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## Pulse Oximetry

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# Pulse Oximetry

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# Disclosure

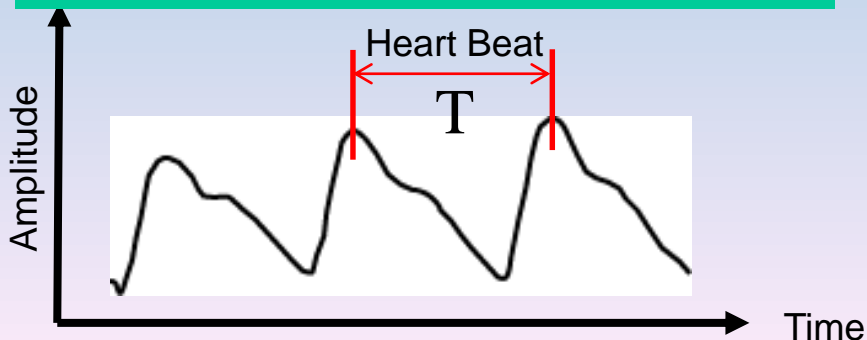
**I have no actual or potential conflict of interest in relation to this program and presentation.**

# What is a Pulse Oximeter ?

**A device that measures blood oxygen saturation and pulse rate noninvasively**

$$S_pO_2 (\%) \equiv \frac{[HbO_2]}{[Hb] + [HbO_2]} \times 100$$

## Photoplethysmogram (PPG)



&

$$\text{Pulse Rate} = \frac{1}{T}$$

# Pulse oximeters are commonly employed in nearly all hospital areas where patients are at risk of developing **hypoxemia**

- Anesthesiology
- Emergency Room
- Ambulances
- Surgery
- ICU
- Neonatology
- Respiratory Care
- Intrapartum Monitoring
- Nursing Homes
- Home



# Background

- **Appeared in the early 1980's**
- **Gained overnight popularity**
- **Revolutionized clinical practice**
- **No other electronic monitoring device has found widespread use in the operating room more quickly than the pulse oximeter**
- **By 1987, became the standard of care for the administration of a general anesthetic in the USA**
- **Transformed monitoring hypoxemia from a crude and imprecise visual color assessment into a reliable, quick, noninvasive and objective measurement**

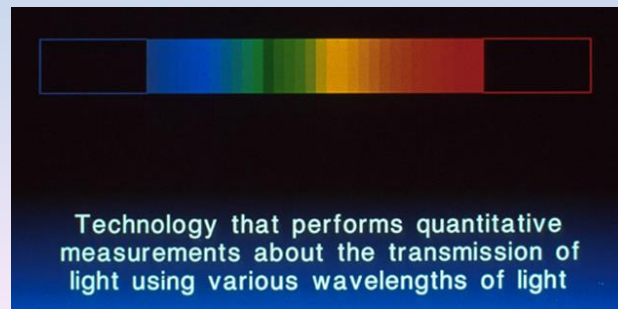
# *HISTORICAL PERSPECTIVE*

Like most modern medical devices, pulse oximeters represent advancements in technology and a culmination of years of knowledge in basic and clinical sciences gained by the **trial and failures** of numerous researchers from **around the world**.

1700-1800



The science behind this amazing feat can be traced back to the Swiss scientist **Johann Lambert** and the German physicist **August Beer** (the fathers of modern spectrophotometry) who discovered that the amount of light transmitted through a solution varies based on the concentration of solute. Practically applying this idea was much more difficult... !



