

ENDOSCOPIC SURGICAL INSTRUMENT WITH A HANDLE
THAT CAN ARTICULATE WITH RESPECT TO THE SHAFT

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] The present application is related to the following U.S. patent applications, which are incorporated herein by reference in their entirety:

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH USER
FEEDBACK SYSTEM

Inventors: Frederick E. Shelton, IV, John Ouwerkerk and Jerome R. Morgan (K&LNG
050519/END5687USNP)

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH
LOADING FORCE FEEDBACK

Inventors: Frederick E. Shelton, IV, John N. Ouwerkerk, Jerome R. Morgan, and Jeffrey S.
Swayze (K&LNG 050516/END5692USNP)

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH
TACTILE POSITION FEEDBACK

Inventors: Frederick E. Shelton, IV, John N. Ouwerkerk, Jerome R. Morgan, and Jeffrey S.
Swayze (K&LNG 050515/END5693USNP)

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH
ADAPTIVE USER FEEDBACK

Inventors: Frederick E. Shelton, IV, John N. Ouwerkerk, and Jerome R. Morgan (K&LNG
050513/END5694USNP)

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH
ARTICULATABLE END EFFECTOR

Inventors: Frederick E. Shelton, IV and Christoph L. Gillum (K&LNG
050692/END5769USNP)

MOTOR-DRIVEN SURGICAL CUTTING AND FASTENING INSTRUMENT WITH
MECHANICAL CLOSURE SYSTEM

Inventors: Frederick E. Shelton, IV and Christoph L. Gillum (K&LNG 050693/END5770USNP)

SURGICAL CUTTING AND FASTENING INSTRUMENT WITH CLOSURE TRIGGER
LOCKING MECHANISM

Inventors: Frederick E. Shelton, IV and Kevin R. Doll (K&LNG 050694/END5771USNP)

GEARING SELECTOR FOR A POWERED SURGICAL CUTTING AND FASTENING
STAPLING INSTRUMENT

Inventors: Frederick E. Shelton, IV, Jeffrey S. Swayze, Eugene L. Timperman (K&LNG 050697/END5772USNP)

SURGICAL INSTRUMENT HAVING RECORDING CAPABILITIES

Inventors: Frederick E. Shelton, IV, John N. Ouwerkerk, and Eugene L. Timperman (K&LNG 050698/END5773USNP)

SURGICAL INSTRUMENT HAVING A REMOVABLE BATTERY

Inventors: Frederick E. Shelton, IV, Kevin R. Doll, Jeffrey S. Swayze and Eugene Timperman (K&LNG 050699/END5774USNP)

ELECTRONIC LOCKOUTS AND SURGICAL INSTRUMENT INCLUDING SAME

Inventors: Jeffrey S. Swayze, Frederick E. Shelton, IV, Kevin R. Doll (K&LNG 050700/END5775USNP)

ELECTRO-MECHANICAL SURGICAL CUTTING AND FASTENING INSTRUMENT HAVING A ROTARY FIRING AND CLOSURE SYSTEM WITH PARALLEL CLOSURE AND ANVIL ALIGNMENT COMPONENTS

Inventors: Frederick E. Shelton, IV, Stephen J. Balek and Eugene L. Timperman (K&LNG 050702/END5777USNP)

DISPOSABLE STAPLE CARTRIDGE HAVING AN ANVIL WITH TISSUE LOCATOR FOR USE WITH A SURGICAL CUTTING AND FASTENING INSTRUMENT AND MODULAR END EFFECTOR SYSTEM THEREFOR

Inventors: Frederick E. Shelton, IV, Michael S. Cropper, Joshua M. Broehl, Ryan S. Crisp, Jamison J. Float, Eugene L. Timperman (K&LNG 050703/END5778USNP)

SURGICAL INSTRUMENT HAVING A FEEDBACK SYSTEM

Inventors: Frederick E. Shelton, IV, Jerome R. Morgan, Kevin R. Doll, Jeffrey S. Swayze and Eugene Timperman (K&LNG 050705/END5780USNP)

BACKGROUND

[0002] The present invention generally concerns endoscopic surgical instruments and, more particularly, powered endoscopic surgical instruments.

[0003] 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.

[0004] Generally, these endoscopic surgical instruments include an “end effector”, a handle assembly and an elongated shaft that extends between the end effector and the handle assembly. The end effector is the portion of the instrument configured to engage the tissue in various ways to achieve a desired diagnostic or therapeutic effect (e.g., endocutter, grasper, cutter, staplers, clip applicator, access device, drug/gene therapy delivery device, and energy device using ultrasound, RF, laser, etc.).

[0005] The end effector and the shaft portion are sized to be inserted through a trocar placed into the patient. The elongated shaft portion enables the end effector to be inserted to a desired depth and also facilitates some rotation of the end effector to position it within the patient. With judicious placement of the trocar and use of graspers, for instance, through another trocar, often this amount of positioning is sufficient. Surgical stapling and severing instruments, such as those described in U.S. Pat. No. 5,465,895, are examples of an endoscopic surgical instrument that successfully positions an end effector by insertion and rotation.

[0006] Depending upon the nature of the operation, it may be desirable to further adjust the positioning of the end effector of an endoscopic surgical instrument. In particular, it is often desirable to orient the end effector at an angle relative to the longitudinal axis of the shaft of the instrument. The transverse or non-axial movement of the end effector relative to the instrument shaft is often conventionally referred to as "articulation". This articulated positioning permits the clinician to more easily engage tissue in some instances, such as behind an organ. In addition, articulated positioning advantageously allows an endoscope to be positioned behind the end effector without being blocked by the instrument shaft.

[0007] Approaches to articulating a surgical stapling and severing instrument tend to be complicated by integrating control of the articulation along with the control of closing the end effector to clamp tissue and fire the end effector (i.e., stapling and severing) within the small diameter constraints of an endoscopic instrument. Generally, the three control motions are all transferred through the shaft as longitudinal translations. For instance, U.S. Pat. No. 5,673,840 discloses an accordion-like articulation mechanism ("flex-neck") that is articulated by selectively drawing back one of two connecting rods through the implement shaft, each rod offset respectively on opposite sides of the shaft centerline. The connecting rods ratchet through a series of discrete positions.

[0008] Another example of longitudinal control of an articulation mechanism is U.S. Pat. No. 5,865,361 that includes an articulation link offset from a camming pivot such that pushing or pulling longitudinal translation of the articulation link effects articulation to a respective side. Similarly, U.S. Pat. No. 5,797,537 discloses a similar rod passing through the shaft to effect

articulation. Still other examples of articulatable surgical stapling devices are disclosed in U.S. Patent Nos. 6,250,532 and 6,644,532.

[0009] Although the above-types of endocutters having articulatable end effectors provide the surgeon with the ability to accurately move and position the end effector within the patient, the position of the endocutter handle is dictated by the position of the portion of the shaft that externally protrudes out of the trocar and which is directly attached to the handle. Thus, the surgeon is unable to move the handle to a more comfortable position. Such arrangements can result in the handle of the instrument being located in a cumbersome position, making it difficult for the surgeon to support and operate the device.

