



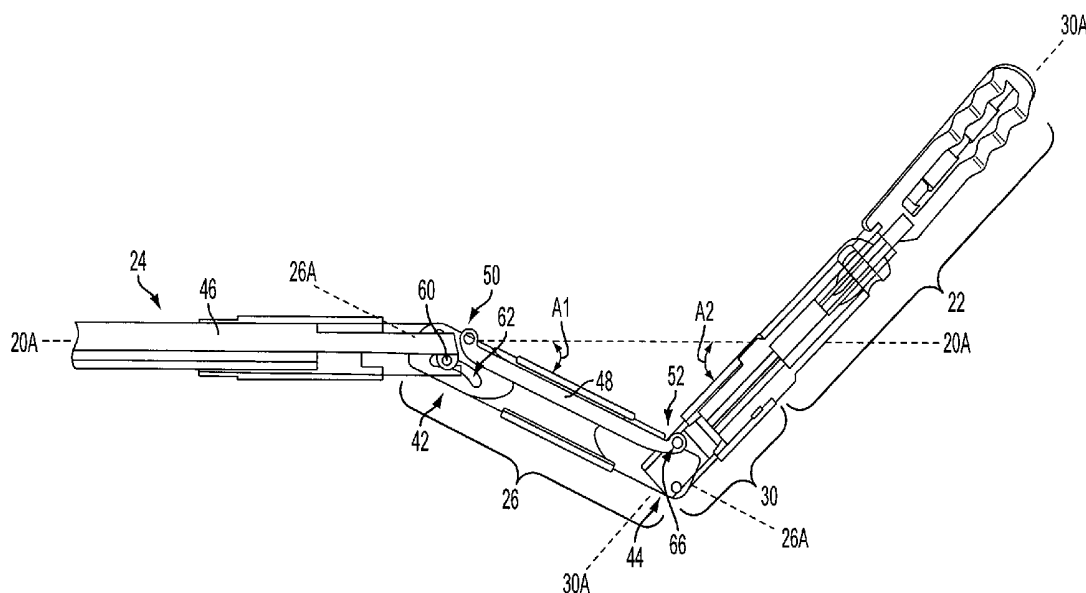
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(19) **United States**(12) **Patent Application Publication**  
**Stokes et al.**(10) **Pub. No.: US 2011/0087236 A1**(43) **Pub. Date: Apr. 14, 2011**(54) **LAPAROSCOPIC DEVICE WITH  
COMPOUND ANGULATION****Related U.S. Application Data**

(60) Provisional application No. 61/249,780, filed on Oct. 8, 2009.

**Publication Classification**(51) **Int. Cl.**  
**A61B 19/00** (2006.01)(52) **U.S. Cl.** ..... **606/130**(57) **ABSTRACT**

Methods and devices are provided for performing minimally invasive surgical procedures. In one embodiment, a surgical device is provided that includes an elongate shaft having a distal portion configured to be movable between a first configuration in which the distal portion of the shaft is substantially straight or linear and a second configuration in which the distal portion of the shaft is bent at a compound angle. The shaft's distal portion can be configured to be articulated in a wide range of compound angles and can be configured to be selectively locked in a fixed position anywhere within that range.

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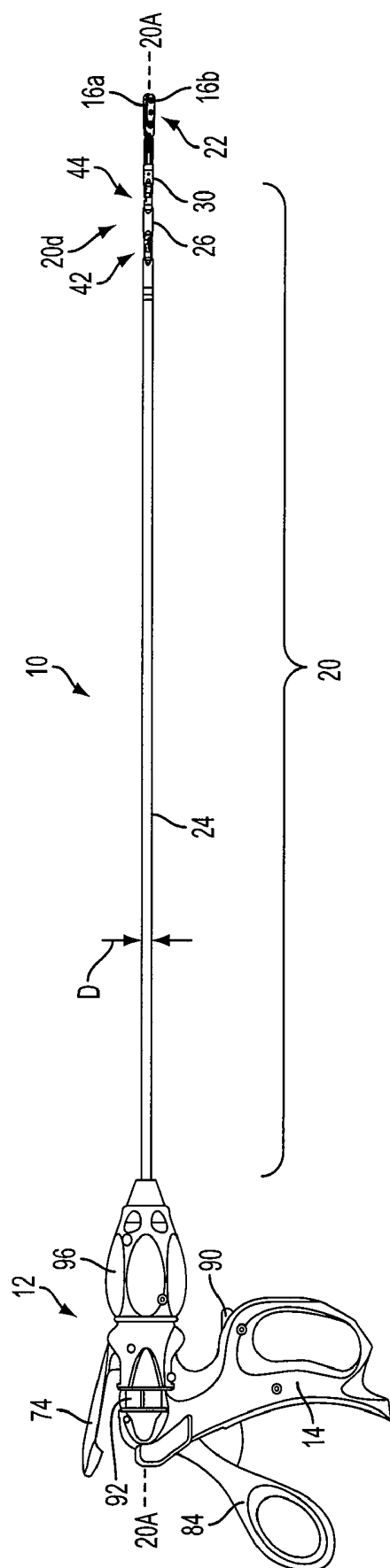


