



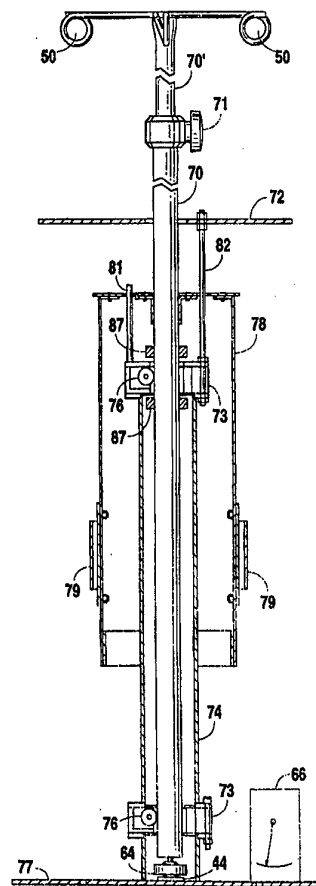
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(54) Title: SURGICAL FLUID AND BLOOD LOSS MONITOR

(57) Abstract

This invention is a monitor to provide substantially real time estimates of fluid absorption rate and blood loss rate in a patient during a surgical procedure. The monitor estimates fluid source flow rates and waste fluid flow rates based on weight changes per unit time, or direct reading fluid flow rate meters. Blood loss flow rates are estimated based on hemoglobin concentration in waste irrigation fluid, and are used to correct waste fluid flow rates. Correct waste fluid flow rates are used in turn to obtain estimated fluid absorption rates. Optional verticality compensation means (93) (93') (93''), and anti-rotation devices (91) are included.



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SURGICAL FLUID AND BLOOD LOSS MONITOR

BACKGROUND

Continuation Information

This application is a continuation-in-part of Application Serial No. 08/484,877 filed 6
5 June 1995, which is a continuation-in-part of Application Serial No. 08/237,350 filed 3 May
1994.

Field of the Invention

The invention relates to methods and apparatus for estimating the rates and volumes of
10 irrigation fluid absorption and blood loss by a patient during a surgical procedure.

Blood Loss and Fluid Absorption During Surgery

Blood lost during open surgery usually is blotted with surgical sponges or washed away
from the surgical site with a stream of sterile irrigation fluid. Clinically significant blood loss
15 may be monitored by weighing sponges and visually estimating the amount of blood flowing into
the wound. During endoscopic surgery, on the other hand, virtually all lost blood is carried
away in the irrigation fluid where it is difficult to quantify.

Nevertheless, endoscopic procedures which carry a risk of significant blood loss are
becoming more common. Previously well-known endoscopic procedures (such as hysteroscopy,
20 cystoscopy, gastroscopy, colonoscopy and bronchoscopy) are now augmented by new endoscopic
applications because of the promise of shorter recovery times and reduced patient morbidity.
Increasing numbers of traditionally open surgical procedures (for example, in intra-abdominal,
intra-articular and intra-thoracic operations) are also being done endoscopically.

Aiding this transition are recent dramatic improvements in surgical instruments. An
25 endoscope inserted through a natural orifice or a small incision into a body cavity or potential
space gives the surgeon a remarkably clear real-time view of the operative site. The endoscope
may incorporate ports for the introduction of other surgical instruments and irrigation fluid,
and/or for the removal of waste irrigation fluid, blood and small tissue fragments from the
surgical site. One or more additional or alternative ports communicating with the operative site

may also be used. The latter ports may comprise natural and/or artificial tracts, passages or orifices, and are typically used in conjunction with an endoscope to facilitate fluid flow to or from the operative site and/or to admit surgical instruments or allow removal of relatively large pieces of excised tissue.

5 Because of the superior control of fluid flows inherently available in endoscopic surgical cases, surgeons can theoretically monitor substantially all fluid exchange experienced by a patient during an operation. The potential advantages of such monitoring in reducing the incidence and severity of complications have also led to heightened interest in reexamining fluid monitoring for surgical patients undergoing open procedures. Unfortunately, equipment that would allow
10 such generalized fluid monitoring to be widely practiced has not been commercially available. Among other reasons for its absence are the volumetrically offsetting effects of blood loss and irrigation fluid absorption in a patient. These effects can not be accurately separated by current surgical fluid monitoring techniques.

To see why, we note that fluid flow control is commonly used to direct and/or maintain
15 a flow of irrigation fluid across the operative site to ensure the surgeon's clear view by splinting the operative space open and/or by continuously carrying away blood and small tissue fragments. By maintaining at least an intermittent flow of relatively low-pressure (frequently electrically non-conducting) irrigation fluid from an external reservoir into the operative site (such as a body cavity), and simultaneously (and at substantially the same flow rate) withdrawing irrigation fluid
20 from the operative site, optimal operating conditions can be maintained. However, important physiological changes associated with fluid shifts may be taking place during the operation; they can seriously affect both interoperative patient safety and the course of postoperative recovery.

For example, while the irrigation fluid flow serves admirably to keep the operative site clear, it tends to mask the true amount of blood loss because lost blood is continuously diluted
25 and carried away. Simultaneously, irrigation fluid may be absorbed through intact membranes or into portions of the vascular systems (blood and/or lymph) which have been opened by the surgery.

To optimally maintain a patient's hemodynamic stability during and after an operation, clinically significant volumes of blood lost should be replaced, usually by intravenous
30 administration of crystalloid and/or colloid solutions (possibly including blood and/or blood

products) in empirically determined proportions relative to the amount of blood lost. At the same time blood is being lost, however, irrigation fluid is being absorbed. Absorbed irrigation fluid tends to expand intravascular volume, reduce the colloid osmotic pressure of the blood, dilute blood coagulation factors, and alter the patients' preoperative blood electrolyte concentrations. The latter conditions may predispose the patient to further blood loss, pulmonary edema, seizures, coma and death.

Thus, the amount and type of intravenous replacement fluids given, as well as the choice of drugs such as anesthetics which can materially alter intravascular volume and fluid distribution in the body, should be governed in part by accurate, real-time assessment of actual blood loss, with compensation as necessary for absorption and redistribution of irrigation fluid. In this regard, it should be noted that absorption of irrigation fluid as, for example, through the peritoneum, occurs at a relatively slow and predictable rate, while that through highly vascular tissue undergoing surgery, such as the uterine lining, may be much more rapid. Similarly, significant blood loss may occur over a relatively short period of time (as from a severed artery), or may develop as a prolonged ooze (as from necrotic tissue to be excised). Thus, algorithms for determining the above compensation can be expected to vary with time in any given patient and also to vary with the type of surgery.

For certain patients, such as those in heart or renal failure who may be particularly sensitive to edema and/or changes in intravascular volume, real-time knowledge of the rate of blood loss can reduce the likelihood of intraoperative and/or postoperative complications by allowing adjustment of intravenous fluid administration types and rates to maintain hemodynamic stability. Accurate blood loss estimates can also guide fluid replacement therapy to maintain adequate hemostasis and to improve rheological conditions and oxygen-carrying capacity for maximizing the flow of well-oxygenated blood to the tissues. It should be noted here that the patient's intraoperative clearance of free water through the kidneys, as well as redistribution of free water within the extracellular space (third spacing fluid in, for example, edema, ascites, and/or pleural effusion) will affect the preferred crystalloid/colloid ratio for intravenously administered fluids. This ratio can be expected to vary over the course of relatively long operations.

Failure to maintain adequate hemostasis can result in catastrophic blood loss, and failure

to maintain sufficient oxygenation and/or intravascular volume can result, for example, in shock, possibly leading to cardiac arrest. Excessive intravascular volume, on the other hand, may lead to pulmonary edema and respiratory arrest. Whether or not a given patient will actually hemorrhage, arrest or develop any other complication depends on factors such as the patient's initial cardiovascular status, the amount and rate of onset of fluid shifts in the cardiovascular system, and the initial fluid volume status of the patient. Thus, careful monitoring of blood loss and fluid absorption for each patient in real time may help reduce morbidity and mortality when combined with other preoperative and interoperative assessments.

10 Estimation of Fluid Flow Rates

Conventional measurement of total fluid volume infused through an intravenous catheter is relatively easy, although subject to about 10% reading error when collapsible plastic fluid containers are used. In contrast, estimation of the volume of blood loss is error-prone because a mixture of blood and irrigation fluid may drain substantially continuously from the operative site. Draining fluid is commonly distributed over the surgical drapes, operating table, and floor, as well as to containers resting on the floor. Incidental absorption by and adsorption to various operating-room surfaces, as well as losses in handling due to spillage and splashing, have made irrigation fluid recovery uncertain in the past. Accurate estimation of the blood loss rate and the total blood volume contained in irrigation fluid recovered under these conditions is, of course, problematical, and the clinical usefulness of such estimates is very limited.

A more convenient and more accurate method of estimating blood loss using equipment previously described requires careful collection of waste irrigation fluid. By hanging irrigation fluid source bags and a waste irrigation fluid collector bucket on the same spring scale and then directly and automatically comparing a decrease in source fluid weight with an increase in collected fluid weight, one may estimate net fluid weight gain or loss. Over relatively short periods of time, assuming absorption of irrigation fluid is negligible compared to blood loss, irrigation fluid removed from the source should substantially equal irrigation fluid recovered from the collector. Thus, any indicated weight gain in the source-collector system would be largely due to the volume of blood loss, which is added to the volume of irrigation fluid collected.

This suspended system, while simple, is undesirable because errors in estimated blood loss due to fluid absorption are virtually undetectable. The system is also inconvenient because it is fixed to an overhead support (as, for example, in the ceiling). Additionally, such a suspended system has a tendency to rotate around the suspension member, kinking source and/or drainage tubes and complicating weight measurements because of varying lateral and vertical load components. Accurate weights can only be obtained if the suspended system is actually vertical, but in general it will not be because of the lateral forces applied by the various fluid lines attached to it. Finally, since previously described suspended systems do not provide for independent determination of irrigation source fluid and waste irrigation fluid flow rates and blood loss rate, fluid therapy must be empirical. Without reasonably accurate estimates of absorbed fluid and blood loss flow rates, the optimal balance of crystalloid, colloid and blood products in the fluid therapy for each surgical patient becomes a clinical judgment subject to considerable error.

SUMMARY OF THE INVENTION

The present invention answers the need for apparatus and methods to provide accurate and substantially real-time estimates of absorbed irrigation fluid flow rate and volume, as well as blood loss rate and volume experienced by a patient during an open or endoscopic surgical procedure. When blood loss is not clinically significant, estimates of irrigation fluid volume absorption per unit time (that is, fluid absorption rate) by a patient are obtained by subtracting an estimate of waste irrigation fluid volume collected per unit time (that is, waste fluid flow rate) from an estimate of irrigation fluid volume flow from one or more sources per unit time (that is, fluid source flow rate). These flow rate estimates are preferably based on a series of weight measurements over time sequentially differenced to yield weight change per unit time (which, divided by the fluid density, then yields volume change per unit time). Alternatively, flow rate estimates may be based on direct measurement of volume change per unit time (as by serial readings over time of a fluid level indicator in a fluid storage tank) and/or on at least one direct-reading fluid flow rate meter in the relevant fluid stream. Commercially available direct-reading flow rate meters may incorporate, for example, a venturi or turbine-tachometer to indicate flow velocity in a fluid passage of known cross-sectional area. Flow velocity, in turn, may be

multiplied by a conversion function characteristic of the fluid passage area to yield flow rate (that is, flow volume per unit time). For conversion of fluid weight changes per unit time to fluid volumes per unit time, it is convenient in applications which do not clinically require greater accuracy to approximate the density of physiological fluids and irrigation fluids as that of water or 1 g/ml. Using this approximation, fluid weight changes measured in g/min will be substantially numerically equal to the corresponding volume changes measured in ml/min.

When waste irrigation fluid contains blood, a blood loss flow rate is preferably independently estimated, and the waste fluid flow rate is then corrected by subtraction of the estimated blood loss flow rate to yield a corrected waste fluid flow rate. Total fluid volume flows for any desired time period are obtained by integrating (as a substantially smooth or piecewise continuous function) the relevant fluid flow rate with respect to time over the period in question. Total fluid volume flows for a time interval comprising two or more successive time periods can analogously be obtained by summing the total fluid volume flows (that is, the integrated flow rate) for each of the successive time periods comprising the time interval.

Integration means for accomplishing the above integration may be included within computing means and preferably include, but are not limited to, standard algorithms for digital integration stored in a digital computer memory (and thereby coupled to the digital computer), analog integrators comprising one or more operational amplifiers coupled to a digital computer by appropriate analog-to-digital converters and digital-to-analog converters, and mechanical integrators having digital position and velocity sensors coupled to a digital computer. Integration means may optionally additionally comprise mechanical and/or electrical low-pass filters and/or digital noise rejection algorithms appropriately coupled to a digital computer as above and substantially simulating low-pass filters for rejecting artifacts in weight, volume and/or flow rate data. Filter characteristics exhibited by the integration means, including the upper cut-off frequency and roll-off rate are substantially empirically determined by the fluid mechanics (including resonant frequencies) of the fluid supply and collection systems, as well as the desired sensitivity of the artifact rejection.

Independent blood loss flow rate estimates are preferably obtained through use of hemoglobin concentration estimation means which periodically or continuously measure the hemoglobin concentration in the waste irrigation fluid. Multiplication of hemoglobin

concentration by the estimated waste fluid flow rate yields a lost hemoglobin flow rate. Division of this lost hemoglobin flow rate by the patient's actual hemoglobin concentration yields an estimated blood loss flow rate. For example, if the waste irrigation fluid flow rate is 4 dl/min and the hemoglobin concentration in the waste irrigation fluid is 1.5 g/dl, then the hemoglobin flow rate is about 6 g/min (that is, $(4 \text{ dl/min}) \times (1.5 \text{ g/dl})$). If the patient's hemoglobin concentration is 12 g/dl, then the estimated blood loss rate for this patient would be estimated at about 0.5 dl/min (that is, $(6 \text{ g/min}) \div (12 \text{ g/dl})$). As a check, the estimated blood loss rate (0.5 dl/min) would, when multiplied by the starting hemoglobin concentration (12 g/dl), yield the calculated hemoglobin loss rate (6 g/min).

