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(54) **MEDICAL COMMUNICATION HUB AND ASSOCIATED METHODS**

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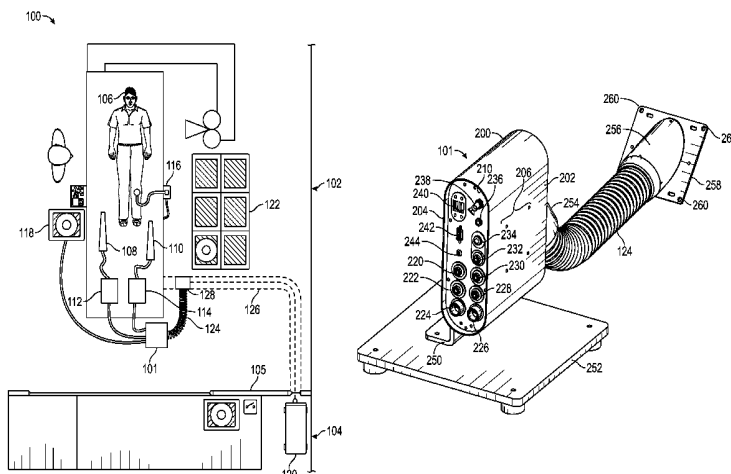
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*Primary Examiner* — Emily C Terrell

(57) **ABSTRACT**

A powered medical communication hub including a housing and a rear interface assembly. The rear interface assembly includes a first data link configured to transmit first medical data to a processing system and a power link configured to receive a first amount of power. The hub also includes a power distribution module disposed within the housing, electrically coupled to the power link, and configured to convert the first amount of power into a plurality of power levels, and a forward interface assembly including a first connector communicatively coupled to the first data link and electrically coupled to the power distribution module, the first connector being configured to provide a first medical sensing device coupled thereto with a second amount of power equal to one of the plurality of power levels and

(Continued)



receive the first medical data from the first medical sensing device.

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*G08C 19/16* (2006.01)

*G06F 19/00* (2018.01)

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USPC ..... 340/870.01, 539.12, 693.1

See application file for complete search history.

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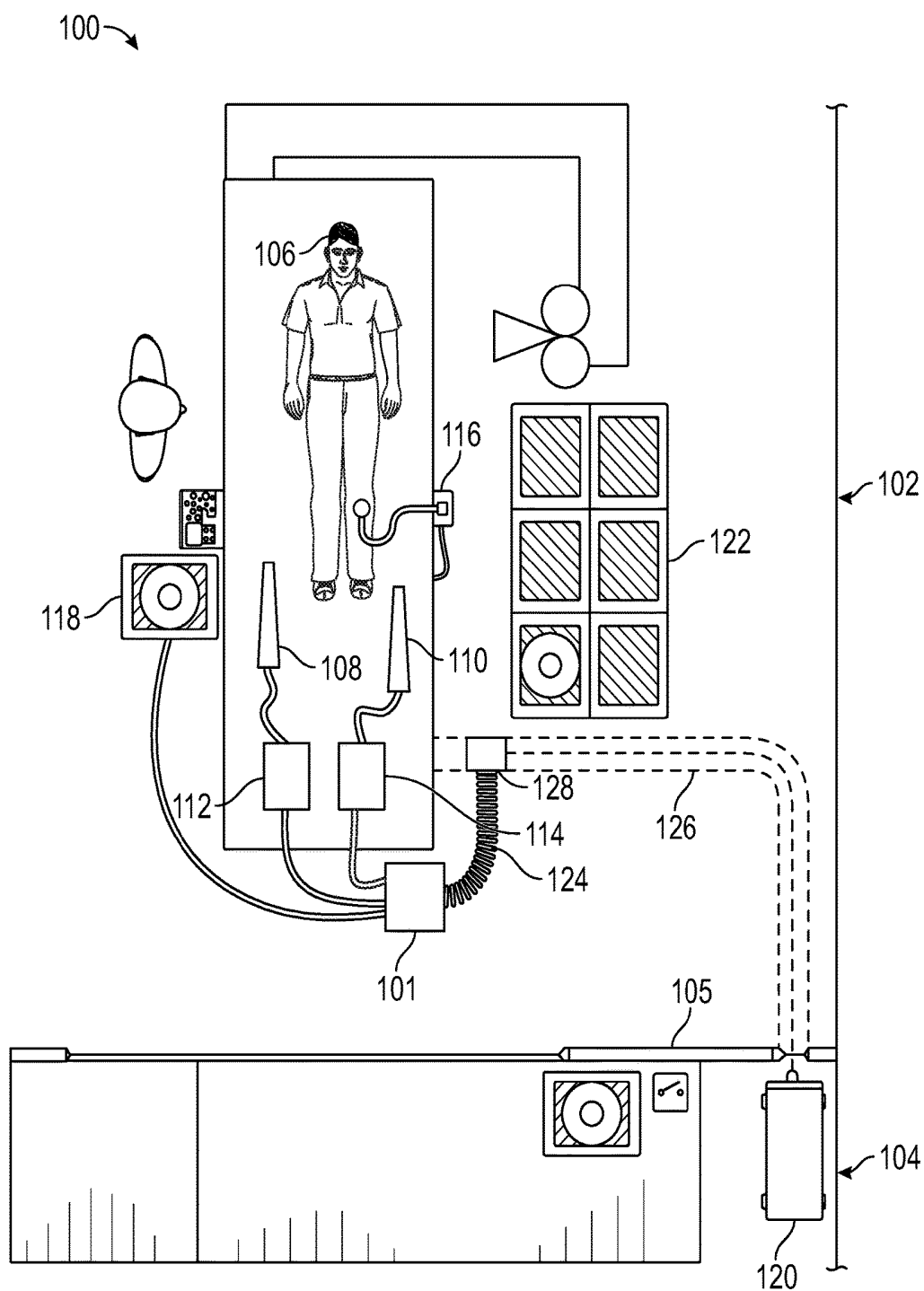


