

(19)



Europäisches Patentamt

European Patent Office

Office européen des brevets



(11)

EP 1 264 572 B1

(12)

EUROPEAN PATENT SPECIFICATION

(45) Date of publication and mention
of the grant of the patent:

17.08.2005 Bulletin 2005/33

(51) Int Cl.⁷: **A61B 5/00**

(21) Application number: **02253971.2**

(22) Date of filing: **07.06.2002**

(54) Anchoring mechanism for implantable telemetric medical sensor

Verankerungsmechanismus für implantierbaren medizinischen Telemetriesensor

Mécanisme d'ancrage pour capteur médical télémétrique implantable

(84) Designated Contracting States:
**AT BE CH CY DE DK ES FI FR GB GR IE IT LI LU
MC NL PT SE TR**

(30) Priority: **08.06.2001 US 877673**

(43) Date of publication of application:
11.12.2002 Bulletin 2002/50

(73) Proprietor: **Biosense Webster, Inc.**
New Brunswick, NJ 08933 (US)

(72) Inventor: **Schwartz, Yitzhack**
Haifa 34606 (IL)

(74) Representative: **Mercer, Christopher Paul et al**
Carpmaels & Ransford
43, Bloomsbury Square
London WC1A 2RA (GB)

(56) References cited:
EP-A- 0 897 690 EP-A- 1 050 265
WO-A-00/16686 DE-U- 29 909 923
US-A- 4 796 643 US-A- 5 702 421
US-E- R E30 366

EP 1 264 572 B1

Note: Within nine months from the publication of the mention of the grant of the European patent, any person may give notice to the European Patent Office of opposition to the European patent granted. Notice of opposition shall be filed in a written reasoned statement. It shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).

Description

FIELD OF THE INVENTION

[0001] The present invention relates, in general, to telemetric medical devices. More particularly, the present invention relates to a novel telemetric medical system which is capable of various medical applications including the measurement of a parameter within a patient's body, particularly an organ. One such application of the present invention is as an implantable telemetric endocardial pressure system, its associated novel components and their novel methods of use.

BACKGROUND OF THE INVENTION

[0002] In general, the use of implantable medical sensors in a patient is known. One example for an implantable sensor is disclosed in US Patent 4,815,469 (Cohen et al.). The disclosure is directed to an implantable medical sensor which determines the oxygen content of blood. The sensor includes a miniaturized hybrid circuit that includes light-emitting diode means, phototransistor means, and a substrate to which the light-emitting diode means and phototransistor means are bonded in a desired circuit configuration. The hybrid circuit is hermetically sealed within a cylindrical body made from a material that is substantially transparent to light, such as glass. Feedthrough terminals provide means for making an electrical connection with the hybrid circuit. The light-emitting diode means is driven with a stair-stepped current pulse. The purpose of the sensor is to sense the reflective properties of body fluid, such as blood, for spectrophotometric analysis. In one embodiment, the sensor is embedded within a bilumen pacemaker lead and positioned near the distal electrode of the lead so that the sensor resides within the heart when the lead is implanted within a patient, thereby allowing the sensed oxygen content of the blood within the heart to be a physiological parameter that can be used to control the pacing interval of a rate-responsive pacemaker.

[0003] US Patent 5,353,800 (Pahndorf et al.) discloses an implantable pressure sensor lead having a hollow needle adapted to be screwed into a patient's heart. The pressure sensor is supplied electrical power through conductors in the sensor.

[0004] There are cases where permanent positioning of the sensor is needed. One such case, for example, is disclosed in US Patent 5,404,877 (Nolan et al.). A leadless implantable cardiac arrhythmia alarm is disclosed which continuously assesses a patient's heart function to discriminate between normal and abnormal heart functioning and, upon detecting an abnormal condition, generates a patient-warning signal. The alarm is capable of sensing impedance measurements of heart, respiratory and patient motion and, from these measurements, generating an alarm signal when the measurements indicate the occurrence of a cardiac arrhythmia.

It is important to note that the sensor uses an antenna system having a coil inductor for generating an electromagnetic field into tissue for detecting changes in impedance which relate to a physiological phenomenon. For example, the size of the inductor is preselected in order to match the dimensions of the organ or structure to be measured.

[0005] There are also several known implantable devices that employ telemetry for transmitting or receiving data from an external device. One such device is, for example, the system disclosed in US Patent 6,021,352 (Christopherson et al.). The device utilizes a pressure sensor as a transducer for sensing respiratory effort of the patient. Respiratory waveform information is received by an implantable pulse generator (IPG)/simulator from a transducer and inspiration synchronous simulation is provided by the IPG.

[0006] One other telemetric implantable device is disclosed in US Patent 5,999,857 (Weijand et al.). This reference discloses a telemetry system for use with implantable devices such as cardiac pacemakers and the like, for two-way telemetry between the implanted device and an external programmer. The system employs oscillators with encoding circuits for synchronous transmission of data symbols in which the symbols form the telemetry carrier. The system provides circuits for higher density data encoding of sinusoidal symbols, including combinations of BPSK, FSK, and ASK encoding. Embodiments of transmitters for both the implanted device and the external programmer, as well as modulator and demodulator circuits, are also disclosed. It is important to note that the implant device has its own power supply in the form of a battery for powering all of the circuitry and components of the implanted device.

[0007] Another telemetric implantable device is disclosed in EP 1050265. The device is designed to be implanted in the vascular system of a patient and placed in the ventricular septum for measurement of pressure and temperature in the left ventricle. The sensor is held in place by expansion of a stent.

[0008] It is also important to note, that to date, there has not been any telemetric medical system that is both a highly efficient system due to its components and their ease of use while providing extremely accurate information regarding a measured parameter in a patient's body.

[0009] In WO 00/16686, there is disclosed an implantable medical sensor for remotely monitoring of pressure or other parameters in a heart chamber comprising a housing having a proximal end and a distal end and a longitudinal axis and including a pressure transducer. A set of anchoring members is operatively connected to the distal end of the housing. The set of anchoring members is movable between a collapsed position whereby the anchoring members are substantially parallel to the longitudinal axis of the housing and a deployed position whereby the anchoring members expand in profile.

[0010] In US 5,702,421, there is disclosed an implantable medical device comprising a housing having a

proximal end and a distal end and having a longitudinal axis; a first set of anchoring members operatively connected to the proximal end of the housing; and a second set of anchoring members operatively connected to the distal end of the housing. The first set of anchoring members and the second set of anchoring members are movable between a collapsed position and a deployed position. The collapsed position is defined as a position whereby the first set of anchoring members and the second set of anchoring members are substantially parallel to the longitudinal axis of the housing. The deployed position is defined as a position whereby the first set of anchoring members and the second set of anchoring members are substantially perpendicular to the longitudinal axis of the housing. Each anchoring member of the first set of anchoring members and the second set of anchoring members comprise a ring member, each ring member having a tissue engaging surface thereon.

SUMMARY OF THE INVENTION

[0011] The present invention is directed to a novel telemetric medical system for use with various medical applications such as monitoring medical conditions or measuring parameters within a patient's body for different types of organs, including tissue, as well as their function.

[0012] According to the present invention, there is provided an implantable medical sensor as set forth in the accompanying claim 1.

[0013] Further aspects of the invention are set out in the accompanying dependent claims 2 to 11.

[0014] The present invention is an implantable medical sensor for remotely sensing and measuring a parameter within a patient's body. The sensor comprises a housing, and a deformable membrane fixed to one end of the housing, wherein the membrane is deformably movable in direct response to the parameter. The housing has a proximal end and a distal end and a longitudinal axis.

[0015] A microprocessor, which is in the form of a microchip, is positioned within the housing and operatively communicates with the membrane for transmitting a signal indicative of the parameter. The microchip comprises an array of photoelectric cells. A light emitting diode (LED) transmits light at the photoelectric cells.

[0016] The sensor further comprises a shutter connected to the membrane and moveable between the photoelectric cells and the LED in response to the reforming of the membrane.

[0017] The implantable medical sensor also includes a first set of anchoring members operatively connected to the proximal end of the housing. A second set of anchoring members is operatively connected to the distal end of the housing. The first set of anchoring members and the second set of anchoring members are movable between a collapsed position and a deployed position. The collapsed position is defined as a position whereby

the first set of anchoring members and the second set of anchoring members are substantially parallel to the longitudinal axis of the housing. The deployed position is defined as a position whereby the first set of anchoring members and the second set of anchoring members are substantially perpendicular to the longitudinal axis of the housing. Each anchoring member of the first set of anchoring members and the second set of anchoring members comprise a ring member. Each ring member has a tissue engaging surface thereon.

[0018] The medical sensor may be a telemetric device.

[0019] The ring member may comprise a shape memory material such as a nickel titanium alloy, e.g. nitinol (NiTi). A resilient member, such as a biasing spring, may be connected to the housing and the ring member for resiliently biasing the ring member to the housing. Alternatively, both the housing and ring members are made of the shape memory material, such as nitinol, which allow for the ring members to be moved between the collapsed position and the deployed position without a biasing spring.

[0020] Although the collapsed position and the deployed position can be across any desirable effective ranges, the collapsed position for the first set and second set of anchoring members approximately ranges between 0°-30° from the longitudinal axis of the housing. The deployed position for the first set and the second set of anchoring members approximately ranges between 40° - 90° from the longitudinal axis of the housing.

[0021] In some embodiments according to the present invention, the ring member comprises a complete loop. In other embodiments according to the present invention, the ring member comprises an incomplete loop. In one embodiment according to the present invention, each ring member of the first set of anchoring members and the second set of anchoring members has a concave profile.

[0022] The present invention will be more fully understood from the following detailed description of the preferred embodiments thereof, taken together with the drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0023]

FIG. 1 is a schematic illustration of a telemetric implantable medical sensor;

FIG. 2 is a top view of the sensor of FIG. 1;

FIG. 3 is a schematic illustration of an alternative embodiment of the sensor of FIG. 1 having a tapered distal end with helical threads and tissue piercing tip for anchoring into tissue;

FIG. 4 is another alternative embodiment of the sensor of FIG. 1 having a tapered distal end with tissue piercing tip and a plurality of tissue piercing barbs

thereon;

FIG. 5 is a partial perspective view of the sensor of FIG. 1 with some parts removed in order to reveal the internal components of the sensor;

FIG. 6A is schematic diagram illustrating a microprocessor circuit for the sensor according to the present invention;

FIG. 6B is a schematic diagram illustrating a logic circuit for the microprocessor circuit of FIG. 6A;

FIG. 7 is a schematic illustration depicting an array of photoelectric cells for the sensor according to the present invention;

FIG. 8 is a schematic illustration depicting the telemetric system including the sensor of FIG. 1 and a signal reading and charging device remotely located from and in communication with the sensor;

FIG. 9 is a schematic diagram illustrating a read/charge circuit for the signal reading and charging device of FIG. 8;

FIG. 10 is a schematic illustration of a patient's heart;

FIG. 11 is a schematic illustration depicting the sensor according to the present invention fully deployed within a tissue aperture;

FIG. 12A is a schematic illustration of an implantable medical sensor according to the present invention having ring members of a first set of anchoring members and a second set of anchoring members in a deployed position with respect to the longitudinal axis of the housing of the device;

FIG. 12B illustrates the device of FIG. 12A with the ring members of the first set of anchoring members and the second set of anchoring members in the collapsed position with respect to the longitudinal axis of the housing of the device;

FIG. 13A is a schematic illustration of an alternative embodiment of a medical device having ring members as a first set of anchoring members and a second set of anchoring members attached to a biasing spring and in a deployed position with respect to a longitudinal axis of the housing of the device according to the present invention;

FIG. 13B is a view of the device of FIG. 13A with the ring members of the first set and second set of anchoring members in the collapsed position with respect to the longitudinal axis of the housing of the device according to the present invention;

FIG. 14 is a schematic illustration of an alternative embodiment of an implantable medical device according to the present invention having ring members as incomplete loops resiliently biased to the housing by a spring;

FIG. 15 is a schematic illustration of another embodiment of an implantable medical device according to the present invention having ring members formed in an incomplete loop and having a concave profile in accordance with the present invention;

FIG. 16A is a schematic illustration of a disclosed

method wherein a catheter having an implantable medical device according to the present invention is positioned in tissue;

FIG. 16B is a schematic illustration of the method wherein the medical device is partially disposed from the distal end of the catheter thereby moving the first set of anchoring members into a deployed position;

FIG. 16C is a schematic illustration of the method wherein the first set of anchoring members are withdrawn into one side of the tissue;

FIG. 16D is a schematic illustration of the method wherein the tissue engaging surfaces of the first set of anchoring members engage the tissue on one side;

FIG. 16E is a schematic illustration of the method wherein the medical device is further disposed from the distal end of the catheter such that the second set of anchoring members are moved to the deployed position;

FIG. 16F is a schematic illustration of the method wherein the catheter is removed from the tissue after the medical device has been completely deployed from the distal end of the catheter and the tissue engaging surfaces of the second set of anchoring members engage the tissue on an opposite side of the tissue; and

FIG. 16G is a schematic illustration of the method wherein the medical device is fully deployed and implanted between the tissue.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0024] The present invention relates to an implantable medical sensor for use with a novel telemetric medical system 30, as schematically illustrated in FIG. 8.

[0025] One aspect of the system 30 is to remotely sense and measure a characteristic or parameter (or number of various parameters including the magnitude of any parameter) within a patient's body, or within an organ or tissue of the patient's body, through the use of a novel implantable telemetric medical sensor 50, which is completely wireless, and a novel signal reading and charging device 140 which operatively communicates with the sensor 50.

Telemetric Sensor

[0026] As schematically illustrated in FIG. 1, the sensor 50 comprises a housing 52 made of a biocompatible material such as polysilicon or titanium. The housing 52 preferably has a cylindrical shape although any type of shape for the housing 52 is acceptable. The housing 52 has an approximate length ranging between 4 -5 mm and an approximate diameter ranging from 2.5 - 3 mm in diameter. The housing 52 can also be smaller, e.g. 3 mm in length and a 1-2 mm outer diameter. The housing

52 includes cylindrical walls that are approximately 250 μm in thickness. A flexible membrane 56 made of a deformable material is fixed to one end of the housing 52. A notch 58 and a circumferential groove 60 are provided on an exterior surface of the housing 52 for facilitating delivery and implantation of the sensor 50.

[0027] The membrane 56 is made of a flexible or deformable material such as polysilicon rubber or polyurethane. The membrane 56 has an approximate thickness of 20 μm and has a diameter ranging from approximately 1.5 - 2 mm. The membrane 56 is normally biased outwardly from the housing 52 due to the interior pressure within the housing 52. The membrane 56 is forced to bulge inwardly into the housing 52 whenever the pressure exterior of the housing 52 exceeds the internal pressure within the housing 52.

[0028] Since the membrane 56 is deformable and normally biased outwardly from the housing 52, the membrane 56 responds directly to the environment of the tissue or organ being monitored and/or measured for a particular characteristic or parameter. In response to even the slightest changes in these characteristics or parameters, the membrane 56 deforms inwardly toward the interior of the housing 52. Accordingly, there is a direct relationship or correspondence between any change in measured characteristic or parameter and the amount or degree of deforming action or movement of the membrane 56.

[0029] It is important to note that the membrane 56 has a relatively large area in dimension when compared to solid state membrane devices, such as piezoelectric sensors or fabricated memory chips utilizing membranes. Accordingly, the requirements from the electronics of the sensor 50 are less demanding. Additionally, the membrane 56 has a much larger deflection than that of the solid state membrane.

[0030] The sensor 50 also includes an antenna coil 68 which is operatively connected to the internal components of the sensor 50 by an antenna lead 70. The antenna coil 68 is an inductance coil having a spiralled coil configuration. The material used for the antenna wire is approximately 90% silver content with a cladding of platinum iridium of approximately 10% content. The antenna coil 68 is preferably made of 20-25 turns of 30 μm thickness wire. The antenna outer diameter is 1.5-2.0 cm (Fig. 2).

[0031] Accordingly, due to these features, the antenna coil 68 possesses a very low parasitic capacitance. Additionally, the antenna coil 68, due to its silver/platinum content wire has extremely high conductivity and is extremely flexible.

[0032] Although antenna 68 is described as being external of the housing 52, it is well within the scope of the invention to include any type of suitable antenna, such as an antenna that is contained within the housing 52.

[0033] The sensor 50 further includes anchoring legs 64 resiliently biased to the exterior of the housing 52. The number of anchoring legs 64 can vary depending

on the desired degree of anchoring and geography of the anatomy in which the sensor 50 is to be placed. The anchoring legs 64 are made from wire utilizing shape memory metal material, such as a nickel titanium alloy (NiTiNol). The anchoring legs 64 have a concave configuration with a radius of curvature that curves into the tissue or organ in which the sensor 50 is to be anchored. Other appropriate configurations for the anchoring legs 64 are also contemplated herein.

