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(54) **RF ABLATION AND ULTRASOUND CATHETER FOR CROSSING CHRONIC TOTAL OCCLUSIONS**

RF-ABLATIONS- UND ULTRASCHALLKATHETER ZUR DURCHDRINGUNG CHRONISCHER TOTALVERSCHLÜSSE

CATHETER D'ABLATION HF ET ULTRASONORE POUR TRAVERSER DES OCCLUSIONS TOTALES CHRONIQUES

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US-A- 5 588 432 **US-A- 5 740 808**
US-A- 5 967 984

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Description

Field of the Invention

[0001] The present invention relates to medical devices in general, and in particular to catheter ablation systems for revascularizing occluded vessels.

Background of the Invention

[0002] One common form of vascular disease is characterized by deposits that form in a patient's arteries or veins. Once such blockages form in cardiac arteries, they are a significant factor in the occurrence of heart attacks.

[0003] In addition to cardiac bypass surgery, new less-invasive techniques such as balloon angioplasty or rotational ablation are being used to treat occluded vessels. In the case of rotational atherectomy, a high speed abrasive burr is routed through the patient's vasculature to the point of the occlusion and used to bore a new lumen through the occlusion in order to restore blood flow. The success of balloon angioplasty and rotational ablation often depends on the nature of the material blocking the vessel. These techniques generally work best when the material is not highly calcified or does not completely occlude the vessel. Total chronic occlusions are typically characterized by a hard calcified material that completely seals off blood flow in a vessel. Some success has been achieved in treating these blockages by advancing a flexible guidewire to the point of the occlusion and "pecking" at the occlusion to create a pathway through it. The problem with the guidewire technique is that it is time-consuming and presents a risk of vessel perforation if the guidewire becomes misaligned.

[0004] Given the fact that total chronic occlusions account for between 20-25% of all occlusions treated, there is a need for a system that employs a more aggressive ablation mechanism to reduce the treatment time but reduces the likelihood that the ablation mechanism will become misaligned in the patient's vessel in order to provide an effective method of treating this type of vessel blockage.

[0005] The invention is defined in claim 1.

Brief Description of the Drawings

[0006] The foregoing aspects and many of the attendant advantages of this invention will become more readily appreciated as the same become better understood by reference to the following detailed description, when taken in conjunction with the accompanying drawings, wherein:

FIGURE 1 illustrates a combination RF ablation and ultrasound catheter system for crossing total chronic occlusions according to one embodiment of the present invention;

FIGURE 2 illustrates a spring biased contact that applies RF ablation energy to a driveshaft that rotates an ultrasound transducer;

FIGURES 3A-3C illustrate a variety of RF electrode tip shapes according to other embodiments of the present invention;

FIGURE 4 illustrates a device in which RF ablation energy is applied to occluding material in a vessel via a conductive guidewire;

FIGURE 5 illustrates the use of a steerable sheath through which an RF ablation and ultrasound catheter are routed;

FIGURE 6 illustrates a device wherein a steerable sheath includes an electrode that delivers RF energy to an occlusion; and

FIGURE 7 illustrates a device wherein a catheter includes a separate ultrasound catheter and RF ablation catheter.

Detailed Description of the Preferred Embodiment

[0007] FIGURE 1 illustrates a combination ultrasound and RF ablation catheter system according to one embodiment of the present invention. The combination ultrasound and RF ablation system 10 includes a catheter 12 that is routed through a patient's vasculature to the point of a partial or total chronic occlusion that is restricting blood flow through a blood vessel (not shown). The catheter 12 is moved through the vasculature by an advancer 14 at the proximal end of the catheter 12. At the distal tip of the catheter 12 is an ultrasound transducer 34 that transmits ultrasound signals into the vessel tissue and receives corresponding echo signals. The echo signals are transmitted from the ultrasound transducer 34 to an ultrasound processor 20 that produces an image of the tissue surrounding the imaging head 16 on a video monitor 22.

[0008] To provide a 360° view of the vessel, the ultrasound transducer 34 is rotated by an electrically conductive driveshaft 30 that is rotated by the advancer 14 or motor drive at a rate of approximately 1,500-2,000 rpm. Surrounding the driveshaft 30 is a sheath 32 that prevents the driveshaft 30 from engaging the vessel walls. The details of the rotation ultrasound catheter 12 and advancer 14 are set forth in U.S. Patent No. 5,000,185 which is assigned to Cardiovascular Imaging Systems, Inc. of Sunnyvale, California.

