



INTRAPERITONEAL GLUCOSE SENSING – RAPID AND ACCURATE

Anders Fougner^{1,2,6}, Konstanze Kölle^{1,2,6}, Nils Kristian Skjærvold^{1,3,7}, Nicolas-Andreas Elvemo⁸,
Reinold Ellingsen^{1,4,8}, Sven Magnus Carlsen^{1,5,7}, and Øyvind Stavadahl^{1,2}

anderfo@itk.ntnu.no konstako@itk.ntnu.no nilsk.skiervold@ntnu.no nicolas.elvemo@glucoset.com reinold.ellingsen@ntnu.no sven.carlsen@ntnu.no ostavadahl@itk.ntnu.no

¹Artificial Pancreas Trondheim – The APT research group (www.apn-norway.com)

²Department of Engineering Cybernetics

³Department of Circulation and Medical Imaging

⁴Department of Electronics and Telecommunications

⁵Unit for Applied Clinical Research, Faculty of Medicine

Norwegian University of Science
and Technology (NTNU),
Trondheim, Norway

⁶Helse Midt-Norge – The Central Norway
Regional Health Authority, Norway

⁷St Olavs University Hospital, Trondheim,
Norway

⁸GlucoSet AS, Trondheim, Norway

MOTIVATION

Why intraperitoneal sensing?

- **Subcutaneous glucose sensors:** Slow response, poor robustness towards local tissue effects (mechanical pressure, temperature etc).
- **Intravascular glucose sensors:** Not practically possible outside of the hospital/clinic.
- We need a rapid, accurate and robust glucose measurement for making a safe artificial pancreas.
- **Intraperitoneal glucose sensors** may react faster than subcutaneous sensors [1,2], while being more practically usable than intravascular sensors.

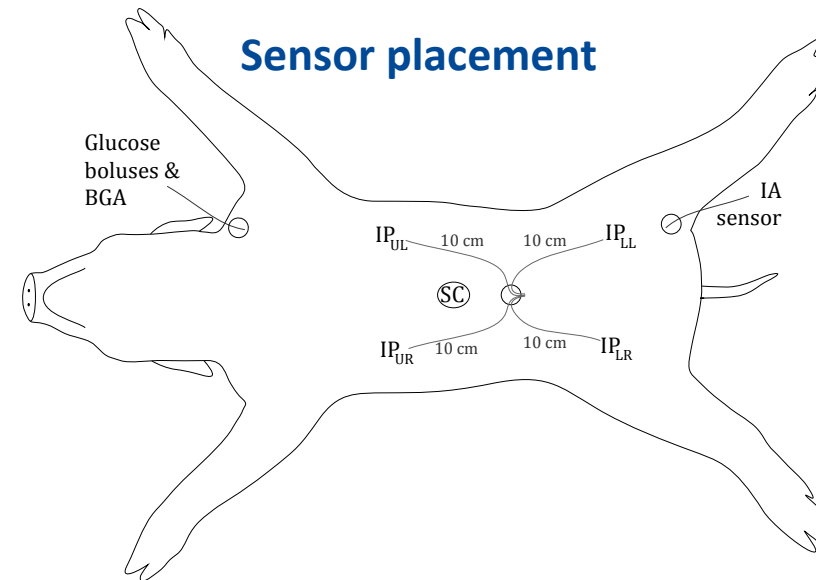
METHODS

Animal trials

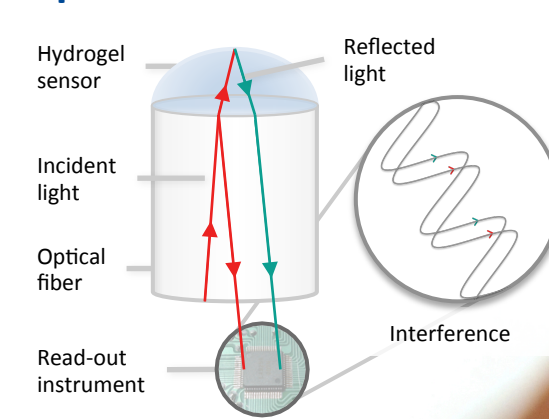
- 3 anaesthetized non-diabetic pigs
- Intravenous infusion of glucose boluses
- Glucose level excursions within the range 5–22 mmol/L

Sensor types used in trials

- **Intraarterial (IA):** Optical interferometric phenylboronic acid based sensors, placed in the femoral artery [3,4].
- **Intraperitoneal (IP):** Using the same sensor as in the IA case. Accessed from below the umbilicus through a common port, directed to 4 different positions (Fig. on the right). 2–4 sensors per animal.
- **Subcutaneous (SC):** Off-the-shelf amperometric enzyme-based (glucose oxidase) sensors. Placed on the belly, above the umbilicus.
- **Venous blood** was sampled and analyzed on a blood gas analyzer (BGA) for reference and calibration of the other sensors.

