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SUPPORT FOR A HEART VALVE PROSTHESIS

The invention relates to a support according to the precharacterising clause of Claim 1.

5 The known prostheses used in cardiac surgery contain a crown-shaped support of plastic, but generally of metal or of both materials. They consist in general of long, often wire-like elements which are predominantly not very elastic and are often joined by soldering or welding. This results in poor
10 adaptability, especially since the joints then become brittle, but in some cases also relatively poor tolerance, not least because the textile covering generally applied to the support then requires several seams in order to hold securely on the wire skeleton of
15 the support, with the result that strength problems may also occur and manufacture is made more difficult. Typical heart valve prostheses of this type are described in U.S. Patent 3,570,014 or U.S. Patent 3,755,823.

20 It is the object of the invention to design a support for a heart valve prosthesis of the type stated at the outset in such a way that the adaptability and tolerance are improved, strength problems being avoided. This is achieved according to the invention
25 by the characterising features of Claim 1.

The two-dimensional embodiment ensures both flexibility and adaptability, the one-piece embodiment making solder connections or the like superfluous, which is advantageous on the one hand for the strength
30 and durability and on the other hand for easier manufacture.

The elasticity and flexibility of the support arms is further improved by the embodiment according to Claim 2. The embodiment having indentations between
35 projections, according to Claim 3, permits the accommodation of excess biological heart valve

material, which is fastened in a known manner to the support or to its textile covering. It is true that similar indentations were present also in an embodiment according to U.S. Patent 4,259,753, which attempted to overcome the previous disadvantages by avoiding long support arms, and of course with acceptance of the other disadvantages mentioned.

In particular, the embodiment, according to the invention, of the support provides such great adaptability that the heart valve prosthesis can be used equally, in the position of mitral or trichospidal valves.

Further details of the invention are evident from the following description of embodiments shown schematically in the drawing.

Fig. 1 shows a support according to the invention before attachment of the biological heart valve material and

Fig. 2 shows the developed view of a support formed according to the invention; ~~for which~~

Fig. 3 to 5a show various cross-sectional forms.

Fig. 1 shows a heart valve prosthesis 1 having an annular support 1a according to the invention in an oblique view with partly removed textile covering 3, which covers the annular support 1a together with a collar 2 mounted thereon. As can be seen, the support 1a consists of flat material, in particular of a thermoplastic, so that it can be produced easily and economically, for example by injection moulding.

The support 1a possesses, in a known manner, three axially projecting support arms 4, the free ends of which are rounded in the manner to be described subsequently with reference to Fig. 2. Projections 5 and indentations 6 are arranged alternately at the axial end of the support 1a, opposite the support arms 4, in which indentations any excess biological heart valve material, which is to be flattened in a

conventional manner over the support arms and is to be fastened to the collar 2, can be accommodated. As will be explained subsequently, the support 1a - in contrast to the prior art - is relatively flexible and elastic, and expediently only the middle region between the base region 4a of the support arms 4 and the indentations 6 can be reinforced, as is evident from Fig. 4a and 5a.

The textile covering 3 is expediently elastic and consists, for example, of a network fabric, because such a fabric has sufficient intrinsic elasticity - even when conventional, biologically tolerated textile material is used. In practice, a USCI product, Adavison, from C.R. Bard, Catalogue No. 007831, has proved expedient. This is all the more surprising since nonelastic coverings have been chosen to date; however, it will subsequently become clear that the choice of elastic material results in a simplification in the manufacture of the heart valve prosthesis, improved safety with respect to tearing of seams and a smaller number of such seams, which also improves the tolerance of the prosthesis. This is because in many cases a concealed (and therefore invisible) circumferential seam in the region of the collar 2 will be sufficient, if necessary with a vertical seam 7.

From the developed view of the enclosed support 1a according to Fig. 2, it can be seen that the indentations 6 are located exactly opposite the support arms 4, on the same generatrix 8 which forms a common axis of symmetry. The rather flat projections 5 are located between the indentations 6. The generatrices 8 preferably form a gentle cone, the geometry of which will be discussed with reference to Fig. 3 to 5a. The height H from the outermost tip of the support arms 4 to the ends of the projections 5 is smaller than the maximum diameter of the support 1a shown in Fig. 1.

To make it easier to pull on the material 3 - with an optimal anatomical fit - it is expedient if the

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support arms 4 are rounded at their free ends with a radius R which corresponds to not more than one eighth of the diameter of the support 1a - measured in the region of the collar 2 shown in Fig. 1. On the other hand, it is advantageous if the indentations 6 are relatively flat, the radius of curvature 2R preferably corresponding to not more than twice the radius of curvature R of the support arms 4. The collar 2 consisting of textile or plastic material is expediently mounted between the two circumferential lines 9 and 10, the circumferential line 9 being located underneath the base 4a of the support arms 4 - preferably at a distance a1 of about 1 mm - the circumferential line 10 advantageously being located somewhat further, for example a distance a2 of about 2 mm, from the edges of the indentations 5. The height h of the indentations 5, that is to say the height of the arrow from the free end of the projections 5 to the lowest point of the indentation 5, should expediently be not more than 0.2 mm.

The wall thickness W of the flat support 1a can be relatively uniform and not more than 1 mm, but Fig. 3 to 5a are intended to show that nonuniform wall thicknesses are also possible within the scope of the invention. It should also be mentioned that Fig. 2 shows an equidistant arrangement of the support arms 4, i.e. an arrangement distributed symmetrically over the circumference of the annular element 1a, but that, as has also already been proposed - asymmetric arrangements are likewise possible. Thus, by means of different spacings between the support arms 4, the fact that the biological material is generally not uniformly available for the heart prosthesis is taken into account. For example, if the spacing of the three arms increases in the clockwise or counterclockwise direction, an angular sequence of 110° , 120° and 130° proving particularly advantageous, different biological



circumstances can be catered for with these two embodiments.

