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(54) **DEFLECTABLE RENAL NERVE ABLATION CATHETER**

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See application file for complete search history.

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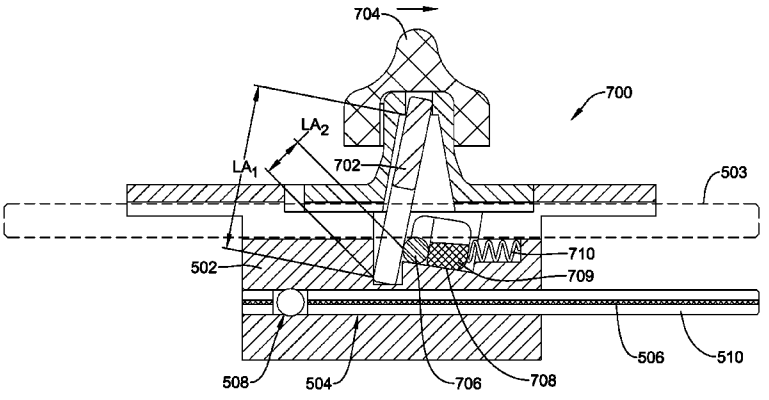
(57) **ABSTRACT**

Medical devices including catheters for renal nerve ablation and/or modulation as well as methods for making and using such devices are disclosed. An example catheter may, have a proximal region and a distal region. The catheter may be configured to shift between a first straightened configuration and a second deflected configuration. The catheter may also include an ablation member coupled to the distal region and a handle coupled to the proximal region. The handle may include an actuation member for shifting the catheter between the first configuration and the second configuration. A lock may be coupled to the handle that maintains the catheter in either the first configuration or the second configuration.

10 Claims, 12 Drawing Sheets



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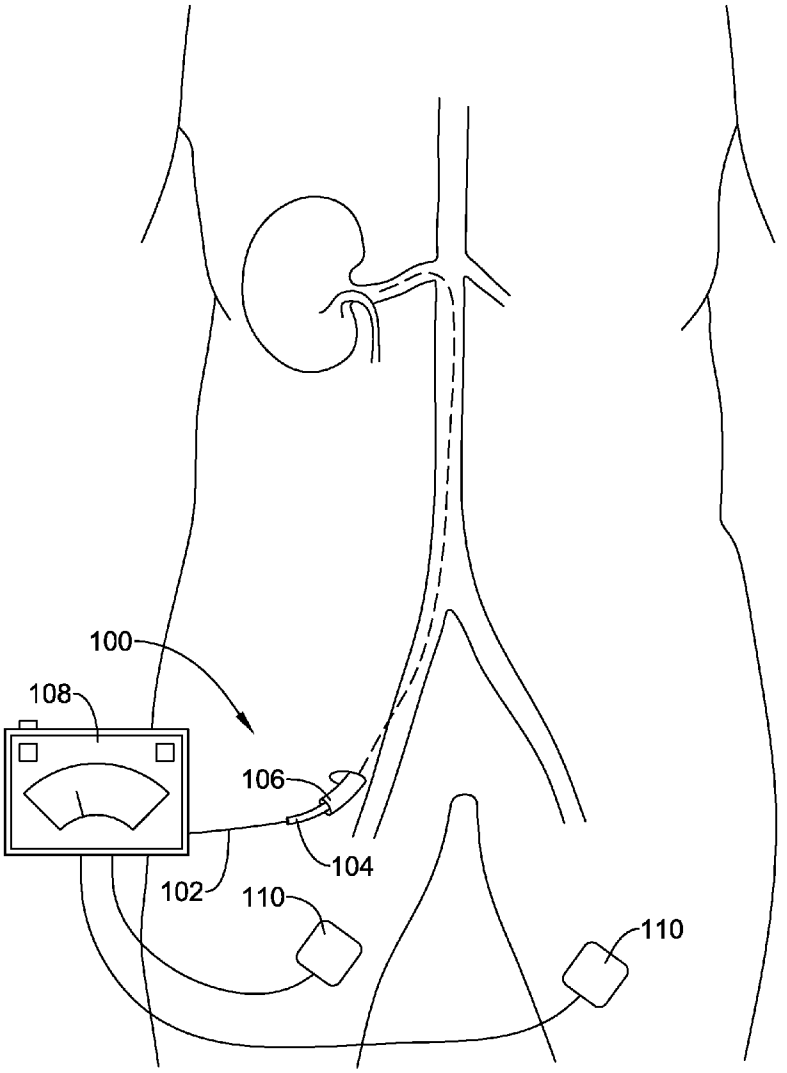

