

FIG. 1A

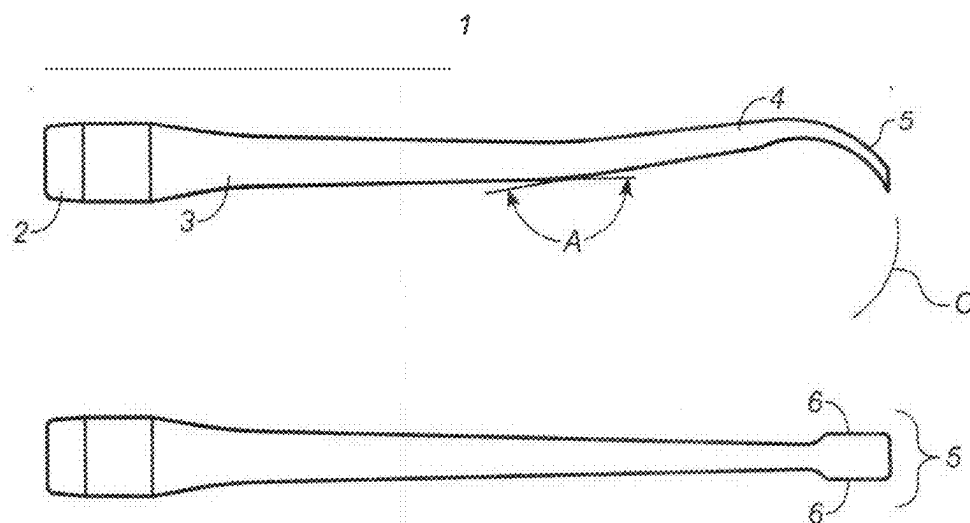


FIG. 1B

