



US007490749B2

(12) **United States Patent**  
**Schall et al.**

(10) **Patent No.:** **US 7,490,749 B2**  
(45) **Date of Patent:** **\*Feb. 17, 2009**

(54) **SURGICAL STAPLING AND CUTTING  
INSTRUMENT WITH MANUALLY  
RETRACTABLE FIRING MEMBER**

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(\*) Notice: Subject to any disclaimer, the term of this  
patent is extended or adjusted under 35  
U.S.C. 154(b) by 19 days.

This patent is subject to a terminal dis-  
claimer.

(21) Appl. No.: **11/729,355**

(22) Filed: **Mar. 28, 2007**

(65) **Prior Publication Data**

US 2008/0237298 A1 Oct. 2, 2008

(51) **Int. Cl.**  
**A61B 17/068** (2006.01)

(52) **U.S. Cl.** ..... **227/176.1**; 227/19; 227/180.1;  
606/139; 606/219

(58) **Field of Classification Search** ..... 227/19,  
227/176.1, 175.1, 175.2, 180.1, 178.1; 606/139,  
606/219

See application file for complete search history.

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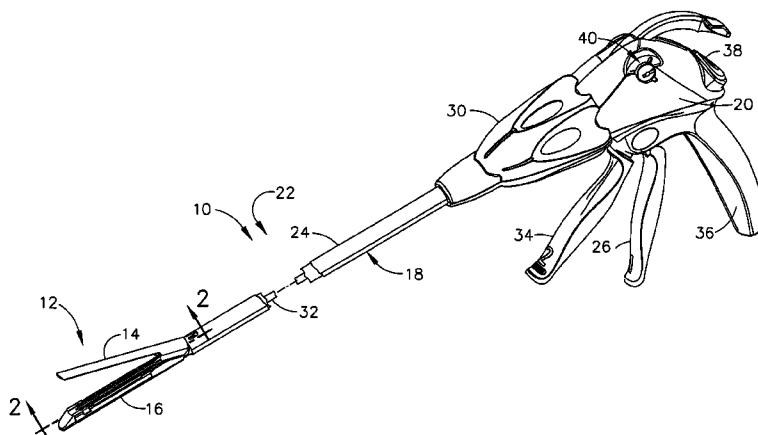
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(57) **ABSTRACT**

A surgical stapling and severing instrument particularly suited to endoscopic procedures incorporates a handle that produces separate closing and firing motions to actuate an end effector. In particular, the handle produces multiple firing strokes in order to reduce the required amount of force required to fire (i.e., staple and sever) the end effector. A linked transmission reduces the required handle longitudinal length, yet achieves a rigid, strong configuration when straightened for firing. A traction biased firing mechanism avoids binding in driving this straightened linked rack. The instrument further has a manually actuatable retraction system that does not require the use of additional springs or other mechanisms to generate retraction forces which must be overcome when generating the forces necessary to fire the device. In various embodiments, the retraction system provides a visual indication to the surgeon as to how far firing has progressed.

**19 Claims, 25 Drawing Sheets**



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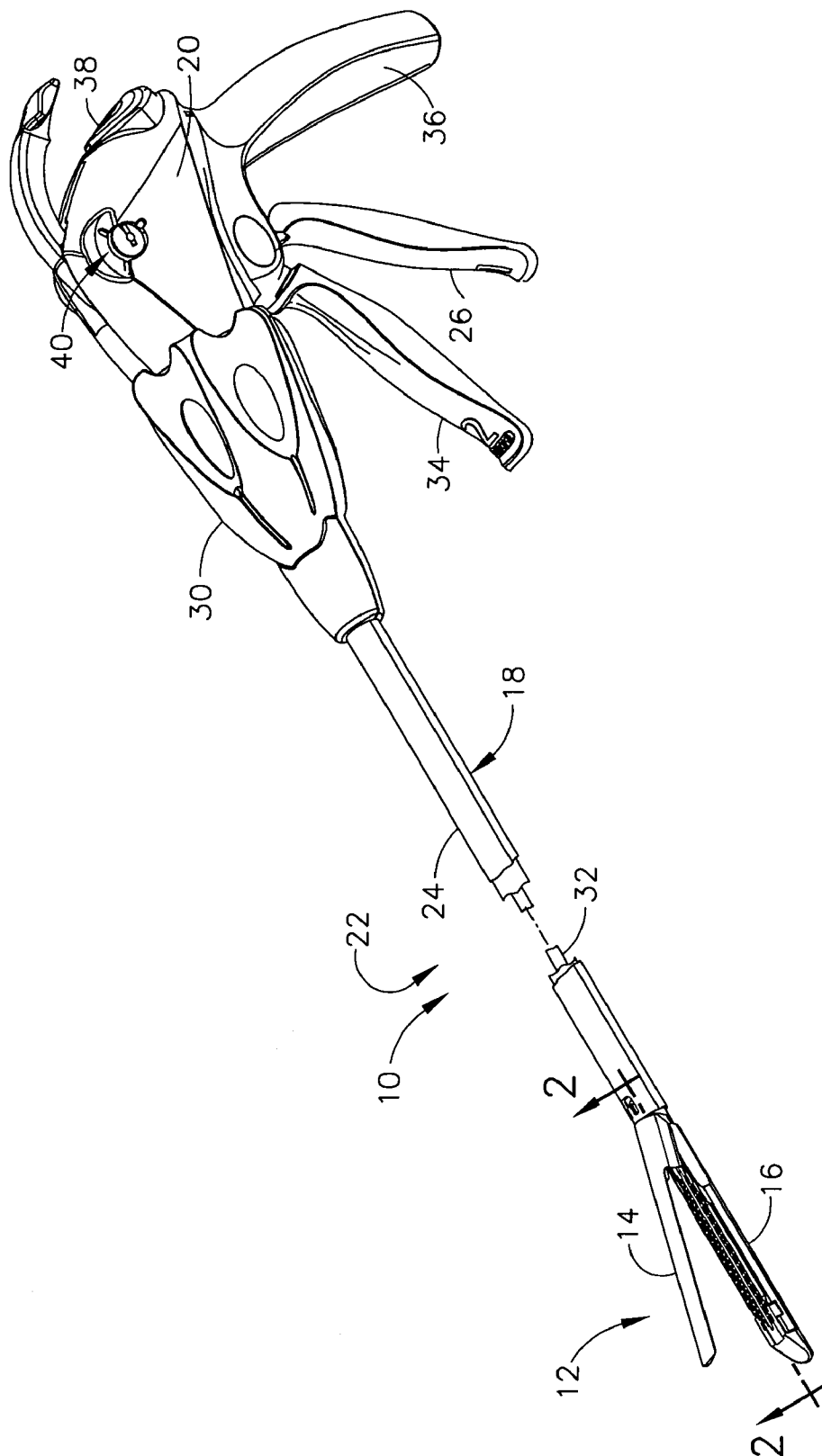


