FUZZY LOGIC CONTROL FOR NEGATIVE PRESSURE WOUND THERAPY

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A project report submitted in partially fulfillment of the requirements for the award of the degree of Master of Science (Biomedical Engineering)

Faculty of Biosciences and Medical Engineering Universiti Teknologi Malaysia

JANUARY 2016

Special thanks to

My beloved family members who always there for me,

My friends, who assists, accompanying me now and then,

And also to

My supervisor who guide me through the research's hardships

ACKNOWLEDGEMENT

I would like to express my gratitude and appreciativeness to the people who directly or indirect contributes and lend their hand to aid me throughout the entire process of this project and where I stand today.

First of all, I would like to thank my project supervisor, Dr Tan Tian Swee. With his enthusiasm and motivation, I pursue my goals, while continuously learning from his wealth of knowledge. He inspires me to achieve new levels of intelligence and to embrace a love for design.

Last, but certainly not least, I would like to thank my family and friends. They inspire me to achieve great successes throughout the future. They are always there to bounce ideas off of, and to provide an honest opinion. They are the most wonderful persons in my life.

ABSTRACT

Negative Pressure Wound Therapy (NWPT) has been successful treated the acute and chronic wound by promoting the wound healing. Many medical techniques like NPWT are available in this world but not approachable for many patients due to high in cost and lack of devices. In order for most of the patients accessible to NPWT, an inexpensive NPWT system is explored in this study. Aim of this work is to design a fuzzy logic conntrol of NPWT system that can generate negative pressure and the negative pressure can be regulated within the range. A NPWT system consists of vacuum pump, drainage tubes, wound dressing, fluid collecting canister and adhesive film dressing. Therefore, in this thesis, a miniature vacuum pump, canister and Arduino micro-controller were used in order to build up a functional NPWT system. The system has been designed to supply negative pressure from 0 mmHg to 200mmHg and negative pressure can be controlled. The fuzzy logic control system performance is compared and proven that it has better performance compared to boolean logic control. In conclusion that this system is able to function according to the require specification and suitable for home healthcare wound healing device with safety precaution implement and system stabilization is improved in future.

ABSTRAK

Tekanan negatif Luka Terapi (NWPT) telah berjaya merawat luka akut dan kronik dengan memperceptkan penyembuhan luka. Banyak teknik perubatan seperti NPWT boleh didapati di dunia ini tetapi tidak dapat dinikmati bagi banyak pesakit kerana tinggi kos dan kekurangan peralatan. Dalam usaha untuk sebahagian pesakit mendapat rawatan NPWT, sistem NPWT murah telah diterokai dalam kajian ini. Tujuan kajian ini adalah untuk mereka bentuk prototaip sistem NPWT yang boleh menjana tekanan negatif dan tekanan negatif boleh dikawal dalam julat. Sistem NPWT terdiri daripada pam vakum, tiub saliran, balutan luka, cecair kumpulan kanister dan filem pelekat kulit. Oleh itu, dalam kajian ini, pam vakum kecil, kanister dan Arduino mikropengawal telah digunakan untuk membina sistem NPWT berfungsi. Sistem ini telah direka untuk membekalkan tekanan negatif daripada 0 mmHg untuk 200mmHg dan tekanan negatif boleh dikawal. Sebagai kesimpulan, sistem ini dapat berfungsi mengikut spesifikasi yang diperlukan dan sesuai untuk kegunaan rumah preanti dengan melaksanakan langkah-langkah keselamatan penyembuhan dan penstabilan sistem bertambah baik pada masa akan datang.

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LIST OF ABBREVIATION

DC	_	Direct Current
LCD	_	Liquid Crystal Display
MUHC	_	McGill University Health Centre
NPWT	_	Negative Pressure Wound Therapy
PU	_	Polyurethane
PWM	_	Pulse Width Modulation
VAC	_	Vacuum Assisted Closure

LIST OF SYMBOLS

A/D – Analog to digital

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CHAPTER 1

INTRODUCTION

1.1 Background

Negative-pressure wound therapy (NPWT) is a therapeutic technique using a vacuum dressing to promote healing in acute or chronic wounds and enhance healing of first and second degree burns. Since 1947, Russia used suction for the post-operation exudates by using gauze and wall suction.

