



US009597089B2

(12) **United States Patent**
Menn(10) **Patent No.:** US 9,597,089 B2
(45) **Date of Patent:** Mar. 21, 2017(54) **SURGICAL CLIPS FOR LAPAROSCOPIC PROCEDURES**132/276, 278, 279, 280; 128/830, 843,
128/831; 600/29, 30, 39, 40; 604/174,
604/250; 251/10, 4, 9

See application file for complete search history.

(75) Inventor: **Pavel Menn**, Marblehead, MA (US)(73) Assignee: **Conmed Corporation**, Utica, NY (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **13/045,519**(22) Filed: **Mar. 10, 2011**(65) **Prior Publication Data**

US 2011/0224701 A1 Sep. 15, 2011

Related U.S. Application Data

(60) Provisional application No. 61/312,505, filed on Mar. 10, 2010.

(51) **Int. Cl.***A61B 17/122* (2006.01)
A61B 17/128 (2006.01)(52) **U.S. Cl.**CPC *A61B 17/122* (2013.01); *A61B 17/1285* (2013.01)(58) **Field of Classification Search**

CPC A61B 17/122; A61B 2017/12004; A61B 2017/081; A61B 2017/0488; A61B 17/08; A61B 17/12; A61B 17/083; A61B 17/22; A61B 17/128; A61B 17/10; A61B 17/0682; A61B 17/1227; F16B 2/26; B65D 33/1641; B65D 33/1633; B65D 33/1616; A61F 6/206; B65B 51/04; B65B 51/08

USPC 606/151, 157, 158, 207, 75, 142, 143; 24/129 R-129 W, 22-23 EE, 26, 27, 29, 24/283, 285, 24, 59, 68 A, 311, 327, 376, 24/132 R, 170, 178, 188, 516, 30.5 R, 24/198, 307, 487, 543, 562; 132/273,

(56) **References Cited**

U.S. PATENT DOCUMENTS

2,618,268 A * 11/1952 English 606/207
2,796,065 A * 6/1957 Kapp 606/207
2,818,871 A * 1/1958 Beaudry 132/278

(Continued)

FOREIGN PATENT DOCUMENTS

WO WO/2011/112877 9/2011

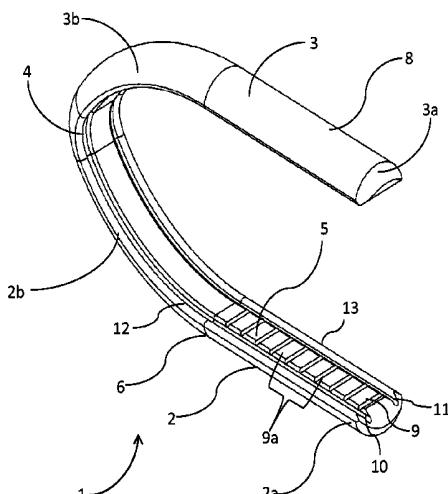
OTHER PUBLICATIONS

International Search Report for International Application No. PCT/US2011/028006, issued May 3, 2011.

(Continued)

Primary Examiner — Christopher L Templeton(57) **ABSTRACT**

A surgical clip for a clip applier to ligate vessels. The clip contains two opposing legs connected in parallel by an apex to form a U-shape. Each leg has an outer surface with a half-round cross-sectional configuration for minimizing tissue damage by preventing clip scissoring during ligation. Each leg has an inner surface with a flat central surface, two concave grooves on opposing sides of the central surface, and two convex ridges on opposing sides of the each groove. As a vessel is ligated, vessel tissue moves into the concave grooves while remaining frictionally engaged by the compressive forces applied by the central surfaces and convex ridges of each leg so that the clip does not move on the vessel. The edges of the grooves and the edges of the ridges of each leg are rounded to prevent any cutting of the ligated vessel.

19 Claims, 14 Drawing Sheets

(56)	References Cited			
U.S. PATENT DOCUMENTS				
3,363,628 A *	1/1968 Wood	606/158	7,326,223 B2	2/2008 Wilson, Jr.
3,541,647 A *	11/1970 Marietta, Jr.	24/30.5 W	7,431,724 B2	10/2008 Manetakis et al.
3,608,554 A *	9/1971 McGuinness et al.	606/207	7,572,266 B2	8/2009 Young et al.
3,867,944 A	2/1975 Samuels		7,582,095 B2	9/2009 Shipp et al.
3,874,042 A *	4/1975 Eddleman et al.	251/3	7,585,304 B2	9/2009 Huggett
3,926,195 A *	12/1975 Bleier et al.	128/831	7,594,920 B2	9/2009 Kayan et al.
3,978,555 A *	9/1976 Weisenthal	24/543	7,637,917 B2	12/2009 Whitfield et al.
4,188,953 A	2/1980 Densmore et al.		7,678,125 B2	3/2010 Shipp
4,192,313 A *	3/1980 Ogami	606/207	7,686,820 B2	3/2010 Huitema et al.
4,308,641 A *	1/1982 Niedecker	24/30.5 W	7,699,860 B2 *	4/2010 Huitema et al. 606/158
4,693,251 A *	9/1987 Bleier et al.	128/830	7,713,276 B2	5/2010 Dennis
4,702,247 A *	10/1987 Blake et al.	606/157	7,717,926 B2	5/2010 Whitfield et al.
4,799,481 A	1/1989 D'Innocencio et al.		7,727,248 B2	6/2010 Smith et al.
4,844,066 A *	7/1989 Stein	606/158	7,731,724 B2	6/2010 Huitema et al.
4,976,721 A *	12/1990 Blasnik et al.	606/157	7,819,886 B2	10/2010 Whitfield et al.
4,976,722 A *	12/1990 Failla	606/157	7,896,869 B2	3/2011 DiSilvestro et al.
4,979,950 A *	12/1990 Transue et al.	606/158	7,905,890 B2	3/2011 Whitfield et al.
5,026,382 A *	6/1991 Peiffer	606/158	7,942,885 B2	5/2011 Sixto, Jr. et al.
5,201,746 A	4/1993 Shichman		8,021,375 B2	9/2011 Aldrich et al.
5,366,458 A	11/1994 Korthoff et al.		8,038,686 B2	10/2011 Huitema et al.
5,428,871 A *	7/1995 Iosif	24/30.5 R	8,137,368 B2	3/2012 Kayan et al.
5,501,693 A *	3/1996 Gravener	606/157	8,172,870 B2	5/2012 Shipp
5,509,920 A *	4/1996 Phillips et al.	606/157	8,236,012 B2	8/2012 Molitor et al.
5,571,121 A	11/1996 Heifetz		8,262,679 B2	9/2012 Nguyen
5,601,573 A	2/1997 Fogelberg et al.		8,267,944 B2	9/2012 Sorrentino et al.
5,620,452 A	4/1997 Yoon		8,267,946 B2	9/2012 Whitfield et al.
5,626,585 A	5/1997 Mittelstadt et al.		8,282,655 B2	10/2012 Whitfield et al.
5,626,586 A	5/1997 Pistl et al.		8,287,559 B2	10/2012 Barker et al.
5,626,592 A *	5/1997 Phillips et al.	606/157	8,357,171 B2	1/2013 Whitfield et al.
5,643,291 A	7/1997 Pier et al.		8,372,095 B2	2/2013 Viola
5,695,502 A	12/1997 Pier et al.		8,382,773 B2	2/2013 Whitfield et al.
5,713,911 A	2/1998 Racenet et al.		8,409,222 B2	4/2013 Whitfield et al.
5,755,726 A	5/1998 Pratt et al.		8,409,223 B2	4/2013 Sorrentino et al.
5,772,673 A	6/1998 Cuny et al.		8,419,752 B2	4/2013 Sorrentino et al.
5,833,696 A	11/1998 Whitfield et al.		8,465,502 B2	6/2013 Zergiebel
5,858,018 A	1/1999 Shipp et al.		8,486,091 B2	7/2013 Sorrentino et al.
5,895,394 A	4/1999 Kienzle et al.		8,491,608 B2	7/2013 Sorrentino et al.
5,904,693 A	5/1999 Dicesare et al.		8,523,882 B2	9/2013 Huitema et al.
5,993,465 A	11/1999 Shipp et al.		8,556,920 B2	10/2013 Huitema et al.
6,015,417 A *	1/2000 Reynolds, Jr.	606/151	8,579,918 B2	11/2013 Whitfield et al.
6,059,799 A	5/2000 Aranyi et al.		8,585,717 B2	11/2013 Sorrentino et al.
6,210,419 B1	4/2001 Mayenberger et al.		2002/0177863 A1 *	11/2002 Mandel et al. 606/158
6,217,590 B1	4/2001 Levinson		2004/0153107 A1	8/2004 Jervis et al.
6,226,843 B1	5/2001 Crainich		2005/0273122 A1	12/2005 Theroux et al.
6,261,303 B1	7/2001 Mayenberger et al.		2006/0212049 A1 *	9/2006 Mohiuddin 606/151
6,306,149 B1	10/2001 Meade		2006/0235468 A1	10/2006 Huitema et al.
6,306,150 B1	10/2001 Levinson		2007/0162060 A1	7/2007 Wild
6,350,269 B1	2/2002 Shipp et al.		2007/0173866 A1	7/2007 Sorrentino et al.
6,537,289 B1	3/2003 Kayan et al.		2009/0076533 A1 *	3/2009 Kayan et al. 606/158
6,607,540 B1	8/2003 Shipp		2011/0230900 A1	9/2011 Saradon
6,610,073 B1 *	8/2003 Levinson	606/151	2012/0083803 A1	4/2012 Patel et al.
6,640,870 B2 *	11/2003 Osinga	160/178.1 R	2012/0226291 A1	9/2012 Malizia et al.
6,652,539 B2	11/2003 Shipp et al.		2013/0172914 A1	7/2013 Weissaupt
6,673,083 B1	1/2004 Kayan et al.		2013/0178880 A1	7/2013 Keller
6,695,854 B1	2/2004 Kayan et al.		2013/0184726 A1	7/2013 Weissaupt et al.
6,793,663 B2	9/2004 Kneifel et al.		2013/0245651 A1	9/2013 Schmidt et al.
6,824,547 B2	11/2004 Wilson, Jr. et al.		2013/0245653 A1	9/2013 Litherland
6,837,895 B2	1/2005 Mayenberger			
6,869,435 B2	3/2005 Blake, III			
6,911,033 B2	6/2005 de Guillebon et al.			
7,207,997 B2	4/2007 Shipp et al.			
7,261,724 B2	8/2007 Molitor et al.			
7,297,149 B2	11/2007 Vitali et al.			
7,316,693 B2	1/2008 Viola			
7,316,696 B2	1/2008 Wilson, Jr. et al.			

OTHER PUBLICATIONS

Written Opinion of the International Search Authority International Search Report for International Application No. PCT/US2011/028006, issued May 3, 2011.

International Preliminary Report on Patentability Chapter I for International Application No. PCT/US2011/028006, issued Sep. 11, 2012.

