

## Background

- Venipuncture is one of the most common invasive procedures in medical healthcare<sup>1</sup>
- Improvement of success rates needed to reduce time, costs, possible complications, work for physician and to improve patient's comfort
- Need for a vein detection sensor which is low-cost (use of LEDs)

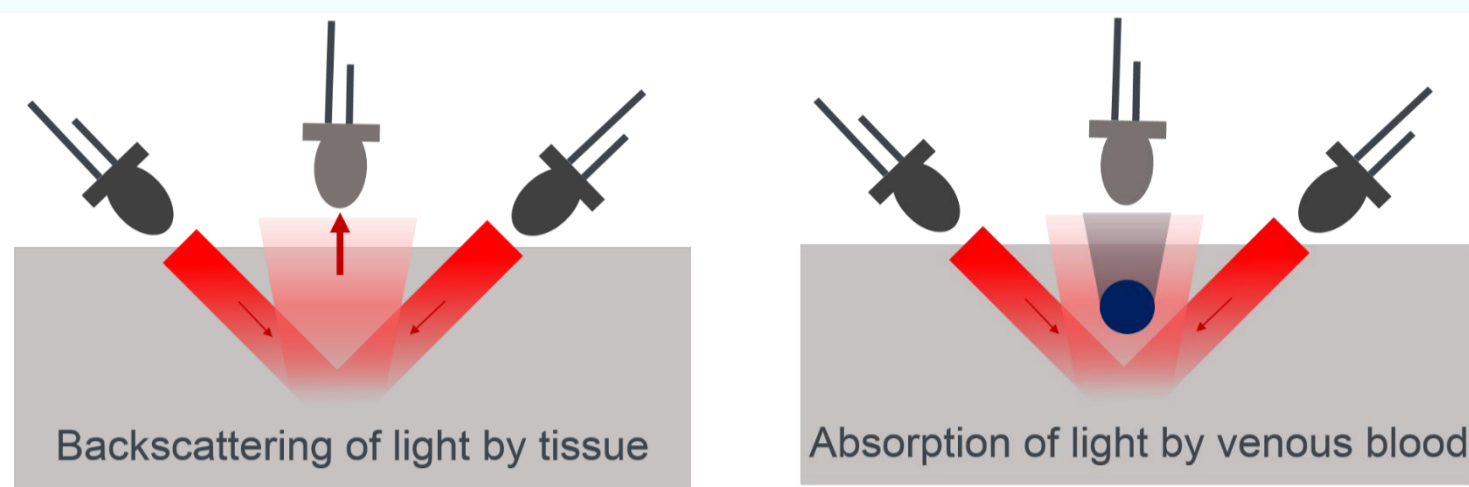


Figure 1: Working principle of the sensor

## LED as sensor

- LED in reverse bias<sup>2</sup>
- Model of internal LED behaviour: capacitance in parallel with current source (current produced depends on light intensity as light frees electrons according to photoelectric effect)
- Charged capacitance is discharged by light dependent photocurrent
- Discharge time is measured until voltage at digital input (IN) changes from logic high to low

