



(12) **EUROPEAN PATENT SPECIFICATION**

(45) Date of publication and mention  
of the grant of the patent:  
**05.10.2005 Bulletin 2005/40**

(51) Int Cl.7: **A61F 2/06**, B21F 45/00,  
C22F 1/00

(21) Application number: **95926193.4**

(86) International application number:  
**PCT/US1995/008510**

(22) Date of filing: **10.07.1995**

(87) International publication number:  
**WO 1996/001599 (25.01.1996 Gazette 1996/05)**

(54) **METHOD OF FORMING MEDICAL DEVICES; INTRAVASCULAR OCCLUSION DEVICES**

VERFAHREN ZUR HERSTELLUNG VON MEDIZINISCHEN VORRICHTUNGEN;  
INTRAVASKULÄROKKLUSIONSVORRICHTUNG

PROCEDE DE FORMATION DE DISPOSITIFS MEDICAUX, EN PARTICULIER DE DISPOSITIFS  
D'OCCLUSION INTRAVASCULAIRE

(84) Designated Contracting States:  
**AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL  
PT SE**

(72) Inventor: **Amplatz, Curtis**  
**St. Paul, MN 55104 (US)**

(30) Priority: **08.07.1994 US 272335**

(74) Representative: **Howe, Steven et al**  
**Lloyd Wise**  
**Commonwealth House,**  
**1-19 New Oxford Street**  
**London WC1A 1LW (GB)**

(43) Date of publication of application:  
**26.11.1997 Bulletin 1997/48**

(60) Divisional application:  
**01204926.8 / 1 210 919**

(56) References cited:  
**EP-A- 0 380 666** **WO-A-94/06372**  
**WO-A-94/12136** **FR-A- 2 527 301**

(73) Proprietor: **Amplatz, Curtis**  
**St. Paul, MN 55104 (US)**

## Description

**[0001]** The present invention generally relates to intravascular devices for treating certain medical conditions. The devices in accordance with the invention are particularly well suited for delivery through a catheter or the like to a remote location in a patient's vascular system or in analogous vessels within a patient's body.

**[0002]** A wide variety of intravascular devices are used in various medical procedures. Certain intravascular devices, such as catheters and guidewires, are generally used simply to deliver fluids or other medical devices to specific locations within a patient's body, such as a selective site within the vascular system. Other, frequently more complex, devices are used in treating specific conditions, such as devices used in removing vascular occlusions or for treating septal defects and the like.

**[0003]** In certain circumstances, it may be necessary to occlude a patient's vessel, such as to stop blood flow through an artery to a tumour or other lesion. Presently, this is commonly accomplished simply by inserting, e.g. Ivalon particles, a trade name for vascular occlusion particles, and short sections of coil springs into a vessel at a desired location. These "embolisation agents" will eventually become lodged in the vessel, frequently floating downstream of the site at which they are released before blocking the vessel. In part due to the inability to precisely position the embolisation agents, this procedure is often limited in its utility.

**[0004]** Detachable balloon catheters are also used to block patients' vessels. When using such a catheter, an expandable balloon is carried on a distal end of a catheter. When a catheter is guided to the desired location, the balloon is filled with a fluid until it substantially fills the vessel and becomes lodged therein. Resins which will harden inside the balloon, such as an acrylonitrile, can be employed to permanently fix the size and shape of the balloon. The balloon can then be detached from the end of the catheter and left in place.

**[0005]** Such balloon embolisations are also prone to certain safety problems, though. For example, if the balloon is not filled enough, it will not be firmly fixed in the vessel and may drift downstream within the vessel to another location, much like the loose embolisation agents noted above. In order to avoid this problem, physicians may overfill the balloons; it is not uncommon for balloons to rupture and release the resin into the patient's bloodstream.

**[0006]** Mechanical embolisation devices, filters and traps have been proposed in the past. Even if some of those devices have proven effective, they tend to be rather expensive and time consuming to manufacture. For example, some intravascular blood filters suggested by others are formed of a plurality of specially-shaped legs which are adapted to fill the vessel and dig into the vessel walls. In making most such filters, the legs must be individually formed and then painstakingly attached

to one another, frequently entirely by hand, to assemble the final filter. Not only does this take significant skilled manpower, and hence increase the costs of such devices, the fact that each item must be made by hand tends to make quality control more difficult. This same difficulty and expense of manufacturing is not limited to such filters, but is experienced in many other intravascular devices as well.

**[0007]** Accordingly, it would be advantageous to provide a reliable embolisation device which is both easy to deploy and can be accurately placed in a vessel.

**[0008]** According to the present invention, a collapsible medical device comprises a metal fabric formed of braided metal strands, the device having a collapsed configuration for delivery through a channel in a patient's body and a generally dumbbell-shaped expanded configuration with two expanded diameter portions separated by a reduced diameter portion formed between the opposed ends of the device, and clamps for clamping the strands of the opposed ends of the device.

**[0009]** A collapsible medical device having a dumbbell-shaped expanded configuration is disclosed in the international application WO-A-94/12136.

**[0010]** Such devices of the invention are formed of a metal fabric and have an expanded configuration and a collapsed configuration. The devices are collapsed for deployment through a catheter and, upon exiting the distal end of the catheter in a patient's channel, will resiliently substantially return to their expanded configuration.

**[0011]** The device of the present invention can be formed from a metal fabric formed of a plurality of resilient strands, with the wires being formed of a resilient material which can be heat treated to substantially set a desired shape. This fabric is then deformed to generally conform to a moulding surface of a moulding element and the fabric is heat treated in contact with the surface of the moulding element at an elevated temperature. The time and temperature of the heat treatment is selected to substantially set the fabric in its deformed state. After the heat treatment, the fabric is removed from contact with the moulding element and will substantially retain its shape in the deformed state. The fabric so treated defines an expanded state of a medical device which can be deployed through a catheter into a channel in a patient's body.

**[0012]** The present invention will be described, by way of example, with reference to the accompanying drawings, in which:

Figures 1A and 1B each depict a metal fabric suitable for use with the invention;

Figures 2A and 2B are a side view and a perspective view, respectively, of a moulding element and a length of a metal fabric suitable for use in forming a medical device in accordance with the invention, the mould being in a disassembled state;

Figure 3A is a perspective view showing the moulding element and metal fabric of Figure 2 in a partially assembled state;

Figure 3B is a close-up view of the highlighted area of Figure 3A showing the compression of the metal fabric in the moulding element;

Figure 4 is a cross-sectional view showing the moulding element and metal fabric of Figure 2 in an assembled state; and,

Figures 5A and 5B are a side view and an end view, respectively, of a medical device in accordance with the invention.

**[0013]** The present invention provides a device and discloses a reproducible, relatively inexpensive method of forming devices for use in channels in patients' bodies, such as vascular channels, urinary tracts, biliary ducts and the like, as well as devices which may be made via that method. In forming a medical device, a metal fabric 10 is provided. The fabric is formed of a plurality of wire strands having a predetermined relative orientation between the strands. Figures 1A and 1B illustrate two examples of metal fabrics which are suitable for use.