[0009] The ultrasound transducer 34 is integrated with a conductive electrode 38 that is secured to the distal end of the conductive driveshaft 30. According to one embodiment of the present invention, the ultrasound transducer 34 is positioned in a window 36 on the side of the electrode such that ultrasound signals are transmitted to and echo signals are received from an area in the vessel that is adjacent the electrode 38 as well as a region that is just ahead or distal to the electrode 38.

[0010] In the presently preferred embodiment of the invention, an infusion control 25 at the proximal end of

the catheter 12 pumps fluid such as saline, through the catheter 12 and around the ultrasound transducer 34 to clear blood cells away from the transducer. The saline acts as an acoustic coupling media between the transducer and the surrounding blood field.

[0011] In order to remove the occluding material from the vessel, the present invention also includes a radio frequency (RF) generator 50 that delivers RF energy to the electrode 38 at the distal end of the catheter 12. The RF energy is preferably transmitted through the conductive driveshaft 30 that rotates the ultrasound transducer 34 and the electrode 38. The sheath 32 that surrounds the driveshaft 30 is preferably non-conductive such that the RF energy enters the patient at the point of the electrode 38 exits the sheath 32. The RF energy vaporizes a portion of the occluding material in the vessel in order to revascularize the vessel. The RF energy is preferably returned to the RF generator 50 via an external patient pad (not shown) that serves as the return electrode. By utilizing the driveshaft 30 as the conductor for delivering the RF energy to the electrode 38, no additional wires are needed within the catheter 12. In the presently preferred embodiment of the invention, the driveshaft 30 is made of stainless steel. However, other conductive materials such as graphite or other metals could be used.

[0012] In the example shown in FIGURE 1, the position of the electrode 38 with respect to the distal end of the surrounding sheath 32 is fixed by a sleeve 52, which is bonded to the distal end of the sheath 32. A cylindrical bearing 54 is secured around the driveshaft 30 proximal to the electrode 38. The sleeve 52 includes a tapered region 56 that lies between the cylindrical bearing 54 and the electrode 38. The ultrasound catheter cannot move forward because the cylindrical bearing 54 engages the tapered region 56 when the driveshaft 30 moved distally. Similarly, the electrode 38 cannot be withdrawn into the sheath 32 because the electrode 38 has a diameter that is larger than the diameter of the tapered region 56. The sleeve 52 is preferably made of a rubberized, sonically transparent material such as a heat shrink tubing. The tapered region is made by heating the tubing with a wrap of a current carrying wire.

[0013] FIGURE 2 illustrates a currently preferred method of coupling the RF ablation energy produced by the RF generator 50 to the conductive driveshaft that rotates the ultrasound transducer 34. At the proximal end of the catheter 12, is a slip ring coupler 60 that delivers ultrasound driving signals to and receives corresponding echo signals from the ultrasound transducer 34 that is positioned at the distal end of the catheter 12, as described in U.S. Patent No. 5,000,185.

[0014] To deliver the RF ablation energy to the driveshaft 30, a spring contact 62 is coupled to the driveshaft 30 such that the spring contact 62 maintains an electrical connection as the driveshaft 30 is rotated. Upon activation of the RF generator 50 by the physician, RF ablation energy travels along the conductive driveshaft 30 to the electrode 38 at the distal tip of the catheter where

the energy ablates occluding material in the vessel. By viewing an ultrasound image of the tissue on the monitor 22, the physician is able to keep the catheter 12 at the proper position in the vessel and minimize the risk of applying the RF ablation energy in the vicinity of the vessel wall.

[0015] In order to control the delivery of RF ablation energy from the electrode 38 into the occluding material, a variety of electrode tip shapes may be used. In addition to the conventional hemispherical distal electrode tip, an electrode may include a distal tip having a concave surface 70 as shown in FIGURE 3A. Alternatively, the electrode may include a distal tip having a hemispherical, convex distal tip 72 that is roughened as shown in FIGURE 3B. The roughened surface creates an increased RF potential at the peaks of the roughened surface, which may uniformly distribute the area in which the RF ablation energy enters the occluding material in the patient's vessel.

[0016] In yet another embodiment of the invention, the electrode includes an expandable distal tip 74 that is made of a pattern of intermeshed conductive wires as shown in FIGURE 3C. When the electrode is extended out of a surrounding sheath, the wires revert to a pre-bent shape, thereby expanding the diameter of the electrode. The expanded electrode may be useful to create larger lumens in the occluding material. The devices shown in figures 4, 6, and 7 are not part of the invention.