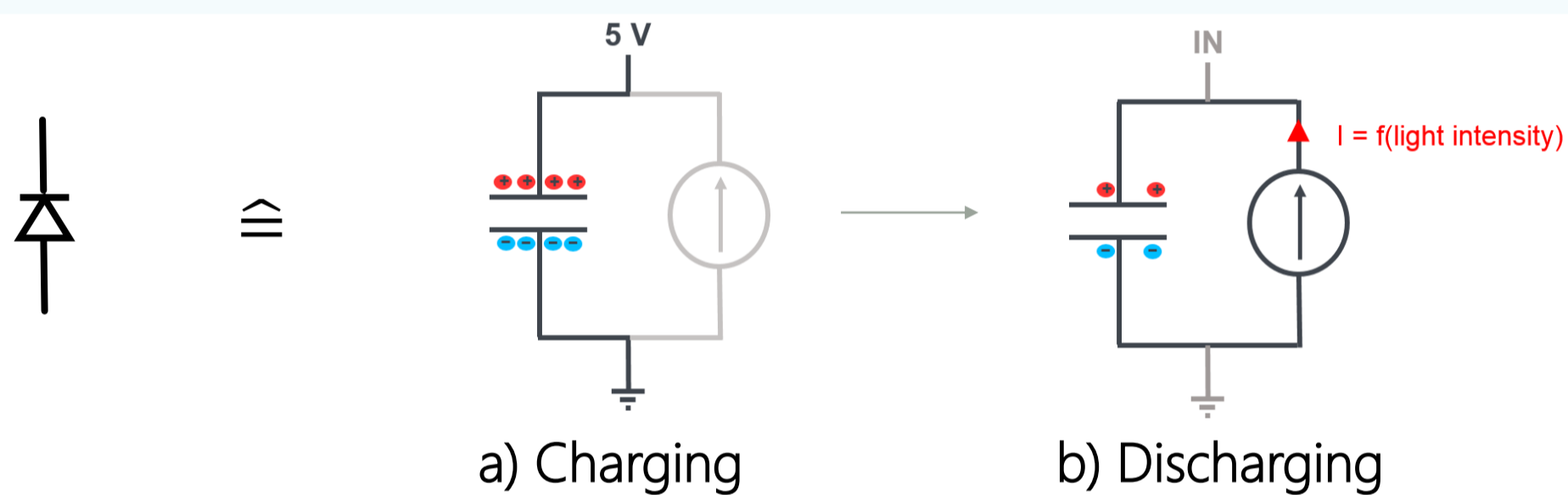


Figure 2: Model of internal LED behaviour in charging and discharging mode

## Final LED vein detection sensor

- LED row constellation (two emitting and one sensing LED) integrated in casing including all electronics needed

