



US 20080039900A1

(19) **United States**(12) **Patent Application Publication**  
**Stein et al.**(10) **Pub. No.: US 2008/0039900 A1**(43) **Pub. Date: Feb. 14, 2008**(54) **LEAD UP-SIZING SLEEVE**(76) Inventors: **Paul M. Stein**, Maple Grove, MN (US); **Timothy W. Holleman**, Ham Lake, MN (US); **Andrew J. Ries**, Lino Lakes, MN (US); **Harry Schroder**, St. Louis Park, MN (US); **Jordon D. Honeck**, Maple Grove, MN (US); **John L. Sommer**, Coon Rapids, MN (US); **Vicki L. Bjorklund**, Maple Grove, MN (US)

(60) Provisional application No. 60/270,074, filed on Feb. 21, 2001.

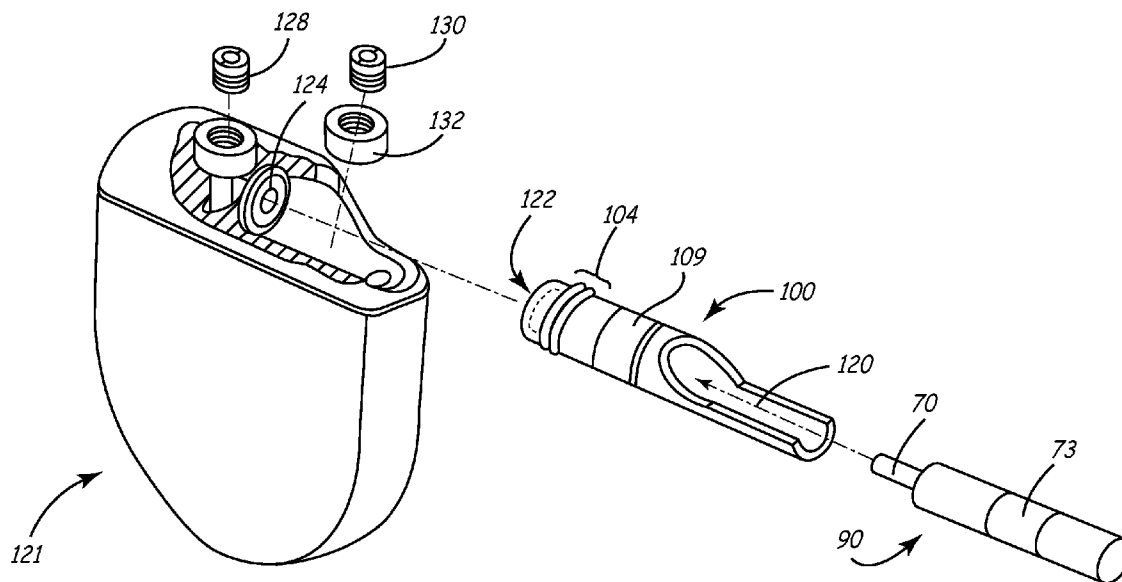
**Publication Classification**(51) **Int. Cl.**  
**A61N 1/375** (2006.01)  
(52) **U.S. Cl.** ..... **607/37**(57) **ABSTRACT**

Correspondence Address:

**MEDTRONIC, INC.**  
**710 MEDTRONIC PARKWAY NE**  
**MINNEAPOLIS, MN 55432-9924 (US)**(21) Appl. No.: **11/877,336**(22) Filed: **Oct. 23, 2007****Related U.S. Application Data**

(60) Continuation of application No. 10/983,266, filed on Nov. 8, 2004, now Pat. No. 7,287,995, which is a division of application No. 10/040,143, filed on Jan. 3, 2002, now Pat. No. 6,854,994, which is a continuation-in-part of application No. 09/838,814, filed on Apr. 19, 2001, now Pat. No. 6,705,900.

An improved connection system for coupling a device such as a pacemaker, cardioverter, defibrillator, nerve stimulator, muscle stimulator, implantable monitor or other medical device to a medical lead is disclosed. The connection system includes a coupling member designed to couple to the proximal end of the lead. This coupling member, which includes an inner lumen sized to form a press fit around the proximal end of the lead body, may be of a generally tubular construction. This coupling member includes connector means to enable a connector pin at the proximal end of the lead to mechanically and electrically couple to a device. The connector means may further include means for coupling both mechanically and electrically to a ring connector on the proximal end of a multi-polar lead. An insertion member may also be provided to allow the lead to be more easily inserted within the inner lumen of the coupling member.



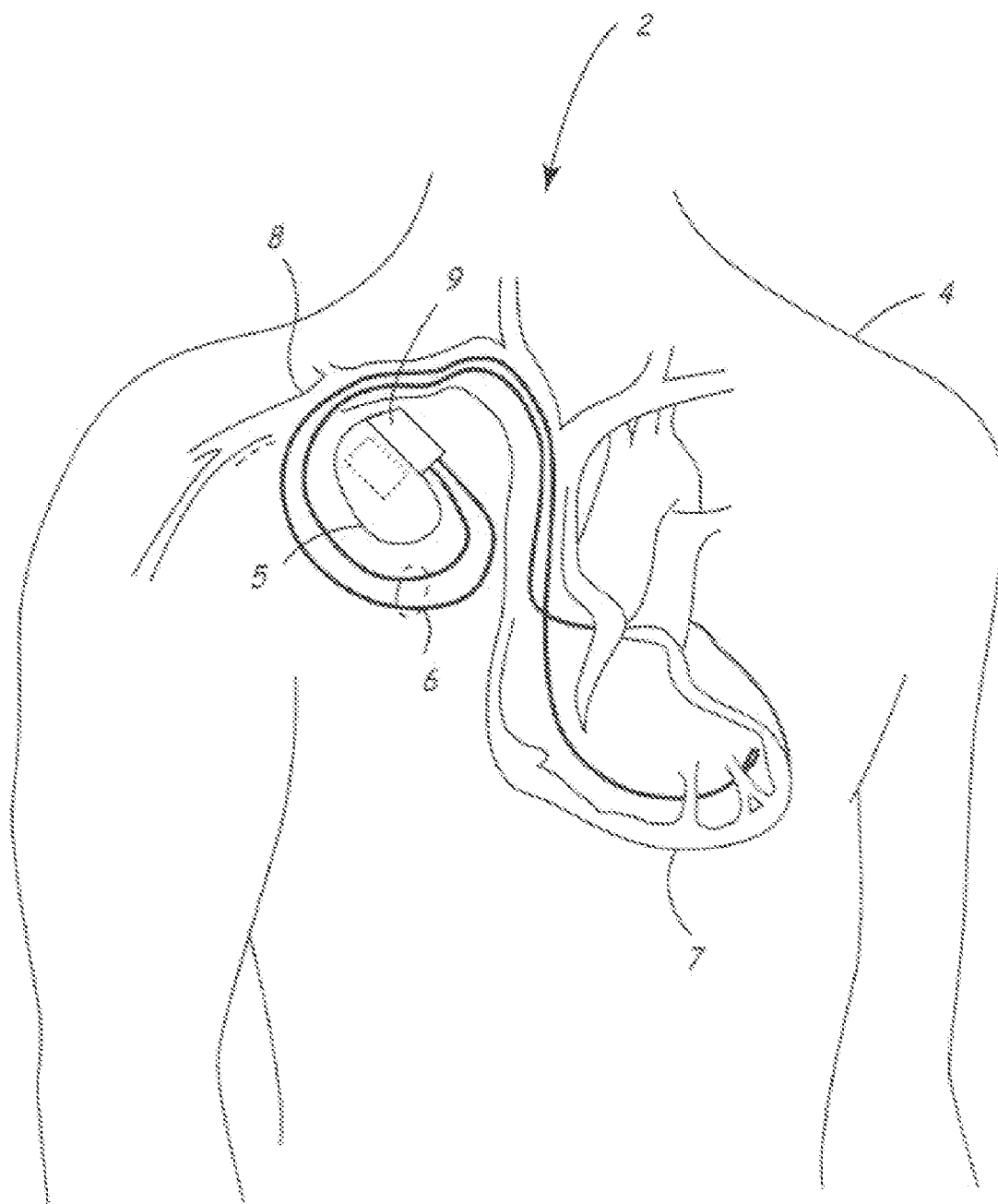
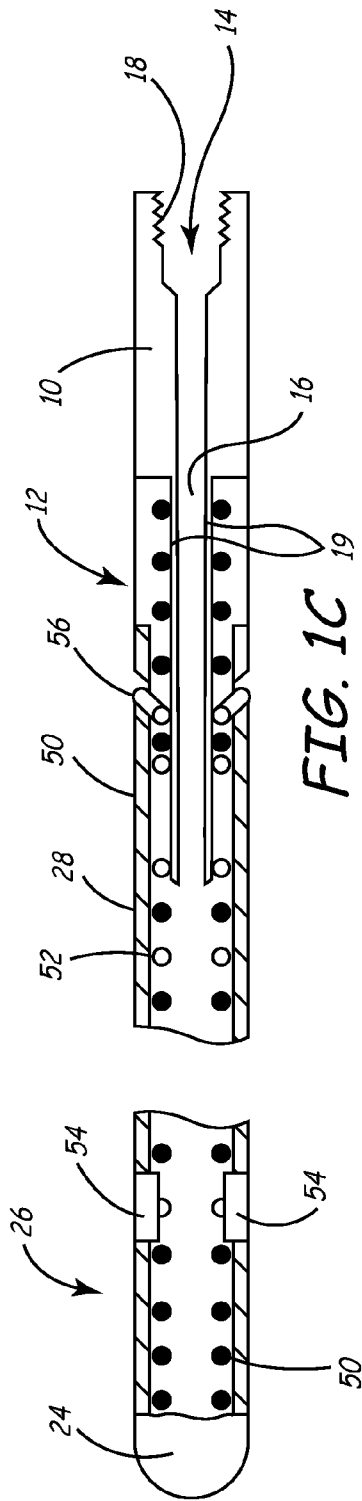
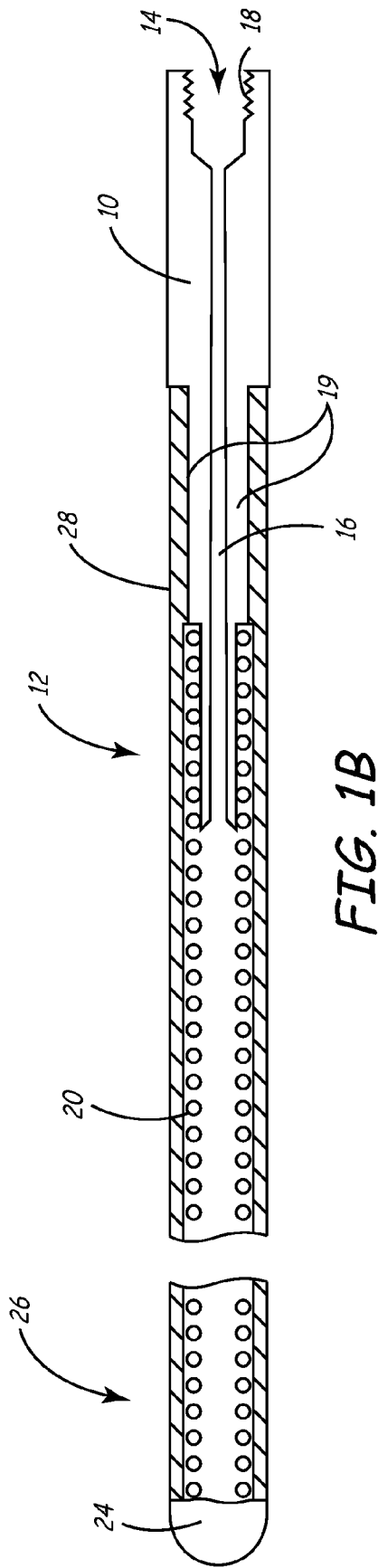


