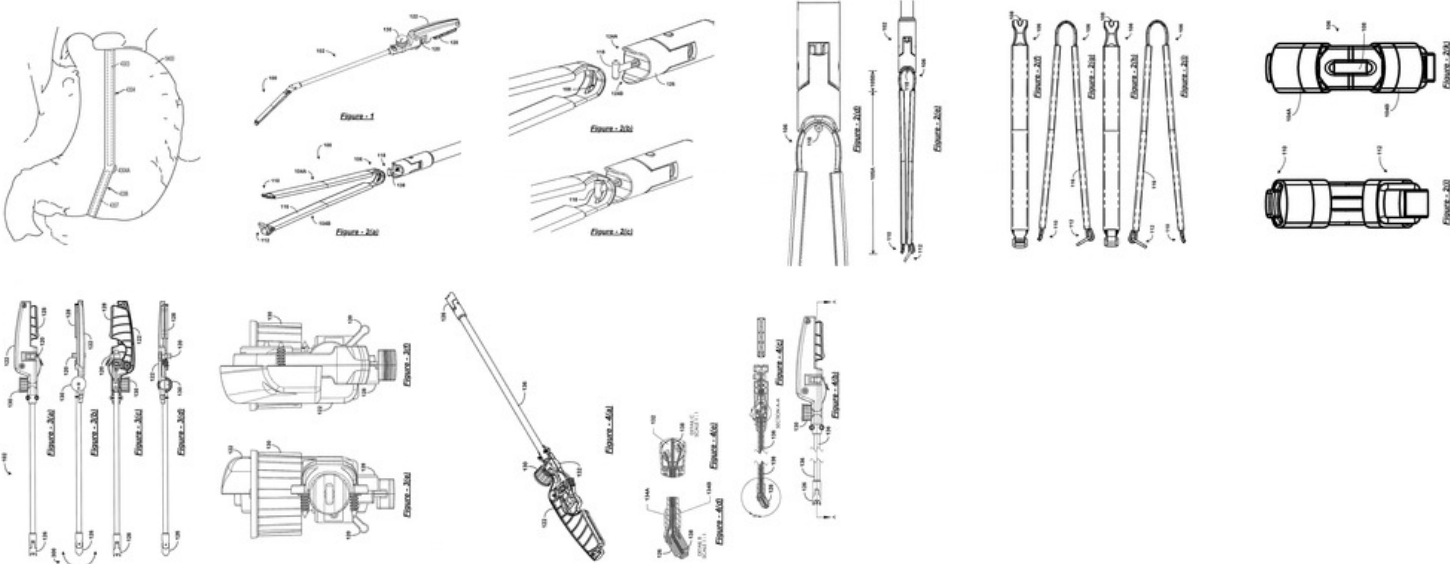
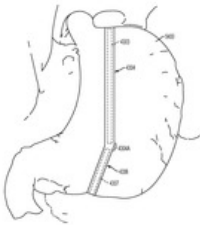


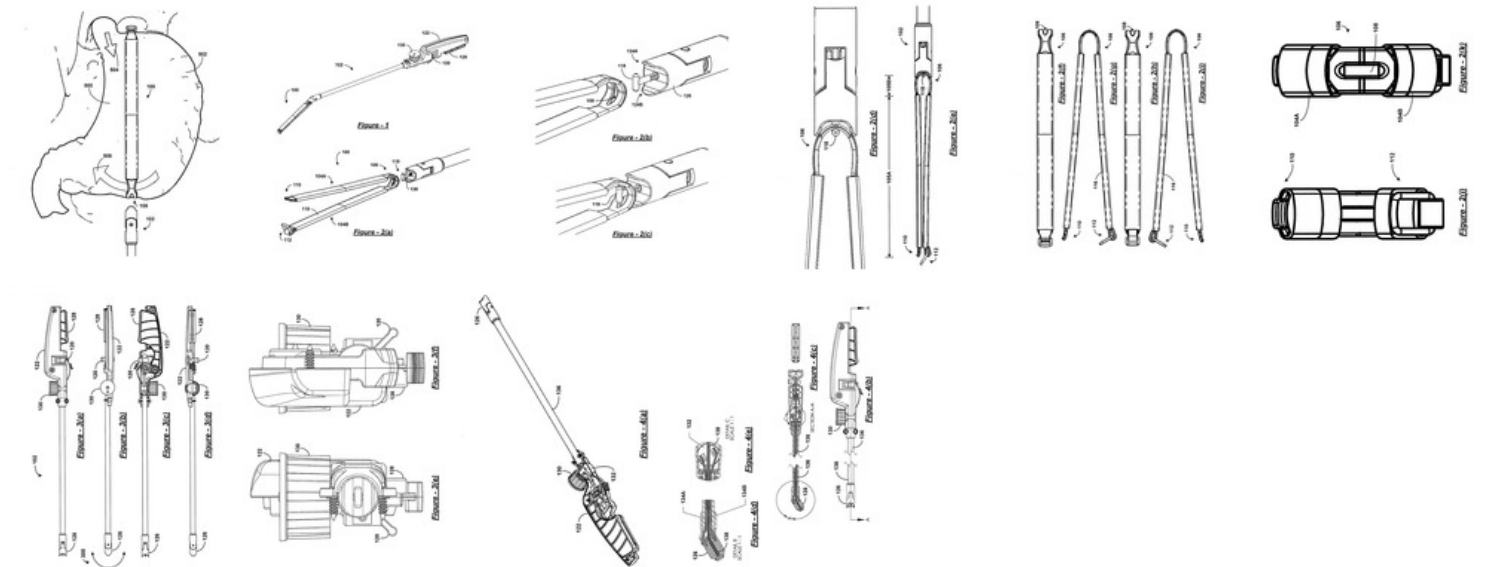
231 results for (clamp and stomach and bariatric and polymer)/TI/AB/IW/CLMS/DESC/ODES/OBJ/ADB/ICLM/KEYW/TX - Collection: FAMPAT

#	 Title	Publication number	1st app. date	Applicant/Assignee	1st publ. date	Publ. date
1.	Polymer overmolded bariatric clamp and method of installing	CA2880155	2013-08-09	ADVANCED BARIATRIC TECHNOLOGY* ADVANCED TECHNOLOGY BARRIER PATRICK EDVANST BARIATRIK TEKNOLODZHI ELELSI	2014-02-13	2014-02-13

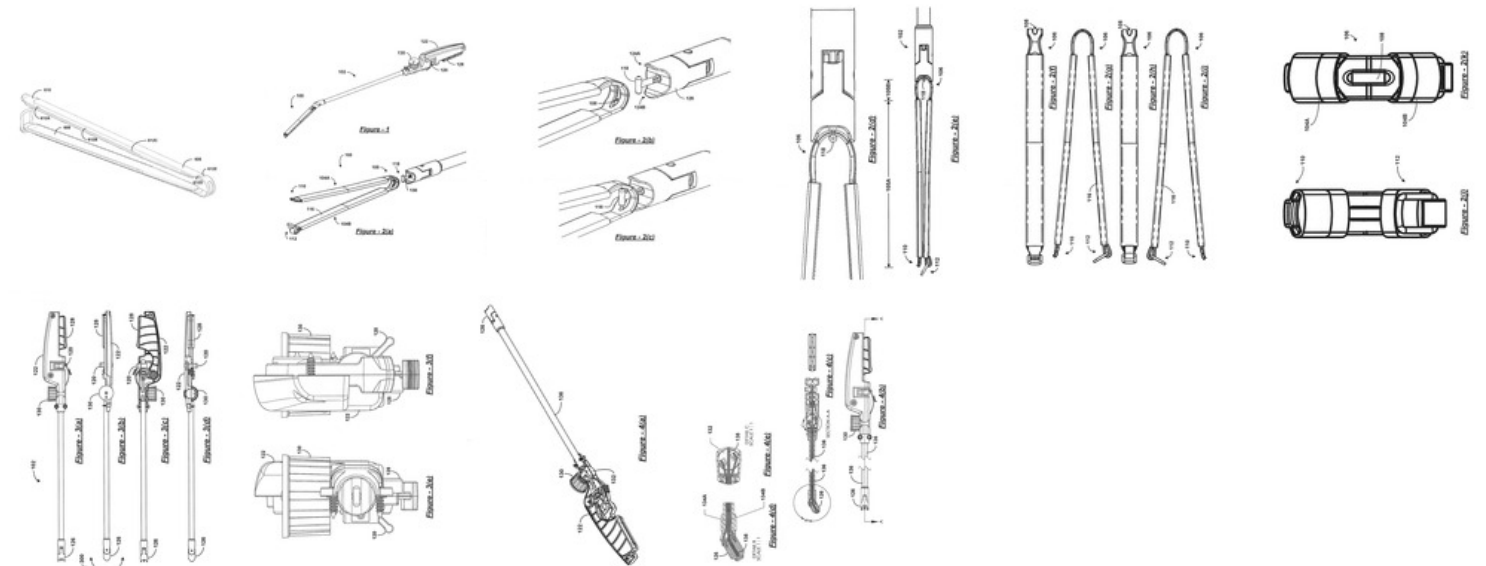
A **bariatric clamp** may include substrate members overmolded in **polymer** forming first and second elongated portions, a bight portion having a flexible hinge, a fastener portion, and an engagement portion for retaining the **clamp** in a closed position to partition the **stomach**. A method for installing may include creating an opening in a patient's abdominal cavity to access the **stomach**, removing tissue connected to the **stomach** adjacent areas the **clamp** is to be positioned, positioning the **clamp** in an open position wherein first ends of the first and second elongated portions are open relative to one another, inserting the **clamp** into the abdominal cavity in the open position and the first and second elongated portions of the **clamp** separately pass through the opening in the abdominal cavity, positioning the first and second elongated portions adjacent first and second sides of the **stomach**, and closing the **clamp** to partition the **stomach**.



