



US008052604B2

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

(10) **Patent No.:** **US 8,052,604 B2**
(45) **Date of Patent:** **Nov. 8, 2011**

(54) **METHODS AND APPARATUS FOR
ENGAGEMENT AND COUPLING OF AN
INTRACAVITORY IMAGING AND HIGH
INTENSITY FOCUSED ULTRASOUND
PROBE**

4,097,835 A 6/1978 Green
4,185,502 A 1/1980 Frank
4,282,755 A 8/1981 Gardineer et al.
4,347,850 A 9/1982 Kelly-Fry
4,484,569 A 11/1984 Driller
(Continued)

(75) Inventors: **Michael P. H. Lau**, Edmonds, WA (US);
Gregory Paul Darlington, Snohomish,
WA (US); **Michael J. Connolly**, Bothell,
WA (US); **Zihong Guo**, Bellevue, WA
(US)

FOREIGN PATENT DOCUMENTS

EP 0301360 B1 2/1989
(Continued)

(73) Assignee: **Mirabilis Medica Inc.**, Bothell, WA
(US)

Cain, C.A., and S.-I. Umemura, "Concentric-Ring and Sector-Vortex
Phased-Array Applicators for Ultrasound Hyperthermia," IEEE
Transactions on Microwave Theory and Techniques 34(5):542-551,
May 1986.

(*) Notice: Subject to any disclaimer, the term of this
patent is extended or adjusted under 35
U.S.C. 154(b) by 699 days.

(Continued)

(21) Appl. No.: **11/831,048**

Primary Examiner — Long V Le

Assistant Examiner — Angela M Hoffa

(22) Filed: **Jul. 31, 2007**

(74) Attorney, Agent, or Firm — Christensen O'Connor
Johnson Kindness PLLC

(65) **Prior Publication Data**

US 2009/0036773 A1 Feb. 5, 2009

(51) **Int. Cl.**

A61B 8/00 (2006.01)

A61B 8/14 (2006.01)

(52) **U.S. Cl.** **600/439**; 600/459; 600/462

(58) **Field of Classification Search** 600/439,
600/459-467

See application file for complete search history.

(56) **References Cited**

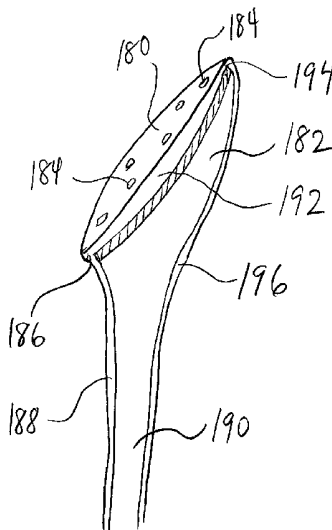
U.S. PATENT DOCUMENTS

3,470,868 A 10/1969 Krause
3,480,002 A 11/1969 Flaherty
3,676,584 A 7/1972 Plakas
3,941,112 A 3/1976 Habert
4,059,098 A 11/1977 Murdock

(57) **ABSTRACT**

A combined imaging/HIFU probe includes an imaging scan head, a HIFU transducer, and an outlet port that delivers a flow of fluid across the HIFU transducer. At least a portion of the body cavity is filled with fluid in which the probe is immersed. The fluid provides a coupling for transmission of ultrasound energy between the probe and the patient. A flow of fluid may also be used to flush obstructions from an area of tissue near the HIFU transducer. Further described herein is a cuff to help retain fluid in the body cavity, a regulator to regulate fluid flow with respect to the body cavity according to a desired fluid pressure, and a cover for the HIFU transducer that has at least one perforation defined therethrough to allow fluid to flow through the cover. Further disclosed herein are methods of deploying a combined imaging/HIFU probe in a body cavity.

49 Claims, 9 Drawing Sheets



U.S. PATENT DOCUMENTS

4,742,829 A 5/1988 Law
 4,756,313 A * 7/1988 Terwilliger 600/462
 4,835,689 A 5/1989 O'Donnell
 4,858,613 A 8/1989 Fry
 4,865,042 A 9/1989 Umemura
 4,893,624 A 1/1990 Lele
 5,005,579 A 4/1991 Wurster
 5,036,855 A 8/1991 Fry
 5,080,101 A 1/1992 Dory
 5,080,102 A 1/1992 Dory
 5,080,660 A 1/1992 Buelna
 5,117,832 A 6/1992 Sanghvi
 5,234,429 A 8/1993 Goldhaber
 5,271,402 A * 12/1993 Yeung et al. 600/437
 5,391,140 A 2/1995 Schaetzle
 5,441,499 A 8/1995 Fritzsche
 5,471,988 A 12/1995 Fujio
 5,474,071 A 12/1995 Chapelon
 5,492,126 A 2/1996 Hennige
 5,520,188 A 5/1996 Hennige
 5,558,092 A 9/1996 Unger
 5,619,999 A 4/1997 Von Behren
 5,666,954 A 9/1997 Chapelon
 5,720,287 A 2/1998 Chapelon
 5,762,066 A 6/1998 Law
 5,769,790 A 6/1998 Watkins
 5,810,007 A 9/1998 Holupka
 5,882,302 A 3/1999 Driscoll, Jr.
 5,976,092 A 11/1999 Chinn
 5,993,389 A 11/1999 Driscoll, Jr.
 6,002,251 A 12/1999 Sun
 6,007,499 A 12/1999 Martin
 6,042,556 A 3/2000 Beach
 6,050,943 A 4/2000 Slayton
 6,083,159 A 7/2000 Driscoll, Jr.
 6,126,607 A * 10/2000 Whitmore et al. 600/459
 6,196,972 B1 3/2001 Moehring
 6,217,530 B1 4/2001 Martin
 6,254,601 B1 7/2001 Burbank
 6,267,734 B1 7/2001 Ishibashi
 6,315,741 B1 11/2001 Martin
 6,390,973 B1 5/2002 Ouchi
 6,425,867 B1 7/2002 Vaezy
 6,432,067 B1 8/2002 Martin
 6,451,013 B1 9/2002 Bays
 6,461,314 B1 10/2002 Pant
 6,488,639 B1 12/2002 Ribault
 6,500,133 B2 12/2002 Martin
 6,537,224 B2 3/2003 Mauchamp
 6,602,251 B2 8/2003 Burbank
 6,613,004 B1 9/2003 Vitek
 6,626,855 B1 9/2003 Weng
 6,633,658 B1 10/2003 Dabney
 6,645,162 B2 11/2003 Friedman
 6,666,835 B2 12/2003 Martin
 6,676,601 B1 1/2004 Lacoste
 6,692,450 B1 2/2004 Coleman
 6,716,184 B2 4/2004 Vaezy
 6,719,694 B2 4/2004 Weng
 6,740,082 B2 5/2004 Shaddock
 6,764,488 B1 7/2004 Burbank
 6,840,936 B2 1/2005 Sliwa, Jr.
 6,936,046 B2 8/2005 Hissong
 7,063,666 B2 6/2006 Weng
 7,105,007 B2 9/2006 Hibler
 7,175,596 B2 2/2007 Vitek
 7,258,674 B2 8/2007 Cribbs
 7,452,357 B2 11/2008 Voegelé
 7,470,241 B2 12/2008 Weng
 7,473,224 B2 1/2009 Makin
 7,699,782 B2 * 4/2010 Angelsen et al. 600/444
 2001/0012934 A1 8/2001 Chandrasekaran
 2002/0029036 A1 3/2002 Goble
 2002/0065512 A1 5/2002 Fjield
 2002/0120259 A1 8/2002 Lettice
 2003/0004439 A1 1/2003 Pant
 2003/0060736 A1 3/2003 Martin
 2003/0233045 A1 12/2003 Vaezy

2004/0030269 A1 2/2004 Horn
 2004/0082859 A1 4/2004 Schaer
 2004/0153126 A1 8/2004 Okai
 2004/0242999 A1 12/2004 Vitek
 2004/0243201 A1 12/2004 Goldman
 2005/0038340 A1 2/2005 Vaezy
 2005/0085726 A1 4/2005 Lacoste
 2005/0101854 A1 5/2005 Larson
 2005/0154431 A1 7/2005 Quistgaard
 2005/0203399 A1 9/2005 Vaezy
 2005/0256405 A1 11/2005 Makin
 2005/0267454 A1 12/2005 Hissong
 2006/0052701 A1 3/2006 Carter
 2006/0264748 A1 11/2006 Vaezy
 2007/0066990 A1 3/2007 Marsella
 2007/0194658 A1 8/2007 Zhang
 2007/0197918 A1 8/2007 Vitek
 2007/0238994 A1 10/2007 Stecco
 2008/0039724 A1 2/2008 Seip
 2008/0071165 A1 3/2008 Makin
 2008/0086036 A1 4/2008 Hartley
 2008/0125771 A1 5/2008 Lau
 2008/0221647 A1 9/2008 Chamberland
 2008/0281314 A1 11/2008 Johnson
 2008/0319436 A1 12/2008 Daniel
 2009/0036774 A1 2/2009 Weng
 2009/0228001 A1 9/2009 Pacey
 2009/0326420 A1 12/2009 Moonen

FOREIGN PATENT DOCUMENTS

EP 0614651 A1 9/1994
 EP 0734742 A2 10/1996
 EP 1 726 267 A2 11/2006
 JP 05023336 A * 2/1993
 WO 93/17646 A2 9/1993
 WO WO 9427502 A1 * 12/1994
 WO 95/20360 A1 8/1995
 WO 97/00646 A1 1/1997
 WO 01/71380 A2 9/2001
 WO 2004/073524 A1 9/2004
 WO 2005/000097 A2 1/2005
 WO 2006097661 A1 9/2006

OTHER PUBLICATIONS

Chapelon, J.Y., et al., "The Feasibility of Tissue Ablation Using High Intensity Electronically Focused Ultrasound," Proceedings of the IEEE Ultrasonics Symposium 1993, Baltimore, Oct. 31-Nov. 3, 1993, pp. 1211-1214.
 Chen, L., et al., "Effect of Blood Perfusion on the Ablation of Liver Parenchyma With High-Intensity Focused Ultrasound," Physics in Medicine and Biology 38(11):1661-1673, Nov. 1993.
 Cheng, S.-Q., et al., "High-Intensity Focused Ultrasound in the Treatment of Experimental Liver Tumour," Journal of Cancer Research and Clinical Oncology 123(4):219-223, Apr. 1997.
 Coad, J.E., "Thermal Fixation: A Central Outcome of Hyperthermic Therapies," Proceedings of the SPIE Conference on Thermal Treatment of Tissue: Energy Delivery and Assessment III 5698:15-22, San Jose, Calif., Jan. 23, 2005.
 Delon-Martin, C., et al., "Venous Thrombosis Generation by Means of High-Intensity Focused Ultrasound," Ultrasound in Medicine & Biology 21(1):113-119, 1995.
 Friedland, F., "Ultrasonic Therapy," American Journal of Nursing 59(9):1272-1275, Sep. 1959.
 Fry, F.J., "Recent Bioeffects With Ultrasound on the Reproductive System and Solid Tumors," Journal of the Acoustical Society of America 63(Suppl. 1):S13, May 1978.
 Hallberg, L., et al., "Menstrual Blood Loss—A Population Study: Variation at Different Ages and Attempts to Define Normality," Acta Obstetrica et Gynecologica Scandinavica 45(3):320-351, 1966.
 Lee, J.M., et al., "Comparison of Wet Radiofrequency Ablation With Dry Radiofrequency Ablation and Radiofrequency Ablation Using Hypertonic Saline Preinjection: Ex Vivo Bovine Liver," Korean Journal of Radiology 5(4):258-265, Dec. 2004.
 Lee, J.M., et al., "Wet Radio-Frequency Ablation Using Multiple Electrodes: Comparative Study of Bipolar Versus Monopolar Modes in the Bovine Liver," European Journal of Radiology 54:408-417, Jun. 2005.

- Orsini-Meinhard, K., "UW Tech-Transfer Program Putting Discoveries to Work," *The Seattle Times*, May 27, 2007, 8 pages.
- Rabkin, B.A., et al., "Biological and Physical Mechanisms of HIFU-Induced Hyperecho in Ultrasound Images," *Ultrasound in Medicine & Biology* 32(11):1721-1729, Nov. 2006.
- Sanghvi, N.T., et al., "High Intensity Focused Ultrasound (HIFU) for the Treatment of Rectal Tumors: A Feasibility Study," *Proceedings of IEEE Ultrasonics Symposium* 3:1895-1898, Cannes, France, Nov. 1-4, 1994.
- "ThermoDox™ Animal Studies to Be Presented at 6th International Symposium on Therapeutic Ultrasound in Oxford, England," Aug. 30-Sep. 2, 2006, Celsion, Inc., <<http://www.celsion.com/news/releasedetail.cfm>> [retrieved Oct. 8, 2007], 2 pages.
- "ThermoDox™: Heat-Activated Liposome Drug," © 2007 Celsion, Inc., <<http://www.celsion.com/products/ThermoDox.cfm>> [retrieved Oct. 8, 2007], 3 pages.
- Vaezy, S., et al., "Image-Guided Acoustic Therapy," *Annual Review of Biomedical Engineering* 3:375-390, Aug. 2001.
- Winter, T.C., et al., "Focal Tumor Ablation: A New Era in Cancer Therapy," *Ultrasound Quarterly* 22(3):204-209, Sep. 2006.
- Zanelli, C.I., et al., "Design and Characterization of a 10 cm Annular Array Transducer for High Intensity Focused Ultrasound (HIFU) Applications," *Proceedings of the IEEE Ultrasonics Symposium* 3:1887-1890, Cannes, France, Nov. 1-4, 1994.
- Mittleman, R.S., et al., "Use of the Saline Infusion Electrode Catheter for Improved Energy Delivery and Increased Lesion Size in Radiofrequency Catheter Ablation," *Pacing and Clinical Electrophysiology* 18(5, Pt. I):953-1081, May 1995.
- International Search Report dated Jun. 26, 2009, in International Application No. PCT/US2008/082829, filed Nov. 7, 2008.
- Daum, D.R., and K. Hynynen, "A 256-Element Ultrasonic Phased Array System for the Treatment of Large Volumes of Deep Seated Tissue," *IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control* 46(5):1254-1268, Sep. 1999.
- Enholm, J.K., et al., "Improved Volumetric MR-HIFU Ablation by Robust Binary Feedback Control," *IEEE Transactions on Biomedical Engineering* 57(1):103-113, Jan. 2010.
- Mougenot, C., et al., "Automatic Spatial and Temporal Temperature Control for MR-Guided Focused Ultrasound Using Fast 3D MR Thermometry and Multispiral Trajectory of the Focal Point," *Magnetic Resonance in Medicine* 52:1005-1015, 2004.
- Mougenot, C., et al., "Three-Dimensional Spatial and Temporal Temperature Control With MR Thermometry-Guided Focused Ultrasound (MRgHIFU)," *Magnetic Resonance in Medicine* 61:603-614, 2009.
- Ngo, F.C., et al., "An Experimental Analysis of a Sector-Vortex Phased Array Prototype," *Proceedings of the IEEE Ultrasonics Symposium*, Montreal, Oct. 3-6, 1989, vol. 2, pp. 999-1002.
- Rabkin, B.A., et al., "Hyperecho in Ultrasound Images of HIFU Therapy: Involvement of Cavitation," *Ultrasound in Medicine and Biology* 31(7):947-956, Jul. 2005.
- Umemura, S.-I., and C.A. Cain, "Acoustical Evaluation of a Prototype Sector-Vortex Phased-Array Applicator," *IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control* 39(1):32-38, Jan. 1992.
- Extended European Search Report mailed Feb. 26, 2010, issued in European Patent Application No. 07811847.8, filed Apr. 13, 2007, 7 pages.
- International Search Report mailed May 11, 2010, issued in International Application No. PCT/US2009/059589, filed Oct. 5, 2009, 5 pages.
- International Search Report and Written Opinion mailed May 18, 2010, issued in International Application No. PCT/US2009/053050, filed Aug. 6, 2009, 15 pages.
- International Search Report and Written Opinion mailed Oct. 26, 2010, issued in International Application No. PCT/US2010/026565, filed Mar. 8, 2010, 10 pages.