Figure 1

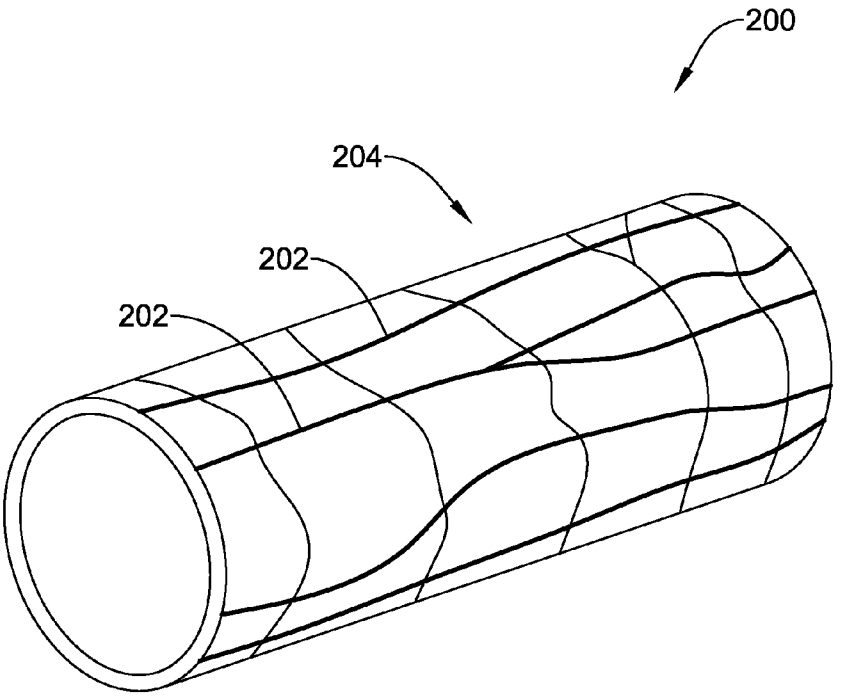

Figure 2

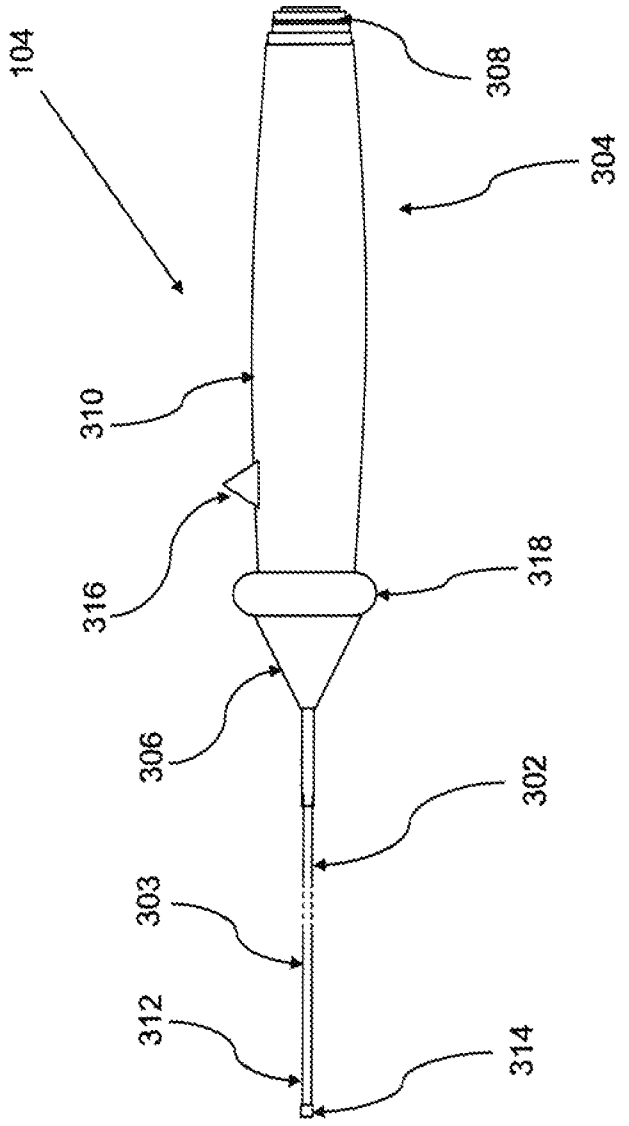

FIG. 3

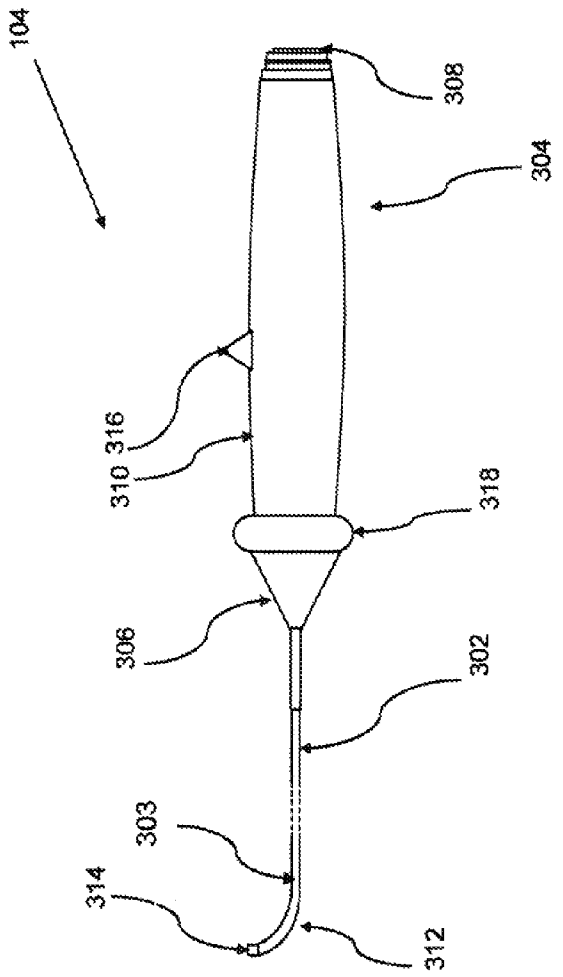

FIG. 4

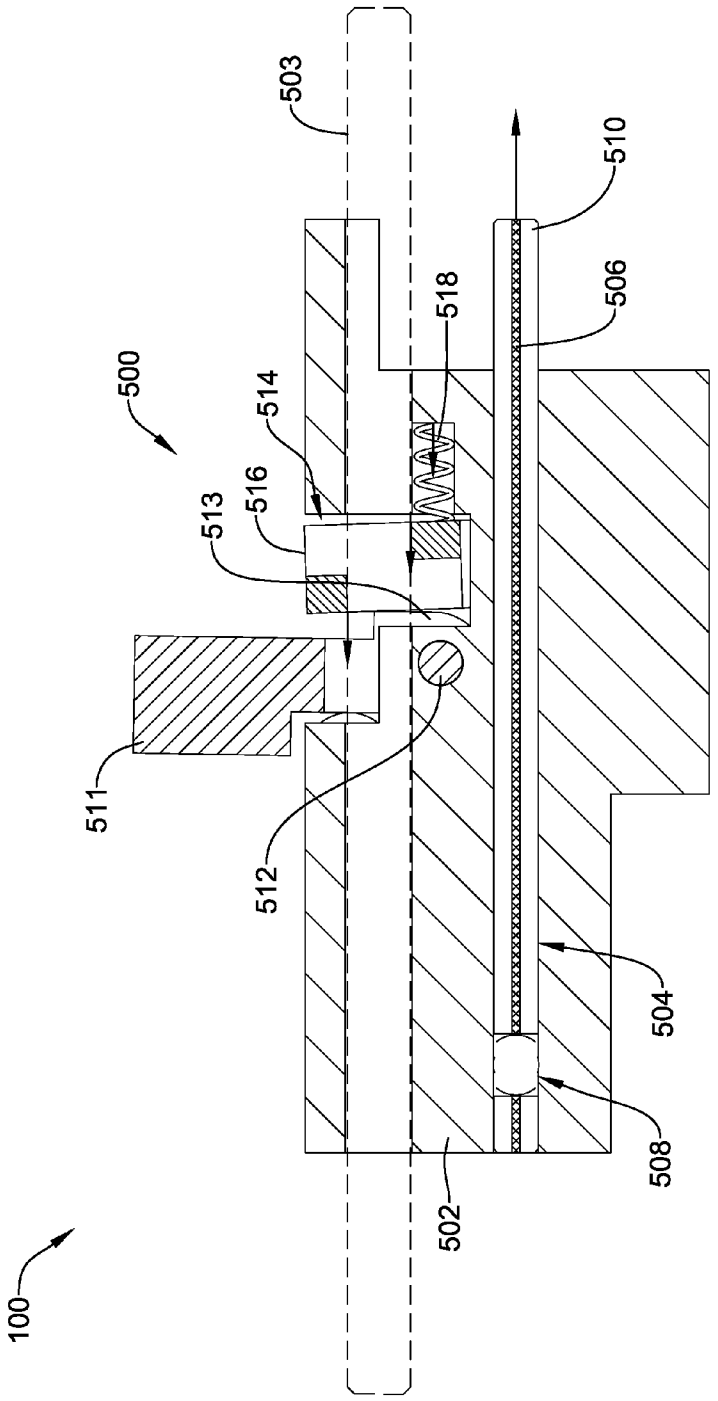

Figure 5

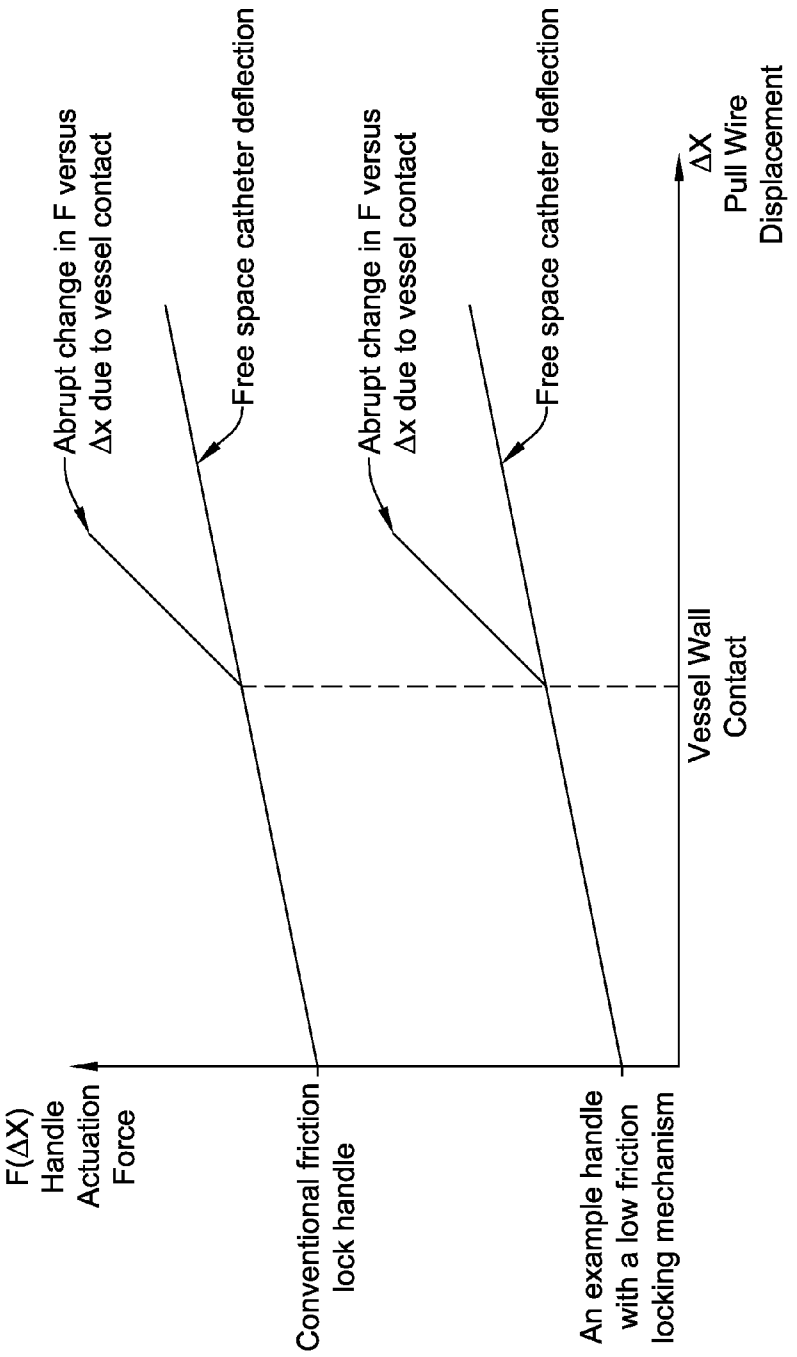
F(ΔX)
Handle
Actuation
Force
Conventional friction
lock handle
An example handle
with a low friction
locking mechanism
Abrupt change in F versus
Δx due to vessel contact
Free space catheter deflection
Abrupt change in F versus
Δx due to vessel contact
Free space catheter deflection
Vessel Wall
Contact
ΔX
Pull Wire
Displacement

