



US008292829B2

(12) **United States Patent**
Griego et al.

(10) **Patent No.:** **US 8,292,829 B2**
(45) **Date of Patent:** **Oct. 23, 2012**

(54) **MEDICAL INSTRUMENT WITH CONTROLLED TORQUE TRANSMISSION**

(75) Inventors: **John A. Griego**, Blackstone, MA (US);
Patrice A. Weststrate, Norwood, MA (US)

(73) Assignee: **Boston Scientific Scimed, Inc.**, Maple Grove, MN (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 27 days.

(21) Appl. No.: **12/835,541**

(22) Filed: **Jul. 13, 2010**

(65) **Prior Publication Data**

US 2010/0280415 A1 Nov. 4, 2010

Related U.S. Application Data

(63) Continuation of application No. 10/428,240, filed on May 1, 2003, now Pat. No. 7,780,611.

(51) **Int. Cl.**
A61M 25/00 (2006.01)

(52) **U.S. Cl.** **600/585**

(58) **Field of Classification Search** **600/585**
See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

3,472,230 A	10/1969	Fogarty
3,592,186 A	7/1971	Oster
3,683,904 A	8/1972	Forster
3,889,657 A	6/1975	Baumgarten
3,952,747 A	4/1976	Kimmell, Jr.
3,996,938 A	12/1976	Clark, III
4,046,150 A	9/1977	Schwartz et al.
4,425,908 A	1/1984	Simon
4,447,227 A	5/1984	Kotsanis

4,580,568 A	4/1986	Gianturco
4,590,938 A	5/1986	Segura et al.
4,619,246 A	10/1986	Molgaard-Nielsen et al.
4,631,052 A	12/1986	Kensey
4,643,184 A	2/1987	Mobin-Uddin
4,650,466 A	3/1987	Luther
4,654,092 A	3/1987	Melton
4,662,885 A	5/1987	DiPisa, Jr.

(Continued)

FOREIGN PATENT DOCUMENTS

DE 2821048 B1 11/1979
(Continued)

OTHER PUBLICATIONS

"Atherosclerotic Disease of the Aortic Arch as a Risk Factor of Recurrent Ischemic Stroke," The New England Journal of Medicine, pp. 1216-1221 (May 1996).

(Continued)

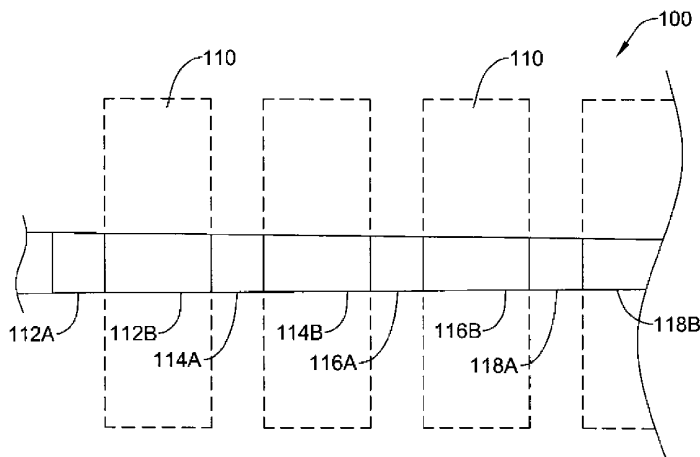
Primary Examiner — Jeffrey G Hoekstra

(74) *Attorney, Agent, or Firm* — Seager, Tufte & Wickhem LLC

(57) **ABSTRACT**

A medical instrument such as a guidewire that is designed to have controlled torque transmission along its length. Specially treated areas are placed in selected and equal areas along the entire length of the elongated shaft of the medical instrument, and are separated from one another by untreated areas. This process ensures that any torque is transmitted distally, in a smooth manner, regardless of the guidewire position, thus resulting in a substantial reduction in whipping. In one embodiment, a stainless steel guidewire is utilized, and is subjected to annealing heat treatment in selected areas. This annealing process creates a mandrel that has repeated temper properties along its length. Torque applied at one end of this mandrel is transmitted to the opposite end in an even and controlled manner, even when the mandrel is formed into a loop.

