



(19) **United States**

(12) **Patent Application Publication**

Sherman et al.

(10) **Pub. No.: US 2003/0195501 A1**

(43) **Pub. Date: Oct. 16, 2003**

(54) **RF ABLATION SYSTEM AND METHOD HAVING AUTOMATIC TEMPERATURE CONTROL**

Publication Classification

(51) **Int. Cl.⁷** **A61B 18/14**

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(52) **U.S. Cl.** **606/34; 606/41**

(57) **ABSTRACT**

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(21) Appl. No.: **10/400,770**

(22) Filed: **Mar. 27, 2003**

Related U.S. Application Data

(60) Continuation of application No. 09/738,032, filed on Dec. 13, 2000, now Pat. No. 6,558,378, which is a continuation-in-part of application No. 09/501,472, filed on Feb. 9, 2000, now Pat. No. 6,200,314, which is a division of application No. 09/073,392, filed on May 5, 1998, now Pat. No. 6,059,778.

A plurality of electrodes are positioned at the distal end of a catheter such that the electrodes may be positioned proximal biological tissue. A select number of the electrodes have a temperature sensing device associated with them for providing a temperature signal indicative of the temperature at the interface between the electrode and the tissue. A generator operates under the control of a processor to apply power to each of the electrodes. The power has an associated phase angle and, within a time duration, a plurality of alternating on periods and off periods, one set of adjacent on and off periods defining a duty cycle. The processor is programmed to determine the temperature at the electrode/tissue interface based on the temperature signals, compare the temperature to a target temperature and to adjust the power to the electrode accordingly. Such adjustments may comprise an increase or decrease in the duty cycle, a setting of the duty cycle to zero followed by an incremental increase in the duty cycle or a power interrupt.

