

NUMERICAL ANALYSIS OF STENT DELIVERY SYSTEMS DURING PRE- AND INTRAOPERATIVE PROCESSES

 **DYNA**
MORE

15. DEUTSCHES LS-DYNA FORUM

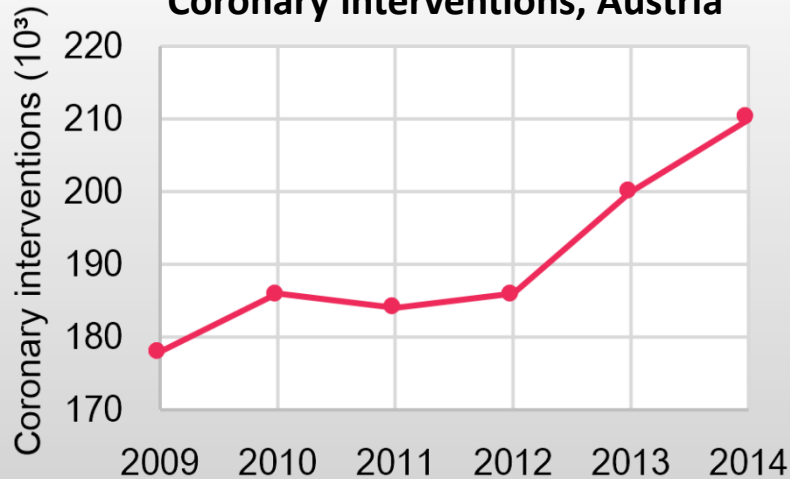
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CLINICAL RELEVANCE

Coronary interventions, Austria



Mühlberger V, Kaltenbach L, Ulmer H. Cardiac catheterization, coronary angiography (CA) and PCI in Austria during the Year 2014. *Austrian Journal of Cardiology*; (23): 7–12, 2016.

Coronary stent implantation (CSI)

- Restenosis still 15 – 20%
(Bønaa et al. 2016)
- No improvement in fatality rate by drug eluting stents (DES)
(Bønaa et al. 2016, Sabate et al. 2012, Kaiser et al. 2010)
- Vascular injuries due to high loads as main indicator for intimal/medial thickening.

Stents with lower injury potential via FEA

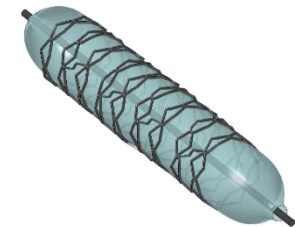
1. Correlation: **Mechanical response – injury severity – wall thickening**

- Long term *in vitro* experiments
- Morphological analysis
- Immuno-histological analysis

2. New material damage and growth model

3. FEA of an expanding stent inside an artery.

- Three-layer artery model
- Stent/balloon catheter model



HYPOTHESIS AND MOTIVATION

Classical approach

- STEP 1: Geometry modeling with CAD
- STEP 2: Discretization and pre-processing
- STEP 3: FEA of stent deployment
 - Explicit solver
 - Simplified balloon models
 - Expanding cylinders
 - Folded cylinders
 - Geometries from micro-CT scans
 - Stent without residual stresses
- STEP 4: Post-processing

Improved approach

- STEP 1: Geometry modeling with CAD
- STEP 2: Discretization and pre-processing
- STEP 3: FEA of pre-operative processes**
 - Folded and pleated balloon model**
 - Crimped stent**
- STEP 4: FEA of stent deployment**
 - Implicit solver**
- STEP 5: Post-processing

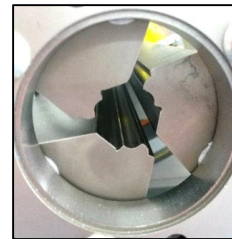
More realistic CSI simulations

- No dynamic inertia effects (mass scaling)
- Ideal for quasi-static problems (large time steps)
- Realistic simulation times

- Entire and detailed balloon geometry
- Influence of expansion mechanisms and tapers
- Stress/strain behavior of the balloon membrane

- Residual stresses / deformations.
- Deformation depending on crimping blades

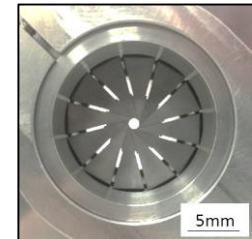
Preoperative processes



Folding

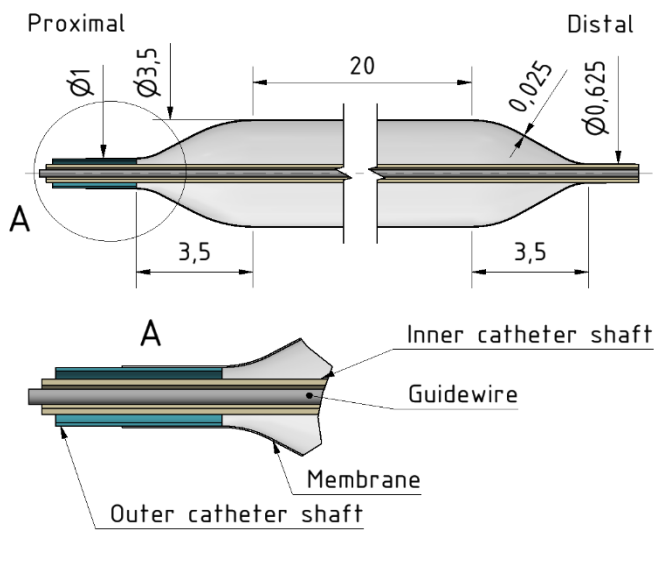


Pleating



Crimping

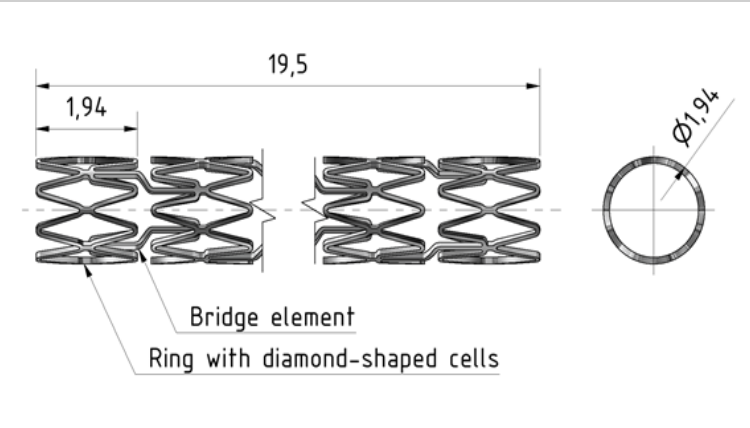
STEP 1: Geometry modeling with CAD



Balloon catheter *Baroonda SDS* (BMT GmbH, Weßlingen)

