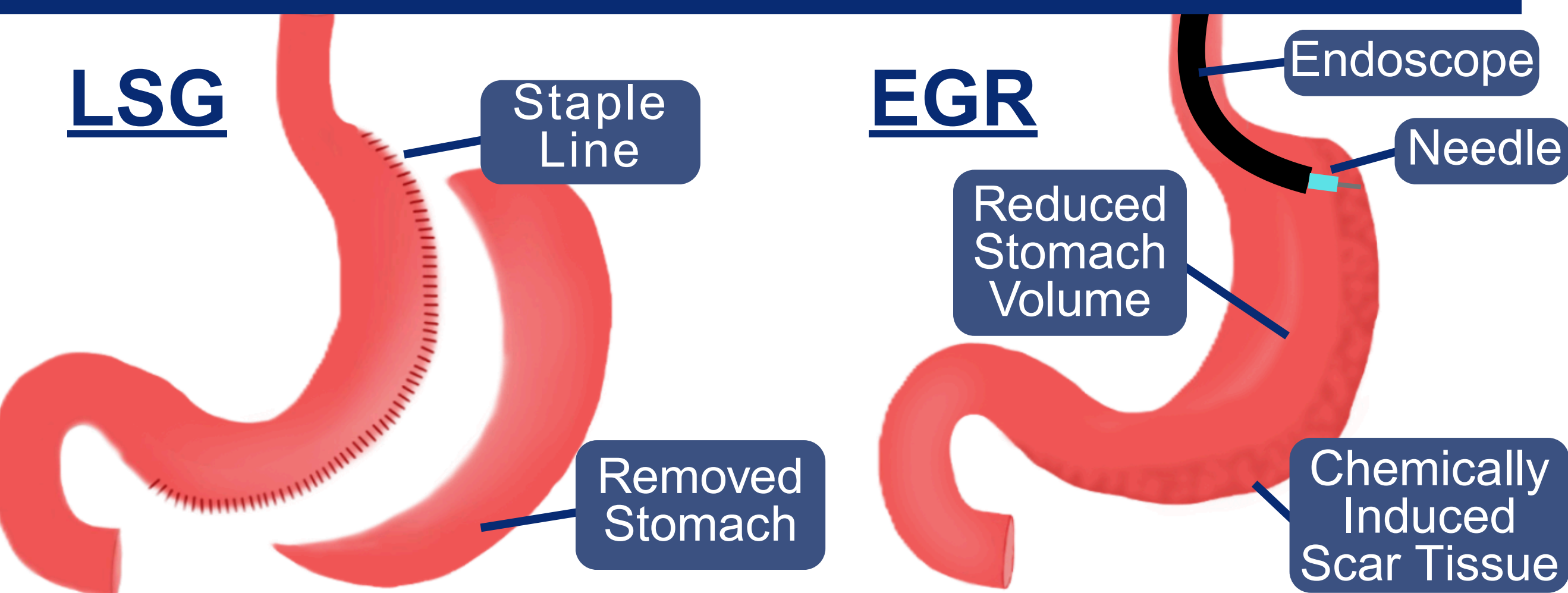

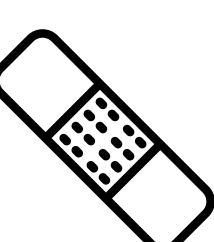
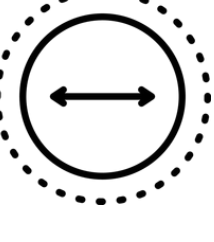

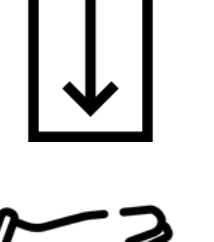



Background



Laparoscopic sleeve gastrectomy (LSG) is an effective obesity treatment, but it is irreversible and invasive. The Johns Hopkins School of Medicine is investigating endoscopic gastric remodeling (EGR) as a less invasive alternative. Current endoscopic injectors typically use a single needle, making large-area submucosal drug delivery slow, inefficient, and difficult to distribute uniformly. This project explores a multi-needle endoscopic device to address these issues.