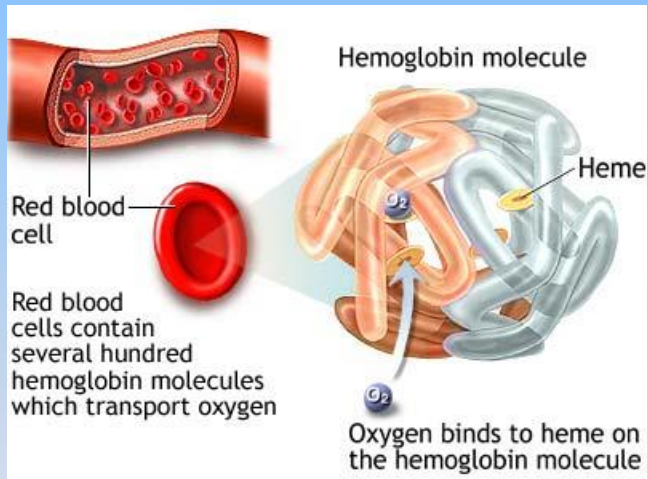
# HISTORICAL PERSPECTIVE

1700-1800

1864



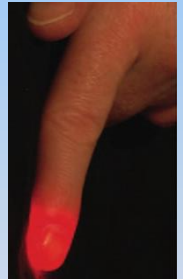
George Stokes discovered that hemoglobin is the oxygen carrier in blood.



Blood depleted of  $O_2$  appears purple/blue



Blood rich in  $O_2$  appears bright red

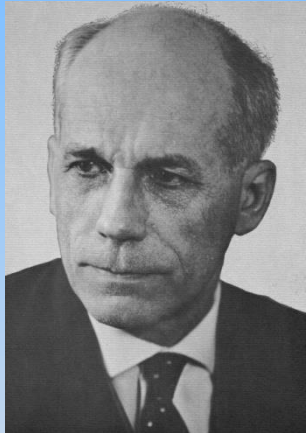


Cyanosis





# *HISTORICAL PERSPECTIVE*



**1939**  
**Karl Matthes**, a German physician, made a device that showed that oxyhemoglobin saturation could be measured in the **ear**....But, in practice the device functioned poorly, as it was **difficult to calibrate** and absolute values could not be obtained *in vivo*, although it **could follow trends**.

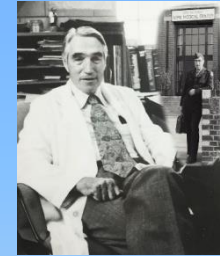
# *HISTORICAL PERSPECTIVE*



American physiologist **Glenn Millikan** made an **ear oximeter** to alert pilots during **World War II** who flew higher than their enemies to avoid detection became **hypoxic** without cockpit pressurization, lost consciousness, and crashed. The ear oximeter performed poorly, because.....



