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(54) **TISSUE-RETAINING SYSTEM FOR
ULTRASOUND MEDICAL TREATMENT**

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(56) **References Cited**

U.S. PATENT DOCUMENTS

3,168,659 A 2/1965 Bayre et al.
3,779,234 A 12/1973 Eggleton et al.

3,902,501 A 9/1975 Citron et al.
3,927,557 A 12/1975 Viertl
4,211,948 A 7/1980 Smith et al.
4,315,514 A 2/1982 Drewes et al.
4,323,077 A 4/1982 Smith
4,484,569 A 11/1984 Driller et al.
4,646,756 A 3/1987 Watnough et al.

(Continued)

FOREIGN PATENT DOCUMENTS

EP 0897696 2/1999
JP 10-14967 1/1989
JP 04-307044 10/1992
JP 08-084470 3/1996
JP 08-084740 4/1996

(Continued)

OTHER PUBLICATIONS

PCT International Search Report PCT/US02/16700 dated Apr. 15,
2003, which corresponds to related U.S. Appl. No. 10/153,122.

(Continued)

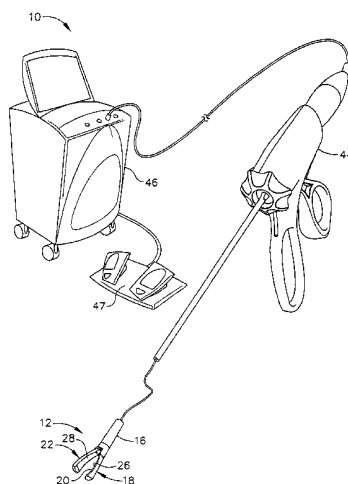
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(57) **ABSTRACT**

An ultrasound medical treatment system includes an end effector insertable into a patient. The end effector includes a tissue-retaining device. The tissue-retaining device includes a first tissue-retaining member having an ultrasound medical-treatment transducer and includes a second tissue-retaining member. The first and second tissue-retaining members are operatively connected together to retain patient tissue between the first and second tissue-retaining members and to release patient tissue so retained. In one example, the second tissue-retaining member has an ultrasound reflector. In the same or a different example, the ultrasound medical-treatment transducer is an ultrasound imaging and medical-treatment transducer.

21 Claims, 15 Drawing Sheets



U.S. PATENT DOCUMENTS						
4,748,985 A	6/1988	Nagasaki	5,501,655 A	3/1996	Rolt et al.	
4,757,820 A	7/1988	Itoh	5,514,085 A	5/1996	Yoon	
4,787,394 A	11/1988	Ogura	5,514,130 A	5/1996	Baker	
4,790,329 A	12/1988	Simon	5,520,188 A	5/1996	Hennige et al.	
4,798,215 A	1/1989	Turner	5,522,869 A	6/1996	Burdette et al.	
4,818,954 A	4/1989	Flachenecker et al.	5,524,620 A	6/1996	Rosenschein	
4,844,080 A	7/1989	Frass et al.	5,526,815 A	6/1996	Granz et al.	
4,858,613 A	8/1989	Fry et al.	5,526,816 A	6/1996	Arditi	
4,932,414 A	6/1990	Coleman et al.	5,526,822 A	6/1996	Burbank et al.	
4,937,767 A	6/1990	Reuschel et al.	5,540,656 A	7/1996	Pflueger et al.	
4,951,653 A	8/1990	Fry et al.	5,545,195 A	8/1996	Lennox et al.	
4,955,365 A	9/1990	Fry et al.	5,547,459 A	8/1996	Kaufman et al.	
4,955,366 A	9/1990	Uchiyama et al.	5,549,638 A	8/1996	Burdette	
4,960,107 A	10/1990	Aida et al.	5,553,618 A	9/1996	Suzuki et al.	
4,960,109 A	10/1990	Lele	5,558,092 A	9/1996	Unger et al.	
4,984,575 A	1/1991	Uchiyama et al.	5,569,241 A	10/1996	Edwards	
4,986,275 A	1/1991	Ishida et al.	5,571,088 A	11/1996	Lennox et al.	
5,005,580 A	4/1991	Okazaki	5,573,497 A	11/1996	Chapelon	
RE33,590 E	5/1991	Dory	5,575,288 A	11/1996	Sliwa et al.	
5,015,929 A	5/1991	Cathignol et al.	5,575,772 A	11/1996	Lennox	
5,031,626 A	7/1991	Hassler et al.	5,575,789 A	11/1996	Bell et al.	
5,036,855 A	8/1991	Fry et al.	5,582,588 A	12/1996	Sakurai et al.	
5,042,486 A	8/1991	Pfeiler et al.	5,588,432 A	12/1996	Crowley	
5,054,470 A	10/1991	Fry et al.	5,590,657 A	1/1997	Cain et al.	
5,065,740 A	11/1991	Itoh	5,596,991 A	1/1997	Tanaka	
5,078,144 A	1/1992	Sekino et al.	5,601,526 A	2/1997	Chapelon et al.	
5,080,101 A	1/1992	Dory	5,603,326 A	*	2/1997	Richter 600/443
5,080,102 A	1/1992	Dory	5,606,975 A	3/1997	Liang et al.	
5,095,906 A	3/1992	Ema	5,620,479 A	4/1997	Diederich	
5,095,907 A	3/1992	Kudo et al.	5,624,382 A	*	4/1997	Oppelt et al. 601/2
5,117,832 A	6/1992	Sanghvi et al.	5,626,607 A	*	5/1997	Malecki et al. 606/205
5,143,073 A	9/1992	Dory	5,628,743 A	5/1997	Cimino	
5,143,074 A	9/1992	Dory	5,630,837 A	5/1997	Crowley	
5,148,809 A	9/1992	Biegeleisen-Knight et al.	5,643,179 A	7/1997	Fujimoto	
5,149,319 A	9/1992	Unger	5,649,547 A	7/1997	Ritchart et al.	
5,150,711 A	9/1992	Dory	5,657,760 A	8/1997	Ying et al.	
5,150,712 A	9/1992	Dory	5,665,054 A	9/1997	Dory	
5,158,070 A	10/1992	Dory	5,666,954 A	9/1997	Chapelon et al.	
5,158,071 A	10/1992	Umemura et al.	5,676,692 A	*	10/1997	Sanghvi et al. 607/98
5,203,333 A	4/1993	Nomura	5,687,729 A	11/1997	Schaetzle	
5,209,221 A	5/1993	Riedlinger	5,694,936 A	12/1997	Fujimoto et al.	
5,238,007 A	8/1993	Giele et al.	5,697,897 A	12/1997	Buchholtz et al.	
5,240,005 A	8/1993	Viebach	5,699,804 A	12/1997	Rattner	
5,242,437 A	9/1993	Everett et al.	5,699,805 A	12/1997	Seward et al.	
5,295,484 A	3/1994	Marcus et al.	5,703,922 A	12/1997	Rattner	
5,304,115 A	4/1994	Pflueger et al.	5,715,825 A	2/1998	Crowley	
5,311,869 A	5/1994	Okazaki	5,720,287 A	2/1998	Chapelon et al.	
5,345,940 A	9/1994	Seward et al.	5,722,411 A	3/1998	Suzuki et al.	
5,348,017 A	9/1994	Thornton et al.	5,728,062 A	3/1998	Briskin	
5,354,258 A	10/1994	Dory	5,733,315 A	3/1998	Burdette et al.	
5,370,121 A	12/1994	Reichenberger et al.	5,735,280 A	4/1998	Sherman et al.	
5,391,140 A	2/1995	Schaetzle et al.	5,735,796 A	4/1998	Granz et al.	
5,391,197 A	2/1995	Burdette et al.	5,738,635 A	4/1998	Chapelon et al.	
5,398,690 A	*	3/1995	5,743,862 A	4/1998	Izumi	
5,398,691 A	*	3/1995	5,743,863 A	4/1998	Chapelon	
5,402,792 A	4/1995	Kimura	5,746,224 A	5/1998	Edwards	
5,409,002 A	4/1995	Pell	5,759,154 A	6/1998	Hoyns	
5,419,335 A	5/1995	Hartmann et al.	5,759,162 A	6/1998	Oppelt et al.	
5,421,338 A	6/1995	Crowley et al.	5,762,066 A	6/1998	Law et al.	
5,431,663 A	7/1995	Carter	5,769,086 A	6/1998	Ritchart et al.	
5,435,304 A	7/1995	Oppelt et al.	5,769,790 A	6/1998	Watkins et al.	
5,435,311 A	7/1995	Umemura et al.	5,771,896 A	6/1998	Sliwa et al.	
5,443,069 A	8/1995	Schaetzle	5,776,092 A	7/1998	Farin et al.	
5,448,994 A	9/1995	Iinuma	5,779,643 A	*	7/1998	Lum et al. 600/462
5,458,597 A	10/1995	Edwards et al.	5,782,764 A	7/1998	Werne	
5,465,724 A	11/1995	Sliwa et al.	5,785,705 A	7/1998	Baker	
5,471,988 A	12/1995	Fujio et al.	5,788,636 A	8/1998	Curley	
5,474,071 A	12/1995	Chapelon et al.	5,800,379 A	9/1998	Edwards	
5,485,839 A	1/1996	Aida et al.	5,807,308 A	9/1998	Edwards	
5,492,126 A	*	2/1996	5,810,742 A	9/1998	Pearlman	
5,500,012 A	3/1996	Brucker et al.	5,817,021 A	10/1998	Reichenberger	
			5,817,049 A	10/1998	Edwards	
			5,820,580 A	*	10/1998	Edwards et al. 604/22

5,823,962 A	10/1998	Schaetzle et al.	6,217,576 B1	4/2001	Tu et al.
5,836,896 A	11/1998	Rosenschein	6,221,014 B1	4/2001	Bauer
5,840,022 A *	11/1998	Richter 600/407	6,231,834 B1	5/2001	Unger et al.
5,840,031 A	11/1998	Crowley	6,241,677 B1	6/2001	Guracar et al.
5,860,974 A	1/1999	Abele	6,246,898 B1	6/2001	Vesely et al.
5,873,828 A	2/1999	Fujio et al.	6,258,029 B1	7/2001	Guracar et al.
5,873,845 A	2/1999	Cline et al.	6,266,552 B1	7/2001	Slettenmark
5,873,902 A	2/1999	Sanghvi et al.	6,315,723 B1	11/2001	Robinson et al.
5,876,399 A	3/1999	Chia et al.	6,322,511 B1	11/2001	Guracar et al.
5,882,302 A	3/1999	Driscoll, Jr. et al.	6,340,348 B1	1/2002	Krishnan et al.
5,893,835 A	4/1999	Witt et al.	6,340,352 B1	1/2002	Okada et al.
5,895,356 A	4/1999	Andrus et al.	6,352,532 B1	3/2002	Kramer et al.
5,897,495 A	4/1999	Aida et al.	6,361,531 B1	3/2002	Hissong
5,906,580 A	5/1999	Kline-Schoder et al.	6,371,903 B1	4/2002	Blanc et al.
5,928,169 A	7/1999	Schatzle et al.	6,371,973 B1 *	4/2002	Tepper 606/205
5,931,805 A	8/1999	Briskin	6,379,320 B1	4/2002	Lafon et al.
5,931,848 A	8/1999	Saadat	6,425,867 B1	7/2002	Vaezy et al.
5,938,600 A	8/1999	Van Vaals et al.	6,428,477 B1	8/2002	Mason
5,938,608 A	8/1999	Bieger et al.	6,440,147 B1	8/2002	Lee et al.
5,944,663 A	8/1999	Kuth et al.	6,461,314 B1	10/2002	Pant et al.
5,964,755 A	10/1999	Edwards	6,464,640 B1	10/2002	Guracar et al.
5,976,105 A *	11/1999	Marcove et al. 604/500	6,482,178 B1	11/2002	Andrews et al.
5,979,453 A	11/1999	Savage et al.	6,488,626 B1	12/2002	Lizzi et al.
5,984,881 A	11/1999	Ishibashi et al.	6,488,630 B1	12/2002	Hand et al.
5,984,882 A	11/1999	Rosenschein et al.	6,508,774 B1	1/2003	Acker et al.
5,987,523 A	11/1999	Hind et al.	6,512,957 B1	1/2003	Witte
5,993,389 A	11/1999	Driscoll, Jr. et al.	6,521,211 B1	2/2003	Unger et al.
5,997,534 A	12/1999	Tu et al.	6,533,726 B1	3/2003	Lizzi et al.
6,001,069 A	12/1999	Tachibana et al.	6,540,700 B1	4/2003	Fujimoto et al.
6,004,269 A	12/1999	Crowley et al.	6,546,934 B1	4/2003	Ingle et al.
6,007,499 A *	12/1999	Martin et al. 601/3	6,562,033 B2 *	5/2003	Shah et al. 606/41
6,010,531 A *	1/2000	Donlon et al. 623/2.1	6,575,969 B1	6/2003	Rittman et al.
6,013,031 A	1/2000	Mendlein et al.	6,599,245 B1	7/2003	Ma et al.
6,022,319 A	2/2000	Willard et al.	6,602,251 B2	8/2003	Burbank et al.
6,024,718 A	2/2000	Chen et al.	6,613,004 B1	9/2003	Vitek et al.
6,024,740 A	2/2000	Lesh et al.	6,618,620 B1	9/2003	Freundlich et al.
6,030,344 A	2/2000	Guracar et al.	6,626,855 B1	9/2003	Weng et al.
6,039,689 A	3/2000	Lizzi	6,635,054 B2 *	10/2003	Fjield et al. 606/27
6,042,556 A	3/2000	Beach et al.	6,638,235 B2	10/2003	Miller et al.
6,050,943 A	4/2000	Slayton et al.	6,641,579 B1	11/2003	Bernardi et al.
6,053,868 A	4/2000	Geistert et al.	6,645,202 B1	11/2003	Pless et al.
6,059,731 A	5/2000	Seward et al.	6,659,949 B1 *	12/2003	Lang et al. 600/438
6,063,050 A	5/2000	Manna et al.	6,669,638 B1	12/2003	Miller et al.
6,066,123 A	5/2000	Li et al.	6,673,019 B2	1/2004	Kamiyama
6,071,238 A	6/2000	Chapelon et al.	6,682,483 B1	1/2004	Abend et al.
6,071,239 A	6/2000	Cribbs et al.	6,702,745 B1 *	3/2004	Smythe 600/443
6,071,279 A *	6/2000	Wayne et al. 606/41	6,716,184 B2	4/2004	Vaezy et al.
6,083,159 A	7/2000	Driscoll, Jr. et al.	6,719,694 B2	4/2004	Weng et al.
6,086,535 A	7/2000	Ishibashi et al.	6,726,677 B1	4/2004	Flaherty et al.
6,086,539 A	7/2000	Guracar et al.	6,764,488 B1	7/2004	Burbank et al.
6,088,613 A	7/2000	Unger	6,770,070 B1	8/2004	Balbierz
6,093,149 A	7/2000	Guracar et al.	6,887,239 B2	5/2005	Elstrom et al.
6,106,470 A	8/2000	Geiser et al.	6,902,536 B2	6/2005	Manna et al.
6,106,517 A	8/2000	Zupkas	6,921,371 B2	7/2005	Wilson
6,110,118 A	8/2000	Guracar et al.	6,936,024 B1	8/2005	Houser
6,112,123 A	8/2000	Kelleher et al.	6,936,048 B2	8/2005	Hurst
6,113,558 A	9/2000	Rosenschein et al.	6,974,417 B2	12/2005	Lockwood et al.
6,117,101 A	9/2000	Diederich et al.	7,035,166 B2	4/2006	Zimmerman et al.
6,128,958 A	10/2000	Cain	7,037,306 B2	5/2006	Podany
6,135,963 A	10/2000	Haider	7,063,666 B2	6/2006	Weng et al.
6,135,971 A	10/2000	Hutchinson et al.	7,078,015 B2	7/2006	Unger
6,138,513 A	10/2000	Barabash et al.	7,410,469 B1	8/2008	Talish et al.
6,149,598 A	11/2000	Tanaka	2001/0007940 A1	7/2001	Tu et al.
6,156,029 A	12/2000	Mueller	2001/0014805 A1	8/2001	Burbank et al.
6,159,207 A	12/2000	Yoon	2001/0037073 A1	11/2001	White et al.
6,171,248 B1	1/2001	Hossack et al.	2002/0065512 A1	5/2002	Fjield et al.
6,176,842 B1	1/2001	Tachibana et al.	2002/0068934 A1	6/2002	Edwards et al.
6,183,469 B1	2/2001	Thapliyal et al.	2002/0087081 A1	7/2002	Serrano et al.
6,193,664 B1	2/2001	Guracar et al.	2002/0087803 A1	7/2002	Jones et al.
6,193,709 B1	2/2001	Miyawaki et al.	2002/0111662 A1	8/2002	Iaizzo et al.
6,206,843 B1	3/2001	Iger et al.	2002/0165579 A1	11/2002	Burbank et al.
6,210,330 B1	4/2001	Tepper	2002/0183371 A1	12/2002	Gordeev et al.
6,216,704 B1	4/2001	Ingle et al.	2002/0183742 A1	12/2002	Carmel et al.

2002/0193731	A1	12/2002	Myers et al.	
2003/0004434	A1	1/2003	Greco et al.	
2003/0013960	A1 *	1/2003	Makin et al.	600/439
2003/0013971	A1 *	1/2003	Makin et al.	600/459
2003/0014093	A1 *	1/2003	Makin	607/96
2003/0018266	A1 *	1/2003	Makin et al.	600/459
2003/0018358	A1	1/2003	Saadat	
2003/0028111	A1	2/2003	Vaezy et al.	
2003/0040698	A1	2/2003	Makin et al.	
2003/0047582	A1	3/2003	Sonnenschein et al.	
2003/0073907	A1	4/2003	Taylor	
2003/0109786	A1	6/2003	Irioka et al.	
2003/0120270	A1	6/2003	Acker	
2003/0120306	A1 *	6/2003	Burbank et al.	606/205
2003/0144593	A1	7/2003	Whitmore et al.	
2003/0212331	A1	11/2003	Fenton et al.	
2003/0212332	A1	11/2003	Fenton et al.	
2003/0220568	A1	11/2003	Hansmann et al.	
2004/0006336	A1	1/2004	Swanson	
2004/0030268	A1	2/2004	Weng et al.	
2004/0041880	A1	3/2004	Ikeda et al.	
2004/0106870	A1	6/2004	Mast	
2004/0127791	A1	7/2004	Mast et al.	
2004/0143252	A1	7/2004	Hurst	
2005/0015107	A1	1/2005	O'Brien	
2005/0131298	A1	6/2005	Cai	
2005/0137520	A1	6/2005	Rule et al.	
2005/0228286	A1	10/2005	Messerly et al.	
2005/0240125	A1	10/2005	Makin et al.	
2005/0261585	A1	11/2005	Makin et al.	
2005/0261587	A1	11/2005	Makin et al.	
2005/0261588	A1	11/2005	Makin et al.	
2005/0261610	A1	11/2005	Mast et al.	
2005/0267488	A1	12/2005	Hare et al.	
2006/0052701	A1	3/2006	Carter et al.	
2006/0173348	A1	8/2006	Wilser et al.	
2006/0235306	A1	10/2006	Cotter et al.	
2007/0004984	A1 *	1/2007	Crum et al.	600/471
2007/0021691	A1	1/2007	Nita et al.	

FOREIGN PATENT DOCUMENTS

JP	9098980	4/1997
JP	09-192139	7/1997
JP	10-14967	1/1998
JP	10-216146	8/1998
JP	10-511477	11/1998
JP	11-313832	11/1999
JP	2000-116657	4/2000
JP	2000-126185	5/2000
JP	2000-126197	5/2000
JP	2000-237205	9/2000
JP	2001-104358	4/2001
WO	95/29737	11/1995
WO	97/29709	8/1997
WO	WO 98/58588	12/1998
WO	99/33500	7/1999
WO	99/33500 A2	7/1999
WO	99/33500 A3	7/1999
WO	2000/038580	7/2000
WO	WO 01/34018	5/2001
WO	01/43641	6/2001
WO	2001/045550 A2	6/2001
WO	WO 01/45550 A2	6/2001
WO	01/97702	12/2001
WO	2001/045550 A3	12/2001
WO	WO 01/97702	12/2001
WO	03/075711	9/2003
WO	03/075771	9/2003
WO	2005/058138	6/2005

WO 2005/072084 8/2005

OTHER PUBLICATIONS

PCT International Search Report PCT/US02/16696 dated Apr. 4, 2003, corresponds to related U.S. Appl. No. 10/153,581.

