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(54) **METHOD AND APPARATUS FOR TRANSGASTRIC NEUROSTIMULATION**

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(58) **Field of Classification Search**

USPC 606/14, 32; 607/42, 48
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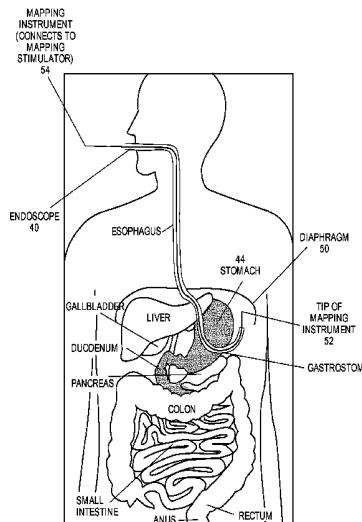
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(57) **ABSTRACT**

A method of placing an electrode in a peritoneal cavity including the following steps: inserting an endoscope through a patient's mouth into the patient's stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity; and using the endoscope to place the electrode in contact with tissue within the peritoneal cavity other than stomach tissue. Another aspect of the invention provides a method of electrically mapping tissue accessed from a peritoneal cavity including the following steps: inserting an endoscope through a patient's mouth into the patient's stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity; passing an electrode through the endoscope; placing the electrode in contact with tissue within the peritoneal cavity other than stomach tissue; and applying a mapping stimulation signal to the electrode from a mapping stimulator.