9 Claims, 5 Drawing Sheets



U.S. PATENT DOCUMENTS					
4,705,517 A	11/1987	DiPisa, Jr.	5,356,423 A	10/1994	Tihon et al.
4,706,671 A	11/1987	Weinrib	5,366,464 A	11/1994	Belknap
4,723,549 A	2/1988	Wholey et al.	5,366,473 A	11/1994	Winston et al.
4,728,319 A	3/1988	Masch	5,370,657 A	12/1994	Irie
4,733,665 A	3/1988	Palmaz	5,370,683 A	12/1994	Fontaine
4,764,324 A	8/1988	Burnham	5,376,100 A	12/1994	Lefebvre
4,790,812 A	12/1988	Hawkins, Jr. et al.	5,379,779 A	1/1995	Rowland et al.
4,790,813 A	12/1988	Kensey	5,383,887 A	1/1995	Nadal
4,790,831 A	12/1988	Skribiski	5,383,892 A	1/1995	Cardon et al.
4,794,928 A	1/1989	Kletschka	5,383,926 A	1/1995	Lock et al.
4,794,931 A	1/1989	Yock	5,385,152 A	1/1995	Abele et al.
4,800,882 A	1/1989	Gianturco	5,387,235 A	2/1995	Chuter
4,807,626 A	2/1989	McGirr	5,395,349 A	3/1995	Quiachon et al.
4,842,579 A	6/1989	Shiber	5,397,345 A	3/1995	Lazerus
4,857,045 A	8/1989	Rydell	5,405,377 A	4/1995	Cragg
4,857,046 A	8/1989	Stevens et al.	5,409,454 A	4/1995	Fischell et al.
4,867,157 A	9/1989	McGurk-Burleson et al.	5,415,630 A	5/1995	Gory et al.
4,873,978 A	10/1989	Ginsburg	5,419,774 A	5/1995	Willard et al.
4,898,575 A	2/1990	Fischell et al.	5,421,832 A	6/1995	Lefebvre
4,907,336 A	3/1990	Gianturco	5,423,742 A	6/1995	Theron
4,921,478 A	5/1990	Solano et al.	5,423,885 A	6/1995	Williams
4,921,484 A	5/1990	Hillstead	5,425,765 A	6/1995	Tiefenbrun et al.
4,925,445 A	5/1990	Sakamoto et al.	5,443,498 A	8/1995	Fontaine
4,926,858 A	5/1990	Gifford, III et al.	5,449,372 A	9/1995	Schmaltz et al.
4,950,277 A	8/1990	Farr	5,456,667 A	10/1995	Ham et al.
4,955,895 A	9/1990	Sugiyama et al.	5,462,529 A	10/1995	Simpson et al.
4,957,482 A	9/1990	Shiber	5,476,104 A	12/1995	Sheahon
4,969,891 A	11/1990	Gewertz	5,484,418 A	1/1996	Quiachon et al.
4,979,951 A	12/1990	Simpson	5,497,786 A	3/1996	Urick
4,986,807 A	1/1991	Farr	5,507,767 A	4/1996	Maeda et al.
4,998,539 A	3/1991	Delsanti	5,512,044 A	4/1996	Duer
5,002,560 A	3/1991	Machold et al.	5,527,354 A	6/1996	Fontaine et al.
RE33,569 E	4/1991	Gifford, III et al.	5,536,242 A	7/1996	Willard et al.
5,007,896 A	4/1991	Shiber	5,540,707 A	7/1996	Ressemann et al.
5,007,917 A	4/1991	Evans	5,549,626 A	8/1996	Miller et al.
5,011,488 A	4/1991	Ginsburg	5,562,724 A	10/1996	Voverk et al.
5,019,088 A	5/1991	Farr	5,569,274 A	10/1996	Rapacki et al.
5,041,126 A	8/1991	Gianturco	5,569,275 A	10/1996	Kotula et al.
5,053,008 A	10/1991	Bajaj	5,570,701 A	11/1996	Ellis et al.
5,053,044 A	10/1991	Mueller et al.	5,634,897 A	6/1997	Dance et al.
5,069,226 A	12/1991	Yamauchi et al.	5,637,089 A	6/1997	Abrams et al.
5,071,407 A	12/1991	Termin et al.	5,658,296 A	8/1997	Bates et al.
5,071,425 A	12/1991	Gifford, III et al.	5,662,671 A	9/1997	Barbut et al.
5,085,662 A	2/1992	Willard	5,669,933 A	9/1997	Simon et al.
5,087,265 A	2/1992	Summers	5,695,519 A	12/1997	Summers et al.
5,095,915 A	3/1992	Engelson	5,709,704 A	1/1998	Nott et al.
5,100,423 A	3/1992	Fearnot	5,720,764 A	2/1998	Naderlinger
5,100,424 A	3/1992	Jang et al.	5,728,066 A	3/1998	Daneshvar
5,100,425 A	3/1992	Fischell et al.	5,746,701 A	5/1998	Noone
5,102,415 A	4/1992	Guenther et al.	5,746,758 A	5/1998	Nordgren et al.
5,104,399 A	4/1992	Lazarus	5,749,848 A	5/1998	Jang et al.
5,108,419 A	4/1992	Reger et al.	5,769,816 A	6/1998	Barbut et al.
5,133,733 A	7/1992	Rasmussen et al.	5,772,609 A	6/1998	Nguyen et al.
5,135,531 A	8/1992	Shiber	5,779,716 A	7/1998	Cano et al.
5,152,771 A	10/1992	Sabbaghian et al.	5,792,157 A	8/1998	Mische et al.
5,152,777 A	10/1992	Goldberg et al.	5,792,300 A	8/1998	Inderbitzen et al.
5,160,342 A	11/1992	Reger et al.	5,795,322 A	8/1998	Boudewijn
5,171,233 A	12/1992	Amplatz et al.	5,797,952 A	8/1998	Klein
5,171,383 A	12/1992	Sagaye et al.	5,800,457 A	9/1998	Gelbfish
5,190,546 A	3/1993	Jervis	5,800,525 A	9/1998	Bachinski et al.
5,195,955 A	3/1993	Don Michael	5,810,874 A	9/1998	Lefebvre
5,224,953 A	7/1993	Morgentaler	5,814,064 A	9/1998	Daniel et al.
5,228,453 A	7/1993	Sepetka	5,817,102 A	10/1998	Johnson et al.
5,238,004 A	8/1993	Sahatjian et al.	5,827,324 A	10/1998	Cassell et al.
5,269,752 A	12/1993	Bennett	5,833,644 A	11/1998	Zadno-Azizi et al.
5,275,173 A	1/1994	Samson et al.	5,833,650 A	11/1998	Imran
5,299,580 A	4/1994	Atkinson et al.	5,846,260 A	12/1998	Maahs
5,306,286 A	4/1994	Stack et al.	5,848,964 A	12/1998	Samuels
5,314,444 A	5/1994	Gianturco	5,876,367 A	3/1999	Kaganov et al.
5,314,472 A	5/1994	Fontaine	5,893,867 A	4/1999	Bagaoisan et al.
5,318,576 A	6/1994	Plassche, Jr. et al.	5,895,399 A	4/1999	Barbut et al.
5,329,942 A	7/1994	Gunther et al.	5,902,263 A	5/1999	Patterson et al.
5,330,484 A	7/1994	Gunther	5,906,618 A	5/1999	Larson, III
5,330,500 A	7/1994	Song	5,908,435 A	6/1999	Samuels
5,333,620 A	8/1994	Moutafis et al.	5,910,154 A	6/1999	Tsugita et al.
5,341,818 A	8/1994	Abrams et al.	5,911,734 A	6/1999	Tsugita et al.
5,350,398 A	9/1994	Pavcnik et al.	5,916,193 A	6/1999	Stevens et al.
5,354,310 A	10/1994	Garnic et al.	5,925,016 A	7/1999	Chormenky et al.
			5,925,060 A	7/1999	Forber

WO	9958068	A2	11/1999
WO	0007655	A1	2/2000
WO	0009054	A1	2/2000
WO	0016705	A1	3/2000
WO	0049970	A1	8/2000
WO	0245770	A2	6/2002

OTHER PUBLICATIONS

"Endovascular Grafts, Stents Drive Interventional Radiology Growth," Cardiovascular Device Update, 2(3): 1-12 (Mar. 1996).

