



Abstract

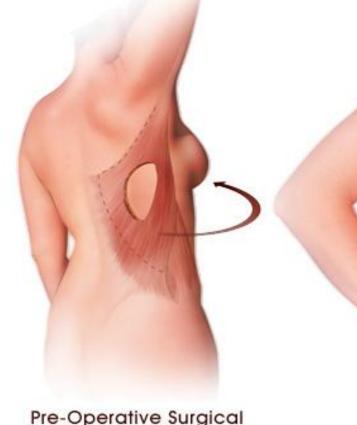
During deep-hole surgery, the surgeon operates using the right-angle forceps and sometimes has to cut tissue. However, his or her other hand is usually occupied with another instrument and an assistant often cannot see or reach in. A hybrid instrument incorporating scissors and the right-angle forceps has to be developed to allow the surgeon to perform delicate dissection and cut desired tissue without damaging surrounding regions.



Latissimus Dorsi Breast Reconstruction Surgery

• Conducted following mastectomy due to breast cancer

atissimus Dorsi Flap Reconstruction



Markings

Flap Transfer in the Operating room

**Figure 1:** Latissimus dorsi flap breast reconstruction<sup>1</sup>

# **Current Practices**



Figure 2: Right-angle forceps Figure 3: Right-angle forceps



Final Appearance with

Nipple Reconstruction

in deep hole surgery<sup>2</sup>

### • Difficulty operating in deep hole:

- Assistant cannot reach area
- Surgeon's other hand occupied

•Dissecting around sensitive vascular structures difficult

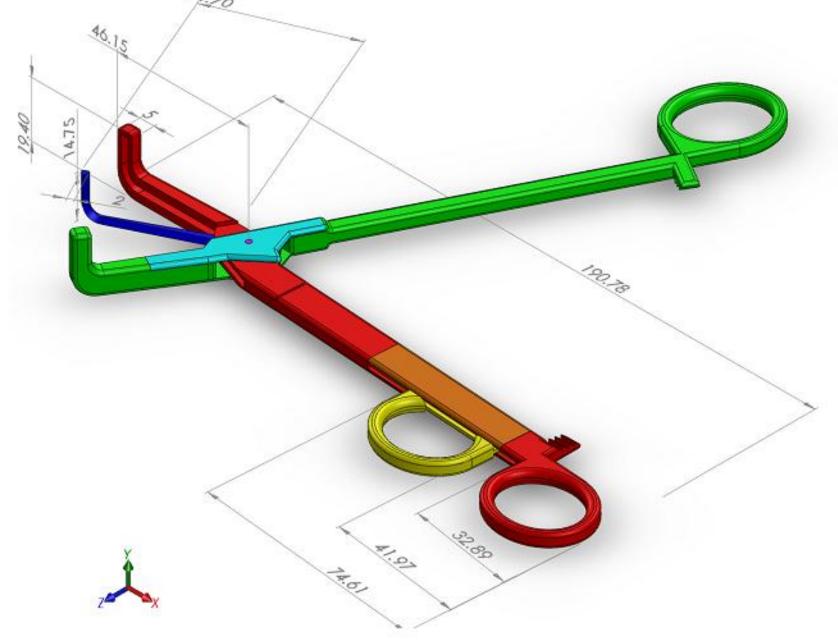
# **Design Requirements**

- Incorporate dissector and scissors function •Blunt outer edges and sharp inner edges •One-handed use •Maintain visibility while cutting •Surgery-compatible materials
- •Surgical-grade stainless steel •Autoclavable

### •\$200 budget







Trig mai Ran

Add Con curr Ove

• Round off forceps tip • Trigger is conveniently located • Deploying blade requires force which causes jostling

# **Right-Angle Dissector Scissors Hybrid Surgical Instrument**

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# **Trigger Scissor Prototype Design**

Figure 4: Seven parts, spring, wire assembled, tips open and blade exposed. Note: spring and wire are hidden. All dimensions are in mm.

### • Materials

- Thermoplastic acrylonitrile butadiene styrene (ABS)
- 4 Stainless steel springs
  - •2.82 mm outer diameter
  - •6.8 mm length
- Stainless steel wire
- •0.4 mm diameter

KEY Red: digit 4 Orange: attachment Yellow: trigger Green: digit 1 Turquoise: attachment Blue: blade Pink: pin



### • Cutting blade (blue)

- Attaches at hinge
- Resistance through linear spring • Swings between forceps halves (red, green)

