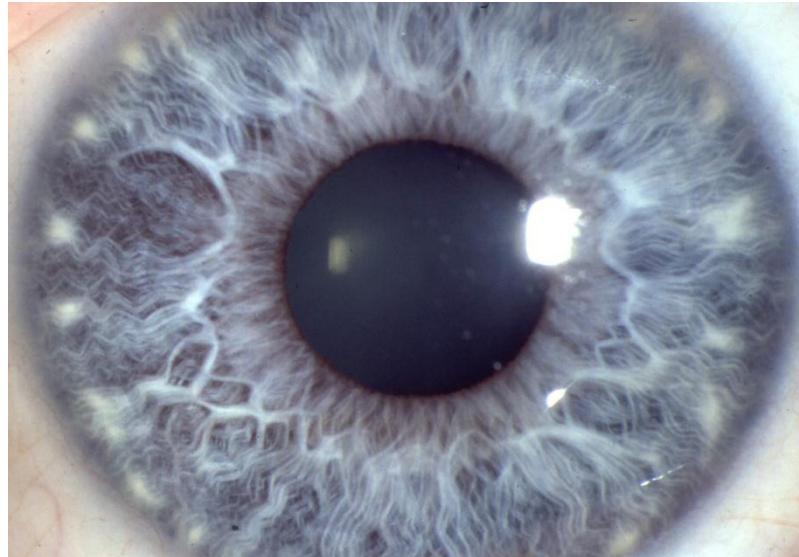
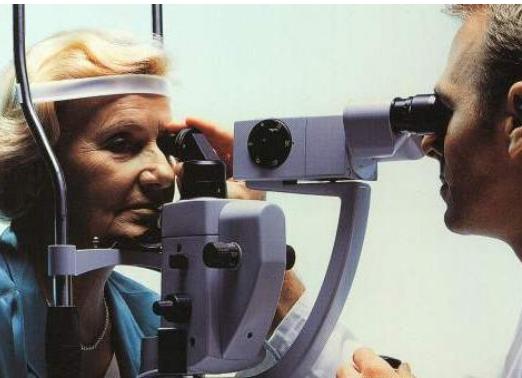


*Universität zu Lübeck*  
SS 2012

# Interdisziplinäre Vorlesung zur Lasermedizin

Prof. Alfred Vogel

## Laserdisruption: Plasma-mediated surgery



# Outline:

## Plasma-mediated surgery

1

- Principle and applications of intraocular surgery
- Plasma-mediated fragmentation: laser lithotripsy

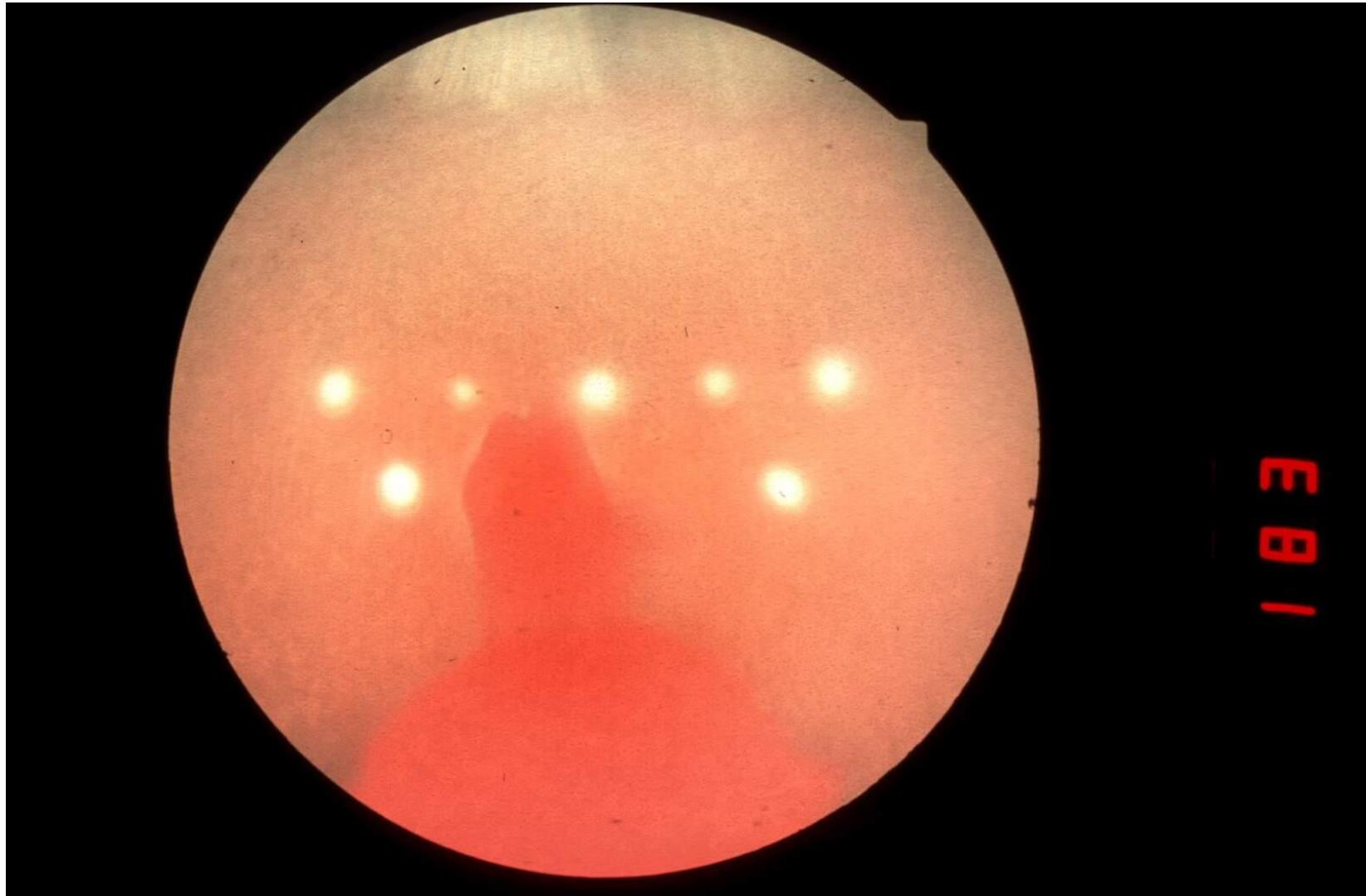
2

- Femtosecond laser cell surgery
- Nanocavitation for cell transfection

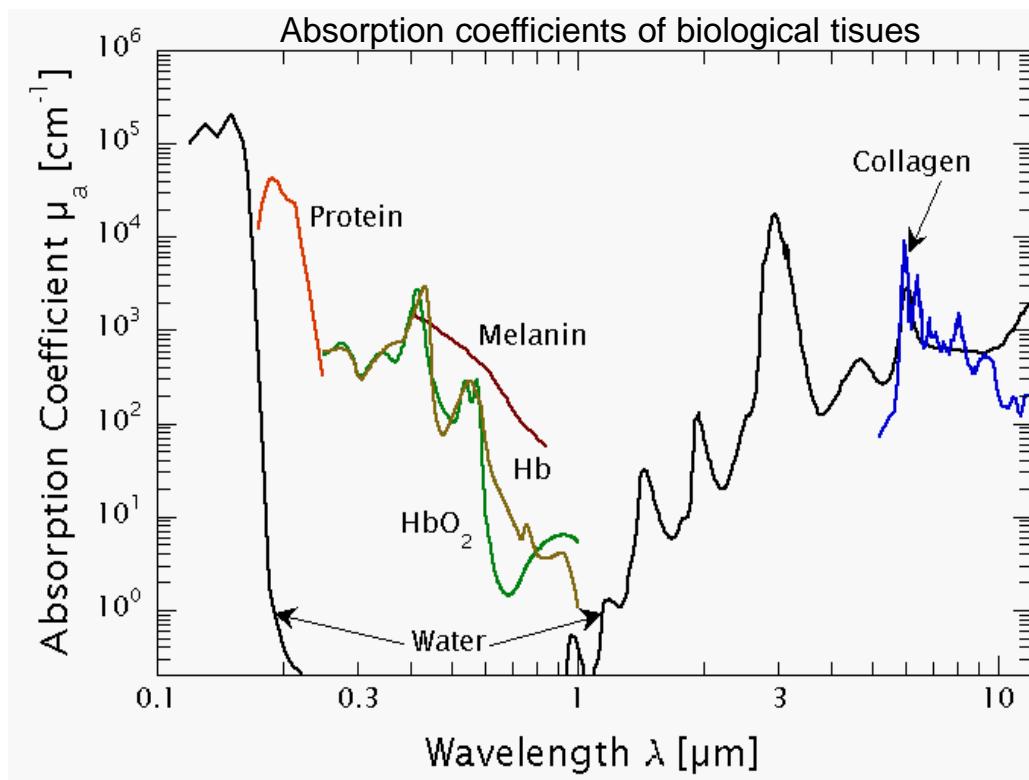
3

- Plasma-mediated transport of biomaterials

# Mechanical damage and bleeding from explosive vaporization induced by *linear* absorption at the RPE

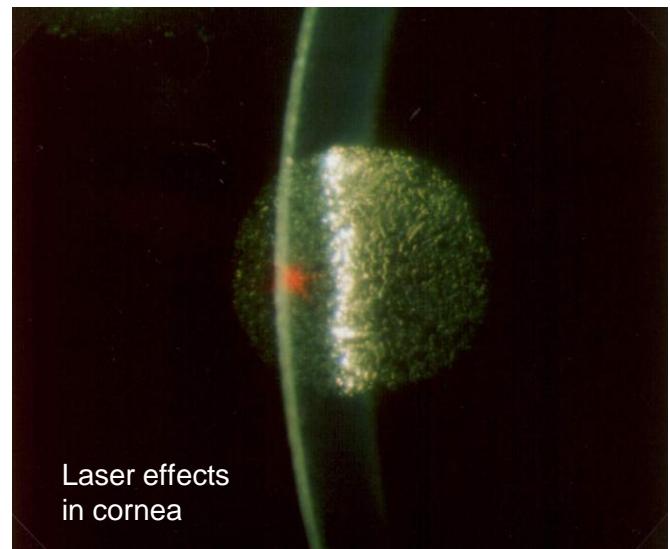
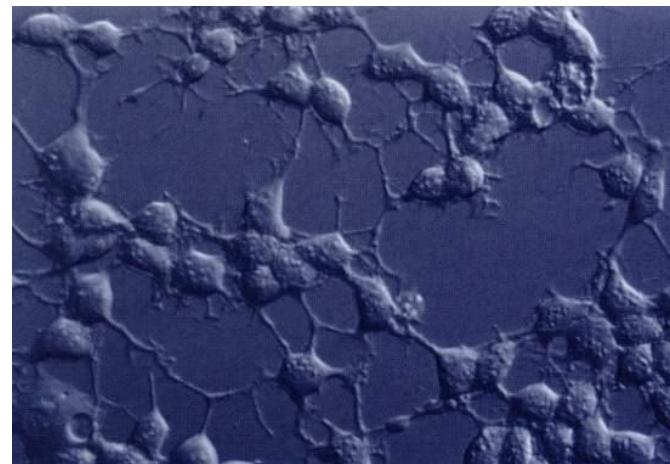


