

United States Patent [19]

Van Antwerp

[54] INDWELLING CATHETER WITH STABLE **ENZYME COATING**

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Related U.S. Application Data

- [62] Division of Ser. No. 557,408, Nov. 13, 1995, Pat. No. 5,788,678, which is a division of Ser. No. 428,944, Apr. 25, 1995, Pat. No. 5,538,511, which is a division of Ser. No. 221,934, Apr. 1, 1994, Pat. No. 5,506,713.
- [51] Int. Cl.⁶ A61M 5/32
- [52] U.S. Cl. 604/265; 604/266; 604/890.1;
- [58] Field of Search 604/264, 265, 604/266, 890.1, 891.1, 892.1; 424/422, 423, 426, 499; 435/177, 178, 180; 427/2.12, 2.28, 2.3

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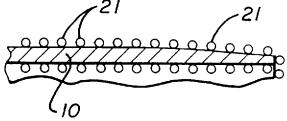
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ABSTRACT [57]

An improved indwelling catheter adapted for long-term usage includes a stable enzyme coating to prevent occlusion of the catheter lumen. The enzyme coating includes a fibrinolytic and/or lipolytic enzyme incorporated in a catheter coating to resist or control proteolytic degradation, thereby maintaining the enzyme in an active state for dissolving clots and occlusions within the catheter lumen over an extended period of time.

19 Claims, 3 Drawing Sheets



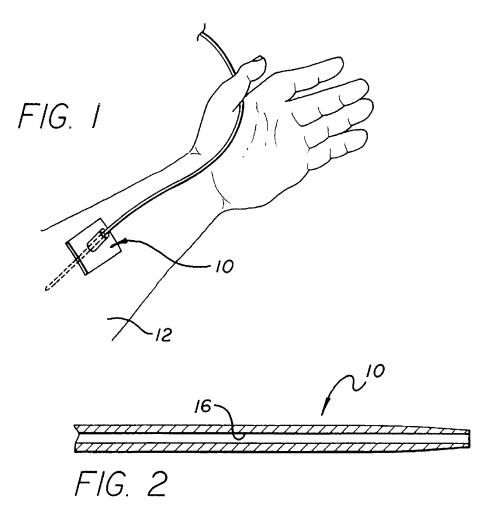
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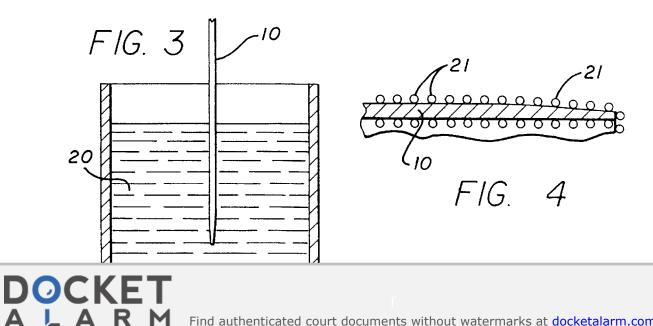
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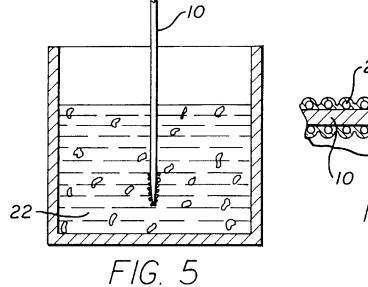
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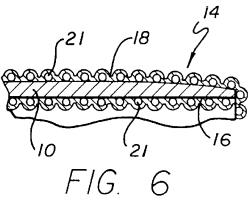
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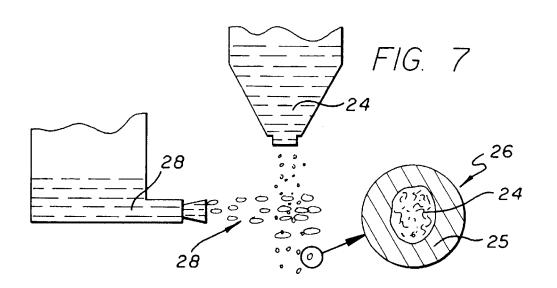
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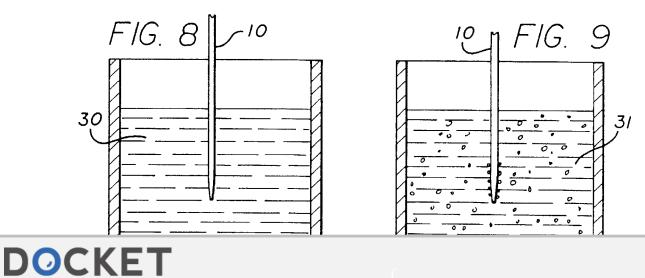






