



# **Fiber Optic Micro-catheter Pressure Transducers**

### 300 micron & 640 micron

SMALL VESSEL • INTRACRANIAL • INTRAOCULAR • URO-GENITAL • AND MORE!

### The FISO Advantage

**Micro** – No need for high-priced solid-state pressure catheters when a mass manufactured glass fiber is inexpensive and small.

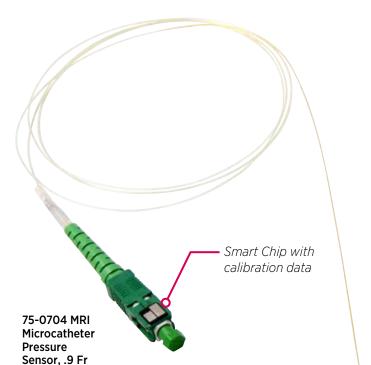
**Low Noise** - Because a beam of light is inherently quiet, there is no EMI/RF from the catheter itself interfering with the pressure signal. It is also uninfluenced by high EMI/RF environment. The sensors can be made long enough to be used for MRI image gating.

**Accurate** – Due to the speed of light, the frequency response is completely dependent on the signal conditioner. The fast 15 kHz FISO-LS Conditioner ensures you will obtain high fidelity pressure traces.

**Tip Sensor** – The sensor is located at the tip of the fiber, allowing the measurement of the target signal with no signal artifacts due to vessel wall or cardiac wall contact with the sensor.

**Ease-of Use** – Pre-calibrated pressure sensor with data stored in the smart chip allows for plug-and-play ability.

**Proven** – over 200,000 sensors in the field since 2006!



The FISO-LS-PT9 has a 300 micron tip!

Alternation

Alter

The Dicrotic Notch, difficult to see clearly with traditional fluid-filled sensors, is easy to identify with the FISO-LS fiber optic pressure sensor.



# **Microcatheter Pressure Transducers**



The FISO-LS series catheters were designed as semidisposable for multiuse applications in the life-sciences and small animal research. Unlike its disposable counterpart in clinical applications, this sensor is more robust with a

protected tip. The standard transducers have 1 meter of nylon sheathing to protect the fiber, where the 10 m transducers have 9.3 to 9.8 m of nylon sheath, further protecting the glass fiber. With proper use and care the sensor can be used many times.

# **Applications include:**

**Neuroscience** – Intracranial pressure; blast wave and impact trauma

Cardiovascular - Left ventricular pressure, arterial or venous BP

Ocular Tonometry - Non-invasive intraocular pressure tonometry

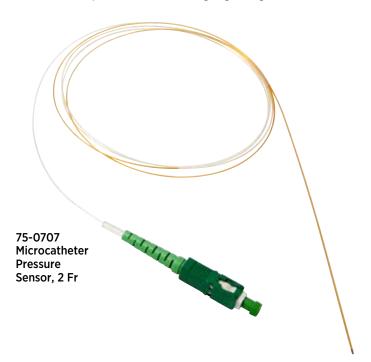
**Intraocular Pressure** – Invasive intraocular pressure

**Urology** - Bladder/Ureter pressure

**Spine** - Intradiscal pressure

**Bone** - Intramedullary pressure

**MRI Gating** - Arterial blood pressure or left ventricular pressure for image gating



### Ordering - Transducers

Order #	Model	Description	Bare Fiber Length	Total Length	Pressure Range	Tip Diameter
75-0706	FISO-LS-PT9-10	Physiological Microcatheter Pressure Sensor, .9 Fr	20 cm	1.2 m	± 300 mmHg	300 μm
75-0715	FISO-LS-PT9-20	MRI Microcatheter Pressure Sensor, .9 Fr	20 cm	10 m	± 300 mmHg	300 μm
75-0707	FISO-LS-2FR-10	Physiological Microcatheter Pressure Sensor, 2 Fr	70 cm	1.7 m	± 300 mmHg	640 μm
75-0716	FISO-LS-2FR-20	MRI Microcatheter Pressure Sensor, 2 Fr	70 cm	10 m	± 300 mmHg	640 μm
75-0714	FISO-LS-2FR-30	High Pressure Microcatheter Pressure Sensor, 2 Fr	70 cm	1.7 m	0 to 10 bar	640 μm



