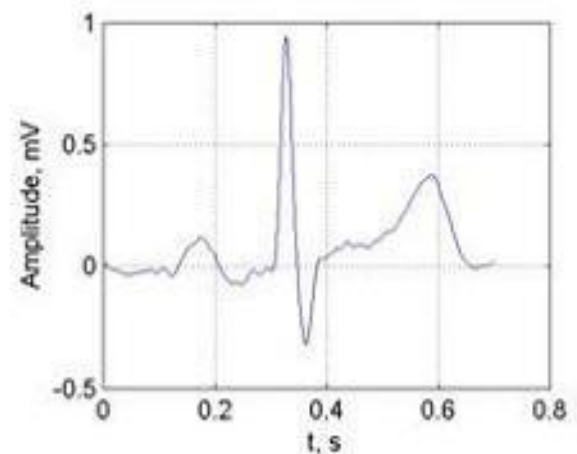
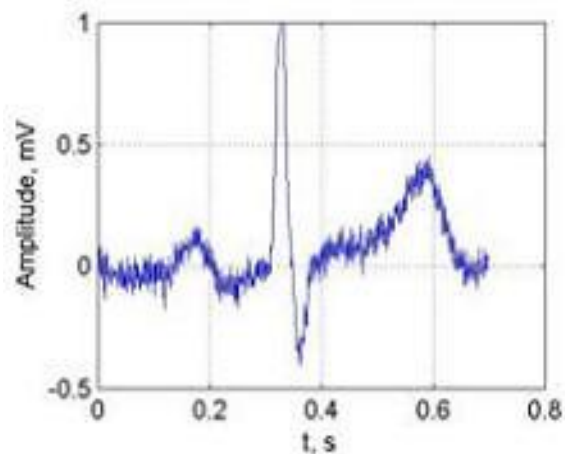
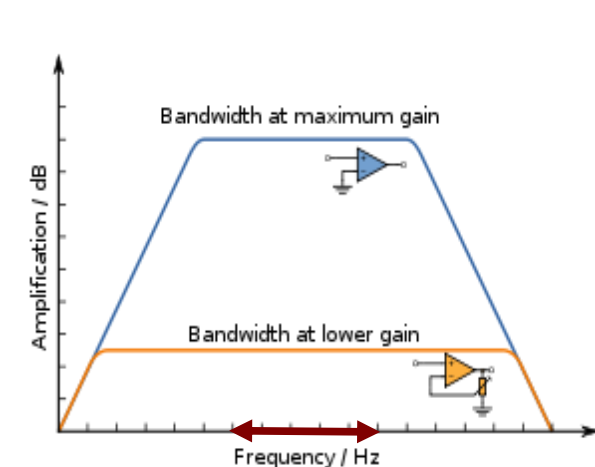
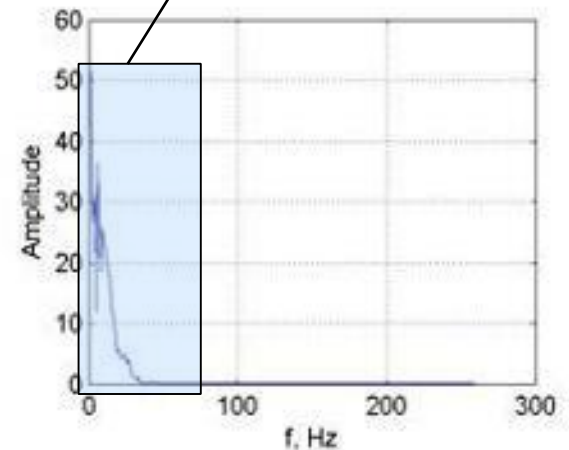
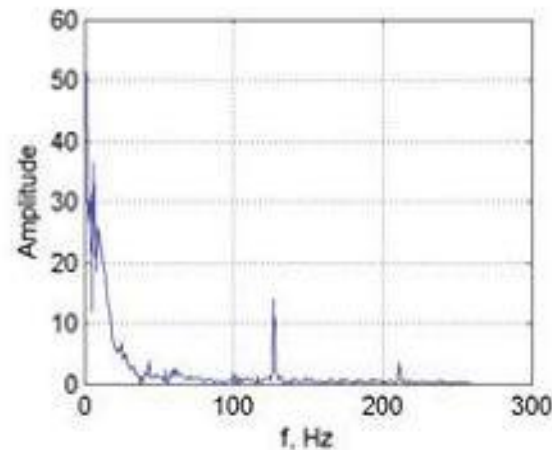
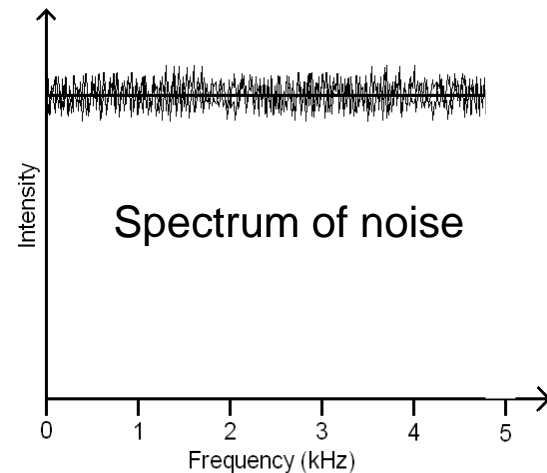


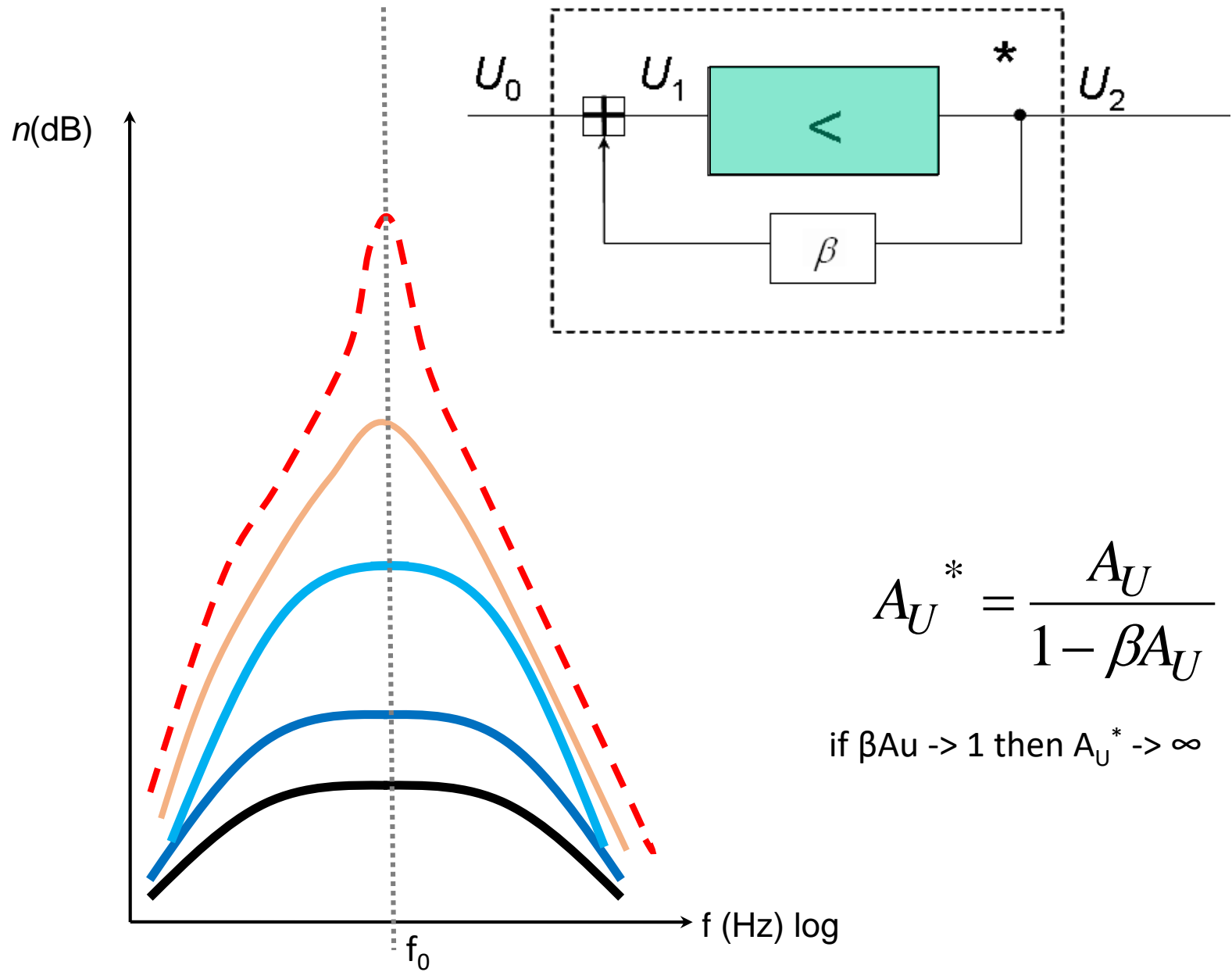
Analysis of amplifiers - Transfer function of amplifiers

During analog signal transport at every stage noise will be added! → degradation

Just transport that part of the spectrum which contains the information!