2.	Bariatric clamp with suture portions, magnetic inserts and curvature	CA2959519	2015-08-26	ADVANCED BARIATRIC TECHNOLOGY*	2016-03-03	2016-03-03
A bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions with insert portions, and a bight portion having a flexible hinge wherein the inserts are engaged via a magnetic force to retain the clamp in a closed position to partition the stomach. In another embodiment, the bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions and a bight portion having a flexible hinge, wherein the first and second elongated portions are curved to conform to a curvature of a patient's stomach. In another embodiment, the bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions each having one or more suture portions formed via one or more recesses formed in the substrate members.						

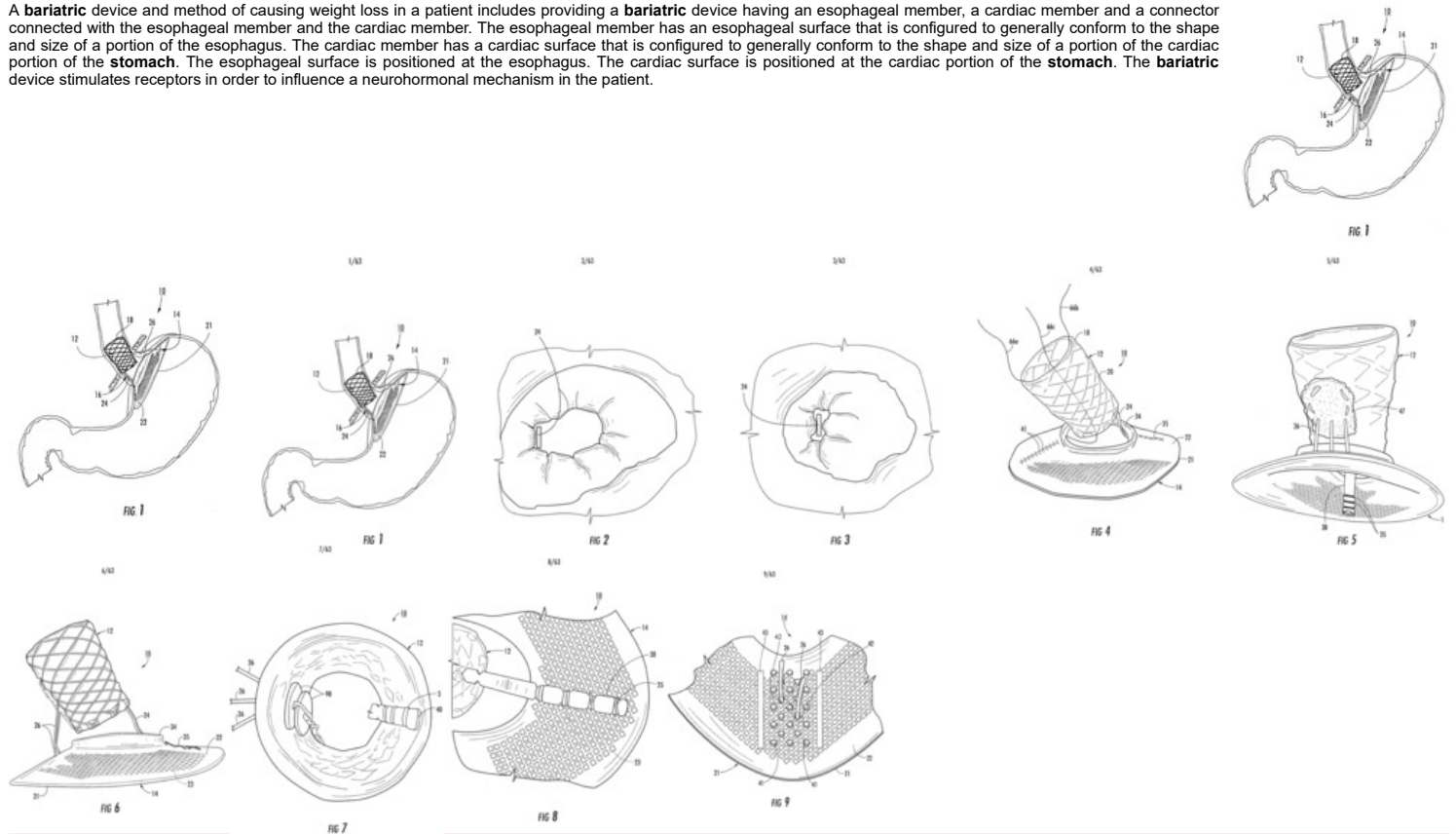


3.	Inflatable bariatric clamp	US20180008447	2017-07-06	ADVANCED BARIATRIC TECHNOLOGY*	2018-01-11	2018-01-11
A bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions, a bight portion having a flexible hinge, one or more inflatable portions disposed at least partially along interior sections of the first and second elongated portions; and a port coupled to at least one of the inflatable portions and configured to adjust inflation of the inflatable portions. The inflatable portions are provided to assist in retaining the clamp in a closed position to partition the stomach and to adjust a pressure of the clamp when partitioning the stomach.						

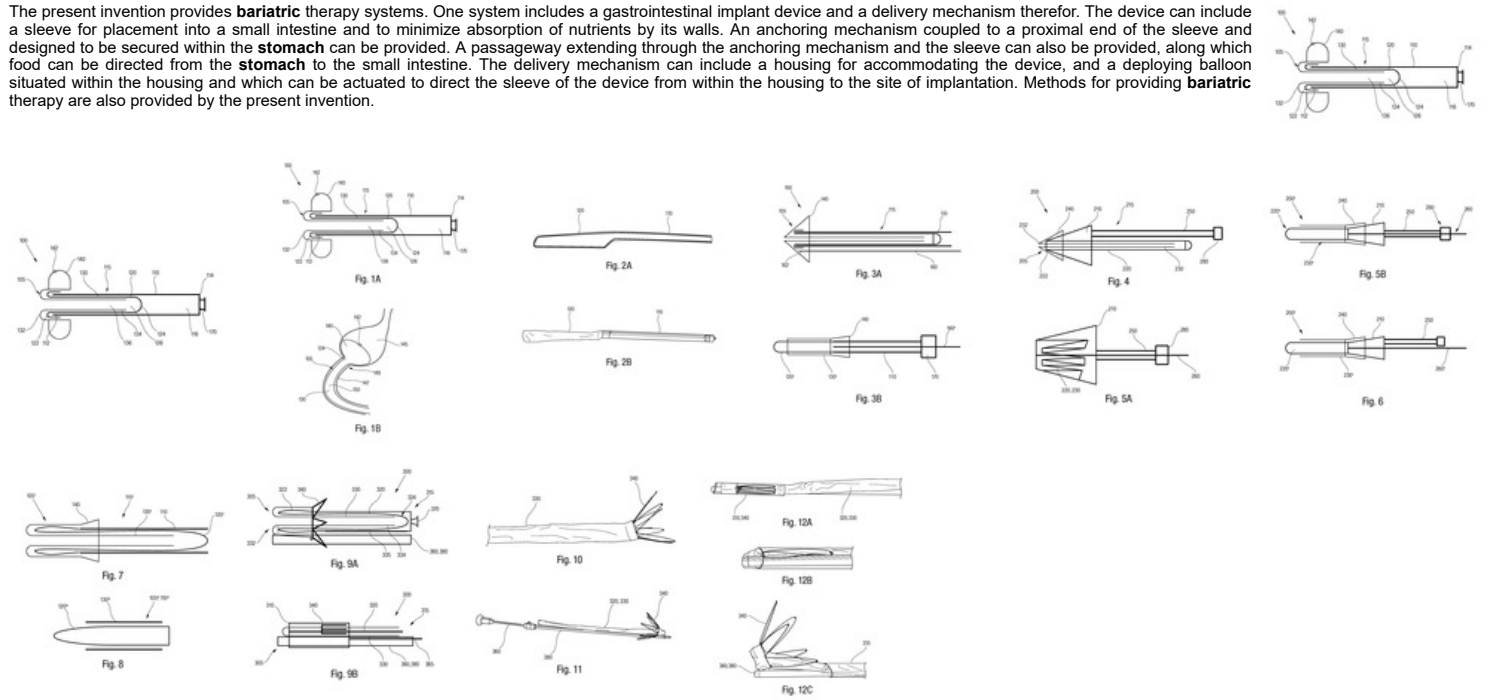


4.	Bariatric clamp with suture portions magnetic inserts and curvature	IN201717006907	2017-02-27	ADVANCED BARIATRIC TECHNOLOGY*	2017-07-07	2017-07-07
A bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions with insert portions and a bight portion having a flexible hinge wherein the inserts are engaged via a magnetic force to retain the clamp in a closed position to partition the stomach. In another embodiment the bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions and a bight portion having a flexible hinge wherein the first and second elongated portions are curved to conform to a curvature of a patient s stomach. In another embodiment the bariatric clamp may include substrate members overmolded in polymer forming first and second elongated portions each having one or more suture portions formed via one or more recesses formed in the substrate members.						