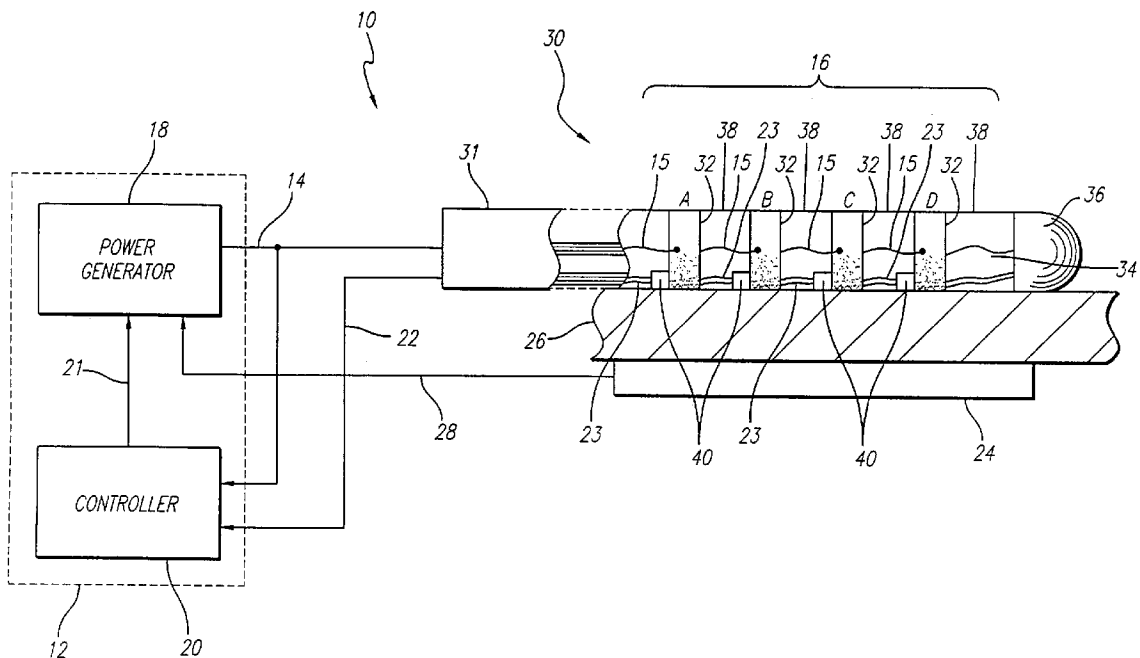


FIG. 2-1

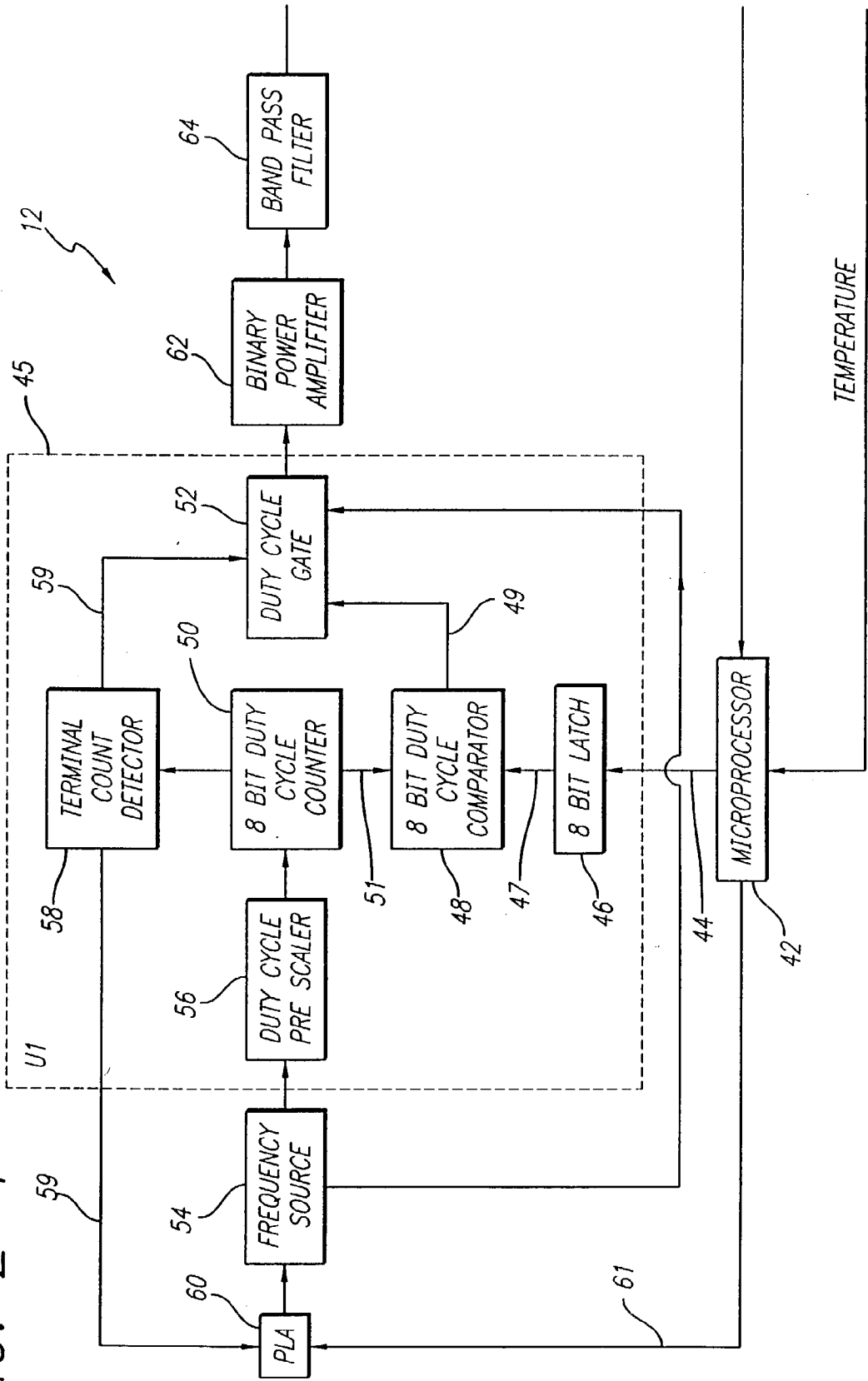


FIG. 2-2

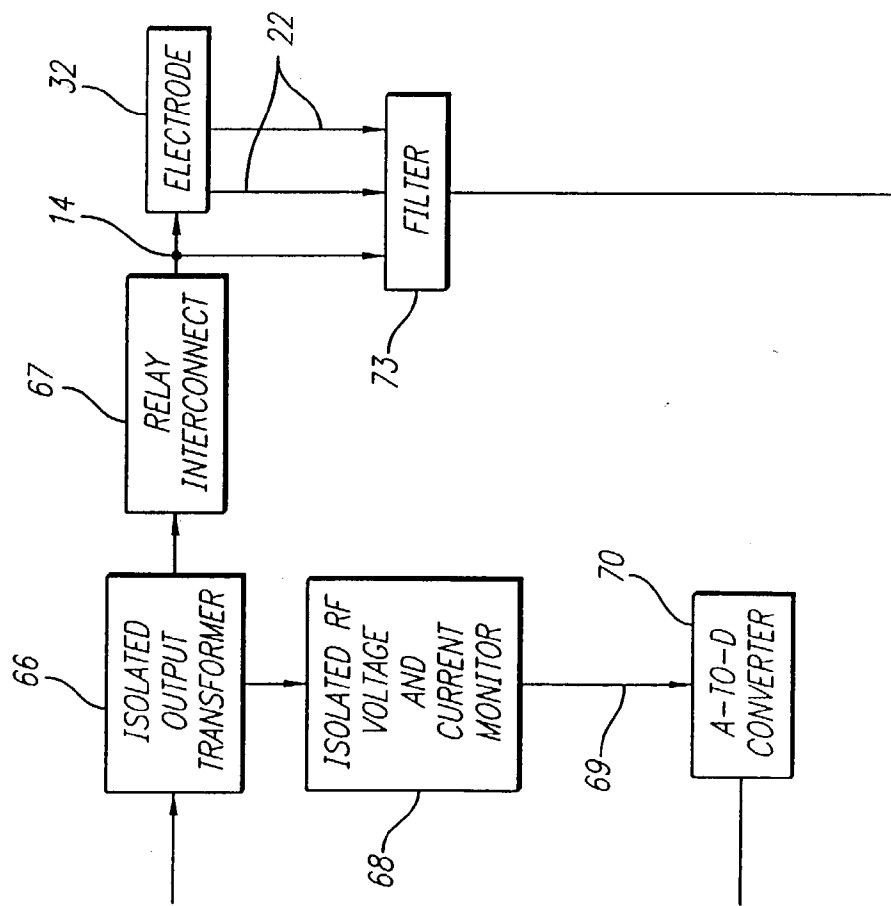


FIG. 3

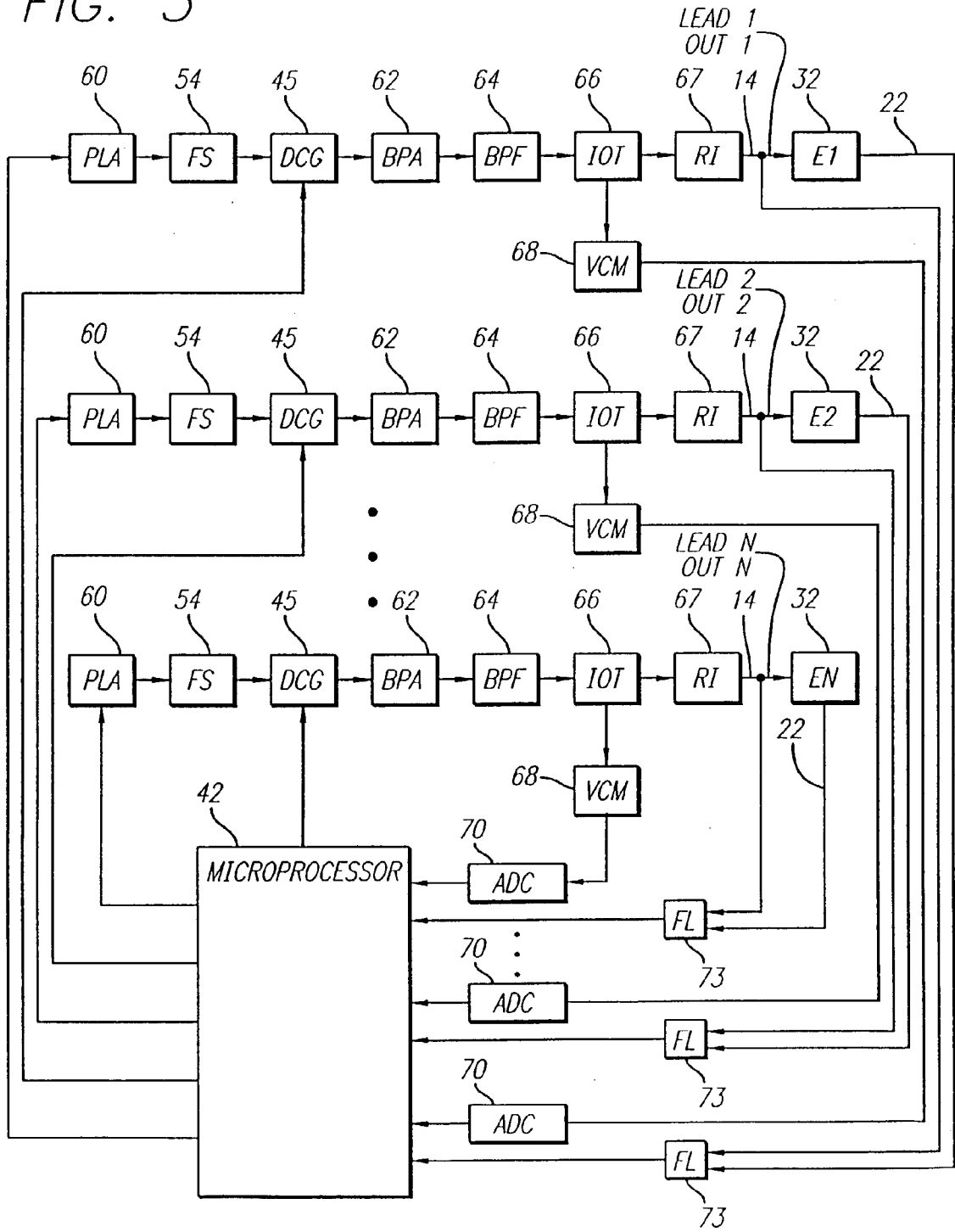


FIG. 4

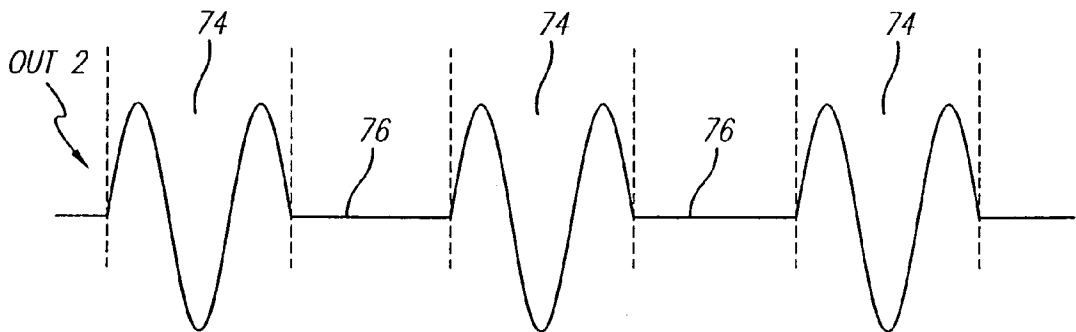
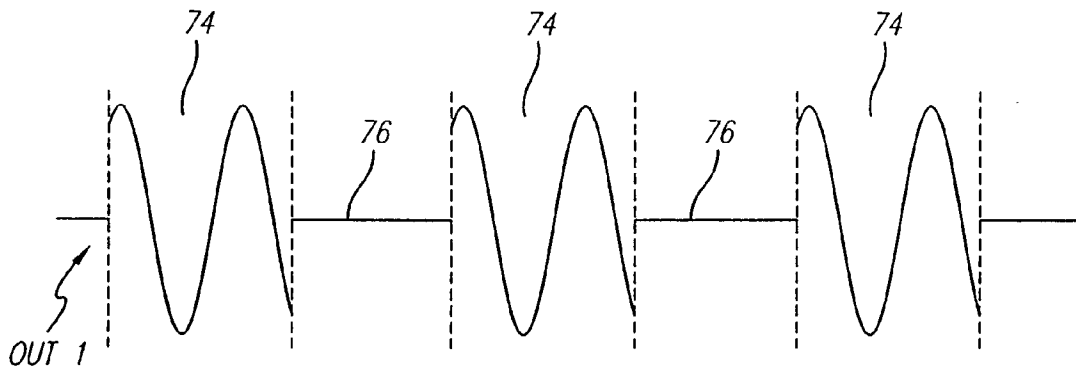


FIG. 5

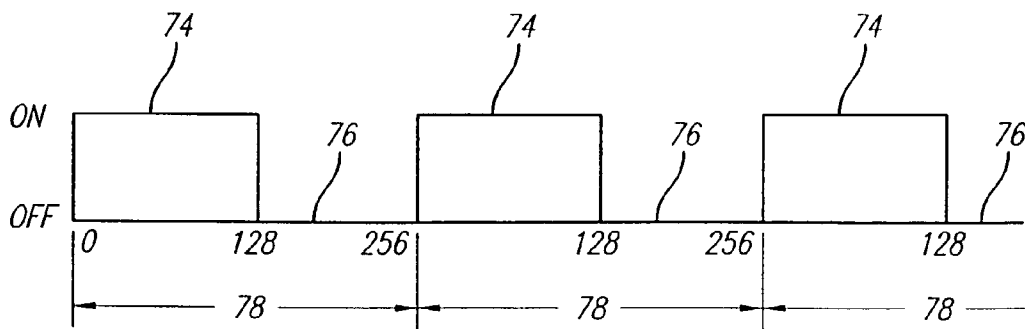


FIG. 6

FIG. 7B

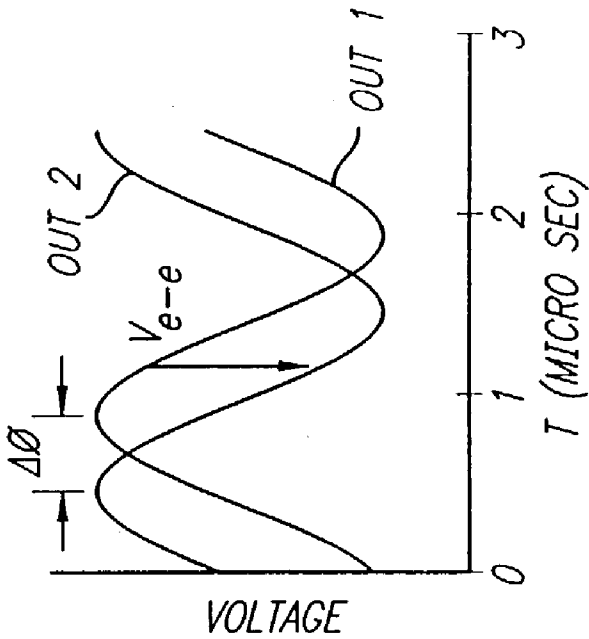


FIG. 7A

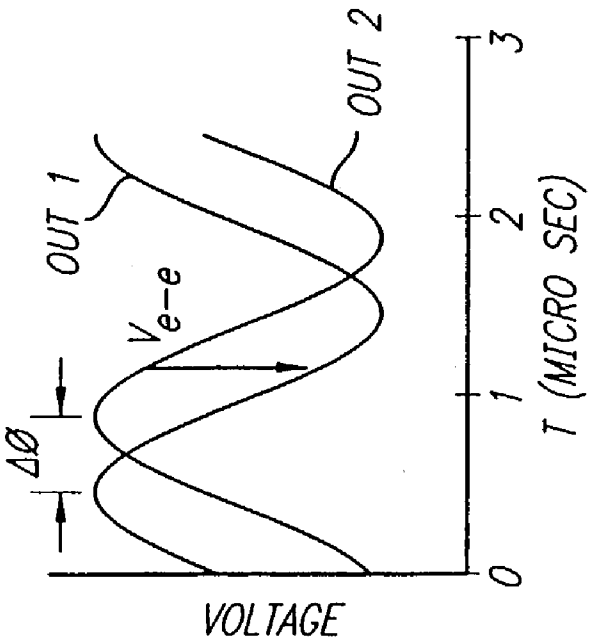


FIG. 8A

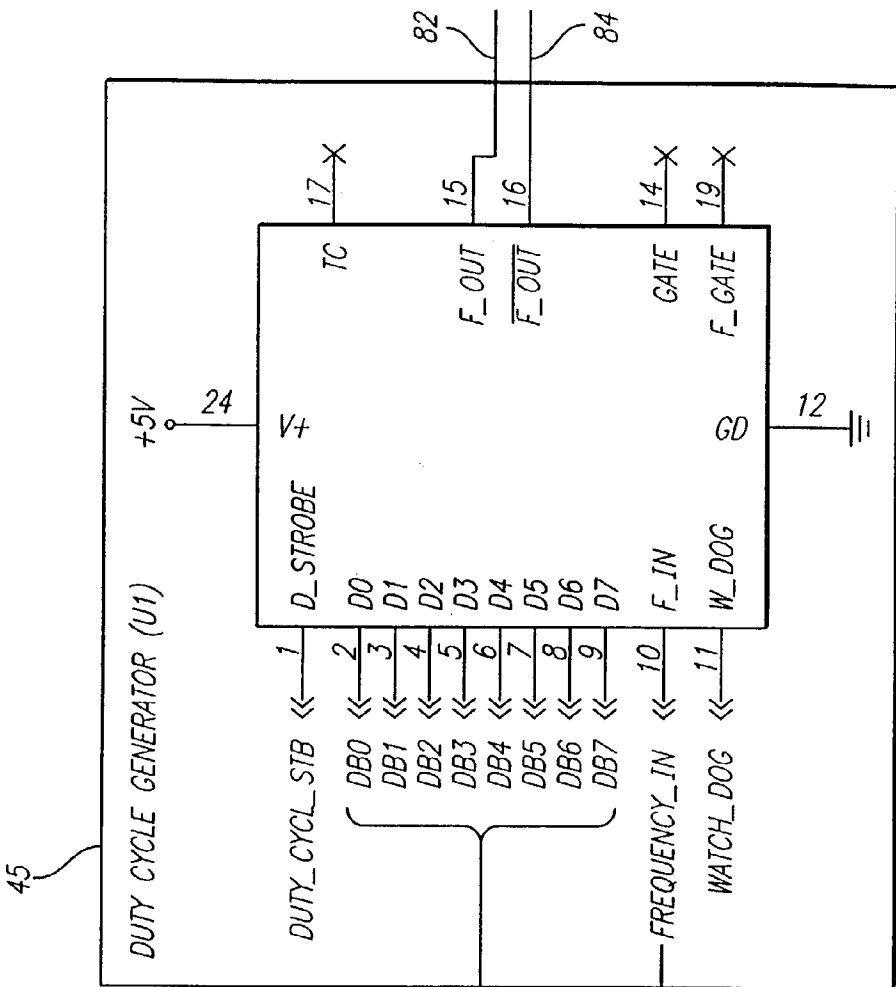
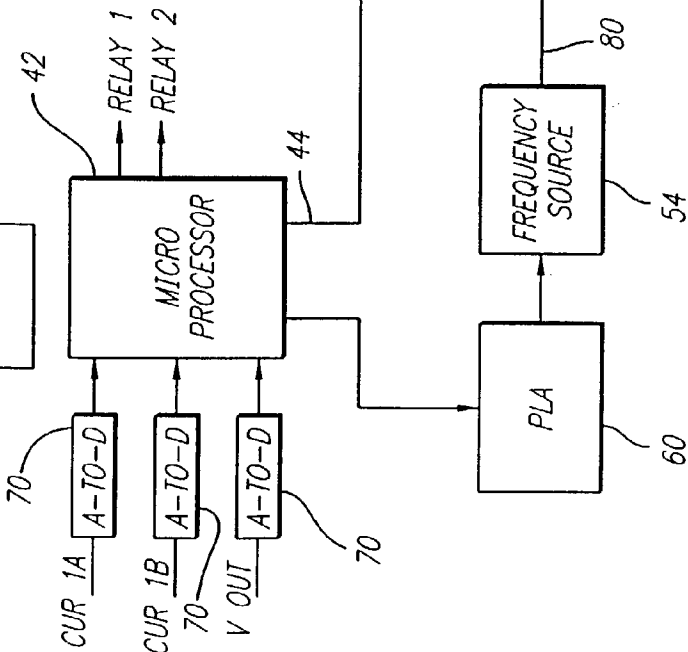
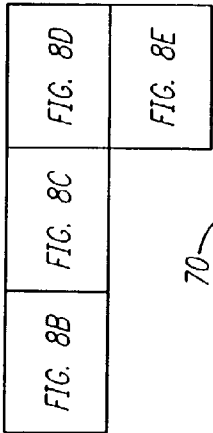
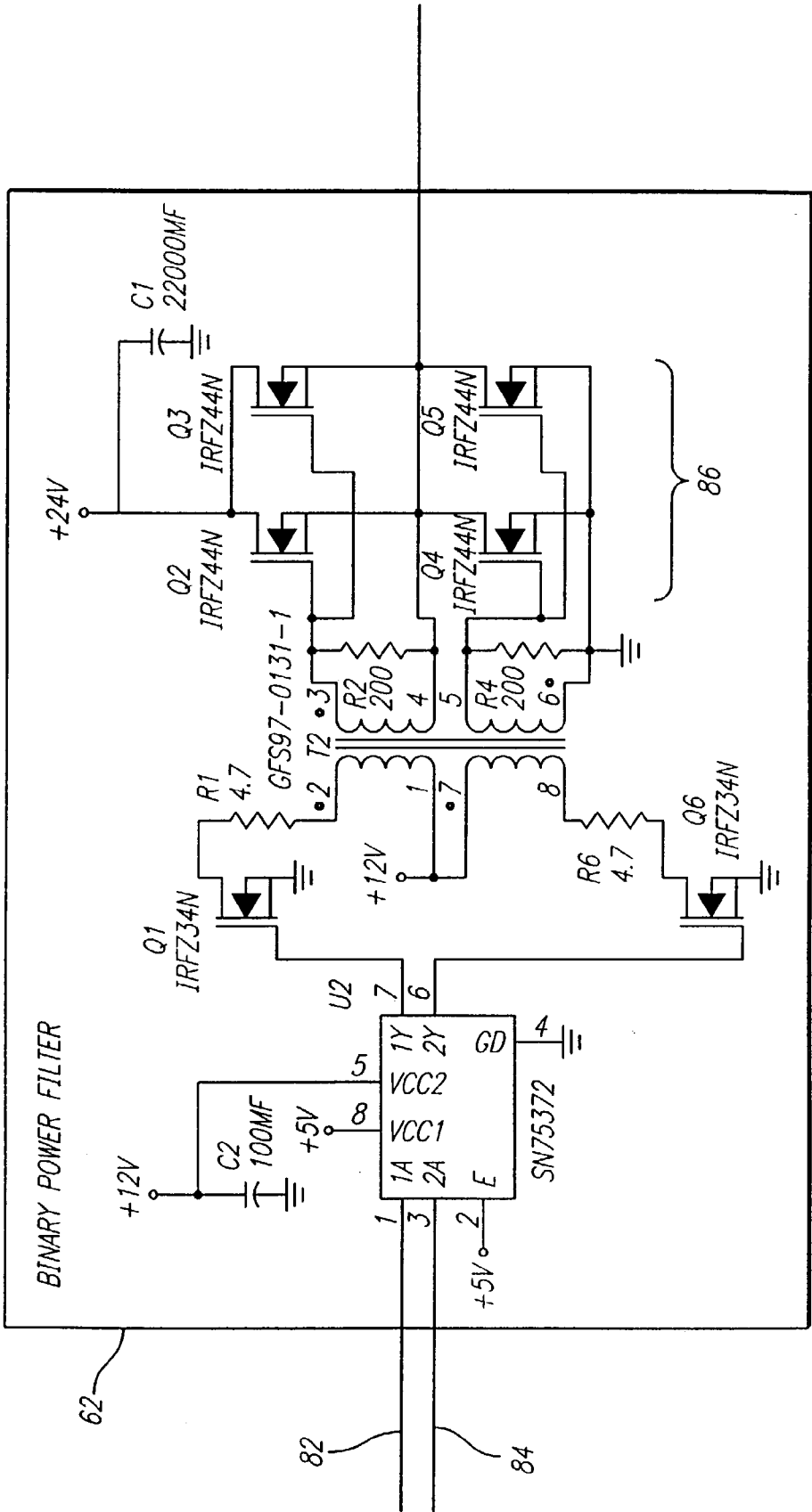
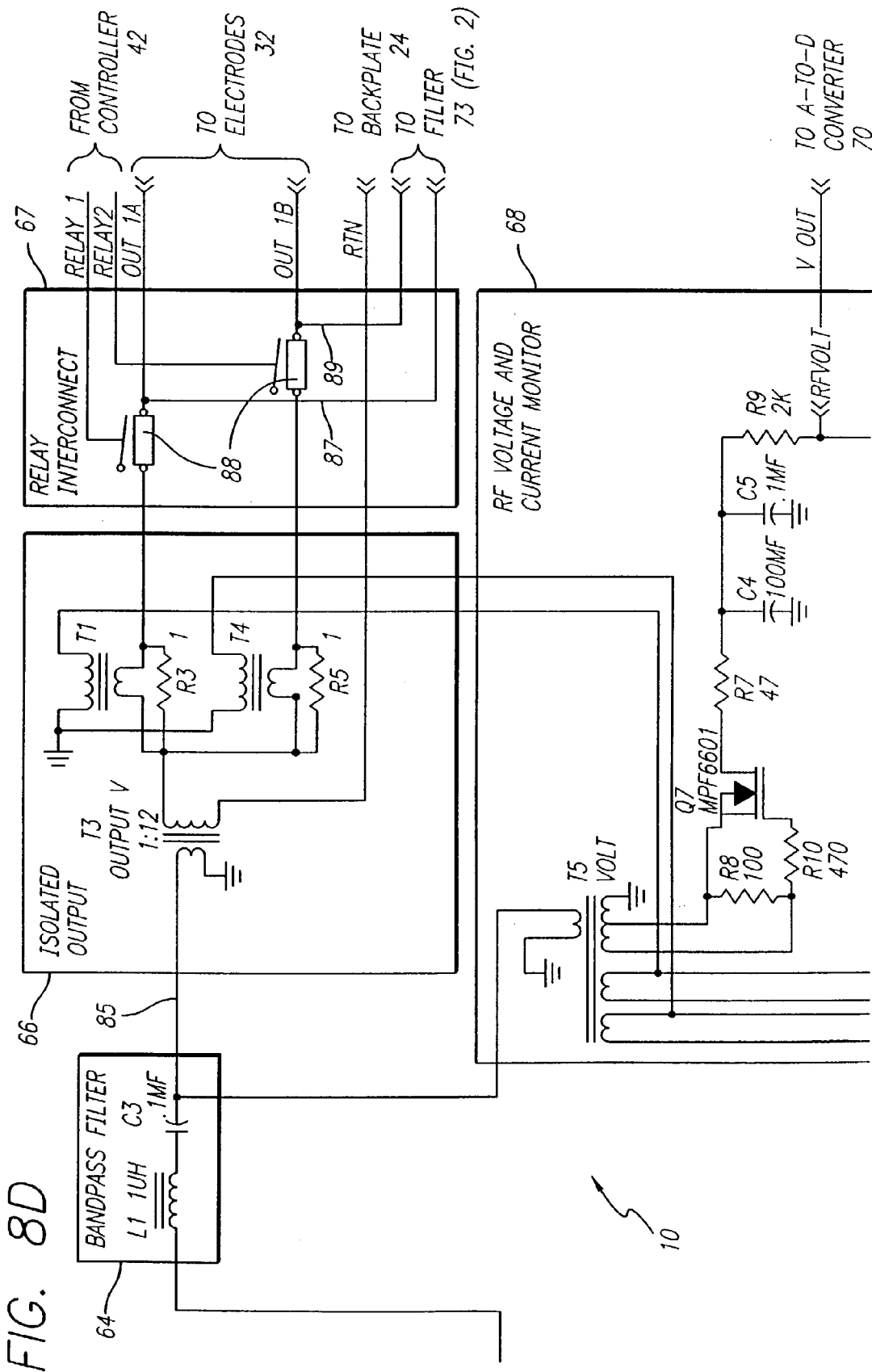