FIG. 1

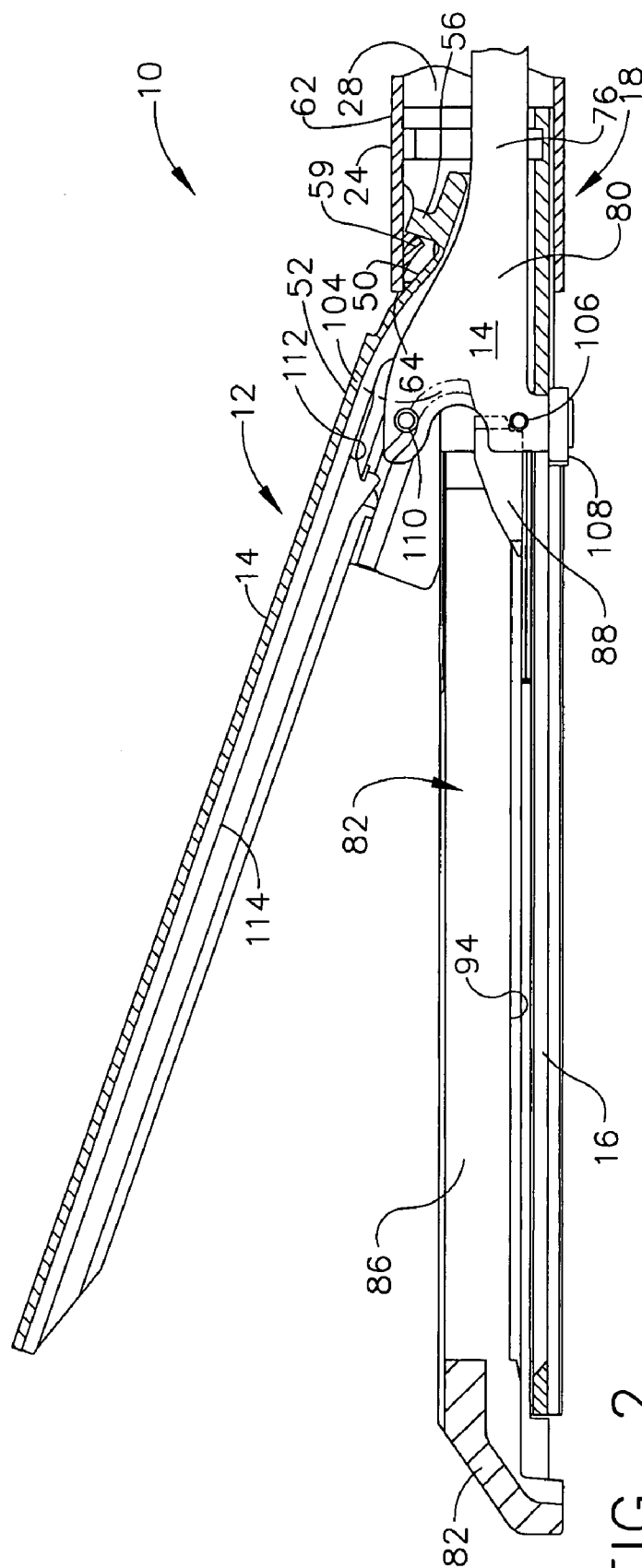


FIG. 2

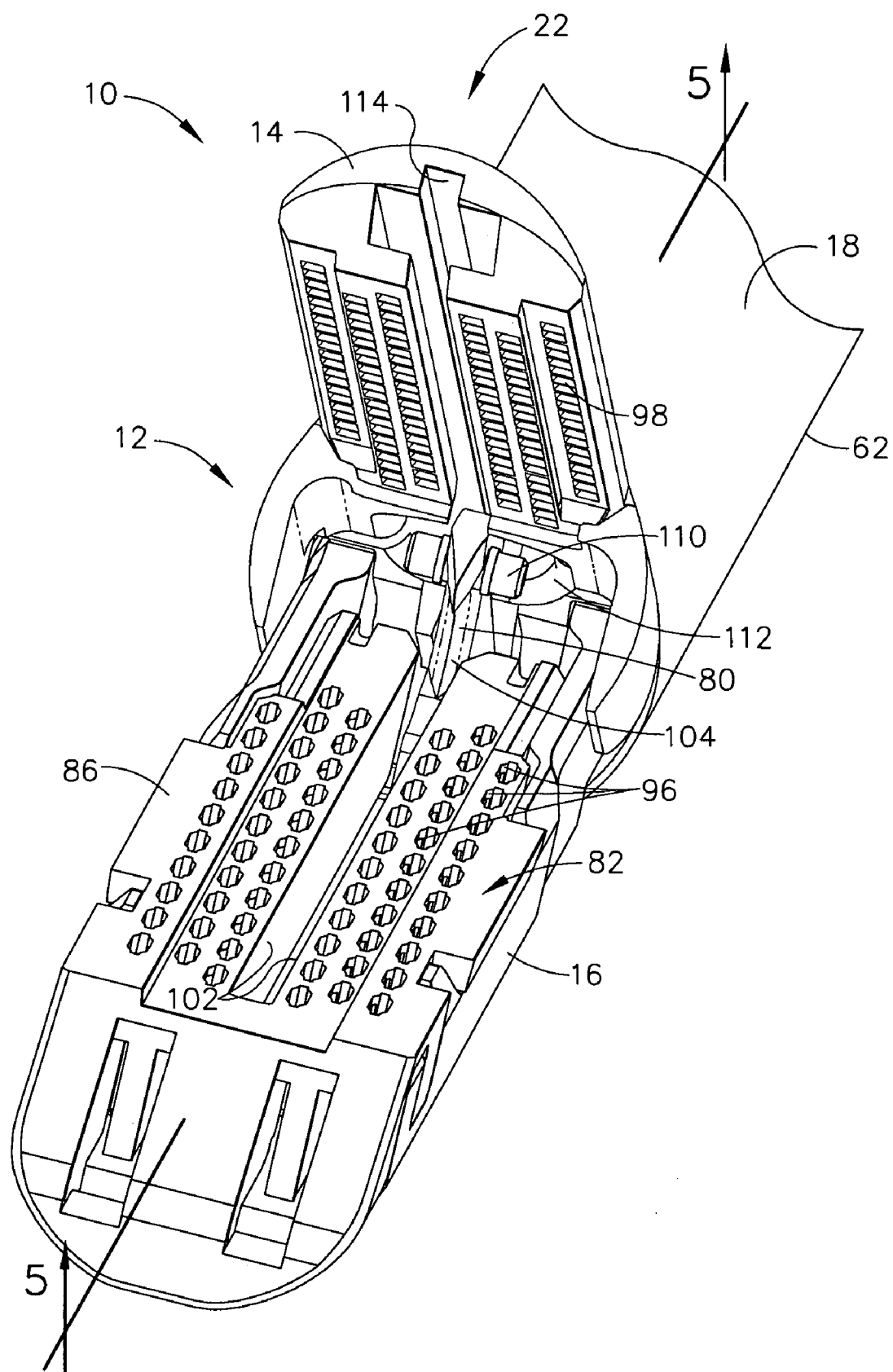


FIG. 3



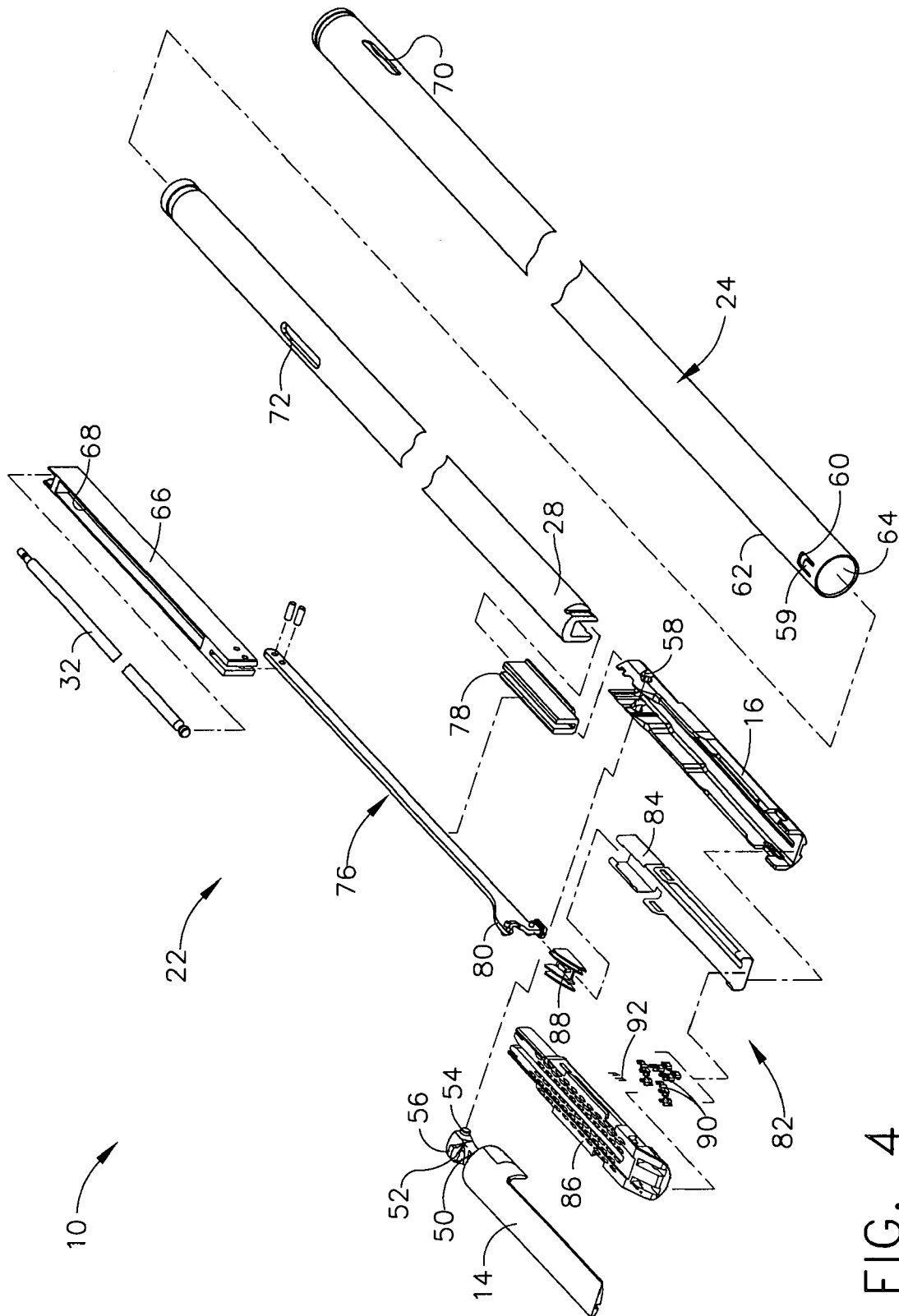


FIG. 4

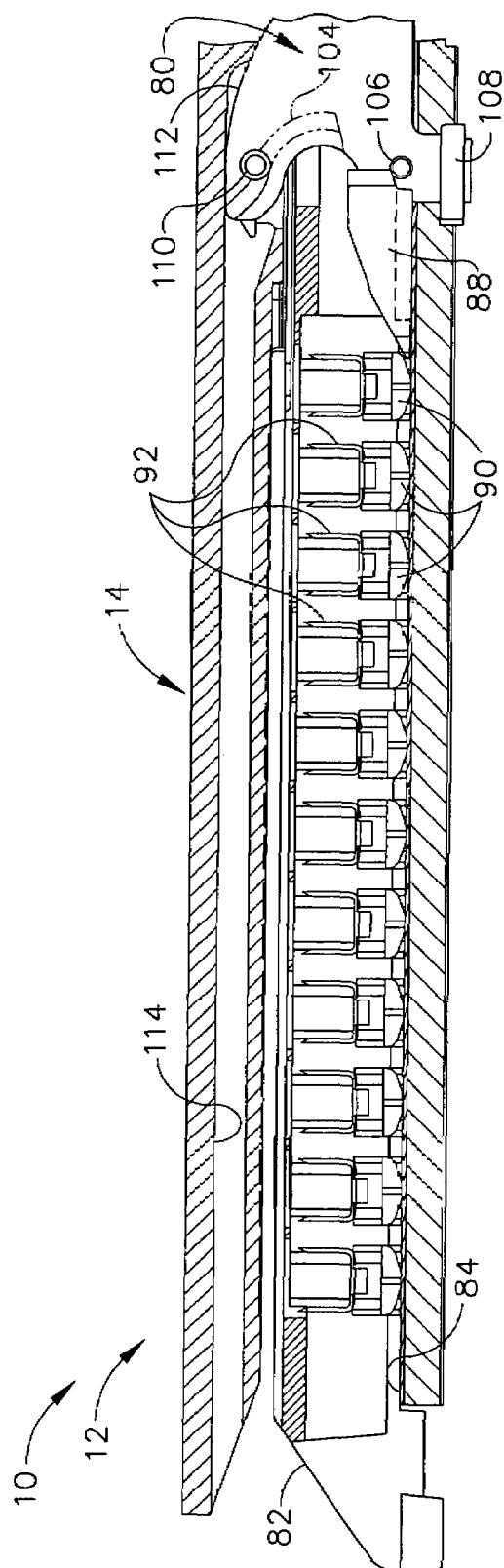


FIG. 5

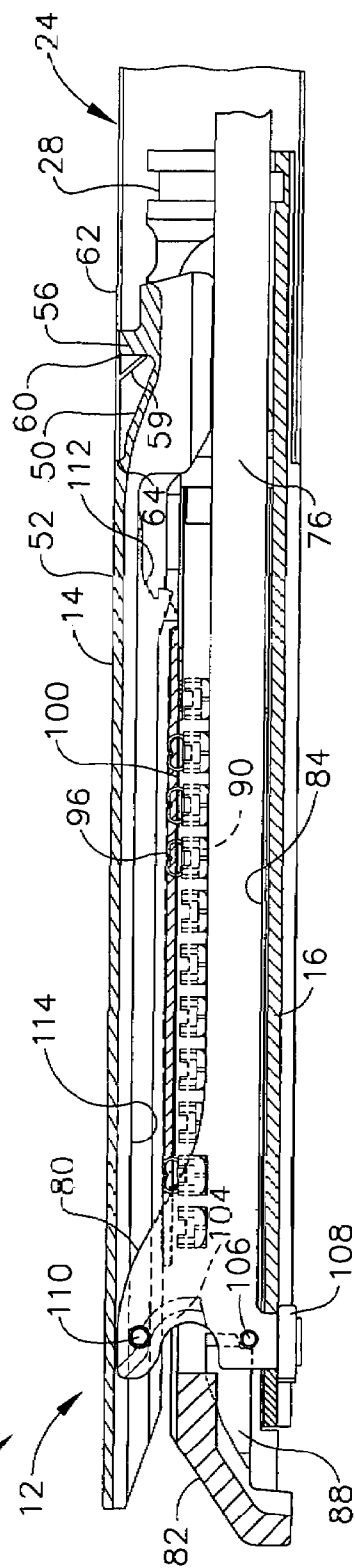


Fig. 6

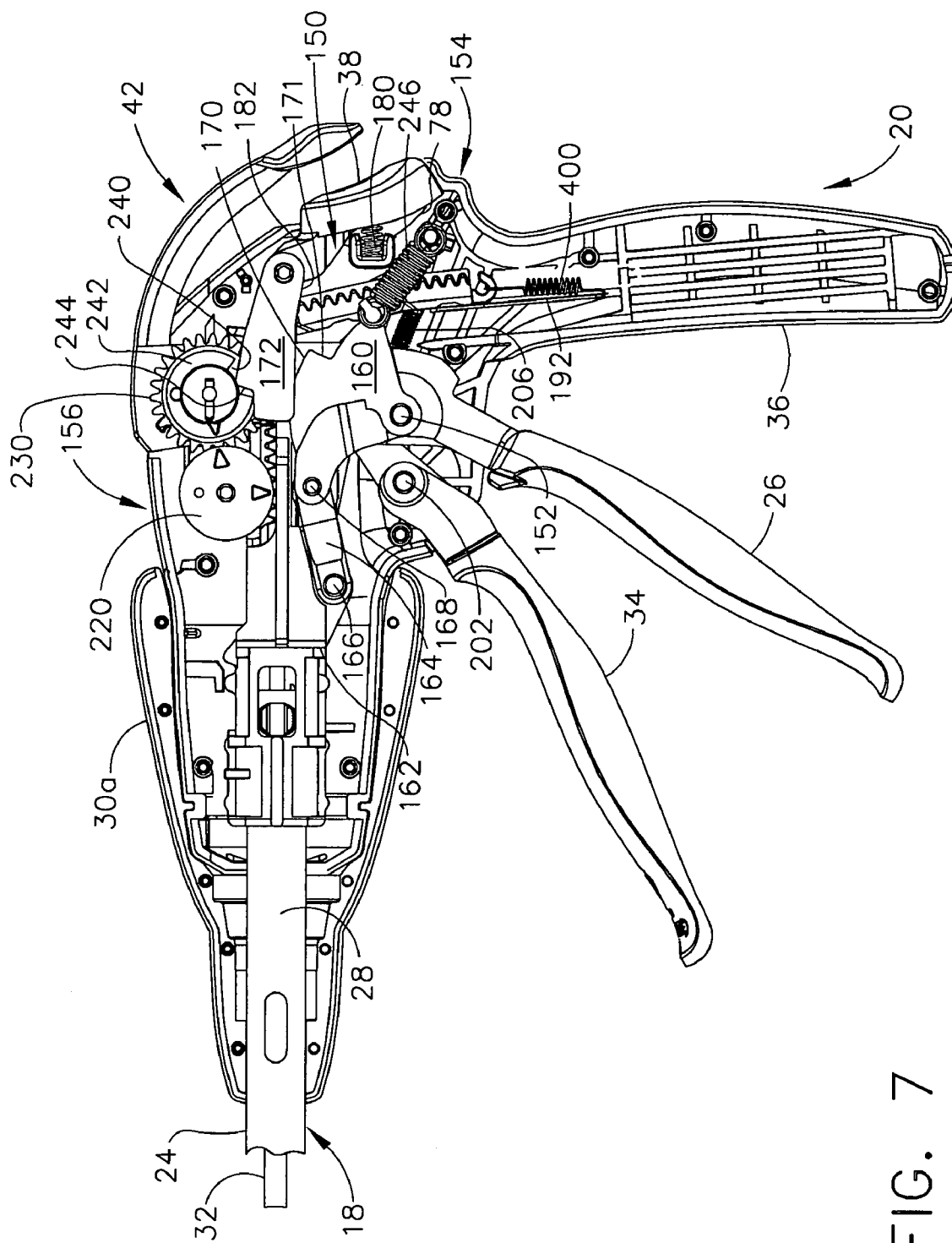


FIG. 7

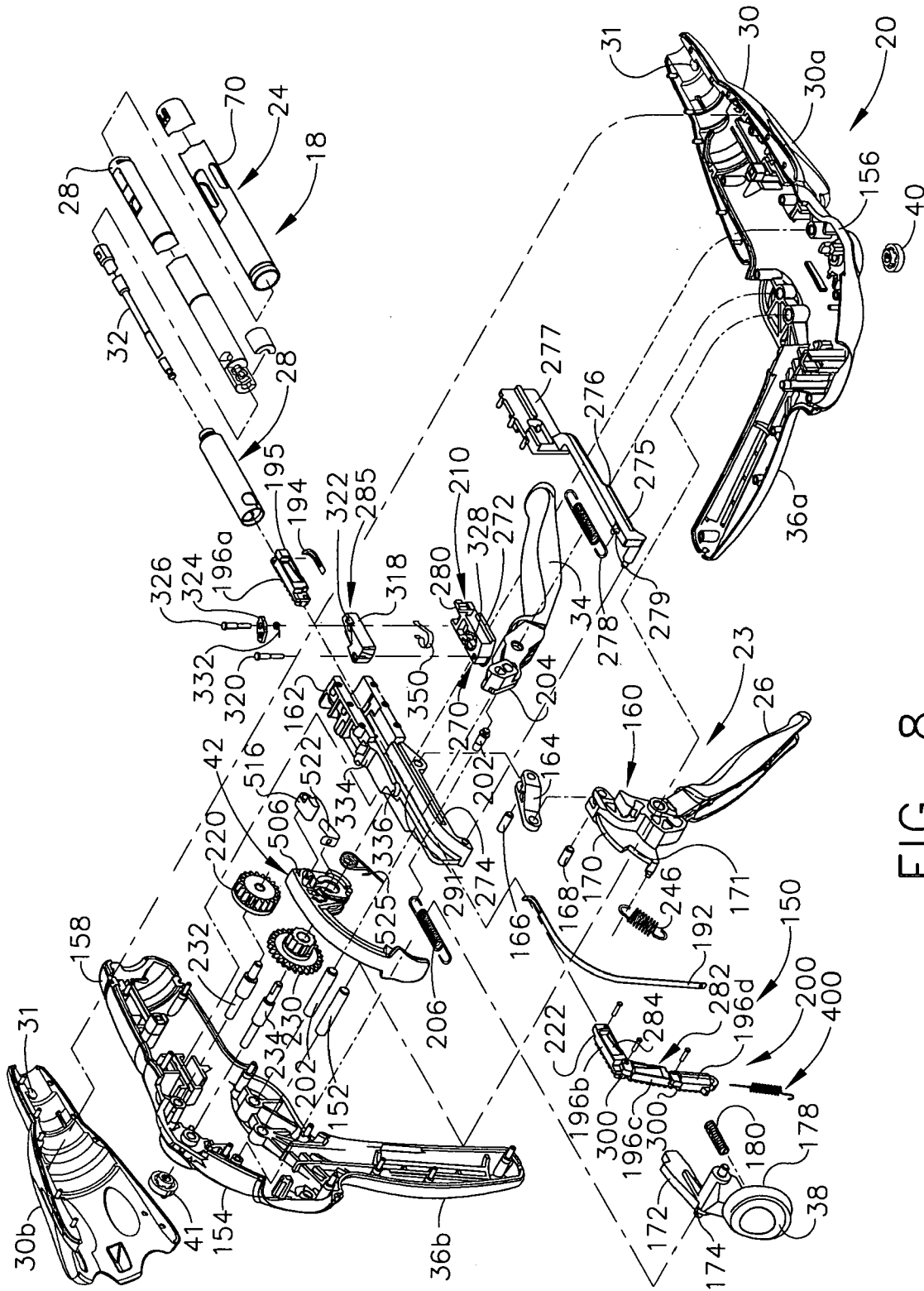


FIG. 8

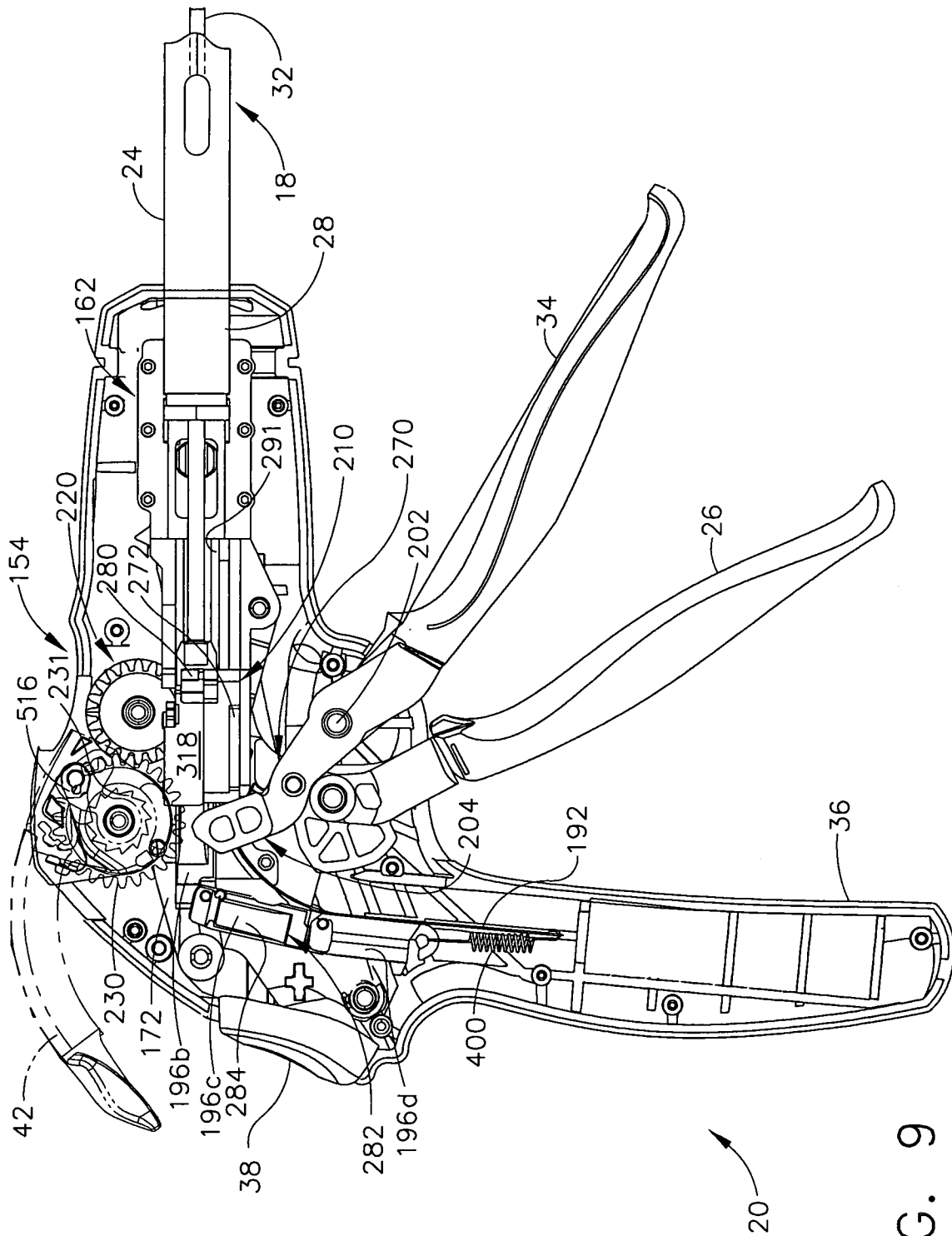


FIG. 9

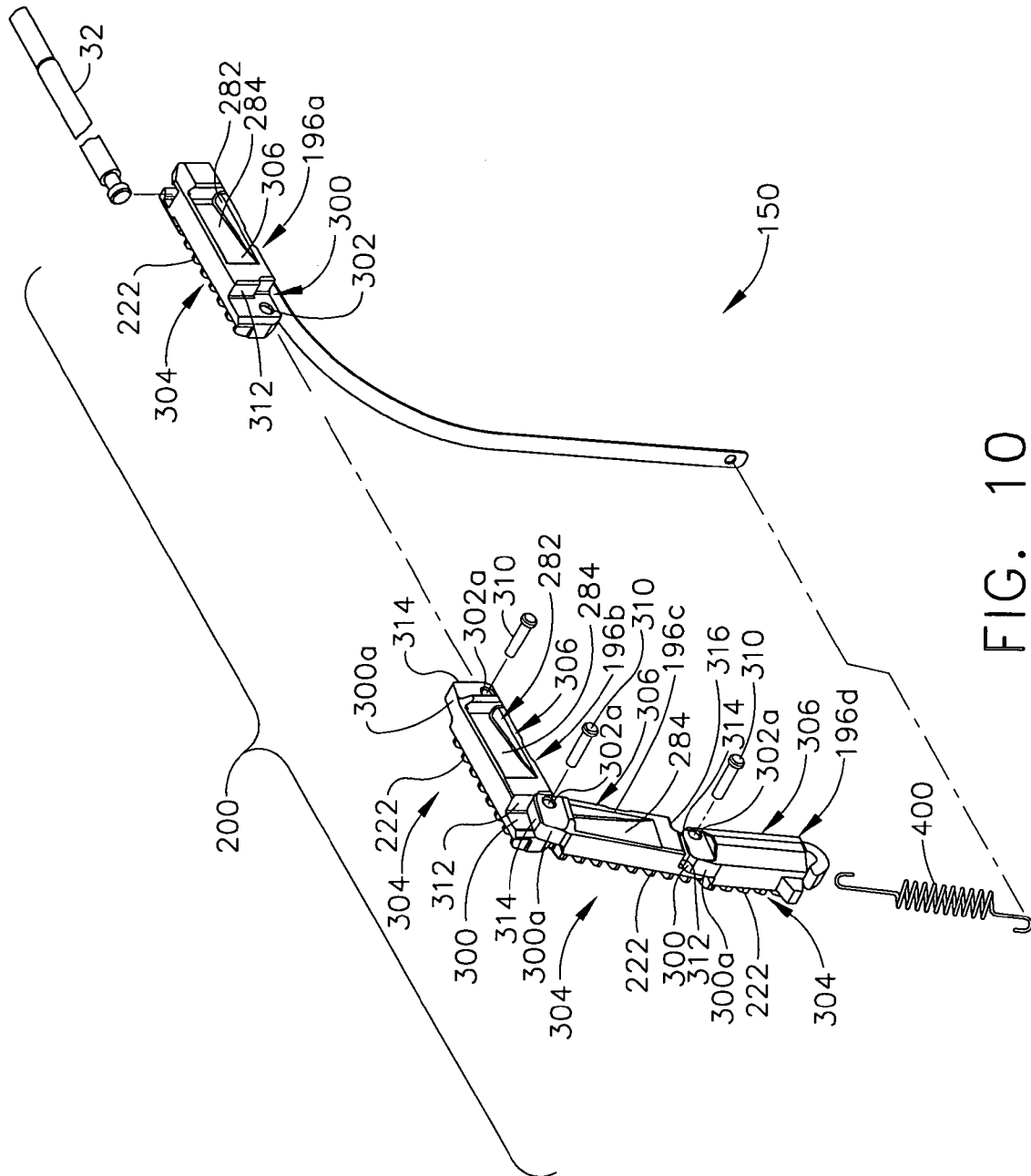
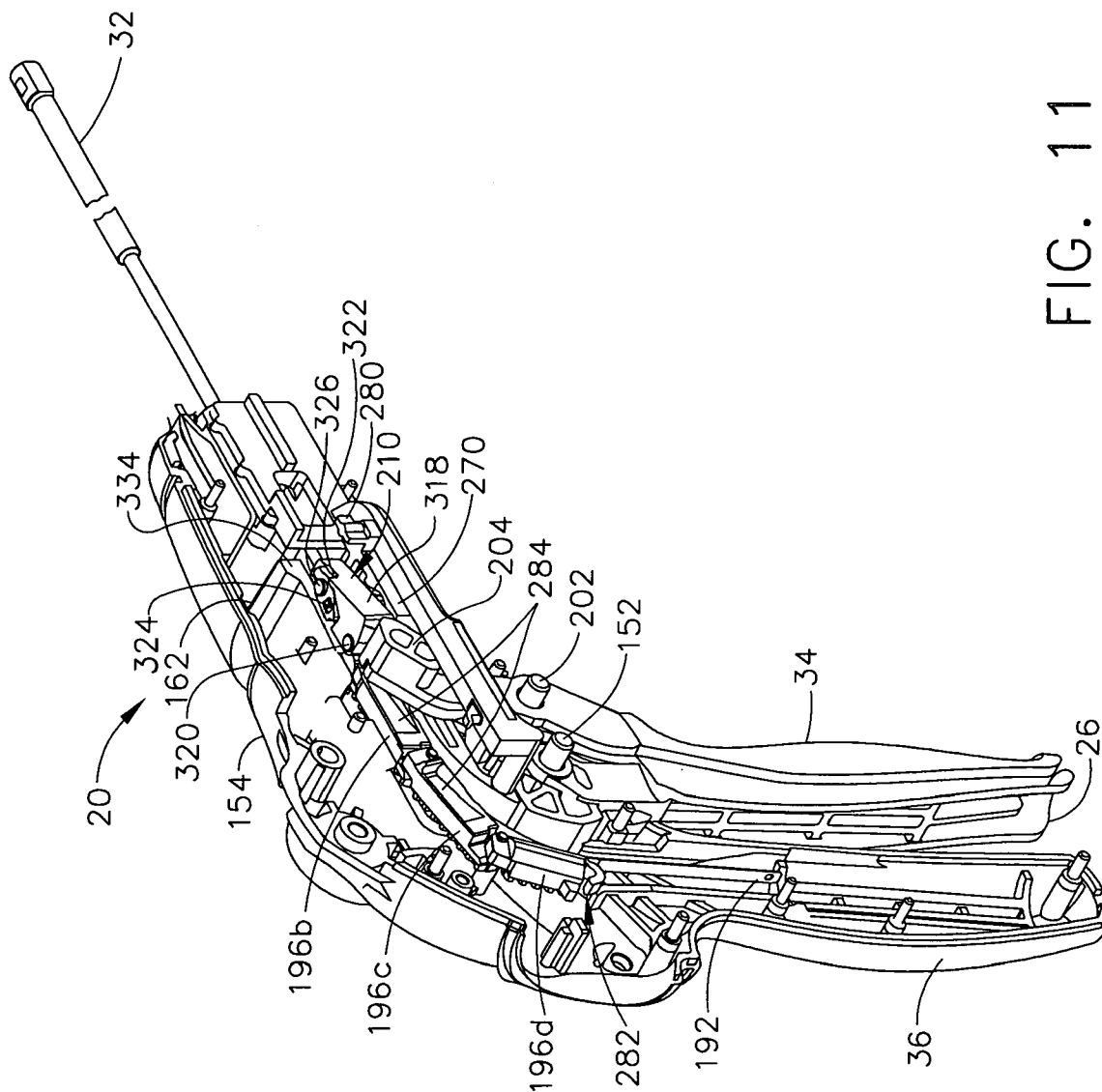