* cited by examiner

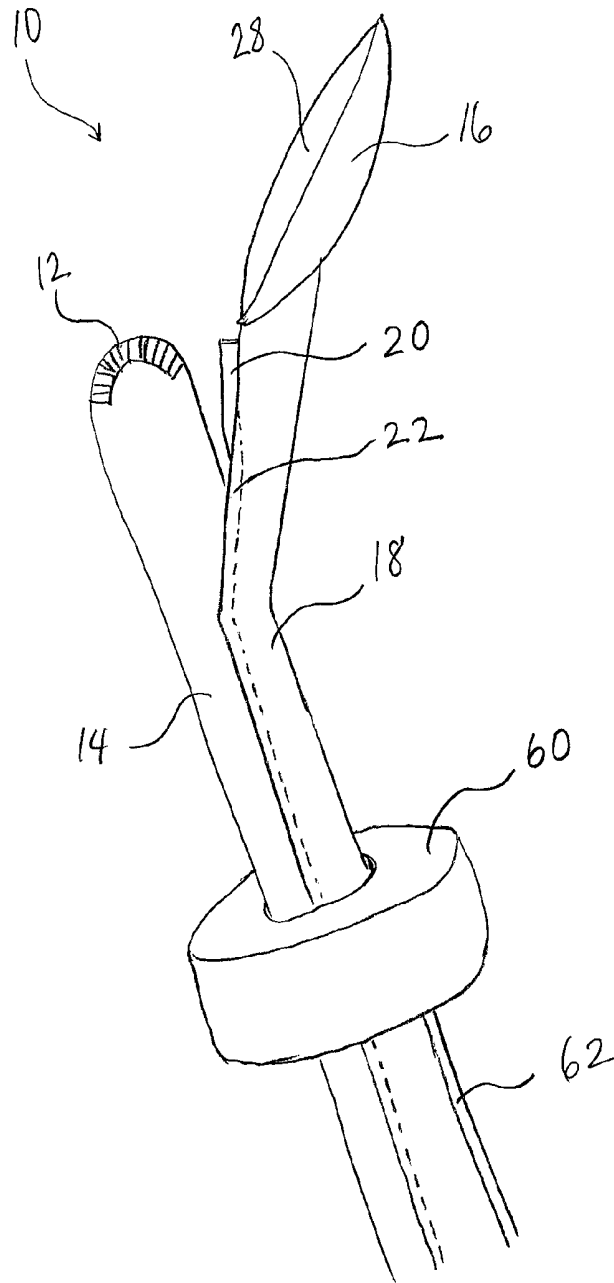


FIG. 1.

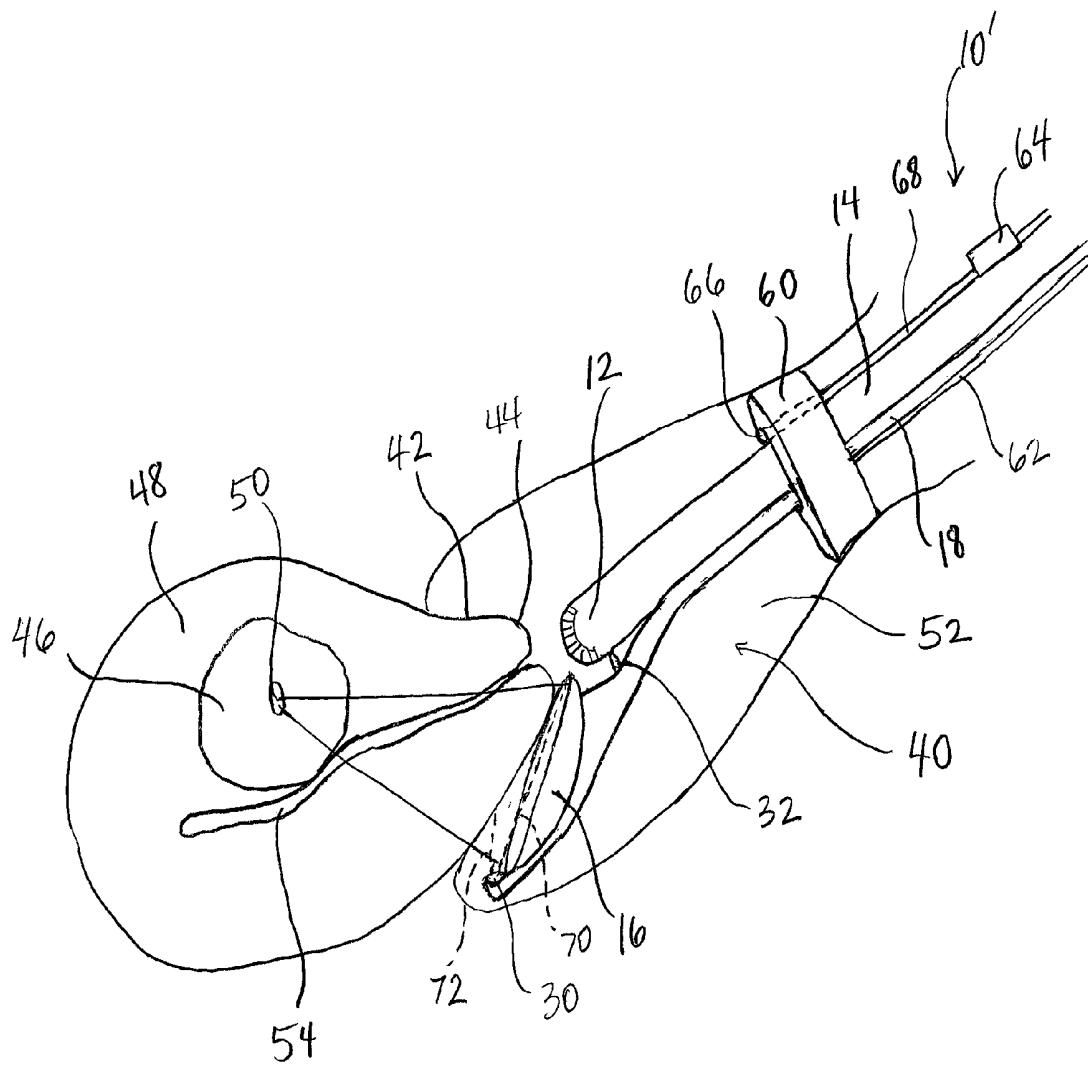
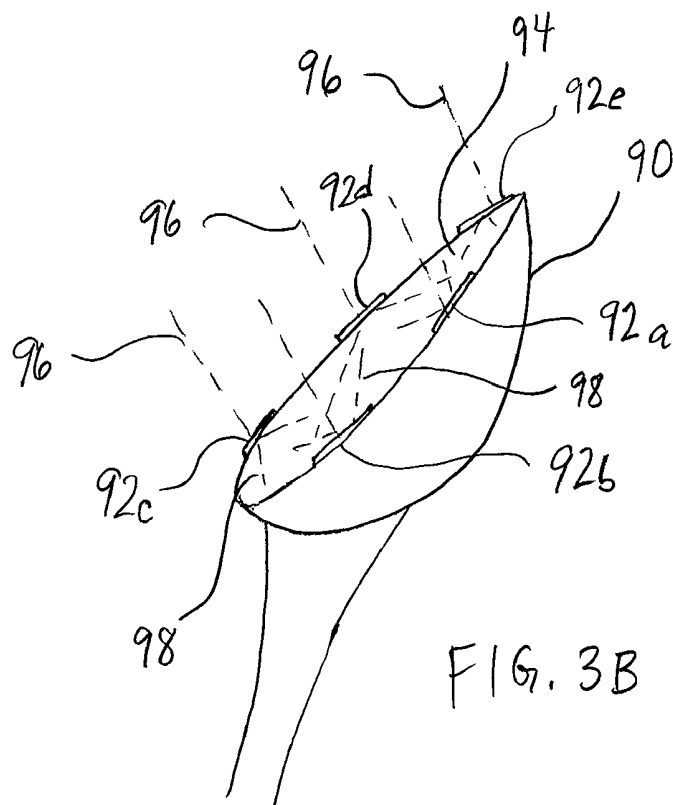
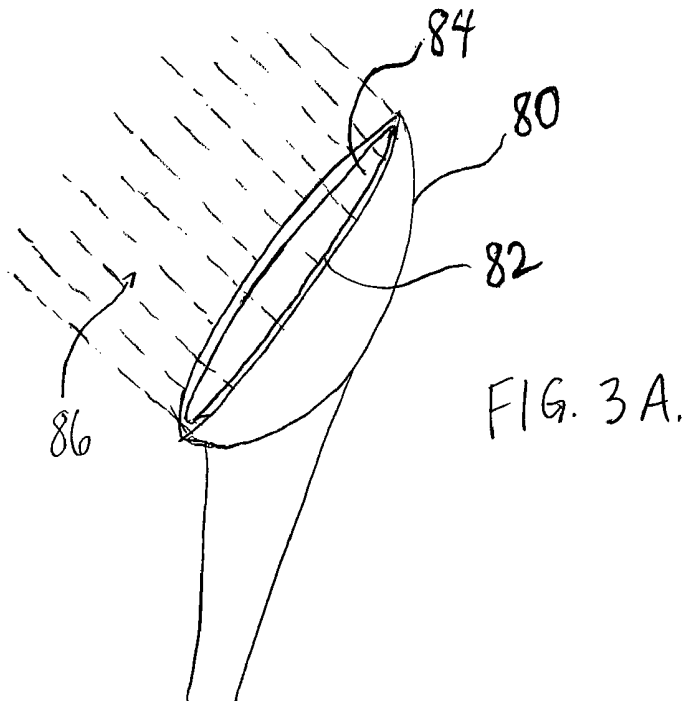


FIG. 2.



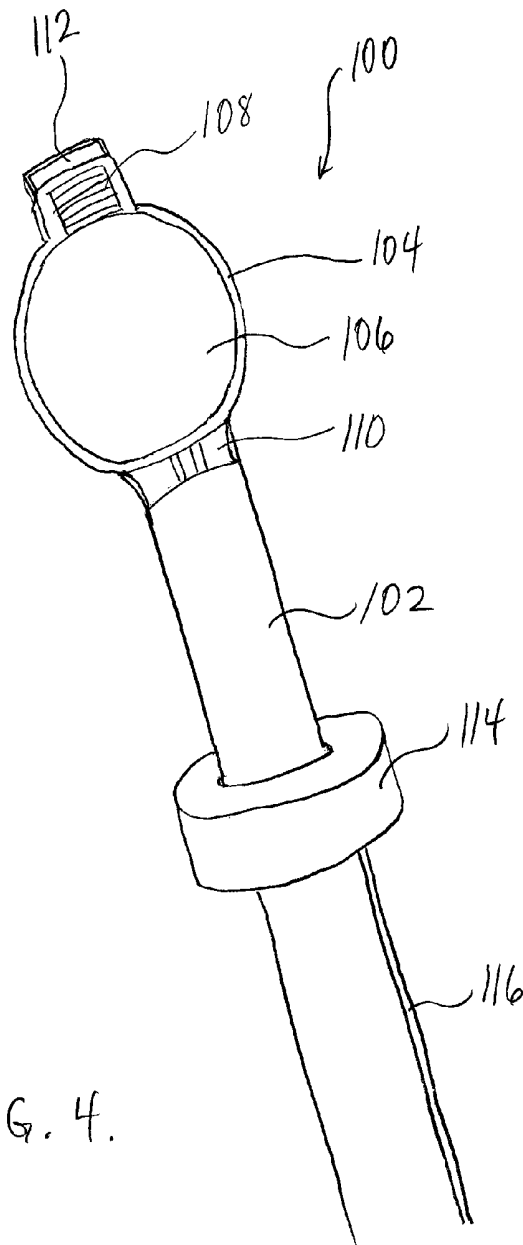


FIG. 4.