PCT International Search Report PCT/US02/16421 dated Apr. 4, 2003, which corresponds to related U.S. Appl. No. 10/153,247.

PCT International Search Report PCT/US02/16697 dated Mar. 31, 2003, which corresponds to related U.S. Appl. No. 153,510.

PCT International Search Report PCT/US02/16417 dated Mar. 26, 2003, which corresponds to related U.S. Appl. No. 10/153,245.

International Search Report from related application PCT/US02/16512 dated Jul. 17, 2003.

International Search Report from related application PCT/US02/16699 dated Jul. 17, 2003.

Maass-Moreno, R. et al., "Noninvasive temperature estimation in tissue via ultrasound echo-shifts. Part I. Analytical model," *J. Acoust. Soc. Am.*, 100 (4), Pt. 1, pp. 2514-2521 (Oct. 1996).

Maass-Moreno, R. et al., "Noninvasive temperature estimation in tissue via ultrasound echo-shifts. Part II. *In vitro* study," *J. Acoust. Soc. Am.*, 100 (4), Pt. 1, pp. 2522-2530 (Oct. 1996).

Seip, R. et al., "Noninvasive Real-Time Multipoint Temperature Control for Ultrasound Phased Array Treatments," *IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control*, vol. 43, No. 6, pp. 1063-1073 (Nov. 1996).

Simon, C. et al., "Two-Dimensional Temperature Estimation Using Diagnostic Ultrasound," *IEEE Transactions of Ultrasonics, Ferroelectrics, and Frequency Control*, vol. 45, No. 4, pp. 1088-1099 (Apr. 1998).

Supplementary Partial European Search Report, European Application No. 04811946.5 (Oct. 30, 2008).

Australian Examiner's Report on related application 2002312084 dated Sep. 26, 2005.

Chavrier, F. et al., "Modeling of high-intensity focused ultrasound-induced lesions in the presence of cavitation bubbles," *J. Acoust. Soc. Am.*, 108 (1), pp. 432-440 (Jul. 2000).

Hill, C.R. et al., "Lesion Development in Focused Ultrasound Surgery: A General Model," *Ultrasound in Med. & Biol.*, vol. 20, No. 3, pp. 259-269 (1994).

Clare, M.C. et al., "MRI Guided Focused Ultrasound Surgery (FUS) of uterine leiomyomas: A Feasibility Study," *Workshop on MRI-Guided: Focused Ultrasound Surgery Syllabus*, pp. 24-25, International Society for Magnetic Resonance in Medicine (Jun. 19-21, 2002).

Vaezy, S. et al., "Treatment of Uterine Fibroid Tumors in a Nude Mouse Model Using High-Intensity Focused Ultrasound," *Am J. Obstet. Gynecol.*, vol. 183, No. 1, pp. 6-11 (2000).

Web pages of RITA Medical Systems regarding Electrosurgical Devices, RF Generator and RITA Base Software, <http://www.ritamedical.com> (10 pages).

AU, Examiners Report, Australian Application No. 2002303862 (Nov. 25, 2005).

AU, Examiners Report, Australian Application No. 2002305713 (Jan. 31, 2006).

AU, Examiners Report, Australian Application No. 2002310089 (Oct. 20, 2005).

AU, Examiners Report, Australian Application No. 2002314817 (Sep. 22, 2005).

CA, Office Action, Canadian Application No. 2,448,906 (Jan. 31, 2008).

CA, Office Action, Canadian Application No. 2,449,062 (Jan. 31, 2008).

CA, Office Action, Canadian Application No. 2,449,568 (Jan. 31, 2008).

Cain, C.A. et al., "Concentric-Ring and Sector-Vortex Phased-Array Applicators for Ultrasound Hyperthermia," *IEEE Transactions on Microwave Theory and Techniques*, vol. MTT-34, No. 5, pp. 542-551 (May 1986).

Christensen, D.A., *Ultrasonic Bioinstrumentation*, 1988, John Wiley and Sons, p. 105, p. 155.

Cool-tip™ RF Radio Frequency Ablation System, web page from radionics.com.

Daum, D.R. et al., "Thermal Dose Optimization Via Temporal Switching in Ultrasound Surgery," *IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control*, vol. 45, No. 1, pp. 208-215 (Jan. 1998).

McGough, R.J. et al., "Mode scanning: heating pattern synthesis with ultrasound phased arrays," *Int. J. Hyperthermia*, 1994, vol. 10, No. 3, pp. 433-442

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16695 (Nov. 13, 2002).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16512 (Sep. 8, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16699 (Aug. 25, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16700 (May 30, 2004).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16696 (May 5, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16421 (May 19, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16697 (Apr. 23, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16417 (May 2, 2003).

PCT, International Preliminary Examination Report, International Application No. PCT/US02/16689 (Feb. 19, 2003).

PCT, International Search Report, International Application No. PCT/US02/16695 (dated Sep. 24, 2002; published Dec. 5, 2002).

Seip, R. et al., "Comparison of Split-Beam Transducer Geometries and Excitation Configurations for Transrectal Prostate HIFU Treatments," *2001 IEEE Ultrasonics Symposium*, pp. 1343-1346.

U.S. Appl. No. 10/721,034 and the prosecution history thereof.

U.S. Appl. No. 10/152,769 and the prosecution history thereof.

U.S. Appl. No. 10/153,122 and the prosecution history thereof.

U.S. Appl. No. 10/153,241 and the prosecution history thereof.

U.S. Appl. No. 10/153,245 and the prosecution history thereof.

U.S. Appl. No. 10/153,510 and the prosecution history thereof.

U.S. Appl. No. 10/867,170 and the prosecution history thereof.

U.S. Appl. No. 10/735,045 and the prosecution history thereof.

U.S. Appl. No. 10/795,680 and the prosecution history thereof.

U.S. Appl. No. 10/850,984 and the prosecution history thereof.

U.S. Appl. No. 12/145,635 and the prosecution history thereof.

