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(54) Title: SYSTEM FOR TREATING A PATIENT HAVING AN INTESTINAL DISORDER

FIG 9A

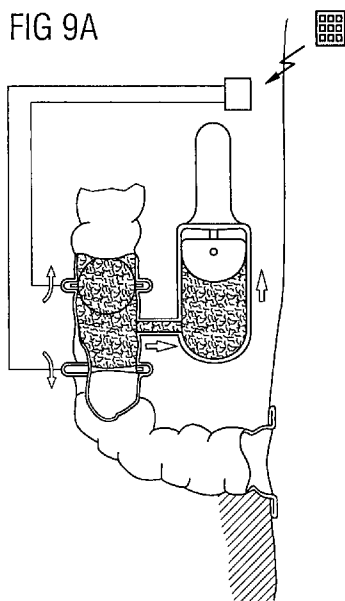
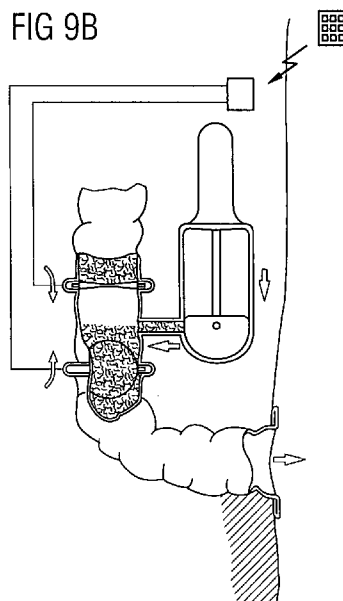


FIG 9B



(57) Abstract: A system for treating a patient having a disorder related to the patient's intestine comprises an artificial or artificially modified reservoir which is adapted to receive and collect intestine contents and is further adapted to remain within the patient's body when emptying the reservoir. The system further comprises an implantable flow control device for controlling flow of the intestine contents from the reservoir. The flow control device may comprise an entry valve, an exit valve, a pump, a motor, an energy source, a control unit and sensors.



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- *before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments*

SYSTEM FOR TREATING A PATIENT HAVING AN INTESTINAL DISORDER

Background of the invention

[0001] The present invention relates to a system and method for treating a patient having a disorder related to the patient's intestine. Such disorder may be caused by injury, birth defect, cancer or other diseases, such as constipation or incontinence.

[0002] In an attempt to overcome such disorders, many different solutions have been proposed. These solutions often include surgery, in particular where a portion of the intestine has to be removed. The reason for such operation may be colorectal cancer, perforated diverticulitis or other kinds of diseases, such as ulceros colitis or Crohns disease. For instance, in the case of ileostomy, jejunostomy, colostomy and rectostomy operations the small intestine (jejunum or ileum) or the large intestine (colon or rectum) is cut and the open end of the healthy portion of the intestine is reattached either to a surgically created stoma in the patient's abdominal wall or, where possible, to the patient's rectum or anus or to tissue adjacent the patient's anus.

[0003] The problem then arises to control the intestinal contents flow and, more particularly, to prevent feces from exiting the patient's body uncontrolled. The patient is typically required to excrete into a colostomy bag. This is obviously inconvenient and, in addition, may cause skin irritation since such a bag arrangement requires an adhesive plate to be attached to the patient's skin in order to render the bag liquid tight.

[0004] US patent no. 4,222,377 suggests the use of an inflatable artificial sphincter comprising a cuff around the anal or urethral canal. A manually operated pump is implanted in the patient's scrotum for inflating and deflating the artificial sphincter.

[0005] Similarly, US patent no. 5,593,443 discloses an artificial hydraulic anal sphincter under voluntary control. More specifically, the patient may actuate a mechanical or electrical pump for inflating and deflating a cuff. The cuff consists of two parts positioned on opposite sides of the intestine and pressing the intestinal walls together when inflated.

[0006] US 6,752,754 B1 discloses an artificial rectum for replacing a portion of a patient's rectum. An inlet of the artificial rectum is operatively connected to the distal end of the patient's large intestine and communicates fecal matter to a macerator-type pump that discharges the feces through an outlet of the artificial rectum connected to the patient's anus. The pump includes a helical screw-type impeller, which when rotated creates shearing effects on the feces, causing it to move down the thread of the screw impeller and discharge through the patient's anus.

Summary of the invention

[0007] It is an object of the present invention to provide an improved system and method for treating a patient having a disorder related to the patient's intestine.

INTERNAL RESERVOIR WITH IMPLANTABLE FLOW CONTROL DEVICE

[0008] A system according to the invention for treating a patient having a disorder related to the patient's intestine comprises an artificial or artificially modified reservoir adapted for receiving and temporarily collecting therein intestinal contents. The reservoir is further adapted to remain within the patient's body when emptying the reservoir. The system further comprises an at least partly artificial flow control device implantable in the patient's body and adapted to control flow of the intestinal contents from the reservoir.

[0009] The internal reservoir will substantially extend the time period before the patient feels a need to excrete feces. Rather than using an external bag for that purpose which has to be attached, removed and cleaned, the internal reservoir remains within the patient's body. By combining such internal reservoir with an appropriate flow control device for emptying the reservoir, the patient's living circumstances are substantially improved.

RESERVOIR FORMED FROM INTESTINE OR HUMAN TISSUE

[0010] According to a first general embodiment, the reservoir may be formed from at least one bent portion of the patient's intestine. More specifically, laterally adjacent sections of the intestine are cut open along their mutual contact line and the resulting upper halves and lower halves thereof are then interconnected so as to form the reservoir. The interconnection can advantageously be made with staplers, possibly including bonding with a biocompatible glue, but sewing is likewise an option. Alternatively, the reservoir may also be formed from surgically modified and connected human tissue.

ISOLATED LATERAL ARRANGEMENT OF RESERVOIR

[0011] The reservoir may be laterally connected to the intestine by means of a single passage through which the intestinal contents are fed in both ways, i.e. from the intestine into the reservoir and, when the reservoir is emptied, in the reverse direction from the reservoir back to the intestine and further out of the body. Accordingly, the system according to the invention comprises a passage in flow communication with the reservoir and adapted to being connected to a surgically created lateral opening in a wall of the patient's intestine, said passage being arranged for transferring intestinal contents to and from the reservoir.

THROUGH-FLOW ARRANGEMENT OF RESERVOIR

[0012] Instead of a single passage, two passage may be provided, a first passage leading feces to the reservoir and a second passage different from the first passage leading the feces from the reservoir when the reservoir is emptied.

[0013] Accordingly the system of the present invention may comprise a first passage in flow communication with the reservoir and adapted to being connected to a surgically created first opening of the patient's intestine, said first passage being arranged for transferring intestinal contents to the reservoir, and further comprising a second passage in flow communication with the reservoir, said second passage being arranged for transferring intestinal contents from the reservoir.

[0014] The second passage must not necessarily redirect the feces back to the intestine, it may as well be adapted to being surgically connected to a surgically created stoma or to the patient's rectum or anus or to tissue adjacent the patient's anus.

[0015] On the other hand, rather than directly connecting the second passage to the stoma or anus, the second open end portion may be adapted to being connected to a healthy portion of the patient's small intestine or of the patient's large intestine. Since the small intestine and large intestine have different diameters and wall thickness, the structure of the second open end portion can be substantially different in these cases. The healthy portion of the intestine may then be connected to the patient's rectum or anus or to tissue adjacent the patient's anus or to use that portion for creating a stomy.

LATERAL ATTACHMENT

[0016] In particular, the second passage may be adapted to being surgically connected to a second surgically created opening of the patient's intestine, this not being restricted to a connection to a cross-sectional opening. More specifically, according to a preferred embodiment, the second passage is adapted to being connected to a lateral opening in the wall of the patient's intestine. Similarly, it is preferred that also the first passage is adapted to being connected to a lateral opening in the wall of the patient's intestine. Lateral attachment of the passage or passages between the intestine and the reservoir has the advantage that the forces resulting from the peristaltic waves moving along the intestine have less impact on the connection. In frontal connections, i.e. where the reservoir is attached to a cross-sectional opening of the intestine, the peristaltic waves tend to pull the intestine away from the connection, this requiring special securing measures.

[0017] In order to connect the reservoir to the intestine, the first passage is preferably adapted to being bonded and/or sewn and or stapled to the intestine, this applying to both a cross-sectional and a lateral attachment.

VALVE AS PART OF THE FLOW CONTROL DEVICE

[0018] As a main element of the flow control device for controlling flow from the reservoir, in particular for emptying the reservoir, there may be provided one or more valve and/or pump.

EXIT VALVE

[0019] For instance, the at least one valve may include an exit valve preventing intestinal contents flow from the reservoir in its closed position. Preferably, the exit valve is a normally closed valve so that no energy is needed to keep the valve closed during the system's inactive periods.

ENTRY VALVE IN ADDITION TO EXIT VALVE

[0020] In addition, the flow control device may comprise an entry valve allowing intestinal contents to flow towards the reservoir in its open position. This can be advantageous particularly during the emptying of the reservoir, when the entry valve should be closed. Therefore, the entry valve is preferably a normally open valve. Accordingly, the exit valve and the entry valve are preferably adapted to cooperate such that when one of the two valves is closed, the respective other valve is open, and vice versa.

VALVE ARRANGEMENT (INTERNAL, INTERSECTING, OUTSIDE)

[0021] The valves can be arranged in many different ways, depending on the type of valve. For instance, at least one of the valve or valves, respectively, can be

adapted to being permanently implanted inside the patient's intestine. Or, where at least one of the valve or valves, respectively, has an upstream open end and has a downstream open end in fluid connection with the upstream open end, the upstream open end can be adapted to being connected to a surgically created opening of the patient's intestine and the downstream open end can be adapted to being connected to either one of a surgically created opening of the patient's intestine, a surgically created stoma, the patient's anus or tissue adjacent the patient's anus. Alternatively, at least one of the valve or valves, respectively, may be adapted to being implanted inside the patient's body outside a section of the patient's intestine and may comprise at least one element adapted to act on the intestine section from the outside thereof so as to act on and, in particular, prevent intestinal contents flow through the intestine section. This latter valve arrangement is advantageous inasmuch its installment does not require any surgery on the respective part of the intestine.

VALVE TYPES

[0022] As regards the various valve types that may be employed, the at least one valve may e.g. comprise a central opening which is normally closed by resilient means that can be urged apart mechanically by inserting a conduit through the central opening so as to open the central opening of the valve. In the simplest embodiment, the valve may be opened by mechanical force, such as by inserting a tube from outside the patient's body through the valve. The valve in this case can be a simple non-return valve.

[0023] According to a more complex embodiment, the at least one valve may comprise a compartment with a variable volume adapted to open and close the valve by changing the compartment's volume. Advantageously, the at least one valve comprises at least one passage for filling and emptying the compartment with hydraulic fluid. The compartment preferably has at least one flexible wall defining an opening for the intestine or a conduit of the reservoir to pass through, the opening being adapted to close upon increase of the compartment's volume.

[0024] According to a different embodiment, the at least one valve may be a flap valve permanently implanted inside the patient's intestine. The flap valve may for instance comprise a rotatable disc.

[0025] According to a very specific embodiment, where the at least one valve is implanted inside the patient's body outside a section of the patient's intestine to act on the intestine section from the outside thereof, the valve may comprise at least one electrical stimulation device adapted to electrically stimulate muscle or neural tissue of an intestine section so as to cause at least partial contraction of the intestine

section. This is a very gender way of constricting the intestine. The stimulation device preferably comprises at least one electrode adapted to apply electric pulses to the intestine section.

[0026] It is particularly advantageous to make use of a stimulation device which is adapted to stimulate different portions of the intestine section over time. Thus, different portions of the intestine section can be constricted by stimulation at different times in any predetermined stimulation pattern, thereby giving the intestine portions currently not stimulated time to recover and, thus, improving the blood circulation in the respective intestine section.

[0027] Furthermore, the stimulation device can specifically be adapted to stimulate, over time, the different portions of the intestine section in a wave like manner in a direction opposite to natural intestinal contents flow. As a result, the valve counteracts the natural intestinal contents flow, thereby improving the valve's closing function.

[0028] Alternatively, or preferably in addition to the stimulation device, the at least one valve may comprise a constriction device implanted in the patient's body for at least partly constricting the intestine section mechanically from outside the intestine section. Where the stimulation device is combined with the constriction device, the stimulation device and the constriction device preferably act on the same intestine section. In that case, it is advantageous if the constriction device in its normal condition constricts the intestine section only partly, in order not to damage the intestine over time. Complete constriction and, thus, closing of the intestine may then be obtained by additionally stimulating the intestine section in a manner as described before.

[0029] In addition, when constriction of the intestine section caused by the constriction device is released, the stimulation device may, if accordingly adapted, be used to pump intestinal contents along the intestine section by, over time, stimulating different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow. In this situation, the valve may incorporate the additional function of a pump for actively supporting the discharge of feces from the human body.

PUMP AS PART OF THE IMPLANTABLE FLOW CONTROL DEVICE

[0030] Where the flow control device comprises a pump for emptying the reservoir, a variety of different types of pumps may be employed.

[0031] For instance, the pump may be adapted for emptying the reservoir by squeezing the reservoir, if the reservoir has a flexible wall that allows for squeezing.

[0032] In particular, the pump and the reservoir can be separate from each other and the pump can be adapted to being implanted in the patient's body separate from but in close proximity to the reservoir so as to act on the reservoir from the outside thereof. For instance, the reservoir may have a flexible wall and the pump may comprise a movable piston, with a front end of the piston adapted to act on the flexible wall of the reservoir from the outside thereof upon advancement of the piston.

[0033] Alternatively, the pump and the reservoir can be fixedly connected to one another. For instance, the reservoir may be formed by a bellow, said bellow having an end wall closing the bellow at one end thereof and said end wall making part of the pump such that a volume of the bellow is reduced upon advancement of said end wall. Preferably, the bellow is made of a resilient material so as to urge the bellow into a normally expanded position.

[0034] In another embodiment where the pump and the reservoir are fixedly connected to one another, the pump comprises a movable piston with a front end of the piston extending into the reservoir such that a volume of the reservoir can be reduced upon advancement of the piston. Preferably, the pump and the reservoir are comprised in a common housing so that they can be implanted as a unit. Furthermore, it is advantageous if the piston is spring loaded so as to urge the piston into a normally retracted position.

[0035] As a further alternative, the pump may be adapted for being permanently arranged inside the reservoir.

[0036] As a still further alternative, the pump and the reservoir can be provided separate from each other with the pump being implanted inside the patient's body outside the patient's intestine. Similarly to the very specific valve embodiment described above, according to this alternative the pump comprises at least one electrical stimulation device adapted to electrically stimulate muscle or neural tissue of an intestine section so as to cause at least partial contraction of the intestine section. Again, the stimulation device preferably comprises at least one electrode adapted to apply electric pulses to the intestine section. Furthermore, the stimulation device may be adapted to stimulate different portions of the intestine section over time so as to pump intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in the direction of natural intestinal contents flow.

[0037] Also, the pump may comprise a constriction device similar to the valve embodiment described earlier for at least partly constricting the intestine section mechanically, whereby the constriction device is preferably adapted to pump intestinal contents along the intestine section by, over time, constricting different portions of an intestine section in a wave like manner in the direction of natural intestinal contents flow.

[0038] Again, the stimulation device may be combined with the constriction device so as to pump the intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow, when constriction of the intestine section caused by the constriction device is released at the respective portions.

[0039] Finally, the pump may also be constituted by a manually drivable pump and may comprise an actuator for manually driving the pump. The actuator in this case is preferably arranged for subcutaneous implantation so as to be operable from outside the patient's body.

MOTOR

[0040] Where the valves or pump or any other element of the flow control device is not or not only manually drivable, at least one motor can be provided for automatically driving one or more of the elements of the flow control device. The motor is preferably arranged to be driven by electric or electromagnetic energy.

[0041] A motor in the sense of the present invention is a device that transforms energy other than mechanical energy into mechanical energy. While a pump in the sense of the present invention is a device for advancing liquid or pasty material, a pump may at the same time be a motor in certain circumstances, such as where the transformation of energy into mechanical energy causes advancement of the liquid or pasty material without any intervening mechanical means such as a piston, bellow or the like.

[0042] For instance, the at least one motor can be arranged for driving at least one of the valve or valves, respectively, between its closed and open position. Also, the at least one motor can be arranged for driving the pump.

[0043] A manually operable switch may be provided for activating the at least one motor, the switch being preferably arranged for subcutaneous implantation so as to be operable from outside the patient's body.

ENERGY SOURCE

[0044] In a preferred embodiment, an energy source is provided for supplying energy directly or indirectly to at least one energy consuming part of the system. Preferably, the energy source includes a battery or an accumulator, such as one or more of a rechargeable battery and a capacitor, as an energy storage means. The energy storage means is advantageously adapted for being implanted inside the patient's body.

WIRELESS ENERGY TRANSMISSION

[0045] Energy is preferably transmitted wirelessly. Thus, where the energy source is provided for supplying energy directly or indirectly to at least one energy consuming part of the system, the energy source may comprise a wireless energy transmitter adapted to wirelessly transmit energy from outside the patient's body to the at least one energy consuming part. Alternatively, where the energy source includes a battery or an accumulator, in particular one which is implanted in the patient's body, the energy source may comprise a wireless energy transmitter adapted to wirelessly transmit energy from outside the patient's body to the energy storage means.

ENERGY TRANSMISSION FEEDBACK

[0046] A feedback subsystem, which can make part of a control device described subsequently, can advantageously be provided to wirelessly send feedback information related to the energy to be stored in the accumulator from inside the human body to the outside thereof. The feedback information is then used for adjusting the amount of wireless energy transmitted by the energy transmitter. Such feedback information may relate to an energy balance which is defined as the balance between an amount of wireless energy received inside the human body and an amount of energy consumed by the at least one energy consuming part. Alternatively, the feedback information may relate to an energy balance which is defined as the balance between a rate of wireless energy received inside the human body and a rate of energy consumed by the at least one energy consuming part.

[0047] Also, the transmission of energy from the energy storage means to the at least one energy consuming part may be performed wirelessly by means of an accordingly adapted wireless energy transmitter.

[0048] Preferably, in order to reduce the number of parts and possibly increase the system's efficiency, the energy consuming part can be adapted to directly transform the wirelessly transmitted energy into kinetic energy. Otherwise, it will be necessary to provide an implantable energy transforming device for transforming the wireless

energy, preferably into electric energy. In this case, it is further preferred to set up the system such that the energy consuming part is driven with the electric energy, as said energy transforming device transforms the wireless energy into the electric energy.

[0049] The energy transmitter can be adapted to generate an electromagnetic field, a magnetic field or an electrical field. The wireless energy may be transmitted by the energy transmission device by at least one wireless signal. More specifically, the energy transmitter may be adapted to transmit the energy by at least one wireless energy signal, which may comprise an electromagnetic wave signal, including at least one of an infrared light signal, a visible light signal, an ultra violet light signal, a laser signal, a microwave signal, an X-ray radiation signal, and a gamma radiation signal. Also, the wireless energy signal may comprise a sound or ultrasound wave signal. Furthermore, the wireless energy signal may comprise a digital or analog signal or a combination thereof.