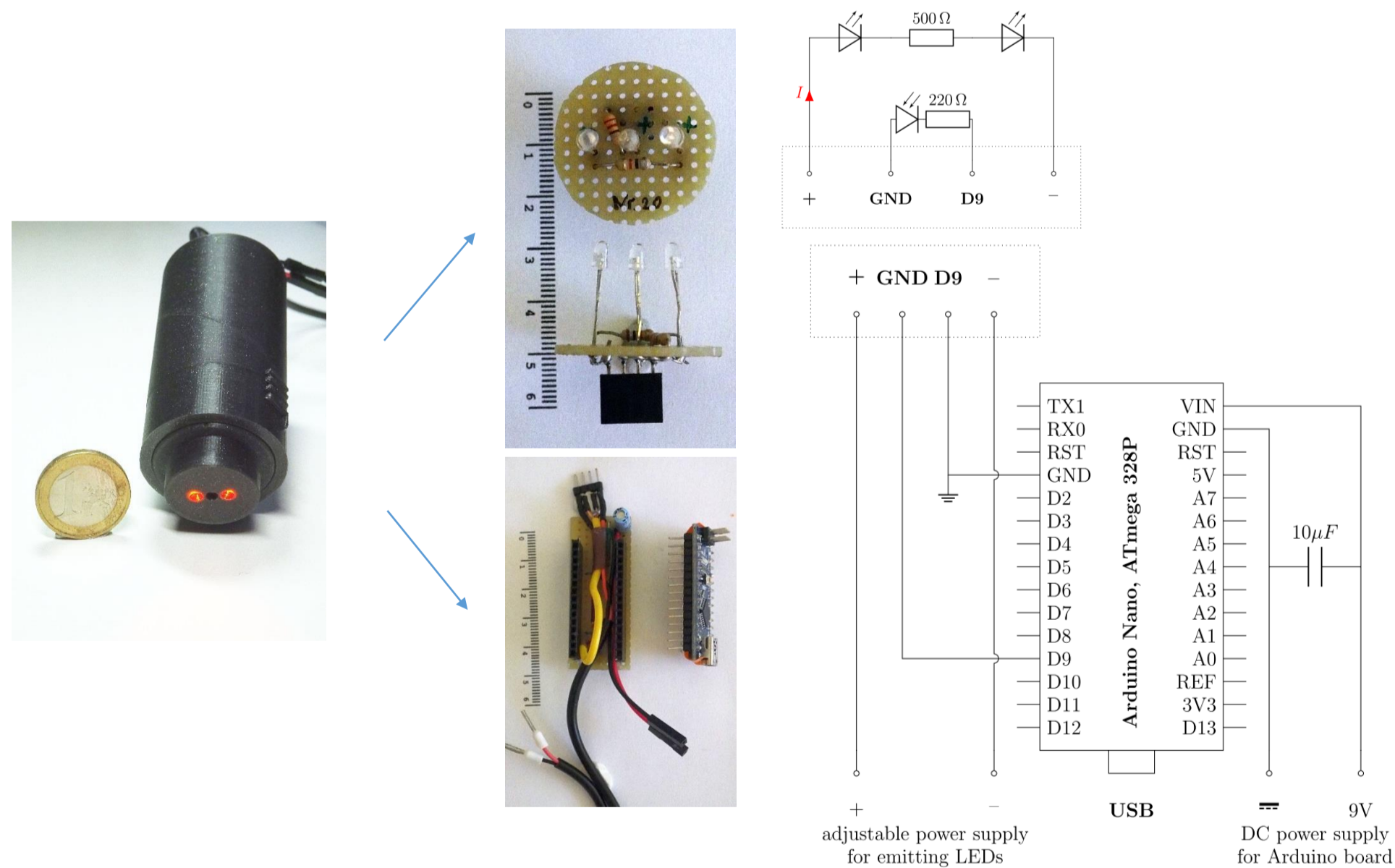


Figure 3: Vein detection sensor, soldered parts and according electric circuits

## Future work

- Identify vein patterns with sensor by mechanical scanning or LED array
- Automated intensity calibration
- Miniaturisation using SMD components
- Proper contact to skin surface (no compression of veins)
- Examine if venous depth and size can be obtained by signal's height and width (skin phantom)

## Literature

1. Simon Juric, Vojko Flis, Matjaz Debevc, Andreas Holzinger, and Borut Zalik. Towards a low-cost mobile subcutaneous vein detection solution using near-infrared spectroscopy. *The Scientific World Journal*, 2014.
2. Paul Dietz, William Yerazunis, and Darren Leigh. Very low-cost sensing and communication using bidirectional LEDs. In *International Conference on Ubiquitous Computing*, pages 175-191. Springer, 2003.

## Experiments & Results

Moving sensor along scale on the back of the hand

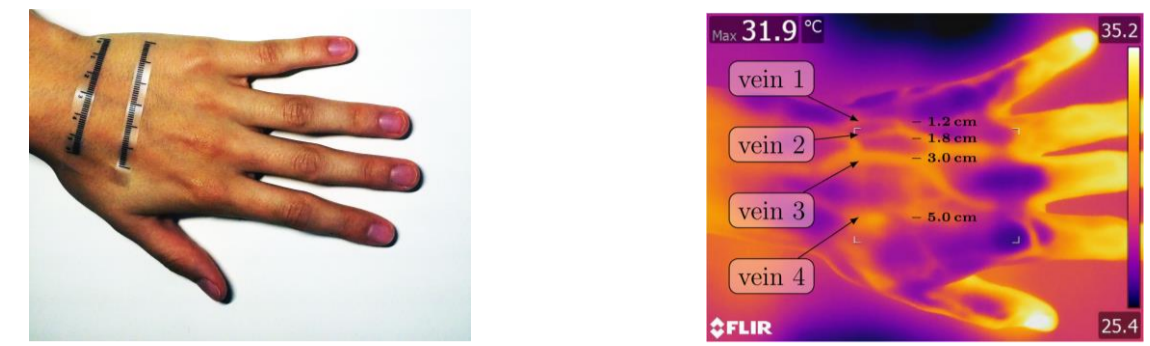


Figure 4: scale on back of the hand and thermal image of veins

Emitted intensity: influences noise and discretisation of the signal, calibration has to be conducted to operate sensing LED in optimum