- Proximal taper attached to outer catheter shaft
- Distal taper attached to inner catheter shaft
- Grilamid L25* (PA 12) membrane

Density ρ [ton/mm ³]	1.010E-09
Elastic modulus E [N/mm ²]	1400 (dry) 1100 (cond.)
Poisson's ratio ν	0.40



Coronary stent *ESPRIT* (concept design)

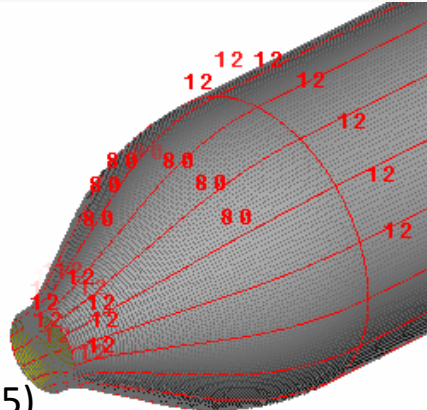
- 8 Segments, 9 Rings
- 316 LVM stainless steel

Density ρ [ton/mm ³]	7.850E-09
Young's modulus E [N/mm ²]	2.100E+05
Poisson's ratio ν	0.29

STEP 2: Discretization and pre-processing

Balloon membrane

- Midsurface shell definition
- 97.920 quadrilateral shell elements (CQUAD4)
- Smooth mesh, symmetrical along longitudinal axis
- ELFORM 16, fully integrated shell elements (NIP=5)
- MAT_089, isotropic, plasticity polymer model

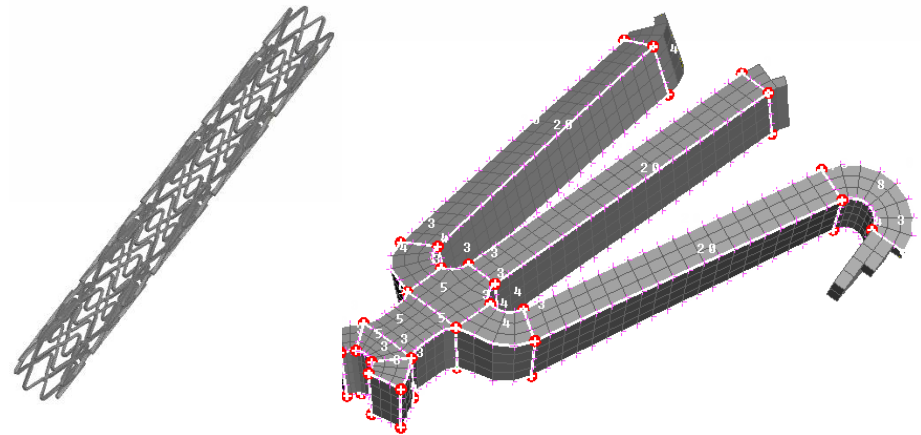


Inner and outer shafts; folding-/pleating and crimping blades

- Midsurface (shaft) and outer surface (jaws) shell definition
- Quadrilateral shell elements (CQUAD4)
- Rough mesh geometry
- MAT_020, Rigid body definition

Stent

- Solid definition
- 119.680 hexa elements (CHEXA)
- Smooth mesh with focus on connecting and curved segments
- Segment symmetrical arrangement
- Rough element size along straight struts
- ELFORM -1, fully integrated S/R solids
- MAT_024, , elasto-plastic isotropic material



Performed with ANSA 18.1.0, Beta CAE Systems, Farmington Hills, USA

IMPLICIT SOLVER smp-d-R10.1 (BRIEF OVERVIEW)

Pros and cons with focus on CSI simulations

- + No dynamic inertia effects (mass scaling)
- + Ideal for quasi-static problems (large time steps)
- + Realistic simulation time
- High demands on elements, materials and contacts
- Case-specific convergence criteria

Convergence criteria (Appendix P)

$$\|\Delta \mathbf{x}_k\| < \max(\varepsilon_d u_{\max}, \sqrt{\max(\varepsilon_a, 0)})$$

$$\langle \Delta \mathbf{x}_k, \mathbf{F}_k \rangle < \max(\varepsilon_e e_0, 1000 \max(\varepsilon_a, 0))$$

$$e_0 = \langle \Delta \mathbf{x}_0, \mathbf{F}_0 \rangle$$

$$\|\mathbf{F}_k\| < \max(\varepsilon_r f_0, 1000 \max(\varepsilon_a, 0))$$

$$f_0 = \|\mathbf{F}_0\|$$

k : Iteration step

$\varepsilon_d, \varepsilon_e, \varepsilon_r, \varepsilon_a$: Displ., energy, residual and absolut tol.

u_{\max} : Max. attained displacement

$\Delta \mathbf{x}_0$: First incremental displacement

\mathbf{F}_0 : Residual vector

f_0 : Residual vector norm for implicit step j

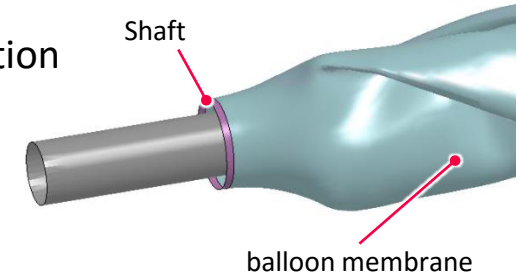
*CONTROL_IMPLICIT_SOLUTION (Default)

			ε_d	ε_e	ε_r	ε_a	
1	NSOLVR	ILIMIT	DCTOL	ECTOL	RCTOL	LSTOL	ABSTOL
	12	11	0.001	0.01	1.0E+10	0.9	1.0E-10

RECOMMENDATIONS FOR SIMULATION SETUP

Rigid shafts

- BOUNDARY_SPC for the taper ends led to distortion of the cross section
- CONSTRAINED_EXTRA_NODES_SET to attach tapers to rigid shafts
- Constrained shafts with CON=1 in MAT_RIGID(020)



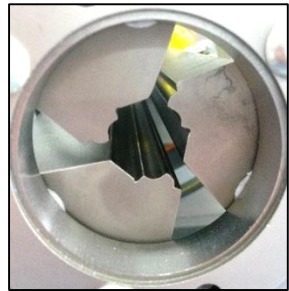
Contact

- Mostly MORTAR contacts (balloon membrane as slave side)
- IGAP=1 (or carefully increased IGAP to stiffen contact)
- For friction set FS=0.2 (stent single surface), FS=0.25 (balloon single surface), FS=0.32 (stent to balloon) and FS=0.2 (jaw to stent)
- Contacts were forced on the initial time step