Hemoglobin concentration estimation means provide the hemoglobin concentration measurements needed for the above procedure, the means comprising a hemoglobin analyzer using techniques as described herein and other analogous methods well known to those skilled in the art. For example, erythrocytes in the waste irrigation fluid may be subjected to osmotic or complement-induced cytolysis, followed by chemical conversion of the free hemoglobin to another colored compound (such as acid hematin or cyanmethemoglobin) which is not sensitive to the oxygen tension in the surrounding fluid. Following this chemical conversion, the concentration of the new compound (and thus that of the original hemoglobin) can be determined by colorimetry, and the estimated blood loss flow rate calculated as described above.

As noted, the total blood lost (or fluid absorbed) in any given time period can be estimated by integrating the calculated blood loss flow rate (or fluid absorption rate) with respect to time over the time period in question. Total blood loss (or fluid absorption) for an operation, or for any number of successive time periods during the operation, can be obtained by summing the total blood lost (or fluid absorbed) in each of such successive periods to be considered. Preferred periods of time may be defined, for example, by the time between changes of irrigation fluid supply containers and/or waste irrigation fluid collectors. Summing fluid flows, whether of lost blood or irrigation fluid absorbed during surgery, is a function which is preferably done automatically by computing means comprising a programmable digital computer and additionally comprising, in certain embodiments, integration means coupled to the digital computer.

Weight-based (based on weight change per unit time) or volume-based (based on volume

change per unit time) or direct-reading fluid flow rate measurements, made electronically on command or automatically (as by computing means as described herein), obviate errors inherent in any manual recording or reading of scales. Note that certain embodiments of the invention provide for a series of weight-based measurements over time of a liquid quantity which
5 computing means (using, for example, a processor's internal clock) can sequentially difference to yield weight change per unit time of the liquid quantity in question. These weight-based measurements must be converted to volume measurements (that is, divided by the density of the liquid in question) which, when sequentially differenced, will form (again using a processor's internal clock) a flow rate for the liquid in question (that is, liquid volume change per unit time);
10 this calculation of flow rate measurements from a series of corresponding time and weight measurements is also preferably done automatically as above. The result is greater clinical reliability when compared to conventional methods of blood loss monitoring. If virtually all blood lost from the patient appears in the waste irrigation fluid, and virtually all waste irrigation fluid is collected (preferably directly from the endoscope drain or other waste irrigation fluid
15 drain), the absorbed fluid flow rate under steady-state conditions would be obtained by subtracting from the irrigation fluid source flow rate the corrected waste irrigation fluid flow rate, the corrected rate being defined as consisting of the waste irrigation fluid flow rate minus the blood loss flow rate. This is equivalent to summing the blood loss flow rate and the irrigation fluid source flow rate and then subtracting the waste irrigation fluid flow rate from the
20 sum.

Note that when it is desired to integrate a fluid flow rate which is a piecewise continuous function (as when flow rate is calculated periodically from a series of discrete fluid weight and/or volume measurements over time), measurement time intervals for the integration will preferably be identical to the intervals between the weight and/or volume measurements. Such
25 predetermined intervals are preferably established by programming a digital computer prior to the start of surgery. The existence of substantially steady-state fluid flow conditions during these measurement time intervals is then preferably independently verified (as by an independent direct-reading flow rate meter in the respective fluid stream). Artifacts in the desired steady-state irrigation fluid and waste irrigation flow data may cause erroneous flow rate estimates.
30 Such disturbances are preferably removed by processes analogous to the low-pass filtering

described above as optional in the integration means, or they may be detected and compensated or flagged by error handling means which comprise a separate stored program coupled as above with a digital computer within the computing means.

5 Compensation of fluid volume flow rates for artifacts may include elimination of one or more spurious data points and/or lengthening of the measurement time period as needed to effectively smooth the fluid flow rates measured over the period. Data points which are apparently due to malfunction or artifact (zero indicated flow or brief but large amplitude peaks and dips in flow rate, for example) are preferably flagged on a display to indicate to an operator a possible system fault such as a kinked fluid line, an empty source container, a fluid line
10 disconnect, or a full waste fluid collection vessel. On the other hand, the need to terminate a measurement interval (and prepare to start another) might be indicated, for example, by an abrupt indicated change in either source fluid or waste irrigation fluid flow rates. This might be caused by the opening or closing of an endoscope valve, the temporary kinking of a fluid source or collector line, or the abrupt changing of pressure on the body cavity (as by a surgical
15 assistant leaning on the patient).

A preferred embodiment of the surgical fluid monitor for use where clinically significant blood flow is not expected thus comprises at least one weight-sensitive fluid source support for simultaneously suspending and weighing a fluid source and producing a signal indicative of fluid source weight. There is also at least one weight-sensitive waste fluid collector support for
20 simultaneously suspending and weighing a waste fluid collector and producing a signal indicative of waste fluid collector weight. Computing means are coupled through input/output interfaces to the fluid source weight signal and to the waste fluid collector weight signal for calculating an estimated fluid source flow rate, an estimated waste fluid flow rate, and an estimated fluid absorption rate equal to the estimated fluid source flow rate minus the estimated waste fluid flow
25 rate, and for producing a display signal indicative of the estimated fluid absorption rate. Fluid flow rates for all embodiments of the invention are preferably calculated by one or more of the methods described herein. Display means are coupled to the computing means for transducing for human observation the fluid absorption rate display signal.

30 Embodiments of the surgical fluid monitor described above and the surgical fluid and blood loss monitor described below may additionally comprise verticality compensation means

to correct estimated fluid source flow rate and estimated waste fluid flow rate. Further each weight-sensitive fluid source support and each weight-sensitive waste fluid collector support preferably comprise at least one solid-state load cell, and the monitor may additionally comprise at least one anti-rotation device. When absorbed fluid volume measurements are desired, the
5 above surgical fluid monitor and/or the surgical fluid and blood loss monitor described below additionally comprise integration means within the computing means for estimating absorbed fluid volume. The computing means then additionally produces a display signal indicative of the absorbed fluid volume, and the display means additionally transduces for human observation the absorbed fluid volume display signal. When blood loss volume measurements are desired,
10 the surgical fluid and blood loss monitor described below additionally comprises integration means within the computing means for estimating blood loss volume, the computing means additionally producing a display signal indicative of the blood loss volume, and the display means additionally transducing for human observation the blood loss volume display signal.

The above surgical fluid monitor may be converted to a surgical fluid and blood loss
15 monitor which comprises, in addition to the weight-sensitive fluid source support(s) and weight-sensitive waste fluid collector support(s) described above, hemoglobin concentration estimation means for estimating hemoglobin concentration in waste fluid and producing a signal indicative of estimated hemoglobin concentration in waste fluid. In such embodiments, computing means are coupled to the fluid source weight signal, to the waste fluid collector weight signal, and to
20 the hemoglobin concentration signal for calculating an estimated fluid source flow rate, an estimated waste fluid flow rate, an estimated blood loss flow rate, a corrected waste fluid flow rate equal to the estimated waste fluid flow rate minus the estimated blood loss flow rate, and an estimated fluid absorption rate equal to the estimated fluid source flow rate minus the corrected waste fluid flow rate, and for producing first and second display signals indicative of
25 the estimated fluid absorption rate and the estimated blood loss flow rate respectively. Display means are coupled to the computing means for transducing for human observation the fluid absorption rate display signal and the blood loss flow rate display signal.

Surgical fluid monitors and surgical fluid and blood loss monitors as described above may
30 comprise, in place of weight-sensitive fluid source supports and/or weight-sensitive waste fluid collector supports, at least one fluid source comprising a direct-reading fluid flow rate meter and

producing a signal indicative of fluid source flow rate, and/or at least one waste fluid collector comprising a direct-reading fluid flow rate meter and producing a signal indicative of waste fluid flow rate.

5 The invention also comprises a method of estimating a fluid absorption rate in a surgical patient. The method comprises determining a change in weight with respect to time of a source of fluid administered to the patient to form a fluid source flow rate. Then a change in weight is determined with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate. Finally, the waste fluid flow rate is subtracted from the fluid source flow rate to form an estimate of a fluid absorption rate in the patient.

10 Alternatively, the above method may comprise determining by a direct-reading fluid flow rate meter a flow rate of a source of fluid administered to the patient to form a fluid source flow rate. After then determining by a direct-reading fluid flow rate meter a flow rate of waste fluid draining from the patient to form a waste fluid flow rate, the waste fluid flow rate is subtracted from the fluid source flow rate to form an estimate of a fluid absorption rate in the patient, as
15 above.

The invention also comprises a method of estimating a blood loss flow rate in a surgical patient. The method comprises measuring the patient's blood hemoglobin concentration and determining a change in weight with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate. Hemoglobin concentration in waste fluid is estimated
20 using hemoglobin concentration estimation means, and a hemoglobin loss flow rate is estimated by multiplying the waste fluid flow rate by the waste fluid hemoglobin concentration estimate. Finally, a blood loss flow rate for the patient is estimated by dividing the hemoglobin loss flow rate by the blood hemoglobin concentration.

25 Alternatively, the above method may comprise determining a flow rate from a direct-reading fluid flow rate meter (instead of from a change in weight with respect to time) for waste fluid draining from the patient to form a waste fluid flow rate.

The invention also includes a method of estimating a fluid absorption rate in a surgical patient. The method comprises measuring the patient's blood hemoglobin concentration and determining a flow rate from a direct-reading fluid flow rate meter for a source of fluid
30 administered to the patient to form a fluid source flow rate. Then a flow rate is determined

from a direct-reading fluid flow rate meter for waste fluid draining from the patient to form a waste fluid flow rate. Hemoglobin concentration in waste fluid is estimated using hemoglobin concentration estimation means, and a hemoglobin loss flow rate is estimated by multiplying the waste fluid flow rate by the waste fluid hemoglobin concentration estimate. A blood loss flow rate is then estimated for the patient by dividing the hemoglobin loss flow rate by the blood hemoglobin concentration. A corrected waste fluid flow rate is then estimated by subtracting the blood loss flow rate from the waste fluid flow rate, and a fluid absorption rate is estimated by subtracting the corrected waste fluid flow rate from the fluid source flow rate.

Alternatively, the above method can be accomplished if the determinations of source fluid and waste fluid flow rates are replaced by determining a change in weight with respect to time of a source of fluid administered to the patient to form a fluid source flow rate, and determining a change in weight with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate respectively.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 schematically illustrates a preferred arrangement for source fluid supports and fluid collector supports on a fluid support column bearing on a single weight sensitive element.

Figure 2 schematically illustrates a preferred arrangement for source fluid supports and fluid collector supports on a ball-joint fluid support column with verticality adjustment which bears on a single weight-sensitive element.

Figure 3 schematically illustrates a preferred arrangement for source fluid supports and fluid collector supports on a fluid support column having a verticality sensor and bearing on a single weight-sensitive element.

Figure 4 schematically illustrates a preferred arrangement for source fluid supports and fluid collector supports on a ball-joint supported pendulous fluid support column bearing on a single weight sensitive element.

Figure 5 schematically illustrates a preferred arrangement for fluid collector supports on a fluid support column bearing on a single weight sensitive element.

Figure 6 schematically illustrates an in-line force-sensitive device.

Figure 7 schematically illustrates a ball-joint support for a fluid support column.

Figure 8 schematically illustrates a spring support for a fluid support column.

Figure 9 schematically illustrates use of the present invention wherein irrigation fluid absorption (rate and volume) and blood loss (rate and volume) are within predetermined limits, causing no alarm.

5 Figure 10 schematically illustrates use of the present invention wherein irrigation fluid absorption (rate and volume) and blood loss (rate and volume) are not within predetermined limits, causing an alarm.

Figure 11 schematically illustrates the flow of signals in a preferred embodiment of the invention.

10 Figures 12A-E schematically illustrate alternative preferred embodiments of weight-sensitive fluid supports.

Figure 13 schematically illustrates the functional design of a hemoglobin analyzer.

DETAILED DESCRIPTION

15 In free-standing embodiments, the invention may (as noted above) also incorporate at least one anti-rotation device to eliminate tangling of fluid supply and drainage tubes. Certain free-standing embodiments provide an adjustable floor-mounted stand or a ball-joint mount to ensure that the main fluid support column is vertical, while other embodiments employ level sensor measurements to facilitate compensation for measurements of fluid weight made when
20 the fluid support column is off-vertical.

As noted above, the invention may comprise one or more direct-reading fluid flow sensors and/or one or more weight-sensitive fluid source and/or fluid collector suspension or support means (for example, hooks or holders) for simultaneously suspending and/or supporting and weighing one or more fluid sources and/or collectors. Fluid containers may be weighed
25 individually (that is, allowing individual measurement of the weight suspended from each fluid suspension hook) or collectively (that is, yielding the sum of weights suspended from a plurality of fluid suspension hooks).

Further, one or more waste fluid collectors may be simultaneously weighed, optionally in combination with one or more fluid sources. In this case, because a single weight
30 measurement reflects the combined weight of all fluid sources and waste fluid collectors, the

weights of individual sources and collectors is obtained, if desired, by removing the source or collector in question and noting the decrease in combined weight.

The invention may alternatively comprise, for example, one or more fluid source supports (preferably hooks) spaced apart from each other and from any waste irrigation fluid collector support (for example, by mounting on a wall), or source and collector supports may be mounted
5 on a fluid support column which itself is fixed (as by welding or bolting) to a platform or equipment cart movable over the floor. The platform or cart preferably has retractable wheels or extendable legs which facilitate stable positioning in a desired floor location. Fluid source hooks mounted on a wall, for example, are necessarily inherently weight-sensitive (that is, they
10 comprise at least one weight-sensitive element), but fluid source hooks mounted on a fluid source column may be inherently weight-sensitive, or may be weight-sensitive only in the sense that the column comprises at least one weight-sensitive element.

