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(54) **SYSTEM AND METHOD FOR REMOTE THERAPY AND DIAGNOSIS IN MEDICAL DEVICES**

SYSTEM UND VERFAHREN ZUR FERNSTEUERTHERAPIE UND -DIAGNOSE IN MEDIZINISCHEN
VORRICHTUNGEN

SYSTEME ET METHODE POUR DIAGNOSTIC ET THERAPIE A DISTANCE DESTINE AUX
DISPOSITIFS MEDICAUX

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Description

[0001] The present invention relates to medical device systems. Specifically, the invention pertains to a remote bi-directional communications with one or more programmers and medical units, or related controls that are associated with implantable medical devices (IMDs). More specifically, but not exclusively, the invention relates to a handheld or external, independent device implemented in an integrated system and method of bi-directional telecommunications between a web-based expert data center and a programmer, utilizing various types of network platforms and architecture, to implement in the IMDs, chronic monitoring, therapeutic and diagnostic procedures and data exchange remotely.

[0002] A technology-based health care system that fully the technical and social aspects of patient care and therapy should be able to flawlessly connect the client with care providers irrespective of separation distance or location of the participants. While clinicians will continue to treat patients in accordance with accepted modern medical practice, developments in communications technology are making it ever more possible to provide a seamless system of remote patient diagnostics, care and medical services in a time and place independent manner.

[0003] Prior art methods of clinical services are generally limited to in-hospital operations. For example, if a physician needs to review the performance parameters of an implantable device in a patient, it is likely that the patient has to go to the clinic. Further, if the medical conditions of a patient with an implantable device warrant a continuous monitoring or adjustment of the device, the patient would have to stay in a hospital indefinitely. Specifically, patient conditions which require chronic monitoring of the IMD present serious economic problems in the management of therapy and diagnosis on a continuous basis. Under the exemplary scenario, as the segment of the population with implanted medical devices increases, many more hospitals/clinics including service personnel will be needed to provide in-hospital service for the patients, thus escalating the cost of healthcare. Additionally the patients will be unduly restricted and inconvenienced by the need to either stay in the hospital or make very frequent visits to a clinic.

[0004] Yet another condition of the prior art practice requires that a patient visit a clinic center for occasional retrieval of data from the implanted device to assess the operations of the device and gather patient history for both clinical and research purposes. Such data is acquired by having the patient in a hospital/clinic to download the stored data from the implantable medical device. Depending on the frequency of data collection this procedure may pose serious difficulty and inconvenience for patients who live in rural areas or have limited mobility. Similarly, in the event a need arises to upgrade the software of an implantable medical device, the patient will be required to come into the clinic or hospital to have the

upgrade installed. Further, in medical practice it is an industry-wide standard to keep an accurate record of past and temporaneous procedures relating to an IMD uplink with, for example, a programmer. It is required that the report contain the identification of all the medical devices involved in any interactive procedure. Specifically, all peripheral and major devices that are used in down linking to the IMD need to be reported. Currently, such procedures are manually reported and require an operator or a medical person to diligently enter data during each procedure. One of the limitations of the problems with the reporting procedures is the fact that it is error prone and requires rechecking of the data to verify accuracy.

[0005] A further limitation of the prior art relates to the management of multiple medical devices in a single patient. Advances in modern patient therapy and treatment have made it possible to implant a number of devices in a patient. For example, IMDs such as a defibrillator or a pacemaker, a neural implant, a drug pump, a separate physiologic monitor and various other IMDs may be implanted in a single patient. To successfully manage the operations and assess the performance of each device in a patient with multi-implants requires a continuous update and monitoring of the devices. Further, it may be preferred to have an operable communication between the various implants to provide a coordinated clinical therapy to the patient. Thus, there is a need to monitor the IMDs including the programmer on a regular, if not a continuous, basis to ensure optimal patient care. In the absence of other alternatives, this imposes a great burden on the patient if a hospital or clinic is the only center where the necessary upgrade, follow up, evaluation and adjustment of the IMDs could be made. Further, even if feasible, the situation would require the establishment of multiple service areas or clinic centers to support the burgeoning number of multi-implant patients world-wide.

[0006] Accordingly it is vital to have a programmer and a personal data monitor (PDM) unit that would connect to a remote expert data center, a remote web-based data center or a remote data center, all these terms being alternate equivalents as used herein, to provide access to the expert system and import the expertise to a local environment. Further, it is a significant advantage to have a PDM which communicates with the unregulated non-clinical sections of the IMD in addition to being communicable with the programmer and to also serve as a cost-effective mobile, handheld data transfer unit. Furthermore, it is very desirable to have a PDM system which communicates with the diagnostic section of the IMD to routinely perform diagnosis-related data exchange with the IMD. More specifically, it is highly desirable to have a PDM unit that is interactive with various peripheral communications and computer devices to promote remote delivery of patient therapy and clinical care at reasonable cost and speed.

[0007] The proliferation of patients with multi-implant medical devices worldwide has made it imperative to provide remote services to the IMDs and timely clinical care

to the patient. Frequent use of programmers to communicate with the IMDs and provide various remote services, consistent with applications titled "System and Method for Transferring Information Relating to an Implantable Medical Device to a Remote Location," filed on July 21, 1999, Patent No. 6,250,309; "Apparatus and Method for Remote Troubleshooting, Maintenance and Upgrade of Implantable Device Systems," filed on October 26, 1999, Ser. No. 09/426,741; "Tactile Feedback for Indicating Validity of Communication Link with an Implantable Medical Device," filed October 29, 1999, Ser. No. 09/430,708; "Apparatus and Method for Automated Invoicing of Medical Device Systems," filed October 29, 1999, Patent No. 6,385,593; "Apparatus and Method for Remote Self-Identification of Components in Medical Device Systems," filed October 29, 1999, Ser. No. 09/429,956; "Apparatus and Method to Automate Remote Software Updates of Medical Device Systems," filed October 29, 1999, Patent No. 6,363,282; "Method and Apparatus to Secure Data Transfer From Medical Device Systems," filed November 2, 1999, Ser. No. 09/431,881 "Implantable Medical Device Programming Apparatus Having an Auxiliary Component Storage Compartment," filed November 4, 1999, Patent No. 6,411,851; "Remote Delivery of Software-Based Training for Implantable Medical Device Systems," filed November 10, 1999, Patent No. 6,386,882, has become an important aspect of patient care. Thus, in light of the referenced disclosures, use of a PDM system as an interface mobile unit between an IMD and an expert data centre is a significant advance over the prior art.

[0008] The prior art provides various types of remote sensing and communications with an implanted medical device. One such system is, for example, disclosed in Funke, U.S. Patent No. 4,997,897 issued January 29, 1991. This patent discloses a system that is at least partially implanted into a living body with a minimum of two implanted devices interconnected by a communication transmission channel. The invention further discloses wireless communications between an external medical device/programmer and the implanted devices.

[0009] One of the limitations of the system disclosed in the Funke patent includes the lack of communication between the implanted devices, including the programmer, with a remote clinical station. If, for example, any assessment, monitoring or maintenance is required to be performed on the IMD the patient will have to go to the remote-clinic station or the programmer device needs to be brought to the patient's location. More significantly, the operational worthiness and integrity of the programmer cannot be evaluated remotely thus making it unreliable over time as it interacts with the IMD.

[0010] Yet another example of sensing and communications system with a plurality of interactive implantable devices is disclosed by Stranberg in U.S. Patent No. 4,886,064, issued December 12, 1989. In this disclosure, body activity sensors, such as temperature, motion, respiration and/or blood oxygen sensors, are positioned in

a patient's body outside a pacer capsule. The sensors wirelessly transmit body activity signals, which are processed by circuitry in the heart pacer. The heart pacing functions are influenced by the processed signals. The signal transmission is a two-way network and allows the sensors to receive control signals for altering the sensor characteristics.

[0011] One of the many limitations of Stranberg is the fact that although there is corporeal two-way communication, between the implantable medical devices, and the functional response of the heart pacer is processed in the pacer after collecting input from the other sensors, the processor is not remotely programmable. Specifically, the system does not lend itself to web-based communications to enable remote troubleshooting, maintenance and upgrade from outside the patients body because the processor/programmer is internally located in the patient forming an integral part of the heart pacer.

[0012] Yet another prior art reference provides a multi-module medication delivery system as disclosed by Fischell in U.S. Patent No. 4,494,950 issued January 22, 1985. The disclosure relates to a system consisting a multiplicity of separate modules that collectively perform a useful biomedical purpose. The modules communicate with each other without the use of interconnecting wires. All the modules may be installed intracorporeal or mounted extracorporeal to the patient. In the alternate, some modules may be intracorporeal with others being extracorporeal. Signals are sent from one module to the other by electromagnetic waves. Physiologic sensor measurements sent from a first module cause a second module to perform some function in a closed loop manner. One extracorporeal module can provide electrical power to an intracorporeal module to operate a data transfer unit for transferring data to the external module.

[0013] The Fischell disclosure provides modular communication and cooperation between various medication delivery systems. However, the disclosure does not provide an external programmer with remote sensing, remote data management and maintenance of the modules. Further, the system does neither teach nor disclose an external PDM for telemetrically interacting with the IMDs and the programmer.

[0014] An additional example of prior art practice includes a packet-based telemedicine system for communicating information between central monitoring stations and a remote patient monitoring station disclosed in Peifer, WO 99/14882 published 25 March, 1999. The disclosure relates to a packet-based telemedicine system for communicating video, voice and medical data between a central monitoring station and a patient that is remotely located with respect to the central monitoring station. The patient monitoring station obtains digital video, voice and medical measurement data from a patient and encapsulates the data in packets and sends the packets over a network to the central monitoring station. Since the information is encapsulated in packets, the information can be sent over multiple types or combination of network

architectures, including a community access television (CATV) network, the public switched telephone network (PSTN), the integrated services digital network (ISDN), the Internet, a local area network (LAN), a wide area network (WAN), over a wireless communications network, or over asynchronous transfer mode (ATM) network. A separate transmission code is not required for each different type of transmission media.

[0015] One of the advantages of the Pfeifer invention is that it enables data of various forms to be formatted in a single packet irrespective of the origin or medium of transmission. However, the data transfer system lacks the capability to remotely debug the performance parameters of the medical interface device or the programmer. Further, Pfeifer does not disclose a method or structure by which the devices at the patient monitoring station may be remotely updated, maintained and tuned to enhance performance or correct errors and defects. Specifically, the Pfeifer invention does not disclose a programmer and a PDM co-operatively engaged to manage the regulated and unregulated functions of IMDs to provide efficient and chronic monitoring for real-time delivery of therapy and diagnosis.

[0016] Another example of a telemetry system for implantable medical devices is disclosed in Duffin et al, U.S. Patent No. 5,752,976, issued May 19, 1998.

[0017] Generally, the Duffin et al disclosure relates to a system and method for communicating with a medical device implanted in an ambulatory patient and for locating the patient in order to selectively monitor device function from a remote medical support network. The communications link between the medical support network and the patient communications control device may comprise a world wide satellite network, a cellular telephone network or other personal communications system.

[0018] Although the Duffin et al disclosure provides significant advances over the prior art, it does not teach a communications scheme in which a programmer and a PDM unit interact with IMDs to remotely debug, maintain, upgrade or modify the functional elements of IMDs. Specifically, the Duffin et al disclosure is limited to notifying remote medical support personnel or an operator about impending problems with an IMD and also enables constant monitoring of the patient's position worldwide using the GPS system. However, Duffin et al does not teach the remote monitoring and chronic management of the IMD to dispense therapy and diagnosis as required.