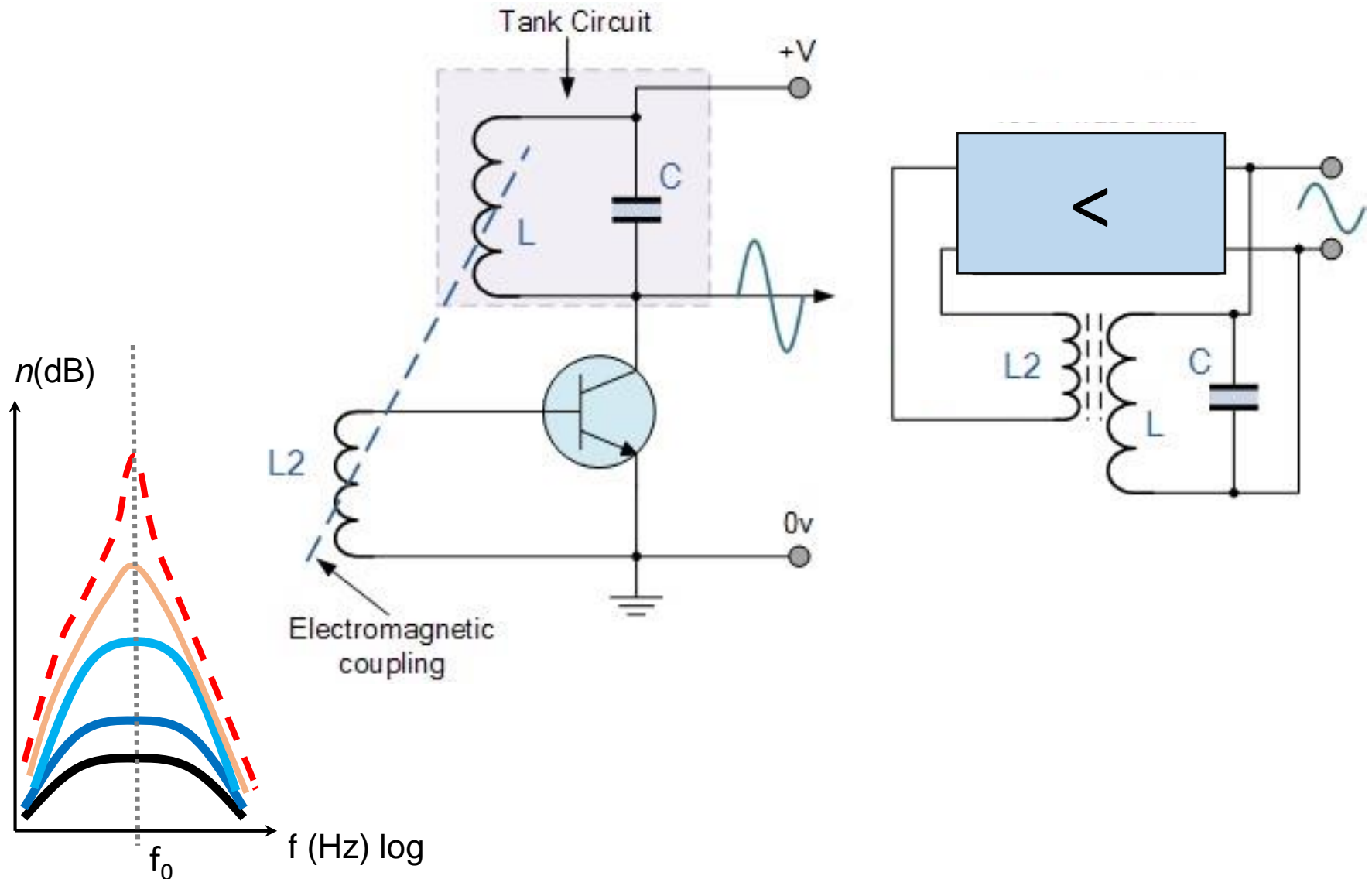
Positive feedback

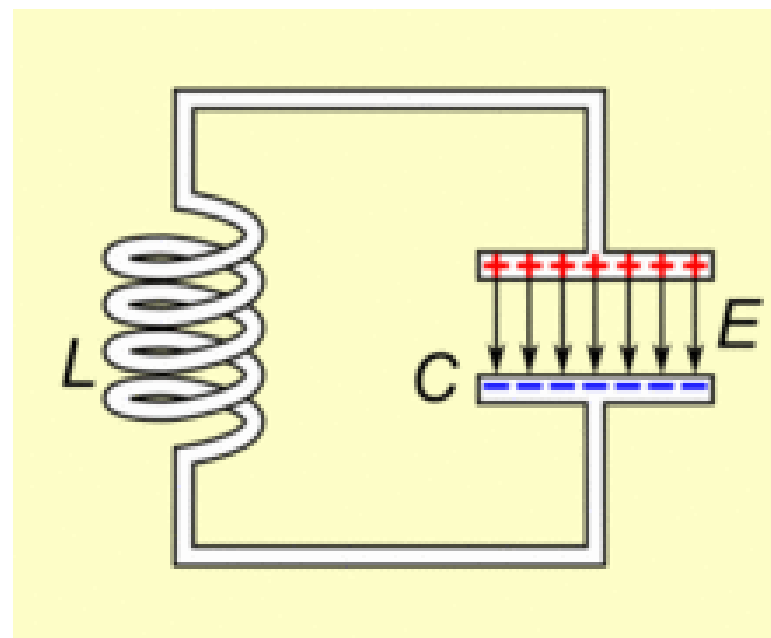
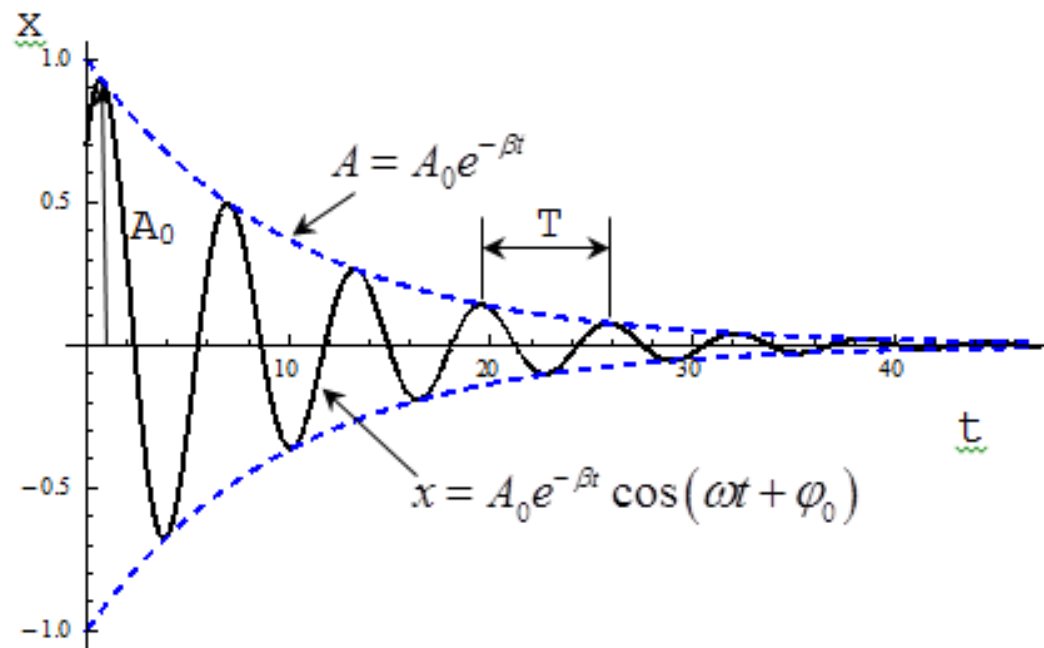
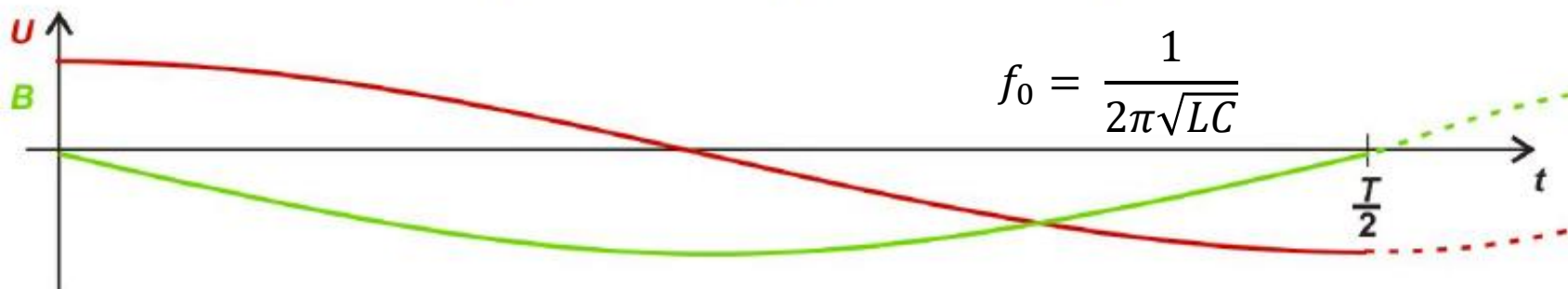
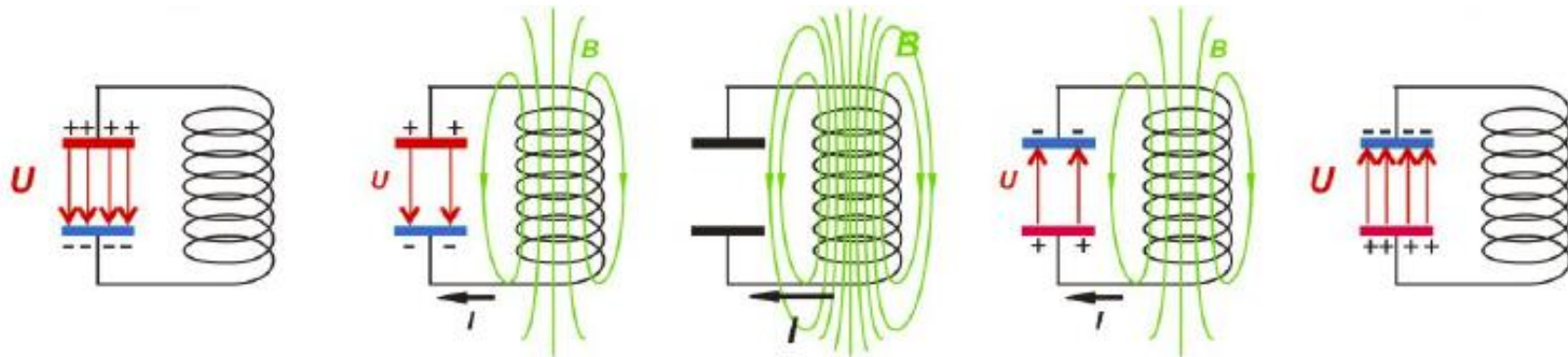


$$A_U^* = \frac{A_U}{1 - \beta A_U}$$

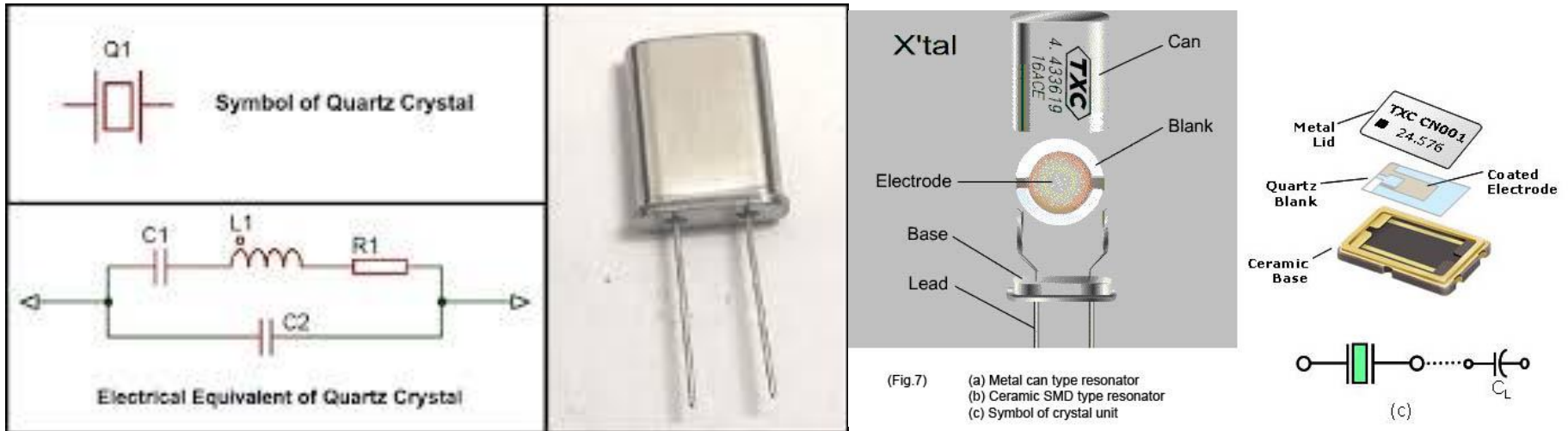
if $\beta A_U \rightarrow 1$ then $A_U^* \rightarrow \infty$

We can insert frequency selective elements into the feedback loop to lock the system to a given (natural) frequency.