* cited by examiner

FIG. 1

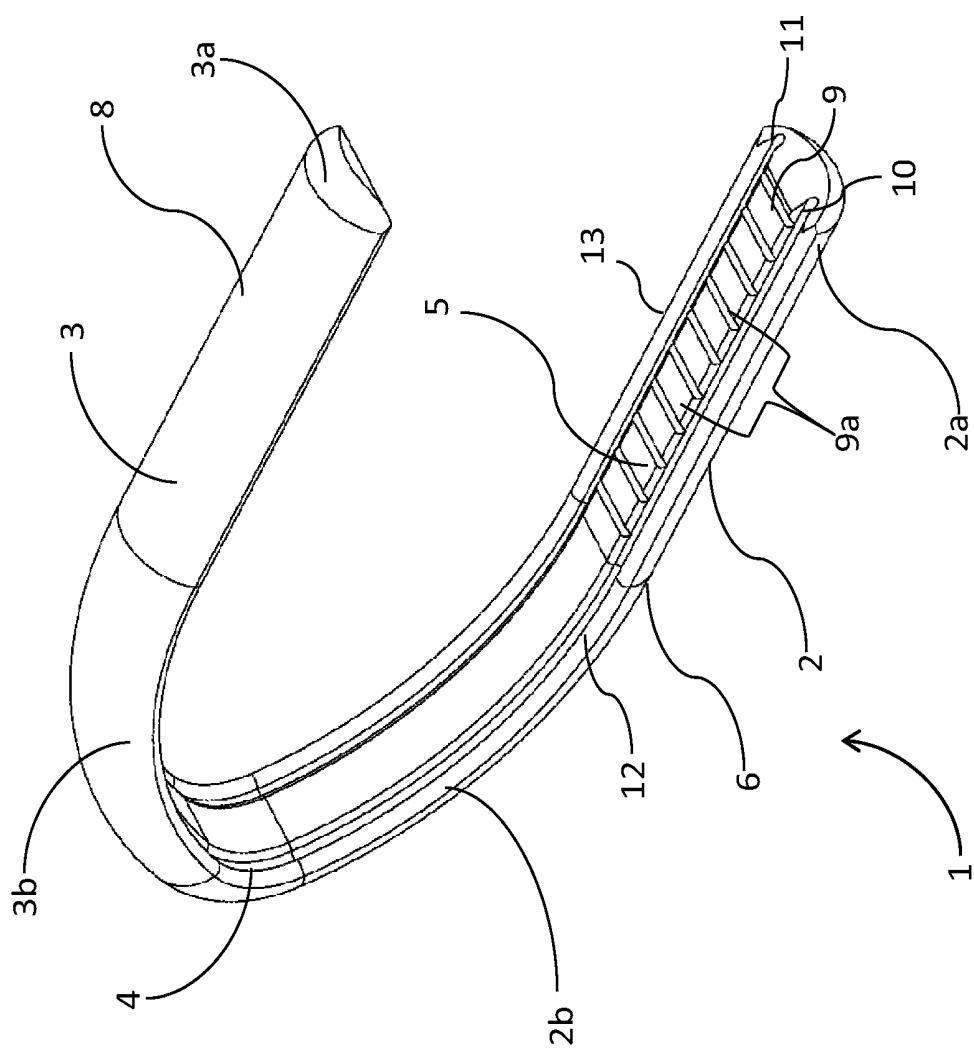


FIG. 2

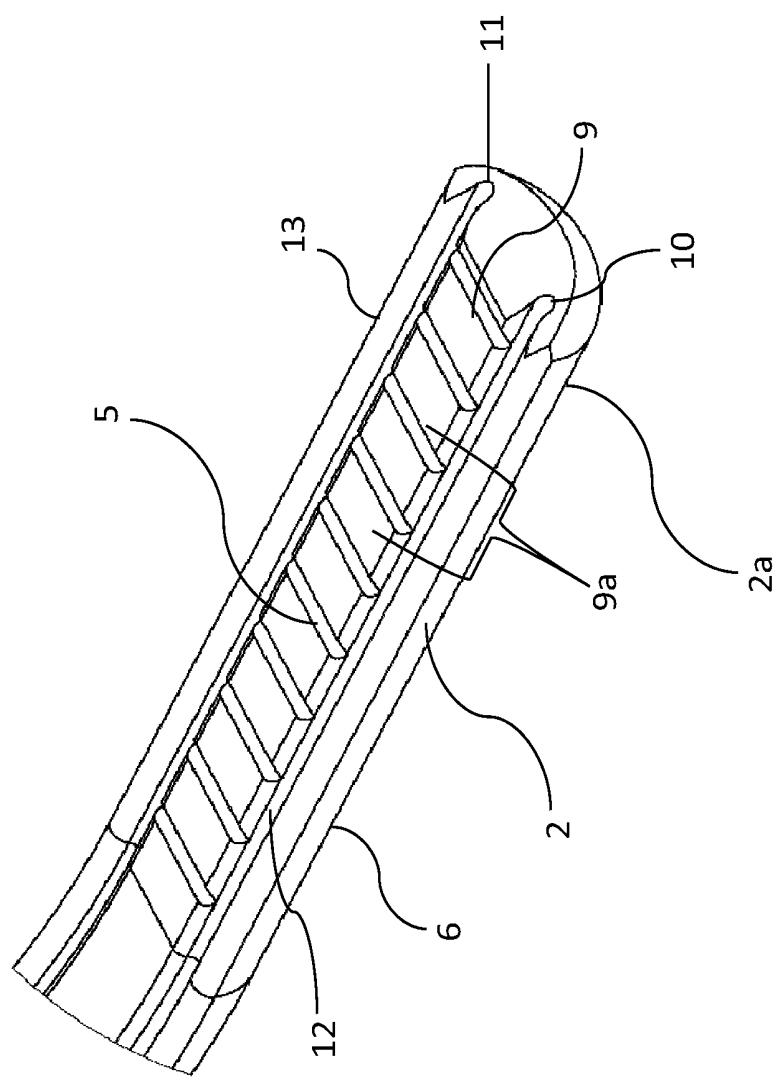


FIG. 3

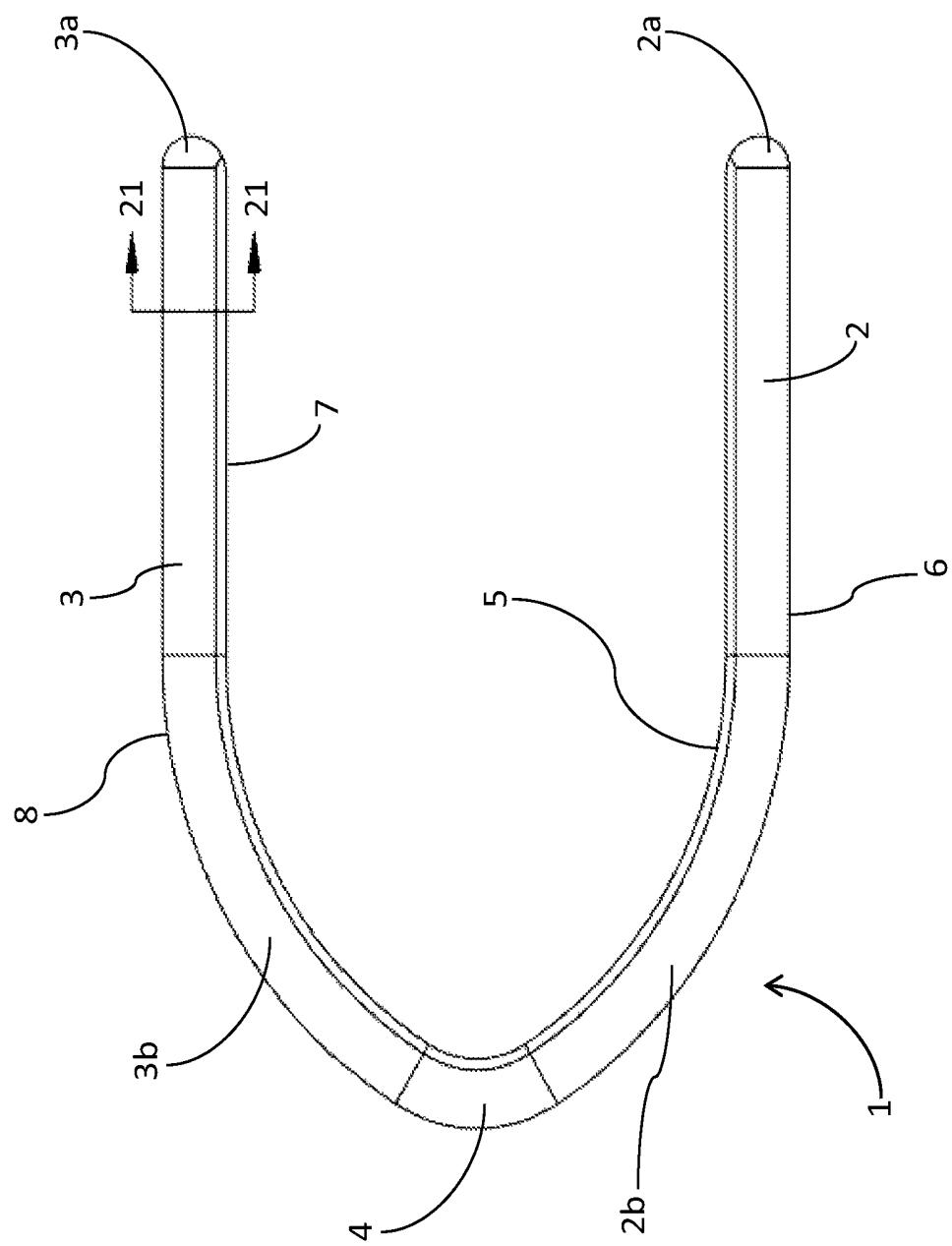


FIG. 4

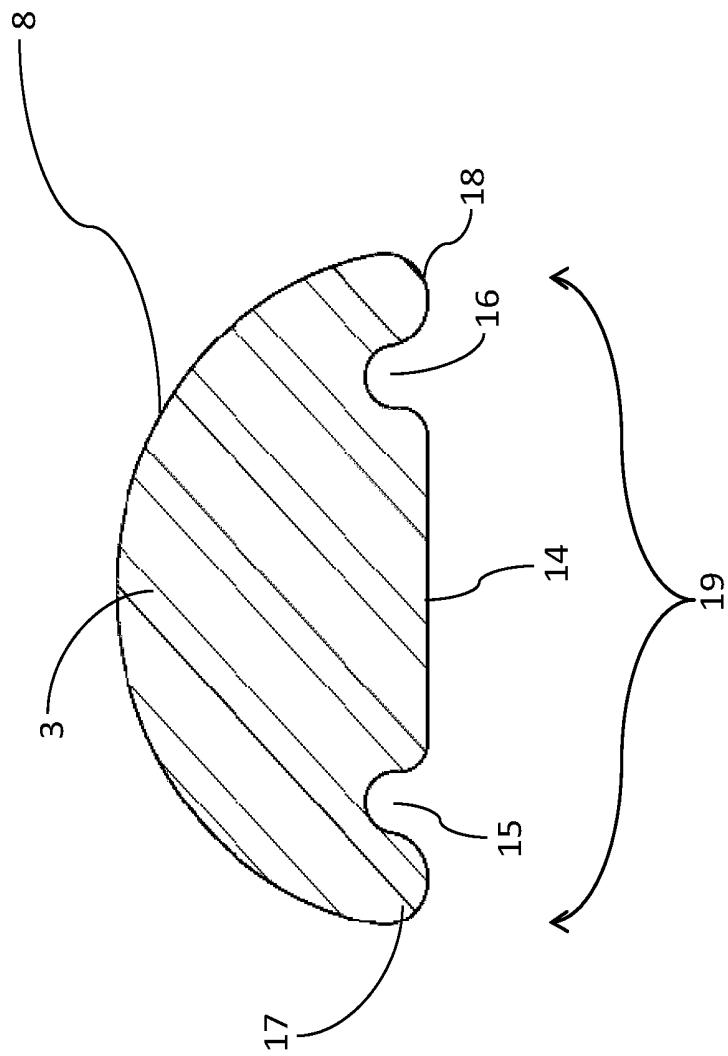


FIG. 5

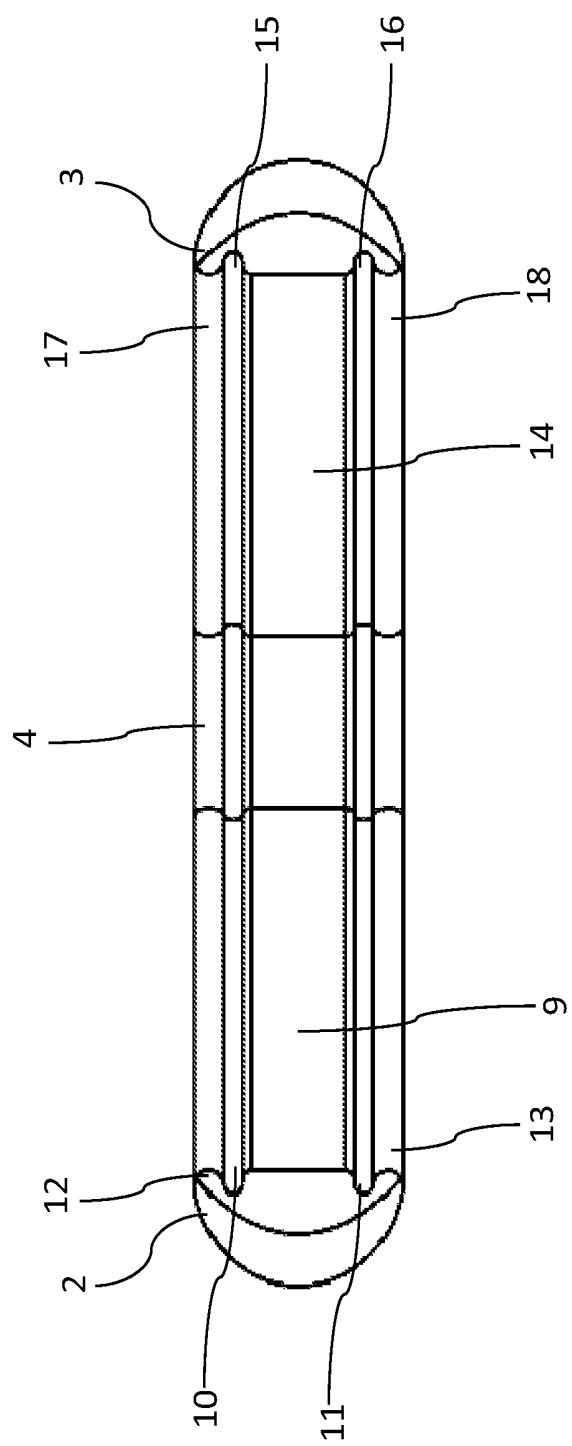


