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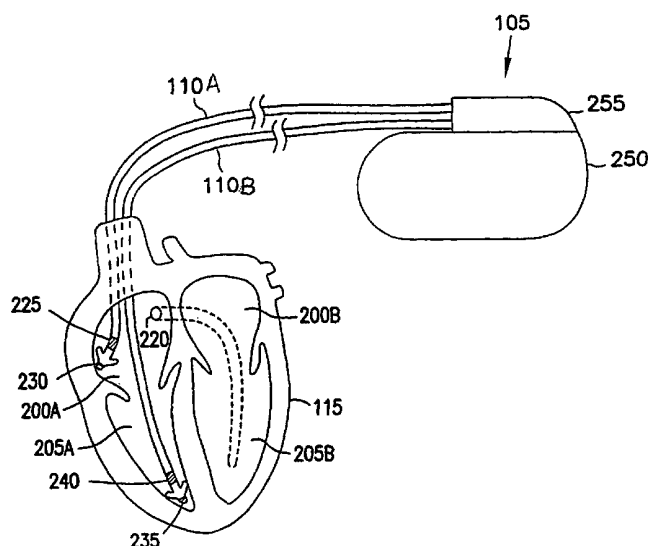
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(54) Title: CARDIAC RHYTHM MANAGEMENT SYSTEM WITH DIFFERENTIAL SENSING CHANNEL



(57) Abstract: A differential discrete-time signal processing channel differentially processes cardiac signals in an implantable cardiac rhythm management device. Such signal processing effectively uses downsampling to uses lower bias currents, thereby saving power and prolonging the life of the implanted device, and also reduces clock feedthrough, provides a wider dynamic range and better rejection of power supply noise. The device includes a continuous-time buffer, a decimator/averager and/or other filter and/or amplifier circuits, and an analog-to-digital converter, each configured for processing differential signals. The device also includes an operational transconductance amplifier (OTA), for the discrete-time differential signal processing. The OTA provides, among other things, an output common mode adjustment circuit and an offset compensation circuit.



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CARDIAC RHYTHM MANAGEMENT SYSTEM WITH DIFFERENTIAL SENSING CHANNEL

Technical Field

The present system relates generally to cardiac rhythm management systems and particularly, but not by way of limitation, to a cardiac rhythm management system providing, among other things, a differential sensing
5 channel.

Background

When functioning properly, the human heart maintains its own intrinsic rhythm, and is capable of pumping adequate blood throughout the body's circulatory system. However, some people have irregular cardiac rhythms,
10 referred to as cardiac arrhythmias. Such arrhythmias result in diminished blood circulation. One mode of treating cardiac arrhythmias uses drug therapy. Drugs are often effective at restoring normal heart rhythms. However, drug therapy is not always effective for treating arrhythmias of certain patients. For such patients, an alternative mode of treatment is needed. One such alternative mode
15 of treatment includes the use of a cardiac rhythm management system. Such systems are often implanted in the patient and deliver therapy to the heart.

Cardiac rhythm management systems include, among other things, pacemakers, also referred to as pacers. Pacers deliver timed sequences of low energy electrical stimuli, called pace pulses, to the heart, such as via an
20 intravascular leadwire or catheter (referred to as a "lead") having one or more electrodes disposed in or about the heart. Heart contractions are initiated in response to such pace pulses (this is referred to as "capturing" the heart). By properly timing the delivery of pace pulses, the heart can be induced to contract in proper rhythm, greatly improving its efficiency as a pump. Pacers are often
25 used to treat patients with bradyarrhythmias, that is, hearts that beat too slowly, or irregularly.

Cardiac rhythm management systems also include cardioverters or defibrillators that are capable of delivering higher energy electrical stimuli to the

heart. Defibrillators are often used to treat patients with tachyarrhythmias, that is, hearts that beat too quickly. Such too-fast heart rhythms also cause diminished blood circulation because the heart isn't allowed sufficient time to fill with blood before contracting to expel the blood. Such pumping by the heart is inefficient. A defibrillator is capable of delivering an high energy electrical stimulus that is sometimes referred to as a defibrillation countershock. The countershock interrupts the tachyarrhythmia, allowing the heart to reestablish a normal rhythm for the efficient pumping of blood. In addition to pacers, cardiac rhythm management systems also include, among other things, pacer/defibrillators that combine the functions of pacers and defibrillators, drug delivery devices, and any other implantable or external systems or devices for diagnosing or treating cardiac arrhythmias.

One problem faced by cardiac rhythm management systems is in acquiring the intrinsic electrical signals produced by the heart, which are referred to as "cardiac signals" or "heart signals." Such cardiac signals include, among other things, electrical depolarizations associated with heart chamber contractions and electrical repolarizations associated with heart chamber expansions. Decisions regarding the delivery and/or withholding of cardiac rhythm management therapy are often based at least in part on information included within such cardiac signals. Moreover, cardiac signals may include information indicating the efficacy of therapy that has already been delivered. Therefore, acquisition of cardiac signals is one important task of implantable or external cardiac rhythm management systems.

One type of circuit used in acquiring cardiac signals includes a linear preamplifier, receiving signals from first and second cardiac electrodes and providing a single-ended output signal based thereon. The linear preamplifier is followed by a switched-capacitor signal processing channel that performs single-ended discrete time signal processing including analog-to-digital conversion. Switched-capacitor signal processing circuits perform signal processing using charges that are sampled onto capacitors during a "clock period." Such a signal processing circuit, however, presents several drawbacks that limit its usefulness in an implantable cardiac rhythm management device, as discussed below.

For example, a switched-capacitor filter circuit utilizes an operational transconductance amplifier (OTA) that typically has an intrinsic offset voltage. The offset voltage may introduce errors into cardiac signals being processed. In order to accommodate such offset voltages and to decrease the effect of offset errors, autozeroing circuits are typically used in the single-ended signal processing channel. An autozeroing circuit works by periodically prestoring a charge associated with the offset voltage on a signal processing capacitor (i.e., “autozeroing”). Then, subsequent single-ended signal processing is performed using differences between the prestored charge and the charge associated with the cardiac signal or other desired signal of interest.

Autozeroing is typically performed during the same length of time that is allocated for the clock period during which the cardiac signal is sampled. Moreover, during autozeroing the gain and feedback configuration of the operational amplifier and the load capacitance being driven typically impose more strenuous demands on the amplifier than does normal sampling of the cardiac or other signal being processed. As a result, proper autozeroing operation of the operational amplifier typically dictates the magnitude of the bias current used in the operational amplifier. However, in power-sensitive applications, such as battery-powered implanted medical devices, larger currents cause the battery to drain faster. This reduces the useful life of the implanted device. A shorter device life results in more frequent replacement of the implanted medical device, with all its attendant costs and risk of complications. Thus, there is a need for improved autozeroing and/or other cardiac signal processing techniques that consumes less power, in order to provide more economical medical treatment, and to reduce the risks associated with replacement of an implanted cardiac rhythm management or other implanted medical device.

Summary of the Invention

This document describes, among other things, portions of a differential signal processing channel for differentially processing signals, such as cardiac signals in an implantable cardiac rhythm management device. The differential signal processing channel offers many advantages over single-ended discrete-time processing of cardiac signals using conventional autozeroing techniques.

For example, the above-described differential signal processing techniques allow the use of lower bias currents in the active circuits used in discrete time signal processing. This saves power, thereby extending the useful life of the implanted device before explantation and replacement becomes necessary. The differential
5 signal processing techniques also reduce the effects of clock feedthrough of the switches used in the switched-capacitor circuits, provide a wider dynamic range for the cardiac signals being acquired, and provide better rejection of power supply noise. This document also describes an operational transconductance amplifier (OTA), capable of use in the discrete-time differential signal
10 processing channel. The OTA provides, among other things, an output common mode adjustment circuit and an offset compensation circuit.

In one embodiment, a cardiac rhythm management system includes an implantable cardiac rhythm management (CRM) device. The CRM device includes an interface circuit, including first and second inputs and including first
15 and second outputs providing an analog differential output signal based on the signals at the first and second inputs. The CRM device also includes a discrete-time differential signal processing channel providing a digitized output signal based at least in part on an analog differential output signal received from the first and second outputs of the interface circuit.

20 This document also discloses an operational transconductance amplifier (OTA) circuit capable of use in the discrete-time differential signal processing channel. The OTA circuit includes a differential-voltage-to-differential-current converter circuit, a common mode adjustment circuit, and an offset correction circuit.

25 This document further discloses a method of acquiring cardiac signals. Cardiac signals are received at first and second cardiac electrodes. The cardiac signals are communicated to an implantable cardiac rhythm management device. The cardiac signals received from the first and second cardiac electrodes are buffered to provide a differential buffered signal. The differential buffered
30 signal is processed differentially and in discrete-time. A digitized output signal is provided based on the processed differential signal.

In one embodiment, the disclosed signal processing methods include receiving a differential input voltage between first and second inputs and

providing a differential output current, based on the differential input voltage, at first and second outputs. A common mode voltage at the first and second outputs is adjusted. An offset in the differential output current at the first and second outputs is compensated. These and other aspects of the present system and methods will become apparent upon reading the following detailed description and viewing the accompanying drawings that form a part thereof.

Brief Description of the Drawings

In the drawings, like numerals describe substantially similar components throughout the several views. Like numerals having different letter suffixes represent different instances of substantially similar components.

Figure 1 is a schematic drawing illustrating generally one embodiment of portions of a cardiac rhythm management system and an environment in which it is used.

Figure 2 is a schematic drawing illustrating generally one embodiment of a cardiac rhythm management device coupled by leads to a heart.

Figure 3 is a schematic diagram illustrating one embodiment of portions of a cardiac rhythm management device, which is coupled to a heart, and certain aspects of the device.

Figure 4 is a schematic/block diagram illustrating generally one embodiment of portions of a sensing circuit.

Figure 5 is a schematic diagram illustrating one embodiment of portions of a differential-signal discrete time decimator/averager.

Figure 6A is a schematic diagram illustrating one embodiment of portions of an amplifier/highpass filter for processing differential signals.

