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(12) United States Patent

Adams et al.

(54) SHOCK WAVE BALLOON CATHETER WITH **MULTIPLE SHOCK WAVE SOURCES**

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(56)**References** Cited

U.S. PATENT DOCUMENTS

3,413,976 A	12/1968	Roze	
3,785,382 A	1/1974	Schmidt et al.	
3,902,499 A	9/1975	Shene	
4,027,674 A	6/1977	Tessler et al.	
4,662,126 A	5/1987	Malcolm	
4,671,254 A	6/1987	Fair	
4,685,458 A	8/1987	Leckrone	
4,809,682 A	3/1989	Forssmann et al.	
(Continued)			

FOREIGN PATENT DOCUMENTS

CN	1269708 A 10/2000		
CN	102057422 A 5/2011		
	(Continued)		

OTHER PUBLICATIONS

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2012/023172, mailed on Aug. 15, 2013, 6 pages.

(Continued)

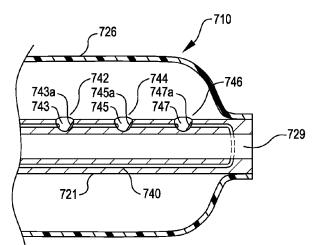
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ABSTRACT (57)

An apparatus includes a balloon adapted to be placed adjacent a calcified region of a body. The balloon is inflatable with a liquid. The apparatus further includes a shock wave generator within the balloon that produces shock waves that propagate through the liquid for impinging upon the calcified region adjacent the balloon. The shock wave generator includes a plurality of shock wave sources distributed within the balloon.

20 Claims, 6 Drawing Sheets



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(56) **References** Cited

U.S. PATENT DOCUMENTS

	0.01		Decemente
4,900,303	Α	2/1990	Lemelson
5,009,232	Α	4/1991	Hassler et al.
5,057,103	Α	10/1991	Davis
5,057,106	A	10/1991	Kasevich et al.
5,078,717	A	1/1992	Parins et al.
5,103,804		4/1992	Abele et al.
5,152,767	A A	10/1992 10/1992	Sypal et al. Bhatta
5,152,768 5,176,675	A	1/1993	Watson et al.
5,246,447	A	9/1993	Rosen et al.
5,281,231	Â	1/1994	Rosen et al.
5,321,715	Α	6/1994	Trost
5,324,255	Α	6/1994	Passafaro et al.
5,336,234		8/1994	Vigil et al.
5,362,309		11/1994	Carter
5,364,393	A	11/1994	Auth et al.
5,368,591	A	11/1994	Lennox et al.
5,395,335 5,417,208	A	3/1995 5/1995	Jang Winkler
5,425,735	A	6/1995	Rosen et al.
5,472,406	A	12/1995	de la Torre et al.
5,582,578		12/1996	Zhong et al.
5,603,731	Α	2/1997	Whitney
5,609,606	А	3/1997	O'Boyle
5,662,590	А	9/1997	de la Torre et al.
5,931,805	Α	8/1999	Brisken
6,007,530		12/1999	Doernhoefer et al.
6,033,371	A	3/2000	Torre et al.
	A D1	7/2000 2/2001	Cox Schwarze et al.
6,186,963 6,210,408		4/2001	Chandrasekaran et al.
6,217,531	B1	4/2001	Reitmajer
6,277,138		8/2001	Levinson et al.
6,287,272		9/2001	Brisken et al.
6,352,535		3/2002	Lewis et al.
6,367,203	B1	4/2002	Graham et al.
	B1	4/2002	Tsugita et al.
6,398,792		6/2002	O'Connor
6,406,486		6/2002	de la Torre et al.
6,514,203 6,524,251	В2 В2	2/2003 2/2003	Bukshpan Rabiner et al.
6,589,253		7/2003	Cornish et al.
6,607,003		8/2003	Wilson
6,638,246		10/2003	Naimark et al.
6,652,547		11/2003	Rabiner et al.
6,736,784		5/2004	Menne et al.
6,740,081	B2	5/2004	Hilal
6,755,821	B1	6/2004	Fry
6,989,009		1/2006	Lafontaine
7,241,295 7,505,812	B2 B1 *	7/2007 3/2009	Maguire Eggers A61B 18/12
7,505,812	DI	3/2009	Eggers A61B 18/12 604/20
7,569,032	B2	8/2009	Naimark et al.
8,556,813	B2	10/2013	Cioanta et al.
8,728,091	B2	5/2014	Hakala et al.
8,747,416	B2	6/2014	Hakala et al.
8,888,788	B2	11/2014	Hakala et al.
9,005,216	B2	4/2015	Hakala et al.
9,011,463	B2	4/2015	Adams et al.
9,333,000	B2	5/2016	Hakala et al.
2001/0044596 2002/0045890	A1 A1	11/2001	Jaafar Celliers et al.
2002/0043890	Al	4/2002 11/2002	Brisken et al.
2003/0004434	Al	1/2002	Greco et al.
2003/0176873	Al	9/2003	Chernenko et al.
2003/0229370	A1	12/2003	Miller
2004/0044308	A1	3/2004	Naimark et al.
2004/0097963	A1	5/2004	Seddon
2004/0097996	Al	5/2004	Rabiner et al.
2004/0162508	Al	8/2004	Uebelacker Uediioastia at al
2004/0254570	Al	12/2004	Hadjicostis et al.
2005/0015953 2005/0021013	A1 A1	1/2005 1/2005	Keidar Visuri et al.
2005/0021013	AI Al	5/2005	Schultheiss et al.
2005/0113722		5/2005	Fuimaono et al.
2005/0115022	* * 1	5,2005	a simulation of an

2005/0228372	A1	10/2005	Truckai et al.
2005/0251131	Al	11/2005	Lesh
2006/0004286	A1	1/2006	Chang et al.
2006/0184076	A1	8/2006	Gill et al.
2006/0190022	A1	8/2006	Beyar et al.
2007/0016112	A1	1/2007	Schultheiss et al.
2007/0088380	A1	4/2007	Hirszowicz et al.
2007/0239082	A1	10/2007	Schultheiss et al.
2007/0239253	A1	10/2007	Jagger et al.
2007/0244423	A1	10/2007	Zumeris et al.
2007/0255270	A1	11/2007	Carney
2007/0282301	A1	12/2007	Segalescu et al.
2008/0097251	A1	4/2008	Babaev
2008/0188913	A1	8/2008	Stone et al.
2009/0041833	A1	2/2009	Bettinger et al.
2009/0247945	A1	10/2009	Levit et al.
2009/0254114	A1	10/2009	Hirszowicz et al.
2009/0312768	A1	12/2009	Hawkins et al.
2010/0016862	A1	1/2010	Hawkins et al.
2010/0036294	A1	2/2010	Mantell et al.
2010/0114020	A1	5/2010	Hawkins et al.
2010/0114065	A1	5/2010	Hawkins et al.
2010/0121322	A1	5/2010	Swanson
2010/0305565	A1	12/2010	Truckai et al.
2011/0034832	A1	2/2011	Cioanta et al.
2011/0118634	A1	5/2011	Golan
2011/0166570	A1	7/2011	Hawkins et al.
2011/0208185	A1	8/2011	Diamant et al.
2011/0257523	A1	10/2011	Hastings et al.
2011/0295227	A1	12/2011	Hawkins et al.
2012/0071889	A1	3/2012	Mantell et al.
2012/0095461	A1	4/2012	Herscher et al.
2012/0116289	A1	5/2012	Hawkins et al.
2012/0203255	A1	8/2012	Hawkins et al.
2012/0221013	A1	8/2012	Hawkins et al.
2013/0030431	A1	1/2013	Adams
2013/0030447	Al	1/2013	Adams
2013/0116714	A1	5/2013	Adams et al.
2013/0150874	A1	6/2013	Kassab
2014/0046229	A1	2/2014	Hawkins et al.
2014/0052147	A1	2/2014	Hakala et al.
2014/0074111	Al	3/2014	Hakala et al.
2015/0238208	Al	8/2015	Adams et al.
2015/0320432	Al	11/2015	Adams
2016/0183957	Al	6/2016	Hakala et al.
0		0.2010	

FOREIGN PATENT DOCUMENTS

CN	102271748 A	11/2012
CN	102765785 A	11/2012
DE	3038445 A1	5/1982
EP	0442199 A2	8/1991
EP	0571306 A1	11/1993
JP	62-275446 A	11/1987
JP	6-125915 A	5/1994
JP	7-47135 A	2/1995
JP	10-99444 A	4/1998
JP	10-513379 A	12/1998
JP	2002-538932 A	11/2002
JP	2004-81374 A	3/2004
JP	2005-95410 A	4/2005
$_{\rm JP}$	2005-515825 A	6/2005
JP	2006-516465 A	7/2006
JP	2007-532182 A	11/2007
WO	96/24297 A1	8/1996
WO	99/02096 A1	1/1999
WO	2004/069072 A2	8/2004
WO	2005/099594 A1	10/2005
WO	2006/127158 A2	11/2006
WO	2007/149905 A2	12/2007
WO	2009/121017 A1	10/2009
WO	2009/152352 A2	12/2009
WO	2010/014515 A2	2/2010
WO	2011/143468 A2	11/2011

(56) References Cited

FOREIGN PATENT DOCUMENTS

WO	2012/025833	A2	3/2012
WO	2013/059735	Al	4/2013

OTHER PUBLICATIONS

International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2013/039987, mailed on Sep. 23, 2013, 15 pages.