[0019] In a related art, Thompson discloses a patient tracking system in a co-pending application entitled "World-wide Patient Location and Data Telemetry System For Implantable Medical Devices", Serial Number 09/045,272, filed on March 20, 1998. The disclosure provides additional features for patient tracking in a mobile environment worldwide via the GPS system. However, the remote programming concepts advanced by the present invention are not within the purview of the Thompson disclosure because there is no teaching of a web-based environment in which a programmer and a

PDM unit operate as interactive units of the web-based data, management, therapy and diagnosis system.

[0020] Yet in another related art, Ferek-Petric discloses a system for communication with a medical device in a co-pending application, serial Number 09/348,506.

[0021] The disclosure relates to a system that enables remote communications with a medical device, such as a programmer. Particularly, the system enables remote communications to inform device experts about programmer status and problems. The experts will then provide guidance and support remotely to service personnel or operators located at the programmer. The system may include a medical device adapted to be implanted into a patient; a server PC communicating with the medical device; the server PC having means for receiving data transmitted across a dispersed data communication pathway, such as the Internet; and a client PC having means for receiving data transmitted across a dispersed communications pathway from the SPC. In certain configurations the server PC may have means for transmitting data across a dispersed data communication pathway (Internet) along a first channel and a second channel; and the client PC may have means for receiving data across a dispersed communication pathway from the server PC along a first channel and a second channel.

[0022] One of the significant teachings of Ferek Petric's disclosure, in the context of the present invention, includes the implementation of communication systems, associated with IMDs that are compatible with the Internet. Specifically the disclosure advances the art of remote communications between a medical device, such as a programmer and a PDM unit and experts located at a remote location preferably using the Internet or equivalent network. Primarily, among the many objectives of the invention the communications scheme is structured to alert remote experts to existing or impending problems with the IMDs and/or the programming device so that prudent action, such as early maintenance or other remedial steps, may be timely exercised. Further, because of the early warning or advance knowledge of the problem, the remote expert would be well informed to provide remote advice or guidance to service personnel or operators at the programmer.

[0023] While Ferek's invention advances the art in communications systems relating to interacting with a programmer via a communication medium such as the Internet, the system does neither propose nor suggest a programmer and a PDM unit performing specialized tasks remotely to enhance patient therapy and clinical care.

[0024] Another disclosure relating to ambulatory patient health monitoring techniques utilizing interactive visual communications is disclosed by Daniel et al in US Patent No. 5,441,047, issued August 15, 1995. The invention relates to a system in which the patient is monitored by a health care worker at a certain station, while the patient is at a remote location. The patient's condition is monitored in the home using various monitoring devices.

es. The health care worker is placed into interactive visual communication with the patient.

[0025] Yet another prior-art provides a monitoring method and a monitoring equipment in US Patent No. 5,840,020 by Pekka et al issued an Nov 24, 1998. The patent relates to a monitoring equipment including means for receiving a measurement result indicating the patients blood glucose level, and for storing it in memory. In order to improve and facilitate the treatment of the patient, the monitoring equipment further includes means for receiving data concerning the patient's diet, medication and physical strain and for storing it in the memory. A series of calculations are refined to provide predictive values

[0026] Further, another prior art provides a method for monitoring the health of a patient as disclosed in US Patent No. 5,772,586 issued to Pekka et al on June 30, 1998. The disclosure relates to a method for monitoring the health of a patient by utilizing measurements. In order to improve the contact between the patient and the person treating him, the results of the measurements are supplied via a communications device utilizing a wireless data transmission link to a data processing system available to the person monitoring the patient's health. The patient's health is monitored by means of the data stored in the data processing system.

[0027] Yet a further example of a prior art is provided in US Patent Number 5,701,904 by Simmons et al issued on December 30, 1997 relating to telemedicine instrumentation pack. The invention includes a portable medical diagnostic apparatus for data gathering. A video camera generates signals based on images taken from the visual instruments. Other electronics circuitry generates signals based on output of the audio instrument and data-gathering instruments. The signals are transmitted to a remote site for analysis by medical personnel.

[0028] Yet another example of a prior art is provided in US Patent Number 5,311,449 by Adams relating to sterilization hand-held programmer or interrogator. The patent discloses a unit that communicates with an IMD to function fully as a data programmer and as an interrogator. Interrogated data can be linked directly to the surgeon via a modem. One of the limitations of the Adams patent is the fact that the hand-held unit is a programmer with limited functions. In sharp contrast the present invention relates, inter alia, to a specialized co-operative structure and scheme between a programmer and a PDM unit to share and perform specialized functions to provide a highly mobile and adaptable system for management of IMDs. Significantly, the present invention provides a web-based bi-directional communications system as a data manager to enable delivery of a comprehensive therapy and diagnosis real time.

[0029] Accordingly, it would be advantageous to provide a system in which a programmer and a PDM could uplink to a remote expert data center to import enabling software for monitoring, therapy and diagnosis. Yet another desirable advantage would be to provide a system to implement the use of remote expert systems to man-

age the operations of IMDs on a real-time basis. A further desirable advantage would be to provide a communications scheme that is compatible with various communications media, to promote a fast uplink of a programmer and a PDM to remote expert systems and specialized data resources. Yet another desirable advantage would be to provide a high speed communications scheme to enable the transmission of high fidelity sound, video and data to advance and implement efficient remote data management of a clinical/therapy system via a programmer and a PDM thereby enhancing patient clinical care. Yet a further desirable advantage would be to simplify the components and cost of a programmer by integrating it with a PDM to thereby enable web-based data management where the PDM is implemented as a data messenger. As discussed herein below, the present invention provides these and other desirable advantages.

[0030] The present invention provides an interactive remote diagnostics, therapy and data exchange system implemented in a bi-directional communications system and via a bi-directional communications link wherein a remote web-based expert data centre, a programmer and a personal data messenger (PDM) operating as web-compatible interface medical devices for an IMD are remotely linked to implement remote data exchange relating to diagnostics, therapy and chronic management of the IMD, the system comprising:

the remote web-based expert data centre including high speed computer resources;
a bi-directional communications link being in operable data communications with the resources at the remote web-based expert data centre;
the programmer having operable data communication with the IMD and the expert data centre; and wherein said programmer is a personal computer type microprocessor based device adapted to receive command signals from an operator to initiate transmission or downlink or uplink telemetry and to initiate and control telemetry sessions once a link with a data centre or IMD has been established;
the PDM having operable data communications with the programmer, the IMD and the bi-directional communications link, wherein the programmer and the PDM operate as an interface between the IMD and the remote web-based data centre; and wherein the PDM is structured to transfer data to and from the programmer and/or the IMD and to exchange only diagnostic data with the unregulated part of the IMD;
a plurality of specialised software modules implemented in the programmer and the PDM to collect, manage, perform high-yield chronic evaluation and analysis for real-time delivery of remote therapy and clinical care.

[0031] According to a preferred embodiment, the PDM unit comprises:

a bar code scanner;
 an infrared communications port;
 a wireless network interface;
 a serial communications port;
 a memory bank;
 a battery or power system;
 a flat panel display; and
 a microprocessor;
 said scanner, said infrared communications port,
 said wireless network interface, said serial communications port, said memory and said flat panel display being in operable electrical communications with the microprocessor and the power system.

[0032] The present invention also provides a method for remote delivery of an interactive diagnostics, monitoring and delivery of therapy and clinical care implemented in a bi-directional communication system and via a bi-directional communication link wherein a remote web-based expert data centre, a programmer and a PDM operating as web-compatible interface medical devices for an IMD support interactive software and hardware adapted to support monitoring, diagnosis and therapy regimens for the IMDs, wherein a remote data centre is in data communications, via said bi-directional communications link, the method comprising:

providing the remote web-based expert data centre including high speed computer resources;
 providing the bi-directional communications link being in operable data communications with the resources at the remote web-based expert data centre;
 providing the programmer having operable data communication with the IMD and the expert data centre; the programmer being a personal computer type microprocessor device adapted to receive command signals from an operator to initiate transmission of downlink or uplink telemetry and to initiate and control telemetry sessions once a link with a data centre or IMD has been established;
 providing the PDM having operable data communications with the programmer, the IMD and the bi-directional communications link, wherein the programmer and the PDM operate as an interface between the IMD and the remote web-based data centre; wherein the PDM is structured to transfer data to and from the programmer and for the IMD and to transfer only diagnostic data with the unregulated part of the IMD;
 providing a plurality of specialised software modules implemented in the programmer and the PDM to collect, manage, perform high-yield chronic evaluation and analysis for real-time delivery of remote therapy and clinical care;
 connecting the programmer to the remote data centre via the bi-directional communications link;
 connecting the PDM to the programmer and the remote data centre via the bi-directional communication

tions link; and
 uplinking the IMD to the programmer.

[0033] The present invention generally relates to a communications scheme in which a remote web-based expert data center interacts with a patient having one or more implantable medical devices (IMDs) via associated external medical devices, preferably a programmer and a PDM, located in close proximity to the IMDs. Some of the most significant advantages of the invention include the use of various communications media between the remote web-based expert data center and the programmer to remotely exchange clinically significant information and ultimately effect real-time parametric and operational changes as needed.

[0034] In the context of the present invention, one of the many aspects of the invention includes a real-time access of a programmer to a remote web-based expert data center, via a communication network, which includes the internet- The operative structure of the invention includes the remote web-based expert data center, in which an expert system is maintained, having a bi-directional real-time data, sound and video communications with the programmer via a broad range of communication link systems. The programmer is in turn in telemetric communications with the IMDs such that the IMDs may uplink to the programmer or the programmer may down link to the IMDs, as needed. Further, a PDM is used to uplink data from the programmer to the web-based expert data center. Specifically, the PDM could be used as a highly flexible platform that is readily configurable to transfer data from both the programmer and the IMDs. More specifically, the PDM is implemented effect a highly adaptable feature to the programmer, IMD and web-based expert system.

[0035] Yet another context of the invention includes a communications scheme that provides a highly integrated and efficient method and structure of clinical information management in which various networks such as Community access Television, Local area Network (LAN), a wide area network (WAN), Integrated Services Digital Network (ISDN), the Public Switched telephone Network (PSTN), the Internet, a wireless network, an asynchronous transfer mode (ATM) network, a laser wave network, satellite, mobile and other similar networks are implemented to transfer voice, data and video between the remote data center and a programmer. In the preferred embodiment, wireless communications systems, a modem and laser wave systems are illustrated as examples only and should be viewed without limiting the invention to these types of communications alone. Further, in the interest of simplicity, the applicants refer to the various communications system, in relevant parts, as a communication(s) system. However, it should be noted that the communication(s) system, in the context of this invention, are interchangeable and may relate to various schemes of cable, fiber optics, microwave, radio, laser and similar communications or any practical

combinations thereof.

[0036] Some of the distinguishing features of the present invention include the use of a robust web-based expert data center to manage and tune the operational and functional parameters of an IMD or IMDs via a programmer and a PDM in real-time. The present invention focuses on the remote real-time monitoring and management of the programmer generally and the IMDs particularly. Specifically, a programmer and a PDM co-operate to provide a flexible and scalable data exchange system via the Internet or equivalent communications media. One of the many advantages of the present invention is the ability to chronically monitor IMDs on a proactive basis to promote the patient's well being.

[0037] Yet one of the other distinguishing features of the invention includes the use of a highly flexible and adaptable communications scheme to promote continuous and real-time communications between a remote expert data center, a programmer and a PDM associated with a plurality of IMDs. The IMDs are structured to share information intracorporeally and may interact with the programmer, as a unit. Specifically, the IMDs either jointly or severally can be interrogated to implement or extract clinical information as required. In other words, all of the IMDs may be accessed via one IMD or, in the alternate, each one of the IMDs may be accessed individually. The information collected in this manner may be transferred to the programmer by up linking the IMDs or via the PDM as needed.