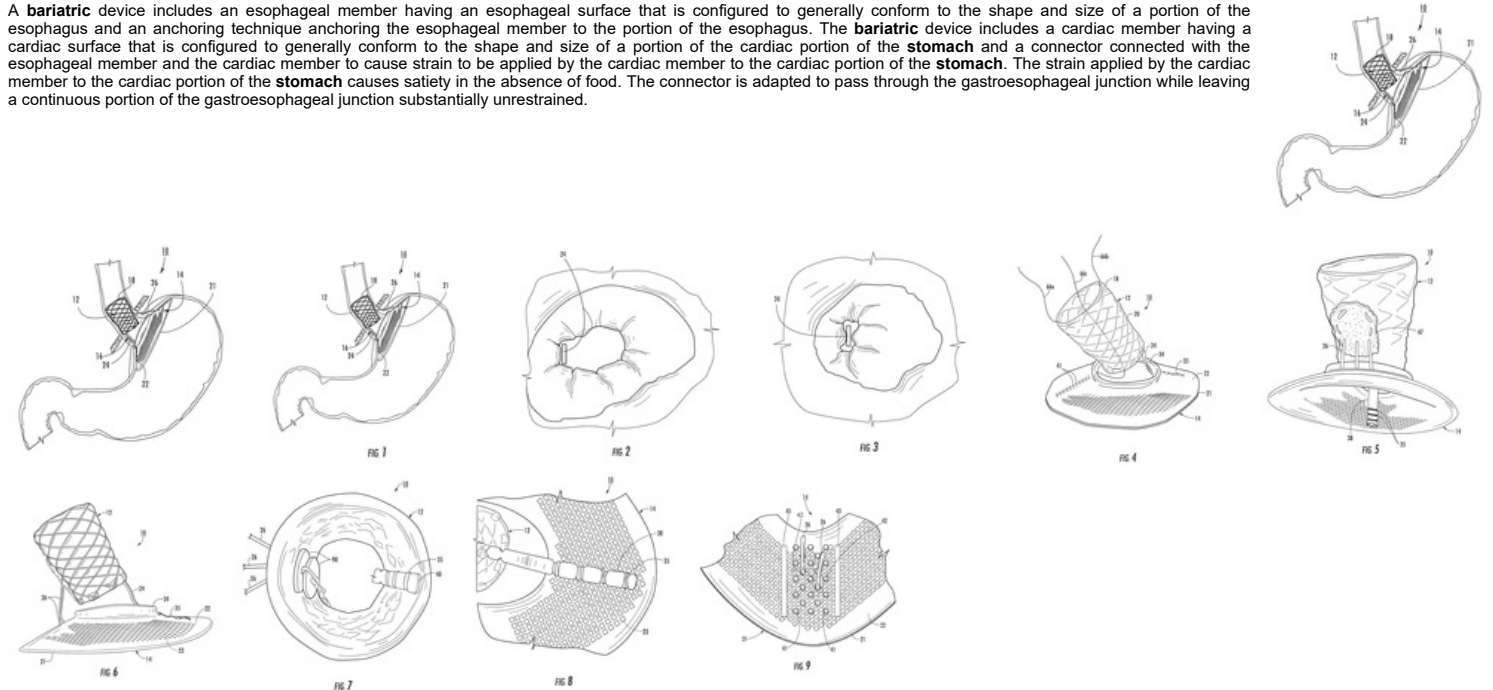
A **bariatric** device and method of causing weight loss in a patient includes providing a **bariatric** device having an esophageal member, a cardiac member and a connector connected with the esophageal member and the cardiac member. The esophageal member has an esophageal surface that is configured to generally conform to the shape and size of a portion of the esophagus. The cardiac member has a cardiac surface that is configured to generally conform to the shape and size of a portion of the cardiac portion of the **stomach**. The esophageal surface is positioned at the esophagus. The cardiac surface is positioned at the cardiac portion of the **stomach**. The **bariatric** device stimulates receptors in order to influence a neurohormonal mechanism in the patient.



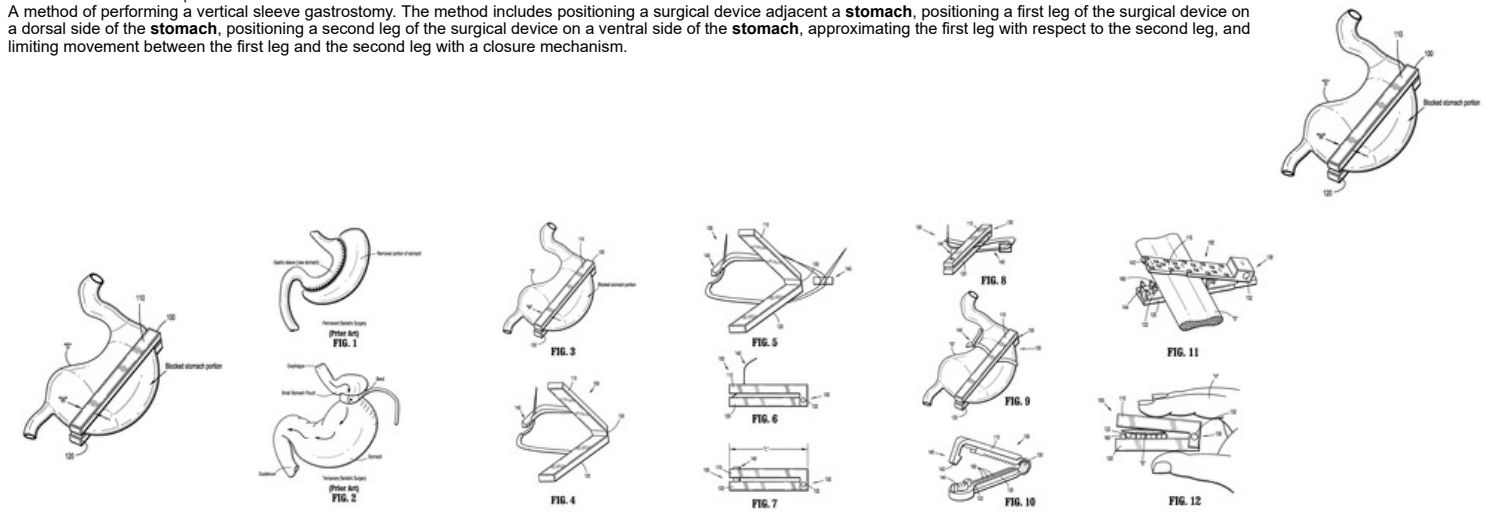
The present invention provides **bariatric** therapy systems. One system includes a gastrointestinal implant device and a delivery mechanism therefor. The device can include a sleeve for placement into a small intestine and to minimize absorption of nutrients by its walls. An anchoring mechanism coupled to a proximal end of the sleeve and designed to be secured within the **stomach** can be provided. A passageway extending through the anchoring mechanism and the sleeve can also be provided, along which food can be directed from the **stomach** to the small intestine. The delivery mechanism can include a housing for accommodating the device, and a deploying balloon situated within the housing and which can be actuated to direct the sleeve of the device from within the housing to the site of implantation. Methods for providing **bariatric** therapy are also provided by the present invention.



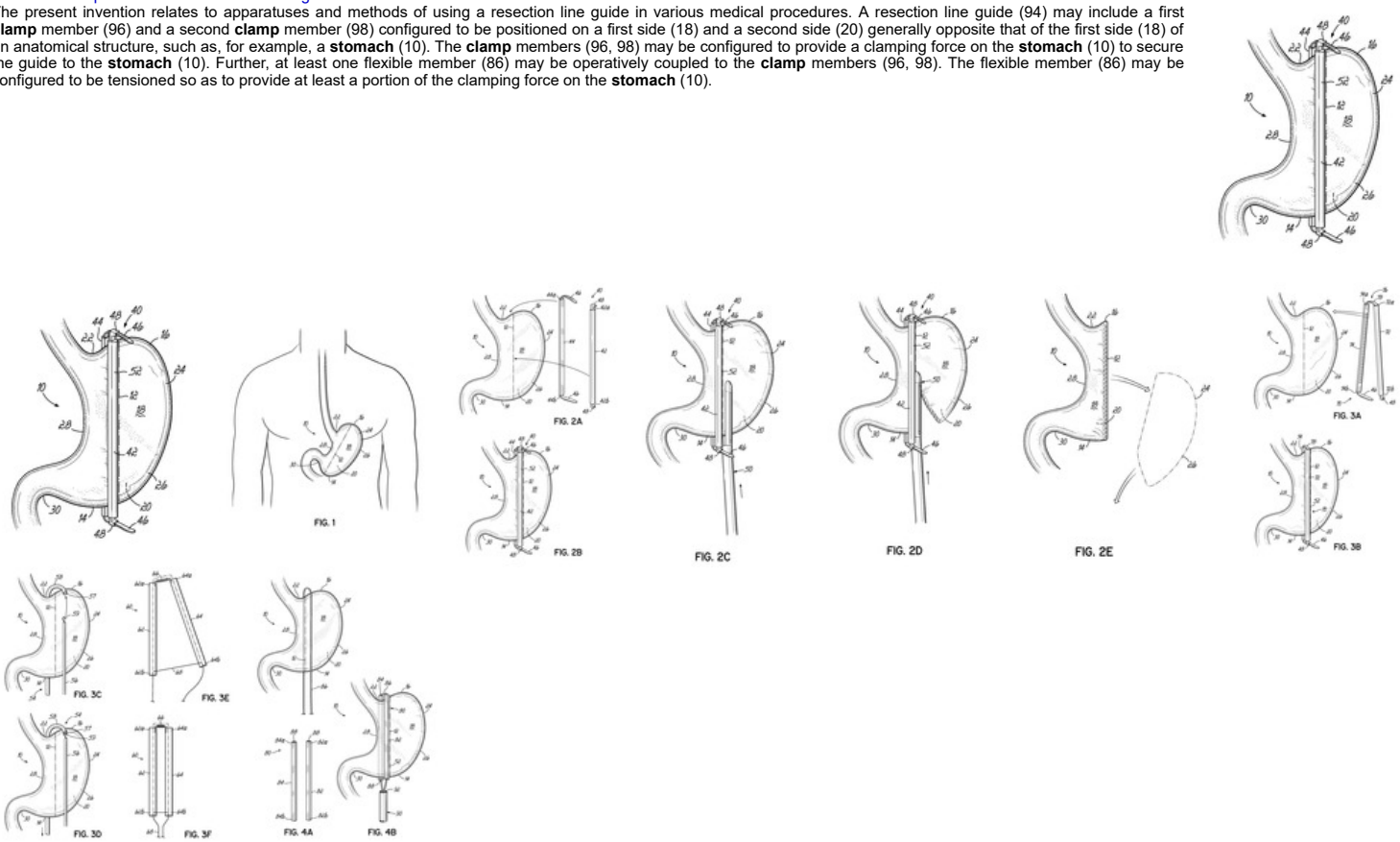
A **bariatric** device includes an esophageal member having an esophageal surface that is configured to generally conform to the shape and size of a portion of the esophagus and an anchoring technique anchoring the esophageal member to the portion of the esophagus. The **bariatric** device includes a cardiac member having a cardiac surface that is configured to generally conform to the shape and size of a portion of the cardiac portion of the **stomach** and a connector connected with the esophageal member and the cardiac member to cause strain to be applied by the cardiac member to the cardiac portion of the **stomach**. The strain applied by the cardiac member to the cardiac portion of the **stomach** causes satiety in the absence of food. The connector is adapted to pass through the gastroesophageal junction while leaving a continuous portion of the gastroesophageal junction substantially unrestrained.