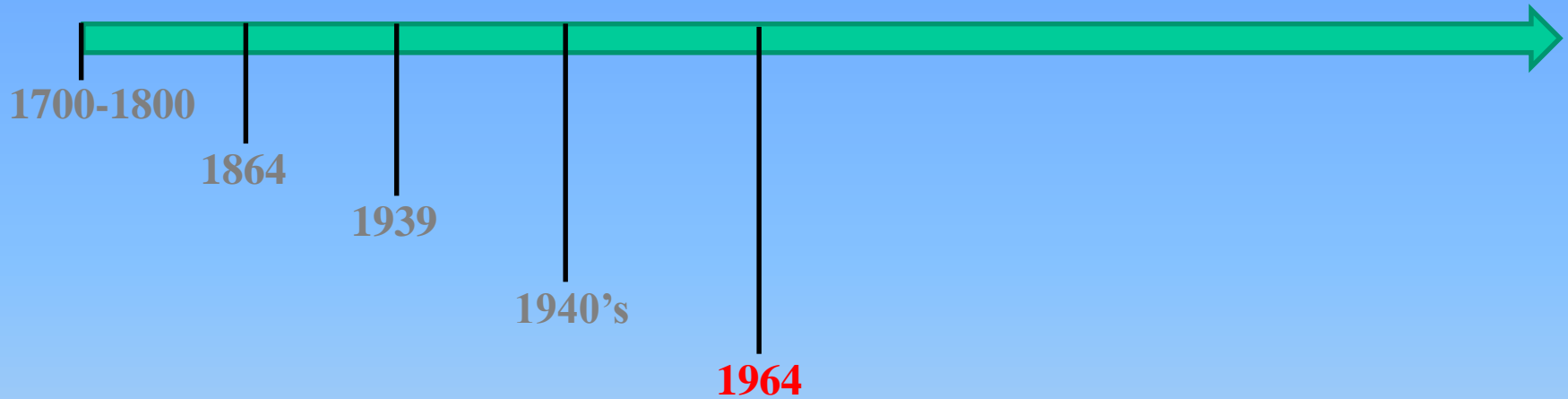
# *HISTORICAL PERSPECTIVE*



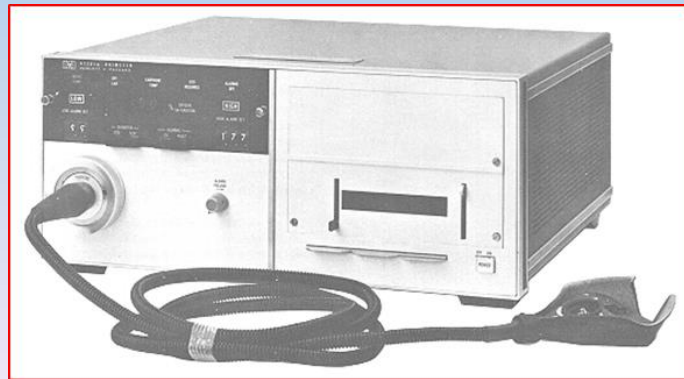
This idea was made more practically feasible when **Earl Wood** at the Mayo clinic used the combination of an ear oximeter and pneumatic pressure to squeeze the blood from the ear pinna to obtain a more accurate reading.



# *HISTORICAL PERSPECTIVE*

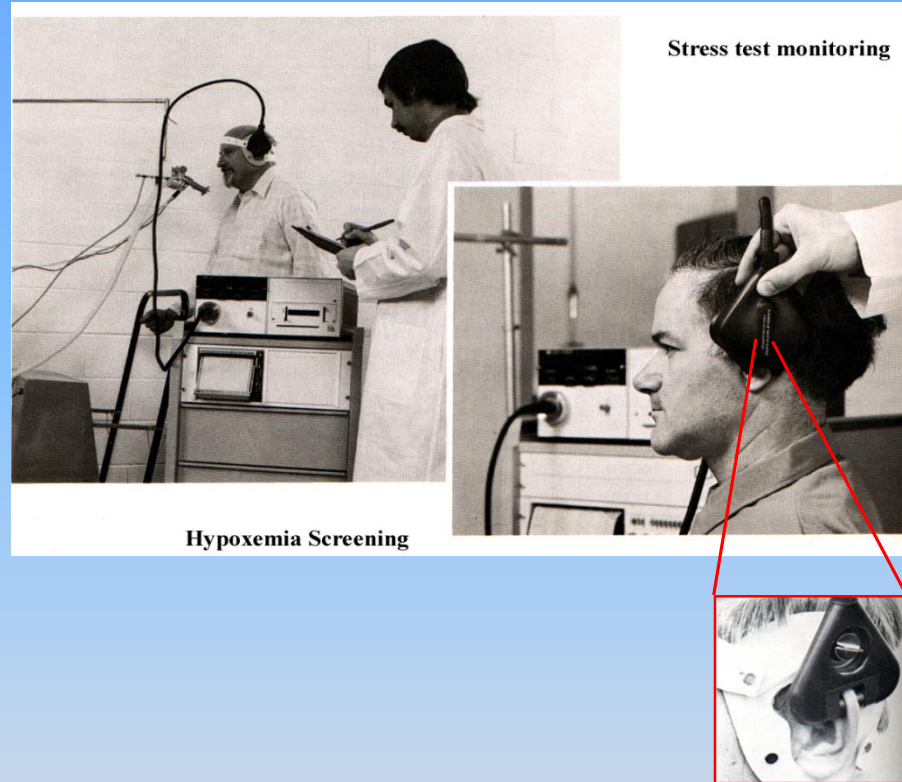


**Robert Shaw**, a San Francisco surgeon, developed the first **absolute reading ear oximeter** by using 8 wavelengths of light.



