

# BioMedical instrumentations

By : Walaa Ahmed



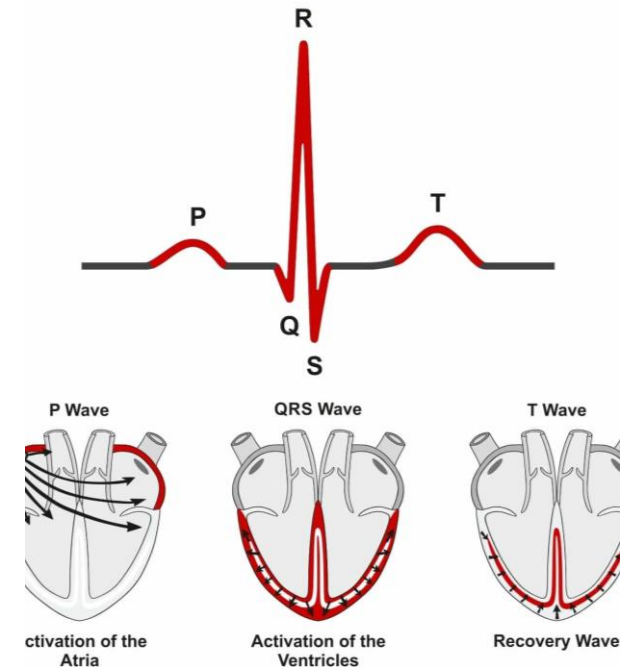


# Introduction to Medical Instrumentation

- **Definition:** Medical instrumentation includes tools and devices used in healthcare settings to monitor and diagnose patients without invasive procedures.
- **Importance:**
  - **Monitoring Vital Signs:** These instruments monitor crucial indicators like heart rate, breathing, and oxygen levels.
  - **Diagnosing Illnesses:** They help in identifying conditions such as heart attacks or abnormal heart rhythms.
  - **Ensuring Patient Safety:** By providing real-time data, these instruments alert healthcare professionals about potential issues.
- **Example:** The **ECG (Electrocardiogram)** is a fundamental tool used to track the heart's electrical activity

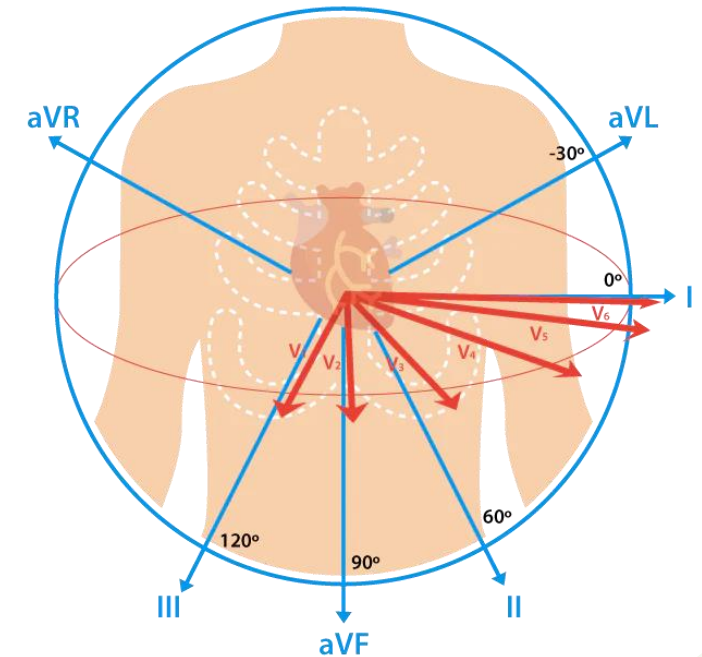
# Understanding the ECG

- **What is an ECG?** It records the heart's electrical signals to check how well the heart is working.
- **Key Components:**
  - **P wave:** Reflects atrial contraction.
  - **QRS complex:** Shows ventricular contraction.
  - **T wave:** Represents the ventricles relaxing after contraction.
- **Clinical Importance:** ECGs help diagnose issues like arrhythmias and myocardial infarctions (heart attacks).



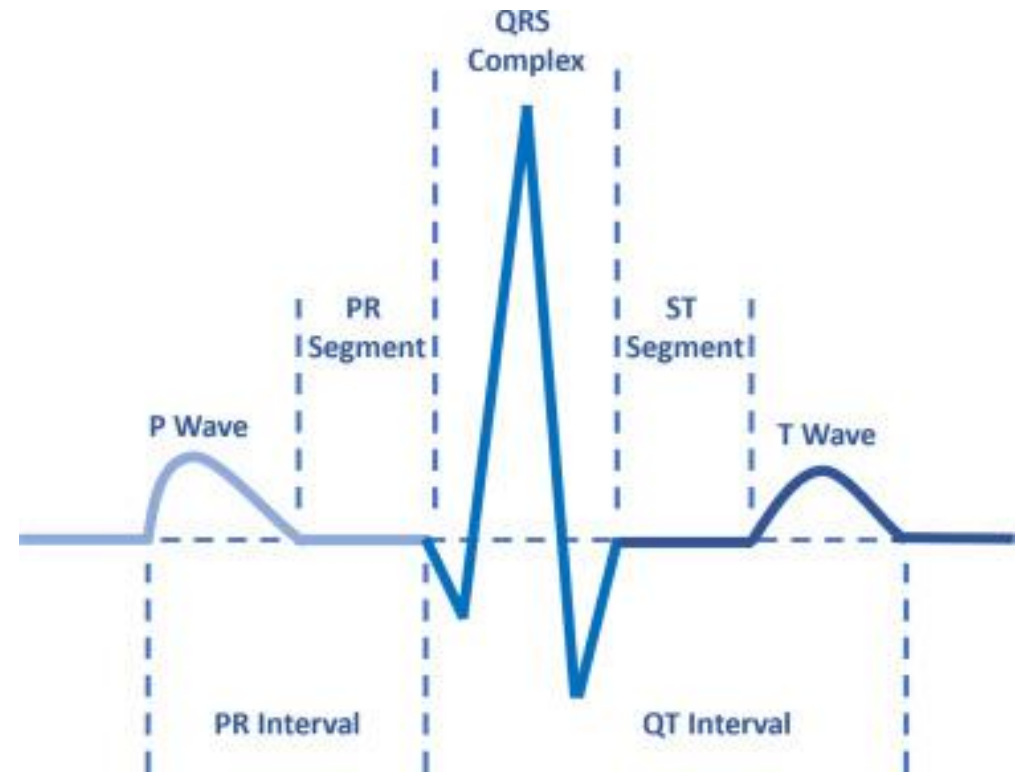
# Types of ECG Leads

- **Limb Leads:**
  - Provide a broad view of the heart's electrical activity.
  - Examples: Lead I (right arm to left arm), Lead II (right arm to left leg).
- **Augmented Leads:**
  - Focus on specific body areas like the right arm (aVR) or left leg (aVF).
- **Precordial (Chest) Leads:**
  - Offer a close-up view of the heart, especially important in diagnosing heart attacks.
  - Placed around the chest (V1 to V6) for detailed monitoring.



## 4. How to Read an ECG

- **P wave:** Should be upright in leads I, II, and aVF.
- **QRS complex:** Indicates ventricular contraction—irregularities here suggest issues like arrhythmias or heart attacks.
- **T wave:** Abnormal T waves may indicate ischemia or other heart issues.
  - **Tip:** Understanding these waves and their abnormalities is crucial for diagnosing heart conditions.





# Practical Applications of ECGs

- **Emergency Rooms:** ECGs are essential in quickly assessing patients with chest pain.
- **Ambulances:** Paramedics use ECGs to detect heart attacks before patients reach the hospital.
- **Cardiology Clinics:** Patients with heart disease are regularly monitored through ECGs.

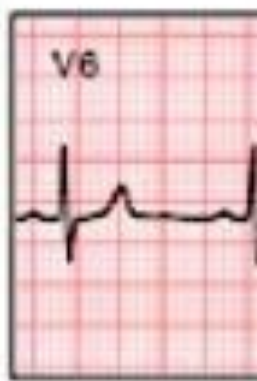


# Advanced ECG Interpretation

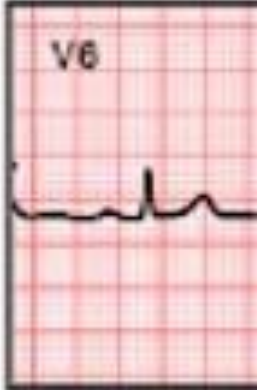
- **Arrhythmias:** Detected by irregularities in the P waves, QRS complexes, or T waves.
- **Ischemia and Infarction:** Indicated by abnormal ST segments.

- **Pro Tip:** Advanced ECG reading requires a deeper understanding of cardiac conditions and leads to more specific diagnoses.

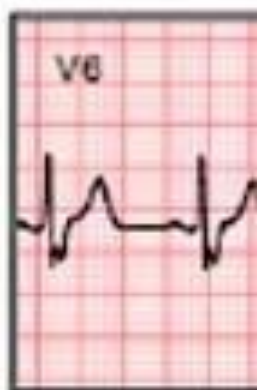
Normalities



1 degree AV block (1dAVb)



Bundle branch block (RBBB)





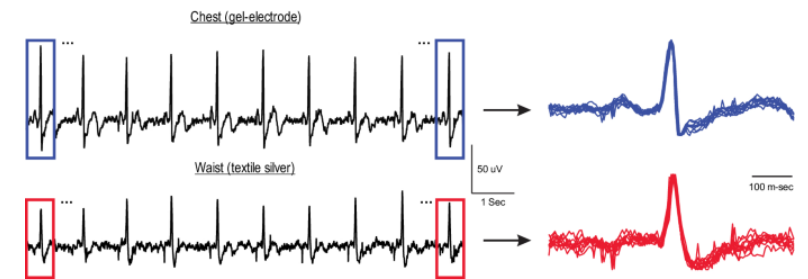
# Basic Steps for ECG Interpretation

1. **Calibration:** Ensure correct paper speed and voltage.
2. **Rhythm Assessment:** Check if the rhythm is regular or irregular.
3. **Heart Rate Calculation:** Count the R waves in a 6-second strip and multiply by 10.
4. **P wave and QRS Complex Analysis:** Look for abnormalities.
5. **ST Segment and T wave Examination:** ST elevation can indicate heart attacks.



