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(54) **Apparatus for the cancellation of motion artifacts in medical interventional navigation**

Vorrichtung zur Unterdrückung von Bewegungsartefakten in der medizinischen interventionellen Navigation

Appareil pour l'annulation des artéfacts de mouvement dans une navigation interventionnelle médicale

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(56) References cited:
**WO-A1-00/07501 US-A- 5 713 946
US-A1- 2008 221 425**

- **WITTKAMPF FRED H M ET AL: "Localisa: New technique for real-time 3-dimensional localization of regular intracardiac electrodes" CIRCULATION, LIPPINCOTT WILLIAMS & WILKINS, US, vol. 99, no. 10, 16 March 1999 (1999-03-16), pages 1312-1317, XP008088813 ISSN: 0009-7322**
- **GEPSTEIN L ET AL: "A NOVEL METHOD FOR NONFLUOROSCOPIC CATHETER-BASED ELECTROANATOMICAL MAPPING OF THE HEART IN VITRO AND IN VIVO ACCURACY RESULTS" CIRCULATION, LIPPINCOTT WILLIAMS & WILKINS, US, vol. 95, no. 6, 18 March 1997 (1997-03-18), pages 1611-1622, XP000978514 ISSN: 0009-7322**

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Description

[0001] The present invention relates to an apparatus and system for mapping the location of a point within a body. More specifically, the present invention relates to an apparatus for mapping the location of a node, such as a distal end electrode of a catheter, disposed within a body and located at a point, which is desired to be tracked, through reference to a plurality of reference nodes, such as a plurality of electrodes disposed within a reference catheter, and interpolation between the node and the plurality of reference nodes. Further, the present invention, upon mapping, will filter out any motion artifacts which may distort the location and/or movement of the node.

b. Background Art

[0002] It is well-known that an element, or node, of a medical device may be tracked within the body of a patient by measuring electrical signals passing through tissues, as well as other anatomic structures, in the body, through a navigational system (sometimes called a location mapping system). The location of the node may also be tracked by other means, such as magnetic and ultrasound tracking means. As an example, intersecting electromagnetic fields may be utilized to track the location of one or more elements, such as one or more catheter tips (or, more accurately, one or more electrodes disposed on a plurality of catheters), which may be placed at a point within a body. Further, the addition of a reference node at a known, fixed location may be employed to determine the location, in relation to the reference node and other parts of a patient's anatomy, of the node, or element, which corresponds to the location of a point within the body.

[0003] Systems for tracking medical elements within a body are disclosed in various United States Patents. For example, U.S. Patent No. 5,297,549, entitled "Endocardial Mapping System," issued on 29 March 1994 discloses a mapping system utilizing an array of electrodes placed in a heart. In this reference, the shape of the chamber, and the location of the electrodes, are determined via impedance plethysmography. Further, electrical measurements taken from the electrode array and referenced to a surface contacting electrode are used to generate a three-dimensional map of electrical activity. In another embodiment, a two-dimensional map of the electrical activity within the endocardial surface is computed.

[0004] Additionally, U.S. Patent No. 5,311,866, entitled "Heart Mapping Catheter," issued on 17 May 1994, discloses a mapping catheter assembly. In this reference, a lumen is provided to accept a catheter which includes a distal tip electrode assembly. In operation, an array of electrode sites are deformed into a spherical shape after the assembly is placed in a heart chamber. A reference electrode assembly is advanced into contact with the heart wall to provide calibration information for the array.

[0005] For another example, U.S. Patent No. 5,553,611, entitled "Endocardial Measurement Method," issued on 10 September 1996, discloses a method for taking a collection of measurements from a set of measurement electrodes in an effort to determine the position of a catheter in a heart chamber.

[0006] Further, U.S. Patent No. 5,662,108, entitled "Electrophysiology Mapping System," issued on 02 September 1997, discloses a mapping catheter positioned in a heart chamber, in which active electrode sites are activated to impose an electric field within the chamber. The blood volume and wall motion modulates the electric field, which is detected by passive electrode sites on the preferred catheter. In the reference, electrophysiology measurements, as well as geometry measurements, can be taken from the passive electrodes and used to display a map of intrinsic heart activity.

[0007] Additionally, U.S. Patent No. 5,697,377 (and its progeny), entitled "Catheter Mapping System And Method," issued on 16 December 1997, discloses a system and method for catheter location mapping. Three substantially orthogonal alternating signals are applied through the patient, directed substantially toward the area of interest to be mapped. A catheter, equipped with at least a measuring electrode for cardiac procedures, is positioned at various locations either against the patient's heart wall, or within a coronary vein or artery. A voltage is sensed between the catheter tip and a reference electrode, preferably a surface electrode on the patient, which voltage signal has components corresponding to the three orthogonal applied current signals. U.S. Patent No. 5,983,126, entitled "Catheter Location System And Method," issued on 09 November 1999, is a continuation of this reference.

[0008] Further, U.S. Patent No. 6,049,622, entitled "Graphic Navigational Guides For Accurate Image Orientation And Navigation," issued on 11 April 2000, and discloses a method for the acquisition of image data having an attached spatial coordinate system. A navigational guide can then employ the coordinate system to indicate the orientation of the imaged object and the location of the viewer with respect to the imaged object.

[0009] Additionally, U.S. Patent No. 6,240,307, entitled "Endocardial Mapping System" (and its progeny) issued on 29 May 2001, discloses a system for mapping the electrical activity of a heart. The system includes a set of electrodes spaced from the heart wall and a set of electrodes in contact with the heart wall. Voltage measurements from the electrodes are used to generate three-dimensional and two-dimensional maps of the electrical activity of the heart. U.S. Patent Nos. 6,603,996; 6,647,617; 6,826,420 and 6,826,421 are divisionals of this reference. Further, U.S. Patent Nos. 6,640,119; 6,728,562 and 6,990,370 are derivatives of this reference.

[0010] Finally, U.S. Patent No. 6,556,695, entitled "Method For Producing High Resolution Real-Time Images, Of Structure And Function During Medical Proce-

dures," issued on 29 April 2003, discloses the acquisition of the images of a heart with a high resolution medical imaging system used to construct a dynamic high resolution 4D model.