Fig. 3 shows a section through the support 1a, in which the arms 4 make an angle α , preferably of not more than 8° , with a longitudinal axis or with a line L parallel thereto, so that the vertical angle of the support arms 4 converging from two opposite sides of the annular element 1a is finally 2α . In this embodiment, the wall thickness W in the region of the support arms 4 is relatively uniform; it may taper slightly towards the free ends of the arms 4, while the region located underneath the base 4a in between can be reinforced in its cross-section A, that is to say arched inwards. This gives the support arms 4 increased mobility and elasticity which supports its function at a point in constant movement and, owing to its greater adaptability, makes the prosthesis more suitable for use in a very wide range of positions.

In the case of Fig. 4, too, the outer surface of the support arms 4 is conical with respect to the longitudinal axis of the support 1a, as is preferred. Here, however, the internal diameter of the support is the same over the height of the support arms 4, so that the inner cavity - in the region of the support arms 4 - is to be regarded as cylindrical. In addition to this conical embodiment of the upper support arm region of the support 1a, the lower region too, which includes the projections 5 and the indentations 6, can be in the form of a cone which opens in a downward direction and has a slightly larger cone angle α_1 , where α_1 may be, for example, about 2° larger than α . If, for example, α is 6° , α_1 is 8° .

The transition from the upper region of the support arms 4 to the lower region of the projections 5 is preferably via the outer (and inner) curvature. The radius R1 of this curvature is not critical and may



be, for example, 15 to 45 mm. This also improves the retention of the collar 2 - where it is used - and of course the transition from the upper to the lower region is therefore close to the line 10 described above with reference to Fig. 2.

As shown in Fig. 4a by means of a section, an annular region 11 which has a cross-section tapering inwards to a point and imparts greater stability there to the support 1a while fully retaining the elasticity of the support arms, can be provided between the projecting support arms 4 and the projections 5 forming - similarly to Fig. 4 - a lower cone of relatively great divergence. For reasons relating to medical technology, however, a continuously rounded transition is generally provided between the upper and the lower region. The fact that the wall thickness of the support arms 4 tapers at an angle α_2 towards their free ends in such a way that the free end is, for example, about 20% narrower than the base of the particular support arm 4 helps to increase the elasticity in the case of Fig. 4 and 4a.

If Fig. 4a also shows an annular region 11 tapering inwards to a point, it is of course true that an inner curvature, for example having the stated radius R_1 , is preferable. Larger radii of, for example, 30 mm (cf. Fig. 5) are preferable to smaller radii (cf. Fig. 5a) because they permit better adaptation to the particular function. Thus, the embodiment according to Fig. 5 appears to be optimal; it has an upper cone having a vertical angle of, for example, 6° and a lower cone having a vertical angle of, for example, 8° , in conjunction with tapering of the support arms 4 towards their free ends, and an inner curvature having a radius R_1 .

In this sense, it is possible first to prefabricate supports 1a of different diameters, preferably from 17 mm to 33 mm at the base B. In order



subsequently to form a heart valve prosthesis 1 shown in Fig. 1 therefrom, a textile covering 3 must be provided - in the manner described. In practice, a human (if desired also an animal) pulmonary or aortic valve is stored either in a nutrient solution (together with antibiotics and other substances) and is sewn to the prosthesis shown shortly before use; alternatively, the already combined components of the prosthesis are stored or frozen together in a nutrient solution until they are required. This also ensures a high rate of cell survival, and the prostheses produced in this manner can be used in four different positions.

A large number of modifications are possible within the scope of the invention: although the tapering with the angle α_2 (Fig. 4) was described with reference to the support arms 4, it is advantageous if the projections 5 also taper, as illustrated in particular by the preferred embodiment according to Fig. 5, with the result that these projections 5, too, impart improved elasticity.

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PATENT CLAIMS

1. Support of a plastic material for a heart valve prosthesis, which support has, at one axial end, axially projecting support arms distributed over the circumference and rounded at the free end, having a covering, for fastening biological heart valve material, characterised in that the support (1a) is formed as a single piece from flat, closed, preferably thermoplastic material which itself has an approximately hollow cylindrical or hollow conical shape.

2. Support according to Claim 1, characterised in that its wall thickness (W) tapers towards the free ends of the support arms (4).

3. Support according to Claim 1 or 2, characterised in that axial indentations (6) are formed in the axial support end opposite the free end of the support arms (4), between which indentations projections (5) are located, and that the normal distance from the free end of a projection (5) to the lowest point of the indentation (6) adjacent to it is not more than 0.2 mm.

4. Support according to Claim 3, characterised in that the wall thickness (W) of the support (1a) tapers towards the free ends of the projections (5), starting from a reinforced annular region, and/or the projections (5) diverge conically in the axial direction by a predetermined angle (α_1) of not more than 8° , preferably not more than 4° .

5. Support according to any of the preceding Claims, characterised in that the support arms (4) converge towards one another conically in the axial direction by a predetermined angle (α_2) of not more than 8° , preferably not more than 6° .

6. Support according to any of the preceding Claims, characterised in that at least one of the

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following features is present:

- a) the support arms (4) are rounded at the free end, the radius of curvature (R) being not more than one eighth of the diameter of the support (1a) - measured at the base (4a) of the support arms (4);
- b) the total height (H) of the support (1a) corresponds to not more than its diameter;
- c) the wall thickness (W) of the support (1a) is not more than 1 mm.

7. Support according to Claim 6, characterised in that the indentations (6) are rounded, the radius of curvature (2R) preferably corresponding to not more than twice the radius of curvature (R) of the free ends of the support arms (4).

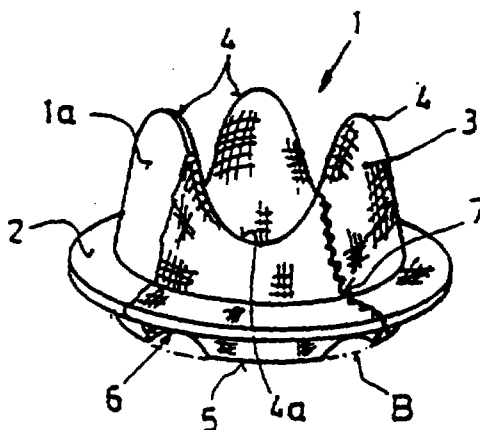
8. Support according to any of the preceding Claims, characterised in that the support arms (4) are different distances apart, said spacing corresponding in particular to an arithmetic series.