[0034] If desirable, the sensor 50 is coated with a nonthrombogenic or anticoagulating agent such as Heparin prior to implantation in order to prevent thrombosis, clotting, etc.

[0035] FIG. 3 illustrates an alternative embodiment of the sensor 50 having a tapered end 54 on the housing 52. The tapered end 54 has a tissue piercing tip 55 and helical threads 57 arranged on an outer surface of the tapered end 54 in order to facilitate the direct anchoring of the tapered end 54 of the housing 52 through direct threading into tissue.

[0036] FIG. 4 illustrates another alternative embodiment sensor 50 including a plurality tissue barbs 59 fixed to the tapered end 54 of the housing 52. The barbs 59 have a tissue piercing tip curved outwardly away from the tissue piercing tip 55. Accordingly, along with the tissue piercing tip 55, the tissue barbs 59 grasp firmly into the tissue for firmly anchoring the housing 52 in the tissue.

[0037] As shown in FIG. 5, the interior of the housing 52 includes a microprocessor 90, in the form of a microchip, fixed within one of the interior walls of the housing 52. The lead 70 of the antenna coil 68 is operatively connected to the microprocessor 90. Microprocessor 90 includes an array 92 of photoelectric cells 95 arranged in a patterned configuration, e.g. eight staggered rows containing eight photoelectric cells 95 in each row. A reference photoelectric cell 97 is located at one end of the array 92 resulting in an array 92 having a total of sixty-five photoelectric cells such as illustrated in FIG. 7. The photoelectric cell array 92 provides for 64 degrees of resolution. The pitch distance between each photocell 95 is approximately $\frac{1}{4}$ the size of a photocell 95. Additionally, the reference photocell 97 has a dimension that is approximately the size of the pitch, e.g. $\frac{1}{4}$ the size of a photocell 95, thus providing a resolution that is equal to a motion of $\frac{1}{4}$ of the photocell.

[0038] A light emitting diode (LED) 100 is operatively connected to the microprocessor 90 and is positioned above and spaced parallel and away from the photoelectric cell array 92. A shutter 62 is connected to the inner surface of the membrane 56 and extends longitudinally from the membrane 56 within housing 52. The shutter 62 has a substantially D-shaped configuration and longitudinally extends between the LED 100 and the photoelectric cell array 92. The shutter 62 is made from an aluminum alloy and is positioned such that the planar surface of the shutter 62 directly faces the photoelectric cell array 92. The shutter 62 is fixed to the deformable

membrane 56 such that the shutter 62 moves in association with the membrane 56. Accordingly, when the membrane 56 is deflected inwardly into the housing 52 (due to the monitored or measured tissue or organ parameter), the shutter 62 longitudinally extends over a number of photoelectric cells 95 in the array 92 in direct relation to the inward movement of the membrane 56 as it is being deformed. Likewise, when the membrane 56 is deflected outwardly from the housing 52, the shutter 62 moves longitudinally outwardly from the end of the housing 52 along with the membrane 56. Accordingly, the shutter 62 obscures or blocks a number of the photoelectric cells 95 in accordance with the degree of movement of the membrane 56. Thus, when the shutter 62 is positioned over a specific number of photoelectric cells 95, light from the LED 100 is prevented from reaching the photoelectric cells 95 and affects signal transmission from these cells 95. This arrangement constitutes an analog-to-digital (A/D) conversion which is power effective since there is a simple counting of the number of photocells that are on or off as a measure of the shutter's motion. Hence, the analog-to-digital conversion. Accordingly, the microprocessor 90 operatively communicates with the membrane 56.

[0039] The reference photoelectric cell 97 is never obscured or covered by the shutter 62 since it is located at the far end (end away from the membrane 56) of the array 92. The shutter 62 and membrane 56 are calibrated such that even upon maximum deflection inwardly into the housing 52, it results in the reference photoelectric cell 97 being permanently exposed to the LED 100 for use as a reference signal for the sensor 50. Yet, the power dissipation of the photocell is very low.

[0040] As best shown in FIG. 6A, the microprocessor 90 is a circuit wherein the antenna coil 68 and a resonance capacitor 102 operate as a resonating oscillator for the sensor 50. The antenna coil 68 receives transmitted RF signals sent by the signal reading and charging device 140 as illustrated in FIGS. 8 and 9. The RF signal received at the antenna coil 68 is a charging signal for powering the microprocessor 90. Upon receiving the RF charging signal, the antenna coil 68 and capacitor 102 resonate and charge a charge capacitor 114 through diode 116. Upon reaching a predetermined voltage threshold of approximately 1.2 V, the capacitor 114 powers the LED 100 and a logic circuit 91 through control unit 104. Upon powering of the LED 100 by the charged capacitor 114, the LED emits light to the photoelectric cell array 92 which is kept at negative voltage.

[0041] As illustrated in FIG. 6B, the photoelectric cell array 92 is designated P_1, P_2, \dots, P_{64} and P_{ref} , respectively. Each photoelectric cell 95 (P_1 - P_{64}) are connected in parallel to a plurality of comparators 120 designated C1, C2 ... C64. The reference photoelectric cell 97 is operatively connected to each comparator 120 (C1-C64) for providing a reference signal to each comparator 120 in comparison to the signal received from each respective photoelectric cell 95. The logic circuit 91 is powered

and controlled by the control unit 104 and a clock 106. The control unit 104 is connected to each comparator 120.

[0042] A buffer 126 having a plurality of buffer cells 129 (sixty-four total buffer cells corresponding to each comparator C1-C64) is operatively connected to the comparators 120. Each buffer cell 129 is a flip-flop, or memory cell, which receives a signal from its respective comparator C1-C64 resulting in a binary number which is sixty-four digits long (a series of ones or zeros). All buffer cells 129 are filled in a single clock cycle and each buffer 129 has either "0" or "1" in it. After all sixty-four buffer cells 129 have been filled with its respective binary number, the digital signal representing all sixty-four bits is sent to the signal reading and charging device 140 by the control unit 104. After transmitting the digital signal, the control unit 104 is reset by the clock 106 awaiting further signal inputs from the signal reading and charging device 140. Encryption of the binary number is provided by the signal reading and charging device 140 described in greater detail below.

[0043] Upon filling the sixty-fourth buffer cell, the digital signal is transmitted from the buffer 126 and activates switch 112 resulting in a transmission of the digital signal from the antenna coil 68 to the antenna coil 162 of the signal reading and charging device 140.

[0044] One main aspect of the system 30 is that the sensor 50 is both a wireless transponder and a low-powered device capable of fast update rate, despite its passive nature, due to the inherent analog-to-digital (A/D) conversion mechanism employed in the sensor 50, e.g. the photoelectric cell array 92, which directly converts the membrane 56 deflection into a digital signal, with no power consumption as would be required for a conventional electronic A/D converter.

Signal Reading and Charging Device

[0045] As illustrated in FIG. 8, the signal reading and charging device 140 is for use outside of a patient's body or at the exterior surface of the patient's body. The signal reading and charging device 140 includes a casing 145, which is a housing, having a liquid crystal display (LCD) display screen 172 mounted in an opening in the housing 145. The signal reading and charging device, also commonly referred to as a read/charge device, reader/charger or reader/charge device, is activated by a power switch or toggle 146 extending from the casing 145. Antenna coil 162 operatively communicates with the antenna coil 68 of the sensor 50 by inductance coupling.

[0046] As shown in FIG. 9, once the logic circuit 91 transmits the digital signal from the sensor 50 through sensor antenna coil 68, the coupling constant of the reader/charger antenna coil 162 is changed and is detected by a deep detector 168 operatively connected to the reader/charger antenna coil 162. The deep detector 168 is sensitized to detect a change in the amplitude of the signal for as low as a 0.01% change in amplitude.

[0047] A read/charge logic control unit 154 is operatively connected to the deep detector 168 for determining the threshold for the deep detector 168. The logic control unit 154 also includes a power source 151 for powering the components of the reader/charger device 140.

[0048] The reader/charger circuit 150 further includes a processing unit 170 operatively connected to the logic control unit 154. The processing unit 170 contains the algorithm for converting the digital signal received from the sensor 50 (FIG. 8) into a measured parameter for the medical parameter, condition or characteristic sensed at the implanted sensor 50. Additionally, the processing unit 170 includes encryption code for encryption of the digital signal (sixty-four bit signal) using encryption algorithms such as exclusive-OR (XOR), RSA methods (RSA Security, Inc.), etc.

[0049] For example, where the parameter being measured is hemodynamic blood pressure, within an organ such as the chamber of a heart, once the processing unit 170 receives the digital signal, the processing unit 170, through its algorithm, converts the digital signal (binary number) to a pressure value, using a look-up comparison table, or analytical expression representing the relation between the shutter 62 deflection in the sensor 50 versus the exterior sensor pressure at the membrane 56, which is given below:

$$P=(KD^3/A^2)X^2$$

where **P** is the pressure value, **D** is the thickness of the membrane, **A** is the membrane radius, **X** is the deflection from the equilibrium and **K** is a constant.

[0050] The LCD display 172 is operatively connected to the processing unit 170 for displaying the measured parameter (hemodynamic blood pressure in the example above) converted from the digital signal in real time.

[0051] By utilizing the signal reading and charging device 140 at the exterior of the patient's body, continuous parameter readings (for determining aspects of the parameter such as magnitude) are obtainable for both the mean and active or individual values of the sampled parameter.

[0052] When measuring characteristics of a body fluid such as blood, the signal reading and charging device 140 maintains an active reading volume around the sensor 50, ranging anywhere from 5 - 25cm, and preferably, an active reading volume ranging approximately 10 - 15cm. Moreover, with the telemetric medical system 30, through the sensor 50, and the signal reading and charging device 140, it is possible to sample multiple readings per second. Preferably, approximately 10-20 readings per second are possible with the present invention.

[0053] Other attributes associated with the present invention when utilized as a pressure monitor in a chamber of the heart include monitoring a pressure range of

+/- 30 mmHg; an accuracy (at 5 mSec. integration) of +/- 1 mmHg with a repeatability (at 5 mSec. integration) of +/- 1 mmHg. It is important to note that the pressure boundaries can be changed easily by changing the size and dimensions, such as width, of the membrane without any change to the electronics. This is important for allowing the present invention to be adapted for various applications while using the same design.

[0054] The control unit 154 is also operatively connected to a sine-wave driver 158 for generating a sinusoidal wave signal of approximately 4 to 6 MHz. The sinusoidal wave signal is generated by the sine-wave driver 158 through capacitor 160 to the reader/charger antenna coil 162 for transmission or sending to the antenna coil 68 of the sensor 50 in order to power or charge the sensor 50 as described above.

Medical Procedures

[0055] As mentioned above, the telemetric medical system 30 is useful for nearly any type of medical diagnostic procedure where it is desirable to implant the sensor 50 at a portion of the body, particularly tissue or organ of interest. The telemetric medical system 30 allows for remote monitoring and diagnosis of a condition of the tissue or organ by being able to rapidly sample various parameters or variables of any physical condition within the patient's body at the site of interest. Since the telemetric medical system 30 is wireless, these types of procedures are conducted in a completely non-invasive manner with minimal trauma to the patient.

[0056] One particular example for the telemetric medical system 30, its components and their method of use, is in the field of congestive heart failure (CHF). CHF is defined as a condition in which a heart 400 (Fig. 10) fails to pump enough blood to the body's other organs. This can result from narrowed arteries that supply blood to the heart muscle (due to coronary artery disease), past heart attack, or myocardial infarction, with scar tissue that interferes with the heart muscle's normal work, high blood pressure, heart valve disease due to past rheumatic fever (in valves such as semilunar valve, tricuspid valve 417 or mitral valve 418) or other causes, primary disease of the heart muscle itself, called cardiomyopathy, defects in the heart present at birth such as congenital heart disease, infection of the heart valves and/or heart muscle itself (endocarditis and/or myocarditis).

[0057] The ailing heart 400 keeps functioning but not as efficiently as it should. People with CHF cannot exert themselves because they become short of breath and tired. As blood flowing out of the heart 400 slows, blood returning to the heart 400 through the veins backs up, causing congestion in the tissues. Often swelling (edema) results, most commonly in the legs and ankles, but possibly in other parts of the body as well. Sometimes fluid collects in the lungs and interferes with breathing, causing shortness of breath, especially when a person is lying down. Heart failure also affects the ability of the

kidneys to dispose of sodium and water. The retained water increases the edema.

[0058] CHF is the most common heart disease in the United States and it is estimated that over 5 million patients suffer from it. One of the more predictive hemodynamic parameters being measured in patients with CHF is blood pressure in the left atrium 410, e.g. left atrial (LA) pressure. To date, this parameter is measured by employing invasive right heart catheterization with a special balloon catheter such as the Swan-Gantz catheter.

[0059] Accordingly, in moderating for effects of CHF, it is desirable to measure the blood pressure in a particular chamber (either right atrium 415, right ventricle 419, left atrium 410 or left ventricle 420) in the heart 400 utilizing the telemetric medical system 30.

[0060] Accordingly, in conducting one preferred disclosed method, blood pressure can be directly monitored in the left atrium 410 of the heart 400. Accordingly, it is desirable to implant the sensor 50 at fossa ovalis 407 within the septum 405.

[0061] With respect to the specific anatomy of the septum 405, in approximately 15% of the normal population, the fossa ovalis 407 has a pre-existing hole or opening that either remains open or patent and is normally covered by a small flap of tissue. In approximately 85% of the normal population, the fossa ovalis 407 is completely occluded, e.g. there is no hole in the septum 405.

(1) Transcatheter Approach

[0062] In accordance with the disclosed method, a transcatheter approach has been found to be particularly useful for the patient population already having the pre-existing hole at the fossa ovalis 407. Accordingly, in performing this method, first, a transesophageal ultrasonic probe (not shown) is inserted into the patient's mouth and placed in the esophagus. In most cases, the transesophageal ultrasonic probe is positioned approximately 30 - 35 cm from the mouth, i.e. in most cases positioned just above the patient's stomach.

[0063] Under transesophageal ultrasonic guidance, a wire (not shown) is inserted into the right atrium 415 through an appropriate vessel such as the inferior vena cava 408 wherein the wire is guided through the fossa ovalis 407 by gently lifting the tissue flap away from the patent opening at the fossa ovalis 407. Once the wire is inserted through the fossa ovalis 407, the wire is guided to one of the pulmonary veins 416 for placement of the distal end of the wire in order to properly position and anchor the wire in the opening of the pulmonary vein 416. Accordingly, the pulmonary vein 416 has been proven to be a very reliable and steady anchoring point for the wire.

[0064] Once the wire is properly positioned in the fossa ovalis 407 and anchored in the pulmonary vein 416, a catheter sheath ("over-the-wire" type -- not shown) is

guided over the wire through the right atrium 415 and the fossa ovalis 407 and positioned within the left atrium 410, for instance, very close to the opening of the pulmonary vein 416.

[0065] Once the catheter sheath has been properly positioned, the wire is removed from the patient's heart 400 and the sensor 50 is delivered through the catheter sheath by one of the many standard catheter-based delivery devices (not shown). Accordingly, the sensor 50 can be delivered to the fossa ovalis 407 by any of the typical catheter-based delivery devices normally associated with implantable pacemakers, electrodes, atrial septal defect (ASD) occlusion devices, etc. Accordingly, the sensor 50 is deliverable with typical delivery devices such as the Amplatzer® Delivery System, manufactured by AGA Medical Corporation of Golden Valley, Minnesota.

[0066] After placement of the catheter sheath, the sensor 50 is deployed from the catheter sheath within the fossa ovalis 407 as best illustrated in Fig. 11. Upon deployment, the sensor 50 utilizes the anchoring legs 64 for anchoring the sensor 50 to the septum 405 and occluding the opening at the fossa ovalis 407.

(2) Anterograde Approach

[0067] The sensor 50 is placed in the fossa ovalis 407 for those patients not having a pre-existing opening in the fossa ovalis 407 through means of an anterograde approach. Once again, a transesophageal ultrasonic probe is positioned in the patient's esophagus as described above. Under transesophageal ultrasonic imaging guidance, an opening is made in the septum 405 at the fossa ovalis 407 in order to place and accommodate the sensor 50. Thus, the opening is made with a standard needle catheter (not shown) such as the BRK™ Series Transseptal Needle manufactured by St. Jude Medical, Inc. of St. Paul, Minnesota. Accordingly, under transesophageal ultrasonic guidance, the needle catheter is initially placed in the right atrium 415 and positioned at the fossa ovalis 407. At this point, the tip of the needle of the needle catheter penetrates the fossa ovalis 407 and the catheter is inserted through the fossa ovalis 407 into the left atrium 410 through the newly created opening in the fossa ovalis 407 by the needle catheter. Once the opening in the fossa ovalis 407 is created, the sensor 50 is introduced with the delivery device, such as the delivery device described above, and placed in the fossa ovalis opening as shown in Fig. 11. Upon deployment of the anchoring legs 64, the opening in the fossa ovalis 407 is occluded around the sensor housing 52 and the sensor 50 fixed to the septum 405 in a secure fashion.