FIG. 6

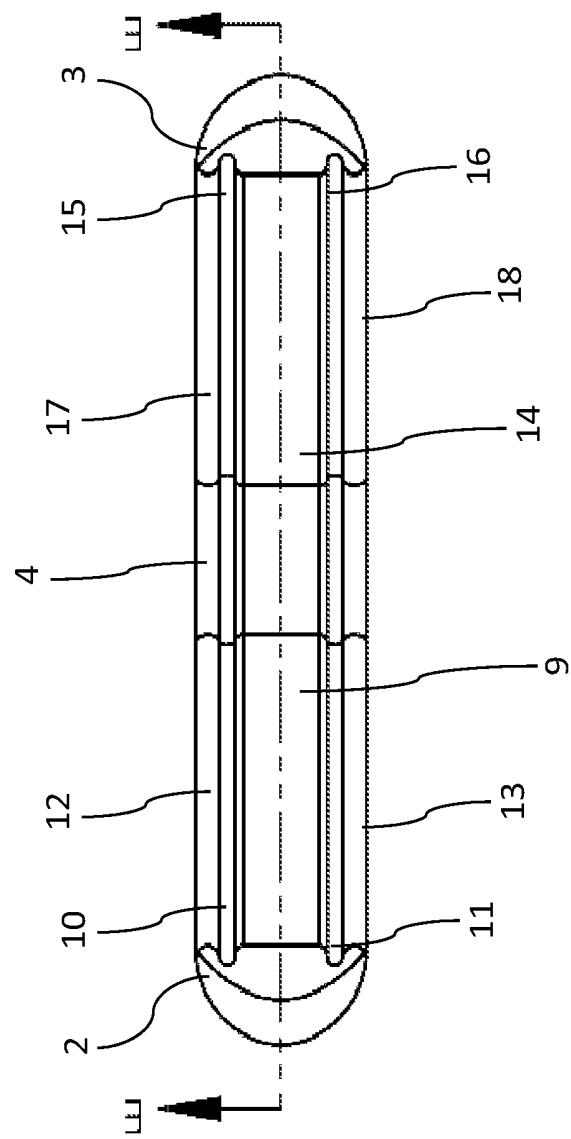


FIG. 7

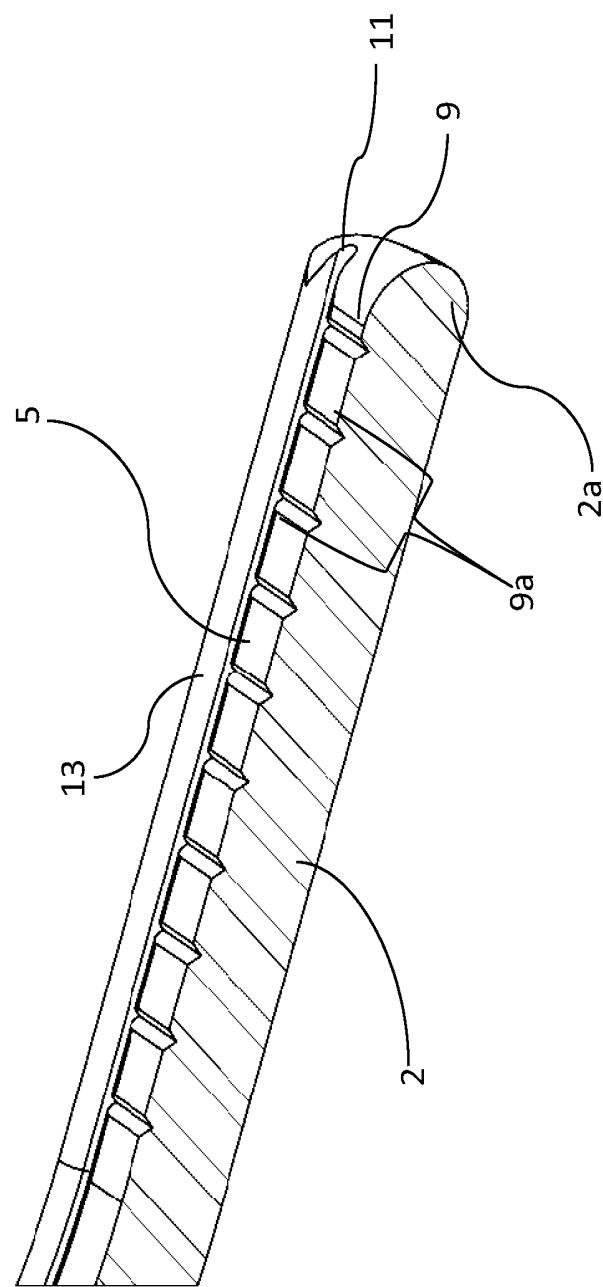


FIG. 8

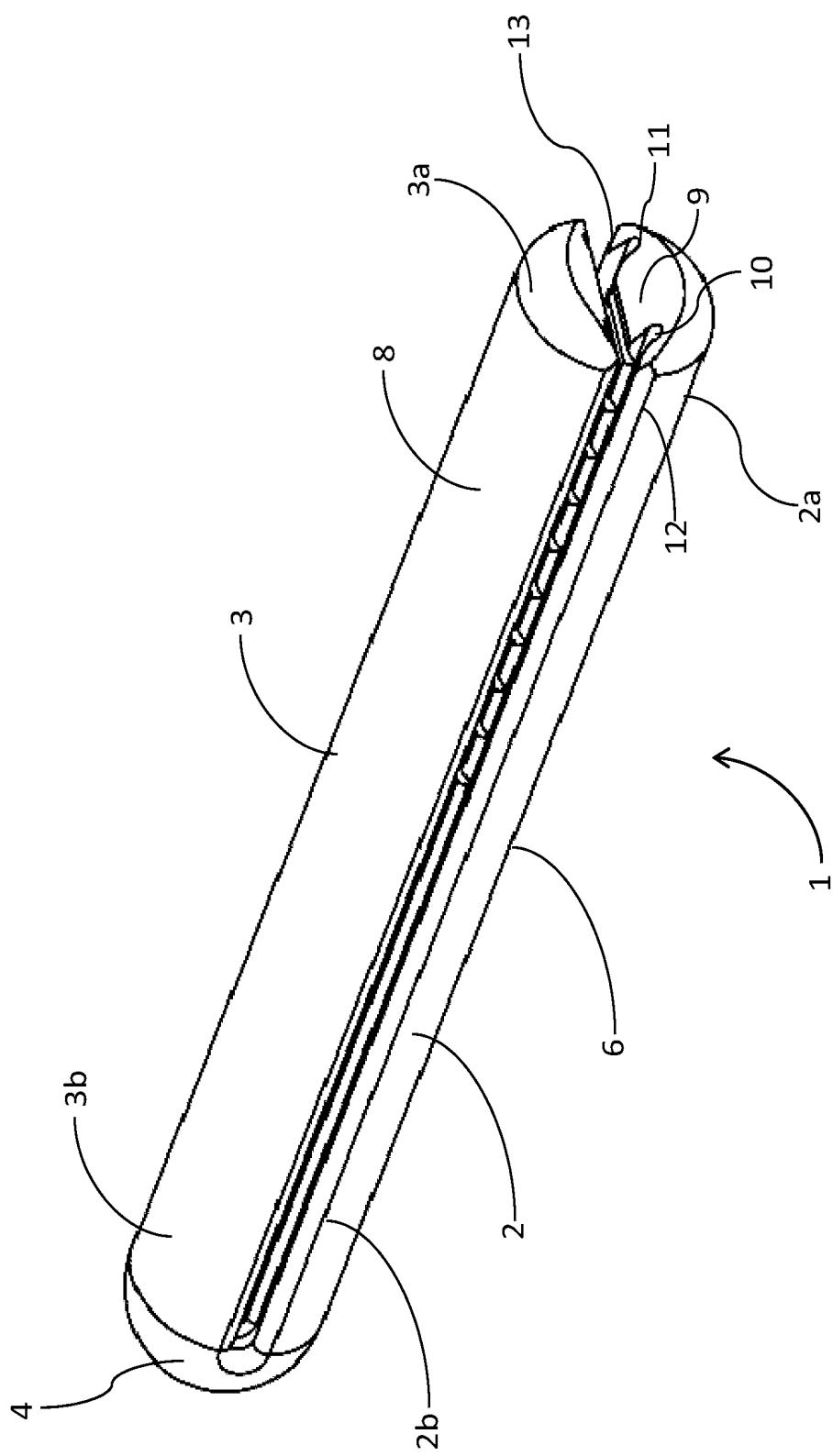


FIG. 9

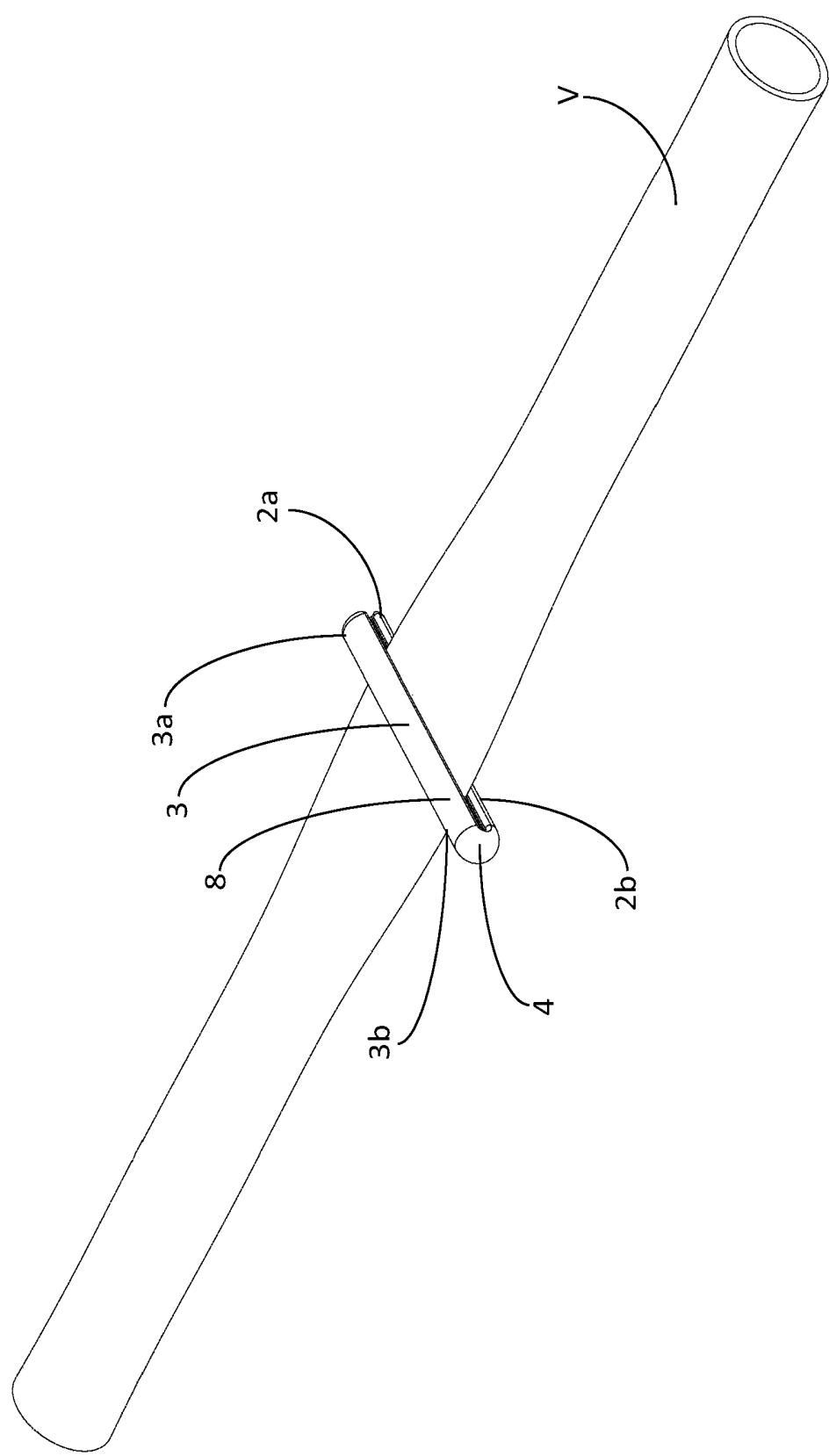
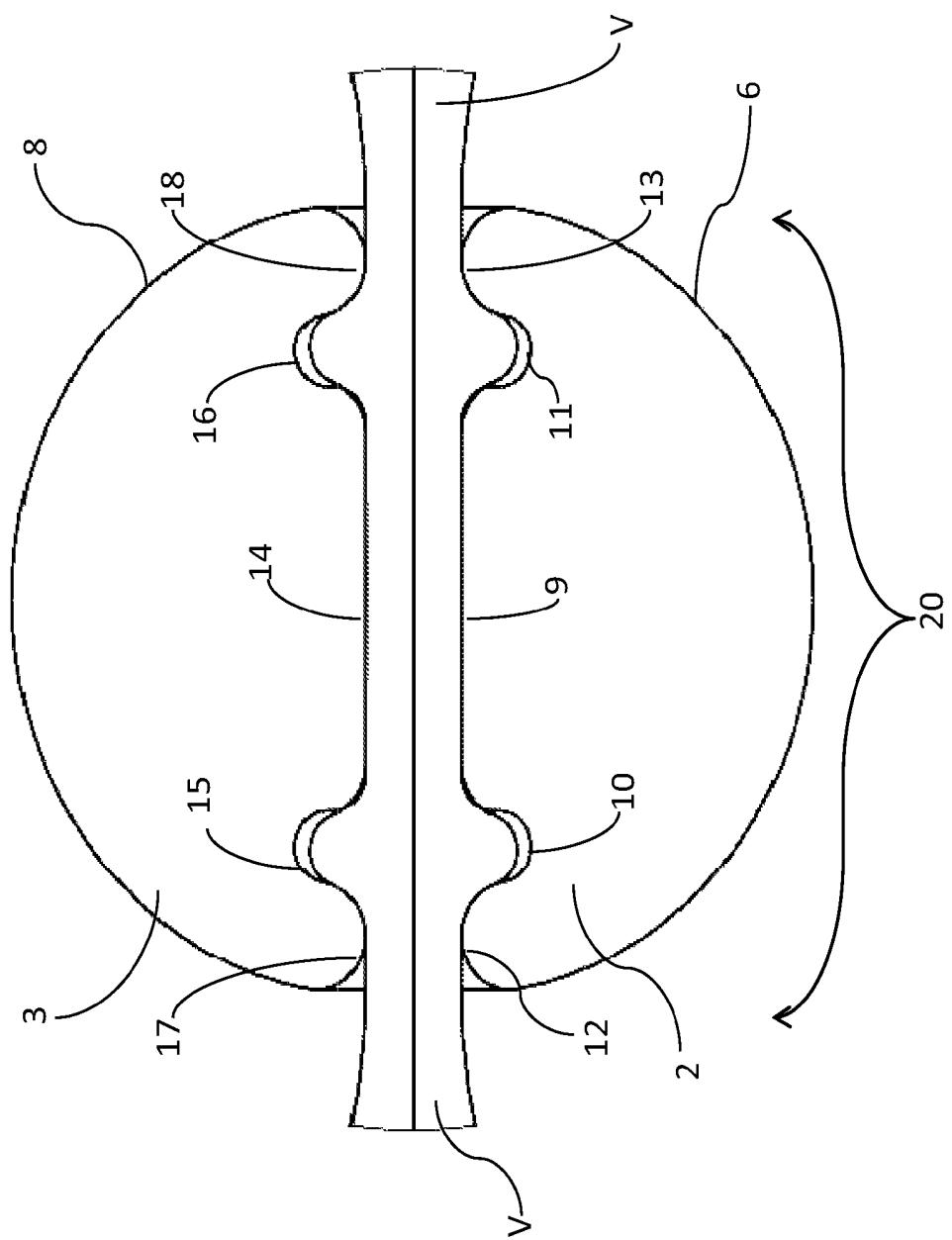