Requirements

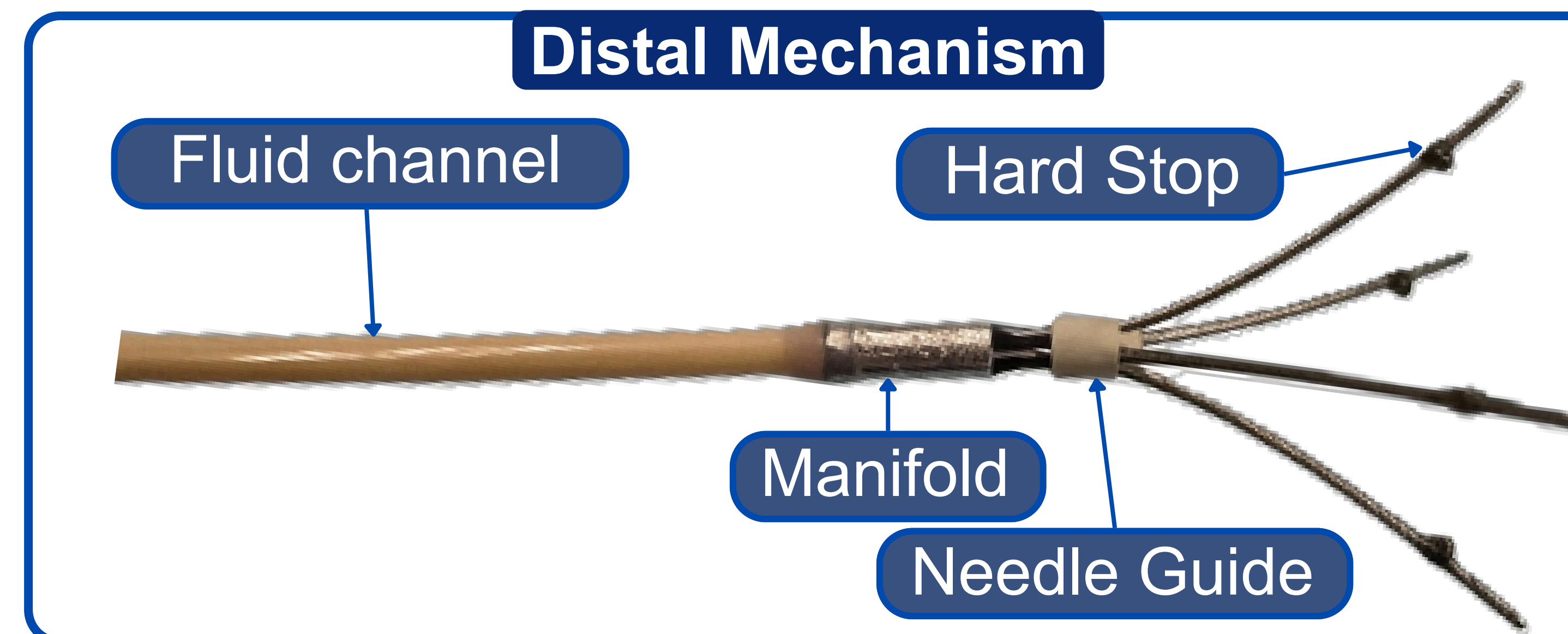
-  Deploy through a **2.8 mm endoscope channel** consistently
-  Avoid tissue damage during deployment, use, and retraction
-  Cover greater area than a single-needle injector
-  Consistently deliver **2 mL** total fluid volume
-  Penetrate **2-4 mm** into the **submucosa layer**
-  Require injection force of **less than 61 N**

Solution

Our endoscopic device features:

- **Four 25 gauge heat-trained nitinol needles** angled at 30° for increased area coverage
- **Individual hard stops** to restrict needle penetration to the submucosa
- **Actuation mechanism** to expand from a compressed profile to a **16 mm x 16 mm** geometry
- **Manifold-based** fluid distribution for symmetric fluid delivery across four needles