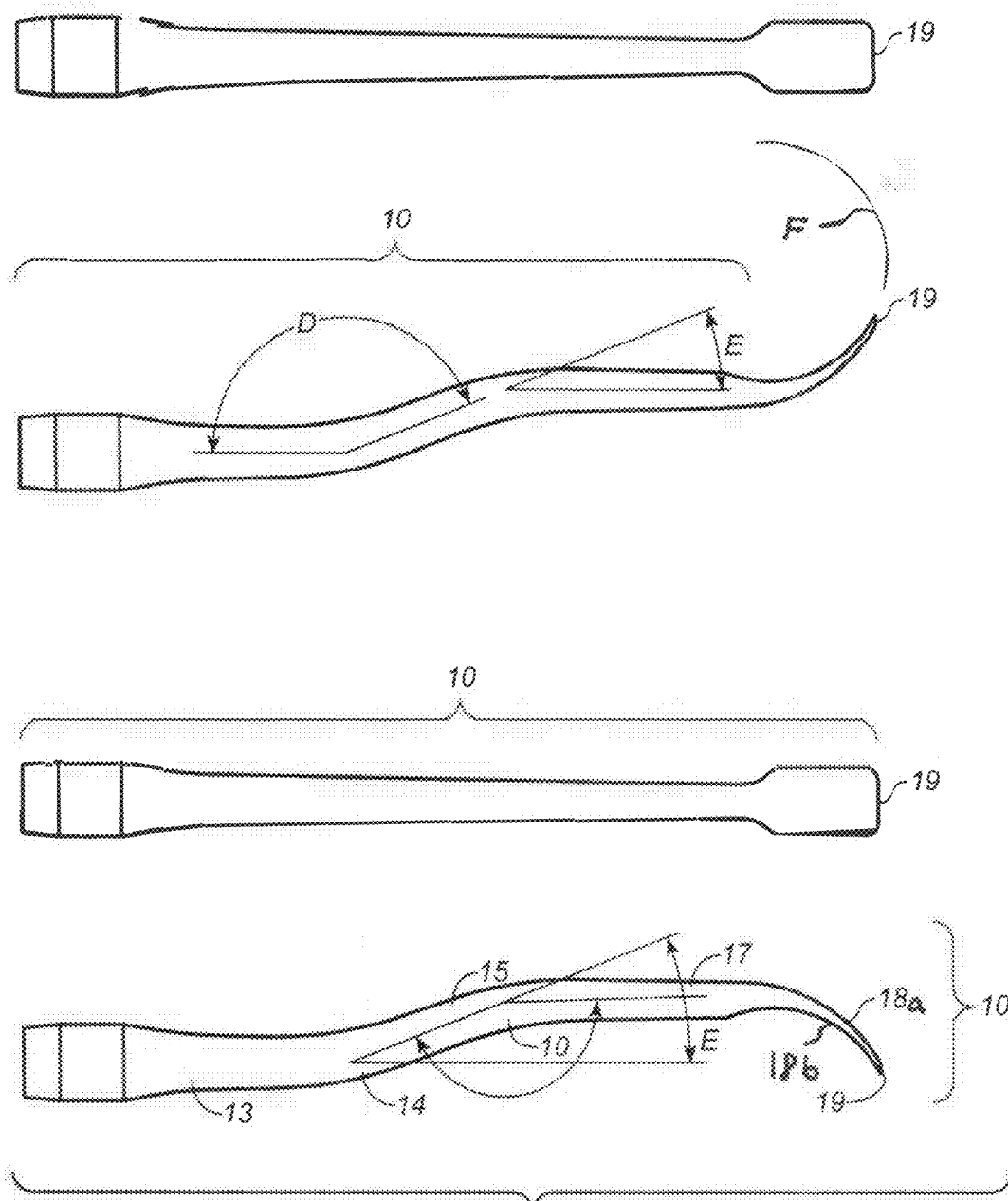


FIG. 2

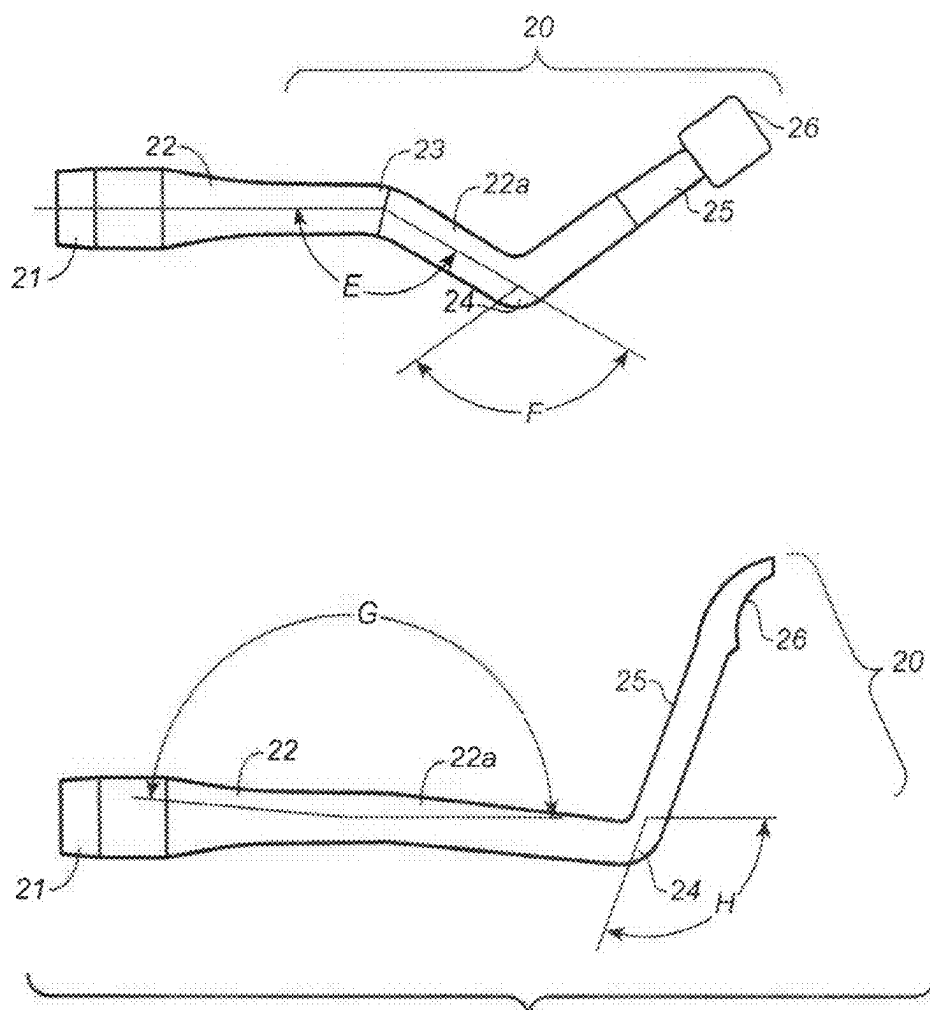


