Static Aortic Pressure Model for a Moving-Actuator type Total Artificial Heart

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Abstract

It is needless to say that the hemodynamic variables estimation is a very important study for the artificial heart. Even though its importance there have not been satisfactory results which can be applied to the real-world situations. In this paper, we propose a practical afterload model (AoP, PAP) which can be applied to the real-world situation.

- Glossary -

MA-TAH: Moving-Actuator type Total Artificial Heart

LAP: Left Atrial Pressure RAP: Right Atrial Pressure

PAP: Pulmonary Artery Pressure

AoP: Aortic Pressure CO: Cardiac Output

IVP: Interventricular Pressure

Vel: Velocity

SL: Stroke Length

I. Introduction

As stated in the previous Abstract, it is needless to say that the hemodynamic variables estimation is a very important study for the artificial heart, and even though its importance there have not been satisfactory results which can be applied to the real-world situations. Well-known pneumatic artificial heart has a

subsidiary compliance chamber for preventing suction problem. But our developing moving-actuator type total artificial heart (MA-TAH) does not need compliance chamber, and the air located in the interventricular volume plays its role [1][2]. Nevertheless, when much higher load is applied, there is possibility that the suction will occur. Not only the suction problem the other hemodynamic variables, e.g., Left Atrial Pressure (LAP), Right Atrial Pressure (RAP), Pulmonary Artery Pressure (PAP), Aortic Pressure (AoP), Cardiac Output (CO), estimation is a very important for the physiological control. Especially, the temporary state of a high LAP is related with the sudden death, so the real time supervision of the LAP is required.

Our MA-TAH has the potentials of the possibility of estimation of all pressure variables and CO. In this paper, we propose a practical afterload estimation model (AoP, PAP) which can be applied to the real-world situation.

This paper is organized as follows. After this part of Introduction, the proposed model was explained in section II. In section III, the experimental results were stated. Finally, in section IV, conclusions are stated.

II. Static Afterload Model

We can categorize the modeling technique like Table I. The general approach is the dynamic state and mathematical mode [3][4][5].



State	Dynamic	Static	
State	(If the system uses	(If the system does not use	
Approach	previous state, it is called a previous state, it is called a dynamic system.) static system.)		
Mathematical Model	Electric Component Modeling [4][5]	Approach of this study	
	ARMA modeling Interpolation		
Input-Output Data	Kalman Filtering	Fuzzy Reasoning	
input Output Data	Fuzzy Reasoning [9]	Neural Network	
	Neural Network	[6][7][8]	

Table I. Categorization of Modeling Technique.

But in practical point of view, it fails to satisfy the real-world situation and it is hard to implement in the microcontroller (e.g., 80C196 of Intel) which is the CPU of the MA-TAH's controller. So, popular approach input/output data approach based model in nowadays. The desire of adaptation to the real-world situation and implementation in the microcontroller can be achieved by the static state and input/output data approach based model [6][7][8]. And our team tried the static state and input/output data approach based model and succeeded in the estimation of full hemodynamic variables. But shortcoming of this method is that there is' t a physical meaning. This motivated our and we tried the static state and mathematical model which can be applied in real-world and implemented microcontroller. Namely, the target of this study is to present the simple and practical model especially the afterload (AoP, PAP).

Power from a motor point of view is

$$Power = I \times V \tag{1}$$

(V=Constant, 36[V] DC Brushless Motor) Power from a hemodynamics point of view

Power =
$$(Flow Rate) \times (Pressure)$$

= $\frac{(Effective Stroke Length)}{(Time)}$
 $\times (Effective Pressure)$
 $\times (Effective Pressure)$
 $\frac{(Left SL + Right SL)}{(Left Time)}$
 $\times (AoP - RAP)$, for left
 $\frac{(Left SL + Right SL)}{(Right Time)}$
 $\times (PAP - LAP)$. for right

From (1) and (2), the work for one stroke

Where V is constant depending on the motor (e.g. 36[V]). So,

(Integral of Current)

(Left
$$SL + Right SL$$
)

(Left $SL + Right SL$)

(Left $SL + Right SL$)

(Left $SL + Right SL$)

(PAP - LAP). for right stroke

The current data are not continuous but sampled ones, and they depend on the transmission ratio. So, the coefficient K_I must be considered like Eq. (5)

(Left SL + Right SL)×(AoP - RAP)
=
$$K_1 \sum_{i=1}^{n} I_i$$
 (5)

But the practical experience shows integral of current increases as the velocity increases (maybe comes from motor and actuator



characteristics) and the left stroke length requires more current than the right stroke length for the left stroke (AoP). If we assume that this effects have a linear relationship, we can

$$(K_3 \times (\text{Left SL}) + (\text{Right SL})) \times (\text{AoP} - \text{RAP})$$

 $+ K_2 \times (\text{Left Velocity}) = K_1 \sum_{i=1}^{n} I_i$ (6)

AoP =
$$\frac{K_1 \sum_{i} I_i - K_2 \times (\text{ Left Velocity})}{(K_3 \times (\text{Left SL}) + (\text{Right SL}))} (7) + \text{RAP}$$

Similarly,

PAP =
$$\frac{K_1 \sum_{i} I_i - K_2 \times (\text{ Right Velocity})}{(K_3 \times (\text{Right SL}) + (\text{Left SL}))(8)} + \text{LAP}$$

We can see that there are only three parameters ($K_1 > 0$, $K_2 > 0$, $K_3 > 0$) which must be determined from experiments.

III. Experimental Results

Table II is the in vitro experiments. The parameters K_1 , K_2 , and K_3 were acquired properly from the experiment and it must be reminded that they are not optimal values. The RAP is about 0~10[mmHg], and the control variables (velocity, left and right stroke length) are the extreme cases, i. e., lowest and highest values in the operation range. And for the simplicity of model, we uses the rectangular model not circular model for the stroke length. So we can predict that the error between the real and estimated value is lower than the Table II in the other operational range. Considering these points we can conclude the estimation ability of our model is quite acceptable and precise except some table values.

Table II. Comparisons between Real AoP and Estimated AoP

$(K_1 = 6, K_2 = 200, K_3 = 3)$						
ΣΙ	Left	İ	Right		(Estimated)	
	Vel	SL	SL	AoP-RAP	AoP-RAP	
1000	10	30	30	24	33	
1000	10	30	60	29	27	
2000	10	30	30	90	83	
2000	10	60	30	33	48	
2000	10	60	60	26	42	
2000	31	30	30	30	48	
2000	31	30	60	43	39	
3000	10	30	30	129	133	
3000	10	30	60	115	107	
3000	31	30	30	93	98	
3000	31	30	60	133	79	
4000	10	60	30	98	105	
4000	31	30	30	190	148	
4000	31	60	60	160	119	
4000	31	30	30	38	85	
4000	31	60	60	35	74	
5000	10	60	60	192	187	
5000	10	60	60	98	117	
5000	31	30	30	98	113	
6000	31	60	60	110	124	
7000	10	30	30	166	190	
7000	31	30	30	195	170	
8000	10	60	60	150	192	
8000	31	60	60	160	174	

IV. Conclusions

It is needless to say that the hemodynamic variables estimation is a very important study artificial heart. Even the though importance there have not been satisfactory results which can be applied to the real-world situations. In this paper, we proposed a practical afterload estimation model (AoP, PAP which can be applied to the real-world situation and can be implemented in microcontroller. One of the merits of proposed model compared with the input/output approach based one is that it can predict the range data. namely extrapolation possible. Further researches are necessary to find the static preload (LAP, RAP) and output (CO, PO) estimation model,

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