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- (54) **EXTENDED WEAR ELECTROCARDIOGRAPHY PATCH WITH WIRE CONTACT SURFACES**
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- (56) **References Cited**
U.S. PATENT DOCUMENTS
- 3,215,136 A 11/1965 Holter et al.
- 3,569,852 A 3/1971 Berkovits
- (Continued)

- FOREIGN PATENT DOCUMENTS
- DE 19955211 5/2001
- EP 1859833 11/2007
- (Continued)

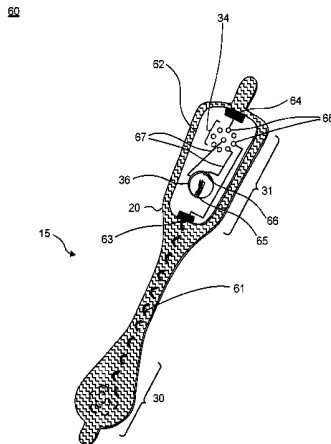
- OTHER PUBLICATIONS
- Alivecor, URL <<http://www.businesswire.com/news/home/20121203005545/en/AliveCor%E2%80%99s-Heart-Monitor-iPhone-Receives-FDA-Clearance#U7rtq7FVTyF>> (Dec. 3, 2012).
- (Continued)

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- (52) **U.S. Cl.**
CPC *A61B 5/04085* (2013.01); *A61B 5/0408* (2013.01); *A61B 5/6823* (2013.01); (Continued)
- (58) **Field of Classification Search**
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(57) **ABSTRACT**
 Physiological monitoring can be provided through a wearable monitor that includes a flexible extended wear electrode patch and a removable reusable monitor recorder. A pair of flexile wires is interlaced or sewn into a flexible backing, serving as electrode signal pickup and electrode circuit traces. The wearable monitor sits centrally on the patient's chest along the sternum, which significantly improves the ability to sense cutaneously cardiac electric signals, particularly those generated by the atrium. The electrode patch is shaped to fit comfortably and conformal to the contours of the chest approximately centered on the sternal midline. To counter the dislodgment due to compressional and torsional forces, non-irritating adhesive is provided on the underside, or contact, surface of the electrode patch, but only on the distal and proximal ends. Interlacing or sewing the flexile wires into the flexile backing also provides structural sup-
 (Continued)



port and malleability against compressional, tensile and torsional forces.

20 Claims, 9 Drawing Sheets

Related U.S. Application Data

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See application file for complete search history.

(56) References Cited

U.S. PATENT DOCUMENTS

3,699,948 A	10/1972	Ota et al.	5,697,955 A	12/1997	Stolte
3,893,453 A	7/1975	Goldberg	5,749,902 A	5/1998	Olsen et al.
4,123,785 A	10/1978	Cherry et al.	5,788,633 A	8/1998	Mahoney
4,328,814 A	5/1982	Arkans	5,817,151 A	10/1998	Olsen et al.
4,441,500 A	4/1984	Sessions et al.	5,819,741 A	10/1998	Karlsson et al.
4,532,934 A	8/1985	Kelen	5,850,920 A	12/1998	Gilman et al.
4,546,342 A	10/1985	Weaver et al.	D407,159 S	3/1999	Roberg
4,550,502 A	11/1985	Grayzel	5,876,351 A	3/1999	Rohde
4,580,572 A	4/1986	Granek et al.	5,906,583 A	5/1999	Rogel
4,635,646 A	1/1987	Gilles et al.	5,951,598 A	9/1999	Bishay et al.
4,653,022 A	3/1987	Koro	5,957,857 A	9/1999	Hartley
4,716,903 A	1/1988	Hansen	5,984,102 A	11/1999	Tay
4,809,705 A	3/1989	Ascher	6,032,064 A	2/2000	Devlin et al.
4,915,656 A	4/1990	Alferness	6,038,469 A	3/2000	Karlsson et al.
5,007,429 A	4/1991	Treatch et al.	6,101,413 A	8/2000	Olsen et al.
5,025,794 A	6/1991	Albert et al.	6,115,638 A	9/2000	Groenke
5,107,480 A	4/1992	Naus	6,117,077 A	9/2000	Del Mar et al.
5,168,876 A	12/1992	Quedens et al.	6,134,479 A	10/2000	Brewer et al.
5,215,098 A	6/1993	Steinhaus	6,148,233 A	11/2000	Owen et al.
D341,423 S	11/1993	Bible	6,149,602 A	11/2000	Arcelus
5,265,579 A	11/1993	Ferrari	6,149,781 A	11/2000	Forand
5,333,615 A	8/1994	Craelius et al.	6,188,407 B1	2/2001	Smith et al.
5,341,806 A	8/1994	Gadsby et al.	D443,063 S	5/2001	Pisani et al.
5,355,891 A	10/1994	Wateridge et al.	6,245,025 B1	6/2001	Torok et al.
5,365,934 A	11/1994	Leon et al.	6,246,330 B1	6/2001	Nielsen
5,365,935 A	11/1994	Righter et al.	6,249,696 B1	6/2001	Olson et al.
5,392,784 A	2/1995	Gudaitis	D445,507 S	7/2001	Pisani et al.
D357,069 S	4/1995	Plahn et al.	6,269,267 B1	7/2001	Bardy et al.
5,402,780 A	4/1995	Faasse, Jr.	6,272,385 B1	8/2001	Bishay et al.
5,402,884 A	4/1995	Gilman et al.	6,298,255 B1	10/2001	Cordero et al.
5,450,845 A	9/1995	Axelgaard	6,301,502 B1	10/2001	Owen et al.
5,458,141 A	10/1995	Neil	6,304,773 B1	10/2001	Taylor et al.
5,473,537 A	12/1995	Glazer et al.	6,304,780 B1	10/2001	Owen et al.
5,483,969 A	1/1996	Testerman et al.	6,304,783 B1	10/2001	Lyster et al.
5,511,553 A	4/1996	Segalowitz	6,374,138 B1	4/2002	Owen et al.
5,540,733 A	7/1996	Testerman et al.	6,381,482 B1 *	4/2002	Jayaraman A61B 5/6805 600/388
5,546,952 A	8/1996	Erickson	6,416,471 B1	7/2002	Kumar et al.
5,549,655 A	8/1996	Erickson	6,418,342 B1	7/2002	Owen et al.
5,579,919 A	12/1996	Gilman et al.	6,424,860 B1	7/2002	Karlsson et al.
5,582,181 A	12/1996	Ruess	6,427,083 B1	7/2002	Owen et al.
D377,983 S	2/1997	Sabri et al.	6,456,872 B1	7/2002	Faisandier
5,601,089 A	2/1997	Bledsoe et al.	6,454,708 B1	9/2002	Ferguson et al.
5,623,935 A	4/1997	Faisandier	6,463,320 B1	10/2002	Xue et al.
5,682,901 A	11/1997	Kamen	6,546,285 B1	4/2003	Owen et al.
			6,605,046 B1	8/2003	Del Mar
			6,607,485 B2	8/2003	Bardy
			6,611,705 B2	8/2003	Hopman et al.
			6,671,545 B2	12/2003	Fincke
			6,671,547 B2	12/2003	Lyster et al.
			6,694,186 B2	2/2004	Bardy
			6,704,595 B2	3/2004	Bardy
			6,705,991 B2	3/2004	Bardy
			6,719,701 B2	4/2004	Lade
			6,754,523 B2	6/2004	Toole
			6,782,293 B2	8/2004	Dupelle et al.
			6,856,832 B1	2/2005	Matsumura
			6,860,897 B2	3/2005	Bardy
			6,866,629 B2	3/2005	Bardy
			6,887,201 B2	5/2005	Bardy
			6,893,397 B2	5/2005	Bardy
			6,904,312 B2	6/2005	Bardy
			6,908,431 B2	6/2005	Bardy
			6,913,577 B2	7/2005	Bardy
			6,944,498 B2	9/2005	Owen et al.
			6,960,167 B2	11/2005	Bardy
			6,970,731 B1	11/2005	Jayaraman et al.
			6,978,169 B1	12/2005	Guerra
			6,993,377 B2	1/2006	Flick et al.
			7,020,508 B2	3/2006	Stivoric et al.
			7,027,864 B2	4/2006	Snyder et al.
			7,065,401 B2	6/2006	Worden
			7,085,601 B1	8/2006	Bardy et al.
			7,104,955 B2	9/2006	Bardy
			7,134,996 B2	11/2006	Bardy
			7,137,389 B2	11/2006	Berthon-Jones
			7,147,600 B2	12/2006	Bardy
			7,215,991 B2	5/2007	Besson et al.
			7,248,916 B2	7/2007	Bardy

(56)		References Cited						
				9,730,593	B2 *	8/2017	Felix	A61B 5/02055
				9,775,536	B2 *	10/2017	Felix	A61B 5/04087
		U.S. PATENT DOCUMENTS		2002/0013538	A1	1/2002	Teller	
				2002/0013717	A1	1/2002	Ando et al.	
7,257,438	B2	8/2007	Kinast	2002/0016798	A1	2/2002	Sakai et al.	
7,277,752	B2	10/2007	Matos	2002/0103422	A1	8/2002	Harder et al.	
D558,882	S	1/2008	Brady	2002/0109621	A1	8/2002	Khair et al.	
7,328,061	B2	2/2008	Rowlandson et al.	2002/0120310	A1	8/2002	Linden et al.	
7,412,395	B2	8/2008	Rowlandson et al.	2002/0128686	A1 *	9/2002	Minogue	A61N 1/321
7,429,938	B1	9/2008	Corndorf					607/2
7,552,031	B2	6/2009	Vock et al.	2002/0184055	A1	12/2002	Naghavi et al.	
D606,656	S	12/2009	Kobayashi et al.	2002/0193668	A1	12/2002	Munneke	
7,706,870	B2	4/2010	Shieh et al.	2003/0004547	A1	1/2003	Owen et al.	
7,756,721	B1	7/2010	Falchuk et al.	2003/0073916	A1	4/2003	Yonce	
7,787,943	B2	8/2010	McDonough	2003/0083559	A1	5/2003	Thompson	
7,874,993	B2	1/2011	Bardy	2003/0097078	A1	5/2003	Maeda	
7,881,785	B2	2/2011	Nassif et al.	2003/0139785	A1	7/2003	Riff et al.	
D639,437	S	6/2011	Bishay et al.	2003/0176802	A1	9/2003	Galen et al.	
7,959,574	B2	6/2011	Bardy	2003/0211797	A1	11/2003	Hill et al.	
8,116,841	B2	2/2012	Bly et al.	2004/0008123	A1	1/2004	Carrender	
8,150,502	B2	4/2012	Kumar et al.	2004/0019288	A1	1/2004	Kinast	
8,160,682	B2	4/2012	Kumar et al.	2004/0034284	A1	2/2004	Aversano et al.	
8,172,761	B1	5/2012	Rulkov et al.	2004/0049132	A1	3/2004	Barron et al.	
8,180,425	B2	5/2012	Selvitelli et al.	2004/0073127	A1	4/2004	Istvan et al.	
8,200,320	B2	6/2012	Kovacs	2004/0087836	A1	5/2004	Green et al.	
8,231,539	B2	7/2012	Bardy	2004/0088019	A1	5/2004	Rueter et al.	
8,231,540	B2	7/2012	Bardy	2004/0093192	A1	5/2004	Hasson et al.	
8,239,012	B2	8/2012	Felix et al.	2004/0148194	A1	7/2004	Wellons et al.	
8,249,686	B2	8/2012	Libbus et al.	2004/0163034	A1	8/2004	Colbath et al.	
8,260,414	B2	9/2012	Massif et al.	2004/0207530	A1	10/2004	Nielsen	
8,266,008	B1	9/2012	Siegal et al.	2004/0236202	A1	11/2004	Burton	
8,277,378	B2	10/2012	Bardy	2004/0243435	A1	12/2004	Williams	
8,285,356	B2	10/2012	Bly et al.	2004/0256453	A1	12/2004	Lammle	
8,285,370	B2	10/2012	Felix et al.	2004/0260188	A1	12/2004	Syed et al.	
8,308,650	B2	11/2012	Bardy	2004/0260192	A1	12/2004	Yamamoto	
8,366,629	B2	2/2013	Bardy	2005/0096717	A1	5/2005	Bishay et al.	
8,374,688	B2	2/2013	Libbus et al.	2005/0108055	A1	5/2005	Ott et al.	
8,412,317	B2	4/2013	Mazar	2005/0154267	A1	7/2005	Bardy	
8,460,189	B2	6/2013	Libbus et al.	2005/0182308	A1	8/2005	Bardy	
8,473,047	B2	6/2013	Chakravarthy et al.	2005/0182309	A1	8/2005	Bardy	
8,478,418	B2	7/2013	Fahey	2005/0215918	A1	9/2005	Frantz et al.	
8,554,311	B2	10/2013	Warner et al.	2005/0222513	A1	10/2005	Hadley et al.	
8,591,430	B2	11/2013	Amurthur et al.	2005/0228243	A1	10/2005	Bardy	
8,594,763	B1	11/2013	Bibian et al.	2005/0245839	A1	11/2005	Stivoric et al.	
8,600,486	B2	12/2013	Kaib et al.	2006/0025696	A1	2/2006	Kurzweil et al.	
8,613,708	B2	12/2013	Bishay et al.	2006/0025824	A1	2/2006	Freeman et al.	
8,613,709	B2	12/2013	Bishay et al.	2006/0030767	A1	2/2006	Lang et al.	
8,620,418	B1	12/2013	Kuppuraj et al.	2006/0041201	A1	2/2006	Behbehani et al.	
8,626,277	B2	1/2014	Felix et al.	2006/0122469	A1	6/2006	Martel	
8,628,020	B2	1/2014	Beck	2006/0124193	A1	6/2006	Orr et al.	
8,668,653	B2	3/2014	Nagata et al.	2006/0224072	A1	10/2006	Shennib	
8,684,925	B2	4/2014	Manicka et al.	2006/0235320	A1	10/2006	Tan et al.	
8,688,190	B2	4/2014	Libbus et al.	2006/0253006	A1	11/2006	Bardy	
8,718,752	B2	5/2014	Libbus et al.	2006/0264730	A1	11/2006	Stivoric et al.	
8,744,561	B2	6/2014	Fahey	2006/0264767	A1	11/2006	Shennib	
8,774,932	B2	7/2014	Fahey	2007/0003115	A1	1/2007	Patton et al.	
8,790,257	B2	7/2014	Libbus et al.	2007/0038057	A1	2/2007	Nam et al.	
8,790,259	B2	7/2014	Katra et al.	2007/0050209	A1	3/2007	Yered	
8,795,174	B2	8/2014	Manicka et al.	2007/0078324	A1	4/2007	Wijisiriwardana	
8,798,729	B2	8/2014	Kaib et al.	2007/0078354	A1	4/2007	Holland	
8,798,734	B2	8/2014	Kuppuraj et al.	2007/0089800	A1 *	4/2007	Sharma	D02G 3/441
8,818,478	B2	8/2014	Scheffler et al.					139/388
8,818,481	B2	8/2014	Bly et al.	2007/0093719	A1	4/2007	Nichols, Jr. et al.	
8,823,490	B2	9/2014	Libbus et al.	2007/0100248	A1	5/2007	Van Dam et al.	
8,903,484	B2	12/2014	Mazar	2007/0100667	A1	5/2007	Bardy	
8,938,287	B2	1/2015	Felix et al.	2007/0111753	A1 *	5/2007	Vock	A43B 3/0005
8,965,492	B2	2/2015	Baker et al.					455/552.1
9,066,664	B2	6/2015	Karjalainen	2007/0123801	A1	5/2007	Goldberger et al.	
9,119,594	B2 *	9/2015	Oleson	2007/0131595	A1	6/2007	Jansson et al.	
9,155,484	B2	10/2015	Baker et al.	2007/0136091	A1	6/2007	McTaggart	
9,204,813	B2	12/2015	Kaib et al.	2007/0179357	A1	8/2007	Bardy	
9,277,864	B2	3/2016	Yang et al.	2007/0185390	A1	8/2007	Perkins et al.	
9,339,202	B2	5/2016	Brockway et al.	2007/0203415	A1	8/2007	Bardy	
9,439,566	B2	9/2016	Arne et al.	2007/0203423	A1	8/2007	Bardy	
9,545,204	B2 *	1/2017	Bishay	2007/0208232	A1	9/2007	Kovacs	
9,655,537	B2 *	5/2017	Bardy	2007/0208233	A1	9/2007	Kovacs	
9,700,227	B2 *	7/2017	Bishay	2007/0208266	A1	9/2007	Hadley	
9,717,432	B2 *	8/2017	Felix	2007/0225611	A1	9/2007	Kumar et al.	
9,717,433	B2 *	8/2017	Felix	2007/0244405	A1	10/2007	Xue et al.	