In use, fluid-containing bottles, plastic bags, or similar containers are suspended from a fluid source hook to hang substantially freely (that is, substantially vertically). Preferred
15 embodiments of weight-sensitive fluid source hooks comprise one or more (preferably solid-state) force-sensitive devices, each producing a signal indicative of the weight applied to a single hook. Alternatively, a single force-sensitive device may also be employed (for example, within the fluid support column) to produce a signal indicative of the weight applied to all column-supported fluid source hooks collectively. In either of the latter two cases, a separate force-
20 sensitive device would preferably be employed to produce a signal indicative of the weight of waste fluid collected, either as a separate signal or combined with the weight of fluid sources supported by a fluid support column.

For convenience, waste fluid will commonly be distributed into a plurality of collection containers which will be weighed collectively. In a preferred embodiment, the collection
25 containers are suspended from a fluid support column and all fluid sources (including irrigation fluid sources and intravenous fluid sources) are suspended from weight-sensitive hooks. When combined with apparatus to provide the above-described independent determination of blood loss flow rate, such a system can provide information allowing substantially total fluid management for a surgical patient. Additionally, opportunities for fault detection in the fluid source and
30 collection pathways will be significantly greater than those available in present systems.

In preferred embodiments of the invention, each force-sensitive device comprises a solid-state load cell (comprising *e.g.*, a piezoelectric or strain gage force sensor). Fluid support means thus produce a source weight signal indicative of fluid source weight, the signal eventually being coupled to computing means by coupling means which include one or more insulated electrical conductors and/or wireless means (including a radio transmitter and receiver or, preferably, an infrared transmitter and receiver). In the latter case, the infrared transmitter for the signal indicative of a fluid source weight may preferably be battery-powered.

In certain embodiments, the force-sensitive device does not sense the full weight of fluid supported by the fluid support means. This may occur, for example, if a platform-mounted fluid support column is placed on an uneven or sloping floor where the platform would not be substantially level. If the non-level platform causes the fluid support column to be non-vertical, then a component of the fluid weight vector will not be coaxial with the column. The non-coaxial weight vector may then be resolved into an axial component (creating a reduced axial compressive stress in the column) and a transverse component (creating transverse or shear stress in the column). The reduced axial compressive stress is obtained by multiplying the axial compressive stress that would be present if the column were vertical by the cosine of the angular deviation of the column from vertical. Since the force-sensitive device responds substantially to axial stress, the indicated weight on the pole will always be less than the true weight unless the pole is vertical. For small deviations from vertical, the errors in indicated weight will be relatively small, but they will be systematic (*i.e.*, always increasing as additional fluid sources are supported by the column).

The present invention preferably comprises methods and apparatus to eliminate and/or compensate for the above verticality errors. For example, if the platform-mounted column is configured with a verticality adjustment, the pole can be made substantially vertical even if the platform is not level. In preferred embodiments, the verticality adjustment comprises a ball-joint column mount in which the column can be positioned vertically either manually or automatically, being held in place with a plurality of manually or automatically adjusted mechanical stops (such as screws). Such a ball-joint support may be relatively close to the column platform at the lower end of the pole, or sufficiently elevated so that the center of gravity of the column, force-sensitive device, fluid source(s) and waste fluid container(s) is lower than the ball-joint support

point. In the latter configuration, the column will be free to behave as a pendulum and will maintain a substantially vertical orientation within its range of motion in the absence of significant eccentric vertical loads.

5 Yet another approach to the verticality problem with a platform-mounted column is to allow the column to maintain a non-vertical position while measuring the degree of deviation from the vertical and using the measured deviation and reduced axial force to calculate the true weight of one or more fluid sources and/or waste fluid containers.

10 Waste fluid containers have a relatively large capacity (preferably about 3 fluid liters) in certain embodiments to obviate frequent emptying of the container during a surgical procedure. Because each such container weighs more than 3 kilograms when full, even small verticality errors may cause clinically significant errors in fluid volume estimates. The container is substantially sealable and has a vacuum port (to be optionally connected to a vacuum pump) to facilitate establishment of a partial vacuum within the container which will tend to draw irrigation fluid in through the port(s) provided in the container, allowing effective scavenging of waste irrigation fluid from a surgical site (as by a surgical sucker).

15 A display signal (preferably generated by a programmable digital computer) is transmitted to display means, for transducing the display signal for human observation. The display means may comprise a computer screen and/or a digital readout. In preferred embodiments, the computing means may transmit the display signal in, for example, ASCII code to a commercially available digital readout device capable of decoding and displaying ASCII-coded signals. Several such devices are available through commercial electronics parts distributors and, while not further described herein, are well-known to those skilled in the art. Note that intermediate values of variables obtained in the course of producing the calculated fluid absorbed value may also be displayed as desired.

20 As noted above, preferred embodiments of the surgical fluid and blood loss monitor include a vacuum connection to the fluid collector container to facilitate optional maintenance of a partial vacuum within the container in use. The partial vacuum, in turn, facilitates entry of waste irrigation fluid into the container from other sources in addition to the endoscope drain. Thus, while the surgical fluid and blood loss monitor is particularly adapted for use with endoscopic surgical procedures in substantially closed body cavities, it may also be used with

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partially or substantially open surgical procedures wherein waste irrigation fluid and blood are substantially completely collected. In such cases, the collector may receive waste fluid from a floor sump or fluid-trapping floor mat, or a drain configured to recover irrigation fluid which splashes on the operating table or which emerges from an operative site (for example, a vagina or urethra) with the patient in the lithotomy position). Additionally, the fluid collector container may comprise a filter or strainer intended to separate small pieces of tissue from one or more incoming streams of waste irrigation fluid, as well as a bunghole and/or stopcock to facilitate emptying the container. Note that in operations involving very vascular tissues (as, for example, the uterine lining), fluid absorption rather than blood loss may be the predominant hemodynamic parameter of clinical interest.

Total fluid flow per measurement period (that is, fluid flow rate) may be determined manually or substantially automatically using flow rate meter signal output integrated over the measurement period, or weight measurement means or volume measurement means applied at the beginning and end of a measurement period. Volume measurement means include, for example, measurement of volume change in a fluid container (as by a floating level sensor or a light beam interruption level detector) or measurement of volume moving past a fixed point in a fluid line (as by a positive-displacement pump). Weight measurement means include measurement of change in weight of a (suspended or supported) fluid container (as an irrigation fluid source bag hanging from a weight-sensitive hook or a waste fluid collector placed in a weight-sensitive holder).

Preferred embodiments of the invention may also include error handling means which can detect the presence or absence of substantially steady-state flow conditions for source and waste irrigation fluid over a fluid flow measurement period (or any portion thereof). Error handling means preferably detect abrupt changes in source and/or collector fluid flow rates through comparison of actual and/or estimated fluid flow rate changes with predetermined limits on (calculated and/or measured) flow rate change during successive flow measurement periods or within a single flow measurement period for source and/or collector fluid. Additionally or in lieu of the comparison of fluid flow rate changes with predetermined limits, error handling means may compare endoscopic fluid system pressure changes (as, for example, changes in fluid pressure within the body cavity into which the endoscope is inserted) with predetermined limits

established for such pressure changes during successive flow measurement periods or within a single flow measurement period.

Comparisons of changes in fluid flow rates and/or changes in fluid pressure with predetermined limits on the respective parameters may be accomplished manually, but is preferably automatically performed by computing means comprising a programmable digital computer. Analogously, calculation and/or estimation of fluid flow rates may be accomplished manually, but is preferably automatically performed by computing means comprising a programmed digital computer. Inherent in the latter embodiments of the invention is a digital computer comprising input/output interfaces (including analog-to-digital converters and digital-to-analog converters well known to those skilled in the art) for sensors for fluid pressure and/or fluid flow and/or fluid weight and/or fluid volume, together with memory means (such as a magnetic disk or random access memory) for storing data from the sensor(s) and at least one computer program, computer input means (such as a keyboard) for entering into the memory means computer instructions and data such as limit values, display means (such as a liquid crystal screen or analogous visual display) for displaying computer instructions, data, and/or calculated values, and alarm means (such as a flashing portion of a visual display or an audio alarm buzzer) for indicating that one or more predetermined limits have been exceeded.

Figures 1-5 schematically illustrate preferred embodiments of portions of a surgical fluid monitor comprising verticality compensation means and anti-rotation devices. The fluid support column 70,70' may comprise a plurality of passive fluid source hooks 50 (that is, hooks without inherent weight-sensing capability). Alternatively, column 70,70' can have no fluid source hooks at all, or one or more weight-sensing hooks as schematically illustrated in Figures 12A-E (that is, hooks comprising one or more force-sensitive devices such as a piezoelectric sensor (load cell) 64 or a strain gage sensor 62). The height of fluid source hooks, if present, may be manually adjusted by sliding member 70' in or out of member 70 and temporarily fixing the height of column 70,70' with thumb screw 71.

In each of the Figures 1-5, a platform-mounted support sleeve 74 is firmly fixed to a base plate 77 (as by welding), with base plate 77 intended to rest directly on a floor or on (retractable or lockable) casters or legs (not shown). Optional shelf 72 is coupled (as by stand-off bolts) to support sleeve 74, and shelf 72 does not contact column 70,70' in use. Shelf 72, when present,

is supported by standoff bolts 82 which, like anti-rotation pin 81, are fixed to support sleeve 74 through bearing block 73 (Figures 1 and 3), through a flange of sleeve 74 (Figure 2), or ball-joint socket block 73' (Figure 4). Block 73' serves part of the purpose of bearing block 73 (capping sleeve 74 and anchoring anti-rotation pin 81 and stand-off bolts 82) as well as providing the lower portion of ball-joint 93. Wherever ball-joint sockets are found in the illustrated embodiments (see, for example, Figures 2 and 7, ball-joints 93' and 93'' respectively), the ball is retained in the socket bearing (95' and 95 respectively in Figures 2 and 7) by a ball retainer 94. Note that the ball-joint socket of Figure 7 illustrates a portion of an embodiment wherein a terminal ball-joint 93'' is directly mounted on base plate 77. The configuration of Figure 7 contemplates use of one or more in-line force-sensitive assemblies 90 in fluid support column 70,70' (see Figure 4), although the entire embodiment is not shown.

Anti-rotation pin 81 passes through an enlarged hole in collector support frame 78, thereby preventing frame 78 and column 70,70' from rotating excessively with respect to pin 81, support sleeve 74 and base plate 77. Additional anti-rotation devices schematically illustrated in the drawings include the optional in-line force-sensitive assembly 90 (comprising load cell 64, in-line sleeve 89, spline 88 and optional shock absorber 44 of resilient material such as rubber or other polymer), and the anti-rotation support spring 91 (Figures 1, 2 and 8). Note that support spring 91 may be used without an internal guide (see Figure 2), or with an internal guide 70'' (see Figure 8) over which it slides and which will tend to stabilize spring 91.

Collector support frame 78 is supported by column 70,70' and in turn supports waste fluid collectors 80 *via* collector brackets 79. Waste fluid enters collectors 80 *via* inlet ports 83 (capped when not in use) assisted by vacuum applied *via* vacuum ports 84. The weight of fluid collectors 80 is carried by support frame 78, which is itself supported by fluid support column 70,70'. Column 70,70', in turn, is supported by at least one weight-sensitive device. In Figures 1 and 2, the weight-sensitive device comprises spring 91 and means to measure spring 91 compression and/or expansion (for example, a linear variable differential transformer (LVDT) 67 coupled around spring 91 substantially as shown). In Figures 3 and 4, the weight-sensitive device comprises a load cell 64 (the load cell itself comprising, for example, a piezoelectric load sensor). Note that travel of fluid support column 70,70' which compresses or expands spring 91 is preferably limited to prevent damage to spring 91 and/or to LVDT 67. This travel

limitation may, for example, be *via* stop rings (not shown) adjustably fixed (as by set screws) to member 70 above and below (and proximate to) shelf 72. Shelf 72 would then contact the upper or lower stop ring at the respective limits of travel. Analogously, travel limitation to prevent damage to load cell 64 may be *via* stop pins (not shown) adjustably fixed to stand-off bolts 82 as through one of a plurality of transverse holes in bolts 82 above and below (and proximate to) support frame 78 where bolts 82 pass through support frame 78. Support frame 78 would then contact the upper or lower stop pin at the respective limits of travel.

Note that travel of fluid support column 70,70' as described above is facilitated by one or more sleeve or roller bearings in the schematically illustrated embodiments of Figures 1-3 (roller bearings 76,76') and of Figure 2 (the sleeve bearing formed by ball-joint 93' sliding within support sleeve 74), and of Figure 6 (the sleeve bearing formed by the upper portion of member 70' of in-line force-sensing assembly 90 sliding within splined sleeve 89 guided by spline 88). Note that the lower portion of member 70' (as in Figure 6) would preferably be firmly fixed to the lower end of splined sleeve 89 as by screw threads or an interference fit.

Fluid support column 70,70' may be adjusted to be vertical or may be allowed to tilt off-vertical in embodiments with a sufficiently large base plate 77 to prevent significant instability. Figures 2 and 4 schematically illustrate two verticality compensation means in which fluid support column 70,70' is rotated within a ball joint 93',93 to achieve verticality as indicated by verticality sensor 66' on the column 70,70'. Verticality sensor 66' is a column-mounted version of verticality sensor 66 which is schematically shown as indicating tilt of base plate 77 in Figures 1-3 and 5. Sensors 66,66' may be bulls-eye bubble levels or analogous pendulous sensors well-known in the art for measuring tilt about any horizontal axis (the sensors preferably producing an electrical signal indicative of such tilt).

Fluid support column 70,70' may be adjusted to be vertical by rotation about an end-mounted ball joint 93',93'' with thumbscrew-mounted bearings 76', or it may be allowed to hang vertically (pendulously) while supported in ball joint 93. In the latter case, a sufficiently heavy weight 59 must be placed below ball joint 93 to insure that the center of gravity of the entire fluid support column 70,70' (including all fluid sources and waste fluid containers) is below ball joint 93. Note that for the pendulous column, eccentric loading will tend to cause an off-vertical condition. This condition can be indicated by the verticality sensor 66' or by

contact of the pendulous fluid support column with previously adjusted thumbscrew-mounted electrical switch contacts 51 which can be made to light a bulb, ring a bell or otherwise signal an alarm in junction box 67.

