



US008728141B2

(12) **United States Patent**  
**Riina et al.**

(10) **Patent No.:** **US 8,728,141 B2**  
(45) **Date of Patent:** **\*May 20, 2014**

(54) **METHOD AND APPARATUS FOR SEALING AN OPENING IN THE SIDE WALL OF A BODY LUMEN, AND/OR FOR REINFORCING A WEAKNESS IN THE SIDE WALL OF A BODY LUMEN, WHILE MAINTAINING SUBSTANTIALLY NORMAL FLOW THROUGH THE BODY LUMEN**

(75) Inventors: **Howard Riina**, Scarsdale, NY (US); **Robert Andrews**, Norfolk, MA (US); **Clair Strohl**, Norfolk, MA (US); **Jeffrey Milsom**, New York, NY (US); **J. Fredrick Cornhill**, New York, NY (US); **Kevin Thomas Smith**, Stamford, CT (US); **David G. Lamphere**, Framingham, MA (US); **Tuan Anh Nguyen**, Woburn, MA (US)

(73) Assignee: **Cornell University**, Ithaca, NY (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 554 days.  
  
This patent is subject to a terminal disclaimer.

(21) Appl. No.: **12/332,727**

(22) Filed: **Dec. 11, 2008**

(65) **Prior Publication Data**

US 2009/0264914 A1 Oct. 22, 2009

**Related U.S. Application Data**

(60) Provisional application No. 61/007,189, filed on Dec. 11, 2007.

(51) **Int. Cl.**  
**A61F 2/06** (2013.01)

(52) **U.S. Cl.**  
USPC ..... **623/1.11**

(58) **Field of Classification Search**  
USPC ..... 606/200, 191, 127–128; 623/1.11–1.22  
See application file for complete search history.

(56) **References Cited**

**U.S. PATENT DOCUMENTS**

4,619,246	A	10/1986	Molgaard-Nielsen et al.	
4,994,069	A *	2/1991	Ritchart et al.	606/191
5,350,398	A *	9/1994	Pavcnik et al.	606/200
5,607,445	A *	3/1997	Summers	623/1.22
5,645,558	A *	7/1997	Horton	606/191
5,669,933	A	9/1997	Simon et al.	
5,766,219	A	6/1998	Horton	
5,772,668	A	6/1998	Summers et al.	
5,810,874	A	9/1998	Lefebvre	
5,830,222	A	11/1998	Makower	
5,836,968	A	11/1998	Simon et al.	
5,851,537	A	12/1998	Alberts et al.	

(Continued)

**FOREIGN PATENT DOCUMENTS**

CN	1216929	5/1999
JP	2001-212152	8/2001
JP	2007-536943	12/2007
WO	WO 97/27893	8/1997
WO	WO 2005/072196	8/2005

(Continued)

*Primary Examiner* — Darwin Erez

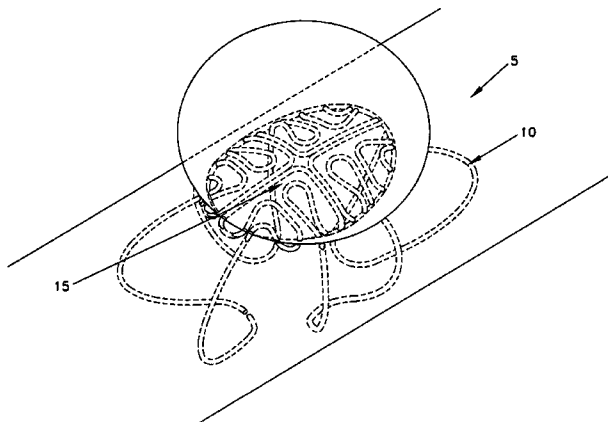
*Assistant Examiner* — Amy Shipley

(74) *Attorney, Agent, or Firm* — Pandiscio & Pandiscio

(57) **ABSTRACT**

An expandable spherical structure for deployment in a blood vessel or other body lumen, comprising: an open frame configured to assume a collapsed configuration and an expanded configuration; and a closed face carried by the open frame; wherein the open frame is configured so as to permit substantially normal flow therethrough when the open frame is in its expanded configuration, and further wherein the closed face is configured so as to obstruct flow therethrough.

**22 Claims, 41 Drawing Sheets**



(56)

## References Cited

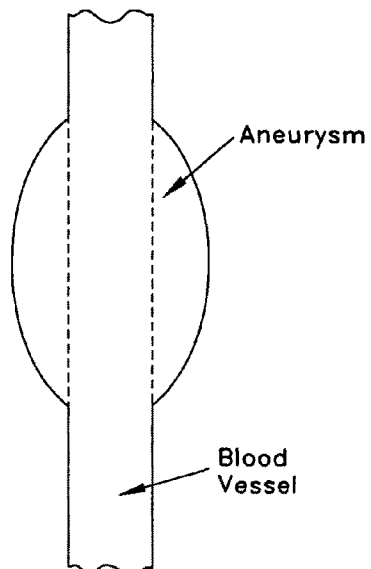
## U.S. PATENT DOCUMENTS

5,911,731 A *	6/1999	Pham et al.	606/191	7,059,330 B1	6/2006	Makower et al.	
5,925,060 A	7/1999	Forber		7,094,230 B2	8/2006	Flaherty et al.	
5,951,599 A	9/1999	McCrory		7,134,438 B2	11/2006	Makower et al.	
6,013,854 A	1/2000	Moriuchi		7,159,592 B1	1/2007	Makower et al.	
6,068,638 A	5/2000	Makower		7,179,270 B2	2/2007	Makower	
6,090,125 A *	7/2000	Horton	606/191	7,211,107 B2	5/2007	Bruckheimer et al.	
6,093,199 A	7/2000	Brown et al.		7,229,472 B2 *	6/2007	DePalma et al.	623/1.16
6,136,015 A *	10/2000	Kurz et al.	606/191	7,241,310 B2	7/2007	Taylor et al.	
6,159,165 A *	12/2000	Ferrera et al.	600/585	7,279,000 B2	10/2007	Cartier et al.	
6,159,225 A	12/2000	Makower		7,288,112 B2	10/2007	Denardo et al.	
6,165,194 A	12/2000	Denardo		7,303,571 B2	12/2007	Makower et al.	
6,165,198 A *	12/2000	McGurk et al.	606/200	7,306,622 B2	12/2007	Jones et al.	
6,171,326 B1 *	1/2001	Ferrera et al.	606/191	7,306,624 B2	12/2007	Yodfat et al.	
6,190,353 B1	2/2001	Makower et al.		7,316,655 B2	1/2008	Garibotto et al.	
6,221,086 B1	4/2001	Forber		7,316,701 B2 *	1/2008	Ferrera et al.	606/191
6,231,587 B1	5/2001	Makower		7,326,225 B2 *	2/2008	Ferrera et al.	606/200
6,283,951 B1	9/2001	Flaherty et al.		7,407,506 B2	8/2008	Makower	
6,283,983 B1	9/2001	Makower et al.		7,572,288 B2 *	8/2009	Cox	623/1.17
6,302,875 B1	10/2001	Makower et al.		7,879,064 B2 *	2/2011	Monstadt et al.	606/200
6,309,415 B1 *	10/2001	Pulnev et al.	623/1.22	8,088,171 B2	1/2012	Brenneman	
6,322,576 B1 *	11/2001	Wallace et al.	606/191	8,092,515 B2 *	1/2012	Johnson et al.	623/1.15
6,325,820 B1	12/2001	Khosravi et al.		8,372,110 B2 *	2/2013	Monstadt et al.	606/200
6,330,884 B1	12/2001	Kim		2001/0012961 A1 *	8/2001	Deem et al.	623/1.15
6,364,895 B1	4/2002	Greenhalgh		2002/0169473 A1 *	11/2002	Sepetka et al.	606/200
6,368,338 B1 *	4/2002	Konya et al.	606/200	2002/0193812 A1 *	12/2002	Patel et al.	606/151
6,375,615 B1	4/2002	Flaherty et al.		2002/0193813 A1 *	12/2002	Helkowski et al.	606/151
6,379,319 B1	4/2002	Garibotto et al.		2003/0040771 A1 *	2/2003	Hyodoh et al.	606/200
6,428,558 B1 *	8/2002	Jones et al.	606/200	2003/0055451 A1	3/2003	Jones et al.	
6,432,127 B1	8/2002	Kim et al.		2003/0109917 A1	6/2003	Rudin et al.	
6,482,222 B1	11/2002	Bruckheimer et al.		2003/0139802 A1	7/2003	Wulfman et al.	
6,540,657 B2	4/2003	Cross, III et al.		2003/0216804 A1	11/2003	DeBeer et al.	
6,544,230 B1	4/2003	Flaherty et al.		2004/0006383 A1 *	1/2004	Zilla et al.	623/1.39
6,551,303 B1	4/2003	Van Tassel et al.		2004/0034386 A1 *	2/2004	Fulton et al.	606/200
6,569,179 B2 *	5/2003	Teoh et al.	606/191	2004/0087998 A1 *	5/2004	Lee et al.	606/200
6,579,311 B1	6/2003	Makower		2004/0098030 A1	5/2004	Makower et al.	
6,585,748 B1 *	7/2003	Jeffree	606/200	2004/0153142 A1	8/2004	Klumb et al.	
6,585,756 B1	7/2003	Strecker		2004/0172056 A1 *	9/2004	Guterman et al.	606/200
6,589,265 B1	7/2003	Palmer et al.		2004/0181253 A1	9/2004	Sepetka et al.	
6,592,605 B2 *	7/2003	Lenker et al.	606/200	2004/0210298 A1	10/2004	Rabkin et al.	
6,605,111 B2 *	8/2003	Bose et al.	623/1.18	2004/0260384 A1 *	12/2004	Allen	623/1.12
6,613,074 B1	9/2003	Mitelberg et al.		2005/0107823 A1 *	5/2005	Leone et al.	606/200
6,613,081 B2	9/2003	Kim et al.		2005/0187564 A1 *	8/2005	Jayaraman	606/141
6,616,617 B1 *	9/2003	Ferrera et al.	600/585	2005/0192618 A1 *	9/2005	Porter	606/200
6,616,675 B1	9/2003	Evard et al.		2005/0192619 A1 *	9/2005	Teoh et al.	606/200
6,632,241 B1 *	10/2003	Hancock et al.	623/1.15	2006/0047299 A1 *	3/2006	Ferguson	606/200
6,635,069 B1 *	10/2003	Teoh et al.	606/200	2006/0052816 A1	3/2006	Bates et al.	
6,638,291 B1 *	10/2003	Ferrera et al.	606/191	2006/0116625 A1	6/2006	Renati et al.	
6,638,293 B1	10/2003	Makower et al.		2006/0116709 A1 *	6/2006	Sepetka et al.	606/200
6,652,555 B1	11/2003	Van Tassel et al.		2006/0116712 A1	6/2006	Sepetka et al.	
6,652,556 B1	11/2003	Van Tassel et al.		2006/0135947 A1	6/2006	Soltesz et al.	
6,655,386 B1	12/2003	Makower et al.		2006/0142845 A1	6/2006	Molaei et al.	
6,656,218 B1	12/2003	Denardo et al.		2006/0200234 A1	9/2006	Hines	
6,660,024 B1	12/2003	Flaherty et al.		2006/0224183 A1 *	10/2006	Freudenthal	606/213
6,685,648 B2	2/2004	Flaherty et al.		2006/0241686 A1 *	10/2006	Ferrera et al.	606/200
6,689,150 B1	2/2004	Van Tassel et al.		2007/0060994 A1	3/2007	Gobran et al.	
6,695,876 B1	2/2004	Marotta et al.		2007/0083257 A1 *	4/2007	Pal et al.	623/1.22
6,709,444 B1	3/2004	Makower		2007/0198075 A1	8/2007	Levy	
6,726,677 B1	4/2004	Flaherty et al.		2007/0219619 A1	9/2007	Dieck et al.	
6,730,108 B2	5/2004	Van Tassel et al.		2007/0239261 A1	10/2007	Bose et al.	
6,746,464 B1	6/2004	Makower		2007/0270902 A1	11/2007	Slazas et al.	
6,746,468 B1 *	6/2004	Sepetka et al.	606/200	2008/0039933 A1	2/2008	Yodfat et al.	
6,790,218 B2 *	9/2004	Jayaraman	606/191	2008/0045995 A1 *	2/2008	Guterman et al.	606/194
6,811,560 B2	11/2004	Jones et al.		2008/0114391 A1	5/2008	Dieck et al.	
6,855,155 B2	2/2005	Denardo et al.		2008/0114436 A1	5/2008	Dieck et al.	
6,860,893 B2 *	3/2005	Wallace et al.	606/200	2008/0221600 A1 *	9/2008	Dieck et al.	606/157
6,863,684 B2	3/2005	Kim et al.		2008/0281350 A1 *	11/2008	Sepetka et al.	606/200
6,872,218 B2 *	3/2005	Ferrera et al.	606/200	2009/0062834 A1 *	3/2009	Moftakhar et al.	606/191
6,878,163 B2	4/2005	Denardo et al.		2009/0069836 A1 *	3/2009	Labdag et al.	606/191
6,894,092 B2	5/2005	Sylvester		2009/0125053 A1 *	5/2009	Ferrera et al.	606/200
6,913,618 B2	7/2005	Denardo et al.		2009/0297582 A1 *	12/2009	Meyer et al.	424/423
6,929,009 B2	8/2005	Makower et al.					
6,929,654 B2 *	8/2005	Teoh et al.	606/200				
6,949,113 B2	9/2005	Van Tassel et al.					
6,953,472 B2	10/2005	Palmer et al.					
6,984,240 B1 *	1/2006	Ken et al.	606/200				

## FOREIGN PATENT DOCUMENTS

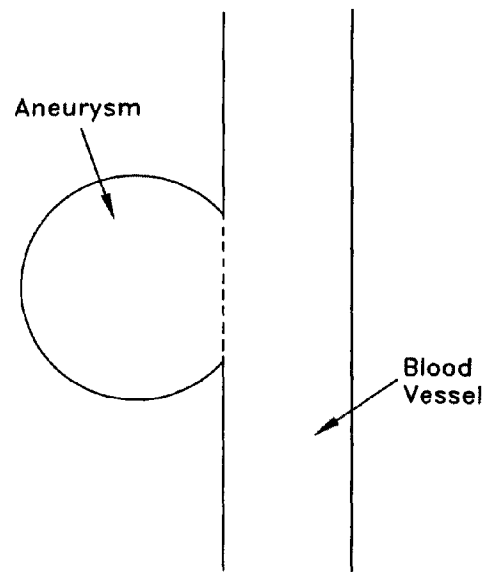
WO WO 2006/032289 \* 3/2006  
 WO WO 2006/091195 \* 8/2006  
 WO WO 2008/022327 2/2008

\* cited by examiner



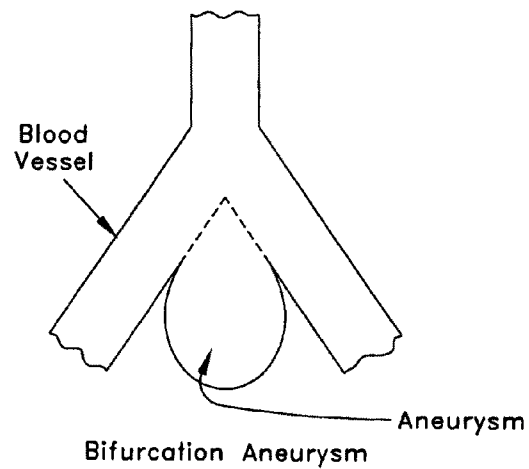
Fusiform Aneurysm

FIG. 1



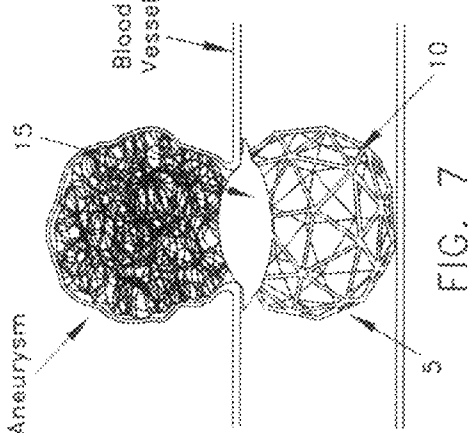
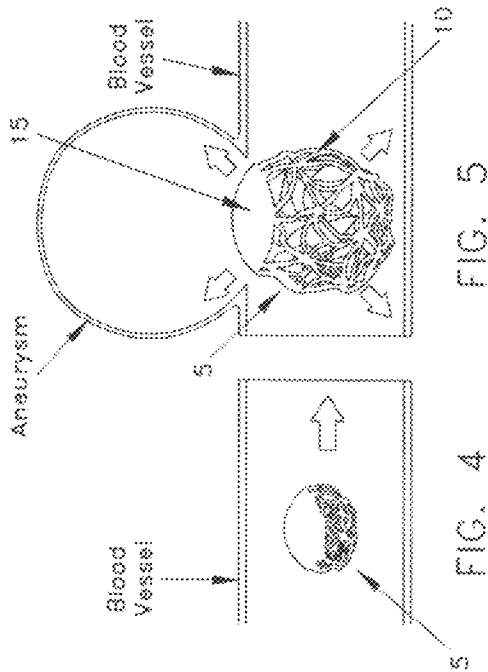
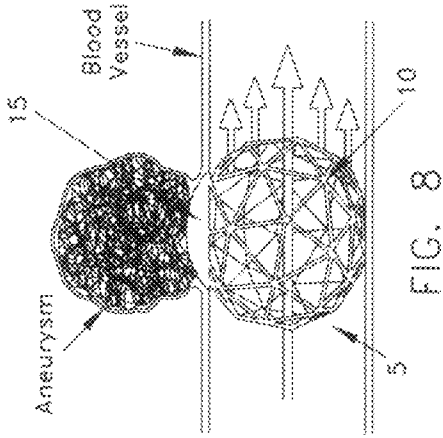
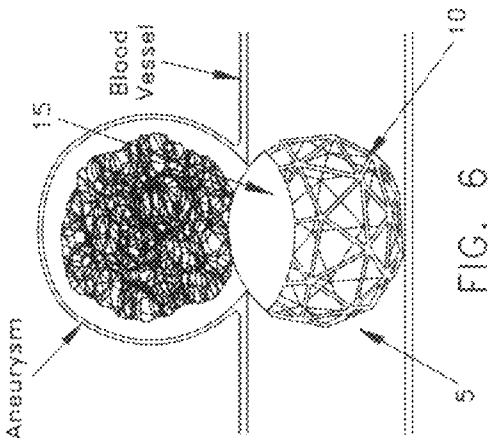
Lateral Aneurysm