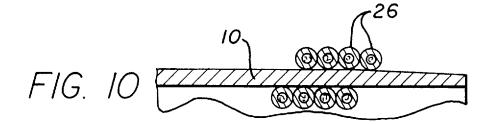


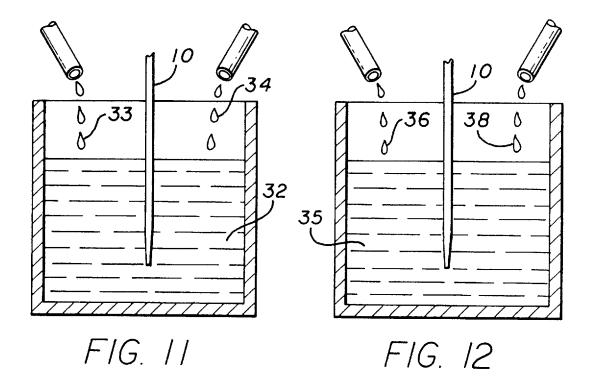




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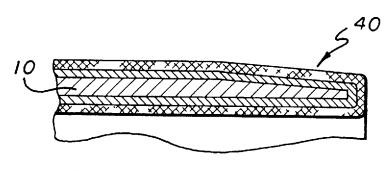


FIG. 13

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INDWELLING CATHETER WITH STABLE ENZYME COATING

This is a is a divisional application of U.S. patent 5 application Ser. No. 08/557,408 filed Nov. 13, 1995, now U.S. Pat. No. 5,788,678 which is a divisional application of U.S. patent application Ser. No. 08/428,944 filed Apr. 25, 1995, now U.S. Pat. No. 5,538,511, which is a divisional application of U.S. patent application Ser. No. 08/221,934 filed Apr. 1, 1994, now U.S. Pat. No. 5,505,713.

BACKGROUND OF THE INVENTION

This invention relates generally to improvements in catheters for use in delivering medical fluids to a patient. More particularly, this invention relates to an improved catheter and related methods of manufacture, wherein the improved catheter has a stabilized enzyme coating for long-term interaction with body fluids to prevent and/or dissolve clots and occlusions within the catheter lumen.

Catheters are well-known in the medical arts for use in delivering medical fluids to or drawing body fluids from a patient. In one typical form, the catheter comprises an elongated tubular element adapted for transcutaneous placement, normally with the assistance of a withdrawable stylet needle. The catheter defines a narrow lumen or passage permitting transcutaneous fluid transfer to or from the patient. In another typical application, the catheter is implanted into the patient in association with an implantable infusion pump or similar instrument for programmed deliv- $_{30}$ ery of a selected medication such as insulin over an extended period of time. One such implantable infusion pump including an implantable catheter is shown, by way of example, in U.S. Pat. Nos. 4,373,527 and 4,573,994. In either case, the polymer material, such as a medical grade silicone rubber.