[0017] FIGURE 4 shows another device. Here, separate lumens of multi-lumen catheter 80 are used to route an ultrasound catheter 82 and a guidewire 84 between the proximal end of the catheter and the treatment site. In practice, the guidewire 84 is first advanced into the patient and the multi-lumen catheter 80 is routed over the guidewire 84 followed by the ultrasound catheter 82 in a different lumen of the multi-lumen catheter 80.

[0018] In this embodiment of the invention, the ultrasound catheter 82 is only used to obtain images of the patient's vessel. The RF generator 50 is connected to the guidewire 84, which is conductive, in order to deliver RF ablation energy to the occluding material at a point where the guidewire exits the multi-lumen catheter 80. In order to control the delivery of RF energy within the vessel, it is desirable that the length of the guidewire 84 that extends beyond the distal end of the multi-lumen catheter 80 be controlled. Therefore, the multi-lumen catheter 80 may include a marker band or other radio-opaque material near its distal end to allow the relative position of the distal end of the guidewire 84 and the distal end of the multi-lumen catheter 80 to be monitored.

[0019] In practice, the ultrasound catheter 82 is advanced in the vessel and an image of the tissue surrounding the ultrasound catheter 82 is obtained. After an image has been obtained, the ultrasound catheter 82 is retracted into the multi-lumen catheter 80 and the guidewire 84 is advanced out the distal end of the multi-lumen catheter 80 and RF ablation energy is applied to

the guidewire, thereby ablating a portion of the occluding material in the vessel. The ultrasound catheter 82 is then extended into the newly created lumen and the process repeats until the vessel has been revascularized.

[0020] In order to further control the position of the ultrasound/RF ablation catheter in the vessel, a combination ultrasound/RF ablation catheter 98 may be routed in a steerable sheath 100 as shown in FIGURE 5. The steerable sheath 100 preferably includes a steering wire 102 positioned along one wall of the sheath. A control mechanism 104 at the proximal end of the steerable sheath 100 is manipulated by the physician to retract or extend the steering wire 102, thereby causing deflection of the distal tip of the steerable sheath 100. The deflection of the distal tip is preferably adjusted such that the RF ablation/ultrasound catheter 98 is positioned in the center of the vessel in order to avoid applying the RF ablation energy too close to the vessel walls.

[0021] FIGURE 6 shows yet another device. Here, an ultrasound catheter 110 is routed through a steerable sheath 112 in order to position the ultrasound catheter 110 at a desired location in a patient's vessel. The ultrasound catheter 110 extends through a hole 114 at the distal end of the steerable sheath 112. In contrast to the embodiment shown in FIGURE 5 that utilizes a combination ultrasound and RF ablation catheter, the catheter 110 is only used for obtaining ultrasound images of the vessel walls. To deliver the RF ablation energy, the steerable sheath 112 includes a conductive distal tip 116 having a hole 114 in it through which the ultrasound catheter 110 can be extended. RF energy is supplied to the conductive tip 116 to ablate occluding material in the vessel. The conductive tip 116 may be roughened as with the electrode tip shown in FIGURE 3B to control the area in which ablation energy enters the occluding material.

[0022] In operation, the ultrasound catheter 110 can be advanced through the hole 114 in the distal tip 116 of the steerable sheath 112. Once an image of the tissue has been obtained, the ultrasound catheter 110 can be retracted into the steerable sheath 112 and RF ablation energy applied to the distal tip 116. The ultrasound catheter 110 is then inserted into the newly ablated area and the process continues.

[0023] FIGURE 7 shows yet another device. A multi-lumen catheter 120 includes a lumen through which an ultrasound catheter 122 can be routed. In addition, an aspiration/ablation catheter 130 can be used for ablating occluding material in the vessel and aspirating the ablated material. An aspiration/ablation catheter 130 is terminated with a cylindrical electrode 132 having a central lumen 134 in it that is connected to a vacuum source (not shown). RF energy is applied to the cylindrical electrode 132 to cut a core in the occluding material. Aspiration is applied to the aspiration catheter to remove ablated material.

[0024] As can be seen, the present invention is a sim-

ple catheter system that obtains images of a vessel and ablates occluding material such that a greater number of total chronic occlusions may be able to be treated without resorting to cardiac bypass surgery. Although the present embodiment of the invention utilizes a mechanically rotated ultrasound transducer, it will be appreciated that the ultrasound transducer could be rotated by hand to obtain a desired or 360° view of a vessel wall. This is a so-called "A" mode of operation. Alternatively, it is possible to use multiple transducers oriented in different directions so that a desired or 360° view of the vessel wall can be created with minimum rotation of the ultrasound catheter.