FIG. 8B

FIG. 8C





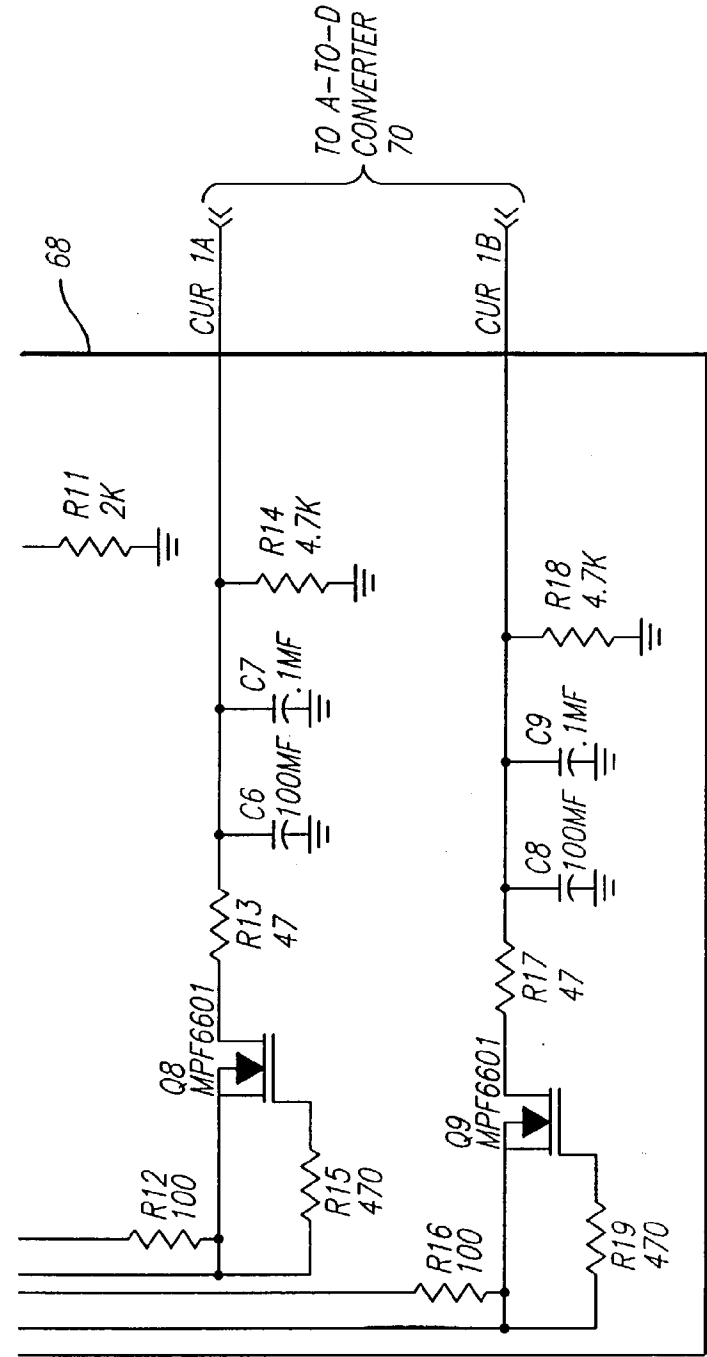
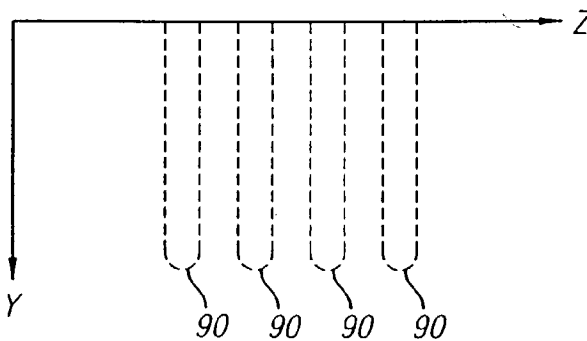
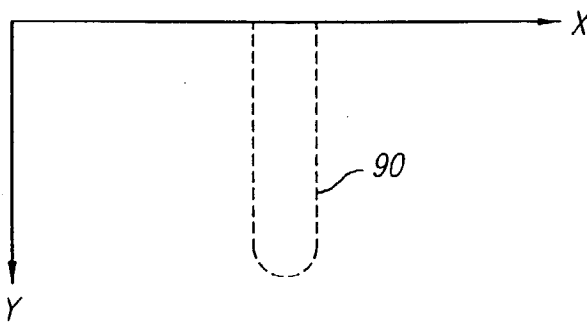
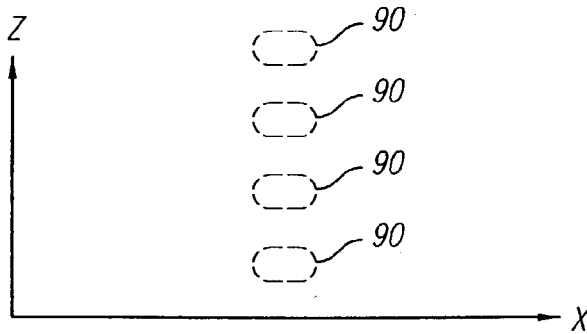
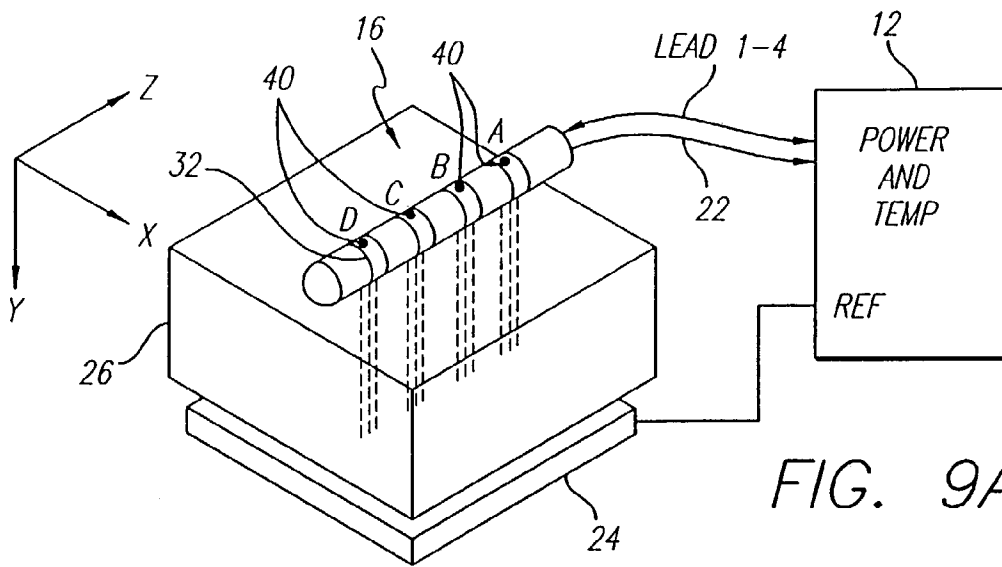


