

### SLOVENSKI STANDARD SIST EN ISO 14708-2:2022

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Vsadki (implantati) za kirurgijo - Aktivni medicinski pripomočki za vsaditev - 2. del: Srčni spodbujevalniki (ISO 14708-2:2019)

Implants for surgery - Active implantable medical devices - Part 2: Cardiac pacemakers (ISO 14708-2:2019)

Chirurgische Implantate - Aktive implantierbare medizinische Geräte - Teil 2: Herzschrittmacher (ISO 14708-2:2019)

Implants chirurgicaux - Dispositifs médicaux implantables actifs - Partie 2: Stimulateurs cardiaques (ISO 14708-2:2019)

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Implants for surgery, prosthetics and orthotics

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### **EUROPEAN STANDARD**

EN ISO 14708-2

### NORME EUROPÉENNE

### **EUROPÄISCHE NORM**

July 2022

ICS 11.040.40

### **English version**

### Implants for surgery - Active implantable medical devices -Part 2: Cardiac pacemakers (ISO 14708-2:2019)

Implants chirurgicaux - Dispositifs médicaux implantables actifs - Partie 2: Stimulateurs cardiaques (ISO 14708-2:2019)

Chirurgische Implantate - Aktive implantierbare medizinische Geräte - Teil 2: Herzschrittmacher (ISO 14708-2:2019)

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**CEN-CENELEC Management Centre:** Rue de la Science 23, B-1040 Brussels

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### **European foreword**

This document (EN ISO 14708-2:2022) has been prepared by Technical Committee ISO/TC 150 "Implants for surgery" in collaboration with Technical Committee CEN-CENELEC/ JTC 16 "Active Implantable Medical Devices" the secretariat of which is held by DKE.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by January 2023, and conflicting national standards shall be withdrawn at the latest by January 2023.

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### Endorsement notice

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# INTERNATIONAL STANDARD

ISO 14708-2

Third edition 2019-09

## Implants for surgery — Active implantable medical devices —

Part 2: **Cardiac pacemakers** 

Implants chirurgicaux — Dispositifs médicaux implantables actifs —
Partie 2: Stimulateurs cardiaques

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### Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see <a href="www.iso.org/directives">www.iso.org/directives</a>).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see <a href="https://www.iso.org/patents">www.iso.org/patents</a>).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see <a href="https://www.iso.org/iso/foreword.html">www.iso.org/iso/foreword.html</a>.

ISO 14708-2 was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 6, *Active implants*.

This third edition cancels and replaces the second edition (ISO 14708-2:2012), which has been technically revised. 8966e3a00463/sist-en-iso-14708-2-2022

The main changes compared to the previous edition are as follows:

- addition of requirements for congestive heart failure devices;
- introduction of nomenclature for devices having more than two channels of pacing / sensing as shown in ISO 14117:2019, Annex N;
- revision of the method for measurement of *pulse amplitude* and *pulse duration* in 6.1.2;
- removal of measurement requirements for input impedance in <u>6.1.4</u>;
- inclusion of new temporary exposure criteria in <u>17.1</u> for outer surface temperatures exceeding 39 °C. Other changes include updates to selected definitions and incorporation of new measurement equipment accuracy requirements.

A list of all parts in the ISO 14708 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at <a href="https://www.iso.org/members.html">www.iso.org/members.html</a>.

### ISO 14708-2:2019(E)

### Introduction

This document specifies particular requirements for those active implantable medical devices intended to treat bradyarrhythmias (*pacemakers*), to provide basic assurance of safety to both patients and users.

In recent years, other active implantable cardiovascular devices have emerged, most notably devices that perform the function of improving cardiac output by optimizing ventricular synchrony, in addition to performing *pacemaker* functions.

Although these devices can deliver an additional therapy with respect to *pacemakers*, most of their requirements are similar so that, in most cases, the concepts that apply to *pacemakers* also apply to *CRT-P* device, and the appropriate way to test a *CRT-P* device is similar to the way *pacemakers* are tested.

An implantable cardiac *pacemaker* is essentially a powered electronic device within a sealed, encapsulating enclosure (an *implantable pulse generator*). The device can stimulate heart *beats* by generating electrical impulses which are transmitted to the heart along implanted, insulated conductors with *electrodes* (leads). The *pacemaker* can be adjusted non-invasively by an electronic device, known as a programmer.

This document is relevant to all parts of implantable *pacemakers*, including all *accessories*. Typical examples are *implantable pulse generators*, leads, *adaptors*, programmers and the related software.

The requirements of this document supplement or modify those of ISO 14708-1. The requirements of this document take priority over those of ISO 14708-1.

Although both this document and the Directive 90/385/EEC deal with the same products, the structure and purpose of the two documents are different. Annex A correlates the requirements of the Directive with the subclauses of ISO 14708-1 and this document. Annex B is a rationale providing further explanation of the subclauses of this document.

Annex C describes a coding system that may be used to designate bradyarrhythmia pacing modes. Annex D defines reference points for measurements of *pulse amplitude* and *pulse duration*, and the form of test signal used to determine *sensitivity*. 00463/sistem is 014708-2-2022

All annexes except **Annex D** are informative.