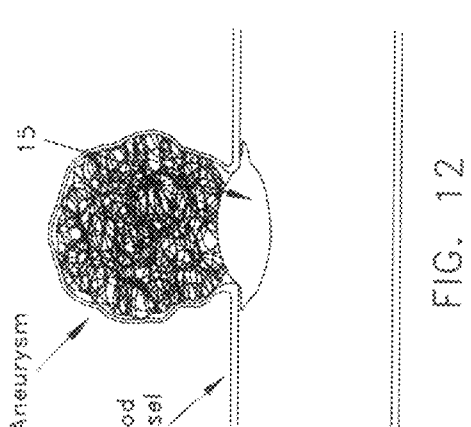
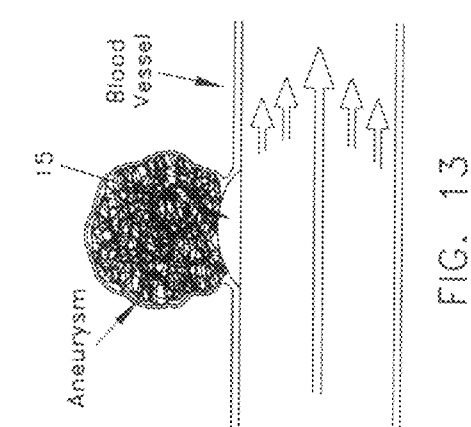
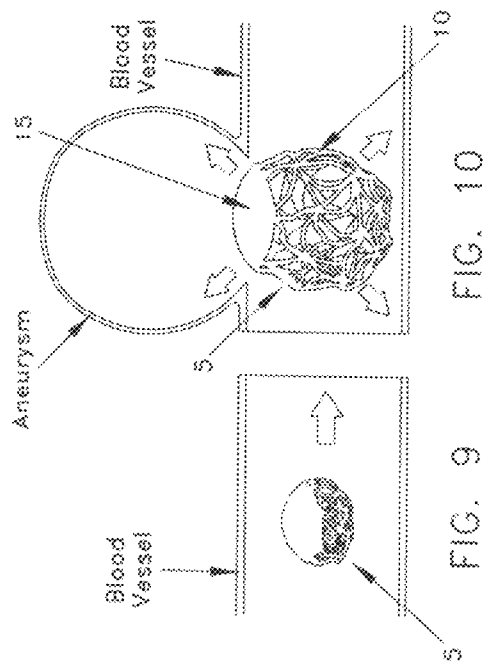
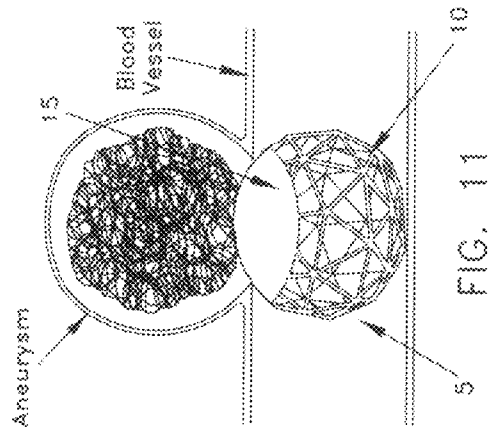
FIG. 2



Bifurcation Aneurysm

FIG. 3





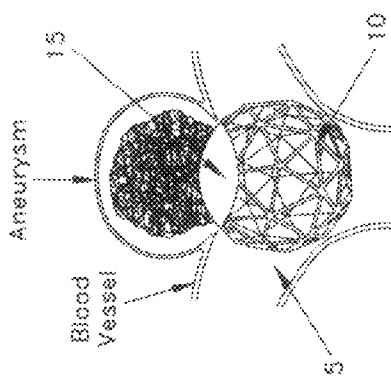


FIG. 14

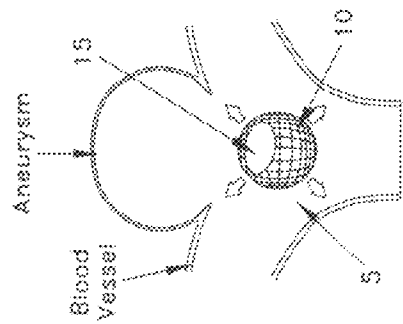


FIG. 15

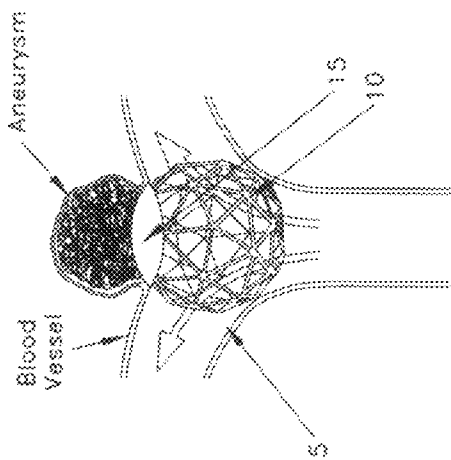


FIG. 16

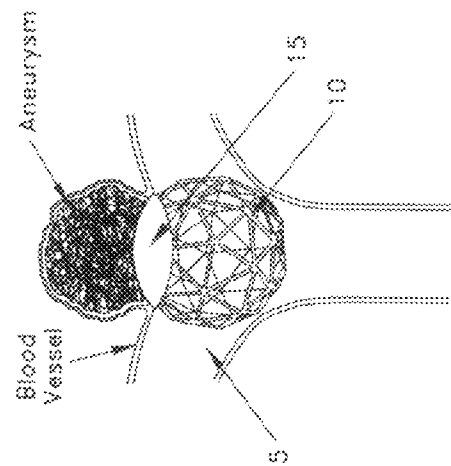


FIG. 17

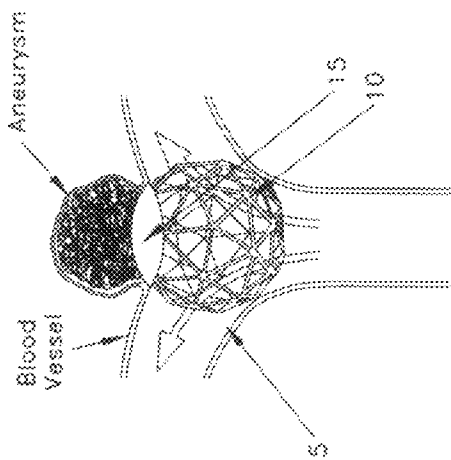


FIG. 18

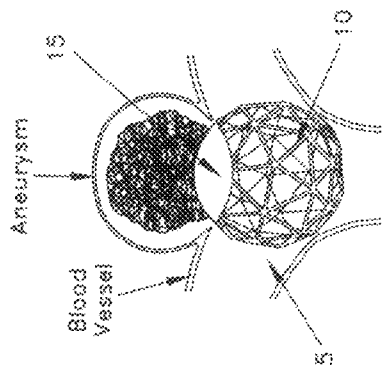


FIG. 21

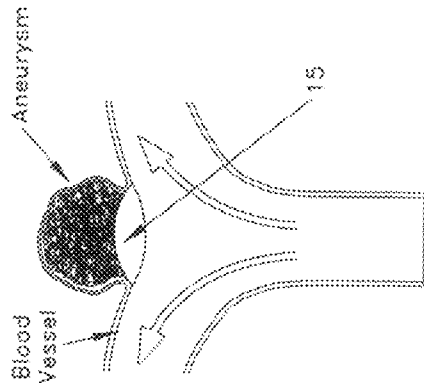


FIG. 23

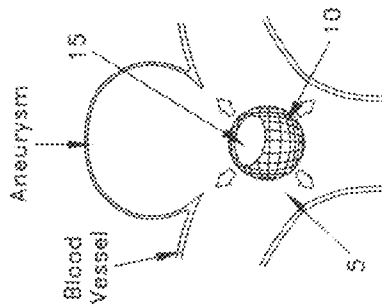


FIG. 20

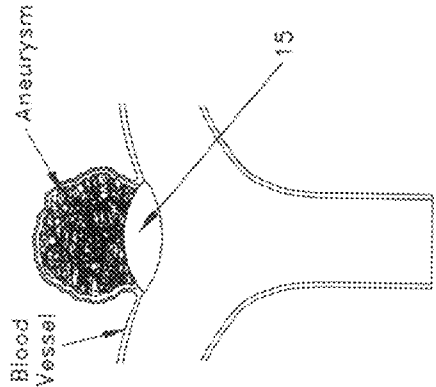


FIG. 22

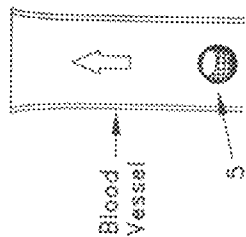


FIG. 19

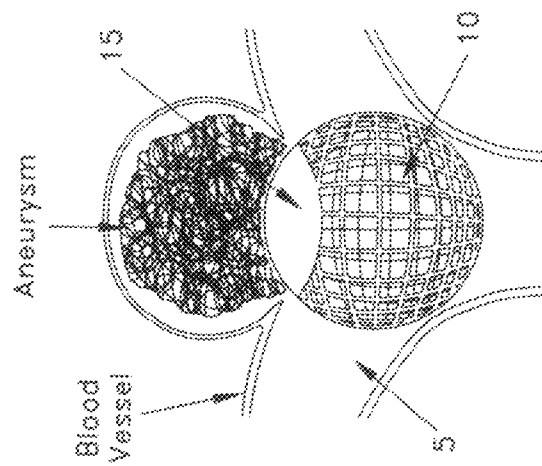


FIG. 24



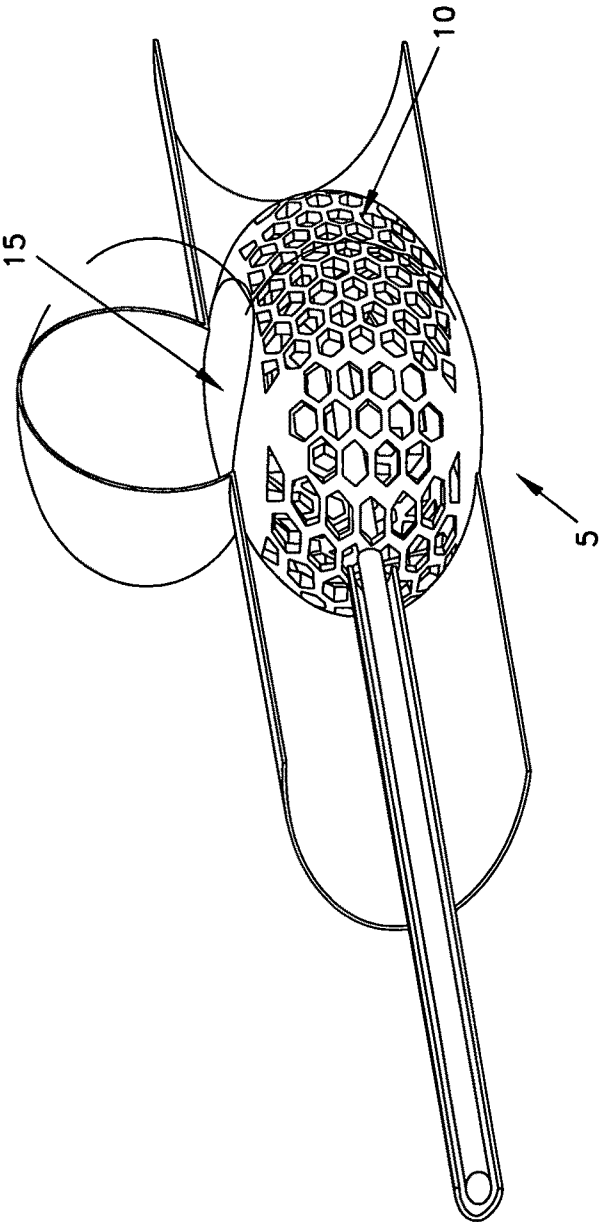
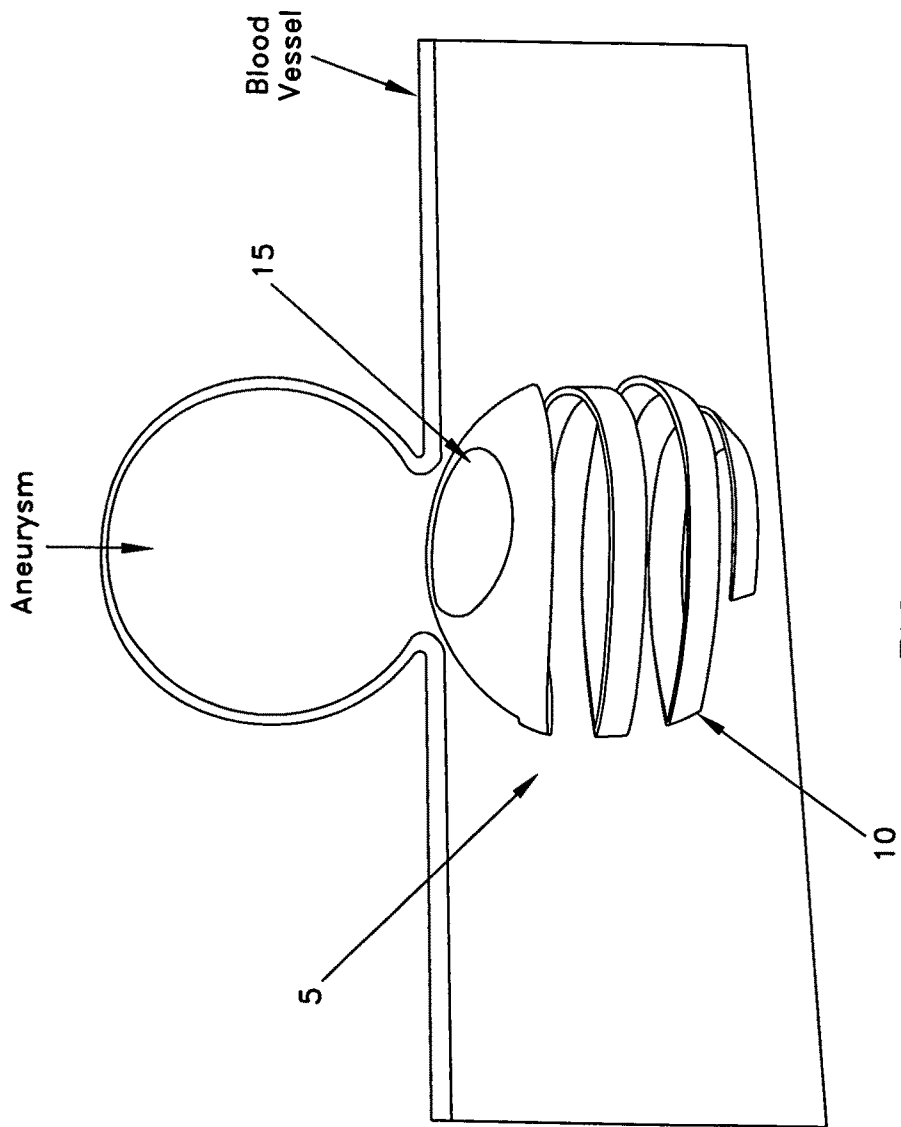


