INFLATABLE VERTEBRAL DISTRACTION DEVICE Douglas Ciha, Taylor Lamberty, Catharine Moran, Myranda Schmitt, Spencer Strand Client: Dr. Nathaniel Brooks, MD Advisor: Dr. Willis Tompkins

ABSTRACT

There is a need for a device to safely distract the lumbar portion of the spine during spinal surgeries. The device should be unobtrusive to the surgeon and avoid damage to the vertebrae or surrounding soft tissue. We have designed and fabricated two devices that fit this criteria. One, a hydraulically inflatable bladder encased in a padded rigid exterior, and the other, an unfolding bladder. Both will maintain vertebral separation while conforming to and protecting the various components in the spinal cavity. Our designs were tested against a 32 lb. compressive force and were both able to achieve the desired 4 mm of distraction.

INTRODUCTION

Client: Dr. Nathaniel Brooks, UW Hospitals and Clinics

Neurological surgeon at UW Hospital

Performs minimally invasive spinal surgeries

Background:

- Approx. 600,000 spinal surgeries per year
- Collapsed discs
- Procedure



Dr. Brooks has requested an expandable distraction device for the lumbar portion of the spine that addresses issues with current devices and still supplies adequate force to distract the vertebrae

CURRENT DEVICES

There are a few current devices, but none are inflatable.

Problems: Not conforming ✤ Bulky



Patents: **C** EP0457456: distraction

Figure 3: Scissor jack distractor

DESIGN CRITERIA



igure 1: Visual Comparison of healthy and unhealthy vertebral discs.



Reinforced balloon **US9348979:** Cervical



P = F / AArea = 10mm x 25 mm = 250 mm² $F/A = 431 \text{ N} / 250 \text{ mm}^2 = 1.724 \text{ MPa}$ 1.724 MPa = 17 atm

FINAL DESIGNS

Box Design: Encased bladder ✤ 10 x 24 x 10 mm³ Gel cushioning Mechanism: Vertical Expansion Hydraulically inflated Limited expansion Delivery System: Manual hand pump Inflation/Deflation

Catheter Design: Unfolding catheter ✤ 100 mm long 15 mm diameter Encased in box for stability Mechanism: Hydraulically inflated Radial expansion

Pressure applied



- Provides sufficient distraction Force = 431 NDistance = 4-6 mm
- Remains minimally-invasive Insertion height = 10 mm Expanded height = 14-16 mm
- Avoids bone fractures Conforming to vertebral space
- Costs less than \$500





TESTING & RESULTS

- Proof of concept testing Determined compressive force: Found displacement at known lb
- Extrapolate to 8 rubber bands:
- 4 mm/0.124 mm/lb = 32.21 lb

Catheter Design ✤ 4 atm ✤ 4 mm distraction



- Open-loop fluid system
- PET or Nylon
- Improve fittings



- Dr. Willis Tompkins
- Dr. Nathaniel Brooks
- Frank Fronczak

References:

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- http://www.buxtonbio.com/images/78-3465.jpg http://www.allaboutbackandneckpain.com/explore/minimally-invasive-lateral.asp
- http://www.jcvjs.com/articles/2012/3/2/images/JCraniovertJunSpine 2012 3 2 47 116537 u1.jpg http://www.cedars-sinai.edu/Patients/Programs-and-Services/Spine-Center/The-Patient-Guide/Anatomyof-the-Spine/Vertebrae-of-the-Spine.aspx







FUTURE WORK

Dip-mold balloon or use existing balloon Balloon will unfold in one direction rather than expand



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