[0038] The invention provides significant compatibility and scalability to other web-based applications such as telemedicine and emerging web-based technologies such as tele-immersion. For example, the system may be adapted to applications in which a PDM unit may be used to uplink the patient to a remote data center for non-critical information exchange between the IMDs and the remote expert data center. In these and other web-based similar applications the data collected, in the manner and substance of the present invention, may be used as a preliminary screening to identify the problem and evaluate the need for an interactive data exchange to determine further intervention.

[0039] More significantly the present invention enables high mobility and transferability of data between the IMDs and the programmer and, as well between an expert data center using a PDM unit that is scalable and adaptable. Further, the PDM unit provides a cost advantage by providing a mobile, hand-heldable platform having high flexibility and scalability for software and hardware changes and upgrade. Particularly, the PDM is a cost-effective extension of the programmer and operates as a data messenger between the programmer, the data center and the IMDs.

[0040] The present invention will be appreciated as the same becomes better understood by reference to the following detailed description of the preferred embodiment of the invention when considered in connection with the accompanying drawings, in which like numbered ref-

erence numbers designate like parts throughout the figures thereof, and wherein:

Figure 1 is a simplified schematic diagram of major uplink and downlink telemetry communications between a remote clinical station, a programmer and a plurality of implantable medical devices (IMDS); Figure 2 is a block diagram representing the major components of an IMD;

Figure 3A is a block diagram presenting the major components of a programmer;

Figure 3B is a block diagram representing a laser transceiver for high speed transmission of voice, video and other data;

Figure 4 is a block diagram illustrating the high level functional elements of the PDM;

Figure 5 is a block diagram illustrating the implementation of a PDM in a web-based communications scheme according to the present invention;

Figure 6A represents a bi-directional communications scheme between the PDM, a programmer and an BCD;

Figure 6B represents the independent use of the PDM used as a messenger;

Figure 6C represents the PDM being implemented in a bi-directional communications with a PC or computer system; and

Figure 6D represents the PDM being implemented in a bi-directional communications with a printer.

[0041] Figure 1 is a simplified schematic of the major components of the present invention. Specifically, a bi-directional wireless communications system between programmer 20, PDM unit 20' and a number of implantable medical devices (IMDS) represented by IMD 10, IMD 10' and IMD 10" is shown. The IMDs are implanted in patient 12 beneath the skin or muscle. The IMDs are electrically coupled to electrodes 18, 30, and 36 respectively in a manner known in the art. IMD 10 contains a microprocessor for timing, sensing and pacing functions consistent with preset programmed functions. Similarly, IMDs 10' and 10" are microprocessor-based to provide timing and sensing functions to execute the clinical functions for which they are employed. For example, IMD 10' could provide neural stimulation to the brain via electrode 30 and IMD 10" may function as a drug delivery system that is controlled by electrode 36. The various functions of the IMDs are coordinated using wireless telemetry. Wireless links 42, 44 and 46 jointly and severally couple IMDs 10, 10' and 10" such that programmer 20 may transmit commands or data to any or all of the IMDs via one of telemetry antennas 28, 32 and 38. This structure provides a highly flexible and economical wireless communications system between the IMDS. Further, the structure provides a redundant communications system, which enables access to any one of a multiplicity of IMDs in the event of a malfunction of one or two of antennas 28, 32 and 38.

[0042] Programming commands or data are transmitted from programmer 20 to IMDs 10, 10' and 10" via external RF telemetry antenna 24. Telemetry antenna 24 may be an RF head or equivalent. Antenna 24 may be located on programmer 20 externally on the case or housing. Telemetry antenna 24 is generally telescoping and may be adjustable on the case of programmer 20. Both programmer 20 and PDM unit 20' may be placed a few feet away from patient 12 and would still be within range to wirelessly communicate with telemetry antennas 28, 32 and 38.

[0043] The uplink to remote web-based expert data center 62, hereinafter referred to as, interchangeably, "data center 62", "expert data center 62" or "web-based data center 62" without limitations, is accomplished through programmer 20 or PDM unit 20'. Accordingly programmer 20 and PDM unit 20' function as an interface between IMDs 10, 10' and 10" and data center 62. One of the many distinguishing elements of the present invention includes the use of various scalable, reliable and high-speed wireless communication systems to bi-directionally transmit high fidelity digital/analog data between programmer 20 and data center 62.

[0044] There are a variety of wireless mediums through which data communications could be established between programmer 20 or PDM unit 20' and data center 62. The communications link between Programmer 20 or PDM unit 20' and data center 62 could be modem 60, which is connected to programmer 20 on one side at line 63 and data center 62 at line 64 on the other side. In this case, data is transferred from data center 62 to programmer 20 via modem 60. Alternate data transmission systems include, without limitations, stationary microwave and/or RF antennas 48 being wirelessly connected to programmer 20 via tunable frequency wave delineated by line 50. Antenna 48 is in communications with data center 62 via wireless link 65. Similarly, PDM unit 20', mobile vehicle 52 and satellite 56 are in communications with data center 62 via wireless link 65. Further, mobile system 52 and satellite 56 are in wireless communications with programmer 20 or PDM unit 20' via tunable frequency waves 54 and 58, respectively.

[0045] In the preferred embodiment a Telnet system is used to wirelessly access data center 62. Telnet emulates a client/server model and requires that the client run a dedicated software to access data center 62. The Telnet scheme envisioned for use with the present invention includes various operating systems including UNIX, Macintosh, and all versions of Windows.

[0046] Functionally, an operator at programmer 20 or an operator at data center 62 would initiate remote contact. Programmer 20 is down linkable to IMDs via link antennas 28, 32 and 38 to enable data reception and transmission. For example, an operator or a clinician at data center 62 may downlink to programmer 20 to perform a routine or a scheduled evaluation of programmer 20. In this case the wireless communication is made via wireless link 65. If a downlink is required from program-

mer 20 to IMD 10 for example, the downlink is effected using telemetry antenna 22. In the alternate, if an uplink is initiated from patient 12 to programmer 20 the uplink is executed via wireless link 26. As discussed herein below, each antenna from the IMDs can be used to uplink all or one of the IMDs to programmer 20. For example, IMD 10" which relates to neural implant 30 can be implemented to up-link, via wireless antenna 34 or wireless antenna 34', any one, two or more IMDs to programmer 20. Preferably bluetooth chips, adopted to function within the body to outside the body and also adopted to provide low current drain or an equivalent chip, are embedded in order to provide wireless and seamless connections 42, 44 and 46 between IMDs 10, 10' and 10". The communication scheme is designed to be broadband compatible and capable of simultaneously supporting multiple information sets and architecture, transmitting at relatively high speed, to provide data, sound and video services on demand.

[0047] Figure 2 illustrates typical components of an IMD, such as those contemplated by the present invention. Specifically, major operative structures common to all IMDs 10, 10' and 10" are represented in a generic format. In the interest of brevity, IMD 10 of Figure 2 is a representation of all the IMDs and in the context of this disclosure the term IMD or IMD 10 refers to all the IMDs. Accordingly, IMD 10 is implanted in patient 12 beneath the patient's skin or muscle and is electrically coupled to heart 16 of patient 12 through pace/sense electrodes and lead conductor(s) of at least one cardiac pacing lead 18 in a manner known in the art. IMD 10 contains timing control 72 including operating system that may employ microprocessor 74 or a digital state machine for timing, sensing and pacing functions in accordance with a programmed operating mode. IMD 10 also contains sense amplifiers for detecting cardiac signals, patient activity sensors or other physiologic sensors for sensing the need for cardiac output, and pulse generating output circuits for delivering pacing pulses to at least one heart chamber of heart 16 under control of the operating system in a manner well known in the prior art. The operating system includes memory registers or RAM/ROM 76 for storing a variety of programmed-in operating mode and parameter values that are used by the operating system. The memory registers or RAM/ROM 76 may also be used for storing data compiled from sensed cardiac activity and/or relating to device operating history or sensed physiologic parameters for telemetry an receipt of a retrieval or interrogation instruction. All of these functions and operations are well known in the art, and many are generally employed to store operating commands and data for controlling device operation and for later retrieval to diagnose device function or patient condition.

[0048] Programming commands or data are transmitted between IMD 10, RF telemetry antenna 28, for example, and an external RF telemetry antenna 24 associated with programmer 20. In this case, it is not necessary that the external RF telemetry antenna 24 be con-

tained in a programmer RF head so that it can be located close to the patient's skin overlying IMD10. Instead, the external RF telemetry antenna 24 can be located on the case of programmer 20. It should be noted that programmer 20 can be located some distance away from patient 12 and is locally placed proximate to the IMDs such that the communication between IMDs 10, 10' and 10" and programmer 20 is telemetric. For example, programmer 20 and external RF telemetry antenna 24 may be on a stand a few meters or so away from patient 12. Moreover, patient 12 may be active and could be exercising on a treadmill or the like during an uplink telemetry interrogation of real-time ECG or other physiologic parameters. Programmer 20 may also be designed to universally program existing IMDs that employ RF telemetry antennas of the prior art and therefore also have a conventional programmer RF head and associated software for selective use therewith.

[0049] In an uplink communication between IMD 10 and programmer 20, for example, telemetry transmission 22 is activated to operate as a transmitter and external RF telemetry antenna 24 operates as a telemetry receiver. In this manner data and information may be transmitted from IMD10 to programmer 20. In the alternate, IMD 10 RF telemetry antenna 26 operates as a telemetry receiver antenna to downlink data and information from programmer 20. Both RF telemetry antennas 22 and 26 are coupled to a transceiver comprising a transmitter and a receiver.

[0050] Similarly, PDM 20' communicates with programmer 20 via telemetry antennas 23 and 23'. Further, in a specialized application, PDM 20' may communicate with IMDs 10, 10' and 10" via telemetry antennas 26 and 26'. (See Figure 1)

[0051] FIG. 3A is a simplified circuit block diagram of major functional components of programmer 20. The external RF telemetry antenna 24 on programmer 20 is coupled to a telemetry transceiver 86 and antenna driver circuit board including a telemetry transmitter and telemetry receiver 34. The telemetry transmitter and telemetry receiver are coupled to control circuitry and registers operated under the control of microcomputer 80. Similarly, within IMD 10, for example, the RF telemetry antenna 26 is coupled to a telemetry transceiver comprising a telemetry transmitter and telemetry receiver. The telemetry transmitter and telemetry receiver in IMD 10 are coupled to control circuitry and registers operated under the control of microcomputer 74.

[0052] Further referring to FIG. 3A, programmer 20 is a personal computer type, microprocessor-based device incorporating a central processing unit, which may be, for example, an Intel Pentium microprocessor or the like. A system bus interconnects CPU 80 with a hard disk drive, storing operational programs and data, and with a graphics circuit and an interface controller module. A floppy disk drive or a CD ROM drive is also coupled to the bus and is accessible via a disk insertion slot within the housing of programmer 20. Programmer 20 further com-

prise an interface module, which includes a digital circuit, a non-isolated analog circuit, and an isolated analog circuit. The digital circuit enables the interface module to communicate with interface controller module. Operation of the programmer in accordance with the present invention is controlled by microprocessor 80.

[0053] In order for the physician, other caregiver or operator to communicate with the programmer 20, a keyboard or input 82 coupled to CPU 80 is optionally provided. However the primary communications mode may be through graphics display screen of the well-known "touch sensitive" type controlled by a graphics circuit. A user of programmer 20 may interact therewith through the use of a stylus, also coupled to a graphics circuit, which is used to point to various locations on screen or display 84 which display menu choices for selection by the user or an keyboard for entering text or numbers and other symbols. Various touch-screen assemblies are known and commercially available. Display 84 and or the keyboard comprise means for entering command signals from the operator to initiate transmissions of downlink or uplink telemetry and to initiate and control telemetry sessions once a telemetry link with data center 62 or an implanted device has been established. Display screen 84 is also used to display patient related data and menu choices and data entry fields used in entering the data in accordance with the present invention as described below. Display screen 84 also displays a variety of screens of telemetered out data or real-time data. Display screen 84 may also display uplinked event signals as they are received and thereby serve as a means for enabling the operator to timely review link-history and status.