FIG. 1

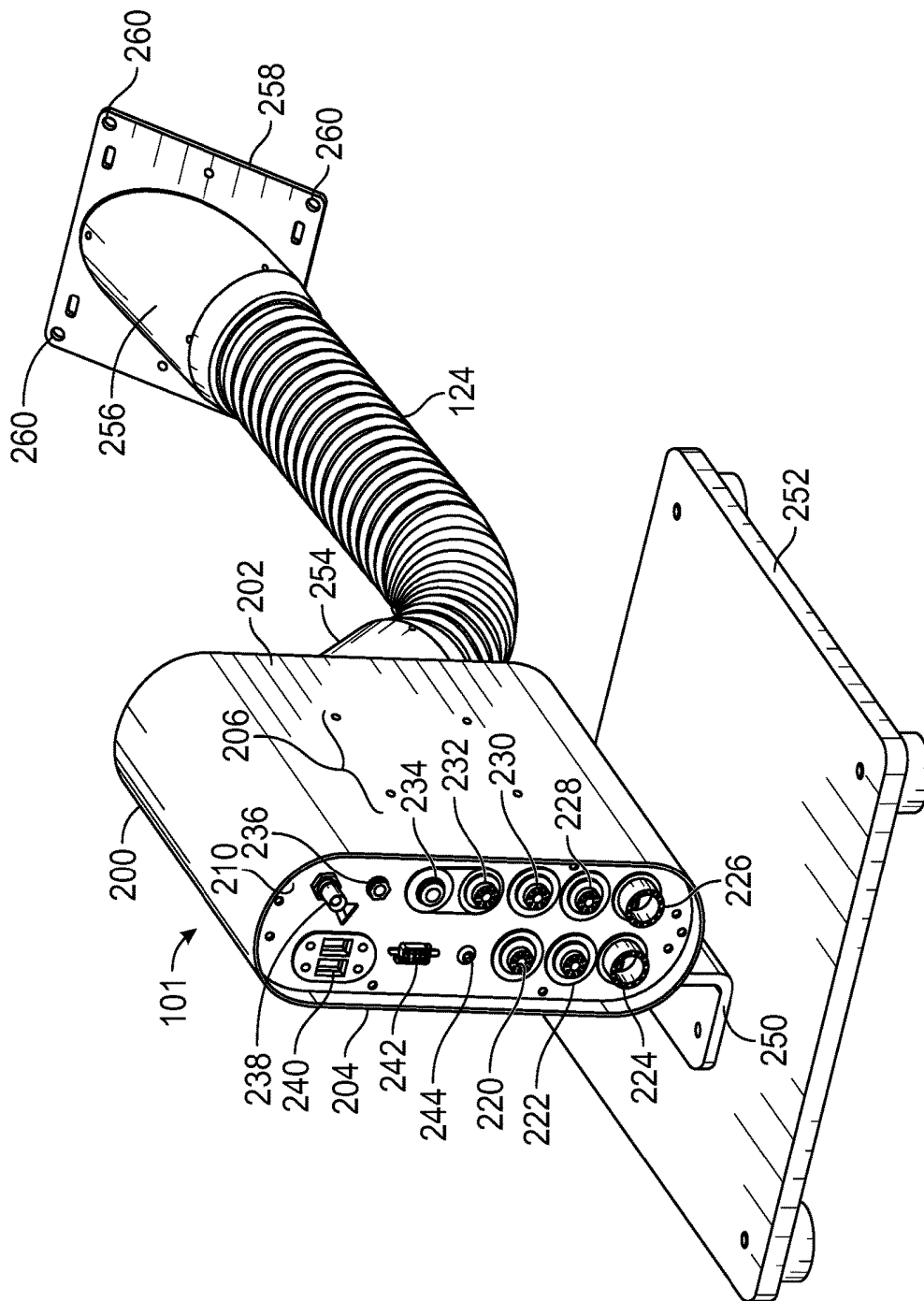


FIG. 2A

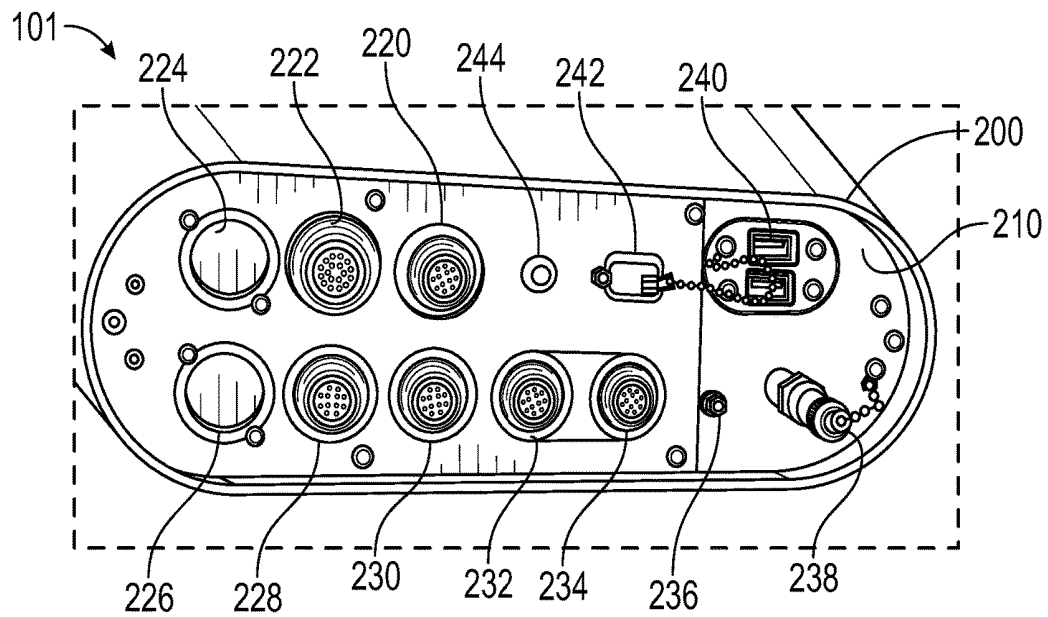


FIG. 2B

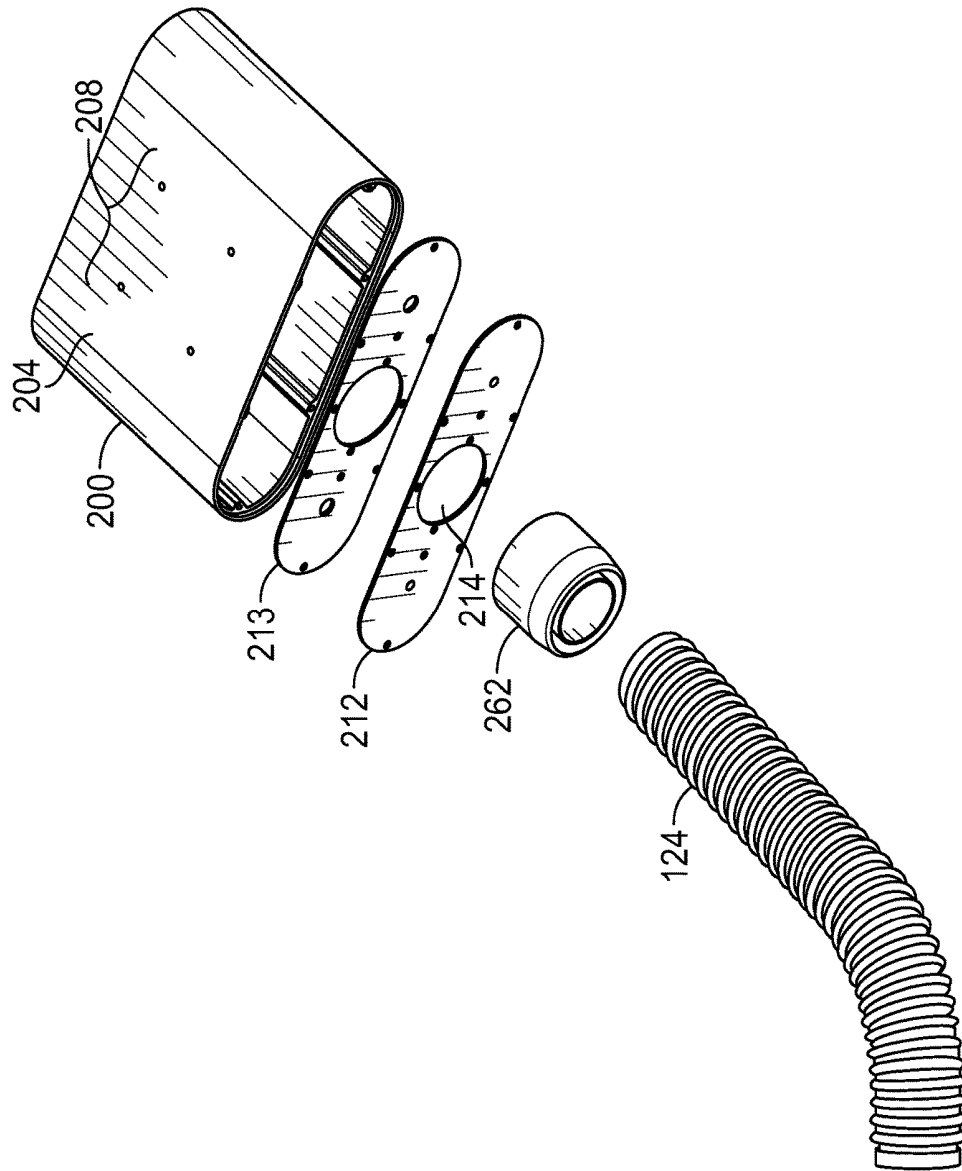


FIG. 3

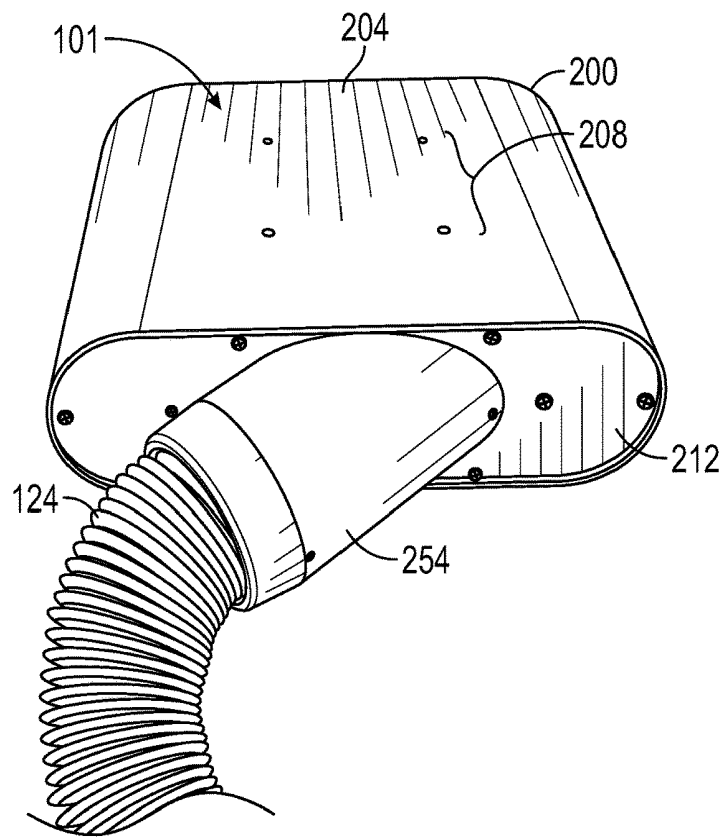


FIG. 4

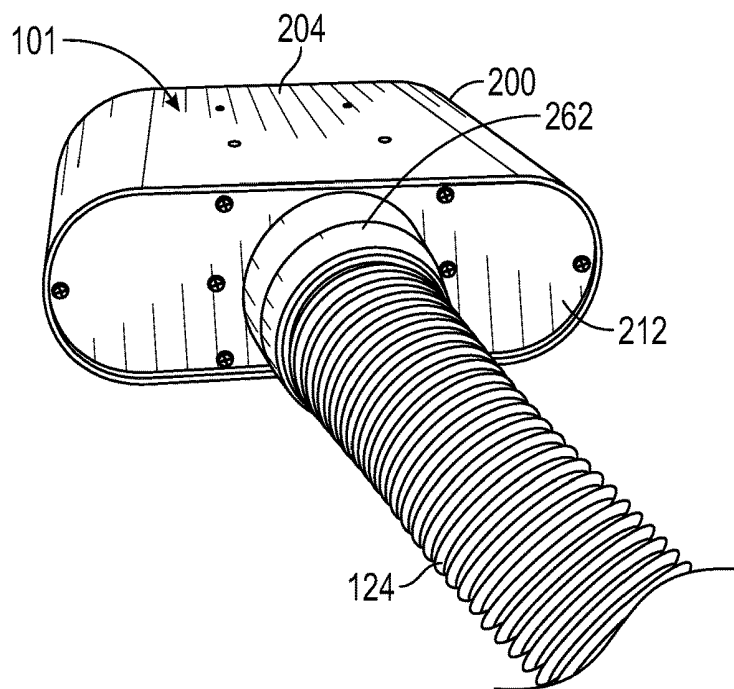


FIG. 5

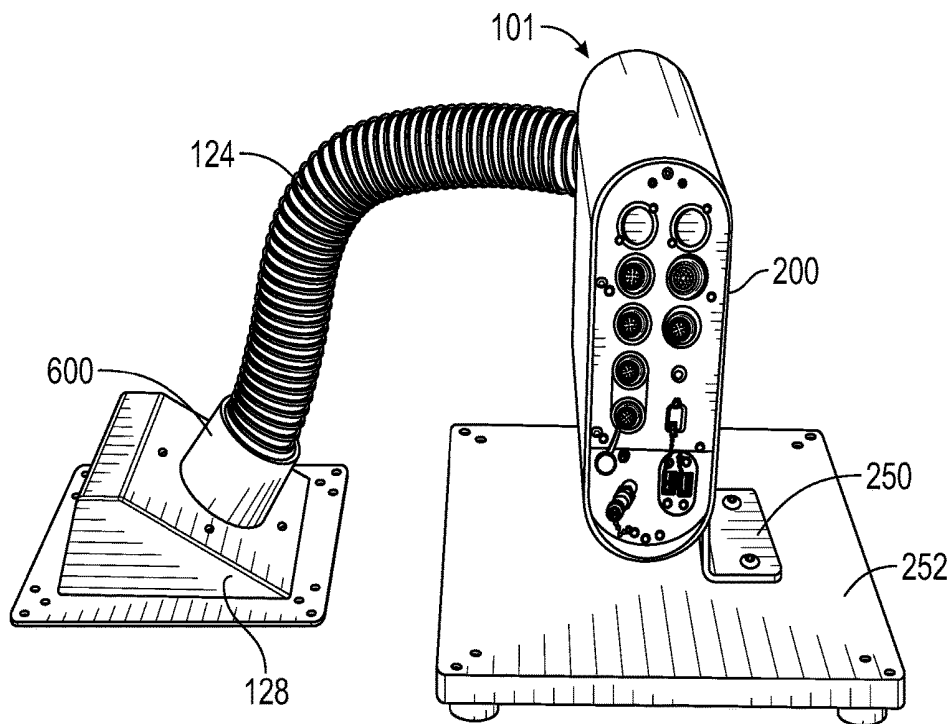


FIG. 6

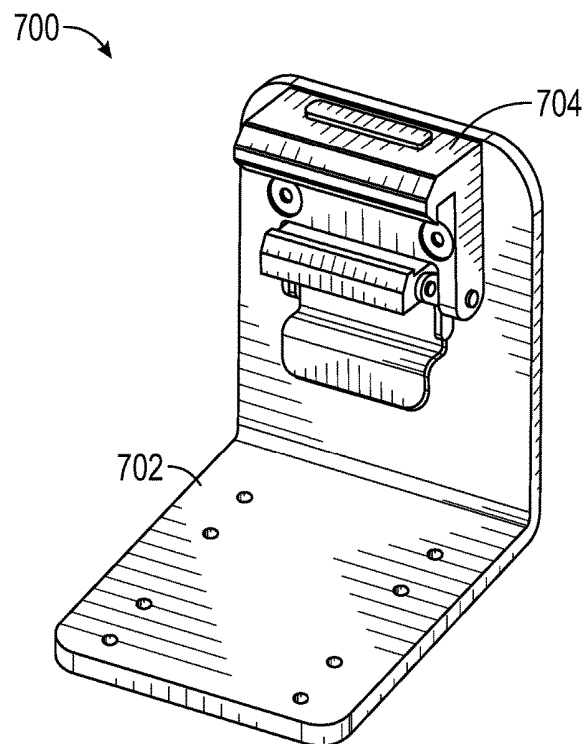


FIG. 7



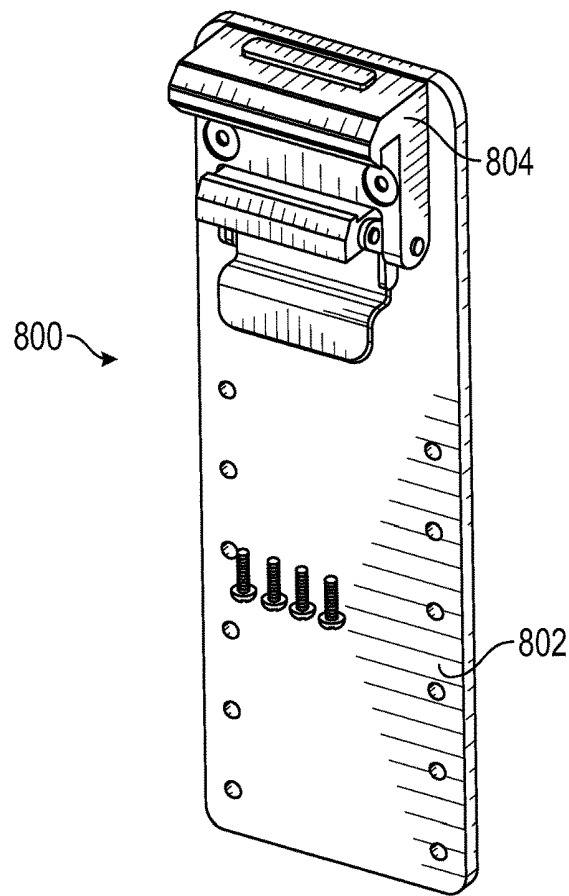


FIG. 8

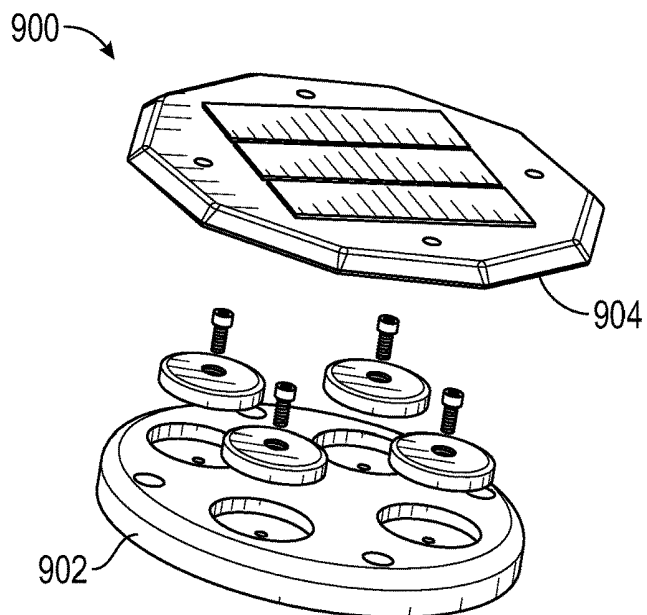


FIG. 9

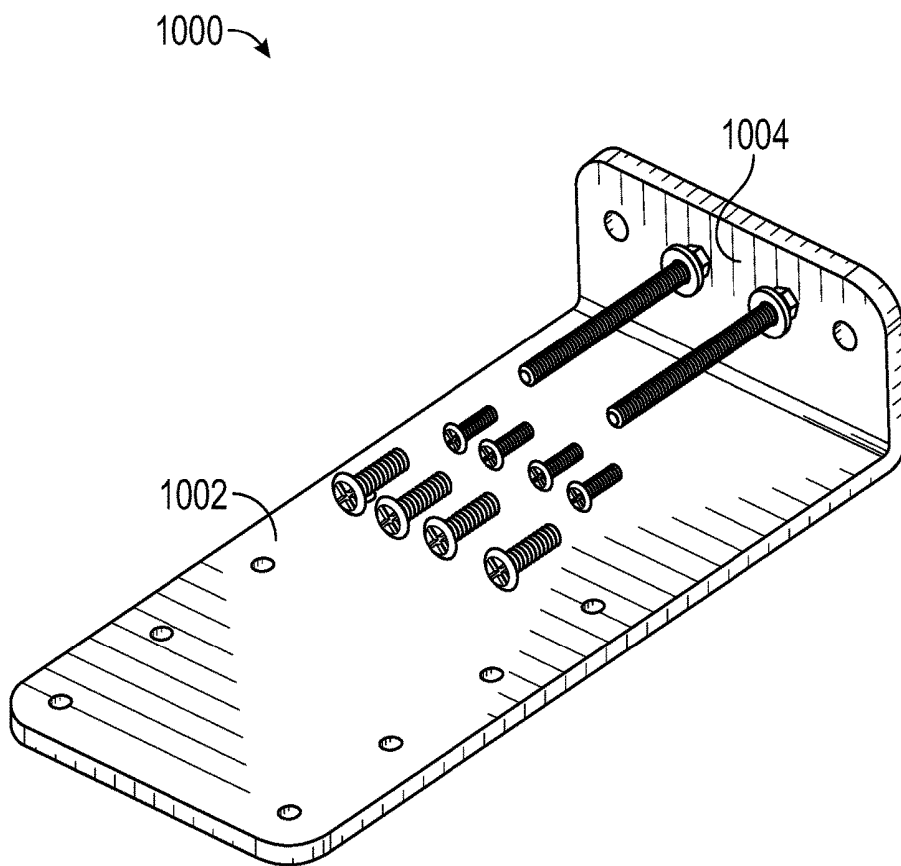


FIG. 10

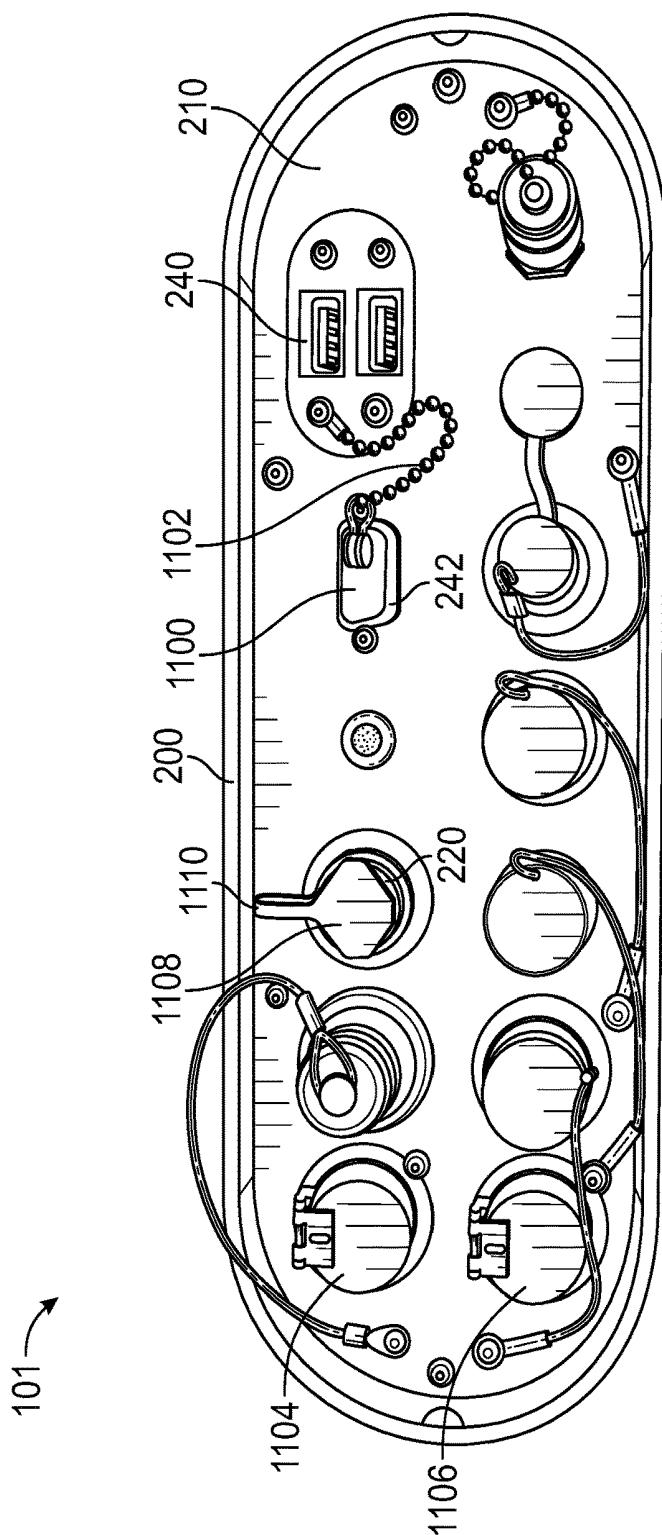


FIG. 11A

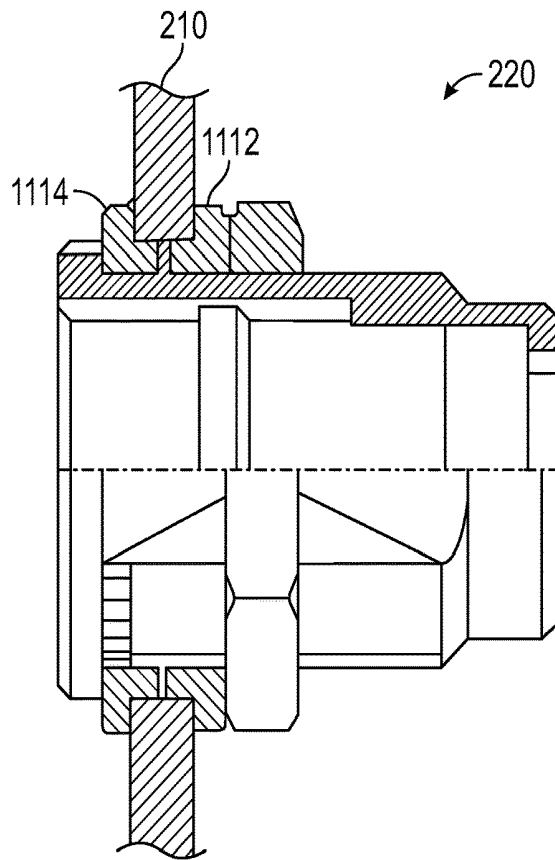


FIG. 11B

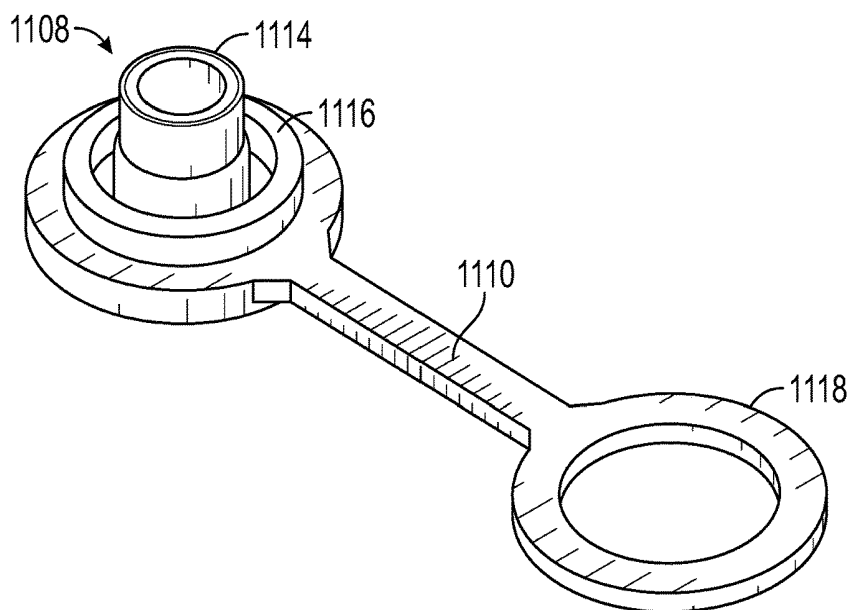


FIG. 11C

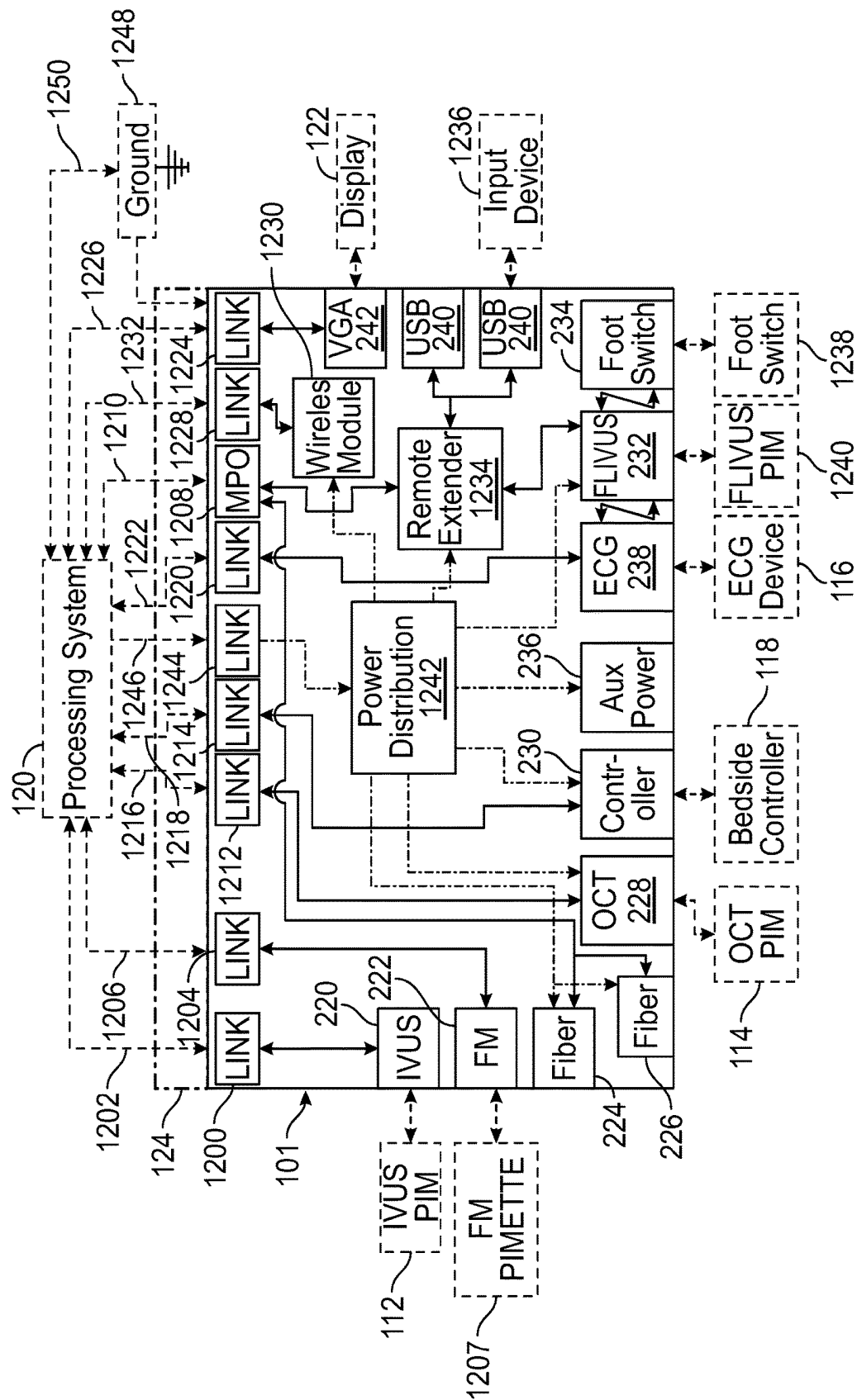


FIG. 12

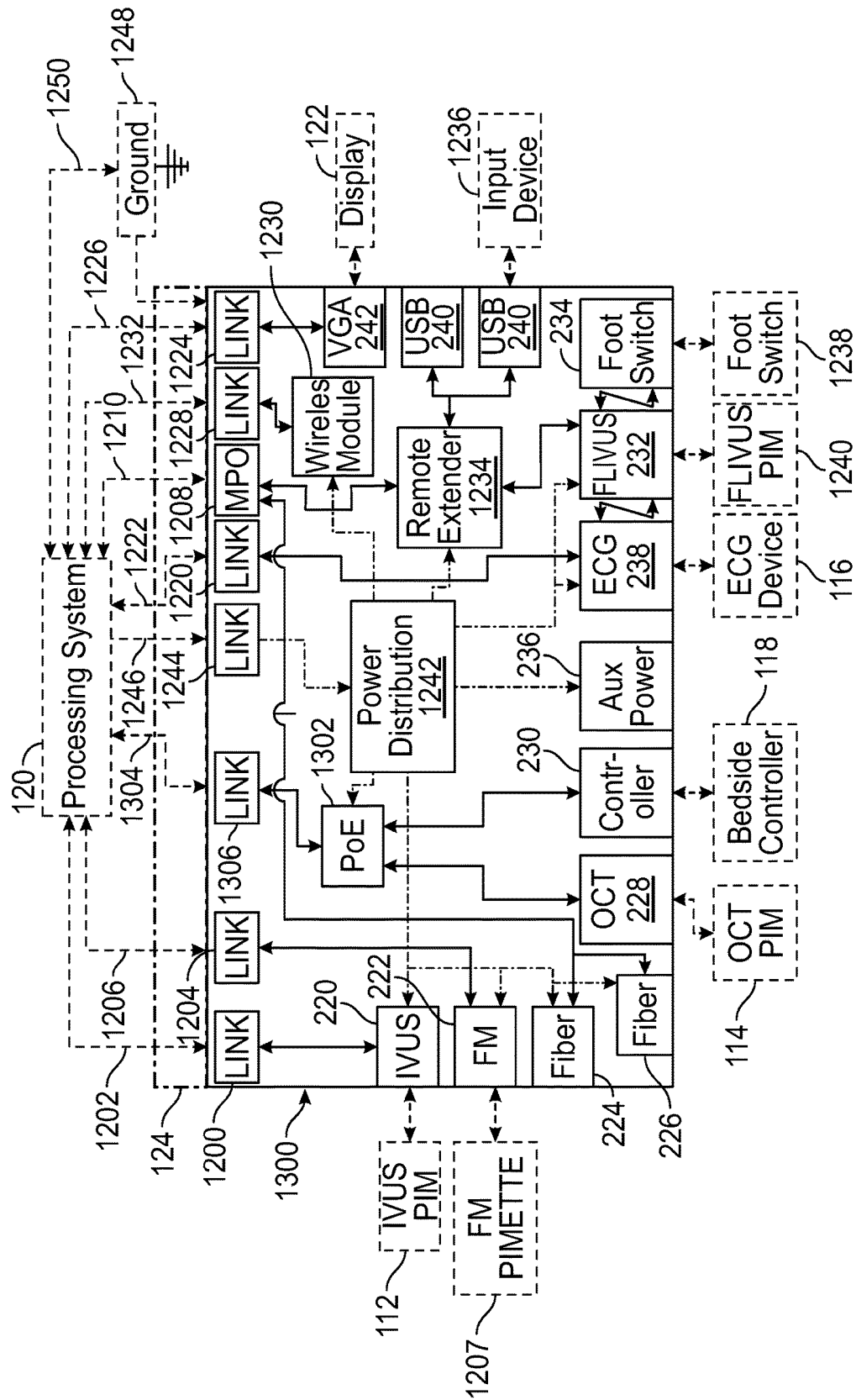


FIG. 13

# MEDICAL COMMUNICATION HUB AND ASSOCIATED METHODS

## CROSS-REFERENCE TO RELATED APPLICATIONS

The present application is a U.S. national stage application Patent Cooperation Treaty Application No. PCT/US2012/052241, filed Aug. 24, 2012, which claims priority to and the benefit of U.S. Provisional Patent Application No. 61/526,990, filed Aug. 24, 2011, each of which is hereby incorporated by reference in its entirety.