15 Claims, 6 Drawing Sheets



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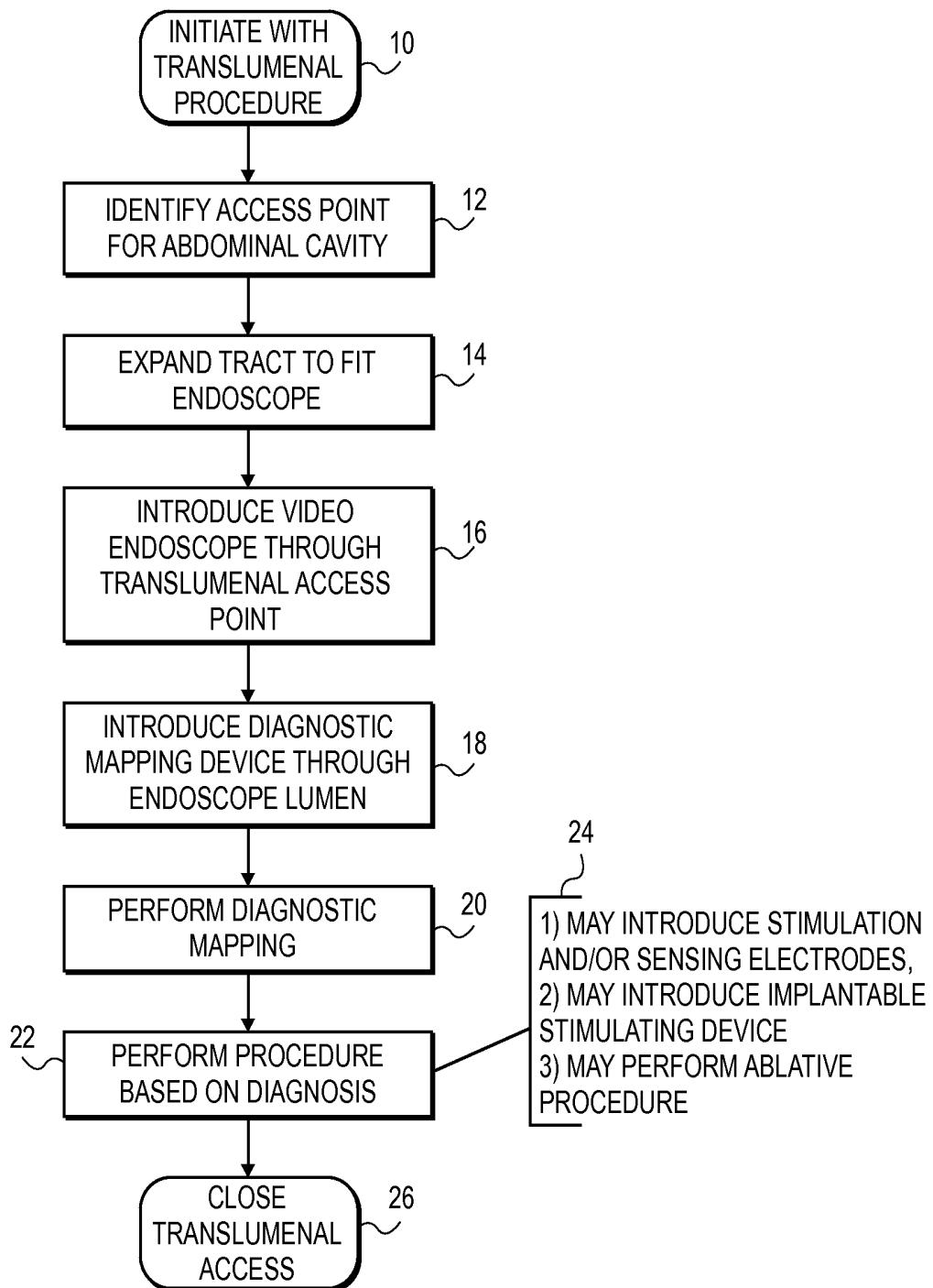
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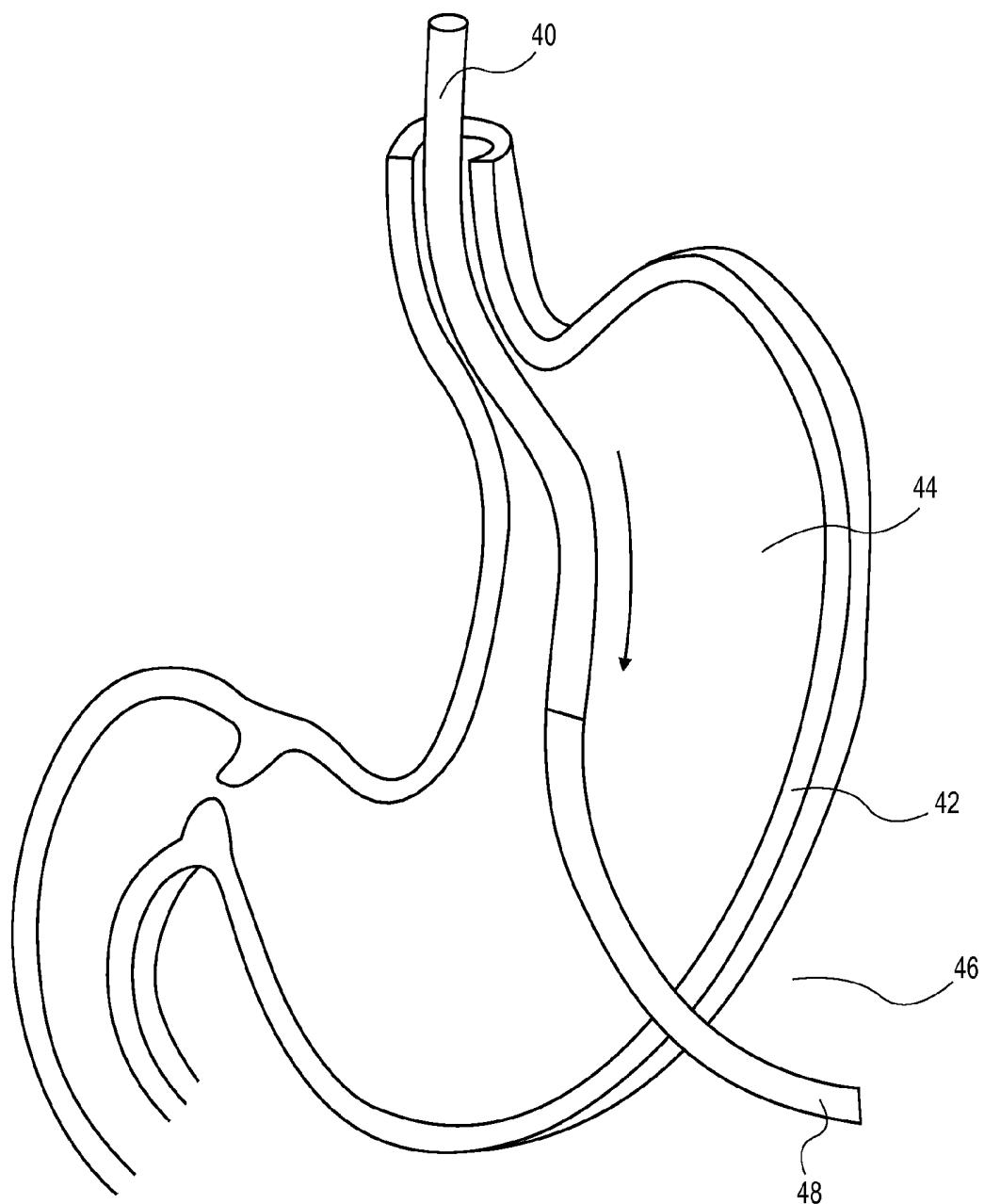