International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2013/048277, mailed on Oct. 2, 2013, 14 pages.

Office Action received for Australian Patent Application No. 2009257368, issued on Jul. 31, 2013, 4 pages.

Office Action received for Japanese Patent Application No. 2011-513694, mailed on Aug. 27, 2013, 6 pages (3 pages of English Translation and 3 pages of Official copy).

Rosenschein et al., "Shock-Wave Thrombus Ablation, a New Method for Noninvasive Mechanical Thrombolysis", The American Journal of Cardiology, vol. 70, Nov. 15, 1992, pp. 1358-1361.

Zhong et al., "Transient Oscillation of Cavitation Bubbles Near Stone Surface During Electohydraulic Lithotripsy", Journal of Endourology, vol. 11, No. 1, Feb. 1997, pp. 55-61.

Extended European Search Report (includes Supplementary European Search Report and Search Opinion) received for European Patent Application No. 09763640.1, mailed on Oct. 10, 2013, 5 pages.

Final Office Action received for U.S. Appl. No. 13/267,383, mailed on Oct. 25, 2013, 8 pages.

International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2013/059533, mailed on Nov. 7, 2013, 14 pages.

Adams, John M., U.S. Appl. No. 14/218,858, filed Mar. 18, 2014, titled "Shockwave Catheter System with Energy Control" 24 pages. International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2013/055431, mailed on Nov. 12, 2013, 9 pages.

Advisory Action received for U.S. Appl. No. 13/267,383, mailed on Jan. 6, 2014, 4 pages.

Non-Final Office Action received for U.S. Appl. No. 12/501,619, mailed on Jan. 28, 2014, 10 pages.

Non-Final Office Action received for U.S. Appl. No. 13/049,199, mailed on Feb. 4, 2014, 8 pages.

Final Office Action received for U.S. Appl. No. 12/482,995, mailed on Feb. 20, 2014, 11 pages.

Non-Final Office Action received for U.S. Appl. No. 12/581,295, mailed on Mar. 10, 2014, 11 pages.

Non-Final Office Action received for U.S. Appl. No. 14/061,554, mailed on Mar. 12, 2014, 14 pages.

Notice of Allowance received for U.S. Appl. No. 14/061,554, mailed on Apr. 25, 2014, 8 pages.

Non Final Office Action received for U.S. Appl. No. 14/079,463, mailed on Mar. 4, 2014, 9 pages.

Notice of Allowance received for U.S. Appl. No. 14/079,463, mailed on Apr. 1, 2014, 5 pages.

International Search Report received for PCT Patent Application No. PCT/US2009/047070, mailed on Jan. 19, 2010, 4 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2011/047070, mailed on Feb. 21, 2013, 7 pages.

International Written Opinion received for PCT Patent Application No. PCT/US2011/047070, mailed on May 1, 2012, 5 pages.

International Search Report received for PCT Patent Application No. PCT/US2012/023172, mailed on Sep. 28, 2012, 3 pages.

International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2013/031805 mailed on May 20, 2013, 13 pages.

Adams et al., U.S. Appl. No. 13/777,807, filed Feb. 26, 2013, titled "Shock Wave Catheter System with ARC Preconditioning".

Hakala et al., U.S. Appl. No. 13/615,107, filed Sep. 13, 2012, titled "Shockwave Catheter System with Energy Control".

Hakala et al., U.S. Appl. No. 13/831,543, filed Mar. 14, 2013, titled "Low Profile Electrodes for an Angioplasty Shock Wave Catheter", 52 pages.

Non Final Office Action received for U.S. Appl. No. 12/482,995, mailed on Jul. 12, 2013, 11 pages.

Non Final Office Action received for U.S. Appl. No. 12/482,995, mailed on Aug. 13, 2014, 10 pages.

Advisory Action Received for U.S. Appl. No. 12/581,295, mailed on Jul. 3, 2014, 3 pages.

Final Office Action received for U.S. Appl. No. 12/581,295, mailed on Jun. 5, 2014, 14 pages.

Final Office Action received for U.S. Appl. No. 13/049,199 mailed on Aug. 11, 2014, 8 pages.

Non-Final Office Action received for U.S. Appl. No. 14/271,276, mailed on Aug. 4, 2014, 7 pages.

Non-Final Office Action received for U.S. Appl. No. 14/271,342, mailed on Sep. 2, 2014, 6 pages.

Notice of Acceptance Received for Australian Patent Application No. 2009257368, mailed on Aug. 28, 2014, 2 pages.

Office Action received for Australian Patent Application No. 2009257368, issued on Apr. 28, 2014, 4 pages.

Office Action Received for Japanese Patent Application No. 2011-513694, mailed on Jun. 10, 2014, 2 pages of Official Copy only (See Communication under 37 CFR § 1.98(a) (3)).

Adams, John M., "Unpublished U.S. Appl. No. 14/273,063, filed May 8, 2014, titled "Shock Wave Guide Wire", 24 pages.

Cleveland et al., "The Physics of Shock Wave Lithotripsy", Extracorporeal Shock Wave Lithotripsy Part IV, Chapter 38, 2012, pp. 315-332.

Connors et al., "Renal Nerves Mediate Changes in Contralateral Renal Blood Flow after Extracorporeal Shockwave Lithotripsy", Nephron Physiol., vol. 95, 2003, pp. 67-75.

Gambihler et al., "Permeabilization of the Plasma Membrane of L1210 Mouse Leukemia Cells Using Lithotripter Shock Waves", The Journal of Membrane Biology, vol. 141, 1994, pp. 267-275.

Grassi et al., "Novel Antihypertensive Therapies: Renal Sympathetic Nerve Ablation and Carotid Baroreceptor Stimulation", Curr. Hypertens Rep., vol. 14, 2012, pp. 567-572.

Kodama et al., "Shock Wave-Mediated Molecular Delivery into Cells", Biochimica et Biophysica Acta, vol. 1542, 2002, pp. 186-194.

Lauer et al., "Shock Wave Permeabilization as a New Gene Transfer Method", Gene Therapy, vol. 4, 1997, pp. 710-715.

Non Final Office Action received for U.S. Appl. No. 13/465,264, mailed on Oct. 29, 2014, 13 pages.

Non Final Office Action received for U.S. Appl. No. 13/646,570, mailed on Oct. 29, 2014, 10 pages.

Non-Final Office Action received for U.S. Appl. No. 13/646,583, mailed on Oct. 31, 2014, 8 pages.

Written Opinon received for PCT Patent Application No. PCT/ US2009/047070, mailed on Jan. 19, 2010, 5 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2009/047070, mailed on Dec. 23, 2010, 7 pages.

Notice of Allowance received for U.S. Appl. No. 13/831,543, mailed on Oct. 8, 2014, 14 pages.

Doug Hakala, "Unpublished U.S. Appl. No. 14/515,130, filed Oct. 15, 2014, titled "Low Profile Electrodes for an Angioplasty Shock Wave Catheter"".

Advisory Action Received for U.S. Appl. No. 12/482,995, mailed on Jun. 2, 2014, 3 pages.

Advisory Action Received for U.S. Appl. No. 12/482,995, mailed on Sep. 29, 2011, 2 pages.

Notice of Allowance received for U.S. Appl. No. 12/482,995, mailed on Dec. 24, 2014, 6 pages.

Non-Final Office Action received for U.S. Appl. No. 12/581,295, mailed on Jan. 15, 2015, 14 pages.

Advisory Action Received for U.S. Appl. No. 13/049,199, mailed on Jun. 7, 2012, 3 pages.

Notice of Allowance received for U.S. Appl. No. 13/049,199, mailed on Dec. 15, 2014, 7 pages.