Figure 5A

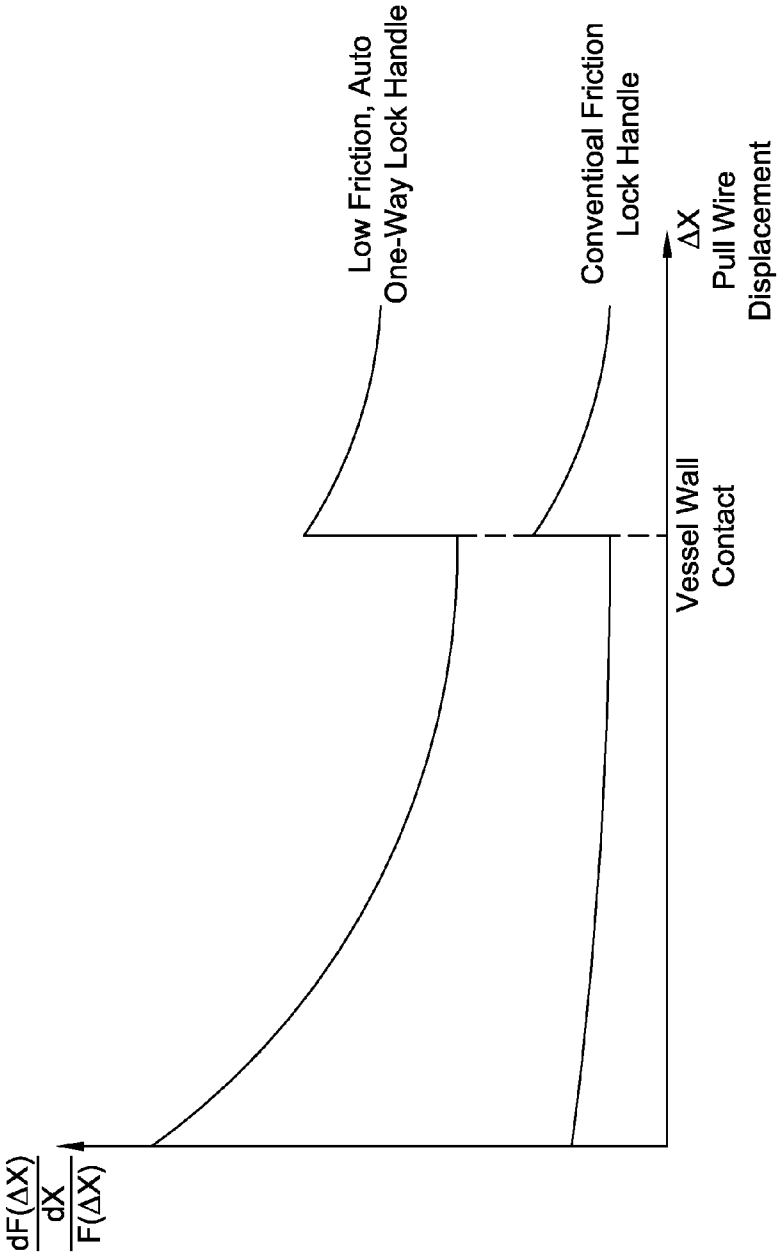
Low Friction, Auto
One-Way Lock Handle
Conventioal Friction
Lock Handle
ΔX
Pull Wire
Displacement
Vessel Wall
Contact
dF(ΔX)/dX
F(ΔX)