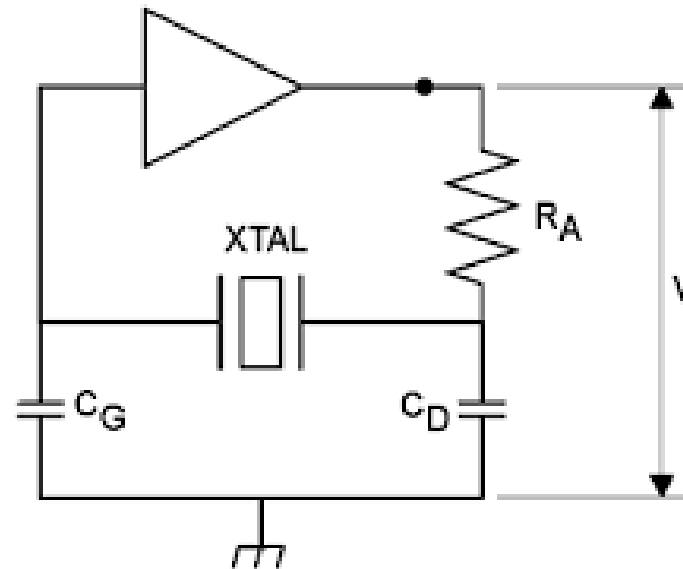




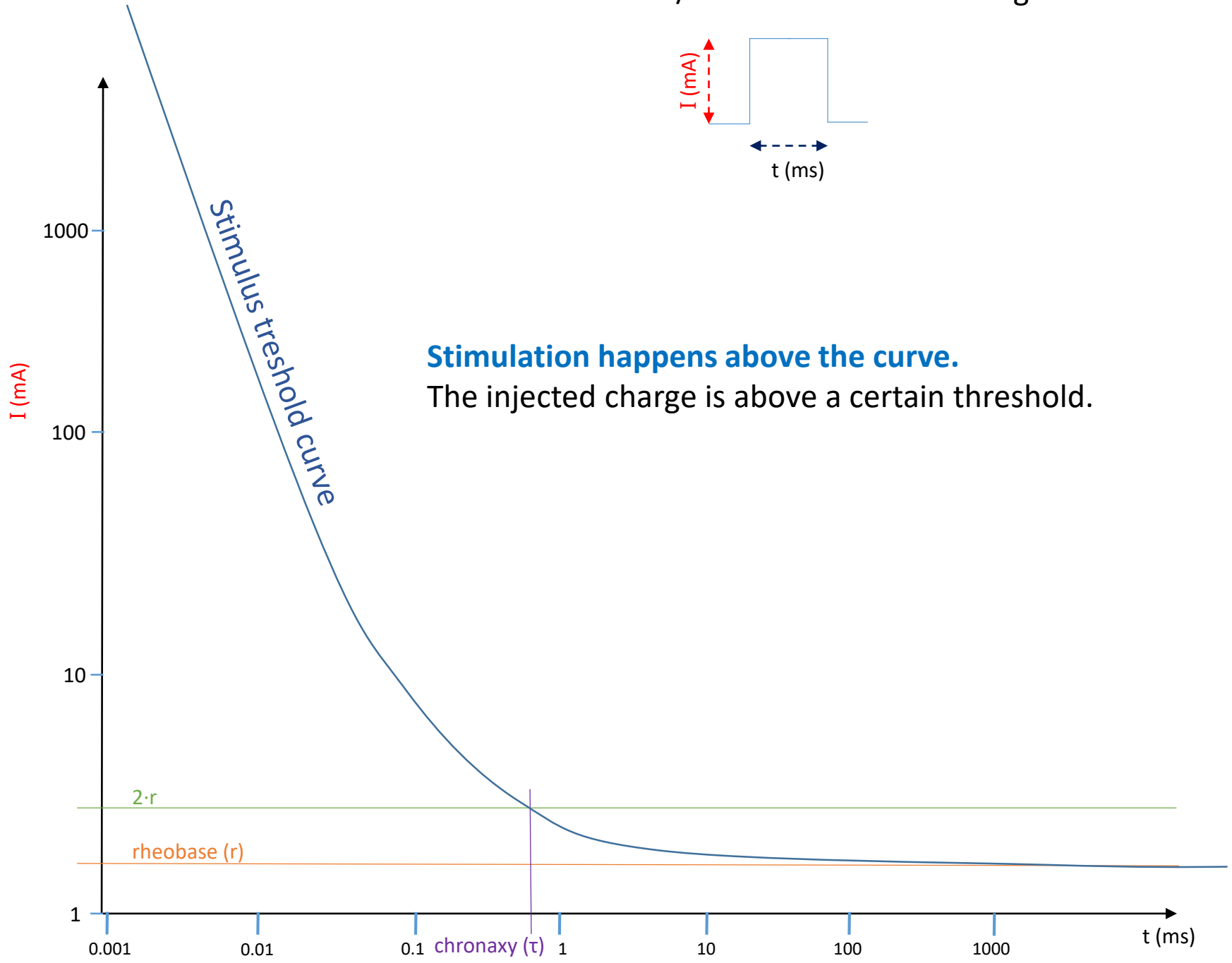
Quartz crystal-oscillator

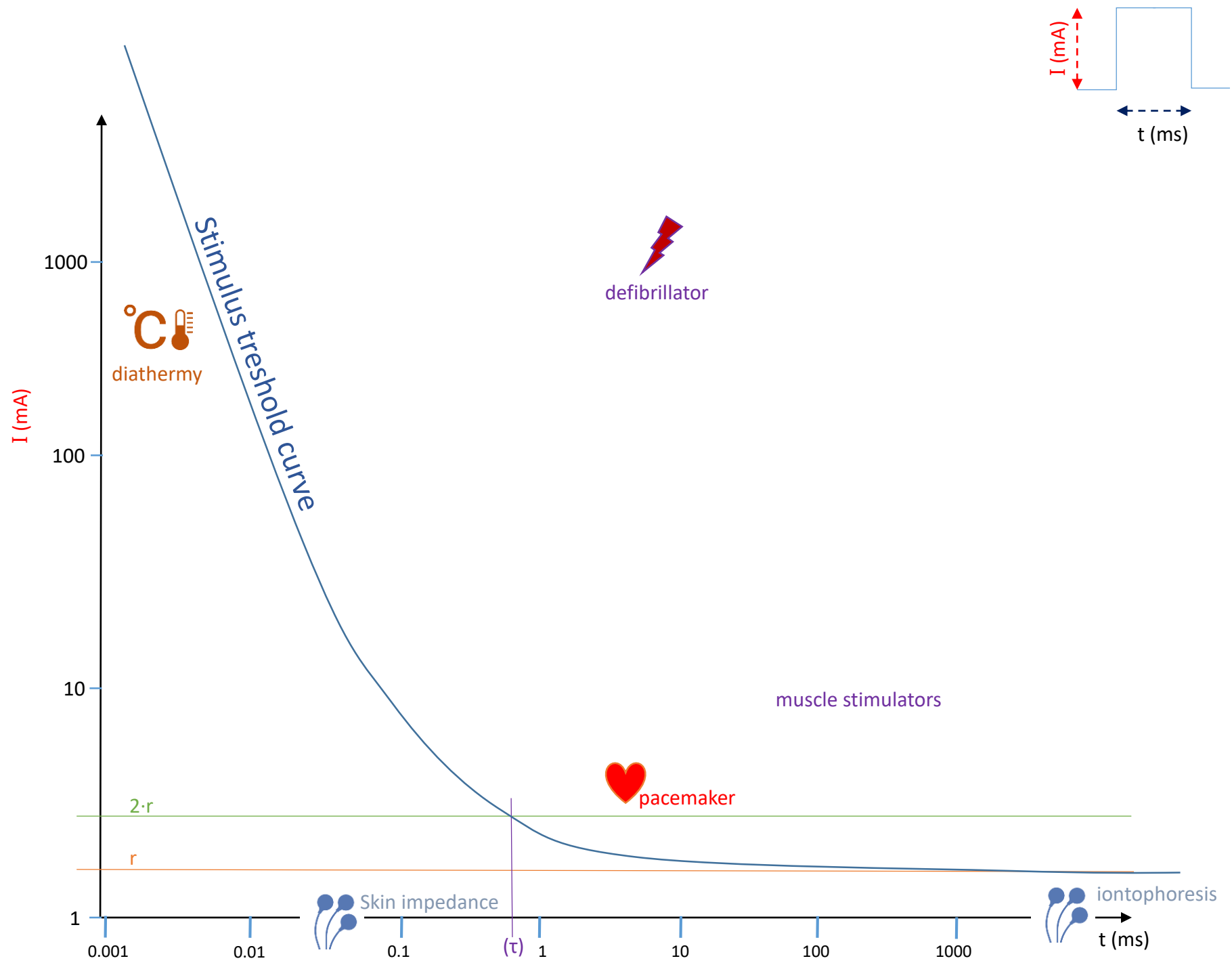


Piezoelectric effect makes the crystal act as a resonant element in the circuit.



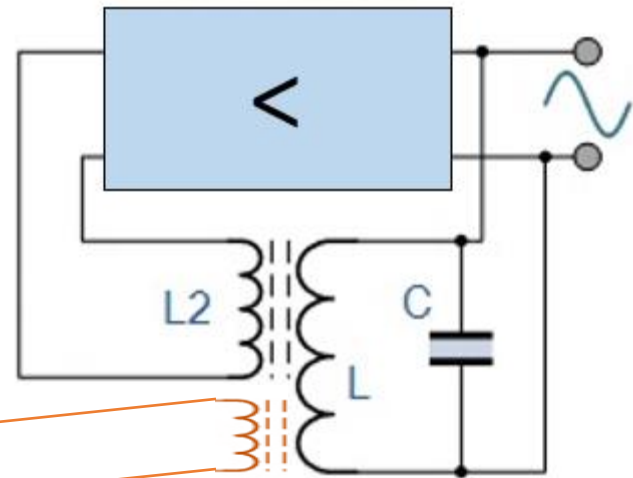
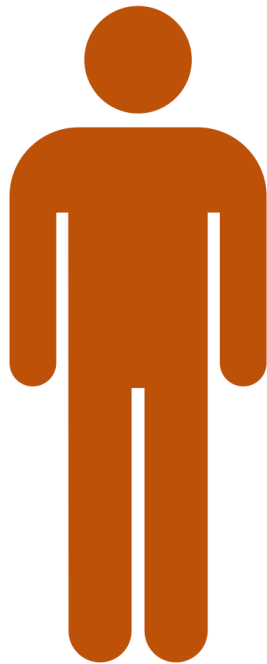
Stimulation of cells/tissues with electrical signals





The output power goes to the patient circuit.

NO direct galvanic contact is allowed!
(safety rule)

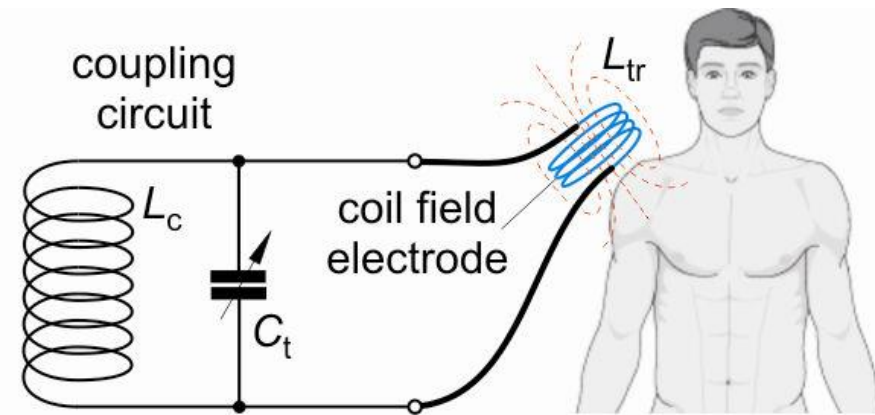
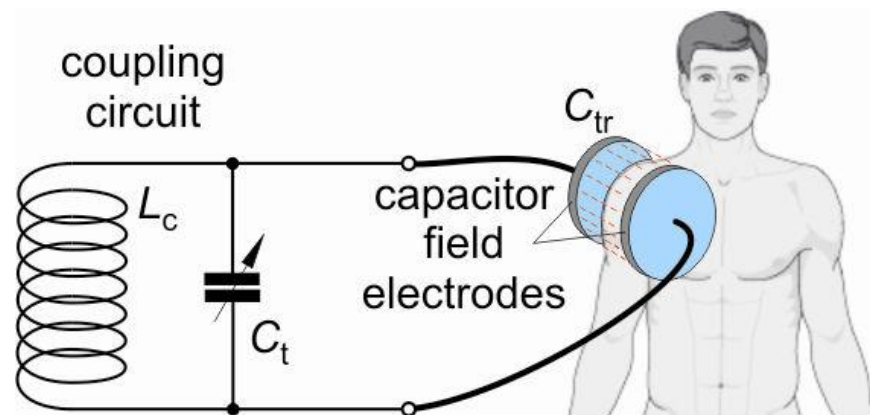


A usual way is the magnetic coupling into the patient-circuit

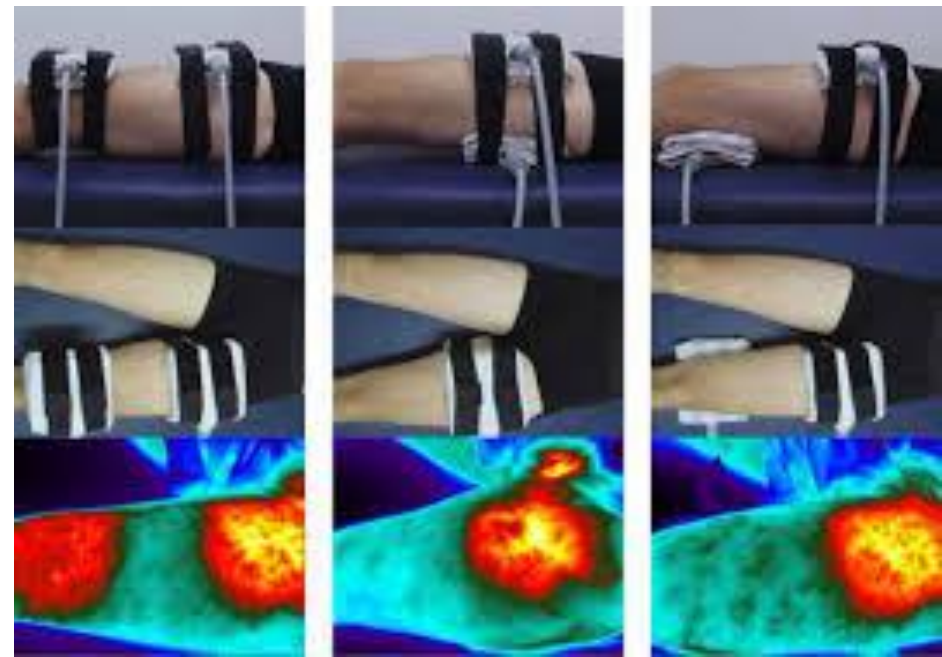
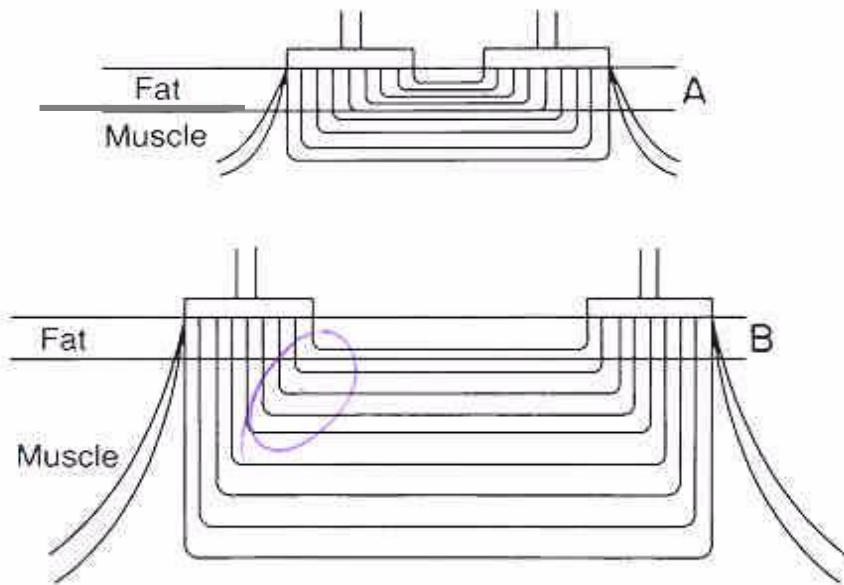
Patient circuits



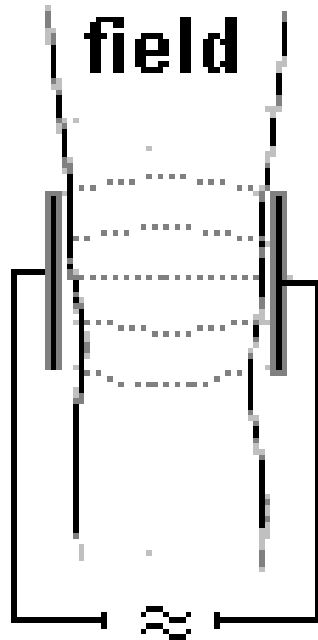
name	frequency	wavelength
Short wave	27,12 MHz	11,1 m
dm-waves	433 MHz	6,9 dm
microwaves	2,4 GHz	1,25 dm