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(21) International Application Number: PCT/EP92/01017 (22) International Filing Date: 8 May 1992 (08.05.92) (30) Priority data: 91 107 446.6 8 May 1991 (08.05.91) EP (34) Countries for which the regional or international application was filed: DE et al. (71) Applicant (for all designated States except US): NIKA HEALTH PRODUCTS LIMITED [LI/LI]; Städtle 36, FL-9490 Vaduz (LI). (72) Inventors; and (75) Inventors/Applicants (for US only) : RELIGA, Zbigniew [PL/PL]; Aleja 3-Maja 2/175, Warszawa (PL). STOLARZEWICZ, Bogdan [PL/PL]; Warszawska 70, Katowice (PL). CICHON, Romuald [PL/PL]; Olimpijska 35/29, Bytom (PL). KRZYSKOW, Marek [PL/PL]; Szkolna 18/21, Swietochlowice (PL). STOZEK, Jolanta [PL/PL]; Ziolkowa 46, Katowice (PL).		(74) Agent: BÜCHEL, Kurt, F.; Bergstrasse 297, FL-9495 Triesen (LI). (81) Designated States: AT, AT (European patent), AU, BB, BE (European patent), BF (OAPI patent), BG, BJ (OAPI patent), BR, CA, CF (OAPI patent), CG (OAPI patent), CH, CH (European patent), CI (OAPI patent), CM (OAPI patent), CS, DE, DE (European patent), DK, DK (European patent), ES, ES (European patent), FI, FR (European patent), GA (OAPI patent), GB, GB (European patent), GN (OAPI patent), GR (European patent), HU, IT (European patent), JP, KP, KR, LK, LU, LU (European patent), MC (European patent), MG, ML (OAPI patent), MN, MR (OAPI patent), MW, NL, NL (European patent), NO, PL, RO, RU, SD, SE, SE (European patent), SN (OAPI patent), TD (OAPI patent), TG (OAPI patent), US. Published <i>With international search report. Before the expiration of the time limit for amending the claims and to be republished in the event of the receipt of amendments.</i> = EP 92 910417.2

(54) Title: SUPPORT FOR A HEART VALVE PROSTHESIS

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**(57) Abstract**

A hart valve prosthesis (1) is formed from a support (1a) having a textile covering (3). The support (1a) is formed as a single piece and consists of flat, closed, preferably thermoplastic material which itself has an approximately hollow cylindrical or hollow conical shape.

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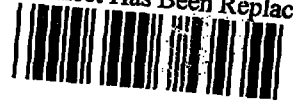
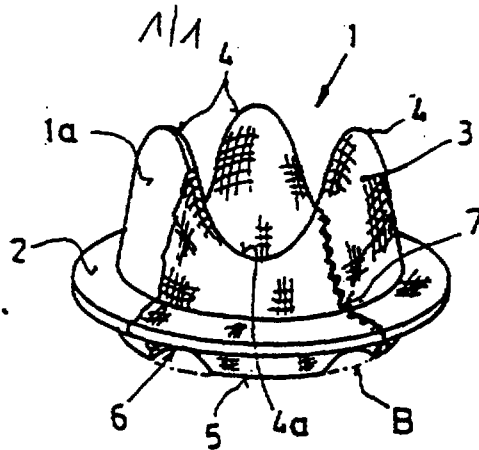