[0068] It is important to note that transesophageal ultrasonic imaging is utilized for both the transcatheter and the anterograde approach as described above. Since either method can be utilized with the transesophageal ultrasonic guidance, other imaging modali-

ties such as fluoroscopy can be eliminated. As such, the methods can be conducted in an outpatient clinic or doctor's office as a bedside procedure. By eliminating the need for a fluoroscope, the method also eliminates the need for conducting the procedure in a catheter lab which only adds additional time and cost to the procedure and additional time and inconvenience to the patient.

[0069] After the sensor 50 has been implanted in the patient's septum 405, the patient is provided with standard treatment to prevent excessive coagulation or endothelialization. For instance, it is common practice to prescribe aspirin and/or an anticoagulant such as Heparin for a period of time such as six months.

[0070] With either of the methods described above, the sensor 50 is fixed to the septum 405 in order to provide real time pressure monitoring in the left atrium 410. Since the sensor 50 is a wireless transponder and a battery low power receiver, the sensor 50 does not impede the natural function of the heart 400 and is truly minimally invasive.

[0071] By utilizing the signal reading and charging device 140 at the exterior of the patient's body, continuous pressure readings are obtainable for both the mean and pulsating values of pressure in the left atrium 410 provided by the sensor 50.

[0072] With the telemetric system 30, the signal reading and charging device 140 maintains an active reading volume around the sensor 50 ranging anywhere from 5 - 25 cm, and preferably, an active reading volume ranging approximately 10 - 15 cm. Moreover, with the sensor 50, and the signal reading and charging device 140, it is possible to sample multiple readings per second. Preferably, approximately 10-20 readings per second are possible with the present invention.

[0073] Other attributes associated with the present invention when utilized as a pressure monitor in a chamber of the heart include monitoring a pressure range of plus/minus 30 mmHg; and accuracy (at five Mmsec. integration) of plus/minus 1 mmHg and a repeatability (at 5msec. integration) of plus/minus 1 mmHg.

[0074] The sensor 50 according to the present invention includes ring members 65 movably attached to the housing 52 as best illustrated in FIGS. 12A and 12B. The ring members 65 are arranged at both the proximal end and the distal end of the housing 52. Each ring member 65 forms a complete loop and has a tissue engaging surface 66 for contacting and engaging tissue 402 (FIGS. 16A - 16G).

[0075] The ring members 65 are arranged in sets at both the proximal end and distal end of the housing 52 around the longitudinal axis L of the housing 52. Although the ring members 65 are shown as a pair of anchoring members at the proximal end and distal end of the housing 52, any desired number of ring members 65 are contemplated by the present invention.

[0076] The ring members 65 are made of a shaped memory material such as a nickel titanium alloy (NiTi).

Additionally, other suitable shape memory materials such as shape memory plastic or flexible polymers are also contemplated by the present invention. The ring members 65 function as anchoring members for anchoring the sensor housing 52 in between tissue 402.

[0077] As shown in FIGS. 12A and 12B, the ring members 65 are movably attached to the housing 52 and are arranged at both the proximal end and distal end of the housing 52 and centered around the longitudinal axis L of the housing 52. The ring members 65 are movable in direction R from a collapsed position (FIG. 12B) to a deployed position (FIG. 12A). The range of movement of the ring members 65 between the collapsed position and the deployed position includes any desired movement ranges so long as the ring members 65 are capable of movement to a collapsed position such as being substantially parallel to the longitudinal axis L of the housing 52 as shown in FIG. 12B and so long as the ring members 65 are movable to the deployed position such as substantially perpendicular to the longitudinal axis L of the housing 52 as shown in FIG. 12A.

[0078] Preferably, when the ring members 65 are in the collapsed position, the orientation of the ring members 65 are approximately ranging between 0° - 30° to the longitudinal axis L of the housing 52. Also preferably, when the ring members 65 are moved to the deployed position, the deployed position ranges approximately between 40° - 90° to the longitudinal axis of the housing 52.

[0079] FIGS. 13A and 13B illustrate another embodiment of the implantable medical device 50 having the ring members 65 resiliently biased to the housing 52 through direct connection to a resilient member 67, such as a biasing spring. The movement and deployment of the ring member 65 between the collapsed and deployed position is in a similar manner to the manner described above for the embodiment of FIGS. 12A and 12B. Each spring 67 is connected to the ring member 65 and the housing 52 at the proximal end and the distal end of the housing 52.

[0080] FIG. 14 illustrates another embodiment of the implantable device (sensor) 50 having ring members 69 forming incomplete loops and connected to springs 67 at the proximal end and distal end of the housing 52 for resiliently moving the ring members 69. The ring members 69 include tissue engaging surfaces 69a for contacting and engaging tissue upon deployment of the device 50. As described previously, the ring members 69 are movable in directions R toward the longitudinal axis L when the ring members 69 are moved to the collapsed position and moved away from the longitudinal axis L of the housing 52 when the ring members 69 are moved to the deployed position.

[0081] FIG. 15 illustrates another embodiment of the medical device 50 according to the present invention, including ring members 71 in the form of an incomplete loop and having a concave profile. The ring members 71 include tissue engaging surfaces 73 which are sub-

stantially concave surfaces for contacting and engaging tissue when the ring members 71 are moved to the deployed position as shown in FIG. 15. Each ring member 71 is resiliently biased to the housing 52 by connection to spring 67 at the housing 52. Similar to the movements described above for the previous embodiments, the ring members 71 are movable between the collapsed position and the deployed position with respect to the longitudinal axis L of the housing 52.

[0082] In accordance with the present invention, the ring members 65, 69 and 71 are preferably made of any shape memory material such as nitinol. Moreover, in some embodiments, the housing 52 is also made of the shape memory material as well. Additionally, for those embodiments utilizing springs 67, the ring members 65, 69 and 71 may also be made of materials other than shape memory materials such as other metal alloys, plastic or polymers.

[0083] The disclosed method allows for the implantable medical device 50 to be deployed within or between various types of tissue 402, for instance, the septum 405 (FIGS. 10 and 11). In deploying the medical device (sensor 50), the sensor 50 is housed and contained within the body of a catheter 77 having a distal end 79 as best shown in FIGS. 16A-16G. When the sensor 50 is stored within the catheter 77, the ring members 65 are stored in the collapsed or closed configuration wherein the ring members 65 are substantially parallel to the longitudinal axis of the housing 52.

[0084] The first step in the disclosed method requires placing the distal end 79 of the catheter 77 into tissue 402. The catheter 77 is positioned in the tissue 402 such that the catheter 77 is disposed between two distinct sides of the tissue 402. At this point, the catheter distal end 79 is positioned at a first side of the tissue 402 as shown in FIG. 16A. A deployment mechanism 81 associated with the catheter 77 is used to move the sensor 50 from the distal end 79 of the catheter 77 as shown in FIG. 16B. The sensor 50 is at least partially disposed from the distal end 79 of the catheter 77 such that the ring members 65 on the distal end of the housing 52 are moved to the deployed position, e.g., substantially perpendicular to the longitudinal axis L of the housing 52. The deployment mechanism 81 comprises various forms such as a push rod, movably operated distal jaws or any element capable of advancing or disposing of the sensor 50 from the distal end 79 of the catheter 77.

[0085] As best illustrated in FIGS. 16C and 16D, the distal end of the catheter 79 is manoeuvred such that the ring members 65 at the distal end of the housing 52 are positioned such that the tissue engaging surfaces 66 of each ring member 65 on the first side of the tissue 402 are positioned to contact and engage the first side of the tissue 402. At this point, the tissue engaging surfaces 66 of the ring members 65 anchor the distal end of the housing 52 into the first side of the tissue 402.

[0086] The next step in the disclosed method includes further advancement or disposing of the sensor 50 from

the distal end 79 of the catheter 77 such that the housing 52 is advanced past the distal end 79 of the catheter 77 by the deployment mechanism 81 resulting in movement of the ring members 65 located at the proximal end of the housing 52 to the deployed position, e.g., substantially perpendicular to the longitudinal axis L of the housing 52. At this point, the tissue engaging surfaces 66 of the ring members 65 at the proximal end of the housing 52 contact and engage an opposite side (second side) of the tissue 402.

[0087] Upon completely disposing the sensor 50 from the catheter distal end 79, the catheter 77 is withdrawn from the tissue 402 as shown in FIG. 16F. As shown in FIGS. 16E, 16F and 16G, the tissue engaging surfaces 66 of the ring members 65 at the proximal end of the housing 52 contact, engage and anchor the second side of the tissue 402 thereby completing the positioning and anchoring of the sensor 50 and the housing 52 between the tissue 402. Accordingly, the device according to the present invention and the disclosed method is utilized in any situation where a medical device needs to be implanted in or between two distinct sides or layers of tissue 402. For medical procedures involving the heart and monitoring parameters within the chambers of the heart, the present invention is deployed between the septum 405 (FIGS. 10 and 11) for conducting diagnostic and/or therapeutic procedures as mentioned previously.

[0088] Although preferred embodiments are described hereinabove with reference to a medical system, devices, components and methods of use, it will be understood that the principles of the present invention may be used in other types of objects as well. The preferred embodiments are cited by way of example, and the full scope of the invention is limited only by the claims.

Claims

1. An implantable medical sensor (50) for remotely sensing and measuring a parameter within a patient's body, the sensor comprising:

a housing (52) having a proximal end and a distal end and having a longitudinal axis (L) and a deformable membrane (56) fixed to one end of the housing, the membrane being deformably movable in direct correspondence to a change in a measured parameter within the patient's body;

a microchip (90) positioned within the housing (52) and operatively communicating with the membrane (56) for transmitting a signal indicative of the parameter, wherein the signal is a digital signal, the microchip comprising an array (92) of photoelectric cells (95);

an LED (100) for transmitting light at the photoelectric cells (95);

a shutter (62) connected to the membrane (56) and moveable between the photoelectric cells (95) and the LED (100) in response to the deforming of the membrane;

a first set of anchoring members (64) operatively connected to the proximal end of the housing; and

a second set of anchoring members (64) operatively connected to the distal end of the housing;

the first set of anchoring members (64) and the second set of anchoring members (64) being movable between a collapsed position and a deployed position, the collapsed position being defined as a position whereby the first set of anchoring members and the second set of anchoring members are substantially parallel to the longitudinal axis (L) of the housing (52) and the deployed position being defined as a position whereby the first set of anchoring members and the second set of anchoring members are substantially perpendicular to the longitudinal axis (L) of the housing (52), and wherein each anchoring member (64) of the first set of anchoring members and the second set of anchoring members comprise a ring member (65; 69; 71), each ring member having a tissue engaging surface (66; 69a; 73) thereon.

2. The device according to Claim 1, wherein the medical sensor (50) is a telemetric device.
3. The device according to Claim 1 or Claim 2, wherein the collapsed position approximately ranges between 0° - 30° from the longitudinal axis (L) of the housing (52).
4. The device according to Claim 3, wherein the deployed position approximately ranges between 40° - 90° from the longitudinal axis (L) of the housing (52).
5. The device according to any one of Claims 1 to 4, wherein the ring member (65; 69; 71) comprises a complete loop.
6. The device according to any one of Claims 1 to 4, wherein the ring member (65; 69; 71) comprises an incomplete loop.
7. The device according to any one of Claims 1 to 6, wherein the ring member (65; 69; 71) comprises shape memory material.
8. The device according to Claim 7, wherein the material comprises Nitinol (NiTi).
9. The device according to any one of Claims 1 to 8,

further comprising a resilient member (67) connected to the ring member (65; 69; 71) and the housing (52).

10. The device according to Claim 9, wherein the resilient member (67) comprises a spring for resiliently biasing the ring member (65; 69; 71) to the housing (52).

11. The device according to any one of Claims 1 to 10, wherein the ring member (65; 69; 71) has a concave profile.

Patentansprüche

1. Implantierbarer medizinischer Sensor (50) zum Abtasten und Messen eines Parameters innerhalb eines Körpers eines Patienten aus einer Entfernung, wobei der Sensor umfaßt:

ein Gehäuse (52) mit einem proximalen Ende und einem distalen Ende, einer longitudinalen Achse (L) und einer verformbaren Membran (56), die an einem Ende des Gehäuses befestigt ist, wobei die Membran in direkter Korrespondenz zu einer Änderung eines gemessenen Parameters innerhalb des Körpers des Patienten verformbar beweglich ist;

einen Mikrochip (90), der in dem Gehäuse (52) angeordnet ist und zum Übertragen eines Signals, das indikativ für den Parameter ist, wirksam mit der Membran (56) kommuniziert, wobei das Signal ein digitales Signal ist und der Mikrochip eine Anordnung (92) von photoelektrischen Zellen (95) umfaßt;

eine LED (100) zum Übertragen von Licht an die photoelektrischen Zellen (95);

einen Verschuß (62), der mit der Membran (56) verbunden ist und zwischen photoelektrischen Zellen (95) und der LED (100) in Reaktion auf das Verformen der Membran beweglich ist;

einen ersten Satz verankernder Glieder (64), die wirksam mit dem proximalen Ende des Gehäuses verbunden sind; und

einen zweiten Satz verankernder Glieder (64), die wirksam mit dem distalen Ende des Gehäuses verbunden sind;

wobei der erste Satz verankernder Glieder (64) und der zweite Satz verankernder Glieder (64) zwischen einer zusammengefallenen Position und einer eingesetzten Position beweglich sind, die zu-

sammengefallene Position als eine Position definiert ist, wonach der erste Satz verankernder Glieder und der zweite Satz verankernder Glieder im wesentlichen parallel zu der longitudinalen Achse (L) des Gehäuses sind und die eingesetzte Position als eine Position definiert ist, wonach der erste Satz verankernder Glieder und der zweite Satz verankernder Glieder im wesentlichen senkrecht zu der longitudinalen Achse (L) des Gehäuses (52) stehen, und wobei jedes verankernde Glied (64) des ersten Satzes verankernder Glieder und des zweiten Satzes verankernder Glieder ein Ringglied (65; 69; 71) umfaßt, wobei jedes Ringglied (65; 69; 71) eine gewebeeinebnende Fläche (66; 69a; 73) darauf aufweist.

2. Vorrichtung nach Anspruch 1, **dadurch gekennzeichnet, daß** der medizinische Sensor (50) ein telemetrisches Gerät ist.

3. Vorrichtung nach Anspruch 1 oder 2, **dadurch gekennzeichnet, daß** die zusammengefallene Position ungefähr zwischen 0°-30° von der longitudinalen Achse (L) des Gehäuses (52) liegt.

4. Vorrichtung nach Anspruch 3, **dadurch gekennzeichnet, daß** die eingesetzte Position ungefähr zwischen 40°-90° von der longitudinalen Achse (L) des Gehäuses (52) liegt.

5. Vorrichtung nach einem der Ansprüche 1 bis 4, **dadurch gekennzeichnet, daß** das Ringglied (65; 69; 71) eine vollständige Schleife umfaßt.

6. Vorrichtung nach einem der Ansprüche 1 bis 4, **dadurch gekennzeichnet, daß** das Ringglied (65; 69; 71) eine unvollständige Schleife umfaßt.

7. Vorrichtung nach einem der Ansprüche 1 bis 6, **dadurch gekennzeichnet, daß** das Ringglied (65; 69; 71) Formgedächtnismaterial umfaßt.

8. Vorrichtung nach Anspruch 7, **dadurch gekennzeichnet, daß** das Material Nitinol (NiTi) umfaßt.

9. Vorrichtung nach einem der Ansprüche 1 bis 8, **dadurch gekennzeichnet, daß** die Vorrichtung ferner ein elastisches Glied (67), das mit dem Ringglied (65; 69; 71) und dem Gehäuse (52) verbunden ist, umfaßt.

10. Vorrichtung nach Anspruch 9, **dadurch gekennzeichnet, daß** das elastische Glied (67) eine Feder zum elastischen Vorspannen des Ringglieds (65; 69; 71) zu dem Gehäuse (52) umfaßt.

11. Vorrichtung nach einem der Ansprüche 1 bis 10, **dadurch gekennzeichnet, daß** das Ringglied (65; 69;

71) ein konkaves Profil aufweist.