[0010] Consequently, a significant need exists for an endocutter that has a handle portion that can be selectively positioned to more ergonomically favorable and comfortable positions relative to the portion of the endocutter that is extending through the trocar into the patient.

SUMMARY

[0011] In one general aspect, the present invention is directed to a surgical instrument that comprises an end effector sized to be inserted through a trocar. The surgical instrument includes an elongated shaft assembly that is coupled to the end effector. The elongated shaft assembly has a distal portion that is adjacent to the end effector for insertion into the trocar with the effector and a proximal portion that is remote from the distal portion such that the proximal portion protrudes from the trocar when the end effector and distal portion are inserted therethrough. A control handle is articulatably coupled to the proximal portion of the elongated shaft assembly. A locking assembly may be provided to selectively lock the handle in a desired position relative to the proximal portion of the shaft assembly.

[0012] In another general aspect, the present invention is directed to a surgical instrument that comprises an end effector that is sized to be inserted through a trocar. An elongated shaft assembly is coupled to the end effector and has a distal portion that is adjacent to the end effector for insertion into the trocar with the end effector and a proximal portion that is remote from the distal portion such that the proximal portion protrudes from the trocar when the end effector and distal portion are inserted therethrough. The surgical instrument further comprises means for controlling the end effector that is articulatably coupled to the proximal portion of the elongated shaft assembly.

[0013] In another general aspect, the present invention is directed to a surgical instrument that comprises an end effector that is sized to be inserted through a trocar. The surgical instrument further comprises a control handle that operably supported at least one drive motor therein. A proximal hollow shaft segment that has a first proximal end is rotatably coupled to the control

handle for selective rotation about an elongated shaft axis. The proximal hollow shaft also has a first distal end. The surgical instrument further includes a distal hollow shaft segment that has a second distal end portion that is operably coupled to the end effector for selective actuation thereof by axial movement along the elongated shaft axis. The distal hollow shaft segment has a second proximal end portion that is sized to protrude out of the trocar when the end effector is inserted through the trocar. A first upper tab and a first lower tab protrudes from the first distal end of the proximal hollow shaft segment in spaced relation to each other. A second upper tab and a second lower tab protrudes from the second proximal end of the distal hollow shaft segment in spaced relation to each other. The surgical instrument further comprises an upper double pivot link that is sized to span between the first and second upper tabs. The upper double pivot link has a first upper pin pivotally coupled to the first upper tab and a second upper pivot pin is pivotally coupled to the second upper tab. A lower double pivot link sized to span between the first and second lower tabs has a first lower pin that is pivotally coupled to the first lower tab and a second lower pin that is pivotally coupled to the second lower tab. A proximal spine segment is attached to the control handle and extends through the proximal hollow shaft segment such that it protrudes from the first distal end thereof. A distal spine segment extends through the distal hollow shaft segment and has a proximal end that is adjacent a distal end of the proximal spine segment. The distal spine segment has a distal end that is attached to the end effector and is supported within the distal hollow shaft segment such that the distal hollow shaft segment can be selectively axially moved relative to the distal spine segment. A distal drive shaft portion is operably supported in the distal spine segment and is coupled to an actuator shaft in the end effector. A proximal drive shaft portion is operably coupled to one of the drive motors in the control handle and is operably supported within the proximal spine segment. A drive shaft

articulation joint is coupled between the distal drive shaft portion and the proximal drive shaft portion to enable the proximal drive shaft portion to articulate relative to the distal drive shaft portion when the control handle is articulated relative to the distal shaft segment.

DRAWINGS

[0014] Various embodiments of the present invention are described herein by way of example in conjunction with the following figures, wherein like numeral may be used to describe like parts and wherein:

[0015] Figure 1 is a perspective view of a surgical instrument embodiment of the present invention;

[0016] Figure 2 is another perspective view of the surgical instrument of Figure 1 with the end effector thereof inserted into a trocar;

[0017] Figure 3 is an exploded assembly view of an end effector embodiment of the present invention;

[0018] Figure 4 is another exploded assembly view showing an end effector, drive shaft assembly and elongated shaft assembly of various embodiments of the present invention;

[0019] Figure 5A is a cross-sectional view of an end effector and the distal portions of a drive shaft assembly and elongated shaft assembly of various embodiments of the present invention;

[0020] Figure 5B is an enlarged cross-sectional view of the articulation joint of various embodiments of the present invention;

[0021] Figure 6 is an exploded assembly view of an elongated shaft assembly and drive shaft assembly of various embodiments of the present invention;

[0022] Figure 7 is an exploded assembly view of a control handle of various embodiments of the present invention;

[0023] Figure 8, is an exploded perspective view of an elongated shaft assembly and a drive shaft assembly of another embodiment of the present invention;

[0024] Figure 9 is an exploded assembly view of the articulation joint of the drive shaft assembly depicted in Figure 8;

[0025] Figure 10 is a partial perspective view of the drive shaft articulation joint and proximal and distal drive shaft portions of various embodiments of the present invention;

[0026] Figures 11A-B illustrate a torsion cable that may be employed at the articulation point between the distal and proximal drive shaft portions of various embodiments of the present invention;

[0027] Figure 12 is a partial cross-sectional view of a locking assembly arrangement of various embodiments of the present invention;

[0028] Figure 13 is an end cross-sectional view of the locking assembly arrangement depicted in Figure 12;

[0029] Figure 14 is a perspective view of a push button assembly of various embodiments of the present invention;

[0030] Figure 15 is an exploded assembly view of the pushbutton assembly of Figure 14;

[0031] Figure 16 is a partial plan view of a locking assembly arrangement of various embodiments of the present invention, with some of the components shown in cross-section;

[0032] Figure 17 is a front perspective view of a handle assembly that may be employed with various embodiments of the present invention with a portion of the housing removed to illustrate the components therein;

[0033] Figure 18 is an exploded assembly view of a gear arrangement that may be employed in various embodiments of the present invention;

[0034] Figure 19 is a side view of a drive arrangement that may be employed in connection with various embodiments of the present;

[0035] Figure 20 is another side view of the drive arrangement of Figure 19;

[0036] Figure 21 is a rear perspective view of the drive arrangement of Figures 19 and 20; and

[0037] Figure 22 is a front perspective view of the drive arrangement of Figures 19-21.

DETAILED DESCRIPTION

[0038] Figures 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 comprises a handle 6, an elongated “shaft” or closure tube assembly 1000, and an end effector 12 that is operably coupled to the closure tube assembly 1000. In the illustrated embodiment, the end effector 12 is configured to act as an endocutter for clamping, severing and stapling tissue, although, in other embodiments, different types of end effectors may be used, such as end effectors for other types of surgical devices, such as graspers, cutters, staplers, clip appliers, access devices, drug/gene therapy devices, ultrasound, RF or laser devices, etc. While the surgical stapling and severing instrument 10 is depicted as a motor driven or “powered instrument”, as the present Detailed Description proceeds, the skilled artisan will appreciate that the unique and novel aspects of the present invention may also be effectively employed in connection with surgical stapling and severing instruments and still other endoscopic surgical instruments that employ mechanical (unpowered) systems for operating the end effector portion thereof without departing from the spirit and scope of the present invention.