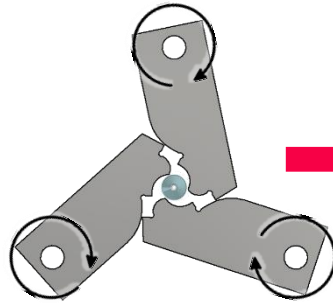
Control

- CONTROL_ACCURACY with IACC=1 and INN=4 for balloon and stent
- CONTROL_IMPLICIT_AUTO for automated and customize DTMAX for capturing fast motions
- For easy problems CONTROL_IMPLICIT_SOLUTION with default values
- For medium problems DCTOL was loosened
- For difficult problems RCTOL=0.01 and ABSTOL=-10 (try and error)

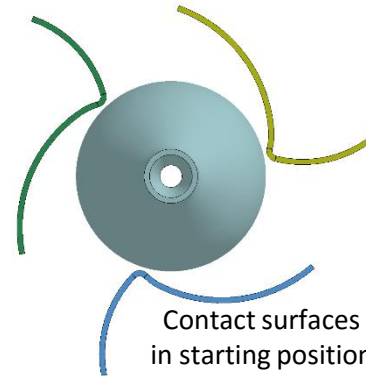
STEP 3: FEA of pre-operative processes - FOLDING



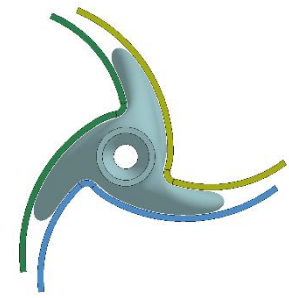
Customized folding device (MSI, Flagstaff, USA)



Folding mechanism with 3 folding blades



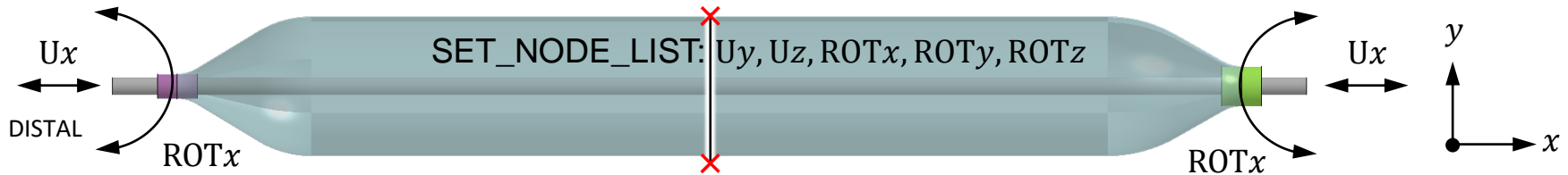
Contact surfaces in starting position



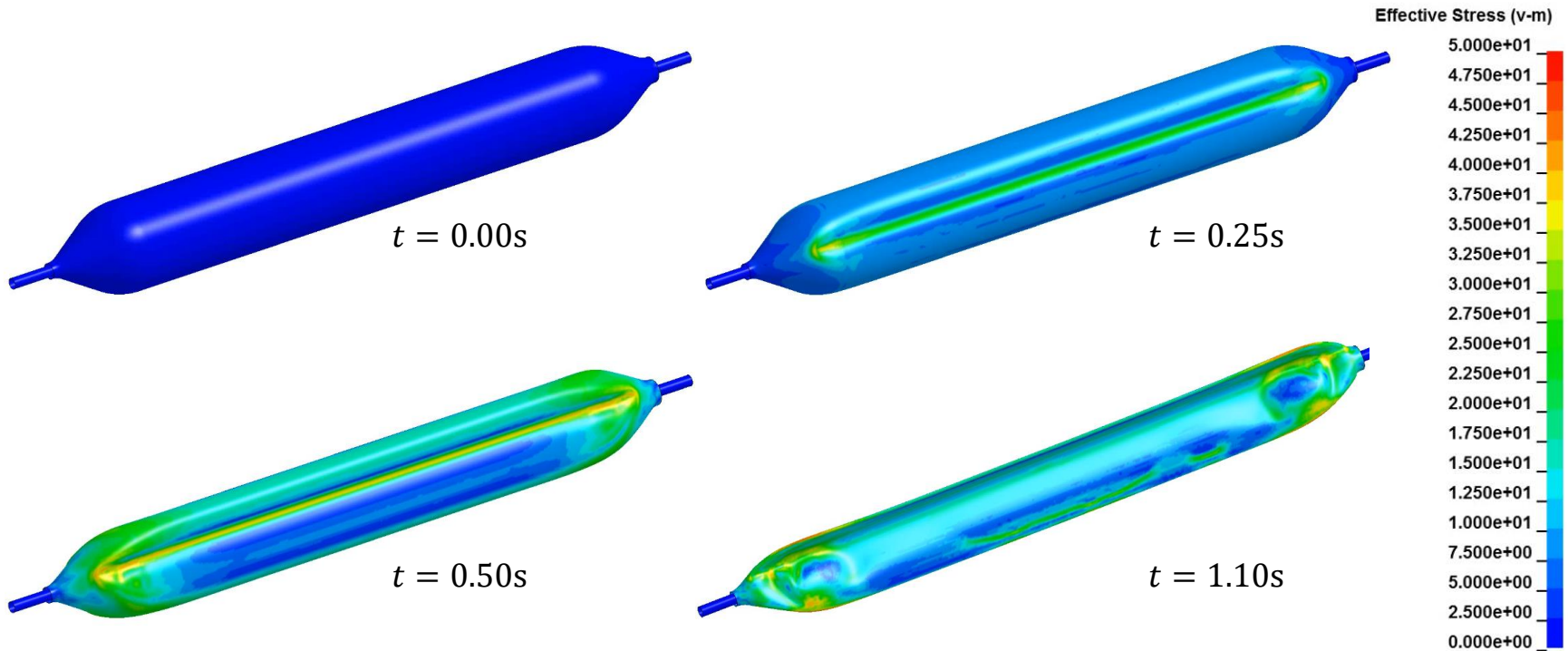
Contact surfaces in end position

Requirements

- One-to-one blade geometries is crucial for realistic results
- Contact surfaces rotate around 3 vectors (0 – 0.072rad, PRESCRIBED_MOTION_RIGID)
- Shafts allow 2 DOFs (U_x , ROT_x) to prevent membrane buckling (MAT_RIGID, CON1=1)
- Inner surface of the balloon is pressurized with 0.1 MPa
- 1x AUTOMATIC_SINGLE_SURFACE_MORTAR (balloon)
- 4x AUTOMATIC_SURFACE_TO_SURFACE_MORTAR (balloon to tube, 3x blades to balloon, IGAP=1)

