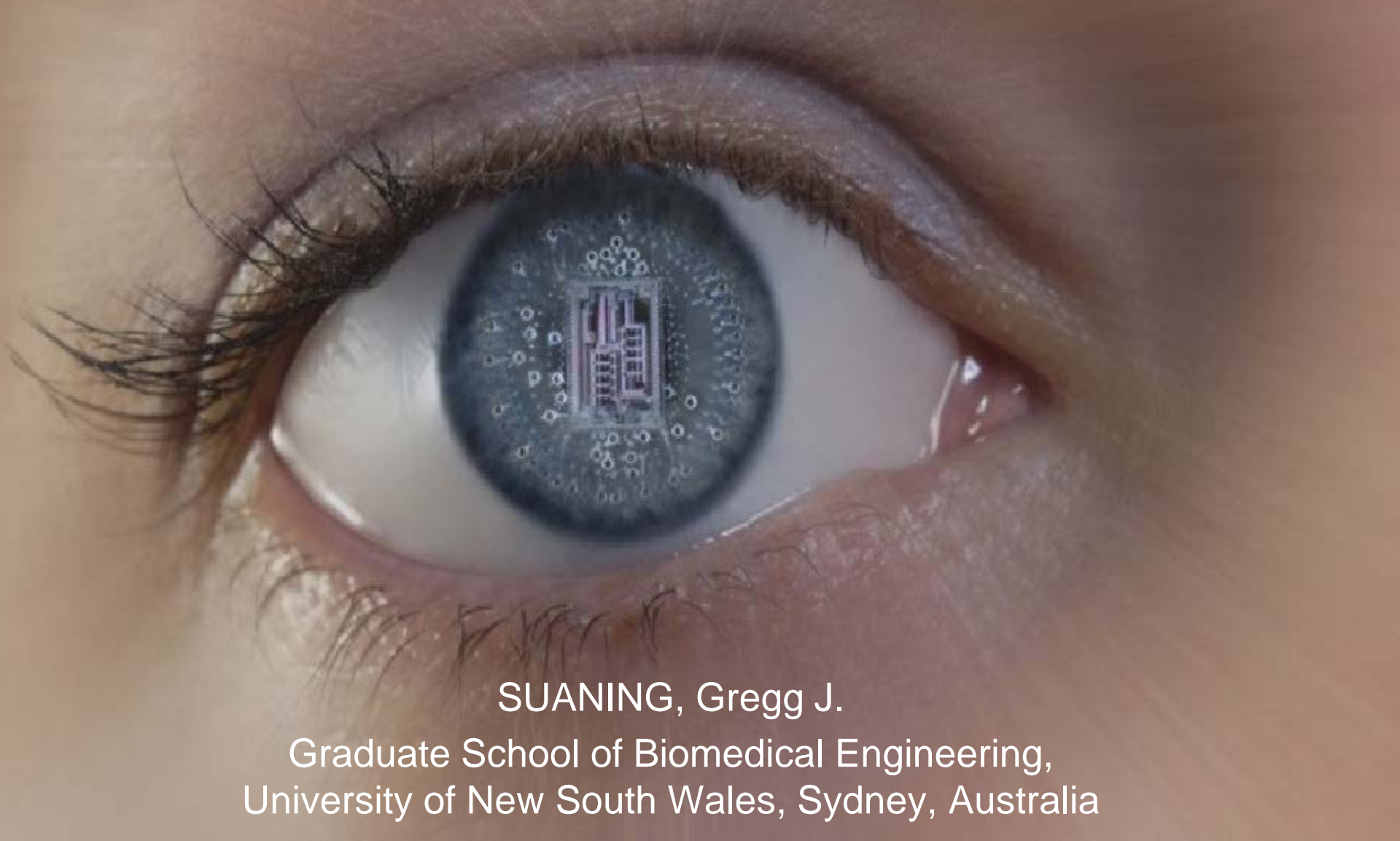


# Strategic circuits for neuromodulation of the visual system



SUANING, Gregg J.

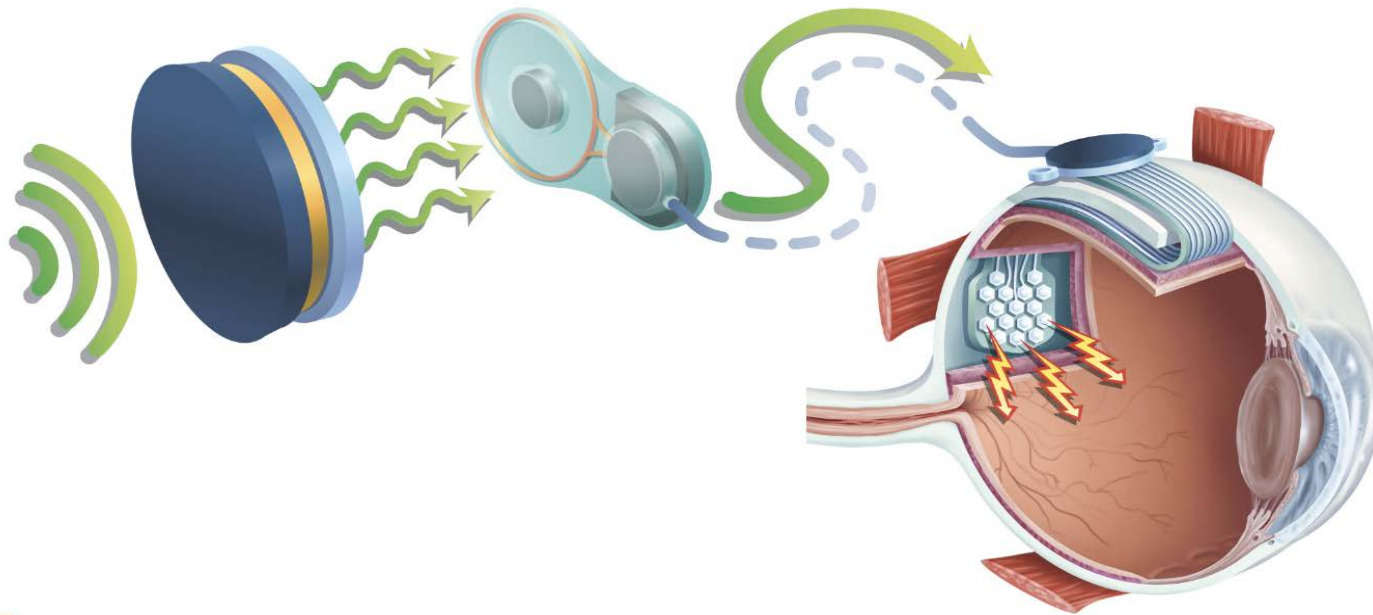
Graduate School of Biomedical Engineering,  
University of New South Wales, Sydney, Australia

# Australian Government Funding

**Australian Research Council 2010-2015: A\$14M**

***“The goal of the wide-view neurostimulator is to deliver vision that enables the recipient to gain mobility by providing sight for navigation and the avoidance of obstacles.***

***The neurostimulator contains 98 electrodes with power, data and vision processing...”***



**2017 – 2020 Australian National Health and Medical Research Council  
A\$1.1M for pilot clinical trial**

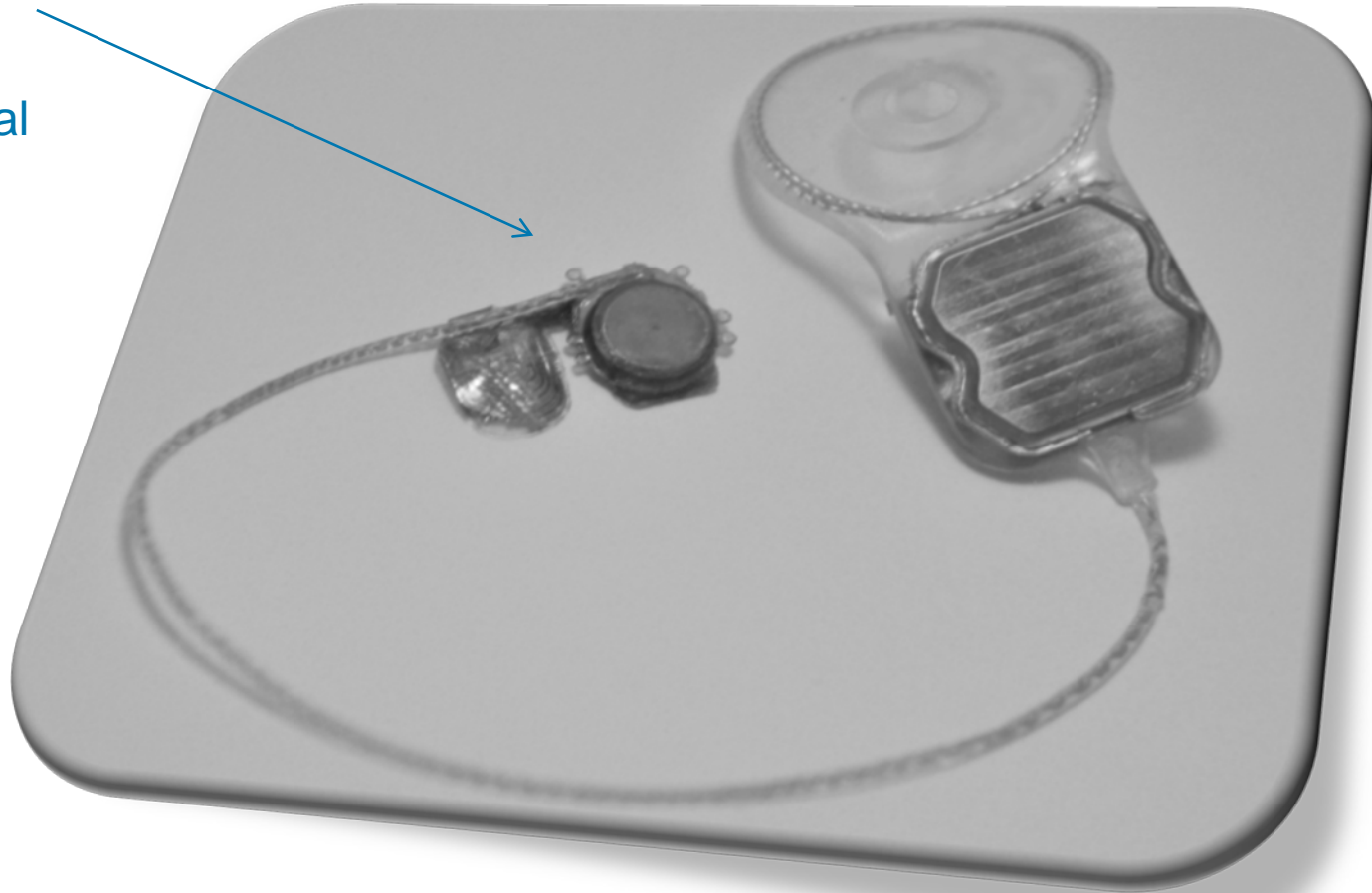
# Phoenix<sup>99</sup> Implant Architecture

