



Kent Academic Repository

Taylor, Paul and Batchelor, John C. (2020) *Integrating UHF RFID Antennas into Surgical Instruments*. In: International Workshop on Antenna Technology 2020, 25-28 Feb 2020, Bucharest, Romania.

Downloaded from

<https://kar.kent.ac.uk/81610/> The University of Kent's Academic Repository KAR

The version of record is available from

<http://iwat2020.org/>

This document version

Pre-print

DOI for this version

Licence for this version

UNSPECIFIED

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal*, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

Integrating UHF RFID Antennas into Surgical Instruments

P.S. Taylor and J.C. Batchelor

Department of Engineering and Digital Arts, University of Kent, Canterbury, Kent, UK. p.taylor-250@kent.ac.uk

Abstract—This paper details a technique where a non-resonant metallic surgical instrument – in this case a scalpel handle – can be modified to effectively incorporate UHF RFID functionality, where the instrument itself serves as the antenna. This is achieved by modification of the instrument with a longitudinal slot dimensioned such that an impedance match can be realized to the target RFID device. Aimed at the European UHF RFID band we demonstrate the technique both by simulation and measurement the modification of a commercially available scalpel handle resulting in an efficient UHF RFID far-field tag.

Keywords—RFID; antenna; instrumentation; healthcare; patient; surgical; scalpel;

I. INTRODUCTION

Incorporating RFID technology into healthcare related products offers significant advantages over barcode and other such technologies. It allows for the continuous tracking of instruments over both their usage and life cycles. For a surgical instrument this could start with the preparation area and operating theatre, through to washing, sterilisation and other interim procedures such as sharpening. All of this being detected and recorded wirelessly, potentially over many metres in the case of UHF RFID and transparent to the user. RFID tagging of surgical instruments is already achieved, both at HF (NFC) and UHF, this usually involves attaching a small transponder to the target instrument. In the case of NFC transponders read ranges of a few centimetres are typical. For an optimised UHF RFID tag and reader system read ranges of >10 metres are common, but for very small tags incorporating small low efficiency antennas this distance is much reduced, with read ranges of 0.5 – 2 m being typical [1] – [5]. A technique has been previously applied where everyday metallic tubular objects have been given UHF RFID functionality [6]. This paper demonstrates an efficient technique where the actual metallic instrument itself is modified and forms the antenna, with associated electronics such as the RFID device and additional matching components if required being embedded within the instruments body. This results in a UHF RFID enabled instrument with read ranges comparable to more conventional tags.

II. COMPUTER SIMULATION

A. Target Instrument

The modified instrument presented here is a No.3 scalpel handle from Swann-Morton® [7], a model of which used for CST Microwave Studio™ (CST MWS™) simulations along with its significant dimensions are shown in Fig. 1. The

handle is manufactured from stainless steel with a Resistivity ρ ($\Omega\cdot\text{m}$) of 6.9×10^{-7} and Conductivity σ (S/m) of 1.45×10^6 .

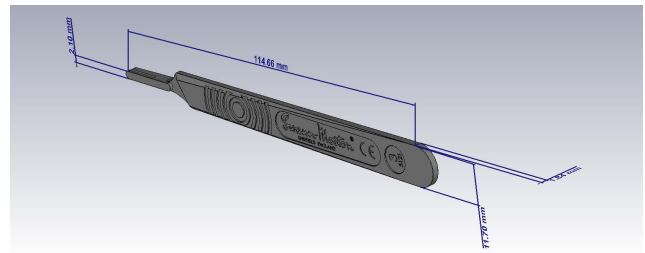


Fig. 1. Swann-Morton® scalpel handle model and dimensions.

B. Impedance Measurements

The technique used was to incorporate a longitudinal slot so that an impedance match to the RFID device can be achieved. Targeting the European RFID band of 866 MHz an experimental method was carried out using CST MWS™ where starting from the non-blade end of the tool a 2 mm wide slot was introduced, this included a measurement port directly across the slot as shown in Fig. 2. Due to initial small changes in impedance this was carried out in 15 mm increments up until 75mm where the increments were reduced to 5 mm up to a maximum slot length of 90 mm for improved resolution. Additionally the slot length was fixed at 75 mm with its width changed over 1-3 mm in 0.5 mm increments and its impedance measured. The results showing impedance change due to slot length and width are given in Table I.