GALVANIC ENERGY TRANSMISSION

[0050] Where energy is not transmitted wirelessly, galvanic coupling elements should be provided at least between the energy source and the motor for transmitting energy to the motor in contacting fashion.

CONTROL UNIT

[0051] It is advantageous to provide a control unit adapted to directly or indirectly control one or more elements of the system, such as for controlling opening of the exit valve and/or closing of the entry valve, in particular in a manner such that when one of the two valves is closed, the respective other valve is open, and vice versa. The control unit can also be adapted to control actuation of the pump.

[0052] The control unit is preferably operable by the patient, e.g. particularly in order to empty the reservoir.

[0053] At least part of the control unit may be adapted to be implantable in the patient's body. For instance, a manually operable switch may be provided for activating the control unit, the switch preferably being arranged for subcutaneous implantation so as to be operable from outside the patient's body. Also, the control unit may comprise a first part adapted for implantation in the patient's body and a second part adapted to cooperate with the first part from outside the patient's body. In this case, the control unit can be adapted to transmit data from the external

second part of the control unit to the implanted first part of the control unit in the same manner as energy is transmitted to the at least one energy consuming part.

[0054] That is, the second part of the control unit may be adapted to wirelessly transmit a control signal to the implantable first part of the control unit for controlling the at least one energy consuming part from outside the patient's body. Also, the implantable first part of the control unit may be programmable via the second part of the control unit. Furthermore, the implantable first part of the control unit may be adapted to transmit a feedback signal to the second part of the control unit.

SENSOR

[0055] Furthermore, a physical parameter sensor adapted to directly or indirectly sense a physical parameter of the patient can be provided. The physical parameter sensor may be adapted to sense at least one of the following physical parameters of the patient: a pressure within the reservoir, a pressure within the patient's intestine, an expansion of the reservoir, a distension of an intestinal wall of the patient's intestine, a movement of the intestinal wall.

[0056] Similarly, a functional parameter sensor adapted to directly or indirectly sense a functional parameter of the system can be provided, wherein the functional parameter sensor may be adapted to sense at least one of the following functional parameters of the system: a pressure against a part of the system such as the reservoir, a distension of a part of the system such as a wall of the reservoir, an electrical parameter such as voltage, current or energy balance, a position or movement of a movable part of the system.

[0057] Preferably, an indicator is coupled to the sensor or sensors, the indicator being adapted to provide a signal when a sensor senses a value for the parameter beyond a predetermined threshold value. The sensor signal may comprise at least one of the following types of signals: a sound signal, a visual signal.

INTESTINAL CONTENTS COLLECTING DEVICE (WITH "EXTERNAL" PUMP)

[0058] As mentioned before, in the simplest embodiment, an intestinal contents collecting device may be used to be temporarily applied from outside the patient's body when the reservoir is to be emptied. According to a preferred embodiment, the collecting device may comprise a front open end adapted to be applied towards the exit valve so as to provide a flow passage from the exit valve towards the collecting device. More specifically, the collecting device front open end is preferably adapted to be applied to the exit valve so as to open the valve and thereby provide said flow

passage towards the collecting device. Where the exit valve is normally closed by resilient means, said front open end is adapted to be inserted through the central opening of the exit valve so as to urge apart the resilient means normally closing the central opening.

[0059] The collecting device preferably comprises a suction pump, which may comprise a piston-cylinder-arrangement. The suction pump may be adapted to be driven manually, in particular where it is intended for use as a back-up pump for a situation where the pump of the flow control device is out of operation. However, preferably a motor is connected to the suction pump for driving the pump automatically.

METHOD OF TREATMENT (IMPLANTATION)

[0060] The invention does not only relate to the system described above, but also to a method of treating a patient having a disorder related to the patient's intestine.

RESERVOIR FORMED FROM INTESTINE

[0061] As mentioned before, the reservoir of the system may be made from the patient's intestine. A respective surgical method of treating the patient would comprise the steps of:

- cutting the patient's skin and abdominal wall,
- dissecting an area of the patient's intestine,
- cutting the patient's intestine along a mutual contact line of laterally adjacent sections of a bent portion thereof and connecting by suturing and/or stapeling the resulting upper and lower halves of the intestine so as to form a reservoir,
- implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body, and
- thereafter, permanently closing the abdominal wall and skin.

[0062] A respective laparoscopic surgical method of treating the patient would comprise the steps of:

- making a small opening in the patient's skin and abdominal wall,
- introducing a needle in the abdominal cavity,
- inflating the abdominal cavity with gas,
- inserting at least one trocar into the cavity,
- introducing a camera through the trocar,

- inserting at least one dissecting instrument preferably through a second trocar,
- dissecting an area of the intestine,
- cutting the patient's intestine along a mutual contact line of laterally adjacent sections of a bent portion thereof and connecting by suturing and/or stapling the resulting upper and lower halves of the intestine so as to form a reservoir,
- implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body,
- extracting the instruments, camera and trocar, and in relation thereto
- suturing, if necessary, the abdominal wall and permanently closing the skin.

[0063] As also mentioned before, the system may be surgically connected to a surgically created stoma or to the patient's rectum or anus or to tissue adjacent the patient's anus. This would require, where a stomy is involved, the following additional steps:

- cutting the patient's skin and abdominal wall so as to create an opening for an intestinal stomy,
- dissecting the area of the opening,
- dividing the intestine downstream of the reservoir so as to maintain an upstream natural intestine section still connected to the reservoir with a cross-sectional opening at the downstream end thereof,
- dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for creating the intestinal stomy,
- advancing the upstream natural intestine section through the abdominal wall and skin and
- suturing the upstream natural intestine section in the area of the cross-sectional opening to the skin with the intestinal mucosa turned inside out, thereby achieving the intestinal stomy.

[0064] Where the system may be surgically connected to a the patient's anus or to tissue adjacent the patient's anus, this would require the following additional steps:

- dividing the intestine so as to create an upstream natural intestine section having a cross-sectional opening at the downstream end thereof and a downstream natural intestine section leading to the patient's anus,
- dissecting the area of the patient's anus and surgically separating the downstream natural intestine section from the patient's anus, whereas the steps of dividing the intestine and separating the intestine section leading to the patient's anus can alternatively be carried out in reversed order,

- dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for connecting the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus,
- advancing the downstream end of the upstream natural intestine section through the patient's anus, and
- suturing the cross-sectional opening of the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus.

[0065] In line with the very specific valve embodiment described previously, the method may further involve the step of implanting at least one electrical stimulation device in the vicinity of an intestine section so as to allow for at least partial contraction of the intestine section by means of electrical stimulation of muscle or neural tissue with the aid of the electrical stimulation device. Preferably, electric pulses are applied to the intestine section by means of the stimulation device.

[0066] Preferably the stimulation device is implanted along the intestine section so as to be able to stimulate different portions of the intestine section over time. More specifically, the stimulation device may be implanted to pump intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner.

[0067] Also, a constriction device may be implanted so as to allow for at least partial mechanical constriction of the intestine section by means of the constriction device. The constriction device may advantageously combined with the stimulation device so as to allow for adding further constriction of the intestine section by stimulating the intestine section with stimulation pulses. In particular, this may be used for pumping intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner, when constriction of the intestine section caused by the constriction device is released.

ARTIFICIAL RESERVOIR

[0068] While the reservoir may be made from the patient's intestine in the manner as described earlier, an artificial reservoir made from non-biologic material may as well be used. In this case, a surgical method of treating a patient may comprise the steps of:

- cutting the patient's skin and abdominal wall,
- dissecting an area of the patient's intestine,
- surgically creating an opening in the dissected intestinal area,
- affixing to the opening a reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,

- implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body, and
- suturing the abdominal wall and skin.

[0069] A respective laparoscopic surgical method of treating a patient may comprise the steps of:

- making a small opening in the patient's skin and abdominal wall,
- introducing a needle in the abdominal cavity,
- inflating the abdominal cavity with gas,
- inserting at least one trocar into the cavity,
- introducing a camera through the trocar,
- inserting at least one dissecting instrument preferably through a second trocar,
- dissecting an area of the intestine,
- surgically creating an opening in the dissected intestinal area,
- affixing to the opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine and
- implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir to outside the patient's body,
- connecting the intestine to the artificial reservoir with securing means,
- extracting the instruments, camera and trocar, and in relation thereto
- suturing, if necessary, the abdominal wall and permanently closing the skin.

[0070] In the afore described embodiments the reservoir is attached to an opening of the intestine, which opening may be a lateral opening created in the intestinal wall so as to allow intestinal content to flow to the reservoir and, possibly, also from the reservoir back to the intestine through the same opening. However, the opening may as well be a cross-sectional opening of the intestine, which can be obtained by dividing the intestine. In the latter case of a connecting the reservoir to a cross-sectional opening of the intestine, a respective surgical method of treating a patient would comprise the steps of:

- cutting the patient's skin and abdominal wall,
- dissecting an area of the patient's intestine,
- dissecting a portion of the dissected intestinal area such that intestinal mesentery connected thereto is opened in such a way that supply of blood through the mesentery to the dissected intestinal area is maintained as much as possible on both sides of the dissected portion,
- dividing the patient's intestine in the dissected portion so as to create an upstream part of the intestine with a first intestinal opening and a downstream part of

the intestine with a second intestinal opening with the mesentery still maintaining a tissue connection between the upstream and downstream intestine parts,

- affixing to the first intestinal opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,
- affixing the reservoir to the second intestinal opening so as to allow for discharging intestinal contents from the reservoir through the second intestinal opening,
- implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir through the downstream intestine part, and
- suturing the abdominal wall and skin.

[0071] A corresponding laparoscopic surgical method of treating a patient comprises the steps of:

- making a small opening in the patient's skin and abdominal wall,
- introducing a needle in the abdominal cavity,
- inflating the abdominal cavity with gas,
- inserting at least one trocar into the cavity,
- introducing a camera through the trocar,
- inserting at least one dissecting instrument preferable through at least a second trocar,
- dissecting an area of the intestine,
- dissecting a portion of the dissected intestinal area such that intestinal mesentery connected thereto is opened in such a way that supply of blood through the mesentery to the dissected intestinal area is maintained as much as possible on both sides of the dissected portion,
- dividing the patient's intestine in the dissected portion so as to create an upstream part of the intestine with a first intestinal opening and a downstream part of the intestine with a second intestinal opening with the mesentery still maintaining a tissue connection between the upstream and downstream intestine parts,
- affixing to the first intestinal opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,
- affixing the reservoir to the second intestinal opening so as to allow for discharging intestinal contents from the reservoir through the second intestinal opening,
- implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir to the downstream intestine part,
- connecting the intestine to the artificial reservoir with securing means,
- extracting the instruments, camera and trocar, and in relation thereto
- suturing, if necessary, the abdominal wall and permanently closing the skin.

[0072] Depending on where the intestine is divided, the “second” cross-sectional intestinal opening is created either in the patient's small intestine or in the patient's large intestine.

[0073] Where the downstream part of the intestine is to be attached to a surgically created stomy, this may involve the following additional steps:

- cutting the patient's skin and abdominal wall to create an opening for an intestinal stomy,
- dissecting the area of the opening,
- dividing the downstream intestine part so as to create at the downstream end of the downstream intestine part a third opening,
- dissecting the mesentery of the downstream intestine part in the area of the third opening to prepare for creating the intestinal stomy,
- advancing the downstream intestine part through the abdominal wall and skin and
- suturing the third opening to the skin with the intestinal mucosa turned inside out, thereby achieving the intestinal stomy.

[0074] Where the downstream part of the intestine is to be attached to the patient's anus or tissue adjacent the patient's anus, rather than to a surgically created stomy, this may involve the following additional steps:

- dividing the intestine so as to create an upstream natural intestine section having a cross-sectional opening at the downstream end thereof and a downstream natural intestine section leading to the patient's anus,
- dissecting the area of the patient's anus and surgically separating the downstream natural intestine section from the patient's anus, whereas the steps of dividing the intestine and separating the intestine section leading to the patient's anus can alternatively be carried out in reversed order,
- dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for connecting the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus,
- advancing the downstream end of the upstream natural intestine section through the patient's anus, and
- suturing the cross-sectional opening of the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus.

EXIT VALVE

[0075] Where the flow control device comprises an exit valve preventing intestinal contents to flow through the valve in its closed position, the step of implanting the flow control device may comprise:

- cutting at least one portion of the patient's intestine so as to create at least one artificial opening in the intestine downstream of the reservoir,
- affixing the exit valve to the artificial intestinal opening, and
- connecting the exit valve to a pre-existing opening in the patient's body.

[0076] The step of connecting the exit valve to a pre-existing opening in the patient's body may comprise either one of affixing the exit valve to the patient's anus or tissue adjacent the patient's anus, to a portion of the patient's intestine leading to the patient's anus, or - after surgically creating an artificial stoma in the patient's abdominal wall and skin - to the surgically created stoma. Alternatively, the exit valve may be connected to a portion of the patient's intestine and that portion of the patient's intestine may be used to create the stoma.

LATERAL CONNECTION (OF RESERVOIR, PUMP OR VALVE) TO INTESTINE

[0077] It was described before how the reservoir may be attached between two cross-sectional openings of a divided intestine. It is, however, also possible to surgically create an opening in the dissected intestinal area by cutting the artificial intestinal opening into a lateral wall of the intestine so as to create a lateral artificial intestinal opening, and attach the reservoir to the lateral opening. In this case, the intestine is preferably permanently closed downstream of the lateral artificial intestinal opening.

BY-PASS CONNECTION

[0078] Where two lateral artificial intestinal openings are cut at different locations of the intestine's lateral wall, the intestine may further be cut between the two locations and the cut ends permanently closed or the intestine may simply be permanently closed between the two locations, e.g. by suturing and/or stapling, wherein the reservoir is affixed in flow connection intermediate the two artificial intestinal openings.

END-CONNECTION (OF RESERVOIR OR EXIT VALVE; SLEEVE/BULGE CONNECTOR)

[0079] Where the step of surgically creating an opening in the dissected intestinal area comprises cutting the artificial intestine completely in a crosswise direction so as to create at least one artificial opening in the intestine, the step of affixing to the opening may comprise:

- connecting a conduit to a section of the intestine by inserting an end of the conduit into the artificial intestinal opening, and

- placing a flexible sleeve so as to extend over the intestine and conduit such that at least part of the intestine is located intermediate the sleeve and the outer surface of the conduit.

[0080] Where the flexible sleeve is mounted on the outer surface of the conduit so as to be foldable upon itself, the step of placing the flexible sleeve so as to extend over the intestine and conduit may comprise folding the flexible sleeve upon itself such that at least part of the intestine is located intermediate the folded sleeve.

[0081] Alternatively, or in addition, where the step of surgically creating an opening in the dissected intestinal area comprises cutting the artificial intestine completely in a crosswise direction so as to create at least one artificial opening in the intestine, the step of affixing to the opening may comprise:

- connecting a conduit having a bulge formed on the outside thereof to a section of the intestine by inserting an end of the conduit into the artificial intestinal opening so that the intestine extends over the bulge from one side of the bulge, and
- advancing a blocking ring over the intestine towards the bulge from the respective other side of the bulge such that the intestine is located intermediate the conduit's outer surface and the blocking ring.

[0082] The afore-mentioned conduits with a sleeve or with a bulge serve to improve the strength of the connection against forces which result from the peristaltic movement of the intestine and tend to pull on the intestine. The conduit may also combine a sleeve and a bulge. The conduit may lead to or from the reservoir or may make part of the valve or pump.

EXTERNAL/INTERNAL ARRANGEMENT OF EXIT VALVE

[0083] Where the flow control device comprises an exit valve preventing intestinal contents flow through the valve in its closed position, the step of implanting the flow control device may comprise either placing the exit valve outside and adjacent to a section of the intestine downstream of the reservoir so as to allow acting on said intestine section from the outside thereof by means of the exit valve, or affixing the exit valve within a section of the intestine downstream of the reservoir so as to allow closing said intestine section by means of the exit valve when the valve is in its closed position.

BOND AND SUTURE CONNECTION

[0084] The step of affixing to the opening preferably comprises bonding, possibly further including suturing and/or stapling, an element to the intestine so as to surround and close the artificial intestinal opening.

PUMP

[0085] Where the flow control device comprises a pump for emptying the reservoir, the step of implanting the flow control device may comprise implanting the pump in the patient's abdomen either separate from but in close proximity to the reservoir so that it can act on the reservoir from the outside thereof, or fixedly connected to the reservoir. Alternatively, the pump may be implanted in the reservoir so that it can act on the intestinal contents in the reservoir from the inside the reservoir.

MANUAL DRIVE

[0086] Where the flow control device comprises an actuator for manually driving the pump, such actuator is preferably implanted subcutaneously so as to be operable from outside the patient's body.

MOTOR/PUMP

[0087] As mentioned before, at least one motor and/or a pump may be implanted for automatically driving one or more elements of the flow control device.

SWITCH

[0088] Where the motor and/or pump comprises a manually operable switch for activating the motor and/or pump, the switch is preferably implanted subcutaneously so as to be operable from outside the patient's body.

ENERGY SOURCE / ENERGY TRANSMISSION

[0089] As mentioned before, an energy source, possibly comprising an energy storage means, may be implanted inside the patient's body for supplying at least one energy consuming part with energy.

[0090] Furthermore, an energy transforming device for transforming wireless energy into electric energy may also be implanted. Alternatively or in addition thereto, galvanic coupling elements may be implanted for transmitting energy to the energy consuming part in contacting fashion.

CONTROL UNIT

[0091] Also, as mentioned before, at least a part of a control unit may be implanted to directly or indirectly control one or more elements of the flow control device.

[0092] Where the control unit comprises a manually operable switch for activating the control unit, the switch is preferably implanted subcutaneously so as to be operable from outside the patient's body.

SENSOR

[0093] As mentioned before, one or more physical and/or functional parameter sensors may be implanted to directly or indirectly sense physical and/or functional parameters inside the patient and in the system implanted inside the patient. Where the sensor is a pressure sensor, it may be placed in the reservoir or intestine so as to sense the pressure within the reservoir or intestine, respectively. Where the sensor is a tension sensor, it may be placed in contact with the reservoir or intestine so as to sense an expansion of the reservoir or intestine, respectively. Where the sensor is a movement sensor, it may be placed in contact with the intestine so as to sense movement of the intestine. The functional sensor may be adapted to measure at least one of the following functional parameters of the system: an electrical parameter such as voltage, current or energy balance or a stimulation parameter in relation to the system.

USE

[0094] Once the system according to the invention has been properly installed, the flow control device can be used for emptying the reservoir implanted in the patient.