# Testing

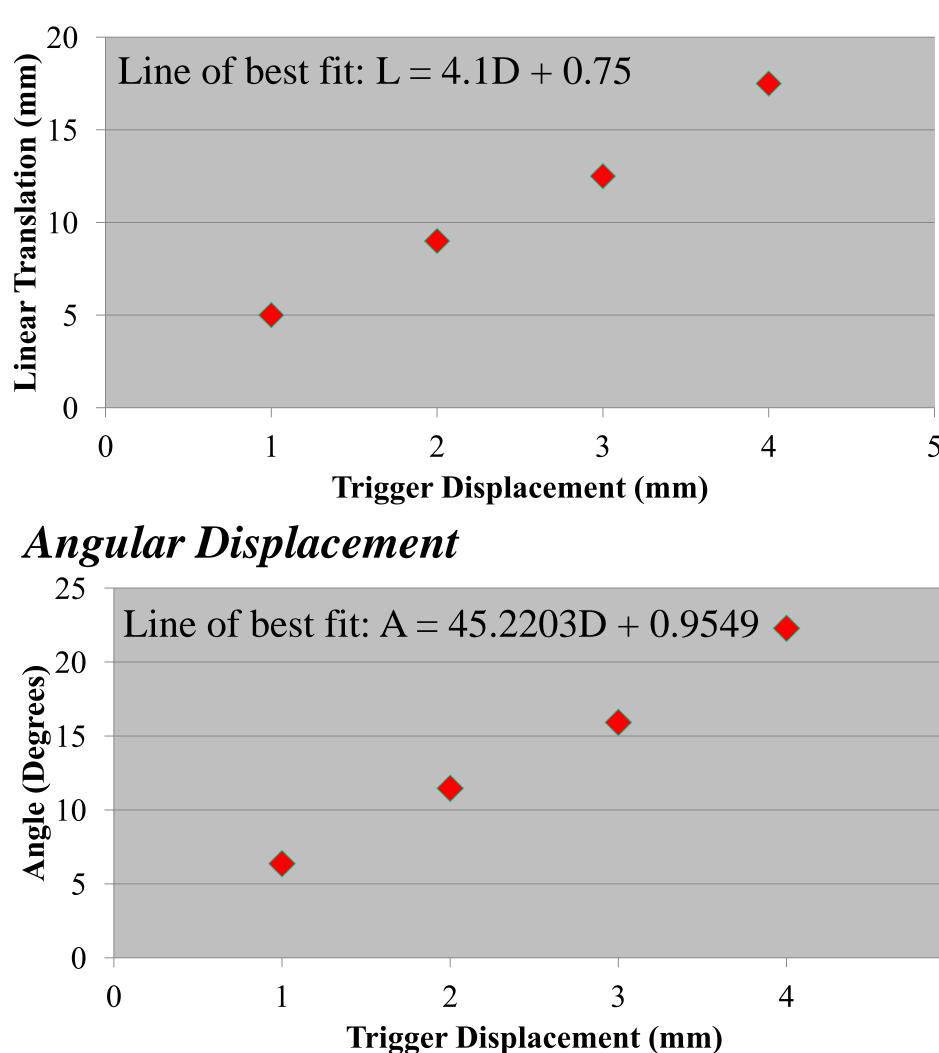
### Ergonomics

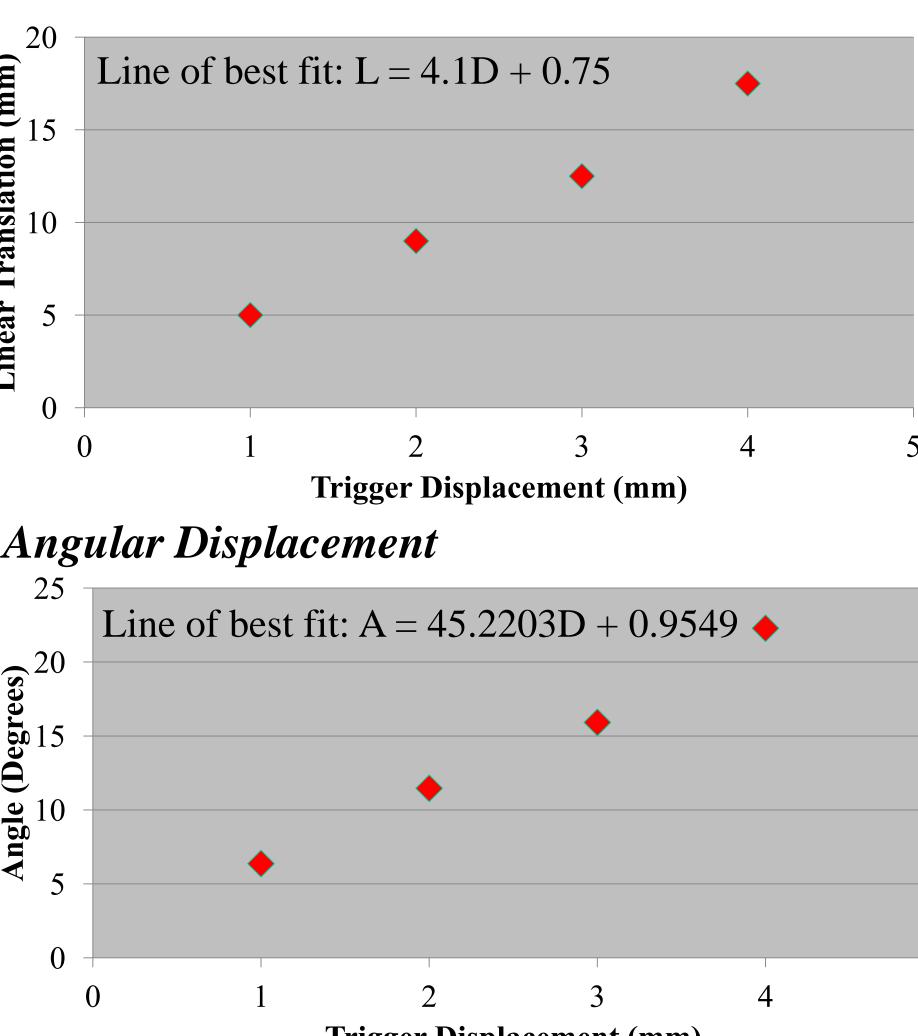
**Table 1:** Results of ergonomics survey. Categories were
 rated on a scale of one (bad) to ten (good), with five being considered average

considered average.				
Surgeon	Surgeon	Surgeon	Average ±	
1	2	3	Standard	
			Deviation	
9	8	9	$8.67 \pm 0.58$	
9	9	9	$9.00 \pm 0.00$	
				9
9	8	8	$8.33 \pm 0.58$	
7	8	9	8.00 ± 1.00	
				8
9	8	8	0 22 1 0 50	
			8.33 ± 0.58	
	Surgeon 1 9 9 9 9 7 7 8	Surgeon       Surgeon         1       2         9       8         9       9         9       9         9       9         9       8         7       8         8       7         8       7	Surgeon       Surgeon       Surgeon         1       2       3         9       8       9         9       9       9         9       9       8         9       8       8         7       8       9         8       7       8	