# Multi-Channel ECG: Overview and Interpretation

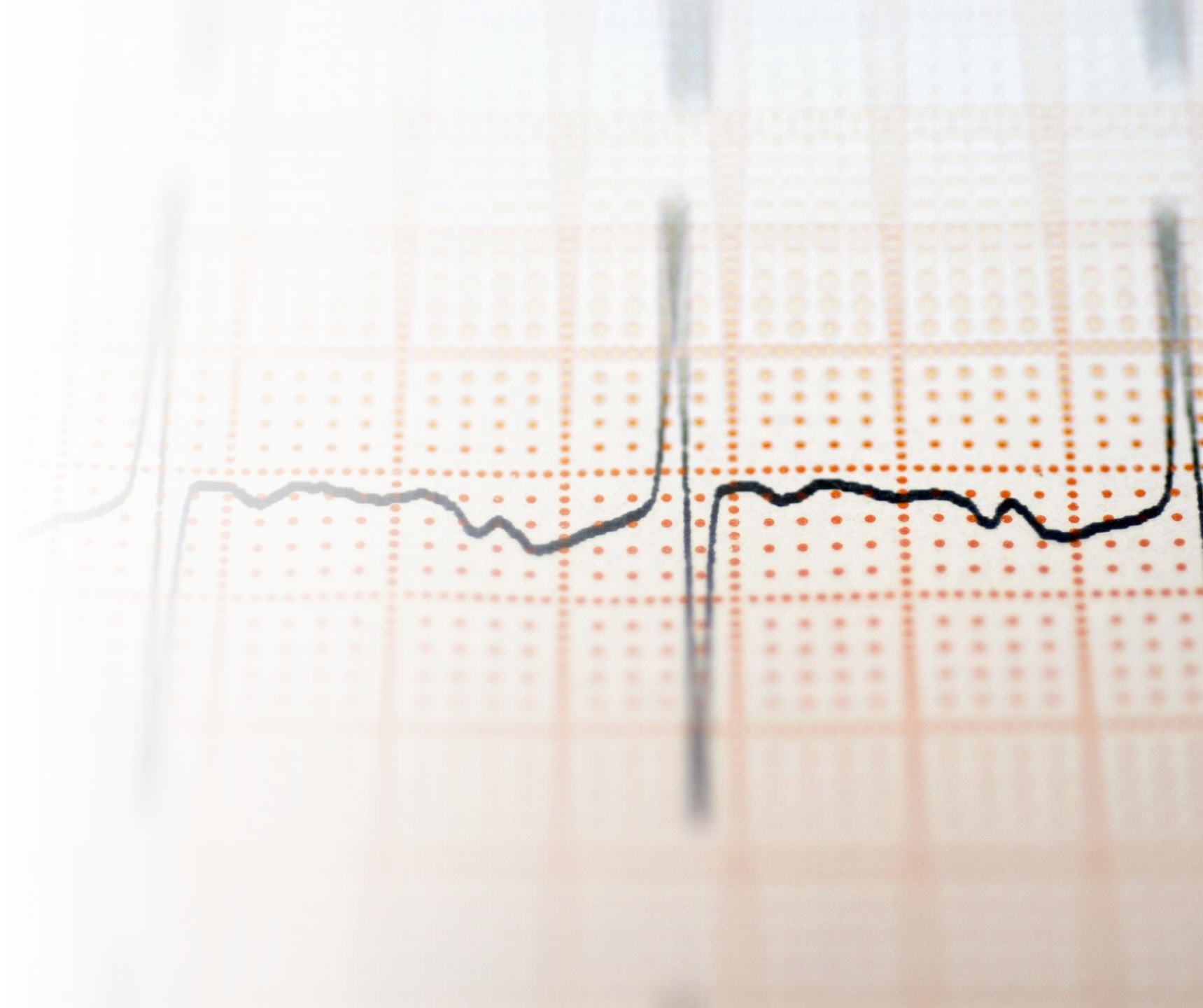
- **What is it?:** A system that records electrical activity from multiple leads, providing a comprehensive view of the heart.
- **Importance:**
  - **Comprehensive Diagnosis:** It improves detection of abnormalities such as arrhythmias or heart damage.
  - **Localization:** It helps pinpoint specific regions of the heart affected by diseases like myocardial infarction.



## Conclusion:

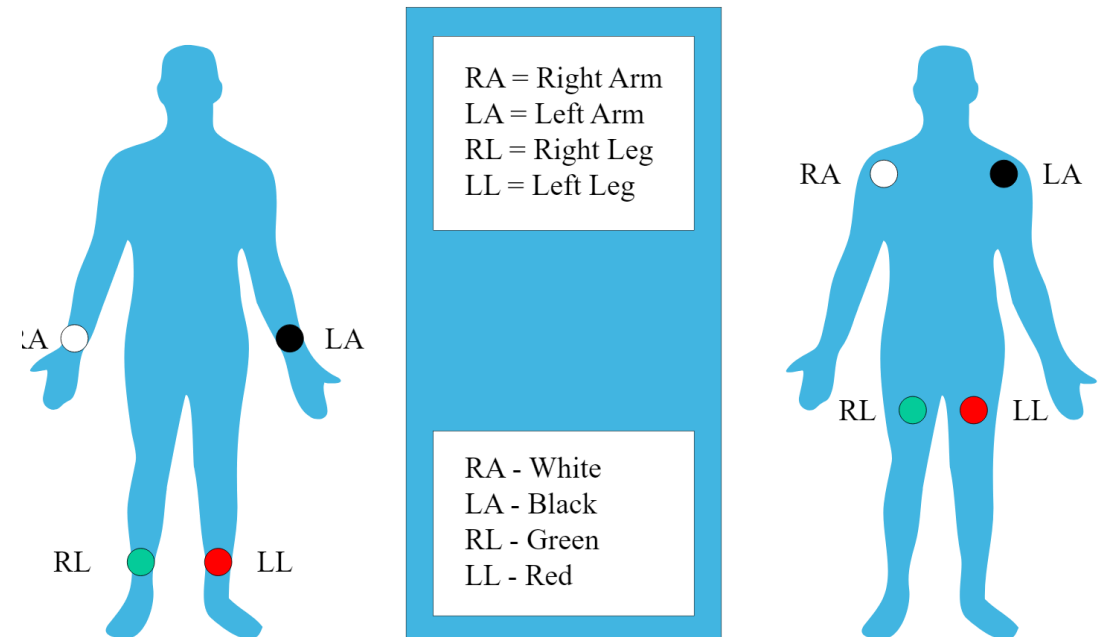
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- Mastering ECG interpretation is essential for diagnosing and managing heart conditions effectively.
- A systematic approach helps in making accurate assessments and better treatment plans.



# Limb Leads

- **Description:** Limb leads are used to provide a broad overview of the heart's electrical activity. Electrodes are placed on the limbs (arms and legs) to record the electrical signals generated by heart contractions.
- **Examples:**
- **Lead I:** Records electrical activity between the right arm and the left arm.
- **Lead II:** Records activity between the right arm and the left leg.
- **Lead III:** Records activity between the left arm and the left leg.
- **Importance:** These leads provide valuable information about the general direction of electrical signals, assisting in the overall assessment of heart health and the detection of potential issues.

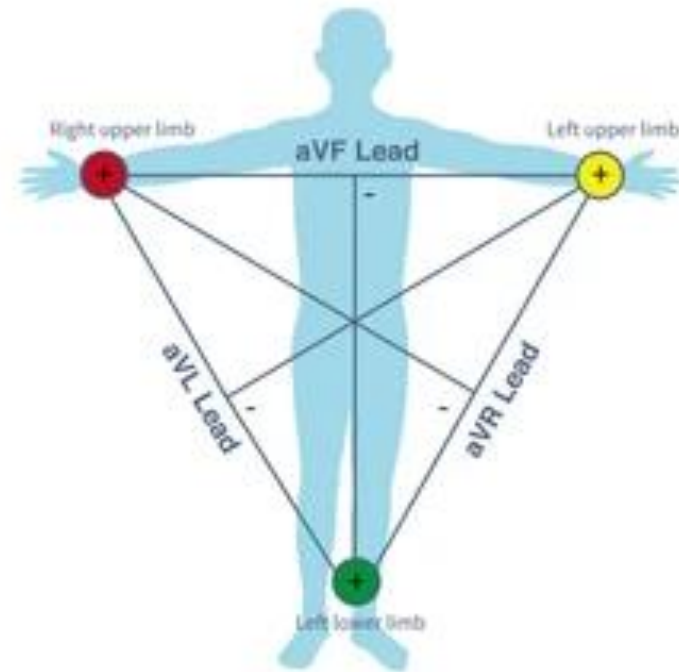


# Augmented Leads

- **Description:** Augmented leads are a special type of lead that focuses on specific areas of the body. They are used to complement the data provided by the limb leads.

## Types:

- **aVR (Augmented Voltage Right):** Gives a perspective on electrical activity from the negative angle of the limbs, representing signals coming from the right arm.
- **aVL (Augmented Voltage Left):** Represents signals coming from the left arm.
- **aVF (Augmented Voltage Foot):** Displays signals coming from the left leg.
- **Importance:** These leads enhance the understanding of the heart's electrical activity from different angles, enabling doctors to identify any abnormalities or issues more accurately.

