of in-line vs pistol-grip handle configuration in a laparoscopic grasper. *Surg Endosc* 12, 805-8).

[0009] The existing literature asserts that the current handle design in the form of a ring of conventional surgical tools for minimally invasive surgery is the primary cause of these problems due to said handles poorly adapting to the surgeon's needs (Matern, U., Kuttler, G., Giebmeier, C., Waller, P., Faist, M., 2004. Ergonomic aspects of five different types of laparoscopic instrument handles under dynamic conditions with respect to specific laparoscopic tasks: an electromyographic-based study. *SurgEndosc* 18, 1231-41).

[0010] Patent document US666854B1 discloses an endoscopic surgical instrument which can incorporate, between the handle and the stylus of the instrument, a ball joint-type element. This ball joint-type element provides more degrees of freedom to the movement of the point of the tool, which allows the surgeon to have greater control over the movement of the tool in the abdominal cavity. However, it neither addresses nor solves the aforementioned problems for surgeons resulting from the uncomfortable movements and the postures they have to hold throughout the entire surgical intervention.

[0011] Robotic systems which allow performing surgical interventions without the surgeon having to be present in the operating room, thereby preventing the problems resulting from the surgeon's effort and exhaustion, are also known in the art. An example of this type of technology is the da Vinci® surgical system. Systems of this type mark an enormous breakthrough because they provide greater precision and more degrees of freedom of movement than a human hand does. However, their cost is too high so most hospitals cannot afford them.

[0012] Therefore, there is still a need in the art for a new surgical tool for minimally invasive surgery which allows easing the effort and exhaustion interventions of this type represent for the surgeon. Furthermore, there is a need for a tool of this type that can be easily manufactured and therefore has a lower cost.

Summary of the Invention

[0013] To solve the problems in the prior art, the present invention discloses a surgical tool comprising:

- a stylus;
- a point of the surgical tool at the distal end of the stylus; and
- a handle at the proximal end of the stylus, the handle comprising means for actuating the point of the tool;

[0014] Furthermore, the surgical tool disclosed in the present invention is characterised in that the handle is formed by a ball joint comprising:

- a base hemisphere coupled to the stylus;
- a central hemisphere solidly connected to the base hemisphere and located at the centre thereof;
- a gripping clamp with a spherical inner surface concentric with the base hemisphere;
- a rotation hemisphere solidly connected to the gripping clamp and located at the centre of the inner surface thereof, forming a ball joint together with the central hemisphere, such that the base hemisphere and the gripping clamp can turn with respect to one another; and
- locking means which allow a locking position to be adopted, in which relative movement between the gripping clamp and the base hemisphere is prevented, and an unlocking position, in which relative movement between the gripping clamp and the base hemisphere is permitted.

[0015] As will be described herein below, as a result of the ball joint the surgeon can vary the working angle of the tool without this implying having to adopt an uncomfortable working position. Upon actuating the locking means, the surgeon can take the point of the surgical tool to the required position to perform the intervention. Once the locking means are released, the surgeon can recover a more comfortable hand position that does not entail any effort and exhaustion, without said movement being transmitted to the rest of the tool and therefore to the point of the tool.

Brief Description of the Drawings

[0016] The present invention will be better understood in reference to the following drawings which illustrate a preferred embodiment of the invention, provided by way of example, and should not be interpreted as being limiting of the invention in any way.

Figure 1 shows a perspective view of a surgical tool according to the preferred embodiment of the present invention.

Figure 2 shows a vertical longitudinal section view of the handle of the tool of Figure 1.

Figure 3 shows a horizontal longitudinal section view of the handle of the tool of Figure 1.

Figure 4 shows a series of movements a surgeon makes to change the position of the tool of the present invention.

Figure 5 shows the postures a surgeon adopts to perform an intervention with several tools of the prior art as well as with the tool of the present invention. Figures 6 to 8 show the results of a movement analysis study for analyzing the movements made by surgeons using a surgical tool of the prior art and a surgical tool according to the present invention.

Figure 9 is a graph showing the results of a surface electromyography study comparing a tool of the prior art and a surgical tool according to the present invention.

Detailed Description of the Preferred Embodiments

[0017] As it is used herein, and as can be seen based on the attached drawings, the term "hemisphere" must be interpreted in a broad manner to include a spherical body that is not entirely closed forming complete sphere. It is not limited to a body which defines exactly half a sphere, but rather it may encompass more than or less than half a sphere.

[0018] Throughout the present document, the term "postural freedom" refers to the ease with which the surgeon can adopt the most beneficial positions during the operation, outside the abdominal cavity of the patient. While the "degrees of freedom" provide the surgeon with greater control over the work within the abdominal cavity, "postural freedom" allows the surgeon to move around outside the abdominal cavity, holding the standby position that is most beneficial to their musculature.

[0019] As can be observed in Figure 1, the surgical tool according to the preferred embodiment of the present invention comprises a point (10) of the tool, a stylus (12), and a handle (14). The point (10) of the tool is located at the distal end of the stylus (12), while the handle (14) is located at its proximal end.

[0020] Throughout the present document, the terms "distal" and "proximal" refer to locations with respect to a surgeon while using the tool. Thus, for example, the "distal" end of the stylus is the end farthest away from the surgeon, while the "proximal" end is the closest to the surgeon, when the surgeon holds the tool by the handle thereof.

[0021] In the embodiment shown in the drawings, the point (10) of the tool is formed by laparoscopic clamps, however one skilled in the art will readily understand that the present invention can be applied to tools with different points, whether they are for laparoscopy (for gripping, dissecting, suturing, and cutting) as points suitable for endoscopy or high-frequency technology for cauterising, suturing, or cutting during the operation (adding in the latter case a one-pole or two-pole electrical outlet in a manner that is known in the art) or any other point that

may be included.

[0022] The stylus (12) is made up of an internal rod (16) and an external rod (18) as will be seen herein below. The internal rod (16) can move with respect to the external rod (18) such that it allows the actuation (opening and closing) of the point (10) of the tool.