Figure 6B is a schematic diagram illustrating another embodiment of portions of an amplifier/highpass filter for processing differential signals.

Figure 7 is a schematic/block diagram illustrating generally one embodiment of portions of an analog-to-digital (A/D) converter.

Figure 8 is a schematic diagram illustrating generally one embodiment of portions of an amplifier, such as an operational transconductance amplifier (OTA).

Figure 9 is a schematic diagram illustrating generally portions of a single-ended signal processing channel and accompanying clocks.

Detailed Description

In the following detailed description, reference is made to the accompanying drawings which form a part hereof, and in which is shown by way of illustration specific embodiments in which the invention may be practiced.

5 These embodiments are described in sufficient detail to enable those skilled in the art to practice the invention, and it is to be understood that the embodiments may be combined, or that other embodiments may be utilized and that structural, logical and electrical changes may be made without departing from the spirit and scope of the present invention. The following detailed description is, therefore,
10 not to be taken in a limiting sense, and the scope of the present invention is defined by the appended claims and their equivalents. In the drawings, like numerals describe substantially similar components throughout the several views. Like numerals having different letter suffixes represent different instances of substantially similar components. In this document, "and/or" refers
15 to non-exclusive "or" (e.g., "A and/or B" includes each of "A but not B," "B but not A," and "A and B").

The present methods and apparatus will be described in applications involving implantable medical devices including, but not limited to, implantable cardiac rhythm management systems such as pacemakers,
20 cardioverter/defibrillators, pacer/defibrillators, and biventricular or other multi-site coordination devices. However, it is understood that the present methods and apparatus may be employed in unimplanted devices, including, but not limited to, external pacemakers, cardioverter/defibrillators, pacer/defibrillators, biventricular or other multi-site coordination devices, monitors, programmers
25 and recorders.

General System Overview and Examples

This document describes, among other things, a cardiac rhythm management system with at least one differential sensing channel. Figure 1 is a schematic drawing illustrating generally, by way of example, but not by way of
30 limitation, one embodiment of portions of a cardiac rhythm management system **100** and an environment in which it is used. In Figure 1, system **100** includes an implantable cardiac rhythm management device **105**, also referred to as an electronics unit, which is coupled by an intravascular endocardial lead **110**, or

other lead, to a heart **115** of patient **120**. System **100** also includes an external programmer **125** providing wireless communication with device **105** using a telemetry device **130**. Catheter lead **110** includes a proximal end **135**, which is coupled to device **105**, and a distal end **140**, which is coupled to one or more
5 portions of heart **115**.

Figure **2** is a schematic drawing illustrating generally, by way of example, but not by way of limitation, one embodiment of device **105** coupled by leads **110A-B** to heart **115**, which includes a right atrium **200A**, a left atrium **200B**, a right ventricle **205A**, a left ventricle **205B**, and a coronary sinus **220**
10 extending from right atrium **200A**. In this embodiment, atrial lead **110A** includes electrodes (electrical contacts) disposed in, around, or near an atrium **200** of heart **115**, such as ring electrode **225** and tip electrode **230**, for sensing signals and/or delivering pacing therapy to the atrium **200**. Lead **110A** optionally also includes additional electrodes, such as for delivering atrial and/or
15 ventricular cardioversion/defibrillation and/or pacing therapy to heart **115**.

In Figure **2**, a ventricular lead **110B** includes one or more electrodes, such as tip electrode **235** and ring electrode **240**, for delivering sensing signals and/or delivering pacing therapy. Lead **110B** optionally also includes additional electrodes, such as for delivering atrial and/or ventricular
20 cardioversion/defibrillation and/or pacing therapy to heart **115**. Device **105** includes components that are enclosed in a hermetically-sealed can **250**. Additional electrodes may be located on the can **250**, or on an insulating header **255**, or on other portions of device **105**, for providing unipolar pacing and/or defibrillation energy in conjunction with the electrodes disposed on or around
25 heart **115**. Other forms of electrodes include meshes and patches which may be applied to portions of heart **115** or which may be implanted in other areas of the body to help “steer” electrical currents produced by device **105**. In one embodiment, one of atrial lead **110A** or ventricular lead **110B** is omitted, i.e., a “single chamber” device is provided, rather than the dual chamber device
30 illustrated in Figure **2**. In another embodiment, additional leads are provided for coupling device **105** to other heart chambers and/or other locations in the same heart chamber as one or more of leads **110A-B**. The present method and

apparatus will work in a variety of configurations and with a variety of electrical contacts or “electrodes.”

Example Cardiac Rhythm Management Device

Figure 3 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of device 105, which is coupled to heart 115. Device 105 includes a power source 300, an atrial sensing circuit 305, an atrial therapy circuit 310, a ventricular sensing circuit 315, a ventricular therapy circuit 320, and a controller 325. In one embodiment, device 105 also includes a sensor 330 for adjusting the rate at which therapy is delivered.

Atrial sensing circuit 305 is coupled by atrial lead 110A to heart 115 for receiving, sensing, and/or detecting electrical atrial heart signals. Such atrial heart signals include atrial activations (also referred to as atrial depolarizations or P-waves), which correspond to atrial contractions. Such atrial heart signals include normal atrial rhythms, and abnormal atrial rhythms including atrial tachyarrhythmias, such as atrial fibrillation, and other atrial activity. Atrial sensing circuit 305 provides one or more signals to controller 325, via node/bus 327, based on the received atrial heart signals.

In one embodiment, atrial therapy circuit 310 provides atrial pacing therapy, as appropriate, to electrodes located at or near one of the atria 200 of heart 115 for obtaining resulting evoked atrial depolarizations. In a further embodiment, atrial therapy circuit 310 also provides cardioversion/defibrillation therapy, as appropriate, to electrodes located at or near one of the atria 200 of heart 115, for terminating atrial fibrillation and/or other atrial tachyarrhythmias.

Ventricular sensing circuit 315 is coupled by ventricular lead 110B to heart 115 for receiving, sensing, and/or detecting electrical ventricular heart signals, such as ventricular activations (also referred to as ventricular depolarizations or R-waves), which correspond to ventricular contractions. Such ventricular heart signals include normal ventricular rhythms, and abnormal ventricular rhythms, including ventricular tachyarrhythmias, such as ventricular fibrillation, and other ventricular activity. Ventricular sensing circuit 315 provides one or more signals to controller 325, via node/bus 327, based on the received ventricular heart signals.

In one embodiment, ventricular therapy circuit **320** provides ventricular pacing therapy, as appropriate, to electrodes located at or near one of the ventricles **205** of heart **115** for obtaining resulting evoked ventricular depolarizations. In a further embodiment, ventricular therapy circuit **320** also
5 provides cardioversion/defibrillation therapy, as appropriate, to electrodes located at or near one of the ventricles **205** of heart **115**, for terminating ventricular fibrillation and/or other ventricular tachyarrhythmias.

Controller **325** controls the delivery of therapy by atrial therapy circuit and/or ventricular therapy circuit **320** and/or other circuits, based on heart
10 activity signals received from atrial sensing circuit **305** and ventricular sensing circuit **315**, as discussed below. Controller **325** includes various modules, which are implemented either in hardware or as one or more sequences of steps carried out on a microprocessor or other controller. Such modules are illustrated separately for conceptual clarity; it is understood that the various modules of
15 controller **325** need not be separately embodied, but may be combined and/or otherwise implemented, such as in software/firmware.

In general terms, sensing circuits **305** and **315** sense electrical signals from heart tissue in contact with the catheter leads **110A-B** to which these sensing circuits **305** and **315** are coupled. Sensing circuits **305** and **315** and/or
20 controller **325** process these sensed signals. Based on these sensed signals, controller **325** issues control signals to therapy circuits, such as ventricular therapy circuit **320**, if necessary, for the delivery of electrical energy (e.g., pacing and/or defibrillation pulses) to the appropriate electrodes of leads **110A-B**. Controller **325** may include a microprocessor or other controller for
25 execution of software and/or firmware instructions. The software of controller **325** may be modified (e.g., by remote external programmer **125**) to provide different parameters, modes, and/or functions for the implantable device **105** or to adapt or improve performance of device **105**.

In one further embodiment, one or more sensors, such as sensor **330**, may
30 serve as inputs to controller **325** for adjusting the rate at which pacing or other therapy is delivered to heart **115**. One such sensor **330** includes an accelerometer that provides an input to controller **325** indicating increases and decreases in physical activity, for which controller **325** increases and decreases

5 pacing rate, respectively. Another such sensor includes an impedance measurement, obtained from body electrodes, which provides an indication of increases and decreases in the patient's respiration, for example, for which controller 325 increases and decreases pacing rate, respectively. Any other sensor 330 providing an indicated pacing rate can be used.

Example Sensing Circuit

Figure 4 is a schematic/block diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of a sensing circuit 400, such as atrial sensing circuit 305 or ventricular sensing circuit 315.

10 In one embodiment, sensing circuit 400 includes a continuous time buffer/interface circuit 405, such as a linear preamplifier. Interface circuit 405 includes first and second inputs, at respective nodes 410A-B. The first and second inputs of interface circuit 405 receive cardiac signals from first and second cardiac electrodes such as, for example, from tip electrode 235 and ring electrode 240, respectively, which are associated with ventricular lead 110B, or

15 from other electrodes associated with atrial lead 110A or associated with another cardiac lead. Interface circuit 405 also includes first and second outputs, at respective nodes 415A-B, providing a differential output signal based on the differential input signal at input nodes 410A-B. In one embodiment, interface circuit 405 provides a highpass pole at a 3 dB frequency of approximately 10 Hz, a first lowpass pole at a 3 dB frequency of approximately 300 Hz, and a second lowpass pole at a 3 dB frequency of approximately 700 Hz.

