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(54) **METHOD AND DEVICES FOR TISSUE RECONFIGURATION**

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#### Related U.S. Application Data

(63) Continuation-in-part of application No. 09/859,579, filed on May 18, 2001, which is a continuation-in-part of application No. 09/520,273, filed on Mar. 7, 2000, now Pat. No. 6,663,639, and a continuation-in-part of application No. 09/519,945, filed on Mar. 7, 2000, now Pat. No. 6,506,196, which is a continuation-in-part of application No. 09/574,424, filed on May 19, 2000, now Pat. No. 6,494,888, application No. 10/197,574.

(60) Provisional application No. 60/306,652, filed on Jul. 18, 2001, and provisional application No. 60/140,492, filed on Jun. 22, 1999.

(51) **Int. Cl.<sup>7</sup>** ..... **A61B 17/08**

(52) **U.S. Cl.** ..... **606/153; 606/139**

(58) **Field of Search** ..... 606/153, 139,  
606/144, 148, 150, 205-210, 219-221,  
232

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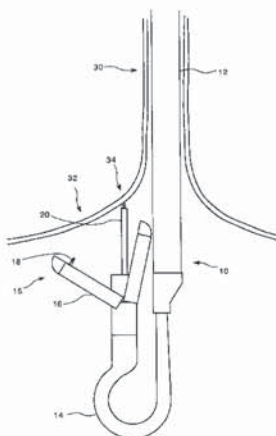
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(57) **ABSTRACT**

A method includes advancing an apparatus having an elongated member transorally into the stomach. The apparatus includes a distal end effector having first and second members configured to engage tissue. The first and second members are movable relatively toward one another generally in a first plane. The method includes moving the distal end effector relative to the elongated member in the first plane such that the distal end effector is retroflexed out of alignment with the elongated member to position the first and second members for engagement with the tissue. At least one of the first and second members carries a fixation device for fixing engaged portions of tissue together.