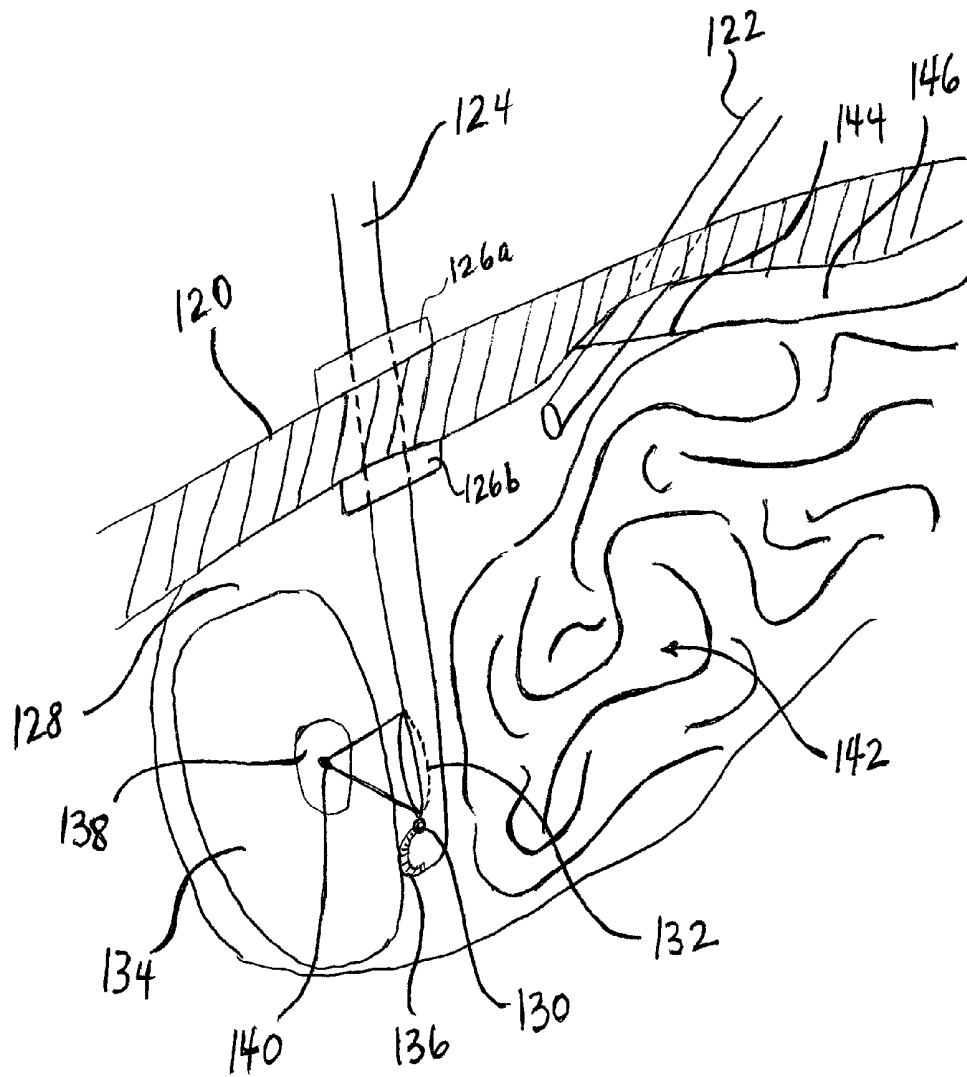


FIG. 5.

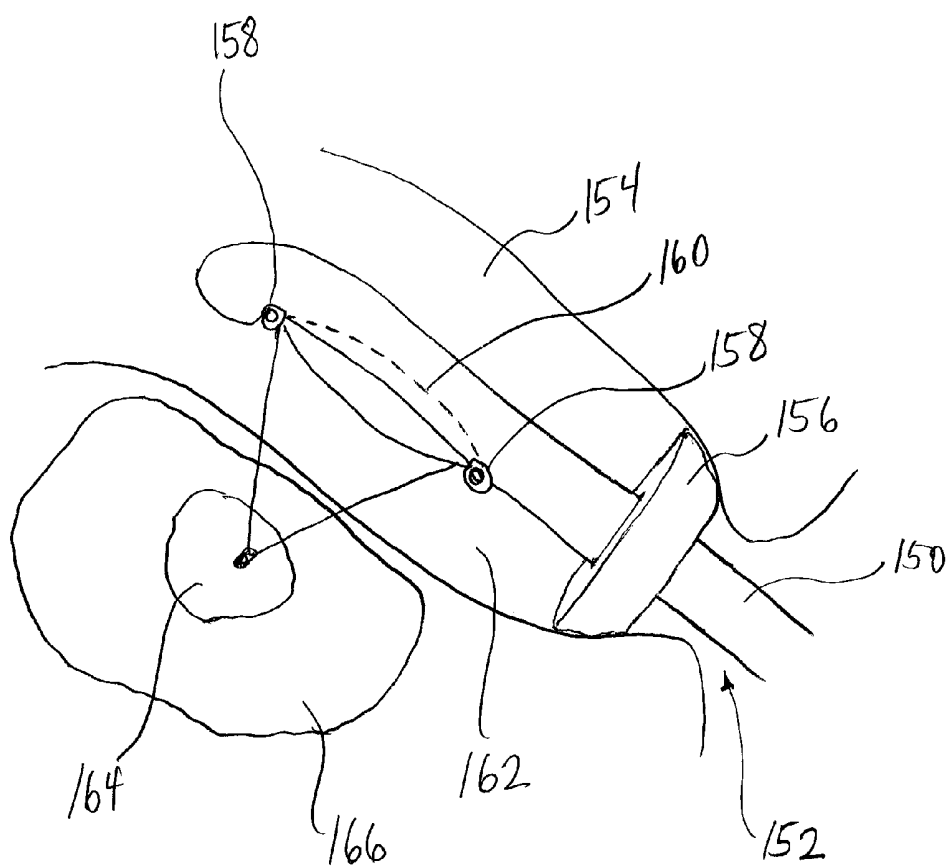
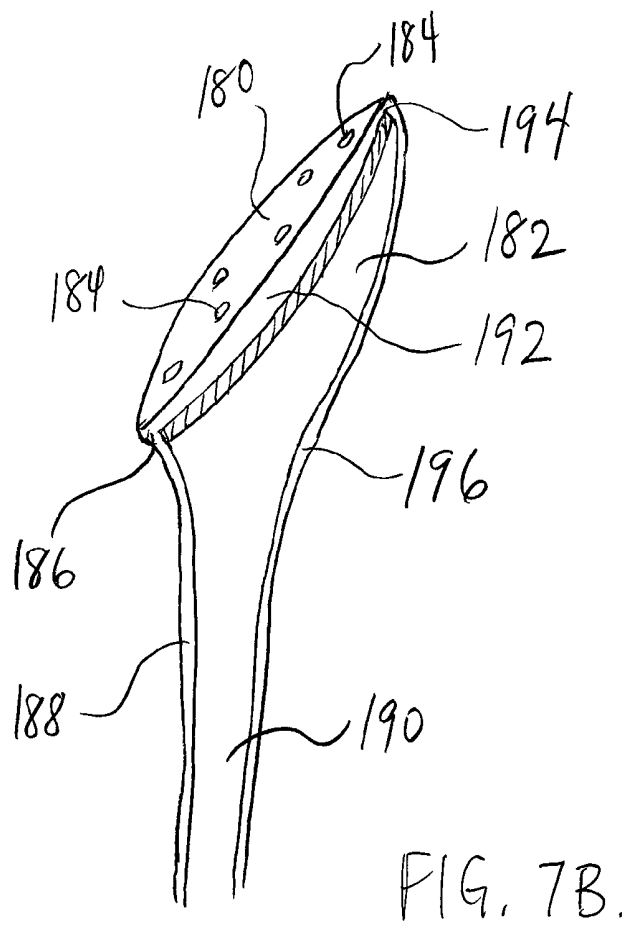
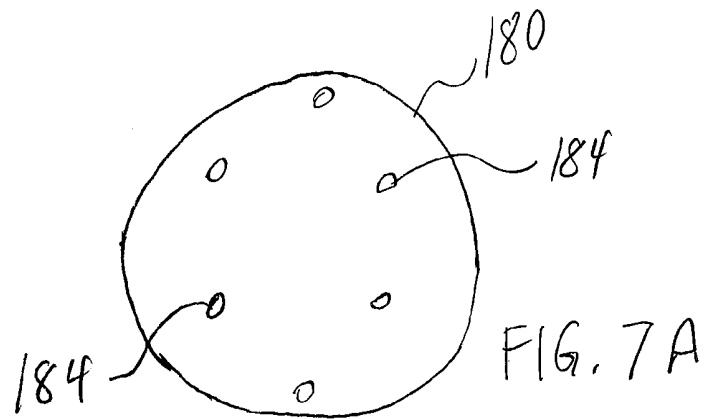


FIG. 6.



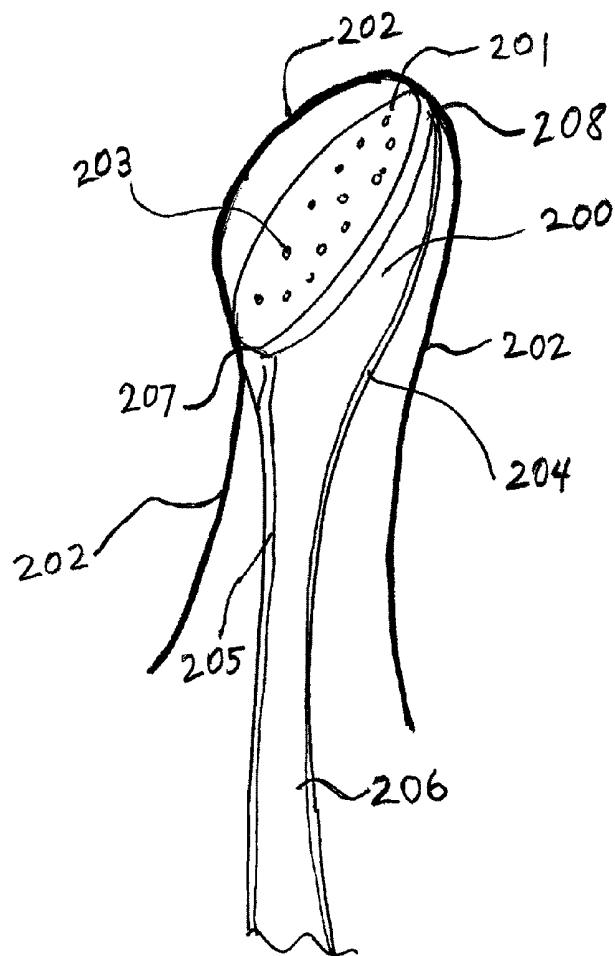
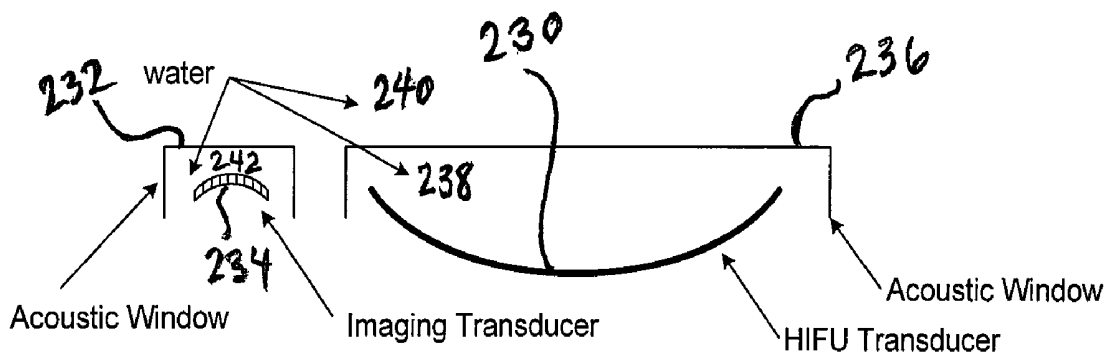
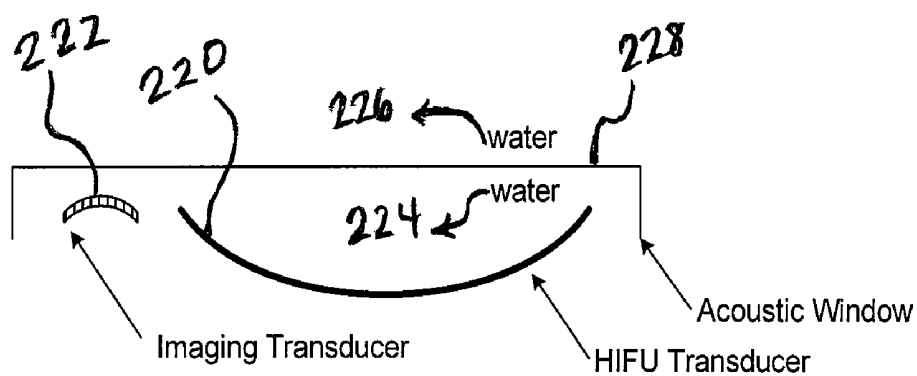
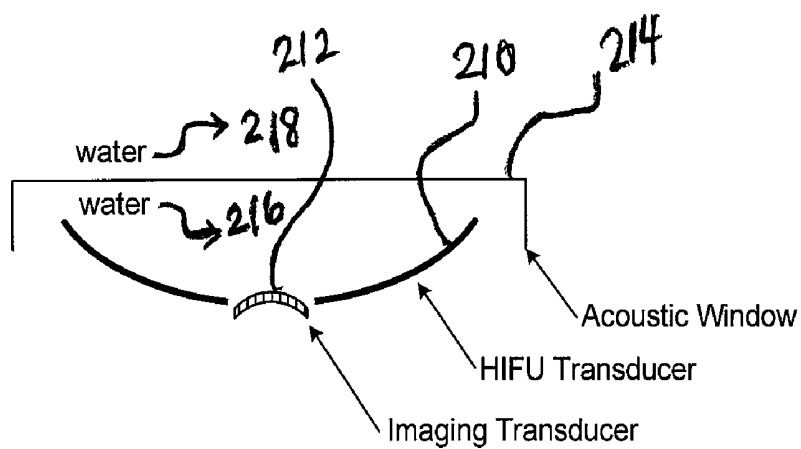


FIG. 8



1

METHODS AND APPARATUS FOR ENGAGEMENT AND COUPLING OF AN INTRACAVITORY IMAGING AND HIGH INTENSITY FOCUSED ULTRASOUND PROBE

FIELD OF THE INVENTION

The present application is directed to methods and apparatus that provide ultrasound imaging and therapeutic treatment of internal pathological conditions using high intensity focused ultrasound energy.