"Protruding Atheromas in the Thoracic Aortic and Systemic Embolization," American College of Physicians, pp. 423-427 (1991).

"Recognition and Embolic Potential of Intraaortic Atherosclerotic Debris," American College of Cardiology (Jan. 1991).

Cragg, Andrew et al., "A New Percutaneous Vena Cava Filter," AJR, 141:601-604 (Sep. 1983).

Cragg, Andrew et al., "Nonsurgical Placement of Arterial Endoprosthesis: A New Technique Using Nitinol Wire," AJR, pp. 261-263 (Apr. 1983).

Diethrich et al., "Percutaneous Techniques for Endoluminal Carotid Interventions," Journal of Endovascular Surgery, 3:182-202 (1996).

Fadali, A. Moneim, "A Filtering Device for the Prevention of Particulate Embolization During the Course of Cardiac Surgery," Surgery, 64(3):634-639 (Sep. 1968).

Haissaguerre et al., "Spontaneous Initiation of Atrial Fibrillation by Ectopic Beats Originating in the Pulmonary Veins," The New England Journal of Medicine, 339(10):659-666 (Sep. 1988).

Jordan, Jr. et al., "Microemboli Detected by Transcranial Doppler Monitoring . . ." Cardiovascular Surgery, 7(1):33-38 (Jan. 1999).

Lesh, "Can Catheter Ablation Cure Atrial Fibrillation?" ACC Current Journal Review, pp. 38-40 (Sep./Oct. 1997).

Lund et al., "Long-Term Patency of Ductus Arteriosus After Balloon Dilatation: An Experimental Study," Laboratory Investigation, 69(4):772-774 (Apr. 1984).

Marache et al., "Percutaneous Transluminal Venous Angioplasty . . ." American Heart Journal, 125 (2 Pt 1):362-366 (Feb. 1993).

Mazur et al., "Directional Atherectomy with the Omnicath: A Unique New Catheter System," Catheterization and Cardiovascular Diagnosis, 31:17-84 (1994).

Moussa, MD, Issaam, "Stents Don't Require Systemic Anticoagulation . . . But the Technique (and Results) Must be Optimal," Journal of Invasive Cardiology, 8(E):3E-7E (1996).

Nakanishi et al., "Catheter Intervention to Venous System Using Expandable Metallic Stents," Rinsho Kyobu Geka, 14(2): English Abstract Only (Apr. 1994).

Onal et al., "Primary Stenting for Complex Atherosclerotic Plaques in Aortic and Iliac Stenoses," Cardiovascular & Interventional Radiology, 21(5):386-392 (1998).

Theron et al., "New Triple Coaxial Catheter System for Carotid Angioplasty with Cerebral Protection," American Journal of Neuroradiology, 11:869-874 (1990).

Tunick et al., "Protruding Atherosclerotic Plaque in the Aortic Arch of Patients with Systemic Embolization: A New Finding Seen by Transesophageal Echocardiography," American Heart Journal, 120(3):658-660 (Sep. 1990).

Waksman et al., "Distal Embolization is Common After Directional Atherectomy . . ." American Heart Journal, 129 (3):430-435 (1995).

Wholey, Mark H. et al., "PTA and Stents in the Treatment of Extracranial Circulation," The Journal of Invasive Cardiology, 8(E):25E-30E (1996).

"annealed." Dictionary.com Unabridged. Random House, Inc. Nov. 16, 2009. <Dictionary.com <http://dictionary.reference.com/browse/annealed>>.

"tempered." Dictionary.com Unabridged. Random House, Inc. Nov. 16, 2009. <Dictionary.com <http://dictionary.reference.com/browse/tempered>>.

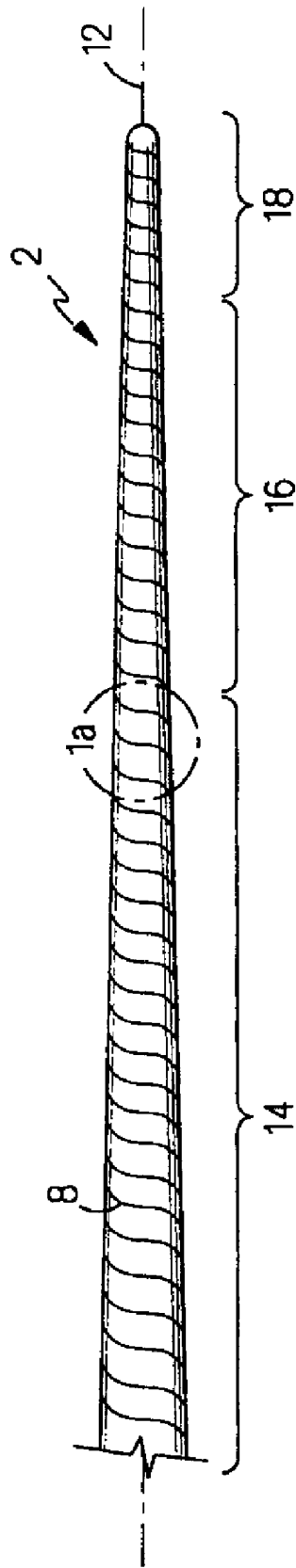


Fig. 1.
(prior art)