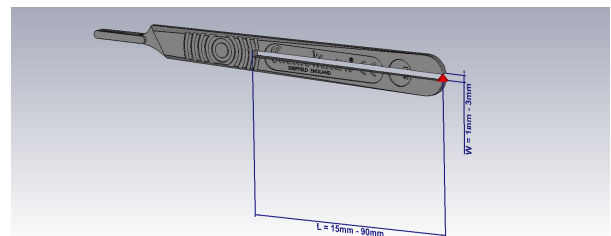


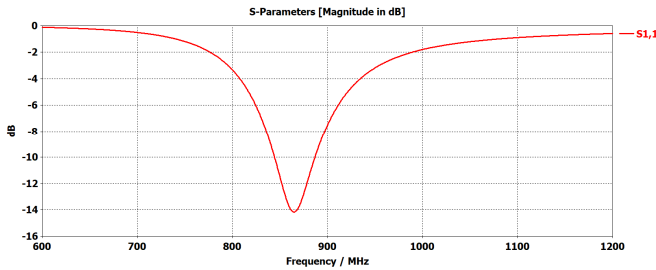
Fig. 2. Modified scalpel handle and its slot dimensions for simulated impedance measurements.

TABLE I.

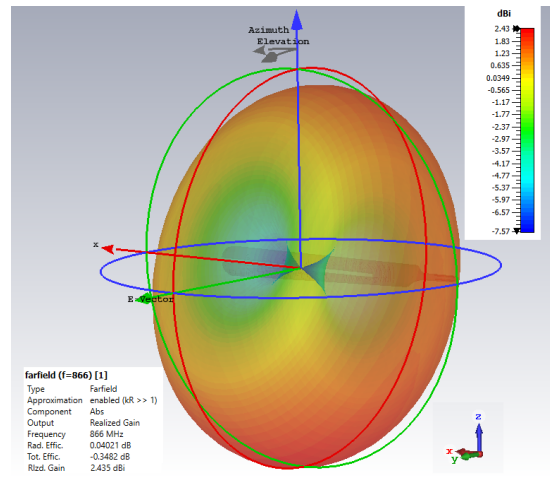
Slot Length/Width (mm)	Impedance (Ω)
15/2	$0.054 + j42.8$
30/2	$0.14 + j82$
45/2	$0.36 + j136$
60/2	$1.1 + j229$
75/2	$6.3 + j535$
80/2	$18 + j873$
85/2	$123 + j1886$
90/2	$178 - j2562$
80/1	$7.3 + j464$
80/1.5	$12.3 + j678$
80/2	$18 + j873$
80/2.5	$25 + j1086$
80/3	$1.1 + j235$

C. Impedance Matching and Simulations

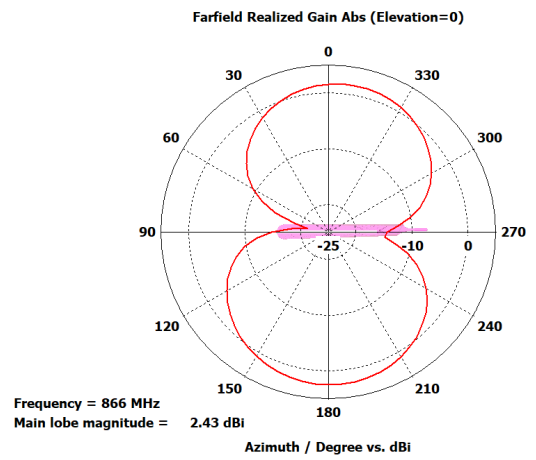
The selected RFID device is Alien Higgs 3, which at 866 MHz has an input impedance of $27 - j195 \Omega$ and sensitivity of -18 dBm. The procedure chosen here is to adjust the scalpel handle length until the real part of its impedance (27Ω) matches that of the Alien Higgs 3 device, the required lumped element can then be included to cancel the combined reactance of both the scalpel handle and RFID device. From simulation a slot length/width of 82/2mm results in an impedance of $27 + j600 \Omega$ at 866 MHz, a series inductance of 146 nH was required to achieve a match to the RFID device. Shown in Fig. 3(a) is the return loss plot (S_{11}) of the matched handle, with an S_{11} of ~ -14 dB. In addition, far-field, elevation and azimuth radiation pattern and surface current plots are shown. They show good efficiency with a realized gain of 2.43 dBi and the expected broadside radiation pattern, although with some skewing of the pattern due the asymmetry of the structure.