(56)		References Cited			
U.S. PATENT DOCUMENTS					
2007/0265510	A1	11/2007	Bardy	2011/0160548	A1 6/2011 Forster
2007/0276270	A1	11/2007	Tran	2011/0224564	A1 9/2011 Moon et al.
2007/0276275	A1	11/2007	Proctor et al.	2011/0237922	A1 9/2011 Parker, III et al.
2007/0293738	A1	12/2007	Bardy	2011/0237924	A1 9/2011 McGusty et al.
2007/0293739	A1	12/2007	Bardy	2011/0245699	A1 10/2011 Snell et al.
2007/0293740	A1	12/2007	Bardy	2011/0245711	A1 10/2011 Katra et al.
2007/0293741	A1	12/2007	Bardy	2011/0288605	A1 11/2011 Kaib et al.
2007/0293772	A1	12/2007	Bardy	2012/0003933	A1 1/2012 Baker et al.
2007/0299325	A1	12/2007	Farrell et al.	2012/0029306	A1 2/2012 Paquet et al.
2007/0299617	A1	12/2007	Willis	2012/0029315	A1 2/2012 Raptis et al.
2008/0027339	A1	1/2008	Nagai et al.	2012/0029316	A1 2/2012 Raptis et al.
2008/0051668	A1	2/2008	Bardy	2012/0035432	A1 2/2012 Katra et al.
2008/0058661	A1	3/2008	Bardy	2012/0078127	A1* 3/2012 McDonald A61B 5/11 600/508
2008/0091097	A1	4/2008	Linti et al.	2012/0088998	A1 4/2012 Bardy et al.
2008/0108890	A1*	5/2008	Teng A61B 5/04087 600/372	2012/0088999	A1 4/2012 Bishay et al.
2008/0114232	A1	5/2008	Gazit	2012/0089000	A1 4/2012 Bishay et al.
2008/0139953	A1*	6/2008	Baker A61B 5/0006 600/509	2012/0089001	A1 4/2012 Bishay et al.
2008/0143080	A1	6/2008	Burr	2012/0089037	A1 4/2012 Bishay et al.
2008/0177168	A1	7/2008	Callahan et al.	2012/0089412	A1 4/2012 Bardy et al.
2008/0194927	A1	8/2008	KenKnight et al.	2012/0089417	A1 4/2012 Bardy et al.
2008/0208009	A1	8/2008	Shklarski	2012/0095352	A1 4/2012 Tran
2008/0208014	A1	8/2008	KenKnight et al.	2012/0101358	A1 4/2012 Boettcher et al.
2008/0284599	A1	11/2008	Zdeblick et al.	2012/0101396	A1 4/2012 Solosko et al.
2008/0288026	A1	11/2008	Cross et al.	2012/0165645	A1 6/2012 Russel et al.
2008/0294024	A1	11/2008	Cosentino et al.	2012/0306662	A1 6/2012 Vosch et al.
2008/0306359	A1	12/2008	Zdeblick et al.	2012/0172695	A1 7/2012 Ko et al.
2008/0312522	A1	12/2008	Rowlandson	2012/0238910	A1 9/2012 Nordstrom
2009/0012979	A1	1/2009	Bateni et al.	2012/0246795	A1* 10/2012 Scheffler A41D 1/002 2/69
2009/0054952	A1	2/2009	Glukhovskiy et al.	2012/0302906	A1 11/2012 Felix et al.
2009/0062897	A1	3/2009	Axelgaard	2012/0330126	A1* 12/2012 Hoppe A61B 5/0002 600/391
2009/0069867	A1	3/2009	KenKnight et al.	2013/0041272	A1 2/2013 Javier et al.
2009/0073991	A1	3/2009	Landrum et al.	2013/0077263	A1* 3/2013 Oleson A61B 5/6804 361/747
2009/0076336	A1	3/2009	Mazar et al.	2013/0079611	A1 3/2013 Besko
2009/0076341	A1	3/2009	James et al.	2013/0085347	A1 4/2013 Manicka et al.
2009/0076342	A1	3/2009	Amurthur et al.	2013/0085403	A1 4/2013 Gunderson et al.
2009/0076343	A1	3/2009	James et al.	2013/0096395	A1 4/2013 Katra et al.
2009/0076346	A1	3/2009	James et al.	2013/0116533	A1 5/2013 Lian et al.
2009/0076349	A1	3/2009	Libbus et al.	2013/0123651	A1 5/2013 Bardy
2009/0076397	A1	3/2009	Libbus et al.	2013/0158361	A1 6/2013 Bardy
2009/0076401	A1	3/2009	Mazar et al.	2013/0197380	A1 8/2013 Oral et al.
2009/0076559	A1	3/2009	Libbus et al.	2013/0225963	A1 8/2013 Kodandaramaiah et al.
2009/0088652	A1	4/2009	Tremblay	2013/0225966	A1 8/2013 Macia Barber et al.
2009/0112116	A1	4/2009	Lee et al.	2013/0243105	A1 9/2013 Lei et al.
2009/0131759	A1	5/2009	Sims et al.	2013/0274584	A1 10/2013 Finlay et al.
2009/0156908	A1	6/2009	Belalcazar et al.	2013/0275158	A1 10/2013 Fahey
2009/0216132	A1	8/2009	Orbach	2013/0324809	A1 12/2013 Lisogurski et al.
2009/0270708	A1	10/2009	Shen et al.	2013/0324855	A1 12/2013 Lisogurski et al.
2009/0270747	A1	10/2009	Van Dam et al.	2013/0324856	A1 12/2013 Lisogurski et al.
2009/0292194	A1	11/2009	Libbus et al.	2013/0325359	A1 12/2013 Jarverud et al.
2010/0007413	A1	1/2010	Herleikson et al.	2013/0331665	A1 12/2013 Libbus et al.
2010/0022897	A1	1/2010	Parker et al.	2013/0338448	A1 12/2013 Libbus et al.
2010/0056881	A1	3/2010	Libbus et al.	2013/0338472	A1 12/2013 Macia Barber et al.
2010/0081913	A1	4/2010	Cross et al.	2014/0056452	A1 2/2014 Moss et al.
2010/0174229	A1	7/2010	Hsu et al.	2014/0140359	A1 5/2014 Kalevo et al.
2010/0177100	A1	7/2010	Carnes et al.	2014/0180027	A1 6/2014 Buller
2010/0185063	A1	7/2010	Bardy	2014/0189928	A1 7/2014 Oleson et al.
2010/0185076	A1	7/2010	Jeong et al.	2014/0206977	A1 7/2014 Bahney et al.
2010/0191154	A1	7/2010	Berger et al.	2014/0215246	A1 7/2014 Lee et al.
2010/0191310	A1	7/2010	Bly	2014/0249852	A1 9/2014 Proud
2010/0223020	A1	9/2010	Goetz	2014/0296651	A1 10/2014 Stone
2010/0234715	A1	9/2010	Shin et al.	2014/0358193	A1 12/2014 Lyons et al.
2010/0234716	A1	9/2010	Engel	2014/0364756	A1 12/2014 Brockway et al.
2010/0280366	A1	11/2010	Arne et al.	2015/0048836	A1 2/2015 Guthrie et al.
2010/0312188	A1	12/2010	Robertson et al.	2015/0165211	A1 6/2015 Naqvi et al.
2010/0324384	A1	12/2010	Moon et al.	2015/0177175	A1 6/2015 Elder et al.
2011/0021937	A1	1/2011	Hugh et al.	2015/0250422	A1 9/2015 Bay
2011/0054286	A1	3/2011	Crosby et al.	2015/0257670	A1 9/2015 Ortega et al.
2011/0060215	A1	3/2011	Tupin et al.	2015/0305676	A1 11/2015 Shoshani
2011/0066041	A1	3/2011	Pandia et al.	2015/0359489	A1 12/2015 Baudenbacher et al.
2011/0077497	A1*	3/2011	Oster A61B 5/0002 600/372		
2011/0105861	A1	5/2011	Derchak et al.		
2011/0144470	A1	6/2011	Mazar et al.		

(56) **References Cited**

U.S. PATENT DOCUMENTS

2016/0217691 A1 7/2016 Kadobayashi et al.
 2017/0319095 A1* 11/2017 Felix A61B 5/0006

FOREIGN PATENT DOCUMENTS

EP	2438851	4/2012
EP	2438852	4/2012
EP	2465415	6/2012
EP	2589333	5/2013
JP	H06319711	11/1994
JP	H11-188015	7/1999
JP	2004129788	4/2004
JP	2007082938	4/2007
JP	2009219554	10/2009
WO	00/78213	12/2000
WO	2003032192	4/2003
WO	2006009767	1/2006
WO	2006014806	2/2006
WO	2007066270	6/2007
WO	2007092543	8/2007
WO	2008010216	1/2008
WO	2008057884	5/2008
WO	2009036306	3/2009
WO	2009036313	3/2009
WO	2009036327	3/2009
WO	2009112976	9/2009
WO	2009112978	9/2009
WO	2009112979	9/2009
WO	2009142975	11/2009
WO	2010066507	6/2010
WO	2010105045	9/2010
WO	2011047207	4/2011
WO	2012140559	10/2012
WO	2012146957	11/2012

OTHER PUBLICATIONS

Bharadwaj et al., Techniques for Accurate ECG signal processing, *EE Times*, URL <www.eetimes.com/document.asp?doc_id=1278571> (Feb. 14, 2011).
 Chen et al. "Monitoring Body Temperature of Newborn Infants at Neonatal Intensive Care Units Using Wearable Sensors," *BodyNets 2010*, Corfu Island, Greece. Sep. 10-12, 1210.
 Epstein, Andrew E. et al.; ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities. *J. Am. Coll. Cardiol.* 2008; 51; e1-e62, 66 Pgs.
 Fitbit Tracker, URL <<http://www.fitbit.com/>> (Web page cached on Sep. 10, 2008.).
 Smith, Jawbone Up, URL <<http://www.businessinsider.com/fitbit-flex-vs-jawbone-up-2013-5?op=1>> (Jun. 1, 2013).
 Kligfield, Paul et al., Recommendations for the Standardization and Interpretation of the Electrocardiogram: Part I. *J. Am. Coll. Cardiol.* 2007; 49; 1109-27, 75 Pgs.
 Lauren Gravitz, "When Your Diet Needs a Band-Aid," *Technology Review*, MIT. (May 1, 2009).
 Lieberman, Jonathan, "How Telemedicine Is Aiding Prompt ECG Diagnosis in Primary Care," *British Journal of Community Nursing*, vol. 13, No. 3, Mar. 1, 2008 (Mar. 1, 2008), pp. 123-126, XP009155082, ISSN: 1462-4751.
 McManus et al., "A Novel Application for the Detection of an Irregular Pulse using an iPhone 4S in Patients with Atrial Fibrillation," vol. 10(3), pp. 315-319 (Mar. 2013.).
 Nike+ Fuel Band, URL <http://www.nike.com/us/en_us/c/nikeplus-fuelband> (Web page cached on Jan. 11, 2013.).
 P. Libby et al., "Braunwald's Heart Disease—A Textbook of Cardiovascular Medicine," Chs. 11, pp. 125-148 and 12, pp. 149-193 (8th ed. 2008), American Heart Association.
 Sittig et al., "A Computer-Based Outpatient Clinical Referral System," *International Journal of Medical Informatics*, Shannon, IR, vol. 55, No. 2, Aug. 1, 1999, pp. 149-158, XO004262434, ISSN: 1386-5056(99)00027-1.