FIG. 25



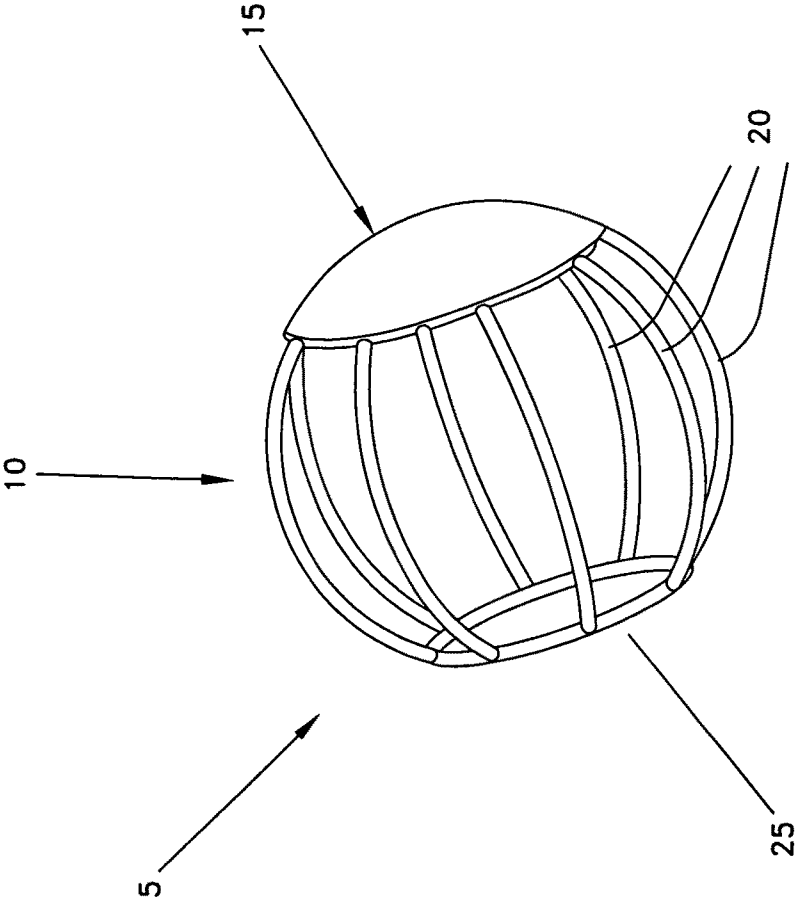


FIG. 27

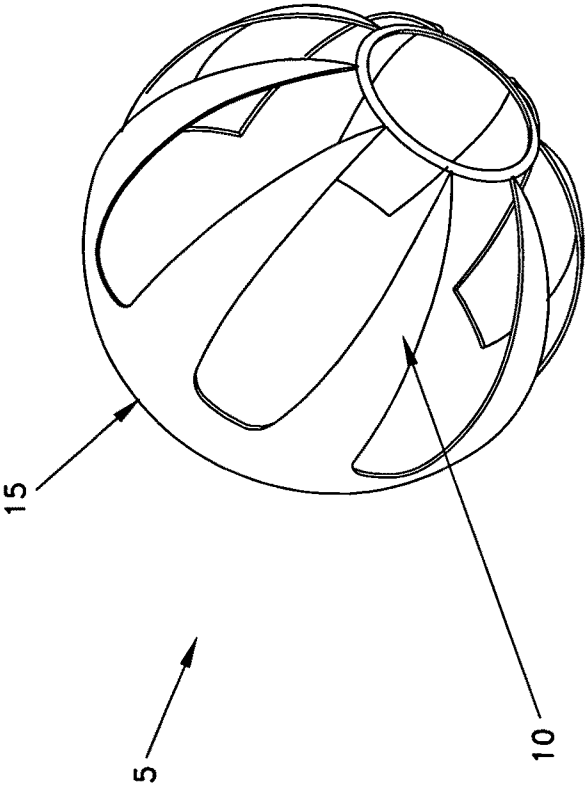


FIG. 28

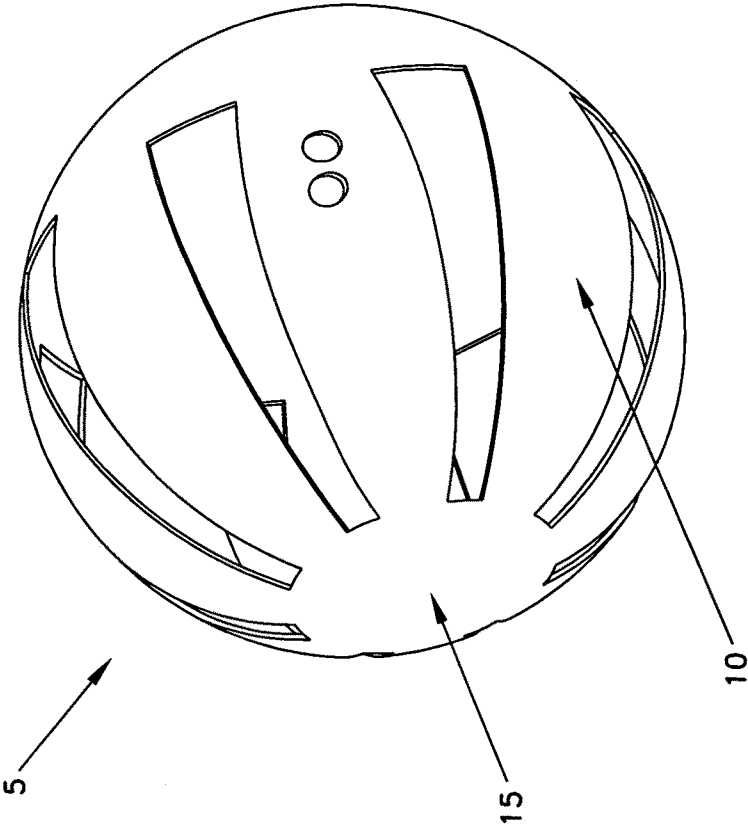


FIG. 29

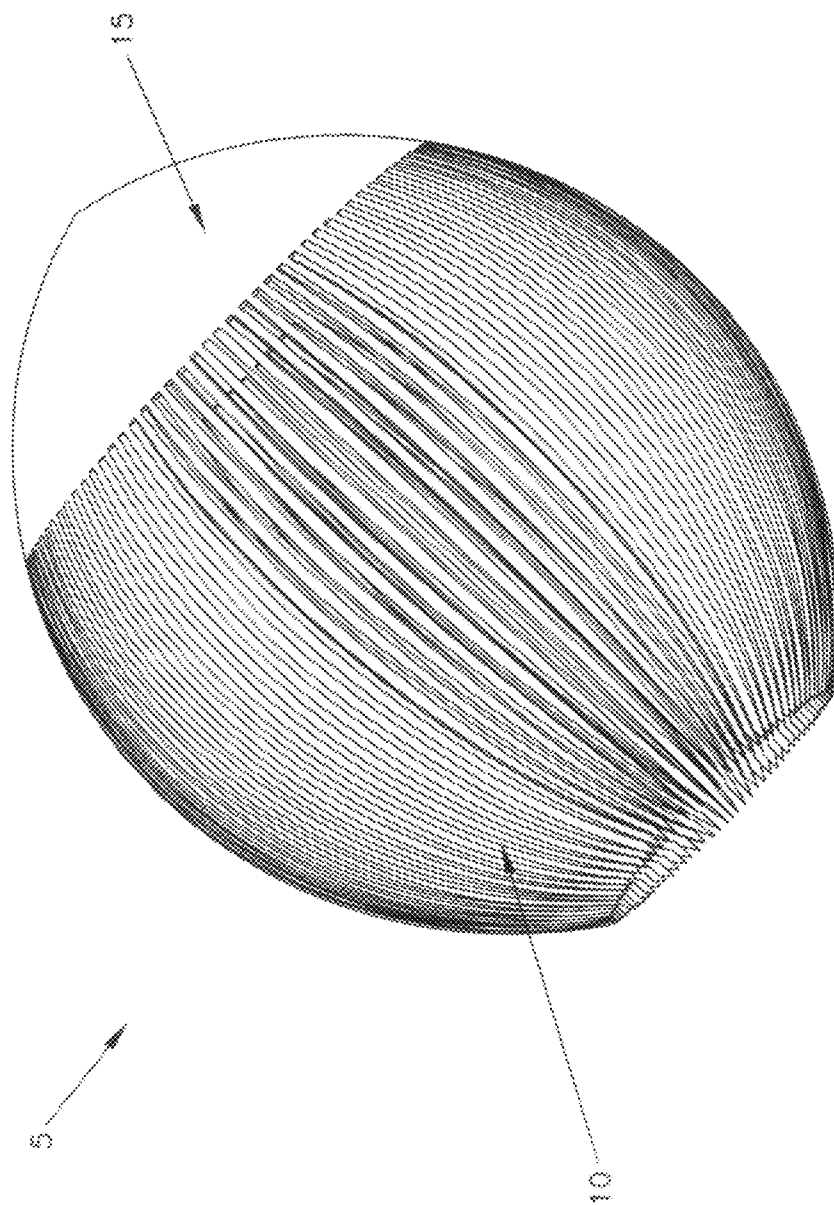


FIG. 30

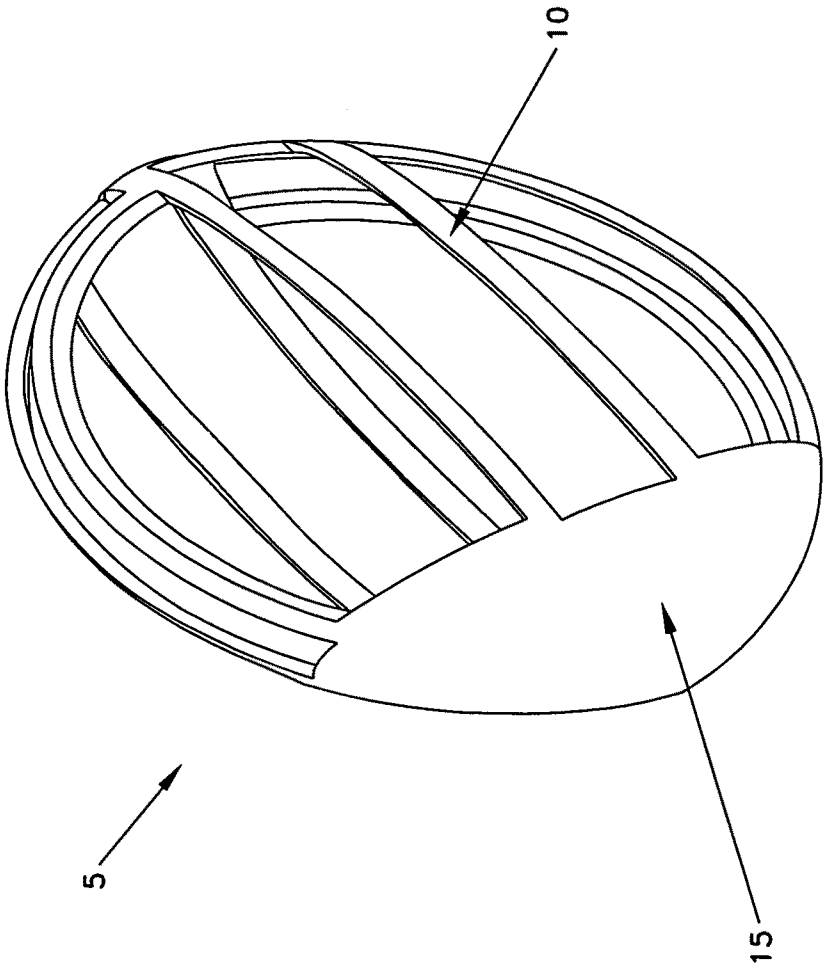


FIG. 31

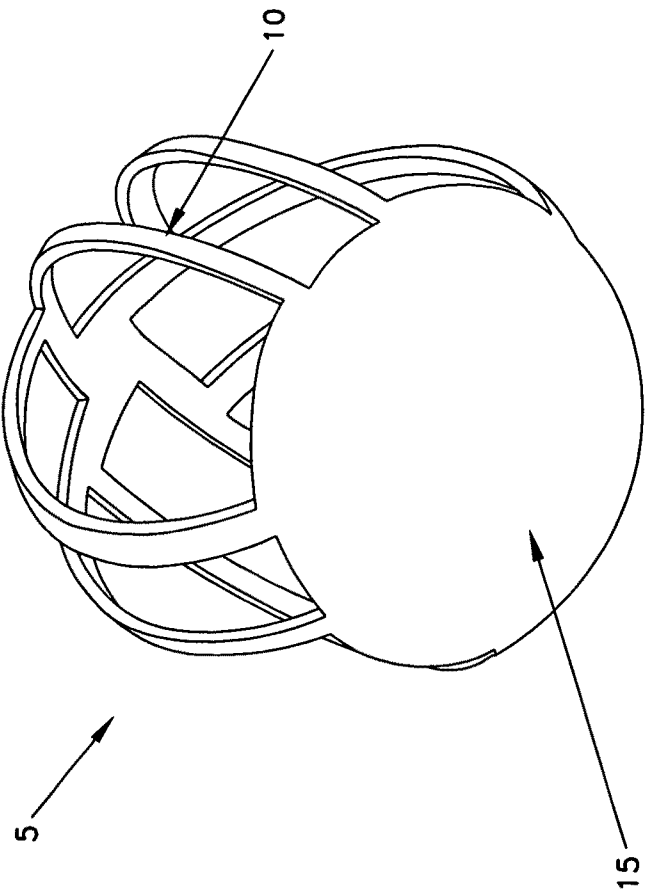


FIG. 32



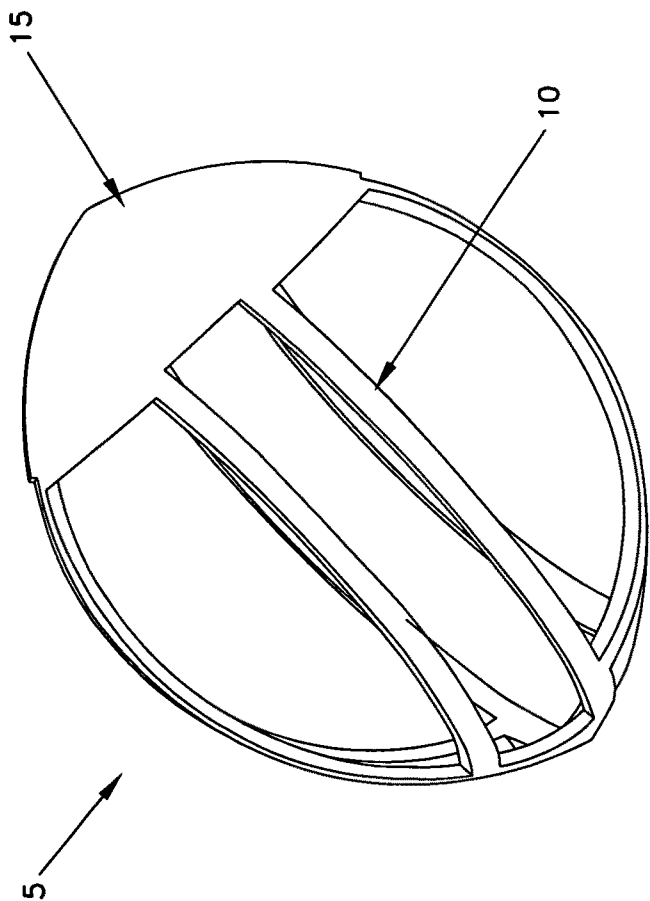


FIG. 33

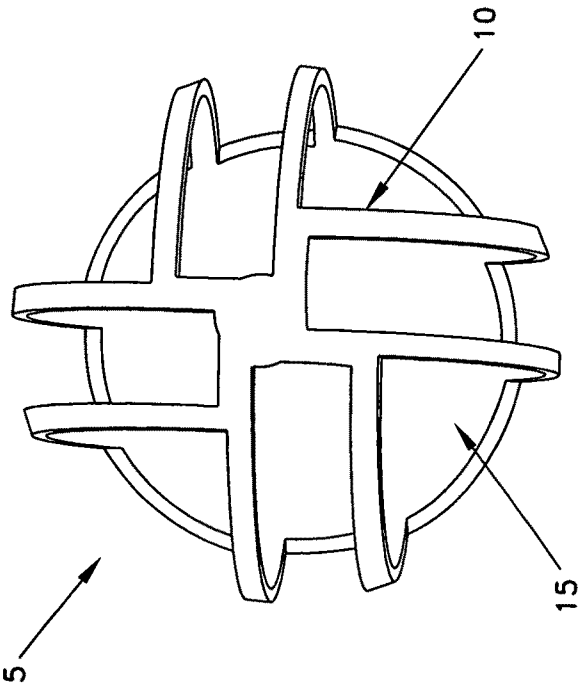


FIG. 34

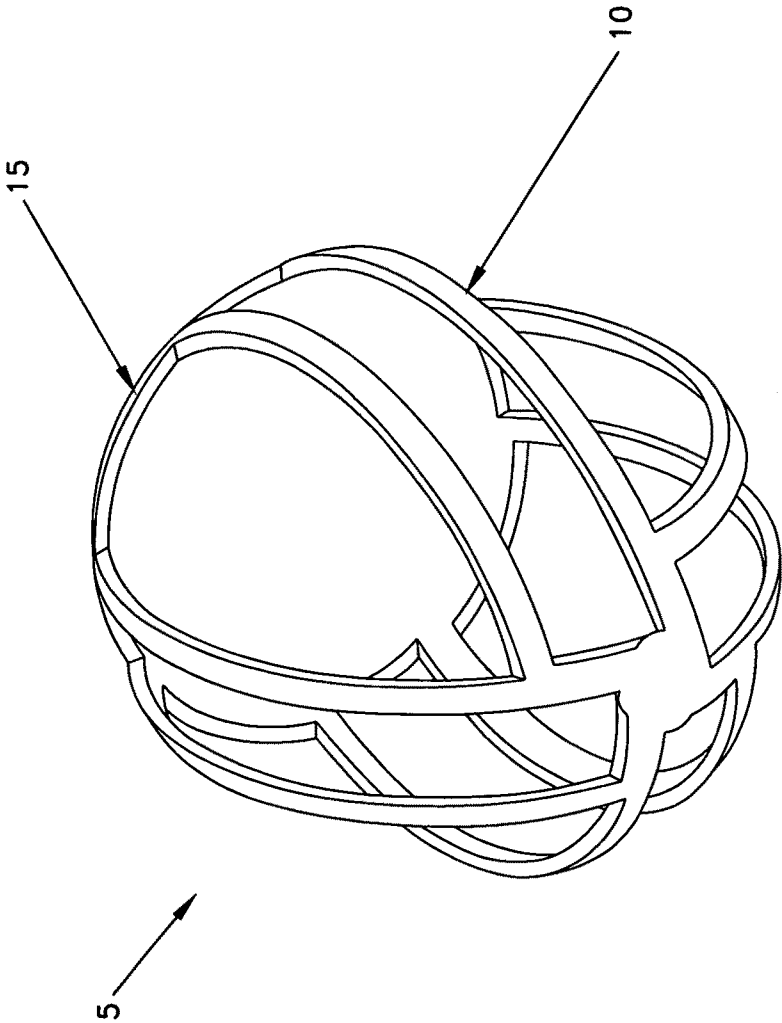


FIG. 35

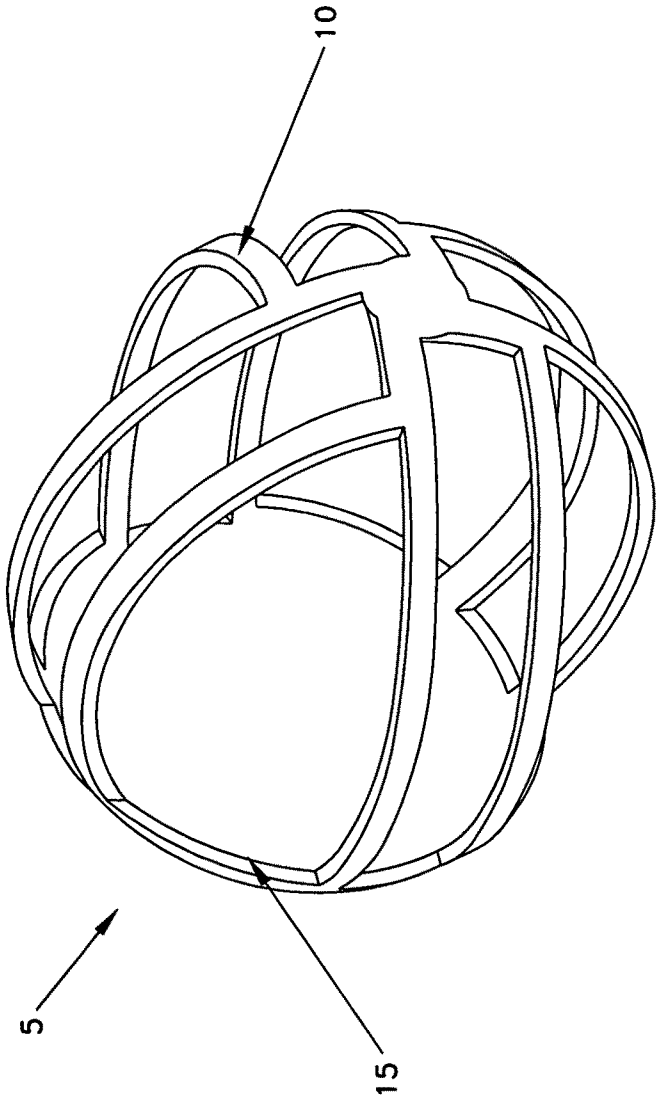


FIG. 36