[0011] One difficulty in conventional location mapping systems and techniques concerns the real and imaginary movements that such tracking instruments routinely detect and, more specifically, the difficulty in discerning between the two types of movements. "Real movements" are actual, physical movements caused by the motion of a patient's body as a whole, or by parts of the body in relation to one another. For example, respiration causes expansion of the chest and consequent displacement of the organs contained within the chest cavity, including the heart. Additionally, "imaginary" movements may further add to the motion created by the physical movements described herein. For example, respiration may also alter the electrical impedance distribution of the body by the introduction of air into the chest cavity. The variations in the electrical field may result in readings that suggest additional motion by the node. For purposes of the present invention, these real and imaginary movements are collectively referred to as "motion artifacts."

[0012] Interventional navigational systems are used to map points within the body. These systems use electromagnetic mapping algorithms in conjunction with an image or model of the anatomical environment in which the tracked node (*i.e.*, the node whose location is to be tracked) operates. Such images are often derived from external imaging equipment currently known in the art, such as computed topography ("CT") and magnetic resonance imaging ("MRI") equipment.

[0013] Often, the result is a surface model that may be interpolated from points in three dimensions ("3D") collected from an internal tracking node. However, because such surface models are often static, the motion artifacts described above may be confusing and distracting to an operator, may affect the accuracy of the tracking, and, consequently, may negatively impact treatment quality.

[0014] Because therapies and procedures using such tracking systems are often exceedingly delicate, such motion artifacts are undesirable. Thus, a system that reduces or minimizes such motion artifacts would enhance the quality of care provided. Consequently, it would be advantageous to be able to eliminate, or substantially eliminate, both real and imaginary movement in a navigational mapping system.

[0015] US 5,713,946 discloses an apparatus and method for intrabody mapping. To correct for displacement of the heart chamber that occurs during the cardiac cycle, a set of more than two locatable catheters is placed at specific points in the heart chamber during the mapping procedures. The location of these reference catheters supplies the necessary information for proper three-dimensional correspondence of the heart chamber image and the mapping catheter location. It is preferred that three different catheters are left in known landmarks and a fourth catheter is used as the mapping/ablation catheter.

ter.

[0016] WO 00/07501 discloses a method for localization. The localization system uses one or more ultrasound reference catheters. A mapping catheter and ablation catheters are also provided and displayed on a graphical display user interface. Each of the reference catheters carries a plurality of ultrasound transducers, with there being a total of at least four such transducers employed during the use of the system. During use of the localization system, one or more of the reference catheters is introduced into the heart or the surrounding musculature and is left in place for the duration of the procedure. The system measures the distances between each of the reference catheter transducers using the "time of flight" principle.

[0017] US 2008/0221425 A1 discloses a method for registering a catheter navigation system to a three-dimensional image. An optional fixed reference electrode is placed on a second catheter, other than the mapping catheter having roving electrodes. It is mentioned to use the coronary sinus electrode or other fixed electrodes in the heart as a reference for measuring voltages and displacements, that is, the fixed reference electrode may define the origin of a coordinate system. This reference electrode is stationary. Voltage measurements provide the location in three-dimensional space of the electrodes inside the heart, such as roving electrodes. The voltages measured at the reference electrode are used to define the origin of the coordinate system, while the voltages measured at the roving electrodes are used to express the location of the roving electrodes relative to the origin. This document forms the closest prior art.

BRIEF SUMMARY OF THE INVENTION

[0018] It is an object of the present invention to provide an apparatus to control motion artifacts created in a three-dimensional internal medical navigational device to overcome the above-stated disadvantages.

This object is achieved by the apparatus according to claim 1. The subject-matters of the dependent claims relate to further developments.

[0019] In an embodiment, a plurality of reference nodes are aligned at known points within a body. The location of a further node, distinct from the plurality of reference nodes, is determined relative to each of the plurality of reference nodes.

[0020] The foregoing and other aspects, features, details, utilities, and advantages of the present invention will be apparent from reading the following description and claims, and from reviewing the accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0021]

Figure 1 is a schematic representation of one em-

bodiment of a medical interventional navigation system;

Figure 2 is a schematic of a catheter in a heart chamber; and

Figure 3 illustrates an exemplary mapping of a catheter, in accordance with the present invention.

DETAILED DESCRIPTION OF THE INVENTION

[0022] Medical interventional navigation systems provide the ability to track the position of catheters, surgical tools and other devices inside a body. These systems typically use magnetic, electric, ultrasound or other radiation or energy sources or tracking means to determine the x, y and z coordinates of the devices within the body. When these devices are placed inside moving organs, such as the heart, the effect of any movement, or force, of those organs on the devices will most likely cause the devices to move. This effect is referred to herein as real movement, and can be illustrated in a respiration example, where the movement of the chest cavity will cause the movement of any organ contained within the chest cavity.

[0023] Additionally, these systems may also detect and report imaginary movement of the devices due to changes in the navigation field. For instance, in an impedance-based system, respiration of the body will alter the system conductance of the thorax, which will, in turn, alter the sensed electrical potential at the tracked device (*i.e.*, the device whose location is to be tracked). Because the system assumes that the navigation field is static, this change in sensed electrical potential will be perceived by the system as movement of the tracked device. In other words, although the tracked device may be completely stationary, the system will report that the tracked device is moving.

[0024] To this end, the present invention provides a medical interventional navigation system that eliminates, or at least substantially reduces, both types of the aforementioned movements, or motion artifacts. Thus, the present invention acts to provide virtual stabilization of the tracked device, in which the appearance of stability of the tracked device is provided to a user of the medical interventional navigation system while the heart, for example, continues to beat and, consequently, move.

[0025] Oftentimes, such systems are used in conjunction with an image or model of the anatomical environment in which the tracked device operates. Further, such images are often derived from currently-known external imaging equipment, such as CT or MRI equipment. Additionally, such systems may have the ability to "collect," or define, a geometry by moving the tracked device throughout a region desired to be mapped, and recording all the points the tracked device, which can be called a "mapping" device, has visited. This collection of points is often referred to as a cloud of points. In this way, a surface model can be subsequently "wrapped" around the collected points to provide a backdrop or context for the

tracked device when the location thereof is displayed on a computer screen.