Claims

1. A system for treating occluded vessels, comprising:
 - an ultrasound catheter including:
 - at least one ultrasound transducer that directs ultrasonic energy into and receives corresponding echo signals from a vessel wall;
 - a conductive driveshaft that rotates the at least one ultrasound transducer to obtain a 360° image of the vessel wall;
 - an electrode coupled to the distal end of the conductive driveshaft; and
 - an RF energy source that selectively applies RF ablation energy to the conductive driveshaft to deliver the RF ablation energy to the electrode.
2. The system of Claim 1, wherein the at least one ultrasound transducer is fitted within the electrode and is positioned to direct ultrasound signals into and receive echo signals from a position in the vessel distal to the electrode.
3. The system of Claim 1, wherein the electrode has a distal tip that is concave.
4. The system of Claim 1, wherein the electrode has a distal tip that is hemispherical and roughened.
5. The system of Claim 1, wherein the electrode has a distal tip that is expandable.
6. The system of Claim 1, wherein the ultrasound catheter is routed through a steerable sheath.

Patentansprüche

1. System zur Behandlung von Gefäßverschlüssen,

mit:

einem Ultraschallkatheter, der mindestens einen Ultraschallwandler, der Ultraschallenergie in eine Gefäßwand leitet und entsprechende Echosignale von einer Gefäßwand empfängt;
eine leitende Antriebswelle, die den mindestens einen Ultraschallwandler rotiert, um ein 360°-Bild der Gefäßwand zu erhalten,
eine mit dem distalen Ende der leitenden Antriebswelle gekoppelte Elektrode; und
eine HF-Energiequelle, die der leitenden Antriebswelle selektiv HF-Ablationsenergie zum Leiten der HF-Ablationsenergie zur Elektrode zuführt, aufweist.

2. System nach Anspruch 1, wobei der mindestens eine Ultraschallwandler in der Elektrode eingepasst ist und so positioniert ist, dass er Ultraschallsignale in eine zur Elektrode distalen Position im Gefäß leitet und Echosignale von einer zur Elektrode distalen Position im Gefäß empfängt.
3. System nach Anspruch 1, wobei die Elektrode eine distale Spitze aufweist, die konkav ist.
4. System nach Anspruch 1, wobei die Elektrode eine distale Spitze aufweist, die halbkugelförmig und angeraut ist.
5. System nach Anspruch 1, wobei die Elektrode eine distale Spitze aufweist, die ausdehnbar ist.
6. System nach Anspruch 1, wobei der Ultraschallkatheter durch eine lenkbare Hülse geführt wird.

Revendications

1. Dispositif pour traiter des vaisseaux obstrués, comprenant :
 - un cathéter à ultrasons comprenant :
 - au moins un transducteur à ultrasons qui dirige une énergie ultrasonique vers une paroi de vaisseau, et reçoit des signaux d'écho correspondants de la paroi de vaisseau ;
 - un arbre d'entraînement conducteur qui entraîne en rotation ledit au moins un transducteur à ultrasons pour obtenir une image à 360° de la paroi de vaisseau,
 - une électrode couplée à l'extrémité distale de l'arbre d'entraînement conducteur ; et
 - une source d'énergie RF qui applique sélectivement une énergie d'ablation RF à l'arbre d'entraînement conducteur pour délivrer l'éner-

gie d'ablation RF à l'électrode.

2. Dispositif suivant la revendication 1, dans lequel ledit au moins un transducteur à ultrasons est agencé dans l'électrode et positionné pour diriger des signaux ultrasons vers une position dans le vaisseau distale par rapport à l'électrode, et recevoir des signaux d'écho de cette position.
3. Dispositif suivant la revendication 1, dans lequel l'électrode a un embout distal qui est concave.
4. Dispositif suivant la revendication 1, dans lequel l'électrode a un embout distal qui est hémisphérique et rendu rugueux.
5. Dispositif suivant la revendication 1, dans lequel l'électrode a un embout distal qui est expansible.
6. Dispositif suivant la revendication 1, dans lequel le cathéter à ultrasons passe dans une gaine qui peut être dirigée.