---

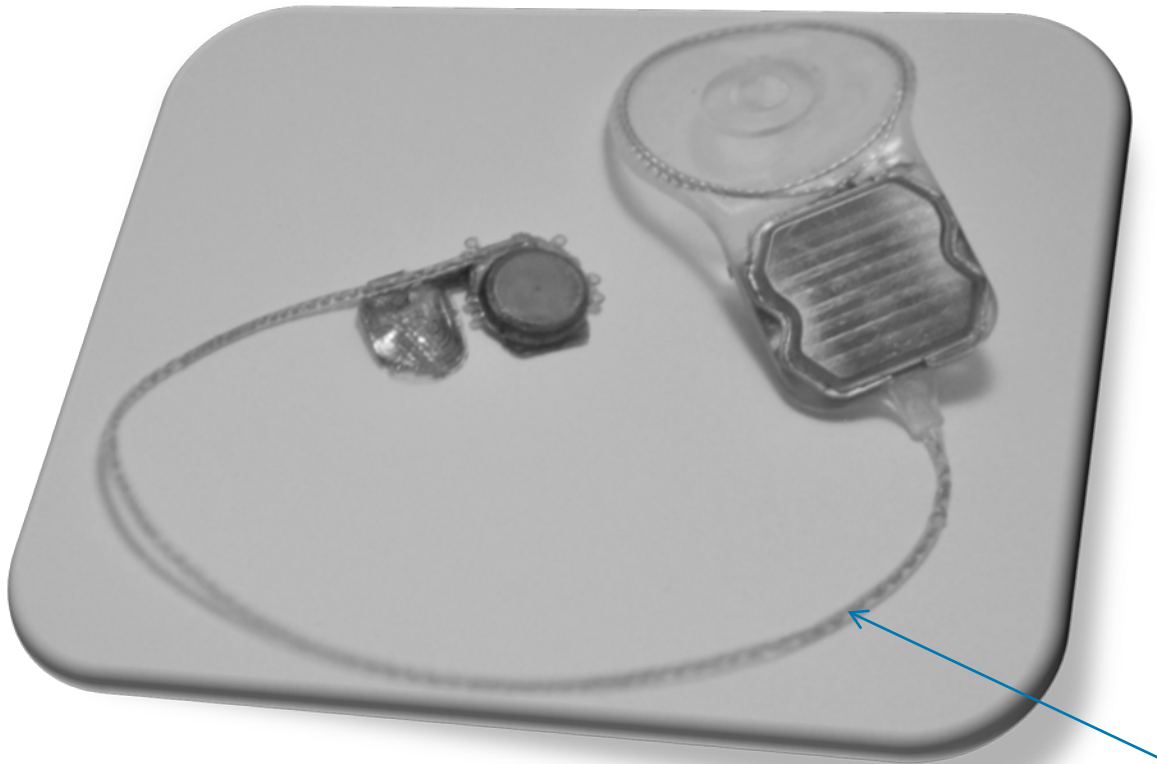


# Phoenix<sup>99</sup> implantable system architecture

Visual Simulator:  
98+1 stimulation  
channels, bi-directional  
telemetry,  
HV-CMOS



# Phoenix<sup>99</sup> implantable system architecture



Two-signal interface:  
charge-neutral data and  
power transfer between  
devices. Data delivered  
between stimulations for  
efficiency

# Phoenix<sup>99</sup> implantable system architecture

Telemetry implant:  
manages power and  
bidirectional data transfer  
via transcutaneous  
inductive coupling, meters-  
out visual stimulator  
requirements via two-signal  
interface.