FIG. 3A

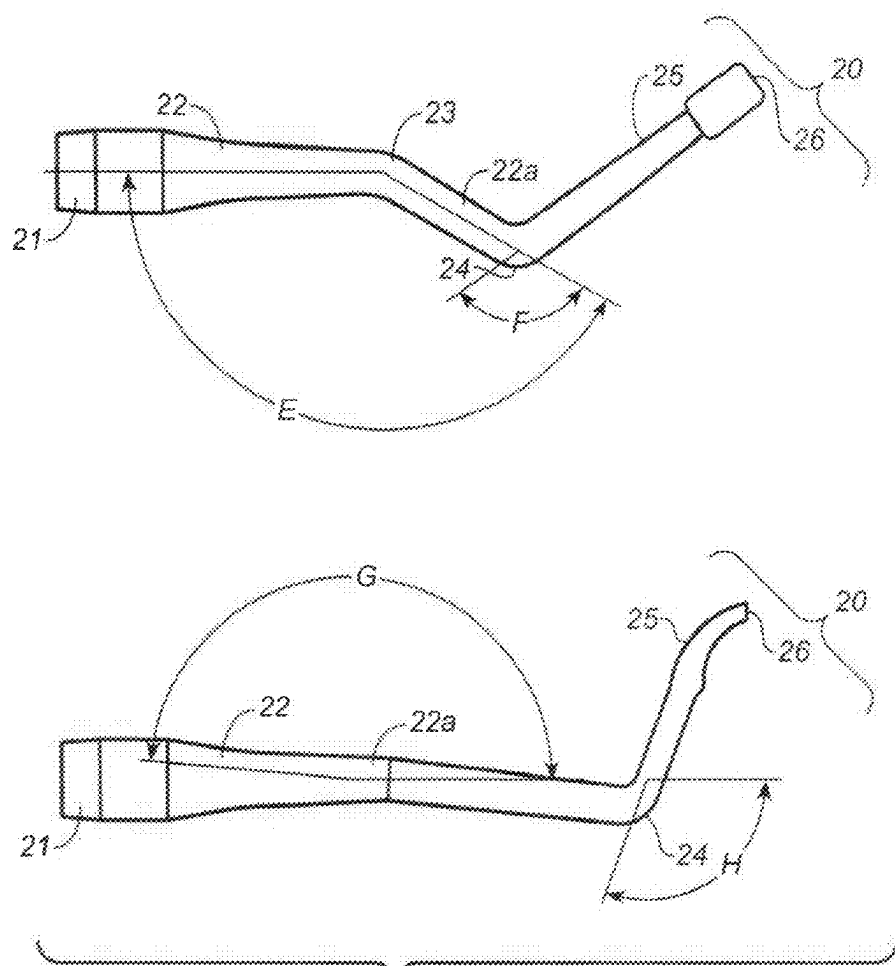