**[0014]** In the fabric of Figure 1A, the metal strands define two sets of essentially parallel generally helical strands, with the strands of one set having a "hand", i. e. a direction of rotation, opposite that of the other set. This defines a generally tubular fabric, known in the fabric industry as a tubular braid. Such tubular braids are well known in the fabric arts and find some applications in the medical device field as tubular fabrics, such as in reinforcing the wall of a guiding catheter. As such braids are well known, they need not be discussed at length here.

**[0015]** The pitch of the wire strands (i.e. the angle defined between the turns of the wire and the axis of the braid) and the pick of the fabric (i.e. the number of turns per unit length) may be adjusted as desired for a particular application.

**[0016]** For example, if the medical device to be formed is to be used to occlude the channel in which it is placed, the pitch and pick of the fabric will tend to be higher than if the device is simply intended to filter bodily fluid passing therethrough.

**[0017]** For example, in using a tubular braid such as that shown in Figure 1A to form a device such as that illustrated in Figures 5A and 5B, a tubular braid of about 4 mm in diameter with a pitch of about 50° and a pick of about 74 (per linear inch) would seem suitable for a device used in occluding channels on the order of about 2 mm to about 4 mm in inner diameter, as detailed below in connection with the embodiment of Figures 5A and 5B.

**[0018]** Figure 1B illustrates another type of fabric

which is suitable for use. This fabric is a more conventional fabric and may take the form of a flat woven sheet, knitted sheet or the like. In the woven fabric shown in Figure 1B, there are also two sets 14 and 14' of generally parallel strands, with one set of strands being oriented at an angle, e.g. generally perpendicular (having a pick of about 90°), with respect to the other set. As noted above, the pitch and pick of this fabric (or, in the case of a knit fabric, the pick and the pattern of the knit, e.g. Jersey or double knits) may be selected to optimise the desired properties of the final medical device.

**[0019]** The wire strands of the metal fabric should be formed of a material which is both resilient and can be heat treated to substantially set a desired shape. Materials which are believed to be suitable for this purpose include a cobalt-based low thermal expansion alloy referred to in the field as Elgiloy, nickel-based high-temperature high-strength "superalloys" commercially available from Haynes International under the trade name Hastelloy, nickel-based heat treatable alloys sold under the name Incoloy by International Nickel, and a number of different grades of stainless steel. The important factor in choosing a suitable material for the wires is that the wires retain a suitable amount of the deformation induced by the moulding surface (as described below) when subjected to a predetermined heat treatment.

**[0020]** One class of materials which meet these qualifications are so-called shape memory alloys. Such alloys tend to have a temperature induced phase change which will cause the material to have a preferred configuration which can be fixed by heating the material above a certain transition temperature to induce a change in the phase of the material. When the alloy is cooled back down, the alloy will "remember" the shape it was in during the heat treatment and will tend to assume that configuration unless constrained from so doing.

**[0021]** One particularly preferred shape memory alloy for use in the present invention is nitinol, an approximately stoichiometric alloy of nickel and titanium, which may also include other minor amounts of other metals to achieve desired properties. NiTi alloys such as nitinol, including appropriate compositions and handling requirements, are well known in the art and such alloys need not be discussed in detail here. For example, U. S. Patents 5,067,489 (Lind) and 4,991,602 (Amplatz et al) discuss the use of shape memory NiTi alloys in guidewires. Such NiTi alloys are preferred, at least in part, because they are commercially available and more is known about handling such alloys than other known shape memory alloys. NiTi alloys are also very elastic — they are said to be "superelastic" or "pseudoelastic". This elasticity will help a device of the invention return to a pre-set expanded configuration for deployment.

**[0022]** The wire strands can comprise a standard monofilament of the selected material, i.e. a standard wire stock may be used. If so desired, though, the indi-

vidual wire strands may be formed from "cables" made up of a plurality of individual wires. For example, cables formed of metal wires where several wires are helically wrapped about a central wire are commercially available and NiTi cables having an outer diameter of 0.003 inches (0.076 mm) or less can be purchased. One advantage of certain cables is that they tend to be "softer" than monofilament wires having the same diameter and formed of the same material. Additionally, if the device being formed from the wire strands is to be used to occlude a vessel, the use of a cable can increase the effective surface area of the wire strand, which will tend to promote thrombosis.

**[0023]** In preparation of forming a medical device in keeping with the invention, an appropriately sized piece of the metal fabric is cut from the larger piece of fabric which is formed, for example, by braiding wire strands to form a long tubular braid. The dimensions of the piece of fabric to be cut will depend, in large part, upon the size and shape of the medical device to be formed therefrom.

**[0024]** When cutting the fabric to the desired dimensions, care should be taken to ensure that the fabric will not unravel. In the case of tubular braids formed of NiTi alloys, for example, the individual wire strands will tend to return to their heat-set configuration unless constrained. If the braid is heat treated to set the strands in the braided configuration, they will tend to remain in the braided form and only the ends will become frayed. However, it may be more economical to simply form the braid without heat treating the braid since the fabric will be heat treated again in forming the medical device, as noted below.

**[0025]** In such untreated NiTi fabrics, the strands will tend to return to their unbraided configuration and the braid can unravel fairly quickly unless the ends of the length of braid cut to form the device are constrained relative to one another. One method which has proven to be useful to prevent the braid from unravelling is to clamp the braid at two locations and cut the braid to leave a length of the braid having clamps (15 in Figure 2) at either end, thereby effectively defining an empty space within a sealed length of fabric. These clamps 15 will hold the ends of the cut braid together and prevent the braid from unravelling.

**[0026]** Alternatively, one can solder, braze, weld or otherwise affix the ends of the desired length together (e.g. with a biocompatible cementitious organic material) before cutting the braid. Although soldering and brazing of NiTi alloys has proven to be fairly difficult, the ends can be welded together, such as by spot welding with a laser welder.

**[0027]** The same problems present themselves when a flat sheet of fabric such as the woven fabric shown in Figure 1B is used. With such a fabric, the fabric can be inverted upon itself to form a recess or depression and the fabric can be clamped about this recess to form an empty pocket (not shown) before the fabric is cut. If it is

desired to keep the fabric in a generally flat configuration, it may be necessary to weld the junctions of the strands together adjacent the periphery of the desired piece of fabric before that piece is cut from the larger sheet. So connecting the ends of the strands together will prevent fabrics formed of untreated shape memory alloys and the like from unravelling during the forming process.

**[0028]** Once an appropriately sized piece of the metal fabric is obtained, the fabric is deformed to generally conform to a surface of a moulding element. As will be appreciated more fully from the discussion below in connection with Figures 2-5, so deforming the fabric will reorient the relative positions of the strands of the metal fabric from their initial order to a second, reoriented configuration. The shape of the moulding element should be selected to deform the fabric into substantially the shape of the desired medical device.

**[0029]** The moulding element can be a single piece, or it can be formed of a series of mould pieces which together define the surface to which the fabric will generally conform. The moulding element can be positioned within a space enclosed by the fabric or can be external of such a space, or can even be both inside and outside such a space.