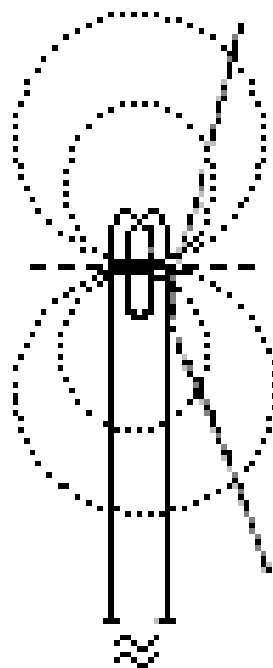
Resonance needed for optimal coupling -> tuning required (autotune)



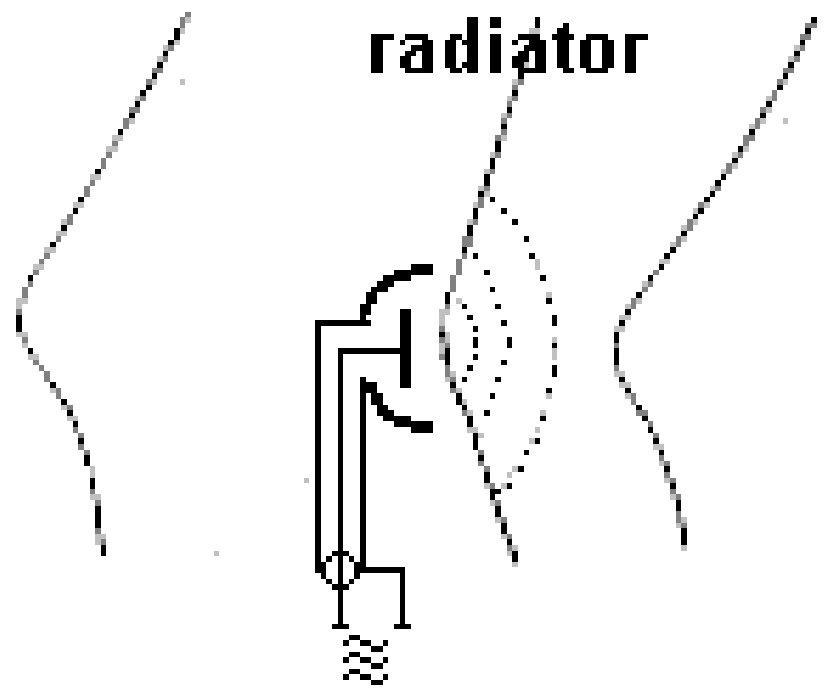
**capacitor
field**



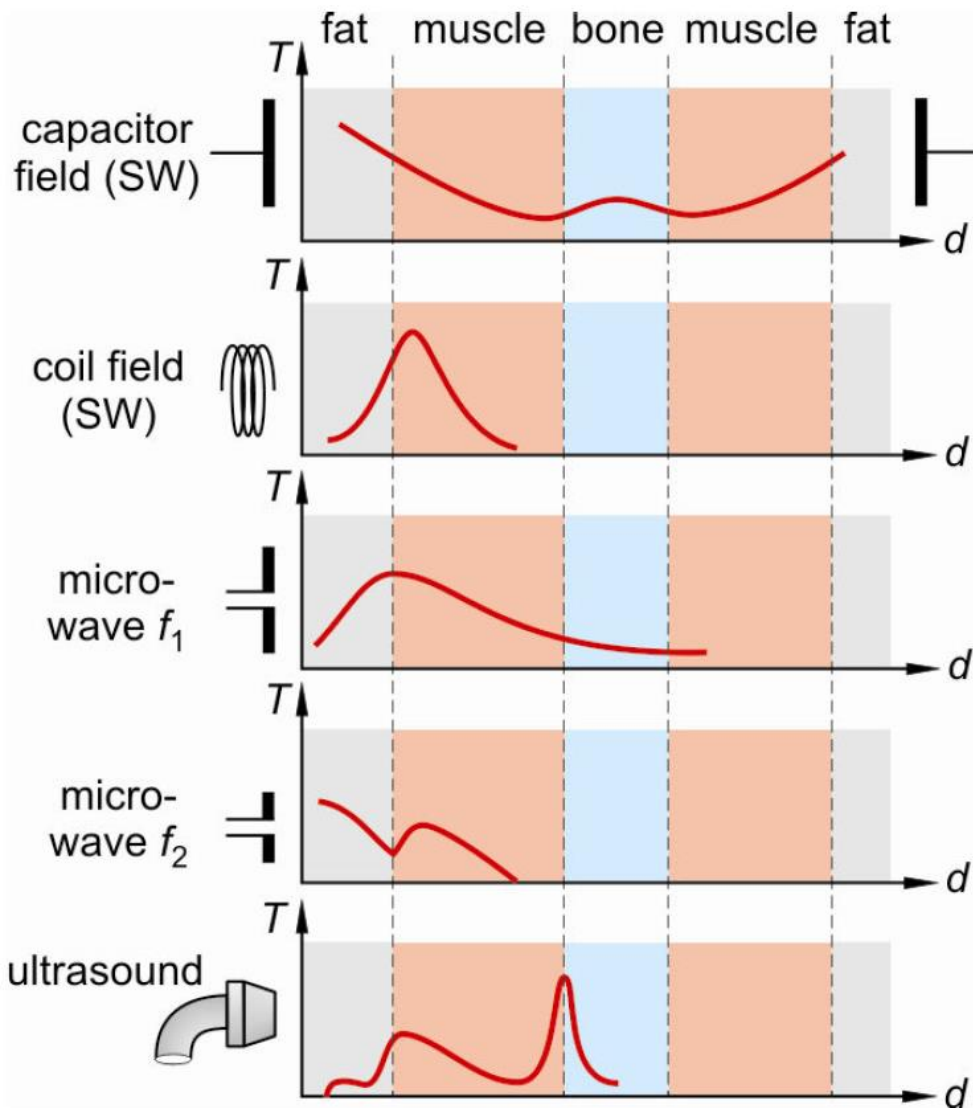
coil field



**microwave
radiator**

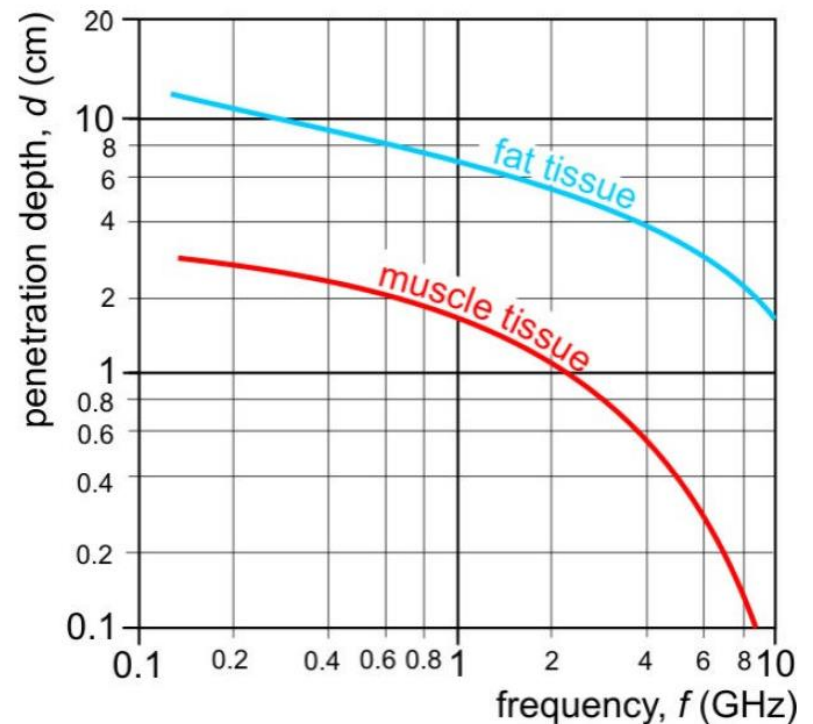


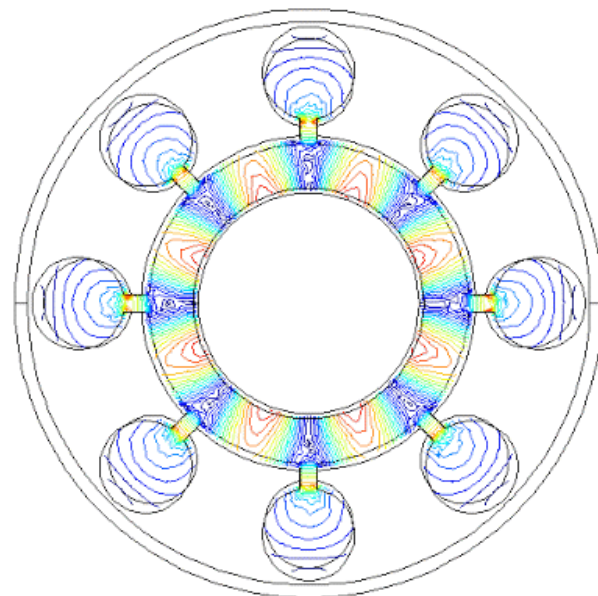
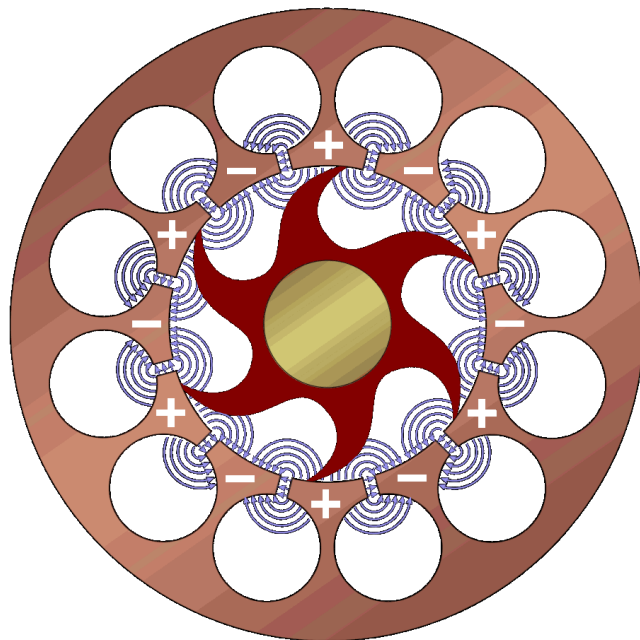
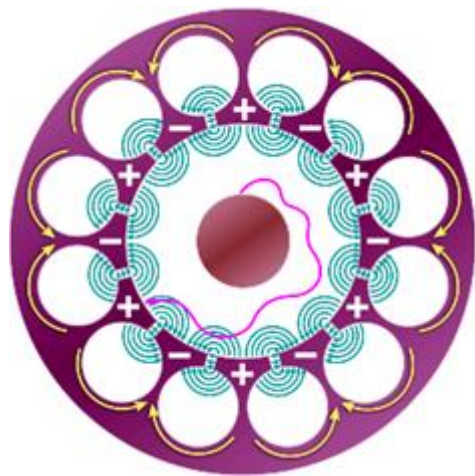
$$Q = \frac{U^2}{R} \cdot t = \frac{U^2}{\rho \frac{l}{A}} \cdot t = \sigma \frac{U^2}{l^2} \cdot l \cdot A \cdot t = \sigma \cdot E^2 \cdot V \cdot t$$