Commercialized by Hewlett-Packard in **1970**

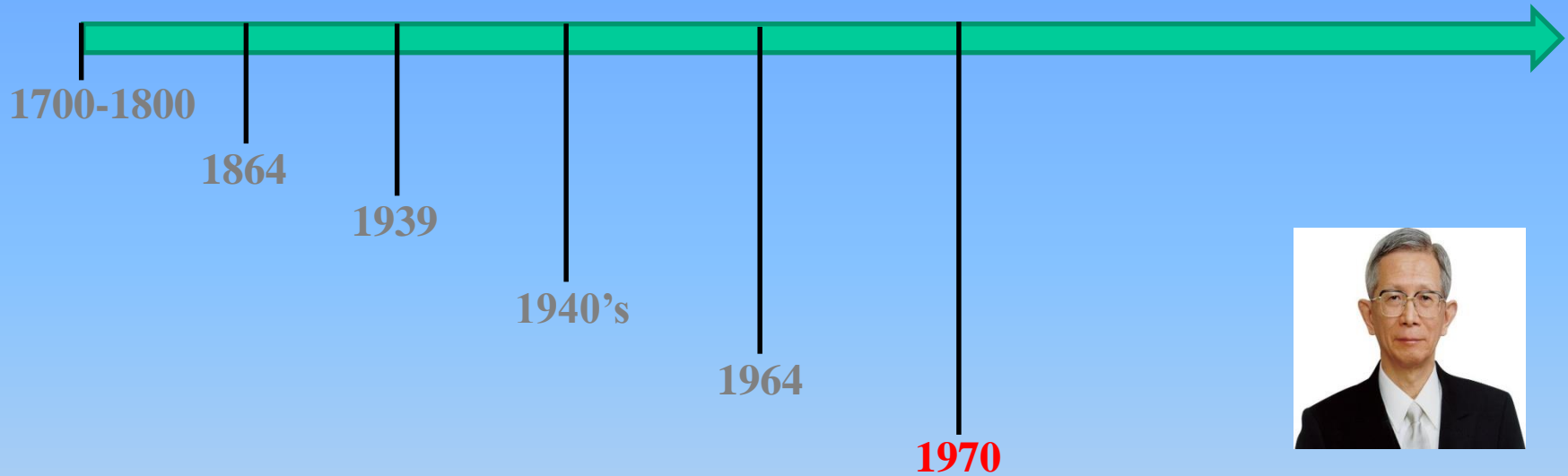
# HEWLETT-PACKARD EAR OXIMETER



✓ The unit was used primary in sleep and pulmonary function laboratories, but....it was:

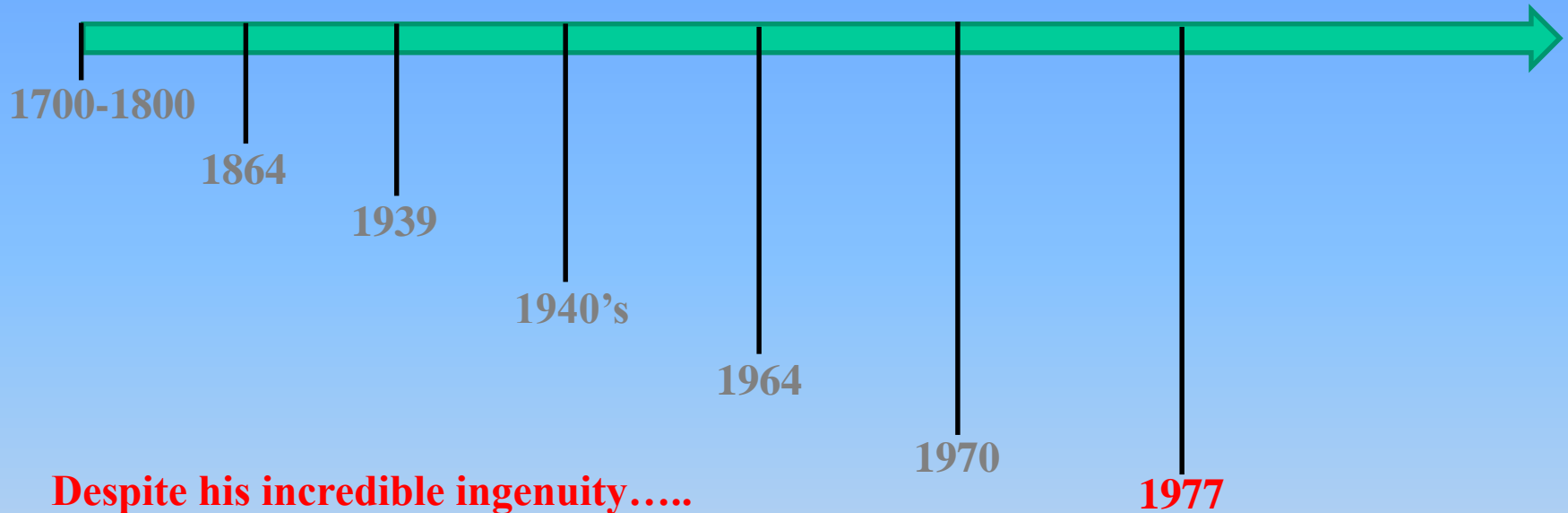
- Costly (\$10,000)
- Heavy (35 lbs)
- Very bulky
- Clumsy