# Light absorption of cells & tissues $\Leftrightarrow$ Localized energy deposition

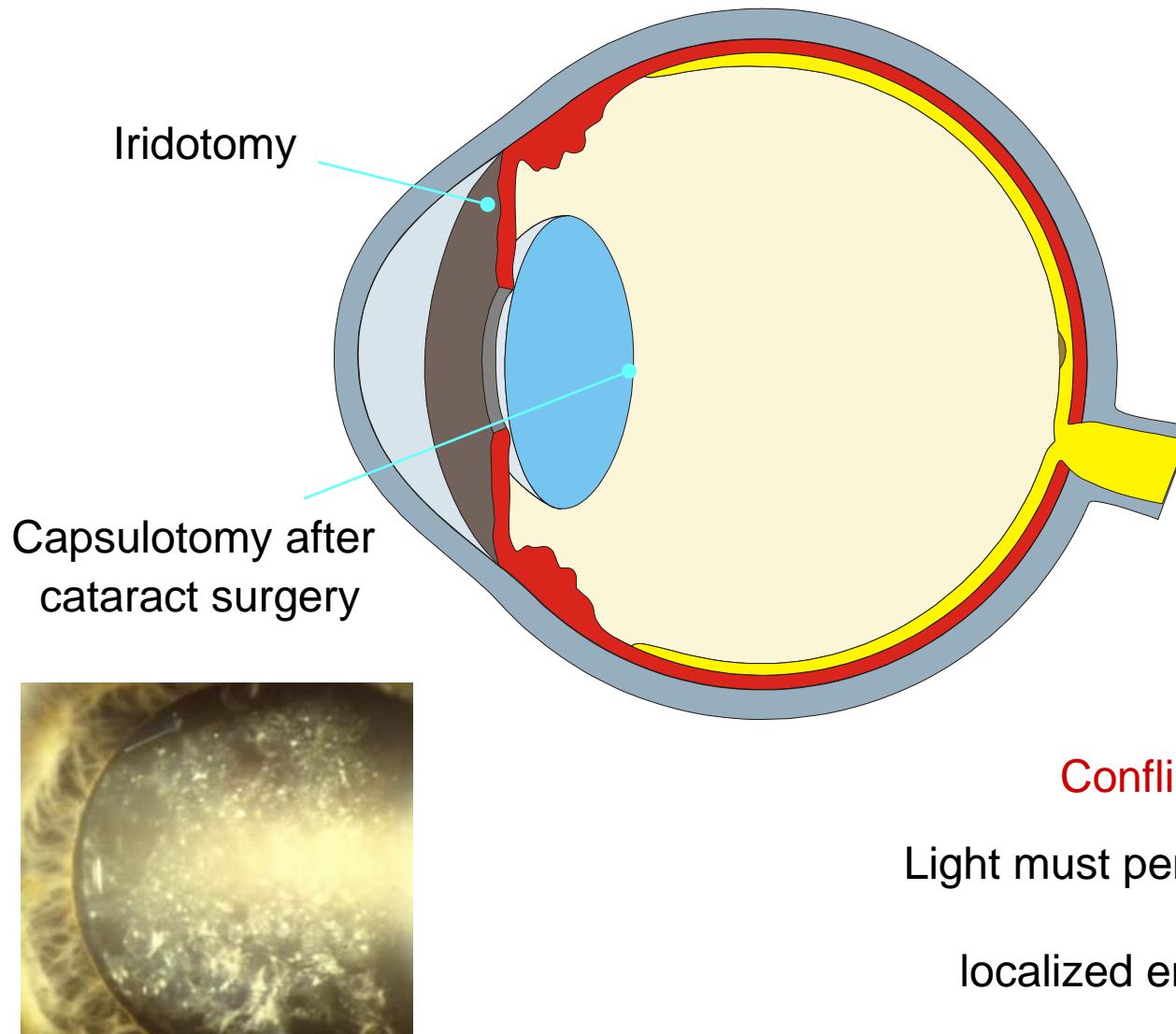


Localized energy deposition  
within transparent tissues or cells requires:

- wavelengths that can penetrate,
- tight focusing, and
- *nonlinear absorption*



# Example: Intraocular dissection and disruption

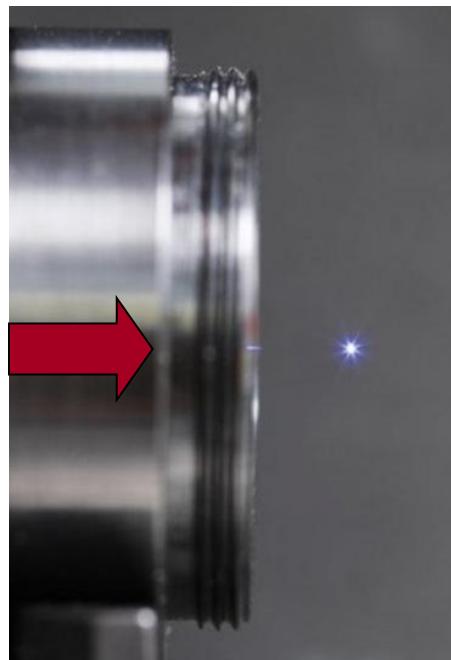


Conflicting tasks:

Light must penetrate into the eye  
+  
localized energy deposition

⇒ **nonlinear absorption required !**

# Discovery of “laser lightning”

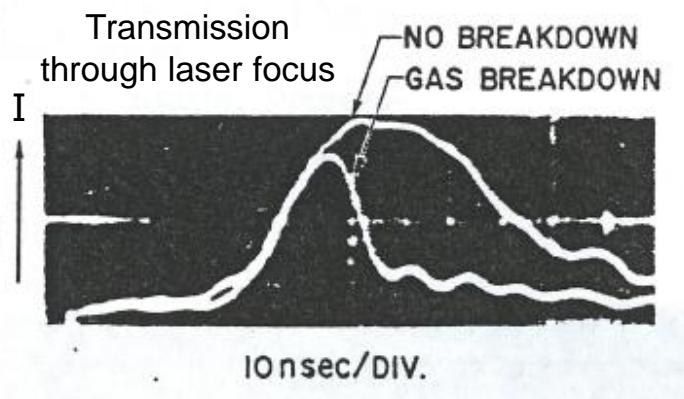


1963 Maker et al. observed plasma sparks when „giant“ ruby laser pulses were focused in air

Threshold  $10^{12} \text{ W/cm}^2$

Name: „optical breakdown“

1964 Discovery of optical breakdown in liquids and solids



Optical breakdown = nonlinear absorption



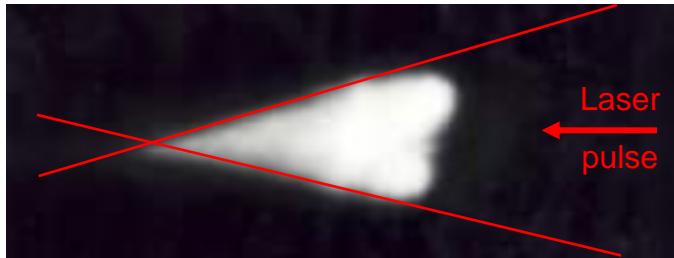
Local energy deposition within transparent dielectrics becomes possible

# Laser-lightning



# Energy deposition by nonlinear absorption

$(I \geq 10^{11} \text{ W/cm}^2 \Leftrightarrow \text{coagulation: } \approx 10^3 \text{ W/cm}^2)$



Large irradiance in laser focus leads to localized energy deposition via plasma formation („optical breakdown“)

⇒ The pulse duration must be short ( $\leq \text{ns}$ ) to minimize the amount of deposited energy

Energy density in luminescent ns plasma:

$\approx 40 \text{ kJ/cm}^3$

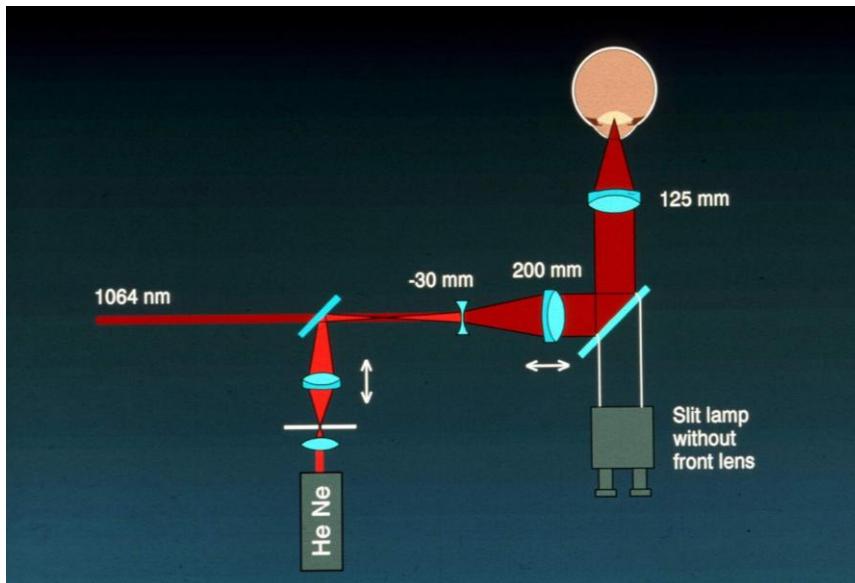
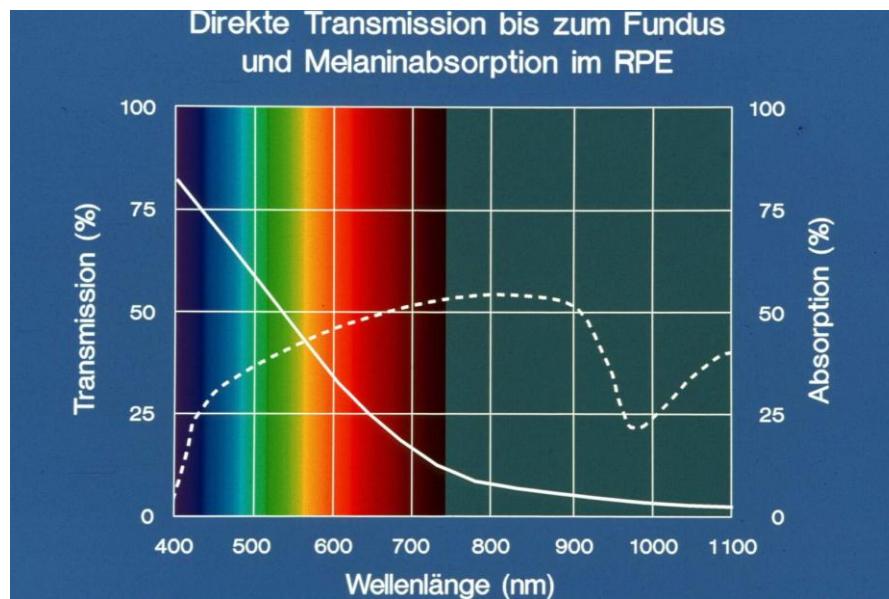
Vaporization enthalpy of water:  $2.6 \text{ kJ/cm}^3$

Energy density of TNT:  $\approx 6.9 \text{ kJ/cm}^3$

DC breakdown

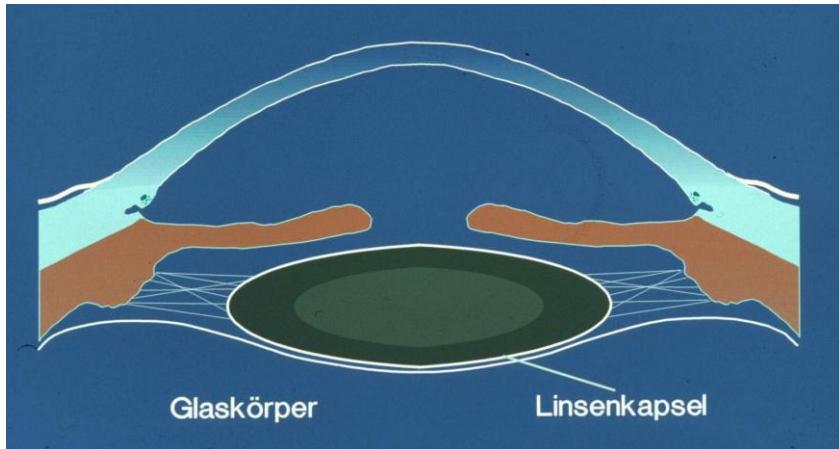


# Devices and considerations for laser treatment

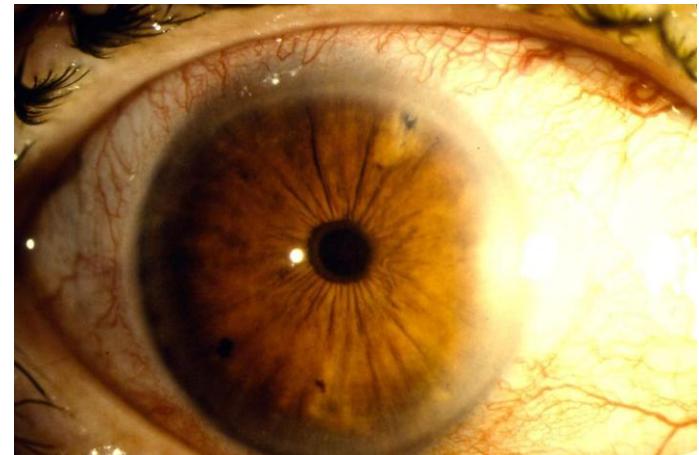


# Plasma-mediated intraocular laser surgery

- 'no hole' surgery -

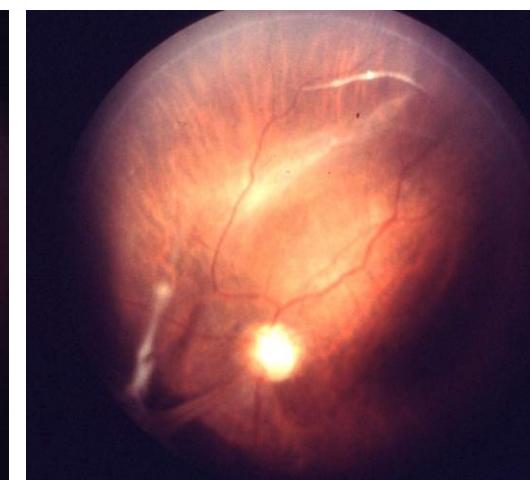
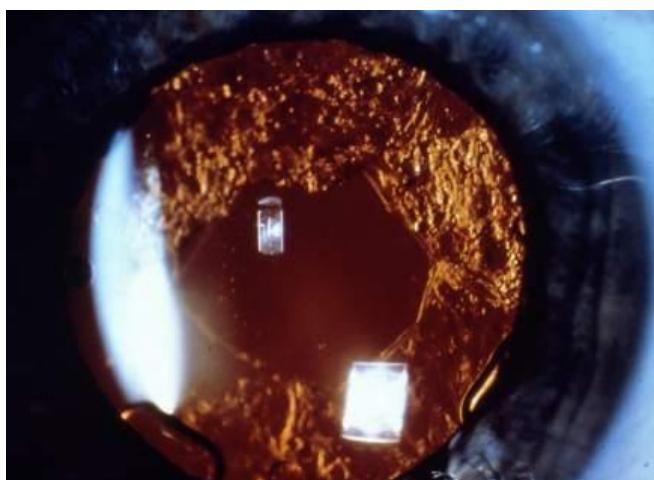