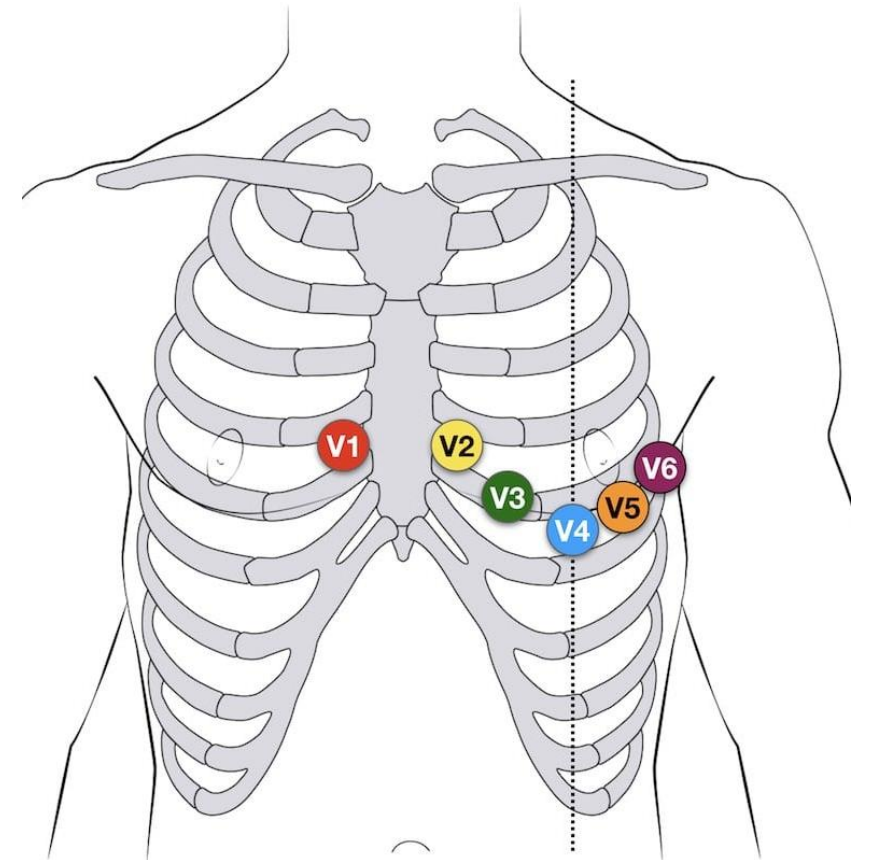




# Precordial (Chest) Leads

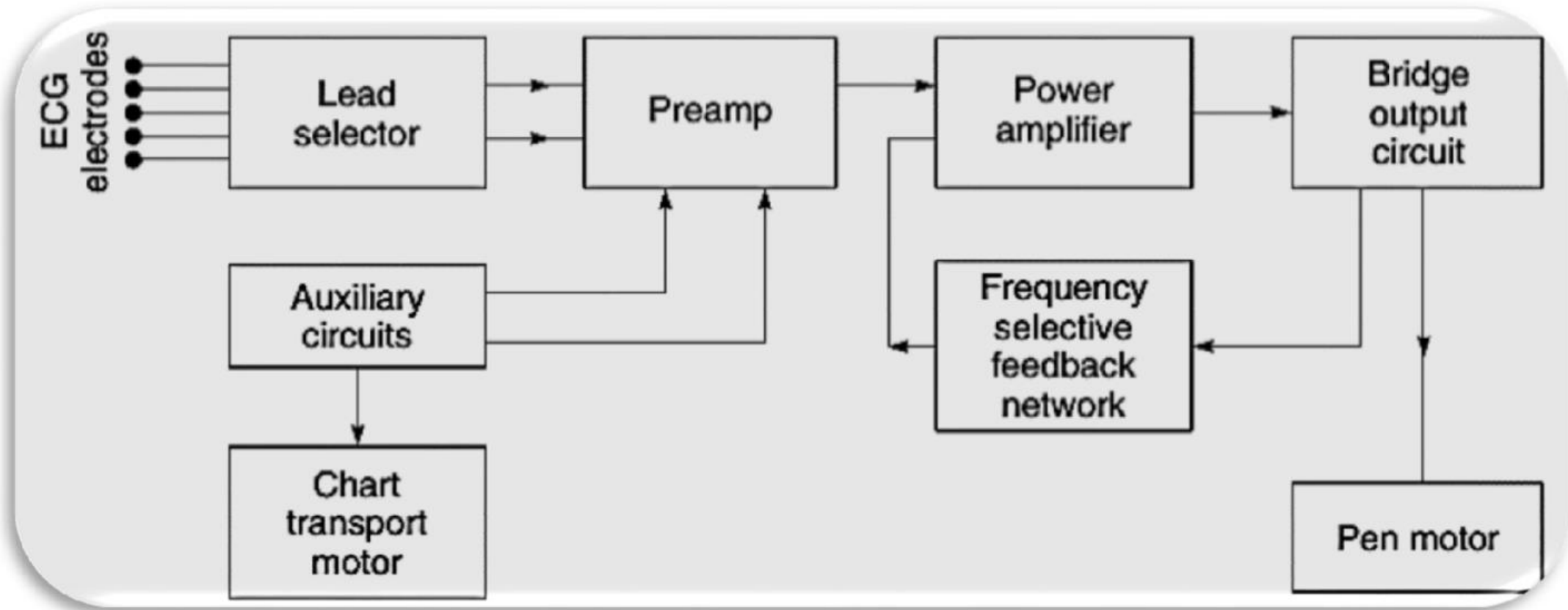
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- **Description:** Precordial leads provide a close-up and detailed view of the heart's activity. These leads are crucial for diagnosing specific conditions such as heart attacks (myocardial infarctions).
- **Types:**
- **V1:** Placed on the right side of the chest, between the fourth and fifth ribs.
- **V2:** Placed on the left side of the chest at the same level as V1.
- **V3:** Positioned between V2 and V4.
- **V4:** Placed on the left side of the chest at the intersection of the midclavicular line and the fifth rib.
- **V5:** Positioned at the same level as V4, on the horizontal line with the left axilla.
- **V6:** Placed on the left side of the chest at the same level as V5.
- **Importance:** These leads provide accurate information about various aspects of the heart's electrical activity, facilitating the detection of changes that may indicate problems such as artery blockages or heart attacks.



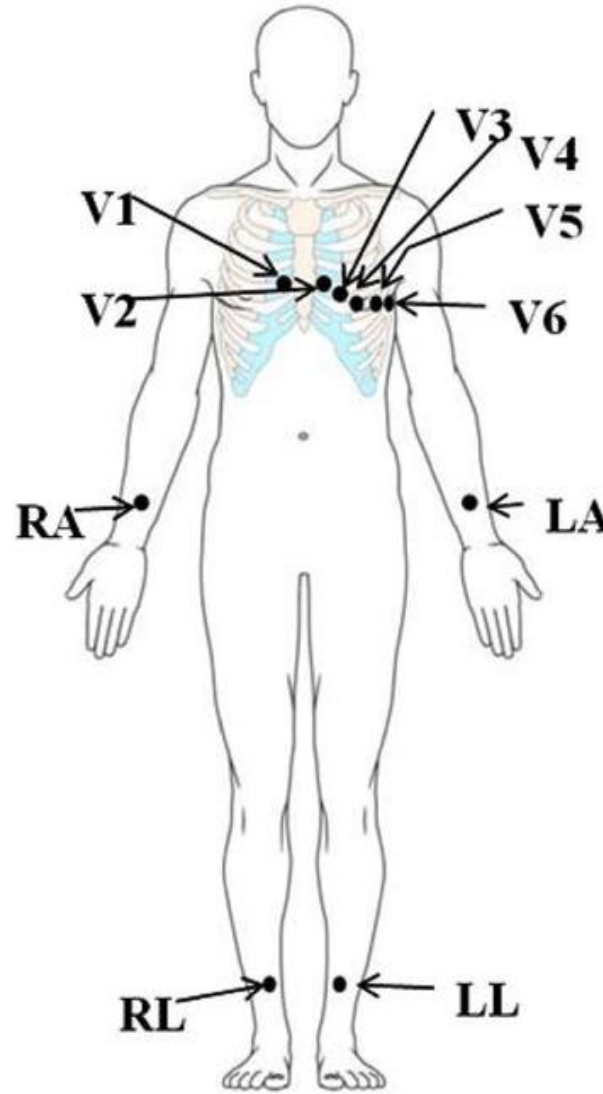
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- Each type of lead plays a crucial role in understanding the electrical activity of the heart and providing the necessary information for diagnosing any issues. The accuracy of the results depends on the proper placement of the electrodes and the selection of the appropriate leads based on the patient's condition.

# Block Diagram of ECG Signal Processing and Recording System

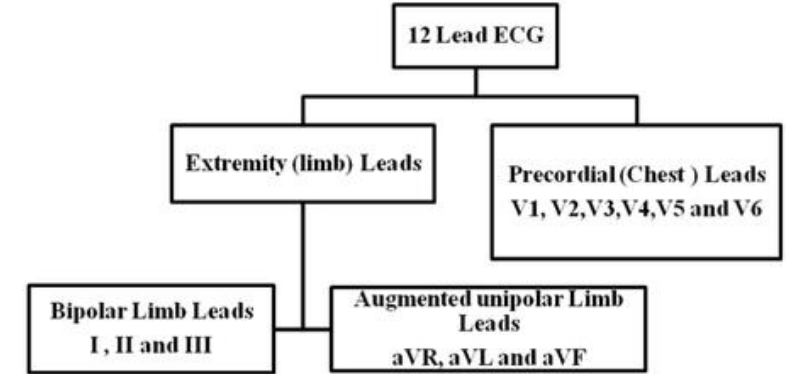


# ECG Electrodes

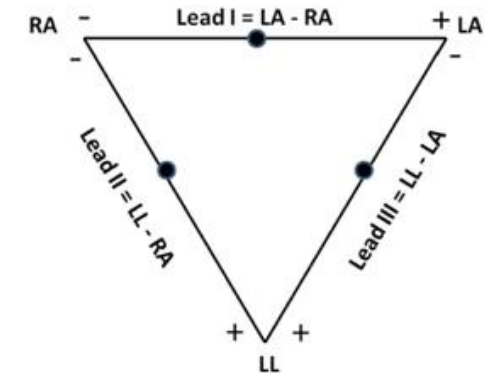
- **Function:** These are small sensors placed on the patient's skin, usually on the chest, arms, and legs.
- **Purpose:** The electrodes detect the heart's electrical activity, which is generated every time the heart beats.
- **Output:** Very weak electrical signals that need further processing.