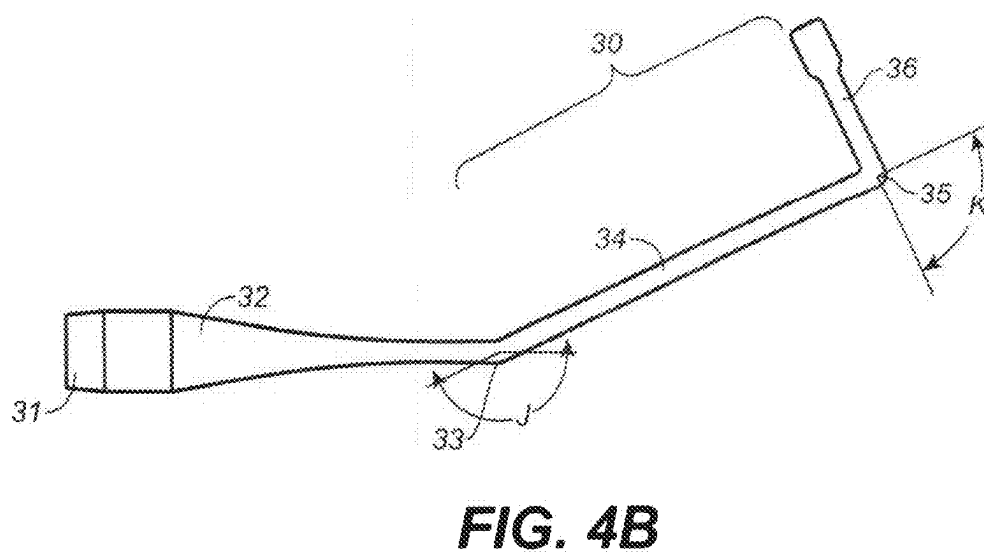
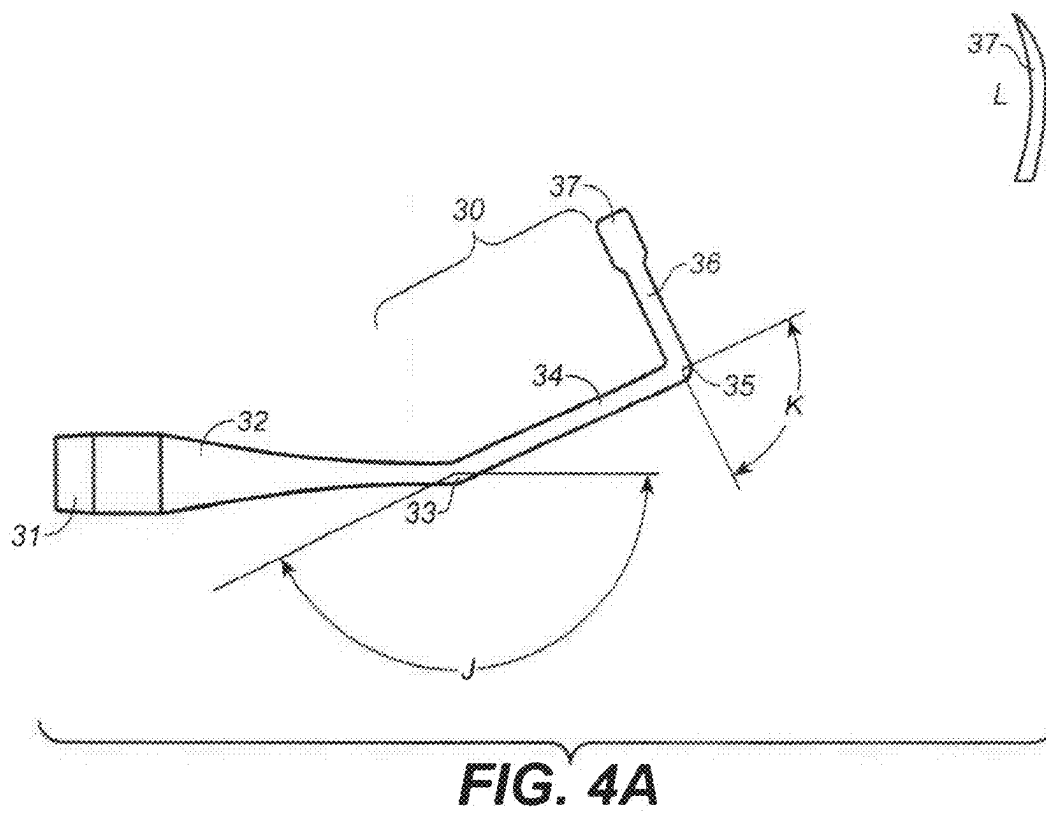