Revendications

1. Capteur médical implantable (50) pour capter et mesurer à distance un paramètre dans le corps d'un patient, le capteur comprenant :

un boîtier (52) ayant une extrémité proximale et une extrémité distale et ayant un axe longitudinal (L) et une membrane déformable (56) fixée à une extrémité du boîtier, la membrane étant mobile de manière déformable en correspondance directe avec un changement d'un paramètre mesuré dans le corps du patient ;
une micropuce (90) positionnée dans le boîtier (52) et communiquant de manière fonctionnelle avec la membrane (56) pour transmettre un signal indicatif du paramètre, le signal étant un signal numérique, la micropuce comprenant un réseau (92) de cellules photoélectriques (95) ;
une DEL (100) pour transmettre de la lumière aux cellules photoélectriques (95) ;
un obturateur (62) relié à la membrane (56) et mobile entre les cellules photoélectriques (95) et la DEL (100) en réponse à la déformation de la membrane ;
un premier groupe d'éléments d'ancrage (64) relié de manière fonctionnelle à l'extrémité proximale du boîtier ; et
un second groupe d'éléments d'ancrage (64) relié de manière fonctionnelle à l'extrémité distale du boîtier ;
le premier groupe d'éléments d'ancrage (64) et le second groupe d'éléments d'ancrage (64) étant mobiles entre une position repliée et une position déployée, la position repliée étant définie comme une position dans laquelle le premier groupe d'éléments d'ancrage et le second groupe d'éléments d'ancrage sont essentiellement parallèles à l'axe longitudinal (L) du boîtier (52) et la position déployée étant définie comme une position dans laquelle le premier groupe d'éléments d'ancrage et le second groupe d'éléments d'ancrage sont essentiellement perpendiculaires à l'axe longitudinal (L) du boîtier (52), chaque élément d'ancrage (64) du premier groupe d'éléments d'ancrage et du second groupe d'éléments d'ancrage comprenant un élément annulaire (65 ; 69 ; 71), chaque élément annulaire possédant une surface d'engagement avec un tissu (66 ; 69a ; 73).

2. Dispositif selon la revendication 1, dans lequel le capteur médical (50) est un dispositif télémétrique.

3. Dispositif selon la revendication 1 ou la revendica-

tion 2, dans lequel la position repliée se trouve approximativement entre 0° et 30° par rapport à l'axe longitudinal (L) du boîtier (52).

4. Dispositif selon la revendication 3, dans lequel la position déployée se trouve approximativement entre 40° et 90° par rapport à l'axe longitudinal (L) du boîtier (52). 5
5. Dispositif selon l'une quelconque des revendications 1 à 4, dans lequel l'élément annulaire (65 ; 69 ; 71) comprend une boucle complète. 10
6. Dispositif selon l'une quelconque des revendications 1 à 4, dans lequel l'élément annulaire (65 ; 69 ; 71) comprend une boucle incomplète. 15
7. Dispositif selon l'une quelconque des revendications 1 à 6, dans lequel l'élément annulaire (65 ; 69 ; 71) comprend un matériau à mémoire de forme. 20
8. Dispositif selon la revendication 7, dans lequel le matériau comprend le Nitinol (NiTi).
9. Dispositif selon l'une quelconque des revendications 1 à 8, comprenant en outre un élément résilient (67) relié à l'élément annulaire (65 ; 69 ; 71) et au boîtier (52). 25
10. Dispositif selon la revendication 9, dans lequel l'élément résilient (67) comprend un ressort pour solliciter de manière résiliente l'élément annulaire (65 ; 69 ; 71) par rapport au boîtier (52). 30
11. Dispositif selon l'une quelconque des revendications 1 à 10, dans lequel l'élément annulaire (65 ; 69 ; 71) a un profil concave. 35