## TECHNICAL FIELD

Embodiments of the present disclosure relate generally to the field of medical devices and, more particularly, to a medical communication system and associated methods of use.

## BACKGROUND

Innovations in diagnosing and verifying the level of success of treatment of disease have migrated from solely using external imaging processes to now including internal diagnostic processes as well. In particular, diagnostic equipment and processes have been developed for diagnosing vasculature blockages and other vasculature disease by means of ultra-miniature sensors placed upon the distal end of a flexible elongate member such as a catheter, or a guide wire used for catheterization procedures. For example, known medical sensing techniques include angiography, intravascular ultrasound (IVUS), forward looking IVUS (FL-IVUS), fractional flow reserve (FFR) determination, a coronary flow reserve (CFR) determination, optical coherence tomography (OCT), trans-esophageal echocardiography, and image-guided therapy. Each of these techniques may be better suited for different diagnostic situations. To increase the chance of successful treatment, health care facilities may have a multitude of imaging and sensing modalities on hand in a catheter lab during a procedure. However, each imaging modality in a catheter lab traditionally requires its own special-purpose diagnostic equipment. For instance, an imaging modality may require a catheter, a patient interface module (PIM), a user control interface, a display, a specialized power unit, and a processing unit such as a customized personal computer. Traditionally, all of this equipment is located in the catheter room itself during a procedure and depends on a substantial wiring infrastructure for data transport and dependable power. Physical space is typically at a premium in catheter labs and each additional imaging modality employed in a catheter lab complicates the pre-procedure setup and limits the movement of health care professionals during procedures. For example, typically, each additional imaging modality may require its own communication cable and its own power cable. These cable assemblies are often coiled under patient tables and are prone to being damaged from either being stepped on by personnel or equipment rolling over them. Cleaning the cables after a procedure is also very time consuming and difficult.

While the existing devices and methods have been generally adequate for their intended purposes, they have not been entirely satisfactory in all respects. The medical sensing systems and associated methods of the present disclosure overcome one or more of the shortcomings of the prior art.