BACKGROUND

High intensity focused ultrasound (HIFU) has been used as a non-invasive precise treatment modality for internal pathological conditions such as tumors and abnormal vascular or nerve conditions. While diagnostic ultrasound has a focal intensity typically around 0.1 W/cm^2 , high intensity focused ultrasound is of 4-5 orders of magnitude greater in focal intensity, typically in the range of $1,000$ to $10,000 \text{ W/cm}^2$. HIFU energy, focused at locations deep in tissue, leaves the intervening tissue between the HIFU source and the focus unharmed. At the HIFU focus, however, the focal temperature may quickly exceed 70° C. , and thereafter reach 100° C. , the boiling point of tissue water, depending on the application of the HIFU energy. The high focal tissue temperature generated by the HIFU energy can rapidly cause tissue disruption. The thermal effect of tissue destruction is augmented further by the mechanical effect of HIFU energy. The combined thermal and mechanical effect at the tissue focus of the HIFU is being used for the treatment of uterine fibroid tumors, prostate hyperplasia or cancer, liver cancer, malignant bone and soft tissue sarcoma and internal bleeding.

Since HIFU treatment is mostly directed to internal pathological conditions, which cannot be visually seen, the use of radiologic imaging of those pathologies deep in the tissue is necessary for the therapy. MRI is being used to guide HIFU treatment of internal fibroids. Transabdominal ultrasound-guided HIFU treatment of liver tumors and uterine fibroids is also being practiced.

Recently, transvaginal ultrasound image-guided HIFU treatment of uterine fibroids has been developed. Similar technology can be applied to endometrial ablation and treatment of cervical neoplasia and HPV lesions. In order to properly treat the deep uterine pathologies, such as fibroids, it is preferred that the tumor along with the surrounding uterine tissue be visualized in real time throughout the HIFU treatment process. Both clear imaging by diagnostic ultrasound and achievement of HIFU tissue effect at the target area are important when conducting image-guided HIFU therapy.

In order to use ultrasound energy to image the structures of an area for treatment, the imaging scan head traditionally has to be in direct and firm contact with the tissue in continuum to the tissue of the target area. This engagement of the imaging scan head to the tissue may be supplemented by a coupling medium which can effectively transmit the ultrasound between the scan head and the tissue. For example, ultrasound gel is traditionally used to couple an ultrasound scan head and the skin on a person's abdomen to visualize intra-abdominal structures. The coupling material, such as ultrasound gel, is of similar acoustic transmission characteristics as that of the tissue to prevent an acoustic aberrance at the scan head-tissue interface. For example, if there is air or other obstructions between the scan head and the skin, the ultrasound imaging will become distorted or non-observable due to the difference

2

of acoustic impedance of the air or other obstructions from that of the tissue. The ultrasound gel as a coupling medium replaces the air at the interface and enables clearer imaging of the underlying structures.

A conventional HIFU transducer generating therapeutic ultrasound energy likewise should be in direct engagement of the tissue in continuum with the target in order for the ultrasound energy to be effectively transmitted and focused at the target area to achieve the therapeutic effect. Generally, a coupling medium of similar acoustic characteristics as the tissue is used to connect the HIFU transducer with the tissue to enable optimal transmission and focusing of HIFU energy. Disengagement of the imaging scan head or the HIFU aperture from the tissue without a mechanism of coupling tends to interfere with the image-guided HIFU treatment of the target tissue.

For example, performing transvaginal ultrasound image-guided HIFU treatment of uterine fibroids requires a physical contact to obtain a proper engagement and coupling of an imaging probe and a HIFU transducer to the cervix and vaginal fornices. The imaging scan head needs to be placed firmly against the cervix and is generally pushed up towards the top of the anterior fornix to obtain optimal ultrasound images of the pelvic organs. Ultrasound gel is used to enhance the coupling between the scan head and tissue. Disengagement between the scan head and the cervix-fornices typically results in poor image quality. The HIFU transducer, which may be in a fixed relationship to the imaging head, engages the cervix, mostly towards the posterior fornix. Due to its size, the HIFU transducer also typically partially rides on the surface of the cervix that has the cervical os in its center. A fixed spatial relationship between the imaging head and the HIFU aperture presents an obvious challenge: optimal engagement of the imaging head with the tissue at the cervix may disengage the HIFU transducer from the cervical tissue toward the posterior fornix and vice versa. The variability of the dimensions and shape of the cervix and vaginal fornices among women makes it very difficult to design a probe that can optimize the simultaneous engagement of both the imaging and HIFU heads to the cervix and vaginal fornices. As noted earlier, when using conventional ultrasound systems, disengagement of the imaging head from the cervical tissue results in poor images of the pelvic organs. Disengagement of the HIFU transducer from the tissue toward the posterior fornix results in intervening air space that can cause aberration of the HIFU effect and even undesirable local heating at the tissue interface.

Thus, there is a need to provide consistent clear imaging of the target tissue and the HIFU effect at the target tissue to help guide movement of the HIFU focus throughout the procedure. Furthermore, there is a need for a more global approach for the engagement and coupling of both an imaging component and HIFU component to the tissue in a body cavity. These needs and other shortcomings in the prior art are addressed herein.

BRIEF SUMMARY

Methods and apparatus described are configured to use a fluid, such as water or normal saline, as a universal coupling medium between both an imaging scan head and the aperture of a HIFU transducer and the tissue of a patient to be treated. A body cavity of the patient is partially or fully filled with fluid and a combined imaging/high intensity focused ultrasound (HIFU) probe as described herein is immersed in the fluid. The fluid in the cavity allows the probe to deliver image-guided HIFU therapy in which direct engagement of the

imaging scan head and/or the HIFU transducer to the tissue in the cavity is not necessary. The coupling effect of the fluid provides increased freedom for non-contact engagement of the imaging scan head and the HIFU transducer to the tissue to be treated. The method and the apparatus described herein are applicable to all body cavities, existing or created surgically.

An embodiment of a combined imaging/HIFU probe includes an imaging scan head for imaging target tissue in a patient and a HIFU transducer having an aperture through which HIFU energy is transmitted to the target tissue. A channel in fluid connection with an outlet port delivers a flow of fluid to the outlet port which directs the fluid across at least a portion of the aperture of the HIFU transducer. The probe is constructed to allow fluid flow from the outlet port to fill at least a portion of the body cavity in which the imaging scan head and HIFU transducer are immersed. The fluid provides a coupling for transmission of ultrasound energy between the probe and the patient.

In one aspect, the probe may be constructed to direct a flow of fluid toward an area of tissue in the body cavity near the aperture of the HIFU transducer. This flow of fluid flushes the area of tissue of obstructions to the transmission of HIFU energy to the target tissue.

In another aspect separate from or combined with the foregoing aspect, the probe may include a cuff that extends around the probe. The cuff is configured to obstruct an opening to the body cavity to help retain fluid from the outlet port in the body cavity.

In yet another aspect separate from or combined with either of the foregoing aspects, the probe may include a regulator configured to regulate fluid flow with respect to the body cavity according to a desired fluid pressure of the fluid in the body cavity.

In still another aspect separate from or combined with any of the foregoing aspects, the probe may include a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material that has at least one perforation defined therethrough which allows fluid to flow through the cover.

Another embodiment of a combined imaging/high intensity focused ultrasound (HIFU) probe comprises an imaging scan head for imaging target tissue in the patient, a HIFU transducer having an aperture through which HIFU energy is transmitted to the target tissue, a channel in fluid connection with an outlet port for delivering a flow of fluid, and a cover in sealing engagement with the HIFU transducer. The cover is comprised of a non-permeable material that has at least one perforation defined therethrough that allows fluid to flow through the cover. Further, a flexible sheath overlies the cover and is sealingly engaged with the HIFU transducer. The probe is constructed to allow fluid flow from the outlet port to fill the space between the aperture of the HIFU transducer and the cover, and further to fill the space between the cover and the sheath, causing the sheath to inflate with fluid. The fluid flows through the at least one perforation in the cover and provides a coupling for transmission of ultrasound energy from the HIFU transducer to the patient.

Also disclosed herein are methods of deploying a combined imaging/HIFU probe for use in a body cavity of a patient. An embodiment of the method includes inserting the combined imaging/HIFU probe through an opening to the body cavity of the patient and directing a flow of fluid from the outlet port of the probe across at least a portion of the aperture of the HIFU transducer.

In one aspect, the method may further include directing fluid flow from the outlet port toward an area of tissue in the

body cavity near the aperture of the HIFU transducer. The fluid flow is used to flush the area of tissue and reduce obstructions to the transmission of HIFU energy to the target tissue.

In another aspect separate from or combined with the foregoing aspect, the method may include positioning a cuff around the probe to obstruct the opening to the body cavity to help retain fluid from the outlet port in the body cavity.

In yet another aspect separate from or combined with either of the foregoing aspects, the method may include regulating fluid flow with respect to the body cavity according to a desired fluid pressure of the fluid in the body cavity.

In still another aspect separate from or combined with any of the foregoing aspects, the method may include covering the HIFU transducer with a cover comprised of a non-permeable material in sealing engagement with the transducer, wherein the cover has at least one perforation defined therethrough that allows fluid to flow through the cover.

Additional features of the above-identified apparatus and methods are described in the detailed description below, in combination with the drawings provided herewith.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 illustrates an embodiment of a combined imaging/HIFU probe having an inflatable cuff extending around the shaft of the probe. Among other features, the probe includes a fluid outlet port at the proximal end of the HIFU transducer, though in other embodiments, the outlet port may be positioned at the distal end of the HIFU transducer or at other locations.

FIG. 2 illustrates the placement of a combined imaging/HIFU probe in the vaginal cavity of a female patient with the HIFU transducer positioned at the posterior fornix and the imaging scan head close to the cervix. As described herein, the cuff is inflated and the vaginal cavity is filled with fluid from the outlet port at the distal end of the HIFU transducer.

FIGS. 3A and 3B illustrate alternative configurations of a HIFU transducer with a fluid outlet part having nozzle(s) placed at various locations relative to the aperture of the HIFU transducer.

FIG. 4 illustrates a combined imaging/HIFU probe that can be used, for example, with intra-abdominal or transluminal applications. In this example, an inflatable cuff provides fluid blockage and a fluid outlet port is positioned at the distal end of the probe.

FIG. 5 illustrates an intra-abdominal application of image-guided HIFU therapy of a liver tumor. In this example, a double set of cuffs are deployed. The abdominal cavity is partially filled with a liquid and the remainder with a gas. A laparoscope may be used to visually assist the placement of the combined imaging/HIFU probe.

FIG. 6 illustrates a transrectal HIFU treatment of a prostate tumor. A cuff is deployed inside the rectum, which is filled with fluid. In this example, the combined imaging/HIFU probe has fluid outlet ports at both the proximal and distal ends of the HIFU transducer.

FIG. 7A illustrates a front view of a cover comprised of a non-permeable material that may be used to cover the aperture of a HIFU transducer. The cover includes one or more perforations that allow fluid to flow through the cover.

FIG. 7B illustrates a side section view of a HIFU transducer with a cover as illustrated in FIG. 7A. The HIFU transducer may be used in one or more of the combined imaging/HIFU probes described herein.

FIG. 8 illustrates a side section view of the HIFU transducer and cover as illustrated in FIG. 7B, and further encompassed by a fluid-filled sheath.

FIGS. 9A-9C illustrate in functional block form a HIFU transducer and imaging transducer behind a common acoustic window or behind separate acoustic windows. Fluid, such as water, is used to fill the space between the transducers and the acoustic window(s) as well as filling the space outside the acoustic window(s) in the body cavity.

DETAILED DESCRIPTION

A combined imaging/HIFU probe as described herein is deployed in a body cavity that is partially or fully filled with a fluid, such as but not limited to, water or normal saline. The fluid is used as a universal coupling medium between both an ultrasound imaging scan head and HIFU transducer of the combined probe and the tissue to be treated by the probe.

FIG. 1 illustrates an embodiment of a combined imaging/HIFU probe 10 for providing image-guided HIFU treatment of a pathology in a patient. As disclosed in at least one example for treatment of a uterine pathology (see, e.g., FIG. 2), a fluid, such as water, having acoustic transmission characteristics similar to that of tissue, can be used to fill the gap between the combined probe 10 (including both the imaging scan head 12 and the HIFU transducer 16) and the cervix and vaginal fornices of the patient to provide the necessary coupling. The fluid can fill any space of non-contact of the probe and tissue to provide optimal transmission of ultrasound energy for both imaging and therapy. Using fluid in this manner to provide a global coupling diminishes the need of perfect physical engagement between the ultrasound imaging and therapy heads to the cervix and vaginal fornices. This provides an important step towards improving the performance of transvaginal ultrasound image-guided HIFU treatment of pathologies, such as uterine fibroids and endometrial ablation.

With a fluid media, such as water or normal saline, filling the vaginal cavity (as shown, for example, in FIG. 2), the ultrasound imaging head does not need to be engaged firmly against the cervix or the fornices to obtain an optimal image of the pelvic structures. The fluid media in the vaginal cavity effectively communicates the ultrasound energy to the tissue to obtain images of the pelvis, even if the scan head is positioned away from the cervix or fornices, such as in the location of upper mid portion of the vaginal canal.

Furthermore, with a fluid filled vaginal cavity to facilitate engagement and coupling of the imaging scan head to the tissue structures in the vaginal cavity, different non-customized scan heads can be used, even off-the-shelf commercially available scan heads, including those for 3D/4D imaging. The method for global engagement described herein and the ultrasound coupling characteristics of a fluid-filled body cavity has broadened the form factor requirement of the imaging and therapy transducers in the application of ultrasound image-guided HIFU treatment of various pathologies.

The combined imaging/HIFU probe 10 depicted in FIG. 1 is configured for insertion into a body cavity of a patient. In this particular embodiment, the combined probe 10 includes an imaging scan head 12 for imaging target tissue in the patient. The imaging scan head 12 is shown located at or near a distal end of an imaging probe shaft 14. The proximal end of the imaging probe shaft 14 may extend outward from the body cavity of the patient to allow a physician to manipulate the position of the imaging scan head 12 within the body cavity.