[0054] Programmer 20 further comprises an interface module, which includes digital circuit, non-isolated analog circuit, and isolated analog circuit. The digital circuit enables the interface module to communicate with the interface controller module. As indicated hereinabove, the operation of programmer 20, in accordance with the present invention, is controlled by microprocessor 80. Programmer 20 is preferably of the type that is disclosed in U.S. Patent No. 5,345,362 to Winkler.

[0055] Screen 84 may also display up-linked event signals when received and thereby serve as a means for enabling the operator of programmer 20 to correlate the receipt of uplink telemetry from an implanted device. Programmer 20 is also provided with a strip chart printer or the like coupled to interface controller module so that a hard copy of a patient's ECG, EGM, marker channel of graphics displayed on the display screen can be generated.

[0056] As will be appreciated by those of ordinary skill in the art, it is often desirable to provide a means for programmer 20 to adapt its mode of operation depending upon the type or generation of implanted medical device to be programmed and to be compliant with the wireless communications system through which data and information are transmitted between programmer 20 and data

center 62.

[0057] Figure 3B is an illustration of the major components of Wave unit 90 utilizing laser technologies such as for example the WaveStar Optic Air Unit, manufactured by Lucent Technologies or equivalent. This embodiment may be implemented for large data transfer at high speed in applications involving several programmers. The unit includes laser 92, transceiver 94 and amplifier 96. A first wave unit 90 is installed at data center 62 and a second unit 90' is located proximate to programmer 20 or PDM unit 20'. Data transmission between remote data center 62 and programmer unit 20 is executed via wave units 90. Typically, the first wave unit 90 accepts data and splits it into unique wavelength for transmission. The second wave unit 90' recomposes the data back to its original form.

[0058] Figure 4 is a representation of the major components of PDM 20'. The unit includes bar code scanner 100, infrared communication port 102, wireless network interface 104, serial communications port 106. PDM 20' further includes memory 108, microprocessor 110 and battery/power source 114. Flat panel display 112 is used to enable visual and tactile user interface.

[0059] PDM 20' is implemented as a handheld device to primarily transfer data into and out of programmer 20. In yet another embodiment. PDM 20' is used to transfer data to and from both programmer 20 and/or IMD 10. The latter implementation requires that PDM 20' be able to access only the unregulated non-medical environments of IMD 10.

[0060] More specifically, PDM 20' is preferably powered via battery 114 and shall interface with programmer 20 via infrared communication port 102 and wireless network interface 104. Data transferred from programmer 20 is stored in memory 108. Barcode scanner 100 is used to read the identification of IMD 10 before implant and is intended to aid in tracking IMD and component inventories. In the preferred embodiment, before implantation. IMD 10 barcode is scanned into PDM 20' and is stored. Thereafter, the identifying barcode is transferred to programmer 20 from PDM 20'. Serial communication port 106 is implemented to exchange data between memory 108 and other computers, servers, etc., adapted with the required hardware and software. Further, wireless network interface 104 is preferably implemented to access networks and the Internet.

[0061] Figure 5 is a representative of the bi-directional communication system in which PDM 20' is implemented. PDM 20' is preferably used to carry data from programmer 20. In the preferred embodiment data that is transferred from programmer 20 is printable at printer 120. Further PDM 20' may be used to transfer data from programmer 20 to PC 122 and expert data center 62. As discussed hereinabove, expert data center 62 is a web-based system which is the data/information hub for the remote management of programmer 20 and IMD 10. Data Center 62 is in a bi-directional data communication with fax 134, cellular phone 132, printer 130, peripheral

device 128 and LAN or WAN 126.

[0062] Programmer 20 is in a bi-directional data communication with IMD 10 via link 116. Similarly, links 118, 136, 136' and 136" represent bi-directional data communications between programmer 20 and PDM 20', data center 136 and PDM 20', data center 62 and LAN/WAN 126, and data center 62 and peripheral device 128; respectively.

[0063] In yet another preferred embodiment, PDM 20' may be adopted to directly interact with IMD 10 to transfer data to and from IMD 10 within the unregulated portion of the data and operations regime. In this manner unregulated aspects of IMD 10 could be programmed, modified or changed via PDM 20'. Further, the unregulated data and operation of IMD 10 could be directly transferred to, for example, data center 62 by using PDM 20' as a data messenger thus by-passing programmer 20.

[0064] Figure 6A depicts an embodiment in which PDM 20' is implemented to communicate with programmer 20 and to a non-restricted portion of IMD 10. Under normal conditions, PDM 20' is uplinked to programmer 20 to transfer data to data center 62. In this capacity, PDM 20' is used as a mobile data messenger (see Figure 6B). PDM 20' may also be brought in data communications with PC 144 (see Figure 6 C) or printer 146 (see Figure 6 C).

[0065] Referring to Figure 6A further, PDM 20' is used as a medical messenger to store and forward data to and from a medical environment through infra red communications port 102. Further, in accordance with Figure 6B, PDM 20' is implemented as a medical messenger to store and forward data from remote data center 62 through wireless network 104. Similarly, in accordance with Figure 6C, PDM 20' is implemented to store and forward information to and from PC 144 or to a network of PC's (not shown). Any of PDM 20' data ports could be used to effect these data exchanges. Additionally, in accordance with Figure 6D, PDM 20' could be used to transfer information from a medical environment to printer 146 or similar device.

[0066] As applied herein, the medical environment includes IMD 10, programmer 20 and the remote data center 62 in which PDM 20' is implemented. Specifically, the medical environment implies a network of medical devices integrated to provide clinical therapy and diagnosis in real time through the exchange of pertinent data. PDM 20', of the present invention, facilitates the transfer and exchange of the data.

[0067] Referring to programmer 20 in more detail, when a physician or an operator needs to interact with programmer 20, a keyboard coupled to Processor 80 is optionally employed. However the primary communication mode may be through graphics display screen of the well-known "touch sensitive" type controlled by graphics circuit. A user of programmer 20 may interact therewith through the use of a stylus also coupled to a graphics circuit, which is used to point to various locations on screen/display to display menu choices for selection by

the user or an alphanumeric keyboard for entering text or numbers and other symbols as shown in US patent 5,345,362. Various touch-screen assemblies are known and commercially available. The display and or the keyboard of programmer 20, preferably include means for entering command signals from the operator to initiate transmissions of downlink telemetry from IMDs and to initiate and control telemetry sessions once a telemetry link with one or more IMDs has been established. The graphics display/screen is also used to display patient related data and menu choices and data entry fields used in entering the data in accordance with the present invention as described below. The graphics display/screen also displays a variety of screens of telemetered out data or real-time data. Programmer 20 is also provided with a strip chart printer 118 or the like coupled to interface controller module so that a hard copy of a patient's ECG, EGM, marker channel or similar graphics display can be generated. Further, Programmer 20's history relating to instrumentation and software status may be printed from printer. Similarly, once an uplink is established between programmer 20 and any one of IMDs 10, 10' and 10", various patient history and IMD performance data may be printed out. The IMDs contemplated by the present invention include a cardiac pacemaker, a defibrillator, a pacer-defibrillator, implantable monitor (Reveal), cardiac assist device, and similar implantable devices for cardiac rhythm and therapy. Further the IMD units contemplated by the present invention include electrical simulators such as, but not limited to, a drug delivery system, a neural stimulator, a neural implant, a nerve or muscle stimulator or any other implant designed to provide physiologic assistance or clinical therapy.

[0068] Expert data center 62 represents a high speed computer network system which is located remotely, with respect to the IMDs, having wireless bi-directional data, voice and video communications with programmer 20 via wireless communications link 116 (See Figure 5). Generally data center 62 is preferably located in a central location and is equipped with high-speed web-based computer networks. Preferably, the data resource center is manned 24-hours by operators and clinical personnel who are trained to provide a web-based remote service to programmer 20. Additionally, as discussed hereinabove, data resources 62 provide remote monitoring, maintenance and upgrade of programmer 20. The location of data center 62 is dependent upon the sphere of service. In accordance with the present invention, data resource 62 may be located in a corporate headquarters or manufacturing plant of the company that manufactures programmer 20. Wireless data communications link/connection 116 can be one of a variety of links or interfaces, such as a local area network (LAN), an internet connection, a telephone line connection, a satellite connection, a global positioning system (GPS) connection, a cellular connection, a laser wave generator system, any combination thereof, or equivalent data communications links.

[0069] As stated hereinabove, bi-directional wireless

communications 116 acts as a direct conduit for exchange of information between data center 62 and programmer 20. Further, bi-directional wireless communications 118 provides an indirect link between data center 62 and IMDs 10, 10' and 10" via PDM 20'. Similarly, bi-directional communication links 136' and 136" represent a data, voice, and/or video communications between data center 62 and LAN/WAN 126 and peripheral device 128, respectively.

[0070] As discussed above, programmer 20 is a medical device which is coupled to IMD 10 via lead 18. IMDs 10, 10' 10" represent various implantable medical devices, such as cardiac pacemakers, defibrillators, pacemaker/defibrillators, and combinations thereof. Further, IMDs 10, 10' and 10" may represent drug delivery systems, electrical stimulators including nerve and muscle stimulators, deep brain stimulators, or heart assist devices or pumps.

[0071] Programmer 20 enables the operator to assess the performance of IMD 10 and its associated circuitry via information link 116. Specifically, procedures involving implantation of IMD 10, programming of IMD 10, and transmission of operational information feedback from IMD 10 are controlled and monitored by programmer 20. These procedural functions are checked by an operator who manages the various functions of programmer 20. Programmer 20 includes software applications for monitoring the IMDs.

[0072] In the context of the present invention, PDM 20' is a strategic tool which is mobile and could be used as a highly adaptable platform for implementing a variety of software to manage the unregulated aspects of the IMDs. Specifically, PDM 20' is implemented as a support platform for programmer 20 by being a specialized highly functional store-forward data manager. PDM 20' is handheldable and offers high mobility. Further, PDM 20' is readily adaptable to both hardware and software changes. This feature makes the PDM 20' an effective complementary tool for data upgrade, and means of transfer/exchange of data complementing programmer 20 and IMD 10, in a cost effective manner.

[0073] Accordingly, the present invention provides inter alia, a remote handheldable manager and data exchange unit to work with programmers worldwide. Generally, in the context of the invention, all programmers located proximate to IMDs or patients with IMDs and distributed globally are connected to an expert data center to share software upgrades and access archived data. The programmer and the PDM of the present invention function as an interface between the remotely located expert data center and the IMDs. Further, procedural functions such as monitoring the performance of the IMDs, upgrading software in the IMDs, upkeep and maintenance of the IMDS and related functions are implemented via the programmer and the PDM. The preferably telemetric and yet local interaction between the programmer, the PDM and the IMDs enable delivery of therapy and clinical care in real time. In order to facilitate the just-

in-time patient care at the location of the patient, the invention provides a highly efficient data exchange/data transfer system. This scheme enables the dissemination of software and clinical data worldwide while maintaining a high standard of patient care at reduced costs.

[0074] Although specific embodiments of the invention have been set forth herein in some detail, it is understood that this has been done for the purposes of illustration only and is not to be taken as a limitation on the scope of the invention as defined in the appended claims. It is to be understood that various alterations, substitutions, and modifications may be made to the embodiment described herein without departing from the scope of the appended claims.