System Overview



Hard Stop

Mounted on needles to set maximum insertion depth

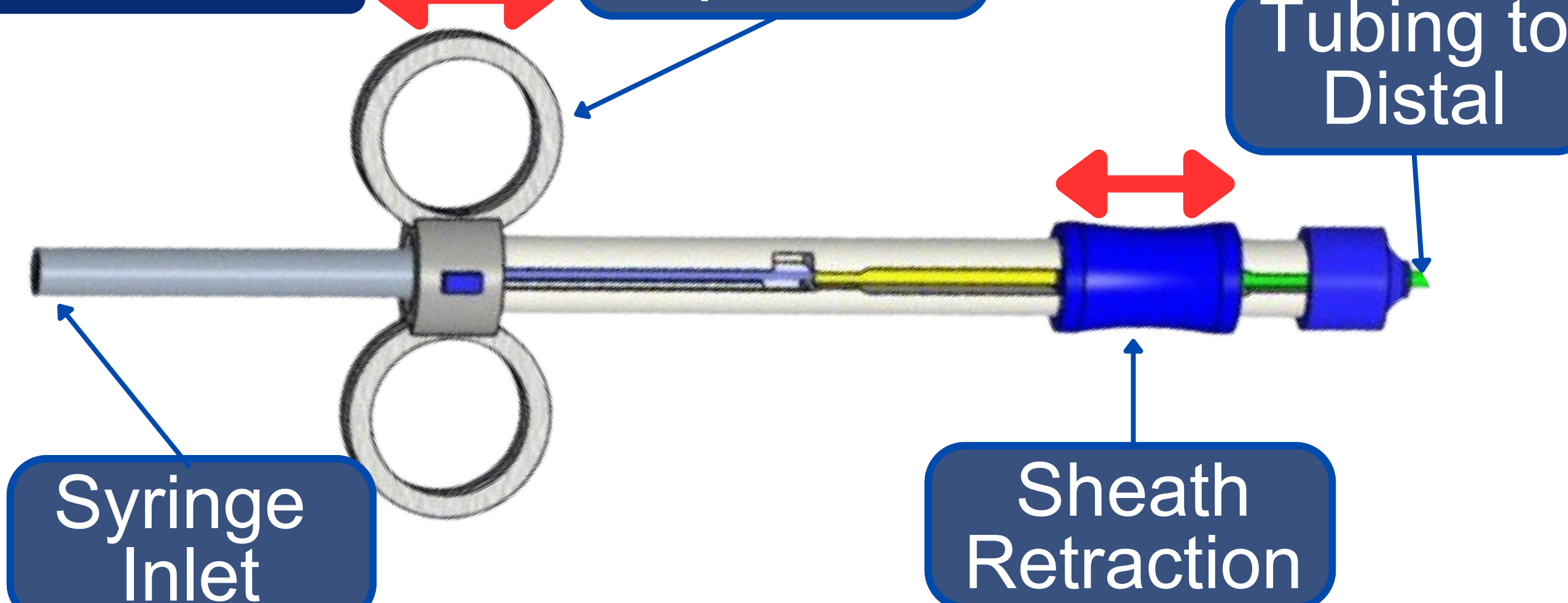


Nitinol Needles

Heat-trained at 28° to achieve 30° angle



Proximal Mechanism



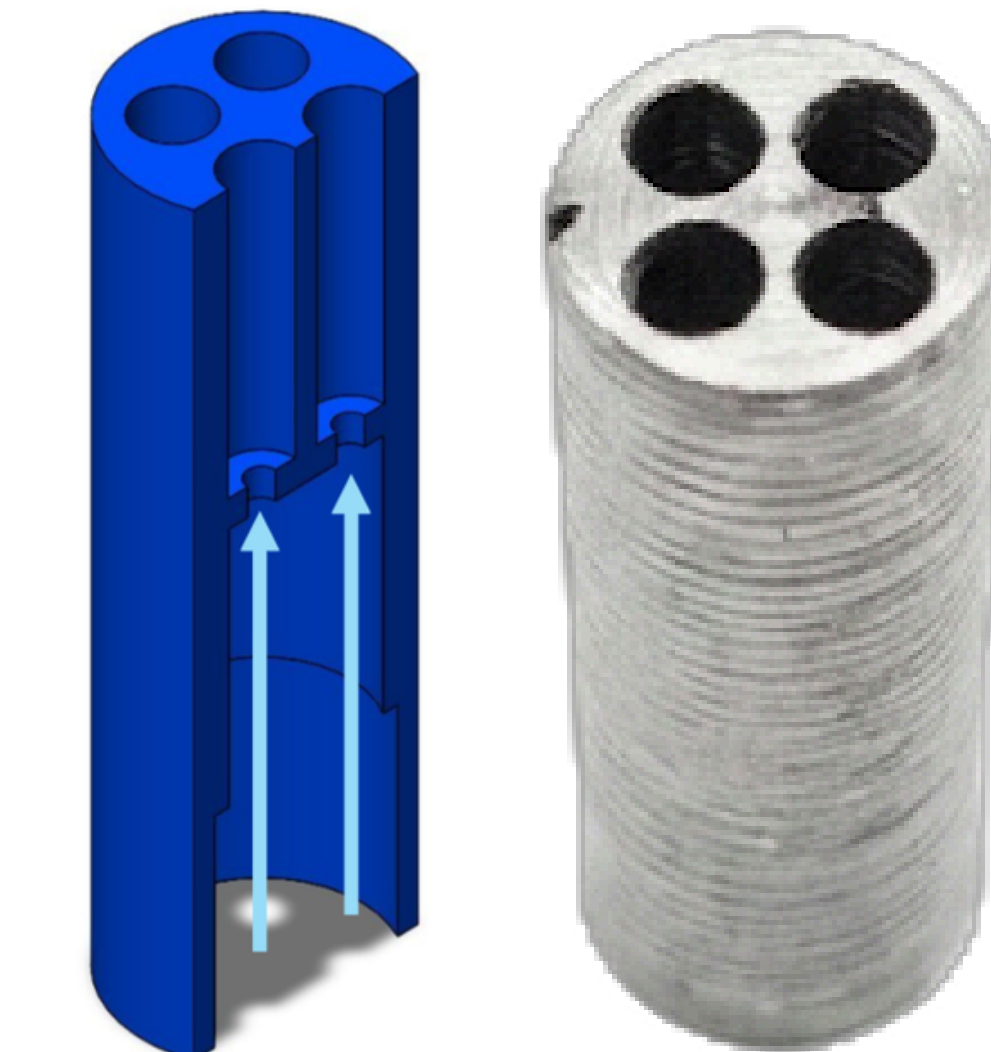
Proximal Subsystem: operator controls sheath retraction, needle expansion, and fluid injection

Distal Subsystem: deploys through the endoscope and is injected in the stomach; to actuate, the operator pushes the manifold tubing forward, forcing the needles through the needle guide, expanding the system to full diameter, and allowing for a larger area of injection.