(56) **References Cited**

OTHER PUBLICATIONS

Non-Final Office Action received for U.S. Appl. No. 13/267,383, mailed on Feb. 25, 2015, 9 pages.

Non-Final Office Action received for U.S. Appl. No. 13/465,264, mailed on Dec. 23, 2014, 13 pages.

Non-Final Office Action received for U.S. Appl. No. 13/615,107, mailed on Apr. 24, 2015, 9 pages.

Final Office Action received for U.S. Appl. No. 13/646,570, mailed on Dec. 23, 2014, 10 pages.

Notice of Allowance received for U.S. Appl. No. 13/646,570, mailed on Mar. 11, 2015, 7 pages.

Notice of Allowance received for U.S. Appl. No. 14/271,276, mailed on Feb. 25, 2015, 8 pages.

Final Office Action received for U.S. Appl. No. 14/271,342, mailed on Feb. 27, 2015, 7 pages.

Notice of Allowance received for U.S. Appl. No. 14/271,342, mailed on Mar. 13, 2015, 5 pages.

Office Action received for Canadian Patent Application No. 2,727,429, mailed on Apr. 14, 2015, 4 pages.

Decision to Grant received for Japanese Patent Application No. 2011-513694, mailed on Oct. 7, 2014, 3 pages of official copy only. (See communication under 37 CFR § 1.98(a) (3)).

Adams, John M. U.S. Appl. No. 14/660,539, filed Mar. 17, 2015, titled "Shockwave Balloon Catheter System", 17 pages.

International Written Opinion received for PCT Patent Application No. PCT/US2012/023172, mailed on Sep. 28, 2012, 4 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2013/031805, mailed on Feb. 19, 2015, 11 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2013/039987, issued on Nov. 20, 2014, 11 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2013/048277, mailed on Jan. 8, 2015, 9 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2013/055431, mailed on Feb. 26, 2015, 7 pages.

International Preliminary Report on Patentability received for PCT Patent Application No. PCT/US2013/059533, mailed on Mar. 26, 2015, 10 pages.

Advisory Action received for U.S. Appl. No. 13/615,107, mailed on Nov. 6, 2015, 3 pages.

Extended European Search Report received for European Patent Application No. 13827971.6, mailed on Apr. 12, 2016, 8 pages. Notice of Allowance received for U.S. Appl. No. 13/615,107, mailed on Dec. 31, 2015, 10 pages.

Non-Final Office Action received for U.S. Appl. No. 14/515,130, mailed on Jan. 14, 2016, 16 pages.

Non-Final Office Action received for U.S. Appl. No. 14/218,858, mailed on Mar. 30, 2016, 13 pages.

Decision to Grant received for European Patent Application No. 13756766.5, mailed on May 27, 2016, 2 pages.

Intention to Grant received for European Patent Application No. 13756766.5, mailed on Jan. 8, 2016, 5 pages.

Notice of Allowance received for U.S. Appl. No. 14/515,130, mailed on May 25, 2016, 3 pages.

Notice of Allowance received for U.S. Appl. No. 14/218,858, mailed on Aug. 26, 2016, 8 pages.

Office Action received for Chinese Patent Application No. 201380033808.3, mailed on Jul. 5, 2016, 9 pages (3 pages of English translation and 6 pages of Official copy).

Office Action received for Chinese Patent Application No. 201380041656.1, mailed on Jul. 5, 2016, 9 pages (4 pages of English translation and 5 pages of Official copy).

Office Action received for Chinese Patent Application No. 201380042887.4, mailed on Aug. 8, 2016, 9 pages (4 pages of English translation and 5 pages of Official copy).

Hakala, Doug, U.S. Appl. No. 15/220,999, filed Jul. 27, 2016, titled "Low Profile Electrode for an Angioplasty Shock Wave Catheter". Notice of Allowance received for U.S. Appl. No. 12/581,295, mailed on Jul. 10, 2015, 15 pages.

Notice of Allowance received for U.S. Appl. No. 12/581,295, mailed on Jul. 29, 2015, 7 pages.

Notice of Allowance received for U.S. Appl. No. 13/049,199, mailed on Jan. 13, 2015, 4 pages.

Final Office Action Received for U.S. Appl. No. 13/267,383, mailed on May 28, 2015, 12 pages.

Notice of Allowance received for U.S. Appl. No. 13/465,264, mailed on May 8, 2015, 7 pages.

Final Office Action received for U.S. Appl. No. 13/615,107 mailed on Sep. 1, 2015, 9 pages.

Notice of Allowance received for U.S. Appl. No. 13/777,807, mailed on May 19, 2015, 13 pages.

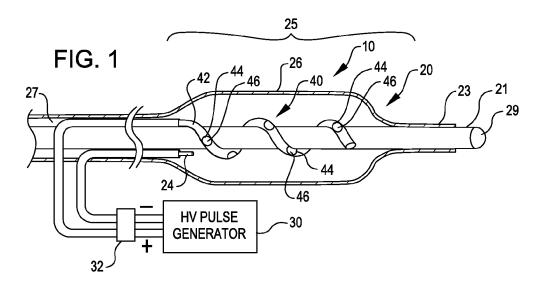
Notice of Allowance received for U.S. Appl. No. 13/957,276, mailed on Aug. 28, 2015, 9 pages.

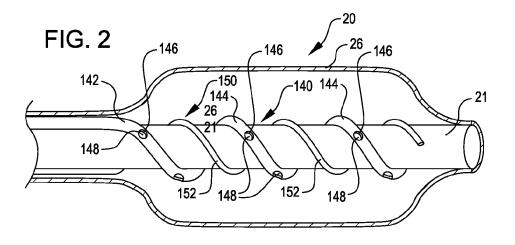
Office Action received for Canadian Patent Application No. 2,727,429, mailed on May 26, 2015, 1 page.

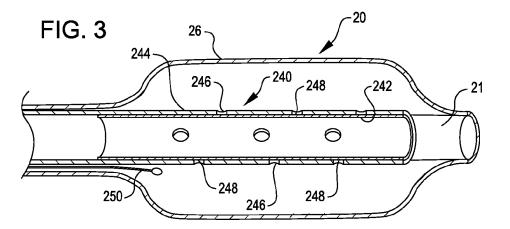
Office Action Received for Japanese Patent Application No. 2014-158517, mailed on May 19, 2015, 5 pages (2 pages of English Translation and 3 pages of Official Copy).

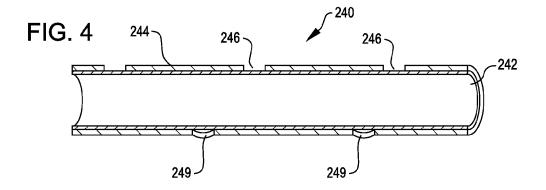
International Search Report and Written Opinion received for PCT Patent Application No. PCT/US2015/029088 mailed on Jul. 16, 2015, 13 pages.