Fig. 1

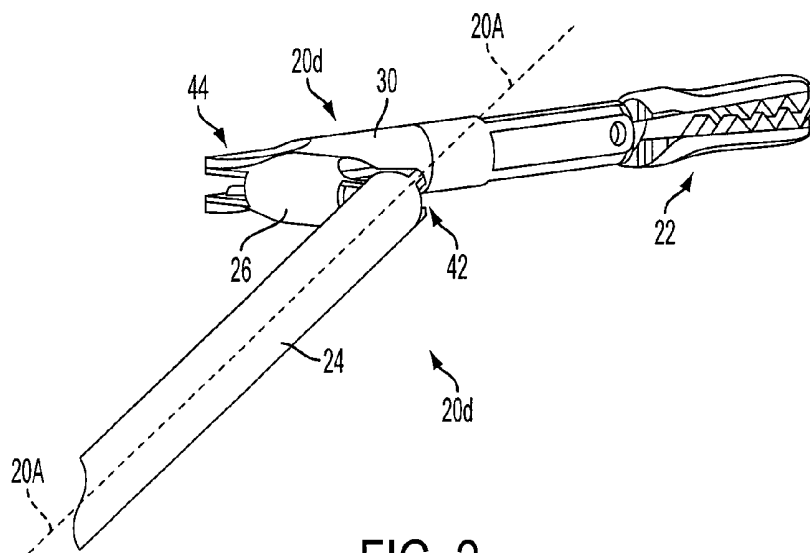


FIG. 2

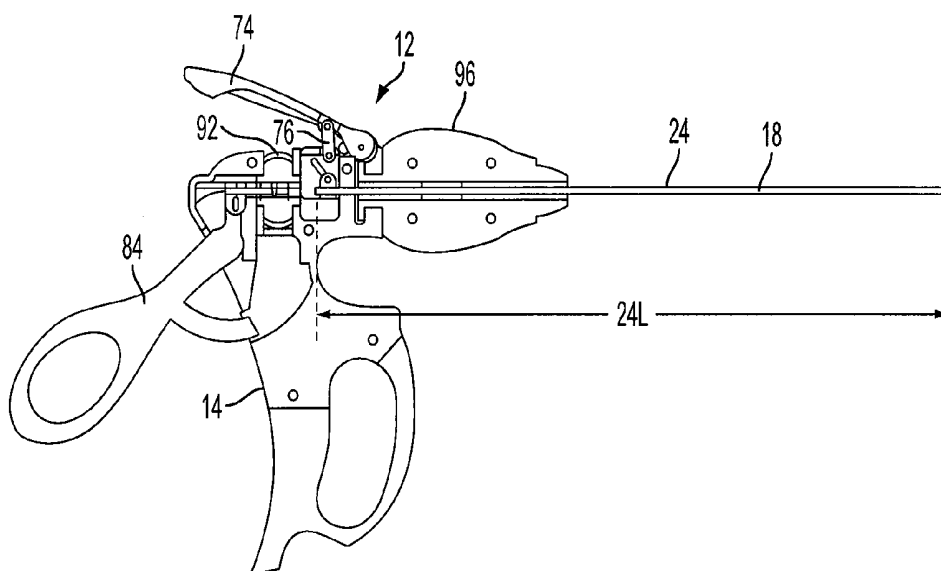


FIG. 3

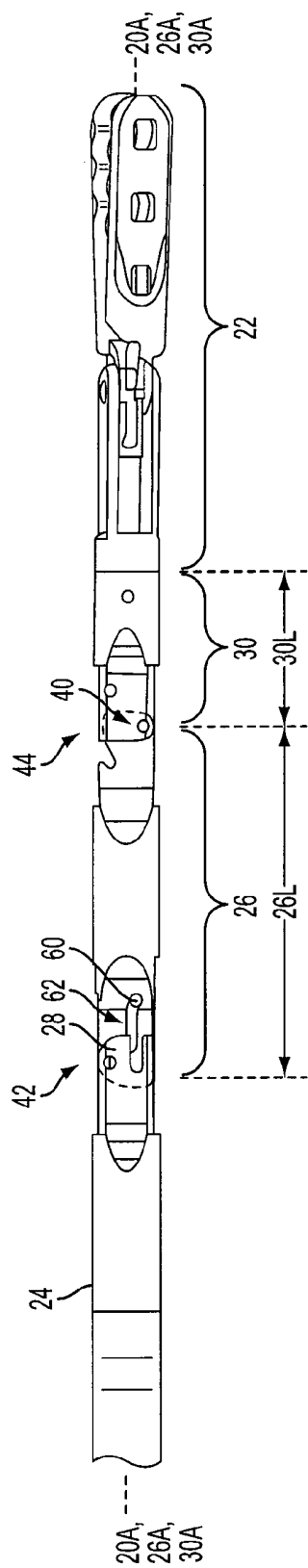


FIG. 4

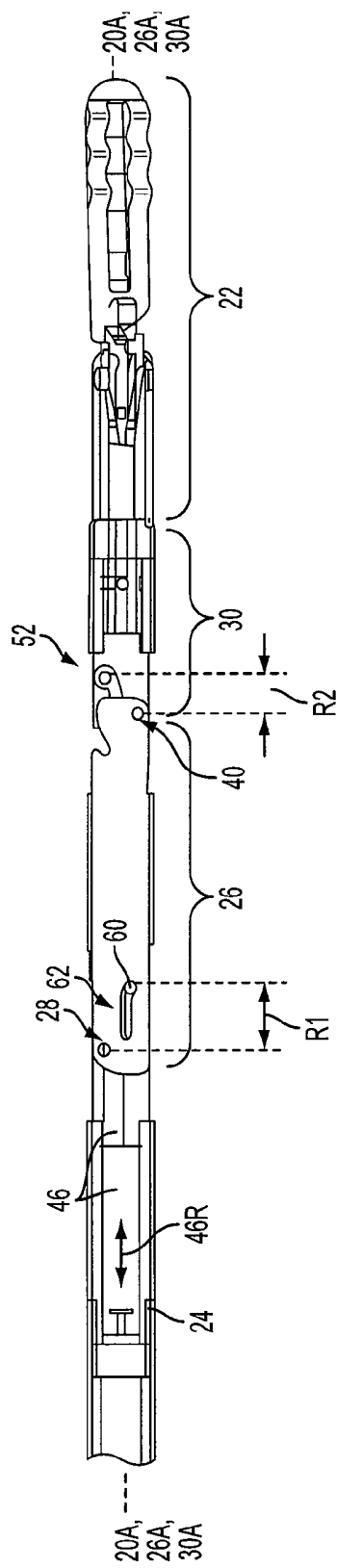


FIG. 5

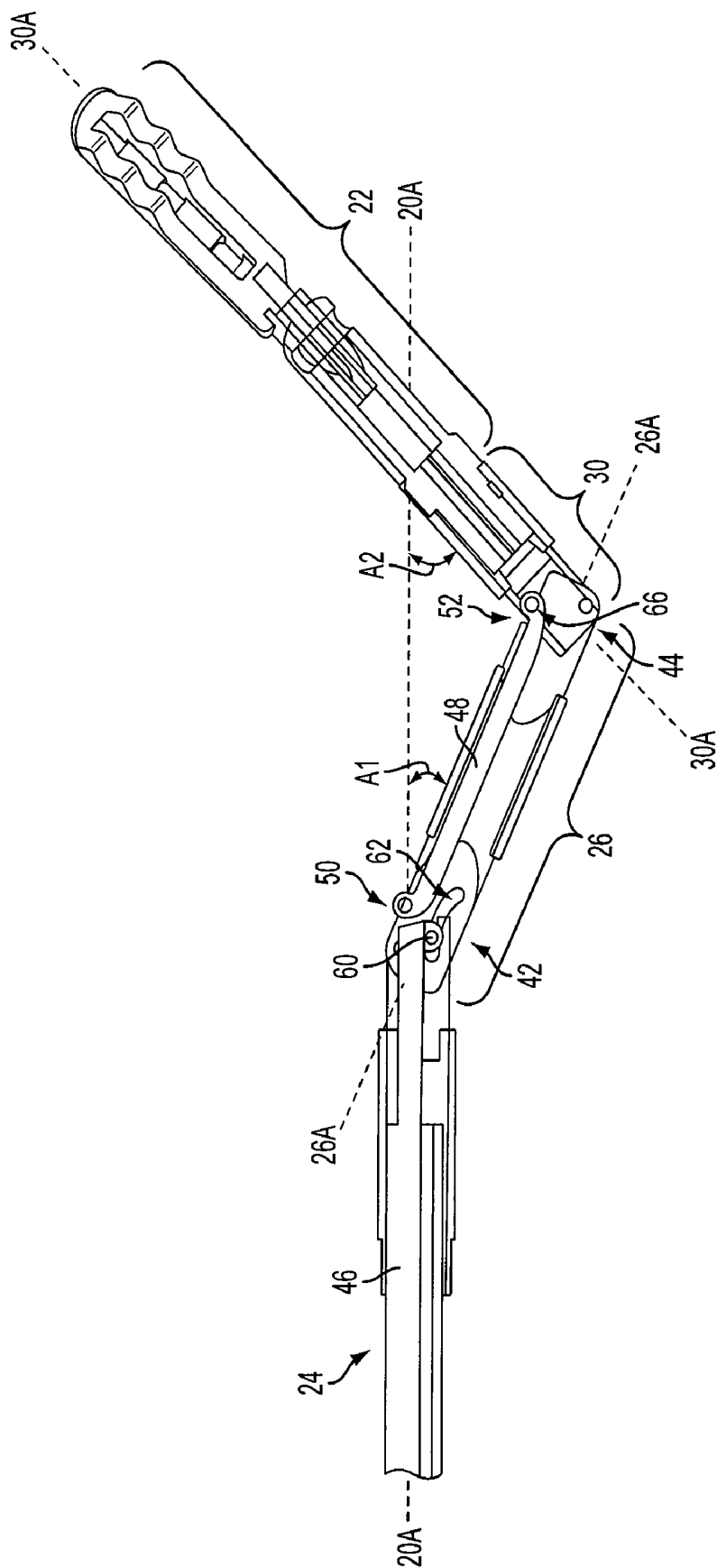


FIG. 6

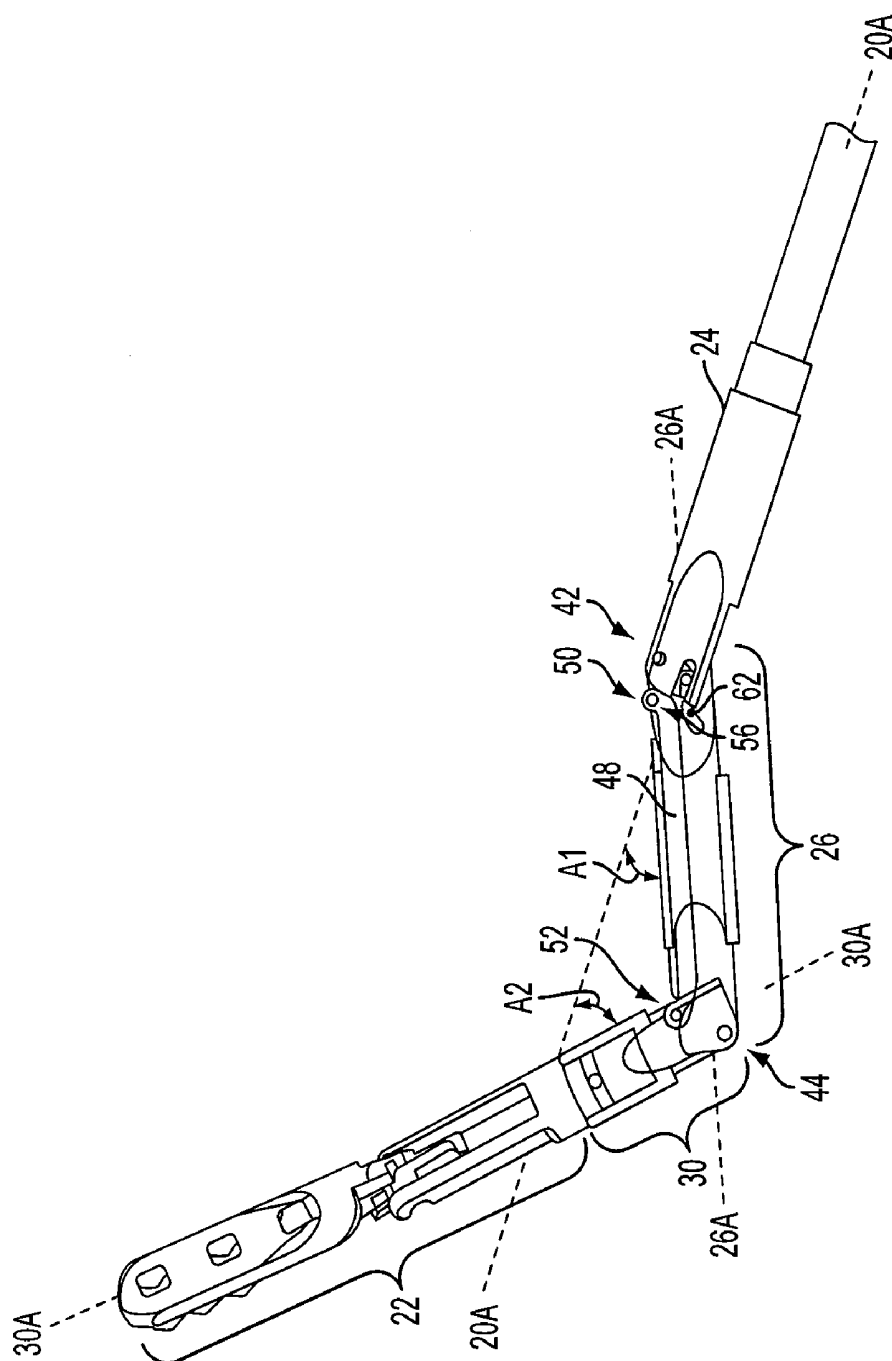


FIG. 7

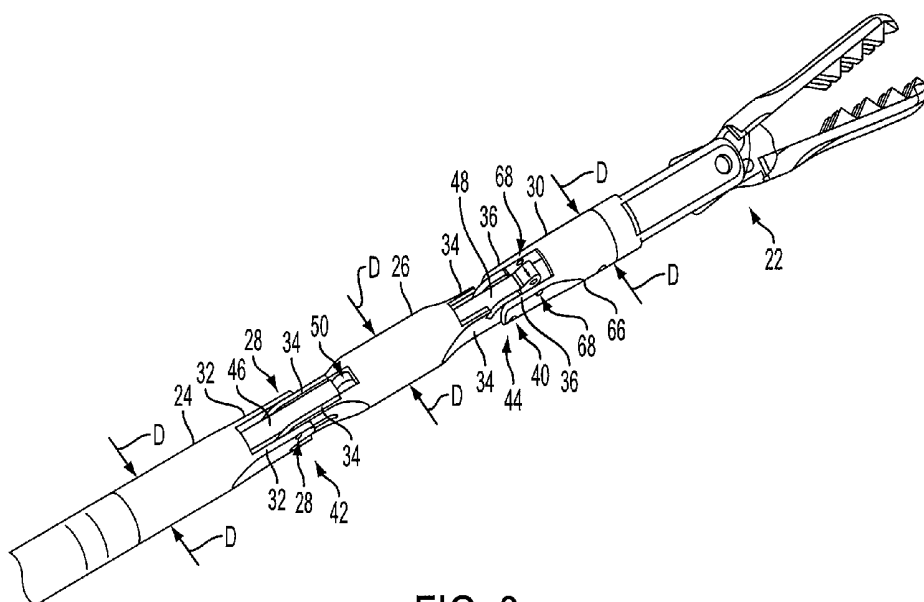


FIG. 8

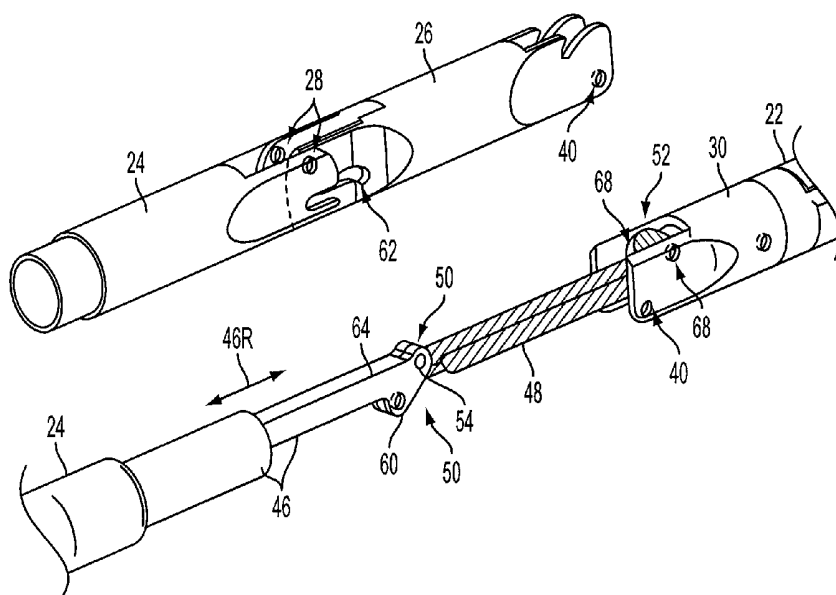


FIG. 9

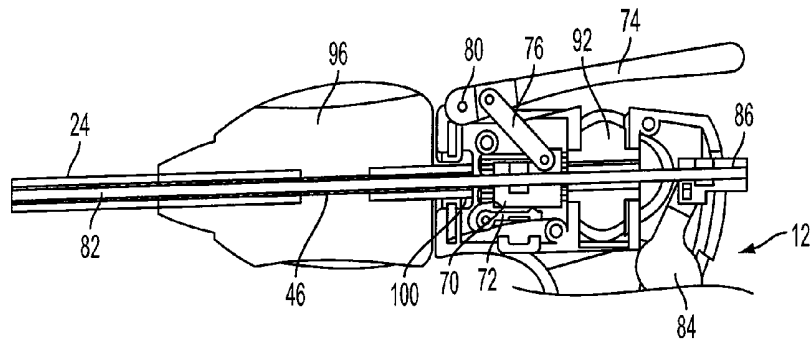


FIG. 10

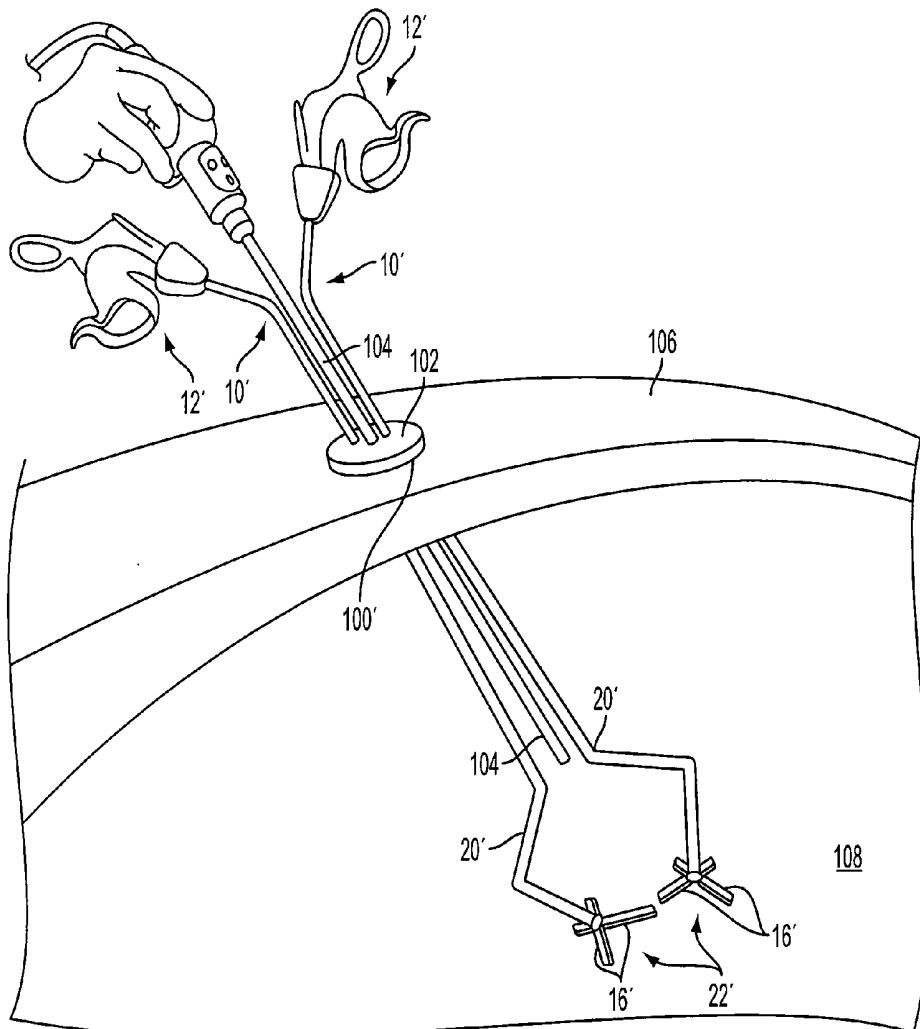


FIG. 11



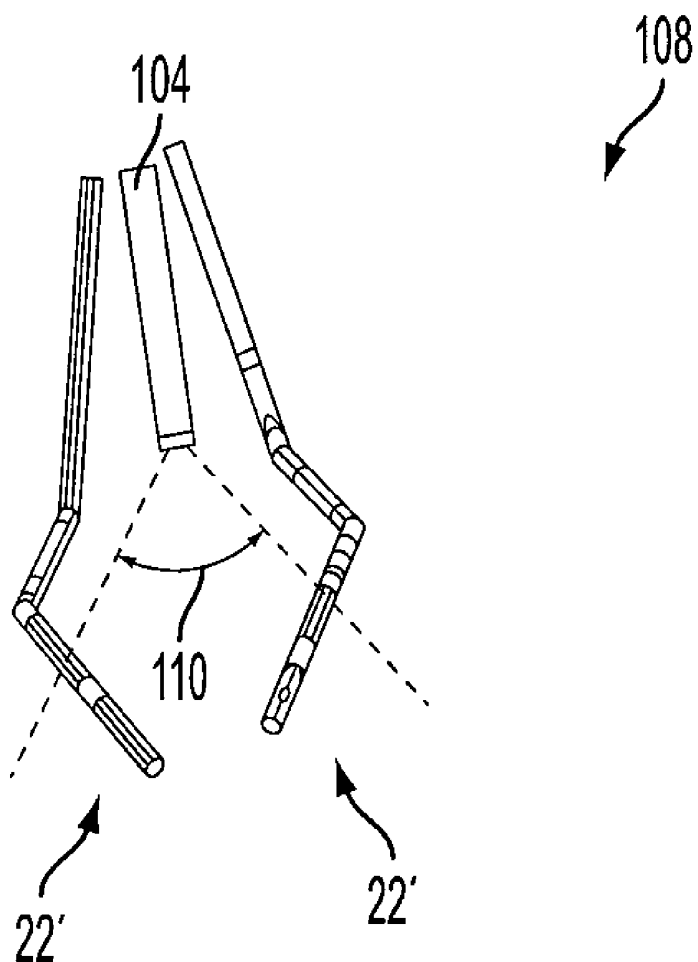


FIG. 12

## LAPAROSCOPIC DEVICE WITH COMPOUND ANGULATION

### CROSS REFERENCE TO RELATED APPLICATIONS

[0001] The present application claims priority to U.S. Provisional application No. 61/249,780 filed on Oct. 8, 2009 and entitled "Articulatable Laparoscopic Tools," which is hereby incorporated by reference in its entirety.

### FIELD OF THE INVENTION

[0002] The present invention relates to methods and devices for performing minimally invasive surgical procedures.

### BACKGROUND OF THE INVENTION

[0003] Many surgical procedures involve inserting various instruments through the working channel of a surgical access device. The instruments are used to view, engage, and/or treat tissue within a body cavity or other surgical site to achieve a diagnostic or therapeutic effect. In laparoscopic abdominal procedures for example, the abdominal cavity is generally insufflated with CO<sub>2</sub> gas to a pressure of around 15 mm Hg. The abdominal wall is pierced and a plurality of tubular cannulas, each defining a working channel, are inserted at various points into the abdominal cavity. A laparoscopic telescope connected to an operating room monitor can be used to visualize the operative field and can be placed through one of the cannulas. Other laparoscopic instruments such as graspers, dissectors, scissors, retractors, etc. can be placed through the other cannula(s) to facilitate various manipulations by the surgeon. In this type of procedure, because of the positioning of the cannulas, it can be relatively easy to "triangulate" the tips of two separate instruments, e.g., bring the tips together at a single point within the abdominal cavity. For example, a first instrument could be passed through a cannula in the left side of the patient's abdomen and operated