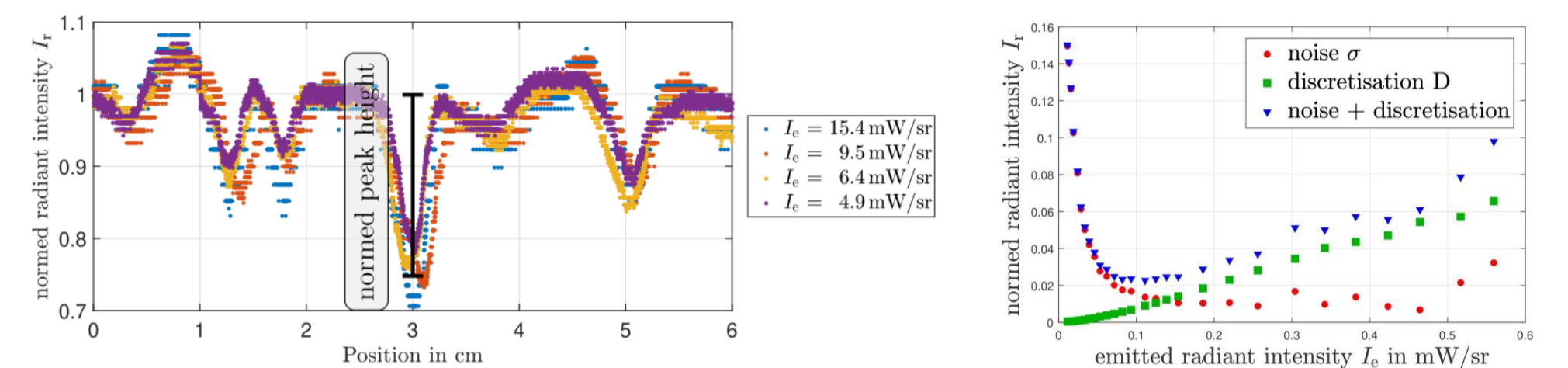


Figure 5: normed measurements for different intensities and relationship between emitted intensity, noise and discretisation

Wavelength: slight trend towards visible wavelengths (light-skinned)

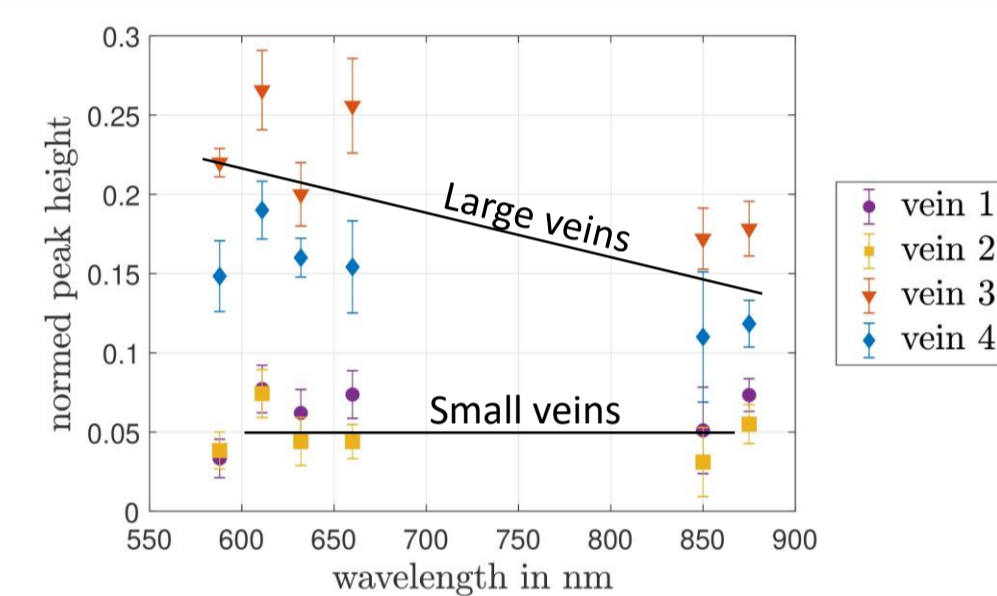


Figure 6: normed peak heights for different wavelength

Skin colour: higher emitted intensity needed for dark-skinned people, near infrared wavelengths most promising as less absorbed by melanin