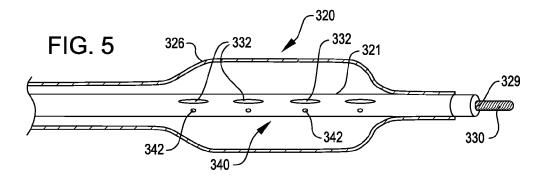
* cited by examiner

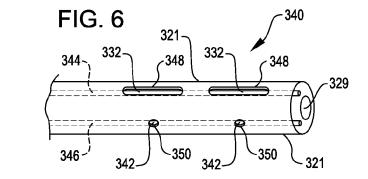


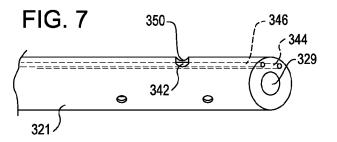


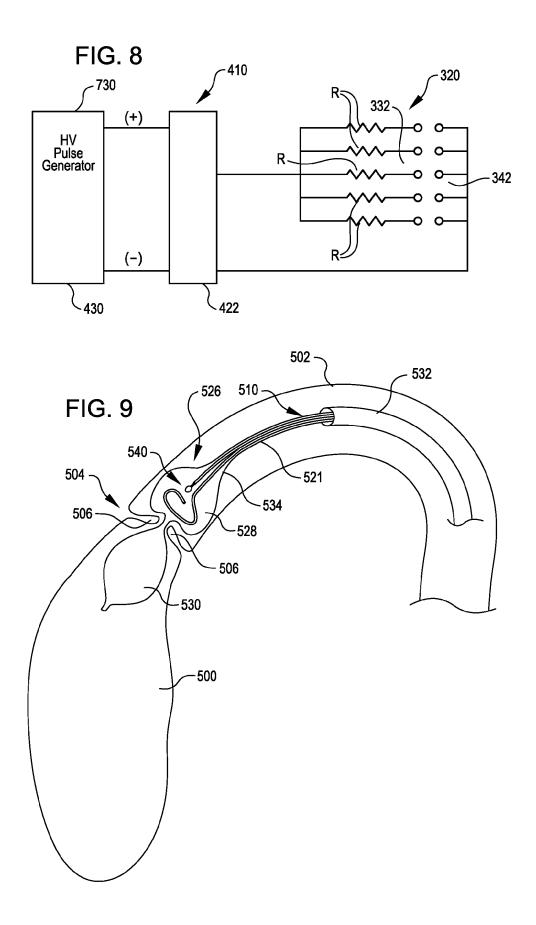


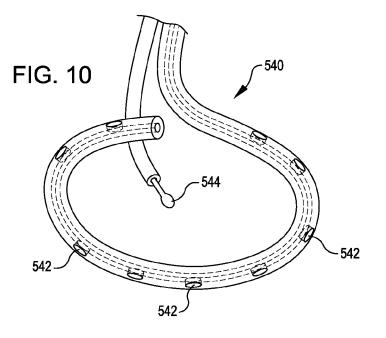




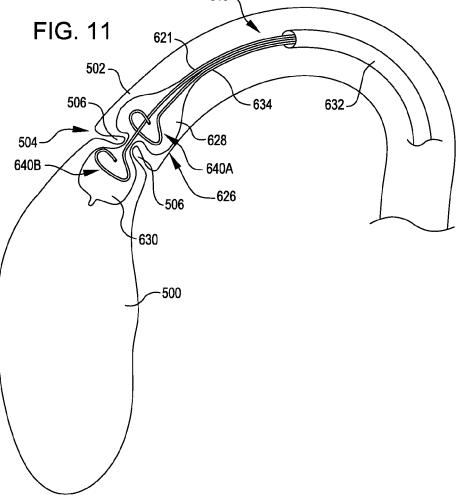


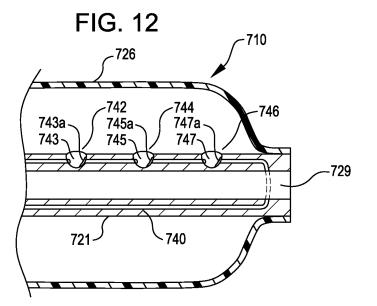












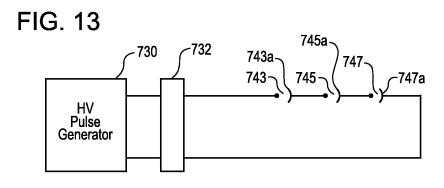
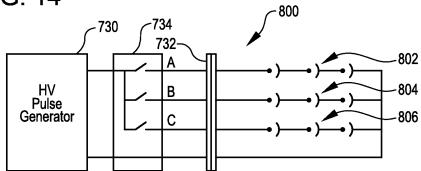


FIG. 14



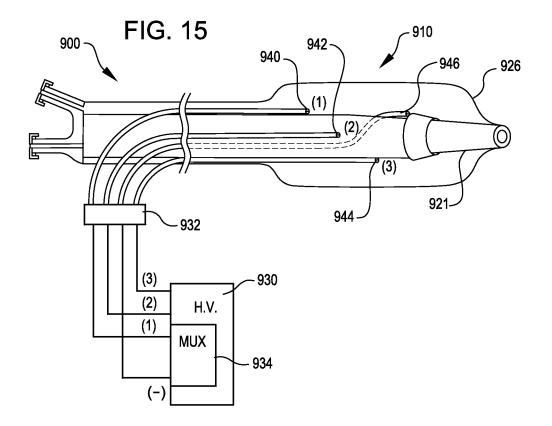
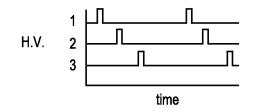


FIG. 16



SHOCK WAVE BALLOON CATHETER WITH MULTIPLE SHOCK WAVE SOURCES

BACKGROUND OF THE INVENTION

Aortic calcification, also called aortic sclerosis, is a buildup of calcium deposits on the aortic valve in the heart. This often results in a heart murmur, which can easily be heard with a stethoscope over the heart. However, aortic calcification usually doesn't significantly affect the function 10 of the aortic valve.

In some cases, though, the calcium deposits thicken and cause narrowing at the opening of the aortic valve. This impairs blood flow through the valve, causing chest pain or a heart attack. Doctors refer to such narrowing as aortic 15 stenosis.

Aortic calcification typically affects older adults. But when it occurs in younger adults, it's often associated with an aortic valve defect that is present at birth (congenital) or with other illnesses such as kidney failure. An ultrasound of 20 the heart (echocardiogram) can determine the severity of aortic calcification and also check for other possible causes of a heart murmur.

At present there is no specific treatment for aortic calcification. General treatment includes the monitoring for further developments of heart disease. Cholesterol levels are also checked to determine the need for medications to lower cholesterol in the hope to prevent progression of aortic calcification. If the valve becomes severely narrowed, aortic valve replacement surgery may be necessary. 30

The aortic valve area can be opened or enlarged with a balloon catheter (balloon valvuloplasty) which is introduced in much the same way as in cardiac catheterization. With balloon valvuloplasty, the aortic valve area typically increases slightly. Patients with critical aortic stenosis can 35 therefore experience temporary improvement with this procedure. Unfortunately, most of these valves narrow over a six to 18 month period. Therefore, balloon valvuloplasty is useful as a short-term measure to temporarily relieve symptoms in patients who are not candidates for aortic valve 40 replacement.

Patients who require urgent noncardiac surgery, such as a hip replacement, may benefit from aortic valvuloplasty prior to surgery. Valvuloplasty improves heart function and the chances of surviving non-cardiac surgery. Aortic valvulo-45 plasty can also be useful as a bridge to aortic valve replacement in the elderly patient with poorly functioning ventricular muscle. Balloon valvuloplasty may temporarily improve ventricular muscle function, and thus improve surgical survival. Those who respond to valvuloplasty with improvemore from aortic valve replacement. Aortic valvuloplasty in these high risk elderly patients has a similar mortality (5%) and serious complication rate (5%) as aortic valve replacement in surgical candidates. 55

Transarterial aortic valve replacement is a new procedure where the aortic valve is replaced with a self-expanding nitinol or balloon-expandable valve structure. Such procedures benefit from a smooth non-calcified circumference to attach the new valve. Large calcium deposits may induce 60 leaks around the valve preventing a firm consistent attachment of the valve to the aorta. Thus there is a need for a calcium free valve bed to attach such self-expanding valves.

An alternative method and system for treating stenotic or calcified aortic valves is disclosed and claimed in co- 65 pending U.S. application Ser. No. 12/611,997, filed Nov. 11, 2009 for SHOCKWAVE VALVULOPLASTY SYSTEM. As 2

described therein, a balloon is placed adjacent leaflets of a valve to be treated and is inflatable with a liquid. Within the balloon is a shock wave generator that produces shock waves that propagate through the liquid and impinge upon the valve. The impinging shock waves soften, break and/or loosen the calcified regions for removal or displacement to open the valve or enlarge the valve opening.

The approach mentioned above provides a more tolerable treatment for aortic stenosis and calcified aortic valves than the previously performed aortic valve replacement. It is also a more effective treatment than current valvuloplasty therapy. For patients undergoing transaortic or catheter based aortic valve replacement, this new method can soften, smooth, and open the aortic valve annulus more effectively than current valvuloplasty and prepare the area for a catheter delivered valve.

In the shock wave valvuloplasty described above, the impingement intensity of the shockwaves diminishes as a function of the distance from the shock wave origination point to the valve. More specifically, the impingement intensity of the shock waves is inversely proportional to the square of the distance from the shock wave origination point to the valve. Hence, when applying the shock waves, it would be desirable to maximize their effectiveness by being able to minimize the distance between the shock wave source and the valve location being treated at that moment.

Similar issues are present in angioplasty. There, a calcified region of a vein or artery may extend over some longitudinal distance of the vein or artery. A point shock wave source within an angioplasty balloon, in such instances, would not be uniformly effective across the extent of the calcified region because of the varying distance from the shock wave source to the various portions of the calcified region.

The present invention addresses this and other matters of importance in providing the most efficient and effective valvuloplasty and angioplasty treatment possible.

