



US 20090259184A1

(19) **United States**

(12) **Patent Application Publication**
Okoniewski

(10) **Pub. No.: US 2009/0259184 A1**
(43) **Pub. Date: Oct. 15, 2009**

(54) **TELESCOPING CANNULA**

(75) Inventor: **Gregory G. Okoniewski, North Haven, CT (US)**

Correspondence Address:
Tyco Healthcare Group LP
60 MIDDLETOWN AVENUE
NORTH HAVEN, CT 06473 (US)

(73) Assignee: **Tyco Healthcare Group LP**

(21) Appl. No.: **12/400,912**

(22) Filed: **Mar. 10, 2009**

Related U.S. Application Data

(60) Provisional application No. 61/044,183, filed on Apr. 11, 2008.

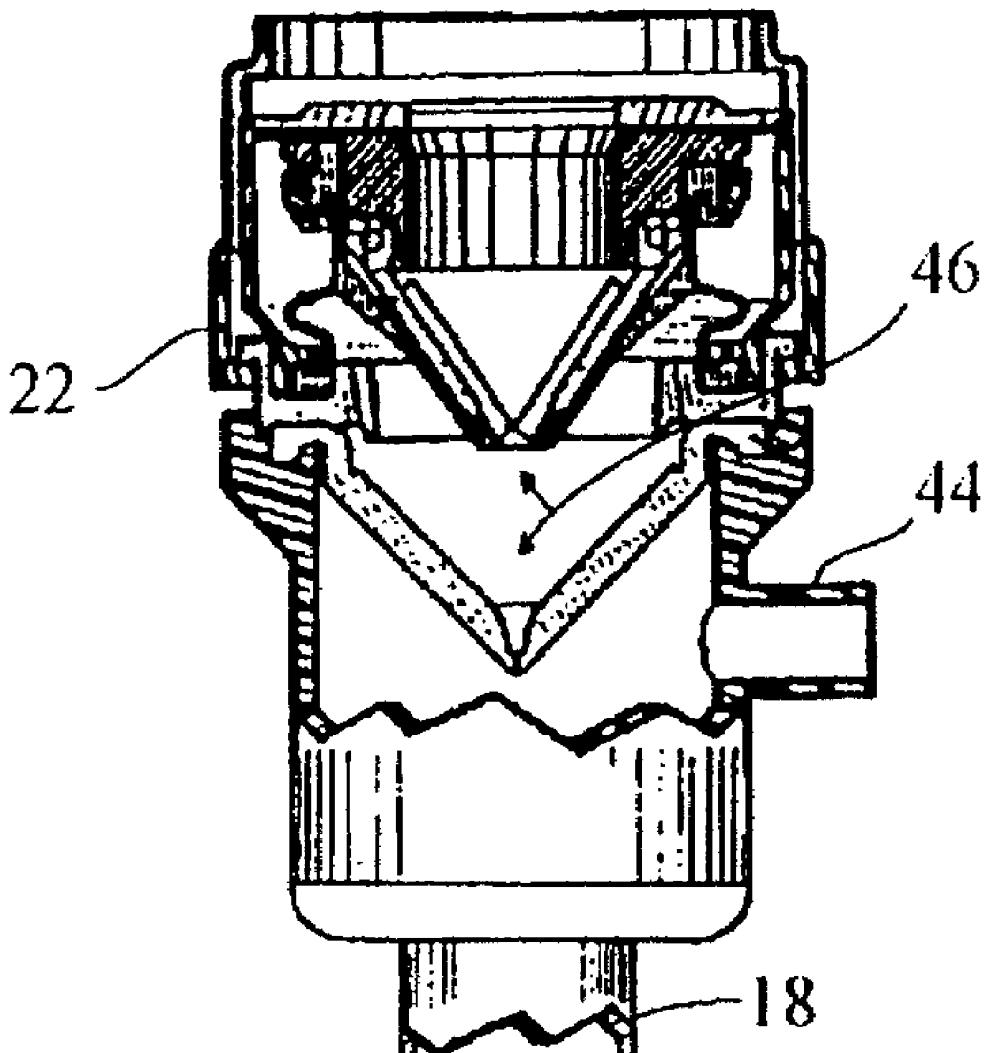
Publication Classification

(51) **Int. Cl.**
A61B 1/32
(2006.01)

(52) **U.S. Cl.** **604/165.02**

(57) **ABSTRACT**

An apparatus may serve as a surgical portal for the reception of surgical instruments for use in laparoscopic or similar surgery. The apparatus may include inner and outer tubular elongate members adapted for a longitudinal translation relative to one another to effect a length adjustment of the apparatus. An interface between the two elongate members includes a helical thread providing a mechanism for the translation of the elongate members, and indentations in one of the members provides a locking mechanism for affixing the length.