40

45

50

55

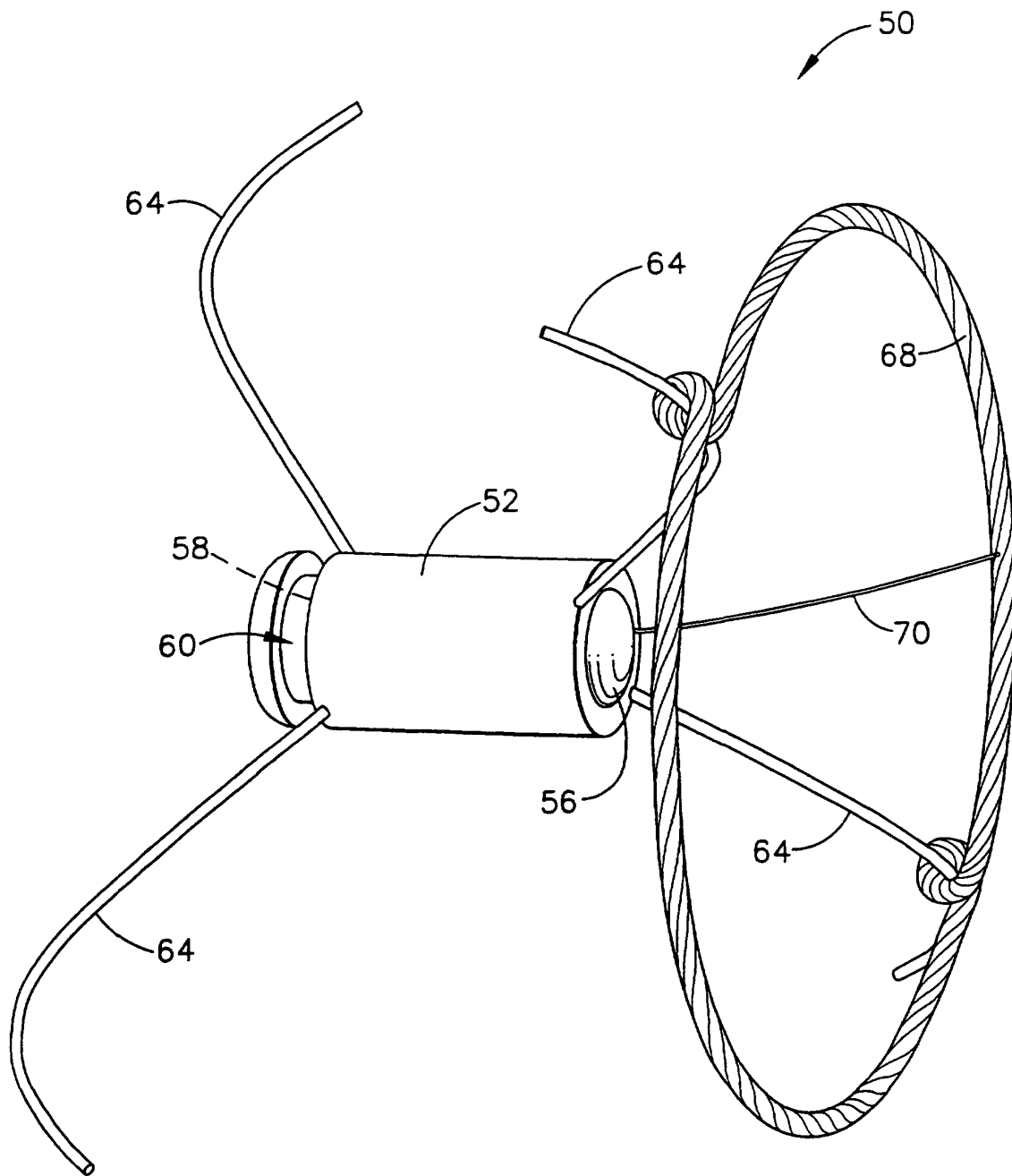


FIG. 1

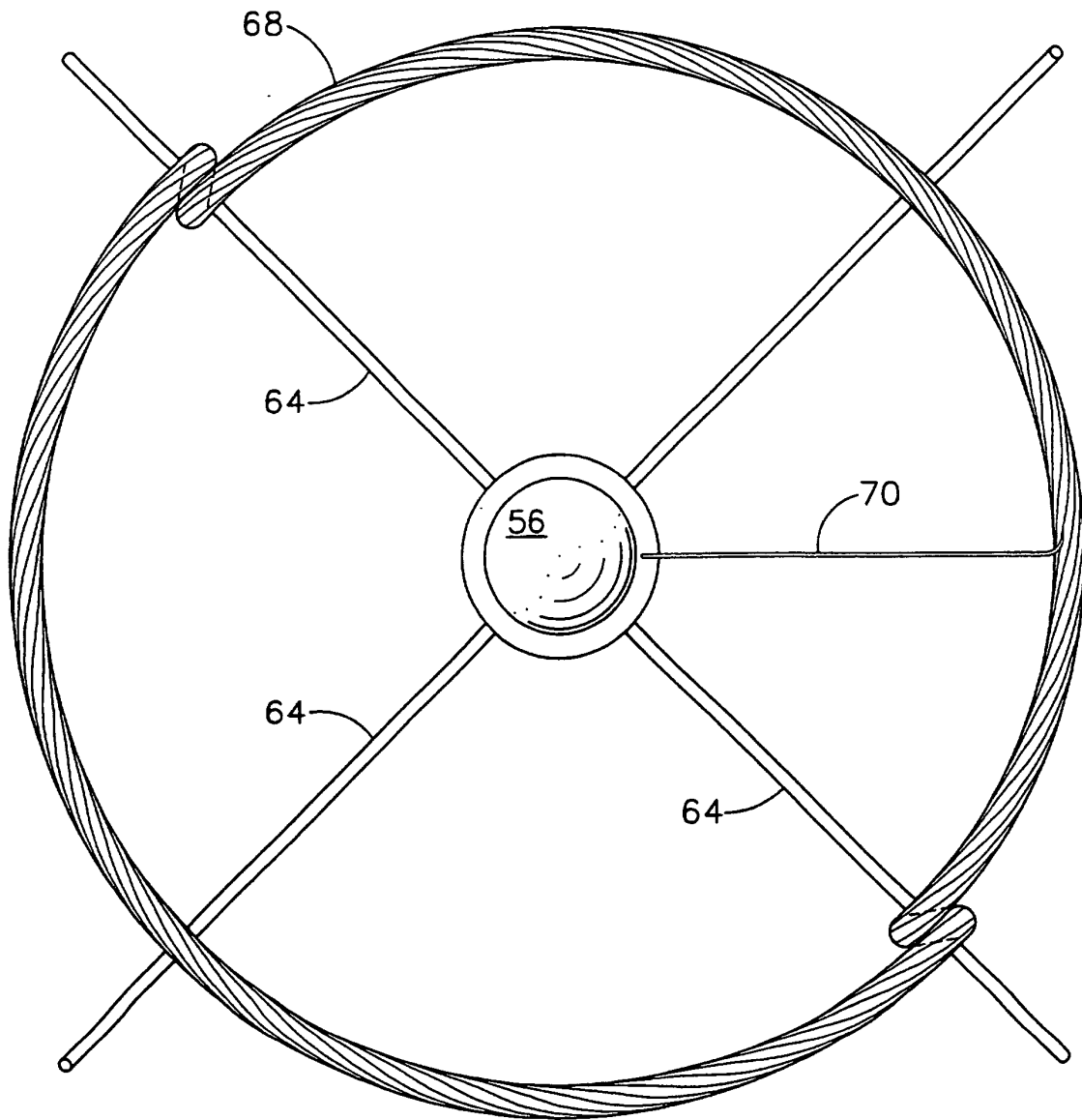


FIG. 2

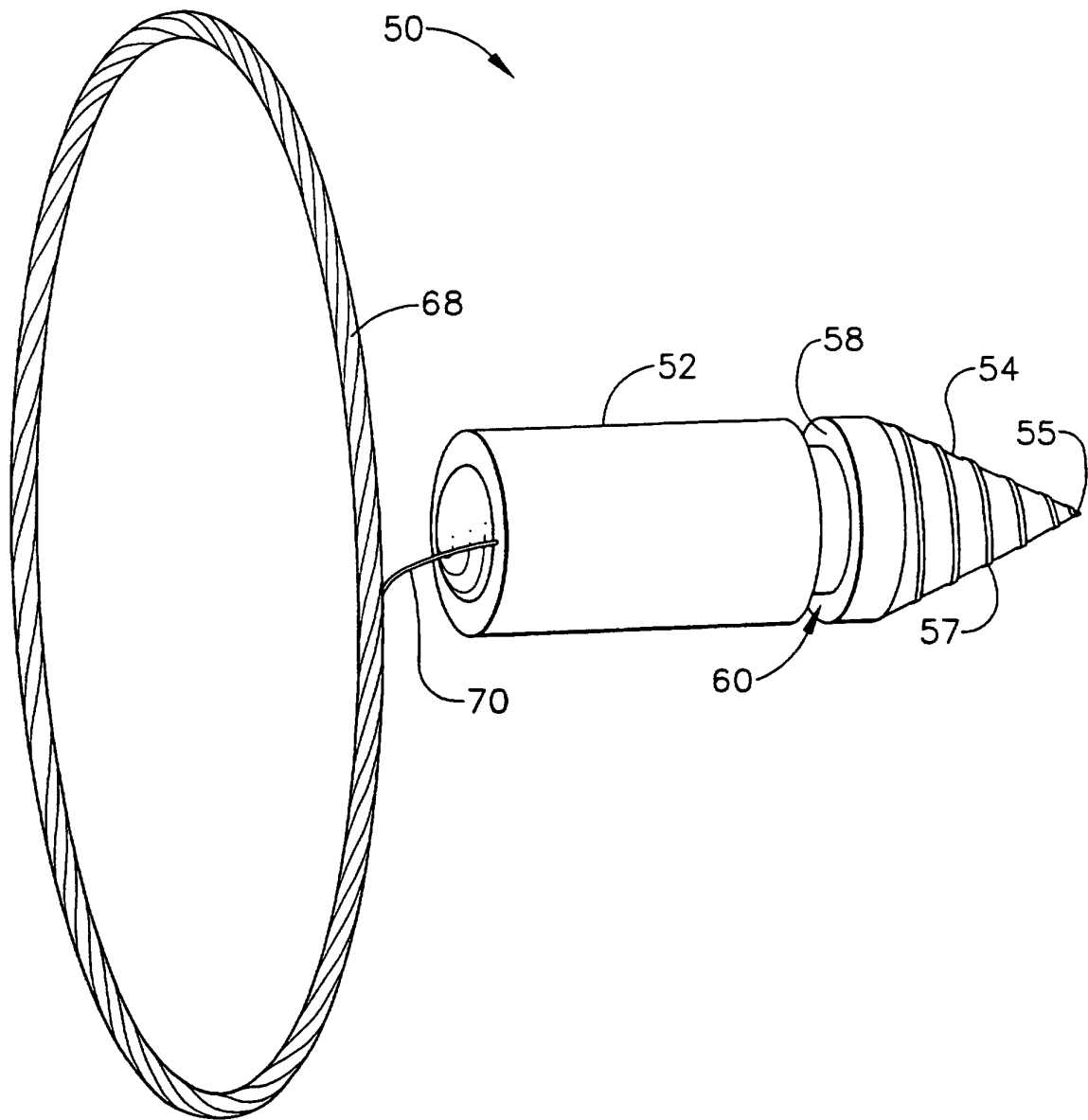


FIG. 3

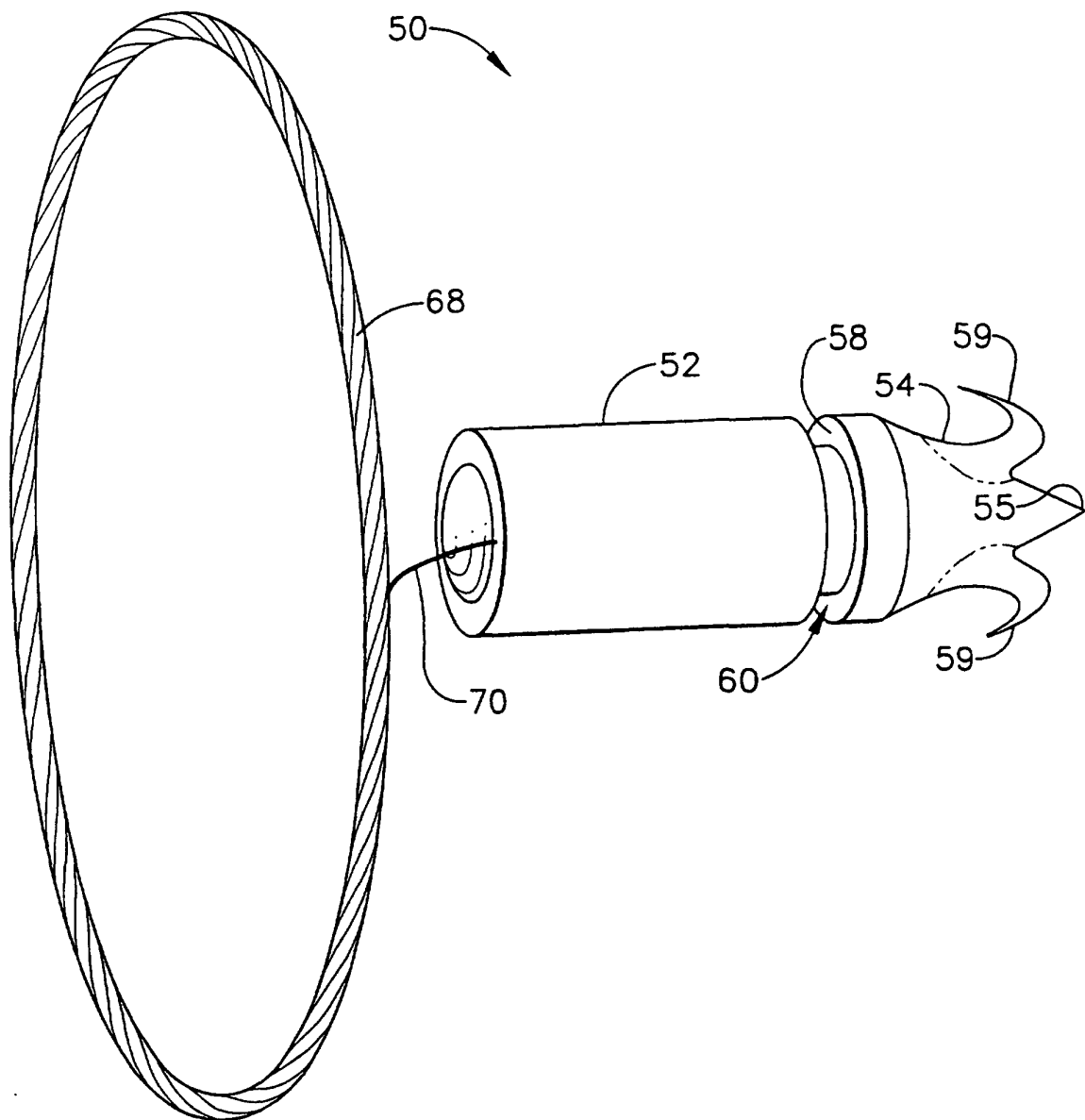


FIG. 4

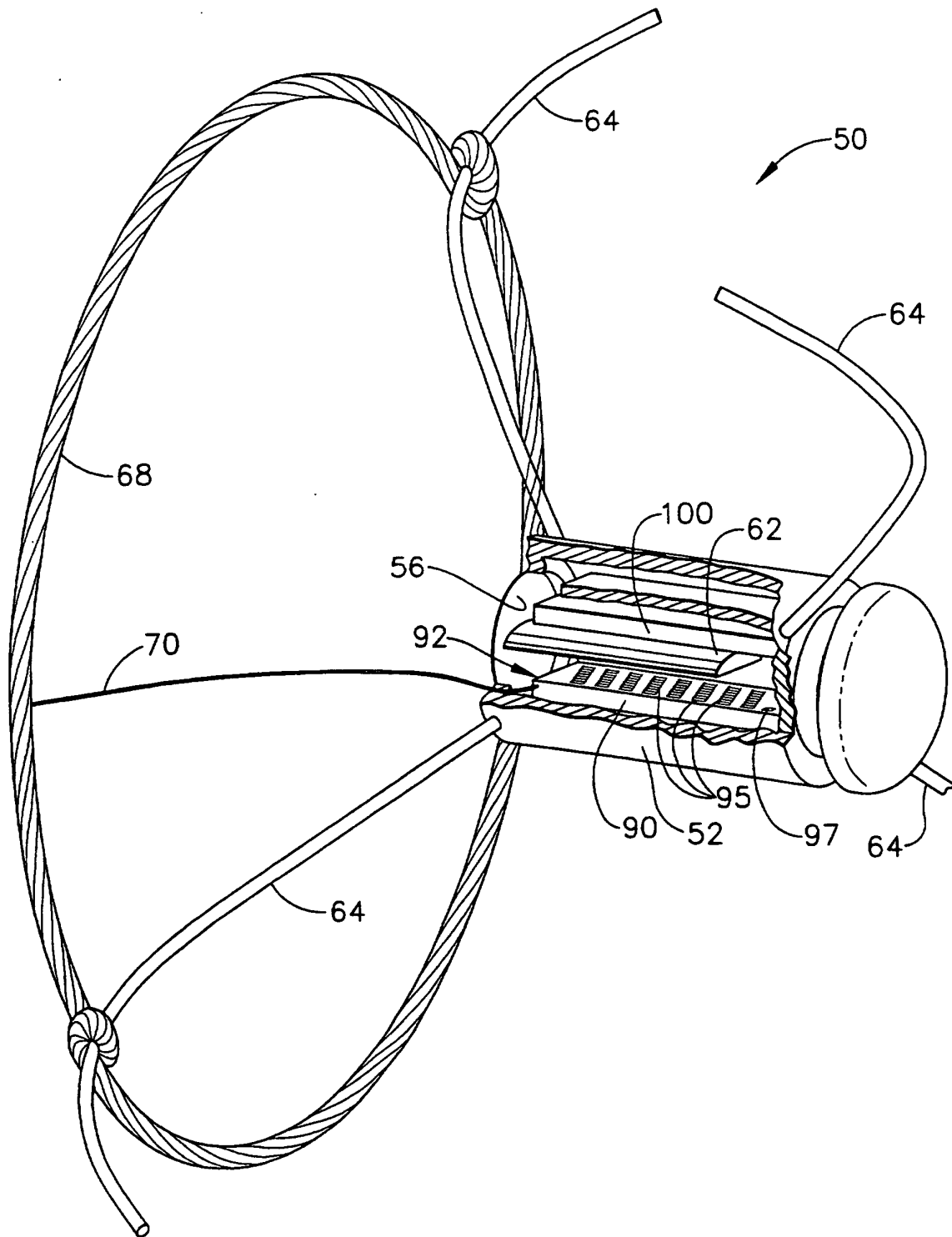


FIG. 5

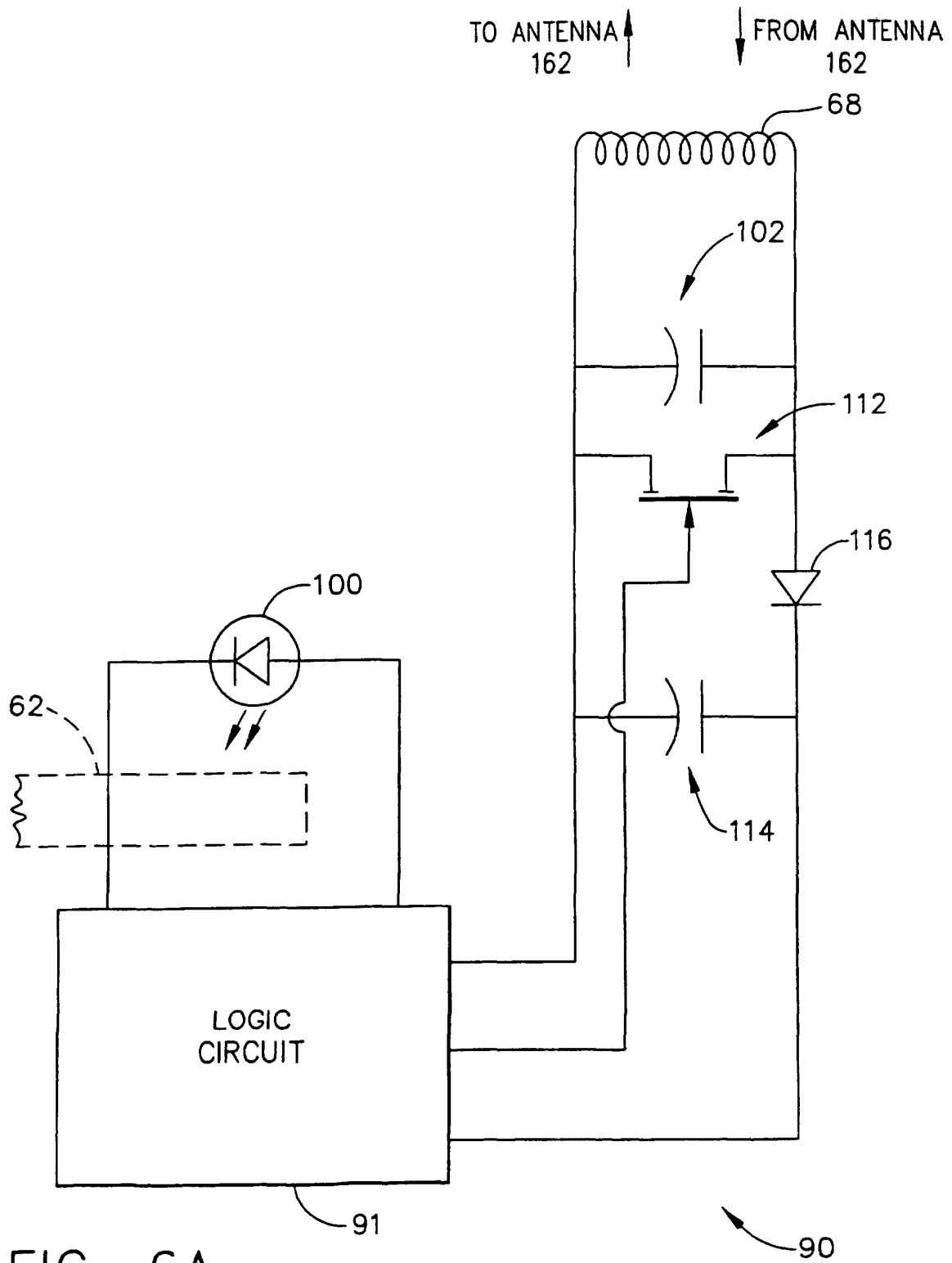