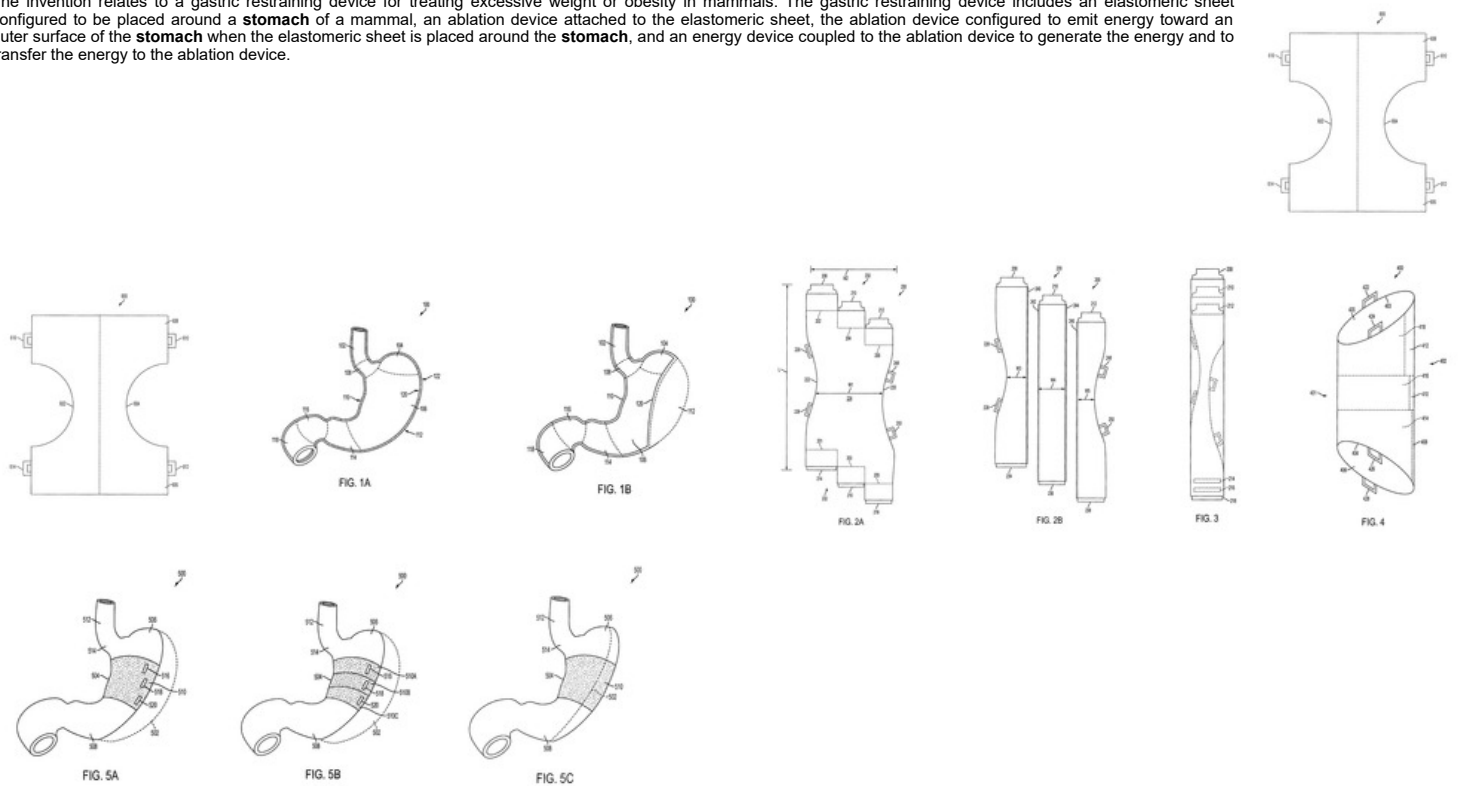
A method of performing a vertical sleeve gastrectomy. The method includes positioning a surgical device adjacent a **stomach**, positioning a first leg of the surgical device on a dorsal side of the **stomach**, positioning a second leg of the surgical device on a ventral side of the **stomach**, approximating the first leg with respect to the second leg, and limiting movement between the first leg and the second leg with a closure mechanism.



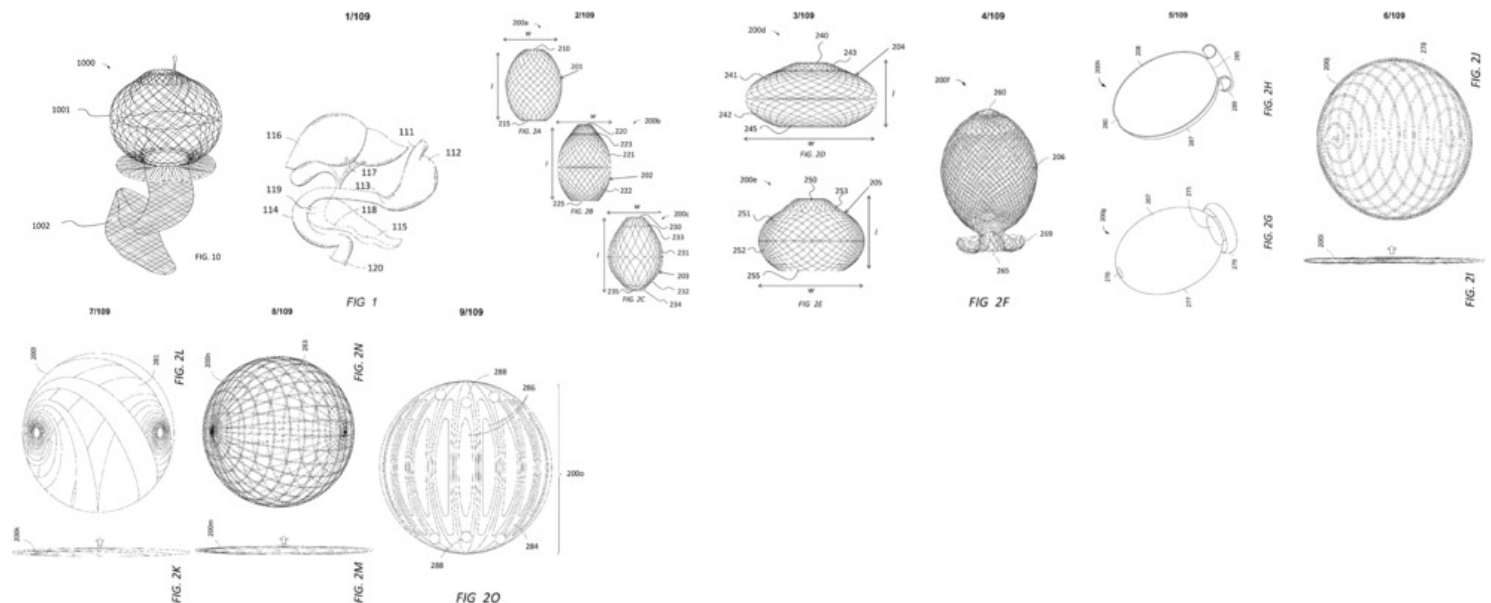
The present invention relates to apparatuses and methods of using a resection line guide in various medical procedures. A resection line guide (94) may include a first **clamp** member (96) and a second **clamp** member (98) configured to be positioned on a first side (18) and a second side (20) generally opposite that of the first side (18) of an anatomical structure, such as, for example, a **stomach** (10). The **clamp** members (96, 98) may be configured to provide a clamping force on the **stomach** (10) to secure the guide to the **stomach** (10). Further, at least one flexible member (86) may be operatively coupled to the **clamp** members (96, 98). The flexible member (86) may be configured to be tensioned so as to provide at least a portion of the clamping force on the **stomach** (10).



The invention relates to a gastric restraining device for treating excessive weight or obesity in mammals. The gastric restraining device includes an elastomeric sheet configured to be placed around a **stomach** of a mammal, an ablation device attached to the elastomeric sheet, the ablation device configured to emit energy toward an outer surface of the **stomach** when the elastomeric sheet is placed around the **stomach**, and an energy device coupled to the ablation device to generate the energy and to transfer the energy to the ablation device.