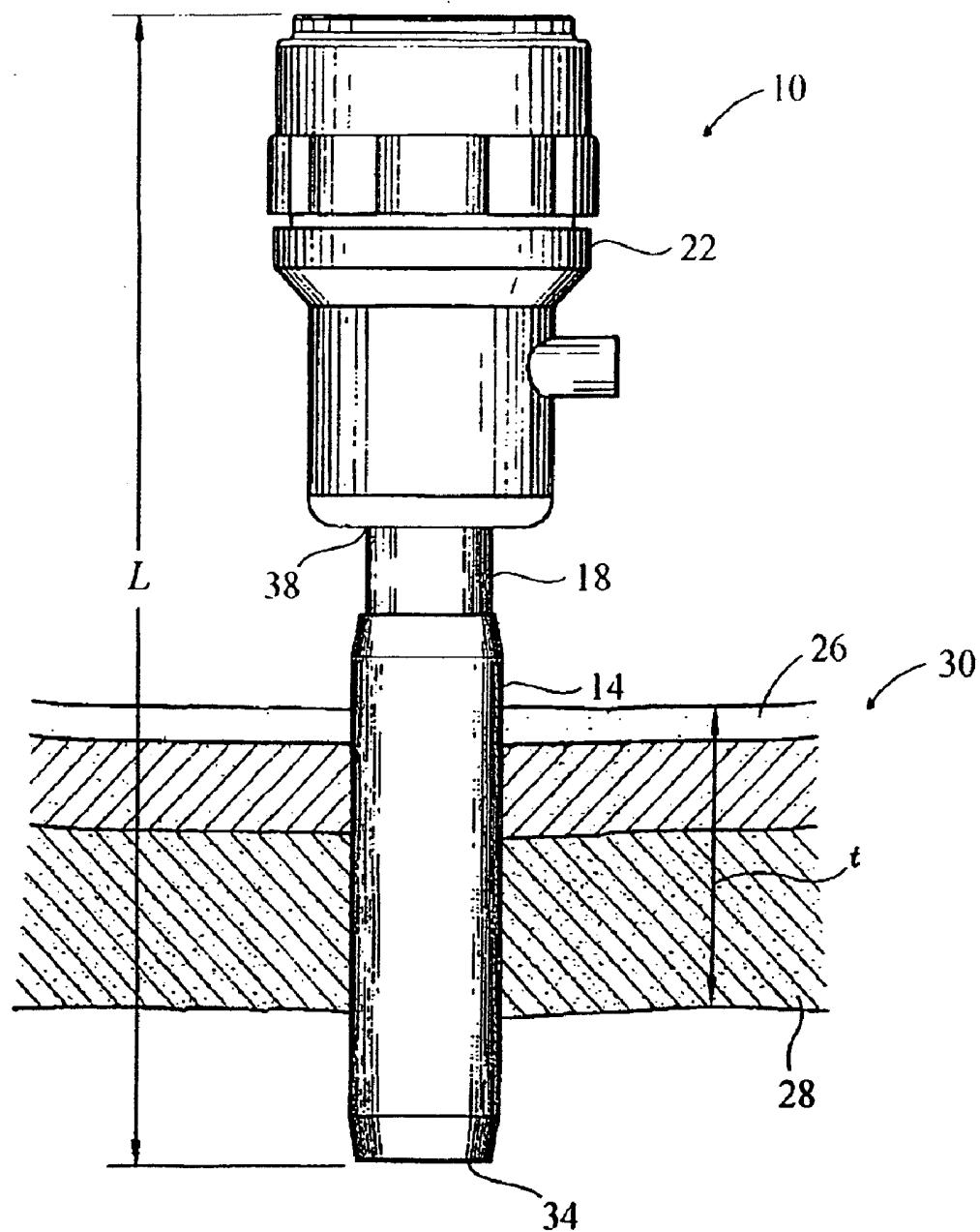
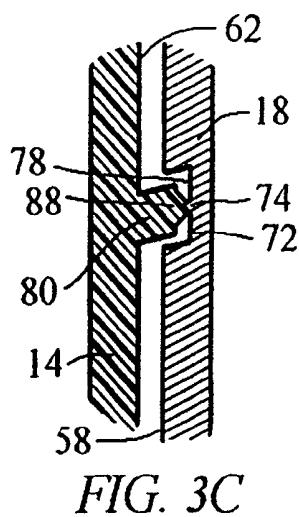
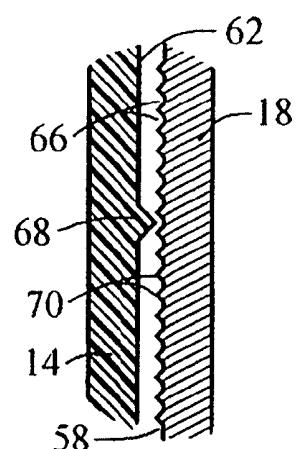