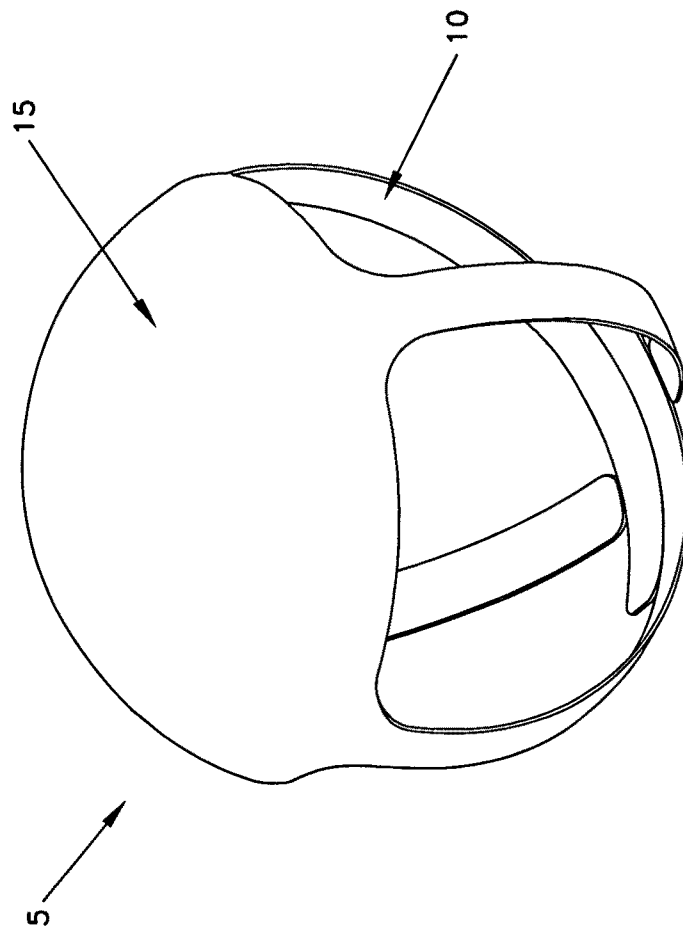


FIG. 37

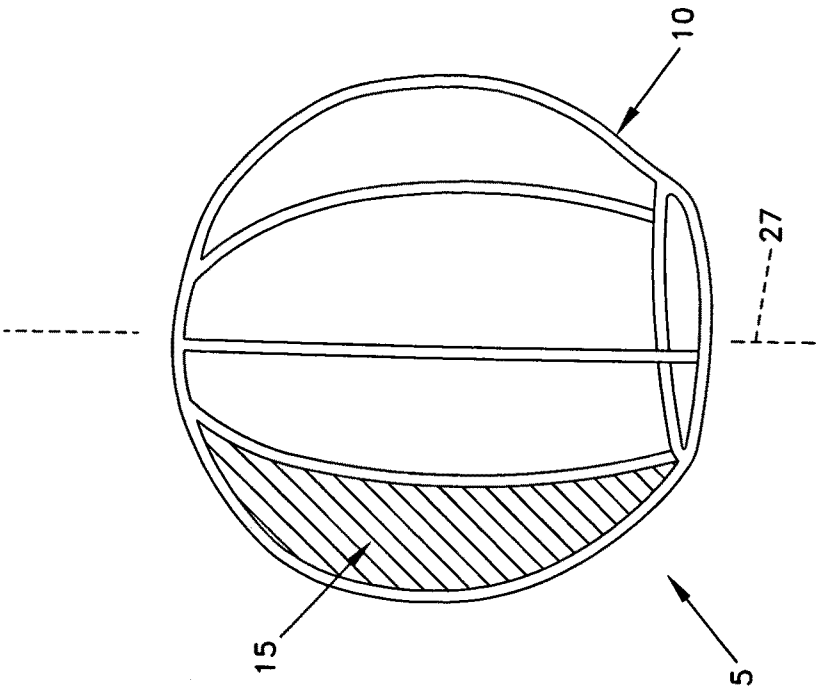


FIG. 38

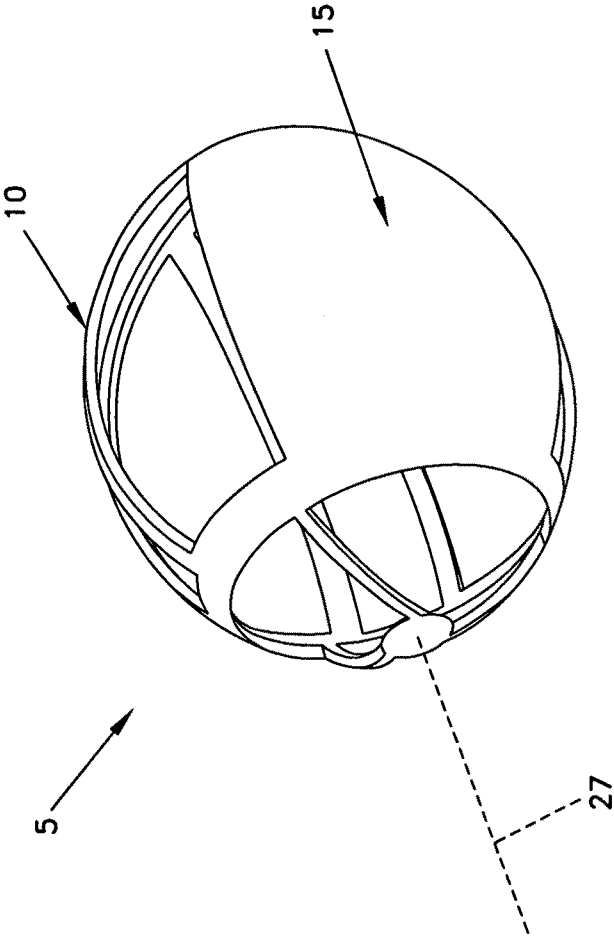


FIG. 39

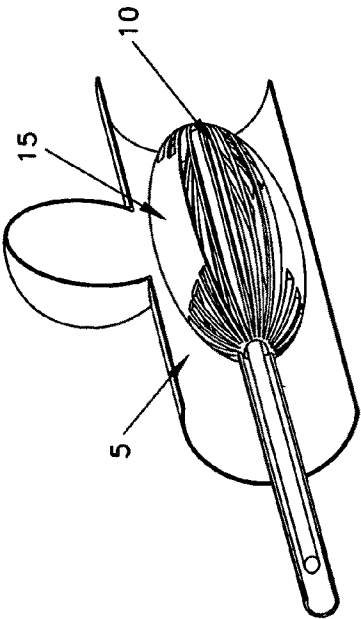


FIG. 40

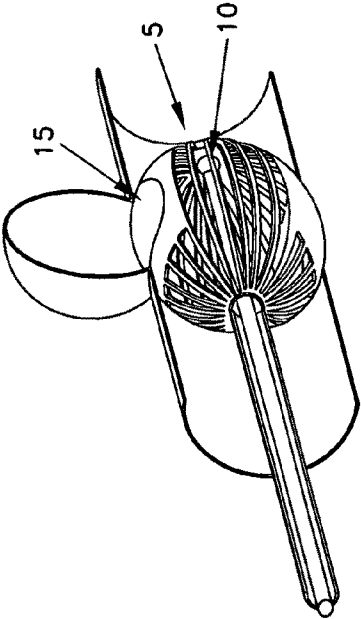


FIG. 42

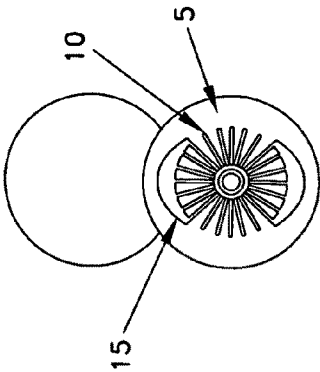


FIG. 41

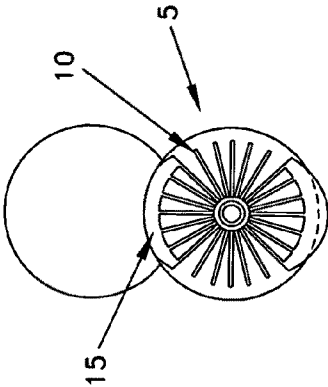


FIG. 43



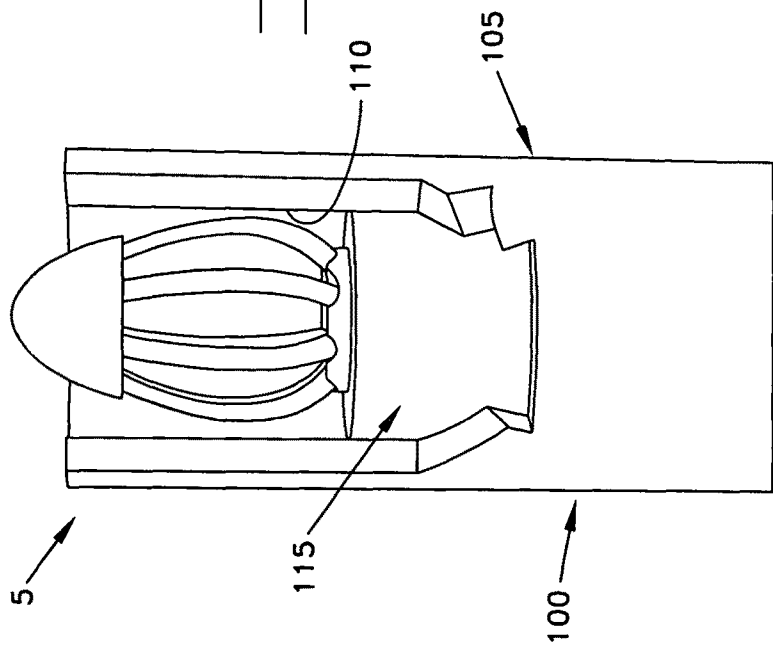
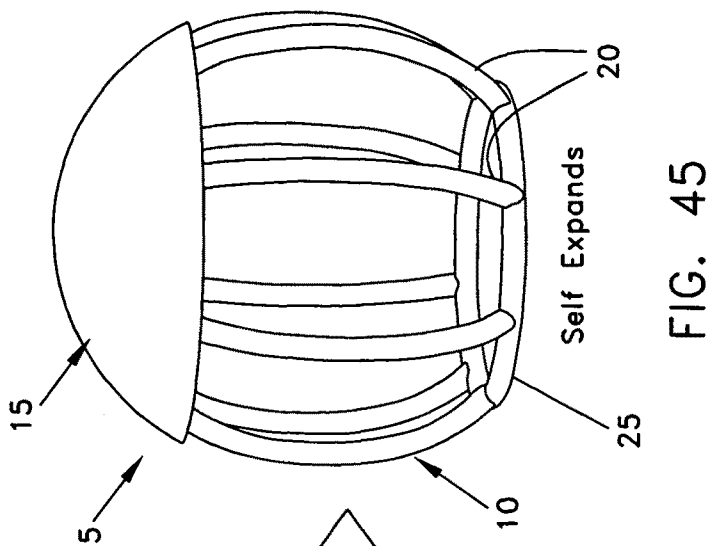


FIG. 44

FIG. 45

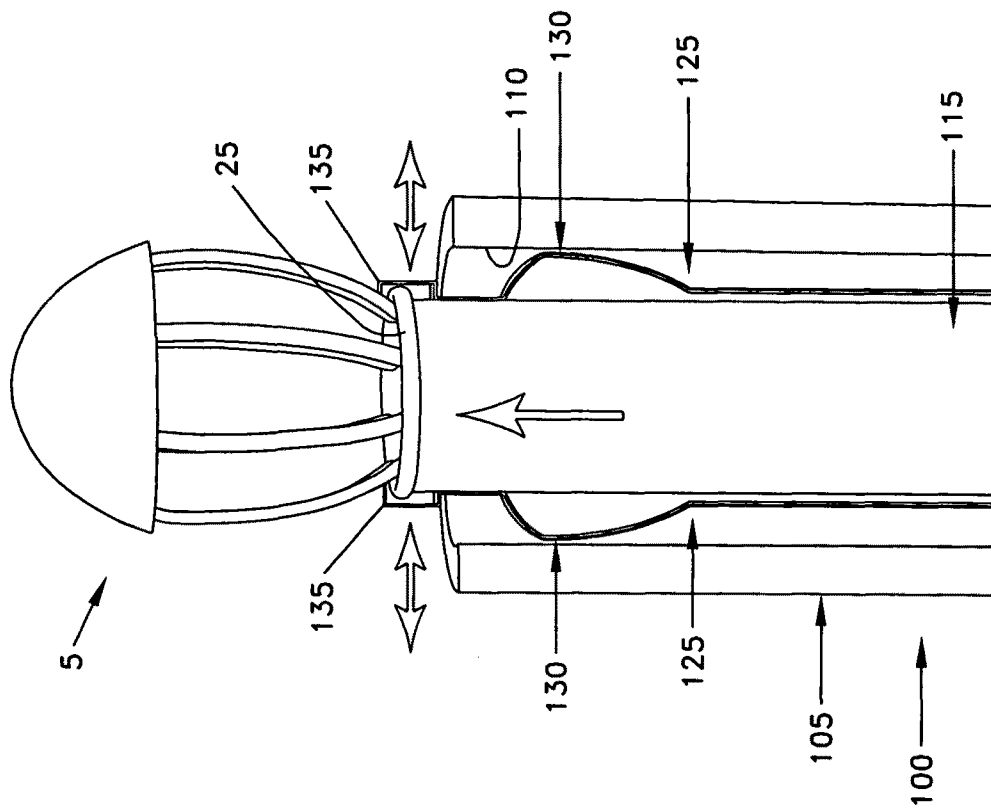
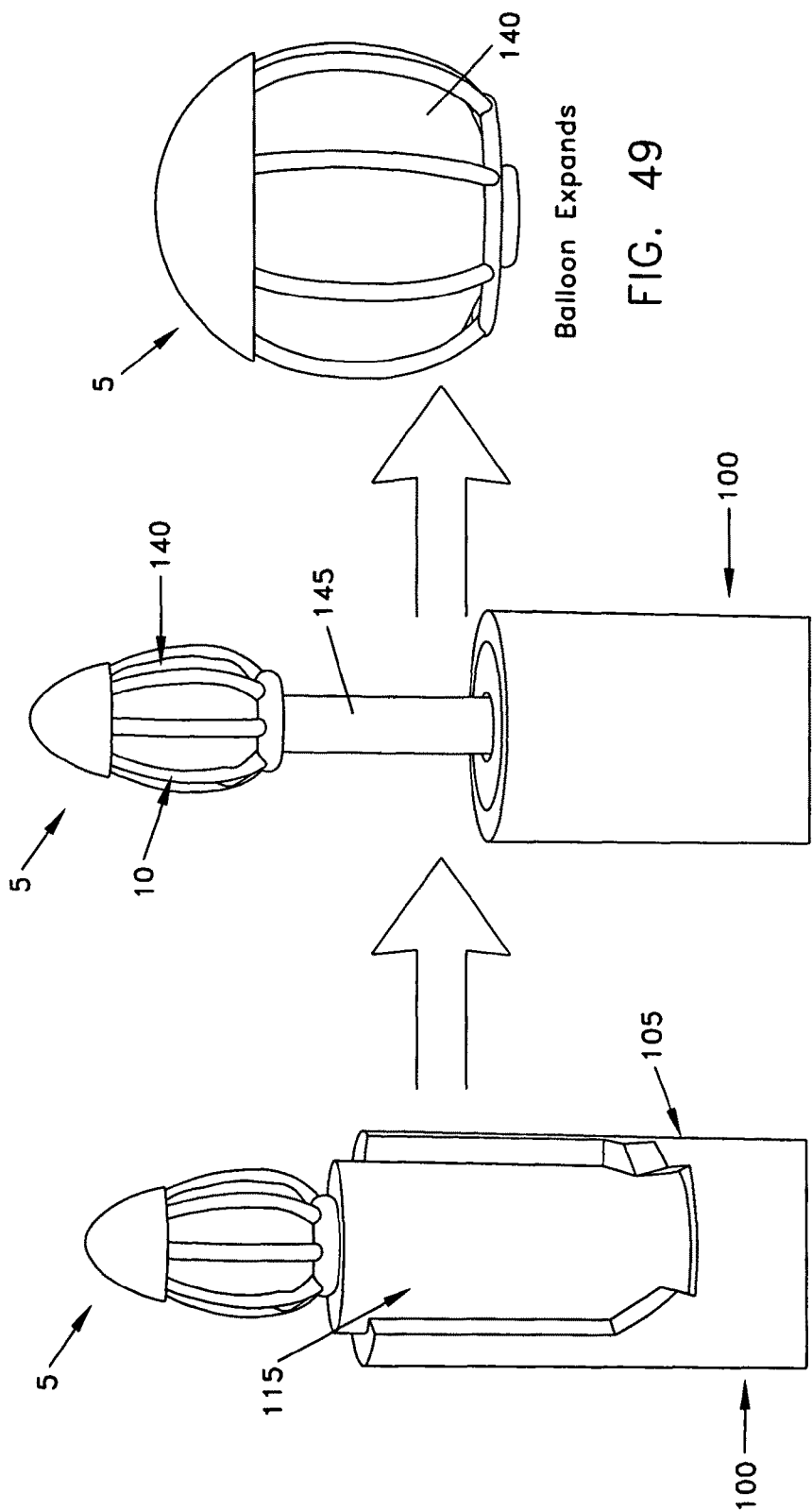