* cited by examiner

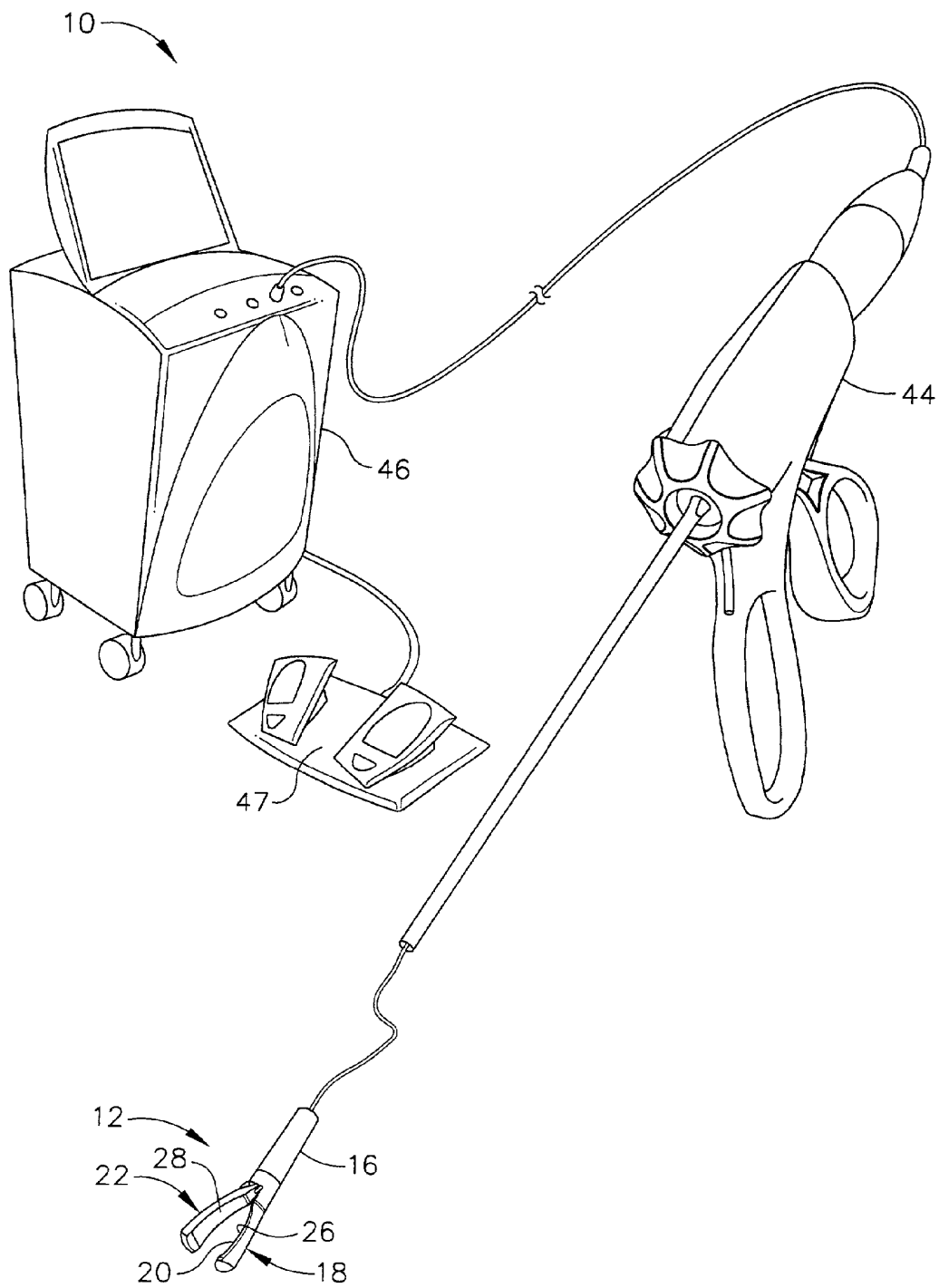


FIG. 1

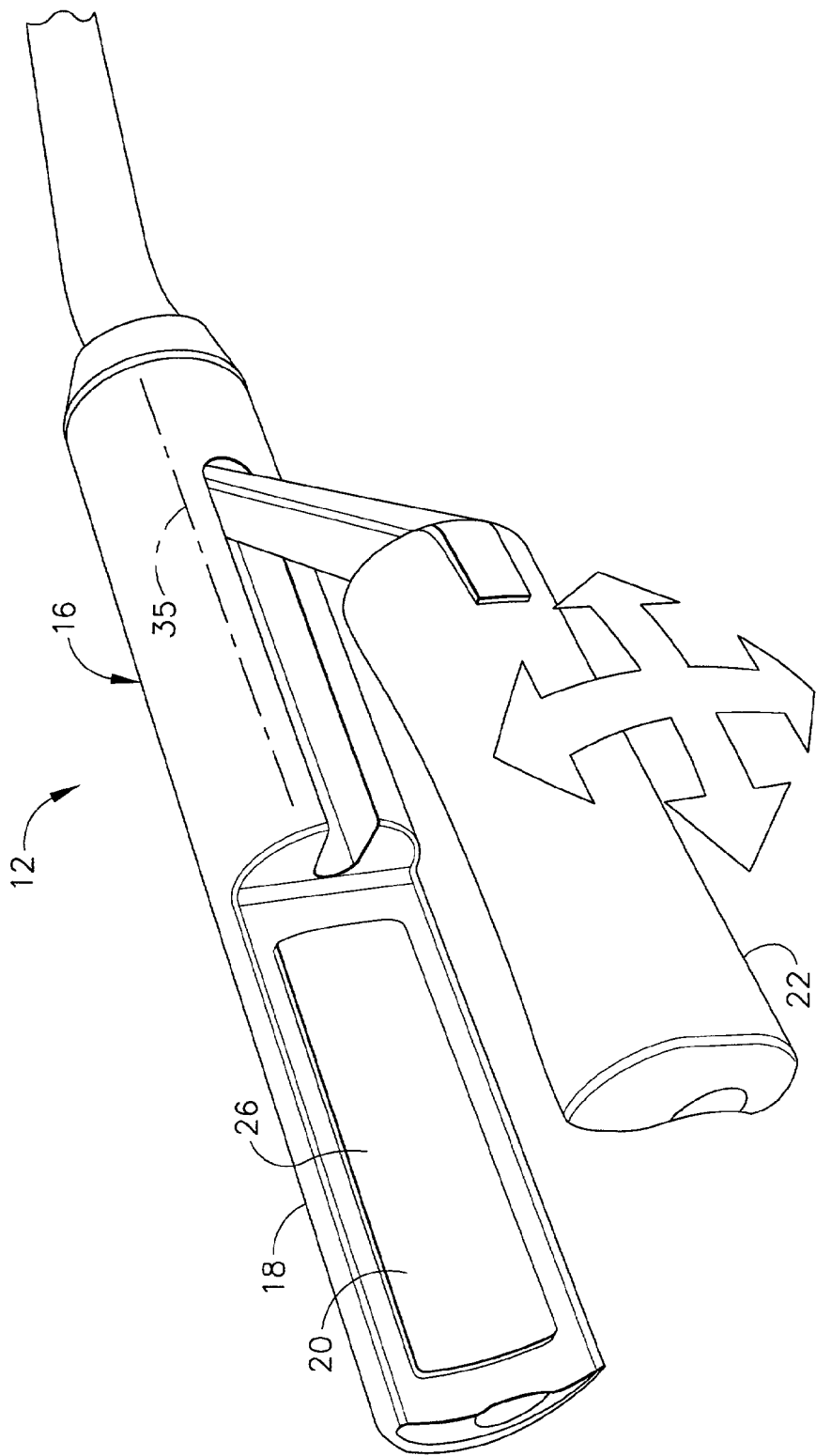


FIG. 2

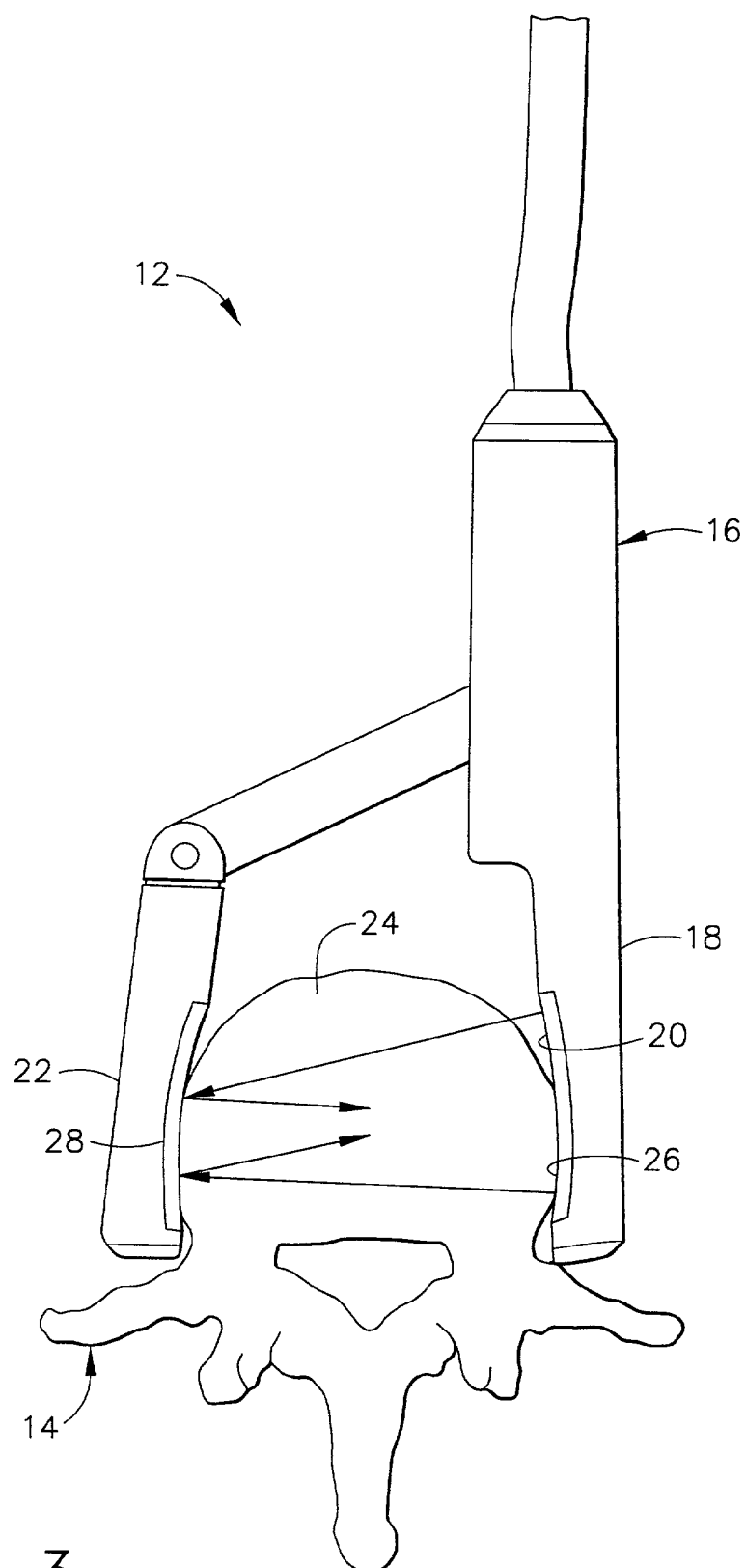


FIG. 3

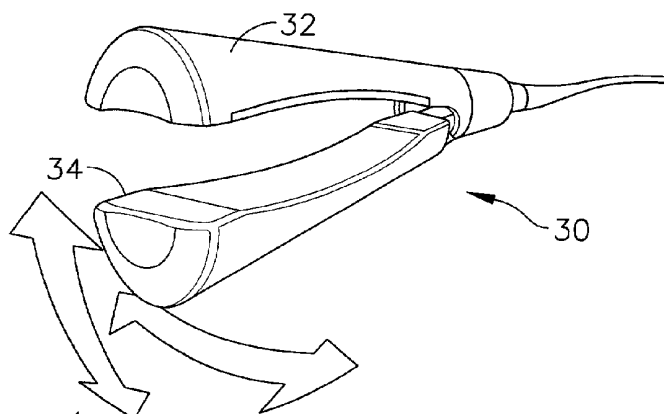


FIG. 4

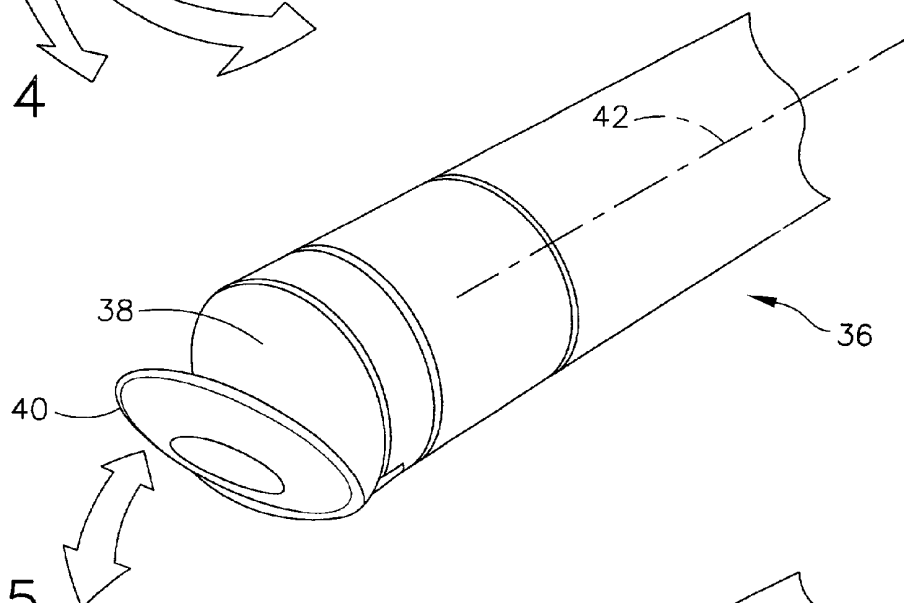


FIG. 5

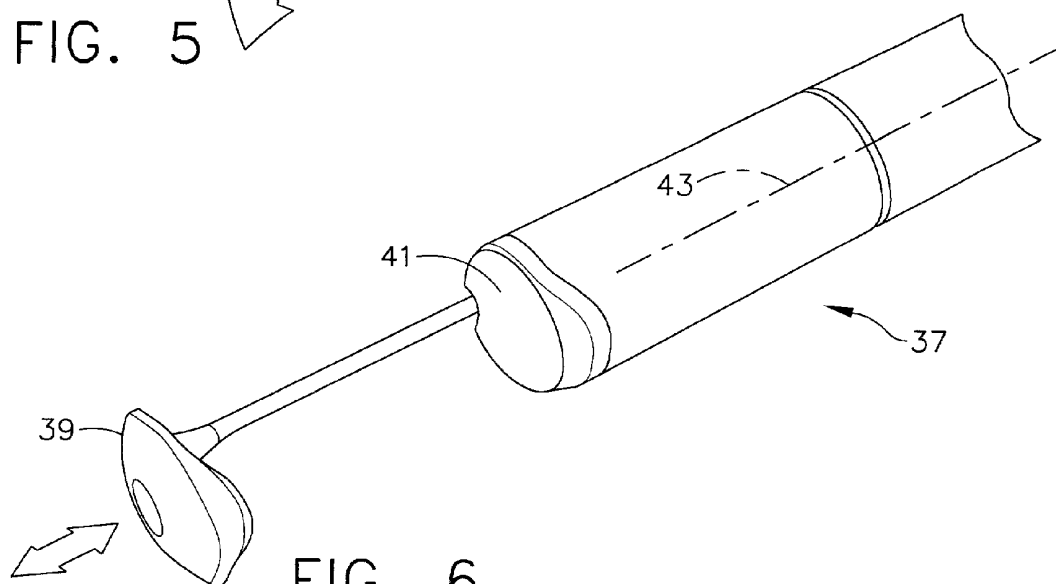
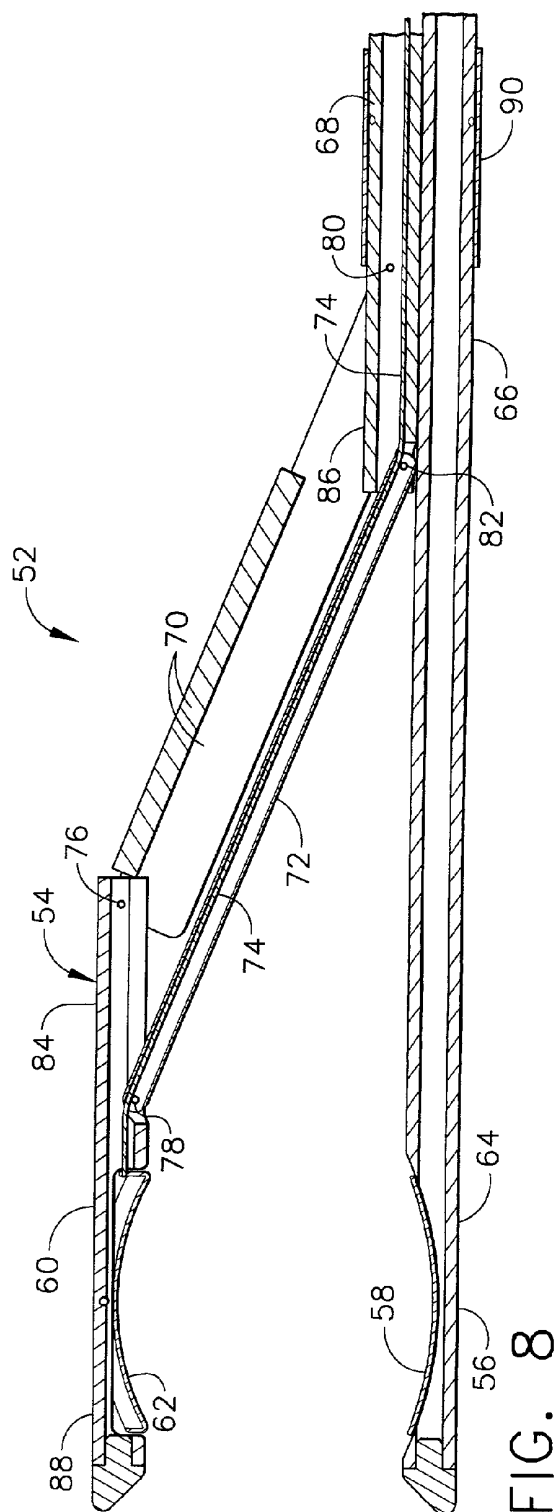
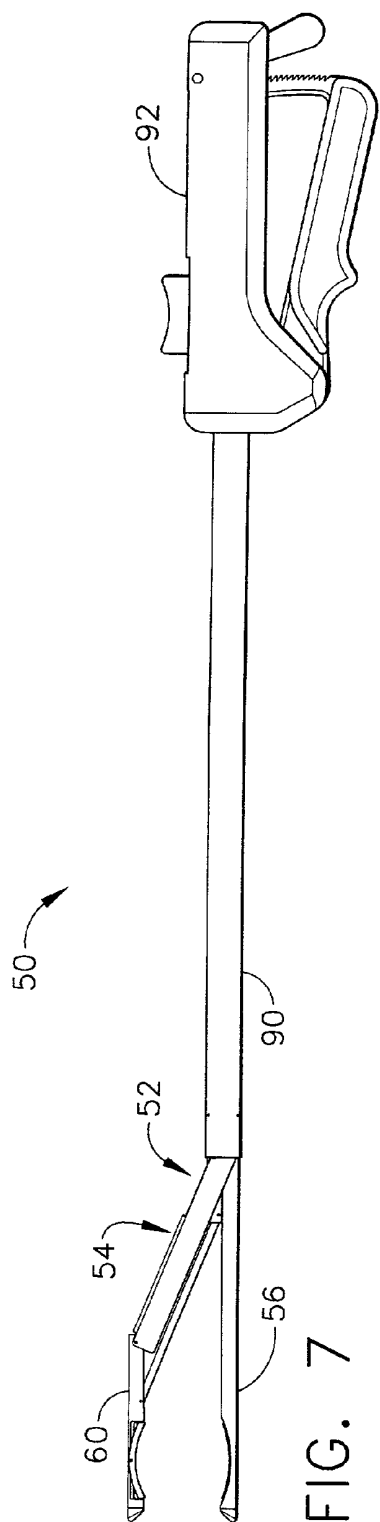