FIG. 8E



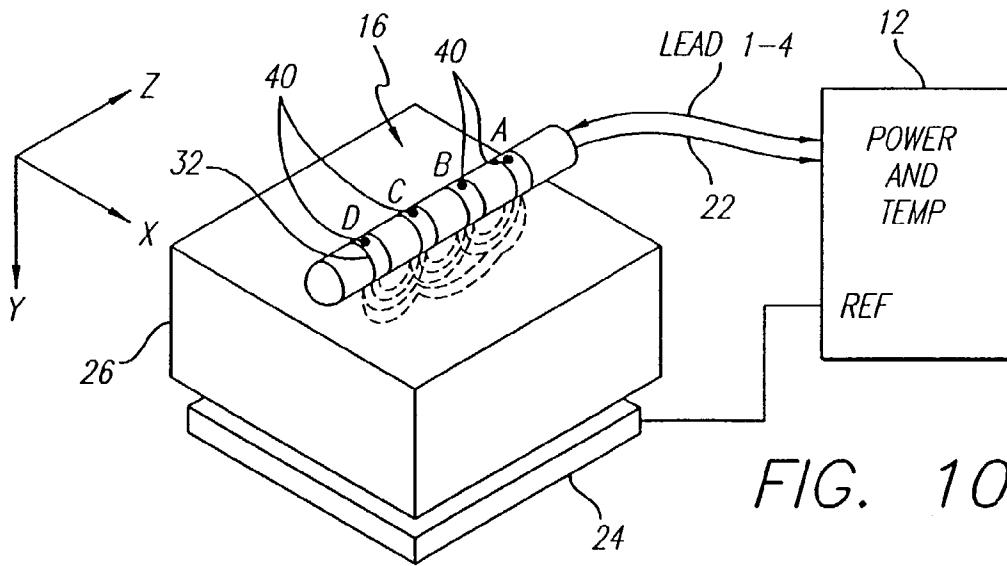


FIG. 10A

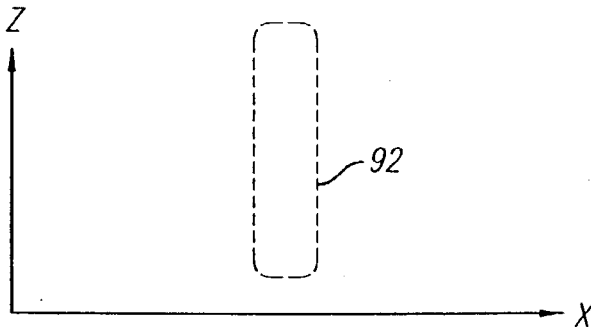


FIG. 10B

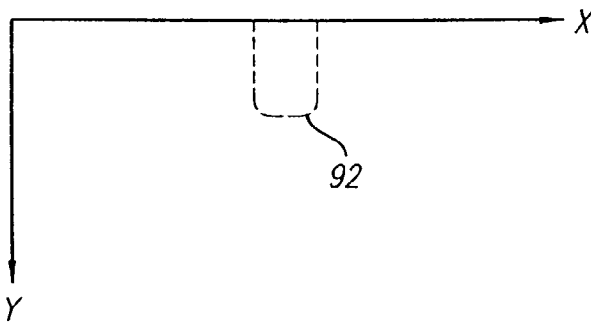


FIG. 10C

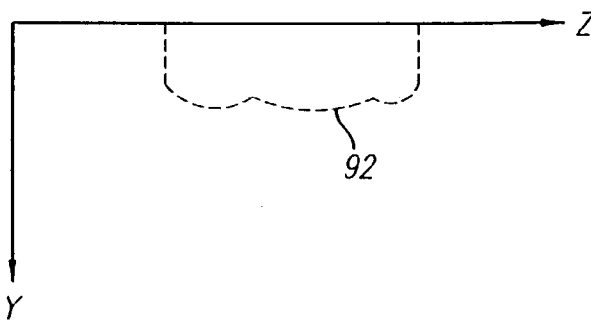


FIG. 10D

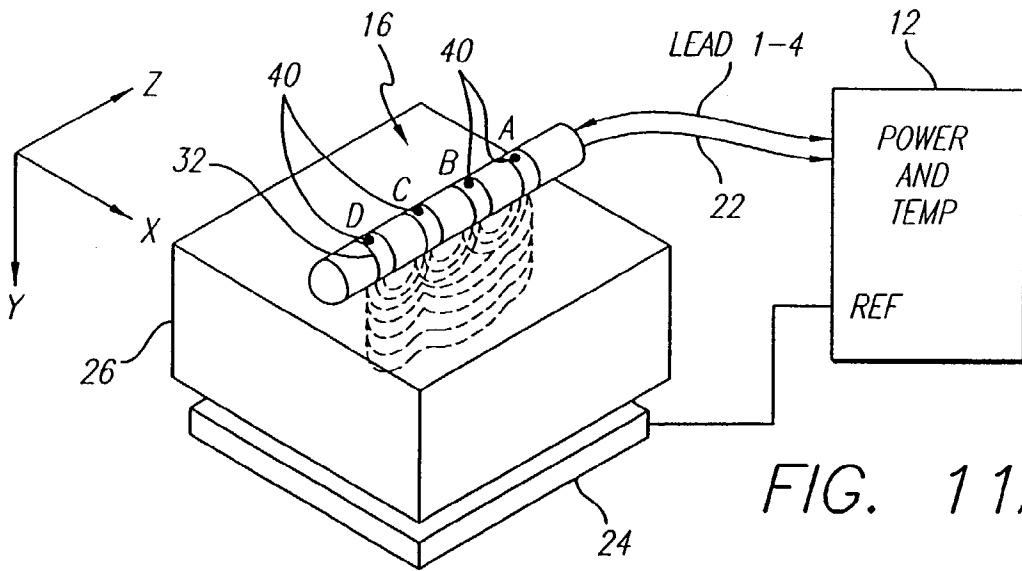


FIG. 11A

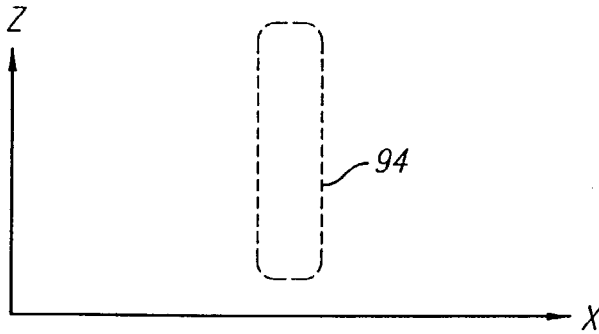


FIG. 11B

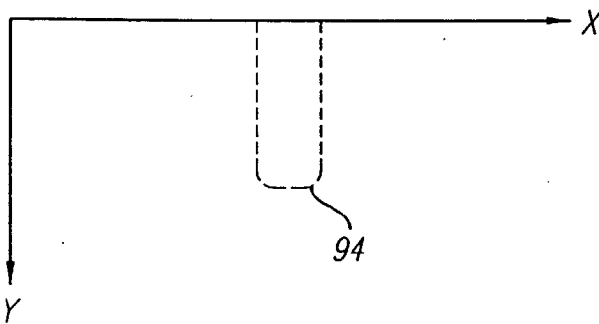


FIG. 11C

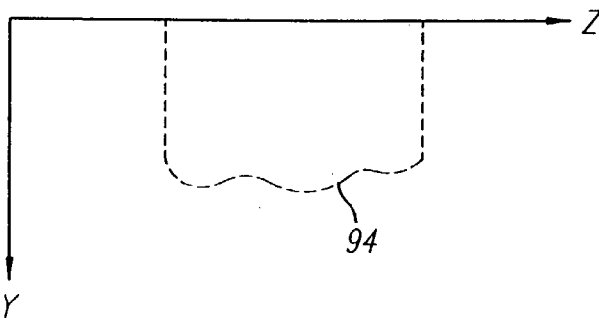


FIG. 11D

FIG. 12

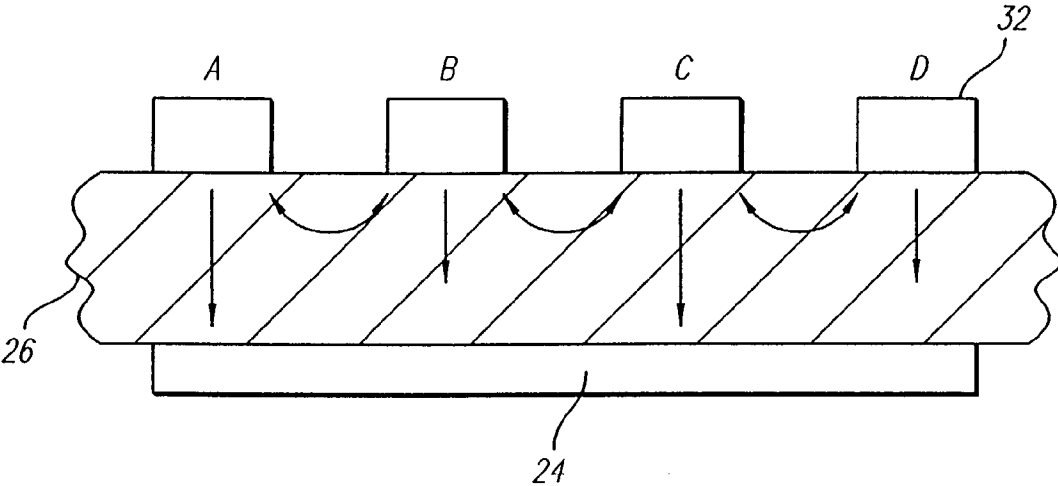
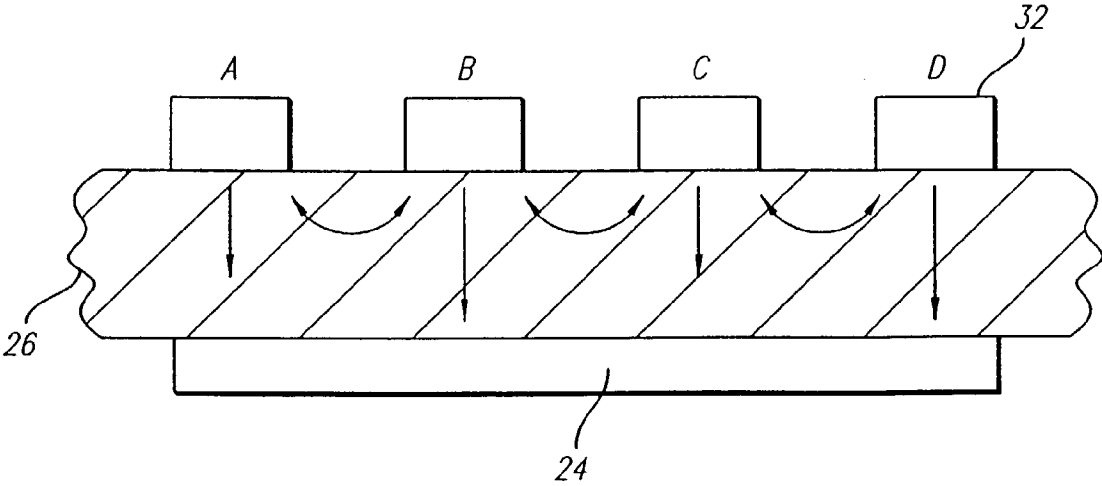


FIG. 13



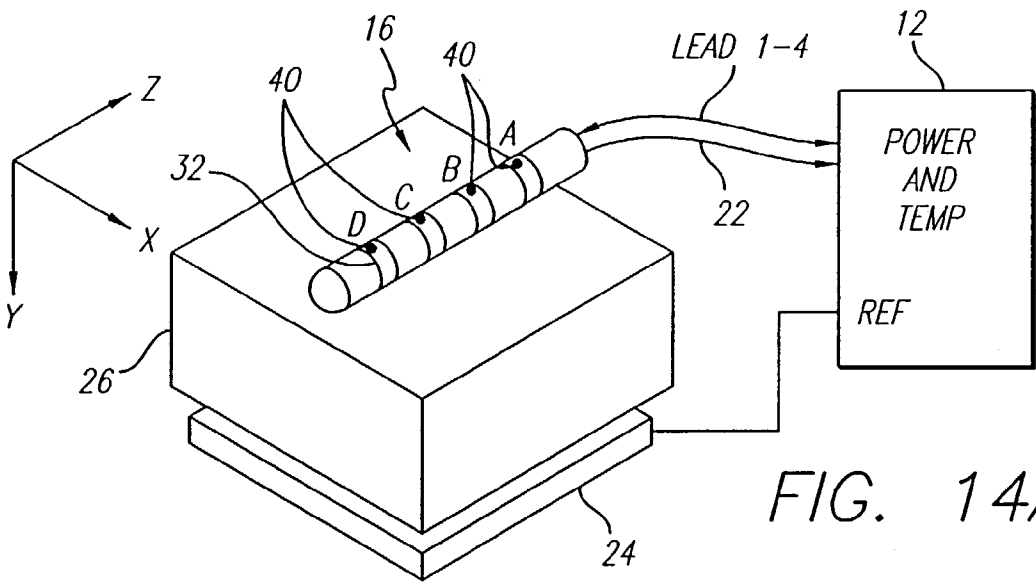


FIG. 14A

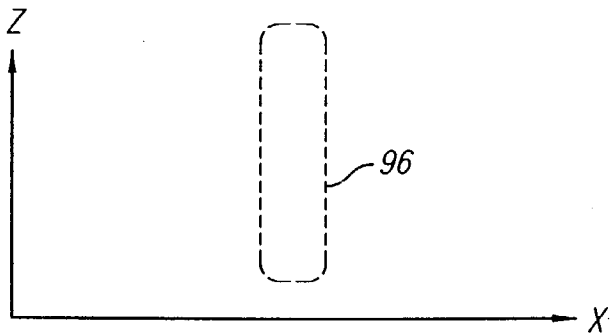


FIG. 14B

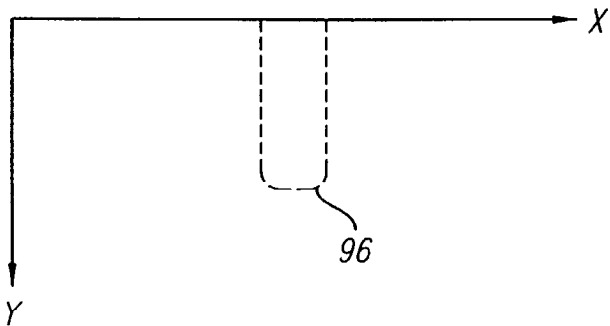


FIG. 14C

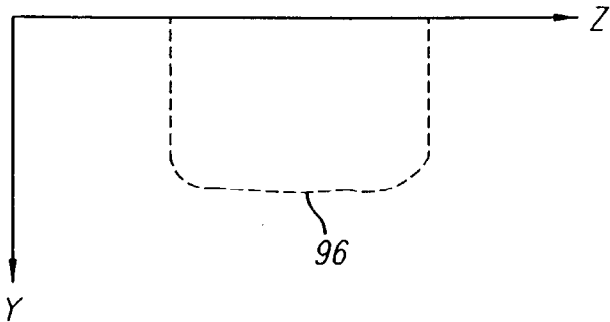


FIG. 14D

RF ABLATION SYSTEM AND METHOD HAVING AUTOMATIC TEMPERATURE CONTROL

RELATED APPLICATIONS

[0001] This is a continuation of application Ser. No. 09/738,032, filed Dec. 13, 2000 which is a continuation-in-part of application Ser. No. 09/501,472, filed Feb. 9, 2000, now U.S. Pat. No. 6,200,314, which is a division of application Ser. No. 09/073,392, filed May, 5, 1998, now U.S. Pat. No. 6,059,778.