[0023] As can be seen in Figures 2 and 3, the handle (14) is formed by a ball joint comprising a base hemisphere (22), a central hemisphere (40) solidly connected to the base hemisphere and located at the centre thereof, a gripping clamp (28) with a spherical inner surface concentric with the base hemisphere, and a rotation hemisphere (20) solidly connected to the gripping clamp and located at the centre thereof.

[0024] The rotation hemisphere (20) and the central hemisphere (40) make up a ball joint, such that the gripping clamp (28) and the base hemisphere (22) can turn with respect to one another.

[0025] According to the preferred embodiment of the present invention, the central hemisphere (40) is solidly attached to the base hemisphere (22) by means of a base intermediate body (42), aligned with the stylus (12). The rotation hemisphere (20) is solidly attached to the gripping clamp (28) by means of an intermediate gripping body (44), aligned with the stylus (12) in the surgical tool neutral position. The surgical tool neutral position is that in which the handle (14) is not angularly moved with respect to the stylus (12).

[0026] According to the preferred embodiment of the present invention, the inner surface of the gripping clamp (28) is located facing the base hemisphere (22), for the purpose of preventing the base hemisphere (22) from running into the intermediate gripping body (28) to the greatest extent possible, thereby maximising the range of turning of the gripping clamp (28) around the base hemisphere (22).

[0027] The base hemisphere (22) is coupled such that it is solidly connected to the external rod (18) of the stylus (12). The base hemisphere (22) comprises therein the base intermediate body (42) having a longitudinal recess which allows the movement of a cable-rod connector (24) longitudinally along the inside of said recess and prevents the movement of the connector transverse to said recess. Furthermore, inside the hollow cylindrical element there are housed elastic return means implemented in this case by a spring (26). Therefore, these elements form a single block which will turn together at all times.

[0028] In turn, the gripping clamp (28) is coupled such that it is solidly connected to an actuation trigger (30). The trigger (30) is connected to an actuation lever (32), in turn connected to a proximal end of a cable (34) connected to a proximal end of the internal rod (16) of the stylus (12).

[0029] As a result of the ball joint, the surgeon can vary the working angle of the tool without this implying having to adopt an uncomfortable working position.

[0030] The trigger (30), lever (32), cable (34), internal rod (16), and spring (26) assembly constitutes means for

actuating the point (10) of the tool.

[0031] Thus, when a surgeon actuates the trigger (30), this actuation is transmitted (through the lever (32), the cable (34), and the internal rod (16)) to the point (10) of the tool. The point (10) of the tool thereby transitions from a first (for example, open) position to a second (for example, closed) position. When the surgeon stops performing any action on the trigger (30), the spring (26) causes the internal rod (16) to return to its initial position, so the point (10) of the tool returns from the second (for example, closed) position to the first (for example, open) position.

[0032] According to the preferred embodiment shown in Figure 2, actuation of the trigger (30) is transmitted to the lever (32) by means of a pivoting movement about an axis.

[0033] The aforementioned cable-rod connector (24) is attached to a cable stop (36), such that the free rotation of one element on the other while the translational movement is being transmitted is allowed.

[0034] It should be pointed out that according to the preferred embodiment of the present invention, both the external rod (18) and the internal rod (16) are coupled to the base hemisphere (22) and to the cable (34), respectively, according to removable attachment means which can be, for example, threaded attachments, stud bolts, intermediate parts, etc. The external rod (18) and the internal rod (16) together with the point (10) of the tool can thereby be removed from handle of the tool. Different types of points (10) of the tool can therefore be coupled to the surgical tool depending on the operation needs or they can be replaced with other new points due to wear, malfunction, breakage, etc., without having to dispose of the rest of the tool.

[0035] As can be seen best in Figure 3, the handle (14) of the surgical tool also comprises locking means. Specifically, according to the preferred embodiment of the invention, these locking means are formed by the gripping clamp (28) itself, the locking area (38) of which is formed by the spherical inner surface thereof, which can move until making contact with the base hemisphere (22) by means of pressure on the sides of the gripping clamp (28).

[0036] According to another preferred embodiment, the locking area (38) is formed by a pair of locking projections arranged in the gripping clamp (28) in a space between said gripping clamp (28) and the base hemisphere (22). Each locking projection is arranged on an opposite side with respect to a central axis of the hemispheres (20, 22) defined by the longitudinal axis of the stylus (12).

[0037] Thus, when the surgeon applies pressure on the locking area (38), the pressure is transmitted to the base hemisphere (22) and a locking position is adopted in which relative movement of the gripping clamp (28) and the base hemisphere (22) is prevented. In this situation, the entire surgical tool moves as a whole and the surgeon can place the point (10) of the tool in the suitable

position to perform the intervention. Likewise, in the locking position the surgeon can actuate the point (10) of the tool to grip and move tissue or an organ in the abdominal cavity over the course of the intervention. Upon releasing said pressure, the tool transitions to an unlocking position in which relative movement of the gripping clamp (28) with respect to the base hemisphere (22) is permitted again. Therefore, the surgeon can search for a position that is more comfortable for them and generate less effort and exhaustion without said movement being transmitted to the rest of the tool and therefore to the point (10) of the tool.

[0038] Figure 4 illustrates these movements by the surgeon. Figure 4-A illustrates a standby position in which the surgeon is holding the tool in a position that is comfortable for them. To change the position of the point of the tool, the surgeon performs the series of movements illustrated in Figures 4-B to 4-E. First, as shown in Figure 4-B, the surgeon applies pressure on the sides of the ball joint constituting the handle, whereby actuating the locking area in order to arrange it in the locking position, as mentioned above. Once in said position, the surgeon performs a turn with their wrist (Figure 4-C) until the point of the tool is in the suitable position. As mentioned above, since the locking area is in the locking position, the entire tool is integrally attached, and therefore the movements the surgeon makes with their hand are transmitted to the point of the tool.

[0039] Next (Figure 4-D), the surgeon stops applying pressure on the sides of the ball joint, whereby releasing the locking area. As mentioned above, in this unlocking position relative movement of the rotation hemisphere with respect to the base hemisphere is permitted. Therefore, the surgeon can turn their wrist (Figure 4-E) again to a position that is more comfortable, while the rest of the tool (and specifically the point of the tool) remains in the previous suitable operating position.