Figure 5B

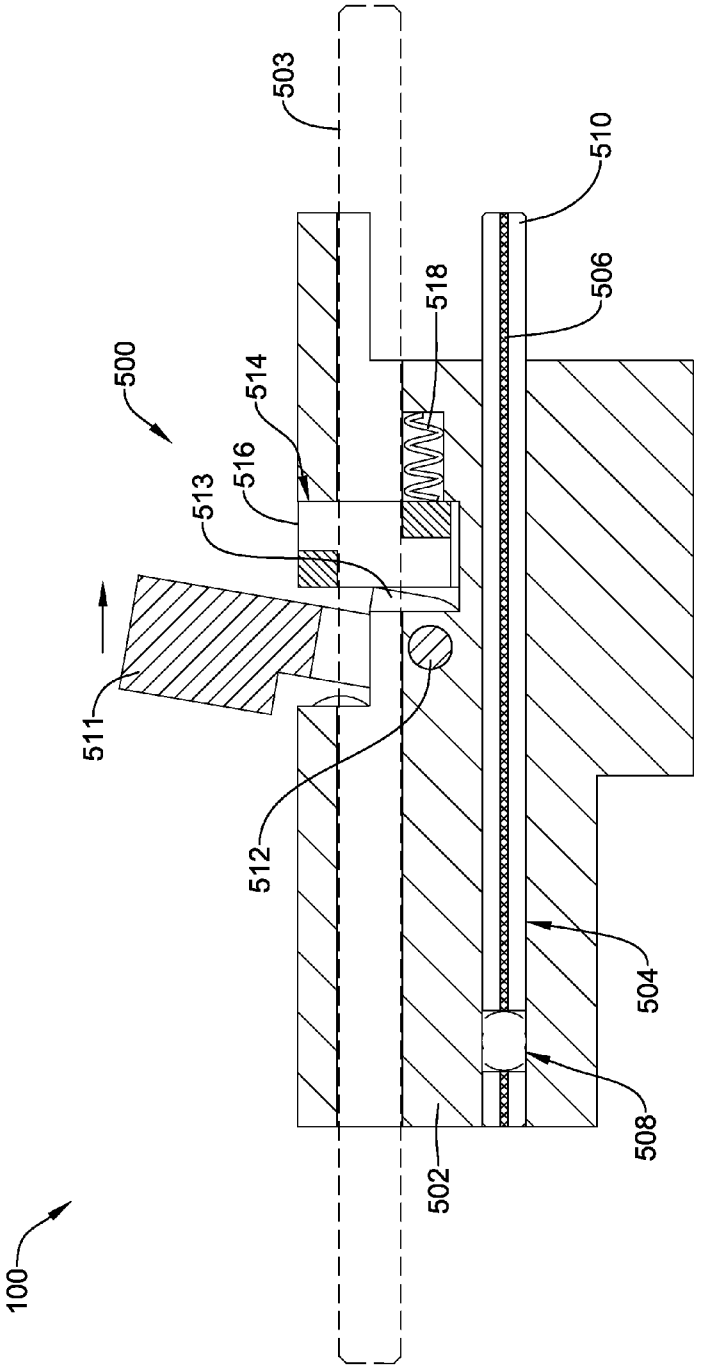

Figure 6

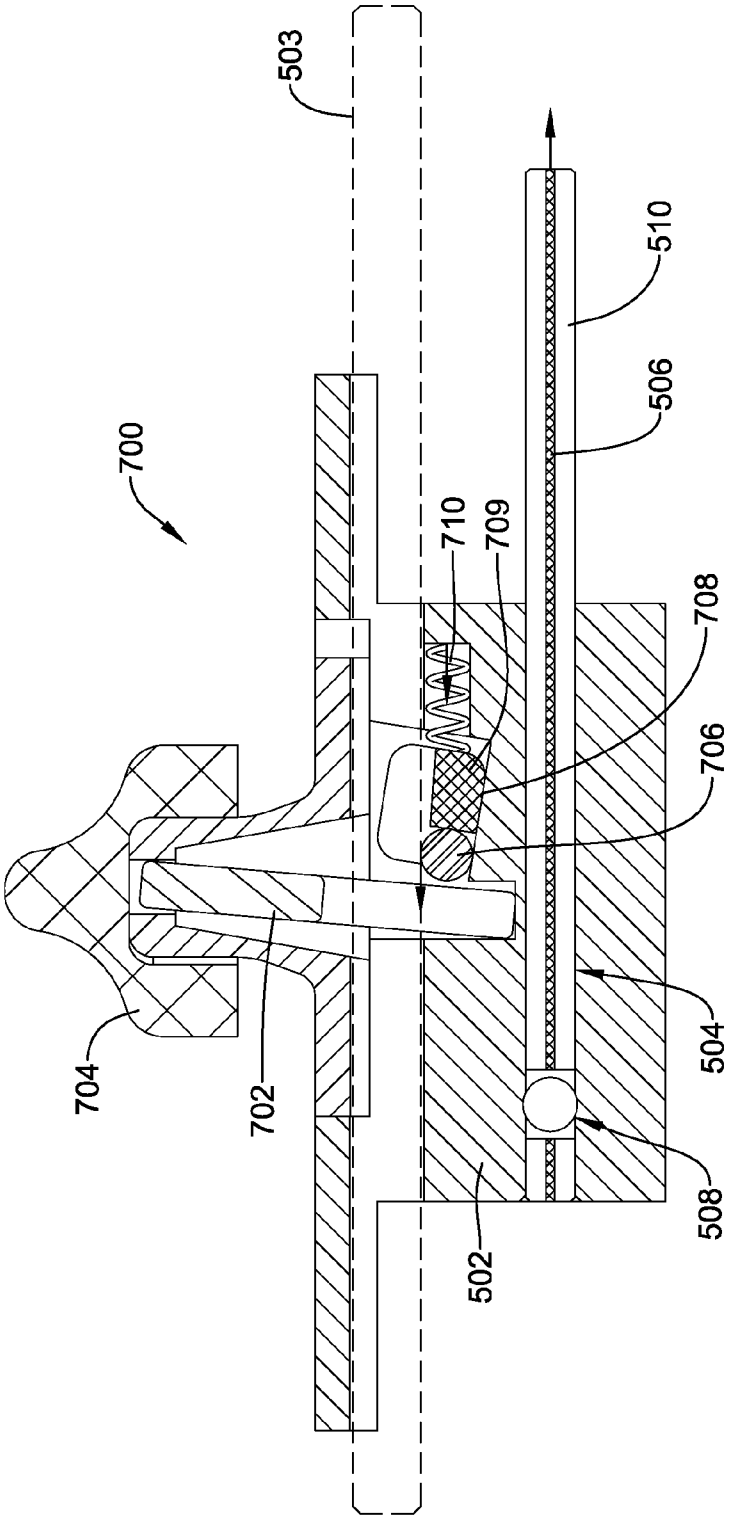

Figure 7

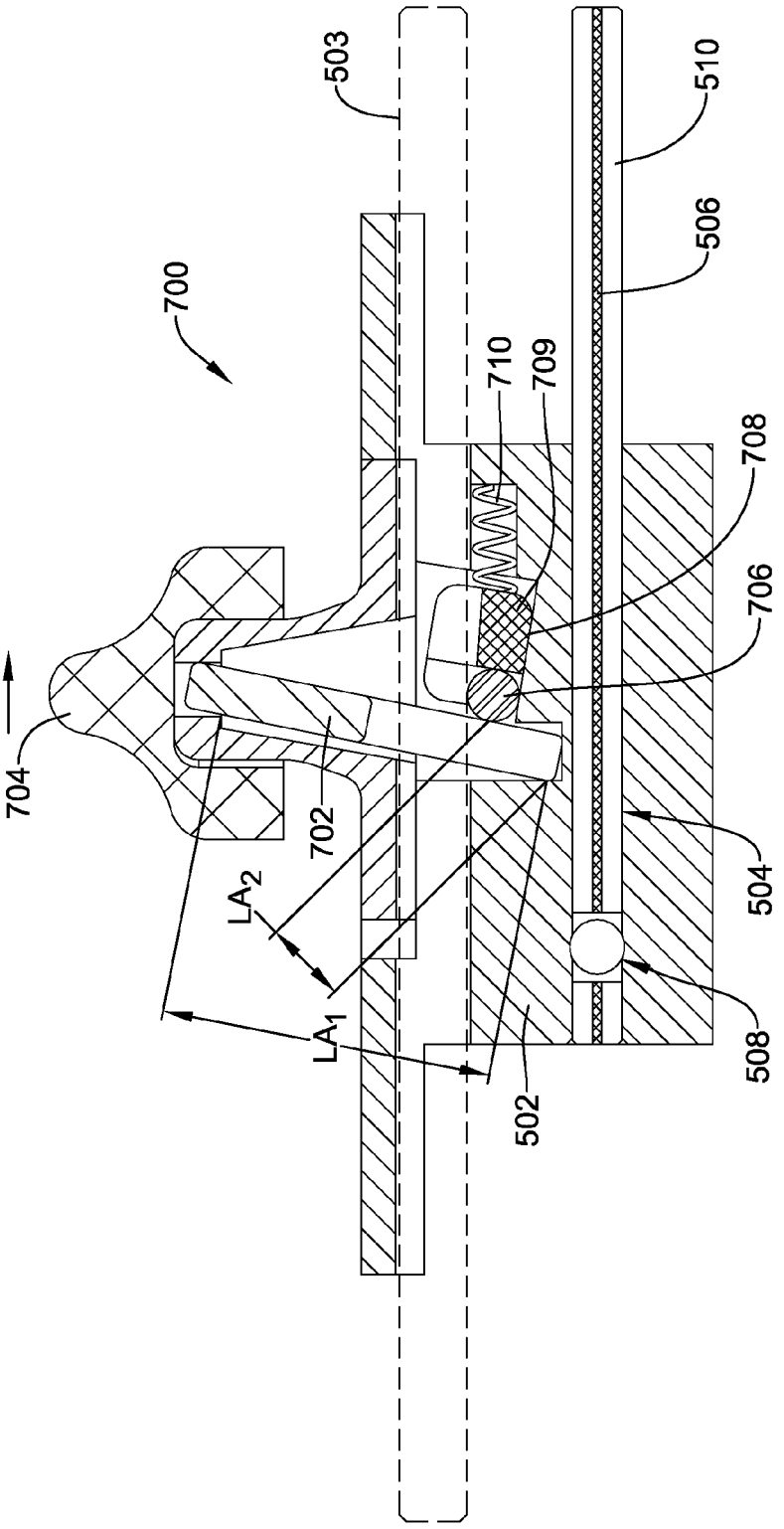

Figure 8

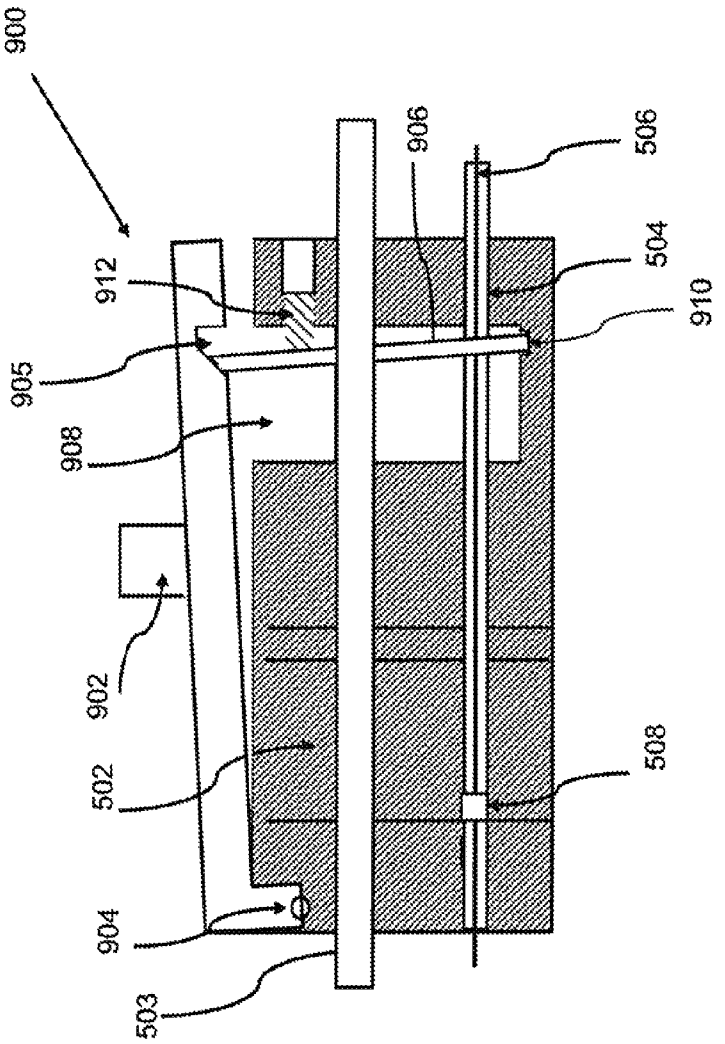

FIG. 9

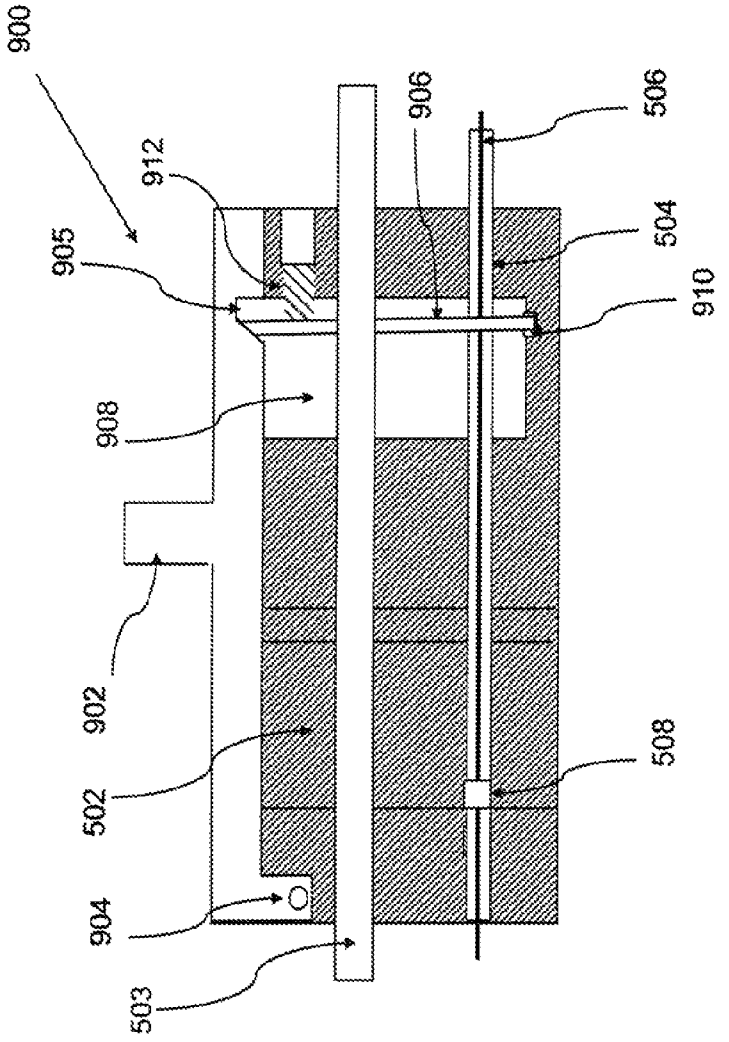

FIG. 10

DEFLECTABLE RENAL NERVE ABLATION CATHETER

CROSS-REFERENCE TO RELATED APPLICATIONS

This application claims priority under 35 U.S.C. §119 to U.S. Provisional Application Ser. No. 61/562,200, filed Nov. 21, 2011, the entirety of which is incorporated herein by reference.

TECHNICAL FIELD

This disclosure pertains generally to medical devices. More particularly, the disclosure pertains to deflectable renal nerve modulation and/or ablation catheters.

BACKGROUND

A wide variety of intracorporeal medical devices have been developed for medical use, for example, intravascular use. Some of these devices include guidewires, catheters, and the like. These devices are manufactured by any one of a variety of different manufacturing methods and may be used according to any one of a variety of methods. Of the known medical devices and methods, each has certain advantages and disadvantages. There is an ongoing need to provide alternative medical devices as well as alternative methods for manufacturing and using medical devices.

SUMMARY

Medical devices as well as methods for making and using medical devices are disclosed. An example medical device may include a catheter having a proximal region and a distal region. The catheter may be configured to shift between a first straightened configuration and a second deflected configuration. An ablation member or ablation members may be coupled to the distal region. A handle may be coupled to the proximal region. The handle may include an actuation member for shifting the catheter between the first configuration and the second configuration. A lock may be coupled to the handle for maintaining the catheter in either the first configuration, the second configuration, or at any point between the two configurations.

Another example medical device may take the form of a device for ablating nerves disposed adjacent to a renal blood vessel. The medical device may include a renal nerve ablation catheter having a proximal region and a distal region. A pull wire may be coupled to the catheter. The pull wire may be configured to shift the catheter between a first straightened configuration and a second deflected configuration. An ablation member or ablation members may be coupled to the distal region. A handle may be coupled to the proximal region. The handle may include a carriage coupled to the pull wire and a slider button coupled to the carriage. A lock may be positioned within the handle and disposed adjacent to the catheter. The lock may be configured to maintain the configuration of the catheter.

An example method for ablating renal nerves may include providing a renal nerve ablation catheter. The catheter may include a catheter body having a proximal region and a distal region, a pull wire coupled to the catheter body, an ablation member coupled to the distal region, a handle coupled to the proximal region, and a lock positioned within the handle. The pull wire may be configured to shift the catheter body between a first straightened configuration and a second deflected configuration. The handle may include a carriage coupled to the pull wire and a slider button coupled to the carriage. The lock may be configured to maintain the configuration of the catheter body. The method may also include advancing the ablation catheter through a body lumen to a position adjacent to renal nerves and actuating the slider button. Actuating the slider button may pull the pull wire and shift the catheter body from the first configuration to the second configuration. The method may also include releasing the slider button. Releasing the slider button may cause the lock to maintain the catheter body in the second configuration.

The above summary of some embodiments is not intended to describe each disclosed embodiment or every implementation of the present invention. The Figures, and Detailed Description, which follow, more particularly exemplify these embodiments.

BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying drawings, which are incorporated in and constitute a part of this specification, illustrate exemplary embodiments of the present disclosure and together with the description, serve to explain the principles of the disclosure.