FIG. 10



PRIOR ART
FIG. 11

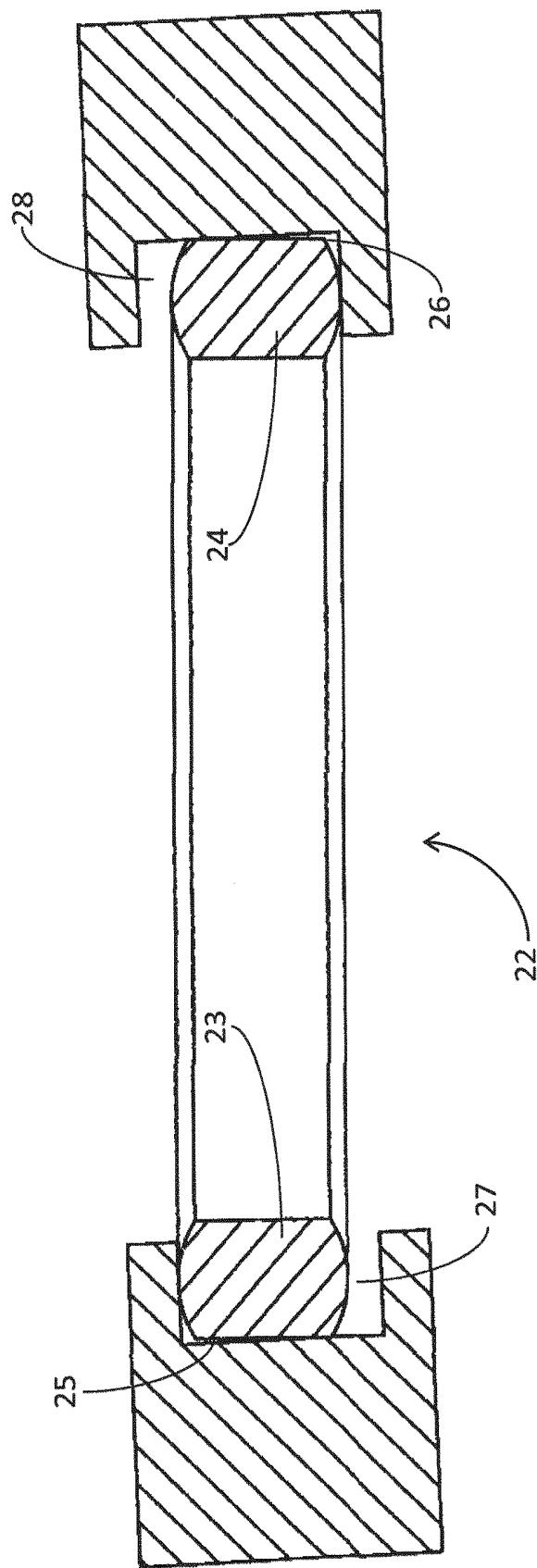


FIG. 12

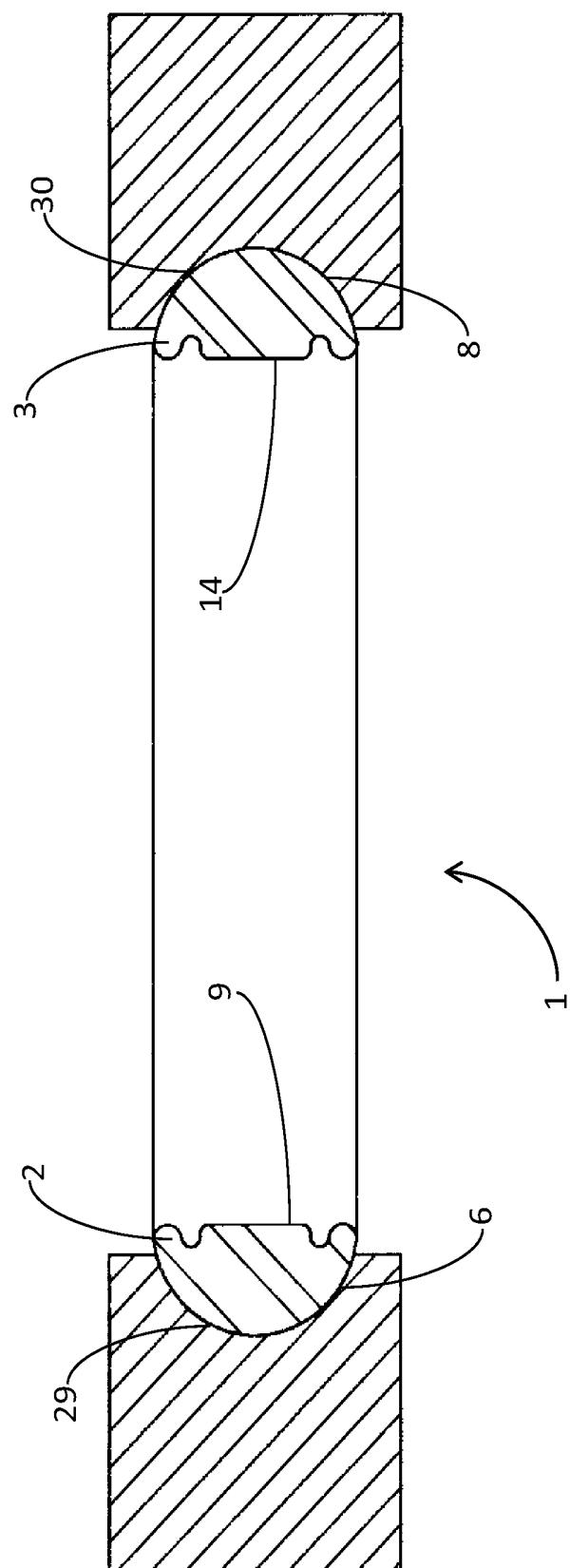


FIG. 13

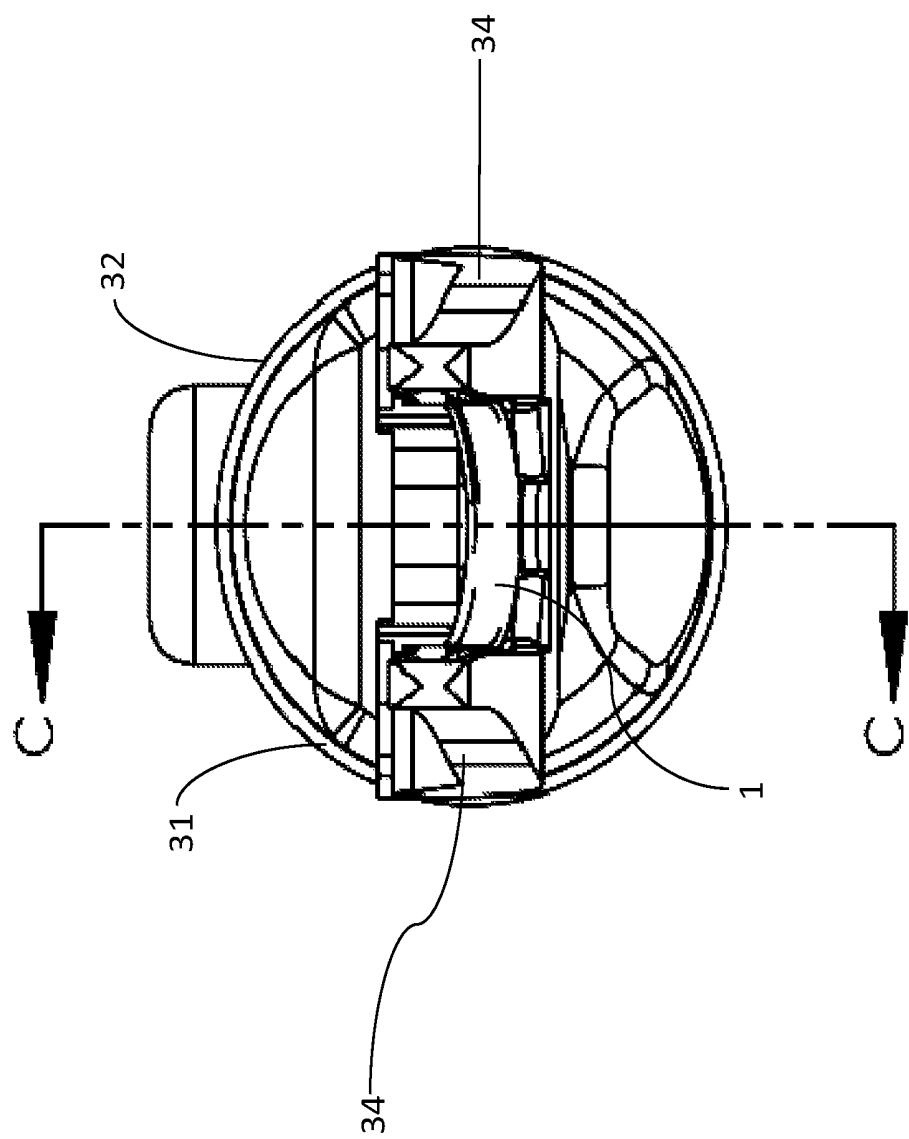
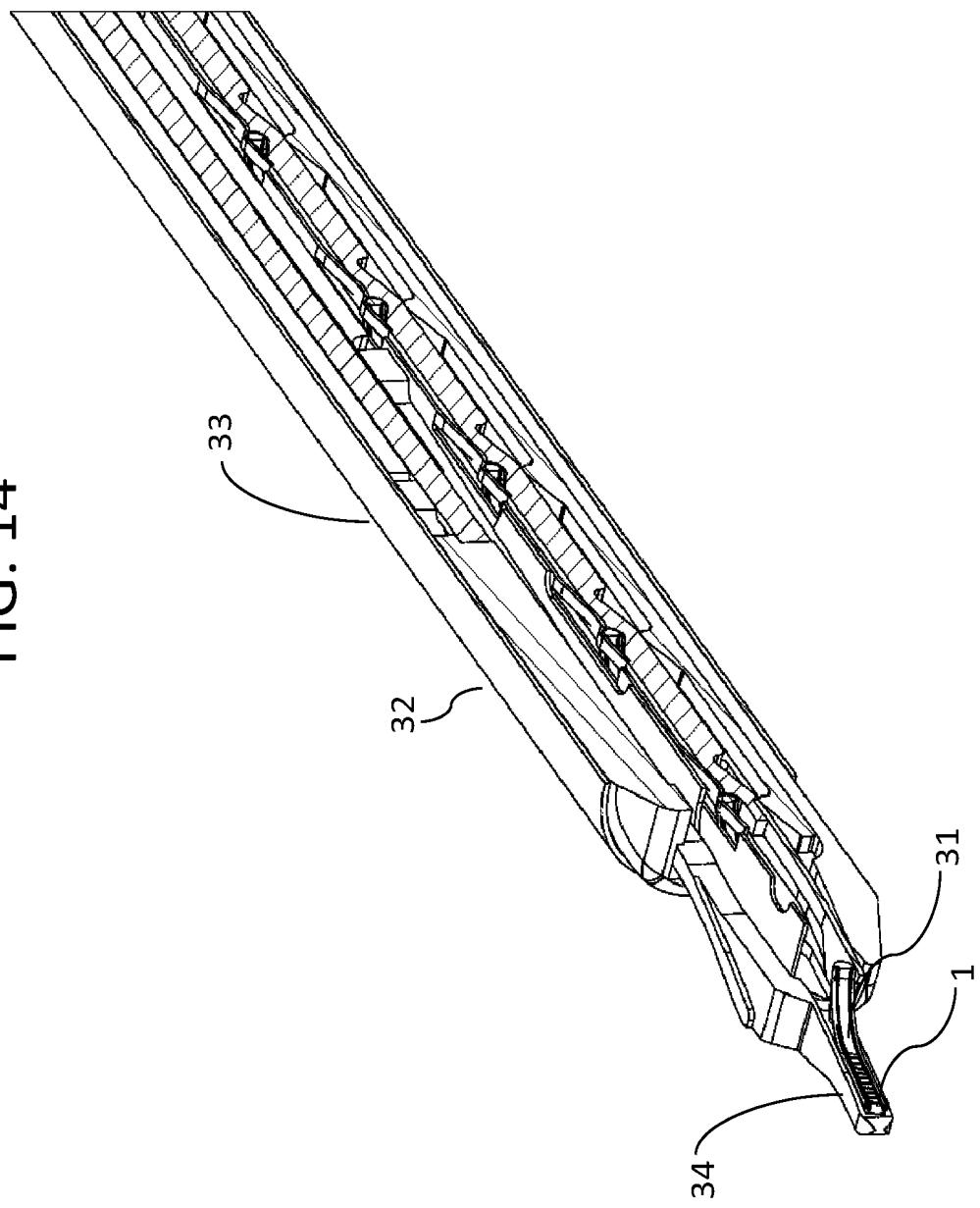


FIG. 14



SURGICAL CLIPS FOR LAPAROSCOPIC PROCEDURES

CROSS REFERENCE TO RELATED APPLICATION

This application claims the benefit of U.S. Provisional Patent Application No. 61/312,505 filed on Mar. 10, 2010, the contents of which are incorporated herein by reference.

FIELD OF THE INVENTION

This invention relates to novel surgical ligation clips for ligating blood vessels during laparoscopic or endoscopic procedures.

BACKGROUND OF INVENTION

In order to operate on a given tissue or a blood vessel, surgeons must ligate or occlude nearby blood vessels to prevent patient blood loss.

Since laparoscopic and endoscopic surgical procedures are conducted through a small incision in the skin or natural body orifices, the surgeon must have long and narrow tools to complete this ligation or occlusion of blood vessels. These tools must be small enough to be inserted through an incision and long enough to reach the desired blood vessels within the patient.

Surgeons employ small surgical clips and long clip applicators to ligate or occlude blood vessels in laparoscopic and endoscopic surgical procedures. These surgical clips need to perform multiple functions.

First, the surgical clip must be securely fastened to the blood vessel. Movement or slippage of the surgical clip on the vessel should be minimized or eliminated once the clip has been applied. Second, the surgical clip should completely close the blood vessel to which it is applied. Movement or slippage of the surgical clip or failure to fully close a blood vessel may cause one or more of the following: damage to nearby tissue, interference on the surgical site, patient blood loss, a lethal drop in blood pressure, or loss of the clip inside the patient.

Third, the surgical clip should be designed to minimize damage to the closed blood vessel and surrounding tissue as much as possible. Surgical clips that cause tissue or blood vessel damage may result in internal bleeding, a lethal drop in blood pressure, infections, or longer recovery periods.

Examples of surgical clips are described in U.S. Pat. Nos. 6,610,073; 6,217,590; 5,509,920; 5,501,693; 5,201,746; 5,171,253; 5,171,252; 5,100,420; 5,084,057; 5,026,382; 4,971,198; 4,976,722; 4,979,950; 4,844,066; 4,799,481; 4,702,247; 4,414,721; 4,188,953; 4,146,130; 3,867,944; and 3,363,628; and U.S. Published Patent Application Nos. 2007/0173866; 2005/0273122; and 2004/0153107; all of which are herein incorporated by reference in their entirety.

These previously disclosed surgical clips do not adequately securely fasten to and completely close a blood vessel while minimizing surrounding tissue damage. Another problem for these previously disclosed surgical clips is the phenomenon known as the "scissoring" effect.

Previously disclosed surgical clips are either U-shaped or V-shaped. These shapes are defined by a pair of legs joined at a proximate end by an apex and spaced apart at a distal end to define a space between the legs. A clip applicator places a surgical clip over a blood vessel within this space and compresses the legs to ligate the vessel.

Scissoring occurs when, due to deformation of the surgical clips in the clip applicator, the legs do not align and are offset at the distal ends with respect to each other. This misalignment causes the surgical clip to cut or sever blood vessels during application. Scissoring can also prevent the clip from completely closing the vessel.

Accordingly, the subject invention is a novel surgical clip that securely fastens to and completely closes a blood vessel while minimizing surrounding tissue damage. In addition, this novel surgical clip prevents vessel damage due to the "scissoring" effect.

SUMMARY OF THE INVENTION

There are additional features of the invention that will be described hereinafter and which will form the subject matter of the claims appended hereto. In this respect, before explaining at least one embodiment of the invention in detail, it is to be understood that the invention is not limited in its application to the details of construction and to the arrangements of the components set forth in the following description or illustrated in the drawings. The invention is capable of other embodiments and of being practiced and carried out in various ways. Also, it is to be understood that the phraseology and terminology employed herein are for the purpose of the description and should not be regarded as limiting.

