

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

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## 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].

waiting for surgery



**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:

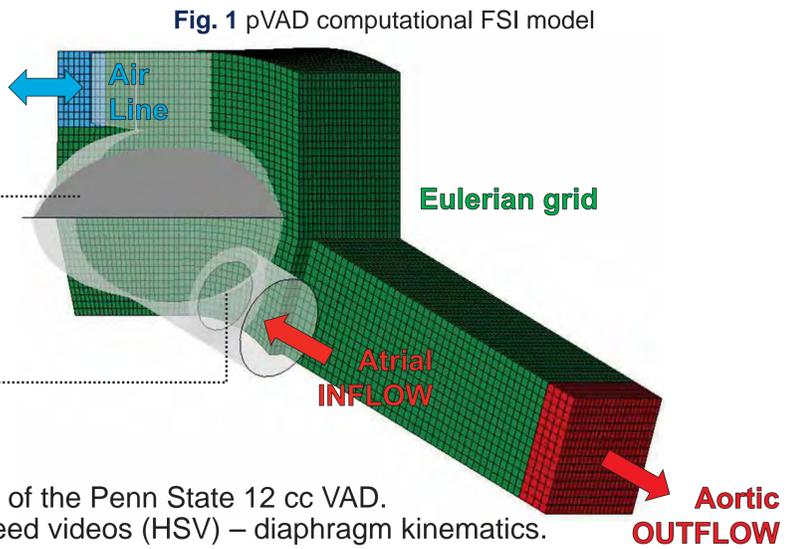
- Capture the complex interaction between air, blood and the polymeric pVAD diaphragm.
- Assess the diaphragm kinematics (buckling motion) and the pVAD fluid dynamics.
- Provide adequate validation of the device and complement experimental data.



## 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).

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| <p><b>Blood:</b> Newtonian incompressible fluid</p> <ul style="list-style-type: none"> <li>▪ <math>\rho = 1.06 \text{ g}\cdot\text{cm}^{-3}</math></li> <li>▪ <math>\mu = 4 \text{ cP}</math>, Ht=40%</li> </ul> <p><b>Air:</b> Ideal gas</p> <ul style="list-style-type: none"> <li>▪ <math>\rho = 0.0128 \text{ g}\cdot\text{cm}^{-3}</math></li> <li>▪ <math>\mu = 0.00004 \text{ Pa}\cdot\text{s}</math></li> </ul> | <p><b>Diaphragm</b></p> <ul style="list-style-type: none"> <li>▪ Isotropic linear elastic</li> <li>▪ <math>E = 7.0 \text{ Mpa}</math> (<math>\sigma_{UTS} = 38.6 \text{ MPa}</math>)</li> </ul> <p><b>Mitral and Aortic Valves</b></p> <ul style="list-style-type: none"> <li>▪ Rotating rigid disks</li> <li>▪ on-off behavior.</li> </ul> |
|---|---|



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:  $85 \div 170 \text{ mmHg}$ .

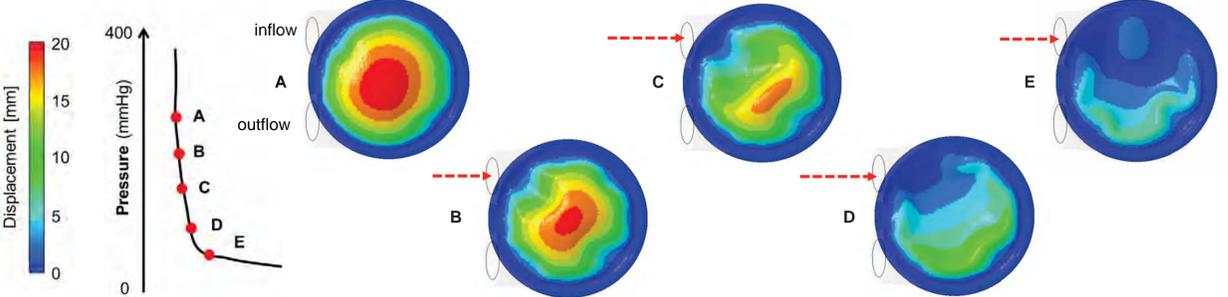


Fig. 2 Diastolic contour maps of pVAD nodal displacement along the normal direction to the diaphragm plane.

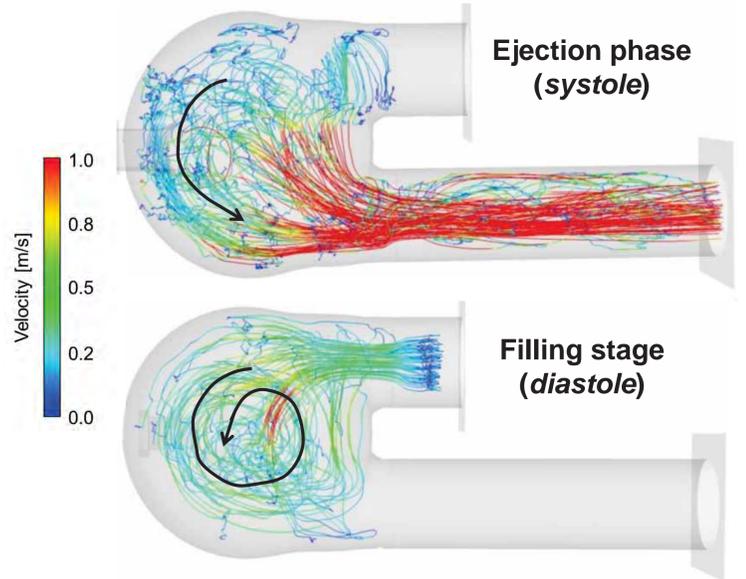


Fig. 3 Blood pVAD pathlines.

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

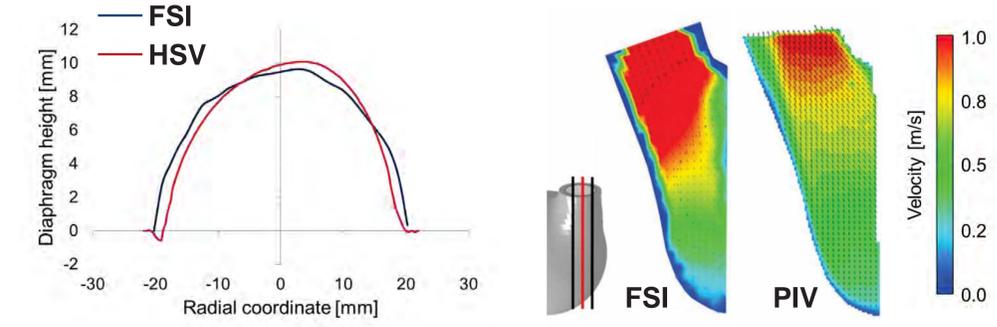


Fig. 4 – a) FSI diaphragm kinematics vs. HSV b) FSI and PIV velocity contour maps.

**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.
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