EXIT AND ENTRY VALVE

[0095] More specifically, where the flow control device comprises an exit valve preventing intestinal contents flow from the reservoir in its closed position, the method of use comprises the steps of opening the exit valve and then emptying the reservoir. Where in addition to the exit valve an entry valve is provided allowing intestinal contents to flow towards the reservoir in its open position, the method further comprises the step of closing the entry valve before emptying the reservoir.

[0096] According to one embodiment, the patient's intestine will be constricted by means of the exit valve so as to prevent intestinal contents flow through the constricted intestine section while the reservoir is not to be emptied. In addition, the patient's intestine may be constricted by means of the entry valve so as to prevent intestinal contents flow through the constricted intestine section while the reservoir is to be emptied.

[0097] As mentioned before, the step of constricting may comprise the step of electrically stimulating muscle or neural tissue of the intestine section to cause at least partial contraction of the intestine section, preferably by applying electric pulses to the intestine section. More preferably, different portions of the intestine section may be stimulated over time. This specifically allows for stimulating, over time, the different portions of the intestine section in a wave like manner in a direction opposite

to natural intestinal contents flow, thereby supporting the closing function of the valve.

[0098] As mentioned before, constriction may also be achieved by mechanically constricting the intestine section at least partly. Where this is combined with electrically stimulation, it is preferred that the steps of mechanically constricting and electrically stimulating are performed on the same intestine section. More specifically, in order to empty the reservoir intestinal contents along the intestine section can be pumped by, over time, electrically stimulating different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow, when said mechanical constriction of the intestine section is released.

[0099] Where a valve, in particular the exit valve, comprises a hydraulic compartment, the method of use may involve the step of filling or emptying the compartment with hydraulic fluid in order to change its open-closed-state.

[0100] As mentioned before, in a simple embodiment, a conduit may be inserted from outside the patient's body into the intestine, thereby mechanically urging the exit valve to open, when emptying of the reservoir is desired.

PUMP

[0101] Emptying the reservoir by means of a pump may involve the step of acting on a wall of the reservoir by means of the pump so as to reduce the reservoir's volume, thereby emptying the reservoir.

[0102] Where the pump and the reservoir are separate from each other and where the pump is furthermore implanted inside the patient's body outside the patient's intestine and comprises at least one electrical stimulation device, the method of use may comprise the steps of electrically stimulating muscle or neural tissue of an intestine section by means of the stimulation device so as to cause at least partial contraction of the intestine section, preferably by applying electric pulses to the intestine section. Again, the step of emptying the reservoir may comprise pumping intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow.

[0103] The intestinal contents may likewise be pumped along the intestine section by, over time, constricting different portions of an intestine section in a wave like manner in the direction of natural intestinal contents flow by means of a constriction device which is adapted to at least partly constrict the intestine section mechanically. Where the stimulation device is combined with such constriction device, pumping of

the intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow may be performed, while constriction of the intestine section caused by the constriction device is released at the respective portions.

[0104] The pump may be activated by manually operating a subcutaneously arranged actuator from outside the patient's body.

[0105] Where a conduit is inserted from outside the patient's body into the intestine, thereby mechanically urging the exit valve to open when emptying the reservoir and where such conduit provides a flow passage to an external collecting device comprising a suction pump, the method of use further comprises the step of emptying the reservoir by means of the suction pump.

MOTOR

[0106] The suction pump may preferably be driven by means of a motor. Also, at least the exit valve is preferably driven between its closed and open positions by means of at least one motor implanted in the patient's body. Similarly, the pump is preferably driven by means of a motor implanted in the patient's body.

[0107] In either case, the motor is preferably activated from outside the patient's body by operating a subcutaneously arranged switch.

ENERGY

[0108] As mentioned before, energy may be transmitted from outside the patient's body to at least one implanted energy consuming part of the system, preferably in the form of wireless energy. This may involve the following additional steps:

- transforming the wirelessly transmitted energy into electric energy by means of an energy transforming device,
- storing the transformed energy in an energy storage means, and
- supplying the stored energy from the energy storage means to at least one implanted energy consuming part of the system.

[0109] Again, energy may be supplied wirelessly from the storage means to the energy consuming part.

[0110] Preferably, at least part of the wirelessly transmitted energy is transformed into electric energy and used for the energy consuming part of the system as said part of the wirelessly transmitted energy is transformed into the electric energy.

CONTROL

[0111] Where a first part of a control unit for controlling at least one energy consuming part of the system is implanted inside the patient's body, the method of use may further comprise the step of using the external second part of the control unit to transmit data to the implanted first part of the control unit. Preferably, the data are transmitted to the implanted first part of the control unit in the same manner as energy is transmitted to the implanted energy consuming part. More particularly, the data are preferably transmitted wirelessly to the implanted first part of the control unit. This may involve a wireless control signal.

[0112] For instance, the implanted first part of the control unit can be programmed via the external second part of the control unit. Furthermore, a feedback signal may be transmitted from the implanted first part of the control unit to the external second part of the control unit.

SENSOR

[0113] Where one or more of the afore-mentioned sensors are provided, the method of use may comprise the step of sensing a physical parameter in the patient's body and/or a functional parameter of the system in the patient's body, such as one or more of the following parameters: a pressure within the reservoir, a pressure within the patient's intestine, an expansion of the reservoir, a distension of an intestinal wall of the patient's intestine, a pressure against a part of the system such as the reservoir, a distension of a part of the system such as a wall of the reservoir, an electrical parameter such as voltage, current or energy balance, a position or movement of a movable part of the system, any stimulation parameter in relation to the system.

[0114] A signal, such as a sound signal or a visual signal, may be provided when a value for the physical parameter sensed is beyond a predetermined threshold value.

[0115] The invention will now be described in more detail in context with some preferred embodiments of the invention as shown in the accompanying drawings.

Brief description of the drawings

[0116] Figure 1 shows a system according to the present invention, wherein the reservoir is formed by a plurality of bent portions of human intestine, with laterally adjacent sections thereof being cut open along their mutual contact line and the resulting upper halves and lower halves thereof being interconnected so as to form a reservoir. The flow control device consists of one exit valve implanted within the intestine, and the intestine exits the patients abdominal wall through a surgically created stomy. An external manually driven suction pump is used for emptying the

reservoir, wherein a conduit on the front end of the pump is inserted from outside the patient's body into the intestine, thereby mechanically urging the exit valve to open. Accordingly, the structure of the exit valve is resilient so as to close automatically.

[0117] Figure 2 shows a variant to Figure 1. Instead of being implanted inside the patient's intestine, the exit valve makes part of an artificial intestine section, one end of which forms the stomy opening and the other end of which is affixed by means of a ring-and-bulge connector to the cross-sectional opening of the intestine.

[0118] Figure 2A shows an enlarged view of the ring-and-bulge connection between the artificial intestine section and the patient's intestine.

[0119] Figure 3A and 3B show an alternative to the ring-and-bulge connection of Figure 2A. Here, the artificial intestine section comprises a conduit and a flexible sleeve which axially extends and closely fits around the outer surface of the conduit. The sleeve is rolled upon itself and can be unrolled such that a part of the intestine is located intermediate the sleeve and the conduit.

[0120] Figures 4A and 4B show an alternative to the connection in Figure 3A and 3B. Instead of unrolling the sleeve, it is simply pulled over the intestine.

[0121] Figure 5A and 5B show another sleeve connection. Here, the sleeve is mounted on the outer surface of the conduit so as to be foldable upon itself. By folding the flexible sleeve upon itself, a part of the intestine is located intermediate the folded sleeve.

[0122] Figure 6A and 6B show a combined connection comprising both the function of the ring-and-bulge connection of Figure 2A and the function of the sleeve connection of Figures 3A and 3B. Combinations of the ring-and-bulge connection with the sleeve connections of Figures 4A, 4B or 5A, 5B are likewise possible.

[0123] Figure 7 generally shows that the artificial intestine section may be affixed with both open ends to cross-sectional openings created in the patient's intestine, intended for cases where the downstream open end portion of the artificial intestine section is not intended to form a stomy or anus. The artificial intestine section here is shown without any internal components and may comprise a reservoir for intestinal contents, one or more valves, a pump and/or any other flow control device. The connection of the open end portions of the artificial intestine section to the patient's intestine is shown in Figures 7 to be made by sleeve connections, here involving a single sleeve.

[0124] Figure 8A shows an embodiment with an artificial reservoir connected to a lateral opening in the patient's intestine wall. An entry valve and an exit valve are arranged at the patient's intestine upstream and downstream of the reservoir. A stomy exiting the patient's abdominal wall has been surgically created from the patient's small or large intestine. The reservoir is mounted with a pump in a common housing and the pump and the entry and exit valves are controlled by means of a control device, of which a part is implanted inside the patient's body. Data are transmitted wirelessly between the external part and the implanted part of the control unit. In addition, energy is wirelessly transmitted to an accumulator also implanted in the patient's body and galvanically connected here to the valves and pump.

[0125] Figure 8B shows the system of Figure 8A connected to the patient's anus rather than to a surgically created stomy.

[0126] Figures 9A and 9B show a specific embodiment, wherein the pump and the reservoir are comprised in a common housing and the pump comprises a moveable piston with a front end of the piston extending into the reservoir such that a volume of the reservoir is reduced upon advancement of the piston. The piston is spring loaded so as to urge the piston into a normally retracted position. Furthermore, entry and exit valves are provided in this embodiment, here being realized as flap valves. The flap valves are controlled so that one valve is open while the other one is closed.

[0127] Figures 10A and 10B show a system similar to the one of Figures 9A and 9B. However, here the entry and exit valves comprise bellows acting on the intestine from the outside so as to close the intestine by compression. In Figure 10A the bellows of the exit valve are expanded to compress the intestine at the downstream side of the reservoir, whereas in Figure 10B the intestine is closed by means of the bellows of the entry valve upstream of the reservoir so that the reservoir can be emptied by advancing the piston of the pump.

[0128] Figure 11 shows an embodiment schematically, wherein the artificial intestine section by-passes a section of the patient's intestine, the intestine being closed by sewing so as to direct intestinal content towards the artificial intestine section. The enlarged area of the artificial intestine section represents any kind of element acting on the intestinal contents within the artificial intestine section, such as a reservoir, one or more valves, a pump or any other flow control device, possibly including a motor, and the like. Furthermore, a battery implantable in the patient's body and preferably rechargeable provides the artificial intestine section with energy. The artificial intestine section is wirelessly controlled and the battery, if rechargeable, wirelessly charged. A sensor implanted on or within the intestine delivers data on the physical conditions within the intestine for controlling the artificial intestine section.

[0129] Figures 12A to 12C show a specific embodiment, wherein the artificial reservoir by-passes a section of the patient's intestine. The reservoir has a flexible wall and a pump implanted in the patient's body separate but in close proximity to the reservoir is used to empty the reservoir. The pump is actuated by means of a subcutaneously implanted, manually operable switch.

[0130] Figures 13A and 13B show a structure similar to the one of Figures 12A to 12C, however, with the pump and the reservoir being fixedly connected to one another. The reservoir is formed by a bellow having an end wall closing the bellow at one end thereof. The end wall makes part of the pump such that a volume of the bellow can be reduced upon advancement of the end wall. The bellow is made of a resilient material so as to urge the bellow into a normally extended position.

[0131] Figures 14A and 14B show a variant to Figures 13A and 13B. Here, the pump and reservoir are integrally combined. The pump is manually operable and subcutaneously mounted so as to be operable from the outside of the patient's body.

[0132] Figures 15A and 15B likewise show a variant to the system shown in Figures 13A and 13B. While in the system of Figures 13A, 13B the pump is automatically driven, such as by an integrated motor, and activated via remote control, the system in Figures 15A and 15B is again manually operable in that the manually operable pump is mounted subcutaneously.

[0133] Figures 16A to 16C show a plurality of cooperating valves implanted inside the patient's body and outside the patient's intestine. Each of the valves comprises an electrical stimulation device adapted to electrically stimulate muscle or neural tissue of an intestine section so as to cause at least partial contraction of the intestine section. For that purpose, the stimulation device comprises at least one electrode adapted to apply electric pulses to the intestine section. While instead of the three stimulation devices shown, a single stimulation device would be sufficient for opening and closing the intestine, the arrangement of the plurality of stimulation devices is adapted to stimulate different portions of the intestine section over time. The function of the three stimulation devices may also be combined in one integral unit. The direction of natural intestinal contents flow is indicated by arrows. The different portions of the intestine section in a wavelike manner may be made in a direction opposite to the natural intestinal contents flow, as shown in Figures 16A to 16C, so as to close the intestine section. The stimulation in the wavelike manner may also be made in the direction of natural intestinal contents flow to support emptying of the intestine or reservoir.

[0134] Figures 17A to 17C show the stimulation devices of Figures 16A to 16C in combination with constriction devices, such as the bellow valves described in relation to Figures 10A and 10B, for at least partly constricting the intestine section mechanically. Complete constriction is obtained by additional electrical stimulation of the respective intestine sections. The constriction devices may be released in order to allow intestinal contents to flow through.

CLAIMS

INTERNAL RESERVOIR WITH IMPLANTABLE FLOW CONTROL DEVICE

1. A system for treating a patient having a disorder related to the patient's intestine, comprising an artificial or artificially modified reservoir adapted for receiving and temporarily collecting therein intestinal contents and further adapted to remain within the patient's body when emptying the reservoir, wherein the system further comprises an at least partly artificial flow control device implantable in the patient's body and adapted to control flow of the intestinal contents from the reservoir.

RESERVOIR FORMED FROM INTESTINE OR HUMAN TISSUE

2. The system of claim 1, wherein the reservoir is formed by at least one bent portion of human intestine, with laterally adjacent sections thereof being cut open along their mutual contact line and the resulting upper halves and lower halves thereof being interconnected so as to form the reservoir.
3. The system of claim 2, wherein the interconnection is made with staplers.
4. The system of claim 1, wherein the reservoir is formed from surgically modified and connected human tissue.

ISOLATED LATERAL ARRANGEMENT OF RESERVOIR

5. The system of claim 1, comprising a passage in flow communication with the reservoir and adapted to being connected to a surgically created lateral opening in a wall of the patient's intestine, said passage being arranged for transferring intestinal contents to and from the reservoir.

THROUGH-FLOW ARRANGEMENT OF RESERVOIR

6. The system of claim 1, comprising a first passage in flow communication with the reservoir and adapted to being connected to a surgically created first opening of the patient's intestine, said first passage being arranged for transferring intestinal contents to the reservoir, and further comprising a second passage in flow communication with the reservoir, said second passage being arranged for transferring intestinal contents from the reservoir.

7. The system of claim 6, wherein the second passage is adapted to being surgically connected to a surgically created stoma.
8. The system of claim 6, wherein the second passage is adapted to being surgically connected to the patient's anus or to tissue adjacent the patient's anus.
9. The system of claim 6, wherein the second open end portion is adapted to being connected to a portion of a patient's small intestine.
10. The system of claim 6, wherein the second open end portion is adapted to being connected to a portion of a patient's large intestine.
11. The system of claim 6, wherein the second passage is adapted to being surgically connected to a second surgically created opening of the patient's intestine.

LATERAL ATTACHMENT

12. The system of claim 11, wherein the second passage is adapted to being connected to a lateral opening in a wall of the patient's intestine.
13. The system of any of claims 6 to 12, wherein the first passage is adapted to being connected to a lateral opening in a wall of the patient's intestine.
14. The system of any of claims 6 to 13, wherein at least the first passage is adapted to being bonded to the patient's intestine.
15. The system of any of claims 6 to 14, wherein at least the first passage is adapted to be sewn to the patient's intestine.
16. The system of any of claims 6 to 15, wherein at least the first passage is adapted to be stapled to the patient's intestine.

VALVE AS PART OF THE FLOW CONTROL DEVICE

17. The system of any of claims 1 to 16, wherein the flow control device comprises at least one valve.

EXIT VALVE

18. The system of any of claims 17, wherein the at least one valve includes an exit valve preventing intestinal contents flow from the reservoir in its closed position.
19. The system of claim 18, wherein the exit valve is a normally closed valve.

ENTRY VALVE IN ADDITION TO EXIT VALVE

20. The system of any of claims 16 to 19, wherein the flow control device comprises an entry valve allowing intestinal contents to flow towards the reservoir in its open position.
21. The system of claim 20, wherein the entry valve is a normally open valve.
22. The system of any of claims 20 to 21, wherein the exit valve and the entry valve are adapted to cooperate such that when one of the two valves is closed, the respective other valve is open, and vice versa.

VALVE ARRANGEMENT (INTERNAL, INTERSECTING, OUTSIDE)

23. The system of any of claims 17 to 22, wherein at least one of the valve or valves, respectively, is adapted to being permanently implanted inside the patient's intestine.
24. The system of any of claims 17 to 22, wherein at least one of the valve or valves, respectively, has an upstream open end and has a downstream open end in fluid connection with the upstream open end, wherein the upstream open end is adapted to being connected to a surgically created opening of the patient's intestine and the downstream open end is adapted to being connected to either one of a surgically created opening of the patient's intestine and a surgically created stoma.
25. The system of any of claims 17 to 22, wherein at least one of the valve or valves, respectively, has an upstream open end and has a downstream open end in fluid connection with the upstream open end, wherein the upstream open end is adapted to being connected to a surgically created opening of the patient's intestine and the downstream open end is adapted to being surgically connected to either one of the patient's anus or tissue adjacent the patient's anus.
26. The system of any of claims 17 to 22, wherein at least one of the valve or valves, respectively, is adapted to being implanted inside the patient's body outside a section of the patient's intestine and comprises at least one element

adapted to act on the intestine section from the outside thereof so as to prevent intestinal contents flow through the intestine section.

VALVE TYPES

27. The system of any of claims 17 to 26, wherein the at least one valve comprises a central opening which is normally closed by resilient means that can mechanically be urged apart by inserting a conduit through the central opening so as to open the central opening of the valve.
28. The system of any of claims 17 to 27, wherein the at least one valve comprises a compartment with a variable volume adapted to open and close the valve by changing the compartment's volume.
29. The system of claim 28, wherein the at least one valve comprises at least one passage for filling and emptying the compartment with hydraulic fluid.
30. The system of any of claims 28 to 29, wherein the compartment has at least one flexible wall defining an opening, the opening being adapted to close upon increase of the compartment's volume.
31. The system of any of claims 23 to 25, wherein the at least one valve is a flap valve.
32. The system of claim 31, wherein the flap valve comprises a rotatable disc.
33. The system of claim 26, wherein the at least one valve comprises at least one electrical stimulation device adapted to electrically stimulate muscle or neural tissue of an intestine section so as to cause at least partial contraction of the intestine section.
34. The system of claim 33, wherein the stimulation device comprises at least one electrode adapted to apply electric pulses to the intestine section.
35. The system of any of claims 33 to 34, wherein the stimulation device is adapted to stimulate different portions of the intestine section over time.
36. The system of claim 35, wherein the stimulation device is adapted to stimulate, over time, the different portions of the intestine section in a wave like manner in a direction opposite to natural intestinal contents flow or in any predetermined stimulation pattern.