[0026] One system exemplary of such a medical interventional navigation system is the ENSITE™ NAVX™ system integrated into the ENSITE™ Advanced Mapping System by St. Jude Medical, Atrial Fibrillation Division, Inc., of Minnetonka, Minnesota. The ENSITE™ NAVX™ system provides non-fluoroscopic navigation of both specialized and conventional electrophysiology catheters. The navigation methodology used therein is based on the principle that when an electric current is applied across a pair of cutaneous electrodes, a voltage gradient is created along the axis between the pair of cutaneous electrodes. While any number of surface electrode pairs may be used, typically, six (6) cutaneous electrodes (combining to comprise three (3) surface electrode pairs) are placed on the body of the patient: anterior to posterior (*i.e.*, the z-axis), left to right lateral (*i.e.*, the y-axis) and superior (neck) to inferior (left leg) (*i.e.*, the x-axis). These three (3) electrode pairs thus form three (3) orthogonal axes, with the patient's heart oriented near the intersection of all three (3) orthogonal axes.

[0027] FIG. 1 illustrates an exemplary embodiment of medical navigational system 5. Medical navigational system 5 will be briefly addressed herein, as it is one such system that may utilize the mapping techniques addressed in detail herein. Medical navigational system 5 is also discussed in detail in U.S. Patent No. 7,263,397, which is issued on 28 August 2007.

[0028] Referring to FIG. 1, in which patient 11 is depicted as an oval for clarity, three (3) sets of surface electrodes (as described herein) are illustrated as 18, 19 along the y-axis; 12, 14 along the x-axis; and 16, 22 along the z-axis. The assignment of the x, y, z axis to a particular direction is arbitrary and should not be construed to be limiting the invention. A further surface electrode 21, that acts as an electrical reference, which may be referred to as "belly" electrode 21, is also illustrated in FIG. 1. Each surface electrode 12, 14, 16, 18, 19, 22 is independently coupled to multiplex switch 24. Heart 10 of patient 11 lies between the various pairs of surface electrodes 12, 14, 16, 18, 19, 22. Also illustrated in FIG. 1 is catheter 13, illustrating as including distal electrode 17 (again, for clarity). Multiple electrodes on catheter 13 may be used. Reference electrode 31, which is preferably in a fixed location, such as attached to heart 10, is also illustrated in FIG. 1 as being disposed on a distal end of reference catheter 29. For calibration purposes, reference electrode 31 is known to be stationary on heart 10, and, further, is known to be in a known position on heart 10.

[0029] Any pair of surface electrodes 12, 14, 16, 18, 19, 22 may be selected for excitation by software running on computer system 20, which couples each surface electrode 12, 14, 16, 18, 19, 22 to signal generator 25. One pair of surface electrodes, for example, surface electrodes 18, 19, may be excited by signal generator 25 as that pair, in turn, generates an electric field in the body of patient 11 and, more accurately, in heart 10. During

the delivery of a current pulse, remaining surface electrodes 12, 14, 16, 22 are preferably referenced to "belly" surface electrode 21, and the voltages impressed on remaining surface electrodes 12, 14, 16, 22 can be measured by analog-to-digital converter 26. Suitable low pass filtering of the digital data may be subsequently performed to remove electronic noise, for example, after suitable low pass filtering in filter 27. In this manner, various patch electrodes 12, 14, 16, 18, 19, 22 can be divided into driven and non-driven surface electrode pairs. While one pair of surface electrodes are driven by signal generator 25, the remaining non-driven surface electrodes can be used as references to synthesize the orthogonal axes, described above.

[0030] In this way, surface electrodes, such as those discussed herein, may be connected to mapping systems such as the ENSITE™ Advanced Mapping System described above, which sends an electrical signal through each pair of surface electrodes 12, 14, 16, 18, 19, 22 to create a voltage gradient along each orthogonal axis, forming a transthoracic electrical field. Conventional electrophysiology catheters (e.g., representative or measuring catheter 13) may be connected to the ENSITE™ Advanced Mapping System, described herein, and advanced to heart 10. As representative or measuring catheter 13 enters the transthoracic electrical field, an electrode disposed thereon (e.g., distal electrode or measuring electrode senses voltage, which is preferably timed to the creation of the gradient along each orthogonal axis. Using the sensed voltages as compared to the voltage gradient on all three orthogonal axes, ENSITE™ NAVX™ can then calculate the three-dimensional position of each electrode 17 on representative or measuring catheter 13.

[0031] For further illustration, FIG. 2 illustrates representative or measuring catheter 13 disposed in heart 10. In FIG. 2, catheter 13 is illustrated as being located in left ventricle 50. Catheter 13 is further illustrated as having additional electrodes 52, 54, 56. Since these electrodes lie in heart 10, the location process detects their location in heart. Additionally illustrated in FIG. 2 is independent or reference catheter 29, which is illustrated as having independent or reference electrode 31.

[0032] Referring to FIG. 1, the ENSITE™ Advanced Mapping System further comprises display 23 for displaying, in real-time, the location of electrodes 17, 52, 54, 56, as well as catheter 13. By tracking the position of catheter 13, ENSITE™ NAVX™ provides non-fluoroscopic navigation, mapping and creation of chamber models that are detailed and have accurate geometries. In the latter regard, a physician may sweep catheter 13 across heart 10 to outline the structures by relaying signals to computer system 20, which then generates a three-dimensional model of heart 10. This model may be utilized for any appropriate purpose, such as assisting a physician in guiding an ablation catheter to a heart treatment location, cardiac mapping, etc.

[0033] As these surface models are typically static, the

effect of the aforementioned motion artifacts can be confusing to medical interventional navigation system 5. For example, in endocardial catheter navigation, although catheter 13 may be in a stationary position relative to the endocardial tissue, it may appear to be moving with respect to the static surface model. During ablation therapy, the operator desires to place the tip of catheter 13 on the endocardium to create a lesion, facilitating the delivery of radio frequency (RF) energy or radiation. It is imperative, in this example, then, that catheter 13 remain stable during this process, as any motion of catheter 13 relative to the static surface model may call into question whether catheter 13 is actually stable.