For the pendulous fluid support column of Figure 4 having an in-line force-sensitive assembly 90, the output signal of force-sensitive device (load cell) 64 includes the true weight of the source fluids and waste fluids supported by the (vertical) column, while the output signal of load cell 64 in Figure 3 or of the linear variable differential transformer 67 in Figures 1 or 2 (which measures weight-induced compression of anti-rotation support spring 91) will include only a (potentially) reduced indication of the true weight of supported fluid (that is, the true supported weight multiplied by the cosine of the off-vertical angle of support sleeve 74. When using the embodiments of Figures 1-3, the true weight may be obtained by measuring the off-vertical tilt of support sleeve 74 with level sensor 66 and dividing the indicated weight by the cosine of the off-vertical tilt angle.

Thus, verticality compensation means can provide true indications of changes in the fluid weights supported by fluid support column 70,70' by making the column (and the sensitive axis of the force-sensitive device) substantially vertical, or by measuring the degree of off-vertical tilt in the column and using that information to calculate true weights from indicated weight values.

In certain embodiments, the above measurements and calculations can be made automatically according to a predetermined program. Referring to Figure 11, the signal flow in a preferred embodiment of the invention involving separate measurement of source and waste fluid weights can be seen to originate in part from the weight-sensitive fluid support means 23 which comprises (see Figures 12A-E, for example) a source fluid support hook 50 coupled to a weight-sensitive device 64 (*e.g.*, a solid-state load cell). Signal flow in Figure 11 also originates from fluid collectors 80 acting on an irrigation fluid collector weight sensor combination 64,65 (comprising load cell 64 and matched commercially-available signal conditioning means 65, as in Figure 5). Signal conditioning means may be used, for example, to change the form of the signal (as by modulating a carrier waveform) or change an electrical characteristic (like the impedance of the signal source). Note that in an alternative embodiment, one or more fluid collectors 80 may also be placed on a commercially available electronic scale

(not shown) comparable to those used for weighing patients and having a signal output analogous to that of weight sensor combination 64,65 (see Figure 5). Fluid source weight signals from weight-sensitive device (load cell) 64 are directed by transducer coupling means to the input-output section 30 of computing means 106 (see Figure 11). In addition to input-output section 30, computing means 106 comprises memory means 32, processor means 34, display means 28 and manually-actuated input means 36.

Input-output section 30 in preferred embodiments may be configured to receive signals transmitted by insulated electrical conductor(s) and/or to receive wireless (*e.g.*, radio or infrared) signals from wireless transmitter means 25 with wireless receiver means 33. Transducer coupling means herein include, for example, one or more insulated electrical conductors and/or wireless transmitter means/receiver means combinations 25,33. Wireless transmitter means 25 may comprise, *e.g.*, infrared transmitter 63 in Figures 12A,12B. Flow of signals through input-output means 30 to processor means 34 and memory means 32 is controlled by processor means 34 using instructions (that is, a program) stored in memory means 32 and/or instructions from manually-actuated input means 36. Processor means 34 includes a time base to facilitate calculation of flow rates based on changes in weight or volume of fluid per unit time. Depending on the embodiment of the invention considered, processor means 34 preferably computes rate of fluid absorption, volume of fluid absorbed, and the rate of blood loss and volume of blood lost according to methods analogous to or substantially identical to those described herein, directing the respective signals representing the calculated values through input-output means 30 to display means 28.

Memory means 32 may comprise, for example, magnetic tape, magnetic disks, or non-magnetic solid-state devices (*e.g.*, optoelectronic memory or solid state switches). Manually-actuated input means 36 may comprise, for example, magnetic cards, punched cards, paper or magnetic tape, a key board, or one or more switches. Processor means 34 and input-output means 30 may take the form, in preferred embodiments, of the analogous sections of a personal computer, as may display means 28. However, display means 28 may comprise in addition to or in place of a computer display screen a digital readout device and/or an auditory indication of the calculated fluid absorbed value and/or auditory signals indicating when the calculated value has exceeded a limit previously stored in memory means 32 or entered into processor

means 34 through manually-actuated input means 36.

Figures 12A-E schematically illustrate examples of alternative preferred embodiments for weight-sensitive fluid supports. In Figures 12A-D, hook 50 is intended to suspend a fluid container (*e.g.*, a plastic bag or a bottle made of glass or plastic). Hook support arms 52,52'' are preferably substantially rigid, being pivotally coupled through pivot bearing 53,54 to support arm frames 58,60 respectively. Each support arm 52,52'' is supported at an intermediate point of its length by a force-sensitive device (load cell) 64 which is preferably a solid-state load cell. Note that pivot shaft 53 (see Figure 12C) preferably acts simultaneously to couple support arm 52'' to support arm frame 60 and also to limit the motion of a substantially parallel (but oppositely oriented) support arm 52''. By its position within a substantially transverse elongated oversized slot 55 in the oppositely oriented support arm 52'', pivot shaft 53 allows only limited upward motion of the oppositely oriented support arm 52'', but does not interfere with the support arm's bearing on load cell 64. Note that in the configuration illustrated in Figures 12C-E, each support arm 52'' bears eccentrically on load cell 64. This is in contrast to the condition of substantially concentric loading of load cell 64 by a single support arm 52 as illustrated in Figure 12A. The degree of eccentric load cell loading by substantially parallel and oppositely oriented support arms 52'' can be reduced by reducing the arm thickness and/or the spacing between portions of substantially parallel arms 52'' proximate to notches 57,57' because it is these proximate portions which bear on load cell 64. Note that if it is desirable to ensure individual contact of all support arms 52'' with load cell 64 in the embodiment of Figure 12C, notches 57,57' must be sufficiently deep to avoid contact between any two notches 57,57'. In certain preferred embodiments, however, individual support arm contact with load cell 64 is not required, and notches 57,57' can be more shallow so that each notch 57 bears on at least one notch 57' simultaneously with or instead of bearing on load cell 64. In any case, support arms 52,52',52'' should be substantially horizontal to ensure that signals from load cell 64 accurately indicate the weight suspended from any arm. For non-horizontal support arms 52,52',52'', as caused by tilt of the support column 70,70', a corrected weight can be calculated by dividing the indicated weight by the cosine of each arm's angular deviation from the horizontal, analogous to the correction described above related to verticality compensation means. Note that accurate measurement of the deviation of each arm from the horizontal requires a sensor 66,66'

oriented to provide accurate measurement of tilt along the longitudinal axis of the arm in question. To further enhance accuracy, it is preferred that load cell 64 comprise means (for example, hydraulic coupling) to ensure that eccentrically applied loads are substantially accurately represented in a signal indicative of the load applied to the load cell.

5 In Figure 12B, hook support arm 52' is preferably substantially rigidly coupled to support arm frame 58' and angle brace 56, but may deflect under load slightly due to bending which is sensed by strain gage 62. Either force-sensitive device (load cell) 64 or strain gage 62 may be chosen in preferred embodiments to produce a source weight signal indicative of fluid source weight.

10 Support arm frames 58,58' can be mounted on a wall, pole, cabinet, rack, or other suitable surface, with signals from load cell 64 and/or strain gage 62 being preferably being coupled to input-output section 30 of computing means 106 through one or more wires or through infrared transmitter 63. In the latter case, transmitter 63 will preferably comprise a commercially available battery-powered infrared transmitter (analogous to those used to control
15 television sets and other electrical devices) capable of transmitting an encoded version of the signals from force-sensitive device (load cell) 64 and/or strain gage 62 using methods well-known to those of skill in the art. Note that weight-sensitive fluid support means may comprise one or more of the weight-sensitive fluid supports of the type schematically illustrated in Figures 12A-E. When a plurality of fluid supports is used, processor means 34 is programmed to
20 serially poll the individual fluid supports to obtain individual signals which may be combined (preferably summed) to form a signal indicative of (total) fluid source weight.

Figures 9 and 10 schematically indicate how one embodiment of the present invention would work in practice. Irrigation fluid from source 101 flows by gravity through direct-reading flow rate meter 210 to endoscope 102 which is inserted in patient 100. Waste irrigation fluid
25 flows by gravity from endoscope 102 through direct-reading flow rate meter 210' to waste fluid collector 103. Waste irrigation fluid also flows by gravity from patient 100 (*via* fluid collection drape 105) through hemoglobin analyzer 212 and direct-reading flow rate meter 210'' to waste fluid collector 103. The weight of fluid source 101 bears on in-line force-sensing assembly 90, and the weight of fluid collector 103 (plus the weight of fluid source 101) bears on weight-
30 sensitive device 104 (device 104 comprising an anti-rotation spring 91 in parallel with an LVDT,

as in Figure 2). Weight-sensitive devices 104 and 90 and (in certain embodiments) direct-reading flow rate meters 210,210',210'' and hemoglobin analyzer 212 transmit signals to computing means 106 *via* input-output section 30. When signals from weight-sensitive devices 104 and 90 (and/or signals from direct-reading flow rate meters 210,210',210'' indicate that fluid is not being absorbed and blood is not being lost in excess of predetermined limits stored in computing means 106, no alarm is set (see Figure 9). On the other hand, if blood loss volume is small compared to absorbed fluid volume, the weight bearing on weight-sensitive device 104 will be reduced over time, eventually falling below a predetermined limit stored in memory means 32 of computing means 106 and causing an alarm to be set (see Figure 10). A variety of other criteria for alarm conditions, including fluid flow changes due to faults in the fluid pathways, excessive rate of blood loss, or excessive total volume of blood loss, may also be programmed into digital computer memory means 32 within computing means 106 to result in other alarm conditions.

Figure 13 schematically illustrates a preferred embodiment of hemoglobin analyzer 212. A measured amount of waste irrigation fluid (which may contain blood) is admitted to the analyzer 212 through metering valve 221. The waste irrigation fluid is diluted (preferably 1:1) in vessel 225 with distilled water from vessel 222 through metering valve 223. Dilution with distilled water makes the diluted waste irrigation fluid hypotonic and causes osmotic lysis of any red blood cells present. Diluted waste irrigation fluid is then admitted to vessel 233 through mixing valve 227 and mixed there with Drabkin's solution (preferably 20 μ l diluted waste irrigation fluid to 5 ml Drabkin's solution) admitted to the vessel through metering valve 231. Following mixture with Drabkin's solution, any hemoglobin present is converted to cyanmethemoglobin and the diluted waste irrigation fluid is admitted to a spectrophotometer 235 wherein the optical density at 540 nm is measured and converted to a signal indicative of the hemoglobin concentration which is coupled *via* input-output section 30 to computing means 106. Compensation of the hemoglobin concentration signal in computing means 106 (as by multiplication by a predetermined constant stored in memory means 32) yields estimated hemoglobin concentration in the waste irrigation fluid. Multiplication of estimated hemoglobin concentration by the waste irrigation fluid flow rate indicated by direct-reading flow rate meter 210'' yields a lost hemoglobin flow rate. Division of the lost hemoglobin flow rate by the

patient's actual hemoglobin concentration in circulating blood yields an estimated blood loss flow rate from the patient which can be compared to a predetermined limit stored in memory means 32 of computing means 106 preparatory to setting of an alarm. Note that waste irrigation fluid from endoscope 102 would preferably be similarly tested if it contained significant blood. If 5 such testing yields a clinically significant blood loss flow rate from the endoscope drain, the blood loss flow rates from the patient and the endoscope would be added to provide a total blood loss flow rate, which would then be compared with a stored predetermined limit as above preparatory to setting of an alarm.

What is claimed is:

1. A surgical fluid monitor, comprising
 - at least one weight-sensitive fluid source support for simultaneously suspending and weighing a fluid source and producing a signal indicative of fluid source weight;
 - at least one weight-sensitive waste fluid collector support for simultaneously suspending and weighing a waste fluid collector and producing a signal indicative of waste fluid collector weight;
 - computing means coupled to said fluid source weight signal and to said waste fluid collector weight signal for calculating an estimated fluid source flow rate, an estimated waste fluid flow rate, and an estimated fluid absorption rate equal to the estimated fluid source flow rate minus the estimated waste fluid flow rate, and for producing a display signal indicative of said estimated fluid absorption rate; and
 - display means coupled to said computing means for transducing for human observation said fluid absorption rate display signal.
2. The surgical fluid monitor of claim 1 additionally comprising verticality compensation means to correct estimated fluid source flow rate and estimated waste fluid flow rate.
3. The surgical fluid monitor of claim 1 wherein each said at least one weight-sensitive fluid source support and each said at least one weight-sensitive waste fluid collector support comprise at least one solid-state load cell.
4. The surgical fluid monitor of claim 1, additionally comprising at least one anti-rotation device.
5. The surgical fluid monitor of claim 1 additionally comprising integration means within said computing means for estimating absorbed fluid volume, said computing means additionally producing a display signal indicative of said absorbed fluid volume, and said display means additionally transducing for human observation said absorbed fluid volume display signal.

6. A surgical fluid and blood loss monitor, comprising
- at least one weight-sensitive fluid source support for simultaneously suspending and weighing a fluid source and producing a signal indicative of fluid source weight;
 - at least one weight-sensitive waste fluid collector support for simultaneously suspending and weighing a waste fluid collector and producing a signal indicative of waste fluid collector weight;
 - hemoglobin concentration estimation means for estimating hemoglobin concentration in waste fluid and producing a signal indicative of estimated hemoglobin concentration in waste fluid;
 - computing means coupled to said fluid source weight signal, to said waste fluid collector weight signal, and to said hemoglobin concentration signal for calculating an estimated fluid source flow rate, an estimated waste fluid flow rate, an estimated blood loss flow rate, a corrected waste fluid flow rate equal to said estimated waste fluid flow rate minus said estimated blood loss flow rate, and an estimated fluid absorption rate equal to said estimated fluid source flow rate minus said corrected waste fluid flow rate, and for producing first and second display signals indicative of said estimated fluid absorption rate and said estimated blood loss flow rate respectively; and
 - display means coupled to said computing means for transducing for human observation said fluid absorption rate display signal and said blood loss flow rate display signal.
7. The surgical fluid and blood loss monitor of claim 6 additionally comprising verticality compensation means to correct estimated fluid source flow rate and estimated waste fluid flow rate.
8. The surgical fluid and blood loss monitor of claim 6 wherein each said at least one weight-sensitive fluid source support and each said at least one weight-sensitive waste fluid collector support comprise at least one solid-state load cell.