The combined probe 10 further includes a HIFU transducer 16 having an aperture through which HIFU energy is transmitted to the target tissue in the patient. The HIFU transducer 16 is shown located at or near a distal end of a HIFU probe shaft

18 that is shown generally coupled to the imaging probe shaft 14. In this particular embodiment, the distal end of the HIFU probe shaft 18 projects away at an angle from the main axis of the imaging probe shaft 14. In this manner, the HIFU transducer 16 is spaced apart from the imaging scan head 12. Although not specifically depicted, the HIFU probe shaft 18 may include passages for electrical communication of signals from a signal source to the HIFU transducer 16 to enable the transducer 16 to produce appropriate pulses of HIFU energy for treatment of the patient. Similarly, the imaging probe shaft 14 may include passages for electrical communication between the imaging scan head 12 and external electronics that can receive imaging signals from the scan head 12 and produce images of the tissue being treated.

The combined imaging/HIFU probe 10 further includes an outlet port 20 that is configured to direct a flow of fluid across at least a portion of the aperture of the HIFU transducer 16. This flow of fluid helps prevent the transducer 16 and adjacent tissue of the patient from overheating when HIFU energy is being transmitted by the transducer 16. In FIG. 1, the outlet port 20 is positioned at a proximal end of the HIFU transducer 16. Within the HIFU probe shaft 18 is a channel 22 in fluid communication with the outlet port 20 for delivering a flow of fluid to the outlet port 20.

The probe 10 is further constructed to direct at least a portion of the fluid flow from the outlet port 20 toward an area of tissue in the body cavity near the aperture of the HIFU transducer 16. This fluid flow is configured to flush the area of tissue near the aperture of the HIFU transducer 16 to reduce obstructions to the transmission of HIFU energy to the target tissue. For example, fluid flowing from the outlet port 20 facilitates removal of bubbles, mucous, or other debris or material that may otherwise dissipate the HIFU energy being transmitted from the HIFU transducer 16 to the target tissue.

Further depicted in FIG. 1 is a water pillow 28 that extends across the aperture of the HIFU transducer 16. Although not necessary to the construction of the probe 10, the water pillow 28 can further assist in cooling the HIFU transducer 16 and adjacent tissue. If desired, fluids may be circulated in and out of the water pillow 28 via channels defined in the HIFU probe shaft 18 that are not shown in FIG. 1. Additionally, the water pillow 28 may assist with coupling the HIFU energy from the transducer 16 to the target tissue in the patient.

As will be appreciated from the disclosure herein, the probe 10 is constructed to allow fluid flowing from the outlet port 20 to fill at least a portion of the body cavity of the patient with fluid in which the imaging scan head 12 and the HIFU transducer 16 are immersed. The fluid in the body cavity, as previously noted, provides a global coupling for transmission of ultrasound energy between the combined imaging/HIFU probe and the patient.

For example, water has acoustic characteristics that are similar to tissue and can communicate the HIFU energy in continuum from the HIFU transducer 16 to the HIFU focus 50 at the target tissue, as illustrated in FIG. 2. The HIFU transducer 16 thus need not be in direct contact with the tissue and additional coupling gels are not required. Using a fluid filled body cavity allows a variable placement of the HIFU transducer 16 in terms of angle of engagement and distance from tissue contact. This freedom of engagement broadens the targeting capacity of the HIFU transducer 16 since the HIFU transducer can be freely moved to change the location of the focus 50. Additionally, the non-contact engagement method as disclosed herein allows for manipulation of bodily structures, such as the cervix and uterus, to achieve a better and safer targeting path. This method also allows a variability in the shape and size of the HIFU transducer 16 since it is not

necessary to match the anatomical contour of the cervix and vaginal fornices and achieve direct tissue contact for effective HIFU energy transmission. Furthermore, this method allows flexibility of the shape and tension of the cooling water pillow **28** (shown in FIG. 1) covering the HIFU transducer **16**, again due to the absence of a requirement for direct contact of the water pillow **28** to the cervix and vaginal fornices.

As noted previously, fluid from the outlet port **20** may be used to flush the area of tissue in the body cavity near the HIFU transducer **16**. The combined probe **10** may further be constructed to direct at least some of the fluid flow from the outlet port **20** to flush an area of tissue in the body cavity near the imaging scan head **12**.

FIG. 2 illustrates an alternative embodiment of a combined imaging/HIFU probe **10'** having multiple outlet ports. A first outlet port **30** is positioned at a distal end of the HIFU aperture **16** and is configured to direct fluid flow across at least a portion of the aperture of the HIFU transducer **16**. The outlet port **30** also directs fluid toward an area of tissue in the body cavity near the aperture of the HIFU transducer **16** to flush the area of tissue of obstructions to the transmission of HIFU energy.

The combined imaging/HIFU probe **10'** further comprises a second outlet port **32** that is positioned proximate to the imaging scan head **12** to direct a flow of fluid across at least a portion of the imaging scan head **12**. Additionally, the probe **10'** is constructed to direct at least a portion of the fluid flow from the second outlet port **32** to flush an area of tissue in the body cavity near the imaging scan head **12**. The flushing action of the fluid from the second outlet port **32** helps reduce or remove any obstructions to the transmission of ultrasound energy between the imaging scan head **12** and the patient. By reducing obstructions near the imaging scan head **12**, clearer images of the tissue being treated may be obtained.

With both embodiments of the probe **10** and **10'** shown in FIGS. 1 and 2, or any of the other probe embodiments shown or discussed herein, the flow of fluid from the outlet ports **20**, **30**, **32** may be intermittent or continuous, as desired. A continuous flow of fluid from one or more of the outlet ports may be beneficial in maintaining cool temperatures of nearby tissue, especially tissue proximate to the HIFU transducer **16**, as well as flushing obstructions that may develop at or near the HIFU transducer **16** or the imaging scan head **12**.

In FIG. 1, the channel **22** that delivers fluid to the outlet port **20** (as well as channels (not shown) delivering fluid to the outlet ports **30**, **32** in FIG. 2) may receive a flow of fluid from a receptacle that uses gravity to deliver the fluid to the channel **22**. An IV bag filled with fluid, for example, may be elevated relative to the body cavity of the patient and deliver fluid under pressure of gravity to the outlet ports **20**, **30**, **32**. In such embodiments, expensive fluid pumps are not necessary to provide pressure to the fluid being delivered to the outlet ports **20**, **30**, **32**. Alternatively, an IV bag or other receptacle positioned lower relative to the body cavity may be used to provide a negative pressure to draw fluid out of the body cavity.

The combined imaging/HIFU probe **10'** shown in FIG. 2 has been deployed in the vaginal cavity **40** of a female patient. More specifically, the probe **10'** has been inserted through the vaginal canal of the patient with the HIFU transducer **16** placed at the posterior end of the vaginal fornix **42**. The imaging scan head **12** is placed close to the cervix **44**. For this particular example, the combined imaging/HIFU probe **10'** is being used to treat a uterine fibroid **46** located in the myometrium **48** of the uterus. Depicted by lines illustrating a conical shape, HIFU energy transmitted by the transducer **16** is directed toward a focus **50** within the uterine fibroid **46**. Through manipulation of either the probe **10'** or the myo-

metrium **48** containing the fibroid **46**, the HIFU focus **50** is moved through the uterine fibroid **46** during treatment to destroy the fibroid tissue.

Fluid flowing from one or both of the outlet ports **30** and **32** is used to fill at least a portion of the vaginal cavity **40** with fluid **52**. The imaging scan head **12** and the HIFU transducer **16** are immersed in this fluid **52**. Depending on the pressure of the fluid **52** within the vaginal cavity **40**, as well as the physiological state of the cervix **44**, the fluid **52** may further flow into the endometrial cavity **54**, thus filling the uterus with fluid as well. Filling the endometrial cavity **54** with fluid **52** may be desirable in that the fluid may assist with coupling HIFU energy transmitted from the HIFU transducer **16** to the focus **50** within the uterine fibroid **46**.

Further illustrated with the embodiments of the combined probes **10** and **10'** in FIGS. 1 and 2 is a cuff **60** that extends around the probe. The cuff **60** is configured to obstruct an opening to the body cavity to help retain fluid in the body cavity. For example, with respect to FIG. 2, the cuff **60** obstructs the opening of the vaginal canal and helps retain fluid **52** from the outlet ports **30** and/or **32** in the vaginal cavity **40**. A passage for air to escape from the body cavity may be provided, especially during the time in which the body cavity is being filled with fluid. This passage may also be used to regulate the pressure of the fluid **52** in the body cavity by allowing a portion of the fluid in the body cavity to flow out past the cuff **60**.

The cuff **60** can be of any size, shape, or construction. Preferably, the cuff **60** is tailored to the anatomy of the patient to retain fluid in the particular body cavity. In use, the cuff **60** may be positioned at any location along the shaft of the probe as needed to address the particular shape and position of the opening to the body cavity to retain the fluid in the body cavity. An outer surface of the cuff **60** preferably provides a sealing engagement with the opening to the body cavity and an inner surface of the cuff **60** preferably seals against the shaft of the probe. The inner surface of the cuff **60** may be constructed with a flexible material that permits the probe to pivot and/or translate within the cuff while maintaining a seal against the shaft of the probe. For example, with respect to the probe **10'** shown in FIG. 2, the shaft of the probe **10'** may translate within (i.e., slide in and out of) the vaginal cavity **40** along the main axis of the probe through the interior surface of the cuff **60**. The probe **10'** may also rotate circumferentially within the interior surface of the cuff **60** and also pivot in multiple directions at the level of the cuff to allow proper positioning of the HIFU aperture **16** and the imaging scan head **12** within the patient. The freedom of movement of the probe **10'** through the cuff **60** may be achieved by using a pliable material, such as latex, polyurethane, or other suitable material, to form a ring around the shaft of the probe **10'**. The flexibility of this pliable material allows for movement of the probe, yet is able to prevent fluid leakage along the shaft of the probe.

The cuff **60** may be constructed to expand to a desired size that matches the anatomical features of the body cavity opening. While various forms of the cuff **60** can be constructed using mechanical elements to expand the cuff, the cuff **60** depicted in FIGS. 1 and 2 is constructed to be inflatable. A fluid line **62** to the cuff **60** may be incorporated in or along the HIFU probe shaft **18** or the imaging probe shaft **14** to inflate the cuff **60** using a gas or liquid fluid medium. The amount of inflation of the cuff **60** can be varied to suit the need for occlusion of the orifice to retain fluid in the body cavity. Moreover, the inflation can be adapted to allow the sliding of the probe through the cuff as well as rotation and pivoting of

the probe within the cuff to allow the position of the probe to be manipulated within the body cavity for imaging and HIFU treatment.

The combined imaging/HIFU probe **10'** shown in FIG. 2 further includes an inlet port **66** in fluid connection with a channel **68** that is configured to convey fluid **52** out of the body cavity **40**. The inlet port **66** and channel **68** are shown connected to the probe shaft **14** and passing through the interior of the cuff **60**. In other embodiments of the probe, an inlet port such as the inlet port **66** may be placed anywhere with respect to the probe and/or the cuff, provided the inlet port **66** has access to the fluid **52** in the body cavity.

It will be appreciated that, when using a cuff **60** or otherwise causing fluid to be retained in the body cavity, the fluid filling the body cavity has a fluid pressure that bears against the sides of the body cavity as well as the tissue structures within the body cavity. In such cases, the pressure of the fluid in the body cavity may be capable of distending the tissue in the body cavity. For example in FIG. 2, considering the situation in which fluid **52** passes through the cervix **44** into the endometrial cavity **54**, the pressure of the fluid in the endometrial cavity **54** may cause the cavity **54** to expand against the myometrium **48**, thus moving the myometrium (including the fibroid **46**) from one position to another. As depicted, the HIFU transducer **16** transmits HIFU energy to a focus **50** within the fibroid **46**. By increasing or decreasing the fluid pressure within the endometrial cavity **54**, the position of the target tissue in the fibroid **46** may be modified relative to the focus **50** of the HIFU energy. Accordingly, it is possible to position the target tissue in the fibroid **46** relative to the focus **50** by modifying the fluid pressure in the endometrial cavity **54** without moving the position of the HIFU transducer **16**.

To achieve a desired fluid pressure in the body cavity (whether it be the vaginal cavity **40**, the endometrial cavity **54**, or other body cavity), a combined imaging/HIFU probe such as the probe **10'** may be provided with a regulator **64** that is configured to regulate the fluid flow with respect to the body cavity. In an embodiment of the probe **10'** as shown in FIG. 2, the regulator **64** may be coupled to the channel **68** through which fluid **52** flows out of the body cavity **40**. The regulator **64**, which may be a valve, for example, is adjusted to regulate the amount of fluid **52** flowing out of the body cavity. If a greater amount of fluid is flowing into the body cavity through the outlet ports **30**, **32** than is flowing out of the body cavity through the inlet port **66**, the pressure of the fluid **52** in the body cavity will tend to increase. The pressure of the fluid **52** in the body cavity may decrease if a greater amount of fluid is allowed to flow out of the body cavity than is flowing into the body cavity. Accordingly, a desired pressure of the fluid in the body cavity may be obtained. By monitoring the images obtained by the image scan head **52**, a physician operating the probe **10'** may observe the movement of tissue relative to a focus **50** of the HIFU energy being transmitted by the probe, and regulate the fluid pressure in the body cavity to cause tissue structures such as the fibroid **46** to move relative to the focus **50** without moving the position of the HIFU transducer **16**.

In this manner, the imaging scan head **12** and HIFU transducer can be held stationary, such as against the posterior vaginal wall, and at the same time the cervix and uterus can be moved relative to the HIFU transducer **16** by changing the vaginal volume as distended by the infused fluid **52**. As the vaginal fluid volume increases, the cervix and uterus gradually move away from the stationary HIFU transducer. Deflating the fluid volume of the vaginal cavity **40** will do the opposite. This relative movement of the uterus with respect to the HIFU transducer **16** will allow the HIFU focus **50** to move

within the uterine tissue without moving the transducer **16**. The rate of movement can be finely controlled by the fluid inflow or outflow at varying rates. If needed, the HIFU transducer **16** can be systematically moved back against the fixed vaginal wall to different positions to control the other two axis of the HIFU focus. The ability to brace the combined imaging/HIFU probe against the fixed vaginal wall can allow the clinician more control in handling the probe in a steady way. Alternatively, a mechanical arm can be used to hold the probe steady in a location in the vagina and then use the fluid volume to move the HIFU focus **50** as described above.