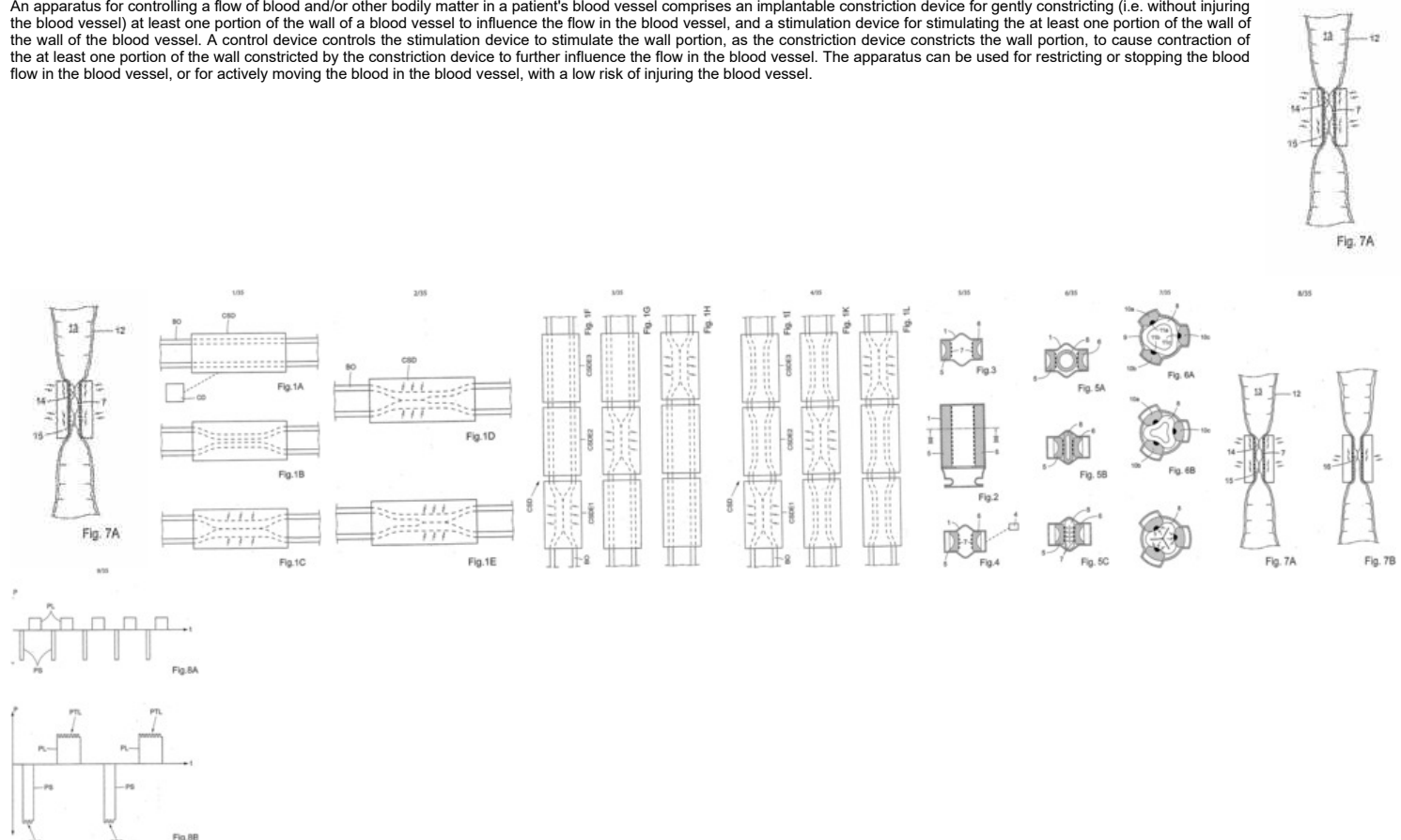


A gastrointestinal device for treating obesity includes a three-dimensional porous structure configurable between a compressed pre-deployment configuration to facilitate delivery and an expanded post-deployment configuration. The porous structure includes a first opening at its proximal end and a larger second opening at its distal end. The porous structure also includes a sleeve coupled to its distal end. Optionally, the device further includes a suture at the proximal end of the wire mesh structure to facilitate retrieval and an anti-migration component positioned at the junction of the porous structure with the sleeve. The porous structure is deployed in a patient's **stomach** such that the anti-migration component sits proximal to the patient's pylorus and prevents migration of the entirety of the device into and through the pylorus. The sleeve extends through the pylorus, into the duodenum and ends in the duodenum or jejunum. Food enters the device from the first opening at the proximal end of the porous structure, passes through the porous structure and sleeve, and exits at the distal end of the sleeve. The device treats obesity by providing a relatively immovable volume occupying structure in the **stomach** and a bypass for food past the pylorus and proximal portion of the small intestine. Optionally, the device further acts to slow the passage of food through the digestive tract. Patients with the device experience satiety more quickly and have a prolonged sensation of satiety.

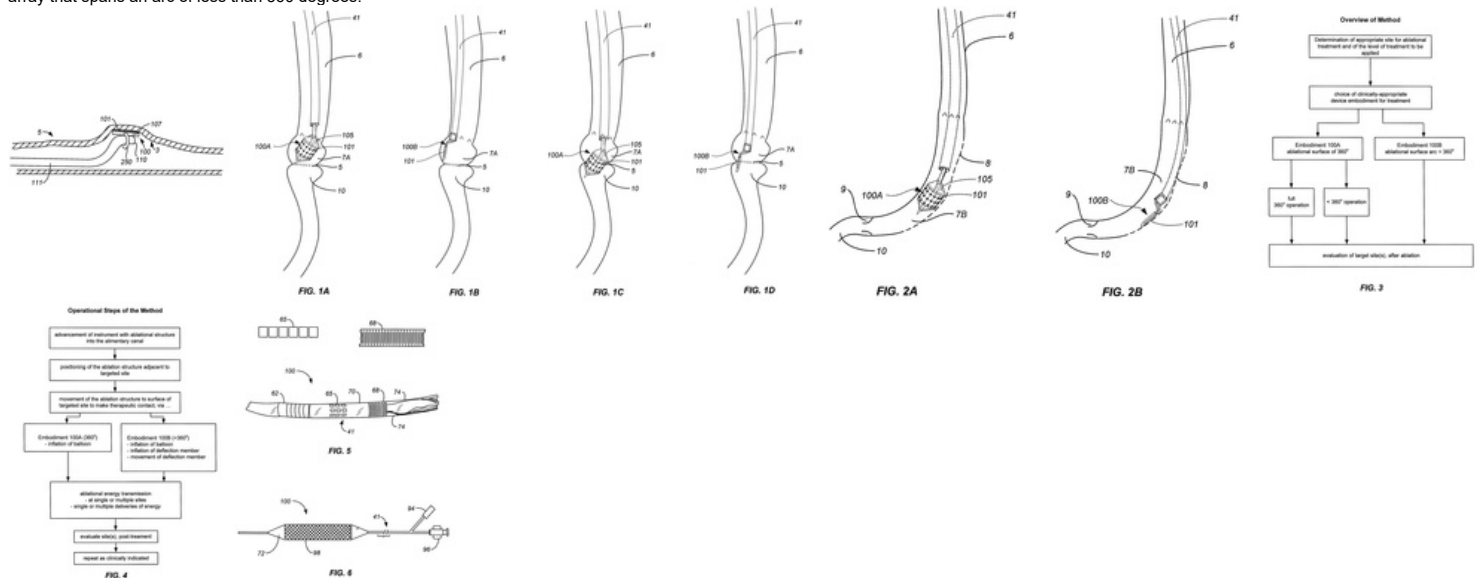


12.	Apparatus for controlling flow of blood in a vessel	WO2009048389	2008-10-10	KIRK PROMOTION* LOOKS HOLDING ESUEI MI	2009-04-16	2009-04-16
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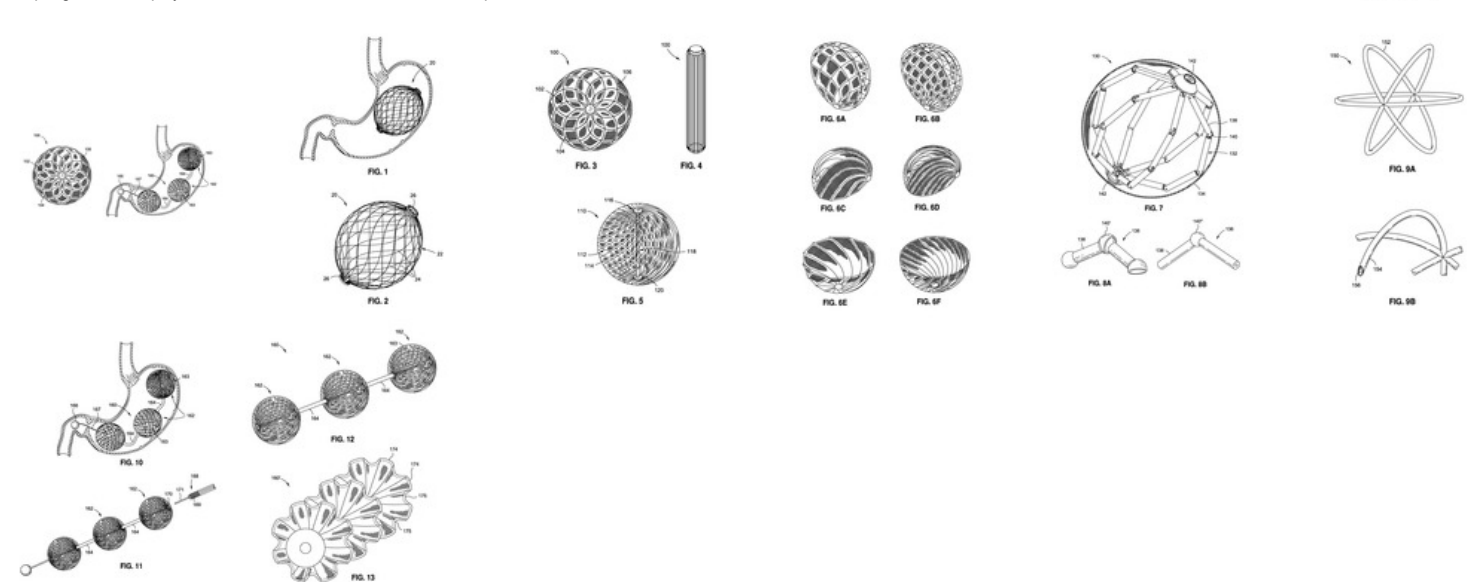
An apparatus for controlling a flow of blood and/or other bodily matter in a patient's blood vessel comprises an implantable constriction device for gently constricting (i.e. without injuring the blood vessel) at least one portion of the wall of a blood vessel to influence the flow in the blood vessel, and a stimulation device for stimulating the at least one portion of the wall of the wall of the blood vessel. A control device controls the stimulation device to stimulate the wall portion, as the constriction device constricts the wall portion, to cause contraction of the at least one portion of the wall constricted by the constriction device to further influence the flow in the blood vessel. The apparatus can be used for restricting or stopping the blood flow in the blood vessel, or for actively moving the blood in the blood vessel, with a low risk of injuring the blood vessel.