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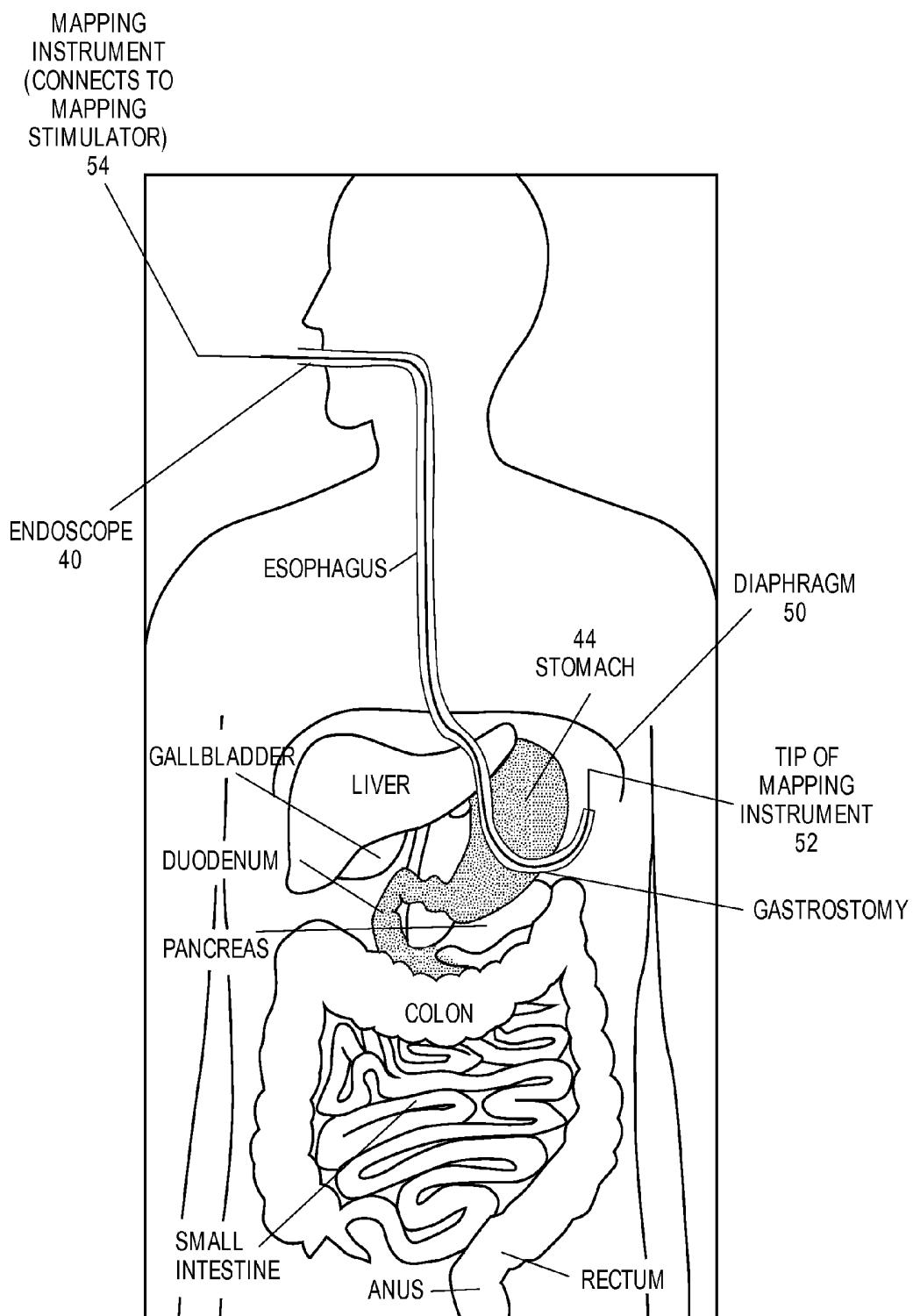
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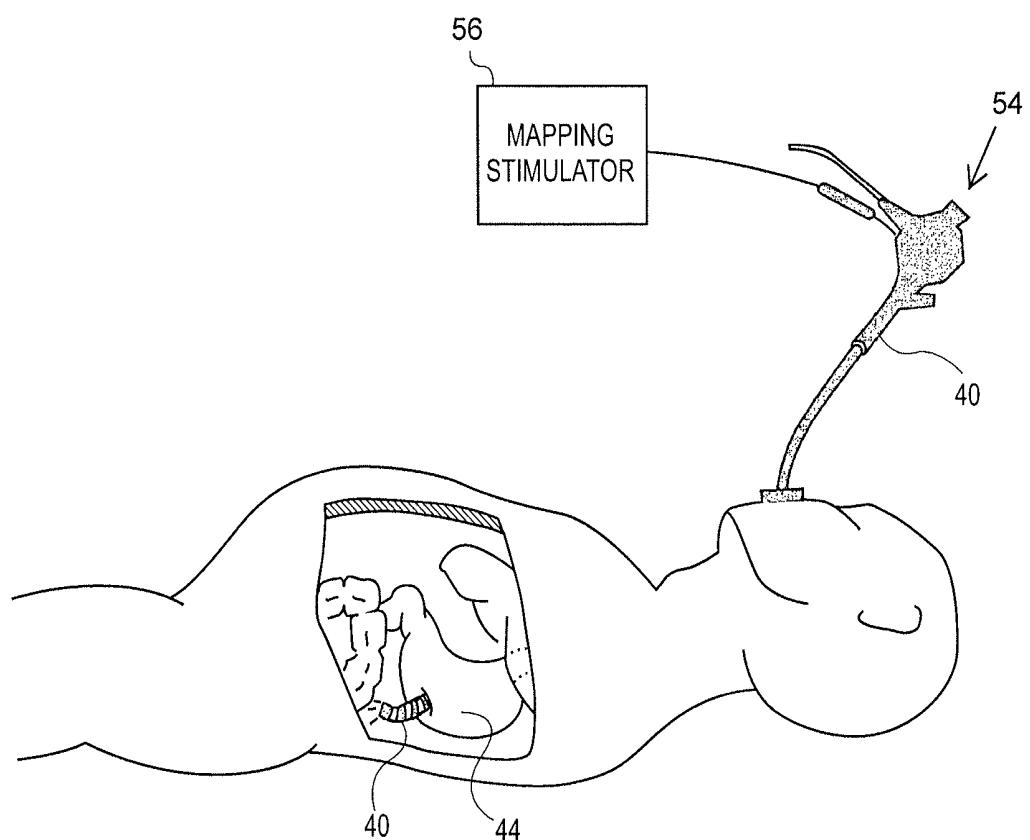
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**FIG. 1**

