



(12)

EUROPEAN PATENT APPLICATION

(43) Date of publication:
20.06.2018 Bulletin 2018/25

(51) Int Cl.:
A61B 17/34 (2006.01) A61B 1/00 (2006.01)
A61B 1/313 (2006.01) A61B 17/00 (2006.01)

(21) Application number: 18155145.8

(22) Date of filing: 29.09.2009

(84) Designated Contracting States:
AT BE BG CH CY CZ DE DK EE ES FI FR GB GR
HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL
PT RO SE SI SK SM TR

(30) Priority: 29.09.2008 US 101061 P

(62) Document number(s) of the earlier application(s) in accordance with Art. 76 EPC:
09737239.5 / 2 328 487

(71) Applicant: Applied Medical Resources Corporation
Rancho Santa Margarita, CA 92688 (US)

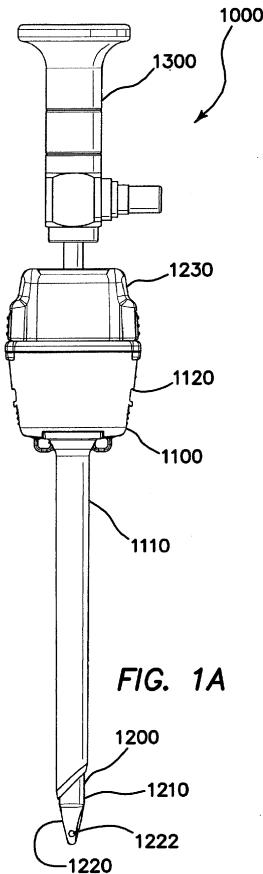
(72) Inventors:
• STROKOSZ, Arkadiusz
Rancho Santa Margarita, CA 92688 (US)
• TAYLOR, Scott V
Rancho Santa Margarita, CA 92688 (US)
• KAHLE, Henry
Rancho Santa Margarita, CA 92688 (US)

(74) Representative: Dolleymores
9 Rickmansworth Road
Watford, Hertfordshire WD18 0JU (GB)

Remarks:
This application was filed on 05.02.2018 as a divisional application to the application mentioned under INID code 62.

(54) FIRST-ENTRY TROCAR SYSTEM

(57) A surgical access system comprises a trocar, an insufflating optical obturator slidably insertable into the trocar, and a laparoscope slidably insertable into the obturator. A distal end of the obturator comprises a tip, at least a portion of which comprises a wall with a generally uniform thickness comprising a transparent material. At least one vent hole disposed at the obturator tip is fluidly connected to a gas flow channel defined by an interior surface of the obturator and the laparoscope, which is fluidly connected to an insufflation gas inlet disposed at a proximal end of the trocar. Improved optical characteristics of the trocar system permit precise and accurate visual placement thereof into a body cavity. Accordingly the access system is suitable as a first entry surgical access system. Embodiments of the trocar access are also useful for drug delivery, and/or for fluid and/or tissue aspiration.



Description

CROSS REFERENCE TO RELATED APPLICATION

[0001] This application claims the benefit of U.S. Application No. 61/101061, filed September 29, 2008, the entire disclosure of which is incorporated by reference.

BACKGROUND

Technical Field

[0002] This disclosure is generally directed to surgical access devices, and more particularly, to a first-entry surgical access system.

Description of the Related Art

[0003] Trocars are used for instrument access to body cavities in minimally invasive surgery, for example, laparoscopic surgery. In laparoscopic surgery of the organs of the abdomen, the abdomen is typically inflated or insufflated with an insufflation gas, for example, carbon dioxide, which lifts the abdominal wall away from the internal organs, thereby facilitating access to the organs, a condition referred to as pneumoperitoneum. Inserting trocars into an abdomen under pneumoperitoneum is relatively easy. Because the abdominal wall is distended away from the internal organs by the pressure of the insufflation gas, inadvertent damage to the organs during insertion is reduced. Before pneumoperitoneum is established, however, the abdominal wall through which the trocar is to be inserted contacts the internal organs directly. Consequently, inserting the first trocar, referred to as first entry, carries an increased risk of damaging the internal organs directly beneath the entry point.

SUMMARY OF THE INVENTION

[0004] A surgical access system comprises a trocar, an insufflating optical obturator slidably insertable into the trocar, and a laparoscope slidably insertable into the obturator. A distal end of the obturator comprises a tip, at least a portion of which comprises a wall with a generally uniform thickness comprising a transparent material. At least one vent hole disposed at the obturator tip is fluidly connected to a gas flow channel defined by an interior surface of the obturator and the laparoscope, which is fluidly connected to an insufflation gas inlet disposed at a proximal end of the trocar. Improved optical characteristics of the trocar system permit precise and accurate visual placement thereof into a body cavity. Accordingly the access system is suitable as a first entry surgical access system. Embodiments of the trocar access are also useful for drug delivery, and/or for fluid and/or tissue aspiration.

[0005] Some embodiments provide a bladeless trocar that permits visualization of body tissue fibers as they

are being separated, thereby permitting a controlled traversal across a body wall. Some embodiments provide a bladeless trocar that accommodates a conventional laparoscope. Some embodiments provide a trocar that enables insufflation of a body cavity and contemporaneous visualization thereof through the distal tip of the obturator.

[0006] Some embodiments provide a surgical access system comprising: a tubular trocar comprising a longitudinal axis, a proximal end, a distal end, an elongate cannula, and a seal assembly disposed at a proximal end of the cannula; an insufflating obturator slidably insertable into the trocar, the obturator comprising a longitudinal axis, a proximal end, a distal end, a tubular shaft, a tip disposed at the distal end of the shaft, at least one vent hole disposed on the tip, and a handle disposed at the proximal end of the shaft; and a fluid inlet disposed at a proximal end of the access system. At least a portion of the obturator tip comprises a wall comprises a transparent material with a substantially uniform thickness, the obturator slidably receives a laparoscope into the obturator shaft, and an interior surface of the obturator shaft and tip, and an outer surface of an inserted laparoscope together define a insufflation gas flow channel fluidly connecting the at least one vent hole to the fluid inlet.

[0007] In some embodiments, the seal assembly comprises a septum seal and a duckbill valve.

[0008] In some embodiments, the fluid inlet is disposed on the proximal end of the trocar.

[0009] In some embodiments, the obturator tip is bladeless. In some embodiments, the wall of the obturator tip is not greater than about 0.65 mm thick. In some embodiments, the obturator tip has a substantially uniform wall thickness. In some embodiments, the obturator shaft and tip are unitary. In some embodiments, the obturator tip comprises at least one of polymer, polycarbonate, polysulfone, PEEK, polyether block amide (PEBAX®), polyester, copolyester, and acrylic.

[0010] In some embodiments, the obturator tip comprises a single vent hole. In some embodiments, the at least one vent hole is at least one of circular, oval, elliptical, tear-drop shaped, slot shaped, slit shaped, chevron shaped, triangular, rectangular, rhomboid, and polygonal.

[0011] Some embodiments further comprise a depth indicator on the obturator tip. In some embodiments, the depth indicator comprises at least one of indicia disposed in a bore of the at least one vent hole, and indicia disposed proximate to the at least one vent hole.

[0012] In some embodiments, the obturator further comprises at least one laparoscope stop disposed on at least one of the interior surface of the obturator tip and the interior surface of the obturator shaft. In some embodiments, the interior surface of the obturator tip comprises a non-circular transverse cross section.

[0013] In some embodiments, the obturator accommodates laparoscopes with varying diameters. In some embodiments, the obturator tip accommodates a distal end

of the laparo scope.

[0014] In some embodiments, at least one opening perforates the obturator shaft.

[0015] In some embodiments, a cross-sectional area of the insufflation gas flow channel is at least about 1.6 mm². In some embodiments, a flow rate through the access system is at least about 3.5 L/min at an insufflator setting of about 1.6-2 KPa.

[0016] Some embodiments further comprise a laparoscope.

[0017] Some embodiments further comprise at least one of a gas flow indicator, an audible gas flow indicator, and a visual gas flow indicator.

[0018] Some embodiments provide a method for accessing a targeted body region, the method comprising: inserting a laparoscope into the surgical access system, wherein the obturator is inserted into the trocar; contacting the obturator tip with a body wall; advancing access system through the body wall; observing a position of the obturator tip through the laparoscope; and terminating advancement of the trocar system when the obturator tip is observed to reach a targeted body region.

[0019] In some embodiments, the targeted body region is a body cavity.

[0020] In some embodiments, observing the position of the obturator tip comprises observing the position of the at least one vent hole.

[0021] Some embodiments further comprise coupling the gas inlet of the surgical access system to a source of insufflation gas. Some embodiments further comprise at least one of delivering a medicament through the at least one vent hole to the targeted body region; delivering a fluid; aspirating a fluid; and withdrawing tissue.

[0022] Some embodiments further comprise removing the obturator from the trocar.

BRIEF DESCRIPTION OF THE DRAWINGS

[0023]

FIG. 1A is a front view and FIG. 1B is a side view of an embodiment of a surgical access system comprising a trocar, an insufflating optical obturator, and a laparoscope. FIG. 1C is a front cross-sectional view and FIG. 1D is a side cross-sectional view a distal end of the insufflating optical obturator illustrated in FIGS. 1A and 1B with a laparoscope inserted therein. FIG. 1E is a top view of a transverse cross section of a tip of the insufflating optical obturator illustrated in FIGS. 1A-1D.