with the surgeon's left hand while a second instrument could be passed through another cannula in the right side of the patient's abdomen and operated with the surgeon's right hand. The surgeon can then easily bring the tips of the two instruments together at an internal point, e.g. in the center of the patient's abdomen. A laparoscope viewing instrument can also be passed through a third cannula, positioned for example in the center of the patient's abdomen, such that the tips of the two instruments can be easily visualized from above.

[0004] In other surgical procedures, however, visualization and triangulation is not as straightforward. For example, in Single Incision Laparoscopic Surgery (SILS) or Single Site Laparoscopic Surgery (SSLs), a single laparoscopic entry point is formed, e.g., through the navel. An access device having one or more working channels, and typically a plurality of working channels, is then installed in the entry point and all instruments required for performing the surgery are inserted through this same access device. In such procedures, the elongate shafts of the various instruments end up being generally parallel to one another while inserted through the access device. This can make it very difficult to triangulate the tips of two instruments within the abdominal cavity, especially if the instruments do not have distal articulation capabilities. In addition, since the viewing scope is inserted generally along the same axis as the various other instruments, it can be difficult or impossible to see the tips of the instruments.

Furthermore, the handles of the various instruments often end up being positioned in close proximity to one another and create a so-called "chopstick" effect, which describes interference between the surgeon's hands, between the surgeon's hands and the instruments, and between the instruments. Interference between the handles and/or the positioning of the handles can limit maneuverability and/or lead to discomfort for the surgeon. These problems can unduly lengthen the duration of the surgery, potentially increasing the risk of patient complications. Also, in cases where it is impossible to achieve adequate triangulation and/or visualization, a second or even third entry point must be formed, increasing trauma to the patient and creating additional scars.