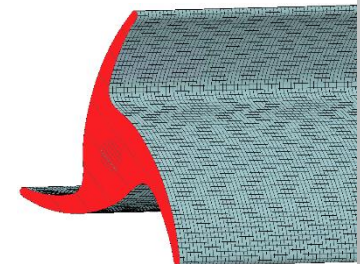


STEP 3: FEA of pre-operative processes - FOLDING



- Simulation time $t = 1.1s$, max. step size $\Delta t = 0,02s$
- Membrane pressure (inner surface) $p = -0.1MPa$
- Computational time $t_{com} = 3h, 38min$, i7-6700k CPU, 4.00 GHz, 32 GB

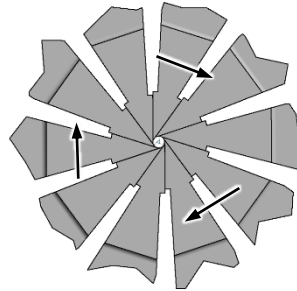
NSOLVR	ILIMIT	MAXREF	DCTOL	ECTOL	RCTOL	LSTOL	ABSTOL
12	5	0	0.0100000	0.0100000	1.000e+10	0.9000000	1.000e-06



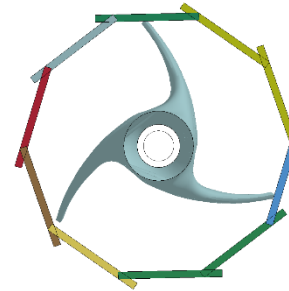
STEP 3: FEA of pre-operative processes - PLEATING



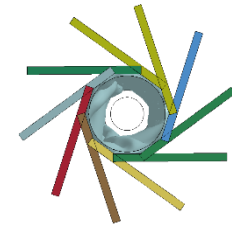
Customized folding device (MSI, representative photo)



Pleating mechanism, iris with 10 blades



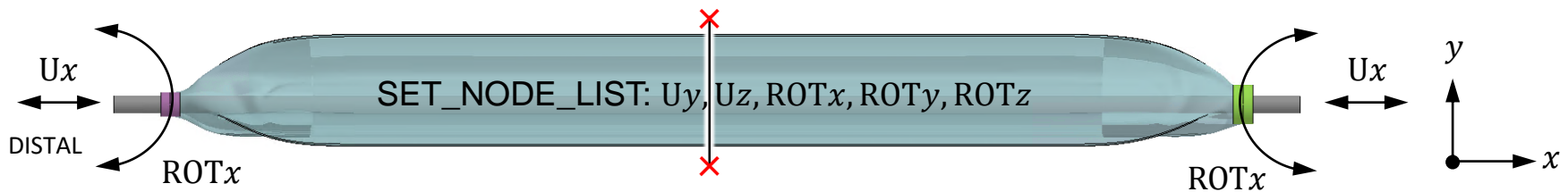
Contact surfaces in starting position



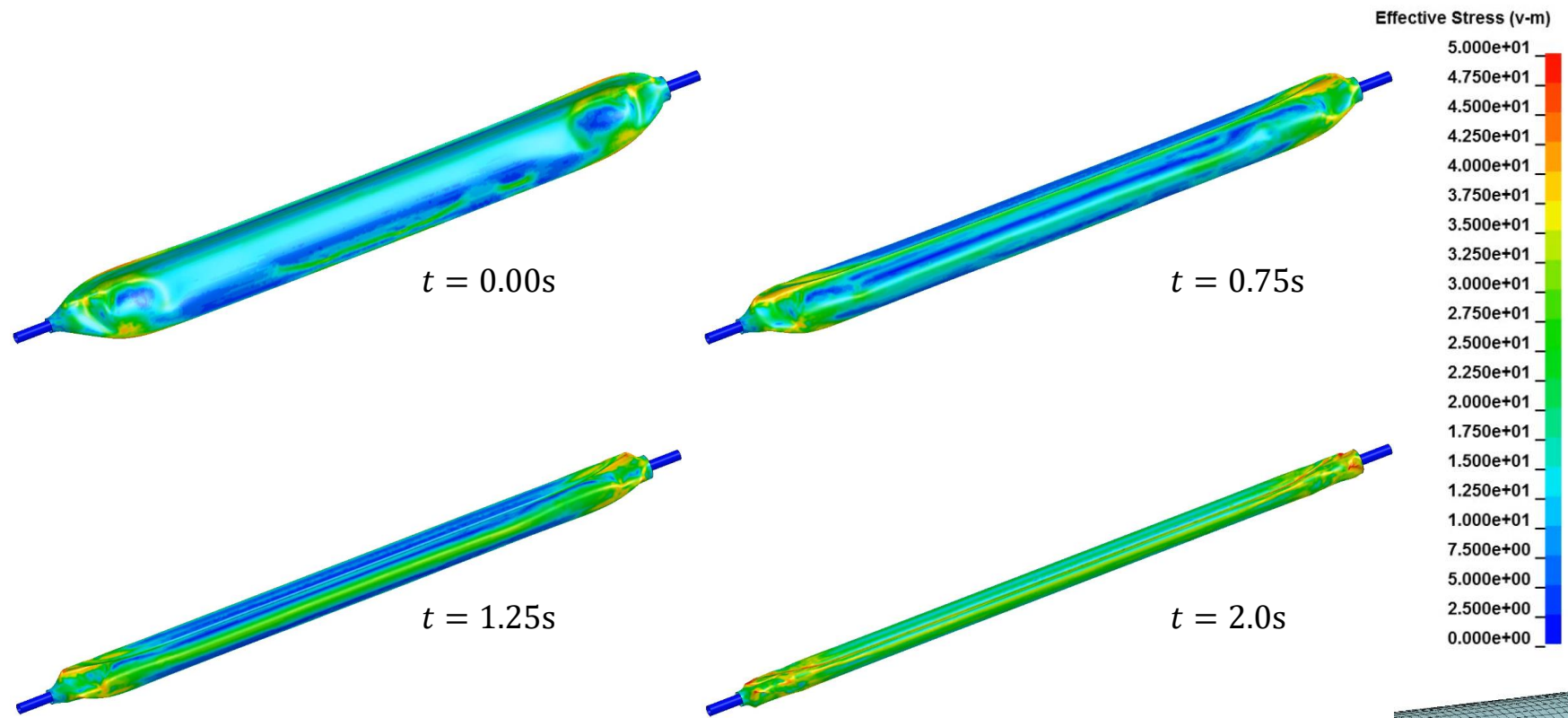
Contact surfaces in end position

Requirements

- Contact surfaces rotate around 10 vectors (0 – 0.015 rad, PRESCRIBED_MOTION_RIGID)
- Shafts allow 2 DOFs (U_x , ROT_x) to compensate longitudinal elongation
- 1x AIRBAG_SINGLE_SURFACE (balloon) to allow in-plane bending (MAT_RIGID, CON1=1)
- 1x AUTO_ONE_WAY_SURFACE_TO_SURFACE (balloon to tube)
- 10x SURFACE_TO_SURFACE (10x jaws to balloon, SOFT=1, IGAP=1)
- $d_{start} = 1,77$ mm, $d_{end} = 0,55$ mm