**FIG. 2**

**FIG. 3**

**FIG. 4**

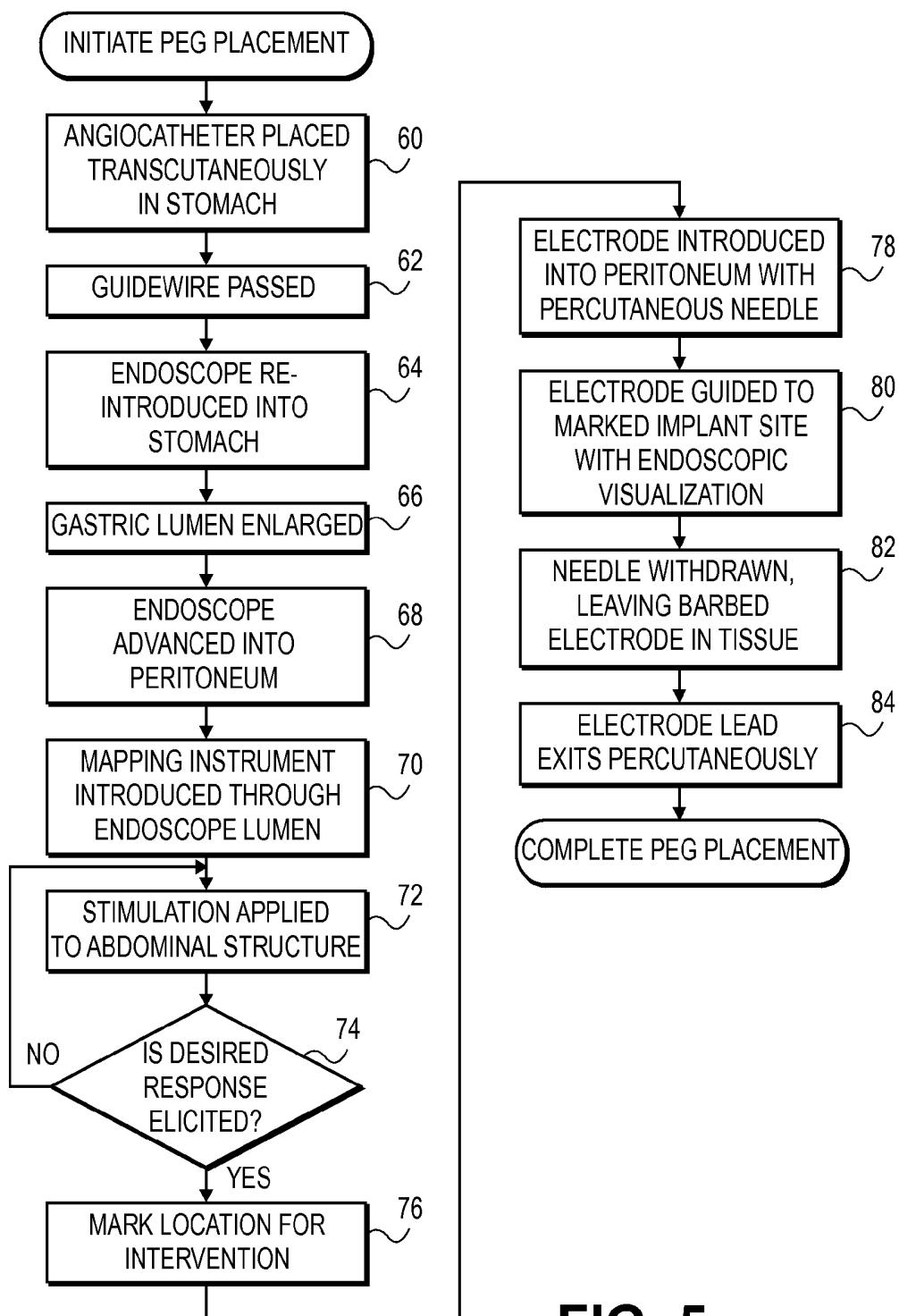


FIG. 5

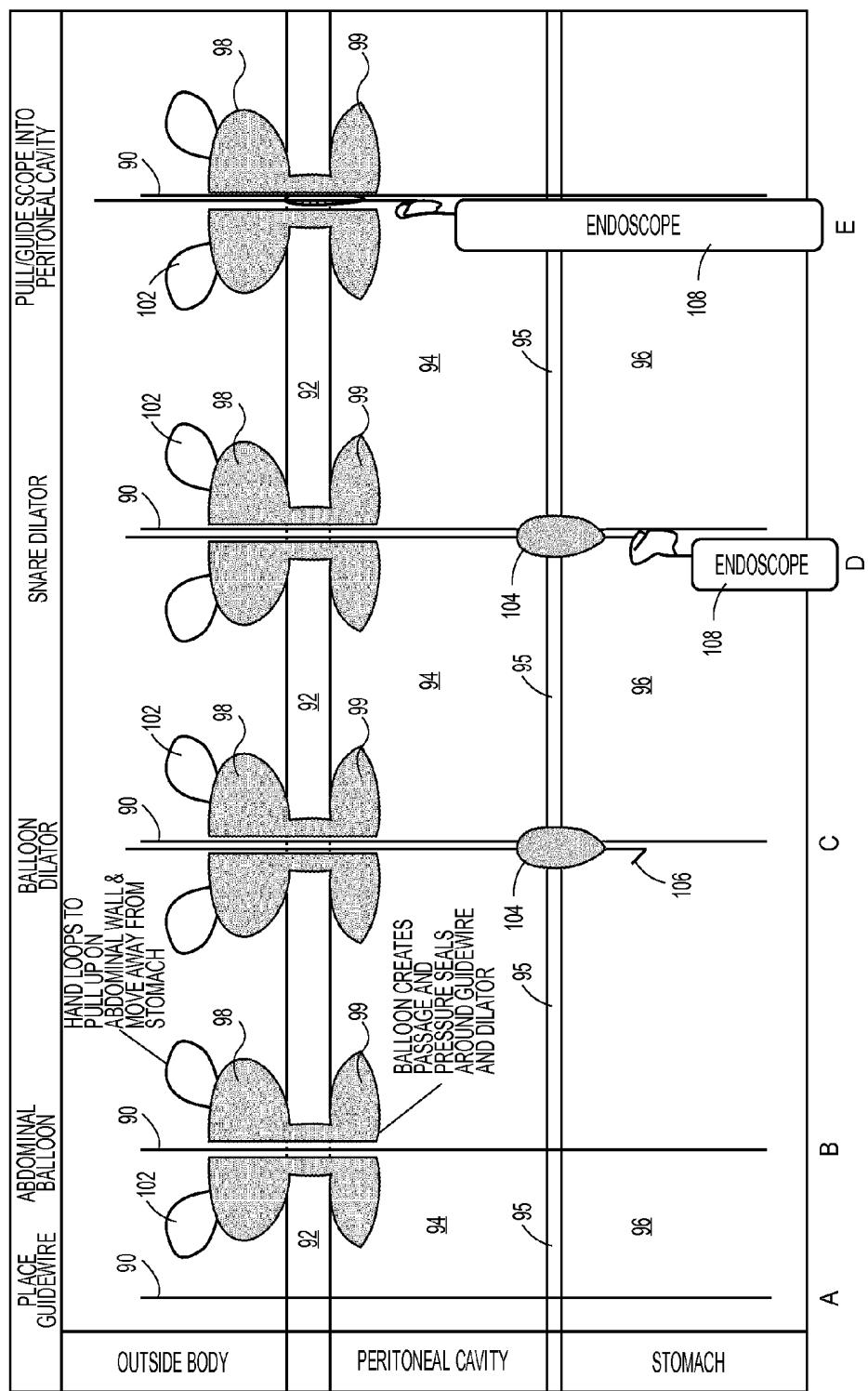


FIG. 6

**METHOD AND APPARATUS FOR
TRANSGASTRIC NEUROSTIMULATION**

CROSS-REFERENCE

This application claims the benefit of U.S. Provisional Application No. 60/596,029, filed Aug. 25, 2005, which is incorporated herein by reference in its entirety.

This application is related to the following patent application, filed on even date herewith: "Method And Apparatus For Grasping An Abdominal Wall," U.S. Patent Publication No. 2008/0097153, which is incorporated herein by reference in its entirety.

BACKGROUND OF THE INVENTION

Certain neurostimulation procedures require the placement of electrodes via abdominal access. For example, US Patent Appl. Publ. No. 2005/0021102 describes a system and method for stimulating a conditioning a diaphragm through electrical stimulation of target sites on the diaphragm. The electrodes may be implanted laparoscopically, using, e.g., an electrode delivery instruments such as those described in U.S. Pat. Nos. 5,797,923 and 5,472,438.

It is often desirable to electrically map possible stimulation electrode sites to find the most appropriate target site for implanting the stimulation electrode(s). An example of a mapping probe system for use with neuromuscular stimulation systems is described in US Patent Appl. Publ. No. 2005/0107860. This mapping probe is designed to be inserted laparoscopically through a cannula that has been placed in the patient's peritoneal cavity through an incision in the patient's abdominal wall.

While less invasive than open surgery, laparoscopic delivery of mapping and/or stimulation electrodes still requires the surgeon to make multiple incisions through the patient's skin to access to the patient's abdomen for the visualization and electrode manipulation instruments. In addition, access to certain sites within and around the abdomen may be difficult, depending on the location of the laparoscopic port with respect to the target sites. While transesophageal approaches to cardiovascular and mediastinal procedures have been proposed (see, e.g., US Patent Appl. Publ. No. 2005/0148818), and while transgastric peritoneal cavity access tools have been described (see, e.g., U.S. Pat. No. 6,918,871; US Patent Appl. Publ. No. 2004/0260245; US Patent Appl. Publ. No. 2005/0277945; and US Patent Appl. Publ. No. 2001/0049497), the prior art has not addressed transgastric neuro-mapping and neurostimulation procedures in the peritoneal cavity. What is needed, therefore, are methods and devices for delivering mapping and/or stimulation electrodes to their target sites in and around the abdomen. In particular, what is needed is a better way to removably deliver mapping electrodes to multiple tissue sites within and around the peritoneal cavity.