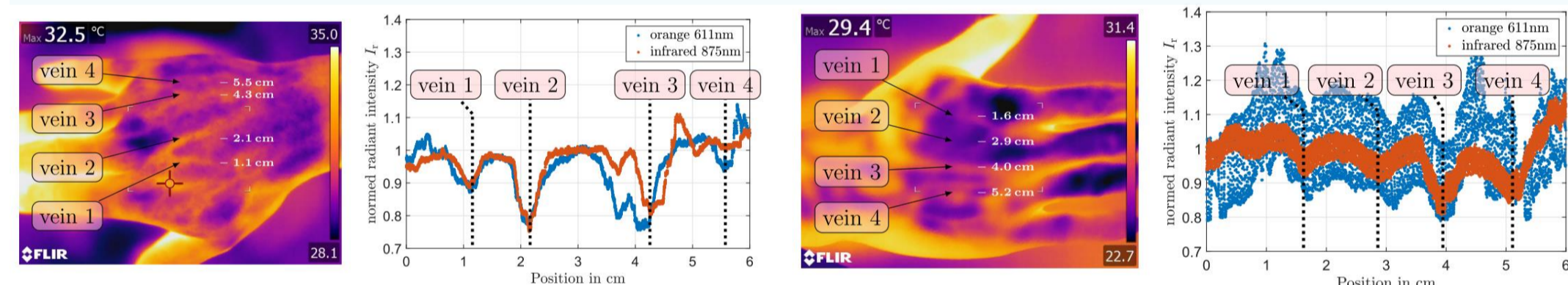


Figure 7: Thermal image and measurement for light-skinned (left) and dark-skinned person (right)

Arrangement of emitting LEDs: showed highest potential to improve signal's height

