

# Fluid-Structure Interaction analysis of the PennState 12cc pediatric Ventricular Assist Device

Alessandro Caimi<sup>1</sup>, Francesco Sturla<sup>1</sup>, Filippo Piatti<sup>1</sup>, Keefe B. Manning<sup>2</sup>, Alberto Redaelli<sup>1</sup>



<sup>1</sup> Department of Electronics, Information and Bioengineering, Politecnico di Milano, Milan, Italy.

<sup>2</sup> Department of Biomedical Engineering, The Penn State University, University Park, PA, USA.

## Background and Aims of the Study

### Cardiovascular Disease (CVD) ----- lacking fresh organs

> 10,000 USA babies with congenital CVDs.  
Nearly 1,800 infants die each year due to CVDs [1].



### Heart transplantation

Gold standard therapy for patients with CVDs.  
High mortality of infants, waiting for a new heart [2].

### PennState 12cc pVAD



### device optimization



### Pediatric ventricular assist device (pVAD)

Valuable bridge to transplantation, showing a decrease in mortality [3].  
Low mortality rate during therapy.

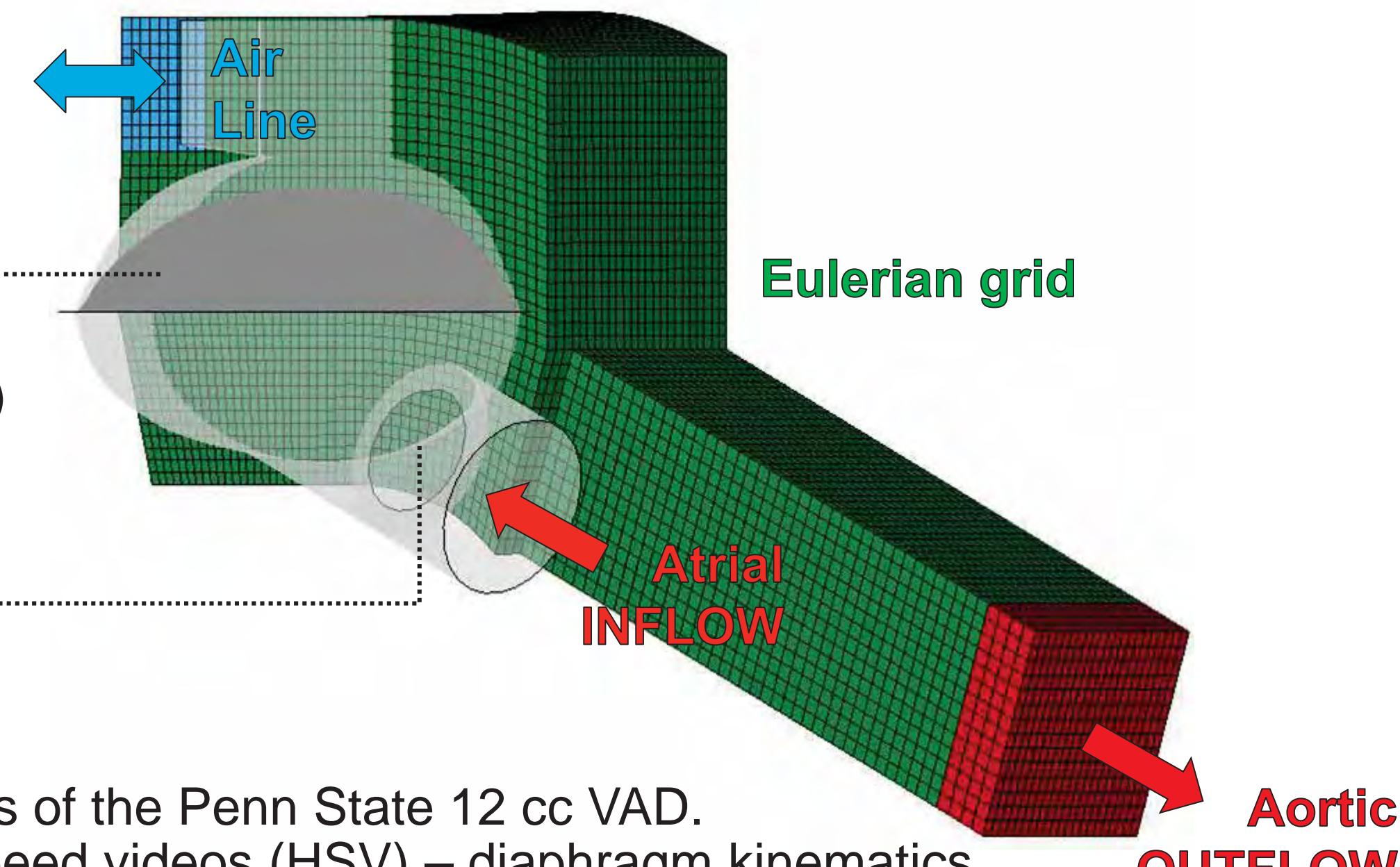


### Fluid structure interaction (FSI)

Computational strategy to assess the pVAD 12cc performances and improve optimization procedures:

- Capture the complex interaction between air, blood and the polymeric pVAD diaphragm.
- Assess the diaphragm kinematics (buckling motion) and the pVAD fluid dynamics.
- Provide adequate validation of the device and complement experimental data.

Fig. 1 pVAD computational FSI model