FIG. 10



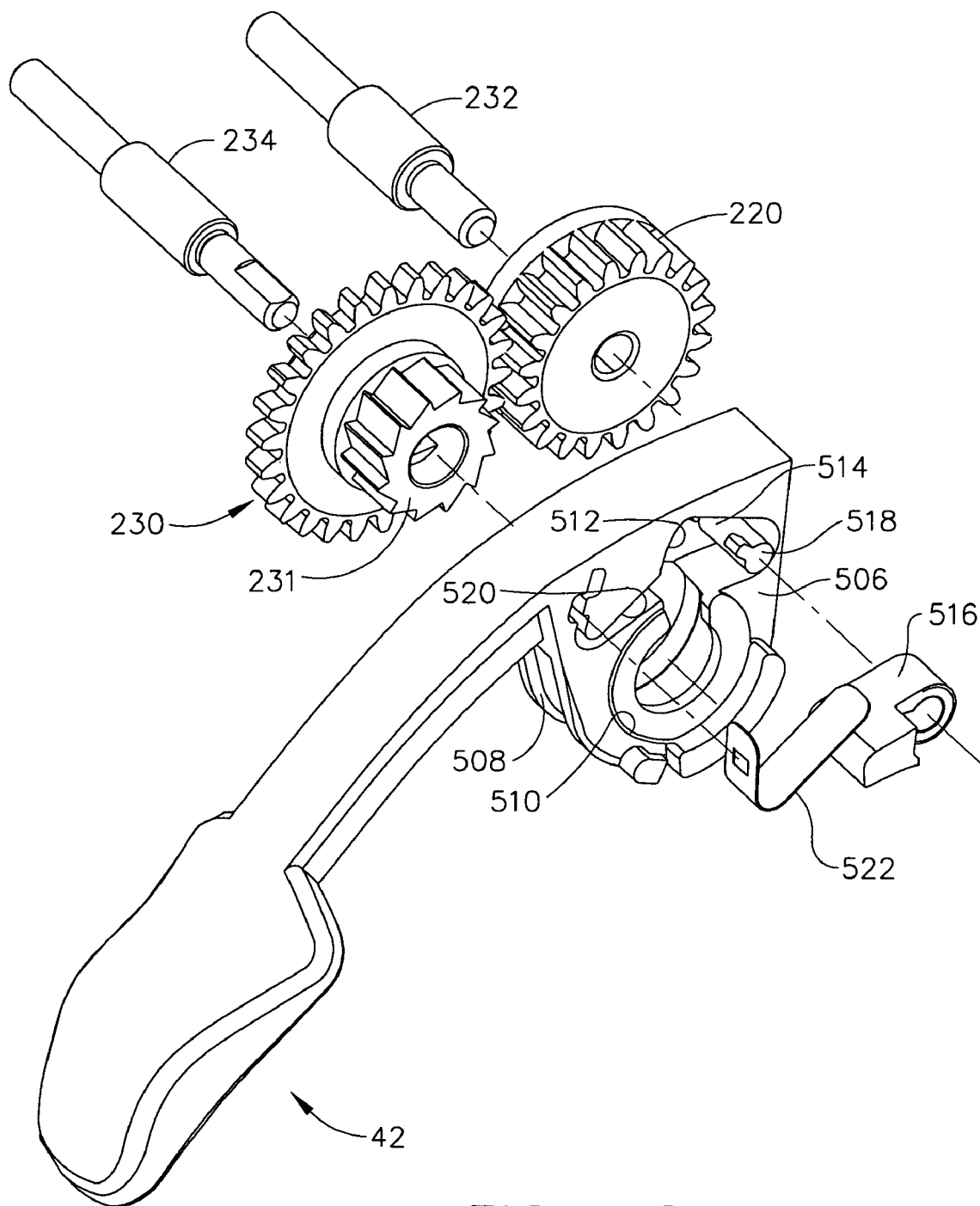


FIG. 12



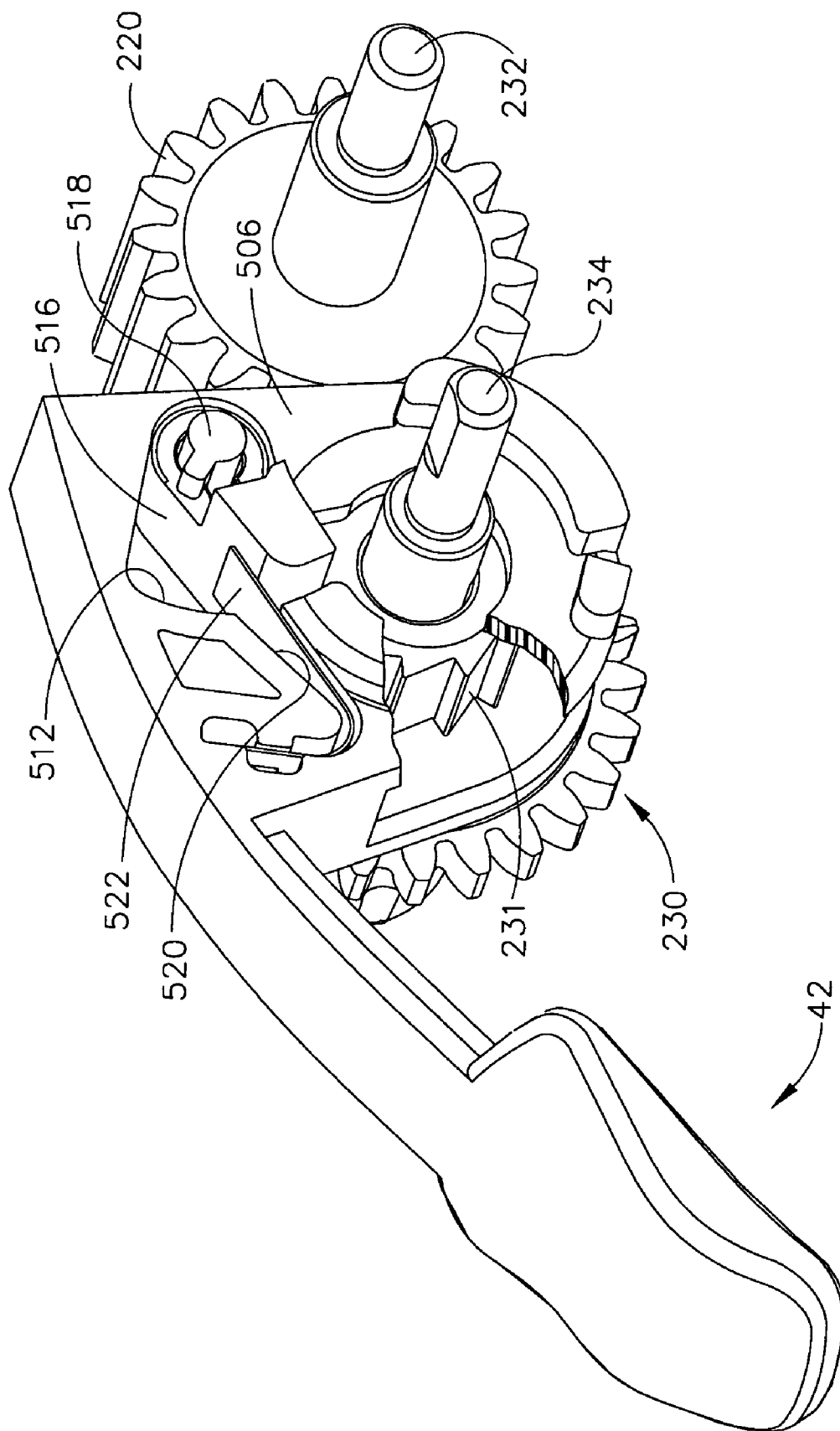


FIG. 13

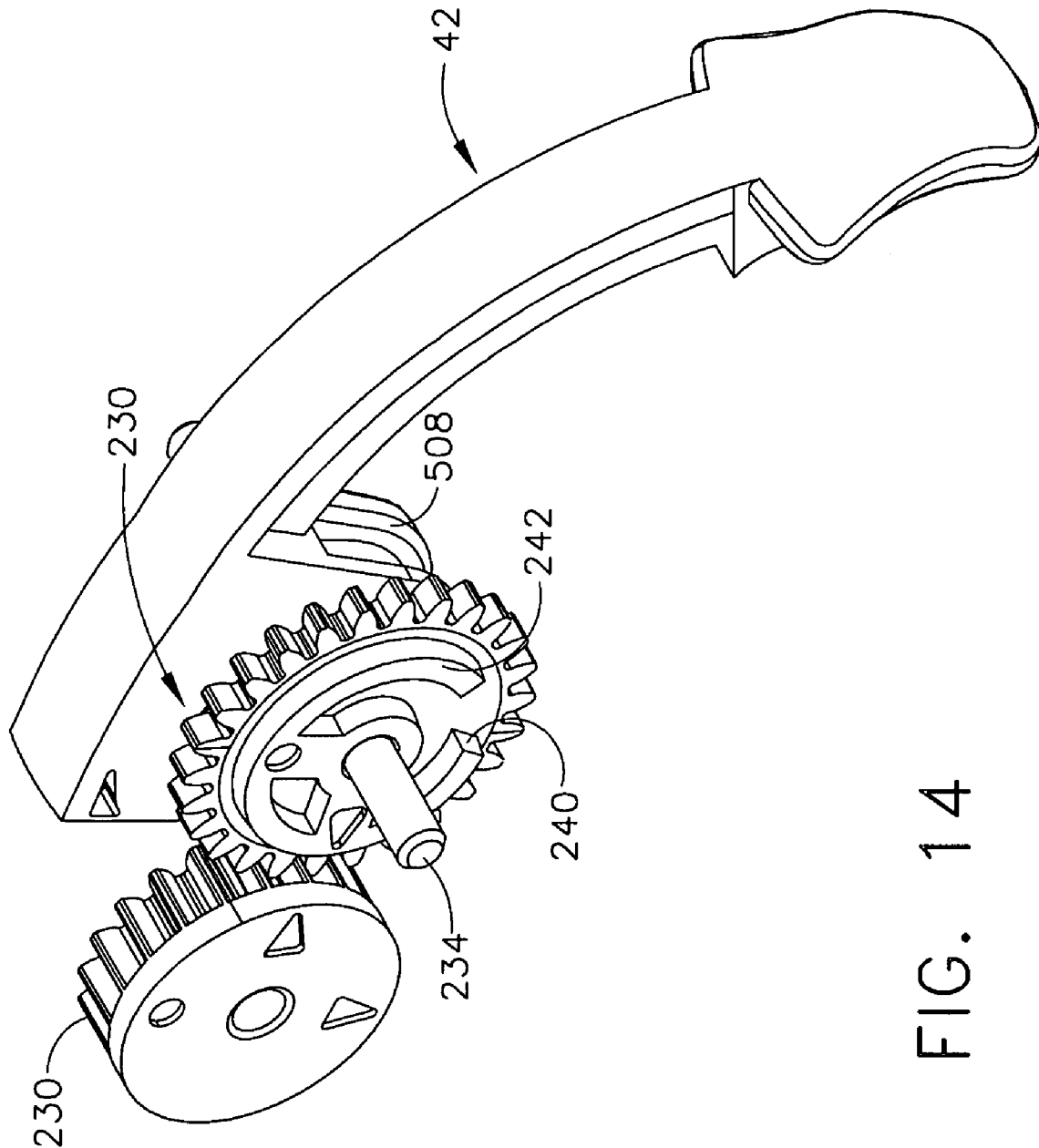


FIG. 14

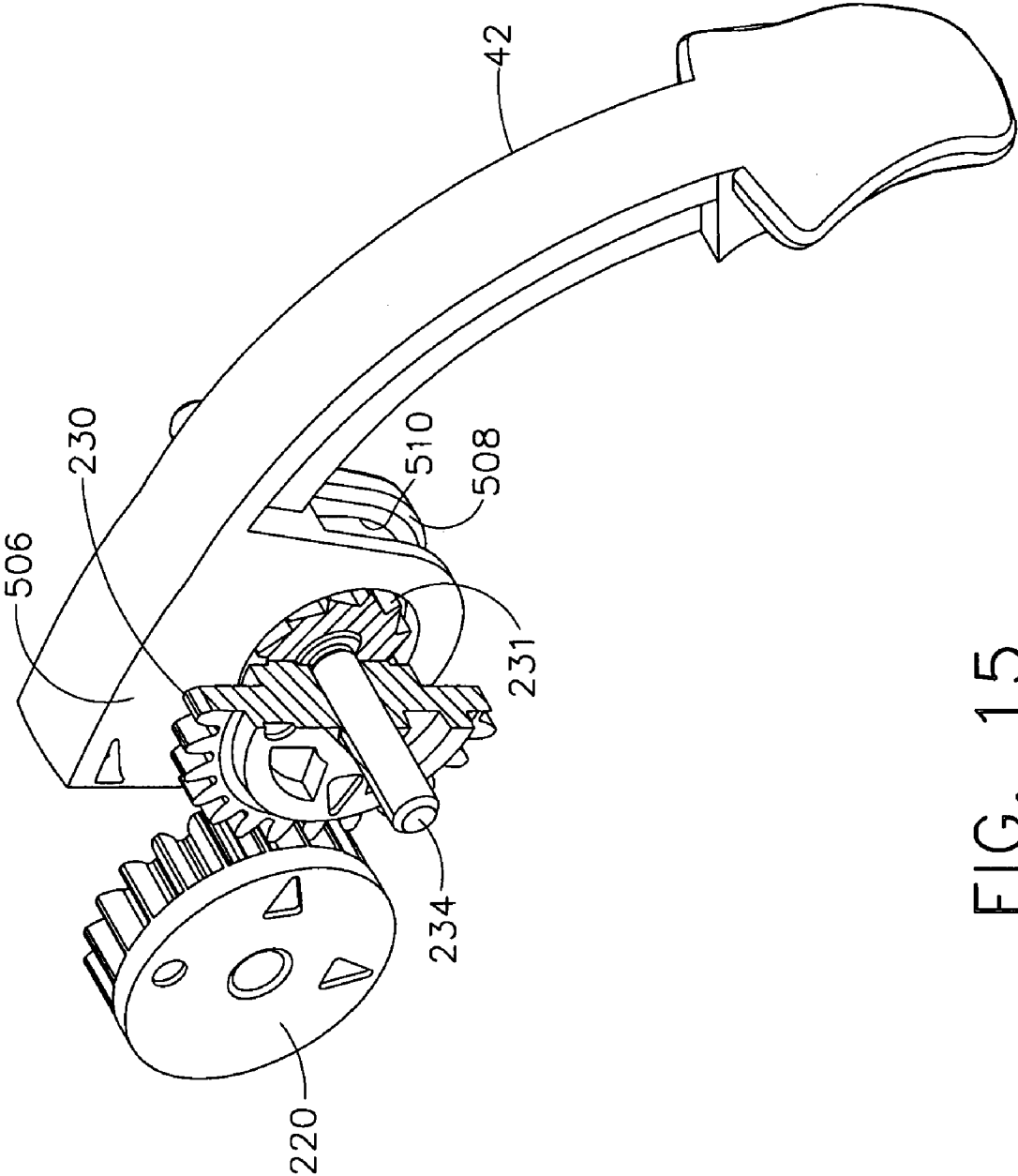


FIG. 15

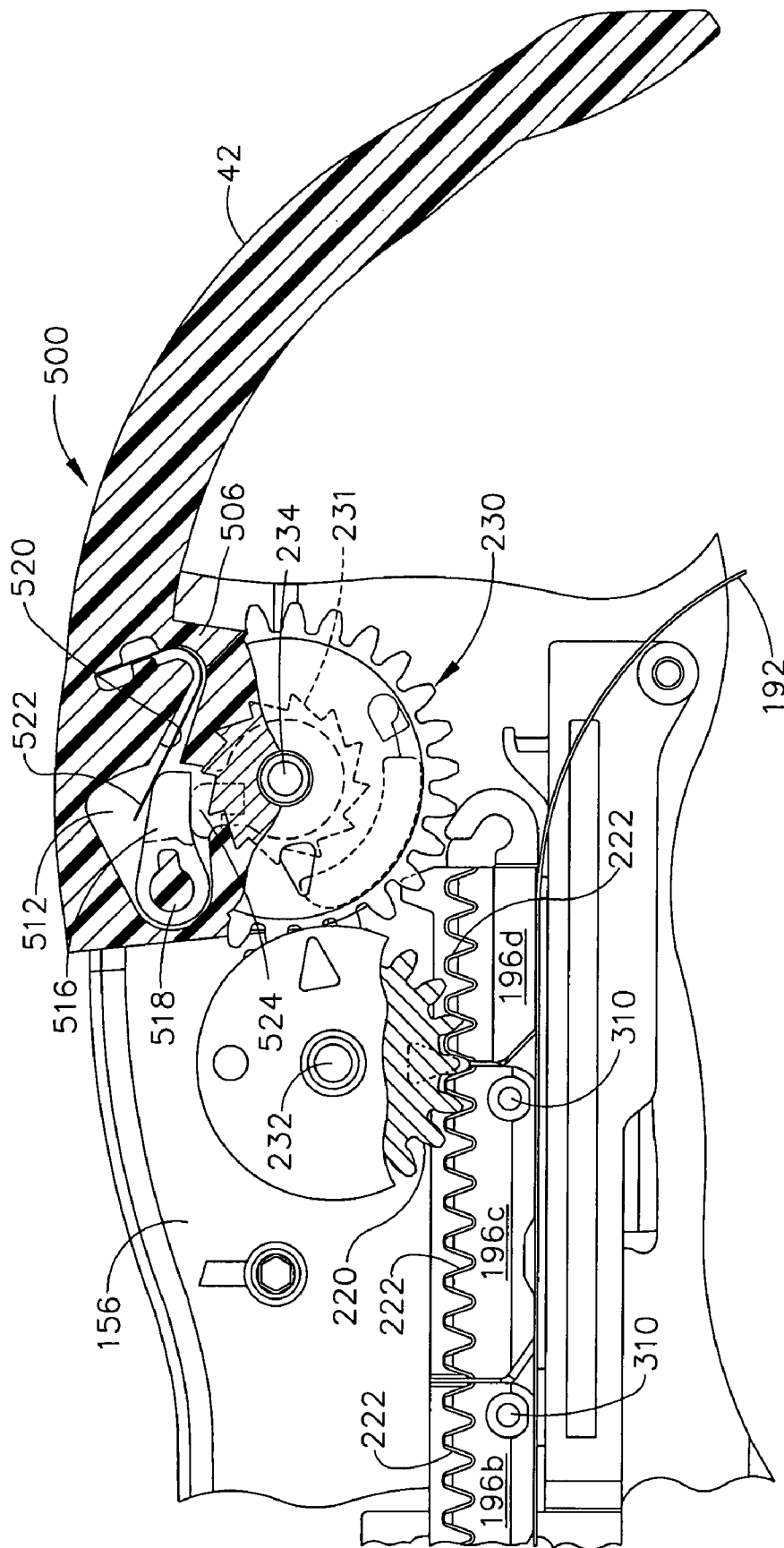


FIG. 16

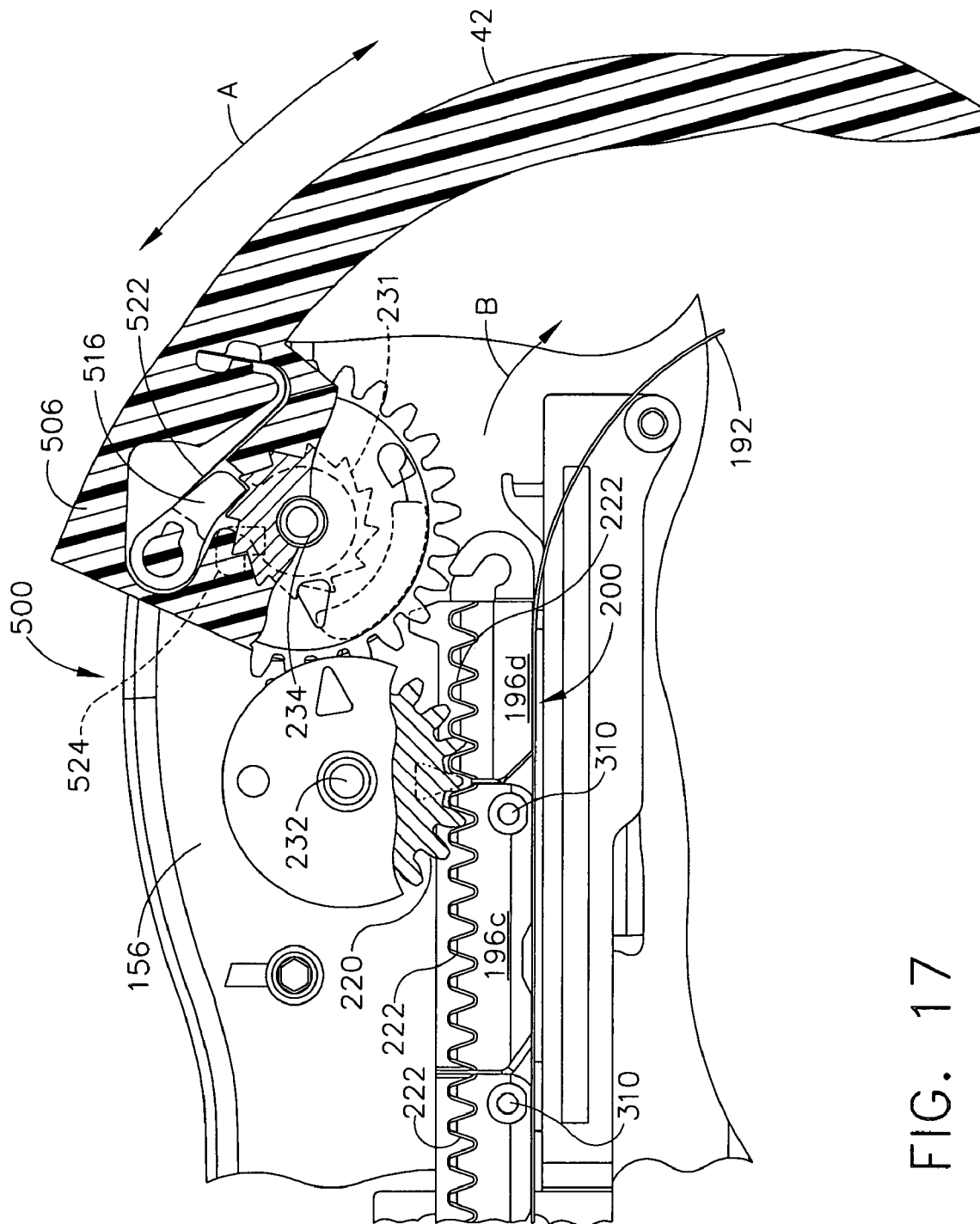


FIG. 17

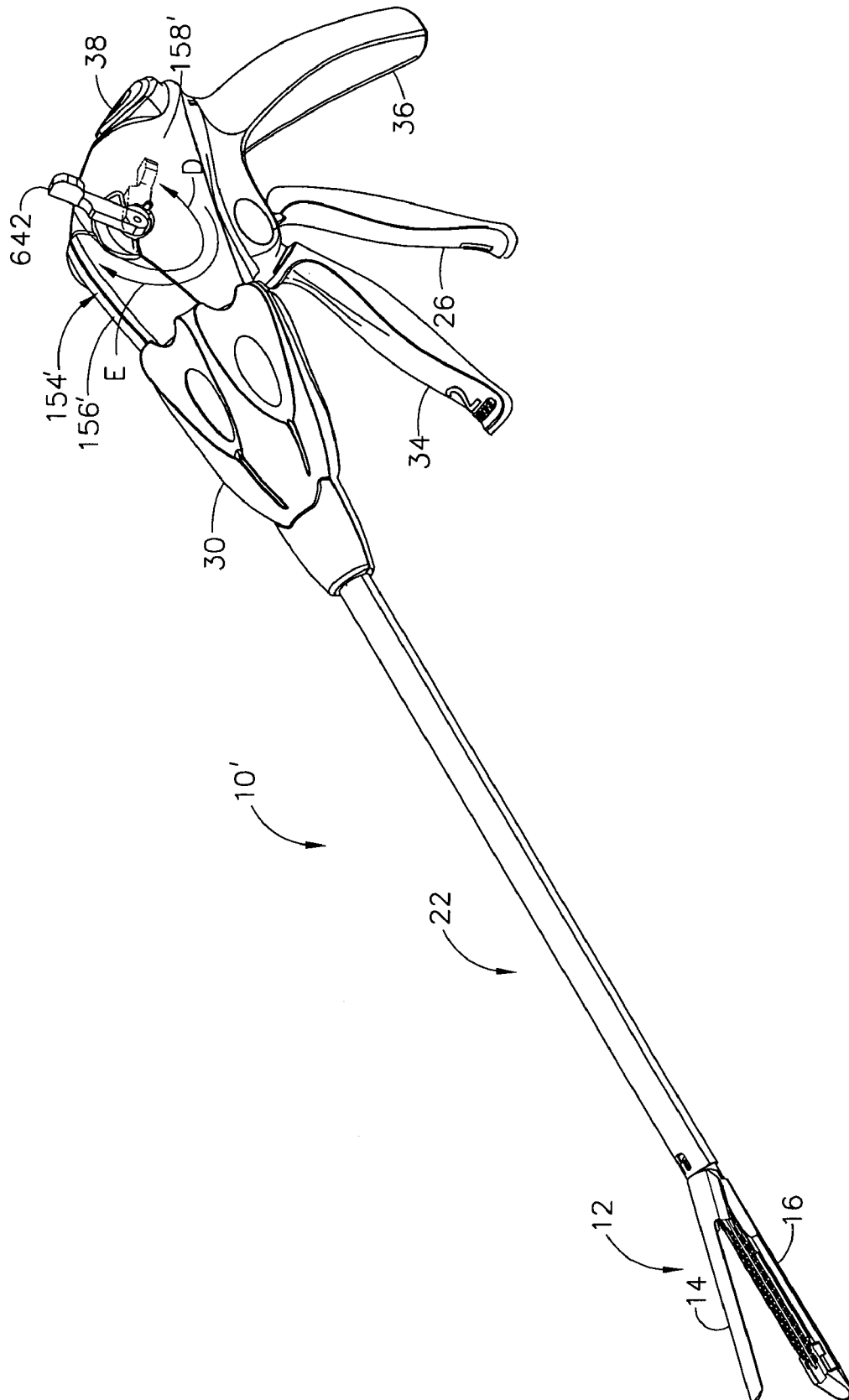


FIG. 18

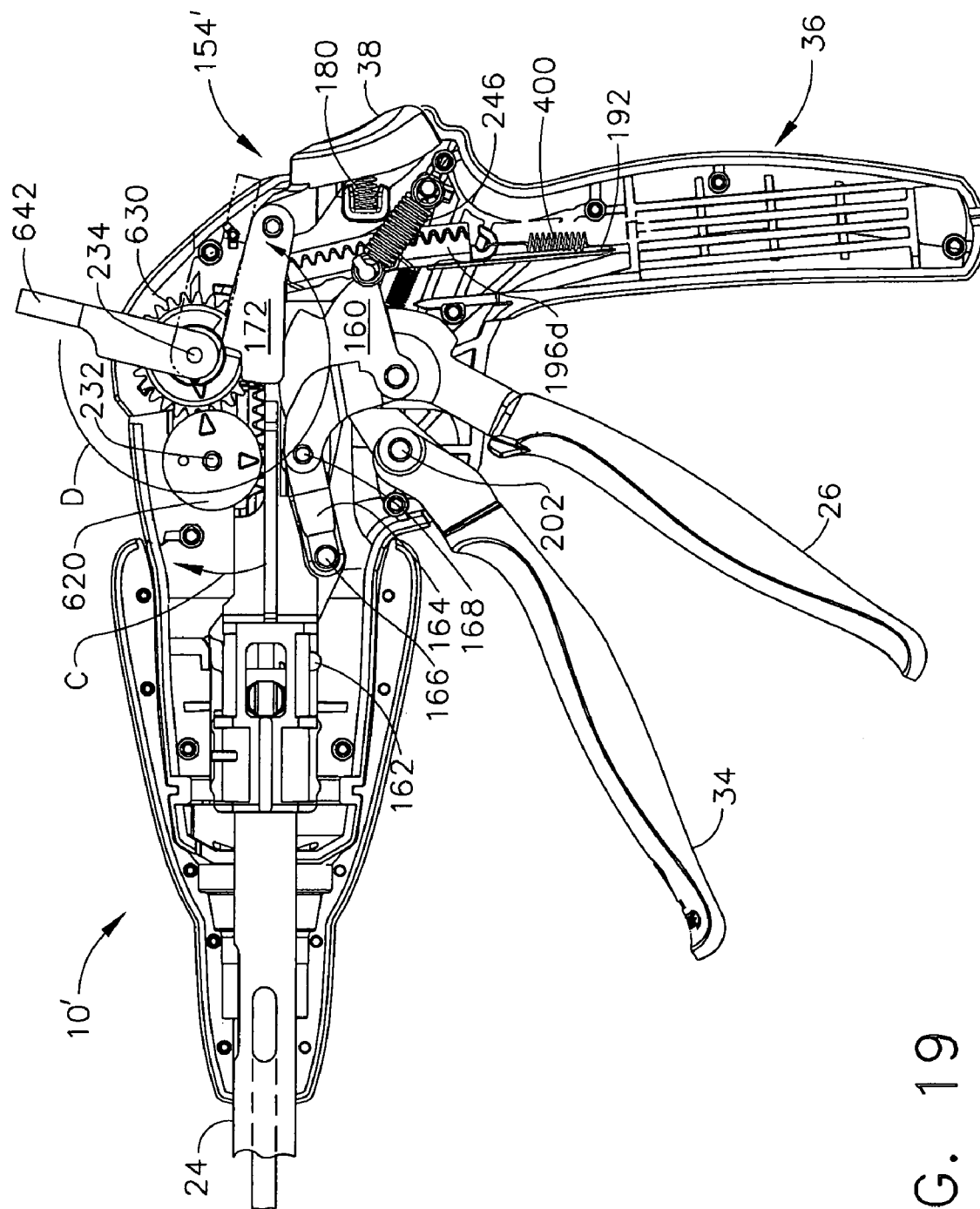


FIG. 19

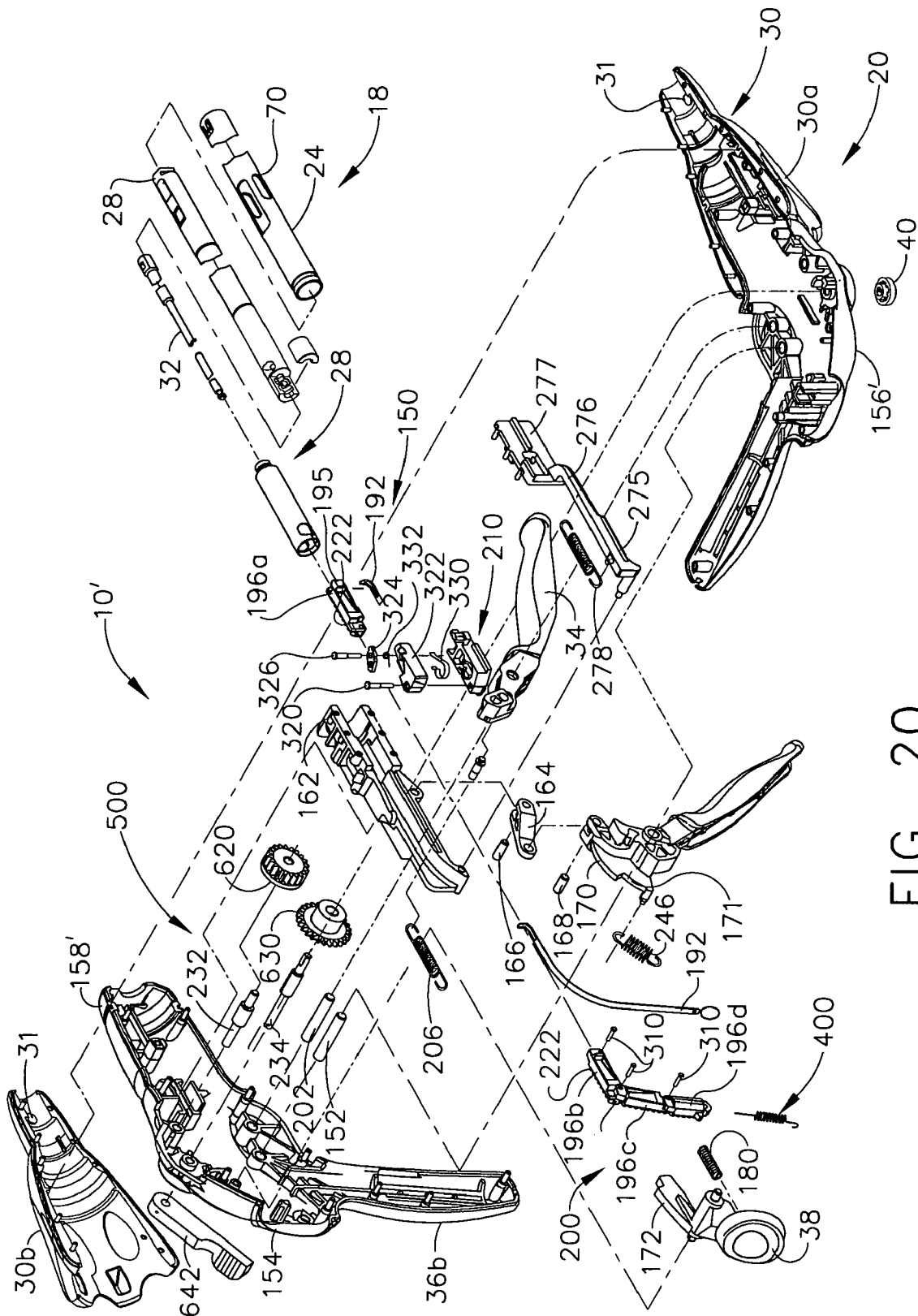