In at least one alternative embodiment, a separate structure such as a valve may not be necessary in order to implement the regulator **64**. For example, the fluid flowing out of the body cavity through the channel **68** may be regulated by using the inflatable cuff **60** to selectively compress the size of the channel **68** within the cuff **60**. By allowing the inflation of the cuff **60**, or some portion thereof, to selectively constrict the channel **68**, a variable amount of fluid flowing out of the body cavity may be obtained to adjust the pressure of the fluid remaining within the body cavity. In yet other alternative embodiments, the regulator **64** may be constricted to adjust the amount of fluid flowing into the body cavity through the outlet port(s). For example, referring to FIG. 1, the regulator **64** may be coupled to the channel **22** to selectively adjust the amount of fluid flowing to the outlet port **20**. Also, as previously discussed, the cuff **60** may be constructed such that selective adjustment of the inflation of the cuff **60** using the cuff inlet **62** may be used to selectively constrict the channel **22** and, thus, selectively adjust the amount of fluid being delivered to the outlet port **20** according to a desired fluid pressure in the body cavity. In such alternative embodiments, the regulator **64** may be considered incorporated into the cuff **60**.

By adjusting the fluid flow with respect to the body cavity throughout a transmission of HIFU energy to the focus **50**, the range of target tissue to be treated by the HIFU energy may be directed through the focus **50** without moving the position of the HIFU transducer **16**. Where the regulator **64** is incorporated into the cuff **60**, the cuff **60** is configured to adjust the fluid flow out of the body cavity throughout the transmission of HIFU energy and thereby direct the range of target tissue to be treated by the HIFU energy.

Outlet ports, such as the outlet ports **20**, **30**, **32** of the combined imaging/HIFU probes described herein, may assume various forms and configurations as desired. For example, in one embodiment as depicted in FIG. 2, the outlet port **30** may be comprised of a nozzle that directs a flow of fluid **70** from the outlet port **30** across at least a portion of the aperture of the HIFU transducer **16**. Additionally, the nozzle may direct a flow of fluid **72** in a single fluid path toward an area of tissue near the aperture of the HIFU transducer **16** to flush the area of tissue of obstructions, as previously described herein.

FIG. 3A illustrates another embodiment of a HIFU transducer **80** that may be used with the combined imaging/HIFU probe described herein. The HIFU transducer **80** has an outlet port **82** from which fluid may flow. In this particular embodiment, the outlet port **82** extends around the aperture **84** of the HIFU transducer **80** and directs the fluid flow **86** in a cylindrical- or conical-shaped fluid path. When the HIFU transducer **80** is next to an area of tissue, the fluid flow **86** may act to flush the area of tissue as well as flow across at least a portion of the aperture **84** to keep the tissue and the HIFU aperture at an acceptable temperature. In FIG. 3A, the fluid flow **86** is depicted by a series of dotted lines. However, it should be readily understood that the fluid flow **86** may be

considered flowing in a single fluid path as fluid flows uniformly outward from the outlet port **82** around the circumference of the aperture **84**.

FIG. 3B illustrates another alternative embodiment of a HIFU transducer **90** that may be used with the combined imaging/HIFU probe described herein. In this embodiment, the HIFU transducer **90** has an outlet port comprised of multiple nozzles **92a-e** that are spaced around aperture **94** of the HIFU transducer **90**. The nozzles **92a-e** are configured to direct fluid flow in multiple fluid paths **96** toward an area of tissue near the HIFU transducer **90** to be flushed. Furthermore, the nozzles **92a-e** may be configured to direct a flow of fluid **98** across at least a portion of the aperture **94** of the HIFU transducer **90**. For illustrative purposes, the multiple nozzles **92a-e** are shown positioned in a ring around the aperture **94**. While the nozzles are shown evenly spaced, in other embodiments the nozzles may be positioned with uneven spacing with respect to the aperture **94**.

It should be readily appreciated that the filling a body cavity with fluid for global engagement and coupling of an imaging scan head **12** and HIFU transducer **16** to tissue for image-guided HIFU therapy can be applied to any cavity or space, existing or created, in a body. One example described above and shown in FIG. 2 is the vaginal cavity wherein HIFU energy is transmitted for treatment of a uterine fibroid. Another example is the rectal cavity for treatment of pathologies in the prostate gland (e.g., as shown in FIG. 6), the uterus and adnexal structures. Another example is the colon for treatment of colonic polyps or neoplasia. Yet another example is to fill the esophagus partially or fully with fluid to treat target tissue in the mediastinum such as tumors or nerves, or even target tissue in the heart for ablation purposes. Still another example is to flood the stomach with a fluid to treat stomach neoplasm using HIFU.

Yet another example is to fill the abdominal cavity to treat the liver (e.g., as shown in FIG. 5), pancreas, kidney, bowel, uterus, adnexal organs and other intra-abdominal organ targets. Pathologies to be treated can be tumors, blood vessels, and nerves and other pathologies.

In all, combined imaging/HIFU probes can be inserted into cavities and spaces including those cavities and spaces mentioned above and flooded with a fluid to perform image-guided HIFU therapy as described herein. Again, a benefit of this global engagement and coupling method allows a flexible form factor design for both the imaging and HIFU heads.

FIG. 4 depicts a probe **100** having a combined head for imaging and HIFU therapy. The probe **100** includes a shaft **102** to which a HIFU transducer **104** is connected. The HIFU transducer **104** includes an aperture **106** from which HIFU energy is transmitted to target tissue in the patient. Combined with the HIFU transducer **104** is an imaging scan head **108** shown positioned at a distal end of the HIFU transducer **104**. The imaging scan head **108** is used to image the tissue being treated. The combined imaging scan head **108** and HIFU transducer **104** is connected to the probe shaft **102** via a hinge **110**. The hinge **110** provides a point of articulation around which the combined head can be rotated to optimize the imaging and therapy delivery.

Further depicted in FIG. 4 is a cuff **114** that extends around the shaft **102** of the probe **100**. As with other embodiments of the combined imaging/HIFU probe previously described, the cuff **114** may be inflated to a desired size using a fluid flowing through an inlet **116** to the cuff **114**. The cuff **114** is used to occlude an opening to the body cavity into which the probe is inserted and to retain fluid in the body cavity at a desired pressure.

An advantage of using a probe with a combined imaging scan head and HIFU transducer as shown in FIG. 4 is that such a probe can be inserted into areas of the body that may otherwise be poorly visualized by other means. For example, as will be discussed in greater detail below, a physician can manipulate a combined probe **100** through a small abdominal incision into a fluid filled upper abdomen (with patient in the Trendelenburg position, for example) to place the probe **100** against the surface of an organ, such as the liver, e.g., as illustrated in FIG. 5. The physician can then use ultrasound images obtained from the imaging scan head to guide the transmission of HIFU energy from the probe to treat tumors, blood vessels, bile ducts or other targets. Using a combined imaging/HIFU probe in this manner helps alleviate the concern of inadequate visual imaging through a laparoscope, for example, due to anatomical position or obstructed background (such as by blood) in the fluid.

The following examples are provided to illustrate some applications in which the method and apparatus of the present invention may be used. These examples are by no means exclusive and the combined imaging/HIFU probes described herein are certainly not limited to use in the applications stated in these examples. There are many possible applications in which a combined imaging/HIFU probe may be inserted into a naturally existing or surgically created body cavity and filled partially or fully with fluid, particularly for treatment of intra-tissue pathologies that are otherwise not visible.

Example 1

As depicted in FIG. 2, the first example involves inserting a combined imaging/HIFU probe **10'** into the vaginal cavity **40** of a patient in the Trendelenburg position and filling the vaginal cavity with fluid **52**. In this example, the probe **10'** includes one or more fluid outlet ports. A first outlet port **30** is located at a distal end of the HIFU transducer **16**, while a second outlet port **32** is located adjacent to the imaging scan head **122**. An inflatable cuff **60** that extends around the shaft of the combined probe **10'** is expanded just internal to the vaginal introitus to retain the fluid **52** within the vaginal cavity **40**. The cuff **60** can, but need not be, tightly fitted to the walls of the vaginal canal. In cases where fluid **52** is allowed to seep out past the cuff, for example through the channel **68**, the fluid flow rate into or out of the vaginal cavity **40** can be used to control the degree of distention of tissue in the vaginal cavity. Alternatively, in cases where the cuff is tightly fitted to the vaginal canal, the fluid **52** can be retained in the vaginal cavity **40** without any spillage. The combined probe **10'** can translate in and out through the cuff **60** and pivot freely in order to manipulate the placement of the probe. If desired, one or more seals may be fitted to the cuff **60** around the shaft of the probe **10'**, preferably toward the inside of the vaginal cavity **40**, to bear against the pressure of the fluid **52** in the cavity and to help prevent unwanted seepage of fluid around the probe. The vaginal cavity **40** can be distended by allowing fluid to flow into the cavity by gravity or by a fluid pump. To decrease the distention of the vaginal cavity by fluid, the fluid **52** can be drained out through a separate channel **68** or by using the same tubing by reversing the gravity effect or the pump direction, or by allowing fluid to simply seep past the cuff **60**.

With fluid filling the vaginal cavity, the imaging scan head **12** can either be in contact with or away from the tissue of the cervix **44** or vaginal fornices **42** and continue to image the pelvic organs using the fluid **52** as an acoustic conduction medium. The fluid **52** in the vaginal cavity **40** also enables HIFU energy to be transmitted from the HIFU transducer **16**

13

through the fluid and focused at the target tissue in the uterus without the need of direct contact of the HIFU transducer **16** to the cervical/vaginal fornix tissue. The HIFU transducer **16** can be moved in multiple directions within the fluid filled cavity **40** to move the focus **50** within the uterine tissue. Alternatively, the HIFU transducer **16** may be held stationary, such as against the vaginal wall. Then by expanding or contracting the vaginal cavity with pressure from the fluid **52**, the effect of the HIFU energy at the stationary focus **50** within the target tissue can be moved by moving the tissue away from or towards the HIFU focus **50**. This method provides an effective use of image-guided HIFU therapy to treat a uterine pathology, such as fibroids.

Example 2

A small incision is made through the anterior abdominal wall **120**, as shown in FIG. **5**, with the option of doing so under visualization of a laparoscope **122**. A combined imaging/HIFU probe **124** is then inserted directly through the abdominal incision, possibly through a cuffed conduit. The cuffs **126a** and **126b** which extend around the probe shaft are inflated to seal off the incision. Depending on the configuration of the cuffs **126a**, **126b**, the shaft of the probe **124** can slide in and out and pivot through the cuffs. Fluid **128** is fed into the abdominal cavity through tubing within or along the side of the probe **124** to an outlet port **130** near the HIFU transducer **132**. The abdominal cavity is filled with the fluid **128**, such as normal saline, aided by the patient being in the Trendelenburg position. The combined probe **124** is then guided towards the liver **134**, in this example, by feel or by laparoscopic visualization, and then eventually by ultrasound imaging using the imaging scan head **136** of the probe **124**. Once the imaging scan head **136** and HIFU transducer **132** are near to the surface of the liver **134**, image-guided HIFU treatment of an intra-hepatic lesion **138**, for example, can be performed. The focus **140** of the HIFU energy is moved throughout the liver tumor **138** to cause necrosis of the target tissue, either by moving the HIFU transducer **132** or by moving the tumor **138** by distending surrounding tissue according to pressure of the fluid **128** in the abdominal cavity. Ideally, when positioning the probe **124**, the physician ensures the absence of any bowel loop **142** or other obstructions or air bubbles at the interface between the imaging scan head **136**, the HIFU transducer **132**, and the liver **134**. Flushing of the tissue at the interface may be accomplished using fluid from the outlet port **130** in a manner as previously described.

It should be understood that, in this example or other examples or embodiments described herein, a gas fluid may also be introduced into the body cavity, particularly to influence the pressure of the liquid fluid in the body cavity to distend the tissues in the body cavity. For example, as illustrated in FIG. **5**, the abdominal cavity is partially filled with a liquid fluid **128** up to a fluid level **144**. The remaining portion of the abdominal cavity is filled with a gas **146**, such as carbon dioxide. The fluid pressure in the abdominal cavity can thus be adjusted by regulating the amount of gas **146** or liquid fluid **128** in the abdominal cavity.

Example 3

A combined imaging/HIFU probe **150** is inserted through the anus **152** into the rectum **154**, as illustrated in FIG. **6**. A cuff **156** around the probe **150** may be inflated to fit against the rectal wall. The probe **150** can slide in and out and pivot freely through the cuff **156**. The rectum **154** is filled with fluid flowing from the outlet ports **158** around the HIFU transducer

14

160. The patient may be in the reverse Trendelenburg position to facilitate the fluid **162** filling the rectum **154**. Using the fluid **162** as a global engagement and coupling medium, image-guided HIFU treatment of a prostate tumor **164** in the prostate gland **166**, for example, can be performed. Using the methods and apparatus of this disclosure, the prostate gland **166** and the pathology **164** within can be visualized using the imaging scan head **168** and treated with HIFU energy with a greater degree of accessibility.

Even in the presence of visual guidance, a distinct advantage of an image-guided HIFU treatment system as described herein is that the ultrasound imaging can see beyond the surface of the target organ. For example, ultrasound imaging can see a tumor deep within liver tissue as illustrated in FIG. **5**. It can also see bleeding blood vessels deep in the liver, especially with a Doppler mode, while neither of these pathologies can be seen by laparoscopy. Similar examples can be applied to cases of intramural fibroids in the uterus, deep pancreatic tumors, etc., all of which are not visible by laparoscopy but can be imaged by ultrasound, especially using the global engagement and coupling methods described herein.