(a)



(b)



(c)



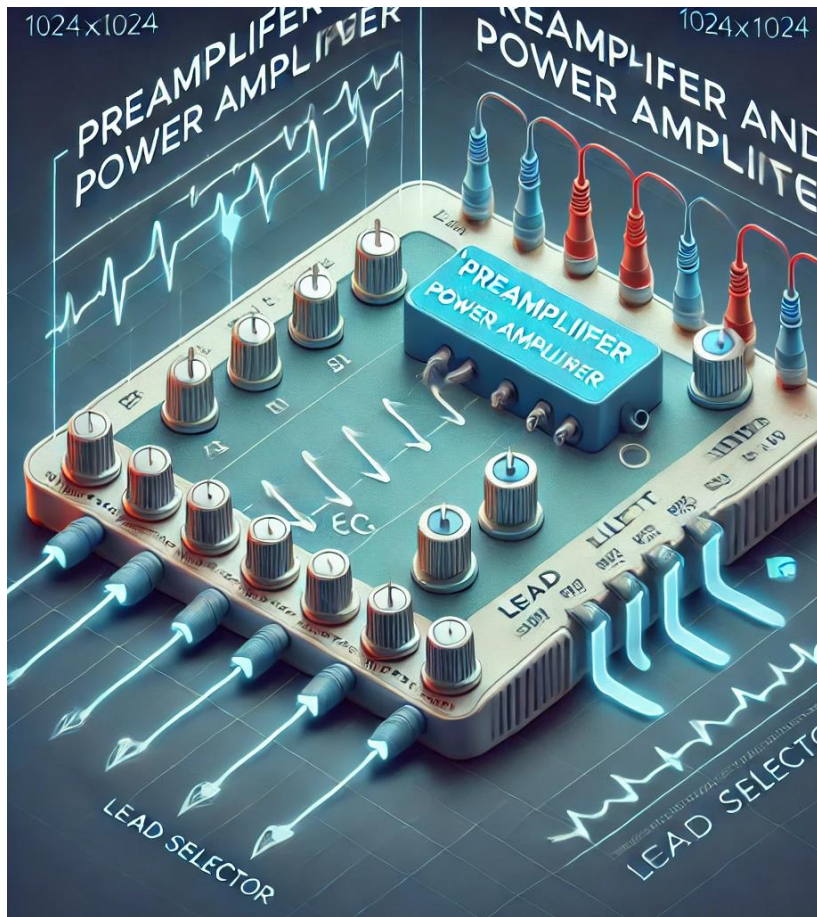
# Lead Selector

**Function:** This component chooses specific leads (electrodes) for analysis.

**Purpose:** Each lead provides a different “view” of the heart’s activity. By selecting specific leads, the ECG machine can capture signals from various angles, giving a comprehensive picture of heart function.

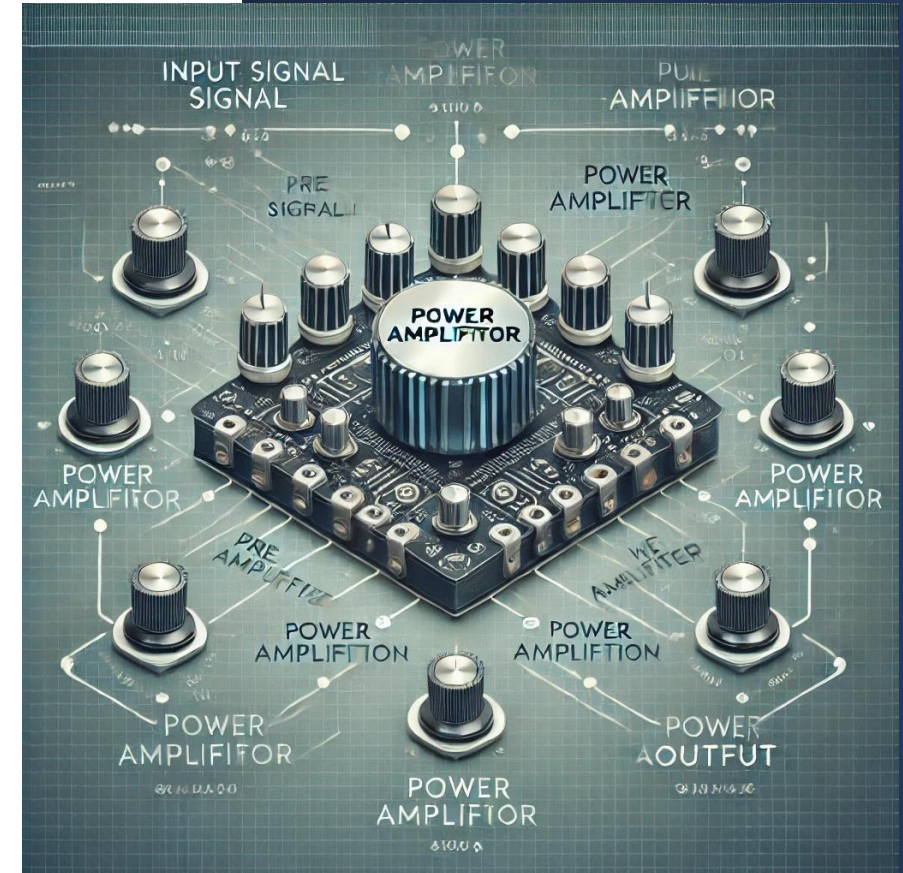
**Output:** Signals from the selected leads, ready for amplification.





# Preamp (Preamplifier)

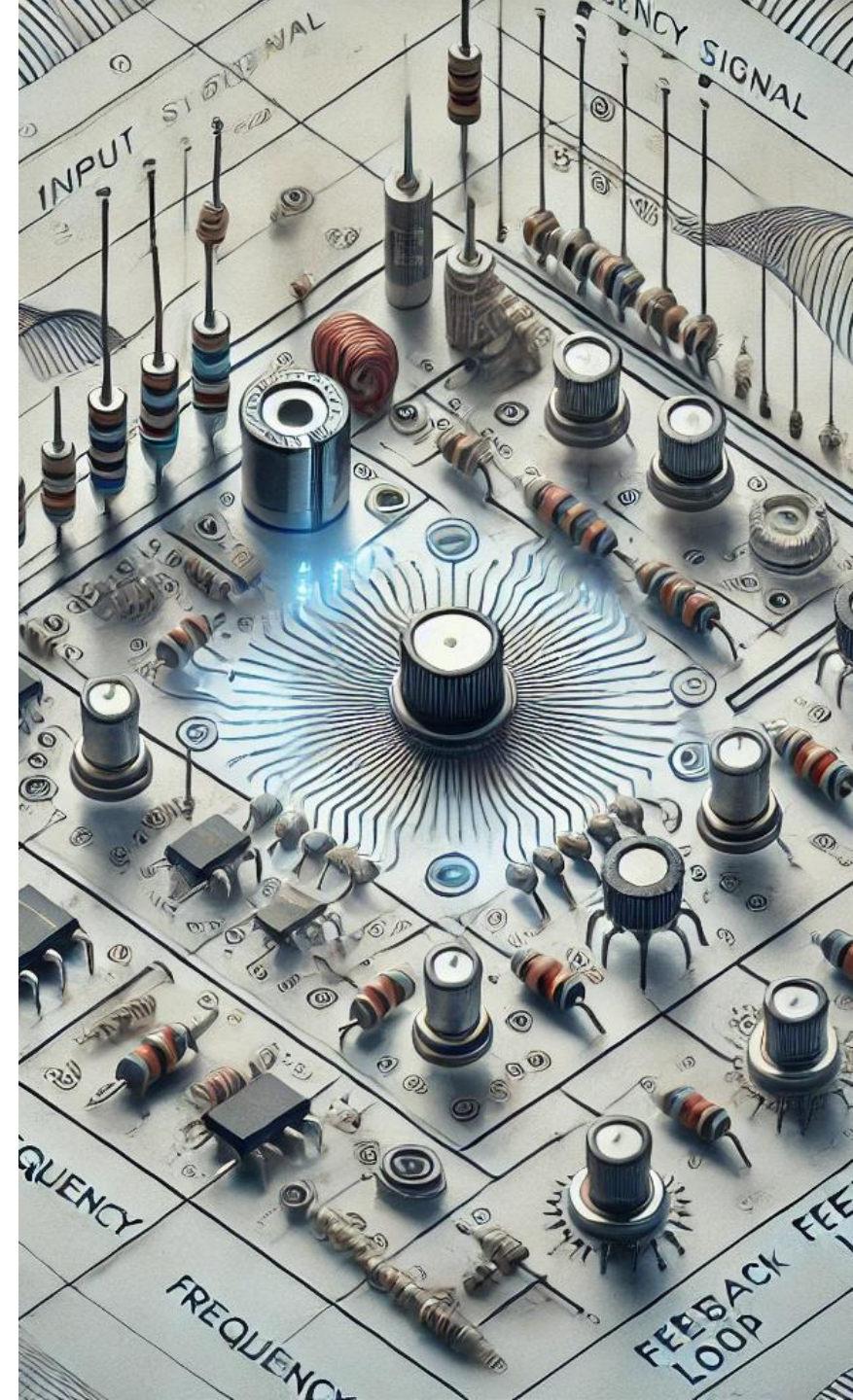
- **Function:** Amplifies the signals from the lead selector.
- **Purpose:** The signals picked up by the electrodes are very small, so the preamplifier increases their strength to a level that can be further processed without losing important details.
- **Output:** A stronger version of the original heart signal.





