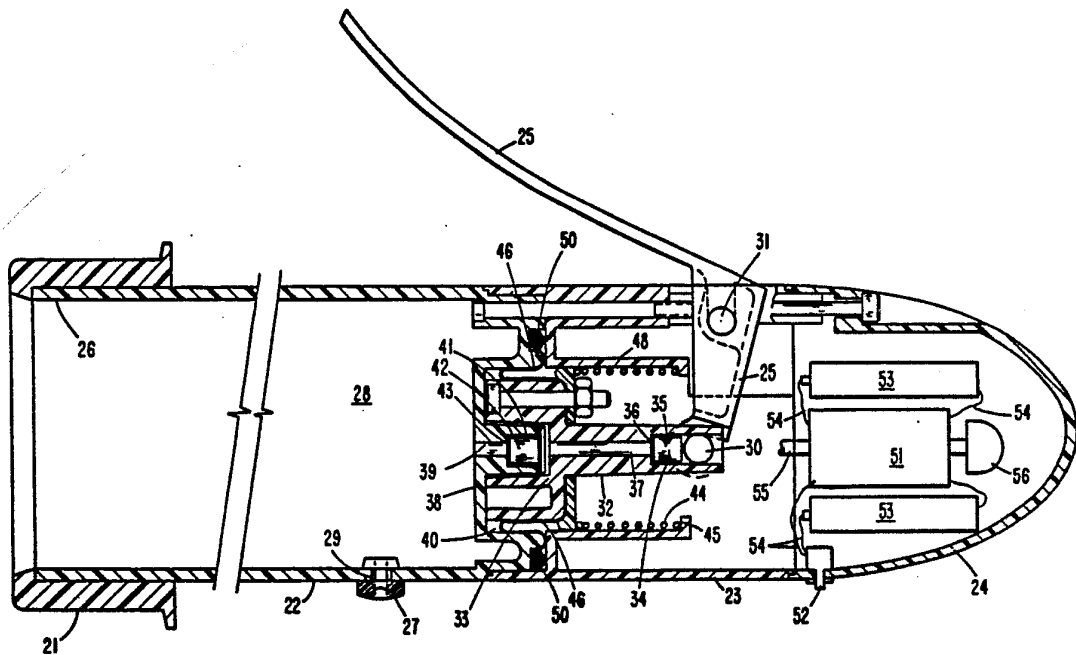




INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

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<p>(21) International Application Number: PCT/US87/01172 (22) International Filing Date: 14 May 1987 (14.05.87) (31) Priority Application Number: 862,987 (32) Priority Date: 14 May 1986 (14.05.86) (33) Priority Country: US (71) Applicant: LEHIGH GROUP LTD. [US/US]; 1132 Hamilton Street, P.O. Box 1446, Allentown, PA 18105-1446 (US). (72) Inventor: MARCUNE, Benjamin, F. ; 1231 School Lane, Rydal, PA 19046 (US). (74) Agent: NEY, Andrew, L.; Ratner & Prestia, 500 North Gulph Road, Suite 412, Leighton Building, P.O. Box 980, Valley Forge, PA 19482 (US).</p>		<p>(81) Designated States: AT (European patent), AU, BE (European patent), CH (European patent), DE (European patent), FR (European patent), GB (European patent), IT (European patent), JP, KR, LU (European patent), NL (European patent), SE (European patent). Published <i>With international search report.</i></p>

(54) Title: SURGICAL APPLIANCE FOR STIMULATING AN ERECTION



(57) Abstract

Surgical appliance (20) for stimulating an erection of the male genital organ (10) by creating a high vacuum around the male genital organ (10). The surgical appliance (20) includes a vacuum housing (22) for receiving the male penis (10) therein and is provided with a seal (21) to the base thereof. A pump housing (23) is connected to the vacuum housing (22) and is provided with a high vacuum pump therein. An activating lever (25) is provided along one side of the housing (23) to enable the appliance (20) to be operated with one hand. In the preferred mode of operation, a constriction ring (71) is cooperable with the surgical appliance (20) to maintain an erection after it is achieved.

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SURGICAL APPLIANCE FOR STIMULATING AN ERECTION

15

Background of the Invention

1. Field of the Invention

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The present invention relates to a surgical appliance adapted to stimulate an erection of the male genital organ. More particularly, the invention relates to a high vacuum apparatus which induces flow of blood into the corpora cavernosa tissues as well as the corpus spongiosum

25

tissues.

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2. Description of the Prior Art

5 Surgical devices are classified in U. S. Class
128. Suction devices are classified in subclasses 300, 303,
etc. and orthopedic appliances are classified in subclass
79.

10 The inability to attain and maintain an erection
of the male genital organ has long been recognized as a
problem with some males. While the problem is more common
to men of advanced age, it is also becoming increasingly
common among younger men, particularly those subject to
15 psychological stress and/or poor blood circulation.
Surgical penile implants have met with a high degree of
success in stimulating an erection, but do not necessarily
create an enlargement of the aforementioned penile erectile
tissues with blood.

20 The male penis consists mainly of three spongy
erectile tissues, two large corpora cavernosa tissues and a
smaller corpus spongiosum tissue which insheaths the
urethra. Erection of the penis occurs when the spongy
erectile tissues are rapidly filled with blood which
25 compresses the veins which ordinarily drain the penis.
Blood is retained in the tissues that would normally be
drained from the penis causing stiffness or an erection.

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5 Normally, an erection of the penis results from an
increased blood flow in the dorsal and profunda arteries
flowing into the large corpora cavernosa tissues and an
increased blood flow in the bulbo-urethral arteries flowing
10 into the smaller corpus spongiosum tissue. Vasodilation of
the arteries feeding the erectile tissues may be effected by
the central nervous system exciting or activating the neuro
vascular bundle of nerves located near the prostate gland
behind the scrotum. Local stimulation of the nervous fibers
15 in the penis may also induce vasodilation of the arteries
supplying the erectile tissues of the penis. If the
arteries are not adequately compressed to constrict the flow
of blood from the erectile tissues in the veins, then
external means of effecting an erection become necessary.
The aforementioned surgical implants do not of themselves
enhance vasodilation of the arteries.