**15 Claims, 8 Drawing Sheets**



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FIG. 1

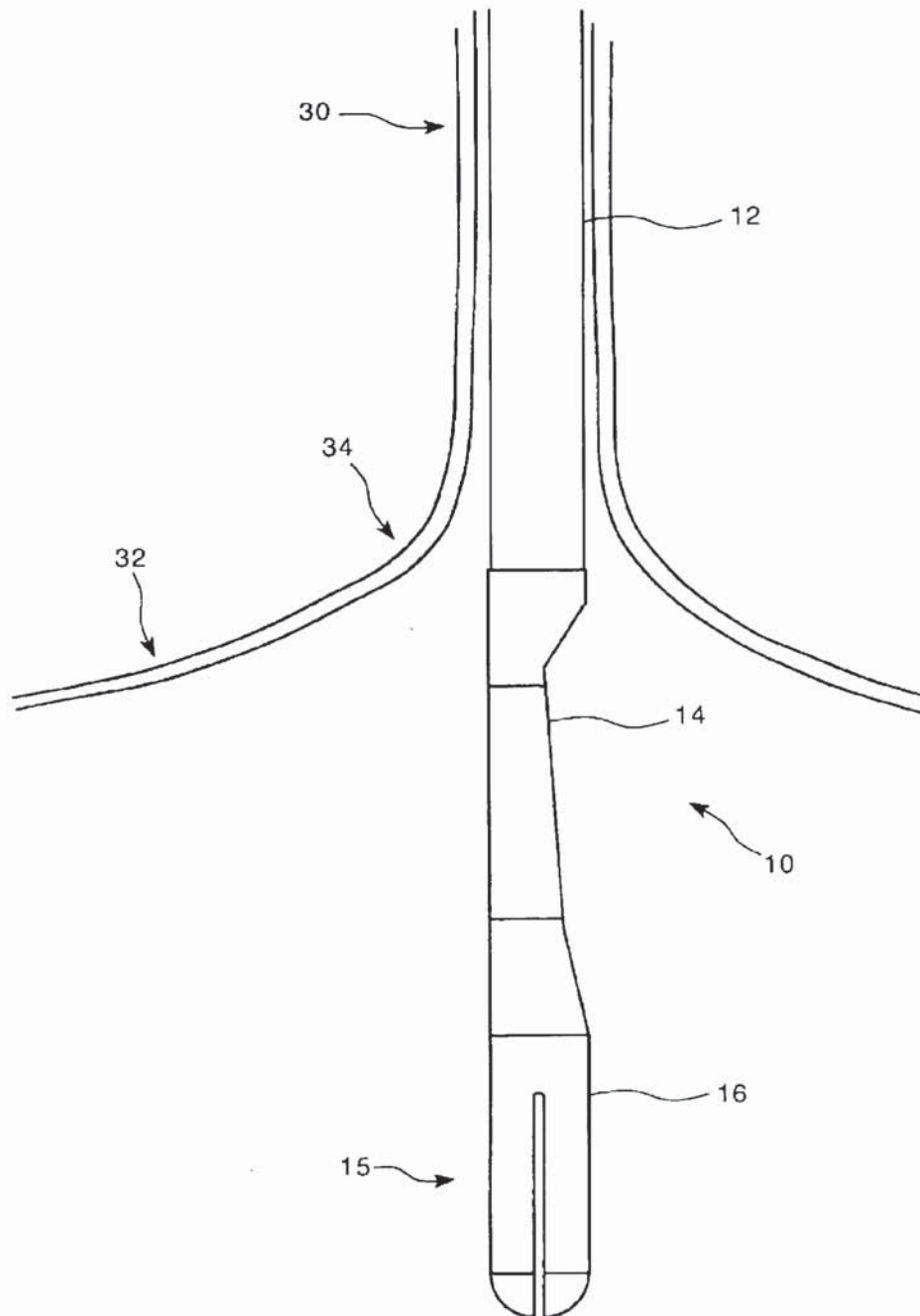


FIG. 2