FIG. 1A



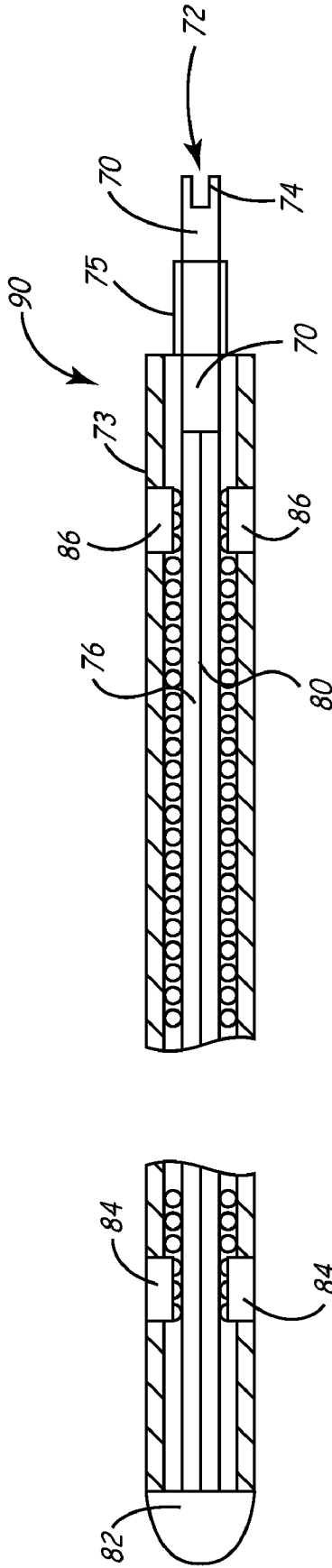
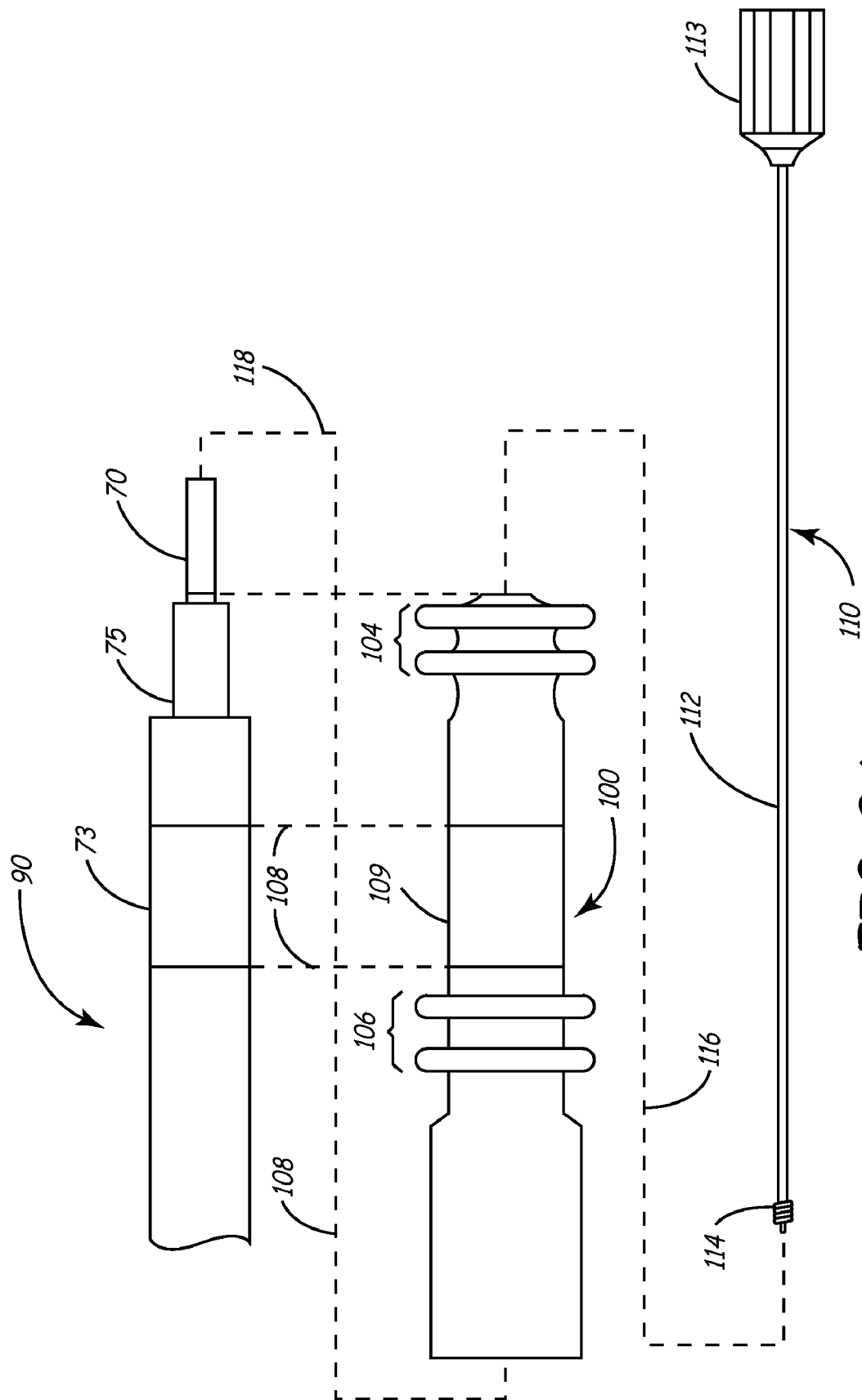


FIG. 1D



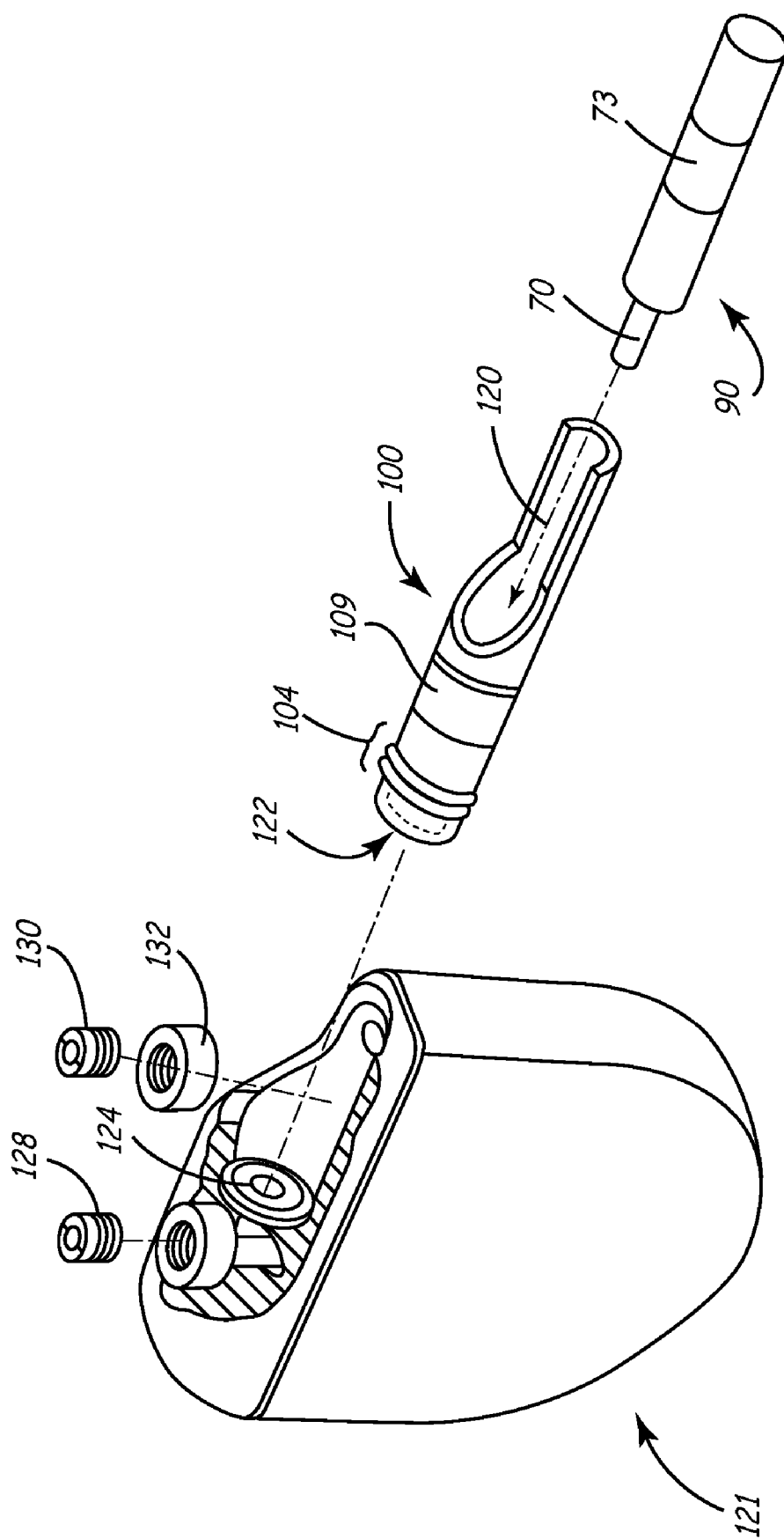


FIG. 2B

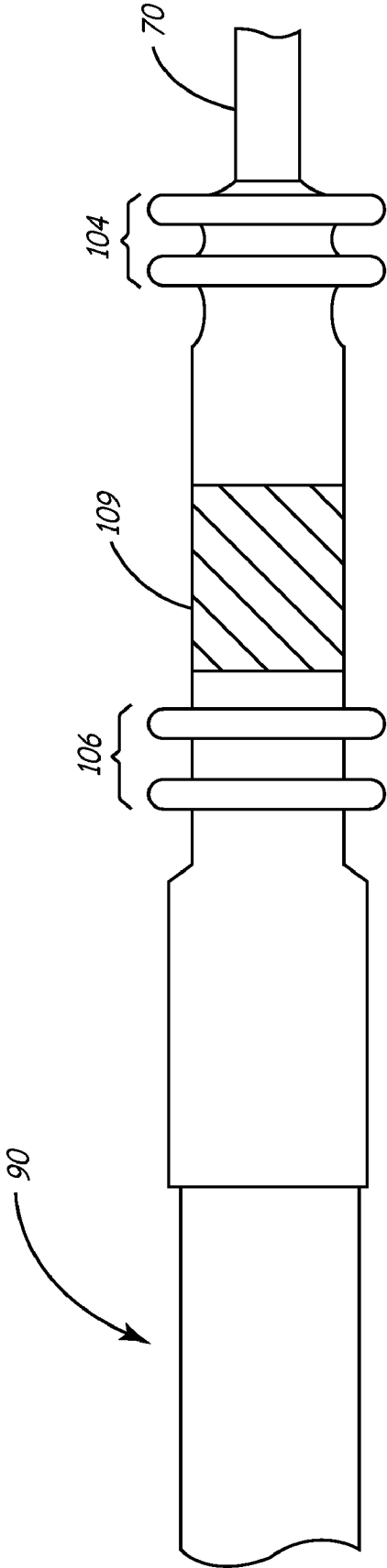
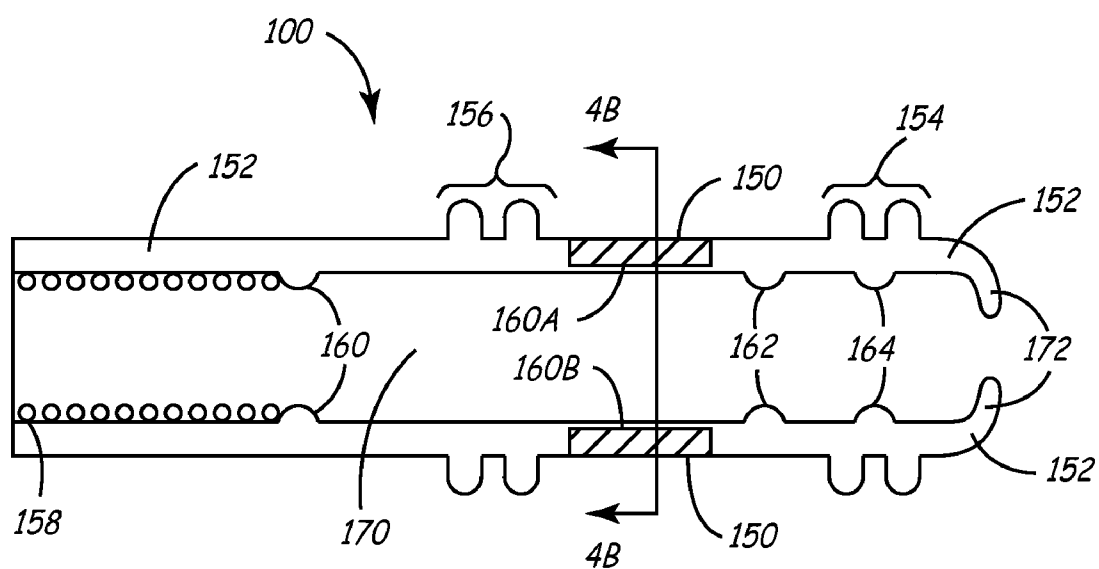
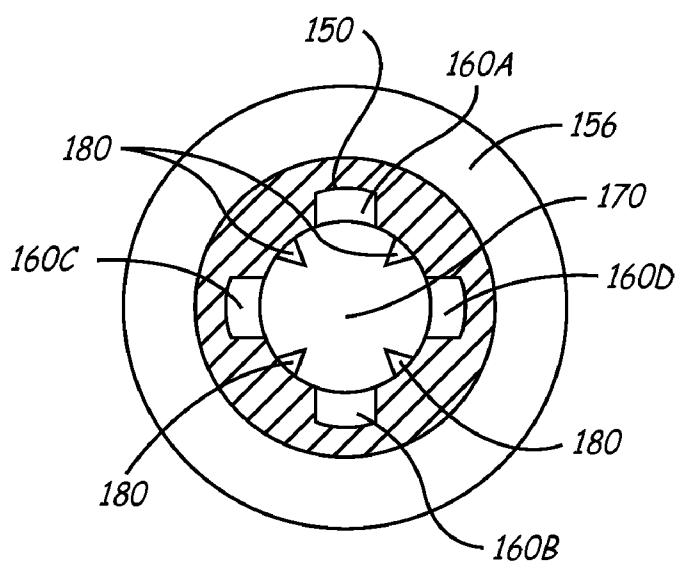