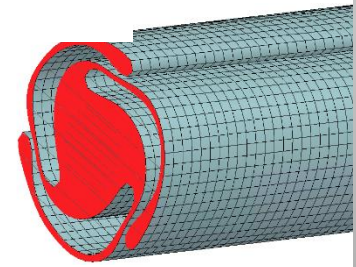


STEP 3: FEA of pre-operative processes - PLEATING

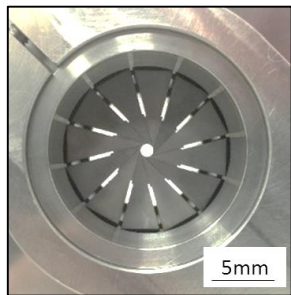


- Simulation time $t = 2.0s.$, max. step size $\Delta t = 0,02s$
- Computational time $t_{com} = 11h, 41min$, i7-6700k CPU, 4.00 GHz, 32 GB

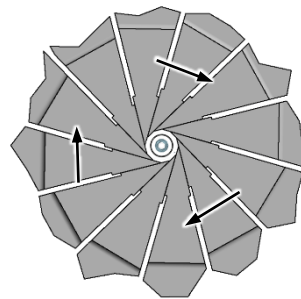
NSOLVR	ILIMIT	MAXREF	DCTOL	ECTOL	RCTOL	LSTOL	ABSTOL
12	5	0	0.0100000	0.0100000	1.000e+10	0.9000000	1.000e-06



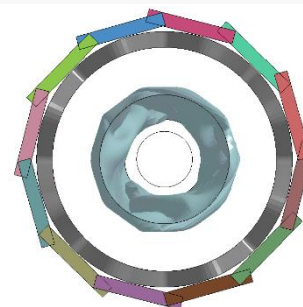
STEP 3: FEA of pre-operative processes - CRIMPING



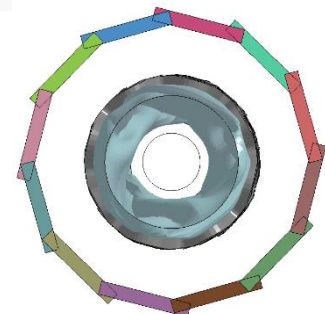
Prototype, crimping (OTH Regensburg)