SUMMARY OF THE INVENTION

In one embodiment, an apparatus comprises a balloon adapted to be placed adjacent a calcified region of a body. The balloon is inflatable with a liquid. The apparatus further includes a shock wave generator within the balloon that produces shock waves that propagate through the liquid for impinging upon the calcified region adjacent the balloon. The shock wave generator includes a plurality of shock wave sources distributed within the balloon, wherein the plurality of shock wave sources are more than two shock wave sources. These shock wave sources can be distributed both longitudinally and circumferentially within the balloon for optimal effect.

The balloon is elongated having a longitudinal dimension along its length and the plurality of shock wave sources extend along a portion of the longitudinal dimension. The balloon has a sidewall and the shock wave sources are in non-touching relation with respect to the balloon sidewall. The shock wave generator may be an electrical arc shock wave generator and the shock wave sources may include a plurality of electrodes. The electrical arc shock wave generator may further include at least one counter electrode adapted to be in contact with the liquid and to receive a voltage polarity opposite a voltage polarity applied to the plurality of electrodes.

The shock wave generator may include an elongated conductor and an insulator overlying the elongated conductor. The insulator may have a plurality of discrete openings, each opening for exposing the elongated conductor to the fluid, to form the plurality of electrodes. An insulated wire may be employed to form the elongated conductor and the overlying insulator.

The apparatus may further include an elongated carrier. 5 The carrier may extend through the balloon and be sealed thereto. The insulated wire may be wrapped about the carrier within the balloon. The carrier may include a guide wire lumen. The insulated wire may be wrapped about the carrier to form electrode coil turns and the apparatus may further 10 include a conductor wire wrapped about the carrier within the balloon and in between the electrode coil turns to form the counter electrode.

The shock wave generator may include an elongated cylindrical conductor and an insulator overlying the elon- 15 gated cylindrical conductor. The insulator may have a plurality of discrete openings, each opening for exposing the elongated cylindrical conductor to the fluid, to form the plurality of electrodes. The apparatus may further include an elongated carrier extending through the balloon and be in 20 sealed relation thereto. The elongated cylindrical conductor may overlie the carrier within the balloon. The elongated carrier may include a guide wire lumen.

The shock wave generator may be an electrical arc shock wave generator, wherein the shock wave sources include a 25 plurality of electrodes, wherein the apparatus further includes an elongated carrier having a longitudinal dimension extending through the balloon and being in sealed relation thereto, wherein the elongated carrier has a guide wire lumen extending along at least a portion of the longitudinal dimension of the elongated carrier, and wherein at least some of the plurality of electrodes are distributed along the elongated carrier within the balloon.

The elongated carrier may be formed of an insulating material. The shock wave generator may include at least one 35 conductor extending within the elongated carrier in spaced apart relation to the guide wire lumen and along at least a portion of the longitudinal dimension of the elongated carrier and a plurality of discrete portions of the elongated carrier insulating material are removed to expose corre- 40 sponding portions of the at least one conductor to form the at least some of the plurality of electrodes. At least some of the removed discrete portions of the elongated carrier insulating material may contain a conductive filling. The conductive fillings may be conductively secured to the elon- 45 gated conductor.

The elongated carrier may be formed of an insulating material. The shock wave generator may include at least first and second elongated conductors extending within the elongated carrier in spaced apart relation to each other and the 50 guide wire lumen and along at least a portion of the longitudinal dimension of the elongated carrier. A plurality of discrete portions of the elongated carrier insulating material may be removed to expose corresponding portions of the at least some 55 of the plurality of electrodes.

The removed discrete portions of the elongated carrier insulating material that expose corresponding portions of one of the at least first and second conductors are greater in dimension than the removed discrete portions of the elongated carrier insulating material that expose corresponding portions of another one of the at least first and second conductors. The at least some of the removed discrete portions of the elongated carrier insulating material may contain a conductive filling and at least some of the conductive fillings may be conductively secured to the elongated conductors. 4

The plurality of electrodes are arranged in series circuit relation. Alternatively the plurality of electrodes are arranged in parallel circuit relation. The apparatus may further include a power source and a multiplexer that selectively couples the power source to the plurality of electrodes, one at a time. In another embodiment, the plurality of electrodes may be arranged in a plurality of series circuit arrangements and the apparatus may further include a multiplexer that selectively couples the power source to the series circuit arrangements, one at a time.

The plurality of shock wave sources may be arranged along a path defining a loop. The balloon may be configured to be placed adjacent leaflets of a valve, the balloon having a first chamber to be adjacent one side of the leaflets and a second chamber to be adjacent an opposite side of the leaflets. The plurality of shock wave sources may be arranged to define a loop of shock wave sources within one of the first and second chambers of the balloon.

The balloon may be configured to be placed adjacent leaflets of a valve, the balloon having a first chamber to be adjacent one side of the leaflets and a second chamber to be adjacent an opposite side of the leaflets, and wherein the plurality of shock wave sources may be arranged to define a first loop of shock wave sources within the first chamber of the balloon and a second loop of shock wave sources within the second chamber of the balloon.

In accordance with another embodiment, an apparatus comprises an elongated carrier and a balloon carried on the elongated carrier in sealed relation thereto. The balloon is adapted to be placed adjacent a calcified region of a body and is inflatable with a liquid. The apparatus further includes an electrical arc shock wave generator within the balloon. The electrical arc shock wave generator includes more than two electrodes distributed within the balloon. Each electrode is adapted to produce shock waves that propagate through the liquid for impinging upon the calcified region adjacent the balloon. The apparatus further includes a counter electrode adapted to be in contact with the liquid and to receive a voltage polarity opposite that applied to the more than two electrodes.

In a further embodiment, a method includes the steps of inserting a balloon in a body adjacent a calcified region, inflating the balloon with a liquid to cause the balloon to contact the calcified region, placing, within the balloon, a shock wave generator including more than two shock wave sources and distributing the more than two shock wave sources within the balloon, and causing the shock wave sources to form shock waves that propagate through the liquid and impinge upon the calcified region.

The inserting step may include inserting the balloon into an artery or vein of the body. The balloon may be elongated having a longitudinal dimension and the distributing step may include distributing the shock wave sources along a portion of the longitudinal dimension.

The inserting step may include inserting the balloon into a valve of the body. The distributing step may include distributing the shock wave sources along a path defining a loop.

The balloon may be configured to be placed adjacent leaflets of the valve and to have a first chamber adapted to be adjacent one side of the leaflets and a second chamber adapted to be adjacent an opposite side of the leaflets. The inserting step may include inserting the balloon into the valve with the first chamber adjacent one side of the leaflets and the second chamber adjacent the opposite side of the leaflets. The distributing step may include distributing the 15

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shock wave sources along a path defining a loop of shock wave sources within one of the first and second chambers of the balloon.

In a still further embodiment, the balloon is configured to be placed adjacent leaflets of the valve, wherein the balloon 5 has a first chamber to be adjacent one side of the leaflets and a second chamber to be adjacent an opposite side of the leaflets, wherein the inserting step includes inserting the balloon into the valve with the first chamber adjacent one side of the leaflets and the second chamber adjacent the 10 opposite side of the leaflets, and wherein the distributing step includes distributing the shock wave sources to define a first loop of shock wave sources within the first chamber of the balloon and to define a second loop of shock wave sources within the second chamber of the balloon.

The balloon has a sidewall and the distributing step may include distributing the shock wave sources in non-touching relation with respect to the balloon sidewall. The shock wave generator may be an electrical arc shock wave generator, the shock wave sources may include a plurality of 20 electrodes, and the causing step may include applying voltage pulses between the plurality of electrodes and a counter electrode to form the shock waves.

According to a still further embodiment, a method comprises inserting a balloon in a body adjacent a calcified 25 region, inflating the balloon with a liquid to cause the balloon to contact the calcified region, placing, within the balloon, more than two electrodes in non-touching relation to the balloon and adjacent the calcified regions, placing a counter electrode in contact with the liquid, and applying 30 voltage pulses between the more than two electrodes and the counter electrode, wherein the voltage pulses have a first polarity applied to the two or more electrodes and a second polarity applied to the counter electrode causing the more than two electrodes to form shock waves that propagate 35 through the liquid and impinge upon the calcified region.