Sleepview, URL <<http://www.clevemed.com/sleepview/overview.shtml>> (Web page cached on Sep. 4, 2013.).
 Actigraphy/ Circadian Rhythm SOMNOwatch, URL <<http://www.somnomedics.eu/news-events/publications/somnowatchtm.html>> (Web page cached on Jan. 23, 2010).
 Zio Event Card, URL <<http://www.irhythmtech.com/zio-solution/zio-event/>> (Web page cached on Mar. 11, 2013.).
 Zio Patch System, URL <<http://www.irhythmtech.com/zio-solution/zio-system/index.html>> (Web page cached on Sep. 8, 2013.).
 Saadi et al. "Heart Rhythm Analysis Using ECG Recorded With a Novel Sternum Based Patch Technology—A Pilot Study." *Cardio technix 2013—Proceedings of the International Congress on Cardiovascular Technologies*, Sep. 20, 2013.
 Anonymous. Omegawave Launches Consumer App 2.0 in U.S. "Endurance Sportswire—Endurance Sportswire." Jul. 11, 2013 URL: <http://endurancesportswire.com/omegawave-launches-consumer-app-2-0-in-u-s/>.
 Chan et al. "Wireless Patch Sensor for Remote Monitoring of Heart Rate, Respiration, Activity, and Falls." pp. 6115-6118. 2013 35th Annual International Conference of the IEEE Engineering in Medical and Biology Society. Jul. 1, 2013.
 Daoud et al. "Fall Detection Using Shimmer Technology and Multiresolution Analysis." Aug. 2, 2013. URL: <https://decibel.ni.com/content/docs/DOC-26652>.
 Libbus. "Adherent Cardiac Monitor With Wireless Fall Detection for Patients With Unexplained Syncope." Abstracts of the First AMA-IEEE Medical Technology Conference on Individualized Healthcare. May 22, 2010.
 Duttweiler et al., "Probability Estimation in Arithmetic and Adaptive-Huffman Entropy Coders," *IEEE Transactions on Image Processing*, vol. 4, No. 3, Mar. 1, 1995, pp. 237-246.
 Gupta et al., "An ECG Compression Technique for Telecardiology Application," *India Conference (INDICON), 2011 Annual IEEE*, Dec. 16, 2011, pp. 1-4.
 Nave et al., "ECG Compression Using Long-Term Prediction," *IEEE Transactions on Biomedical Engineering*, IEEE Service Center, NY, USA, vol. 40, No. 9, Sep. 1, 1993, pp. 877-885.
 Skretting et al., "Improved Huffman Coding Using Recursive Splitting," *NORSIG*, Jan. 1, 1999.
 A Voss et al., "Linear and Nonlinear Methods for Analyses of Cardiovascular Variability in Bipolar Disorders," *Bipolar Disorders*, vol. 8, No. 5p1, Oct. 1, 2006, pp. 441-452, XP55273826, DK ISSN: 1398-5647, DOI: 10.1111/i.1399-5618.2006.00364.x.
 Varicrad-Kardi Software User's Manual Rev. 1.1, Jul. 8, 2009 (Jul. 8, 2009), XP002757888, retrieved from the Internet: URL: <http://www.ehrlich.tv/KARDiVAR-Software.pdf> [retrieved on May 20, 2016].
<https://web.archive.org/web/20130831204020/http://www.biopac.com/research.asp?CatID=37&Main=Software> (Aug. 2013).
 ADInstruments: ECG Analysis Module for LabChart & PowerLab, 2008.
 BIOPAC Systems, Inc. #AS148—Automated ECG Analysis, Mar. 24, 2006.
 Seifert, Dan, Samsung dives into fitness wearable with the Gear Fit/ The Verge, URL <<http://www.theverge.com/2014/2/24/5440310/samsung-dives-into-fitness-wearables-with-the-gear-fit>> (Feb. 24, 2014).
 Soper, Taylor, Samsung's new Galaxy S5 flagship phone has fingerprint reader, heart rate monitor, URL <<http://www.geekwire.com/2014/samsung-galaxy-s5-fingerprint/>> (Feb. 24, 2014).
 Dolcourt, See the Samsung Galaxy S5's Heart rate monitor in action, URL <<http://www.cnet.com/news/see-the-samsung-galaxy-s5s-heart-rate-monitor-in-action/>> (Feb. 25, 2014).
 Vedapulse UK, Jan. 1, 2014 (Jan. 1, 2014), XP002757887, Retrieved from the Internet: URL: <http://www.vedapulseuk.com/diagnostic/> [retrieved on May 19, 2016].
<http://www.gtec.at/Products/Software/g.BSanalyze-Specs-Features> (2014).
 15 of the Hottest Wearable Gadgets, URL <<http://thehottestgadgets.com/2008/09/the-15-hottest-wearable-gadgets-001253>> (Web page cached on Sep. 27, 2008).

(56)

References Cited

OTHER PUBLICATIONS

Initial hands-on with Polar Loop activity tracker, URL <<http://www.drainmaker.com/2013/09/polar-loop-firstlook.html>> (Sep. 17, 2013).

* cited by examiner

Fig. 1.

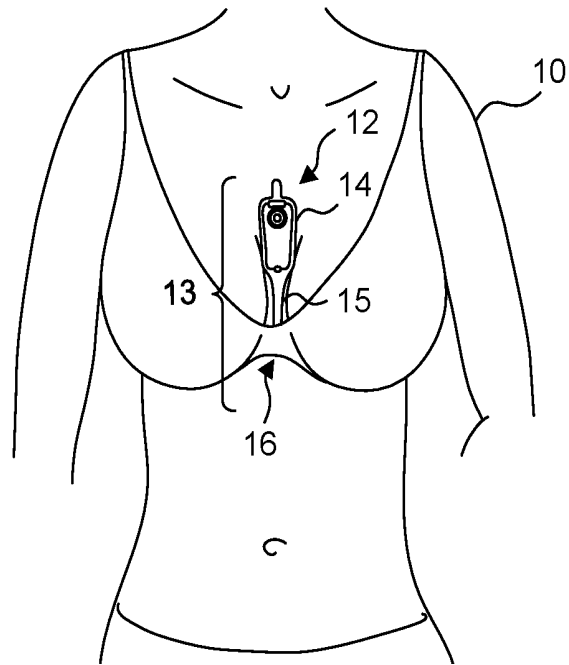


Fig. 2.

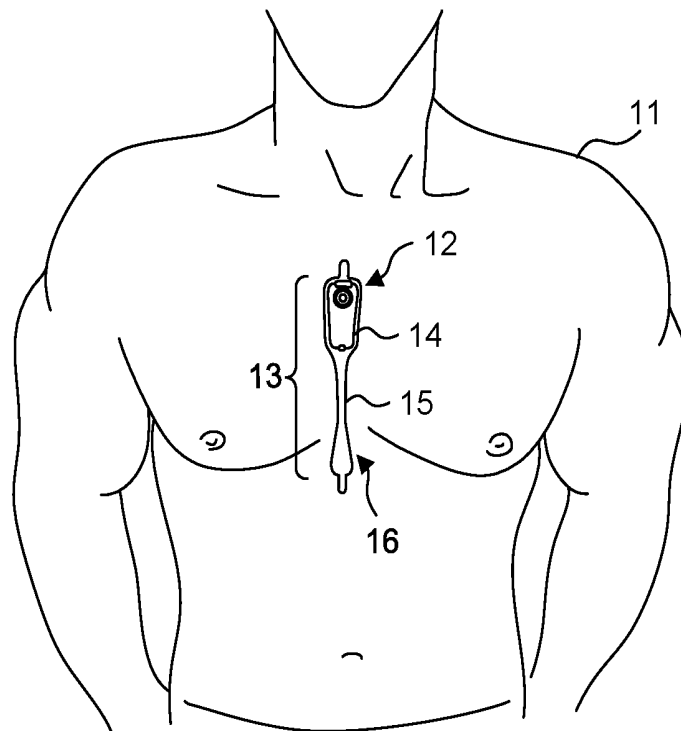


Fig. 3.

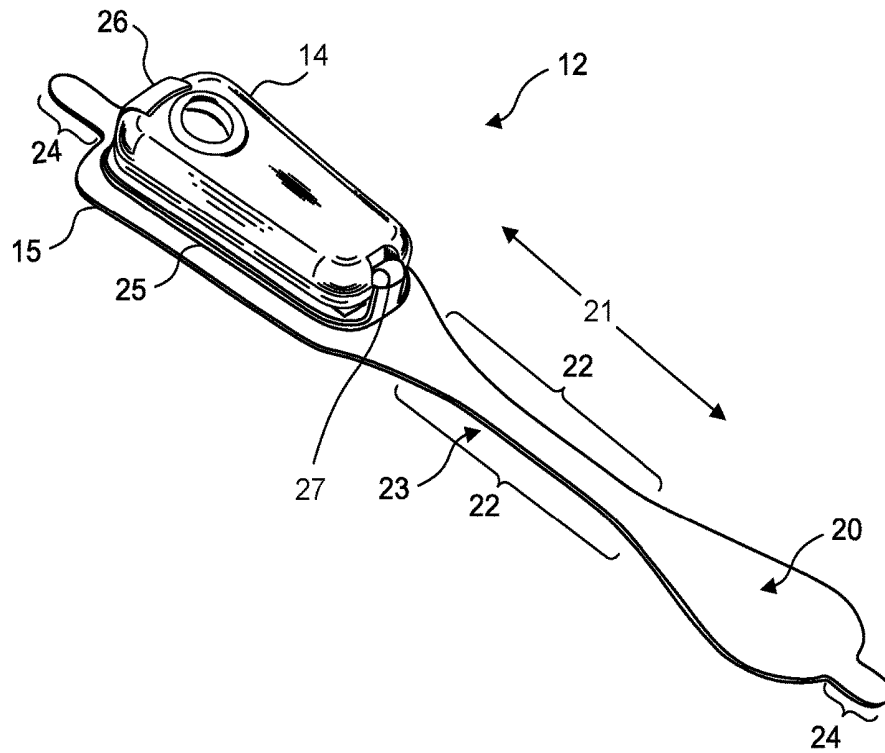


Fig. 4.

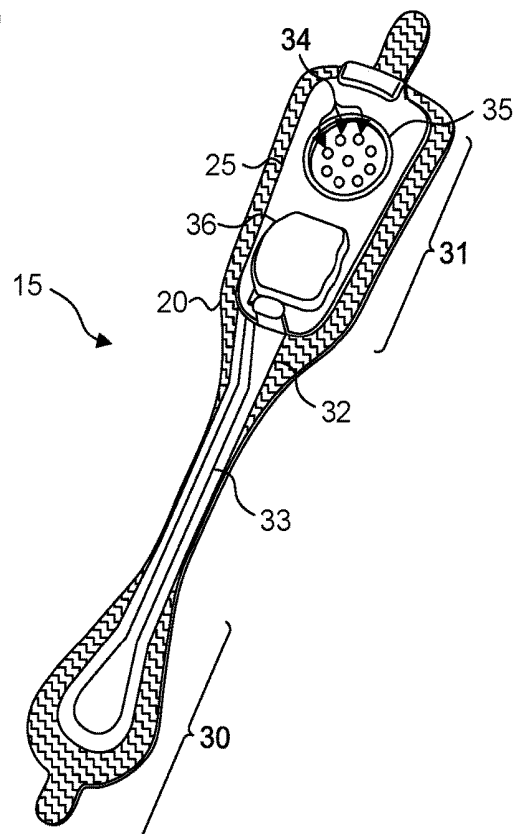


Fig. 5.

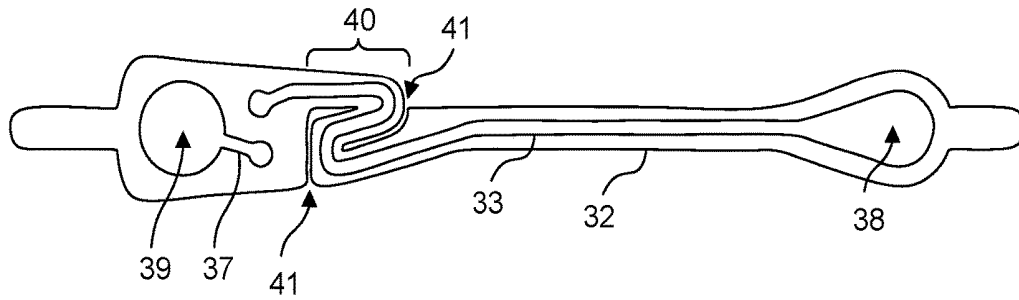


Fig. 6.

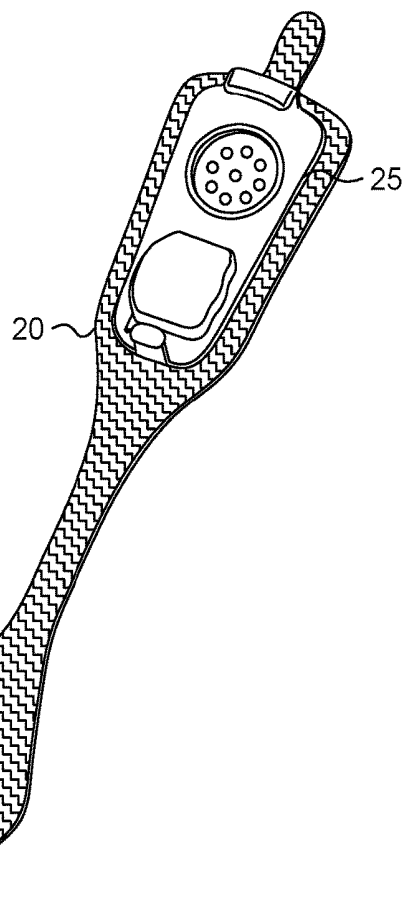


Fig. 7.

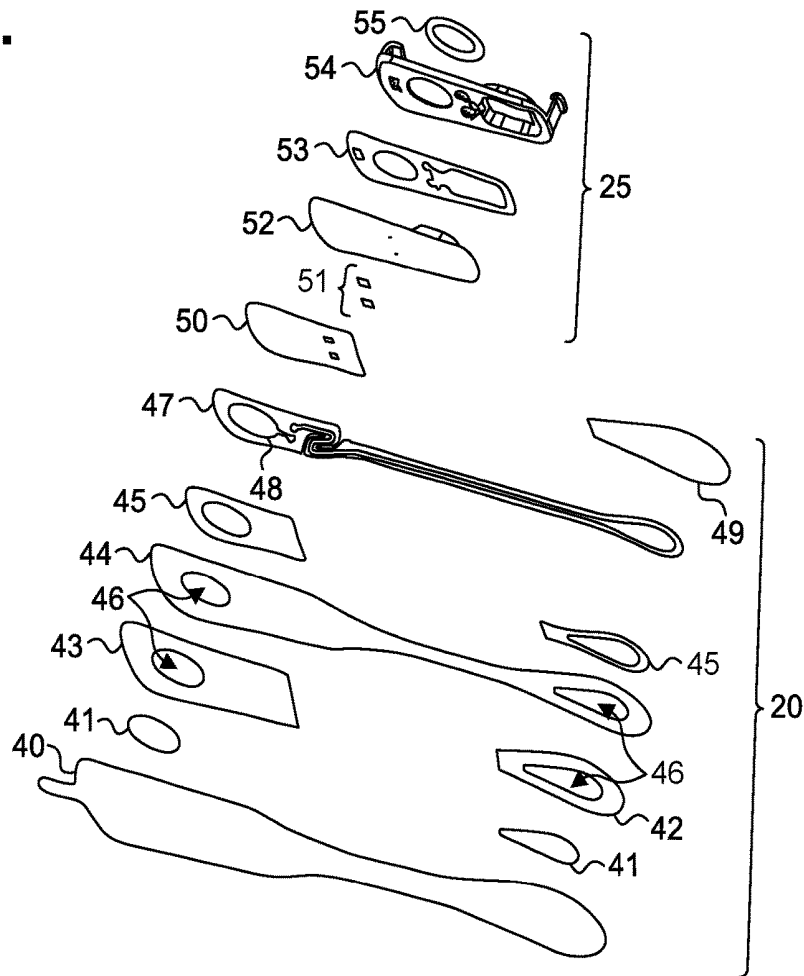


Fig. 8.