[0005] Even in multiple-incision procedures or where triangulation and visualization is possible (e.g., where one or more of the devices includes a distal articulation capability), triangulation, visualization, comfort, and maneuverability can still be sub-optimal.

[0006] Accordingly, there is a need for methods and devices which allow laparoscopic procedures to be performed with an enhanced ability to triangulate and visualize surgical instruments and with improved surgeon comfort and instrument maneuverability.

### SUMMARY OF THE INVENTION

[0007] The present invention generally provides methods and devices for performing minimally invasive surgical procedures. In one embodiment, an articulating laparoscopic device is provided that includes an elongate shaft having first and second articulation joints such that the shaft is configured to form compound angles, an end effector coupled to a distal end of the elongate shaft and positioned distal of the first and second articulation joints, and an articulator element extending through the elongate shaft and configured to rigidly maintain the elongate shaft in a plurality of positions in which the elongate shaft has compound angles.

[0008] The articulator element can have a variety of configurations, and in one exemplary embodiment the articulator element can be rigid. At least a portion of the articulator element can translate longitudinally relative to the elongate shaft, and at least a portion of the articulator element can translate laterally relative to the elongate shaft. The articulator element can include a plurality of sections, such as first and second articulation rods extending through the elongate shaft and being pivotally coupled to one another at a pivot point. The pivot point can float laterally relative to the elongate shaft. The articulator element can also include a pin that extends into a cam slot formed in a portion of the elongate shaft for guiding movement of the articulator element relative to the elongate shaft.

[0009] The elongate shaft can also have a variety of configurations. In one exemplary embodiment, the second articulation joint can be movable toward and away from a longitudinal axis of the elongate shaft, and the first articulation joint can be limited to longitudinal movement along an axis substantially parallel to the longitudinal axis of the elongate shaft. The elongate shaft can include a plurality of sections, such as a main shaft extending from a handle, a first linkage having a proximal end coupled to a distal end of the main shaft at the first articulation joint, and a second linkage having a proximal end coupled to a distal end of the first linkage at the second articulation joint. The first and second linkages can be movable between an initial position in which the first and second linkages are longitudinally aligned with the longitu-

dinal axis of the elongate shaft and an articulated position in which the first and second linkages are angularly oriented relative to the longitudinal axis of the elongate shaft.

**[0010]** Although the device can include any type of end effector, in one embodiment, the end effector can include graspers having opposed jaws. The elongate shaft can include a flexible actuator element extending therethrough and being effective to move the opposed jaws between a closed position and an open position.

**[0011]** In another embodiment, an articulating laparoscopic device is provided that includes an elongate shaft, a first linkage coupled to a distal end of the elongate shaft at a first articulation joint, a second linkage coupled to a distal end of the first linkage at a second articulation joint, and an articulator element having a proximal articulation rod extending through the elongate shaft and a distal articulation rod extending through the first linkage. A proximal end of the distal articulation rod can be pivotally coupled to a distal end of the proximal articulation rod at a pivot point that floats laterally relative to the elongate shaft and the first linkage, and a distal end of the distal articulation rod can be coupled to the second linkage.

**[0012]** The proximal and distal articulation rods can vary in any number of ways. In an exemplary embodiment, the proximal and distal articulation rods are rigid. The proximal articulation rod can be configured to translate longitudinally relative to the elongate shaft and the distal articulation rod can be configured to translate laterally relative to the first linkage. The proximal articulation rod can include a pin that extends into a cam slot formed in the first linkage.

**[0013]** The device can include an end effector coupled to a distal end of the second linkage. The end effector can have a variety of configurations, such as being opposed jaws. The device can include an actuator element configured to move the opposed jaws between a closed position and an open position. While the actuator element can also have a variety of configurations, in one embodiment, the actuator element can extend through the elongate shaft, the first linkage, and the second linkage and be coupled to a proximal end of the opposed jaws.

**[0014]** In another embodiment, an articulating laparoscopic device is provided that includes an elongate shaft, a first linkage having a proximal end coupled to a distal end of the elongate shaft at a first articulation joint, a second linkage having a proximal end coupled to a distal end of the first linkage at a second articulation joint, an end effector coupled to a distal end of the second linkage, and a rigid articulator element having a proximal portion disposed within the elongate shaft and configured to translate longitudinally relative to the elongate shaft, and a distal portion disposed within the first linkage and configured to translate laterally relative to the first linkage. The second articulation joint is movable toward and away from a longitudinal axis of the elongate shaft such that the first and second linkages are movable between an initial position in which the first and second linkages are longitudinally aligned with the longitudinal axis of the elongate shaft and an articulated position in which the first and second linkages are angularly oriented relative to the longitudinal axis of the elongate shaft.

**[0015]** While the articulator element can have a variety of configurations, in an exemplary embodiment, the articulator element can be configured to rigidly maintain the first and second linkages in a fixed angular orientation through an entire range of motion of the first and second linkages

between the initial and articulated positions. The proximal portion of the articulator element can be coupled to the distal portion of the articulator element at a pivot point that is movable laterally relative to the elongate shaft and the first linkage.

#### BRIEF DESCRIPTION OF THE DRAWINGS

**[0016]** The invention will be more fully understood from the following detailed description taken in conjunction with the accompanying drawings, in which:

**[0017]** FIG. 1 is a side view of a laparoscopic device including a handle and an articulatable shaft extending distally from the handle, the shaft being in a straight configuration and having an end effector coupled to a distal end thereof;

**[0018]** FIG. 2 is a perspective view of a distal portion of the shaft of FIG. 1 showing the shaft in an articulated configuration;

**[0019]** FIG. 3 is a partial, side cross-sectional view of the device of FIG. 1;

**[0020]** FIG. 4 is a partial, side view of a distal portion of the shaft of FIG. 1;

**[0021]** FIG. 5 is a cross-sectional view of the distal portion of the shaft of FIG. 4;

**[0022]** FIG. 6 is a cross-sectional view of the distal portion of the shaft of FIG. 4 showing the shaft in an articulated configuration;

**[0023]** FIG. 7 is another cross-sectional view of the distal portion of the shaft of FIG. 4 showing the shaft in an articulated configuration;

**[0024]** FIG. 8 is a perspective view of the distal portion of the shaft of FIG. 4;

**[0025]** FIG. 9 is an exploded, partial view of a distal portion of the shaft of FIG. 1;

**[0026]** FIG. 10 is a partial, side cross-sectional view of the handle of FIG. 1;

**[0027]** FIG. 11 is a perspective, partially cross-sectional view of a surgical access device positioned within a tissue opening and having two laparoscopic devices and a scoping device inserted therethrough and positioned within a body cavity, the laparoscopic devices each having a shaft in an articulated configuration; and

**[0028]** FIG. 12 is a side view of distal portions of the laparoscopic devices and the scoping device of FIG. 11 positioned in the body cavity.

#### DETAILED DESCRIPTION OF THE INVENTION

**[0029]** Certain exemplary embodiments will now be described to provide an overall understanding of the principles of the structure, function, manufacture, and use of the devices and methods disclosed herein. One or more examples of these embodiments are illustrated in the accompanying drawings. Those skilled in the art will understand that the devices and methods specifically described herein and illustrated in the accompanying drawings are non-limiting exemplary embodiments and that the scope of the present invention is defined solely by the claims. The features illustrated or described in connection with one exemplary embodiment may be combined with the features of other embodiments. Such modifications and variations are intended to be included within the scope of the present invention.

**[0030]** Various exemplary devices and methods are provided for performing minimally invasive surgical procedures. In general, the devices and methods allow a shaft of a surgical

instrument to form a compound angle, thereby facilitating optimal positioning of a working distal end of the instrument relative to a surgical site. In an exemplary embodiment, a laparoscopic device includes an elongate shaft having a distal portion configured to be movable between a first configuration in which the distal portion of the shaft is substantially straight or linear and a second configuration in which the distal portion of the shaft is bent at a compound angle. The shaft's distal portion can be configured to be articulated in a wide range of compound angles, and it can be configured to be selectively locked in a fixed position anywhere within that range, thereby allowing the device to be easily held in a desired bent position. The device can thus be inserted into a patient's body with the shaft in the first configuration, and it can be subsequently manipulated to move the shaft from the first configuration to the second configuration to allow the device's working distal end, e.g., an end effector, to be optimally angled within the body relative to a surgical site and/or any other surgical instruments at the surgical site. The shaft can also be configured to move from the second configuration to the first configuration to ease removal of the device from the patient. Such a configuration can be particularly advantageous where two or more instruments are inserted into a patient's body cavity through the same entry port in tissue because it can allow for triangulation. In particular, distal tips of the instruments can be brought together at a single point within the body cavity, even though the instruments' shafts extend generally parallel to one another.

[0031] A person skilled in the art will appreciate that while the methods and devices are described in connection with laparoscopic procedures in which one or more surgical instruments are inserted into a patient's body through an artificial opening, e.g., an incision, the methods and devices disclosed herein can be used in numerous surgical procedures and with numerous surgical instruments. By way of non-limiting example, the methods and devices can be used in open surgical procedures.

[0032] A person skilled in the art will also appreciate that the devices disclosed herein can be inserted into a body in any way, such as through a natural orifice, through an incision or puncture hole formed in tissue, etc. The devices can be inserted directly into a patient's body or can be inserted through an access device having a working channel through which a shaft of a surgical instrument can be advanced. A person skilled in the art will further appreciate that an access device can be configured to allow insertion of a single surgical instrument therethrough, such as with a straight cannula, or to allow simultaneous insertion of multiple instruments therethrough, such as with a surgical access device having multiple sealing ports each defining a working channel. Devices disclosed herein can alternatively or additionally be introduced into a body through an auxiliary passageway along the outside of a scoping device or other surgical instrument, as will be appreciated by a person skilled in the art. Exemplary embodiments of a surgical instrument that provides such an auxiliary passageway are described in more detail in U.S. Pat. No. 7,615,005 issued Nov. 10, 2009 entitled "Medical Apparatus For Use With An Endoscope," which is hereby incorporated by reference in its entirety.

[0033] In an exemplary embodiment, shown in FIG. 1, a surgical device 10 is provided that includes a proximal handle 12 having an elongated, tubular shaft 20 extending distally therefrom. The shaft 20 can have a working element or end effector 22, generally referred to as an "end effector," at a

distal end thereof. The end effector 22 in the illustrated embodiment includes a tissue grasper having a pair of opposed jaws 16a, 16b configured to move between open and closed positions, but as will be appreciated by a person skilled in the art, the end effector 22 can include any tool, e.g., a grasper, a dissector, scissors, forceps, a retractor, a light, etc. As discussed further below, the handle 12 can be configured to operate the end effector 22 and to articulate and/or rotate the shaft 20.