This embodiment of sensing circuit 400 also includes a discrete time differential signal processing channel 420, which receives the differential output

25 signal from interface circuit 405 at first and second inputs of a filter, such as decimator/averager 425, at respective nodes 415A-B. The inputs of decimator/averager 425 sample the continuous time cardiac signal from interface circuit 405, and provides a differential output signal at nodes 430A-B. In this embodiment, the sampled-data differential output signal at nodes 430A-B is

30 based a plurality of such input samples at nodes 415A-B. Thus, in this embodiment, the frequency of output samples at nodes 430A-B is lower than the frequency of samples at nodes 415A-B as the result of the downsampling function performed by decimator/averager 425.

In this embodiment, discrete time differential signal processing channel 420 also includes at least one amplifier and/or filter, such as first and second amplifiers/highpass filters 435A-B, which further perform differential discrete time signal processing on the cardiac signals as these signals propagate from nodes 430A-B to 440A-B to 445A-B. After this discrete-time signal processing on the differential signals, analog-to-digital (A/D) converter 450 provides at, node/bus 455, a digital representation of the processed cardiac signal received at inputs 445A-B.

Figure 5 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of a differential-signal discrete time decimator/averager 425. In this embodiment, decimator/averager 425 includes an input/sampling stage 500, an integration/averaging stage 505, and an offset-compensation or other highpass feedback integration stage 510. Each of integration/averaging stage 505 and offset-compensation stage 510 include active circuitry such as an operational transconductance amplifier (OTA) 515, one embodiment of which is discussed further below. Figure 5 also illustrates one embodiment of the relationship between the clock phases ϕ_{1A} , ϕ_{2A} , ϕ_R , ϕ_{2B} , ϕ_{3B} , and ϕ_{4B} (the corresponding switches are closed when the clock is "high" and open when the clock is "low."). In this embodiment, integration/averaging stage 505 averages eight samples from input/sampling stage 500 before being reset by the switches associated with reset clock ϕ_R . In one embodiment, integration/averaging stage 505 provides a highpass pole at a 3 dB frequency of approximately 10 Hz, and a lowpass pole at a 3 dB frequency of approximately 100 Hz.

Figure 6A is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of amplifier/highpass filter 435A for processing differential signals. In this embodiment, amplifier/highpass filter 435A includes an input/sampling circuit 600, a feedforward integration circuit 605, and a feedback integration circuit 610, with clock phases as illustrated in Figure 5. Input/sampling circuit 600 receives the differential signal provided by decimator/averager 425. It includes gain adjustment circuits 615A-B. Each gain adjustment circuit 615A-B includes one or more capacitors 620A-B, one terminal of which is connected either to the

feedforward integration circuit **605**, through one of switches **625A-B**, or to a reference/ground voltage, through the other one of switches **630A-B** (e.g., either switch **625A** is closed, or else switch **630A** is closed, depending on the desired gain). By configuring additional gain adjustment circuits **620** in parallel with
5 those shown, different combinations of gain are obtained by appropriately setting the corresponding switches **625** and **630**. In one embodiment, amplifier/highpass filter **435A** provides a highpass pole at a 3 dB frequency of approximately 10 Hz.

Figure **6B** is a schematic diagram illustrating generally, by way of
10 example, but not by way of limitation, one embodiment of portions of amplifier/highpass filter **435B** for processing differential signals. Figure **6B** is similar to Figure **6A**, except for differently phased clocks and that different configurations of gain adjustment circuits can be used. The clocks in Figure **6B** are also illustrated in Figure **5**. In one embodiment, amplifier/highpass filter
15 **435B** provides a highpass pole at a 3 dB frequency of approximately 10 Hz.

Figure **7** is a schematic/block diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of A/D converter **450** for performing analog-to-digital conversion of the differential input signal at nodes **445A-B**. Each of the signals at nodes **445A-B** is received
20 at a respective one of digital-to-analog (D/A) converters **700A-B**. In one embodiment, each D/A converter **700A-B** includes an 8-bit switched-capacitor successive approximation capacitor array that algorithmically switches particular capacitors in a binary-scaled capacitor array between a ground voltage, at nodes **705**, and a reference voltage, at nodes **710**. In this way, the input voltages at
25 nodes **445A** are individually combined with a scaled reference voltage to produce, at one of nodes **715A-B**, an input voltage to comparator **720**.

Comparator **720** successively approximates the 8 bits (or other number of bits, depending on the desired signal resolution) of the digital output signal for storage in a storage register in block **725**. Block **725** also includes control logic
30 for controlling the successive approximation algorithms of D/A converters **700A-B** via nodes/busses **730A-B**. An example of successive approximation A/D and D/A conversion is found in "Design of Analog-Digital VLSI Circuits For Telecommunication and Signal Processing," 296-306, (Jose E. Franca &

Yannis Tsividis, eds., Prentice Hall 2d ed. 1994), which is herein incorporated by reference.

Operational Transconductance Amplifier

Figure 8 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, one embodiment of portions of an amplifier, such as operational transconductance amplifier (OTA) 515. In this embodiment, OTA 515 includes differential first and second inputs at nodes 800A-B and differential first and second outputs at nodes 805A-B. OTA 515 includes differential-voltage-to-differential-current converting gain stage 810, a common mode adjustment circuit 815 including first and second common mode adjustment subcircuits 815A-B, and an offset compensation circuit 820.

In one embodiment, gain stage 810 includes first and second transconductance devices 825A-B, receiving the first and second input signals at nodes 800A-B, respectively. In this example, transconductance devices 825A-B are p-channel field-effect transistors, i.e., “PFETs”), which steer the current provided by current source 830 to one or the other of current source/sink devices 835A-B (e.g., n-channel field-effect transistors, i.e., “NFETs”). The output impedance of OTA 515 is increased by the presence of cascoding devices 840A-B (e.g., PFETs) and 845A-B (e.g., NFETs). Cascoding device 840A-B and 845A-B are separately biased by predetermined bias voltages at nodes 850 and 870, respectively. OTA 515 also includes a diode-connected transistor 855 (e.g., NFET), biased by current source 860. Diode-connected transistor 855 provides a gate bias voltage for driving the gates of current sink devices 835A-B. In this example, transistor 855 delivers the gate bias voltage to current sink devices 835A-B not directly, but through common-mode adjustment circuit 815, as discussed below.

Output common mode adjustment circuit 815 establishes operating voltages at output nodes 805A and 805B to accommodate the differential-input/differential-output topology of OTA 515. Without common mode adjustment circuit 815, the current delivered by current source 830 through each leg (i.e., through transconductor 825A in the first leg and through transconductor 825B in the second leg) of gain stage 810 may not exactly match the current sunk by the corresponding current sink device 835A-B. As a result, the output

voltages at output nodes **805A-B** might drift high or low. But by providing common mode adjustment circuit **815**, stable bias voltages are established at output nodes **805A-B**. Common mode adjustment circuit **815** includes two common mode adjustment subcircuits **815A-B**, which alternately provide bias
5 voltages at output nodes **805A-B** during different clock phases.

First common mode adjustment subcircuit **815A** provides bias voltages at output nodes **805A-B** during ϕ_2 . First, during ϕ_1 , capacitors **862A** and **864A** are each charged up to the voltage difference between a predetermined reference voltage, at node **866**, and the desired gate bias voltage for current sinks **835A-B**,
10 which is provided by the drain/gate voltage of diode-connected device **855** at node **868**. Then, during ϕ_2 , each of capacitors **862A** and **864A** is coupled between its corresponding output node **805B-A**, respectively, and node **870**, which provides a bias voltage to current sink devices **835A-B**. This establishes the bias voltage at node **870** to be approximately equal to the voltage at node **868**
15 during ϕ_2 , which, in turn, establishes the bias voltage at output nodes **805A-B** to be approximately equal to the predetermined reference voltage at node **866** during ϕ_2 .

Second common mode adjustment subcircuit **815B** provides bias voltages at output nodes **805A-B** during ϕ_1 . First, during ϕ_2 , capacitors **862B**
20 and **864B** are each charged up to the voltage difference between a predetermined reference voltage, at node **866**, and the desired gate bias voltage for current sinks **835A-B**, which is provided by the drain/gate voltage of diode-connected device **855** at node **868**. Then, during ϕ_1 , each of capacitors **862B** and **864B** is coupled between its corresponding output node **805B-A**, respectively, and node **870**,
25 which provides a bias voltage to current sink devices **835A-B**. This establishes the bias voltage at node **870** to be approximately equal to the voltage at node **868** during ϕ_2 , which, in turn, establishes the bias voltage at output nodes **805A-B** to be approximately equal to the predetermined reference voltage at node **866** during ϕ_2 .

30 Offset compensation circuit **820** compensates for the offset voltage of OTA **515**. Without offset compensation circuit **820**, the output voltages at output nodes **805A-B** may not be equal even when the input voltages at input nodes **800A-B** are equal. This offset voltage may result from, among other

things, a mismatch in transconductance and/or threshold voltages of input transconductance devices **825A-B**. During ϕ_1 , when the input nodes **800A-B** are held, by switches outside OTA **515**, at input voltages that are approximately identical to each other, the difference between the output voltages at **805A-B** and the predetermined reference voltage at node **866** are stored on respective capacitors **870A-B**. During ϕ_2 , the switches that coupled capacitors **870A-B** to respective output nodes **805A-B** during ϕ_1 are opened up. The offset voltage that was stored on capacitors **870A-B** during ϕ_1 appears across the inputs of differential pair devices **872A-B** (e.g., PFETs). Based on this stored offset voltage, devices **872A-B** steer current provided by current source **874** to one or the other of the first leg of gain stage **810**, which includes current sink device **835A**, and the second leg of gain stage **810**, which includes current sink device **835B**. The difference in currents provided by devices **872A-B** through the large signal impedance of the first and second legs of gain stage **810** reduces the intrinsic offset voltage between at output nodes **805A-B**.

Power Savings of Present System

The cardiac rhythm management system example described above with respect to Figures 1 - 8 provides a differential signal processing channel that offers several advantages. Among other things, it allows power savings, such as through the use of lower bias currents in the active circuits (e.g., OTAs **515**) used in the discrete time signal processing. This saves energy, thereby extending the useful life of the battery-powered implanted device **105** before explantation and replacement becomes necessary.