[0034] Therefore, to map the position of a device pursuant to the present invention, a mapping function may be defined as:

$$f: \mathbb{R}^3 \Rightarrow \mathbb{R}^3$$

such that the mapping goes from the raw, unstabilized coordinates to stabilized coordinates, then providing a method to eliminate motion artifacts can be equated to solving the above mapping function. The mapping function can further be defined by finding the transformation that takes the current position of each electrode 17, 52, 54, 56 on catheter 13 and compares it with a set of constant positions, such as those set forth by catheter 29, which includes electrode 31.

[0035] For example, in the case where there are ten (10) electrodes, each of those electrodes can be used to generate input/output samples from which to solve the mapping function. The current observed position of the electrode represents the input and the initialized constant position represents the output.

$$\{x_i, y_i\}_{i=1, N}$$

Typical assumptions that mapping should be continuous and smooth are assumed. The constant positions can be arbitrarily defined in numerous fashions.

[0036] Referring again to FIG. 2, the present invention utilizes reference catheter 29. Reference catheter 29 comprises main shaft 58, having a proximal end and a distal end, through which leads may pass to various electrodes. Reference catheter 29 comprises reference electrode, or reference node, 31, provided at or near the distal end of reference catheter 29. Preferably, reference node 31 may be an electrode capable of detecting and measuring fluctuations in an electromagnetic field. Additional to reference node 31, reference catheter 29 is provided with a plurality of other reference nodes 60, 62, 64 dispersed along its length. Similar to reference node 31, other reference nodes 60, 62, 64 may also be electrodes capable of detecting and measuring electromagnetic fields. Reference catheter 29 may be any type of catheter

with electrodes. For example and without limitation, reference catheter 29 may comprise a mapping catheter, an intracardiac echocardiography ("ICE") catheter, and/or a pacemaker (e.g., a pacemaker with at least one electrode linked to the ENSITE™ NAVX™ system).

[0037] In operation, surface electrodes 12, 14, 16, 18, 19, 22 may be applied externally to the body, in the manner described above. Preferably, surface electrodes 12, 14, 16, 18, 19, 22 are used to create three (3) orthogonal potential fields. Reference nodes 31, 60, 62, 64 of reference catheter 29 measure the electrical potential at the location of the electrode which has been imposed by the cutaneous electrodes which have been modulated by the various body tissues to map the location of reference catheter 29 with respect to all three orthogonal axes, and therefore the location of reference catheter 29 in heart 10. A second, measuring catheter 13 likewise may measure its own position by measuring the same electromagnetic fields using reference catheter 29 and reference nodes 31, 60, 62, 64.

[0038] In one embodiment, reference catheter 29 is placed in a fixed, known location (or alternately, a location that can be substantially definitively ascertained). For example, reference catheter 29 may be placed in the coronary sinus, where it is unlikely to shift, and can provide a good reference point relative to heart 10. Although the coronary sinus is mentioned in detail as one location for reference catheter 29, reference catheter 29 may be placed anywhere in the heart so long as its location is fixed. Software resident on computer system 20 can receive the inputs of both reference catheter 29 and catheter 13, and may then interpolate a more precise location of catheter 13 within the body. If the method and apparatus of the present invention are used to map locations of catheter 13 relative to heart 10, then because reference nodes 31, 60, 62, 64 of reference catheter 29 occupy a series of locations in three dimensions with respect to heart 10, the motion of reference nodes 31, 60, 62, 64 will be complementary to the movement of heart 10 due to beating, respiration and other phenomena, *i.e.*, the motion artifacts. Therefore, if the locations of reference nodes 31, 60, 62, 64 are defined to be fixed, then motion artifacts may be eliminated between measuring electrode 17 and heart 10.

[0039] In operation, reference catheter 29 may be placed in the vicinity of the working environment, which in the example herein, means within the vicinity of heart 10. The position of reference catheter 29 may be tracked and, after its location has been definitively ascertained, the motion of any other catheters in the working environment may also be determined, relative to the position of reference catheter 29. The position of reference catheter 29 is defined to be stationary, and has the effect of negating any motion artifacts of other catheters in the vicinity when those motion artifacts are negligible with respect to the actual movement of reference catheter 29. As the separation between reference catheter 29 and any tracked catheter element increases, the effects of the

motion artifacts, described above, may likewise increase.

[0040] Various methodologies may be used to define a constant position of reference catheter 29. If the motion of reference catheter 29 is sampled over time, the mean position of reference catheter 29, and more specifically the nodes 31, 60, 62, 64 on reference catheter 29, could be used as the constant position. Alternatively, when used to map points near and within heart 10, a point could be taken at a specific cardiac phase, such as an end diastole. The mapping could then be defined such that a different constant position is chosen for each point in time in the cardiac phase of the heart. Alternatively a secondary or external location system may be employed to define the constant reference location. For example, a primary system that employs electrical impedance as its navigation system may use a magnetic location system to provide the constant reference location.

[0041] As described herein, the present invention utilizes a plurality of nodes or electrodes 31, 60, 62, 64 resident on reference catheter 29 to enhance the location accuracy and mapping, and to correct for defects inherent in using only one measuring catheter. The various inputs from the multiple electrodes 31, 60, 62, 64 may be utilized to create a static model of the location of reference catheter 29 in the body or with respect to a particular organ, such as heart 10. The use of multiple nodes defines a broader fixed location, and a wider frame of motion in which a tracked catheter may operate without increased motion artifacts. Each of the multiple nodes comprising the multi-point reference system of the present invention are impedance-based nodes, magnetic-based nodes, or optical-based nodes. Accordingly, all of the nodes making up the multi-point reference system of the present invention may be of the same type. The present invention is an extension to the use of a single node or electrode as a position reference which is common in current utilization of such systems. A single positional reference has the capability of eliminating only translation of the reference frame, whereas the present invention has the potential to eliminate higher order changes in the reference frame such as rotation, scale, and most generally deformations.