Basic suction method of negative pressure therapy used for treatment is from China's cupping therapy been for thousand years ago [1]. Cupping therapy is used to cure the diseases by circulating the blood flow was recorded earliest in *Bo Shu* (an ancient book written on silk) which was discovered in an ancient tomb of the Han Dynasty in 1973 [2].

In 1980's, Bier's Hyperemic Treatment using vacuum suction apparatus and method was introduced [3]. Since that, the technique of using negative pressure wound therapy (NPWT) had been triggered and began to be researched by many researchers. The more advance use of NPWT has been studied by Chariker and Fleischmann in late 1980's and early 1990's [4,5]. In 1997, the first device for

NPWT was cleared by the Food and Drug Administration and marketed in the United State.

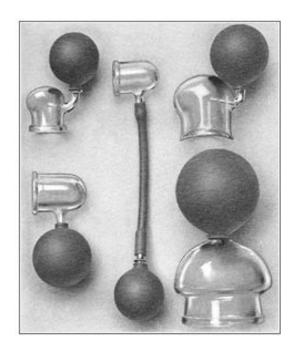


Figure 1.1: Suction apparatus for induction artificial hyperemia [3].

The method of using NPWT for open wounds was arisen in Germany and United States and has been widely spread throughout Europe, North America and other parts of the world. NPWT also known as vacuum assisted closure (VAC) therapy, vacuum therapy, vacuum sealing therapy, topical negative pressure therapy and sub-atmospheric pressure therapy. Recently, NPWT has become a very important part of modern wound treatment and is implemented in most of the surgical discipline such as general surgery [6], gynecologic surgery [7], plastic surgery [8], orthopedic surgery [9], thoracic surgery [10], trauma surgery [11] and pediatric surgery [12]. Treatments of acute, chronic and complex wounds routinely have been using NPWT in hospitals.

NPWT use the concept of Physics mechanics by controlling the subatmospheric pressure that induces mechanical stress to tissues. The subatmospheric pressure means the pressure that is lower than the atmospheric pressure (760 mmHg). By induces mechanical stress to tissues, the division of cells (Mitosis) is stimulated. Therefore, new blood vessels are grown, and the wound is drawn closed [13].

The level of pressure to the wounded tissue is small, but when whole parts of the wound press in an effort to close toward the center point, the effect of negative pressure becomes impressive and results in faster healing and resolution. NWPT aids in wound healing by increasing blood flow rate at wound [14,15,16], promoting the growth of granulation tissue[14], providing a humid, shielded surrounding[17], decreasing interstitial oedema [18,20,21], contracting wound edges[18,19] and reducing bacterial and infectious [21].

1.2 Problem Statement

Nowadays, diseases such as diabetes and cardiovascular diseases increase in number. This has activated the growth of NPWT market. According to the American Diabetes Association, nearly 4 million people with diabetes experience foot ulcer in their lifetime and NPWT is recommended as a novel therapy for them.

The NPWT devices in the market are high in cost. Based on McGill University Health Centre (MUHC), the average cost of NPWT in fiscal year 2009 to 2010 was US\$36.30 per treatment day or US\$254.13 per week. The NWPT product of KCI Company is cost US\$20-30 per day for rental and available for purchase that cost about RM70000 per unit in Malaysia.

The demand of using NPWT has been raised for promoting wounds healing in hospital due to the increase in the number of diabetes, cardiovascular diseases and peripheral vascular diseases and caused the NPWT devices inaccessible for most of the patients who need the NPWT. In addition, the price of NPWT device is high in market give rise to hospital inability to supply the treatment for most of users and the cost of therapy is also much costly that cause middle or low income family unable to receive the therapy.

In addition, the duration of NPWT treatment last for 22 days and above for one patient. Therefore, a stable and regulated negative pressure is needed during treatment.