**[0030]** In order to illustrate one example of how such a mould may be configured and how it may be used to form a device, reference will be had to Figures 2-5. In Figures 2-4, the moulding element 20 is formed of a number of separate pieces which can be attached to one another to complete the moulding element 20. In using such a multi-piece moulding element, the mould can be assembled about the cut length of fabric 10, thereby deforming the fabric to generally conform to the desired surface (or surfaces) of the moulding element.

**[0031]** In the moulding element illustrated in Figures 2-4, the metal fabric 10 is deformed to generally conform to a surface of the moulding element 20, the moulding element comprising a centre section 30 and a pair of end plates 40. Turning first to the centre section 30, the centre section is desirably formed of opposed halves 32,32 which can be moved away from one another in order to introduce the metal fabric 10 into the mould. Although these two halves 32,32 are shown in the drawings as being completely separated from one another, it is to be understood that these halves could be interconnected, such as by means of a hinge or the like, if so desired. The opposed halves of the moulding element 20 shown in the drawings of Figures 2 and 3 each include a pair of semi-circular recesses opposed on either side of a ridge defining a generally semi-circular opening. When the two halves are assembled in forming the device, as best seen in Figure 3, the semi-circular openings in the opposed halves 32, 32 mate to define a generally circular forming port 36 passing through the center section 30. Similarly, the semi-circular recesses in the two halves together form a pair of generally circular central recesses 34, with one such recess being disposed

on either face of the center section.

**[0032]** The overall shape and dimensions of the center section can be varied as desired; it is generally the size of the central recesses 34 and the forming port 36 which will define the size and shape of the middle of the finished device, as explained below. If so desired, each half 32 may be provided with a manually graspable projection 38. In the embodiment shown in the drawings, this projection 38 is provided at a location disposed away from the abutting faces of the respective halves. Such a manually graspable projection 38 will simply enable an operator to more easily join the two halves to define the recesses 34 and forming port 36.

**[0033]** The center section is adapted to cooperatively engage a pair of end plates 40 for forming the desired device. In the embodiment shown in Figures 2 and 3, the center section 30 has a pair of flat outer faces 39 which are each adapted to be engaged by an inner face 42 of one of the two end plates 40. Each end plate includes a compression disk 44 which extends generally laterally inwardly from the inner face 42 of the end plate. This compression disk 44 should be sized to permit it to be received within one of the central recesses 34 on either face of the center section 30. For reasons explained more fully below, each compression disk 44 includes a cavity 46 for receiving an end of the length of the metal fabric 10.

**[0034]** One or more channels 48 for receiving bolts and the like may also be provided through each of the end plates and through the center section 30. By passing bolts through these channels 48, one can assemble the molding element 20 and retain the metal fabric in the desired shape during the heat treatment process, as outlined below.

**[0035]** In utilizing the molding element 20 shown in Figures 2-4, a length of the metal fabric 10 can be positioned between the opposed halves 32 of the center section 30. In the drawings of the molding element 20 of Figures 2-4, the metal fabric 10 is a tubular braid such as that illustrated in Figure 1A. A sufficient length of the tubular braid should be provided to permit the fabric to conform to the molding surface, as explained below. Also, as noted above, care should be taken to secure the ends of the wire strands defining the tubular braid in order to prevent the metal fabric from unraveling.

**[0036]** A central portion of the length of the metal braid may be positioned within one of the two halves of the forming port 36 and the opposed halves 32 of the center section may be joined to abut one another to restrain a central portion of the metal braid within the central forming port 36 through the center section.

**[0037]** The tubular braid will tend to have a natural, relaxed diameter which is defined, in large part, when the tubular braid is formed. Unless the tubular braid is otherwise deformed, when the wire strands are in their relaxed state they will tend to define a generally hollow tube having the predetermined diameter. The outer diameter of the relaxed braid may be, for example, about

4 mm. The relative size of the forming port 36 in the central section 30 of the molding element and the natural, relaxed outer diameter of the tubular braid may be varied as desired to achieve the desired shape of the medical device being formed.

**[0038]** In the embodiment shown in Figures 2 and 3, the inner diameter of the forming port 36 is optimally slightly less than the natural, relaxed outer diameter of the tubular braid 10. Hence, when the two halves 32, 32 are assembled to form the center section 30, the tubular braid 10 will be slightly compressed within the forming port 36. This will help ensure that the tubular braid conforms to the inner surface of the forming port 36, which defines a portion of the molding surface of the molding element 20.

**[0039]** If so desired, a generally cylindrical internal molding section (not shown) may also be provided. This internal molding section has a slightly smaller diameter than the inner diameter of the forming port 36. In use, the internal molding section is placed within the length of the metal fabric, such as by manually moving the wire strands of the fabric apart to form an opening through which the internal molding section can be passed. This internal molding section should be positioned within the tubular braid at a location where it will be disposed within the forming port 36 of the center section when the molding element is assembled. There should be a sufficient space between the outer surface of the interior molding section and the inner surface of the forming port 36 to permit the wire strands of the fabric 10 to be received therebetween.

**[0040]** By using such an internal molding section, the dimensions of the central portion of the finished medical device can be fairly accurately controlled. Such an internal molding section may be necessary in circumstances where the natural, relaxed outer diameter of the tubular braid 10 is less than the inner diameter of the forming port 36 to ensure that the braid conforms to the inner surface of that forming port. However, it is not believed that such an internal molding section would be necessary if the natural, relaxed outer diameter of the braid were larger than the inner diameter of the forming port 36.

**[0041]** As noted above, the ends of the tubular braid should be secured in order to prevent the braid from unraveling. Each end of the metal fabric 10 is desirably received within a cavity 46 formed in one of the two end plates 40. If a clamp (15 in Figure 2) is used, the clamp may be sized to be relatively snugly received within one of these cavities 46 in order to effectively attach the end of the fabric to the end plate 40. The end plates can then be urged toward the center section 30 and toward one another until the compression disk 44 of each end plate is received within a central recess 34 of the center section 30. The molding element may then be clamped in position by passing bolts or the like through the channels 48 in the molding element and locking the various components of the molding element together by tightening

a nut down onto such a bolt (not shown).

**[0042]** As best seen in Figure 3A, when an end plate is urged toward the center section 30, this will compress the tubular braid 10 generally along its axis. When the tubular braid is in its relaxed configuration, as illustrated in Figure 1A, the wire strands forming the tubular braid will have a first, predetermined relative orientation with respect to one another. As the tubular braid is compressed along its axis, the fabric will tend to flare out away from the axis, as illustrated in Figure 4. When the fabric is so deformed, the relative orientation of the wire strands of the metal fabric will change. When the molding element is finally assembled, the metal fabric will generally conform to the molding surface of this element.

**[0043]** In the moulding element 20 shown in Figures 2-4, the moulding surface is defined by the inner surface of the forming port, the inner surfaces of the central recess 34 and the faces of the compression disks 44 which are received within the recesses 34. If an internal moulding section is used, the cylindrical outer surface of that section may also be considered a part of the moulding surface of the moulding element 20. Accordingly, when the moulding element 20 is completely assembled the metal fabric will tend to assume a somewhat "dumbbell"-shaped configuration, with a relatively narrow centre section disposed between a pair of bulbous, perhaps even disk-shaped end sections, as best seen in Figure 4.