FIG. 2A is a side cross-sectional view and FIG. 2B is a front cross-sectional view of a distal end of another embodiment of an insufflating optical obturator with a laparoscope inserted therein. FIG. 2C is a top view of a transverse cross-section of a tip of the insufflating optical obturator and laparoscope illustrated in FIGS. 2A and 2B.

FIG 3A is a longitudinal cross-section of another em-

bodiment of an insufflating optical obturator. FIG. 3B is a detailed cross section of a handle of the insufflating optical obturator illustrated in FIG. 3A.

5 DETAILED DESCRIPTION OF CERTAIN EMBODIMENTS

[0024] FIGS. 1A and 1B are front and side views of an embodiment of a surgical access or trocar system 1000, which is suitable, for example, as a first entry trocar system. The illustrated embodiment is suitable, for example, as a 5-mm trocar system, as well as for trocar systems of other sizes. The illustrated access system 1000 comprises a trocar 1100, an obturator 1200, and a laparoscope 1300.

[0025] The trocar 1100 comprises a longitudinal axis, a proximal end, and a distal end. The proximal end is disposed proximal to a user, for example, a surgeon, during use. Conversely, the distal end is disposed away from the user during use. The obturator 1100 comprises a tubular cannula 1110 and a trocar seal assembly 1120 disposed at the proximal end of the cannula 1110. In the illustrated embodiment, the seal assembly 1120 comprises a fluid inlet comprising a Luer fitting 1122 and a stopcock 1124. In other embodiments, the fluid inlet has a different configuration and/or is disposed on another component, for example, on the obturator 1100.

[0026] In the illustrated embodiment, the obturator 1200 is an insufflating optical obturator, as will be described in greater detail below. The obturator 1200 comprises a longitudinal axis, a proximal end, and a distal end. The obturator 1200 comprises an elongate shaft 1210, which is dimensioned for slidable insertion into and removal from the tubular cannula 1110 of the trocar, a tip 1220 disposed at the distal end of the shaft 1210, and a handle 1230 disposed at the proximal end of the shaft 1210. In some embodiments, the obturator tip 1220 is a bladeless tip. In other embodiments, the tip 1220 has another configuration useful for traversing and/or penetrating body tissue, for example, a sharp tip, a pointed tip, a pyramidal tip, a bladed tip, a conical tip, and/or a tip comprising one or more sharp edges or sharpened edges. In other embodiments, the tip 1220 is a radiused blunt tip, which is advantageous for traversing an existing body orifice, and/or relatively soft or fatty tissue.

[0027] The trocar 1100 and obturator 1200 independently comprise any suitable material. Those skilled in the art will understand that different components of the trocar 1100 and/or obturator 1200 comprise different materials in some embodiments. Suitable materials include, for example, at least one of a polymer, metal, ceramic, and the like. Suitable polymers include engineering polymers, polycarbonate, polysulfone, PEEK, polyether block amide (PEBAX®), polyester, copolyester, acrylic, and the like. Some embodiments of the trocar 1100 and/or obturator 1100 further comprise a composite, for example, a fiber-reinforced polymer. In some embodiments, a stronger material permits reducing a wall thickness of a

component without reducing the strength thereof. For example, some embodiments of a metal or composite obturator shaft **1210** are thinner than a corresponding polymer version, thereby increasing the diameter of a lumen thereof without increasing the outer diameter. As discussed in detail below, increasing lumen diameter improves gas flow through the device.

[0028] For example, in some embodiments, obturator shaft **1210** comprises a metal tube, for example, a stainless steel tube, with a polycarbonate tip **1220** insert molded onto the tube. In some embodiments, the metal tube has a wall thickness as thin as about 0.003" (about 0.076 mm). An metal obturator shaft **1210** with an inside diameter of about 0.235" (about 6 mm) and an outside diameter of about 0.241" (about 6 mm) provides an acceptable insufflation gas flow rate. The relationship between gas flow rate and component dimensions and configurations is discussed in detail below.

[0029] Embodiments of the cannula **1110** typically comprise a rigid material. Some embodiments of the obturator shaft **1210** comprise a rigid material and/or a flexible material because the obturator shaft **1210** is largely supported by the cannula **1110** during use in some embodiments.

[0030] The laparoscope **1300** comprises a proximal end and a distal end **1304** (FIGS. 1C and 1D). The laparoscope **1300** is of any suitable type, for example, comprising an eyepiece at a proximal end and an objective at a distal end thereof. The distal end **1304** of the laparoscope **1300** is dimensioned for slidible insertion into and removal from the obturator shaft **1210**.

[0031] FIG. 1C is a front cross-sectional view and FIG. 1D is a side cross-sectional view of the distal end of the insufflating obturator **1200** with a laparoscope **1300** inserted therein. The illustrated embodiment depicts a bladeless obturator **1200** suitable for visualization and insufflation therewith. The device include a pair of vent holes **1222** at the distal tip **1220** of the bladeless obturator, through which an insufflating gas, such as carbon dioxide, flows into a body cavity, as discussed in greater detail below. Other embodiments comprise more or fewer vent holes **1222**. For example, some embodiments of the tip **1220** of the obturator comprise a single vent hole **1222**. In the illustrated embodiment, the vent holes **1222** are generally circular. In other embodiments, the vent holes **1222** have another shape, for example, oval, elliptical, tear-drop shaped, slot shaped, slit shaped, chevron-shaped, triangular, rectangular, rhomboid, polygonal, and the like. In some embodiments, at least one vent hole **1222** has a different shape from another vent hole **1222**.

[0032] In some embodiments, the obturator **1200** is an optical obturator in which at least a portion of a distal end of the tip **1220** of the bladeless obturator comprises a generally transparent or translucent material, through which tissue is visualized during the insertion of the obturator **1200** through a body wall. Embodiments of the bladeless obturator **1200** are dimensioned and config-

ured to receive therein any suitable laparoscope **1300**, which typically includes an imaging element and fiber optic light fibers (not illustrated). The illustrated embodiment of the tip **1220** comprises at least one laparoscope stop **1224**, which assists in positioning the laparoscope **1300** within the obturator **1200**. In other embodiments one or more laparoscope stops are disposed within the obturator shaft **1210** and/or at the intersection of the shaft **1210** and tip **1220**. Other embodiments do not comprise a laparoscope stop.

[0033] The illustrated embodiment of the bladeless optical insufflating obturator **1200** includes a tip **1220** configuration comprising one or more features that enhance the visualization and clarity through the tip of the obturator. The illustrated transparent tip **1220** of the obturator through which tissue is observed comprises a wall **1225**, at least a portion of which has a substantially uniform thickness. The uniform wall thickness reduces distortion of an image observed through the obturator tip **1220**. In some embodiments, the entire obturator tip **1220** comprises a substantially uniform wall thickness. Embodiments of bladeless optical obturators comprising non-uniform wall thicknesses typically exhibit less clear imaging through the obturator tip because the varying wall thickness distorts the image transmitted therethrough, for example, in bladeless optical obturators comprising a generally circular inner contour and a generally rectangular outer contour.

[0034] FIG. 1E is a top view of a transverse cross section of the obturator tip **1220** illustrated in FIGS. 1A-1D. In the illustrated embodiment, an inner contour **1226** of the obturator tip **1220** has a generally rectangular transverse cross section, which substantially matches an outer contour **1228** of the obturator tip, which also has a generally rectangular transverse cross section. In other embodiments, the inner and outer transverse cross-sectional contours **1226** and **1228** of the obturator tip **1220** have another shape, for example, generally elliptical, hexagonal, S-shaped, or another suitable shape. In some embodiments, a portion of an interior surface the tip **1220** at which the distal end laparoscope **1300** contacts has a contour different from a shape or contour of the distal end of the laparoscope. For example, in embodiments in which the distal end of the laparoscope **1300** is circular, the portion of the tip **1220** at which the distal end of the laparoscope **1300** contacts is not circular, thereby defining a gas flow channel therebetween, as discussed in greater detail below.

[0035] In some embodiments, at least a portion of the wall **1225** of the obturator tip **1220** comprises a thin-wall configuration. The thin-wall configuration enables light to travel through the material with reduced loss in intensity, thereby enhancing the visibility of tissue through the obturator tip **1220** as the obturator is advanced and placed into the targeted body cavity. The thin-wall configuration also reduces distortion of the image viewed through the obturator tip **1220** and maintains the color accuracy of the viewed tissue. Some embodiments of the obturators

1200 have tip wall thicknesses of from about 0.02" (about 0.5 mm) to about 0.025" (about 0.65 mm) for about 5-mm to 12-mm obturators. In some embodiments, the tip wall is thicker, for example, to provide additional strength.

[0036] All transparent materials have a light transmittance value of less than 100%. That is, less than 100% of the light incident on the material is transmitted directly through the material. For a given transparent material, as the wall thickness of the material increases, the amount of light that travels through the material decreases. Moreover, because the illuminating light is directed from within the obturator **1200**, the light must travel through the obturator tip **1220** twice, thereby doubling the loss of light due to the transmittance characteristics or absorption of the obturator tip **1220**. Embodiments of an obturator tip **1220** with a reduced wall thickness reduce the loss of light or absorption thereby, thereby improving the image of the tissue through which the obturator **1200** is advanced, and maintaining the color accuracy and fidelity of the observed tissue.