[0040] Therefore, as a result of the surgical tool of the present invention, the surgeon only needs to make isolated movements (for example, turns of the wrist) to place the tool in the correct position to perform an intervention. However, once the tool is located in said position, the surgeon can return to a position that is comfortable to them, thereby reducing the effort and fatigue the surgeon experiences. The tool according to the present invention therefore provides the surgeon with greater "postural freedom" outside the abdominal cavity, which none of the tools known in the state of the art allows, as they seek to provide more "degrees of freedom" in the abdominal cavity. This preferred embodiment has the advantage of the contact surface in the ball joint being very small, so friction during rotation of one hemisphere with respect to the other is reduced, thus optimising the operation of the surgical tool.

[0041] Figure 5 shows the posture a surgeon must hold with their arm and hand to hold a surgical tool in one and the same operating position with three tools of the prior art (a-c) as well as with a tool like the one described

above according to the preferred embodiment of the present invention (d). As can be seen, in the case of the tools of the prior art (Figure 5, a-c), the surgeon must hold an unnatural and uncomfortable position, which will entail greater fatigue which may translate into tremors and involuntary movements (which can obviously affect the patient) as well as subsequent consequences for the surgeon. However, the tool according to the present invention (Figure 5d) allows the surgeon to hold a natural posture while the tool is in the intervention position as in the preceding cases.

[0042] Two studies were conducted to check the effect of a tool according to the present invention on the movements and efforts made by a surgeon during an intervention. These studies compared a conventional surgical tool of the prior art with a scissor-type handle with a tool according to the present invention with a ball joint-type handle like the one described above herein.

[0043] The first study consisted of a movement analysis performed at Hospital La Fe (Valencia). The movement analysis is a validated method commonly used for evaluating surgical skills. There are different studies providing movement analysis data for evaluating positions and movements of surgeons in an operating room.

[0044] The study was conducted with surgeons and surgical residents comparing the aforementioned tools, and showed an improvement in the amount of neutral positions (risk-free) achieved by the surgeon: 34.9% in abduction/adduction of the arm (Figure 6), 30.6% in flexion of the forearm (Figure 7), and 21% in flexion/extension of the arm (Figure 8). In the graphs in Figures 6, 7, and 8, the left side represents the results for the tool of the prior art and the right side represents the results for the tool according to the present invention. The rectangle included in said figures represents the recommended range for the positions (risk-free) of the arm and forearm of the surgeon during use of the surgical tool: $-20^{\circ}/20^{\circ}$ for the abduction/adduction of the arm (Figure 6), $60^{\circ}/100^{\circ}$ for the flexion of the forearm (Figure 7), and $-20^{\circ}/20^{\circ}$ for the flexion/extension of the arm (Figure 8). Q_1 and Q_3 are the lower quartile and the upper quartile, respectively, which define the interquartile range of the data obtained in the study. M corresponds to the maximum value of the data and m corresponds to the minimum value of the data. The horizontal line located in the area representing the interquartile range is the statistical mean.

[0045] These results of the movement analysis study were evaluated by means of the Rapid Entire Body Assessment (REBA) method, proposed by Hignett and McAtamney (Hignett, S., McAtamney, L., 2000. Rapid entire body assessment (REBA). Appl Ergon 31, 201-5). This method allows analysing the positions adopted by the upper limbs, defining possible musculoskeletal risks and considering critical positions during the task.

[0046] The second study that was conducted was a comparative study of the muscular activity by means of surface electromyography (sEMG). This is a non-inva-

sive study which allows evaluating and recording the electrical activity produced by the muscles. This study is commonly used to evaluate the electrical activity generated by a muscle when it is subjected to loads or stressing.

[0047] The results of this study (Figure 9) support the data obtained in the movement analysis. In the graph of Figure 9, the upper part represents the results for the tool of the prior art and the lower part represents the results for the tool according to the present invention. This study allowed showing that during a simulated standard test, the muscular activity generated with the tool of the prior art was, on average, 5 times greater than that generated with the tool according to the present invention, in the main muscles involved in movements of the arms during this practice (deltoid, bicep, trapezius, and palmaris longus muscles). This data clearly shows that, in comparative terms, these muscle groups can become fatigued sooner with conventional tools than they will with the integration of an articulated element (ball joint) according to the present invention.

[0048] Therefore, the surgical tool according to the present invention allows increasing the time the surgeon can be in a position that is the most comfortable for them, and it therefore reduces the fatigue and effort to which the surgeon is subjected. Furthermore, it reduces the muscular energy the surgeon has to use during the surgical intervention.

[0049] Another advantage of the present invention is that as a result of its particular design, the contact surface in the ball joint is very small, so friction during rotation of one hemisphere with respect to the other is reduced, thus optimising the operation of the surgical tool.

[0050] Furthermore, due to the fact that both the inside of the gripping clamp (28) and the base hemisphere (22) have spherical surfaces concentric to one another, the distance between both surfaces in the unlocking position is always the same, so this enables the tool being locked in any of the working angles in which it is found, thereby maximising effectiveness of the tool.

[0051] Another advantage of the present invention is that the "centre of precision" of the surgical tool is located at the centre of a sphere located in laparoscopic practice in the palm of the hand. Due to the intrinsic features of the ball joint, at the centre of same there is formed a point around which all the elements that allow actuation of the tool turn. This means that control of this point leads to precise control of the tool, for which reason said point is referred to in this specification as "centre of precision". This simple change presents the tool as an extension of the body of the surgeon, continuing the dynamics the different sections of their arm follow (the forearm is aligned with the arm, the wrist with the forearm, the hand with the wrist and the tool following the same principle).

[0052] In the case of tools from the prior art, the handle is not spherical, which means that instead of a "centre of precision", there is a central (longitudinal) handle actuation axis forming a specific angle with the longitudinal

axis of the stylus, and with the wrist of the surgeon. The change in position of the tool thereby causes a movement in the surgeon's hand and/or arm which must be absorbed by the wrist.

5 [0053] All of this means that the surgeon's dexterity will be highly influenced, and despite the immense skills of the surgeons, it even considerably increases the chance of committing mistakes and causing injuries in the body of the patient.