Fig. 1

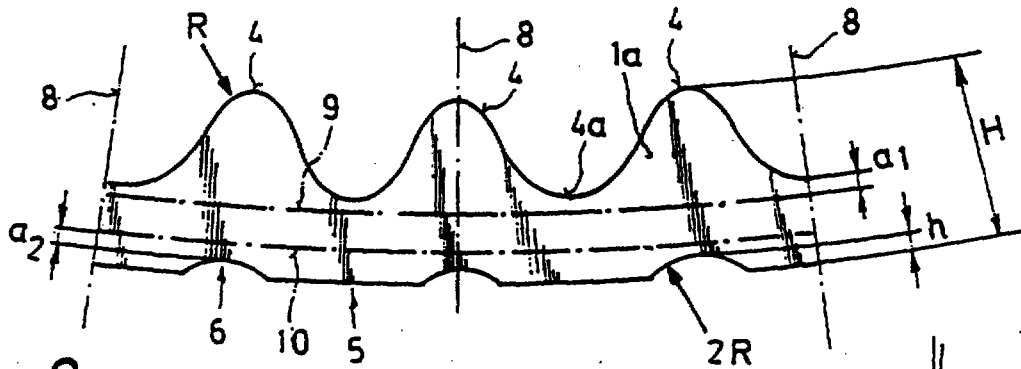


Fig. 2

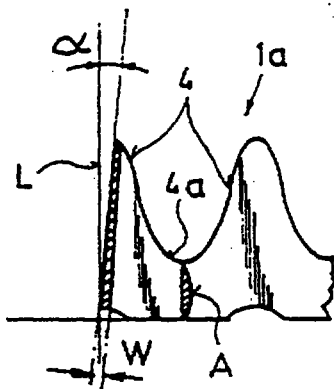


Fig. 3

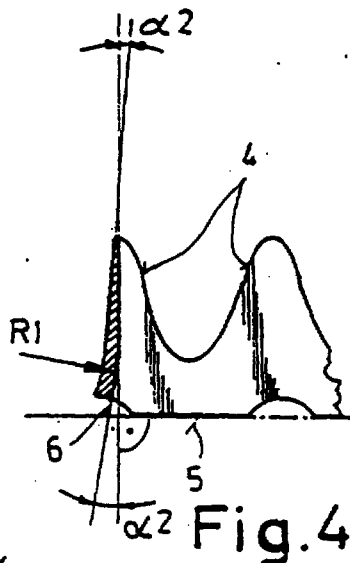


Fig. 4

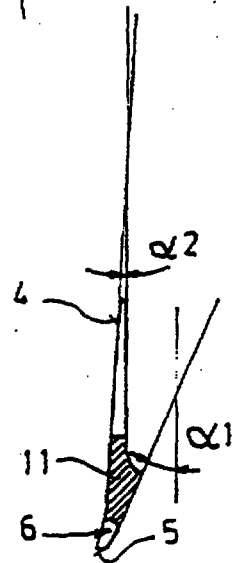


Fig. 4a

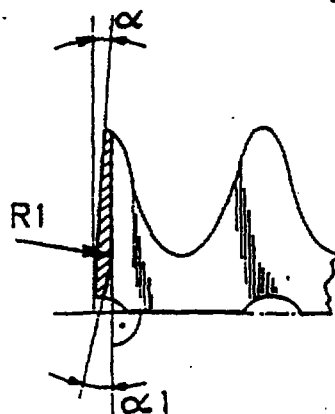


Fig. 5

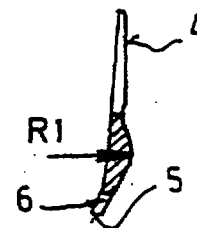


Fig. 5a

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SUPPORT FOR A HEART VALVE PROSTHESIS

The invention relates to a support according to the precharacterising clause of Claim 1.

The known prostheses used in cardiac surgery contain a crown-shaped support of plastic, but generally of metal or of both materials. They consist in general of long, often wire-like elements which are predominantly not very elastic and are often joined by soldering or welding. This results in poor adaptability, especially since the joints then become brittle, but in some cases also relatively poor tolerance, not least because the textile covering generally applied to the support then requires several seams in order to hold securely on the wire skeleton of the support, with the result that strength problems may also occur and manufacture is made more difficult. Typical heart valve prostheses of this type are described in U.S. Patent 3,570,014 or U.S. Patent 3,755,823.

It is the object of the invention to design a support for a heart valve prosthesis of the type stated at the outset in such a way that the adaptability and tolerance are improved, strength problems being avoided. This is achieved according to the invention by the characterising features of Claim 1.

The two-dimensional embodiment ensures both flexibility and adaptability, the one-piece embodiment making solder connections or the like superfluous, which is advantageous on the one hand for the strength and durability and on the other hand for easier manufacture.

The elasticity and flexibility of the support arms is further improved by the embodiment according to Claim 2. The embodiment having indentations between projections, according to Claim 3, permits the accommodation of excess biological heart valve



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material, which is fastened in a known manner to the support or to its textile covering. It is true that similar indentations were present also in an embodiment according to U.S. Patent 4,259,753, which attempted to overcome the previous disadvantages by avoiding long support arms, and of course with acceptance of the other disadvantages mentioned.

In particular, the embodiment, according to the invention, of the support provides such great adaptability that the heart valve prosthesis can be used equally, in the position of mitral or trichospidal valves.

Further details of the invention are evident from the following description of embodiments shown schematically in the drawing.

Fig. 1 shows a suport according to the invention before attachment of the biological heart valve material and

Fig. 2 shows the developed view of a support formed according to the invention; ~~for which~~

Fig. 3 to 5a show various cross-sectional forms.

Fig. 1 shows a heart valve prosthesis 1 having an annular support 1a according to the invention in an oblique view with partly removed textile covering 3, which covers the annular support 1a together with a collar 2 mounted thereon. As can be seen, the support 1a consists of flat material, in particular of a thermoplastic, so that it can be produced easily and economically, for example by injection moulding.

The support 1a possesses, in a known manner, three axially projecting support arms 4, the free ends of which are rounded in the manner to be described subsequently with reference to Fig. 2. Projections 5 and indentations 6 are arranged alternately at the axial end of the support 1a, opposite the support arms 4, in which indentations any excess biological heart valve material, which is to be flattened in a



conventional manner over the support arms and is to be fastened to the collar 2, can be accommodated. As will be explained subsequently, the support 1a - in contrast to the prior art - is relatively flexible and elastic, and expediently only the middle region between the base region 4a of the support arms 4 and the indentations 6 can be reinforced, as is evident from Fig. 4a and 5a.

The textile covering 3 is expediently elastic and consists, for example, of a network fabric, because such a fabric has sufficient intrinsic elasticity - even when conventional, biologically tolerated textile material is used. In practice, a USCI product, Adavison, from C.R. Bard, Catalogue No. 007831, has proved expedient. This is all the more surprising since nonelastic coverings have been chosen to date; however, it will subsequently become clear that the choice of elastic material results in a simplification in the manufacture of the heart valve prosthesis, improved safety with respect to tearing of seams and a smaller number of such seams, which also improves the tolerance of the prosthesis. This is because in many cases a concealed (and therefore invisible) circumferential seam in the region of the collar 2 will be sufficient, if necessary with a vertical seam 7.

From the developed view of the enclosed support 1a according to Fig. 2, it can be seen that the indentations 6 are located exactly opposite the support arms 4, on the same generatrix 8 which forms a common axis of symmetry. The rather flat projections 5 are located between the indentations 6. The generatrices 8 preferably form a gentle cone, the geometry of which will be discussed with reference to Fig. 3 to 5a. The height H from the outermost tip of the support arms 4 to the ends of the projections 5 is smaller than the maximum diameter of the support 1a shown in Fig. 1.

