

(19)



(11)

EP 2 819 575 B1

(12)

EUROPEAN PATENT SPECIFICATION

(45) Date of publication and mention
of the grant of the patent:

04.12.2019 Bulletin 2019/49

(21) Application number: **13755102.4**

(22) Date of filing: **14.02.2013**

(51) Int Cl.:

A61B 5/05 (2006.01)	A61B 18/14 (2006.01)
A61B 18/02 (2006.01)	A61B 18/18 (2006.01)
A61B 18/24 (2006.01)	A61N 1/05 (2006.01)
A61N 1/36 (2006.01)	A61B 5/00 (2006.01)
A61B 5/0492 (2006.01)	A61B 18/06 (2006.01)
A61B 18/08 (2006.01)	A61B 18/20 (2006.01)
A61B 5/0488 (2006.01)	A61B 17/32 (2006.01)
A61B 18/00 (2006.01)	A61B 90/00 (2016.01)

(86) International application number:

PCT/US2013/026008

(87) International publication number:

WO 2013/130270 (06.09.2013 Gazette 2013/36)

(54) **CATHETER STRUCTURE FOR LOCATING TISSUE IN A BODY ORGAN AND SIMULTANEOUSLY DELIVERING THERAPY AND EVALUATING THE THERAPY DELIVERED**

KATHETERSTRUKTUR ZUR ORTUNG VON GEWEBE IN EINEM KÖRPERORGAN UND GLEICHZEITIGEN THERAPIEVERABREICHUNG UND BEURTEILUNG DER VERABREICHTEN THERAPIE

STRUCTURE DE CATHÉTER POUR LOCALISER UN TISSU DANS UN ORGANE DU CORPS ET SIMULTANÉMENT, ADMINISTRER UNE THÉRAPIE ET ÉVALUER LA THÉRAPIE ADMINISTRÉE

(84) Designated Contracting States:

**AL AT BE BG CH CY CZ DE DK EE ES FI FR GB
GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO
PL PT RO RS SE SI SK SM TR**

(30) Priority: **01.03.2012 US 201213409138**

(43) Date of publication of application:
07.01.2015 Bulletin 2015/02

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Description

FIELD

[0001] The invention relates to an endoscopic catheter and, more particularly, to a catheter structure for locating the main pathways of electrical generation in an organ of the body, delivery therapy to the located pathways, and for evaluating the therapy delivered.

BACKGROUND

[0002] Gastric myoelectrical activity comprises slow waves or pacesetter potentials and, action potential activity. Patients with unexplained dyspepsia symptoms or unexplained nausea and vomiting often have no obvious cause for these symptoms when no peptic ulcer disease, reflux disease or gallbladder abnormalities are found. Gastric dysrhythmias are frequent pathophysiological findings in these patients. Gastric dysrhythmias are termed bradygastrias (1.0-2.5 cpm) and tachygastrias (3.7-10.0 cpm). These gastric dysrhythmias have been defined in many different patient groups where dyspepsia symptoms are present.

[0003] U.S. Patent No. 6,795,725 B2 discloses a catheter structure that can be placed into a human organ, such as the stomach, under direct vision via an endoscope to record myoelectric activity of the organ. These recordings indicate the presence of normal 3-cpm activity at baseline and in other activity in response to a variety of foods or drugs. Although the catheter structure is effective in locating the source of gastric myoelectrical activity, the catheter structure is limited in providing treatment or therapy at the source of the myoelectrical activity.

[0004] Moreover, a system and a method for mapping gastro-intestinal electrical activity are disclosed in document WO 2011/021948 A1.

[0005] Accordingly, there is a need to provide catheter structure that can not only locate the main pathways of electrical generation in a human organ, but can simultaneously deliver a variety of therapies and evaluate the effectiveness of the therapy at the tissue having the located pathways.

SUMMARY

[0006] The invention is defined in appended independent claim 1, preferred embodiments are described in the dependent claims.

[0007] An object of the invention is to fulfill the need referred to above. In accordance with the principles of the present invention, this objective is achieved by providing a catheter structure for use with an electroviscerogram (EVG) system. The catheter structure includes an elongated tube structure having distal and proximal ends. Three electrodes are associated with distal end of the tube structure and are constructed and arranged to obtain signals relating to myoelectrical activity internally of

an intra-abdominal organ to thereby locate targeted tissue that includes main pathways of electrical generation in the organ. Therapy delivery structure, associated with the distal end of the tube structure and separate from the electrodes, is constructed and arranged to provide therapy at the targeted tissue simultaneously as the electrodes obtain the signals at the targeted tissue so that effectiveness of the therapy can be monitored.

[0008] Furthermore, a disclosed method provides therapy to an intra-abdominal body organ of a patient. The method provides catheter structure including electrodes and therapy delivery structure, separate from the electrodes. The catheter structure is inserted into an internal cavity of the organ endoscopically. A baseline electroviscerogram (EVG) rhythm of the organ is determined by using the electrodes. Signals are obtained with the electrodes that relate to myoelectrical activity of the organ to thereby locate targeted tissue that includes main pathways of electrical generation in the organ. Therapy is provided with the therapy delivery structure at the targeted tissue simultaneously as the electrodes obtain the signals at the targeted tissue. The signals are evaluated to determine the effectiveness of the therapy provided. The results of the therapy provided are compared to the baseline EVG rhythm.

[0009] Other objects, features and characteristics of the present invention, as well as the methods of operation and the functions of the related elements of the structure, the combination of parts and economics of manufacture will become more apparent upon consideration of the following detailed description and appended claims with reference to the accompanying drawings, all of which form a part of this specification.

BRIEF DESCRIPTION OF THE DRAWINGS

[0010] The invention will be better understood from the following detailed description of the preferred embodiments thereof, taken in conjunction with the accompanying drawings, wherein like reference numerals refer to like parts, in which:

FIG. 1 is perspective view of a catheter structure, provided in accordance with the principles of the disclosure, shown inserted into a stomach with electrodes and therapy delivery structure thereof engaged with targeted tissue of the stomach.

FIG. 2 is an enlarged distal end view of the catheter structure of FIG. 1.

FIG. 3 is an enlarged distal end view of a second embodiment of the catheter structure having separate lumens for the electrodes and therapy delivery structure.

FIG. 4 is an enlarged distal end view of a third embodiment of the catheter structure, showing an im-

plant as the therapy delivery structure.

FIG. 5 is a partial view of another embodiment of the therapy delivery structure in the form of a needle.

FIG. 6 is an enlarged side view of a distal end of a catheter structure provided in accordance with a fourth embodiment.

FIG. 7 is a flow chart showing steps for using the catheter structure to determine an optimal location of tissue to be ablated while simultaneously monitoring to evaluate the effects of the ablation.