37. The system of any of claims 33 to 36, wherein the at least one valve comprises a constriction device for at least partly constricting the intestine section mechanically.
38. The system of claim 37, wherein the stimulation device is combined with the constriction device so that the stimulation device and the constriction device act on the same intestine section.
39. The system of claim 38, wherein the constriction device in its normal condition constricts the intestine section only partly.
40. The system of any of claims 37 to 39, wherein the stimulation device and the constriction device are adapted to act on the same intestine section so as to keep the intestine section closed.
41. The system of any of claims 37 to 40, wherein the stimulation device is adapted to pump intestinal contents along the intestine section by, over time, stimulating different portions of the intestine section in a wave like manner, when constriction of the intestine section caused by the constriction device is released.
42. The system of claim 41, wherein the stimulation device is adapted to pump intestinal contents along the intestine section in a direction of natural intestinal contents flow.

PUMP AS PART OF THE IMPLANTABLE FLOW CONTROL DEVICE

43. The system of any of claims 1 to 42, wherein the flow control device comprises a pump for emptying the reservoir.
44. The system of claim 43, wherein the pump is adapted for emptying the reservoir by squeezing the reservoir.
45. The system of any of claims 43 to 44, wherein the pump and the reservoir are separate from each other and wherein the pump is adapted to being implanted in the patient's body separate from but in close proximity to the reservoir so as to act on the reservoir from the outside thereof.
46. The system of claim 45, wherein the reservoir has a flexible wall and the pump comprises a movable piston, with a front end of the piston adapted to act on

the flexible wall of the reservoir from the outside thereof upon advancement of the piston.

47. The system of any of claims 43 to 44, wherein the pump and the reservoir are fixedly connected to one another.
48. The system of claim 47, wherein the reservoir is formed by a bellow, said bellow having an end wall closing the bellow at one end thereof, said end wall making part of the pump such that a volume of the bellow can be reduced upon advancement of said end wall.
49. The system of claim 48, wherein the bellow is made of a resilient material so as to urge the bellow into a normally expanded position.
50. The system of claim 47, wherein the pump comprises a movable piston, with a front end of the piston extending into the reservoir such that a volume of the reservoir is reduced upon advancement of the piston.
51. The system of claim 50, wherein the pump and the reservoir are comprised in a common housing.
52. The system of any of claims 46 or 51, wherein the piston is spring loaded so as to urge the piston into a normally retracted position.
53. The system of claim 43, wherein the pump is adapted for being permanently arranged inside the reservoir.
54. The system of claim 43, wherein the pump and the reservoir are separate from each other and wherein the pump is adapted to being implanted in the patient's body outside the patient's intestine, wherein the pump comprises at least one electrical stimulation device adapted to electrically stimulate muscle or neural tissue of an intestine section so as to cause at least partial contraction of the intestine section.
55. The system of claim 54, wherein the stimulation device comprises at least one electrode adapted to apply electric pulses to the intestine section.
56. The system of any of claims 54 to 55, wherein the stimulation device is adapted to stimulate different portions of the intestine section over time and to pump intestinal contents along the intestine section by, over time, stimulating the

different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow.

57. The system of any of claims 43 to 56, wherein the pump comprises a constriction device for at least partly constricting the intestine section mechanically.
58. The system of claim 57, wherein the constriction device is adapted to pump intestinal contents along the intestine section by, over time, constricting different portions of an intestine section in a wave like manner in a direction of natural intestinal contents flow.
59. The system of claim 56, wherein the stimulation device is combined with a constriction device for at least partly constricting the intestine section mechanically so as to pump intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow, when constriction of the intestine section caused by the constriction device is released at the respective portions.
60. The system of any of claims 43 to 53, wherein the pump is manually drivable and comprises an actuator for manually driving the pump, the actuator being arranged for subcutaneous implantation so as to be operable from outside the patient's body.

MOTOR

61. The system of any of claims 1 to 60, comprising at least one motor arranged for automatically driving one or more elements of the flow control device.
62. The system of claim 61, including any of claims 17 to 42, wherein the at least one motor is arranged for driving at least one of the valve or valves, respectively, between its closed and open position.
63. The system of any of claims 61 to 62, including any of claims 43 to 59, wherein the at least one motor is arranged for driving the pump.
64. The system of any of claims 61 to 63, comprising a manually operable switch for activating the at least one motor, the switch being arranged for subcutaneous implantation so as to be operable from outside the patient's body.

65. The system of any of claims 61 to 64, wherein the motor is arranged to be driven by electric or electromagnetic energy.

ENERGY SOURCE

66. The system of any of claims 1 to 65, comprising an energy source for supplying energy directly or indirectly to at least one energy consuming part of the system.
67. The system of claim 66, wherein said energy source includes a battery as an energy storage means.
68. The system of claim 66, wherein said energy source includes an accumulator as an energy storage means.
69. The system of claim 68, wherein the accumulator comprises one or more of a rechargeable battery and a capacitor.
70. The system of any of claims 67 to 69, wherein the energy storage means is adapted for being implanted inside the patient's body.
71. The system of any of claims 67 to 70, wherein the energy storage means supplies energy for at least one energy consuming part of the system.

WIRELESS ENERGY TRANSMISSION

72. The system of claim 66, wherein the energy source comprises a wireless energy transmitter adapted to wirelessly transmit energy from outside the patient's body to the at least one energy consuming part.
73. The system of any of claims 67 to 71, wherein the energy source comprises a wireless energy transmitter adapted to wirelessly transmit energy from outside the patient's body to the energy storage means.

ENERGY TRANSMISSION FEEDBACK

74. The system of claim 73, comprising a feedback subsystem adapted to wirelessly send feedback information related to the energy to be stored in the accumulator from inside the human body to the outside thereof, wherein the system is adapted to use the feedback information for adjusting the amount of wireless energy transmitted by the energy transmitter.

75. The system of claim 74, wherein the feedback information is related to an energy balance which is defined as the balance between wireless energy received inside the human body and energy consumed by the at least one energy consuming part.
76. The system of claim 75, wherein the feedback information is related to an energy balance which is defined as the balance between a rate of wireless energy received inside the human body and a rate of energy consumed by the at least one energy consuming part.
77. The system of any of claims 72 to 76, comprising a wireless energy transmitter adapted to wirelessly transmit energy from the energy storage means to the at least one energy consuming part.
78. The system of any of claims 72 or 77, wherein the energy consuming part is adapted to directly transform the wirelessly transmitted energy into kinetic energy.
79. The system of any of claims 72 to 77, comprising an implantable energy transforming device for transforming wireless energy into electric energy.
80. The system of claim 79, wherein the energy consuming part is driven with the electric energy, as said energy transforming device transforms the wireless energy into the electric energy.

GALVANIC ENERGY TRANSMISSION

81. The system of any of claims 66 to 71, further comprising galvanic coupling elements between the energy source and the motor for transmitting energy to the motor in contacting fashion.

CONTROL UNIT

82. The system of any of claims 1 to 81, comprising a control unit adapted to directly or indirectly control one or more elements of the system.
83. The system of claim 82, including claim 18, wherein the control unit is adapted to control opening of the exit valve.

84. The system of any of claims 82 to 83, including claim 20, wherein the control unit is adapted to control closing of the entry valve.
85. The system of claim 84, wherein the control unit is adapted to control opening of the exit valve and closing of the entry valve such that when one of the two valves is closed, the respective other valve is open, and vice versa.
86. The system of any of claims 82 to 85, including claim 63, wherein the control unit is adapted to directly or indirectly control actuation of the pump.
87. The system of any of claims 82 to 86, wherein the control unit is operable by the patient.
88. The system of any of claims 82 to 87, wherein at least part of the control unit is implantable in the patient's body.
89. The system of claim 88, comprising a manually operable switch for activating the control unit, the switch being arranged for subcutaneous implantation so as to be operable from outside the patient's body.
90. The system of any of claims 82 to 89, wherein the control unit comprises a first part adapted for implantation in the patient's body and a second part adapted to cooperate with the first part from outside the patient's body.
91. The system of claim 90, including claim 71, wherein the control unit is adapted to transmit data from the second part of the control unit to the implantable first part of the control unit in the same manner as energy is transmitted to the at least one energy consuming part.
92. The system any of claims 90 to 91, wherein the second part of the control unit is adapted to wirelessly transmit a control signal to the implantable first part of the control unit for controlling the at least one energy consuming part from outside the patient's body.
93. The system of any of claims 90 to 92, wherein the implantable first part of the control unit is programmable via the second part of the control unit.
94. The system of any of claims 90 to 93, wherein the implantable first part of the control unit is adapted to transmit a feedback signal to the second part of the control unit.

SENSOR

95. The system of any of claims 1 to 94, comprising a physical parameter sensor adapted to directly or indirectly sense a physical parameter of the patient.
96. The system of claim 95, wherein the physical parameter sensor is adapted to sense at least one of the following physical parameters of the patient: a pressure within the reservoir, a pressure within the patient's intestine, an expansion of the reservoir, a distension of an intestinal wall of the patient's intestine, a movement of the intestinal wall.
97. The system of any of claims 1 to 96, comprising a functional parameter sensor adapted to directly or indirectly sense a functional parameter of the system.
98. The system of claim 97, wherein the functional parameter sensor is adapted to sense at least one of the following functional parameters of the system: a pressure against a part of the system such as the reservoir, a distension of a part of the system such as a wall of the reservoir, an electrical parameter such as voltage, current or energy balance, a position or movement of a movable part of the system.
99. The system of any of claims 95 to 98, comprising an indicator coupled to the sensor, the indicator being adapted to provide a signal when the sensor senses a value for the parameter beyond a predetermined threshold value.
100. The system of claim 99, wherein the signal comprises at least one of the following types of signals: a sound signal, a visual signal.

INTESTINAL CONTENTS COLLECTING DEVICE (WITH "EXTERNAL" PUMP)

101. The system of any of claims 1 to 100, further comprising an intestinal contents collecting device to be temporarily applied from outside the patient's body.
102. The system of claim 101, including claim 18, wherein the collecting device comprises a front open end adapted to be applied towards said exit valve so as to provide a flow passage from the exit valve towards the collecting device.
103. The system of claim 102, wherein the collecting device front open end is adapted to be applied to said exit valve so as to open the valve and thereby provide the flow passage towards the collecting device.

104. The system of claim 103, including claim 27, wherein said front open end is adapted to be inserted through the central opening of said exit valve so as to urge apart the resilient means normally closing the central opening.
105. The system of any of claims 101 to 104, wherein the collecting device comprises a suction pump.
106. The system of claim 105, wherein the suction pump comprises a piston-cylinder-arrangement.
107. The system of any of claims 105 to 106, wherein the suction pump is adapted to be driven manually.
108. The system of any of claims 105 to 107, further comprising a motor connected to the suction pump for driving the pump automatically.
109. The system of any of claims 105 to 108, including any of claims 43 to 65, wherein the suction pump is provided as a back-up pump for a situation where the pump of the flow control device is out of operation.

METHOD OF TREATMENT (IMPLANTATION)

RESERVOIR FORMED FROM INTESTINE

110. A surgical method of treating a patient, comprising the steps of:
 - cutting the patient's skin and abdominal wall,
 - dissecting an area of the patient's intestine,
 - cutting the patient's intestine along a mutual contact line of laterally adjacent sections of a bent portion thereof and connecting by suturing and/or stapeling the resulting upper and lower halves of the intestine so as to form a reservoir,
 - implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body, and
 - thereafter, permanently closing the abdominal wall and skin.
111. A laparoscopic surgical method of treating a patient, comprising the steps of:
 - making a small opening in the patient's skin and abdominal wall,
 - introducing a needle in the abdominal cavity,
 - inflating the abdominal cavity with gas,
 - inserting at least one trocar into the cavity,
 - introducing a camera through the trocar,

- inserting at least one dissecting instrument preferably through a second trocar,
 - dissecting an area of the intestine,
 - cutting the patient's intestine along a mutual contact line of laterally adjacent sections of a bent portion thereof and connecting by suturing and/or stapling the resulting upper and lower halves of the intestine so as to form a reservoir,
 - implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body,
 - extracting the instruments, camera and trocar, and in relation thereto
 - suturing, if necessary, the abdominal wall and permanently closing the skin.
112. The method of any of claims 110 to 111, further comprising the steps of:
- cutting the patient's skin and abdominal wall so as to create an opening for an intestinal stomy,
 - dissecting the area of the opening,
 - dividing the intestine downstream of the reservoir so as to maintain an upstream natural intestine section still connected to the reservoir with a cross-sectional opening at the downstream end thereof,
 - dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for creating the intestinal stomy,
 - advancing the upstream natural intestine section through the abdominal wall and skin and
 - suturing the upstream natural intestine section in the area of the cross-sectional opening to the skin with the intestinal mucosa turned inside out, thereby achieving the intestinal stomy.
113. The method of any of claims 110 to 111, further comprising the steps of:
- dividing the intestine so as to create an upstream natural intestine section having a cross-sectional opening at the downstream end thereof and a downstream natural intestine section leading to the patient's anus,
 - dissecting the area of the patient's anus and surgically separating the downstream natural intestine section from the patient's anus, whereas the steps of dividing the intestine and separating the intestine section leading to the patient's anus can alternatively be carried out in reversed order,
 - dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for connecting the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus,

- advancing the downstream end of the upstream natural intestine section through the patient's anus, and
 - suturing the cross-sectional opening of the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus.
114. The method of any of claims 110 to 113, wherein the step of implanting a flow control device includes implanting at least one electrical stimulation device in the vicinity of an intestine section so as to allow for at least partial contraction of the intestine section by means of electrical stimulation of muscle or neural tissue with the aid of the electrical stimulation device.
115. The method of claim 114, further comprising the step of applying electric pulses to the intestine section by means of the stimulation device.
116. The method of any of claims 114 to 115, wherein the stimulation device is implanted along the intestine section so as to be able to stimulate different portions of the intestine section over time.
117. The method of claim 116, wherein the stimulation device is adapted to pump intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner.
118. The method of any of claims 114 to 117, wherein the step of implanting a flow control device includes implanting a constriction device so as to allow for at least partial mechanical constriction of the intestine section by means of the constriction device.
119. The method of claim 118, further comprising the step of combining the stimulation device with the constriction device so as to allow for adding further constriction of the intestine section by stimulating the intestine section with stimulation pulses.
120. The method of any of claims 118 to 119, further comprising the step of combining the stimulation device with the constriction device so as to allow for pumping intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner, when constriction of the intestine section caused by the constriction device is released.

ARTIFICIAL RESERVOIR

121. A surgical method of treating a patient, comprising the steps of:

- cutting the patient's skin and abdominal wall,
 - dissecting an area of the patient's intestine,
 - surgically creating an opening in the dissected intestinal area,
 - affixing to the opening a reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,
 - implanting a flow control device so as to permanently reside inside the patient's body and adapted to control flow of intestinal contents from the reservoir to outside the patient's body, and
 - suturing the abdominal wall and skin.
122. A laparoscopic surgical method of treating a patient, comprising the steps of:
- making a small opening in the patient's skin and abdominal wall,
 - introducing a needle in the abdominal cavity,
 - inflating the abdominal cavity with gas,
 - inserting at least one trocar into the cavity,
 - introducing a camera through the trocar,
 - inserting at least one dissecting instrument preferably through a second trocar,
 - dissecting an area of the intestine,
 - surgically creating an opening in the dissected intestinal area,
 - affixing to the opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine and
 - implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir to outside the patient's body,
 - connecting the intestine to the artificial reservoir with securing means,
 - extracting the instruments, camera and trocar, and in relation thereto
 - suturing, if necessary, the abdominal wall and permanently closing the skin.
123. A surgical method of treating a patient, comprising the steps of:
- cutting the patient's skin and abdominal wall,
 - dissecting an area of the patient's intestine,
 - dissecting a portion of the dissected intestinal area such that intestinal mesentery connected thereto is opened in such a way that supply of blood through the mesentery to the dissected intestinal area is maintained as much as possible on both sides of the dissected portion,
 - dividing the patient's intestine in the dissected portion so as to create an upstream part of the intestine with a first intestinal opening and a downstream part of the intestine with a second intestinal opening with the mesentery still maintaining a tissue connection between the upstream and downstream intestine parts,

- affixing to the first intestinal opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,
- affixing the reservoir to the second intestinal opening so as to allow for discharging intestinal contents from the reservoir through the second intestinal opening,
- implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir through the downstream intestine part, and
- suturing the abdominal wall and skin.

124. A laparoscopic surgical method of treating a patient, comprising the steps of:

- making a small opening in the patient's skin and abdominal wall,
- introducing a needle in the abdominal cavity,
- inflating the abdominal cavity with gas,
- inserting at least one trocar into the cavity,
- introducing a camera through the trocar,
- inserting at least one dissecting instrument preferable through at least a second trocar,
- dissecting an area of the intestine,
- dissecting a portion of the dissected intestinal area such that intestinal mesentery connected thereto is opened in such a way that supply of blood through the mesentery to the dissected intestinal area is maintained as much as possible on both sides of the dissected portion,
- dividing the patient's intestine in the dissected portion so as to create an upstream part of the intestine with a first intestinal opening and a downstream part of the intestine with a second intestinal opening with the mesentery still maintaining a tissue connection between the upstream and downstream intestine parts,
- affixing to the first intestinal opening an artificial reservoir so as to receive and temporarily collect therein intestinal contents from the patient's intestine,
- affixing the reservoir to the second intestinal opening so as to allow for discharging intestinal contents from the reservoir through the second intestinal opening,
- implanting a flow control device so as to permanently reside inside the patient's body and be adapted to control flow of intestinal contents from the reservoir to the downstream intestine part,
- connecting the intestine to the artificial reservoir with securing means,
- extracting the instruments, camera and trocar, and in relation thereto
- suturing, if necessary, the abdominal wall and permanently closing the skin.

125. A surgical method of any of claims 123 to 124, further comprising the steps of:

- cutting the patient's skin and abdominal wall to create an opening for an intestinal stomy,
- dissecting the area of the opening,
- dividing the downstream intestine part so as to create at the downstream end of the downstream intestine part a third opening,
- dissecting the mesentery of the downstream intestine part in the area of the third opening to prepare for creating the intestinal stomy,
- advancing the downstream intestine part through the abdominal wall and skin and
- suturing the third opening to the skin with the intestinal mucosa turned inside out, thereby achieving the intestinal stomy.

126. The method of any of claims 123 to 124, further comprising the steps of:

- dividing the intestine so as to create an upstream natural intestine section having a cross-sectional opening at the downstream end thereof and a downstream natural intestine section leading to the patient's anus,
- dissecting the area of the patient's anus and surgically separating the downstream natural intestine section from the patient's anus, whereas the steps of dividing the intestine and separating the intestine section leading to the patient's anus can alternatively be carried out in reversed order,
- dissecting the mesentery of the upstream natural intestine section in the area of the cross-sectional opening at the downstream end thereof to prepare for connecting the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus,
- advancing the downstream end of the upstream natural intestine section through the patient's anus, and
- suturing the cross-sectional opening of the upstream natural intestine section to the patient's anus or tissue adjacent the patient's anus.