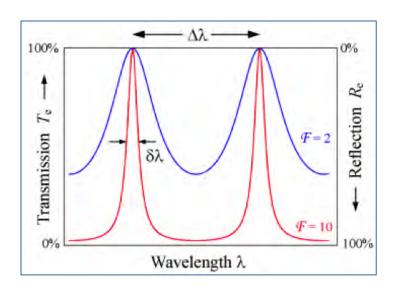


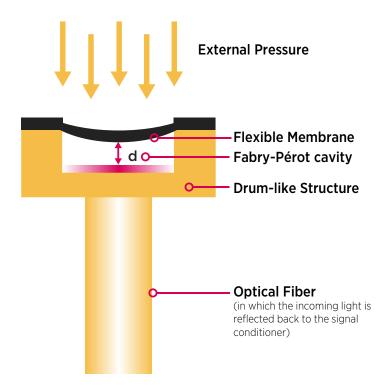
# **How it Works**

The Fabry-Pérot etalon was modeled over 100 years ago by two French Physicists, after whom it was named. The device is characterized by two parallel reflecting mirrors on either side of a transparent medium, where the distance between the mirrors is known as the etalon cavity length. The transmission characteristic for the F-P etalon has distinct transmission peaks in wavelength as a function of the cavity length, physically corresponding to resonances of the etalon. FISO's pressure sensors are a flexible embodiment of the F-P etalon. As illustrated to the right. a deformable membrane is assembled over a vacuumed cavity, thus forming a small drum-like structure. The sensing F-P cavity is located between the base of the drum and the flexible membrane. When pressure is applied, the membrane is deflected toward the bottom of the drum, thus reducing cavity length. After appropriate sensor calibration, completed at the factory, each etalon cavity length corresponds to a specific pressure value. The signal conditioner is designed to determine the cavity length to the nanometer level. providing the researcher with an extremely accurate and repeatable pressure measurement system.

## All-In-One Preclinical Pressure Test Solution

The entire solution comprises: an animal-use catheter, the signal conditioner in power supply housing (FPI-LS with EVO chassis) control & acquisition software, and optional extension cables and data acquisition system. Computer interface is supplied by the researcher.



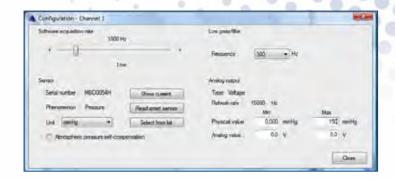




# **Evolution Software**

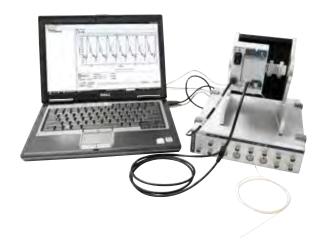
## **Configure and Control the Reading Instrument**

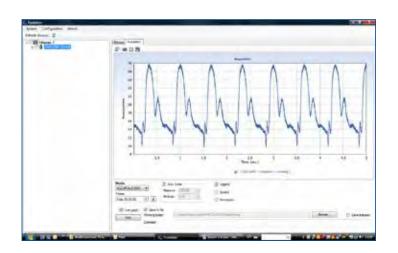
The most common set-up for users will be to configure the 0-5V analog output level to the pressure range of interest, but the end-user will also enjoy the ability to visually confirm proper communication between catheters and the instrument.



## **Simple Monitoring & Real-Time Graphing**

Users may easily choose between reading the actual measurement, or plot (both in real-time) with user specified screen refresh rates and graphing options.





### **Export Data**

While users may generally prefer to use the 15kHz analog output on the FPI-LS, data may also be recorded and saved in multiple file formats.