The subject invention discloses a surgical clip, comprising: A. a relatively non-deformable first elongated leg member extending along a first leg axis from a first proximal end to a first distal end, and having an outer lateral surface extending along the first leg axis and an inner lateral surface extending along the first leg axis, and wherein the first elongated leg member has a substantially D-shaped cross-section transverse to the first leg axis and defined by a curved boundary component in the outer lateral surface, and a substantially straight boundary component in the inner lateral surface, B. a relatively non-deformable second elongated leg member extending along a second leg axis from a second proximal end to a second distal end, and having an inner lateral surface extending along the second leg axis and an outer lateral surface extending along the second leg axis, and wherein the second elongated leg member has a substantially D-shaped cross-section transverse to the second leg axis and defined by a curved boundary component in the outer lateral surface, and a substantially straight boundary component in the inner lateral surface, C. a relatively deformable apex member coupling the first proximal end with the second proximal end whereby the first leg axis and the second leg axis are coplanar and extend along a clip axis, wherein the first leg inner lateral surface is opposite the second leg inner lateral surface, wherein the outer lateral surface of the first leg member, and the outer lateral surface of the second leg member, each include a first outer surface lateral boundary and a second outer surface lateral boundary, extending along the respective first leg axis and second leg axis, from the proximal end to the distal end, wherein the inner lateral surface of the first leg member, and the inner lateral surface of the second member, each include: i. an elongated substantially planar central portion extending along the respective first leg axis and second leg axis, from the proximal end to the distal end, and having a first central lateral boundary and a second central lateral boundary, wherein the first lateral boundary and the second lateral boundary extend along the respective first leg axis and second leg axis, from the proximal end to the distal end, ii. first and second elongated clamping portions, wherein each

of the first and second elongated clamping portions extends along the respective first leg axis and second leg axis, from the proximal end to the distal end, and includes a first clamp lateral boundary and a second clamp lateral boundary, wherein the first clamp lateral boundary and the second clamp lateral boundary of each clamping portion extends along the respective first leg axis and second leg axis, from the proximal end to the distal end, and wherein each of the first and second elongated clamping portions is S-shaped transverse to the respective first leg axis and second leg axis, and i. defines first and second open-faced concave cross-section grooves extending from the inner lateral surface toward the outer lateral surface, and extending transverse from the first clamp lateral boundaries of the respective first and second clamping portions, and ii. defines first and second convex cross-section ridges extending from the inner lateral surface away from the outer lateral surface, and extending transverse from the second clamp lateral boundaries of the respective first and second clamping portions, wherein the first clamp lateral boundaries of the respective first and second clamping portions are contiguous with the respective first central lateral boundary and second central lateral boundary of the respective central planar portions of the respective first and second leg members, wherein the second clamp lateral boundaries of the respective first and second clamping portions are contiguous with the respective first outer surface lateral boundary and second outer surface lateral boundary of the outer surfaces of the respective first leg member and second leg member, wherein the grooves and ridges of the first leg member are opposite associated grooves and ridges of the second leg member.