[0037] In some embodiments, the obturator shaft **1210** and tip **1220** are injection molded as a unitary or single, integral component, which, in combination with the thin-wall tip **1220**, allows positioning or placing a distal end **1304** of the laparoscope (FIGS. **1C** and **1D**) in close proximity to and/or within the tip **1220** of the obturator. By placing the distal end **1304** of the laparoscope in close proximity to and/or within the tip **1220** of the obturator, an image produced through the laparoscope **1300** is magnified compared with an image produced by a distal end **1304** of the laparoscope **1300** positioned at a greater distance from the obturator tip **1220**. For example, in some embodiments of a 5-mm bladeless optical obturator designed to accommodate laparoscopes with diameters of from about 5 mm to about 5.5 mm, the distal end of the laparoscope is positionable as close as about 0.442" (about 11 mm) from the distal end of the obturator **1200**. Some embodiments of a 12-mm bladeless optical obturator designed to accommodate about 10-mm diameter laparoscopes, permit positioning the distal end of the laparoscope as close as about 0.79" (about 20 mm) from the distal end of the obturator **1200** or less than about 0.83" (about 21 mm) from the distal end of the obturator **1200**. In these embodiments, the magnification through the 5-mm optical obturator is greater than that for the 12-mm optical obturator.

[0038] The enhanced visibility through the tip **1220** of the obturator also enhances the visibility of the vent holes **1222** in the tip of the obturator. Consequently, in some embodiments, the vent holes **1222** are useful as markers for indicating the penetration depth of the obturator tip **1220**. As the surgeon advances the trocar system **1000** through tissue, the surgeon can view the vent holes **1222** through the laparoscope **1300**, thereby observing when the vent holes **1222** have traversed a body wall, such as the abdominal wall. Once the vent holes **1222** have traversed a body wall and entered a body cavity, the trocar system **1000** need not be advanced further. Accordingly,

the enhanced visibility of the obturator tip **1220** permits precise placement of the access system **1000**, and consequently, the trocar **1100** into a body cavity, thereby preventing the trocar **1100** from being advanced too far into the body cavity. Because the surgeon is able to precisely place the trocar system **1000** across a body wall until just the portion of the obturator tip **1200** comprising the vent holes **1222** is positioned within the body cavity, the risk of injury to internal body structures is reduced.

[0039] In some embodiments, one or more indicia are provided on at least one vent hole **1222**, thereby increasing the utility, visibility, and/or prominence of the vent holes **1222** as depth indicators. For example, in some embodiments, one or more contrasting and/or fluorescent colors are printed in the vent hole **1222** bores.

[0040] In some embodiments, one or more marker bands or indicia are disposed proximate to or near at least one vent hole **1222**, for example, by printing one or more contrasting or fluorescent marker bands. The enhanced visibility through the tip **1220** of the obturator permits using the marker bands for monitoring the penetration depth of the obturator **1200**. For example, in some embodiments, the marker band is highly visible through the laparoscope **1300** as a rectangular band positioned just proximal to the vent holes **1222**. In other embodiments, the marker bands have another shape, for example, dots. As a surgeon advances the access system **1000** through the tissue, the surgeon can view the position of the marker band to determine when the vent holes **1222** have traversed a body wall. The enhanced visualization through the obturator tip **1220** enables precise placement of the trocar **1100** into a body cavity, thereby preventing the trocar **1100** from being advanced too far into the body cavity. Precisely placing the access system **1000** across a body wall until just the portion of the obturator tip **1200** with the vent holes **1222** is in the body cavity reduces the risk of injury to internal body structures.

[0041] Referring to FIGS. **1C** and **1D**, some embodiments provide a device comprising an insufflation flow path or channel **1400** defined by an inner wall of the obturator shaft **1210** and the laparoscope **1300**. For example, embodiments of a 5-mm bladeless optical trocar with a 5-mm obturator are dimensioned and configured to accommodate laparoscopes with diameters of from about 5 mm to about 5.5 mm (from about 0.197" to about 0.217") with an insufflation flow channel **1400** extending longitudinally through the inside of the obturator between the outside wall of the laparoscope **1300** and the inside wall of the obturator shaft **1210**. The insufflation flow channel **1400** is dimensioned to accommodate a suitable flow of an insufflating gas, for example, carbon dioxide. In some embodiments, a cross-sectional area of the insufflation flow channel is at least about 0.0025 in² (about 1.6 mm²). In the illustrated embodiment, an inside diameter of the obturator shaft **1210** is larger compared with the inside diameter of the obturator shaft of a typical 5-mm optical obturator. Increasing the inside diameter of

the obturator shaft **1210** defines a generally cylindrical flow channel **1400** sufficient for insufflation when either a 5-mm or 5.5-mm laparoscope **1300** is inserted into the obturator **1200**. In the illustrated embodiment, an outer diameter of the obturator shaft **1210** is also increased. To accommodate the slightly larger obturator shaft **1210**, in some embodiments, the inner diameter and outer diameter of the trocar cannula **1110** are also increased compared with typical a 5-mm trocar cannula.

EXAMPLE 1

[0042] A polycarbonate insufflating obturator was manufactured in which the inner diameter of the 5-mm insufflating obturator shaft was 0.235" (6 mm), the outer diameter was 0.272" (6.9 mm), and the wall thickness was 0.018" (0.46 mm). The inner diameter of the mating 5-mm cannula was 0.277" (7 mm), the outer diameter was 0.343" (8.7 mm), and the wall thickness of the cannula was 0.033" (0.84 mm). Based on these dimensions, the cross-sectional area of the obturator flow channel with a 5.5 mm laparoscope inserted therein was 0.0064 in² (4.1 mm²), which provides a carbon dioxide flow rate of about 6 L/min at an insufflator pressure setting of about 1.6-2 KPa (about 12-15 Torr).

EXAMPLE 2 (COMPARATIVE EXAMPLE)

[0043] For comparison, a polycarbonate 5-mm bladeless optical trocar designed to accommodate 5-mm to 5.5-mm laparoscopes included an obturator with an inner diameter of 0.219" (5.6 mm), an outer diameter of 0.225" (5.7 mm), and a wall thickness of 0.003" (0.076 mm). The mating cannula for this obturator had an inner diameter of 0.227" (5.8 mm), an outer diameter of 0.287" (7.3 mm), and a wall thickness of 0.03" (0.76 mm). For comparison, the cross-sectional area of the obturator flow channel with a 5.5-mm laparoscope inserted in the obturator was 0.00068 in² (0.44 mm²), which provides an insufficient flow of carbon dioxide through the device.

EXAMPLE 3

[0044] A 5-mm obturator is molded from polycarbonate with an inside diameter of 0.230" (5.8 mm) and a wall thickness of 0.021" (0.53 mm). The carbon dioxide flow rate through this obturator with a 5.5-mm laparoscope inserted therein is about 3.5 L/minute at an insufflator pressure setting of about 1.6-2 KPa (about 12-15 Torr). The increased wall thickness improves the injection molding process for manufacturing the obturator shaft.

[0045] The tip **1220** of a bladeless insufflating obturator is designed to separate and dilate tissue and muscle fibers during traversal of a body wall. Because of the dilating and separating properties of a 5-mm insufflating trocar, increasing the outer diameters of the obturator shaft **1210** and the cannula **1110**, as compared with typically sized 5-mm bladeless trocars, does not adversely affect the

insertion force of the trocar in the illustrated embodiment. The wall thickness of the obturator shaft **1210** is also sufficient to permit injection molding the shaft **1210** and tip **1220** as a single piece, thereby reducing the overall device cost and increasing production capacity.

[0046] FIG. **2A** is a side cross-sectional view and FIG. **2B** is a front cross-sectional view of a distal end of another embodiment of an insufflating optical obturator **2200** with a laparoscope **2300** inserted therein. FIG. **2C** is a top view of a transverse cross section of a tip **2220** of the insufflating optical obturator **2200** and laparoscope **2300** illustrated in FIGS. **2A** and **2B**. The following description refers to a 12-mm obturator sized to accommodate 10-mm laparoscopes, which defines an insufflation flow channel sufficient for generating pneumoperitoneum. Those skilled in the art will understand that the illustrated embodiment is also scalable to other size trocar systems.

[0047] The illustrated 12-mm obturator also accommodates smaller laparoscopes **2300** such as 5-mm and/or 5.5-mm diameter laparoscopes. The tip **2220** of the obturator is configured such that a distal end **2304** a 5-mm to 5.5-mm laparoscope is insertable deep into a tapered portion of the obturator tip **2220**, while still defining an insufflation flow channel **2400** with a sufficient minimum area for a suitable flow of carbon dioxide around the laparoscope **2300**. In the illustrated embodiment, a shorter dimension or width of a generally rectangular internal surface **2226** of the tip of the obturator defines a stop for a 5-mm and/or 5.5-mm laparoscope **2300**. The insufflation flow channel **2400** is defined by the area between the internal longer dimension or internal length of the internal surface **2226** of the tip and the outside wall of the laparoscope **2300**, as best viewed in FIGS. **2A** and **2C**. The insufflation flow channel **2400** is fluidly connected to one or more vent holes **2222** disposed on the tip. The embodiment illustrated in FIG. **2A** also comprises an optional stop **2224** for a 10-mm laparoscope.