[0042] One method of creating a static model of heart 10 from the inputs received from electrodes 31, 60, 62, 64 on reference catheter 29 may be to use a thin-plate splines algorithm. The thin-plate splines algorithm is a method of interpolation between a set of control points. The thin-plate splines algorithm minimizes a factor analogous to the bending energy of a thin metal plate which is forced to pass through the reference points. In one embodiment, the thin-plate splines algorithm is the sum of a set of weighted basis functions centered at each reference point, where the basis function is typically:

$$r^2 \log r^2$$

where r is the radial distance of an input point from the particular basis function center. A regularization parameter λ may be introduced into the linear algebraic equations to determine the thin-plate splines solution to create a smoother solution. If a regularization parameter is used in this context, the control points would not pass through the constant reference positions perfectly and therefore would not stabilize the model space entirely. This would represent a tradeoff of stabilization of the model versus a more robust solution that would be less sensitive to such things as random or other position errors that may be impressed on the location data of the reference catheter.

[0043] Also, in one embodiment, radial basis function networks may be utilized to perform mapping functions to map the position of reference catheter 29 to a fixed position relative to heart 10 or other elements of the body. A radial basis network function of the form:

$$y = f(x) \equiv \sum_{i=0}^I h_i \kappa \left(\frac{(x - c_i)}{w_i} \right)$$

(where κ is the Gaussian-shaped basis function) is employed in this embodiment.

[0044] Using these formulations, undesirable motion artifacts may be minimized by mapping the position of a fixed catheter or catheters to a fixed position. The location of all the catheters being tracked (both stationary and non-stationary) are processed with the computed mapping transformation, thus stabilizing the model reference frame. Although these transformations may require computation at each time point, modern computer hardware is sufficient to realize the computational load, which may be reduced by sampling fewer reference nodes on reference catheter 29. The computational load may also be reduced by reducing the frequency at which the mapping function is computed. The previously computed mapping function may be used if the catheter electrodes have not moved significantly from their previous location.

[0045] It should be noted that the mapping methods and functions described herein are illustrative, and are not intended to limit the scope of the present invention. Rather, any method of function regression which may be used to determine a mapping function from a set of samples is disclosed by the present invention.

[0046] FIG. 3 illustrates an exemplary illustration of the mapping of catheter 13, as illustrated in actual position with heart 10, to static position, referenced as 13', when employing the thin splines algorithm described herein. Static position 13' may, for example, be displayed on display 23 of computer system 20. Further, static position 13' may include static positions of each electrode present on catheter 13. The static position of each electrode is referenced as the reference number of each electrode primed. When the mapping technique, as described herein, is applied to catheter 13, static position 13' results,

allowing a physician to see the location of catheter 13 without the effect of the motion artifacts.

[0047] Although embodiments of the invention have been described above with a certain degree of particularity, those skilled in the art could make numerous alterations to the disclosed embodiments without departing from the scope of the invention. For example, a feature of the invention is the definition of reference catheter 10 to occupy a known location. Although the coronary sinus is disclosed as a location, other locations may also be suitable. A high right atrium catheter and a right ventricle lead could replace or supplement electrode points in the coronary sinus and provide reference points which span more of the volume and dimensions of the heart.

[0048] All directional references (e.g., upper, lower, upward, downward, left, right, leftward, rightward, top, bottom, above, below, vertical, horizontal, clockwise and counterclockwise) are only used for identification purposes to aid the reader's understanding of the present invention, and do not create limitations, particularly as to the position, orientation or use of the invention. Joinder references (e.g., attached, coupled, connected and the like) are to be construed broadly and may include intermediate members between a connection of elements and relative movement between elements. As such, joinder references do not necessarily infer that two elements are directly connected and in fixed relation to each other. It is intended that all matter contained in the above description or shown in the accompanying drawings shall be interpreted as illustrative only and not limiting. Changes in detail or structure may be made without departing from the scope of the invention as defined in the appended claims.

Claims

1. An apparatus for mapping a location of a point within a body, the apparatus comprising
a reference catheter (29) placed in the body and provided with a positional reference node (31) and a plurality of secondary reference nodes (60, 62, 64) along its length, said positional reference node (31) and said plurality of secondary reference nodes (60, 62, 64) being one of electrodes and magnetic-based nodes; a measuring catheter (13) provided with a plurality of measuring nodes (17, 52, 54, 56); a computer system (20) configured to receive inputs of the nodes of both the reference catheter (29) and of the measuring catheter (13);
wherein the computer system (20) is configured to:

determine the position of the positional reference node (31) within the body,
locate the plurality of secondary reference nodes (60, 62, 64) relative to the positional reference node (31);
define a mapping function from raw unstabilized

- coordinates to stabilized coordinates so as to eliminate motion artefacts by finding a transformation that takes current positions of each of the plurality of measuring nodes (17, 52, 54, 56) on the measuring catheter (13) in the body and compares them with a set of constant positions set by the determined positions of the positional reference node (31) and the locations of the plurality of secondary reference nodes (60, 62, 64) as set forth by the reference catheter (29); interpolate a location of a point within the body through the mapping function by using the inputs from the multiple reference nodes (31, 60, 62, 64) of the reference catheter (29) and from the measuring catheter (13), wherein the interpolation comprises aligning the measuring catheter (13) relative to at least one of the secondary reference nodes (60, 62, 64) and the positional reference node (31).
2. The apparatus of claim 1, wherein the reference nodes (31, 60, 62, 64) are aligned on a single catheter (29).
 3. The apparatus of claim 1, wherein the reference nodes (31, 60, 62, 64) are aligned on separate catheters.
 4. The apparatus of any one of the preceding claims, wherein the mapping comprises measuring the voltage at a point in a potential gradient between a pair of electrodes.
 5. The apparatus of claim 4, wherein the position of both the positional reference node (31) and secondary reference nodes (60, 62, 64) are determined through measuring at least one potential gradient passing through the body.
 6. The apparatus of claim 2 or 3, wherein the mapping is determined through magnetic means.
 7. The apparatus of claim 2 or 3, wherein the mapping is determined through ultrasound means.
 8. The apparatus of claim 2 or 3, wherein the mapping is determined through electrical impedance means.
 9. The apparatus of any one of the preceding claims, wherein a thin plate splines algorithm is used to perform the interpolation.
 10. The apparatus of any one of claims 1 to 8, wherein a radial basis function network is used to perform the interpolation.
 11. A medical navigational or mapping system (5) comprising an apparatus according of any one of claims

1 to 10.