In another embodiment of the subject invention, the first leg axis and the second leg axis may be substantially parallel, and substantially parallel to the clip axis.

In a further embodiment of the subject invention, the first leg axis and the second leg axis diverge from the apex member.

In an additional embodiment of the subject invention, the planar central portions of the respective first leg member and second leg member, may include a plurality of open-faced grooves extending transverse to the respective first leg axis and second leg axis.

In a further embodiment of the subject invention, the planar central portions of the respective first leg member and second leg member, may include a textured surface.

In another embodiment of the subject invention, the respective first leg member and second leg member may have a substantially uniform width transverse to the respective first leg axis and second leg axis.

In a further embodiment of the subject invention, the groove concave cross-section may be substantially semi-circular.

In an additional embodiment of the subject invention, the groove concave cross-section may be substantially semi-elliptical.

In another embodiment of the subject invention, the ridge convex cross-section may be substantially semi-circular.

In a further embodiment of the subject invention, the ridge convex cross-section may be substantially semi-elliptical.

Another embodiment of the subject invention, discloses a surgical clip for a clip applier comprising: a first elongated leg member comprising a first proximal end, a first distal end, a first outer surface and a first inner surface, wherein the first outer surface comprises a substantially half-round cross-sectional configuration and the first inner surface comprises a substantial flat first central inner portion such that the first elongated leg member has a substantially

D-shaped cross-sectional configuration, wherein the first inner surface further comprises a first elongated concave groove adjacent to a first side of the first central inner portion, a second elongated concave groove adjacent to a second side of the first central inner portion that opposes the first side, a first elongated convex ridge adjacent to the first elongated concave groove, and a second elongated convex ridge adjacent to the second elongated concave groove; a second elongated leg member comprising a second proximal end, a second distal end, a second outer surface and a second inner surface, wherein the second outer surface comprises a substantially half-round cross-sectional configuration and the second inner surface comprises a substantial flat second central inner portion such that the second elongated leg member has a substantially D-shaped cross-sectional configuration, wherein the second inner surface further comprises a third elongated concave groove adjacent to a first side of the second central inner portion, a fourth elongated concave groove adjacent to a second side of the second central inner portion that opposes the first side, a third elongated convex ridge adjacent to the third elongated concave groove, and a fourth elongated convex ridge adjacent to the fourth elongated concave groove; wherein the first proximal end and the second proximal end couple to form a relatively deformable apex for the surgical clip, the first outer surface and the second outer surface form a continuous outer surface, the first central inner portion and the second inner portion form a continuous inner portion, the first elongated concave groove and the third elongated concave groove form a first continuous internal groove, the second elongated concave groove and the fourth elongated concave groove form a second continuous internal groove, the first elongated convex ridge and the third elongated convex ridge form a first continuous internal convex ridge, and the second elongated convex ridge and the fourth elongated convex ridge form a second continuous internal convex ridge.

In another embodiment of the subject invention, the first and second central inner portions, proximate to the first and second distal ends, may each further comprise a plurality of raised surfaces. In another embodiment of the subject invention, the first and second central inner portions may each further comprise a serrated surface. In another embodiment of the subject invention, the first and second central inner portions may each further comprise a textured surface.

In one embodiment of the subject invention, the surgical clip comprises one piece.

In a further embodiment of the subject invention, the surgical clip may be 0.1 to 0.5 inches in length.

In another embodiment of the subject invention, the surgical clip may be composed of titanium or stainless steel. In one embodiment of the subject invention, the surgical clip may be composed of biodegradable material.

In an even further embodiment of the subject invention, there is no minimum vessel closure diameter for the surgical clip.

In another embodiment of the subject invention, the clip may have a substantially U-shaped configuration. In one embodiment of the subject invention, the clip may have a substantially V-shaped configuration.

In another embodiment of the subject invention, the first and second outer surfaces may each have a substantially half-elliptical cross-sectional configuration. In an even further embodiment of the subject invention, the first and second outer surfaces may each have a substantially half-circular cross-sectional configuration.

In a further embodiment of the subject invention, each groove on the inner surface of each leg member may have a substantially half-elliptical cross-sectional configuration. In one embodiment of the subject invention, each groove on the inner surface of each leg member may have a substantially half-circular cross-sectional configuration.

In another embodiment of the subject invention, each ridge on the inner surface of each leg member may have a substantially half-circular cross-sectional configuration. In a further embodiment of the subject invention, each ridge on the inner surface of each leg member may have a substantially half-elliptical uninterrupted cross-sectional configuration.

One embodiment of the subject invention discloses surgical clip for a clip applier comprising first and second leg members connected at their proximal ends and terminating at their distal ends, wherein the distal ends of the first and second leg members are spaced apart and substantially parallel to one another, further wherein the clip comprises a continuous curved outer surface and a continuous tissue gripping surface, wherein the tissue gripping surface comprises a substantial flat inner portion, a set of opposing longitudinal channels separated by the substantially flat inner portion and a set of opposing curved longitudinal ridges on either side of the opposing channels, wherein the proximal ends of the first and second leg members curve towards each other to connect.

In another embodiment of the subject invention, the surgical clip comprises one piece.

In a further embodiment of the subject invention, the surgical clip may be 0.1 to 0.5 inches in length.

In an additional embodiment of the subject invention, the surgical clip may be composed of titanium or stainless steel. In another embodiment of the subject invention, the surgical clip may be composed of biodegradable material.

In one embodiment of the subject invention, there is no minimum vessel closure diameter for the surgical clip.

In a further embodiment of the subject invention, the clip may have a substantially U-shaped configuration. In an additional embodiment of the subject invention, the clip may have a substantially V-shaped configuration.

In one embodiment of the subject invention, the continuous curved outer surface of the clip may have a substantially half-elliptical cross-sectional configuration. In another embodiment of the subject invention, the continuous curved outer surface of the clip may have a substantially half-circular cross-sectional configuration.

In a further embodiment of the subject invention, each continuous groove on the continuous tissue gripping surface of the clip may have a substantially half-elliptical cross-sectional configuration. In an additional embodiment of the subject invention, each continuous groove on the continuous tissue gripping surface of the clip may have a substantially half-circular cross-sectional configuration.

In one embodiment of the subject invention, each continuous ridge on the continuous tissue gripping surface of the clip may have a substantially half-circular uninterrupted cross-sectional configuration. In another embodiment of the subject invention, each continuous ridge on the continuous tissue gripping surface of the clip may have a substantially half-elliptical uninterrupted cross-sectional configuration.

One embodiment of the subject invention discloses a method of securely ligating a vessel, comprising the steps of: a) providing a surgical clip with first and second leg members connected at their proximal ends and terminating at their distal ends, wherein the distal ends of the first and second leg members are spaced apart and substantially

parallel to one another, further wherein each leg member comprises a curved outer surface and an inner surface, wherein each inner surface comprises a substantial flat inner portion, a set of opposing grooves separated by the substantially flat inner portion and a set of opposing curved ridges on either side of the opposing grooves, wherein the proximal ends of the first and second leg members curve towards each other to connect such that the surgical clip comprises a continuous curved outer surface from the curved outer surfaces of each leg member and a continuous inner surface from the inner surfaces of each leg member including a continuous substantially flat inner portion, a continuous set of opposing grooves separated by the continuous substantially flat inner portion, and a continuous set of opposing curved ridges; b) placing the vessel between the inner surfaces of said first and second leg members; c) applying equal compressive forces against said first and second leg members in opposing directions so as to clamp the vessel between the inner surfaces of the first and second leg members, wherein the surgical clip bends at the connection of proximal ends of the first and second leg members, and further wherein each of the opposing grooves and opposing ridges on the inner surface of the first leg align with the opposing grooves and opposing ridges on the inner surface of the second leg when the surgical clip is compressed; and d) removing the compressive forces from the clip, wherein the connection of proximal ends of the first and second leg member remains in a bent, compressed position to maintain ligation of the vessel.

There has thus been outlined, rather broadly, the more important features of the invention in order that the detailed description thereof that follows may be better understood, and in order that the present contribution to the art may be better appreciated. There are additional features of the invention that will be described hereinafter and which will form the subject matter of the claims appended hereto. These together with other objects of the invention, along with the various features of novelty, which characterize the invention, are pointed out with particularity in the claims annexed to and forming a part of this disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

Advantages of the present invention will be apparent from the following detailed description of embodiments thereof, which description should be considered in conjunction with the accompanying drawings, in which:

FIG. 1 illustrates a perspective view of the surgical vessel ligating clip in the open position.

FIG. 2 illustrates an enlarged perspective view of one ligating leg of the surgical vessel ligating clip.

FIG. 3 illustrates a side elevational view of the surgical vessel ligating clip in the open position.

FIG. 4 illustrates an enlarged cross sectional view of the surgical vessel ligating clip along line 21-21 of FIG. 3.

FIG. 5 illustrates a front view of the surgical vessel ligating clip in the open position.

FIG. 6 illustrates another front view of the surgical vessel ligating clip in the open position.

FIG. 7 illustrates an enlarged perspective view of one ligating leg of the surgical vessel ligating clip along line E-E of FIG. 6.

FIG. 8 illustrates a perspective view of the surgical vessel ligating clip in the compressed or closed position.

FIG. 9 illustrates a perspective view of the surgical vessel ligating clip in the compressed or closed position applied to a tubular vessel.

FIG. 10 illustrates an enlarged front cross sectional view of the surgical vessel ligating clip in the compressed or closed position applied to a tubular vessel.

FIG. 11 illustrates a front elevational view of a surgical clip of the prior art in the internal grooves of a surgical clip applier apparatus illustrating the non-parallel ligating position of the clip legs that results in the scissoring effect.

FIG. 12 illustrates a front elevational view of the surgical vessel ligating clip with outer surface configurations that complement the internal grooves of a surgical clip applier apparatus to control for parallelism in the ligating position of the clip legs that results in prevention of clip scissoring.

FIG. 13 illustrates a front view of the distal end of a surgical clip applier apparatus containing a surgical vessel ligating clip.

FIG. 14 illustrates a perspective view of the distal end of a surgical clip applier apparatus along line C-C of FIG. 13.

DETAILED DESCRIPTION OF THE EMBODIMENTS

While several variations of the present invention have been illustrated by way of example in particular embodiments, it is apparent that further embodiments could be developed within the spirit and scope of the present invention, or the inventive concept thereof. However, it is to be expressly understood that such modifications and adaptations are within the spirit and scope of the present invention, and are inclusive, but not limited to the following appended claims as set forth.

The subject invention comprises a surgical vessel ligating clip 1, as shown in FIGS. 1-10 and 12-14.

FIGS. 1, 3, 5 and 6 illustrate the surgical vessel ligating clip 1 in the open or uncompressed position. The surgical vessel ligating clip 1 will be in an open position before attachment or application over a blood vessel to ligate or occlude that vessel. FIGS. 8-10 illustrate the closed or compressed position of surgical vessel ligating clip 1 alone and clamped over a tubular vessel V.

Surgical vessel ligating clip 1 has a generally U-shaped configuration as shown in FIGS. 1 and 3. In other embodiments of the subject invention, surgical vessel ligating clip 1 may have a V-shaped configuration, another symmetrical configuration, or even an asymmetrical configuration.

