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## Neurosurgical implants — Self-closing intracranial aneurysm clips

*Implants neurochirurgicaux — Clips intracrâniens pour anévrisme à  
autofermeture*

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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*, 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 third edition cancels and replaces the second edition (ISO 9713:2002), which has been technically revised.

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

- the terms and definitions in [Clause 3](#) have been revised to more accurately define the information contained within the document;
- the MRI safety assessment in [Clause 7](#) has been revised so as to better align with the recommendations provided in the most recent MRI related ASTM standards;
- the closing force assessments in [Clause 8](#) has been revised to better clarify the procedures;
- the sterilization and packaging clauses ([Clauses 9](#) and [10](#)) have been revised to align with ISO 14630 and to reduce the likelihood of future conflicts.

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).

## Introduction

This document is intended to help to ensure that appropriate and comparable information is supplied for each clip to facilitate the choice of the correct clip by the surgeon. The closing force of the clip is an important factor in the selection process, and this document requires that the manufacturers determine the actual closing force in a uniform manner and state this value on the labelling. The actuation of some types of clip can result in a reduction of the closing force and should be considered.

Magnetic fields of considerable strength [e.g. 1,5 (tesla) or more] are used in medicine with increasing frequency as part of diagnostic techniques such as magnetic resonance imaging (MRI). Exposure to electromagnetic field can pose a hazard to patients who have intracranial aneurysm clips. Clips with magnetic properties (either dia-, para-, antiferro-, ferro- or ferrimagnetic, or all) become magnetized when subjected to a magnetic field and under this condition are liable to directing forces. These forces can result in the clip being removed from the aneurysm that it was intended to occlude and even being moved through the tissues. Because of the very high field strengths, even materials normally regarded as non-magnetic may exhibit some response to the magnetic field, such as minimal deflection or rotation. It is therefore essential that aneurysm clips have weakly or non-magnetic properties. Compounds of certain non-magnetic elements can, when processed, have strong magnetic properties. The opposite also occurs. The work done during the manufacture can have an additional effect. However, material normally regarded as non-magnetic can exhibit some response when subjected to MRI levels of field strength. A secondary effect is that the presence of a metallic clip can interfere with the MRI process, resulting in deterioration of the quality of the scanning image.

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# Neurosurgical implants — Self-closing intracranial aneurysm clips

## 1 Scope

This document establishes the characteristics of self-closing aneurysm clips intended for permanent intracranial implantation and specifies requirements for their marking, packaging, sterilization and for labelling and accompanying documentation. In addition, it gives a method for the measurement of closing force.

This document is not applicable to malleable clips, or clips intended to be used during the course of surgery and removed before wound closure (temporary clips).

NOTE In this document when not otherwise established, the term “implant” refers to the self-closing intracranial aneurysm clips.

## 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 5832-2, *Implants for surgery — Metallic materials — Part 2: Unalloyed titanium*

ISO 5832-3, *Implants for surgery — Metallic materials — Part 3: Wrought titanium 6-aluminium 4-vanadium alloy*

ISO 5832-5, *Implants for surgery — Metallic materials — Part 5: Wrought cobalt-chromium-tungsten-nickel alloy*

ISO 5832-6, *Implants for surgery — Metallic materials — Part 6: Wrought cobalt-nickel-chromium-molybdenum alloy*

ISO 5832-7, *Implants for surgery — Metallic materials — Part 7: Forgeable and cold-formed cobalt-chromium-nickel-molybdenum-iron alloy*

ISO 14630:2012, *Non-active surgical implants — General requirements*

ISO 15223-1, *Medical devices — Symbols to be used with information to be supplied by the manufacturer — Part 1: General requirements*

ISO 17664-1, *Processing of health care products — Information to be provided by the medical device manufacturer for the processing of medical devices — Part 1: Critical and semi-critical medical devices*

## 3 Terms and definitions

For the purposes of this document the terms and definitions given in ISO 14630 and the following apply.

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

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

### 3.1

#### **aneurysm clip**

device primarily intended for the permanent occlusion of the neck or sac of an intracranial aneurysm

### 3.2

#### **blade closing surface**

blade design intended to be in contact with the vessel

### 3.3

#### **closing force**

force produced between the blades of the clip

### 3.4

#### **nominal closing force**

*closing force* (3.3) defined by the manufacturer for each clip model

### 3.5

#### **actual closing force**

*closing force* (3.3) measured on each clip by the manufacturer before packaging

### 3.6

#### **limit of error**

extreme value of measurement error, with respect to a known reference quantity value, permitted by specifications or regulations for a given measurement, measuring instrument or measuring system

Note 1 to entry: Usually, the term “maximum permissible errors” or “limits of error” is used where there are two extreme values.

