

US012383147B2

(12) United States Patent Davies et al.

(54) APPARATUS AND METHOD OF ASSESSING

A NARROWING IN A FLUID FILELD TUBE

(71) Applicants: MEDSOLVE LTD., London (GB);
IMPERIAL COLLEGE OF
SCIENCE, TECHNOLOGY AND
MEDICINE, South Kensington (GB)

(72) Inventors: Helen Davies, London (GB); Justin

Davies, London (GB)

(73) Assignees: **MEDSOLVE PTE LTD**, London (GB);

IMPERIAL COLLEGE OF SCIENCE, TECHNOLOGY & MEDICINE, London (GB)

(*) Notice: Subject to any disclaimer, the term of this

patent is extended or adjusted under 35 U.S.C. 154(b) by 464 days.

This patent is subject to a terminal dis-

claimer.

(21) Appl. No.: 17/867,155

(22) Filed: Jul. 18, 2022

(65) Prior Publication Data

US 2022/0354370 A1 Nov. 10, 2022

Related U.S. Application Data

(63) Continuation of application No. 16/853,523, filed on Apr. 20, 2020, now Pat. No. 11,389,068, which is a (Continued)

(30) Foreign Application Priority Data

Jan. 6, 2011 (GB) 1100137

(51) Int. Cl. G06F 11/30 A61B 5/00

(2006.01) (2006.01)

(Continued)

(10) Patent No.: US 12,383,147 B2

(45) **Date of Patent:**

*Aug. 12, 2025

(52) U.S. Cl.

CPC *A61B 5/02007* (2013.01); *A61B 5/02125* (2013.01); *A61B 5/0215* (2013.01);

(Continued)

(58) Field of Classification Search

CPC A61B 5/02007 See application file for complete search history.

(56) References Cited

U.S. PATENT DOCUMENTS

4,821,735 A 4/1989 Goor 5,775,338 A 7/1998 Hastings (Continued)

FOREIGN PATENT DOCUMENTS

EP 2298162 A1 3/2011 EP 3120762 A1 1/2017 (Continued)

OTHER PUBLICATIONS

A.W. Khir et al., "Determination of Wave Speed and Wave Separation in the Arteries," Journal of Biomechanics, vol. 34, No. 9, pp. 1145-1155, Sep. 30, 2001.

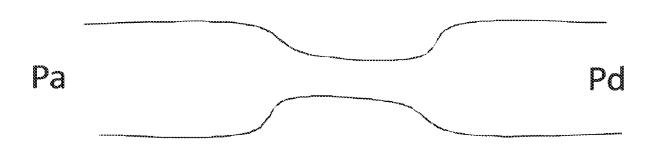
(Continued)

Primary Examiner — Phuong Huynh

(57) ABSTRACT

An apparatus and method of assessing a narrowing in a fluid filled tube having a fluid flow pressure wave having a backward-originating pressure component and a forward-originating pressure component without taking a flow velocity measurement, comprising: taking pressure measurements in the tube; separating the pressure components into the backward-originating pressure component and the forward-originating pressure component; identifying a time window when the differential of flow velocity (dU) is minimal or absent; and deriving the backward and forward pressure components for pressure measurements taken in at least the time window.