FIG. 6



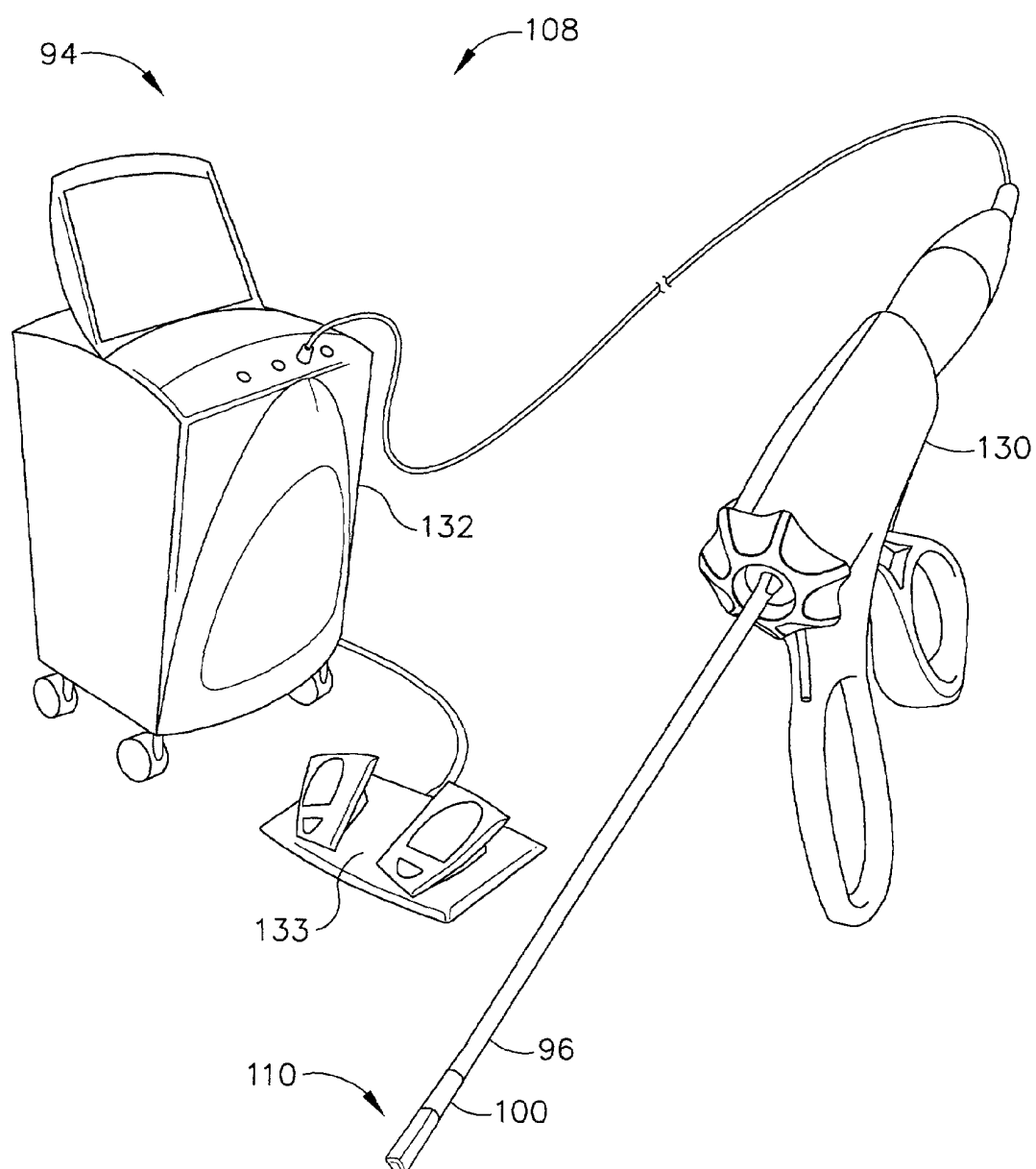


FIG. 9

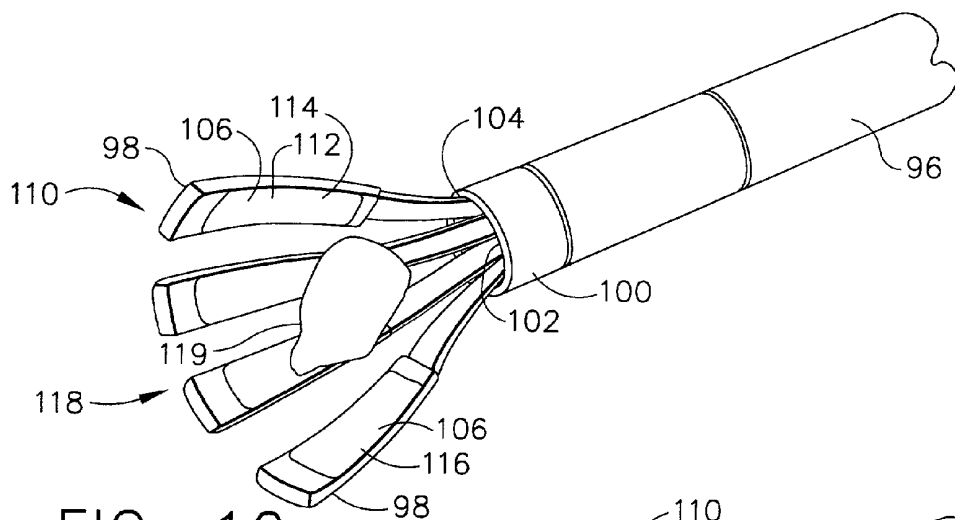


FIG. 10

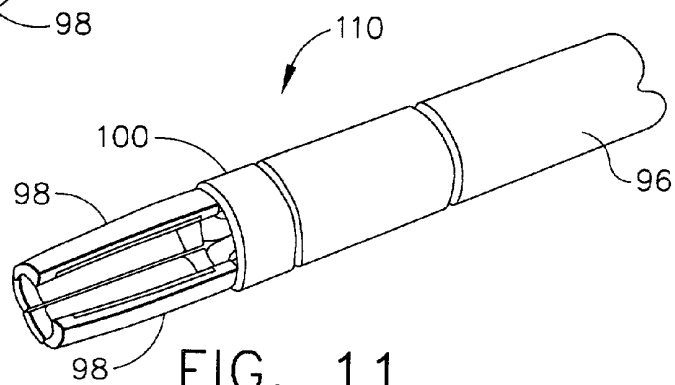


FIG. 11

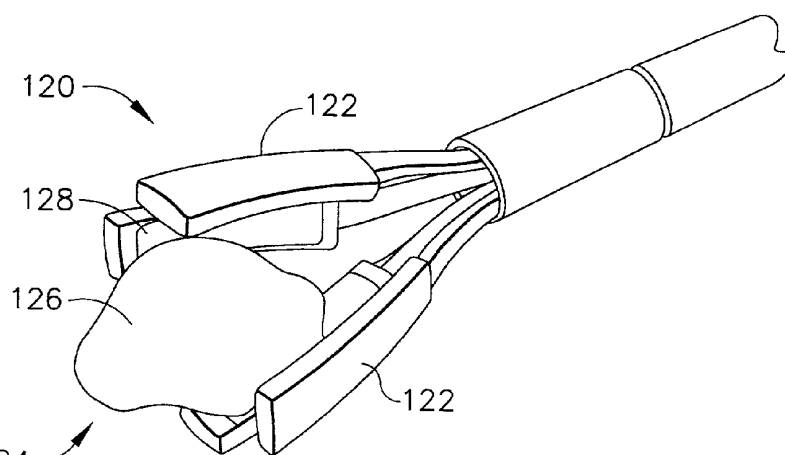


FIG. 12

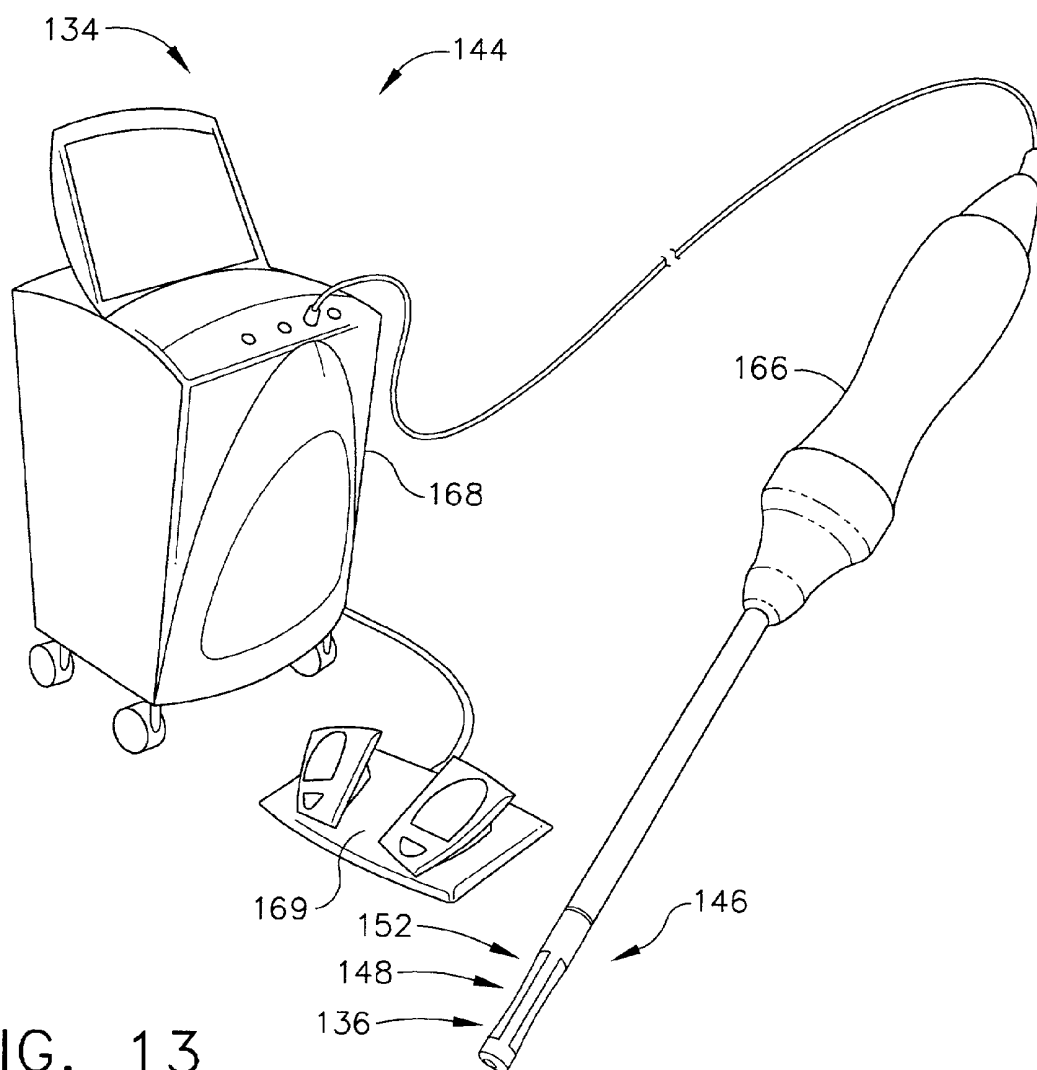


FIG. 13

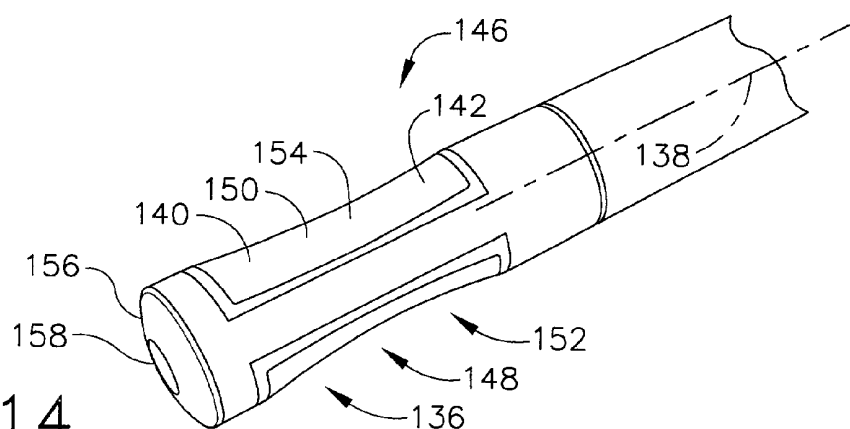


FIG. 14

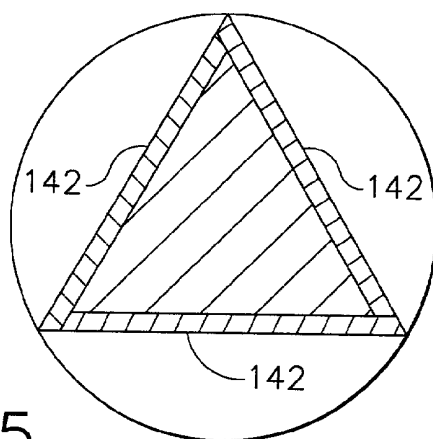


FIG. 15

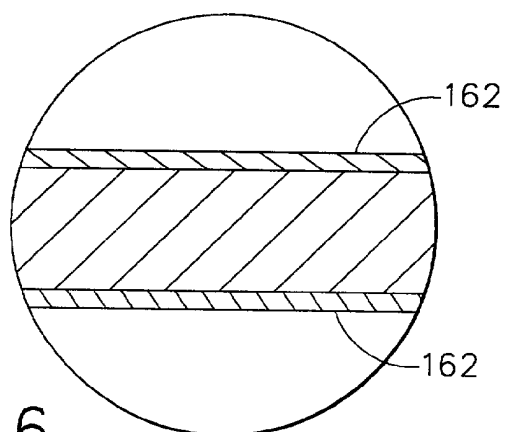


FIG. 16

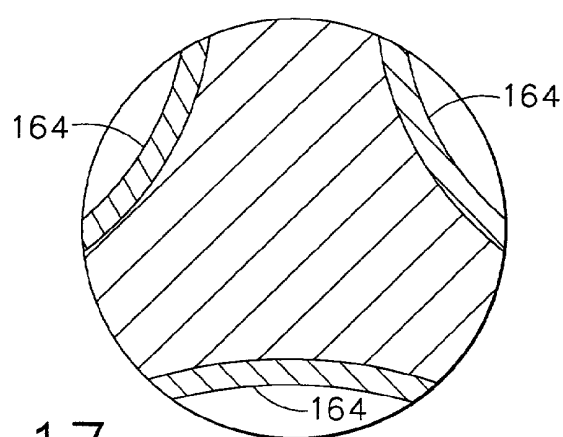


FIG. 17

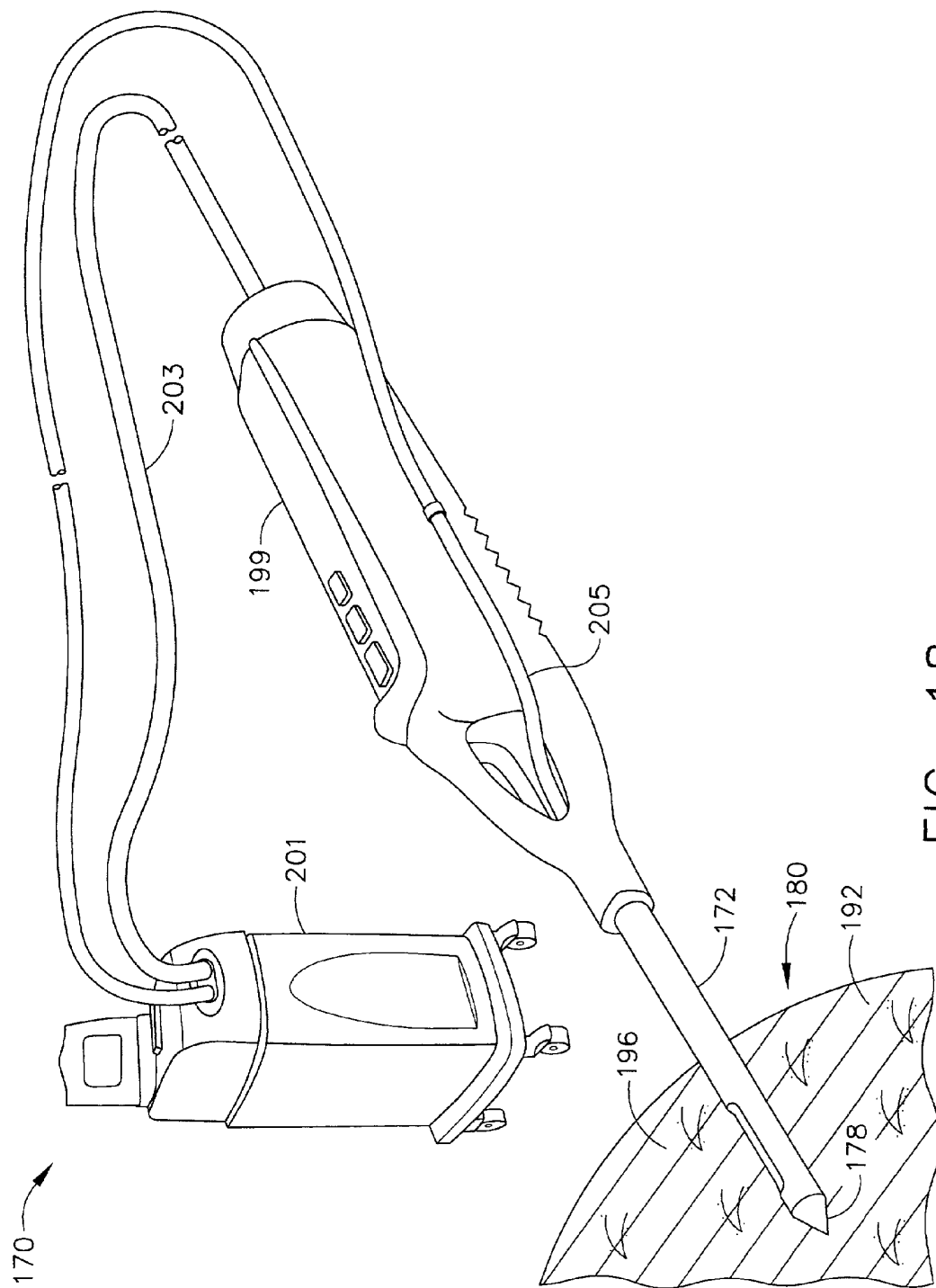
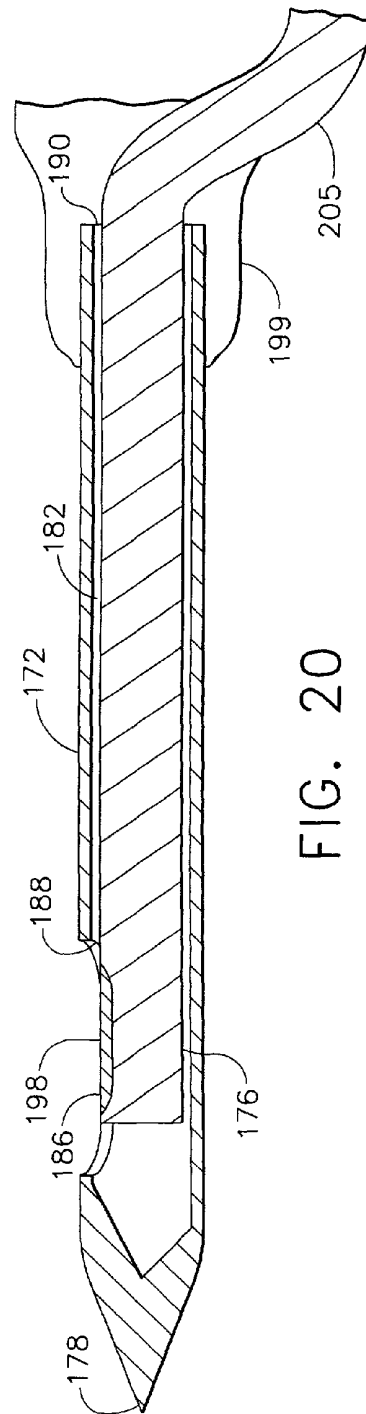
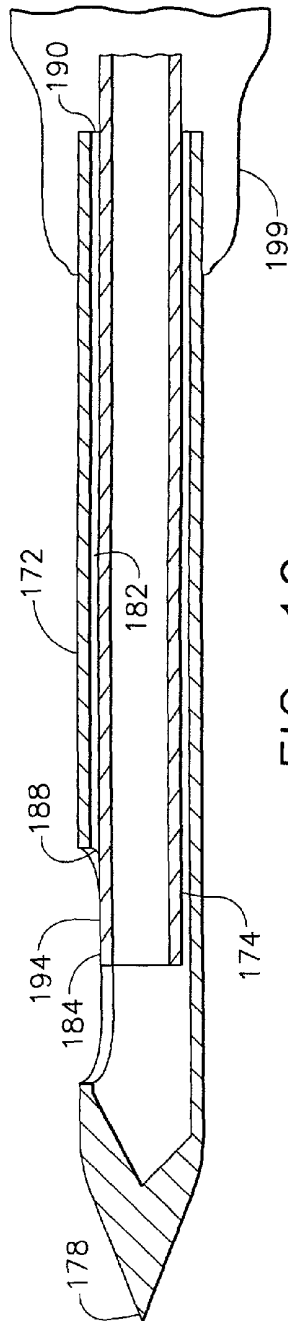


FIG. 18



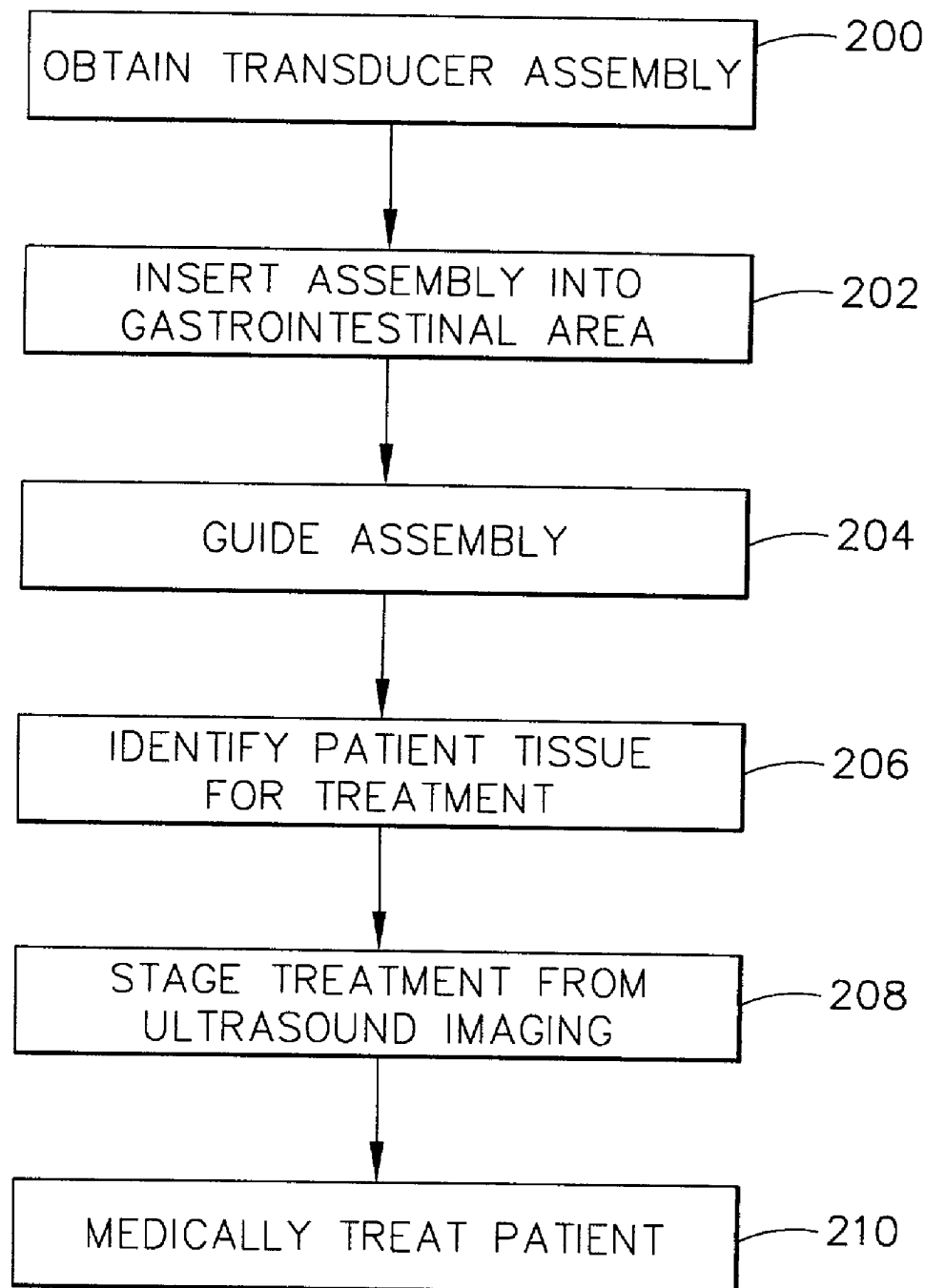


FIG. 21

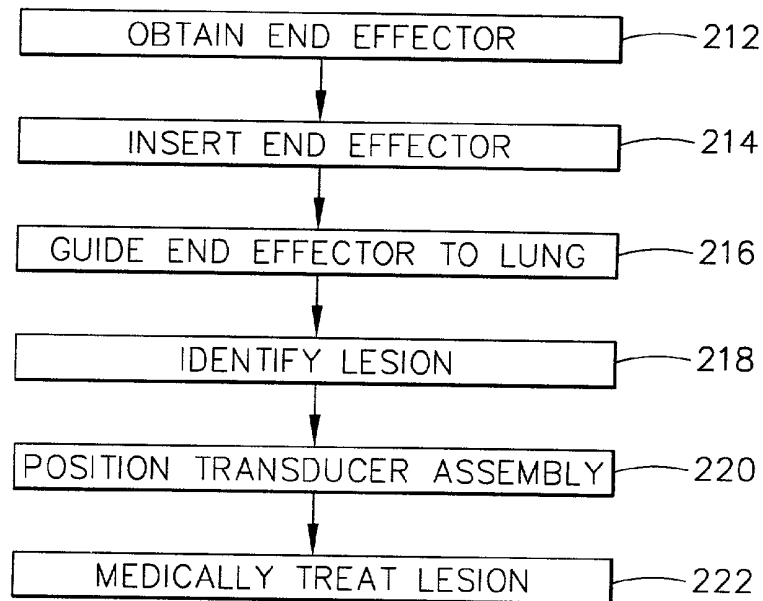


FIG. 22

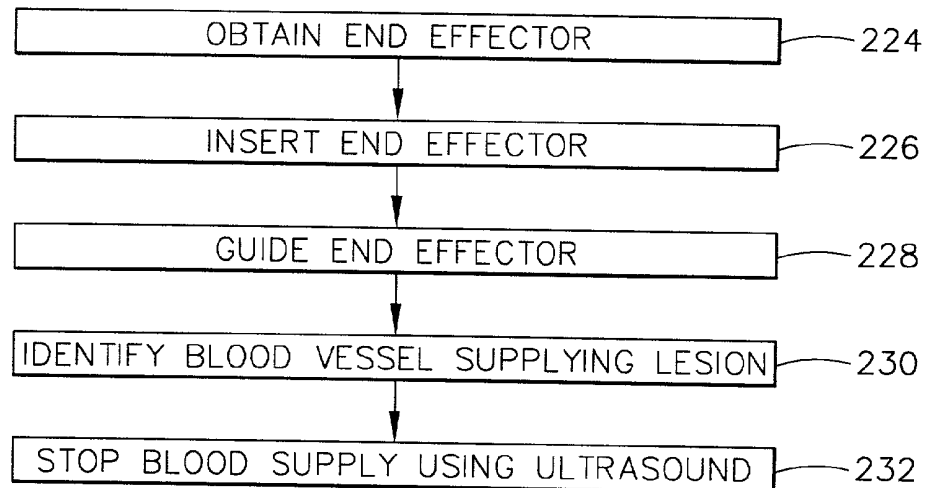
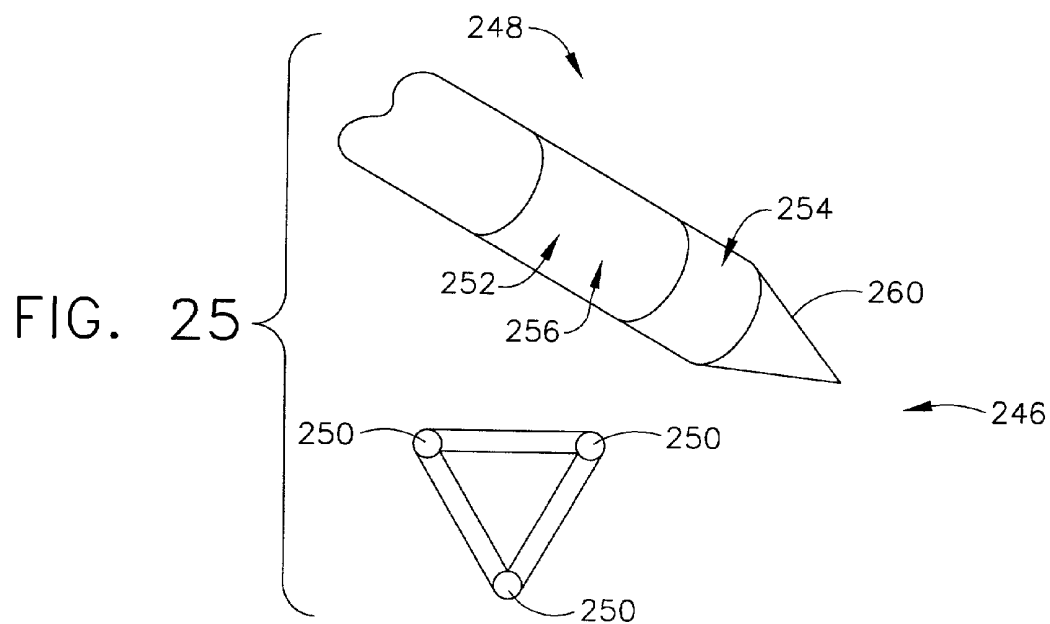
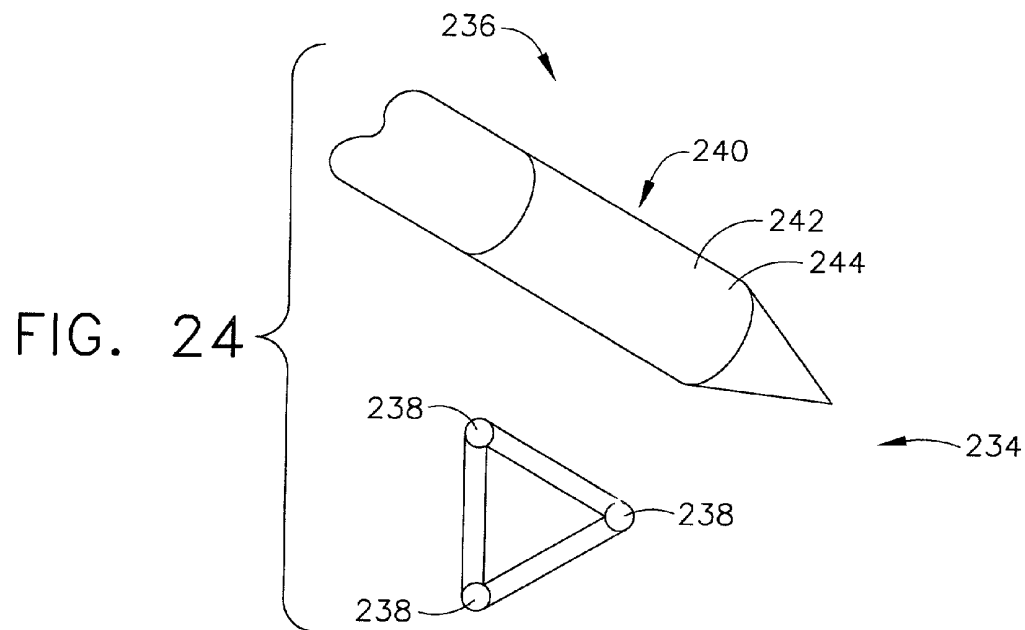


FIG. 23



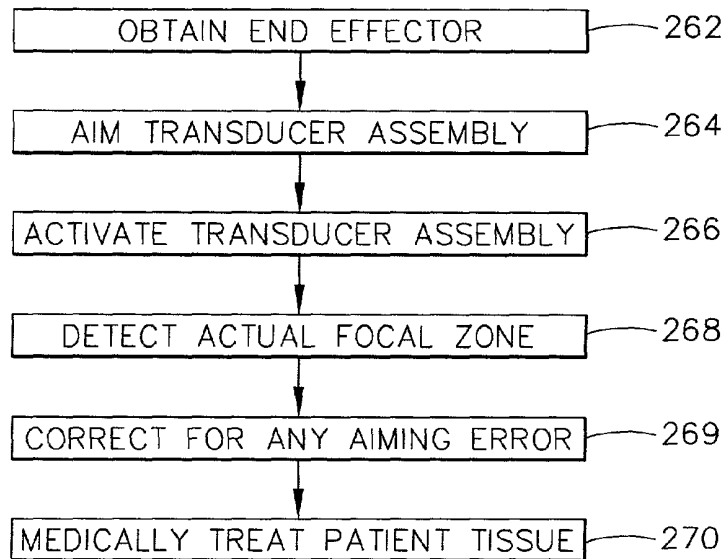


FIG. 26

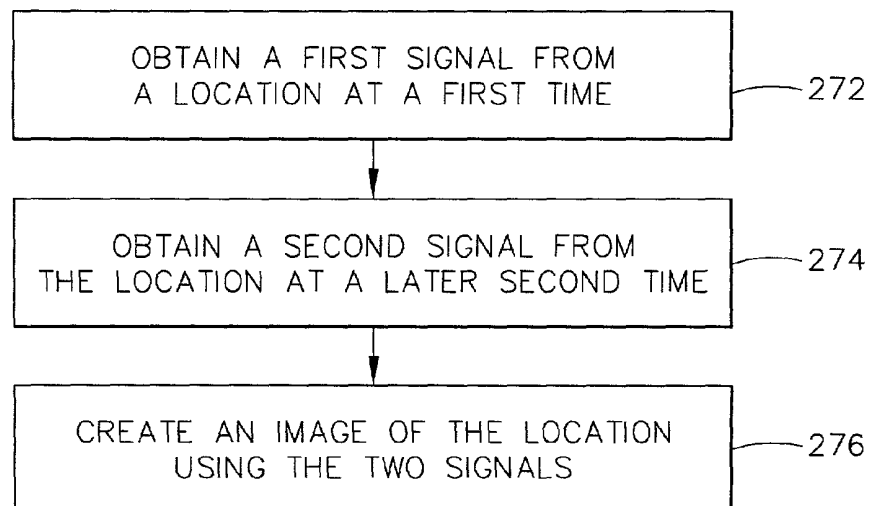


FIG. 27

TISSUE-RETAINING SYSTEM FOR ULTRASOUND MEDICAL TREATMENT

The present application claims priority of U.S. Provisional Application Serial No. 60/294,135 filed May 29, 2001, the entire disclosure of which is incorporated herein by reference.