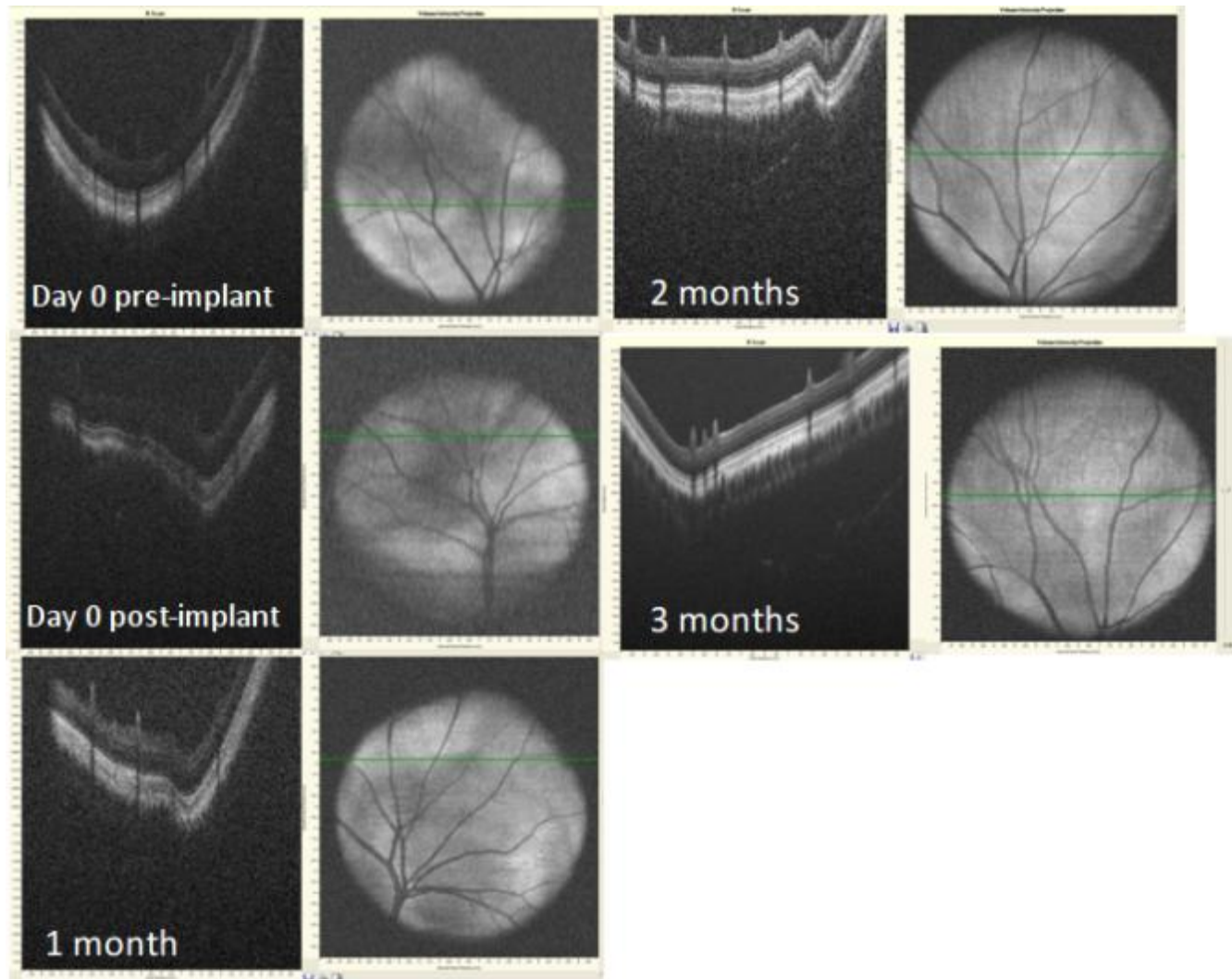


## Phoenix<sup>99</sup> pre-loaded trocar

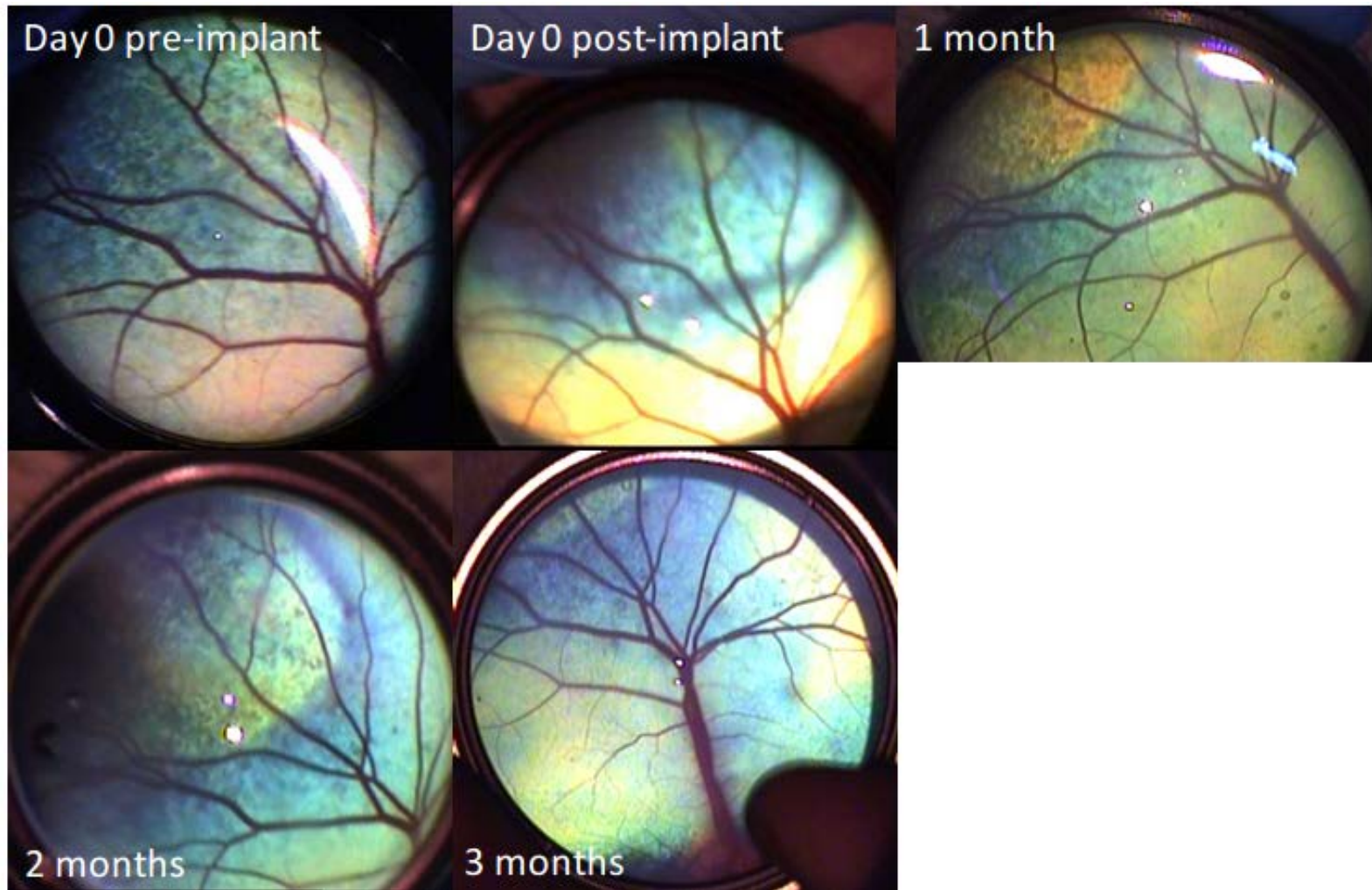
---



# Phoenix<sup>99</sup> implantation procedure - OCT



# Phoenix<sup>99</sup> implantation procedure – Fundus Imaging



# Study findings:

---

- Device is readily implanted
- Device is robust enough to withstand implantation process
- Device is stable in its position throughout the implantation period
- No adverse findings/significant changes in ophthalmoscopy, OCT or IR imaging
- Fibrotic encapsulation does not impede ocular movement
- Stable transition from orbit to orbital margin and beyond (as per human study)
- Stable trans-scleral opening for passage of electrode wires

## Electrically active implant:

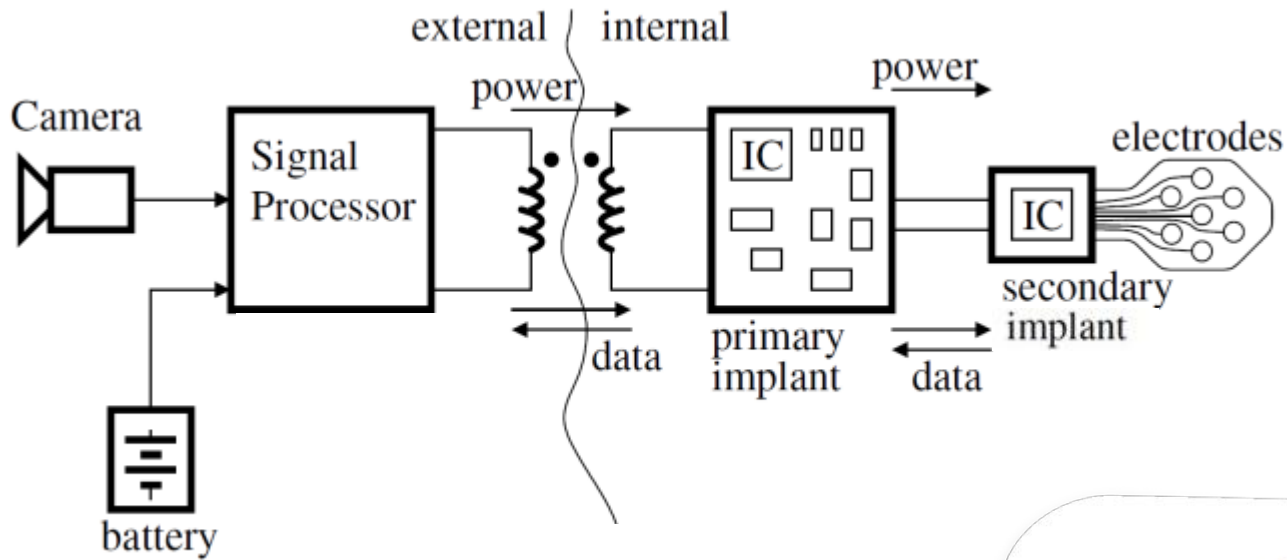
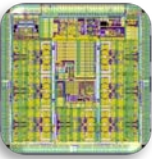
- 1x electrically active implant implanted
- “Switch on” confirmed delivery of concomitant stimuli
- Device maintained functionality over a 90 day implant period, but was not stimulated during that time.
- New devices being manufactured now in order to continue the study.

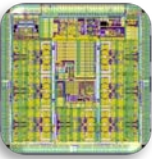
# How is this device different?



- Split system with novel data/energy transfer
- Hexapolar stimulation for cross-talk containment
- Quasi-monopolar stimulation for threshold reduction
- Concomitant stimulation for rapid refresh of the visual scene

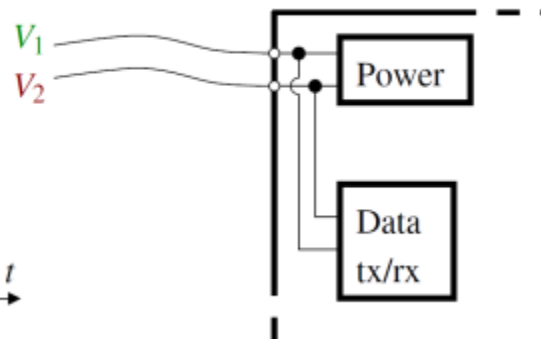
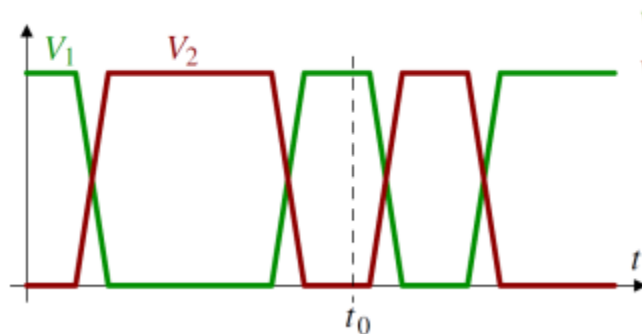
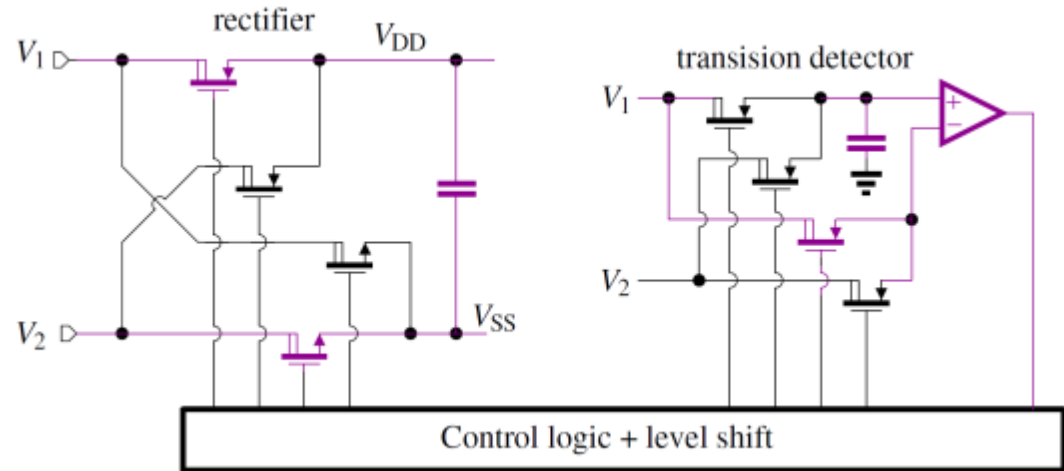
# Power and data transfer



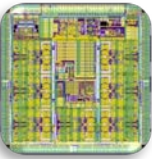


# Power and data transfer

Charge-neutrality  
required to avoid  
galvanic corrosion



- Charge-neutral data/power
- Voltage-encoding for reverse telemetry
- requires high-speed and efficient rectification



# Power and data transfer

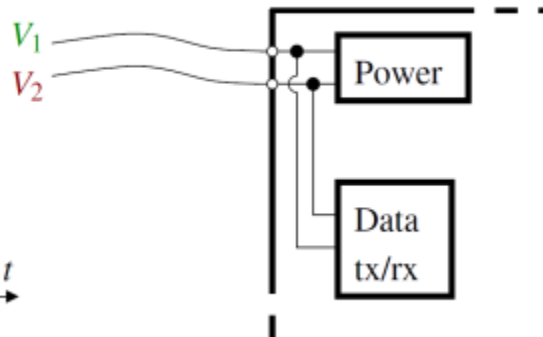
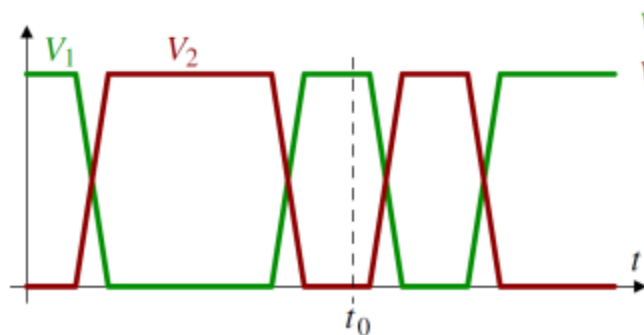
Charge-neutrality  
required to avoid  
galvanic corrosion