44 Claims, 3 Drawing Sheets



US 12,383,147 B2Page 2

	Related	d U.S. A	pplication Data		2003/0159518	A1	8/2003	Sawatari	
) filed on	2003/0163052		8/2003		
			ation No. 15/723,182		2003/0191400 2003/0195428			Shalman Brockway	
	Oct. 3, 2017, now Pat. No. 10,624,544, which is a continuation of application No. 14/701,000, filed on				2003/0204160			Kamm	G16H 50/50
			at. No. 9,775,524, v		2002/0245524		44/2002		604/8
			ation No. 13/345,495		2003/0216621 2004/0082866		11/2003 4/2004		
			No. 9,026,384.	, med on	2004/0082800		8/2004		
	Jan. 0, 2012, 1	dow rat	110. 9,020,504.		2005/0121734	A1	6/2005	Degertekin	
(51)	Int. Cl.				2006/0052700			Svanerdh Ahmed	
` /	A61B 5/02		(2006.01)		2006/0074318 2006/0106321			Lewinsky	
	A61B 5/021		(2006.01)		2006/0241505	Al	10/2006	Ahmed	
	A61B 5/0215		(2006.01)		2007/0060822 2007/0078352		3/2007		
	A61B 5/0285		(2006.01)		2007/0078332		4/2007 9/2007	Naghavi	
	A61B 5/103		(2006.01)		2007/0225614	Al	9/2007	Naghavi	
(52)	U.S. Cl.				2007/0255145 2008/0027330		11/2007	Smith Naghavi	
			5/ 0285 (2013.01); A6		2008/0027330		4/2008		
	(201	13.01); 🛽	161B 5/7264 (2013.0		2008/0082522		4/2008	Jung	
			5/7278	(2013.01)	2008/0082582 2008/0101532		4/2008	Jung Tkaczyk	
(56)	1	Doforon	ces Cited		2008/0101332			Patangay	
(30)		Kelefell	ces Cheu		2008/0213165	$\mathbf{A}1$	9/2008	Lieu	
	U.S. P	ATENT	DOCUMENTS		2008/0228086 2008/0255471			Johnson Naghavi	
		# /2000	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2008/0233471		10/2008		
	6,062,089 A 6,106,476 A	5/2000 8/2000	Ichihashi Corl		2008/0281205		11/2008	Haghavi	
			Ovadia-Blechman		2008/0292049 2009/0018459		11/2008 1/2009		
	6,190,355 B1		Hastings		2009/0018439		3/2009		
	6,193,669 B1 6,343,514 B1	2/2001	Degany Smith		2009/0082678		3/2009		
	6,354,999 B1	3/2002			2009/0088650 2009/0234231		4/2009 9/2009	Corl Knight	
	6,396,615 B1	5/2002			2010/0081941		4/2010	Naghavi	
	6,409,677 B1 6,471,656 B1	6/2002 10/2002	Shalman		2010/0086483			Belardinelli	
(6,558,334 B2	5/2003	Shalman		2010/0109104 2010/0152607			Tiensuu Kassab	
	6,565,514 B2 6,585,660 B2		Svanerudh Dorando		2010/0156898		6/2010	Voros	
	6,615,667 B2	9/2003			2010/0234698	A1*	9/2010	Manstrom	
			Brockway		2010/0241008	A 1	9/2010	Belleville	600/478
	6,663,570 B2 6,697,667 B1	12/2003 2/2004			2010/0280396	A1	11/2010	Zhang	
	6,716,178 B1	4/2004	Kilpatrick		2010/0286537 2011/0066047		11/2010	Pills Belleville	
(6,754,608 B2		Svanerudh		2011/0000047			Schmitt	
	6,868,736 B2 7,134,994 B2	3/2005 11/2006	Sawatari Alpert		2011/0071407			Hubinette	
,	7,274,956 B2	9/2007	Mott		2011/0085977 2011/0137140			Rosenmeier Tearney	
	RE39,863 E 7,329,223 B1	10/2007	Smith Ainsworth		2011/0137140			Johnson	
	7,481,774 B2		Brockway		2011/0178383			Kassab	
′	7,532,920 B1	5/2009	Ainsworth		2011/0178413 2011/0178417			Schmitt Kassab	
	7,632,304 B2 7,693,563 B2	12/2009 4/2010			2011/0196255			Kassab	
	7,775,988 B2	8/2010			2011/0245693			Hastings	
	7,783,338 B2		Ainsworth		2011/0251497 2011/0263986		10/2011 10/2011		
		10/2010 11/2010			2011/0306867		12/2011	Gopinathan	
			Nieminen		2011/0319752			Steinberg	
			Alferness		2011/0319773 2012/0004529		1/2011	Tolkowsky	
	7,853,626 B2 7,887,582 B2	12/2010 2/2011			2012/0004537	A1	1/2012	Tolkowsky	
	8,006,594 B2	8/2011	Hayner		2012/0029339 2012/0041318		2/2012 2/2012		
		10/2011			2012/0041318		2/2012		
		11/2011 12/2011			2012/0041320	A1	2/2012	Taylor	
:	8,157,742 B2	4/2012	Taylor		2012/0041321 2012/0041322		2/2012 2/2012		
			Davies A6	51B 5/7278	2012/0041322		2/2012		
	0,624,544 B2 1,389,068 B2*	4/2020 7/2022	Davies Ac	51B 5/7278	2012/0041324	A1	2/2012	Taylor	
2002	/0052553 A1	5/2002	Shalman		2012/0041735 2012/0041739		2/2012 2/2012		
	/0059827 A1 /0065472 A1	5/2002	Smith Brockway		2012/0041739		3/2012		
	/0063472 A1 2/0072880 A1		Svanerudh		2012/0053918	A1	3/2012	Taylor	
2002	/0173724 A1	11/2002	Dorando		2012/0053919		3/2012		
	/0032886 A1 /0033095 A1		Deganv Svanerudh		2012/0053921 2012/0059246		3/2012 3/2012		
2003	70033033 AI	2/2003	Svanciuuli		2012/0039240	ΔI	5/2012	1ay101	

(56) References Cited

U.S. PATENT DOCUMENTS

2012/0065514 A1	3/2012	Naghavi
2012/0065623 A1	3/2012	Nelson
2012/0071782 A1	3/2012	Patil
2012/0072190 A1	3/2012	Sharma
2012/0093266 A1	4/2012	Sun
2012/0101355 A1	4/2012	Gopinathan
2012/0101369 A1	4/2012	Patil
2012/0220883 A1	8/2012	Manstrom

FOREIGN PATENT DOCUMENTS

WO	200053081 A1	9/2000
WO	2006041346 A1	4/2006
WO	2012030882 A1	3/2010
WO	2010103277 A1	9/2010
WO	200113779 A1	3/2011
WO	2011038044 A1	3/2011
WO	20120093266 A1	7/2012

OTHER PUBLICATIONS

Justin E. Davies et al., "Evidence of Dominant backward-Propagating 'Suction' Wave Responsible for Diastolic Coronary Filling in Humans, Attenuated in Left Ventricular Hypertrophy," American Heart Association, vol. 113, No. 14, Apr. 11, 2006, pp. 1768-1778.

Jazmin Aguado-Sierra et al., "Pressure Reservoir-Wave Separation Applied to Coronary Arterial Data," 29th IEEE EMBS Annual International Conference, Dec. 31, 2007, pp. 2693-2696.

The State Intellectual Property Office of the People's Republic of China, "Notification of First Office Action" for Application No. 201280004879.6, mailed Feb. 10, 2015, 22 pages with translation. Canadian Intellectual Property Office, "Office Action" for Application No. 2,823,811, mailed Sep. 11, 2015, 3 pages.

