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Purpose: The aim of this study is to present a prototype of the implantable temperature sensor which will be used in animal studies to emulate the situation of a patient with an Active Implantable Medical Device (AIMD) inside the MRI and investigate possible tissue damage due to the RF induced tissue heating.

A diagram of a cylindrical container, possibly a piston or a small chamber, with a blue shaded interior. Inside the cylinder, there is a small orange object, likely a piston or a valve, positioned near the bottom center. The cylinder is shown in a perspective view, with horizontal lines indicating its length.

Figure 1 is a line graph showing the temperature change (ΔT) in degrees Celsius over time in minutes for two sensors: a Fiber optic temperature sensor (blue line) and a Temperature sensor implant (black line). The x-axis represents time in minutes, ranging from 0 to 12. The y-axis represents ΔT in degrees Celsius, ranging from 0 to 25. Both sensors show a rapid increase in temperature, peaking around 8 minutes, followed by a sharp decrease. The Temperature sensor implant consistently shows a higher ΔT than the Fiber optic temperature sensor throughout the heating phase.

time - min	Fiber optic temperature sensor (ΔT - °C)	Temperature sensor implant (ΔT - °C)
0	0	0
2	10	14
4	14	17
6	17	19
8	18	20
10	5	4

This implant will also enable us to do MRI safety studies with animals unaffected by bleeding of new scar tissues or extra cables coming out of the subject. Although here only the temperature recording is presented, we plan to modify the Bluetooth module hardware and software can for monitoring long term effects of MRI scan of patients with implants by ECG recording and lead impedance measurements. Also, implanting this device to animals for MRI safety of AIMDs is future work of this study.

Methods: Proposed temperature sensor implant is designed similar to an active implant with one electrode, the lead and the case. The case is a 4.5cm x 3.8cm x 2cm copper box and inside of it there is an embedded MCU unit with a Bluetooth 4.0 module is placed. The electrode is a half copper sphere with 3.1mm diameter and has a NTC thermistor inside of it as temperature sensor. The NTC thermistor has 10k Ω resistance at 25°C, β equals to 3695K and glass cylindrical body with 1.5mm diameter and 3.5mm height. As shown in Fig.1 the lead has a twisted pair with 0.34mm thickness, a shield with 1.5mm diameter, insulation with 0.5mm thickness and the total diameter of the lead is 2.5mm and length is 24cm. The shield of the lead is both used for connection of the electrode and the Bluetooth monopole antenna. It is connected to the Bluetooth module through a high pass filter, with S21 equals to -0.8dB at the Bluetooth operating frequency (2.4GHz) and -59dB at MRI RF frequency (123MHz). With this configuration lead is directly connected to the case at MRI RF frequency, which is a possible situation for implants during MRI scan. For data collection ADC of the MCU total input mode with 12 bit resolution and 512 decimation rate. ADC is used with 12 bit resolution ADC can be reprogrammed up to 150Hz sampling. Fig.1, the input of the ADC is connected to midpoints of the Wheatstone bridge 13.3k Ω resistors and the thermistor inside the electrode. Voltage across the one bridge is recorded and used for calculation of the thermistors' resistance, and its resistance temperature of the electrode is calculated. The Bluetooth 4.0 module Bluegiga Technologies Inc. The integrated chip supports Bluetooth Low Energy operate at low power energies. The current consumption of the chip is 6.7mA for at power down mode. The system can operate between 2 to 3.6V. We used a 3V for powering the whole system. An Android™ v4.3 phone application has been via Bluetooth.

To test the temperature sensor implant, it was placed inside a circular phantom with 40cm diameter on a circular path as shown in Fig.2. Phantom was filled with 14g/liter Hydroxyethyl cellulose and 0.5g/liter NaCL. Also a fiber optic temperature sensor was placed 2mm away from the electrode. Before the MRI scan, while patient table was at home position and phantom was placed on the patient table, temperature sensor implant was remotely activated for data recording via the Bluetooth connection. Then the phantom was positioned in the center of the body coil as shown in Fig.2 and GRE sequence with TR of 1.8ms and FA of 36 degrees was applied using a Siemens 3T TimTrio scanner. For the validation temperature data was also recorded using the fiber optic sensors during the experiment. During the MRI scanning, the temperature data was recorded to the flash memory of the module. Later, the recorded data was transferred from the implant via Bluetooth while the implant was still inside the phantom on the patient table at its home position. Data transfer could be done successfully up to a distance of 3.5m by using a mobile phone with the Android operating system.

Results: In Fig.3 temperature measurements with the temperature sensor implant and fiber optic sensor at the electrode tip is shown. The difference between the two measurements was less than 11%.

Discussion and Conclusion: In this study, an implantable temperature sensor in the form of an active implantable medical device with capability of recording temperature data and sending it while inside the