FIG. 46



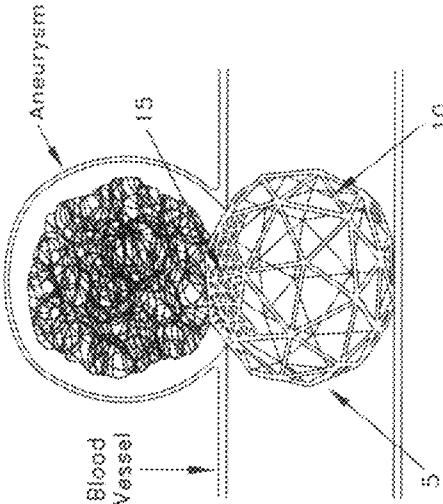


FIG. 52

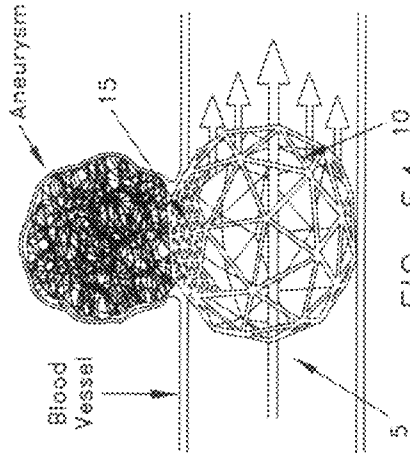


FIG. 54

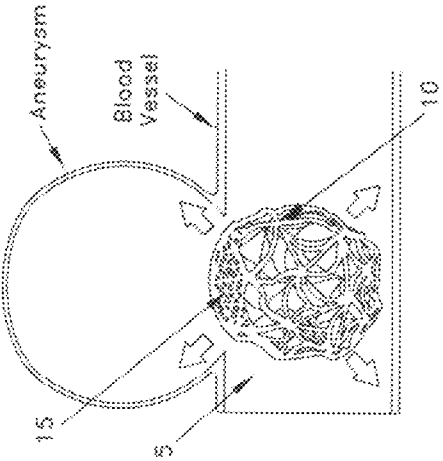


FIG. 51

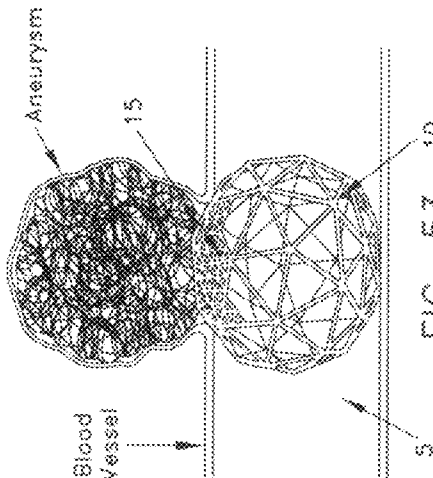


FIG. 53

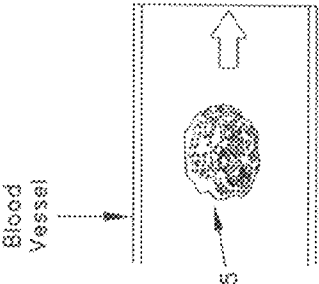


FIG. 50

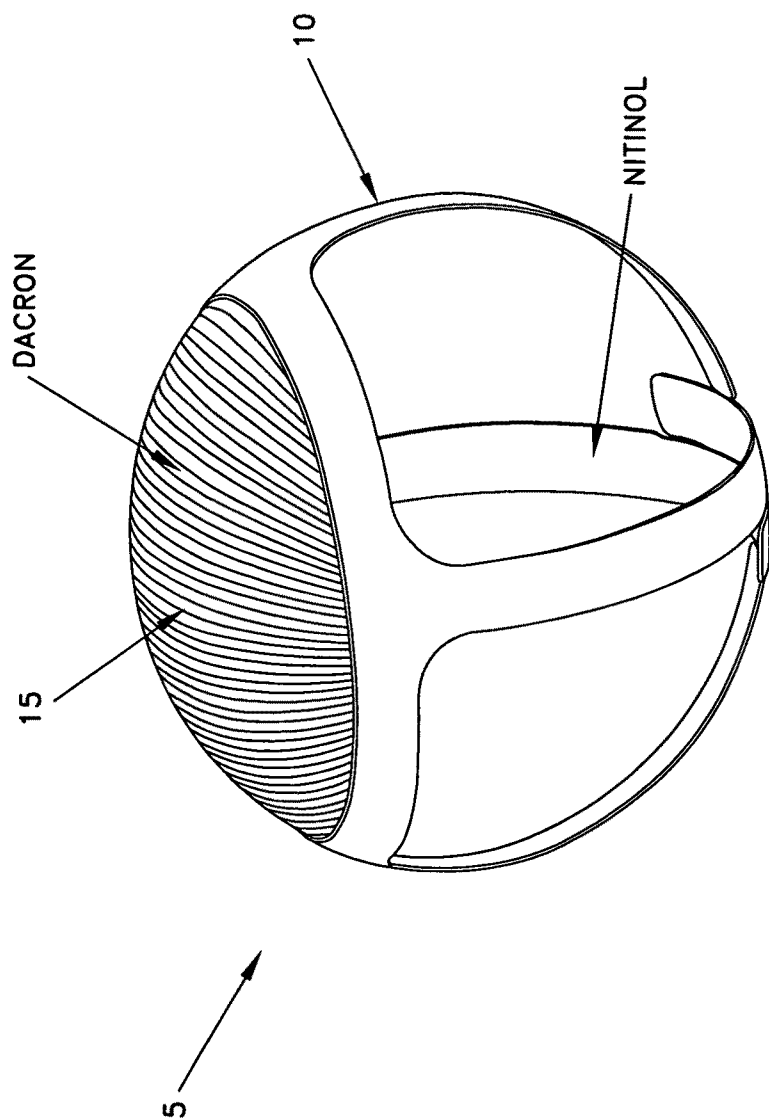


FIG. 55

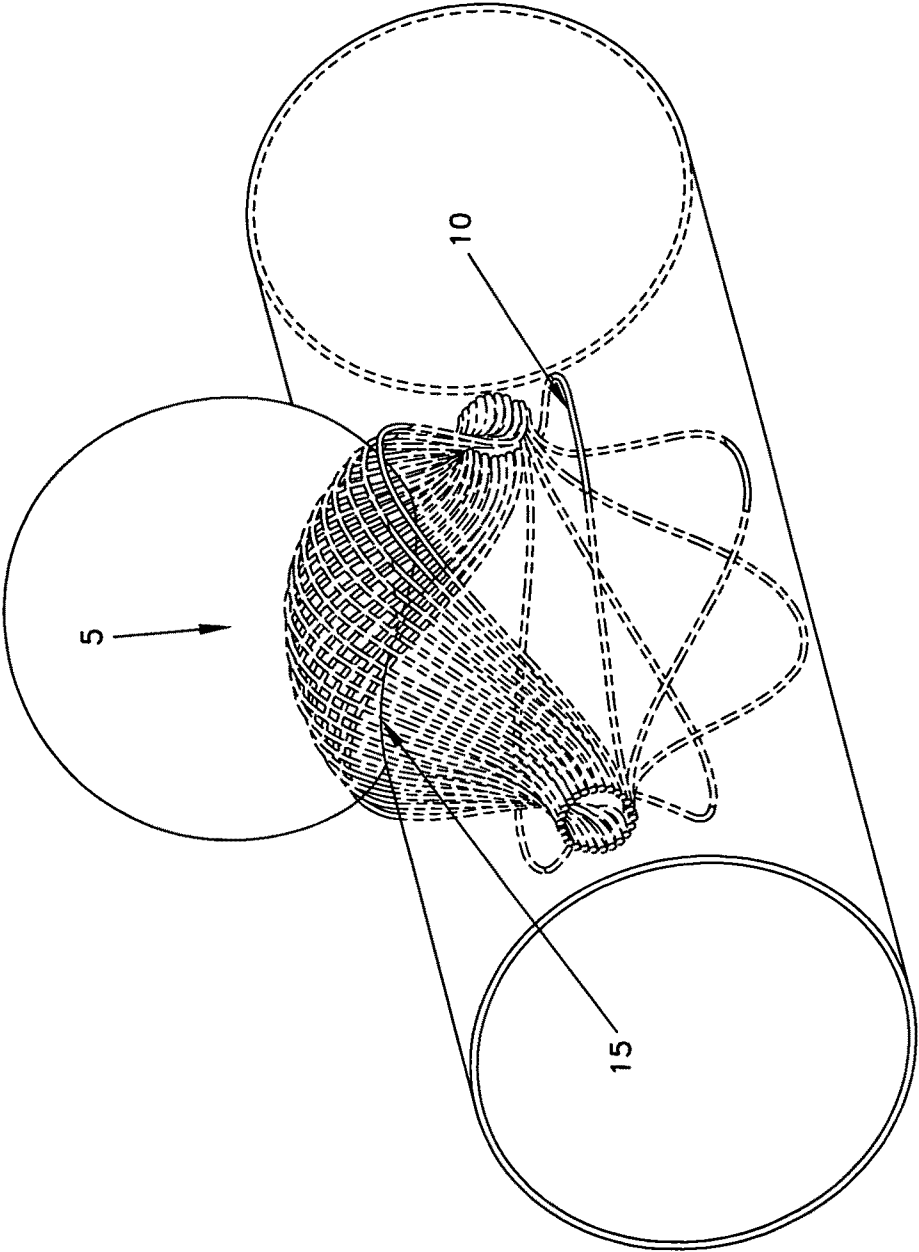


FIG. 56

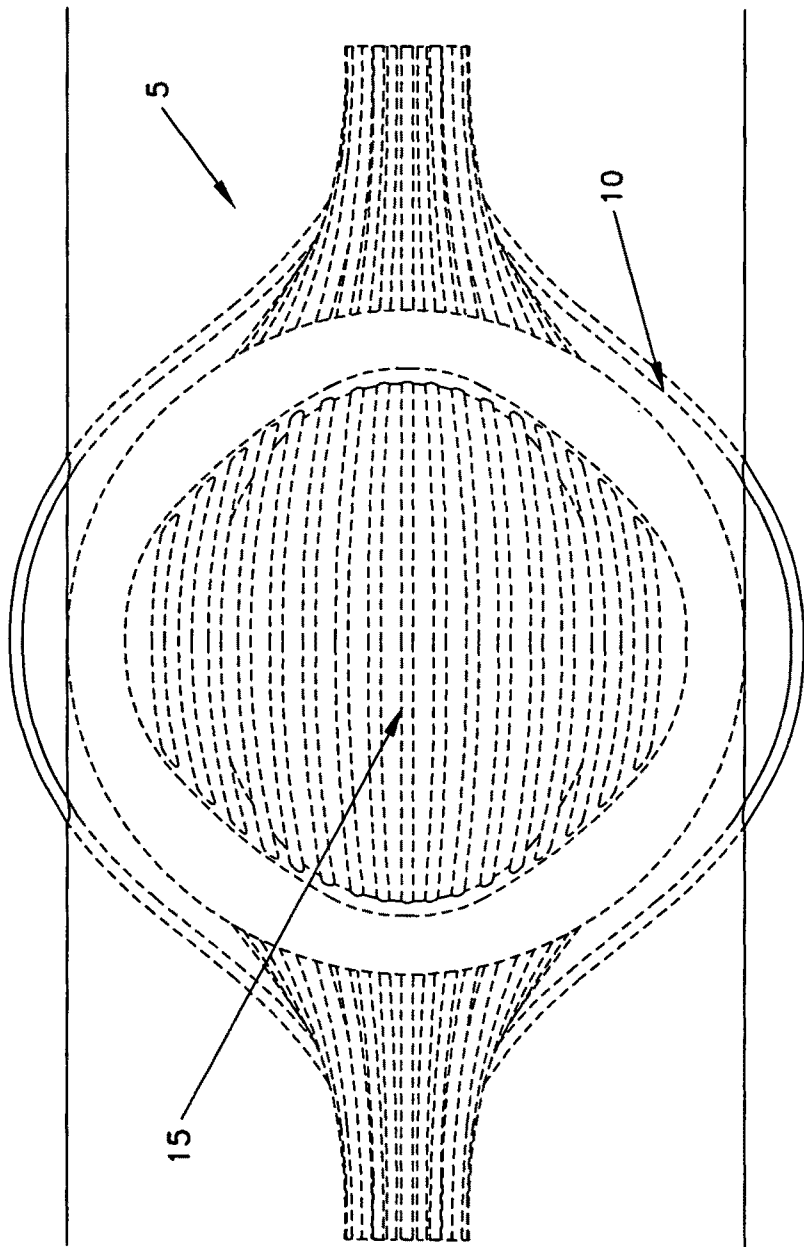


FIG. 57

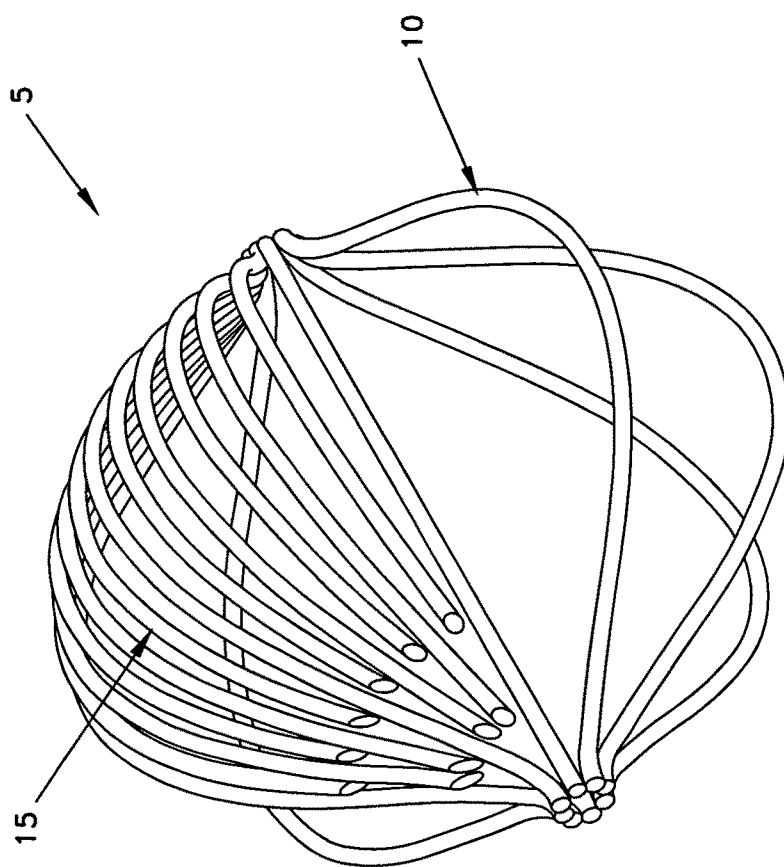


FIG. 58



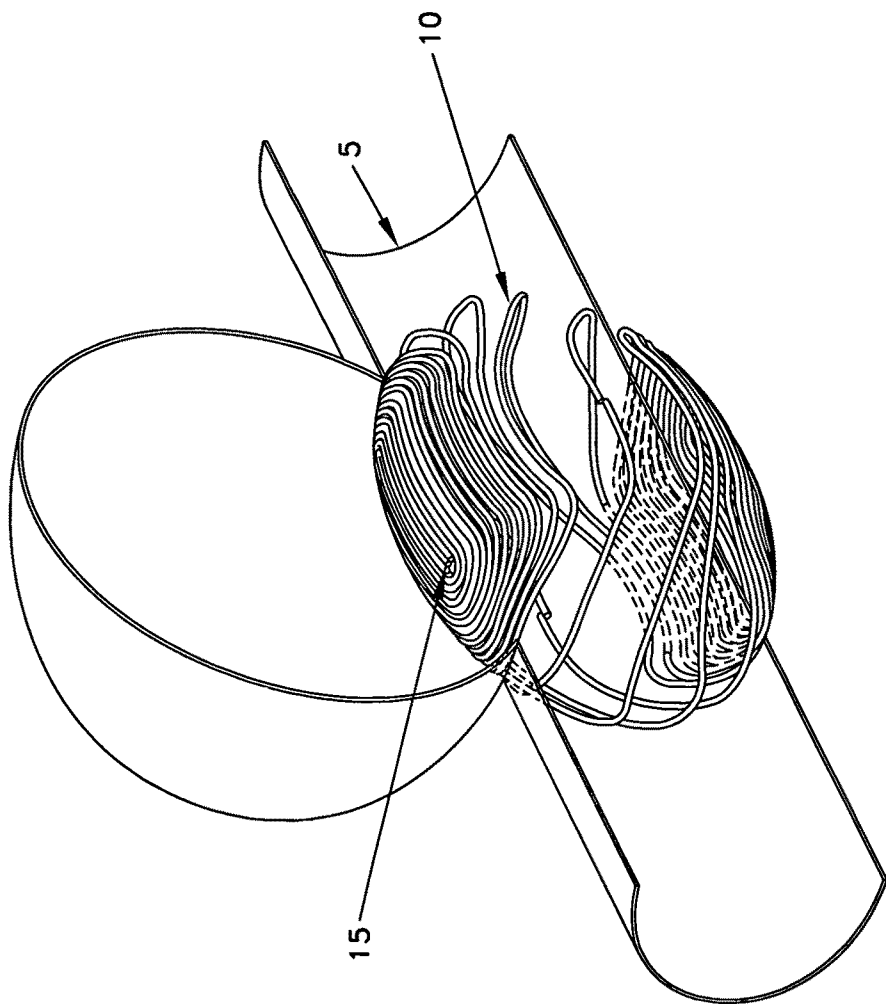


FIG. 59

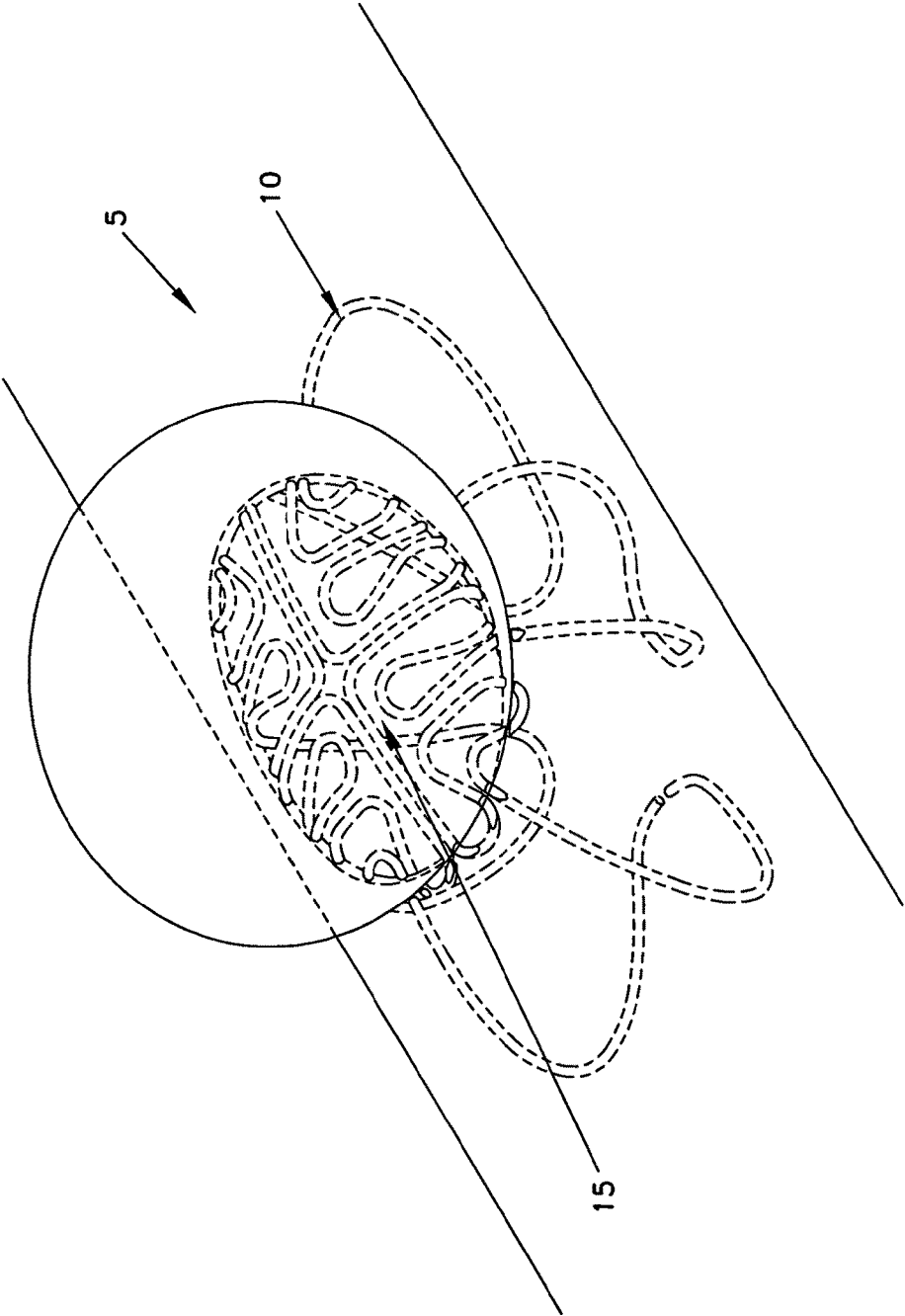


FIG. 60

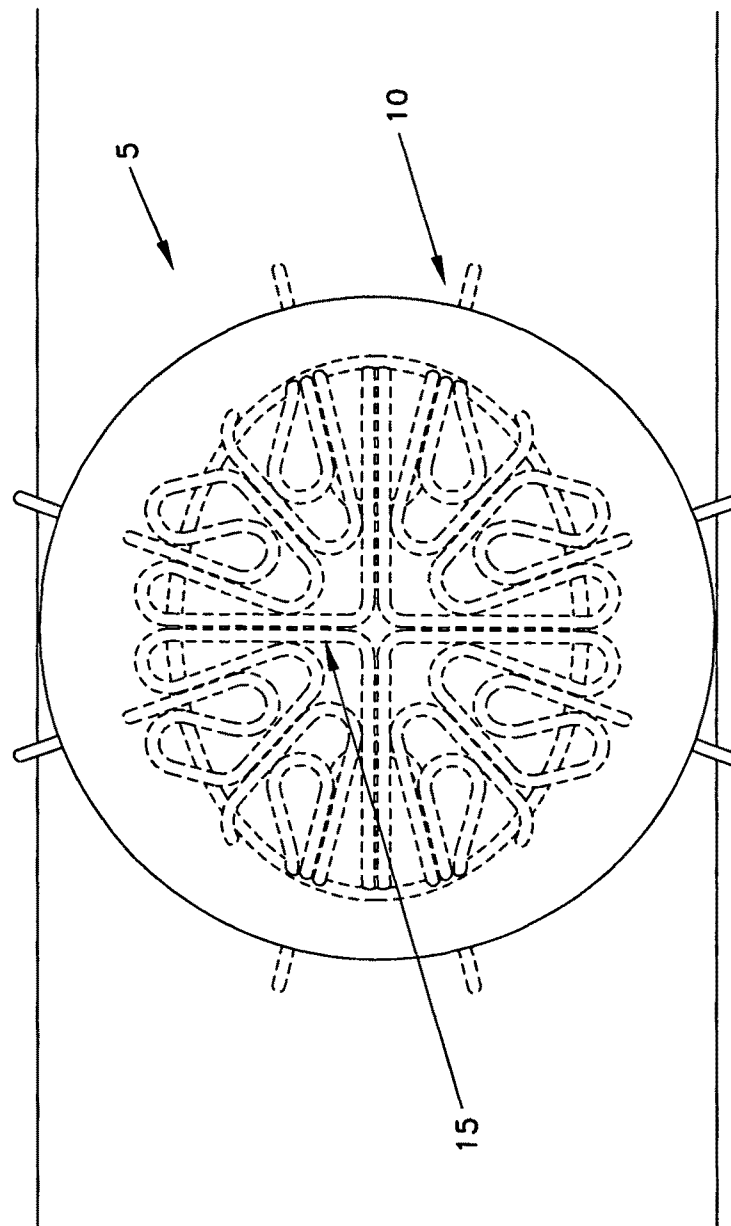


FIG. 61

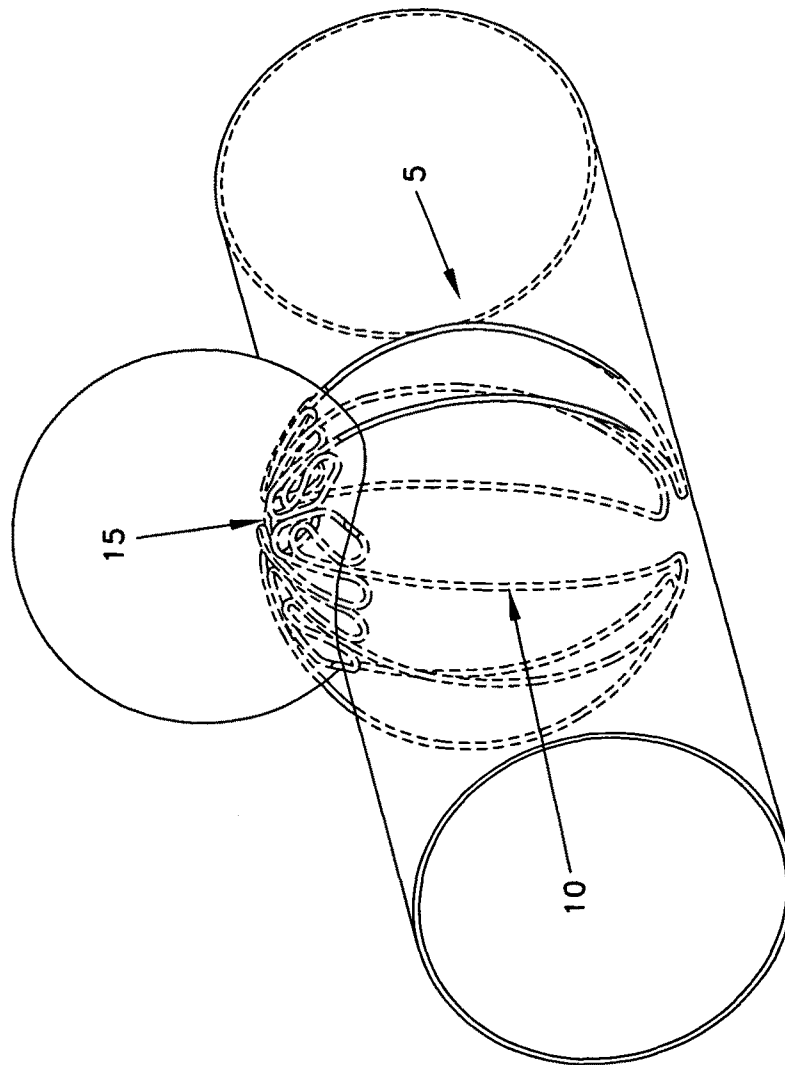


FIG. 62

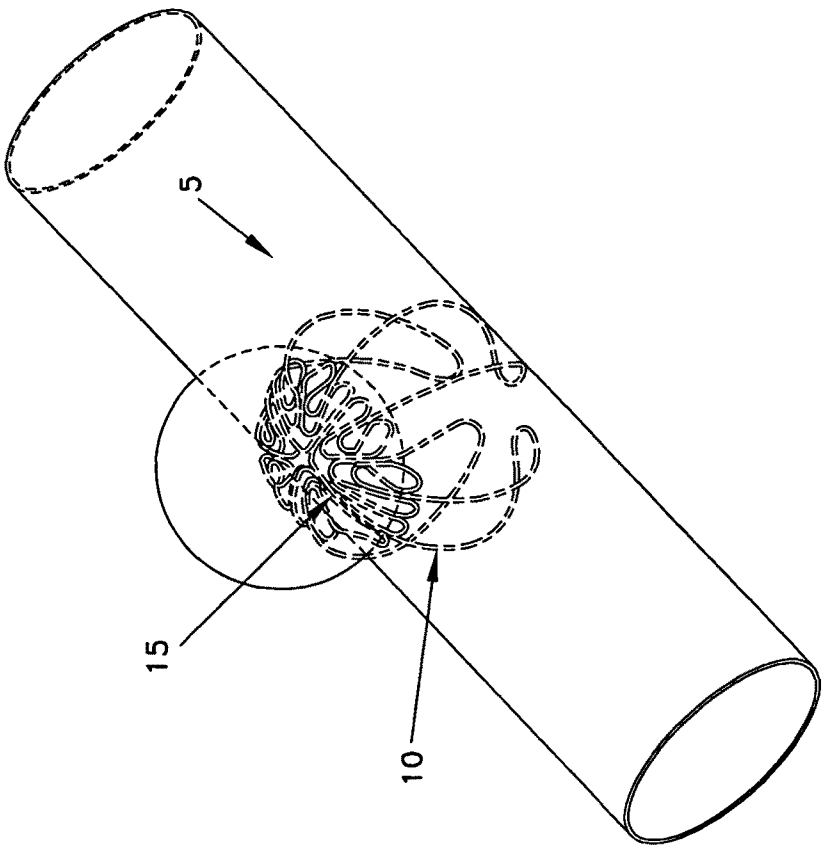


FIG. 63

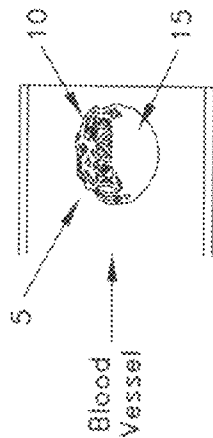


FIG. 64

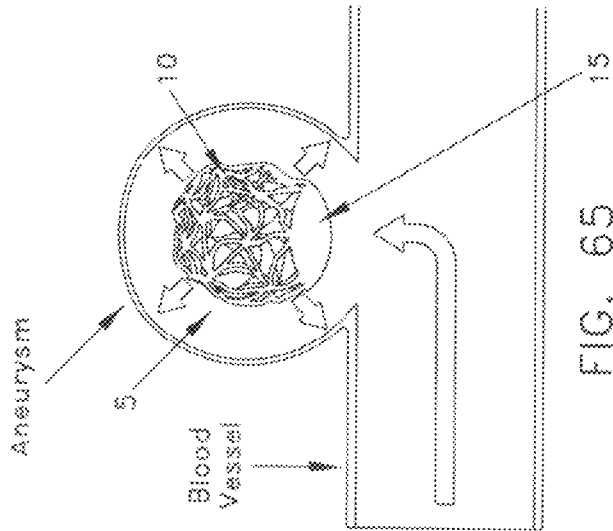


FIG. 65

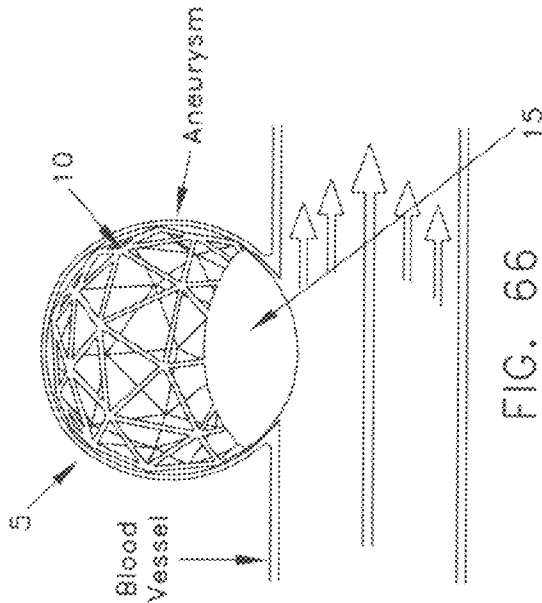
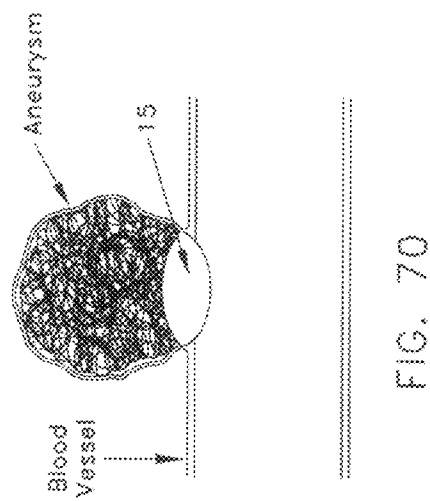
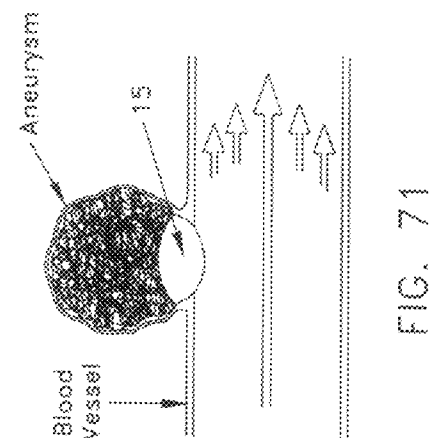