[0048] Some embodiments in which distal end of the 5-mm or 5.5 mm laparoscope **2300** and the portion of the inner surface **2226** of the tip that acts as a stop therefore have similar shapes do not provide an insufflation flow channel **2400** with an sufficiently large minimum area to provide a desired insufflation gas flow. For example, inserting a round laparoscope **2300** into an obturator **2200** in which the stop portion of the inner surface **2226** has a circular transverse cross section provides only a small or even no flow channel **2400**, thereby effectively isolating the vent holes **2222** from the lumen of the shaft **2210** and preventing gas flow therethrough.

[0049] The illustrated trocar system exhibits improved flexibility, versatility, and/or performance, while reducing cost and inventory requirements. Pairing a 5-mm and/or 5.5-mm laparoscope with a 12-mm obturator improves the flow rate of carbon dioxide through the obturator **2200** with the laparoscope inserted therein compared with the flow rate through the obturator **2200** with a 10-mm laparoscope inserted therein. Also, a hospital or clinic may not have any 10-mm zero-degree laparoscopes readily avail-

able, whereas many facilities have 5-mm and/or 5.5-mm zero-degree laparoscopes readily available. Another advantage is that the distal end of a 5-mm or 5.5-mm laparoscope is closer to the distal end of the obturator tip **2200** compared with a 10-mm laparoscope, thereby providing a magnified image. For example, in the illustrated embodiment, the distal end of a 5-mm or 5.5-mm laparoscope is positioned at about 0.430" (about 11 mm) from the distal end of the tip **2200** of the obturator, while the distal end of a 10-mm laparoscope is positioned at about 0.790" (about 20 mm) from the distal end of the tip **3220** of the obturator.

[0050] FIG. 3A is a longitudinal cross-section of another embodiment of an insufflating obturator **3200** and FIG. 3B is a detailed longitudinal cross section of a proximal end thereof. The insufflating obturator **3200** comprises a shaft **3210**, a tip **3220**, and a handle **3230**. The handle **3230** comprises a funneled entry **3232** disposed at a proximal end thereof. A seal assembly **3240** is disposed distally thereof. Accordingly, the seal assembly **3240** is spaced from and/or recessed from the proximal end of the obturator **3200**, thereby encasing the seal assembly **3240** within the handle **3230**. Thus, in the illustrated embodiment, the seal assembly **3240** is protected from direct user contact and/or manipulation. In some embodiments in which a seal assembly **3240** is disposed at the proximal end of the obturator **3200** and externally accessible, one or more components of the seal assembly **3240** are vulnerable to inadvertent deformation, for example, during placement of the trocar system, which can cause loss of pneumoperitoneum. Furthermore, in some embodiments, the seal assembly **3240** is vulnerable to deliberate and/or inadvertent removal and/or loss. The illustrated seal assembly **3240** seals with instruments of varying diameters as well as providing a zero seal in the absence of an instrument. Again, using a 12-mm obturator as an illustrative example, the seal assembly **3240** seals with any of 5-mm laparoscopes, 5.5-mm laparoscopes, and/or 10-mm laparoscopes, thereby preventing leakage of carbon dioxide from the proximal end of the obturator **3200**.

[0051] In the illustrated embodiment of the obturator **3200**, at least one opening **3206** perforates the shaft **3210**, fluidly connecting the interior or lumen with the exterior thereof. When inserted into a suitable trocar, for example, embodiments of the trocar **1110** illustrated in FIGS. 1A and 1B, the at least one opening **3206** fluidly connects the interior or lumen of the obturator **3200** to the fluid inlet **1122**, thereby permitting fluid flow from the fluid inlet **1122**, through the openings **3210**, and out the vent holes **3222**. Some embodiments of the obturator **3200** comprise a single opening perforating the shaft. In some embodiments, the opening or openings **3206** independently have another shape, for example, circular, oval, elliptical, tear-drop shaped, slot shaped, slit shaped, chevron-shaped, triangular, rectangular, rhomboid, polygonal, and the like.

[0052] Referring to FIG. 3B, which is a detailed longi-

tudinal cross section of the proximal end of the obturator **3200** illustrated in FIG. 3A, the illustrated seal assembly **3240** comprises an internal septum seal **3242** and an internal duckbill valve **3244** disposed at the proximal end of the obturator shaft **3210**. The septum seal **3242** prevents carbon dioxide from leaking from the obturator **3200** when a laparoscope **3300** is inserted therein. The duckbill valve **3244** prevents carbon dioxide from leaking in the absence of a laparoscope **3300**, for example, when the laparoscope **3300** is withdrawn from the obturator **3200** or not used at all. The illustrated embodiment also comprises a sleeve **3246** disposed proximally of the septum seal **3242**, which prevents and/or reduces inversion of the septum seal **3242** on withdrawal of the laparoscope **3300** therefrom. The septum seal **3242** and the duckbill valve **3244** are disposed between the obturator shaft **3210** and the obturator handle **3230** in the illustrated embodiment. The obturator handle **3230** comprises a funneled entry **3232** at its proximal end leading into a guide channel **3234**, which guides or directs the laparoscope **3300** into the obturator **3200**. Some embodiments of the obturator handle **3230** comprise a space in the guide channel **3234** sufficient to permit at least some septum seal **3242** inversion during laparoscope **3300** withdrawal without binding the laparoscope **3300**. For example, in some embodiments, the diameter of the cap guide channel **3234** is larger than the diameter of the laparoscope plus the thickness of the inverted septum seal, which is sufficient to prevent binding or lock-up of the laparoscope **3300** during withdrawal from the obturator **3200**.

[0053] In some embodiments, at least one of the septum seal **3242** and duckbill valve **3244** is treated by a chlorination process, which reduces friction when inserting, rotating, and/or withdrawing the laparoscope **3300**, which typically has a polished surface that generates high friction with septum seals **3242** and duckbill valves **3244**. In some embodiments, at least one of the septum seal **3242** and duckbill valve **3244** is coated or treated with one or more other anti-friction materials and/or coatings, such as silicone oil, silicone emulsion, parylene, polytetrafluoroethylene (Teflon®), and/or treated by plasma etching.

[0054] An embodiment of a method for using the surgical access or trocar system refers to the embodiment **1000** illustrated in FIGS. 1A-1E, although the method is applicable to any of the embodiments discussed herein. In the method, the bladeless obturator **1200** is first inserted through the trocar seal **1120** and cannula **1110** of the trocar. A laparoscope **1300** is then inserted into the proximal end of the bladeless obturator **1200** and advanced to the stop **1224** or tip **1220** of the obturator. An endoscopic video camera (not illustrated) is attached to the proximal end of the laparoscope **1300** and the access system **1000** is then axially advanced by a surgeon through a body wall. As the surgeon advances the access system **1000** through the body wall, the surgeon visualizes the tissue as it is being separated, for example, using a video monitor connected to the endoscopic video cam-

era. The surgeon can also readily determine when the body wall has been traversed by observing the distal end of the obturator **1200** entering the body cavity. As discussed above, the distal end of the obturator **1200** includes insufflation vent holes **1222** through which an insufflation gas may flow from the obturator **1200** and into a body cavity.

[0055] In another embodiment, the optical access system **1000** accesses a targeted body area or region under laparoscopic guidance as discussed above, then is used to administer a medicament under vision. In some embodiments, the medicament is delivered through the stopcock **1124** and Luer fitting **1122**, through the obturator **1200**, and out through the vent holes **1222** disposed at the tip **1220** of the obturator. The term "vent hole" is used here for consistency. Those skilled in the art will understand that in some embodiments, gas need not be delivered through the vent holes. Instead, the vent holes are used for another purpose, for example, for delivering a fluid, aspirating a fluid, withdrawing tissue, and/or as a gauge for placing the device, as discussed above. The trocar **1100**, in this embodiment, is rigid, semirigid, or flexible. Some embodiments of the obturator **1200** comprise a single vent hole **1222**. In some embodiments, the vent hole **1222** is disposed at the distal end of the tip **1220**, generally along the longitudinal axis of the obturator **1200**, which permits a more precise delivery of the medicament. The access system **1000** is suitable, for example, for rapidly accessing a trauma site and for rapidly delivering a medicament through the obturator under vision to the trauma site. In some embodiments, the obturator **1200** is usable in this application either with or without a trocar **1100**. In embodiments that do not include a trocar, the obturator **1200** comprises a fluid inlet, for example, a Luer fitting, disposed at or near the proximal end of the obturator **1200**, for example, at the handle **1230**. The fluid inlet is fluidly connected to the vent hole **1222** through the lumen of the obturator shaft **1210**. These embodiments of the trocar system **1100** are also useful for accessing a targeted body area under vision using an inserted laparoscope, then withdrawing a body fluid sample and/or a soft tissue sample through the vent or aspiration hole **1222** of the obturator, for example, for pathology analysis, without a cannula.

[0056] In some embodiments, the access system **1000** further comprises an insufflator comprising a gas flow alarm (not illustrated). In some embodiments, a source of insufflation gas, for example, an insufflator, is connected to the Luer fitting **1122**, the stopcock valve **1124** opened, and the insufflation gas flow activated, for example, a carbon dioxide flow. When the tip **1220** of the obturator is placed in tissue such as the abdominal wall, the gas flow is blocked by the tissue, which in turn activates a gas flow obstruction alarm of the insufflator. The gas flow obstruction alarm will continue as the trocar is advanced through the tissue until the vent holes **1222** in the tip of the obturator are positioned within a hollow body cavity, at which point, carbon dioxide automatically starts

flowing into the cavity and the gas flow obstruction alarm on the insufflator deactivates, thereby serving as an audible indicator that the distal tip **1222** of the obturator is properly positioned within the body cavity.