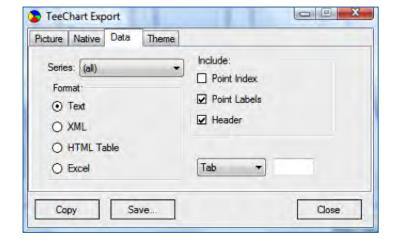
## **Computer System Compatibility**

### On Windows XP SP3:

2 GHz CPU (like Pentium 4); 1 GB of RAM (DDR2)

### On Windows 7 64 bits:

2 GHz CPU (dual core); 2 GB of RAM









# **Module and Chassis Specifications**



### **FPI-LS Module**

This "signal conditioning" module is both the light source and receiver of the fiber optic measurement system. The FPI-LS converts the optical signal to a pressure reading and requires no external amplification box. The catheter's optical cable plugs directly into the FPI-LS. Alternatively, the catheter can be plugged into a remote connection box with extension cable should the researcher not have the space proximal to the point of measurement for the signal conditioner and chassis. Each FPI-LS module is supplied with an analog output cable for interfacing with standard Data Acquisition Hardware with BNC inputs.

### Specifications

Parameter	FPI-LS and the FISO Catheter	
Pressure Range	± 300 mmHg	
Accuracy	± 3 mmHg	
Resolution	± 0.3 mmHg, filter setting dependent	
Temperature Range	10° to 50°C	
Sampling Rate:		
Analog Output	15,000 Hz	
Digital Output	Up to 5,000 Hz settable via Evolution Software	
Data Output	Digital USB 2.0 / Analog 0-5V 16 bit	

### **Ordering - Signal Conditioner**

Order #	Model	Description
75-0704	FPI-LS-10	FISO-LS Signal Conditioner 1 Channel, 15 kHz Analog Output
75-0713	CFO-LS-M3	FISO-LS Catheter Extension Cable and Remote Connect Adapter





# **EVO Chassis**

The bench-top chassis is provided with the Power/ Interface module, Evolution data acquisition and instrument control software, a USB cable, power supply, and module removal tool.

Modular in design, researchers can add FPI-LS modules, and thus more channels, as time and budgets permit.

### Specifications

Parameter	EVO-SD-2	EVO-SD-5	
Communication	USB 2.0	USB 2.0	
Data Logging Memory	Via USB connected computer running Evolution Software, up to 5 kHz	Via USB connected computer running Evolution Software, up to 5 kHz	
Number of FPI Modules	Up to 2	Up to 5	
<b>Expansion Chassis</b>	24VDC 70W	24VDC 70W	
Size (Bench space)	19.5 x 15.8 x 18.2 cm	19.5 x 15.8 x 18.2 cm	

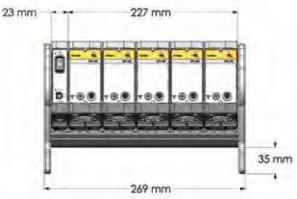
### Ordering - Chassis

Order #	Model	Description
75-0700	EVO-SD-2	FISO Evolution Chassis 2 Channel
75-0701	EVO-SD-5	FISO Evolution Chassis 5 Channel