1.3 Objectives

To design a fuzzy logic control system and regulated pressure feedback system for NPWT.

1.4 Scope

The main hardware used for this project are Arduino Uno R3, pressure sensor IC and dc motor suction pump while software used for writing the program to control Arduino micro-controller board is Arduino version 1.0.6.

A prototype of NPWT device is designed in this project that can be functioned to supply negative pressure in the range from 0 mmHg to -200 mmHg and regulate negative pressure within the range using fuzzy logic control.

1.5 Report Layout

This report consists of 5 chapters. The first chapter includes introduction with background, problem statement, objective and scope of the research.

Chapter 2 presents the literature review of research. It gives an overview of mechanisms of action, negative pressure level, modes of negative pressure, wound filler, NPWT Devices in Market and fuzzy logic system.

Chapter 3 discusses the methodology of research. The NWPT design specification and fuzzy logic design is described, schematics and block diagram is drawn in this chapter. Besides, the uses of components are being lists out. Moreover, the flow chart, project flow and are being brought up in this chapter.

Chapter 4 shows result and follow by discussion. The project management is also discussed in this chapter with project schedule and project budget are being tabulated and listed out.

Last but not least, conclusion and future work will be discussed in chapter 5.

REFERENCES

1. H. Cao, M. Han, X. Li, S. Dong, Y. Shang, Q. Wang, S. Xu, and J. Liu, "Clinical research evidence of cupping therapy in China: a systematic literature review.," *BMC Complement. Altern. Med.*, vol. 10, p. 70, Jan. 2010.

2. Chirali IZ: The cupping procedure. *In Traditional Chinese Medicine Cupping Therapy*. Edited by: Chirali IZ. London: Churchill Livingstone; 1999:3.

3. Meyer W, Schmieden V, Bier AKG. *Bier's hyperemic treatment in surgery*. Philadelphia and London,: W. B. Saunders company; 1908.

4. Chariker ME, Jeter KF, Tintle TE et al. Effective management of incisional and cutaneous fistulae with closed suction wound drainage. *Contemp Surg* 1989; 34: 59-63.

5. Fleischmann W, Lang E, Kinzl L. Vacuum assisted wound closure after dermatofasciotomy of the lower extremity. *Unfallchiirurg* 1996; 99: 283-7.

6. Baharestani MM, Gabriel A. Use of negative pressure wound therapy in the management of infected abdominal wounds containing mesh: An analysis of outcomes. *Int Wound J.* 2011;8:118-125

7. Altman AD, Nelson G, Nation J, Chu P, Ghatage P. Vacuum assisted wound closures in gynaecologic surgery. *J Obstet Gynaecol Can*. 2011;33:1031-1037

8. Scherer LA, Shiver S, Chang M, Meredith JW, Owings JT. The vacuum assisted closure device: A method of securing skin grafts and improving graft survival. *Arch Surg.* 2002;137:930-933; Discussion 933-934

9. Bollero D, Carnino R, Risso D, Gangemi EN, Stella M. Acute complex traumas of the lower limbs: A modern reconstructive approach with negative pressure therapy. *Wound Repair Regen*. 2007;15:589-594

10. Sjogren J, Gustafsson R, Nilsson J, Malmsjo M, Ingemansson R. Clinical outcome after poststernotomy mediastinitis: Vacuum-assisted closure versus conventional treatment. *Ann Thorac Surg.* 2005;79:2049-2055

11. Kaplan M, Daly D, Stemkowski S. Early intervention of negative pressure woundtherapy using vacuum-assisted closure in trauma patients: Impact on hospital length of stay and cost. *Adv Skin Wound Care*. 2009;22:128-132

12. Gutierrez IM, Gollin G. Negative pressure wound therapy for children with an open abdomen. *Langenbecks Arch Surg.* 2012

 Lizarov, G., The tensio-stress effect on the genesis and growth of tissues. Part II. The influence of the rate and frequency of distraction. *Clin Orthop Rel Res* 1989. 239: p. 263-85.