# *HISTORICAL PERSPECTIVE*



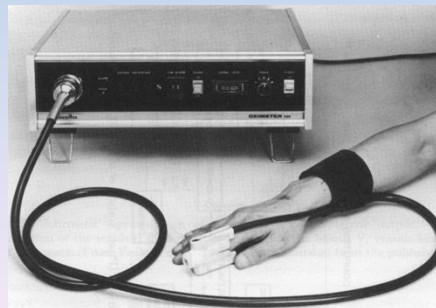
Serendipitously, **Takuo Aoyagi**, a Japanese electrical engineer working at Nihon Kohden Corporation, was trying to measure the **dilution of a dye** for purposes of measuring **cardiac output** in the **ear**. He kept having difficulty because of the **arterial blood pulsations**.

# *HISTORICAL PERSPECTIVE*

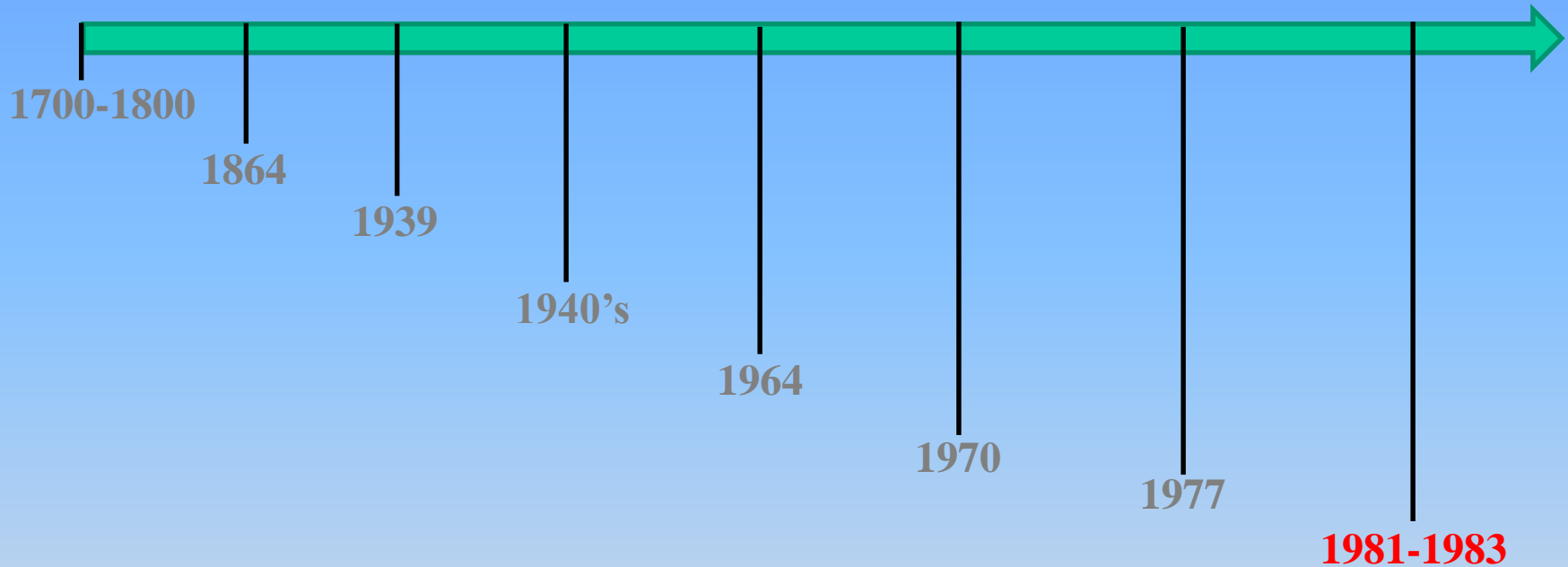


**Despite his incredible ingenuity.....**

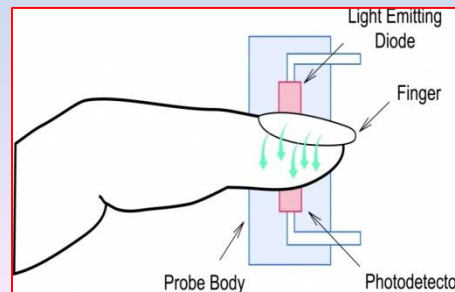
Unfortunately, the business Aoyagi worked for did not recognize the potential of his invention, and the **Minolta** company developed the OXIMET with a **fingertip probe** and **fiber-optic cables**.



# HISTORICAL PERSPECTIVE



Soon thereafter, **Biox Technology** and **Nellcor** commercialized a similar finger pulse oximeter by taking advantage of **advancements in semiconductor technology**.