FIG. 20



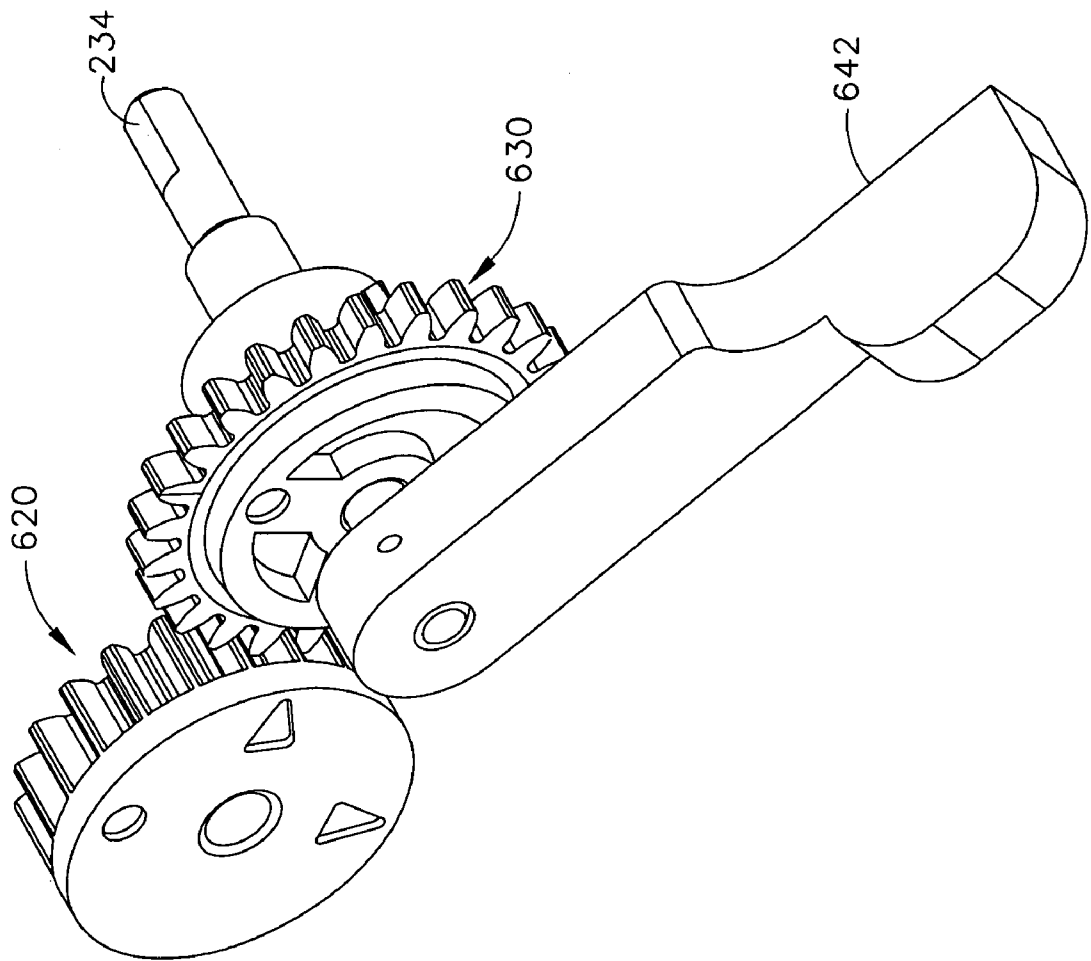


FIG. 21

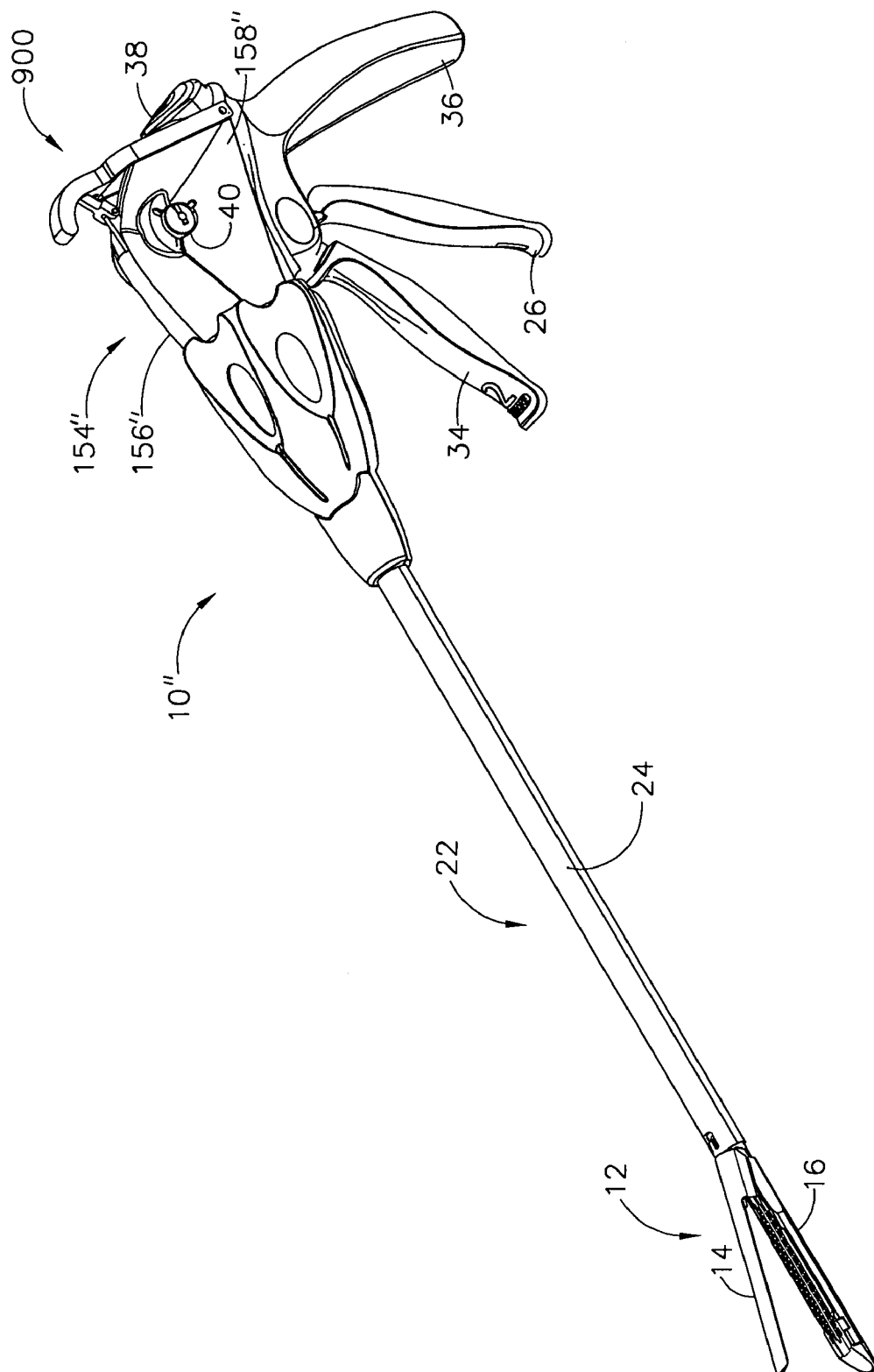


FIG. 22

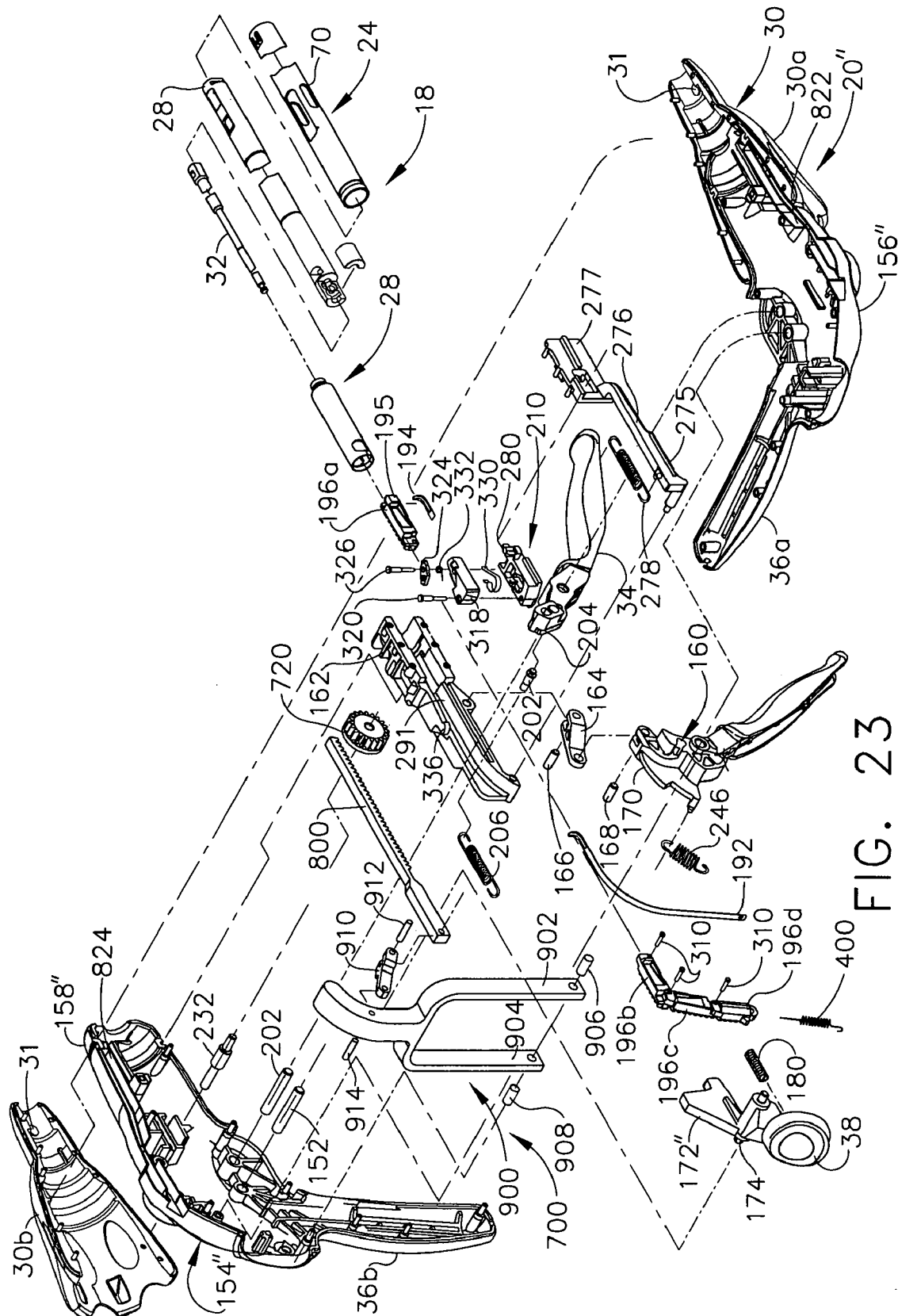


FIG. 23

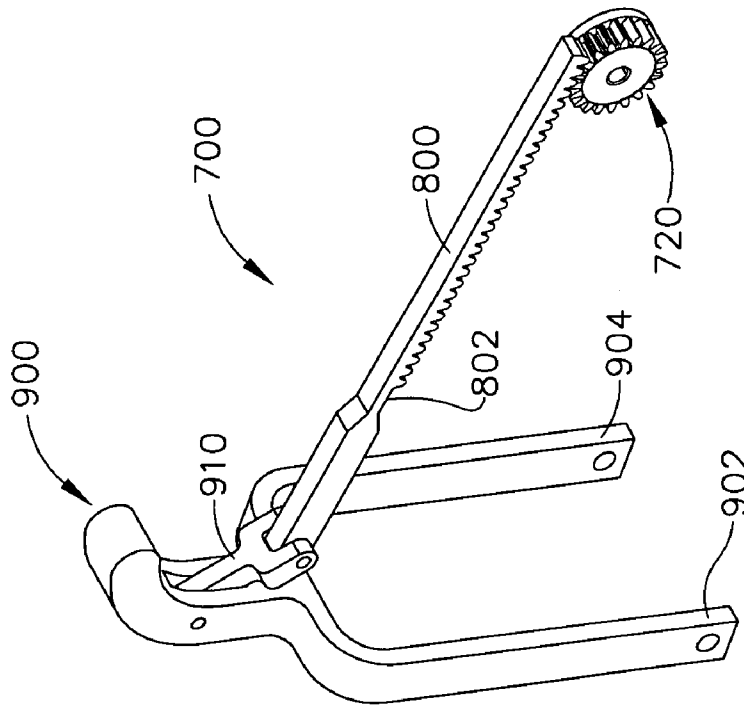


FIG. 25

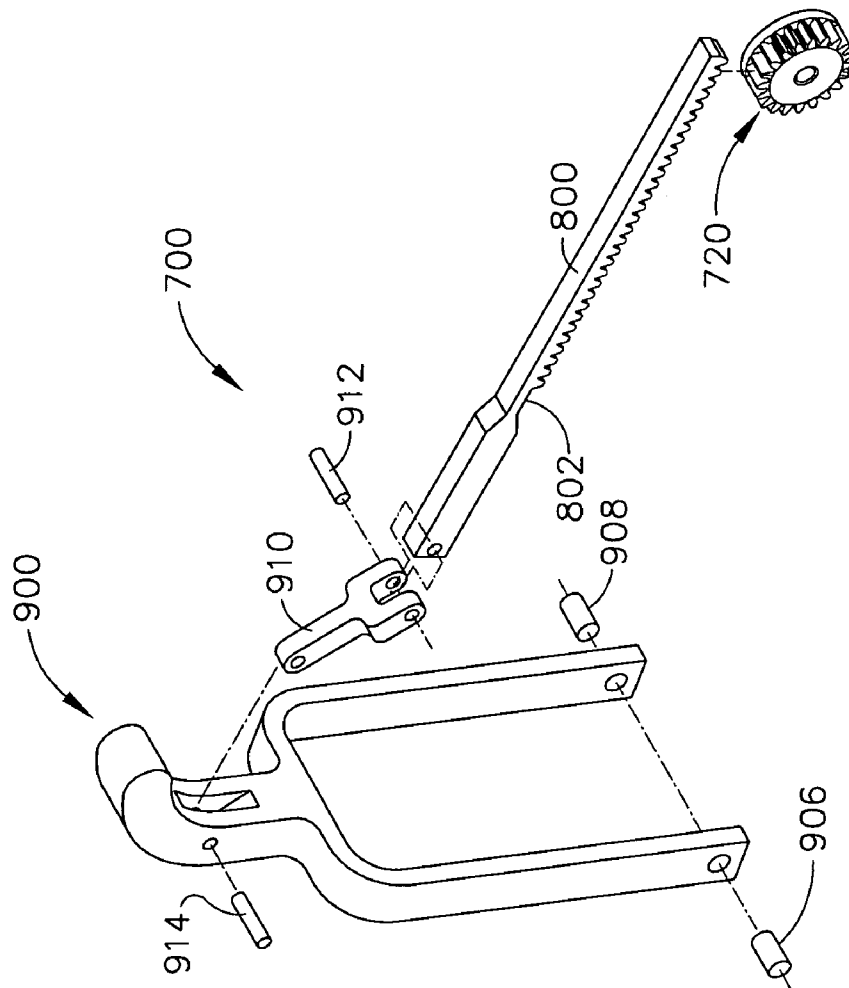


FIG. 24

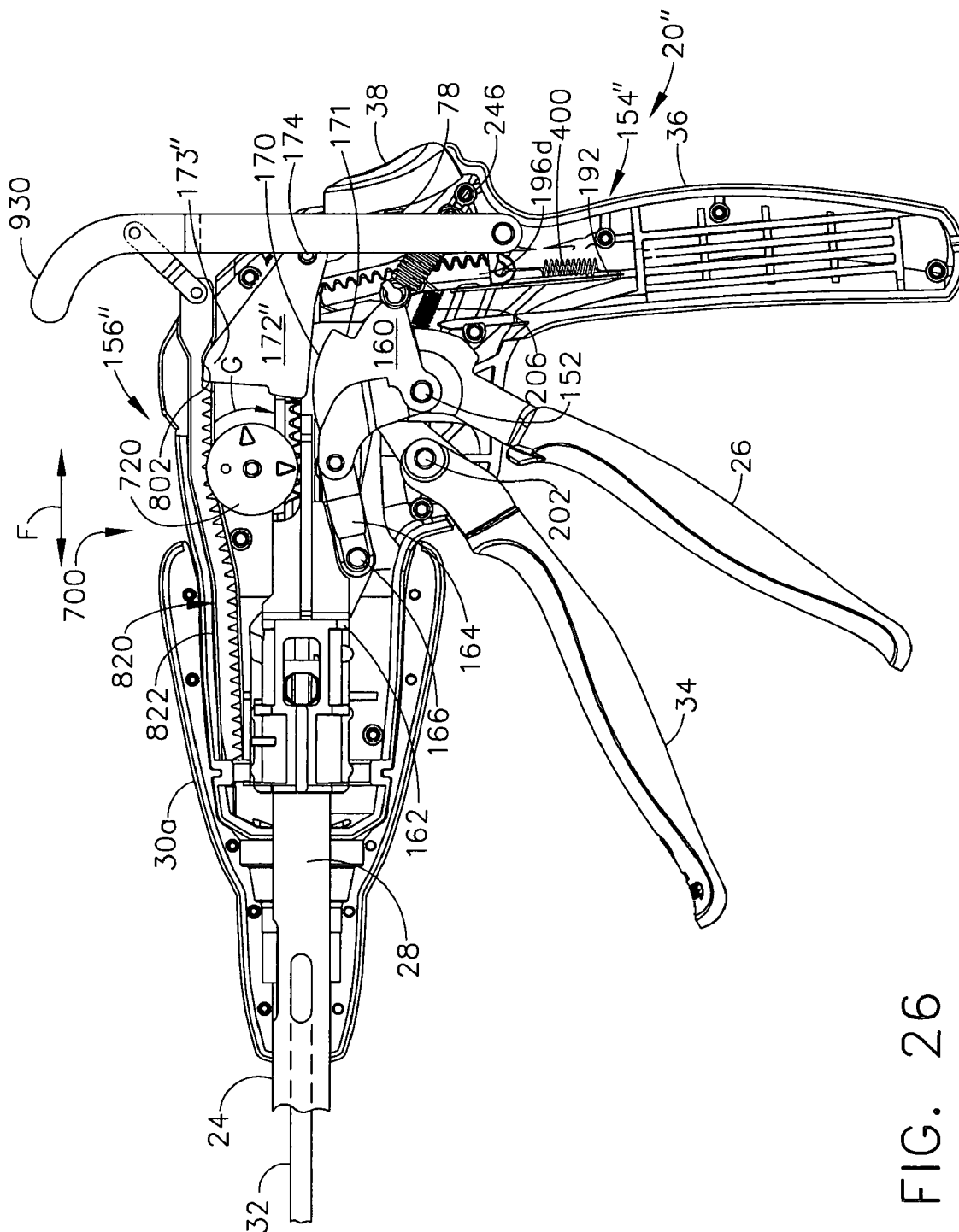


FIG. 26

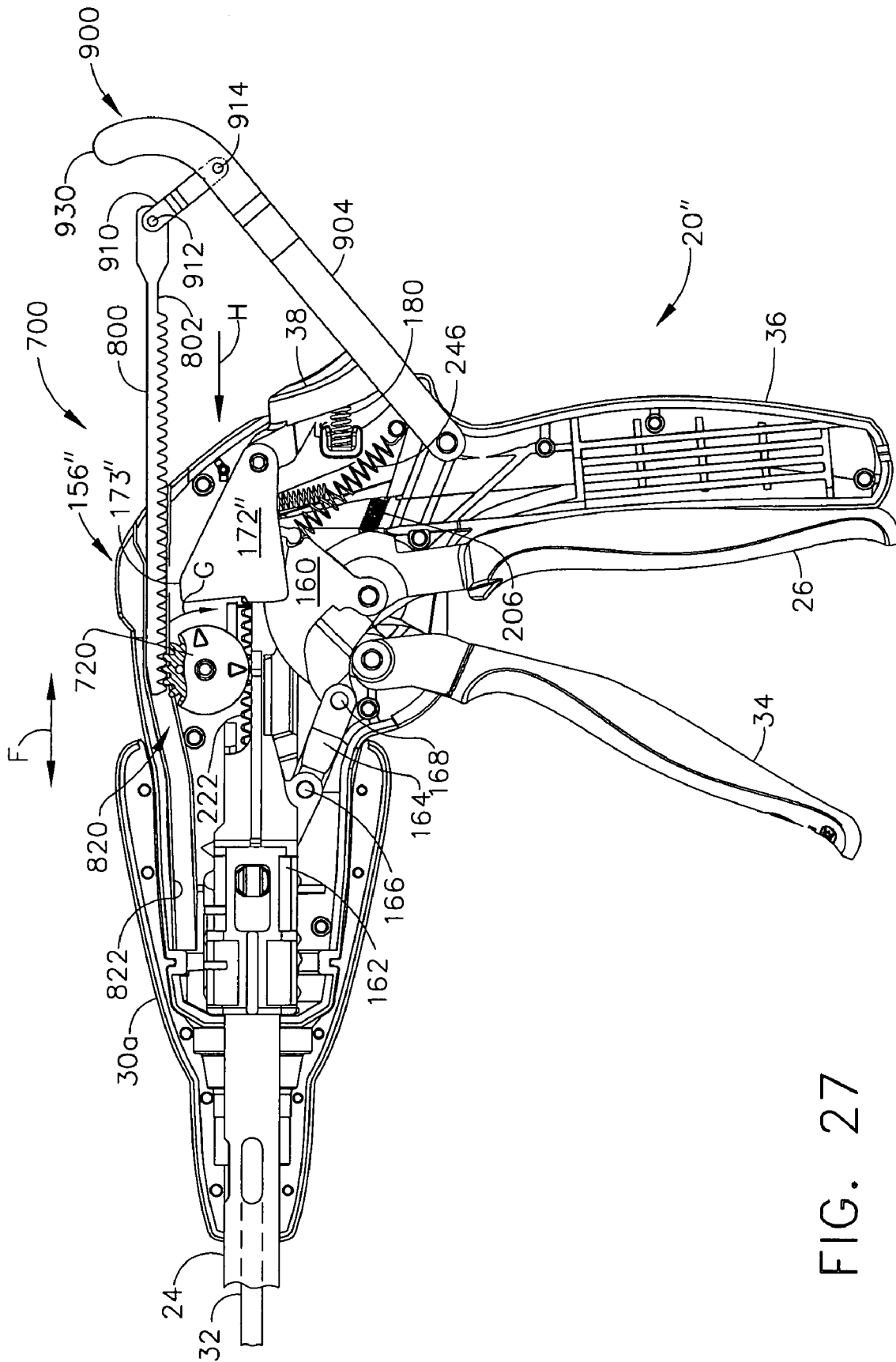


FIG. 27

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# **SURGICAL STAPLING AND CUTTING INSTRUMENT WITH MANUALLY RETRACTABLE FIRING MEMBER**

## **CROSS REFERENCE TO RELATED APPLICATIONS**

The present application is related to commonly-owned U.S. patent application Ser. No. 11/729,013, to Chad P. Boudreaux and Christopher J. Schall, filed Mar. 28, 2007, entitled "Surgical Stapling and Cutting Instrument With Side Mounted Refraction Member", the disclosure of which is hereby incorporated by reference in its entirety.