Claims

1. An interactive remote diagnostics, therapy and data exchange system implemented in a bi-directional communications system (23, 23', 26, 26', 28, 28', 34, 34', 40, 40') and via a bi-directional communications link (65) wherein a remote web-based expert data centre (62), a programmer (20) and a personal data messenger PDM (20') operating as web-compatible interface medical devices for an implantable medical device IMD (10) are remotely linked to implement remote data exchange relating to diagnostics, therapy and chronic management of the IMD (10), the system comprising:

the remote web-based expert data centre (62) including high speed computer resources;
a bi-directional communications link (65) being in operable data communications with the resources at the remote web-based expert data centre (62);
the programmer (20) having operable data communication with the IMD and the expert data centre (62); and wherein said programmer is a personal computer type microprocessor based device adapted to receive command signals from an operator to initiate transmission or downlink or uplink telemetry and to initiate and control telemetry sessions once a link with a data centre (62) or IMD has been established;
the PDM (20') having operable data communications with the programmer (20), the IMD (10) and the bi-directional communications link (65), wherein the programmer (20) and the PDM (20') operate as an interface between the IMD (10) and the remote web-based data centre (62); and wherein the PDM (20') is structured to transfer data to and from the programmer (20) and/or the IMD (10) and to exchange only diagnostic data with the unregulated part of the IMD (10); a plurality of specialised software modules implemented in the programmer (20) and the PDM

(20') to collect, manage, perform high-yield chronic evaluation and analysis for real-time delivery of remote therapy and clinical care.

2. The system of claim 1, wherein said PDM (20') is structured to exchange both therapeutic and diagnostic data with the IMD (10).
3. The system of claim 1 or 2 wherein the PDM (20') is structured to operate as a mobile data exchange unit and data is stored in an on-board memory.
4. The system of any preceding claim, wherein the bi-directional communications link (65) is an intranet.
5. The system of any of claims 1 to 3, wherein the bi-directional communications link (65) is an internet.
6. The system of any of claims 1 to 3, wherein the bi-directional communications link (65) is a satellite (56).
7. The system of any of claims 1 to 3, wherein the bi-directional communications link (65) is a global positioning system.
8. The system of any of claims 1 to 3, wherein the bi-directional communications link (65) includes at least one communication link selected from the group of communications links consisting of a telephone line, an intranet, an internet, a satellite (56), a laser waveform, and a global positioning system.
9. The system of any preceding claim, wherein the PDM unit comprises:
 - a bar code scanner (100);
 - an infrared communications port (102);
 - a wireless network interface (104);
 - a serial communications port (106);
 - a memory bank (108);
 - a battery or power system (114);
 - a flat panel display (112); and
 - a microprocessor (110);
 said scanner (100), said infrared communications port (102), said wireless network interface (104), said serial communications port (106), said memory (108) and said flat panel display (112) being in operable electrical communications with the microprocessor (110) and the power system (114).
10. The system of claim 9, wherein said bar code scanner (100) is implemented to record identification documents relating to the IMD (10) before implantation.
11. The system of claim 10, wherein said bar code scanner (100) stores the identification documents in the

memory bank (108) and is structured to transfer the documents to other data storage or exchange systems.

12. The system of claim 11, wherein said data storage or exchange system includes a web-based expert data centre (62). 5
13. The system of claim 11 or 12, wherein said data storage or exchange system includes a programmer (20). 10
14. The system of claim 11, 12 or 13, wherein said data storage or exchange system includes a PC (122). 15
15. The system of claim 11, 12, 13 or 14, wherein said data storage or exchange system includes a printer (120).
16. A method for remote delivery of an interactive diagnostics, monitoring and delivery of therapy and clinical care implemented in a bi-directional communication system (23, 23'; 26, 26'; 28, 28', 34, 34', 40, 40') and via a bi-directional communication link wherein a remote web-based expert data centre (62), a programmer (20) and a personal data messenger PDM (20') operating as web-compatible interface medical devices for an implantable medical device IMD support interactive software and hardware adapted to support monitoring, diagnosis and therapy regimens for the IMDs (10), wherein a remote data centre (62) is in data communications, via said bi-directional communications link (65), the method comprising:

providing the remote web-based expert data centre (62) including high speed computer resources;
providing the bi-directional communications link (65) being in operable data communications with the resources at the remote web-based expert data centre (62);
providing the programmer (20) having operable data communication with the IMD and the expert data centre (62); the programmer being a personal computer type microprocessor device adapted to receive command signals from an operator to initiate transmission of downlink or uplink telemetry and to initiate and control telemetry sessions once a link with a data centre (62) or IMD has been established;
providing the PDM (20') having operable data communications with the programmer (20), the IMD (10) and the bi-directional communications link (65), wherein the programmer (20) and the PDM (20') operate as an interface between the IMD (10) and the remote web-based data centre (62); wherein the PDM is structured to transfer

data to and from the programmer (20) and for the IMD and to transfer only diagnostic data with the unregulated part of the IMD;
providing a plurality of specialised software modules implemented in the programmer (20) and the PDM (20') to collect, manage, perform high-yield chronic evaluation and analysis for real-time delivery of remote therapy and clinical care;
connecting the programmer (20) to the remote data centre (62) via the bi-directional communications link (65);
connecting the PDM (20') to the programmer (20) and the remote data centre (62) via the bi-directional communications link (65); and
uplinking the IMD (10) to the programmer (20).

17. The method of claim 16, wherein the PDM (20') is connected to the IMD (10).
18. The method of claims 16 or 17, wherein the PDM (20') is a data messenger between the IMD (10), the remote data centre (62) and the programmer (20).
19. The method of any of claims 16 to 18, wherein the PDM (20') is implemented to secure identification of the IMD (10) before implant. 25
20. The method of any of claims 16 to 19, wherein the PDM (20') is implemented to transfer pre-implant data to the programmer (20). 30
21. The method of any of claims 18 to 20, wherein the PDM (20') is implemented to transfer pre-implant data to the programmer (20). 35
22. The method of any of claims 16 to 21, wherein the data communications network includes at least one communication link selected from the group of communication links consisting of a telephone line, an intranet, an internet, a satellite, a laser wave form and a global positioning system. 40
23. The method of any of claims 16 to 22, wherein the PDM (20') is implemented as a medical messenger with real time data transmission, data packets routed to the remote data centre through the PDM's (20') high speed wireless network interface. 45
24. The method of any of claims 16 to 22, wherein the PDM (20') is implemented as a medical messenger for real time data transmission of data packets routed to the remote data centre through the PDM's (20') serial port. 50
25. The method of claim 24, wherein the serial port is connected to a standard modem (60). 55

26. The method of any of claims 16 to 25, wherein the PDM (20') is implemented to store and forward data to and from a PC (122).

27. The method of any of claims 16 to 26, wherein the PDM (20') is implemented to store and forward information to a printer (120).

Patentansprüche

1. Interaktives Ferndiagnose-, -therapie- und -daten-austauschsystem, das in einem bidirektionalen Kommunikationssystem (23, 23', 26, 26', 28, 28', 34, 34', 40, 40') und über eine bidirektionale Kommunikationsverbindung (65) implementiert ist, wobei ein fernes Web-basiertes Expertendatenzentrum (62), eine Programmierereinrichtung (20) und eine Personendaten-Übermittlungseinheit PDM (20'), die als Web-kompatible medizinische Schnittstellenvorrichtungen für eine implantierbare medizinische Vorrichtung IMD (10) arbeiten, fernverbunden sind, um einen Ferndatenaustausch in bezug auf die Diagnose, Therapie und chronische Verwaltung der IMD (10) zu implementieren, wobei das System aufweist:

das ferne Web-basierte Expertendatenzentrum (62), das schnelle Computerressourcen enthält, eine bidirektionale Kommunikationsverbindung (65), die mit den Ressourcen an dem fernen Web-basierten Expertendatenzentrum (62) in einer betriebswirksamen Datenkommunikation steht,

wobei die Programmierereinrichtung (20) eine betriebswirksame Datenkommunikation mit der IMD und dem Expertendatenzentrum (62) aufweist und wobei die Programmierereinrichtung eine Mikroprozessor-basierte Vorrichtung vom Typ eines Personalcomputers ist, die dafür eingerichtet ist, Befehlssignale von einem Bediener zu empfangen, um eine Übertragung einer Abwärts- oder Aufwärtstelemetrie einzuleiten und Telemetriesitzungen einzuleiten und zu steuern, sobald eine Verbindung mit einem Datenzentrum (62) oder einer IMD eingerichtet wurde, wobei die PDM (20') eine betriebswirksame Datenkommunikation mit der Programmierereinrichtung (20), der IMD (10) und der bidirektionalen Kommunikationsverbindung (65) aufweist, wobei die Programmierereinrichtung (20) und die PDM (20') als eine Schnittstelle zwischen der IMD (10) und dem fernen Web-basierten Datenzentrum (62) arbeiten und wobei die PDM (20') strukturiert ist, um Daten zur Programmierereinrichtung (20) und/oder zur IMD (10) und von diesen zu übertragen und nur diagnostische Daten mit dem unregulierten Teil der IMD (10) auszutauschen,

eine Mehrzahl von spezialisierten Softwaremodulen, die in der Programmierereinrichtung (20) und der PDM (20') implementiert sind, um eine chronische Bewertung und Analyse mit einem hohen Nutzertrag für die Echtzeitverabreichung einer Ferntherapie und klinischen Pflege zu sammeln, zu verwalten und auszuführen.

2. System nach Anspruch 1, wobei die PDM (20') strukturiert ist, um sowohl therapeutische als auch diagnostische Daten mit der IMD (10) auszutauschen.

3. System nach Anspruch 1 oder 2, wobei die PDM (20') strukturiert ist, um als eine mobile Datenaustauscheinheit zu arbeiten, und Daten in einem Speicher auf der Platine gespeichert sind.

4. System nach einem der voranstehenden Ansprüche, wobei die bidirektionalen Kommunikationsverbindung (65) ein Intranet ist.

5. System nach einem der Ansprüche 1 bis 3, wobei die bidirektionale Kommunikationsverbindung (65) ein Internet ist.

6. System nach einem der Ansprüche 1 bis 3, wobei die bidirektionale Kommunikationsverbindung (65) ein Satellit (56) ist.

7. System nach einem der Ansprüche 1 bis 3, wobei die bidirektionale Kommunikationsverbindung (65) ein globales Positionierungssystem ist.

8. System nach einem der Ansprüche 1 bis 3, wobei die bidirektionale Kommunikationsverbindung (65) mindestens eine Kommunikationsverbindung aufweist, die aus der Gruppe von Kommunikationsverbindungen ausgewählt ist, welche aus einer Telefonleitung, einem Intranet, einem Internet, einem Satelliten (56), einer Laserwellenform und einem globalen Positionierungssystem besteht.

9. System nach einem der voranstehenden Ansprüche, wobei die PDM-Einheit aufweist:

einen Strichcodescanner (100),
einen Infrarotkommunikationsport (102),
eine Drahtlosnetzwerkschnittstelle (104),
einen seriellen Kommunikationsport (106),
eine Speicherbank (108),
eine Batterie oder ein Energieversorgungssystem (114),
eine Flachfeldanzeige (112) und
einen Mikroprozessor (110),
wobei der Scanner (100), der Infrarotkommunikationsport (102), die Drahtlosnetzwerkschnittstelle (104), der serielle Kommunikationsport (106), der Speicher (108) und die Flachfeldan-

zeige (112) in einer betriebswirksamen elektrischen Kommunikation mit dem Mikroprozessor (110) und dem Energieversorgungssystem (114) stehen.