FIG. **1** is a schematic view illustrating an example renal nerve modulation system.

FIG. **2** is a schematic view illustrating the location of the renal nerves relative to the renal artery.

FIG. **3** is a side view of an example catheter in a straightened configuration.

FIG. **4** is an alternative side view of an example catheter in a deflected configuration.

FIG. **5** is a cross-sectional side view of a portion an example medical device.

FIGS. **5**A-**5**B are graphs that schematically illustrate how a locking mechanism with lower friction may provide enhanced tactile feel.

FIG. **6** is a cross-sectional side view of a portion of the example medical device shown in FIG. **5** in a second or "unlocked" configuration.

FIG. **7** is cross-sectional side view of a portion of another example medical device.

FIG. **8** is cross-sectional side view of the example medical device shown in FIG. **7** in a second or "unlocked" configuration.

FIG. **9** is cross-sectional side view of another example medical device.

FIG. **10** is a cross-sectional side view of the example medical device shown in FIG. **9** in a second or "unlocked" configuration.

DETAILED DESCRIPTION

For the following defined terms, these definitions shall be applied, unless a different definition is given in the claims or elsewhere in this specification.

All numeric values are herein assumed to be modified by the term "about," whether or not explicitly indicated. The term "about" generally refers to a range of numbers that one of skill in the art would consider equivalent to the recited value (i.e., having the same function or result). In many instances, the terms "about" may include numbers that are rounded to the nearest significant figure.

The recitation of numerical ranges by endpoints includes all numbers within that range (e.g. 1 to 5 includes 1, 1.5, 2, 2.75, 3, 3.80, 4, and 5).

As used in this specification and the appended claims, the singular forms "a", "an", and "the" include plural referents unless the content clearly dictates otherwise. As used in this specification and the appended claims, the term "or" is generally employed in its sense including "and/or" unless the content clearly dictates otherwise.

The following detailed description should be read with reference to the drawings in which similar elements in different drawings are numbered the same. The drawings, which are not necessarily to scale, depict illustrative embodiments and are not intended to limit the scope of the invention.

It is noted that references in the specification to "an embodiment", "some embodiments", "other embodiments", etc., indicate that the embodiment described may include a particular feature, structure, or characteristic, but every embodiment may not necessarily include the particular feature, structure, or characteristic. Moreover, such phrases are not necessarily referring to the same embodiment. Further, when a particular feature, structure, or characteristic is described in connection with one embodiment, it should be understood that such feature, structure, or characteristic may also be used connection with other embodiments whether or not explicitly described unless clearly stated to the contrary.

Certain treatments may require the temporary or permanent interruption or modification of select nerve function. One example treatment is renal nerve ablation which is sometimes used to treat conditions related to hypertension, congestive heart failure, or other conditions. The kidneys produce a sympathetic response to congestive heart failure, which, among other effects, increases the undesired retention of water and/or sodium. Ablating some of the nerves running to the kidneys may reduce or eliminate this sympathetic function, which may provide a corresponding reduction in the associated undesired symptoms.

Many nerves (and nervous tissue such as brain tissue), including renal nerves, run along the walls of or in close proximity to blood vessels and, thus, can be accessed intravascularly through the walls of the blood vessels. In some instances, it may be desirable to ablate perivascular nerves using a radio frequency (RF) electrode. In other instances, the perivascular nerves may be ablated by other means including application of thermal, ultrasonic, laser, microwave, and other related energy sources to the vessel wall.