# Clinical Relevance of Pulse Oximetry

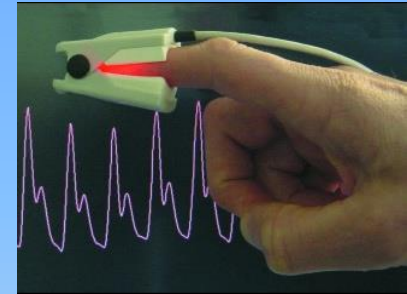
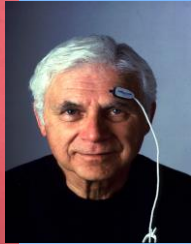
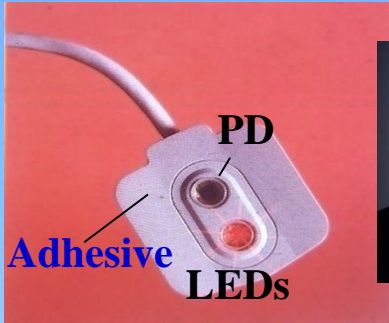
Provides essential information on the sufficiency of  $O_2$  supply in the body



- **The motivation for pulse oximetry began in the 1970s when malpractice insurance for anesthesiologists was rapidly climbing.**
- **Monitoring the respiratory condition of a patient during surgery in those days involved drawing arterial blood and sending the sample to the lab for blood gas analysis.**
- **Under typical circumstances, test results would arrive back in ~15 minutes.**
- **Between such intermittent measurements of blood gases, much could and did happen to a patient under anesthesia.**