Crimping mechanism, iris with 12 blades



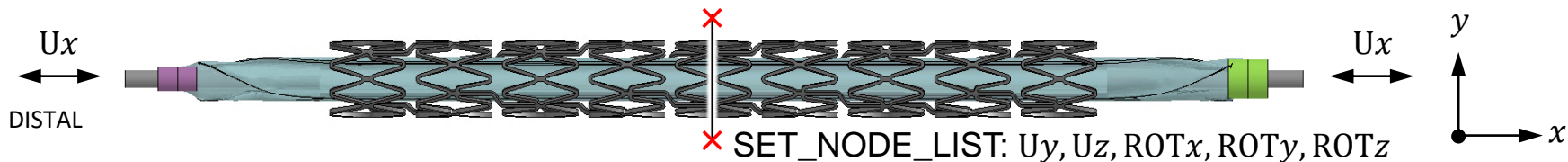
Contact surfaces in starting position



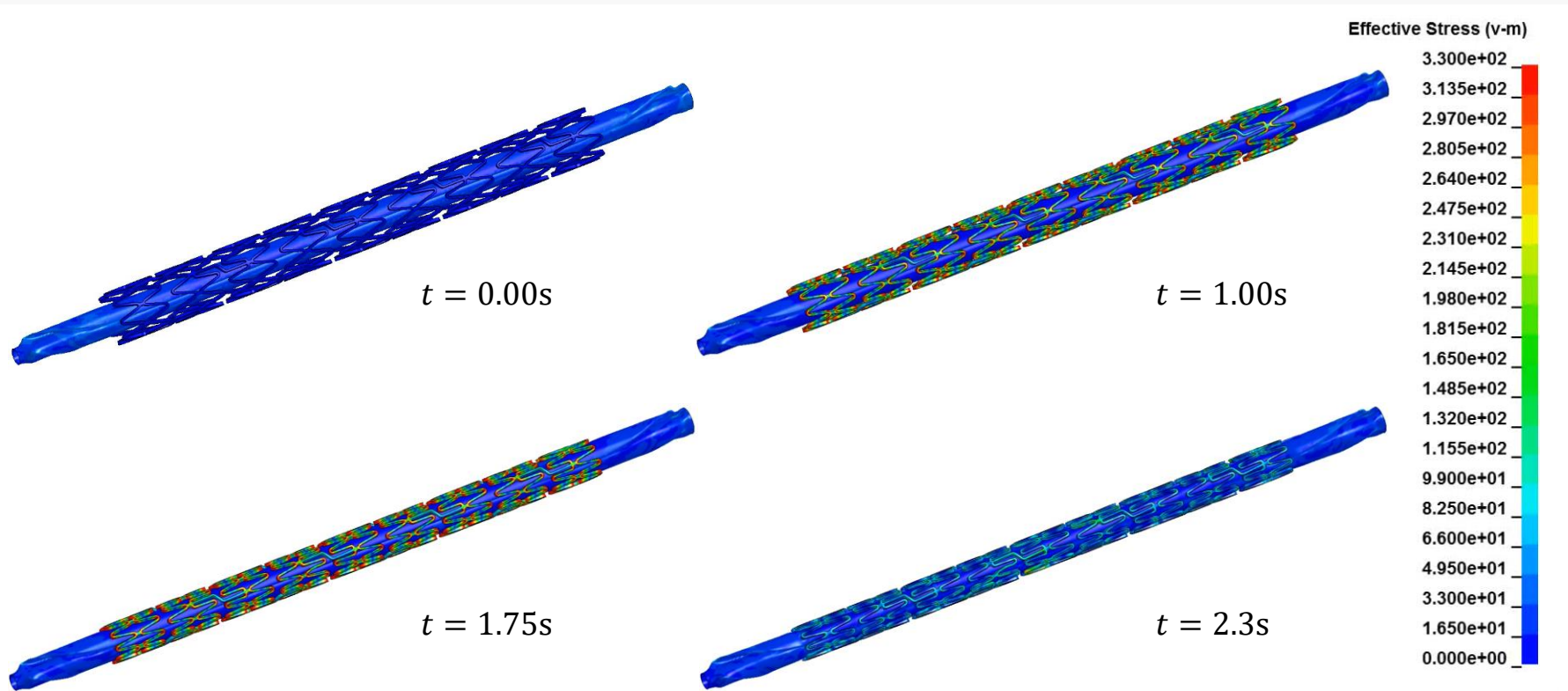
Contact surfaces in end position

Requirements

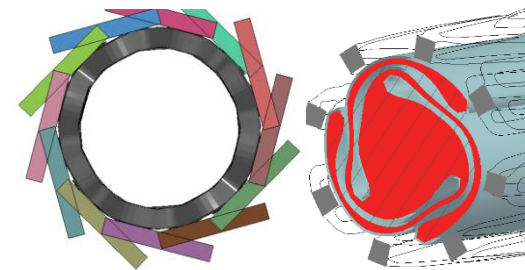
- Contact surfaces rotate around 12 vectors (0 – 0.015 rad, PRESCRIBED_MOTION_RIGID)
- Both shafts only allow 1 DOF (U_x) to compensate longitudinal elongation
- Very expensive to solve due to initial gap between stent and balloon
- 2x AUTO_SINGLE_SURFACE_MORTAR (balloon, stent)
- 14x AUTO_SURFACE_TO_SURFACE_MORTAR (12x blades to balloon, stent to balloon, balloon to tube, IGAP=1)
- $d_{start} = 1,97 \text{ mm}$, $d_{end} = 1,10 \text{ mm}$, $d_{recoil} = 1,26 \text{ mm}$ (experiment: $d_{recoil} = 1,29 \text{ mm}$)



STEP 3: FEA of pre-operative processes - CRIMPING

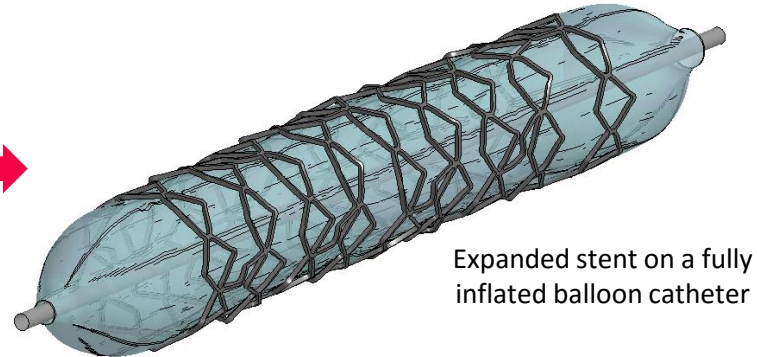
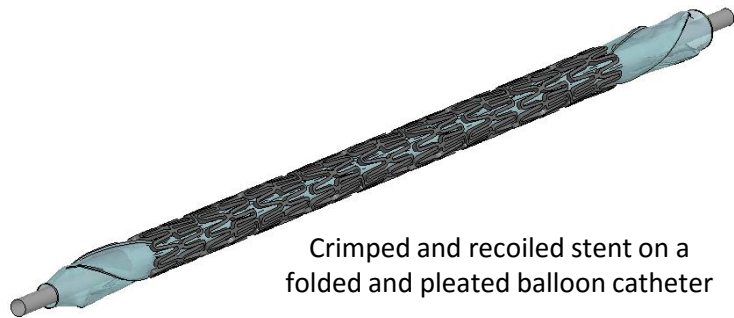


- Simulation time $t = 2.3s$, recoil at $t = 2.0s$, max. step size $\Delta t = 0.005s$
- Computational time $t_{com} = 10h, 17min$, i7-6700k CPU, 4.00 GHz, 32 GB
- Iris geometry and blade number are important for realistic twist



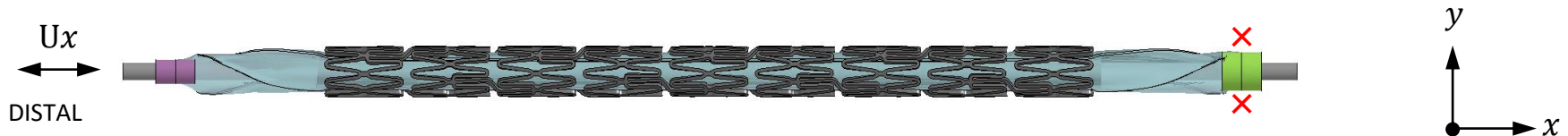
NSOLVR	ILIMIT	MAXREF	DCTOL	ECTOL	RCTOL	LSTOL	ABSTOL
12	11	15	1.000e+07	1.000e+07	0.0100000	0.9000000	-10.0000000