**[0044]** It should be understood that the specific shape of the particular moulding element 20 shown in Figures 2-4 is intended to produce one useful medical device in accordance with the present method, but that other moulding elements having different configurations could also be used. If a more complex shape is desired, the moulding element may have more parts, but if a simpler shape is being formed the moulding element may have even fewer parts. The number of parts in a given moulding element and the shapes of those parts will be dictated almost entirely by the shape of the desired medical device as the moulding element must define a moulding surface to which the metal fabric will generally conform.

**[0045]** Accordingly, the specific moulding element 20 shown in Figures 2-4 is simply intended as one specific example of a suitable moulding element for forming one particular useful medical device. Depending on the desired shape of the medical device being formed, the shape and configuration of other specific moulding elements can be readily designed by those of ordinary skill in the art.

**[0046]** Once the moulding element 20 is assembled with the metal fabric generally conforming to a moulding surface of that element, the fabric can be subjected to a heat treatment while it remains in contact with that moulding surface. This heat treatment will depend in large part upon the material of which the wire strands of the metal fabric are formed, but the time and temperature of the heat treatment should be selected to substan-

tially set the fabric in its deformed state, i.e. wherein the wire strands are in their reoriented relative configuration and the fabric generally conforms to the molding surface.

**[0047]** The time and temperature of the heat treatment can vary greatly depending upon the material used in forming the wire strands. As noted above, one preferred class of materials for forming the wire stands are shape memory alloys, with nitinol, a nickel titanium alloy, being particularly preferred. If nitinol is used in making the wire strands of the fabric, the wire strands will tend to be very elastic when the metal is in its austenitic phase; this very elastic phase is frequently referred to as a "superelastic" or "psendoelastic" phase. By heating the nitinol above a certain phase transition temperature, the crystal structure of the nitinol metal when in its austenitic phase can be set. This will tend to "set" the shape of the fabric and the relative configuration of the wire strands in the positions in which they are held during the heat treatment.

**[0048]** Suitable heat treatments of nitinol wire to set a desired shape are well known in the art. Spirally wound nitinol coils, for example, are used in a number of medical applications, such as in forming the coils commonly carried around distal lengths of guidewires. A wide body of knowledge exists for forming nitinol in such medical devices, so there is no need to go into great detail here on the parameters of a heat treatment for the nitinol fabric preferred for use in the present invention.

**[0049]** Briefly, though, it has been found that holding a nitinol fabric at about 500°C to about 550°C for a period of about 1 to about 30 minutes, depending on the softness or harness of the device to be made, will tend to set the fabric in its deformed state, i.e. wherein it conforms to the molding surface of the molding element. At lower temperatures the heat treatment time will tend to be greater (e.g. about one hour at about 350°C) and at higher temperatures the time will tend to be shorter (e.g. about 30 seconds at about 900°C). These parameters can be varied as necessary to accommodate variations in the exact composition of the nitinol, prior heat treatment of the nitinol, the desired properties of the nitinol in the finished article, and other factors which will be well known to those skilled in this field.

**[0050]** Instead of relying on convection heating or the like, it is also known in the art to apply an electrical current to the nitinol to heat it. In the present invention, this can be accomplished by, for example, hooking electrodes to the clamps 15 carried at either end of the metal fabric illustrated in Figure 5. The wire can then be heated by resistance heating of the wires in order to achieve the desired heat treatment, which will tend to eliminate the need to heat the entire molding element to the desired heat treating temperature in order to heat the metal fabric to the desired temperature.

**[0051]** After the heat treatment, the fabric is removed from contact with the molding element and will substantially retain its shape in a deformed state. When the

molding element 20 illustrated in Figures 2-4 is used, the bolts (not shown) may be removed and the various parts of the molding element may be disassembled in essentially the reverse of the process of assembling the molding element. If an internal molding section is used, this molding section can be removed in much the same fashion that it is placed within the generally tubular metal fabric in assembling the molding element 20, as detailed above. Figures 5A and 5B illustrate a medical device 60 which may be made using the molding element 20 of Figures 2-4. As discussed below, the device of Figure 5 is particularly well suited for use in occluding a channel within a patient's body and these designs have particular advantages in use as vascular occlusion devices.

**[0052]** The vascular occlusion device 60 of Figure 5A includes a generally tubular middle portion 62 and a pair of expanded diameter portions 64. One expanded diameter portion is disposed at either end of the generally tubular middle portion 62. In the embodiment shown in Figures 5A and 5B, the expanded diameter portions 64 include a ridge 66 positioned about midway along their lengths.

**[0053]** The relative sizes of the tubular middle section and the expanded diameter portions can be varied as desired. In this particular embodiment, the medical device is intended to be used as a vascular occlusion device to substantially stop the flow of blood through a patient's blood vessel. When the device 60 is deployed within a patient's blood vessel, as detailed below, it will be positioned within the vessel such that its axis generally coincides with the axis of the vessel. The dumbbell-shape of the present device is intended to limit the ability of the vascular occlusion device 60 to turn at an angle with respect to the axis of the blood vessel to ensure that it remains in substantially the same position in which the operator deploys it within the vessel.

**[0054]** Although the illustrated embodiments of this invention only have two expanded diameter portions, it should be understood that the device could have more than two such expanded diameter portions. For example, if the device has three expanded diameter portions, each expanded diameter portion is separated from at least one other expanded diameter portion by a tubular portion having a smaller diameter. If so desired, the diameters of each of the expanded diameter portions can be the same, but they need not be the same.

**[0055]** In order to relatively strongly engage the lumen of the blood vessel, the maximum diameter of the expanded diameter portions 64 (which occurs along the middle ridge 66 in this embodiment) should be selected so that it is at least as great as the diameter of the lumen of the vessel in which it is to be deployed, and is optimally slightly greater than that diameter. When it is deployed within the patient's vessel, the vascular occlusion device 60 will engage the lumen at two spaced-apart locations. The device 60 is desirably longer along its axis than the dimension of its greatest diameter. This will substantially prevent the vascular occlusion device

60 from turning within the lumen at an angle to its axis, essentially preventing the device from becoming dislodged and tumbling along the vessel with blood flowing through the vessel.

**[0056]** The relative sizes of the generally tubular middle portion 62 and expanded diameter portion 64 of the vascular occlusion device 60 can be varied as desired for any particular application. For example, the outer diameter of the middle portion 62 may range between about one quarter and about one third of the maximum diameter of the expanded diameter portions 64 and the length of the middle portion 62 may comprise about 20% to about 50% of the overall length of the device. Although these dimensions are suitable if the device 60 is to be used solely for occluding a vascular vessel, it is to be understood that these dimensions may be varied if the device is to be used in other applications, such as where the device is intended to be used simply as a vascular filter rather than to substantially occlude the entire vessel or where the device is deployed in a different channel in a patient's body.