## SUMMARY

In one exemplary aspect, the present disclosure is directed to a powered medical communication hub. The hub includes a housing and a rear interface assembly disposed at a distal end of the housing. The rear interface assembly includes a first data link configured to transmit first medical data associated with a first modality to a processing system and a power link configured to receive a first amount of power. The hub also includes a power distribution module disposed within the housing, electrically coupled to the power link, and configured to convert the first amount of power into a plurality of power levels, and a forward interface assembly disposed at a proximal end of the housing, the forward interface assembly including a first connector communicatively coupled to the first data link and electrically coupled to the power distribution module, the first connector being configured to provide a first medical sensing device coupled thereto with a second amount of power equal to one of the plurality of power levels and receive the first medical data from the first medical sensing device.

In some instances, the housing may be fluid resistant and an interface between the rear interface assembly and the housing and an interface between the front interface assembly and the housing may be fluid resistant. Also, in some instances, the second amount of power may be different than the first amount of power. Additionally, in some instances, the front interface assembly may include a second connector electrically coupled to the power distribution module, the second connector being configured to provide a second medical sensing device coupled thereto with a third amount of power equal to one of the plurality of power levels and receive second medical data associated with a second modality different from the first modality from the second medical sensing device.

In another exemplary aspect, the present disclosure is directed to a medical communication system including a powered medical communication hub having a mounting portion thereon. The hub includes a plurality of connectors, each connector in the plurality of connectors being configured to receive medical data associated with a different medical sensing modality and to provide power to a medical sensing device coupled thereto and a rear interface assembly configured to receive a plurality of cables, the cables communicatively and electrically coupling the hub to a processing system. The system also includes mounting means releasably coupled to the mounting portion of the powered medical communication hub, the mounting means being configured to mount the powered medical communication hub within a medical environment and a cable protection assembly releasably coupled to the rear interface assembly of the powered medical communication hub, the plurality of cables extending through the cable protection assembly.

In some instances, the cable protection assembly may include an elongate and flexible housing enclosing the cables therein. Also, in other instances, the mounting means may include a rail clamp configured to releasably couple to a rail in a medical environment.

In yet another exemplary aspect, the present disclosure is directed to a method of collecting medical sensing data including receiving, at a powered medical communication hub, a first amount of power from a power source, converting, with a power distribution module in the powered medical communication hub, the first amount of power into a plurality of power levels, providing, with the powered medical communication hub, a second amount of power equal to one of the plurality of power levels to a first medical

sensing device, receiving, at the powered medical communication hub, first medical data associated with a first modality from the first medical sensing device, and transmitting, with the powered medical communication hub, the first medical data to a processing system.

In some instances, the method of collecting medical sensing data may include providing, with the powered medical communication hub, a third amount of power equal to one of the plurality of power levels to a second medical sensing device, receiving, at the powered medical communication hub, second medical data associated with a second modality different from the first modality from the second medical sensing device, and transmitting, with the powered medical communication hub, the second medical data to the processing system.

### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic drawing depicting a medical sensing communication system including a powered medical communication hub according to one embodiment of the present disclosure.

FIG. 2A is a diagrammatic front perspective view of the powered medical communication hub of FIG. 1 installed in a catheter lab.

FIG. 2B is a diagrammatic front close-up view of the powered medical communication hub of FIG. 1.

FIG. 3 is a diagrammatic rear perspective exploded view of portions of the powered medical communication hub of FIG. 1.

FIG. 4 is a rear perspective view of a powered medical communication hub with an angled coupler attached thereto.

FIG. 5 is a rear perspective view of a powered medical communication hub with a straight coupler attached thereto.

FIG. 6 is a diagrammatic front perspective view of an aspect of a medical communication system installed in a medical environment.

FIG. 7 is a diagrammatic perspective view of a horizontal rail mount.

FIG. 8 is a diagrammatic perspective view of a vertical rail mount.

FIG. 9 is a diagrammatic perspective view of a magnetic mounting system.

FIG. 10 is a diagrammatic perspective view of an angled mounting bracket.

FIG. 11A is a front view of a powered medical communication hub in a fluid-resistant configuration.

FIG. 11B is a diagrammatic sectional side view of a connector on a front panel of the powered medical communication hub of FIG. 11A.

FIG. 11C is a diagrammatic perspective view of a protective cap according to various aspects of the present disclosure.

FIG. 12 is a functional block diagram of an embodiment of a powered medical communication hub.

FIG. 13 is a functional block diagram of a further embodiment of a powered medical communication hub.

### DETAILED DESCRIPTION

For the purposes of promoting an understanding of the principles of the present disclosure, reference will now be made to the embodiments illustrated in the drawings, and specific language will be used to describe the same. It will nevertheless be understood that no limitation of the scope of the disclosure is intended. Any alterations and further modifications in the described devices, instruments, methods, and

any further application of the principles of the disclosure as described herein are contemplated as would normally occur to one skilled in the art to which the disclosure relates. In particular, it is fully contemplated that the features, components, and/or steps described with respect to one embodiment may be combined with the features, components, and/or steps described with respect to other embodiments of the present disclosure.

FIG. 1 is a schematic drawing depicting a medical sensing communication system 100 including a powered medical communication hub 101. The medical sensing communication system 100 is a data collection solution for multiple modality medical sensing. Generally, in the system 100, the hub 101 is a central unit that connects to a plurality of medical sensing-related tools, distributes power to the plurality of tools, and facilitates communication between the tools and a processing workstation and/or data network. In one embodiment, the communication system 100 may be utilized to collect data from medical sensing devices and transmit it to computing resources, where it is processed and returned.

In the illustrated embodiment, the medical sensing communication system 100 is deployed in a catheter lab 102 having a separate control room 104 isolated by an intervening wall 105. In other embodiments, however, the medical sensing communication system 100 may be deployed in an operating room, diagnostic room, or other medical environment used to perform any number of patient procedures. The catheter lab 102 includes a sterile field but its associated control room 104 may or may not be sterile depending on the requirements of a procedure and/or health care facility. The catheter lab and control room may be used to perform on a patient any number of medical sensing procedures such as angiography, intravascular ultrasound (IVUS), virtual histology (VH), forward looking IVUS (FL-IVUS), intravascular photoacoustic (IVPA) imaging, a fractional flow reserve (FFR) determination, a coronary flow reserve (CFR) determination, optical coherence tomography (OCT), computed tomography, intracardiac echocardiography (ICE), forward-looking ICE (FLICE), intravascular palpography, transthoracic ultrasound, or any other medical sensing modalities known in the art. For example, in catheter lab 102 a patient 106 may be undergoing a multi-modality procedure, in which IVUS data will be collected with an IVUS catheter 108 and OCT data will be collected with an OCT catheter 110. The IVUS catheter 108 may include one or more sensors such as a phased-array transducer. In some embodiments, the IVUS catheter 108 may be capable of multi-modality sensing such as IVUS and IVPA sensing. The OCT catheter 110 may include one or more optical sensors.

The communication system 100 includes a number of interconnected medical sensing-related tools in the catheter lab 102 and control room 104 to facilitate this multi-modality workflow procedure, including an IVUS patient interface module (PIM) 112, an OCT PIM 114, an electrocardiogram (ECG) device 116, a bedside control surface 118, a processing system 120, and a boom display 122. The hub 101 in the catheter lab 102 consolidates the multitude of cables extending from these medical sensing-related tools and communicatively couples them to the processing system 120. That is, the hub 101 is an intermediary through which the tools in the catheter lab 102 connect to the processing system 120. In general, the hub 101 is coupled to the processing system 120 via a plurality of power and communication cables. To alleviate the problems associated with loose cabling in a crowded medical working environment,



the cables coupling the hub **101** to the processing system **120** extend through a protective hose **124** and a trench **126** in the floor of the catheter lab **102**. The cables enter the trench **126** through a trench entry port **128**. In this manner, the cables are aggregated and protected the entirety of the distance from the hub **101** to the processing system **120**. Of course, the cabling between the hub **101** and processing system **120** may be oriented in many other configurations depending on the specific catheter lab configuration. For instance, the cabling may extend through the protective hose **124** and enter a wall or a ceiling through a termination plate before travelling to the processing system. In the illustrated embodiment, the hub **101** is mounted on the floor near the patient **106** to reduce the amount of cabling located in high-traffic areas near the patient. In some instances, the hub **101** may be located in the sterile field surrounding the patient **106**. The hub **101** and its associated cabling and mounting solutions will be described in greater detail in association with FIGS. 2-12.

In the illustrated embodiment, the processing system **120** is a computer workstation with the hardware and software to acquire, process, and display multi-modality medical sensing data, but in other embodiments, the processing system **120** may be any other type of computing system operable to process medical data or assist in computer aided surgery (CAS). In the embodiments in which processing system **120** is a computer workstation, the system includes at least a processor such as a microcontroller or a dedicated central processing unit (CPU), a non-transitory computer-readable storage medium such as a hard drive, random access memory (RAM), and/or compact disk read only memory (CD-ROM), a video controller such as a graphics processing unit (GPU), and a network communication device such as an Ethernet controller. U.S. Patent Application No. 61/473,570, entitled "MULTI-MODALITY MEDICAL SENSING SYSTEM AND METHOD", discloses a computing resource capable of processing multi-modality medical sensing data and is hereby incorporated by reference in its entirety.

As mentioned above, the ECG device **116** is also communicatively coupled to hub **101** via a wired or wireless connection. The ECG device **116** is operable to transmit electrocardiogram signals from patient **106** to the hub **101**. In some embodiments, the hub **101** may be operable to synchronize data collection with the catheters **108** and **110** using the ECG signals from the ECG **116**.

The bedside control surface **118** is also communicatively coupled to the hub **101** and provides user control of the particular medical sensing modality (or modalities) being used to diagnose the patient **106**. In the current embodiment, the bedside control surface **118** is a touch screen that provides user controls and diagnostic images on a single surface. In alternative embodiments, however, the bedside control surface **118** may include both a non-interactive display and separate controls such as physical buttons and/or a joystick. In the illustrated embodiment, the bedside control surface **118** and hub **101** communicate over a wired connection such as a standard copper link but, alternatively, the control surface **118** and hub **101** may communicate wirelessly. The bedside control surface **118** includes an integrated processing unit to drive a graphical user interface (GUI)-based workflow presented on the touch screen. U.S. Patent Application No. 61/473,591, entitled "Distributed Medical Sensing System and Method" and filed on Apr. 8, 2011, discloses a bedside control surface that executes GUI-based workflows using a software framework and is hereby incorporated by reference in its entirety.

The system **100** further includes a boom display **122**. The boom display **122** may include one or more monitors capable of displaying information associated with a medical sensing procedure. In the illustrated embodiment, the boom display **122** is coupled to, powered, and driven by the hub **101**.

With reference now to FIGS. 2A, 2B, and 3, illustrated is an aspect of the medical sensing communication system **100**. Specifically, FIG. 2A is a diagrammatic front perspective view of the powered medical communication hub **101** of FIG. 1 installed in a medical environment such as catheter lab **102**, and FIG. 2B is a diagrammatic front close-up view of the hub **101**. FIG. 3 is a diagrammatic rear perspective exploded view of portions of the hub **101**. As mentioned above, the hub **101** is a intermediary through which the medical sensing-related tools receive power and communicate with processing system **120**. In one general aspect, the hub **101** is operable to provide power and instructions to medical sensing devices and transfer medical sensing data from connected medical sensing devices such as the IVUS PIM **112** and OCT PIM **114** to remote computing resources such as processing system **120** to be processed. Once processed, the medical sensing data may be returned to the hub **101**, where it is routed to the control surface **118** and boom display **122** to be displayed and analyzed by clinicians.