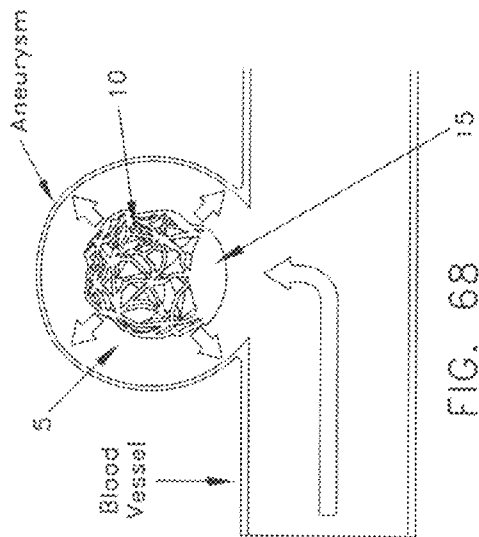
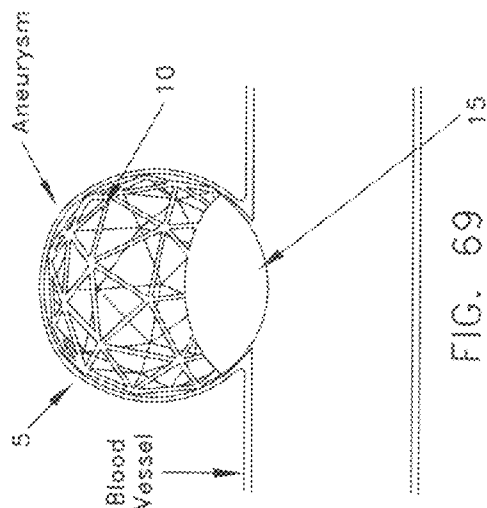


FIG. 66



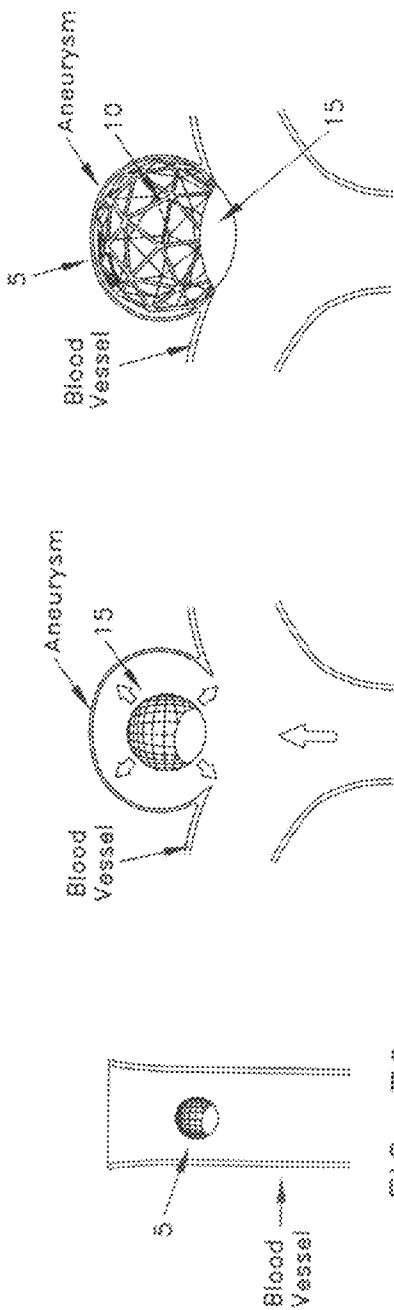


FIG. 74

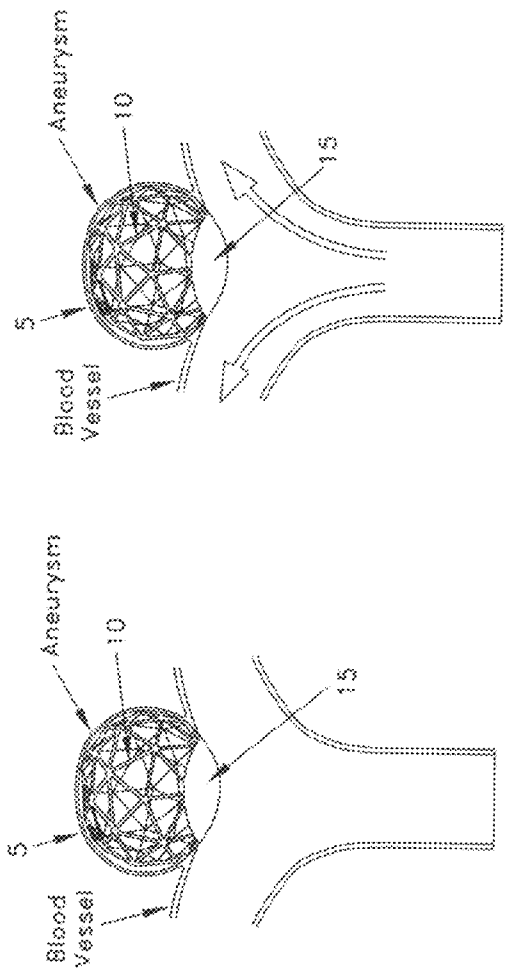


FIG. 76

FIG. 75



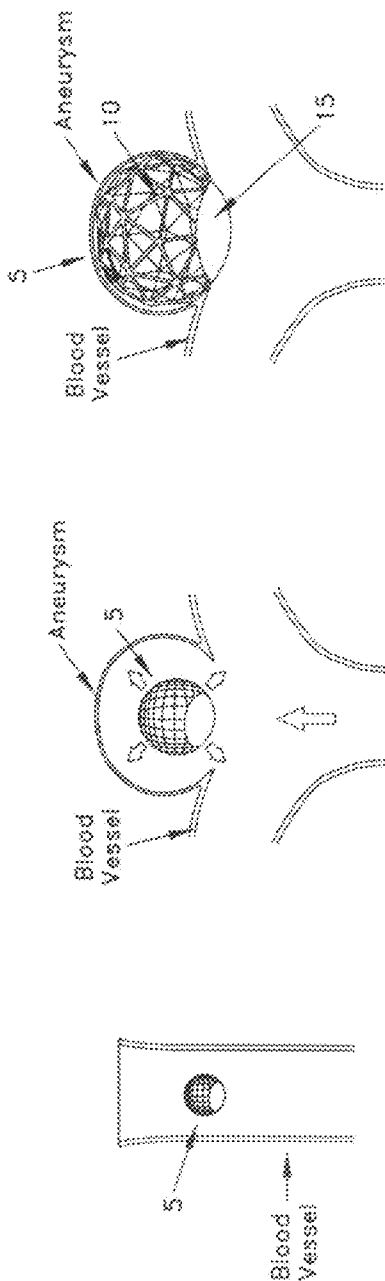


FIG. 79

FIG. 78

FIG. 77

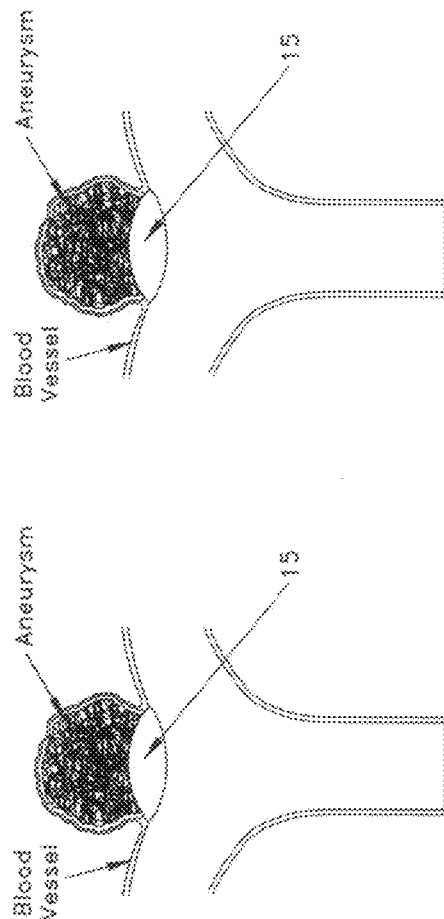


FIG. 81

FIG. 80

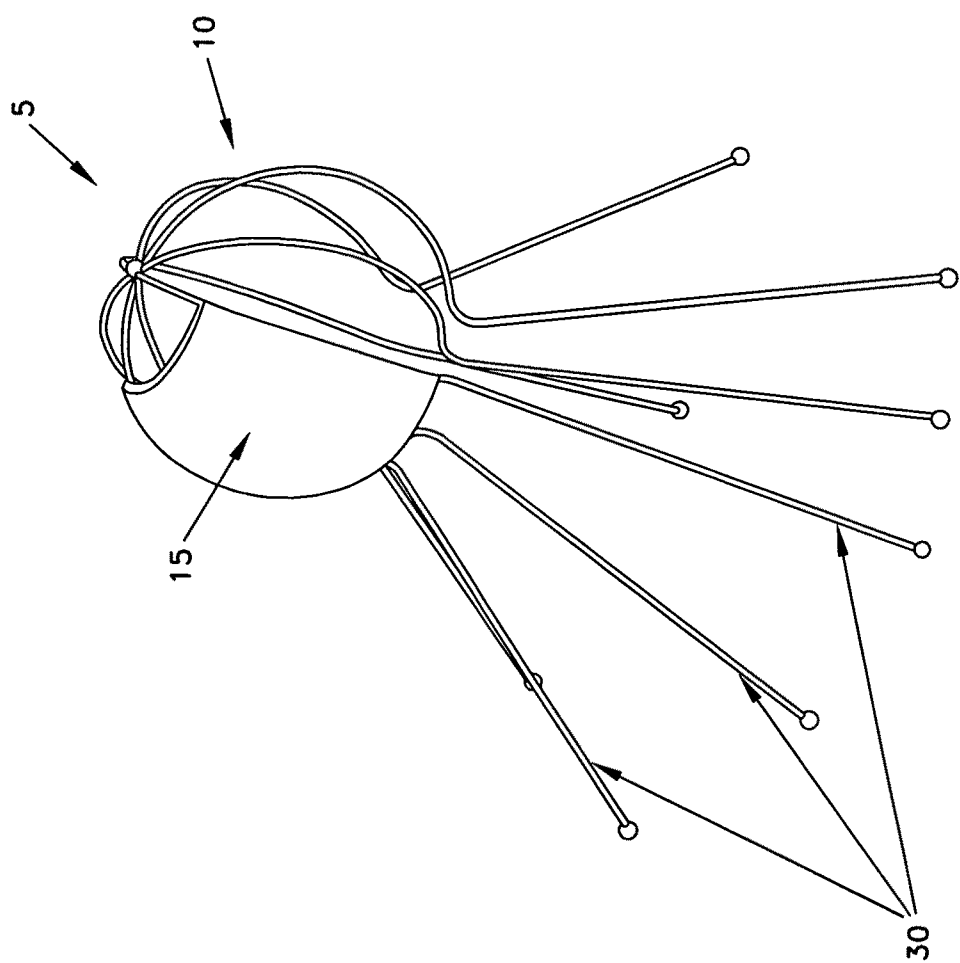


FIG. 82

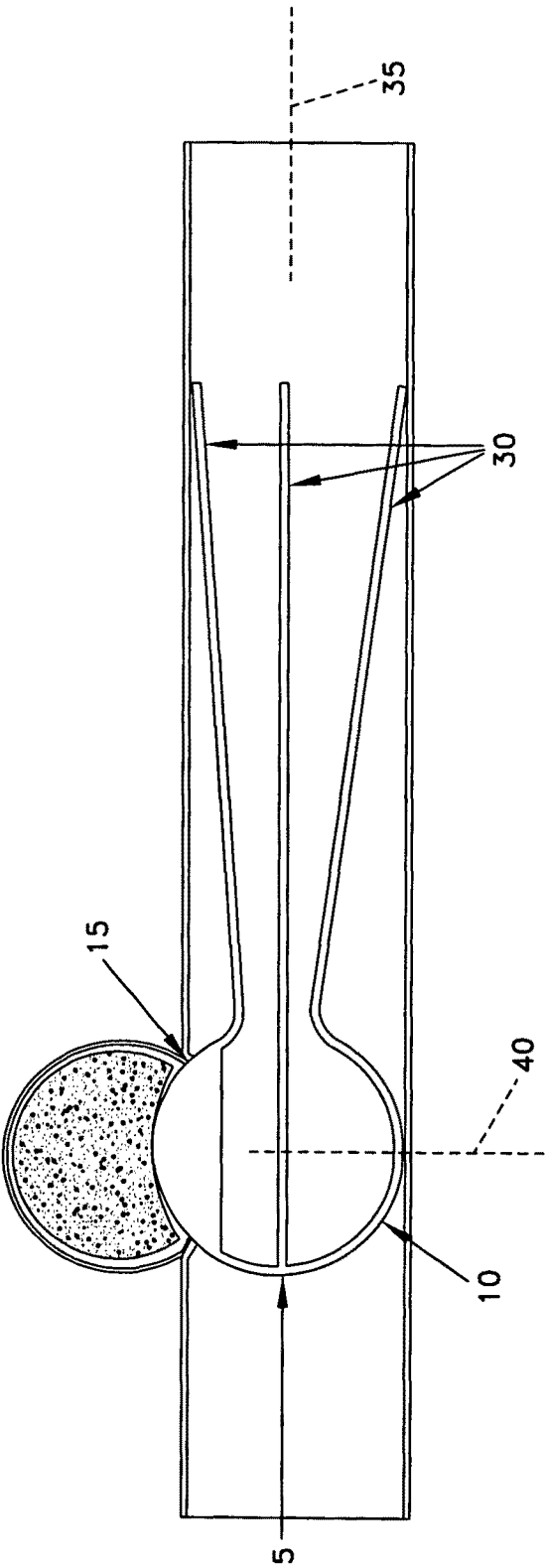


FIG. 83

1

**METHOD AND APPARATUS FOR SEALING  
AN OPENING IN THE SIDE WALL OF A  
BODY LUMEN, AND/OR FOR REINFORCING  
A WEAKNESS IN THE SIDE WALL OF A  
BODY LUMEN, WHILE MAINTAINING  
SUBSTANTIALLY NORMAL FLOW  
THROUGH THE BODY LUMEN**

**REFERENCE TO PENDING PRIOR PATENT  
APPLICATION**

This patent application claims benefit of pending prior U.S. Provisional Patent Application Ser. No. 61/007,189, filed Dec. 11, 2007 by Howard Riina et al. for DEPLOYABLE BLOCKING SPHERE, which patent application is hereby incorporated herein by reference.