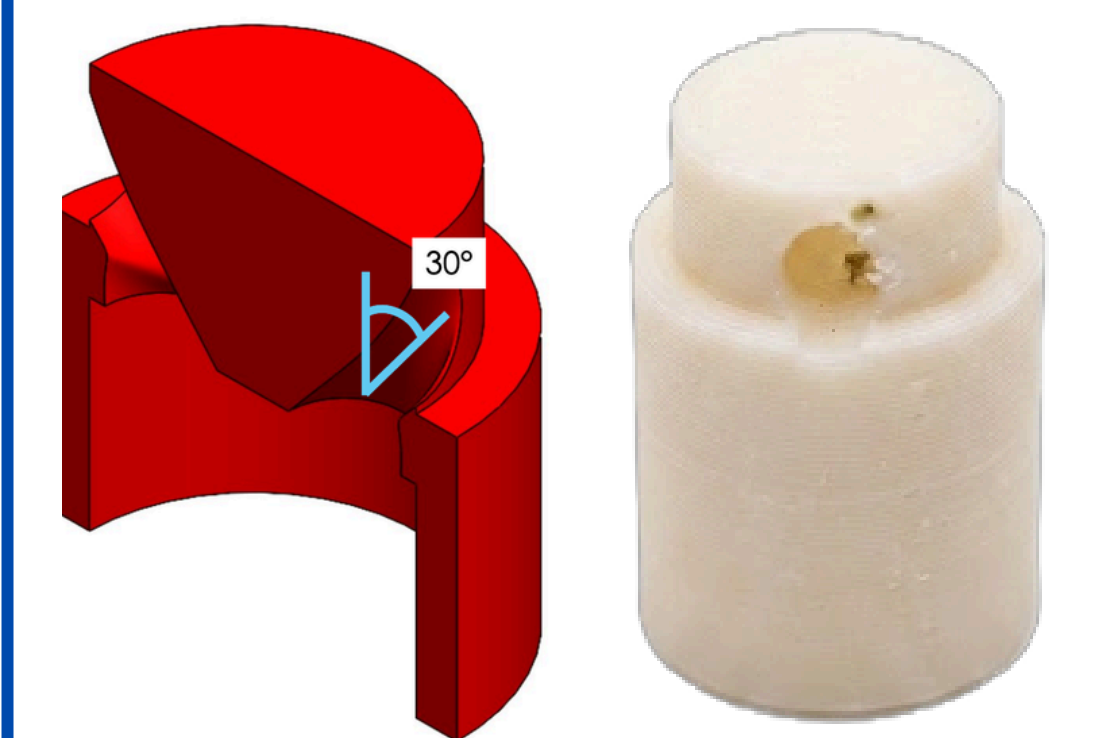
Manifold

Fluid is distributed from the tubing to all four needles