127. The method of any of claims 123 to 126, wherein the second intestinal opening is created in the patient's small intestine.

128. The method of any of claims 123 to 126, wherein the second intestinal opening is created in the patient's large intestine.

EXIT VALVE

129. The method of any of claims 121 to 128, wherein the flow control device comprises an exit valve preventing intestinal contents to flow through the valve in its closed position and wherein the step of implanting the flow control device comprises:

- cutting at least one portion of the patient's intestine so as to create at least one artificial opening in the intestine downstream of the reservoir,
 - affixing the exit valve to the artificial intestinal opening, and
 - connecting the exit valve to a pre-existing opening in the patient's body.
130. The method of claim 129, wherein the step of connecting the exit valve to a pre-existing opening in the patient's body comprises affixing the exit valve to the patient's anus or tissue adjacent the patient's anus.
131. The method of claim 129, wherein the step of connecting the exit valve to a pre-existing opening in the patient's body comprises affixing the exit valve to a portion of the patient's intestine leading to the patient's anus.
132. The method of claim 129, wherein the step of connecting the exit valve to a pre-existing opening in the patient's body comprises surgically creating an artificial stoma in the patient's abdominal wall and skin and affixing the exit valve to the surgically created stoma.
133. The method of claim 129, wherein the step of connecting the exit valve to a pre-existing opening in the patient's body comprises surgically creating an intestinal stomy in the patient's abdominal wall and skin, affixing the exit valve to a portion of the patient's intestine and using that portion of the patient's intestine to create the stomy.

LATERAL CONNECTION (OF RESERVOIR OR EXIT VALVE) TO INTESTINE

134. The method of any of claims 121 to 133, wherein the step of surgically creating an opening in the dissected intestinal area comprises cutting the artificial intestinal opening at a lateral wall of the intestine so as to create a lateral artificial intestinal opening.
135. The method of claim 134, comprising the step of permanently closing the intestine downstream of the artificial intestinal opening.

BY-PASS CONNECTION

136. The method of claim 134, wherein two lateral artificial intestinal openings are cut at different locations of the intestine's lateral wall, comprising the further step of either cutting the intestine between the two locations and permanently closing the cut ends or permanently closing the intestine between the two locations, wherein the reservoir is affixed in flow connection intermediate the two artificial intestinal openings.

END-CONNECTION (OF RESERVOIR OR EXIT VALVE; SLEEVE/BULGE CONNECTOR)

137. The method of any of claims 121 to 133, wherein the step of surgically creating an opening in the dissected intestinal area comprises cutting the artificial intestine completely in a crosswise direction so as to create at least one artificial opening in the intestine, and wherein the step of affixing to the opening comprises:
- connecting a conduit to a section of the intestine by inserting an end of the conduit into the artificial intestinal opening, and
 - placing a flexible sleeve so as to extend over the intestine and conduit such that at least part of the intestine is located intermediate the sleeve and the outer surface of the conduit.
138. The method of claim 137, wherein the flexible sleeve is mounted on the outer surface of the conduit so as to be foldable upon itself and wherein the step of placing the flexible sleeve so as to extend over the intestine and conduit comprises folding the flexible sleeve upon itself such that at least part of the intestine is located intermediate the folded sleeve.
139. The method of any of claims 121 to 133, wherein the step of surgically creating an opening in the dissected intestinal area comprises cutting the artificial intestine completely in a crosswise direction so as to create at least one artificial opening in the intestine, and wherein the step of affixing to the opening comprises:
- connecting a conduit having a bulge formed on the outside thereof to a section of the intestine by inserting an end of the conduit into the artificial intestinal opening so that the intestine extends over the bulge from one side of the bulge, and
 - advancing a blocking ring over the intestine towards the bulge from the respective other side of the bulge such that the intestine is located intermediate the conduit's outer surface and the blocking ring.

EXTERNAL ARRANGEMENT OF EXIT VALVE

140. The method of any of claims 110 to 128, wherein the flow control device comprises an exit valve preventing intestinal contents flow through the valve in its closed position and wherein the step of implanting the flow control device comprises placing the exit valve outside and adjacent to a section of the intestine downstream of the reservoir so as to allow acting on said intestine section from the outside thereof by means of the exit valve.

INTERNAL ARRANGEMENT OF EXIT VALVE

141. The method of any of claims 110 to 128, wherein the flow control device comprises an exit valve preventing intestinal contents flow through the valve in its closed position and the step of providing the flow control device comprises affixing the exit valve within a section of the intestine downstream of the reservoir so as to allow closing said intestine section by means of the exit valve when the valve is in its closed position.

BOND AND SUTURE CONNECTION

142. The method of any of claims 110 to 141, wherein the step of affixing to the opening comprises bonding an element to the intestine so as to surround and close the artificial intestinal opening.
143. The method of any of claims 110 to 142, wherein the step of affixing to the opening comprises suturing or stapling.

PUMP

144. The method of any of claims 110 to 143, wherein the flow control device comprises a pump for emptying the reservoir and wherein the step of implanting the flow control device comprises implanting the pump in the patient's abdomen separate from but in close proximity to the reservoir so that it can act on the reservoir from the outside thereof.
145. The method of any of claims 110 to 143, wherein the flow control device comprises a pump for emptying the reservoir and wherein the step of implanting the flow control device comprises implanting the pump in the patient's abdomen fixedly connected to the reservoir.
146. The method of any of claims 110 to 143, wherein the flow control device comprises a pump for emptying the reservoir and wherein the step of implanting the flow control device comprises implanting the pump in the reservoir so that it can act on the intestinal contents in the reservoir from the inside the reservoir.

MANUAL DRIVE

147. The method of any of claims 144 to 146, wherein the flow control device comprises an actuator for manually driving the pump and wherein the step of implanting the flow control device comprises implanting the actuator subcutaneously so as to be operable from outside the patient's body.

MOTOR

148. The method of any of claims 110 to 146, further comprising the step of implanting at least one motor for automatically driving one or more elements of the flow control device.

SWITCH

149. The method of claim 148, wherein the motor comprises a manually operable switch for activating the motor, the method further comprising the step of implanting the switch subcutaneously so as to be operable from outside the patient's body.
150. The method of any of claims 144 to 146, wherein the pump comprises a manually operable switch for activating the pump, the method further comprising the step of implanting the switch subcutaneously so as to be operable from outside the patient's body.

ENERGY SOURCE / ENERGY TRANSMISSION

151. The method of any of claims 110 to 150, further comprising the step of implanting inside the patient's body an energy source for supplying at least one energy consuming part with energy.
152. The method of claim 151, wherein the energy source comprises energy storage means.
153. The method of any of claims 148 to 152, further comprising the step of implanting an energy transforming device for transforming wireless energy into electric energy.
154. The method of any of claims 148 to 152, further comprising the step of implanting galvanic coupling elements for transmitting energy to the energy consuming part in contacting fashion.

CONTROL UNIT

155. The method of any of claims 110 to 154, further comprising the step of implanting inside the patient's body at least a part of a control unit adapted to directly or indirectly control one or more elements of the flow control device.
156. The method of claim 155, wherein the control unit comprises a manually operable switch for activating the control unit, the method further comprising the step of implanting said switch subcutaneously so as to be operable from outside the patient's body.

SENSOR

157. The method of any of claims 110 to 156, further comprising the step of implanting a physical parameter sensor adapted to directly or indirectly sense a physical parameter inside the patient.
158. The method of any of claims 110 to 157, further comprising the step of implanting a functional parameter sensor adapted to directly or indirectly sense a functional parameter of the system inside the patient.
159. The method of any of claims 157 to 158, wherein the sensor is a pressure sensor and is placed in the reservoir or intestine so as to sense the pressure within the reservoir or intestine, respectively.
160. The method of any of claims 157 to 158, wherein the sensor is a tension sensor and is placed in contact with the reservoir or intestine so as to sense an expansion of the reservoir or intestine, respectively.
161. The method of any of claims 157 to 158, wherein the sensor is a movement sensor and is placed in contact with the intestine so as to sense movement of the intestine.
162. The method of any of claims 157 to 158, wherein the sensor is adapted to measure at least one of the following functional parameters of the system: an electrical parameter such as voltage, current or energy balance or a stimulation parameter in relation to the system.

USE

163. A method of treating a patient by means of the system of claim 1, comprising the step of actuating the flow control device so as to allow emptying the reservoir.

EXIT AND ENTRY VALVE

164. The method of claim 163, wherein the flow control device comprises an exit valve preventing intestinal contents flow from the reservoir in its closed position, the method further comprising the steps of opening the exit valve and then emptying the reservoir.
165. The method of claim 164, wherein the flow control device comprises an entry valve allowing intestinal contents to flow towards the reservoir in its open

position, the method further comprising the step of closing the entry valve before emptying the reservoir.

166. The method of claim 164, comprising the step of constricting the patient's intestine by means of the exit valve so as to prevent intestinal contents flow through the constricted intestine section while the reservoir is not to be emptied.
167. The method of claim 165, comprising the steps of constricting the patient's intestine by means of the exit valve so as to prevent intestinal contents flow through the constricted intestine section while the reservoir is not to be emptied and constricting the patient's intestine by means of the entry valve so as to prevent intestinal contents flow through the constricted intestine section while the reservoir is to be emptied.
168. The method of any of claims 166 to 167, wherein the step of constricting comprises the step of electrically stimulating muscle or neural tissue of the intestine section to cause at least partial contraction of the intestine section.
169. The method of claim 168, wherein the step of electrical stimulation comprises applying electric pulses to the intestine section.
170. The method of any of claims 168 to 169, wherein the step of electrical stimulation comprises stimulating different portions of the intestine section over time.
171. The method of claim 170, wherein the step of electrical stimulation comprises stimulating, over time, the different portions of the intestine section in a wave like manner in a direction opposite to natural intestinal contents flow.
172. The method of any of claims 166 to 171, wherein the step of constricting comprises the step of mechanically constricting the intestine section at least partly.
173. The method of claim 172, including claim 168, wherein the steps of mechanically constricting and electrically stimulating are performed on the same intestine section.
174. The method of any claim 173, comprising the step of pumping intestinal contents along the intestine section by, over time, electrically stimulating different portions of the intestine section in a wave like manner in a direction of

natural intestinal contents flow, when said mechanical constriction of the intestine section is released.

175. The method of any of claims 164 to 174, comprising the step of filling or emptying a compartment of at least the exit valve with hydraulic fluid in order to change its open-closed-state.
176. The method of any of claims 164 to 175, comprising the step of inserting a conduit from outside the patient's body into the intestine, thereby mechanically urging the exit valve to open, when emptying the reservoir.

PUMP

177. The method of treating a patient according to any of claims 163 to 176, comprising the step of emptying the reservoir by means of a pump.
178. The method of claim 177, comprising the step of acting on a wall of the reservoir by means of the pump so as to reduce the reservoir's volume, thereby emptying the reservoir.
179. The method of claim 177, wherein the pump and the reservoir are separate from each other, the pump is implanted in the patient's body outside the patient's intestine and the pump comprises at least one electrical stimulation device, comprising the steps of electrically stimulating muscle or neural tissue of an intestine section by means of the stimulation device so as to cause at least partial contraction of the intestine section.
180. The method of claim 179, wherein the step of stimulating the muscle or neural tissue comprises applying electric pulses to the intestine section.
181. The method of any of claims 179 to 180, wherein the step of emptying the reservoir comprises pumping intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow.
182. The method of any of claims 177 to 181, wherein the pump comprises a constriction device for at least partly constricting the intestine section mechanically, wherein the method further comprises the step of pumping intestinal contents along the intestine section by, over time, constricting different portions of an intestine section in a wave like manner in a direction of natural intestinal contents flow.

183. The method of claim 181, wherein the stimulation device is combined with a constriction device for at least partly constricting the intestine section mechanically, wherein the method further comprises the step of pumping intestinal contents along the intestine section by, over time, stimulating the different portions of the intestine section in a wave like manner in a direction of natural intestinal contents flow, when constriction of the intestine section caused by the constriction device is released at the respective portions.
184. The method of any of claims 178 to 183, further comprising the step of activating the pump by manually operating a subcutaneously arranged actuator from outside the patient's body.
185. The method of claim 176, wherein the conduit provides a flow passage to an external collecting device and wherein the external collecting device comprises a suction pump, the method further comprising the step of emptying the reservoir by means of the suction pump.

MOTOR

186. The method of claim 185, comprising the step of driving the suction pump by means of a motor.
187. The method of any of claims 164 to 175, further comprising the step of driving at least the exit valve between its closed and open positions by means of at least one motor implanted in the patient's body.
188. The method of any of claims 177 to 184, further comprising the step of driving the pump by means of a motor implanted in the patient's body.
189. The method of any of claims 187 to 188, further comprising the step of manually activating the motor from outside the patient's body by operating a subcutaneously arranged switch.

ENERGY

190. The method of any of claims 163 to 189, further comprising the step of transmitting energy from outside the patient's body to at least one implanted energy consuming part of the system.
191. The method of claim 190, wherein in the step of transmitting energy from outside the patient's body to the energy consuming part, the energy is transmitted wirelessly.

192. The method of any of claims 163 to 189, further comprising the steps of:
- transmitting energy wirelessly,
 - transforming the wirelessly transmitted energy into electric energy by means of an energy transforming device,
 - storing the transformed energy in an energy storage means, and
 - supplying the stored energy from the energy storage means to at least one implanted energy consuming part of the system.
193. The method of claim 192, wherein in the step of supplying the energy from the storage means to the energy consuming part, the energy is transmitted wirelessly.
194. The method of any of claims 192 to 193, comprising the step of transforming at least part of the wirelessly transmitted energy into electric energy and using said part of transformed energy for the energy consuming part of the system as said part of the wirelessly transmitted energy is transformed into the electric energy.

CONTROL

195. The method of any of claims 163 to 194, wherein a first part of a control unit for controlling at least one energy consuming part of the system is implanted inside the patient's body, the method further comprising the step of using an external second part of the control unit adapted to cooperate with the first part from outside the patient's body to transmit data to the implanted first part of the control unit.
196. The method of claim 195, including claim 190, wherein the data are transmitted to the implanted first part of the control unit in the same manner as energy is transmitted to the implanted energy consuming part.
197. The method of any of claims 195 to 196, wherein the data are transmitted wirelessly to the implanted first part of the control unit.
198. The method of any of claims 195 to 197, wherein the data are transmitted wirelessly via a wireless control signal.
199. The method of any of claims 195 to 198, comprising the step of programming the implanted first part of the control unit via the external second part of the control unit.

200. The method of any of claims 195 to 198, comprising the step of transmitting a feedback signal from the implanted first part of the control unit to the external second part of the control unit.

SENSOR

201. The method of any of claims 163 to 200, comprising the step of sensing a physical parameter in the patient's body.
202. The method of claim 201, wherein the step of sensing a physical parameter in the patient's body comprises sensing at least one of the following physical parameters of the patient: a pressure within the reservoir, a pressure within the patient's intestine, an expansion of the reservoir, a distension of an intestinal wall of the patient's intestine.
203. The method of any of claims 163 to 202, comprising the step of sensing a functional parameter of the system in the patient's body.
204. The method of claim 203, wherein the step of sensing a functional parameter of the system in the patient's body comprises sensing at least one of the following parameters: a pressure against a part of the system such as the reservoir, a distension of a part of the system such as a wall of the reservoir, an electrical parameter such as voltage, current or energy balance, a position or movement of a movable part of the system, any stimulation parameter in relation to the system.
205. The method of any of claims 201 to 204, comprising the step of providing a signal when a value for the physical parameter sensed is beyond a predetermined threshold value.
206. The method of claim 205, wherein the step of providing a signal includes at least one of the following types of signals: a sound signal, a visual signal.