As illustrated in FIGS. **1** and **2**, a fluid input line to the cuff **60** can be incorporated in or along the sides of the shaft of the combined imaging/HIFU probe. One or more fluid outlets **20**, **30**, **32** can be provided at the distal end proximal end, or at different positions around the HIFU transducer **16** and/or imaging scan head **12**, or elsewhere on the probe. Preferably, the flow of fluid from the outlets **20**, **30**, **32** can be directed in various directions to flush any gas bubbles or debris away from the interface between the HIFU transducer **16** and the tissue nearby. Alternatively, a fluid line with an outlet port can be placed apart from the combined probe at a portion of the cavity, preferably the most dependent part of the cavity, to fill the cavity with the fluid. Another alternative is to have a fluid outlet port attached to the tip of an optical scope, such as laparoscope, or at the end of a hysteroscope or cystoscope, to be deployed in the body cavity in concert with the combined imaging/HIFU probe to visually direct the fluid flow to fill the cavity and to wash away gas bubbles and debris and double check the location of the combined probe and clearance of the HIFU path.

The fluid **52** can be water or more ideally an isotonic aqueous solution such as normal saline to avoid hypotonic fluid absorption into the body. The fluid **52** can be degassed as needed. The intake of the fluid **52** into the transport tubing (e.g., channel **22**) can be as simple as an IV bag with gravity flow or a fluid infusion pump.

In yet another aspect, a combined imaging/HIFU probe as described herein may include a cover **180** extends over the aperture of the HIFU transducer **182**, as illustrated in FIGS. **7A** and **7B**. The cover **180** is comprised of a non-permeable material and can be rigid, semi-rigid, or pliable, as desired. In at least one embodiment, the cover **180** is sealingly engaged with the HIFU transducer **182** and has at least one perforation **184** defined therethrough to allow fluid to flow through the cover.

In FIG. **7B**, the HIFU transducer **182** includes an outlet port **186** shown positioned between the cover **180** and the aperture of the HIFU transducer **182**. A first channel **188** in the shaft **190** of the probe delivers fluid to the outlet port **186**, which flows out into the space **192** between the HIFU transducer **182** and the cover **180**. The fluid circulates within the space **192** under the cover **180**. The fluid may then exit through the one or more perforations **184** in the cover to fill the body cavity. In this manner, the fluids circulating in the space between the cover **180** and the HIFU transducer **184** serves to cool surface

of the HIFU transducer and to provide an ultrasound coupling media between the HIFU transducer **182** and adjacent tissue. If desired, the fluid can be chilled to enhance the cooling effect.

The fluid from the outlet port **186** may further be configured to flow through the one or more perforations **184** in the cover toward an area of tissue in the body cavity near the aperture of the HIFU transducer **182**. The fluid thus expelled through the one or more perforations **184** can serve to flush away any gas bubbles, mucus, or other debris at the interface between the aperture of the HIFU transducer **182** and the adjacent tissue.

As stated elsewhere herein, the fluids supplied to the HIFU transducer **182** can be pressurized by a gravity-fed IV bag system or by a fluid pump. The infusion rate and pressure of the fluid in the body cavity can be adjusted to meet various perfusion and tissue positioning requirements.

In the embodiment shown in FIG. 7B, the HIFU transducer **182** further includes an inlet port **194** positioned between the cover **180** and the HIFU transducer **182**. The inlet port **194** is connected to a second channel **196** that conveys fluid away from the HIFU transducer **182**. In this embodiment, fluid in the space **192** that does not otherwise flow out of the perforations **184** into the body cavity may flow into the inlet port **194** and away from the body cavity. The flow of the fluid from the HIFU transducer **182** through the inlet port **194** may be higher than the flow of fluid from the HIFU transducer **182** through the at least one perforation **184** in the cover **180**. Accordingly, the probe may provide greater circulation of fluid into and within the space **192** than otherwise flows out through the one or more perforations **184** into the body cavity.

Since the fluid in the body cavity can effectively communicate both the imaging ultrasound and the therapeutic HIFU energy from the probe without requiring direct contact with the cervical or vaginal fornix tissue, there is a greater ability to vary the physical form factors of the imaging scan head **12** and the HIFU transducer **16**. These form factors can be designed to facilitate the insertion of the combined probe through various body cavity openings, such as the vaginal introitus. The imaging scan head **12** and the HIFU transducer **16** can be inserted simultaneously or in sequence. The form factors can be tailored to the anatomy of different patients and optimized for deployment of the probe within a particular body cavity. The freedom to vary the form factors of the combined probe allows the use of different imaging and therapeutic heads, including from off-the-shelf commercial sources.

FIG. 8 illustrates a side section view of the HIFU transducer and cover as illustrated in FIG. 7B. The HIFU transducer **200** is covered with a cover **201** comprising a rigid, semi-rigid, or pliant membrane. A flexible sheath **202** overlies the cover **201** and preferably is sealingly engaged to the circumference of the HIFU transducer **200**. Fluid flowing through a first channel **205** to an outlet port **207** fills the space between the aperture of the transducer **200** and the cover **201**. The fluid also fills the space between the cover **201** and the sheath **202**, causing the sheath **202** to inflate with fluid. One or more perforations **203** in the cover **201** allows fluid to flow from the space between the transducer **200** and the cover **201** into the space between the cover **201** and the sheath **202**, or vice versa. Some or all of the fluid in the space between the transducer **200** and the cover **201** or the space between the cover **201** and the sheath **202** flows away from the transducer **200** through inlet port **208** via a second channel **204**, especially once the fluid pressure under the sheath **202** reaches an equilibrium with the fluid pressure in the space between the transducer **200** and the cover **201**.

With the probe configuration shown in FIG. 8, an acoustic coupling between the HIFU transducer **200** and adjacent tissue in the patient is obtained by inflating the flexible sheath **202** with fluid and then pressing the sheath **202** against the tissue. When inflated with fluid, the flexible sheath **202** is able to conform more closely to irregular features of the tissue and thus improve the coupling of HIFU energy from the transducer **200** to the tissue. As to the remainder of the sheath **202**, after connecting to the periphery of the cover **201**, the sheath **202** may extend along the shaft **206** of the transducer **200** to cover the shaft and help prevent communication of contamination in the body cavity.

The cover **201** can help prevent tissue or other objects from applying direct pressure to face of the transducer **200**, thereby reducing the risk of transducer damage or tissue burns. Moreover, the same cooling fluid can be circulated over the surface of the transducer **200** and within the flexible sheath **202** to cool both the HIFU transducer **200** and the tissue adjacent to the sheath. A sufficient convective heat exchange can be obtained, even at a steady-state inflation of the sheath **202**, to help maintain temperature equilibrium between the fluid within the cover **201** and any fluid outside the cover **201**.

In some circumstances, it may not be practical or desirable to fill a surrounding cavity (assuming there is a cavity) with uncontained fluid. For example, a physician may want to effectively couple HIFU energy transmitted from the transducer **200** to adjacent tissue in the patient, particularly where there the transducer **200** is used outside a cavity in the body or is used within a body cavity, but the physician or patient wants to avoid fluid coming in direct contact with the walls of the cavity. In any case, benefits of the global fluid coupling described herein may be obtained with a fluid-filled sheath configuration as illustrated in FIG. 8. It is not necessary that the HIFU transducer **200** be directly pressed against tissue of the patient. Rather, the fluid-filled sheath **202** is pressed against the tissue and provides a coupling for transmission of HIFU energy from the transducer **200** to the tissue to be treated. In some embodiments, the sheath **202** further overlies an imaging scan head of the probe. In such embodiments, the sheath **202** is configured to inflate with fluid around the imaging scan head to provide a coupling for transmission of ultrasound energy between the imaging scan head and the patient.

FIG. 9A illustrates, in functional block form, a side view of a HIFU transducer **210** and an imaging transducer or scan head **212** disposed behind a common acoustic window **214**. In at least one embodiment, the acoustic window **214** may comprise the cover **180** illustrated in FIGS. 7A and 7B. As shown in FIG. 9A, the imaging scan head **212** may be centrally located within the HIFU transducer **210**, thus providing an advantageous form factor when fitting the acoustic window **214** to the imaging scan head **212** and transducer **210**.

Conventionally, a coupling gel is placed on and around ultrasonic devices, such as the imaging scan head **212** and transducer **210**, to improve the acoustic coupling of the devices to the patient. This conventional approach may be acceptable when the ultrasonic devices are pressed against the adjacent tissue to force bubbles out of the coupling gel. However, the global fluid coupling described in the present application allows an imaging scan head **212** (and HIFU transducer **210**) to acoustically couple to nearby tissue without requiring direct contact with the tissue. In such cases, if a conventional coupling gel were used to fill the space between the imaging scan head **212** and the acoustic window **214**, poor imaging may result from bubbles in the gel that reflect imaging ultrasound energy and cause shadowing in the ultrasound image. Rather than use a coupling gel as is conventionally done, the probe described herein and depicted in FIG. 9A uses

17

a fluid **216**, such as water or saline, to fill the space between the imaging scan head **212** and the acoustic window **214**. This fluid **216** may be the same as the fluid **218** filling the body cavity.

FIG. 9B illustrates, in functional block form, another probe design with a HIFU transducer **220** and an imaging scan head **222**. In this embodiment, however, the imaging scan head **222** is located adjacent to the HIFU transducer **220**. Like the probe design shown in FIG. 9A, the imaging scan head **222** and the HIFU transducer **220** are behind a common acoustic window **228**. A fluid **224**, such as water or saline, may be used to fill the space between the imaging scan head **222** and the acoustic window **228**. This fluid **224** may be the same as the fluid **226** filling the body cavity.

FIG. 9C illustrates, in functional block form, a HIFU transducer **230** and an imaging scan head **234** behind separate acoustic windows **236** and **232**, respectively. Fluid **238**, **242**, such as water or saline, may be used to fill the space between the transducers and the acoustic windows **232**, **236**. The same or similar fluid **240** may be used to fill the space outside the acoustic windows **232**, **236** in the body cavity. The acoustic windows **232**, **236** (as well as the acoustic windows **214** and **228** in FIGS. 9A and 9B) may have one or more perforations defined therethrough to allow fluid to flow through the acoustic windows.

Although various embodiments have been described above in connection with certain depicted implementations, those of ordinary skill will recognize that one or more features of any implementation described herein may be combined and used in another implementation for similar advantage. Accordingly, it is not intended that the scope of the invention in any way be limited by the precise forms described above.

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

1. A combined imaging/high intensity focused ultrasound (HIFU) probe configured for insertion into a body cavity of a patient, comprising:

an imaging scan head adapted for imaging target tissue in the patient;

a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;

an outlet port configured to direct a flow of fluid from the outlet port across at least a portion of the aperture of the HIFU transducer;

a first channel in fluid connection with the outlet port for delivering a flow of fluid to the outlet port;

a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material, and wherein the cover has at least one perforation defined therethrough that allows fluid to flow through the cover; and

an inlet port positioned between the cover and the HIFU transducer, wherein the inlet port is connected to a second channel that conveys fluid away from the HIFU transducer;

wherein the combined imaging/HIFU probe is configured to allow fluid flow from the outlet port to flow through the at least one perforation in the cover to fill at least a portion of a body cavity with fluid in which the imaging scan head and HIFU transducer are immersed and to direct the fluid flow from the outlet port such that the fluid is capable of flushing an area of tissue in the body cavity near the aperture of the HIFU transducer;

wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow through the at least one perforation in the cover toward the area in the body cavity near the

18

aperture of the HIFU transducer, the fluid being configured to provide a coupling for transmission of ultrasound energy between the combined imaging/HIFU probe and the patient, and the flushing near the aperture of the HIFU transducer being configured to reduce obstructions to the transmission of HIFU energy, and wherein the combined imaging/HIFU probe is configured to draw a higher flow of fluid from the HIFU transducer through the inlet port than the flow of fluid that flows from the HIFU transducer through the at least one perforation in the cover.

2. The combined imaging/HIFU probe of claim 1, wherein the outlet port is positioned proximate to the HIFU transducer.

3. The combined imaging/HIFU probe of claim 1, wherein the outlet port is comprised of a nozzle that directs the fluid flow in a single fluid path toward the area to be flushed.

4. The combined imaging/HIFU probe of claim 3, wherein the outlet port extends around the aperture of the HIFU transducer and directs the fluid flow in a cylindrical or conical-shaped fluid path.

5. The combined imaging/HIFU probe of claim 1, wherein the outlet port is comprised of multiple nozzles that direct the fluid flow in multiple fluid paths toward the area of tissue to be flushed.

6. The combined imaging/HIFU probe of claim 5, wherein the multiple nozzles are positioned in a ring around the aperture of the HIFU transducer.

7. The combined imaging/HIFU probe of claim 1, wherein the fluid flow from the outlet port is continuous.

8. The combined imaging/HIFU probe of claim 1, wherein the probe is further configured to direct the fluid flow from the outlet port to flush an area near the imaging scan head.

9. The combined imaging/HIFU probe of claim 1, wherein the outlet port is a first outlet port, the probe further comprising a second outlet port positioned proximate the imaging scan head to direct a flow of fluid across at least a portion of the imaging scan head, wherein the probe is configured to direct the fluid flow from the second outlet port to flush an area near the imaging scan head and reduce obstructions to the transmission of ultrasound energy between the imaging scan head and the patient.

10. The combined imaging/HIFU probe of claim 1, further comprising a receptacle that uses gravity to deliver fluid, wherein the first channel is configured to receive the flow of fluid from the receptacle.

11. The combined imaging/HIFU probe of claim 1, further comprising a cuff extending around the probe, wherein the cuff is configured to obstruct an opening to the body cavity to help retain fluid from the outlet port in the body cavity.

12. The combined imaging/HIFU probe of claim 11, wherein the cuff is further configured to permit the probe to pivot or translate within the cuff while helping retain the fluid in the body cavity.

13. The combined imaging/HIFU probe of claim 11, wherein the cuff is configured to allow a portion of the fluid filling the body cavity to pass and thereby flow out of the body cavity.

14. The combined imaging/HIFU probe of claim 1, wherein the inlet port is further configured to convey fluid out of the body cavity.

15. The combined imaging/HIFU probe of claim 1, wherein the fluid filling the body cavity has a fluid pressure, the probe further comprising a regulator configured to regulate fluid flow with respect to the body cavity according to a desired pressure of the fluid in the body cavity.

19

16. The combined imaging/HIFU probe of claim 15, wherein the pressure of the fluid in the body cavity is capable of distending the tissue in the body cavity and modifying the position of the target tissue relative to a focus of the HIFU energy that is transmitted from the HIFU transducer, the regulator being configured to regulate fluid flow with respect to the body cavity to achieve the desired fluid pressure in the body cavity that positions the target tissue at a desired position relative to the focus without moving the position of the HIFU transducer.