[0034] Generally, the shaft 20 can be configured to be movable between a linear or straight configuration, generally referred to as a "straight configuration," in which the shaft 20 extends substantially along a longitudinal axis 20A thereof, as illustrated in FIG. 1, and an articulated, bent, or compound angle configuration, generally referred to as an "articulated configuration," in which portions of the shaft 20 do not extend parallel to the longitudinal axis 20A. In the illustrated exemplary embodiment, the shaft 20 is not biased to either the straight configuration or the articulated configuration, although as will be appreciated by a person skilled in the art, the shaft 20 can be biased to one of the configurations, e.g., using a bias spring. Although any portion of the shaft 20 can be articulated or bent to misalign the shaft 20 from its longitudinal axis 20A, in an exemplary embodiment, as shown in FIG. 2, a distal portion 20d of the shaft 20 can be configured to articulate to form a compound angle. Although the shaft 20 can be configured to bend any number of times to form a compound angle, the shaft 20, as in the illustrated embodiment, can be articulated at first and second articulation joints 42, 44 to form a triangulated compound angle, as discussed in further detail below.

[0035] The shaft 20 can have a variety of sizes, shapes, and configurations. The shaft 20 can be rigid, flexible, or a combination thereof, but in an exemplary embodiment it is rigid, e.g., made from a generally non-bendable material such as a hard polymer or titanium. Portions of the shaft 20 can be less flexible or more rigid than a remainder of the shaft 20 to facilitate insertion through tissue and/or operation of the end effector 22. As mentioned above, the shaft 20 can be tubular, and it can have an inner lumen 18 extending through at least a proximal portion thereof, as shown in FIG. 3.

[0036] The shaft 20 can have any longitudinal length, although in an exemplary embodiment it is long enough to allow the handle 12 to be manipulated outside a patient's body when the shaft 20 extends through an opening in the body with the end effector 22 disposed within a body cavity. In this way, the shaft 20 and the end effector 22 can be easily manipulated when the device 10 is in use during a surgical procedure. The shaft 20 can have any diameter D, e.g., less than or equal to about 10 mm, and more particularly less than or equal to about 5 mm, to allow for insertion of the shaft 20 through an access device, such as during a laparoscopic surgical procedure. The end effector 22 mated to the shaft's distal end can have a diameter equal to or less than the shaft's diameter D, at least when the jaws 16a, 16b are in a closed position, to further facilitate insertion of the device's distal portion into a patient's body.

[0037] In an exemplary embodiment, the shaft 20 can be substantially cylindrical to help the shaft 20 pass smoothly into a body. The shaft 20 can have any constant or varying shape along its longitudinal length, and the shaft's diameter D can be uniform or non-uniform along its longitudinal length. In an exemplary embodiment, as shown in FIGS. 1 and 8, the shaft 20 can have a substantially uniform diameter D along its

longitudinal length except at one or both of the articulation joints **42**, **44**, which can have diameters that differ from the shaft's diameter **D**, as discussed further below.

**[0038]** The shaft **20** can include a plurality of sections, segments, or linkages, generally referred to as "linkages," along the shaft's longitudinal length to facilitate articulation of the shaft **20**. As shown in the embodiment illustrated in FIGS. **1**, **2**, and **4-8**, the shaft **20** can include a proximal elongate shaft **24**, a first linkage **26** coupled to a distal end of the proximal shaft **24**, and a second linkage **30** coupled to a distal end of the first linkage **30**. While two shaft linkages are illustrated in FIGS. **1**, **2**, and **4-8**, a person skilled in the art will appreciate that in other embodiments, the shaft can include any number of linkages.

**[0039]** The proximal shaft **24** and the linkages **26**, **30** can have a variety of sizes, shapes, and configurations. For example, the proximal shaft **24** and the linkages **26**, **30** can each be in the form of a relatively rigid tubular section with the inner lumen **18** extending therethrough. As in the illustrated embodiment, the proximal shaft **24** can have a longer longitudinal length **24L** than the two linkages **26**, **30** alone or together. Also as in the illustrated embodiment, a longitudinal length **26L** of the first linkage **26** can be longer than a longitudinal length **30L** of the second linkage **30**. Alternatively, the longitudinal length **30L** of the second linkage **30** can be larger than the longitudinal length **26L** of the first linkage **26**, or the first and second linkages **26**, **30** can have substantially equal longitudinal lengths **26L**, **30L**. As shown in FIG. **3**, a proximal portion of the proximal shaft **24** can be disposed within the handle **12** with a remainder of the proximal shaft **24** extending distally from the handle **12**. As shown in FIGS. **1** and **2**, the proximal shaft **24** can extend distally from the handle **12** in a generally straight line along the shaft's longitudinal axis **20A**. In other exemplary embodiments, the proximal shaft **24** can have a bend or curvature near its proximal end, such as is illustrated in another exemplary embodiment of a laparoscopic device **10'** in FIG. **11**. Such a bend or curvature can be helpful in preventing handles of two instruments from interfering with the other when two or more instruments are inserted in closely-spaced instrument openings or closely spaced trocars. As will be appreciated by a person skilled in the art, a bend or curvature in the proximal portion of the proximal shaft **24** can be fixed, or alternatively, it can be movable, such as in the form of a flexible "elbow" that can be adjusted, such as manually, at the point of use.

**[0040]** The proximal shaft **24** and the linkages **26**, **30** can be configured to facilitate smooth and controlled articulation of the shaft **20** relative to the handle **12** with the first articulation joint **42** being located between the proximal shaft **24** and the first linkage **26** to allow the proximal shaft **24** and the first linkage **26** to be angled relative to one another, and with the second articulation joint **44** being located between the first and second linkages **26**, **30** to allow the first and second linkages **26**, **30** to be angled relative to one another offset from the shaft's axis **20A**. The proximal shaft **24** and the linkages **26**, **30** can thus be configured to articulate to form a compound angle in the shaft **20**. The proximal shaft **24** can be configured to be in a fixed position along the shaft's longitudinal axis **20A** when the shaft **20** is in the straight configuration and in the articulated configuration, as shown in FIGS. **1**, **2**, and **4-8**. In contrast, the first and second linkages **26**, **30** can be configured to be longitudinally aligned with the shaft's longitudinal axis **20A** when the shaft **20** is in the straight configuration, as shown in FIGS. **1**, **4**, **5**, and **8**, and the first

and second linkages **26**, **30** can be angularly oriented relative to the shaft's longitudinal axis **20A** when the shaft **20** is in the articulated configuration, as shown in FIGS. **2**, **6**, and **7**. As mentioned above, the end effector **22** can be mated to a distal end of the shaft **20**, and in particular the distal end of the second linkage **30**, such that the end effector **22** is positioned distal to the articulation joints **42**, **44**. This can allow the end effector **22** to articulate with the second linkage **30** and thereby be angularly oriented relative to the shaft's longitudinal axis **20A** in coordination with the second linkage **30**, as illustrated in FIGS. **2**, **6**, and **7**. In this way, the shaft **20** can be inserted into a patient's body and the distal portion **20d** thereof can be articulated inside the body through actuation of the handle **12**, as discussed further below, without altering the position of a proximal portion of the shaft **20**, e.g., the proximal shaft **24**, that extends through an opening in the body, either directly or through an access device. The end effector **22** can thus be oriented to extend toward and in a facing relationship with the longitudinal axis **20A**.

**[0041]** The proximal shaft **24** and the linkages **26**, **30** can be coupled together in a variety of ways. As in the illustrated embodiment, a proximal end of the proximal shaft **24** can be fixedly or rotatably coupled to the handle **12**, and a distal end of the proximal shaft **24** can be pivotably coupled to a proximal end of the first linkage **26** at a first pivot point to partially form the first articulation joint **42**. The first linkage **26** can thereby be configured to articulate or rotate, as shown in FIG. **7**, relative to the proximal shaft **24** about the first pivot point. The first pivot point can have an axis that is generally perpendicular to the longitudinal axis **20A** of the proximal shaft **24**. The distal end of the first linkage **26** can thus be free to move radially inward toward and outward away from the shaft's longitudinal axis **20A**. The first linkage **26** and the second linkage **30** can also be coupled together in a pivotal relationship at a second pivot point to partially form the second articulation joint **44**, with the distal end of the first linkage **26** being coupled to a proximal end of the second linkage **30**. The second linkage **30** can thereby be configured to articulate or rotate relative to the first linkage **26** about the second pivot point. The first and second pivot points can each have an axis generally perpendicular to the longitudinal axis **20A** of the proximal shaft **24**. In this way, the first and second linkages **26**, **30** can both articulate in the same plane and generally parallel to one another and the proximal shaft **24**, to allow the end effector **22** to intersect or "cross" the shaft's longitudinal axis **20A**. In other words, a longitudinal axis **26A** of the first linkage **26** and a longitudinal axis **30A** of the second linkage **30** and the end effector **22** can be aligned with the longitudinal axis **20A** of the proximal shaft **24** when the shaft **20** is in the straight configuration, as shown in FIGS. **4** and **5**. When the shaft **20** is in the articulated configuration, the longitudinal axes **26A**, **30A** of the first and second linkages **26**, **30** can be transverse to the proximal shaft's longitudinal axis **20A**, at first and second angles **A1**, **A2**, respectively, as shown in FIGS. **6** and **7**, to angularly orient the end effector **22**.

**[0042]** The proximal shaft **24** and the linkages **26**, **30** can be pivotally coupled together in any way at their associated ones of the first and second pivot points, as will be appreciated by a person skilled in the art. As shown in the illustrated embodiment in FIG. **8**, the coupled ends of the proximal shaft **24** and the linkages **26**, **30** can be shaped to include respective first, second, and third pairs of spaced arms or devices **32**, **34**, **36**, generally referred to as "arms," for respectively forming the first and second articulation joints **42**, **44** between the adja-

cent proximal shaft 24 and first linkage 26 and the adjacent first and second linkages 26, 30. The diameter D of the shaft 20 at the arms 32, 34, 36 can be less than the diameter D of a remainder of the shaft 20, which can help facilitate articulation at the joints 42, 44, as discussed further below. As shown in the embodiment illustrated in FIG. 8, gaps between the second arms 34 formed on the proximal and distal ends of the first linkage 26 can be less than a gap between the first arms 32 formed on the distal end of the proximal shaft 24 and a gap between the third arms 36 formed on the proximal end of the second linkage 30 to allow the proximal and distal pairs of second arms 34 to be respectively inserted between the first and third arms 32, 36.