**FIELD OF THE INVENTION**

This invention relates to medical procedures and apparatus in general, and more particularly to medical procedures and apparatus for sealing an opening in the side wall of a body lumen, and/or for reinforcing a weakness in the side wall of a body lumen, while maintaining substantially normal flow through the body lumen.

**BACKGROUND OF THE INVENTION**

The human body consists of many different anatomical structures. Among these anatomical structures are the blood vessels which circulate blood throughout the body, i.e., the arteries which deliver oxygenated blood to the end tissues and the veins which return oxygen-depleted blood from the end tissues.

In some cases, a blood vessel can become weakened, thereby causing the side wall of the blood vessel to balloon outwardly so as to create an aneurysm. See, for example, FIGS. 1-3, which show various types of aneurysms, e.g., a fusiform aneurysm (FIG. 1), where the aneurysm extends around a substantial portion of the circumference of a blood vessel; a lateral aneurysm (FIG. 2), where the aneurysm extends out of a limited portion of the side wall of a blood vessel, with a well-defined neck; and a bifurcation aneurysm (FIG. 3), where the aneurysm extends out of the apex of a bifurcation of a blood vessel. For purposes of the present invention, all of these aneurysms (e.g., fusiform aneurysms, lateral aneurysms and/or bifurcations aneurysms) are considered to extend out of the side wall of a blood vessel.

Aneurysms can present a serious threat to the patient, since they may enlarge to the point of rupture, thereby resulting in a rapid and uncontrolled loss of blood. Depending upon the size and location of the aneurysm, the aneurysm can be life-threatening.

By way of example but not limitation, an intracranial aneurysm can be fatal if rupture occurs. Given the life-threatening nature of such intracranial aneurysms, these aneurysms have traditionally been treated with an open craniotomy and microsurgical clipping. This procedure generally involves placing a small titanium clip across the neck of the aneurysm, thus isolating the aneurysm from blood flow and inhibiting subsequent rupture (or re-rupture). This clipping procedure is typically done under direct visualization, using an operating microscope.

More recently, minimally-invasive techniques have also been used to treat both ruptured and un-ruptured brain aneurysms. These minimally-invasive techniques generally employ interventional neuroradiological procedures utilizing

2

digital fluoroscopy. More particularly, these interventional neuroradiological procedures generally use X-ray visualization to allow the surgeon to place a microcatheter within the dome of the aneurysm. With the microcatheter in place, detachable coils are then deployed within the dome of the aneurysm, causing thrombosis of the aneurysm so as to prevent subsequent rupture (or re-rupture). However, this coil-depositing procedure has a number of drawbacks, including the risk of coil herniation into the lumen of the blood vessel; the risk of coil migration out of the aneurysm and into the blood vessel, with subsequent downstream migration; the risk of aneurysm rupture; etc.

As a result, a primary object of the present invention is to provide a new and improved device, adapted for minimally-invasive, endoluminal delivery, which may be used to prohibit blood flow to an aneurysm while maintaining substantially normal blood flow through the blood vessel.

Another object of the present invention is to provide an expandable spherical structure, comprising an open frame with a closed face, or an open frame with a face having a high strut density, which may be used to close off an opening in a side wall of a blood vessel while maintaining substantially normal blood flow through the blood vessel.

Another object of the present invention is to provide an expandable spherical structure, comprising an open frame with a closed face, or an open frame with a face having a high strut density, which may be used to reinforce a weakness in a side wall of a blood vessel while maintaining substantially normal blood flow through the blood vessel.

Another object of the present invention is to provide an expandable spherical structure, comprising an open frame with a closed face, or an open frame with a face having a high strut density, which may be used to prohibit fluid flow through an opening in the side wall of a lumen other than a blood vessel, and/or to close off an opening in the side wall of a lumen other than a blood vessel, and/or so as to reinforce a weakness in a side wall of a lumen other than a blood vessel, while maintaining substantially normal flow through the lumen.

Another object of the present invention is to provide an expandable spherical structure which may be used to facilitate the deployment of detachable coils or other embolic material into the interior of an aneurysm while maintaining substantially normal flow through the blood vessel.

**SUMMARY OF THE INVENTION**

These and other objects of the present invention are addressed through the provision and use of a novel expandable spherical structure.

In one form of the invention, there is provided an expandable spherical structure for deployment in a blood vessel or other body lumen, comprising:

an open frame configured to assume a collapsed configuration and an expanded configuration; and  
a closed face carried by the open frame;  
wherein the open frame is configured so as to permit substantially normal flow therethrough when the open frame is in its expanded configuration, and further wherein the closed face is configured so as to obstruct flow therethrough.

In another form of the invention, there is provided a system for sealing an opening in the side wall of a blood vessel or other body lumen and/or reinforcing a weakness in the side wall or apex of a bifurcation of the blood vessel or other body lumen, while maintaining substantially normal flow through the blood vessel or other body lumen, comprising:

3

an expandable spherical structure for deployment in the blood vessel or other body lumen, comprising:

an open frame configured to assume a collapsed configuration and an expanded configuration; and  
a closed face carried by the open frame;

wherein the open frame is configured so as to permit substantially normal flow therethrough when the expandable open frame is in its expanded configuration, and further wherein the closed face is configured so as to obstruct flow therethrough; and

an installation tool for carrying the expandable spherical structure to a deployment site, wherein the installation tool comprises:

a hollow sleeve having a lumen therein; and  
a pusher slidably movable within the lumen between a retracted position and an extended position;

wherein the lumen is sized so as to receive the expandable spherical structure when the open frame is in its collapsed configuration, and further wherein the pusher is configured to eject the expandable spherical structure from the lumen when the pusher is moved from its retracted position to its extended position.

In another form of the invention, there is provided an endoluminal device for deployment in a blood vessel or other body lumen, comprising:

an expandable sphere-like structure which is collapsible for delivery to a therapy site within the body, wherein the expandable sphere-like structure comprises:

a first portion which has a high density face and is capable of obstructing fluid flow;  
a second portion which is open and permits fluid flow therethrough; and  
a third portion which facilitates control of the position, orientation and expansion of the expandable sphere-like structure.

In another form of the invention, there is provided a method for sealing an opening in the side wall of a body lumen while maintaining substantially normal flow through the body lumen, comprising:

providing an expandable spherical structure for deployment in the body lumen, comprising:

an open frame configured to assume a collapsed configuration and an expanded configuration; and  
a closed face carried by the open frame;

wherein the open frame is configured so as to permit flow therethrough when the open frame is in its expanded configuration, and further wherein the closed face is configured so as to obstruct flow therethrough;

delivering the expandable spherical structure to a therapy site within the body lumen while the open frame is in its collapsed configuration; and

transforming the expandable spherical structure from its collapsed configuration to its expanded configuration so that the expandable spherical structure is securely lodged in the body lumen, with the closed face of the expandable spherical structure positioned so as to close off the opening in the side wall of the body lumen and with the open frame permitting flow through the body lumen.

In another form of the invention, there is provided a method for reinforcing a weakness in a side wall of a body lumen while maintaining flow through the body lumen, comprising:

providing an expandable spherical structure for deployment in the body lumen, comprising:

an open frame configured to assume a collapsed configuration and an expanded configuration; and  
a closed face carried by the open frame;

4

wherein the open frame is configured so as to permit flow therethrough when the open frame is in its expanded configuration, and further wherein the closed face is configured so as to reinforce a weakness in a side wall of a body lumen;

delivering the expandable spherical structure to a therapy site within the body lumen while the open frame is in its collapsed configuration; and

transforming the expandable spherical structure from its collapsed configuration to its expanded configuration so that the expandable spherical structure is securely lodged in the body lumen, with the closed face of the expandable spherical structure positioned so as to reinforce the weakness in a side wall of the body lumen and with the open frame permitting flow through the body lumen.

#### BRIEF DESCRIPTION OF THE DRAWINGS

These and other objects and features of the present invention will be more fully disclosed or rendered obvious by the following detailed description of the preferred embodiments of the invention, which is to be considered together with the accompanying drawings wherein like numbers refer to like parts, and further wherein:

FIGS. 1-3 are schematic views showing various types of aneurysms;

FIGS. 4-8 are schematic views showing a novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a closed face, and wherein the expandable spherical structure is shown being used to close off a lateral aneurysm in a blood vessel;

FIGS. 9-13 are schematic views showing another novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a closed face, wherein the open frame is formed out of an absorbable material and the closed face is formed out of a non-absorbable material, and wherein the expandable spherical structure is shown being used to close off a lateral aneurysm in a blood vessel;

FIGS. 14-18 are schematic views showing the expandable spherical structure of FIGS. 4-8 being used to close off a bifurcation aneurysm;

FIGS. 19-23 are schematic views showing the expandable spherical structure of FIGS. 9-13 being used to close off a bifurcation aneurysm;

FIG. 24 is a schematic view showing another novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a closed face, and wherein the open frame of the expandable spherical structure comprises a plurality of struts arranged in a rectangular pattern;

FIG. 25 is a schematic view showing another novel expandable spherical structure formed in accordance with the present invention, wherein the open frame comprises a plurality of struts arranged in a hexagonal pattern;

FIG. 26 is a schematic view showing another novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a closed face, and wherein the open frame of the expandable spherical structure comprises a spherical spiral;

FIG. 27 is a schematic view showing another novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure

5

comprises an open frame with a closed face, and wherein the open frame of the expandable spherical structure comprises a spherical cage;

FIGS. 28-37 are schematic views showing other novel expandable spherical structures formed in accordance with the present invention, wherein the expandable spherical structures comprise spherical cages;

FIGS. 38-43 are schematic views showing other novel expandable spherical structures formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a closed face, and wherein the closed face is disposed to one side of the axis of approach;

FIGS. 44 and 45 are schematic views showing the expandable spherical structure of FIG. 27 being deployed with a syringe-type (e.g., an outer sleeve with an internal pusher) installation tool;

FIG. 46 is a schematic view showing the expandable spherical structure of FIG. 27 being deployed with a syringe-type installation tool equipped with a gripper mechanism;

FIGS. 47-49 are schematic views showing the expandable spherical structure of FIG. 27 being deployed with a syringe-type installation tool equipped with an expansion balloon;

FIGS. 50-54 are schematic views showing another novel expandable spherical structure formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a face having a high strut density, and wherein the expandable spherical structure is shown being used to close off a lateral aneurysm in a blood vessel;

FIGS. 55-63 are schematic views showing other expandable spherical structures formed in accordance with the present invention, wherein the expandable spherical structure comprises an open frame with a face having a high strut density;

FIGS. 64-66 are schematic views showing the expandable spherical structure of FIGS. 4-8 being deployed within the interior of a lateral aneurysm so as to close off the aneurysm;

FIGS. 67-71 are schematic views showing the expandable spherical structure of FIGS. 9-13 being deployed within the interior of a lateral aneurysm so as to close off the aneurysm;

FIGS. 72-76 are schematic views showing the expandable spherical structure of FIGS. 4-8 being deployed within the interior of a bifurcation aneurysm so as to close off the aneurysm;

FIGS. 77-81 are schematic views showing the expandable spherical structure of FIGS. 9-13 being deployed within the interior of a bifurcation aneurysm so as to close off the aneurysm; and

FIGS. 82 and 83 are schematic views showing an expandable spherical structure including stabilizing legs.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

##### The Novel Expandable Spherical Structure in General

Looking now at FIGS. 4-8, there is shown a novel expandable spherical structure 5 formed in accordance with the present invention. Expandable spherical structure 5 is adapted for minimally-invasive, endoluminal delivery into a blood vessel or other body lumen, for sealing an opening in the side wall of the blood vessel or other body lumen, and/or for reinforcing a weakness in the side wall of the blood vessel or other body lumen, while maintaining substantially normal flow through the blood vessel or other body lumen.

6

Expandable spherical structure 5 generally comprises a spherical body comprising an open frame 10 with a closed face 15. Preferably open frame 10 and closed face 15 together define the entire exterior shape of the spherical body, with open frame 10 making up the majority of the exterior shape of the spherical body.

In one preferred form of the invention, open frame 10 defines approximately 90% of the exterior shape of the spherical body and closed face 15 defines approximately 10% of the exterior shape of the spherical body. In another preferred form of the invention, open frame 10 defines approximately 80% of the exterior shape of the spherical body and closed face 15 defines approximately 20% of the exterior shape of the spherical body. In yet another preferred form of the invention, open frame 10 comprises approximately 70% of the exterior shape of the spherical body and closed face 15 defines approximately 30% of the exterior shape of the spherical body. And in yet another preferred form of the invention, open frame 10 comprises approximately 60% of the exterior shape of the spherical body and closed face 15 comprises approximately 40% of the exterior shape of the spherical body.

Expandable spherical structure 5 is constructed so that it may be deployed in a blood vessel or other body lumen, by (i) collapsing the expandable spherical structure into a configuration of reduced size, (ii) moving the collapsed structure through the blood vessel or other body lumen to a therapy site, and (iii) expanding the collapsed structure to an enlarged size at the therapy site, whereby to secure the expandable spherical structure in the blood vessel or body lumen so that its closed face 15 is presented to a side wall of the blood vessel or other body lumen, whereby to close off an aneurysm or other opening in the side wall of the blood vessel or other body lumen, or to otherwise reinforce a weakness in the side wall of the blood vessel or other body lumen, without impeding normal flow through the blood vessel or other body lumen.

Significantly, by forming expandable spherical structure 5 in the shape of a spherical body, the endoluminal device is readily centered on the neck of an aneurysm or other opening in a body lumen, with closed face 15 projecting into, and securely sealing, the neck of the aneurysm or other opening in a body lumen.

Furthermore, by forming expandable spherical structure 5 so that it can expand at the therapy site and lodge itself in the blood vessel or other body lumen with its closed face 15 presented to a side wall of the blood vessel or other body lumen, expandable spherical structure 5 is effectively self-sizing, since it can be expanded to the degree necessary to span the blood vessel or other body lumen.

More particularly, expandable spherical structure 5 generally comprises an open frame 10 which has a closed face 15 carried thereon. Open frame 10 is formed so that it can assume a first, collapsed configuration of reduced size (FIG. 4) so as to facilitate moving expandable spherical structure 5 endoluminally through the blood vessel or other body lumen to the therapy site. Open frame 10 is also formed so that it can thereafter be re-configured to a second, expanded configuration of enlarged size (FIGS. 5 and 6), whereby expandable spherical structure 5 can be lodged in the blood vessel or other body lumen at the therapy site, with its closed face 15 pressed securely against a side wall of the blood vessel or other body lumen. In this position, closed face 15 of expandable spherical structure 5 can close off an aneurysm in the blood vessel (such as the lateral aneurysm shown in FIGS. 4-8, or a bifurcation aneurysm as will hereinafter be discussed below), or close off an opening in the side wall of the blood vessel or

7

other body lumen, or reinforce a weakness in the side wall of the blood vessel or other body lumen, etc.

Significantly, by forming the endoluminal device as an expandable spherical structure, the device can be collapsed to a reduced size for minimally-invasive, endoluminal delivery into a blood vessel or other body lumen, yet can thereafter be expanded to the required size for secure lodgement at the therapy site, whereby to seal off an opening in a body lumen and/or to reinforce a weakness in the side wall of the body lumen. Furthermore, by forming expandable spherical structure **5** in the shape of a spherical body, the endoluminal device is readily centered on the neck of an aneurysm or other opening in a body lumen, with closed face **15** projecting into, and securely sealing, the neck of the aneurysm or other opening in a body lumen. And by forming expandable spherical structure **5** so that it can expand at the therapy site and lodge itself in the blood vessel or other body lumen with its closed face **15** presented to a side wall of the blood vessel or other body lumen, expandable spherical structure **5** is effectively self-sizing, since it expands to the degree necessary to span the blood vessel or other body lumen. Additionally, by forming open frame **10** as an open structure, expandable spherical structure **5** can be disposed in the blood vessel or body lumen without impeding normal flow through the blood vessel or other body lumen (FIGS. 6-8).

#### Expandable Open Frame 10

As noted above, (i) expandable spherical structure **5** generally comprises a spherical body comprising an open frame **10** with a closed face **15**; (ii) open frame **10** and closed face **15** together preferably define the entire exterior shape of the spherical body, with open frame **10** making up the majority of the exterior shape of the spherical body; (iii) open frame **10** is capable of being collapsed in size for easy delivery of expandable spherical structure **5** to the therapy site and thereafter expanded in size at the therapy site so as to hold closed face **15** against a side wall of a blood vessel or other body lumen; and (iv) open frame **10** is configured so that it does not significantly impede normal flow through the blood vessel or lumen within which it is deployed.

To this end, open frame **10** is preferably formed with an expandable strut construction, so that it can (i) first assume a configuration of reduced size, so that expandable spherical body **5** can move easily through the body to the therapy site, and (ii) thereafter assume a configuration of expanded size, so that it can be securely retained at the desired location in the blood vessel or other body lumen and press closed face **15** securely against the side wall of the blood vessel or body lumen, whereby to close off an aneurysm or other opening in the blood vessel or other body lumen, or to otherwise reinforce the side wall of the blood vessel or other body lumen. And by forming open frame **10** with an expandable strut construction, open frame **10** is effectively self-sizing, since it expands to the degree necessary to span the blood vessel or other body lumen.

Significantly, by forming open frame **10** with an expandable strut construction, open frame **10** does not significantly impede normal flow through the blood vessel or other body lumen when open frame **10** is in its expanded configuration within the blood vessel or other body lumen.

Thus, for example, in the configuration shown in FIGS. 4-8, open frame **10** comprises a plurality of struts arranged in a polygonal configuration, with the struts being sized so that the struts present minimal obstruction to normal flow through the lumen.

8

In one preferred construction, open frame **10** may be formed out of a shape memory alloy (SMA) such as Nitinol, and a temperature transition may be used to change the configuration of open frame **10**. By way of example but not limitation, open frame **10** can be formed so that when it is cooled to a temperature below body temperature, the open frame assumes a collapsed configuration (FIG. 4), and when thereafter warmed to body temperature, the frame assumes an expanded configuration (FIG. 6). If desired, open frame **10** can be warmed to body temperature simply by deploying expandable spherical structure **5** in the body. Alternatively, an electrical current may be applied to open frame **10** so as to heat open frame **10** to its expansion temperature, e.g., via resistance heating. Or, a warm or cold saline solution can be flushed through open frame **10** so as to appropriately modulate the temperature of the open frame, whereby to cause the open frame to assume a desired configuration.

Alternatively, open frame **10** can be formed out of a resilient material which can be forcibly compressed into a collapsed configuration, restrained in this collapsed configuration, and thereafter released so that it elastically returns to its expanded configuration. By way of example but not limitation, in this form of the invention, expandable spherical structure **5** might be compressed into a configuration of a reduced size, restrained within a sleeve, delivered to the therapy site within the sleeve, and then released from the sleeve so that it elastically returns to an expanded configuration at the therapy site, whereby to lodge itself in the blood vessel or other body lumen, with its closed face pressed against the side wall of the blood vessel or other body lumen. By way of further example but not limitation, open frame **10** can be formed out of a shape memory alloy (SMA) engineered to form stress-induced martensite (SIM) and thereby exhibit superelastic properties, whereby to permit large shape deformations with elastic return. By way of still further example but not limitation, open frame **10** can be formed out of a suitable polymer which exhibits the desired elastic properties.

In another preferred form of the present invention, open frame **10** is formed with a structure which can be collapsed for delivery to the deployment site and thereafter enlarged to an expanded configuration through the use of an expansion device, e.g., an internal balloon, where the balloon is inflated at the therapy site so as to reconfigure open frame **10** to an expanded condition. This arrangement can be advantageous, since it does not require the open frame to rely on temperature transition or elasticity to expand to its fully expanded configuration (or to any desired expanded configuration less than its fully expanded configuration). Thus, a wide range of well known biocompatible materials (e.g., medical grade stainless steel) may be used to form open frame **10**.