Patentansprüche

1. Vorrichtung zum Abbilden eines Orts eines Punkts innerhalb eines Körpers, wobei die Vorrichtung aufweist:

einen Referenzkatheter (29), der in dem Körper platziert und mit einem Positionsreferenzknoten (31) und einer Mehrzahl von sekundären Referenzknoten (60, 62, 64) entlang dessen Länge versehen ist, wobei der Positionsreferenzknoten (31) und die Mehrzahl von sekundären Referenzknoten (60, 62, 64) Elektroden oder magnetbasierte Knoten sind;
einen Messkatheter (13), der mit einer Mehrzahl von Messknoten (17, 52, 54, 56) versehen ist;
ein Computersystem (20), das konfiguriert ist zum Empfangen von Eingaben der Knoten von beiden, dem Referenzkatheter (29) und dem Messkatheter (13);
wobei das Computersystem (20) konfiguriert ist zum:

Bestimmen der Position des Positionsreferenzknotens (31) innerhalb des Körpers,
Lokalisieren der Mehrzahl von sekundären Referenzknoten (60, 62, 64) relativ zu dem Positionsreferenzknoten (31);
Definieren einer Abbildungsfunktion von unbearbeiteten, instabilen Koordinaten zu stabilisieren Koordinaten, um so Bewegungsartefakte zu eliminieren, indem eine Transformation gefunden wird, die gegenwärtige Positionen von jedem der Mehrzahl von Messknoten (17, 52, 54, 56) auf dem Messkatheter (13) in dem Körper nimmt und diese mit einem Satz von konstanten Positionen vergleicht, die festgelegt sind durch bestimmte Positionen des Positionsreferenzknotens (31) und die Orte der Mehrzahl von sekundären Referenzknoten (60, 62, 64) wie durch den Referenzkatheter (29) festgelegt;
Interpolieren eines Orts eines Punkts innerhalb des Körpers durch die Abbildungsfunktion, indem die Eingaben von den mehreren Referenzknoten (31, 60, 62, 64) des Referenzkatheters (29) und von dem Messkatheter (13) verwendet werden, wobei die Interpolation eine Ausrichtung des Messkatheters (13) aufweist relativ zu mindestens einem der sekundären Referenzknoten (60, 62, 64) und dem Positionsreferenzknoten (31).

2. Vorrichtung nach Anspruch 1, bei der die Referenzknoten (31, 60, 62, 64) auf einem einzelnen Katheter (29) ausgerichtet sind.
3. Vorrichtung nach Anspruch 1, bei der die Referenzknoten (31, 60, 62, 64) auf separaten Kathetern ausgerichtet sind. 5
4. Vorrichtung nach einem der vorangegangenen Ansprüche, bei der das Abbilden ein Messen der Spannung an einem Punkt in einem Potentialgradienten zwischen einem Paar von Elektroden aufweist. 10
5. Vorrichtung nach Anspruch 4, bei der die Position des Positionsreferenzknotens (31) und der sekundären Referenzknoten (60, 62, 64) bestimmt wird durch Messen von mindestens einem Potentialgradienten, der durch den Körper verläuft. 15
6. Vorrichtung nach Anspruch 2 oder 3, bei der das Abbilden durch ein Magnetmittel bestimmt wird. 20
7. Vorrichtung nach Anspruch 2 oder 3, bei der das Abbilden durch ein Ultraschallmittel bestimmt wird. 25
8. Vorrichtung nach Anspruch 2 oder 3, bei der das Abbilden durch ein elektrisches Impedanzmittel bestimmt wird.
9. Vorrichtung nach einem der vorangegangenen Ansprüche, bei der ein Thin-Plate-Spline-Algorithmus verwendet wird zur Durchführung der Interpolation. 30
10. Vorrichtung nach einem der Ansprüche 1 bis 8, bei der ein radialbasiertes Funktionsnetzwerk verwendet wird zur Durchführung der Interpolation. 35
11. Medizinisches Navigations- oder Abbildungssystem (5) mit einer Vorrichtung nach einem der Ansprüche 1 bis 10. 40

Revendications

1. Appareil pour mapper une localisation d'un point au sein d'un corps, l'appareil comprenant un cathéter de référence (29) placé dans le corps et pourvu d'un noeud de référence de position (31) et d'une pluralité de noeuds de référence secondaires (60, 62, 64) suivant sa longueur, ledit noeud de référence de position (31) et ladite pluralité de noeuds de référence secondaires (60, 62, 64) étant l'un d'électrodes et de noeuds magnétiques ; un cathéter de mesure (13) pourvu d'une pluralité de noeuds de mesure (17, 52, 54, 56) ; un système d'ordinateur (20) configuré pour recevoir des entrées des noeuds à la fois du cathéter de référence (29) et du cathéter de mesure (13) ; 45 50 55

dans lequel le système d'ordinateur (20) est configuré pour:

déterminer la position du noeud de référence de position (31) au sein du corps, localiser la pluralité de noeuds de référence secondaires (60, 62, 64) par rapport au noeud de référence de position (31) ; définir une fonction de mappage de coordonnées non stabilisées brutes en coordonnées stabilisées de façon à éliminer des artefacts de mouvement en découvrant une transformation qui prend des positions actuelles de chacun de la pluralité de noeuds de mesure (17, 52, 54, 56) sur le cathéter de mesure (13) dans le corps et les compare à un ensemble de positions constantes établi par les positions déterminées du noeud de référence de position (31) et les localisations de la pluralité de noeuds de référence secondaires (60, 62, 64) indiquées par le cathéter de référence (29) ; interpoler une localisation d'un point au sein du corps par la fonction de mappage en utilisant des entrées provenant des multiples noeuds de référence (31, 60, 62, 64) du cathéter de référence (29) et provenant du cathéter de mesure (13), dans lequel l'interpolation comprend l'alignement du cathéter de mesure (13) par rapport à au moins l'un des noeuds de référence secondaires (60, 62, 64) et du noeud de référence de position (31).