[0043] The arms 32, 34, 36 can be pivotally connected together in a variety of ways to movably couple the proximal shaft 24 and the linkages 26, 30, as will be appreciated by a person skilled in the art. As in the illustrated embodiment shown in FIGS. 4, 5, 8, and 9, pins (not shown) can be inserted, e.g., by press fit, through respective holes 28 formed in each set of nested first and second arms 32, 34 to form a pivot hinge-type joint located at the first articulation joint 42 between the proximal shaft 24 and first linkage 26. Similarly, pins (not shown) can be inserted through respective holes 40 formed in each set of nested second and third arms 34, 36 to form a pivot hinge-type joint located at the second articulation joint 44 between the first and second linkages 26, 30. The first and second pivot points can be laterally/radially offset from the longitudinal axis 20A of the shaft 20. As in the embodiment shown, the first and second pivot points can be offset from the shaft's central longitudinal axis, which in the illustrated embodiment is shown as the shaft's longitudinal axis 20A, by being positioned near outer edges of the proximal shaft 24 and the linkages 26, 30. The first and second pivot points can be laterally/radially offset from the shaft's central longitudinal axis 20A on opposed sides, as shown in FIGS. 4 and 5. Such opposed edge locations of the first and second pivot points can allow the first and second linkages 26, 30 to pivot in opposite directions, as illustrated in FIGS. 6 and 7. Such an arrangement can also facilitate rotation of the distal portion of first linkage 26 away from the shaft's longitudinal axis 20A and rotation of the proximal portion of the second linkage 30 away from the shaft's longitudinal axis 20A. As shown in FIGS. 6 and 7, such an arrangement can permit the end effector 22, and possibly also the distal portion of second linkage 30 depending on the size of the first and second linkages 26, 30 and on the size of the angles A1, A2, to intersect or "cross" the shaft's longitudinal axis 20A when the shaft 20 is in the articulated configuration.

[0044] Although the end effector 22 can be pivotally coupled to the second linkage's distal end such that it can pivot or articulate relative to the second linkage 30, in the illustrated embodiment, a proximal end of the end effector 22 is non-pivotally coupled to a distal end of the second linkage 30, e.g., welded, snapped, or press fit thereon, which can allow the end effector 22 to articulate with the second linkage 30 relative to the first linkage 26, the proximal shaft 24, and the handle 12. The end effector 22 can additionally or alternatively be configured to be movable relative to the second linkage 30, such as by being rotatable relative thereto and/or by opening and closing the jaws 16a, 16b, as discussed further below.

[0045] The device 10 can include an articulator element configured to articulate the shaft 20 at the first and second articulation joints 42, 44 to form a compound angle in the

shaft 20. The articulator element can have a variety of configurations, but in the illustrated embodiment the articulator element includes a rigid element extending through the shaft 20 configured to move relative thereto to bend the shaft 20 at the articulation joints 42, 44. Having a rigid articulator element can help maximize stability and rigidity of the articulation joints 42, 44 to allow the joints 42, 44 to be fixedly maintained at any angle throughout their range of motion. As shown in FIGS. 5-9, the articulator element can include a multi-bar system including a proximal rigid articulation bar or rod 46, generally referred to as a "rod," extending through the proximal shaft 24, and a distal rigid articulation bar or rod 48, generally referred to as a "rod," extending through the first linkage 26. The proximal and distal rods 46, 48 can be solid or can have one or more hollow portions, same or different from one another. A proximal end (not shown) of the proximal rod 46 can be operatively coupled to an articulation lever 74 at the handle 12, illustrated in FIGS. 1, 3, and 10 and discussed further below. A distal end of the proximal rod 46 can be pivotally coupled to a proximal end of the distal rod 48 at the proximal pivot point 50 to partially form the first articulation joint 42, while a distal end of the distal rod 48 can be pivotally coupled to a proximal end of the second linkage 30 at the distal pivot point 52 to partially form the second articulation joint 44. Although in the illustrated embodiment the proximal rod 46 extends from the handle 12 to the first linkage 26, in some embodiments, an additional rigid rod can couple to the proximal rod's proximal end and extend from the proximal rod's proximal end to the handle 12. Furthermore, as will be appreciated by a person skilled in the art, the additional rigid rod can include multiple rods.

[0046] The proximal and distal rods 46, 48 can be pivotally connected together at a proximal pivot point 50 in a variety of ways to movably couple together, as will be appreciated by a person skilled in the art. As in the illustrated embodiment shown in FIGS. 7 and 9, a pin (not shown) can be inserted, e.g., by press fit, through a pivot hole 54 formed in the distal end of the proximal rod 46 and a pivot hole 56 formed in the proximal end of the distal rod 48 to form a pivot hinge-type joint at the proximal pivot point 50 between the proximal and distal rods 46, 48. As in the illustrated embodiment, the proximal pivot point 50 can be a floating pivot point that is not fixed to the first linkage 26. In this way, the proximal pivot point 50 can be laterally movable relative to the first linkage 26 and the proximal shaft 24, e.g., movable toward and away from the first linkage's longitudinal axis 26A and the shaft's longitudinal axis 20A. The gaps between one or both of the first and second arms 32, 34 can provide adequate space for the proximal pivot point 50 to laterally move relative to the proximal shaft 24 and the first linkage 26.

[0047] The articulator element can also include at least one pin 60 that extends into at least one corresponding cam track or slot 62, generally referred to as a "slot," formed in a portion of the shaft 20 to guide movement of the proximal pivot point 50 such that the proximal pivot point 50 can remain within an envelope of motion of the shaft 20. In other words, the articulator element can allow the shaft 20 to form a compound angle without any elements of the device 10 extending substantially laterally beyond the diameter D of the shaft 20 or deviating substantially from the shaft's longitudinal axis 20A, or from the linkages' axes 26A, 30A, as shown in the embodiment illustrated in FIGS. 6 and 7. Substantially all of the articulator element, e.g., the proximal and distal rods 46, 48, can thus be contained within the proximal shaft 24 and the linkages 26, 30

throughout the shaft's range of motion, e.g., whether the shaft 20 is in the straight or the articulated configuration. In this way, when the device's distal portion is positioned within a body, the end effector 22 can be angled to approach a surgical site in a non-linear position relative to the proximal shaft 24 while reducing a likelihood of the device 10 having stray parts that could damage surrounding tissue or interfere with nearby instruments.

[0048] As in the illustrated embodiment shown in FIGS. 4-7 and 9, the articulator element can include one pin 60 and two slots 62 that slidably receive the pin 60. The slots 62 can have any size and shape configured to slidably mate with the pin 60. In the illustrated embodiment, as shown in FIGS. 4 and 5, the slots 62 have a J-shape with a linear proximal portion and a curved distal portion. The pin 60 can be inserted, e.g., by press fit, into a second hole 64 formed in the distal end of the proximal rod 46 and laterally and longitudinally offset from the proximal rod's hole 54 for pivotal coupling to the distal rod 48. The opposed slots 62 can be formed in the first linkage 26, e.g., formed in each of the first linkage's proximal pair of arms 34. The pin 60 can be positioned at a distal end of the slots 62 when the shaft 20 is in the straight configuration and can be configured to slide proximally within the slots 62 when the proximal rod 46 is actuated to articulate the shaft 20 and move the shaft 20 to the articulated configuration. Similarly, the pin 60 can be configured to slide distally within the slots 62 when the proximal rod 46 is moved distally to move the shaft 20 from the articulated configuration toward the straight configuration. The pin 60 can also be configured to rigidly maintained in any position within the slots 62 and to subsequently move proximally and/or distally within the slots 62 when the shaft 20 is articulated between different angular positions in the articulated configuration, as discussed further below.

[0049] As mentioned above, the distal end of the distal rod 48 can be pivotally coupled to the proximal end of the second linkage 30 at the distal pivot point 52, and they can be pivotally coupled together in a variety of ways, as will be appreciated by a person skilled in the art. As in the illustrated embodiment shown in FIGS. 6, 8, and 9, a pin (not shown) can be inserted through respective holes 66, 68 formed in the distal end of the distal rod 48 and the proximal end of the second linkage 30 to form the distal pivot point 52. The distal rod 48 can thus be fixed to the second linkage 30, e.g., be non-floating.

[0050] In response to selective movement of the articulation lever 74, the proximal rod 46 can be configured to move longitudinally parallel to the shaft's longitudinal axis 20A in both proximal and distal directions as shown by a double-sided directional arrow 46R in FIGS. 5 and 9. Longitudinal movement of the proximal rod 46 can be configured to impart force or motion to the distal rod 48, thereby causing the shaft 20 to bend at the first and second articulation joints 42, 44. The articulator element can thus be configured to impart a force to the proximal rod 46, e.g., by actuating the articulation lever 74, which transfers force to the distal rod 48, to articulate the shaft 20. In this way, the proximal rod 46 can be configured to translate longitudinally substantially aligned with or parallel to the shaft's longitudinal axis 20A in both proximal and distal directions relative to the shaft 20, while the distal rod 48 can be configured to translate laterally relative to the axis 20A of the shaft 20, both away from and toward the axis 20A, as the shaft 20 bends to form or to be released from a compound angle. Proximal movement of the proximal

rod 46 corresponds to movement of the shaft 20 from the straight configuration to the articulated configuration, while distal movement of the proximal rod 46 corresponds to movement of the shaft 20 from the articulated configuration toward the straight configuration. The proximal rod 46 can also be moved proximally and/or distally to move the shaft 20 from one articulated configuration to another articulated configuration, e.g., between different compound angles. The degree of the compound angle formed by the pivoting proximal shaft 24 and linkages 26, 30 can be varied by varying the pulling force on proximal rod 46. Varying the size of the compound angle can change the direction of approach of end effector 22 to an intended site, which can assist in allowing for more precise positioning of the end effector 22. A person skilled in the art will appreciate that the force imparted from the proximal rod 46 to the distal rod 48 can be simultaneous despite the presence of minimal delays in articulation as forces translate along the actuator element.

[0051] With the shaft 20 in the articulated configuration, a compound angle is formed, with the axes 20A, 26A, 30A of the proximal shaft 24 and linkages 26, 30 intersecting one another. The axes 20A, 26A, 30A of the proximal shaft 24 and linkages 26, 30 can, however, all lie within a common plane.