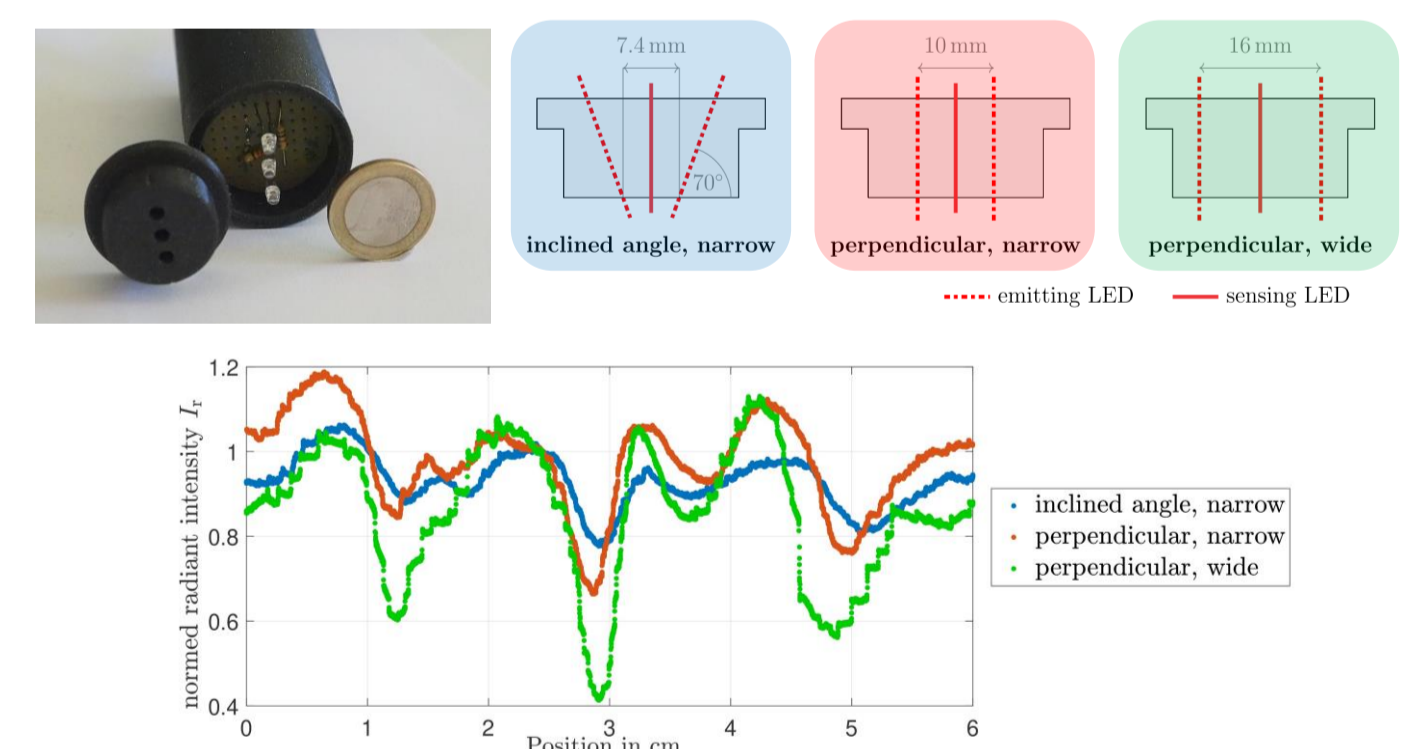


Figure 8: Measurement for different sensor heads

Positioning of LED-row on vein: best signals when LED-row parallel to vein, can be used for determining direction of vein

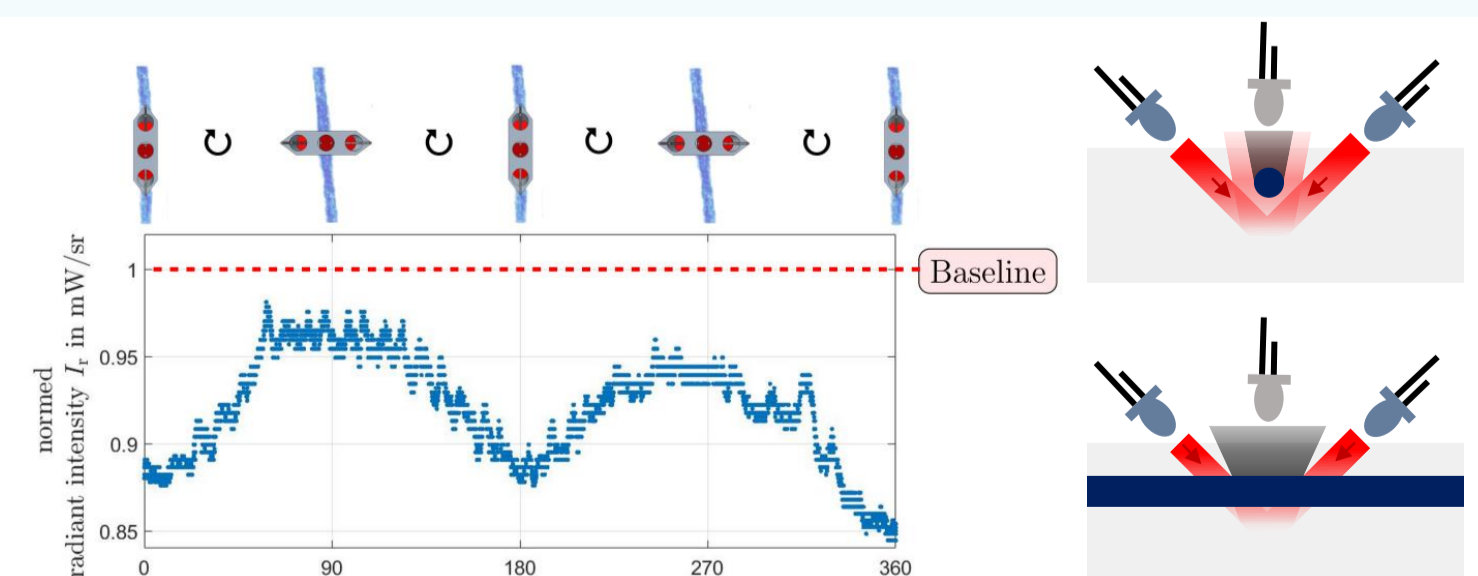


Figure 9: Rotating sensor on vein

Skin surface temperature and Tourniquet: showed minor effects on signal