Capsulotomy

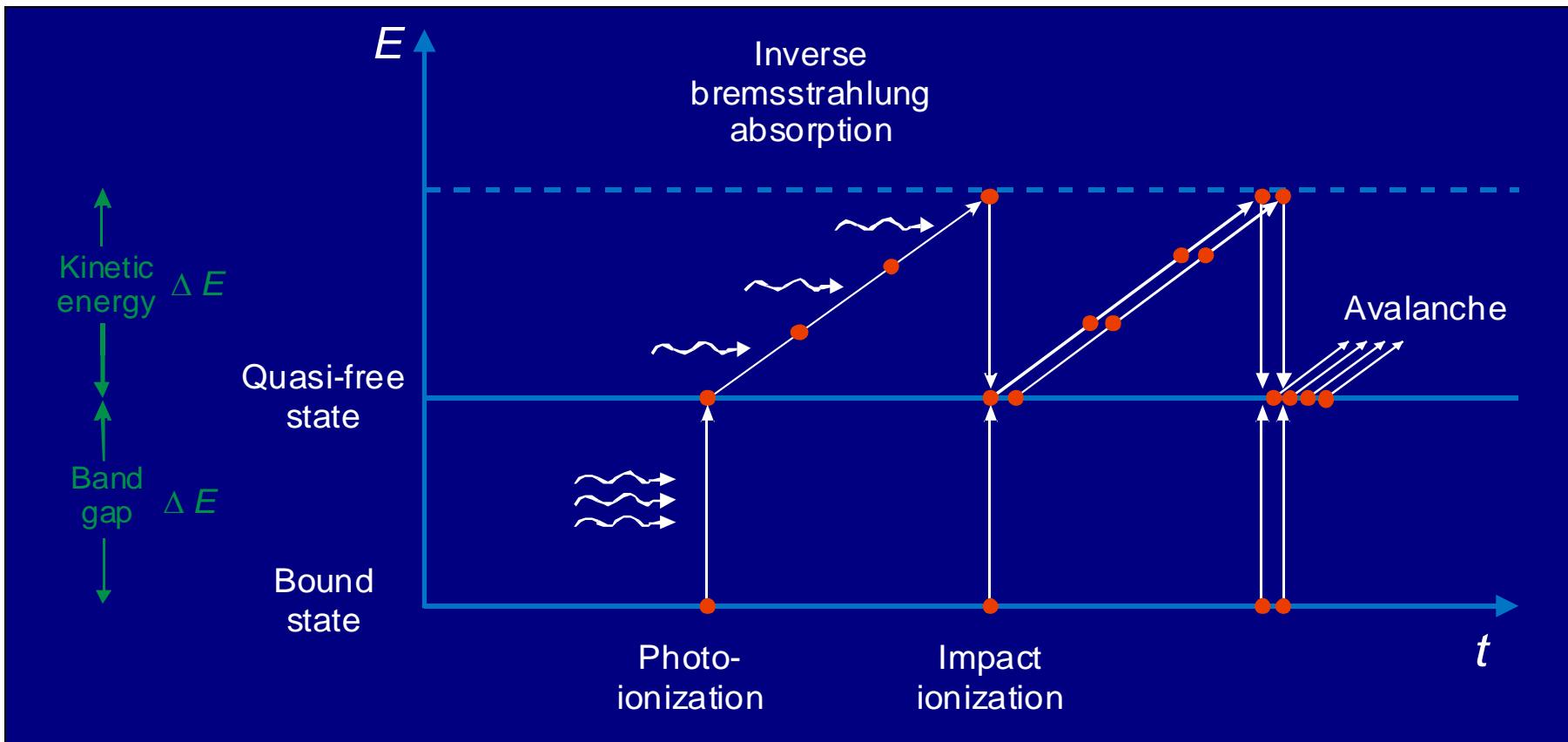


Iridotomy

Dissection of a vitreal strand to stop retinal traction

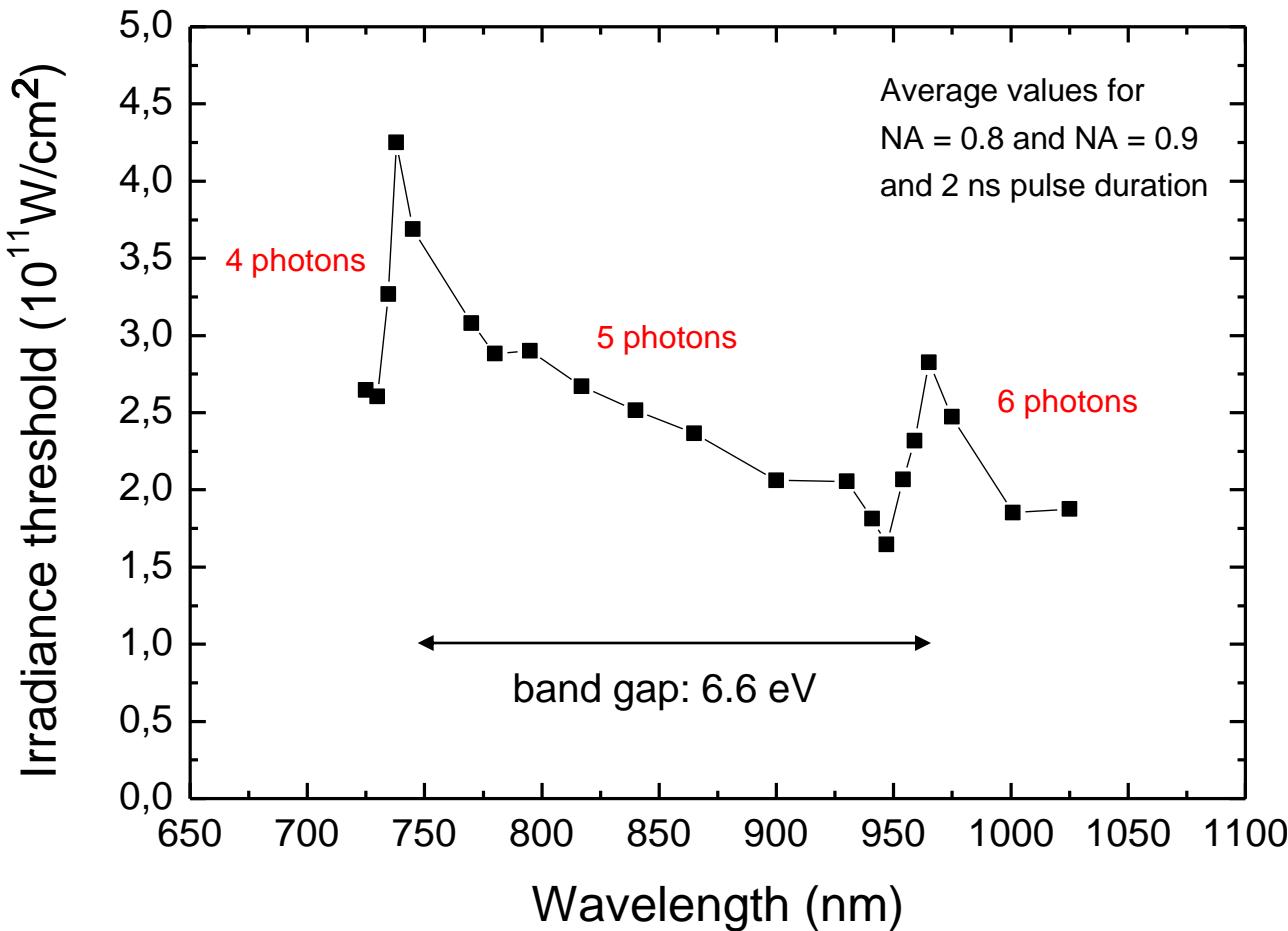


# Dynamics of plasma formation (“Optical breakdown”)



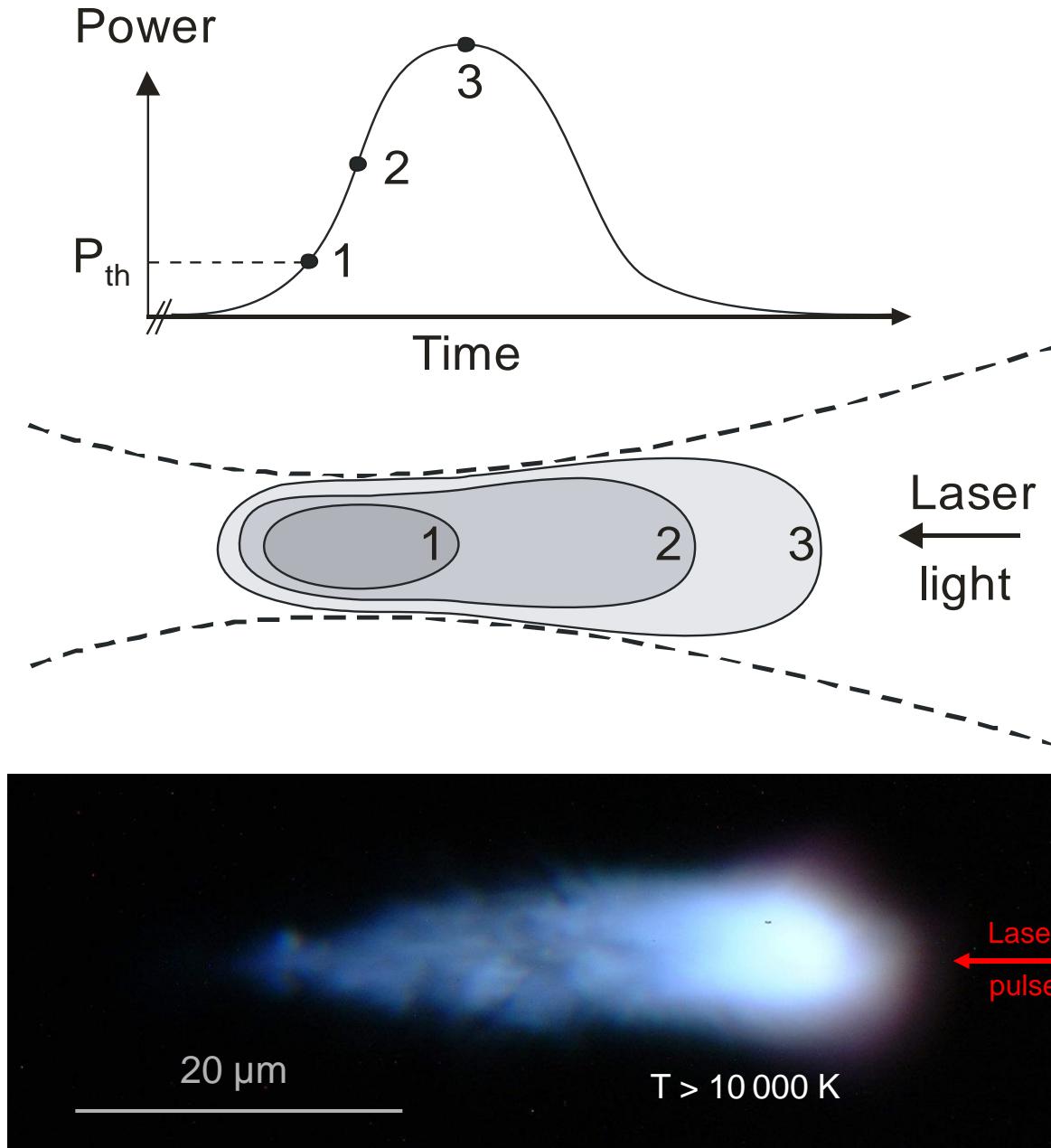
- Initial free electrons are generated by **photoionization** (multiphoton ionization or tunneling)
- Free electrons gain energy by „inverse bremsstrahlung absorption“ of photons
- When the free electrons have gained sufficient kinetic energy, they produce more free electrons by impact ionization  $\Rightarrow$  **ionization avalanche**

