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(73) Proprietor: **Endotronix, Inc.**
Lisle, IL 60532 (US)

(72) Inventors:
- **ROWLAND, Harry**
  Plainsfield, IL 60585 (US)
- **NAGY, Michael**
  Lawrenceville, GA 30043 (US)
- **MCDONALD, Kevin**
  Sacramento, CA 95831 (US)
- **KURT, Alyssa**
  Huntley, IL 60142 (US)
- **BLACK, Andy**
  Johnsburg, IL 60051 (US)
- **LEOPOLD, Andy**
  East Peoria, IL 61611-2018 (US)

(74) Representative: **Müller-Boré & Partner**
Patentanwälte PartG mbB
Friedenheimer Brücke 21
80639 München (DE)

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Description

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims priority to U.S. Provisional Patent App. No. 61/701,058 entitled "PRESSURE SENSOR, ANCHOR, DELIVERY SYSTEM AND METHOD" and filed on September 14, 2012, and further claims priority to PCT Patent App. No. PCT/US2011/045583 entitled "PRESSURE SENSOR, CENTERING ANCHOR, DELIVERY SYSTEM AND METHOD" and filed on July 27, 2011, each of which is hereby incorporated by reference in its entirety. Further, this application claims priority to U.S. Patent App. No. 12/727,306 entitled "WIRELESS SENSOR READER" and filed on March 19, 2010, U.S. Patent App. No. 12/011,524 entitled "CARDIAC PRESSURE MONITORING DEVICE" and filed on January 25, 2008, PCT Patent App. No. PCT/US2012/044998 entitled "IMPLANTABLE SENSOR ENCLOSURE WITH THIN SIDEWALLS" and filed on June 29, 2012, PCT Patent App. No. PCT/US2011/045581 entitled TRANSVASCULAR WIRELESS SENSOR SYSTEM" and filed on July 27, 2011, each of which are hereby incorporated by reference.

FIELD OF INVENTION

[0002] This application relates to a medical implantable pressure sensor device, positioning and anchoring mechanism, delivery system and more particularly to a method for delivering and positioning the pressure sensor into the human body.

BACKGROUND

[0003] Delivery systems and positioning and anchoring devices are currently being used in medical procedures to guide and position devices from a remote site to a target site within a body. From a remote part of the body, a guidewire is introduced into an artery or vein. The guidewire is then advanced through the vascular system to the target site where the vascular implant is to be positioned. The guidewire then functions as a rail for the advancement of the delivery system.

[0004] Currently, delivery systems are used for accessing the anatomy and delivering many devices, both temporarily and permanently, into the body. Different devices and different anatomical target sites require different delivery system features and require different anchoring and positioning mechanisms. For example, a target vascular site is the right pulmonary artery and middle lobe vessel. There are often many turns and anatomical structures to navigate around and through to reach the desired site. If the delivery system or the positioning/anchoring mechanism for the delivery system lack certain critical features, the procedure may not be able to be performed. For example if the anatomy is quite tortuous and if the delivery system is not able to negotiate this tortuous anatomy the procedure may not be possible. As another example, there may not exist a specific delivery system designed and built for the specific implant and target anatomy; in these cases the physician is left to select generally available off-the-shelf accessories such as sheaths and wires to deliver the implant as best he or she can.

[0005] As can be appreciated from the above examples, multiple features are required to achieve desired parameters such as softness to reduce trauma to the vessel during insertion, minimal diameter to enable ingress through restricted passages in the vessels and facilitate access to the target site, stiffness/rigidity to allow pushability and resistance to kinking and to facilitate function of the delivery system once placed. Relative to the implant positioning and anchoring mechanism, it is critical to position the implant for optimal visualization, readability, and to reduce the risk of possible occlusion and/or or flow obstruction.

[0006] Therefore, it would be advantageous to provide a delivery system which facilitates delivery of a specific implant by providing optimal diameter, pushability, flexibility and stiffness without requiring additional accessory devices, thereby reducing or eliminating the risk of unsuccessful implant delivery. It would further be advantageous to provide adequate flow around the implant in the target location and the atraumatic positioning and anchoring mechanism needs to maintain the position of the implant, without risk of structural failure or partial disintegration, over the life of the patient.

[0007] US 2008/071248 A1 describes a delivery system for deploying an implantable sensor assembly at an implantation site in a patient, the sensor assembly including a sensor element and an anchor. The delivery system includes an outer catheter, an elongate, tubular first inner member movable within the outer catheter, and a retaining element disposed within the first inner member and adapted to releasably engage the sensor assembly during delivery. The first inner member may have a distal end portion including a sheath sized to receive the sensor assembly and retain the anchor in a collapsed delivery configuration. The first inner member may includes a distal end portion including a socket sized to releasably retain a portion of the sensor during delivery.

[0008] US 2007/179583 A1 describes an anchor for a medical implant, a method of manufacturing an anchor, and a delivery system and method for delivering a medical implant, such as for monitoring physiological parameters, for example, for diagnosing and/or monitoring and/or treating cardiovascular diseases, such as CHF and CHD. The anchor includes a base member, arms, legs, features for securing the medical implant to the base member, and features for connecting the anchor to a connector. The anchor has a deployed configuration in which the arms radially project from a first end of the base member and the legs radially project from an opposite end of the base member. When deployed, the arms and legs terminate at extremities that are opposing but not aligned

with each other.

[0009] US 2003/125790 A1 describes a deployment device for deploying a self-expansible medical implant at a target location in a body cavity. The deployment device includes: an inner tube; an outer tube; and an implant received on the inner tube and enclosed by the outer tube. The implant has a self-expansible anchoring element which is in a contracted condition when enclosed by the outer tube, expands to a partially-expanded condition when the outer tube is retracted, and expands to a fully-expanded condition when the inner tube is removed. The implant is deployed by introducing the deployment device to the target location in the body cavity; retracting the outer tube with respect to the implant such that the anchoring element self-expands from its contracted condition to its partially-expanded condition; and withdrawing the inner tube from the implant such that the anchoring element self-expands from its partially-expanded condition to its fully-expanded condition to firmly fix the implant at the target location within the body cavity.

[0010] EP 1 440 673 A1 describes a method of delivering a stent-graft including mounting the stent-graft on a pushrod; radially constraining the stent-graft within a sheath; securing a crown portion of the stent-graft to the pushrod with a retainer structure of a stent-graft retainment system; retracting the sheath to expose the crown portion of the stent-graft; and further retracting the sheath to cause the retainer structure to release the crown portion from the pushrod thus deploying the stent-graft. The retainer structure releases the stent-graft automatically as a result of the retraction of the sheath.

SUMMARY

[0011] The present invention provides a medical device delivery system comprising an implant and assembly for placement over a guidewire. The invention is defined by the appended claims. The description with embodiments and examples serves for illustrative purposes.

[0012] In an embodiment the delivery system includes an implant, such as a wireless sensor, a first sheath, and a second sheath. The sheaths extend from a proximal end of the implant delivery system, and at least said first sheath extends to a distal end of said implant delivery system. The first sheath is positioned at least partially within said second sheath. The implant is connected to an exterior surface of the first sheath and positioned near an end of the second sheath. The first sheath and said second sheath are movable with respect to one another to deploy said implant to a desired location.

[0013] In an embodiment, the first sheath and said second sheath are rotatable about a common axis.

[0014] In an embodiment, a portion of said first sheath comprises a first geometry, and a portion of said second sheath includes a second geometry shaped to engage the first geometry to allow translation of said first sheath with respect to said second sheath and to prevent rotation of the first sheath with respect to said second sheath. The geometry may be any appropriate shape and size.

[0015] In an embodiment, the delivery system may comprising a wire extending from the second sheath and connecting to the first sheath, wherein the wire engages said implant. In an embodiment, the wire is not accessible directly from a proximal end of the first and second sheaths.

[0016] In an embodiment, the delivery system includes a third sheath. The first sheath and second sheath may be positioned at least partially within said third sheath. The second sheath may be able to translate with respect to said first sheath and said third sheath, and the first sheath and third sheath may be fixed relative to one another. In an embodiment, the first sheath and second sheath are capable of rotation and translation with respect to said third sheath.

[0017] In an embodiment, at least one of said first and second sheaths comprises a braided wire within the sheath wall.

[0018] In one example, an implant delivery system comprises an implant, an implant anchoring mechanism, a fixation loop, a positioning rod, and one or more sheaths attached at their proximal end to a handle assembly. The implant, with anchoring mechanism compressed for delivery, may be attached securely to the delivery system.

[0019] In an embodiment, the implant with anchoring mechanism may be secured wholly within or partially within a sheath during delivery. Manipulation of sheaths or other mechanisms may allow deployment of the implant anchors. Multiple anchors may be deployed at the same time or at different times. The positioning rod allows controlled positioning of the implant before, during, and after deployment of the implant anchors when controlled at the proximal handle assembly. The implant may be released from the delivery system by releasing the positioning rod from the implant fixation loop once the implant has been confirmed to be in the desired location with the anchoring mechanism fully deployed. The delivery system may then be retracted. In other embodiments, the implant may not have a fixation loop and the positioning rod may attach to and be released from the implant by other attachment means.

[0020] In an embodiment, the medical device delivery system is designed to implant a medical device fully intravascularly within a blood vessel. In an embodiment the implant may be a wireless sensor.

BRIEF DESCRIPTION OF THE DRAWINGS

[0021] Preferred embodiments of the present disclosure are described herein with reference to the drawings wherein:

Figures 1 and 2 show designs of an implant, including an exemplary implant body and anchors.

Figures 3 and 4 show an implant deployed in a location in the pulmonary artery.

Figure 5 illustrates a cross-sectional view of the delivery device from proximal the implant body looking distally into the page.

Figure 6 shows a side view of the delivery device.

Figure 7 shows a close up view of the delivery device attachment to the proximal end of the implant body.

Figure 8 shows the implant secured to a carrier sheath.

Figure 9 shows a close up of the distal anchor secured to a carrier sheath.

Figure 10 illustrates a section of a carrier sheath.

Figure 11 shows another embodiment of the delivery system with the implant and anchors in a collapsed configuration.

Figure 12 shows another embodiment of the delivery system with the implant and proximal anchor in a collapsed configuration and the distal anchor in an expanded configuration.

Figure 13 shows another embodiment of the delivery system with the implant fully deployed.

Figure 14 shows another embodiment of the delivery system with the implant and anchors in a collapsed configuration.

Figure 15 shows another embodiment of the delivery system with the implant and proximal anchor in a collapsed configuration and the distal anchor in an expanded configuration.

Figure 16 shows another embodiment of the delivery system in a perspective view.

Figure 17 shows the same embodiment in a side view.

Figure 18 shows an embodiment where the anchor release wires and an implant protection wire are connected at a proximal end to the distal end of a sheath.

Figure 19 shows a distal section of one embodiment of the carrier sheath.

Figure 20 shows a proximal section of one embodiment of the carrier sheath.

Figure 21 shows a top view of one embodiment of the implant deployed in a straight vessel segment.

Figure 22 shows a side view of the same embodiment of the implant deployed in a straight vessel segment.

Figure 23 shows a view of the same embodiment of the implant deployed with a distal anchor distal a bifurcation and the implant body and proximal anchor proximal to the bifurcation.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0022] Reference will now be made in detail to embodiments of the invention, examples of which are illustrated in the accompanying drawings. It is to be understood that other embodiments may be utilized and structural and functional changes may be made without departing from the respective scope of the invention. As used herein, the term "proximal" refers to closer to the user and the term "distal" refers to further from the user.

[0023] A medical device delivery system is generally presented. The medical device delivery system may comprise an implant delivery system having multiple components, movable with respect to one another to deliver and release an implant. The medical device delivery system of the present invention may be particularly useful for implanting a device within a blood vessel. In an embodiment the implanted device may be a wireless pressure sensor and the blood vessel is the pulmonary artery. Figures 1 and 2 show an exemplary implant design amenable to permanent implantation within a blood vessel. The implant **100** comprises an implant body **101**, proximal anchor **102**, distal anchor **103**, and fixation element **104.** The implant body, anchors, and fixation element may be of many different general sizes and shapes depending on the target implant location and intended function. In some embodiments, the implant 100 has no separate fixation element distinct from implant body 101, proximal anchor 102, or distal anchor 103. In other words, in some embodiments the implant body, proximal anchor, or distal anchor may be used individually or in combination to position and control the implant with respect to the delivery system.

[0024] The implant anchors 102 and 103 may attach to the implant body and may extend away from the implant body. The implant anchors 102 and 103 may be generally smoothly curved to gently conform to the walls of a blood vessel and actively secure the implant body 101 in a desired location. In an embodiment, the anchors 102 and 103 may secure the implant body 101 against the wall of a blood vessel. The anchors 102 and 103 may establish multiple points of contact along the vessel wall on the same or different planes relative to the implant body 101 to secure the implant body 101 in a desired location. The anchors 102 and 103 must be stiff enough to actively engage the vessel walls and maintain the location and orientation of the implant body 101, but flexible enough to not stress the vessel walls to the point of damage. In an embodiment, a suitable material for anchors

102 and 103 is a shape memory material such as Nitinol. Nitinol wire can be formed into a desired shape, with wire sizes typically ranging from 0.004" diameter to 0.010" diameter. Distal anchor 103 may be of the same or different general size, shape, and material of proximal anchor 102. In an embodiment, distal anchor 103 may be of smaller dimension than proximal anchor 102. Such a design may be beneficial for implantation along a narrowing section of a blood vessel, as the blood vessel may taper to smaller diameter distally to blood flow. Such a design may also be beneficial for placement of the distal anchor distal to a bifurcation while the implant body and proximal anchor reside proximal to the bifurcation. Implants **110** and **120** show alternative designs for implant anchors to secure an implant intravascularly. In an embodiment, an implant anchoring mechanism may be made from Nitinol or other similar materials and designed to be released into vessels of, but not limited to, between about 5 and 15 mm in diameter or between about 15 mm and 30 mm in diameter.