The hub **101** includes a cylinder-like housing **200**. In the illustrated embodiment, the housing **200** is constructed of an impact-resistant and fluid-resistant metal and has a height of approximately 3.5 inches, a width of approximately 10 inches, and a depth of approximately 8 inches. In alternative embodiments, the housing **200** may be constructed of a different suitable material and/or be of different dimensions. The housing **200** includes a bottom mounting surface **202** and a top mounting surface **204**, both of which are planar. The bottom mounting surface **202** includes a set of threaded mounting apertures **206** and the top mounting surface **204** includes a set of threaded mounting apertures **208**. As will be described in association with FIGS. 7-10, any number of mounting brackets may be releasably coupled to the housing **200** using either set of threaded mounting apertures **206** and **208**. In the illustrated embodiment, each set of mounting apertures is configured to conform to the Video Electronics Standards Association (VESA) MIS-D hole mount pattern. In alternative embodiments, the mounting apertures **206** and **208** may conform to a different standard or may conform to a proprietary pattern. Further, the mounting surfaces **202** and **204** may alternatively include different mounting solutions such as channels, slots, clips, or magnetic elements.

The hub **101** further includes a front interface panel **210** coupled to the front of the housing **200** and a rear interface panel **212** coupled to the rear of the housing **200**. Each of the interface panels **210** and **212** includes a complementary gasket **213** disposed on the side facing the housing **200** such that when they are secured to the housing **200** as shown in FIG. 2A they create a fluid-resistant seal. The gaskets **213** may be formed of rubber, silicone, or other sealing material. In one embodiment, the hub **101** may have a rating of IPX4 against fluid ingress as defined by the International Electrotechnical Commission (IEC) standard 60529. In other embodiments in which the hub may be used in different environments, the hub may have a different fluid ingress rating. As shown in FIG. 3, the rear interface panel **212** includes a cable aperture **214** through which cables extending from the hub **101** to the processing system **120** may pass. As shown in FIG. 2B, the front interface panel **210** of the hub **101** includes a plurality of connectors to which a

plurality of medical sensing-related tools may connect. In the illustrated embodiment, the front panel **210** includes: an IVUS PIM connector **220** with conductive contacts configured to transfer power, ground, data, and control signals; a functional measurement (FM) tool connector **222** with conductive contacts configured to transfer power, ground, data and control signals; an first fiber optic connector **224** and a second fiber optic connector **226** each configured to pass power, ground, and light-based data signals; an OCT PIM connector **228** with conductive contacts configured to transfer 48 volts DC, ground, and Ethernet-based data; a bedside control surface connector **230** with conductive contacts configured to transfer 12 volts DC, ground, and Ethernet-based data; a FLIVUS PIM connector **232** with conductive contacts configured to transfer 48 volts DC, ground, and Universal Serial Bus (USB)-based data; and a FLIVUS footswitch connector **234** with conductive contacts configured to transfer foot-actuated control signals. The connectors **220**, **222**, **228**, **230**, **232**, and **234** are push-pull ring style connectors that are configured to allow for one-handed connection and disconnection of cables. Further, the connectors are fluid-resistant (sealed), color-coded for easy identification, and keyed differently, for example in shape and pin-count, so as prevent misconnected cables. For example, as shown in FIG. 2B, the FM tool connector includes 18 pin holes in a circular configuration, but the bedside control surface connector includes 12 pin holes in a linear configuration. In the illustrated embodiment, the connectors **228**, **230**, **232**, and **234** are JBX series connectors commercially available from Souriau SAS of Versailles, France. However, in alternative embodiments, other commercially-available or proprietary connectors may be utilized and the connectors may be configured to include any number of additional features. Although the connectors **220**, **222**, **224**, **226**, **228**, **230**, **232**, and **234** as-labeled are associated with specific modalities, it is contemplated that medical tools associated with additional and/or different modalities may connect to one or more of the connectors provided that the medical tools' connectors are compatible (i.e. number of pins, shape).

The front panel **210** further includes an auxiliary power connector **236** configured to provide 24 volts DC, a ECG/aortic device connector **238**, two USB connectors **240**, and a VGA display connector **242**. In one catheter lab configuration, the auxiliary power connector **236** may provide power and the VGA display connector **242** may provide a video signal to a bedside display monitor such as the boom display **122**. Further, the USB connectors **240** may couple to and receive control signals from bedside controller devices such as joysticks, touchpads, hand gesture/motion capture input devices, or any other suitable controller devices. In the illustrated embodiment, because the USB connectors **240** and the VGA display connector **242** are standardized, it is contemplated that any number of USB-based and VGA-based tools may communicate with the processing system **120** via the hub **101**. Additionally, the USB connectors **240** may be fluid-resistant. Further, in alternative embodiments, the VGA display connector **242** may be another type of display connector such as a DVI connector, an HDMI connector, a DisplayPort connector, an S-Video connector, or other video-based connector, and the USB connectors **240** may be other types of data ports such as IEEE 1394 (FireWire), Thunderbolt, serial, parallel, eSATA, or proprietary connectors. Additionally, the front panel **210** includes an LED indicator **244** configured to indicate when the hub **101** is powered on. The front interface panel **210** and the

connectors **220**, **222**, **224**, **226**, **228**, **230**, **232**, **234**, **236**, **238**, **240**, and **242** may together be considered a forward interface assembly.

As mentioned above, FIG. 2A shows the hub **101** installed in one example configuration in a medical environment such as catheter lab **102**. Specifically, a vertical mounting bracket **250** is coupled to the top mounting surface **204** via the set of threaded mounting apertures **208**. The mounting bracket **250** is in turn mounted to a floor stand **252**, which is configured to sit on the floor of a catheter lab with a plurality of stabilizing feet. Further, cables extending from the hub **101** to the processing system **120** exit the hub **101** through the aperture **214** in the rear panel **212** and extend through an angled coupler **254**, the flexible protective hose **124**, a second angled coupler **256**, and an aperture in a termination plate **258**. The angled coupler **254** releaseably couples to the rear panel **212** and includes a rubber seal around its periphery such that when it is coupled to the panel the interface between the coupler and the panel is fluid-resistant. The flexible protective hose **124** is configured to protect the cables extending therethrough and may be resistant to bodily fluids and cleaning chemicals typically found in medical environments. The flexible protective hose **124** is further pliable such that it may be routed in a convenient manner in a catheter lab. The termination plate **258** includes an aperture sized to approximately match the diameter of the second angled coupler **256**, and also includes a set of mounting apertures **260** configured in a standardized pattern on the face of the plate. The mounting apertures **260** permit the plate **258** to be mounted around an aperture (e.g. a wall exit point, floor exit point, etc) through which the hub-connected cables exit the catheter lab. In the illustrated embodiment, the termination plate **258** and the set of mounting apertures **260** conform to the GE Termination standard. However, in other embodiments, the termination plate **258** and apertures **260** may conform to another standard such the Phillips Termination standard, the double gang standard, or the single gang standard. As shown in FIG. 3, a straight coupler **262** may also be releaseably coupled to the rear panel **212** and the flexible protective hose **124**. The straight coupler **262** directs the protective hose **124** away from the hub **101** at a different angle than the angled coupler **254** to provide for additional placement options in a catheter lab or other medical environment. The angled coupler **254** or straight coupler **262**, flexible protective hose **124**, and second angled coupler **256** may together be considered a cable protection assembly.

With reference now to FIGS. 4 and 5, illustrated are different configurations of the medical communication system **100** in a medical environment. Specifically, FIG. 4 is a rear perspective view of the hub **101** with the angled coupler **254** coupled to the rear panel **212**, and FIG. 5 is a rear perspective view of the hub **101** with the straight coupler **262** coupled to the rear panel **212**. As shown by FIGS. 4 and 5, the couplers **254** and **262** direct the flexible protective hose **124** away from the hub **101** at different angles. As shown, all cable-based connections to the rear of the hub **101** including power and communications are contained within the flexible hose **124**. Examples of the cables exiting the rear of the hub **101** within the hose **124** are shown in FIG. 12.

FIG. 6 is a diagrammatic front perspective view of an aspect of the medical communication system **100** installed in a medical environment. Specifically, the hub **101** is mounted to the floor stand **252** and flexible protective hose **124** extends from the rear panel **212** to a straight coupler **600** which is coupled to the trench entry port **128**. In some embodiments, the trench entry port **128** includes a second

aperture (not shown) disposed on the side opposite of the straight coupler 600. This second aperture may be used to pass additional cables from the catheter lab into the trench below.

With reference now to FIGS. 7-10, illustrated are four mounting brackets that may be coupled to the hub 101 so that the hub may be dynamically mounted in a medical environment such as catheter lab 102. FIG. 7 is a diagrammatic perspective view of a horizontal rail mount 700. The horizontal rail mount 700 includes a mounting surface 702 that is configured to couple to either the bottom mounting surface 202 or the top mounting surface 204 on the hub 101. The mounting surface 702 includes a set of mounting apertures that align with either the set of mounting apertures 206 or 208 on the hub 101. In the illustrated embodiment, the set of mounting apertures on the mounting surface 702 conforms to the VESA hole mount pattern, but, alternatively, may be configured to conform to a different pattern depending on the pattern implemented on the mounting surfaces of the hub 101. When the mounting apertures on the mounting surface 702 are aligned with either the set of mounting apertures 206 or 208 on the hub 101, connectors such as screws may pass through the aligned apertures and releaseably couple the horizontal rail mount 700 to the hub 101. The horizontal rail mount 700 further includes a rail clamp 704 that is configured to releaseably couple to a rail on or near a patient table in a catheter lab. In the illustrated embodiment, the rail clamp 704 is physically configured to mate with a standardized rail, and when the clamp is so mated, the attached hub 101 will be in a horizontal position. FIG. 8 is a diagrammatic perspective view of a vertical rail mount 800 that is configured to be coupled to the hub 101. Specifically, the vertical rail mount 800 is similar to the horizontal rail mount 700 in that it has a mounting surface 802 with a set of standardized mounting apertures and a rail clamp 804. However, when the hub 101 is coupled to the mounting surface 802 and the rail clamp 804 is clamped to a patient table rail, the hub 101 will be in a vertical position.

FIG. 9 is a diagrammatic perspective view of a magnetic mounting system 900 configured to allow the hub 101 to be mounted in a variety of locations around a catheter lab. The mounting system 900 includes a magnetic mount plate 902 with magnets disposed therein. The magnetic mount plate 902 is configured to releaseably couple to either the bottom mounting surface 202 or the top mounting surface 204 on the hub 101 via a set of mounting apertures that align with the mounting apertures on the hub. The magnetic mounting system 900 further includes a receiver plate 904 that may be mounted to a wall, floor, ceiling or any other flat surface in a catheter lab. The receiver plate 904 is configured to receive the mount plate 902 and hold it in place via magnetic force.