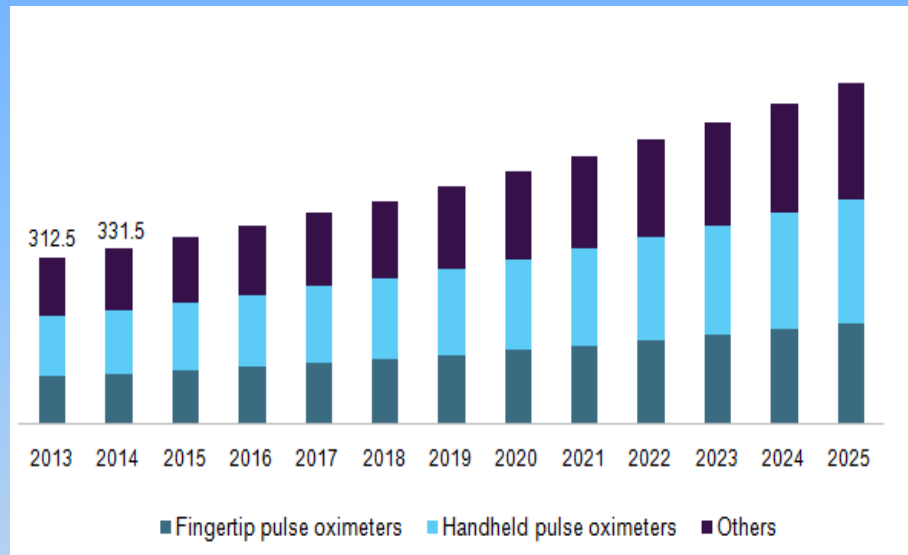
# Commercial Products

## Mature technology



# Market Size

**The worldwide market for pulse oximetry is over a billion US dollars.**



## **U.S. pulse oximeters market projections by type, 2013 - 2025 (USD Million)**

The global market size is projected to grow by **~6%** over the forecast period. The huge **burden of healthcare costs** push patients to opt for home care. This boosts the demand for remote patient monitoring devices, which results in increased demand for pulse oximeters.

# Undisputed Advantages

## Disruptive Technology.....!

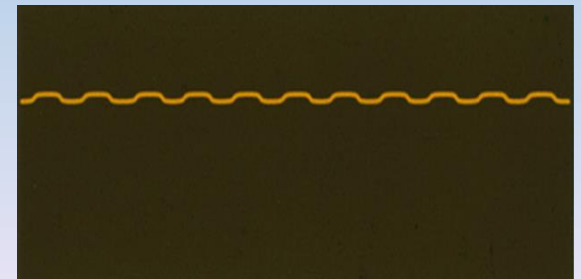
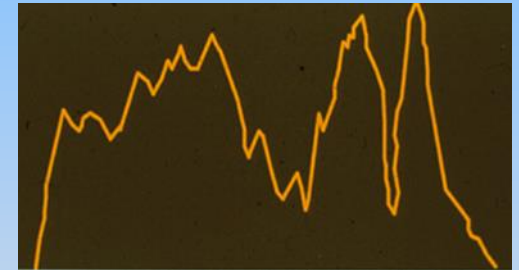
- **Noninvasive**
- **Compact**
- **Low-cost, affordable**
- **Provide early warning of hypoxemia**
- **Increased patient safety**
- **Dramatic drop in anesthesia death rate**
- **Reduces caregiver workload**

# Technological Challenges

Like most medical devices, the pulse oximeter is not perfect!



- ❖ Motion artifacts (shivering, restlessness)
- ❖ Low perfusion (hypothermia, vasoconstriction, hypovolemia)
- ❖ Dyshemoglobinaemias (HbCO, Met Hb)
- ❖ Anaemia
- ❖ Intravenous dyes
- ❖ Pigmented skin
- ❖ Nail polish
- ❖ Abnormal pulses (venous pulsations)
- ❖ Low saturations (accuracy below 80% SpO<sub>2</sub>)
- ❖ Ambient light



# Recent Advances

- ❖ New generation of pulse oximeters can provide accurate measurements in challenging situations (e.g. low perfusion, presence of motion artifacts, low  $S_pO_2$ )
- ❖ Recent advances have focused on the **morphological analysis** of the PPG waveform
- ❖ The complex PPG waveform is used to analyze **new parameters** that may have significant impacts on future clinical practice
- ❖ Pleth Variability Index (**PVI**): variability of the PPG amplitude due to respiration; thought to be a surrogate measure of intravascular volume
- ❖ Perfusion Index (**PI**): reflects peripheral vasomotor tone. Low PI suggests peripheral vasoconstriction (or severe hypovolemia) and high PI suggests vasodilation

# Thank You !