FIG. 3



**FIG. 4A**



**FIG. 4B**



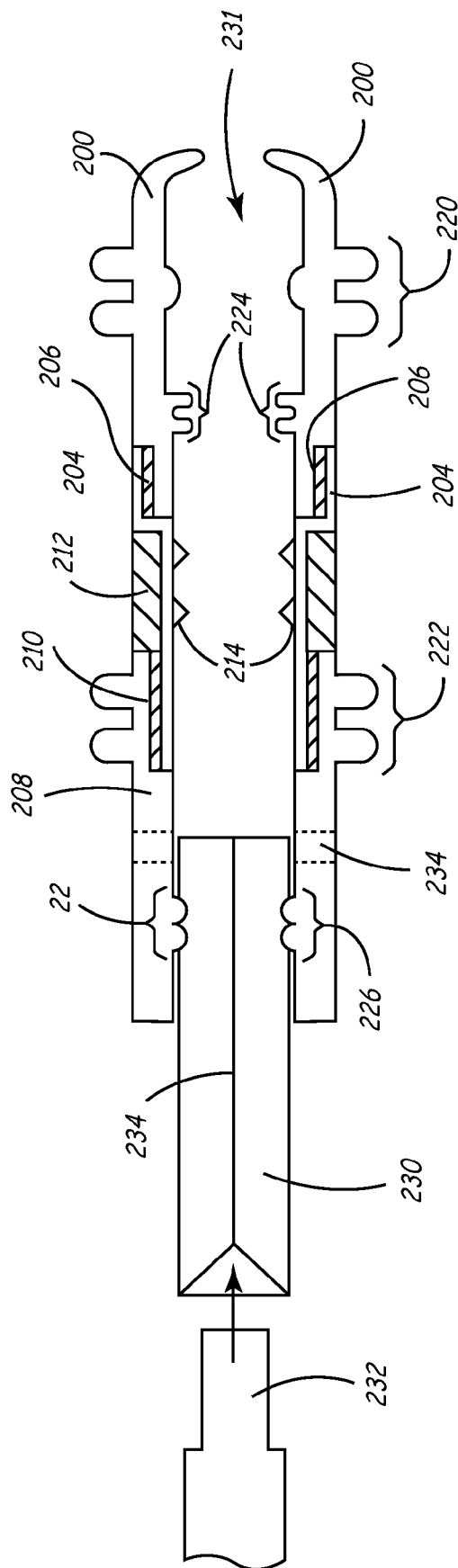


FIG. 5

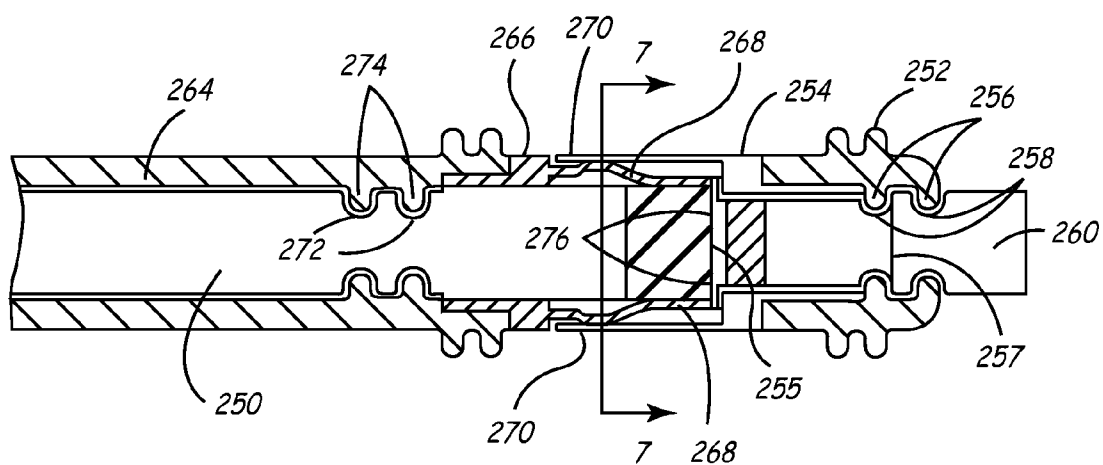


FIG. 6

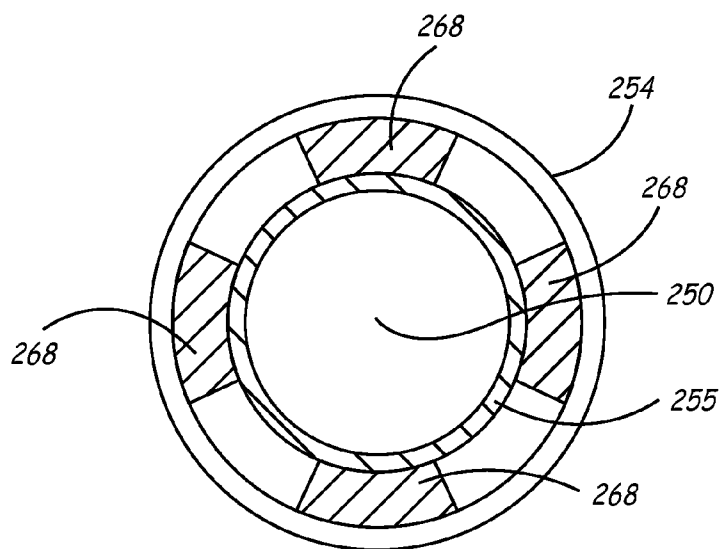


FIG. 7

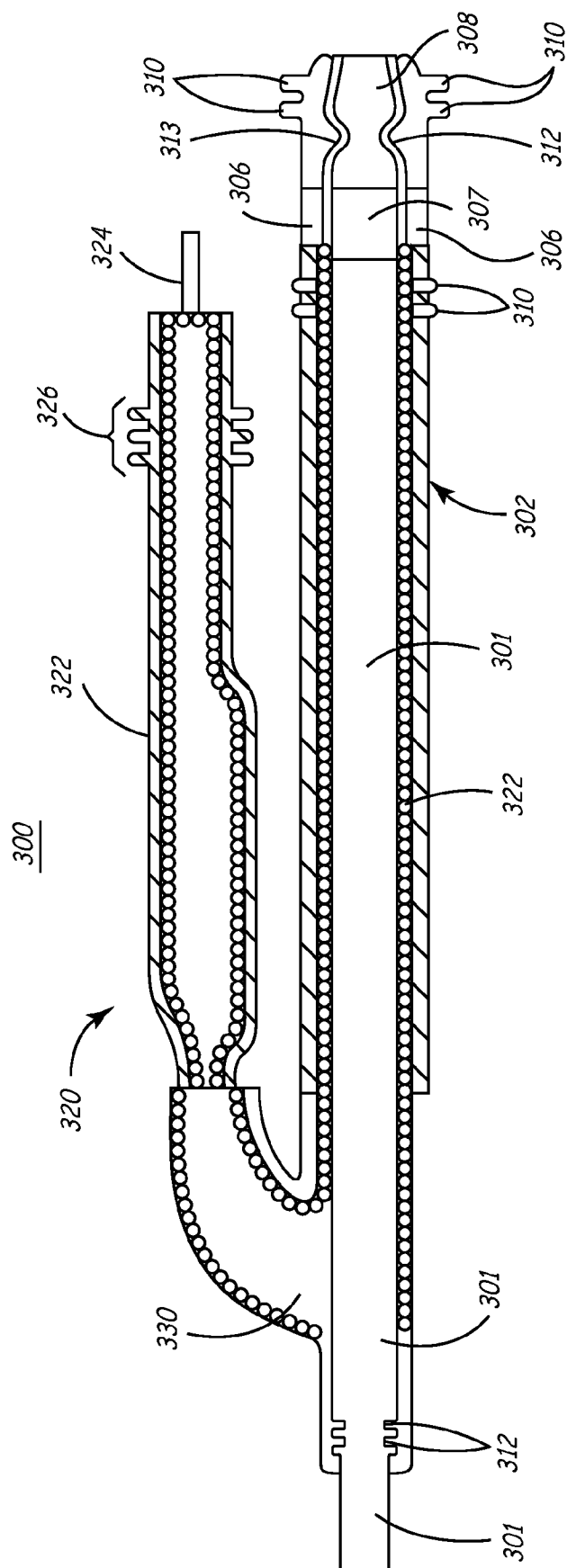


FIG. 8

