



# SLOVENSKI STANDARD SIST EN ISO 5840-1:2021

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SIST EN ISO 5840-1:2015

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**Vsadki (implantati) za srce in ožilje - Proteze za srčno zaklopko - 1. del: Splošne zahteve (ISO 5840-1:2021)**

Cardiovascular implants - Cardiac valve prostheses - Part 1: General requirements (ISO 5840-1:2021)

Herz- und Gefäßimplantate - Herzklappenprothesen - Teil 1: Allgemeine Anforderungen (ISO 5840-1:2021)

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Implants cardiovasculaires - Prothèses valvulaires - Partie 1: Exigences générales (ISO 5840-1:2021)

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**Ta slovenski standard je istoveten z: EN ISO 5840-1:2021**

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**ICS:**

11.040.40	Implantanti za kirurgijo, protetiko in ortetiko	Implants for surgery, prosthetics and orthotics
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EUROPEAN STANDARD  
NORME EUROPÉENNE  
EUROPÄISCHE NORM

# EN ISO 5840-1

February 2021

ICS 11.040.40

Supersedes EN ISO 5840-1:2015

English Version

## Cardiovascular implants - Cardiac valve prostheses - Part 1: General requirements (ISO 5840-1:2021)

Implants cardiovasculaires - Prothèses valvulaires -  
Partie 1: Exigences générales (ISO 5840-1:2021)

Herz- und Gefäßimplantate - Herzklappenprothesen -  
Teil 1: Allgemeine Anforderungen (ISO 5840-1:2021)

This European Standard was approved by CEN on 22 September 2020.

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## European foreword

This document (EN ISO 5840-1:2021) has been prepared by Technical Committee ISO/TC 150 "Implants for surgery" in collaboration with Technical Committee CEN/TC 285 "Non-active surgical implants" the secretariat of which is held by DIN.

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of an identical text or by endorsement, at the latest by August 2021, and conflicting national standards shall be withdrawn at the latest by August 2021.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. CEN shall not be held responsible for identifying any or all such patent rights.

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INTERNATIONAL  
STANDARD

ISO  
5840-1

Second edition  
2021-01

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**Cardiovascular implants — Cardiac  
valve prostheses —**

**Part 1:  
General requirements**

*Implants cardiovasculaires — Prothèses valvulaires —*

*Partie 1: Exigences générales*  
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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 [www.iso.org/directives](http://www.iso.org/directives)).

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 [www.iso.org/patents](http://www.iso.org/patents)).

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 [www.iso.org/iso/foreword.html](http://www.iso.org/iso/foreword.html).

This document was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 285, *Non-active surgical implants*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 5840-1:2015), which has been technically revised.

The main changes compared to the previous edition are as follows: the engineering and clinical requirements in the ISO 5840 series have been updated to current specifications and integrated and harmonized across all parts.

A list of all parts in the ISO 5840 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 [www.iso.org/members.html](http://www.iso.org/members.html).

## ISO 5840-1:2021(E)

### Introduction

There is, as yet, no heart valve substitute which can be regarded as ideal.

The ISO 5840 series has been prepared by a group well aware of the issues associated with heart valve substitutes and their development. In several areas, the provisions of the ISO 5840 series deliberately have not been specified to encourage development and innovation. It does specify the types of tests, provides guidance for test methods and test apparatuses and requires documentation of test methods and results. The areas with which the ISO 5840 series are concerned are those which ensure that associated risks to the patient and other users of the device have been adequately mitigated, facilitate quality assurance, aid the clinician in choosing a heart valve substitute, and ensure that the device is presented in a convenient form. Emphasis has been placed on specifying types of *in vitro* testing, preclinical *in vivo* and clinical evaluations, reporting of all *in vitro*, preclinical *in vivo*, and clinical evaluations, and the labelling and packaging of the device. Such a process involving *in vitro*, preclinical *in vivo*, and clinical evaluations is intended to clarify the required procedures prior to market release and to enable prompt identification and management of any subsequent problems.

With regard to *in vitro* testing and reporting, apart from basic material testing for mechanical, physical, chemical, and biocompatibility characteristics, the ISO 5840 series also covers important hydrodynamic and durability characteristics of heart valve substitutes and systems required for their implantation. The ISO 5840 series does not specify exact test methods for hydrodynamic and durability testing, but it offers guidelines for the test apparatus.

The ISO 5840 series is intended to be revised, updated, and/or amended as knowledge and techniques in heart valve substitute technology improve.

This document is used in conjunction with ISO 5840-2 and ISO 5840-3.

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# Cardiovascular implants — Cardiac valve prostheses —

## Part 1: General requirements

### 1 Scope

This document is applicable to heart valve substitutes intended for implantation and provides general requirements. Subsequent parts of the ISO 5840 series provide specific requirements.

This document is applicable to newly developed and modified heart valve substitutes and to the accessory devices, packaging, and labelling required for their implantation and for determining the appropriate size of the heart valve substitute to be implanted.

ISO 5840-1 outlines an approach for verifying/validating the design and manufacture of a heart valve substitute through risk management. The selection of appropriate qualification tests and methods are derived from the risk assessment. The tests can include those to assess the physical, chemical, biological, and mechanical properties of heart valve substitutes and of their materials and components. The tests can also include those for preclinical *in vivo* evaluation and clinical evaluation of the finished heart valve substitute.