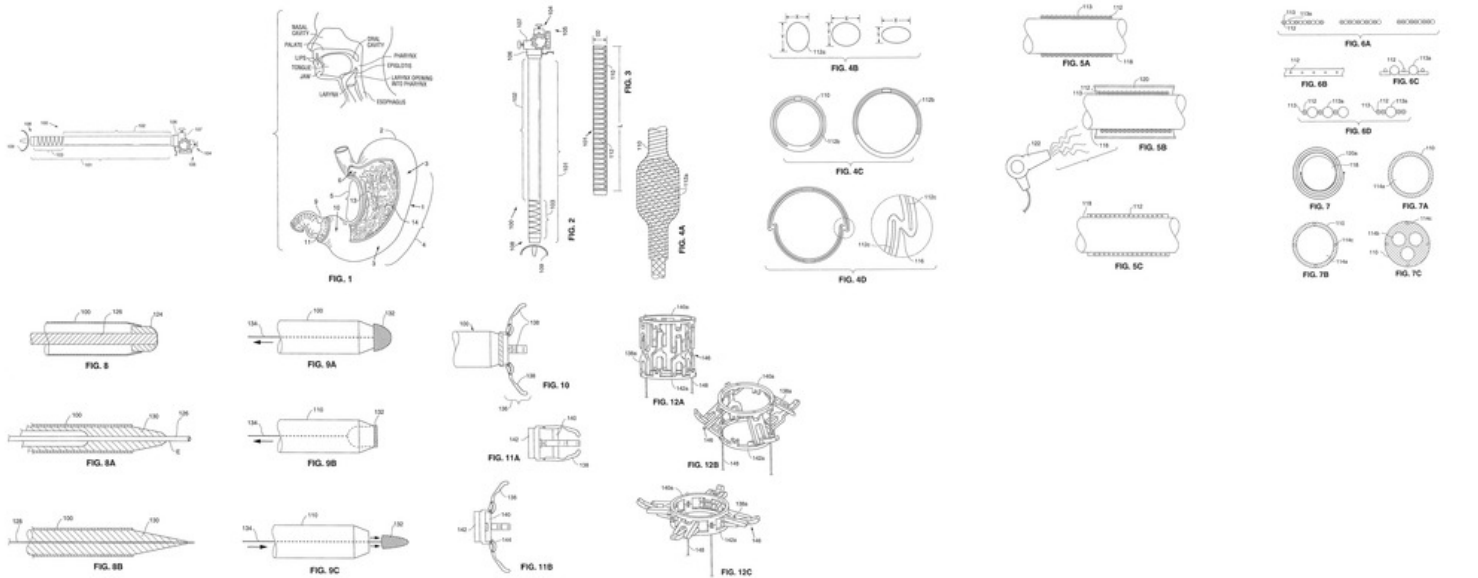
Devices and methods are provided for ablation treatment of regions of the digestive tract in post-**bariatric** surgery patients who fail to achieve or maintain the desired weight loss. **Bariatric** procedures include Roux-en-Y gastric bypass, biliopancreatic diversion, and sleeve gastrectomy. These procedures reconstruct gastrointestinal tract features, creating pouches, stoma, and tubes that restrict and/or divert the digestive flow. Post-surgical dilation of altered structures is common and diminishes their **bariatric** effectiveness. Ablation of compromised structures can reduce their size and compliance, restoring **bariatric** effectiveness. Ablation, as provided the invention, starts at the mucosa and penetrates deeper into the gastrointestinal wall in a controlled manner. Control may also be provided by a fractional ablation that ablates some tissue within a target region and leaves a portion substantially unaffected. Embodiments of the device include an ablational electrode array that spans 360 degrees and an array that spans an arc of less than 360 degrees.



A variety of passive intragastric implant devices for obesity treatment are disclosed. Such passive implants do not autonomously change shape, but instead react within the **stomach** to induce satiety. The implants may take up volume within the **stomach**, thus reducing the digestive capacity. Additionally, the implants may contact areas within the **stomach**, such as the cardia surrounding the esophageal sphincter, to stimulate satiety-inducing nerves. Also, a number of implants slow gastric emptying by blocking or otherwise impeding flow through the pyloric sphincter. Other implants delay digestion by providing a duodenal sleeve. A number of implants combine two or more of these satiety-inducing features. Methods of implant are disclosed including compressing the implants within a delivery tube and transorally advancing the implants through the esophagus to be deployed within the **stomach**. Removal of the implants occurs in the reverse.



This application describes an overtube device that gives diagnostic and/or therapeutic access to body cavities using natural orifices of the body. The overtube includes an elongate flexible body having a distal portion deflectable in response to activation of a control cable. Proximal features of the overtube include an insufflations port and seals for minimizing loss of insufflations pressure around the shafts of instruments passed through the tube. In some embodiments, retractor elements are including on the distal portion of the overtube.



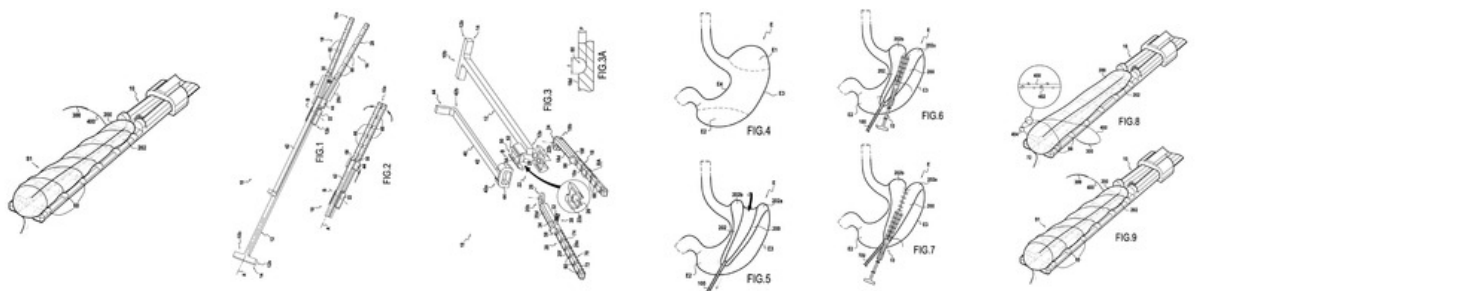
16. Instrument intended to be used to modify the volume of the **stomach** of a patient FR3005564