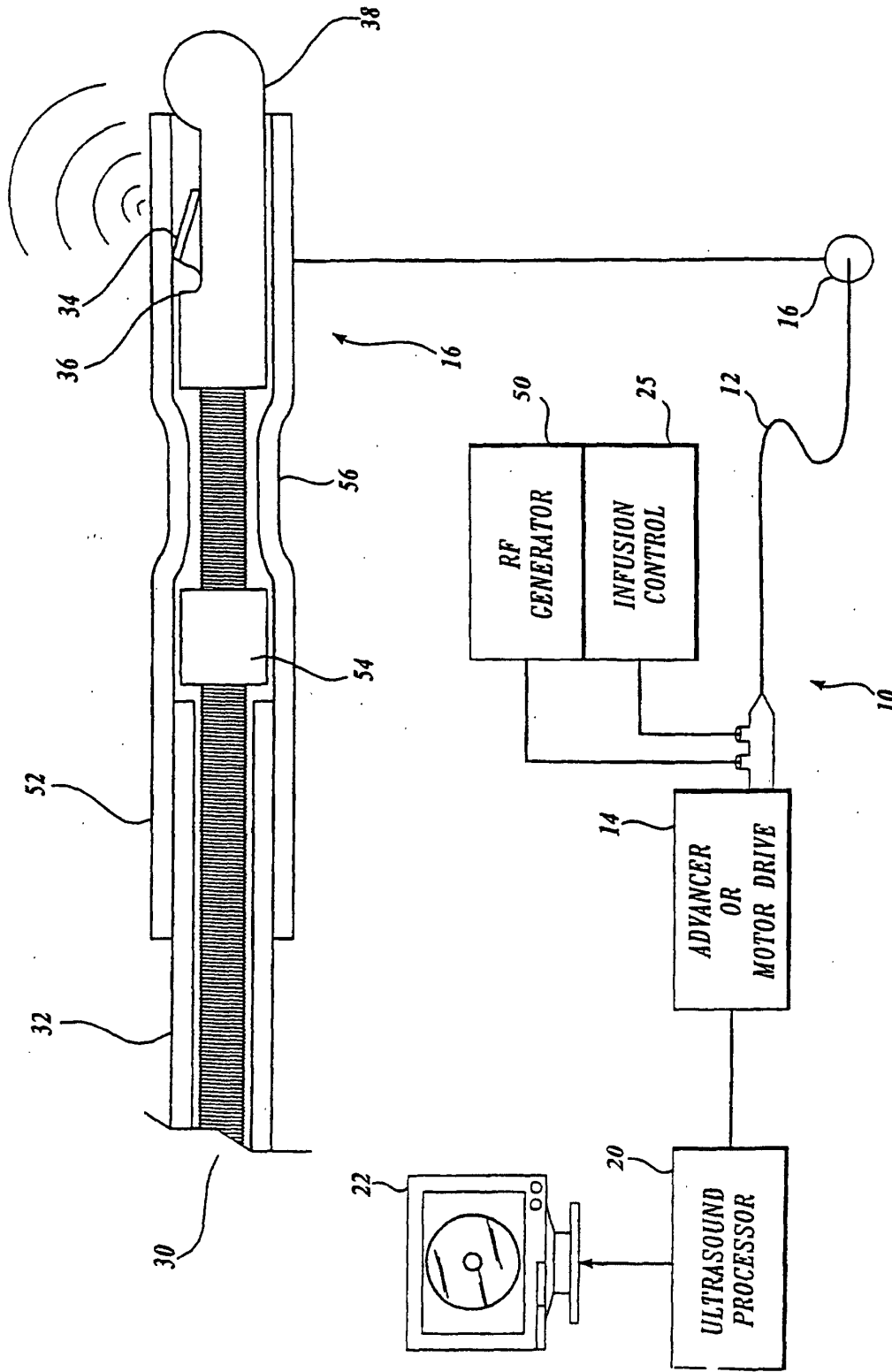


Fig. 1.