**EVO-SD-5** 













# **Publication List**

#### **Cardiovascular Applications:**

- 1. Konieczny, G., Opilski, Z., Pustelny, T., Gacek, A., Gibinski, P., & Kustosz, R. (2010). Results of experiments with fiber pressure sensor applied in the polish artificial heart prosthesis. Acta Physica Polonica-Series A General Physics, 118(6), 1183.
- 2. Konieczny, G., Opilski, Z., Pustelny, T., & Maciak, E. (2009). State of the work diagram of the artificial heart. Acta Physica Polonica-Series A General Physics, 116(3), 344.
- 3. Laksari, K., Agah, M. R., Rachev, A., & Darvish, K. (2012, March). Investigating the effects of dynamic and static loading on the stability of porcine aorta. InBioengineering Conference (NEBEC), 2012 38th Annual Northeast (pp. 205-206). IEEE.
- 4. Pinet, É., Pham, A., & Rioux, S. (2005, May). Miniature fiber optic pressure sensor for medical applications: an opportunity for intra-aortic balloon pumping (IABP) therapy. In Bruges, Belgium-Deadline Past (pp. 234-237).
- 5. International Society for Optics and Photonics. Romanov, V. V., Darvish, K., & Assari, S. (2010, January). Characterization of Material Properties of Aorta from Oscillatory Pressure Tests. In 26th Southern Biomedical Engineering Conference SBEC 2010, April 30-May 2, 2010, College Park, Maryland, USA (pp. 380-384). Springer Berlin Heidelberg.

#### **Intraocular Pressure:**

- 1. Ahmed, E., Ma, J., Rigas, I., Hafezi-Moghadam, N., Iliaki, E., Gragoudas, E. S., ... & Adamis, A. P. (2003). Non-invasive tonometry in the mouse. Investigative Ophtalmology and Visual Science, 44(5), 3336.
- 2. Chi, Z. L., Akahori, M., Obazawa, M., Minami, M., Noda, T., Nakaya, N., ... & Iwata, T. (2010). Overexpression of optineurin E50K disrupts Rab8 interaction and leads to a progressive retinal degeneration in mice. Human molecular genetics, 19(13), 2606-2615.
- 3. Filippopoulos, T., Matsubara, A., Danias, J., Huang, W., Dobberfuhl, A., Ren, L., ... & Grosskreutz, C. L. (2006). Predictability and limitations of non-invasive murine tonometry: comparison of two devices. Experimental eye research, 83(1), 194-201.
- 4. Ma, J. J., Bellevile, C., Nouri, M., Ahmed, E., & Dohlman, C. H. (2003). Interferometry for a Non-contact, in vivo Method to Measure Intraocular Pressure using Silicone MEMS (Micro-electro-mechanical Systems) Photolithography Based Chips on a Keratoprosthesis (Kpro). Investigative Ophtalmology and Visual Science, 44(5), 4703.
- 5. Ohnuma, O., et al. "Intraocular pressure change during phacoemulsification and aspiration." Journal of the Eye 23.9 (2006): 1225.
- 6. Senatorov, V., Malyukova, I., Fariss, R., Wawrousek, E. F., Swaminathan, S., Sharan, S. K., & Tomarev, S. (2006). Expression of mutated mouse myocilin induces open-angle glaucoma in transgenic mice. The Journal of neuroscience, 26(46), 11903-11914.
- 7. Zhong, L., Bradley, J., Schubert, W., Ahmed, E., Adamis, A. P., Shima, D. T., ... & Ng, Y. S. (2007). Erythropoietin promotes survival of retinal ganglion cells in DBA/2J glaucoma mice. Investigative ophthalmology & visual science, 48(3), 1212-1218.

8. Zhou, Y., Grinchuk, O., & Tomarev, S. I. (2008). Transgenic mice expressing the Tyr437His mutant of human myocilin protein develop glaucoma. Investigative ophthalmology & visual science, 49(5), 1932-1939.

