

# Force Gauge for the Removal of Epidural Catheters

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Result

0.022 lb

75.6 g

Length: 78 mm

Width: 45 mm

---- Theoretical

Figure 12: Representative graph of catheter slippage when

deviates from linear deformation versus force relationship

Deformation

 $0 \text{ to } 1.10 \pm 0.25 \text{ lb}$ 

Grips catheter from Grips catheter from

## NTRODUCTION

### **Epidural Catheters**

- Epidural catheters are used for administering anesthesia or other drugs into the epidural space of the spinal cord
- Used by nurse anesthetists and anesthesiologists
- Gold-standard catheter made of polyurethane shell with stainless steel coil

### **Problem Definition**

- During removal, catheter can fragment inside patient's epidural space
- Causes: excessive pulling force, kinking of catheter, shearing of catheter by needle
- Unretrieved catheter fragments may cause complications and even death
- Instructions for use says 1/3rd pound is minimum force necessary to remove

### Market Size

- 9.0% of catheter reports in MAUDE are because of unretrieved catheter fragments
- Hospitals not required to report catheter breakages
- 1.45 billion catheters sold in 2014<sup>1</sup>
- \$222.6 million revenue from anesthetic department<sup>2</sup>

### Goal & Scope

- Determine the mechanical properties of the goldstandard catheter at U of M • Design a device that alerts the user when this
- catheter is nearing failure

- Must be an add-on device to the gold-standard • Cannot modify the catheter itself
- The alert system cannot be audible, preferably visual
- Cannot mechanically prevent the user from removing the catheter
- Focus on failure caused by excessive pulling force by user

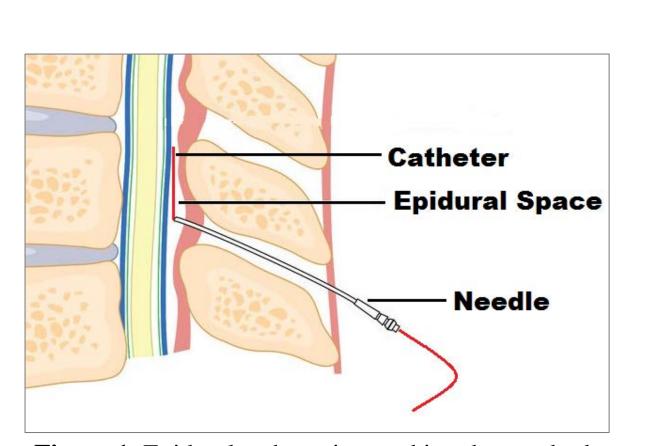


Figure 1: Epidural catheter inserted into human body https://www.123rf.com/photo 46938395 stock-vector-cross-section-of-the-spineshowing-the-spinal-cord-and-the-epidural-space-with-a-catheter-in-situ.html