Note 2 to entry: The term “tolerance” should not be used to designate “maximum permissible error”.

### 3.7

#### **image artefact**

inappropriate image signal in a magnetic resonance image

Note 1 to entry: An image artefact can be characterized as decreased signal intensity (voids) where a signal should be produced, with or without geometric image distortion, but can also include abnormally increased signal intensity.

## 4 Description of aneurysm clips

### 4.1 Mechanism of action

The mechanism of action for the clip shall be specified.

The illustrations of examples of clip mechanisms of action are shown in [Figure 1](#).

### 4.2 Geometry

The geometry of the clip, including the blade geometry shall be specified.

The diagrammatic representation (not to scale) of some examples of clip forms is indicated in [Figure 2](#).

### 4.3 Blade closing surface

The shape and geometric characteristics of the blade closing surface shall be described.

## 5 Indication of dimensions

The following dimensions of clips and components shall be indicated:

- the overall length;
- the length of the blades;
- the width of the blades giving, as appropriate, the width (disregarding any radius or taper at the tip) of blades of uniform width, the minimum and maximum widths of non-uniform blades, and the overall width of fenestrated blades;
- the internal diameter of any encircling or encompassing portions of the clip.

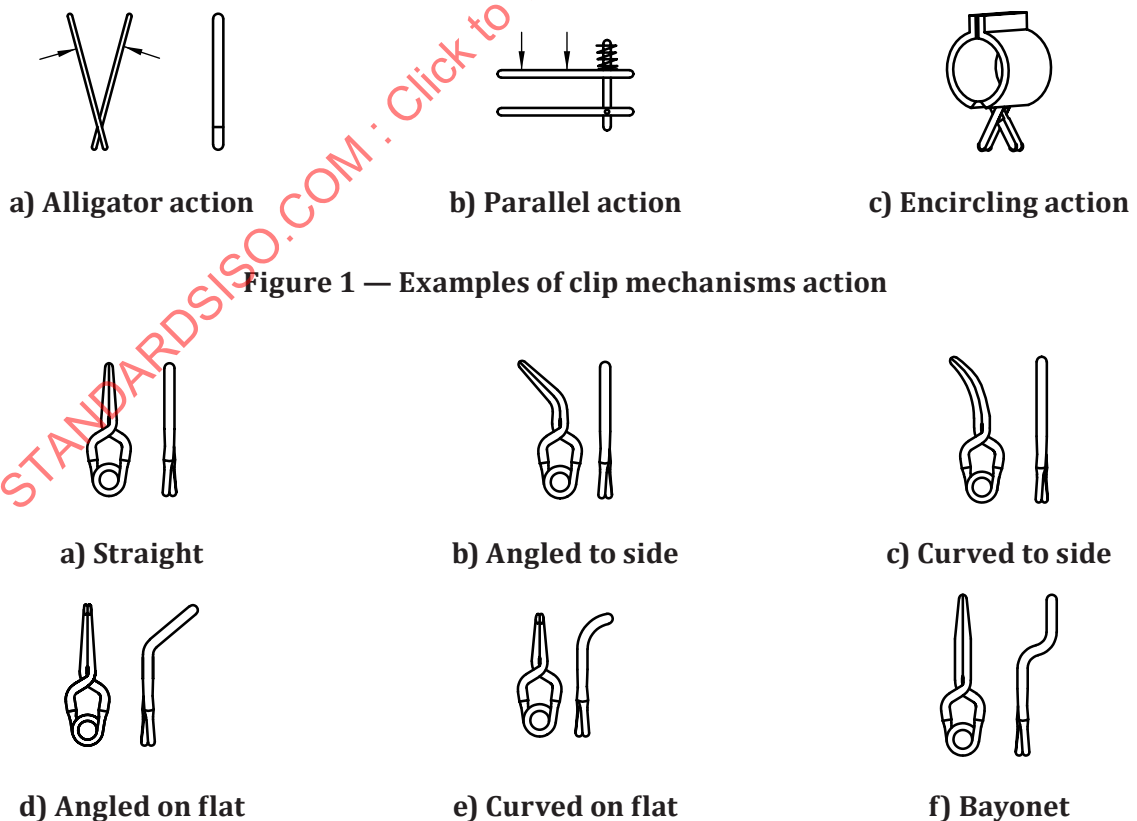
The variety of designs of clip does not make it feasible to specify the points between which the blade length should be measured. Manufacturers should indicate these points clearly on all diagrams. Examples of indication of dimensions are given in [Figure 3](#). The diagrams are for illustration only and do not indicate a definitive requirement.