[0025] Figure 2 shows implants 100, 110, and 120 in a view from above. The implant body 101 may be generally long and narrow so that the cross section is small in size to reduce obstruction of blood flow when positioned inside a blood vessel. The implant body **101** may generally be less than 33%, or in an embodiment may be less than 25%, or in another embodiment may be less than 15% of the cross sectional area of a vessel. In an embodiment, a fixation element 104 may be attached to the implant body 101 to facilitate delivery, positioning, and or removal of the implant. Fixation element 104 may be of various sizes and shapes. In an embodiment, fixation element 104 may be comprised of Nitinol wire forming a handle or loop extending from the implant body 101.

[0026] Figures 3 and 4 show implant 120 inside a section of the right pulmonary artery. The anchors 102 and 103 may contact the vessel walls on the same plane or a different plane contacted by the implant body 101. The anchors 102 and 103 may be designed to secure the implant within a generally straight vessel, a curved vessel, or a vessel with multiple branches such as at a bifurcation. It is desirable for one implant anchor design to be capable of securing an implant in several geometric configurations to account for variation in patient anatomy or for placement of the same implant design in different locations of the patient anatomy. For example, it may be beneficial in some patients to place the implant in the lower left lobe of the pulmonary artery, which often times is a generally straight, relatively long vessel that runs nearly parallel and in close proximity to the patient's spine. In other patients, it may be beneficial to place the same implant in an intermediate section of the right lobe of the pulmonary artery, for example, distal to the bifurcation of the main pulmonary artery trunk but proximal to the lower lobe of the right pulmonary artery. This section of the pulmonary artery often runs nearly parallel to a patient's rib and is in close proximity to the patient's chest with variable tapering and location and direction of bifurcations. Figures 3 and 4 show the distal anchor 103 engaging a proximal portion of the lower lobe of the right pulmonary artery at an angle to the implant body 101. The implant body 101 and the proximal anchor 102 engage a portion of the bronchus intermedius section of the pulmonary artery. The implant body 101 may be pressed against the wall of the vessel, stabilized in place by anchors 102 and 103 contacting the wall of the vessel in other locations.

[0027] In an embodiment, one or more anchors may secure the implant body 101 against one side of a vessel wall by applying pressure on the vessel wall opposite the side of the vessel wall contacting the implant body 101. In another embodiment, one or more anchors may provide pressure on the vessel wall along the length of the vessel wall. In yet another embodiment, anchors may contact the vessel wall opposite the implant body and semi circumferentially along different parts of the vessel wall. For example, one or more anchors may secure the implant body against one side of a vessel wall by extending from the implant body and forming contact points that: apply pressure along a length of the vessel wall, apply pressure on the vessel wall opposite the side of the vessel wall contacting the implant body, apply pressure again along a length of the vessel wall, and apply pressure on the same side of the vessel wall contacting the implant body. The anchors can be loops, saddle-shaped, dog-eared shaped, tongue-shaped, zig-zagged shaped, lasso shaped, or any other shape. In some embodiments, anchors with three-dimensional curvature and multiple planes of vessel wall contact are advantageous to provide stable orientation of the implant body against the vessel wall in both straight and angulated vasculature. Figures 21 - 23 show additional embodiments of implant anchors 102, 103 with three-dimensional curvature and multiple planes of vessel wall contact which are used to secure an implant body 101 against a vessel wall inside the central lumen of a vessel. Figures 21 and 22 show the anchors 102, 103 securing the implant body stable against a vessel wall for a straight section of a vessel with approximately constant cross section. Figure 23 show the anchors 102, 103 securing the implant body 101 stable against a vessel wall where the distal anchor is placed distal to a bifurcation while the implant body and proximal anchor reside proximal to the bifurcation. The anchor curvature across the cross section of the vessel wall as well as along the length of the vessel assists the implant body 101 in maintaining a stable orientation against the vessel wall in straight, curved, angulated, and bifurcated sections of vasculature. The implant anchors 102, 103 are particularly effective for securing an implant in a target location where the target location has a vessel diameter that is less than the effective diameter of at least one of the implant anchors in an expanded position without compressive forces applied to the anchor. In such a target location, the expansion of the implant anchors will actively engage the vessel wall so that the vessel wall applies a compressive force to the anchor. In some em-

bodiments, the compressive force of the vessel on at least one of the anchors is sufficient to secure the implant in the target location.

[0028] In another embodiment, a protrusion off the tip of the anchor may extend distally or proximally along a length of the vessel wall to provide additional contact area for stabilization and prevention of migration down or upstream. In an embodiment, a distal anchor may be sized to fit a 5 mm, 10 mm, or 15 mm diameter vessel. In another embodiment, a proximal anchor may be sized to fit a 10 mm, 15 mm, 20 mm, or 25 mm diameter vessel. In some embodiments, distal or proximal anchors may be comprised of Nitinol wire of diameter ranging from 0.004" to 0.010".

[0029] It is often desirable to deliver an implant through a delivery catheter with as small a diameter as possible to allow entry into small diameter vessels. In addition, smaller diameter delivery catheters require smaller incisions for implantation, which can reduce the risk of complications when closing the vascular access. The size of the delivery system is generally defined by the size of the implant device. To reduce the size of incision required for vascular access for a given implant size, it may be advantageous to deliver an implant without a sheath fully covering the implant body during delivery. A sheath over the implant body increases the amount of material and overall cross sectional area around the implant body. This increase in overall cross sectional area could require an increase in the diameter of an introducer sheath and ultimately an increase in the size of an incision required for vascular access.

[0030] Figure 5 shows a cross section of a medical device delivery system 500 that maximizes the cross sectional area of an implant body 101 that may be delivered through an introducer sheath 501 of fixed size. Figures 6 and 7 depict side views of the same conceptual assembly. The cross section of Figure 5 is a view from proximal the implant body 101 looking distally into the page. The entire medical device delivery system 500 fits within the introducer sheath 110, but the support sheath 502 does not extend distally (into the page) to cover the implant body 101. Proximal to implant body 101, support sheath 502 surrounds positioning sheath 504, positioning rod 506, and carrier sheath 507. Support sheath 502, positioning sheath 504, positioning rod 506, and carrier sheath 507 extend proximally (out of the page) to a handle assembly. In an embodiment, implant body 101 and carrier sheath 507 extend distally beyond the distal most end of support sheath 502. Support sheath 502, positioning sheath 504, and carrier sheath 507 may all be of sufficiently small size and/or of deformable configuration such that the minimum circular diameter introducer sheath that implant body 101 may physically fit into is governed entirely by the size of implant body 101.

[0031] The medical device delivery system 500 has several advantageous features for delivering an intravascular implant. The carrier sheath 507 may have multiple lumens extending the length of the sheath. Guidewire lumen 508 allows advancement of the delivery system to a target site in the anatomy over a guidewire, which may be inserted in guidewire lumen 508 to function as a rail for the advancement of the delivery system. Anchor attachment lumens 509 and 510 provide means to secure implant anchors in a collapsed position to the medical device delivery system 500 during delivery. Ties 511 and 512 or wires may be used to assist in collapsing one or more anchors to a compact configuration for delivery. Disengaging, retracting, or breaking ties or wires may deploy the implant from the carrier sheath 507. Positioning rod 506 may attach to fixation attachment head 505, which enables the positioning rod to clasp implant body 101. Positioning rod 506 should be flexible enough to easily traverse the delivery path of tortuous anatomy, stiff enough to enable pushability, and rigid enough to allow for approximately 1:1 torqueability. In an embodiment, one or more of the implant anchors may be deployed from the carrier sheath 507 prior to release of the implant from the positioning rod 506. The positioning rod thus allows for precise control of positioning and orientation of the implant prior to final release of the implant into its desired location. Positioning sheath 504 may shroud the positioning rod 506 from the handle to the proximal end of the implant body 101 to assist retraction of the positioning rod 506 and attachment mechanism from the implant body upon deployment. In one embodiment, one or more of positioning sheath 504 and positioning rod 506 may comprise a braided wire reinforced sheath, such as are found in guiding catheters. For example, a sheath, such as the positioning sheath 504, may include a braided wire within the sheath wall. In one embodiment, positioning rod 506 may be a multifilar cable. By selecting proper durometer materials and braiding, the positioning rod 506 and sheath 504 may provide proper pushability, flexibility, and torqueability to control the implant during delivery. In one embodiment, the positioning sheath 504 or support sheath 502 serves as a guide for the positioning rod 506, so that while friction applied to the walls of the positioning sheath 504 or support sheath 502 may limit the torqueability and control of the positioning sheath 504 or support sheath 502, the positioning rod 506 may be free of said friction and able to move freely within the lumen of positioning sheath 504 or support sheath 502.

[0032] Figure 6 shows a side view of the medical device delivery system 500. In this view, carrier sheath 507 extends from within the support sheath 502, to underneath the implant body 101, all the way distally from the implant body 101. Support sheath 502 is shown in a retracted position. The distal end of support sheath 502 may be positioned adjacent the proximal end of implant body 101. In one embodiment, support sheath 502 may allow torqueability of the delivery system. Positioning sheath 504 is contained inside support sheath 502, and is not visible in this view. Positioning rod 506 extends from within support sheath 502 to the proximal end of implant body 101. A fixation attachment head 505 attaches to the distal end of positioning rod 506 to allow the positioning rod

assembly to be controllably secured to the implant body 101.

[0033] Figure 7 shows a close up view of the distal end of the positioning rod 506 and fixation attachment head 505 controllably securing the proximal end of the implant body 101. In an embodiment the fixation attachment head 505 is secured to the implant body 101 by inserting a fixation element on the implant body 101 into the fixation attachment head 505. A fixation wire 701 may be inserted into the fixation attachment head 505, in order to engage a portion of a fixation element 104 on the implant body 101 to controllably secure the implant body 101 to positioning rod 506. The positioning rod 506 may be released from implant body 101 by retracting fixation wire 701. In an embodiment, fixation wire 701 may be retracted within support sheath 504. In an embodiment, this attachment enables precise control of the implant body during delivery, before and after anchor deployment, to position the implant body in a desired orientation and position. The positioning rod 506 and attachment head 505 may be attached to a fixation loop by various means, such as a suture loop, wire, wire with a coiled distal tip, hook, barb, interference fit, or various other methods known in the art.

[0034] Figure 7 also shows an embodiment for securing a proximal implant anchor 102 to carrier sheath 507. In this embodiment, the anchor 102 extends outward from the implant body 101 towards the carrier sheath 507. Upon deployment, the spring forces of the anchor 102 may cause implant body 101 to move opposite the carrier sheath 507, facilitating retraction of carrier sheath 507. In an embodiment, ties 511 and 512 or wires may engage a portion of anchor 102 to assist in collapsing anchor to a compact configuration for delivery.

[0035] Figure 8 shows the proximal anchor 102 and distal anchor 103 secured to the carrier sheath 507. Figure 9 shows another view of the distal anchor 103 secured to the carrier sheath 507. In an embodiment, the implant body 101 is not directly secured to the carrier sheath 507 but is indirectly secured to the carrier sheath 507 via implant anchors 102 and 103 and optionally fixation element 104. Figure 10 shows carrier sheath 507, with slots 1001 in carrier sheath. One or more slots in distal section 1003 may be used to secure a distal anchor 103 of implant and one or more slots in a proximal section 1002 may be used to secure a proximal anchor 102. In an embodiment, ties 511 and 512 or wires may be inserted at least partially in anchor attachment lumens 509 and 510. Ties 511 and 512 may exit carrier sheath 507 in a slot one location, engage a portion of an anchor, and reenter the same slot or a different slot to assist in collapsing anchor to a compact configuration for delivery. One tie may be used for one or more anchors. In an embodiment, distal anchor 103 and proximal anchor 102 are secured by two tie wires 511 and 512. In an embodiment, tie wire 511 extends along one side of the carrier sheath 507 and tie wire 512 extends along another side of the carrier sheath 507. In an embodiment, tie wires 511 and 512 extend parallel to each other, and enter in and out of slots in carrier sheath. In an embodiment, tie wire 511 secures both the proximal anchor 102 and distal anchor 103 on one side of the carrier sheath 507, while tie wire 512 secures both the proximal anchor 102 and distal anchor 103 on the opposite side or carrier sheath 507, i.e. one tie wire secures one side of each anchor. In an embodiment, to deploy the implant anchors, tie wire 511 and 512 may be partially retracted to deploy the distal anchor 103 while the proximal anchor 102 remains tied to carrier sheath. In an embodiment, tie wire 511 and 512 may be retracted at the same time, so that both sides of the anchor deploy at the same time. In an embodiment, each tie wire has its own set of slots in carrier sheath such that the tie wires never cross. In another embodiment, anchors may be inserted into slots in carrier sheath 507. In yet another embodiment, the proximal anchor may not be attached to one of anchor attachment lumens 509 and 510 but may instead be constrained in a collapsed configuration by support sheath 502.