# Wavelength dependence of threshold portrays interplay of multiphoton and avalanche ionization



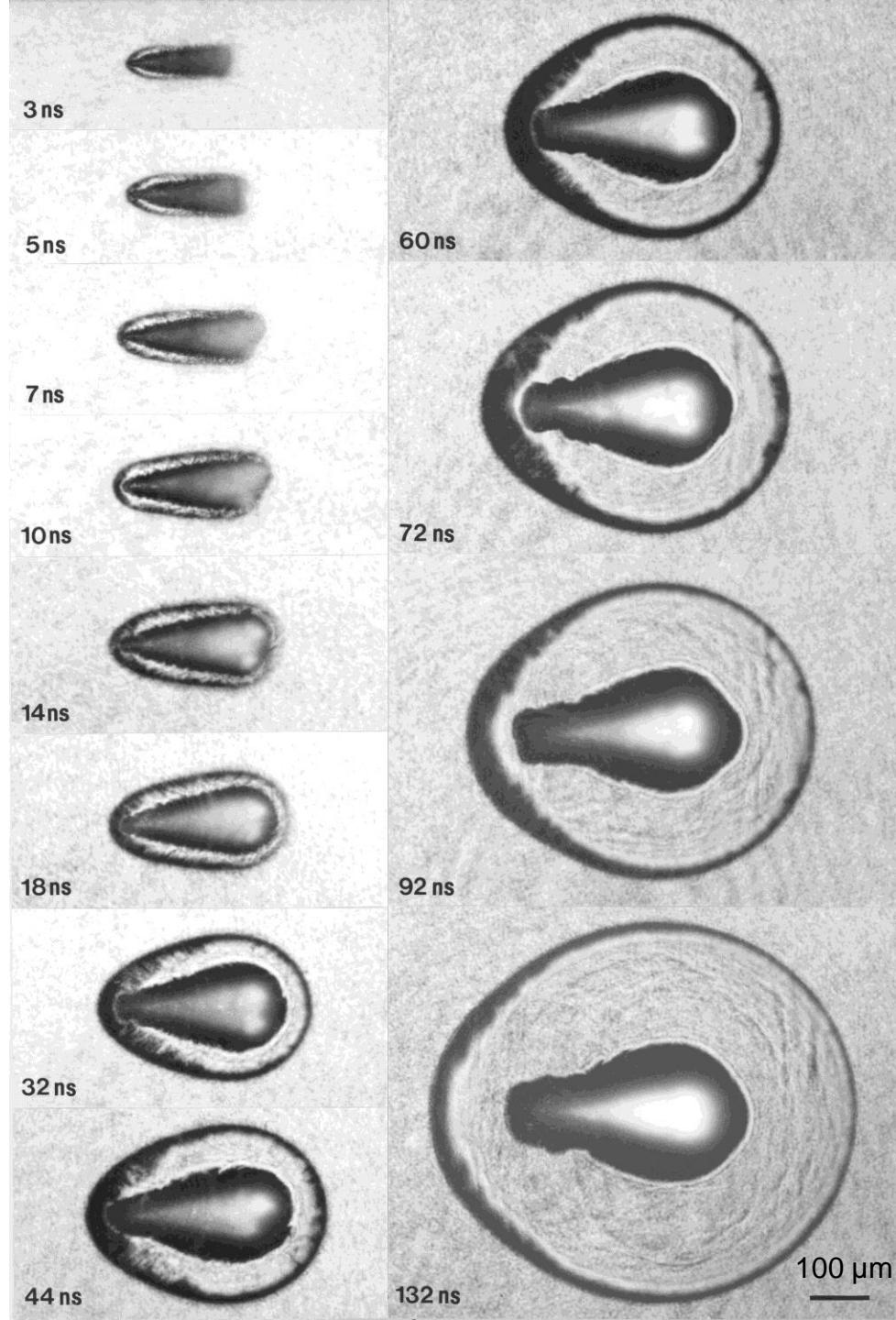
- Breakdown threshold increases with number of photons required for MPI
  - Rate of avalanche ionization increases with  $\lambda^2$

# Plasma grows above threshold by ‘breakdown wave’

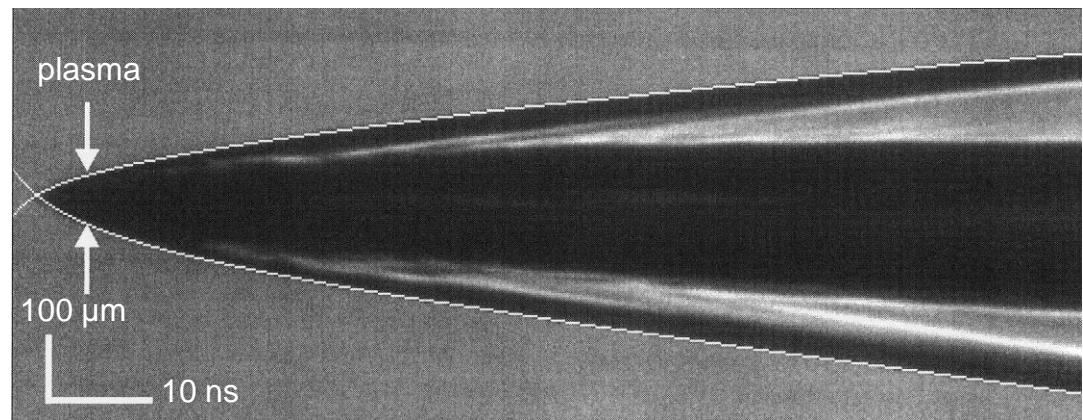
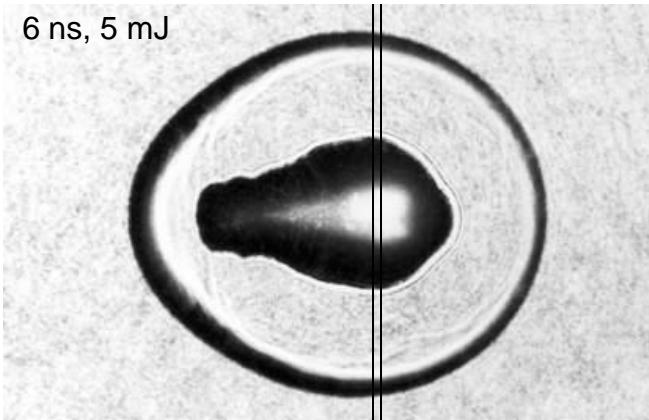


# Shock wave emission

6 ns , 1064 nm, 10 mJ

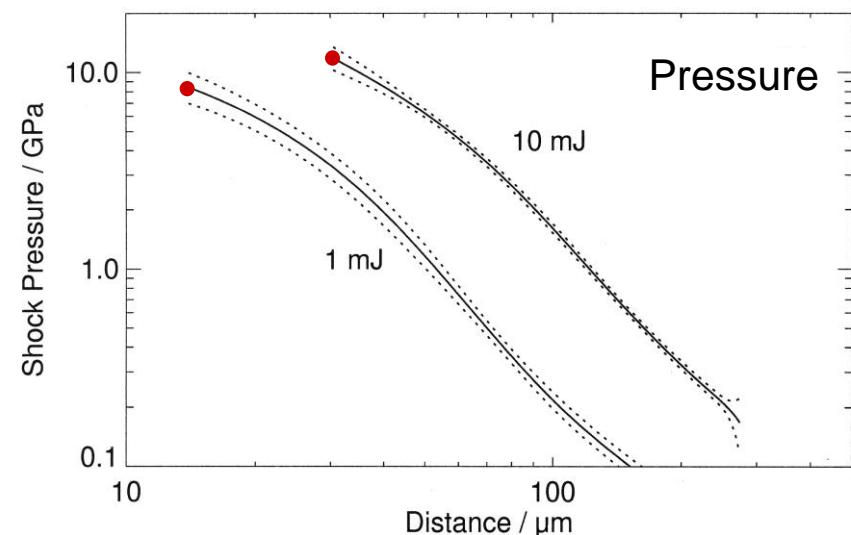
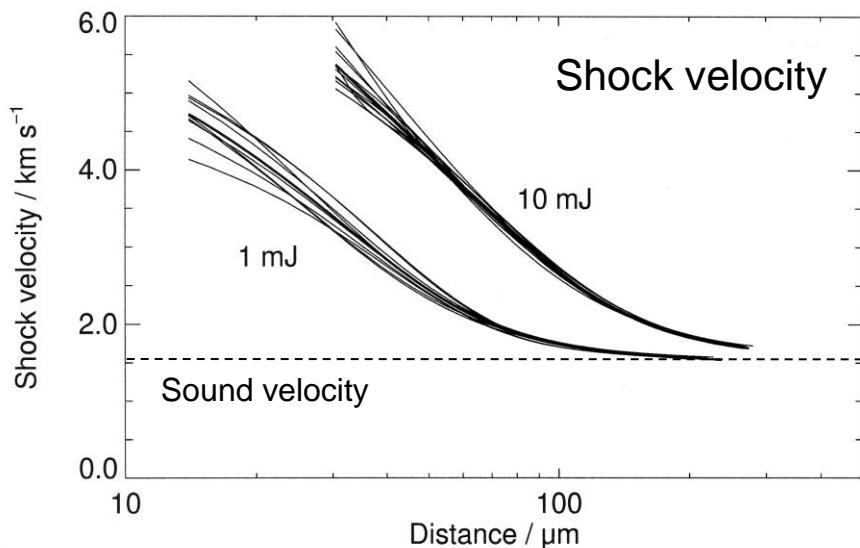


# Shock wave velocity and pressure



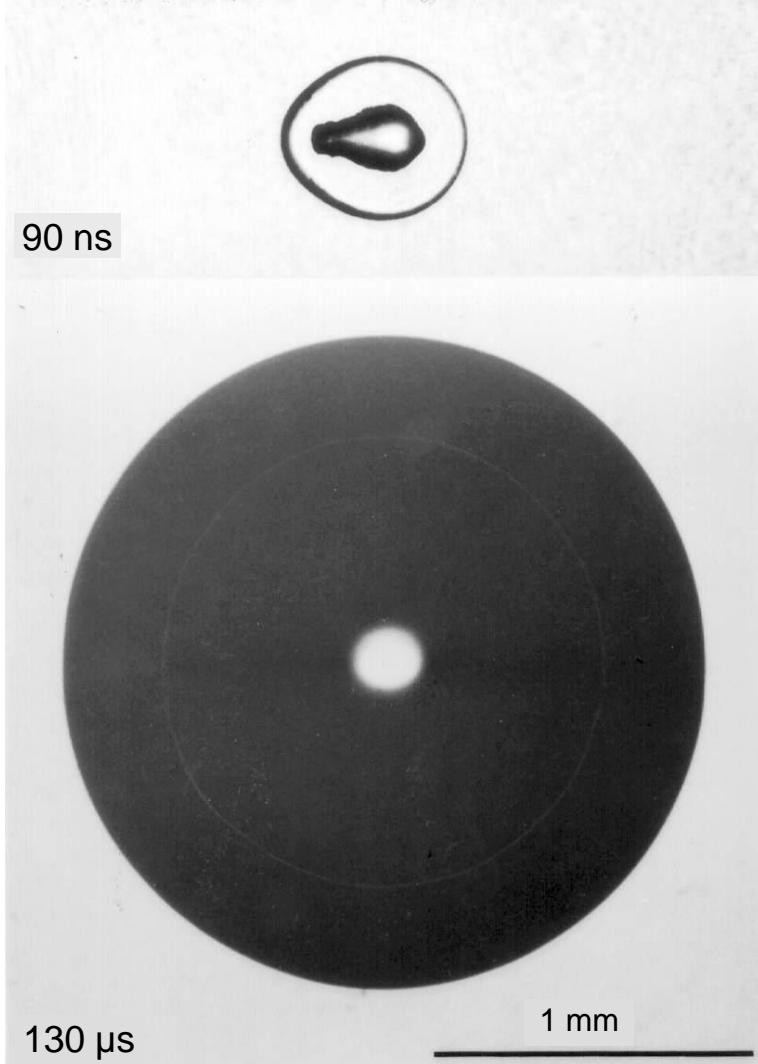
Shock wave velocity  $\Rightarrow$  shock wave pressure:

$$p_s = c_1 \rho_0 u_s \left( 10^{(u_s - c_0)c_2} - 1 \right) + p_\infty$$

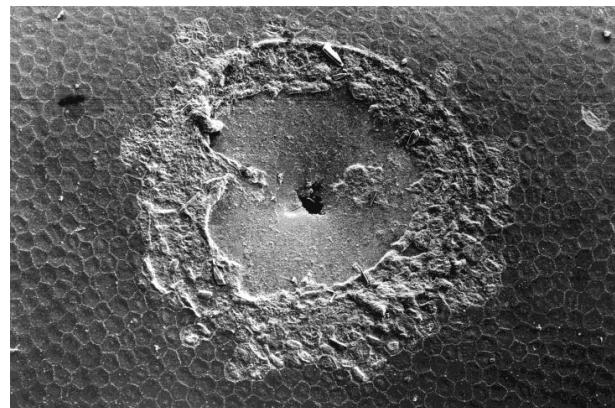
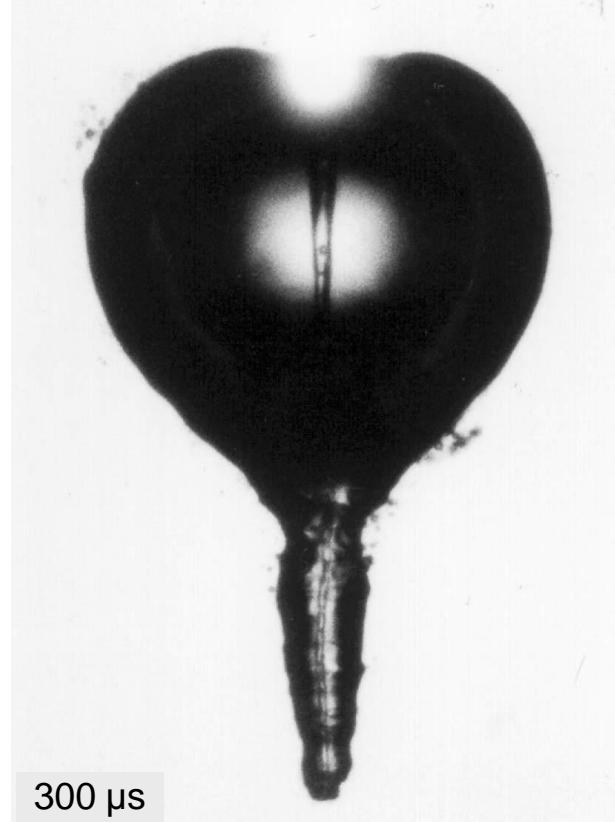