Japanese Patent Office, "Notice of Reasons for Refusal" for Application No. 2013-547911, mailed Oct. 6, 2015, 11 pages with translation.

The State Intellectual Property Office of the People's Republic of China, "Notification of Second Office Action" for Application No. 201280004879.6, mailed Nov. 4, 2015, 15 pages with translation. Russian Patent Office, "Office Action" for Application No. 2013136699, mailed Dec. 10, 2015, 6 pages with translation.

European Patent Office, "Examination Report" for Application No. 12700299.6, mailed Jan. 18, 2016, 4 pages.

Chinese State Intellectual Property Office, "Notification of Third Office Action" for Application No. 201280004879.6, mailed May 9, 2016, 10 pages with translation.

International Searching Authority/European Patent Office, "International Search Report and The Written Opinion of the International Searching Authority," for PCT/GB2012/050024, mailed Apr. 19, 2012, 14 pages.

Korean Office Action mailed Aug. 21, 2014 in Korean Patent Application No. 2013-7020712, filed Jan. 6, 2012.

European Patent Office, "Examination Report" for Application No. 12700299.6, mailed Aug. 31, 2016, 3 pages.

Canadian Office Action mailed Oct. 3, 2016 in Canadian Application No. T8477383CA—filed Oct. 3, 2016, 2 pages.

Japanese Patent Office, Office Action for Application No. 2013-547911, mailed Jul. 19, 2016, 7 pages with translation.

Israeli Patent Office, Office Action for Application No. 227351, mailed Aug. 23, 2016, 2 pages.

Chinese State Intellectual Property Office, "Notification of the Fourth Office Action" for Application No. 201280004879.6, mailed Jan. 20, 2017, 6 pages with translation.

SmartFlow tm Integrated Lumen Physiology, Version 5.0, Operator's Manual, Apr. 2001, 42 pages.

Florence Medical Innovations in Vascular Technology Business Plan, May 2002, 41 pages.

Florence Medical SmartFlow, CFR/FFR Manual, Mar. 2002, 50 pages.

SmartFlow CFR/FFR, Innovations in Vascular Technology, Model 2000, 2002, 6 pages.

Florence Medical, Annual Letter to Shareholders, May 17, 2001, 1 page.

Florence Medical LTD, Company Profile, May 2001, 4 pages.

SmartFlow tm Integrated Lumen Physiology for the Cathlab, SmartFlow CFR/FFR, Model 2000, Version 5.0 CFR/FFR, 2001, 2 pages.

Florence Medical Center 510(k) Summary SmartFlowtm, May 14, 2001, 6 pages and Oct. 2, 2001, 5 pages.

EuroPCR Brochure—SmartFlowTm Integrated Lumen Physiology, "Software Design Description" (4 parts)—Apr. 30, 2013.

Florence Medical, Inc. News Release, Florence Medical Introduces SmartFlow Multiple Lesion tm Device at American College of Cardiology Meeting, Mar. 14, 2002, 2 pages.

The Free Library by Farlex, Florence Medical Introduces SmartFlow Multiple Lesion Device at American College of Cardiology Meeting, Mar. 14, 2002, 3 pages.

Florence Medical innovations in vascular technology PowerPoint presentation, 2002, 19 pages.

Shalman, E., et al., Pergamon, Numerical modeling of the flow in stenosed coronary artery. The relationship between main hemodynamic parameters, Received Nov. 3, 2000, accepted Oct. 2, 2001, 16 pages. Shalman, E., et al., Pergamon, Pressure-based simultaneous CFR and FFR measurements: understanding the physiology of a stenosed vessel, Received Jul. 18, 2000, accepted Oct. 6, 2000, 11 pages.

Grubert, Luis, M.D., et al., Simultaneous Assessment of Coronary Flow Reserve and Fractional Flow Reserve with a Novel Pressure-Based Method, Journal of Interventional Cardiology vol. 13, No. 5, 2000, 8 pages.

Young, D.F., et al., Pressure Drop Across Artificially Induced Stenoses in the Femoral Arteries of Dogs, Circulation Research, 1975; 36: 735-743.

The International Bureau of WIPO, Notification Concerning Submission, Obtention or Transmittal of Priority Document for International Application No. PCT/GB2012/050024, dated Feb. 16, 2012, 1 page.

European Patent Office, The International Searching Authority, Notification of Transmittal of The International Search Report and the Written Opinion of the International Searching Authority, or the Declaration for International Application No. PCT/GB2012/050024, dated Apr. 19, 2012, 16 pages.

International Search Report and Written Opinion received in Patent Cooperation Treaty Application No. PCT/ JS2012/051566, dated Mar. 29, 2013, 9 pages.

International Search Report and Written Opinion received in Patent Cooperation Treaty Application No. PCT/ US2013/057647, dated Dec. 12, 2013, 11 pages.

Patent Cooperation Treaty, "International Preliminary Report on Patentability," for Application No. PCT/ JS2013/057647, Mar. 12, 2015, 7 pages.

European Patent Office, "European Search Report" for Application No. 12825326.7, (PCT/U.S. Pat. No. 2012051566), Mar. 16, 2015, 7 pages.

European Patent Office, "European Search Report" for Application No. 12826470.2, (PCT/U.S. Pat. No. 2012051570), Mar. 16, 2015, 8 pages.