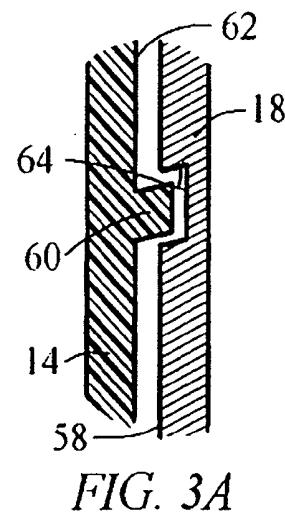
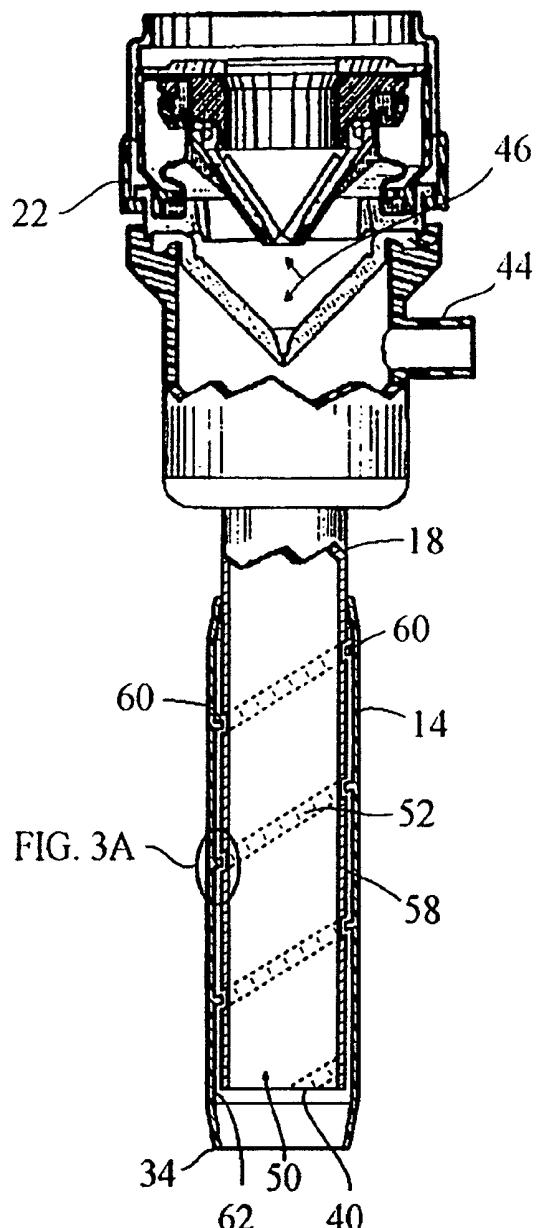