SUMMARY OF THE INVENTION

One aspect of the invention provides a method of placing an electrode in a peritoneal cavity including the following steps: inserting an endoscope through a patient's mouth into the patient's stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity; and using the endoscope to place the electrode in contact with tissue within the peritoneal cavity other than stomach tissue. In some embodiments, the method also includes the step of using the electrode to map electrical activity in the tissue and

may also include the step of passing a mapping instrument comprising the electrode through the endoscope before the step of using the endoscope to place the electrode. In some embodiments, the method includes the step of using the electrode to electrically stimulate the tissue.

In some embodiments, the using step includes the step of inserting the electrode into the peritoneal cavity percutaneously under visualization from the endoscope and may also include the step of grabbing the electrode with an instrument associated with the endoscope. In some embodiments, the inserting step includes the step of inserting the electrode at an insertion site in an abdominal wall, the method further including the step of pulling the abdominal wall away from the stomach.

In some embodiments, the using step comprises includes the step of inserting the electrode into the peritoneal cavity laparoscopically under visualization from the endoscope and may also include the step of grabbing the electrode with an instrument associated with the endoscope. In some embodiments, the using step includes the step of inserting the electrode through the endoscope.

Another aspect of the invention provides a method of stimulating target tissue in or near a peritoneal cavity including the following steps: inserting an endoscope through a patient's mouth into the patient's stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity; using the endoscope to place a stimulation electrode in contact with target tissue within the peritoneal cavity other than stomach tissue; and providing a stimulation signal to the electrode. In some embodiments, the method also includes the step of electrically mapping the target tissue with a mapping electrode inserted through the endoscope before placing the stimulation electrode.