Russian Patent Office, "Office Action" for Application No. 2014110701, May 4, 2016, 17 pages with English translation.

Russian Patent Office, "Office Action" for Application No. 2014110702, May 4, 2016, 14 pages with English translation.

Pijls et al., The Crux of Maximum Hyperemia, The American College of Cardiology Foundation, Elsevier Inc., vol. 4, No. 10, 2011, pp. 1093-1095.

Khashaba et al., Intracoronary Versus Intravenous Adenosine-Induced Maximal Coronary Hyperemia for Fractional Flow Reserve Measurements, Clinical Medicine Insights: Cardiology, Libertas Academica 2014:8, pp. 17-21.

Schlundt et al., Comparison of Intracoronary Versus Intravenous Administration of Adenosine for Measurement of Coronary Fractional Flow Reserve, Circ Cardiovasc Interv, American Heart Association, Inc., 2015, pp. 1-7.

(56) References Cited

OTHER PUBLICATIONS

European Patent Office, "Extended European Search Report" for Application No. 16188188.3, Jan. 3, 2017, 10 pages. Mynard JP et al: "Accurate Automatic Detection of End-Diastole From Left Ventricular Pressure Using Peak Curvature", IEEE Transactions on Biomedical Engineering, Nov. 1, 2008, 7 pages. Javier Escaned, et al., Importance of diastolic fractional flow reserve and dobutamine challenge in physiologic assessment of myocardial bridging, Journal of the American College of Cardiology, vol. 42, pp. 226-233, published Jul. 16, 2003.

Masayuki Abe, et al., Diastolic fractional flow reserve to assess the functional severity of moderate coronary artery stenoses, Circulation, vol. 102, pp. 2365-2370, published Nov. 7, 2000.

Mamas A. Mamas, et al., Resting Pd/Pa measured with intracoronary pressure wire strongly predicts fractional flow reserve, The Journal of Invasive Cardiology, vol. 22, pp. 260-265, published May 2010.

^{*} cited by examiner

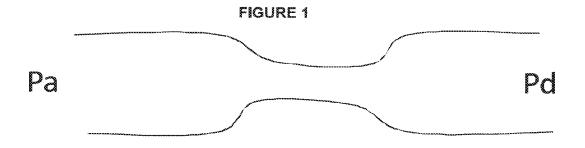


FIGURE 2

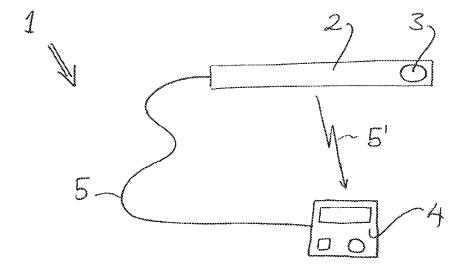


FIGURE 3

Take pressure measurements 101
<u> </u>
Separate out pressure components 1-102
The state of the s
Tidentify free wave time pariod 1-103
derive pressure components during free wave time period 104
Y
derive instantaneous flow ratio fr 105

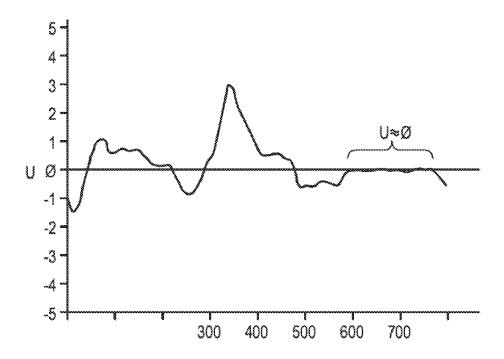


FIG. 4

APPARATUS AND METHOD OF ASSESSING A NARROWING IN A FLUID FILELD TUBE

CROSS-REFERENCE TO RELATED APPLICATION

This application a continuation of U.S. application Ser. No. 16/853,523, filed Apr. 20, 2020, now U.S. Pat. No. 11,389,068, which is a continuation of U.S. application Ser. No. 15/723,182, filed Oct. 3, 2017, now U.S. Pat. No. 10,624,544, which is a continuation of U.S. application Ser. No. 14/701,000, filed Apr. 30, 2015, now U.S. Pat. No. 9,775,524, which is a continuation of U.S. application Ser. No. 13/345,495, filed Jan. 6, 2012, now U.S. Pat. No. 9,026,384, which claims priority to United Kingdom Patent Application No. GB1100137.7, filed Jan. 6, 2011, the disclosures of which are hereby incorporated by reference in their entirety.

FIELD OF THE INVENTION

This invention relates to an apparatus and method of assessing a narrowing in a fluid filled tube.

BACKGROUND TO THE INVENTION

A fluid filled tube or vessel formed with a constriction or narrowing can be analysed to measure the magnitude of the constriction or narrowing.

An example of a fluid filled tube or vessel formed with a constriction or narrowing is a blood vessel having a stenosis. Assessment or measurement of the constriction can result in a useful parameter to gauge the extent of the constriction.