STEP 4: FEA of stent DEPLOYMENT

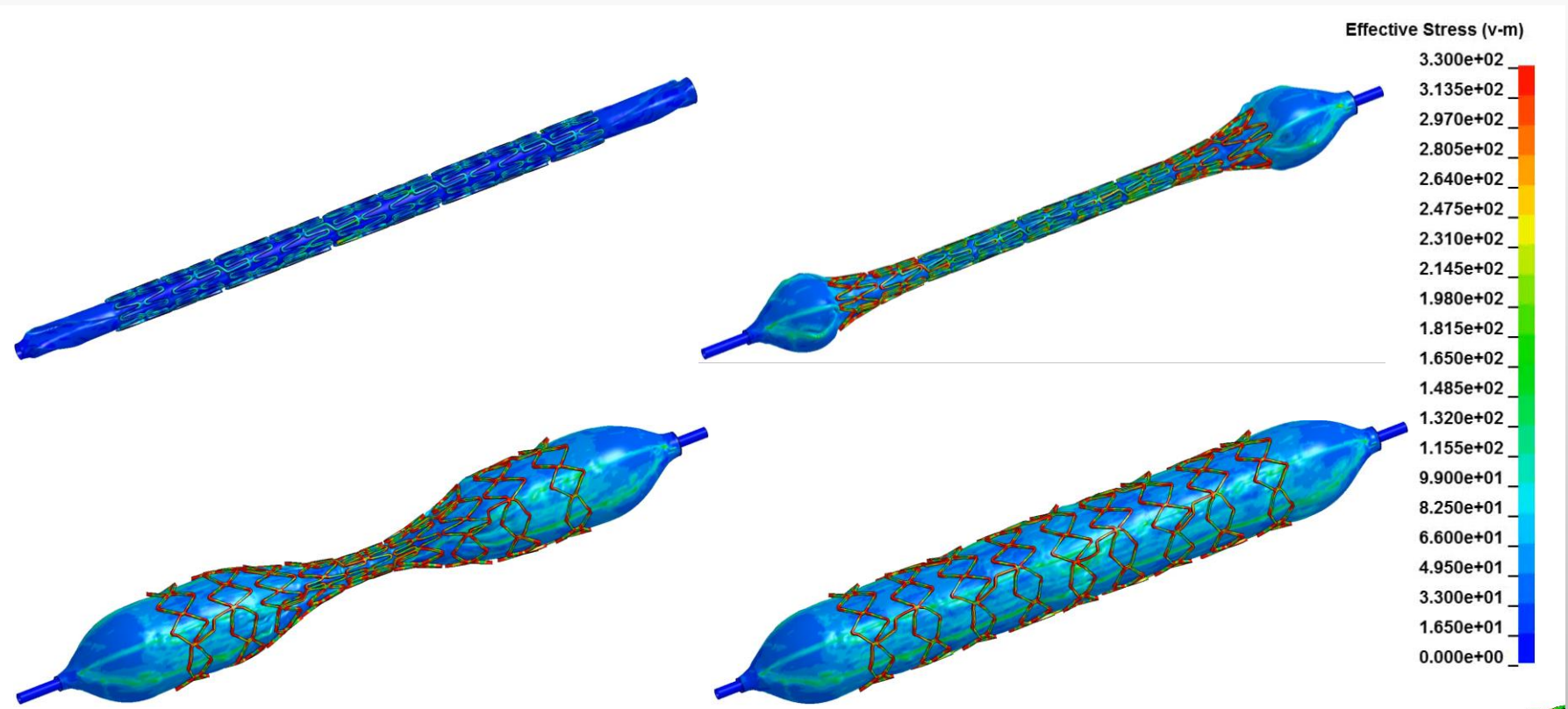


Requirements

- Only distal shaft allows 1 DOF (U_x) to demonstrate stent rotation
- Expensive to solve due to sudden expansion and high deformations
- 1x AUTO_SINGLE_SURFACE_MORTAR (balloon). No single surface contact for stent
- 2x AUTO_SURFACE_TO_SURFACE_MORTAR (stent to balloon, balloon to tube, IGAP=1)
- $d_{start} = 1,26$ mm, $d_{end} = 3,67$ mm (experiment: $d_{end} = 3,65$ mm)

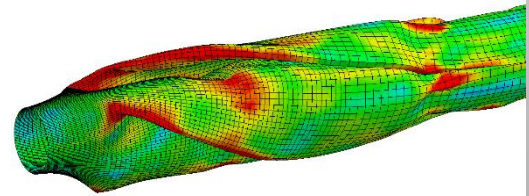


STEP 4: FEA of stent deployment



- Simulation time $t = 6s$, max. step size $\Delta t = 0.02s$
- Computational time $t_{com} = 2h, 37min$, i7-6700k CPU, 4.00 GHz, 32 GB

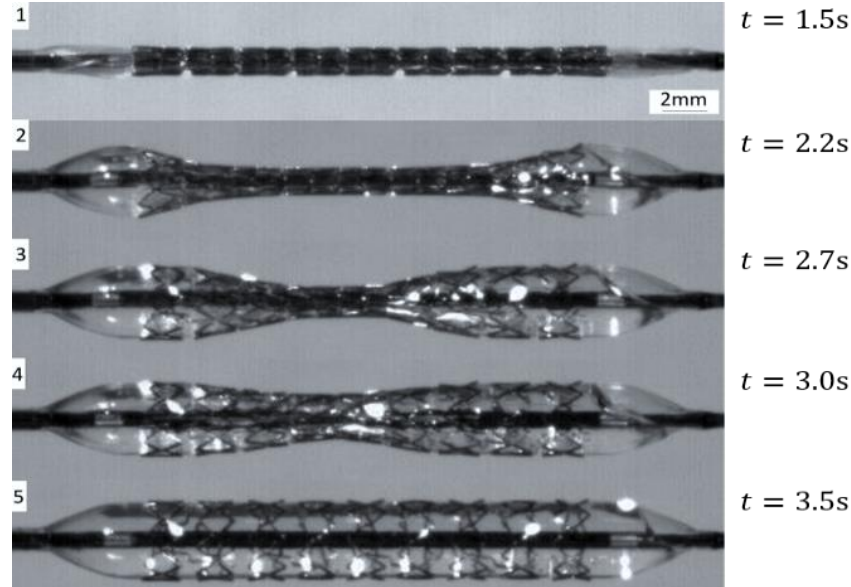
NSOLVR	ILIMIT	MAXREF	DCTOL	ECTOL	RCTOL	LSTOL	ABSTOL
12	11	15	1.000e+07	1.000e+07	0.0100000	0.9000000	-10.0000000



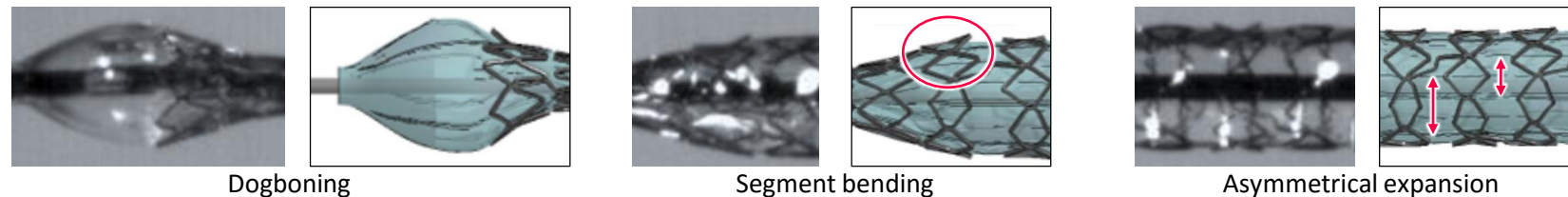
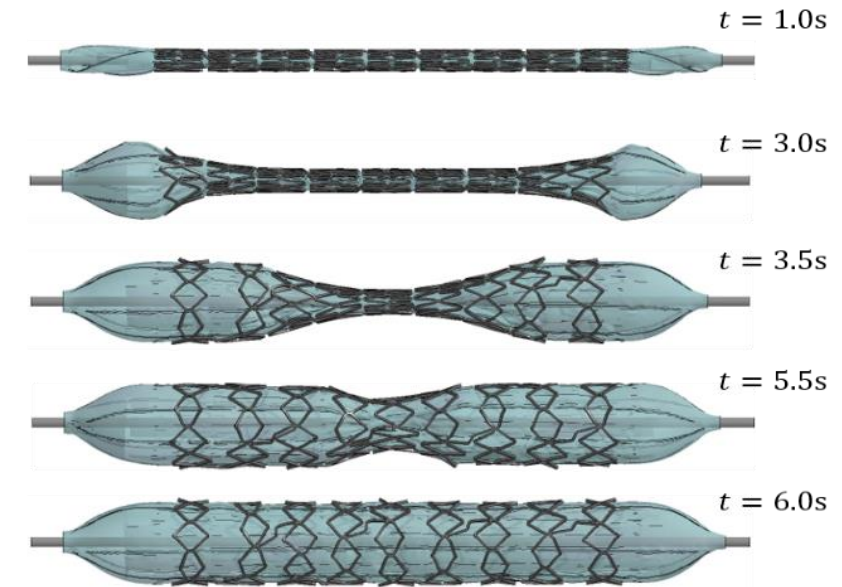
Residual stresses of the distal taper ($t = 0.0s$), fringe range 0 – 50 MPa