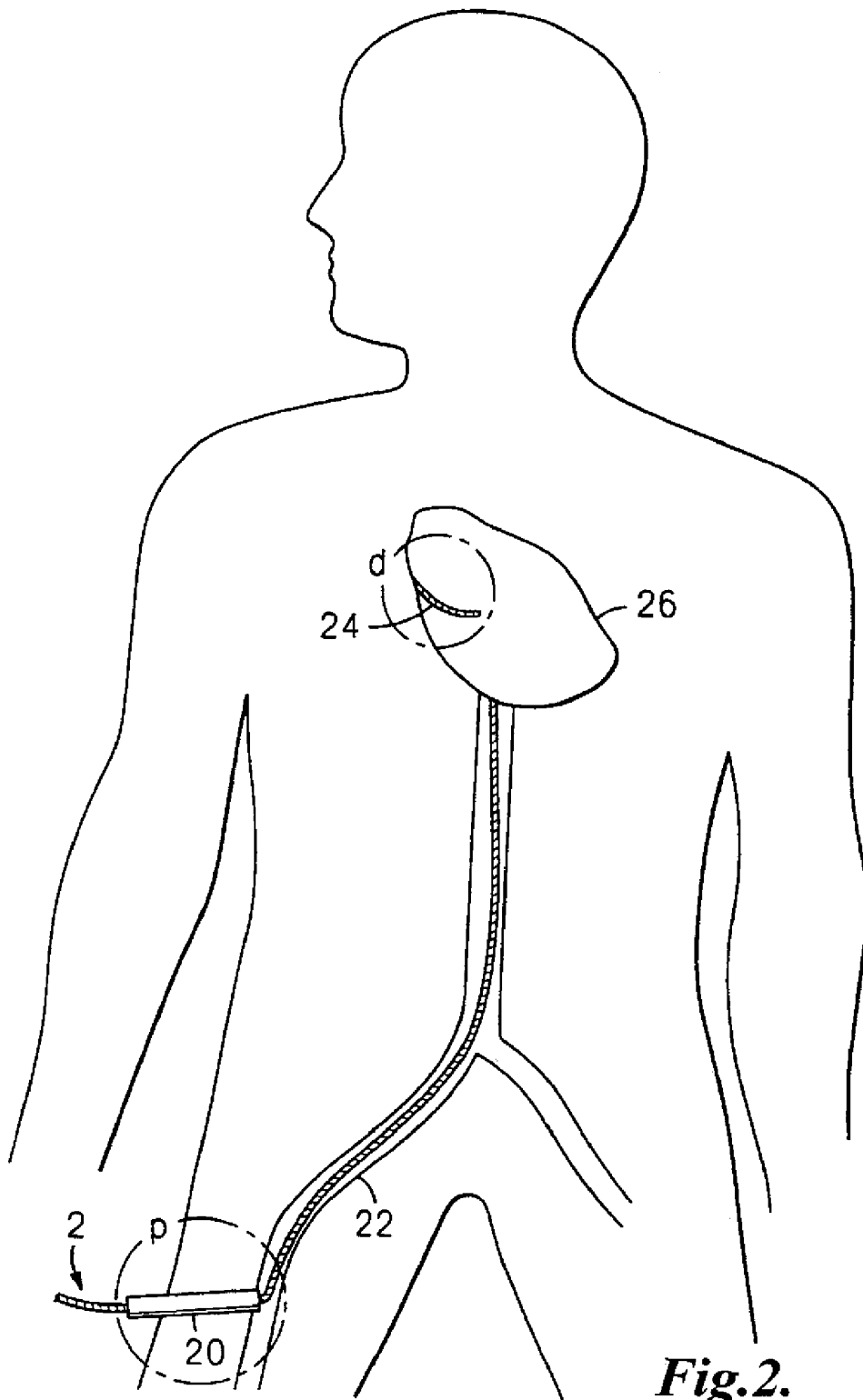


Fig.2.
(prior art)

