



# Things to Consider When Developing Electronic Implantable Devices

Presented by

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# Speakers:



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- **Traditional therapeutic implantable devices have evolved:**
  - Pacemakers
  - Deep brain stimulators
  - Nerve stimulators
- **Expanded opportunities for implantable monitoring beyond cardiac rhythm & glucose**
- **Intelligent surgical implants**
  - Orthopedics
  - Vascular





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- **Clinical benefits:**

- Automated long-term therapy
- Longitudinal data
- Quality of data
- Patient comfort & adherence
- Expanded physiologic sensing

- **Clinical challenges:**

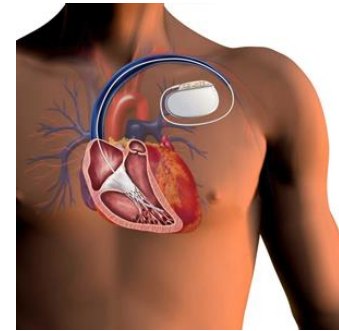
- Data overload
- New workflow
- Staffing requirements
- Proving efficacy
  - Clinical outcomes
  - Health economics



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# Architectures

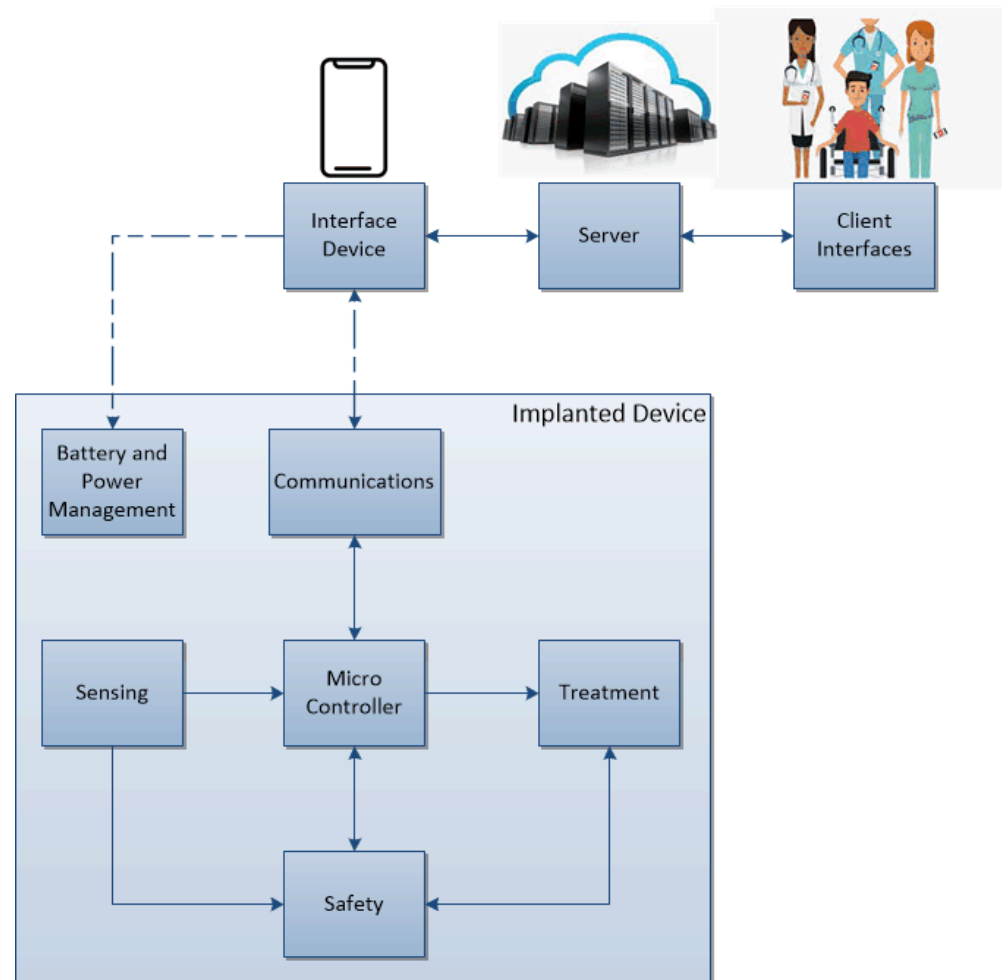
- Fully Implanted



- Implanted Portion driven by External Module



# Implantable Architecture





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# Architectures

Safety Critical  
High Reliability

- Fail Operative vs. Fail Off
- Redundancy vs. Robustness
- Independent Monitoring & Alarming
- Swapping