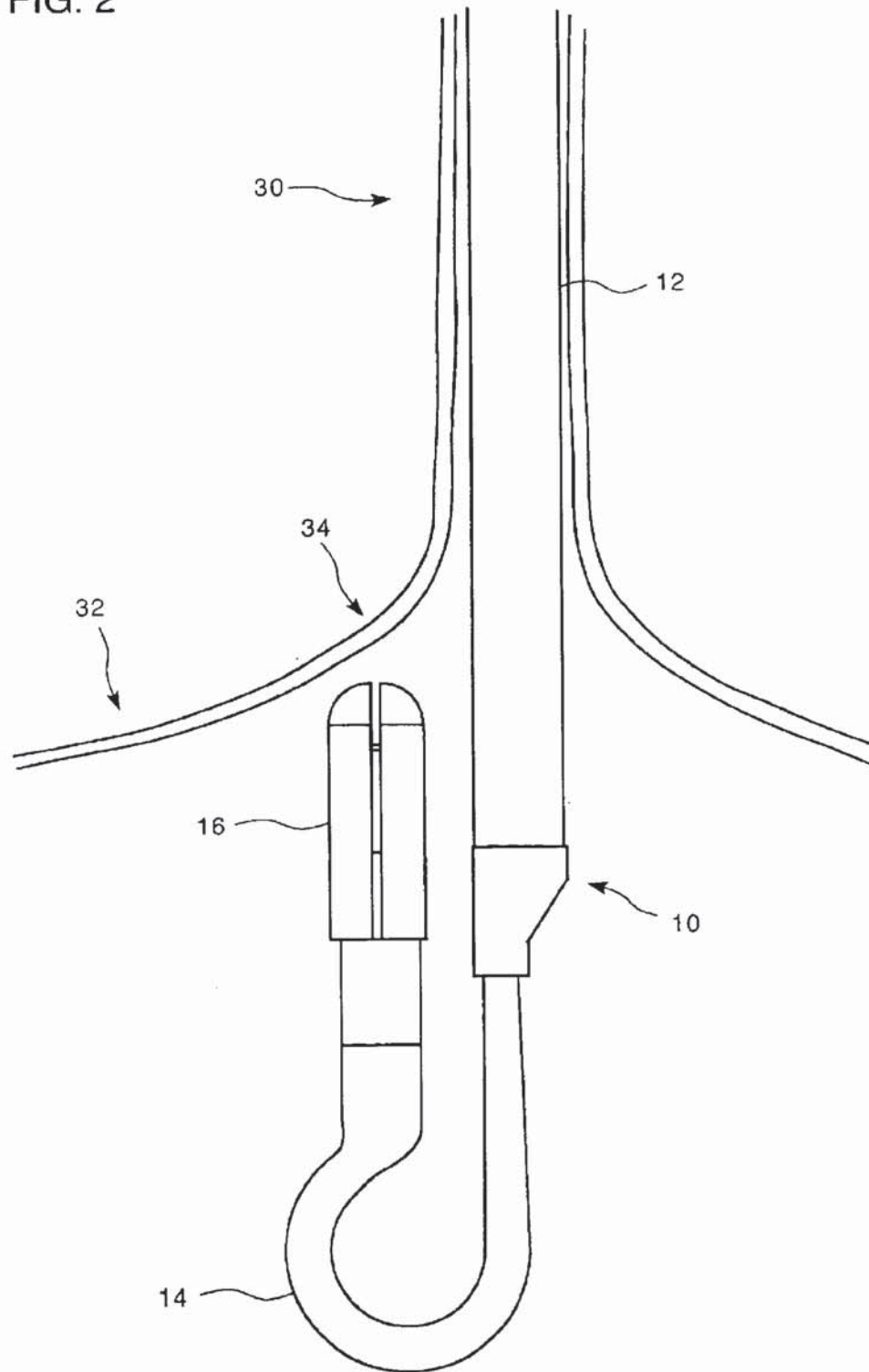


FIG. 3

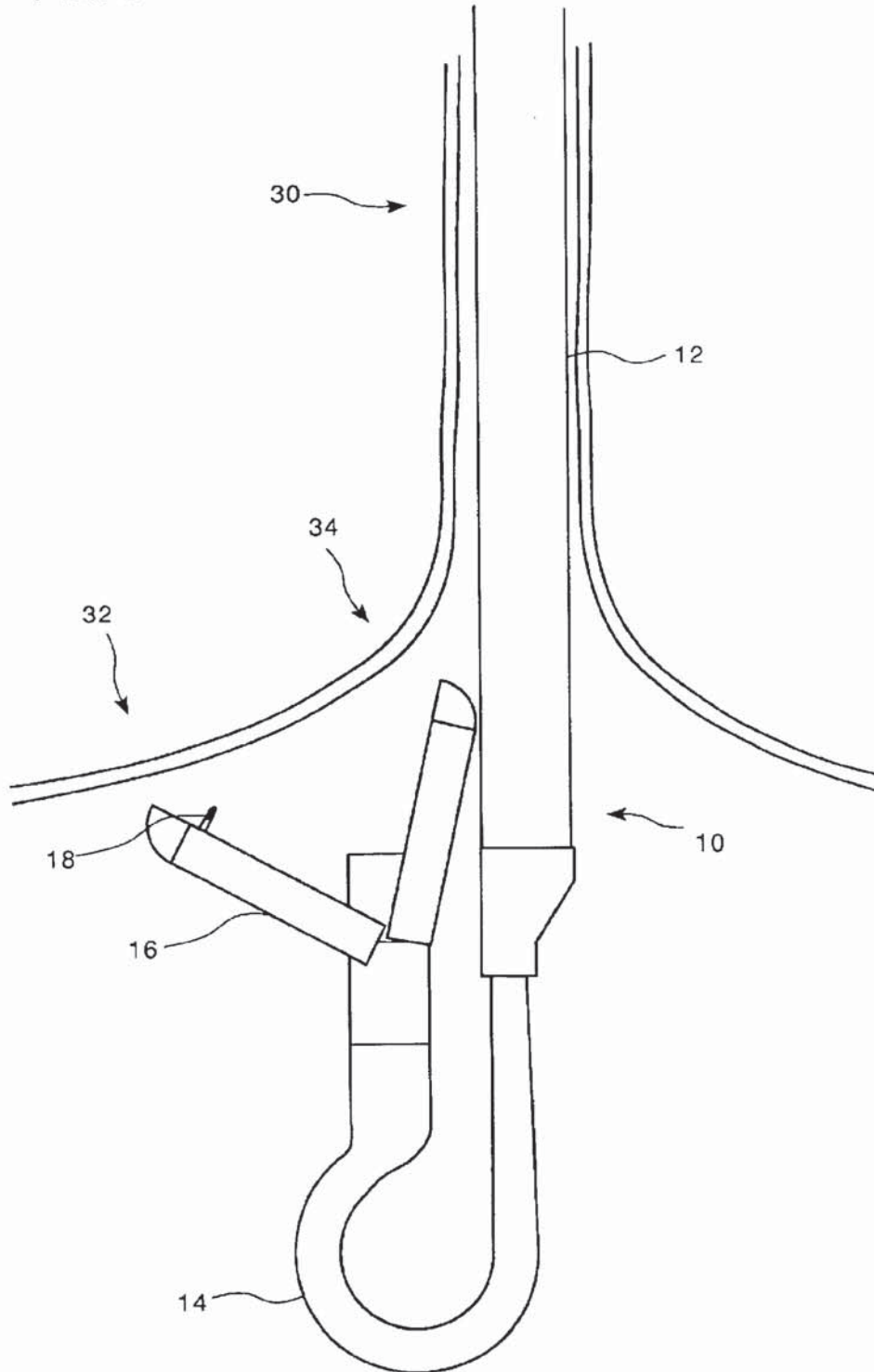


FIG. 4

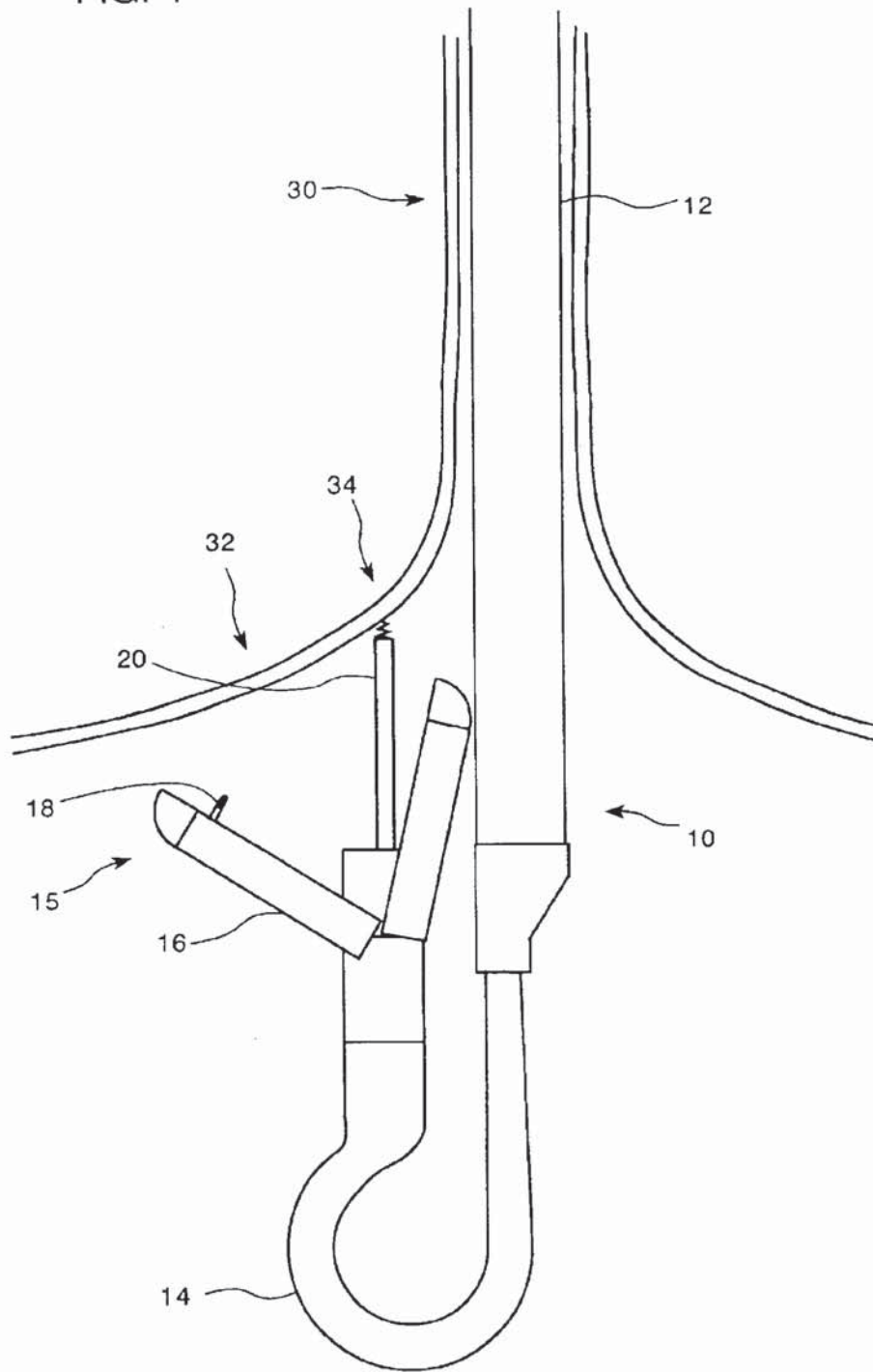




FIG. 5