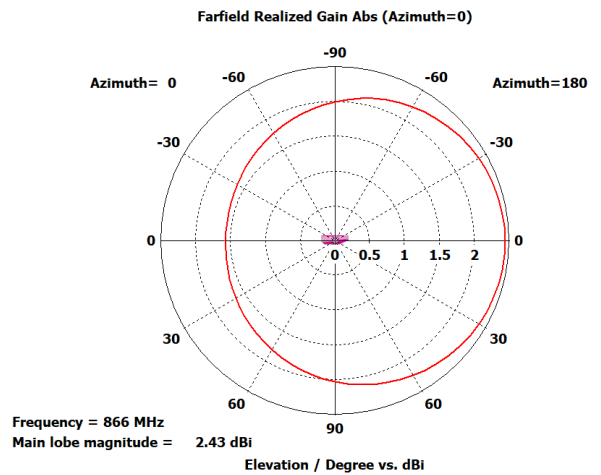
(a)



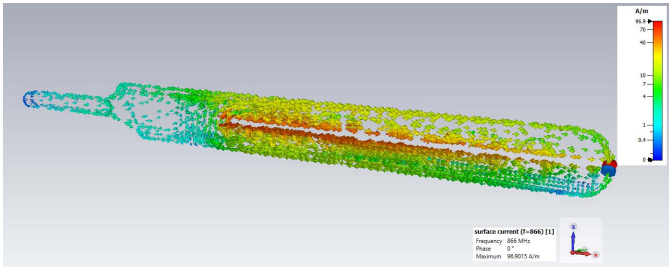
(b)



(c)



(d)



(e)

Fig. 3. Simulation measurements for the modified scalpel handle (a) return loss, (b) 3d far-field radiatiopn pattern, (c) far-field realized gain elevation pattern, (d) far-field realized gain azimuth pattern and surface current shown in (e).

III. PRACTICAL MEASUREMENTS

A. Handle Modification and Assembly

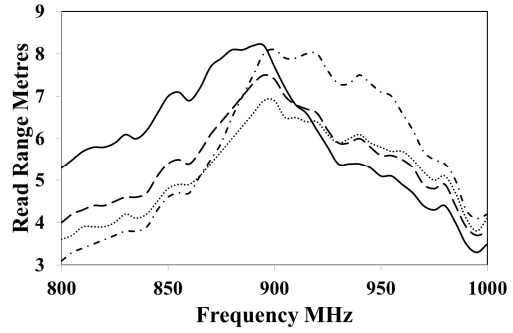
Taking a No.3 Swann-Morton® scalpel handle an 82 mm x 2 mm slot was cut, using a VNA an impedance measurement was made giving an initial value of $22 + j600 \Omega$ at 866 MHz, increasing the slot length by 1 mm resulted in a value of $27 + j660 \Omega$. A series inductance of 157 nH was required to match to the impedance of the Alien Higgs 3 device, the actual nearest preferred value (NPV) is 150 nH. Figure 4. Shows the assembled test scalpel handle. It should be noted that being stainless steel a phosphoric acid flux was required to enable soldering of the components.