A standard methodology for assessment of a constriction in a fluid filled tube such as a coronary stenosis is fractional flow reserve (FFR). This technique measures the drop in pressure at two points along a vessel; see FIG. 1 of the accompanying drawings, under conditions of maximal achievable hyperaemia in a coronary environment. The Pd measurement comes from a pressure sensor on the wire and the Pa measurement comes from the catheter. A comparison is then made by expressing the mean distal pressure (Pd), as a proportion of mean proximal pressure (Pa), wherein the values are mean Pa and Pd over the entire cardiac cycle, taken over at least one complete cardiac cycle (but usually an average of 3 or more beats):

Fractional Flow Reserve (FFR) =
$$\frac{P_d}{P_a}$$

Conditions of maximal hyperaemia are usually only achievable by administration of potent vasodilators such as 55 adenosine or dipyridamole. Such vasodilators are necessary to minimise resistance from the distal vascular bed to accurately estimate the drop in pressure across a stenosis. It would be preferable not to have to use vasodilators.

Distal pressure arises from resistance of the microcirculation, in addition to active compression of small microcirculatory vessels which permeate the myocardium. When flow is measured simultaneously at different sites, it is possible to separate the pressure components arising from the distal myocardium (backward-originating pressure), 65 from those arising from the proximal end (forward-originating pressure),

2

$$dP_{+} = \frac{1}{2(dP + \rho c dU)}$$

where dP is the differential of pressure, ρ =density of blood, c=wave speed, and dU is the differential of flow velocity.

 P_{+} isolates forward originating pressure by removing the backward-originating component, and therefore negates the need for administration of vasoactive agents such as adenosine. Thus by comparing the ratio of P_{+} on either side of a stenosis it is possible to estimate stenosis severity without requiring maximal hyperaemia to be achieved. The isolated forward pressure ratio is expressed as:

Forward pressure ratio =
$$\frac{P_{+distal}}{P_{+proximal}}$$

Whilst the forward pressure ratio offers a considerable step forward as administration of vasodilator compounds are not required, it requires flow velocity to be measured in addition to pressure. This requires considerable extra skill, additional hardware and added expense.

It is an object of the invention to provide an apparatus and method of assessing a narrowing in a fluid filled tube which does not require a measurement of flow velocity, fluid flow rate, in addition to pressure measurement.

One aspect of the present invention provides a method of assessing a narrowing in a fluid filled tube having a fluid flow pressure wave having a backward-originating pressure component and a forward-originating pressure component without taking a flow velocity measurement, comprising: taking pressure measurements in the tube; separating the pressure components into the backward-originating pressure component; identifying a time window when the differential of flow velocity (dU) is minimal or absent; and deriving the backward and forward pressure components for pressure measurements taken in at least the time window.

Another aspect of the present invention provides an apparatus to assess a narrowing in a fluid filled tube having a fluid flow pressure wave having a backward-originating pressure component and a forward-originating pressure component without taking a flow velocity measurement, the apparatus comprising: a pressure measurement device operable to take pressure measurements in the tube; and a processor operable to separate the pressure components into the backward-originating pressure component and the forward-originating pressure component; identify a time window when the differential of flow velocity (dU) is minimal or absent; and to derive the backward and forward pressure components for pressure measurements taken in at least the time window.

A further aspect of the present invention provides a processor configured to assess a narrowing in a fluid filled tube having a fluid flow pressure wave having a backward-originating pressure component and a forward-originating pressure component without taking a flow velocity measurement, the processor: analysing pressure measurements taken in a tube; separating the pressure components into the backward-originating pressure component and the forward-originating pressure component; identifying a time window when the differential of flow velocity (dU) is minimal or

absent; and deriving the backward and forward pressure components for pressure measurements taken in at least the time window.

A yet further aspect of the present invention provides a data storage medium carrying a computer program to assess a narrowing in a fluid filled tube having a fluid flow pressure wave having a backward-originating pressure component and a forward-originating pressure component without taking a flow velocity measurement, the program: analysing pressure measurements taken in a tube; separating the pressure component and the forward-originating pressure component; identifying a time window when the differential of flow velocity (dU) is minimal or absent; and deriving the backward and forward pressure components for pressure measurements taken in at least the time window.

BRIEF DESCRIPTION OF THE DRAWINGS

In order that the present invention may be more readily understood, embodiments of the invention will now be described with reference to the accompanying drawings, in which:

- FIG. 1 is a schematic diagram of a tube formed with a ²⁵ constriction with proximal (Pa) and distal (Pd) pressure measurement sites:
- $FIG.\,2\ \mbox{is a schematic not-to-scale diagram of an apparatus}$ embodying the present invention;
- FIG. 3 is a flow diagram illustrating a method embodying the present invention;
- FIG. 4 shows an example of a free wave period in a cardiac environment, which free wave period is used in an apparatus and method embodying the present invention.

DESCRIPTION

This invention provides an apparatus and method of 40 assessing a narrowing in a fluid filled tube by measuring the pressure in the tube and does not require a measurement of flow velocity, fluid flow rate, in addition to the pressure measurement.

In a fluid flow system, the separated pressures are given 45 as

$$dP_+ = \frac{1}{2(dP + \rho c dU)}$$

$$dP_{-} = \frac{1}{2(dP - \rho c dU)}$$

where dP is the differential of pressure, ρ =density of 55 blood, c=wave speed, and dU is the differential of flow velocity. The isolated pressure ratio, comparing the ratio of P_+ or P_- on either side of a constriction provides a measure, estimate or indication of the severity of the constriction.

The isolated forward pressure ratio using separated pressures is thus: 60

$$\frac{P_{+distal}}{P_{+proximal}}$$

4

Or isolated backward pressure ratio,

$$\frac{P_{-distal}}{P_{-proximal}}$$

Calculating the isolated pressure ratio using this technique gives a pressure only assessment of the severity of the constriction.