# Frequency Selective Feedback Network

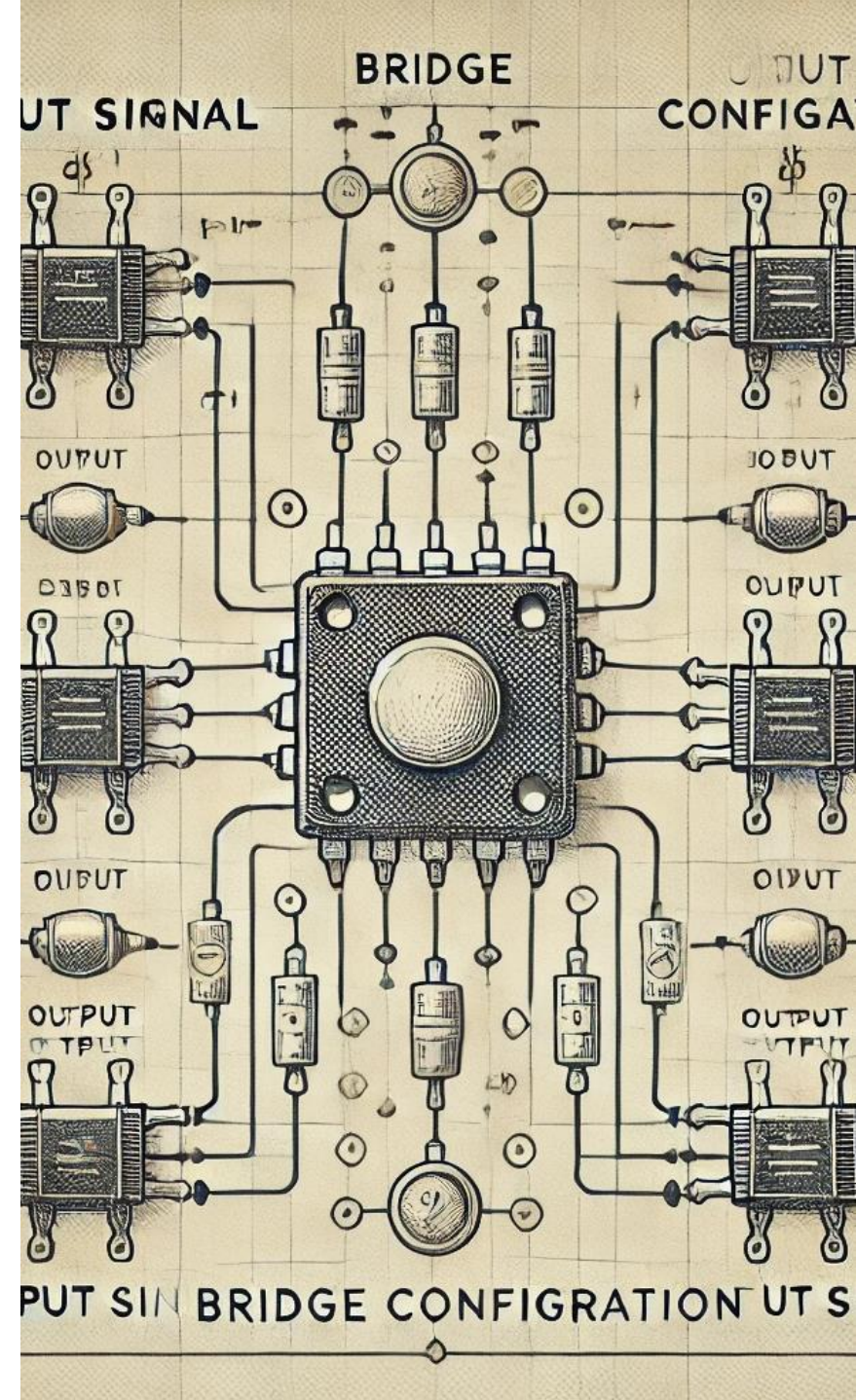
- **Function:** Filters and adjusts the signal.
- **Purpose:** This component removes unwanted noise or interference, which could come from muscle movements or other electrical devices. It "cleans" the signal to make sure only the heart's electrical activity is recorded.
- **Output:** A clear, noise-free signal.





# Bridge Output Circuit

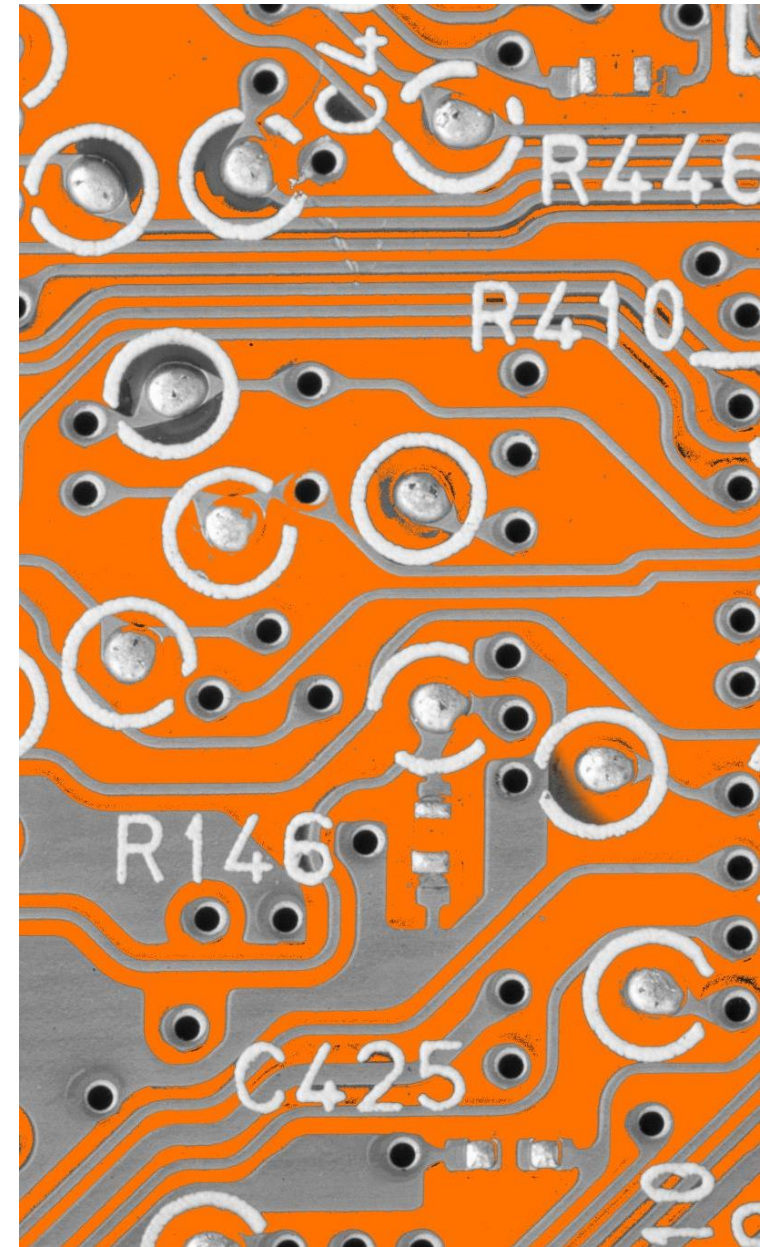
- **Function:** Converts the signal into a form that can be recorded or displayed.
- **Purpose:** This circuit modifies the signal so that it can be used to control the pen motor and create a readable ECG waveform.
- **Output:** A converted signal, now ready for visual recording.





# Auxiliary Circuits

- **Function:** These provide additional support functions.
- **Purpose:** Auxiliary circuits might handle timing, calibration, or signal conditioning to ensure accurate and reliable ECG readings.
- **Output:** Supporting signals for the rest of the system.

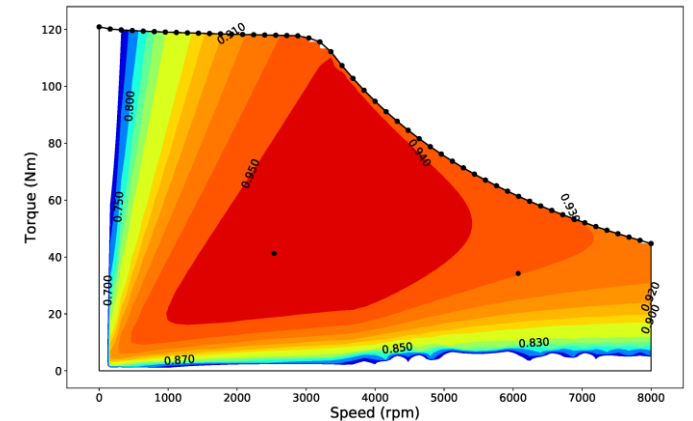


# Chart Transport Motor

Function: Moves the paper (chart) forward continuously.

Purpose: To create a continuous recording of the heart's activity, the chart transport motor moves the paper at a steady rate.

Output: A steady movement of the paper under the pen motor.



# Pen Motor

- **Function:** Controls the movement of the pen, which draws the ECG waveform on paper.
- **Purpose:** The pen motor moves up and down based on the signal's strength, creating a waveform that represents the electrical activity of the heart over time.
- **Output:** An ECG trace that shows the heart's electrical activity as a series of peaks and troughs.





# How It All Works Together

When a person is connected to the ECG machine, the electrodes capture the heart's electrical signals.

These signals pass through the lead selector, preamplifier, and power amplifier to be amplified.

The amplified signal is then filtered by the frequency selective feedback network to reduce noise.

The bridge output circuit converts the signal for recording.

The chart transport motor moves the paper, and the pen motor draws the waveform on the paper.

# Specifications

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Number of channels: Single channel, 3 channel, 12 simultaneous ECG

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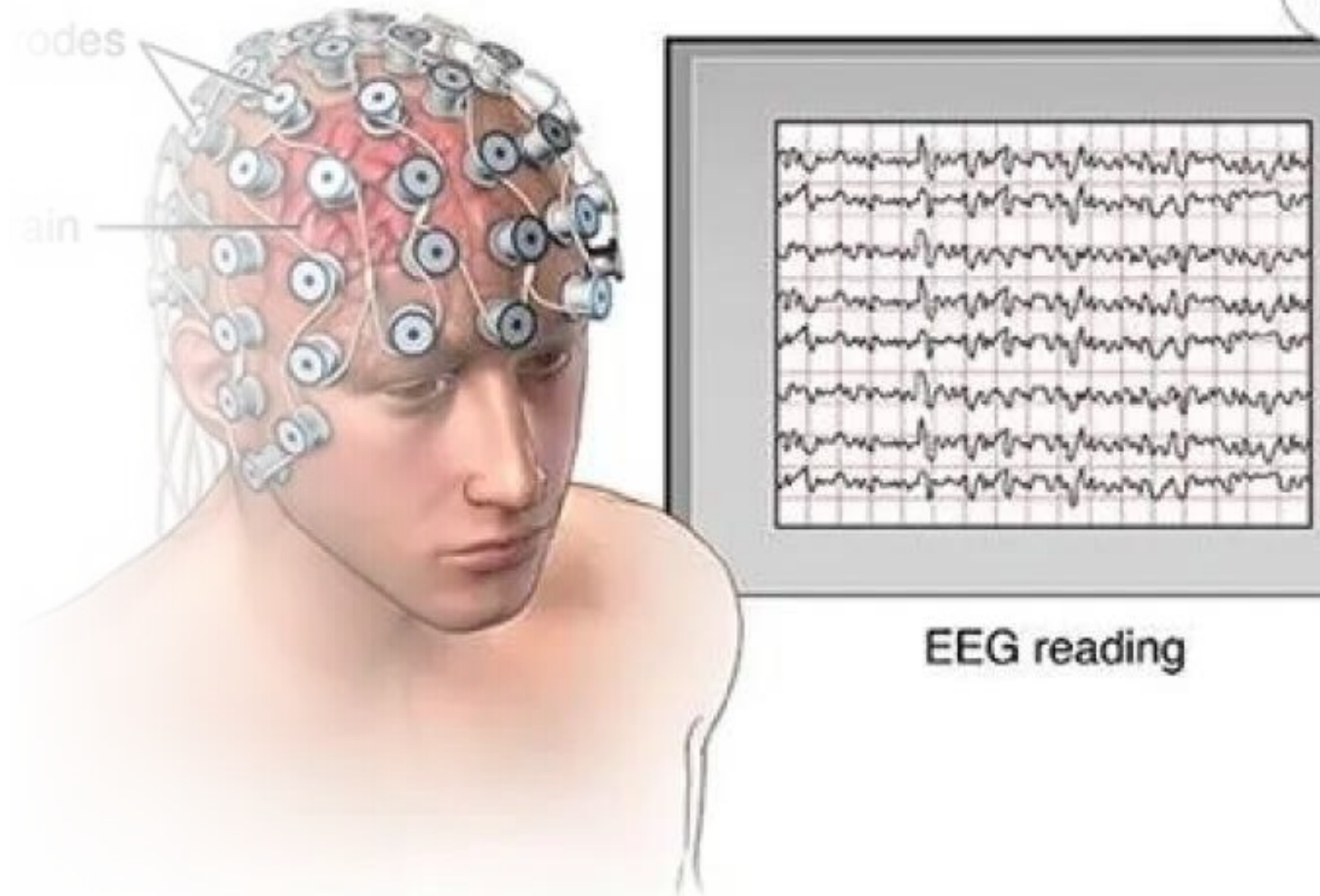
Recording Sensitivity: Selectable from 2.5 to 20 mm/mV