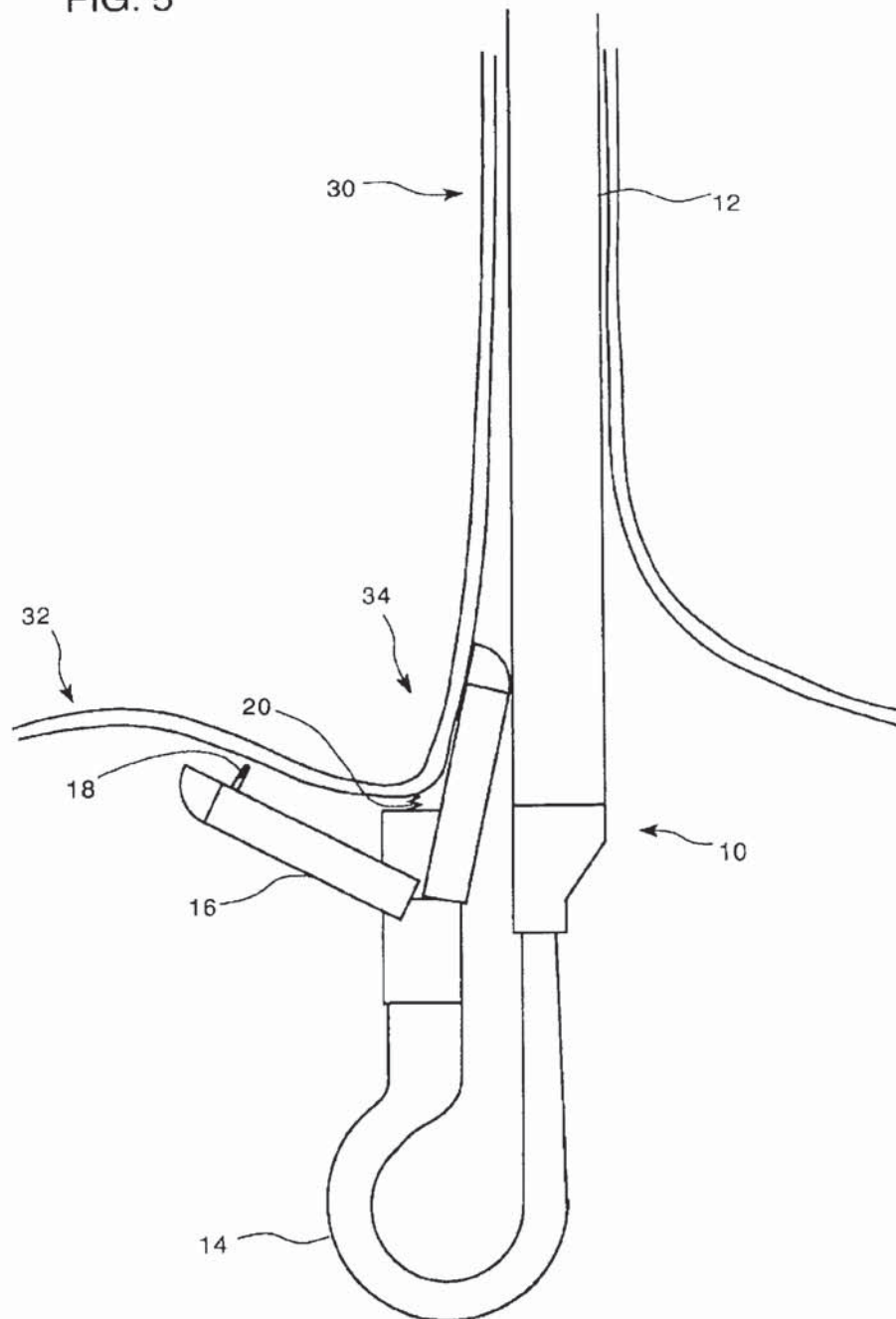


FIG. 6

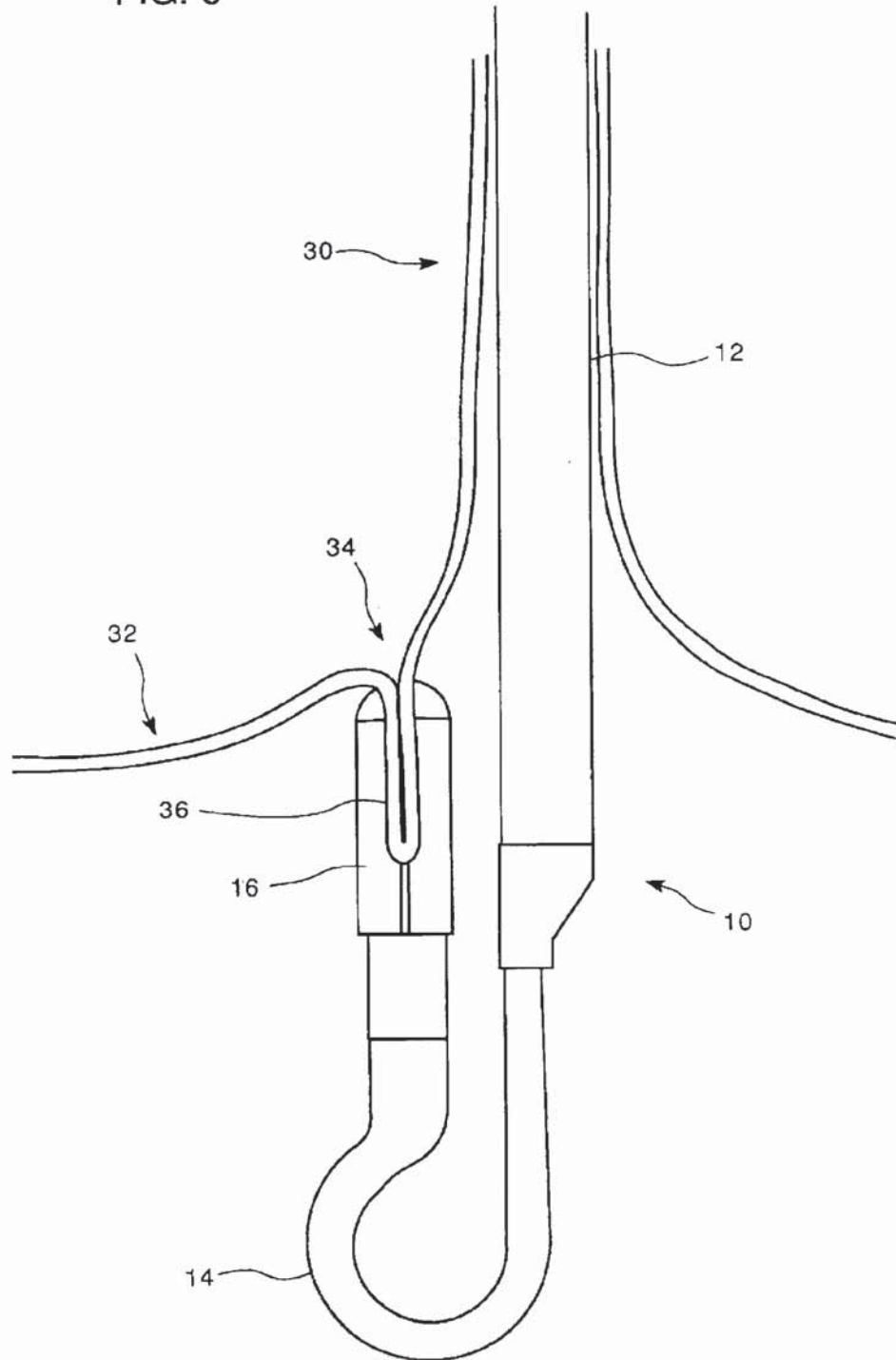


FIG. 7

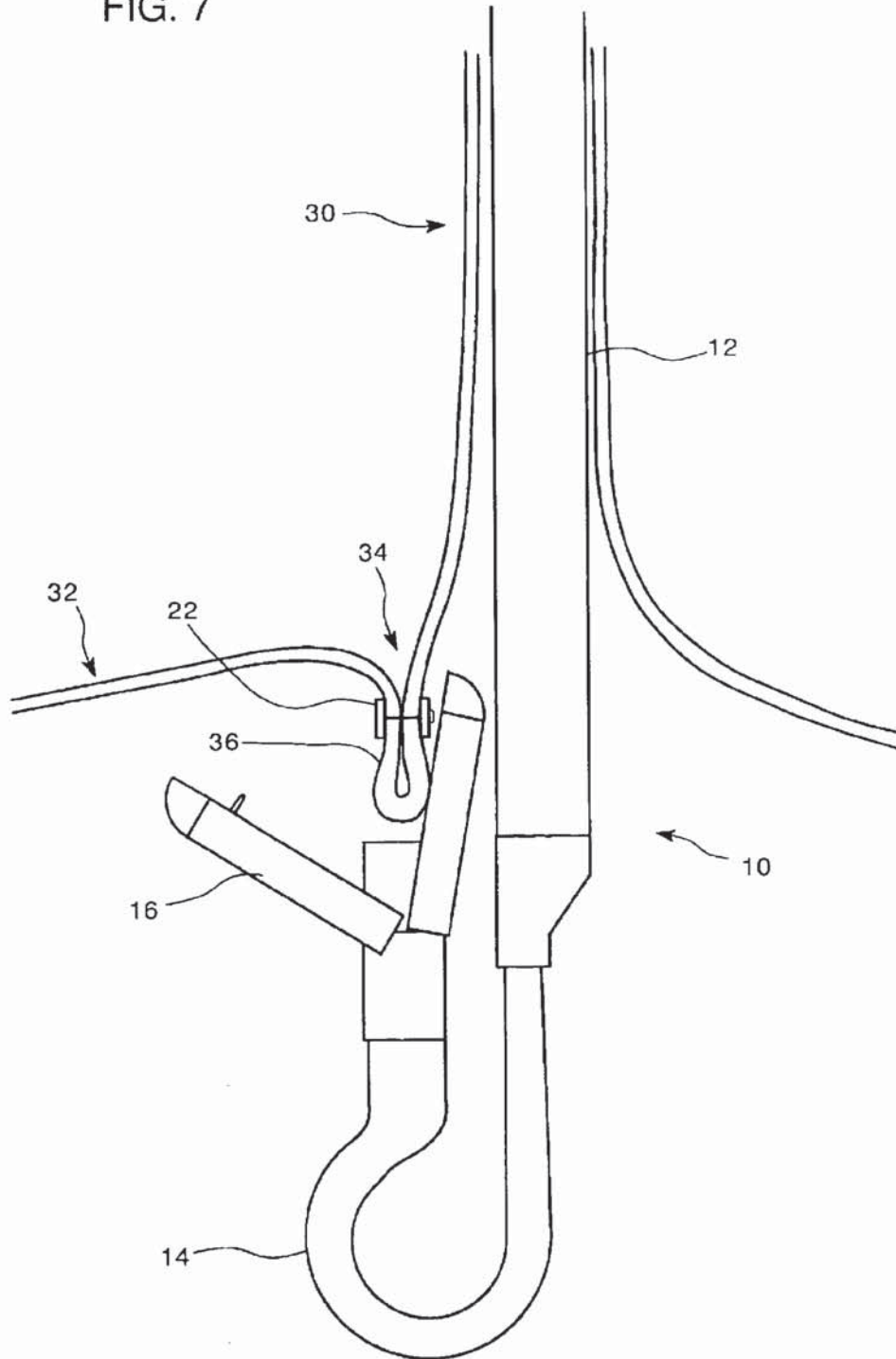