9. The surgical fluid and blood loss monitor of claim 6 additionally comprising integration means within said computing means for estimating absorbed fluid volume, said computing means additionally producing a display signal indicative of said absorbed fluid volume, and said display means additionally transducing for human observation said absorbed fluid volume display signal.

10. The surgical fluid and blood loss monitor of claim 9 additionally comprising integration means within said computing means for estimating blood loss volume, said computing means additionally producing a display signal indicative of said blood loss volume, and said display means additionally transducing for human observation said blood loss volume display signal.

11. The surgical fluid and blood loss monitor of claim 6, additionally comprising at least one anti-rotation device.

12. A surgical fluid monitor, comprising

at least one fluid source comprising a direct-reading fluid flow rate meter and producing a signal indicative of fluid source flow rate;

at least one waste fluid collector comprising a direct-reading fluid flow rate meter and producing a signal indicative of waste fluid flow rate;

computing means coupled to said fluid source flow rate signal and to said waste fluid flow rate signal for calculating an estimated fluid absorption rate equal to said fluid source flow rate minus said waste fluid flow rate, and for producing a display signal indicative of said estimated fluid absorption rate; and

display means coupled to said computing means for transducing for human observation said fluid absorption rate display signal.

13. The surgical fluid monitor of claim 12 additionally comprising integration means within said computing means for estimating absorbed fluid volume, said computing means additionally producing a display signal indicative of said absorbed fluid volume, and said display means additionally transducing for human observation said absorbed fluid volume display signal.

14. A surgical fluid monitor, comprising
- at least one fluid source comprising a direct-reading fluid flow rate meter and producing a signal indicative of fluid source flow rate;
 - at least one waste fluid collector comprising a direct-reading fluid flow rate meter and producing a signal indicative of waste fluid flow rate;
 - hemoglobin concentration estimation means for estimating hemoglobin concentration in waste fluid and producing a signal indicative of estimated hemoglobin concentration in waste fluid;
 - computing means coupled to said fluid source flow rate signal, to said waste fluid flow rate signal, and to said hemoglobin concentration signal for calculating an estimated blood loss flow rate, a corrected waste fluid flow rate equal to said waste fluid flow rate minus said blood loss flow rate, and an estimated fluid absorption rate equal to said fluid source flow rate minus said corrected waste fluid flow rate, and for producing a display signal indicative of said estimated fluid absorption rate and a display signal indicative of said estimated blood loss flow rate; and
 - display means coupled to said computing means for transducing for human observation said fluid absorption rate display signal and said blood loss flow rate display signal.
15. The surgical fluid and blood loss monitor of claim 14 additionally comprising integration means within said computing means for estimating absorbed fluid volume, said computing means additionally producing a display signal indicative of said absorbed fluid volume, and said display means additionally transducing for human observation said absorbed fluid volume display signal.
16. The surgical fluid and blood loss monitor of claim 15 additionally comprising integration means within said computing means for estimating blood loss volume, said computing means additionally producing a display signal indicative of said blood loss volume, and said display means additionally transducing for human observation said blood loss volume display signal.

17. A method of estimating a fluid absorption rate in a surgical patient, the method comprising:
 - determining a change in weight with respect to time of a source of fluid administered to the patient to form a fluid source flow rate;
 - determining a change in weight with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate; and
 - subtracting said waste fluid flow rate from said fluid source flow rate to form an estimate of a fluid absorption rate in the patient.

18. A method of estimating a fluid absorption rate in a surgical patient, the method comprising:
 - determining by a direct-reading fluid flow rate meter a flow rate of a source of fluid administered to the patient to form a fluid source flow rate;
 - determining by a direct-reading fluid flow rate meter a flow rate of waste fluid draining from the patient to form a waste fluid flow rate; and
 - subtracting said waste fluid flow rate from said fluid source flow rate to form an estimate of a fluid absorption rate in the patient.

19. A method of estimating a blood loss flow rate in a surgical patient, the method comprising:
 - measuring the patient's blood hemoglobin concentration;
 - determining a change in weight with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate;
 - estimating hemoglobin concentration in waste fluid using hemoglobin concentration estimation means;
 - estimating a hemoglobin loss flow rate by multiplying said waste fluid flow rate by said waste fluid hemoglobin concentration estimate; and
 - estimating a blood loss flow rate for the patient by dividing said hemoglobin loss flow rate by said blood hemoglobin concentration.

20. A method of estimating a blood loss flow rate in a surgical patient, the method comprising:
- measuring the patient's blood hemoglobin concentration;
 - determining a flow rate from a direct-reading fluid flow rate meter for waste fluid draining from the patient to form a waste fluid flow rate;
 - estimating hemoglobin concentration in waste fluid using hemoglobin concentration estimation means;
 - estimating a hemoglobin loss flow rate by multiplying said waste fluid flow rate by said waste fluid hemoglobin concentration estimate; and
 - estimating a blood loss flow rate for the patient by dividing said hemoglobin loss flow rate by said blood hemoglobin concentration.
21. A method of estimating a fluid absorption rate in a surgical patient, the method comprising:
- measuring the patient's blood hemoglobin concentration;
 - determining a flow rate from a direct-reading fluid flow rate meter for a source of fluid administered to the patient to form a fluid source flow rate;
 - determining a flow rate from a direct-reading fluid flow rate meter for waste fluid draining from the patient to form a waste fluid flow rate;
 - estimating hemoglobin concentration in waste fluid using hemoglobin concentration estimation means;
 - estimating a hemoglobin loss flow rate by multiplying said waste fluid flow rate by said waste fluid hemoglobin concentration estimate;
 - estimating a blood loss flow rate for the patient by dividing said hemoglobin loss flow rate by said blood hemoglobin concentration;
 - estimating a corrected waste fluid flow rate by subtracting said blood loss flow rate from said waste fluid flow rate; and
 - estimating a fluid absorption rate by subtracting said corrected waste fluid flow rate from said fluid source flow rate.

22. A method of estimating a fluid absorption rate in a surgical patient, the method comprising:
- measuring the patient's blood hemoglobin concentration;
 - determining a change in weight with respect to time of a source of fluid administered to the patient to form a fluid source flow rate;
 - determining a change in weight with respect to time of a collector of waste fluid draining from the patient to form a waste fluid flow rate;
 - estimating hemoglobin concentration in waste fluid using hemoglobin concentration estimation means;
 - estimating a hemoglobin loss flow rate by multiplying said waste fluid flow rate by said waste fluid hemoglobin concentration estimate;
 - estimating a blood loss flow rate for the patient by dividing said hemoglobin loss flow rate by said blood hemoglobin concentration;
 - estimating a corrected waste fluid flow rate by subtracting said blood loss flow rate from said waste fluid flow rate; and
 - estimating a fluid absorption rate by subtracting said corrected waste fluid flow rate from said fluid source flow rate.

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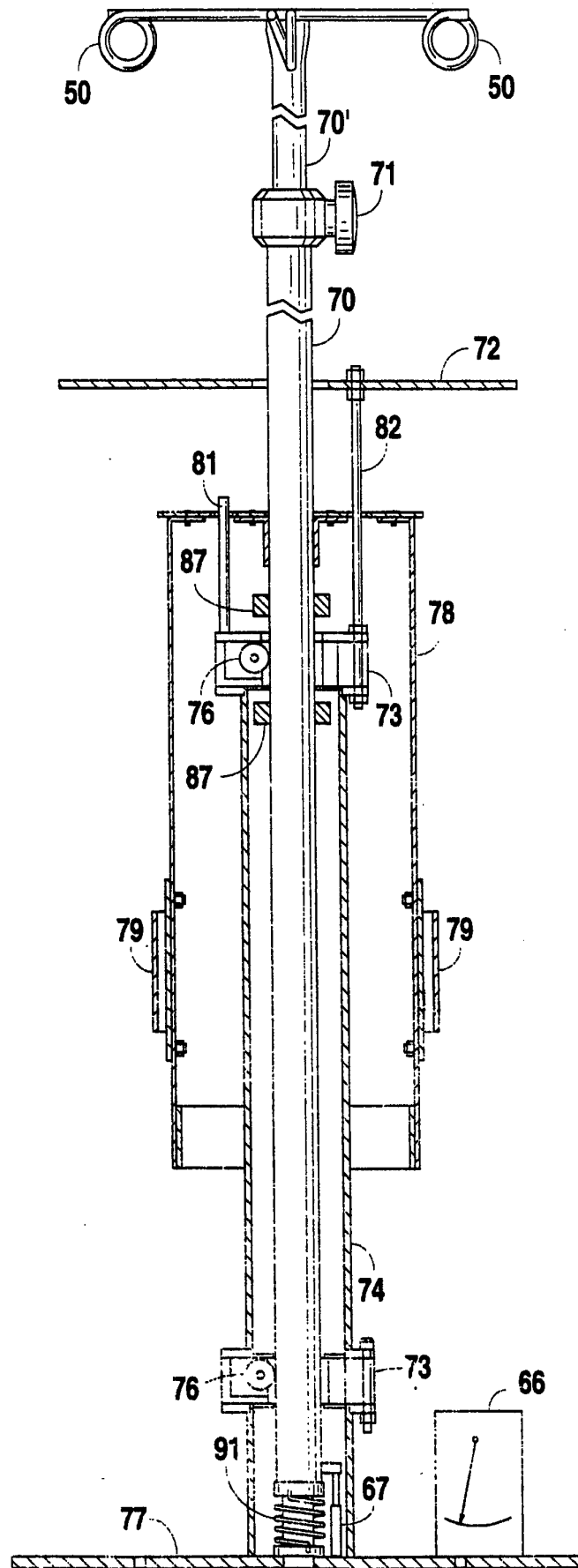


Fig. 1

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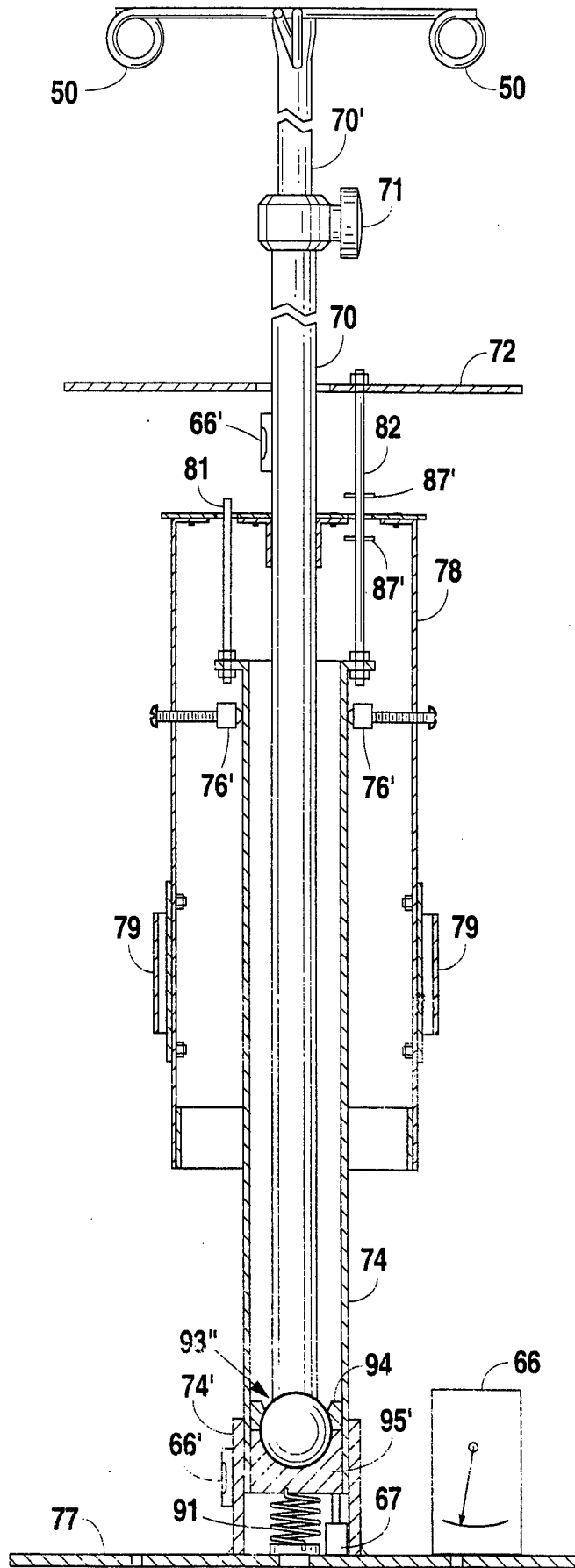