FIG. 8 is a flow chart showing steps for using the catheter structure to determine an optimal location of tissue to be stimulated while simultaneously monitoring to evaluate the effects of the stimulation.

FIG. 9 is a flow chart showing steps for using the catheter structure to determine an optimal location of tissue to be treated, marking the tissue and simultaneously monitoring to evaluate the effects of the marking.

DETAILED DESCRIPTION OF EXEMPLARY EMBODIMENTS

[0011] With reference to FIG. 1, a catheter structure, provided in accordance with the invention, is shown generally indicated at 10 inserted via an endoscope 12 into a human organ, such as a stomach 14. The catheter structure 10 includes an elongated tube structure 16 having a distal end 18 and a proximal end 20. Three electrodes 22 are associated with the distal end 18 of the tube structure 16 so as to preferably be moved from a substantially retracted position with respect to distal end 18 of the tube structure 16 to an operative position extending directly from the distal end 18. A signal wire 24 is associated with each electrode 22 for obtaining signals from the electrodes as will be explained more fully below. The wires 24 extend within the tube structure 16 to the proximal end 20 thereof. An end view of the catheter structure 10 is shown in FIG. 2.

[0012] Therapy delivery structure 25, separate from the electrodes 22, is also provided in the tube structure 16 of the catheter structure 10. In the embodiment of FIGs. 1 and 2, the therapy delivery structure 25 is provided generally centrally in the tube structure 16 along with the electrodes 22. However, the therapy delivery structure 25 can be provided in any orientation with respect to the electrodes 22 and thus need not be centrally located. Alternatively, with reference to FIG. 3, a within the tube structure 16' of the catheter 10', a first lumen 27 can contain all of the electrodes 22 and a second, separate lumen 28 can contain the therapy delivery structure 25.

[0013] To provide a negative impact on the physiology

of the human organ 14 such as, for example, providing a therapeutic impact by producing negative effects on the normal physiological function of the organ, the therapy delivery structure 25 is a device connected with a source of energy 30 to deliver the energy to targeted tissue 31 of the human organ 14. In particular, the therapy delivery structure 25 can be 1) a radio frequency ablation device such as an needle 29 for delivering radio frequency energy to ablate tissue of the organ 14; 2) a microwave ablation device for delivering microwave energy to ablate tissue of the organ 14; 3) an ultrasonic ablation device for delivering ultrasonic wave energy to ablate tissue of the organ 14; 4) a cryoablation device for delivering cryogenic energy to freeze and kill the tissue of the organ 14; and 5) a laser ablation device for delivering laser energy to ablate tissue of the organ 14, all of which are disclosed in U.S. Patent Application Publication No. 2005/0240239A1. It can be appreciated that the therapy delivery structure 25 can be any device capable of altering tissue of a human organ by using, besides those mentioned above, chemical energy or agents, thermal energy, mechanical sources, bipolar, multipolar or impedance controlled radio frequency electrical energy, or other sources of energy. As used herein, "ablate" can include any means of altering tissue such as, for example, cutting, destroying, burning, killing, etc. to provide a negative therapeutic impact on the physiology of the organ 14. For example, the therapy delivery structure can include a tissue harvesting device such as a biopsy needle or forceps or scalpel to remove or cut tissue from the organ.

[0014] Instead of negatively impacting the physiology of the human organ 14, there are times when one wants to provide a positive impact. In these situations, instead of ablating tissue, tissue is electrically or chemically stimulated or the tissue is marked for later treatment. For example, to electrically stimulate tissue, the source of energy 30 is preferably electrical energy and the therapy delivery structure 25 preferably includes an electrode 33 (FIG. 6) to engage and provide electrical stimulation to targeted tissue of the human organ 14. Alternatively, for a more permanent solution, with reference to FIG. 4, the therapy delivery structure 25' can include an electrical stimulation device as an implant 32 provided in the tube structure 16". The implant 32 can include a barb 34 at an end thereof and can be delivered through the catheter 10' so as to be implanted and left in targeted tissue 31 of the human organ 14, as explained more fully below. The implant 32 may be delivered by a plunger (not shown) of the therapy delivery structure 25'. Instead of providing electrical stimulation, the implant 32 can provide synthetic materials, cells, tissues/bioengineered tissues and/or chemicals.

[0015] To mark the targeted tissue 31, as shown in FIG. 5, the therapy delivery structure 25" may include a needle that delivers, for example, India ink 35, or may be a device that can heat and gently burn portions of the targeted tissue 31 or tissue nearby. Since the embodiment of FIG. 5 shows a separate lumen 28 for the therapy

delivery structure 25, the needle for the ink 35 can be provided in the lumen 28 to mark the tissue. The needle can thereafter be removed from the lumen 28 and then another therapy delivery structure such as the electrode 33 or an ablating device can be inserted into the lumen 28 to provide treatment or therapy to the marked tissue.

[0016] When being inserted into the human organ 14, the electrodes 22 and therapy delivery structure 25 are in an insertion position. More particularly, the electrodes 22 and therapy delivery structure 25 are retracted, disposed near the distal end 18 of the tube structure 16. In the illustrated embodiment, the electrodes 22 are delivered into the lumen 36 of the stomach body 38 and/or antrum 40 in order to record myoelectrical activity from the stomach (or other hollow organ) 14 within the abdominal cavity.

[0017] The electrodes 22 and therapy delivery structure 25 are delivered via the tube structure 16 that is passed through the biopsy channel of a standard endoscope 12. In the illustrated embodiment, three electrodes 22 are provided, one for a positive signal, one for a negative signal and one for ground. Each electrode 22 is a recording electrode and is preferably of the type disclosed in U.S. Patent No. 6,795,725 B2.

[0018] In one embodiment, to move the electrodes 22 and the therapy delivery structure 25 between the retracted and extended positions, actuating structure 42, 44 is provided. In the embodiment, the actuating structure can be, for example, one or more wires 42 operatively associated with the electrodes 22 that are manually movable separately, or in unison at the proximal end of the tube structure 16. For example, FIG. 1 shows a single plunger 44 coupled to the wires 42, not according to the invention. Movement of the plunger 44 extends and retracts the electrodes 22 in unison. Alternately, instead of retracting and relocating the electrodes 22 to search for the targeted tissue 31, with reference to FIG. 6, the catheter 10" can include a plurality of lumens 46 within the tube structure 16. Each lumen 46 contains a different electrode 22 so that each electrode 22 can be directed separately in different directions to expand the diagnostic tracking location and allow multi-treatment and sensing sites. In the embodiment of FIG. 6, the electrodes can be retractable for ease of inserting/removing the catheter 10" to/from the human organ 14.