In some embodiments, the using step includes the step of inserting the stimulation electrode into the peritoneal cavity percutaneously under visualization from the endoscope and may include the step of grabbing the stimulation electrode with an instrument associated with the endoscope.

In some embodiments, the using step includes the step of inserting the stimulation electrode into the peritoneal cavity laparoscopically under visualization from the endoscope and may include the step of grabbing the stimulation electrode with an instrument associated with the endoscope. In some embodiments, the using step includes the step of inserting the stimulation electrode through the endoscope.

Yet another aspect of the invention provides a method of electrically mapping tissue accessed from an peritoneal cavity including the following steps: inserting an endoscope through a patient's mouth into the patient's stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity; passing an electrode through the endoscope; placing the electrode in contact with tissue within the peritoneal cavity other than stomach tissue; and applying a mapping stimulation signal to the electrode from a mapping stimulator. In some embodiments, the method includes the step of identifying a target stimulation site after applying the mapping stimulation signal. In some embodiments, the method also includes the step of placing a stimulation electrode at the target stimulation site. In some embodiments, the placing step may be performed percutaneously, laparoscopically or by passing the electrode through the endoscope.

The invention is described in more detail below with reference to the drawings.

INCORPORATION BY REFERENCE

All publications and patent applications mentioned in this specification are herein incorporated by reference to the same

extent as if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

BRIEF DESCRIPTION OF THE DRAWINGS

The novel features of the invention are set forth with particularity in the appended claims. A better understanding of the features and advantages of the present invention will be obtained by reference to the following detailed description that sets forth illustrative embodiments, in which the principles of the invention are utilized, and the accompanying drawings of which:

FIG. 1 is a flow chart showing an aspect of a tissue mapping method of this invention.

FIG. 2 shows an endoscope passing into a peritoneal cavity through an opening in a stomach.

FIG. 3 shows an endoscope and mapping instrument passing into a peritoneal cavity through an opening in a stomach and retroflexed toward a diaphragm.

FIG. 4 shows an endoscope and mapping instrument passing into a peritoneal cavity through an opening in a stomach.

FIG. 5 is a flowchart showing another aspect of the transgastric mapping and electrode placement methods of this invention.

FIG. 6A-E are schematic drawings showing a transgastric procedure according to an aspect of this invention.

DETAILED DESCRIPTION OF THE INVENTION

One aspect of the invention provides devices and techniques for diagnostic and therapeutic stimulation of abdominal and pelvic structures accessed through natural orifices, such as the mouth. The technique uses a standard endoscope and instruments to make a gastrostomy. The endoscope may then be passed into the peritoneal space within the peritoneal cavity and manipulated (by, e.g., bending or retroflexing) to view desired structures. A mapping instrument may be passed through one of the endoscope working channels to diagnose or identify structures. Upon completion of mapping, stimulating electrodes may be placed into target tissue using a percutaneous needle under endoscopic visualization and assistance. Alternatively, electrodes may be passed through a lumen of the endoscope. The electrode leads then may be attached to a stimulator disposed within the patient (e.g., in a subcutaneous pocket formed in the patient) and or percutaneously to an external stimulator.

The devices and techniques according to this aspect of the invention may be applied to a wide variety of disorders of the abdomen and pelvis. In many of these procedures, the target location or site is mapped prior to placement of either a trial percutaneous lead or a permanent implantable pulse generator.

FIG. 1 is a flow chart showing an aspect of a tissue mapping method of this invention. The procedure initiates by placing an endoscope into the patient's stomach to provide transmural access to the stomach wall, as in block 10 in FIG. 1. Using the endoscope's viewing capabilities, a peritoneal cavity access point in the stomach wall is identified (12). For example, one desirable section of stomach for this procedure may be located as far distally as is accessible by the endoscope, in a location that provides good visualization of the target abdominal or pelvic structures and that permits ready closing with a closing device.

After an opening is made in the stomach wall using a standard technique (e.g., gastrostomy), the opening is expanded to accommodate the endoscope (14), and the distal

end of the endoscope is passed through the opening into the peritoneal cavity (16). After using the endoscope's viewing capabilities to locate target tissue site, a diagnostic mapping device is passed through a lumen of the endoscope so that its distal end is in the peritoneal cavity (18). Diagnostic electrical mapping may be then be performed on the target tissue (20). The mapping procedure may be used to diagnose the patient and to determine which therapeutic procedure should be performed, such as the implantation of stimulation or sensing electrodes, implantation of a stimulating device and/or tissue ablation (22, 24).

After completion of the procedure, the opening in the stomach is closed, and the endoscope is removed from the patient (26). Gastrostomy closing may be performed by placement of a percutaneous endoscopic gastrostomy (PEG) tube or by use of a ligating system, clip or T-bar device cinched to close the opening without placement of a PEG.

FIGS. 2-4 show an endoscope 40 passing into and through the wall 42 of a stomach 44 into the peritoneal cavity 46. The distal end 48 of the endoscope 40 may be retroflexed to view and/or provide access to, e.g., the patient's diaphragm 50, as shown in FIG. 3, which shows a mapping electrode 52 at the tip of a mapping instrument near the diaphragm. Other organs within and around the peritoneal cavity may be accessed, as shown. FIG. 4 shows how an external mapping stimulator 56 may be connected with a mapping instrument 54. Other details regarding the formation of a gastrostomy, endoscopic access to the peritoneal cavity through a gastrostomy, and tissue mapping and stimulation in general may be found in U.S. Pat. No. 6,918,871; US Patent Appl. Publ. No. 2004/0260245; US Patent Appl. Publ. No. 2005/0277945; US Patent Appl. Publ. No. 2001/0049497; US Patent Appl. Publ. No. 2005/0021102; and US Patent Appl. Publ. No. 2005/0107860.