Renal nerve ablation may require precise control of the catheter during treatment. Because the nerves may be hard to visualize, treatment methods employing such energy sources have tended to apply the energy as a generally circumferential ring to ensure that the nerves are modulated. However, such a treatment may result in thermal injury to the vessel wall near the electrode and other undesirable side effects such as, but not limited to, blood damage, clotting, weakened vessel wall, and/or protein fouling of the electrode. Once the desired tip deflection is achieved, the operator must maintain that position stably during ablation. Afterward, the catheter can be straightened and repositioned for additional ablation, if desired. Catheter control is enhanced by tactile feedback, to help the user apply appropriate force between the catheter and the surrounding tissue. Tactile feedback takes advantage of the user's sense of touch by relaying forces to the user.

Some embodiments of the present disclosure include a medical device for ablating a target tissue within a patient's body. The medical device may take the form of a catheter having a deflectable distal end. The catheter may be configured to ablate a desired body tissue by, for example, applying RF energy. The catheter's handle may include a mechanism for remotely manipulating the distal end of the catheter. Further, the handle may include a locking mechanism that can assist in locking the deflected catheter tip in a desired direction. For example, the handle may include a pivot plate lock mechanism, a roll pin deflection lock mechanism, or a tilt plate deflection lock mechanism. In addition, an actuator such as a slider may be actuated to deflect and lock the distal end of the catheter in the desired direction. These are just examples.

Some catheters may include a convention friction lock handle that may lock a catheter in a deflected configuration by coupling the pull wire to the handle using a simple friction lock. The force the user feels when using this handle in free space is the combination of the internal handle sliding friction (which may be significant to prevent position loss at a maximum deflection) and the force required to deflect the catheter (which is typically a linear function of pull wire displacement).

In addition, the locking mechanisms disclosed herein may also be fabricated to be low friction locking mechanisms such that the forces between the catheter tip and the vessel wall are more easily felt by the clinician than friction forces that may be present in the locking mechanism itself. Because of this, the clinician may more easily be able to detect whether or not the catheter tip has engaged the vessel wall. The design of the locking mechanisms that are contemplated (e.g., including those example locking mechanisms disclosed herein) include a structural balance between providing sufficient locking force while still providing lower friction and increase tactile feedback. Such designs may including, among other things, levers, tapered structures, inclined surfaces and/or structures, angled members, or the like that can provide at least some of these features.

The locking mechanisms may also lock the pull wire only when the user is no longer moving an actuator or slider. Because of this, the force the user feels is essentially only the force required to deflect the catheter. In the confined space of an artery, when the deflected catheter makes contact with the vessel wall, it may be much easier for a user to detect vessel contact with the low friction handles and locking mechanisms disclosed herein, for example, because the friction in the conventional handles "mask" the effect of the change in the force versus pull wire displacement slope at a given handle actuation force.

The ablation catheter, in the following sections, may be employed to modulate or ablate renal nerves. The ablation catheter may include a single ablation member or electrode, a plurality of ablation electrodes, expanding basket catheters, etc. It will be understood that this choice is merely exemplary and the catheter may be used in any desired body lumen (including intravascular locations) requiring ablation without departing from the scope of the present disclosure.

While the devices and methods described herein are discussed relative to renal nerve modulation through a blood vessel wall, it is contemplated that the devices and methods may be used in other applications where nerve modulation and/or ablation are desired. The term modulation refers to ablation and other techniques that may alter the function of affected nerves.

For purposes of this disclosure, "proximal" refers to the end closer to the device operator during use, and "distal" refers to the end further from the device operator during use.

FIG. **1** is a schematic view of an illustrative renal nerve modulation system **100** in situ. System **100** may include one or more conductive element(s) **102** providing power to renal ablation system **104** disposed within a sheath **106**, the details of which can be better seen in subsequent figures.

A proximal end of conductive element **102** may be connected to a control and power element **108**, which supplies the necessary electrical energy to activate the one or more elec-

trodes at or near a distal end of the renal ablation system **104**. In some instances, return electrode patches **110** may be supplied on the legs or at another conventional location on the patient's body to complete the circuit. The control and power element **108** may include monitoring elements to monitor parameters such as power, temperature, voltage, amperage, impedance, pulse size and/or shape and other suitable parameters as well as suitable controls for performing the desired procedure. The power element **108** may control a radio frequency (RF) electrode, which may be configured to operate at a frequency of approximately 460 kHz. It is contemplated that any desired frequency in the RF range may be used, for example, from 450-500 kHz. It is, however, contemplated that different types of energy outside the RF spectrum may be used as desired, for example, but not limited to ultrasound, microwave, acoustic, optical, and laser.

FIG. **2** illustrates a portion of the renal anatomy **200** in greater detail. More specifically, the renal anatomy includes renal nerves **202** extending longitudinally along the lengthwise dimension of renal artery **204** and generally within the adventitia of the artery. As will be seen in the figure, the circumferential location of the nerves at any particular axial location may not be readily predicted. Nerves **202** are difficult to visualize in situ and so treatment methods may desirably rely upon ablating multiple sites to ensure nerve modulation

A side view of a portion of renal ablation system **104** is shown in FIGS. **3** and **4**. System **104** may include a flexible, elongated catheter **302**, which may include a catheter shaft **303** having its proximal end connected to a handle **304** and having a distal tip **312** including an ablation member **314** disposed adjacent to or otherwise coupled therewith. The particular configuration and size of the handle **304** can vary and may include a number of different lengths, sizes, etc., as determined by the particular needs of a given procedure. It should also be appreciated that the catheter handle **304** may also vary in shape based on the comfort of a user handling the renal ablation system **104**. In at least some embodiments, the ablation member **314** may be an RF ablation electrode. This is just an example as other ablation members are contemplated. Handle **304** includes a handle housing **310** with a distal end region **306** coupled to the catheter shaft **303** and a proximal end region **308**. A deflection wire (not shown in FIGS. **3-4**, can be seen in FIGS. **5-10** and may also be referred to as a pull wire) may be disposed within the handle housing **310**, may extend along at least portion of (e.g., along the interior, exterior, or both) catheter shaft **303** and be attached at a position adjacent to distal tip **312** (e.g., adjacent to ablation member **314**). The deflection wire may also be connected to other structures inside the handle **304**, as discussed in more detail below.

Deflection of the catheter tip **312** may be controlled by an active deflection mechanism (also referred to as an actuation mechanism). The active deflection mechanism may be located inside the catheter handle **304**; though it should be appreciated that the active deflection mechanism may be located at any other suitable location. For actuation, the catheter handle **304** may also include an actuation member or a slider button **316** and/or a rotating cap **318**. The rotating cap **318** may or may not be made so that it independently rotates relative to the handle housing **310**. The slider button **316** and the rotating cap **318** may be designed to allow user manipulation of catheter shaft **303**, which may analogously shift the position of ablation member **314**. For example, sliding the slider button **316** along handle housing **310** may shift catheter shaft **303** between a generally straightened configuration (e.g., as shown in FIG. **3**) and a generally deflected configuration (e.g., as shown in FIG. **4**). Likewise, rotation of rotating cap **318** may rotate catheter shaft **303**. These and other elements may cooperate as part of an actuation mechanism that may be used to rotate and/or deflect the catheter **302**.

When the slider button **316** is not being operated, a locking mechanism, examples of which are discussed below, may help maintain the catheter tip **312** in either a straightened, deflected, or partially deflected state. Once the catheter tip is **312** deflected to the desired extent, the user may release the slider button **316**. That action automatically activates the locking mechanism to prevent the catheter tip **312** from returning to the original straightened configuration. The mechanical arrangement utilized for the structural features of renal ablation system **104**, may help control the forces felt by the user during deflection so that the forces felt by the user are almost entirely those produced by pressure of the catheter tip **312** against the vessel wall and the forces required to deflect the catheter, providing superior tactile feedback to the user. It can be appreciated that the locking mechanism can be utilized, in at least some embodiments, to lock the catheter tip **312** in a straightened configuration, a curved configuration, or any configuration therebetween.

FIGS. **5-10** illustrate some of embodiments contemplated for locking mechanisms that may be adapted to hold the catheter tip **312** in a deflected or partially deflected state. Common features of those embodiments can be discerned before examining particular characteristics of each embodiment. In broad terms, the locking mechanism may include a carriage **502**, shown in FIG. **5**, and a carriage shaft **503**. Carriage shaft **503** may be coupled to the handle housing **310**. In some embodiments, the carriage shaft **503** may take the form of a metal rod. Other forms are also contemplated. Carriage **502** is generally carried within handle **304**, and is configured to slide distally and proximally within the handle **304** along, for example, the carriage shaft **503**. In at least some embodiments, the slider button **316** is also coupled to the carriage **502** so that sliding motion of the slider button **316** along the outside of the handle **304** may result in corresponding motion of the carriage **502**.