[0039] The handle 6 of the instrument 10 may include a closure trigger 18 and a firing trigger 20 for actuating the end effector 12. It will be appreciated that instruments having end effectors directed to different surgical tasks may have different numbers or types of triggers or other suitable controls for operating an end effector. The end effector 12 includes in this example, among other things, a staple channel 22 and a pivotally translatable anvil 24, which are maintained at a spacing that assures effective stapling and severing of tissue clamped in the end effector 12. The handle 6 includes a pistol grip 26 toward which a closure trigger 18 is pivotally

drawn by the clinician to cause clamping or closing of the anvil 24 toward the staple channel 22 of the end effector 12. The firing trigger 20 is farther outboard of the closure trigger 18. Once the closure trigger 18 is locked in the closure position as further described below, the firing trigger 20 may be pivotally drawn by the clinician to cause the stapling and severing of clamped tissue in the end effector 12.

[0040] It will be appreciated that the terms "proximal" and "distal" are used herein with reference to a clinician gripping the handle 6 of an instrument 10. Thus, the end effector 12 is distal with respect to the more proximal handle 6. 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.

[0041] Closure trigger 18 may be actuated first. Once the clinician is satisfied with the positioning of the end effector 12, the clinician may draw back the closure trigger 18 to its fully closed, locked position proximate to the pistol grip 26. The firing trigger 20 may then be actuated. The firing trigger 20 returns to the open position (shown in Figures 1 and 2) when the clinician removes pressure, as described more fully below. A release button 30 on the handle 6, and in this example, on the pistol grip 26 of the handle, when depressed may release the locked closure trigger 18.

[0042] Figure 3 is an exploded view of one end effector 12 according to various embodiments. As shown in the illustrated embodiment, the end effector 12 may include, in addition to the previously mentioned channel 22 and anvil 24, a knife and sled driving member 32, a staple cartridge 34, a helical screw shaft 36 and a bearing 38 that is attached to the channel structure 22.

The anvil 24 may be pivotably connected to the channel 22 at a proximate pivot point. In one embodiment, for example, the anvil 24 includes laterally projecting pivot pins 25 at its proximal end that pivotally engage pivot apertures 23 formed near the proximal end of the channel 22. As will be discussed in further detail below, when the closure trigger 18 is actuated, that is, drawn in by a user of the instrument 10, the pivot pins 25 of the anvil 24 may pivot within the pivot apertures 23 in the channel 22 about the pivot point into the clamped or closed position. If clamping of the end effector 12 is satisfactory, the operator may actuate the firing trigger 20, which, as explained in more detail below, causes the knife/sled driving member 32 to travel along the channel 22, thereby cutting tissue clamped within the end effector 12.

[0043] Figure 4 is an exploded assembly view of an elongated closure tube assembly 1000, a drive shaft assembly 1200 and an end effector 12 of one embodiment of the present invention. Figure 5 is a cross-sectional view of a cartridge 34 and distal portions of the elongated shaft assembly and the drive shaft assembly. Figure 6 is another exploded assembly view of the elongated closure tube assembly 1000 and drive shaft assembly 1200. Figure 7 illustrates the interface between the elongated closure tube assembly 1000 and the control handle 6. Turning to Figures 4 and 5, it can be seen that one embodiment of an elongated closure tube assembly 1000 includes a distal closure tube segment 1010 that has a “second” distal end 1012 and a “second” proximal end 1014.

[0044] In various embodiments, the distal closure tube segment 1010 has a U-shaped window 1016 in its distal end 1012. Such U-shaped window 1016 is adapted to engage an upstanding closure tab 27 formed on the anvil 24. See Figure 4. Thus, when the distal closure tube segment 1010 is moved in the distal direction (arrow “A”), it contacts the closure tab 27 and causes the

anvil 24 to pivot to a closed position. When the distal closure tube segment 1010 is moved in the proximal direction (arrow “B”) it contacts the closure tab 27 and causes the anvil 24 to pivot to an open position (away from the channel 22).

[0045] As can be seen in Figures 4 and 6, the elongated closure tube assembly 1000 further includes a proximal closure tube segment 1030 that has a proximal end 1032 and a distal end 1034. The proximal end 1032 of the proximal closure tube segment 1030 is articulatably coupled to the distal end 1014 of the distal closure tube segment 1010 by an articulation joint generally designated as 1050. More specifically and with reference to Figures 5A, 5B and 6, articulation joint 1050 comprises in various embodiments a first upper tab 1036 protruding from the distal end 1034 of the proximal closure tube segment 1030 and a first lower tab 1038 protruding from the distal end 1034 of the proximal closure tube segment 1030 in spaced relation to the first upper tab 1036. The first upper tab 1036 has a first upper pivot hole 1037 therethrough and the first lower tab 1038 has a first lower pivot hole 1039 therethrough that is coaxially aligned with the first upper hole 1037 in various embodiments. Similarly, the proximal end 1014 of the proximal shaft segment 1010 has a second upper tab 1020 protruding therefrom and a second lower tab 1022 protruding therefrom in spaced relation to the second upper tab 1020. The second upper tab 1020 has a second upper pivot hole 1021 therethrough and the second lower tab 1022 has a second lower pivot hole 1023 therethrough that is substantially coaxially aligned with the second upper pivot hole 1021. See Figure 5B.

[0046] In various embodiments, the articulation joint 1050 further includes an upper double pivot link 1060 that has a first upper pin 1062 and a second upper pin 1064 protruding therefrom. The first upper pin 1062 is sized to be pivotally received in the first upper pivot hole 1037 and

the second upper pin 1064 is sized to be pivotally received in the second upper pivot hole 1021. The upper double pivot link 1060 is retained in position between the proximal end 1014 of the distal closure tube segment 1010 and the distal end 1034 of the proximal closure tube segment 1030 by the proximal spine tube segment 1100 and the distal spine tube segment 1130. The articulation joint 1050 further includes a lower double pivot link 1070 that has a first lower pin 1072 and a second lower pin 1074 protruding therefrom. The first lower pin 1072 is sized to be pivotally received within the first lower pivot hole 1039 and the second lower pin 1074 is sized to be pivotally received in the second lower pivot hole 1023. See Figure 5B. The lower double pivot link 1070 is retained in position between the proximal end 1014 of the distal closure tube segment 1010 and the distal end 1034 of the proximal closure tube segment 1030 by the proximal spine tube segment 1100 and the distal spine tube segment 1130.