FIELD OF THE INVENTION

The present invention relates generally to ultrasound, and more particularly to an ultrasound medical system and/or to an ultrasound medical method.

BACKGROUND OF THE INVENTION

Known ultrasound medical systems and methods include using ultrasound imaging of patients to identify patient tissue for medical treatment and include using ultrasound to medically destroy identified patient tissue by heating the tissue. Imaging is done at lower power and medical treatment is done at higher power. Low power imaging ultrasound will not medically affect patient tissue. High power medical-treatment ultrasound, when focused at a focal zone a distance away from the ultrasound source, will substantially medically affect patient tissue in the focal zone. However, focused medical-treatment ultrasound will not substantially medically affect patient tissue outside the focal zone such as patient tissue located between the source and the focal zone.

In one known example, a transducer assembly includes a single ultrasound transducer having a single transducer element, or an array of transducer elements acting together, to ultrasonically image the patient and to ultrasonically ablate identified patient tissue. It is known to convert ultrasound imaging data into temperature imaging data for ultrasound-treated patient tissue to monitor the ultrasound treatment. A known transducer element includes a transducer element having a concave shape or an acoustic lens to focus ultrasound energy. A known array of transducer elements includes a planar, concave, or convex array of transducer elements to focus ultrasound energy. A known array of transducer elements includes an array whose transducer elements are electronically or mechanically controlled together to steer and focus the ultrasound emitted by the array to a focal zone (which may be large or which may be as small as, for example, a grain of rice) to provide three-dimensional medical ultrasound treatment of patient tissue. In some applications, the transducer is placed on the surface of patient tissue for ultrasound imaging and/or ultrasound medical treatment of areas within the patient tissue. In other applications, the transducer is surrounded with a balloon which is expanded to contact the surface of patient tissue by filling with a fluid such as a saline solution to provide acoustic coupling between the transducer and the patient tissue.

Known ultrasound medical systems and methods include deploying an end effector having an ultrasound transducer outside the body to break up kidney stones inside the body, endoscopically inserting an end effector having an ultrasound transducer in the colon to medically destroy prostate cancer, laparoscopically inserting an end effector having an ultrasound transducer in the abdominal cavity to medically destroy a cancerous liver tumor, intravenously inserting a catheter end effector having an ultrasound transducer into a vein in the arm and moving the catheter to the heart to medically destroy diseased heart tissue, and interstitially inserting a needle end effector having an ultrasound transducer needle into the tongue to medically destroy tissue to reduce tongue volume to reduce snoring. Known methods for guiding an end

effector within a patient include guiding the end effector from x-rays, from MRI images, and from ultrasound images obtained using the ultrasound transducer. Known ultrasound imaging includes Doppler ultrasound imaging to detect blood flow, and a proposed known use of ultrasound includes using an ultrasound transducer outside the body to stop internal bleeding (by sealing ruptured blood vessels) of a patient brought to an emergency room of a hospital.

A Mammotome® Breast Biopsy System manufactured by Ethicon Endo-Surgery, Inc. (a Johnson & Johnson Company) inserts a tube into breast tissue, wherein the tube contains an end effector having a biopsy cutting tool. A known electromagnetic transponder and three-receiver system for calculating the position of the transponder and for guiding the transponder (which is attached to a heart catheter for monitoring the heart) inside a patient is the CARTO™ EP Navigation System used with a NAVI-STAR® catheter manufactured by Biosense Webster (a Johnson & Johnson Company). Further, it is known that changes in patient tissue because of medical treatment of patient tissue, such as ultrasound medical treatment, affect the amplitude and/or phase of ultrasound imaging signals.

What is needed is an improved ultrasound medical system and/or an improved ultrasound medical method. This invention addresses those needs lacking in an ultrasonic medical system and/or an ultrasonic medical method.

SUMMARY OF THE INVENTION

One expression of an embodiment of the invention is an ultrasound medical treatment system including an end effector insertable into a patient. The end effector includes a tissue-retaining device. The tissue-retaining device includes a first tissue-retaining member having an ultrasound medical-treatment transducer and includes a second tissue-retaining member. The first and second tissue-retaining members are operatively connected together to retain patient tissue between the first and second tissue-retaining members and to release patient tissue so retained. In one example, the second tissue-retaining member has an ultrasound reflector. In the same or a different example, the ultrasound medical-treatment transducer is an ultrasound imaging and medical-treatment transducer.

The present invention has, without limitation, application in conventional endoscopic and open surgical instrumentation as well as application in robotic-assisted surgery.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of a first embodiment of the present invention showing an ultrasound medical treatment system which includes a tissue-retaining device;

FIG. 2 is an enlarged view of the end effector of the ultrasound medical treatment system of FIG. 1;

FIG. 3 is a view of the end effector of FIG. 2 retaining an intervertebral disk of a patient;

FIG. 4 is a perspective view of a first alternate end effector which can be used in the ultrasound medical treatment system of FIG. 1;

FIG. 5 is a perspective view of a second alternate end effector which can be used in the ultrasound medical treatment system of FIG. 1;

FIG. 6 is a perspective view of a third alternate end effector which can be used in the ultrasound medical treatment system of FIG. 1;

FIG. 7 is a side elevational view of a second embodiment of the present invention showing another ultrasound medical treatment system which includes a tissue-retaining device;

FIG. 8 is an enlarged, partially-cutaway view of the end effector of the ultrasound medical treatment system of FIG. 7;

FIG. 9 is a perspective view of a third embodiment of the present invention showing an ultrasound medical system which includes flexible fingers, wherein each finger includes an ultrasound transducer;

FIG. 10 is an enlarged view of the tube and the flexible fingers of the ultrasound medical system of FIG. 9 showing the flexible fingers in a deployed fan-like state;

FIG. 11 is a view of the flexible fingers of FIG. 10 shown in a stowed state;

FIG. 12 is a perspective view of an alternate flexible finger arrangement which can be used in the ultrasound medical system of FIG. 9, showing the flexible fingers in a deployed claw-like state surrounding patient tissue;

FIG. 13 is a perspective view of a fourth embodiment of the present invention showing an ultrasound medical system which includes an ultrasound transducer assembly which includes at least two ultrasound transducers;

FIG. 14 is an enlarged view of the ultrasound transducer assembly of the ultrasound medical system of FIG. 13;

FIG. 15 is a cross-sectional view of the transducer assembly of FIG. 14;

FIG. 16 is a cross-sectional view of a first alternate transducer arrangement which can be used in place of the arrangement of FIG. 15;

FIG. 17 is a cross-sectional view of a second alternate transducer arrangement which can be used in place of the arrangement of FIG. 15;

FIG. 18 is a perspective view of a fifth embodiment of the present invention showing an ultrasound medical treatment system which includes a cutting tool and an ultrasound medical-treatment transducer assembly;

FIG. 19 is an enlarged, cross-sectional view of the tube of FIG. 18 showing a cutting tool that has been introduced into the lumen of the tube;

FIG. 20 is an enlarged, cross-sectional view of the tube of FIG. 18 showing an ultrasound medical-treatment transducer assembly that has been introduced into the lumen of the tube;

FIG. 21 is a block diagram of an eighth method of the present invention which includes ultrasound staging of medical treatment of patient tissue in the gastrointestinal area;

FIG. 22 is a block diagram of an eleventh method of the present invention which includes ultrasound medical treatment of a lesion on or in the lung of a patient;

FIG. 23 is a block diagram of a thirteenth method of the present invention which includes ultrasound medical treatment of a blood vessel to stop the supply of blood to a lesion from the blood vessel;

FIG. 24 is a perspective view of a sixth embodiment of the present invention showing a portion of an ultrasound medical treatment system which includes receivers for locating the position of the transducer assembly of the system;

FIG. 25 is a perspective view of a seventh embodiment of the present invention showing a portion of another ultrasound medical treatment system which includes receivers for locating the position of the transponder of the system;

FIG. 26 is a block diagram of a seventeenth method of the present invention which includes aiming the transducer assembly; and

FIG. 27 is a block diagram of a twentieth method of the present invention which includes creating an image after starting medical treatment using an imaging ultrasound wave

before medical treatment and an imaging ultrasound wave after starting medical treatment.

DETAILED DESCRIPTION OF THE INVENTION

Before explaining the present invention in detail, it should be noted that the invention is not limited in its application or use to the details of construction and arrangement of parts illustrated in the accompanying drawings and description. The illustrative embodiments of the invention may be implemented or incorporated in other embodiments, variations and modifications, and may be practiced or carried out in various ways. Furthermore, unless otherwise indicated, the terms and expressions employed herein have been chosen for the purpose of describing the illustrative embodiments of the present invention for the convenience of the reader and are not for the purpose of limiting the invention.

It is understood that any one or more of the following-described embodiments, expressions of embodiments, examples, methods, etc. can be combined with any one or more of the other following-described embodiments, expressions of embodiments, examples, methods, etc. For example, and without limitation, any of the end effectors can be used in any of the methods, any of the transducer arrangements can be used in any of the end effectors, and any appropriate methods can be combined such as combining the seventeenth and twentieth methods, etc.

Ultrasound Medical Treatment Using Tissue-Retaining Devices

Tissue-Retaining System for Ultrasound Medical Treatment

Referring now to the drawings, FIGS. 1-3 illustrate a first embodiment of the present invention. A first expression of the first embodiment of the present invention is for an ultrasound medical treatment system 10 including an end effector 12 insertable into a patient 14. The end effector 12 includes a tissue-retaining device 16. The tissue-retaining device 16 includes a first tissue-retaining member 18 having an (i.e., at least one) ultrasound medical-treatment transducer 20 (also called "transducer 20") and includes a second tissue-retaining member 22. The first and second tissue-retaining members 18 and 22 are operatively connected together to retain patient tissue 24 between the first and second tissue-retaining members 18 and 22 and to release patient tissue 24 so retained.

It is noted that an ultrasound medical-treatment transducer is an ultrasound transducer adapted at least for ultrasound medical treatment of a patient such as, but not limited to, a human patient. An ultrasound medical-treatment transducer includes either a single ultrasound medical-treatment transducer element or an array of ultrasound medical-treatment transducer elements, as is known to those skilled in the art. An ultrasound medical-treatment transducer may or may not also be adapted for ultrasound imaging of a patient. Likewise, an ultrasound imaging transducer is an ultrasound transducer adapted at least for ultrasound imaging of a patient and may or may not also be adapted for ultrasound medical-treatment of a patient. Advantages of retaining patient tissue between two tissue-retaining members during ultrasound medical treatment by one of the tissue-retaining members include having a single instrument which ultrasonically medically treats patient tissue and at the same time immobilizes patient tissue against undesired movement during the treatment. It is also noted that in one application the tissue-retaining device is a clamp which retains and holds tissue and that in another

application the tissue-retaining device retains tissue against movement, but does not hold tissue, and therefore is not a clamp.

In one variation, not shown, the second tissue-retaining member **22** has an ultrasound imaging and/or medical treatment transducer. In the same or a different variation, not shown, the tissue-retaining device **16** has at least one additional tissue-retaining member. Mechanisms, not shown, for remotely moving two (or more) members toward and away from each other are within the ordinary level of skill of the artisan and include, without limitation, the use of pivotal member attachments and the use of cables or motors. In the same or a different variation, the retained patient tissue **24** is retained between the ultrasound medical-treatment transducer **20** and the second tissue-retaining member **22**. In the same or a different variation, the ultrasound medical-treatment transducer **20** focuses ultrasound energy, such focusing being known to those skilled in the art. In the same or a different variation, not shown, the second tissue-retaining member **22** is substantially ultrasonically non-reflective.

A second expression of the first embodiment of the present invention is for an ultrasound medical treatment system **10** including an end effector **12** insertable into a patient **14**. The end effector **12** includes a tissue-retaining device **16**. The tissue-retaining device **16** includes a first tissue-retaining member **18** having an (i.e., at least one) ultrasound imaging and medical-treatment transducer **26** (also called "transducer **26**") and includes a second tissue-retaining member **22**. The first and second tissue-retaining members **18** and **22** are operatively connected together to retain patient tissue **24** between the first and second tissue-retaining members **18** and **22** and to release patient tissue **24** so retained.

It is noted that an ultrasound imaging and medical-treatment transducer is an ultrasound transducer adapted at least for both ultrasound imaging and ultrasound medical treatment of a patient. An ultrasound imaging and medical-treatment transducer includes either a single ultrasound imaging and medical-treatment transducer element or an array of ultrasound medical transducer elements (including an array having at least one separate element for imaging and at least one separate element for medical treatment or an array having at least two elements each adapted for both imaging and medical treatment), as is known to those skilled in the art. In one variation, the retained patient tissue **24** is retained between the imaging and medical-treatment transducer **26** and the second tissue-retaining member **22**. In the same or a different variation, the ultrasound imaging and medical-treatment transducer **26** focuses ultrasound energy. In the same or a different variation, not shown, the second tissue-retaining member **22** is substantially ultrasonically non-reflective.

A third expression of the first embodiment shown in FIGS. **1-3** is for an ultrasound medical treatment system **10** including an end effector **12** insertable into a patient **14**. The end effector **12** includes a tissue-retaining device **16**. The tissue-retaining device **16** includes a first tissue-retaining member **18** having an (i.e., at least one) ultrasound medical-treatment transducer **20** and includes a second tissue-retaining member **22** having an (i.e., at least one) ultrasound reflector **28**. The first and second tissue-retaining members **18** and **22** are operatively connected together to retain patient tissue **24** between the first and second tissue-retaining members **18** and **22** and to release patient tissue **24** so retained.

Advantages of retaining patient tissue between two tissue-retaining members during ultrasound medical treatment by an ultrasound medical-treatment transducer of a first tissue-retaining member and an ultrasound reflector of a second tissue-retaining member include having a single instrument

which ultrasonically medically treats patient tissue by direct ultrasound, which enhances the ultrasound medical treatment by reflected ultrasound, and which at the same time immobilizes patient tissue against undesired movement during the treatment.

It is noted that an ultrasound reflector **28** is a material which reflects ultrasound at least to a degree that would substantially medically affect patient tissue over a treatment period by direct ultrasound which is being reflected back by the ultrasound reflector. Choices of ultrasound reflecting materials include, without limitation, acoustically-rigid materials such as stainless steel (which reflects about 100%) and aluminum (which reflects about 80%) and acoustically-soft materials such as corporene (which reflects about 90%). An ultrasound reflecting material is contrasted with an ultrasound absorbing material such as, without limitation, rubber or plastic. In one variation, the retained patient tissue **24** is retained between the ultrasound medical-treatment transducer **20** and the ultrasound reflector **28**. In the same or a different variation, the ultrasound medical-treatment transducer **20** and the ultrasound reflector **28** each focus ultrasound energy, such ultrasound reflector focusing being accomplished by the shape of, or by shaping, the reflector surface as is within the ordinary level of skill of the artisan.

A fourth expression of the first embodiment shown in FIGS. **1-3** is for an ultrasound medical treatment system **10** including an end effector **12** insertable into a patient **14**. The end effector **12** includes a tissue-retaining device **16**. The tissue-retaining device **16** includes a first tissue-retaining member **18** having an (i.e., at least one) ultrasound imaging and medical-treatment transducer **26** and includes a second tissue-retaining member **22** having an (i.e., at least one) ultrasound reflector **28**. The first and second tissue-retaining members **18** and **22** are operatively connected together to retain patient tissue **24** between the first and second tissue-retaining members **18** and **22** and to release patient tissue **24** so retained. In one variation, the retained patient tissue **24** is retained between the ultrasound imaging and medical-treatment transducer **26** and the ultrasound reflector **28**. In the same or a different variation, the ultrasound imaging and medical-treatment transducer **26** and the ultrasound reflector **28** each focus ultrasound energy.

In one example of the previously-described third and fourth expressions of the first embodiment, the ultrasound reflector **28** is disposed to receive ultrasound energy from the transducer **20** and **26** and is oriented to reflect the received ultrasound energy back into patient tissue **24** retained by the tissue-retaining device **16**. In the same or a different example, the ultrasound reflector **28** is oriented to reflect the received ultrasound energy away from the transducer **20** and **26** when the patient tissue **14** is retained by the tissue-retaining device **16**. An advantage of this arrangement is that it avoids damage to the transducer from the reflected ultrasound. In the same or a different example, one of the first and second tissue-retaining members **18** and **22** is controllably orientatable relative to the other of the first and second tissue-retaining members **18** and **22** such as, without limitation, by being orientatable along the double-headed arrows shown in FIG. **2**. In one modification, the second tissue-retaining member **22** is controllably orientatable relative to the first tissue-retaining member **18** to reflect the received ultrasound energy back along different directions. A first alternate end effector **30** is shown in FIG. **4** wherein the second tissue-retaining member **32** is controllably orientatable relative to the first tissue-retaining member **34** as shown by the double-headed arrows in FIG. **4**. Mechanisms, not shown, for remotely controlling the orientation of one member relative to another member are

within the ordinary level of skill of the artisan and include, without limitation, the use of pivotal member attachments and the use of cables or motors. In one application, the transducer **20** and **26** generates wide-focused ultrasound (shown by the two single-headed arrows coming from the first tissue-retaining member **18** in FIG. **3**) and the ultrasound reflector **28** generates narrow-focused ultrasound (shown by the two single-headed arrows coming from the second tissue-retaining member **22** in FIG. **3**).

In one example of the previously-described first through fourth expressions of the first embodiment, the end effector **12** is an open-surgery end effector, an endoscopic end effector, a laparoscopic end effector (as shown in FIG. **1**), a catheter end effector (such as, but not limited to, an intravascular catheter end effector), or a needle end effector, as can be appreciated by those skilled in the art. In one application, the end effector **12** is used to retain a blood vessel and then to ultrasonically treat the blood vessel to seal the blood vessel stopping the flow of blood in the retained blood vessel. In another application, the end effector **12** is used to retain patient tissue and then to ultrasonically ablate at least a portion of the retained patient tissue.

In one design of the previously-described first through fourth expressions of the first embodiment, the end effector **12** has a longitudinal axis **35**, and one of the first and second tissue-retaining members **18** and **22** at all times faces along a direction which is substantially perpendicular to the longitudinal axis **35**. If the one tissue-retaining member were planar, this means that the longitudinal axis would be substantially parallel to the plane of the one tissue-retaining member. In one enablement, the one tissue-retaining member is the first tissue-retaining member **18**. A second alternate end effector **36** has first and second tissue-retaining members **38** and **40** which are hinged together to relatively move as indicated by the double-headed arrow and which are shown in a partially open configuration in FIG. **5**. The second alternate end effector **36** has a longitudinal axis **42**, and one of the first and second tissue-retaining members **38** and **40** at all times faces along a direction which is substantially parallel to the longitudinal axis **42**. If the one tissue-retaining member were planar, this means that the longitudinal axis would be substantially perpendicular to the plane of the one tissue-retaining member. In one enablement, the one tissue-retaining member is the first tissue-retaining member **38**. A third alternate end effector **37** having first and second tissue-retaining members **39** and **41** with one member longitudinally movable with respect to the other member (as indicated by the double-headed arrow) is shown in FIG. **6**. The third alternate end effector **37** has a longitudinal axis **43**, and one of the first and second tissue-retaining members **39** and **41** at all times faces along a direction which is substantially parallel to the longitudinal axis **43**. In one enablement, the one tissue-retaining member is the first tissue-retaining member **39**.

In one enablement, as shown in FIG. **1**, the ultrasound medical treatment system **10** also includes a handpiece **44** operatively connected to the end effector **12** and to an ultrasound controller **46** operatively connected to a foot-pedal power switch **47**, as can be appreciated by those skilled in the art.

A first method of the invention is for ultrasound medical treatment of a patient and uses the ultrasound medical treatment system as previously described in the first, second, third or fourth expression of the first embodiment with or without the previously-described variations, etc. thereof. The first method includes steps a) through e). Step a) includes endoscopically inserting the end effector into an ear, nose, or throat of the patient. Step b) includes guiding the end effector in the

patient. Step c) includes identifying patient tissue for medical treatment such as optionally at least in part from ultrasound imaging using the transducer. Other ways of identifying patient tissue for medical treatment include, without limitation, using x-rays and/or MRI imaging, as are known to the artisan. Step d) includes retaining the identified patient tissue using the tissue-retaining device. Step e) includes medically treating the retained patient tissue with ultrasound using the transducer or using the transducer and the ultrasound reflector. In one implementation, one tissue-retaining member at all times faces along a direction which is substantially parallel to the longitudinal axis of the end effector (as seen in FIGS. **5** and **6**).