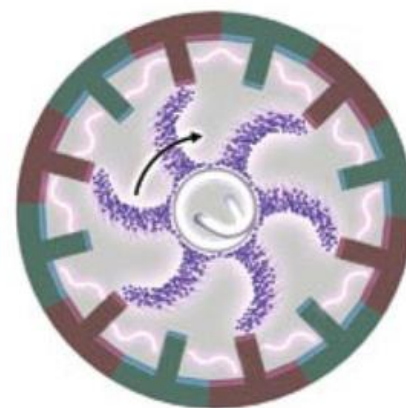
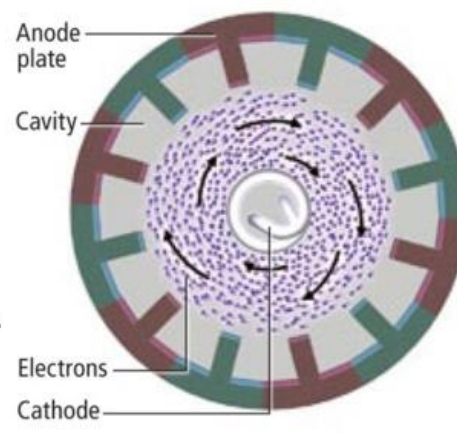
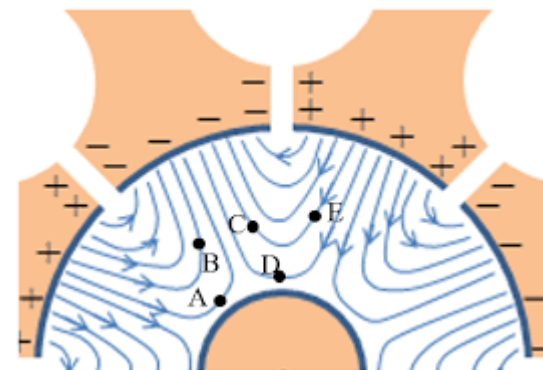
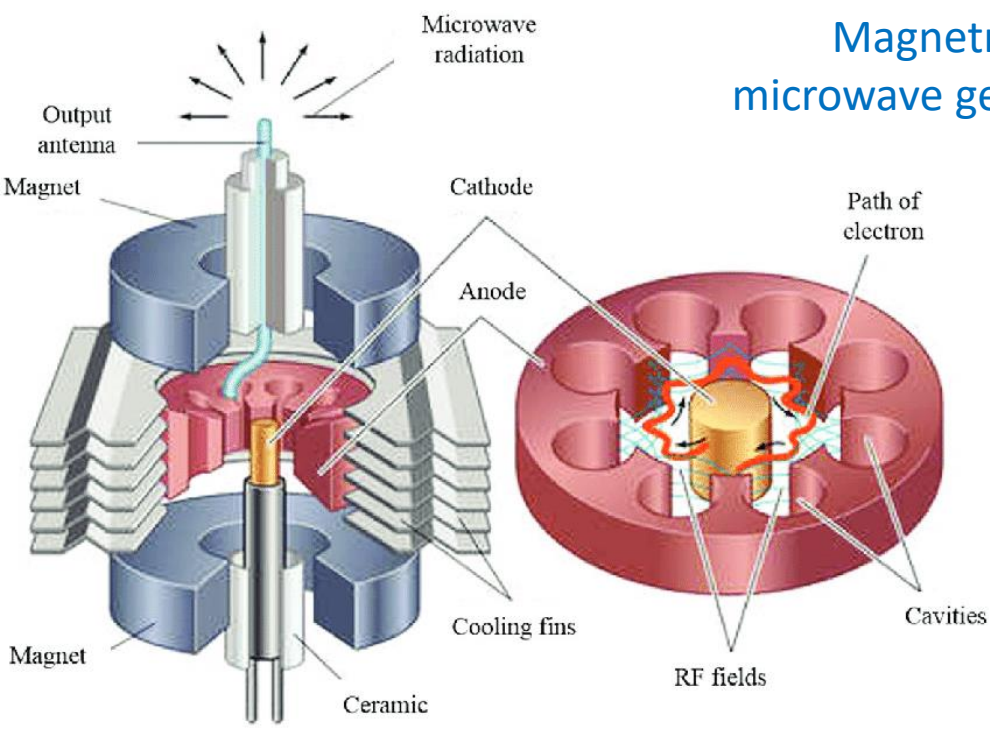
Penetration depth

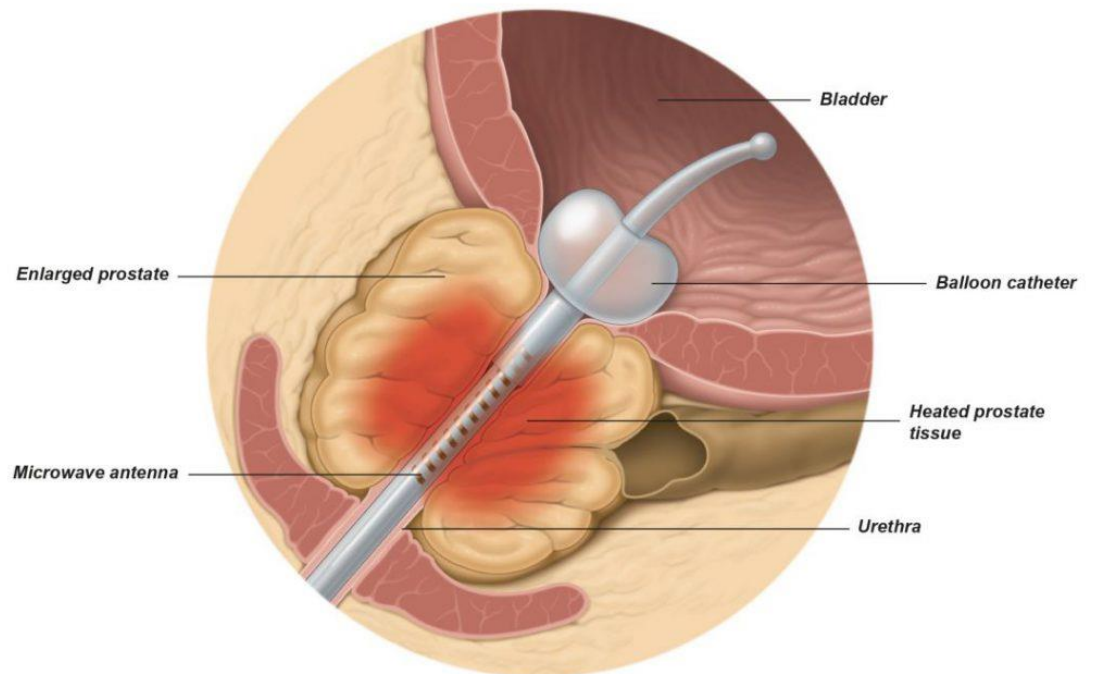
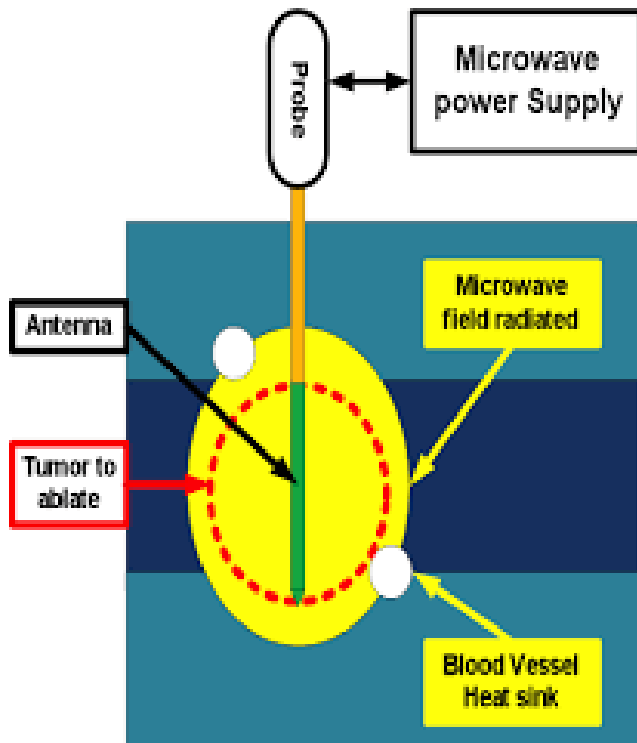
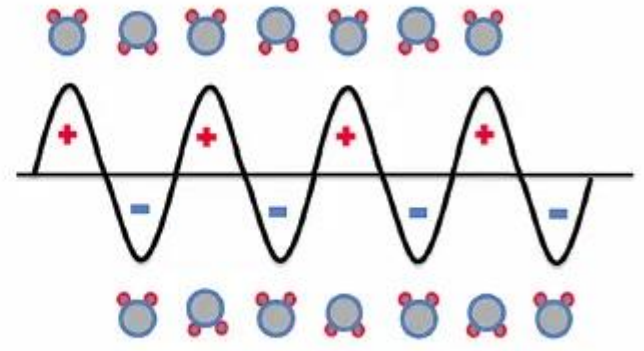
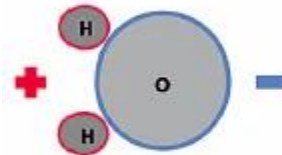
frequency	σ_{fat} (mS/cm)	σ_{muscle} (mS/cm)
300 MHz	2,7	9,0 – 9,9
1000 MHz	3,6	13,0 – 14,5





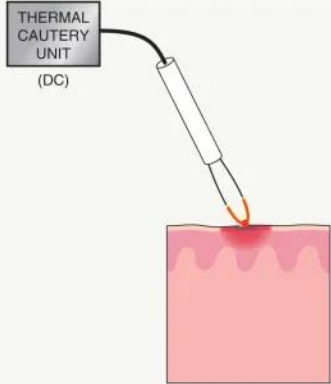
Magnetron microwave generator



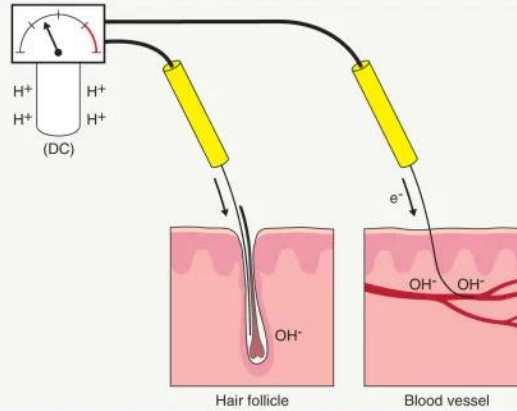


ELECTROCAUTERY, ELECTROLYSIS AND DIFFERENT TYPES OF ELECTROSURGERY

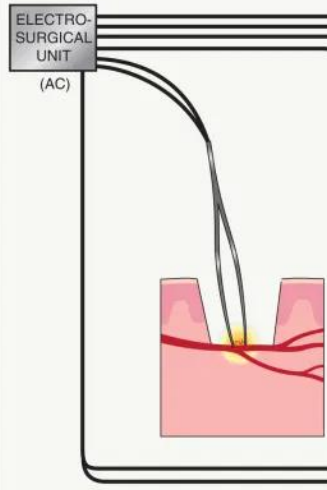
Electrocautery



Electrolysis



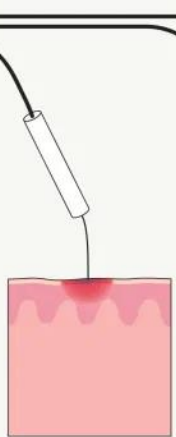
Bipolar electrocoagulation



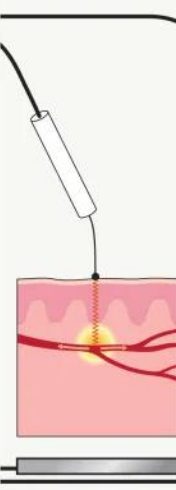
Electrofulguration



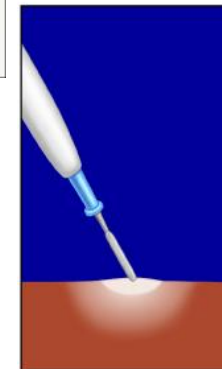
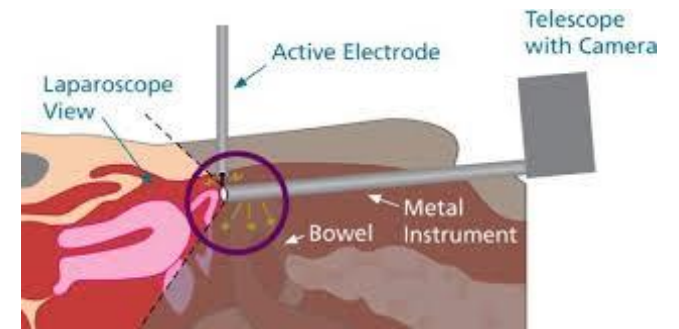
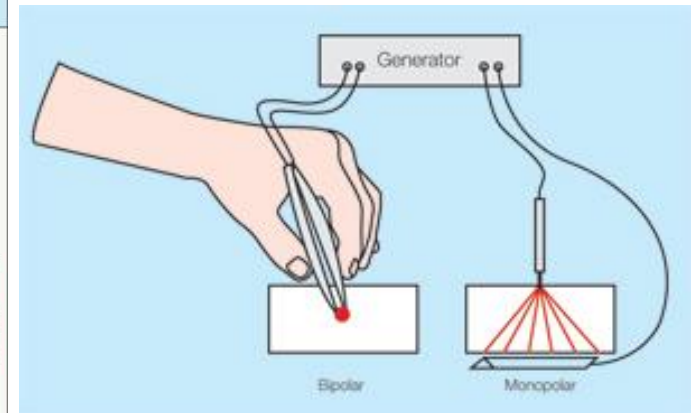
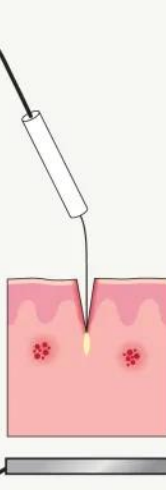
Electrodesiccation