[0057] Some embodiments of the access system **1000** further comprise an integral audible indicator (not illustrated), which indicates gas flow, for example, carbon dioxide, through the device. The audible indicator produces a sound, for example, a high-pitched tone, for example, by mechanically modulating the gas flow through the device. In some embodiments, the audible indicator is disposed in the trocar **1100**. In some embodiments in which the audible indicator is integral to the trocar seal **1120**, the audible indicator is positioned within and/or integrated with the stopcock Luer fitting **1122**. In other embodiments, the audible indicator is disposed in the obturator **1200**. In yet other embodiments, the audible indicator is a detachable component, for example, disposed between and fluidly connecting the stopcock Luer fitting **1122** and the insufflation tubing.

[0058] In some embodiments, the access system **1000** comprising the audible indicator is connected to an insufflator and the carbon dioxide gas flow activated. When the tip **1220** of the obturator is placed in tissue, such as the abdominal wall, the tissue blocks gas flow through the device. As the tip **1220** is advanced through the tissue, the gas flow remains blocked until the vent holes **1222** in the tip of the obturator reach the targeted body cavity. When the vent holes **1222** are positioned within the body cavity, the carbon dioxide automatically starts flowing into the cavity. The gas flow activates the audible indicator, thereby creating a high-pitched tone, which signals that the distal tip **1220** of the obturator is properly positioned within the body cavity.

[0059] Some embodiments of the access system **1000** further comprise a visual indicator (not illustrated), for example, a flow sight that indicates carbon dioxide flow through the device. Suitable visual indicators include a flapper, a rotor, and/or an oscillating ball. In some embodiments, the visual indicator is integral to the trocar seal **1120**, for example, positioned within and/or integrated with the stopcock Luer fitting **1122**. In other embodiments, the visual indicator is disposed within the proximal portion of the obturator **1200**. In other embodiments, the visual indicator is a detachable component disposed between the Luer fitting **1122** and the insufflation tubing.

[0060] In an embodiment of a method for using the trocar system comprising the integral visual indicator, the trocar system is connected to an insufflator and the carbon dioxide gas flow activated. When the tip **1220** of the obturator is placed in tissue, such as the abdominal wall, the gas flow is blocked. As the tip **1220** is advanced through tissue, the gas flow remains blocked until the vent holes **1222** in the tip of the obturator enter the targeted body cavity. When the vent holes **1222** are positioned within the body cavity, the carbon dioxide automatically flows into the body cavity. The gas flow causes movement of the visual flow indicator, thereby indicating that

the distal tip of the obturator is properly positioned within the body cavity.

[0061] Some embodiments of the access system 1000 comprise an electronic gas flow indicator. An output of the gas flow indicator is, for example, audible and/or visible.

[0062] While certain embodiments have been particularly shown and described with reference to exemplary embodiments thereof, it will be understood by those of ordinary skill in the art that various changes in form and details may be made therein without departing from the spirit and scope thereof as defined by the following claims.

Claims

1. A surgical access system comprising:

a tubular trocar comprising a longitudinal axis, a proximal end, a distal end, an elongate cannula, and a seal assembly disposed at a proximal end of the cannula;

an insufflating obturator (2200) slidably insertable into the trocar, the obturator (2200) comprising a longitudinal axis, a proximal end, a distal end, a tubular shaft (1210), a tip (2220) having an inner surface (2226) that defines an inner contour and an outer surface that defines an outer contour; the tip being disposed at the distal end of the shaft (1210), at least one vent hole (2222) disposed on the tip (2220), and a handle disposed at the proximal end of the shaft (1210); and

a fluid inlet disposed at a proximal end of the access system,
wherein

at least a portion of the obturator tip (2220) comprises a wall comprising a transparent material with a substantially uniform thickness,

the obturator (2200) slidably receives a laparoscope into the obturator (2200) shaft (1210), the laparoscope having a longitudinal axis, a distal end, and a transverse cross section at the distal end that is circular in shape; and

the inner surface of the obturator shaft (1210) and tip (2220), and an outer surface of an inserted laparoscope together define a insufflation gas flow channel (2400) fluidly connecting the at least one vent hole (2222) to the fluid inlet;

characterized by the obturator being configured to slidably receive an inserted laparoscope into the tubular shaft (1210) of the obturator and

extend into the tapered portion of the tip (2220) such that the distal end of the laparoscope is configured to contact the inner surface (2226) of the tip (2220) at a portion of the tip that has a transverse cross-section of the tip that is non-circular in shape defining an insufflation gas flow channel (2400) between the inner surface (2226) of the tip (2220) and an outer surface of the inserted laparoscope.

- 5 2. The surgical access system of any one of the previous claims wherein the outer contour substantially matches the inner contour.
- 10 3. The surgical access system of any one of the previous claims wherein the outer contour defines two diametrically opposed, substantially straight lines interconnected by two diametrically opposed, outwardly curved lines and the inner contour defines two diametrically opposed, substantially straight lines interconnected by two diametrically opposed curved lines in the same transverse cross-section of the tip.
- 15 4. The surgical access system of any one of the previous claims wherein, in transverse cross-section of the tip, the outer contour has four corners, each defined by an intersection between a curved line and a substantially straight line
- 20 5. The surgical access system of any one of the previous claims wherein the straight lines define a shorter dimension and the curved lines define a longer dimension of the tip.
- 25 6. The surgical access system of any one of the previous claims wherein the shorter dimension defines a scope stop.
- 30 7. The surgical access system of any one of the previous claims wherein the cross-section of the tip is generally rectangular.
- 35 8. The surgical access system of any one of the previous claims wherein the vent hole is at a location distal to a point of contact between the distal end of the laparoscope and the inner surface of the tip of the obturator.
- 40 9. The surgical access system of any one of the previous claims wherein the seal assembly comprises a septum seal and a duckbill valve.
- 45 10. The surgical access system of any one of the previous claims wherein the fluid inlet is disposed on the proximal end of the trocar.
- 50 11. The surgical access system of any one of the previ-

ous claims wherein the obturator tip (2220) is blade-less.

12. The surgical access system of any one of the previous claims wherein the wall of the obturator tip (2220) is not greater than about 0.65 mm thick. 5
13. The surgical access system of any one of the previous claims wherein the obturator tip (2220) comprises a single vent hole (2222). 10
14. The surgical access system of any one of the previous claims wherein the obturator (2200) further comprises at least one laparoscope stop (2224) disposed on at least one of the inner surface (2226) of the obturator tip (2220) and the interior surface of the obturator (2200) shaft (1210). 15
15. The surgical access system of any one of the previous claims wherein at least one opening perforates the obturator (2200) shaft (1210). 20

25

30

35

40

45

50

55

10

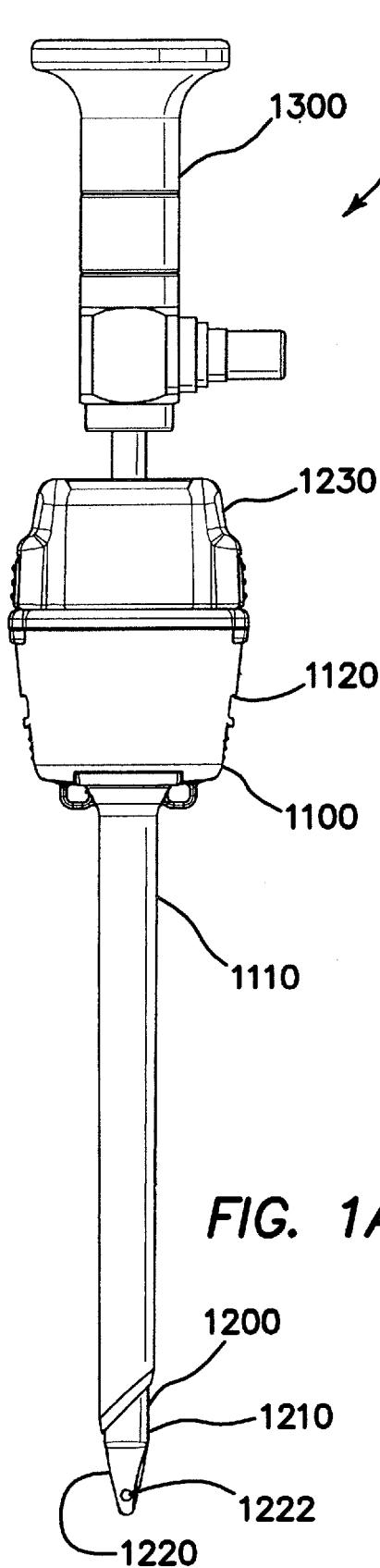
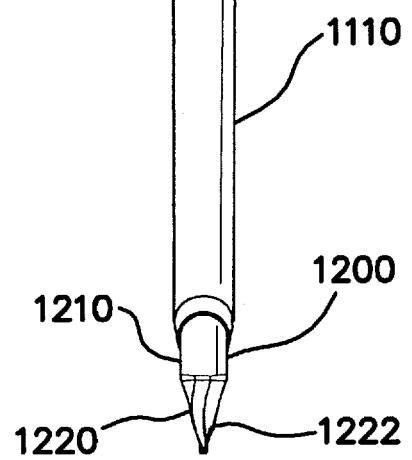