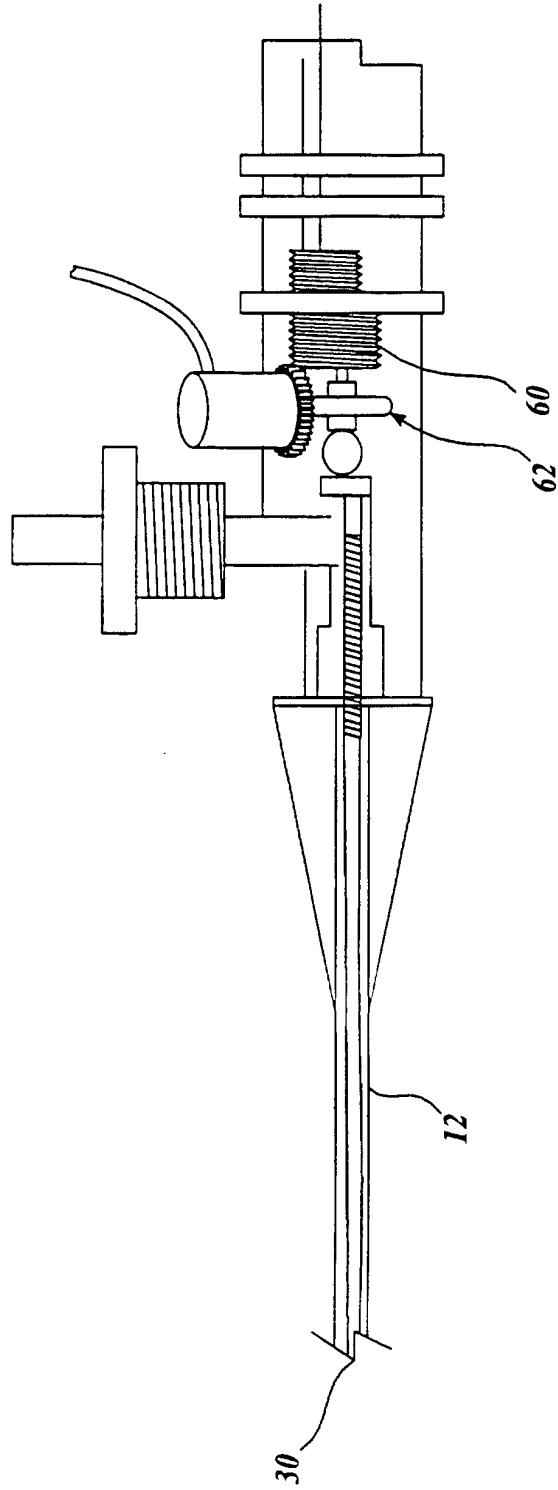


Fig. 2.

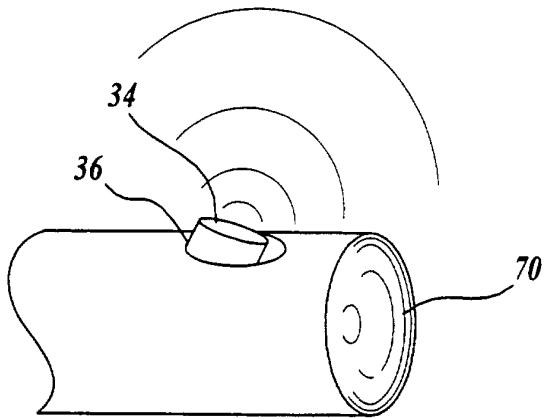


Fig. 3A.

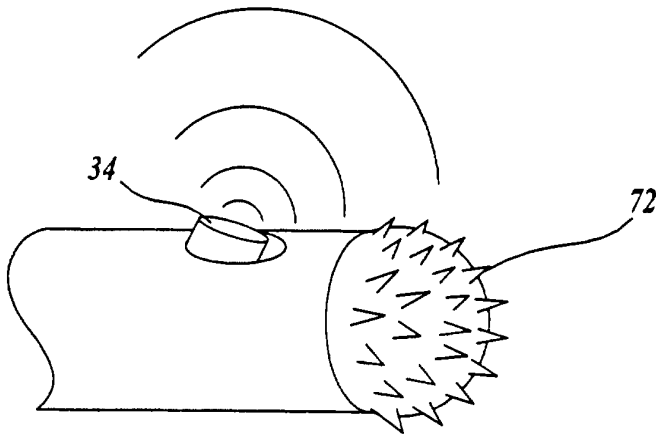


Fig. 3B.