[0036] In other embodiments, it may be desirable to have a sheath fully cover some or all of the implant body and distal implant anchor during delivery. Figures 11, 12, and 13 show another embodiment of the present invention. Support sheath 502 has a thin walled distal section 1101 and thick walled proximal section 1102. The thick walled proximal section 1102 provides sufficient stiffness to prevent kinking and provide torqueability. The thin walled distal section 1101 minimizes the cross sectional area of material covering the implant body while optionally providing sufficient stiffness to assist maintaining anchors 102 and 103 in a collapsed configuration during delivery. Figure 12 shows the support sheath 502 in a partially withdrawn position, where the distal most end of the thin walled distal section 1101 no longer constrains distal anchor 103. Figure 13 shows the support sheath 502 withdrawn further, where the distal most end of the thin walled distal section 1101 no longer constrains proximal anchor 102.

[0037] Figures 14 and 15 show another embodiment of the present invention where the thin walled distal section 1101 of support sheath 502 may not cover the implant body 101 during delivery but a distal anchor support sheath 1401 maintains distal anchor 103 in a collapsed configuration during delivery. Such an embodiment may minimize the cross sectional area of material covering the implant body while distal anchor support sheath 1401 may also allow for a smooth transition from the tip of the medical delivery device to the implant body.

[0038] In an embodiment, the delivery system is advanced over a guidewire into the femoral vein, up the vena cava, into the right atrium, into the right ventricle, up into the pulmonary artery, and then, in an embodiment, into the right pulmonary artery. The delivery system, if desired, may then be advanced on into the bronchus intermedius of the pulmonary artery. In other embodiments, the delivery system may be advanced into another location in the pulmonary artery, such as the lower lobe of the left or right pulmonary artery. The delivery

system may be advanced distally or retracted proximally, or may be rotated about an axis to achieve the desired location and orientation of the implant in the target site. The location and orientation may be checked via fluoroscopic imaging, or wirelessly via RF interrogation, ultrasound or other means.

[0039] In an embodiment, an implantation procedure may comprise the steps of:

1. Preparing delivery system (flush lumens, lubricate guidewire & delivery catheter).

2. Gaining femoral venous access with appropriate introducer.

3. Inserting Swan-Ganz type catheter into introducer and advance balloon distal end through the vasculature across the valves and into the target anatomy within the pulmonary arterial system.

4. Measuring pulmonary artery pressure using the Swan-Ganz by conventional means well known in the art.

5. Inserting a guidewire into the Swan-Ganz and advance the guidewire through the catheter until the distal end of the wire exits the distal end of the Swan-Ganz catheter. Removing the Swan-Ganz from the patient.

6. Inserting delivery catheter, with implant attached, over the guide wire and advance through the vasculature to the target anatomy.

7. Optionally, conducting a calibration and orientation check of the implant in-situ. Rotating implant by rotating catheter to achieve desired orientation, using fluoroscopy or other means as a guide.

8. When desired implant position and orientation are achieved, retracting anchor release ties to release distal anchor. In some embodiments of the invention, the distal anchor may be re-sheathed at this point, if desired, by advancing a support sheath back over it. This may facilitate last-minute corrections to positioning and orienting the implant.

9. Retracting support sheath (proximal to proximal anchor).

10. Retracting anchor tie to release proximal anchor.

11. Retracting carrier sheath until distal end is proximal to proximal anchor.

12. If desired, rotating implant again using positioning rod. Check that desired orientation is maintained.

13. Releasing implant from the delivery catheter (from the positioning rod) by first retracting fixation wire (short retraction length) and then retracting the positioning rod while the positioning sheath maintains the implant position.

14. Removing guidewire, introducer, and close vascular access.

[0040] In some instances, such as cases of pulmonary or tricuspid regurgitation or other anatomical difficulties, it may be advantageous to use a deflectable tip sheath instead of a Swan Ganz catheter to gain access to the desired pulmonary artery vasculature. A guide wire could be inserted through the deflectable tip sheath, allowing access for the implant delivery system over the guide wire. In another embodiment, the implant delivery system may be at least partially comprised of a deflectable tip sheath, such that the implant delivery system can be used to assist placement of the guide wire without the need for a catheter exchange.

[0041] In delivering a pulmonary artery implant, it may be advantageous to provide for certain features of the delivery system that aid the implanting physician. For example, the ability to inject contrast to image the implant in relation to vessel immediately prior to implant deployment could improve the safety and performance of an implant. Similarly, the ability to inject contrast to visualize the implant immediately post deployment without exchanging catheters can provide further confidence and confirmation of proper implant location. The lack of exchange can reduce the operating time and reduce the risk to the patient by limiting the number of sheaths traversing the tricuspid and pulmonary valves and chordae. Further, it could also be beneficial to immediately obtain a reference pulmonary artery pressure measurement after implant deployment, again without another catheter exchange that would lengthen the time and increase the risk of the procedure.

[0042] Figures 16 - 23 show one embodiment of a delivery system that provides such beneficial features. Figure 16 shows a perspective view of a portion of such a delivery system. The handle assembly on the proximal end is not shown. Also not shown is a support sheath, which in an embodiment may extend from the distal end of the handle assembly up to near the proximal end of the implant. The support sheath may serve as a guide for the inner sheaths, so that while friction applied to the walls of the support sheath may limit the torqueability and control of the support sheath, the inner sheaths may be free of said friction and able to move freely within the lumen of support sheath. In one embodiment, the support sheath may be a braided sheath with stainless steel or other suitable materials or may be of a simple plastic such as HDPE, FEP, or other material with wall thickness sufficient to prevent kinking yet remain soft and flexible.

[0043] In one embodiment, two sheaths may run inside the support sheath. A torque sheath 1613 may extend

from a handle on the proximal end to a location near the proximal end of the implant. A weld ring 1616 may be bonded to the proximal tip of torque sheath 1613. The weld ring may have multiple wires or other components bonded to it. In one embodiment, one or more anchor release wires 1612 and a protection wire 1614 may be bonded to the weld ring 1616. In one embodiment, the wires 1612 and 1614 are bonded to an outer surface of the weld ring 1616, and a portion of the torque sheath 1613 may extend over the wires 1612 and 1614 and weld ring 1616 to form a robust bond connecting the components. Protection wire 1614 may be a wire, ribbon, sheet or other suitable form and could be made of any suitable material such as Nitinol, stainless steel, plastic, or a Teflon coated stainless steel. Protection wire 1614 may be pre-shaped to conform to implant body 101. Pre-shaping protection wire 1614 may lower the profile of the implant assembly during delivery and may increase the columnar stiffness of the protection wire 1614 such that when advancing the implant assembly distally, friction forces generated on the protection wire 1614 are not of sufficient strength to push protection wire 1614 proximally and off the implant body 101. The protection wire 1614 may enter into and out of slots 1615 in carrier sheath 1607 to secure the wire in place during delivery. Slots 1615 may be distal and/or proximal to the implant body to aid fixation.

[0044] The carrier sheath 1607 may extend from a handle on the proximal end to a location distal the distal end of the implant 101 and implant distal anchor 103. The carrier sheath may have a central lumen 1608 to facilitate passage of a guide wire and allow the delivery of the implant delivery system from an access site to a target location in the body. Slots 1610 in the carrier sheath 1607 allow for anchor release wires 1612 to enter in and out of the carrier sheath 1607, engaging proximal anchor 102 and distal anchor 103 to hold anchors 102 and 103 in a collapsed position during delivery. Slots 1610 may be distal and/or proximal to the implant body to secure anchors 102 and 103 that may extend distally and/or proximally to the implant body.

[0045] Carrier sheath 1607 and/or torque sheath 1613 may be braided to allow torqueability. Carrier sheath 1607 and/or torque sheath 1613 may be attached at a proximal end, such as at a handle end to allow rotation and translation fixed relative to one another. In another embodiment, carrier sheath 1607 and torque sheath 1613 may also be attached at a distal end to allow rotation and translation fixed relative to one another. In one embodiment, carrier sheath 1607 and torque sheath 1613 may be temporarily fixed to each other such that fixed rotation and translation occurs when desired, but when not desired, carrier sheath 1607 and torque sheath 1613 may move relative to one another. In one embodiment, protection wire 1614 and anchor release wires 1612 may extend from a distal end of torque sheath 1613 and at least temporarily attach to carrier sheath 1607. In one embodiment, protection wire 1614 and anchor release wires 1612 attach to carrier sheath 1607 by entering into and out of slots 1615 and 1610 on carrier sheath. In one embodiment, additional features may allow the distal tip of the torque sheath 1613 to engage carrier sheath 1607, such as in a key-keyhole configuration, to allow the carrier sheath 1607 to move proximal/distal relative to the torque sheath but which prevents rotation of the carrier sheath 1607 relative to the torque sheath 1613. In one embodiment, carrier sheath 1607 and torque sheath 1613 are at least temporarily fixed at a proximal end and are also at least temporarily fixed at a distal end to facilitate rotation and translation of the carrier sheath 1607 and torque sheath 1613 together. The temporary fixation may be disengaged, such that torque sheath 1613 and carrier sheath 1607 may move relative to one another. In one embodiment, the distal tip of the torque sheath 1613 and carrier sheath 1607 may translate relative to one another but may not rotate relative to one another. In one embodiment, motion of the torque sheath 1613 relative to the carrier sheath 1607 may serve to disengage implant from carrier sheath 1607 and/or torque sheath 1613.

[0046] In an exemplary embodiment, an implant may be delivered to a target site with the embodiments described. The catheter delivery system 1600 of Figure 16 is advanced from an insertion site, over a guide wire, to a target location in the anatomy. Features of the torque sheath 1613, carrier sheath 1607, and/or support sheath 1602 (not shown) enable the implant body 101 to be rotated at the target site. In one embodiment, contrast may be injected in the support sheath 1602 lumen in between the outer wall of the torque sheath 1613 and the inner wall of the support sheath 1602. Such an injection may allow visualization of the implant body 101 at the target site immediately prior to deployment. In an embodiment, the activation of a positive commit feature on a proximal handle end of the delivery system may enable the torque sheath 1613 to move relative to carrier sheath 1607. Activating a handle feature may enable the torque sheath 1613 to translate proximally while maintaining position of carrier the sheath 1607 and support sheath 1602. In an embodiment, the protection wire 1614 may be shorter than the anchor release wires 1612, such that the protection wire 1614 no longer covers the proximal end of implant body 101 prior to the anchor release wires 1602 disengaging the proximal anchor 102 and distal anchor 103. After deployment of the implant, a positive commit feature on a proximal handle end may enable the carrier sheath 1603 and torque sheath 1613 to be moved proximal to the deployed implant while the support sheath 1602 may be held in a fixed position. The implant delivery system is designed so that the carrier sheath 1602, torque sheath 1613, and/or guide wire may be moved proximal to the implant body 101 without causing the deployed implant body 101 or proximal anchor 102 and distal anchor 103 to move. In an embodiment, the carrier sheath 1607 and torque sheath 1613 may be removed from the support sheath 1602. In another embodiment, the guide wire may be maintained in position while the carrier sheath 1607 and torque sheath 1613 are removed

from the body. Following implant deployment, contrast may be injected to confirm proper orientation and location of the implant. In the event the implant may be positioned sub-optimally, snares or other catheter tools standard in the industry may be inserted through the support sheath 1602 to aid in capturing or repositioning of the implant. The support sheath 1602 may also be used as a fluid column to obtain a reference pressure measurement. The support sheath 1602 may then be removed, leaving the implant in its deployed position in the body. In another embodiment, the torque sheath 1613 or carrier sheath 1607 may be rotated with respect to one another, such that the relative rotation causes the implant to be released from the sheaths. Other deployment means may also be possible, such as dissolving anchor release wires, cutting sutures, using laser or ultrasound energy to disengage the implant from the sheaths, or other means known in the art.

[0047] Figure 17 shows a side view of a distal portion of said delivery system. Again in this image the support sheath 1702 is not shown. In one embodiment, in a delivery position, the proximal end of support sheath 1702 may extend from a distal end of a handle mechanism to a distal end of support sheath 1702 that is positioned distal the weld ring 1716 yet just proximal the implant body 101. In one embodiment, the protection wire 1714 may enter into and out of a slot 1715 that is proximal to the implant body, and the distal end of the support sheath 1702 may extend just proximal to where the protection wire 1714 exits said slot 1715 to extend off of the carrier sheath 1707 to cover the implant body 101. Such a position of the distal end of support sheath 1702 may provide a smooth transition over the weld ring as well as help maintain the relative position of the protection wire 1714 during delivery. The tip of the support sheath 1702 may be shaped to ensure smooth transitions and prevent damage to vasculature during delivery. Various features of the delivery system may be radioopaque, such as the distal tip of the carrier sheath 1707, the distal tip of the support sheath 1702, and the weld ring 1716.

[0048] Figure 18 shows a perspective view of an embodiment of the distal end of the torque sheath 1813. Attached to the torque sheath is weld ring 1816. The inner lumen of the weld ring 1816 may be shaped with a specific geometric configuration to enable weld ring 1816 to be locked to carrier sheath 1807 (not shown in this image) to prevent relative rotation but interlock in such a way with carrier sheath 1807 to allow relative translation. A proximal end of protection wire 1814 and a right anchor release wire 1817 and left anchor release wire 1812 may be welded to weld ring 1816. Other attachment means of release and protection mechanisms may be possible. In one embodiment, the proximal ends of wires 1814, 1817, and 1812 are welded to the exterior surface of weld ring 1816. In one embodiment, the distal end of torque sheath 1813 extends over the exterior of weld ring 1816 to facilitate a robust bond of torque sheath 1813 to weld ring 1816 and further support the attachment of wires 1814, 1817, and 1812 to weld ring 1816. With the protection wire 1814 and anchor release wires 1812 and 1817 attached to torque sheath 1813, the relative motion of torque sheath 1813 proximal to carrier sheath 1807 may serve to disengage protection wire 1814 and anchor release wires 1814, 1812, and 1817 from carrier sheath 1807. It may be advantageous to design protection wire 1814 and anchor release wires 1812 and 1817 to be of short length, as longer wires may be more susceptible to stretching under tension when the wires are pulled to release. Friction of longer length wires may also result in a difficult release of the wires from the carrier sheath 1807. In another embodiment, protection wire 1814 and anchor release wires 1812 and 1817 may not attach to torque sheath 1813 but may instead extend proximally to a handle end where manipulation of wires directly may occur. In one embodiment, protection wire 1814 and anchor release wires 1812 and 1817 may be one wire.