## **FIELD OF THE INVENTION**

The present invention relates in general to endoscopic surgical instruments including, but not limited to, surgical stapler instruments that are capable of applying lines of staples to tissue while cutting the tissue between those staple lines and, more particularly, to improvements relating to surgical stapler instruments and improvements in processes for forming various components of such surgical stapler instruments that have manual retraction capabilities.

## **BACKGROUND OF THE INVENTION**

Endoscopic surgical instruments are often preferred over traditional open surgical devices since a smaller incision tends to reduce the post-operative recovery time and complications. Consequently, significant development has gone into a range of endoscopic surgical instruments that are suitable for precise placement of a distal end effector at a desired surgical site through a cannula of a trocar. These distal end effectors engage the tissue in a number of ways to achieve a diagnostic or therapeutic effect (e.g., endocutter, grasper, cutter, staplers, clip applier, access device, drug/gene therapy delivery device, and energy device using ultrasound, RF, laser, etc.).

Known surgical staplers include an end effector that simultaneously makes a longitudinal incision in tissue and applies lines of staples on opposing sides of the incision. The end effector includes a pair of cooperating jaw members that, if the instrument is intended for endoscopic or laparoscopic applications, are capable of passing through a cannula passageway. One of the jaw members receives a staple cartridge having at least two laterally spaced rows of staples. The other jaw member defines an anvil having staple-forming pockets aligned with the rows of staples in the cartridge. The instrument commonly includes a plurality of reciprocating wedges which, when driven distally, pass through openings in the staple cartridge and engage drivers supporting the staples to effect the firing of the staples toward the anvil.

An example of a surgical stapler suitable for endoscopic applications is described in U.S. Pat. No. 5,465,895 to Brian D. Knodel, Richard P. Nuchols, and Warren P. Williamson, IV, which advantageously provides distinct closing and firing actions. Thereby, a clinician is able to close the jaw members upon tissue to position the tissue prior to firing. Once the clinician has determined that the jaw members are properly gripping tissue, the clinician can then fire the surgical stapler with a single firing stroke, thereby severing and stapling the tissue. The simultaneous severing and stapling avoids complications that may arise when performing such actions sequentially with different surgical tools that respectively only sever or staple.

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One specific advantage of being able to close upon tissue before firing is that the clinician is able to verify via an endoscope that the desired location for the cut has been achieved, including that a sufficient amount of tissue has been captured between opposing jaws. Otherwise, opposing jaws may be drawn too close together, especially pinching at their distal ends, and thus not effectively forming closed staples in the severed tissue. At the other extreme, an excessive amount of clamped tissue may cause binding and an incomplete firing.

Generally, a single closing stroke followed by a single firing stroke is a convenient and efficient way to perform severing and stapling. However, in some instances, it would be desirable for multiple firing strokes to be required. For example, surgeons are able to select a length of staple cartridge for the desired length of cut from a range of jaw sizes. Longer staple cartridges require a longer firing stroke. Thus, to effect the firing, a hand-squeezed trigger is required to exert a larger force for these longer staple cartridges in order to sever more tissue and drive more staples as compared to a shorter staple cartridge. It would be desirable for the amount of force to be lower and comparable to shorter cartridges so as not to exceed the hand strength of some surgeons. In addition, some surgeons, not familiar with the larger staple cartridges, may become concerned that binding or other malfunction has occurred when an unexpectedly higher force is required.

One approach for lowering the required force for a firing stroke is a ratcheting mechanism that allows a firing trigger to be stroked multiple times, as described in U.S. Pat. Nos. 5,762,256 and 6,330,965, the disclosures of which are herein incorporated by reference. These known surgical stapling instruments with multiple-stroke firing mechanisms do not have the advantages of a separate closure and firing actions.

Other ratcheting surgical instruments are disclosed in commonly-owned U.S. Pat. No. 7,083,075, issued Aug. 1, 2006 to Jeffrey S. Swayze, Frederick E. Shelton, IV, Kevin Ross Doll, and Douglass B. Hoffman, entitled Multi-Stroke Mechanism With Automatic End of Stroke Retraction, which is hereby incorporated by reference. Various embodiments disclosed therein employ a handle that produces separate closing and firing motions to actuate an end effector. In particular, the handle is configured to generate the firing force necessary to staple and sever the tissue clamped within the end effector through multiple actuations of a firing trigger. The device may further employ a linked transmission which reduces the required handle length, yet achieves a rigid, strong configuration when straightened for firing. A traction biased firing mechanism avoids binding in driving this straightened linked rack in cooperation with an anti-backup mechanism, with a lockout mechanism that prevents releasing the closure trigger during firing. Furthermore, an external indicator gives feedback to the surgeon as to how far firing has progressed, as well as providing a manual retraction capability. These embodiments also generally employ a relatively strong spring to automatically retract the cutting member after the end effector has been fired. While such designs are extremely effective, the use of the retraction spring requires additional firing force to be generated to overcome the opposing spring force during firing. This problem can also be somewhat exacerbated when using articulating end effectors. In particular, when an articulating end effector is employed, a larger return spring must generally be employed to retract the articulating firing member. Use of such larger spring further increases the amount of firing forces that must be generated to overcome the spring force and fire the end effector components.

Consequently, a significant need exists for a surgical stapling instrument having a multiple stroke or other type of

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firing mechanism that is equipped with a manually actuatable retraction mechanism and does not employ an additional retraction means such as a spring or the like that generates forces that must be overcome during the firing stroke.

## SUMMARY

In one aspect of the invention, there is provided a surgical instrument has a handle assembly and an end effector for performing a surgical operation. The end effector is operably coupled to the handle assembly and may operably support a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto. The instrument may also include a firing drive that is supported by the handle assembly and is configured to selectively generate the longitudinal firing motion upon actuation of a firing trigger operably coupled to the handle assembly. A retraction assembly may be supported by the handle assembly and interface with the firing drive such that manual actuation of the retraction assembly causes the firing drive to apply a sole retraction motion which is communicated to the firing member to cause the firing member to move from the fired position to the retracted position.

In another general aspect of various embodiments of the present invention there is provided a surgical instrument that has a handle assembly that is coupled to an end effector for performing a surgical operation. The end effector may operably support a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto. A linked rack may be operably supported by the handle assembly and a firing rod may communicate with the linked rack and the end effector for transmitting the firing and retraction motions from the linked rack to the end effector. A firing trigger may be operably supported by the handle assembly and may be configured to interface with the linked rack such that actuation of the firing trigger causes the linked rack to apply the firing motion to the firing rod. A first gear may be in meshing engagement with the linked rack and a retraction lever may be movably supported by the handle assembly and may be configured to interface with the first gear such that actuation of the retraction lever applies the sole retraction motion or force to the first gear which thereby transfers the sole retraction motion to the linked rack.

In still another general aspect of various embodiments of the present invention there is provided a surgical instrument that has a handle assembly that is coupled to an end effector. The end effector may operably support a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto. A first linked rack may be operably supported by the handle assembly. A firing rod may communicate with the linked rack and the end effector for transmitting the firing and retraction motions from the linked rack to the end effector. A firing trigger may be operably supported by the handle assembly and may be configured to selectively interface with the linked rack such that actuation of the firing trigger causes the linked rack to apply the firing motion to the firing rod. A second gear rack may be operably supported by the handle assembly. A drive gear may be in meshing engagement with the first linked rack and the second gear rack. A retraction lever may be movably coupled to the handle assembly and the second gear rack such that actuation of the retraction lever applies the sole retraction motion to the drive gear which thereby transfers the sole retraction motion to the linked rack.

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These and other objects and advantages of the present invention shall be made apparent from the accompanying drawings and the description thereof.

## BRIEF DESCRIPTION OF THE FIGURES

The accompanying drawings, which are incorporated in and constitute a part of this specification, illustrate embodiments of the invention, and, together with the general description of the invention given above, and the detailed description of the embodiments given below, serve to explain various principles of the present invention.

FIG. 1 is a perspective view of a surgical stapling and severing instrument of various embodiments of the present invention.

FIG. 2 is a left side elevation view taken along line 2-2 in longitudinal cross section of an end effector at a distal portion of the surgical stapling instrument of FIG. 1.

FIG. 3 is a front perspective view of the end effector of FIG. 2.

FIG. 4 is a perspective, exploded view of an implement portion of the surgical stapling and severing instrument of FIG. 1.

FIG. 5 depicts a left side elevation view in section of the end effector of FIG. 3 of the surgical instrument of FIG. 1, the section generally taken along lines 5-5 of FIG. 3 to expose portions of a staple cartridge but also depicting the firing bar along the longitudinal centerline.

FIG. 6 depicts a left side elevation view in section of the end effector of FIG. 5 after the firing bar has fully fired.

FIG. 7 is a left side elevation view of the handle of the surgical stapling and severing instrument of FIG. 1 with a left housing shell removed.

FIG. 8 is a perspective, exploded view of the handle of FIG. 7.

FIG. 9 is a right side elevational view of the handle of the surgical stapling and severing instrument of FIG. 1 with a right handle shell portion removed and with the closure trigger in the unlocked position.

FIG. 10 is a right side exploded assembly view of the linked rack of the firing mechanism of FIG. 9.

FIG. 11 is another right side elevational view of the handle of the surgical stapling and severing instrument of FIG. 1 with a right handle shell portion removed and with the closure trigger in the locked position.

FIG. 12 is a right side exploded assembly view of a manual retraction assembly embodiment employed in the surgical stapling and severing instrument of FIG. 1.

FIG. 13 is a right side perspective assembly view of the manual retraction assembly of FIG. 12.

FIG. 14 is a left side assembly view of the manual retraction assembly of FIGS. 11 and 12.

FIG. 15 is another left side assembly view of the manual retraction assembly of FIGS. 11-13 with the second gear shown in cross-section.

FIG. 16 is a left side elevational view of the manual retraction assembly and corresponding portion of the handle housing of FIGS. 12-15, with the manual retraction assembly shown in an up position and with portions of the assembly shown in cross-section for clarity.

FIG. 17 is another left side elevational view of the manual retraction assembly and corresponding portion of the handle housing of FIGS. 12-16, with the manual retraction assembly shown in a down or actuated position and with portions of the assembly shown in cross-section for clarity.



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FIG. 18 is a perspective view of another surgical stapling and severing instrument of other various embodiments of the present invention.

FIG. 19 is a left side elevation view of the handle of the surgical stapling and severing instrument of FIG. 18 with a left handle shell portion removed.

FIG. 20 is a perspective, exploded view of the handle of FIG. 19.

FIG. 21 is a left side assembly view of a manual retraction assembly of the surgical stapling and severing instrument of FIG. 18.

FIG. 22 is a perspective view of another surgical stapling and severing instrument of other various embodiments of the present invention.

FIG. 23 is a perspective, exploded view of the handle of the surgical stapling and severing instrument of FIG. 22.

FIG. 24 is an exploded assembly view of a manual retraction assembly of the surgical stapling and severing instrument of FIG. 12.

FIG. 25 is a perspective view of the manual retraction assembly of FIG. 24.

FIG. 26 is a left side elevation view of the handle of the surgical stapling and severing instrument of FIG. 22 with a left handle shell portion removed and the instrument in an unfired position.

FIG. 27 is another left side elevational view of the handle of the surgical stapling and severing instrument of FIG. 22 with the left handle shell portion removed and with the closure trigger in the locked position and the manual retraction assembly in the fully retracted position.

#### DETAILED DESCRIPTION

Turning to the Drawings, wherein like numerals denote like components throughout the several views, FIGS. 1 and 2 depict a surgical stapling and severing instrument 10 that is capable of practicing the unique benefits of the present invention. The surgical stapling and severing instrument 10 may incorporate an end effector 12 having an anvil 14 that is pivotally attached to an elongate channel 16, forming opposing jaws for clamping tissue to be severed and stapled. The end effector 12 may be coupled by an elongate shaft assembly 18 to a handle 20 (FIG. 1). An implement portion 22, formed by the end effector 12 and shaft assembly 18, is advantageously sized for insertion through a trocar or small laparoscopic opening to perform an endoscopic surgical procedure while being controlled by a surgeon grasping the handle assembly 20. The handle assembly 20 may advantageously include features that allow separate closure motions and firing motions, lockouts to prevent inadvertent or ill-advised firing of the end effector, as well as enabling multiple firing strokes to effect firing (i.e., severing and stapling) of the end effector 12 while indicating the degree of firing to the surgeon. In addition, as will be described in detail below, various embodiments may employ a unique and novel manually actuable retraction mechanism for retracting the firing members without any assistance from a retraction spring or other retraction arrangement, the forces of which must be overcome during the firing operation.

To these ends, a closure tube 24 of the shaft assembly 18 is coupled between a closure trigger 26 (FIG. 1) and the anvil 14 to cause closure of the end effector 12. Within the closure tube 24, a frame 28 is coupled between the elongate channel 16 and the handle assembly 20 to longitudinally position and support the end effector 12. A rotation knob 30 may be coupled with the frame 28, and both elements are rotatably coupled to the handle assembly 20 with respect to a rotational movement

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about a longitudinal axis of the shaft assembly 18. Thus, the surgeon can rotate the end effector 12 by turning the rotation knob 30. The closure tube 24 is also rotated by the rotation knob 30 but retains a degree of longitudinal movement relative thereto to cause the closure of the end effector 12. Within the frame 28, a firing rod 32 is positioned for longitudinal movement and coupled between the anvil 14 of the end effector 12 and a multiple-stroke firing trigger 34. The closure trigger 26 is distal to a pistol grip 36 of the handle assembly 20 with the firing trigger 34 distal to both the pistol grip 36 and closure trigger 26.

In endoscopic operation, once the implement portion 22 is inserted into a patient to access a surgical site, a surgeon may refer to an endoscopic or other diagnostic imaging device to position tissue between the anvil 14 and elongate channel 16. Grasping the closure trigger 26 and pistol grip 36, the surgeon may repeatedly grasp and position the tissue. Once satisfied as to the location of the tissue relative to the end effector 12 and the amount of tissue therein, the surgeon depresses the closure trigger 26 fully toward the pistol grip 36, clamping the tissue in the end effector 12 and locking the closure trigger 26 in this clamped (closed) position. If not satisfied with this position, the surgeon may release the closure trigger 26 by depressing a closure release button 38 and thereafter repeat the procedure to clamp tissue.

If the clamping is correct, the surgeon may proceed with firing the surgical stapling and severing instrument 10. Specifically, the surgeon grasps the firing trigger 34 and pistol grip 36, depressing the firing trigger 34 a predetermined number of times. The number of firing strokes necessary may be ergonomically determined based on a maximum hand size, maximum amount of force to be imparted to the instrument during each firing stroke, and the longitudinal distance and force needed to be transferred through the firing rod 32 to the end effector 12 during firing.

During these strokes, the surgeon may reference an indicator, depicted as an indicating knob 40, that positionally rotates in response to the multiple firing strokes. Additionally, the position of the indicating knob 40 may confirm that full firing has occurred when encountering resistance to further cycling of the firing trigger 34. It should be appreciated that various indicia and instructions may be added to the handle assembly 20 to enhance the indication provided by the rotation of the indicating knob 40.

It will be appreciated that the terms "proximal" and "distal" are used herein with reference to a clinician gripping a handle of an instrument. Thus, the end effector 12 is distal with respect to the more proximal handle assembly 20. Analogous terms such as "front" and "back" similarly correspond respectively to distal and proximal. It will be further appreciated that for convenience and clarity, spatial terms such as "vertical" and "horizontal" are used herein with respect to the drawings. However, surgical instruments are used in many orientations and positions, and these terms are not intended to be limiting and absolute.

The present invention is being discussed in terms of endoscopic procedures and apparatus. However, use herein of terms such as "endoscopic", should not be construed to limit the present invention to a surgical stapling and severing instrument for use only in conjunction with an endoscopic tube (i.e., trocar). On the contrary, it is believed that the present invention may find use in any procedure where access is limited to a small incision, including but not limited to laparoscopic procedures, as well as open procedures.

#### E-Beam Firing Member

The advantages of a handle assembly 20, which is capable of providing multiple-stroke firing motion, has application to

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a number of instruments, with one such end effector **12** being depicted in FIGS. 2-6. With particular reference to FIG. 4, the end effector **12** responds to the closure motion from the handle assembly **20** (not depicted in FIGS. 2-6) first by including an anvil face **50** (FIGS. 2, 4, 6) connecting to an anvil proximal end **52** that includes a pair of laterally projecting anvil pivot pins **54** that are proximal to a vertically projecting anvil feature **56** (FIG. 4). The anvil pivot pins **54** translate within kidney shaped openings **58** in the elongate channel **16** to open and close anvil **14** relative to elongate channel **16**. The anvil feature **56** engages a tab **59** (FIGS. 2, 4, 6) extending inwardly in tab aperture **60** on a distal end **62** of the closure tube **24**, the latter distally terminating in a distal edge **64** that pushes against the anvil face **50**. Thus, when the closure tube **24** moves proximally from its open position, the tab **59** of the closure tube **24** draws the anvil feature **56** proximally, and the anvil pivot pins **54** follow the kidney shaped openings **58** of the elongate channel **16** causing the anvil **14** to simultaneously translate proximally and rotate upward to the open position. When the closure tube **24** moves distally, the tab **59** in the tab aperture **60** releases from the anvil feature **56** and the distal edge **64** pushes on the anvil face **50**, closing the anvil **14**.