FIG. 1B



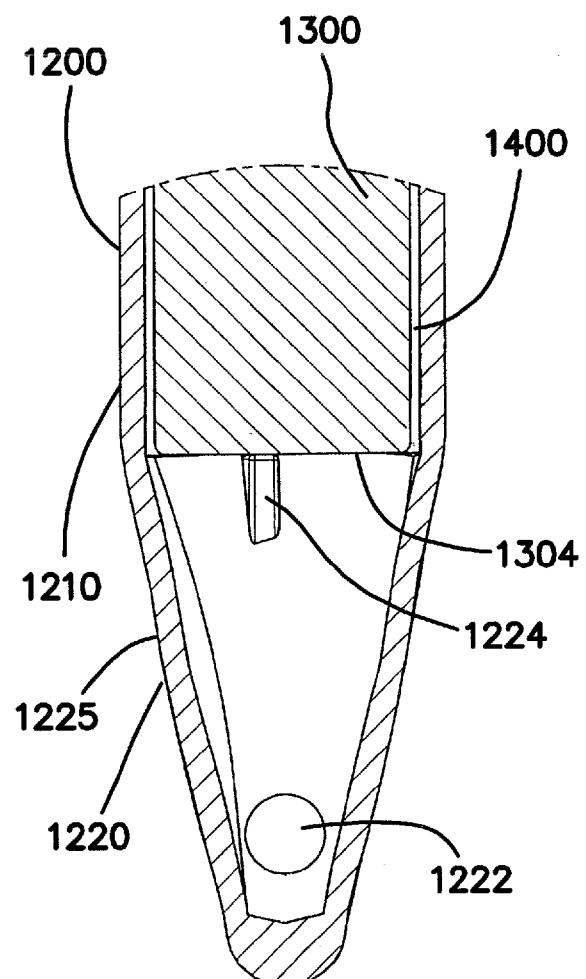


FIG. 1C

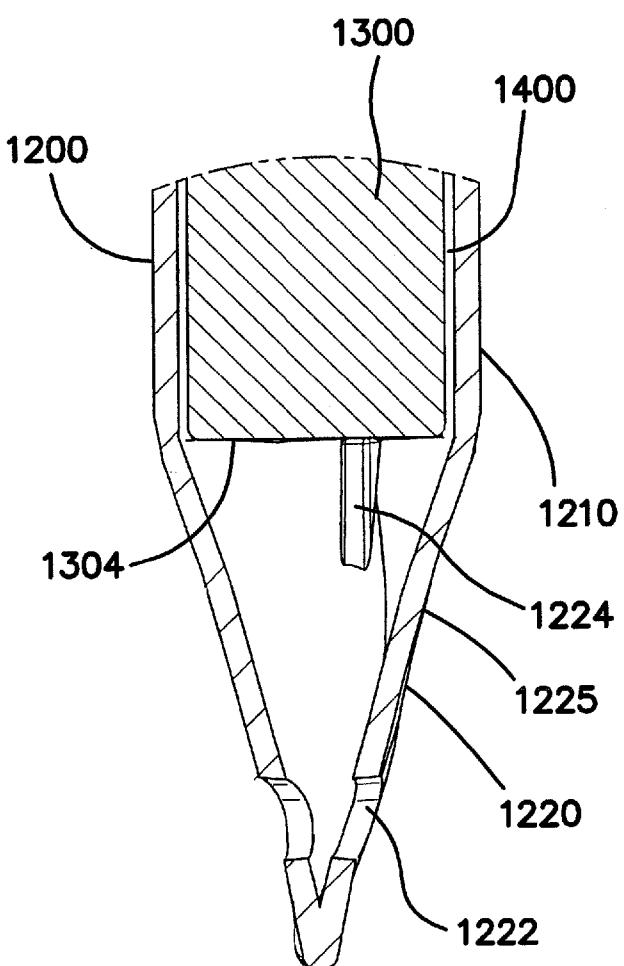


FIG. 1D

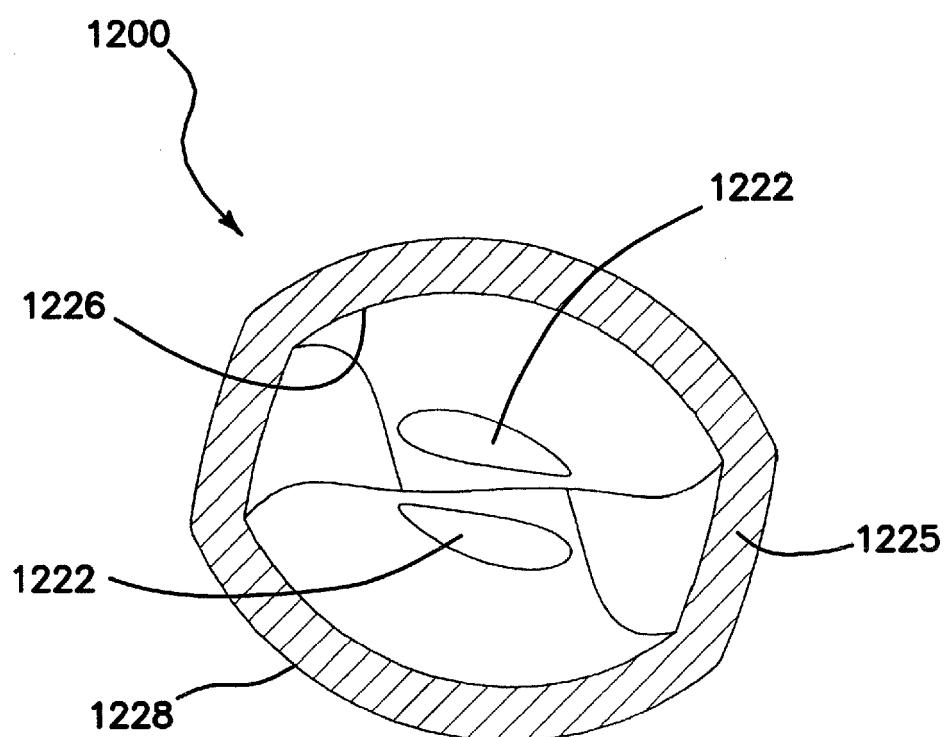


FIG. 1E