[0052] FIGS. 4-7 illustrate a compound angle formed by the proximal shaft 24 and the linkages 26, 30, as well as movement of the proximal and distal rods 46, 48 as the proximal shaft 24 and the linkages 26, 30 pivot at the first and second articulation joints 42, 44. As shown in FIG. 5, when the shaft 20 is in the straight configuration, the connection between the proximal rod 46 and the first linkage 26 is spaced from the connection between the proximal shaft 24 and the first linkage 26 by a first distance R1. Likewise, when the shaft 20 is in the straight configuration, the connection between the distal rod 48 and the second linkage 30 is spaced from the connection between the first and second linkages 26, 30 by a second distance R2. As the proximal rod 46 is pulled proximally by a driving force in the handle 12, e.g., by squeezing the articulation lever 74, the proximal rod 46 in turn pulls proximally on the distal rod 48. As the rods 46, 48 are pulled proximally, the rods 46, 48 apply a pulling force on the first and second linkages 26, 30. The opposing, off-center locations of the pivot points between the proximal shaft 24 and the linkages 26, 30, as well as off-center and opposing locations of the pivot connections between the rods 46, 48 and the first and second linkages 26, 30, can result in the first and second linkages 26, 30 pivoting/rotating in opposite directions, relative to the shaft's longitudinal axis 20A, in response to the pulling force of the rods 46, 48, as shown in FIGS. 6 and 7. The first distance R1 dynamically reduces as the rods 46, 48 move proximally and the pin 60 slides proximally in the slots 62.

[0053] As shown in FIGS. 6 and 7 and as mentioned above, the pivoting first and second linkages 26, 30 can form a pair of angles A1, A2 when the shaft 20 is in the articulated configuration. The measure of the first and second angles A1, A2 can depend, at least in part, upon the first and second distances R1, R2 between the respective pivot connections, with each of the angles A1, A2 being determined separately by their associated distances R1, R2. A range for the compound angle formed by the first and second angles A1, A2 can be determined by the first and second distances R1, R2, with the distance R2 between the distal pivot connections being less than or equal to the distance R1 between the proximal pivot connections. In one embodiment, the ratio R1/R2 of the sepa-

ration distances can be the same as the ratio  $A1/A2$  of the angles. The first distance  $R1$  can vary because of the floating proximal pivot point **50** and the sliding of the pin **60** in the slots **62**, which can provide for an increased angular range for the first angle  $A1$ . The size of the angles  $A1$ ,  $A2$  can vary, e.g., the first angle  $A1$  can be in a range of about  $0^\circ$  to  $45^\circ$ , and the second angle  $A2$  can be in a range of about  $0^\circ$  to  $90^\circ$ . The first and second linkages **26**, **30** being maximally pivoted corresponds to the pin **60** being located as far proximally as possible in the slots **62**. Correspondingly, when the angles  $A1$ ,  $A2$  are each  $0^\circ$  with the shaft **20** in the straight configuration, as shown in FIG. 5, the pin **60** can be positioned at distal-most ends of the slots **62**.

**[0054]** As mentioned above, the device **10** can include a handle **12** having controls configured to articulate and rotate the shaft **20** as well as operate the end effector **22**. In the embodiment illustrated in FIGS. 1, 3, and 10, the proximal rod **46** is configured in at least a proximal portion thereof as a rigid tube having a proximal end attached to a driver in the handle **12**. The driver can have a variety of sizes, shapes, and configurations, but in the illustrated embodiment, the driver includes a carriage **70** having a toothed surface in contact with a pawl **72**. The articulation lever **74** extends from a surface of handle **12** and can be manually operated. A connecting rod **76** connects a distal end of the lever **74** to the carriage **70**. The lever **74** can pivot about a pin **80** connected at a distal end of the lever **74**. The pivoting of the lever **74** can be conveyed through the connecting rod **76** to the carriage **70** to translate the carriage **70** proximally and distally inside the handle **12**, and thus proximally and distally longitudinally translate the proximal rod **46** inside the shaft's lumen **18**. As the carriage **70** translates, the pawl **72** engages ridges of the toothed surface to hold the proximal rod **46** in a fixed position, and thus also hold the compound angle of the articulated shaft **20** in a fixed position, between actuations of the lever **74**. The shaft **20** can thus be rigidly maintained in a plurality of selected, articulated positions, which can ease use of the device **10** and free a surgeon's hand to otherwise manipulate the device **10** or another surgical tool. As the lever **74** pivots downward, the carriage **70** pulls proximal rod **46** proximally within the handle **12**, causing the proximal and distal rods **46**, **48** to articulate the distal portion of the shaft **20** from the straight configuration to the articulated configuration or from one articulated configuration to another. As the lever **74** pivots upward, the carriage **70** pushes the proximal rod **46** distally, in turn pushing the distal rod **48** distally and moving the first and second linkages **26**, **30** of shaft **20** from the articulated configuration toward or entirely to the straight configuration. The lever **74** can be pivoted any amount upward and any amount downward in any order any number of times to optimally angle the shaft **20**, with the carriage **70** and the pawl **72** cooperating to lock the shaft **20** at any desired compound angle. A person skilled in the art will appreciate that as an alternative to the lever **74** and the carriage **70**, other types of controls can be included within the handle **12** for applying a longitudinal force to the proximal rod **46** parallel to the shaft axis **20A** to articulate and/or straighten the shaft **20**.

**[0055]** A second driver can be included in handle **12** for operating the end effector **22**. The second driver can have a variety of sizes, shapes, and configurations, but as in the illustrated embodiment, it can include a translator element extending from the handle **12**, distally through the shaft **20**, and to the end effector **22**. The translator element can include an actuator, cable, wire, or rod **82**, generally referred to as an

"actuator," having a proximal end attached to an activator member in the handle **12**. The activator member can vary, but as in the illustrated embodiment, it can include a ratchet **86** driven by a thumb trigger **84**. The ratchet **86** can be configured to longitudinally translate the actuator **82** parallel to the longitudinal axis **20A** of the shaft **20** in response to manual pressure on the trigger **84**. As the trigger **84** is pivoted relative to a pistol handle grip **14**, the trigger **84** ratchets the actuator **82** proximally or distally through the proximal rod **46**. The translator element can also include a flexible segment (not shown) connected to the actuator **82** proximal to the first and second linkages **26**, **30**, e.g., proximal to the proximal articulation joint **42**. The flexible segment can be formed of any pliable material, e.g., an electroactive polymer, a shape memory material such as Nitinol, etc., and can be attached to a distal end of the rigid proximal portion of the actuator **82** in any way, e.g., crimped, tied, etc. The flexible segment can extend distally from the actuator **82** through the articulating distal portion of the shaft **20** to the end effector **22**. The distal, flexible segment of the translator element can be coupled to the end effector **22** to allow actuation of the end effector **22**, e.g., opening and closing the jaws **16a**, **16b**, in response to translation of the actuator **82**. The flexible extension of the actuator **82** through the articulating region of the shaft **20** can provide for control of the end effector **22**, yet allows for the articulation of the shaft **20** at the articulation joints **42**, **44**. By extending through the shaft **20** with the shaft **20** in either the straight or articulated configuration, the flexible extension can also allow the end effector **22** to be rotated about the shaft's longitudinal axis **20A** relative to the shaft **20**. When the shaft **20** is in the articulated configuration, the end effector's rotational axis includes the shaft's longitudinal axis **30A** at the second linkage **30**.

**[0056]** As will be appreciated by a person skilled in the art, the handle **12** can include any rotating mechanism configured to rotate the end effector **22**, such as a knob **92** as shown, a lever, a wired or wireless electronic control, etc. The knob **92** can be configured to rotate the actuator **82** a full  $360^\circ$  clockwise and/or counterclockwise to correspondingly rotate the end effector **22** a full  $360^\circ$  clockwise and/or counterclockwise about the second linkage's longitudinal axis **30A**, which as mentioned above is the same as the shaft's longitudinal axis **20A** when the shaft **20** is in the straight configuration. A lock such as a button **90** can be included on the handle **12** for closing and holding the position of the thumb trigger **84** to maintain the end effector **22** in a particular state. The handle **12** can include a second rotating mechanism, e.g., a second knob **96** coupled to a proximal end of the shaft **20**, for rotating the shaft **20**  $360^\circ$  about the shaft's longitudinal axis **20A**. A bushing **100** can surround the proximal rod **48** distal of the carriage **70** for rotating the proximal rod **48** and hence the shaft **20** relative to the carriage **70**. The knobs **92**, **96** can thus allow for separate, relative rotation between the shaft **20** and the end effector **22**. The shaft **20** can be rotated in both the straight and articulated configurations to further increase the positioning range of the end effector **22**. Such rotation of the shaft **20** and/or the end effector **22** can help optimally position the shaft's distal portion **20d** within a body before and/or after the shaft **20** is articulated.

**[0057]** In use, as shown in an exemplary embodiment in FIG. 11, one or more surgical devices **10'** can be inserted through an opening **100** in tissue **106** to access a body cavity **108** underlying the tissue **106** where the devices **10'** can perform any type of surgical procedure. The devices **10'** can



generally each be configured and used similar to the device 10 of FIGS. 1-10. However, in this illustrated embodiment, a proximal portion of each device's shaft 20' just distal of a handle 12' has a bend or curvature, which as mentioned above can help facilitate positioning of the devices 10' and prevent interference therebetween. Also as mentioned above, a person skilled in the art will appreciate that while the devices 10' are shown in the illustrated embodiment in use in a laparoscopic procedure and inserted into the body cavity 108, e.g., the abdominal cavity, through a multiple port access device 102 positioned in the tissue opening 100, e.g., an incision at the navel, any of the surgical devices disclosed herein can be used in a variety of surgical procedures and inserted into a patient's body in any number of ways. Prior to insertion of any instruments through the multiple port access device 102, insufflation can be provided through an insufflation port, as will be appreciated by a person skilled in the art. A scoping device 104 can also be inserted through the multiple port access device 102 to provide visualization. Non-limiting examples of a scoping device include an endoscope, a laparoscope, and a colonoscope.

[0058] The multiple port access device 102 can include multiple instrument openings each configured to receive an instrument inserted therethrough. Each opening can have an associated sealing port that can be configured to provide at least one instrument seal that forms a seal around an instrument disposed therethrough, but otherwise does not form a seal when no instrument is disposed therethrough, at least one channel seal or zero-closure seal that seals a working channel created by the sealing port when no instrument is disposed therethrough, or a combination instrument seal and channel seal that is effective to both form a seal around an instrument disposed therethrough and to form a seal in the working channel when no instrument is disposed therethrough. Exemplary embodiments of multiple port access devices are described in more detail in U.S. patent application Ser. No. 12/399,482 filed Mar. 6, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/399,473 filed Mar. 6, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/512,542 filed Jul. 30, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/512,568 filed Jul. 30, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/399,633 filed Mar. 6, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/399,625 filed Mar. 6, 2009 entitled "Methods And Devices For Providing Access Into A Body Cavity," U.S. patent application Ser. No. 12/399,547 filed Mar. 6, 2009 entitled "Surgical Access Devices And Methods Providing Seal Movement In Predefined Paths," U.S. patent application Ser. No. 12/399,656 filed Mar. 6, 2009 entitled "Surgical Access Devices And Methods Providing Seal Movement In Predefined Movement Regions," and U.S. patent application Ser. No. 12/766,086 filed Apr. 23, 2010 entitled "Methods And Devices For Accessing A Body Cavity," which are hereby incorporated by reference in their entireties.