[0019] With reference to FIG. 1, when the tube structure 16 is placed within the organ 14 via the endoscope, the electrodes 22 are extended to impinge upon the mucosal lining 48 or pierce the mucosa to a depth of preferably 2-4 mm. In the extended position, the electrodes are spaced apart between about 1-10 mm and are arranged substantially on a common curvilinear surface. In this way gastric myoelectrical activity from the interstitial cells of Cajal and/or smooth muscle and/or enteric neurons are recorded from the three electrodes 22. The output of each electrode 22 is a raw signal. In particular, the raw signal is a bioelectrical signal recorded from the lining 48 that reflects the myoelectrical activity of the stomach.

The outputs of the electrodes 22 are sent to an electroviscerogram (EVG) system 50 preferably of the type disclosed in U.S. Patent No. 7,124,654.

[0020] Respiration rate from the patient is also detected via sensor 52 placed on the chest of the patient. The respiration signal from sensor 52 is used by the system 50 to monitor artifact caused by respiration movements and/or body movements of the patient. The electrical recordings at each site within the organ 14 continue for at least 2 minutes but may continue as long as feasible. Signals from the electrodes 22 received by the system 50 are used to locate main pathways of electrical generation in a human organ 14 (in the stomach, for example, the pacemaker region) to locate the targeted tissue 31. The electrodes 22 may need to be moved around the human organ 14 to find these pathways of electrical generation. Data from the system 50 can be used by a physician to analyze the signals and perform clinically relevant analyses for interpretation to study myoelectric activity, as disclosed in U.S. Patent No. 7,124,654.

[0021] As noted above, the electrodes 22 are used to locate the targeted tissue 31 for treatment. However, to provide for more precise locating of the tissue to be treated, with reference to FIG. 3, the catheter 10' can include a bio-probe or sensor 54. The sensor 54 is constructed and arranged to detect hormone concentrations or cell-specific chemicals to locate the most optimum level in the targeted tissue 31 for treatment.

[0022] With reference to FIG. 7, a method of ablating targeted tissue in a human organ is shown. In step 56, when the catheter structure 10 is inserted into the stomach 14, a baseline electroviscerogram (EVG) or EGG rhythm is determined by the EVG system 50 using signals from the electrodes 22 engaged with the lining 48. In step 58, the optimal location (targeted tissue 31) is determined for the application of therapy using the electrodes 22 and EVG system 50. The therapy delivery structure 25 is moved to the optimal location in step 60. In step 62, the therapy delivery structure 25 is used to ablate at least portions of the targeted tissue 31 at the optimal location and the results of the ablation are monitored simultaneously via the electrodes 22 (still in place at the optimal location) and the EVG system 50. The ablation provides a negative impact on the physiology of the human organ or stomach 14. In step 64, the effects of the therapeutic maneuver (ablation) are evaluated via the electrodes 22 and EVG system 50. In step 66, the post-therapeutic results are compared to the baseline finding of step 56 via a processor of the EVG system 50. In step 68, if adequate results are achieved, the method is ended, if not, the method returns to step 58.

[0023] With reference to FIG. 8, a method of stimulating targeted tissue in a human organ is shown. In step 70, when the catheter structure 10 is inserted into the stomach 14, a baseline electroviscerogram (EVG) or EGG rhythm is determined by the EVG system 50 using signals from the electrodes 22 engaged with the lining 48. In step 72, the optimal location (targeted tissue 31)

is determined for the application of therapy using the electrodes 22 and EVG system 50. The therapy delivery structure 25 is moved to the optimal location in step 74. In step 76, the therapy delivery structure 25 is used to electrically stimulate at least portions of the targeted tissue 31 at the optimal location and the results of the stimulation are monitored simultaneously via the electrodes 22 (still in place at the optimal location) and the EVG system 50. Step 76 can include using the electrode 33 of FIG. 5 to stimulate tissue or can include placing the implant 32 of FIG. 4 into the tissue to stimulate the tissue. The electrical stimulation provides a positive impact on the physiology of the human organ or stomach 14. In step 78, the effects of the stimulation are evaluated via the electrodes 22 and EVG system 50. In step 78, the post-stimulation results are compared to the baseline finding of step 70 via a processor of the EVG system 50. In step 80, if adequate results are achieved, the method is ended, if not, the method returns to step 72 if using the electrode 33. If using the implant 32, the implant is removed from the tissue and then the method returns to step 72 to determine the better location to place the implant 32.

[0024] With reference to FIG. 9, a method of marking targeted tissue in a human organ for later treatment is shown. In step 84, when the catheter structure 10 is inserted into the stomach 14, a baseline electroviscerogram (EVG) or EGG rhythm is determined by the EVG system 50 using signals from the electrodes 22 engaged with the lining 48. In step 86, the optimal location (targeted tissue 31) is determined for the application of therapy using the electrodes 22 and EVG system 50. The therapy delivery structure 25 is moved to the optimal location in step 88. In step 90, the therapy delivery structure 25 is used to mark at least portions of the targeted tissue 31 at or near the optimal location and the results of the marking are monitored simultaneously via the electrodes 22 (still in place at the optimal location) and the EVG system 50. In step 92, the effects of the marking are evaluated via the electrodes 22 and EVG system 50. In step 94, the post-marking results are compared to the baseline finding of step 84 via a processor of the EVG system 50. In step 96, if adequate results are achieved, the method is ended, if not, the method returns to step 86.

[0025] With the catheter structure of the embodiments:

1. The optimal location or source of the myoelectrical activity can be determined by the EVG system 50 because the electrodes 22 are placed inside the organ under direct vision via the endoscope 12;
2. The frequency and amplitude of the myoelectrical activity are directly measured without interference from abdominal musculature, adipose tissue or skin;
3. The electrical patterns in the organ can be mapped in order to determine normal electrical pathways;
4. The electrical patterns in the organ regarding var-

ious diseases or disorders can be mapped and extent of damage to the electrical network in these diseases and disorders can be determined;

5. The therapy delivery structure 25 simultaneously, with the electrode 22 monitoring, ablates, stimulates or marks the tissue at the optimal location;

6. The electrodes 22 and EVG system 50 permits evaluation of the ablation, stimulation or marking since the electrodes remain in the tissue at the optimal location during the ablation, simulation or marking procedure;

7. Electrical activity of the stomach can be altered to limit appetite or to stimulate appetite; and

8. Since the patient will be sedated and myoelectrical activity is monitored at the organ's lining, artifact caused by respiration can be taken into account by using the respiration sensor 52.