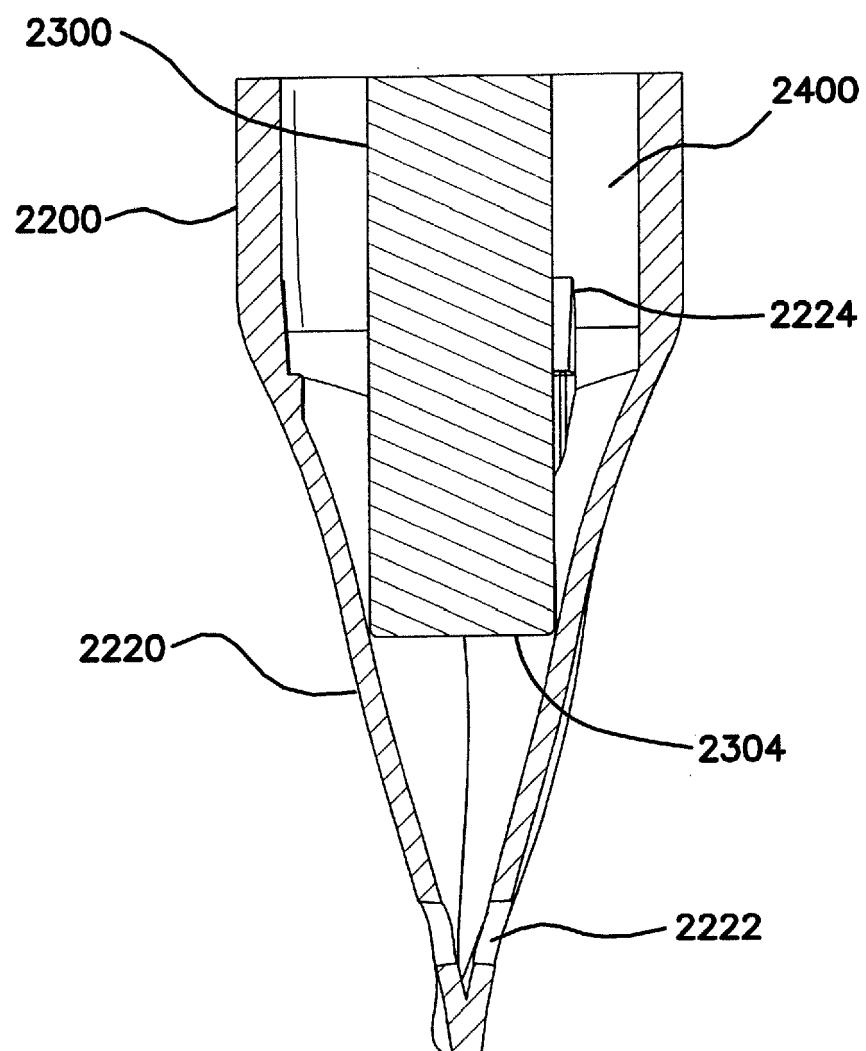


FIG. 2A

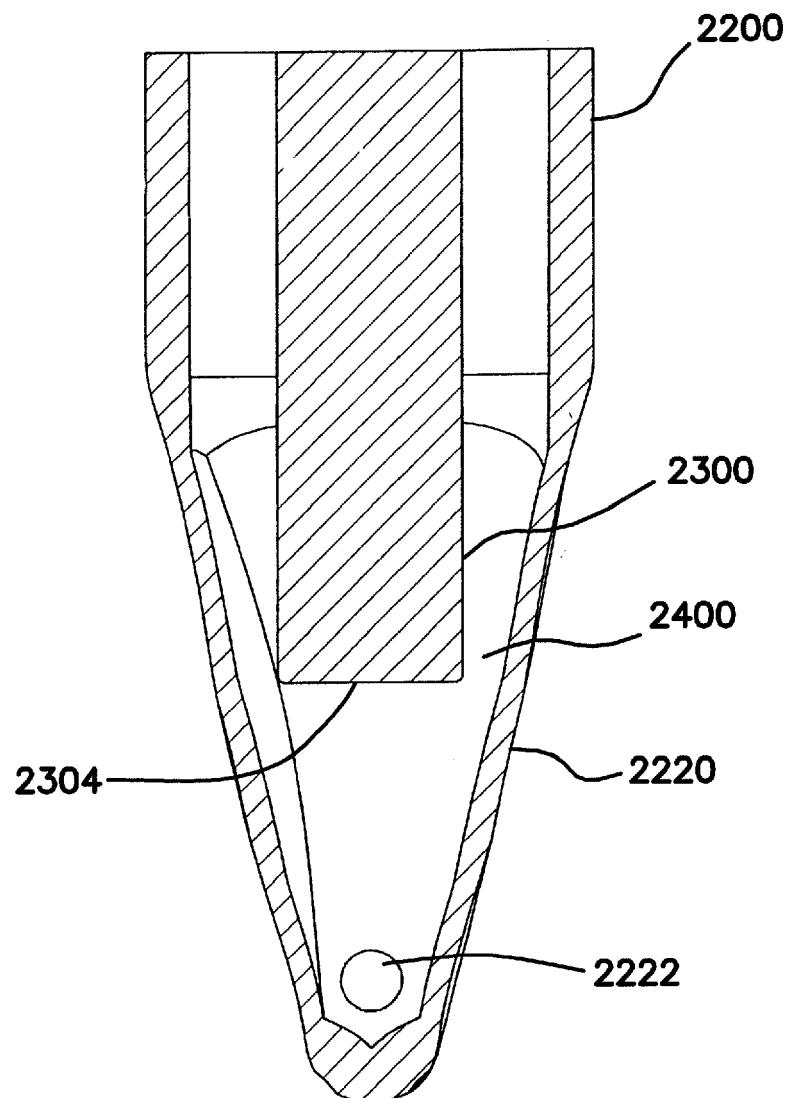


FIG. 2B

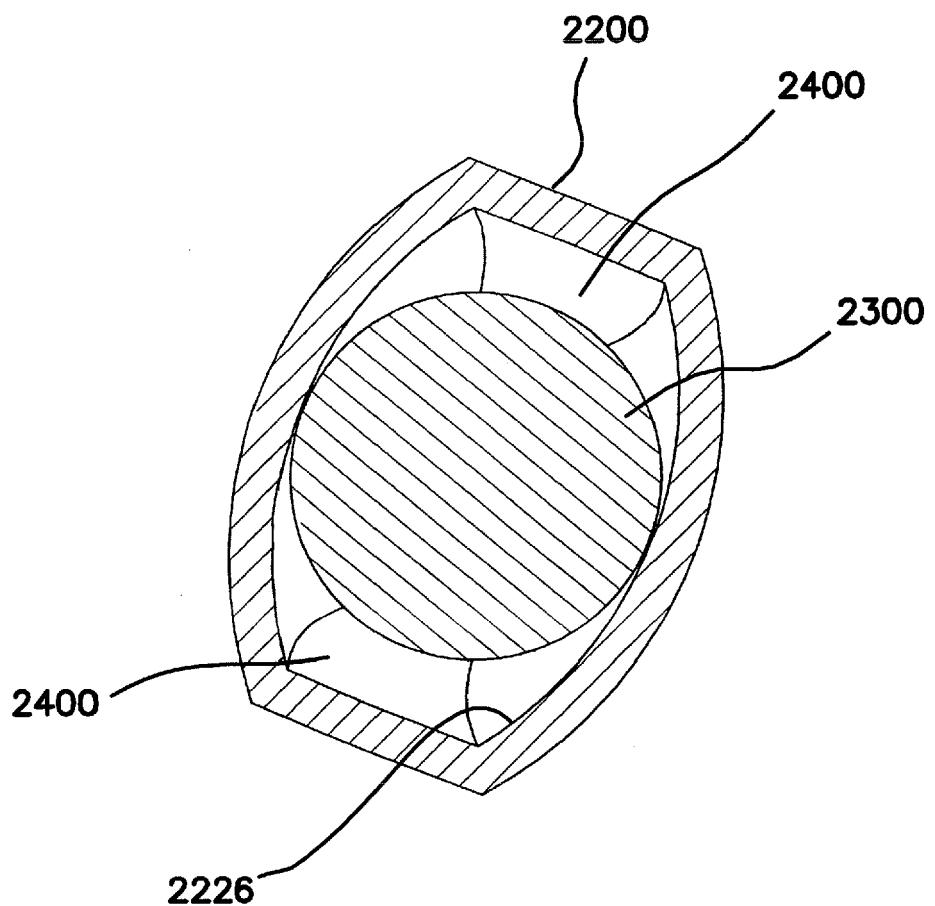
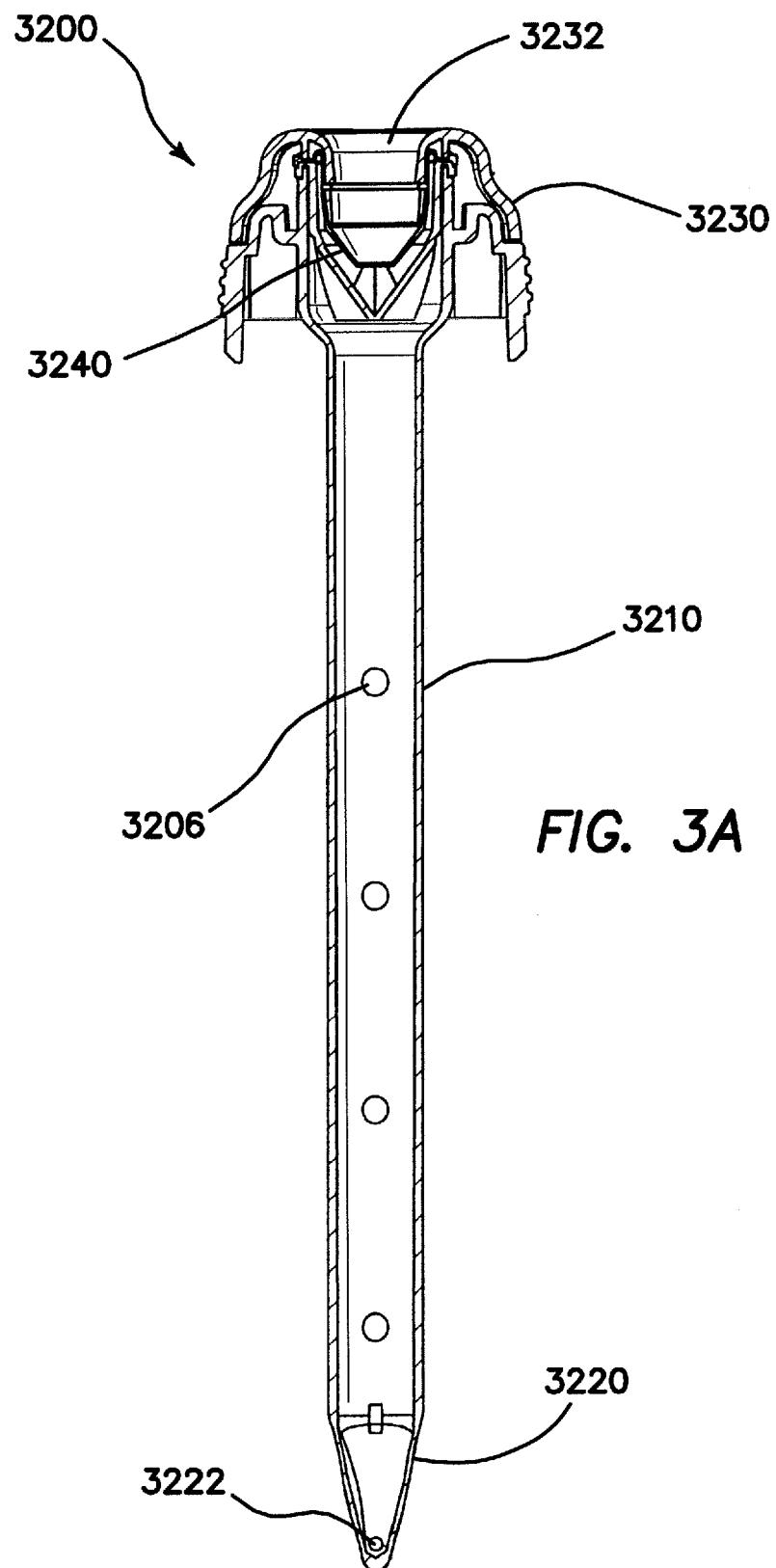