[0047] When the upper double pivot link 1060 and the lower double pivot link 1070 are attached to the proximal end 1014 of the distal closure tube segment 1010 and the distal end 1034 of the proximal closure tube segment 1030, the first upper pin 1062 and the first lower pin 1072 are coaxially aligned along a first pivot axis D-D that, in various embodiments, may be substantially transverse to an elongated shaft axis C-C that extends through the elongated closure tube assembly 1000. See Figure 5A. Likewise, the second upper pivot pin 1064 and the second lower pivot pin 1074 are coaxially aligned along a second pivot axis E-E. In various embodiments, the second pivot axis E-E is substantially transverse to the elongated shaft axis C-C and substantially parallel to the first pivot axis D-D. The reader will appreciate that such arrangement permits the proximal closure tube segment 1030 to pivot relative to the distal closure tube segment 1010 about pivot axes D-D and E-E.

[0048] As can be seen in Figures 6 and 7, the proximal end 1032 of the proximal closure tube segment 1030 has an attachment groove formed around its circumference to enable it to be coupled to a carriage assembly 255 that is supported within the control handle 6 for imparting axial travel of the shaft assembly 1000 in the distal and proximal directions A, B respectively, as will be discussed in further detail below.

[0049] Various embodiments of the present invention further include an elongated spine tube assembly, generally designated as 1100 that extends through the elongated closure tube assembly 1000 to support various components of the drive shaft assembly 1200 therein. In various embodiments, the elongated spine tube assembly 1100 comprises a proximal spine tube segment 1110 that has a proximal end 1112 and a distal end 1114. The proximal end 1112 is adapted to be coupled to an attachment bar 260 located within the control handle 6 which will be discussed in further detail below.

[0050] As can be seen in Figure 6, the distal end 1114 of the proximal spine tube segment 1110 has a lower pivot tab 1120 protruding therefrom, the purpose of which will be discussed in further detail below. As can also be seen in Figure 6, the proximal spine tube segment 1110 has a first axially extending drive shaft hole 1116 extending therethrough for receiving a portion of the drive shaft assembly 1200 therein as will also be further discussed below.

[0051] The elongated spine assembly 1100 also includes a distal spine tube segment 1130 that has a proximal end 1132 and a distal end 1134. The distal spine tube segment 1130 has an axially extending drive shaft hole 1136 therethrough. The distal end 1134 of the distal spine tube segment 1130 is also constructed for attachment to the channel 22. In one embodiment, for example, the distal end 1134 of the distal spine tube segment 1130 may be formed with a pair of

attachment columns 1138 that are adapted to be retainingly engaged in slots 29 formed in an end of the channel 22. See Figure 3. The attachment columns 1138 may be retained within the slots 29 due to the distal spine segment 1130 being contained within the distal closure tube segment 1010 which forces both the channel 22 and the distal spine segment 1130 to always have the same centerline and such that the distal end 1134 of the proximal spine tube segment 1130 is rigidly coupled to the channel 22. The reader will understand that the elongated spine tube assembly 1100 is sized relative to the elongated closure tube assembly 1000 such that the elongated closure tube assembly 1000 can freely move axially thereon.

[0052] As can be seen in Figures 4-6, the drive shaft assembly 1200 is operably supported within the elongated spine tube assembly 1100 which is supported within the elongated closure tube assembly 1000. In various embodiments, the drive shaft assembly 1200 comprises proximate drive shaft portion 1202, a drive shaft articulation joint 1220 and a distal drive shaft portion 1210. The proximal drive shaft portion 1202 is sized to extend through the elongated drive shaft hole 1116 in the proximal spine tube segment 1110 and may be rotatably supported therein by a bearing 1203. The proximal drive shaft portion 1202 has a proximal end 1204 and a distal end 1206.

[0053] The distal drive shaft portion 1210 is sized to extend through the drive shaft hole 1136 in the distal spine tube segment 1130 and be rotatably supported therein by a bearing 1207. See Figure 5B. The distal drive shaft 1210 has a proximal end 1212 and a distal end 1214. The distal end 1214 has a drive gear 1216 attached thereto that is in meshing engagement with a gear 56 attached to the helical screw shaft 36. See Figure 5A.

[0054] In one embodiment depicted in Figures 4-6, the drive shaft articulation joint 1220 comprises a first proximal bevel gear 1222 attached to the distal end 1206 of the proximal drive shaft portion 1202. A clearance opening 1122 is provided through the first lower pivot tab 1120 to enable the first proximal bevel gear 1222 to rotate relative thereto. This embodiment of the drive shaft articulation joint 1220 further includes a first distal bevel gear 1224 attached to the proximal end 1212 of the distal drive shaft portion 1210. An opening 1137 is provided through the second lower pivot tab 1135 protruding from the proximal end 1132 of the distal spine tube segment 1130 to enable the first distal bevel gear 1224 to freely rotate relative to the second lower pivot tab 1135. Also in this embodiment, the drive shaft articulation joint 1220 comprises a central bevel gear 1226 that is mounted to a shaft 1228 that is pivotally mounted in pivot hole 1124 formed in the first lower pivot tab 1120 and a pivot hole 1124' formed in the second lower pivot tab 1135. See Figure 5B. The reader will appreciate that the shaft 1228 serves to pivotally couple the distal end 1114 of the proximal spine tube segment 1110 to the proximal end 1132 of the distal spine tube segment 1130. The central bevel gear 1226 is supported in meshing engagement with the first distal bevel gear 1224 and the first proximal bevel gear 1222 such that rotation of the proximal drive shaft portion 1202 is transmitted to the distal drive shaft portion 1210 through the drive shaft articulation joint 1220 while facilitating articulatable movement of the drive shaft assembly 1200 when the proximal closure tube segment 1030 of the elongated closure tube assembly 1000 is articulated relative to the distal closure tube segment 1010 thereof.

[0055] Figures 8-10 illustrate an alternative drive shaft articulation joint 1300 that may be employed to facilitate substantial universal travel of the proximal drive shaft portion 1202 relative to the distal drive shaft portion 1210. As can be seen in Figure, the elongated closure tube assembly 1000 and the elongated spine tube assembly 1100 may be constructed and operate

in the manner described above. Turning to Figures 8 and 10, in this embodiment, the first lower pivot tab 1120 on the proximal spine tube segment 1110 is pivotally coupled to the second lower pivot tab 1135 on the distal spine tube segment 1130 by a vertical pivot pin 1139. More specifically, the pivot pin 1139 is pivotally received with pivot hole 1124 in the first lower pivot tab 1120 and another pivot hole (not shown) in the second lower pivot tab 1135 to facilitate pivotal travel of the proximal spine tube segment 1110 relative to the distal spine tube segment 1130 about a pivot axis G-G which is defined by pivot pin 1139.

[0056] Also in this embodiment, the drive shaft articulation joint 1300 comprises universal joint 1310 that includes a central joint body 1312 that is pivotally coupled to a proximal yoke member 1314 and a distal yoke member 1316. As indicated in the above description, the distal end 1206 of the proximal drive shaft portion 1202 is rotatably supported in the proximal spine tube segment 1110 by a bearing 1203. The proximal yoke assembly 1314 is attached to the distal end 1206 of the proximal drive shaft portion 1202 and is constructed to pivotally receive a pair of proximal pivot pins 1318 that are attached to or otherwise formed in the central joint body 1312. Such proximal pivot pins 1318 facilitate pivotal travel of the central joint body 1312 relative to the proximal drive shaft portion 1202 about a proximal pivot axis H-H which may be substantially transverse to the elongated shaft axis C-C.