Carriage **502** may include a cavity **504**, extending lengthwise therethrough. A pull wire **506** may be disposed within cavity **504**. The proximal end of the pull wire **506** may be connected to carriage **502** at a first point (also referred to as an anchor point **508**) as shown in FIGS. **5-10**. The distal end of the pull wire **506** may be extended and connected to catheter shaft **303**, for example at a position adjacent to distal tip **312**. This may include extending pull wire **506** through catheter shaft **303**, along an exterior surface of catheter shaft **303**, both, etc. to a position where pull wire **506** is coupled or otherwise attached to catheter shaft **303** (e.g., at or near distal tip **312**). Accordingly, movement of the carriage **502** (e.g., by actuating the slider button **316**) results in movement of the pull wire **506** and deflection (and/or straightening, depending on direction) of the catheter shaft **303**. The pull wire **506**, optionally, may be disposed within a sleeve or housing **510**.

One embodiment of the locking mechanism that may be configured to hold catheter shaft **303** in a deflected or partially deflected configuration is a pivot plate lock mechanism **500**, shown in FIGS. **5** and **6**. In the illustrated embodiment, the pivot plate lock mechanism **500** may include an actuation member **511** that may take the form of a switch handle or toggle that may extend upward through the surface of handle **304** and be accessible to a user. Actuation member **511** may be pivotably mounted on carriage **502** for rotation proximally and distally around a pivot joint **512**. In some embodiments, the actuation member **511** (e.g., the portion extending through the handle **304**) may be positioned alongside or adja-

cent to slider button **316**. In other embodiments, the actuation member **511** may be a structural feature incorporated into the slider button **316**.

Carriage **502** includes a channel **514** formed therein. A pivot plate **516** may be disposed in channel **514** that is coupled to or otherwise is configured to ride along carriage shaft **503**. The channel **514** having the pivot plate **516** is designed so that the carriage shaft **503** can slide through the pivot plate **516** without binding when pivot plate **516** stands substantially perpendicular relative to the carriage shaft **503** (e.g., which allows analogous movement of the catheter shaft **303**) yet restrict movement of the carriage **502** along the carriage shaft **503** when pivot plate **516** is "pivoted".

One or more springs (or biasing springs) **518** may be connected to, for example, the edge of pivot plate **516** and a transverse side of channel **514**, as shown in FIG. **5**. For example, the spring **518** may connect to the upper edge of the pivot plate **516** or some other location. The biasing spring **518** may take the form of a coil spring or any other suitable structure. When mechanism **500** is in a first or "locked" configuration (e.g., as shown in FIG. **5**), biasing spring **518** may be configured to exert a force on pivot plate **516** so as to "pivot" the pivot plate **516**, which may orient pivot plate **516** at an angle relative to the carriage shaft **503** and wedge it against the carriage shaft **503**. The tilted or pivoted position of the pivot plate **516** restricts the movement of the carriage **502** distally (e.g., toward the right on the FIG. **5**) along the carriage shaft **503**.

To deflect the catheter tip **312**, the user pulls the slider button **316** proximally (to the left in FIG. **5**). In doing so, the carriage **502** slides proximally along the carriage shaft **503**. The orientation of the pivot plate **516** allows carriage **502** to slide along the carriage shaft **503** in this direction (e.g., the proximal direction). As the carriage **502** slides along the carriage shaft **503**, the tension forces in the pull wire **506** increase as illustrated with the force arrow positioned adjacent to the pull wire **506** (pointed to the right). The tension forces are balanced by the friction forces at the contact points between the pivot plate **516** and the carriage shaft **503** (depicted with arrows pointed to the left). Because the friction forces balance the tension forces, the carriage is effectively "locked" from motion to the right. However, the carriage **502** may still be permitted to slide proximally. Accordingly, the lock mechanism **500** may be described as a "one-way" lock that allows for proximal movement of the carriage **502** (and corresponding deflection of the catheter shaft **303**) while substantially preventing distal movement of the carriage (and corresponding straightening of the catheter shaft **303**) when in the "locked" configuration.

To "unlock" the lock mechanism **500**, the user may tilt or pivot the toggle **511**. When doing so, a leg portion **513** of toggle **511** (e.g., a bottom portion or projection of toggle **511** disposed adjacent to pivot joint **512**) may exert a force onto pivot plate **516**. The force from the leg portion **513** on the pivot plate **516** may overcome the bias of spring **518** and allow pivot plate **516** to "pivot" to a more upright or perpendicular position relative to the carriage shaft **503**. With pivot plate **516** in an upright position, carriage **502** can slide relative to the carriage shaft **503** in either direction. This "unlocked" configuration is illustrated in FIG. **6**.

Returning the toggle **511** to a more upright configuration removes or reduces the force exerted by the leg portion **513** on the pivot plate **516** and allows the spring **518** to return the pivot plate **516** to the pivoted orientation (e.g., where the pivot plate **516** can wedge against the carriage shaft **503**), again "locking" the carriage **502** (e.g., preventing the carriage **502** from moving to the right or distally). The locking may be considered "automatic" and occur almost instantly upon release of the toggle **511**. Thus, in use the proximal movement of carriage **502** pulls the pull wire **506** (fixed to anchor point **508**) in the same direction. As the pull wire **506** moves proximally with respect to shaft **303**, the catheter tip **312** deflects (e.g., as shown in FIG. **4**). To return the catheter tip **312** to an undeflected configuration, the user can again actuate the actuation member **511** (e.g., to the "unlocked" configuration as shown in FIG. **6**) and urge slider button **316** distally, which moves the pull wire **506** distally with respect to shaft.

The locking mechanism **500** may impose very low friction on the system, allowing the user to feel the forces between the catheter tip **312** and the vessel wall, providing excellent tactile feedback. For example, the force required to deflect the catheter tip **312** (which itself may increase in, for example, a linear manner as the catheter tip **312** is further deflected) may be considerably lower than the force required to deflect a catheter tip when using a friction lock handle (which also may increase in, for example, a linear manner as the catheter tip is further deflected). This is shown schematically in FIG. **5**A. Upon contacting the vessel wall, an abrupt change in force (e.g., tending to resist further deflection) may occur. Because the deflection forces may be much lower when using the locking mechanisms disclosed herein, the user may be able to readily detect this abrupt change in force whereas in convention systems the force may be "masked" by the higher deflection forces and may not be as readily detected by the user. In other words, because deflecting the catheter tip **312** may require less force than convention friction based mechanisms, the relative percent change in the force that occurs when the catheter tip **312** contacts the vessel wall may be more easily perceived by the user.

The relative levels of force may be varied. For example, the force required to deflect a catheter shaft (and overcome the friction of the lock) in a conventional system with a friction lock may be on the order of about 1-5 pounds, or about 2-3 pounds, or about 2.2 pounds. In contrast, the forces required to deflect the catheter tip may be less than about 1 pound, or about 0.1 to 0.5 pounds, or about 0.2 pounds. These are just examples. In at least some embodiments, the locking mechanism **500** may reduce the amount of force needed to deflect the catheter tip **312** by about 40-95%, or about 50-95%, or about 60-95%, or about 70-95%, or about 80-95%, or about 85-90%. These are just examples.

In addition, FIG. **5**B shows the instantaneous slope of the handle actuation force versus pull wire displacement (relative to the applied force at that point) for handles with either convention friction-based locking mechanism versus handles with low friction locking mechanism like those disclosed herein. Again, the overall or relative change in force is greater and more easily detectable by the user when using a lower friction locking mechanism such as any of those disclosed herein.

When the desired amount of deflection is achieved, the user can release the actuation mechanism **511**, returning pivot plate **516** to its wedged position. In this configuration, the actuation mechanism **511** resists forces applied by the blood vessel walls or by the catheter elastic recovery forces, retaining catheter tip **312** in its deflected state. Thus, the movement of the catheter tip **312** is effectively locked in the deflected state. Repeated iterations of this movement pattern increases the deflection of the catheter tip **312** by moving the pull wire **506** proximally with respect to the catheter shaft **303**. This mechanism may be similar to the ratcheting action in a caulking gun or similar structure.

It should be noted that while the locking mechanism **500** is generally shown as being configured to lock or otherwise

prevent the catheter tip **312** from straightening when in a curved configuration, the locking mechanism **500** can also be configured to essentially lock the catheter tip **312** in either direction.