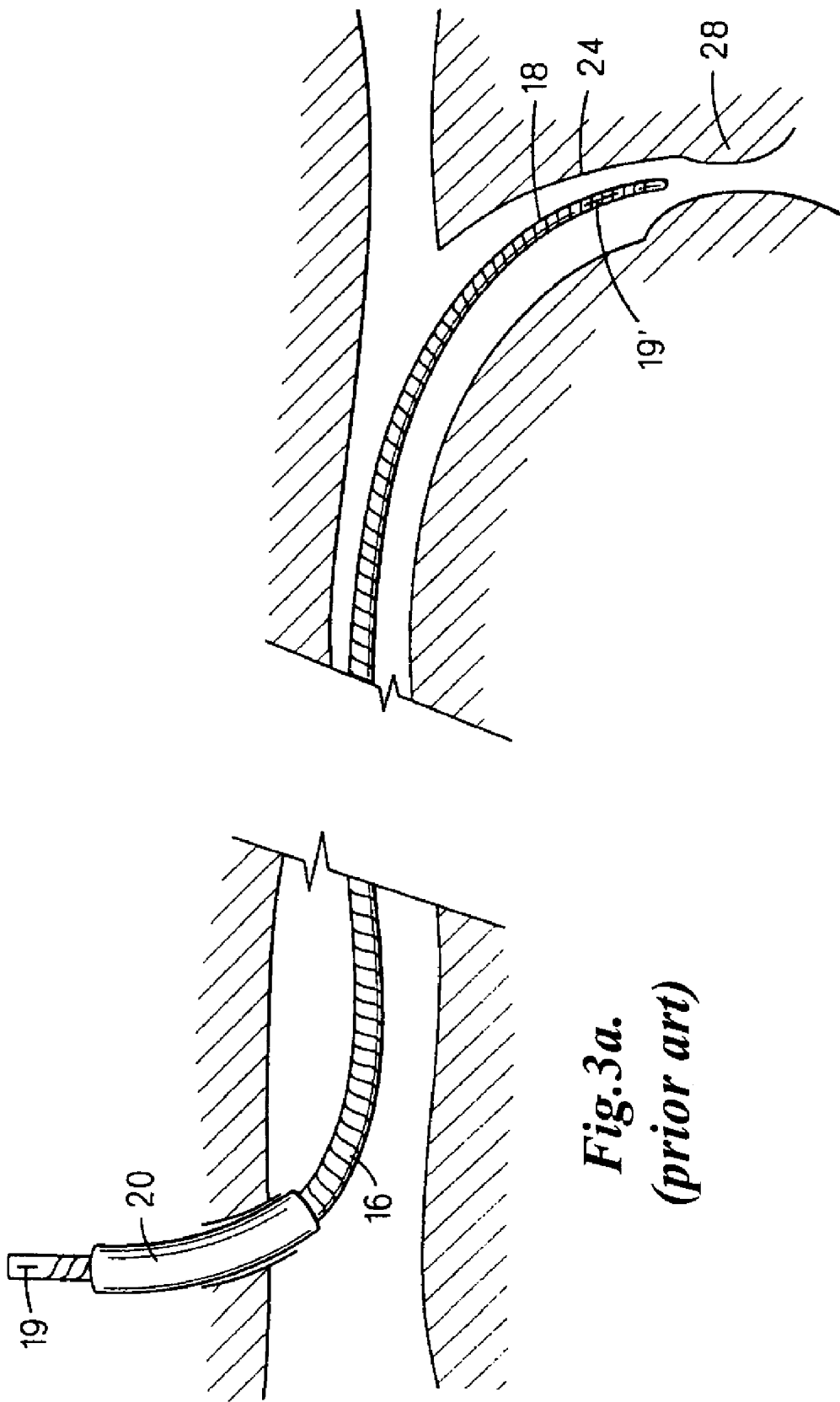


Fig.3a.
(prior art)

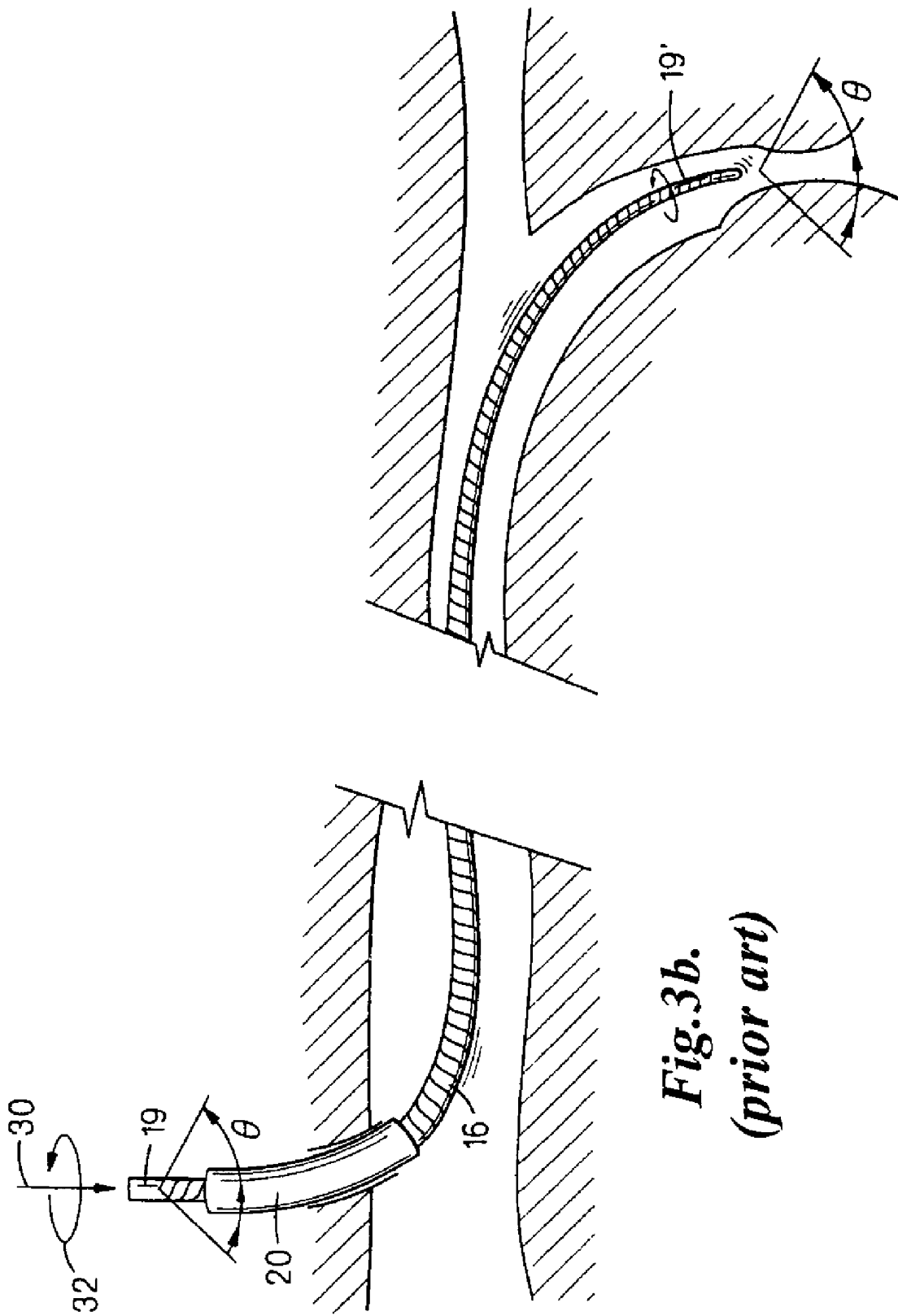


Fig. 3b.
(prior art)