2. Appareil selon la revendication 1, dans lequel les noeuds de référence (31, 60, 62, 64) sont alignés sur un seul cathéter (29).
3. Appareil selon la revendication 1, dans lequel les noeuds de référence (31, 60, 62, 64) sont alignés sur des cathéters séparés.
4. Appareil selon l'une quelconque des revendications précédentes, dans lequel le mappage comprend la mesure de la tension en un point dans un gradient de potentiel entre une paire d'électrodes.
5. Appareil selon la revendication 4, dans lequel la position à la fois du noeud de référence de position (31) et des noeuds de référence secondaires (60, 62, 64) est déterminée par la mesure d'au moins un gradient de potentiel passant à travers le corps.
6. Appareil selon la revendication 2 ou 3, dans lequel le mappage est déterminé par un moyen magnétique.
7. Appareil selon la revendication 2 ou 3, dans lequel le mappage est déterminé par un moyen d'ultrason.

8. Appareil selon la revendication 2 ou 3, dans lequel le mappage est déterminé par un moyen d'impédance électrique.
9. Appareil selon l'une quelconque des revendications précédentes, dans lequel un algorithme de splines en plaque mince est utilisé pour réaliser l'interpolation. 5
10. Appareil selon l'une quelconque des revendications 1 à 8, dans lequel un réseau de fonction de base radiale est utilisé pour réaliser l'interpolation. 10
11. Système de mappage ou de navigation médical (5) comprenant un appareil selon l'une quelconque des revendications 1 à 10. 15

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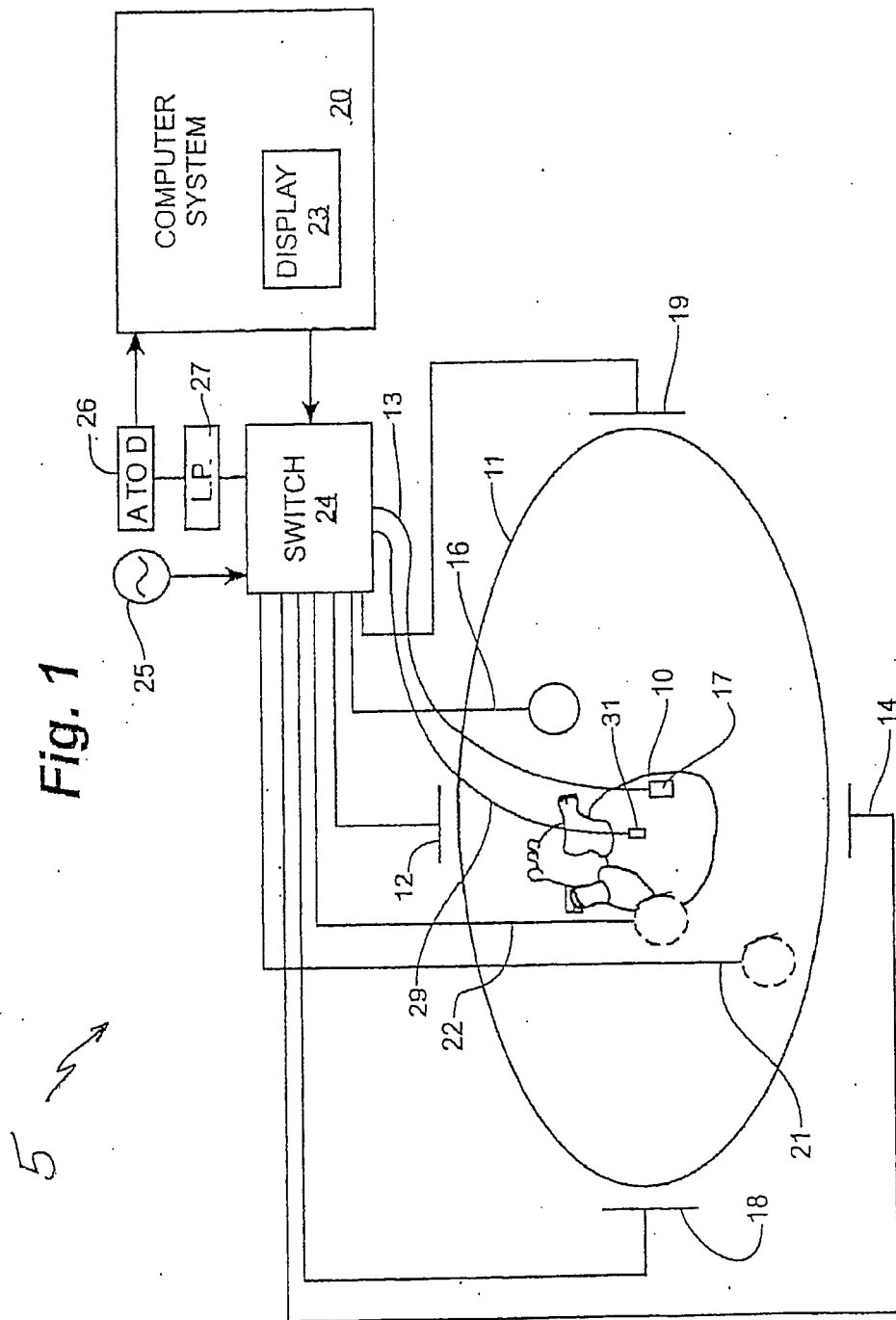
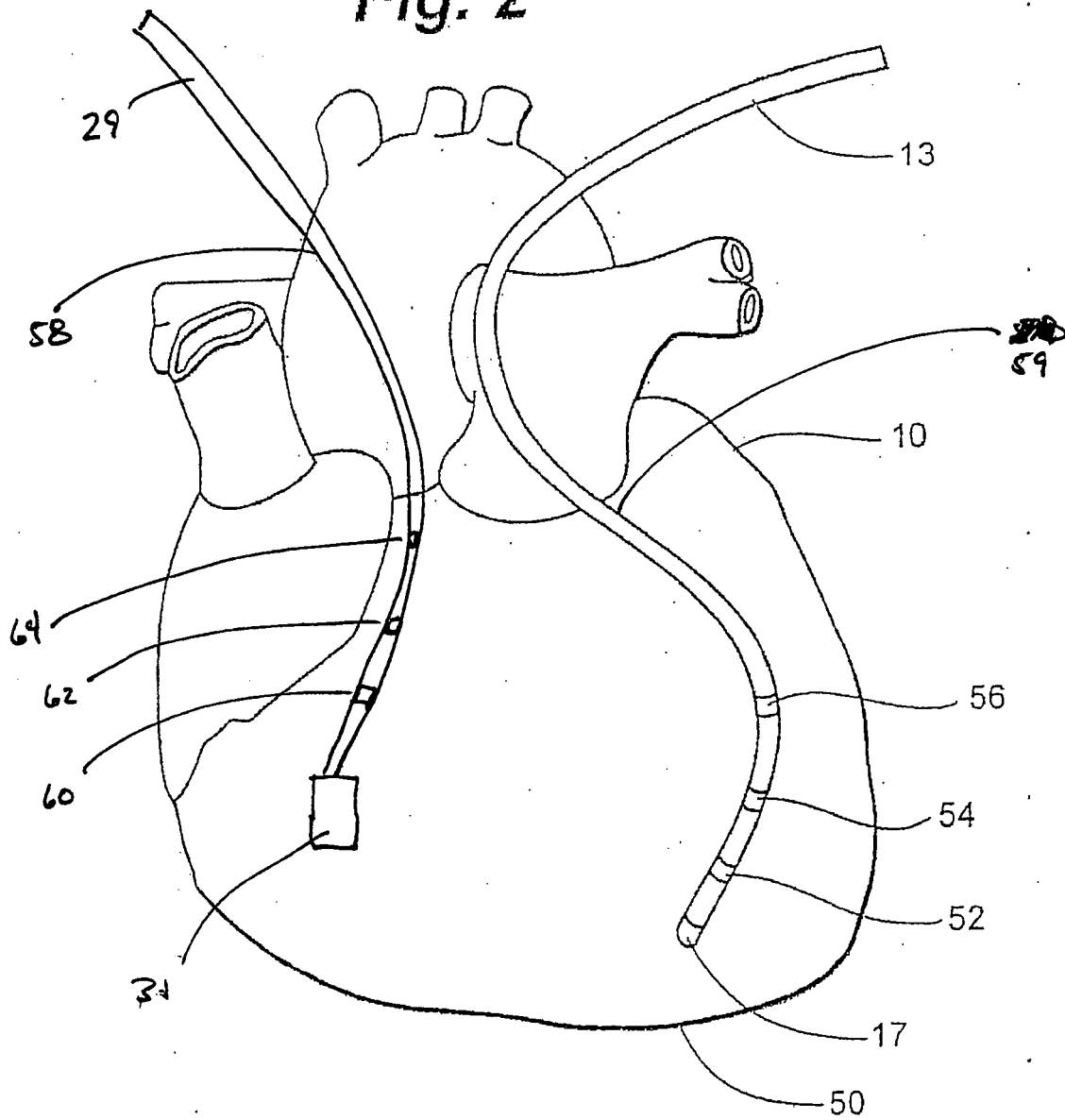