**[0057]** The aspect ratio (i.e., the ratio of the length of the device over its maximum diameter or width) of the device 60 illustrated in Figures 5A and 5B is desirably at least about 1.0, with a range of about 1.0 to about 3.0 being preferred and an aspect ratio of about 2.0 being particularly preferred. Having a greater aspect ratio will tend to prevent the device from rotating generally perpendicularly to its axis, which may be referred to as an end over end roll. So long as the outer diameter of the expanded diameter portions 64 of the device is large enough to seat the device fairly securely against the lumen of the channel in which the device is deployed, the inability of the device to turn end over end will help keep the device deployed precisely where it is positioned within the patient's vascular system or in any other channel in the patient's body. Alternatively, having expanded diameter portions which have natural, relaxed diameters substantially larger than the lumen of the vessels in which the device is deployed should also suffice to wedge the device into place in the vessel without undue concern being placed on the aspect ratio of the device.

**[0058]** The pick and pitch of the metal fabric 10 used in forming the device 60, as well as some other factors such as the number of wires employed in a tubular braid, are important in determining a number of the properties of the device. For example, the greater the pick and pitch of the fabric, and hence the greater the density of the wire strands in the fabric, the stiffer the device will be. Having a greater wire density will also provide the device with a greater wire surface area, which will generally enhance the tendency of the device to occlude a blood vessel in which it is deployed. This thrombogenicity can be either enhanced, e.g. by a coating of a thrombolytic agent or by attaching silk or wool fabric to the device, or abated, e.g. by a coating of a lubricious, anti-thrombogenic compound. A variety of materials and techniques for enhancing or reducing thrombogenicity are well

known in the art and need not be detailed here.

**[0059]** When the device is deployed in a patient's vessel, thrombi will tend to collect on the surface of the wires. By having a greater wire density, the total surface area of the wires will be increased, increasing the thrombolytic activity of the device and permitting it to relatively rapidly occlude the vessel in which it is deployed. It is believed that forming the occlusion device 60 from a 4 mm diameter tubular braid having a pick of at least about 40 and a pitch of at least about 30° will provide sufficient surface area to substantially completely occlude a blood vessel of 2 mm to about 4 mm in inner diameter in a suitable period of time. If it is desired to increase the rate at which the device 60 occludes the vessel in which it is deployed, any of a wide variety of known thrombolytic agents can be applied to the device.

**[0060]** The clamp may serve to connect the device to a delivery system (not shown). In this case, the clamp may be generally cylindrical in shape and have a recess for receiving the ends of the wires to substantially prevent the wires from moving relative to one another, and a threaded outer surface. The threaded outer surface is adapted to be received within a cylindrical recess (not shown) on a distal end of a delivery device and to engage the threaded inner surface of the delivery device's recess.

**[0061]** The delivery device (not shown) can take any suitable shape, but desirably comprises an elongate, flexible metal shaft having such a recess at its distal end. The delivery device can be used to urge the device through the lumen of a catheter for deployment in a channel of the patient's body, as outlined below. When the device is deployed out of the distal end of the catheter, the device will still be retained by the delivery device. Once the proper position of the device in the shunt is confirmed, the shaft of the delivery device can be rotated about its axis to unscrew the clamp from the recess in the delivery means.

**[0062]** By keeping the device attached to the delivery means, the operator could still retract the device for repositioning if it is determined that the device is not properly positioned in the first attempt. This threaded attachment will also allow the operator to control the manner in which the device is deployed out of the distal end of the catheter. As explained below, when the device exits the catheter it will tend to resiliently return to a preferred expanded shape which is set when the fabric is heat treated. When the device springs back into this shape, it may tend to act against the distal end of the catheter, effectively urging itself forward beyond the end of the catheter. This spring action could conceivably result in improper positioning of the device if the location of the device within a channel is critical, such as where it is being positioned in a shunt between two vessels. Since the threaded clamp can enable the operator to maintain a hold on the device during deployment, the spring action of the device can be controlled and the operator can control the deployment to ensure proper positioning.

**[0063]** The moulding element may be formed of a material selected to permit the moulding element to be destroyed for removal from the interior of the metal fabric. For example, the moulding element may be formed of a brittle or friable material, such as glass. Once the material has been heat treated in contact with the moulding surface of the moulding element, the moulding element can be broken into smaller pieces which can be readily removed from within the metal fabric. If this material is glass, for example, the moulding element and the metal fabric can be struck against a hard surface, causing the glass to shatter. The glass shards can then be removed from the enclosure of the metal fabric.

**[0064]** The moulding element can be formed of a material which can be chemically dissolved, or otherwise broken down, by a chemical agent which will not substantially adversely affect the properties of the metal wire strands. For example, the moulding element can be formed of a temperature-resistant plastic resin which is capable of being dissolved with a suitable organic solvent. The fabric and the moulding element can be subjected to a heat treatment to substantially set the shape of the fabric in conformance with the surface of the moulding element, whereupon the moulding element and the metal fabric can be immersed in the solvent. Once the moulding element is substantially dissolved, the metal fabric can be removed.

**[0065]** Care should be taken to ensure that the material selected to form the moulding element is capable of withstanding the heat treatment without losing its shape, at least until the shape of the fabric has been set. For example, the moulding element could be formed of a material having a melting point above the temperature necessary to set the shape of the wire strands, but below the melting point of the metal forming the strands. The moulding element and metal fabric can then be heat treated to set the shape of the metal fabric, whereupon the temperature can be increased to substantially completely melt the moulding element, thereby removing the moulding element from within the metal fabric.

**[0066]** If the moulding element or some portion thereof is enclosed within the formed metal fabric (such as the internal moulding section of the moulding element 20), these methods can be used to effectively remove the moulding element without adversely affecting the medical device being formed.

**[0067]** Medical devices in accordance with the invention have a pre-set expanded configuration and a collapsed configuration which allows the device to be passed through a catheter. The expanded configuration is generally defined by the shape of the medical fabric when it is deformed to generally conform to the moulding surface of the moulding element. Heat treating the metal fabric substantially sets the shapes of the wire strands in the reoriented relative positions when the fabric conforms to the moulding surface. When the metal fabric is then removed from the moulding element, the fabric may define a medical device in its pre-set expanded

configuration.

**[0068]** The medical device can be collapsed into its collapsed configuration and inserted into the lumen of the catheter. The collapsed configuration of the device may be of any shape suitable for easy passage through the lumen of a catheter and proper deployment out of the distal end of the catheter. For example, the devices shown in Figures 5 may have a relatively elongated collapsed configuration wherein the devices are stretched along their axes. This collapsed configuration can be achieved simply by stretching the device generally along its axis, e.g. by manually grasping the clamps 15 and pulling them apart, which will tend to collapse the expanded diameter portions 64 of the device 60 inwardly toward the device's axis.

**[0069]** Once the medical device is collapsed and inserted into the catheter, it may be urged along the lumen of the catheter toward the distal end of the catheter. This may be accomplished by using a guidewire or the like to abut against the device and urge it along the catheter. When the device begins to exit the distal end of the catheter, which is positioned adjacent the desired treatment site, it will tend to resiliently return substantially entirely to its pre-set expanded configuration. Superelastic alloys, such as nitinol, are particularly useful in this application because of their ability to readily return to a particular configuration after being elastically deformed to a great extent. Hence, simply urging the medical device out of the distal end of the catheter tends to properly deploy the device at the treatment site.