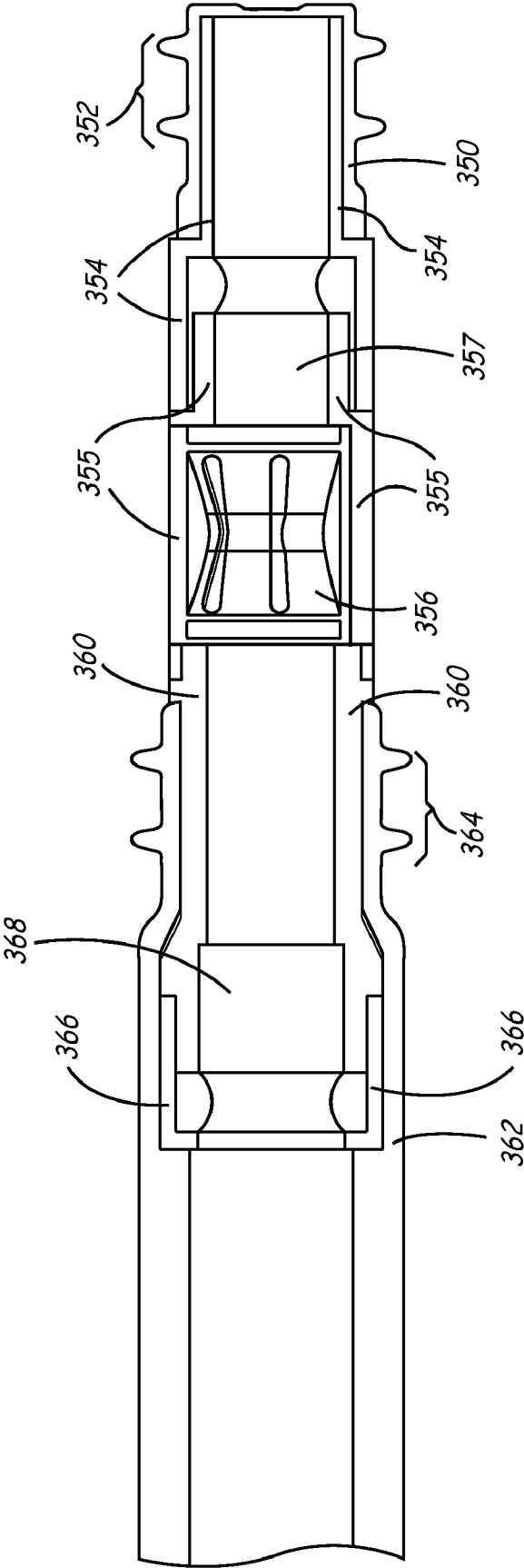


FIG. 9

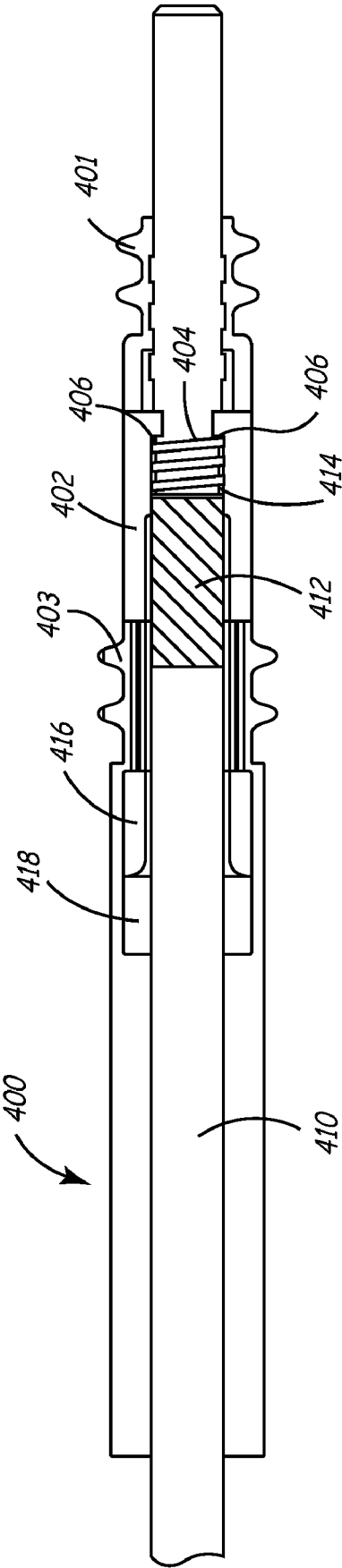


FIG. 10A

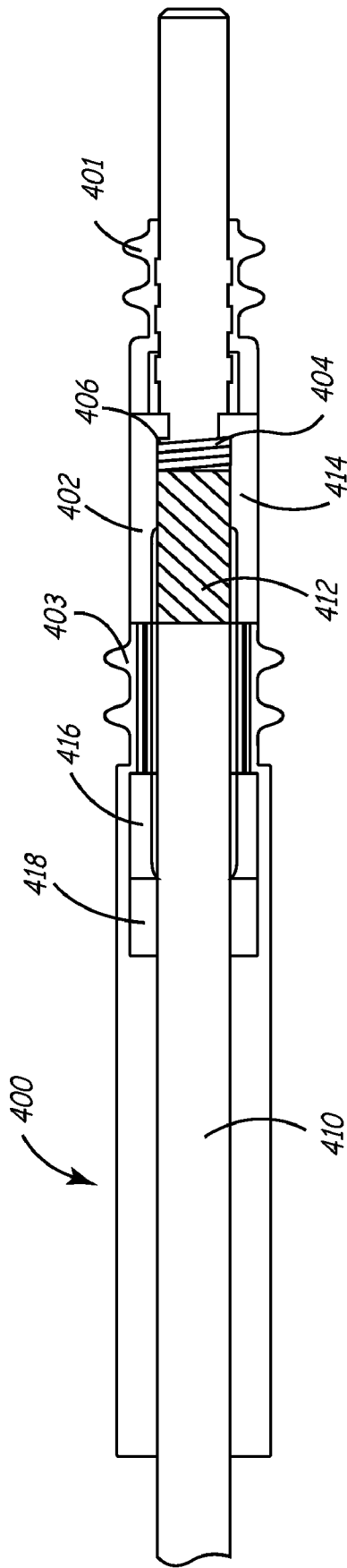
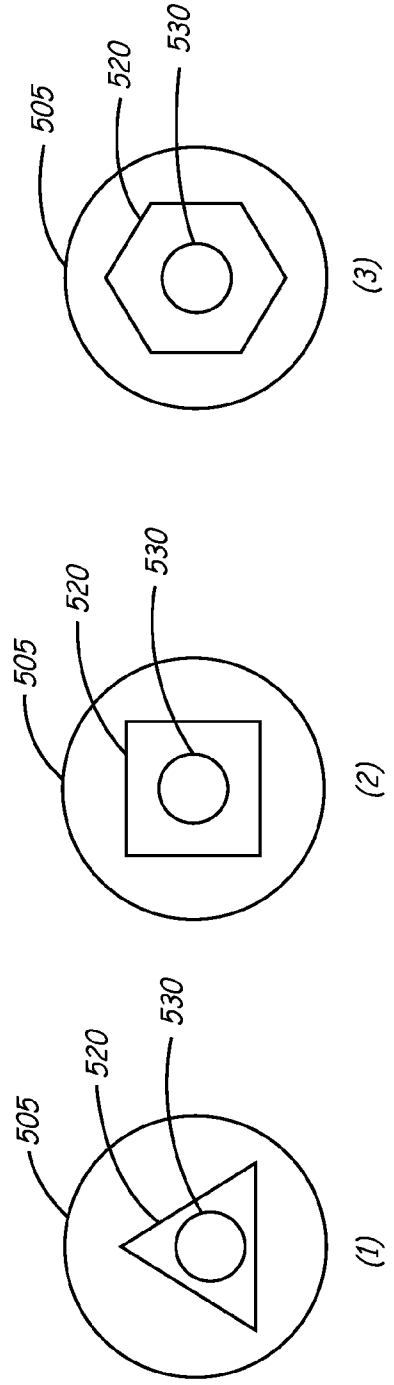
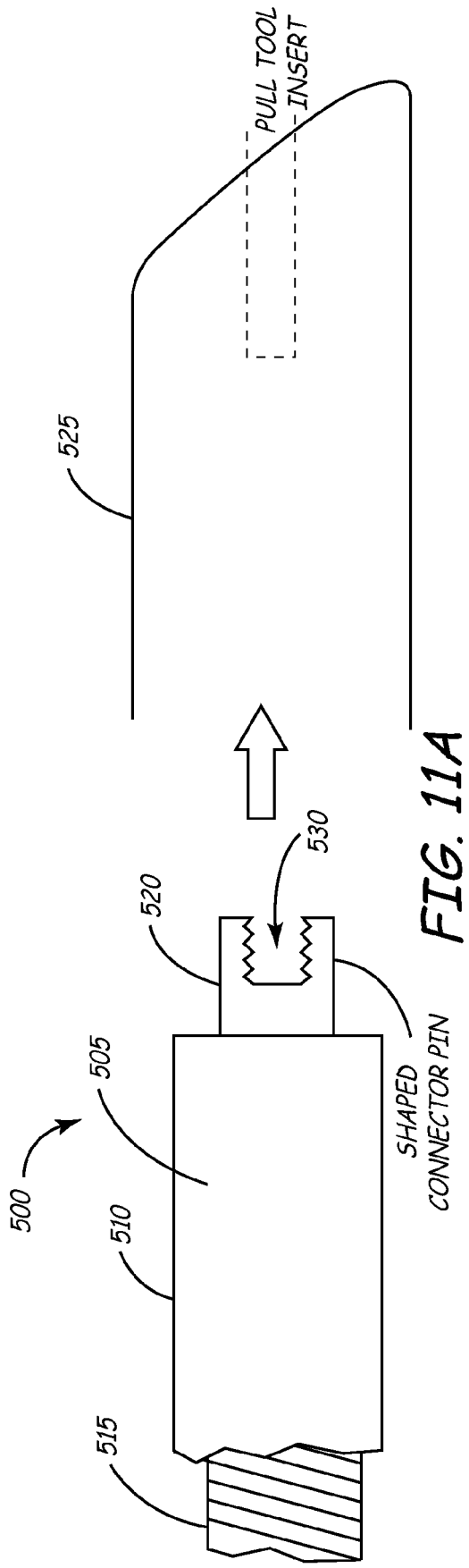
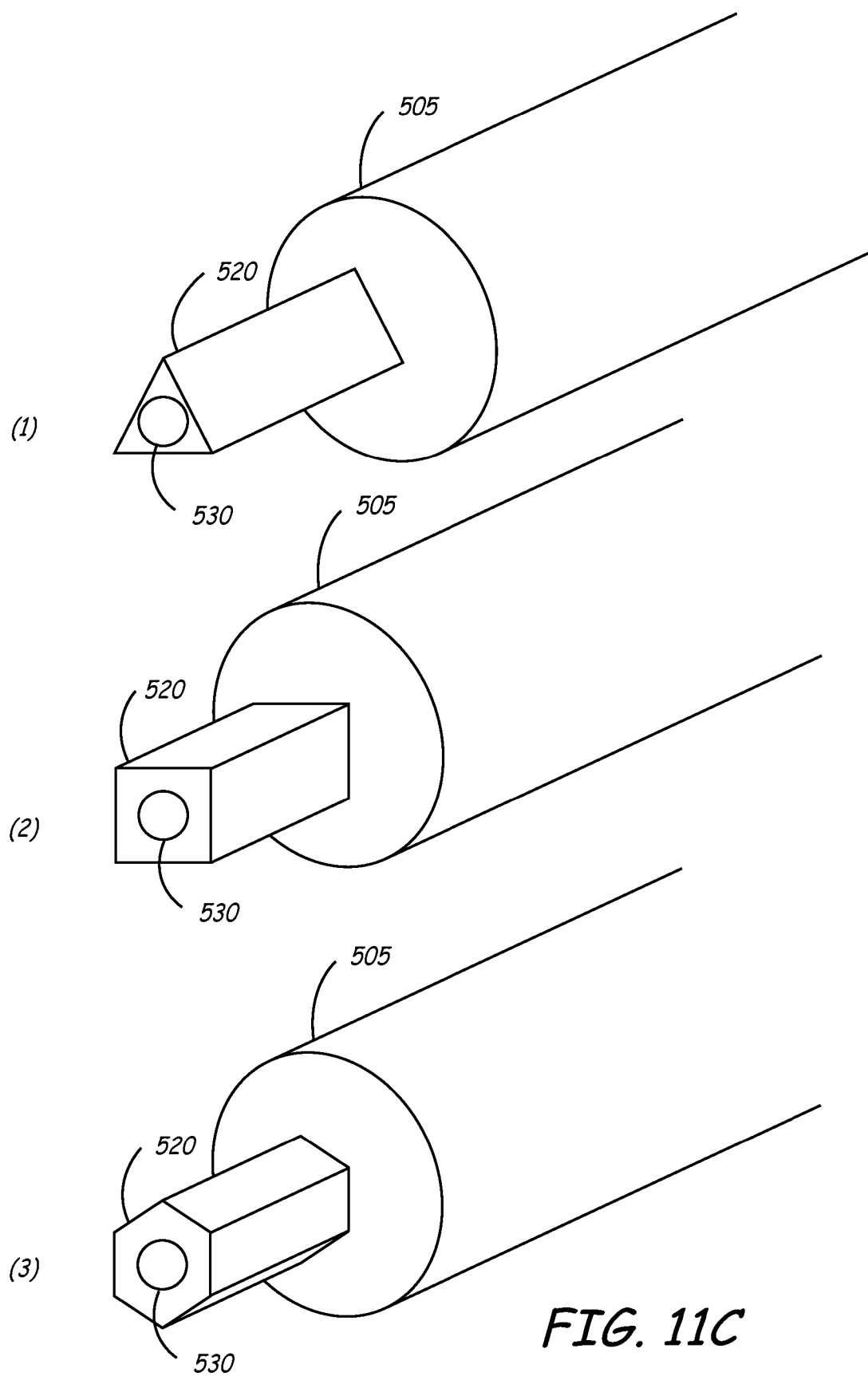