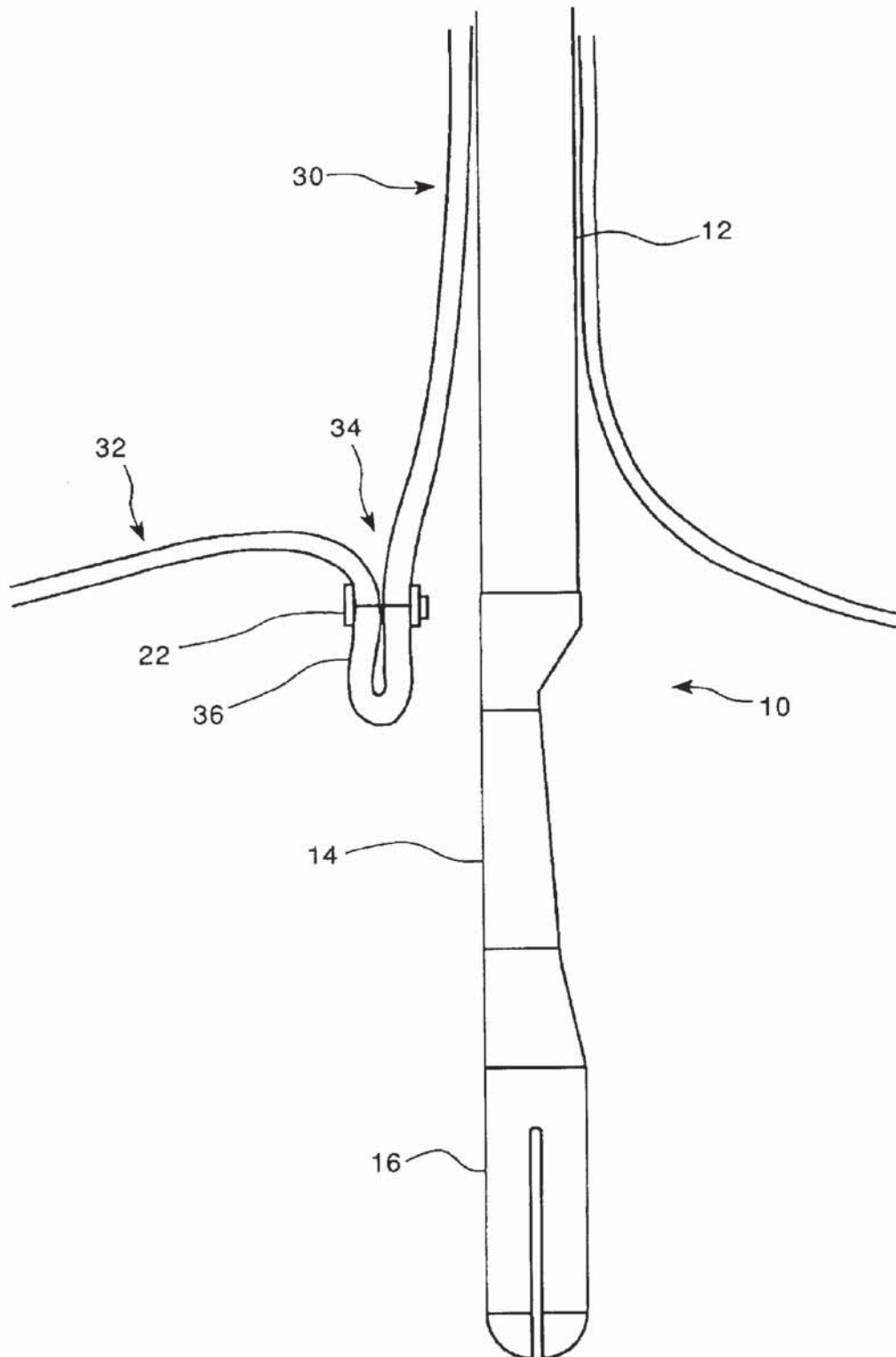




FIG. 8



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## METHOD AND DEVICES FOR TISSUE RECONFIGURATION

This application claims the priority of U.S. provisional application Ser. No. 60/306,652, filed Jul. 18, 2001, which is hereby incorporated by reference in its entirety.