One aspect of this power savings is best understood by comparison to a portion of a single-ended discrete time signal processing channel illustrated generally in Figure 9 together with an illustration of clocks used therein, ϕ_{1A} , ϕ_{2A} , ϕ_R , ϕ_{2B} and ϕ_{1C} (the corresponding switches are closed when the associated clock is "high" and open when the clock is "low."). Figure 9 includes two discrete time signal processing stages, e.g., Stage N, such as a decimator/averager **900**, and Stage N+1, such as amplifier **905** (amplifier **905** may also be understood as the sampling and feedforward integration portion of a single-ended highpass filter). In this example, decimator/averager **900** samples eight successive inputs onto input capacitor **910** during successive clock periods

ϕ_{1A} , and averages these eight successive input samples onto integration capacitor **915** during successive clock periods ϕ_{2A} before resetting the integration capacitor **915** during the reset clock phase ϕ_R .

In this example, the output from decimator/averager **900** is sampled
 5 directly onto the input of OTA **920B** in amplifier **905** through switch **925** and capacitor **930** during clock phase ϕ_{2B} . Because OTA **920B** includes an intrinsic input offset voltage, it is “autozeroed” during clock phase ϕ_{2B} , i.e., the input offset voltage of OTA **920B** is stored on integration capacitor. In this example, because the output from decimator/averager **900** is sampled directly onto the
 10 input of OTA **920B**, as described above, the autozeroing must occur during the same short time period as the input sampling, e.g., during ϕ_{2B} . Moreover, this short time period determines the bias current that must be used in OTA **920B** to obtain the desired degree of settling during the short time period of ϕ_{2B} . During actual signal amplification by amplifier **905** during ϕ_{1C} , which is the complement
 15 of clock ϕ_{2B} , power is being wasted because the signal output settles much faster than it needs to because OTA **920B** is designed to settle within the much shorter autozeroing time period of clock ϕ_{2B} , as illustrated by the signal output example in Figure 9. In this example, clock ϕ_{2B} has a 1/16 duty cycle that is efficiently utilized during autozero, while clock ϕ_{1C} has a 15/16 duty cycle, only 1/16 of
 20 which is being efficiently utilized during signal amplification by amplifier **905**. Similarly, the roles of ϕ_{2B} and ϕ_{1C} could be interchanged, in which case the signal amplification phase would have a duty cycle of 1/16 that is efficiently utilized, while the autozero phase would have a duty cycle of 15/16, only 1/16 of which would be efficiently utilized. Thus, in Figure 9, the speed of Stage N+1
 25 must be comparable to the speed of Stage N, which dictates that Stage N+1 must have approximately the same amount of bias current as Stage N.

However, the downsampling by decimation/averager **900** provides a lower valid data output frequency than its input sampling frequency. Because Stage N has a lower output data frequency than its input sampling frequency, a
 30 properly designed subsequent Stage N+1 can use a lower bias current if, for example, its duty cycle is more evenly divided into $\frac{1}{2}$ for amplification and $\frac{1}{2}$ for autozeroing, rather than 1/16 for autozeroing and 15/16 for autozeroing as in the example described above (for a decimation by a factor of eight). In such a

design, the lower frequency and more even duty cycle of Stage N+1 implies that a significantly reduced current may be used in the active circuits of Stage N+1 and any subsequent signal processing stages.

In Figure 6A, for example, amplifier/highpass filter 435A is designed to take advantage of such potential bias current savings. In Figure 6A, the output signal from decimator/averager 425 is not coupled directly onto OTA 515 in feedforward integration circuit 605, but is rather coupled only onto the input capacitors in input/sampling circuit 600 during ϕ_{2B} . Switches are closed during ϕ_{4B} to couple the inputs of OTA 515 in feedforward integration circuit 605 to a reference or ground voltage while the input signal is being sampled during ϕ_{2B} . As seen in the clock diagram in Figure 5, this allows the full downsampled frequency to be more evenly divided between signal amplification, during ϕ_{3B} , and autozeroing, during ϕ_{4B} , each of which alternately share a $\frac{1}{2}$ duty cycle in this example. Because more time is available for signals to settle during both autozeroing and signal amplification, the OTAs 515 in feedforward integration circuit 605 and feedback integration circuit 610 can be designed to use less bias current, thereby saving power and prolonging the usable life of implanted device 105. Similarly, amplifier 435B in Figure 6B operates at the lower downsampled frequency with substantially evenly divided duty cycles of amplification and autozeroing, allowing its OTAs 515 to be biased as less current, further contributing to power savings. Another advantage of the differential signal processing arrangement illustrated in Figures 5, 6A, and 6B is that charge injection (also called clock feedthrough) of switches coupled to the inputs of the OTAs 515 is substantially canceled by the presence of switches on each of the inputs of OTAs 515. This balancing minimizes the effect of clock feedthrough since it appears as a common mode input signal to the OTAs 515, and will be rejected according to the common mode rejection capabilities of the OTAs 515.

Conclusion

This document describes, among other things, portions of a differential signal processing channel for differentially processing signals, such as cardiac signals in an implantable cardiac rhythm management device. The differential signal processing channel offers many advantages over single-ended discrete-time processing of cardiac signals using conventional autozeroing techniques.

For example, the above-described differential signal processing techniques allow the use of lower bias currents in the active circuits used in discrete time signal processing. This saves power, thereby extending the useful life of the implanted device before explantation and replacement becomes necessary. The differential
5 signal processing techniques also reduce the effects of clock feedthrough of the switches used in the switched-capacitor circuits, provide a wider dynamic range for the cardiac signals being acquired, and provide better rejection of power supply noise. This document also describes an operational transconductance amplifier (OTA), capable of use in the discrete-time differential signal
10 processing channel. The OTA provides, among other things, an output common mode adjustment circuit and an offset compensation circuit.

It is to be understood that the above description is intended to be illustrative, and not restrictive. Many other embodiments will be apparent to those of skill in the art upon reviewing the above description. The scope of the
15 invention should, therefore, be determined with reference to the appended claims, along with the full scope of equivalents to which such claims are entitled.

WHAT IS CLAIMED IS:

1. A cardiac rhythm management system including:
an implantable cardiac rhythm management (CRM) device, adapted to be
5 coupled to first and second cardiac sensing electrodes, the CRM device
including:
an interface circuit, including first and second inputs adapted to
be respectively coupled to the first and second cardiac sensing electrodes,
and including first and second outputs providing an analog differential
10 output signal based on the signals at the first and second inputs; and
a discrete-time differential signal processing channel, including
first and second inputs respectively coupled to receive the analog
differential output signal from the first and second outputs of the
interface circuit and providing a digitized output signal based at least in
15 part on the analog differential output signal received from the first and
second outputs of the interface circuit.
2. The system of claim 1, in which the signal processing channel includes a
filter.
20
3. The system of claim 2, in which the filter includes a decimator/averager.
4. The system of claim 3, in which the signal processing channel includes
an amplifier.
25
5. The system of claim 4, in which at least one of the filter and the amplifier
includes an operational transconductance amplifier (OTA).
6. The system of claim 5, in which the OTA includes a common mode
30 adjustment circuit.
7. The system of claim 5, in which the OTA includes an offset
compensation circuit.

8. The system of claim 1, in which the signal processing channel includes switched-capacitor circuitry.
9. The system of claim 1, in which the interface circuit includes a
5 substantially linear amplifier.
10. The system of claim 1, further including a programmer adapted to be remotely communicatively coupled to the CRM device.
- 10 11. The system of claim 1, further including first and second cardiac sensing electrodes.
12. A cardiac rhythm management system including:
first and second cardiac sensing electrodes; and
15 an implantable cardiac rhythm management (CRM) device, coupled to the first and second cardiac sensing electrodes, the CRM device including:
a linear amplifier circuit, including first and second inputs
respectively coupled to the first and second cardiac sensing electrodes,
and including first and second outputs providing a differential linear
20 amplifier circuit output signal based on the signals at the first and second inputs;
a switched-capacitor differential signal processing channel,
including first and second inputs respectively coupled to receive the
linear amplifier circuit output signal from the first and second outputs of
25 the linear amplifier circuit and providing a digitized output signal based at least in part on the linear amplifier circuit output signal, the signal processing channel including:
a decimator/averager circuit, including first and second
inputs respectively coupled to receive the analog differential
30 output signal from the first and second outputs of the linear amplifier circuit, and including first and second outputs providing a differential decimator/averager output signal based at least in

part on the analog differential output signal received from the linear amplifier circuit;

- 5 a switched-capacitor (SC) amplification circuit, including first and second inputs respectively coupled to receive the decimator/averager output signal from the first and second outputs of the decimator/averager circuit, and including first and second outputs providing a differential SC amplification circuit output signal based at least in part on the decimator/averager output signal; and
- 10 an analog-to-digital (A/D) converter circuit, including first and second inputs respectively coupled to receive the SC amplification circuit output signal from the first and second outputs of the amplification circuit, and including an output bus providing a digitized signal based at least in part on the SC
- 15 amplification circuit output signal.

13. The system of claim 12, in which at least one of the decimator/averager circuit and the SC amplification circuit includes an operational transconductance amplifier (OTA) circuit including:

- 20 a common mode adjustment circuit; and
 an offset correction circuit.

14. An operational transconductance amplifier (OTA) circuit including:
 a differential-voltage-to-differential-current converter circuit;
- 25 a common mode adjustment circuit; and
 an offset correction circuit.

15. The circuit of claim 14, in which the differential-voltage-to-differential current converter circuit includes:

- 30 first and second input transconductors configured as a differential pair;
 and
 first and second current source/sink devices respectively coupled to the first and second input transconductors.

16. The circuit of claim 15, in which the first and second current source/sink devices include first and second gates, and the common mode adjustment circuit includes:

- 5 a first capacitor, switchably coupled between the gate of the first current source/sink device and a first output node; and
- a second capacitor, switchably coupled between the gate of the second current source/sink device and a second output node.

17. The circuit of claim 16, in which at least one of the first and second capacitors is also switchably coupled between a reference voltage and current
10 source/sink gate driving voltage.