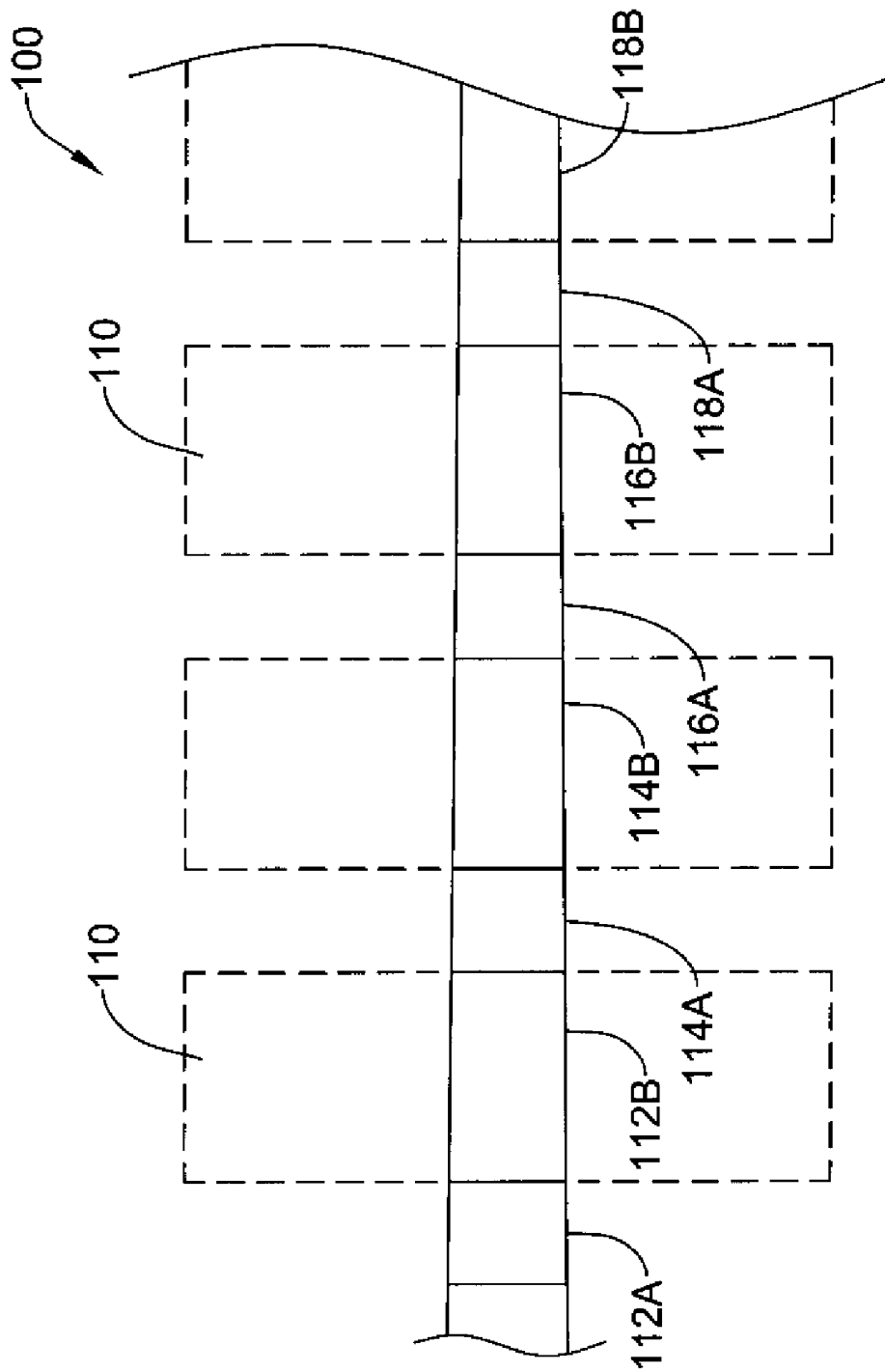


Figure 4

MEDICAL INSTRUMENT WITH CONTROLLED TORQUE TRANSMISSION

RELATED APPLICATIONS

This application is a continuation of U.S. application Ser. No. 10/428,240 filed May 1, 2003, now U.S. Pat. No. 7,780,611.

FIELD OF THE INVENTION

The invention relates to medical instruments such as guidewires, and more particularly to a medical instrument such as a guidewire that is designed to have controlled torque transmission along its length.

BACKGROUND OF THE INVENTION

Guidewires are used in most catheter-based procedures. The distal end of a guidewire typically has an angled tip, which can be oriented to help steer the guidewire through curves and junctions of the vasculature or vessels of a patient. The orientation of the angled tip is achieved by torquing the guidewire so that it rotates about its axis.

Correct positioning of a catheter is dependent on the ability of the guidewire to track and be rotated to gain access to the target area. Guidewires generally will rotate in a 1:1 ratio between the proximal and distal ends in a straightened position, however, when subject to looping or bending as may occur in a tortuous anatomy, guidewires exhibit the tendency to whip (sudden release of torsional energy). This whipping makes precise access to target sites, such as selecting one vessel of a bifurcation, difficult.

Often, because of the variability of procedures and anatomy, the location of the hoop stress created by looping or bending of the guidewire cannot be predicted. Guidewires that are produced by maintaining a rigid proximal end and sequentially creating a more flexible distal portion are subject to whipping when looping or bending is applied away from the end of the distal portion.

One prior art device and method for torque transmission in a guidewire is shown in U.S. Pat. No. RE 36,628, to Sagae et al. The '628 patent teaches a catheter guidewire wherein the base material constituting the wire is made of an elastic alloy wire and is subjected to a heat treatment such that its flexibility is sequentially increased from its proximal to distal end portions. A thermoplastic resin and/or a coil spring may be applied to at least the distal end portion of the wire base material. A method of manufacturing the catheter guidewire is also taught. The method is characterized in that the leading end side of the base material is divided into a plurality of areas and subjected to a heat treatment by changing the heat treatment temperature and the time conditions in units of the areas so that the flexibility of the base material is sequentially increased from the proximal to distal end portions of the leading end side. As noted above, one of the drawbacks of guidewires such as that taught in the '628 patent is that guidewires that are produced by maintaining a rigid proximal end and sequentially creating a more flexible distal portion are subject to whipping when looping or bending is applied away from the end of the distal portion.