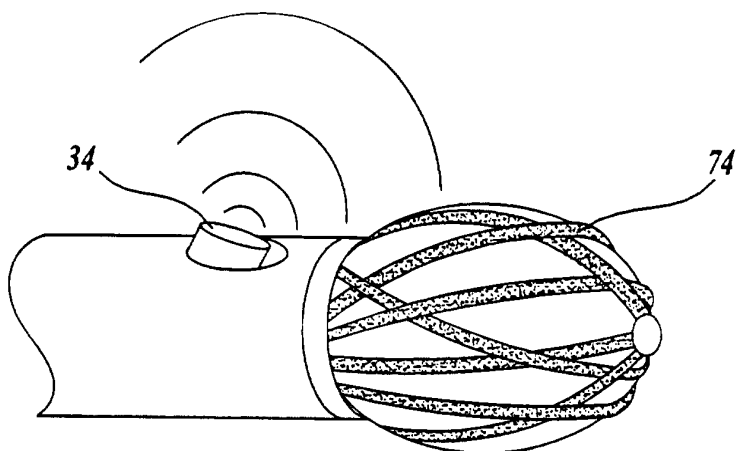
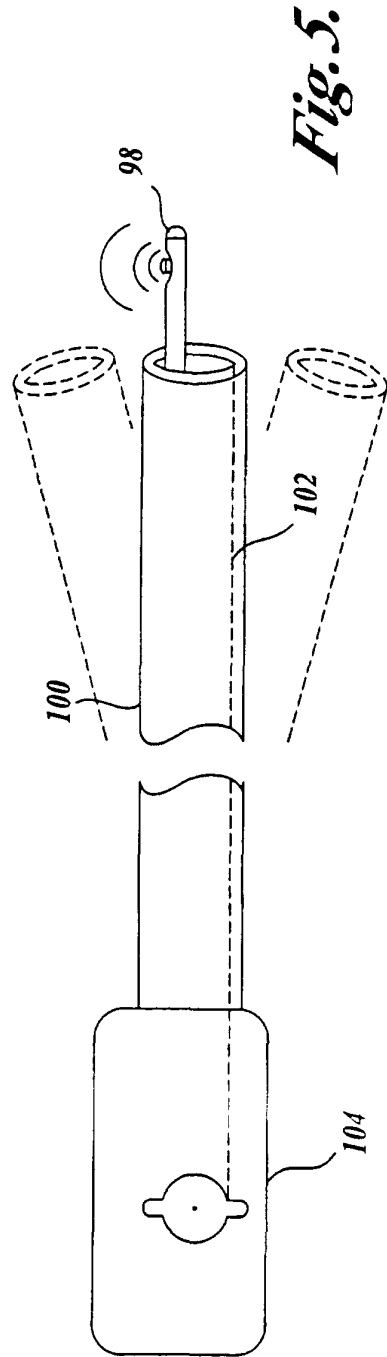
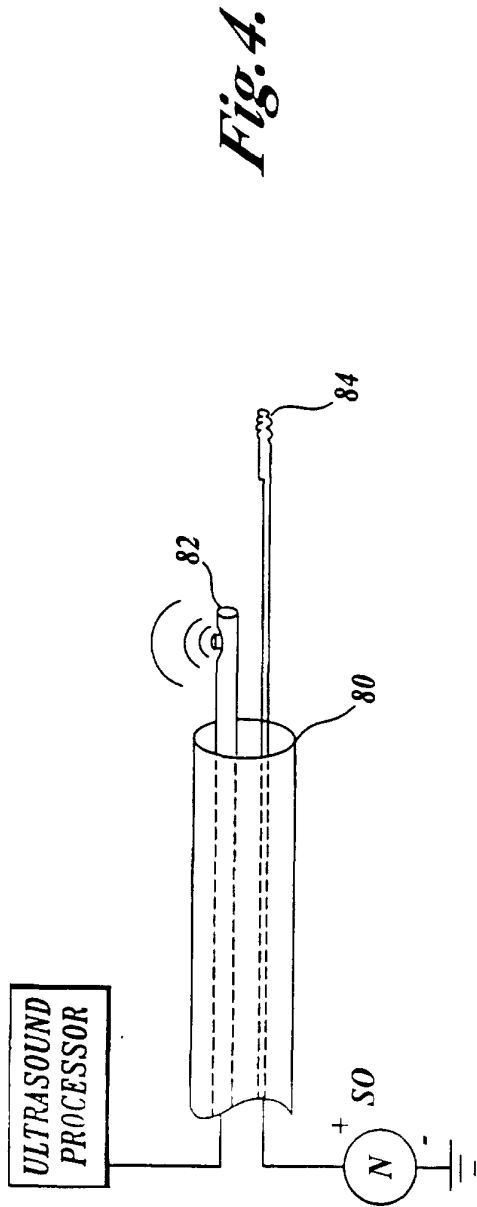


Fig. 3C.