[0059] The devices 10' can be simultaneously or sequentially inserted through the multiple port access device 102 with the shafts 20' in straight configurations to position distal portions of the shafts 20' within the body cavity 108. The shafts 20' inserted through the multiple port access device 102

can each extend generally parallel to one another, e.g., have parallel longitudinal axes. After distal portions of the shafts 20' have been positioned within the body cavity 108, the handles 12' of the devices 10' can be manipulated, simultaneously or sequentially, to move the shafts 20' from straight configurations to articulated configurations and to allow the end effectors 22' at respective distal ends of the shafts 20' to be brought together in a non-interfering, cooperative, facing relationship and to be within a viewing range 110 of the scoping device 104, as also illustrated in FIG. 12. The shafts 20' can be articulated any amount, including not at all, same or different from one another, and can be selectively adjusted during the surgical procedure to form larger or smaller compound angles as desired. The shafts 20' can also be rotated relative to the handles 12', the end effectors 22' can be rotated relative to the shafts 20', and the end effectors' jaws 16' can be opened and closed. The devices 10' can thus allow the shafts 20' to be easily inserted into a body in straight configurations through a single, relatively small opening 100 with the shafts 20' being substantially parallel, and the shafts 20' can be subsequently articulated to optimally position the end effectors 22' relative to the surgical site, to each other, to the scoping device 104, and to any other tools within the body cavity 108. Because the device 10' can be articulated, its end effector 22' can be positioned at an angle with respect to a remainder of the shaft 20' thereof, triangulation and visualization can be improved. In other words, even though the devices 10' and the scoping device 104 are inserted through a common incision, it is still possible to see the end effectors 22' of the devices 10' and to bring the end effectors 22' of the two instruments devices 10' together in a facing relationship at a single point within the body cavity 108.

[0060] In addition, because the handles 12' can be bent with respect to the shafts 20', maneuverability can be improved, e.g., the "chopstick" effect can be reduced, since interference between the handles 12' of the two devices 10' can be avoided. Finally, user comfort can be enhanced, since the bend angles of the devices 10' adjacent the handles 12' can be customized at any time before or during the surgery.

[0061] The shafts 20' can also be easily removed from the patient's body by moving the shafts 20' from articulated configurations to straight configurations. The multiple port access device 102 can be configured to allow further adjustment of instruments inserted therethrough, such as by allowing collective rotation of the instruments around a central axis of the multiple port access device 102.

[0062] A proximal housing portion of the multiple port access device 102 can be configured to be removable from a distal retractor portion of the multiple port access device 102. Thus, at any point before, during, or after a surgical procedure, the proximal housing portion can in full or part be released from the distal retractor portion, and the distal retractor portion can be removed from the tissue 106. With the proximal housing portion of the multiple port access device 102 disengaged from the distal retractor portion and with the distal retractor portion still positioned in the tissue opening 100, a working channel of the distal retractor portion can provide access to the body cavity 108 underlying the tissue 106. One or more of the devices 10' and/or other surgical instruments can be advanced through the working channel, such as a waste removal bag configured to hold waste material, e.g., dissected tissue, excess fluid, etc., from the body cavity 108. The bag can be introduced into the body cavity 108 through the distal retractor portion's working channel or

other access port. A person skilled in the art will appreciate that one or more surgical instruments can be advanced through the distal retractor portion's working channel before and/or after the proximal housing portion has been attached to the distal retractor portion. A surgical drape can optionally be placed over the distal retractor portion and the tissue opening 100 during removal of the distal retractor portion to help reduce dispersion of bodily fluid outside the surgical space.

**[0063]** The devices disclosed herein can be designed to be disposed of after a single use, or they can be designed to be used multiple times. In either case, however, the device can be reconditioned for reuse after at least one use. Reconditioning can include any combination of the steps of disassembly of the device, followed by cleaning or replacement of particular pieces, and subsequent reassembly. In particular, the device can be disassembled, and any number of the particular pieces or parts of the device can be selectively replaced or removed in any combination, e.g., a handle, a proximal housing portion of a surgical access device, an end effector, etc. Upon cleaning and/or replacement of particular parts, the device can be reassembled for subsequent use either at a reconditioning facility, or by a surgical team immediately prior to a surgical procedure. Those skilled in the art will appreciate that reconditioning of a device can utilize a variety of techniques for disassembly, cleaning/replacement, and reassembly. Use of such techniques, and the resulting reconditioned device, are all within the scope of the present application.

**[0064]** Preferably, the invention described herein will be processed before surgery. First, a new or used instrument is obtained and if necessary cleaned. The instrument can then be sterilized. In one sterilization technique, the instrument is placed in a closed and sealed container, such as a plastic or TYVEK bag. The container and instrument are then placed in a field of radiation that can penetrate the container, such as gamma radiation, x-rays, or high-energy electrons. The radiation kills bacteria on the instrument and in the container. The sterilized instrument can then be stored in the sterile container. The sealed container keeps the instrument sterile until it is opened in the medical facility.

**[0065]** One skilled in the art will appreciate further features and advantages of the invention based on the above-described embodiments. Accordingly, the invention is not to be limited by what has been particularly shown and described, except as indicated by the appended claims. All publications and references cited herein are expressly incorporated herein by reference in their entirety.

What is claimed is:

1. An articulating laparoscopic device, comprising:  
an elongate shaft having first and second articulation joints such that the shaft is configured to form compound angles;  
an end effector coupled to a distal end of the elongate shaft and positioned distal of the first and second articulation joints; and  
an articulator element extending through the elongate shaft and configured to rigidly maintain the elongate shaft in a plurality of positions in which the elongate shaft has compound angles.
2. The device of claim 1, wherein the articulator element is rigid.
3. The device of claim 1, wherein at least a portion of the articulator element translates longitudinally relative to the elongate shaft, and at least a portion of the articulator element translates laterally relative to the elongate shaft.

4. The device of claim 1, wherein the second articulation joint is movable toward and away from a longitudinal axis of the elongate shaft, and the first articulation joint is limited to longitudinal movement along an axis substantially parallel to the longitudinal axis of the elongate shaft.

5. The device of claim 1, wherein the elongate shaft includes:

- a main shaft extending from a handle;
- a first linkage having a proximal end coupled to a distal end of the main shaft at the first articulation joint; and
- a second linkage having a proximal end coupled to a distal end of the first linkage at the second articulation joint.

6. The device of claim 5, wherein the first and second linkages are movable between an initial position in which the first and second linkages are longitudinally aligned with the longitudinal axis of the elongate shaft and an articulated position in which the first and second linkages are angularly oriented relative to the longitudinal axis of the elongate shaft.

7. The device of claim 1, wherein the articulator element comprises first and second articulation rods extending through the elongate shaft and being pivotally coupled to one another at a pivot point.

8. The device of claim 7, wherein the pivot point floats laterally relative to the elongate shaft.

9. The device of claim 7, wherein the articulator element includes a pin that extends into a cam slot formed in a portion of the elongate shaft for guiding movement of the articulator element relative to the elongate shaft.

10. The device of claim 1, wherein the end effector comprises graspers having opposed jaws, and the elongate shaft includes a flexible actuator element extending therethrough and being effective to move the opposed jaws between a closed position and an open position.

11. An articulating laparoscopic device, comprising:  
an elongate shaft;

- a first linkage coupled to a distal end of the elongate shaft at a first articulation joint;
- a second linkage coupled to a distal end of the first linkage at a second articulation joint; and
- an articulator element having a proximal articulation rod extending through the elongate shaft and a distal articulation rod extending through the first linkage, a proximal end of the distal articulation rod being pivotally coupled to a distal end of the proximal articulation rod at a pivot point that floats laterally relative to the elongate shaft and the first linkage, and a distal end of the distal articulation rod being coupled to the second linkage.

12. The device of claim 11, wherein the proximal and distal articulation rods are rigid.

13. The device of claim 11, wherein the proximal articulation rod is configured to translate longitudinally relative to the elongate shaft and the distal articulation rod is configured to translate laterally relative to the first linkage.

14. The device of claim 11, wherein the proximal articulation rod includes a pin that extends into a cam slot formed in the first linkage.

15. The device of claim 11, further comprising an end effector coupled to a distal end of the second linkage.

16. The device of claim 15, wherein the end effector includes opposed jaws, and the device includes an actuator element extending through the elongate shaft, the first linkage, and the second linkage and coupled to a proximal end of

the opposed jaws, the actuator element being configured to move the opposed jaws between a closed position and an open position.

**17.** An articulating laparoscopic device, comprising:

an elongate shaft;

a first linkage having a proximal end coupled to a distal end of the elongate shaft at a first articulation joint;

a second linkage having a proximal end coupled to a distal end of the first linkage at a second articulation joint, the second articulation joint being movable toward and away from a longitudinal axis of the elongate shaft such that the first and second linkages are movable between an initial position in which the first and second linkages are longitudinally aligned with the longitudinal axis of the elongate shaft and an articulated position in which the first and second linkages are angularly oriented relative to the longitudinal axis of the elongate shaft;

an end effector coupled to a distal end of the second linkage; and

a rigid articulator element having a proximal portion disposed within the elongate shaft and configured to translate longitudinally relative to the elongate shaft, and a distal portion disposed within the first linkage and configured to translate laterally relative to the first linkage.

**18.** The device of claim **17**, wherein the articulator element is configured to rigidly maintain the first and second linkages in a fixed angular orientation through an entire range of motion of the first and second linkages between the initial and articulated positions.

**19.** The device of claim **17**, wherein the proximal portion of the articulator element is coupled to the distal portion of the articulator element at a pivot point that is movable laterally relative to the elongate shaft and the first linkage.

\* \* \* \* \*

专利名称(译)	具有复合角度的腹腔镜装置		
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#### 摘要(译)

提供了用于执行微创外科手术的方法和装置。在一个实施例中，提供了一种外科手术装置，其包括细长轴，该细长轴具有远端部分，该远端部分构造成可在第一构型和第二构型之间移动，在第一构型中，杆的远端部分基本上是直的或线性的，在第二构型中轴以复合角弯曲。轴的远端部分可构造以宽范围的复合角度铰接，并且可构造以选择性地锁定在该范围内任何位置的固定位置。