### *Feedback*

### Linear Translation





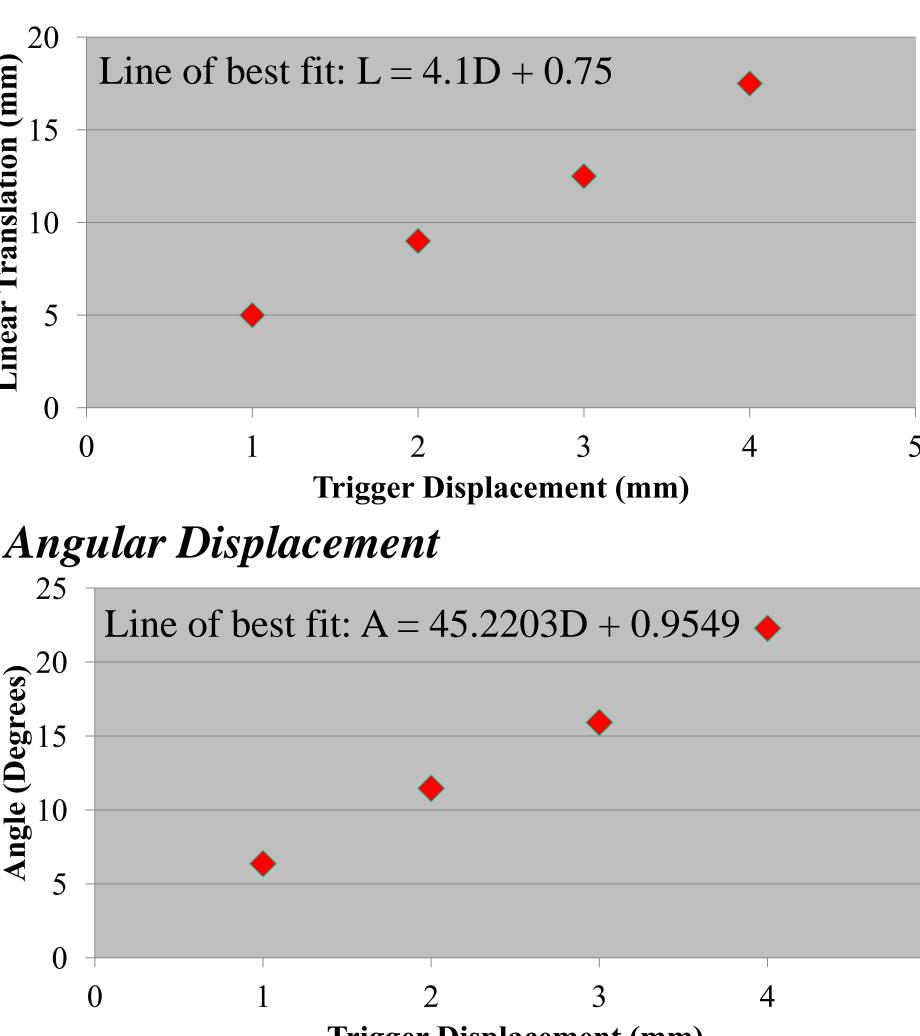


Figure 6: Results of range of motion testing

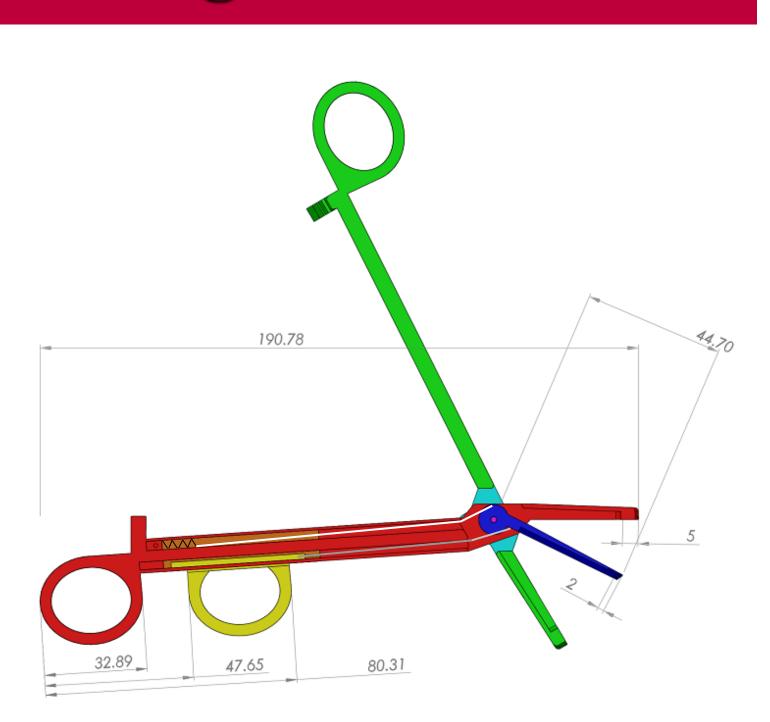


Figure 5: Bottom view of the prototype with top sectioned plane through the device. The assembled parts, spring, and wire are can be clearly seen. All dimensions are in mm.

### • Trigger (yellow)

- 20.5 mm track (groove in red)
- Ergonomic placement
- Attaches to arm via wire



Expense

Spray paint

Torsional sprin Compression spr

# Table 3:

Expense

Extension sprin

Steel wires

Steel machinin

# • Design Modifications:

- Sharpen forceps tips
- Widen blade notch
- Extend trigger track

# • Manufacture prototype out of ABS

# •Perform testing on prototype

- Range of motion
- Precision of cut
- •Smoothness of cut

# • Manufacture prototype out of stainless steel

## •Validate prior testing • Perform force testing

• Consider patent options

Tracy Puccinelli, Ph.D Emily Hartmann, MD John Puccinelli, Ph.D. Andrew Mikkelson, Ph. D Residents who completed ergonomics survey

## **References:**

[1] Israeli, R., Feingold, R. S., & Korn, P. T. (2007, October 21). Latissimus Dorsi Flap. In Breast Reconstruction. Retrieved October 8, 2012, http://www.breastreconstruction.org/TypesOfReconstruction/dorsi\_flap.html [2] St Ghorbani, N. (2011, August 28). One Stage Breast Reconstruction- 5 of 7. Retrieved October 13, 2012, http://www.youtube.com/watch?v=uvq1hEqjMy4&feature=relmfu



# Budget

### **Current Expenses**

Current expenses breakdown		
	Price (\$)	
	8.48	
ngs	22.04	
rings	12.29	

### **Future Expenses**

Future expenses breakdown		
	Price (\$)	
ngs	17.00	
	5.00	
ing	200.00	
	•	

# **Future Work**

• Use extension springs instead

• Ergonomics survey on residents  $(n \ge 10)$ 

# Acknowledgements