18. The circuit of claim 14, in which the offset compensation circuit includes first and second transconductors configured as a differential pair, a gate and
15 drain of the first transconductor coupled to a first output node, and a gate and drain of the second transconductor coupled to the second output node.

19. The circuit of claim 18, in which the gates of the first and second transconductors are switchably coupled to their respective first and second
20 output nodes.

20. The circuit of claim 19, further including:
a first capacitor coupled to the gate of the first transconductor and to a reference voltage; and
25 a second capacitor coupled to the gate of the second transconductor and to the reference voltage.

21. A method of acquiring cardiac signals, the method comprising:
receiving cardiac signals at first and second cardiac electrodes;
30 communicating the cardiac signals to an implantable cardiac rhythm management device;
buffering the cardiac signals received from the first and second cardiac electrodes to provide a differential buffered signal;

processing, differentially and in discrete-time, the differential buffered signal; and

providing a digitized output signal based on the processed differential buffered signal.

5

22. The method of claim **21**, in which processing the differential buffered signal includes:

decimating/averaging the differential buffered signal to provide a decimated/averaged signal; and

10 amplifying the decimated/averaged signal.

23. The method of claim **22**, in which at least one of decimating/averaging and amplifying includes:

receiving a differential input voltage between first and second inputs;

15 providing a differential output current, based on the differential input voltage, at first and second outputs;

adjusting a common mode output voltage at the first and second outputs;

and

compensating for an offset in the differential output current at the first

20 and second outputs.

24. The method of claim **22**, further including remotely programming at least one operating parameter of cardiac rhythm management device.

25 **25.** A signal processing method including:

receiving a differential input voltage between first and second inputs;

providing a differential output current, based on the differential input voltage, at first and second outputs;

adjusting a common mode output voltage at the first and second outputs;

30 and

compensating for an offset in the differential output current at the first and second outputs.

26. The method of claim 25, in which adjusting a common mode output voltage includes switching a capacitor between (a) a reference voltage and a gate-driving voltage, and (b) a current source/sink gate drive node and one of the first and second outputs.
- 5
27. The method of claim 25, in which compensating for an offset includes:
storing the offset across first and second inputs of a differential pair of transistors; and
providing currents from the differential pair of transistors to the first and
10 second outputs.
28. A cardiac rhythm management system including an implantable cardiac rhythm management (CRM) device, adapted to be coupled to first and second cardiac sensing electrodes, the CRM device including a discrete-time differential
15 signal processing channel, including:
first and second inputs;
a decimator/averager, providing a downsampled differential decimator/averager output signal based on signals at the first and second inputs;
and
20 an amplifier/filter, receiving the decimator/averager output signal and providing an amplifier/filter differential output signal based thereon, the amplifier/filter including autozeroing and amplification phases of substantially equal time duration.
- 25 29. The system of claim 28, in which the amplification phase includes valid data being provided by the amplifier/filter at the frequency of the downsampled differential/averager output signal.