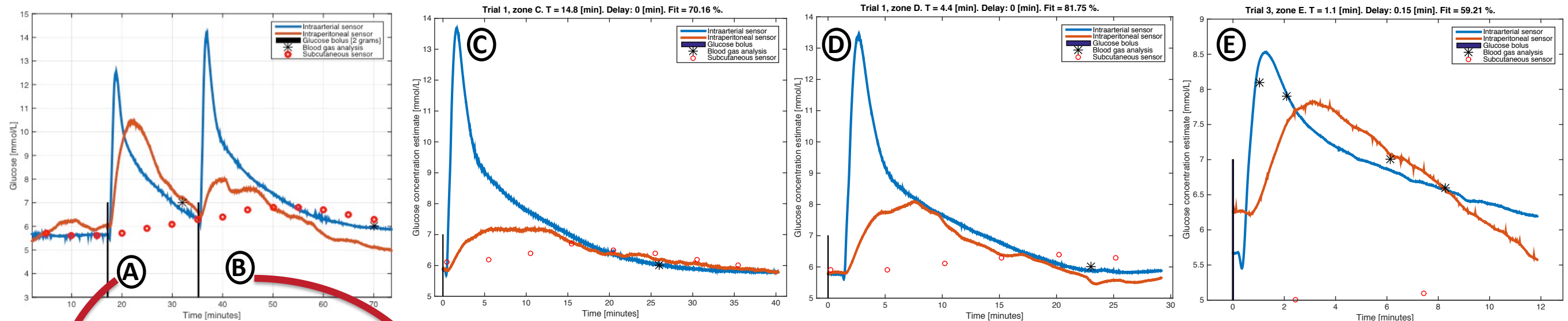


Optical interferometric sensors



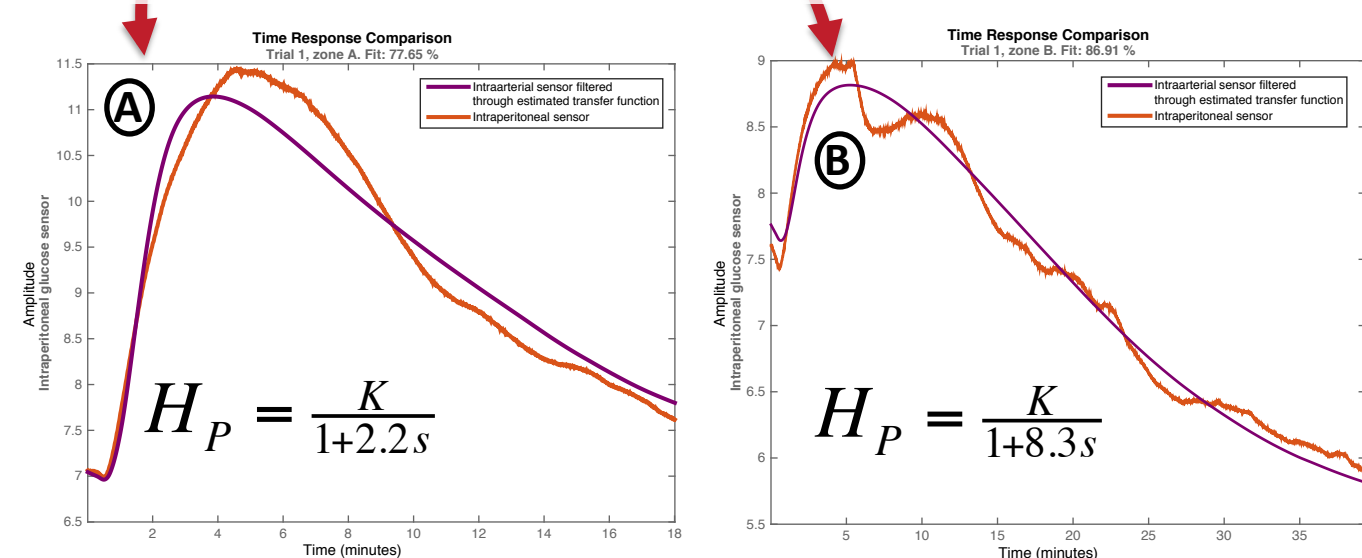
RESULTS

Examples from 6 segments:



Estimated linear transfer functions (from blood to peritoneum)

Based on relationship between IA and IP sensor signals.



Summary

- 3 trials, 4–7 segments from each trial.
- **Time delays:** 0–15 seconds (median: 9.0 s, mean: 6.74 s, stdev: 6.76 s).
- **Time constants:** 1–15 min (median: 4.20 min, mean: 5.03 min, stdev: 4.05 min).

CONCLUSION

- **Intraperitoneal glucose sensors** can have a substantially faster and more distinctive response than **subcutaneous sensors**.
- Our results indicate that IP sensors may react even faster than previously shown [2].
- Variable dynamics during the experiments + some sensors had to be relocated -> Need to investigate disturbances & sensor location in more detail.

REFERENCES

- [1] Velho, G., Froguel, P., and Reach, G., "Determination of peritoneal glucose kinetics in rats: implications for the peritoneal implantation of closed-loop insulin delivery systems," *Diabetologia*, vol. 32, no. 6, pp. 331–336, 1989.
- [2] Burnett, D. R., Huyett, L. M., Zisser, H. C., Doyle III, F. J., and Mensh, B. D., "Glucose Sensing in the Peritoneal Space Offers Faster Kinetics than Sensing in the Subcutaneous Space," *Diabetes*, vol. 63, no. 7, pp. 2498–2505, July 2014.
- [3] Skjærvold, N. K., Solligård, E., Hjelme, D. R., and Aadahl, P., "Continuous measurement of blood glucose: validation of a new intravascular sensor," *Anesthesiology*, vol. 114, no. 1, 120–125, 2011.
- [4] Skjærvold, N. K., Østling, D., Hjelme, D. R., Spigset, O., Lyng, O., and Aadahl, P., "Blood Glucose Control Using a Novel Continuous Blood Glucose Monitor and Repetitive Intravenous Insulin Boluses: Exploiting Natural Insulin Pulsatility as a Principle for a Future Artificial Pancreas," *International Journal of Endocrinology*, vol. 2013, Article ID 245152, 2013.