10 [0054] Although the present invention has been described in reference to a preferred embodiment thereof, one skilled in the art may conceive of changes and modifications that do not depart from the scope of the attached claims.

Claims

1. A surgical tool comprising:

- a stylus (12);
- a point (10) of the surgical tool at the distal end of the stylus (12); and
- a handle (14) at the proximal end of the stylus (12), the handle (14) comprising means for actuating the point (10) of the tool;

characterised in that

the handle (14) is formed by a ball joint comprising:

- a base hemisphere (22) coupled such that it is solidly connected to an external rod (18) of the stylus (12);
- a central hemisphere (40) solidly connected to the base hemisphere (22) and located at the centre thereof;
- a gripping clamp (28) with a spherical inner surface concentric with the base hemisphere (22);
- a rotation hemisphere (20) solidly connected to the gripping clamp (28) and located at the centre of the inner surface thereof, forming a ball joint together with the central hemisphere (40); and
- locking means which allow a locking position to be adopted, in which relative movement between the gripping clamp (28) and the base hemisphere (22) is prevented, and an unlocking position, in which relative movement between the gripping clamp (28) and the base hemisphere (22) is permitted.

2. The surgical tool according to claim 1, **characterised in that** the inner surface of the gripping clamp (28) is located facing the base hemisphere (22).

3. The surgical tool according to any of the preceding claims, **characterised in that** the locking means are

formed by the gripping clamp (28) itself, the locking area (38) of which is formed by the spherical inner surface thereof, which can move until making contact with the base hemisphere (22) by means of pressure on the sides of the gripping clamp (28).

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4. The surgical tool according to claim 3, **characterised in that** the locking area (38) consists of a pair of locking projections arranged in a space between the gripping clamp (28) and the base hemisphere (22) on opposite sides with respect to a central axis defined by the longitudinal axis of the stylus (12). 10
5. The surgical tool according to any of the preceding claims, **characterised in that** the means for actuating comprise: 15
 - a trigger (30) connected to an actuation lever (32) in turn connected to a proximal end of a cable (34), the distal end of said cable (34) being connected to a proximal end of an internal rod (16) of the stylus (12) surrounded by an external rod (18) of the stylus (12); and 20
 - elastic return means, 25
 - such that actuation of the trigger (30) is transmitted through the cable (34) and the internal rod (16) to the point (10) of the tool, causing it to transition from a first position to a second position, and the elastic return means return the point (10) of the tool from the second position to the first position in the absence of any action on said trigger (30). 30
6. The surgical tool according to claim 5, **characterised in that** the external rod (18) and the internal rod (16) are coupled to the base hemisphere (22) and to the cable (34), respectively, according to removable attachment means, selected from the group comprising threaded attachments, stud bolts, intermediate parts, or the like. 35 40
7. The surgical tool according to any of the preceding claims, **characterised in that** the point (10) of the tool is one selected from the group comprising laparoscopy tools, endoscopy tools, and tools utilising high-frequency technology. 45

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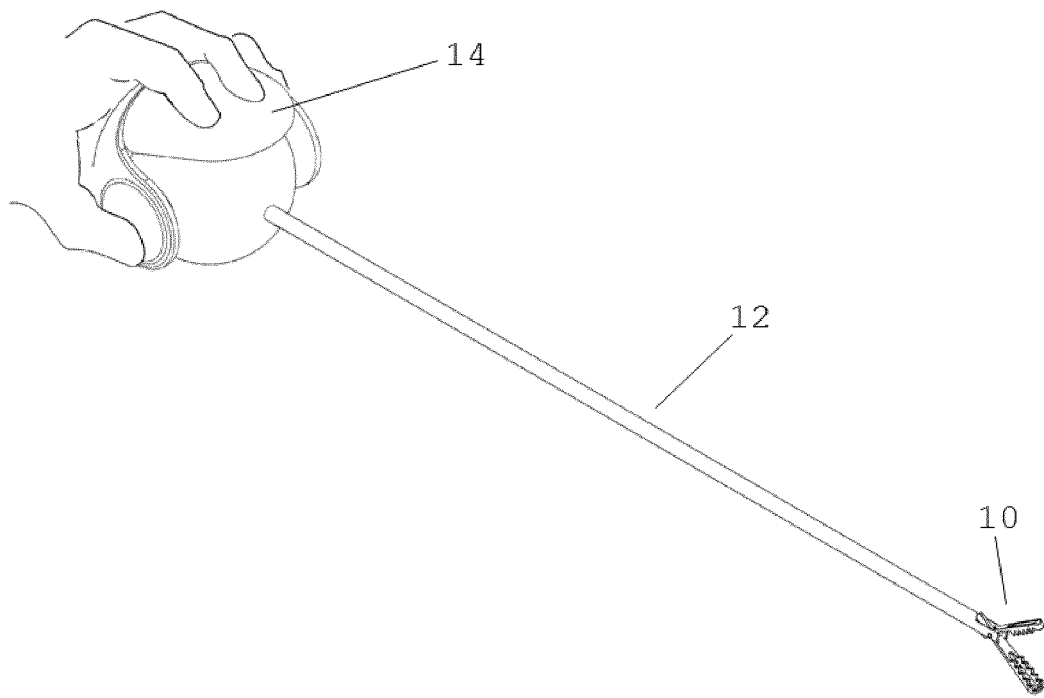