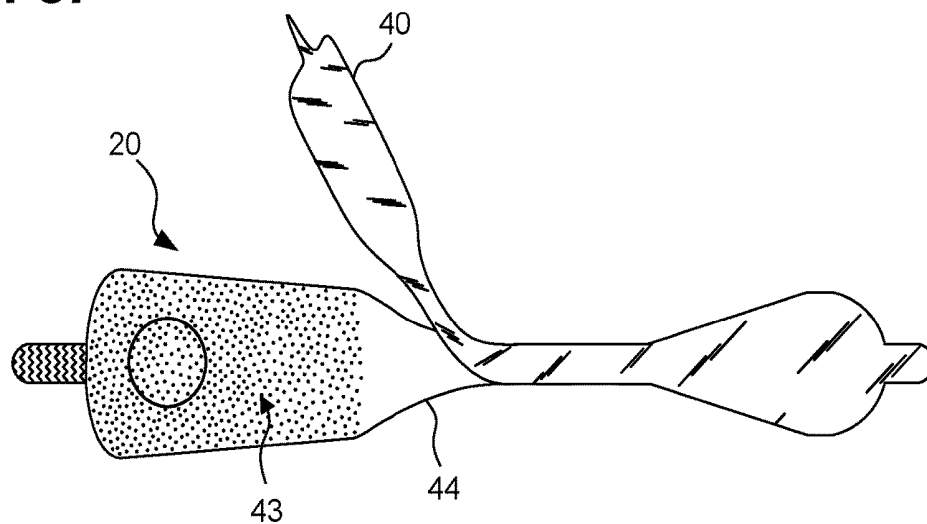


Fig. 9.

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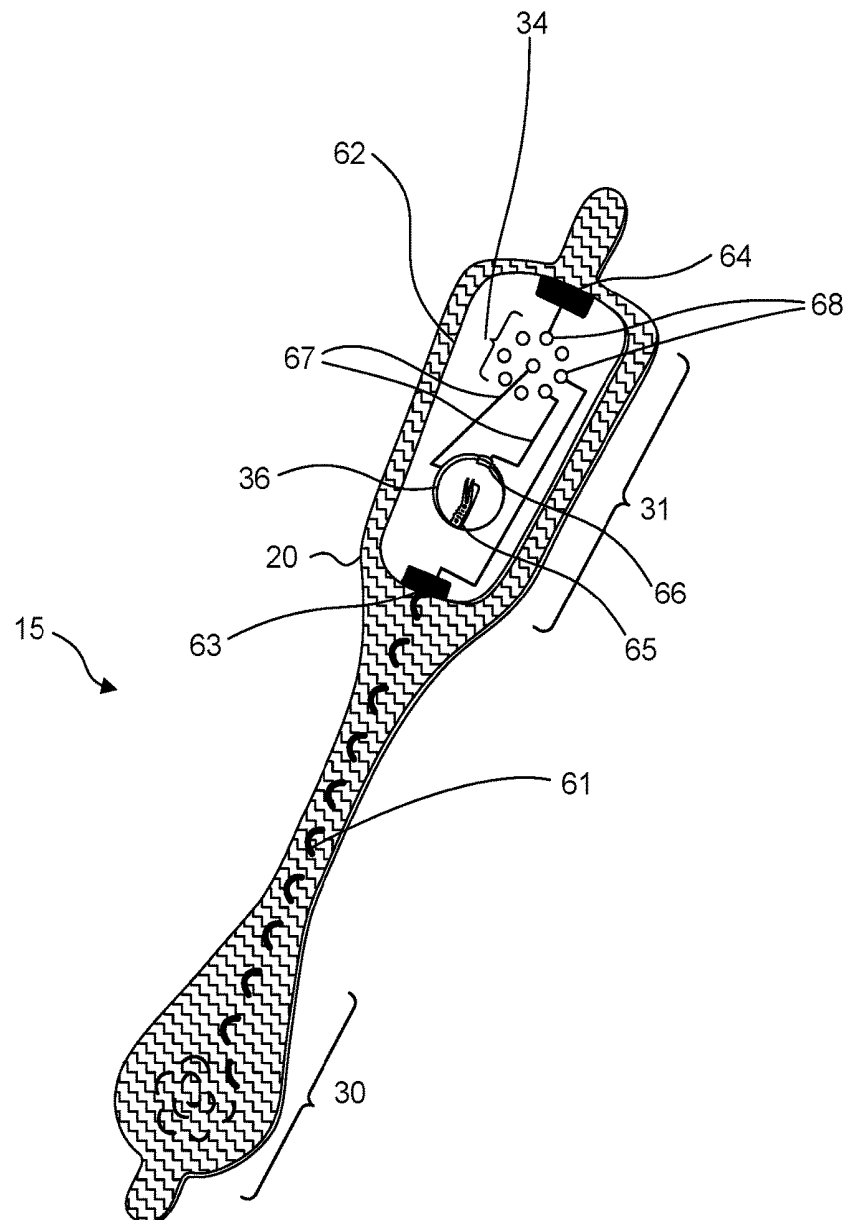


Fig. 11.

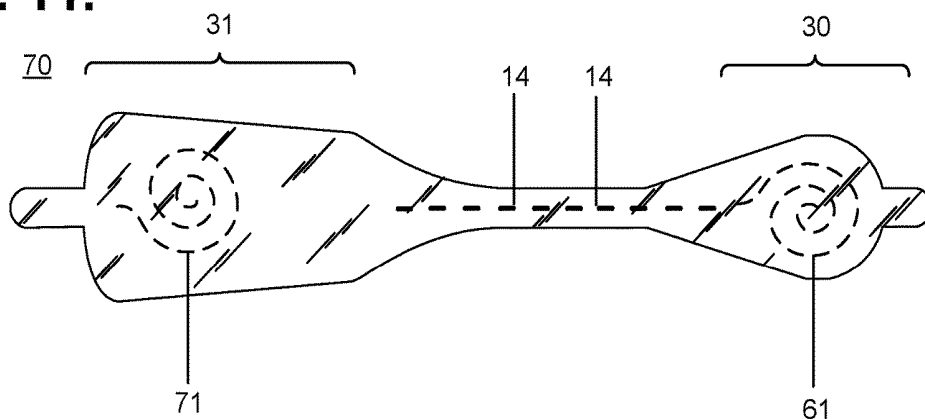


Fig. 12.

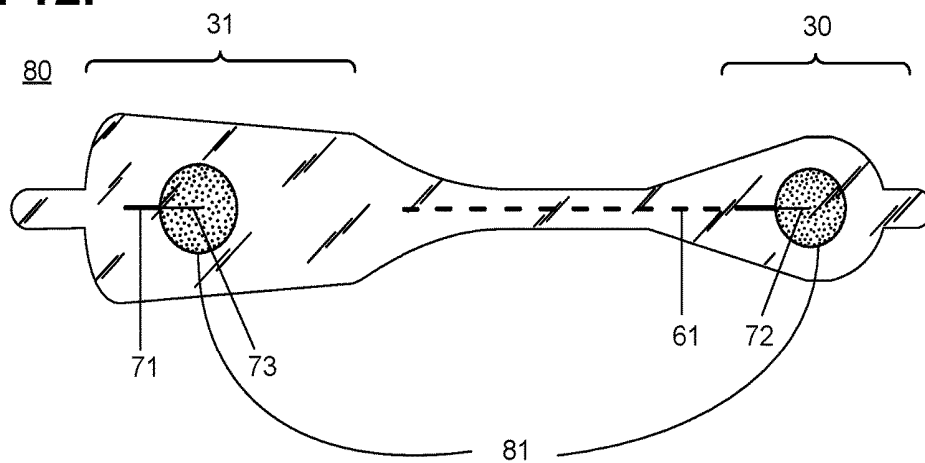


Fig. 13

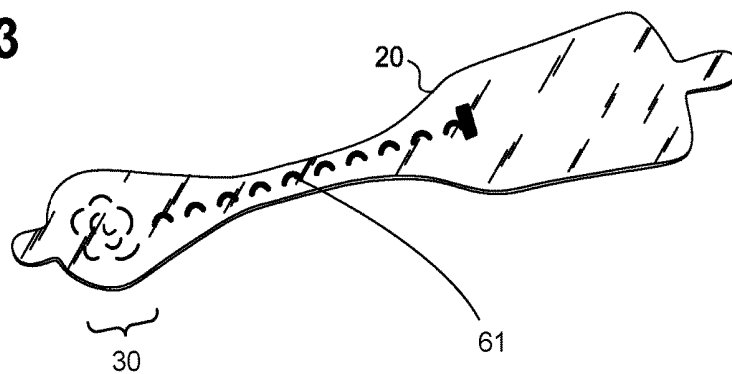


Fig. 14

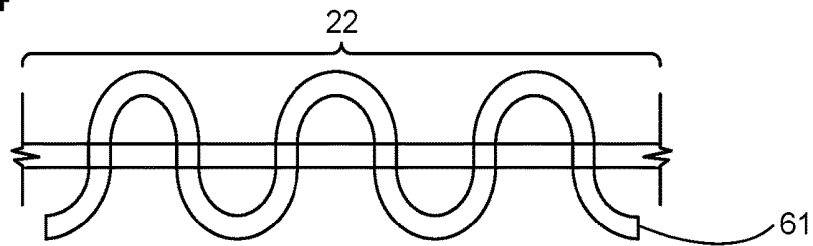


Fig. 15A.

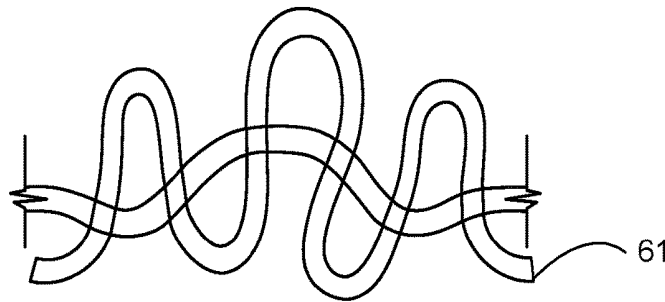


Fig. 15B.

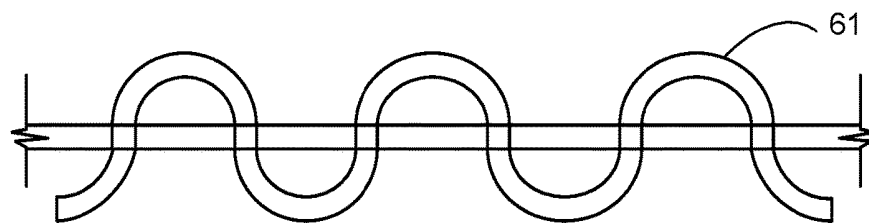


Fig. 15C.

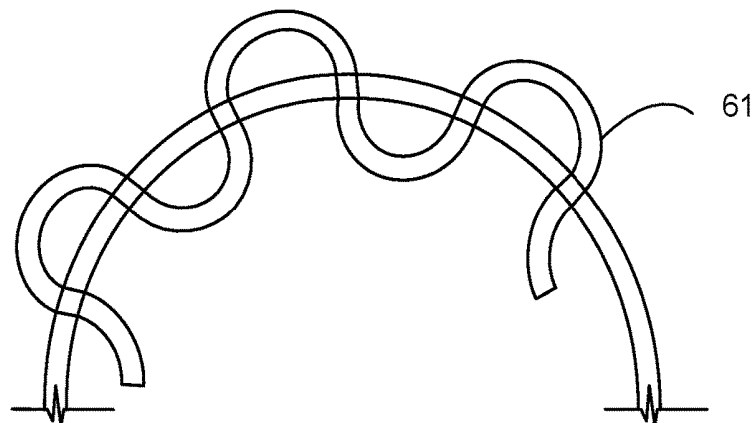
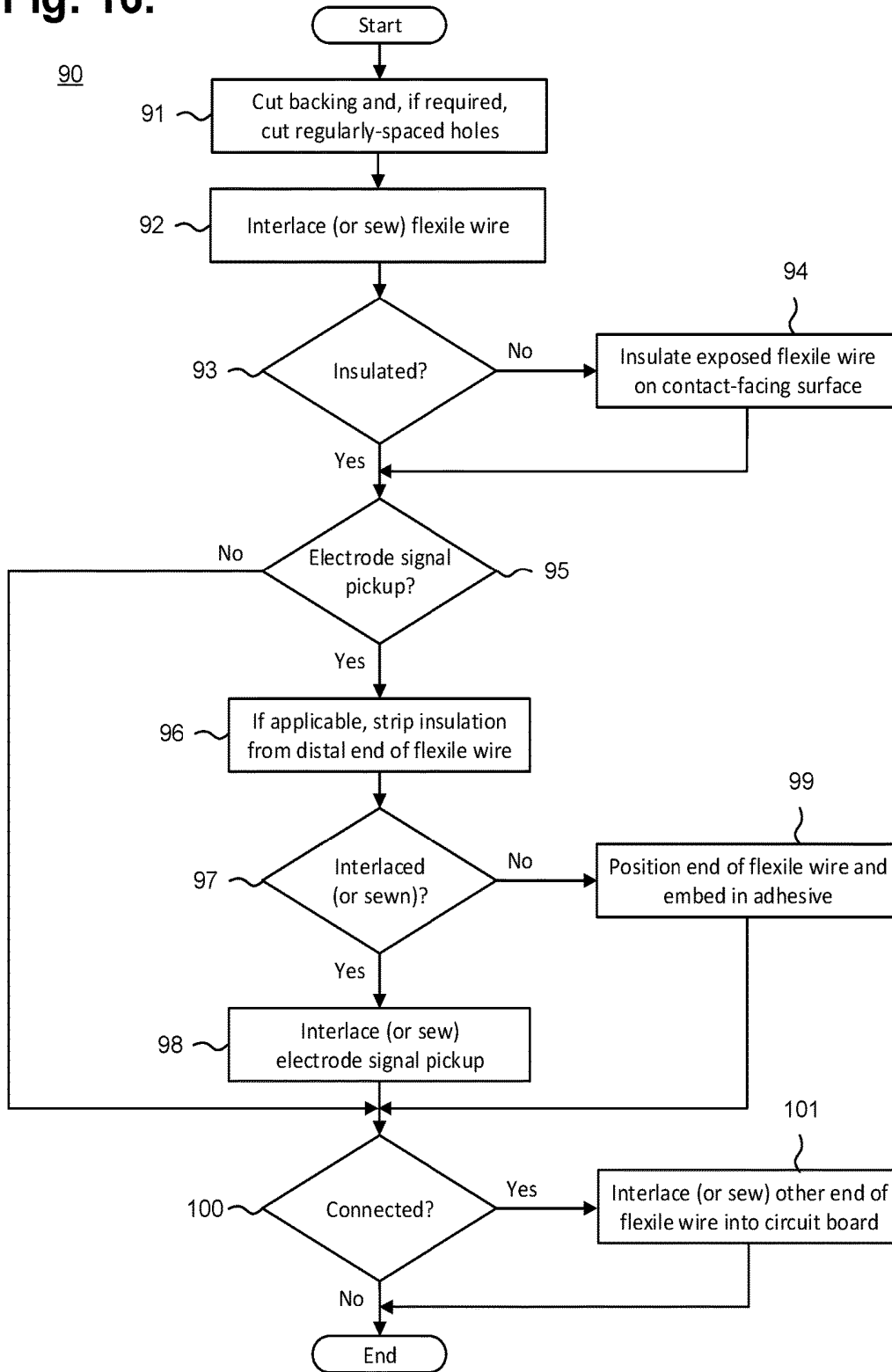


Fig. 16.