BRIEF DESCRIPTION OF THE DRAWINGS

The features of the present invention which are believed 40 to be novel are set forth with particularity in the appended claims. The various described embodiments of the invention, together with representative features and advantages thereof, may best be understood by making reference to the following description taken in conjunction with the accom- 45 panying drawings, in the several figures of which like reference numerals identify identical elements, and wherein:

FIG. 1 is a is a simplified drawing of an angioplasty system embodying the invention including a side view of a dilating angioplasty balloon catheter including a plurality of 50 shock wave sources according to one embodiment;

FIG. 2 is a side view of the catheter of FIG. 1 showing an alternate electrode structure that may be employed within the dilating angioplasty balloon catheter of FIG. 1;

FIG. 3 is a side view of the catheter of FIG. 1 showing still 55 another alternate electrode structure that may be employed within the dilating angioplasty balloon catheter of FIG. 1;

FIG. 4 is a partial sectional view illustrating alternative aspects of the electrode structure of FIG. 3 to provide the plurality of shock wave sources;

FIG. 5 is a side view of another dilating angioplasty balloon catheter including a plurality of shock wave sources according to a further embodiment of the invention;

FIG. 6 is a perspective view illustrating a manner in which an electrode structure of the catheter of FIG. 5 may be 65 produced to provide the plurality of shock wave sources according to an embodiment of the invention;

FIG. 7 is another perspective view illustrating another aspect of the electrode structure for the of FIG. 5 according to an embodiment of the invention:

FIG. 8 is a simplified schematic diagram of a shock wave angioplasty system embodying the invention wherein the shock wave source electrodes are arranged in parallel circuit;

FIG. 9 is a simplified side view of the left ventricle, aorta, and aortic valve of a heart with a valvuloplasty treatment catheter embodying the invention within the aortic valve of the heart;

FIG. 10 is a perspective view, to an enlarged scale, of the electrode structure employed in the valvuloplasty catheter of FIG. 9;

FIG. 11 is another simplified side view of the left ventricle, aorta, and aortic valve of a heart with a dual chamber valvuloplasty treatment catheter embodying the invention within the aortic valve of the heart;

FIG. 12 is a partial side view, to an enlarged scale, of an angioplasty catheter with an electrode structure that may be employed in the embodiments herein wherein the electrodes are arranged in series circuit;

FIG. 13 is a simplified schematic diagram of a shock wave angioplasty system embodying the invention wherein the shock wave source electrodes are arranged in series circuit;

FIG. 14 is a simplified schematic diagram of a shock wave angioplasty system embodying the invention wherein the shock wave source electrodes are arranged in plural series circuits with each series circuit being individually activated;

FIG. 15 is a simplified drawing of another angioplasty system embodying the invention including a side view of a dilating angioplasty balloon catheter including a plurality of shock wave sources that are selectably coupled to a power source, one at a time, according to another embodiment; and

FIG. 16 is a timing diagram illustrating the manner in which the electrodes of FIG. 15 may be selectably coupled to a power source.

DETAILED DESCRIPTION OF THE INVENTION

FIG. 1 shows an angioplasty system 10 embodying the invention including a dilating angioplasty balloon catheter 20 including a plurality of shock wave sources according to one embodiment of the invention. The catheter 20 includes an elongated carrier 21, and a dilating balloon 26 formed about the carrier 21 in sealed relation thereto at a seal 23. The balloon 26 forms an annular channel 27 about the carrier 21 through which fluid, such as saline, may be admitted into the balloon to inflate the balloon. The carrier 21 includes a guide wire lumen 29. The guide wire lunen is arranged to receive a guide wire that may be used to direct the catheter to a desired location to locate the balloon adjacent a region of an artery or vein or to treated.

Carried by the carrier 21 is an electrode structure 40. The electrode structure 40 includes an insulated wire 42 wound about the carrier 21. Within the insulation of the insulated wire are a plurality of openings 44 that expose corresponding discrete portions of the insulated wire conductor to the saline within the balloon. Each opening 44 forms a corresponding shock wave source or electrode 46. As may be see in FIG. 1, a plurality of more than two electrodes are formed in this manner and in non-touching relation to the sidewalls of the balloon 26.

The electrode structure 40 also includes a counter electrode 24. The counter electrode 24 is disposed in nontouching relation to the sidewalls of the balloon 26 and 20

serves as a common electrode to cause an electrical arc to occur between each of the electrodes 46 and the common electrode 24 when a suitable high voltage is applied between the electrodes 46 and the counter electrode 24.

To that end, the electrodes 24 and 46 are attached to a 5 source 30 of high voltage pulses through a connector 32. The electrodes 24 and 46 are formed of metal, such as stainless steel or tungsten, and are placed a controlled distance apart to allow a reproducible arc for a given voltage and current. The electrical arcs between electrode 24 and electrodes 46 in 10 the fluid are used to generate shock waves in the fluid. The variable high voltage pulse generator 30 is used to deliver a stream of pulses across electrode 24 and electrodes 46 to create a stream of shock waves within and along the longitudinal length 25 of the balloon 26 and within the artery 15 being treated (not shown). The magnitude of the shock waves can be controlled by controlling the magnitude of the pulsed voltage, the current, the duration and repetition rate. The insulating nature of the balloon 26 protects the patient from electrical shocks.

The balloon 26 may be filled with water or saline in order to gently fix the balloon in the walls of the artery in the direct proximity with the calcified lesion. The fluid may also contain an x-ray contrast to permit fluoroscopic viewing of the catheter during use. As previously mentioned, the carrier 25 21 includes a lumen 29 through which a guidewire (not shown) may be inserted to guide the catheter into position. Once the catheter is positioned through use of the guide wire (not shown) and guide wire lumen 29, the physician or operator can start with low energy shock waves and increase 30 the energy as needed to crack the calcified plaque. Such shockwaves will be conducted through the fluid, through the balloon, through the blood and vessel wall to the calcified lesion where the energy will break the hardened plaque without the application of excessive pressure by the balloon 35 on the walls of the artery.

The voltage needed to produce the arcs will depend on the gap between the electrodes and is generally 100 to 3000 volts. The pulse duration will also depend on the surface area of the electrodes 24 and 46 and needs to be sufficient to 40 generate a gas bubble at the surface of the electrodes to cause a plasma arc of electric current to jump each bubble and, upon each occurrence, create a rapidly expanding and collapsing bubble, which creates the mechanical shock wave in the balloon. Such shock waves can be as short as a few 45 microseconds. Both the rapid expansion and the collapse of a bubble create shock waves. The pulse duration can be adjusted to favor one over the other.

A large steam bubble will generate a stronger shockwave than a small one. However, more power is needed in the 50 system to generate this large steam bubble. Traditional lithotripters try to generate a large steam bubble to maximize the collapsing bubble's shockwave. Within a balloon such large steam bubbles are less desirable due to the risk of balloon rupture. By adjusting the pulse width to a narrow 55 pulse less than two microseconds or even less than one microsecond, a rapidly expanding steam bubble and shockwave can be generated while at the same time the final size of the steam bubble can be minimized. The short pulse width also reduces the amount of heat in the balloon to improve 60 tissue safety.

FIG. 2 shows another electrode structure 140 that may be employed in the catheter 20 of FIG. 1. Like the electrode structure of FIG. 1, the electrode structure 140 of FIG. 2 includes an insulated wire 142 wound about the carrier 21 to 65 form electrode coil turns 144. Within the insulation of the insulated wire 142 are a plurality of openings 146 that

expose corresponding descrete portions of the insulated wire conductor to the saline within the balloon. Each opening 146 forms a corresponding shock wave source or electrode 148.

The electrode structure 140 further includes a conductor wire wrapped about the carrier 21 within the balloon 26. The conductor wire 150 is wound in between the electrode coil turns 144 to form a counter electrode 152. This provides more uniform spacings between the electrodes 148 and the counter electrode 152. All of the electrodes 148 and 152 are disposed in non-touching relation to the sidewalls of the balloon 26.

FIG. 3 shows another electrode structure 240 that may be employed in the catheter 20 of FIG. 1. Here, the electrode structure 240 of the catheter 20 includes an elongated cylindrical conductor 242 formed of metal, such as stainless steel or tungsten, that overlies the carrier 21. The electrode structure 240 further includes an insulator 244 overlying the elongated cylindrical conductor 242. The insulator 244 has a plurality of discrete openings 246 that expose corresponding areas of the elongated cylindrical conductor to the saline within the balloon 26. Each opening 246 forms a corresponding electrode 248. Another electrode 250 forms a common electrode. All of the electrodes 248 and 250 are disposed in non-touching relation to the sidewalls of the balloon 26.

FIG. 4 is a partial sectional view illustrating alternative aspects of the electrode structure 240 of FIG. 3 to provide the plurality of shock wave sources. Here, at least some of the openings 246 are filled with a conductive material to form the electrodes 249. The conductive filler forming electrodes 249 may be of the same material forming the conductive cylinder 242 or may be of a different conductive material. It serves to raise the surface of the electrodes to above the insulator 244 which, in some cases, may result in more reliable arc formation.