FIG. 1

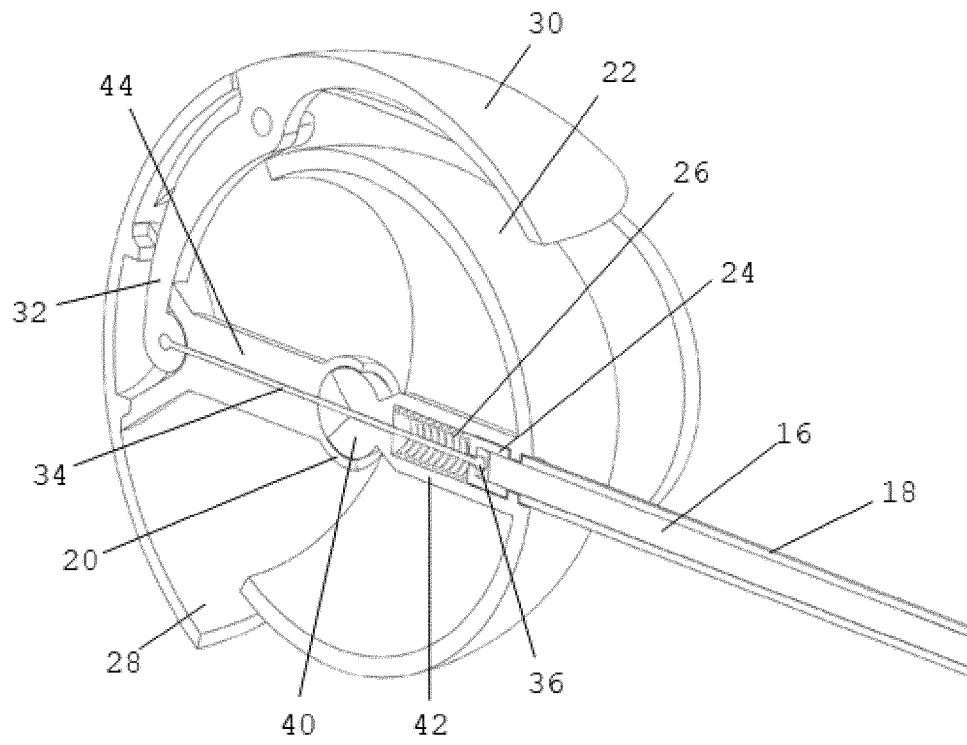


FIG. 2

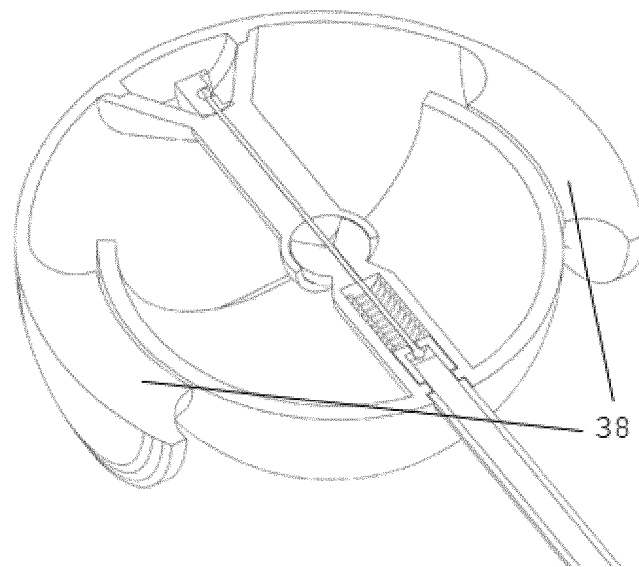


FIG. 3

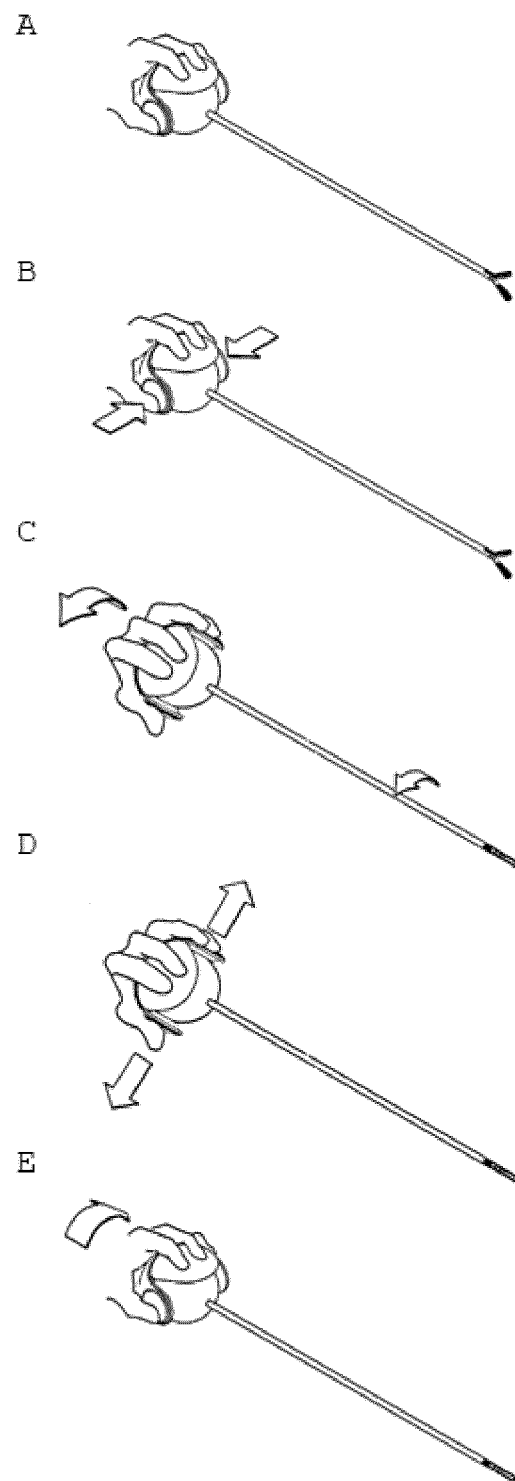


FIG. 4

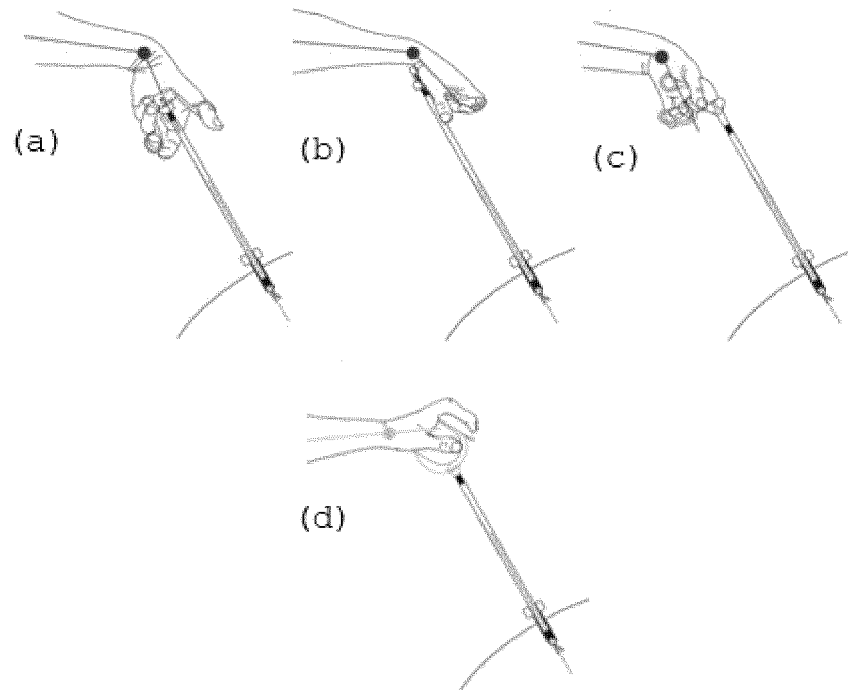


FIG. 5

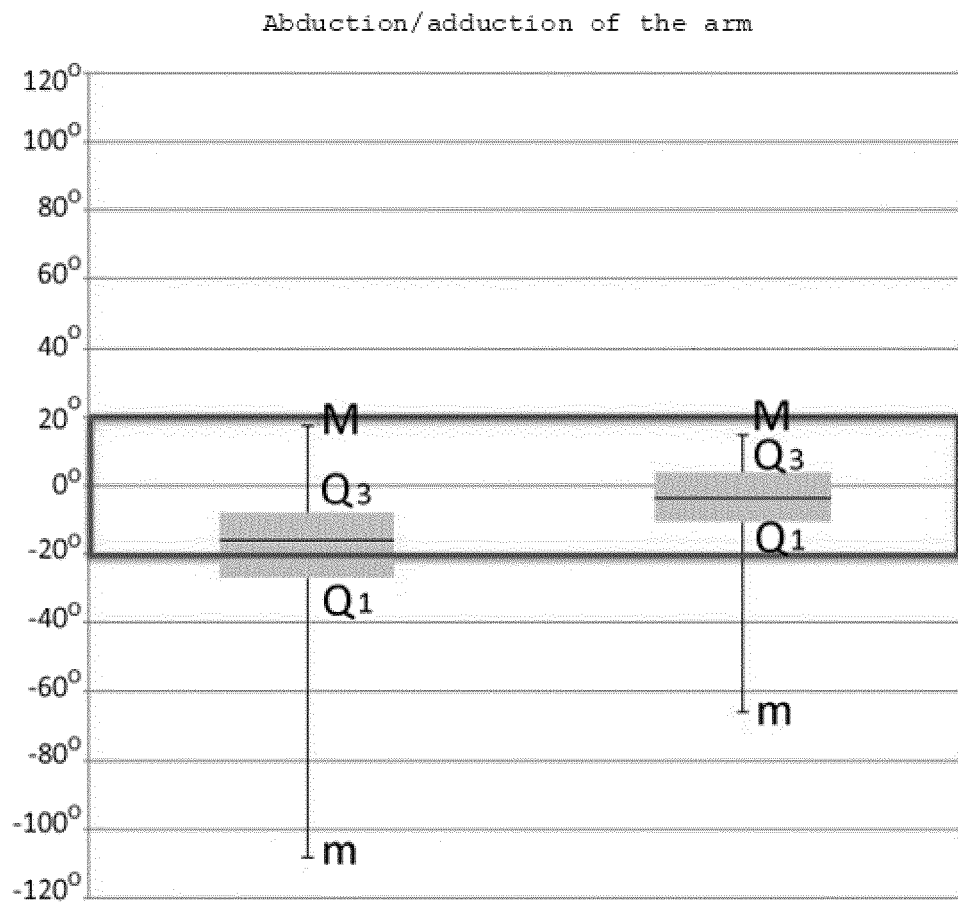


FIG. 6

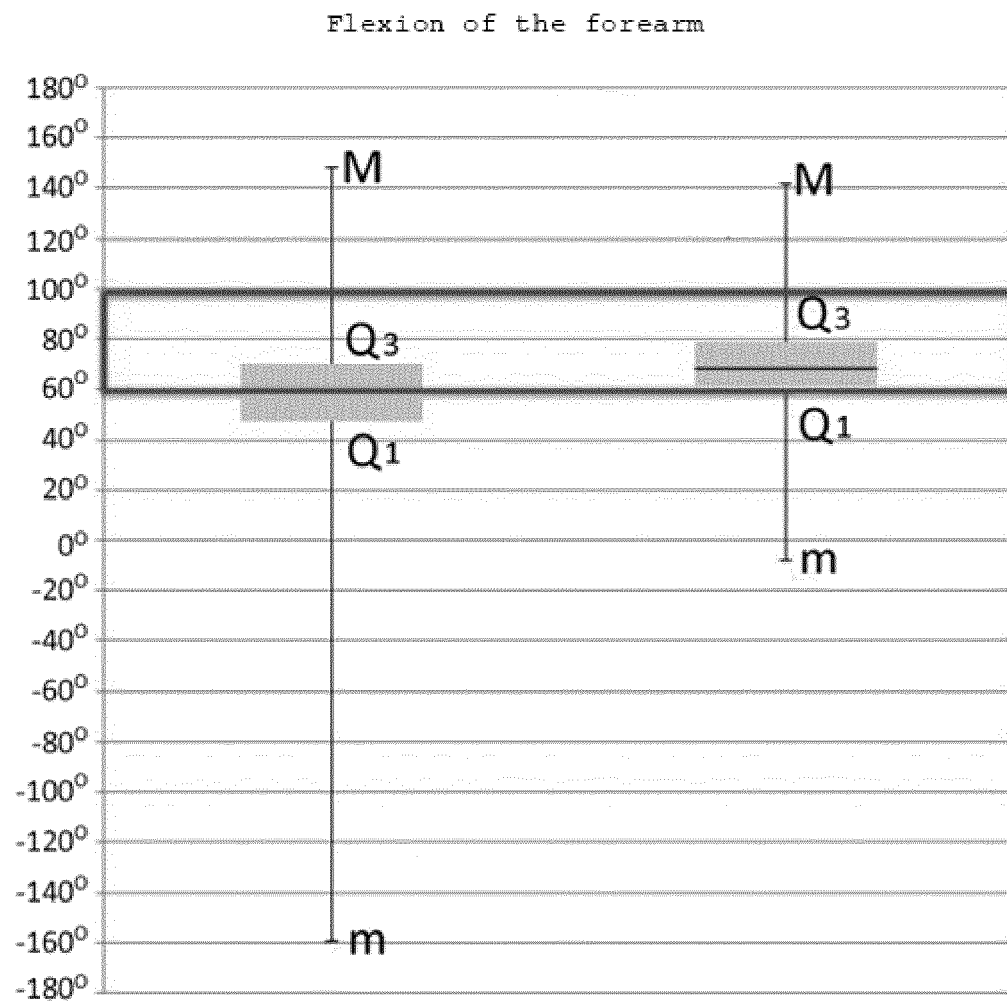


FIG. 7

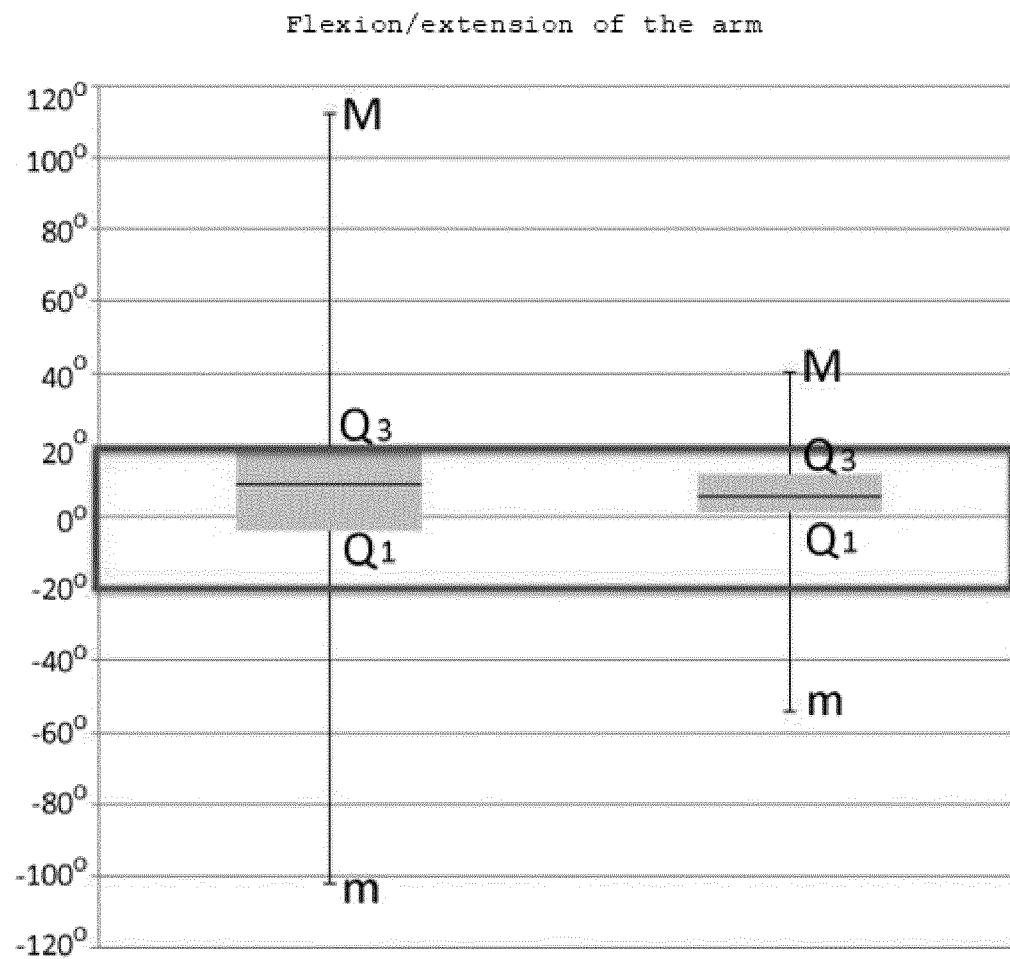


FIG. 8

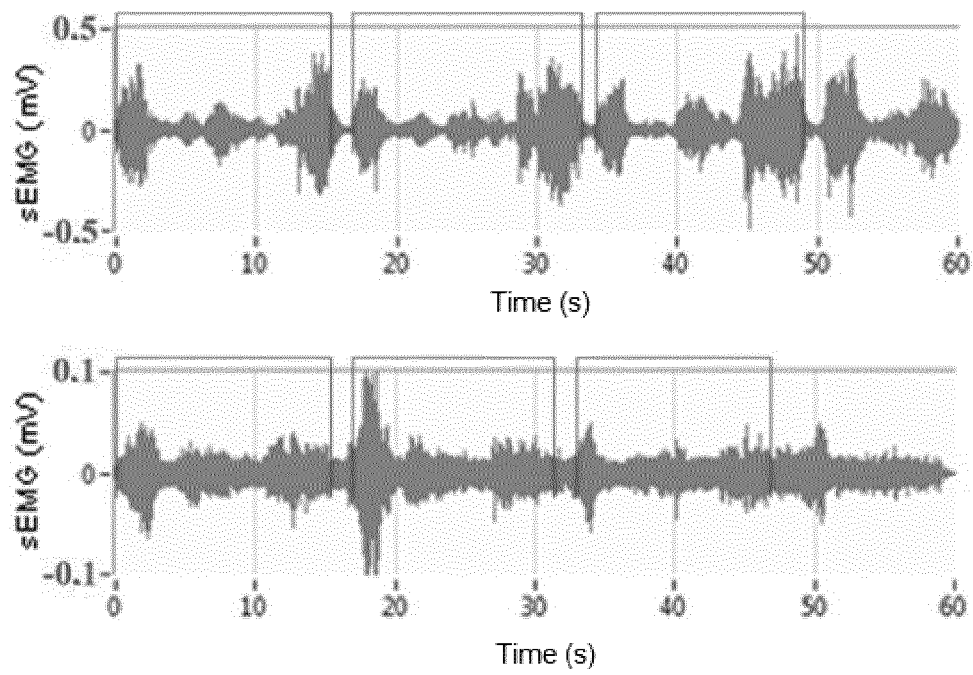


FIG. 9

INTERNATIONAL SEARCH REPORT

International application No.
PCT/ES2018/070001

5	A. CLASSIFICATION OF SUBJECT MATTER		
	A61B17/29 (2006.01)		
	According to International Patent Classification (IPC) or to both national classification and IPC		
10	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		
15	Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)		
	EPODOC, INVENES, WPI, PAJ, INTERNET.		
	C. DOCUMENTS CONSIDERED TO BE RELEVANT		
20	Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
25	A	WO 2008020964 A2 (CAMBRIDGE ENDOSCOPIC DEVICES, INC.) 21/02/2008, page 19, line 10 – page 34, line 2; figures 6-11, 13, 15.	1-7