BACKGROUND OF THE INVENTION

[0002] The invention relates generally to an electrophysiological ("EP") apparatus and method for providing energy to biological tissue, and more particularly, to a radio frequency ("RF") ablation apparatus for controlling the flow of current through, and the temperature of, a biological site so that the volume of ablation lesions may be controlled.

[0003] The heart beat in a healthy human is controlled by the sinoatrial node ("S-A node") located in the wall of the right atrium. The S-A node generates electrical signal potentials that are transmitted through pathways of conductive heart tissue in the atrium to the atrioventricular node ("A-V node") which in turn transmits the electrical signals throughout the ventricle by means of the His and Purkinje conductive tissues. Improper growth of, or damage to, the conductive tissue in the heart can interfere with the passage of regular electrical signals from the S-A and A-V nodes. Electrical signal irregularities resulting from such interference can disturb the normal rhythm of the heart and cause an abnormal rhythmic condition referred to as "cardiac arrhythmia."

[0004] While there are different treatments for cardiac arrhythmia, including the application of anti-arrhythmia drugs, in many cases ablation of the damaged tissue can restore the correct operation of the heart. Such ablation can be performed by percutaneous ablation, a procedure in which a catheter is percutaneously introduced into the patient and directed through an artery to the atrium or ventricle of the heart to perform single or multiple diagnostic, therapeutic, and/or surgical procedures. In such case, an ablation procedure is used to destroy the tissue causing the arrhythmia in an attempt to remove the electrical signal irregularities or create a conductive tissue block to restore normal heart beat or at least an improved heart beat. Successful ablation of the conductive tissue at the arrhythmia initiation site usually terminates the arrhythmia or at least moderates the heart rhythm to acceptable levels. A widely accepted treatment for arrhythmia involves the application of RF energy to the conductive tissue.

[0005] In the case of atrial fibrillation ("AF"), a procedure published by Cox et al. and known as the "Maze procedure" involves continuous atrial incisions to prevent atrial reentry and to allow sinus impulses to activate the entire myocardium. While this procedure has been found to be successful, it involves an intensely invasive approach. It is more desirable to accomplish the same result as the Maze procedure by use of a less invasive approach, such as through the use of an appropriate EP catheter system.

[0006] There are two general methods of applying RF energy to cardiac tissue, unipolar and bipolar. In the unipolar

method a large surface area electrode; e.g., a backplate, is placed on the chest, back or other external location of the patient to serve as a return. The backplate completes an electrical circuit with one or more electrodes that are introduced into the heart, usually via a catheter, and placed in intimate contact with the aberrant conductive tissue. In the bipolar method, electrodes introduced into the heart have different potentials and complete an electrical circuit between themselves. In the bipolar method, the flux traveling between the two electrodes of the catheter enters the tissue to cause ablation.

[0007] During ablation, the electrodes are placed in intimate contact with the target endocardial tissue. RF energy is applied to the electrodes to raise the temperature of the target tissue to a non-viable state. In general, the temperature boundary between viable and non-viable tissue is approximately 48° Centigrade. Tissue heated to a temperature above 48° C. becomes non-viable and defines the ablation volume. The objective is to elevate the tissue temperature, which is generally at 37° C., fairly uniformly to an ablation temperature above 48° C., while keeping both the temperature at the tissue surface and the temperature of the electrode below 100° C.

[0008] A basic configuration of an ablation catheter for applying RF energy includes a distal tip which is fitted with an electrode device. The electrode device is the source of an electrical signal that causes heating of the contacting and neighboring tissue. In the unipolar method, the electrode device may include a single electrode used for emitting RF energy. This single electrode acts as one electrical pole. The other electrical pole is formed by the backplate in contact with a patient's external body part. A RF source is applied to the electrode. The RF source is typically in the 500 kHz region and produces a sinusoidal voltage. When this is delivered between the distal tip of a standard electrode catheter and a backplate, it produces a localized RF heating effect and produces a well defined, deep acute lesion slightly larger than the tip electrode.

[0009] In some procedures a lesion having a larger surface area than that produced by a single electrode in a unipolar arrangement may be required. To this end numerous ablation catheters have been designed. In one catheter designed to provide a larger surface ablation area, an electrode device having four peripheral electrodes which extend from a retracted mode is used. See U.S. Pat. No. 5,500,011 to Desai. When extended, i.e., fanned out, the four peripheral electrodes and the central electrode form an electrode array that covers a larger surface area of the tissue than a single electrode. When used with a conventional RF power source, and in conjunction with a backplate, the five electrodes produce five lesion spots distributed over the area spanned by the electrode array. The lesions produced are discontinuous in relation to each other and there are areas between the electrodes that remain unablated. This device must be manipulated so that when expanded, all electrodes are in contact with the endocardium. An "end on" approach is required such that the end of the catheter, on which all five electrodes are mounted, is in intimate contact with the target tissue.

[0010] In another catheter an electrode device having a central electrode and a number of peripheral electrodes which also fan out from a retracted mode is used. During

ablation a backplate is not used; instead the central electrode functions as the reference while the peripheral electrodes have multi-phase RF power applied to them. For example, see U.S. Pat. No. 5,383,917 to Desai et al. While this technique provides a more continuous lesion covering a larger surface area of the tissue, the ablation volume is relatively shallow with a nonuniform depth of the lesion. This arrangement also requires the same manipulation of the catheter such that an end-on contact is made by the expanded electrodes, as discussed above. Lesions having a non-uniform ablation volume are undesirable as the depth at one part of the lesion may not be sufficient to stop the irregular signal pathways. Arrhythmia may reoccur because the irregular signals may pass under such an ablation volume and the procedure must then be repeated to once again attempt to obtain an ablation volume having sufficient depth.

[0011] The mechanical configuration of both of the above-described techniques comprises an expanding approach. When used for ablation, an electrode device is typically part of a catheter system. Accordingly, it is desirable to minimize the diameter of the electrode device during introduction to and withdrawal from the patient to lessen trauma to the patient. Therefore, electrode devices having peripheral expandable electrodes must be configured so that the peripheral electrodes are expandable to a large size yet are retractable to as small a size as practical. Such requirements pose design and manufacturing difficulties due to the movement of mechanical parts required for proper operation. Further considerations are the undesirable complexity and increased manufacturing cost associated with an expandable a catheter.

[0012] Hence, those skilled in the art have recognized a need for a structurally stable invasive ablation apparatus and method that are capable of controlling the flow of current through, and temperature of, a biological site so that lesions with controllable surface and depth characteristics may be produced and the ablation volume thereby controlled. The invention fulfills these needs and others.

SUMMARY OF THE INVENTION

[0013] Briefly, and in general terms, the invention is directed to an apparatus and a method for controlling the application of energy to, and the temperature of, a biological site during ablation.

[0014] In one aspect, the invention relates to an apparatus for delivering energy to biological tissue while maintaining the temperature of the biological tissue near a target temperature. The apparatus includes a plurality of electrodes positionable proximal the biological tissue and at least one temperature sensing device located on at least one of the electrodes. The temperature sensing device provides a temperature signal indicative of the temperature at the interface between the at least one electrode and the tissue. The apparatus also includes a generator that operates under the control of a processor to apply power to each of the electrodes. The power has an associated phase angle and, within a time duration, a plurality of alternating on periods and off periods, one set of adjacent on and off periods defining a duty cycle. The processor is adapted to, during the on period of each duty cycle, set the phase angles of the power provided to each electrode such that at least two of the electrodes are provided power with different phase angles.

The processor is further adapted to, in response to the temperature signal, determine the temperature at the at least one electrode/tissue interface; compare the interface temperature to the target temperature and adjust the duty cycle of the power provided to the at least one electrode in response to the comparison.

[0015] In a detailed aspect of the invention, the processor is adapted to increase or decrease the duty cycle of the power to the at least one electrode when the at least one electrode/tissue interface temperature is less than or greater than the target temperature. In another detailed facet the processor is adapted to set the power to the at least one electrode to zero when the at least one electrode/tissue interface temperature is a specified first number of degrees greater than the target temperature to thereby allow the electrode to cool off. The processor is further adapted to incrementally increase the power to the electrode until the interface temperature is near the target temperature. In another detailed aspect, the apparatus further includes a power interruption device connected to the processor. The processor is adapted to control the power interruption device to interrupt power to the at least one electrode when the at least one electrode/tissue interface temperature is a specified second number of degrees greater than the target temperature.

[0016] In another facet, the invention relates to an apparatus for delivering energy to biological tissue while maintaining the temperature of the biological tissue near a target temperature. The apparatus includes a catheter having a plurality of electrodes at its distal end. The distal end may be positioned so that the electrodes are located proximal the biological tissue. The apparatus also includes a plurality of temperature sensing devices. At least one temperature sensing device is located on a select number of the electrodes. These devices provide a temperature signal indicative of the temperature at the interface between the electrode and the tissue. The apparatus also includes a generator operating under the control of a processor to apply power to each of the electrodes. The power has an associated phase angle and, within a time duration, a plurality of alternating on periods and off periods. One set of adjacent on and off periods define a duty cycle. The processor is adapted to, in response to each of the temperature signals, determine the temperature at the electrode/tissue interface and regulate the temperature of a plurality of temperature zones. Each zone includes at least one combination electrode/temperature sensing device. The temperature is regulated by controlling the power to at least one electrode in the zone. The processor is further adapted to regulate the power to a plurality of phase groups. Each group includes at least one electrode. The power is regulated by controlling the phase of the power to each electrode in the group such that during the on portion of a duty cycle the phase in one group is different then the phase in another group.

[0017] In another aspect, the invention relates to a method for delivering energy to biological tissue while maintaining the temperature of the biological tissue near a target temperature. The method comprises positioning a plurality of electrodes proximal the biological tissue. At least one of the electrodes carries a temperature sensing device for providing a temperature signal indicative of the temperature at the interface between the electrode and the tissue. The method also includes providing power to each of the electrodes. The power has, within a time duration, a plurality of alternating

on periods and off periods, wherein one set of adjacent on and off periods defines a duty cycle. Also included in the method is, during the on period of each duty cycle, providing power with different phase angles to at least two of the electrodes; determining the temperature at the at least one electrode/tissue interface in response to the temperature signal; comparing the at least one electrode/tissue interface temperature to the target temperature; and adjusting the duty cycle of the power provided to the at least one electrode in response to the comparison.

[0018] In another aspect, the invention relates to a method for delivering energy to biological tissue while maintaining the temperature of the biological tissue near a target temperature. The method comprises positioning a catheter having a plurality of electrodes at its distal end so that the electrodes are located proximal the biological tissue. A select number of the electrodes carry at least one temperature sensing device. The device provides a temperature signal indicative of the temperature at the interface between the electrode and the tissue. The method also includes providing power having an associated phase and, within a time duration, a plurality of alternating on periods and off periods, one set of adjacent on and off periods defining a duty cycle. The method further includes, in response to the temperature signals, determining the temperature at the electrode/tissue interface; individually regulating the temperature of a plurality of temperature zones, wherein each zone comprises at least one combination electrode/temperature sensing device. The temperature is regulated by controlling the power to at least one electrode in the zone. The method further includes regulating the power to a plurality of phase groups, wherein each group comprises at least one electrode. The power is regulated by controlling the phase of the power to each electrode in the group such that during the on portion of a duty cycle the phase in one group is different than the phase in another group.