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Frequency range: At least 0.05-150 Hz

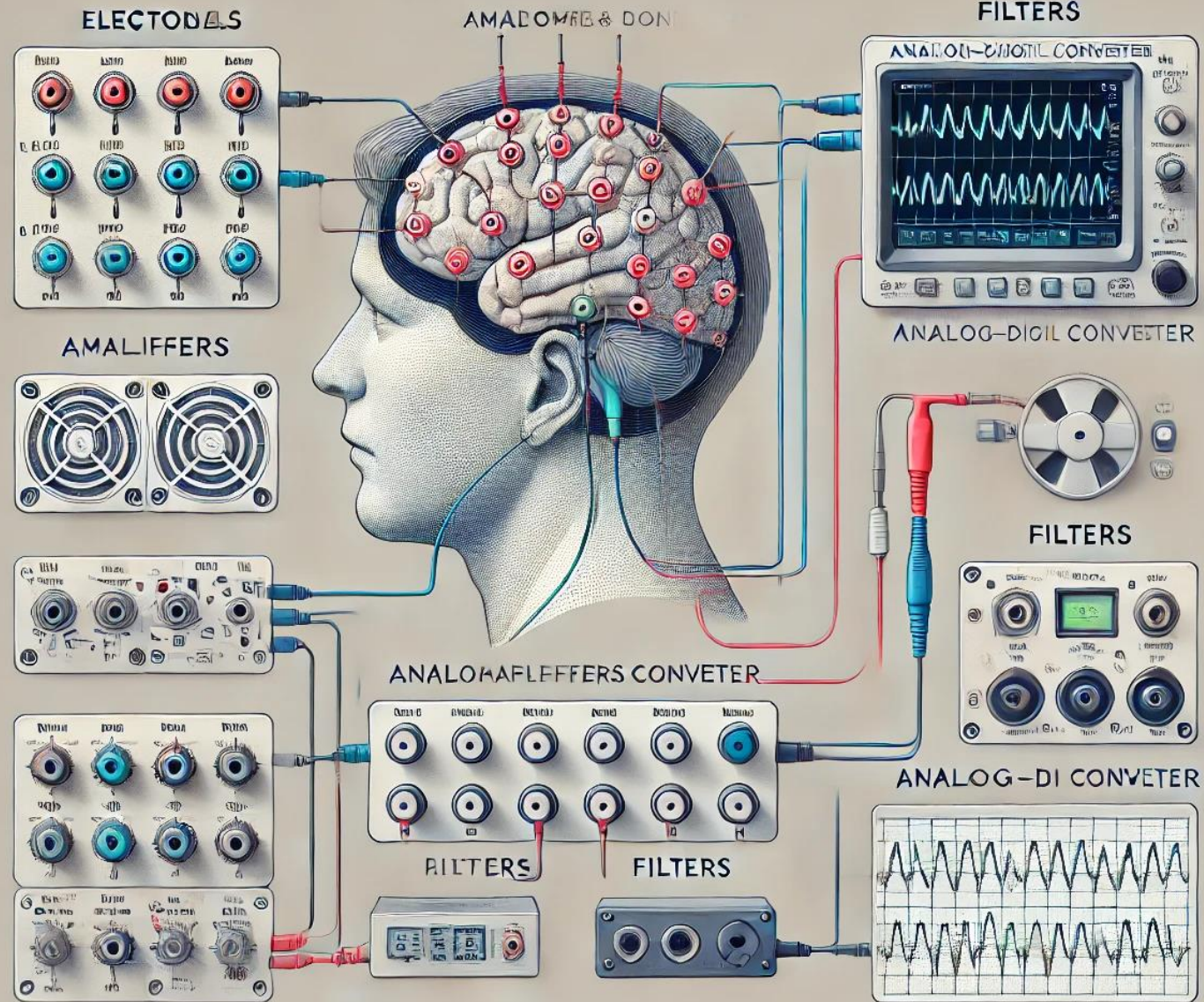
# Electroencephalograph (EEG)

## Electroencephalogram (EEG)



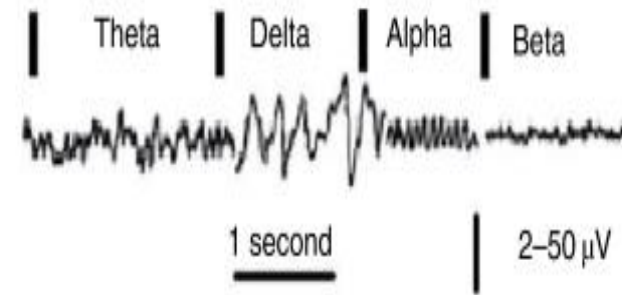


# EEG MACHINE



# Purpose

- An electroencephalograph (EEG) records brain electrical activity through scalp electrodes.
- EEGs are essential for diagnosing neurologic conditions like epilepsy, brain death, cerebrovascular issues, ischemia, and trauma-related complications.
- They also aid in assessing psychiatric disorders and distinguishing neurologic from psychiatric conditions.
- In operating rooms, EEGs support anesthetic monitoring to verify the nervous system's integrity.
- The use of compact, computer-based EEG analyzers is expanding EEG monitoring in both operating rooms and intensive care units.





# Purpose

- The brain generates rhythmical potentials from individual neurons, summing into synchronous discharges that form surface waveforms recorded as an electroencephalogram (EEG).
- EEG signals, valuable diagnostically, are analyzed for both amplitude and frequency, which fall into four bands labeled with Greek letters: **Delta (0.5-4 Hz), Theta (4-8 Hz), Alpha (8-13 Hz), and Beta (13-22 Hz).**
- These bands correspond to mental states like alertness, rest, sleep, and dreaming, each with unique wave frequencies and amplitudes. The alpha rhythm, a principal EEG component, indicates alertness and helps gauge anesthesia depth during surgery.
- EEG patterns are altered by pathological conditions, such as brain tumors.
- Surface EEG signals are typically small compared to ECG signals, with amplitudes ranging from 10  $\mu\text{V}$  to hundreds of microvolts (most commonly 50  $\mu\text{V}$  peak-to-peak).
- Unlike the heart's electrical signals, brain waves vary continuously, necessitating longer recordings to detect abnormalities.
- EEG signal bandwidth ranges from below 1 Hz to over 100 Hz, supporting detailed neurological analysis.

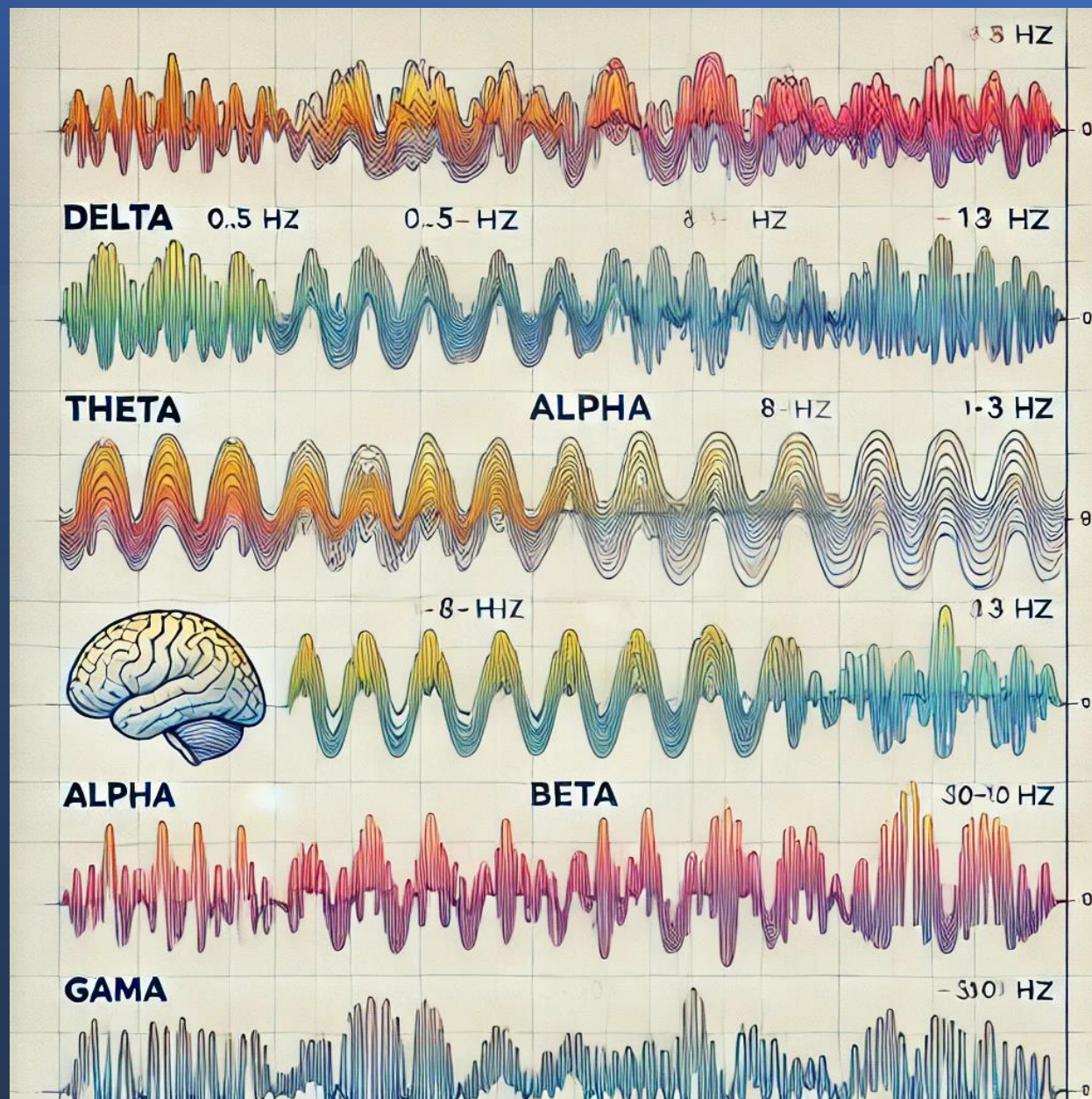
# Purpose

Delta (0.5-4 Hz): Linked to deep, restorative sleep and unconscious processes.