**EXTENDED WEAR
ELECTROCARDIOGRAPHY PATCH WITH
WIRE CONTACT SURFACES**

CROSS-REFERENCE TO RELATED
APPLICATION

This non-provisional patent application is a continuation of U.S. Pat. No. 9,717,432, issued Aug. 1, 2017, which is a continuation-in-part of U.S. Pat. No. 9,545,204, issued Jan. 17, 2017, and further claims priority under 35 U.S.C. § 119(e) to U.S. Provisional Patent application Ser. No. 61/882,403, filed Sep. 25, 2013, the disclosures of which are incorporated by reference.

FIELD

This application relates in general to electrocardiographic monitoring and manufacture and, in particular, to an extended wear electrocardiography patch with wire contact surfaces.

BACKGROUND

An electrocardiogram (ECG) is a tool used by physicians to diagnose heart problems and other potential health concerns. A full 12-lead ECG provides a multi-vector snapshot of heart function, typically recorded over 12 seconds, that can help diagnose rate and regularity of heartbeats, effect of drugs or cardiac devices, including pacemakers and implantable cardioverter-defibrillators (ICDs), and whether a patient has heart disease of any sort. Full 12-lead ECGs are used in-clinics or hospitals and, as a result, are limited to recording only those heart-related aspects present at the time of recording. Sporadic conditions that may not show up during a 12-second ECG recording require other means to diagnose them. These sporadic conditions include fainting or syncope; rhythm disorders, such as tachyarrhythmias and bradyarrhythmias; apneic episodes; and other cardiac and related disorders. Thus, a 12-lead ECG only provides a partial picture and can be insufficient for complete patient diagnosis of many cardiac disorders.

Diagnostic efficacy of problems, like syncope or cardiac arrhythmias, can be improved through the use of long-term extended wear ECG monitoring. Recording sufficient ECG and related physiological data over an extended period of time remains a significant challenge to healthcare providers, despite over a 40-year history of such efforts. Extended period monitoring essentially enables a physician to identify cardiac conditions, specifically, rhythm disorders, and other physiological events of potential concern. A 30-day observation day period is considered the "gold standard" of ECG monitoring, yet achieving a 30-day observation day period has heretofore proven unworkable because such ECG monitoring systems are arduous to employ, cumbersome to the patient, and excessively costly to manufacture and deploy. Nevertheless, if a patient's ECG could be recorded in an ambulatory setting over prolonged time periods, thereby allowing the patient to engage in activities of daily living, the chances of acquiring meaningful medical information and capturing an abnormal event while the patient is engaged in normal activities becomes more likely to be achieved.

Conventionally, maintaining continual contact between ECG electrodes and the skin after a day or two has been a problem. Time, dirt, moisture, and other environmental contaminants, as well as perspiration, skin oil, and dead skin

cells from the patient's body, can get between an ECG electrode's non-conductive adhesive and the skin's surface. All of these factors adversely affect electrode adhesion and the quality of cardiac signal recordings. Furthermore, the physical movements of the patient and their clothing impart various compressional, tensile, and torsional forces on the contact point of an ECG electrode, especially over long recording times, and an inflexibly fastened ECG electrode will be prone to becoming dislodged. Moreover, dislodgment may occur unbeknownst to the patient, making the ECG recordings worthless. Further, some patients may have skin that is susceptible to itching or irritation, and the wearing of ECG electrodes can aggravate such skin conditions. Thus, a patient may want or need to periodically remove or replace ECG electrodes during a long-term ECG monitoring period, whether to replace a dislodged electrode, reestablish better adhesion, alleviate itching or irritation, allow for cleansing of the skin, allow for showering and exercise, or for other purpose. Such replacement or slight alteration in electrode location actually facilitates the goal of recording the ECG signal for long periods of time.

In addition, the high cost of the patient-wearable components used to provide long-term extended ECG monitoring can negatively influence the availability and use of monitors. Ideally, disposable, single-use components, such as adhesive electrodes, should be low cost, while other components of higher complexity, particularly the electronics hardware that detects and records ECG and related physiology, may be of unavoidably higher cost. To a degree, costs can be balanced by designing higher complexity components to be re-usable, but when the total cost of a full ECG monitoring ensemble remains high, despite the utilization of re-usable parts, the number of monitors available for use by healthcare providers can be inhibited. Cost, then, becomes a barrier to entry, which, in turn, can hinder or prevent healthcare providers from obtaining the means with which to efficaciously identify the physiology underlying sporadic cardiac arrhythmic conditions and can ultimately contribute to a failure to make a proper and timely medical diagnosis.

Conventionally, Holter monitors are widely used for long-term extended ECG monitoring. Typically, they are often used for only 24-48 hours. A typical Holter monitor is a wearable and portable version of an ECG that include cables for each electrode placed on the skin and a separate battery-powered ECG recorder. The cable and electrode combination (or leads) are placed in the anterior thoracic region in a manner similar to what is done with an in-clinic standard ECG machine. The duration of a Holter monitoring recording depends on the sensing and storage capabilities of the monitor, as well as battery life. A "looping" Holter (or event) monitor can operate for a longer period of time by overwriting older ECG tracings, hence "recycling" storage in favor of extended operation, yet at the risk of losing event data. Although capable of extended ECG monitoring, Holter monitors are cumbersome, expensive and typically only available by medical prescription, which limits their usability. Further, the skill required to properly place the electrodes on the patient's chest hinders or precludes a patient from replacing or removing the precordial leads and usually involves moving the patient from the physician office to a specialized center within the hospital or clinic.

The ZIO XT Patch and ZIO Event Card devices, manufactured by iRhythm Tech., Inc., San Francisco, Calif., are wearable stick-on monitoring devices that are typically worn on the upper left pectoral region to respectively provide continuous and looping ECG recording. The location is used to simulate surgically implanted monitors. Both of these

devices are prescription-only and for single patient use. The ZIO XT Patch device is limited to a 14-day monitoring period, while the electrodes only of the ZIO Event Card device can be worn for up to 30 days. The ZIO XT Patch device combines both electronic recordation components and physical electrodes into a unitary assembly that adheres to the patient's skin. The ZIO XT Patch device uses adhesive sufficiently strong to support the weight of both the monitor and the electrodes over an extended period of time and to resist disadherence from the patient's body, albeit at the cost of disallowing removal or relocation during the monitoring period. The ZIO Event Card device is a form of downsized Holter monitor with a recorder component that must be removed temporarily during baths or other activities that could damage the non-waterproof electronics. Both devices represent compromises between length of wear and quality of ECG monitoring, especially with respect to ease of long term use, female-friendly fit, and quality of cardiac electrical potential signals, especially atrial (P-wave) signals.

Therefore, a need remains for a low cost extended wear continuously recording ECG monitor practicably capable of being worn for a long period of time, especially in patient's whose breast anatomy can interfere with signal quality in both men and women and that is capable of recording atrial action potential signals reliably.

SUMMARY

Physiological monitoring can be provided through a lightweight wearable monitor that includes two components, a flexible extended wear electrode patch and a reusable monitor recorder that removably snaps into a receptacle on the electrode patch. The wearable monitor sits centrally (in the midline) on the patient's chest along the sternum oriented top-to-bottom. The placement of the wearable monitor in a location at the sternal midline (or immediately to either side of the sternum), with its unique narrow "hourglass"-like shape, significantly improves the ability of the wearable monitor to cutaneously sense cardiac electrical potential signals, particularly the P-wave (or atrial activity) and, to a lesser extent, the QRS interval signals indicating ventricular activity in the ECG waveforms.

The electrode patch is shaped to fit comfortably and conformal to the contours of the patient's chest approximately centered on the sternal midline. To counter the dislodgment due to compressional and torsional forces, a layer of non-irritating adhesive, such as hydrocolloid, is provided at least partially on the underside, or contact surface of the electrode patch, but only on the electrode patch's distal and proximal ends, where the electrode signal pickups are located. The unadhesed narrowed midsection rides freely over the skin. To counter dislodgment due to tensile and torsional forces, a flexible backing is reinforced with a flexile wire interlaced longitudinally through the narrowed midsection, with the curvature of the flexile wire providing both structural support and malleability. Each of these components are distinctive and allow for comfortable and extended wear, especially for women, where breast mobility would otherwise interfere with monitor use and wearer comfort.

Moreover, the interlacing of flexile wire simplifies manufacturing and reduces costs. A simple pair of flexile wires are used, instead of custom point-to-point circuit traces, to connect each electrode signal pickup to the receptacle. One end of each flexile wire can be sewn into the receptacle's circuit board, thereby obviating the need for conductive adhesive, soldered or electromechanical connection, and the

other end of each flexile wire, when stripped of insulation, can act as an electrode signal pickup, which lowers component count.

In one embodiment, an extended wear electrocardiography patch with wire contact surfaces is provided. The patch includes a flexible backing formed of an elongated strip of stretchable material with narrow longitudinal midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends; a pair of flexile wires, one of the wires forming an electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the one wire that is sewn into the distal end of the elongated strip and that is configured for directly contacting the patient, the one wire continuing back along an axial path through the midsection, another one of the wires forming another electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the another wire that is sewn into the proximal end of the elongated strip and that is configured for electrically contacting the patient, each of the electrodes including an electrically conductive area only exposed on the contact surface; and a set of electrical contact pads included on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with an electrocardiography monitor recorder.

In a further embodiment, an extended wear interlaced electrocardiography patch with wire contact surfaces is provided. The patch includes a flexible backing formed of an elongated strip of stretchable material with narrow longitudinal midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends; a pair of flexile wires, one of the wires forming an electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the one wire that is interlaced into the distal end of the elongated strip and that is configured for directly contacting the patient, the one wire continuing back along an axial path through the midsection, another one of the wires forming another electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the another wire that is interlaced into the proximal end of the elongated strip and that is configured for electrically contacting the patient, each of the electrodes including an electrically conductive area only exposed on the contact surface; and a set of electrical contact pads included on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with an electrocardiography monitor recorder.

In a still further embodiment, an extended wear embedded electrode electrocardiography patch with wire contact surfaces is provided. The patch includes a flexible backing formed of an elongated strip of stretchable material with a narrow longitudinal midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends; a distal electrically conductive adhesive positioned on the distal end and configured for directly contacting a patient; a proximal electrically conductive adhesive positioned on the proximal end and configured for directly contacting the patient; a pair of flexile wires, one of the wires forming an electrocardiographic electrode by a portion of the wire embedded within the distal electrically conductive adhesive on the distal end, the one wire continuing back along an axial path through the narrow longitudinal midsection, another one of the wires forming another electrocardiographic elec-

trode by a portion of the another wire embedded within the proximal electrically conductive adhesive, wherein the embedded portion of the one wire receives electrical potentials of the patient directly from the distal electrically conductive adhesive and the embedded portion of the another wire receives electrical potentials of the patient directly from the proximal electrically conductive adhesive; and a set of electrical contact pads included on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with an electrocardiography monitor recorder.

The monitoring patch is especially suited to the female anatomy, although also easily used over the male sternum. The narrow longitudinal midsection can fit nicely within the intermammary cleft of the breasts without inducing discomfort, whereas conventional patch electrodes are wide and, if adhered between the breasts, would cause chafing, irritation, discomfort, and annoyance, leading to low patient compliance.

The foregoing aspects enhance ECG monitoring performance and quality by facilitating long-term ECG recording, which is critical to accurate arrhythmia and cardiac rhythm disorder diagnoses.

In addition, the foregoing aspects enhance comfort in women (and certain men), but not irritation of the breasts, by placing the monitoring patch in the best location possible for optimizing the recording of cardiac signals from the atrium, particularly P-waves, which is another feature critical to proper arrhythmia and cardiac rhythm disorder diagnoses.

Further, the interlaced flexile wires improve the dermal electrode's response to tensile, twisting, compressional, and torsional forces by providing a strain relief and tensile strength, while also diminish the cost and complexity of producing physiological electrode assemblies and other types of electrical circuits, where point-to-point interconnections are needed.

Still other embodiments will become readily apparent to those skilled in the art from the following detailed description, wherein are described embodiments by way of illustrating the best mode contemplated. As will be realized, other and different embodiments are possible and the embodiments' several details are capable of modifications in various obvious respects, all without departing from their spirit and the scope. Accordingly, the drawings and detailed description are to be regarded as illustrative in nature and not as restrictive.

BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1 and 2 are diagrams showing, by way of examples, an extended wear electrocardiography monitor, including an extended wear electrode patch in accordance with one embodiment, respectively fitted to the sternal region of a female patient and a male patient.