IEEE JOURNAL OF SOLID-STATE CIRCUITS - ARTICLE IN PRESS: 24 APRIL

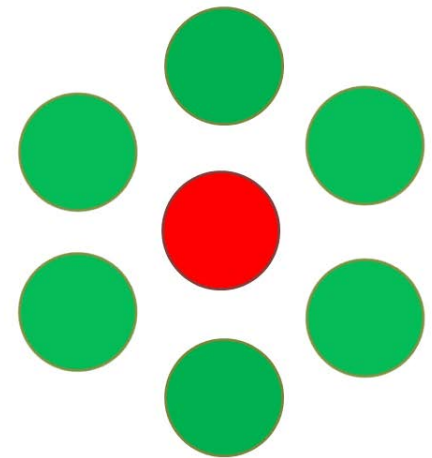
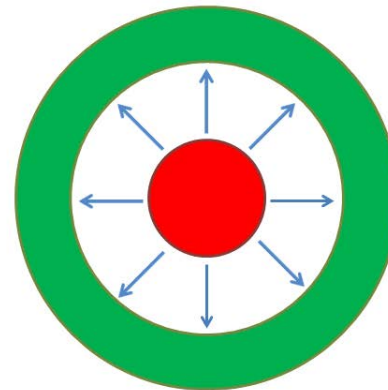
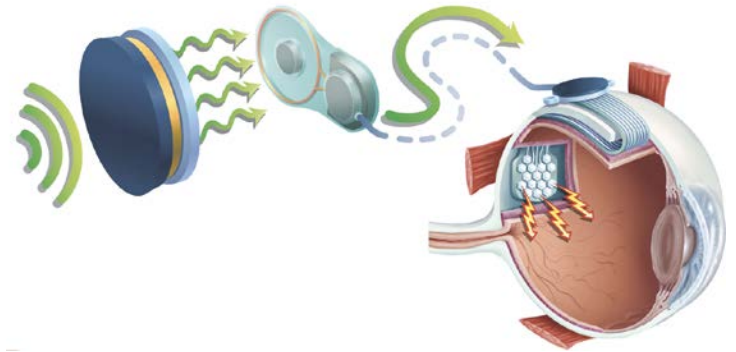
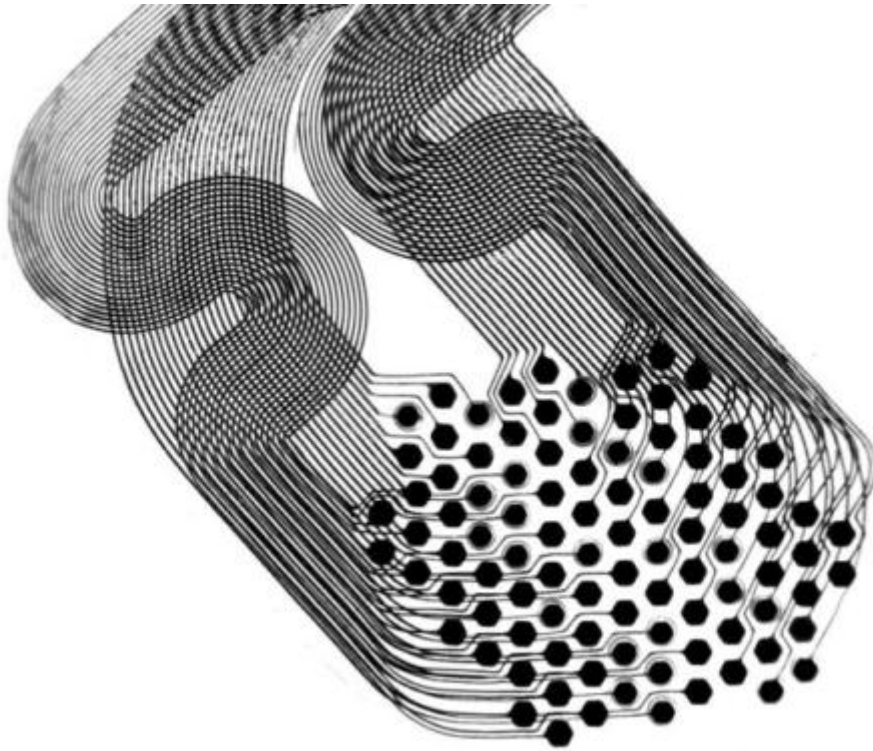
## Design of safe two-wire interface driven chip scale neurostimulator for visual prosthesis

Louis H. Jung, *Student Member, IEEE*, Nitzan Shany, *Student Member, IEEE*,  
Alexander Emperle, Torsten Lehmann, *Senior Member, IEEE*, Phil Byrnes-Preston,  
Nigel H. Lovell, *Fellow, IEEE*, and Gregg J. Suaning, *Senior Member, IEEE*

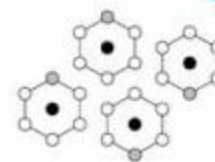
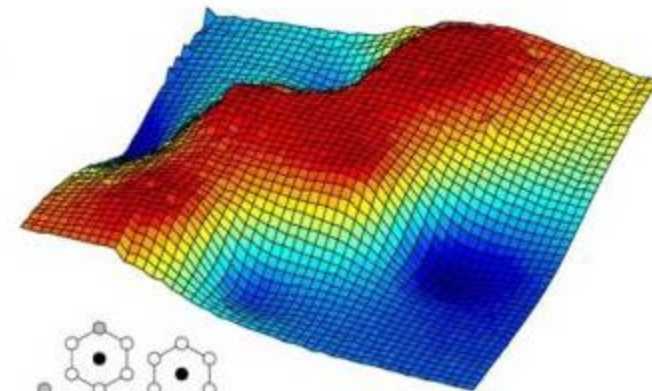
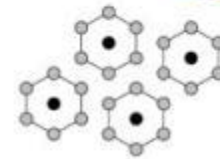
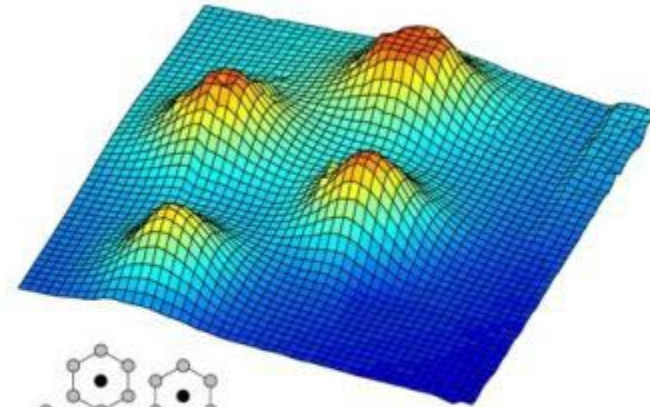
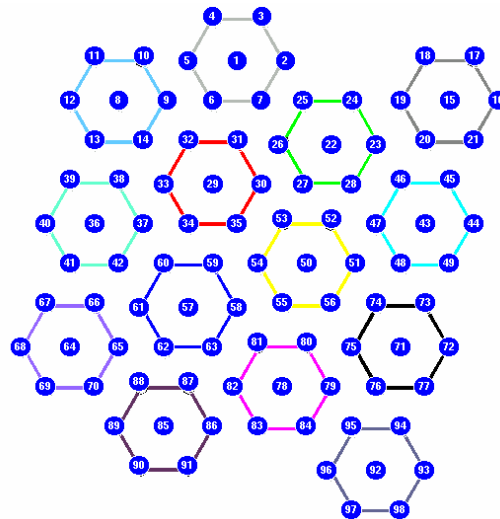
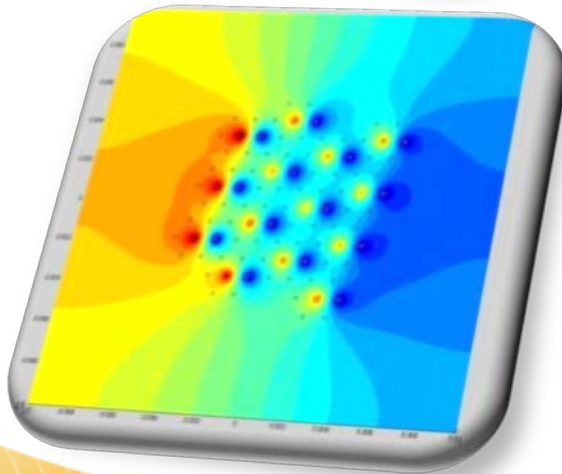
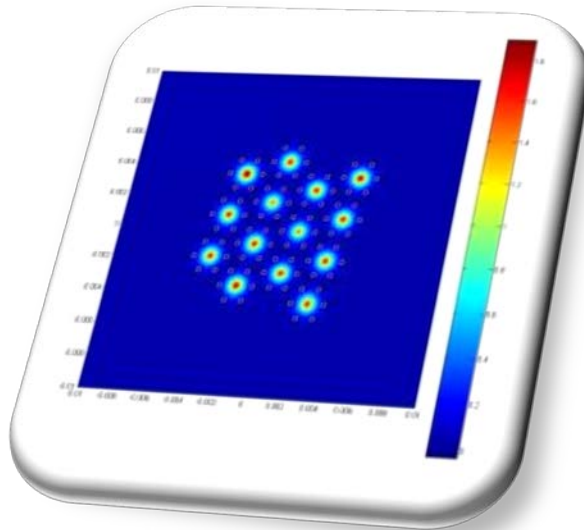
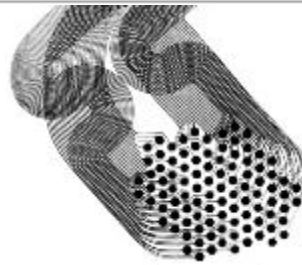


- Charge-neutral data/power
- Voltage-encoding for reverse telemetry
- requires high-speed and efficient rectification