Fig. 2

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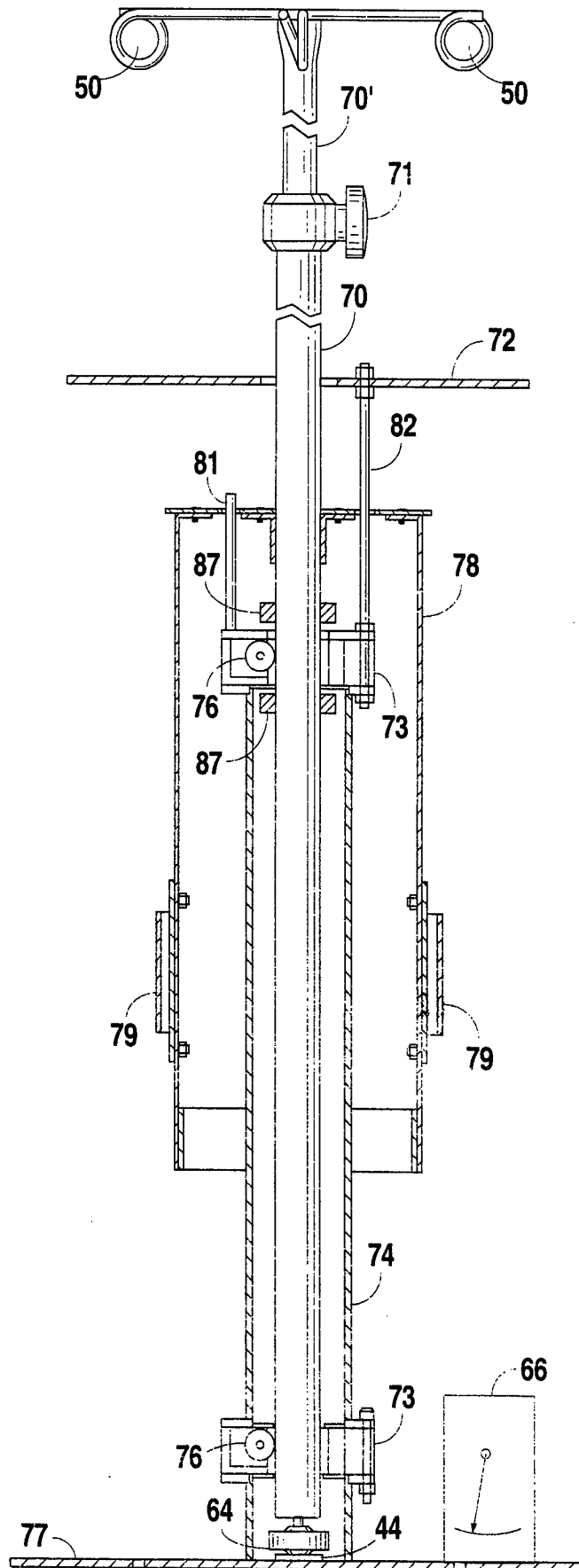


Fig. 3

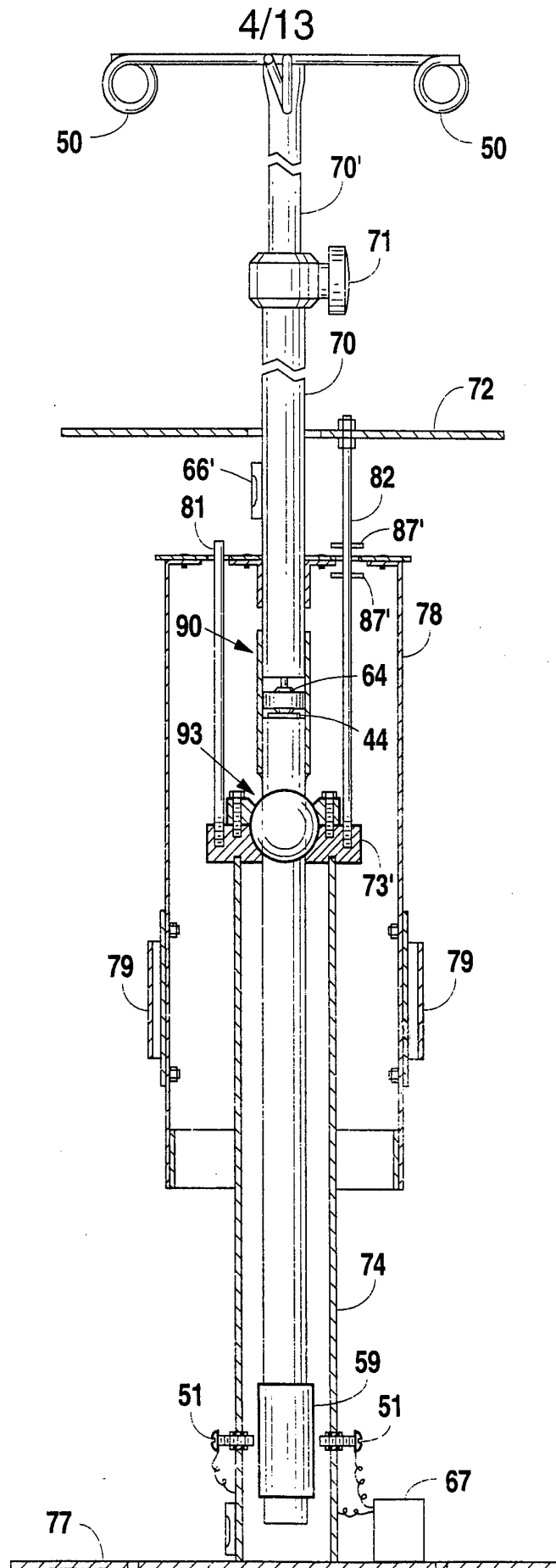


Fig. 4

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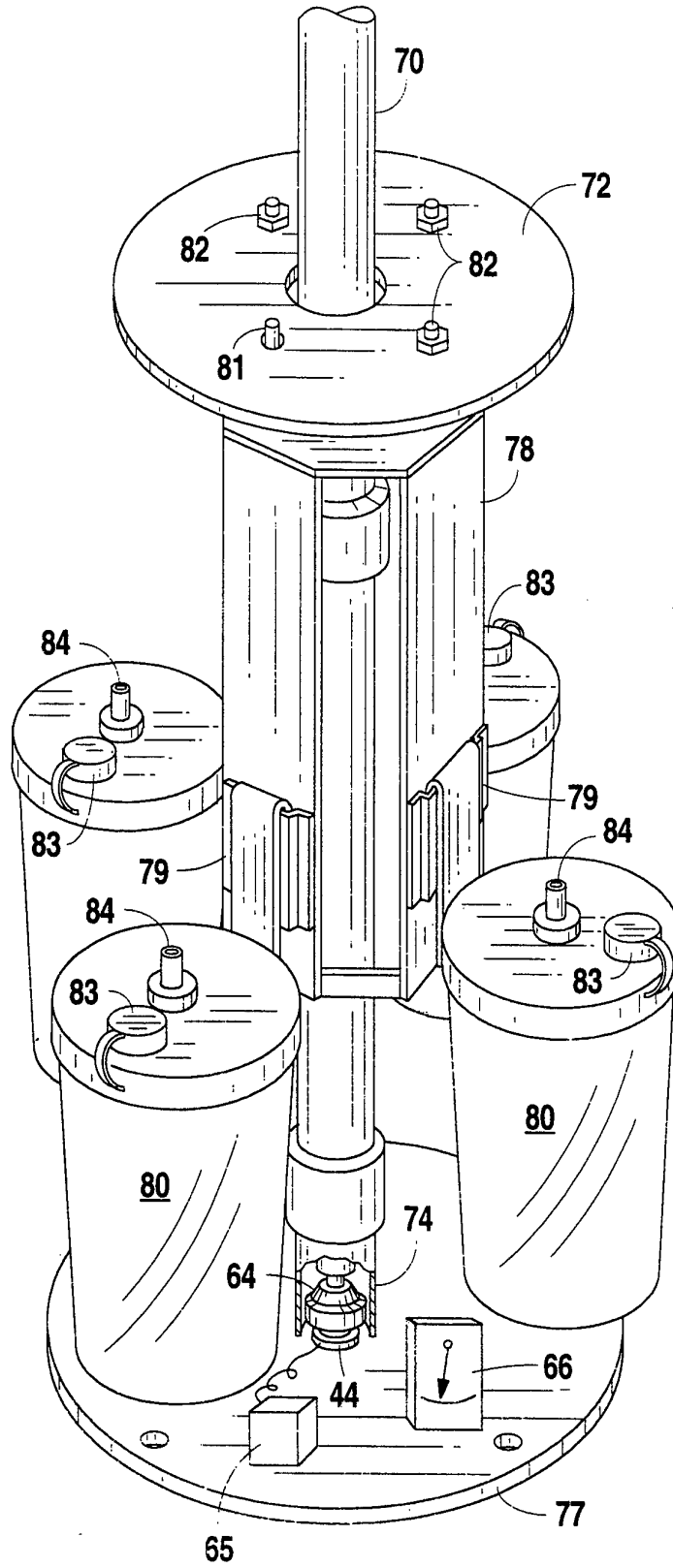


Fig. 5

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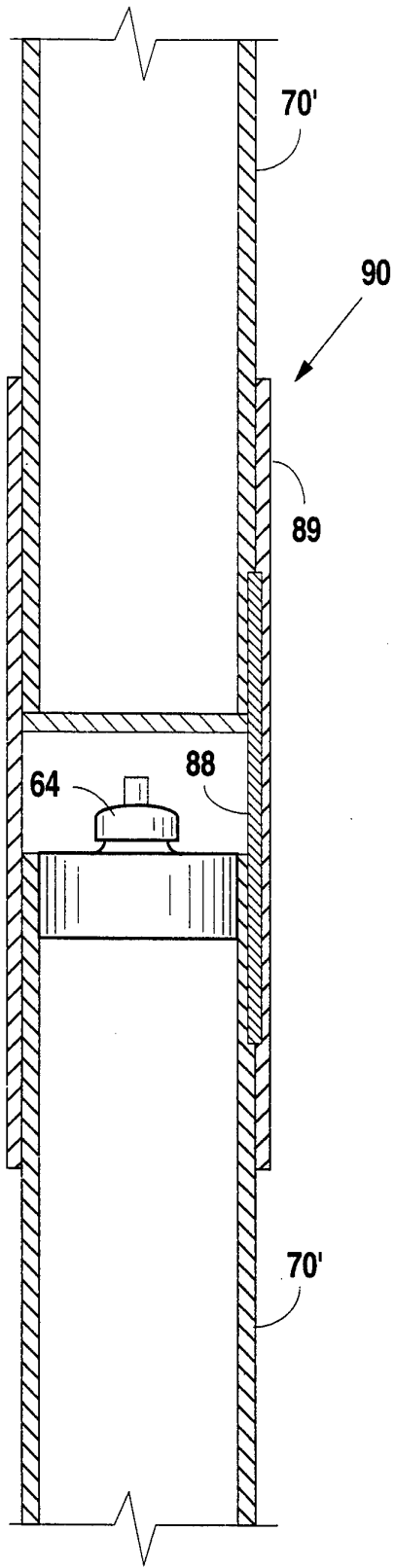