Referring to FIG. 2, an apparatus 1 embodying the invention comprises a probe 2 such as an intra-arterial pressure wire (WaveWire or Combowire (Volcano Corp.) or Radi pressure wire (St Jude Medical) with a pressure measurement transducer 3—i.e. a device measuring pressure (P), and a processor 4 to analyse and operate on the pressure measurements. A signal line 5 relays the pressure measurement signal from the transducer 3 to the processor 4. The signal line 5 is illustrated both as a wired connection 5 and as a wireless connection 5'—either configuration is available.

The processor 4 operates on the pressure measurements received from the transducer 3 in accordance with a number of algorithms which are discussed in greater detail below. The apparatus 1 may be provided in the following configurations or combination of configurations, but these are not an exhaustive list of configurations: a stand-alone device incorporating a probe with pressure measurement capacity in wired connection with a processor to provide on-device analysis;

- i) a device incorporating a probe with pressure measurement capacity in wireless connection with a processor to provide analysis at the processor;
- ii) a stand-alone device incorporating a probe with pressure measurement capacity and a data storage device operable to record measurement data for real time or subsequent communication to a processor to provide analysis at the processor (real time and/or off-line); and
- iii) a device incorporating a probe with pressure measurement capacity in wireless connection with a data storage device operable to record measurement data for real time or subsequent communication to a processor to provide analysis at the processor (real time and/or off-line).

In the cardiac environment where the apparatus 1 is configured as part of haemodynamic equipment, the appa-45 ratus is configured using the processor 4 in the haemodynamic equipment, such as in McKesson equipment—Horizon Cardiology™, a cardiovascular information system (CVIS). Such configurations are particularly effective for the equipment processor to perform off-line analysis of the 50 pressure data.

The apparatus 1 (and in particular the probe 2) can be used in combination with other haemodynamic equipment, medical imaging equipment and/or in-patient marker location equipment.

In a cyclic fluid flow system, there are time windows in which the rate of change of the fluid flow velocity tends to zero—i.e. dU tends to zero. At these times, termed here "wave free periods", it is possible to separate the wave pressure in the fluid at a measurement site into forward and backward pressures using the pressure waveform alone. This negates the need for measurement of flow velocity.

In a specific example of a cardiac cycle, at any point in the cardiac cycle dP_+ is determined by $dP+\rho$ c dU. dU is large during parts of the cardiac cycle when significant proportions of wave energy are present (i.e. during left ventricular contraction). However, there are times in the cardiac cycle when dU tends to zero. This can be a single moment or

5

sample in time, or a multiple moments or samples in time. At such times, the dU term can be cancelled and dP₊ or dP₋ estimated using the dP term alone.

In accordance with this example of the invention, pressure samples are taken at or over the wave free period when dU tends to zero. Precise adherence to pressure sampling at or over the wave free period is not essential but pressure sampling does need to take place when the influence of dU is minimised and preferably when tending to zero.

At or over the wave free period when the influence of dU is minimised or negated entirely, the dU side is cancelled from the separated pressures so:

dP+ is calculated as

$$dP_+ = \frac{1}{2(dP + \rho c dU)}$$

and dP_ is calculated as

$$dP_{-} = \frac{1}{2(dP - \rho c dU)}$$

With the dU term cancelled) the separated pressures are calculated as:

$$dP_{+} = \frac{1}{2}dF$$

and

$$dP_{-} = \frac{1}{2}dP$$

When dU tends to zero, the dU side is cancelled from the solution and dP_{+} is calculated as:

$$dP_+ = \frac{1}{2}dP$$

and dP_ as,

$$dP_{-} = \frac{1}{2}dP$$

The apparatus and method provide for the separation of the wave pressure in the fluid at a measurement site into forward and backward pressures using the pressure waveform alone dispensing with the need for any measurement of flow velocity. This advance allows use of technically simplified equipment which does not need to measure fluid flow velocity.

In the apparatus and method embodying the invention, the pressure measurements are made at baseline during the free wave period and not during hyperaemia. This is contrary to the teaching of FFR measurement in combined flow rate and pressure measurement apparatus where measurements are specifically taken at hyperaemia. This is because examples of the invention extract the forward pressure component, rather than (as in conventional FFR) having to minimise the contribution of backward pressure from the measured pressure by administration of vasodilators. If measurements are

6

made during vasodilator hyperaemia, then measurements will not be reliable as dU increases significantly at this time.

FIG. 4 shows an example of dU fluctuating over a cycle. There is an identifiable window where dU tends to zero (marked at 580 ms through to 770 ms in this example). The window is identified for example by being: heuristically learnt by the processor; linked to characteristics of the pressure waveform; or a certain time window after another event in the waveform e.g. starting at a predetermined time (250 ms) after event of dU_{max} and lasting for a predetermined period (150 ms)—note dU_{max} can be reliably observed from pressure measurements of the waveform. The wave free period is identifiable using online analysis in real time or can be identified using offline analysis

For example, in a cardiac environment, detecting minimised dU (wave free period) from pressure measurements can be carried out as follows:

identify peak pressure time (t_{Pmax})

identify end of pressure waveform time (t_{Pend})

sample pressure measurements from t_{Pmax} to t_{Pend} analyse pressure measurements from $(t_{Pmax}+150 \text{ ms})$ through to $(t_{Pend}-50 \text{ ms})$ =wave free period.