FIG. 6A

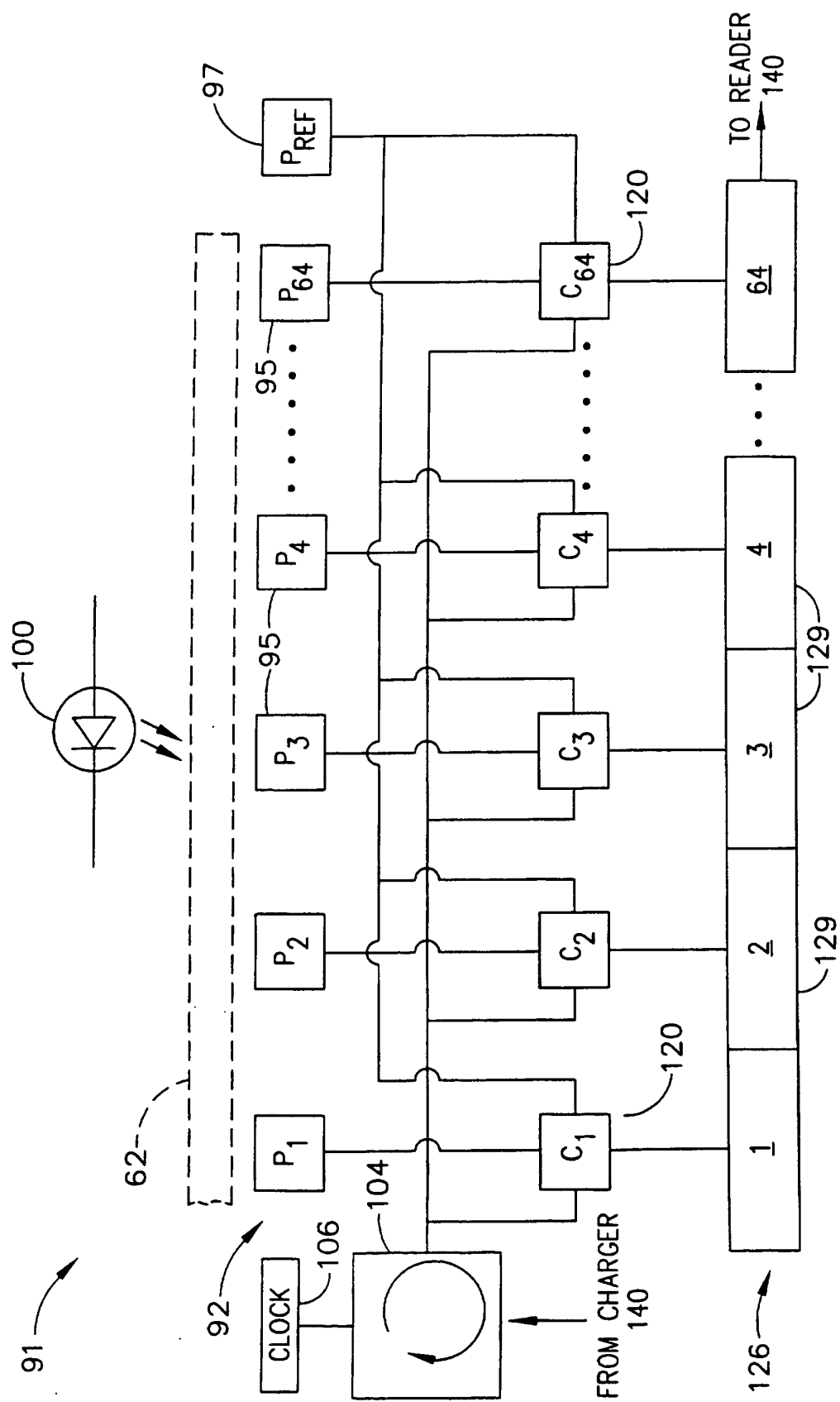


FIG. 6B

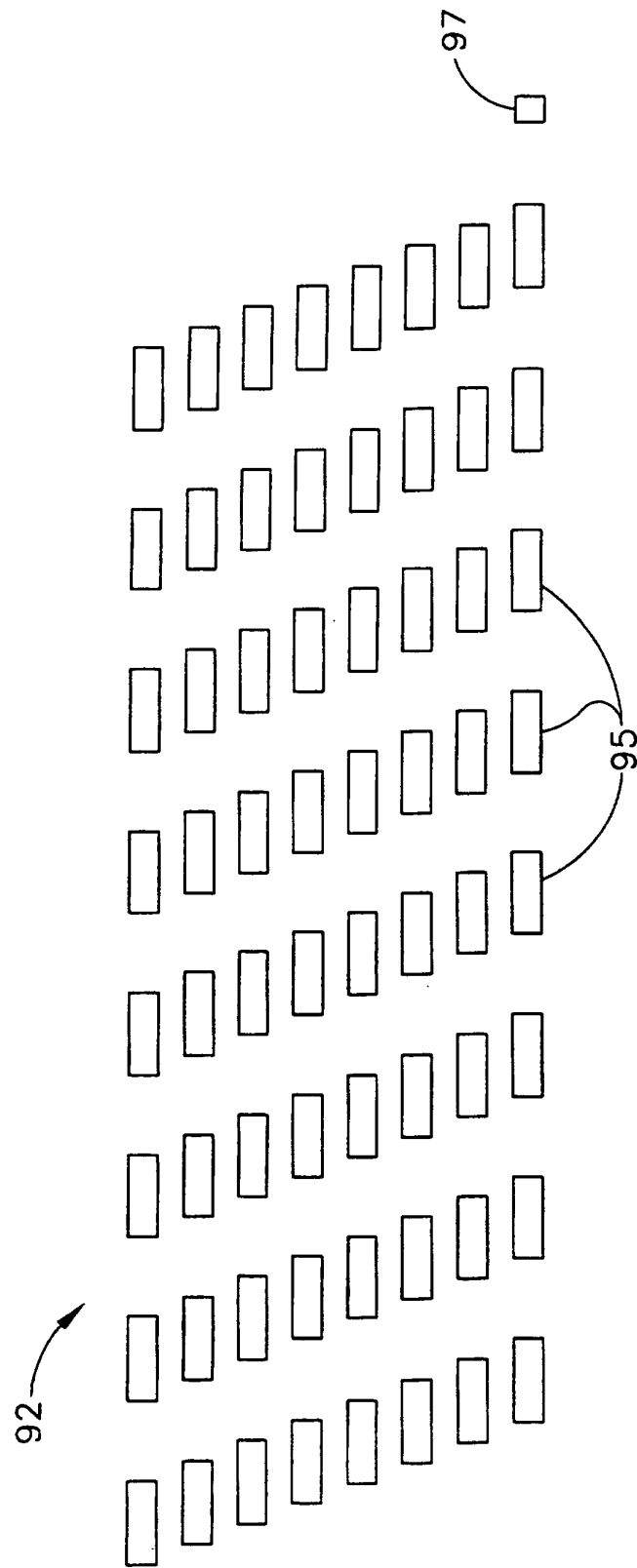


FIG. 7

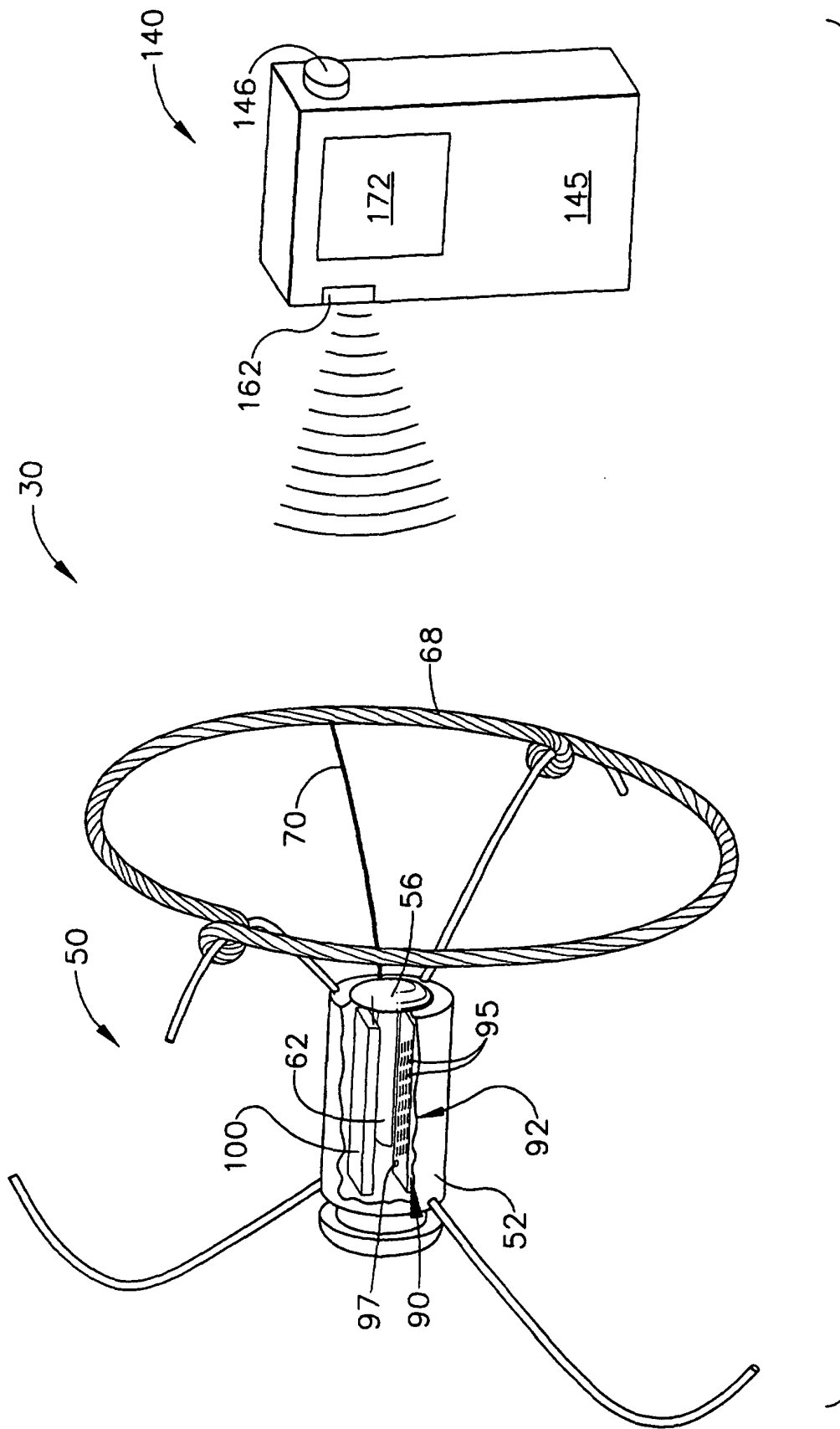


FIG. 8

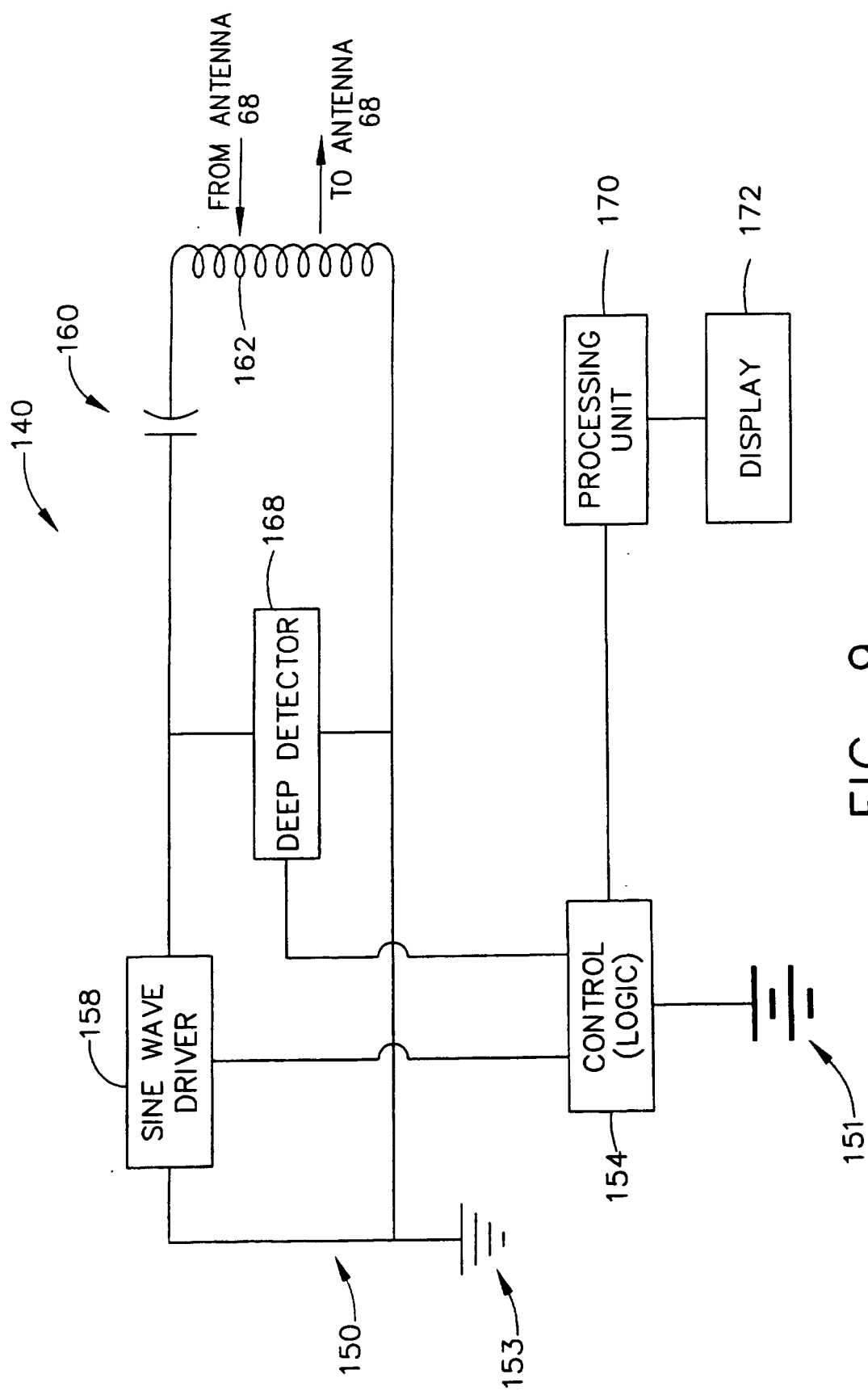


FIG. 9

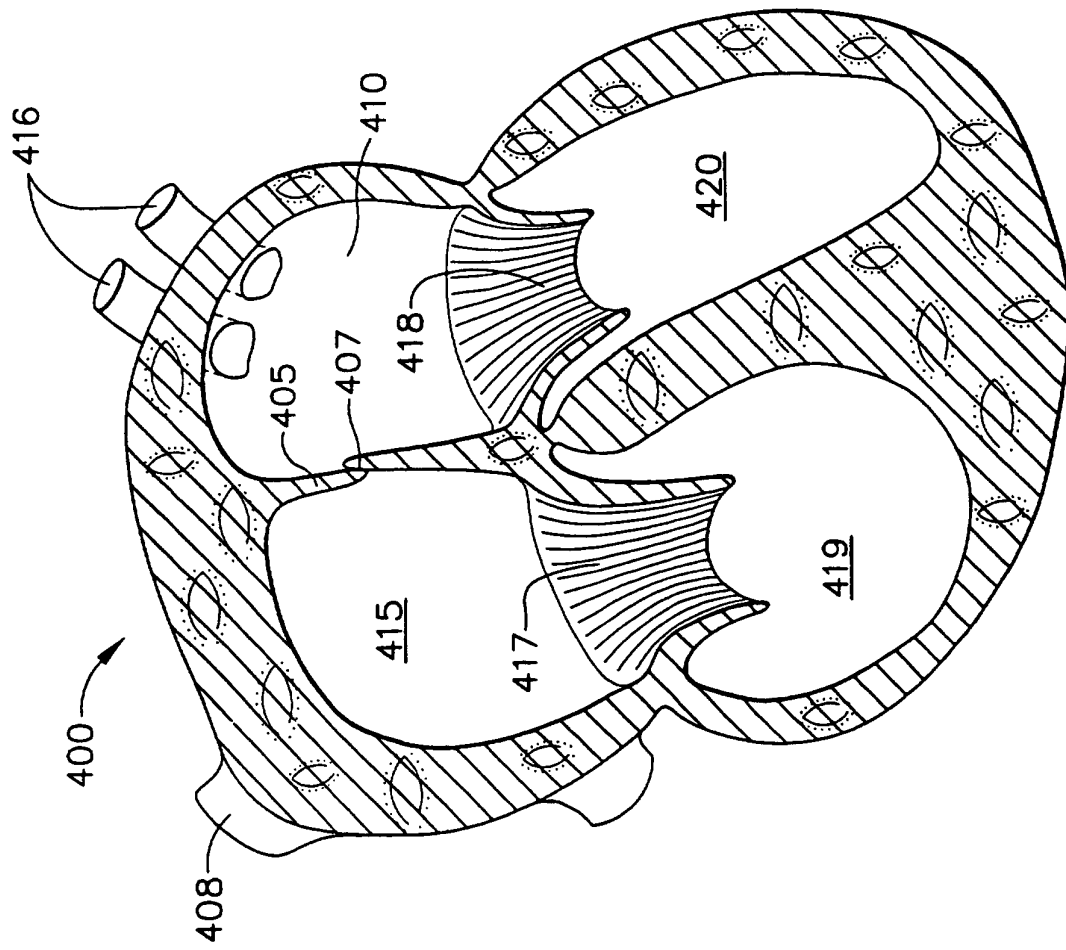


FIG. 10

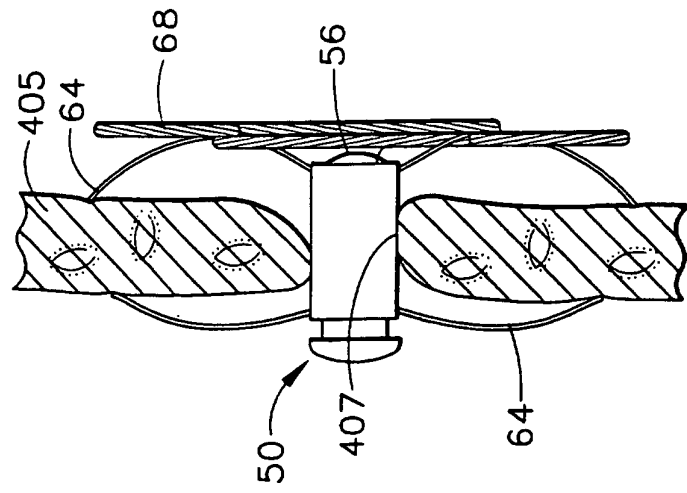