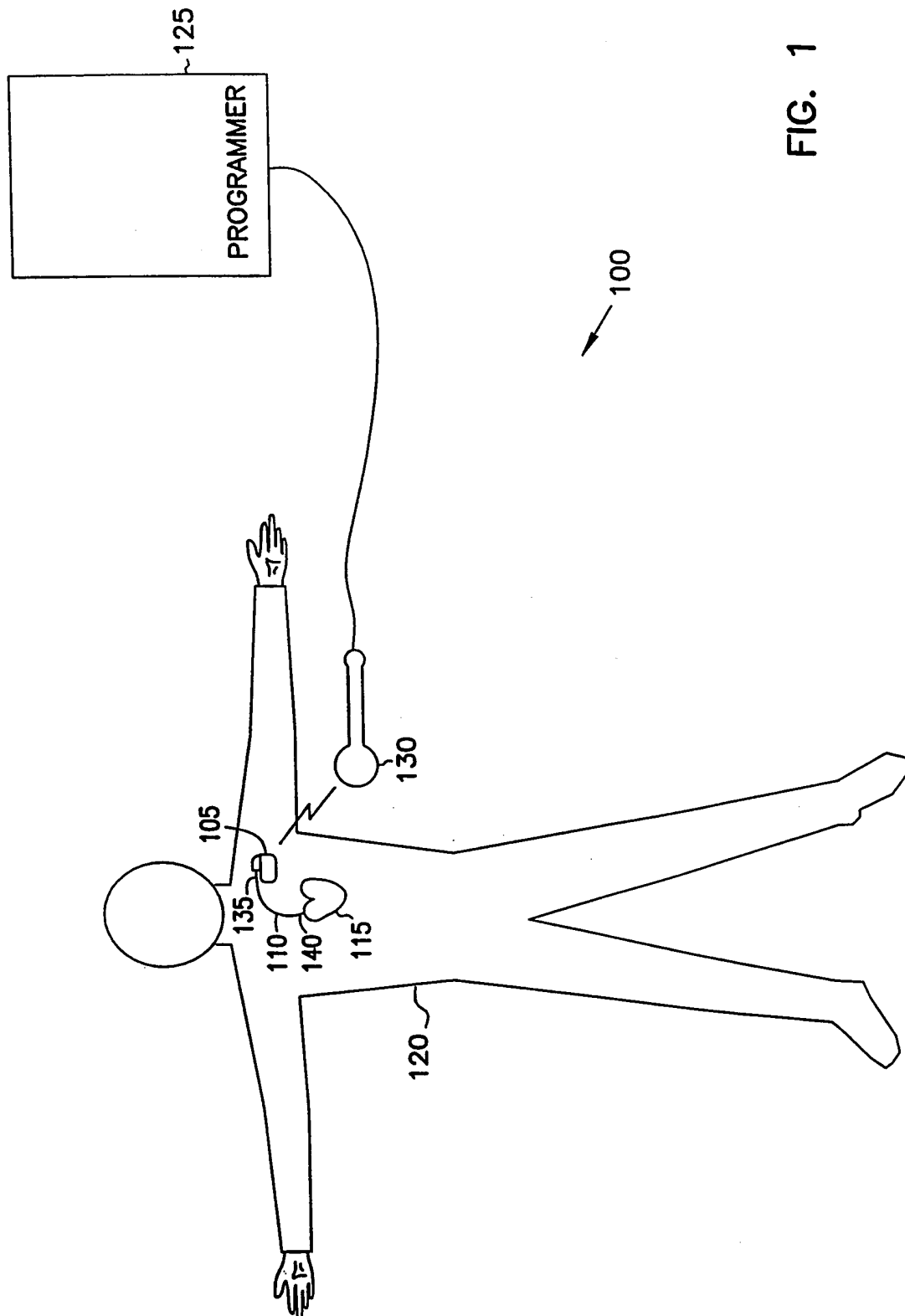


FIG. 1

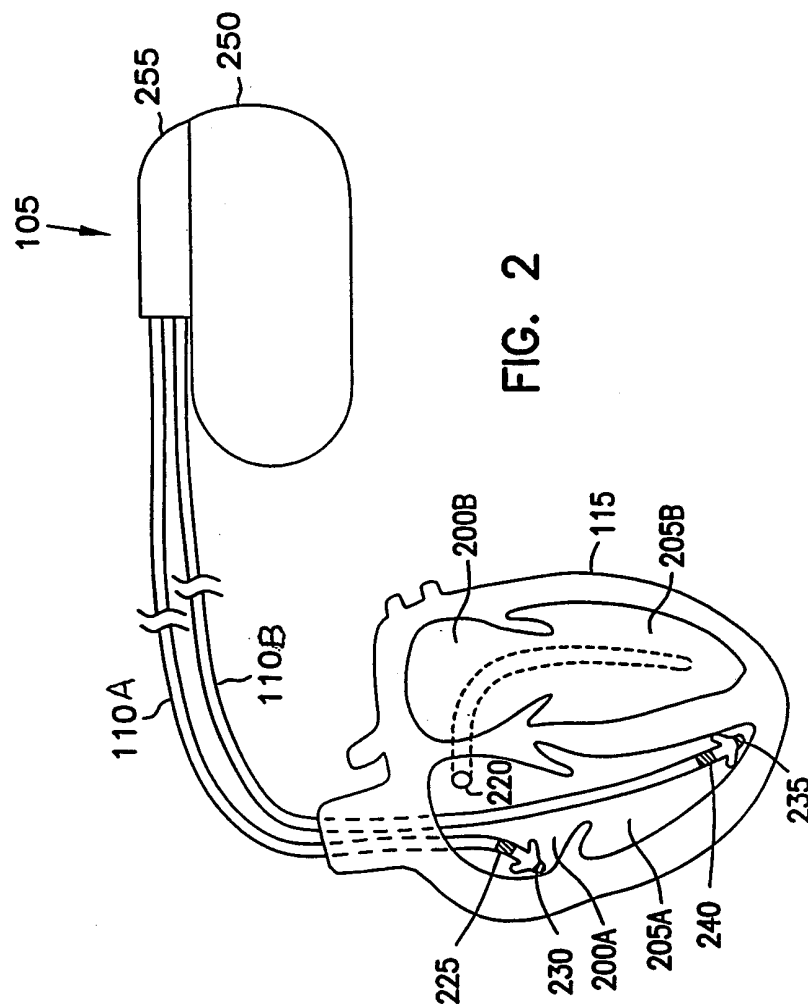


FIG. 2

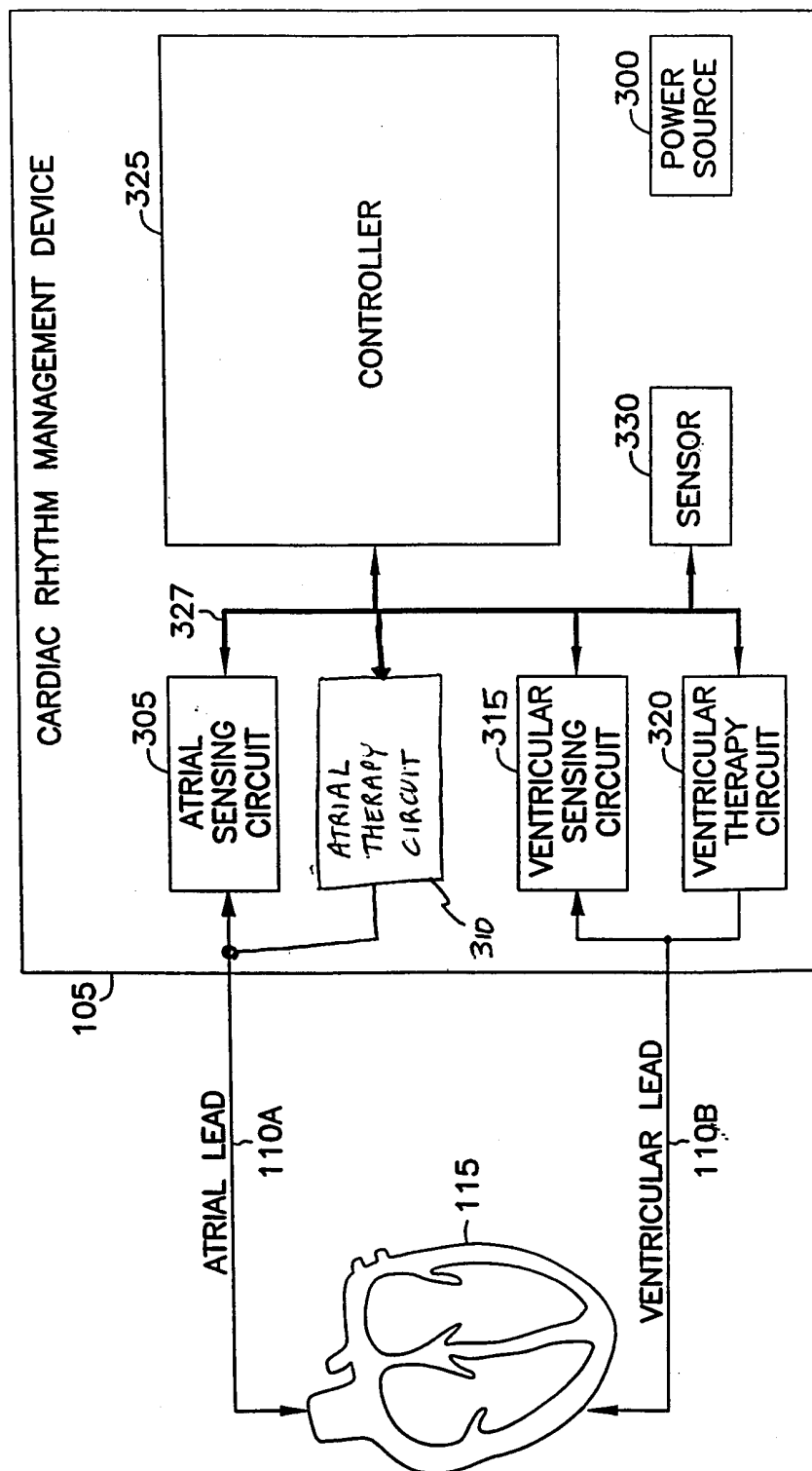
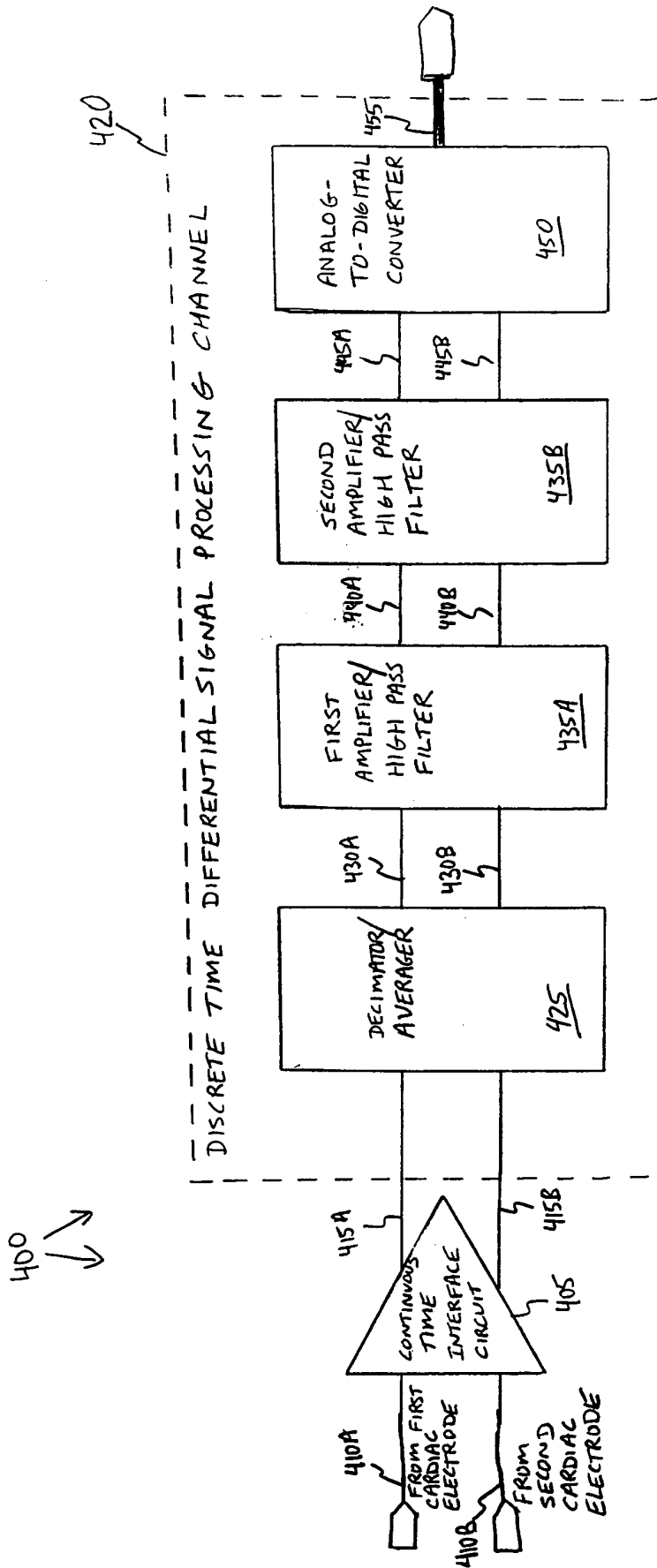
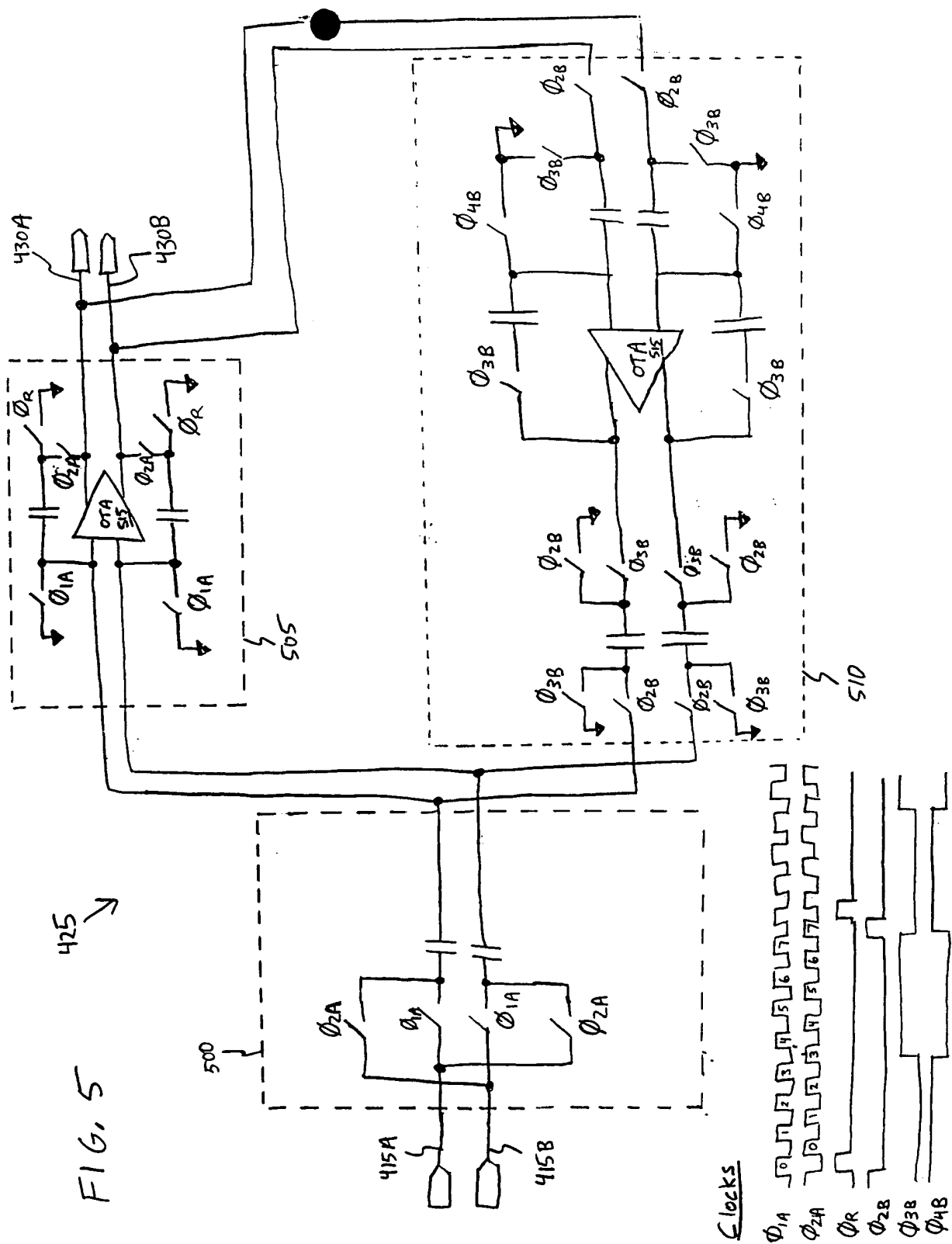
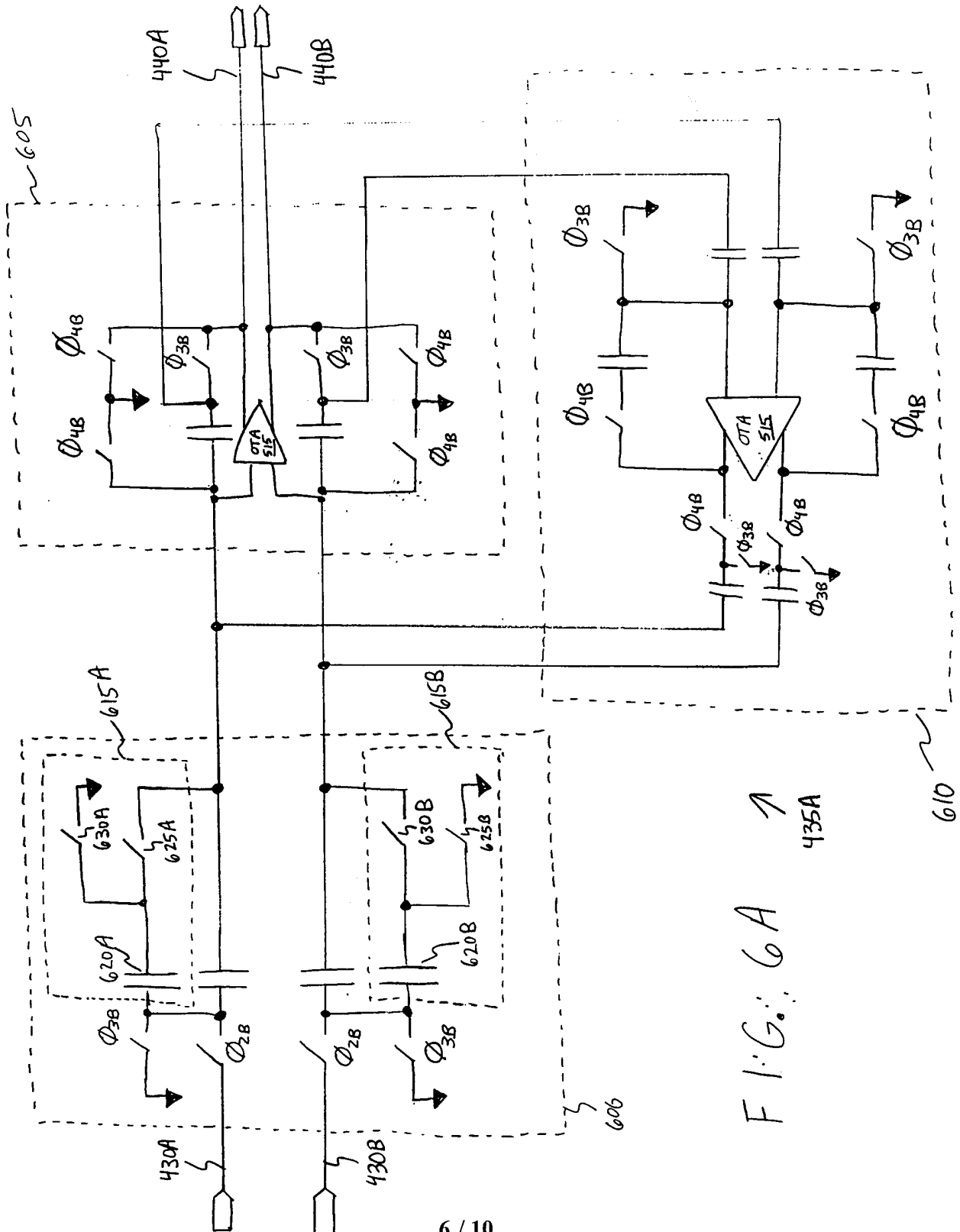