10. System nach Anspruch 9, wobei der Strichcodescanner (100) implementiert ist, um sich auf die IMD (10) beziehende Identifikationsdokumente vor der Implantation aufzuzeichnen.
11. System nach Anspruch 10, wobei der Strichcodescanner (100) die Identifikationsdokumente in der Speicherbank (108) speichert und strukturiert ist, um die Dokumente zu anderen Datenspeicher- oder -austauschsystemen zu übertragen.
12. System nach Anspruch 11, wobei das Datenspeicher- oder -austauschsystem ein Web-basiertes Expertendatenzentrum (62) aufweist.
13. System nach Anspruch 11 oder 12, wobei das Datenspeicher- oder -austauschsystem eine Programmierereinrichtung (20) aufweist.
14. System nach Anspruch 11, 12 oder 13, wobei das Datenspeicher- oder -austauschsystem einen PC (122) aufweist.
15. System nach Anspruch 11, 12, 13 oder 14, wobei das Datenspeicher- oder -austauschsystem einen Drucker (120) aufweist.
16. Verfahren zur fernen Ausführung einer interaktiven Diagnose und Überwachung und zur fernen Ausführung einer Therapie und klinischen Behandlung, das in einem bidirektionalen Kommunikationssystem (23, 23', 26, 26', 28, 28', 34, 34', 40, 40') implementiert ist, über eine bidirektionale Kommunikationsverbindung, wobei ein fernes Web-basiertes Expertendatenzentrum (62), eine Programmierereinrichtung (20) und eine Personendaten-Übermittlungseinheit PDM (20'), die als Web-kompatible medizinische Schnittstellenvorrichtungen für eine implantierbare medizinische Vorrichtung IMD arbeiten, interaktive Software und Hardware unterstützen, die dafür eingerichtet sind, Überwachungs-, Diagnose- und Therapieregimes für die IMD (10) zu unterstützen, wobei ein fernes Datenzentrum (62) über die bidirektionale Kommunikationsverbindung (65) in einer Datenkommunikation steht, mit folgenden Schritten:

Bereitstellen des fernen Web-basierten Expertendatenzentrums (62), das schnelle Computerr Ressourcen aufweist,
Bereitstellen der bidirektionalen Kommunikationsverbindung (65), die mit den Ressourcen an dem fernen Web-basierten Expertendatenzentrum (62) in einer betriebswirksamen Daten-

kommunikation steht,

Bereitstellen der Programmierereinrichtung (20), die eine betriebswirksame Datenkommunikation mit der IMD und dem Expertendatenzentrum (62) aufweist, wobei die Programmierereinrichtung eine Mikroprozessorvorrichtung vom Typ eines Personalcomputers ist, die dafür eingerichtet ist, Befehlssignale von einem Bediener zu empfangen, um eine Übertragung einer Abwärts- oder Aufwärts telemetrie einzuleiten und Telemetriesitzungen einzuleiten und zu steuern, sobald eine Verbindung mit einem Datenzentrum (62) oder einer IMD eingerichtet wurde, Bereitstellen der PDM (20'), die eine betriebswirksame Datenkommunikation mit der Programmierereinrichtung (20), der IMD (10) und der bidirektionalen Kommunikationsverbindung (65) aufweist, wobei die Programmierereinrichtung (20) und die PDM (20') als eine Schnittstelle zwischen der IMD (10) und dem fernen Web-basierten Datenzentrum (62) arbeiten und wobei die PDM (20') strukturiert ist, um Daten zur Programmierereinrichtung (20) und/oder zur IMD (10) und von diesen zu übertragen und nur diagnostische Daten mit dem unregulierten Teil der IMD (10) auszutauschen,
Bereitstellen einer Mehrzahl von spezialisierten Softwaremodulen, die in der Programmierereinrichtung (20) und der PDM (20') implementiert sind, um eine chronische Bewertung und Analyse mit einem hohen Nutzertrag für die Echtzeitverabreichung einer Ferntherapie und klinischen Pflege zu sammeln, zu verwalten und auszuführen,
Verbinden der Programmierereinrichtung (20) mit dem fernen Datenzentrum (62) über die bidirektionale Kommunikationsverbindung (65),
Verbinden der PDM (20') mit der Programmierereinrichtung (20) und dem fernen Datenzentrum (62) über die bidirektionale Kommunikationsverbindung (65) und
Aufwärtsverbinden der IMD (10) mit der Programmierereinrichtung (20).

17. Verfahren nach Anspruch 16, wobei die PDM (20') mit der IMD (10) verbunden wird.
18. Verfahren nach Anspruch 16 oder 17, wobei die PDM (20') eine Datenübermittlungseinheit zwischen der IMD (10), dem fernen Datenzentrum (62) und der Programmierereinrichtung (20) ist.
19. Verfahren nach einem der Ansprüche 16 bis 18, wobei die PDM (20') implementiert wird, um die Identifikation der IMD (10) vor der Implantation sicherzustellen.
20. Verfahren nach einem der Ansprüche 16 bis 19, wo-

bei die PDM (20') implementiert wird, um Vorimplantationsdaten zur Programmiereinrichtung (20) zu übertragen.

21. Verfahren nach einem der Ansprüche 18 bis 20, wobei die PDM (20') implementiert wird, um Vorimplantationsdaten zur Programmiereinrichtung (20) zu übertragen. 5
22. Verfahren nach einem der Ansprüche 16 bis 21, wobei das Datenkommunikationsnetzwerk mindestens eine Kommunikationsverbindung aufweist, die aus der Gruppe von Kommunikationsverbindungen ausgewählt wird, die aus einer Telefonleitung, einem Intranet, einem Internet, einem Satelliten, einer Laserwellenform und einem globalen Positionierungssystem besteht. 10
23. System nach einem der Ansprüche 16 bis 22, wobei die PDM (20') als eine medizinische Übermittlungseinheit für eine Echtzeitdatenübertragung implementiert wird, wodurch Datenpakete über die schnelle Drahtlosnetzwerkschnittstelle der PDM (20') zum fernen Datenzentrum geleitet werden. 20
24. Verfahren nach einem der Ansprüche 16 bis 22, wobei die PDM (20') als eine medizinische Übermittlungseinheit für eine Echtzeitdatenübertragung von Datenpaketen implementiert wird, die über den seriellen Port bzw. Anschluss der PDM (20') zum fernen Datenzentrum geleitet werden. 25
25. Verfahren nach Anspruch 24, wobei der serielle Port mit einem Standardmodem (60) verbunden ist. 30
26. Verfahren nach einem der Ansprüche 16 bis 25, wobei die PDM (20') implementiert wird, um Daten in einem PC (122) zu speichern und zu diesem weiterzuleiten bzw. Daten vom PC (122) zu speichern und von diesem weiterzuleiten. 35
27. Verfahren nach einem der Ansprüche 16 bis 26, wobei die PDM (20') implementiert wird, um Informationen zum Speichern und zu einem Drucker (120) weiterzuleiten. 40

Revendications

1. Système interactif de diagnostic, de thérapie et d'échange de données à distance mis en oeuvre dans un système de communications bidirectionnelles (23, 23', 26, 26', 28, 28', 34, 34', 40, 40') et via une liaison de communications bidirectionnelles (65) dans lequel un centre de données expert à base de toile mondiale à distance (62), un programmeur (20) et un messenger de données personnel PDM (20') fonctionnant comme des dispositifs médicaux 50

à interface compatible toile mondiale pour un dispositif médical implantable IMD (10) sont reliés à distance pour mettre en oeuvre un échange de données à distance concernant des diagnostics, une thérapie et une gestion chronique du dispositif IMD (10), le système comportant :

le centre de données expert à base de toile mondiale à distance (62) incluant des ressources informatiques à vitesse élevée ;
une liaison de communications bidirectionnelles (65) en communications de données opérationnelles avec les ressources au niveau du centre de données expert à base de toile mondiale à distance (62) ;
le programmeur (20) ayant une communication de données opérationnelle avec le dispositif IMD et le centre de données expert (62) ; et dans lequel ledit programmeur est un dispositif à base de microprocesseur de type ordinateur individuel adapté pour recevoir des signaux d'instruction depuis un opérateur pour lancer une transmission ou une télémétrie par liaison descendante ou liaison montante et pour lancer et commander des sessions de télémétrie une fois qu'une liaison avec le centre de données (62) ou le dispositif IMD a été établie ;
le PDM (20') ayant des communications de données opérationnelles avec le programmeur (20), le dispositif IMD (10) et la liaison de communications bidirectionnelles (65), dans lequel le programmeur (20) et le PDM (20') fonctionnent comme une interface entre le dispositif IMD (10) et le centre de données à base de toile mondiale à distance (62) ; et dans lequel le PDM (20') est structuré pour transférer des données vers et depuis le programmeur (20) et/ou le dispositif IMD (10) et pour échanger seulement des données de diagnostic avec la partie non régulée du dispositif IMD (10) ;
une pluralité de modules logiciels spécialisés implémentés dans le programmeur (20) et le PDM (20') pour collecter, gérer, effectuer une évaluation et une analyse chroniques à rendement élevé pour une administration en temps réel de thérapie et de soin clinique à distance.

2. Système selon la revendication 1, dans lequel ledit PDM (20') est structuré pour échanger à la fois des données thérapeutiques et diagnostiques avec le dispositif IMD (10).
3. Système selon la revendication 1 ou 2, dans lequel le PDM (20') est structuré pour fonctionner comme une unité d'échange de données mobile et des données sont mémorisées dans une mémoire embarquée. 55

4. Système selon l'une quelconque des revendications précédentes, dans lequel la liaison de communications bidirectionnelles (65) est un intranet.
5. Système selon l'une quelconque des revendications 1 à 3, dans lequel la liaison de communications bidirectionnelles (65) est un internet.
6. Système selon l'une quelconque des revendications 1 à 3, dans lequel la liaison de communications bidirectionnelles (65) est un satellite (56).
7. Système selon l'une quelconque des revendications 1 à 3, dans lequel la liaison de communications bidirectionnelles (65) est un système de positionnement global.
8. Système selon l'une quelconque des revendications 1 à 3, dans lequel la liaison de communications bidirectionnelles (65) inclut au moins une liaison de communications sélectionnée parmi le groupe de liaisons de communications constitué d'une ligne téléphonique, un intranet, un internet, un satellite (56), une forme d'onde laser, et un système de positionnement global.
9. Système selon l'une quelconque des revendications précédentes, dans lequel l'unité PDM comporte :
- un lecteur de codes barres (100) ;
 - un port de communications infrarouge (102) ;
 - une interface réseau sans fil (104) ;
 - un port de communications série (106) ;
 - un banc de mémoire (108) ;
 - une batterie ou un système d'énergie (114) ;
 - un afficheur à écran plat (112) ; et
 - un microprocesseur (110) ;
- ledit lecteur (100), ledit port de communications infrarouge (102), ladite interface réseau sans fil (104), ledit port de communications série (106), ladite mémoire (108), et ledit afficheur à écran plat (112) étant en communications électriques opérationnelles avec le microprocesseur (110) et le système d'énergie (114).
10. Système selon la revendication 9, dans lequel ledit lecteur de codes barres (100) est mis en oeuvre pour enregistrer des documents d'identification se rapportant au dispositif IMD (10) avant implantation.
11. Système selon la revendication 10, dans lequel ledit lecteur de codes barres (100) mémorise les documents d'identification dans le banc de mémoire (108) et est structuré pour transférer les documents à d'autres systèmes de mémorisation ou d'échange de données.
12. Système selon la revendication 11, dans lequel ledit
- système de mémorisation ou d'échange de données inclut un centre de données expert à base de toile mondiale (62).
13. Système selon la revendication 11 ou 12, dans lequel ledit système de mémorisation ou d'échange de données inclut un programmeur (20).
14. Système selon la revendication 11, 12 ou 13, dans lequel ledit système de mémorisation ou d'échange de données inclut un PC (122).
15. Système selon la revendication 11, 12, 13 ou 14, dans lequel ledit système de mémorisation ou d'échange de données inclut une imprimante (120).
16. Procédé pour réaliser à distance un diagnostic, une surveillance et une administration interactifs de soins thérapeutiques et cliniques mis en oeuvre dans un système de communications bidirectionnelles (23, 23' ; 26, 26' ; 28, 28' ; 34, 34' ; 40, 40') et via une liaison de communications bidirectionnelles dans lequel un centre de données expert à base de toile mondiale à distance (62), un programmeur (20) et un messenger de données personnel PDM (20') fonctionnant comme des dispositifs médicaux à interface compatible toile mondiale pour un dispositif médical implantable IMD supportent des logiciels et matériels interactifs pour supporter la surveillance, le diagnostic et les régimes thérapeutiques des dispositifs IMD (10), dans lequel un centre de données à distance (62) est en communications de données, via ladite liaison de communications bidirectionnelles (65), le procédé comportant les étapes consistant à :
- fournir le centre de données expert à base de toile mondiale à distance (62) incluant des ressources informatiques à vitesse élevée ;
 - fournir la liaison de communications bidirectionnelles (65) en communications de données opérationnelles avec les ressources au niveau du centre de données expert à base de toile mondiale à distance (62) ;
 - fournir le programmeur (20) ayant une communication de données opérationnelle avec le dispositif IMD et le centre de données expert (62) ; le programmeur étant un dispositif de microprocesseur de type ordinateur individuel adapté pour recevoir des signaux d'instruction depuis un opérateur pour lancer une transmission de télémetrie par liaison descendante ou liaison montante et pour lancer et commander des sessions de télémetrie une fois qu'une liaison avec un centre de données (62) ou un dispositif IMD a été établie ; fournir le PDM (20') ayant des communications de données opérationnelles avec le programmeur (20), le dispositif IMD (10) et la liaison de communications

