A Miniaturized Ultrasonic Power Delivery System

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Motivation: Powering Medical Implants

- Medical implants are fundamentally size constrained by anatomy.
 - Size is often limited by power systems.
- Three options to deliver power:
 - Embedded battery suitable only for ultra-low-power applications with generous available volume (e.g., pacemaker)



Pacemaker, Medtronic

- Energy harvesting has not yet been demonstrated for chronic applications
- Wireless power transfer (WPT) suitable for higherpower applications, as a large battery can be placed outside of the body



Boston Scientific



Retinal Implant, Boston Retinal Implant Project



Cochlear Implant, Advanced Bionics



Transcutaneous power transfer via inductive coupling

- Most implants that employ WPT are a few cm in size
 - Employ (resonant) inductive coupling for power transfer
 - Operate at 0.1-50 MHz due to higher dielectric losses at higher frequencies
 - Efficiency can exceed 90%
- Problem: there are many emerging applications that cannot employ large coils
 - E.g., smart pills, injectable sensors, etc.
 - **Requirement:** efficient transcutaneous power transfer with small (mm-sized) receive antennae





Pill Camera, PillCam



Leadless Pacemaker, St. Jude Medical

Solution 1: mid-field electromagnetics



PROS: enables interesting mmsized implants with *optimal* efficiency from electromagnetics CONS: wavelength in tissue is large
→ focusing energy is difficult; tissue
losses limit efficiency

Solution 2: ultrasonic power transfer

- Ultrasonic waves decay more slowly than mid-field EM waves in most tissue
 - Acoustic attenuation coefficient of *soft* tissue usually ranges from 0.6 to 3.3dB/MHz·cm
 - Mid-field EM decays at 2.6dB/cm
 - Opportunity for deeper implants
- Ultrasound has a much shorter wavelength than mid-field EM
 - 1.5 mm at 1MHz (US) compared to ~30 mm at 1GHz (EM) in most tissues
- Ultrasonic waves suffer less from mismatch loss
 - Acoustic impedance of *soft* tissue is typically between 1.38·10⁶ and 1.99·10⁶ kg/sec·m²

PROBLEM: Ultrasonic power transfer has, at the time of paper submission, only been experimentally validated in cm-sized systems.GOAL: Experimentally validate in a mm-sized system.

Finite Element Analysis Modeling

- Ultrasonic
 - COMSOL 4.4
 - Tissue model: linear elastic material with attenuation
 - Output: pressure and electric potential fields



Finite Element Analysis Modeling

- PZT model
 - Validation of the parameters for the constitutive eqn.
 - Part from manufacturer
 - Others from least-square optimization process of electrical impedance





Finite Element Analysis Modeling

- EM coupling
 - Ansys HFSS
 - Tissue model: water and muscle with dielectric properties
 - Optimal frequency tuned to around 400MHz (MICS band)
 - Circular coil with the same diameter of PZT receiver



Parylene-C coating (0.1mm thick)



Maximum available gain (MAG)

- System-level path loss set by path loss through medium and matching performance
 - Problem: difficult to adjust matching network at every frequency
 - **Solution:** measure two-port s-parameters, calculate MAG assuming optimal matching network at all frequencies
 - Simulation:
 - Calculated by parametric sweeping the RLC values
 - Experiment:
 - Measured by connecting the PZT pair to a network analyzer
- In order to physically achieve the MAG, electrical matching networks at both ports are required



Maximum available gain (MAG)

- MAG vs. optimal frequency
 - The optimal frequency is defined as the frequency at which the minimum path loss occurs
 - The figures below show the comparison between EM coupling and ultrasonic for the medium water



Simulation results – Mineral Oil & Water

• MAG vs. axial distance



Simulation results - Muscle

• MAG vs. axial distance



Simulation results



Axial Distance (cm)

C San Diego

Simulation results

- Slope of MAG curve slowly converges to acoustic attenuation coefficient
 - 0.28dB/cm for mineral oil
 - 0.64dB/cm for muscle
- Ultrasonic scheme starts to take the lead beyond certain depth threshold
 - 1.4cm for mineral oil
 - 0.9cm for muscle
- Optimal frequency for ultrasonic scheme does not dramatically change over distance
 - Less re-tuning is needed compared to EM coupling



Experimental setup

- Frequency range: 200 to 400kHz (containing the fundamental and a few harmonic vibration modes)
- Medium: mineral oil



Experimental results



Experimental results

• Normalized optimal frequency vs. axial distance



Axial Distance (cm)

C San Diego

Experimental results

- Why MAG is -9dB even when axial distance is 0?
 - Nulls in radiation pattern
 - In both (axial and lateral) directions
 - Also explains the saw-tooth profile in the measured data



- Reflections caused by the epoxy layer
 - Much lower acoustic impedance compared to that of PZT's
- Slope of MAG curve is -2.3dB/cm beyond 1cm
 - Comparable to previously reported -2.5dB/cm (simulation)
 - Remains competitive against mid-field EM coupling ,which decays at the rate of -2.6dB/cm



Conclusions

- Ultrasonic power delivery scheme was verified to be feasible by both simulations and experiments
 MAG is less than -20dB at 2.5cm depth
- It has a power delivery efficiency about -2.3dB/cm with a 4.4mm-diameter transmitter-receiver pair
 - -2.6dB/cm for a 2mm-diameter EM mid-field coupled Rx
- The optimal frequency changes less dramatically over distance
 - Less re-tuning is required compared to EM coupling
- PZT receivers scale better down to even lower sizes than small antennas
 - Opportunity for even smaller implants in the future

Application note for future work

- Ultrasound decays quickly through bone and other stiff materials
 - Attenuation coefficient is about 22dB/MHz·cm for bone compared to 1dB/MHz·cm for brain
 - 100X path loss for a depth of 5cm when the frequency is 0.2MHz
 - It may not be appropriate to use ultrasound for implants that go underneath bone (e.g., neural implants)
 - Either strictly EM solutions are required here, or more invasive dual-mode solutions