FIG. 3

FIG. 4







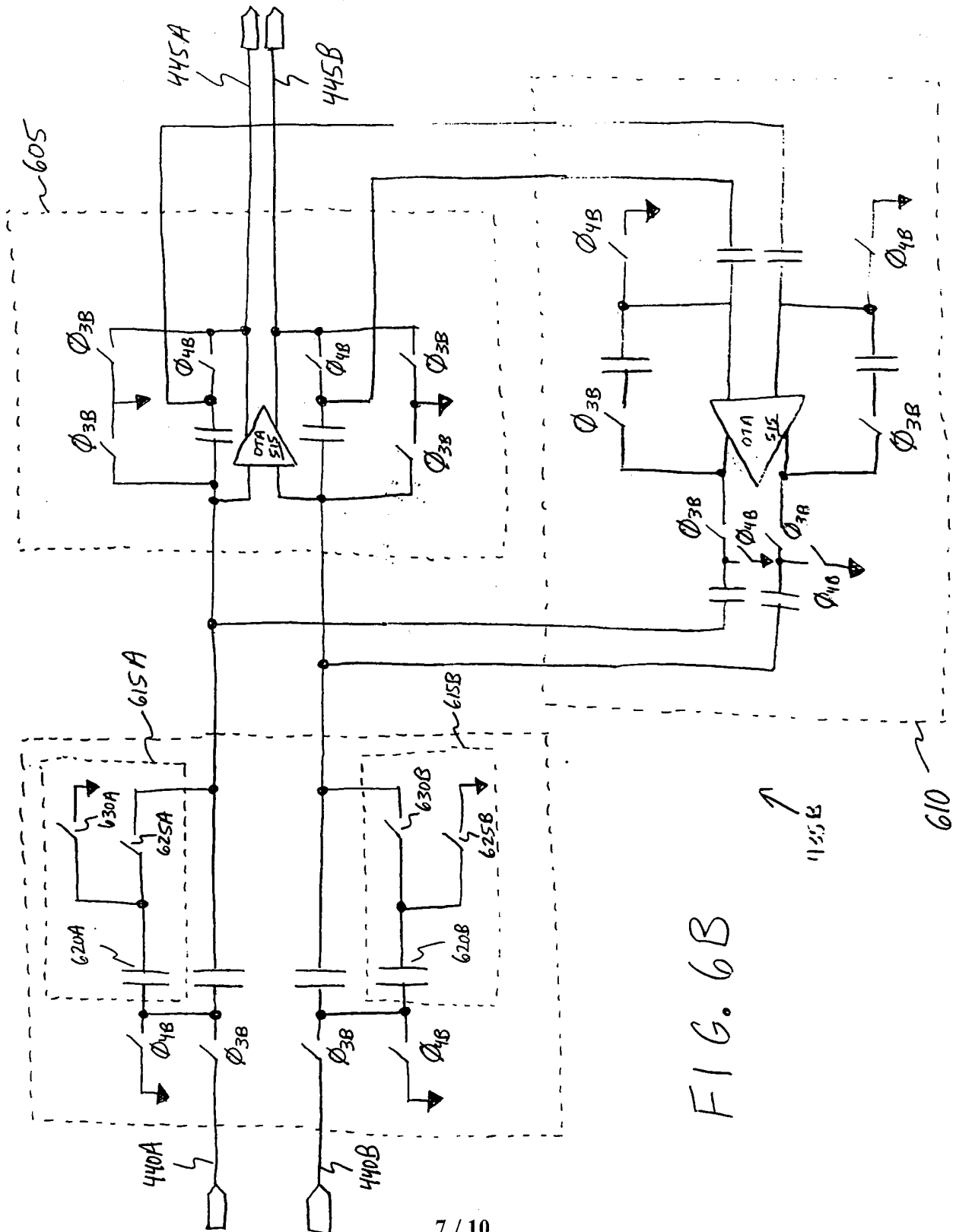
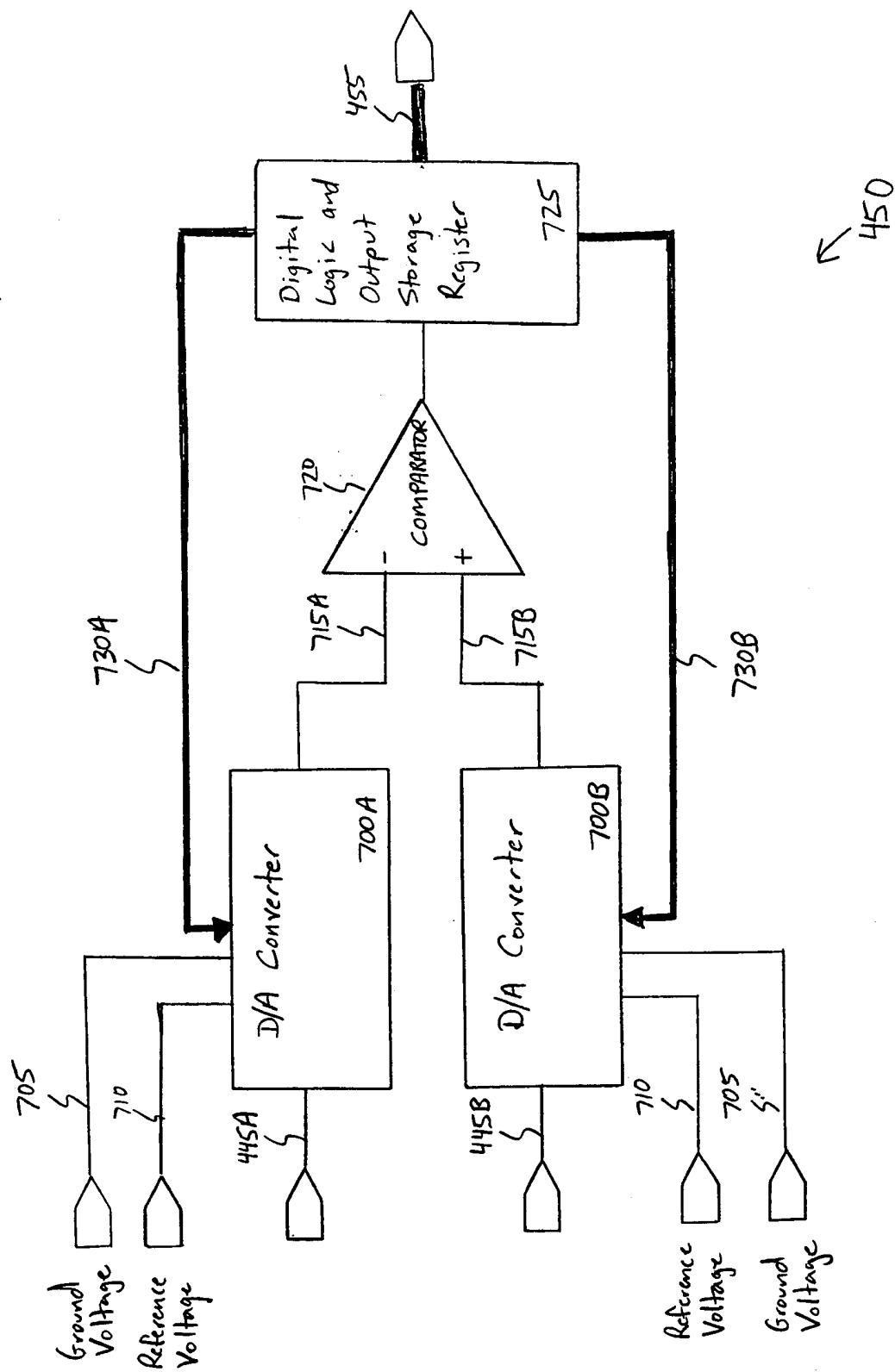