**[0070]** Although the device will tend to resiliently return to its initial expanded configuration (i.e. its shape prior to being collapsed for passage through the catheter), it should be understood that it may not always return entirely to that shape. For example, the device 60 of Figure 5 is intended to have a maximum outer diameter in its expanded configuration at least as large as and preferably larger than, the inner diameter of the lumen in which it is to be deployed. If such a device is deployed in a vessel having a small lumen, the lumen will prevent the device from completely returning to its expanded configuration. Nonetheless, the device would be properly deployed because it would engage the inner wall of the lumen to seat the device therein, as detailed above.

**[0071]** While a preferred embodiment of the present invention has been described, it should be understood that various changes, adaptations and modifications may be made therein without departing from the invention and the scope of the appended claims.

## Claims

1. A collapsible medical device (60) comprising a metal fabric formed of braided metal strands, the device (60) having a collapsed configuration for delivery through a channel in a patient's, and has a generally dumbbell-shaped expanded configuration with two

expanded diameter portions (64) separated by a reduced diameter portion (62) formed between opposed ends of the device, **characterized in that** clamps (15) are adapted to clamp the strands at the opposed ends of the device.

2. The medical device (60) of Claim 1, wherein at least one of the clamps (15) configured to be releasably attached to a delivery device.

3. The medical device (60) of Claim 2, wherein the at least one clamp (15) includes a threaded portion for threaded attachment to the delivery device.

4. The medical device (60) of any one of the preceding claims, wherein each of the expanded diameter portions (64) and the reduced diameter portion (62) are all integrally formed from a single piece of metal fabric.

5. The medical device (60) of any one of the preceding claims, further including a thrombogenic agent.

6. The medical device (60) of Claim 5, wherein the thrombogenic agent comprises a coating of a thrombogenic agent.

7. The medical device (60) of Claim 5, wherein the thrombogenic agent comprises a thrombogenic fabric.

8. The medical device (60) of Claim 7, wherein the thrombogenic agent comprises silk or wool.

9. The medical device (60) of any one of the preceding claims, wherein the reduced diameter portion (62) has an outer diameter which is no more than about one-third of an outer diameter of at least one of the expanded diameter portions (64).

10. The medical device (60) of Claim 9, wherein the outer diameter of the reduced diameter portion (62) is no more than about one-quarter of the outer diameter of said at least one expanded diameter portion (64).

11. The medical device (60) of any one of the preceding claims, wherein the outer diameter of each of the enlarged diameter portions (64) is about the same.

12. The medical device (64) of any one of the preceding claims, wherein the length of the reduced diameter portion (62) comprises no more than about 50 percent of the overall length of the device (60).

13. The medical device (60) of Claim 12, wherein the length of the reduced diameter portion (62) comprises between about 20 percent and about 50 per-

cent of the overall length of the device (60).

14. The medical device (60) of any one of the preceding claims, further comprising a third expanded diameter portion and a second reduced diameter portion, the second reduced diameter portion being disposed between the third expanded diameter portion and one of the other two expanded diameter portions.

15. The medical device of Claim 14, wherein each of the expanded diameter portions and reduced diameter portions are all integrally formed from a single piece of resilient metal fabric.

16. A method of forming a medical device according to any one of the preceding claims, the method comprising the steps of:

(a) providing a metal fabric formed of a plurality of braided strands, the strands being formed of a metal which can be heat treated to substantially set a desired shape;

(b) deforming the metal fabric to generally conform to an internal wall surface of a moulding element;

(c) heat treating the metal fabric in contact with the surface of the moulding element at an elevated temperature, the temperature and the duration of the heat treatment being sufficient to substantially set the shape of the fabric in its deformed state;

(d) removing the metal fabric from contact with the moulding element; and

(e) clamping the opposite ends of the strands of the device with clamps.

#### Patentansprüche

1. Kollabierbare medizinische Vorrichtung (60), umfassend ein aus geflochtenen Metalllitzen gebildetes Metallgewebe, wobei die Vorrichtung (60) eine kollabierte Konfiguration zur Zuführung durch einen Kanal in einem Patienten hat und eine allgemein hantelförmige entfaltete Konfiguration mit zwei Teilen mit erweitertem Durchmesser (64) hat, die durch einen zwischen entgegengesetzten Enden der Vorrichtung gebildeten Teil mit reduziertem Durchmesser (62) getrennt sind, **dadurch gekennzeichnet, dass** Klemmen (15) zum Festklemmen der Litzen an den entgegengesetzten Enden der Vorrichtung ausgeführt sind.

2. Medizinische Vorrichtung (60) nach Anspruch 1, bei der wenigstens eine der Klemmen (15) zum lösbar Anbringen an einer Verabreichungsvorrichtung konfiguriert ist.

3. Medizinische Vorrichtung (60) nach Anspruch 2, bei der die wenigstens eine Klemme (15) einen mit Gewinde versehenen Teil zur Schraubenanbringung an der Verabreichungsvorrichtung hat.

4. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, bei der jeder der Teile mit erweitertem Durchmesser (64) und der Teil mit reduziertem Durchmesser (62) alle aus einem einzelnen Stück Metallgewebe integral gebildet sind.

5. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, die ferner ein thrombogenes Agens aufweist.

6. Medizinische Vorrichtung (60) nach Anspruch 5, bei der das thrombogene Agens eine Beschichtung aus einem thrombogenen Agens umfasst.

7. Medizinische Vorrichtung (60) nach Anspruch 5, bei der das thrombogene Agens ein thrombogenes Gewebe umfasst.

8. Medizinische Vorrichtung (60) nach Anspruch 7, bei der das thrombogene Mittel Seide oder Wolle umfasst.

9. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, bei der der Teil mit reduziertem Durchmesser (62) einen Außendurchmesser hat, der höchstens ungefähr ein Drittel eines Außendurchmessers von wenigstens einem der Teile mit erweitertem Durchmesser (64) beträgt.

10. Medizinische Vorrichtung (60) nach Anspruch 9, bei der der Außendurchmesser des Teils mit reduziertem Durchmesser (62) höchstens ungefähr ein Viertel des Außendurchmessers des genannten wenigstens einen Teils mit erweitertem Durchmesser (64) ist.

11. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, bei der der Außendurchmesser von jedem der Teile mit erweitertem Durchmesser (64) ungefähr gleich ist.

12. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, bei der die Länge des Teils mit reduziertem Durchmesser (62) höchstens ungefähr 50 Prozent der Gesamtlänge der Vorrichtung (60) umfasst.

13. Medizinische Vorrichtung (60) nach Anspruch 12,

bei der die Länge des Teils mit reduziertem Durchmesser (62) zwischen ungefähr 20 Prozent und ungefähr 50 Prozent der Gesamtlänge der Vorrichtung (60) umfasst.