20 Apparatus employing hypodermic needles for
injecting vasodilatory fluids into the corpora cavernosa to
dilate the profunda and the dorsal arteries are not
desirable because the needles break the skin of the penis
exposing the user to harmful or even fatal diseases. Such
25 devices require a high degree of skill to effect proper
injections and also inflict both pain and psychological
shock in the process.

Apparatus for applying a suction or partial vacuum
to the male penis are known. Numerous such devices are

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found in U. S. art class 128, subclasses 79 and 303. Suction apparatus, if operated properly, produces a partial vacuum surrounding the penis which induces blood flow into the erectile tissues. Some prior art suction devices are also provided with elastic bands which may be transferred from the end of the suction device when some degree of erection is achieved. The elastic band is preferably transferred to the base of the penis to retard blood flow from the erectile tissues, thus, maintaining an erection for a longer time.

Vibrators, devices which cause compression and/or create suction are employed as stimulators to induce blood flow into the erectile tissues. Elastic bands, tourniquets, straps and elastic sleeves have also been employed to impede blood flow from the penis once erection is achieved. Some of these latter devices are known to cut off the blood flow from and/or to the penis and can result in damage to nerves and/or tissue.

It would be desirable to provide a surgical appliance which is adapted to be operated with one hand and which accomplishes the desired inducement of blood flow into the erectile tissue of the penis. The desirable apparatus would be continuously adjustable to adapt to different users who need either a high or a low level of stimulation and/or induced blood flow into the erectile tissues.

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Summary of the Invention

5 It is a principal object of the present invention to provide a unitary portable surgical appliance for inducing an erection of the male penis.

10 It is another object of the present invention to provide a surgical appliance which is operable with only one hand for inducing a partial vacuum around the male penis.

15 It is another object of the present invention to provide a unitary surgical appliance having a lever-operated vacuum pump that is simple to control.

It is another object of the present invention to provide an adjustable, hand operated, high vacuum pump in a unitary surgical appliance.

20 It is another object of the present invention to provide a hand-operated vacuum pump which creates a pulsating vibratory motion during normal operation.

25 It is yet another object of the present invention to provide a surgical appliance with a novel durable vacuum seal.

It is yet another object of the present invention to provide a novel constricting ring which is cooperable

-6-

with the vacuum seal on the surgical appliance and is adapted to be custom fitted or sized to a male penis.

5 It is yet another object of the present invention to provide a novel constricting ring which has a quick release feature.

10 It is a general object of the present invention to provide a surgical appliance which is capable of producing an adjustable vacuum which is sufficiently high to induce an erection in impotent males with psychogenic or physical dysfunction.

15 It is another general object of the present invention to provide a surgical appliance for inducing blood flow into the erectile tissue of the male penis to exercise the penile tissue and to provide a lengthening and enlargement of the expanded penis in the flacid state as well as to
20 enlarge the penis size over the normal erect state.

25 According to these and other objects of the present invention, there is provided an elongated surgical appliance having a vacuum housing at one end for loosely receiving therein the male penis, a vacuum pump having a vacuum plenum is connected to the other end of the vacuum housing for providing a high vacuum in the vacuum plenum and vacuum chamber, a pump lever extends along the side wall of the vacuum housing and is connected to the vacuum pump so that it is operable with the same hand which supports the

-7-

vacuum chamber, such successive operation of the pump lever produces an increasingly higher vacuum in the vacuum chamber to effect blood flow in the erectile tissue and to effect erection of the male penis.

5

Brief Description of the Drawings

Figure 1 is a diagrammatic section taken through the male penis;

10

Figure 2 is a top or plan view of a preferred embodiment surgical apparatus;

15

Figure 3 is an enlarged side view in partial section of the apparatus shown in Figure 2;

20

Figure 4 is an enlarged side view in partial section of a modified embodiment apparatus shown in Figure 3;

Figure 5 is a front view of the detachable constricting ring;

25

Figure 6 is a top view of the detachable ring shown in Figure 5;

Figure 6 is a top view of the detachable ring shown in Figure 5;

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Figure 7 is a side view of the lock shown in Figure 6;

5 Figure 8 is a front view of a modified detachable ring of the type shown in Figure 5.

Figure 9 is a schematic side view in enlarged section of another modified vacuum pump and plenum; and

10 Figure 10 is a schematic side view in an enlarged section of yet another modified vacuum pump and plenum.

15 Description of the Preferred Embodiment

Referring now to Fig. 1 showing a cross-section view through a male penis 10. The inability of the penis to achieve an erection may be psychological or physiological in nature, however, the immediate cause for the failure to produce an adequate erection results from incomplete inflation of the corpora cavernosa erectile tissue 13 with blood. Normally under nervous stimulation the dorsal arteries 11 and the profunda (or deep penile) arteries 12 will be dilated to increase blood flow to the corpora cavernosa tissue 13. The rapid filling of the spongy erectile tissues with blood compresses the veins in the tissues which would ordinarily drain the tissues, thus, resulting in stiffness or erection of the penis. The bulbo-urethral artery 14, when dilated, fills the spongy erectile tissues of the

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corpus spongiosum tissue 15 surrounding the urethra and further enhances stiffness or erection of the penis.

5 Superficial dorsal veins 17 and lateral veins 19, as well as deep dorsal vein 18 drain the blood from the erectile tissues. If the flow of the blood is restricted or impeded in the veins, the erection can be prolonged or maintained over a relatively long period.