FIG. 11

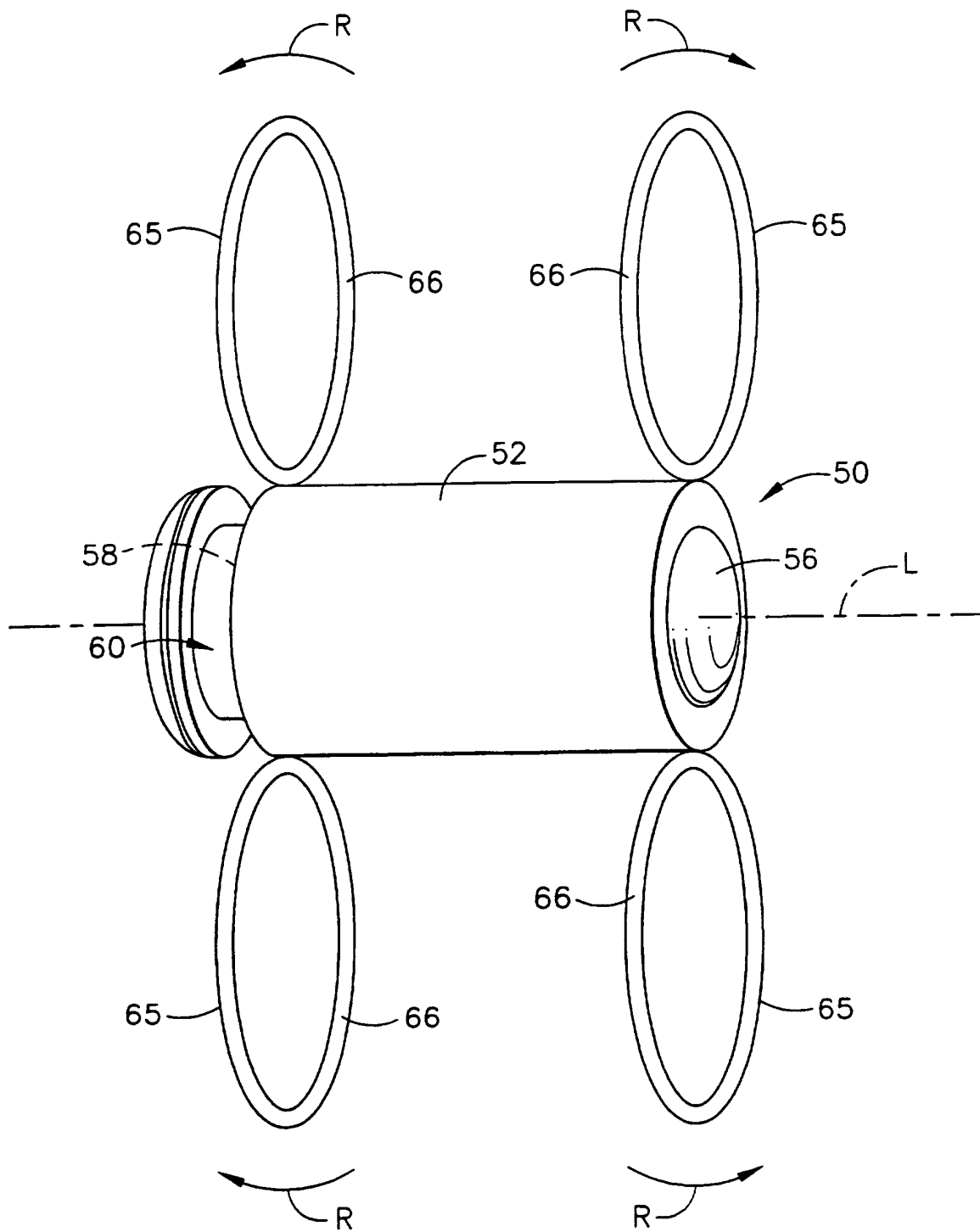


FIG. 12A

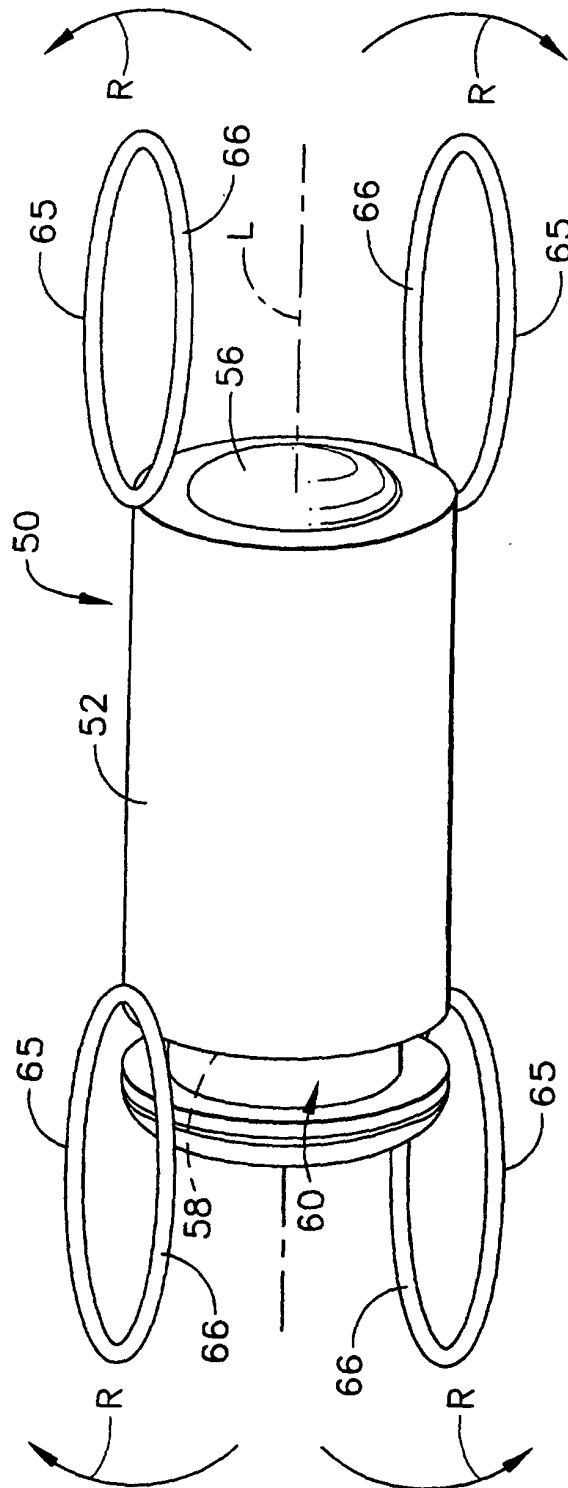


FIG. 12B

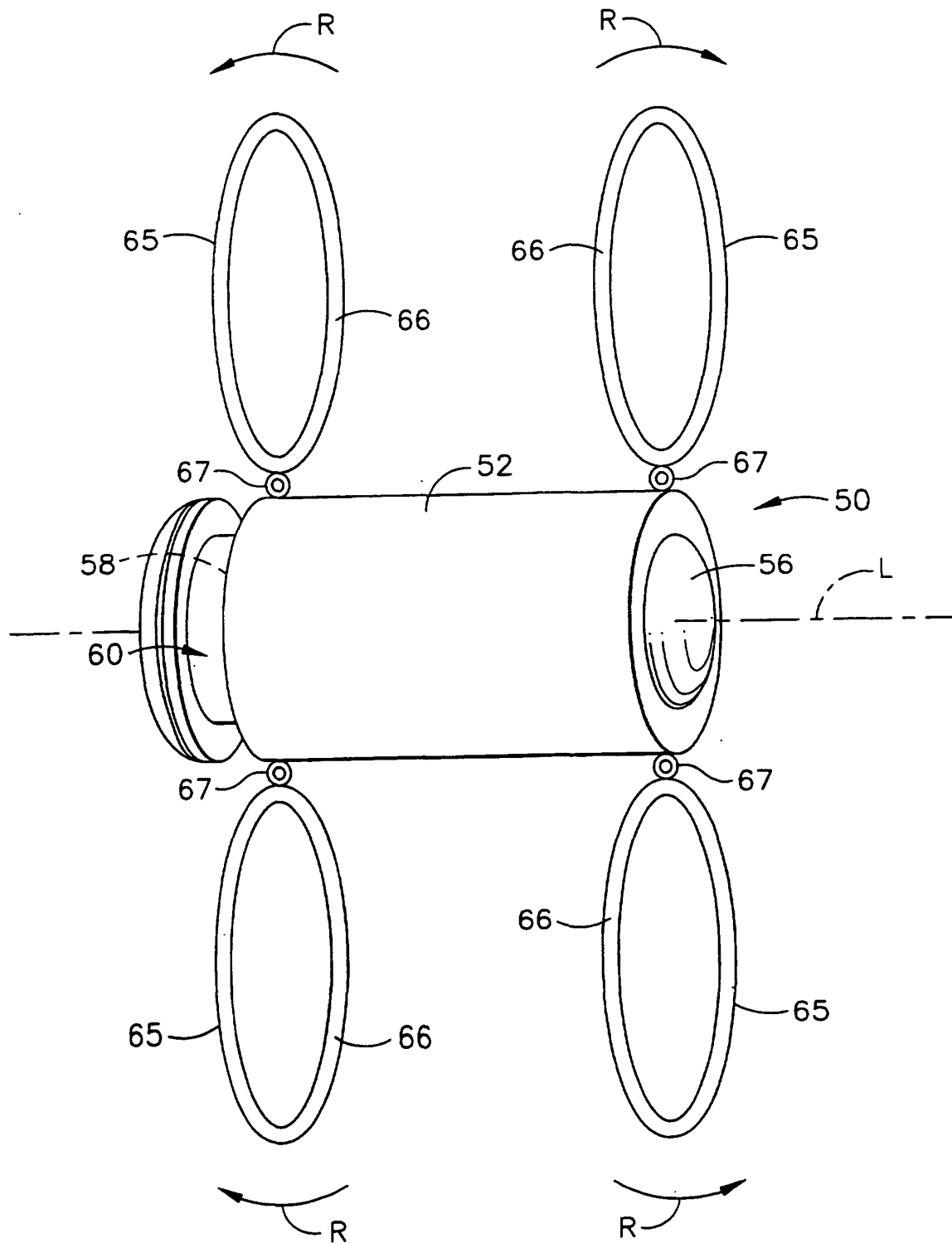


FIG. 13A

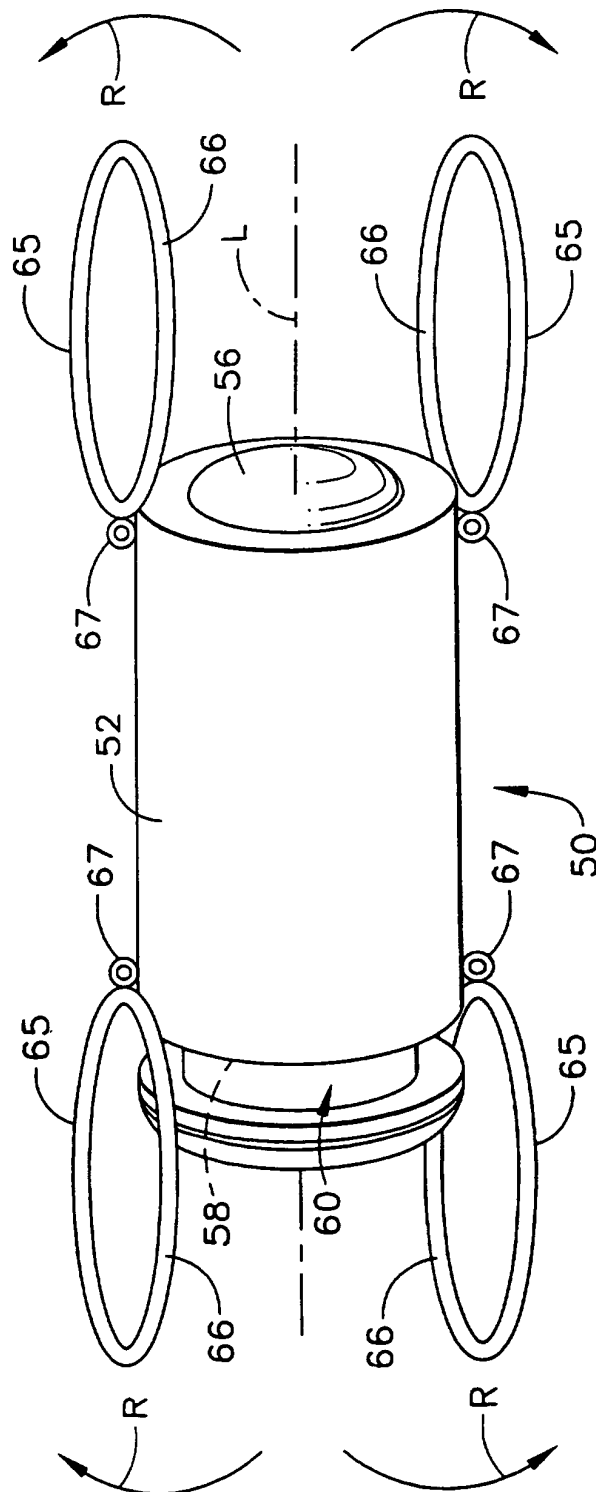


FIG. 13B

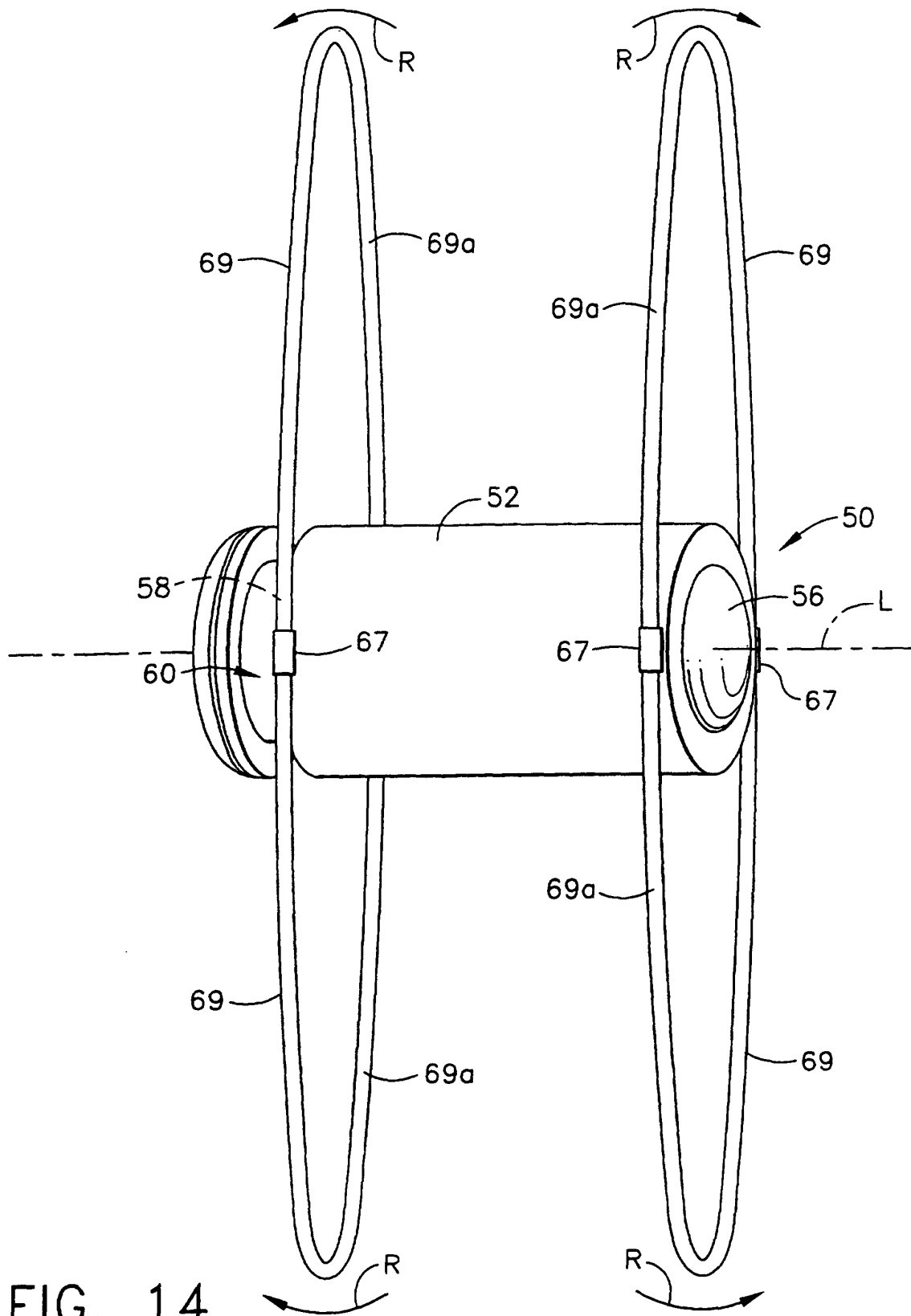
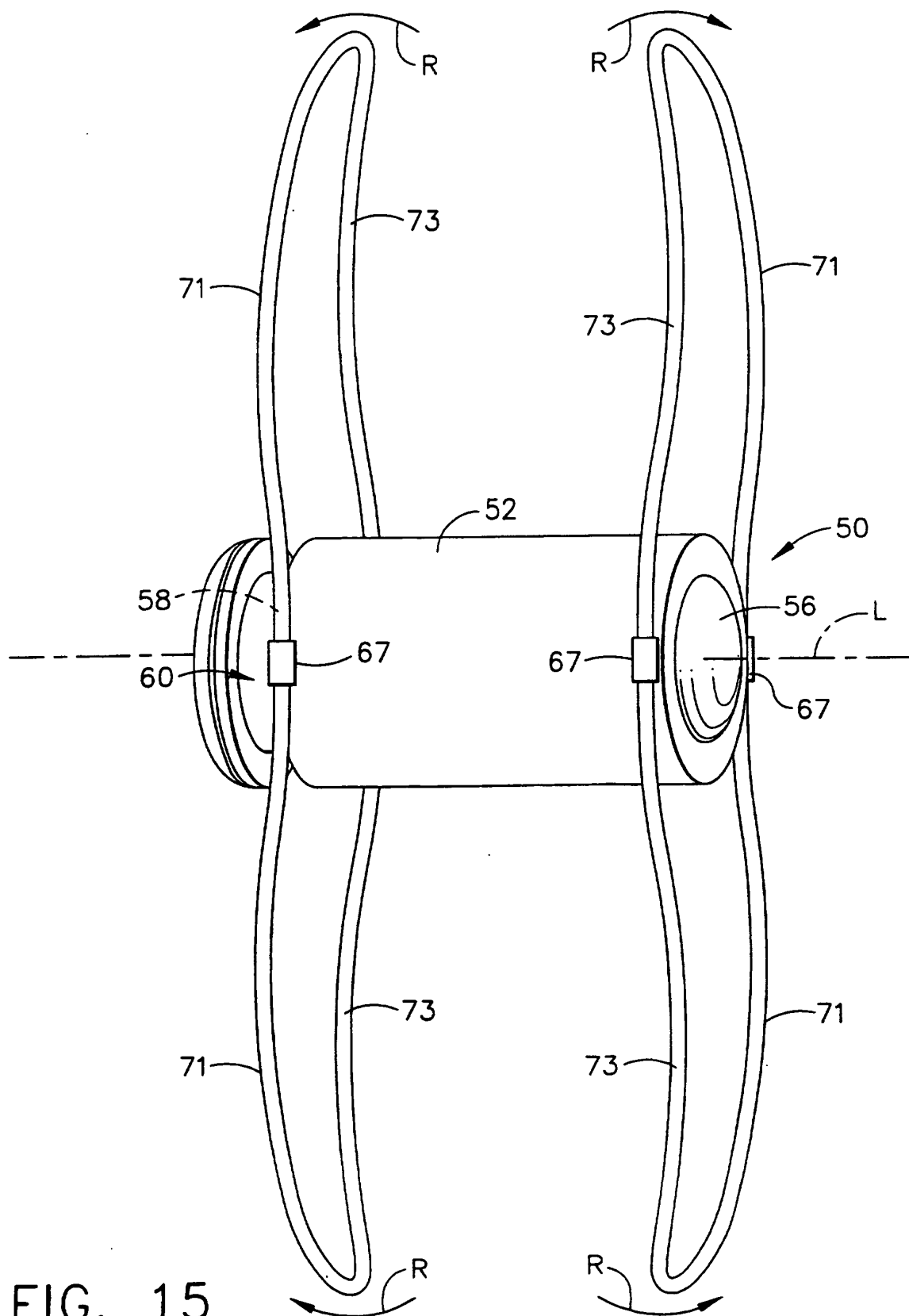