FIG 1

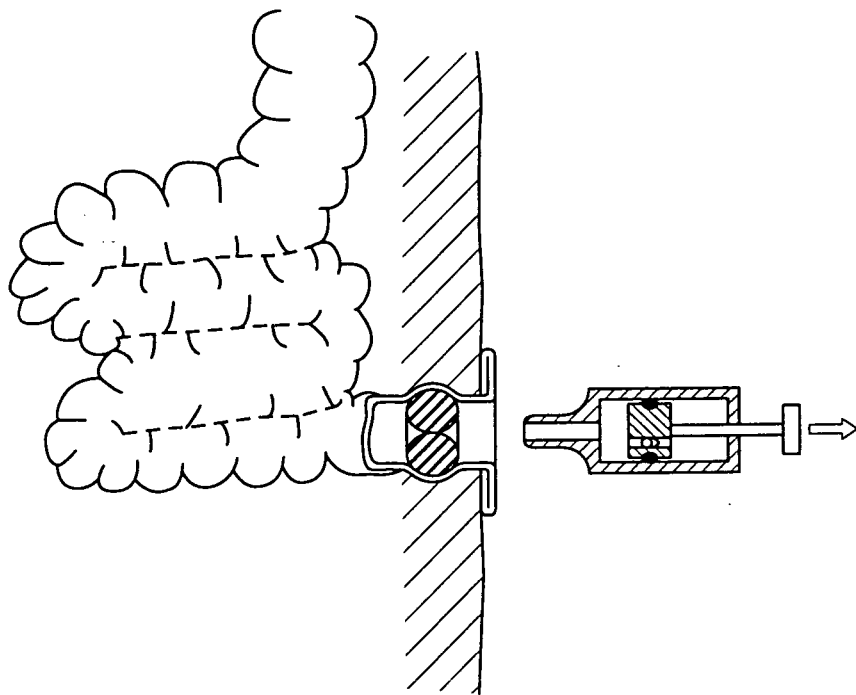


FIG 2

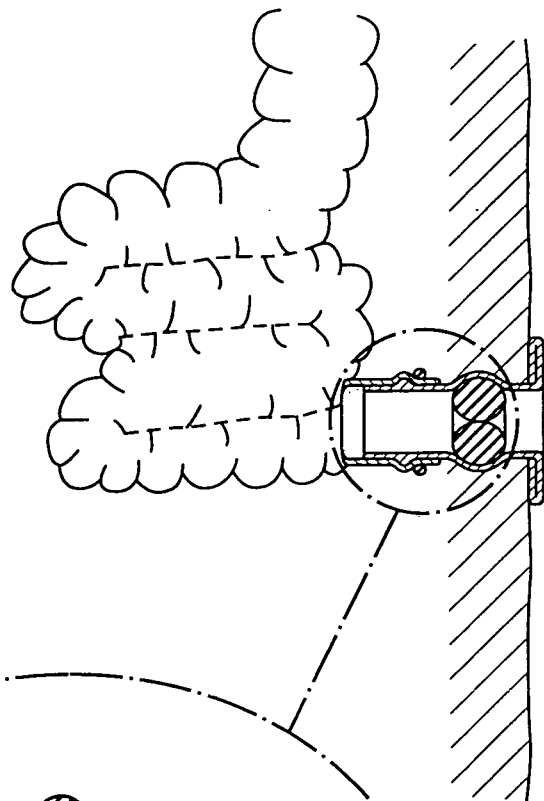


FIG 2A

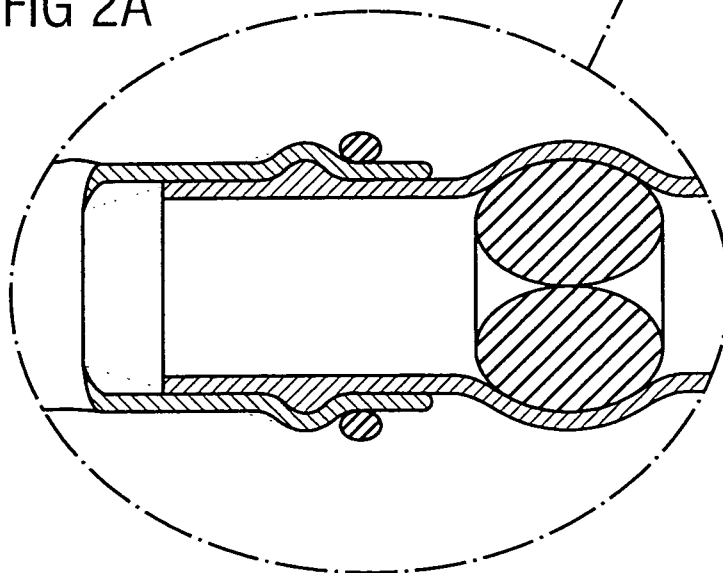


FIG 3A

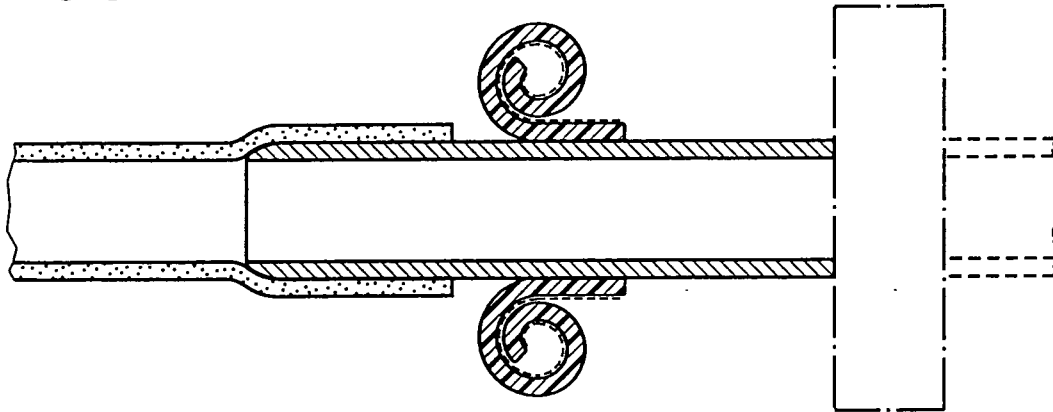


FIG 3B

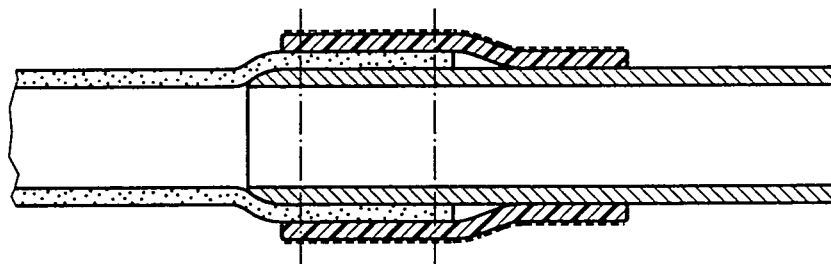


FIG 4A

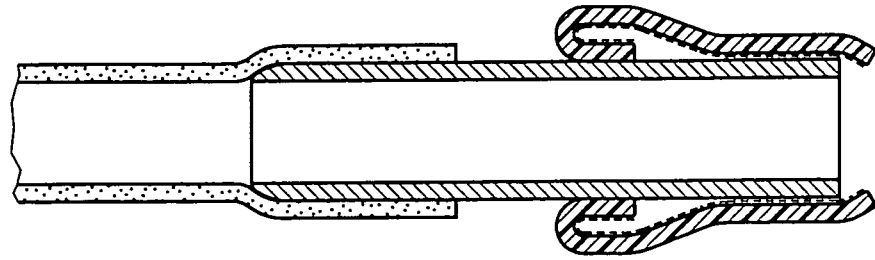


FIG 4B

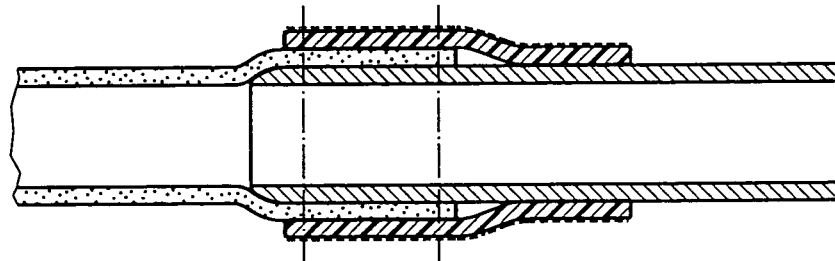


FIG 5A

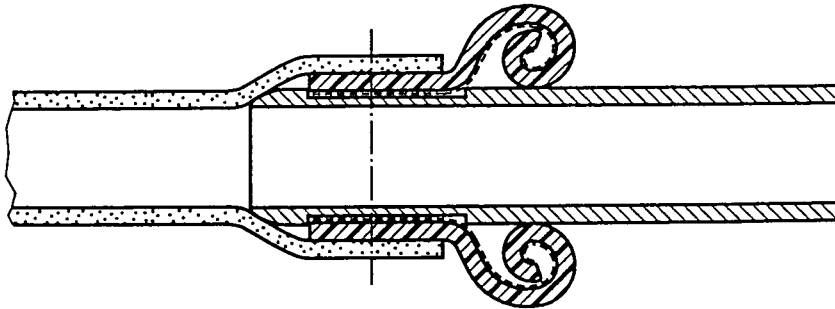


FIG 5B

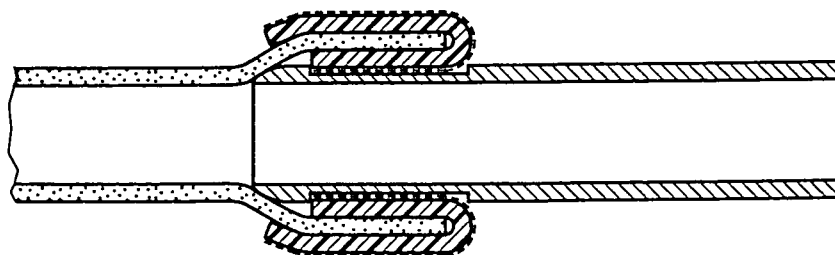


FIG 6A

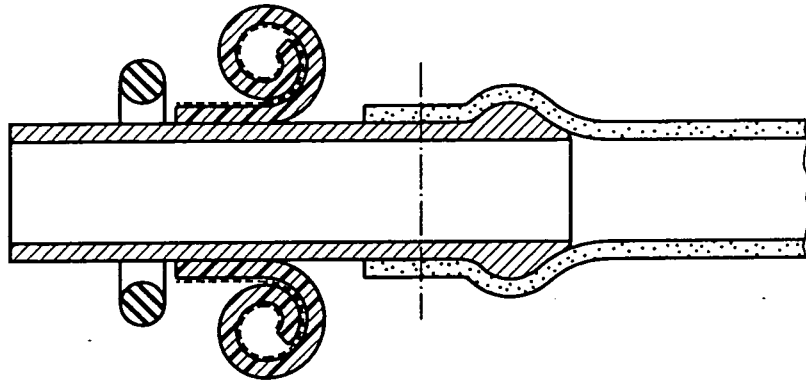


FIG 6B

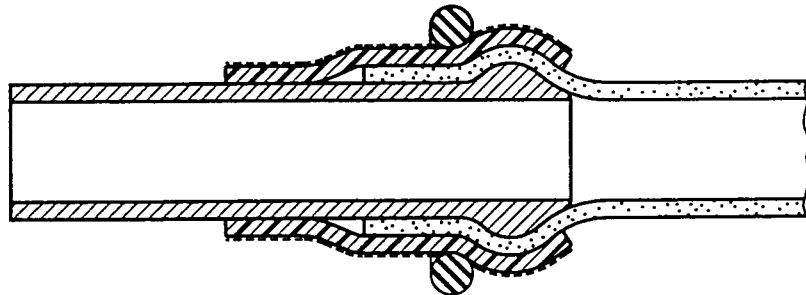


FIG 7

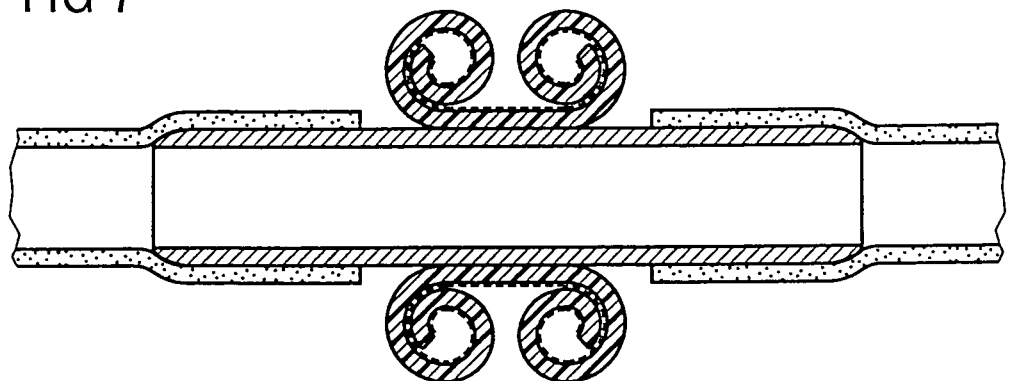


FIG 8A

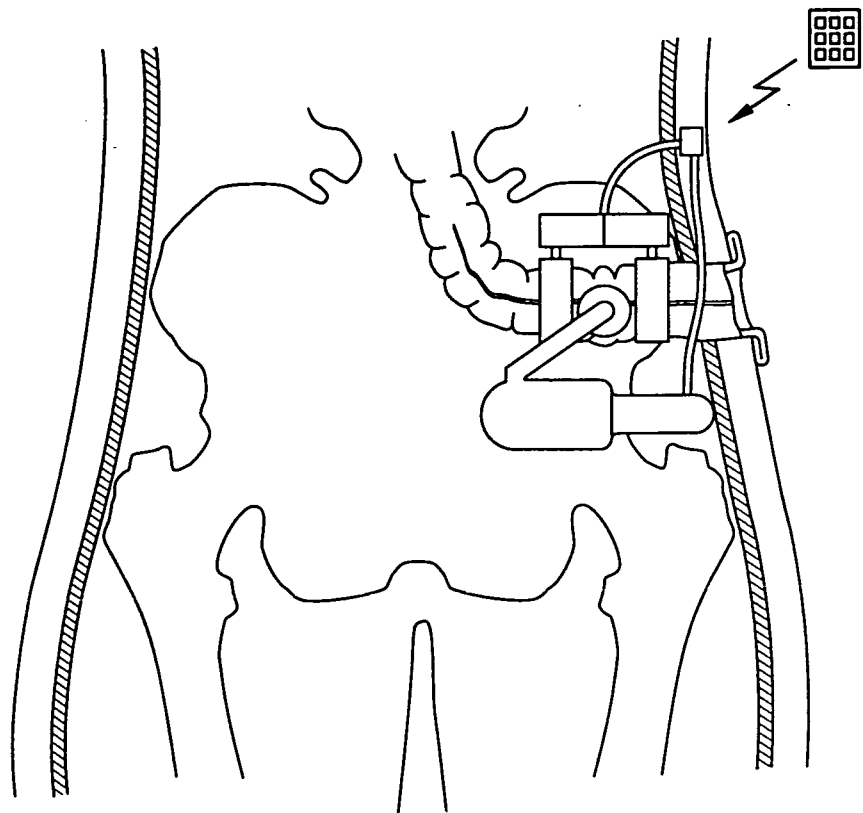
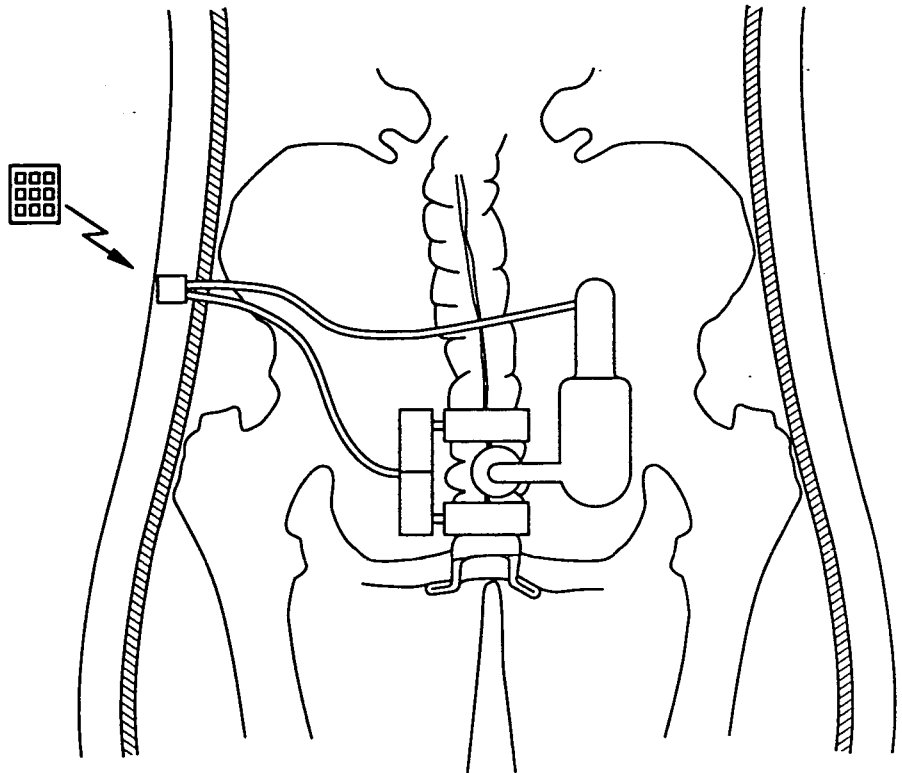


FIG 8B



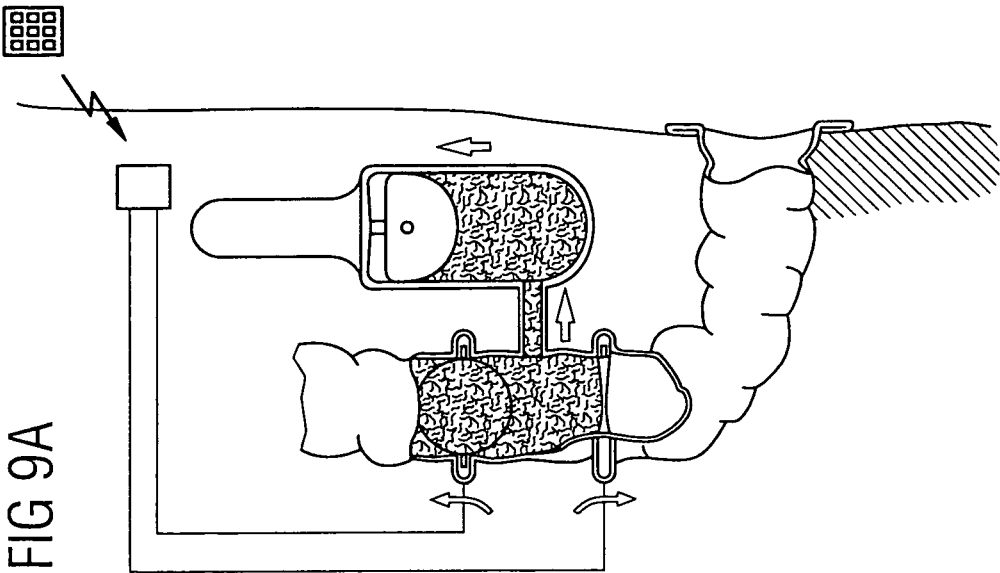
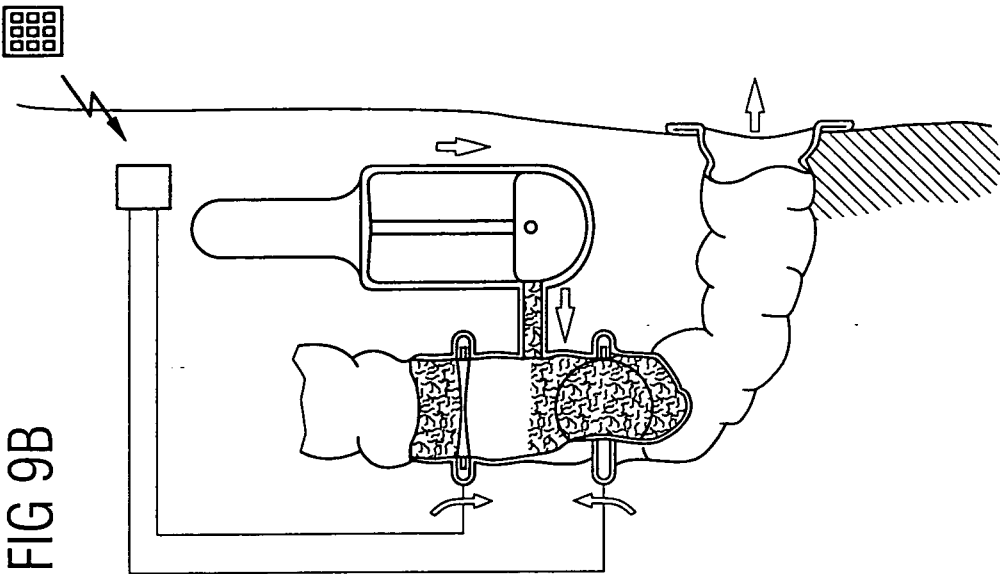