10 Referring now to Figs. 2 and 3 showing a top and side view of a preferred embodiment appliance 20 for stimulating an erection of the male penis. The appliance 20 comprises a soft seal 21 on the open end of the main vacuum housing 22. Preferably, housing 22 is a rigid clear
15 plastic. A pump housing 23 is connected to the closed end of housing 22. A nose cone housing 24 is connected to housing 22 and provides a cover for a vibrator or electric pump drive as will be explained hereinafter. The preferred mode of operation of the vacuum pump in housing 23 is by
20 manual operation of lever 25 with the thumb or fingers while holding and operating the appliance 20 with one hand. The pump is designed to impart a vibratory motion to the penis which further enhances and stimulates the nerves.

25 Referring now to Fig. 3 showing in elevation the details of a BELLOFRAM pump in enlarged partial section. Soft plastic seal 21 is permanently attached to the open end 26 of housing 22 and is adapted to serve as a vacuum seal against the body at the base of the penis in one mode of

-10-

operation. A resilient relief valve 27 is mounted through a hole 29 in the side of housing 22 and is operable to allow air to enter the vacuum chamber 28 of housing 22 when distorted laterally to uncover a portion of hole 29.

5

Lever 25 is pivotally mounted on a pivot pin 31 in pump housing 23. The short end of lever 25 is pivotally mounted to a piston rod 32 of piston 33 by pin 30. Piston rod 32 has a cylindrical recess 34 in which a check valve plug 35 is free to move. A resilient disk seal 36 is cooperable with plug 35 and is adapted to seal conduit 37 during a suction stroke of piston 33.

10

The end wall 38 of housing 22 forms a wall of a plenum chamber 40. Wall 38 is provided with an aperture or conduit 39 which opens into a cylindrical recess 41 in which a check valve plug 42 is free to move. A resilient seal 43 cooperates with plug 42 and is adapted to seal conduit 39 during a return stroke of piston 33. When lever 25 is depressed, valve 35, 36 seals conduit 37 and starts creating a partial vacuum in plenum 40. When the pressure in plenum 40 falls below the pressure in chamber 28, valve 42, 43 opens and the pressure in chamber 28 is further reduced. As lever 25 is released, compression spring 44 acting on clamp disk 45 returns piston 33 to the position shown.

15

20

25

BELLOFRAM disk 46 is shown folded in plenum 40. During the suction stroke, the flexible disk 45 unfolds as piston 33 moves to the right. BELLOFRAM disk 46 forms a

-11-

5 moveable wall of the plenum 40 similar to a bellows. Cap screws 47 in piston 33 hold the inner diameter of disk 46 sealed against piston 33. Spring cage 48 of pump housing 23 holds the outer diameter of BELLOFRAM disk 46 sealed against endwall 38 of vacuum housing 22. Tie rods 49 hold the vacuum housing 22, the pump housing 23 and cone housing 24 tightly together and also compress the end ring 50 of BELLOFRAM disk 46 against end wall 38.

10 A desirable feature of the BELLOFRAM disk 46 is that it permits piston pin 30 to be moved through an arcuate path which tilts piston 33. Clamp disk 45 is loosely fitted in spring case 48 which serves as a guide for movement of piston 33. BELLOFRAM disk 46 does not rub against either
15 piston 33 or end wall 38, thus, is not subject to friction wear which could cause loss of the high vacuum seal achieved in the preferred embodiment of the present invention. The structure shown has been tested and is capable of achieving vacuum pressures in excess of twenty-two inches of mercury,
20 which is double the best vacuum pressure achieved with a normal piston employing a moving friction seal against a cylindrical sidewall. Depression of lever 25 starts the suction stroke that eventually creates a vacuum in plenum 40 high enough so that the vacuum in chamber 28 causes valve
25 42,43 to rapidly open. This rapid opening results in a pulsating and stimulating action which enhances dilation of the arteries.

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5 When additional stimulation is desired, a
vibrating solenoid 51, shown schematically, may be mounted
in the nose cone 24. Push button switch 52 is electrically
connected to the solenoid 51 and batteries 53 by wires 54 to
control operation of the solenoid. It will be understood
that solenoid 53 is axially aligned with piston rod 32 and
may be connected thereto by a shaft or rod 55. When
10 solenoid 51 is also employed to drive piston 33, bumper stop
56 is preferably connected on shaft 55 to limit the travel
of the shaft 55, and lever 25 is disconnected from piston
rod 32. The electric pump feature need not be employed when
the patient-user has sufficient manual dexterity to actuate
and control lever 25.
15

Referring now to Figure 4 showing in side
elevation an enlarged partial section of a modified embodi-
ment apparatus. The figure 4 embodiment has a modified
20 piston 33' that employs a moving friction O-ring seal 57,
and a fixed O-ring seal 59, otherwise the parts are the same
as those shown in Figure 3 and are numbered the same.

25 Nose cone 24' is larger than before and is shaped
to receive a small efficient electric motor 60 having an
eccentric weight 59 mounted on its rotating shaft 61.
Adjustment wheel 62 is provided with a wheel contact 63
which engages reostate coil 64. Wheel 62 is mounted on the
battery and motor support frame 65 and is biased into en-
gagement with coil 64 by spring 66, held in compression by

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5 washer 67 and clip 68. Wheel contact 63 provides ON-OFF regulation as well as speed adjustment regulation of motor 60. Electrical contacts 69 and 70 are shown as connected to the battery and motor, however, the electrical wires which connect the reostat-switch with the motor and battery are well known and are not shown in this illustration.

10 It will be understood that motor 60 is speed adjustable by reostate 64 for changing the frequency of the vibratory motion generated by eccentric weight 59. The vibration motor 60 is more efficient than a solenoid 51 shown in figure 3. However, motor 60 must be modified if it is desired to drive the short end of lever 27 through a lever and link, not shown in this embodiment. Whenever the motor is modified to drive the piston 33' in a manner shown in Figure 3, vibration is created as a result of the pumping action.