FIG. 5 is a flowchart showing another aspect of the transgastric mapping and electrode placement methods of this invention. A percutaneous endoscopic gastrostomy procedure commences by placing an angiocatheter percutaneously in the patient's stomach (60). A guidewire is then passed into the stomach (62), and an endoscope is introduced (or re-introduced) into the stomach (64). The guidewire may be snared by the endoscope and pulled out of the patient's mouth, and a second guidewire may be introduced with the first guidewire to provide a guide for re-introduction of the endoscope. An overtube may also be provided with the endoscope upon re-introduction. The gastric lumen or opening formed by the angiocatheter placement is enlarged, such as with a dilating balloon passed down the guidewire (66), and the distal tip of the endoscope is advanced through the opening into the patient's peritoneum (surrounding the peritoneal cavity) (68). The second guidewire and dilating balloon may then be removed.

After movement of the endoscope (e.g., bending, retroflexing) for visualization of the target structures, a mapping instrument may be passed through a lumen of the endoscope to stimulate and map target tissue within the peritoneal cavity (70, 72). Mapping stimulation responses may be monitored with instrumentation (e.g., EMG, ENG, pressure catheters, etc.) or queried from the patient (as in the case of awake endoscopy for identifying source of chronic pain). The mapping stimulation may be a single pulse to evoke a twitch or action potential or a train of pulses to elicit a contraction or propagation of nervous system impulses. If the desired response is not elicited in the target tissue, the mapping stimulation may be repeated (74). Otherwise, if mapping is successful, the target site may be marked for electrode placement or other intervention (76).

A stimulation electrode may then be introduced into the peritoneum and placed in the target tissue, such as by a percutaneous needle under visualization from the endoscope (78, 80, 82). For example, an electrode such as a barbed style electrode (e.g., a Synapse Peterson, Memberg or single helix electrode) may be loaded into a non-coring needle and penetrated through the skin. Using endoscopic visualization and (if desirable or necessary) with an endoscopic grasping tool, the electrode may be placed in the target tissue. The needle may then be removed, leaving the electrode leads extending percutaneously for connection to an external stimulation device (84). Alternatively, barbed electrodes may be placed endoscopically by introducing a small gauge needle through a lumen of the endoscope for direct placement in the target tissue. The electrode leads may be connected to a subcutaneously-placed stimulator or to a microstimulator (such as a BION® microstimulator) passed through the endoscope lumen and placed with the electrode. As yet another alternative, the electrode may be placed laparoscopically using a single laparoscopic port and visualization from the endoscope. This alternative may permit the manipulation and placement of larger electrodes in the peritoneal cavity.

6A-E show schematically some of steps of endoscopic transgastric access of the peritoneal cavity according to one aspect of the invention. In FIG. 6A, a guidewire 90 is inserted percutaneously through the patient's abdominal wall 92, through the peritoneal cavity 94 and into the patient's stomach 96. A grasping device formed as a balloon 98 with a port 100 is placed around guidewire 90 and inflated to provide a pressure seal around the guidewire, as shown in FIG. 6B. An attachment portion 99 of balloon 98 extends through the abdominal wall 92, as shown, to firmly attach the grasping device to the abdominal wall. Balloon 98 has grasping elements formed as loops 102 that may be grasped by a user's fingers to pull the abdominal wall 92 away from the stomach during the procedure. A dilator 104 is advanced in a deflated configuration through the stomach wall 95 over guidewire 90, then inflated to enlarge the stomach wall opening, as shown in FIG. 6C. A snare 106 extending from dilator 104 grasps the distal end of endoscope 108 to pull endoscope 108 into the peritoneal cavity, as shown in FIGS. 6D and 6E. Use of the grasping loops 102 to pull the abdominal wall 92 away from stomach 96 is particularly useful during this portion of the procedure. Dilator 104 may be deflated, and snare 106 unhooked from endoscope 108, to permit endoscope 108 to be used in the peritoneal cavity as described above.

The devices and methods described above may be used as part of many procedures, such as:

Diaphragm conditioning. The device and method may be used to identify phrenic nerve motor points and to implant electrodes in the diaphragm to condition or pace the diaphragm.

Gastro-esophageal reflux disease (GERD) treatment. Mapping of structures within the peritoneal cavity may be used to identify a stimulus location to elicit the best contraction of the lower esophageal sphincter (LES). A trial electrode may then be placed in the LES, and a pH sensor placed in the esophagus. After two or three days of reduced reflux, the electrode may be connected to an implantable pulse generator (IPG).

Gastroparesis. Mapping may be used to identify a stimulus location that causes stomach wall contraction. A trial electrode placed in the stomach with the electrode lead passing percutaneously outside of the patient. Upon demonstration of improved gastric emptying and reduction in nausea, the electrode may be connected to an IPG.

Morbid obesity. Mapping may be used to elicit a sensation of satiety. Trial electrodes may be placed in the stomach with

the electrode leads passing percutaneously outside of the patient. The electrodes may be removed after successful weight loss or connected to an IPG if on-going treatment is required.

Chronic pain from pancreatitis treated by neuromodulation at the celiac plexus. Mapping may be used to identify a location where neuromodulation of pain takes place, and trial electrode placed into the celiac plexus. Following a demonstration of pain reduction, the temporary lead or electrode may be connected to an IPG.