FIG. 3 is a perspective view showing an extended wear electrode patch in accordance with one embodiment with a monitor recorder inserted.

FIG. 4 is a perspective view showing the extended wear electrode patch of FIG. 3 without a monitor recorder inserted.

FIG. 5 is a top view showing the flexible circuit of the extended wear electrode patch of FIG. 3.

FIG. 6 is a perspective view showing the extended wear electrode patch in accordance with a further embodiment.

FIG. 7 is an exploded view showing the component layers of the electrode patch of FIG. 3.

FIG. 8 is a bottom plan view of the extended wear electrode patch of FIG. 3 with liner partially peeled back.

FIG. 9 is a perspective view of an extended wear electrode patch with a flexile wire electrode assembly in accordance with a still further embodiment.

FIG. 10 is perspective view of the flexile wire electrode assembly from FIG. 9, with a layer of insulating material shielding a bare distal wire around the midsection of the flexible backing.

FIG. 11 is a bottom view of the flexile wire electrode assembly as shown in FIG. 9.

FIG. 12 is a bottom view of a flexile wire electrode assembly in accordance with a still yet further embodiment.

FIG. 13 is a perspective view showing the longitudinal midsection of the flexible backing of the electrode assembly from FIG. 9.

FIG. 14 is a longitudinal cross-sectional view of the midsection of the flexible backing of the electrode assembly of FIG. 11.

FIGS. 15A-C are the electrode assembly from FIG. 14 under compressional, tensile, and bending force, respectively.

FIG. 16 is a flow diagram showing a method for constructing a stress-pliant physiological electrode assembly in accordance with a further embodiment.

DETAILED DESCRIPTION

Physiological monitoring can be provided through a wearable monitor that includes two components, a flexible extended wear electrode patch and a removable reusable monitor recorder. FIGS. 1 and 2 are diagrams showing, by way of examples, an extended wear electrocardiography monitor 12, including an extended wear electrode patch 15 in accordance with one embodiment, respectively fitted to the sternal region of a female patient 10 and a male patient 11. The wearable monitor 12 sits centrally (in the midline) on the patient's chest along the sternum 13 oriented top-to-bottom with the monitor recorder 14 preferably situated towards the patient's head. The electrode patch 15 is shaped to fit comfortably and conformal to the contours of the patient's chest approximately centered on the sternal midline 16 (or immediately to either side of the sternum 13). The distal end of the electrode patch 15 extends towards the Xiphoid process and lower sternum and, depending upon the patient's build, may straddle the region over the Xiphoid process and lower sternum. The proximal end of the electrode patch 15, located under the monitor recorder 14, is below the manubrium and, depending upon patient's build, may straddle the region over the manubrium.

The placement of the wearable monitor 12 in a location at the sternal midline 16 (or immediately to either side of the sternum 13) significantly improves the ability of the wearable monitor 12 to cutaneously sense cardiac electric signals, particularly the P-wave (or atrial activity) and, to a lesser extent, the QRS interval signals in the ECG waveforms that indicate ventricular activity. The sternum 13 overlies the right atrium of the heart and the placement of the wearable monitor 12 in the region of the sternal midline 13 puts the ECG electrodes of the electrode patch 15 in a location better adapted to sensing and recording P-wave signals than other placement locations, say, the upper left pectoral region. In addition, placing the lower or inferior pole (ECG electrode) of the electrode patch 15 over (or near) the Xiphoid process and lower sternum facilitates sensing of right ventricular activity and provides superior recordation of the QRS interval.

During use, the electrode patch **15** is first adhered to the skin along the sternal midline **16** (or immediately to either side of the sternum **13**). A monitor recorder **14** is then snapped into place on the electrode patch **15** to initiate ECG monitoring. FIG. **3** is a perspective view showing an extended wear electrode patch **15** in accordance with one embodiment with a monitor recorder **14** inserted. The body of the electrode patch **15** is preferably constructed using a flexible backing **20** formed as an elongated strip **21** of wrap knit or similar stretchable material about 145 mm long and 32 mm at the widest point with a narrow longitudinal mid-section **23** evenly tapering inward from both sides. A pair of cut-outs **22** between the distal and proximal ends of the electrode patch **15** create a narrow longitudinal midsection **23** or “isthmus” and defines an elongated “hourglass”-like shape, when viewed from above, such as described in commonly-assigned U.S. Design patent application, entitled “Extended Wear Electrode Patch,” Ser. No. 29/472,045, filed Nov. 7, 2013, pending, the disclosure of which is incorporated by reference. The upper part of the “hourglass” is sized to allow an electrically non-conductive receptacle **25**, sits on top of the outward-facing surface of the electrode patch **15**, to be affixed to the electrode patch **15** with an ECG electrode placed underneath on the patient-facing underside, or contact, surface of the electrode patch **15**; the upper part of the “hourglass” has a longer and wider profile than the lower part of the “hourglass,” which is sized primarily to allow just the placement of an ECG electrode.

The electrode patch **15** incorporates features that significantly improve wearability, performance, and patient comfort throughout an extended monitoring period. The entire electrode patch **15** is lightweight in construction, which allows the patch to be resilient to disadhering or falling off and, critically, to avoid creating distracting discomfort to the patient, even when the patient is asleep. In contrast, the weight of a heavy ECG monitor impedes patient mobility and will cause the monitor to constantly tug downwards and press on the patient’s body; frequent adjustments by the patient are needed to maintain comfort.

During every day wear, the electrode patch **15** is subjected to pushing, pulling, and torsional movements, including compressional and torsional forces when the patient bends forward, and tensile and torsional forces when the patient leans backwards. To counter these stress forces, the electrode patch **15** incorporates crimp and strain reliefs, as further described infra respectively with reference to FIGS. **4** and **5**. In addition, the cut-outs **22** and longitudinal midsection **23** help minimize interference with and discomfort to breast tissue, particularly in women (and gynecomastic men). The cut-outs **22** and longitudinal midsection **23** allow better conformity of the electrode patch **15** to sternal bowing and to the narrow isthmus of flat skin that can occur along the bottom of the intermammary cleft between the breasts, especially in buxom women. The cut-outs **22** and longitudinal midsection **23** help the electrode patch **15** fit nicely between a pair of female breasts in the intermammary cleft. In one embodiment, the cut-outs **22** can be graduated to form the longitudinal midsection **23** as a narrow in-between stem or isthmus portion about 7 mm wide. In a still further embodiment, tabs **24** can respectively extend an additional 8 mm to 12 mm beyond the distal and proximal ends of the flexible backing **20** to facilitate purchase when adhering the electrode patch **15** to or removing the electrode patch **15** from the sternum **13**. These tabs preferably lack adhesive on the underside, or contact, surface of the electrode patch **15**. Still other shapes, cut-outs and conformities to the electrode patch **15** are possible.

The monitor recorder **14** removably and reusably snaps into an electrically non-conductive receptacle **25** during use. The monitor recorder **14** contains electronic circuitry for recording and storing the patient’s electrocardiography as sensed via a pair of ECG electrodes provided on the electrode patch **15**, such as described in commonly-assigned U.S. patent application, entitled “Extended Wear Ambulatory Electrocardiography and Physiological Sensor Monitor,” Ser. No. 14/080,725, filed Nov. 14, 2013, pending, the disclosure of which is incorporated by reference. The circuitry includes a microcontroller, flash storage, ECG signal processing, analog-to-digital conversion (where applicable), and an external interface for coupling to the electrode patch **15** and to a download station for stored data download and device programming. The monitor recorder **14** also includes external patient-interfaceable controls, such as a push button to facilitate event marking and provide feedback. In a further embodiment, the circuitry, with the assistance of the appropriate types of deployed electrodes or sensors, is capable of monitoring other types of physiology, in addition to ECGs. Still other types of monitor recorder components and functionality are possible.

The non-conductive receptacle **25** is provided on the top surface of the flexible backing **20** with a retention catch **26** and tension clip **27** molded into the non-conductive receptacle **25** to conformably receive and securely hold the monitor recorder **14** in place. The edges of the bottom surface of the non-conductive receptacle **25** are preferably rounded, and the monitor recorder **14** is nestled inside the interior of the non-conductive receptacle **25** to present a rounded (gentle) surface, rather than a sharp edge at the skin-to-device interface.

The electrode patch **15** is intended to be disposable. The monitor recorder **14**, however, is reusable and can be transferred to successive electrode patches **15** to ensure continuity of monitoring. The placement of the wearable monitor **12** in a location at the sternal midline **16** (or immediately to either side of the sternum **13**) benefits long-term extended wear by removing the requirement that ECG electrodes be continually placed in the same spots on the skin throughout the monitoring period. Instead, the patient is free to place an electrode patch **15** anywhere within the general region of the sternum **13**.

As a result, at any point during ECG monitoring, the patient’s skin is able to recover from the wearing of an electrode patch **15**, which increases patient comfort and satisfaction, while the monitor recorder **14** ensures ECG monitoring continuity with minimal effort. A monitor recorder **14** is merely unsnapped from a worn out electrode patch **15**, the worn out electrode patch **15** is removed from the skin, a new electrode patch **15** is adhered to the skin, possibly in a new spot immediately adjacent to the earlier location, and the same monitor recorder **14** is snapped into the new electrode patch **15** to reinitiate and continue the ECG monitoring.

During use, the electrode patch **15** is first adhered to the skin in the sternal region. FIG. **4** is a perspective view showing the extended wear electrode patch **15** of FIG. **3** without a monitor recorder **14** inserted. A flexible circuit **32** is adhered to each end of the flexible backing **20**. A distal circuit trace **33** from the distal end **30** of the flexible backing **20** and a proximal circuit trace (not shown) from the proximal end **31** of the flexible backing **20** electrically couple ECG electrodes (not shown) with a pair of electrical pads **34**. In a further embodiment, the distal and proximal circuit traces are replaced with interlaced or sewn-in flexible wires, as further described infra beginning with reference to

FIG. 9. The electrical pads 34 are provided within a moisture-resistant seal 35 formed on the bottom surface of the non-conductive receptacle 25. When the monitor recorder 14 is securely received into the non-conductive receptacle 25, that is, snapped into place, the electrical pads 34 interface to electrical contacts (not shown) protruding from the bottom surface of the monitor recorder 14. The moisture-resistant seal 35 enables the monitor recorder 14 to be worn at all times, even during bathing or other activities that could expose the monitor recorder 14 to moisture or adverse conditions.

In addition, a battery compartment 36 is formed on the bottom surface of the non-conductive receptacle 25. A pair of battery leads (not shown) from the battery compartment 36 to another pair of the electrical pads 34 electrically interface the battery to the monitor recorder 14. The battery contained within the battery compartment 35 can be replaceable, rechargeable or disposable.

The monitor recorder 14 draws power externally from the battery provided in the non-conductive receptacle 25, thereby uniquely obviating the need for the monitor recorder 14 to carry a dedicated power source. The battery contained within the battery compartment 36 can be replaceable, rechargeable or disposable. In a further embodiment, the ECG sensing circuitry of the monitor recorder 14 can be supplemented with additional sensors, including an SpO₂ sensor, a blood pressure sensor, a temperature sensor, respiratory rate sensor, a glucose sensor, an air flow sensor, and a volumetric pressure sensor, which can be incorporated directly into the monitor recorder 14 or onto the non-conductive receptacle 25.

The placement of the flexible backing 20 on the sternal midline 16 (or immediately to either side of the sternum 13) also helps to minimize the side-to-side movement of the wearable monitor 12 in the left- and right-handed directions during wear. However, the wearable monitor 12 is still susceptible to pushing, pulling, and torqueing movements, including compressional and torsional forces when the patient bends forward, and tensile and torsional forces when the patient leans backwards. To counter the dislodgment of the flexible backing 20 due to compressional and torsional forces, a layer of non-irritating adhesive, such as hydrocolloid, is provided at least partially on the underside, or contact, surface of the flexible backing 20, but only on the distal end 30 and the proximal end 31. As a result, the underside, or contact surface of the longitudinal midsection 23 does not have an adhesive layer and remains free to move relative to the skin. Thus, the longitudinal midsection 23 forms a crimp relief that respectively facilitates compression and twisting of the flexible backing 20 in response to compressional and torsional forces. Other forms of flexible backing crimp reliefs are possible.

Unlike the flexible backing 20, the flexible circuit 32 is only able to bend and cannot stretch in a planar direction. FIG. 5 is a top view showing the flexible circuit 32 of the extended wear electrode patch 15 of FIG. 3. A distal ECG electrode 38 and proximal ECG electrode 39 are respectively coupled to the distal and proximal ends of the flexible circuit 32 to serve as electrode signal pickups. The flexible circuit 32 preferably does not extend to the outside edges of the flexible backing 20, thereby avoiding gouging or discomforting the patient's skin during extended wear, such as when sleeping on the side. During wear, the ECG electrodes 38, 39 must remain in continual contact with the skin. A strain relief 40 is defined in the flexible circuit 32 at a location that is partially underneath the battery compartment 36 when the flexible circuit 32 is affixed to the flexible

backing 20. The strain relief 40 is laterally extendable to counter dislodgment of the ECG electrodes 38, 39 due to tensile and torsional forces. A pair of strain relief cutouts 41 partially extend transversely from each opposite side of the flexible circuit 32 and continue longitudinally towards each other to define in 'S'-shaped pattern, when viewed from above. The strain relief respectively facilitates longitudinal extension and twisting of the flexible circuit 32 in response to tensile and torsional forces. Other forms of circuit board strain relief are possible.

The flexible circuit 32 can be provided either above or below the flexible backing 20. FIG. 6 is a perspective view showing the extended wear electrode patch 15 in accordance with a further embodiment. The flexible circuit (not shown) is provided on the underside, or contact, surface of the flexible backing 20 and is electrically interfaced to the set of electrical pads 34 on the bottom surface of the non-conductive receptacle 25 through electrical contacts (not shown) pierced through the flexible backing 20.

The electrode patch 15 is intended to be a disposable component, which enables a patient to replace the electrode patch 15 as needed throughout the monitoring period, while maintaining continuity of physiological sensing through reuse of the same monitor recorder 14. FIG. 7 is an exploded view showing the component layers of the electrode patch 15 of FIG. 3. The flexible backing 20 is constructed of a wearable gauze, latex, woven textile, or similar wrap knit or stretchable and wear-safe material 44, such as a Tricot-type linen with a pressure sensitive adhesive (PSA) on the underside, or contact, surface. The ends of the wearable material 44 are coated with a layer 43 of non-irritating adhesive, such as hydrocolloid, to facilitate long-term wear, while the unadhesed narrowed midsection rides freely over the skin. The hydrocolloid, for instance, is typically made of mineral oil, cellulose and water and lacks any chemical solvents, so should cause little itching or irritation. Moreover, hydrocolloid can be manufactured into an appropriate thickness and plasticity and provides cushioning between the relatively rigid and unyielding non-conductive receptacle 25 and the patient's skin. In a further embodiment, the layer of non-irritating adhesive can be contoured, such as by forming the adhesive with a concave or convex cross-section; surfaced, such as through stripes or crosshatches of adhesive, or by forming dimples in the adhesive's surface; or applied discontinuously, such as with a formation of discrete dots of adhesive.