Another example for identifying the wave free period is to base its identification on characteristics of the pressure waveform. This is advantageous because identification is not tied to fixed time points. In this specific example: calculate the isolated forward (or backward) pressure ratio;

calculate standard deviation of isolated forward (or backward) pressure ratio select the time period (free wave period) after peak pressure time point where the standard deviation is in the lowest 5% and if no points are identified, select the time period where the standard deviation is in the lowest 10% and so on.

The measurements are continuous within the identified free 35 wave period and/or for a period of at least $\sim=100$ ms.

Another example for identifying the free wave period is: identify the peak pressure time point;

identify the end of the pressure waveform time point; and specifying the free wave period as a predetermined por-40 tion mid-window between these two time points. Preferably, the free wave period is identified as the mid 3/5 window between these two time points.

In the cardiac environment, reliable measurements are taken in the window where dU varies less than +/-2×10⁻⁴ from the zero crossing, where dU_{max} is 3×10⁻³, where dU is 20% or less of dU_{max}, preferably 10% or less, most preferably 5% or less. dU oscillates around the mean over the wave free period so its net contribution to separated pressures (i.e. P₊) is minimised as the -ve contributions cancel the +ve contributions. The oscillations about the mean during the wave free period (the time window) in a cardiac environment are due to limitations in the measurement equipment which will not detect small changes accurately.

Further this advance provides a measure of the severity of a constriction using the measure of isolated pressure ratio.

Further this advance negates the need in the cardiac environment for the administration of potent vasodilators.

There are particular needs in the cardiac environment for simplified equipment having the smallest possible footprint (or being the least invasive requiring the smallest possible entry site) so the provision of an isolated pressure ratio measurement device or probe which has only one measurement device mounted on or in the probe represents a significant technical advance in that field.

Further, such devices or probes in the cardiac field include signal lines from the probe which terminate either in a transmitter for relaying the measurement signal to a proces-

sor or a processor itself. If there is a flow sensor and a pressure sensor, then two different measurement devices are in/on the same probe and there are also two signal lines required to take the signal from the two distinct measurement devices. The loss, in examples of the invention, of the flow sensor from the system is extremely beneficial as it reduces the complexity of the device, can improve handling of the probe and can reduce the number of signal lines necessary to take the measurement signal(s) away from the measurement devices. In the case of examples of the invention, there is only one measurement device—that of pressure measurement and the need for a flow sensor in addition to one or more pressure sensors is obviated. A single pressure sensor wire can be more manoeuvrable than a wire with both pressure and flow sensors. Having a flow sensor in addition 15 to the pressure sensor is sub-optimal for guide wire design

Pressure-only measurements are taken relative to the constriction. Multiple measurements can be taken in preference to one measurement. The probe 2 can be moved relative to the constriction, in which case, multiple measure- 20 system comprising: ments would be taken.

There is a further sophistication to the above described apparatus and method which concerns the identification of wave free periods—those times in the cyclic flow when dU tends to zero. A person skilled in the art is able to calculate 25 and identify wave free periods—occurring as they do during periods of the cardiac cycle when wave activity is minimised

For a given wave free period from time point two to time point tw_1 : with P_+ (during any wave free period tw_0 to tw_1) 30

$$P_{+} = \int_{tw0}^{tw1} dP^{+}$$

and P_ as,

$$P_{-}=\int_{tw0}^{tw1}dP_{-}$$

where $P_{+proximal}$ is defined as,

$$P_{+proximal} = \int_{tw0}^{tw1} dP_{+proximal}$$

and P+distal is defined as,

$$P_{+distal} = \int_{tw0}^{tw1} dP_{+distal}$$

and P_proximal is defined as,

$$P_{-proximal} = \int_{tw0}^{tw1} dP_{-proximal}$$

and P-distal is defined as,

$$P_{-distal} = \int_{tw0}^{tw1} dP_{-distal}$$

The isolated pressure ratio using separated pressures is 50 mid-window between t_{Pmax} and t_{Pend}. thus isolated forward pressure:

$$\frac{P_{+distal}}{P_{+proximal}}$$

Or isolated backward pressure,

$$\frac{P_{-distal}}{P_{-proximal}}$$

Calculating the isolated pressure ratio using this technique over the wave free period gives a pressure-only assessment 65 of the severity of the constriction, such as a stenosis. There is no need to provide flow velocity measurement equipment

on the probe 2 in addition to the pressure measurement transducer 3 and there is no need to process any flow velocity measurement.

When used in this specification and claims, the terms "comprises" and "comprising" and variations thereof mean that the specified features, steps or integers are included. The terms are not to be interpreted to exclude the presence of other features, steps or components.

The features disclosed in the foregoing description, or the following claims, or the accompanying drawings, expressed in their specific forms or in terms of a means for performing the disclosed function, or a method or process for attaining the disclosed result, as appropriate, may, separately, or in any combination of such features, be utilised for realising the invention in diverse forms thereof.