Initial pressure at plasma rim:  $\approx 100 \text{ kbar}$

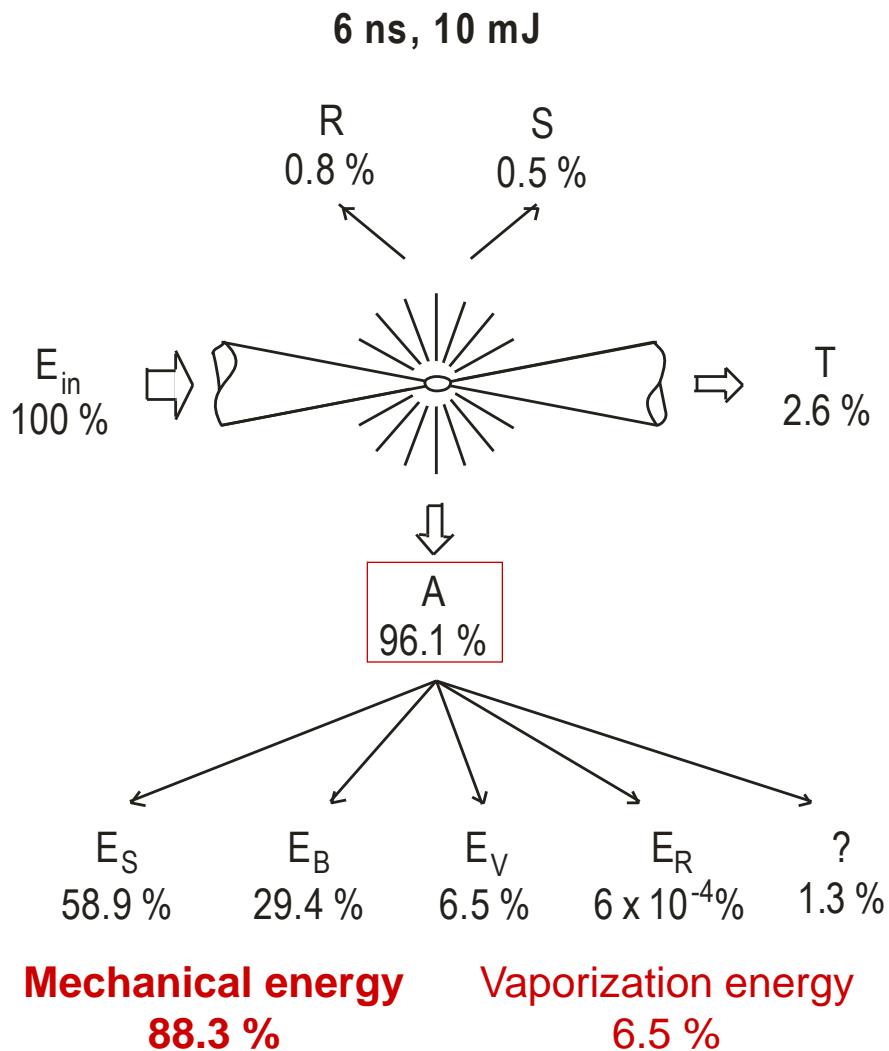
# Cavitation bubble dynamics



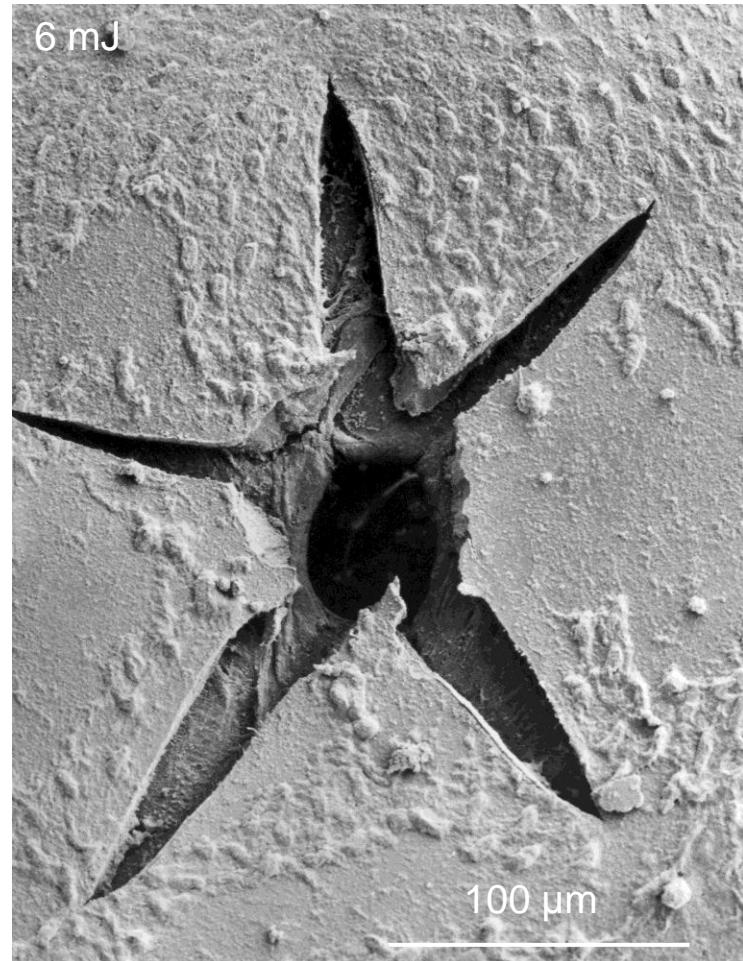
Expansion velocity > 500 m/s for 30-50 ns  
Jet velocity:  $\approx$  100 m/s



# IR ns breakdown is highly disruptive



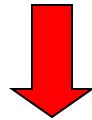
Ns laser pulse focused on corneal endothelium and Descemet's membrane



# Tissue effects by shock waves

Short duration of  
shock wave (<20ns)

Elasticity of tissue



Tissue translations < 5  $\mu\text{m}$ , no gross tissue effects  
(They are caused by the cavitation bubbles)

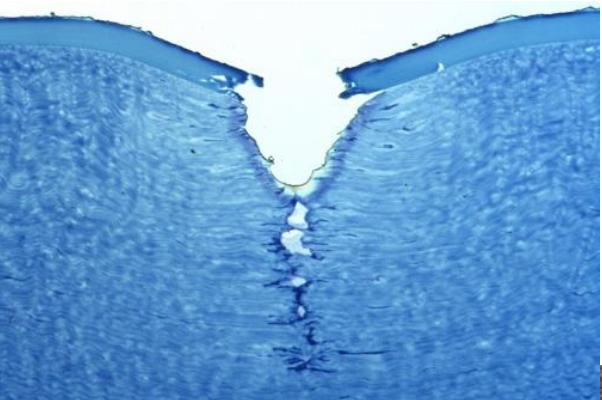
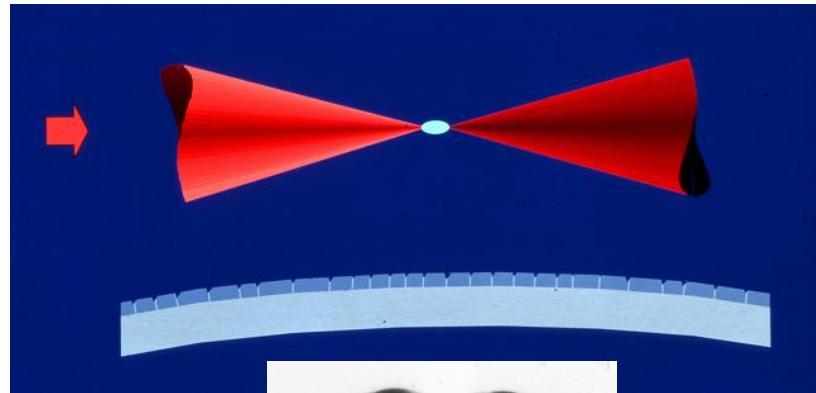
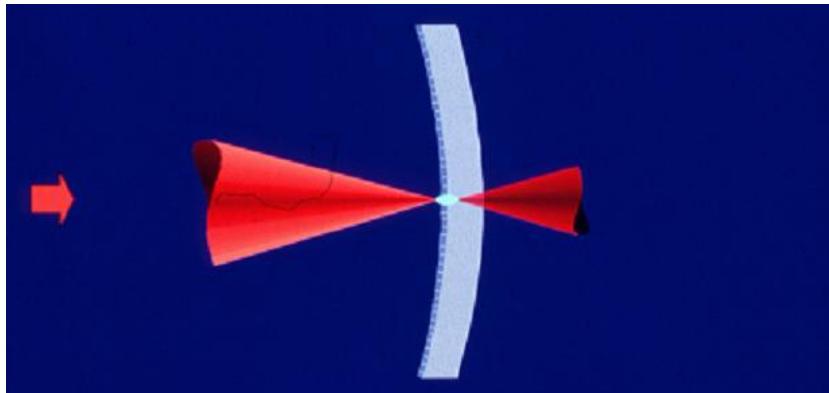
but

possibly damage to cell organelles and membrane

and

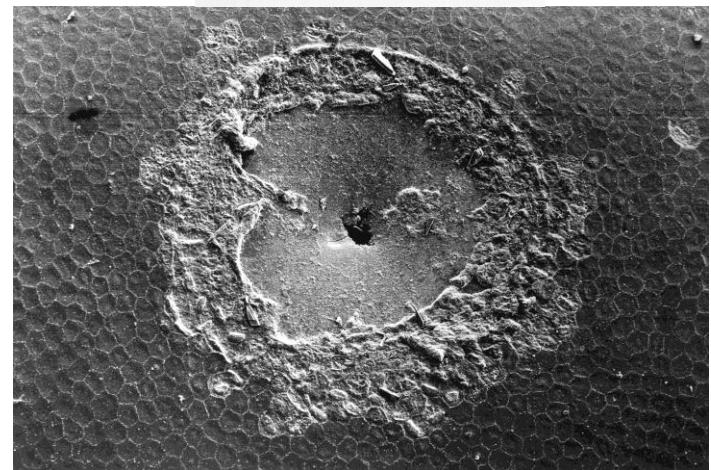
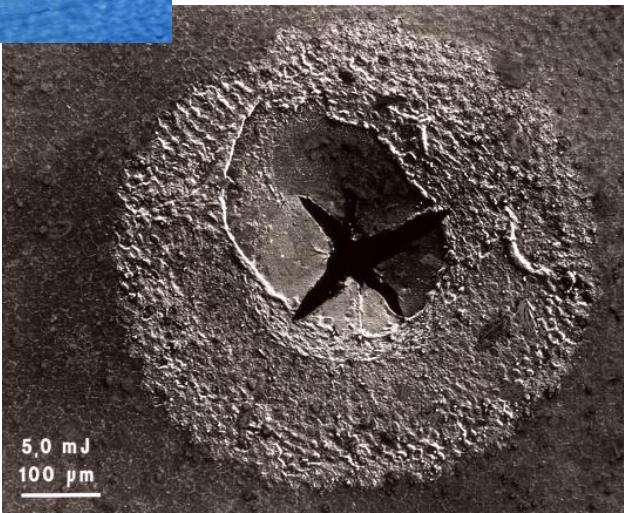
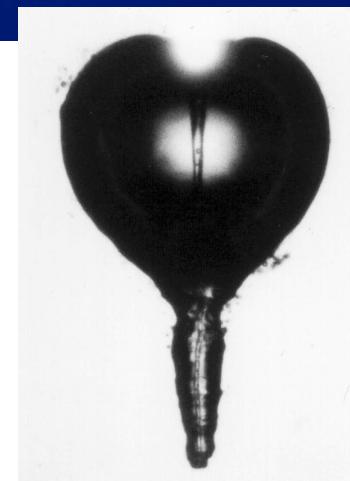
Lose to plasma phase transitions at shock front