[0019] These and other aspects and advantages of the present invention will become apparent from the following more detailed description, when taken in conjunction with the accompanying drawings which illustrate, by way of example, the preferred embodiments of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

[0020] FIG. 1 is a schematic diagram of an ablation apparatus including a power control system, electrode device and backplate;

[0021] FIGS. 2-1 and 2-2 form a block diagram presenting more detail of a power control system in accordance with aspects of the invention, showing phase angle control, duty cycle control, and impedance and temperature monitoring;

[0022] FIG. 3 is a diagram of a multi-channel ablation apparatus in accordance with aspects of the invention wherein a single microprocessor controls the phase angle and duty cycle of each channel individually;

[0023] FIG. 4 depicts a first power waveform having a first phase angle and alternating instances of peak power and very low power;

[0024] FIG. 5 depicts a second power waveform having a second phase angle different from the first phase angle and alternating instances of peak power and very low power;

[0025] FIG. 6 presents a time frame (TF) diagram showing a fifty-percent duty cycle;

[0026] FIG. 7A depicts the phase relationship and voltage potential between the first and second power waveforms having first and second phase angles respectively, as a function of time;

[0027] FIG. 7B depicts the phase relationship and voltage potential between the first and second power waveforms having second and first phase angles respectively, as a function of time;

[0028] FIGS. 8A, 8B, 8C, 8D, and 8E are schematic diagrams of an embodiment of a power control system in accordance with aspects of the invention with FIG. 8A showing how FIGS. 8B, 8C, 8D and 8E are related;

[0029] FIG. 9A is a three dimensional representation of an ablation apparatus having a linear array of band electrodes in contact with a biological site with a backplate at the opposite side of the biological site, in which the phase angle difference between adjacent electrodes of the linear array is zero degrees;

[0030] FIGS. 9B through 9D depict, along the x, y, and z axes shown, the depth of the lesions formed by the ablation apparatus of FIG. 9A showing that the apparatus acts as a unipolar device with multiple electrodes and the resulting lesions are discontinuous;

[0031] FIG. 10A is a three dimensional representation of an ablation apparatus having a linear array of band electrodes in contact with a biological site with a backplate at the opposite side of the biological site, in which the phase angle difference between adjacent electrodes is 180 degrees;

[0032] FIGS. 10B through 10D depict, along the x, y, and z axes shown, the continuity and depth of a lesion formed by the ablation apparatus of FIG. 10A showing that the apparatus acts as a bipolar device with no significant amount of current flowing to the backplate;

[0033] FIG. 11A is a three dimensional representation of an ablation apparatus having a linear array of band electrodes in contact with a biological site with a backplate at the opposite side of the biological site, in which the phase difference between adjacent electrodes is approximately 90 degrees; and

[0034] FIGS. 11B through 11D depict, along the x, y, and z axes shown, the continuity and depth of a lesion formed by the ablation apparatus of FIG. 11A showing the greater depth of lesion resulting from the phase angle difference.

[0035] FIG. 12 presents a block diagram of the current flow among electrodes and the backplate through the biological site for adjacent electrodes having different phase angles;

[0036] FIG. 13 presents the same block diagram as FIG. 12 with the phase angles between adjacent electrodes reversed; and

[0037] FIGS. 14A through 14D present, along the x, y, and z axes shown, the increased continuity, depth, and uniformity of a lesion formed by the alternating phase apparatus and method shown in previous figures.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0038] Turning now to the drawings, in which like reference numerals are used to designate like or corresponding

elements among the several figures, in **FIG. 1** there is shown an ablation apparatus **10** in accordance with aspects of the present invention. The apparatus **10** includes a power control system **12** that provides power or drive **14** to an electrode device **16**. The power control system **12** comprises a power generator **18** that may have any number of output channels through which it provides the power **14**. The operation of the power generator **18** is controlled by a controller **20** which outputs control signals **21** to the power generator **18**. The controller **20** monitors the power **14** provided by the power generator **18**. In addition, the controller **20** also receives temperature signals **22** from the electrode device **16**. Based on the power **14** and temperature signals **22** the controller **20** adjusts the operation of the power generator **18**. A backplate **24** is located proximal to the biological site **26** opposite the site from the electrode device **16**, and is connected by a backplate wire **28** to the power generator **18**. The backplate **24** is set at the reference level to the power provided to the electrodes, as discussed in detail below.

[0039] The electrode device **16** is typically part of a steerable EP catheter **30** capable of being percutaneously introduced into a biological site **26**, e.g., the atrium or ventricle of the heart. The electrode device **16** is shown in schematic form with the components drawn to more clearly illustrate the relationship between the components and the relationship between the components and the power control system **12**. In this embodiment, the catheter **30** comprises a distal segment **34** and a handle **31** located outside the patient. A preferred embodiment of the electrode device **16** includes twelve band electrodes **32** arranged in a substantially linear array along the distal segment **34** of the catheter **30**. The electrode device **16** may include a tip electrode **36**. (For clarity of illustration, only four band electrodes **32** are shown in the figures although as stated, a preferred embodiment may include many more.) The band electrodes **32** are arranged so that there is space **38** between adjacent electrodes. In one configuration of the electrode device **16**, the width of the band electrodes **32** is 3 mm and the space **38** between the electrodes is 4 mm. The total length of the electrode device **16**, as such, is approximately 8 cm.

[0040] The arrangement of the band electrodes **32** is not limited to a linear array and may take the form of other patterns. A substantially linear array is preferred for certain therapeutic procedures, such as treatment of atrial fibrillation, in which linear lesions of typically 4 to 8 cm in length are desired. A linear array is more easily carried by the catheter **30** and also lessens the size of the catheter.

[0041] The band electrodes **32** are formed of a material having a significantly higher thermal conductivity than that of the biological tissue **26**. Possible materials include silver, copper, gold, chromium, aluminum, molybdenum, tungsten, nickel, platinum, and platinum/10% iridium. Because of the difference in thermal conductivity between the electrodes **32** and the tissue **26**, the electrodes **32** cool off more rapidly in the flowing fluids at the biological site. The power supplied to the electrodes **32** may be adjusted during ablation to allow for the cooling of the electrodes while at the same time allowing for the temperature of the tissue to build up so that ablation results. The electrodes **32** are sized so that the surface area available for contact with fluid in the heart, e.g., blood, is sufficient to allow for efficient heat dissipation from the electrodes to the surrounding blood. In a preferred

embodiment, the electrodes **32** are 7 French (2.3 mm in diameter) with a length of 3 mm.

[0042] The thickness of the band electrodes **32** also affects the ability of the electrode to draw thermal energy away from the tissue it contacts. In the present embodiment, the electrodes **32** are kept substantially thin so that the electrodes effectively draw energy away from the tissue without having to unduly increase the outer diameter of the electrode. In a preferred embodiment of the invention, the thickness of the band electrodes is 0.05 to 0.13 mm (0.002 to 0.005 inches).

[0043] Associated with the electrode device **16** are temperature sensors **40** for monitoring the temperature of the electrode device **16** at various points along its length. In one embodiment, each band electrode **32** has a temperature sensor **40** mounted to it. Each temperature sensor **40** provides a temperature signal **22** to the controller **20** which is indicative of the temperature of the respective band electrode **32** at that sensor. In another embodiment of the electrode device **16** a temperature sensor **40** is mounted on every other band electrode **32**. Thus for a catheter having twelve electrodes, there are temperature sensors on six electrodes. In yet another embodiment of the electrode device **16** every other electrode has two temperature sensors **40**. In **FIG. 1**, which shows an embodiment having one temperature sensor for each electrode, there is shown a single power lead **15** for each electrode **32** to provide power to each electrode for ablation purposes and two temperature leads **23** for each temperature sensor **40** to establish the thermocouple effect.

[0044] In another approach, the drive wire may comprise one of the thermocouple wires or may comprise a common wire for a plurality of thermocouples mounted on the same electrode. The inventors hereby incorporate by reference U.S. Pat. Nos. 6,049,737 and 6,045,550 both of which are assigned to the assignee of the present invention.

[0045] Turning now to **FIGS. 2-1** and **2-2**, a block diagram of an ablation apparatus **10** and method in accordance with aspects of the invention is presented. In **FIGS. 2-1** and **2-2**, a single channel of the power control system **12** is depicted. This channel controls the application of power to a single electrode **32**. As will be discussed in relation to other figures, a channel may control a plurality or group of electrodes. In **FIG. 2-1**, a microprocessor **42**, which is part of the controller **20** (**FIG. 1**), provides a duty cycle control signal **44** to a duty cycle generator ("DCG") **45**. In this case, the duty cycle generator **45** receives the control signal **44** by an 8-bit latch **46**. The latch **46** provides an 8-bit signal **47** to a duty cycle comparator **48**. The comparator **48** compares the 8-bit signal **47** to a count from an 8-bit duty cycle counter **50** and if the count is the same, provides a duty cycle off signal **49** to the duty cycle gate **52**. The gate **52** is connected to a frequency source ("FS") **54**, such as an oscillator that produces 500 kHz. When the gate **52** receives the duty cycle off signal **49** from the comparator **48**, it stops its output of the frequency source signal through the gate and no output exists.

[0046] At a frequency of 500 kHz, an 8-bit control has a period or time frame of 0.5 msec. At a fifty-percent duty cycle, the electrode is in the off period only 0.25 msec. To allow for greater cooling of the electrode, the period or time frame **78** (**FIG. 6**) is lengthened by use of a prescaler **56** interposed between the frequency source **54** and the counter

50. In one embodiment, the prescaler **56** lengthens the period to 4 msec thus allowing for a 2 msec off period during a fifty-percent duty cycle. This results in a sufficient cooling time for the very thin band electrodes discussed above. Other lengths of the period may be used depending on the circumstances. It has been found that a ten percent duty cycle is particularly effective in ablating heart tissue. The combination of the application of high peak power, a ten percent duty cycle, the use of high thermal conductivity material in the band electrodes, and fluids flowing past the band electrodes which have a cooling effect on the electrodes result in a much more effective application of power to the tissue. Ablation occurs much more rapidly.

[0047] A terminal count detector **58** detects the last count of the period and sends a terminal count signal **59** to the gate **52** which resets the gate for continued output of the frequency source signal. This then begins the on period of the duty cycle and the counter **50** begins its count again. In one preferred embodiment, the duty cycle is set at fifty percent and the 8-bit latch is accordingly set to 128. In another embodiment, the duty cycle is set at ten percent.

[0048] A programmable logic array ("PLA") **60** receives phase control signals **61** from the microprocessor **42** and controls the phase of the frequency source **54** accordingly. In one embodiment, the PLA **60** receives the terminal count signal **59** from the terminal count detector **58** and only permits phase changes after receiving that terminal count signal.

[0049] The output signal from the gate **52** during the on period of the duty cycle is provided to a binary power amplifier ("BPA") **62** that increases the signal to a higher level, in this case, 24 volts. The amplified signals are then filtered with a band pass filter ("BPF") **64** to convert the somewhat square wave to a sine wave. The band pass filter **64** in one embodiment is centered at 500 kHz. The filtered signal is then provided to an isolated output transformer ("IOT") **66** that amplifies the signal to a much higher level, for example 350 volts peak-to-peak. This signal is then sent to a relay interconnect ("RI") **67** before it is provided as a power output signal OUTn **14** to an electrode **32** at the biological site to cause ablation.

[0050] The power output signal **14** from the isolated output transformer **66** is monitored in one embodiment to determine the impedance at the electrode **32**. In the embodiment shown in FIGS. 2-1 and 2-2, a voltage and current monitor ("VCM") **68** is used. The monitor signal **69** is converted to digital form by an A-to-D converter ("ADC") **70** and provided to the microprocessor **42**. As previously mentioned, some or all of the electrodes **32** may include a temperature sensor **40** (FIG. 1) that provides temperature signals **22** (FIG. 2-2) which are used to determine the temperature at the electrode **32**. In one embodiment of the invention, the power **14**, in conjunction with the temperature signals **22**, are used to determine the temperature at the electrode **32**. Both the temperature signals **22** and the power **14** pass through a temperature filter ("FL") **73** before being sent to the microprocessor **42**. In the alternative, the temperature filter **73** is contained in a printed circuit board separate from the controller **20** and contains its own processor. In either case, the filter **73** filters out any RF noise present in the power **14** so that the signal may be used for temperature monitoring purposes. In another embodiment,

the microprocessor monitors the power **14** and temperature signals **22** only during the off periods of the power **14** duty cycle. Accordingly, negligible RF noise is present in the power line and filtration is not necessary. In either embodiment, the microprocessor **42** may alter the duty cycle of the power **14** in response to either or both of the impedance or temperature signals.

[0051] In a manual arrangement, the temperature sensed and/or the determined impedance may be displayed to an operator. The operator in response may then manually control the duty cycle or other power parameters such as by rotating a knob mounted on a front panel of an instrument. In the case of a multiple channel instrument and catheter, as discussed below, multiple knobs may be provided in this manual arrangement for control over each channel.

[0052] Referring now to FIG. 3, a multiple channel ablation apparatus is shown. Although only three complete channels are shown, the apparatus comprises many more as indicated by the successive dots. Those channels are not shown in FIG. 3 to preserve clarity of illustration. By providing different voltage levels between two electrodes **32** in an array, current flows between those electrodes in a bipolar electrode approach. By setting the backplate **24** (FIG. 1) at a voltage level different from at least one of those electrodes **32**, current flows between that electrode and the backplate. By controlling the voltage levels among the three (two electrodes and backplate), the current flow through the biological site **26** can be more precisely controlled. One technique for setting different voltage levels between the electrodes **32** is to maintain a phase difference between them in an AC approach. By setting the backplate **24** at the reference level, current flows between the electrodes **32** and the backplate.

[0053] The single microprocessor **42**, which again is part of the controller **20** (FIG. 1), controls the duty cycle and the phase of each channel individually in this embodiment. Each channel shown comprises the same elements and each channel produces its own power output signal **14** (OUT1, OUT2, through OUTn where "n" is the total number of channels) on respective electrode leads (LEAD 1, LEAD 2, through LEAD n where "n" is the total number of leads) to the electrodes **32**. This multi-channel approach permits more individual control over each electrode. For example, the duty cycle of the power applied to each electrode can be individually controlled. One electrode may have a ten percent duty cycle while another has a thirty percent duty cycle.