[0057] Similarly, the distal yoke member 1316 is attached to the proximal end 1212 of the distal drive shaft portion 1210. The distal yoke member 1316 is adapted to pivotally receive a pair of distal pivot pins 1320 attached to or otherwise formed in the central joint body 1312. Such distal pivot pins 1320 facilitate pivotal travel about a distal pivot axis I-I that is substantially transverse to the proximal pivot axis H-H and the elongated shaft axis C-C.

[0058] Figures 11A and 11B, illustrate yet another drive shaft articulation arrangement of the present invention that may be employed to facilitate substantial universal travel of the proximal drive shaft portion 1202 relative to the distal drive shaft portion 1210. In this embodiment, a torsion cable 1390 is attached between the proximal end 1212 of the distal drive shaft portion 1210 and the distal end 1206 of the proximal drive shaft portion 1210 to permit the proximal drive shaft portion 1202 to articulate relative to the distal drive shaft portion 1210.

[0059] Components of an exemplary closure system for closing (or clamping) the anvil 24 of the end effector 12 by retracting the closure trigger 18 are also shown in Figure 7. In the illustrated embodiment, the closure system includes a yoke 250 connected to the closure trigger 18. A pivot pin 252 is inserted through aligned openings in both the closure trigger 18 and the yoke 250 such that they both rotate about the same point. The distal end of the yoke 250 is connected, via a pin 254, to a first portion 256 of the closure bracket 255. The first closure bracket portion 256 connects to a second closure bracket portion 258. Collectively, the closure bracket 255 defines an opening in which the proximal end 1032 of the proximal closure tube segment 1030 is seated and held such that longitudinal movement of the closure bracket 255 causes longitudinal motion by the proximal closure tube segment 1030 (and ultimately the elongated closure tube assembly 1000). The instrument 10 also includes a closure rod 260 disposed inside the proximal closure tube 1030. The closure rod 260 may include a window 261 into which a post 263 on one of the handle exterior pieces, such as exterior lower side piece 59 in the illustrated embodiment, is disposed to fixedly connect the closure rod 260 to the handle 6. In that way, the proximal closure tube segment 1030 is capable of moving longitudinally relative to the closure rod 260. The closure rod 260 may also include a distal collar 267 that fits into a

cavity 1111 in the proximal end 1112 of the proximal spine tube segment 1110 and is retained therein by a cap 1113 (see Figures 6-8 and 12).

[0060] In operation, when the yoke 250 rotates due to retraction of the closure trigger 18, the closure bracket 255 causes the proximal closure tube segment 1030 to move proximally (i.e., toward the handle end of the instrument 10), which causes the distal closure tube segment 1010 to move proximally. Because the tab 27 extends through the window 45 of the distal closure tube segment 1010, the tab 27 causes the anvil to open when the distal closure tube moves proximally. When the closure trigger 18 is unlocked from the locked position, the proximal closure tube segment 1030 is caused to slide distally, which causes the distal closure tube segment 1010 to slide distally. The distal closure tube segment 1010 forces the anvil 24 closed by driving it distally by interacting with a closure lip 27' that is distal to tab 27. Further closure is accomplished since the distal movement of the anvil 24 forces the anvil pin 25 to move distally up the cam slot 23 in the channel 22, creating compressive loads through this camming action and the hoop constraint of distal closure tube segment 1010 around the two parts. In that way, by retracting and locking the closure trigger 18, an operator may clamp tissue between the anvil 24 and the cartridge 34 mounted within the channel 22, and may unclamp the tissue following the cutting/stapling operation by unlocking the closure trigger 20 from the locked position.

[0061] As shown in Figure 2, the end effector 12 and the distal end 1012 of the distal closure tube segment are sized to be inserted through a trocar assembly 900 into the patient. Such trocar assemblies are known in the art and therefore, its construction and operation are not discussed in detail herein. For example, U.S. Patent No. 6,017,356 to Frederick et al., entitled METHOD

FOR USING A TROCAR FOR PENETRATION AND SKIN INCISION, the disclosure of which is herein incorporated by reference in its entirety discloses various trocar assemblies. The reader will, of course, appreciate, however, that the various embodiments of the present invention may be effectively employed with a variety of different trocar, cannula, etc. arrangements without departing from the spirit and scope of the present invention. Therefore, the various embodiments of the present invention and their equivalent structures should not in any way be limited to use with the specific type of trocar described herein by way of example.

[0062] As can be seen in Figure 2, the trocar assembly 900 includes a cannula assembly 902 that is attached to a cannula housing 904. The end effector 12 and the distal end 1012 of the distal closure tube segment 1010 are sized to be inserted through the cannula housing 904 and cannula assembly 902 into the patient. Depend upon the procedure to be performed and the location of the organs to be operated on, various lengths of the distal closure tube segment 1010 may be inserted into the trocar 900. That portion of the closure tube assembly 1000 that is adapted to be inserted into the trocar 900 is referred to herein as the “distal portion” 1002 and could conceivably comprise substantially all of the distal closure tube segment 1010 up to the proximal end 1014 such that the articulation joint 1050 remains external to the trocar 900 and is operable to permit the surgeon or clinician to articulate the handle 6 relative to the distal portion 1002 in the trocar. The reader will further appreciate that the distal portion 1002 may comprise somewhat less than the entire length of the distal closure tube segment 1010. Thus, the various embodiments of the present invention enable the surgeon to articulate the handle 6 of the device 10 to a more ergonomically comfortable position during the operation about the pivot links 1060 and 1070.

[0063] Various embodiments of the present invention may also be provided with a locking system 1400 that would enable the surgeon to lock the handle in a desired position relative to the portion of the device inserted into the trocar 900. More specifically and with reference to Figures 12-15, one locking system embodiment may be supported within a rotatable housing assembly 1402 that is attached to the forward portion 7 of the handle 6. In various embodiments, the housing assembly 1402 may comprise a first housing segment 1404 and a second housing segment 1406 that are constructed to fit together to form the housing 1402. The housing segments 1404, 1406 may be formed from plastic and be constructed to be retained together by snapping arrangements and/or adhesive, screws, etc.. As can be seen in Figure 7, housing segment 1404 has an ring segment 1408 formed therein that is adapted to mate with a similar ring segment (not shown) that is formed in the interior of housing segment 1406 to form an annular ring assembly sized to be received in an annular groove 1410 formed in the forward portion 1412 of the handle 6. Such arrangement enables the housing assembly 1402 to be coupled to the handle 6 and be freely rotatable relative thereto.