- bidirectionnelles (65), dans lequel le programmeur (20) et le PDM (20') fonctionnent comme une interface entre le dispositif IMD (10) et le centre de données à base de toile mondiale à distance (62) ; dans lequel le PDM est structuré pour transférer des données vers et depuis le programmeur (20) et pour le dispositif IMD et pour transférer seulement des données diagnostiques avec la partie non régulée du dispositif IMD (10) ;
- fournir une pluralité de modules logiciels spécialisés mis en oeuvre dans le programmeur (20) et le PDM (20') pour collecter, gérer, effectuer une évaluation et une analyse chroniques à rendement élevé pour une administration en temps réel de soins thérapeutiques et cliniques à distance ;
- connecter le programmeur (20) au centre de données distant (62) via la liaison de communications bidirectionnelles (65) ;
- connecter le PDM (20') au programmeur (20) et au centre de données distant (62) via la liaison de communications bidirectionnelles (65) ; et
- relier par liaison montante le dispositif IMD (10) au programmeur (20).
17. Procédé selon la revendication 16, dans lequel le PDM (20') est connecté au dispositif IMD (10).
18. Procédé selon la revendication 16 ou 17, dans lequel le PDM (20') est un messenger de données entre le dispositif IMD (10), le centre de données à distance (62) et le programmeur (20).
19. Procédé selon l'une quelconque des revendications 16 à 18, dans lequel le PDM (20') est mis en oeuvre pour sécuriser l'identification du dispositif IMD (10) avant implantation.
20. Procédé selon l'une quelconque des revendications 16 à 19, dans lequel le PDM (20') est mis en oeuvre pour transférer des données de pré-implantation au programmeur (20) .
21. Procédé selon l'une quelconque des revendications 18 à 22, dans lequel le PDM (20') est mis en oeuvre pour transférer des données de pré-implantation au programmeur (20) .
22. Procédé selon l'une quelconque des revendications 16 à 21, dans lequel le réseau de communications de données inclut au moins une liaison de communications sélectionnée parmi le groupe de liaisons de communications constitué d'une ligne téléphonique, un intranet, un internet, un satellite, une forme d'onde laser, et un système de positionnement global.
23. Procédé selon l'une quelconque des revendications 16 à 22, dans lequel le PDM (20') est mis en oeuvre sous la forme d'un messenger médical avec transmission de données en temps réel, des paquets de données étant acheminés vers le centre de données à distance via l'interface réseau sans fil à vitesse élevée du PDM (20').
24. Procédé selon l'une quelconque des revendications 16 à 22, dans lequel le PDM (20') est mis en oeuvre sous la forme d'un messenger médical pour la transmission de données en temps réel de paquets de données acheminés vers le centre de données à distance via le port série du PDM (20').
25. Procédé selon la revendication 26, dans lequel le port série est connecté à un modem standard (60).
26. Procédé selon l'une quelconque des revendications 16 à 25, dans lequel le PDM (20') est mis en oeuvre pour mémoriser et renvoyer des données à et depuis un PC (122).
27. Procédé selon l'une quelconque des revendications 16 à 26, dans lequel le PDM (20') est mis en oeuvre pour mémoriser et renvoyer des informations à une imprimante (120).