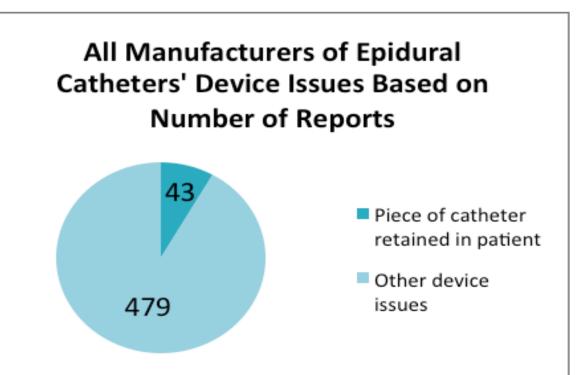


Figure 2: MAUDE data for reported catheter adverse events

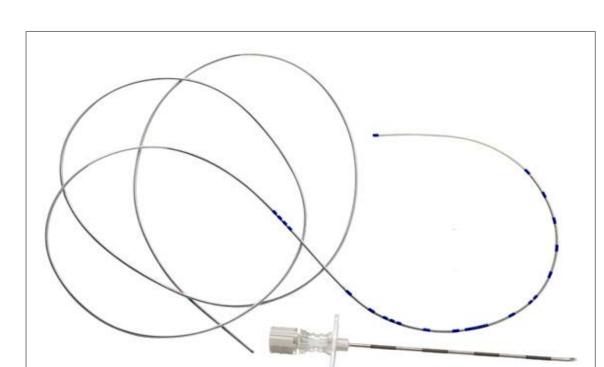
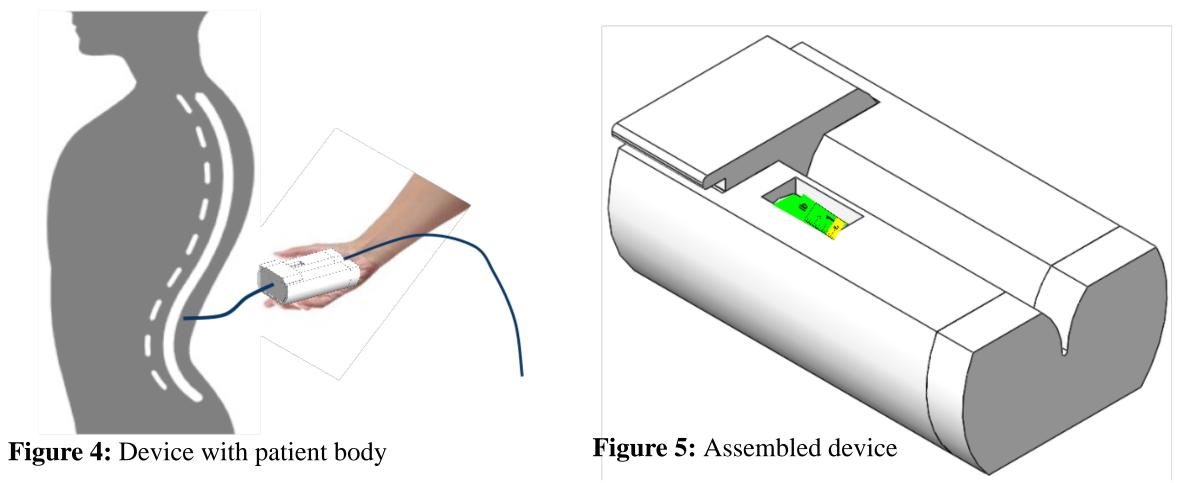


Figure 3: Generic epidural catheter and needle https://www.123rf.com/photo\_46938395\_stock-vector-cross-sectionof-the-spine-showing-the-spinal-cord-and-the-epidural-space-with-acatheter-in-situ.html

## DETAILED DESIGN



- 3D printed using Cube® 2
- Casing made of polylactic acid (PLA)
- Springs are made of 304 stainless steel