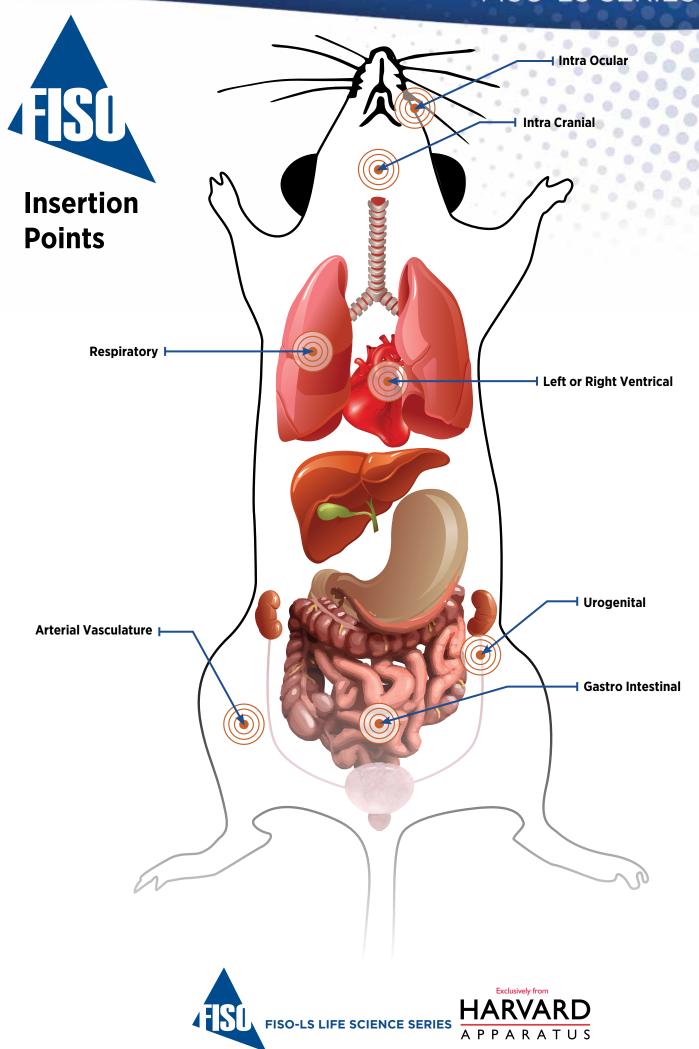
#### **Intracranial Pressure, Blast Wave & Impact Trauma:**

- 1. Bauman, R. A., Ling, G., Tong, L., Januszkiewicz, A., Agoston, D., Delanerolle, N., ... & Parks, S. (2009). An introductory characterization of a combat-casualty-care relevant swine model of closed head injury resulting from exposure to explosive blast. Journal of neurotrauma, 26(6), 841-860.
- 2. Dal Cengio Leonardi, A., Keane, N. J., Bir, C. A., Ryan, A. G., Xu, L., & VandeVord, P. J. (2012). Head orientation affects the intracranial pressure response resulting from shock wave loading in the rat. Journal of biomechanics.
- 3. Chavko, M., Koller, W. A., Prusaczyk, W. K., & McCarron, R. M. (2007). Measurement of blast wave by a miniature fiber optic pressure transducer in the rat brain. Journal of neuroscience methods, 159(2),
- 4. Leonardi, A. D. C., Bir, C. A., Ritzel, D. V., & VandeVord, P. J. (2011). Intracranial pressure increases during exposure to a shock wave. Journal of neurotrauma, 28(1), 85-94.

### **Other Applications:**

- 1. Cibula, E., Pevec, S., Lenardic, B., Pinet, E., & Donlagic, D. (2009). Miniature all-glass robust pressure sensor. Optics Express, 17(7), 5098-5106.
- 2. Kong, D. R., He, B. B., Wu, A. J., Wang, J. G., Yu, F. F., & Xu, J. M. (2013). Fiberoptic sensor for noninvasive measurement of variceal pressure.Endoscopy, 45(S 02), E55-E56. Hamel, C., & Pinet, É. (2006, February).
- 3. Temperature and pressure fiber-optic sensors applied to minimally invasive diagnostics and therapies. In Biomedical Optics 2006 (pp. 608306-608306). International Society for Optics and Photonics.
- 4. Pinet, E., Cibula, E., & Donlagic, D. (2007, September). Ultraminiature all-glass Fabry-Pérot pressure sensor manufactured at the tip of a multimode optical fiber. In Proc. of SPIE Vol (Vol. 6770, pp. 67700U-1).
- 5. Zhang, P., Su, M., Liu, Y., Hsu, A., & Yokota, H. (2007). Knee loading dynamically alters intramedullary pressure in mouse femora. Bone, 40(2), 538-543.







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