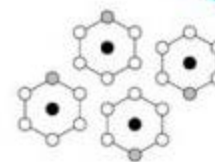
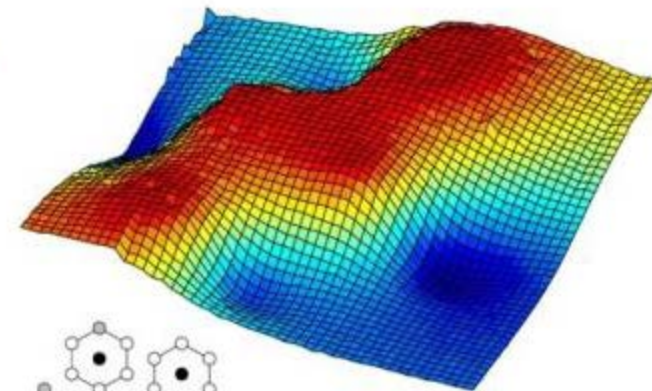
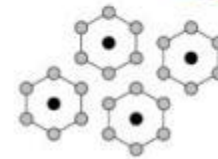
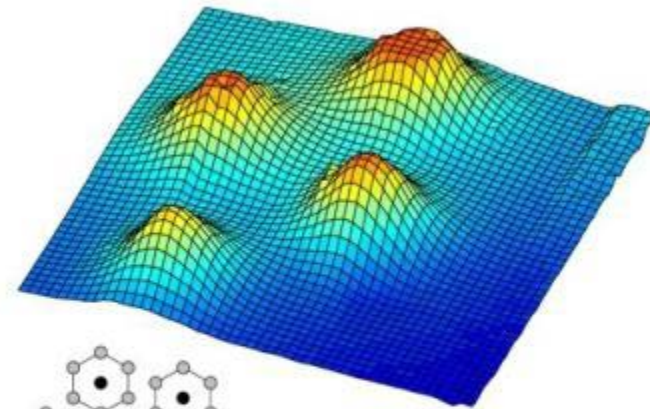
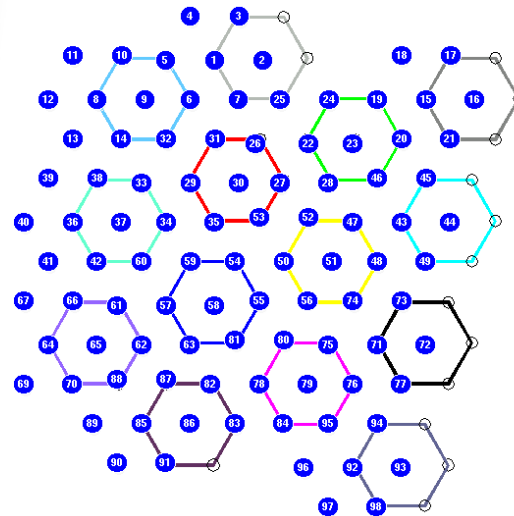
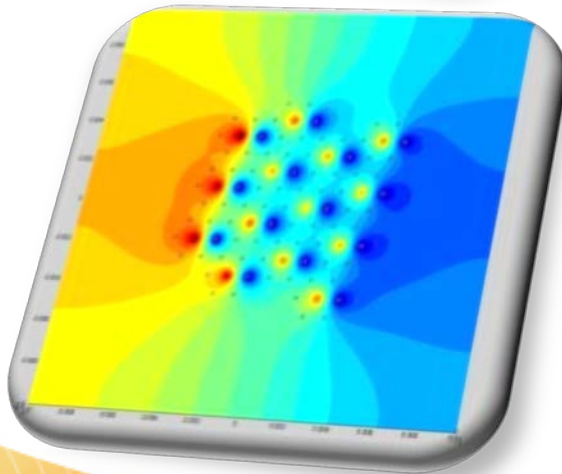
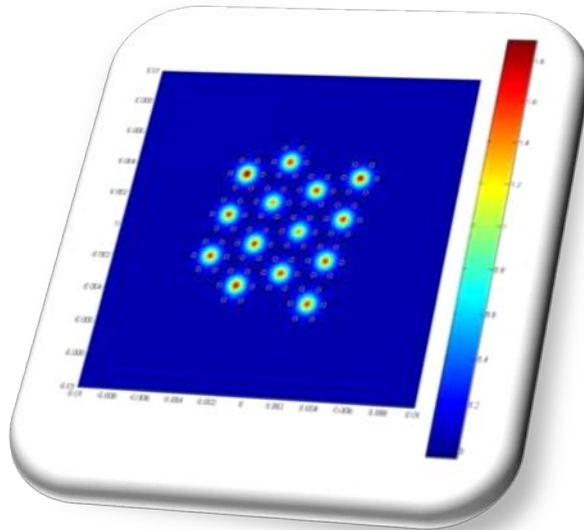
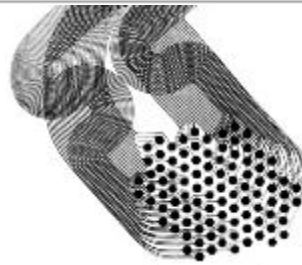
# Hexapolar Stimulation



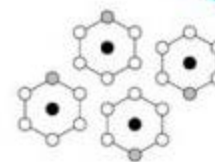
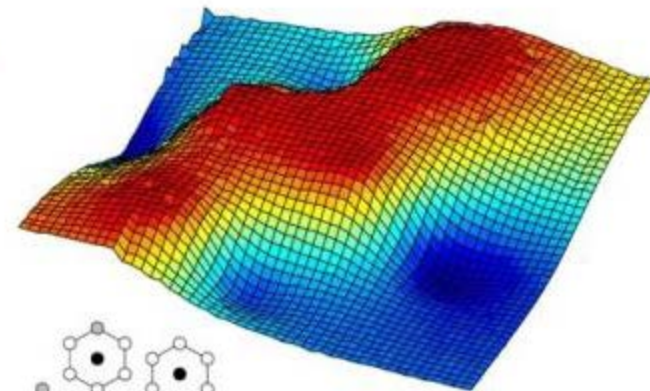
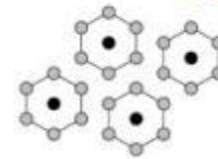
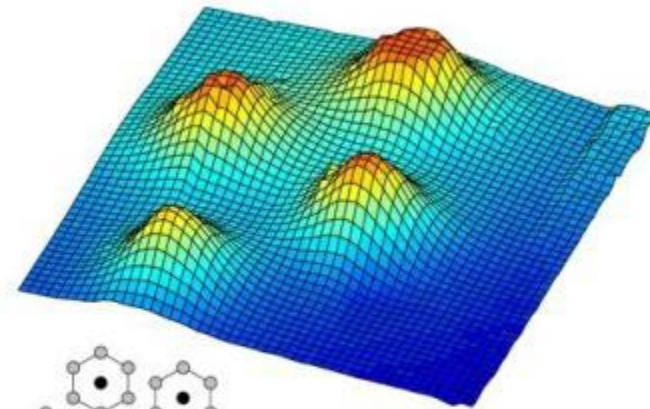
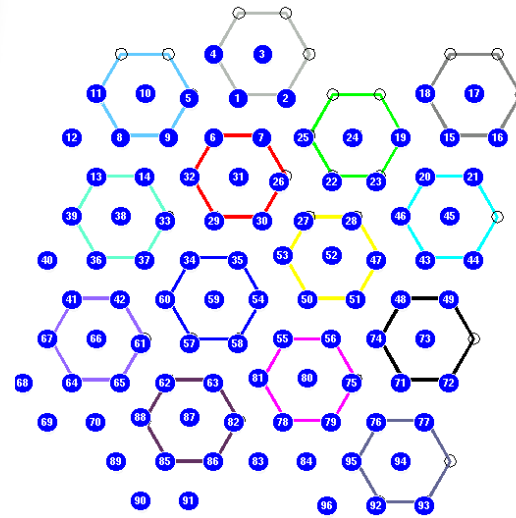
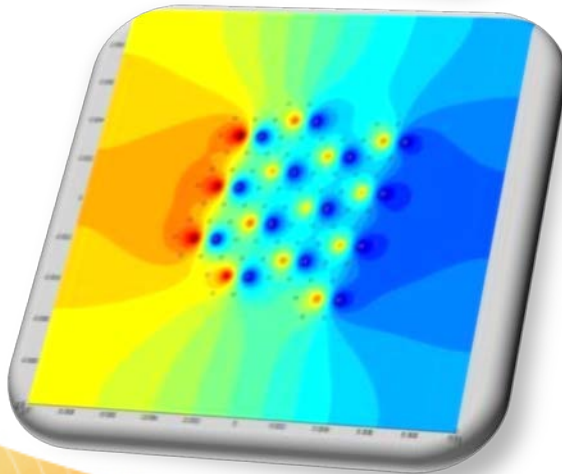
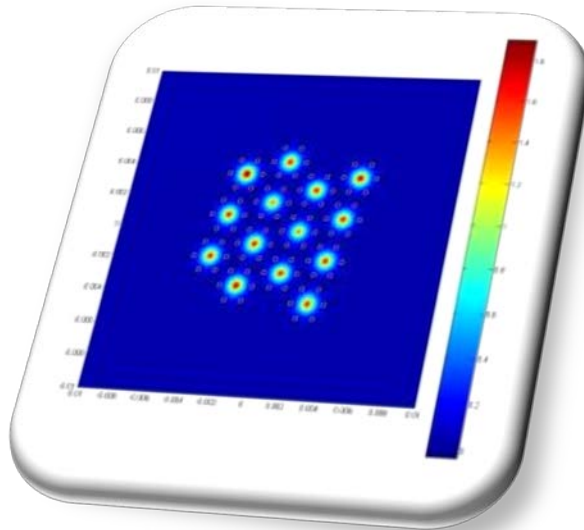
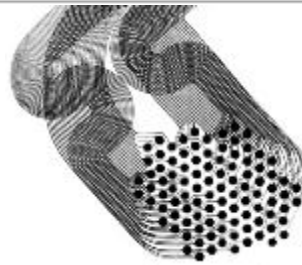
# Hexapolar Stimulation