FIG. 3B



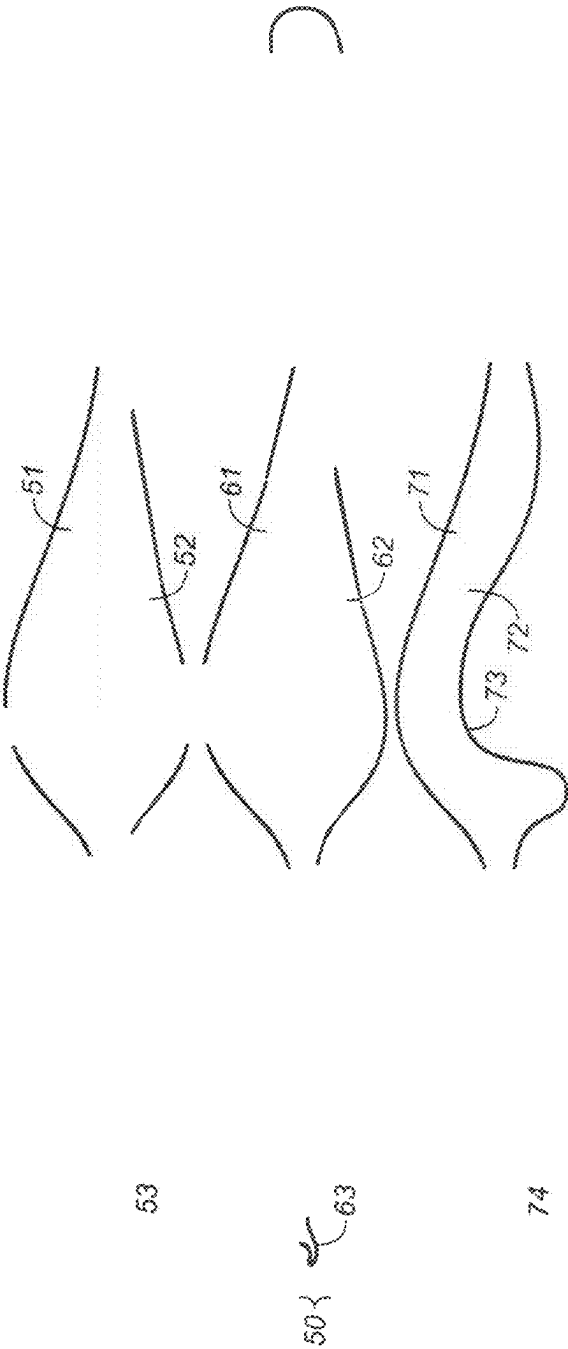
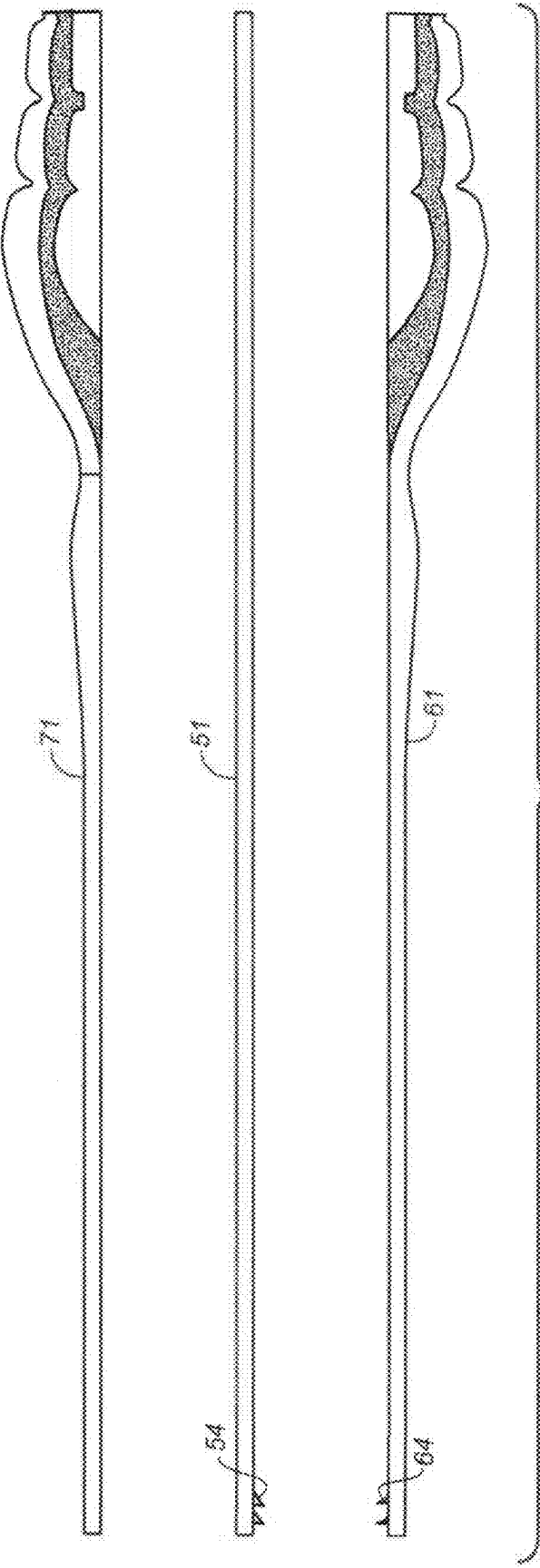


FIG. 5



INSTRUMENTS AND METHODS FOR SUBPERIOSTEAL TUNNELING AND RELATED SURGICAL PROCEDURES

BACKGROUND OF THE INVENTION

[0001] Mucosal surgery operations are common to treat dental and craniofacial disorders. Traditionally, mucosal surgical procedures require large incisions and reflection of a region of tissue called the mucoperiosteal flaps. These large flaps contain the vascular supply and are crucial to maintain the health of the mucosal tissue and surrounding structures. Large incisions and pronounced reflection of mucoperiosteal flaps cause delayed healing, excessive pain, inflammation, and the potential for edema. Traditional mucoperiosteal flap procedures often produce unsatisfactory results because of scar formation and negative aesthetic consequences. Moreover, the healing pattern can be unpredictable and lead to excess scar tissue, gingival recession, necrosis, and other negative outcomes.

[0002] For these reasons, procedures that enable minimally invasive tunneling through mucosal tissue have been proposed as a way of reducing surgical trauma from conventional flap surgery. Tunnel surgery includes making a much smaller incision at an access site remote from the therapeutic target. Once the precise access incision away from the target site is made, the surgeon creates a submucosal tunnel to access the tissue and bone at the surgical site. Once the incision and submucosal tunnel are made, access is obtained by introducing a range of instruments through the incision, traversing the length of the submucosal tunnel, and bringing the functional ends of the instruments to the target therapeutic area.