20 The hereinbefore described apparatus 20 has a soft end seal 21 which will enable the average user to make a seal against the body in the presence of pubic hair which is sufficient to create an average vacuum. With the aid of surgical jelly even a higher vacuum is achieved in chamber 22. Once an erection is achieved and the apparatus removed, the blood engorged in the erectile tissues may return by venal flow to the body unless the sphincter muscles restrict the return flow. It is known that constricting devices applied to the outside of the penis in the form of a tourniquet will assist in maintaining an erection by

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5 restricting the return venal blood flow but the arterial
blood flow should be unrestricted. Since the arteries in
the penis are more deeply embedded than the veins in the
penis and are to some extent protected by the erectile
10 tissues during an erection, devices which apply radially
inward pressure to constrict venal blood flow have succeeded
in assisting the sphincter muscles in maintaining an
erection once achieved. However, it has been difficult to
impossible to provide a proper degree of venal retraction.
15 The amount of restriction desired varies from one person to
another. Not only does the circumference and diameter of
the penis vary considerably from one person to another, but
the size will vary with the degree of erection that can be
maintained without a constricting device. If too little
20 constriction is applied, the constricting device will not
maintain a prolonged erection. If too great a degree of
restriction is applied, distractive discomfort, numbness and
even damage to tissue may occur. The only practical solu-
tion to this problem is to provide a surgically designed and
surgically fitted constrictive device.

25 Referring now to Figures 5 and 6 showing in front
and top views, a novel constriction device. Ring 71 is
adapted to be used with the preferred embodiment apparatus
20 shown in Figures 3 and 4. Unlike most prior art devices,
the ring 71 does not of itself exert a radially inward
pressure similar to an elastic band or elastic strap but is
surgically designed and provided with an interior aperture
74 which is not constrictive when the penis is flacid.

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Moreover, the novel constriction ring 71 is adapted to be used with the apparatus 20 in one of two preferred modes of operation which will be explained in more detail hereinafter. Ring 71 has a radial flange 72 and an axial tapered portion 73 which permits the constriction ring to be mounted onto the male penis before using the apparatus 20, or to be mounted in the apparatus 20 before the flacid penis is induced to full erection with apparatus 20. Once the penis reaches full erection, it enlarges when the arterial blood fills the erectile tissues. The enlarge penis presses radially outward on the aperture 74. The size and shape of the aperture 74 has been surgically determined to achieve and maintain full erection with the minimum constriction of blood flow in the penis. It has been found that use of the apparatus actually icncreases the diameter and the length of the penis of the average user, and more than one surgical constriction ring is desirable for the average user.

The interior aperture 74 is not round, but is relieved at portion 75 opposite the bulbo-urethral arteries 14 shown in Figure 1. Ring 71 is flexible , but is sufficiently rigid to maintain its desired surgical shape shown without creating excessive pressure on the dorsal arteries 11 or the bulbo-urethral arteries 14. Ring 71 may be made in a single continuous molded piece, or provided with a break or split 76 which is preferred. The preferred embodiment quick release ring 71 shown in Figure 5 and 6 is provided with a snaplock 79 shown in Figure 7. The snap-

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lock 79 is adapted to snap into recesses 78 shown in ring 71.

5 Figure 8 shows a modified quick release split lock
constriction ring 71' having a lock 79' insert molded
integrally with the ring and adapted to snap into recess 81.
The lock 79' and recess 81 may take any of numerous forms
such as a tapered wedge and keystone shapes all of which are
10 adapted to provide a seal to the split 76' and permits the
constriction ring 71' to be removed or installed by the user
in a flacid or erect state.

 Referring now to Figure 9 showing an enlarged
15 schematic side view in section of a modified vacuum pump and
plenum. Lever 25' is pivotally mounted on the outside of
housing 22'. Pin connected lever 82 is connected to piston
83 and is movably mounted in cylinder 84. Piston 83 is
provided with a seal 85 and a flap check valve 86. The base
20 87 is cross bored to provide a conduit 88 which connects
plenum 40 with the vacuum chamber of housing 22'. Flap
check valve 91 seals off conduit 88 during a return stroke.
As discussed hereinbefore, the friction seal 85 tends to
wear, leak, expand and stick unless special materials such
25 as anti-friction plastics are employed. The advantage of
such a device resides in the ease and cheapness of
manufacture, thus, making the surgical appliance available
to persons who could not ordinarily afford a more reliable
and more expensive high vacuum device.

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5 Referring now to Figure 10 showing yet another
enlarged schematic side view in section of a further
modified vacuum pump and plenum. Plastic bellow 92 may be
molded of plastic to provide an easily constructed vacuum
pump. Flap check valve 93 is mounted on rigid drive disk 94
and flap check valve 95 is mounted on end wall 96 of vacuum
chamber 22". Lever 97 is driven by a force applied in
10 alternate directions by means discussed hereinbefore. The
retainer ring 98 is adapted to hold plastic bellows 92
against end wall 96.

15 It will be understood that Figure 9 and 10 are
intended to illustrate a basic mode of operation and
structure having a very small plenum chamber 40 combined
with a tight seal which will enable the apparatus to achieve
an average vacuum with a rubbing seal and a high vacuum with
a preferred embodiment seal. When the plenum chamber is
made very small, a high vacuum is achieved in the first part
of the first suction stroke. Thus, each successive stroke
20 creates a high vacuum in the plenum which is transferred to
the vacuum chamber, rapidly reducing the pressure therein.
When a high vacuum is applied around the total area of the
male penis, vasodilation occurs immediately. When the penis
fills the constriction ring 71 the compressed veins in the
25 outer peripheral area of the penis are now contracted, thus,
maintaining a full erection.