FIG 10A

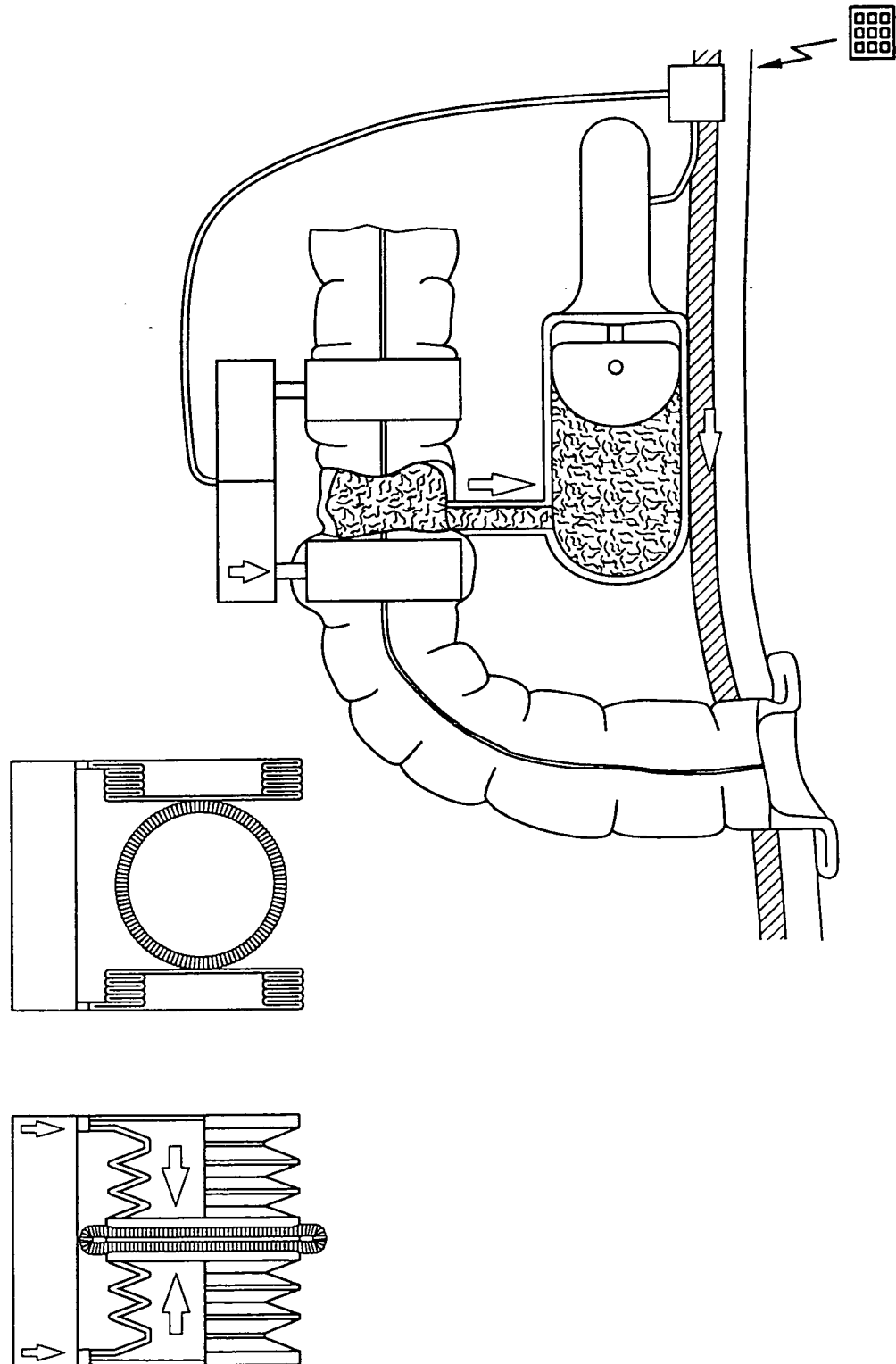


FIG 10B

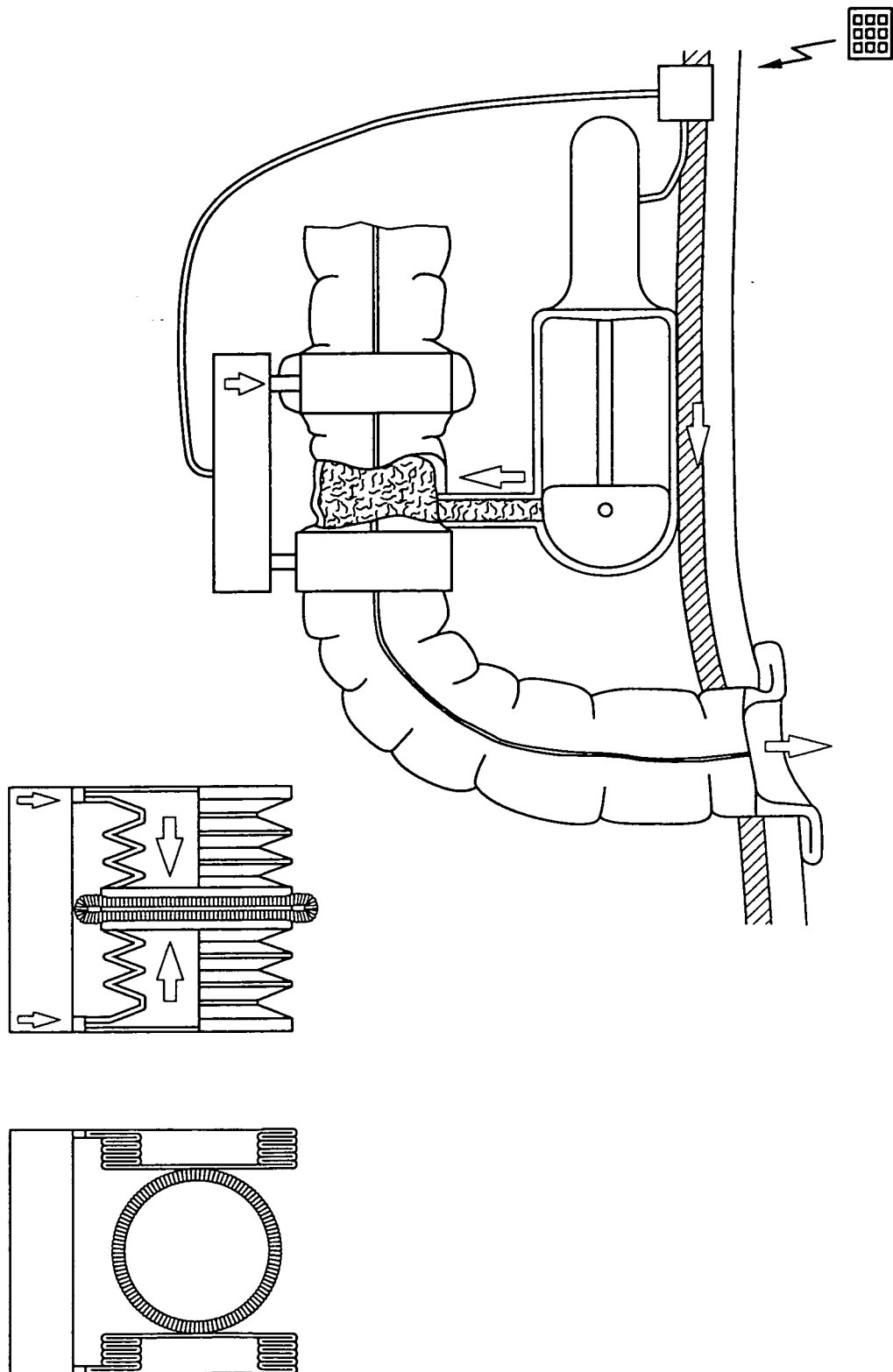
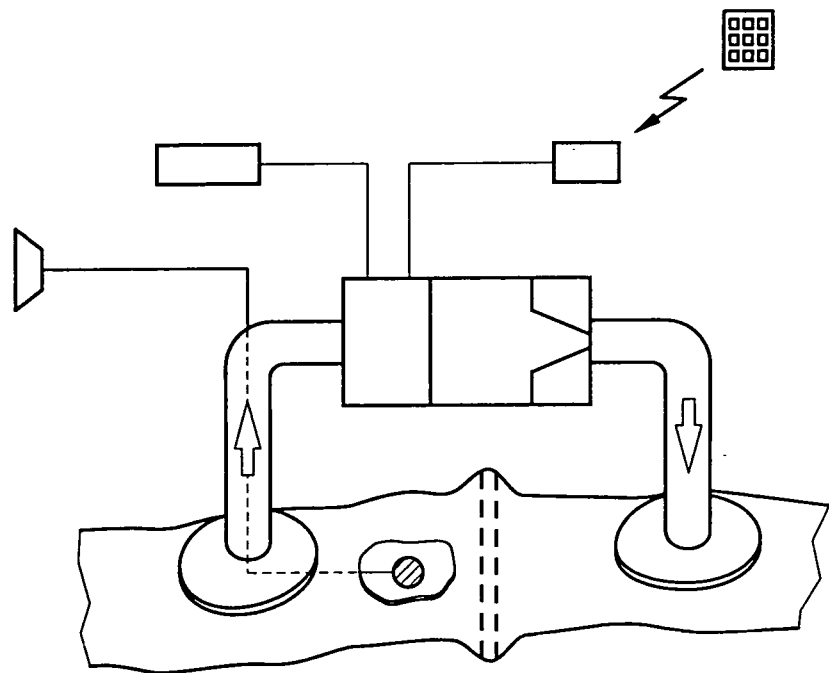


FIG 11



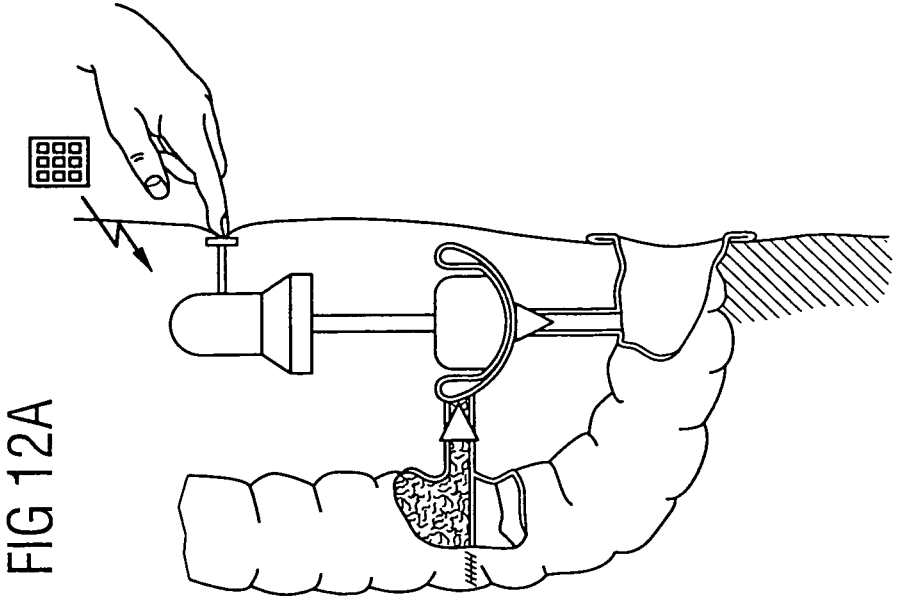
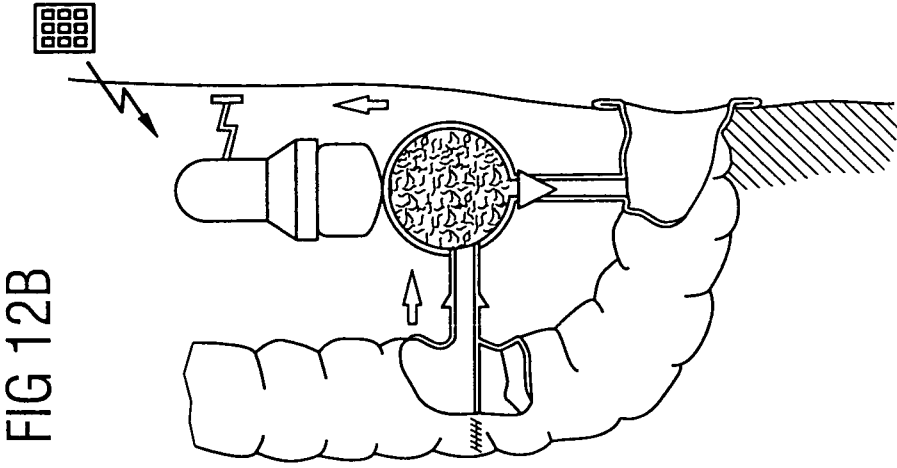
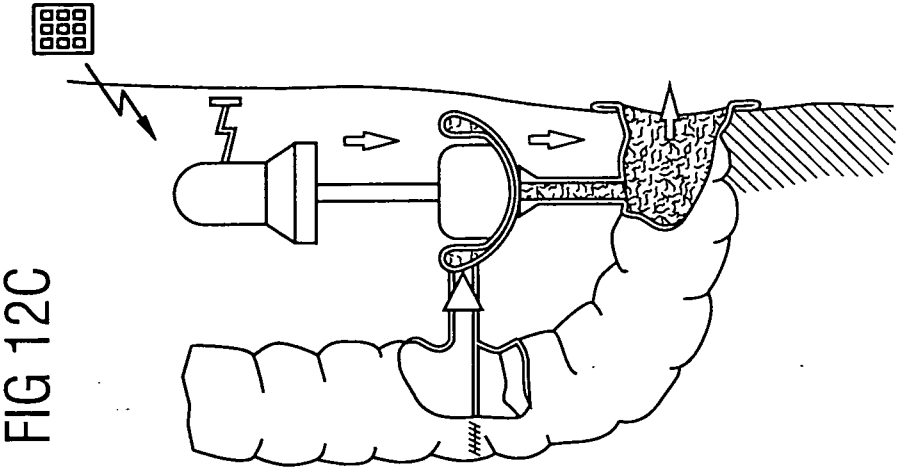