Fig. 2



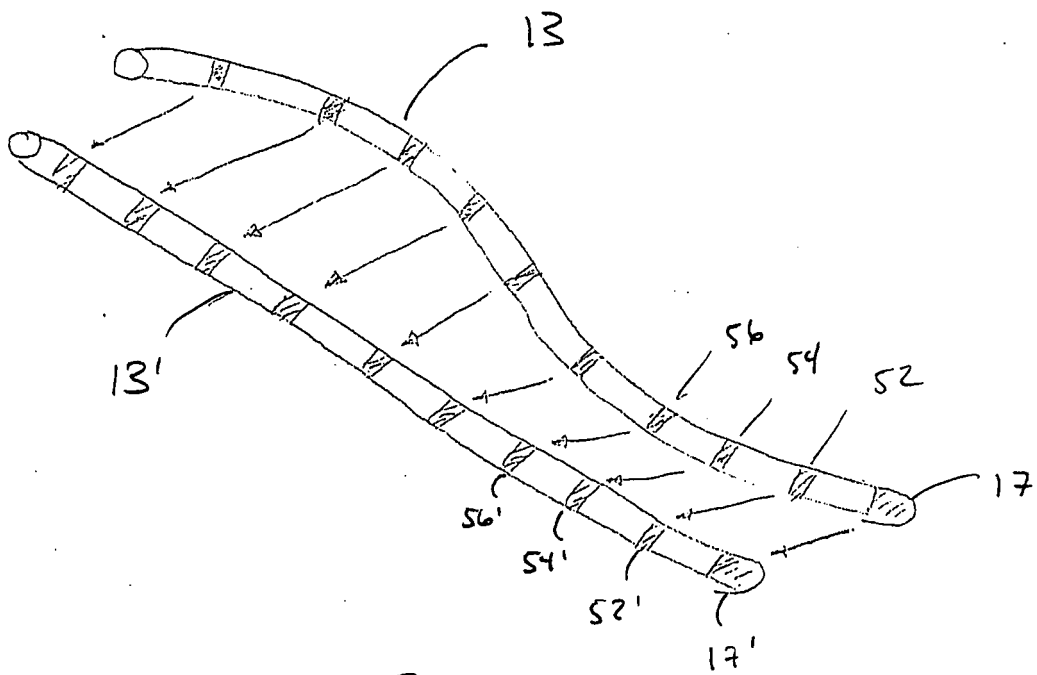


Fig. 3

REFERENCES CITED IN THE DESCRIPTION

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Patent documents cited in the description

- US 5297549 A [0003]
- US 5311866 A [0004]
- US 5553611 A [0005]
- US 5662108 A [0006]
- US 5697377 A [0007]
- US 5983126 A [0007]
- US 6049622 A [0008]
- US 6240307 B [0009]
- US 6603996 B [0009]
- US 6647617 B [0009]
- US 6826420 B [0009]
- US 6826421 B [0009]
- US 6640119 B [0009]
- US 6728562 B [0009]
- US 6990370 B [0009]
- US 6556695 B [0010]
- US 5713946 A [0015]
- WO 0007501 A [0016]
- US 20080221425 A1 [0017]
- US 7263397 B [0027]

专利名称(译)	用于消除医学介入导航中的运动伪影的装置		
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优先权	12/347167 2008-12-31 US		
其他公开文献	EP2204121A1		
外部链接	Espacenet		

摘要(译)

公开了一种用于映射主体（11）内的点的位置的方法和设备。确定多个参考节点（31,60,62,64），每个参考节点在第一元件（29）上对齐。参考多个参考节点映射第二元素（17）以确定第二元素上的点的相对位置。