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

## Implants for surgery — Active implantable medical devices —

### Part 2:

### Cardiac pacemakers

### 1 Scope

This document specifies requirements that are applicable to those active implantable medical devices intended to treat bradyarrhythmias and devices that provide therapies for cardiac resynchronization.

The tests that are specified in this document are type tests, and are to be carried out on samples of a device to show compliance.

This document was designed for bradyarrhythmia *pulse* generators used with *endocardial leads* or *epicardial leads*. At the time of this edition, the authors recognized the emergence of leadless technologies for which adaptations of this part will be required. Such adaptations are left to the discretion of manufacturers incorporating these technologies.

This document is also applicable to some non-implantable parts and *accessories* of the devices (see Note 1).

The electrical characteristics of the *implantable pulse generator* or lead are determined either by the appropriate method detailed in this particular standard or by any other method demonstrated to have an accuracy equal to, or better than, the method specified. In case of dispute, the method detailed in this particular standard applies.

Any features of an active implantable medical device intended to treat tachyarrhythmias are covered by ISO 14708-6.

NOTE 1 The device that is commonly referred to as an active implantable medical device can in fact be a single device, a combination of devices, or a combination of a device or devices and one or more *accessories*. Not all of these parts are required to be either partially or totally implantable, but there is a need to specify some requirements of non-implantable parts and *accessories* if they could affect the safety or performance of the implantable device.

NOTE 2 In this document, terms printed in italics are used as defined in <u>Clause 3</u>. Where a defined term is used as a qualifier in another term, it is not printed in italics unless the concept thus qualified is also defined.

### 2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 5841-3:2013, Implants for surgery — Cardiac pacemakers — Part 3: Low-profile connectors (IS-1) for implantable pacemakers

ISO 11318:2002, Cardiac defibrillators — Connector assembly DF-1 for implantable defibrillators — Dimensions and test requirements

ISO 14117:2019, Active implantable medical devices — Electromagnetic compatibility — EMC test protocols for implantable cardiac pacemakers, implantable cardioverter defibrillators and cardiac resynchronization devices, Second Edition

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ISO 14708-1:2014, Implants for surgery — Active implantable medical devices — Part 1: General requirements for safety, marking and for information to be provided by the manufacturer

ISO 27186:2010, Active implantable medical devices — Four-pole connector system for implantable cardiac rhythm management devices — Dimensional and test requirements

### 3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 14708-1 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <a href="https://www.iso.org/obp">https://www.iso.org/obp</a>
- IEC Electropedia: available at <a href="http://www.electropedia.org/">http://www.electropedia.org/</a>

### 3.1

### accessory

article which, while not being a device, is intended specifically by the manufacturer to be used together with a device in accordance with the use of the device intended by the device manufacturer

### 3.2

### adaptor

special connector used between an otherwise incompatible implantable pulse generator and a lead

### 3.3

### pacemaker

active implantable medical device intended to treat bradyarrhythmias, comprising an *implantable pulse generator* and lead(s)

### 3.4

### implantable pulse generator

part of the pacemaker, including the power supply and electronic circuit that produces an electrical output

### 3.5

### sensor

part of a *pacemaker* that is designed to detect signals for the purpose of *rate modulation* or other control purposes

### 3.6

### dual-chamber

condition of relating both to the atrium and ventricle

### 3.7

### implantable cardiac resynchronization therapy pacing device CRT-P

active implantable medical device intended to provide improved ventricular activation to optimize cardiac output, comprising an *implantable pulse generator* and leads

### 3.8

### sensitivity

minimum signal required to control consistently the function of the *implantable pulse generator* 

### 3.9

### electrode

electrically conducting part (usually the termination of a lead), which is designed to form an interface with body tissue or body fluid

### 3.10

### bipolar lead

lead with two *electrodes*, electrically isolated from each other

### 3.11

### unipolar lead

lead with one electrode

#### 3.12

### endocardial lead

lead with an *electrode* designed to make contact with the endocardium, or inner surface of the heart

### 3.13

### epicardial lead

lead with an *electrode* designed to make contact with the epicardium, or outer surface of the heart

### 3.14

### transvenous

approach to the heart through the venous system

#### 3.15

### insertion diameter

<lead> minimum bore of a rigid cylindrical tube into which the lead (not including the connector) can be inserted

### 3.16

### lead pacing impedance

 $Z_{\rm r}$ 

impedance that is formed by the ratio of a voltage *pulse* to the resulting current

Note 1 to entry: The impedance is composed of the *electrode* to tissue interface and the lead impedance.

### 3.17

### model designation

name and/or a combination of letters and numbers used by a manufacturer to distinguish, by function or type, one device from another SIST EN ISO 14708-2:2022

### 3.18

### serial number

unique combination of letters and/or numbers, selected by the manufacturer, intended to distinguish a device from other devices with the same *model designation* 

### 3.19

### beat

ordered spontaneous or paced activity of the heart

### 3.20

### pulse

electrical output of an *implantable pulse generator* intended to stimulate the myocardium

### 3.21

### pulse amplitude

amplitude of the *pulse* 

### 3.22

### pulse duration

duration of the pulse

### 3.23

### pulse interval

interval between equivalent points of two consecutive *pulses* 

### 3.24

### basic pulse interval

pulse interval in absence of sensed cardiac or other electrical influence