[0064] As can be seen in Figures 12 and 13, the housing assembly 1402 houses an actuator assembly in the form of a push button assembly 1420. In various embodiments, the push button assembly 1420 may have a push button portion 1422 and a yoke portion 1424 attached thereto. As can be seen in Figure 13, the push button portion 1422 is adapted to protrude through a hole 1414 formed in the housing 1402 and the yoke portion 1424 is slidably supported within a cavity 1416 formed in the housing 1402. The yoke portion 1424 has a pair of legs 1426, 1428 that are separated by an end brace 1430. As can also be seen in Figure 13, the proximal closure tube segment 1030 is received between the legs 1426, 1428 such that the proximal closure tube segment 1030 can move axially therebetween on the proximal spine tube segment 1110. As can

be seen in that Figure, the proximal drive shaft portion 1202 is movably supported within the axially extending hole 1116 in the proximal spine tube segment 1110.

[0065] As can be seen in Figures 12 and 13, a cable wheel 1440 is rotatably supported within a wheel cavity 1442 provided in the proximal spine tube segment 1110 and extends through an opening 1444 in the proximal closure tube segment 1030. Such arrangement permits the cable wheel 1440 to freely rotate in wheel cavity 1442. Cable wheel 1440 has an upper cable-receiving groove 1446 and a lower cable-receiving groove 1448 formed around its perimeter. A right tension cable 1450 is received within the lower cable-receiving groove and a left tension cable 1460 is received within the upper cable-receiving groove. The right tension cable 1450 is received within a first groove 1115 formed in the outer surface 1113 of the proximal spine tube segment 1110 and the left tension cable 1460 is received within a second groove 1117 formed in the outer surface 1113 of the proximal spine tube segment 1110. See Figure 16. The right tension cable 1440 has a distal end 1442 that is attached to the right side of the proximal end 1132 of the distal spine tube segment 1130 and a proximal end that is attached to the cable wheel 1440. Likewise, the left tension cable 1460 has a distal end 1462 that is attached to the left side of the proximal end 1132 of the distal spine tube segment 1130 and a proximal end that is attached to the cable wheel 1440. See Figure 16. Thus, when the proximal closure tube segment 1030 and handle 6 is articulated relative to the distal closure tube segment 1010, the cable wheel 1440 is caused to rotate within the cable wheel cavity 1442 by virtue of tension cables 1450, 1460.

[0066] Various embodiments of the locking assembly also include a disengagable gear assembly 1470 for locking the cable wheel 1440 which ultimately prevents the proximal closure

tube segment 1030 (and handle 6) from articulating relative to the distal closure tube segment 1010. More specifically and with reference to Figures 13-15, the disengagable gear assembly 1470 comprises a first gear 1472 that is attached to the cross brace 1430 on the push button assembly 1420. A second mating gear 1474 is attached to the end of the cable wheel 1440 and is adapted to be selectively meshed with the first fixed gear 1472. The first gear 1472 is biased into meshing engagement by a locking spring 1476 that is journaled on a retainer prong 1478 protruding from the cross brace 1430 and received within a spring cavity formed within the housing assembly. Spring 1476 serves to bias the first and second gears 1472, 1474 into meshing engagement with each other (e.g., in the “K” direction). See Figure. When the user pushes the push button 1422 in the “L” direction, the first gear 1472 is moved out of meshing engagement with the second gear 1474 to thereby permit the second gear 1464 and cable wheel 1440 to which it is attached rotate.

[0067] The locking assembly 1420 may operate in the following manner. When the first and second gears 1472, 1474 are in meshing engagement as shown in Figures 13 and 14, the cable wheel 1440 cannot rotate and the right cable 1450 and left cable 1460 prevent the proximal closure tube 1030 (and handle) from articulating about the double pivot pins 1060, 1070 relative to the distal closure tube assembly 1010. To unlock the articulation joint 1050, the user pushes the push button 1422 inwardly to cause the first gear 1472 to disengage the second gear 1474. The user can then articulate the proximal closure tube segment 1030 (and handle 6) relative to the distal closure tube segment 1010. After the surgeon has articulated the handle 6 to the desired position, the push button 1422 is released and the first gear 1472 is biased into meshing engagement with the second gear 1474 to lock the articulation joint 1050 in that position. To provide the user with further flexibility, it will be understood that the housing assembly 1402 and

the proximal closure tube segment 1030 and locking assembly 1420 may be rotated relative to the handle 6 to provide the user with additional flexibility.

[0068] Figures 17-22 illustrate one aspect of a motorized drive arrangement for powering the endocutter 10. Various other motorized drive arrangements such as those copending U.S. Patent Applications which have been herein incorporated by reference above in their entirety could also be effectively employed in various embodiments. As was also mentioned before, however, the unique and novel aspects of the present invention may also be practiced in connection with mechanically actuated surgical devices, without departing from the spirit and scope of the present invention. As can be seen in Figure 7 and Figures 17-22, one exemplary embodiment includes a gear box assembly 200 including a number of gears disposed in a frame 201, wherein the gears are connected between the planetary gear 72 and the pinion gear 124 at the proximal end 1204 of the proximal drive shaft portion 1202. As explained further below, the gear box assembly 200 provides feedback to the user via the firing trigger 20 regarding the deployment of the end effector 12. Also, the user may provide power to the system via the gear box assembly 200 to assist the deployment of the end effector 12.

[0069] In the illustrated embodiment, the firing trigger 18 includes two pieces: a main body portion 202 and a stiffening portion 204. The main body portion 202 may be made of plastic, for example, and the stiffening portion 204 may be made out of a more rigid material, such as metal. In the illustrated embodiment, the stiffening portion 204 is adjacent to the main body portion 202, but according to other embodiments, the stiffening portion 204 could be disposed inside the main body portion 202. A pivot pin 209 may be inserted through openings in the firing trigger pieces 202, 204 and may be the point about which the firing trigger 20 rotates. In addition, a

spring 222 may bias the firing trigger 20 to rotate in a CCW direction. The spring 222 may have a distal end connected to a pin 224 that is connected to the pieces 202, 204 of the firing trigger 18. The proximate end of the spring 222 may be connected to one of the handle exterior lower side pieces 59, 60.

[0070] In the illustrated embodiment, both the main body portion 202 and the stiffening portion 204 includes gear portions 206, 208 (respectively) at their upper end portions. The gear portions 206, 208 engage a gear in the gear box assembly 200, as explained below, to drive the main drive shaft 48 and to provide feedback to the user regarding the deployment of the end effector 12.

[0071] The gear box assembly 200 may include as shown, in the illustrated embodiment, six (6) gears. A first gear 210 of the gear box assembly 200 engages the gear portions 206, 208 of the firing trigger 18. In addition, the first gear 210 engages a smaller second gear 212, the smaller second gear 212 being coaxial with a large third gear 214. The third gear 214 engages a smaller fourth gear 216, the smaller fourth gear being coaxial with a fifth gear 218. The fifth gear 218 is a 90⁰ bevel gear that engages a mating 90⁰ bevel gear 220 (best shown in Fig. 22) that is connected to the pinion gear 124 that drives the main drive shaft 48.