Another prior art device and method for torque transmission is taught in U.S. Pat. No. 5,951,494, which is hereby incorporated by reference. FIGS. 1-3 herein have been reproduced from the '494 patent. Referring to FIG. 1, a guidewire 2 includes a relatively stiff proximal portion 14, a transition portion 16 with varying, intermediate stiffness, and a highly

flexible distal portion 18. The guidewire is formed entirely of common medical polymer materials and exhibits high torque fidelity because it has been twisted and tensioned in manufacture to helically orient the polymer. This is illustrated by a segment 8 of the wire that, prior to processing, was parallel to the device axis but after twisting and tensioning, follows a characteristic helical path.

Referring to FIG. 2, in the course of an angioplasty operation to open an occluded coronary artery, the guidewire 2 is typically delivered through an access catheter 20 into the femoral artery 22. The physician pushes and torques the proximal end of the guidewire to thread it through the body into the coronary arteries 24.

Referring to FIGS. 3A and 3B, the distal portion 18 of the guidewire is positioned such that it can cross a restricted region 28 of the artery. The physician pushes (arrow 30) and torques (arrow 32) the proximal portion of the guidewire remaining outside the body. The degree of rotation caused by torquing the proximal end is transmitted to produce a degree of rotation at the distal end.

As noted above, guidewires that are produced by maintaining a rigid proximal end and sequentially creating a more flexible distal portion are subject to whipping when looping or bending is applied away from the end of the distal portion. In addition, guidewires that are formed from certain elastic alloys are relatively expensive to produce. The present invention is directed to a device and method for overcoming the foregoing and other disadvantages. More specifically, the present invention is directed to a medical instrument such as a guidewire that is designed to have controlled torque transmission along its length.

SUMMARY OF THE INVENTION

In accordance with the present invention, a medical instrument such as a guidewire is provided that can be rotated without whipping. In addition to guidewires, other applications include devices such as catheters and driveshafts. In one embodiment, the medical instrument tapers at the distal portion to promote access to anatomy that reduces in inner diameter.

In accordance with another aspect of the invention, specially treated areas are placed in selected and equal areas along the entire length of the elongated shaft of the medical instrument, and are separated from one another by untreated areas. This process ensures that any torque is transmitted distally, in a smooth manner, regardless of the guidewire position, thus resulting in a substantial reduction in whipping. In one embodiment, a stainless steel guidewire is utilized, and is subjected to annealing heat treatment in selected areas. This annealing process will create a mandrel that has repeated temper properties along its length. Torque applied at one end of this mandrel is transmitted to the opposite end in an even and controlled manner, even when the mandrel is formed into a loop.

In accordance with another aspect of the invention, the treated sections are subjected to an annealing process, while the untreated sections are normally tempered. The untreated sections may be longer than the treated sections. In one embodiment, the treated sections are all approximately the same length.

BRIEF DESCRIPTION OF THE DRAWINGS

The foregoing aspects and many of the attendant advantages of this invention will become more readily appreciated as the same become better understood by reference to the

following detailed description, when taken in conjunction with the accompanying drawings, wherein:

FIG. 1 is a side view of a prior art polymer medical guidewire;

FIG. 2 is a schematic of the prior art guidewire of FIG. 1, as being delivered into a patient;

FIGS. 3A and 3B are expanded views of the prior art guidewire of FIG. 2 illustrating torquing of the proximal end and rotation of the distal end; and

FIG. 4 is a side view of a guidewire that has been subjected to heat treatments in selected areas in accordance with the present invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

Low carbon alloy steel, such as stainless steel, has strength and hardness imparted through drawing or extrusion. This hardness is an ideal quality for guidewires as they can be torqued effectively over a long length. A guidewire made from this material is very cost effective as compared to a wire made from elastic alloys such as nitinol. An important factor is the ability of the wire to track and thus create a mechanical pathway through a portion of the human anatomy in order to allow a physician to direct other devices such as catheters to a precise location.

The ability to track is related to a combination of both pushing and rotating the guidewire. Often placed in a tortuous path, a guidewire cannot effectively transmit torque from the proximal to the distal end in a 1:1 ratio. As the proximal end is rotated, the torsion is stored as energy in the end of the guidewire proximal to the tortuous path. When the threshold is reached where the stored energy overcomes the resistance of the tortuous path, whipping of the distal tip of the guidewire will occur. As a result, accurate placement of the guidewire is difficult.

FIG. 4 is a side view of a guidewire 100 that is formed in accordance with the present invention. The guidewire 100 has been subjected to selective area annealing. More specifically, localized sections 112a, 114a, 116a, and 118a have been subjected to selected area annealing. The sections 112b, 114b, 116b, and 118b are untreated (normally tempered) sections.

As noted above, the use of stainless steel as the material is a cost-effective choice for the guidewire 100. In one embodiment, the guidewire 100 comprises an elongated stainless steel element with a length of 220 cm and an outer diameter of 0.018 inches. The stainless steel guidewire 100 is provided with a tapered distal tip. The taper, as in most guidewires, increases the flexibility at the distal end. To improve the ability to push the guidewire 100, the middle and proximal sections are greater in diameter than the distal end. As described above, the middle section may be severely turned as it passes through the aortic arch into the carotid arteries. A curve in the guidewire 100 would be an area where effective torque transmission could be hampered, and which could cause the distal tip to whip upon attempted rotation of the guidewire 100. In this instance, a more ductile middle section that is formed in accordance with the present invention will aid in torque transmission without whipping.