Biterminal electrocoagulation



Electrosection



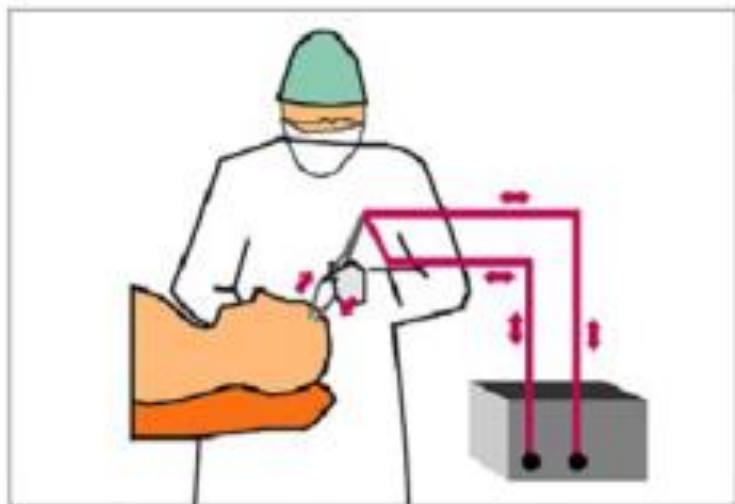
Desiccation



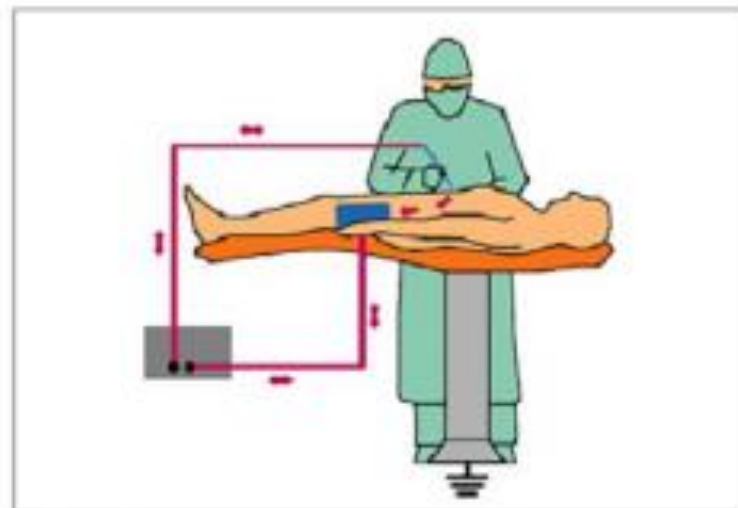
Vaporization



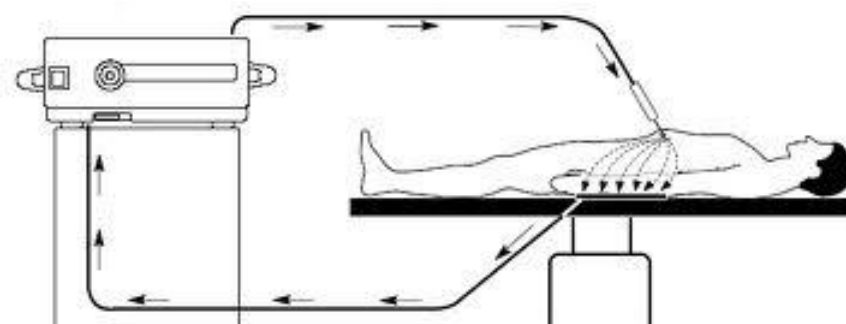
Fulguration



Bipolar



Monopolar



„Electrosurgery is currently used in over 80% of all surgical procedures, and is growing in popularity in dental surgery. **Electrosurgery also significantly reduces bleeding and provides the oral surgeon or dentist greater overall precision. ...**”

Advantages:

- High precision

- Immediate sterilization

- Reduced bleeding

- Analgesic effect

- Whitening



DC: $f=0$

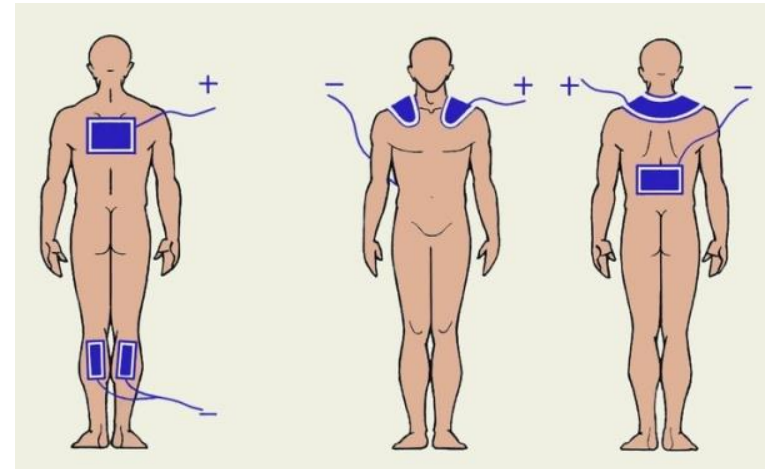
Anode Cranial (downward treatment):

stimulus threshold increases

sympathic tone is decreased

Anode Caudal (upward treatment)

stimulus threshold decreases



Galvanotherapy: constant direct current

Cranial or Caudal anode

Effects: pain relief

modulation of stimulus threshold of motoric neurons

modulation of vasodilatation

Hidro-Galvanic Treatment

sympathicus activity (tone) decreases
vasodilatation in deep tissues



Iontophoreses: ionic drugs can be delivered through the skin into the tissues situated between two electrodes

pain reliefs,

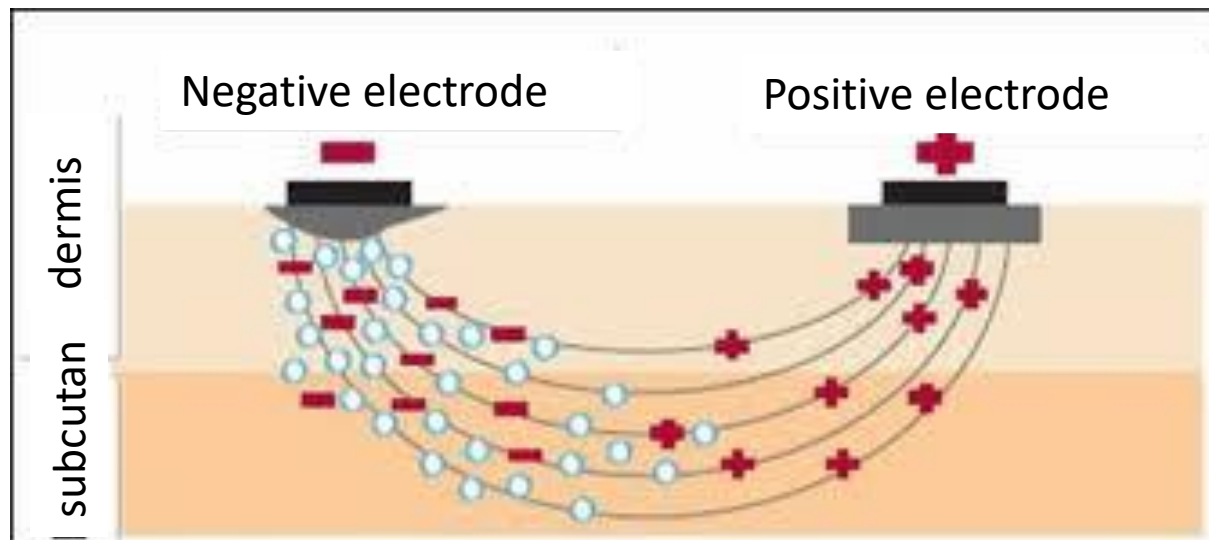
anty-inflammatory agents,

vasodilatators,

tissue softeners

Cathophoresis – e.g. steroids, lidocain

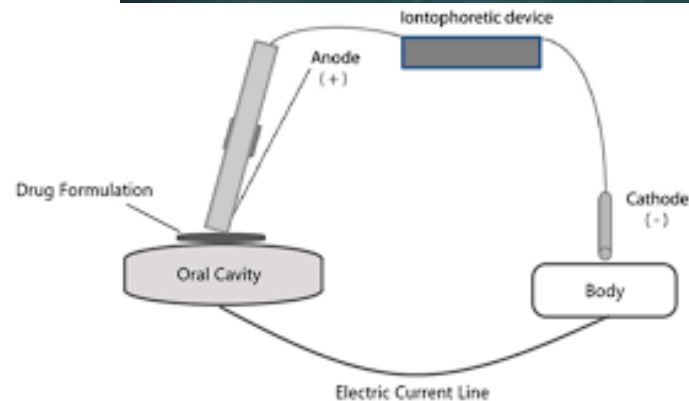
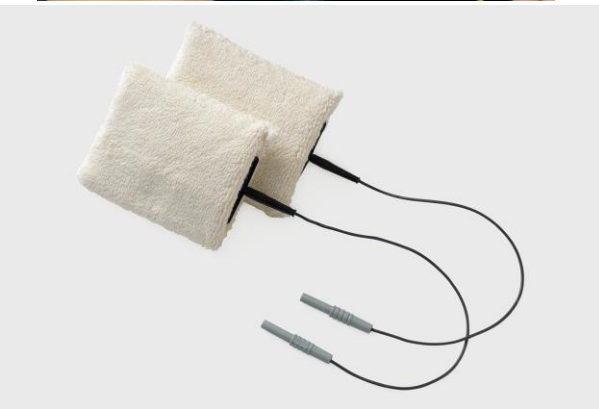
Anophoresis – e.g.. Non-streroidal anti-inflammation drugs



Iontophoreses :

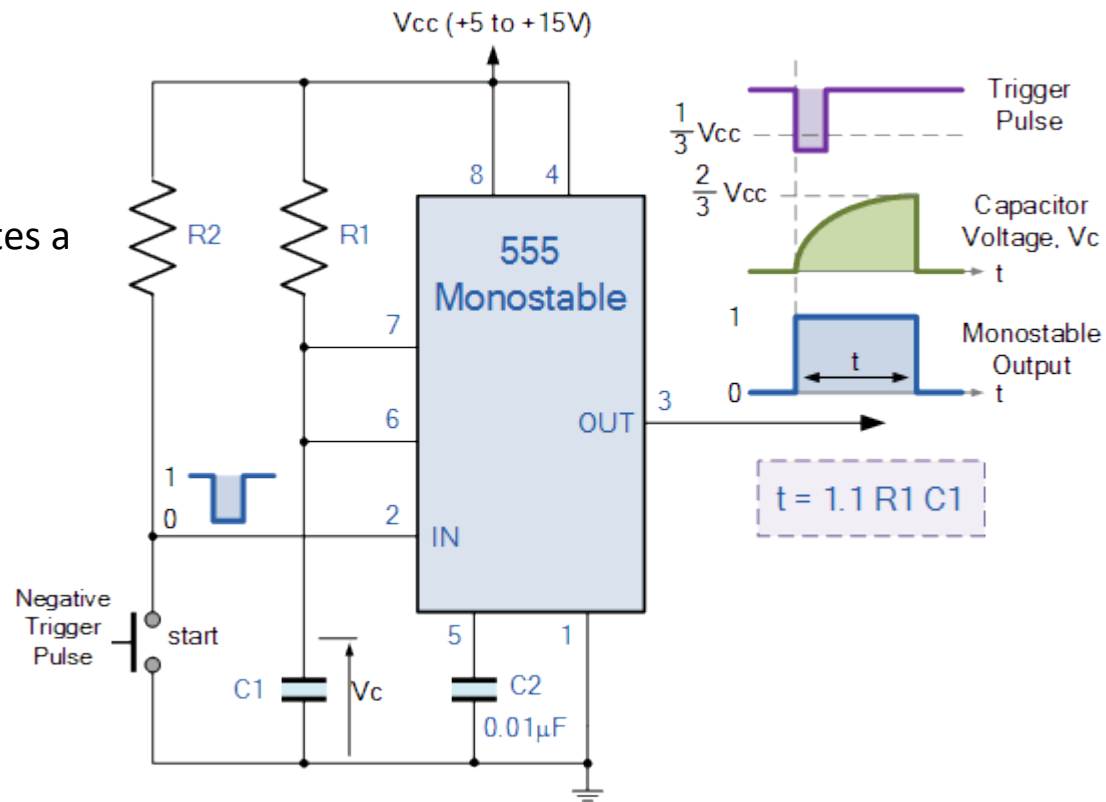
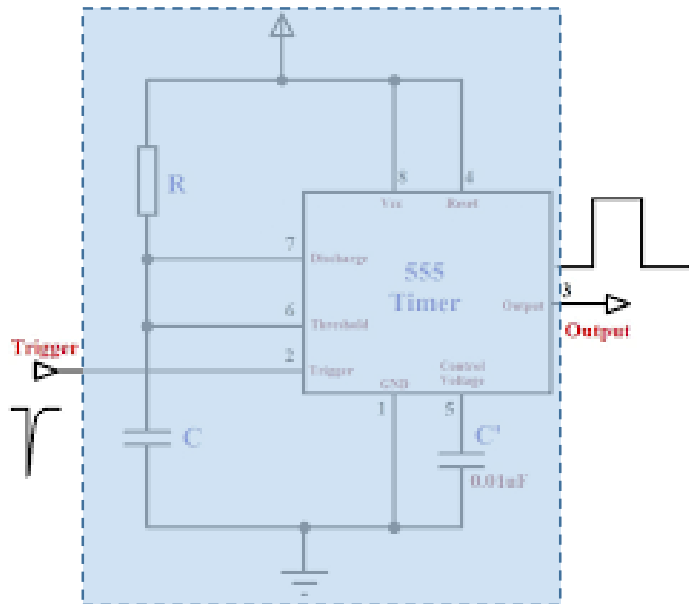
Advantage: smaller quantity of drug, local treatment, delivery of non-absorbing drugs.