FIG. 1



TELESCOPING CANNULA

CROSS REFERENCE TO RELATED APPLICATION

[0001] The present application claims the benefit of and priority to U.S. Provisional Application Ser. No. 61/044,183 filed on Apr. 11, 2008, the entire contents of which are incorporated herein by reference.

BACKGROUND

[0002] 1. Technical Field

[0003] The present disclosure relates generally to an apparatus for permitting the introduction of a surgical instrument into a patient's body cavity in a laparoscopic or similar surgery. In particular, the disclosure relates to a telescoping cannula assembly configured for longitudinal extension and retraction to effect a length adjustment.

[0004] 2. Background of Related Art

[0005] A relatively small incision is required for minimally invasive surgical procedures such as laparoscopic, arthroscopic, and endoscopic procedures as compared with conventional open procedures. Small incisions are preferred because they are inherently less traumatic to the body tissue and subject internal organs to a minimum of exposure to contaminants in the outside atmosphere. Thus, small incisions enable shorter hospital stays and faster recoveries with less pain and scarring than is common with the larger incisions required for conventional surgery.

[0006] Minimally invasive surgery is possible due in part to the availability of instruments designed specifically for this purpose. A cannula, for example, is an elongated tube that may be inserted through the small incision made in a body cavity wall of a patient to provide a working conduit between an internal body cavity adjacent an operative site and the environment exterior to the patient. The body cavity is often inflated with an insufflation gas such as carbon dioxide to separate the body cavity wall from vital organs and to provide some space where a distal end of the cannula can safely protrude into the patient below the body cavity wall.

[0007] The length of a cannula is generally selected to span a range of anatomies and consequently a portion of the cannula assembly which remains on the outside of the patient may extend above the body cavity wall to a greater extent than otherwise desired. The cannula assembly may need to extend into deeper regions of the body cavity, e.g., the abdominal cavity, to access remote underlying organs therein. Furthermore, because several instruments of various lengths might be required for a surgical procedure, an instrument may protrude above the cannula assembly to a greater extent than otherwise desired. Accordingly, a need exists for a cannula assembly which facilitates the introduction of surgical instruments to a surgical site, while allowing a longitudinal retraction or extension to effect an adjustment in length.

SUMMARY

[0008] The present disclosure describes a surgical portal apparatus which permits a length adjustment to accommodate a range of body cavity wall thicknesses. The apparatus comprises a tubular elongate inner member adapted and sized appropriately for the introduction of a surgical instrument. The elongate inner member has a proximal end, a distal end and a length therebetween, with a portion of the length radially surrounded by a tubular elongate outer member. A length

adjustment structure provides an adjustment interface between the elongate inner member and the elongate outer member. The length adjustment structure includes a generally helical thread on at least one of the elongate members and feature on the other for engaging the thread. A length fixation structure includes inter-engaging components for selectively and non-permanently securing a longitudinal position of the elongate inner member within the elongate outer member.

[0009] The inter-engaging components may include a series of indentations arranged in a generally helical pattern corresponding to the generally helical thread. The series of indentations may be disposed on an interior surface of the generally helical thread. The surgical portal apparatus may include a housing at or near the proximal end containing a seal apparatus capable of sealing the apparatus before, during and after the introduction of a surgical instrument. The housing may include a connection for introducing an insufflation gas into the body cavity. The elongate outer member may be positioned distally of the elongate inner member.

BRIEF DESCRIPTION OF THE DRAWINGS

[0010] The accompanying drawings, which are incorporated in and constitute a part of this specification, illustrate embodiments of the present disclosure and, together with the detailed description of the embodiments given below, serve to explain the principles of the disclosure.

[0011] FIG. 1 is a side view of a surgical portal apparatus in accordance with the present disclosure inserted through a body cavity wall;

[0012] FIG. 2 is a partial cross-sectional view of the telescoping cannula assembly of FIG. 1;

[0013] FIG. 3A is an enlarged view of the area of detail identified in FIG. 2;

[0014] FIG. 3B is a view similar to view 3A depicting an alternate length fixation structure; and

[0015] FIG. 3C is a view similar to view 3A depicting another alternate length fixation structure.

DETAILED DESCRIPTION OF PREFERRED EMBODIMENTS

[0016] The attached figures illustrate exemplary embodiments of the present disclosure and are referenced to describe the embodiments depicted therein. Hereinafter, the disclosure will be described in detail by explaining the figures wherein like reference numerals represent like parts throughout the several views.

[0017] The present disclosure contemplates the introduction into a person's body of all types of surgical instruments including clip appliers, graspers, dissectors, retractors, staplers, laser fibers, photographic devices, endoscopes and laparoscopes, tubes, and the like. All such objects are referred to herein generally as "instruments." In the drawings and in the description that follows, the term "proximal," as is traditional, will refer to the direction toward the operator or a relative position on the surgical device or instrument that is closer to the operator, while the term "distal" will refer to the direction away from the operator or relative position of the instrument that is further from the operator.