A second method of the invention is for ultrasound medical treatment of a patient and uses the ultrasound medical treatment system as previously described in the first, second, third or fourth expression of the first embodiment with or without the previously-described variations, etc. thereof. The second method includes steps a) through c). Step a) includes inserting the end effector **12** into the patient. Step b) includes retaining an intervertebral disk **48** (see FIG. **3**) of the patient with the tissue-retaining device, wherein the intervertebral disk **48** includes tissue. Step c) includes medically treating the retained intervertebral disk **48** with ultrasound to shrink the tissue using the transducer or using the transducer and the ultrasound reflector. In one implementation, one tissue-retaining member at all times faces along a direction which is substantially perpendicular to the longitudinal axis of the end effector (as seen in FIGS. **2** and **4**). In one application of the second method of the invention, the intervertebral disk **48** includes connective and nerve tissue.

A third method of the invention is for ultrasound medical treatment of a patient and uses the ultrasound medical treatment system as previously described in the first, second, third or fourth expression of the first embodiment with or without the previously-described variations, etc. thereof. The third method includes steps a) through c). Step a) includes inserting the end effector into the patient. Step b) includes retaining a joint of the patient with the tissue-retaining device, wherein the joint includes tissue. Step c) includes medically treating the retained joint with ultrasound to shrink the tissue using the transducer or using the transducer and the ultrasound reflector. In one implementation, one tissue-retaining member at all times faces along a direction which is substantially perpendicular to the longitudinal axis of the end effector (as seen in FIGS. **2** and **4**). In one application of the third method of the invention, the joint includes connective and nerve tissue.

As previously mentioned, one application of the ultrasound medical treatment system **10** of the previously-described first through fourth expressions of the first embodiment uses the tissue-retaining device to retain a blood vessel and uses the transducer, or the transducer and the ultrasound reflector, to substantially stop the flow of blood within the blood vessel.

Referring again to the drawings, FIGS. **7-8** illustrate a second embodiment of the present invention which is an ultrasound medical treatment system **50** including an end effector **52** insertable into a patient. The end effector **52** includes a tissue-retaining device **54**. The tissue-retaining device **54** includes a first tissue-retaining member **56** having an ultrasound imaging and medical-treatment transducer **58** and includes a second tissue-retaining member **60** having an ultrasound reflector **62**. The first and second tissue-retaining members **56** and **60** are operatively connected together to retain patient tissue between the first and second tissue-restraining members and to release patient tissue so retained. The first and second tissue-retaining members **56** and **60** always maintain a substantially parallel alignment.

Advantages of having a substantially parallel alignment between the tissue-retaining members include, in one example, having the transducer and the ultrasound reflector maintain a substantially parallel alignment for improved reflected ultrasound medical treatment enhancement for any thickness of patient tissue retained by the tissue-retaining members.

In one example of the second embodiment, the first tissue-retaining member 56 is a distal end portion 64 of a first tube 66. The ultrasound medical treatment system 50 also includes a second tube 68, first and second link members 70 and 72, and a cable 74. The second tube 68 is oriented substantially parallel to the first tube 66. The first and second link members 70 and 72 are pivotally attached to the second tissue-retaining member 60 and to the second tube 68 at pivot points 76-82 creating a hinged parallelogram defined by a proximal portion 84 of the second tissue-retaining member 60, a distal portion 86 of the second tube 68, and the first and second link members 70 and 72. The ultrasound reflector 62 is disposed at a distal portion 88 of the second tissue-retaining member 60 and faces the transducer 58. The cable 74 is operatively connected to the hinged parallelogram to move the second tissue-retaining member 60 toward and away from the first tissue-retaining member 56.

In one variation, the ultrasound medical treatment system 50 also includes an outer tube 90. The cable 74 and the first and second tubes 66 and 68 are disposed in the outer tube 90. In one modification, the ultrasound medical treatment system 50 also includes a handpiece 92. The cable 74 and the first, second, and outer tubes 66, 68 and 90 are operatively connected to the handpiece 92. In one design, the orientation of the first tube 66 about the longitudinal axis of the first tube 66 is controlled by a step motor (not shown) disposed in, and actuated by, the handpiece 92. In the same or another design, the first tube 66 is a hollow tube allowing for transducer wiring (not shown), and the second tube is a solid tube (not shown). Depending on use, the tubes 66, 68, and 90 may be rigid or flexible which also is true for any tube arrangement (specifically disclosed as rigid or flexible, or not so specifically disclosed) of any end effector and for any end effector itself of any of the previous or following embodiments of the invention.

Ultrasound Medical Treatment Using Specific Transducer Arrangements

Deployable Ultrasound Medical Transducers

Referring to the drawings, FIGS. 9-11 illustrate a third embodiment of the present invention. A first expression of the third embodiment of the present invention is for an ultrasound medical system 94 including a tube 96 and a plurality of resiliently flexible fingers 98. The tube 96 has a distal end 100 insertable into a patient and has a lumen 102 with a distal opening 104. The fingers 98 are extendable out of the distal opening 104 of the lumen 102 creating a deployed state (seen in FIG. 10) and which are at-least-partially retractable into the distal opening 104 of the lumen 102 creating a stowed state (seen in FIG. 11). Each finger 98 includes an ultrasound transducer 106. The distance between the ultrasound transducers 106 of adjacent fingers 98 is greater in the deployed state than in the stowed state. It is noted that an ultrasound medical system is a medical system which at least provides ultrasound imaging or ultrasound medical treatment of a patient.

Advantages of the tube and extendable/retractable flexible-finger array arrangement include, when the transducers are

ultrasound medical-treatment transducers having a common focal zone in the deployed state, providing faster medical treatment times by allowing for more transducer ultrasound-emitting surface area which can be simply stowed into a compact shape for transport within a patient to and from the site of patient tissue receiving ultrasound medical treatment.

In one variation, the fingers 98 are only partially retracted into the distal opening 104 of the lumen 102 in the stowed state (as seen in FIG. 11). In another variation, not shown, the fingers 98 are completely retracted into the distal opening 104 of the lumen 102 in the stowed state. By the fingers 98 being extendable out of the distal opening 104 of the lumen 102 creating the deployed state and being at-least-partially retractable into the distal opening 104 of the lumen 102 creating the stowed state means the fingers 98 protrude more out of the distal opening 104 of the lumen 102 in the extended state than (if at all) in the stowed state. Mechanisms, not shown, for remotely extending and retracting fingers in a tube include, without limitation, a common shaft attached to the proximal ends of the fingers, disposed in the lumen of the tube, and spring-biased to move forward upon squeezing of a handpiece and to return backward upon relaxing of the handpiece, as is within the ordinary level of skill of the artisan. In one modification, the distal opening 104 of the lumen 102 coincides with the distal end 100 of the tube 96. In another modification, not shown, the distal opening of the lumen is spaced apart from the distal end of the tube. In one implementation, the distal opening 104 of the lumen 102 faces in the same direction as the distal end 100 of the tube 96. Other implementations are left to the artisan, such as, without limitation, the distal opening of the lumen facing perpendicular to the distal end of the tube. In one example, at least one of the transducers 106 is an ultrasound imaging transducer. In the same or a different example, at least one of the transducers 106 is an ultrasound medical-treatment transducer. In the same or a different example, at least one of the transducers 106 is an ultrasound imaging and medical-treatment transducer.

A second expression of the third embodiment is for an ultrasound medical treatment system 108 including a tube 96 and including an end effector 110 having a plurality of fingers 98. The tube 96 has a distal end 100 insertable into a patient and has a lumen 102 with a distal opening 104. The fingers 98 are extendable out of the distal opening 104 of the lumen 102 creating a deployed state (seen in FIG. 10) and are at-least-partially retractable into the distal opening 104 of the lumen 102 creating a stowed state (seen in FIG. 11). Each finger 98 includes an ultrasound medical-treatment transducer 112. The distance between the ultrasound medical-treatment transducers 112 of adjacent fingers 98 is greater in the deployed state than in the stowed state.

A third expression of the third embodiment is for an ultrasound medical treatment system 108 including a tube 96 and including an end effector 110 having a plurality of fingers 98. The tube 96 has a distal end 100 insertable into a patient and has a lumen 102 with a distal opening 104. The fingers 98 are extendable out of the distal opening 104 of the lumen 102 creating a deployed state (seen in FIG. 10) and are at-least-partially retractable into the distal opening 104 of the lumen 102 creating a stowed state (seen in FIG. 11). Each finger 98 includes an ultrasound imaging and medical-treatment transducer 114. The distance between the ultrasound imaging and medical-treatment transducers 114 of adjacent fingers 98 is greater in the deployed state than in the stowed state.

It is noted that the variations, modifications, and implementations, etc. previously discussed for the first expression

of the third embodiment are equally applicable to the second and third expressions of the third embodiment.

In one example of the first, second and third expressions of the third embodiment, the transducers **106**, **112** and **114** each have an ultrasound-emitting concave surface **116**. In another example, not shown, the transducers have a planar ultrasound-emitting surface. In one arrangement, each concave surface **116** is concave as one moves along the corresponding finger **98** (as best seen in FIG. **10**). In another arrangement, not shown, each concave surface is concave as one moves across the corresponding finger or is concave as one moves both along and across the corresponding finger (such as, for example, with a hemispherically-concave surface). In one design, the concave surfaces **116** together have a substantially common focal zone when the fingers **98** are in the deployed state. The end effector **110** is seen with its fingers **98** facing the patient tissue **119** in FIG. **10**. In another design, not shown, the focal zones are not common. In one configuration, the fingers **98** define an open-hand finger array **118** in the deployed state. An alternate flexible finger arrangement in the form of a substitute end effector **120** is shown in FIG. **12**, wherein the fingers **122** define a clawed-hand finger array **124** in the deployed state. The substitute end effector **120** is seen with its fingers **122** surrounding the patient tissue **126** for imaging and/or medical treatment by the ultrasound transducers **128** in FIG. **12**. In other transducer arrangements, not shown, one or more or all of the ultrasound transducers face outward rather than facing inward.

In the same or another example of the first, second and third expressions of the third embodiment, the fingers **98** are at least four in number. In the same or yet another example of the second and third expressions of the third embodiment, the end effector **110** (as well as the substitute end effector **120**) is an open-surgery end effector, an endoscopic end effector, a laparoscopic end effector (as shown in FIG. **9**), a catheter end effector (such as, but not limited to, an intravascular catheter end effector), or a needle end effector, as can be appreciated by those skilled in the art.

In one enablement, as shown in FIG. **9**, the ultrasound medical treatment system **108** also includes a handpiece **130** operatively connected to the end effector **110** and to an ultrasound controller **132** operatively connected to a foot-pedal power switch **133**, as can be appreciated by those skilled in the art.

Faceted Ultrasound Medical Transducer Assembly

A fourth embodiment of the present invention is shown in FIGS. **13-15**. A first expression of the fourth embodiment of the present invention is for an ultrasound medical system **134** including an ultrasound transducer assembly **136** insertable into a patient. The ultrasound transducer assembly **136** has a longitudinal axis **138**. The ultrasound transducer assembly **136** includes a plurality P of ultrasound transducers **140**. Each transducer **140** has an ultrasound-emitting surface **142** oriented at an angle of substantially 360/P degrees apart from the ultrasound-emitting surface **142** of an adjacent transducer **140** when viewed in a cross section (see FIG. **15**) of the transducer assembly **136** taken by a cutting plane which is perpendicular to the longitudinal axis **138**.

Advantages of such a transducer configuration include, in one example, providing directed or focused medical-treatment ultrasound which is not possible with a cylindrical ultrasound transducer, as can be appreciated by those skilled in the art.

It is noted that an ultrasound transducer assembly **136** insertable into a patient is an ultrasound imaging transducer assembly, an ultrasound medical-treatment transducer

assembly, or an ultrasound imaging and medical-treatment transducer assembly. An ultrasound imaging transducer assembly has at least one ultrasound imaging transducer, and an ultrasound medical-treatment transducer assembly has at least one ultrasound medical-treatment transducer. An ultrasound imaging and medical-treatment transducer assembly has at least one ultrasound imaging transducer and at least one ultrasound medical-treatment transducer or has at least one ultrasound imaging and medical-treatment transducer.

A second expression of the fourth embodiment of the present invention is for an ultrasound medical-treatment system **144** including an end effector **146** insertable into a patient. The end effector **146** includes an ultrasound medical-treatment transducer assembly **148**. The ultrasound medical-treatment transducer assembly **148** has a longitudinal axis **138**. The ultrasound medical-treatment transducer assembly **148** includes a plurality P of ultrasound medical-treatment transducers **150**. Each transducer **150** has an ultrasound-emitting surface **142** which faces away from the longitudinal axis **138** and which is oriented at an angle of substantially 360/P degrees apart from the ultrasound-emitting surface **142** of an adjacent transducer **150** when viewed in a cross section (see FIG. **15**) of the transducer assembly **148** taken by a cutting plane which is perpendicular to the longitudinal axis **138**. In one example, at least one of the ultrasound medical-treatment transducers **150** is also adapted for ultrasound imaging.

A fourth method of the present invention is for ultrasound medical treatment of a patient and uses the ultrasound medical treatment system **144** as previously described in the second expression of the fourth embodiment. The fourth method includes steps a) through b). Step a) includes inserting the end effector **146** into the liver of the patient. Step b) includes medically treating a lesion in the liver with ultrasound from the ultrasound medical-treatment transducer assembly **148**. In one example, step a) interstitially inserts the end effector **146** into the lesion. In another example, step a) endoscopically inserts the end effector **146** into the liver through the hepatobiliary duct system.

A third expression of the fourth embodiment of the present invention is for an ultrasound medical treatment system **144** including an end effector **146** insertable into a patient. The end effector **146** includes an ultrasound imaging and medical-treatment transducer assembly **152**. The ultrasound imaging and medical-treatment transducer assembly **152** has a longitudinal axis **138**. The ultrasound imaging and medical-treatment transducer assembly **152** includes a plurality P of ultrasound imaging and medical-treatment transducers **154**. Each transducer **154** has an ultrasound-emitting surface **142** which faces away from the longitudinal axis **138** and which is oriented at an angle of substantially 360/P degrees apart from the ultrasound-emitting surface **142** of an adjacent transducer **154** when viewed in a cross section (see FIG. **15**) of the transducer assembly **152** taken by a cutting plane which is perpendicular to the longitudinal axis **138**.

A fifth method of the present invention is for ultrasound medical treatment of a patient and uses the ultrasound medical-treatment system **144** as previously described in the third expression of the fourth embodiment. The fourth method includes steps a) through c). Step a) includes inserting the end effector **146** into the liver of the patient. Step b) includes identifying a lesion in the liver for medical treatment at least in part from ultrasound imaging using the ultrasound imaging and medical-treatment transducer assembly **152**. Step c) includes medically treating the lesion with ultrasound from the ultrasound imaging and medical-treatment transducer assembly **152**. In one example, step a) interstitially inserts the end effector **146** into the lesion. In another example, step a)

endoscopically inserts the end effector **146** into the liver through the hepato-biliary duct system.

In one example of the previously-described first, second and third expressions of the fourth embodiment, the transducer assembly **136**, **148**, and **152** has a distal tip **156** and has a tip transducer **158**. In one design, the tip transducer is a forward facing tip transducer. In another design, the tip transducer is a sideways facing tip transducer. In one variation, the tip transducer is an ultrasound imaging tip transducer. In another variation, the tip transducer is an ultrasound medical-treatment tip transducer. In a further variation, the tip transducer is an ultrasound imaging and medical-treatment tip transducer. In an additional variation, the tip transducer is a transponder which emits electromagnetic waves or mechanical waves or both.

In the same or a different example of the previously-described first, second and third expressions of the third embodiment, each ultrasound-emitting surface **142** is substantially straight when viewed in the cross section, as seen in FIG. **15**. In one variation, as seen in FIG. **14**, each ultrasound-emitting surface **142** has a substantially concave shape as one moves along the ultrasound-emitting surface **142** in a direction parallel to the longitudinal axis **138**, and each ultrasound-emitting surface **142** has a focal zone. In a first alternate transducer arrangement seen FIG. **16**, each ultrasound-emitting surface **162** has a substantially planar shape. In a second alternate transducer arrangement seen in FIG. **17**, each ultrasound-emitting surface **164** has a substantially concave shape when viewed in the cross section, and each ultrasound-emitting surface **164** has a focal zone. In one modification, each ultrasound-emitting surface **164** also has a substantially concave shape as one moves along the ultrasound-emitting surface **164** in a direction parallel to the longitudinal axis (such as, for example, by the ultrasound-emitting surface **164** having a hemispherically-concave shape). Such ultrasound-emitting surface shapes are equally applicable to any ultrasound transducer mentioned in any other embodiment of the invention.

In the same or a different example of the previously-described first, second and third expressions of the third embodiment, P is no greater than four. In one variation, P equals three as seen in FIGS. **15** and **17**. In another variation, P equals two as seen in FIG. **16**.

In the same or a different example of the previously-described second and third expressions of the third embodiment, the end effector **146** is an open-surgery end effector, an endoscopic end effector, a laparoscopic end effector (as shown in FIG. **13**), a catheter end effector (such as, but not limited to, an intravascular catheter end effector), or a needle end effector, as can be appreciated by those skilled in the art. In one enablement, as shown in FIG. **13**, the ultrasound medical treatment system **144** also includes a handpiece **166** operatively connected to the end effector **146** and to an ultrasound controller **168** operatively connected to a foot-pedal power switch **169**, as can be appreciated by the artisan.

Ultrasound Medical Treatment Applications

Excisional and Ultrasound Medical Treatment System

A fifth embodiment of the present invention is shown in FIGS. **18-20**. In a first expression of the fifth embodiment of the present invention, an ultrasound medical treatment system **170** includes a tube **172**, a first end effector **174**, and a second end effector **176**. The tube **172** has a distal end **178** insertable into a patient **180** and has a lumen **182**. The first end effector **174** has a cutting tool **184**, is introducible into the

lumen **182** of the inserted tube **172** from outside the patient **180**, and is translatable through the lumen **182** of the inserted tube **172** to inside the patient **180**. The second end effector **176** has an ultrasound medical-treatment transducer assembly **186**, is introducible into the lumen **182** of the inserted tube **172** from outside the patient **180**, and is translatable through the lumen **182** of the inserted tube **172** to inside the patient **180**. In one variation, the first and second end effectors are introduced into the lumen through separate openings in the lumen or through separate branch channels leading to the lumen. In another variation, the first and second end effectors are introduced into the lumen through the same opening in the lumen. In one modification, a lumen opening is disposed at the end of the tube. In another modification, a lumen opening is spaced apart from the end of the tube.

A second expression of the fifth embodiment of the present invention is for an ultrasound medical treatment system **170** including a tube **172**, a first end effector **174**, and a second end effector **176**. The tube has a distal end **178** insertable into a patient **180** and has a lumen **182** with a distal opening **188** and a proximal opening **190**. The first end effector **174** has a cutting tool **184**, is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The second end effector **176** has an ultrasound medical-treatment transducer assembly **186**, is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**.

In one example of the first and second expressions of the fifth embodiment of the present invention, the lumen **182** is sized to allow introduction of only one of the first and second end effectors **174** and **176** at a time. In the same or another example, the distal end **178** of the tube **172** is interstitially insertable into patient tissue **192** of the patient **180**. In the same or a different example, the cutting tool **184** is a biopsy cutting tool **194** or other excisional cutting tool.

A third expression of the fifth embodiment of the present invention is for an ultrasound medical treatment system **170** including a tube **172**, a first end effector **174**, and a second end effector **176**. The tube **172** has a distal end **178** interstitially insertable into breast tissue **196** of a patient **180** and has a lumen **182** with a distal opening **188** and a proximal opening **190**. The first end effector **174** has a biopsy cutting tool **194** (or other excisional cutting tool), is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The second end effector **176** has an ultrasound medical-treatment transducer assembly **186**, is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The lumen **182** is sized to allow introduction of only one of the first and second end effectors **174** and **176** at a time. In one design, the first end effector also includes a suction mechanism to draw in patient tissue to be biopsied by the biopsy cutting tool **194**. In one application, the tube **172** and the first end effector **174** (with the biopsy cutting tool **194** including a suction mechanism) are based on components of a Mammo-tome® Breast Biopsy System manufactured by Ethicon Endo-Surgery, Inc. (a Johnson & Johnson Company).