It is suggested that the blade length be indicated as that portion of the jaw which comes into contact with the other jaw when the clip is closed without a vessel in place or, for encircling clips, the longitudinal internal dimension of the clip when closed.

## 6 Materials

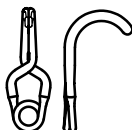
The materials shall comply with the requirements of ISO 5832-2, ISO 5832-3, ISO 5832-5, ISO 5832-6 or ISO 5832-7.

Stainless steel is excluded as a material for aneurysm clips.

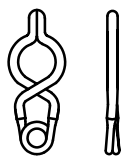




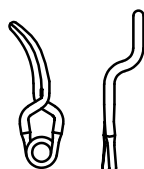
**g) Right-angled**



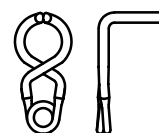
**h) J-shaped**



**i) Fenestrated**



**j) Combination: Curvated bayonet**



**k) Fenestrated right angle**

NOTE The figures are not to scale.

**Figure 2 — Examples of clip forms**

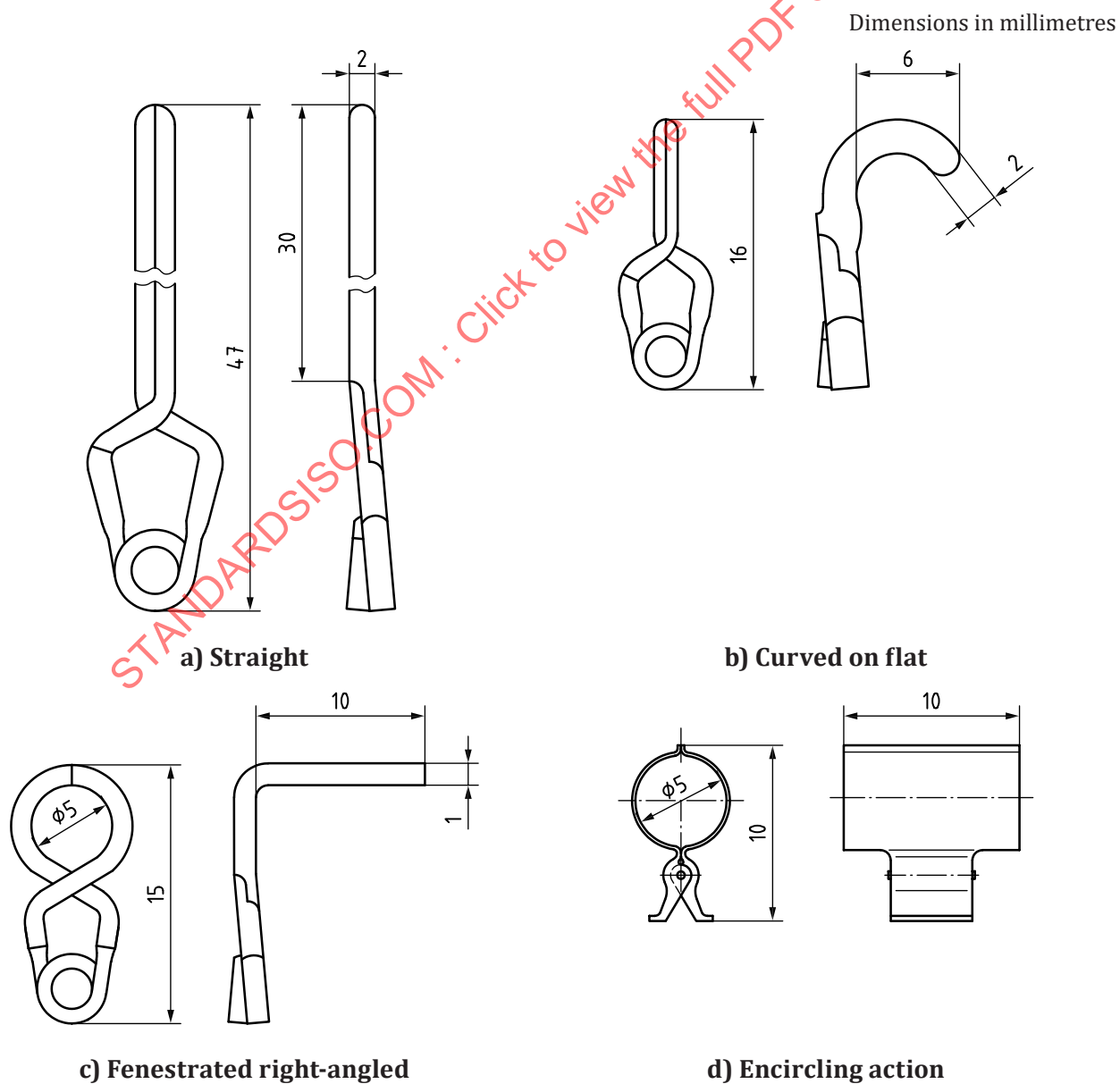


**Figure 3 — Examples of dimensioned diagrams of clips**

## 7 MRI safety assessment

In order to determine the conditions for which clips may be imaged using MR, performance tests for measuring the magnetic properties of finished implant is required.