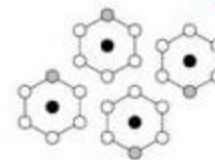
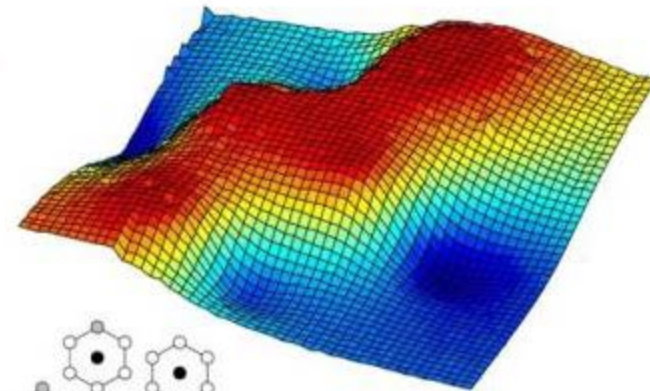
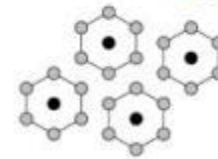
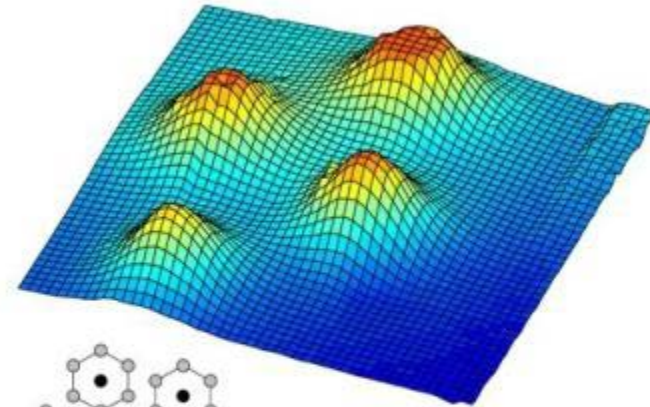
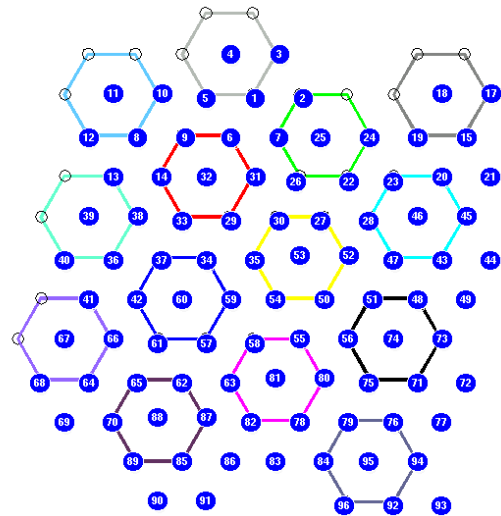
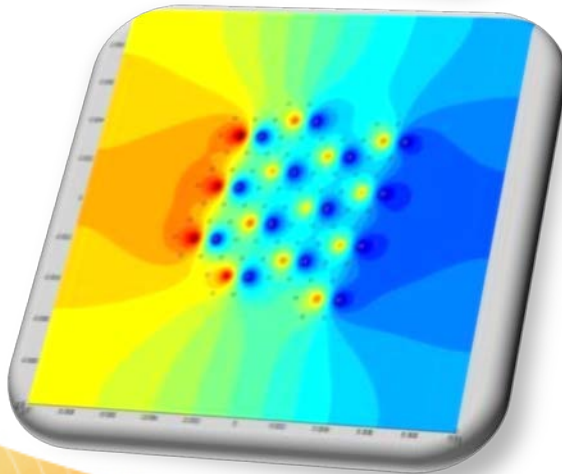
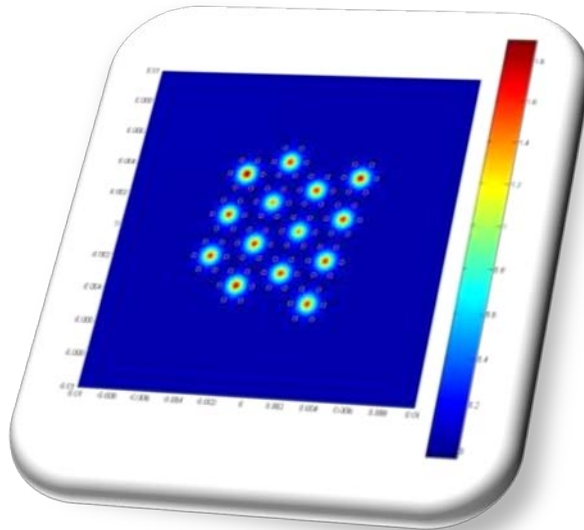
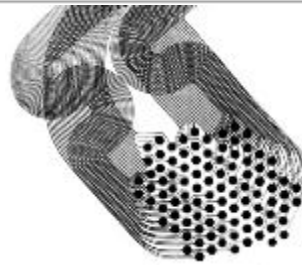
# Hexapolar Stimulation



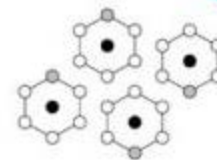
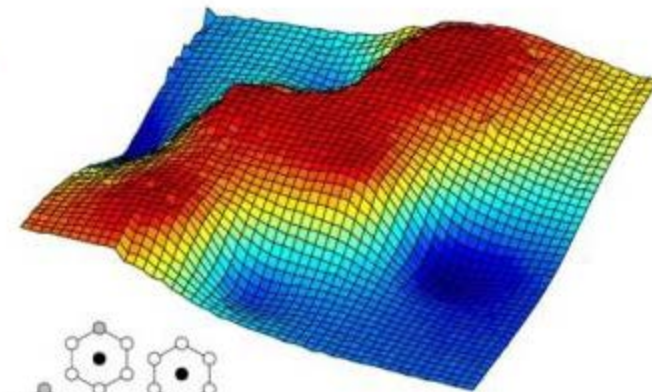
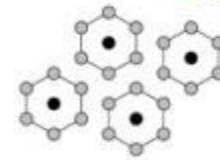
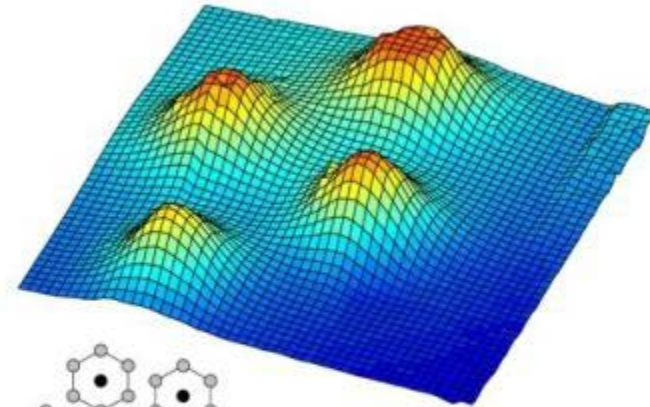
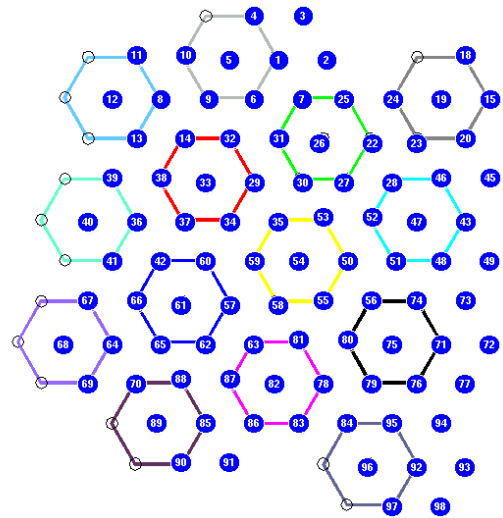
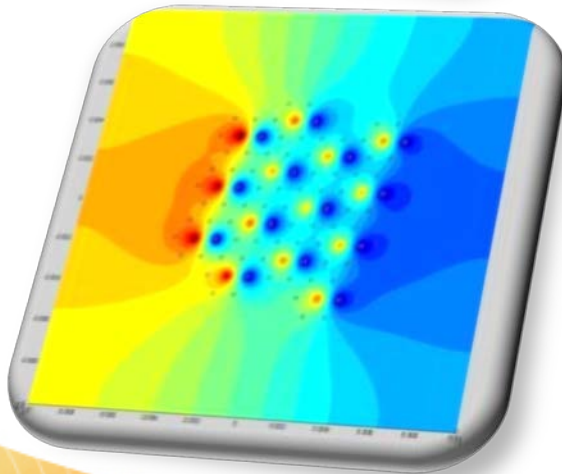
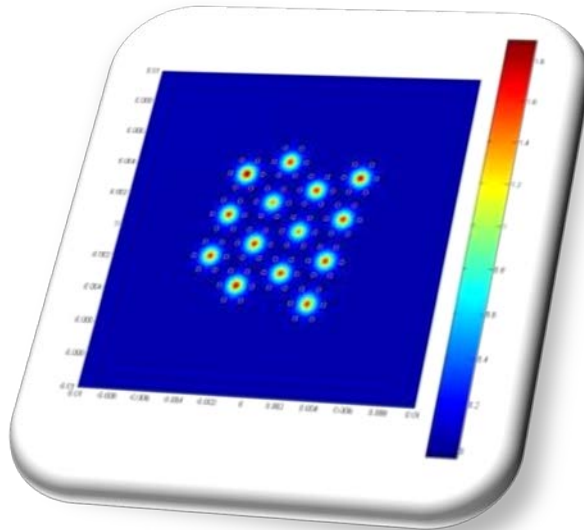
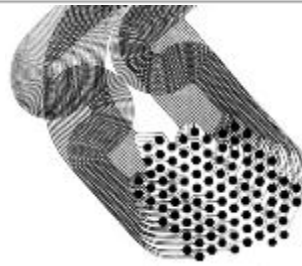
# Hexapolar Stimulation