# Tissue effects by plasma and bubbles



Disintegration  
of tissue within  
plasma volume

Jet  
Impact

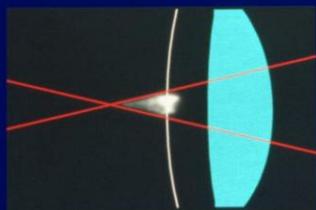


# Strategies to minimize side effects

Der "Plasmaschwerpunkt" liegt vor dem Laserfokus



leichtes Defokussieren, um Plasma und Applikationsort zur Deckung zu bringen



Correct placement of plasma center

## Gewebseffekte durch Stoßwellen

kurze Stoßwellen-  
dauer (< 20 ns)

Elastizität von  
Gewebe

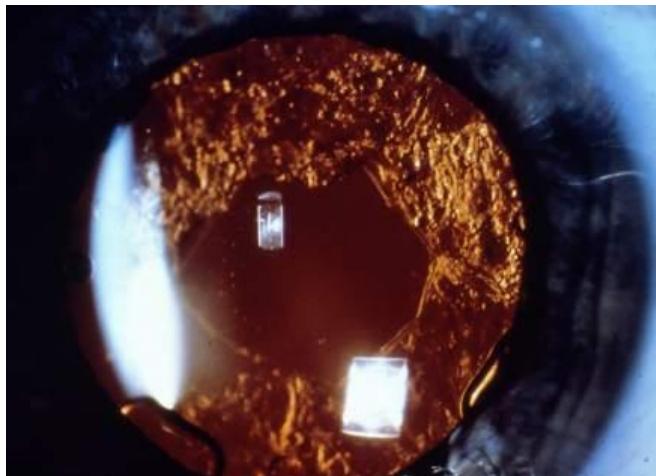
↓  
Gewebsverschiebung < 5  $\mu\text{m}$ , keine groben Gewebseffekte

aber möglicherweise

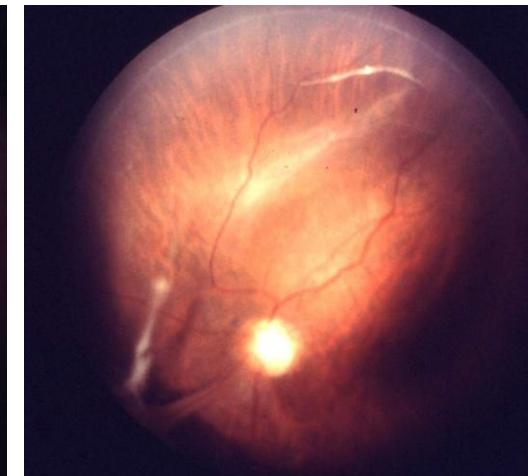
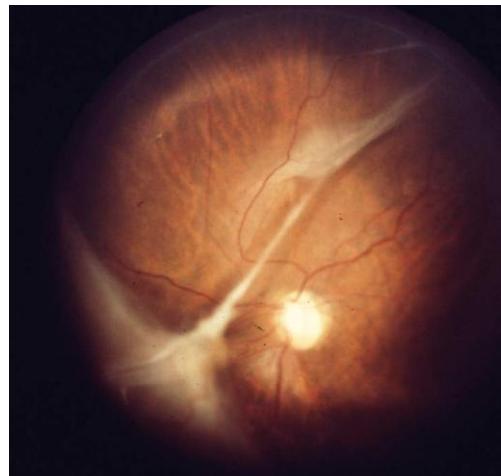
Schäden an subzellulären Strukturen, wie  
Zellorganellen und Zellmembranen

Small pulse energies to minimize collateral damage

Capsulotomy



Dissection of vitreoretinal strands



# Parameter optimization (1)

## Verringerung von Nebenwirkungen

### Lokalisierung der Effekte durch

- möglichst kleine Pulsenegie  
(Schadensreichweite  $\propto$  (Laserpulsenegie)  $^{1/3}$ )
- möglichst kompakte Laserplasmen

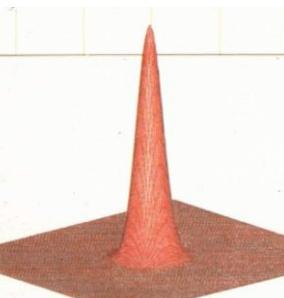
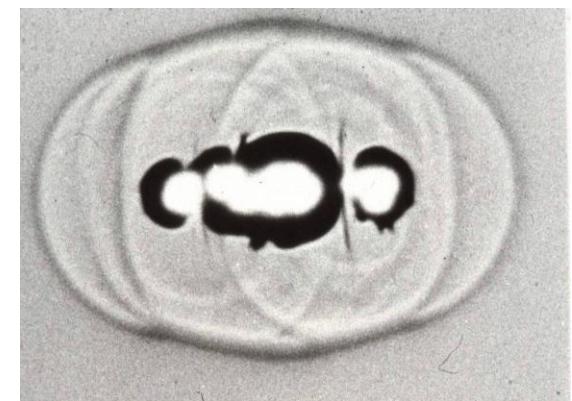
## Parameter

- Fokussierungswinkel
- Lasermode
- Pulsdauer

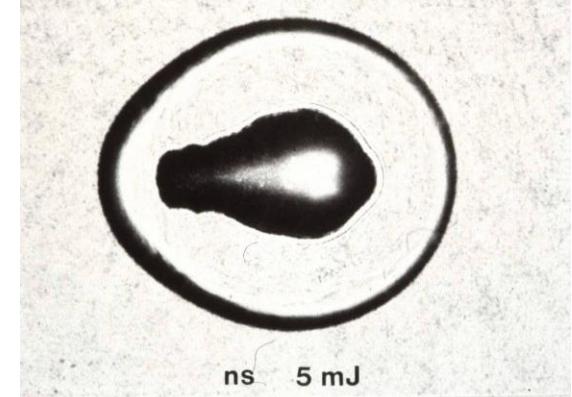
TEM multimode  
laser beam



Multiple plasmas



TEM (0/0)  
single mode  
laser beam



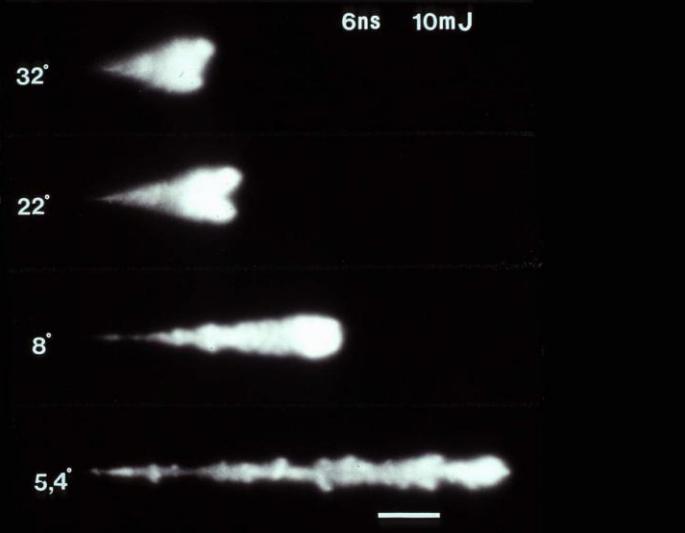
Well localized single plasma

# Parameter optimization (2)

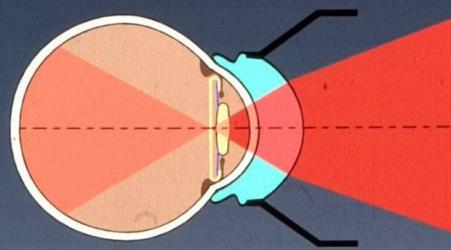
## Erhöhung der Präzision durch großen Fokussierungswinkel

Vergrößerung des Fokussierungswinkels bewirkt:

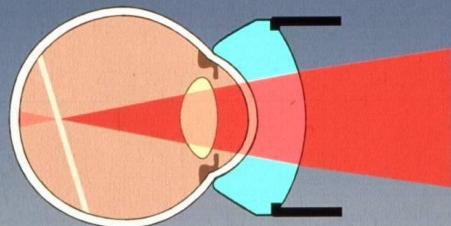
- Verkleinerung des Fokusdurchmessers  
→ Plasmabildung bei geringerer Pulsennergie
- kompaktere Plasmen
- geringere Lichtbelastung  
vor und hinter dem Fokus



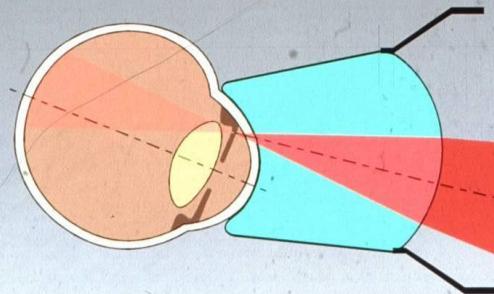
Pupillary lens - CGP



Vitreous lens - CGV



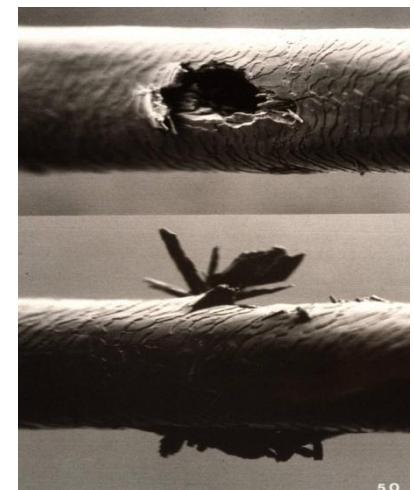
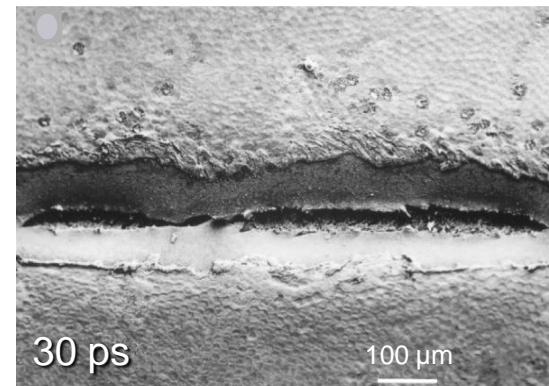
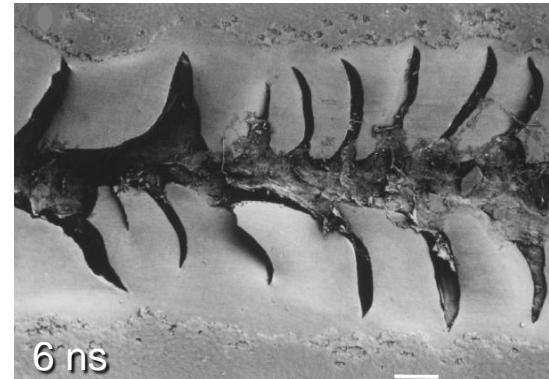
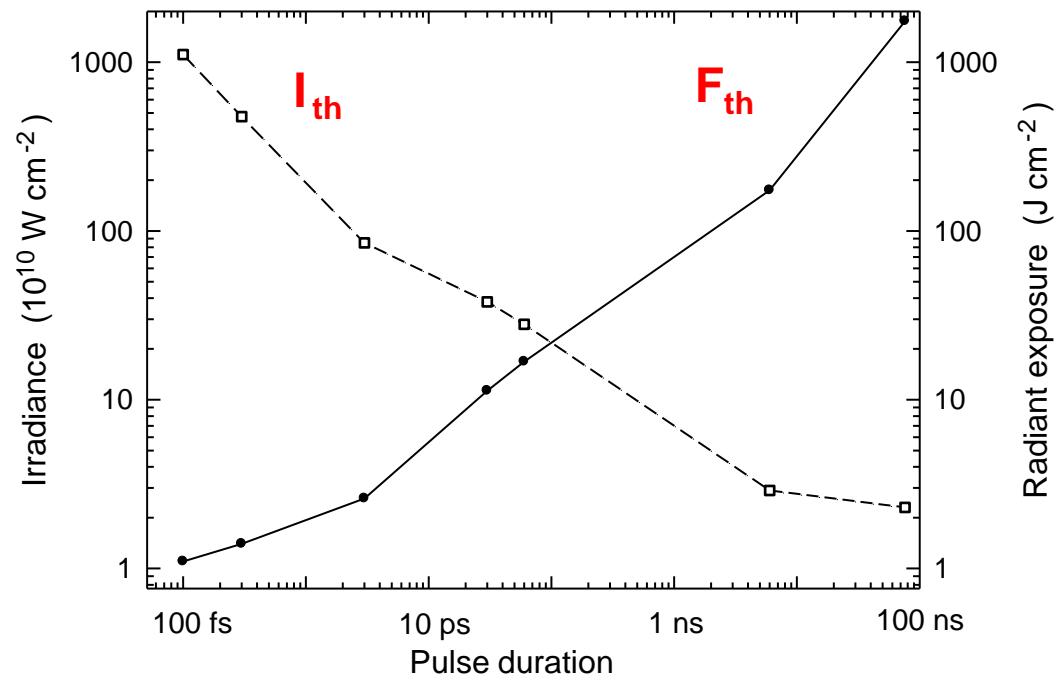
Iris lens - CGI