NOTE 1 Investigation of the magnetic properties of the base material from which the clip is constructed is not sufficient to assess the MRI compatibility of the finished implant.

The worst-case clip for each evaluation shall be identified, noting that the worst case can be different for each test.

Testing and analyses shall be performed on the identified worst-case clip to determine magnetically induced forces, moments and heating, and to determine the image artefact produced by the clip under worst-case MR scanning conditions.

NOTE 2 Testing for determining magnetic properties of implants are available in ASTM F2052<sup>[3]</sup> (induced displacement force), ASTM F2213<sup>[4]</sup> (induced torque) and ASTM F2182<sup>[5]</sup> (radio frequency induced heating), and ASTM F2119<sup>[6]</sup> (artefact images).

The worst-case scanning conditions shall be informed in the labelling as indicated in [Clause 11](#).

The resulting analyses concerning the MRI safety condition (safe, conditional or unsafe) shall be properly identified in the implant label by using appropriated graphical symbols.

NOTE 3 Information regarding the definition, the requirements for assessment and the labelling of different MRI safety conditions, including appropriate label icons, can be found in ASTM F2503<sup>[2]</sup> and IEC 62570<sup>[1]</sup>.

For MRI conditional implants, the applicable information to ensure the scanning safe condition shall be established. Conditions for scanning shall include magnetic field strength(s), maximum spatial field gradient, acceptable specific absorption rate (SAR) and extent of expected image artefact for a specific scan sequence.

## 8 Design requirements

### 8.1 Closing force

#### 8.1.1 Measurement of actual closing force of clips

##### 8.1.1.1 Apparatus

The apparatus shall be calibrated and capable of measuring the closing force of the clip, having a limit of error of 5 %.

NOTE 1 Limit of error of 5 % allows for the difference to be +5 % or -5 %.

NOTE 2 Several apparatus designs exist. No single design has been specified, as this is unduly restrictive.

##### 8.1.1.2 Procedure

Measure and record the actual closing force of each clip, in newtons, using the apparatus specified in [8.1.1.1](#), at the point on the clip specified in either a) or b), and with an opening of 1,0 mm ± 0,1 mm at the point where the measurement is made:

a) at a point one-third along the designated blade length (see [Clause 5](#)) from the tip; or

- b) if the blade is not designed for contact along the entire indicated blade length [e.g. fenestrated clips, see [Figure 2](#), i) and k)], at a point in the centre of the region of blade contact.

#### 8.1.1.3 Test report

As part of the test report, the following information shall be included:

- a) the identity of the clip;
- b) a reference to this document, i.e. ISO 9713:2022;
- c) the method used (if the standard includes several);
- d) the actual closing force, expressed in newtons;
- e) any deviations from the procedure;
- f) any unusual features observed;
- g) the date of test.

#### 8.1.2 Tolerance on nominal closing force

When tested as described in [8.1](#), the actual closing force of each clip upon the first closing shall be within the range of  $\pm 7,5$  % of the nominal closing force. The nominal force and the tolerance on the nominal force shall be declared by the manufacturer [see [11.3](#), b)].

#### 8.1.3 Reduction of closing force

The actual closing force on one specimen of each model of clip, selected at random, shall be measured before and after 10 maximal openings of the clip with the intended applicator.

The reduction of the actual closing force shall be less than 5 % of the nominal closing force.

#### 8.2 Verification of blade surface

The specified design of the blade closing surface shall be verified. The manufacturer shall identify on the labelling the design of blade closing surface of the device.

#### 8.3 Assessment of maximum blade opening

The maximum blade opening at the tip when used with the associated clip applicator should be assessed.

The maximum blade opening dimension should be identified in the labelling.

### 9 Supplying condition and sterilization

The requirements of ISO 14630:2012, Clause 9, shall apply.

The clip shall be supplied:

- a) in sterile condition, or
- b) in clean condition and packaged for sterilization without any previous handling.

### 10 Packaging

Packaging shall be in accordance with the requirements of ISO 14630:2012, Clause 10.