FIG. 10B





**FIG. 11C**



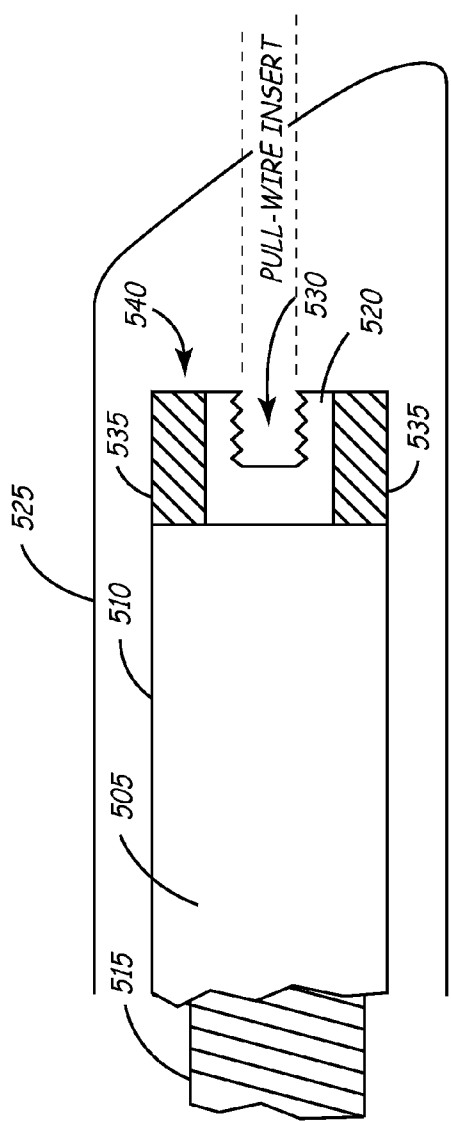


FIG. 11D

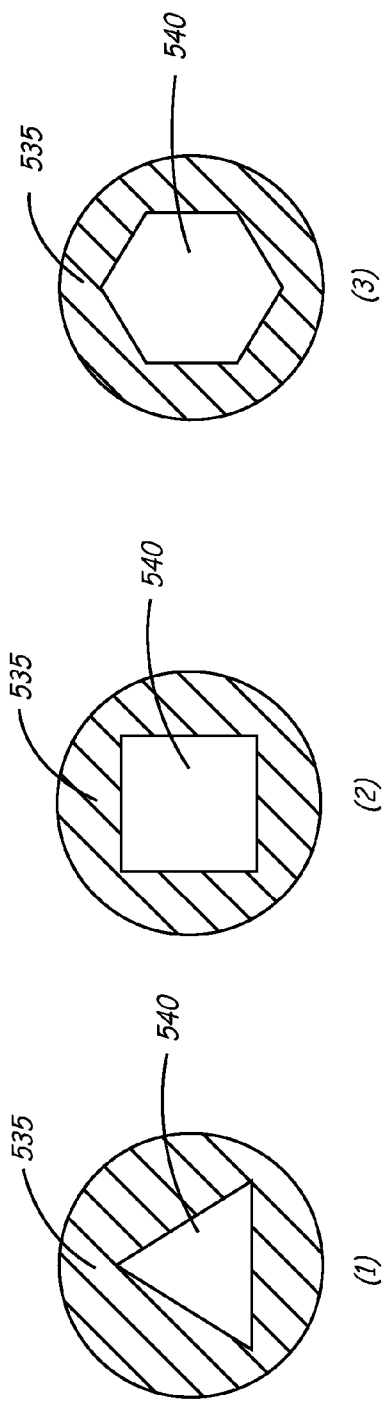


FIG. 11E

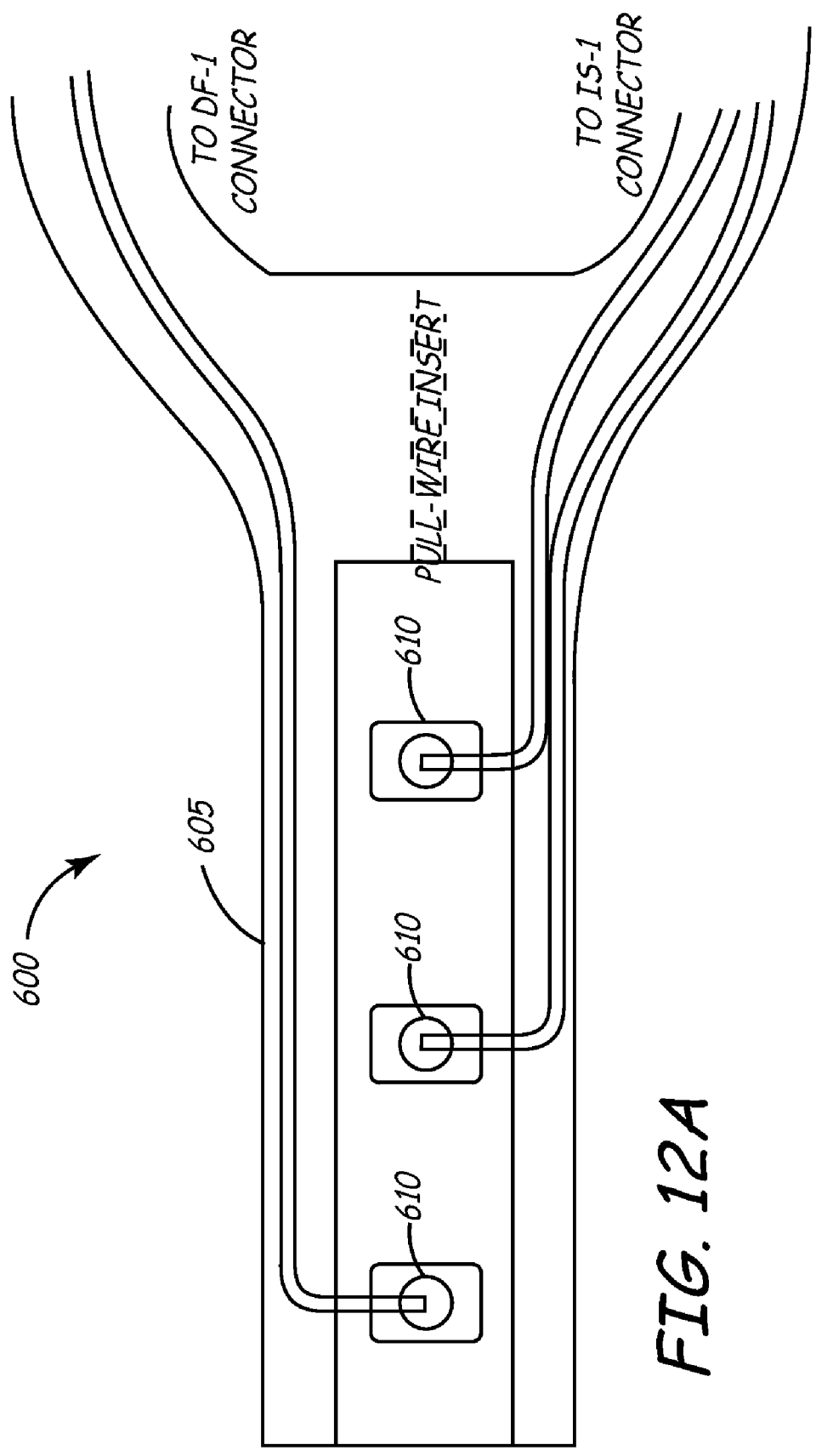
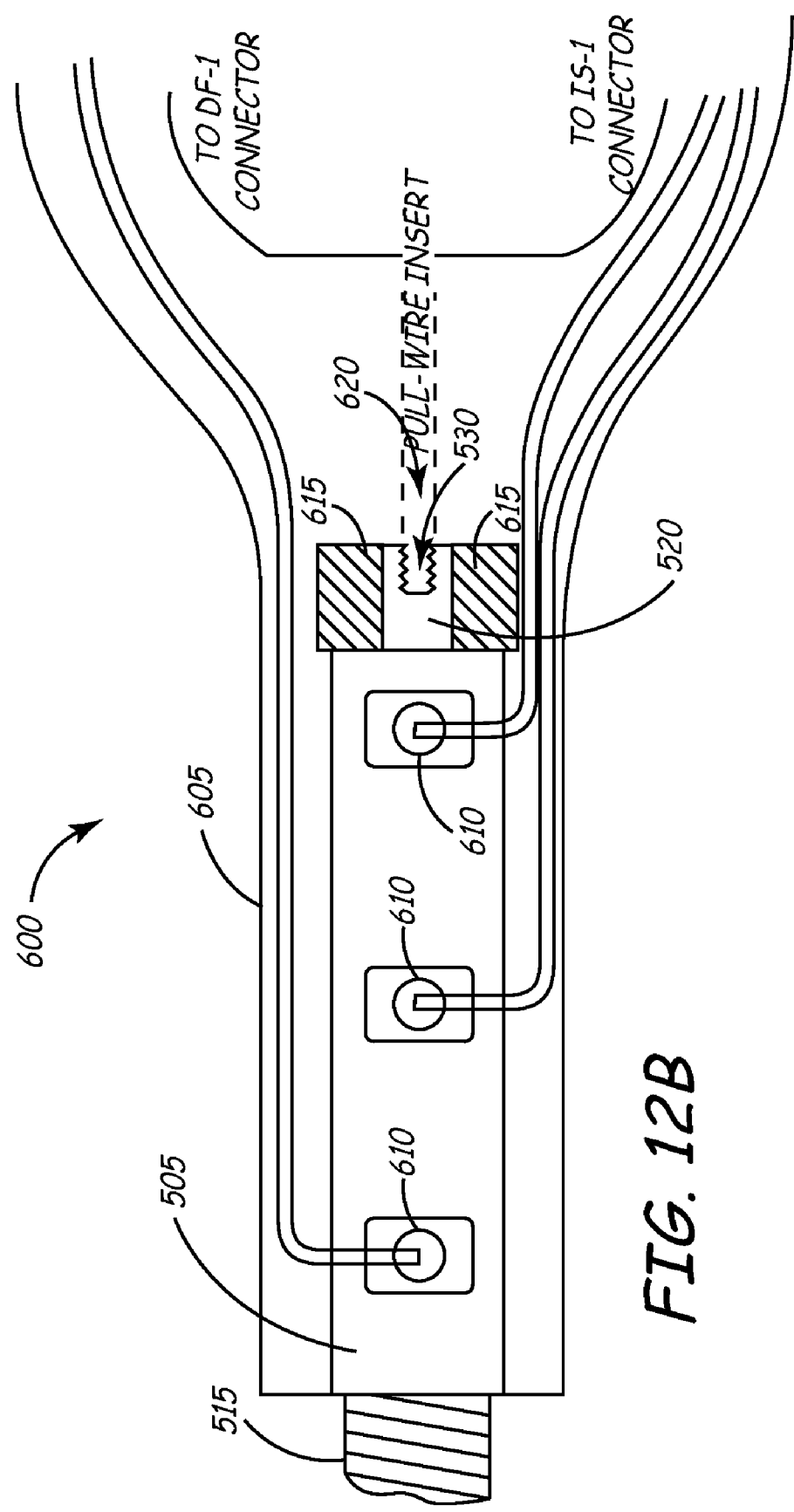
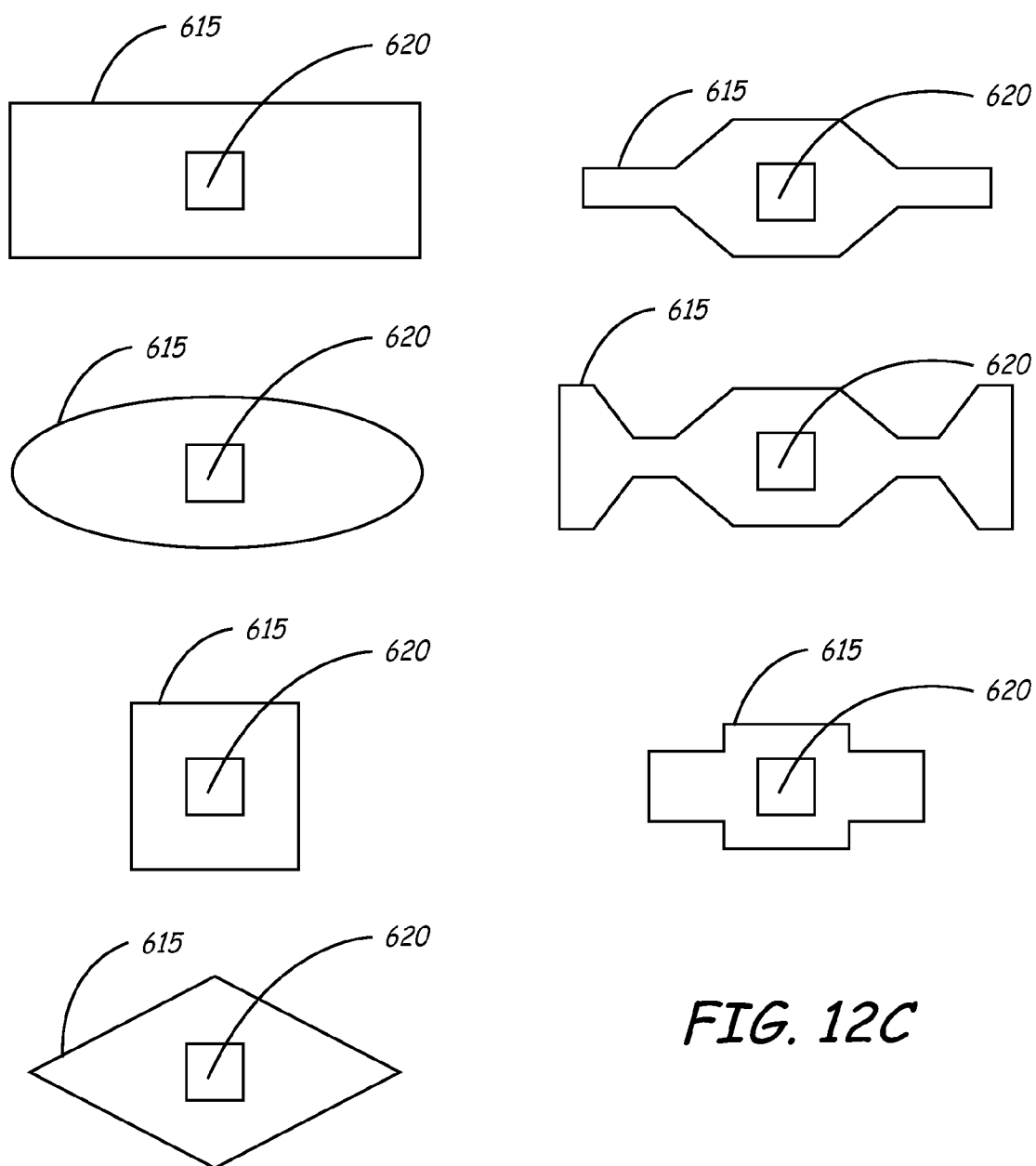
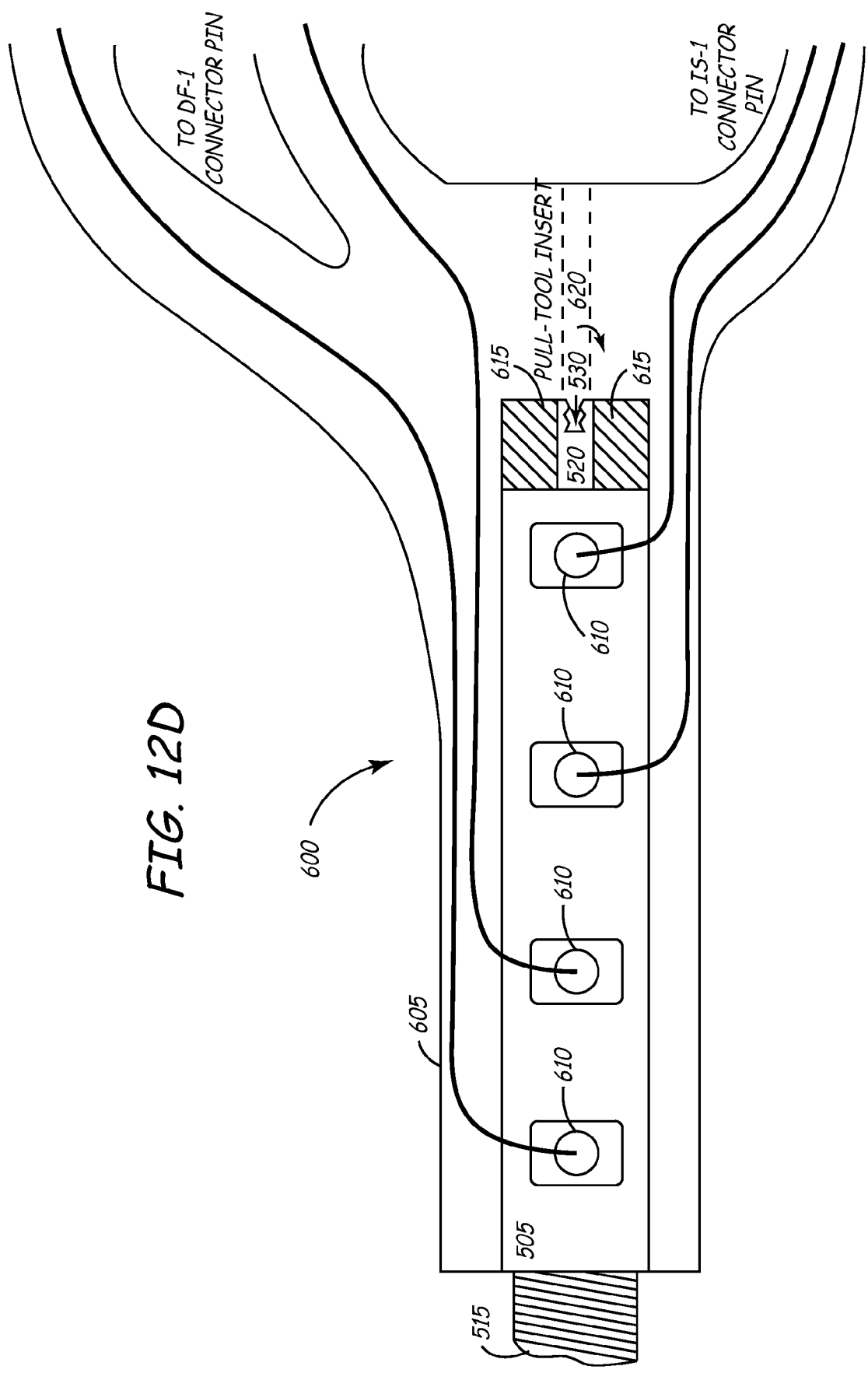