[0026] Although the catheter structure was shown for use inside the stomach it can be appreciated that the catheter structure can be modified by changing the length thereof when designed for use in the following other organs such as, for example, Duodenum and jejunum; Bile duct; Rectum and sigmoid colon, terminal ileum, ascending and transverse colon; Urinary bladder; Uterus and oviducts.

[0027] The foregoing preferred embodiments have been shown and described for the purposes of illustrating the structural and functional principles of the present invention, as well as illustrating the methods of employing the preferred embodiments and are subject to change without departing from such principles. Therefore, this invention includes all modifications encompassed within the scope of the following claims.

Claims

1. A catheter structure (10) for use with an electroviscerogram (EVG) system (50), the catheter structure comprising:

an elongated tube structure (16) having distal (18) and proximal (20) ends, three electrodes (22), associated with distal end (18) of the tube structure (16), constructed and arranged to obtain electrical signals relating to myoelectrical activity internally of an intra-abdominal organ (14) to thereby locate targeted tissue (31) that includes main pathways of electrical generation in the organ, and therapy delivery structure (25), associated with the distal end (18) of the tube structure (16) and separate from the electrodes (22), the therapy

- delivery structure (50) being constructed and arranged to provide therapy at the targeted tissue (31) simultaneously as the electrodes (22) obtain the signals at the targeted tissue (31) so that effectiveness of the therapy can be monitored, **characterized in that** each of the three electrodes (22) and the therapy delivery structure (25) are constructed and arranged to be moved between retracted and extended positions relative to the distal end (18) of the tube structure (16), wherein the three electrodes (22) are movable separately, wherein each of the three electrodes (22) are constructed and arranged to extend in different directions from the distal end (18) of the tube structure (16).
2. The catheter structure (10) of claim 1, wherein the therapy delivery structure (25) is constructed and arranged to ablate the targeted tissue.
 3. The catheter structure (10) of claim 1, wherein the therapy delivery structure (25) is constructed and arranged to cut or remove tissue.
 4. The catheter structure (10) of claim 3, in combination with a source of energy (30) for ablating the targeted tissue (31), the source of energy (30) being radio frequency energy; microwave energy; ultrasonic wave energy; cryogenic energy; laser energy; thermal energy; chemical energy or agents; monopolar energy; or multipolar energy.
 5. The catheter structure (10) of claim 1, wherein the therapy delivery structure (30) is constructed and arranged to electrically or chemically stimulate the targeted tissue (31).
 6. The catheter structure (10) of claim 5, wherein the therapy delivery structure (30) includes an electrode (33).
 7. The catheter structure (10) of claim 5, wherein the therapy delivery device (30) includes an implant (32) constructed and arranged to be implanted and left in the targeted tissue (31).
 8. The catheter structure (10) of claim 1, wherein the therapy delivery structure (30) is constructed and arranged to mark the targeted tissue (31).
 9. The catheter structure (10) of claim 8, wherein the therapy delivery structure (30) is a needle (29) constructed and arranged to deliver ink to mark the targeted tissue (31).
 10. The catheter structure (10) of claim 1, further comprising a sensor (54) constructed and arranged to detect hormone concentration or cell specific chemicals in the targeted tissue.
 11. The catheter structure (10) of claim 1, wherein the three electrodes (22) are provided in a first, common lumen (27) in the tube structure (16) and the therapy delivery structure is provided in a second lumen (28), separate from the first lumen (27), in the tube structure.
 12. The catheter structure of claim 1, in combination with an endoscope, at least a portion of the tube structure being received within the endoscope.
 13. The catheter structure (10) of claim 1, in combination with the EVG system (50).
 14. The catheter structure (10) and the EVG system (50) of claim 13, with a separate respiration sensor (52) to monitor respiration of a patient while the myoelectrical activity of the organ is being monitored with the electrodes (22), signals of the respiration sensor (52) and the signals (22) of the electrodes being received by the EVG system (50) for monitoring the effectiveness of the therapy.

Patentansprüche

1. Katheterstruktur (10) zur Verwendung mit einem Elektroviszerogramm(EVG)system (50), wobei die Katheterstruktur Folgendes umfasst:
eine längliche Rohrstruktur (16) mit distalen (18) und proximalen (20) Enden, drei Elektroden (22), die mit dem distalen Ende (18) der Rohrstruktur (16) verknüpft sind und aufgebaut und angeordnet sind, um elektrische Signale in Bezug auf eine myoelektrische Aktivität innerhalb eines intraabdominalen Organs (14) zu erhalten, um dadurch ein Zielgewebe (31) zu lokalisieren, das Hauptwege einer Stromerzeugung in dem Organ beinhaltet, und eine Therapieabgabestruktur (25), die mit dem distalen Ende (18) der Rohrstruktur (16) verknüpft und von den Elektroden (22) getrennt ist, wobei die Therapieabgabestruktur (50) aufgebaut und angeordnet ist, um eine Therapie an dem Zielgewebe bereitzustellen (31), gleichzeitig, wie die Elektroden (22) die Signale an dem Zielgewebe (31) erhalten, sodass die Wirksamkeit der Therapie überwacht werden kann, **dadurch gekennzeichnet, dass** jede der drei Elektroden (22) und die Therapieabgabestruktur (25) aufgebaut und angeordnet sind, um bezüglich des distalen Endes (18) der Rohrstruktur (16) zwischen einer eingezogenen und einer ausgefahrenen Position bewegt zu werden, wobei die drei Elektroden (22) getrennt beweglich sind, wobei jede der drei Elektroden (22) aufgebaut und angeordnet ist, um sich in unterschied-

liche Richtungen von dem distalen Ende (18) der Rohrstruktur (16) zu erstrecken.