Theta (4-8 Hz): Associated with light sleep, relaxation, creativity, and daydreaming.

Alpha (8-13 Hz): Present in relaxed wakefulness, meditation, and calm states.

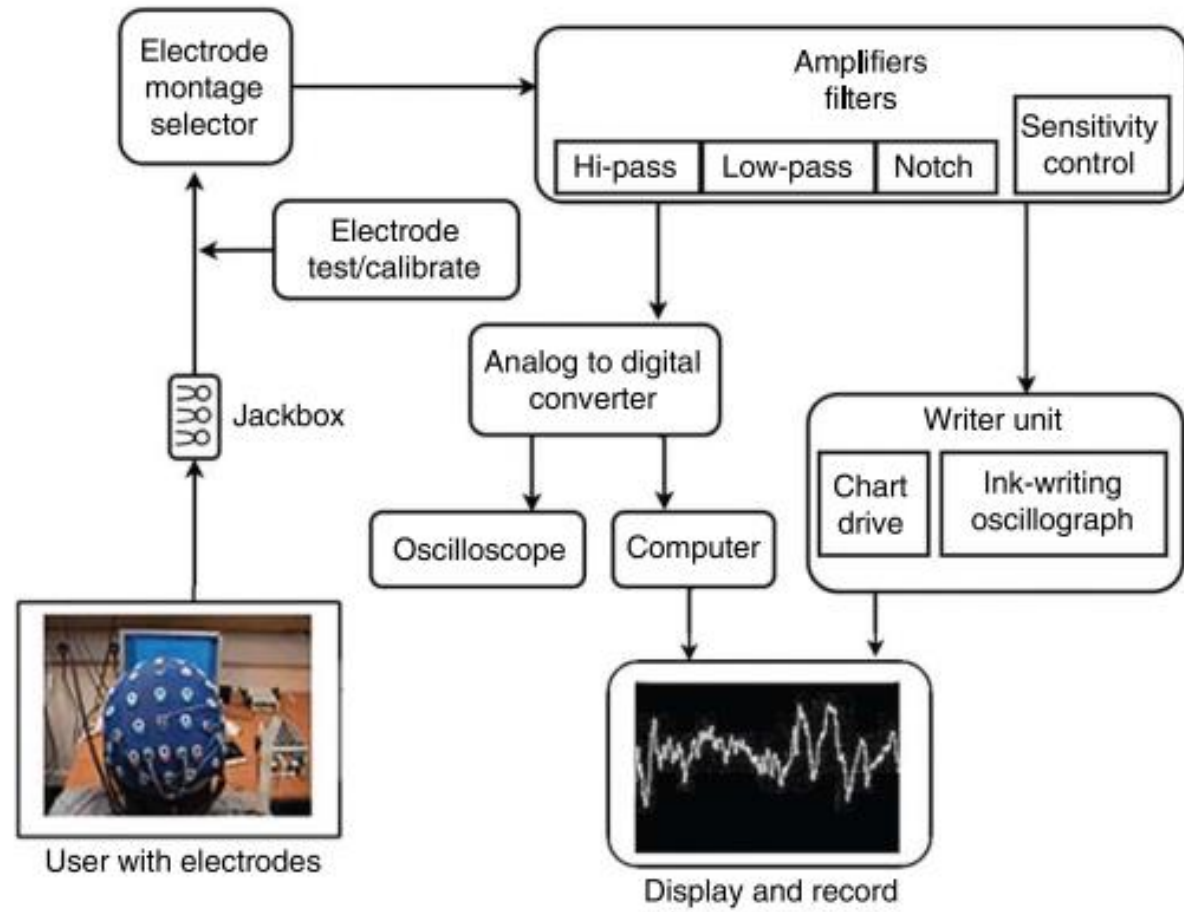
Beta (13-22 Hz): Linked to active thinking, problem-solving, alertness, and focus.



# Block Diagram

- A typical EEG machine has both analog and digital components (illustrated in Figure).
- **Electrodes**
- EEG signals are recorded using two main methods: **monopolar** (measuring voltage difference between an active scalp electrode and a reference electrode, often on the ear) and **bipolar** (measuring the difference between two scalp electrodes). Bipolar recordings are generally preferred and are conducted with multi-channel EEG systems. EEG electrodes are smaller than ECG electrodes and include options like disposable peel-and-stick electrodes, silver-plated cups, and needle electrodes (for direct insertion). Surface electrodes require conductive gels or pastes to enhance contact, reducing skin-electrode impedance.