FIG. 14



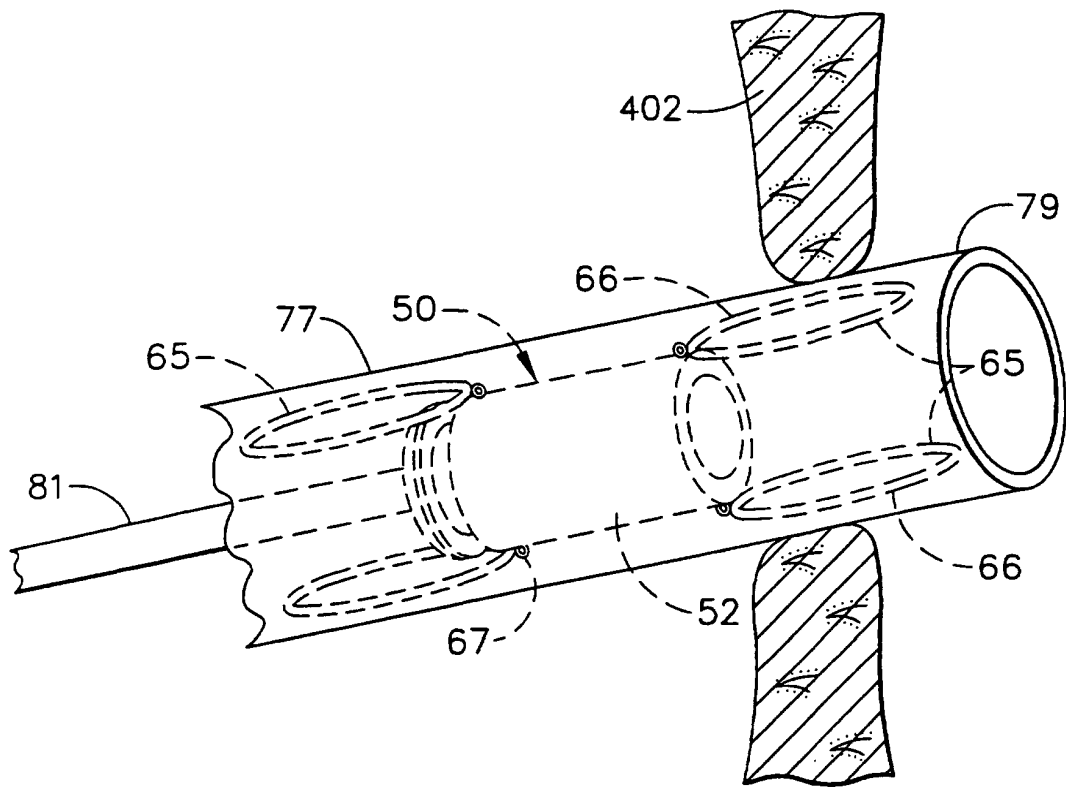


FIG. 16A

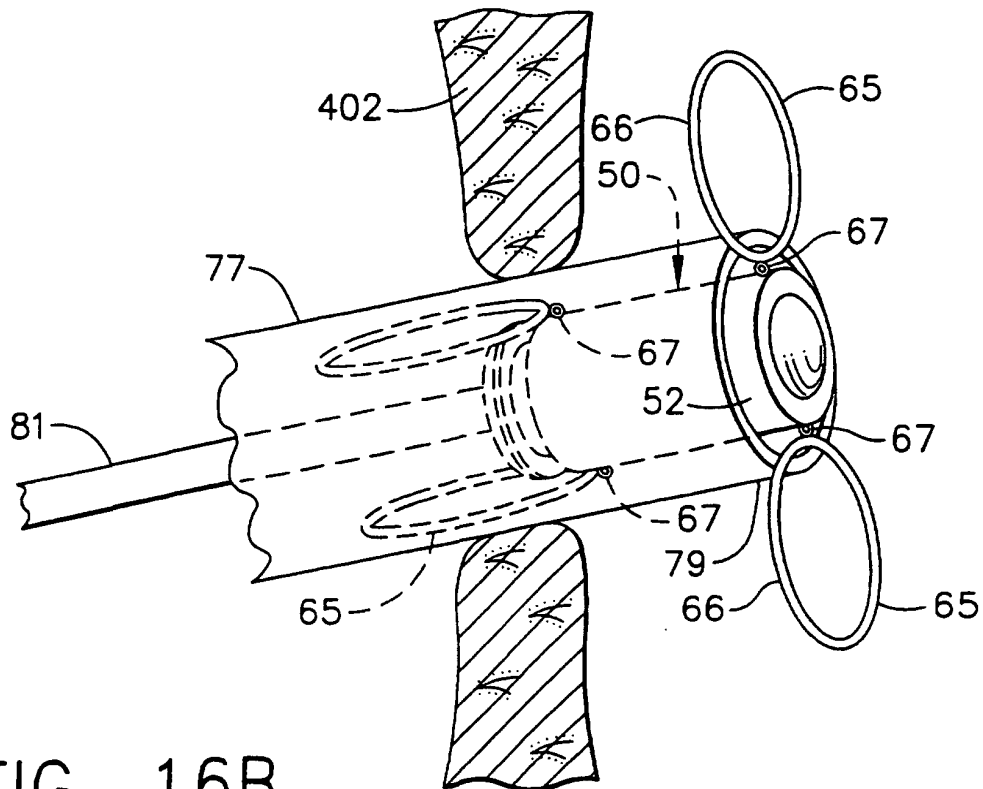


FIG. 16B

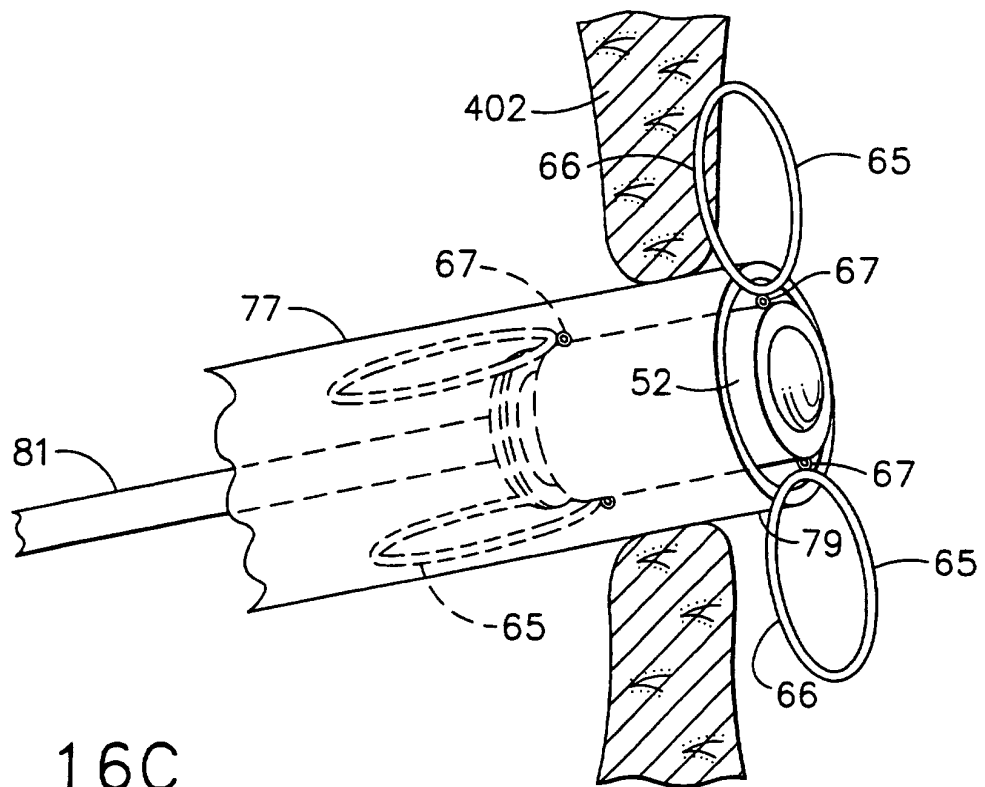


FIG. 16C

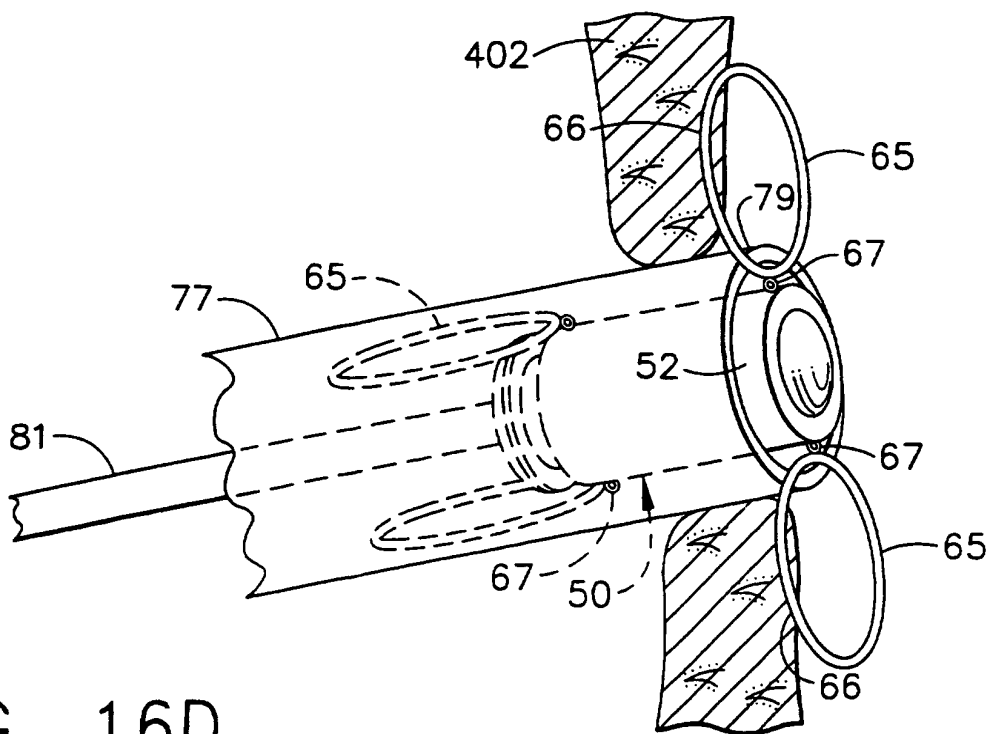


FIG. 16D

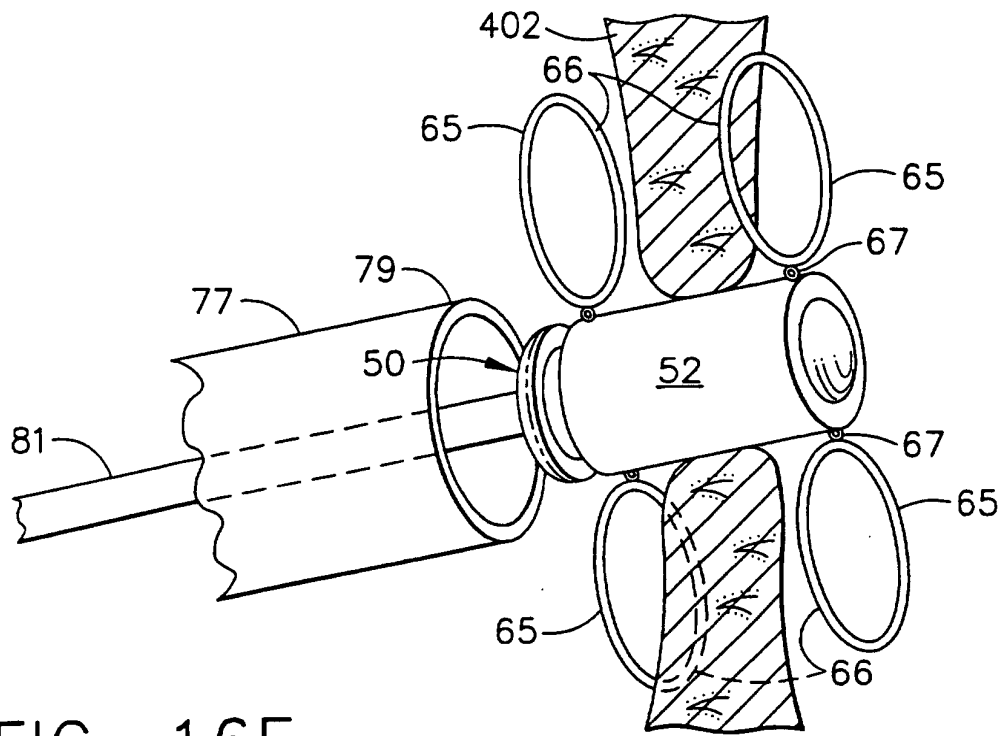


FIG. 16E

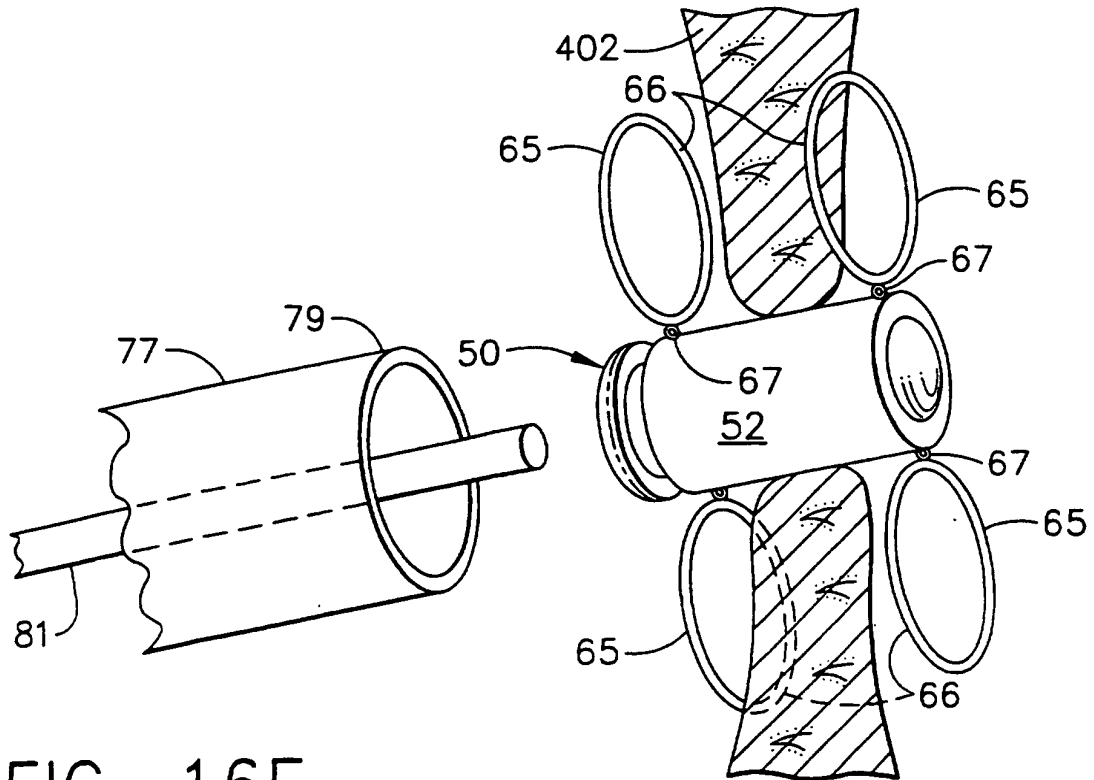


FIG. 16F

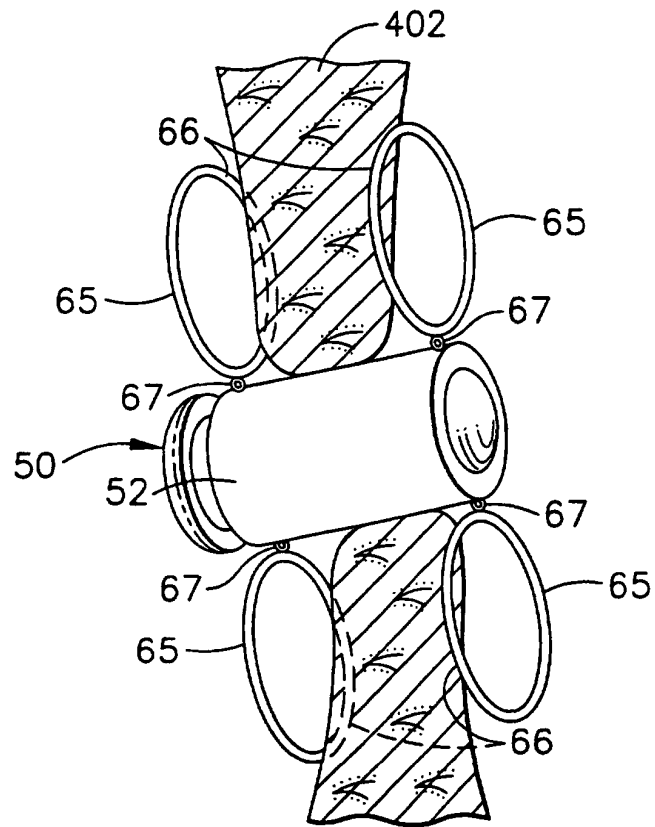


FIG. 16G

专利名称(译)	植入式遥测医疗传感器的锚固机构		
公开(公告)号	EP1264572B1	公开(公告)日	2005-08-17
申请号	EP2002253971	申请日	2002-06-07
[标]申请(专利权)人(译)	生物感觉有限公司		
申请(专利权)人(译)	生物传感，INC.		
当前申请(专利权)人(译)	生物传感韦伯斯特，INC.		
[标]发明人	SCHWARTZ YITZHACK		
发明人	SCHWARTZ, YITZHACK		
IPC分类号	A61B5/0215 A61B5/00 A61B5/021 A61B5/07 A61B8/12 A61B17/00 H04Q9/00		
CPC分类号	A61B5/6882 A61B1/00147 A61B5/0031 A61B5/0215 A61B5/076 A61B2560/0219 A61B2562/0233 A61B2562/046 Y10S128/903		
代理机构(译)	MERCER，CHRISTOPHER PAUL		
优先权	09/877673 2001-06-08 US		
其他公开文献	EP1264572A1		
外部链接	Espacenet		

摘要(译)

可植入医疗装置包括壳体（52），壳体（52）具有近端和远端以及纵向轴线。第一组锚固构件可操作地连接到壳体的近端。第二组锚固构件可操作地连接到壳体的远端。第一组锚固构件和第二组锚固构件可在折叠位置和展开位置之间移动。折叠位置被定义为第一组锚定构件和第二组锚定构件基本平行于壳体的纵向轴线的位置。展开位置被定义为第一组锚固构件和第二组锚固构件基本垂直于壳体的纵向轴线的位置。第一组锚固构件和第二组锚固构件中的每个锚固构件包括环构件（65），其中每个环构件上具有组织接合表面（66）。

$$P = (KD^3 / A) X^2$$