Disadvantage:
doses are uncertain



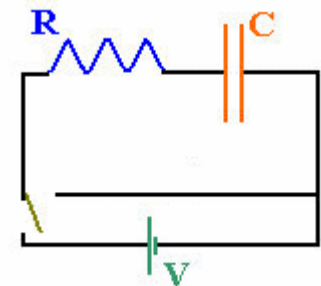
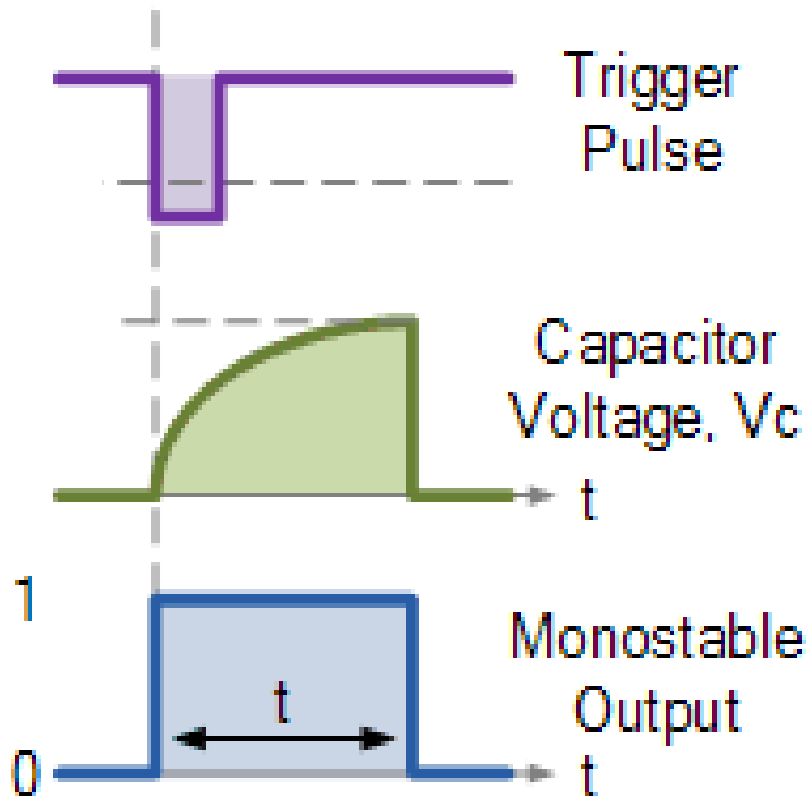
Pulse generators

Trigger is an INPUT signal which generates a controlled voltage-duration pulse at the output of the monostable circuit.

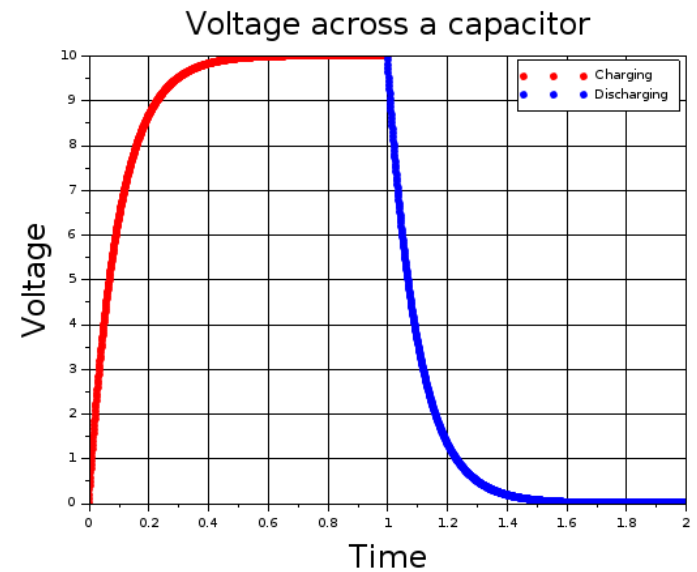


The **monostable** has ONE stable state, which is the inactive one. The active output state is transient, and will be automatically switched off by the device without further external intervention.

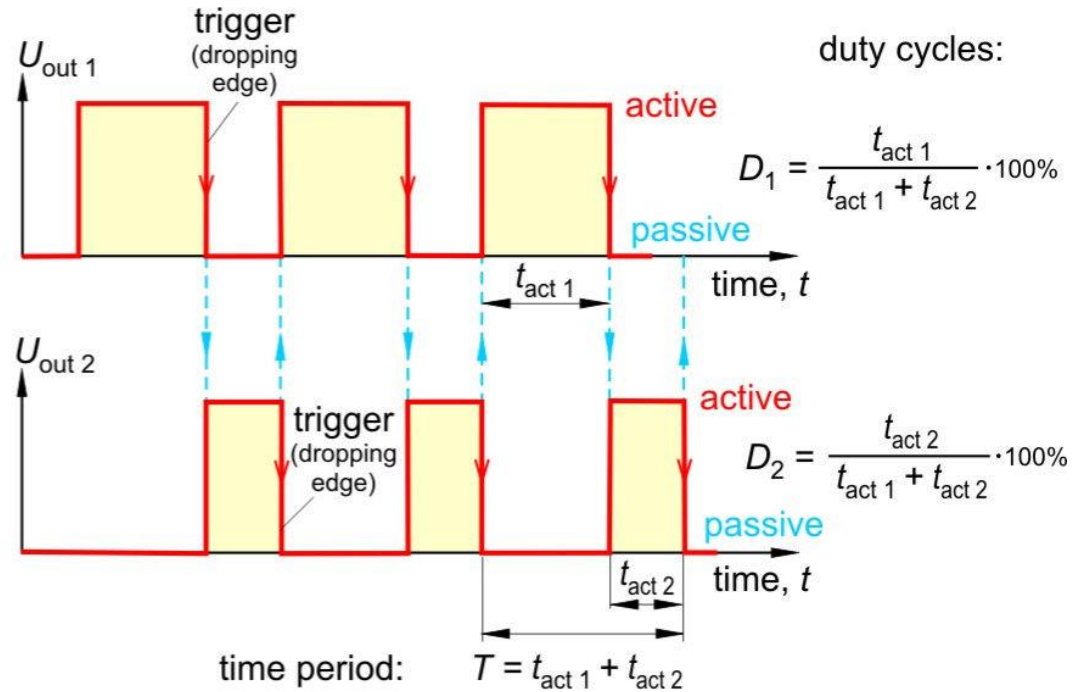
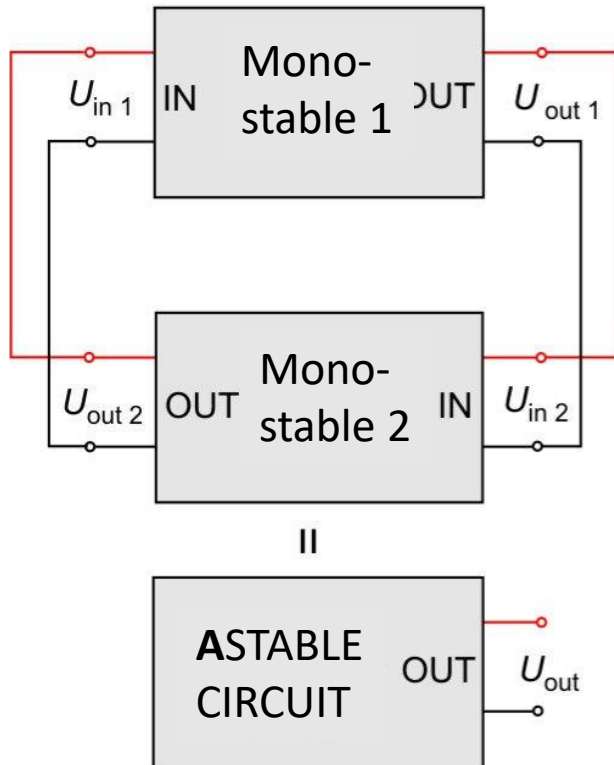
The easiest/robust way to measure time is to charge or discharge a capacitor.

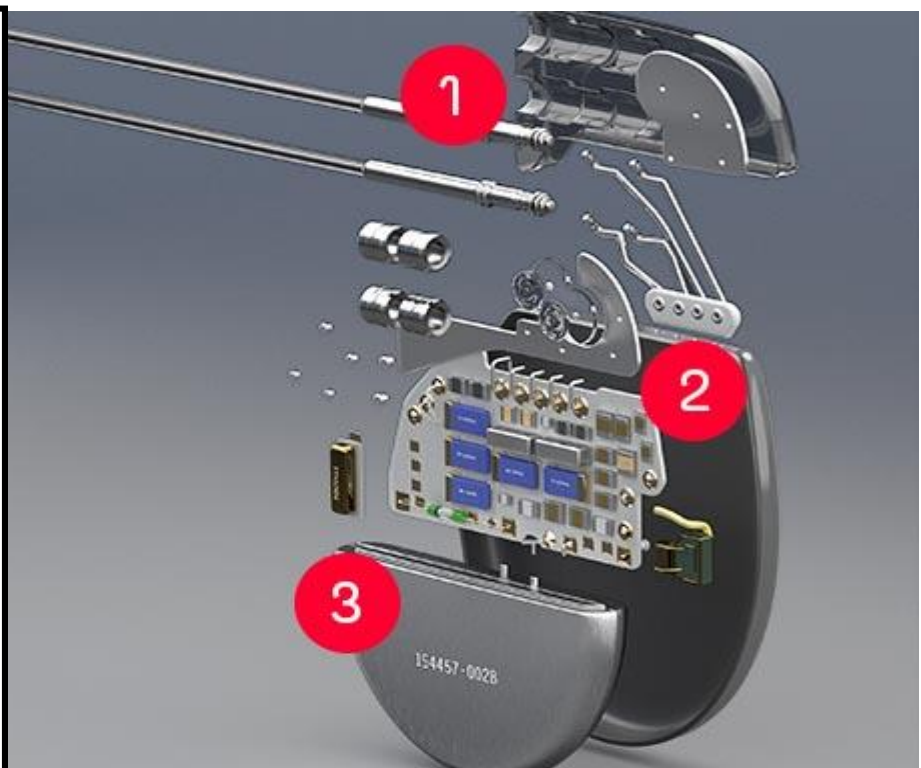
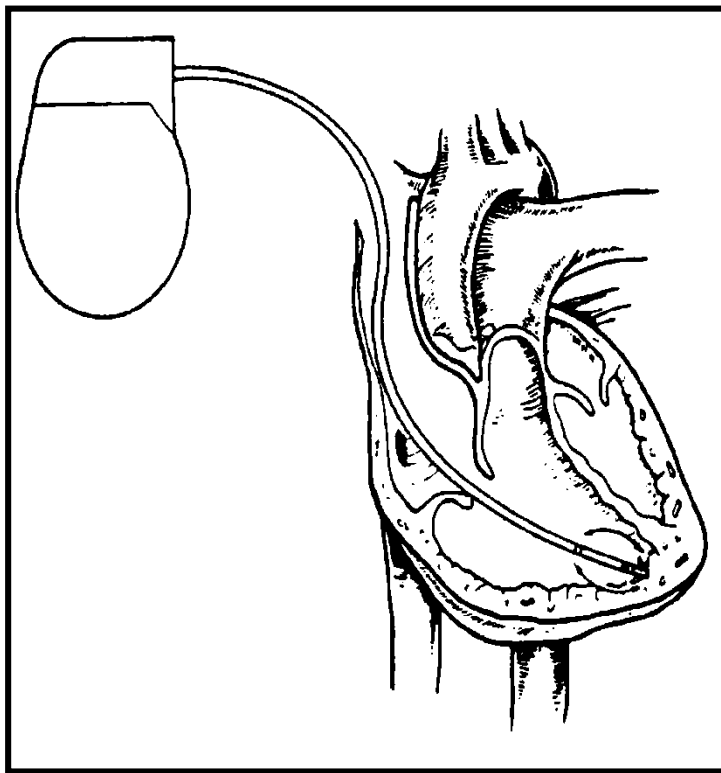


RC circuit
charging or
discharging



Astable circuit: generates a pulse train without external intervention, has no stable, persistent state.