In many patient treatment applications, it is necessary or desirable for the catheter to remain in place for an extended period of time which may range from several days to several years. Such long-term indwelling catheters are routinely 40 used, for example, for monitoring patient blood components, dialysis and hemodialysis, parenteral feeding, delivery of certain medications, etc. However, the catheter lumen is susceptible to occlusion which occurs as a result of complex interactions involving the catheter material, and the simul- 45 tion and/or dissolution of catheter occlusions. taneous presence of infusion and body fluids. In some forms, catheter occlusions appear to consist primarily of fibrinbased clots, whereas in other forms the occlusions include lipid-based substances. When an occlusion occurs, the catheter must be replaced or the lumen otherwise cleared before 50 enzyme. The porosity of the encapsulant film is controlled to infusion of the medical fluids can be resumed. Occlusion removal in an implanted catheter can be difficult, and removal is not a desirable alternative.

In the past, several methods have been proposed in an effort to prevent catheter occlusions or otherwise to clear the 55 controlling the porosity of the encapsulant film, a fibrincatheter lumen after a blockage has occurred. More specifically, heparin is well-known for its anticoagulant characteristics, and is frequently used to prevent clot formation within the catheter lumen. In one approach, the catheter lumen is simply dipped in a heparin solution before 60 form is coated with an encapsulant shell of starch-based patient placement, with the dip coating being generally effective to prevent localized clotting over a relatively short period of time until the heparin is degraded upon contact

Unfortunately, heparin is ineffective to dissolve clots and/or other occlusions after formation thereof, whereby heparin usage has not provided satisfactory catheter occlusion control. Moreover, heparin has not been approved for use with some medications, such as insulin.

Alternative occlusion control methods have utilized a fibrinolytic enzyme such as a kinase enzyme known to be effective in dissolving fibrin-based clots. In this regard, dip coating of the catheter in a solution containing a fibrinolytic $_{10}$ enzyme has been shown to be effective in preventing and/or dissolving clots along the narrow catheter lumen. However, in the presence of body fluids, the fibrinolytic enzyme degrades rapidly and is thus ineffective for long-term occlusion control. Any clots formed subsequent to enzyme deg-15 radation are extremely difficult to dissolve, since it is difficult to deliver additional enzyme solution to the blockage site along the catheter lumen.

In addition, it is believed that occlusions forming along the catheter lumen are frequently attributable at least in part and perhaps primarily to accumulation of lipid-based substances, with fibrin-based clotting having a lesser role in formation of the blockage. Previous occlusion control methods involving the use of heparin or fibrinolytic enzymes are ineffective to break down and dissolve a lipid-based occlusion.

There exists, therefore, a significant need for further improvements in indwelling catheters and related methods for preventing and/or dissolving catheter occlusions, particularly for use in providing occlusion control over an extended period of time. The present invention fulfills these needs and provides further related advantages.

SUMMARY OF THE INVENTION

In accordance with the invention, an improved indwelling catheter is commonly constructed from a biocompatible 35 catheter and related production method are provided, wherein the catheter includes a stable and substantially immobilized enzyme coating to prevent formation of and/or to dissolve occlusions along the catheter lumen. The enzyme coating comprises a selected fibrinolytic and/or lipolytic enzyme applied to the catheter, in combination with means for preventing or otherwise regulating proteolytic degradation in response to enzyme interaction with body fluids. The thus-protected enzyme exhibits relatively stable characteristics, with long-term effectiveness in the preven-

> In one form, the selected enzyme is applied to indwelling surfaces of the catheter as a thin micellar coating. A porous encapsulant such as a porous silicone rubber film is then applied to the catheter to cover and encapsulate the micellar isolate the enzyme from significant interaction with proteolytic body fluids, while permitting diffusion of other body fluid constituents to activate the enzyme for purposes of preventing or dissolving an occlusion. For example, by olytic enzyme can be protected against proteolytic degradation yet interact with plasminogen to produce plasmin which is effective in dissolving fibrin-based clots.

> In an alternative form, the selected enzyme in particulate material or the like, and variable coating thickness. The resultant capsules are bonded to the polymeric surface of the catheter by silicone chemistry, such as coating the capsules

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