VALIDATION

Start of stent expansion: $t = 0.0s$; max. pressure: $p = 1.0MPa$

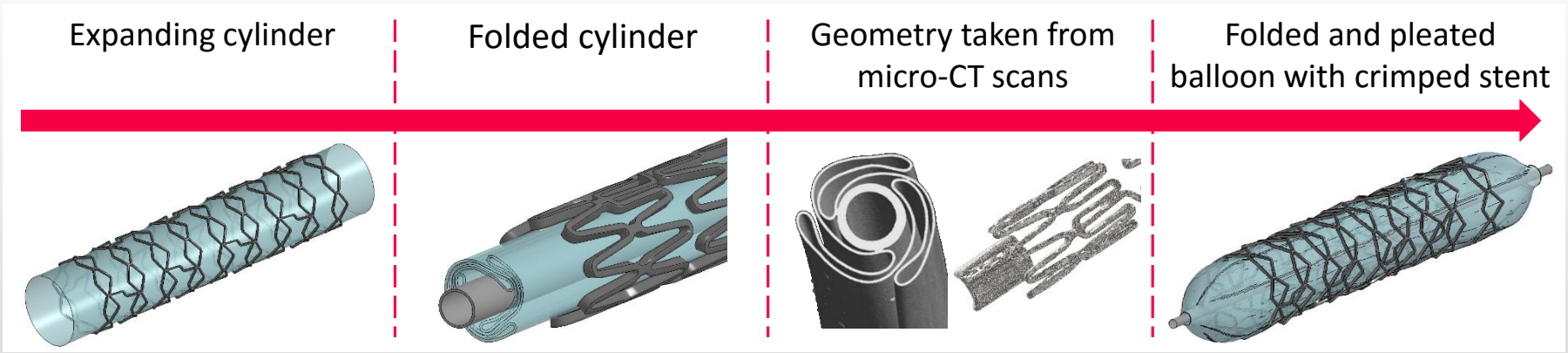


total simulation time: $t = 6.0s$; max. pressure: $p = 1.0MPa$



- Very satisfying agreement of geometries and expansion mechanisms
- Details, such as dogboning, segment bending and asymmetrical segment expansion
- A realistic pressure/time behavior is difficult to replicate due to air pockets, sudden volume expansion and viscous fluid flow (contrast medium solution)

COMPARISON WITH CLASSIC APPROACHES

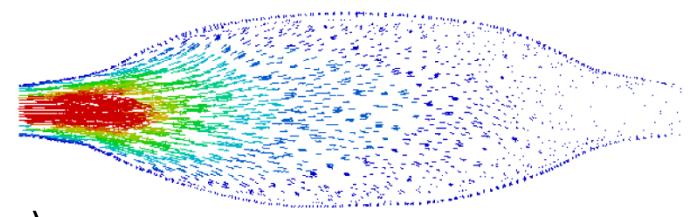


Expanding cylinder	Folded cylinder	Geometry taken from micro-CT scans	Folded and pleated balloon with crimped stent
<ul style="list-style-type: none"> ➤ Timesaving. ➔ Stress/strain behavior ➤ Stress/strain distribution ➤ Residual stresses / deformations ➤ Inflation mechanism ➤ Taper geometry ➤ Asymmetrical stent expansion ➤ Asymmetrical segment expansion 	<ul style="list-style-type: none"> ➤ Asymmetrical segment expansion ➔ Stress/strain behavior of central stent segments ➔ Central inflation mechanism ➤ Residual stresses / deformations ➤ Taper geometry ➤ Dimensions of cross section needed ➤ Asymmetrical stent expansion 	<ul style="list-style-type: none"> ➤ Stress/strain behavior ➤ Asymmetrical segment expansion ➤ Inflation mechanism ➤ Taper geometry ➤ Residual stresses / deformations ➤ Time consuming ➤ Difficult scanning / pre-processing ➤ Asymmetrical stent expansion 	<ul style="list-style-type: none"> ➤ Residual stresses / deformations ➤ Stress/strain behavior ➤ Asymmetrical segment expansion ➤ Inflation mechanism ➤ Taper geometry ➤ Clear information about pre-operative processes needed ➤ Asymmetrical stent expansion

FUTURE ASPECTS – WORK IN PROGRESS

Expansion caused by volume flow

- Realistic pressure/time behavior
- Asymmetrical stent expansion.
- LS-DEM (Discrete Element Method)
- LS-ICFD (Incompressible Computational Fluid Dynamics).



Anisotropic and thermomechanical material model for balloon membrane

- Heated folding / pleating blades.
- Injection blow molding causes an anisotropic material behavior.

More precise material damage and growth model for coronary arteries

- In vitro* simulation of CSI.
- Correlation of mechanical response, structural damage mechanism and cell proliferation.
- Multi-scale material damage and growth modeling.
- FEA of stent deployment in long-term with a three-layer artery model.

Isotropic-kinematic hardening model

→ Oberhofer G. et al: Numerical Analysis of the Balloon Dilatation Process Using the Explicit Finite Element Method for the Optimization of a Stent Geometry, LS-Dyna Forum 2006

ACKNOWLEDGMENT / FURTHER READING

Acknowledgment

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Further reading

- ❑ Geith MA, Sommer G, Schratzenstaller T, Holzapfel GA: Biomechanical and structural quantification of vascular damage: A unique investigation of stent implantation. Artery Research, 2017
- ❑ Wiesent L, Wagner M, Geith MA: Simulation of Fluid-Structure Interaction between injection medium and balloon catheter using ICFD. 11th European LS-DYNA Conference, 2017
- ❑ Holzapfel GA: Nonlinear solid mechanics: A continuum approach for engineering. John Wiley & Sons, 2000
- ❑ Wagner M: Lineare und nichtlineare FEM: Eine Einführung mit Anwendung in der Umformsimulation mit LS-DYNA, Springer Vieweg, 2017