FIG. 2C



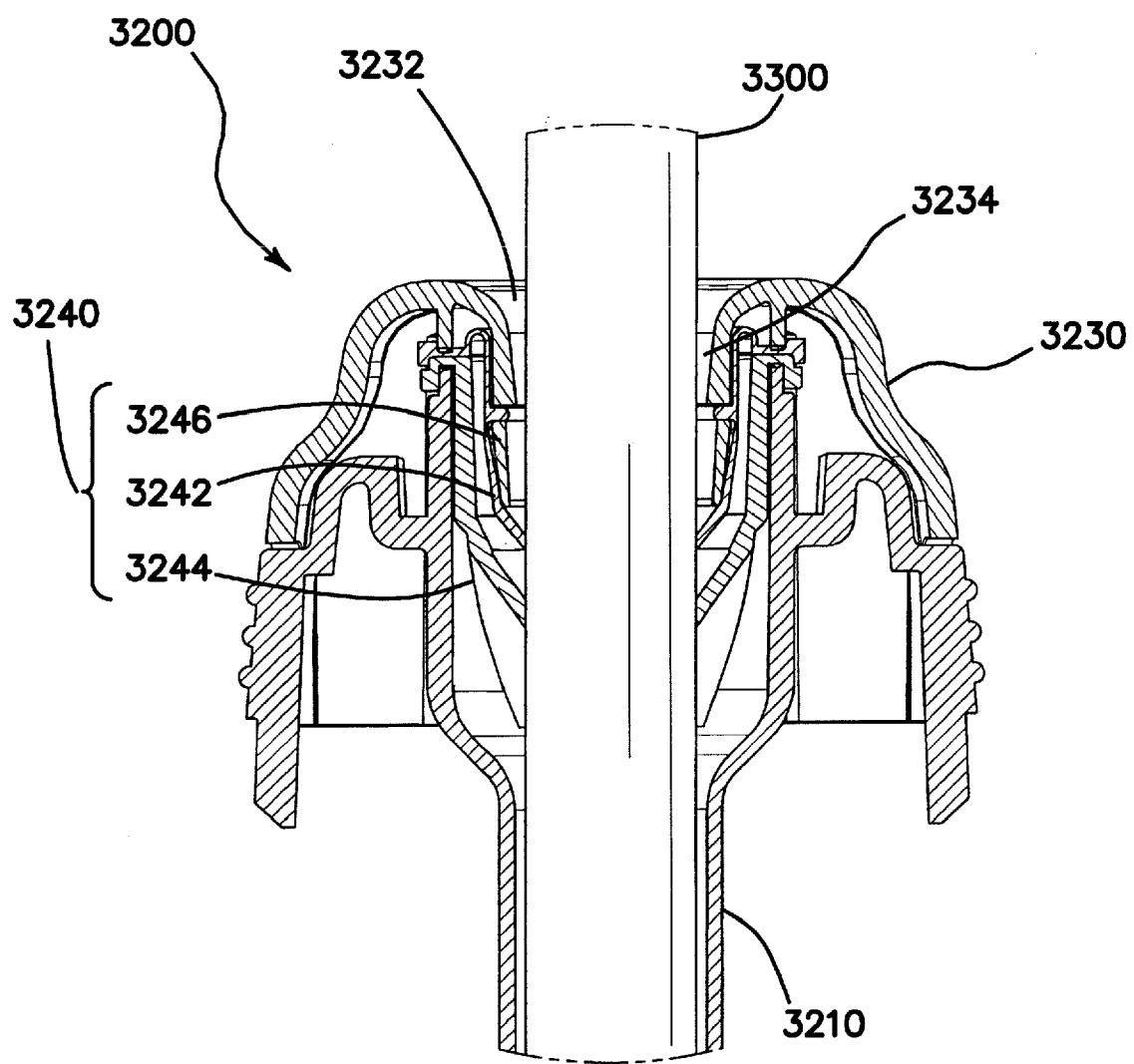


FIG. 3B



EUROPEAN SEARCH REPORT

Application Number

EP 18 15 5145

5

DOCUMENTS CONSIDERED TO BE RELEVANT			
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim	CLASSIFICATION OF THE APPLICATION (IPC)
10	A US 2008/086074 A1 (TAYLOR SCOTT V [US] ET AL) 10 April 2008 (2008-04-10) * abstract; figures 1-5,31-32 * * paragraphs [0030], [0032], [0034] * -----	1-15	INV. A61B17/34 A61B1/00 A61B1/313 A61B17/00
15	A US 2007/075465 A1 (TAYLOR SCOTT V [US] ET AL) 5 April 2007 (2007-04-05) * paragraphs [0004], [0006], [0037] - [0038] * * abstract; figures 1,7 * -----	1-15	
20	A US 2005/288622 A1 (ALBRECHT JEREMY J [US] ET AL) 29 December 2005 (2005-12-29) * abstract; figures 3,4a-4B,7B * * paragraphs [0005], [0010], [0043], [0045] - [0047] * -----	1-15	
25	A US 5 976 168 A (CHIN ALBERT K [US]) 2 November 1999 (1999-11-02) * column 4, line 66 - column 5, line 12 * -----	1-15	
30			TECHNICAL FIELDS SEARCHED (IPC)
35			A61B
40			
45			
50	1 The present search report has been drawn up for all claims		
55	Place of search The Hague	Date of completion of the search 28 March 2018	Examiner Macaire, Stéphane
CATEGORY OF CITED DOCUMENTS			
X : particularly relevant if taken alone Y : particularly relevant if combined with another document of the same category A : technological background O : non-written disclosure P : intermediate document			
T : theory or principle underlying the invention E : earlier patent document, but published on, or after the filing date D : document cited in the application L : document cited for other reasons & : member of the same patent family, corresponding document			

ANNEX TO THE EUROPEAN SEARCH REPORT
ON EUROPEAN PATENT APPLICATION NO.

EP 18 15 5145

5 This annex lists the patent family members relating to the patent documents cited in the above-mentioned European search report. The members are as contained in the European Patent Office EDP file on The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

28-03-2018

10	Patent document cited in search report	Publication date		Patent family member(s)	Publication date
15	US 2008086074 A1	10-04-2008	AU	2007303069 A1	10-04-2008
			EP	2073717 A2	01-07-2009
			EP	2984993 A1	17-02-2016
20			US	2008086074 A1	10-04-2008
			US	2013331731 A1	12-12-2013
			US	2017027609 A1	02-02-2017
			WO	2008043100 A2	10-04-2008
25	US 2007075465 A1	05-04-2007		NONE	
30	US 2005288622 A1	29-12-2005	AU	2005260071 A1	12-01-2006
			CA	2572192 A1	12-01-2006
			EP	1765197 A1	28-03-2007
			EP	2545870 A1	16-01-2013
			EP	2545871 A1	16-01-2013
			EP	2984998 A1	17-02-2016
			EP	3175804 A1	07-06-2017
			JP	5004793 B2	22-08-2012
			JP	5579772 B2	27-08-2014
35			JP	2008504886 A	21-02-2008
			JP	2012135650 A	19-07-2012
			US	2005288622 A1	29-12-2005
			US	2010210998 A1	19-08-2010
			US	2012123202 A1	17-05-2012
			US	2015367088 A1	24-12-2015
40			WO	2006004652 A1	12-01-2006
45	US 5976168 A	02-11-1999	US	5976168 A	02-11-1999
50			US	5980549 A	09-11-1999
55			US	6264670 B1	24-07-2001
			US	6277137 B1	21-08-2001

EPO FORM P0459
For more details about this annex : see Official Journal of the European Patent Office, No. 12/82

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- US 61101061 A [0001]

专利名称(译)	首次进入套管针系统		
公开(公告)号	EP3335651A1	公开(公告)日	2018-06-20
申请号	EP2018155145	申请日	2009-09-29
[标]申请(专利权)人(译)	应用医疗资源		
申请(专利权)人(译)	应用医疗资源CORPORATION		
当前申请(专利权)人(译)	应用医疗资源CORPORATION		
[标]发明人	STROKOSZ ARKADIUSZ TAYLOR SCOTT V KAHLE HENRY		
发明人	STROKOSZ, ARKADIUSZ TAYLOR, SCOTT V KAHLE, HENRY		
IPC分类号	A61B17/34 A61B1/00 A61B1/313 A61B17/00		
CPC分类号	A61B1/313 A61B17/00234 A61B17/3417 A61B17/3474 A61B90/36 A61B90/361 A61B2017/00902 A61B2017/00907 A61B2017/3454 A61B1/00154 A61B1/3132 A61B17/0218 A61B17/3423 A61B17 /3496 A61B2017/3419		
优先权	61/101061 2008-09-29 US PCT/US2009/058792 2009-09-29 WO		
其他公开文献	EP3335651B1		
外部链接	Espacenet		

摘要(译)

外科手术进入系统包括套管针，可滑动地插入到套管针中的吹入光学填塞器，以及可滑动地插入到闭塞器中的腹腔镜。该闭塞器的远端包括尖端，尖端的至少一部分包括具有大体均匀厚度的壁，该壁包括透明材料。设置在闭塞器顶端的至少一个通气孔流体地连接到由闭塞器和腹腔镜的内表面限定的气体流动通道，腹腔镜流体地连接到设置在套管针近端处的注入气体入口。改进的套管针系统的光学特性允许其精确且准确地视觉放置到体腔中。因此，进入系统适合作为第一入口手术进入系统。套管针入口的实施例对于药物输送和/或流体和/或组织抽吸也是有用的。