## Block Diagram





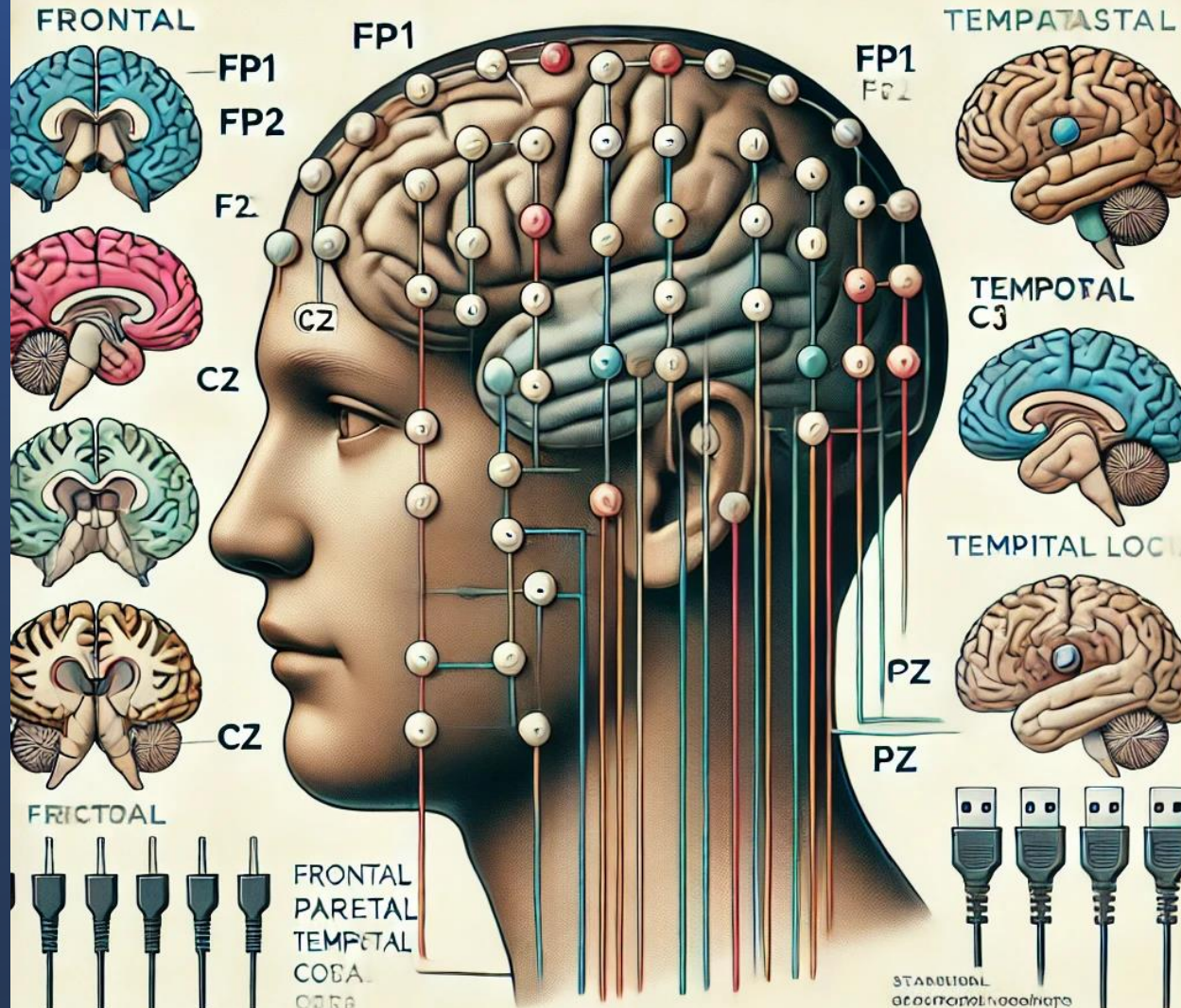
# Montages

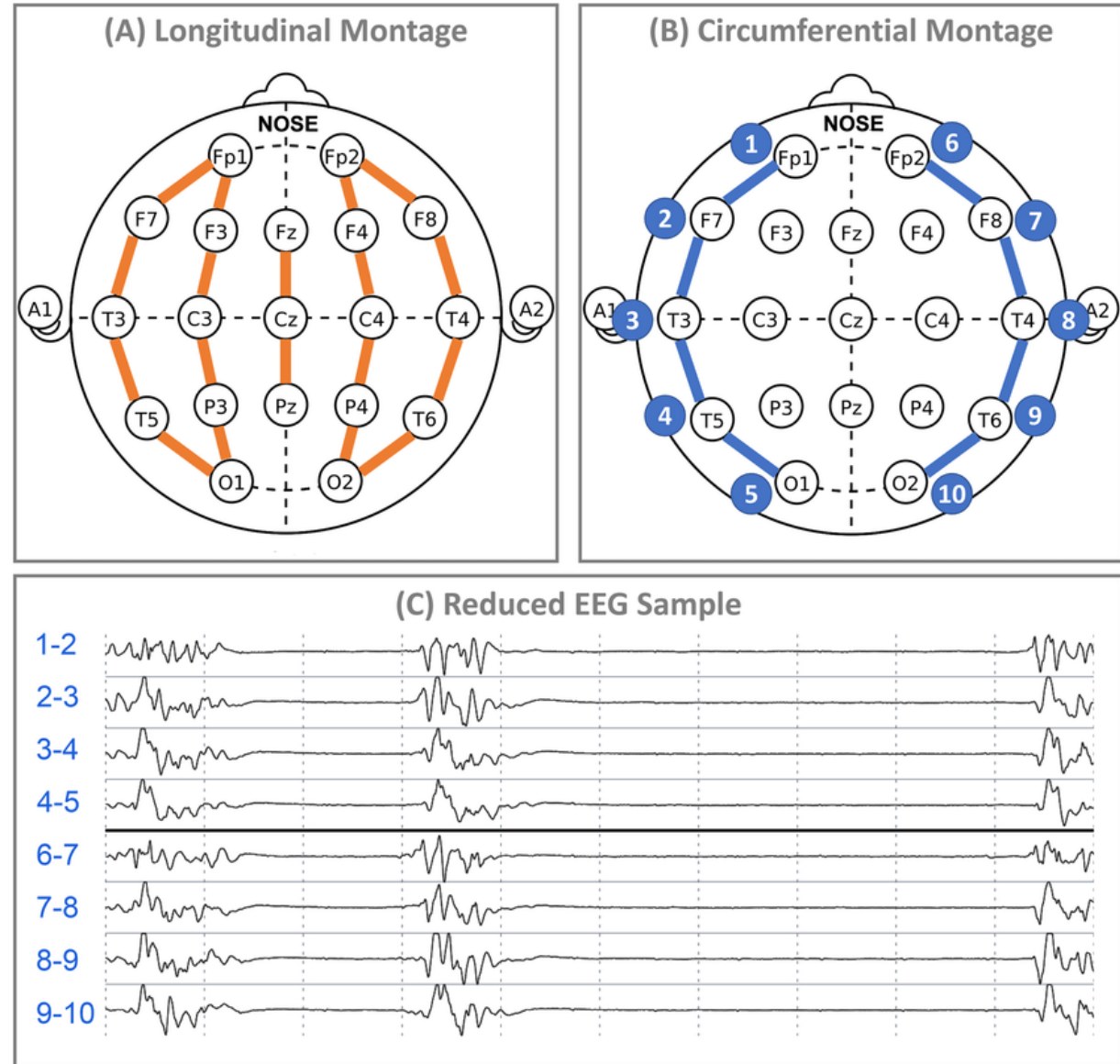
EEG machines are multi-channel, requiring multiple electrodes to capture signals. The arrangement, or **montage**, specifies how electrodes are positioned on the scalp and the channels they connect to.

Most clinical applications use the 10/20 system for electrode placement, while higher-density setups use the 5% system.

Each electrode is labeled according to its placement area (Fp, F, C, P, T, and O for frontal, central, parietal, temporal, and occipital areas, respectively).

# EEG Montage Setup







# Amplifiers

- Each EEG channel has a multistage amplifier with high gain and low noise, necessary due to the low amplitude of EEG signals ( $\sim 10\text{-}100\ \mu\text{V}$  from the scalp).
- These amplifiers must feature a high common-mode rejection ratio (CMRR) to minimize interference and high input impedance ( $\geq 20\ \text{M}\Omega$ ) to handle electrode-skin impedance variability.
- Amplifiers are typically placed close to the patient to minimize signal degradation and interference.
- The analog signal from the preamplifier is subsequently digitized, and voltage gain ranges from 60-100 dB.



## Filters

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To improve EEG signal clarity, filters are applied to remove unwanted noise.

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**High-pass filters** eliminate low-frequency artifacts (e.g., movement artifacts), while **low-pass filters** remove high-frequency noise (e.g., muscle artifacts).

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Additionally, a notch filter suppresses power line interference (50/60 Hz).

# Recorder

Most modern EEG systems are digital, using analog-to-digital converters to digitize the signal for computer-based display and analysis.

Older analog systems used direct-writing thermal recorders. Data is generally recorded at sampling rates of 256-512 Hz (clinical use) or up to 20 kHz (research).

# Channels

- EEG machines have multiple channels for simultaneous recording, typically 8, 16, or 32 channels. A digital interface allows for real-time visualization, filter adjustments, and montage configurations. Modern PC-based EEG systems use high-resolution monitors for display and analysis.

# Recording of Evoked Potentials

Evoked potential (EP) recordings capture brain responses to external stimuli, such as visual, auditory, or somatosensory triggers. Since EP signals are weak compared to typical EEG signals,

**signal averaging** is employed to separate EPs from background noise.

**Visual Evoked Potential (VEP):** Tests the visual pathway using visual stimuli like light flashes or checkerboard patterns.

**Brainstem Auditory Evoked Potentials (BAEP):** Assesses auditory nerve function through auditory clicks or tones.



# Specifications

Channels: 32

Frequency Response: 0.1-70 Hz

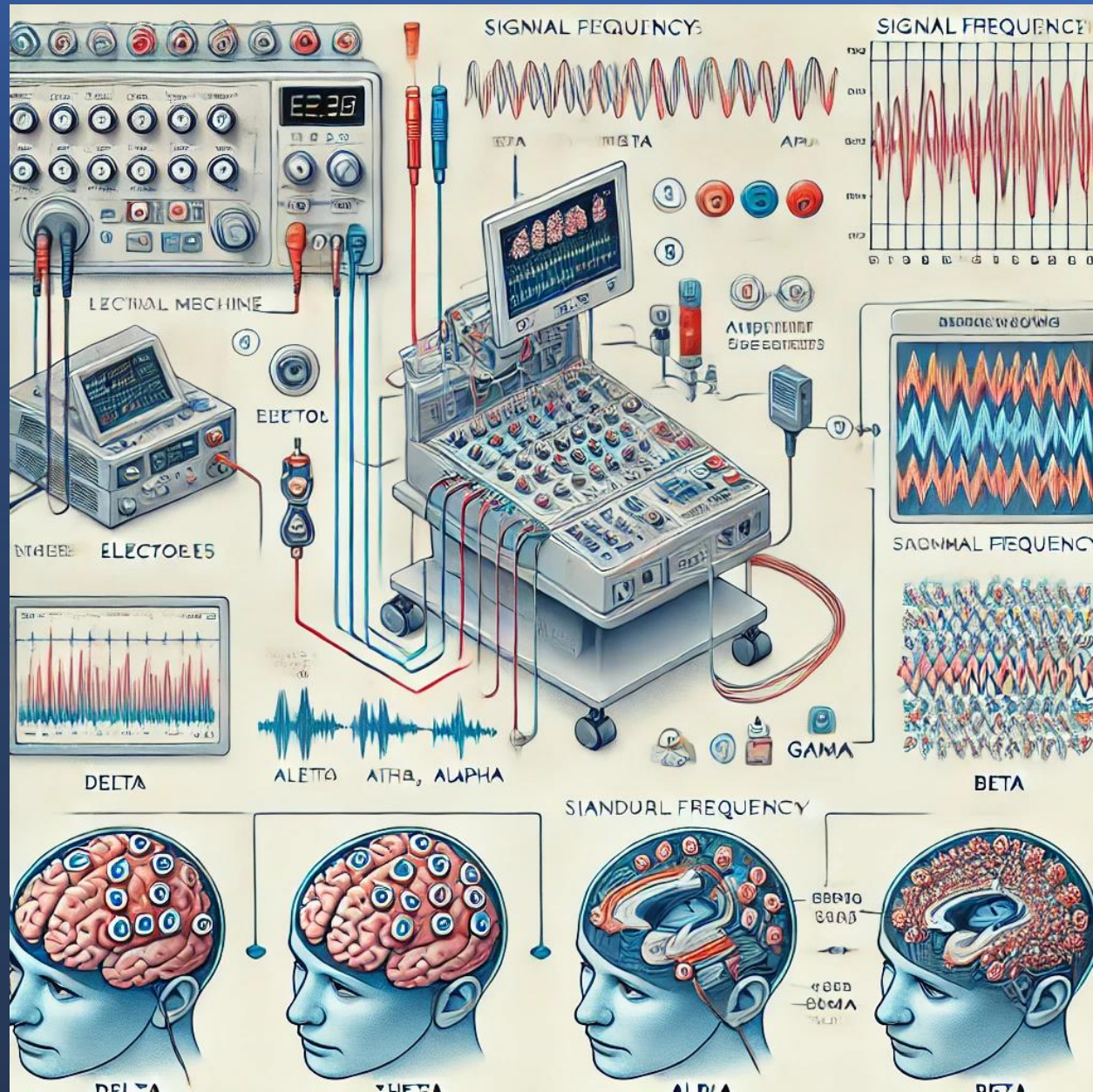
Input Impedance:  $>20\text{ M}\Omega$

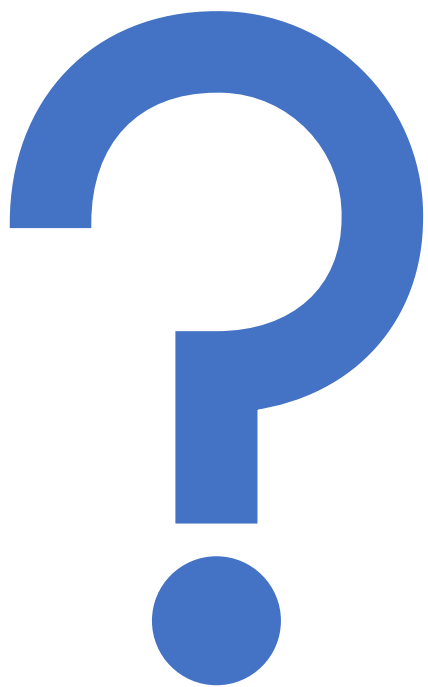
CMRR: 100 dB

Noise:  $<1.5\text{ }\mu\text{V}$  peak-to-peak

# Applications

- EEGs are primarily used for diagnosing epilepsy, coma, encephalopathies, brain death, sleep disorders, and brain tumors. EEG waveforms and frequency variations are critical diagnostic indicators, especially for detecting abnormalities like seizures.





question