With continued reference to FIG. 4, the implement portion **22** also includes components that respond to the firing motion of the firing rod **32**. In particular, the firing rod **32** rotatably engages a firing trough member **66** having a longitudinal recess **68**. Firing trough member **66** moves longitudinally within frame **28** in direct response to longitudinal motion of firing rod **32**. A longitudinal slot **70** in the closure tube **24** operably couples with the rotation knob **30** (not shown in FIGS. 2-6). The length of the longitudinal slot **70** in the closure tube **24** is sufficiently long to allow relative longitudinal motion with the rotation knob **30** to accomplish firing and closure motions respectively with the coupling of the rotation knob **30** passing on through a longitudinal slot **72** in the frame **28** to slidably engage the longitudinal recess **68** in the frame trough member **66**.

The distal end of the frame trough member **66** is attached to a proximal end of a firing bar **76** that moves within the frame **28**, specifically within a guide **78** therein, to distally project an E-beam firing member **80** into the end effector **12**. The end effector **12** includes a staple cartridge **82** that is actuated by the E-beam **80**. The staple cartridge **82** has a tray **84** that holds a staple cartridge body **86**, a wedge sled driver **88**, staple drivers **90** and staples **92**. It will be appreciated that the wedge sled driver **88** longitudinally moves within a firing recess **94** (FIG. 2) located between the cartridge tray **84** and the cartridge body **86**. The wedge sled driver **88** presents camming surfaces that contact and lift the staple drivers **90** upward, driving the staples **92** up from staple apertures **96** (FIG. 3) into contact with staple forming grooves **98** (FIG. 3) of the anvil **14**, creating formed "B"-shaped staples, such as depicted at **100** of FIG. 6. With particular reference to FIG. 3, the staple cartridge body **86** further includes a proximally open, vertical slot **102** for passage of the E-beam **80**. Specifically, a cutting surface **104** is provided along a distal end of E-beam **80** to cut tissue after it is stapled.

In FIGS. 2, 5, 6, respectively, the end effector **12** is depicted in a sequence of open (i.e., start) condition, clamped and unfired condition or position, and fully fired condition or position. Features of the E-beam **80** that facilitate firing of the end effector **12**, in particular, are depicted. In FIG. 2, the wedge sled driver **88** is in its fully proximal position, indicating an unfired staple cartridge **82**. A middle pin **106** is aligned to enter the firing recess **94** in the staple cartridge **82**, for distally driving the wedge sled driver **88**. A bottom pin or cap

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**108** of the E-beam **80** slides along a bottom surface of the elongate channel **16**, thus the middle and bottom pins **106**, **108** slidably engage the elongate channel **16**. In the open and unfired state of FIG. 2, a top pin **110** of the E-beam **80** has entered and is residing within an anvil pocket **112** of the anvil **14**, and thus does not impede repeated opening and closing of the anvil **14**.

In FIG. 5, the end effector **12** is depicted as clamped and ready to fire. The top pin **110** of the E-beam **80** is aligned with an anvil slot **114** in the anvil **14** distal to and communicating with the anvil pocket **112**. In FIG. 6, the E-beam **80** has been fully fired, with the upper pin **110** translating down the anvil slot **114**, affirmatively spacing the anvil **14** from the elongate channel **16** as the cutting surface **104** severs clamped tissue. Simultaneously, the middle pin **106** has actuated the staple cartridge **82** as previously described. Thereafter, the E-beam **80** is retracted prior to opening the end effector **12** and replacing the staple cartridge **82** for an additional operation.

The illustrative end effector **12** is described in greater detail in four commonly-owned U.S. patents and a patent application, the disclosure of each being hereby incorporated by reference in their entirety: (1) U.S. Pat. No. 7,044,352 to Frederick E. Shelton IV, Michael E. Setser, William B. Weisenburgh II, issued May 16, 2006 and entitled "Surgical Stapling Instrument Having a Single Lockout Mechanism For Prevention of Firing"; (2) U.S. Pat. No. 7,000,818 to Frederick E. Shelton IV, Michael E. Setser, Brian J. Hemmelgarn II, issued Feb. 21, 2006 and entitled "Surgical Stapling Instrument Having Separate Distinct Closing and Firing Systems"; (3) U.S. Pat. No. 6,988,649 to Frederick E. Shelton IV, Michael E. Setser, and William B. Weisenburgh II, issued Jan. 24, 2006 and entitled "Surgical Stapling Instrument Having A Spent Cartridge Lockout"; (4) U.S. Pat. No. 7,143,923, to Frederick E. Shelton IV, Michael E. Setser, and William B. Weisenburgh II, issued Dec. 5, 2006 and entitled Surgical Stapling Instrument Having A Firing Lockout For An Unclosed Anvil"; and (5) U.S. patent application entitled "Surgical Stapling Instrument Incorporating an E-Beam Firing Mechanism", Ser. No. 10/443,617, to Frederick E. Shelton IV, Michael E. Setser, William B. Weisenburgh II, filed 20 June 2003, now U.S. Pat. No. 6,978,921. However, the unique and novel features of various embodiments of the present invention may also be employed with different types of end effectors without departing from the spirit and scope of the present invention.

It should be appreciated that although a nonarticulating shaft assembly **18** is illustrated herein, applications of the present invention may include instruments capable of articulation, such as those described in three commonly owned U.S. patents and two commonly owned U.S. patent applications, the disclosure of each being hereby incorporated by reference in their entirety: (1) U.S. Pat. No. 7,111,769 to Kenneth S. Wales, Douglas B. Hoffman, Frederick E. Shelton IV, and Jeffrey S. Swayze, issued Sept. 26, 2006, entitled "Surgical Instrument Incorporating An Articulation Mechanism Having Rotation About the Longitudinal Axis"; (2) U.S. Pat. No. 6,981,628 to Kenneth S. Wales, issued January 3, 2006, entitled "Surgical Instrument With A Lateral-Moving Articulation Control"; (3) U.S. Pat. No. 7,055,731 to Frederick E. Shelton IV, Michael E. Setser, William B. Weisenburgh II, issued June 6, 2006 entitled "Surgical Stapling Instrument Incorporating A Tapered Firing Bar For Increased Flexibility Around The Articulation Joint"; (4) U.S. Patent Publication No. 2005/0006429 entitled "Surgical Stapling Instrument Having Articulation Joint Support Plates For Supporting A Firing Bar", Ser. No. 10/615,971, to Kenneth S. Wales and Joseph Charles Hueil, filed 9 July 2003, now U.S. Pat. No.

6,964,363; and (5) U.S. patent application entitled "Surgical Stapling Instrument Incorporating An Articulation Joint For a Firing Bar Track", Ser. No. 10/615,962, to Brian J. Hemmelgarn, filed 9 July 2003. Those of ordinary skill in the art will readily understand, however, that the unique and novel aspects of various features of the present invention may be employed in connection with other types of articulating surgical instruments without departing from the spirit and scope of the present invention.

With reference to FIGS. 7-9, the elongate shaft assembly **18** has as its outer structure a longitudinally reciprocating closure tube **24** that pivots the anvil **14** (FIGS. 1 and 2) to effect closure in response to proximal depression of the closure trigger **26** of the handle assembly **20**. The elongate channel **18** is connected to the handle assembly **20** by a frame **28** that is internal to the closure tube **24**. The frame **28** is rotatably engaged to the handle assembly **20** so that twisting the rotation knob **30** causes rotation of the implement portion **22**. With particular reference to FIG. 8, each half shell **30a**, **30b** of the rotation knob **30** includes an inward projection **31** that enters a respective longer side opening **70** in the closure tube **24** and inward to engage the frame **28** that determines the rotated position of the implement portion **22**. The longitudinal length of the longer opening **70** is sufficiently long enough to facilitate longitudinal movement of the closure tube **24** during the closure operation.

#### Closure System

In various embodiments, operation of the closure tube **24** is controlled by means of a closure drive **23** which includes the closure trigger **26**. The closure trigger **26** has an upper portion **160** that is configured to activate a closure yoke **162** via a closure link **164**. The closure link **164** is pivotally attached at its distal end to the closure yoke **162** by a closure yoke pin **166** and is pivotally attached to the closure trigger **26** at its proximal end by a closure link pin **168**. As can be seen in FIG. 7, the closure trigger **26** is urged to the open position by a closure trigger tension spring **246** that is connected proximally to the upper portion **160** of the closure trigger **26** and a handle housing **154** formed by right and left half shells **156**, **158**.

The upper portion **160** of the closure trigger **26** also includes a proximal crest **170** that has an aft notch **171** formed therein. See FIGS. 7 and 8. In various embodiments, a closure release button **38** is pivotally attached to the handle housing **154** by a pivot rod arrangement **174**. As can be seen in FIG. 8, a locking arm **172** protrudes from the closure release button **38** and, as will be discussed in further detail below, is configured to lockingly engage the upper portion **160** of the closure trigger **26**. A compression spring **180** is employed between the closure release button **38** and the handle housing **154** about the pivot rod assembly **174**. FIG. 7 depicts the closure trigger **26** in an unactuated position. As can be seen in that Figure, when in that position, the pivoting locking arm **172** rides upon the proximal crest **170**. Such action of the locking arm **172** causes the closure release button **38** to be drawn in towards the handle housing **154** against the force of coil spring **180**. When the closure trigger **26** reaches its fully depressed position, the pivoting locking arm **172** drops into the aft notch **171** in the upper portion of the locking trigger **26** under the urging of the compression spring **180**. When in that position, the closure trigger is locked in position. In addition, as will be further discussed below, when the locking arm **172** is in that locked position, the firing trigger **34** may be actuated to actuate the firing mechanism **150**. When the firing mechanism **150** is in the retracted position, manual depression of the closure release button **38** rotates the pivoting locking arm **172**

upward out of retaining engagement with the aft notch **171** in the upper portion of the closure trigger **26** and thereby unlocks the closure trigger **26**.

#### Firing System

In various embodiments of the invention, a linked transmission firing drive **150** of the type disclosed in U.S. Pat. No. 7,083,075 to Jeffrey S. Swayze, Frederick E. Shelton, IV, Kevin R. Doll, and Douglas B. Hoffman, entitled Multi-Stroke Mechanism With Automatic End of Stroke Retraction, issued Aug. 1, 2006, the relevant portions of which are herein incorporated by reference, may be employed to extend and retract the firing rod **32** as will be further discussed below. With the closure trigger **26** retracted and fully depressed, the firing trigger **34** is unlocked and may be depressed toward the pistol grip **36** multiple times to effect the firing of the end effector **12**. As depicted in FIG. 8, the firing trigger **34** pivots about a firing trigger pin **202** that laterally traverses and is attached to the right and left half shells **156**, **158**.

An upper portion **204** of the firing trigger **34** moves distally about the firing trigger pin **202** as the firing trigger **34** is depressed toward the pistol grip **36**, stretching a proximally placed firing trigger tension spring **206** connected between an upper portion **204** of the firing trigger **34** and the housing **154**. See FIGS. 7 and 8. The upper portion **204** of the firing trigger **34** engages a firing mechanism **150** in the form of a linked rack **200** during each firing stroke depression by a spring biased side pawl mechanism **210** that also disengages when the firing trigger **34** is released.

#### Linked Rack

As can be seen in FIGS. 8 and 10, each link **196a-d** is pinned to adjacent links **196a-d** for downward, proximal rotation into the pistol grip **36**. Although bendable in this direction, the linked rack **200** forms a rigid configuration when against a columnar loading, especially a loading that would otherwise urge the distal links **196a-d** to bend upwardly. In particular, each link **196a-c** proximally terminates in an extension **300** having lateral through hole **302** on a lower portion thereof; Similarly, each link **196b-d** distally terminates in an extension **300a** that has a lateral hole **302a** therethrough. As can be seen in FIG. 10, the holes **300**, **300a** are aligned to receive corresponding pivot pins **310** therethrough to hingedly attach the links **196a-d** together in a linear fashion.

Each leading link **196a-d** has a flat surface **312** at the proximal end that is generally perpendicular to the direction of columnar loading from the firing rod **32**. Each trailing link **196a-d** has a contact surface **314** at the distal end that is also generally perpendicular to the direction of columnar loading. The lateral through hole **302** is spaced away sufficient so that a notch **316** is formed between lower portions of adjacent flat surface **312** and contact surface **314** to provide clearance for downward pivoting of the trailing link **196a-d** relative to the leading link **196a-d**. Yet, the upper portions of the adjacent flat surface **312** and contact surface **314** are registered for abutment as the leading and trailing links **196a-d** are longitudinally aligned, thereby resisting further upward deflection.

When adjacent links **196a-d** are horizontally aligned, the holes **302** and pins **310** are located below the line of action of the firing rod **32**. As will be discussed in further detail below, when loads are applied to the firing trigger **34**, a traction biasing mechanism **210** applies a pushing load along the line of action and biases consecutive horizontal links **196a-d** together. Thus, imparting a line of action of a firing force above the pivot pins **310** maintains any leading links **196a-d** in a rigid, straight configuration. It should be appreciated that although pinned connections between links **196a-d** have been advantageously depicted, other resilient or flexible connec-

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tion arrangements may be used. In addition, four links **196a-d** are depicted, but various numbers and lengths of links may be selected depending on firing travel, radius of curvature, etc.

As can also be seen in FIG. 10, a left side **304** of each link **196a-d** includes the toothed upper surface **222**. In addition, a right side **306** of each link **196a-c** has a ramped right-side track **282** formed by a proximally and rightwardly facing beveled surface **284**. The distal end of the front link **196a** is configured for attachment to the proximal end of the firing rod **32**. As shown in FIG. 8, an arcuate band **192** may be employed to support the firing mechanism **150** as it is actuated. In various embodiments, the band is fabricated from steel or other metal. However, the band **192** may be successfully fabricated from other suitable materials. As can be seen in FIG. 8, a distally-disposed end **194** of the band **192** is attached to an attachment feature **195** on the front link **196a**. In various embodiments, a small spring **400** may be coupled to the proximal end of the link **196d** and the proximal end of the band **192** (FIGS. 8 and 9) to draw the links **196a-d** into conforming engagement with the arcuate band **192**. Those of ordinary skill in the art will understand that the links **196a-d** and band **192** move essentially as a unit. Thus, spring **400** does not apply any retraction force whatsoever to the firing rod **32**.

#### Side Pawl Mechanism

In various embodiments, the upper portion **204** of the firing trigger **34** engages the linked rack **200** during each firing trigger depression through a spring biased side pawl mechanism **210** that also disengages when the firing trigger **34** is released. In particular, a ramped right-side track **282** formed by a proximally and rightwardly facing beveled surface **284** in each of the links **1196a-1196d** is engaged by a side pawl assembly **285** as the firing trigger **34** is depressed. Turning to FIG. 8, one form of a side pawl assembly **285** that may be successfully employed includes a pawl slide **270** that is configured with right and left lower guides **272**. One guide **272** slides in a left track **274** formed in the closure yoke **162** below the rack channel **291** and the other guide **272** slides in a right track **275** in a closure yoke rail **276** that parallels rack channel **291**. As can be seen in FIG. 8, the closure yoke rail **276** is attached to or is integral with a rack channel cover **277** that is coupled to the closure yoke **162** to enclose the rack channel **291**. A compression spring **278** is attached between a hook **279** on a top proximal position on the closure yoke rail **276** and a hook **280** on a distal right-side of the pawl slide **270**, which keeps the pawl slide **270** drawn proximally into contact with the upper portion **204** of the firing trigger **34**.

With reference to FIGS. 8 and 11, a pawl block **318** is located on the pawl slide **270** and is pivotally attached thereto by a vertical aft pin **320** that passes through a left proximal corner of pawl block **318** and pawl slide **270**. A kick-out block recess **322** is formed on a distal portion of a top surface of the block **318** to receive a kick-out block **324** pivotally pinned thereto by a vertical pin **326** whose bottom tip extends into a pawl spring recess **328** on a top surface of the pawl slide **270**. A pawl spring **330** (FIG. 8) in the pawl spring recess **328** extends to the right of the vertical front pin **326** urging the pawl block **318** to rotate counterclockwise when viewed from above into engagement with the ramped right-side track **282**. A small coil spring **332** (FIG. 8) in the kick-out block recess **322** urges the kick-out block **324** to rotate clockwise when viewed from above, its proximal end urged into contact with a contoured lip **334** formed in the closure yoke **162** above the rack channel **291**.

As the firing trigger **34** is fully depressed and begins to be released, the kick-out block **324** encounters a ridge **336** in the contoured lip **334** as the pawl slide **270** retracts, forcing the

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kick-out block **324** to rotate clockwise when viewed from above and thereby kicking out the pawl block **318** from engagement with the linked rack **200**. The shape of the kick-out block recess **322** stops the clockwise rotation of the kick-out block **324** to a perpendicular orientation to the contoured lip **334** maintaining this disengagement during the full retraction and thereby eliminating a ratcheting noise.

#### Retraction System

The embodiment depicted in FIGS. 7-17 contains a retraction assembly **500** that is configured to enable the surgeon to manually retract the firing bar **32** without any other assistance from springs or other retraction arrangements that serve to place a drag on the firing system and which ultimately require the generation of higher firing forces to actuate the firing mechanism. As can be most particularly seen in FIGS. 16 and 17, in these embodiments, a first gear **220** is operably mounted to mesh with the toothed upper, left surfaces **222** of the linked rack **200**. The first gear **220** also engages a second gear **230** that has a smaller right-side ratchet gear **231** thereon. Both the first gear **220** and second gear **230** are rotatably connected to the handle housing **154** respectively on front axle **232** and aft axle **234**. One end of the axle **232** extends through the respective right housing half shell **156** and is attached to a right indication member in the form of an indicator gauge wheel **40**. Similarly, the other end of the aft axle **232** extends through the left housing half shell **158** and is attached to a left indicator gauge wheel **41**. Because the aft axle **234** is free spinning in the handle housing **154** and has a keyed engagement to the second gear **230**, the indicator gauge wheels **40**, **41** rotate with the second gear **230**. The gear relationship between the linked rack **200**, first gear **220** and second gear **230** may be advantageously selected so that the toothed upper surface **222** has tooth dimensions that are suitably strong and that the second gear **230** makes no more than one revolution during the full firing travel of the linked transmission firing mechanism **150**.

The smaller right-side ratchet gear **231** of the second gear **230** extends into a hub **506** of a manual retraction member in the form of retraction lever **42** specifically aligned with a vertical longitudinally-aligned slot **508** (FIGS. 12 and 15) bisecting the hub **506**. A lateral through hole **510** of the hub **506** communicates with an upper recess **512**. See FIG. 12. A front portion **514** is shaped to receive a proximally directed retraction pawl **516** that pivots about a rightward lateral pin **518** formed in a distal end of the upper recess **512**. An aft portion **520** is shaped to receive an L-shaped spring tab **522** that urges the retraction pawl **516** downward into engagement with the right-side smaller ratchet gear **231**. A hold-up structure **524** (FIGS. 16 and 17) projects from the right half shell **156** into the upper recess **512** for supporting and preventing the retraction pawl **516** from engaging the smaller right-side ratchet gear **231** when the manual retraction lever **42** is up (FIG. 16). A spring **525** (FIG. 8) urges the manual retraction lever **42** into the up position.