[0054] Referring now to the first and second output signals OUT1 and OUT2 of FIG. 3, the signals, as shown in FIGS. 4, 5, and 6, have alternating instances of peak power i.e., "on" periods **74**, and very low power **76**, i.e., "off" periods. Typically, the output power **14** is a 500 kHz sine wave. In FIGS. 4 and 5, the number of cycles of the sine wave contained within one on period **74** has been substantially reduced in the drawing to emphasize the phase difference between the first and second output signals OUT1, OUT2. Preferably, the voltage of each power signal **14** during an off period **76** is substantially zero and during an on period **74** is approximately 350 volts peak-to-peak.

[0055] The power OUT1 and OUT2 also have a variable duty cycle for controlling the length of the on period **74** and the off-period **76** within a time frame **78** (see FIG. 6). The duty cycle is the ratio of the length of the on period **74** to the

length of the entire time frame **78**. The effective power is the peak power times the duty cycle. Thus, a signal having a peak power of 100 watts and a 50% duty cycle has an effective power of 50 watts.

[0056] As shown in **FIGS. 4, 5, and 6**, the two power signals **OUT1, OUT2** are phased differently from each other. As discussed above, the phase angle of each power signal is set and controlled by the processor **42** and PLA **60**. Each power signal **OUT1** and **OUT2** has a respective phase angle and those phase angles differ between the two of them. The phase angle difference between the power **OUT1** and **OUT2** produces a voltage potential between the band electrodes **32** (**FIG. 1**) that receive the power. This voltage potential, in turn, induces current flow between the band electrodes **32**. The phase angle relationship of the power and the voltage potential produced as a function of time is shown in **FIGS. 7A and 7B**. The potential between electrodes V_{e-e} is defined by:

$$V_{e-e} = 2V \sin\left(\frac{\Delta\Phi}{2}\right) \sin(2\pi f t) \quad (\text{Eq. 1})$$

[0057] where: $\Delta\Phi$ =phase angle difference between electrodes

[0058] V =voltage amplitude of power

[0059] f =frequency in hertz

[0060] t =time

[0061] **FIG. 7A** shows first and second power **OUT1** and **OUT2** provided to first and second electrodes respectively having a phase angle difference $\Delta\Phi$ with **OUT1** leading **OUT2** by 132 degrees. **FIG. 7B** shows the same power **OUT1** and **OUT2** but with the phase angles reversed where **OUT2** is now leading **OUT1** by 132 degrees.

[0062] With reference now to **FIGS. 8A through 8E**, schematic diagrams of an embodiment of the ablation apparatus **10** of **FIGS. 2-1 and 2-2** are presented in **FIGS. 8B through 8E** while **FIG. 8A** shows how **FIGS. 8B through 8E** should be oriented in relation to each other. The frequency source **54** provides a signal **80**, typically at 500 kHz with a phase angle controlled by the microprocessor **42** through the PLA **60**, to the duty cycle generator **45**. The duty cycle generator **45** modulates the frequency source signal **80** to produce the selected duty cycle in accordance with the duty cycle control signal **44** as previously described. The duty cycle generator **45** outputs two signals **82** and **84** to the binary power amplifier **62**. A dual MOSFET driver **U2** receives the signals, converts their 5V level to a 12V level, and sends each to a transformer **T2** which transforms the signals into 24 V peak-to-peak power.

[0063] The 24V power is then sent to a multi-state driver **86** which includes a configuration of FETs **Q2, Q3, Q4, and Q5**. During a conducting state of the driver **86**, which is typically the on period **74** of the power, these FETs **Q2** through **Q5** conduct and forward the power to a bandpass filter **64** comprising a series LC network. During a high-impedance state of the driver **86**, which is typically during the off period **76** of the power, the FETs **Q2** through **Q5** are nonconducting and no power is sent to the bandpass filter **64**.

Instead the FETs **Q2** through **Q5** present a high impedance load to any signals received through the electrode **32**. Typically the load impedance on the FETs **Q2** through **Q5** presented by the circuit following the FETs, the electrode, and the tissue is approximately 150 Ω but transformed through the output transformer **T3**, it presents a load impedance to the FETs **Q2-Q5** of approximately 0.5 to 1 Ω . In the off state, the FETs present an impedance of approximately 250 Ω which is large in comparison to the transformed load impedance of approximately 0.5 to 1 Ω . Therefore, very little power flows when the FETs are in the off state.

[0064] The bandpass filter **64** operates to shape the output signal provided by the binary amplifier **62** from a square wave to a sinusoidal wave. The filtered signal **85** then passes to the isolated output section **66** where it is step-up transformed to 350 volt peak-to-peak sinusoidal power at **T3**. The power is then split into two identical power signals **OUT1A, OUT1B** and provided to two or more respective band electrodes **32** on the output lines **LEAD1A, LEAD1B**.

[0065] The isolated output section **66** also includes relays **88** that may be individually opened to remove the power signals **OUT1A, OUT1B** from the electrode leads **LEAD 1A, LEAD 1B** when an alert condition is detected, such as high temperature or high impedance at the respective electrode **32**. As previously mentioned these conditions are determined by the microprocessor **42** which receives signals indicative of the temperature and impedance at each of the band electrodes **32**.

[0066] The power from the isolated output section **66** is monitored and representative signals are supplied to an RF voltage and current monitor **68** where in this case, the voltage and current of each output signal are measured to determine the impedance of the particular channel. The measured signals are sent to an A-to-D converter **70** (**FIG. 2-2**) before being sent to the microprocessor **42** for impedance monitoring. If the impedance is above a threshold level indicative of blood clotting or boiling, the microprocessor **42** sends a signal to the duty cycle generator **45** to reduce or discontinue the duty cycle of the power **OUT1A, OUT1B** and thus lower the effective power delivered to the band electrodes **32**.

[0067] Similarly, the temperature at the electrodes **32** is determined by monitoring the power **14** and temperature signals **22** and measuring the voltage difference between the signals. As previously mentioned, in one embodiment of the invention, these signals pass through a filter **73** (**FIG. 2-2**) before being sent to the microprocessor **42**. The voltage value is converted to a temperature and if the temperature is above a threshold level the duty cycle of the power **14** is reduced. In the case where a single lead is used to provide a signal which is used to determine the temperature as well as provide power to the electrode **32**, the signal from the lead is received on temperature leads **87, 89** connected at the output side of the relays **88**.

[0068] As shown in **FIG. 3**, the duty cycle of each electrode **32** may be individually controlled by the microprocessor **42**. As previously mentioned, based on the temperature at an electrode **32** and the current and voltage of the output signal provided to an electrode, the duty cycle of the output signal may be adjusted. For example, one electrode

32 may have a temperature requiring a duty cycle of ten percent, while another electrode may have a temperature which allows for a fifty percent duty cycle. In an embodiment in which every other electrode **32** has a temperature sensor **40**, the electrodes are grouped in pairs with each electrode in the pair having the same duty cycle.

[0069] In operation, as depicted in **FIGS. 9A through 11D**, the electrode device **16** and the backplate **24** are positioned proximal the biological site **26** undergoing ablation such that the biological site is interposed between the electrode device and the backplate. The band electrodes **32** (only one of which is indicated by a numeral **32** for clarity of illustration) of the electrode device **16** each receives power OUT1, OUT2, OUT3, OUT4 having a phase angle on LEAD 1 through LEAD 4. In one embodiment, every other electrode **32** receives the same phase angle. Therefore, the phase angle of electrode A equals the phase angle of electrode C and the phase angle of electrode B equals the phase angle of electrode D. The advantages of this arrangement are described below. In a preferred embodiment, the electrodes **32** are formed into a linear array as shown. In addition, a thermocouple temperature sensor **40** is located at each of the electrodes A, B, C, and D and uses the electrode power lead LEADS 1 through 4 as one of the sensor leads. The sensors **40** provide temperature sensor signals **22** for receipt by the power control system **12**.

[0070] In another embodiment, alternate electrodes **32** may be grouped together and each may receive the same power having the same phase angle and duty cycle. Another group or groups of electrodes **32** may be interspaced with the first group such that the electrodes of one group alternate with the electrodes of the other group or groups. Each electrode **32** in a particular group of electrodes has the same phase angle and duty cycle. For example, electrodes A and C may be connected to the same power while interspaced electrodes B and D may be connected to a different power output signal.

[0071] The use of individual power signals also provides the ability to disable any combination of electrodes **32** and thereby effectively change the length of the electrode device **16**. For example, in one configuration of the present invention an electrode device **16** with twelve electrodes **32** receives twelve power signals from a twelve channel power control system **12**. The electrodes **32** are 3 mm in length and are 4 mm apart. Accordingly, by disabling various electrodes, a virtual electrode of any length from 3 mm to 8 cm may be produced by the electrode device **16**. In either arrangement the backplate **24** is maintained at the reference voltage level in regard to the voltage level of the power OUT1 through OUTn.

[0072] As previously described, by varying the phase angles between the power OUT1, OUT2 supplied to each electrode **32**, a phase angle difference is established between adjacent band electrodes. This phase angle difference may be adjusted to control the voltage potential between adjacent band electrodes **32** and thus to control the flow of current through the biological site **26**. The flow of current I_{e-e} between adjacent band electrodes **32** is defined by:

$$I_{e-e} = \frac{2V \sin\left(\frac{\Delta\Phi}{2}\right) \sin(2\pi f t)}{Z_{e-e}} \quad (\text{Eq. 2})$$

[0073] where: $\Delta\Omega$ =phase angle difference between electrodes

[0074] V=voltage amplitude of power

[0075] Z_{e-e} =impedance between electrodes

[0076] f=frequency in hertz

[0077] t=time

[0078] In addition to the current flow between the band electrodes **32** there is current flow between the band electrodes and the backplate **24**. When the backplate **24** is set at the reference level, this current flow I_{e-b} is defined by:

$$I_{e-b} = \frac{V \sin(2\pi f t)}{Z_{e-b}} \quad (\text{Eq. 3})$$

[0079] where: $\Delta\Omega$ =phase angle difference between electrodes

[0080] V=voltage amplitude of power

[0081] Z_{e-b} =impedance between electrode and backplate

[0082] f=frequency in hertz

[0083] t=time

[0084] Assuming Z_{e-b} and Z_{e-e} are equal, the ratio of the current flowing between the band electrodes **32** I_{e-e} to the current flowing between the band electrodes **32** and the backplate **24** I_{e-b} is defined by:

$$\frac{I_{e-e}}{I_{e-b}} = 2 \sin\left(\frac{\Delta\Phi}{2}\right) \quad (\text{Eq. 4})$$

[0085] where: $\Delta\Omega$ =phase angle difference between electrodes

[0086] **FIGS. 9A through 11D** illustrate various current flow patterns within a biological site. The depths and widths of the lesions depicted in **FIGS. 9 through 11** are not necessarily to scale or in scalar proportion to each other but are provided for clarity in discerning the differences between the various power application techniques. When the phase difference between adjacent electrodes **32** is zero degrees, no current flows between the electrodes in accordance with Eq. 2 above, and the apparatus operates in a unipolar fashion with the current flowing to the backplate **24** as shown in **FIGS. 9A through 9D**. Substantially all current flows from the band electrodes **32** to the backplate **24** forming a series of relatively deep, acute lesions **90** along the length of the electrode device **16**. As seen in the top view of **FIG. 9B** and the side view of **FIG. 9D**, the lesions are discrete. The lesions **90** are discontinuous in regard to each other.

[0087] When the phase difference between adjacent electrodes 32 is 180 degrees the apparatus operates in both a unipolar and bipolar fashion and the current flow pattern is as shown in FIG. 10A. With this phase difference, approximately twice as much current flows between adjacent band electrodes 32 than flows from the band electrodes to the backplate 24. The resulting lesion 92 is shallow but is continuous along the length of the electrode device 16. The continuity and shallow depth of the lesion 92 are illustrated in FIGS. 10B through 10D. Nevertheless, the lesion depth is still greater than that created by prior bipolar ablation methods alone.

[0088] When the phase difference between adjacent electrodes 32 is set within the range of a value greater than zero to less than 180 degrees, the current flow varies from a deep, discontinuous unipolar pattern to a more continuous, shallow bipolar pattern. For example, when the phase difference between adjacent electrodes 32 is around 90 degrees, the current flows as shown in FIG. 11A. With this phase difference, current flows between adjacent band electrodes 32 as well as between the band electrodes and the backplate 24. Accordingly, a lesion which is both deep and continuous along the length of the electrode device 16 is produced. The continuity and depth of the lesion 94 is illustrated in FIGS. 11B through 11D. In one embodiment of FIG. 1A, adjacent electrodes alternated in phase but were provided with power in groups. Electrodes A and C were provided with power at a first phase angle and electrodes B and D were provided with power at a second phase angle, different from the first.

[0089] Thus, in accordance with the present invention the phase angle of the power may be adjusted in order to produce a lesion having different depth and continuity characteristics. In selecting the phase angle difference necessary to produce a continuous lesion having the greatest possible depth, other elements of the electrode device 16 are considered. For example, the width of the band electrodes 32 and the spacing between the electrodes are factors in selecting an optimum phase angle. In a preferred embodiment of the present invention, as pointed out above, the width of the band electrodes is 3 mm, the spacing between the electrodes is 4 mm and the electrodes receive power which establish a phase difference of 132 degrees between adjacent electrodes. With this configuration a long continuous lesion having a length of between approximately 3 mm and 8 cm and a depth of 5 mm or greater was produced depending on the number of electrodes energized, the duty cycle employed, and the duration of power application.