2. Katheterstruktur (10) nach Anspruch 1, wobei die Therapieabgabestruktur (25) aufgebaut und angeordnet ist, um das Zielgewebe abzutragen. 5
3. Katheterstruktur (10) nach Anspruch 1, wobei die Therapieabgabestruktur (25) aufgebaut und angeordnet ist, um das Zielgewebe zu schneiden oder zu entfernen. 10
4. Katheterstruktur (10) nach Anspruch 3, in Kombination mit einer Energiequelle (30) zum Abtragen des Zielgewebes (31), wobei die Energiequelle (30) eines von Folgenden ist: 15
 - Hochfrequenzenergie;
 - Mikrowellenenergie;
 - Ultraschallwellenenergie;
 - kryogene Energie;
 - Laserenergie;
 - Wärmeenergie;
 - chemische Energie oder Wirkstoffe;
 - monopolare Energie; oder 20
 - mehrpole Energie. 25
5. Katheterstruktur (10) nach Anspruch 1, wobei die Therapieabgabestruktur (30) aufgebaut und angeordnet ist, um das Zielgewebe (31) elektrisch oder chemisch zu stimulieren. 30
6. Katheterstruktur (10) nach Anspruch 5, wobei die Therapieabgabestruktur (30) eine Elektrode (33) beinhaltet. 35
7. Katheterstruktur (10) nach Anspruch 5, wobei die Therapieabgabevorrichtung (30) ein Implantat (32) beinhaltet, das aufgebaut und angeordnet ist, um in dem Zielgewebe (31) implantiert und belassen zu werden. 40
8. Katheterstruktur (10) nach Anspruch 1, wobei die Therapieabgabestruktur (30) aufgebaut und angeordnet ist, um das Zielgewebe (31) zu markieren. 45
9. Katheterstruktur (10) nach Anspruch 8, wobei die Therapieabgabestruktur (30) eine Nadel (29) ist, die aufgebaut und angeordnet ist, um Tinte abzugeben, um das Zielgewebe (31) zu markieren. 50
10. Katheterstruktur (10) nach Anspruch 1, ferner umfassend einen Sensor (54), der aufgebaut und angeordnet ist, um eine Hormonkonzentration oder zellspezifische Chemikalien in dem Zielgewebe zu erfassen. 55
11. Katheterstruktur (10) nach Anspruch 1, wobei die

drei Elektroden (22) in einem ersten, gemeinsamen Lumen (27) in der Rohrstruktur bereitgestellt werden (16) und die Therapieabgabestruktur in einem zweiten Lumen (28) in der Rohrstruktur bereitgestellt wird, das von dem ersten Lumen (27) getrennt ist.

12. Katheterstruktur nach Anspruch 1, in Kombination mit einem Endoskop, wobei wenigstens ein Abschnitt der Rohrstruktur in dem Endoskop empfangen wird.
13. Katheterstruktur (10) nach Anspruch 1, in Kombination mit dem EVG-System (50).
14. Katheterstruktur (10) und EVG-System (50) nach Anspruch 13, mit einem getrennten Atmungssensor (52), um eine Atmung eines Patienten zu überwachen, während die myoelektrische Aktivität des Organs mit den Elektroden (22) überwacht wird, wobei Signale des Atmungssensors (52) und die Signale (22) der Elektroden von dem EVG-System (50) zum Überwachen der Wirksamkeit der Therapie empfangen werden.

Revendications

1. Structure de cathéter (10) destinée à être utilisée avec un système d'électroviscérogramme (EVG) (50), la structure de cathéter comprenant :
 - une structure de tube allongée (16) ayant des extrémités distale (18) et proximale (20),
 - trois électrodes (22) associées à l'extrémité distale (18) de la structure de tube (16), conçues et agencées pour obtenir des signaux électriques relatifs à l'activité myoélectrique interne d'un organe intra-abdominal (14) pour ainsi localiser un tissu ciblé (31) qui comporte des voies principales de génération électrique dans l'organe, et
 - une structure d'administration de thérapie (25) associée à l'extrémité distale (18) de la structure de tube (16) et séparée des électrodes (22), la structure d'administration de thérapie (50) étant conçue et agencée pour fournir une thérapie au tissu ciblé (31) au même moment où les électrodes (22) obtiennent les signaux au niveau du tissu ciblé (31) pour pouvoir surveiller l'efficacité de la thérapie,
 - caractérisée en ce que** chacune des trois électrodes (22) et la structure d'administration de thérapie (25) sont conçues et agencées pour être déplacées entre des positions rétractée et étendue par rapport à l'extrémité distale (18) de la structure de tube (16),
 - les trois électrodes (22) étant mobiles séparément,

- chacune des trois électrodes (22) étant conçue et agencée pour s'étendre dans des directions différentes à partir de l'extrémité distale (18) de la structure de tube (16).
2. Structure de cathéter (10) selon la revendication 1, dans laquelle la structure d'administration de thérapie (25) est conçue et agencée pour effectuer l'ablation du tissu cible. 5
 3. Structure de cathéter (10) selon la revendication 1, dans laquelle la structure d'administration de thérapie (25) est conçue et agencée pour couper ou éliminer du tissu. 10
 4. Structure de cathéter (10) selon la revendication 3, en combinaison avec une source d'énergie (30), pour l'ablation du tissu cible (31), la source d'énergie (30) étant une énergie radiofréquence ; 20
 - une énergie micro-onde ;
 - une énergie d'ondes ultrasoniques ;
 - une énergie cryogénique ;
 - une énergie laser ;
 - une énergie thermique ;
 - une énergie ou des agents chimique(s) ; 25
 - une énergie monopolaire ; ou
 - une énergie multipolaire.
 5. Structure de cathéter (10) selon la revendication 1, dans laquelle la structure d'administration de thérapie (30) est conçue et agencée pour stimuler électriquement ou chimiquement le tissu cible (31). 30
 6. Structure de cathéter (10) selon la revendication 5, dans laquelle la structure d'administration de thérapie (30) comporte une électrode (33). 35
 7. Structure de cathéter (10) selon la revendication 5, dans laquelle le dispositif d'administration de thérapie (30) comporte un implant (32) conçu et agencé pour être implanté et laissé dans le tissu cible (31). 40
 8. Structure de cathéter (10) selon la revendication 1, dans laquelle la structure d'administration de thérapie (30) est conçue et agencée pour marquer le tissu cible (31). 45
 9. Structure de cathéter (10) selon la revendication 8, dans laquelle la structure d'administration de thérapie (30) est une aiguille (29) conçue et agencée de façon à distribuer de l'encre pour marquer le tissu cible (31). 50
 10. Structure de cathéter (10) selon la revendication 1, comprenant en outre un capteur (54) conçu et agencé pour détecter des produits chimiques spécifiques à la concentration en hormones ou en cellules dans le tissu ciblé. 55
 11. Structure de cathéter (10) selon la revendication 1, dans laquelle les trois électrodes (22) sont prévues dans une première lumière commune (27) dans la structure de tube (16), et la structure d'administration de thérapie est prévue dans une seconde lumière (28) séparée de la première lumière (27), dans la structure de tube.
 12. Structure de cathéter selon la revendication 1, en combinaison avec un endoscope, au moins une partie de la structure de tube étant reçue à l'intérieur de l'endoscope.
 13. Structure de cathéter (10) selon la revendication 1, en combinaison avec le système EVG (50).
 14. Structure de cathéter (10) et système EVG (50) selon la revendication 13, comportant un capteur de respiration séparé (52) permettant de surveiller la respiration d'un patient pendant que l'activité myoélectrique de l'organe est surveillée par les électrodes (22), des signaux du capteur de respiration (52) et les signaux (22) des électrodes étant reçus par le système EVG (50) pour surveiller l'efficacité de la thérapie.