#### Closed Face 15

Closed face **15** is carried by (e.g., mounted on, formed integral with, or otherwise connected to) open frame **10** so that closed face **15** can be pressed securely against the side wall of the blood vessel or other body lumen within which expandable spherical structure **5** is deployed. Closed face **15** preferably comprises a substantially complete surface or barrier which is capable of closing off an aneurysm or other opening in side wall of a blood vessel or other body lumen, and/or for reinforcing a weakness in the side wall of the blood vessel or other body lumen. Closed face **15** may be formed so as to be substantially rigid or it may be formed so as to be flexible. Closed face **15** preferably has the convex configuration shown in FIGS. 4-8, so that it can form a regular portion of the spherical body of expandable structure **5**. However it

should be appreciated that closed face **15** may also be formed with a planar configuration, or some other configuration, if desired.

#### Use of Absorbable Materials

If desired, expandable spherical structure **5** can have some or all of its elements formed out of an absorbable material, so that some or all of the elements are removed from the therapy site after some period of time has elapsed.

By way of example but not limitation, open frame **10** can be formed out of an absorbable material, and closed face **15** can be formed out of a non-absorbable material, so that only closed face **15** is retained at the therapy site after some period of time has passed. See FIGS. **9-13**. This type of construction can be advantageous where closed face **15** integrates into the side wall of the blood vessel or other body lumen after some period of time has elapsed, so that a supporting frame is no longer necessary to hold closed face **15** in position against the side wall of the blood vessel or other body lumen.

It is also possible for the entire expandable spherical structure **5** to be formed out of absorbable material(s), i.e., with both open frame **10** and closed face **15** being formed out of absorbable materials. This type of construction can be advantageous where closed face **15** only needs to be held against the side wall of the blood vessel or other body lumen for a limited period of time, e.g., until aneurysm thrombosis/scarring is complete, or to reinforce the side wall of the blood vessel or other body lumen while healing occurs, etc.

It should also be appreciated that, where both open frame **10** and closed face **15** are absorbable, they may be engineered so as to have different absorption rates, so that they are removed from the therapy site at different times. This may be done by making the various elements out of different materials, or by making the various elements out of different blends of the same materials, etc.

#### Application to Different Types of Aneurysms

As noted above, expandable spherical structure **5** can be used to close off various types of aneurysms.

Thus, for example, FIGS. **4-8** and **9-13** show expandable spherical structure **5** being used to close off a lateral aneurysm.

However, it should also be appreciated that expandable spherical structure **5** may be used to close off a bifurcation aneurysm as well. Thus, for example, FIGS. **14-18** show the expandable spherical structure **5** of FIGS. **4-8** being used to close off a bifurcation aneurysm, and FIGS. **19-23** show the expandable spherical structure **5** of FIGS. **9-13** being used to close off a bifurcation aneurysm. In this respect it should be appreciated that the spherical shape of expandable spherical structure **5** is particularly well suited for use in treating bifurcation aneurysms, since it may be seated securely at the bifurcation, pressing closed face **15** securely against the bifurcation aneurysm, while still allowing blood to flow unobstructed through the blood vessels.

It is also anticipated that expandable spherical structure **5** may be used to close off other types of aneurysms as well, e.g., certain forms of fusiform aneurysms. Where expandable spherical structure **5** is to be used to close off a fusiform aneurysm, closed face **15** may comprise a significantly enlarged surface area, or closed face **15** may comprise two or more separated segments disposed about the lateral portions of open frame **10**, etc.

#### Structure of Open Frame **10**

It should be appreciated that open frame **10** can be formed with a variety of different configurations without departing from the scope of the present invention.

In one form of the invention, open frame **10** may be formed out of a plurality of struts arranged in a polygonal array. See, for example, FIGS. **4-8**, **9-13**, **14-18** and **19-23**, where open frame **10** is shown formed out of a plurality of struts arranged as triangular polygons. See also FIG. **24**, where open frame **10** is formed out of a plurality of struts arranged as rectangular polygons, and FIG. **25**, where open frame **10** is formed out of a plurality of struts arranged as hexagons.

It is also possible to form open frame **10** with a non-polygonal structure.

Thus, for example, open frame **10** may be formed with a spherical spiral structure, e.g., such as is shown in FIG. **26**, where a spiral strut forms the open frame **10**.

FIG. **27** shows an open frame **10** having a spherical cage structure. More particularly, in this construction, open frame **10** comprises a plurality of axially-aligned struts **20** which extend between closed face **15** and an annular ring **25**. Struts **20** preferably bow outwardly when open frame **10** is in its expanded configuration, but may be bent inwardly (e.g., to a straight or inwardly-bowed configuration) or otherwise deformed so as to permit open frame **10** to assume a reduced configuration. By way of example but not limitation, struts **20** may be bent inwardly (e.g., so as to extend substantially parallel to one another) when open frame **10** is in its reduced configuration.

FIGS. **28-37** show other spherical cage constructions wherein various struts **20** form open frame **10**.

It will be appreciated that, with the construction shown in FIG. **27**, closed face **15** sits at one end of the plurality of axially-aligned struts **20** and annular ring **25** sits at the opposing end of the plurality of axially-aligned struts **20**. Since struts **20** are intended to be bowed inwardly so that the expandable spherical structure can assume a reduced configuration, the spherical cage structure of FIG. **27** is generally intended to be delivered axially, with closed face **15** leading. Thus, this construction is particularly well suited for use with bifurcation aneurysms, where the neck of the aneurysm is typically axially-aligned with the direction of approach (see, for example, FIGS. **14-18** and **19-23**). Accordingly, where the spherical cage structure is intended to be used with lateral aneurysms, it may be desirable to use the spherical cage configuration shown in FIG. **38**, where closed face **15** is disposed to one side of the axis of approach, i.e., to one side of the axis **27** shown in FIG. **38**. In other words, where the spherical cage structure is intended to be used with a bifurcation aneurysm, closed face **15** is intended to be aligned with the axis of approach, and where the spherical cage structure is intended to be used with a lateral aneurysm, closed face **15** is intended to be disposed to one side of the axis of approach. In this way, expandable spherical structure **5** can be endoluminally advanced to the therapy site and closed face **15** properly positioned relative to the anatomy.

FIGS. **39-43** show other spherical cage constructions wherein various struts **20** form open frame **10** and closed face **15** is disposed to one side of the axis of approach.

#### Installation Tools

Various installation tools may be provided to deploy expandable spherical structure **5** within a blood vessel or other body lumen.



11

Thus, for example, in FIG. 44, there is shown a syringe-type (e.g., an outer sleeve with an internal pusher) installation tool 100 for deploying the expandable spherical structure 5 shown in FIG. 45. Installation tool 100 generally comprises a hollow sleeve 105 having a lumen 110 therein, and a pusher 115 slidably disposed within lumen 110. Lumen 110 is sized so that it can accommodate expandable spherical structure 5 when the expandable spherical structure is in its reduced configuration (FIG. 44), but not when it is in its enlarged configuration (FIG. 45). As a result of this construction, expandable spherical structure 5 may be positioned within lumen 110 (distal to pusher 115) when expandable spherical structure 5 is in its reduced configuration, advanced to the therapy site while within sleeve 105, and then installed at the therapy site by advancing pusher 115 so that expandable spherical structure 5 is ejected from the interior of sleeve 105. Once expandable spherical structure 5 has been ejected from sleeve 105, expandable spherical structure 5 can return to an expanded configuration (FIG. 45) so as to be securely engaged in the blood vessel or other body lumen in the manner previously described, with closed end 15 pressed against a side wall of the blood vessel or other body lumen. It will be appreciated that the syringe-type installation tool 100 is particularly advantageous where expandable spherical structure 5 is elastically deformable, such that sleeve 105 can serve to mechanically restrain the expandable spherical structure in its reduced configuration while the expandable spherical structure is within sleeve 105, and release that mechanical constraint when the expandable spherical structure is ejected from sleeve 105.

As noted above, expandable spherical structure 5 of FIGS. 27, 44 and 45 is well suited for use with bifurcation aneurysms, where the neck of the aneurysm is typically axially-aligned with the direction of approach (see, for example, FIGS. 14-18 and 19-23). Where the spherical cage structure is intended to be used with lateral aneurysms, it may be desirable to use the spherical cage configuration shown in FIG. 38, where closed face 15 is disposed to one side of the axis of approach.

If desired, installation tool 100 can be provided with a gripper mechanism to releasably secure expandable spherical structure 5 to installation tool 100, e.g., so as to releasably secure expandable spherical structure 5 to installation tool 100 until after expandable spherical structure 5 has been advanced to the therapy site and has returned to its enlarged configuration, so that it is ready to be left at the therapy site. This gripper mechanism ensures complete control of expandable spherical structure 5 as it is moved out of the installation tool and erected within the body, and also facilitates more precise positioning (e.g., with proper rotation, etc.) of the expandable structure against the side wall of the body lumen.

More particularly, and looking now at FIG. 46, installation tool 100 may be provided with a plurality of spring grippers 125. Spring grippers 125 are disposed within lumen 110 of sleeve 105, exterior to pusher 115. Each spring gripper 125 is formed so that when a bowed portion 130 of the spring gripper is restrained within lumen 110, a hook portion 135 of that spring gripper holds annular ring 25 of expandable spherical structure 5 to the distal end of pusher 115. However, when pusher 115 is advanced to the point where bowed portion 130 of spring gripper 125 is no longer restrained within lumen 110, hook portion 135 of spring gripper 125 moves outboard so as to release annular ring 25 of expandable spherical structure 5 from the distal end of pusher 115. Thus it will be seen that spring grippers may be used to releasably secure expandable spherical structure 5 to installation tool 100 until after the expandable spherical structure has been advanced out of the

12

distal end of the installation tool and returned to its enlarged configuration. This arrangement can provide the surgeon with increased control as expandable spherical structure 5 is deployed within the blood vessel.

As noted above, expandable spherical structure 5 of FIGS. 27 and 44-46 is well suited for use with bifurcation aneurysms, where the neck of the aneurysm is typically axially-aligned with the direction of approach (see, for example, FIGS. 14-18 and 19-23). Where the spherical cage structure is intended to be used with lateral aneurysms, it may be desirable to use the spherical cage configuration shown in FIG. 38, where closed face 15 is disposed to one side of the axis of approach.

If desired, installation tool 100 can be provided with an expansion balloon for expanding the expandable spherical structure from its reduced configuration to its enlarged configuration. More particularly, and looking now at FIGS. 47-49, installation tool 100 may be provided with sleeve 105 and pusher 115 as discussed above. In addition, installation tool 100 may be provided with an expansion balloon 140. Expansion balloon 140 is supported on an inflation rod 145 which is movably disposed within pusher 115. Expansion balloon 140 is (in its deflated condition) disposed internal to open frame 10 of expandable spherical structure 5. As a result of this construction, installation tool 100 may receive expandable spherical structure 5 while the expandable spherical structure is in its reduced configuration, carry the expandable spherical structure to the desired therapy site, position the expandable spherical structure at the desired location, and then expand expansion balloon 140 so as to open the expandable spherical structure to its enlarged configuration. Expansion balloon 140 may then be deflated and withdrawn from the interior of expandable spherical structure 5. It will be appreciated that providing installation tool 100 with an expansion balloon may be advantageous where expandable spherical structure 5 does not self-erect within the body lumen.

#### Expandable Spherical Structure Having a Face Formed with a High Strut Density

In the preceding description, expandable spherical structure 5 is described as comprising an open frame 10 having a closed face 15 carried thereon. However, it should be appreciated that for many applications, closed face 15 need not comprise a substantially complete surface or barrier, i.e., closed face 15 may be formed with a face having a sufficiently high strut density to form an effectively closed face or to otherwise achieve a desired purpose. Thus, for example, in FIGS. 50-54, there is shown an expandable spherical structure 5 comprising an open frame 10 having a face 15 formed with a high strut density such that blood flow to the aneurysm will be restricted and the aneurysm will thrombose. In this circumstance, closed face 15 may be considered to be effectively closed. Furthermore, where closed face 15 is being used to reinforce a weakness in a side wall (as opposed to being used to close off an opening in a side wall), closed face 15 may have a somewhat lower strut density, since it does not need to block or substantially restrict blood flow.

FIGS. 55-63 show other expandable spherical structures 5 wherein closed face 15 is formed with a sufficiently high strut density to achieve a desired purpose.

It should also be appreciated that it is possible to form the entire expandable spherical structure 5 out of a single super-elastic wire, e.g., a shape memory alloy constructed so as to form stress-induced martensite at body temperatures. By way of example but not limitation, an appropriately blended and

13

treated Nitinol wire may be used. In this form of the invention, the expandable spherical structure **5** can be (i) deformed into a collapsed configuration wherein a single path of the wire is constrained within a restraining cannula, and (ii) thereafter reformed in situ by simply pushing the wire out of the distal end of the restraining cannula, whereupon expandable spherical structure **5** reforms in the blood vessel or other body lumen. This form of the invention is particularly well suited to constructions where closed face **15** is formed with a single, patterned strut arranged to have a high strut density, e.g., with a strut density sufficiently high to occlude the mouth of an aneurysm, and/or a strut density sufficiently high to reinforce the side wall of a blood vessel or other body lumen, and/or a strut density sufficiently high to achieve some other desired purpose. See, for example, FIGS. **59-63**, which show closed face **15** formed out of a single, patterned strut, where the strut pattern may comprise one or more of a variety of configurations, e.g., with parallel paths, concentric paths, switchback paths, serpentine paths, etc.

#### Deploying the Expandable Spherical Structure within an Aneurysm

It should also be appreciated that expandable spherical structure **5** may be deployed within the body of an aneurysm, so that its closed face **15** confronts the lumen, rather than within the lumen so that its closed face confronts the body of the aneurysm. See, for example, FIGS. **64-66**, which show the expandable spherical structure **5** of FIGS. **4-8** deployed within the body of the aneurysm. See also, for example, FIGS. **67-71**, which show the expandable spherical structure **5** of FIGS. **9-13** being disposed within the body of the aneurysm.

Again, the expandable spherical structure **5** may be positioned within the interior of a lateral aneurysm (FIGS. **64-66** and **67-71**) or it may be disposed within a bifurcated aneurysm (FIGS. **72-76** and **77-81**).

#### Expandable Spherical Structure with Stabilizing Legs

It is also possible to provide expandable spherical structure **5** with stabilizing legs. More particularly, and looking now at FIGS. **82** and **83**, there is shown an expandable spherical structure **5** which comprises an open frame **10** with a closed face **15**. Extending out of open frame **10** are one or more stabilizing legs **30**. Stabilizing legs **30** are formed so that, when closed face **15** is positioned against the side wall of a blood vessel or other body lumen, stabilizing legs **30** extend endoluminally through the blood vessel or other body lumen. Thus it will be appreciated that expandable spherical structure **5** shown in FIGS. **82** and **83** is generally intended to be used with a lateral aneurysm, since the center axis **35** of stabilizing legs **30** is set at a right angle to the center axis **40** of closed face **15** (see FIG. **83**). Alternatively, where expandable spherical structure **5** is to be used with a bifurcation aneurysm, expandable spherical structure **5** is formed so that center axis **35** of stabilizing legs **30** is aligned with center axis **40** of closed face **15**.

#### Terminology

In the foregoing disclosure, expandable spherical structure **5** is described as comprising a spherical body. In this regard, it should be appreciated that the term "spherical" is intended to mean a true spherical shape, and/or a substantially spherical shape, and/or a near spherical shape, and/or an effectively spherical shape, and/or a generally spherical shape, and/or a

14

polyhedron which approximates a sphere, and/or a shape which approximates a sphere, and/or a structure comprising a substantial portion of any of the foregoing, and/or a structure comprising a combination of any of the foregoing, etc.

Thus, for example, expandable spherical structure **5** may include a first section that constitutes a portion of a sphere and a second section which roughly approximates the remaining portion of a sphere.

#### Modifications

It will be appreciated that still further embodiments of the present invention will be apparent to those skilled in the art in view of the present disclosure. It is to be understood that the present invention is by no means limited to the particular constructions herein disclosed and/or shown in the drawings, but also comprises any modifications or equivalents within the scope of the invention.

What is claimed is:

**1.** A method for causing thrombosis of an aneurysm extending from a blood vessel while maintaining substantially normal blood flow through the lumen of the blood vessel, the method comprising:

providing a device consisting of:

a single elastic filament configurable between:

(i) an elongated, substantially linear configuration, whereby to facilitate movement along the lumen of the blood vessel; and

(ii) a spheroidal configuration for lodging within the lumen of the blood vessel, the spheroidal configuration providing (a) a single flow-restricting face sized and configured so as to cover the mouth of the aneurysm and restrict blood flow to the aneurysm, the size of the single flow-restricting face being larger than the mouth of the aneurysm so that the single flow-restricting face seats against the mouth of the aneurysm so as to restrict blood flow to the aneurysm while permitting substantially normal blood flow through the blood vessel when the single flow-restricting face is positioned over the mouth of the aneurysm, with the degree of restriction at the mouth of the aneurysm being such that the aneurysm thromboses when the single flow-restricting face is positioned over the mouth of the aneurysm, the single flow-restricting face comprising a plurality of lengths of the elastic filament disposed in close proximity to one another, and (b) an open frame for engaging the interior side wall of the blood vessel and holding the single flow-restricting face against the mouth of the aneurysm, the open frame configured so as to maintain substantially normal blood flow through the lumen of the blood vessel, wherein the single flow-restricting face has a higher density of wire than the open frame;

delivering the single elastic filament to the aneurysm site while the single elastic filament is configured in its elongated configuration; and

transforming the single elastic filament to its spheroidal configuration so that the single elastic filament is lodged against the mouth of the aneurysm, with the single flow-restricting face being positioned over the mouth of the aneurysm so as to restrict blood flow to the aneurysm while permitting substantially normal blood flow through the blood vessel and with the open frame maintaining substantially normal blood flow through the lumen of the blood vessel.

**2.** A method according to claim **1** wherein the aneurysm comprises a lateral aneurysm.

## 15

3. A method according to claim 1 wherein the aneurysm comprises a bifurcation aneurysm.

4. A method according to claim 1 wherein the dimensions of the spheroidal configuration of the single elastic filament are established by the size of the blood vessel.

5. A method according to claim 1 wherein the single elastic filament is configured to assume its spheroidal configuration in situ within the blood vessel.

6. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in a patterned configuration.

7. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in a non-overlapping configuration.

8. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in an ordered configuration.

9. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in a nested configuration.

10. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in a pre-determined configuration.

11. A method according to claim 1 wherein the plurality of lengths of the elastic filament are disposed in a switchback configuration.

12. A method according to claim 1 wherein the single elastic filament comprises a resilient material.

13. A method according to claim 12 wherein the resilient material comprises a shape memory alloy.

14. A method according to claim 12 wherein the resilient material comprises a polymer.

15. A method according to claim 1 wherein the single elastic filament is configured to assume its elongated, substantially linear configuration when cooled to a temperature below body temperature and to assume its spheroidal configuration when heated to body temperature.

## 16

16. A method according to claim 1 wherein the single elastic filament is configured to transform from its elongated, substantially linear configuration to its spheroidal configuration using temperature modulation applied by resistance heating.

17. A method according to claim 1 wherein the single elastic filament is configured to transform from its elongated, substantially linear configuration to its spheroidal configuration using temperature modulation applied by passing fluid of an appropriate temperature through the single elastic filament.

18. A method according to claim 1 wherein the single elastic filament is configured to transform from its elongated, substantially linear configuration to its spheroidal configuration using an internal balloon.

19. A method according to claim 1 wherein the single elastic filament is formed out of a non-absorbable material.

20. A method according to claim 1 wherein the single elastic filament is configured so as to be flexible.

21. A method according to claim 1 wherein the method further comprises providing an installation tool for carrying the single elastic filament to a deployment site, wherein the installation tool comprises:

a hollow sleeve having a lumen therein; and

a pusher slidably movable within the lumen between a retracted position and an extended position;

wherein the lumen is sized so as to receive the single elastic filament when the single elastic filament is in its elongated, substantially linear configuration, and further wherein the pusher is configured to eject the single elastic filament from the lumen when the pusher is moved from its retracted position to its extended position.

22. A method according to claim 21 wherein the installation tool further comprises a mechanism for supplying heat to the single elastic filament, whereby to facilitate transforming the single elastic filament from its elongated, substantially linear configuration to its spheroidal configuration.

\* \* \* \* \*