Referring now to FIG. 5, it is a side view of another dilating angioplasty balloon catheter 320 including a plurality of shock wave sources according to a further embodiment of the invention. Again, the catheter 320 includes and elongated carrier 321 and an angioplasty dilating balloon 326 at the distal end thereof in sealed relation thereto. The balloon 326 and carrier 321 form a channel 327 through which the balloon may be filled with a liquid, such as water or saline. The carrier 321 also includes a guide wire lumen 329 that is adapted to receive a guide wire 330.

The catheter 320 further includes an electrode structure 340 including a first plurality of electrodes 332 and a second plurality of electrodes 342. The electrodes 332 and 342 are disposed in non-touching relation to the sidewalls of the balloon 326. During angioplasty treatment, a voltage having a first polarity is applied to the first plurality of electrodes 332 and a reversed polarity is applied to the second plurality of electrodes 342. If the voltage across electrodes 332 and 342 is applied as previously described, an arc will form between corresponding pairs of the electrodes 332 and 342 to produce corresponding shock waves. In this manner, shock waves are produced along the longitudinal dimension of the balloon 326.

It may be seen in FIG. 5 that the electrodes 332 are of larger dimension and have a greater surface area in contact with the saline in the balloon than the electrodes 342. This reduces the impedance to arc plasma formation, allowing the arc plasmas to be produced soon after the voltage is applied to the electrodes. It has also been found that this causes larger arc plasmas to be formed producing stronger shock waves. It still further assists in controlling the electrodes across which the electrical arcs will be produced.

FIG. 6 is a perspective view illustrating a manner in which an electrode structure of the catheter of FIG. 5 may be produced to provide the plurality of shock wave sources according to an embodiment of the invention. In FIG. 6 it may be seen that the electrode structure 340 includes a first 5 conductor 344 and a second conductor 346. The conductors 344 and 346 extend along and within the carrier 321. The conductors 344 and 346 may be made to extend along and within the carrier 321 by co-extruding the conductors 344 and **346** with the elongated carrier during manufacture of the carrier 321. After the extrusion process, openings 348 and 350 may be formed in the carrier 321 to expose corresponding portions of the conductors 344 and 346. This results in the formation of electrodes 332 and 342 respectively. FIG. 7 shows that the openings, such as opening 350 formed in 15 the carrier 321 may be filled with a conductive filler to form electrode 342.

FIG. 8 is a simplified schematic diagram of a shock wave angioplasty system 410 embodying the invention wherein the shock wave source electrodes are arranged in parallel 20 circuit. For purposes of this description, the catheter 320 of FIG. 5 shall be used for illustration. The system includes a high voltage generator 430, a connector 432, and a catheter 320. The catheter 320 includes the first plurality of electrodes 332 and a second plurality of electrodes 342. Each 25 electrode of the first plurality of electrodes 332 finds a corresponding electrode in the second plurality of electrodes 342. The connector 422 connects each of the electrodes of the first plurality of electrodes 332 to the plus (+) side of the voltage generator 430 through a resistance R and each of the 30 electrodes of the second plurality of electrodes 342 to the minus (-) side of the voltage generator 430. The resistance R may be provided through individual resistive elements or through resistivity in the conductors that connect the electrodes to the connector and are provided to equalize the 35 current available to each electrode pair. This assures that no one electrode pair will sink all of the available current precluding all other electrode pairs from producing an electrical arc.

FIG. 9 is a simplified side view of the left ventricle **500**, 40 aorta **502**, and aortic valve **504** of a heart with a valvuloplasty treatment catheter **510** embodying the invention within the aortic valve of the heart. The catheter **510** includes a treatment balloon **526** placed on both sides of the aortic valve leaflets **506**. Valves of the heart, such as the 45 aortic valve **504** can become stenotic and calcified. More particularly, the opening of the valve defined by the leaflets can become stenotic and calcified. This can restrict the size of the opening as the valve leaflets **506** are thickened with calcium deposits and fibrotic tissue. The thickened leaflets **506** and smaller valve opening restrict blood flow from the heart creating excess work for the heart and poor cardiac output. Current treatment includes replacement of the valve or attempts to stretch the valve annulus with a balloon.

The treatment balloon **526** includes two longitudinally 55 spaced chambers **528** and **530** placed on opposed sides of the aortic valve leaflets **506**. The balloon **526** may be formed from a compliant or a non-compliant material. The balloon is at the distal end of a carrier **521**. The catheter is placed into position by an elongated delivery tube **532**. 60

The two longitudinally spaced chambers 530 and 528 share a common inflation lumen 534 of the carrier 521 to permit the balloon 526 to be filled with a liquid, such as saline. Alternatively the balloon chambers 530 and 528 may not share the same inflation fluid path.

The catheter 510 includes a plurality of shock wave sources that produce electrical arcs within the balloon to produce shock waves within the confined liquid. The shock waves propagate through the liquid and impinge upon the balloon wall and the valve. The impinging shock waves cause the calcified material on the valve to break and/or soften. This permits the valve opening to be widened or the calcified material to be removed.

In accordance with the embodiment of FIG. 9, the catheter **510** includes an electrode structure **540** within balloon chamber **528**. The electrode structure **540** may be seen in greater detail in FIG. **10**. The electrode structure generally includes a plurality of electrodes **542** distributed in a path defining a loop and a common or counter electrode **544**. The plurality of electrodes may be formed in a manner as previously described by use of an insulated conductor, such as an insulated wire with discrete portion of the insulation removed to form the electrodes. Each of the electrodes **542** forms a shock wave source. As may be seen in FIG. 9, the electrodes **542** are arranged to be in non-touching relation to the sidewalls of the balloon **526**.

In use, one polarity, as for example the positive polarity, of the arc forming voltage may be applied to the plurality of electrodes **542**. The minus polarity may be applied to the counter electrode **544**. Because the electrodes **542** are distributed along the loop as shown, the spacing between the electrodes and the valve will remain essentially constant to enable the entire aortic valve to be treated without diminished shock wave intensities.

FIG. 11 is another simplified side view of the left ventricle **500**, aorta **502**, and aortic valve **504** of a heart with another valvuloplasty treatment catheter **610** embodying the invention within the aortic valve of the heart. The catheter **610** includes a treatment balloon **626** placed on both sides of the aortic valve leaflets **506**. The treatment balloon **626** includes two longitudinally spaced chambers **628** and **630** placed on opposite sides of the aortic valve leaflets **506**. The balloon **626** may be formed from a compliant or a non-compliant material. The balloon is at the distal end of a carrier **621**. The catheter is placed into position by an elongated delivery tube **632**.

The two longitudinally spaced chambers **630** and **628** share a common inflation lumen **634** of the carrier **621** to permit the balloon **626** to be filled with a liquid, such as saline. Alternatively the balloon chambers **630** and **628** may not share the same inflation fluid path.

Each of the balloon chambers **628** and **630** of the catheter **610** includes a plurality of shock wave sources that produce electrical arcs within their respective chambers of the balloon to produce shock waves within the confined liquid. The shock waves propagate through the liquid and impinge upon the balloon wall and the valve. The impinging shock waves cause the calcified material on the valve to break and/or soften. This permits the valve opening to be widened or the calcified material to be removed.

In accordance with the embodiment of FIG. 11, the 55 catheter 610 includes an electrode structure 640A and 640B within balloon chambers 628 and 630, respectively. The electrode structures may take the form of electrode structure 540 as shown in FIG. 10. Because the electrodes are distributed in each balloon chamber 628 and 630 along a 60 loop as shown, the spacing between the electrodes and the valve on each side of the valve will remain essentially constant to enable both sides of the entire aortic valve to be treated without diminished shock wave intensities.

FIG. **12** is a partial side view, to an enlarged scale, of an angioplasty catheter with an electrode structure that may be employed in the embodiments herein, wherein the electrodes are arranged in series circuit. The catheter **710** may be seen to include an angioplasty balloon 726 that is carried at the distal end of an elongated insulative carrier 721 in sealed relation thereto. As in previous embodiments, the carrier has a guide wire lumen 729.

Embedded within the carrier 721 is a conductor 740 that 5extends to the distal end of the carrier and then back toward the proximal end as shown. At points along the carrier 721 and the conductor 740, portions of the carrier 721 are removed. Corresponding portions of the conductor are also 10removed. Each removed conductor portion forms a pair of electrodes. For example, removed portion 742 forms an electrode pair 743. Similarly, removed portions 744 and 746 form electrode pairs 745 and 747 respectively. One side of the openings $7\hat{42}$, 744, and 746 are coated with a conductive $_{15}$ material to render one electrode 743a, 745a, and 747a of each electrode pair larger in surface area then the its other corresponding electrode.