## Materials and Methods

FSI simulations performed in LS-DYNA R6 [4] (Livermore software Inc, Livermore, CA, USA). CAD-model derived from PennState original molds for mock-loop *in vitro* testing device (Fig.1).

### Blood:

- Newtonian incompressible fluid
- $\rho = 1.06 \text{ g}\cdot\text{cm}^{-3}$
- $\mu = 4 \text{ cP}$ , Ht=40%



### Diaphragm

- Isotropic linear elastic
- $E = 7.0 \text{ Mpa}$  ( $\sigma_{UTS} = 38.6 \text{ MPa}$ )



### Air:

- Ideal gas
- $\rho = 0.0128 \text{ g}\cdot\text{cm}^{-3}$
- $\mu = 0.00004 \text{ Pa}\cdot\text{s}$

### Mitral and Aortic Valves

- Rotating rigid disks
- *on-off* behavior.

Reliable FSI boundary conditions reproduced through experimental operative *in vitro* conditions of the Penn State 12 cc VAD.

Preliminary comparison with experimental measurements (Fig. 4):

- Pre-recorded high-speed videos (HSV) – diaphragm kinematics.

- particle image velocimetry (PIV) – fluid dynamics field.

## Results and Discussion

**Diaphragm kinematics.** Three dimensional time-dependent asymmetry induced by the internal pVAD hemodynamics (Fig. 2).

**pVAD fluid dynamics.** Three-dimensional and time-dependent velocity field.

- Complex fluid dynamics: circular washing pattern, in particular during diastole (Fig. 3).
- Velocity range equal to  $0.0 \div 1.0 \text{ m}\cdot\text{s}^{-1}$  (peak value =  $1.4 \text{ m}\cdot\text{s}^{-1}$ ).
- Blood pressure range computed throughout a cardiac cycle:  $85 \div 170 \text{ mmHg}$ .