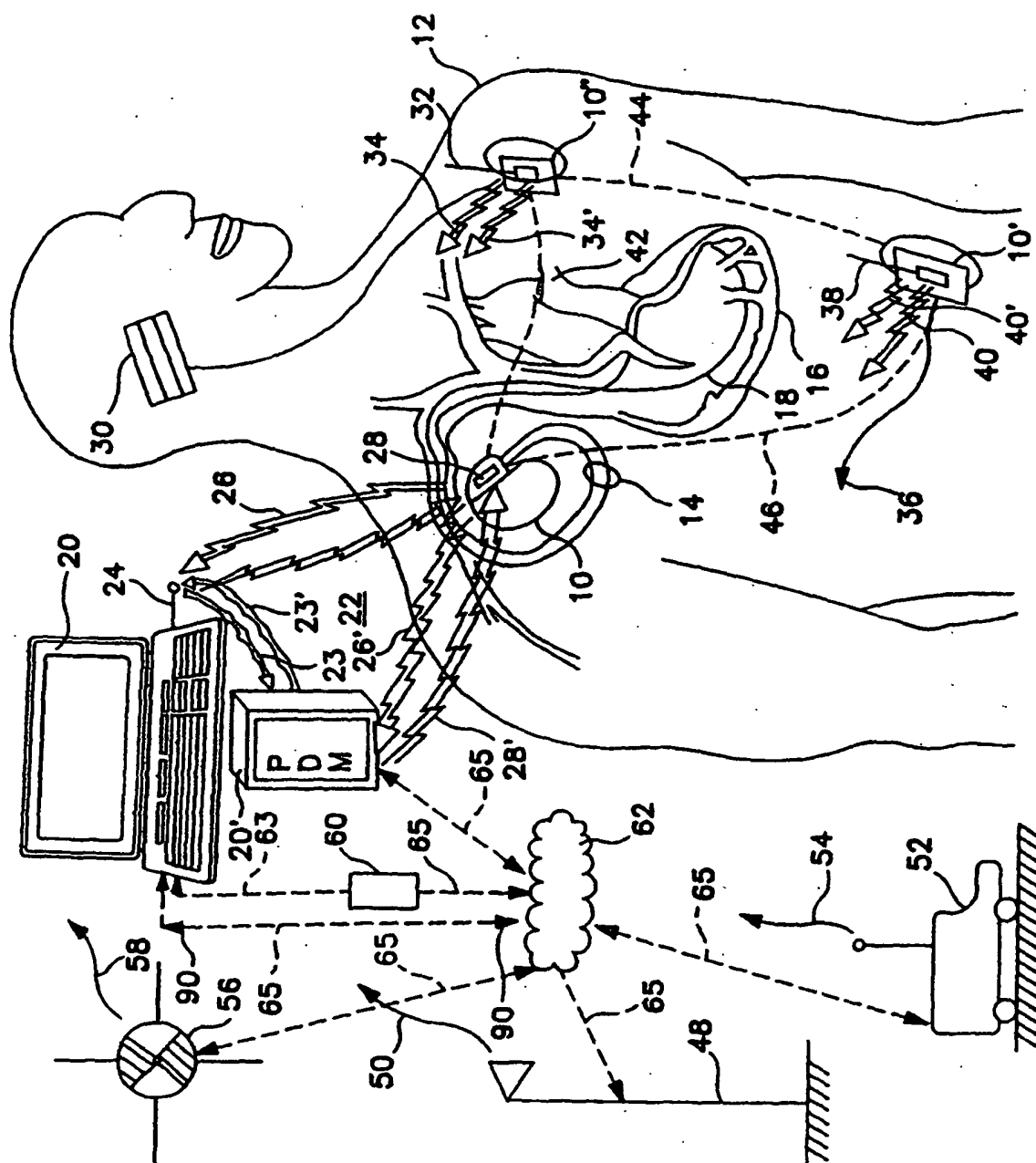


Fig. 1

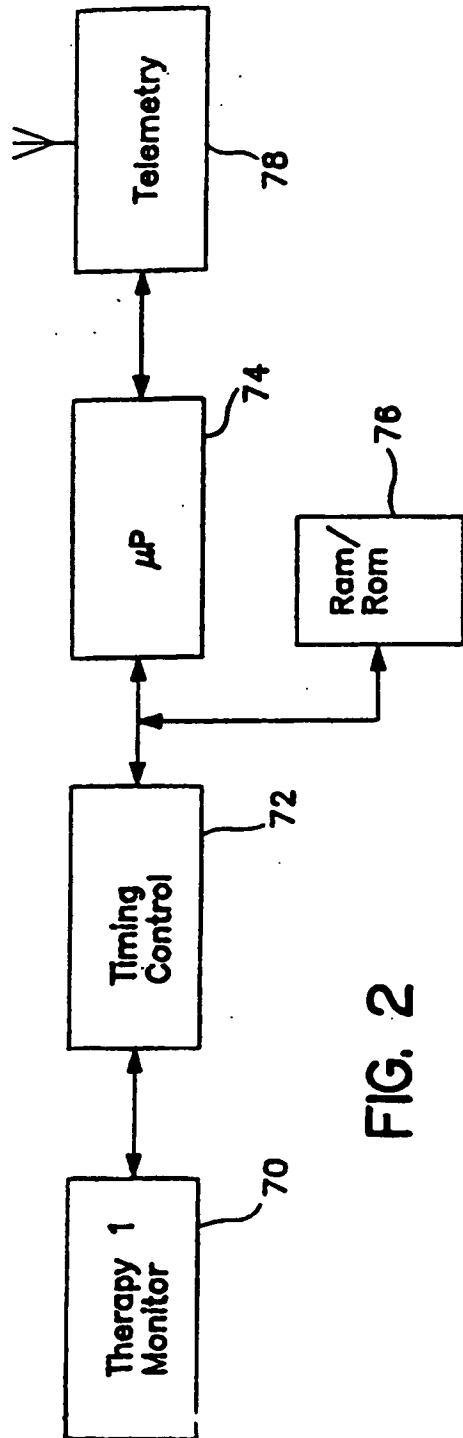


FIG. 2

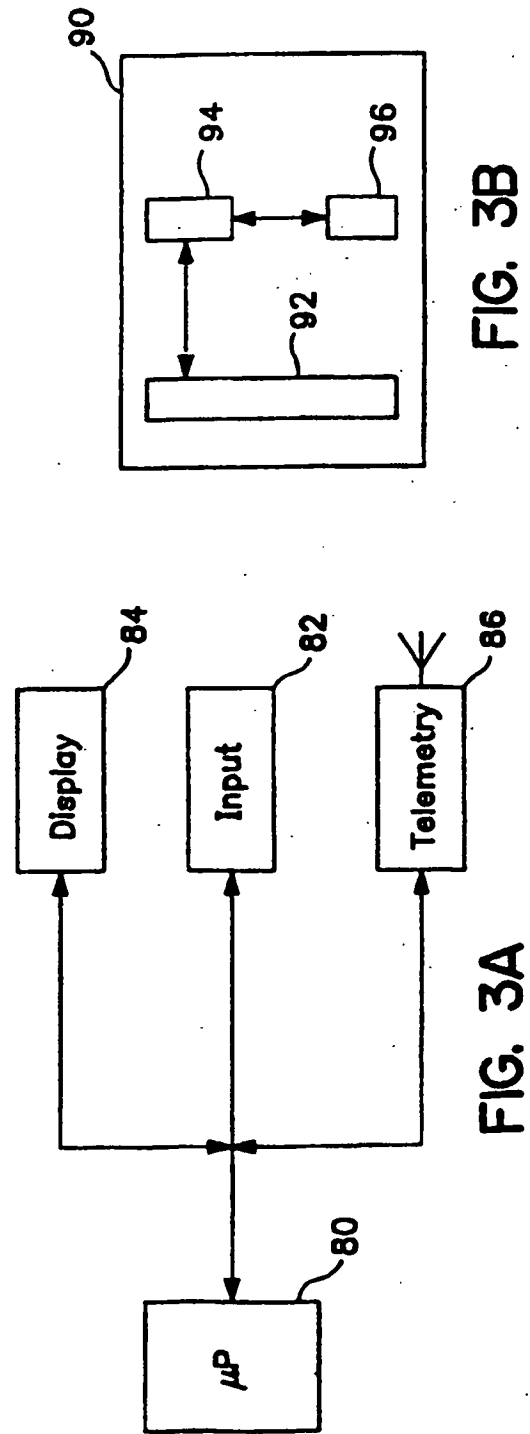


FIG. 3B

FIG. 3A

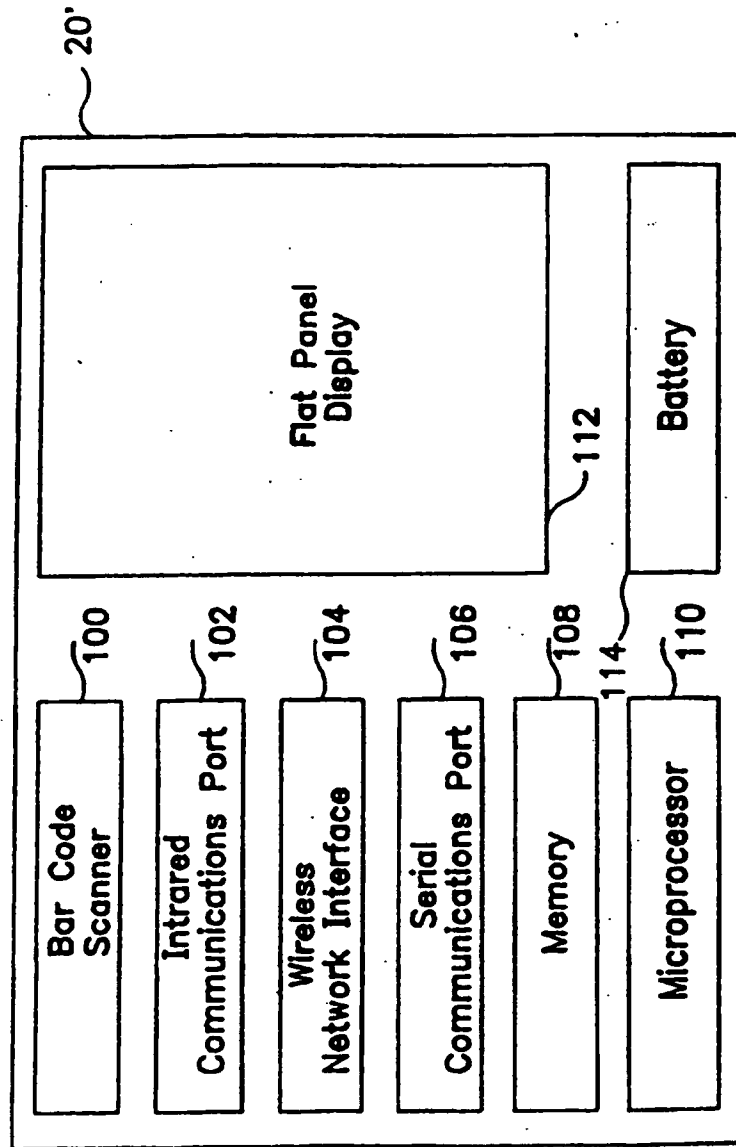


FIG. 4

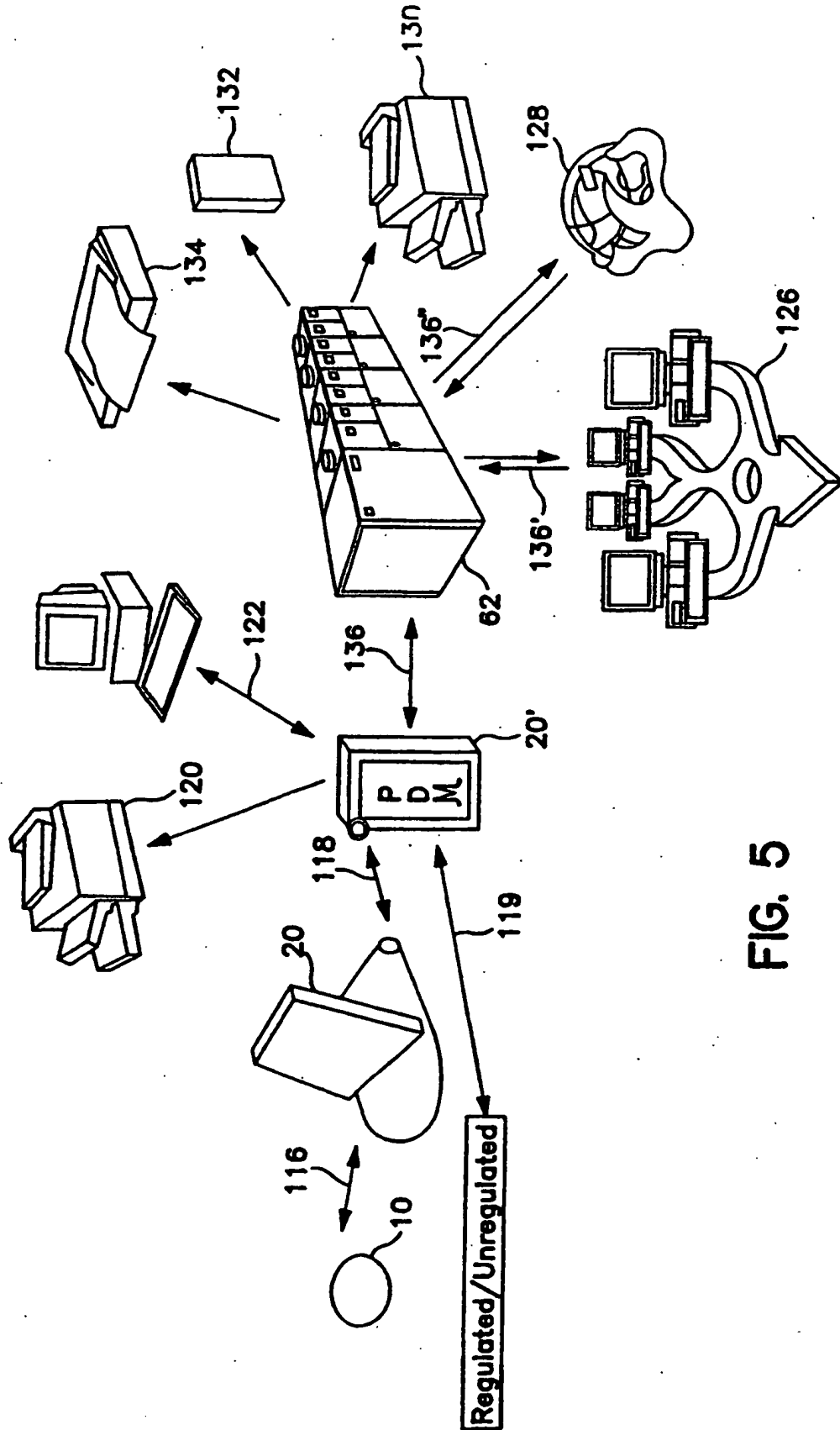


FIG. 5

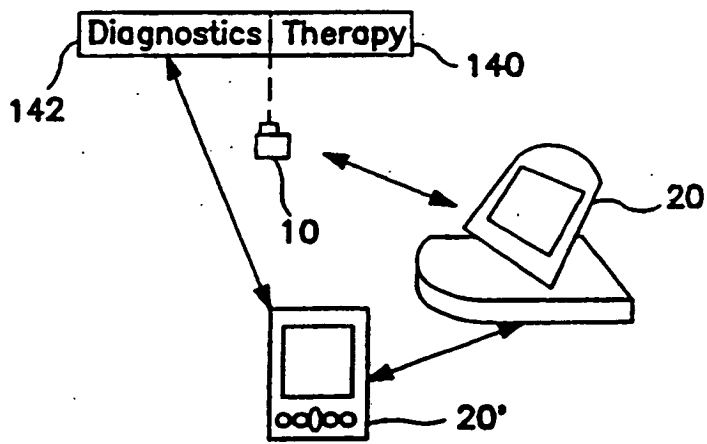


FIG. 6A

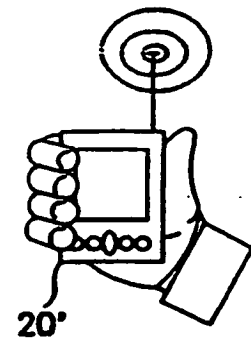


FIG. 6B

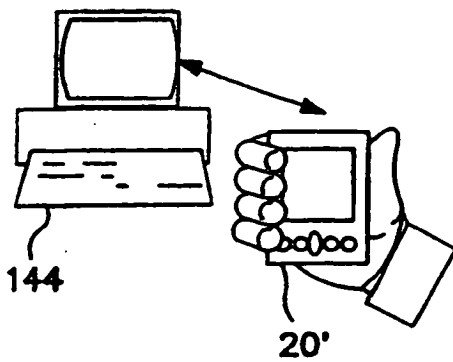


FIG. 6C

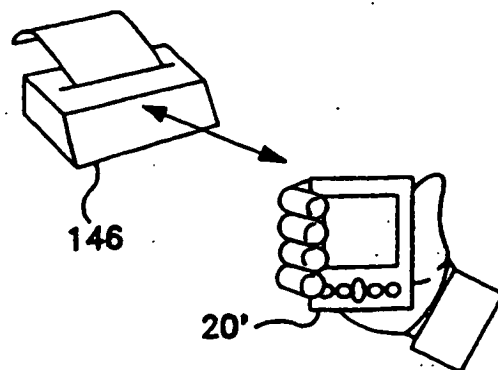


FIG. 6D

REFERENCES CITED IN THE DESCRIPTION

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专利名称(译)	用于医疗设备中的远程治疗和诊断的系统和方法		
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[标]申请(专利权)人(译)	美敦力公司		
申请(专利权)人(译)	美敦力公司, INC.		
当前申请(专利权)人(译)	美敦力公司, INC.		
[标]发明人	NELSON CHESTER G LEE MICHAEL T SCHRENK MICHAEL G		
发明人	NELSON, CHESTER, G. LEE, MICHAEL, T. SCHRENK, MICHAEL, G.		
IPC分类号	A61B5/00 G06F19/00 A61N1/372		
CPC分类号	A61B5/0022 A61B5/0031 A61N1/37282 G06F19/3418 G06F19/3481 G16H10/60 G16H40/40 G16H40/67 G16H50/20		
优先权	09/460580 1999-12-14 US		
其他公开文献	EP1239764A1		
外部链接	Espacenet		

摘要(译)

公开了一种用于将数据传入和传出医疗设备的系统, 其中在基于网络的网络中使用个人数据管理器 (PDM)。PDM与程序员合作, 加强对植入式医疗设备的长期远程监控, 实时提供临床治疗。PDM是可手持的和移动的, 并且通过将数据从编程器存储和转发到构成医疗环境的基于网络的网络来扩展程序员的范围。PDM还用于存储和转发信息到PC和类似的外围设备。在专门的应用程序中, PDM被配置为与IMD的未调节的操作/功能段交换数据。