ISO 5840-1 defines operational conditions for heart valve substitutes.

ISO 5840-1 furthermore defines terms that are also applicable to ISO 5840-2 and ISO 5840-3.

ISO 5840-1 does not provide requirements specific to homografts, tissue engineered heart valves (e.g. valves intended to regenerate *in vivo*), and heart valve substitutes designed for implantation in circulatory support devices. Some of the provisions of ISO 5840-1 can be applied to valves made from human tissue that is rendered non-viable.

NOTE A rationale for the provisions of ISO 5840-1 is given in [Annex A](#).

### 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 5840-2, *Cardiovascular implants — Cardiac valve prostheses — Part 2: Surgically implanted heart valve substitutes*

ISO 5840-3, *Cardiovascular implants — Cardiac valve prostheses — Part 3: Heart valve substitutes implanted by transcatheter techniques*

ISO 10993-1, *Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process*

ISO 11135, *Sterilization of health-care products — Ethylene oxide — Requirements for the development, validation and routine control of a sterilization process for medical devices*

ISO 11137 (all parts), *Sterilization of health care products — Radiation*

ISO 11607 (all parts), *Packaging for terminally sterilized medical devices*

ISO 13485, *Medical devices — Quality management systems — Requirements for regulatory purposes*

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ISO 14155, *Clinical investigation of medical devices for human subjects — Good clinical practice*

ISO 14160, *Sterilization of health care products — Liquid chemical sterilizing agents for single-use medical devices utilizing animal tissues and their derivatives — Requirements for characterization, development, validation and routine control of a sterilization process for medical devices*

ISO 14630, *Non-active surgical implants — General requirements*

ISO 14937, *Sterilization of health care products — General requirements for characterization of a sterilizing agent and the development, validation and routine control of a sterilization process for medical devices*

ISO 14971, *Medical devices — Application of risk management to medical devices*

ISO 15223-1, *Symbols to be used with medical device labels, labelling and information to be supplied — Part 1: General requirements*

ISO 22442 (all parts), *Medical devices utilizing animal tissues and their derivatives*

IEC 62366 (all parts), *Medical Devices — Application of usability engineering to medical devices*

**3 Terms and definitions**

For the purposes of this document, the following terms and definitions apply.

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

— ISO Online browsing platform: available at <https://www.iso.org/obp>

— IEC Electropedia: available at <http://www.electropedia.org/>

**3.1**  
**accessory**  
device-specific tool that is required to assist in the implantation of the *heart valve substitute* (3.30)

**3.2**  
**adverse event**

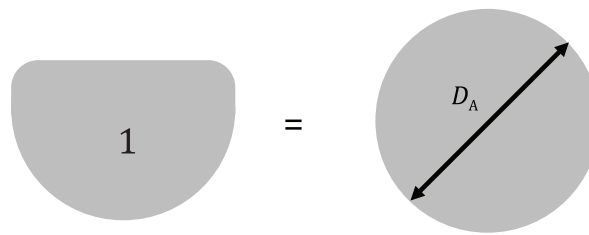
**AE**  
untoward medical occurrence in a study subject which does not necessarily have a causal relationship with study treatment

Note 1 to entry: An AE can be an unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease, temporary or permanent, whether or not related to the *heart valve substitute* (3.30) or implantation procedure.

**3.3**  
**area-derived valve diameter**

$D_A$   
calculated valve diameter based on area (A) of the device [i.e. a “D-Shaped” transcatheter mitral valve implantation (TMVI) device; refer to [Figure 1](#)]:  $D_A = \sqrt{4A/\pi}$

Note 1 to entry: This approach is typically used for labelling the sizes of TMVI devices where valves are designed for a noncircular geometry.

**Key**

1 area of valve

$$D_A = \sqrt{4A/\pi}$$

 $D_A$  = area-derived diameter**Figure 1 — Area-derived valve diameter for a non-circular device****3.4****arterial end diastolic pressure**

minimum value of the arterial pressure during diastole

**3.5****arterial peak systolic pressure**maximum value of the arterial pressure during *systole* (3.68)**3.6****back pressure**

differential pressure across the valve during the closed phase

**3.7****body surface area****BSA**total surface area (m<sup>2</sup>) of the human body

Note 1 to entry: This can be calculated (Mosteller's formula) as the square root of the product of the weight in kg and the height in cm divided by 3 600 (see Reference [26]).

**3.8****cardiac output****CO***stroke volume* (3.64) times heart rate**3.9****closing volume**portion of the *regurgitant volume* (3.49) that is associated with the dynamics of valve closure during a single *cycle* (3.13)

Note 1 to entry: See [Figure 2](#).

Note 2 to entry: The volume of flow occurring between *end of systole* (3.23) and *start of leakage* (3.59) for aortic and pulmonary positions; between *end of diastole* (3.21) and start of leakage for mitral and tricuspid positions.

**3.10****coating**thin-film material that is applied to an element of a *heart valve system* (3.31) to modify its surface physical or chemical properties