[0049] Figure 19 and 20 show features of one embodiment of a carrier sheath 2007. A multi lumen sheath section 1900 may be attached to a proximal section of carrier sheath 2007. In one embodiment, carrier sheath 2007 may have a distal cross section of multi lumen sheath section 1900 and a proximal cross section of a single lumen 2008. In one embodiment, carrier sheath 2007 is comprised of a sheath with a single lumen 2008 from the distal tip of the carrier sheath 2007 to the proximal tip of the carrier sheath 2007. In one embodiment, a multi lumen sheath section 1900 has a length of 2 cm, 3 cm, 5 cm, 10 cm, 90 cm, 110 cm, or 120 cm or another suitable length. In one embodiment, the multi lumen sheath section 1900 has a length approximately two to three times the length of the implant body 101. Multi-lumen sheath section 1900 may be symmetric such that lumens 1912, 1915, and 1917 are interchangeable. In one embodiment, lumen 1915 may be stripped off along a particular length to allow the implant body 101 to be secured close to the center axis of the core lumen 1918. This may be desirable to decrease the overall cross sectional profile of the implant body 101 sitting on top of the multi lumen sheath section 1900. The protection wire 1914 (not shown) may go in and out of slots on lumen 1915 to secure implant body 101 to multi lumen sheath section 1900. The anchor release wires 1912 and 1911 (not shown) may go in and out of slots on lumens 1910 and 1917 to secure the implant anchors in a collapsed position during delivery. Central lumen 1918 may be sized to accept carrier sheath 2007. A distal section of carrier sheath 2007 may be inserted through central lumen 1918 and bonded to central lumen 1918 via various means known in the art. Carrier sheath 2007 may have a central lumen 2008 to facilitate passage of a guidewire. Such a construction of carrier sheath 2007 with a distal portion comprising a multi-lumen sheath section could facilitate short protection and anchor release wires attached to a torque sheath, as described in Figures 16 - 18. In another embodiment, carrier sheath 2007 may have a cross section of multi lumen sheath section 1900 continuously from

a distal end to a proximal end of carrier sheath 2007. In another embodiment, carrier sheath 2007 may have a cross section of a single lumen as shown in Figure 20 continuously from a distal end to a proximal end of carrier sheath 2007.

[0050] The delivery system so described, or various related embodiments, may be used to deliver an implant to a target location, such as a distal lobe of the pulmonary artery.

[0051] Although the embodiments of the present invention have been illustrated in the accompanying drawings and described in the foregoing detailed description, it is to be understood that the present invention is not to be limited to just the embodiments disclosed, but that the invention described herein is capable of numerous rearrangements, modifications and substitutions without departing from the scope of the claims hereafter. The claims as follows are intended to include all modifications and alterations insofar as they come within the scope of the claims or the equivalent thereof.

Claims

1. An implant delivery system (500) comprising:

an implant (100, 110, 120) including an implant body (101), a proximal anchor (102), and a distal anchor (103), said anchors (102, 103) attach to the implant body (101) and extend away from the implant body (101);
a first sheath (507, 1607, 1707, 1807, 2007) and a second sheath (504, 1613, 1813) each extending from a proximal end of said implant delivery system (500), wherein at least said first sheath (507, 1607, 1707, 1807, 2007) extends to a distal end of said implant delivery system (500), wherein said first sheath (507, 1607, 1707, 1807, 2007) is positioned at least partially within said second sheath (504, 1613, 1813); and
one or more wires (511, 512, 1612, 1614) engaging a portion of said proximal anchor (102) and said distal anchor (103) in a collapsed configuration, wherein said wires (511, 512, 1612, 1614) secure both said proximal anchor (102) and said distal anchor (103) in said collapsed configuration and said wires (511, 512, 1612, 1614) are configured to be partially retracted to deploy said distal anchor (103) while said proximal anchor (102) remains in the collapsed configuration,
wherein said implant (100, 110, 120) is connected to an exterior surface of said first sheath (507, 1607, 1707, 1807, 2007) and positioned near an end of said second sheath (504, 1613, 1813), and
wherein said first sheath (507, 1607, 1707, 1807, 2007) and said second sheath (504, 1613, 1813) are movable with respect to one another to deploy said implant (100, 110, 120) to a desired location.

2. The implant delivery system (500) of claim 1, wherein said first sheath (507, 1607, 1707, 1807, 2007) and said second sheath (504, 1613, 1813) are rotatable about a common axis.

3. The implant delivery system (500) of claim 1, wherein a portion of said first sheath (507, 1607, 1707, 1807, 2007) comprises a first geometry, and wherein a portion of said second sheath (504, 1613, 1813) includes a second geometry shaped to engage said first geometry to allow translation of said first sheath (507, 1607, 1707, 1807, 2007) with respect to said second sheath (504, 1613, 1813) and to prevent rotation of said first sheath (507, 1607, 1707, 1807, 2007) with respect to said second sheath (504, 1613, 1813).

4. The implant delivery system (500) of claim 1, wherein said one or more wires (511, 512, 1612, 1614) extend from said second sheath (504, 1613, 1813) and connect to said first sheath (507, 1607, 1707, 1807, 2007), wherein said wires (511, 512, 1612, 1614) engage said implant (100, 110, 120).

5. The implant delivery system (500) of claim 4, wherein said wires (511, 512, 1612, 1614) are not accessible directly from a proximal end of said first and second sheaths.

6. The implant delivery system (500) of claim 1, wherein said implant (100, 110, 120) includes a sensor.

7. The implant delivery system (500) of claim 1 further comprising a third sheath (502, 1602, 1702), wherein said first sheath (507, 1607, 1707, 1807, 2007) and said second sheath (504, 1613, 1813) are positioned at least partially within said third sheath (502, 1602, 1702).

8. The implant delivery system (500) of claim 7, wherein said second sheath (504, 1613, 1813) is able to translate with respect to said first sheath (507, 1607, 1707, 1807, 2007) and said third sheath (502, 1602, 1702), and wherein said first sheath (507, 1607, 1707, 1807, 2007) and said third sheath (502, 1602, 1702) may be fixed relative to one another.

9. The implant delivery system (500) of claim 7, wherein said first sheath (507, 1607, 1707, 1807, 2007) and said second sheath (504, 1613, 1813) are capable of rotation and translation with respect to said third sheath (502, 1602, 1702).

10. The implant delivery system (500) of claim 1, wherein

at least one of said first and second sheaths comprises a braided wire within the sheath wall.

11. The implant delivery system (500) of claim 1, further comprising a positioning rod (506) to control the implant (100, 110, 120) during delivery, and, optionally, further comprising a fixation attachment head (505) attached to a distal end of the positioning rod (506) to allow the positioning rod (506) to be controllably secured to the implant (100, 110, 120).

12. The implant delivery system (500) of claim 1, wherein the at least one wire (511, 512) is inserted at least partially in an anchor attachment lumen (509, 510).

13. The implant delivery system (500) of claim 1, further comprising a weld ring (1616) bonded to a proximal tip of that second sheath (1613) and one or more wires (1612) bonded to the weld ring (1616).

14. The implant delivery system (500) of claim 1, wherein said wires (511, 512, 1612, 1614) are configured to be retracted to deploy said proximal anchor (102) from said collapsed configuration.

15. The implant delivery system (500) of claim 1, said wires (511, 512, 1612, 1614) are inserted at least partially in anchor attachment lumens (509, 510) within said first sheath (507, 1607, 1707, 1807, 2007) and enter in and out of slots (1001, 1610, 1615) along said first sheath (507, 1607, 1707, 1807, 2007).

Patentansprüche

1. Ein Implantat-Einführsystem (500), das Folgendes umfasst:

ein Implantat (100, 110, 120), das einen Implantatkörper (101), einen proximalen Anker (102) und einen distalen Anker (103) beinhaltet, wobei die genannten Anker (102, 103) am Implantatkörper (101) angebracht werden und sich vom Implantatkörper (101) weg erstrecken;
eine erste Hülle (507, 1607, 1707, 1807, 2007) und eine zweite Hülle (504, 1613, 1813), die sich jeweils von einem proximalen Ende des genannten Implantat-Einführsystems (500) aus erstrecken, wobei sich mindestens die genannte erste Hülle (507, 1607, 1707, 1807, 2007) bis zu einem distalen Ende des genannten Implantat-Einführsystems (500) erstreckt, wobei die genannte erste Hülle (507, 1607, 1707, 1807, 2007) zumindest teilweise innerhalb der genannten zweiten Hülle (504, 1613, 1813) positioniert ist; und
wobei ein oder mehrere Drähte (511, 512, 1612, 1614) mit einem Abschnitt des genannten proximalen Ankers (102) und des genannten distalen Ankers (103) in eingeklappter Konfiguration im Eingriff stehen, wobei die genannten Drähte (511, 512, 1612, 1614) sowohl den genannten proximalen Anker (102) als auch den genannten distalen Anker (103) in der genannten eingeklappten Konfiguration sichern und wobei die genannten Drähte (511, 512, 1612, 1614) so konfiguriert sind, dass sie teilweise eingefahren werden, um den genannten distalen Anker (103) zu entfalten, während der genannte proximale Anker (102) in der eingeklappten Konfiguration bleibt,
wobei das genannte Implantat (100, 110, 120) mit einer Außenfläche der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) verbunden und in der Nähe eines Endes der genannten zweiten Hülle (504, 1613, 1813) positioniert ist, und
wobei die genannte erste Hülle (507, 1607, 1707, 1807, 2007) und die genannte zweite Hülle (504, 1613, 1813) in Bezug aufeinander beweglich sind, um das genannte Implantat (100, 110, 120) an einen gewünschten Ort zu bringen.

2. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei die genannte erste Hülle (507, 1607, 1707, 1807, 2007) und die genannte zweite Hülle (504, 1613, 1813) um eine gemeinsame Achse drehbar sind.

3. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei ein Abschnitt der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) eine erste Geometrie umfasst, und wobei ein Abschnitt der genannten zweiten Hülle (504, 1613, 1813) eine zweite Geometrie beinhaltet, die so geformt ist, dass sie mit der genannten ersten Geometrie in Eingriff kommt, um eine Translation der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) bezüglich der genannten zweiten Hülle (504, 1613, 1813) zu ermöglichen, und um eine Drehung der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) bezüglich der genannten zweiten Hülle (504, 1613, 1813) zu verhindern.

4. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei sich der genannte eine oder die genannten mehreren Drähte (511, 512, 1612, 1614) ausgehend von der genannten zweiten Hülle (504, 1613, 1813) erstrecken und mit der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) verbunden sind, wobei die genannten Drähte (511, 5121 1612, 1614) mit dem genannten Implantat (100, 110, 120) in Eingriff kommen.

5. Das Implantat-Einführsystem (500) nach Anspruch 4, wobei die genannten Drähte (511, 512, 1612, 1614) nicht direkt von einem proximalen Ende der

genannten Hüllen eins und zwei zugänglich sind.

6. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei das genannte Implantat (100, 110, 120) einen Sensor beinhaltet.

7. Das Implantat-Einführsystem (500) nach Anspruch 1, das ferner eine dritte Hülle (502, 1602, 1702) umfasst, wobei die erste genannte Hülle (507, 1607, 1707, 1807, 2007) und die genannte zweite Hülle (504, 1613, 1813) zumindest teilweise innerhalb der genannten dritten Hülle (502, 1602, 1702) angeordnet sind.

8. Das Implantat-Einführsystem (500) nach Anspruch 7, wobei die genannte zweite Hülle (504, 1613, 1813) im Verhältnis zur genannten ersten Hülle (507, 1607, 1707, 1807, 2007) und zur genannten dritte Hülle (502, 1602, 1702) parallelverschoben werden kann, und wobei die erste Hülle (507, 1607, 1707, 1807, 1807, 2007) und die genannte dritte Hülle (502, 1602, 1702) relativ zueinander fixierbar sind.

9. Das Implantat-Einführsystem (500) nach Anspruch 7, wobei die genannte erste Hülle (507, 1607, 1707, 1807, 2007) und die genannte zweite Hülle (504, 1613, 1813) im Verhältnis zur genannten dritte Hülle (502, 1602, 1702) drehbar und parallelverschiebbar sind.

10. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei mindestens eine der genannten Hüllen eins und zwei ein Drahtgeflecht innerhalb der Hüllenwand umfasst.

11. Das Implantat-Einführsystem (500) nach Anspruch 1, ferner umfassend eine Positionierstange (506) zum Steuern des Implantats (100, 110, 120) während der Einführung und gegebenenfalls,
ferner umfassend einen Fixierungs-Anbringungskopf (505), der an einem distalen Ende der Positionierstange (506) befestigt ist, um zu ermöglichen, dass die Positionierstange (506) steuerbar am Implantat (100, 110, 120) befestigt werden kann.

12. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei der mindestens eine Draht (511, 512) zumindest teilweise in ein Anker-Anbringungs-Lumen (509, 510) eingeführt ist.

13. Das Implantat-Einführsystem (500) nach Anspruch 1, ferner umfassend einen Schweißring (1616), der mit einer proximalen Spitze dieser zweiten Hülle (1613) verbunden ist, und einen oder mehrere Drähte (1612), die mit dem Schweißring (1616) verbunden sind.

14. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei die genannten Drähte (511, 512, 1612, 1614) konfiguriert sind, um eingezogen zu werden, um den genannten proximalen Anker (102) aus der genannten eingeklappten Konfiguration heraus zu entfalten.

15. Das Implantat-Einführsystem (500) nach Anspruch 1, wobei die genannten Drähte (511, 512, 1612, 1614) zumindest teilweise in Anker-Anbringungs-Lumen (509, 510) innerhalb der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) eingeführt werden und in und aus Schlitzen (1001, 1610, 1615) entlang der genannten ersten Hülle (507, 1607, 1707, 1807, 2007) eintreten.

Revendications

1. Un système de pose d'implant (500) comprenant :

un implant (100, 110, 120) incluant un corps d'implant (101), un ancrage proximal (102) et un ancrage distal (103), lesdits ancrages (102, 103) étant attachés au corps d'implant (101) et s'étendent en s'éloignant du corps d'implant (101) ;
une première gaine (507, 1607, 1707, 1807, 2007) et une deuxième gaine (504, 1613, 1813) s'étendant chacune à partir d'une extrémité proximale dudit système de pose d'implant (500), sachant qu'au moins ladite première gaine (507, 1607, 1707, 1807, 2007) s'étend jusqu'à une extrémité distale dudit système de pose d'implant (500), sachant que ladite première gaine (507, 1607, 1707, 1807, 2007) est positionnée au moins partiellement à l'intérieur de ladite deuxième gaine (504, 1613, 1813) ; et
un ou plusieurs fils (511, 512, 1612, 1614) s'engageant avec une partie dudit ancrage proximal (102) et dudit ancrage distal (103) dans une configuration repliée, sachant que lesdits fils (511, 512, 1612, 1614) fixent à la fois ledit ancrage proximal (102) et ledit ancrage distal (103) dans ladite configuration repliée et que lesdits fils (511, 512, 1612, 1614) sont configurés pour être partiellement rentrés pour déployer ledit ancrage distal (103) pendant que ledit ancrage proximal (102) demeure dans la configuration repliée,
sachant que ledit implant (100, 110, 120) est relié à une surface extérieure de ladite première gaine (507, 1607, 1707, 1807, 2007) et positionné près d'une extrémité de ladite deuxième gaine (504, 1613, 1813), et
sachant que ladite première gaine (507, 1607, 1707, 1807, 2007) et ladite deuxième gaine (504, 1613, 1813) sont mobiles l'une par rapport à l'autre pour déployer ledit implant (100, 110,

120) à un emplacement souhaité.

2. Le système de pose d'implant (500) d'après la revendication 1, sachant que ladite première gaine (507, 1607, 1707, 1807, 2007) et ladite deuxième gaine (504, 1613, 1813) peuvent tourner autour d'un axe commun.

3. Le système de pose d'implant (500) d'après la revendication 1, sachant qu'une partie de ladite première gaine (507, 1607, 1707, 1807, 2007) comprend une première géométrie, et sachant qu'une partie de ladite deuxième gaine (504, 1613, 1813) inclut une deuxième géométrie formée pour venir en prise avec ladite première géométrie afin de permettre une translation de ladite première gaine (507, 1607, 1707, 1807, 2007) par rapport à ladite deuxième gaine (504, 1613, 1813) et pour empêcher une rotation de ladite première gaine (507, 1607, 1707, 1807, 2007) par rapport à ladite deuxième gaine (504, 1613, 1813).

4. Le système de pose d'implant (500) d'après la revendication 1, sachant que ledit ou lesdits fils (511, 512, 1612, 1614) s'étendent à partir de ladite deuxième gaine (504, 1613, 1813) et se relient à ladite première gaine (507, 1607, 1707, 1807, 2007), sachant que lesdits fils (511, 512, 1612, 1614) sont en prise avec ledit implant (100, 110, 120).

5. Le système de pose d'implant (500) d'après la revendication 4, sachant que lesdits fils (511, 512, 1612, 1614) ne sont pas accessibles directement depuis une extrémité proximale desdites gaines première et deuxième.

6. Le système de pose d'implant (500) d'après la revendication 1, sachant que ledit implant (100, 110, 120) inclut un capteur.

7. Le système de pose d'implant (500) d'après la revendication 1, comprenant en outre une troisième gaine (502, 1602, 1702), sachant que ladite première gaine (507, 1607, 1707, 1807, 2007) et ladite deuxième gaine (504, 1613, 1813) sont positionnées au moins partiellement à l'intérieur de ladite troisième gaine (502, 1602, 1702).

8. Le système de pose d'implant (500) d'après la revendication 7, sachant que ladite deuxième gaine (504, 1613, 1813) est en mesure d'effectuer une translation par rapport à ladite première gaine (507, 1607, 1707, 1807, 2007) et à ladite troisième gaine (502, 1602, 1702), et sachant que ladite première gaine (507, 1607, 1707, 1807, 1807, 2007) et ladite troisième gaine (502, 1602, 1702) peuvent être fixées les unes par rapport aux autres.

9. Le système de pose d'implant (500) d'après la revendication 7, sachant que ladite première gaine (5071 1607, 1707, 1807, 2007) et ladite deuxième gaine (504, 1613, 1813) sont en mesure d'effectuer une rotation et une translation par rapport à ladite troisième gaine (502, 1602, 1702).

10. Le système de pose d'implant (500) d'après la revendication 1, sachant qu'au moins l'une desdites gaines première et deuxième comprend un fil tressé dans la paroi de la gaine.

11. Le système de pose d'implant (500) d'après la revendication 1, comprenant en outre une tige de positionnement (506) pour commander l'implant (100, 110, 120) pendant la pose, et, facultativement, comprenant en outre une tête de fixation de fixage (*fixation attachment head*) (505) fixée à une extrémité distale de la tige de positionnement (506) pour permettre à la tige de positionnement (506) d'être fixée de manière réglable à l'implant (100, 110, 120).

12. Le système de pose d'implant (500) d'après la revendication 1, sachant que le ou les fils (511, 512) sont insérés au moins partiellement dans une lumière de fixation d'ancrage (509, 510).

13. Le système de pose d'implant (500) d'après la revendication 1, comprenant en outre une bague de soudage (1616) liée à un bout proximal de cette deuxième gaine (1613) et un ou plusieurs fils (1612) liés à la bague de soudage (1616).

14. Le système de pose d'implant (500) d'après la revendication 1, sachant que lesdits fils (511, 512, 1612, 1614) sont configurés pour être rétractés afin de déployer ledit ancrage proximal (102) à partir de ladite configuration repliée.

15. Le système de pose d'implant (500) d'après la revendication 1, sachant que lesdits fils (511, 512, 1612, 1614) sont insérés au moins partiellement dans des lumières de fixation d'ancrage (509, 510) à l'intérieur de ladite première gaine (507, 1607, 1707, 1807, 2007) et entrent dans et hors des fentes (1001, 1610, 1615) le long de ladite première gaine (507, 1607, 1707, 1807, 2007).