[0003] Subperiosteal tunnel surgery can be performed through several routes and methods. The access for the tunnel can be made through either the gingival sulcus or through a vestibular incision. A gingival sulcular tunnel has the disadvantage of limited access through the very small gingival sulcus. In particular, in the presence of exostosis, the sulcular tunnel route is very challenging to the surgeon. Vestibular access offers a much wider access area, which is technically easier but still requires specialized instrumentation to perform the surgical procedure while reducing trauma to the surrounding tissues. There are broadly two kinds of tunnel, namely subperiosteal (full-thickness) and supra-periosteal (split- or partial-thickness) tunnel. Supra-periosteal tunnel requires sharp dissection, while subperiosteal tunnel requires blunt dissection. In order to efficiently perform subperiosteal tunneling, mucoperiosteal complex has to be elevated from underlying bone.

[0004] Although clear advantages of this surgical technique exist, such procedures are very challenging for the surgeon because the entire surgery has to be performed through the small access incision. Therefore, these procedures would be improved and be more widely practiced if specialized instruments were developed that allow efficient separation of tissue from bone and elevation of tissue to create a submucosal tunnel allowing the introduction of other therapeutic instruments while minimizing trauma.

SUMMARY OF THE INVENTION

[0005] The present invention is a suite of instruments for improved subperiosteal tunneling procedures and improved methods for dental and craniofacial surgery.

[0006] The elevator devices of the invention have a number of structural and operational features that yield unique advantages for mucoperiosteal complex reflection, including but not limited to the following:

[0007] 1) the elevators feature an atraumatic flat tip to provide increased contact between elevators and bone;

[0008] 2) the elevators feature atraumatic rounded edges around the periphery and at the distal edge of the flap tips. These structures allow the tips to be slightly rotated to activate a narrower tip, when necessary;

[0009] 3) the tips of the elevators have a pre-determined curve designed to engage bone along a length of the tip to avoid puncturing the overlying mucosal tissue;

[0010] 4) the elevators have an anodized dark color, which facilitates visualization of the instrument through the tissue when introduced through the tunnel; and

[0011] 5) the elevators preferably have curved shanks with specific at predetermined portions along their length angulations to facilitate access to surgical areas; and

[0012] 6) the handles of the elevators have an ergonomic design allowing the surgeon to easily manipulate the instruments by hand during a procedure.

[0013] Specially designed graft placement forceps have a number of features that facilitate minimally invasive, atraumatic introduction and placement of a graft through the tunnel. The graft forceps have a number of structural and operational features that yield unique advantages for graft placement, including but not limited to the following:

[0014] 1) the forceps have exactly three prongs. Two grasping prongs are actuated by hand to grasp the graft and inserted the graft inside the tunnel. The third alignment prong aligns with the first two prongs but is positioned over the exterior of the tunnel. At least one and preferably all three of these three prongs have a semi-circular eyelet at the tip for passage of suture and needle. The tips align while simultaneously holding the graft in position inside the tunnel. Once the graft is in position a suture needle is passed through the surface mucosal flap, as well as the graft to allow suturing the graft to the flap.

[0015] 2) The two grasping prongs each have teeth at the tip strategically aligned and oriented away from the tip. This design allows the graft being grasped by the pair of tips to be inserted inside the tunnel and to remain securely held during insertion. The orientation of the teeth also allows the forceps to be retracted out of the tunnel and without displacing the graft during removal of the forceps.

[0016] 3) The forceps handles are designed to allow the surgeon to press together only the first pair of prongs to hold the graft without actuating the third handle, whose entire length remains outside of the tunnel. Once the graft is positioned in place, the third handle is actuated to bring the tip in contact with the exterior of the tissue, aligned with the distal tip of the other two prongs. This allows alignment of the three eyelets together, while holding the graft inside the tunnel. The aligned eyelets at the tips can are then used to pass a suture through the surface mucosa and through the graft to attach the graft to the mucosa.

[0017] The methods of the invention include introducing the unique elevators through the vestibule to efficiently

perform subperiosteal tunneling procedures including the elevation of the mucoperiosteal complex from underlying bone. The methods also include use of the 3-prong forceps of the invention to introduce a graft through a minimally invasive incision, advancing the graft to a target site, and graft placement. The methods include using any of the unique devices of the invention to perform a surgical procedure, including but not limited to at the gingival margins to alleviate a diseased condition.