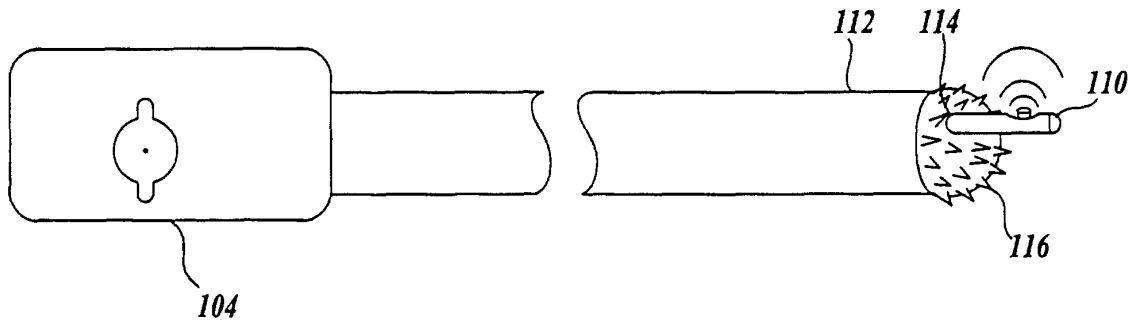


Fig. 6.

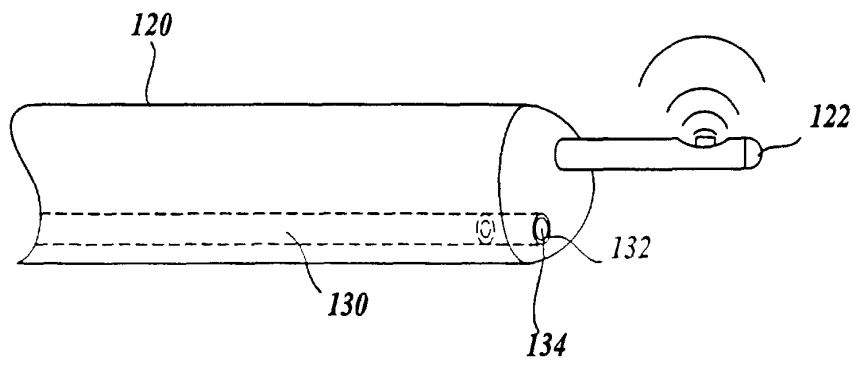


Fig. 7.

专利名称(译)	射频消融和超声导管穿越慢性完全闭塞		
公开(公告)号	EP1259182B1	公开(公告)日	2004-09-22
申请号	EP2001902087	申请日	2001-01-16
[标]申请(专利权)人(译)	波士顿科学有限公司		
申请(专利权)人(译)	BOSTON SCIENTIFIC LIMITED		
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优先权	09/514970 2000-02-29 US		
其他公开文献	EP1259182A1		
外部链接	Espacenet		

摘要(译)

组合导管包括超声换能器和RF消融电极。超声换能器将超声信号发射到血管中并从血管接收回波信号。处理回波信号并用于产生导管周围组织的图像。驱动轴旋转超声换能器以获得血管壁的360°视图。在驱动轴的远端是电极。RF发生器电耦合到驱动轴，以将RF能量传递到驱动轴远端处的电极，以消融容器中的阻塞材料。电极可具有各种尖端形状，包括凹形，粗糙形或可膨胀构型，这取决于容器的尺寸和待烧蚀的闭塞材料的成分。或者，RF消融能量可以被传递到导丝，该导丝用于将超声导管引导通过患者的脉管系统。最后，可操纵的导管可用于进一步将超声导管和消融电极定位在血管中。

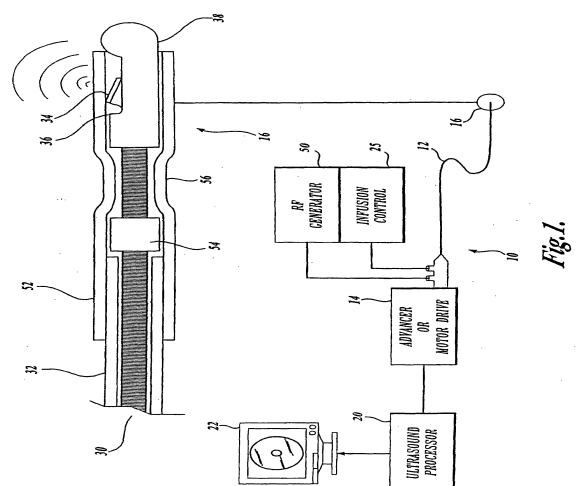


Fig. 1.