A sixth method of the invention is for ultrasound medical treatment of a patient **180** and uses the ultrasound medical treatment system **170** as previously described in the third expression of the fifth embodiment of the present invention. The sixth method includes steps a) through h). Step a) includes identifying possibly cancerous breast tissue **196** of the patient. Step b) includes interstitially inserting the distal end **178** of the tube **172** into the patient **180** with the distal opening **188** disposed proximate the breast tissue **196** and with the proximal opening **190** disposed outside the patient.

Step c) includes introducing the first end effector **174** into the proximal opening **190** and translating the first end effector **174** through the lumen **182** to the distal opening **188**. Step d) includes obtaining a biopsy sample of the breast tissue **196** with the biopsy cutting tool **194**. Step e) includes removing the first end effector **174** from the lumen **182**. Step f) includes introducing the second end effector **176** into the proximal opening **190** and translating the second end effector **176** through the lumen **182** to the distal opening **188**. Step g) includes identifying an area of hemorrhaging in the breast tissue where the biopsy sample was obtained. Step h) includes medically treating the identified area with ultrasound using the transducer assembly **186** to substantially stop the hemorrhaging. In one application, the sixth method of the invention also includes the steps of testing the biopsy sample for cancer and substantially ablating any remaining cancer in the breast tissue with ultrasound using the transducer assembly **186**. Advantages of such an ultrasound medical treatment system and method include the ease of obtaining a breast biopsy and the control of hemorrhaging caused by the biopsy procedure coupled together in a minimally invasive manner.

In a fourth expression of the fifth embodiment of the present invention, an ultrasound medical treatment system **170** includes a tube **172**, a first end effector **174**, and a second end effector **176**. The tube **172** has a distal end **178** insertable into a patient **180** and has a lumen **182**. The first end effector **174** has a cutting tool **184**, is introducible into the lumen **182** of the inserted tube **172** from outside the patient **180**, and is translatable through the lumen **182** of the inserted tube **172** to inside the patient **180**. The second end effector **176** has an ultrasound imaging and medical-treatment transducer assembly **198**, is introducible into the lumen **182** of the inserted tube **172** from outside the patient **180**, and is translatable through the lumen **182** of the inserted tube **172** to inside the patient **180**. In one variation, the first and second end effectors are introduced into the lumen through separate openings in the lumen or through separate branch channels leading to the lumen. In another variation, the first and second end effectors are introduced into the lumen through the same opening in the lumen. In one modification, a lumen opening is disposed at the end of the tube. In another modification, a lumen opening is spaced apart from the end of the tube.

A fifth expression of the fifth embodiment of the present invention is for an ultrasound medical treatment system **170** including a tube **172**, a first end effector **174**, and a second end effector **176**. The tube has a distal end **178** insertable into a patient **180** and has a lumen **182** with a distal opening **188** and a proximal opening **190**. The first end effector **174** has a cutting tool **184**, is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The second end effector **176** has an ultrasound imaging and medical-treatment transducer assembly **198**, is introducible into proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**.

In one example of the fourth and fifth expressions of the fifth embodiment of the present invention, the lumen **182** is sized to allow introduction of only one of the first and second end effectors **174** and **176** at a time. In the same or another example, the distal end **178** of the tube **172** is interstitially insertable into patient tissue **192** of the patient **180**. In the same or a different example, the cutting tool **184** is a biopsy cutting tool **194** or other excisional cutting tool.

A sixth expression of the fifth embodiment of the present invention is for an ultrasound medical treatment system **170** including a tube **172**, a first end effector **174**, and a second end effector **176**. The tube **172** has a distal end **178** interstitially insertable into breast tissue **196** of a patient **180** and has a

lumen **182** with a distal opening **188** and a proximal opening **190**. The first end effector **174** has a biopsy cutting tool **194** (or other excisional cutting tool), is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The second end effector **176** has an ultrasound imaging and medical-treatment transducer assembly **196**, is introducible into the proximal opening **190**, and is translatable through the lumen **182** to the distal opening **188**. The lumen **182** is sized to allow introduction of only one of the first and second end effectors **174** and **176** at a time. In one application, the tube **172** and the first end effector **174** (with the biopsy cutting tool **194** including a suction mechanism) are based on components of a Mammotome® Breast Biopsy System manufactured by Ethicon Endo-Surgery, Inc. (a Johnson & Johnson Company).

A seventh method of the invention is for ultrasound medical treatment of a patient **180** and uses the ultrasound medical treatment system **170** as previously described in the sixth expression of the fifth embodiment of the present invention. The seventh method includes steps a) through h). Step a) includes identifying possibly cancerous breast tissue **196** of the patient. Step b) includes interstitially inserting the distal end **178** of the tube **172** into the patient **180** with the distal opening **188** disposed proximate the breast tissue **196** and with the proximal opening **190** disposed outside the patient. Step c) includes introducing the first end effector **174** into the proximal opening **190** and translating the first end effector **174** through the lumen **182** to the distal opening **188**. Step d) includes obtaining a biopsy sample of the breast tissue **196** with the biopsy cutting tool **194**. Step e) includes removing the first end effector **174** from the lumen **182**. Step f) includes introducing the second end effector **176** into the proximal opening **190** and translating the second end effector **176** through the lumen **182** to the distal opening **188**. Step g) includes identifying an area of hemorrhaging in the breast tissue where the biopsy sample was obtained from ultrasound imaging using the transducer assembly **198**. Step h) includes medically treating the identified area with ultrasound using the transducer assembly **198** to substantially stop the hemorrhaging. In one application, the seventh method of the invention also includes the steps of testing the biopsy sample for cancer and substantially ablating any remaining cancer in the breast tissue with ultrasound using the transducer assembly **198**. Advantages of such an ultrasound medical treatment system and method include the ease of obtaining a breast biopsy and the imaging and control of hemorrhaging caused by the biopsy procedure coupled together in a minimally invasive manner.

In one enablement, as shown in FIG. **18**, the ultrasound medical treatment system **170** also includes a handpiece **199** which is attached to the tube **172**, which contains the first end effector **174** for extending the cutting tool **184** into, and withdrawing it from, the lumen **182**, and which is operatively connected to an ultrasound controller **201** via a first cable **203**. The second end effector **176**, in this enablement, is operatively connected to the ultrasound controller **201** via a second cable **205** and is inserted into the lumen **182** from outside the handpiece **199** as shown in FIG. **18**.

Staging Medical Treatment Using Ultrasound

An eighth method of the invention is shown in block diagram form in FIG. **21** and is for medical treatment of a patient. The eighth method includes steps a) through f). Step a) is labeled "Obtain Transducer Assembly" in block **200** of FIG. **21**. Step a) includes obtaining an ultrasound imaging transducer assembly. Step b) is labeled "Insert Assembly Into Gastrointestinal Area" in block **202** of FIG. **21**. Step b)

includes inserting the transducer assembly into a gastrointestinal area of the patient. Step c) is labeled "Guide Assembly" in block **204** of FIG. **21**. Step c) includes guiding the transducer assembly within the gastrointestinal area. Step d) is labeled "Identify Patient Tissue For Treatment" in block **206** of FIG. **21**. Step d) includes identifying patient tissue in the gastrointestinal area for medical treatment. Step e) is labeled "Stage Treatment From Ultrasound Imaging" in block **208** of FIG. **21**. Step e) includes staging the medical treatment from ultrasound imaging using the transducer assembly. Step f) is labeled as "Medically Treat Patient" in block **210** of FIG. **21**. Step f) includes medically treating the patient tissue according to the staging of step e). It is pointed out that in the eighth method the medical treatment need not include ultrasound medical treatment with the transducer assembly used for staging and/or need not include ultrasound medical treatment with any other ultrasound transducer assembly. In one procedure depending on the pathology size and site, a first transducer assembly is used endoscopically to stage the medical treatment in step e) and a second transducer assembly is used laparoscopically to medically treat the patient tissue with ultrasound in step f). In one variation, the first transducer assembly is used laparoscopically to stage the medical treatment in step e) and the second transducer assembly is used endoscopically to medically treat the patient tissue with ultrasound in step f). In another procedure, the medical treatment in step f) is radio-frequency, laser, microwave, or chemical ablation medical treatment. Other types of medical treatment are left to the artisan.

It is noted that the gastrointestinal (GI) area of a human patient includes, without limitation, the esophagus and the stomach of the upper GI area and the rectum and the colon of the lower GI area. It further is noted that the liver is also considered to be in the GI area for purposes of this method.

By "staging the medical treatment from ultrasound imaging" is meant at least using ultrasound images to determine the three-dimensional size and shape of the patient tissue that is to receive medical treatment. For example, and without limitation, upper and lower GI tumors can be visualized with high frequency (6-30 MHz) ultrasound imaging using a cylindrical, side-firing, or half-convex ultrasound array or single-element transducer introduced endoscopically into the GI tract. All layers of the GI tract can be visualized including all layers of the esophagus, stomach, duodenum, colon, etc. In one procedure, a three-dimensional representation of the GI structures is created by collating a series of two-dimensional scans generated by axially advancing the ultrasound transducer. Any neoplastic growth, its morphological characteristics, as well as the tumor's size and shape can easily be determined from the three-dimensional representation.

Advantages of such medical-treatment staging from ultrasound imaging include, in one example, providing a non-invasive medical-treatment staging technique which has greater resolution and which is more practical compared to conventional extracorporeal medical-treatment staging techniques such as using x-rays or MRI imaging or compared to using conventional endoscopic optical techniques.

A ninth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through f). The ninth method uses the same block diagram of FIG. **21** as does the eighth method but with "end effector" replacing "transducer assembly" in block **200** and with "end effector" replacing "assembly" in blocks **202** and **204**. Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes inserting the end effector into a gastrointestinal area of the patient. Step c) includes guiding the transducer assembly

within the gastrointestinal area. Step d) includes identifying patient tissue in the gastrointestinal area for medical treatment. Step e) includes staging the medical treatment from ultrasound imaging using the transducer assembly. Step f) includes medically treating the patient tissue with ultrasound using the transducer assembly according to the staging of step e).

A tenth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through f). The tenth method uses the same block diagram of FIG. **21** as does the eighth method but with "end effector" replacing "transducer assembly" in block **200** and with "end effector" replacing "assembly" in blocks **202** and **204**. Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes inserting the end effector into a gastrointestinal area of the patient. Step c) includes guiding the transducer assembly within the gastrointestinal area. Step d) includes identifying patient tissue in the gastrointestinal area for medical treatment at least in part from ultrasound imaging using the transducer assembly. Step e) includes staging the medical treatment from ultrasound imaging using the transducer assembly. Step f) includes medically treating the patient tissue with ultrasound using the transducer assembly according to the staging of step e). In one procedure, large GI tumors are staged through a laparoscopic access to the GI area, whereby the tumors are identified, staged and treated using an end effector having an ultrasound imaging and medical-treatment transducer assembly.

In one example of the ninth and tenth methods of the invention, the patient tissue is gastroesophageal tissue containing a lesion, and step f) ultrasonically substantially ablates the lesion. In one modification, the gastroesophageal tissue contains a blood vessel supplying blood to the lesion, and step f) ultrasonically treats the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel.

In another example of the ninth and tenth methods of the invention, the patient tissue is liver tissue containing a lesion and a blood vessel supplying blood to the lesion, and step f) ultrasonically treats the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel.

In an additional example of the ninth and tenth methods of the invention, the patient tissue is liver tissue containing a lesion, and step f) ultrasonically substantially ablates the lesion. In one modification, the liver tissue contains a blood vessel supplying blood to the lesion, and step f) also ultrasonically treats the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel. In one procedure, an end effector having an ultrasound imaging and medical-treatment transducer assembly is introduced endoscopically into the GI tract, is advanced retrogradely through the ampulla of Vater up the common bile duct, and is advanced further into the hepatic duct system where liver parenchyma requiring medical treatment (such as cholangiocarcinomas) are identified, staged, and treated using the end effector.

Treatment of Lung Lesions Using Ultrasound

An eleventh method of the invention is shown in block diagram form in FIG. **22** and is for ultrasound medical treatment of a patient. The eleventh method includes steps a) through f). Step a) is labeled "Obtain End Effector" in block **212** of FIG. **22**. Step a) includes obtaining an end effector having an ultrasound medical-treatment transducer assembly. Step b) is labeled "Insert End Effector" in block **214** of FIG. **22**. Step b) includes inserting the end effector into the patient.

Step c) is labeled "Guide End Effector To Lung" in block 216 of FIG. 22. Step c) includes guiding the end effector within the patient to a lung of the patient. Step d) is labeled "Identify Lesion" in block 218 of FIG. 22. Step d) includes identifying a lesion on or in the lung for medical treatment. Step e) is labeled "Position Transducer Assembly" in block 220 of FIG. 22. Step e) includes positioning the transducer assembly on or in the lesion. Step f) is labeled "Medically Treat Lesion" in block 222 of FIG. 22. Step f) includes medically treating the lesion with ultrasound using the transducer assembly.

A twelfth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through f). The twelfth method uses the same block diagram of FIG. 22 as does the eleventh method. Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes inserting the end effector into the patient. Step c) includes guiding the end effector within the patient to a lung of the patient. Step d) includes identifying a lesion on or in the lung for medical treatment at least in part from ultrasound imaging using the transducer assembly. Step e) includes positioning the transducer assembly on or in the lesion. Step f) includes medically treating the lesion with ultrasound using the transducer assembly.

In one example of the eleventh and twelfth methods, step f) ultrasonically substantially ablates the lesion. In one application, the end effector is an endoscopic end effector and step b) transbronchial-endoscopically inserts the end effector into the patient. In another application, the end effector is a needle end effector and step b) interstitially inserts the end effector into the patient. In one implementation, step e) positions the transducer assembly on the lesion. In another implementation, step e) positions the transducer assembly in the lesion. In one practice of the eleventh and twelfth methods, step c) a bronchoscope is used to guide the end effector to a lung of the patient.

Ultrasound medical treatment of the lung has conventionally been avoided because such ultrasound is prevented from reaching a lesion within the lung by the alveoli of the lung which contain air which reflect back most of the ultrasound preventing the ultrasound from effectively penetrating the lung to the lesion. Using higher power ultrasound for effective penetration of the lung to reach the lesion would injure or destroy the alveoli which are needed for breathing. Applicants theorized that positioning the ultrasound transducer on or in a lesion of the lung would allow ultrasound medical treatment of the lesion (such as a tumor or an infarct) without injury to the alveoli. It is noted that Applicants' method is applicable to surface lesions as well as non-surface lesions. Advantages of Applicants' eleventh and twelfth methods for ultrasound medical treatment include, in one example, the destruction of lung cancer lesions in cases which otherwise would be inoperable or incurable.

Ultrasound-Based Occlusive Procedure for Medical Treatment

A thirteenth method of the invention is shown in block diagram form in FIG. 23 and is for ultrasound medical treatment of a patient. The thirteenth method includes steps a) through e). Step a) is labeled "Obtain End Effector" in block 224 of FIG. 23. Step a) includes obtaining an end effector having an ultrasound medical-treatment transducer assembly. Step b) is labeled "Insert End Effector" in block 226 of FIG. 23. Step b) includes inserting the end effector into the patient. Step c) is labeled "Guide End Effector" in block 228 of FIG. 23. Step c) includes guiding the end effector within the patient to a region of patient tissue containing a lesion. Step d) is labeled "Identify Blood Vessel Supplying Lesion" in block

230 of FIG. 23. Step d) includes identifying a blood vessel in the region which supplies blood to the lesion. Step e) is labeled "Stop Blood Supply Using Ultrasound" in block 232 of FIG. 23. Step e) includes medically treating the blood vessel with ultrasound from the transducer assembly to substantially seal the blood vessel to stop the supply of blood to the lesion from the blood vessel. One implementation of the thirteenth method of the invention also includes the step of medically treating the lesion with ultrasound from the transducer assembly to substantially ablate the lesion.

A fourteenth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through g). The fourteenth method is similar to the thirteenth method. Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes inserting the end effector into the patient. Step c) includes guiding the end effector within the patient to a region of patient tissue containing a lesion. Step d) includes identifying the lesion at least in part from ultrasound imaging using the transducer assembly. Step e) includes identifying a blood vessel in the region which supplies blood to the lesion from ultrasound imaging using the transducer assembly. Step f) includes medically treating the blood vessel with ultrasound from the transducer assembly to substantially seal the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel. Step g) includes medically treating the lesion with ultrasound from the transducer assembly to substantially ablate the lesion. It is noted that Doppler ultrasound imaging alone, gray-scale ultrasound imaging alone, and a combination of Doppler and gray-scale ultrasound imaging are known ultrasound techniques to image blood flow in blood vessels.

In one application of the thirteenth and fourteenth methods, the end effector is an open-surgery end effector. In another application, the end effector is an endoscopic end effector. In a further application, the end effector is a laparoscopic end effector. In an additional application, the end effector is a catheter end effector (such as, but not limited to, an intravascular catheter end effector). In a different application, the end effector is a needle end effector.

A broadened thirteenth method of the invention eliminates the inserting into and guiding within steps of the above-described thirteenth method and includes steps a) through c). Step a) includes obtaining an end effector having an ultrasound medical-treatment transducer assembly. Step b) includes identifying a blood vessel in the patient which supplies blood to a lesion. Step c) includes medically treating the blood vessel with ultrasound from the transducer assembly to substantially seal the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel.

A broadened fourteenth method of the invention eliminates the inserting into and guiding within steps of the above-described fourteenth method and includes steps a) through e). Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes identifying a lesion in the patient at least in part from ultrasound imaging using the transducer assembly. Step c) includes identifying a blood vessel which supplies blood to the lesion from ultrasound imaging using the transducer assembly. Step d) includes medically treating the blood vessel with ultrasound from the transducer assembly to substantially seal the blood vessel to substantially stop the supply of blood to the lesion from the blood vessel. Step e) includes medically treating the lesion with ultrasound from the transducer assembly to substantially ablate the lesion.

In one example of the broadened thirteenth and fourteenth methods, the end effector is an extracorporeal end effector. In

another example, the end effector is an intracorporeal end effector. In a further example, the end effector can be used in both an extracorporeal mode and in an intracorporeal mode.

Advantages of Applicants' thirteenth and broadened thirteenth methods for ultrasound medical treatment include, in one example, the indirect destruction of cancer lesions by ultrasound hemostasis in blood vessels supplying the cancer lesions in cases which otherwise would be inoperable or incurable because the location of the cancer lesions prevents medical treatment of the lesions themselves. Advantages of Applicants' fourteenth and broadened fourteenth methods for ultrasound treatment include, in one example, direct destruction of cancer lesions by ultrasound ablation of the cancer lesions together with the indirect destruction of any cancer lesions missed in the ultrasound ablation step by ultrasound hemostasis in blood vessels supplying blood to the missed cancer lesions.

Guiding and Targeting Ultrasound End Effectors

Guiding Ultrasound End Effector for Medical Treatment

A sixth embodiment of the present invention is shown in FIG. 24. In a first expression of the sixth embodiment of the present invention, an ultrasound medical treatment system 234 (only a portion of which is shown in FIG. 24) includes an end effector 236 and at least three receivers 238. The end effector 236 has a transducer assembly 240 including a transducer 242 having at least one transducer element 244 adapted for emitting medical-treatment ultrasound waves and for emitting mechanical waves. It is noted that the terminology "mechanical waves" includes ultrasound and non-ultrasound compression (acoustic) waves and ultrasound and non-ultrasound shear waves, and that waves include wave pulses. The receivers 238 are spaced apart from the transducer assembly 240, and the receivers 238 are adapted to receive the emitted mechanical waves for use in locating the position of the transducer assembly 240. Conventional methods (including triangulation methods) for locating the position of a transponder emitting waves which are received by three receivers are well known. A second expression of the sixth embodiment is identical to the first expression of the sixth embodiment except that the at-least-one transducer element 244 is also adapted for emitting imaging ultrasound waves. In one variation of the first and second expressions of the sixth embodiment, the end effector and the receivers are disposable outside (including in one modification on) the patient. In another variation, the end effector is insertable into the patient and the receivers are disposable outside (including in one modification on) the patient.