DESCRIPTION OF THE FIGURES

[0018] FIGS. 1A and 1B are an embodiment of the elevators of the invention having a first elongated shaft region and a second elongated shaft region oriented at an angle to one another and terminating in a curved atraumatic tip.

[0019] FIG. 2 is an embodiment of an elevator of the invention having a first elongated shaft, a curved transitional portion to a second shaft region and optionally a second curved transitional portion and terminating in a curved atraumatic tip.

[0020] FIGS. 3A and 3B are embodiments of the elevator of the invention having first, second, and third elongated shaft regions oriented at predetermined angles to one another and to a handle for positioning of a curved atraumatic tip at a surgical site.

[0021] FIG. 4A and FIG. 4B are embodiments of the elevator of the invention having three elongated shaft regions disposed in three different planes to permit advantageous orientation of a distal tip thereof at a surgical site.

[0022] FIG. 5 is an embodiment of the three-prong forceps of the invention showing the three individual handles having an eyelet at the distal tip thereof.

[0023] FIG. 6 is a side view of the three-prong forceps of the invention showing an orientation of the distal end of the forceps wherein a pair of the grasping prongs feature forward directed teeth for graft engagement and positioning, combined with atraumatic removal of the forceps, together with an alignment prong.

DETAILED DESCRIPTION OF THE INVENTION

[0024] Referring to FIG. 1A, the elevator 1 is comprised of a base portion 2 that is comprised of a handle 2 or has a mating fixture (not shown) for attachment to a separate, reusable handle feature preferably having an ergonomic grip. The elevator 1 has a first elongated shaft region 3 and a second elongated shaft region 4 wherein the first and second elongated shaft regions are oriented by angle A having a range between 0° and 45° and terminate in a distal curved atraumatic tip 5. The outer edge 6 of the atraumatic tip 5 is rounded and curved to atraumatically engage tissue during a tunneling procedure. The distal end of the elevator 1 is comprised of an arc region 9 that terminates in the atraumatic tip 5. As is apparent from the side view of FIG. 1A, the atraumatic tip 5 is angled and curved relative to the second elongated shaft region 4 as indicated by the measurement of arc B. Arc B is preferably one-quarter circle but may range from a one-eighth circle to a one-half circle. The embodiment of FIG. 1B is similar to the embodiment of the elevators of FIG. 1A, but having an altered size of the distal atraumatic tip 5 for a different surgical application including altered lengths of the first elongated shaft region 3 and the second elongated shaft region 4. The embodiment of FIG. 1

B, has a similar angle A reflecting the deflection of the first elongated shaft 3 relative to the second elongated shaft 4 and an extended arc region 9 as indicated by the arc measure C.

[0025] Referring to FIG. 2, an elevator of the invention 10 having handle 12 also has a mating fixture (not shown) for attachment to a separate, reusable handle feature preferably having an ergonomic grip. The elevator 10 has a proximal shaft region 13, a curved transitional portion 14 connected to a second distal shaft region 15 and optionally a second curved transitional portion 16 operably connected to a distal shaft region 17 and terminating in a curved atraumatic tip 18a. The first and second shaft regions 13, 15 are oriented by angle D having a range between 0° and 45° and the second shaft region 15 is oriented to the first shaft region 13 by angle E also having a range between 0° and 45°. In one embodiment the sum of angles D and E is approximately 180°. As with the embodiment of FIGS. 1A and 1B, the elevator terminates in an atraumatic tip 19 having a distal edge that is rounded and curved for atraumatic engagement of tissue during a tunneling procedure.

[0026] The distal end of the elevator 1 is comprised of an arc region 18b that terminates in the atraumatic tip 19. As is apparent from the side view of FIG. 2, the atraumatic tip 19 is angled and curved relative to the second distal shaft region 4 as indicated by the measurement of arc F. Arc F is preferably one-quarter circle but may range from a one-eighth circle to a one-half circle. The embodiments of FIG. 2 are similar to the embodiment of the elevators of FIGS. 1A, 1B but having an altered size of the distal atraumatic tip 19 for a different surgical application including altered lengths of the first proximal shaft region 13 and the second distal shaft region 17. The embodiment of FIG. 1 B, has a similar angle A reflecting the deflection of the first elongated shaft 3 relative to the second elongated shaft 4 and an extended arc region 18b indicated by the arc measure F.