Having explained a preferred embodiment apparatus
and thee modifications thereof, it will be understood that

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5 the apparatus may be used in several desirable modes. The
apparatus 20 and ring 71 may be assembled before use. When a
full hard erection is achieved, the apparatus 20 may be
separated from the ring 71 and the full erectile tissues
will be expended or exercised. Exercise of the erectile
tissues with or without the constriction ring 71 will result
in a semi-permanent enlargement of the penis over a short
period of time, thus, resulting in a larger and more rigid
than normal erection.

10 The ring 71 may be placed on the penis before or
after a full or partial erection is achieved. The erection
may have been achieved with or without the use of the
apparatus 20. Apparatus 20 may be subsequently employed at
15 any time to achieve a full and hard erection. Thus, during
prolonged foreplay it is possible to loose a full hard
erection. The present apparatus now assures that full
penile tumescence can be achieved at any time.

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Claims:

5 1. A surgical appliance for stimulating an erection of the male genital organ comprising:

10 an elongated shaped surgical appliance having a vacuum housing portion connected to a pump housing portion and adapted to be held and operated with one hand,

15 said vacuum housing having an open end adapted to receive the male genital organ, and a closed end connected to said pump housing,

20 a vacuum plenum connected to said closed end of said vacuum housing, in said pump housing;

25 vacuum pump means in said pump housing connected to said vacuum plenum for providing a high vacuum in said vacuum plenum;

valve means in said vacuum and plenum for transferring said high vacuum to said vacuum housing, and

30 lever means extending along a side wall of said vacuum housing and connected to said vacuum pump means, whereby each successive operation of said lever means is effective to create a greater vacuum in said vacuum plenum to provide a high vacuum in said vacuum housing.

-20-

5 2. A surgical appliance as set forth in claim 1
wherein said vacuum pump means comprises a flexible diaphragm.

10 3. A surgical appliance as set forth in claim 1
wherein said flexible diaphragm comprises a flexible washer.

15 4. A surgical appliance as set forth in claim 3
wherein said flexible washer is provided with a central
aperture, and said valve means comprises an exhaust check
valve connected through said central aperture to said vacuum
plenum.

20 5. A surgical appliance as set forth in claim 2
wherein said vacuum pump means comprises link means
connecting said flexible diaphragm to said lever means.

25 6. A surgical appliance as set forth in claim 2
which further includes spring means for biasing said
flexible diaphragm toward said vacuum housing.

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5 7. A surgical appliance as set forth in claim 1 which further includes seal means mounted on the open end of said vacuum housing adapted to form a vacuum seal when engaged with the male body.

10 8. A surgical appliance as set forth in claim 1 which further includes a detachable ring for mounting on the base of said male genital organ and adapted to engage the end surface of said vacuum housing at said open end.

15 9. A surgical appliance as set forth in claim 8 wherein said detachable ring is further provided with an outer flange for engaging the open end of said vacuum housing.

20 10. A surgical appliance as set forth in claim 8 wherein said detachable ring is annular shaped and is further provided with an axially tapered portion for engaging said vacuum housing.

25 11. A surgical appliance as set forth in claim 8 wherein said detachable ring is provided with a central aperture for receiving the male genital organ and said central aperture is provided with a relieved are opposite the bulbo-urethral arteries for reducing pressure of the

-22-

arteries while applying pressure of the remaining circumferential area of said male genital organ.

5 12. A surgical appliance as set forth in claim 1
which further includes a detachable ring for mounting on the
base of said male genital organ and adapted to seal against
the open end of said vacuum housing, said plastic ring being
provided with a split portion and a lock for closing said
10 split portion.

 13. A surgical appliance as set forth in claim 1
wherein said vacuum pump means comprises a piston rod having
15 an O-ring seal cooperating with a sleeve mounted in said
pump housing.

 14. A surgical appliance as set forth in claim 13
20 wherein said piston rod is connected by a pivot pin to lever
means.

 15. A surgical appliance as set forth in claim 13
25 wherein said valve means comprises and exhaust check valve
in said piston rod.

16. A surgical appliance for stimulating an erection of the male genital organ comprising:

5 an elongated shaped surgical appliacne having a vacuum housing portion connected to a pump housing portion and adapted to be held and operated with one hand;

10 said vacuum housing having an open end adapted to receive the male genital organ and a closed end connected to said pump housing;

15 a vacuum plenum connected to said closed end of said vacuum housing, in said pump housing;

vacuum pump means in said pump housing connected to said vacuum plenum for providing a high vacuum in said vacuum plenum;

20 valve means in said vacuum plenum for transferring said high vacuum to said vacuum housing; and

25 electric drive means in said pump housing connected to said vacuum pump means for actuating said pump means to provide a high vacuum in said vacuum housing.

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5 17. A surgical appliance for stimulating an
erection as set forth in claim 16 which further includes
push button switch means for activating said pump means.

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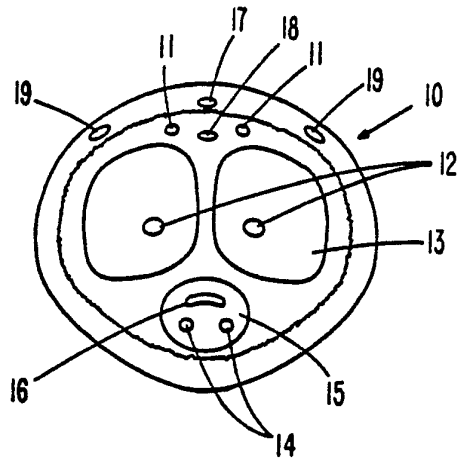