To make it easier to pull on the material 3 - with an optimal anatomical fit - it is expedient if the



support arms 4 are rounded at their free ends with a radius R which corresponds to not more than one eighth of the diameter of the support 1a - measured in the region of the collar 2 shown in Fig. 1. On the other hand, it is advantageous if the indentations 6 are relatively flat, the radius of curvature $2R$ preferably corresponding to not more than twice the radius of curvature R of the support arms 4. The collar 2 consisting of textile or plastic material is expediently mounted between the two circumferential lines 9 and 10, the circumferential line 9 being located underneath the base 4a of the support arms 4 - preferably at a distance a_1 of about 1 mm - the circumferential line 10 advantageously being located somewhat further, for example a distance a_2 of about 2 mm, from the edges of the indentations 5. The height h of the indentations 6, that is to say the height of the arrow from the free end of the projections 5 to the lowest point of the indentation 5, should expediently be not more than 0.2 mm.

The wall thickness W of the flat support 1a can be relatively uniform and not more than 1 mm, but Fig. 3 to 5a are intended to show that nonuniform wall thicknesses are also possible within the scope of the invention. It should also be mentioned that Fig. 2 shows an equidistant arrangement of the support arms 4, i.e. an arrangement distributed symmetrically over the circumference of the annular element 1a, but that, as has also already been proposed - asymmetric arrangements are likewise possible. Thus, by means of different spacings between the support arms 4, the fact that the biological material is generally not uniformly available for the heart prosthesis is taken into account. For example, if the spacing of the three arms increases in the clockwise or counterclockwise direction, an angular sequence of 110° , 120° and 130° proving particularly advantageous, different biological



circumstances can be catered for with these two embodiments.

Fig. 3 shows a section through the support 1a, in which the arms 4 make an angle α , preferably of not more than 8° , with a longitudinal axis or with a line L parallel thereto, so that the vertical angle of the support arms 4 converging from two opposite sides of the annular element 1a is finally 2α . In this embodiment, the wall thickness W in the region of the support arms 4 is relatively uniform; it may taper slightly towards the free ends of the arms 4, while the region located underneath the base 4a in between can be reinforced in its cross-section A, that is to say arched inwards. This gives the support arms 4 increased mobility and elasticity which supports its function at a point in constant movement and, owing to its greater adaptability, makes the prosthesis more suitable for use in a very wide range of positions.

In the case of Fig. 4, too, the outer surface of the support arms 4 is conical with respect to the longitudinal axis of the support 1a, as is preferred. Here, however, the internal diameter of the support is the same over the height of the support arms 4, so that the inner cavity - in the region of the support arms 4 - is to be regarded as cylindrical. In addition to this conical embodiment of the upper support arm region of the support 1a, the lower region too, which includes the projections 5 and the indentations 6, can be in the form of a cone which opens in a downward direction and has a slightly larger cone angle α_1 , where α_1 may be, for example, about 2° larger than α . If, for example, α is 6° , α_1 is 8° .

The transition from the upper region of the support arms 4 to the lower region of the projections 5 is preferably via the outer (and inner) curvature. The radius R1 of this curvature is not critical and may



be, for example, 15 to 45 mm. This also improves the retention of the collar 2 - where it is used - and of course the transition from the upper to the lower region is therefore close to the line 10 described above with reference to Fig. 2.

As shown in Fig. 4a by means of a section, an annular region 11 which has a cross-section tapering inwards to a point and imparts greater stability there to the support 1a while fully retaining the elasticity of the support arms, can be provided between the projecting support arms 4 and the projections 5 forming - similarly to Fig. 4 - a lower cone of relatively great divergence. For reasons relating to medical technology, however, a continuously rounded transition is generally provided between the upper and the lower region. The fact that the wall thickness of the support arms 4 tapers at an angle α_2 towards their free ends in such a way that the free end is, for example, about 20% narrower than the base of the particular support arm 4 helps to increase the elasticity in the case of Fig. 4 and 4a.

If Fig. 4a also shows an annular region 11 tapering inwards to a point, it is of course true that an inner curvature, for example having the stated radius R_1 , is preferable. Larger radii of, for example, 30 mm (cf. Fig. 5) are preferable to smaller radii (cf. Fig. 5a) because they permit better adaptation to the particular function. Thus, the embodiment according to Fig. 5 appears to be optimal; it has an upper cone having a vertical angle of, for example, 6° and a lower cone having a vertical angle of, for example, 8° , in conjunction with tapering of the support arms 4 towards their free ends, and an inner curvature having a radius R_1 .

In this sense, it is possible first to prefabricate supports 1a of different diameters, preferably from 17 mm to 33 mm at the base B. In order



subsequently to form a heart valve prosthesis 1 shown in Fig. 1 therefrom, a textile covering 3 must be provided - in the manner described. In practice, a human (if desired also an animal) pulmonary or aortic valve is stored either in a nutrient solution (together with antibiotics and other substances) and is sewn to the prosthesis shown shortly before use; alternatively, the already combined components of the prosthesis are stored or frozen together in a nutrient solution until they are required. This also ensures a high rate of cell survival, and the prostheses produced in this manner can be used in four different positions.

A large number of modifications are possible within the scope of the invention: although the tapering with the angle α_2 (Fig. 4) was described with reference to the support arms 4, it is advantageous if the projections 5 also taper, as illustrated in particular by the preferred embodiment according to Fig. 5, with the result that these projections 5, too, impart improved elasticity.



PATENT CLAIMS

1. Support of a plastic material for a heart valve prosthesis, which support has, at one axial end, axially projecting support arms distributed over the circumference and rounded at the free end, having a covering, for fastening biological heart valve material, characterised in that the support (1a) is formed as a single piece from flat, closed, preferably thermoplastic material which itself has an approximately hollow cylindrical or hollow conical shape.
2. Support according to Claim 1, characterised in that its wall thickness (W) tapers towards the free ends of the support arms (4).
3. Support according to Claim 1 or 2, characterised in that axial indentations (6) are formed in the axial support end opposite the free end of the support arms (4), between which indentations projections (5) are located, and that the normal distance from the free end of a projection (5) to the lowest point of the indentation (6) adjacent to it is not more than 0.2 mm.
4. Support according to Claim 3, characterised in that the wall thickness (W) of the support (1a) tapers towards the free ends of the projections (5), starting from a reinforced annular region, and/or the projections (5) diverge conically in the axial direction by a predetermined angle (α_1) of not more than 8° , preferably not more than 4° .
5. Support according to any of the preceding Claims, characterised in that the support arms (4) converge towards one another conically in the axial direction by a predetermined angle (α_2) of not more than 8° , preferably not more than 6° .
6. Support according to any of the preceding Claims, characterised in that at least one of the



following features is present:

- a) the support arms (4) are rounded at the free end, the radius of curvature (R) being not more than one eighth of the diameter of the support (1a) - measured at the base (4a) of the support arms (4);
- b) the total height (H) of the support (1a) corresponds to not more than its diameter;
- c) the wall thickness (W) of the support (1a) is not more than 1 mm.