After the firing sequence has been completed, the clinician can use the manual retraction lever **42** to retract the firing bar **32** to the unactuated position. This can be accomplished by grasping the pistol grip **36** and sequentially depressing and releasing the manual retraction lever **42**. As the manual retraction lever **42** is depressed (FIG. 17), the locking pawl **516** rotates clockwise and no longer is held up by the hold-up structure **524** and engages the smaller right-side ratcheting gear **231**, rotating the second gear **230** clockwise when viewed from the left. Because the second gear **230** is in meshing engagement with the forward idler gear **220**, clockwise rotation of the second gear **230** causes the forward idler gear **220** to rotate in a counterclockwise direction. As the

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forward idler gear 220 rotates in a counterclockwise direction, it drives the linked rack in a proximal direction. Thus, continued ratcheting action (arrow A in FIG. 17) of the manual retraction lever 42 will cause the linked rack 200 to be retracted (arrow B) and draw the firing rod 32 to a fully retracted position.

In various embodiments, the invention may be constructed with means for providing the clinician with an indication of how far the firing bar 32 has been advanced and retracted. In those embodiments, the axle 234 on which the indicator gear 230 is journaled is connected to the externally viewable indicator wheels 40, 41. See FIG. 8. In such arrangement, the surgeon can determine the relative position of the firing mechanism 150 by observing the positions of the indicator wheels 40, 41 and thereby determine how many strokes of the firing trigger 34 are required to complete firing. For instance, full firing travel may require three full firing strokes and thus the indicator wheels 40, 41 rotate up to one-third of a revolution each per stroke. The gear relationship between the linked rack 200, first gear 220 and second gear 230 may be advantageously selected so that the toothed upper surface 222 has tooth dimensions that are suitably strong and that the second gear 230 makes no more than one revolution during the full firing travel of the linked transmission firing mechanism 150.

#### Interaction Between the Closure System and Firing System

When the linked rack 200 is fully retracted and both triggers 26, 34 are open as shown in FIGS. 7 and 9, an opening 240 in a circular ridge 242 on the left side of the second gear 230 is presented to an upper surface 244 of the locking arm 172. See FIG. 7. Locking arm 172 is biased into the opening 240 by contact with the closure trigger 26, which in turn is urged to the open position by a closure tension spring 246. As can be seen in FIG. 7, when a portion of the locking arm 172 extends into the opening 240 in the circular ridge 242, the second gear 230 cannot rotate. Thus, when the locking trigger 26 is in the unlocked position, the firing mechanism 150 cannot be actuated.

FIGS. 18-21 illustrate another surgical stapling and severing instrument 10' of the present invention. As can be seen in FIG. 20, this embodiment may employ the same elements as the instrument 10 described above, except for the side mounted and rotatably supported manual retraction and indicating lever 642 and related components. More particularly and with reference to FIGS. 19 and 20, the instrument 10' includes a first gear 620 that is operably mounted to mesh with the toothed upper, left surfaces 222 of the linked rack 200. The first gear 620 also engages a hubbed aft gear 630. Both the first gear 620 and the aft gear 630 are rotatably connected to the handle housing 154' respectively on front idler axle 232 and aft idler axle 234. One end of the aft axle 232 extends through the respective right housing half shell 156' and is attached to a right indicator gauge wheel 40. The other end of the aft axle 232 extends through the left housing half shell 158' and is attached to the manual retraction indication lever 642. Because the aft axle 234 is free spinning in the handle housing 154' and has a keyed engagement to the second gear 630, the manual retraction and indication lever 642 rotates with the second gear 630.

As the clinician advances the firing rod 32 distally by ratcheting the firing handle 34 in the manner described in detail above, the toothed portions 222 of the links 196a-d cause the first gear 620 to rotate (direction "C" in FIG. 19) which, by virtue of its meshing engagement with the second gear 630, causes the second gear 630 and the manual retraction and indication lever 642 to rotate (direction "D" in FIG. 19). FIGS. 18 and 19 illustrate the position of the manual

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retraction and indication lever 642 in the unfired and fully fired positions. The gear relationship between the linked rack 200, first gear 620 and second gear 630 may be advantageously selected so that the toothed upper surface 222 has tooth dimensions that are suitably strong and that the second gear 630 makes no more than one revolution during the full firing travel of the linked transmission firing mechanism 150. Thus, the clinician can determine how far along the firing sequence is by monitoring the position of the manual retraction and indication lever 642.

After the firing sequence has been completed, the clinician can use the manual retraction lever 642 to retract the firing bar 32 to the unactuated (retracted) position. This can be accomplished by grasping the manual retraction lever 642 and rotating it in the clockwise (arrow "E" in FIG. 18). As the retraction lever 642 is rotated in that direction, it causes the second gear 630 to also rotate in that direction. Because the second gear 630 is in meshing engagement with the first gear 620, the first gear 620 rotates in a clockwise direction in FIG. 18 which draws the linked rack in the proximal direction until it reaches its starting-unfired position. Again, this embodiment does not employ any spring as or other retraction members that apply a retraction force to the firing system which must be overcome during the firing sequence. The gear relationship between the linked rack 200, first gear 620 and second gear 630 may be advantageously selected so that the toothed upper surface 222 has tooth dimensions that are suitably strong and that the second gear 630 makes no more than one revolution during the full firing travel of the linked transmission firing mechanism 150.

FIGS. 22-27 illustrate another surgical stapling and severing instrument 10" of the present invention. As can be seen in FIG. 23, this embodiment may employ many of the same elements as the instrument 10 described above. As can be most particularly seen in FIGS. 23-27, this embodiment employs a manual retraction assembly 700 for manually retracting the firing rod 32. In various embodiments, the manual retraction assembly 700 includes a drive gear 720 that is operably mounted to mesh with the toothed upper, left surfaces 222 of the linked rack 200. The drive gear 720 is rotatably supported within the handle housing 154" on an axle 232 that is supported between handle shell portions 156", 158". The manual retraction assembly 700 may further include a second gear rack 800 that is movably supported within a rack passage 820 formed in the handle housing 154". As can be seen in FIG. 23, a track portion 822 is formed in the right shell portion 156 and a track portion 824 is formed in the left shell portion 158. When the shell portions 156, 158 are interconnected together to form the handle housing 154", the track portions 822, 824 cooperate to form the rack passage 820. The rack passage 820 is sized relative to the second gear rack 800 such that the second gear rack 800 can move axially back and forth (arrow "F" in FIG. 26) within the handle housing 154". Second gear rack 800 is movably supported within the rack passage 820 and is in meshing engagement with the drive gear 720.

As can be seen in FIGS. 24 and 25, the second gear rack 800 is attached to a retraction handle 900 by means of a handle yoke 910 that is pinned to the second gear rack 800 with a pin 912 and is also pinned to the retraction handle 900 by pin 914. The retraction handle 900 may be configured with a pair of pivot legs 902, 904 for pivotal attachment to the handle housing 154". In particular, leg 902 may be pinned to the right hand shell portion 156" by pin 906 and leg 904 may be pivotally pinned to left hand shell portion 158" by pin 908. See FIG. 23.

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As the clinician advances the firing rod 32 distally by ratcheting the firing trigger 34 in the manner described above, the toothed portions 222 of the links 196a-d cause the drive gear 720 to rotate clockwise (direction "G" in FIGS. 26 and 27) which, by virtue of its meshing engagement with the second gear rack 800, causes the second gear rack 800 to move in the proximal direction (arrow "H" in FIG. 27). FIG. 27 illustrates the position of the second gear rack 800 and the manual retraction handle 900 at the completion of the firing stroke (i.e., the position wherein the firing rod 32 has been moved to its distal most position). As can be seen in that Figure, a grip portion 930 of the retraction handle is spaced away from the handle housing 154. To retract the firing rod 32, the clinician simply pushes the retraction handle in the "H" direction until the second gear rack 800 reaches the position illustrated in FIG. 26 wherein the grip portion 930 is adjacent the handle housing 154. Those of ordinary skill in the art will appreciate that the clinician can monitor the progress of the firing stroke by observing the position of the retraction handle 900 as the clinician continues to ratchet the firing trigger 34. In addition, this embodiment does not employ any springs or other retraction members that apply a retraction force to the firing system which must be overcome during the firing sequence.

In various embodiments, the closure trigger 26 has an upper portion 160 that is configured to activate a closure yoke 162 via a closure link 164. The closure link 164 is pivotally attached at its distal end by a closure yoke pin 166 to the closure yoke 162 and is pivotally attached at its proximal end by a closure link pin 168. As can be seen in FIG. 26, the closure trigger 26 is urged to the open position by a closure trigger tension spring 246 that is connected proximally to the upper portion 160 of the closure trigger 26 and a handle housing 154".

The upper portion 160 of the closure trigger 26 includes a proximal crest 170 with an aft notch 171. See FIGS. 23 and 26. The closure release button 38 and a pivoting locking arm 172" are connected by a central lateral pivot 174. A compression spring 180 biases the closure release button 38 proximally (clockwise about the central lateral pivot 174 as viewed from the right). With the upper portion 160 back when the closure trigger 26 is released as depicted in FIG. 26, the pivoting locking arm 172" rides upon the proximal crest 170 drawing in the closure release button 38. As can also be seen in FIG. 26, the upper end 173" of the pivoting locking arm 172" is configured to extend into a recess 802 in the second gear rack 800 to thereby prevent actuation of the gear rack 800 to fire the instrument 10". When the closure trigger 26 reaches its fully depressed position, it should be appreciated that the aft notch 171 is presented below the pivoting locking arm 172" which drops into and locks against the aft notch 171 under the urging of the compression spring 180. When the pivoting locking arm 172" drops out of engagement with the second gear rack 800, the gear rack 800 can then be axially advanced. With the firing components retracted, manual depression of the closure release button 38 rotates the pivoting locking arm 172" upward unclamping the closure trigger 26.

While the present invention has been illustrated by description of several embodiments and while the illustrative embodiments have been described in considerable detail, it is not the intention of the applicant to restrict or in any way limit the scope of the appended claims to such detail. Additional advantages and modifications may readily appear to those skilled in the art.

For instance, while a surgical stapling and severing instrument 10 is described herein that advantageously has separate

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and distinct closing and firing actuation, providing clinical flexibility. However, it should be appreciated that applications consistent with the present invention may include a handle that converts a single user actuation into a firing motion that closes and fires the instrument.

In addition, while a manually actuated handle is illustrated, a motorized or otherwise powered handle may benefit from incorporating a linked rack as described herein, allowing reduction of the size of the handle or other benefits. For instance, while partially stowing the linked rack into the pistol grip is convenient, it should be appreciated that the pivot connection between links allows for stowing the link parallel to the straight portion defined by the shaft and the barrel of the handle. In addition, various embodiments employ a unique and novel retraction assembly that enables the clinician to manually retract the firing rod and thus, the end effector firing bar, without the assistance of springs or other force generating members that may be employed to apply a retraction force to the firing drive. Such additional force generating devices, while helpful when retracting the firing rod, require the instrument to generate firing forces that must also overcome the forces generated by such additional retraction force generating members. Thus, the various retraction systems disclosed herein are said to generate the "sole" retraction motion or force. This means that the retraction motions/forces are generated by manipulation of the various retraction members by the clinician without any assistance from additional springs or force generating members.

While several embodiments of the invention have been described, it should be apparent, however, that various modifications, alterations and adaptations to those embodiments may occur to persons skilled in the art with the attainment of some or all of the advantages of the invention. For example, according to various embodiments, a single component may be replaced by multiple components, and multiple components may be replaced by a single component, to perform a given function or functions. This application is therefore intended to cover all such modifications, alterations and adaptations without departing from the scope and spirit of the disclosed invention as defined by the appended claims.

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

Preferably, the invention described herein will be processed before surgery. First a new or used instrument is obtained and, if necessary, cleaned. The instrument can then be sterilized. In one sterilization technique, the instrument is placed in a closed and sealed container, such as a plastic or TYVEK® bag. The container and instrument are then placed in a field of radiation that can penetrate the container, such as gamma radiation, x-rays, or higher energy electrons. The radiation kills bacteria on the instrument and in the container.

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The sterilized instrument can then be stored in the sterile container. The sealed container keeps the instrument sterile until it is opened in the medical facility.

Any patent, publication, or other disclosure material, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated materials does not conflict with existing definitions, statements, or other disclosure material set forth in this disclosure. As such, and to the extent necessary, the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference. Any material, or portion thereof, that is said to be incorporated by reference herein, but which conflicts with existing definitions, statements, or other disclosure material set forth herein will only be incorporated to the extent that no conflict arises between that incorporated material and the existing disclosure material.

The invention which is intended to be protected is not to be construed as limited to the particular embodiments disclosed. The embodiments are therefore to be regarded as illustrative rather than restrictive. Variations and changes may be made by others without departing from the spirit of the present invention. Accordingly, it is expressly intended that all such equivalents, variations and changes which fall within the spirit and scope of the present invention as defined in the claims be embraced thereby.

What is claimed is:

1. A surgical instrument, comprising:

a handle assembly;

an end effector for performing a surgical operation, said end effector operably coupled to said handle assembly and operably supporting a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto;

a firing drive supported by said handle assembly and configured to selectively generate said longitudinal firing motion upon actuation of a firing trigger operably coupled to said handle assembly; and

a retraction assembly supported by said handle assembly and interfacing with said firing drive such that manual actuation of said retraction assembly causes said firing drive to generate a sole retraction motion which is communicated to said firing member to cause said firing member to move from said fired position to said retracted position.

2. The surgical instrument of claim 1 further comprising at least one indication member operably supported on said handle assembly and interfacing with said firing drive to provide a visual indication of the progress of the firing member during the application of said firing motion and sole retraction motion to said end effector.

3. The surgical instrument of claim 1 further comprising:

a closure drive supported by said handle assembly and configured to generate a closing motion and an opening motion; and

an elongate shaft assembly coupling said end effector to said handle assembly and configured to transfer said opening and closing motions and said firing and retraction motions thereto.

4. The surgical instrument of claim 3 wherein said end effector comprises:

an elongate channel coupled to said elongate shaft assembly and being sized to receive a staple cartridge therein; and

an anvil coupled to said elongate channel and being selectively movable between open and closed positions in response to open and closing motions from said elongate shaft assembly and wherein said firing member com-

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prises a cutting and severing member operably supported within said elongate channel and being responsive to said firing and retraction motions from said elongate shaft assembly.

5. The surgical instrument of claim 3 wherein said closure drive comprises:

a locking mechanism for automatically locking said closure drive in a locked position after said closure drive has fully applied said closing motion to said end effector; and

a release mechanism interfacing with said locking mechanism to selectively apply an unlocking motion thereto.

6. The surgical instrument of claim 5 wherein said locking mechanism interfaces with said firing drive such that said locking mechanism prevents actuation of said firing drive unless said closure drive is in said locked position.

7. The surgical instrument of claim 1 wherein said firing drive comprises:

a linked rack operably supported by said handle assembly;

a firing rod communicating with said linked rack and said end effector for transmitting said firing and retraction motions thereto; and

a firing trigger operably supported by said handle assembly and configured to interact with said linked rack such that actuation of said firing trigger causes said linked rack to apply said firing motion to said firing rod.

8. The surgical instrument of claim 7 wherein said retraction assembly comprises a retraction member operably supported by said handle assembly, said retraction member communicating with said linked rack such that manual actuation of said retraction member causes said linked rack to apply said sole retraction motion to said firing rod.

9. The surgical instrument of claim 8 further comprising at least one retraction gear operably supported by said handle assembly and interfacing with said retraction member and said linked rack.

10. The surgical instrument of claim 8 wherein said retraction member is movable between a first position corresponding to said unfired position and a second position corresponding to said fired position and wherein said retraction member is moved from said first position to said second position as said firing trigger is actuated and wherein said retraction member is moved from said second position to said first position upon application of a retraction force to said retraction member.

11. A surgical instrument comprising:

a handle assembly;

an end effector for performing a surgical operation, said end effector operably coupled to said handle assembly and operably supporting a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto and from said fired position to said retracted position upon application of a retraction motion thereto;

a linked rack operably supported by said handle assembly; a firing rod communicating with said linked rack and said end effector for transmitting said firing and retraction motions from said linked rack to said end effector;

a firing trigger operably supported by said handle assembly and configured to interface with said linked rack such that actuation of said firing trigger causes said linked rack to apply said firing motion to said firing rod;

a first gear in meshing engagement with said linked rack; and

a retraction lever movably supported by said handle assembly and configured to interface with said first gear such that actuation of said retraction lever applies a sole

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retraction motion to said first gear which thereby transfers said sole retraction motion to said linked rack.

12. The surgical instrument of claim 11 further comprising a second gear selectively couplable to said retraction lever and in meshing engagement with said first gear.

13. The surgical instrument of claim 12 wherein said retraction lever is selectively coupled to said second gear by a retraction pawl that selectively engages a portion of said second gear when said retraction lever is pivoted in a first direction and disengages said portion of said second gear when said second gear is pivoted in a second direction.

14. The surgical instrument of claim 13 further comprising: a closure drive supported by said handle assembly and configured to generate a closing motion and an opening motion;

an elongate shaft assembly coupling said end effector to said handle assembly and configured to transfer said opening and closing motions from said closure drive to said end effector; and

a locking mechanism for automatically locking said closure drive in a locked position after said closure drive has fully applied said closing motion to said end effector, said locking mechanism interfacing with said second gear to prevent actuation thereof unless said closure drive is in said locked position.

15. A surgical instrument comprising:

a handle assembly;

an end effector for performing a surgical operation, said end effector operably coupled to said handle assembly and operably supporting a firing member that is movable from a retracted position to a fired position in response to a longitudinal firing motion applied thereto and from said fired position to said retracted position upon application of a retraction motion thereto;

a first linked rack operably supported by said handle assembly;

a firing rod communicating with said linked rack and said end effector for transmitting said firing and retraction motions from said linked rack to said end effector;

a firing trigger operably supported by said handle assembly and configured to selectively interface with said linked

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rack such that actuation of said firing trigger causes said linked rack to apply said firing motion to said firing rod; a second gear rack operably supported by said handle assembly;

a drive gear in meshing engagement with said first linked rack and said second gear rack; and

a retraction lever movably coupled to said handle assembly and said second gear rack such that actuation of said retraction lever applies a sole retraction motion to said drive gear which thereby transfers said sole retraction motion to said linked rack.

16. The surgical instrument of claim 15 further comprising: a closure drive supported by said handle assembly and configured to generate a closing motion and an opening motion;

an elongate shaft assembly coupling said end effector to said handle assembly and configured to transfer said opening and closing motions from said closure drive to said end effector; and

a locking mechanism for automatically locking said closure drive in a locked position after said closure drive has fully applied said closing motion to said end effector, said locking mechanism interfacing with said second gear rack to retain said second gear rack in a second locked position to prevent actuation thereof unless said closure drive is in said locked position.

17. The surgical instrument of claim 16 further comprising a release mechanism interfacing with said locking mechanism to selectively apply an unlocking motion thereto.

18. The surgical instrument of claim 16 wherein said retraction lever has a grip portion that is adjacent the handle assembly when said firing member is in said retracted position and wherein said grip portion is spaced away from said handle assembly when said firing member is in said fired position.

19. The surgical instrument of claim 15 wherein said retraction lever has a grip portion and is movable from a first position wherein said grip portion is adjacent said handle assembly and a second position wherein said grip portion is spaced away from said handle assembly.

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