FIG. 1

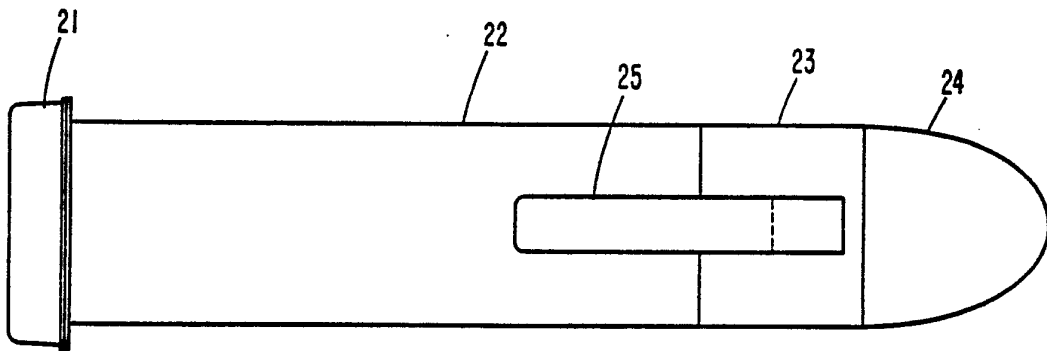


FIG. 2

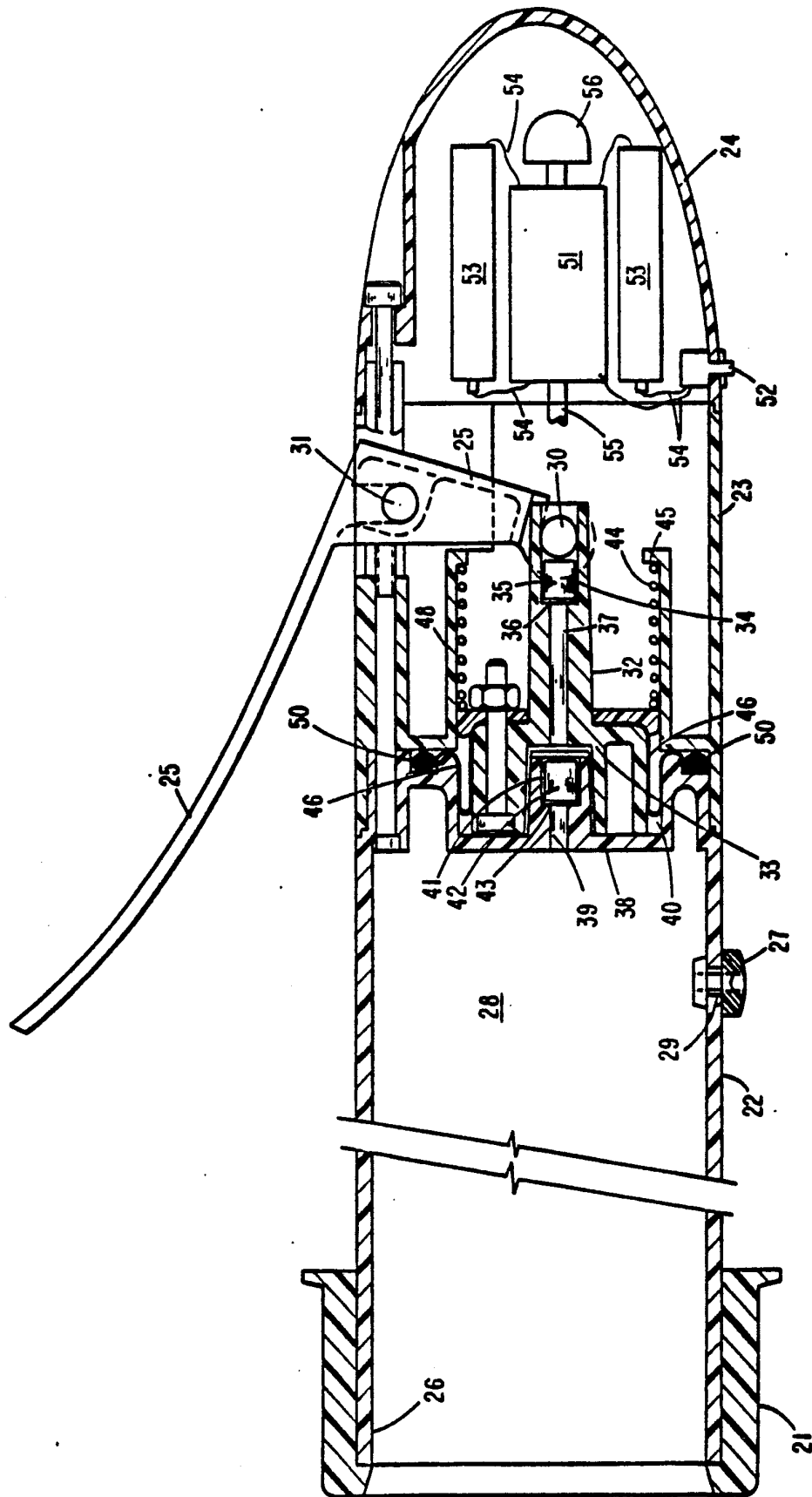
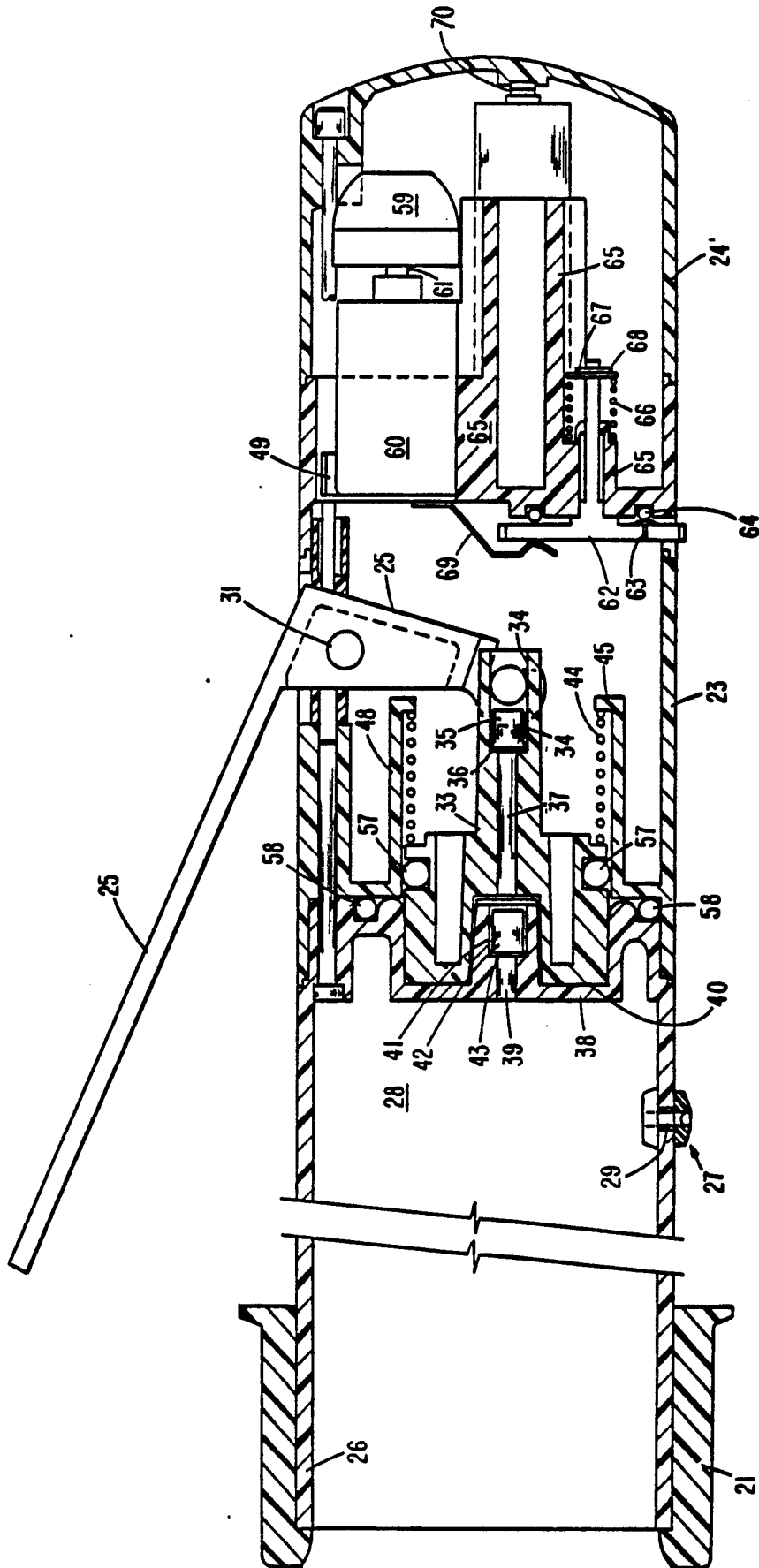