An alternative embodiment of the active deflection mechanism is a roll pin automatic deflection lock mechanism **700**, shown in FIGS. **7** and **8**. This mechanism may include a lever **702** pivotably mounted inside the carriage **502** and extending into a sliding button **704** as shown in FIGS. **7-8**. A roll pin **706** may be movably located in a downwardly inclined ramp **708** formed in the carriage **502**. A stop member **709** may also be disposed along ramp **708** and a spring **710** may be coupled to the stop member **709**. When the deflection lock mechanism **700** is in the "locked" configuration as shown in FIG. **7**, the position of the lever **702** may be adjacent to the roll pin **706**, and spring **710** may urge the stop member **709** so that the roll pin **706** wedges against the carriage shaft **503**.

Much like the lock mechanism **500**, lock mechanism **700** may also be described as being a "one-way" lock that allows the carriage **502** to slide proximally along the carriage shaft **503** while substantially preventing the carriage **502** from sliding distally when "locked". For example, the tension forces in the pull wire **506** are balanced by the friction forces between the roll pin **706** and the carriage shaft **503**.

To shift the lock mechanism **700** to the "unlocked" configuration, the user may distally slide button **704** as shown in FIG. **8**. This rotates the lever **702** into a slightly more angled orientation so that the lever **702** exerts a distal force on the roll pin **706**, shifting the roll pin **706** to the right. This may also shift the stop **709** and compress the spring **710**. When the roll pin **706** is shifted, the carriage **502** may move freely in the distal direction with respect to the carriage shaft **503**. Removing the distal force from the slider button **704** allows the lever **702** to "automatically" shift back to its more upright orientation (e.g., as shown in FIG. **7**) and wedge the roll pin **706** back into the carriage shaft **503**.

The leverage provided by lever **702** may advantageously help to reduce the actuation force and to make operation smooth and reliable. When designing the actuation mechanism **700**, the lever arm LA_1 defined between a contact point between a top portion of the lever **702** and the bottom contact point or fulcrum may be designed to be larger than the lever arm LA_2 defined between the roll pin **706** (e.g., at the point of contact with between the lever **702** and the roll pin **706**) and the fulcrum. For example, the length of LA_1 may be about 2-10 times larger than LA_2, or the length of LA_1 may be about 3-9 times larger than LA_2, or the length of LA_1 may be about 4-6 times larger than LA_2, or the length of LA_1 may be about 4-5 times larger than LA_2. In one example embodiment, the length of LA_1 may be about 0.433 inches and the length of LA_2 may be about 0.110 inches. These are just examples and other lengths and/or ratios of relative lengths are contemplated for LA_1 and LA_2.

In addition to variations in the lengths of the lever arms LA_1/LA_2, other variations are also contemplated including variations in the spring stiffness of spring **710**, the incline angle or configuration of ramp **708**, as well as other variations. Such variations may further reduce friction in the lock mechanism **700** and, for example, may further enhance the tactile feel.

In a further alternative embodiment, the active deflection mechanism is a tilt plate deflection lock mechanism **900** shown in FIG. **9** and FIG. **10**. This mechanism **900** locks the carriage **502** in position when at rest, releasing that lock when the user depresses a slider. Here, the slider button **316** is a cap **902** that overlies carriage **502** and is pivotably attached to the carriage at a pivot point **904**. Cap **902** can include protrusions designed for user handling and comfort as desired. A notch **905** may be formed in the lower surface of cap **902**, the notch **905** being formed in the surface of cap **902** with an inclined slope extending toward the distal end of cap **902**. Locking action is provided in this embodiment by a tilt plate **906**, a generally rectangular element carried in a channel **908** in a distal portion of carriage **502**. The lower edge of tilt plate **906** may be rotatably carried in a slot **910** or other convenient mounting location at the bottom of channel **908**. An aperture or other convenient structure in tilt plate **906** allows it to fit over the carriage shaft **503**, and it is secured in place by attachment to a compression spring **912** mounted at the upper end of channel **908**, for example above the location where the carriage shaft **503** passes through the carriage body. Spring **912** is sized so that in the spring's uncompressed state, tilt plate **906** stands tilted proximally, with its upper end extending into the initial portion of notch **905**. In that position, the tilt plate **906** engages the carriage shaft **503** so that the carriage **502** is locked in position.

To increase or decrease the deflection of the catheter tip **312**, the user first unlocks the carriage by depressing the cap **902**, as shown in FIG. **10**. That action presses the inclined surface of notch **905** against the upper edge of tilt plate **906**, compressing spring **912** and rotating tilt plate **906** into a generally upright position. There, tilt plate **906** disengages from the carriage shaft **503**, allowing carriage **502** to move either distally or proximally. To increase the deflection of catheter tip **312**, the user moves carriage **502** proximally, which moves the pull wire **506** with respect to shaft **303** and deflects catheter tip **312** as shown in FIG. **4**. Conversely, moving carriage **502** distally decreases the deflection of catheter tip **312**, as discussed above.

Although the embodiments described above have been set out in connection with a renal nerve ablation catheter, those of skill in the art will understand that the principles set out there can be applied to any catheter or endoscopic device where it is deemed advantageous to deflect the tip of the device. Conversely, constructional details, including manufacturing techniques and materials, are well within the understanding of those of skill in the art and have not been set out in any detail here. These and other modifications and variations are well within the scope of the present disclosure and can be envisioned and implemented by those of skill in the art.

Other embodiments of the present disclosure will be apparent to those skilled in the art from consideration of the specification and practice of the embodiments disclosed herein. It is intended that the specification and examples be considered as exemplary only, and departure in form and detail may be made without departing from the scope and spirit of the present disclosure as described in the following claims.

What is claimed is:

1. A medical device, comprising:

a catheter having a proximal region and a distal region;

wherein the catheter is configured to shift between a first straightened configuration and a second deflected configuration;

an ablation member coupled to the distal region;

a handle coupled to the proximal region;

wherein the handle includes an actuation member for shifting the catheter between the first configuration and the second configuration, and wherein a pull wire is coupled to the actuation member; and

a lock coupled to the handle for maintaining the catheter in either the first configuration or the second configuration, wherein the lock includes a carriage attached to the pull wire, a pivot plate disposed within a channel formed in

the carriage and disposed about a carriage shaft, and a biasing spring coupled to the pivot plate.

2. The medical device of claim **1**, wherein the actuation member includes a slider that is configured to slide along an exterior surface of the handle.

3. The medical device of claim **1**, wherein the lock maintains the catheter in the first configuration.

4. The medical device of claim **1**, wherein the lock maintains the catheter in the second configuration.

5. The medical device of claim **1**, wherein prior to actuating the actuation member the pivot plate is engaged with the carriage shaft and distal movement of the carriage relative to the carriage shaft is prevented, and wherein pivoting the pivot plate allows the carriage to slide distally along the carriage shaft.

6. A medical device, comprising:

a catheter having a proximal region and a distal region;

wherein the catheter is configured to shift between a first straightened configuration and a second deflected configuration;

an ablation member coupled to the distal region;

a handle coupled to the proximal region;

wherein the handle includes an actuation member for shifting the catheter between the first configuration and the second configuration, wherein a pull wire is coupled to the actuation member; and

a lock coupled to the handle for maintaining the catheter in either the first configuration or the second configuration, wherein the lock includes a carriage attached to the pull wire, a roll pin disposed within a channel formed in the carriage and positioned adjacent to a carriage shaft, and a biasing spring coupled to the roll pin.

7. The medical device of claim **6**, wherein prior to actuating the actuation member the roll pin is engaged with the carriage shaft and distal movement of the carriage relative to the carriage shaft is prevented, and wherein actuating the actuation member causes the roll pin to roll out of engagement with the carriage shaft so that the carriage can move distally relative to the carriage shaft.

8. A medical device, comprising:

a catheter having a proximal region and a distal region;

wherein the catheter is configured to shift between a first straightened configuration and a second deflected configuration;

an ablation member coupled to the distal region;

a handle coupled to the proximal region;

wherein the handle includes an actuation member for shifting the catheter between the first configuration and the second configuration, wherein a pull wire is coupled to the actuation member; and

a lock coupled to the handle for maintaining the catheter in either the first configuration or the second configuration, wherein the lock includes a carriage attached to the pull wire, a tilt plate disposed within a channel formed in the carriage and positioned about a carriage shaft, and a biasing spring coupled to the tilt plate.

9. The medical device of claim **8**, wherein prior to actuating the actuation member the tilt plate is engaged with the carriage shaft so that the carriage is locked relative to the carriage shaft, and wherein actuating the actuation member tilts the tilt plate so that the carriage can move relative to the carriage shaft.

10. The medical device of claim **9**, wherein the actuation member includes a depressible button, and wherein actuating the actuating member includes depressing the depressible button.

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