FIG. 10 is a diagrammatic perspective view of an angled mounting bracket 1000 that is configured to couple to the hub 101. The angled mounting bracket 1000 includes a mounting surface 1002 that is configured to be releaseably coupled to either the bottom mounting surface 202 or the top mounting surface 204 on the hub 101 via a set of mounting apertures that align with the mounting aperture on the hub. The angled mounting bracket 1000 further includes an angled surface 1004 configured to fit flush against and releaseably couple to a right angled surface in a catheter lab or other medical environment. For instance, the angled mounting bracket 1000 may be affixed to a corner of a gas box disposed under a patient table.

FIG. 11A is a front view of the hub 101 in a fluid-resistant configuration. Specifically, as shown in FIG. 11A, a plurality of protective caps are disposed over the connectors on the

front panel 210 to prevent fluid or foreign substances from entering the connectors. As mentioned above in association with FIGS. 2A and 2B, many of the connectors on the front panel 210 are sealed to provide some resistance against fluid ingress, but the illustrated caps provide further protection. It is contemplated that the caps shown in FIG. 11A may remain on their respective connectors during a patient procedure if their respective connectors are not in use. In the illustrated embodiment, the caps are commercially available from Souriau SAS, but alternatively, they may be any other type of cap configured to seal the connectors on the hub 101. Each cap is physically configured to mate with a specific connector so that the resulting seal is water-tight. For example, a trapezoid-shaped dust cap 1100 is disposed over the VGA connector 242. The dust cap 1100 includes a lanyard 1102 extending from the dust cap to the front panel 210. As another example, the fiber optic connectors 224 and 226 include flip caps 1104 and 1106 that are mounted to the connectors on hinges. As such, the flip caps 1104 and 1106 may be flipped open when cables need to be connected to the fiber optic connectors 224 and 226, and flipped close when the cables are disconnected. As mentioned above, the USB connectors 240 are sealed and are fluid-resistant, and thus do not require extra protection. As yet another example, in the illustrated embodiment of FIG. 11A, the circular-shaped IVUS PIM connector 220 has a circular-shaped protective cap 1108 disposed thereon. The protective cap 1108 is tethered to the connector 220 via a flexible arm 1110.

Referring now to FIGS. 11B and 11C, FIG. 11B is a diagrammatic sectional side view of the IVUS PIM connector 220 on the front panel of the hub 101, and FIG. 11C is a diagrammatic perspective view of the protective cap 1108. As noted above, the interface between the front interface panel 210 and the connector 220 is fluid resistant. This is due in part to a pair of complementary washers 1112 and 1114. The washers 1112 and 1114 are disposed around the connector 220 on either side of the front panel 210 to create a fluid-resistant seal therebetween. As shown in FIG. 11C, the protective cap 1108 is configured to removeably mate with the connector 220 to keep dust, fluid, and other particles out of the connector. The cap 1108 includes an inner ring 1114 and an outer ring 1116 that are configured to create a fluid-resistant seal when engaged with the connector 220. The cap 1108 also includes a retaining portion 1118 configured to fixedly engage an outside portion of the connector 220. When so engaged, the cap 1108 is tethered to the connector 220 via the flexible arm 1110. The cap 1108 is just one example of a protective cap that may be used with the connectors on the hub 101 and other caps may be used that are configured in a different manner, for instance, to mate with connectors with different shapes than the connector 220.

FIG. 12 is a functional block diagram of an embodiment of a powered medical communication hub. As shown in FIG. 2A, the hub 101 may include the IVUS PIM connector 220, the functional measurement (FM) tool connector 222, the first and second fiber optic connector 224 and 226, the OCT PIM connector 228, the bedside control surface connector 230, the FLIVUS PIM connector 232, the FLIVUS foot-switch connector 234, the auxiliary power connector 236, the ECG/aortic device connector 238, the USB connectors 240, and the VGA display connector 242. As shown in FIG. 12, the IVIS PIM connector 220 is communicatively coupled to the processing system 120 via a link 1200. A cable 1202 transmitting power, ground, and data signals extends from the processing system 120 to the link 1200, where the signals are internally forwarded to the IVUS PIM

connector 220. In some embodiments, the link 1200 and the connector 220 may be integrated such that the cable 1202 running from the processing system 120 to the hub 101 extends through the aperture 214 in the rear panel 212 (FIG. 3) and couples to one side of the connector 220/link 1220, and a cable running from the IVUS PIM 112 to the hub 101 couples to the other side of the connector 220. In other embodiments, however, the link 1200 may be integrated into the rear panel 212 such that the cable 1202 running from the processing system 120 to the hub 101 does not extend into the interior of the hub. The hub 101 further includes a link 1204 that communicatively couples the processing system 120 to the FM tool connector 222. A cable 1206 transmitting power, ground, and data signals extends from the processing system 120 to the link 1204, where the signals are internally forwarded to the FM tool connector 222, which forwards the signals to a connected FM tool, such as a FM Pimette 1207. Similar to the link 1200, the link 1204 may, in some embodiments, be integrated into the FM connector 222 or, alternatively, it may be disposed on the rear panel 212.

The hub 101 further includes a MultiFiber Push-On (MPO) link 1208 to which the first and second fiber optic connectors 224 and 226 are internally coupled. In general, the MPO link 1208 is configured to aggregate fiber optic signals and route them over a single fiber optic line. As shown in FIG. 12, a single fiber optic cable 1210 extends from the processing system 120, through the aperture 212 in the rear panel 214, and to the MPO link 1208 where data destined for the first and second fiber optic connectors 224 and 226 is parsed and routed to the appropriate connector. In some embodiments, the MPO link 1208 may be coupled to a printed circuit assembly (PCA) disposed inside of the hub 101 near the aperture 214, but, in other embodiments, the MPO link may be disposed on the rear panel 212.

The hub 101 includes links 1212 and 1214 that respectively communicatively couple the processing system 120 to the OCT PIM connector 228 and the bedside control surface connector 230. As mentioned above, the connectors 228 and 230 pass Ethernet-based data signals to connected medical-sensing tools. Thus, in the illustrated embodiment, the links 1212 and 1214 are RJ45 jacks that respectively accept Cat 5e cables 1216 and 1218. However, in other embodiments, the links 1212 and 1214 may accept Ethernet-based data over coaxial, fiber optic, or some other type of suitable cable. In some embodiments, the links 1212 and 1214 may be integrated into a PCA disposed within the hub 101 and communicatively coupled to the connectors 228 and 230 via conductive traces on the PCA, but, in other embodiments, the links 1212 and 1214 may be disposed on the rear panel 212 for easy access. The hub 101 further includes a link 1220 configured to communicatively couple the processing system 120 to the ECG device connector 238, and thus the ECG device 116. In some embodiments, the link 1220 may be integrated into the ECG device connector 238 such that a ECG-signal cable 1222 running from the processing system 120 to the hub 101 extends through the aperture 214 in the rear panel 212 and couples to one side of the connector 238/link 1220, and a cable running from the ECG device 116 to the hub 101 couples to the other side of the connector 238. But, in other embodiments, the link 1220 may be disposed on the rear panel 212 such that the cable 1222 running from the processing system 120 to the hub 101 does not extend into the interior of the hub. Additionally, the hub 101 includes a link 1224 configured to communicatively couple the processing system 120 to the VGA connector 242 and pass video information to the display 122. In the illustrated embodiment, the link 1224 accepts a male VGA connector

disposed on the end of a cable 1226 coupled to the workstation 120. However, in other embodiments, the link 1224 may be configured to accept other video-based connectors such as a DVI connector, an HDMI connector, a DisplayPort connector, or an S-Video connector. Similar to the links 1200, 1204, and 1220, the link 1224 may, in some embodiments, be integrated into the its associated connector 242 or, alternatively, it may be disposed on the rear panel 212 for easy access.

The hub 101 further includes a link 1228 and a wireless communication module 1230 that is operable to communicate with medical sensing-related tools in close proximity to the hub, such as a wireless-ready PIM. In one embodiment, the wireless communication module 1230 may be a wireless personal area network (WPAN) communication module such as an Ultra-wide band (UWB) module, a wireless FireWire module, or wireless USB module, a Bluetooth module, a IEEE 802.11-based wireless module or some other high-speed wireless module. In the illustrated embodiment, data passes over a data cable 1232 to link 1228, which forwards it to the wireless communication module 1230 to be wirelessly transmitted. In some embodiments, the link 1228 may be a RJ45 connector through which Ethernet-based data passes, but in other embodiments it may be another type of connector through which Ethernet-based data may pass or may transmit a different type of data. As with the links 1212 and 1214, the link 1228 may be integrated into a PCA disposed inside of the hub 101 in some embodiments or it may be disposed on the rear panel 212 in other embodiments.

Further, the hub 101 includes a remote extender 1234. In general, the remote extender 1234 is configured to extend the range of USB communications by converting USB-based data to fiber optic-based data so that the data may be transported over long distances (e.g. up to 500 meters). In the illustrated embodiment, the USB connectors 240 are communicatively coupled to the remote extender 1234, which is in turn, coupled to the MPO link 1208. As such, the processing system 120 may communicate with USB-based devices such as an input device 1236 (e.g. joystick, mouse, keyboard, touchpad etc) even if the hub 101 is located hundreds of meters from the workstation. Additionally, the FLIVUS PIM connector 232 is communicatively coupled to the remote extender 1234, and thus may pass USB-based data to the processing system 120 via the hub 101. Further, as shown in FIG. 12, the FLIVUS foot switch connector 234 and the ECG device connector 238 are communicatively coupled to the FLIVUS connector 232 so that signals from a FLIVUS footswitch 1238 and the ECG device 116 may be used to coordinate data collection by a FLIVUS PIM 1240 coupled to the connector 232.

The hub 101 includes a power distribution module 1242 configured to distribute power to medical sensing-related tools connected to the hub. In the illustrated embodiment, the power distribution module 1242 is a hardware-based module. However, in other embodiments, the module 1242 may be a combination of hardware and software, in which software controls power flow through the hardware. In the illustrated embodiment, a link 1244 electrically couples the power distribution module 1242 to a 48 volt DC medical-grade power supply in the workstation 120. In other embodiments, however, the power distribution module 1242 may draw power from another power source such as a wall receptacle. The power distribution module 1242 converts the power provided by the processing system 120 into a plurality of power amounts (i.e. levels), which are appropriately routed to various connectors in the hub 101. For instance, the

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power distribution module **1242** is electrically coupled to the first and second fiber optic connectors **224** and **226** and provides them with 48 volts DC. The power distribution module **1242** is also electrically coupled to the OCT PIM connector **228**, the bedside control surface connector **230**, the auxiliary power connector **236**, and the FLIVUS PIM connector **232** and respectively provides them with, 48 volts DC, 12 volts DC, 24 volts DC, and 48 volts DC. Additionally, the power distribution module **1242** provides 12 volts DC to the wireless module and 5 volts DC to the remote extender **1234** which, in turn, supplies the USB connectors **240** with 5 volts DC. In alternative embodiments, the power amounts distributed to the connectors may vary. In further embodiments, the power distribution module **1242** may be operable to determine the amount of power required by medical sensing-related tool connected to a connector on the hub **101** and dynamically supply the correct amount of power. In yet further embodiments, the hub **101** may include a controller to interrogate newly-connected medical sensing tools to determine operational attributes such as voltage requirements. U.S. Patent Application No. 61/473,625, entitled "MEDICAL SENSING COMMUNICATION SYSTEM AND METHOD", discloses a medical sensing communication system that includes a controller and power supply unit that are operable to dynamically supply different medical sensing tools with different amounts of power based on their needs and is hereby incorporated by reference in its entirety. In the illustrated embodiment, the processing system **120** provides the hub **101** with 48 volts DC via a power cable **1246** that is coupled to the link **1244**. In some embodiments, the link **1244** may be coupled to a PCA disposed inside of the hub **101** near the aperture **214**, but, in other embodiments, the link **1244** may be disposed on the rear panel **212** for easy access. Additionally, as shown in FIG. 12, the hub **101** may be electrically coupled to a ground line **1248** via a cable **1250**. Although not shown for purposes of clarity, the ground is distributed to the various connectors on the front panel of the hub **101** that draw power from the power distribution module **1242** so that the connectors may pass along the ground to the connected tools.