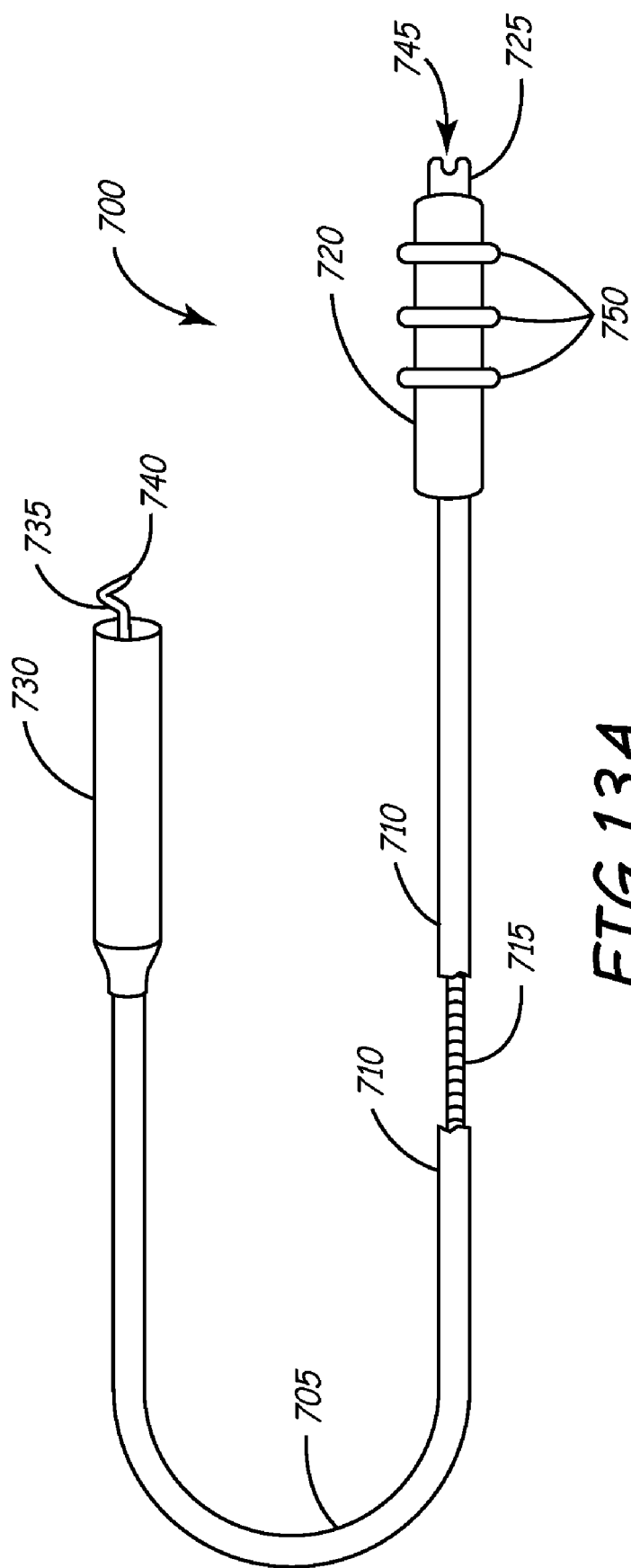
FIG. 12A





**FIG. 12C**





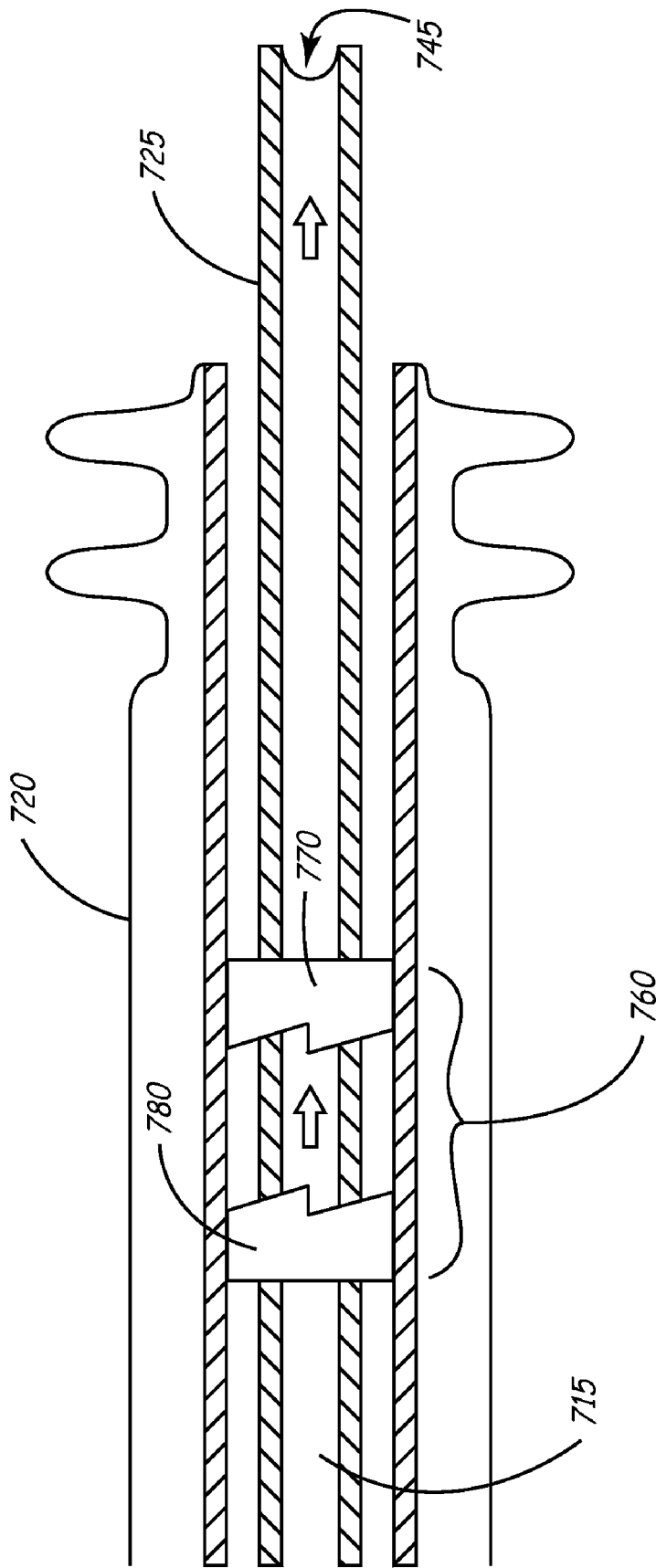
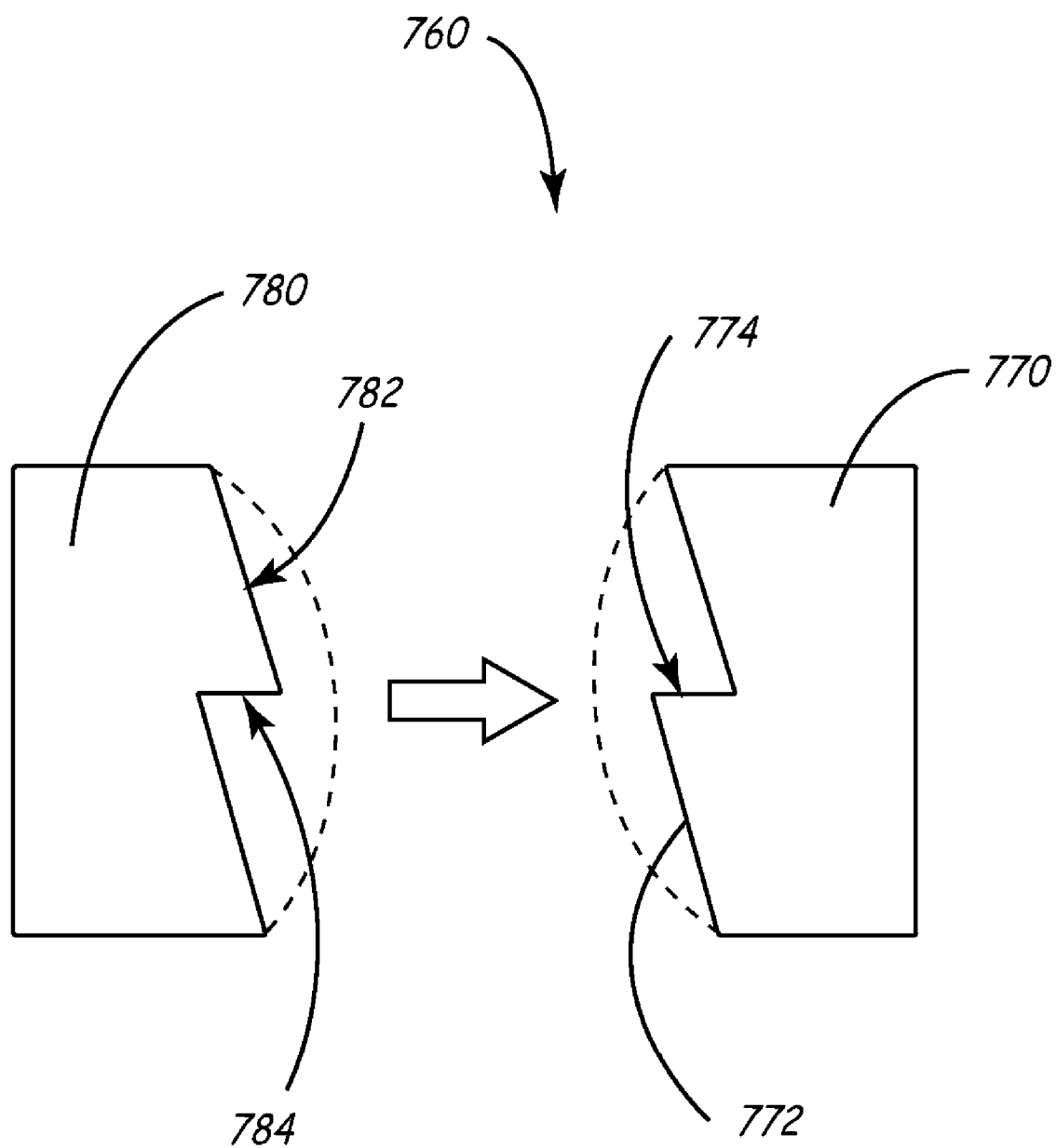


FIG. 13B



**FIG. 13C**



## LEAD UP-SIZING SLEEVE

### CROSS REFERENCE TO PRIORITY APPLICATIONS

[0001] This application is a continuation of U.S. patent application Ser. No. 10/983,266 filed Nov. 8, 2004, which is a divisional of U.S. patent application Ser. No. 10/040,143 filed Jan. 3, 2002, which is a continuation-in-part of U.S. patent application Ser. No. 09/838,814 filed Apr. 19, 2001, which claims priority to provisionally-filed U.S. patent application 60/270,074 filed Feb. 20, 2001, all of which are incorporated herein by reference in their entirety.

### TECHNICAL FIELD

[0002] The present invention relates generally to mechanisms for interconnecting electrical leads and electrical medical devices; and more particularly, to systems and methods of interconnecting implantable electrical leads and implantable medical electrical devices such as pacemakers, nerve stimulators, implantable defibrillators, implantable monitors, and so forth.

### BACKGROUND

[0003] As implantable electrical devices have increased in their complexity, there has been an increasing variety of electrical lead systems developed for use in conjunction with these devices. Nowhere is this more apparent than in the context of implantable cardioverter/defibrillators, which may include three, four, five, or more electrodes located on various numbers of implantable electrical leads. The leads themselves may carry one, two, three, or more electrodes, and may employ a variety of different electrical connector configurations and types. As a result, manufacturers of implantable cardioverter/defibrillators have had to produce their products with a variety of connector block configurations, capable of use with different lead systems. For example, Medtronic, Inc. presently manufactures implantable cardioverter/defibrillators with four basic connector designs, designated configurations "B", "C", "D", and "E". The "B" configuration includes three 6.5 mm connector bores for receiving high voltage electrical lead connectors of the type used to couple to cardioversion/defibrillation electrodes and one 3.2 mm in-line electrical connector bore compatible with the IS-1 connector standard for receiving an IS-1 electrical lead connector of the type generally used to couple to cardiac pacing and sensing electrodes. The "C" configuration includes a single 3.2 mm connector bore conforming to the DF-1 standard for receiving high voltage electrical lead connectors used to couple to cardioversion/defibrillation electrodes. This configuration also includes a single IS-1 connector bore. The "D" configuration includes three DF-1 connector bores and one IS-1 connector bore. The "E" configuration includes two 6.5 mm connector bores and two 5 mm connector bores for receiving electrical lead connectors used to couple to individual cardiac pacing and sensing electrodes.

[0004] As is apparent from the above discussion, multiple connectors block types are necessitated both by the use of multiple connector standards, and also because of the desire to connect a varying number of lead systems to a given device. The situation is complicated even further by the use of non-standard connector systems. For example, it has been

increasingly common to utilize small-diameter guide catheters to deliver leads having a diameter of 7 French or less to a desired implant site. After lead placement is completed, the catheter must be withdrawn from the body. However, if the catheter has a small inner diameter, the inner lumen of the catheter cannot accommodate a standard-size lead connector such as one conforming to the IS-1 standard. In this situation, the catheter must be split or slit into two portions. Such slittable or splittable catheters are more expensive to manufacture, and require the additional slitting step to remove. To remedy this problem, the lead may instead include a small-diameter, non-standard connector that easily fits within the catheter lumen, allowing the catheter to be readily withdrawn from the body. This non-standard connector has the drawback of necessitating the use of an even larger number of connector block configurations.

[0005] One way to solve the problem is to provide adapters that adapt one lead connector type to a different connector type on the device. These adapters may take the form of a relatively short lead which at one end has a connector assembly which may be inserted into one or more bores on the connector block on the implantable device and at the other end has one or more connector bores capable of receiving the connector assembly or assemblies on the electrical leads to be used with the device. These adapters are bulky and add substantially to the size of the pocket in which the device is to be implanted. In addition, they tend to require a number of additional steps to be performed by the physician in order to couple the leads to the implanted device, and are thus seen as undesirable generally. Such adapters are disclosed in U.S. Pat. No. 5,000,177, issued to Hoffmann, and U.S. Pat. No. 5,328,442, issued to Levine. Some adapters, such as disclosed in U.S. Pat. Nos. 5,050,602 issued to Osypka and 5,060,649 issued to Hoehnerl et al. even required removal of the connector assembly of the lead as part of the connection process.

[0006] Another approach to resolving lead/device incompatibility problems involves use of an up-sizing adapter. An up-sizing adapter is used to convert a smaller-diameter standard or non-standard lead connector to a larger-sized device connector. This is particularly useful when dealing with leads having smaller connectors for use with non-splittable guide catheters. As discussed above, a smaller lead connector allows guide catheters to be easily withdrawn over the lead proximal end after the implant procedure is completed. After the guide catheter has been removed from the body, the up-sizing adapter may be connected to allow the lead to be coupled to a device.

[0007] One example of an up-sizing adapter is shown in U.S. Pat. No. 5,007,864, issued to Stutz Jr. This patent discloses an adapter to convert a smaller-diameter unipolar lead system to a larger connector block. Although this system allows a small-diameter lead to be used with a non-splittable catheter, this system has a disadvantage of not being adaptable for use with a bipolar leads.

[0008] Another example of an up-sizing adapter is disclosed in U.S. Pat. No. 4,583,543 issued to Peers-Trevarton. While this system is adaptable for use with bi-polar lead systems, it can only be used with a lead having a connector pin that is smaller than the connector bore. That is, it is not adaptable for use with a lead having a standard connector pin size but a non-standard connector body.

[0009] What is needed, therefore, is an improved system and method for allowing a lead connector of a first size to couple to a larger-sized device connector, and that addresses the foregoing problems.

#### SUMMARY OF THE INVENTION

[0010] The present invention is an improved connection system for coupling a device such as a pacemaker, cardioverter, defibrillator, nerve stimulator, muscle stimulator, implantable monitor or other device of the sort to a medical lead and which addresses the lead/device incompatibility issues discussed above while avoiding at least some of the drawbacks associated with conventional adapters or converters.