17. The combined imaging/HIFU probe of claim 16, wherein the regulator is configured to adjust the fluid flow with respect to the body cavity throughout the transmission of HIFU energy and thereby direct the range of target tissue to be treated by the HIFU energy without moving the position of the HIFU transducer.

18. A combined imaging/high intensity focused ultrasound (HIFU) probe configured for insertion into a body cavity of a patient, comprising:

an imaging scan head adapted for imaging target tissue in the patient;

a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;

a first channel in fluid connection with an outlet port for delivering a flow of fluid to the body cavity when the probe is inserted into the body cavity;

a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material that has at least one perforation defined there-through that allows fluid to flow through the cover; and an inlet port positioned between the cover and the HIFU transducer, wherein the inlet port is connected to a second channel that conveys fluid away from the HIFU transducer;

wherein the at least one perforation is positioned in the cover to direct fluid flow through the cover toward an area near the aperture of the HIFU transducer to flush the area of obstructions to the transmission of HIFU energy, wherein the combined imaging/HIFU probe is configured to allow fluid flow from the outlet port to flow through the at least one perforation in the cover to fill at least a portion of the body cavity with fluid in which the imaging scan head and HIFU transducer are immersed, the fluid being configured to provide a coupling for transmission of ultrasound energy between the combined imaging/HIFU probe and the patient,

wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow through the at least one perforation in the cover toward an area in the body cavity near the aperture of the HIFU transducer, and wherein the combined imaging/HIFU probe is configured to draw a higher flow of fluid from the HIFU transducer through the inlet port than the flow of fluid that flows from the HIFU transducer through the at least one perforation in the cover.

19. The combined imaging/HIFU probe of claim 18, wherein the cover is further in sealing engagement with the imaging scan head to provide an acoustic window with a fluid-filled space over both the HIFU transducer and the imaging scan head.

20. The combined imaging/HIFU probe of claim 18, wherein the cover is a first cover, the probe further comprising a second cover in sealing engagement with the imaging scan head, wherein the second cover is comprised of a non-permeable material that has at least one perforation defined there-through to allow fluid to flow through the second cover.

20

21. A combined imaging/high intensity focused ultrasound (HIFU) probe, comprising:

an imaging scan head adapted for imaging target tissue in a patient;

a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;

an outlet port configured to deliver a flow of fluid;

a channel in fluid connection with the outlet port for delivering the flow of fluid;

a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material that has at least one perforation defined there-through that allows fluid to flow through the cover; and a flexible sheath that overlies the cover and is sealingly engaged with the combined imaging/HIFU probe,

wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow at least in part through the at least one perforation defined in the cover, and

wherein the combined imaging/HIFU probe is configured to allow fluid flow from the outlet port to fill the space between the HIFU transducer and the cover, and further to flow through the at least one perforation in the cover to fill the space between the cover and the sheath causing the sheath to inflate with fluid, the fluid providing a coupling for transmission of ultrasound energy from the HIFU transducer to the patient.

22. The combined imaging/HIFU probe of claim 21, wherein the fluid is capable of circulating through the space between the aperture of the HIFU transducer and the cover, the probe further comprising an inlet port configured to convey fluid away from the HIFU transducer.

23. The combined imaging/HIFU probe of claim 21, wherein the sheath further extends along a shaft of the probe to cover the shaft.

24. The combined imaging/HIFU probe of claim 21, wherein the sheath further overlies the imaging scan head and is configured to inflate with fluid around the imaging scan head to provide a coupling for transmission of ultrasound energy between the imaging scan head and the patient.

25. A method of deploying a combined imaging/high intensity focused ultrasound (HIFU) probe for use in a body cavity of a patient, comprising:

inserting the combined imaging/HIFU probe through an opening to the body cavity of the patient, wherein the probe includes:

an imaging scan head adapted for imaging target tissue in the patient;

a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;

an outlet port configured to direct a flow of fluid from the outlet port across at least a portion of the aperture of the HIFU transducer;

a first channel in fluid connection with the outlet port for delivering a flow of fluid to the outlet port;

a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material and has at least one perforation defined there-through that allows fluid to flow through the cover, and wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow through the at least one perforation in the cover toward an area in the body cavity near the aperture of the HIFU transducer; and

an inlet port positioned between the cover and the HIFU transducer, wherein the inlet port is connected to a second channel that conveys fluid away from the HIFU transducer;

directing a flow of fluid from the outlet port such that the fluid is capable of flushing the area of tissue in the body cavity near the aperture of the HIFU transducer to reduce obstructions to the transmission of HIFU energy;

allowing fluid flow from the outlet port to flow through the at least one perforation in the cover to fill at least a portion of the body cavity with fluid;

immersing the imaging scan head and HIFU transducer in the fluid in the body cavity, wherein the fluid provides a coupling for transmission of ultrasound energy between the combined imaging/HIFU probe and the patient; and

drawing a higher flow of fluid from the HIFU transducer through the inlet port than the flow of fluid that flows from the HIFU transducer through the at least one perforation in the cover.

26. The method of claim 25, further comprising positioning the outlet port proximate to the HIFU transducer.

27. The method of claim 25, wherein the fluid flow is directed in a single fluid path toward the area to be flushed.

28. The method of claim 27, wherein the fluid flow is directed in a cylindrical or conical-shaped fluid path.

29. The method of claim 25, wherein the fluid flow is directed in multiple fluid paths toward the area to be flushed.

30. The method of claim 29, further comprising positioning multiple nozzles in a ring around the aperture of the HIFU transducer to direct the fluid flow.

31. The method of claim 25, wherein the fluid flow from the outlet port is continuous.

32. The method of claim 25, further comprising directing fluid flow from the outlet port toward an area near the imaging scan head to flush the area near the imaging scan head.

33. The method of claim 25, wherein the outlet port is a first outlet port and the probe further includes a second outlet port, the method further comprising directing a flow of fluid from the second outlet port across at least a portion of the imaging scan head to flush an area near the imaging scan head and reduce obstructions to the transmission of ultrasound energy between the imaging scan head and the patient.

34. The method of claim 25, further comprising using gravity to deliver the fluid from a receptacle to the outlet port.

35. The method of claim 25, further comprising positioning a cuff around the probe to obstruct the opening to the body cavity through which the probe is inserted to help retain fluid from the outlet port in the body cavity.

36. The method of claim 35, further comprising pivoting or translating the probe within the cuff while retaining the fluid in the body cavity.

37. The method of claim 35, further comprising allowing a portion of the fluid filling the body cavity to pass by the cuff and thereby flow out of the body cavity.

38. The method of claim 25, further comprising conveying fluid out of the body cavity via the inlet port.

39. The method of claim 25, wherein the fluid filling the body cavity has a fluid pressure, the method further comprising regulating fluid flow with respect to the body cavity according to a desired pressure of the fluid in the body cavity.

40. The method of claim 39, wherein the pressure of the fluid in the body cavity is capable of distending the tissue in the body cavity and modifying the position of the target tissue relative to a focus of the HIFU energy that is transmitted from the HIFU transducer, the method further comprising regulating the fluid flow with respect to the body cavity to achieve the desired fluid pressure in the body cavity that positions the

target tissue at a desired position relative to the focus without moving the position of the HIFU transducer.

41. The method of claim 40, further comprising regulating the fluid flow throughout the transmission of HIFU energy and thereby directing the range of target tissue to be treated by the HIFU energy without moving the position of the HIFU transducer.

42. A method of deploying a combined imaging/high intensity focused ultrasound (HIFU) probe for use in a body cavity of a patient, comprising:

inserting the combined imaging/HIFU probe through an opening to the body cavity of the patient, wherein the probe includes:

an imaging scan head adapted for imaging target tissue in the patient;

a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;

a first channel in fluid connection with an outlet port for delivering a flow of fluid to the body cavity when the probe is inserted into the body cavity;

a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material that has at least one perforation defined therethrough that allows fluid to flow through the cover, and wherein the at least one perforation is positioned in the cover to direct fluid flow through the cover toward an area near the aperture of the HIFU transducer to flush the area of obstructions to the transmission of HIFU energy; and

an inlet port positioned between the cover and the HIFU transducer, wherein the inlet port is connected to a second channel that conveys fluid away from the HIFU transducer,

wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow through the at least one perforation in the cover toward an area in the body cavity near the aperture of the HIFU transducer;

allowing fluid flow from the outlet port to flow through the at least one perforation in the cover to fill at least a portion of the body cavity with fluid;

immersing the imaging scan head and HIFU transducer in the fluid in the body cavity, wherein the fluid provides a coupling for transmission of ultrasound energy between the combined imaging/HIFU probe and the patient; and

drawing a higher flow of fluid from the HIFU transducer through the inlet port than the flow of fluid that flows from the HIFU transducer through the at least one perforation in the cover.

43. The method of claim 42, further comprising conveying fluid out of the body cavity via the inlet port.

44. The method of claim 42, further comprising covering the imaging scan head with the cover, wherein the cover is in sealing engagement with both the HIFU transducer and the imaging scan head to provide an acoustic window with a fluid-filled space over both the HIFU transducer and the imaging scan head.

45. The method of claim 42, wherein the cover is a first cover, the method further comprising covering the imaging scan head with a second cover, wherein the second cover is comprised of a non-permeable material in sealing engagement with the imaging scan head that has at least one perforation defined therethrough to allow fluid to flow through the second cover.

46. A method of deploying a combined imaging/high intensity focused ultrasound (HIFU) probe for use in a body cavity of a patient, comprising:

23

inserting the combined imaging/HIFU probe through an opening to the body cavity of the patient, wherein the probe includes:

- an imaging scan head adapted for imaging target tissue in a patient;
 - a HIFU transducer having an aperture through which HIFU energy can be transmitted to the target tissue;
 - an outlet port configured to deliver a flow of fluid;
 - a channel in fluid connection with the outlet port for delivering the flow of fluid; and
 - a cover in sealing engagement with the HIFU transducer, wherein the cover is comprised of a non-permeable material that has at least one perforation defined therethrough that allows fluid to flow through the cover,
- wherein the outlet port is positioned between the cover and the HIFU transducer such that fluid from the outlet port is configured to flow at least in part through the at least one perforation defined in the cover;
- covering the combined imaging/HIFU probe with a flexible sheath that overlies the cover and is sealingly engaged with the combined imaging/HIFU probe; and
- allowing fluid flow from the outlet port to fill the space between the HIFU transducer and the cover, and further

24

to flow through the at least one perforation in the cover to fill the space between the cover and the sheath causing the sheath to inflate with fluid, wherein the fluid provides a coupling for transmission of ultrasound energy from the HIFU transducer to the patient.

47. The method of claim 46, wherein the combined imaging/HIFU probe further includes an inlet port and the fluid is capable of circulating through the space between the aperture of the HIFU transducer and the cover, the method further comprising conveying fluid away from the HIFU transducer via the inlet port.

48. The method of claim 46, wherein the combined imaging/HIFU probe further includes an inlet port and the fluid is capable of circulating through the space between the aperture of the HIFU transducer and the cover, the method further comprising conveying fluid away from the HIFU transducer via the inlet port.

49. The method of claim 46, wherein covering the combined imaging/HIFU probe with a flexible sheath further includes causing the sheath to overlie the imaging scan head and inflate with fluid around the imaging scan head to provide a coupling for transmission of ultrasound energy between the imaging scan head and the patient.

* * * * *

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

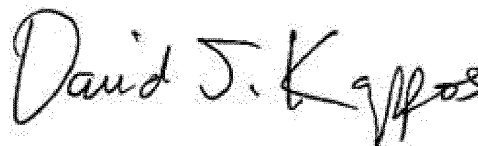
PATENT NO. : 8,052,604 B2
APPLICATION NO. : 11/831048
DATED : November 8, 2011
INVENTOR(S) : Lau et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

<u>COLUMN</u>	<u>LINE</u>	<u>ERROR</u>
20 (Claim 20,	19 line 18)	“theat” should read --the at--
24 (Claim 48,	12-17 lines 1-5)	Delete the entire text of Claim 48, and insert therefor --The method of Claim 46, wherein the sheath further extends along a shaft of the probe to cover the shaft.--

Signed and Sealed this
Thirty-first Day of July, 2012



David J. Kappos
Director of the United States Patent and Trademark Office

专利名称(译)	用于内腔成像和高强度聚焦超声探头的接合和耦合的方法和装置		
公开(公告)号	US8052604	公开(公告)日	2011-11-08
申请号	US11/831048	申请日	2007-07-31
[标]申请(专利权)人(译)	米瑞碧利斯医疗公司		
申请(专利权)人(译)	紫茉莉MEDICA INC.		
当前申请(专利权)人(译)	紫茉莉MEDICA INC.		
[标]发明人	LAU MICHAEL P H DARLINGTON GREGORY PAUL CONNOLLY MICHAEL J GUO ZIHONG		
发明人	LAU, MICHAEL P. H. DARLINGTON, GREGORY PAUL CONNOLLY, MICHAEL J. GUO, ZIHONG		
IPC分类号	A61B8/00 A61B8/14		
CPC分类号	A61B8/12 A61B17/2202 A61B8/445 A61N7/022 A61B17/2256 A61B17/4241 A61B2017/2253 A61B2018/00029 A61B2019/5278 A61B2019/528 A61B2017/4216 A61B8/4209 A61B8/4272 A61B8/4281 A61B2090/3782 A61B2090/3784		
其他公开文献	US20090036773A1		
外部链接	Espacenet USPTO		

摘要(译)

组合成像/ HIFU探针包括成像扫描头，HIFU换能器和出口端口，其输送流过HIFU换能器的流体流。体腔的至少一部分填充有探针浸入其中的流体。流体提供用于在探针和患者之间传输超声能量的耦合。流体流也可用于冲洗HIFU换能器附近的组织区域的障碍物。本文进一步描述了用于帮助将流体保持在体腔中的箍带，用于根据期望的流体压力调节相对于体腔的流体流动的调节器，以及用于HIFU换能器的盖子，其具有至少一个穿过其限定的穿孔。让流体流过盖子。本文进一步公开了在体腔中部署组合的成像/ HIFU探针的方法。