FIG. 6B

FIG. 7



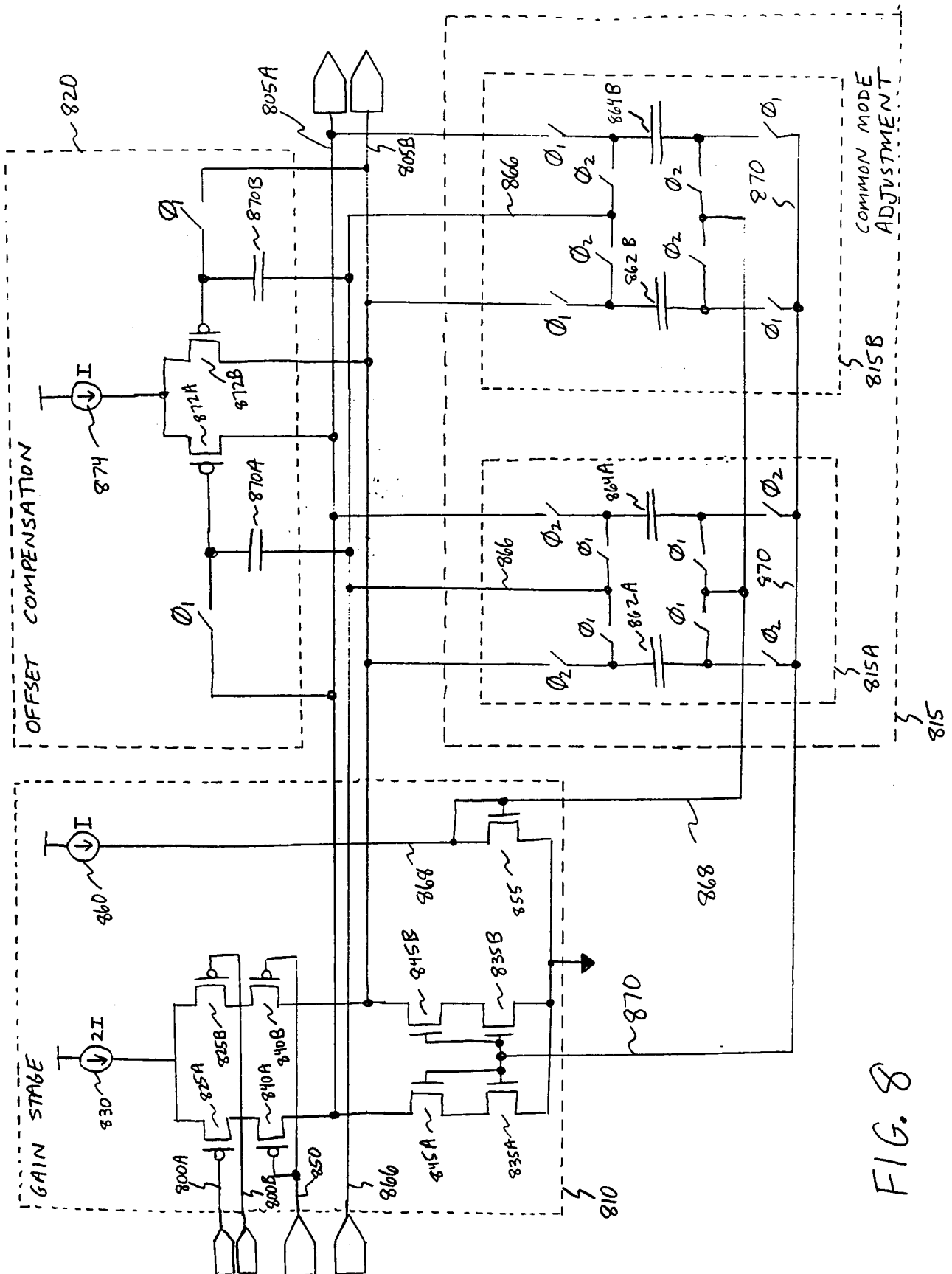
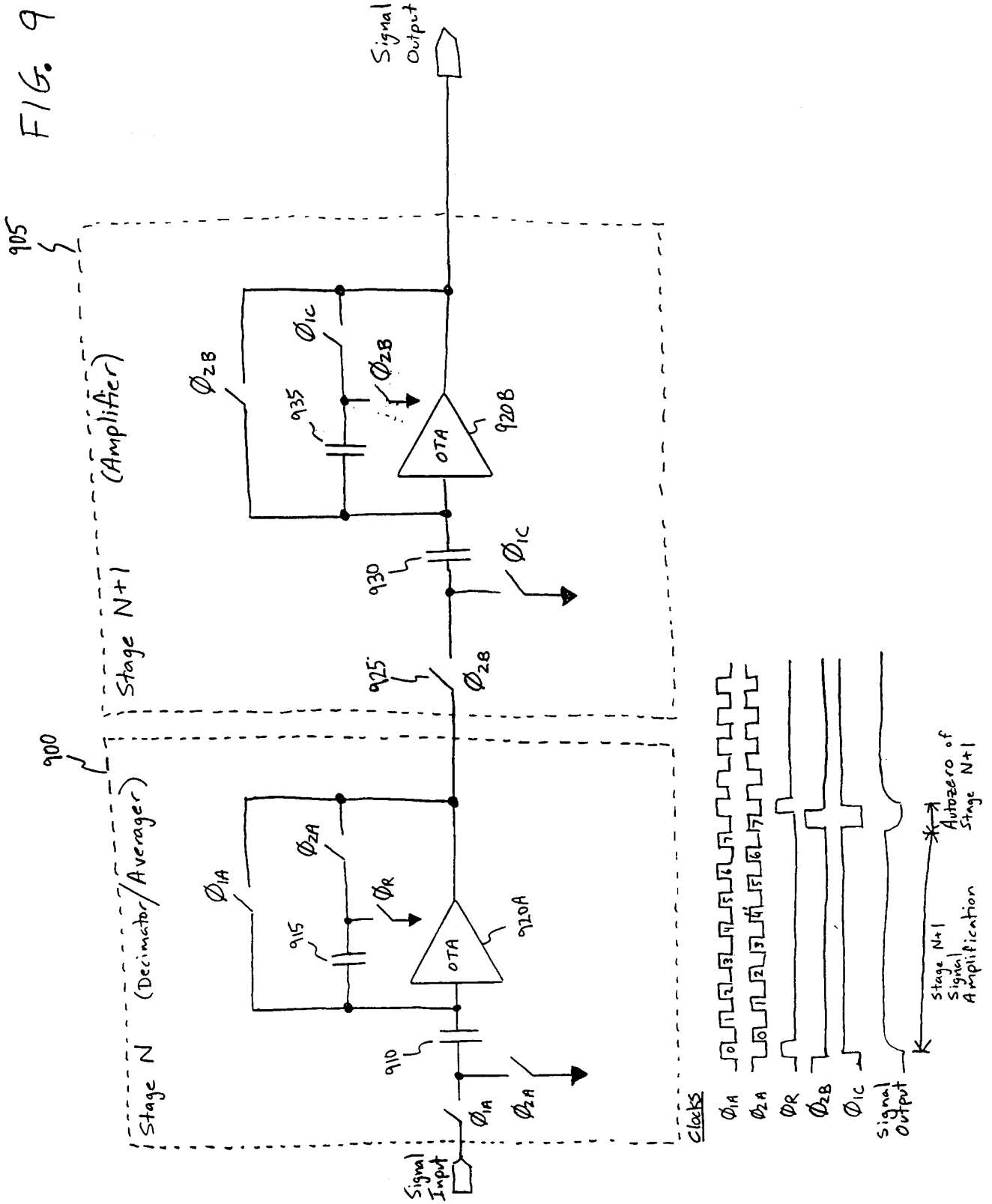


FIG. 8



INTERNATIONAL SEARCH REPORT

Inter: nal Application No

PCT/US 00/40631

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61N1/37 H03M1/12

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61N H03M

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 4 043 347 A (RENIRIE ALEXIS C M) 23 August 1977 (1977-08-23) page 5, line 31 -page 6, line 65	1-5,21
A	----	12,28
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A	----	
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☒ Further documents are listed in the continuation of box C.

☒ Patent family members are listed in annex.

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Date of the actual completion of the international search

4 December 2000

Date of mailing of the international search report

08/12/2000

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INTERNATIONAL SEARCH REPORT

International Application No
PCT/US 00/40631

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

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