As described supra with reference to FIG. 5, a flexible circuit can be adhered to either the outward facing surface or the underside, or contact, surface of the flexible backing 20. For convenience, a flexible circuit 47 is shown relative to the outward facing surface of the wearable material 44 and is adhered respectively on a distal end by a distal electrode seal 45 and on a proximal end by a proximal electrode seal 45. In a further embodiment, the flexible circuit 47 can be provided on the underside, or contact, surface of the wearable material 44. Through the electrode seals, only the distal and proximal ends of the flexible circuit 47 are attached to the wearable material 44, which enables the strain relief 40 (shown in FIG. 5) to respectively longitudinally extend and twist in response to tensile and torsional forces during wear. Similarly, the layer 43 of non-irritating adhesive is provided on the underside, or contact, surface of the wearable material 44 only on the proximal and distal ends, which enables the longitudinal midsection 23 (shown in FIG. 3) to respectively bow outward and away from the sternum 13 or twist in response to compressional and torsional forces during wear.

A pair of openings **46** is defined on the distal and proximal ends of the wearable material **44** and layer **43** of non-irritating adhesive for ECG electrodes **38, 39** (shown in FIG. **5**). The openings **46** serve as “gel” wells with a layer of hydrogel **41** being used to fill the bottom of each opening **46** as a conductive material that aids electrode signal capture. The entire underside, or contact, surface of the flexible backing **20** is protected prior to use by a liner layer **40** that is peeled away, as shown in FIG. **8**.

The non-conductive receptacle **25** includes a main body **54** that is molded out of polycarbonate, ABS, or an alloy of those two materials to provide a high surface energy to facilitate adhesion of an adhesive seal **53**. The main body **54** is attached to a battery printed circuit board **52** by the adhesive seal **53** and, in turn, the battery printed circuit board **52** is adhered to the flexible circuit **47** with an upper flexible circuit seal **50**. A pair of conductive transfer adhesive points **51** or, alternatively, soldered connections, or electromechanical connections, including metallic rivets or similar conductive and structurally unifying components, connect the circuit traces **33, 37** (shown in FIG. **5**) of the flexible circuit **47** to the battery printed circuit board **52**. The main body **54** has a retention catch **26** and tension clip **27** (shown in FIG. **3**) that fixably and securely receive a monitor recorder **14** (not shown), and includes a recess within which to circumferentially receive a die cut gasket **55**, either rubber, urethane foam, or similar suitable material, to provide a moisture resistant seal to the set of pads **34**. Other types of design, arrangement, and permutation are possible.

In a still further embodiment, the flexible circuit **32** (shown in FIG. **4**) and distal ECG electrode **38** and proximal ECG electrode **39** (shown in FIG. **5**) are replaced with a pair of interlaced flexile wires. The interlacing of flexile wires through the flexible backing **20** reduces both manufacturing costs and environmental impact, as further described infra. The flexible circuit and ECG electrodes are replaced with a pair of flexile wires that serve as both electrode circuit traces and electrode signal pickups. FIG. **9** is a perspective view of an extended wear electrode patch **15** with a flexile wire electrode assembly in accordance with a still further embodiment. The flexible backing **20** maintains the unique narrow “hourglass”-like shape that aids long term extended wear, particularly in women, as described supra with reference to FIG. **3**. For clarity, the non-conductive receptacle **25** is omitted to show the exposed battery printed circuit board **62** that is adhered underneath the non-conductive receptacle **25** to the proximal end **31** of the flexible backing **20**. Instead of employing flexible circuits, a pair of flexile wires are separately interlaced or sewn into the flexible backing **20** to serve as circuit connections for an anode electrode lead and for a cathode electrode lead.

To form a distal electrode assembly, a distal wire **61** is interlaced into the distal end **30** of the flexible backing **20**, continues along an axial path through the narrow longitudinal midsection of the elongated strip, and electrically connects to the battery printed circuit board **62** on the proximal end **31** of the flexible backing **20**. The distal wire **61** is connected to the battery printed circuit board **62** by stripping the distal wire **61** of insulation, if applicable, and interlacing or sewing the uninsulated end of the distal wire **61** directly into an exposed circuit trace **63**. The distal wire-to-battery printed circuit board connection can be made, for instance, by back stitching the distal wire **61** back and forth across the edge of the battery printed circuit board **62**. Similarly, to form a proximal electrode assembly, a proximal wire (not shown) is interlaced into the proximal end **31** of the flexible backing **20**. The proximal wire is

connected to the battery printed circuit board **62** by stripping the proximal wire of insulation, if applicable, and interlacing or sewing the uninsulated end of the proximal wire directly into an exposed circuit trace **64**. The resulting flexile wire connections both establish electrical connections and help to affix the battery printed circuit board **62** to the flexible backing **20**.

The battery printed circuit board **62** is provided with a battery compartment **36**. A set of electrical pads **34** are formed on the battery printed circuit board **62**. The electrical pads **34** electrically interface the battery printed circuit board **62** with a monitor recorder **14** when fitted into the non-conductive receptacle **25**. The battery compartment **36** contains a spring **65** and a clasp **66**, or similar assembly, to hold a battery (not shown) in place and electrically interfaces the battery to the electrical pads **34** through a pair of battery leads **67** for powering the electrocardiography monitor **14**. Other types of battery compartment are possible. The battery contained within the battery compartment **36** can be replaceable, rechargeable, or disposable.

In a yet further embodiment, the circuit board and non-conductive receptacle **25** are replaced by a combined housing that includes a battery compartment and a plurality of electrical pads. The housing can be affixed to the proximal end of the elongated strip through the interlacing or sewing of the flexile wires or other wires or threads.

The core of the flexile wires may be made from a solid, stranded, or braided conductive metal or metal compounds. In general, a solid wire will be less flexible than a stranded wire with the same total cross-sectional area, but will provide more mechanical rigidity than the stranded wire. The conductive core may be copper, aluminum, silver, or other material. The pair of the flexile wires may be provided as insulated wire. In one embodiment, the flexile wires are made from a magnet wire from Belden Cable, catalogue number 8051, with a solid core of AWG **22** with bare copper as conductor material and insulated by polyurethane or nylon. Still other types of flexile wires are possible. In a further embodiment, conductive ink or graphene can be used to print electrical connections, either in combination with or in place of the flexile wires.

In a still further embodiment, the flexile wires are uninsulated. FIG. **10** is perspective view of the flexile wire electrode assembly from FIG. **9**, with a layer of insulating material **69** shielding a bare uninsulated distal wire **61** around the midsection on the contact side of the flexible backing. On the contact side of the proximal and distal ends of the flexible backing, only the portions of the flexile wires serving as electrode signal pickups are electrically exposed and the rest of the flexile wire on the contact side outside of the proximal and distal ends are shielded from electrical contact. The bare uninsulated distal wire **61** may be insulated using a layer of plastic, rubber-like polymers, or varnish, or by an additional layer of gauze or adhesive (or non-adhesive) gel. The bare uninsulated wire **61** on the non-contact side of the flexible backing may be insulated or can simply be left uninsulated.

Both end portions of the pair of flexile wires are typically placed uninsulated on the contact surface of the flexible backing **20** to form a pair of electrode signal pickups. FIG. **11** is a bottom view of the flexile wire electrode assembly as shown in FIG. **9**. When adhered to the skin during use, the uninsulated end portions of the distal wire **61** and the proximal wire **71** enable the monitor recorder **14** to measure dermal electrical potential differentials. At the proximal and distal ends of the flexible backing **20**, the uninsulated end portions of the flexile wires may be configured into an

appropriate pattern to provide an electrode signal pickup, which would typically be a spiral shape formed by guiding the flexile wire along an inwardly spiraling pattern. The surface area of the electrode pickups can also be variable, such as by selectively removing some or all of the insulation on the contact surface. For example, an electrode signal pickup arranged by sewing insulated flexile wire in a spiral pattern could have a crescent-shaped cutout of uninsulated flexile wire facing towards the signal source.

In a still yet further embodiment, the flexile wires are left freely riding on the contact surfaces on the distal and proximal ends of the flexible backing, rather than being interlaced into the ends of the flexible backing **20**. FIG. **12** is a bottom view of a flexile wire electrode assembly in accordance with a still yet further embodiment. The distal wire **61** is interlaced onto the midsection and extends an exposed end portion **72** onto the distal end **30**. The proximal wire **71** extends an exposed end portion **73** onto the proximal end **31**. The exposed end portions **72** and **73**, not shielded with insulation, are further embedded within an electrically conductive adhesive **81**. The adhesive **81** makes contact to skin during use and conducts skin electrical potentials to the monitor recorder **14** (not shown) via the flexile wires. The adhesive **81** can be formed from electrically conductive, non-irritating adhesive, such as hydrocolloid.

The distal wire **61** is interlaced or sewn through the longitudinal midsection of the flexible backing **20** and takes the place of the flexible circuit **32**. FIG. **13** is a perspective view showing the longitudinal midsection of the flexible backing of the electrode assembly from FIG. **9**. Various stitching patterns may be adopted to provide a proper combination of rigidity and flexibility. In simplest form, the distal wire **61** can be manually threaded through a plurality of holes provided at regularly-spaced intervals along an axial path defined between the battery printed circuit board **62** (not shown) and the distal end **30** of the flexible backing **20**. The distal wire **61** can be threaded through the plurality of holes by stitching the flexile wire as a single "thread." Other types of stitching patterns or stitching of multiple "threads" could also be used, as well as using a sewing machine or similar device to machine-stitch the distal wire **61** into place, as further described infra. Further, the path of the distal wire **61** need not be limited to a straight line from the distal to the proximal end of the flexible backing **20**.

The distal wire **61** is flexile yet still retains a degree of rigidity that is influenced by wire gauge, composition, stranding, insulation, and stitching pattern. For example, rigidity decreases with wire gauge; and a solid core wire tends to be more rigid than a stranded core of the same gauge. The combination of the flexibility and the rigidity of the portion of the distal wire **61** located on or close to the midsection contributes to the overall strength and wearability of the patch. FIG. **14** is a longitudinal cross-sectional view of the midsection of the flexible backing **20** of the electrode assembly of FIG. **11**. FIGS. **15A-C** are the electrode assembly from FIG. **14** under compressional, tensile, and bending force, respectively. The relative sizes of the distal wire **61** and flexible backing **20** are not to scale and are exaggerated for purposes of illustration.

The interlacing of the distal wire **61** through the narrow longitudinal midsection **22** of the flexible backing **20** bends the distal wire **61** into a line of rounded stitches that alternate top and bottom, which can be advantageous to long term wearability. First, the tension of the rounded stitches reinforces the planar structure of the narrow longitudinal midsection **22** and spreads a dislodging force impacting on one end of the flexible backing **20** to the other end of the flexible

backing **20**. Second, the rounded stitches leave room for stretching, compressing, bending, and twisting, thus increasing the wearability of the patch extended wear electrode patch **15** by facilitating extension, compression, bending, and twisting of the narrow longitudinal midsection **22** in response to tensile, compressional, bending, and torsional forces.

In a further embodiment, the distal wire and the proximal wire may be stitched or sewn into the flexible backing **20**. Depending upon the type of stitching used, the distal or proximal wire may use more than one individual wire. For instance, a conventional sewing machine used to stitch fabrics uses a spool of thread and a bobbin, which are both wound with thread that together allow the creation of various stitching patterns, such as the lockstitch. Other type of stitching patterns are possible. Additionally, where more than one "threads" are used for stitching, the flexile wire may constitute all of the "threads," thereby increasing redundancy of the circuit trace thus formed. Alternatively, just one (or fewer than all) of the threads may be conductive, with the non-conductive threads serving to reinforce the strength of the flexile wire connections and flexible backing **20**. The additional threads can be made from line, threads, or fabrics of sufficient mechanical strength and do not need to be conductive; alternatively, the same flexile wires can be employed to serve as the additional threads.

Conventionally, flexible circuits, such as the flexible circuit **32** (shown in FIG. **4**) that connects the distal ECG electrode **38** and proximal ECG electrode **39** (shown in FIG. **5**) to the battery printed circuit board **62** (shown in FIG. **9**), are constructed using subtractive processes. In general, a flexible circuit interconnects electronic components with custom point-to-point circuit traces and is typically constructed by forming the conductive circuit traces on a thin film of insulating polymer. A flexible circuit is not an off-the-shelf component; rather, each flexible circuit is designed with a specific purpose in mind. Changes to a flexible circuit's design will generally require fabricating entirely new flexible circuits, as the physical circuit traces on the polymer film cannot be changed.

Manufacturing a flexible circuit typically requires the use of sophisticated and specialized tools, coupled with environmentally unfriendly processes, including depositing copper on a polyamide core, etching away unwanted copper with inline etching or an acid bath to retain only the desired conductive circuit traces, and applying a coverlay to the resulting flexible circuit. Significant amounts of hazardous waste are generated by these subtractive processes during the fabrication of each flexible circuit. Properly disposing of such hazardous waste is expensive and adds to the costs of the flexible circuit.

In the still further embodiment described supra beginning with reference to FIG. **9**, the distal and proximal flexile wires replace the flexible circuit **32** and enables the electrode assembly to be constructed using additive processes with off-the-shelf, low cost components. The flexile wires serve the triple functions of an electrode signal pickup, electrical circuit trace, and support for structural integrity and malleability of the electrode assembly.

The general manner of constructing the electrode assembly can be applied to other forms of electronic components in which custom point-to-point circuit traces need to be affixed to a gauze or textile backing, as well as backings made from other materials. The circuit traces are replaced by the interlaced or sewn flexile wires, and the ends of each flexile wire are terminated, as appropriate to the application. The flexile wires may, by example, connect two circuit

boards, or connect to an electrical terminal, power source, or electrical component. In addition, flexile wires may be used to replace a printed circuit board entirely, with each flexile wire serving as a form of sewn interconnect between two or more discrete components, including resistors, capacitors, transistors, diodes, operational amplifiers (op amps) and other integrated circuits, and other electronic or electromechanical components.