The invention claimed is:

- 1. A system of assessing a narrowing in a blood vessel, the
 - at least one pressure-sensing probe sized and shaped for positioning within the blood vessel; and
 - a processor in communication with the at least one pressure-sensing probe, the processor configured to:
 - receive pressure measurements occurring during a cardiac cycle without hyperaemia obtained by the at least one pressure-sensing probe positioned within the blood vessel; and
 - calculate a pressure ratio using a subset of the pressure measurements occurring during a wave free period of the cardiac cycle, wherein the pressure ratio provides an assessment of a severity of the narrowing in the blood vessel.
- 2. The system of claim 1, wherein a start of the wave free 35 period occurs after a first characteristic of a pressure waveform of the received pressure measurements.
 - 3. The system of claim 2, wherein the first characteristic of the pressure waveform is a peak pressure.
- 4. The system of claim 2, wherein an end of the wave free 40 period occurs before a second characteristic of the pressure waveform of the received pressure measurements.
 - 5. The system of claim 4, wherein the second characteristic is an end of the pressure waveform.
- 6. The system of claim 1, wherein the wave free period 45 includes a time window between a peak pressure time (t_{Pmax}) and an end of pressure waveform time (t_{Pend}) .
 - 7. The system of claim 6, wherein the time window extends from $t_{Pmax}+150$ ms to $t_{Pend}-50$ ms.
 - **8**. The system of claim **6**, wherein the time window is a
 - 9. The system of claim 8, wherein the time window is a mid 3/5 window between t_{Pmax} and t_{Pend} .
 - 10. The system of claim 1, wherein the wave free period has a length of at least 100 ms.
 - 11. The system of claim 1, wherein the wave free period has a predetermined duration.
 - 12. The system of claim 1, wherein the wave free period corresponds to when a differential of flow velocity (dU) is minimal or absent.
 - 13. The system of claim 1, wherein the wave free period corresponds to when a differential of flow velocity (dU) is below a threshold.
 - **14**. The system of claim **13**, wherein the threshold of the differential of flow velocity (dU) is a predetermined deviation from zero.
 - 15. The system of claim 14, wherein the predetermined deviation is $\pm 2 \times 10^{-4}$.

- 16. The system of claim 13, wherein the threshold of the differential of flow velocity (dU) is a percentage of a maximum differential of flow velocity (dU_{max}).
- 17. The system of claim 13, wherein the threshold is 20% or less than a maximum differential of flow velocity ($\mathrm{d}\mathbf{U}_{max}$).
- 18. The system of claim 1, wherein the at least one pressure-sensing probe comprises a pressure-sensing wire.
- 19. The system of claim 1, wherein the at least one pressure-sensing probe comprises a pressure transducer.
- 20. The system of claim 1, wherein the processor is in wired communication with the at least one pressure-sensing
- 21. The system of claim 1, wherein the processor is in wireless communication with the at least one pressuresensing probe.
- 22. The system of claim 1, wherein the processor is further configured to:
 - identify the wave free period based on the received pressure measurements.
- 23. A method of assessing a narrowing in a blood vessel, the method comprising:
 - receiving, with a processor in communication with at least one pressure-sensing probe, pressure measurements occurring during a cardiac cycle without hyperaemia obtained by the at least one pressure-sensing probe while the at least one pressure-sensing probe is positioned within the blood vessel; and
 - calculating, with the processor, a pressure ratio using a subset of the pressure measurements occurring during 30 a wave free period of the cardiac cycle, wherein the pressure ratio provides an assessment of a severity of the narrowing in the blood vessel.
- 24. The method of claim 23, wherein a start of the wave free period occurs after a first characteristic of a pressure 35 waveform of the received pressure measurements.
- 25. The method of claim 24, wherein the first characteristic of the pressure waveform is a peak pressure.
- 26. The method of claim 24, wherein an end of the wave free period occurs before a second characteristic of the 40 pressure waveform of the received pressure measurements.
- 27. The method of claim 26, wherein the second characteristic is an end of the pressure waveform.

10

- 28. The method of claim 23, wherein the wave free period includes a time window between a peak pressure time (t_{Pmax}) and an end of pressure waveform time (t_{Pend}) .
- 29. The method of claim 28, wherein the time window extends from $t_{Pmax}+150$ ms to $t_{Pend}-50$ ms.
- 30. The method of claim 28, wherein the time window is
- a mid-window between t_{Pmax} and t_{Pend} .

 31. The method of claim 30, wherein the time window is
- a mid 3/5 window between t_{Pmax} and t_{Pend} .

 32. The method of claim 23, wherein the wave free period has a length of at least 100 ms.
- 33. The method of claim 23, wherein the wave free period has a predetermined duration.
- 34. The method of claim 23, wherein the wave free period corresponds to when a differential of flow velocity (dU) is minimal or absent.
- 35. The method of claim 23, wherein the wave free period corresponds to when a differential of flow velocity (dU) is below a threshold.
- 36. The method of claim 35, wherein the threshold of the differential of flow velocity (dU) is a predetermined deviation from zero.
 - 37. The method of claim 36, wherein the predetermined deviation is $\pm 2 \times 10^{-4}$
- 38. The method of claim 35, wherein the threshold of the differential of flow velocity (dU) is a percentage of a maximum differential of flow velocity (dU_{max}).
- **39**. The method of claim **35**, wherein the threshold is 20% or less than a maximum differential of flow velocity (dU_{max}).
- 40. The method of claim 23, wherein the at least one pressure-sensing probe comprises a pressure-sensing wire.
- 41. The method of claim 23, wherein the at least one pressure-sensing probe comprises a pressure transducer.
- 42. The method of claim 23, wherein the processor is in wired communication with the at least one pressure-sensing probe.
- 43. The method of claim 23, wherein the processor is in wireless communication with the at least one pressuresensing probe.
 - 44. The method of claim 23, further comprising: identifying, with the processor, the wave free period based on the received pressure measurements.