[0011] The current invention provides an up-sizing mechanism that may be used to size the proximal end of a lead to a predetermined convention such as the IS-1 standard. The system includes a coupling member designed to couple to the proximal end of the lead. This coupling member, which includes an inner lumen sized to form a press fit around the proximal end of the lead body, may be of a generally tubular construction. This coupling member includes connector means to enable a connector pin at the proximal end of the lead to mechanically and electrically couple to a medical device. This coupling means may include a positioning lip that positions the sleeve around the proximal end of the lead in a manner that allows the lead connector pin to form a stable mechanical connection with the medical device.

[0012] In another embodiment, the connector means includes means for coupling both mechanically and electrically to a ring connector on the proximal end of a bi-polar lead. This coupling mechanism may include teeth for engaging the ring connector of the lead. Alternatively, the mechanism may include a multi-beam connector. Many other types of mechanical and electrical coupling mechanisms may be adapted for this purpose.

[0013] In one embodiment, the coupling member of the up-sizing system includes a reinforcing structure such as a coil. This reinforcing structure prevents the lead from flexing in a manner that results in lead failures. The coupling member may further include sealing rings on the exterior surface to provide a fluid-tight seal with the medical device, and/or sealing rings within the inner lumen to provide a fluid-tight seal with the lead body.

[0014] Because of the relatively tight press-fit formed between the coupling member and the lead body, one embodiment of the system includes an insertion member to allow the lead to be more easily inserted within the inner lumen of the coupling member. In one embodiment, the insertion member is a pull-wire adapted to be inserted through the inner lumen of the coupling member and coupled to a connector pin of the lead. Force applied to the pull wire pulls the lead body into the inner lumen. In a second embodiment, the insertion member is a split tube that is inserted into the inner lumen. The lead body is inserted into the split tube, which is then removed from around the lead body and extracted from the inner lumen.

[0015] According to yet another embodiment of the current system, the coupling member of the up-sizing system is a bifurcated member designed to adapt the proximal end of

a lead to more than one standard connector size. For example, the bifurcated member may include both a DF-1 and IS-1 connector.

[0016] The up-sizing system of the current invention provides a mechanism for up-sizing a lead having a non-standard lead body size and a standard connector pin size. For example, the invention is particularly suited for small-diameter leads having an in-line connector pin. Unlike prior art designs, the coupling member of the current invention allows the connector pin of the lead to be coupled directly to a medical device, while providing a means to up-size the proximal end of the lead body. Other advantages of the inventive connection system will become apparent to those skilled in the art from the drawings and accompanying description.

#### BRIEF DESCRIPTION OF THE DRAWINGS

[0017] FIG. 1A is a side cutaway view of an exemplary unipolar lead connector of the type that may be employed with the current inventive system.

[0018] FIG. 1B is a side cutaway view of an exemplary bipolar lead connector of the type that may be employed with the current inventive system.

[0019] FIG. 1C is a side cutaway view of yet another exemplary bipolar lead connector of the type that may be employed with the current inventive system.

[0020] FIG. 2A is a plan view of one embodiment of an upsizing sleeve according to the current invention.

[0021] FIG. 2B is a perspective view illustrating the manner in which the inventive up-sizing sleeve may be used to couple a lead to a medical device.

[0022] FIG. 3 is a plan view illustrating proximal end of the lead of FIG. 1C inserted within upsizing sleeve.

[0023] FIG. 4A is a side cutaway view of one embodiment of the upsizing sleeve of the current invention that may be formed using an over-molding process.

[0024] FIG. 4B is a cross-sectional view of upsizing sleeve at line 4B-4B of FIG. 4A.

[0025] FIG. 5 is a cutaway side view of another embodiment of the upsizing sleeve of the current invention.

[0026] FIG. 6 is a cutaway side view of a two-piece sleeve member that may be assembled over the lead at the time of use.

[0027] FIG. 7 is a cross-sectional view of the sleeve of FIG. 6 at line 7-7.

[0028] FIG. 8 is a cutaway side view of a bifurcated sleeve that includes two different connector standards.

[0029] FIG. 9 is a side cutaway view of another embodiment of the current invention that incorporates both support structures and sealing grommets.

[0030] FIG. 10A is a side cutaway view showing an embodiment of the up-sizing sleeve that includes a spring coil to form the electrical connection between a lead ring connector and a conductive ring member of the upsizing sleeve.

[0031] FIG. 10B is a side cutaway view of the embodiment of FIG. 10A illustrating the manner in which the spring coil compresses when the lead is fully inserted within the up-sizing sleeve.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0032] FIG. 1A is a side cutaway view of an exemplary unipolar lead connector of the type that may be employed with the current inventive system. The lead includes a connector pin 10 at the proximal end of the lead. In this view, the connector pin has substantially the same diameter as the lead body 12, although this is not necessary. Connector pin has an opening 14 that extends to inner lumen 16. A portion 18 of inner lumen 16 may be threaded.

[0033] Connector pin 10 couples to conductive member 19 that extends into lumen 16 and is electrically and mechanically coupled to at least one conductor 20. In FIG. 1A, conductor 20 is a conductive coil that extends the length of the lead body 12 to a tip electrode 24 at the lead body distal tip 26. In other embodiments, conductor 20 may take the form of a single-filar or multi-filar stranded conductor.

[0034] Lead body further includes an insulative jacket 28 that may be formed of a biocompatible polymer such as polyurethane or silicone. It may be noted that the lead of FIG. 1A is merely exemplary, and many other leads may be employed with the current invention. For example, a lead without an inner lumen extending within lead body 12 may be utilized. Alternatively, having multiple inner lumens may likewise be utilized.

[0035] FIG. 1B is a side cutaway view of an exemplary bipolar lead connector of the type that may be employed with the current inventive system. In FIG. 1B, elements that are similar to those shown in FIG. 1A are labeled with like designators. The lead of FIG. 1B includes a connector pin 10 that couples to conductive member 19. Conductive member 19 is electrically and mechanically coupled to an insulated coiled conductor 50. This conductor 50 extends the length of lead body 12 and is coupled at the distal tip 26 to tip electrode 24. A second insulated coiled conductor 52 is also provided to couple ring electrode 54 at the lead distal end to ring connector 56. In another embodiment, the conductors may be single or multi-filar stranded conductors.

[0036] FIG. 1C is a side cutaway view of yet another exemplary bipolar lead connector of the type that may be employed with the current inventive system. In this embodiment, a connector pin 70 is shown having an opening 72 that includes an inner, threaded surface 74. A portion of the connector pin is shown surrounded by an insulative sleeve 75 which may be formed of a polymer. This insulative sleeve electrically isolates pin from lead body 73, and provides additional structural support. The connector pin, which may have dimensions conforming to an IS-1 or another standard, extends within an inner lumen 76 of the lead body 73. This inner lumen houses a stranded conductor 80 such as shown in commonly-assigned U.S. Pat. No. 5,760,341 that is electrically coupled to tip electrode 82. The conductor 80 may be a single or multi-filar stranded conductor, or in a different embodiment, may be a coiled conductor. A second, coiled conductor 84 electrically couples ring electrode 86 to a connector ring 88. It may be noted that although the connector pin 70 of this design may be of a dimension that

corresponds to a standard such as an IS-1 connector pin standard, the overall lead dimensions of the proximal end 90 of the lead do not necessarily conform to any standard.

[0037] As discussed above, the lead configurations shown in FIGS. 1A, 1B, and 1C have small connector profiles. Therefore, a guide catheter used to place the leads during an implant procedure may be readily withdrawn over the connector pin without having to split or slit the catheter body. However, the connector pin 10 and the proximal end 11 of the lead body do not conform to a connector standard such as IS-1, making connection to a standard device connector block difficult. The upsizing sleeve of the current invention is provided as a means for facilitating this connection so that a specialized device connector block is not needed.

[0038] FIG. 2A is a plan view of one embodiment of an upsizing sleeve 100 according to the current invention. This upsizing sleeve is a generally tubular member having an inner lumen (not shown in FIG. 2) that is adapted to receive the proximal end of a lead such as the lead shown in FIG. 1C. The inner lumen of the upsizing sleeve is slightly larger than the outer diameter of proximal end 90 of the lead. For example, the proximal end 90 of the lead of FIG. 1C may be adapted to fit within the inner lumen as indicated by dashed line 102 such that the lead body forms a press fit with the surface defined by the lumen. The upsizing sleeve is adapted to conform to a standard configuration such as an IS-1 standard.

[0039] Upsizing sleeve is shown to include two sets of exterior sealing rings 104 and 106 adapted to sealingly engage with the connector port of a device such as pacemaker or defibrillator. Upsizing sleeve further includes a conductive ring member 109 adapted to electrically couple to connector ring 73 of the lead, as shown by dashed lines 108 in a manner to be discussed further below. Conductive ring member 109 is further adapted to mechanically and electrically couple to a set screw within the device connector to thereby couple ring connector 73 to a medical device in a manner dictated by the IS-1 connector standard. Sealing rings and the portions of upsizing sleeves surrounding conductive ring member 109 may be formed of one or more polymer structures such as polyurethane or silicone in a manner to be discussed further below.

[0040] Because of the relatively tight press-fit between the proximal end 90 of the lead and the upsizing sleeve 100, a pull-wire device 110 may be provided to aid in the insertion process. One embodiment of the pull-wire device 110 includes a rigid pull-wire 112 and a handle 113. The rigid pull-wire 112 may include a threaded distal end 114, which is inserted through the inner lumen of upsizing sleeve 100, as shown by dashed line 116. The threads of threaded distal end 114 are then positioned to engage threaded surface 74 (FIG. 1C) of the connector pin 70, as shown by dashed line 118. This allows the pull-wire 112 to rigidly engage the proximal end 90 of the lead so that the lead may be pulled through the inner lumen of the upsizing sleeve 100.

[0041] Although FIG. 2A shows pull-wire 112 including threaded distal end 114 to engage a lead, other coupling means could be provided to coupled to the lead, including a spring-loaded clip, or a plug to form a press-fit with opening 72.

[0042] FIG. 2B is a perspective view illustrating the manner in which the inventive up-sizing sleeve may be used

to couple a lead to a medical device. The proximal end **90** of a lead such as shown in FIG. 1C includes a connector pin **70** and connector ring **73**. This lead may be inserted into the inner lumen **120** of sleeve **100** so that connector ring **73** forms a press fit with conductive ring member **109**, with connector pin **70** extending through the proximal end **122** of the sleeve. Connector pin is adapted to be received by port **124** of the medical device **126**, which is further maintained by set-screw **128**. A second set-screw **130** and washer **132** is provided to form a connection with conductive ring member **109**.

[0043] FIG. 3 is a plan view illustrating proximal end **90** of the lead of FIG. 1C inserted within upsizing sleeve **100**. Connector pin **70** extends through the proximal end of the upsizing sleeve, whereas the lead body of proximal end extends out the distal end of the upsizing sleeve.

[0044] FIG. 4A is a side cutaway view of one embodiment of upsizing sleeve **100**. A conductive ring member **150** is provided to couple to a connector ring such as connector ring **73** (FIG. 1C) of a lead in the manner discussed above. This ring member may be formed of any conductive material such as a stainless steel, for example. The remainder of the upsizing sleeve is an integral structure **152** that includes sealing rings **154** and **156**. This structure may be formed of a biocompatible polymer such as silicone using a silicone over-molding process as is known in the art. According to one aspect of the invention, the upsizing sleeve may be reinforced at the distal end with a reinforcing member **158** that may be formed of an insulative coil such as a PTFE coil, a conductor coil that may or may not be insulated, or any other material having strength properties that make it suitable for this purpose. This reinforcing member provides added support to prevent the lead proximal end **90** (FIG. 3) from flexing in a manner that may cause lead failures over time. In another embodiment, a reinforcing, tubular sleeve member may be inserted within the distal end of the upsizing sleeve to provide this type of support.

[0045] Upsizing sleeve may further include interior sealing rings within the inner lumen **170**. For example, upsizing sleeve of FIG. 4A includes sealing rings **160**, **162** and **164** to provide a fluid-tight seal with a lead inserted within inner lumen **170**. Finally, upsizing sleeve is also shown to have a lip **172** at the proximal end which may be provided to engage a corresponding structure on the lead. In this manner, upsizing sleeve is positioned over the lead so that connector pin **70** extends beyond the proximal end of upsizing sleeve **100** a predetermined distance that conforms to a given connector standard. For example, lip **172** may be adapted to engage the ridge formed by insulative sleeve **175** where the insulative sleeve meets the connector **70** (FIG. 1C).

[0046] FIG. 4B is a cross-sectional view of upsizing sleeve at line 4B-4B of FIG. 4A. This view shows conductive ring member **150** including channels adapted to receive a polymer during an over-molding process such as a silicon over-molding process discussed above. The flow of a polymer into these channels results in the formation of the connecting polymer structures **160A**, **160B**, **160C**, and **160D**. FIG. 4B further illustrates conductive teeth members **180** coupled to, or integrally formed, in conductive ring member **150**. These conductive teeth members are adapted to engage a conductive ring of a lead such as connector ring **73** to form a more robust electrical connection between the

connector ring and conductive ring member **150**. This view further illustrates sealing rings **156**.

[0047] Although teeth members **180** are shown in FIG. 4B to couple conductive ring member to a connector ring of a lead, many other mechanisms may be used in the alternative. For example, a keyed mechanism such as a woodruff or spline key may be used to lock a lead ring connector to the conductive ring member. Alternatively, a threaded aperture may be provided in the connective ring member so that a set-screw from a device connector block may be used to affix the sleeve to the lead via the threaded aperture. In yet another embodiment, small ports may be provided in the conductive ring member to receive conductive adhesive to enhance the electrical and mechanical contact between the conductive ring member and the lead ring connector. Alternatively, a hole in the conductive ring member may be aligned with a corresponding hole or groove in the lead so that a pin or rivet can be inserted to form a mechanical and electrical coupling. A thumb-actuated spring and ball-detent mechanism could be used to couple the sleeve to the lead. Another embodiment may include a thumb-activated push-collar such as is provided on steerable stylet handles. Any other type of coupling mechanisms may be used to form a stable electrical and mechanical fit between the conductive ring member and the connector ring of a lead.