This application is a continuation-in-part of copending application U.S. Ser. No. 09/859,579, filed May 18, 2001, entitled TISSUE RECONFIGURATION, which is a continuation-in-part of application U.S. Ser. No. 09/574,424, filed May 19, 2000, now U.S. Pat. No. 6,494,888, entitled TISSUE RECONFIGURATION, which is a continuation-in-part of application U.S. Ser. No. 09/520,273, filed Mar. 7, 2000, now U.S. Pat. No. 6,663,639, entitled METHODS AND DEVICES FOR TISSUE RECONFIGURATION, and is a continuation-in-part of U.S. Ser. No. 09/519,945, filed Mar. 7, 2000, now U.S. Pat. No. 6,506,196 entitled DEVICE AND METHOD FOR CORRECTION OF A PAINFUL BODY DEFECT, which claim priority from provisional application U.S. Ser. No. 60/140,492, filed Jun. 22, 1999, this application Ser. No. 10/197,574 entitled STOMACH ELEVATOR METHOD AND DEVICE, all hereby incorporated by reference in their entirety.

### BACKGROUND OF THE INVENTION

#### Brief Description of the Related Art

This invention relates to devices and methods for treating gastroesophageal reflux disease, and more particularly, the invention relates to a minimally invasive device and method for creating and fixating a fold of tissue at or near the junction of the esophagus and the stomach.

Gastroesophageal reflux disease (GERD) is a common upper-intestinal disorder in which contents of the stomach flow inappropriately from the stomach into the esophagus. Backflow of gastric contents into the esophagus results when gastric pressure is sufficient to overcome the resistance to flow that normally exists at the gastroesophageal junction (GEJ), or when gravity acting on the contents is sufficient to cause flow through the GEJ. Medication, open surgical procedures, laparoscopic surgical procedures, and endoscopic techniques are known for treating GERD.

#### SUMMARY OF THE INVENTION

According to one aspect of the invention, a medical instrument includes moveable arms configured for fixating the wall of the stomach to the wall of the esophagus for the treatment of GERD. In one embodiment, the instrument includes a proximal end, a shaft, a retroflexing portion, movable arms, a retractor, and an implant. The movable arms are oriented with respect to the retroflexing portion in a position that allows the stomach wall to be folded against the esophagus wall. In one such embodiment of this instrument the movable arms open and close in the same plane within which the retroflexing portion moves. This configuration is in contrast to certain embodiments of the medical instrument described in the U.S. patent application Ser. No. 09/859,579, entitled "TISSUE RECONFIGURATION," filed May 18, 2001, in which the moveable arms are oriented in a plane rotated 90° from the plane in which the retroflexing portion moves. The mechanism of operation of the medical instrument of the current invention is as is disclosed in the patent applications incorporated by reference and listed above.

According to another aspect of the invention, a method of treatment includes fixating the wall of the stomach to the wall of the esophagus for the treatment of GERD.

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According to another aspect of the invention, a method includes advancing an apparatus having an elongated member transorally into the stomach. The apparatus includes a distal end effector having first and second members configured to engage tissue. The first and second members are movable relatively toward one another generally in a first plane. The method includes moving the distal end effector relative to the elongated member in the first plane such that the distal end effector is retroflexed out of alignment with the elongated member to position the first and second members for engagement with the tissue. At least one of the first and second members carries a fixation device for fixing engaged portions of tissue together.

Embodiments of this aspect of the invention may include one or more of the following features. The method includes engaging tissue by moving the first and second members relatively toward one another generally in the first plane. Moving the first and second members engages a first tissue section with a first securing part of the fixation device and a second tissue section with a second securing part of the fixation device. The method includes piercing the tissue with a third member of the distal end effector prior to engaging the tissue with the first and second members.

### BRIEF DESCRIPTION OF THE DRAWINGS

The invention will now be described in greater detail with reference to the preferred embodiment illustrated in the accompanying drawings, in which like elements bear like reference numerals, and wherein:

FIG. 1 is a side cross sectional view of a portion of an esophagus and a portion of a stomach, and a side view of an instrument in place in the esophagus and stomach;

FIG. 2 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the instrument in a retroflexed position;

FIG. 3 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the movable arms open;

FIG. 4 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing a retractor engaging tissue;

FIG. 5 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the retractor retracting the tissue;

FIG. 6 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the movable arms closed, forming a tissue fold;

FIG. 7 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the movable arms open and an implant fixating the tissue fold;

FIG. 8 is a side cross sectional view of a portion of the esophagus and a portion of the stomach, and a side view of the instrument in place in the esophagus and stomach, showing the tissue fold, with the instrument in a straight configuration for removal from the patient.

### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

The device consists of an instrument 10 with a proximal end (not shown), a shaft 12, a retroflexing portion 14, and a



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distal end effector 15 including movable arms 16, a retractor 20, and an implant 22. The function of the instrument is controlled by the user by controls at the proximal end, as is disclosed in the referenced patent applications. The device and method of the present invention will be illustrated using the accompanying drawings.

FIG. 1 shows the instrument 10 in place in the esophagus 30 and the stomach 32. The instrument is in a straight configuration, which is the configuration in which it is inserted into the esophagus and stomach.