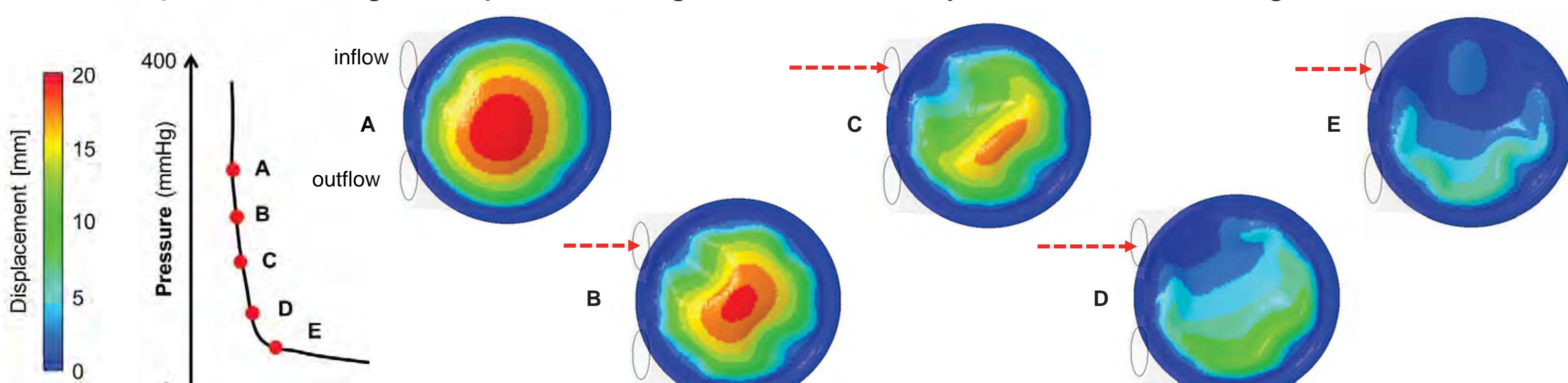


Fig. 2 Diastolic contour maps of pVAD nodal displacement along the normal direction to the diaphragm plane.

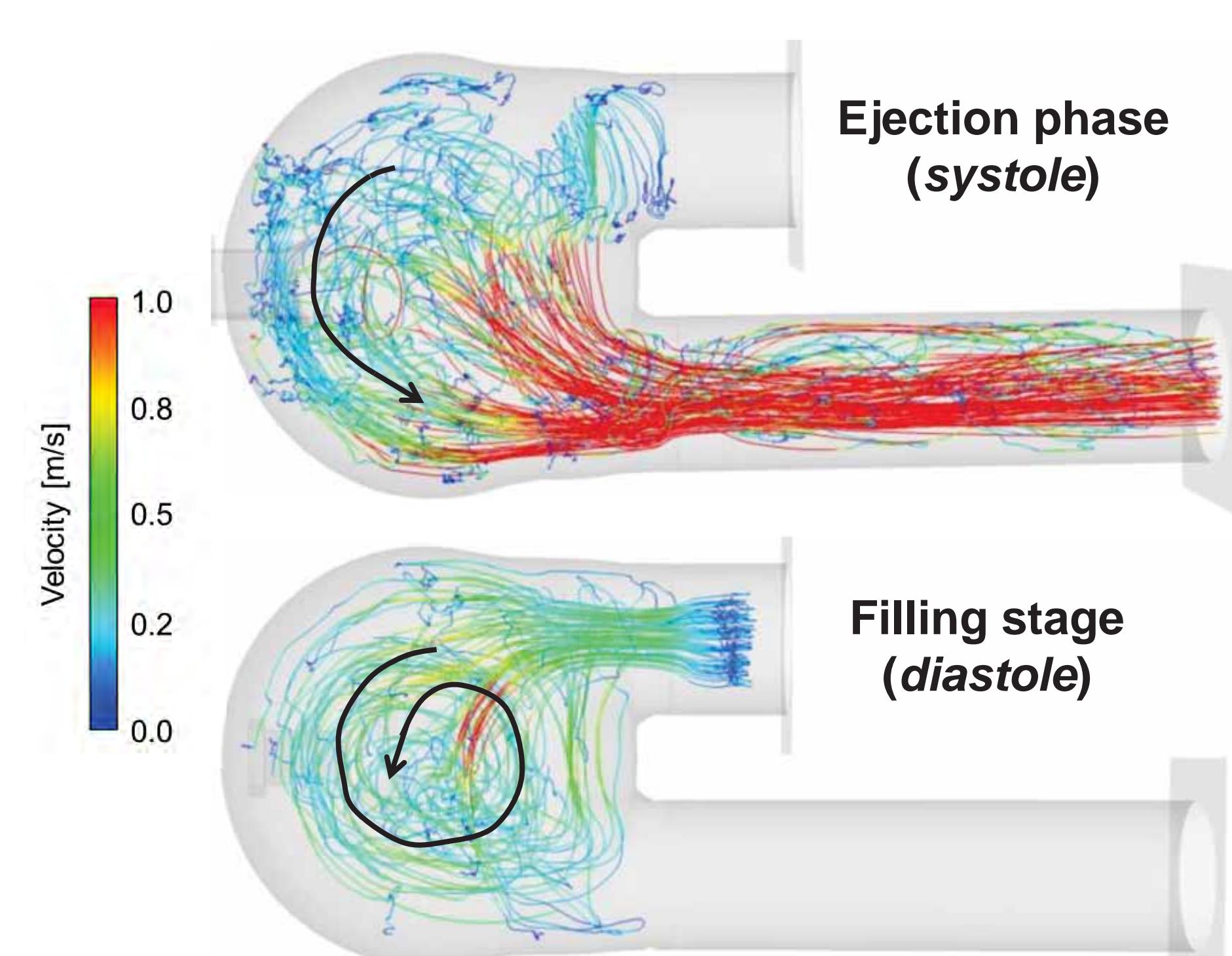


Fig. 3 Blood pVAD pathlines.