# Shorter pulses $\Rightarrow$ higher precision

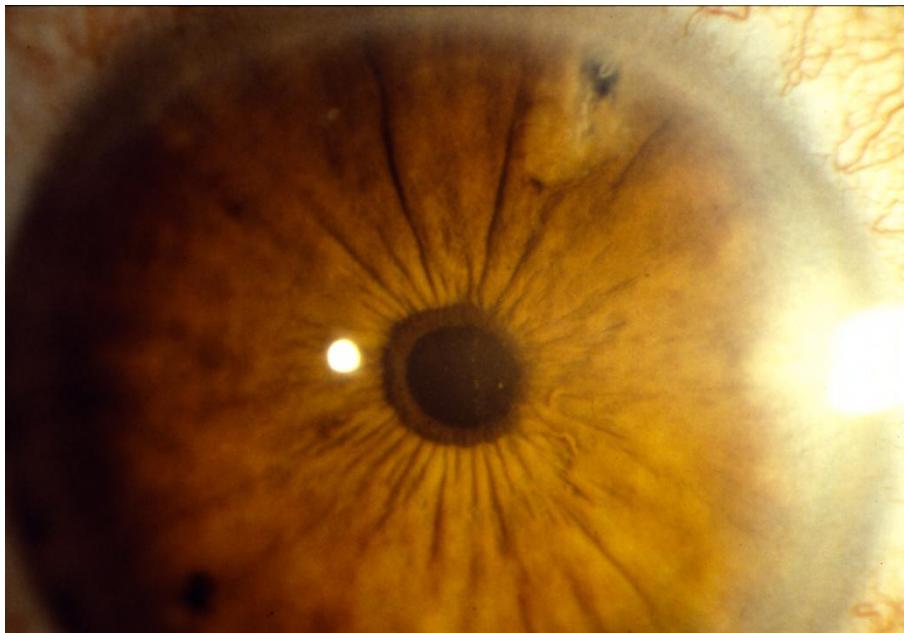
Reduction of pulse duration  
from ns to fs :

- $\Rightarrow$  Lower energy threshold  
for optical breakdown
- $\Rightarrow$  Finer tissue effects



# Iridotomies produced using different laser pulse durations

6 ns, single exposure

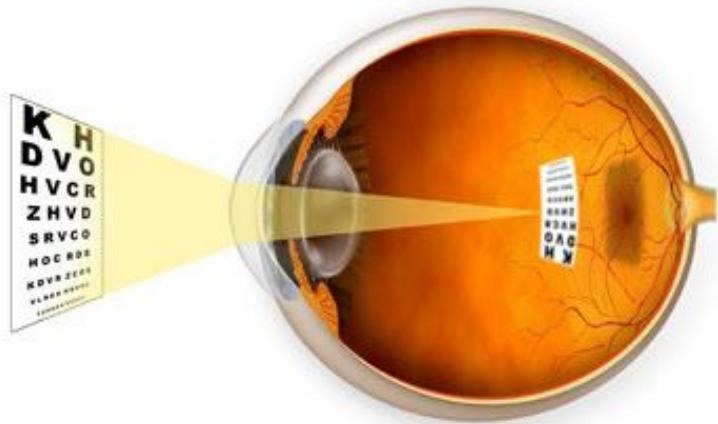


40 ps, many pulses

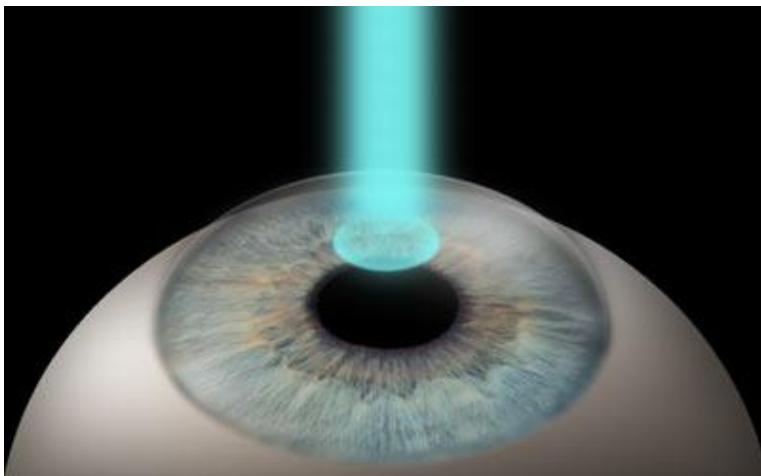


# Flap cutting for corneal refractive surgery

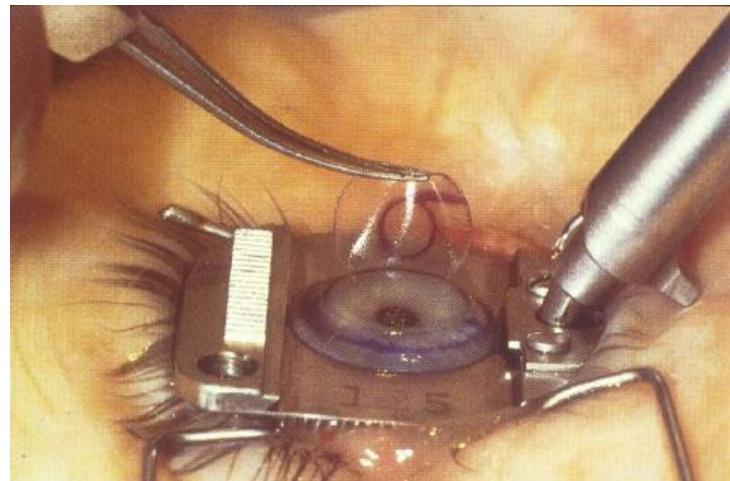
Correction of myopia...



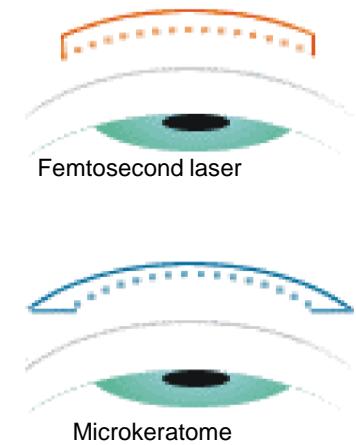
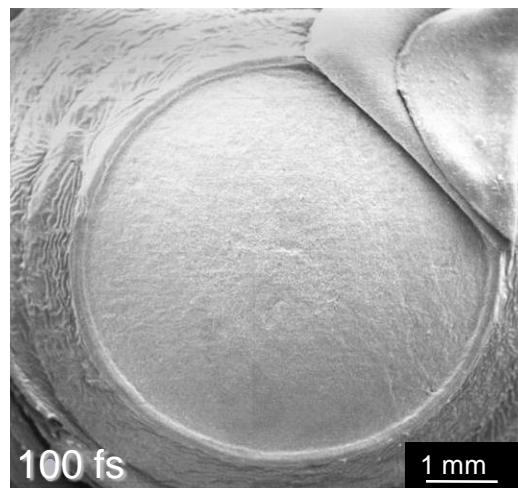
... by ArF excimer laser ablation



Traditional Flap generation for



Fs Flap generation (large NA)



# Methods of refractive femtosecond laser surgery

## Fs Flap generation for ArF-laser LASIK



Fs-keratome:

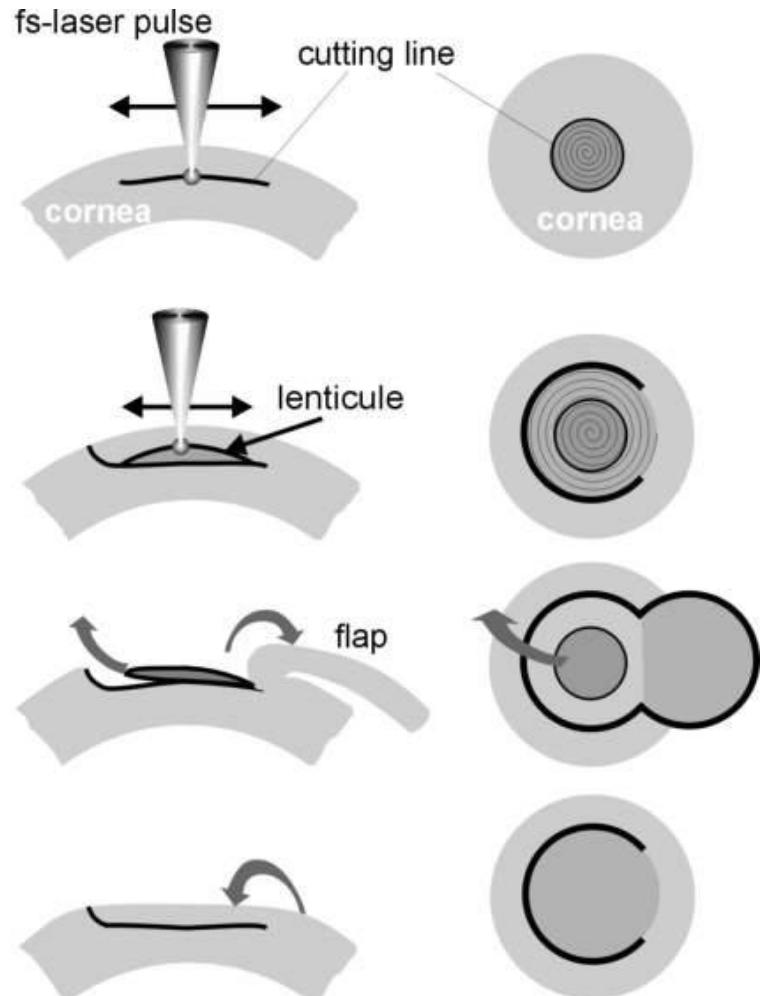
Reproducible flap thickness

Freedom in cutting geometry

⇒ flap can be designed for precise re-positioning after ArF laser surgery

! important for wavefront-guided surgery !

## Lenticule cutting and removal



# History of LASIK (Video)

Bis hierher klausurrelevant.  
Das Folgende ist Zusatzmaterial

# Principal requirements for controlling the laser lightning

- Small aberration-free laser focus
- Precise and smooth tunability of deposited energy
- Good pulse-to-pulse reproducability

In which part of the parameter space  
of pulse duration and laser wavelength  
can these requirements be fulfilled?

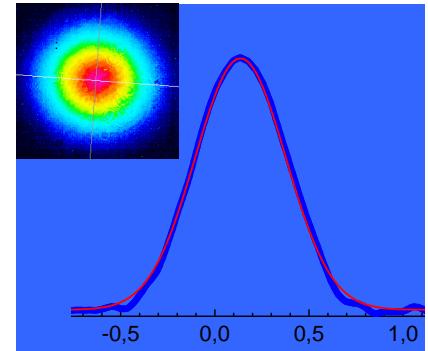


Have another careful look (after 40 years of research on optical breakdown),  
both on an experimental and a theoretical level !