FIG. 2 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position. Retroflexion of retroflexing portion 14 is accomplished as disclosed in the referenced patent applications. In this position, the distal end of the movable arms 16 of distal end effector 15 is located near the junction 34 of the esophagus 30 and the stomach 32.

FIG. 3 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position and the movable arms 16 in an open position revealing a portion 18 of an implant 22 (FIG. 7). It is important to note that the moveable arms 16 are oriented relative to the retroflexing portion 14 to grasp the tissue at the junction 34 of the esophagus 30 and the stomach 32. The movable arms 16 open and close in the same plane within which the retroflexing portion 14 moves. The actuating mechanism used to open movable arms 16 is substantially the same as the mechanisms used to actuate the medical instruments described in the U.S. patent application Ser. No. 09/859,579, entitled "TISSUE RECONFIGURATION," filed May 18, 2001, with the movable arms rotated 90° with respect to the configuration of the published application such that the arms 16 open and close in the same plane within which the retroflexing portion 14 moves.

FIG. 4 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position, the movable arms 16 in an open position, and the retractor 20 engaged with the tissue at or near the junction 34 of the esophagus 30 and the stomach 32. Engagement of the retractor 20 with the tissue at or near the junction 34 is accomplished as is disclosed in the referenced patent applications.

FIG. 5 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position, the movable arms 16 in an open position, and the retractor 20 retracting the tissue at or near the junction 34 of the esophagus 30 and the stomach 32 into the space between the movable arms 16.

FIG. 6 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position, and the movable arms 16 closed, to create a fold 36 of tissue at or near the junction 34 of the esophagus 30 and the stomach 32. The mechanism to close movable arms is as is disclosed in the referenced patent applications.

FIG. 7 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a retroflexed position, and the movable arms 16 opened. An implant 22 has been placed through the tissue to maintain fixation of the tissue fold 36. Placement of the implant is accomplished as is disclosed in the referenced patent applications.

FIG. 8 shows the instrument 10 in place in the esophagus 30 and the stomach 32, with the instrument 10 in a straight position, and the movable arms 16 closed. The tissue fold 36 is shown, fixated by implant 22. The instrument 10 is in position for removal from the patient.

This invention provides a device and method which can be used to treat GERD by creating and fixating a fold of

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tissue at or near the junction of the esophagus and the stomach, thereby fixating the wall of the stomach to the wall of the esophagus. This invention allows this fold to be created and fixated via a completely endoluminal technique.

In another aspect of the invention, more than one fold is created in the tissue at or near the junction of the esophagus and the stomach.

In another aspect of the invention, the movable arms are attached to the retroflexing portion in a manner that allows the operator to rotate the position of the movable arms relative to the retroflexing portion about the center axis of the movable arms, thus allowing the operator to vary the orientation of the tissue fold.

While the invention has been described in detail with reference to the preferred embodiments thereof, it will be apparent to one skilled in the art that various changes and modifications can be made and equivalents employed, without departing from the present invention. For example, in the embodiment described above in conjunction with FIGS. 1-8, the moveable arms open and close in the same plane within which the retroflexing portion moves. However, it is appreciated that the plane in which the moveable arms open and close relative to the retroflexing portion can be at other orientations including angles between the same plane (i.e., 0°) and a plane transverse (i.e., 90°) to the plane within which the retroflexing portion moves. Indeed, in certain embodiments, the medical instrument can include a mechanism for allowing the user to adjust the angle of the moveable arms relative to the retroflexing portion.

What is claimed is:

1. A method comprising:

advancing an apparatus including an elongated member transorally into the stomach, the apparatus including a distal end effector having first and second members configured to engage tissue, the first and second members being movable relatively toward one another generally in a first plane, and

moving the distal end effector relative to the elongated member in the first plane such that the distal end effector is retroflexed out of alignment with the elongated member to position the first and second members for engagement with the tissue, at least one of the first and second members carrying a fixation device for securing engaged portions of tissue together.

2. The method of claim 1 further comprising engaging tissue by moving the first and second members relatively toward one another generally in the first plane.

3. The method of claim 2 wherein the moving of the first and second members engages a first tissue section with a first securing part of the fixation device and a second tissue section with a second securing part of the fixation device.

4. The method of claim 1 further comprising piercing the tissue with a third member of the distal end effector prior to engaging the tissue with the first and second members.

5. The method of claim 1 further comprising releasably mounting the first and second members to the distal end effector.

6. The method of claim 1 further comprising removing the first and second members from the distal end effector.

7. The method of claim 6 further comprising releasably mounting third and fourth members on the distal end effector, at least one of the third and fourth members carrying a fixation device for securing engaged portions of tissue together.

8. The method of claim 1 wherein at least one of the first and second members pierces the tissue.



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9. The method of claim 1 further comprising separating a frangibly coupled part of the fixation device from at least one of the first and second members.

10. The method of claim 9 wherein the first and second members interact to separate the frangibly coupled part.

11. The method of claim 1 further comprising securing the engaged portions of tissue with the fixation device.

12. The method of claim 1 further comprising providing the first member with a first distal tip releasably mounted to the first member, and the second member with a second distal tip releasably mounted to the second member, at least one of the first and second distal tips carrying the fixation device.

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13. The method of claim 12 further comprising releasably mounting the first distal tip on the first member and releasably mounting the second distal tip on the second member.

14. The method of claim 12 further comprising removing the first distal tip from the first member and removing the second distal tip from the second member.

15. The method of claim 14 further comprising releasably mounting a third distal tip on the first member and releasably mounting a fourth distal tip on the second member, at least one of the third and fourth distal tips carrying a fixation device for securing engaged portions of tissue together.

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