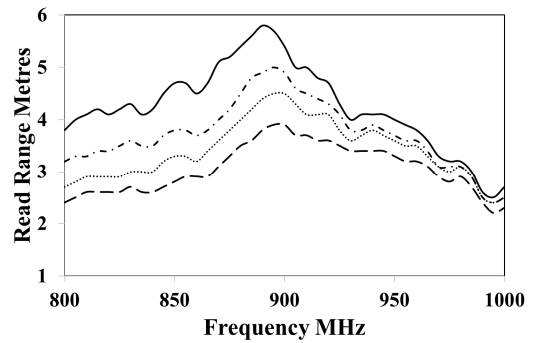
Fig. 4. Constructed test scalpel and 10A type blade. Face labels for the practical measurement shown inset.

B. Practical Measurements

Using the Voyantic UHF RFID measurement system read range measurements were carried out. The systems consists of the main measurement unit swept over a frequency range of 800 – 1000 MHz coupled to a linearly polarised antenna, where the tag under test is located at a calibrated referenced 30 cm distance away. Due to the skewing of the radiation pattern shown in the simulations, measurements were taken for the four faces of the scalpel as given in Fig. 4. In addition, although the design was optimised minus its blade a 10A type blade was added and the measurements repeated. This was to see the de-tuning effects of adding the blade and if it still functions as a usable RFID device. The read range measurements are shown in Fig. 5.



(a)



(b)

Fig. 5. Voyantic read range measurements for the prototype scalpel handle, (a) without blade and (b) with the 10A blade added over the four faces of the handle. Face (a) ---- (b) -.- (c) (d) —

C. Discussion of Results

From the measured results shown in Fig. 5 read ranges of 6.5 – 8 m over the four faces of the modified scalpel handle were achieved, and 3.5 – 6 m with the blade added. This reduction in read range is expected due to the detuning effect of adding the blade. Although designed for a center frequency of 866 MHz the actual maximum read range peaks at ~890 MHz due to using a NPV rather than the exact calculated component value in the matching network.

IV. CONCLUSIONS

This paper shows a technique where a UHF RFID device and associated matching components can be embedded into metallic objects – in this case a surgical scalpel handle – and offer RFID functionality, with the object acting as the antenna. A prototype targeted at the European RFID band was simulated and measured. This gave good performance and compares well in terms of read range for more conventional tags and far exceeds that of the compromised attached type tags. It is realised that the technique may not be practical for small items, where in terms of wavelength they might be too short to realise an efficient antenna, also items where the structural integrity might be compromised due to modification. It is envisaged for the version presented here, during manufacture the additional slot would be filled

with a resin or similar material that is safe for its intended application/environment and able to stand the rigors of cleaning and autoclaving.

ACKNOWLEDGMENT

This research was supported by EPSRC project EP/P027075/1.

REFERENCES

- [1] <https://www.medicaldesignbriefs.com/component/content/article/mbd/features/articles/32814#close-olyticsmodal> (online) accessed 20/10/2019
- [2] T. Sawa and H. Komatsu, "Shimane university hospital implements RFID technology to manage surgical instruments," *2013 7th International Symposium on Medical Information and Communication Technology (ISMICT)*, Tokyo, 2013, pp. 90-92. doi: 10.1109/ISMICT.2013.6521706
- [3] T. Matsumura, M. Takahashi, K. Saito, E. Yamamoto and K. Ito, "RFID tag antenna for managing surgical instruments," *2012 International Symposium on Antennas and Propagation (ISAP)*, Nagoya, 2012, pp. 1240-1243.
- [4] K. Yamashita *et al.*, "Identification of information surgical instrument by ceramic RFID tag," *2008 World Automation Congress*, Hawaii, HI, 2008, pp. 1-6.
- [5] T. Matsumura, M. Takahashi, K. Saito, E. Yamamoto and K. Ito, "Performance evaluations on RFID tag antenna for managing surgical instrument," *2012 International Conference on Electromagnetics in Advanced Applications*, Cape Town, 2012, pp. 430-433.
- [6] P. S. Taylor and J. C. Batchelor, "Utilizing everyday metallic structures as UHF RFID antennas," *12th European Conference on Antennas and Propagation (EuCAP 2018)*, London, 2018, pp. 1-5.
- [7] https://www.swann-morton.com/product_range/3.php (online) accessed 20/10/2019