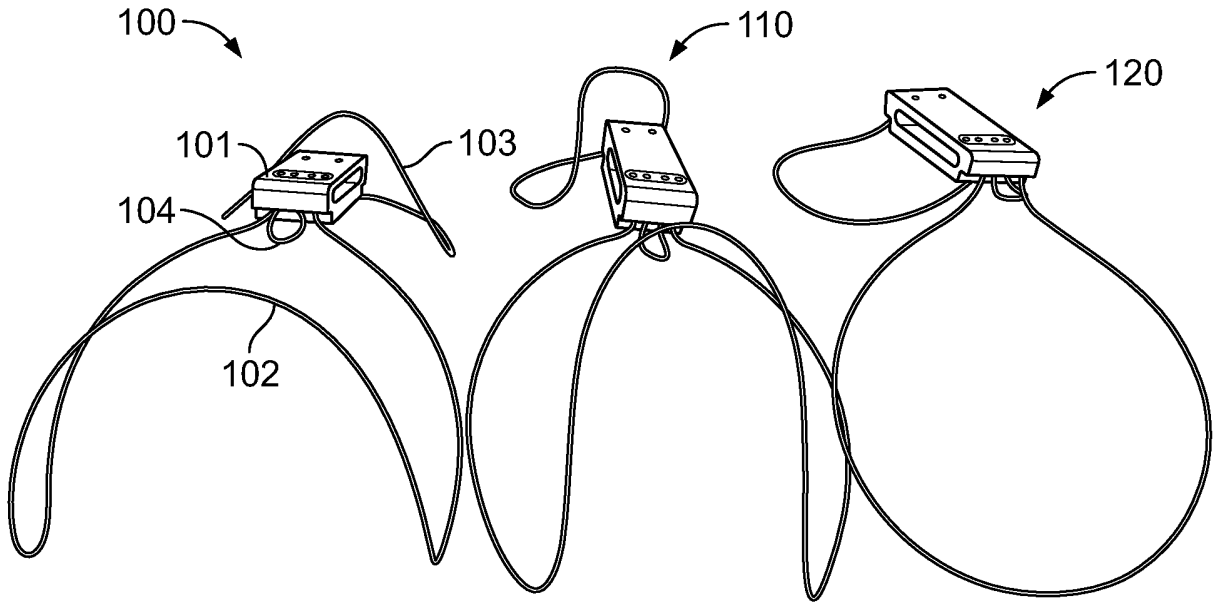

FIG. 1

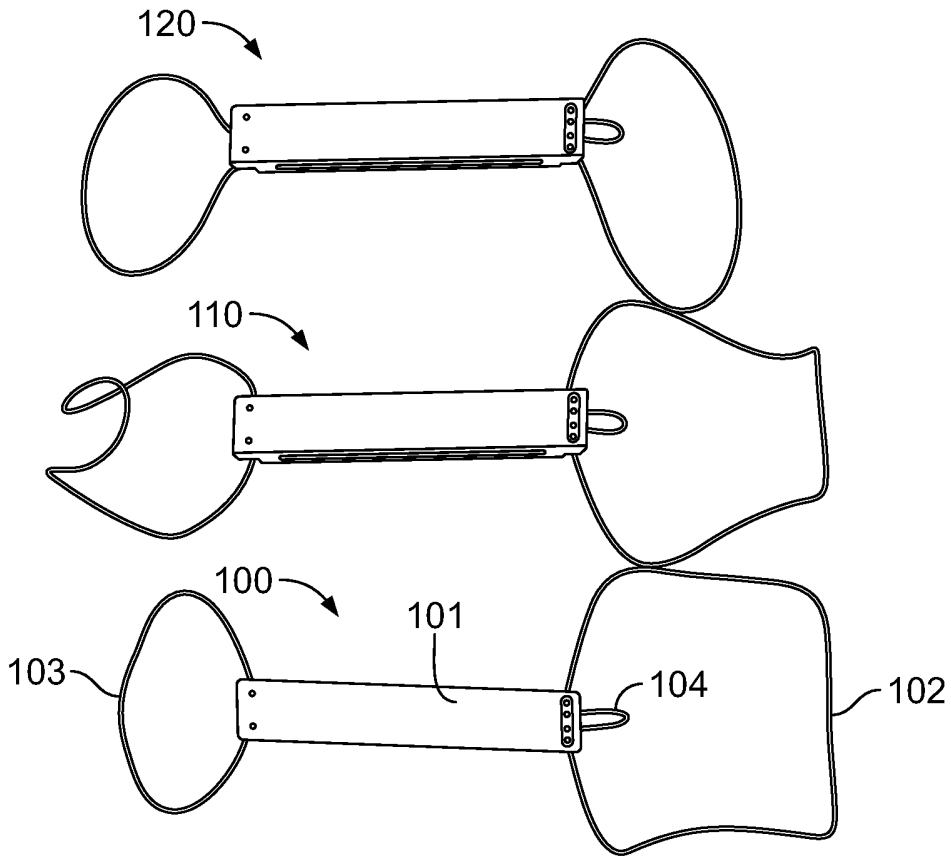

FIG. 2

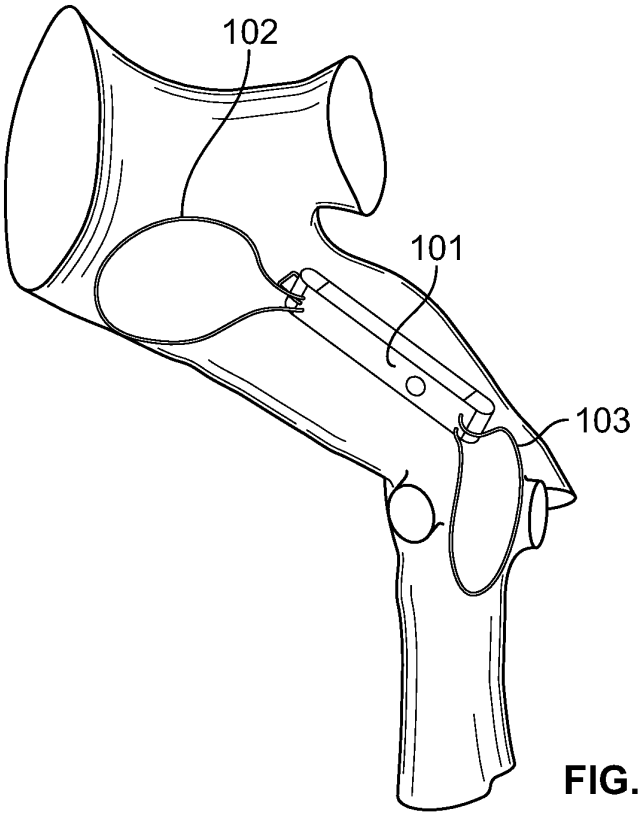

FIG. 3

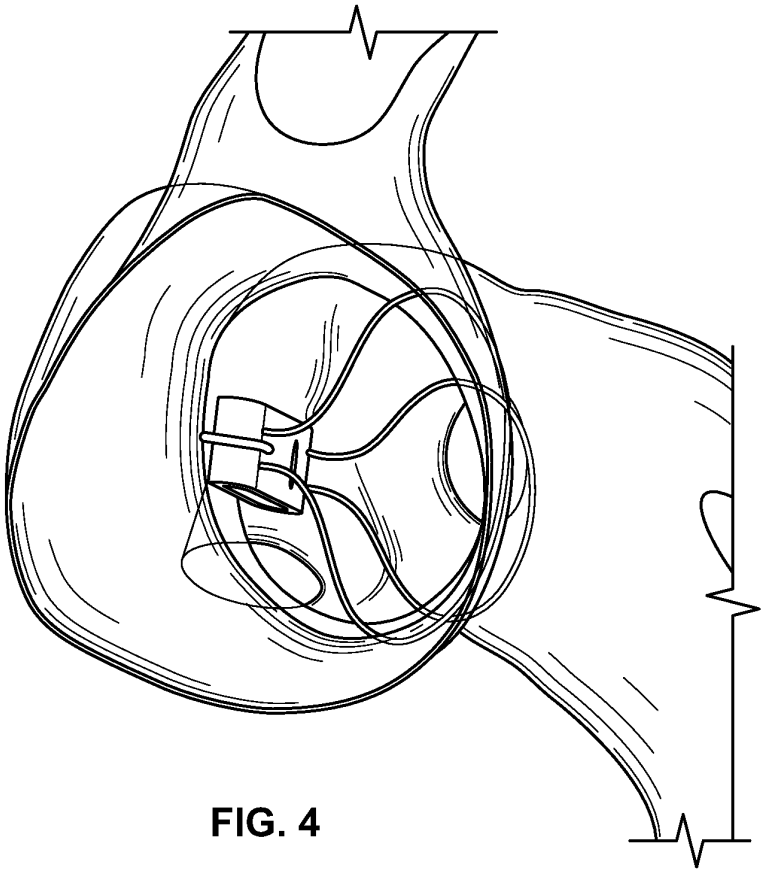

FIG. 4

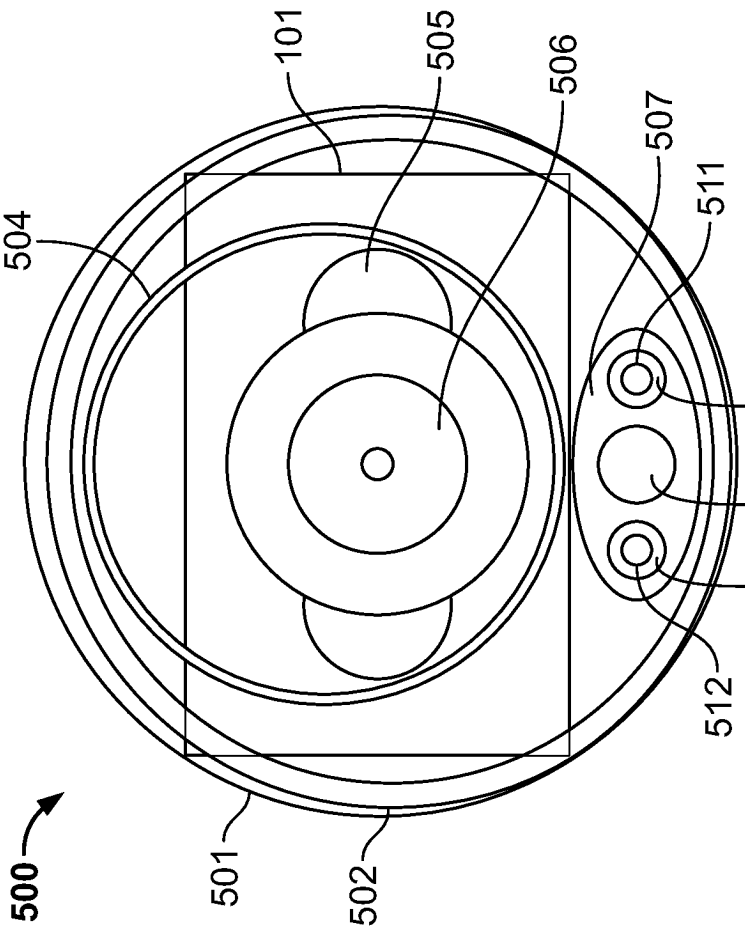
500
501
502
504
101
505
506
507
511
509
508
510
512