[0048] FIG. 5 is a cutaway side view of another embodiment of the upsizing sleeve of the current invention. In this embodiment, a first generally tubular member **200** which may be formed of silicone is bonded to a support member **204** using a first layer **206** of medical-grade adhesive. Support member, which may be formed of a material that is more rigid than the silicone such as a higher durometer polyurethane, is also bonded via adhesive layer **210** to a second generally tubular member **208**, which may also be silicone. The support member **204** is adapted to provide additional structural rigidity that is not provided by a sleeve formed entirely of a lower-durometer material such as silicon. This rigidity is important to maintain precise sleeve dimensions so that the sleeve maintains a form that conforms to a predetermined standard even after undergoing the strain of forming a press fit with a lead.

[0049] A conductive ring member **212** surrounds the support member **204** and is adapted to engage a set-screw of a medical device as is provided on a standard IS-1 device connector block. In one embodiment, the conductive ring member **212** includes teeth **214** that extend through the support member to engage a connector ring of a bipolar lead. If a unipolar lead is to be employed, these teeth need not be included in the sleeve, since the ring connector of the lead need not make an electrical connection with a device connector block.

[0050] Each of tubular members **200** and **208** includes exterior sealing rings **220** and **222**, respectively, to provide a fluid-tight seal with a device connector block. Each of the tubular members further includes interior sealing rings **224** and **226**, respectively, to provide the fluid tight seal with a lead. As discussed above, preferably tubular members **200** and **208** are formed of a less rigid material such as silicone so that these sealing rings are more deformable and better able to provide a seal.

[0051] FIG. 5 also illustrates an alternative mechanism that may be used to engage a lead with the sleeve. A split

tubular member composed of a material having a lubricious surface such as PTFE tubing **230** may be inserted in the distal end of the sleeve. The lubricious outer surface of the tubing allows the tubing **230** to be readily inserted into inner lumen **231** of the sleeve. A lead **232** may then be inserted within the inner lumen of the tubing **230** and the tubing removed. The slit **234** in the tubing allows it to be removed from around the lead after the lead is attached to the up-sizing sleeve. The use of this split tubular member thereby provides an alternative to the pull-wire tool (FIG. 2) as an aid to forming the press fit between a lead and the sleeve.

[0052] In one embodiment, sleeve may include one or more ports such as port **234** (shown dashed) to allow a medical-grade adhesive to be infused or injected between the sleeve and the lead after the lead is inserted into the sleeve to thereby secure the lead to the sleeve.

[0053] FIG. 6 is a cutaway side view of a two-piece sleeve member that may be assembled over a lead such as lead **250** at the time of use. A first portion of the sleeve includes a less rigid, generally tubular member **252** that may be formed of silicon, and which is bonded to a conductive ring **254** via a medical-grade adhesive. Conductive ring **254**, which is formed of a conductive material, is adapted to electrically and mechanically couple to a connector ring **255** of lead **250** via a second portion of the sleeve, as will be discussed further below. Conductive ring is further adapted to electrically couple to a connector block of a medical device, as may be accomplished using a set-screw.

[0054] In one embodiment, the tubular member **252** includes one or more lips **256** to engage grooved members **258** in the lead connector pin **260**. This allows the sleeve to be seated over the lead so that the dimensions of the assembly conform to a predetermined standard such as IS-1. Lips **256** further provide a fluid-tight seal with lead **250**. One of the lips **256** is shown interfacing with a seal zone **257** of the inline connector. As discussed above, tubular member **252** may be formed of a less rigid material such as silicone to provide sealing rings that allow for a better fluid-tight seal.

[0055] The two-piece sleeve of FIG. 6 further includes a second portion that is formed of a second less-rigid tubular member **264** such as silicone. Tubular member **264** is bonded to a connector member **266**, which may be formed of a metal. Connector member **266** has deformable fingers **268** that slide under edge **270** to engage conductive ring **254** in a snap-fit that provides both a mechanical and electrical coupling between connector member **266** and conductive ring **254**. Deformable fingers **268** also electrically couple to connector ring **255** of lead **250** so that an electrical connection is formed between the connector ring **255** and conductive ring **254** of the two-piece sleeve. This allows the connector ring **255** of lead **250** to be coupled to a connector block of a device via conductive ring **254**.

[0056] The lead **250** of FIG. 6 may include grooves **272** to engage inner sealing rings **274**, and may further having a shoulder **276** to engage conductive ring **254** in a manner that further allows the lead to seat in a position that conforms to a predetermined standard.

[0057] FIG. 7 is a cross-sectional view of the sleeve of FIG. 6 at line 7-7. This view shows the deformable fingers

**268** electrically and mechanically engaging conductive ring **254**, and further electrically engaging connector ring **255** of lead **250**.

[0058] FIG. 8 is a cutaway side view of a bifurcated sleeve **300** designed to adapt a lead to conform to two different connector standards. In the embodiment illustrated, lead **301** is shown engaging a first bifurcation **302** of the bifurcated sleeve that conforms to the IS-1 standard. This portion of the sleeve may be of any of the embodiments discussed above. A conductive ring member **306** is provided on bifurcation **302** to engage with a connector ring **307** of lead **301**, and to further engage a connector block of a medical device in the manner discussed above. The pin **308** of the lead extends through the sleeve as discussed above, and exterior sealing rings **310** provide a fluid-tight fit with the medical device. Interior sealing rings **312** and **313** provide a fluid-tight fit with lead **301**. Additional inner sealing rings (not shown) are provided to engage the proximal end of the lead as discussed above.

[0059] In this embodiment, pacing and sensing of a patient may be accomplished via ring connector **306** and pin **308** connectors, which coupled to tip and ring electrodes (not shown in FIG. 8), respectively, at the lead tip. Further assume the lead carries a high-voltage coil electrode that is electrically coupled to ring connector **306**. The additional bifurcation **320** may then be used to provide a connector for cardioversion/defibrillation purposes. A high-voltage defibrillation coil **322** connects conductive ring member **306** with a connector pin **324** that may conform to a second standard such as a DF-1 standard. This connector pin **324** may be utilized by a medical device to deliver a cardioversion/defibrillation shock that is then carried via coil **322** and conductive ring member **306** to conductor ring **307**, and finally to the defibrillation coil electrode as the proximal end of the lead. This embodiment of the sleeve thereby allows a bipolar lead having a pace/sense electrode pair and a single shock coil to be adapted to both IS-1 and DS-1 connector blocks without the need to slit or split a catheter that is used during lead delivery. Additionally, the current inventive sleeve eliminates the pocket bulk associated with traditional longitudinal adaptors.

[0060] Sleeve **300** may be formed of one or more bio-compatible polymers. For example, the hub portion **330** of the bifurcated sleeve could be formed of a more rigid material such as polyurethane that provides additional support to the structure and to the proximal end of the lead. The remainder of the sleeve, including the portions of the bifurcations **302** and **320** that include the exterior sealing rings **310** and **326**, could be formed of a less rigid material such as silicone.

[0061] As noted above, the current inventive up-sizing sleeve is, in its preferred embodiment, designed to conform a lead to a predetermined connector standard. For this reason, it is important that the sleeve does not stretch or deform in any manner. To provide a structure that maintains precise dimensions, more rigid support structures formed of a material such as polyurethane may be incorporated into the sleeve. The inclusion of additional sealing grommets may also be desirable to ensure both a fluid-tight seal, and the retention of predetermined sleeve dimensions.

[0062] FIG. 9 is a side cutaway view of another embodiment of the current inventive up-sizing sleeve that incorpo-

rates both support structures and sealing grommets. A first, less-rigid tubular sleeve member **350** is shown having exterior sealing rings **352** as discussed above. Tubular member **350**, which may be formed of a silicone, is bonded to a more rigid tubular support member **354**, which may be formed of a polyurethane. Support member **354**, is, in turn, coupled at one end to an exterior conductive ring **355** formed of an electrically-conductive material that is adapted to make an electrical connection with a connector block of a medical device, as is provided by a standard IS-1 connector.

[0063] Conductive ring **355** houses, and is mechanically and electrically coupled to, a connector member **356** that is also formed of a conductive material. Connector member **356** is adapted to make an electrical and mechanical connection with a connector ring of a lead in a manner similar to that discussed above. Connector member **356** is shown in this embodiment to be a multi-beam connector having deformable fingers adapted to form a press-fit with a lead connector ring. Alternatively, connector member **356** may take the form of any other type of connector known in the art, including any of the types of connectors discussed above.

[0064] Housed within conductive ring **354** may be a sealing grommet **357** provided to form a superior fluid-tight seal with a lead. Sealing grommet **357** may be formed of a more deformable material such a silicone, for example.

[0065] Conductive ring **355** is further bonded or welded to a second rigid tubular support member **360**, which may be formed of a polyurethane or a metal. This second tubular support member **360** is also mechanically coupled to a less rigid, tubular sleeve member **362** having sealing rings **364**, and which may be formed of silicone. Tubular support member **360** is bonded to a lip member **366** adapted to house a second sealing grommet **368**. Lip member **366** may be formed of a rigid polymer such as a polyurethane, whereas the sealing grommet may be formed of silicone.

[0066] The embodiment shown in FIG. 9 provides a more flexible design. The length of the sealing grommets may be adjusted to position the conductive ring **355** based on a selected connector standard. Moreover, the multi-beam connector shown as connector member **356** may be adjusted to couple to any lead size requirement. This design is adaptable for over-the-wire leads, and small coil-over-cable leads having an outer diameter of 5 French or less.

[0067] It may be noted that while the multi-beam connector **356** of FIG. 9 may be adapted to form an electrical connection with a connector ring of a multi-polar lead, this need not be the case. In one embodiment, the multi-beam connector **356** may be formed of a non-conductive material. In this case, the connector **356** is adapted to form a mechanical connection with a unipolar lead so that the lead body is maintained in a stable position with respect to the up-sizing sleeve. In this embodiment, conductive ring **355** may be omitted if desired, or a similar structure may be provided that is formed of a non-conductive material.

[0068] FIG. 10A is a side cutaway view showing yet another embodiment of the up-sizing sleeve that includes a spring coil to form the electrical connection between a lead ring connector and a conductive ring member of the upsizing sleeve **400**. Up-sizing sleeve **400** includes many of the components described above with respect to other ones of

the embodiments of the invention. For example, the embodiment of FIG. 10A includes flexible tubular members **401** and **403** which may be formed of a silicone, and which are coupled as with a medical-grade adhesive to an electrically-conductive ring member **402**. Most notably, in this embodiment, conductive ring member **402** is electrically and mechanically coupled at one end to a deformable spring coil **404**. Spring coil **404**, which is formed of an electrically-conductive material, may be spot welded or otherwise coupled to a shoulder **406** of conductive ring member **402**. In this embodiment, lead **410** includes a ring conductor **412** having a lip **414** to engage spring coil **404**. In this manner, ring connector **412** is electrically coupled to the conductive ring member **402**, which, in turn, may be coupled to the connector block of a medical device. The upsizing sleeve may further include one or more grommets such as grommet **416**, which is maintained in position by a polyurethane lip member **418** similar to that shown in the embodiment of FIG. 9. The upsizing sleeve may further include other aspects described with respect to the embodiments of FIGS. 1-9 as would be apparent to those skilled in the art.

[0069] FIG. 10B is a side cutaway view of the embodiment of FIG. 10A illustrating the manner in which the spring coil **404** compresses when the lead is fully inserted within the up-sizing sleeve **400**.

[0070] It may be noted that the inventive system and method of coupling a lead to a medical device as described and illustrated herein may be adapted for use with any size lead, any type of connector standard, and any type of medical device. For example, the up-sizing sleeve may be used with leads for drug delivery devices, devices adapted for neurological applications, or for any other type of physiological application requiring a lead coupled to an implantable or non-implantable device. Thus, many adaptations of the above-described invention will become apparent to one skilled in the art, and the description is therefore to be considered not as limiting, but as exemplary only. Additional scopes and aspects of the invention are described in attached Appendix A which is incorporated herein by reference in its entirety.

What is claimed is:

1. A medical electrical lead connector arrangement, comprising:

- a non-cylindrically shaped connector pin coupled to a lead conductor and including a tip having a threaded surface for coupling with a threaded pull wire; and
- a connector assembly adapted to receive the non-cylindrically shaped connector pin into a first end of a bore of the assembly, the connector assembly including a pull wire insertion site positioned in proximity to a second end of the assembly bore and an insert mounted within the assembly bore and having an axial bore formed therein that complements the shape of the connector pin;

wherein the connector assembly is adapted to couple the lead connector pin to an implantable medical device when the pin is received within the insert of the connector assembly.

2. The lead connector arrangement of claim 1, wherein the non-cylindrically shaped connector pin comprises at least one planar surface.

3. The lead connector arrangement of claim 1, wherein the non-cylindrically shaped connector pin comprises a polygonal shaped connector pin.

4. The lead connector arrangement of claim 3, wherein the polygonal shaped connector pin comprises at least one of a triangular, square, rectangular, and hexagonal shaped connector pin.

5. The lead connector arrangement of claim 4, wherein the axial bore comprises a polygonal shape that complements the shape of the polygonal shaped connector pin to reduce axial rotation of the connector pin within the axial bore of the insert.

6. The lead connector arrangement of claim 4, wherein the axial bore comprises at least one of a triangular, square, rectangular, and hexagonal shape that complements the

shape of the at least one of a triangular, square, rectangular, and hexagonal shaped connector pin to reduce axial rotation of the connector pin within the axial bore of the insert.

7. The lead connector arrangement of claim 1, wherein the connector pin comprises an inner threaded recess within a tip of the connector pin for coupling to a threaded pull tool, and wherein the pull tool is screwed into the inner threaded recess of the connector pin and the connector pin is pulled through the connector sleeve assembly until it is inserted within the axial bore of the insert.

8. The lead connector arrangement of claim 1, wherein the lead connector arrangement couples the lead conductor to an implantable medical device.

\* \* \* \* \*