[0027] Referring to FIG. 3A, an elevator embodiment of the present invention 20 has a base portion 20, a first elongated shaft region 22, a first angle 23, a second elongated shaft region 22a, a second angle 24, and a third shaft region 25 that orients distal atraumatic tip 26 at a predetermined angle relative to the normal line traversing the base portion 21 and the length of the first shaft region 22. The first and second shaft regions 22, 22a are oriented around angle E (between 0° and 45°) and the second and third shaft regions 22a, 25 or oriented around angle F preferably greater than 90° and less than 180°) to achieve the desired positioning of the atraumatic tip 26. In the second embodiment of FIG. 3B (lower), the first shaft region 22 and the second shaft region 22a are oriented around angle G and the second shaft region 22a and the third shaft region 25 are oriented around angle H. As with the prior embodiments, the atraumatic tip terminates in an outer edge that is rounded and curved to be atraumatic to surrounding tissue during a tunneling procedure. Referring to FIG. 3B, a similar embodiment to the elevator of FIG. 3A is shown having different dimensions and a similar set of angular orientations, shaft regions and distal tip.

[0028] Referring to FIGS. 4A and 4B, elevators of the present invention may employ distinct shaft regions that are oriented in different planes to position the atraumatic tip advantageously at the surgical site once introduced through an incision. Referring to FIGS. 4A, 4B, the base portion 31 is adjacent to first shaft region 32 that is at an angle J relative to the second shaft region 34 around junction 33 that also

establishes a first plane in which both of the first shaft region **32** and second shaft region **34** are disposed. Junction **35** orients the third shaft region **36** at angle K relative to the second shaft region **34** and also orients the third shaft region **36** out of the plane in which the first and second shaft regions **32**, **34** are contained. A different alternative would be to orient second shaft region **34** and third shaft region **36** in the same plane while orienting the base portion **31** in the first shaft region **32** in a separate plane relative to the plane containing the second and third shaft regions **34**, **36**. As with the embodiments described above, the third shaft region **36** terminates in an atraumatic tip **37** having the characteristics described above. As with the foregoing embodiments, the atraumatic tip **37** may be curved along its length by arc L.

[0029] FIG. 5 is an embodiment of the three-prong forceps of the invention showing the three individual handles having an eyelet at the distal tip thereof. Referring to FIG. 5, the individual prongs **51**, **61**, **71** are shown separately and detached to illustrate the differing shapes of the pair of grasping prongs **51**, **61** and the alignment prong **71**. Each prong **51**, **61**, **71** is comprised of a handle portion **52**, **62**, **72** for operation by the hand of the surgeon. In a preferred embodiment, the hand portion **52**, **62** of the pair of grasping prongs **51**, **61** have a similar shape for ease of operation. The handle portion **72** of the alignment prong **71** has a different shape, optionally effected by a cutout portion **73** of the alignment prong **71** relative to the handle portion **52**, **62** of the grasping prongs **51**, **61**.

[0030] The distal end of each prong features a suture guide, **53**, **63**, **74** for alignment when the forceps are actuated by hand. In a preferred embodiment, the suture guide is a semi-circular eyelet **53**, **63**, **74** such that the suture guide portions are in alignment during operation of the forceps. As described above, the pair of grasping prongs **51**, **61** engage a graft at the distal tip thereof proximate to the suture guide and are held in close conformity to introduce the guide through a minimally invasive incision. The alignment probe **74** remains outside the incision and is brought

into conforming engagement on the opposite side of the mucosal tissue to provide for accurate placement of a suture to attach the graft to the mucoperiosteal flap.

[0031] FIG. 6 is a side view of the three-prong forceps **50** of the invention showing an orientation of the distal end of the forceps **50** wherein the pair of the grasping prongs **51**, **61** feature forward directed teeth **54**, **64** for graft engagement and positioning. In use, the pair of teeth **54**, **64** engage the graft and hold the graft firmly in position relative to the length of the forceps during graft introduction. Following suture of the graft to the mucoperiosteal flap, the three-prong forceps **50** are atraumatically removed leaving the graft securely in place.

[0032] While the present invention has been particularly shown and described with respect to certain preferred and illustrative embodiments, it will be understood by those skilled in the art that variations and modifications may be made therein without departing from the spirit and scope of the present invention.

What is claimed is:

1. A three-pronged surgical forceps comprising: three individual prong handles having an eyelet at the distal tip thereof and comprised of a pair of grasping prongs and an alignment prong.
2. The surgical forceps of claim 1, wherein the pair of grasping prongs have a first similar shape and the alignment prong has a second, different shape.
3. The surgical forceps of claim 1 further comprising a suture guide at the distal end of each prong.
4. The surgical forceps of claim 3, wherein each suture guide is a semi-circular eyelet.
5. The surgical forceps of claim 3, wherein the suture guide portions are in alignment during operation of the forceps.
6. The surgical forceps of claim 1, wherein the pair of grasping prongs each have teeth at the tip that are aligned and oriented away from the tip.

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