7. Support according to Claim 6, characterised in that the indentations (6) are rounded, the radius of curvature (2R) preferably corresponding to not more than twice the radius of curvature (R) of the free ends of the support arms (4).

8. Support according to any of the preceding Claims, characterised in that the support arms (4) are different distances apart, said spacing corresponding in particular to an arithmetic series.

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PATENT CLAIMS

1. Support of a plastic material for a heart valve prosthesis, comprising:
 - at one axial end, axially projecting support arms
 - 5 distributed over the circumference and rounded at the free end;
 - axial indentations opposite the free end of said support arms, between which indentations projections are located;
 - 10 - a covering, being intended for fastening biological material, and
 - being formed as a single piece from flat, closed material having an approximately hollow cylindrical shape and an annular reinforced region from which the wall thickness
 - 15 of the support tapers towards the free ends of the support arms as well as it tapers towards the free ends of the projections.
2. Support according to claim 1, characterised in that the outer surface of the support arms form an upper cone with
- 20 respect to the longitudinal axis of the support, converging towards the free ends of the support arms.
3. Support according to claim 1 or 2, characterised in that the projections form a lower cone which is divergent with respect to the longitudinal axis of the support.
- 25 4. Support according to claim 3, characterised in that the angle formed between the lower cone with the longitudinal axis of the support is greater than the angle formed between the upper cone with the longitudinal axis of the support.
- 30 5. Support according to any of the preceding claims, characterised in that a collar is provided retained on the outside of the support, representing - or in addition to - the annular reinforced region.

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6. Support according to any of the preceding claims,
characterised in that the reinforcement of the annular
region projects inwardly.
- 5 7. Support according to any of the preceding claims,
characterised in that the collar is made entirely of
textile material.

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SUPPORT FOR A HEART VALVE PROSTHESIS**ABSTRACT**

A heart valve prosthesis (1) is formed from a support (1a) having a textile covering (3). The support (1a) is formed as a single piece and consists of flat, closed, preferably thermoplastic material which itself has an approximately hollow cylindrical or hollow conical shape.

Figure 1

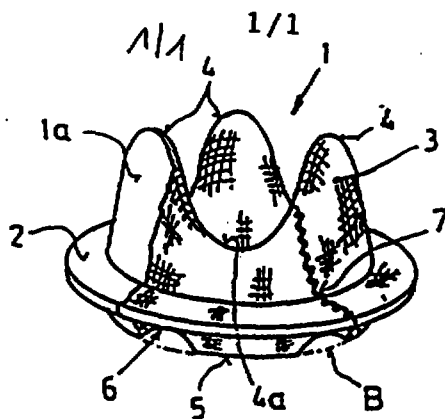


Fig. 1

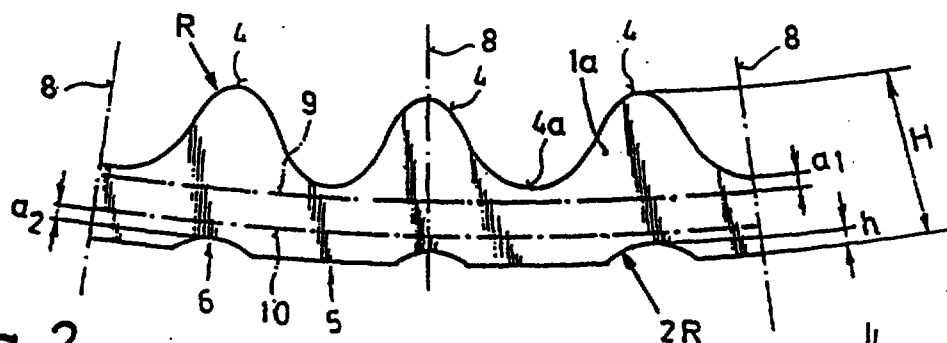


Fig. 2

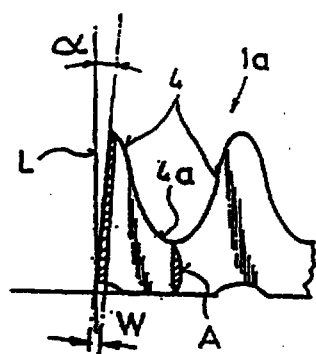


Fig. 3

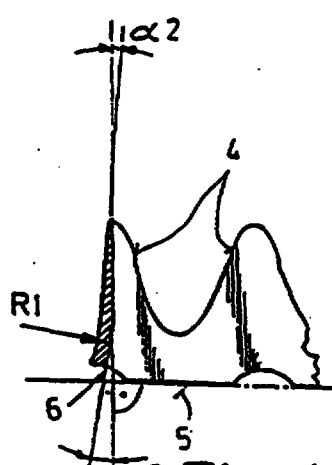


Fig. 4

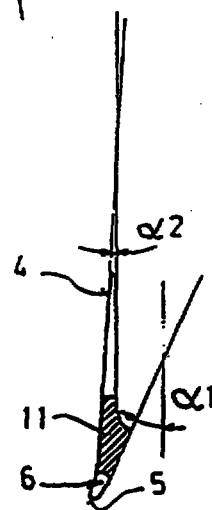


Fig. 4a

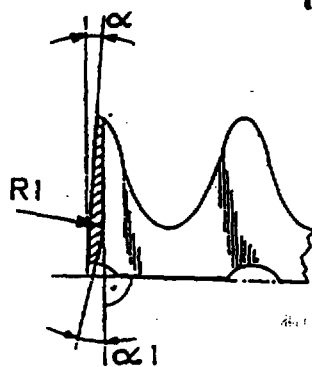


Fig. 5

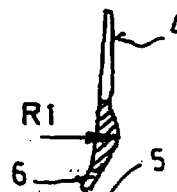


Fig. 5a

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SUPPORT FOR A HEART VALVE PROSTHESIS

The invention relates to a support according to the precharacterising clause of Claim 1. Such a support is known eg from EP-A-0 143 246.