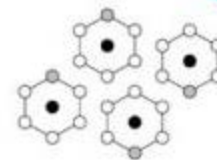
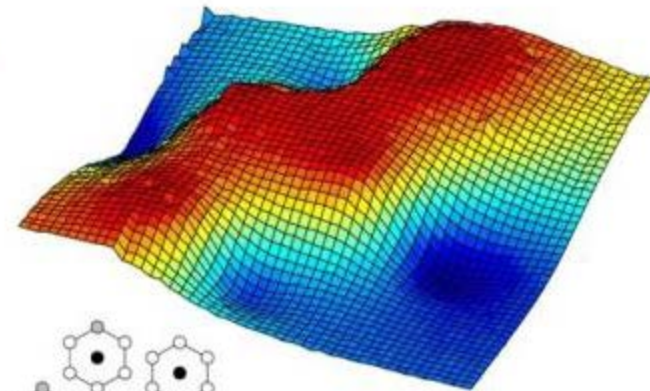
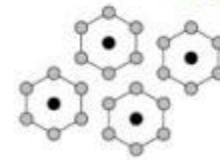
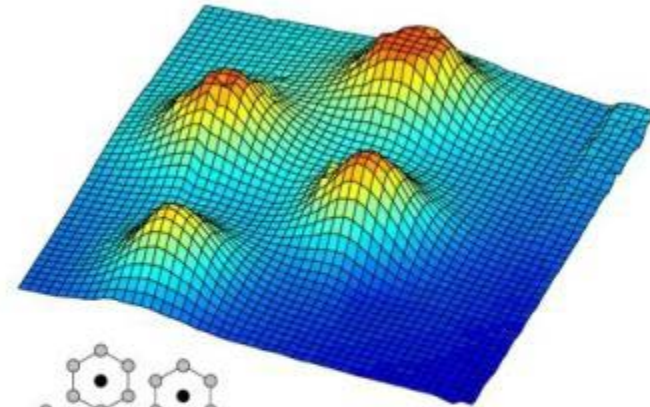
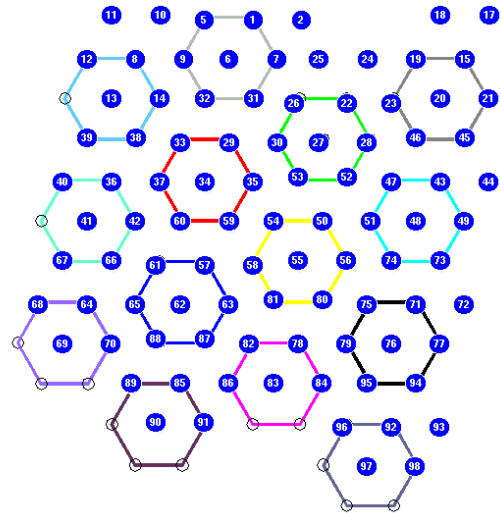
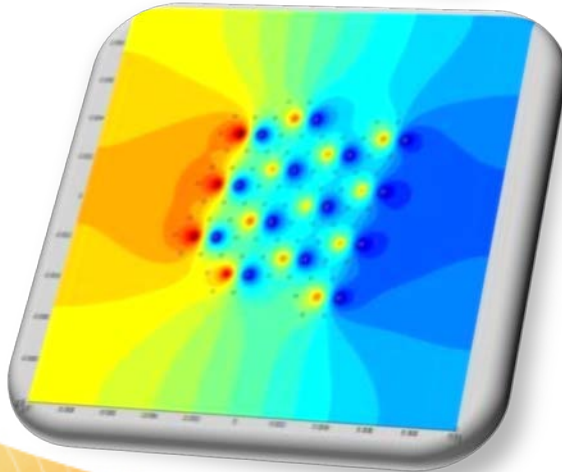
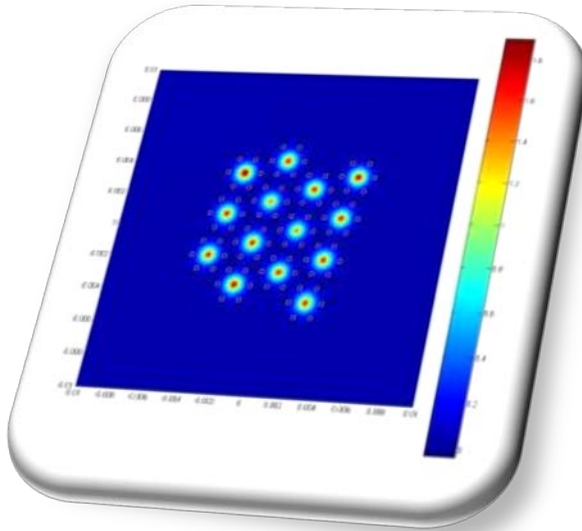
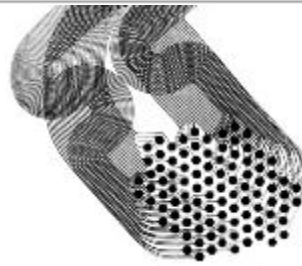
# Hexapolar Stimulation



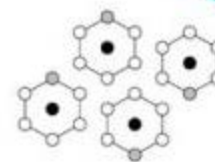
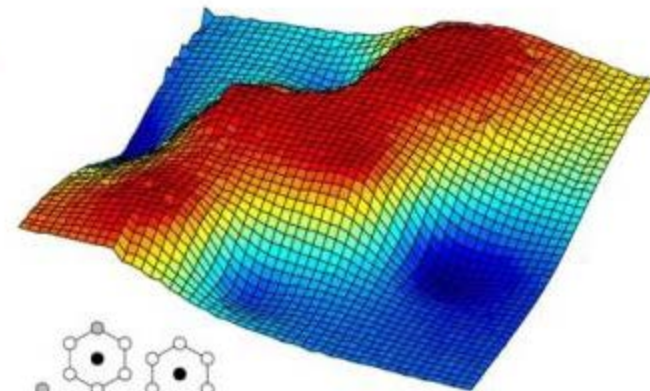
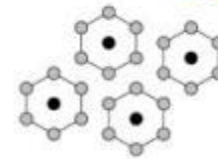
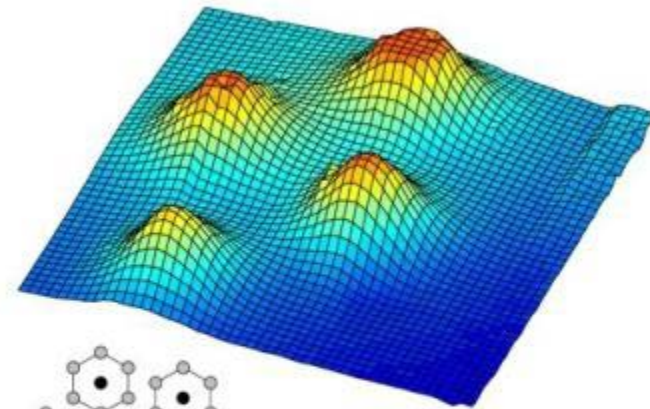
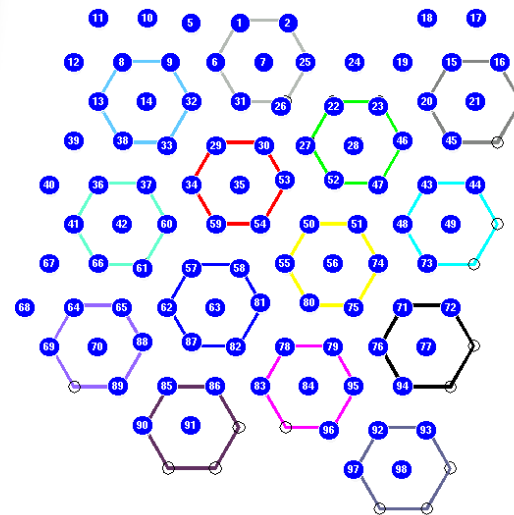
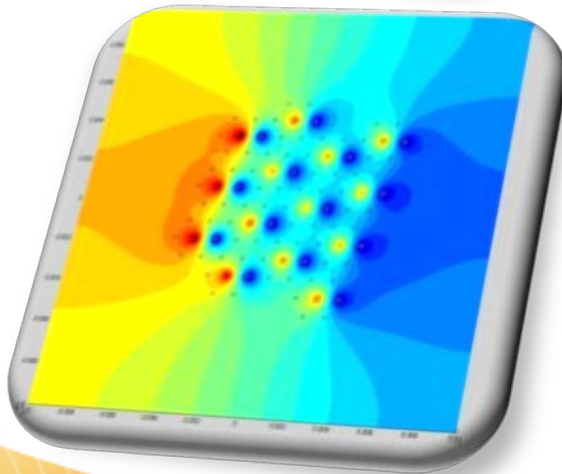
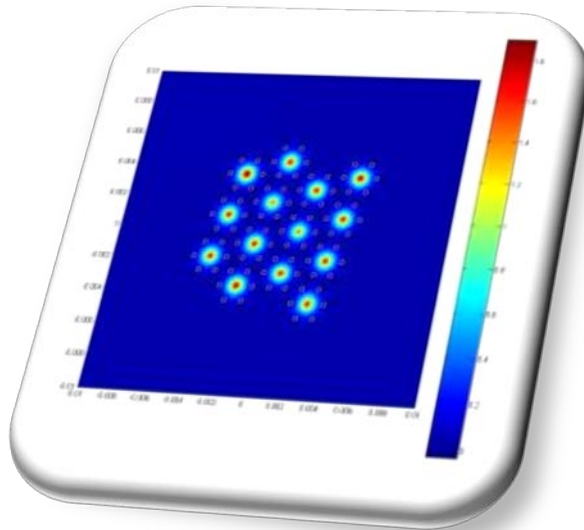
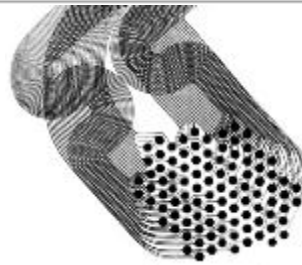
# Hexapolar Stimulation



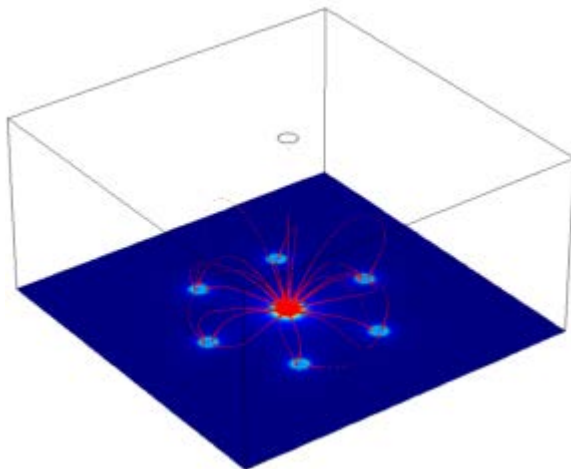
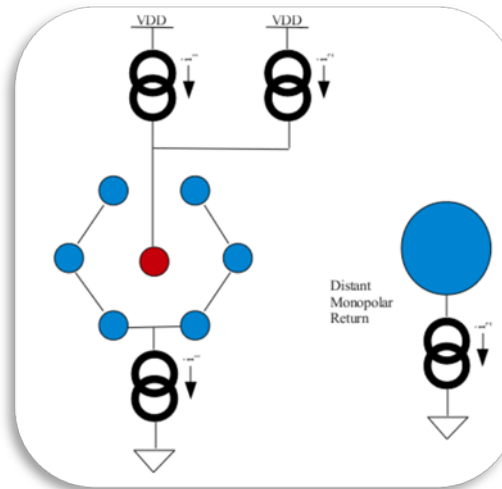
# Hexapolar Stimulation