[0072] In operation, when the user retracts the firing trigger 18, a sensor (not shown) is activated, which may provide a signal to the motor 65 to rotate at a rate proportional to the extent or force with which the operator is retracting the firing trigger 18. This causes the motor 65 to rotate at a speed proportional to the signal from the sensor. The sensor could be located in the handle 6 such that it is depressed when the firing trigger 18 is retracted. Also, instead of a proportional-type sensor, an on/off type sensor may be used.

[0073] Rotation of the motor 65 causes the bevel gears 66, 70 to rotate, which causes the planetary gear 72 to rotate, which causes, via the drive shaft 76, the ring gear 122 to rotate. The ring gear 122 meshes with the pinion gear 124, which is connected to the proximal drive shaft portion 1202. Thus, rotation of the pinion gear 124 drives the drive shaft portion 1202, which transmits through the drive shaft articulation joint 1220 to the distal drive shaft portion 1210 which transmits to the shaft 36 through gears 1216 and 56 to thereby cause actuation of the cutting/stapling operation of the end effector 12.

[0074] Forward rotation of the pinion gear 124 in turn causes the bevel gear 220 to rotate, which causes, by way of the rest of the gears of the gear box assembly 200, the first gear 210 to rotate. The first gear 210 engages the gear portions 206, 208 of the firing trigger 20, thereby causing the firing trigger 20 to rotate CCW when the motor 65 provides forward drive for the end effector 12 (and to rotate CCW when the motor 65 rotates in reverse to retract the end effector 12). In that way, the user experiences feedback regarding deployment of the end effector 12 by way of the user's grip on the firing trigger 20. Thus, when the user retracts the firing trigger 20, the operator will experience a resistance related to the deployment of the end effector 12 and, in particular, to the forward speed of the motor 65. Similarly, when the operator releases the firing trigger 20 after the cutting/stapling operation so that it can return to its original position, the user will experience a CW rotation force from the firing trigger 18 that is generally proportional to the reverse speed of the motor 65. The reader will appreciate however, that the unique and novel articulating handle arrangement of the present invention may be effectively employed in connection with a myriad of other powered endoscopic instruments, regardless of the particular handle configuration and/or method of transmitting power to the drive shaft assembly. Accordingly, the protections afforded to the various embodiments of the

present invention should not be limited to the particular, motor/ handle arrangement disclosed herein.

[0075] It will be appreciated from the foregoing discussion, that various embodiments of the present invention represent vast improvements over prior endoscopic instruments. In particular, various embodiments of the present invention permit the surgeon or clinician to effectively position the handle portion of the instrument relative to the other portion of the instrument that is inserted into the patient such that the handle is in a more ergonomically comfortable position and the position of the handle is not dictated by the position of the end effector.

[0076] Any patent, publication, or information, in whole or in part, that is said to be incorporated by reference herein is incorporated herein only to the extent that the incorporated material does not conflict with existing definitions, statements, or other disclosure material set forth in this document. As such the disclosure as explicitly set forth herein supersedes any conflicting material incorporated herein by reference.

[0077] 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.

CLAIMS

What is claimed is:

1. A surgical instrument, comprising:
 - an end effector sized to be inserted through a trocar;
 - an elongated shaft assembly coupled to said end effector, said elongated shaft assembly having a distal portion adjacent to said end effector for insertion into the trocar with said end effector and a proximal portion remote from said distal portion such that said proximal portion protrudes from the trocar when the end effector and distal portion are inserted therethrough; and
 - a control handle articulatably coupled to said proximal portion of said elongated shaft assembly.
2. The surgical instrument of claim 1 wherein said proximal portion of said elongated shaft assembly comprises:
 - a proximal shaft segment having a first distal end and a first proximal end, said first proximal end coupled to said control handle;
 - a distal shaft segment having a second distal end portion coupled to said end effector and a second proximal end portion sized to protrude out of the trocar when said end effector is inserted through the trocar; and
 - an articulation joint assembly attached to said first distal end of said proximal shaft segment and said second proximal end portion of said distal shaft segment.

3. The surgical instrument of claim 2 wherein said proximal shaft segment is rotatably coupled to said control handle for selective rotation relative to said control handle.

4. The surgical instrument of claim 2 wherein said articulation joint assembly comprises:

- a first upper tab protruding from said distal end of said proximal shaft segment;
- a first lower tab protruding from said distal end of said proximal shaft segment and in spaced relation to said first lower tab;
- a second upper tab protruding from said second proximal end of said distal shaft segment;
- a second lower tab protruding from said second proximal end of said distal shaft segment in spaced relation to said second upper tab;
- an upper double pivot link sized to span between said first and second upper tabs, said upper double pivot link having a first upper pin pivotally coupled to said first upper tab and a second upper pivot pin pivotally coupled to said second upper tab; and
- a lower double pivot link sized to span between said first and second lower tabs, said lower double pivot link having a first lower pin pivotally coupled to said first lower tab and a second lower pin pivotally coupled to said second lower tab.

5. The surgical instrument of claim 1 further comprising:

- a rotatable drive shaft assembly supported within said elongated shaft assembly, said rotatable drive shaft assembly comprising:
 - a distal drive shaft portion operably coupled to an actuator shaft in said end effector;

a proximal drive shaft portion operably coupled to a motor supported in said control handle; and

a drive shaft articulation joint coupled between said distal drive shaft portion and said proximal drive shaft portion to enable said proximal drive shaft portion to articulate relative to said distal drive shaft portion when said handle is articulated relative to said elongated shaft assembly.

6. The surgical instrument of claim 5 wherein said drive shaft articulation joint comprises a universal joint.

7. The surgical instrument of claim 5 wherein said drive shaft articulation joint comprises a torsion cable.

8. The surgical instrument of claim 5 wherein said drive shaft articulation joint comprises:

a central bevel gear rotatably supported between a proximal end of said distal drive shaft portion and a distal end of said proximal drive shaft portion;

a first distal bevel gear coupled to said proximal end of said distal drive shaft portion and in meshing engagement with said central bevel gear; and

a first proximal bevel gear coupled to said distal end of said proximal drive shaft portion and in meshing engagement with said central bevel gear.

9. The surgical instrument of claim 1 further comprising a locking system cooperating with said elongated shaft assembly and control handle to selectively lock said control handle in desired positions relative to said elongated shaft assembly.

10. The surgical instrument of claim 2 wherein said elongated shaft has an elongated shaft axis and wherein said articulation joint is constructed to permit said distal closure tube segment to pivot about at least one pivot axis that is substantially transverse to said elongated shaft axis relative to said proximal shaft segment.

11. The surgical instrument of claim 10 wherein said first upper pin and said first lower pin are aligned to define a first pivot axis that is substantially transverse to said elongated shaft axis and wherein said second upper pin and said second lower pin are aligned to define a second pivot axis that is substantially transverse to said elongated shaft axis.