Each of the electrode pairs 743, 745, and 747 forms a shock wave source. As may be noted in FIG. 13, the 20 electrode pairs 743, 745, and 747 are arranged in series circuit. They are connected to a high voltage source 730 through a connector 732. The larger electrode 743a, 745a, and 747a of each electrode pair assures that all of the electrode pairs will reliably arc when the high voltage is 25 applied across the string of shock wave sources.

FIG. 14 is a simplified schematic diagram of a shock wave angioplasty system 800 embodying the invention wherein the shock wave source electrodes are arranged in plural series circuits with each series circuit being individually 30 activated. To that end, the system 800 includes series circuits 802, 804, and 806 of electrode pairs connected to a multiplexer 734 through a connector 732. The multiplexer is arranged to connect a high voltage source 730 across each series circuit 802, 804, and 806 individually, one at a time, 35 or in any combination.

FIG. 15 is a simplified drawing of another angioplasty system 900 embodying the invention including a side view of a dilating angioplasty balloon catheter 910 including a plurality of shock wave sources that are selectably coupled 40 electrode pair having first and second spaced apart electo a power source, one at a time, according to another embodiment, and FIG. 16 is a timing diagram illustrating the manner in which the electrodes of FIG. 15 may be selectably coupled to a power source. The system 900 includes a catheter 920, and high voltage power source 930, and a 45 connector 934. The cattier 920 includes an angioplasty balloon 926 carried on a carrier 921 in sealed relation thereto and arranged to be inflated by a liquid, such as saline. The catheter 920 also includes electrodes 940, 942, and 944 carried on the carrier 921 in non-touching relation to the 50 sidewalls of the balloon 926, and a counter electrode 946, also carried on the carrier 921. The electrodes 940, 942, and 944 are each connected to a multiplexer 934 of the high voltage source 930. When an electrode is activated, a high voltage from source 930 is applied across a selected one of 55 electrode of the second electrode pair and the second electhe electrodes and the counter electrode to create an electrical arc. The electrical arc causes a plasma to be formed. The creation of the plasma causes a shock wave. Hence, each electrode 940, 942, and 944 forms a shock wave source. The shock waves are propagated through the liquid 60 to impinge upon the balloon sidewall and the calcium deposit to break the calcium deposit up.

As may be seen in FIG. 16, the multiplexer 934 can activate the shock wave sources, one at a time. This reserves all of the high voltage for each shock wave source to thus 65 form shock waves of maximum strength to be applied to the calcium deposits all along the balloon. The shock waves can

be of repeatable strength. Longitudinal movement of the catheter to treat the calcium deposits is not required.

While particular embodiments of the present invention have been shown and described, modifications may be made, and it is therefore intended to cover all such changes and modifications which fall within the true spirit and scope of the invention.

What is claimed is:

1. A device comprising:

an axially extending elongate member;

- a balloon surrounding a portion of the elongate member, said balloon being fillable with a conductive fluid;
- a first electrode pair having first and second spaced apart electrodes and a second electrode pair having first and second spaced apart electrodes, said electrode pairs being located within and spaced from the balloon, said electrode pairs being mounted on the elongate member and within the conductive fluid and wherein the electrode pairs are configured to produce shock waves that propagate through the liquid, and wherein one electrode in each pair has a surface area larger than the surface area of the other electrode in the pair; and
- a high voltage source connectable to the first electrode of first electrode pair, and with the second electrode of first electrode pair being connected to the first electrode of the second electrode pair, and with the second electrode of the second electrode pair being connectable to the high voltage source, and wherein when a high voltage pulse is supplied to the first and second electrode pairs, a first arc is generated in the conductive fluid allowing current to flow across the first electrode pair and a second arc is generated in the conductive fluid allowing current to flow across the second electrode pair, thereby creating a series connection running from the first electrode in the first electrode pair to the second electrode of the second pair.

2. A device as recited in claims 1 further including a third trodes, with the second electrode of the second electrode pair being connectable to the first electrode of the third electrode pair and with the second electrode of the third electrode pair being connectable to the high voltage source.

3. A device as recited in claims 1 further including a third electrode pair having first and second spaced apart electrodes and a fourth electrode pair having first and second spaced apart electrodes, with the second electrode of the third electrode pair being connected to the first electrode of the fourth electrode pair, said device further including a multiplexer for selectively connecting the high voltage source to either the first and second electrode pairs or the third and fourth electrode pairs.

4. A device as recited in claim 3 wherein the second trode of the fourth electrode pair are connectable to a common conductor providing a return path to the high voltage source.

5. A device as recited in claims 1 wherein at least two of the electrode pairs are spaced longitudinally along the elongated member.

6. A device as recited in claims 1 wherein the elongated member comprises a guide wire lumen.

7. A device as recited in claims 1 wherein said balloon is a single chamber angioplasty balloon.

8. A device as recited in claims 1 wherein said balloon includes two chambers configured for valvuloplasty.

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9. A device comprising:

an axially extending elongate member;

- a balloon surrounding a portion of the elongate member, said balloon being fillable with a conductive fluid;
- a plurality of electrode pairs located within and spaced ⁵ from the balloon, said electrode pairs being mounted on the elongate member and within the conductive fluid and wherein the electrode pairs are configured to produce shock waves that propagate through the liquid and wherein one electrode in each pair has a surface area 10larger than the surface area of the other electrode in the pair;
- a high voltage source connectable to the electrodes; and
- a multiplexer and wherein the plurality of electrode pairs include a first set of two pairs of electrodes with one 15 electrode of one pair being connected to one electrode of the other pair, said electrode pairs further including a second set of two pairs of electrodes with one electrode of one pair being connected to one electrode of the other pair, and wherein said multiplexer selec- 20 tively connects the high voltage source to one or the other of the first and second sets of electrode pairs, with the connected set operating in series across an arc generated in the conductive fluid allowing current to flow across each pair of electrodes.

10. A device as recited in claims 9 wherein one electrode in the first set of two pairs and one electrode in the second set of two pairs are connectable to a common conductor providing a return path to the high voltage source.

11. A device as recited in claims 9 wherein at least two of 30the electrode pairs are spaced longitudinally along the elongated member.

12. A device as recited in claims 9 wherein the elongated member comprises a guide wire lumen.

13. A device as recited in claims 9 wherein said balloon ³⁵ is a single chamber angioplasty balloon.

14. A device as recited in claims 9 wherein said balloon includes two chambers configured for valvuloplasty.

15. A device comprising:

an axially extending elongate member;

- a tubular member surrounding a portion of the elongate member, said tubular member being fillable with a conductive fluid;
- a first electrode pair having first and second spaced apart electrodes and a second electrode pair having first and 45 member comprises a guide wire lumen. second spaced apart electrodes, said electrode pairs

being located within and spaced from the tubular member, wherein the electrode pairs are configured to produce shock waves that propagate through the liquid, and wherein one electrode in each pair has a surface area larger than the surface area of the other electrode in the pair; and

a high voltage source connectable to the first electrode of first electrode pair, and with the second electrode of first electrode pair being connected to the first electrode of the second electrode pair, and with the second electrode of the second electrode pair being connectable to the high voltage source, and wherein when a high voltage pulse is supplied to the first and second electrode pairs, a first arc is generated in the conductive fluid allowing current to flow across the first electrode pair and a second arc is generated in the conductive fluid allowing current to flow across the second electrode pair, thereby creating a series connection running from the first electrode in the first electrode pair to the second electrode of the second pair.

16. A device as recited in claims 15 further including a third electrode pair having first and second spaced apart electrodes, with the second electrode of the second electrode pair being connectable to the first electrode of the third electrode pair and with the second electrode of the third electrode pair being connectable to the high voltage source.

17. A device as recited in claims 15 further including a third electrode pair having first and second spaced apart electrodes and a fourth electrode pair having first and second spaced apart electrodes, with the second electrode of the third electrode pair being connected to the first electrode of the fourth electrode pair, said device further including a multiplexer for selectively connecting the high voltage source to either the first and second electrode pairs or the third and fourth electrode pairs.

18. A device as recited in claim 17 wherein the second electrode of the second electrode pair and the second electrode of the fourth electrode pair are connectable to a common conductor providing a return path to the high voltage source.

19. A device as recited in claim 15 wherein the first electrode pair and second electrode pair are spaced longitudinally along the elongated member.

20. A device as recited in claim 15 wherein the elongated

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