A seventh embodiment of the present invention is shown in FIG. 25. In a first expression of the seventh embodiment of the present invention, an ultrasound medical treatment system 246 (only a portion of which is shown in FIG. 25) includes an end effector 248 and at least three receivers 250. The end effector 248 has an ultrasound medical-treatment transducer assembly 252 and has a transponder 254. The transponder 254 is adapted to emit waves, and the waves include electromagnetic waves or mechanical waves or both. The receivers 250 are spaced apart from the transducer assembly 252, and the receivers 250 are adapted to receive the emitted waves for use in locating the position of the transponder 254. In a second expression of the seventh embodiment, the ultrasound medical-treatment transducer assembly 252 is an ultrasound imaging and medical-treatment transducer assembly 256.

In one application of the first and second expressions of the seventh embodiment, the end effector 248 is insertable into a

patient, the transponder 254 is adapted to emit electromagnetic waves, and the receivers 250 are disposable outside the patient. In one variation, the receivers 250 are disposable on the patient. In another application, the end effector is disposable outside (including in one modification on) the patient and the receivers are disposable outside (including in one modification on) the patient.

In one example of the first and second expressions of the seventh embodiment, the end effector 248 is an endoscopic end effector, a laparoscopic end effector, a catheter end effector (such as, but not limited to, an intravascular catheter end effector), or a needle end effector. In one design of the first and second expressions of the seventh embodiment, the end effector 248 has a distal tip 260, and the transponder 254 is disposed at the distal tip 260 of the end effector 248. In one variation, the transducer assembly 252 and 256 is disposed proximate the transponder 254.

A fifteenth method of the invention uses the ultrasound medical treatment system of the first expression of the seventh embodiment and includes steps a) through h). Step a) includes inserting the end effector 248 into the patient. Step b) includes disposing the receivers 250 outside the patient. Step c) includes emitting electromagnetic waves from the transponder 254. Step d) includes receiving the electromagnetic waves with the disposed receivers 250. Step e) includes calculating the position of the transponder 254 from the received electromagnetic waves. Step f) includes guiding the end effector within the patient to a desired location from the calculated position of the transponder 254. Step g) includes, after step f), identifying patient tissue for medical treatment. Step h) includes medically treating the identified patient tissue with ultrasound using the transducer assembly 252.

A sixteenth method of the invention uses the ultrasound medical treatment system of the second expression of the seventh embodiment and includes steps a) through h). Step a) includes inserting the end effector 248 into the patient. Step b) includes disposing the receivers 250 outside the patient. Step c) includes emitting electromagnetic waves from the transponder 254. Step d) includes receiving the electromagnetic waves with the disposed receivers 250. Step e) includes calculating the position of the transponder 254 from the received electromagnetic waves. Step f) includes guiding the end effector within the patient to a desired location from the calculated position of the transponder 254. Step g) includes, after step f), identifying patient tissue for medical treatment at least in part from ultrasound imaging using the transducer assembly 256. Step h) includes medically treating the identified patient tissue with ultrasound using the transducer assembly 256.

A known electromagnetic transponder and three-receiver system for calculating the position of the transponder and for guiding the transponder (which is attached to a heart catheter for monitoring the heart) inside a patient is the CARTO™ EP Navigation System used with a NAVI-STAR® catheter manufactured by Biosense Webster (a Johnson & Johnson Company).

Advantages of an end effector with ultrasound medical treatment and position-location capabilities include, in one example, more accurately guiding the end effector inside a patient to patient tissue for ultrasound medical treatment of the patient tissue.

Method for Aiming Ultrasound for Medical Treatment

A seventeenth method of the invention is shown in block diagram form in FIG. 26 and is for ultrasound medical treatment of a patient. The seventeenth method includes steps a) through f). Step a) is labeled "Obtain End Effector" in block

262 of FIG. 26. Step a) includes obtaining an end effector having an ultrasound medical-treatment transducer assembly. Step b) is labeled "Aim Transducer Assembly" in block 264 of FIG. 26. Step b) includes aiming the transducer assembly to focus ultrasound energy at a desired focal zone of patient tissue. It is noted that, in one example, to aim a transducer assembly means to focus ultrasound energy at a particular distance from the transducer assembly and along a particular direction. Step c) is labeled "Activate Transducer Assembly" in block 266 of FIG. 26. Step c) includes activating the aimed transducer assembly to emit ultrasound energy sufficient to achieve a temperature increase in the patient tissue essentially without medically affecting the patient tissue. Step d) is labeled "Detect Actual Focal Zone" in block 268 of FIG. 26. Step d) includes after step c) detecting, from reflected ultrasound energy, an actual focal zone of patient tissue having a temperature increase. Step e) is labeled "Correct For Any Aiming Error" in block 269 of FIG. 26. Step e) includes correcting for any error between the desired focal zone and the actual focal zone. Step f) is labeled "Medically Treat Patient Tissue" in block 270 of FIG. 26. Step f) includes after step e), medically treating the patient tissue with ultrasound using the transducer assembly. In one application, step d) uses one or more additional ultrasound transducer assemblies, separate from the ultrasound transducer assembly used in steps a) through c) and e) through f), to detect, from reflected ultrasound energy, the actual focal zone. In another application, the same ultrasound transducer assembly is used for steps a) through f). In one example of the seventeenth method, the end effector is an extracorporeal end effector. In another example, the end effector is an intracorporeal end effector. In another example, the end effector can be used in both an extracorporeal mode and in an intracorporeal mode.

An eighteenth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through f). The eighteenth method uses the same block diagram of FIG. 26 as does the seventeenth method. Step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes aiming the transducer assembly to focus ultrasound energy at a desired focal zone of patient tissue. Step c) includes activating the aimed transducer assembly to emit ultrasound energy sufficient to achieve a temperature increase in the patient tissue essentially without medically affecting the patient tissue. Step d) includes after step c) detecting, from reflected ultrasound energy using the transducer assembly, an actual focal zone of patient tissue having a temperature increase. Step e) includes correcting for any error between the desired focal zone and the actual focal zone. Step f) includes after step e), medically treating the patient tissue with ultrasound using the transducer assembly. In one example, the end effector is an extracorporeal end effector. In another example, the end effector is an intracorporeal end effector. In a further example, the end effector can be used in both an extracorporeal mode and in an intracorporeal mode.

A nineteenth method of the invention is for ultrasound medical treatment of a patient and includes steps a) through i). The nineteenth method uses the same block diagram of FIG. 26 as does the seventeenth method but with three extra steps added between block 262's step a) and block 264's step b) of the seventeenth method. In the nineteenth method, step a) includes obtaining an end effector having an ultrasound imaging and medical-treatment transducer assembly. Step b) includes inserting the end effector into the patient. Step c) includes guiding the end effector inside the patient. Step d) includes identifying a desired focal zone of patient tissue at least in part from ultrasound imaging using the transducer

assembly. Step e) includes aiming the transducer assembly to focus ultrasound energy at the desired focal zone of patient tissue. Step f) includes activating the aimed transducer assembly to emit ultrasound energy sufficient to achieve a temperature increase in the patient tissue essentially without medically affecting the patient tissue. Step g) includes after step f) detecting, from reflected ultrasound energy using the transducer assembly, an actual focal zone of patient tissue having a temperature increase. Step h) includes correcting for any error between the desired focal zone and the actual focal zone. Step i) includes after step h), medically treating the patient tissue with ultrasound using the transducer assembly.

In one example of the seventeenth through nineteenth methods, the end effector is an endoscopic end effector. In another example, the end effector is a laparoscopic end effector. In a further example, the end effector is a catheter end effector (such as, but not limited to, an intravascular catheter end effector). In an additional example, the end effector is a needle end effector.

It is noted that the achieved temperature increase will decrease over time so that the detected temperature increase may not exactly equal the achieved temperature increase. In one implementation of the seventeenth through nineteenth methods, the temperature increase detected in the detecting step is equal substantially to the temperature increase achieved in the activating step. In one application of the seventeenth through nineteenth methods, the detected temperature increase is not greater than about five degrees Celsius. In one variation, the detected temperature increase is not greater than about two degrees Celsius.

It is noted that conventional methods are known to the artisan to convert ultrasound image data into temperature images. In one variation of the seventeenth through nineteenth methods, the correcting step is performed automatically by a feedback control on the same mechanism used to aim the transducer assembly in the aiming step, as can be appreciated by the artisan. As previously noted, mechanisms for aiming an ultrasound medical-treatment transducer assembly include conventional electronic and/or mechanical techniques as are known to those skilled in the art.

Advantages of correcting for any error between the desired and actual focal zones before medical treatment include more precise ultrasound medical treatment of patient tissue. In one example, better targeting maximizes the ablation of a lesion (and any appropriate margin) while minimizing medical treatment of patient tissue outside the lesion (and outside any appropriate margin).

Ultrasound Imaging of Patient Tissue

Ultrasound Feedback in Medically-Treated Patients

A twentieth method of the invention is shown in block diagram form in FIG. 27 and is for ultrasound imaging of patient tissue of a patient. The twentieth method includes steps a) through c). Step a) is labeled "Obtain A First Signal From A Location At A First Time" in block 272 of FIG. 27. Step a) includes obtaining a first signal of a first imaging ultrasound wave which has been reflected back from a location in the patient tissue at a first time. Step b) is labeled "Obtain A Second Signal From The Location At A Later Second Time" in block 274 of FIG. 27. Step b) includes obtaining a second signal of a second imaging ultrasound wave which has been reflected back from the location in the patient tissue at a later second time wherein the patient has received at least some medical treatment by the second time. Step c) is labeled "Create An Image Of The Location Using

The Two Signals" in block 276 of FIG. 27. Step c) includes creating an image of the location using the first signal and the second signal. It is understood that the terminology "creating an image" includes, without limitation, creating an image in visual form displayed, for example, on a monitor and creating an image in electronic form which, for example, is used by a computer without being displayed in visual form on a monitor. In one enablement of the twentieth method of the invention, the image of the location is visually displayed at a pixel location on a monitor.

In one example of the twentieth method of the invention, step c) includes creating an image of the location using at least the amplitude of the first signal and the amplitude of the second signal. In one variation, step c) calculates the difference in the amplitudes between the first and second signals. In one modification, step c) uses the calculated amplitude difference and uses one of the amplitudes of one of the first and second signals. In one implementation, step c) calculates the sum of the one amplitude and a function of the calculated amplitude difference. In one illustration for a first signal amplitude of 6 and a second signal amplitude of 7, step c) calculates the amplitude difference, adds the difference to the second signal amplitude creating a processed amplitude of 8, and creates the image of the location using the processed amplitude. Other algorithms for using the amplitude of the first and second signals to enhance any amplitude difference in creating the image of the location after medical treatment are left to the artisan.

In another example of the twentieth method of the invention, step c) includes creating an image of the location using at least the phase of the first signal and the phase of the second signal. In one variation, step c) calculates the difference in the phase between the first and second signals. In one modification, step c) uses the calculated phase difference and uses one of the phases of one of the first and second signals. In one implementation, step c) calculates the sum of the one phase and a function of the calculated phase difference. In one illustration of a first signal phase of 6 degrees and a second signal phase of 7 degrees, step c) calculates the phase difference, adds the difference to the second signal phase creating a processed phase of 8 degrees, and creates the image of the location using the processed phase. Other algorithms for using the phase of the first and second signals to enhance any phase difference in creating the image after medical treatment are left to the artisan.

In an additional example of the twentieth method of the invention, step c) includes creating an image of the location using at least the amplitude and the phase of the first signal and the amplitude and phase of the second signal. In one variation step c) combines the discussions in the previous two paragraphs, as is within the ordinary level of skill of the artisan.

In one application of the twentieth method and examples, etc. thereof, the first signal of step a) has a first frequency (e.g., a first center frequency having a sigma) and the second signal of step b) has a second frequency (e.g., a second center frequency having a sigma) which is different from the first frequency (meaning, for example, that the center frequencies are different). In the same or a different application, the medical treatment is ultrasound medical treatment. In the same or a different application, steps a) through c) are repeated for different locations to image the patient tissue, wherein the image of the patient tissue includes medically-treated locations and medically-untreated locations. In one enablement of the twentieth method of the invention, the image of the patient tissue is visually displayed on a monitor. In another enablement, the image remains as an image map in a com-

puter without being displayed on a monitor. In one extension of the twentieth method, additional signals are obtained between steps a) and b) which are also used in creating the image of the location in step c).

Applicants were the first to realize that changes in patient tissue because of medical treatment of patient tissue, such as ultrasound medical treatment, which affect the amplitude and/or phase of ultrasound imaging signals can be used to enhance the ultrasound image differences of medically-treated patient tissue from surrounding untreated tissue. Applicants have theorized that using different frequencies for the two signals can enhance amplitude and/or phase differences for medically treated and untreated tissue and can be used to enhance the ultrasound image differences of medically-treated patient tissue from surrounding untreated tissue. Advantages of the twentieth method and examples, etc. thereof include, in one application, better ultrasound image contrast between treated and untreated patient tissue providing better monitoring during patient treatment.

Other medical treatments applicable to the twentieth method include, without limitation, other thermal ablation techniques such as radio-frequency, laser, and microwave medical treatments and chemical ablation techniques such as ethanol and chemo-therapeutics (including anti-cancer drugs). Other optional steps in the twentieth method include using signal smoothing techniques, as are known to those skilled in the art.

It is understood that any one or more of the previously-described embodiments, expressions of embodiments, examples, methods, etc. can be combined with any one or more of the other previously-described embodiments, expressions of embodiments, examples, methods, etc. For example, and without limitation, any of the end effectors can be used in any of the methods, any of the transducer arrangements can be used in any of the end effectors, and any appropriate methods can be combined such as combining the seventeenth and twentieth methods, etc.

The foregoing description of several expressions of embodiments and methods of the invention has been presented for purposes of illustration. It is not intended to be exhaustive or to limit the invention to the precise forms and procedures disclosed, and obviously many modifications and variations are possible in light of the above teaching. For example, as would be apparent to those skilled in the art, the disclosures herein of the ultrasonic systems and methods have equal application in robotic assisted surgery taking into account the obvious modifications of the invention to be compatible with such a robotic system. It is intended that the scope of the invention be defined by the claims appended hereto.

What is claimed is:

1. An ultrasound medical treatment system comprising an end effector insertable into a patient, wherein the end effector includes a tissue-retaining device, wherein the tissue-retaining device includes a first tissue-retaining member insertable into the patient and having an ultrasound medical-treatment transducer and includes a second tissue-retaining member insertable into the patient, wherein the first and second tissue-retaining members are mechanically and operatively connected together through a link member to pivotally retain patient tissue between the first and second tissue-retaining members and to pivotally release patient tissue so retained, and wherein the link member has a first end pivotally connected to the first tissue-retaining member by a first pivot pin and a second end pivotally connected to the second tissue-retaining member by a second pivot pin which is separate and spaced apart from the first pivot pin.

2. The ultrasound medical treatment system of claim 1, wherein the retained patient tissue is retained between the transducer and the second tissue-retaining member.

3. An ultrasound medical treatment system comprising an end effector insertable into a patient, wherein the end effector includes a tissue-retaining device, wherein the tissue-retaining device includes a first tissue-retaining member insertable into the patient and having an ultrasound imaging and medical-treatment transducer and includes a second tissue-retaining member insertable into the patient, wherein the first and second tissue-retaining members are mechanically and operatively connected together through a link member to pivotally retain patient tissue between the first and second tissue-retaining members and to pivotally release patient tissue so retained, and wherein the link member has a first end pivotally connected to the first tissue-retaining member by a first pivot pin and a second end pivotally connected to the second tissue-retaining member by a second pivot pin which is separate and spaced apart from the first pivot pin.

4. The ultrasound medical treatment system of claim 3, wherein the retained patient tissue is retained between the transducer and the second tissue-retaining member.

5. The ultrasound medical treatment system of claim 3, wherein the end effector is an open-surgery end effector, an endoscopic end effector, a laparoscopic end effector, a catheter end effector, or a needle end effector.

6. The ultrasound medical treatment system of claim 3, wherein the transducer focuses ultrasound energy.

7. A method for ultrasound medical treatment of a patient using the ultrasound medical treatment system of claim 3 comprising the steps of:

- a) endoscopically inserting the end effector into an ear, nose, or throat of the patient;
- b) guiding the end effector in the patient;
- c) identifying patient tissue for medical treatment at least in part from ultrasound imaging using the transducer;
- d) retaining the identified patient tissue using the tissue-retaining device; and
- e) medically treating the retained patient tissue with ultrasound using the transducer.

8. A method for ultrasound medical treatment of a patient using the ultrasound medical treatment system of claim 3 comprising the steps of:

- a) inserting the end effector into the patient;
- b) retaining an intervertebral disk of the patient with the tissue-retaining device, wherein the intervertebral disk includes tissue; and
- c) medically treating the retained intervertebral disk with ultrasound to shrink the tissue using the transducer.

9. A method for ultrasound medical treatment of a patient using the ultrasound medical treatment system of claim 3 comprising the steps of:

- a) inserting the end effector into the patient;
- b) retaining a joint of the patient with the tissue-retaining device, wherein the joint includes tissue; and
- c) medically treating the retained joint with ultrasound to shrink the tissue using the transducer.

10. The ultrasound medical treatment system of claim 3, wherein the second tissue-retaining member is substantially ultrasonically non-reflective.

11. An ultrasound medical treatment system comprising an end effector insertable into a patient, wherein the end effector includes a tissue-retaining device, wherein the tissue-retaining device includes a first tissue-retaining member insertable into the patient and having an ultrasound medical-treatment transducer and includes a second tissue-retaining member insertable into the patient having an ultrasound reflector, wherein the first and second tissue-retaining members are mechanically and operatively connected together through a

link member to pivotally retain patient tissue between the first and second tissue-retaining members in a first configuration and to pivotally release patient tissue so retained in a second configuration, and wherein the link member has a first end pivotally connected to the first tissue-retaining member by a first pivot pin and a second end pivotally connected to the second tissue-retaining member by a second pivot pin which is separate and spaced apart from the first pivot pin, and wherein the second tissue-retaining member is substantially parallel with the first tissue-retaining member in both the first configuration and the second configuration.

12. The ultrasound medical treatment system of claim 11, wherein the retained patient tissue is retained between the transducer and the reflector.

13. An ultrasound medical treatment system comprising an end effector insertable into a patient, wherein the end effector includes a tissue-retaining device, wherein the tissue-retaining device includes a first tissue-retaining member insertable into the patient and having an ultrasound imaging and medical-treatment transducer and includes a second tissue-retaining member insertable into the patient and having an ultrasound reflector, wherein the first and second tissue-retaining members are mechanically and operatively connected together through a link member to pivotally retain patient tissue between the first and second tissue-retaining members in a first configuration and to pivotally release patient tissue so retained in a second configuration, and wherein the link member has a first end pivotally connected to the first tissue-retaining member by a first pivot pin and a second end pivotally connected to the second tissue-retaining member by a second pivot pin which is separate and spaced apart from the first pivot pin, and wherein the second tissue-retaining member is substantially parallel with the first tissue-retaining member in both the first configuration and the second configuration.

14. The ultrasound medical treatment system of claim 13, wherein the retained patient tissue is retained between the transducer and the reflector.

15. The ultrasound medical treatment system of claim 13, wherein the end effector is an open-surgery end effector, an endoscopic end effector, a laparoscopic end effector, a catheter end effector, or a needle end effector.

16. The ultrasound medical treatment system of claim 13, wherein the reflector is disposed to receive ultrasound energy from the transducer and is oriented to reflect the received ultrasound energy back into patient tissue retained by the tissue-retaining device.

17. The ultrasound medical treatment system of claim 16, wherein the transducer and the reflector each focus ultrasound energy.

18. The ultrasound medical treatment system of claim 16, wherein the reflector is oriented to reflect the received ultrasound energy away from the transducer when the patient tissue is retained by the tissue-retaining device.

19. The ultrasound medical treatment system of claim 13, wherein one of the first and second tissue-retaining members is controllably orientatable about two mutually orthogonal axes relative to the other of the first and second tissue-retaining members.

20. The ultrasound medical treatment system of claim 19, wherein the second tissue-retaining member is controllably orientatable about two mutually orthogonal axes relative to the first tissue-retaining member to reflect the received ultrasound energy back along different directions.

21. The ultrasound medical treatment system of claim 19, wherein the transducer and the reflector each focus ultrasound energy.

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摘要(译)

超声医学治疗系统包括可插入患者体内的末端执行器。末端执行器包括组织保持装置。组织保持装置包括具有超声医疗处理换能器的第一组织保持构件，并且包括第二组织保持构件。第一和第二组织保持构件可操作地连接在一起，以将患者组织保持在第一和第二组织保持构件之间，并释放如此保留的患者组织。在一个示例中，第二组织保持构件具有超声反射器。在相同或不同的示例中，超声医学治疗换能器是超声成像和医学治疗换能器。