14. Morykwas MJ, Argenta LC, Shelton-Brown EI, McGuirt W. Vacuum-assisted closure: a new method for wound control and treatment: animal studies and basic foundation. *Ann Plast Surg* 1997; 38(6):553-62.

15. Wackenfors A, Sjogren J, Gustafsson R, et al. Effects of vacuum-assisted closure therapy on inguinal wound edge microvascular blood flow. *Wound Repair Regen* 2004; 12(6):600-6.

16. Wackenfors A, Gustafsson R, Sjogren J, et al. Blood flow responses in the peristernal thoracic wall during vacuum-assisted closure therapy. *Ann Thorac Surg* 2005; 79(5):1724-30; discussion 1730-1.

17. Banwell PE. Topical negative pressure therapy in wound care. *J Wound Care* 1999; 8(2):79-84.

18. Argenta LC, Morykwas MJ. Vacuum-assisted closure: a new method for wound control and treatment: clinical experience. *Ann Plast Surg* 1997; 38(6):563-76; discussion 577.

19. Morykwas MJ, Simpson J, Punger K, et al. Vacuum-assisted closure: state of basic research and physiologic foundation. *Plast Reconstr Surg* 2006; 117(7 Suppl):121S-126S.

20. Stannard JP, Robinson JT, Anderson ER, et al. Negative pressure wound therapy to treat hematomas and surgical incisions following high-energy trauma. *J Trauma* 2006; 60(6):1301-6.

21. H. Cao, M. Han, X. Li, S. Dong, Y. Shang, Q. Wang, S. Xu, and J. Liu, "Clinical research evidence of cupping therapy in China: a systematic literature review.," *BMC Complement. Altern. Med.*, vol. 10, p. 70, Jan. 2010.

22. S. Antonio, "Effect of negative pressure wound therapy on wound healing," *in Current Problems in Surgery*, vol. 51, 2014, pp. 301–331.

23. Saxena V, Hwang CW, Huang S et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. *Plast Reconstr Surg* 2004; 114(5):1086-96; discussion 1097-8.

24. Orgill DP, Manders EK, Sumpio BE, et al. The mechanisms of action of vacuum assisted closure: more to learn. *Surgery*. 2009;146(1):40–51.

25. BorgquistO, Ingemansson R, MalmsjoM.The influence of low and high pressure levels during negative-pressure wound therapy on wound contraction and fluid evacuation. *Plast Reconstr Surg.* 2011;127(2):551–559.

26. Morykwas MJ, Argenta LC, Shelton-Brown EI, et al. Vacuumassisted closure: a new method for wound control and treatment: animal studies and basic foundation. *Ann Plast Surg* 1997;38:553e62.

27. Morykwas MJ, Faler BJ, Pearce DJ, et al. Effects of varying levels of subatmospheric pressure on the rate of granulation tissue formation in experimental wounds in swine. *Ann Plast Surg* 2001;47:547e51.

28. H. Birke-Sorensen, M. Malmsjo, P. Rome, et al. "Evidence-based recommendations for negative pressure wound therapy: treatment variables (pressure levels, wound filler and contact layer)--steps towards an international consensus.," *J. Plast. Reconstr. Aesthet. Surg.*, vol. 64 Suppl, no. February 2010, pp. S1–16, Sep. 2011.

29. Malmsjo[•] M, Ingemansson R, Martin R, et al. Negative-pressure wound therapy using gauze or open-cell polyurethane foam: similar early effects on pressure transduction and tissue contraction in an experimental porcine wound model. *Wound Repair Regen* 2009;17:200e5.

30. Borgquist O, Gustafsson L, Ingemansson R, et al. Micro- and macromechanical effects on the wound bed of negative pressure wound therapy using gauze and foam. *Ann Plast Surg* 2010 Jun;64(6):789e93.

31. Torbrand C, Ugander M, Engblom H, et al. Wound contraction and macro-deformation during negative pressure therapy of sternotomy wounds. *J Cardiothorac Surg* 2010;30(5):75.