FIG. 3



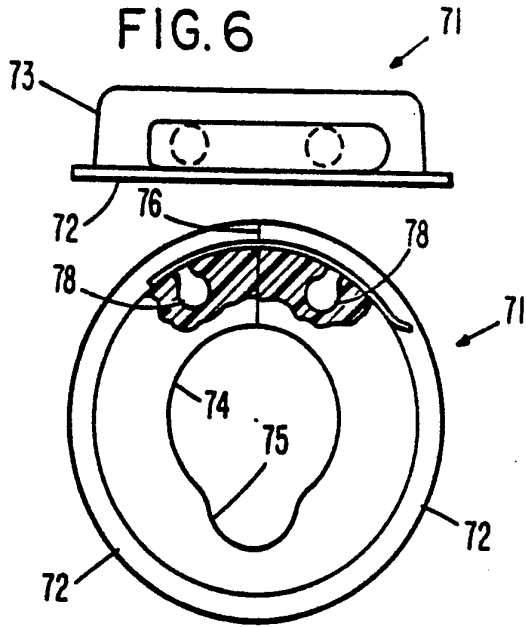


FIG. 5

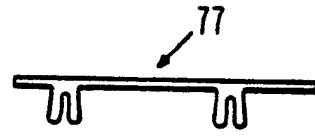


FIG. 7

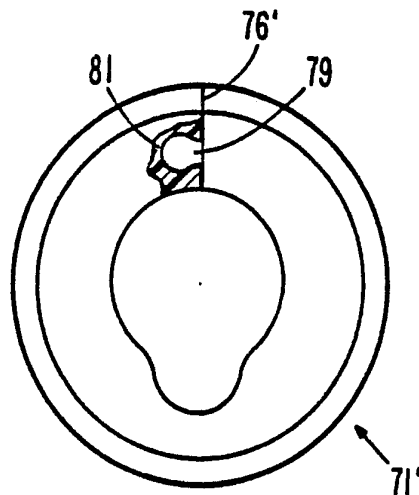


FIG. 8

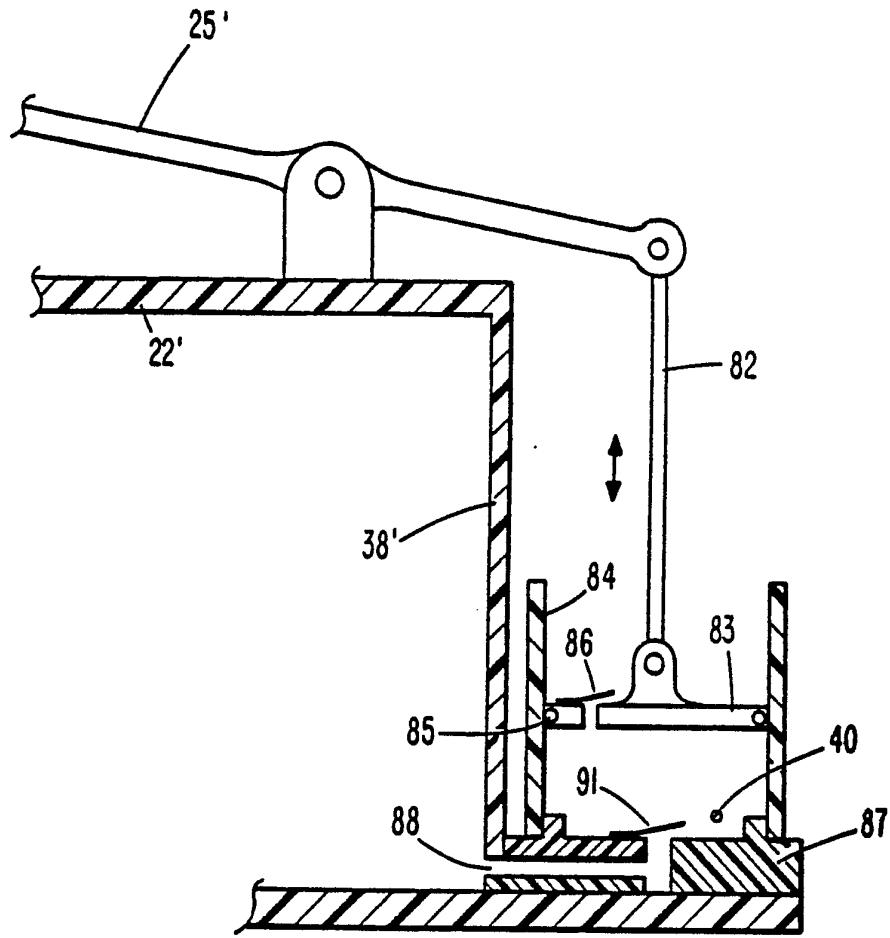


FIG. 9

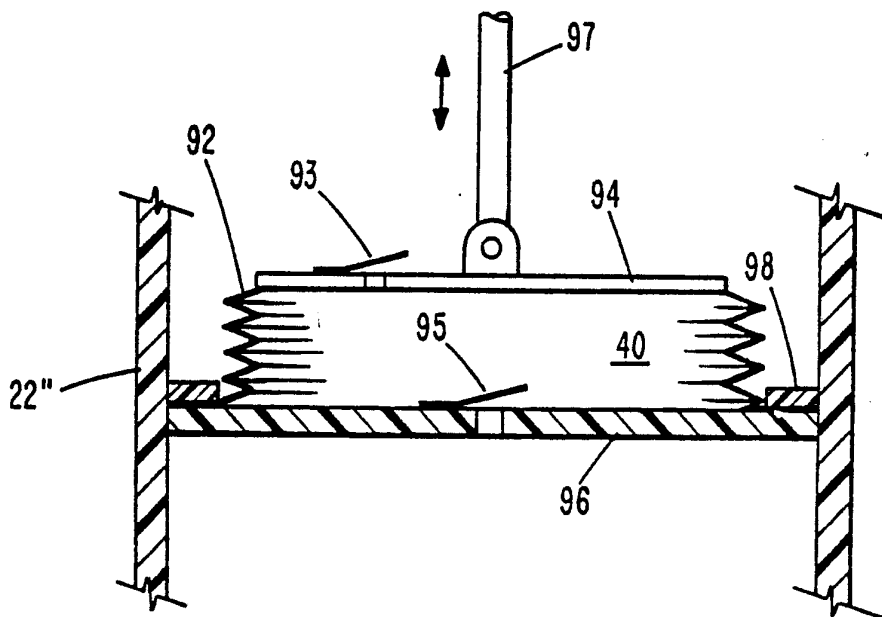


FIG. 10

INTERNATIONAL SEARCH REPORT

International Application No **PCT/US87/01172**

I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all) ³		
According to International Patent Classification (IPC) or to both National Classification and IPC		
IPC (4) A61F 5/41 U.S. Cl. 128/79		
II. FIELDS SEARCHED		
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Classification System	Classification Symbols	
U.S.	128/79	
Documentation Searched other than Minimum Documentation to the Extent that such Documents are Included in the Fields Searched ⁵		
III. DOCUMENTS CONSIDERED TO BE RELEVANT ¹⁴		
Category *	Citation of Document, ¹⁶ with indication, where appropriate, of the relevant passages ¹⁷	Relevant to Claim No. ¹⁸
Y	US, A, 2,874,698 (Sell) 24 February 1959. See the entire document.	1-5, 7-17
Y	US, A, 3,744,486 (Wilson) 10 July 1973. See column 2, lines 37-67, column 3, lines 1-29, 51-67, column 4, lines 1-28, 66, 67, column 5, lines 1-21.	1-5, 7-17
Y	US, A, 3,631,853 (Burdette, Jr.) 4 January 1972. See column 2, lines 10-75, column 3, lines 1-8.	2-5
Y	US, A, 1,225,341 (Lederer) ⁹ May 1917. See page 1, lines 59-98.	9, 10
Y	US, A, 4,203,432 (Koch) 20 May 1980. See the entire document.	11, 12
Y	GB, A, 2,129,688 (Izumi et al) 23 May 1984. See page 2, lines 89, 90.	17
A	US, A, 3,421,504 (Gibbons) 14 January 1969. See entire document.	1-17
<p>* Special categories of cited documents: ¹⁵</p> <p>"A" document defining the general state of the art which is not considered to be of particular relevance</p> <p>"E" earlier document but published on or after the international filing date</p> <p>"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)</p> <p>"O" document referring to an oral disclosure, use, exhibition or other means</p> <p>"P" document published prior to the international filing date but later than the priority date claimed</p> <p>"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention</p> <p>"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step</p> <p>"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.</p> <p>"&" document member of the same patent family</p>		
IV. CERTIFICATION		
Date of the Actual Completion of the International Search ²	Date of Mailing of this International Search Report ²	
22 June 1987	10 JUL 1987	
International Searching Authority ¹	Signature of Authorized Officer ¹⁰	
ISA/US	<i>[Signature]</i> Cary E. Stone	