14. Medizinische Vorrichtung (60) nach einem der vorhergehenden Ansprüche, ferner umfassend einen dritten Teil mit erweitertem Durchmesser und einen zweiten Teil mit reduziertem Durchmesser, wobei der zweite Teil mit reduziertem Durchmesser zwischen dem dritten Teil mit erweitertem Durchmesser und einem der anderen zwei Teile mit erweitertem Durchmesser angeordnet ist.
15. Medizinische Vorrichtung nach Anspruch 14, bei der jeder der Teile mit erweitertem Durchmesser und der Teile mit reduziertem Durchmesser alle aus einem einzigen Stück elastischen Metallgewebes integral gebildet sind.
16. Verfahren zum Herstellen einer medizinischen Vorrichtung nach einem der vorhergehenden Ansprüche, wobei das Verfahren die folgenden Schritte umfasst:
- (a) Bereitstellen eines Metallgewebes, das aus einer Mehrzahl von geflochtenen Litzen gebildet ist, wobei die Litzen aus einem Metall hergestellt werden, das wärmebehandelt werden kann, um im Wesentlichen eine gewünschte Form festzulegen;
- (b) Verformen des Metallgewebes, damit es allgemein einer inneren Wandfläche eines Formelements entspricht;
- (c) Wärmebehandeln des Metallgewebes in Kontakt mit der Oberfläche des Formelements bei einer erhöhten Temperatur, wobei die Temperatur und die Dauer der Wärmebehandlung ausreichen, um die Form des Gewebes in seinem verformten Zustand im Wesentlichen festzulegen;
- (d) Entfernen des Metallgewebes aus dem Kontakt mit dem Formelement und
- (e) Festklemmen der entgegengesetzten Enden der Litzen der Vorrichtung mit Klemmen.

#### Revendications

1. Un dispositif à usage médical (60) repliable, qui comprend un tissu métallique formé de brins métalliques tressés, le dispositif (60) ayant une configuration repliée pour son introduction à travers un canal dans le corps d'un patient, et a une configuration

déployée en forme générale de haltère avec deux parties (64) à diamètre déployé séparées par une partie (62) à diamètre réduit, formées entre des extrémités opposées du dispositif, **caractérisé en ce que** des brides de fixation (15) sont adaptées pour fixer les brins aux extrémités opposées du dispositif.

2. Le dispositif à usage médical (60) selon la Revendication 1, dans lequel une au moins des brides de fixation (15) est configurée de sorte à être attachée de façon libérable à un dispositif de mise en place.
3. Le dispositif à usage médical (60) selon la Revendication 2, dans lequel ladite une au moins des brides de fixation (15) comprend une partie filetée pour la fixation par vissage au dispositif de mise en place.
4. Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, dans lequel toutes les parties à diamètre déployé (64), ainsi que la partie à diamètre réduit (62), sont formées intégralement à partir d'un seul morceau de tissu métallique.
5. Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, qui comprend de plus un agent thrombogène.
6. Le dispositif à usage médical (60) selon la Revendication 5, dans lequel l'agent thrombogène comprend un revêtement en un agent thrombogène.
7. Le dispositif à usage médical (60) selon la Revendication 5, dans lequel l'agent thrombogène comprend un tissu thrombogène.
8. Le dispositif à usage médical (60) selon la Revendication 7, dans lequel l'agent thrombogène comprend de la soie ou de la laine.
9. Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, dans lequel la partie à diamètre réduit (62) a un diamètre extérieur qui n'égale pas plus d'environ un tiers du diamètre extérieur d'au moins une des parties à diamètre déployé (64).
10. Le dispositif à usage médical (60) selon la Revendication 9, dans lequel le diamètre extérieur de la partie à diamètre réduit (62) n'égale pas plus d'un quart environ du diamètre extérieur de ladite au moins une partie à diamètre déployé (64).
11. Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, dans lequel le diamètre extérieur de chacune des parties

à diamètre déployé (64) est approximativement le même.

- 12.** Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, dans lequel la longueur de la partie à diamètre réduit (62) ne comprend pas plus de 50 pour cent de la longueur hors tout du dispositif (60). 5
- 13.** Le dispositif à usage médical (60) selon la Revendication 12, dans lequel la longueur de la partie à diamètre réduit (62) comprend entre environ 20 pour cent et environ 50 pour cent de la longueur hors tout du dispositif (60). 10  
15
- 14.** Le dispositif à usage médical (60) selon l'une quelconque des revendications précédentes, qui comprend de plus une troisième partie à diamètre déployé et une deuxième partie à diamètre réduit, la deuxième partie à diamètre réduit étant disposée entre la troisième partie à diamètre déployé et l'une des deux autres parties à diamètre déployé. 20
- 15.** Le dispositif médical selon la Revendication 14, dans lequel toutes les parties à diamètre déployé et à diamètre réduit sont formées intégralement à partir d'un seul morceau de tissu métallique résilient. 25
- 16.** Un procédé de formation d'un dispositif médical selon l'une quelconque des revendications précédentes, le procédé comprenant les étapes consistant à : 30
- (a) produire un tissu métallique formé d'une pluralité de brins tressés, les brins étant formés en un métal qui peut être soumis à un traitement thermique pour lui conférer une forme souhaitée sensiblement rémanente ; 35  
40
- (b) déformer le tissu métallique pour le faire conformer généralement à une surface de paroi intérieure d'un élément de moulage ;
- (c) soumettre le tissu métallique en contact avec la surface de l'élément de moulage à une température élevée, la température et la durée du traitement thermique étant suffisantes pour conférer sensiblement au tissu une déformation rémanente. 45  
50
- (d) détacher le tissu métallique de l'élément de moulage ; et
- (e) fixer les extrémités opposées des brins du dispositif avec des brides de fixation. 55