[0018] Referring initially to FIG. 1, a surgical portal apparatus is generally depicted as telescoping cannula assembly 10. Telescoping cannula assembly 10 includes an elongate outer member 14, an elongate inner member 18 and a housing 22. Elongate outer member 14 is positioned through the skin

26 and within a layer of body tissue 28. Skin 26 and body tissue 28 together define a body cavity wall 30 with a thickness "t." A distal end 34 of the elongate outer member 14, protrudes into an interior body cavity of a patient, and housing 22 remains in an exterior environment. A proximal end 38 of elongate inner member 18 may be rigidly coupled to housing 22 such that there is no relative motion therebetween, and a distal end 40 (FIG. 2) of inner member 18 is telescopically arranged within elongate outer member 14. Using a length adjustment structure as described in greater detail below, the overall length "L" of telescoping cannula assembly 10 may be adjusted by retracting or extending elongate inner member 18, for example to accommodate a variance in the thickness "t" of body cavity wall 30.

[0019] Referring now to FIG. 2, telescoping cannula assembly 10 is depicted in partial cross section. Housing 22 includes an insufflation gas valve 44 and internal seal system 46, which may be capable of permitting the passage of an instrument while preventing insufflation gasses from escaping through a proximal end of telescoping cannula assembly 10 before, during and after introduction of the instrument. Internal seal system 46 may take any form including the form described in U.S. Pat. No. 5,603,702 to Smith et al., filed Aug. 8, 1994, the entire contents of which are hereby incorporated by reference.

[0020] Elongate inner member 18 includes a longitudinal bore 50 defining a passageway adapted for the introduction of an instrument. The distal end 40 and a substantial portion of elongate inner member 18 are radially surrounded by elongate outer member 14. A length adjustment structure defines the degree to which elongate inner member 18 is nested within elongate outer member 14 and therefore, the overall length L of telescoping cannula assembly 10.

[0021] The length adjustment structure may include a female thread 52 (shown in phantom) disposed on an outer surface 58 of elongate inner member 18. A corresponding male protrusion 60 or rib is disposed on an interior surface 62 of elongate outer member 14 and extends into thread 52. Male protrusion 60 may take the form of a full male thread. Alternatively, male protrusion 60 may comprise one or more narrow tabs appropriately positioned to guide the relative motion of elongate outer member 14 along thread 52. As seen best in FIG. 3A, thread 52 includes several interior surfaces 64 for engaging male protrusion 60. Thread 52 may exhibit a coarse pitch allowing for large adjustments to be made quickly requiring only a few rotations of either the inner or outer elongate member 18, 14. The overall length of cannula assembly may be adjusted by corresponding rotational movement of inner member 18 and outer member 14.

[0022] As seen in FIG. 3B, a length fixation structure may comprise a series of indentations 66 on the exterior surface 58 of elongate inner member 18. Indentations 66 may be discrete, incrementally spaced notches or serrations arranged along the length of elongate inner member 18. Male rib 68 may extend into an indentation 66 to non-permanently arrest the relative motion of elongate inner and outer members 14, 18. When sufficient force is applied to either the elongate inner or outer member 14, 18 in an axial direction, male rib 68 may be temporarily displaced to move over ridges 70 between indentations 66. In this way, male rib 68 can act as a pawl engaging a ratchet formed from the series of indentations 66 and ridges 70 to non-permanently fix the overall length "L" of cannula assembly 10. Male rib 68 may be formed from a

flexible material, ball plunger, or other suitable arrangement. Indentations 66 and male rib 68 may encircle elongate inner member or any part thereof.

[0023] Referring now to FIG. 3C, a length adjustment interface is described that incorporates a length adjustment structure and a length fixation structure. A helical thread 72 wraps around elongate inner member 18. Helical thread 72 is equipped with a series of internal spaced ridges or detents 74 and indentations (not visible) between ridges 74 arranged along a helical path corresponding to an inner surface 78 of thread 72. Male protrusion 80 is equipped with male rib or pawl 88 configured to interface with the indentations between ridges 74 in, e.g., a pawl detent arrangement or in the manner described in connection with the embodiment of FIG. 3B. Male protrusion 80 may alternatively be adapted to engage the indentations between ridges 74 directly.