By way of illustration, the flexile wires will be described as terminated for use in an electrode assembly, specifically, as terminated on one end to form an electrode signal pickup and on the other end to connect into a circuit board. Constructing the electrode assembly entails interlacing, including manually threading, or machine sewing the flexile, conductive wire through the flexible backing **20**. FIG. **16** is a flow diagram showing a method **90** for constructing a stress-pliant physiological electrode assembly in accordance with a further embodiment. The method can be performed by a set of industrial machines, including a gauze cutting machine to cut the flexible backing **20** to form; a hole punch to cut a plurality of holes provided at regularly-spaced intervals; a stitching or sewing machine to interleave or sew the flexile wire through the flexible backing **20**; a wire stripper or plasma jet to remove insulation from the flexile wire, when applicable; and a glue or adhesive dispenser to embed or coat electrode signal pickup in hydrocolloid gel or equivalent non-irritating adhesive. Other forms or combinations of industrial machines, including a single purpose-built industrial machine, could be used.

As an initial step, a backing is cut to shape and, if required, holes are cut at regularly-spaced intervals along an axial path (step **91**) through which the flexile wire will be interlaced. Holes will need to be cut, for instance, if the flexile wire is to be hand-guided through the backing, or where the backing is cut from a material that is difficult to puncture with a threaded needle, such as used by a sewing machine. In one embodiment, the backing is cut from wearable gauze, latex, woven textile, or similar wrap knit or stretchable and wear-safe material, such as a Tricot-type linen; the resulting backing is flexible and yielding. The backing is also cut into an elongated “hourglass”-like shape, when viewed from above, with a pair of cut-outs and a longitudinal midsection that together help minimize interference with and discomfort to breast tissue, particularly in women (and gynecomastic men), such as described supra with reference to FIG. **3**. The backing can be cut into other shapes as appropriate to need. In addition, depending upon the application, other materials could be substituted for the backing. For example, neoprene, such as used in wetsuits, could be used where a high degree of elasticity and ruggedness is desired.

The flexile wire is then interlaced or sewn into the backing (step **92**). Interlacing can be performed by a machine that guides the flexile wire through the holes previously cut in the material in a crisscrossed, interwoven, or knitted fashion, as well as by hand. The flexile wire can also be guided through the backing without first cutting holes, provided that the weave of the material is sufficiently loose to allow passage of the flexile wire if the flexile wire is otherwise incapable of passing through the backing without the assistance of a needle or other piercing instrument.

Alternatively, the flexile wire could be sewn into the backing by using the flexile wire as “thread” that is stitched into place using a needle or similar implement. If a single flexile wire is employed, the stitching will be a line of rounded stitches that alternate top and bottom, as described supra; however, if more than one flexile wire is used, or the

stitching pattern requires the use of more than one thread, other forms of conventional machine-stitching patterns could be employed, such as a lockstitch.

Once completed, the interlacing or sewing of the flexile wire into the backing creates an integrated point-to-point electrical path that takes the place of a custom circuit trace using an additive, rather than subtractive, manufacturing process. The flexile wire can be interlaced or sewn along a straight, curved, or arbitrary path. One flexile wire is required per point-to-point circuit trace. The strength and pliability of the flexile wire reinforces the backing and, in the still further embodiment described supra beginning with reference to FIG. **9**, facilitates extension, compression, bending, and twisting of the narrow longitudinal midsection **22** in response to tensile, compressional, bending, and torsional forces. Thus, the path of the flexile wire along the backing can be mapped to take advantage of the strength and reinforcing properties of the flexile wire, which, when interlaced or sewn into the backing, help the backing counter the stresses to which the backing will be subjected when deployed.

The flexile wire itself may be insulated or bare (step **93**). When one end of the flexile wire is connected to (or forms) an electrode, particularly a dermal physiology electrode that senses electrical potentials on the skin’s surface, insulated flexile wire will ordinarily be used, with only a portion of the flexile wire incident to the electrode stripped of insulation. However, bare uninsulated flexile wire could alternatively be used throughout, so long as those portions of the uninsulated flexile wire that are exposed on the contact-facing surface of the backing are insulated and shielded from electrical contact (step **94**), such as by applying a layer of plastic, rubber-like polymers, or varnish, or by an additional layer of gauze or adhesive (or non-adhesive) gel over the exposed wire. The uninsulated flexile wire exposed on other surfaces of the backing could also be insulated or simply be left bare.

One end of the flexile wire may be terminated as an electrode signal pickup (step **95**). If insulated flexile wire is used, a portion of the end of the flexile wire is stripped of insulation (step **96**) using, for instance, a wire stripper or plasma jet. The electrode signal pickup could either be formed by interlacing (or sewing) the flexile wire (step **97**) into the backing in the shape of the desired electrode (step **98**) or positioned over the contact-facing area of the backing designated to serve as an electrode signal pickup and embedded within an electrically conductive adhesive (step **99**). In a yet further embodiment, the flexile wire could be terminated as a connection to a discrete electrode, such as by sewing an uninsulated portion of the end of the electrode wire into the discrete electrode to thereby establish an electrical contact and affix the discrete electrode to the backing. The Universal ECG EKG electrode, manufactured by Bio Protech Inc., Tustin, Calif., is one example of a discrete electrode.

Finally, the other end of the flexile wire may be terminated as a connection to a circuit board (step **100**). The flexile wire can be interlaced or sewn onto the circuit board, for instance, by back stitching the flexile wire back and forth across the edge of the circuit board to thereby establish an electrical contact and affix the discrete electrode to the backing.

In a further embodiment, flexile wire can be used to replace all or part of a printed circuit board, such as battery printed circuit board **62** used in constructing a stress-pliant physiological electrode assembly, as described supra, or for any other application that requires interconnection of elec-

trical or electro mechanical components on a physical substrate or backing. Flexile wire in place of conductive circuit traces can work especially well with simple circuit board layouts, where ample space between components and relatively uncomplicated layouts are amenable to stitched-in interconnections. In addition, the use of flexile wire can simplify circuit layout design in multilayer circuits, as insulated flexile wires can be run across each other in situations that would otherwise require the use of a multilayer printed circuit board or similar solution.

Through such use of flexile wire, a printed circuit board can be omitted in whole or in part. Interconnects between and connections to the electronic and electro mechanical components formerly placed on the printed circuit board can instead be sewn from flexile wire. For instance, the battery printed circuit board **62** can be replaced by flexile wire interconnects that connect the electrodes to a sewn set of electrical pads formed by over-stitching the flexile wire into electrical contact surfaces of sufficient size to interface with a monitor recorder **14** when fitted into the non-conductive receptacle **25**. Likewise, the spring **65** and clasp **66** can be sewn in place using flexile wire to hold a battery in place with flexile wire interconnects connecting the battery to a sewn set of electrical pads formed by over-stitching the flexile wire into electrical contact surfaces of sufficient size to interface with a monitor recorder **14** when fitted into the non-conductive receptacle **25**. Still other approaches to replacing printed circuit boards with flexile wire interconnects are possible.

The resultant stress-pliant physiological electrode assembly may be electrically coupled to a broad range of physiological monitors not limited to electrocardiographic measurement. The foregoing method of constructing a stress-pliant electrode assembly is adaptable to manufacturing other forms of dermal electrodes, including electrodes for electrocardiography, electroencephalography, and skin conductance measurements. Further, by adjusting the number of electrodes, the distances among the electrode signal pickups, and the thickness of the flexile wire, the method can be adapted to manufacturing at low cost an electrode assembly that is lightweight and resistant to tensile, compressional and torsional forces, thus contributing to long-term wear and versatility.

While the invention has been particularly shown and described as referenced to the embodiments thereof, those skilled in the art will understand that the foregoing and other changes in form and detail may be made therein without departing from the spirit and scope.

What is claimed is:

1. An extended wear electrocardiography patch with wire contact surfaces, comprising:
 - a flexible backing formed of an elongated strip of stretchable material with narrow longitudinal midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends;
 - a pair of flexile wires, one of the wires forming an electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the one wire that is sewn into the distal end of the elongated strip and that is configured for directly contacting a patient, the one wire continuing back along an axial path through the midsection, another one of the wires forming another electrocardiographic electrode, the another electrocardiographic electrode formed by a portion of the another wire that is sewn into the proximal end of the elongated strip and that is configured for electrically

- contacting the patient, each of the electrodes comprising an electrically conductive area only exposed on the contact surface; and
 - a set of electrical contact pads comprised on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with an electrocardiography monitor recorder.
2. An electrocardiography patch in accordance with claim **1**, further comprising:
 - a non-conductive receptacle securely adhered on one of the ends of the elongated strip opposite the contact surface and formed to removably receive the electrocardiography monitor recorder;
 - a battery compartment formed on a bottom surface of the non-conductive receptacle operable to hold a battery for powering the electrocardiography monitor recorder; and
 - the battery within the battery compartment.
 3. An electrocardiography patch in accordance with claim **2**, further comprising:
 - a spring and a clasp securing the battery within the battery compartment.
 4. An electrocardiography patch in accordance with claim **2**, further comprising:
 - an additional flexile wire sewn into the flexible backing securing the battery within the battery compartment.
 5. An electrocardiography patch in accordance with claim **2**, wherein the battery is interfaced to one or more of the pads of the set that are different from the pads connected to the electrodes and the different pads are configured to interface the battery to the electrocardiography monitor recorder.
 6. An electrocardiography patch in accordance with claim **1**, further comprising:
 - a layer of insulation material covering at least part of a surface of the pair of the flexile wires.
 7. An electrocardiography patch in accordance with claim **1**, wherein the further flexile wires are over-stitched into the flexible backing.
 8. An extended wear interlaced electrocardiography patch with wire contact surfaces, comprising:
 - a flexible backing formed of an elongated strip of stretchable material with narrow longitudinal midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends;
 - a pair of flexile wires, one of the wires forming an electrocardiographic electrode, the electrocardiographic electrode formed by a portion of the one wire that is interlaced into the distal end of the elongated strip and that is configured for directly contacting a patient, the one wire continuing back along an axial path through the midsection, another one of the wires forming another electrocardiographic electrode, the another electrocardiographic electrode formed by a portion of the another wire that is interlaced into the proximal end of the elongated strip and that is configured for electrically contacting the patient, each of the electrodes comprising an electrically conductive area only exposed on the contact surface; and
 - a set of electrical contact pads comprised on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with an electrocardiography monitor recorder.

- 9. An electrocardiography patch in accordance with claim 8, further comprising:
 - a non-conductive receptacle securely adhered on one of the ends of the elongated strip opposite the contact surface and formed to removably receive the electrocardiography monitor recorder; and
 - a battery compartment formed on a bottom surface of the non-conductive receptacle operable to hold a battery for powering the electrocardiography monitor recorder; and
 - the battery within the battery compartment.
- 10. An electrocardiography patch in accordance with claim 9, further comprising:
 - a spring and a clasp securing the battery within the battery compartment.
- 11. An electrocardiography patch in accordance with claim 9, further comprising:
 - an additional flexile wire sewn into the flexible backing securing the battery within the battery compartment.
- 12. An electrocardiography patch in accordance with claim 9, wherein the battery is interfaced to one or more of the pads of the set that are different from the pads connected to the electrodes and the different pads are configured to interface the battery to the electrocardiography monitor recorder.
- 13. An electrocardiography patch in accordance with claim 9, further comprising:
 - a layer of insulation material covering at least part of a surface of the pair of the flexile wires.
- 14. An electrocardiography patch in accordance with claim 8, wherein the further flexile wires are over-stitched into the flexible backing.
- 15. An extended wear embedded electrode electrocardiography patch with wire contact surfaces, comprising:
 - a flexible backing formed of an elongated strip of stretchable material with a narrow longitudinal, midsection evenly tapering inward from a distal end and a proximal end, the elongated strip adherable only to a contact surface defined on each of the ends;
 - a distal electrically conductive adhesive positioned on the distal end and configured for directly contacting a patient;
 - a proximal electrically conductive adhesive positioned on the proximal end and configured for directly contacting the patient;
 - a pair of flexile wires, one of the wires forming an electrocardiographic electrode by a portion of the wire

- embedded within the distal electrically conductive adhesive on the distal end, the one wire continuing back along an axial path through the narrow longitudinal midsection, another one of the wires forming another electrocardiographic electrode by a portion of the another wire embedded within the proximal electrically conductive adhesive, wherein the embedded portion of the one wire receives electrical potentials of the patient directly from the distal electrically conductive adhesive and the embedded portion of the another wire receives electrical potentials of the patient directly from the proximal electrically conductive adhesive; and
- a set of electrical contact pads comprised on the flexible backing and formed by further flexile wires, one or more of the pads of the set connected to the electrodes and configured to interface the electrodes with a removable electrocardiography monitor recorder.
- 16. An electrocardiography patch in accordance with claim 15, further comprising:
 - a non-conductive receptacle securely adhered on one of the ends of the elongated strip opposite the contact surface and formed to removably receive the removable electrocardiography monitor recorder; and
 - a battery compartment formed on a bottom surface of the non-conductive receptacle operable to hold a battery for powering the removable electrocardiography monitor recorder.
- 17. An electrocardiography patch in accordance with claim 16, further comprising:
 - a spring and a clasp securing the battery within the battery compartment.
- 18. An electrocardiography patch in accordance with claim 16, further comprising:
 - an additional flexile wire sewn into the flexible backing securing the battery within the battery compartment.
- 19. An electrocardiography patch in accordance with claim 16, wherein the battery is interfaced to one or more of the pads of the set that are different from the pads connected to the electrodes and the different pads are configured to interface the battery to the removable electrocardiography monitor recorder.
- 20. An electrocardiography patch in accordance with claim 15, wherein the further flexile wires are over-stitched into the flexible backing.

* * * * *

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摘要(译)

可以通过可穿戴式监视器提供生理监测，该监视器包括灵活的延长耐磨电极贴片和可拆卸的可重复使用的监视器记录器。将一对柔性线交织或缝合到柔性背衬中，用作电极信号拾取器和电极电路迹线。可穿戴式监护仪沿胸骨位于患者胸部的中央位置，显着提高了检测心脏电信号的能力，尤其是心房产生的心电信号。电极贴片的形状适合于舒适地贴合胸部的轮廓，大致以胸骨中线为中心。为了抵抗由于压缩力和扭转力引起的移位，在电极贴片的下侧或接触表面上提供无刺激性粘合剂，但仅在远端和近端上提供。将柔性线交织或缝合到柔性背衬中也提供了抵抗压缩，拉伸和扭转力的结构支撑和延展性。