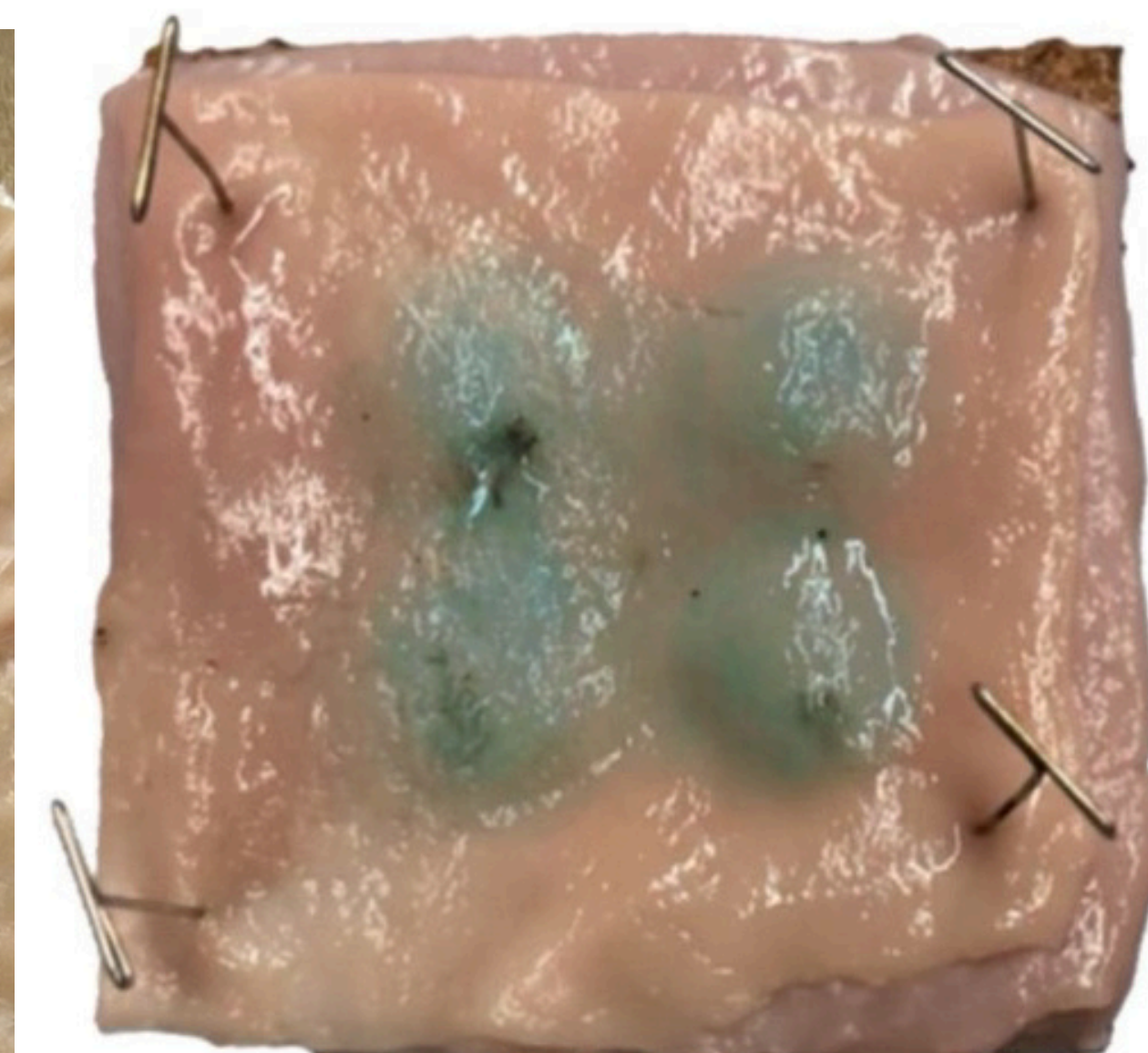
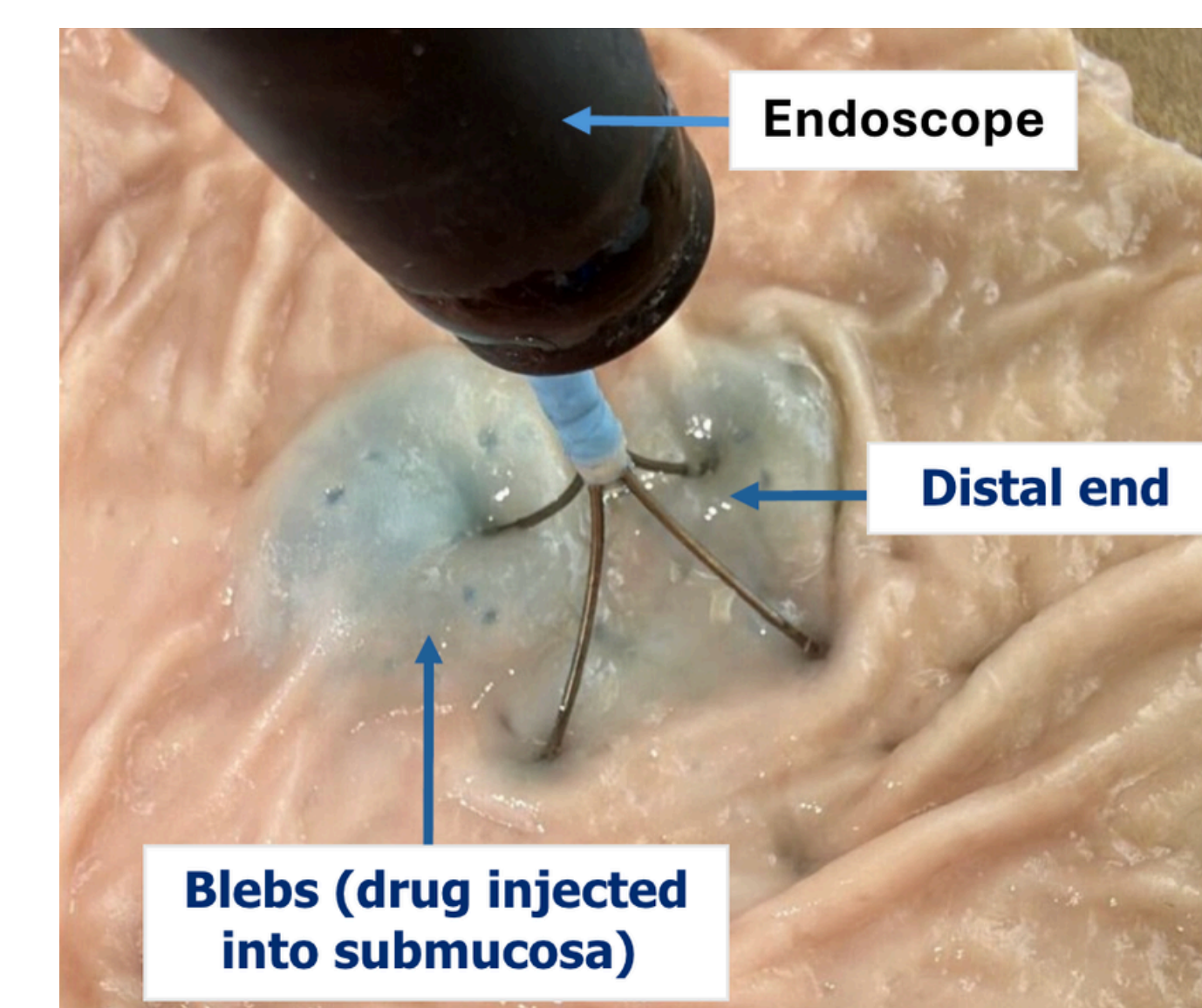