5 The known prosthesis used in cardiac surgery contain a crown-shaped support of plastic, but generally of metal or of both materials. They consist in general of long, often wire-like elements which are predominantly not very elastic and are often joined by soldering or welding. This results in poor adaptability, especially since the
10 joints then become brittle, but in some cases also relatively poor tolerance, not least because the textile covering generally applied to the support then requires several seams in order to hold securely on the wire skeleton of the support, with the result that strength
15 problems may also occur and manufacture is made more difficult. Typical heart valve prosthesis of this type are described in US Patent 3,570,014 or US Patent 3,755,823.

The EP-A-0 143 246 shows a support for a heart
20 valve made from plastics material, whereby a lot of openings shall insure the fastening of a cover. Also US-A-3,983,581 describes a support for a heart valve made from plastic material and having an approximately hollow cylindrical shape. US-A-4,364,127 describes a support for
25 a trileaflet heart valve, wherein three struts upstanding from a ring shaped base taper in thickness from a thicker base to thinner tips in order to provide variable flexibility from the base to the tips.

It is an object of the invention to design a
30 support for a heart valve prosthesis of the type stated at the outset in such a way that the adaptability and tolerance are improved, strength problems being avoided. This is achieved according to the invention by the characterising features of Claim 1.

35 The two-dimensional embodiment ensures both

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flexibility and adaptability, the one-piece embodiment making solder connections or the like superfluous, which is advantageous on the one hand for the strength and durability and on the other hand for easier manufacture.

5 The elasticity and flexibility of the support arms is improved. The indentations between the projections permit the accommodation of excess biological heart valve material, which is fastened in a known manner to the support or to its textile covering. It is true that
10 similar indentations were present also in an embodiment according to US Patent 4,259,753, which attempted to overcome the previous disadvantages by avoiding long support arms, and of course with acceptance of the other disadvantages mentioned.

15 In particular, the embodiment, according to the invention, of the support provides such great adaptability that the heart valve prosthesis can be used equally, in the position of mitral or trichospidal valves.

20 Further details of the invention are evident from the following description of embodiments shown schematically in the drawings.

Figure 1 shows a support according to the invention before attachment of the biological heart valve material;

25 Figure 2 shows the developed view of a support formed according to the invention; and

Figures 3 to 5a show various cross sectional forms, whereas the embodiment of Figure 3 does not fall within the scope of the invention but it is used for
30 illustrative purposes only.

Figure 1 shows a heart valve prosthesis 1 having an annular support 1a according to the invention in an oblique view with partly removed textile covering 3, which covers the annular support 1a together with a collar 2
35 mounted thereon. As can be seen, the support 1a consists

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of flat material, in particular of a thermoplastic, so that it can be produced easily and economically, for example by injection moulding.

5 The support 1a possesses, in a known manner, three axially projecting support arms 4, the free ends of which are rounded in the manner to be described subsequently with reference to Figure 2. Projections 5 and indentations 6 are arranged alternately at the axial end of the support 1a, opposite the support arms 4, in 10 which indentations any excess biological heart valve material, which is to be flattened in a conventional manner over the support arms and is to be fastened to the collar 2, can be accommodated. As will be explained subsequently, the support 1a - in contrast to the prior 15 art - is relatively flexible and elastic, and expediently only the middle region between the base region 4a of the support arms 4 and the indentations 6 can be reinforced, as is evident from Figures 4a and 5a.

20 The textile covering 3 is expediently elastic and consists, for example, of a network fabric, because such a fabric has sufficient intrinsic elasticity - even when conventional, biologically tolerated textile material is used. In practice, a USCI product, Adavison, from C R Bard, Catalogue No 007831, has proved expedient. This is 25 all the more surprising since nonelastic coverings have been chosen to date; however, it will subsequently become clear that the choice of elastic material results in a simplification in the manufacture of the heart valve prosthesis, improved safety with respect to tearing of 30 seams and a smaller number of such seams, which also improves the tolerance of the prosthesis. This is because in many cases a concealed (and therefore invisible) circumferential seam in the region of the collar 2 will be sufficient, if necessary with a vertical seam 7.

35 From the developed view of the enclosed support

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1a according to Figure 2, it can be seen that the indentations 6 are located exactly opposite the support arms 4, on the same generatrix 8 which forms a common axis of symmetry. The rather flat projections 5 are located
5 between the indentations 6. The generatrices 8 preferably form a gentle cone, the geometry of which will be discussed with reference to Figures 3 to 5a. The height H from the outermost tip of the support arms 4 to the ends of the projections 5 is smaller than the maximum diameter
10 of the support 1a shown in Figure 1.

To make it easier to pull on the material 3 - with an optimal anatomical fit - it is expedient if the support arms 4 are rounded at their free ends with a radius R which corresponds to not more than one eighth of
15 the diameter of the support 1a - measured in the region of the collar 2 shown in Figure 1. On the other hand, it is advantageous if the indentations 6 are relatively flat, the radius of curvature 2R preferably corresponding to not more than twice the radius of curvature R of the support
20 arm 4. The collar 2 consisting of textile or plastic material is expediently mounted between the two circumferential lines 9 and 10, the circumferential line 9 being located underneath the base 4a of the support arms 4 - preferably at a distance a1 of about 1 mm - the
25 circumferential line 10 advantageously being located somewhat further, for example a distance a2 of about 2 mm, from the edges of the indentations 6. The height H of the indentations 6, that is to say the height of the arrow from the free end of the projections 5 to the lowest point
30 of the indentations 6, should expediently be not more than 0.2 mm.