[0024] The positioning of the indentations may take various forms. For example, the indentations may be positioned in a helical path on the outside surface 58 of elongate inner member 18 rather than on an inside surface 78 of thread 72. In this case a male rib 88 on the inside surface 62 of elongate outer member may engage the indentations to secure the relative positions of elongate members 14, 18. Also, rather than resembling closely spaced serrations, the indentations may comprise a limited number of strategically placed detents to accommodate the use of standard sized instruments or to accommodate the most typical tissue thicknesses.

[0025] In use, the overall length "L" of telescoping cannula 10 may be adjusted by rotating elongate inner member 18 along thread 72 until elongate inner member 18 reaches a satisfactory longitudinal position within elongate outer member 14. The engagement of male rib 88 with an indentation may provide a tactile queue that such a position has been achieved. The engagement of male rib 88 is sufficiently robust to prevent any unintended longitudinal migration of elongate inner member 18 under the weight of housing 22 and other forces associated with introducing and manipulating a surgical instrument.

[0026] In drawing figures and the corresponding descriptions above, the male features of the adjustment interface have been associated with the elongate outer member 14 and the female components have been associated with the elongate inner member 18. However, this convention made for clarity may be reversed and these features may be associated with either elongate member 18, 14. Also, the elongate inner member has been described as fixedly attached to the housing 22 and the elongate outer member movable relative to the housing and elongate inner member. This convention may also be reversed such that the elongate outer member is fixedly attached to the housing and the elongate inner member is movable within the elongate outer member 14.

[0027] Although the foregoing disclosure has been described in some detail by way of illustration and example, for purposes of clarity or understanding, it will be obvious that certain changes and modifications may be practiced within the scope of the appended claims.

What is claimed is:

1. A surgical portal apparatus for insertion through a body cavity wall comprising:
an elongate inner member defining a longitudinal bore dimensioned to permit introduction of a surgical object therethrough, the elongate inner member having a distal end, a proximal end and a length therebetween;

an elongate outer member radially surrounding at least a portion of the length of the elongate inner member; at least one of the elongate inner member and the elongate outer member including a length adjustment structure having a generally helical thread and the other of the inner member and the outer member including an engagement element for engaging the generally helical thread to permit longitudinal translation between the elongate inner member and elongate outer member during relative rotation thereof; and a length fixation structure including inter-engaging components for selectively securing a longitudinal position of the elongate inner member within the elongate outer member to prevent unintended longitudinal migration therebetween.

2. The surgical portal apparatus according to claim 1 wherein the length fixation structure includes a series of spaced detents arranged in a generally helical pattern corresponding to the generally helical thread, the engagement element adapted to selectively engage the detents during relative

rotation to releasably secure the inner member and the outer member at predetermined orientations thereby selectively controlling an overall height of the inner member and the outer member.

3. The surgical portal apparatus according to claim 2 wherein the series of detents is disposed on an interior surface of the generally helical thread.

4. The surgical portal apparatus according to claim 1 further comprising an internal seal system in a housing near the proximal end of the apparatus.

5. The surgical portal apparatus according to claim 4 wherein the seal housing comprises a connection for introducing an insufflation gas.

6. The surgical portal apparatus according to claim 1 wherein the elongate outer member is positioned distally of the proximal end of the elongate inner member.

7. The surgical portal apparatus according to claim 6 wherein the elongate inner member is fixedly coupled to the seal housing.

* * * * *

专利名称(译)	伸缩套管		
公开(公告)号	US20090259184A1	公开(公告)日	2009-10-15
申请号	US12/400912	申请日	2009-03-10
[标]申请(专利权)人(译)	柯惠有限合伙公司		
申请(专利权)人(译)	泰科医疗集团LP		
当前申请(专利权)人(译)	COVIDIEN LP		
[标]发明人	OKONIEWSKI GREGORY G		
发明人	OKONIEWSKI, GREGORY G.		
IPC分类号	A61B1/32		
CPC分类号	A61B17/3421 A61B2017/347 A61B2017/3443 A61B17/3462		
优先权	61/044183 2008-04-11 US		
其他公开文献	US7828775		
外部链接	Espacenet USPTO		

摘要(译)

装置可以用作外科手术门，用于接收用于腹腔镜或类似手术的手术器械。该装置可包括内管状细长构件和外管状细长构件，其适于相对于彼此纵向平移，以实现装置的长度调节。两个细长构件之间的界面包括螺旋形螺纹，该螺旋形螺纹提供用于细长构件的平移的机构，并且其中一个构件中的凹口提供用于固定长度的锁定机构。