Needle Guide

Pulled back to expand the needles to 30°



Ex Vivo Testing



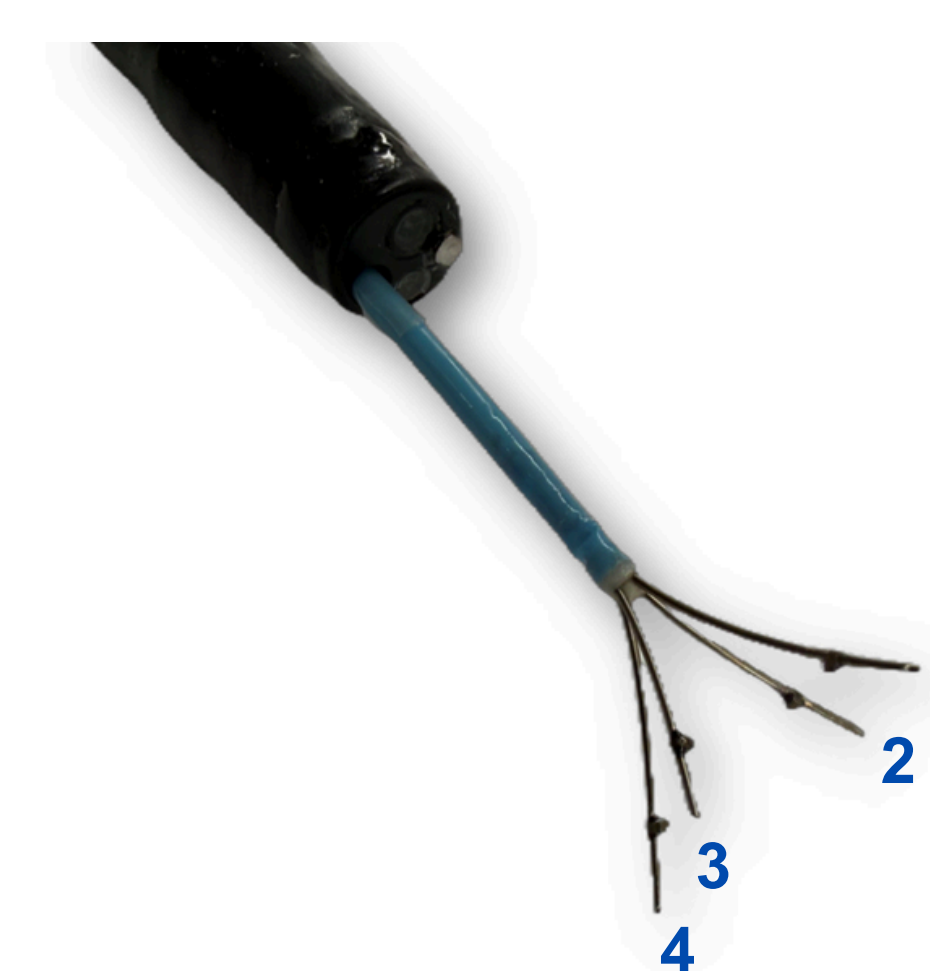
Baseline: Single Bleb Area

5.01 cm²

Multi-Needle Device Bleb Area

10.11 cm²

2x increase in bleb area compared to a single injection



Needle #	1	2	3	4
Avg fluid volume (mL)	0.46	0.54	0.64	0.45

16.4% variation from the average drug volume dispensed across needles

Acknowledgements

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