FIG. 5

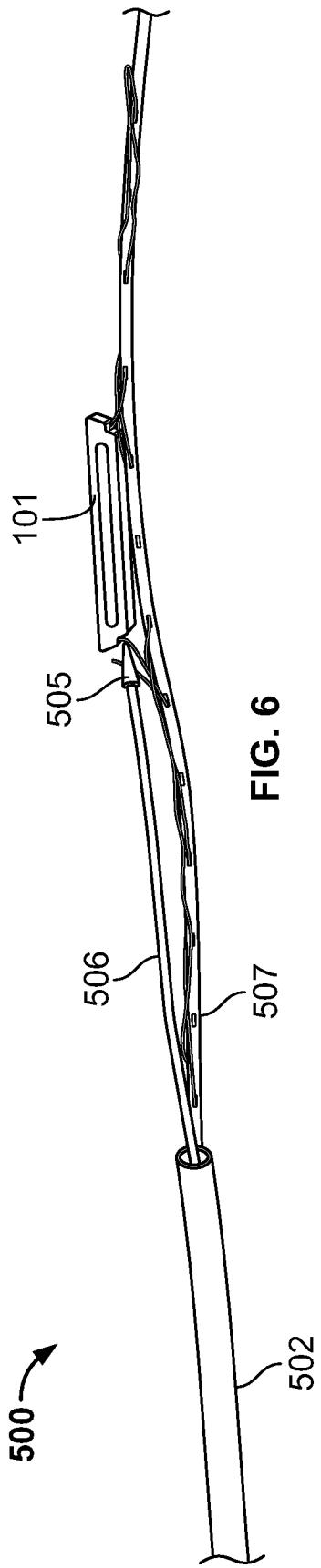
500
502
101
505
506
507

FIG. 6

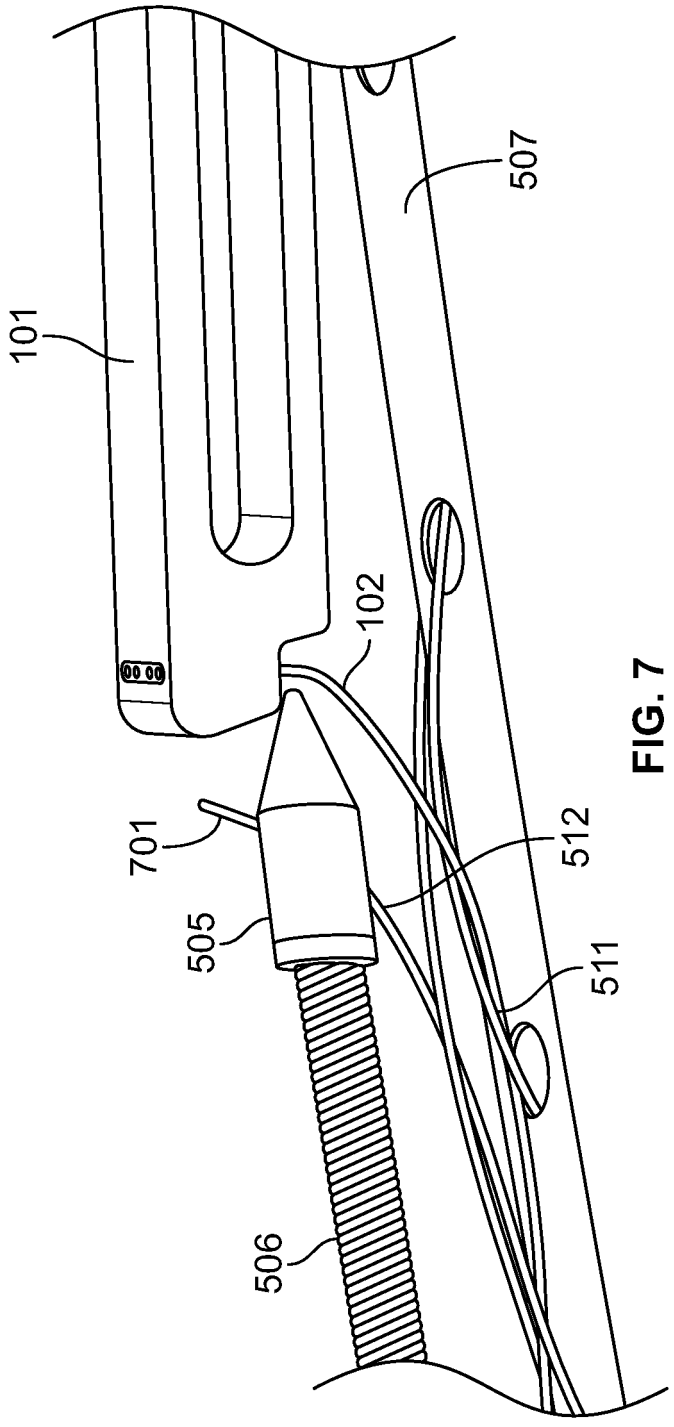

FIG. 7

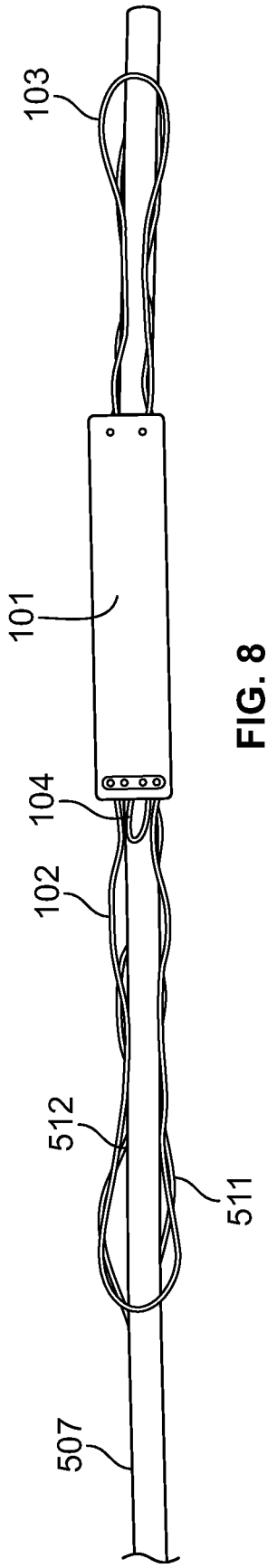

FIG. 8

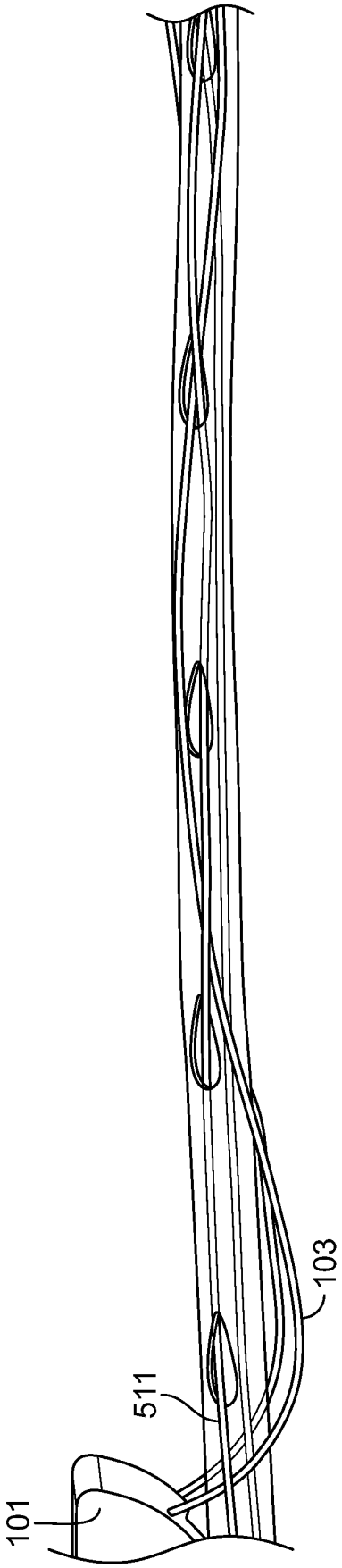

FIG. 9

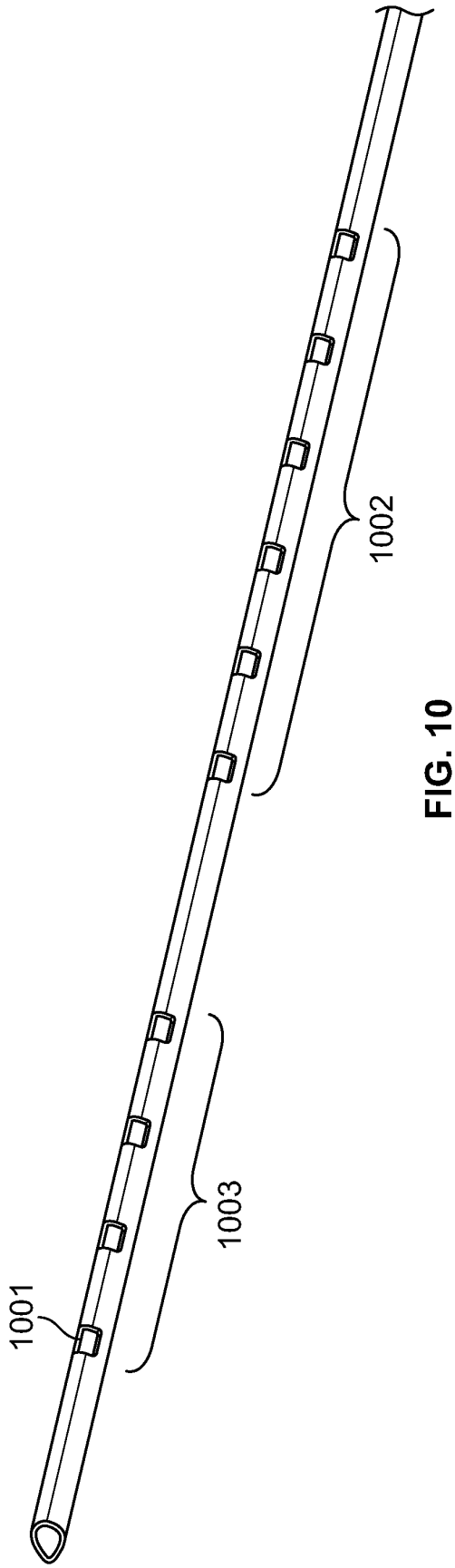

FIG. 10

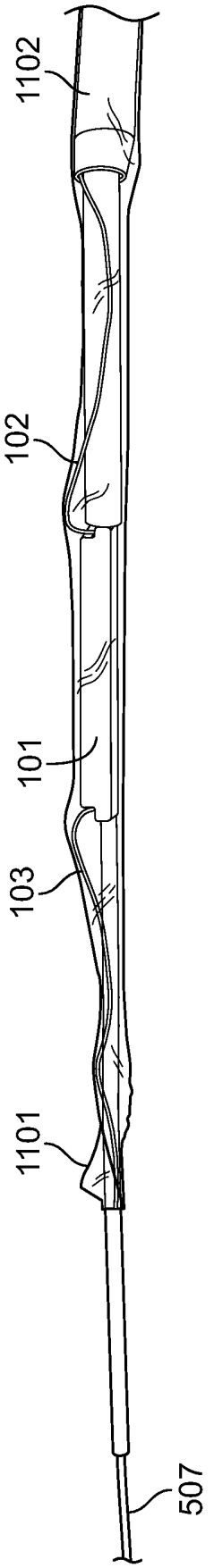

FIG. 11

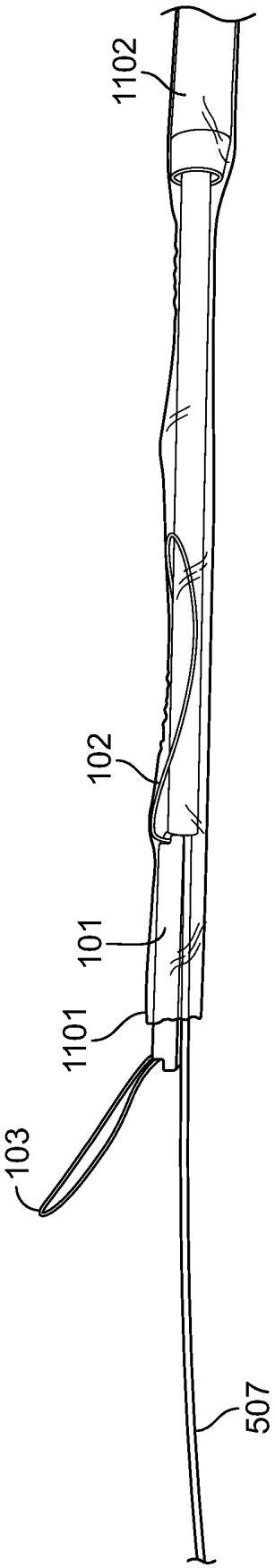

FIG. 12

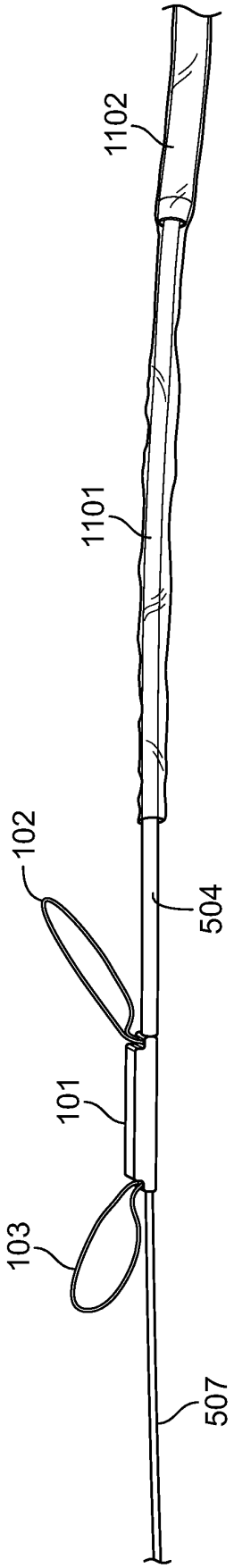

FIG. 13

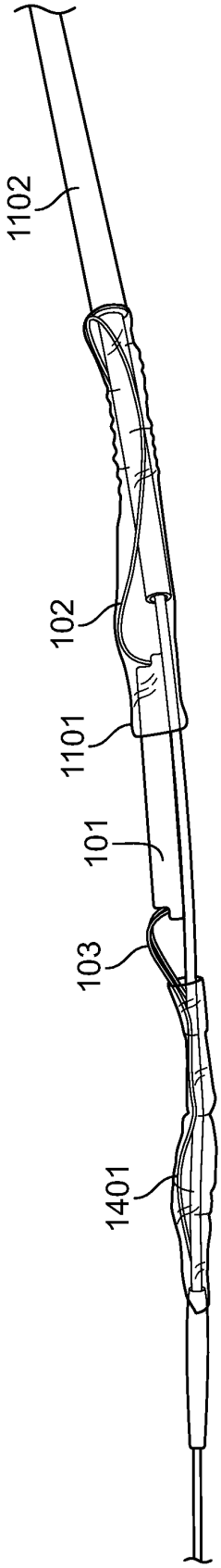

FIG. 14

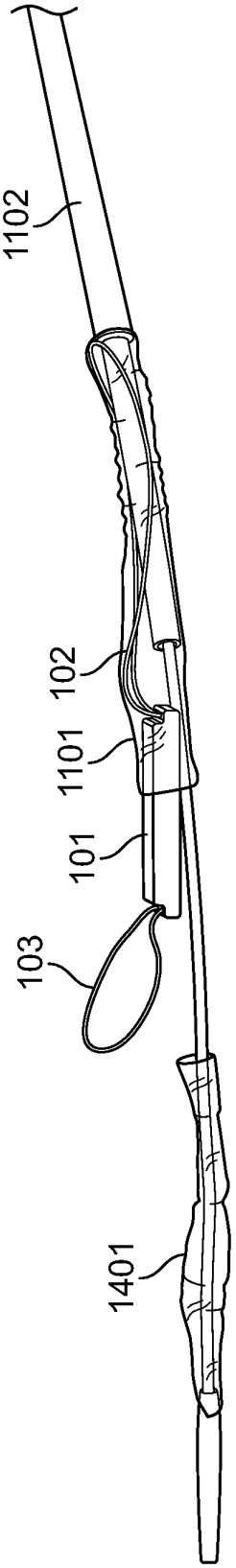
1102
102
1101
101
103
1401

FIG. 15

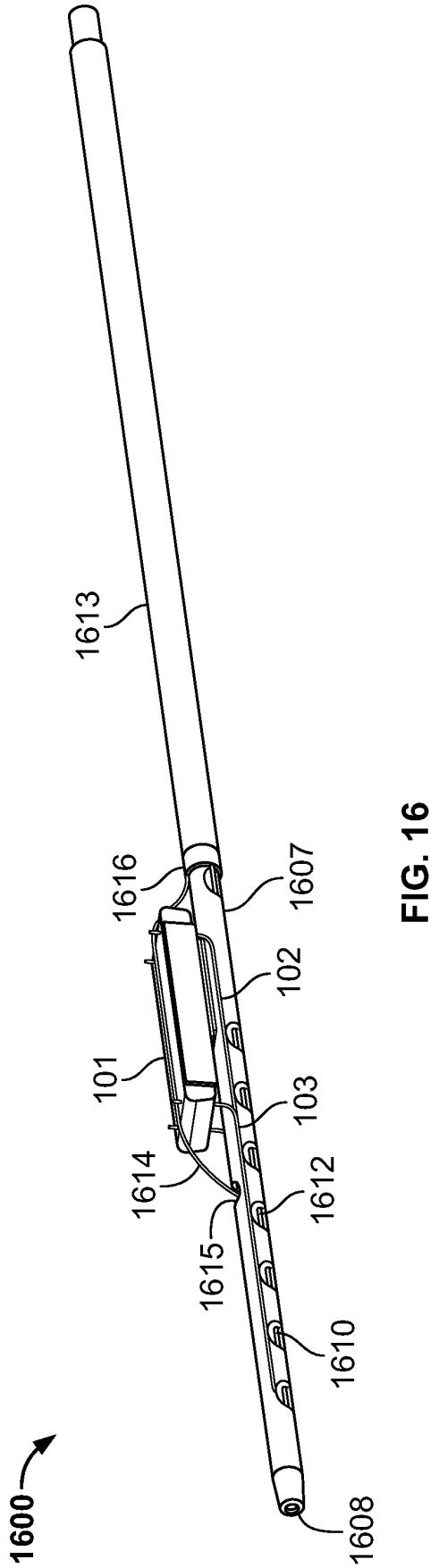
1613
1616
1607
102
101
103
1614
1612
1615
1610
1608
1600

FIG. 16

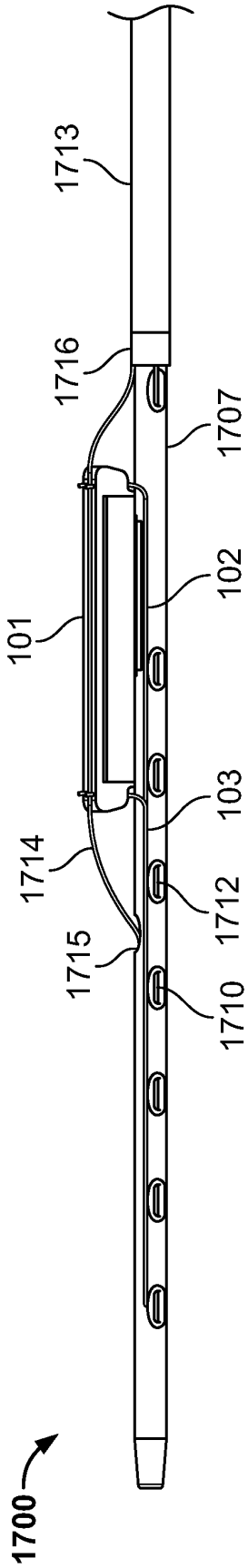
1713
1716
1707
102
101
103
1714
1712
1715
1710
1700