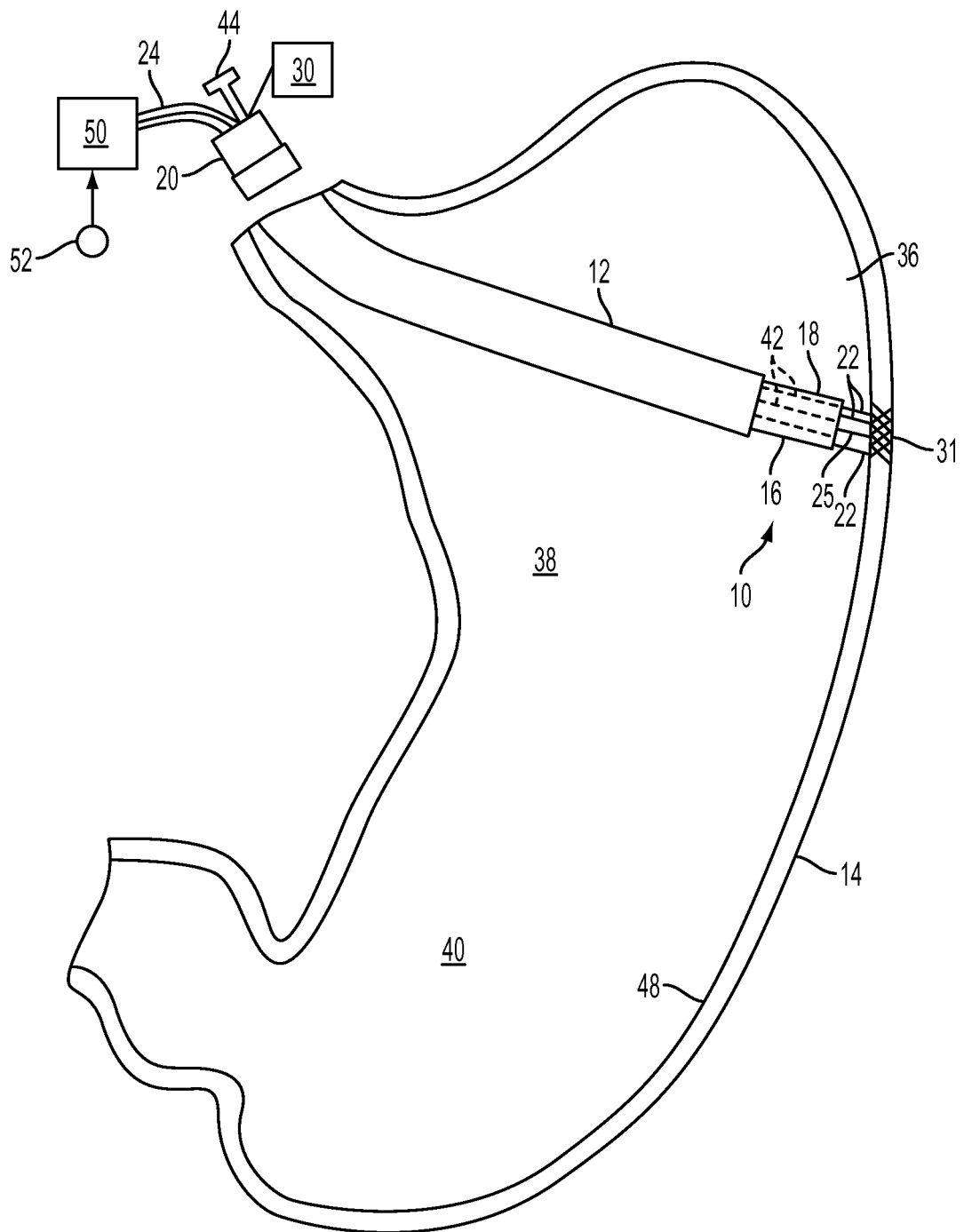


FIG. 1

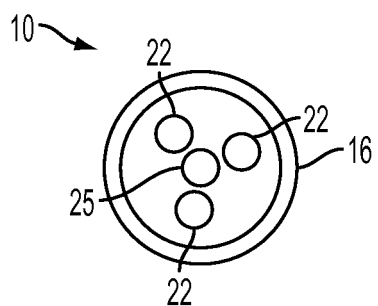


FIG. 2

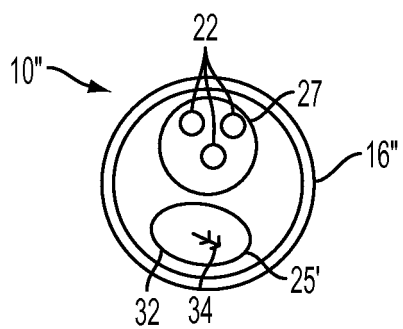


FIG. 4

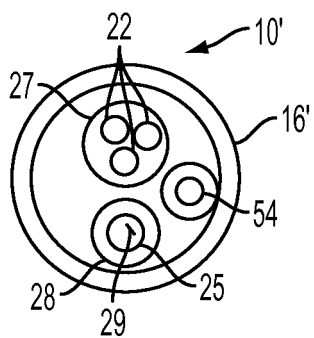


FIG. 3

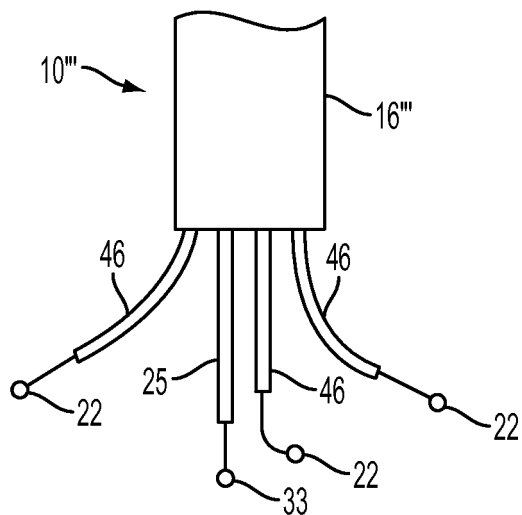


FIG. 6

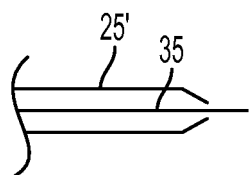


FIG. 5

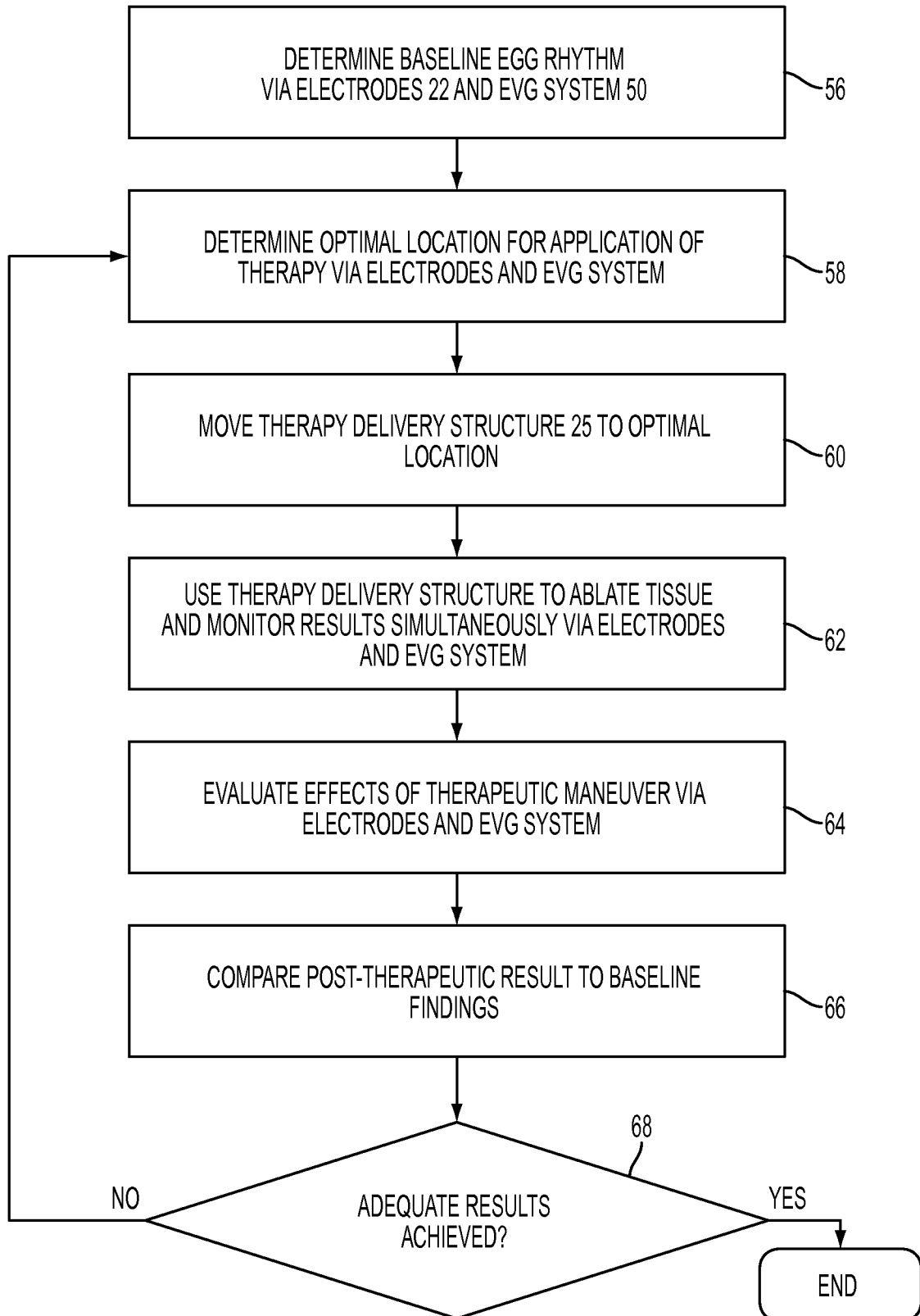


FIG. 7

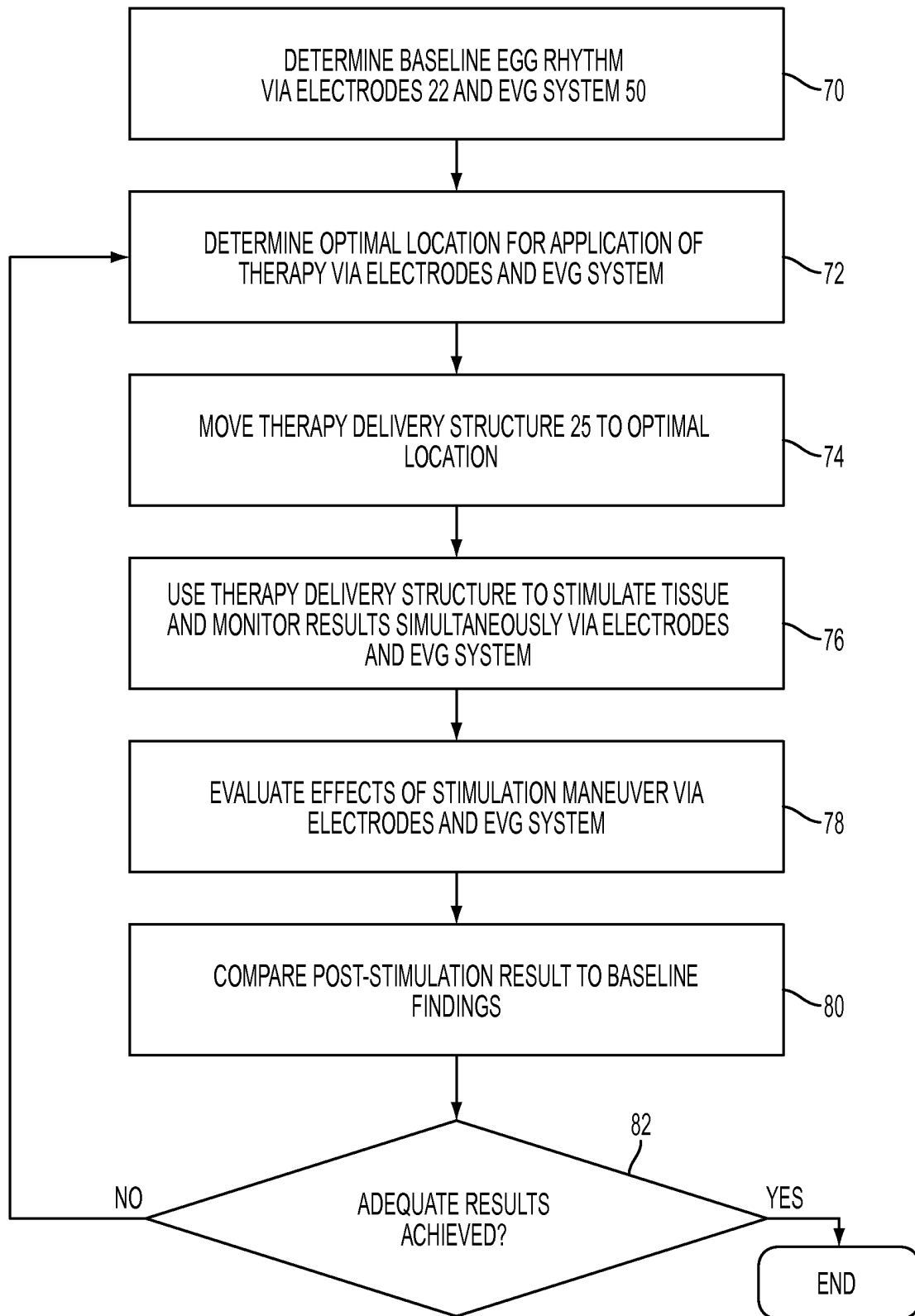


FIG. 8

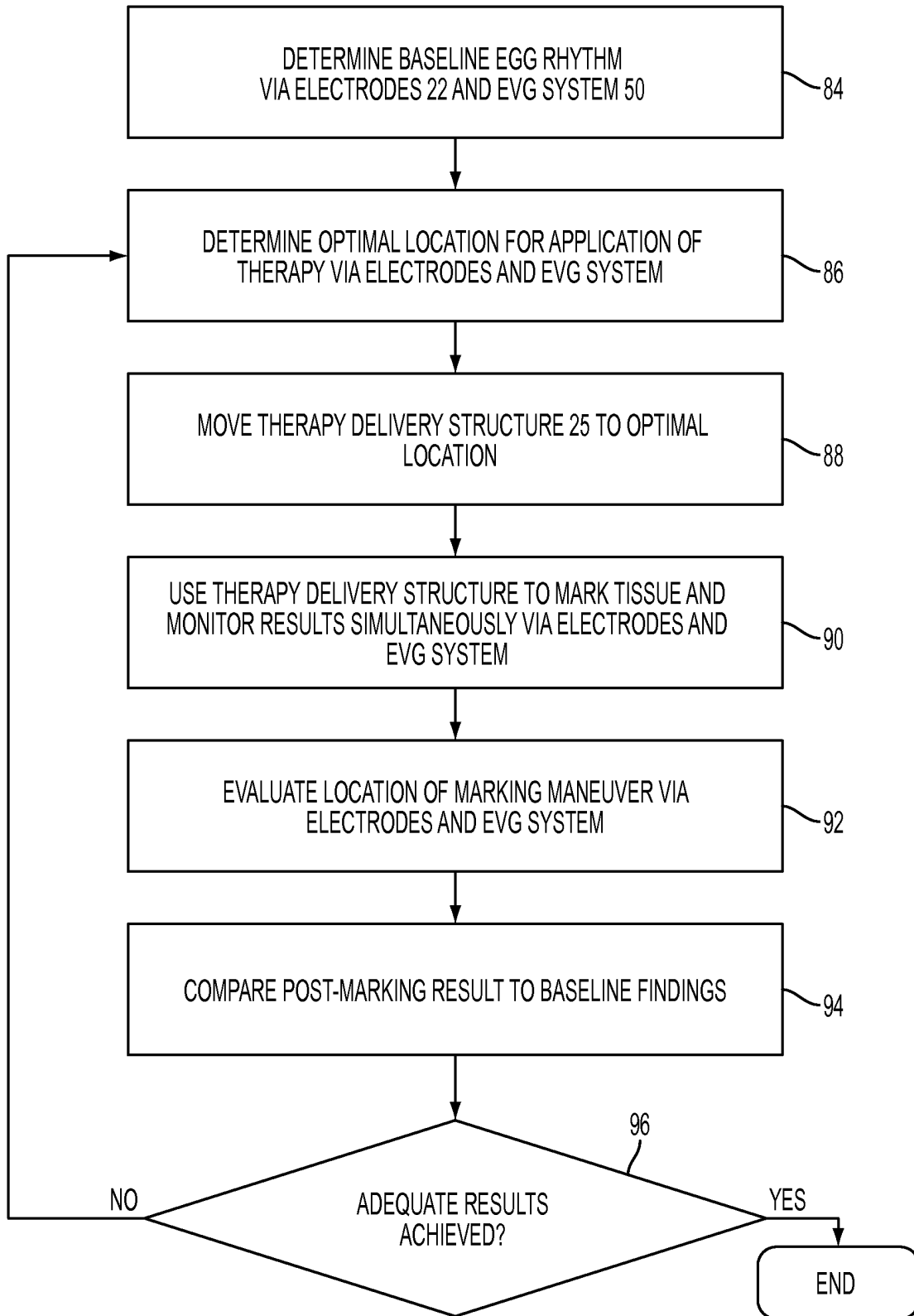


FIG. 9

REFERENCES CITED IN THE DESCRIPTION