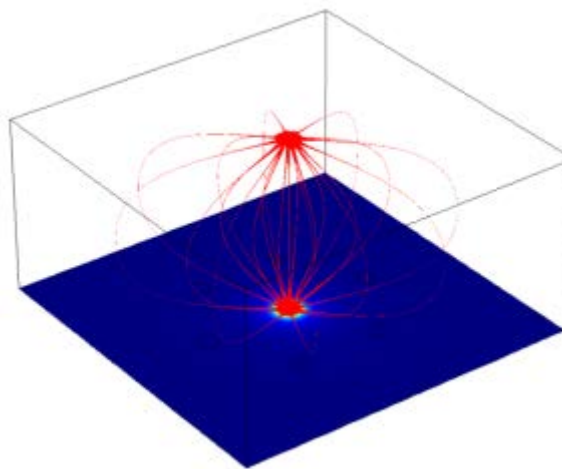
# Hexapolar Stimulation



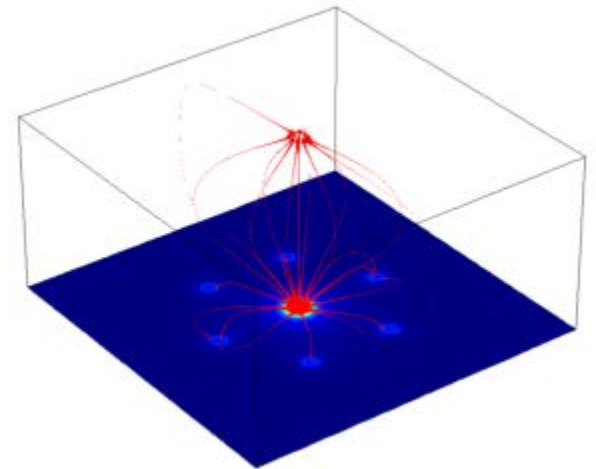
# Quasi-Monopolar Stimulation



Hexapolar

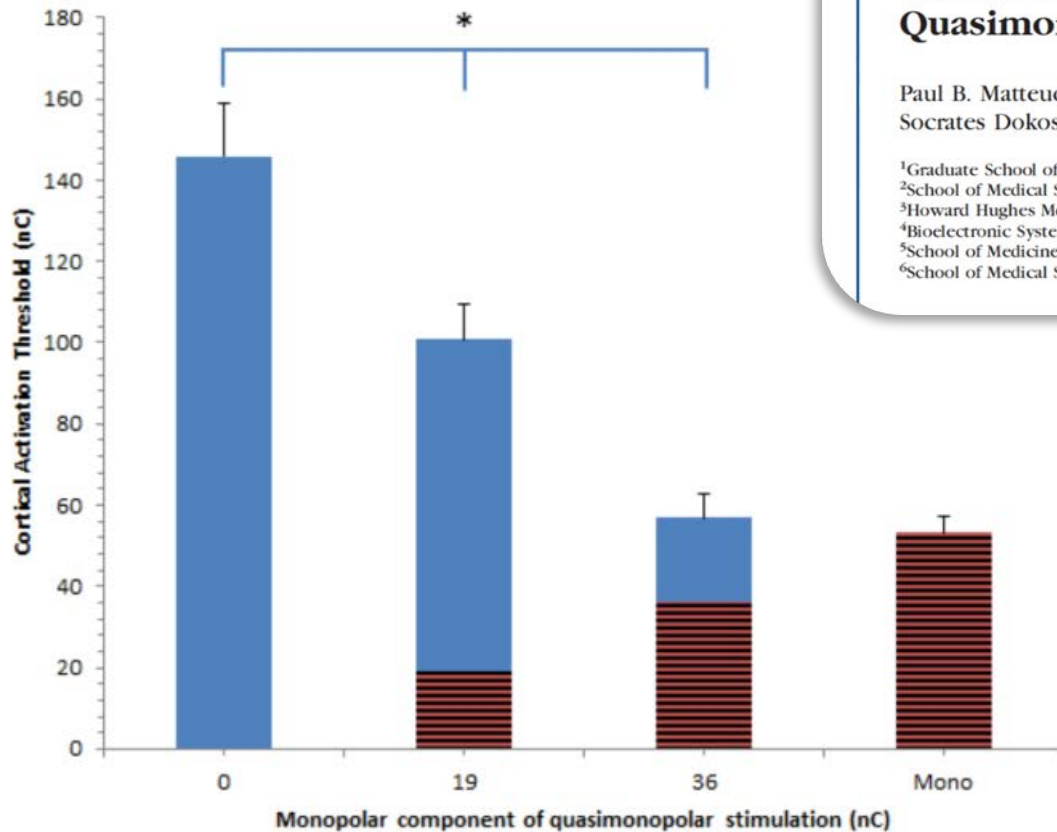


Monopolar



Quasi-monopolar

# Quasi-Monopolar Stimulation



## Visual Neuroscience

### Current Steering in Retinal Stimulation via a Quasimonopolar Stimulation Paradigm

Paul B. Matteucci,<sup>1</sup> Spencer C. Chen,<sup>2</sup> David Tsai,<sup>1,3,4</sup> Christopher W. D. Dodds,<sup>1</sup> Socrates Dokos,<sup>1</sup> John W. Morley,<sup>5,6</sup> Nigel H. Lovell,<sup>1</sup> and Gregg J. Suaning<sup>1</sup>

<sup>1</sup>Graduate School of Biomedical Engineering, The University of New South Wales, Kensington, Australia

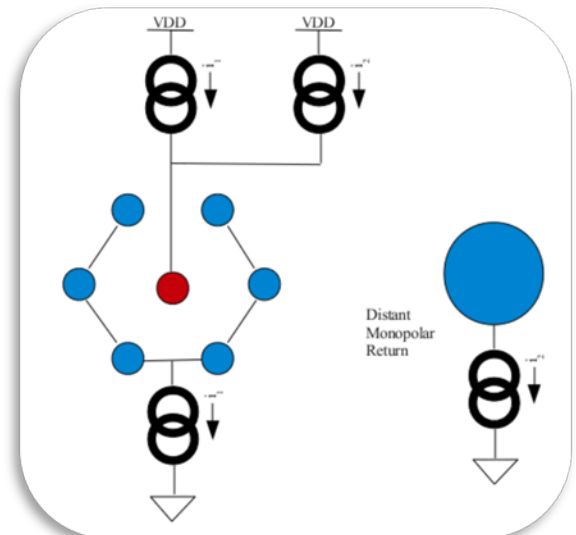
<sup>2</sup>School of Medical Sciences and Bosch Institute, The University of Sydney, Sydney, Australia

<sup>3</sup>Howard Hughes Medical Institute, Biological Sciences, Columbia University, New York, New York

<sup>4</sup>Bioelectronic Systems Lab, Electrical Engineering, Columbia University, New York, New York

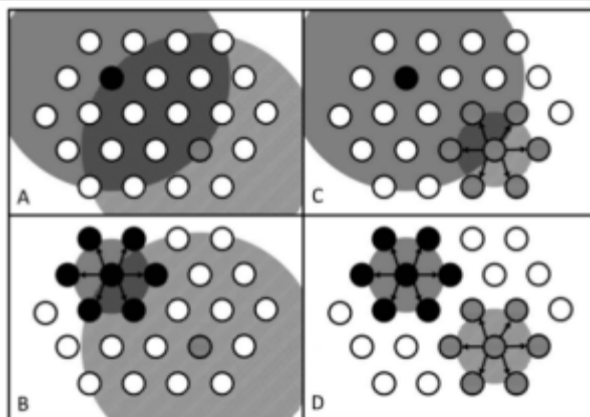
<sup>5</sup>School of Medicine, The University of Western Sydney, Sydney, Australia

<sup>6</sup>School of Medical Sciences, The University of New South Wales, Kensington, Australia

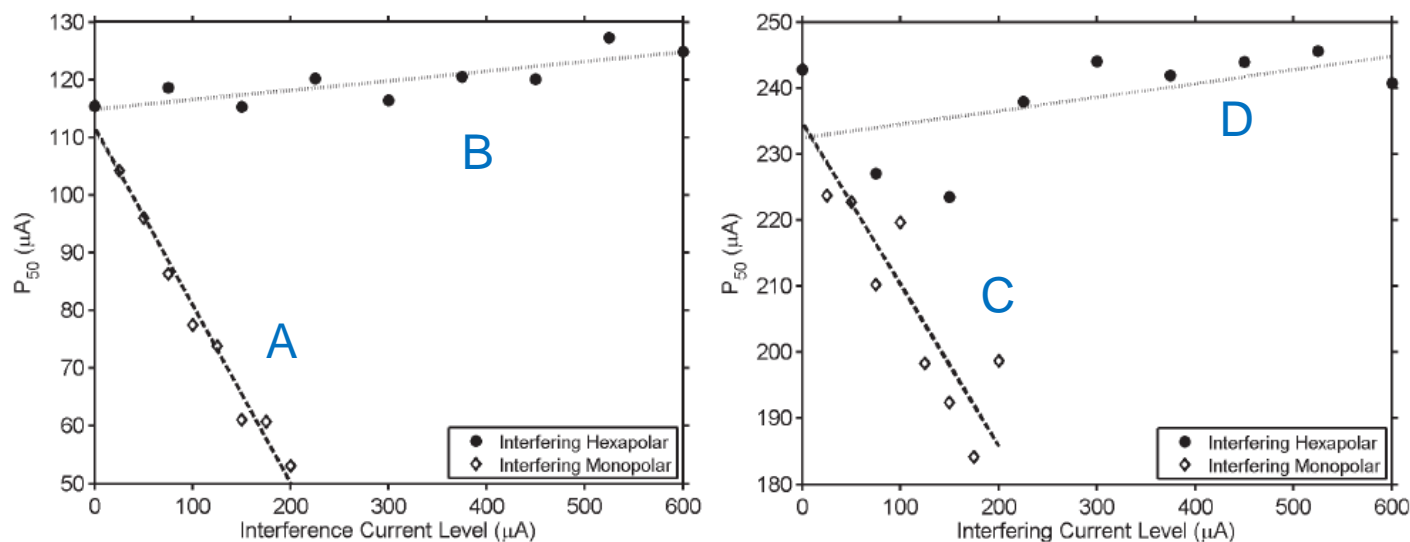


# Concomitant Stimulation

Moving beyond the established benefits of hexapolar and quasi-monopolar stimulus.



$P_{50}$  threshold reduction with a broad field 'interfering' simultaneous stimulus



From Matteucci et al. 2016, Invest. Ophthalmol. Vis. Sci. 57(3): 1031-7



# Thank You!