As an example embodiment, in an experiment a guidewire 100 was formed by creating a repeating pattern of 1 cm heat treated (annealed) sections (e.g., 112a, 114a, 116a, 118a) followed by 2 cm untreated (normally tempered) sections (e.g., 112b, 114b, 116b, 118b). These sections were produced working 20 cm from the proximal end of a 150 cm long, 0.16" diameter stainless steel shaft guidewire 100. In the experi-

ment, to form the guidewire 100 a hydrogen gas generator was fitted with a torch tip that produced a flame 0.030" in diameter and approximately 0.200" long. The annealing temperature for stainless steel is approximately 1200 degrees Fahrenheit. In the experiment, the stainless steel was heated with the hydrogen gas torch until it just changed from a dark red color to a bright red color. In order to create very localized sections, a short annealing time was applied to the 1 cm sections (e.g., 112a, 114a, 116a, 118a). The short annealing time comprised raising each of the sections from room temperature to above 1,280 degrees Fahrenheit over approximately 10 seconds. Heat sinks 110 (shown diagrammatically in FIG. 4 with broken lines) were used to protect the untreated sections (e.g., 112b, 114b, 116b, 118b). Time as well as heat is important for proper annealing so the heat was allowed to rise above the 1280 degree Fahrenheit mark briefly to compensate for time. The process was followed by a quick quench. Once the guidewire 100 was formed according to this process, it was tested in a looped environment and there was a substantial reduction in whipping for the guidewire 100 as compared with an untreated guidewire of the same material. In other words, upon rotation at the proximal end, a substantial reduction in whipping at the distal end was apparent for the guidewire 100 as compared to an untreated guidewire of the same material.

In actual production, in one embodiment a guidewire 100 may be produced by utilizing RF generation and induction coil heating to achieve selective annealing. Induction heating at precise local areas and for a specific time restores ductility to the heat-treated areas while the hardness of the untreated areas is not compromised. An automated system may be used to control atmosphere, movement, temperature, duration and post process actions such as quenching.

While the preferred embodiment of the invention has been illustrated and described, it will be appreciated that various changes can be made therein without departing from the spirit and scope of the invention. For example, the guidewire may be further coated with materials such as silicone or hydrophilic coatings. In addition, a coiled platinum spring may be provided at the distal end to aid in the flexibility. The guidewire may comprise either a tapered wire from the proximal end to the distal tip, or a straight wire from the proximal end to the distal tip, or any combination thereof. Furthermore, a stainless steel wire base tensile strength can be varied to fit applications where more or less flexibility is required. In addition, a guidewire torque device may be provided to assist with the rotation of the guidewire. Many types of guidewires may benefit from the disclosed method of production, such as neuro/coronary/peripheral vascular guidewires. Other applications include devices such as catheters and driveshafts, as well as other instruments that use shafts which require rotation, such as retrieval baskets and snares. The selective annealing procedure may also aid in the flexibility of devices such as stents, where variable stiffness could aid placement in tortuous anatomy. Various types of metals and materials may be utilized, being either round or non-round, that can be subjected to annealing or tempering.

The embodiments of the invention in which an exclusive property or privilege is claimed are defined as follows:

1. A method for treating an elongated metallic medical instrument, comprising:

subjecting a plurality of selected sections of the medical instrument to a heat treating process so as to alter the torque characteristics of the plurality of selected sections, the plurality of selected sections of the medical instrument being adjacent to and separated from one

5

another by a plurality of unselected sections that are not subjected to the heat treating process;

wherein the heat treating process includes localized annealing.

2. The method of claim 1, wherein the medical instrument is formed of stainless steel and the heat treating process raises the temperature of the plurality of selected sections above approximately 1200° F.

3. The method of claim 2, wherein the temperature of the plurality of selected sections is raised above approximately 1200° F. over a period of time of about 10 seconds.

4. The method of claim 1, wherein the plurality of unselected sections that are not subjected to the heat treating process are protected from the heat treating process.

6

5. The method of claim 4, wherein the plurality of unselected sections are protected from the heat treating process by heat sinks.

5 6. The method of claim 1, wherein the heat treating process is followed by a quenching process.

7. The method of claim 1, wherein each of the sections in the plurality of selected sections is approximately the same length.

10 8. The method of claim 1, wherein the heat treating process includes heating the plurality of selected sections with a gas torch.

9. The method of claim 1, wherein the plurality of selected sections and the plurality of unselected sections cooperate to form a repeating pattern along a length of the medical instrument.

* * * * *

专利名称(译)	具有受控扭矩传递的医疗仪器		
公开(公告)号	US8292829	公开(公告)日	2012-10-23
申请号	US12/835541	申请日	2010-07-13
[标]申请(专利权)人(译)	波士顿科学西美德公司		
申请(专利权)人(译)	BOSTON SCIENTIFIC SCIMED , INC.		
当前申请(专利权)人(译)	BOSTON SCIENTIFIC SCIMED , INC.		
[标]发明人	GRIEGO JOHN A WESTSTRATE PATRICE A		
发明人	GRIEGO, JOHN A. WESTSTRATE, PATRICE A.		
IPC分类号	A61M25/00 A61B5/00 A61M25/01 A61M25/16		
CPC分类号	A61M25/09 A61M25/09033 A61M2025/09108 Y10T29/49 A61M2025/09175		
其他公开文献	US20100280415A1		
外部链接	Espacenet USPTO		

摘要(译)

一种医疗器械，例如导丝，其设计成沿其长度具有受控的扭矩传递。经特殊处理的区域沿着医疗器械的细长轴的整个长度放置在选定的和相等的区域中，并且通过未处理的区域彼此分开。该过程确保无论导丝位置如何都以平滑的方式向远侧传递任何扭矩，从而导致搅打的显著减少。在一个实施例中，使用不锈钢导丝，并在选定区域进行退火热处理。该退火过程产生了沿其长度具有重复回火特性的心轴。在该心轴的一端施加的扭矩以均匀且受控的方式传递到相对端，即使心轴形成环。