As mentioned above, the front interface panel **210** (FIG. 2A) and the connectors **220**, **222**, **224**, **226**, **228**, **230**, **232**, **234**, **236**, **238**, **240**, and **242** described above may together be considered a forward interface assembly. Further, the rear interface panel **212** (FIG. 3) and the links **1200**, **1204**, **1208**, **1212**, **1214**, **1220**, **1224**, **1228**, and **1244** may together be considered a rear interface assembly. Thus, as described above, in some embodiments the rear interface assembly may include internal portions of the hub **101** (e.g. when the links are integrated into a PCA disposed inside of the hub).

With reference now to FIGS. 1, 3 and 12, the rear interface assembly of the hub **101** may be assembled in the following manner. First, after cables **1202**, **1206**, **1216**, **1218**, **1246**, **1222**, **1210**, **1232**, **1226**, and **1250** have been installed in trench **126** such that they enter the catheter lab **102** through trench entry port **128**, they may be threaded through a coupler, the flexible hose **124**, and another coupler such as straight coupler **262**. With the rear panel **212** and/or housing removed from the hub **101**, the cables may then be threaded through the aperture **214** in the rear panel **212** and coupled to their respective links inside of the hub **101**. For instance, the cables **1216** and **1218** may be coupled to the links **1212** and **1214**, which, in some embodiments, may be integrated into a PCA disposed within the hub **101**. Once every cable extending from the processing system **120** has been coupled to the hub **101**, the rear panel **212** may be fixedly secured to the hub **101** with connectors such as

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screws. As noted above, when the rear panel **212** is coupled to the hub **101**, the gasket **213** creates a fluid-resistant interface between the two. Next, the coupler **262** may be fixedly coupled around the aperture **214** in the rear panel **212** with connectors such as screws, and the flexible tube **124** may be fixedly secured to coupler **262** on its hub-end and to another coupler on its trench-end. Once assembly is complete, the cables connecting the processing system **120** to the hub **101** and their associated links inside of the hub are protected from damaging elements in the catheter lab such as fluids and impact. One of ordinary skill in the art would understand that the previous assembly scenario is simply one example and other scenarios using different elements and/or positioning may be implemented.

FIG. 13 is a functional block diagram of a powered medical communication hub **1300** according to another embodiment of the present invention. The hub **1300** is similar to the hub **101** shown in FIG. 12 but differs in several aspects as described below. Specifically, the hub **1300** includes a Power-over-Ethernet (PoE) module **1302** communicatively interposed between the processing system **120** and the OCT PIM connector **228** and the bedside control surface connector **230**. As shown in FIG. 13, a single Cat5e cable **1304** (or other Ethernet-compatible communication medium) may extend from the processing system **120** to an Ethernet-based link **1306** in the hub **1300**. The link **1306**, in turn, communicatively couples to the PoE module **1302**, where packetized data is routed to the appropriate connector. Further, the PoE module **1302** draws power (e.g. 48 volts DC) from the power distribution module **1242** and passes it to downstream Ethernet-based devices via the connectors **228** and **230**. The downstream devices may, in turn, utilize the power as needed. In alternative embodiments, the PoE module **1302** may draw power from the processing system **120** via link **1306** in addition to or instead of drawing power from the power distribution system **1242**. Further, in the embodiment of FIG. 12, the IVUS PIM connector **220** and FM tool connector **222** draw power directly from their respective links **1200** and **1204**, however, in the embodiment of FIG. 13, these connectors may draw power directly from the power distribution module **1242**. Additionally, in hub **1300**, the ECG connector **238** may draw power from the power distribution module **1242** as well.

Although illustrative embodiments have been shown and described, a wide range of modification, change, and substitution is contemplated in the foregoing disclosure and in some instances, some features of the present disclosure may be employed without a corresponding use of the other features. For example, in some embodiments, the medical sensing communication system **100** may be used to process non-cardiovascular diagnostic data such as data from cranial or peripheral arteries, as well as data from non-vascular body portions. Further, the system **100** may be used to collect and process MRI data, or may be utilized in computer assisted surgery (CAS) applications. And, as such, the hub **101** may be configured to communicatively couple medical tools related to non-cardiovascular diagnostic data collection and analysis to a remote processing system. In this regard, the hub **101** may include any number of different and/or additional connector types, links, and internal modules related to any number of medical fields. Further, any number of additional mounting brackets may be coupled to the hub **101** to position it in any number of positions within a medical procedure room or laboratory. It is understood that such variations may be made in the foregoing without departing from the scope of the present disclosure. Accord-

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ingly, it is appropriate that the appended claims be construed broadly and in a manner consistent with the scope of the present disclosure.

What is claimed is:

1. A powered medical communication hub, comprising:
  - a housing;
  - a rear interface assembly disposed on a first panel at a distal end of the housing, the rear interface assembly including:
    - a first data link configured to transmit first medical data associated with a first modality to a processing system; and
    - a power link configured to receive a first amount of power;
  - a power distribution module disposed within the housing, electrically coupled to the power link, and configured to convert the first amount of power into a plurality of power levels; and
  - a front interface assembly disposed on a second panel facing away from the first panel at a proximal end of the housing, wherein the proximal end of the housing is opposite the distal end, the front interface assembly including a first connector communicatively coupled to the first data link and electrically coupled to the power distribution module such that an electrical connection passes through the housing from the power link on the first panel at the distal end of the housing to the first connector on the second panel at the proximal end of the housing, the first connector being configured to provide a first medical sensing device coupled thereto with power equal to one of the plurality of power levels and receive the first medical data from the first medical sensing device, wherein the front interface assembly further includes a second connector being configured to provide a second medical sensing device coupled thereto with power equal to a second of the plurality of power levels and receive second medical data from the second medical sensing device, wherein the power distribution module is configured to determine power requirements of the first and second medical sensing devices automatically when the first and second medical sensing devices are connected to the respective first and second connectors and to provide the power to the first and second medical sensing devices, wherein the first and second medical data are associated with different medical modalities representative of vasculature of a patient.
2. The powered communication hub of claim 1, wherein the housing is fluid resistant; and wherein an interface between the rear interface assembly and the housing and an interface between the front interface assembly and the housing are fluid resistant.
3. The powered communication hub of claim 1, wherein the first connector is fluid resistant.
4. The powered communication hub of claim 1, wherein the first medical data includes one of intravascular ultrasound (IVUS) imaging data, optical coherence tomography (OCT) data, functional measurement (FFR) data, forward looking IVUS (FLIVUS) imaging data, or electrocardiogram (ECG) data.
5. The powered communication hub of claim 1, wherein the front interface assembly includes a display connector configured to transmit video data to a display device coupled thereto.
6. The powered communication hub of claim 1, wherein the power distribution module is configured to provide the

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first medical sensing device a second amount of power different than the first amount of power.

7. The powered communication hub of claim 6, wherein the front interface assembly includes a second connector electrically coupled to the power distribution module, the second connector being configured to provide a second medical sensing device coupled thereto with a third amount of power equal to one of the plurality of power levels and receive second medical data associated with a second modality different from the first modality from the second medical sensing device.

8. The powered communication hub of claim 7, wherein the second connector is communicatively coupled to the first data link; and wherein the first data link is configured to transmit the second medical data to the processing system.

9. The powered communication hub of claim 7, wherein the rear interface assembly includes a second data link configured to transmit the second medical data to the processing system; and wherein the second connector is communicatively coupled to the second data link.

10. The powered communication hub of claim 7, wherein the third amount of power is different than the second amount of power.

11. A method of collecting medical sensing data, comprising:

receiving, at a power link disposed on a first panel at a distal end of a powered medical communication hub, a first amount of power from a power source;

converting, with a power distribution module in the powered medical communication hub, the first amount of power into a plurality of power levels;

determining power requirements of a first medical sensing device and a second medical sensing device automatically when the first and second medical sensing devices are connected to respective first and second connectors of the powered medical communication hub;

providing, through a first connector of the powered medical communication hub disposed on a second panel facing away from the first panel at a proximal end of the powered medical communication hub opposite the distal end, power equal to one of the plurality of power levels and the power requirement of the first medical sensing device to the first medical sensing device and, at the same time, providing power equal to a second of the plurality of power levels and the power requirement of the second medical sensing device to the second medical sensing device;

receiving, at the powered medical communication hub, first medical data associated with a first modality from the first medical sensing device and second medical data associated with a second modality from the second medical sensing device; and

transmitting, with the powered medical communication hub, the first and second medical data to a processing system, wherein the first and second medical data are associated with different medical modalities representative of vasculature of a patient.

12. The method of collecting medical sensing data of claim 11, wherein the providing includes powering the first medical sensing device with a second amount of power different than the first amount of power.

13. The method of collecting medical sensing data of claim 12, including:

providing, with the powered medical communication hub,  
a third amount of power equal to one of the plurality of  
power levels to a second medical sensing device;  
receiving, at the powered medical communication hub,  
second medical data associated with a second modality 5  
different from the first modality from the second medi-  
cal sensing device; and  
transmitting, with the powered medical communication  
hub, the second medical data to the processing system.

14. The method of collecting medical sensing data of 10  
claim 13, wherein the third amount of power is different than  
the second amount of power.

15. The method of collecting medical sensing data of  
claim 11, including mounting the powered medical commu-  
nication hub within a medical environment. 15

16. The powered communication hub of claim 1, wherein  
the power distribution module is communicatively posi-  
tioned between the rear interface assembly and the front  
interface assembly.

17. The powered communication hub of claim 1, wherein 20  
the first panel has a planar surface, such that the first data  
link and the power link extend through the first panel.

18. The powered communication hub of claim 1, wherein  
the second panel has a planar surface, such that the first and  
second connectors extend through the second panel. 25

\* \* \* \* \*

|                |                                                                                                     |         |            |
|----------------|-----------------------------------------------------------------------------------------------------|---------|------------|
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| 其他公开文献         | US20140258743A1                                                                                     |         |            |
| 外部链接           | <a href="#">Espacenet</a>                                                                           |         |            |

## 摘要(译)

一种动力医疗通信集线器，包括壳体和后接口组件。后接口组件包括：第一数据链路，被配置为将第一医疗数据发送到处理系统；以及电力链路，被配置为接收第一电量。集线器还包括配电模块，配电模块设置在壳体内，电连接到电源连接，并配置成将第一电量转换成多个功率电平，前向接口组件包括通信连接到第一连接器的第一连接器数据链路并且电耦合到配电模块，第一连接器被配置为提供与其耦合的第一医疗感测设备，其具有等于多个功率水平之一的第二功率量并从第一医疗中接收第一医疗数据传感装置。