FIG 13A

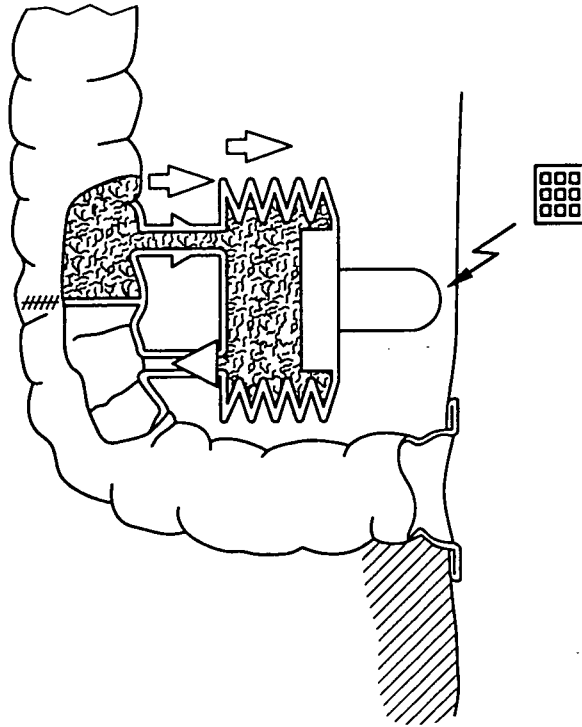


FIG 13B

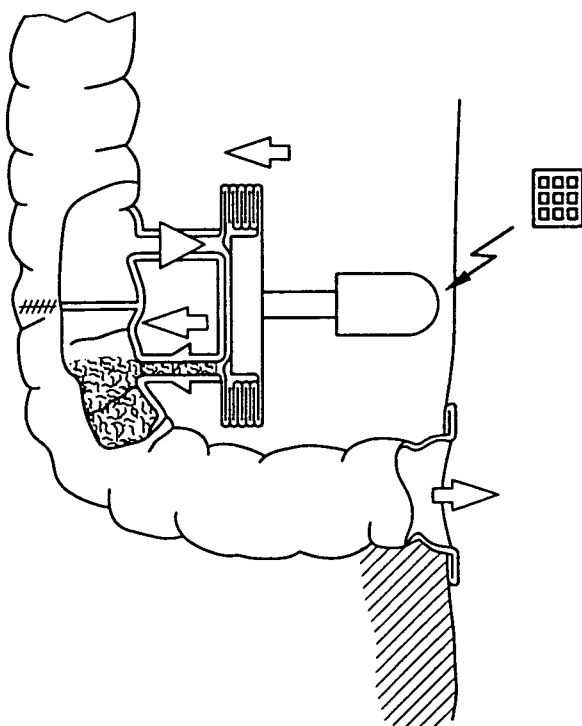


FIG 14A

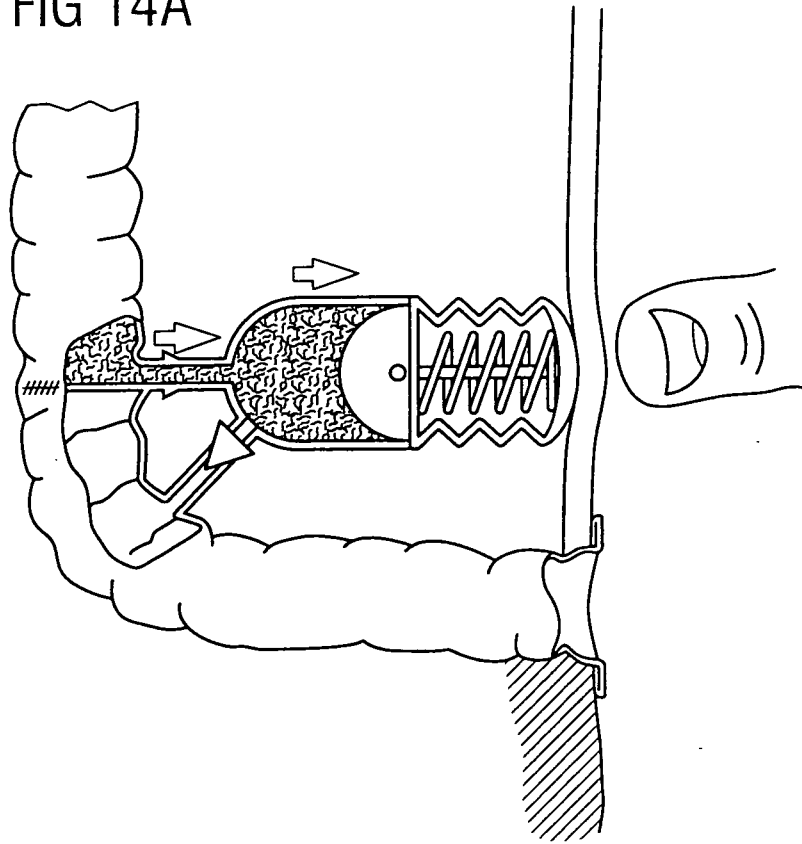


FIG 14B

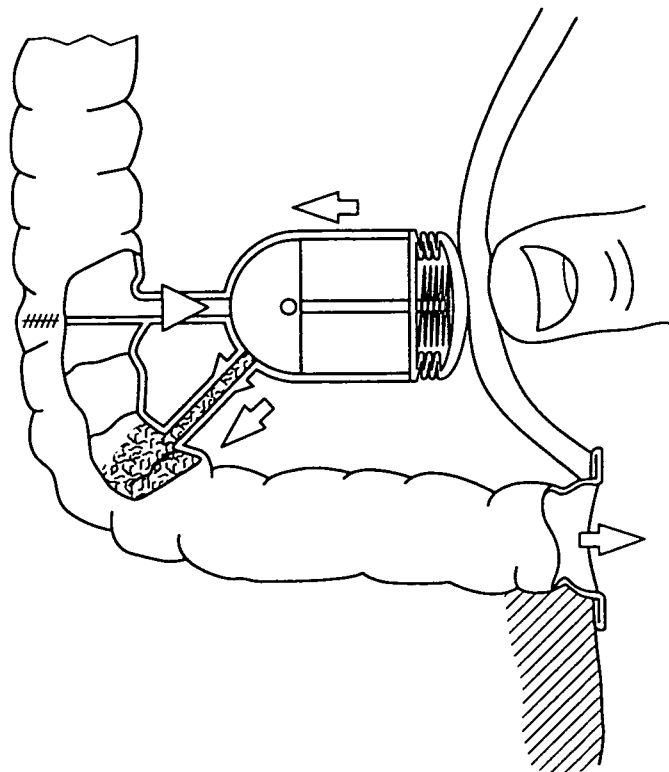


FIG 15A

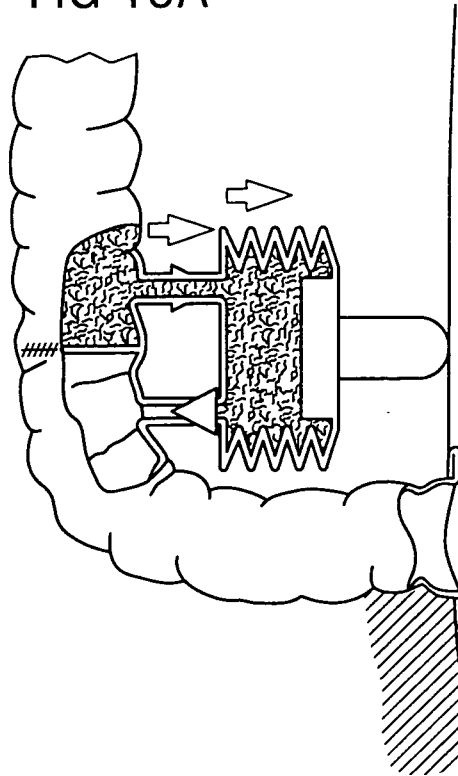


FIG 15B

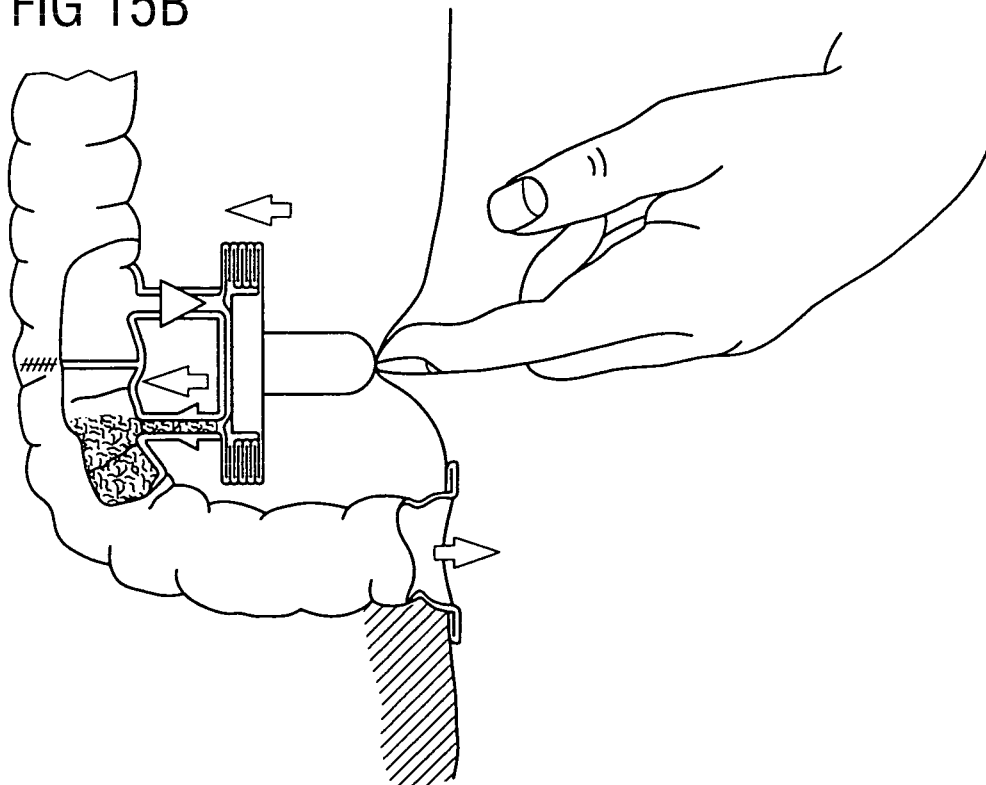


FIG 16A

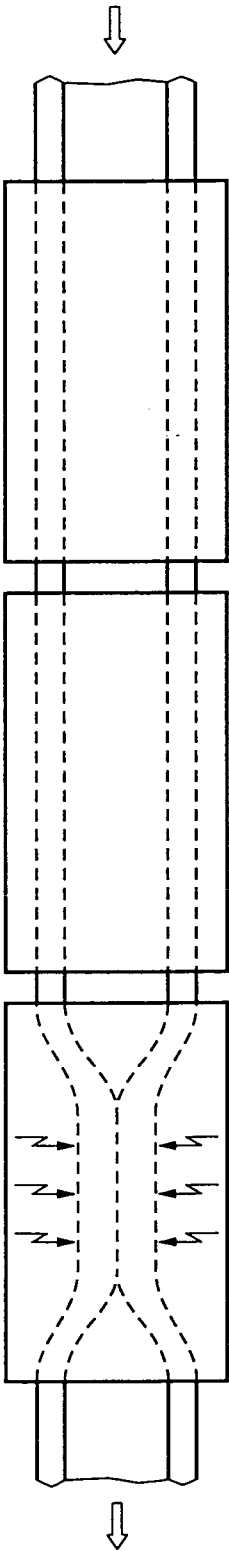


FIG 16B

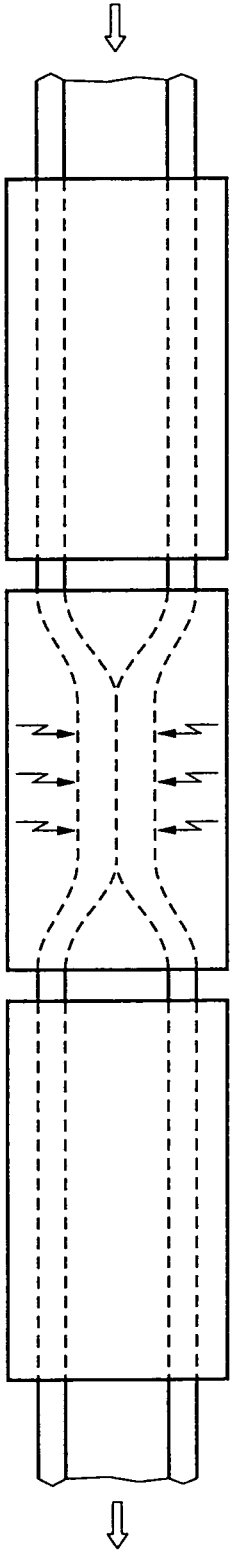


FIG 16C

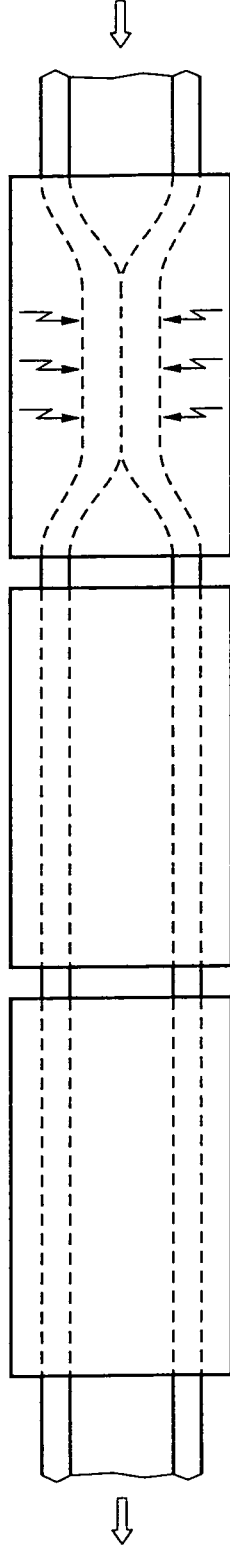


FIG 17A

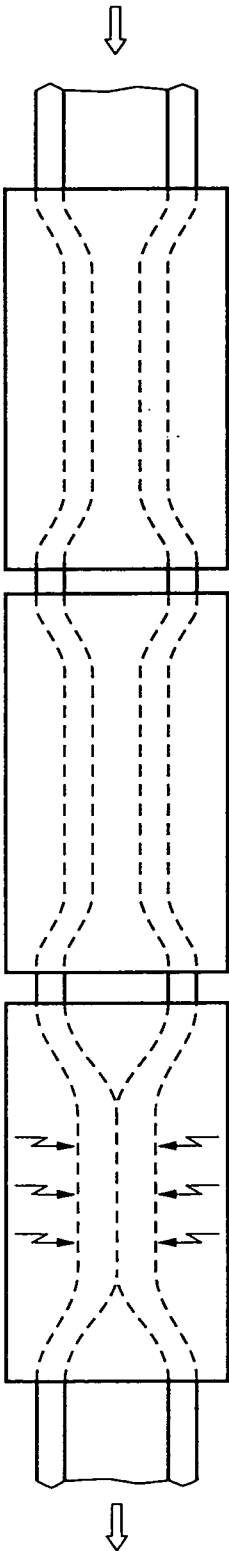


FIG 17B

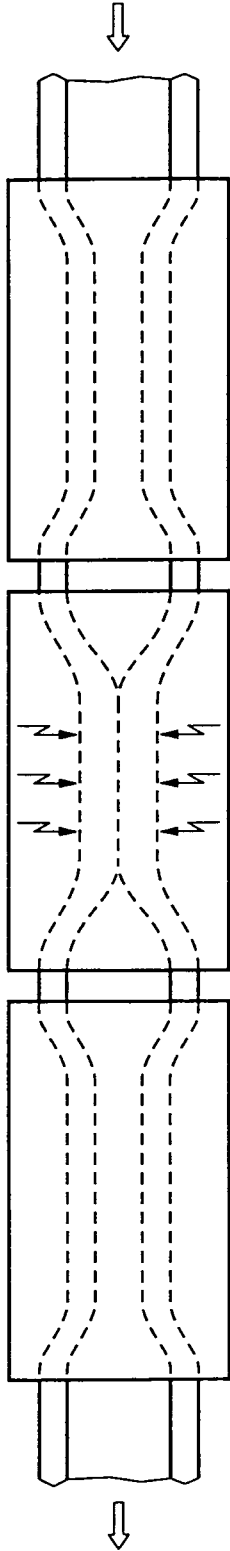
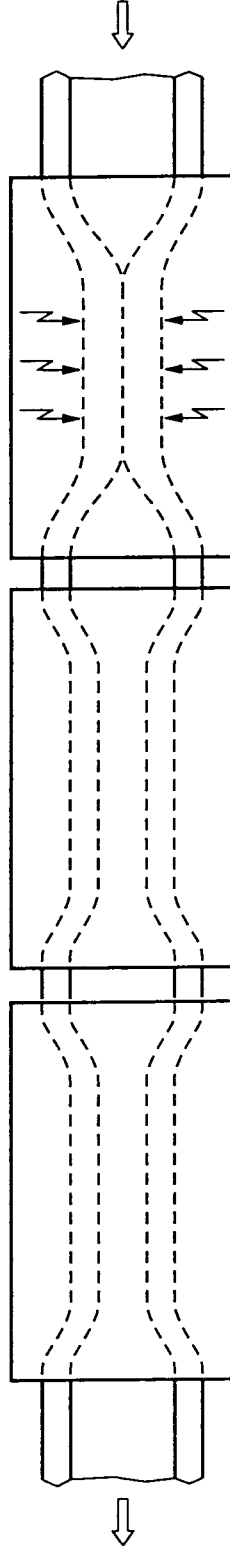


FIG 17C



INTERNATIONAL SEARCH REPORT

International application No
PCT/EP2008/008587

A. CLASSIFICATION OF SUBJECT MATTER

INV. A61B17/11 A61F5/445 A61F2/02 A61B5/07 A61N1/378
A61F2/00 A61N1/36 A61B5/03

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)

A61F A61B A61N

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 practical, search terms used)

EPO-Internal

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 02/39959 A (SINOVA AB [SE]; UNO JOERGEN [SE]) 23 May 2002 (2002-05-23) the whole document	1,5-109
X	US 2003/040804 A1 (STACK RICHARD S [US] ET AL STACK RICHARD S [US] ET AL) 27 February 2003 (2003-02-27) paragraph [0048]; figure 5	1,5-109
X	US 2004/172141 A1 (STACK RICHARD S [US] ET AL) 2 September 2004 (2004-09-02) paragraph [0054]; figures	1,5-109
X	EP 0 393 714 A (GRIFFITH DONALD P [US]; HOMSY CHARLES A [US]) 24 October 1990 (1990-10-24) column 8, line 16 - line 25; figures	1,5-109
	-/-	

☒ 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 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 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 February 2009

Date of mailing of the international search report

04/03/2009

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

Neumann, Elisabeth

INTERNATIONAL SEARCH REPORT

International application No

PCT/EP2008/008587

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 5 352 183 A (JONSSON OLOF [SE] ET AL) 4 October 1994 (1994-10-04) the whole document -----	1,5-109
X	US 2003/220621 A1 (ARKINSTALL WILLIAM W [CA]) 27 November 2003 (2003-11-27) the whole document -----	1,5-109

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

Continuation of Box II.1

Claims Nos.: 2-4, 110-206

Claims 110-206: Rule 39.1(iv) PCT - Method for treatment of the human or animal body by surgery and therapy.

Claims 2-4: not industrially applicable (Articles 33(1) and 33(4) PCT).

Continuation of Box II.2

Claims Nos.: 5-109 (incomplete)

The present application contains 206 claims. There are so many dependent claims, and they are drafted in such a way that the claims as a whole are not in compliance with the provisions of clarity and conciseness of Article 6 PCT, as they erect a smoke screen in front of the skilled reader when assessing what should be the subject-matter to search. The non-compliance with the substantive provisions is to such an extent, that the search was performed taking into consideration the non-compliance in determining the extent of the search (PCT Guidelines 9.19).

For these reasons, the search was performed taking into consideration the non-compliance in determining the extent of the search of claims 1, 5 - 109 (dependent on claim 1).

The applicant's attention is drawn to the fact that claims relating to inventions in respect of which no international search report has been established need not be the subject of an international preliminary examination (Rule 66.1(e) PCT). The applicant is advised that the EPO policy when acting as an International Preliminary Examining Authority is normally not to carry out a preliminary examination on matter which has not been searched. This is the case irrespective of whether or not the claims are amended following receipt of the search report or during any Chapter II procedure. If the application proceeds into the regional phase before the EPO, the applicant is reminded that a search may be carried out during examination before the EPO (see EPO Guideline C-VI, 8.2), should the problems which led to the Article 17(2)PCT declaration be overcome.

INTERNATIONAL SEARCH REPORT

International application No.
PCT/EP2008/008587

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.: 2-4, 110-206
because they relate to subject matter not required to be searched by this Authority, namely:
Claims 110-206: Rule 39.1(iv) PCT - Method for treatment of the human or animal body by surgery and therapy. Claims 2-4: not industrially applicable (Articles 33(1) and 33(4) PCT).
2. ☒ Claims Nos.: 5-109 (incomplete)
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:
see FURTHER INFORMATION sheet PCT/ISA/210
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:

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers allsearchable 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.:

Remark on Protest

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

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/EP2008/008587

Patent document cited in search report		Publication date	Patent family member(s)	Publication date
WO 0239959	A	23-05-2002	AT 297220 T	15-06-2005
			AU 1528602 A	27-05-2002
			AU 2002215286 B2	13-07-2006
			CA 2441288 A1	23-05-2002
			DE 60111426 D1	14-07-2005
			DE 60111426 T2	16-03-2006
			DK 1365807 T3	19-09-2005
			EP 1365807 A1	03-12-2003
			SE 517887 C2	30-07-2002
			SE 0004250 A	21-05-2002
			US 2004078012 A1	22-04-2004
US 2003040804	A1	27-02-2003	CN 1575155 A	02-02-2005
			EP 1420730 A2	26-05-2004
			JP 2005500127 T	06-01-2005
			WO 03017882 A2	06-03-2003
			US 2008269797 A1	30-10-2008
			US 2003040808 A1	27-02-2003
			US 2003199989 A1	23-10-2003
			US 2003199990 A1	23-10-2003
			US 2003199991 A1	23-10-2003
			US 2008208356 A1	28-08-2008
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EP 0393714	A	24-10-1990	US 4976735 A	11-12-1990
US 5352183	A	04-10-1994	SE 503716 C2	12-08-1996
			SE 9103668 A	13-06-1993
US 2003220621	A1	27-11-2003	NONE	

专利名称(译)	用于治疗患有肠道疾病的患者的系统		
公开(公告)号	EP2211728A1	公开(公告)日	2010-08-04
申请号	EP2008838251	申请日	2008-10-10
[标]申请(专利权)人(译)	米卢克斯控股股份有限公司		
申请(专利权)人(译)	MILUX HOLDING SA		
当前申请(专利权)人(译)	MILUX HOLDING SA		
[标]发明人	FORSELL PETER		
发明人	FORSELL, PETER		
IPC分类号	A61B17/11 A61F5/445 A61F2/02 A61B5/07 A61N1/378 A61F2/00 A61N1/36 A61B5/03 A61F2/04		
CPC分类号	A61B5/036 A61F2/0009 A61F2/0036 A61F2/004 A61F5/445 A61F2002/045 A61F2250/0001 A61F2250/0002 A61N1/36007		
优先权	60/960715 2007-10-11 US 60/960716 2007-10-11 US 60/960766 2007-10-12 US		
其他公开文献	EP2211728B1		
外部链接	Espacenet		

摘要(译)

用于治疗患有与患者肠相关的病症的患者的系统包括人工或人工修改的储库，其适于接收和收集肠内容物，并且还适于在清空储库时保留在患者体内。该系统还包括可植入的流量控制装置，用于控制来自贮存器的肠内容物的流动。流量控制装置可包括进入阀，出口阀，泵，马达，能量源，控制单元和传感器。