2013-05-20

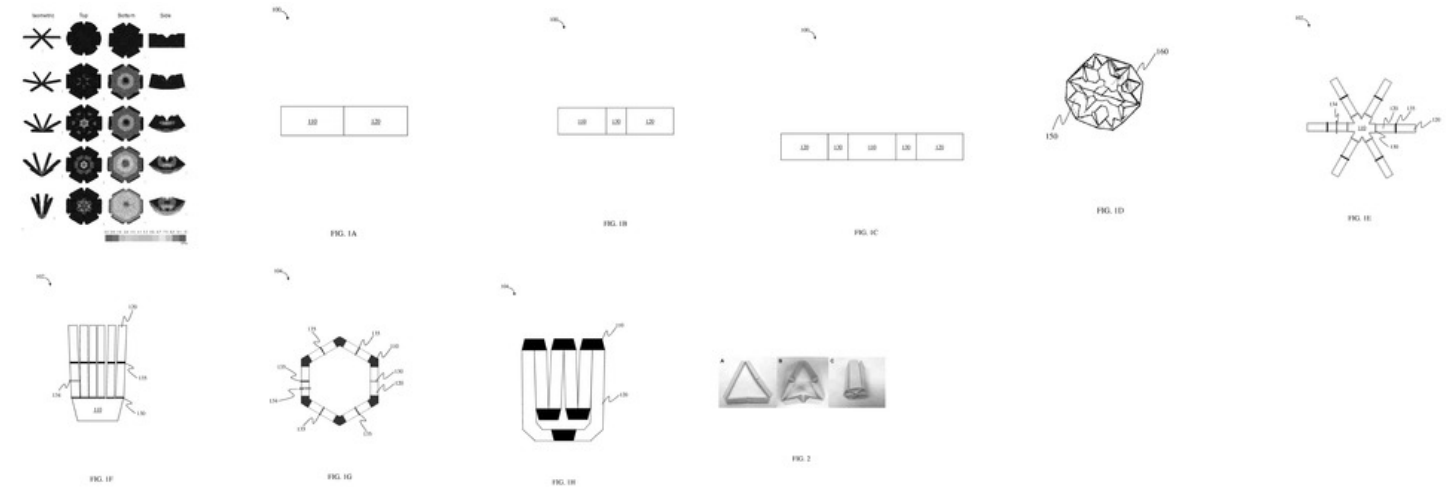
COUSIN BIOTECH*

2014-11-21	2014-11-21
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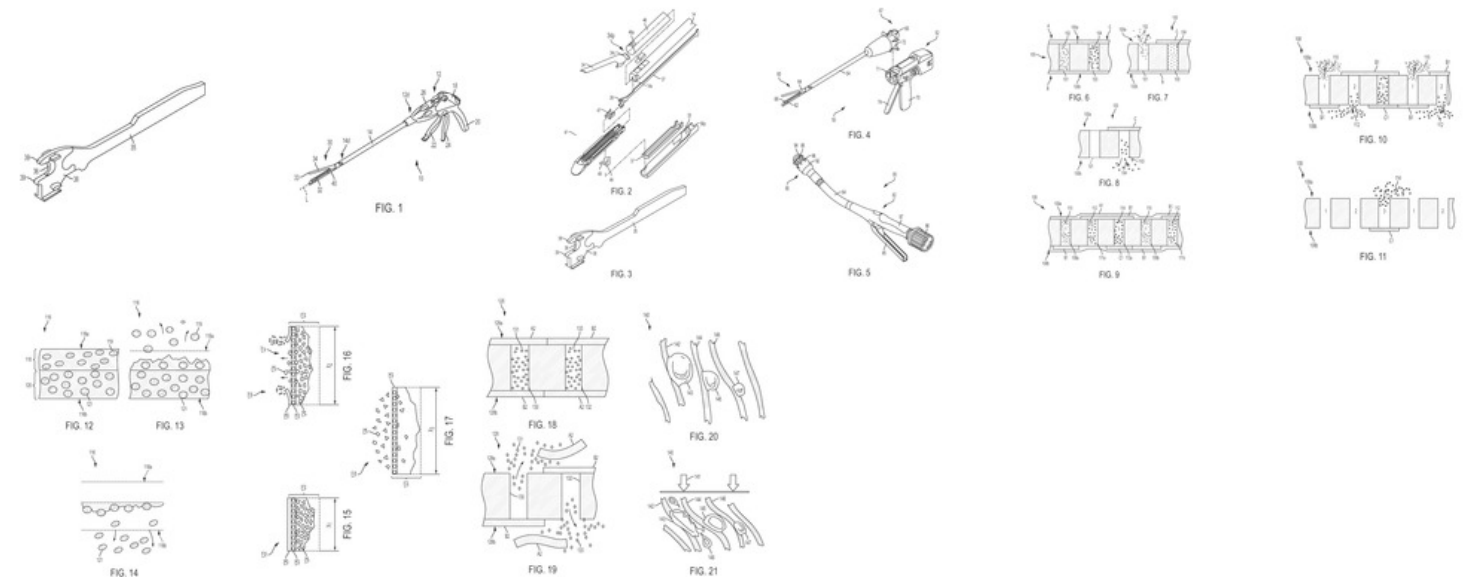
The invention concerns an instrument (10) intended to be used to modify the volume of the **stomach** of a patient. The invention is characterised by the fact that the instrument comprises: a body (12) having a distal end (12a); a clamping device (16) comprising first (18) and second (20) arms pivotally mounted at the distal end (12a) of the body (12) while being pivotable with respect to each other, each of the first and second arms (18, 20) comprising a plurality of guides through which a suture needle can pass; an opening device (30) for moving the first and second arms (18, 20) apart from each other, making them pivot with respect to each other, said opening device comprising a spring member (32) linking the first and second arms (18, 20) and tending to hold them apart from each other; and a closing device (40) for bringing the first and second arms (18, 20) together by making them pivot with respect to each other.



Residence structures, systems, and related methods are generally provided. Certain embodiments comprise administering (e.g., orally) a residence structure to a subject (e.g., a patient) such that the residence structure is retained at a location internal to the subject for a particular amount of time (e.g., at least about 24 hours) before being released. The residence structure may be, in some cases, a gastric residence structure. In some embodiments, the structures and systems described herein comprise one or more materials configured for high levels of active substances (e.g., a therapeutic agent) loading, high active substance and/or structure stability in acidic environments, mechanical flexibility and strength in an internal orifice (e.g., gastric cavity), easy passage through the GI tract until delivery to at a desired internal orifice (e.g., gastric cavity), and/or rapid dissolution/degradation in a physiological environment (e.g., intestinal environment) and/or in response to a chemical stimulant (e.g., ingestion of a solution that induces rapid dissolution/degradation). In certain embodiments, the structure has a modular design, combining a material configured for controlled release of therapeutic, diagnostic, and/or enhancement agents with a structural material necessary for gastric residence but configured for controlled and/or tunable degradation/dissolution to determine the time at which retention shape integrity is lost and the structure passes out of the gastric cavity. For example, in certain embodiments, the residence structure comprises a first elastic component, a second component configured to release an active substance (e.g., a therapeutic agent), and, optionally, a linker. In some such embodiments, the linker may be configured to degrade such that the residence structure breaks apart and is released from the location internally of the subject after a predetermined amount of time.



Adjunct materials for delivery to **stomach** tissue are provided. In general, the adjunct materials can be configured to be delivered to tissue by deployment of staples from a cartridge body of a surgical stapler. The adjunct material can have a structure effective to cause a desired reaction in the **stomach** tissue. The adjunct material can include an effective amount of one or more medicants disposed within and releasable from the adjunct material for delivery to the **stomach** tissue to encourage the desired reaction. The adjunct material can be in the form of at least one of a film and a foam that is releasably retained on the cartridge body. Methods of using a staple cartridge assembly or an end effector to apply such adjunct materials to **stomach** tissue are also provided.



A gastrointestinal device for treating obesity includes a three-dimensional porous structure configurable between a compressed predeployment configuration to facilitate delivery and an expanded post-deployment configuration. The porous structure includes a first opening at its proximal end and a larger second opening at its distal end. The porous structure also includes a sleeve coupled to its distal end. Optionally, the device further includes a suture at the proximal end of the wire mesh structure to facilitate retrieval and an anti-migration component positioned at the junction of the porous structure with the sleeve. The porous structure is deployed in a patient's **stomach** such that the anti-migration component sits proximal to the patient's pylorus and prevents migration of the entirety of the device into and through the pylorus. The sleeve extends through the pylorus, into the duodenum and ends in the duodenum or jejunum.



FIG. 2A

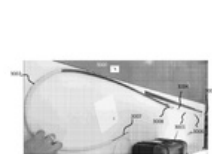


FIG. 2B

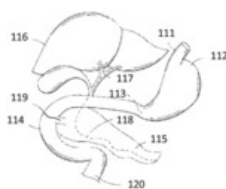


FIG. 1

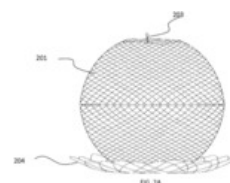


FIG. 2C

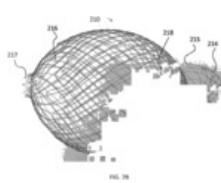


FIG. 2D

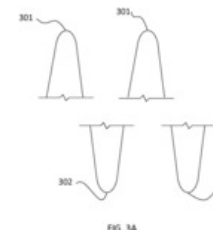


FIG. 3A



FIG. 3B

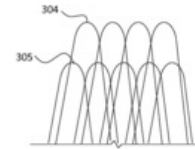


FIG. 3C

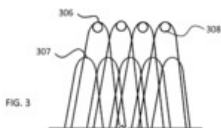


FIG. 3

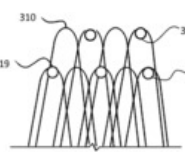


FIG. 3F



FIG. 3G

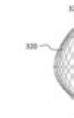


FIG. 3H

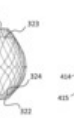


FIG. 3I



FIG. 3J



FIG. 3K



FIG. 3L



FIG. 3M



FIG. 3N



FIG. 3O



FIG. 3P



FIG. 3Q



FIG. 3R



FIG. 3S

20. Systems and techniques for minimally invasive gastrointestinal procedures

US20070129735

2006-07-13

CLAYTON UNIVERSITY
CREIGHTON UNIVERSITY*
UNIVERSITY OF CLAYTON

2007-06-07

2007-06-07

A surgical system for performing gastropasty is disclosed. The system includes an elongated body (23) adapted to be inserted into the esophagus with a proximal end (22) extending from a body orifice. A working member (24) includes a pair of elongated suction cavities that capture and excise portions of the anterior and posterior **stomach** walls and apply sutures to the captured tissue, which, when drawn tight, serve to create a modified lumen in the **stomach**.