30	A	US 2012150155 A1 (BOSTON SCIENTIFIC SCIMED, INC.) 14/06/2012, paragraphs [5-7]; [33]; [35-50]; [60]; figures 3-4.	1-7
35	A	MX 2016002222 A (HUMAN EXTENSIONS LTD.) 21/09/2016, page 16, line 18 - page 20, line 29; page 25, lines 3-19; figures 1a-13h.	1-7
	A	ES 2547001 T3 (STEERABLE INSTRUMENTS BVBA) 30/09/2015, page 9, line 47 - page 10, line 7; figure 26.	1-7
40	☒ Further documents are listed in the continuation of Box C. ☒ See patent family annex.		
45	* 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 document 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 documents, such combination being obvious to a person skilled in the art "&" document member of the same patent family	
50	Date of the actual completion of the international search 10/05/2018		Date of mailing of the international search report (11/05/2018)
55	Name and mailing address of the ISA/ OFICINA ESPAÑOLA DE PATENTES Y MARCAS Paseo de la Castellana, 75 - 28071 Madrid (España) Facsimile No.: 91 349 53 04		Authorized officer J. Cuadrado Prados Telephone No. 91 3495522

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INTERNATIONAL SEARCH REPORT

International application No.
PCT/ES2018/070001

C (continuation).		DOCUMENTS CONSIDERED TO BE RELEVANT
Category *	Citation of documents, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 6605105 B1 (KARL STORZ GMBH & CO. KG) 12/08/2003, column 2, line 4 - column 3, line 53; column 4, line 52 – column 5, line 51; figures 2-4C.	1-7

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INTERNATIONAL SEARCH REPORT

International application No.

Information on patent family members

PCT/ES2018/070001

Patent document cited in the search report	Publication date	Patent family member(s)	Publication date
WO2008020964 A2	21.02.2008	HK1132446 A1 US2010228235 A1 US8709037 B2 JP2010500149 A JP4989724B B2 CN101500493 A CN101500493B B KR20090051049 A EP2056722 A2 US2008046000 A1 US7708758 B2	15.06.2012 09.09.2010 29.04.2014 07.01.2010 01.08.2012 05.08.2009 28.09.2011 20.05.2009 13.05.2009 21.02.2008 04.05.2010
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Form PCT/ISA/210 (patent family annex) (January 2015)