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## Power

Power limitations drives many decisions

- Feature selection
- Measurement frequency
- Algorithmic complexity
- Sense and drive electronics
- Data storage
- Communications
- ASIC vs. COTS







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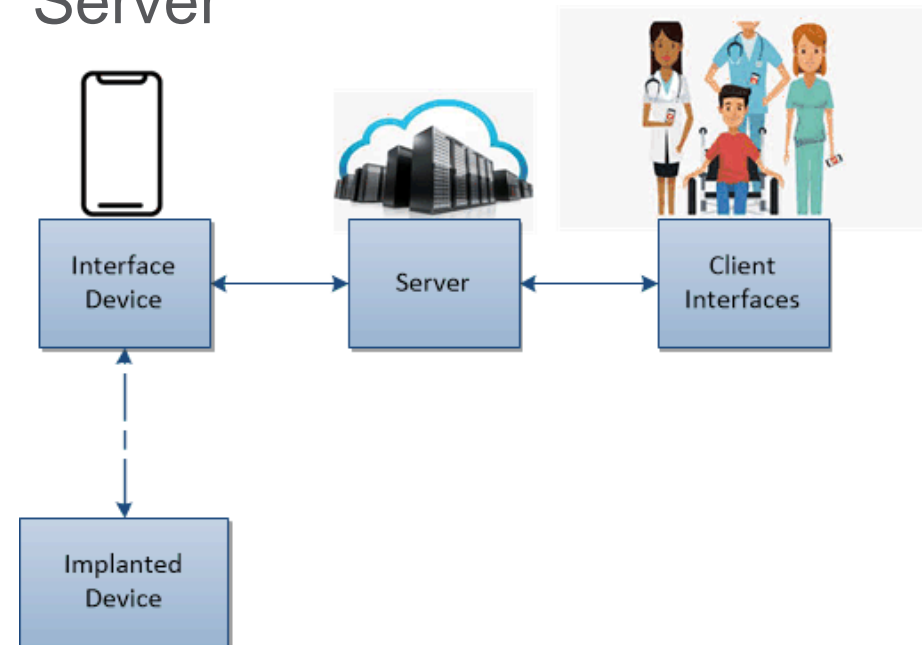
## Power

- Primary Cells
- Rechargeable
  - Transcutaneous charging



## Connectivity

- Where to do what?
  - On-Board
  - Interface Device
  - Server





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## Connectivity

- Depth of Implantation
- Connection Intervals
- Connection Consistency
- Software Security
- Patient Confidentiality





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## Connectivity

- Ubiquitous User Interfaces
- Data Rates
- Data Quantity
- Implications for Machine Learning



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## Sensing and Stimulating

- Charge Balancing
- Chemical Sensing
- Many Channels





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## Takeaways

- Make product tradeoffs wisely
- Minimize to the essentials
- Reduce Power
- Use Connectivity sparingly





## Managing the development process

### ❖ Definition of Success

### ❖ What are the key risks?

- Technology
- Funding
- Approval Pathway
- Supply Chain
- Timing
- Collaboration

### ❖ Special focus should be given to Interfaces for Risk assessment

- Development Partners
- Sub-system interfaces
  - Electrical
  - Mechanical
- Design Development Information Management





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## Managing the development process

### ❖ User Needs Definition

### ❖ Who are the Intended Users?

- Clinicians
- Support Staff
- Patients

### ❖ Other Requirements?

- Performance (including Safety)
- Marketing
- Regulatory
- Cost
- Manufacturability





## Design for Excellence (DFx)

### ❖ Definitions

- Design for Manufacturing (DFM)
- Design for Assembly (DFA)
- Design for Manufacturing and Assembly (DFMA)
- Other “Design for” modalities –
  - Reliability
  - Quality
  - Supply Chain
  - Testing
  - Maintenance
  - Cost
  - Sustainability
  - Product Life Cycle

❖ Early & Persistent Review of Manufacturing & Assembly will help mitigate DFx Associated Risk

❖ Most DFx modalities are included in Design Control Process



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**Questions?**

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# Thank you!

Every Great Project Starts With A  
Thoughtful Conversation

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## Contact Us

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