Pacemaker



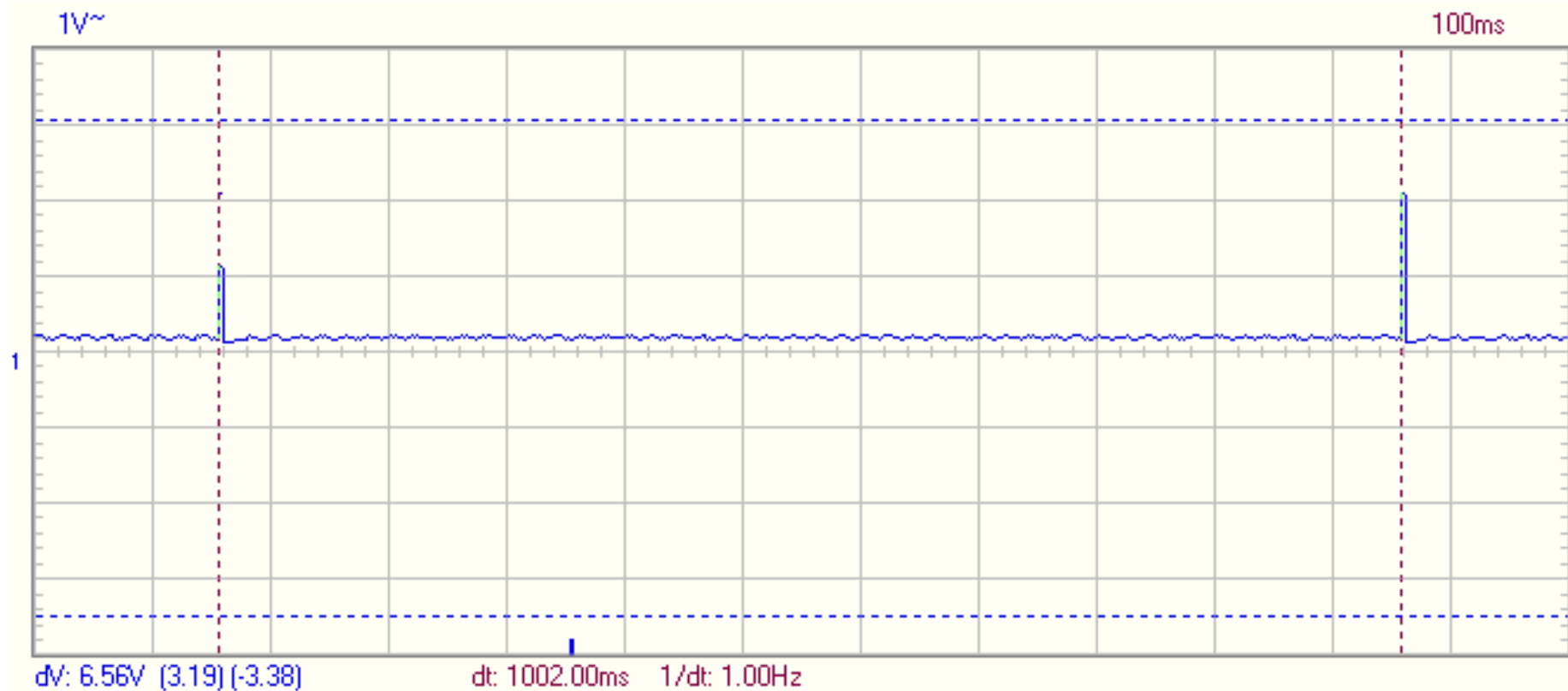
Pacemaker

I.	II.	III.	IV.	V.
Chamber(s) Paced	Chamber(s) Sensed	Response to Sensing	Rate Modulation	Multisite Pacing
0 = None	0 = None	0 = None	0 = None	0 = None
A = Atrium	A = Atrium	I = Inhibited	R = Rate Modulation	A = Atrium
V = Ventricle	V = Ventricle	T = Triggered		V = Ventricle
D = Dual (A+V)	D = Dual (A+V)	D = Dual (I+T)		D = Dual (A+V)

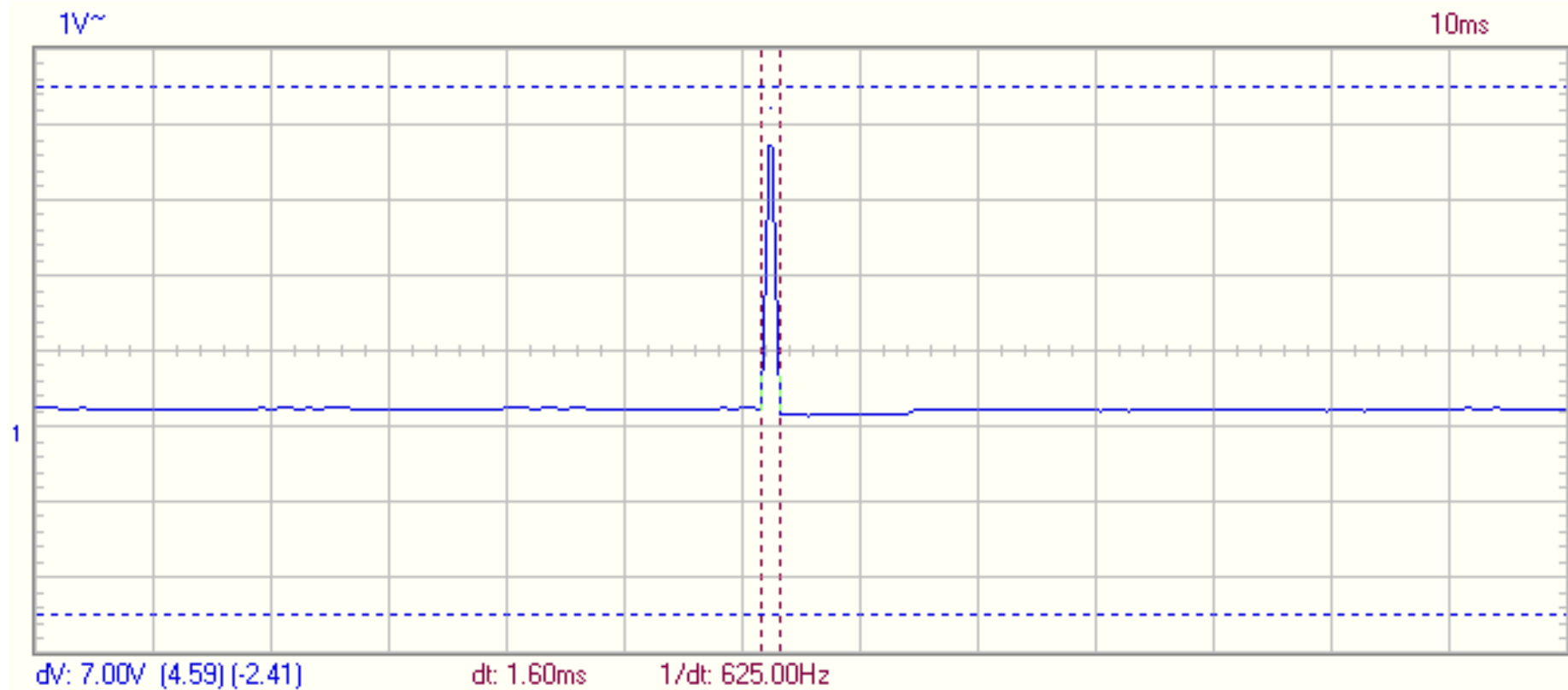


Here we have: VVIR/AAIR

The time period is approx. 1s without regulation



Typical pulse duration is 1-2 ms



Calculation of pulse energy

Known voltage and tissue resistance, known pulse duration time

$$E = \frac{U^2}{R} \tau$$

$$Q = \frac{U}{R} \tau$$

$$P = U \cdot I, I = U/R$$

$$P = U^2/R$$

$$R = P \cdot t$$

$$t = \tau = R \cdot C$$

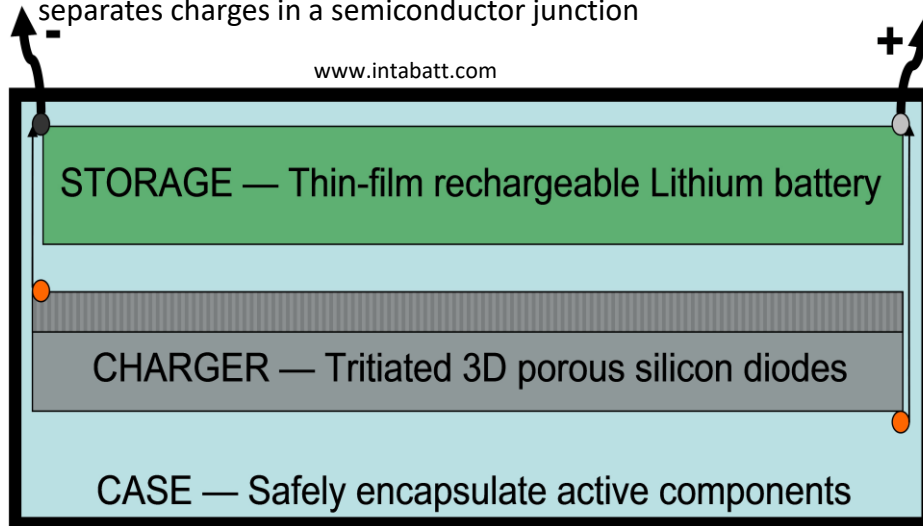
$$Q = I \cdot t$$

A LONG lasting battery is needed.

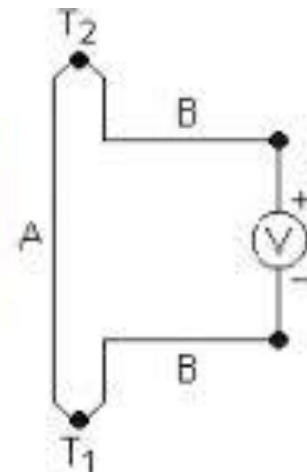
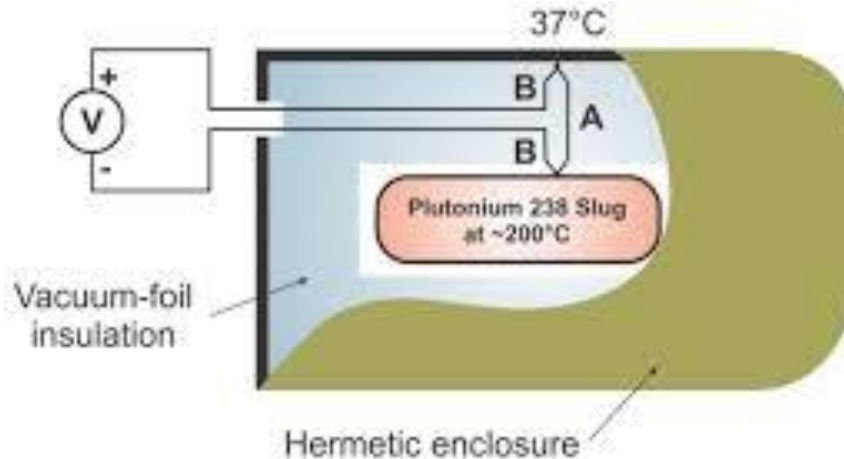
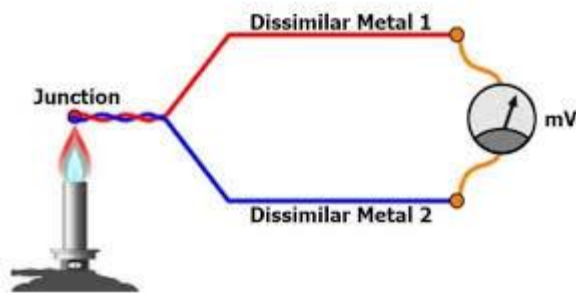
A battery change = exchange of the whole device = operation!

β -radiation powered cell.

Betavoltaic cell: similar to photovoltaics, the ionization separates charges in a semiconductor junction



RTG : radioaktive thermoelectric generator



Defibrillator

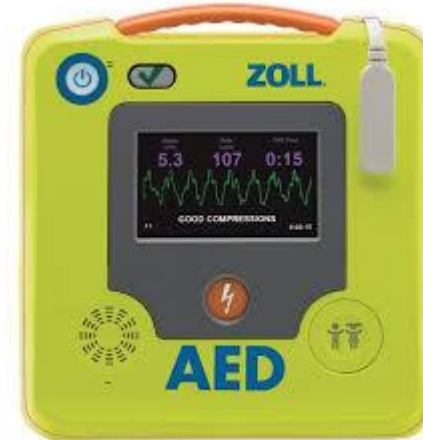
(monostable)



fibrillation

defibrillation

back to normal



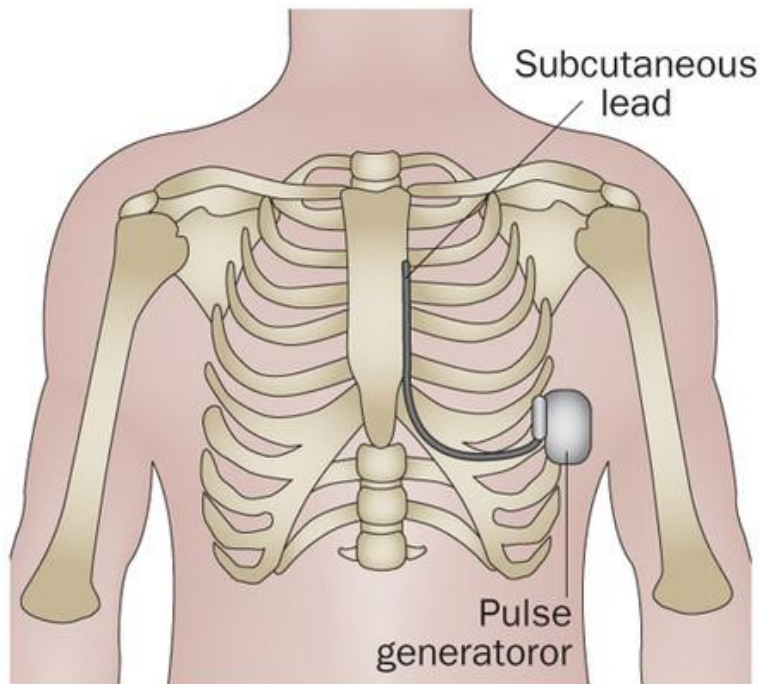
AED: Automated External Defibrillator

Cardioverter

ICD: Implantable Cardioverter Defibrillator



S-ICD



Transvenous ICD