**Experimental proofs.** Range of blood velocity comparable to PIV (Fig. 4a) and realistic diaphragm kinematics, as visible from HSV (Fig. 4b).

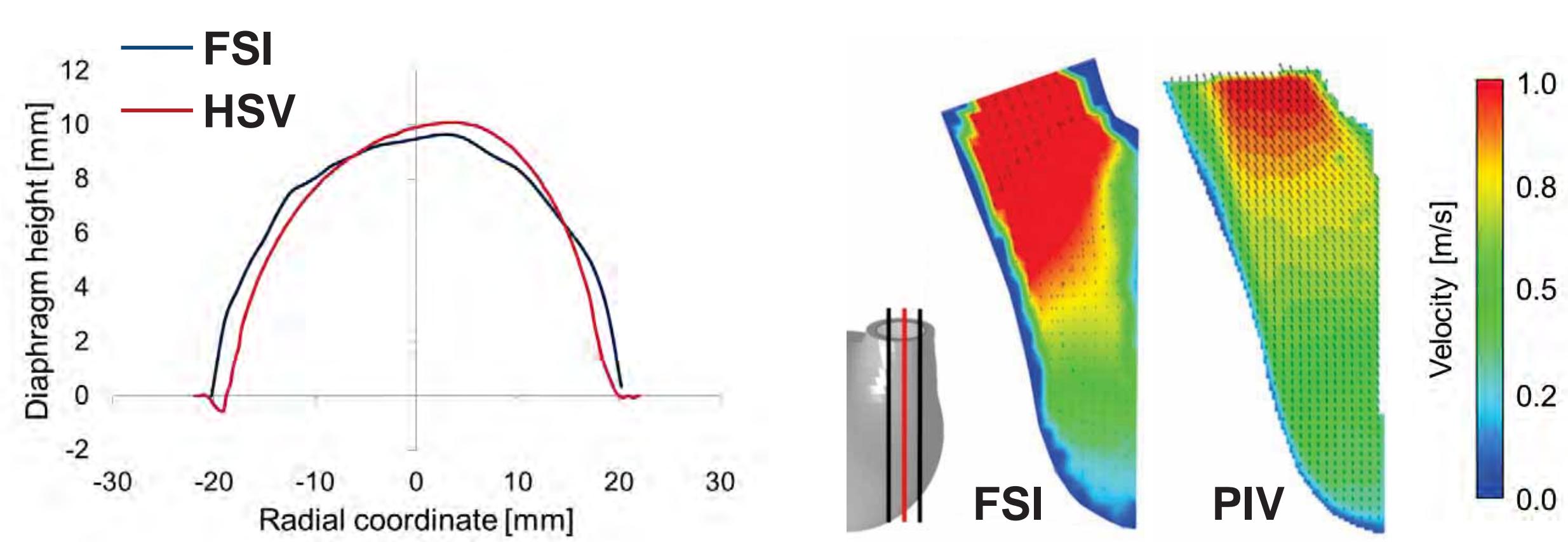


Fig. 4 - a) FSI diaphragm kinematics vs. HSV b) FSI and PIV velocity contour maps.

**Conclusions.** The developed FSI model can elucidate the continuous, time-dependent and three-dimensional pVAD fluid dynamics as well as the three-dimensional and asymmetric kinematics of the pVAD diaphragm. This approach may be pivotal in the optimization of the device, complementing ground truth data from PIV and HSV mock-loop *in-vitro* tests.

## References

- [1] L. Liu et al., *The Lancet* (2012), 12:1-11.
- [2] R.J. Boucek et al., *Current Opt. in Pediatrics* (2002) 14:611-619.
- [3] A.P. Goldman et al., *The Lancet* (2003) 362:1967-1970.
- [4] F. Sturla et al., *Med. Eng. Phys.* (2012) 135(12):1721-1730