## Components

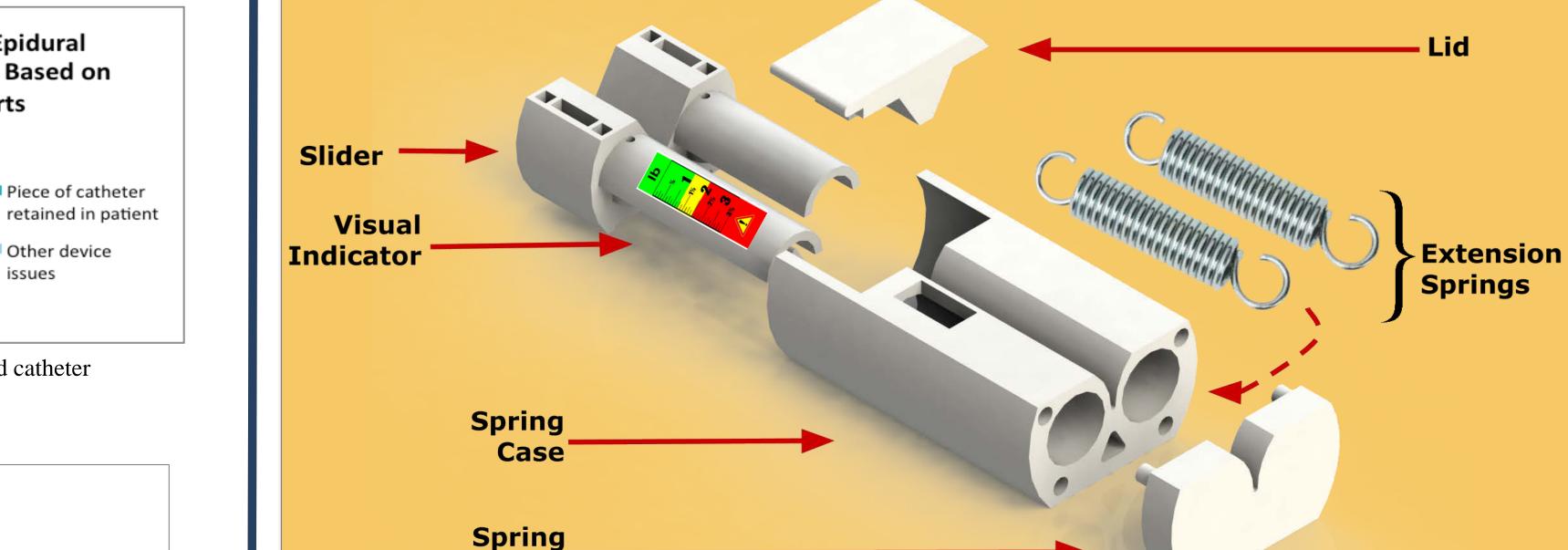


Figure 6: Exploded view of the EpiCath force gauge and its components

Cap

Operation

Name	Features
Slider	Holds visual indicator, mates with lid, loops for securing springs
Visual Indicator	Attached to slider, force scale (lb), color severity
Spring case	Encases springs, mates with slider and spring cap, viewing window for visual indicator
Spring cap	Mates with spring case, loops for securing springs
Extension Springs	Two extension springs with hooks on ends
Lid	Hinge, two snap locks, handle to open, pad for gripping catheter

# lb

Figure 7: Visual indicator of force

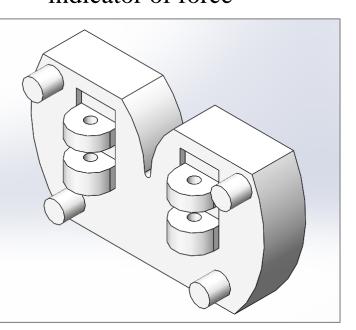


Figure 8: Spring cap for assembly of the springs

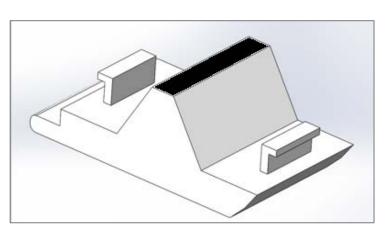


Figure 9: Lid for securing catheter with pad shown in black

**Description of Test** 

until slippage occurred

spring displacement

Used electronic scale

Used caliper to measure

Increased force at constant rate

Held force constant to determine 0.05 lb

• Simulated procedure by holding catheter in hand

• Used fellow BME students for testing

Figure 11: Graph of force measurement accuracy creep test

showing linear relationship between deformation and force

**Usability Testing Procedure** 

Type of Test

Mass test

Tension [N]

Secure interface -

tensile strength test

accuracy – creep test

3.5 lb / 15.6 N

• Asked students to use the device to remove the catheter before and after reading instructions

Deformation

• Used questionnaire to qualify their experience

### Usability Testing Results

- 100% of students inserted the catheter in the device in the correct orientation before reading instructions
- 17% of students held device correctly before reading instructions
- 67% of students held device correctly after reading instructions
- 100% of students found the device easy to handle
- No students found the viewing window large enough

# FUTURE PLANS

VALIDATION

**Specification** 

0 to 3.5 lb

< 500 g

Tension [N]

### **Design Modifications**

- Distinguish between lid/slider and rest of device by using two colors
- Add markings to indicate orientation and pulling direction
- Use polyethylene terephthalate (PET) for pad material to grip catheter and decrease slippage
- Adjust visual indicator to account for initial spring tension
- Increase size of viewing window

### Long-Term Milestones

- Increase usability testing sample size for higher accuracy in user response
- File an Institutional Review Board (IRB) application to U of M to have attending anesthesiologists use device
- Use polypropylene (PP) as material for mass production via injection molding
- Incorporate a living hinge using PP

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# DESIGN REQUIREMENTS

Requirement	Specification
Detects force applied by user on catheter	0 lb to 3.5 lb
Alerts user when catheter is nearing ultimate tensile strength	1.25 lb
Real time force measurement	< 300 ms time delay
Biocompatible with skin	Biocompatible materials
Accurate force measurement	$\leq$ 0.05 lb
Attachable to catheter	Outer diameter of 1.016 mm
Disposable	Intended for 1 procedure
Low cost	< \$5
Attachable with low workflow interference	< 10 seconds
Time to train user fits in workflow	< 5 minutes
Small in size	< 89 mm
Lightweight	< 500 g

### Instruction

1

Position the device next to patient's back. Open the lid and place the catheter in the trough

Watch the viewing window to monitor the current force being applied on the catheter

Figure 10: User operation steps for the insertion, securing, and removal of epidural catheter using the device

- Close the lid until there is an audible snap
- Hold the spring case, and begin pulling away from the patient's body
- Yellow zone: use discretion when

**Patient** 

Back

3

■ Red zone: reduce the pulling force and slow down

■ **Green zone:** proceed pulling normally

caution

pulling, and proceed with

www.bme.umich.edu