Fig. 6

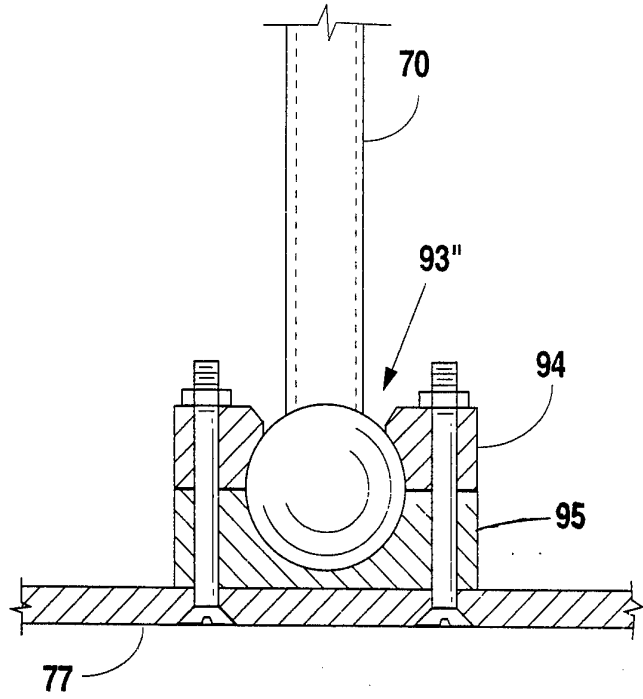


Fig. 7

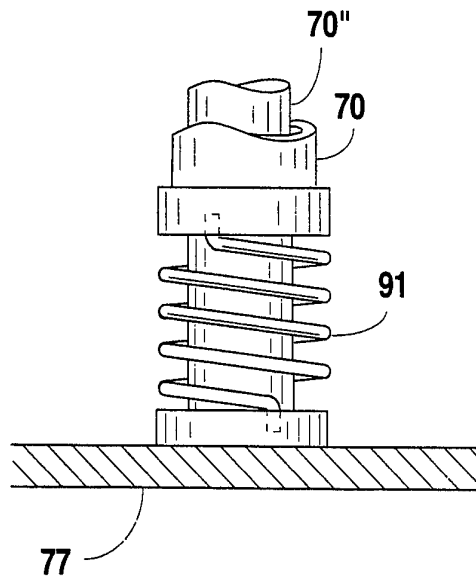


Fig. 8

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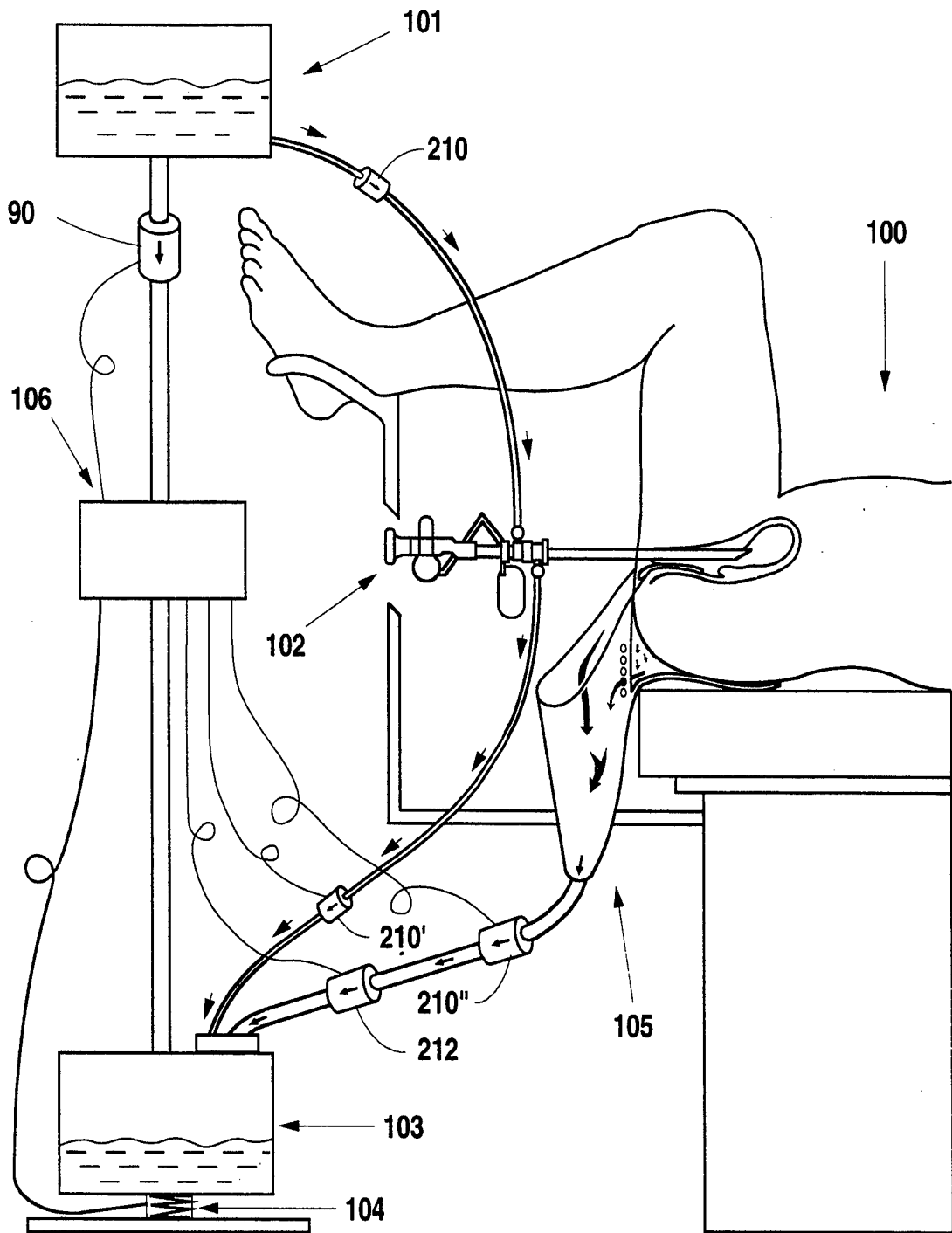


Fig. 9

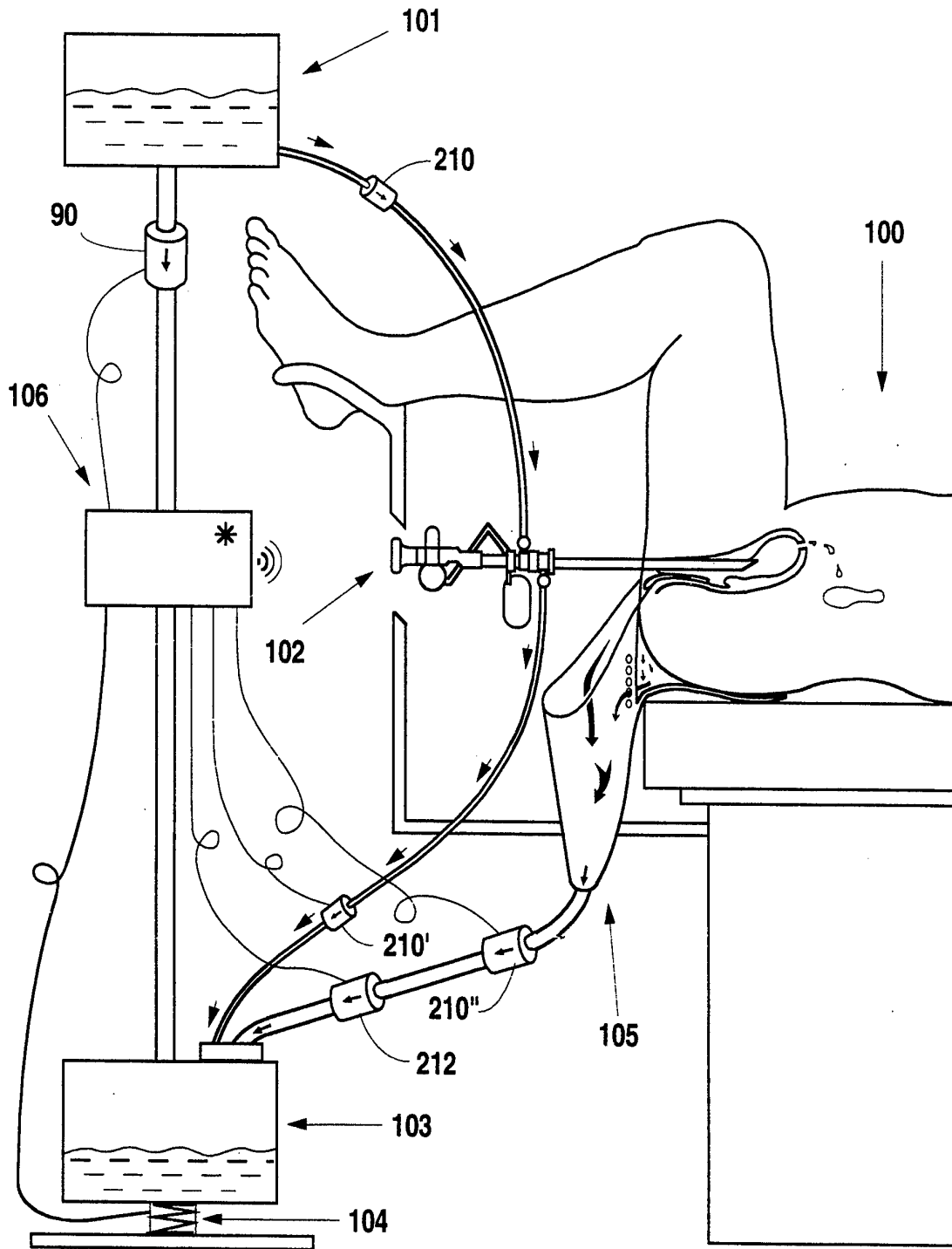


Fig. 10

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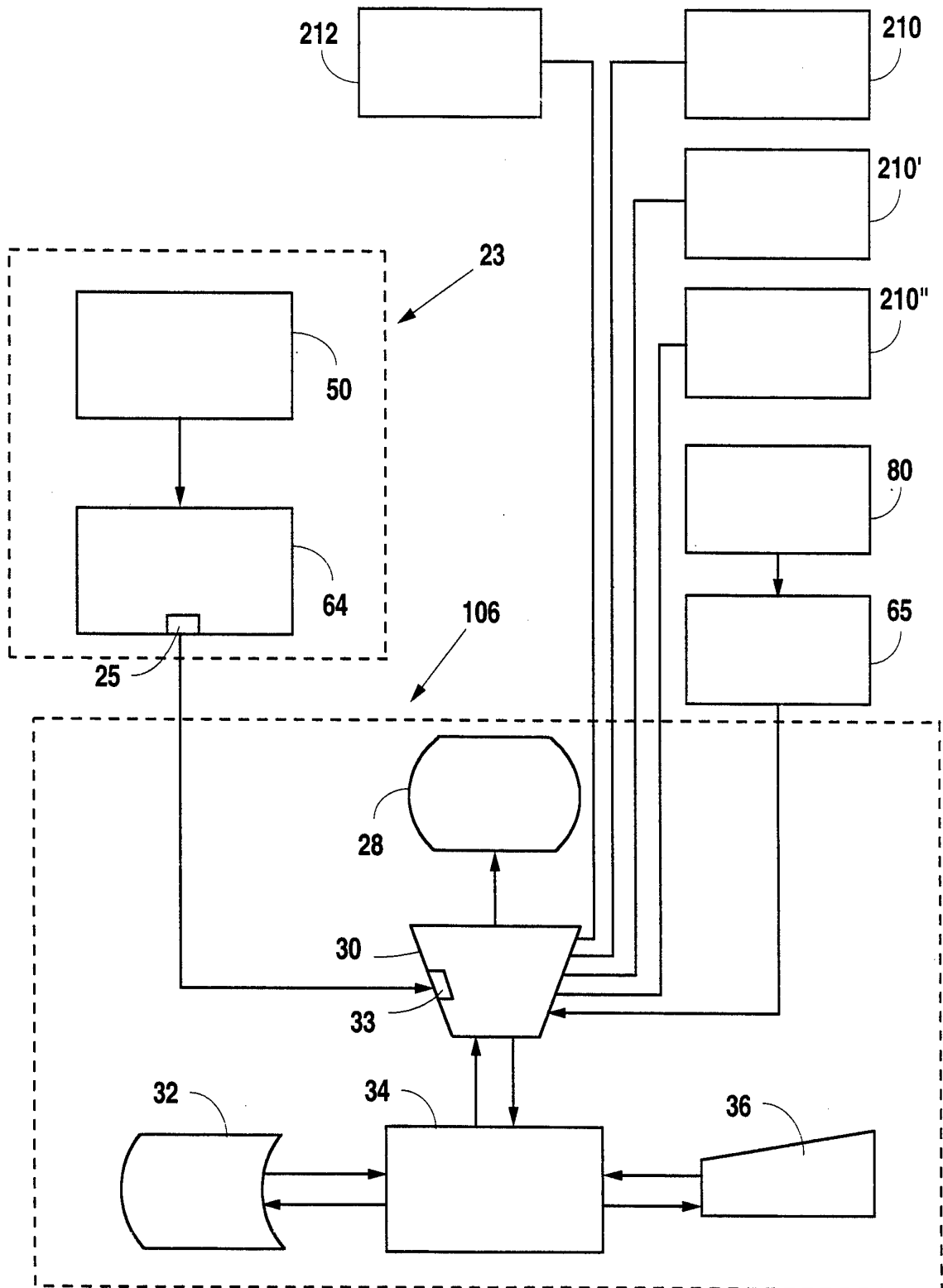


Fig. 11

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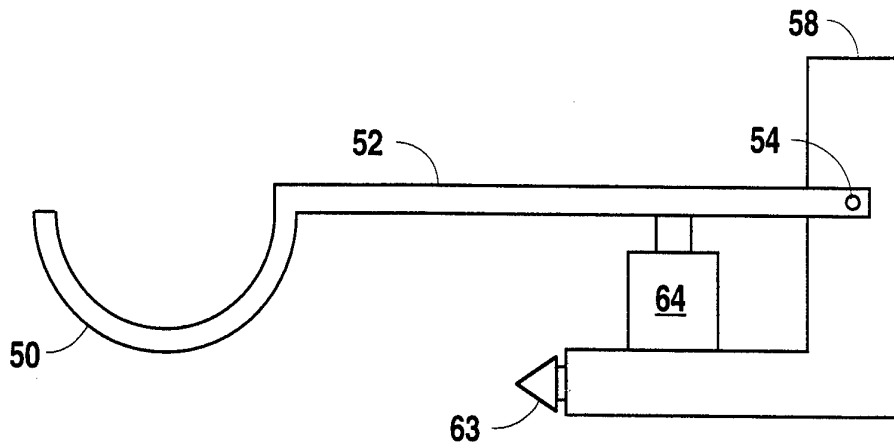