[0090] In another embodiment of the invention, energy is applied to the biological tissue 26 during the on period of the duty cycle in an alternating unipolar-bipolar manner. During the unipolar mode segment a voltage potential is established between the electrodes 32 and the backplate 24. Thus current flows through the tissue 26 between the electrodes 32 and the backplate 24.

[0091] During the bipolar mode segment a voltage potential is established between at least two of the electrodes 32 rather than between the electrodes and the backplate 24. Thus current flows through the tissue 26 between the electrodes 32. While operating in this mode the voltage difference between the electrodes 32 may be established by providing power with different phase angles to the electrodes as previously mentioned. Alternatively, some of the

electrodes 32 may be connected to a reference potential while others are maintained at a different voltage level.

[0092] By adjusting the duration of the unipolar and bipolar mode segments within the on period of the duty cycle, the continuity and depth of the lesion produced may be controlled. For example, operating in the unipolar mode for one-fourth of the on period and in the bipolar mode for three-fourths of the on period produces a lesion having a continuity and depth similar to the lesion 94 illustrated in FIGS. 11B through 11D.

[0093] Referring to FIGS. 8B through and 8E, the following devices are shown:

Device	Part No.	Manufacturer
U1	GAL6002B	Lattice
U2	SN75372	numerous
Q1	1RFZ34N	numerous
Q2, Q3, Q4, Q5	1RFZ44N	numerous
Q7, Q8, Q9	MPF6601	numerous
R3, R5	1 Ω	numerous
T1, T4	CMI-4810	Corona Magnetics, Inc.
T2	GFS97-0131-1	GFS Manufacturing
T5	CMI-4809	Corona Magnetics, Inc.

[0094] The transformer denoted by “T3” is a 1:12 turns ratio, single turn primary, step up transformer wound on a TDK core PC50EER23Z.

[0095] FIG. 12 presents a block diagram of the current flow among electrodes 32 and the backplate 24 through the biological site 26 for adjacent electrodes having different phase angles where the phase angles of the A and C electrodes lead the phase angles of the B and D electrodes. It has been noted that with the approach shown in FIG. 12, the vector sum of the currents flowing through the site 26 is such that more current flows at one or more electrodes than at others. This is shown figuratively with shorter arrows leading to the backplate from the B and D electrodes. Although the ablation volume is greater than in the prior techniques, the ablation volume appears irregular or non-uniform as shown in FIG. 11D. It is desirable to have a more uniform ablation volume, especially as to depth, so that irregular electrical signals do not pass under the ablation volume at a point having less depth and require a repeat of the ablation procedure.

[0096] FIG. 13 presents the same block diagram as FIG. 12 with the phase angles between adjacent electrodes reversed. In FIG. 13, the phase angles of the power at the B and D electrodes 32 now lead the phase angles of the power at the A and C electrodes 32. The change in current flow due to this opposite phasing is represented figuratively with shorter arrows now at the A and C electrodes thus balancing the current flow pattern of FIG. 12. It has been found that by alternating the phase angles such as shown in FIGS. 12 and 13, a much more uniform current flow and much more uniform ablation volume result. A cumulative effect of the current flow causes the tissue between all the band electrodes 32 and the backplate 24 to become ablated, depth-wise through the biological site 26, at a substantially even rate and thus a lesion having substantially uniform depth is produced. This is shown in FIGS. 14A through 14D where an ablation volume 96 is shown, which has much greater

uniformity in shape. In particular, the ablation lesion **96** has a uniform depth and gives rise to a high level of confidence that the ablation volume created with the ablation apparatus in accordance with the invention will successfully destroy the tissue causing the arrhythmia.

[0097] In one embodiment, the phase between the electrodes was alternated as shown in **FIGS. 12 and 13** only during the off period of the duty cycle. That is, and with reference to **FIG. 6**, during the entire on period **74** of the duty cycle of one time frame **78**, the phase angles of the power at the A and C electrodes **32** led the phase angles of the power at the B and D electrodes **32** by 132 degrees. During the following off period **76** of the same time frame **78**, the phase angles of the power to be supplied was changed to be opposite those phase angles used during the on period **74**, in preparation for the next on period. Then at the next on period **74**, the phase angles of the power provided to electrodes B and D led the phase angles of the power provided to the A and C electrodes by 132 degrees during that entire on period. During the immediately subsequent off period, the phase angles were again changed so that electrodes A and C would lead electrodes B and D.

[0098] During an ablation procedure, the processor **42** monitors the temperatures at the electrodes/tissue interface and automatically makes power adjustments in view of these temperatures. As previously mentioned, in order to effectively ablate tissue it is desirable to uniformly elevate the tissue temperature to a target ablation temperature. For biological tissue this target temperature may range from 50° C. to 65° C.

[0099] In one configuration of the system, the temperature of each electrode/tissue interface is monitored and the power applied to each electrode **32** is individually adjusted to maintain the electrode/tissue interface temperature at or near the target temperature. An interface temperature within 5° C. degrees of the target temperature is considered to be "near" the target temperature. Adjustments to the power are made by changing the duty cycle of the power being applied to the electrode **32**. When the electrode/tissue interface temperature is less than the target temperature, the duty cycle is increased. Conversely, when the interface temperature is greater than the target temperature, the duty cycle is decreased.

[0100] Under certain electrode/tissue interface temperature conditions, the processor **42** may institute a "soft cutoff." During a soft cutoff the processor temporarily sets the power to an electrode **32** to zero by setting the duty cycle of the power such that there is no on portion of the duty cycle. During this continuous off period, the electrode/tissue interface is able to cool off to a temperature less than the temperature that caused the cutoff and usually to a temperature less than the target temperature. Once the interface cools off, the processor **42** incrementally increases the power to the electrode **32** until the interface temperature settles to a temperature near the target temperature. The incremental increase in power may be achieved by programming the processor, using well known proportional integral derivative (PID) algorithms, to increase the duty cycle in either a step like or smooth, continuous manner. Conditions which necessitate a soft cutoff may be programmed into the processor **42**. Such condition may include an interface temperature that is greater than the target temperature by a first specified

number of degrees. For example, if the target temperature is 65° C. and the measured interface temperature is at least 5 degrees greater than 65° C., then the electrode may be subject to a soft cutoff.

[0101] Under more severe electrode/tissue interface temperature conditions, the processor **42** may institute a "hard cutoff." During a hard cutoff, power to an electrode **32** may be interrupted by opening the relay **88** (**FIG. 80**) associated with the power output providing the power to the electrode **32**. Conditions which necessitate a hard cutoff may be programmed into the processor **42**. Such conditions may include an interface temperature that is greater than the target temperature by a second specified number of degrees that is greater than the specified number of degrees associated with a soft cutoff. For example, if the target temperature is 65° C. and the measured interface temperature is at least 10 degrees greater than 65° C., then the power to the electrode may be interrupted.

[0102] In another configuration of the system, the electrodes **32** are grouped into electrode zones, with each zone including one or more electrodes. In a preferred embodiment, the electrodes within a zone are adjacent each other. At least one of the electrodes **32** within each zone includes a temperature sensor **40**. The processor **42** monitors the interface temperatures of each electrode **32** having a temperature sensor **40** and adjusts the power to each of the electrodes within an electrode zone based on the maximum interface temperature in that zone. Accordingly, if the electrode **32** having the maximum interface temperature provides an interface temperature sufficient to warrant a duty cycle increase, duty cycle decrease, soft cutoff or hard cutoff, each electrode **32** within the zone is subject to the same adjustment.

[0103] The inventors hereby incorporate by reference application Ser. No. 09/073,112, now U.S. Pat. No. 6,171,305 and U.S. Pat. No. 6,050,994 both of which are assigned to the assignee of the present invention.

[0104] While several particular forms of the invention have been illustrated and described, it will be apparent that various modifications can be made without departing from the spirit and scope of the invention. For example, the controller **20** is shown in **FIG. 1** as forming a part of the power control system **12**. However, it may take other forms such as an external processor in a separate computer for example. Likewise, duty cycle control and phase control may be performed by circuits other than those shown here. Accordingly, it is not intended that the invention be limited, except as by the appended claims.

What is claimed is:

1. A system for delivering energy to biological tissue, said system comprising:

a plurality of electrodes adapted to be positioned at the biological tissue;

at least one temperature sensing device located on at least one of the electrodes for providing a temperature signal indicative of the temperature at the interface between the at least one electrode and the tissue; and

a power control system adapted to:

apply power to each of the electrodes such that a voltage potential is established between at least two of the electrodes, the power having a duty cycle;

in response to the temperature signal, determine the temperature at the at least one electrode/tissue interface;

compare the interface temperature to a target temperature; and

adjust the duty cycle of the power provided to the at least one electrode in response to the comparison.

2. The system of claim 1 wherein the power control system is adapted to increase the duty cycle of the power to the at least one electrode when the at least one electrode/tissue interface temperature is less than the target temperature.

3. The system of claim 1 wherein the power control system is adapted to decrease the duty cycle of the power to the at least one electrode when the at least one electrode/tissue interface temperature is greater than the target temperature.

4. The system of claim 1 wherein the power control system is adapted to:

set the power to the at least one electrode to zero when the at least one electrode/tissue interface temperature is a specified first number of degrees greater than the target temperature; and

incrementally increase the power level to the at least one electrode until the interface temperature is near the target temperature.

5. The system of claim 4 further comprising:

a power interruption device connected to the power control system;

wherein the power control system is further adapted to control the power interruption device to interrupt power to the at least one electrode when the at least one electrode/tissue interface temperature is a specified second number of degrees greater than the target temperature, the second number of degrees being greater than the first number of degrees.

6. The system of claim 1 wherein:

the system comprises a plurality of temperature sensing devices, at least one device associated with each of the electrodes, each device for providing a temperature signal to the power control system indicative of the temperature at the associated electrode; and

the power control system provides separate power to each of the plurality of electrodes with the power being individually controllable as to duty cycle and the duty cycle of each separate power is controlled in response to the temperature signal from the associated electrode.

7. The system of claim 7 wherein the power has an associated phase angle and the voltage potential is established between the at least two electrodes by providing power with different phase angles to the electrodes.

8. A method of delivering energy to biological tissue, said method comprising:

positioning a plurality of electrodes adjacent the biological tissue, at least one of the electrodes carrying a

temperature sensing device for providing a temperature signal indicative of the temperature at the interface between the electrode and the tissue;

establishing a voltage potential between at least two of the electrodes using duty cycled power;

determining the temperature at the at least one electrode/tissue interface in response to the temperature signal;

comparing the at least one electrode/tissue interface temperature to the target temperature; and

adjusting the duty cycle of the power provided to the at least one electrode in response to the comparison.

9. The method of claim 8 wherein positioning a plurality of electrodes comprises positioning a catheter carrying the electrodes proximal the tissue such that a select number of the plurality of electrodes are in contact with the tissue.

10. The method of claim 8 further comprising increasing the duty cycle of the power to the at least one electrode when the at least one electrode/tissue interface temperature is less than the target temperature.

11. The method of claim 8 further comprising decreasing the duty cycle of the power to the at least one electrode when the at least one electrode/tissue interface temperature is greater than the target temperature.

12. The method of claim 8 further comprising:

setting the power to the at least one electrode to zero when the at least one electrode/tissue interface temperature is a specified first number of degrees greater than the target temperature; and

incrementally increasing the power level to the at least one electrode until the interface temperature is near the target temperature.

13. The method of claim 12 further comprising interrupting the power to the at least one electrode when the at least one electrode/tissue interface temperature is a specified second number of degrees greater than the target temperature, the second number of degrees being greater than the first number of degrees.

14. The method of claim 8 wherein each of the electrodes carries a temperature sensing device and the method further comprises:

providing separate power to each of the plurality of electrodes; and

individually controlling the duty cycle of each separate power in response to the temperature signal from the electrode.

15. The method of claim 8 wherein the power has an associated phase angle and establishing the voltage potential between the at least two electrodes comprises providing power with different phase angles to the electrodes.

16. A system for delivering energy to biological tissue, said system comprising:

a plurality of electrodes adapted to be positioned at the biological tissue;

at least one temperature sensing device located on at least one of the electrodes for providing a temperature signal indicative of the temperature at the interface between the at least one electrode and the tissue; and

a power control system adapted to:

apply power to each of the electrodes such that at least two of the electrodes are provided power with different phase angles;

in response to the temperature signal, determine the temperature at the at least one electrode/tissue interface;

compare the interface temperature to a target temperature; and

adjust the power provided to the at least one electrode in response to the comparison.

17. The system of claim 16 wherein the power control system is adapted to increase the power to the at least one electrode when the at least one electrode/tissue interface temperature is less than the target temperature.

18. The system of claim 16 wherein the power control system is adapted to decrease the power to the at least one electrode when the at least one electrode/tissue interface temperature is greater than the target temperature.

19. The system of claim 16 wherein the power control system is adapted to:

set the power to the at least one electrode to zero when the at least one electrode/tissue interface temperature is a specified first number of degrees greater than the target temperature; and

incrementally increase the power to the at least one electrode until the interface temperature is near the target temperature.

20. The system of claim 19 further comprising:

a power interruption device connected to the power control system;

wherein the power control system is further adapted to control the power interruption device to interrupt power to the at least one electrode when the at least one electrode/tissue interface temperature is a specified second number of degrees greater than the target temperature, the second number of degrees being greater than the first number of degrees.

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