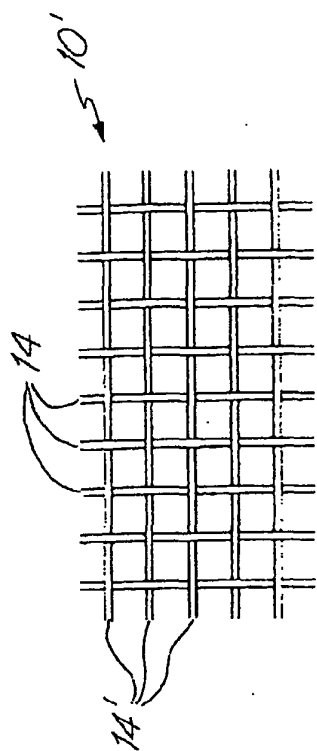


Fig. 1B

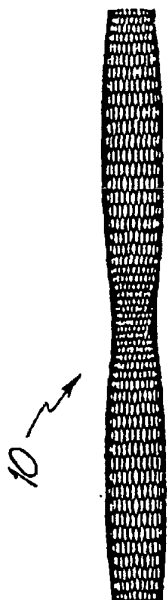


Fig. 1A

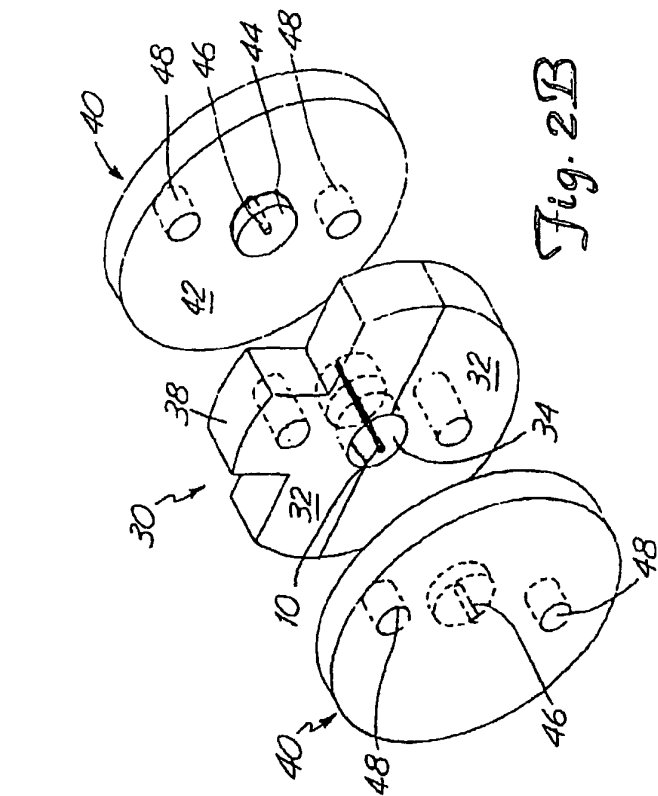


Fig. 2A

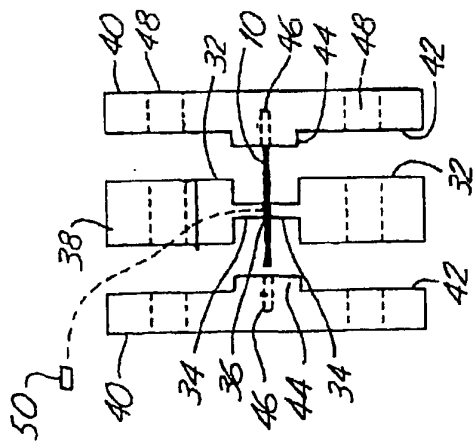


Fig. 2B

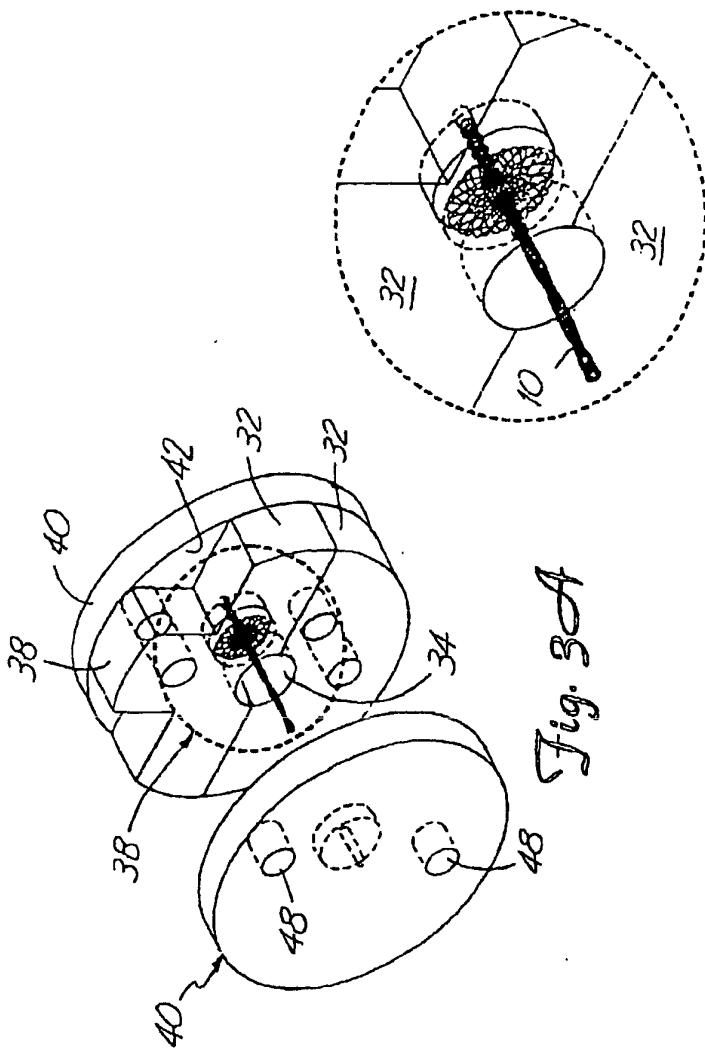


Fig. 3A

Fig. 3B

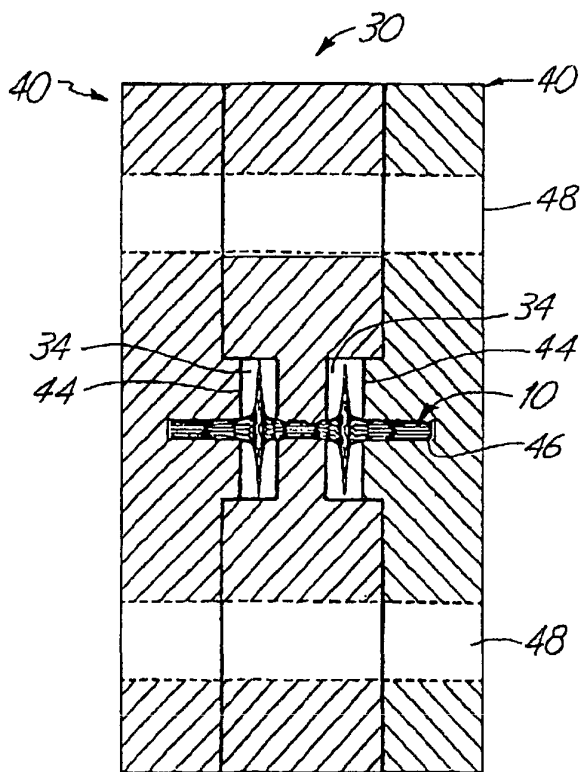


Fig. 4

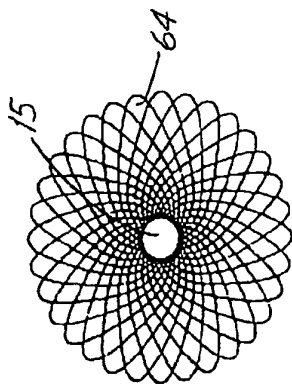


Fig. 5B

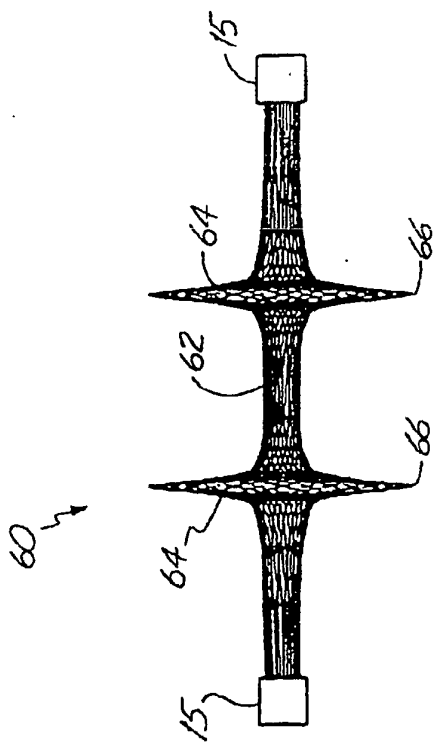


Fig. 5A