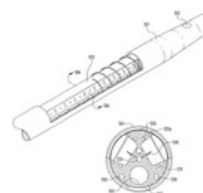


Fig. 6

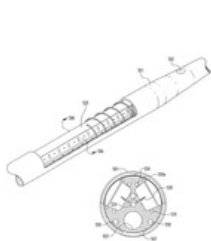


Fig. 1

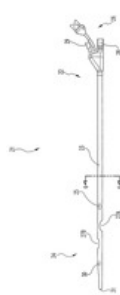


Fig. 2

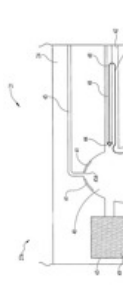


Fig. 3

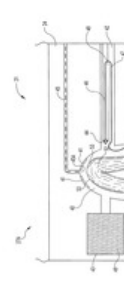


Fig. 4

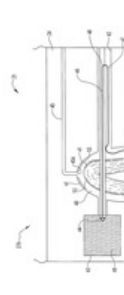


Fig. 5

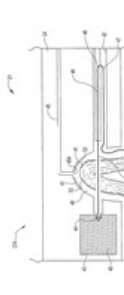


Fig. 6

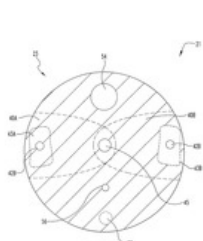


Fig. 7

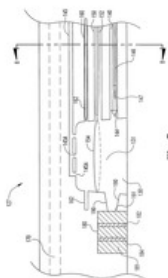


Fig. 8

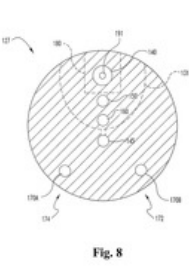


Fig. 9

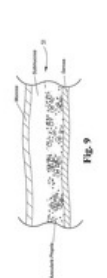
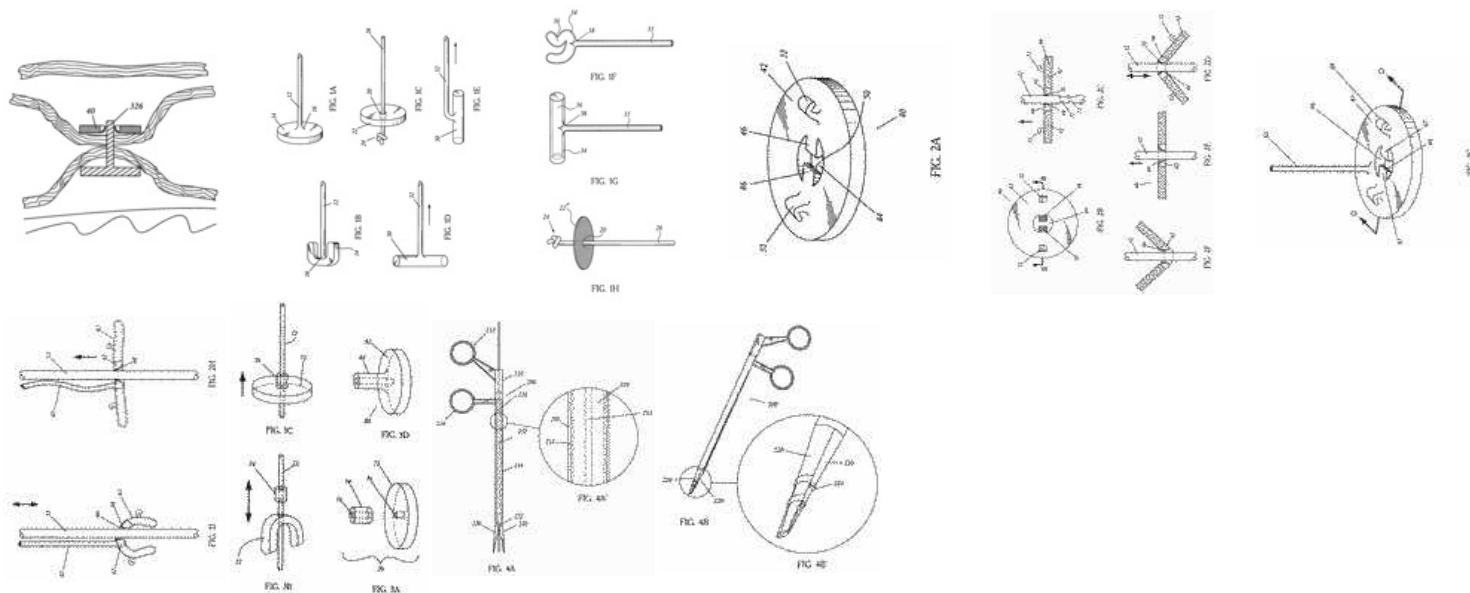


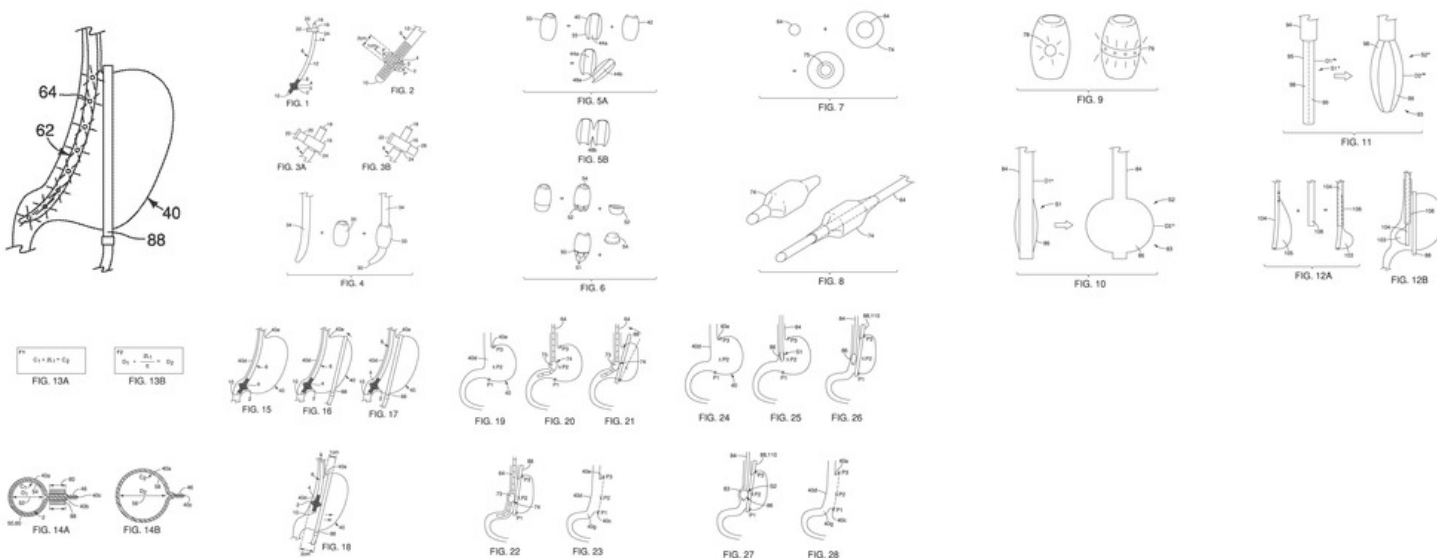
Fig. 10



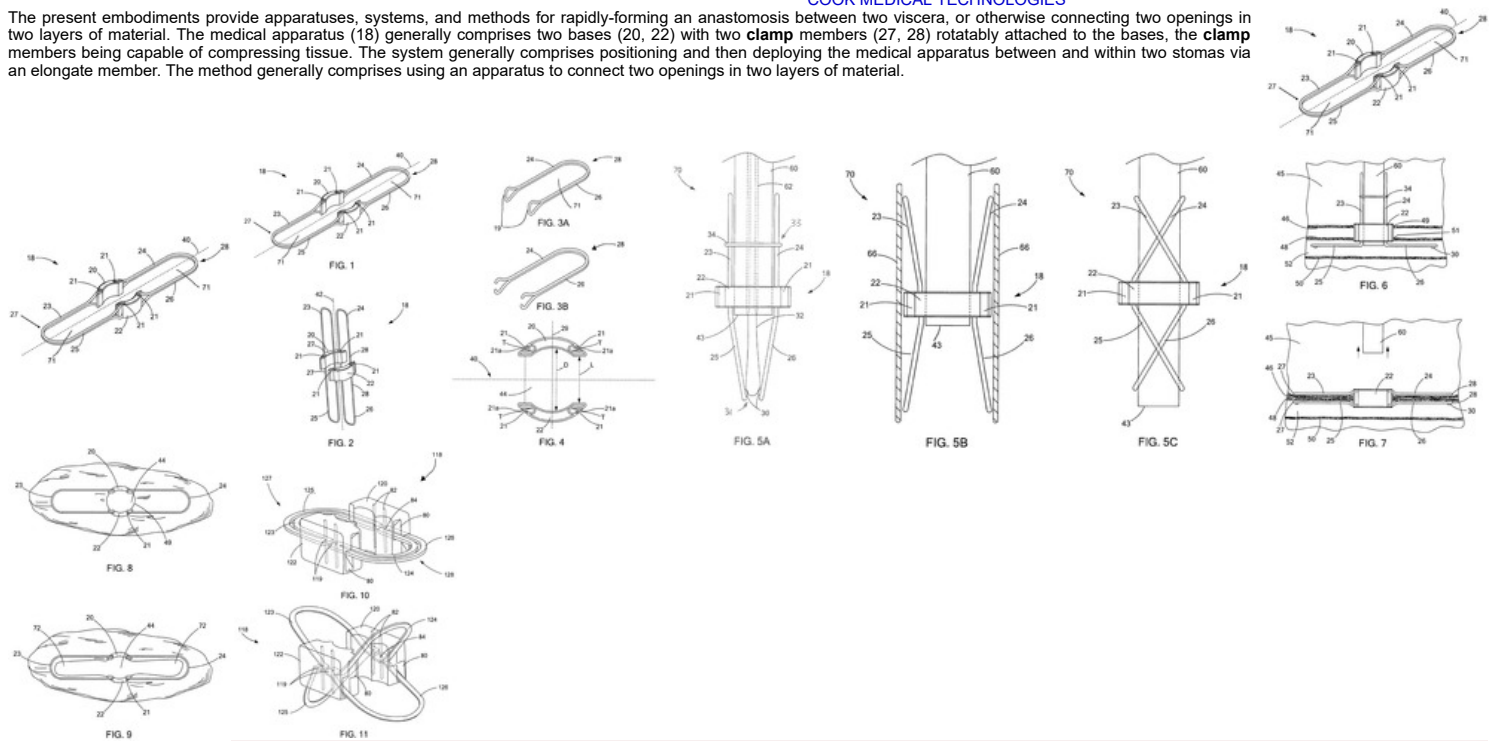
Fig. 11



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The present embodiments provide apparatuses, systems, and methods for rapidly-forming an anastomosis between two viscera, or otherwise connecting two openings in two layers of material. The medical apparatus (18) generally comprises two bases (20, 22) with two **clamp** members (27, 28) rotatably attached to the bases, the **clamp** members being capable of compressing tissue. The system generally comprises positioning and then deploying the medical apparatus between and within two stomas via an elongate member. The method generally comprises using an apparatus to connect two openings in two layers of material.



Bariatric clamps may include substructures coated in polymers. The first and second longitudinal sections, And the elastic hinges that the inserts touch through. Magnetic force to keep the **clamp** in the closed position to divide the **stomach**. In another look Barrier clamps may include substructures that are covered in a longitudinal section of the **polymer**. And the second and the arc with elastic hinges, where the part looks like one long. And the second was curved. To conform to the curvature of the **stomach** of the patient. In another look. **Bariatric** clamps may include substructures coated in polymers. That is the long one. And the second, each of which has one or more sewing parts created through one or more concave parts. Built-in subset.

Devices and methods for treating obesity are provided. More particularly, intragastric devices and methods of fabricating, deploying, inflating, locating, tracking, monitoring, deflating, and retrieving the same are provided.