The wall thickness W of the flat support 1a can be relatively uniform, which is, however, not within the scope of the present invention, and can be not be more
35 than 1 mm. It should also be mentioned that Figure 2

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shows an equidistant arrangement of the support arm 4, ie an arrangement distributed symmetrically over the circumference of the annular element 1a, but that, as has also already been proposed, asymmetric arrangements are likewise possible. Thus, by means of different spacings between the support arm 4, the fact that the biological material is generally not uniformly available for the heart prosthesis is taken into account. For example, if the spacing of the three arms increases in the clockwise or counterclockwise direction, an angular sequence of 110°, 120° and 130° proving particularly advantageous, different biological circumstances can be created for with these two embodiments.

Figure 3 shows a section through the support 1a, in which the arms 4 make an angle α , preferably of not more than 8°, with a longitudinal axis or with a line L parallel thereto, so that the vertical angle of the support arms 4 converging from two opposite sides of the annular element 1a is finally 2α . The region located underneath the base 4a in between the support arms 4 is reinforced in its cross-section A, that is to say arched inwards. This gives the support arms 4 increased mobility and elasticity which supports its function at a point in constant movement and, owing to its greater adaptability, makes the prosthesis more suitable for use in a very wide range of positions.

In the case of Figure 4, too, the outer surface of the support arms 4 is conical with respect to the longitudinal axis of the support 1a, as is preferred. Here, however, the internal diameter of the support is the same over the height of the support arms 4, so that the inner cavity - in the region of the support arms 4 - is to be regarded as cylindrical. In addition to this conical embodiment of the upper support arm region of the support 1a, the lower region too, which includes the projections 5

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and the indentations 6, can be in the form of a cone which opens in a downward direction and has a slightly larger cone angle α_1 , where α_1 may be, for example, about 2° larger than α . If, for example, α is 6° , α_1 is 8° .

5 The transition from the upper region of the support arms 4 to the lower region of the projections 5 is preferably via the outer (and inner) curvature. The radius R_1 of this curvature is not critical and may be, for example, 15 to 45 mm. This also improves the
10 retention of the collar 2 - where it is used - and of course the transition from the upper to the lower region is therefore close to the line 10 described above with reference to Figure 2.

As shown in Figure 4a by means of a section, an
15 annular region 11 which has a cross-section tapering inwards to a point and imparts greater stability there to the support 1a while fully retaining the elasticity of the support arms, is provided between the projecting support arms 4 and the projections 5 forming - similarly to Figure
20 4 - a lower cone of relatively great divergence. For reasons relating to medical technology, however, a continuously rounded transition is generally provided between the upper and the lower region. The fact that the wall thickness of the support arms 4 tapers at an angle α_2
25 towards their free ends in such a way that the free end is, for example, about 20% narrower than the base of the particular support arm 4 helps to increase the elasticity in the case of Figures 4 and 4a.

Figure 4a also shows an annular region 11
30 tapering inwards to a point. An inner curvature, for example having the stated radius R_1 , is preferable. Larger radii of, for example, 30 mm (cf Figure 5) are preferable to smaller radii (cf Figure 5a) because they permit better adaptation to the particular function.
35 Thus, the embodiment according to Figure 5 appears to be

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optimal; it has an upper cone having a vertical angle of, for example, 6° and a lower cone having a vertical angle of, for example, 8° , in conjunction with tapering of the support arms 4 towards their free ends, and an inner curvature having a radius R_1 .

In this sense, it is possible first to prefabricate supports 1a of different diameters, preferably from 17 mm to 33 mm at the base B. In order subsequently to form a heart valve prosthesis 1 shown in Figure 1 therefrom, a textile covering 3 must be provided - in the manner described. In practice, a human (if desired also an animal) pulmonary or aortic valve is stored either in a nutrient solution (together with antibiotics and other substances) and is sewn to the prosthesis shown shortly before use; alternatively, the already combined components of the prosthesis are stored or frozen together in a nutrient solution until they are required. This also ensures a high rate of cell survival, and the prosthesis produced in this manner can be used in four different positions.

Although the tapering with the angle α_2 (Figure 4) was described with reference to the support arms 4, according to the invention the projections 5 also taper, as illustrated in particular by the preferred embodiment according to Figure 5, with the result that these projections 5, too, impart improved elasticity.



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CLAIMS

1. Support (1a) of a plastic material for a heart valve prosthesis, comprising:
- at one axial end, axially projecting support arms (4) distributed over the circumference and rounded at the free end;
 - axial indentations (6) opposite the free end of said support arms (4), between which indentations (6) projections (5) are located;
 - a covering (3), being intended for fastening biological material, and being formed as a single piece from flat, closed material having an approximately hollow cylindrical shape characterised in that it has an annual at least partly reinforced region from which the wall thickness of the support tapers towards the free ends of the support arms (4) as well as it tapers towards the free ends of the projections (5).
2. Support (1a) according to Claim 1, characterised in that the outer surface of the support arms (4) from an upper cone with respect to the longitudinal axis of the support, converging towards the free ends of the support arms (4).
3. Support (1a) according to Claim 1 or 2, characterised in that the projections (5) form a lower cone which is divergent with respect of the longitudinal axis of the support (1a).
4. Support (1a) according to Claim 3, characterised in that the angle (α_1) formed between the lower cone with the longitudinal axis of the support (1a) is greater than the angle (α_2) formed between the upper cone with the longitudinal axis of the support (1a).
5. Support (1a) according to any of the preceding claims, characterised in that a collar (2) is provided retained on the outside of the support (1a).



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6. Support (1a) according to any of the preceding claims, characterised in that the reinforcement of the annular region projects inwardly.
7. Support according to any of the preceding
- 5 claims, characterised in that the collar (2) is made entirely of textile material.