The surgical vessel ligating clip 1 includes a pair of opposed elongated ligating legs 2 and 3, each having respective distal ends 2a and 3a, and respective proximal ends 2b and 3b. Ligating legs 2 and 3 have substantially uniform widths and lengths. Ligating legs 2 and 3 are substantially mirror images of each other. The distal ends 2a and 3a of ligating legs 2 and 3 are substantially parallel to one another and are relatively non-deformable.

The proximal ends 2b and 3b of the ligating legs 2 and 3 curve towards each other to form apex connection 4. Apex connection 4 is relatively deformable to allow the surgical vessel ligating clip 1 to compress from the open position to the closed position illustrated in FIGS. 8-10.

Ligating leg 2 contains an inner tissue contacting surface 5 and an outer surface 6 that both extend along the axis of ligating leg 2 in a substantially parallel direction. Ligating leg 3 contains an inner tissue contacting surface 7 and an outer surface 8 that both extend along the axis of ligating leg 3 in a substantially parallel direction.

Outer surfaces 6 and 8 each have a substantially half-round cross-sectional configuration. In other embodiments of the subject invention, the outer surfaces of each ligating leg may each have a substantially half-elliptical cross-

sectional configuration. FIGS. 4 and 10 illustrate enlarged cross-sectional views of ligating legs 2 and 3. Inner tissue contacting surface 5 and outer surface 6 form a substantially D-shaped cross-sectional configuration for ligating leg 2. Inner tissue contacting surface 7 and outer surface 8 form a substantially D-shaped cross-sectional configuration for ligating leg 3. Ligating legs 2 and 3 are substantially equivalent in size and shape.

As illustrated in FIGS. 1, 2, 5, 10 and 12, inner tissue contacting surface 5 of ligating leg 2 contains a substantially flat inner central surface 9 with opposing, open-faced, concave grooves 10 and 11 on either side. Inner tissue contacting surface 5 further contains two opposing convex ridges 12 and 13 on the outer sides of opposing grooves 10 and 11, respectively.

As illustrated in FIGS. 4, 5, 10 and 12, inner tissue contacting surface 7 of ligating leg 3 contains a substantially flat inner central 14 with opposing, open-faced, concave grooves 15 and 16 on either side. Inner tissue contacting surface 7 further contains two opposing convex ridges 17 and 18 on the outer sides of opposing grooves 15 and 16, respectively.

Grooves 10 and 11 each have a substantially half-round cross-sectional configuration with respect to inner tissue contacting surface 5 on ligating leg 2. Grooves 15 and 16 each have a substantially half-round cross-sectional configuration with respect to inner tissue contacting surface 7 on ligating leg 3. In other embodiments of the subject invention, grooves 10, 11, 15 and 16 may each have a substantially half-elliptical cross-sectional configuration. As illustrated in FIG. 10, these rounded configurations of grooves 10, 11, 15 and 16 prevent cutting or piercing of ligated vessel tissue.

Ridges 12 and 13 each have a substantially half-round cross-sectional configuration with respect to inner tissue contacting surface 5 on ligating leg 2. Ridges 17 and 18 each have a substantially half-round cross-sectional configuration with respect to inner tissue contacting surface 7 on ligating leg 3. In other embodiments of the subject invention, ridges 12, 13, 17 and 18 may each have a substantially half-elliptical cross-sectional configuration. As illustrated in FIG. 10, these rounded configurations of ridges 12, 13, 17 and 18 prevent cutting or piercing of ligated vessel tissue.

Grooves 10 and 11 and ridges 12 and 13 are all continuous from distal end 2a to proximal end 2b and extend along ligating leg 2 in a substantially parallel direction. Grooves 15 and 16 and ridges 17 and 18 are all continuous from distal end 3a to proximal end 3b and extend along ligating leg 3 in a substantially parallel direction. As ligating legs 2 and 3 curve towards each other to their respective proximal ends, 2b and 3b, to be connected at apex connection 4; grooves 10 and 15, grooves 11 and 16, ridges 12 and 17, and ridges 13 and 18 all meet to form uninterrupted, continuous structures on clip 1. Accordingly, the inner tissue contacting surfaces 5 and 7, and the outer surfaces 6 and 8 are both uninterrupted, continuous structures on surgical clip 1 as ligating legs 2 and 3 curve towards each other to connect at apex connection 4. Thus, surgical clip 1 contains an uninterrupted, continuous outer surface with a substantially half-round cross-sectional configuration and an uninterrupted, continuous internal surface with a substantially flat inner central surface with opposing, open-faced, concave grooves on either side, and further contains two opposing convex ridges on either side of the opposing grooves.

Substantially flat inner central surfaces 9 and 14 may further contain pluralities of serrated teeth. These pluralities of serrated teeth are substantially perpendicular with respect to inner tissue contacting surfaces 5 and 7. The plurality of

serrated teeth 9a extends from distal end 2a along ligating leg 2 in a substantially parallel direction, to end proximate to the point at which ligating leg 2 begins to curve towards ligating leg 3. The plurality of serrated teeth ligating leg 3 (not shown) extends from distal end 3a along ligating leg 3 in a substantially parallel direction, to end proximate to the point at which ligating leg 3 begins to curve towards ligating leg 2.

FIGS. 4 and 10 illustrate the double S-shaped cross-sectional configuration 19 of ligating leg 3 of the surgical vessel ligating clip 1. Double S-shaped cross-sectional configuration 19 is formed from the S-shaped cross-sectional configuration of groove 15 and ridge 17, and the S-shaped cross-sectional configuration of groove 16 and ridge 18. FIGS. 1, 2, 5 and 10 illustrate the double S-shaped cross-sectional configuration 20 of ligating leg 2 that opposes and is a mirror image of configuration 19 on ligating leg 3. Double S-shaped cross-sectional configuration 20 is formed from the S-shaped cross-sectional configuration of groove 10 and ridge 12, and the S-shaped cross-sectional configuration of groove 11 and ridge 13. Double S-shaped cross-sectional configurations 19 and 20 allow surgical clip 1 to be securely ligated to a vessel.

FIG. 8 illustrates an isometric view of the surgical vessel ligating clip 1 in the closed or compressed position (vessel V not shown). FIG. 9 illustrates the closed position of surgical vessel ligating clip 1 attached to vessel V.

FIG. 10 illustrates an enlarged cross-sectional view of the surgical vessel ligating clip 1 in the compressed or closed position applied to a tubular vessel V. Ligating leg 3 is compressed over ligating leg 2. The grooves of both legs 2 and 3 form substantially elliptical cross-sectional spaces, with groove 15 of leg 3 being disposed over groove 10 of leg 2; and groove 16 of leg 3 being disposed over groove 11 of leg 2. The vessel, as illustrated by reference letter V, traverses through ridges 17 and 12; into grooves 15 and 10; through substantially flat central surfaces 14 and 9; through the grooves 16 and 11; and finally through ridges 18 and 13. No internal fluid traverses vessel V when clip 1 is compressed over the vessel.

The structures of inner tissue contacting surfaces 5 and 7 promote ligation or occlusion of a tubular blood vessel without piercing or cutting the vessel. Once the surgical clip 1 is closed or compressed over a tubular vessel, the vessel tissue may gradually move or ooze into the spaces between grooves 10, 11, 15 and 16 while remaining frictionally engaged by the compressive force applied by substantially flat central surfaces 9 and 14 and ridges 12, 13, 17 and 18; such that the clip 1 does not move or become loose on the vessel. The half rounded edges of grooves 10, 11, 15 and 16, and ridges 12, 13, 17 and 18, do not pierce or cut the vessel during ligation. The substantially half-round cross-sectional configuration of outer surfaces 6 and 8 do not pierce or cut surrounding tissue.

The surgical clip 1 of the subject invention is applied to body tissue by the distal end 31 of surgical clip applier apparatus 32. FIG. 13 illustrates a front view of the distal end 31 of a surgical clip applier apparatus 32 containing a surgical vessel ligating clip 1. FIG. 14 illustrates a perspective view of the distal end 31 of a surgical clip applier apparatus 32 along line C-C of FIG. 13. A surgical clip applying apparatus 32 generally has a long, narrow structure 33 that contains a plurality of internal clips 1 in sequence and positions a clip 1 proximate to the target vessel.

The end of this long narrow structure 33 has a mechanism, such as a jaws assembly 34. The surgical vessel ligating clip 1 is maintained in the open position in jaws assembly 34 of

a surgical clip applying apparatus 32 by applying two initial compressive forces in opposing directions to the outer surface of each leg 2 and 3 until the desired tissue is reached through a small incision in the patient. Inner tissue contacting surface 5 of leg 2 is placed on one side of a vessel V to be ligated and inner tissue contacting surface 7 of leg 3 is placed on the opposing side of vessel V. The jaws assembly 34 increases the two equal compressive forces in opposing directions to the outer surface of each leg 2 and 3 towards the center of the surgical clip 1. As jaws assembly 34 increases the two equal compressive forces to the outer surface of each leg 2 and 3, the legs to bend at the apex connection 4 and the distance between inner tissue contacting surface 5 and inner tissue contacting surface 7 is reduced as the distal ends 2a and 3a are brought closer to each other. As this distance is reduced, ridges 12 and 17, ridges 13 and 18 and substantially flat inner surfaces 9 and 14 attach to opposing sides of the vessel V, respectively. As this distance is further reduced, the vessel V diameter is reduced to a desired level.

Once the surgical clip 1 is closed, the distal ends 2a and 3a of ligating legs 2 and 3 will remain substantially parallel to one another. The vessel V will be closed by the opposing inner tissue contacting surface 5 and the inner tissue contacting surface 7. Apex 4 retains the closed position of the surgical clip 1 assuring that the vessel V remains ligated. The continuous outer surface of surgical clip 1 with a substantially half-round cross-sectional configuration will reduce irritation and trauma in tissue surrounding the ligated vessel, since it does not have any sharp corners or edges that may pierce or cut surrounding tissue.

The pluralities of teeth 9a on the substantially flat surfaces 9 and 14, provide additional friction on slippery blood vessels to prevent the clip from moving or slipping from the vessel.

Surgical clips of the prior art deform in shape when applied by a surgical clip applying apparatus. As illustrated in FIG. 11, surgical clips 22 of the prior art have legs 23 and 24 with straight-edged outer surfaces 25 and 26. These prior art clips 22 are inserted into the internal grooves 27 and 28 of a jaws assembly 34. The internal grooves 27 and 28 of jaws assembly 34 must be large enough to allow clip 22 to have clearance on both sides to pass through onto the vessel, however, jaws assembly 34 must also initially apply two equal compressive forces in opposing directions to the outer surface of each leg of clip 22. These initial compressive forces are required to hold the clip 22 in place for ligation. Once the surgical clip applying apparatus reaches the target vessel, jaws assembly 34 will deform the clip 22 by increasing these two equal compressive forces in opposing directions to the outer surface of each leg towards the center of the surgical clip.

The grooves 27 and 28 of the surgical clip applying apparatus and the legs 23 and 24 of clip 22 have different tolerances for compressive forces. Once the jaws assembly 34 initially applies compressive forces to clip 22 to hold it in place for ligation, the different tolerances for these initial compressive forces cause the legs 23 and 24 of clip 22 to move to opposing corners of internal grooves 27 and 28 through the clearance space on both sides. This movement causes the legs 23 and 24 to be held in a non-parallel position within the jaws assembly 34.