32. Borgquist O, Ingemansson R, Malmsjo⁻⁻ M. Wound edge microvascular blood flow during negative-pressure wound therapy: examining the effects of pressures from _10 to _175 mmHg. *Plast Reconstr Surg* 2010;125:502e9.

33. Petzina R, Gustafsson L, Mokhtari A, et al. Effect of vacuumassisted closure on blood flow in the peristernal thoracic wall after internal mammary artery harvesting. *Eur J Cardiothorac Surg* 2006;30:85e9.

34. M. Malmsjö, L. Gustafsson, and S. Lindstedt, "The effects of variable, intermittent, and continuous negative pressure wound therapy, using foam or gauze, on wound contraction, granulation tissue," *Eplasty*, pp. 42–54, 2012.

35. O. Borgquist and R. Ingemansson, "The Effect of Intermittent and Variable Negative Pressure Wound Therapy on Wound Edge on Wound Edge Microvascular Blood Flow," *Ostomy Wound Management* 2010;56(3):60-67.

36. Demaria MG, Stanley BJ, Hauptman JG, et al. Comparison of foam and gauze based negative pressure wound therapy on the healing of openwounds in dogs. *Poster Presented at:Clinical Symposium onAdvances in Skin & Wound Care*; October 22–25, 2009; San Antonio, TX.

37. Borgquist O, Gustafsson L, Ingemansson R, et al. Tissue ingrowth into foam but not into gauze during negative pressure wound therapy. *Wounds* 2009;21(11):302-9.

38. Malmsjo[°] M, Lindstedt S, Ingemansson R. Effects of foam or gauze on sternum wound contraction, distension and heart and lung damage during negative pressure wound therapy of porcine sternotomy wounds. *Interact Cardiovasc Thorac Surg*; 2010 Dec 24.

39. Dorafshar A, Franczyk M, Lohman R, Gottlieb L. "A Prospective Randomized Trial Comparing Subatmospheric Wound Therapy with a Sealed Gauze Dressing and the Standard Vacuum Assisted Closure Device". *Annals Plast Surg.* 2011 Jun 27.

40. Fraccalvieri M, Zingarelli E, Ruka E, et al. Negative Pressure Wound Therapy (NPWT) using gauze and foam: histological, immuno-histochemical and ultrasonography morphological analysis of the granulation tissue and scar tissue. Preliminary report of a clinical study. *Int Wound J.* 2011;8(4):355-64.

41. Zadeh, L. A. (1965). Fuzzy sets. Information and control, 8(3), 338-353.

42. Zadeh, L. A. (1994). The role of fuzzy logic in modeling, identification and control. *Modeling Identification and Control*, *15*(3), 191.

43. Otto, E., Semotok, C., Andrysek, J., & Basir, O. (2000). An intelligent diabetes software prototype: predicting blood glucose levels and recommending regimen changes. *Diabetes technology & therapeutics*, *2*(4), 569-576.

44. Grant, P. (2007). A new approach to diabetic control: fuzzy logic and insulin pump technology. *Medical engineering & physics*, *29*(7), 824-827.

45. Adeli, A., & Neshat, M. (2010, March). A fuzzy expert system for heart disease diagnosis. In *Proceedings of International Multi Conference of Engineers and Computer Scientists, Hong Kong* (Vol. 1).

46. Bates, J. H., & Young, M. P. (2003). Applying fuzzy logic to medical decision making in the intensive care unit. *American journal of respiratory and critical care medicine*, *167*(7), 948-952.

47. Mirza, M., GholamHosseini, H., & Harrison, M. J. (2010, August). A fuzzy logic-based system for anaesthesia monitoring. In *Engineering in Medicine and Biology Society (EMBC), 2010 Annual International Conference of the IEEE* (pp. 3974-3977). IEEE.

48. Zziwa, A. (2010). *A radiotherapy plan selector using case-based reasoning*. TEMPLE UNIVERSITY.