REFERENCES CITED IN THE DESCRIPTION

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- **HIGNETT, S. ; MCATAMNEY, L.** Rapid entire body assessment (REBA). *Appl Ergon*, 2000, vol. 31, 201-5 [0045]

专利名称(译)	手术器械		
公开(公告)号	EP3566664A1	公开(公告)日	2019-11-13
申请号	EP2018736597	申请日	2018-01-02
[标]申请(专利权)人(译)	医院的基础研究和univrio瓦伦西亚理工大学的信心.		
申请(专利权)人(译)	Universitat大学POLITÉCNICA瓦伦西亚 基础研究的大医院的信仰和politécnico瓦伦西亚		
当前申请(专利权)人(译)	Universitat大学POLITÉCNICA瓦伦西亚 基础研究的大医院的信仰和politécnico瓦伦西亚		
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发明人	PACE BEDETTI, HORACIO MARTÍN CONEJERO RODILLA, ANDRÉS MARTÍNEZ DE JUAN, JOSÉ LUIS DOLZ LAGO, JOSÉ FRANCISCO		
IPC分类号	A61B17/29		
CPC分类号	A61B17/2909 A61B2017/00424 A61B2017/291 A61B17/29		
优先权	2017030009 2017-01-05 ES		
外部链接	Espacenet		

摘要(译)

本发明描述了一种外科手术工具，其包括触笔，在触笔的远端处的外科手术工具的尖端以及在触笔的近端处的手柄，该手柄包括用于致动工具的尖端的装置。手柄由球形接头形成，该球形接头包括：与触笔相连的基半球；和与基半球牢固连接并位于其中心的中央半球；夹持夹具，其圆柱形内表面与基半球同心；旋转半球牢固地连接到夹持夹具并位于其中心，并与中央半球一起形成球形接头。和锁定装置。锁定装置允许采用锁定或解锁位置，在该位置中，分别防止或允许夹持夹具和基半球之间的相对运动。

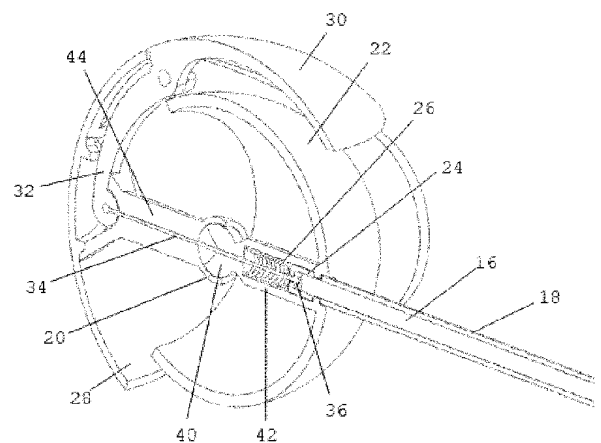


FIG. 2