As the jaws assembly 34 ligates clip 22 over a vessel, it increases these two equal compressive forces in opposing directions to the outer surface of each leg 23 and 24. Since these legs 23 and 24 are held in a non-parallel position, these increased compressive forces are not applied evenly to legs

11

23 and 24. This unevenly applied compressive force results in displacement of each end of legs **23** and **24** over the vessel. This displacement is called the scissoring effect because it results in the piercing or cutting of vessels. Scissoring can also prevent the clip from closing completely about the vessel. 5

The outer surfaces **6** and **8** of ligating legs **2** and **3** of surgical clip **1** allows for full control of both legs **2** and **3** of the clip **1** by the jaw assembly **34** and thus eliminates the possibility of scissoring. 10

As shown in FIG. 12, surgical clip **1** has legs **2** and **3** with outer surfaces **6** and **8** that have substantially half-round cross-sectional configurations. Clip **1** is inserted into internal, open-faced, concave grooves **29** and **30** of a jaws assembly **34**. These grooves **29** and **30** also have substantially half-round cross-sectional configurations. Due to the complementary configurations of outer surface **6** to internal groove **29** and outer surface **8** to internal groove **30**, the surgical clip **1** has enough space to pass through jaws assembly **34**. However, grooves **29** and **30** do not permit legs **2** and **3** to move away from a substantially parallel position. Once the jaws assembly **34** initially applies compressive forces to clip **1** to hold it in place for ligation, grooves **29** and **30** do not permit legs **2** and **3** to move away from a substantially parallel position. 15 20 25

Thus, as the jaws assembly **34** ligates clip **1** over a vessel, the increased compressive forces are applied evenly to the outer surfaces of legs **2** and **3**. This evenly applied compressive force prevents any displacement or scissoring of clip **1** over the vessel. 30

In one embodiment of the subject invention, the surgical clip **1** is 0.1 to 0.5 inches in length or width. In another embodiment of the subject invention, surgical clip is 0.25 inches in length. In a further embodiment of the subject invention, the surgical clip **1** is intended to be used with a five millimeter trocar. In one embodiment of the subject invention, the internal angle of the apex connection **4** is from 110 degrees to 150 degrees. In a further embodiment of the subject invention, the surgical clip is composed of titanium, stainless steel, tantalum, plastics materials, or a combination thereof. In an even further embodiment of the subject invention, the surgical clip is composed of biodegradable material. 35 40 45

The surgical clips of the subject invention may have up to a 20% greater occlusion area than other surgical clips within a five-millimeter trocar.

In another embodiment of the subject invention, there is no minimum vessel closure diameter for the surgical clip.

What is claimed is:

1. A surgical clip, comprising:
a first elongated member having a rounded outer surface and an inner surface, wherein the inner surface is configured to contact a first portion of a tubular bodily tissue, the inner surface of the first elongated member including a first recess spaced apart from a second recess, and having a central portion disposed between the first recess and the second recess with a plurality of teeth only in the central portion, wherein the plurality of teeth are formed by a plurality of grooves extending transverse to a longitudinal axis of the first elongated member, the first recess extending from a proximal end portion of the first elongated member to a distal end portion of the first elongated member, the second recess extending from the proximal end portion of the first elongated member to the distal end portion of the first elongated member and being substantially parallel to and spaced apart from the first recess; and 55 60 65

12

a second elongated member having a distal end portion operatively coupled to the distal end portion of the first elongated member, the second elongated member having a rounded outer surface and an inner surface, the inner surface of the second elongated member including a third recess spaced apart from a fourth recess, and has a central portion disposed between the third recess and the fourth recess, the third recess extending from a proximal end portion of the second elongated member to the distal end portion of the second elongated member, the fourth recess extending from the proximal end portion of the second elongated member to the distal end portion of the second elongated member and being substantially parallel to and spaced apart from the third recess, wherein the inner surface of the second elongated member is configured to contact a second portion of the tubular bodily tissue opposite the first portion of the tubular bodily tissue, the second elongated member being separated from the first elongated member by a first distance when the surgical clip is in an open configuration, the second elongated member being substantially parallel to the first elongated member and separated from the first elongated member by a second distance less than the first distance when the surgical clip is in a closed configuration,

wherein the first recess and the second recess are spaced apart a third distance, wherein the third recess and the fourth recess are spaced apart a fourth distance, and wherein the third distance and the fourth distance are equal. 30

2. The surgical clip of claim 1, further comprising:
a coupling portion disposed between the distal end portion of the first elongated member and the distal end portion of the second elongated member, wherein the coupling portion is configured to operatively couple the first elongated member to the second elongated member, the coupling portion configured to deform when the surgical clip is moved from the open configuration to the closed configuration. 40

3. The surgical clip of claim 1, wherein the first recess and the second recess of the first elongated member are formed with rounded edges to prevent the inner surface of the first elongated member from cutting the tubular bodily tissue. 45

4. The surgical clip of claim 1, wherein the plurality of teeth are configured to frictionally engage the first portion of the tubular bodily tissue to assist in maintaining a position of the surgical clip on the tubular bodily tissue when the surgical clip is in the closed configuration.

5. The surgical clip of claim 1, wherein the first elongated member has a first edge extending from the proximal end portion of the first elongated member to the distal end portion of the first elongated member where the inner surface of the first elongated member meets the outer surface of the first elongated member, the first edge being rounded to prevent the first elongated member from cutting the tubular bodily tissue when the inner surface of the first elongated member is contacting the tubular bodily tissue. 55

6. The surgical clip of claim 1, wherein the tubular bodily tissue is a blood vessel, the first elongated member and the second elongated member collectively configured to compress the tubular bodily tissue to prevent blood from flowing through the blood vessel when the surgical clip is in the closed configuration. 60

7. The surgical clip of claim 1, wherein at least one of the first elongated member or the second elongated member has a substantially D-shaped cross-section with rounded edges. 65

13**8.** A surgical clip, comprising:

a first elongated member having an outer surface and an inner surface, wherein the inner surface is configured to contact a first portion of a bodily tissue, the inner surface of the first elongated member forming a first recess and a second recess therein, the first recess extending from a proximal end portion of the first elongated member to a distal end portion of the first elongated member, the second recess extending from the proximal end portion of the first elongated member to the distal end portion of the first elongated member and being substantially parallel to the first recess, the first recess and the second recess having rounded edges, the inner surface of the first elongated member including a central portion disposed between the first recess and the second recess, the central portion including a plurality of teeth only in the central portion, wherein the plurality of teeth are formed by a plurality of grooves extending perpendicular to the first recess and the second recess; and

a second elongated member operatively coupled to the first elongated member, the second elongated member having an outer surface and an inner surface, wherein the inner surface of the second elongated member is configured to contact a second portion of the bodily tissue opposite the first portion of the bodily tissue, the second elongated member forming a third recess and a fourth recess therein, the third recess extending from a proximal end portion of the second elongated member to a distal end portion of the second elongated member, the fourth recess extending from the proximal end portion of the second elongated member to the distal end portion of the second elongated member and being substantially parallel to the third recess, the third recess and the fourth recess having rounded edges, wherein when the surgical clip is in a closed configuration, the first recess of the first elongated member is aligned with and disposed over the third recess of the second elongated member and the second recess of the first elongated member is aligned with and disposed over the fourth recess of the second elongated member, and wherein the first recess and the second recess are spaced apart a first distance, wherein the third recess and the fourth recess are spaced apart a second distance, and wherein the first distance and the second distance are equal.

9. The surgical clip of claim 8, wherein the first elongated member and the second elongated member are collectively configured to prevent fluid from flowing through the bodily tissue and to prevent movement of the surgical clip relative to the bodily tissue without cutting the bodily tissue when the surgical clip is in the closed configuration.

10. The surgical clip of claim 8, further comprising:

a coupling portion disposed between the distal end portion of the first elongated member and the distal end portion of the second elongated member, wherein the coupling portion is configured to operatively couple the first elongated member to the second elongated member, the coupling portion configured to deform when the surgical clip is moved from an open configuration to the closed configuration.

11. The surgical clip of claim 8, wherein the first elongated member has a first edge extending from the proximal end portion of the first elongated member to the distal end portion of the first elongated member where the inner surface of the first elongated member joins the outer surface of the first elongated member, the first elongated member

14

having a S-shaped cross-section formed by the first recess and a portion of the inner surface disposed between the first recess and the first edge.

12. The surgical clip of claim 8, wherein the plurality of teeth are configured to frictionally engage the first portion of the bodily tissue without cutting the bodily tissue when the surgical clip is in the closed configuration.

13. The surgical clip of claim 8, wherein at least one of the first elongated member or the second elongated member has a substantially D-shaped cross-section with rounded edges.

14. A surgical clip, comprising:

a first elongated member having an outer surface and an inner surface, where the inner surface is configured to contact a first portion of a bodily tissue, the inner surface of the first elongated member forming a first recess and a second recess therein, the first recess extending from a proximal end portion of the first elongated member to a distal end portion of the first elongated member, the second recess extending from the proximal end portion of the first elongated member to the distal end portion of the first elongated member and being substantially parallel to the first recess, the first recess and the second recess having rounded edges and being disposed a first distance apart; and

a second elongated member operatively coupled to the first elongated member, the second elongated member having an outer surface and an inner surface, where the inner surface of the second elongated member is configured to contact a second portion of the bodily tissue opposite the first portion of the bodily tissue, the second elongated member forming a third recess and a fourth recess therein, the third recess extending from a proximal end portion of the second elongated member to a distal end portion of the second elongated member, the fourth recess extending from the proximal end portion of the second elongated member to the distal end portion of the second elongated member and being substantially parallel to the third recess, the third recess and the fourth recess having rounded edges and being disposed a second distance apart,

wherein the inner surface of the second elongated member includes a central portion disposed between the third recess and the fourth recess including a plurality of teeth only in the central portion, wherein the plurality of teeth are formed by a plurality of grooves extending perpendicular to the third recess and the fourth recess, and wherein the plurality of teeth are configured to frictionally engage the second portion of the bodily tissue without cutting the bodily tissue when the surgical clip is in a closed configuration, and wherein the first distance is equal to the second distance.

15. The surgical clip of claim 14, wherein when the surgical clip is in the closed configuration, the first recess of the first elongated member is aligned with and disposed over the third recess of the second elongated member and the second recess of the first elongated member is aligned with and disposed over the fourth recess of the second elongated member.

16. The surgical clip of claim 14, wherein the first elongated member and the second elongated member are collectively configured to prevent fluid from flowing through the bodily tissue and to prevent movement of the surgical clip relative to the bodily tissue without cutting the bodily tissue when the surgical clip is in the closed configuration.

15

17. The surgical clip of claim 14, further comprising:
a coupling portion disposed between the distal end portion
of the first elongated member and the distal end portion
of the second elongated member, wherein the coupling
portion is configured to operatively couple the first 5
elongated member to the second elongated member, the
coupling portion configured to deform when the surgi-
cal clip is moved from an open configuration to the
closed configuration.

18. The surgical clip of claim 14, wherein the first 10
elongated member has a first edge extending from the
proximal end portion of the first elongated member to the
distal end portion of the first elongated member where the
inner surface of the first elongated member joins the outer
surface of the first elongated member, the first elongated 15
member having a S-shaped cross-section formed by the first
recess and a portion of the inner surface disposed between
the first recess and the first edge.

19. The surgical clip of claim 14, wherein at least one of
the first elongated member or the second elongated member 20
has a substantially D-shaped cross-section with rounded
edges.

* * * * *

16

专利名称(译)	用于腹腔镜手术的手术夹		
公开(公告)号	US9597089	公开(公告)日	2017-03-21
申请号	US13/045519	申请日	2011-03-10
[标]申请(专利权)人(译)	梅恩PAVEL		
申请(专利权)人(译)	梅恩PAVEL		
当前申请(专利权)人(译)	CONMED CORPORATION		
[标]发明人	MENN PAVEL		
发明人	MENN, PAVEL		
IPC分类号	A61B17/122 A61B17/128		
CPC分类号	A61B17/122 A61B17/1285 A61B17/08 A61B17/12 A61B2017/00004 A61B2017/00778		
优先权	61/312505 2010-03-10 US		
其他公开文献	US20110224701A1		
外部链接	Espacenet USPTO		

摘要(译)

用于夹子施放器的外科夹予以结扎血管。夹子包含两个相对的腿，它们通过顶点平行连接以形成U形。每个腿具有外表面，该外表面具有半圆形横截面构造，用于通过防止在结扎期间的剪辑剪切来最小化组织损伤。每个腿具有内表面，该内表面具有平坦的中心表面，在中心表面的相对侧上具有两个凹槽，并且在每个凹槽的相对侧上具有两个凸脊。当血管被结扎时，血管组织移动到凹槽中，同时通过由每个腿的中心表面和凸脊施加的压缩力保持摩擦接合，使得夹子不在血管上移动。凹槽的边缘和每个腿的脊的边缘是圆形的，以防止任何切割结扎的血管。