12. The surgical instrument of claim 2 further comprising:
a distal drive shaft portion operably coupled to an actuator shaft in said end effector and operably supported within said distal shaft segment;
a proximal drive shaft portion operably coupled to a motor supported in said control handle and operably supported within said proximal shaft segment; and
a drive shaft articulation joint coupled between said distal drive shaft portion and said proximal drive shaft portion to enable said proximal drive shaft portion to articulate relative to said distal drive shaft portion when said control handle is articulated relative to said distal shaft

segment, said drive shaft articulation joint located within said articulation joint assembly coupling said proximal shaft segment to said distal shaft segment.

13. The surgical instrument of claim 12 further comprising:

a proximal spine tube segment attached to said control handle and received in said proximal shaft segment, said proximal spine tube segment operably supporting a portion of said proximal drive shaft portion therein; and

a distal spine tube segment pivotally coupled to said proximal spine tube segment and supported in said distal shaft segment and attached to said end effector, said distal spine tube segment operably supporting said distal drive shaft portion therein.

14. The surgical instrument of claim 13 wherein said drive shaft articulation joint comprises:

a central bevel gear rotatably affixed to a distal end of said proximal spine tube segment and supported between a proximal end of said distal drive shaft portion and a distal end of said proximal drive shaft portion;

a first distal bevel gear coupled to said proximal end of said distal drive shaft portion and in meshing engagement with said central bevel gear; and

a first proximal bevel gear coupled to said distal end of said proximal drive shaft portion and in meshing engagement with said central bevel gear.

15. The surgical instrument of claim 9 wherein said universal joint comprises:

a proximal yoke member attached to a distal end of said proximal drive shaft portion;

a distal yoke member attached to a proximal end of said distal drive shaft portion; and
a central joint body pivotally coupled to said proximal and distal yoke members.

16. The surgical instrument of claim 15 wherein said central body member is pivotally pinned to said proximal yoke member for pivotal travel about a proximal pivot axis that is substantially transverse to an elongated shaft axis and wherein said central body is pivotally pinned to the distal yoke axis for pivotal travel about a distal axis that is substantially transverse to said elongated shaft axis.

17. The surgical instrument of claim 16 wherein said proximal pivot axis is substantially transverse to said distal pivot axis.

18. The surgical instrument of claim 13 further comprising a locking system cooperating with said elongated shaft assembly and control handle to selectively lock said control handle in desired positions relative to said elongated shaft assembly.

19. The surgical instrument of claim 18 wherein said locking system comprises an actuator assembly operably supported on said instrument and movable between a locked position and an unlocked position, said actuator assembly communicating with said distal spine segment such that when said actuator assembly is in said locked position, said proximal spine tube assembly is prevented from articulating relative to said distal spine tube assembly and when said actuator assembly is in said unlocked position, said proximal spine tube segment can articulate with respect to said distal spine tube segment.

20. The surgical instrument of claim 19 wherein said actuator assembly comprises:
a push button assembly movably supported within a housing supported on the control handle, said push button assembly comprising:
a push button portion;
a yoke portion attached to said push button portion, said yoke portion supporting said proximal end of said proximal shaft segment therein, said proximal end of said proximal shaft segment supporting said proximal spine tube segment therein, said yoke portion having a first gear attached thereto;
a cable wheel rotatably supported in said proximal spine tube segment that is supported within said proximal end of said proximal shaft segment supported within said yoke portion, said cable wheel having a second gear attached thereto for selective meshing engagement with said first gear;
a right tension cable attached to said cable wheel and a right side of a proximal end of said distal spine segment;
a left tension cable attached to said cable wheel and a left side of said proximal end of said distal spine segment; and
a biaser between said housing and said push button assembly to bias said first gear into meshing engagement with said second gear, when said push button is not activated and to permit said second gear to unmesh with said first gear upon application of an activation force to said push button portion.

21. A surgical instrument, comprising:
an end effector sized to be inserted through a trocar;

an elongated shaft assembly coupled to said end effector, said elongated shaft assembly having a distal portion adjacent to said end effector for insertion into the trocar with said end effector and a proximal portion remote from said distal portion such that said proximal portion protrudes from the trocar when the end effector and distal portion are inserted therethrough; and means for controlling said end effector articulatably coupled to said proximal portion of said elongated shaft assembly.

22. A surgical instrument, comprising:

an end effector sized to be inserted through a trocar;

a control handle operably supporting at least one drive motor therein;

a proximal hollow shaft segment having a first proximal end rotatably coupled to said control handle for selective rotation about an elongated shaft axis and a first distal end;

a distal hollow shaft segment having a second distal end portion operably coupled to said end effector for selective actuation thereof by axial movement along said elongated shaft axis, said distal hollow shaft segment having a second proximal end portion sized to protrude out of the trocar when said end effector is inserted through the trocar;

a first upper tab protruding from said first distal end of said proximal hollow shaft segment;

a first lower tab protruding from said first distal end of said proximal hollow shaft segment and in spaced relation to said first lower tab;

a second upper tab protruding from said second proximal end of said distal hollow shaft segment;

a second lower tab protruding from said second proximal end of said distal hollow shaft segment in spaced relation to said second upper tab;

an upper double pivot link sized to span between said first and second upper tabs, said upper double pivot link having a first upper pin pivotally coupled to said first upper tab and a second upper pivot pin pivotally coupled to said second upper tab;

a lower double pivot link sized to span between said first and second lower tabs, said lower double pivot link having a first lower pin pivotally coupled to said first lower tab and a second lower pin pivotally coupled to said second lower tab;

a proximal spine segment attached to said control handle and extending through said proximal hollow shaft segment and protruding from said first distal end thereof;

a distal spine segment extending through said distal hollow shaft segment and having a proximal end adjacent a distal end of said proximal spine segment, said distal spine segment having a distal end attached to said end effector and being supported within said distal hollow shaft segment such that said distal hollow shaft segment can be selectively axially moved relative to said distal spine segment;

a distal drive shaft portion operably supported in said distal spine segment and being coupled to an actuator shaft in said end effector;

a proximal drive shaft portion operably coupled to one of said at least one drive motors in said control handle and operably supported within said proximal spine segment; and

a drive shaft articulation joint coupled between said distal drive shaft portion and said proximal drive shaft portion to enable said proximal drive shaft portion to articulate relative to said distal drive shaft portion when said control handle is articulated relative to said distal shaft segment.

23. The surgical instrument of claim 22 wherein said drive shaft articulation joint comprises:

a central bevel gear rotatably affixed to a distal end of said proximal spine segment and supported between a proximal end of said distal drive shaft portion and a distal end of said proximal drive shaft portion;

a first distal bevel gear coupled to said proximal end of said distal drive shaft portion and in meshing engagement with said central bevel gear; and

a first proximal bevel gear coupled to said distal end of said proximal drive shaft portion and in meshing engagement with said central bevel gear.

24. The surgical instrument of claim 22 wherein said drive shaft articulation joint comprises a universal joint.

25. The surgical instrument of claim 22 wherein said drive shaft articulation joint comprises a torsion cable.

26. The surgical instrument of claim 22 further comprising means supported on said instrument for selectively locking said proximal hollow shaft segment in a desired position relative to said distal hollow shaft segment.