Chronic pain from unspecified abdominal or pelvic pain, treated by neuromodulation at the superior hypogastric plexus, the mesenteric plexus, or other nervous system structure through which the pain pathways are mediated. Mapping may be used to identify the location where neuromodulation of pain takes place. Following demonstrated trial pain reduction, the temporary lead or electrode may be connected in to an IPG.

Nerve sparing. The devices of this invention may be used diagnostically to identify specific tissue structures a surgeon may wish to spare during a surgical procedure. A mapping stimulus may be applied to nerve or muscle tissue to elicit a response, responsive tissue noted or marked, and marked tissue may be avoided during the subsequent surgical procedure.

While preferred embodiments of the present invention have been shown and described herein, it will be obvious to those skilled in the art that such embodiments are provided by way of example only. Numerous variations, changes, and substitutions will now occur to those skilled in the art without departing from the invention. It should be understood that various alternatives to the embodiments of the invention described herein may be employed in practicing the invention. It is intended that the following claims define the scope of the invention and that methods and structures within the scope of these claims and their equivalents be covered thereby.

What is claimed is:

1. A method of transcutaneously implanting a stimulation electrode in a peritoneal cavity of a patient using transgastric mapping and guidance, the method comprising:
inserting an endoscope having a proximal end and a distal end through a mouth into a stomach;
passing the distal end of the endoscope through an opening in the stomach into the peritoneal cavity;
retroflexing the distal end of the endoscope to orient the distal end of the endoscope towards a diaphragm, the retroflexed distal end of the endoscope configured to bend at least 90 degrees;
inserting a mapping instrument having a mapping electrode through the endoscope and into the peritoneal cavity, the mapping instrument adapted to pass through the retroflexed endoscope;
using the endoscope to place the mapping electrode in contact with the diaphragm of the patient within the peritoneal cavity;
using the mapping electrode, coupled to a mapping stimulator, to map electrical activity in the diaphragm; and transcutaneously positioning a stimulation electrode using a percutaneous needle into the peritoneal cavity under visualization from the endoscope based on the mapped electrical activity in the diaphragm.
2. The method of claim 1 wherein the step of using the mapping electrode comprises using the mapping electrode to electrically stimulate the diaphragm.

3. The method of claim 1 further comprising grabbing the stimulation electrode with an instrument associated with the endoscope.

4. The method of claim 1 wherein the transcutaneously positioning step comprises inserting the stimulation electrode at an insertion site in an abdominal wall, the method further comprising pulling the abdominal wall away from the stomach.

5. The method of claim 1, wherein the percutaneous needle is non-coring.

6. A method of implanting a stimulation electrode transcutaneously using transgastric mapping and guidance for stimulating target tissue in or near a peritoneal cavity of a patient, the method comprising:

10 inserting an endoscope through a mouth into a stomach; passing the endoscope through an opening in the stomach into the peritoneal cavity;

15 laparoscopically placing a stimulation electrode at a target site on a diaphragm;

20 using the endoscope to guide placement of the stimulation electrode based on a map of electrical activity in the diaphragm;

25 closing the opening in the stomach by placement of a percutaneous endoscopic gastrostomy tube; and

providing a stimulation signal to the stimulation electrode.

7. The method of claim 6 further comprising electrically mapping the diaphragm with a mapping electrode inserted through the endoscope before placing the stimulation electrode.

8. The method of claim 6 wherein the using step comprises inserting the stimulation electrode into the peritoneal cavity percutaneously under visualization from the endoscope.

9. The method of claim 8 further comprising grabbing the stimulation electrode with an instrument associated with the endoscope.

10. The method of claim 6 further comprising grabbing the stimulation electrode with an instrument associated with the endoscope.

11. A method of transcutaneously implanting a stimulation electrode in a diaphragm of a patient using transgastric mapping and guidance, the method comprising:

inserting an endoscope through a mouth into a stomach; inserting a guidewire percutaneously through an abdominal wall, through a peritoneal cavity, through a stomach wall and into a stomach;

inserting a dilator in a collapsed configuration over the guidewire and through the stomach wall;

expanding the dilator to enlarge an opening in the stomach wall;

passing the endoscope through the opening in the stomach wall into the peritoneal cavity;

passing a mapping electrode through the endoscope;

placing the mapping electrode in contact with a diaphragm of the patient within the peritoneal cavity; and

applying a mapping stimulation signal to the mapping electrode from a mapping stimulator;

identifying a target stimulation site after applying the mapping stimulation signal; and

laparoscopically placing a stimulation electrode at the target stimulation site.

12. The method of claim 11 wherein the laparoscopically placing step is performed while visualizing with the endoscope.

13. The method of claim 11 wherein the laparoscopically placing step is performed by grabbing the stimulation electrode with an instrument associated with the endoscope.

14. The method of claim 11, wherein the endoscope is passed through the opening by grasping a distal end of the endoscope using a snare and pulling the endoscope through the opening and into the peritoneal cavity.

15. The method of claim 14, wherein the snare extends from the dilator.

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专利名称(译)	用于经胃神经刺激的方法和装置		
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摘要(译)

一种将电极放置在腹膜腔中的方法，包括以下步骤：将内窥镜通过患者的嘴插入患者的胃中;将内窥镜穿过胃内的开口进入腹膜腔;并且使用内窥镜将电极放置成与除胃组织之外的腹膜腔内的组织接触。本发明的另一方面提供了一种电子绘制从腹膜腔进入的组织的方法，包括以下步骤：将内窥镜通过患者的口插入患者的胃中;将内窥镜穿过胃内的开口进入腹膜腔;将电极穿过内窥镜;将电极与胃组织以外的腹膜腔内的组织接触;并且从映射刺激器向电极施加映射刺激信号。