Fig. 12A

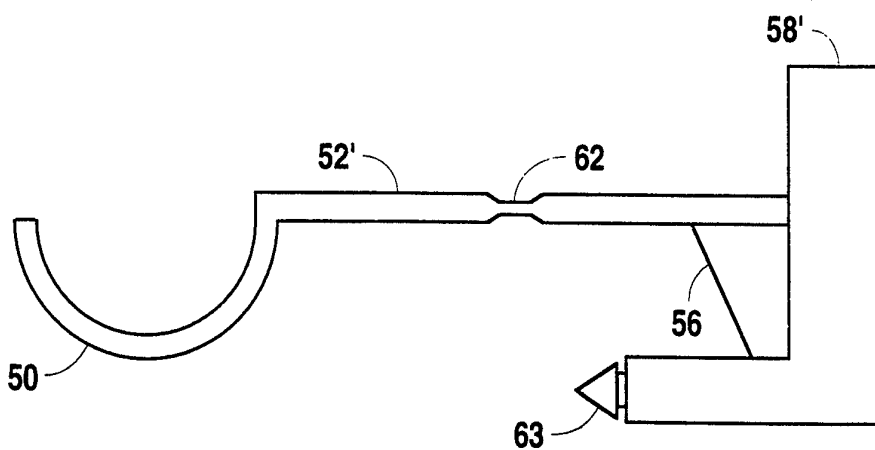


Fig. 12B

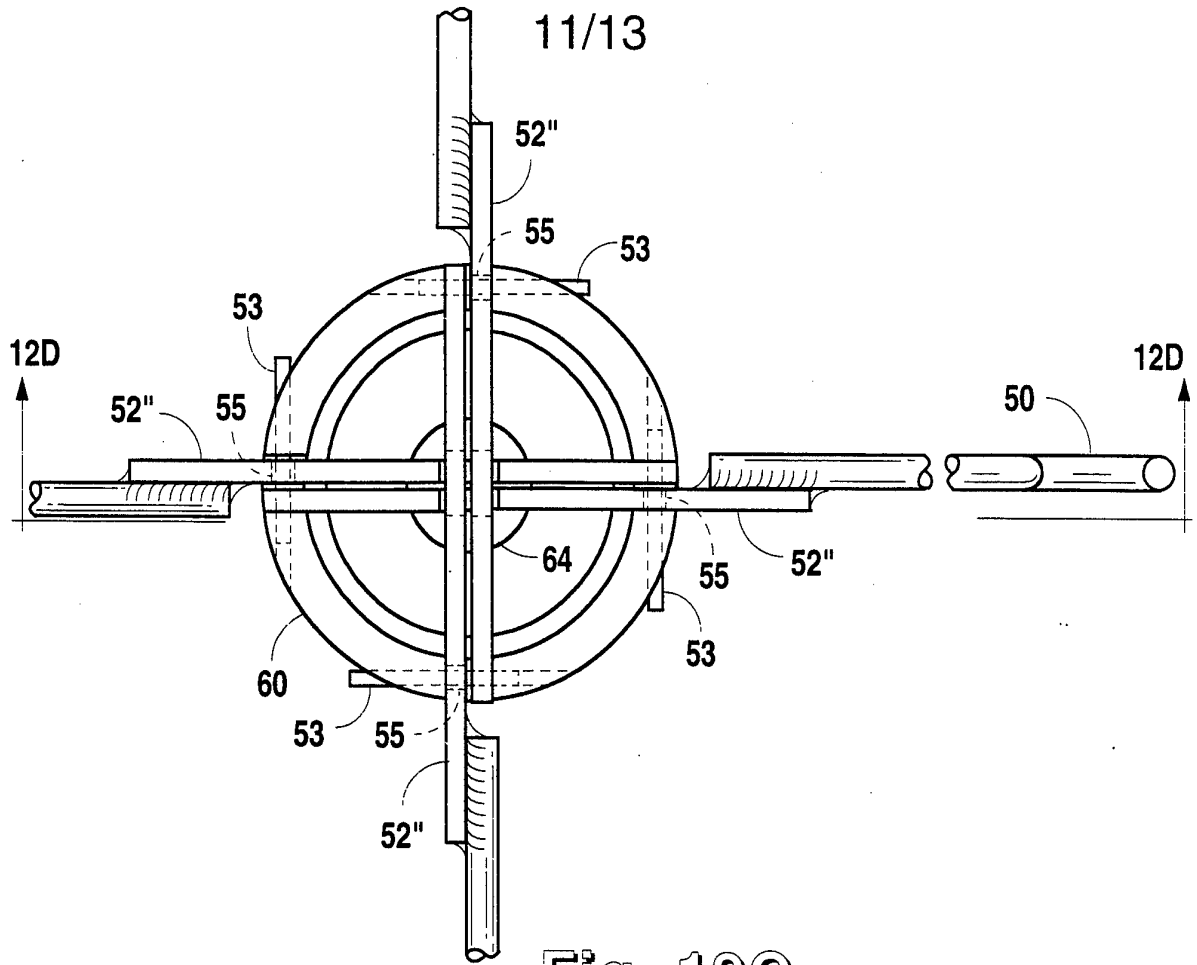


Fig. 12C

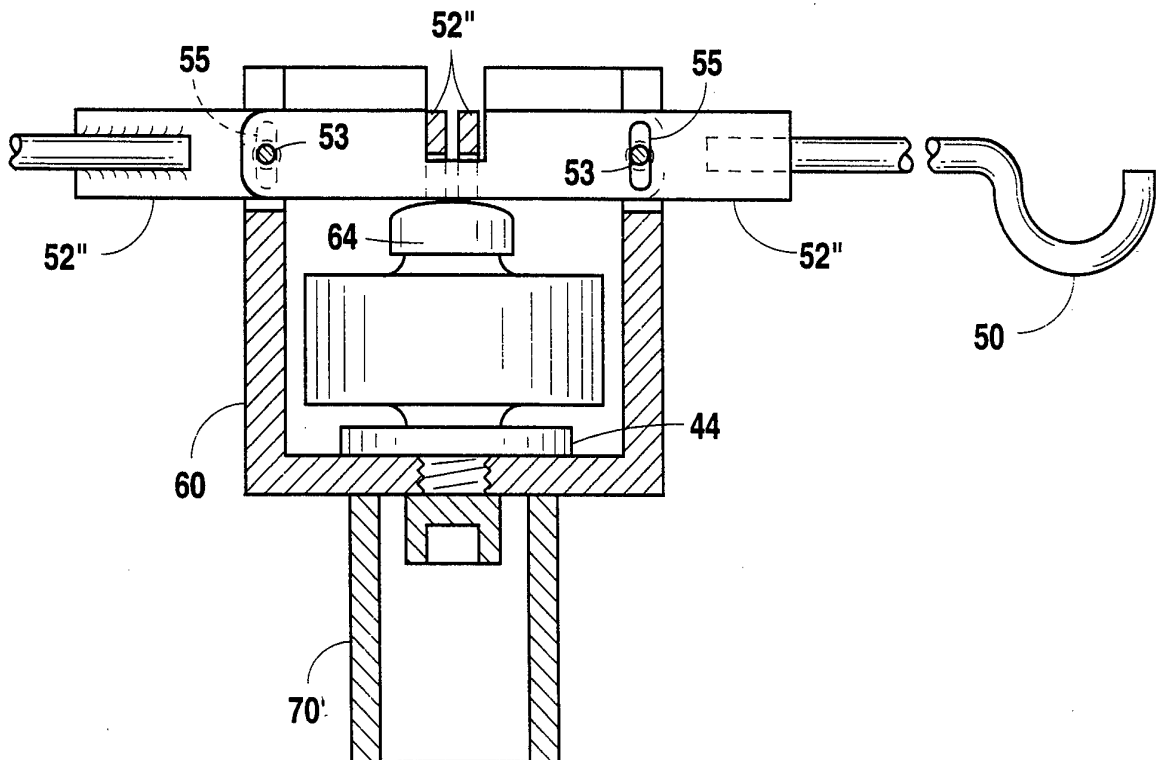


Fig. 12D

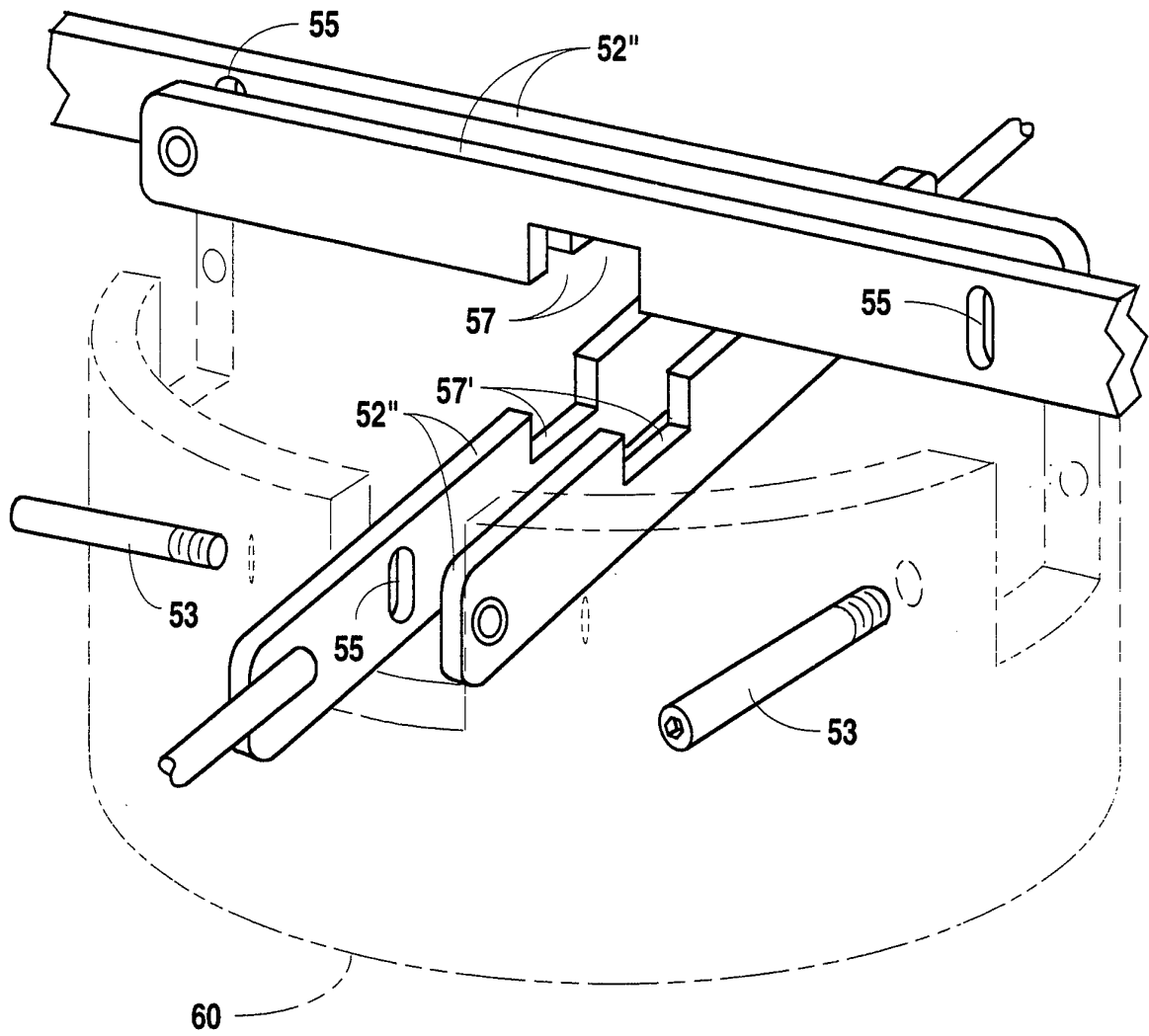


Fig. 12E

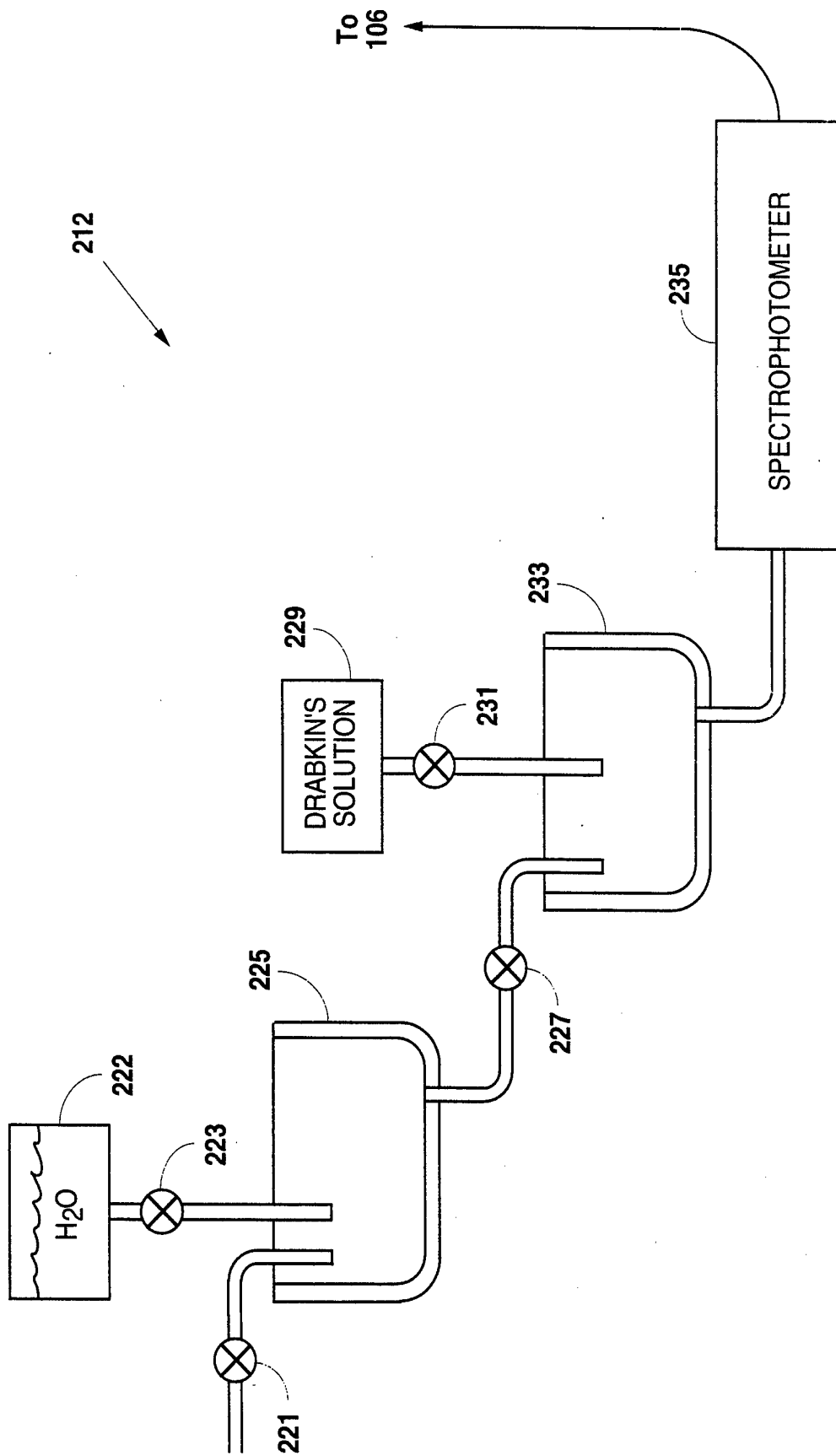


Fig. 13

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US95/14101

A. CLASSIFICATION OF SUBJECT MATTER
 IPC(6) :A61M 5/00
 US CL :128/760; 604/65, 246
 According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED
 Minimum documentation searched (classification system followed by classification symbols)
 U.S. : 128/760; 604/65, 246

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
 APS

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US, A, 4,449,538 (CORBITT ET AL.) 22 May 1984, see entire reference.	1-22
A	US, A, 4,995,268 (ASH ET AL.) 26 February 1991, see entire reference.	1-22

Further documents are listed in the continuation of Box C. See patent family annex.

* Special categories of cited documents:	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"A" document defining the general state of the art which is not considered to be part of particular relevance	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"E" earlier document published on or after the international filing date	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Z" document member of the same patent family
"O" document referring to an oral disclosure, use, exhibition or other means	
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search 26 FEBRUARY 1996	Date of mailing of the international search report 06 MAR 1996
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Name and mailing address of the ISA/US Commissioner of Patents and Trademarks Box PCT Washington, D.C. 20231 Facsimile No. (703) 305-3230	Authorized officer <i>André Reinson</i> FERRY VAN OVER Telephone No. (703) 308-2911
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