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- US 6795725 B2 [0003] [0017]
- WO 2011021948 A1 [0004]
- US 20050240239 A1 [0013]
- US 7124654 B [0019] [0020]

专利名称(译)	导管结构和用于定位身体器官中的组织并同时提供治疗和评估所递送的治疗的方法		
公开(公告)号	EP2819575A4	公开(公告)日	2015-10-28
申请号	EP2013755102	申请日	2013-02-14
申请(专利权)人(译)	NOAR , MARK D.		
当前申请(专利权)人(译)	NOAR , MARK D.		
[标]发明人	NOAR MARK D		
发明人	NOAR, MARK D.		
IPC分类号	A61B5/05 A61B5/00 A61B5/0488 A61B5/0492 A61B17/32 A61B18/00 A61B18/02 A61B18/06 A61B18/08 A61B18/14 A61B18/18 A61B18/20 A61B18/24 A61B90/00 A61N1/05 A61N1/36		
CPC分类号	A61B5/04884 A61B5/0492 A61B5/6852 A61B18/02 A61B18/06 A61B18/08 A61B18/1492 A61B18/18 A61B18/1815 A61B18/20 A61B18/24 A61B2017/320069 A61B2018/00494 A61B2018/00577 A61B2018/00839 A61B2018/0212 A61B2018/1861 A61B2090/395 A61N1/0507 A61N1/0509 A61N1/36007 A61B5/4238		
优先权	13/409138 2012-03-01 US		
其他公开文献	EP2819575B1 EP2819575A1		
外部链接	Espacenet		

摘要(译)

提供了一种用于电子心电图 (EVG) 系统的导管结构。导管结构包括具有远端和近端的细长管结构。三个电极与管结构的远端相关联，并且被构造和布置获得与腹内器官内部的肌电活动相关的信号，从而定位包括器官中的主要发电途径的目标组织。与管结构的远端相关并且与电极分离的治疗递送结构被构造和布置成在目标组织处获得信号时同时在目标组织处提供治疗，从而可以监测治疗的有效性。。