FIG. 17

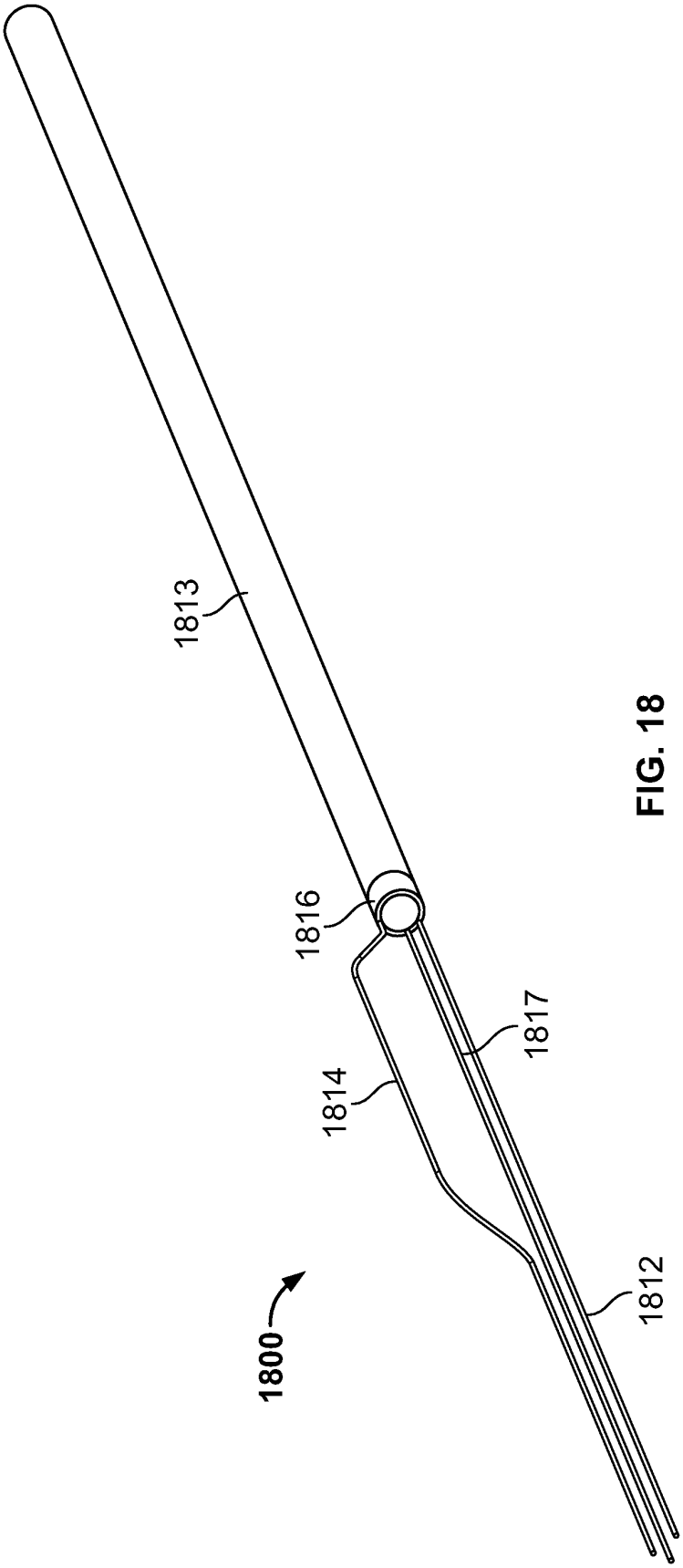
1813
1816
1817
1814
1812
1800

FIG. 18

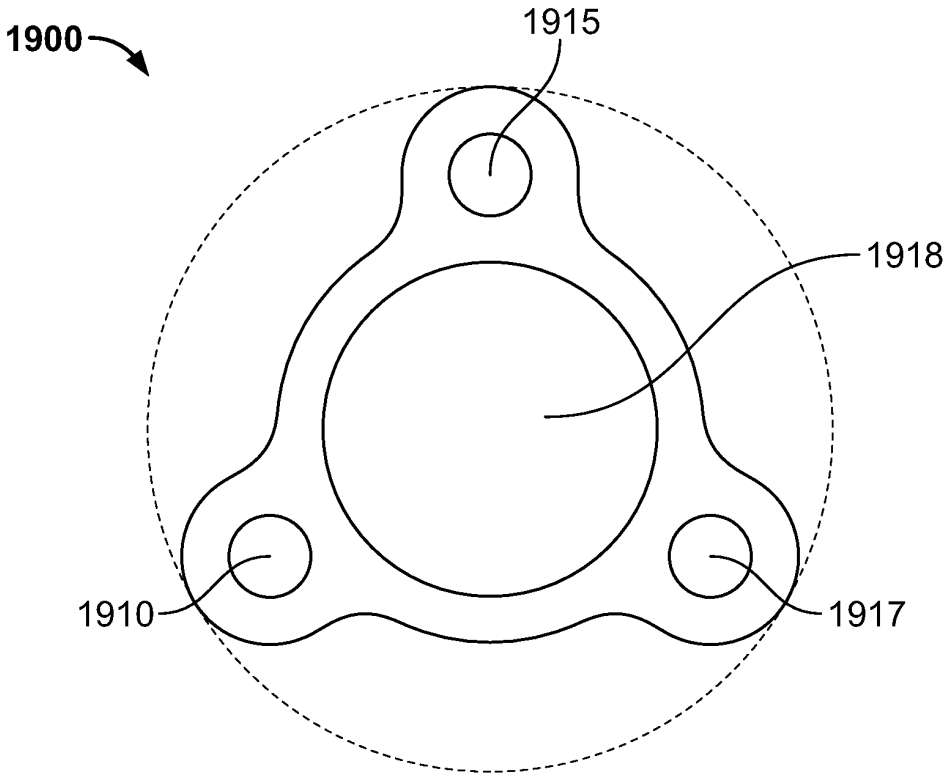

FIG. 19

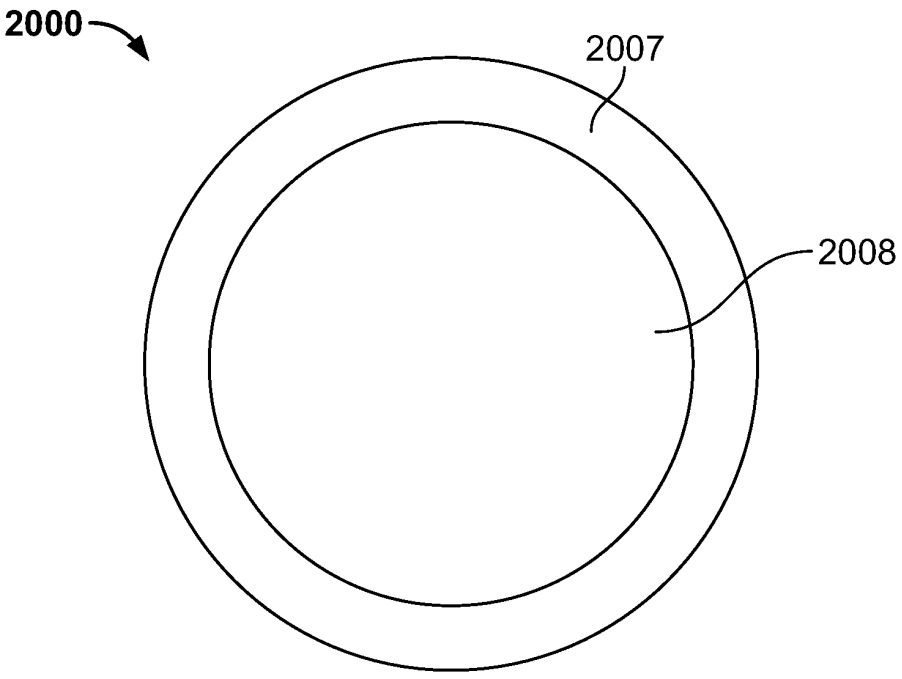

FIG. 20

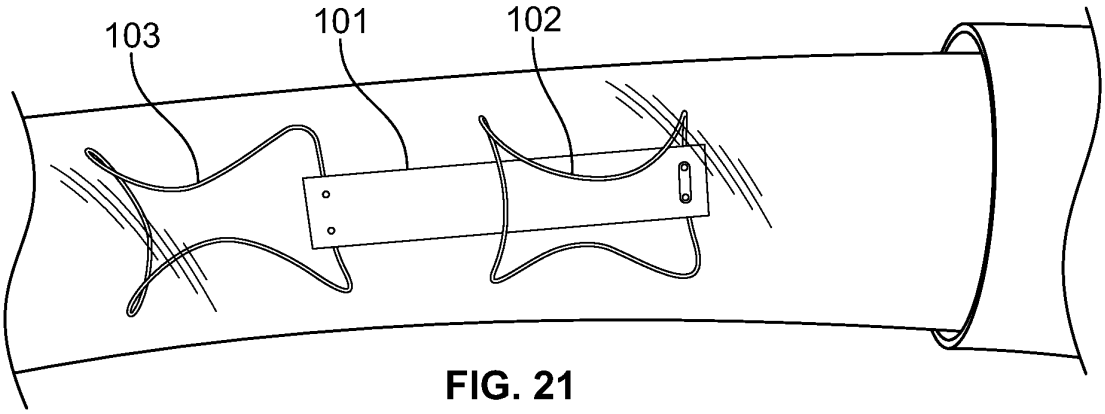

FIG. 21

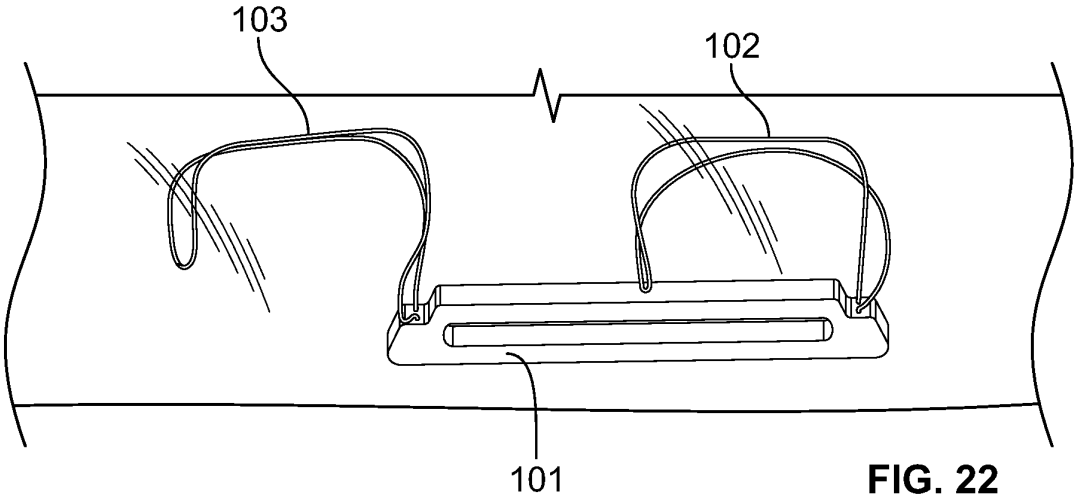

FIG. 22

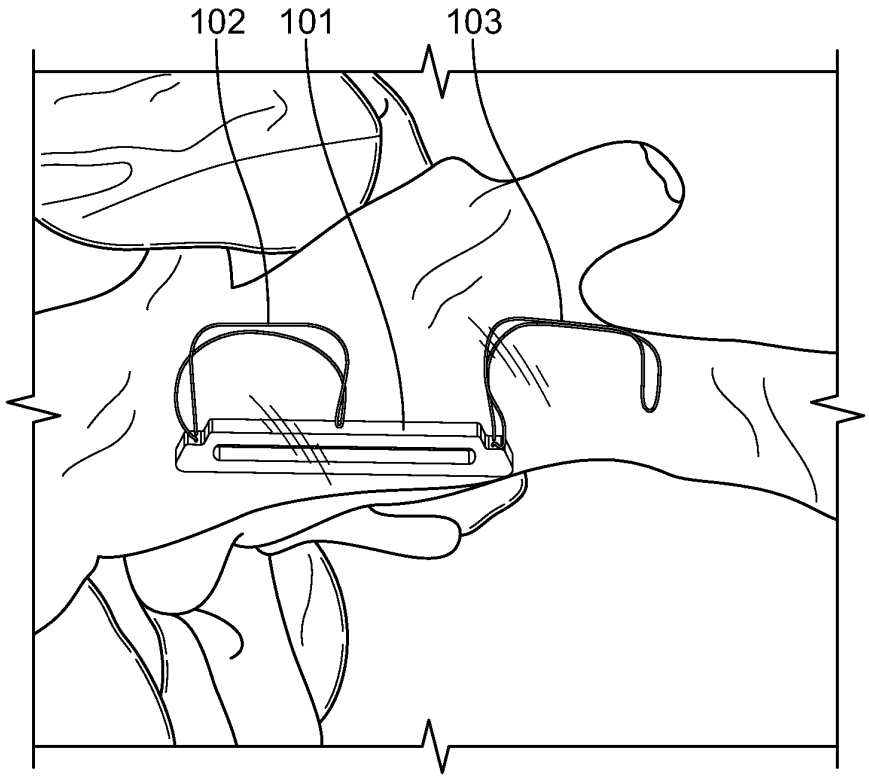

FIG. 23

REFERENCES CITED IN THE DESCRIPTION

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专利名称(译)	输送系统		
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申请(专利权)人(译)	ENDOTRONIX INC.		
当前申请(专利权)人(译)	ENDOTRONIX INC.		
[标]发明人	ROWLAND HARRY NAGY MICHAEL MCDONALD KEVIN KURT ALYSSA BLACK ANDY LEOPOLD ANDY		
发明人	ROWLAND, HARRY NAGY, MICHAEL MCDONALD, KEVIN KURT, ALYSSA BLACK, ANDY LEOPOLD, ANDY		
IPC分类号	A61B5/0215 A61B5/07 A61B5/00		
CPC分类号	A61B5/0215 A61B5/076 A61B5/6876 A61B5/6882 A61B2560/066 A61B5/0022 A61B5/6852 A61M25/01 A61M25/0662 A61M2025/0681		
优先权	61/701058 2012-09-14 US		
其他公开文献	EP2895059A4 EP2895059A1		
外部链接	Espacenet		

摘要(译)

植入物输送系统技术领域本发明涉及一种植入物输送系统，其包括植入物，该植入物包括植入物主体，近端锚固件和远端锚固件，所述锚固件附接到植入物主体并延伸远离植入物主体。 载体护套和支撑护套，其各自从所述植入物输送系统的近端延伸，其中至少所述载体护套延伸至所述植入物输送系统的远端，其中，所述载体护套至少部分地定位在所述支撑护套内； 至少一条扎带接合所述近端锚固件和所述远侧锚固件的一部分，其中，所述至少一条扎带至少部分地插入所述承载鞘内的锚附接腔中，并沿着所述承载鞘进出狭槽以固定。 既指近端锚也指远端锚。

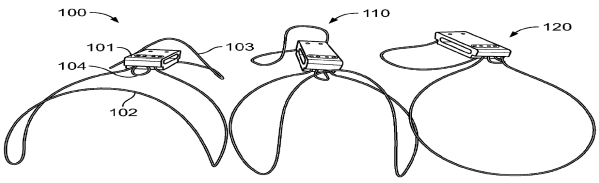

FIG. 1

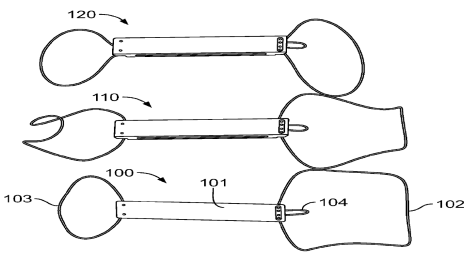

FIG. 2