# Experimental requirements

## Laser

- Excellent beam quality (temporal and spatial)



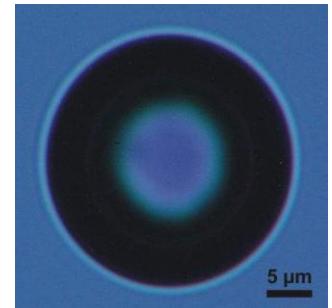
## Setup

- Tight focussing (large NA), to achieve a small focus suitable for the creation of nanoeffects
- Aberration-free focussing in spite of large NA (UV-VIS-IR water immersion-objectives)
- Water as breakdown medium (less impurities than in solids)



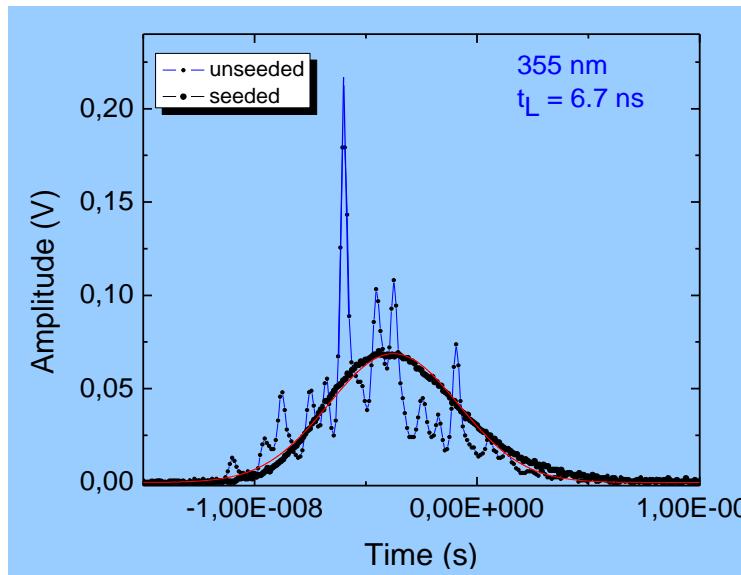
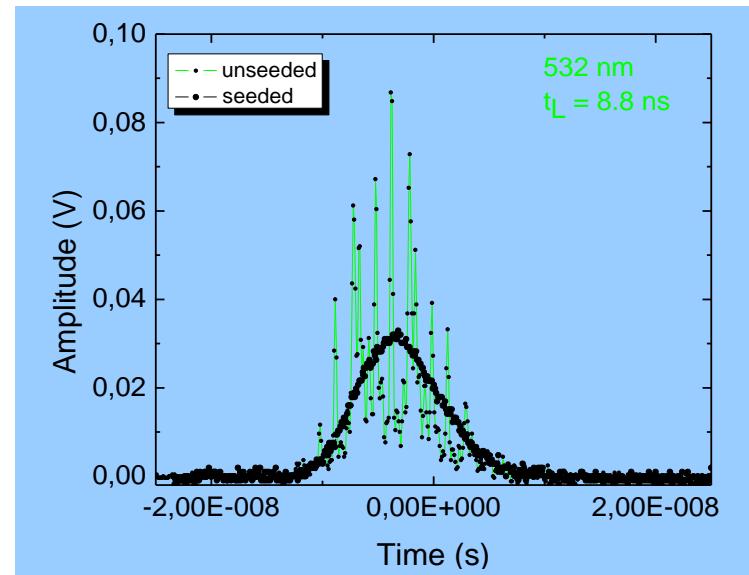
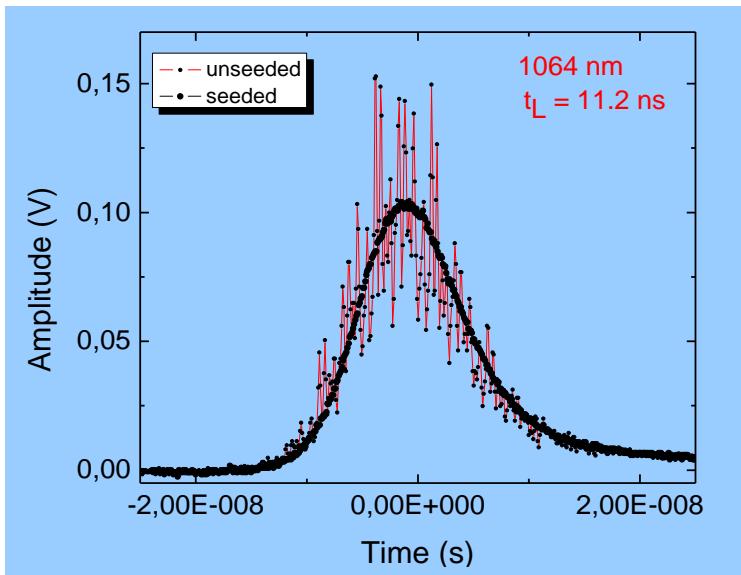
## Breakdown criterion

- Bubble formation instead of plasma luminescence (sensitive, well defined, easily detectable)



# Pulse shapes of Nd:YAG ns-laser pulses

## - regular versus Gaussian (slm) pulses -



Smooth pulse shape  
⇒ good reproducability

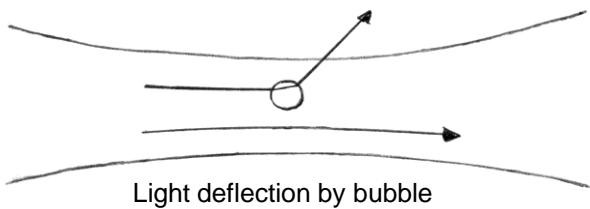
Plasma generation by smooth  
ns pulses is “deterministic”,  
similar to femtosecond breakdown!

# Bubble detection & determination of bubble size

- Theory predicts (at threshold) bubble diameter < 200 nm  
(Appl Phys B 81:1015-1047, 2005)

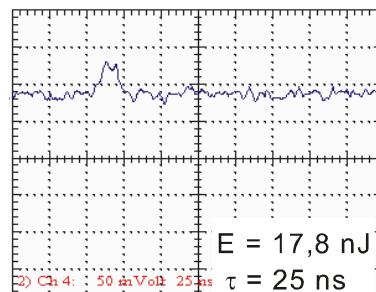
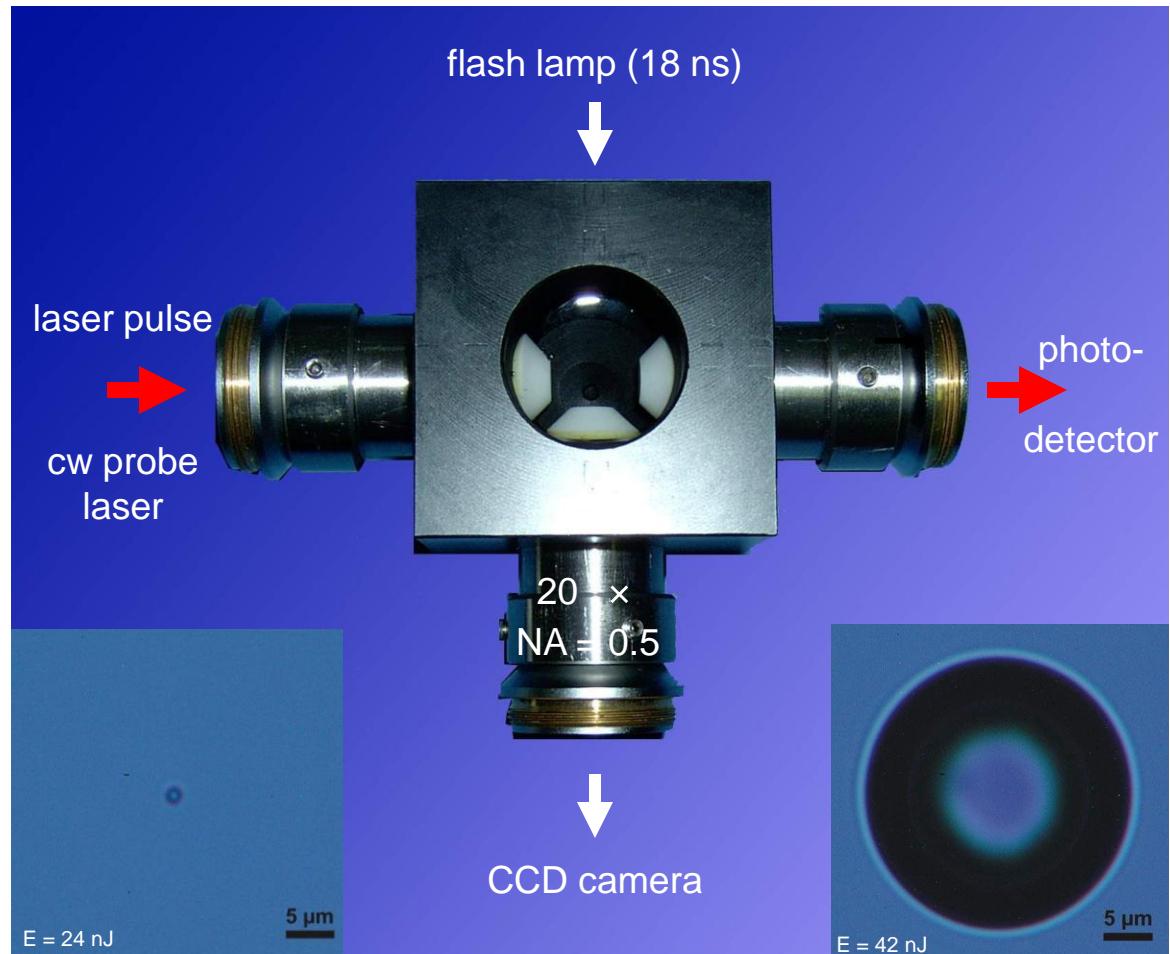
⇒ Bubble detection via light scattering

(Phys. Rev. Lett. 100:038102, 2008)

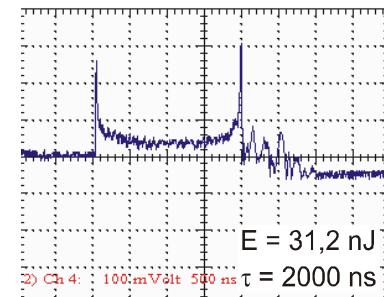


- Determination of bubble radius  $R_{\max}$  by measuring the bubble oscillation time  $T$

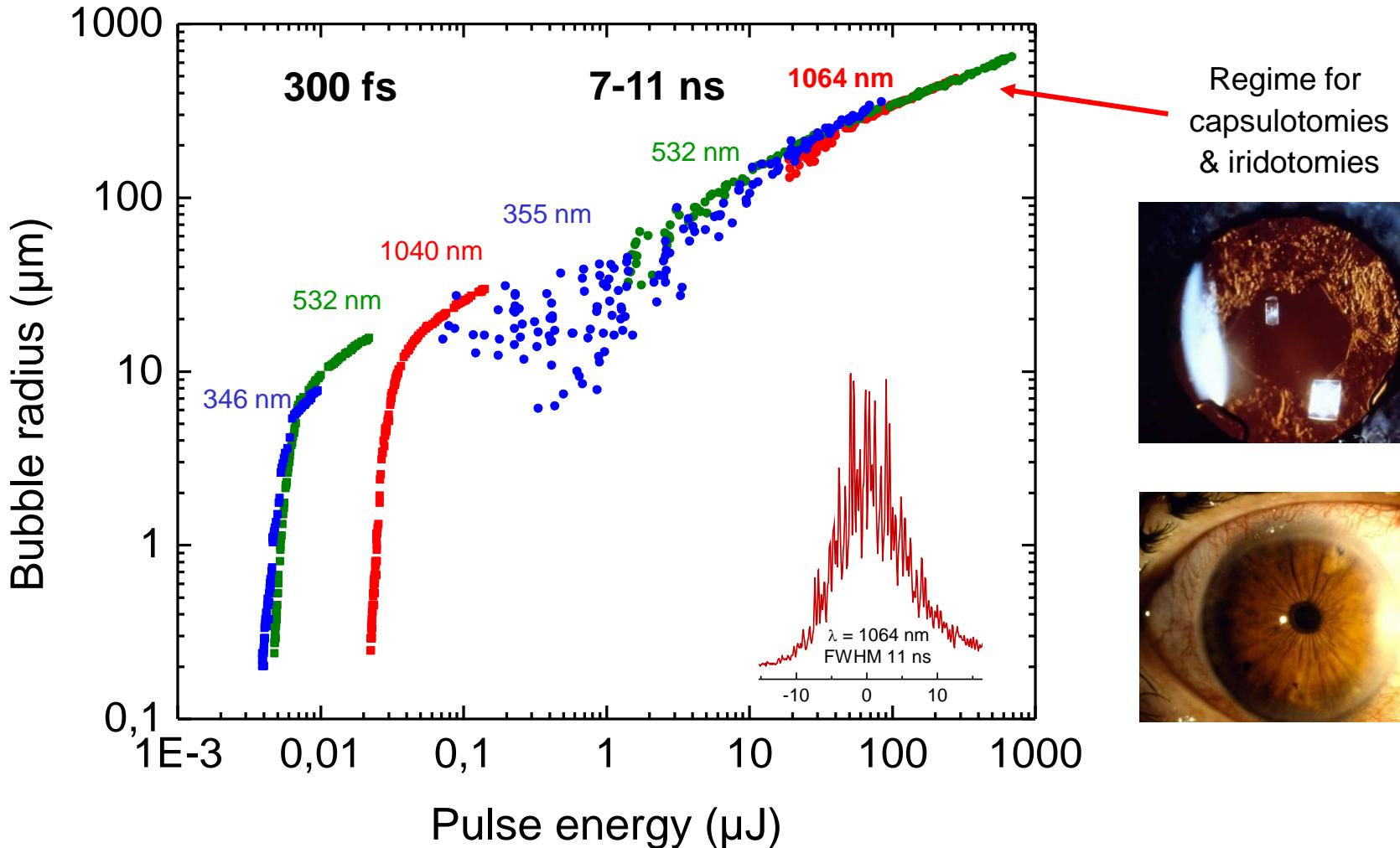
- Minimum detectable radius photographs:  $\approx 850$  nm  
Scattering technique: < 50 nm



$$R_{\max} = \frac{T}{1.83} \sqrt{\frac{p_0 - p_v}{\rho_0}}$$



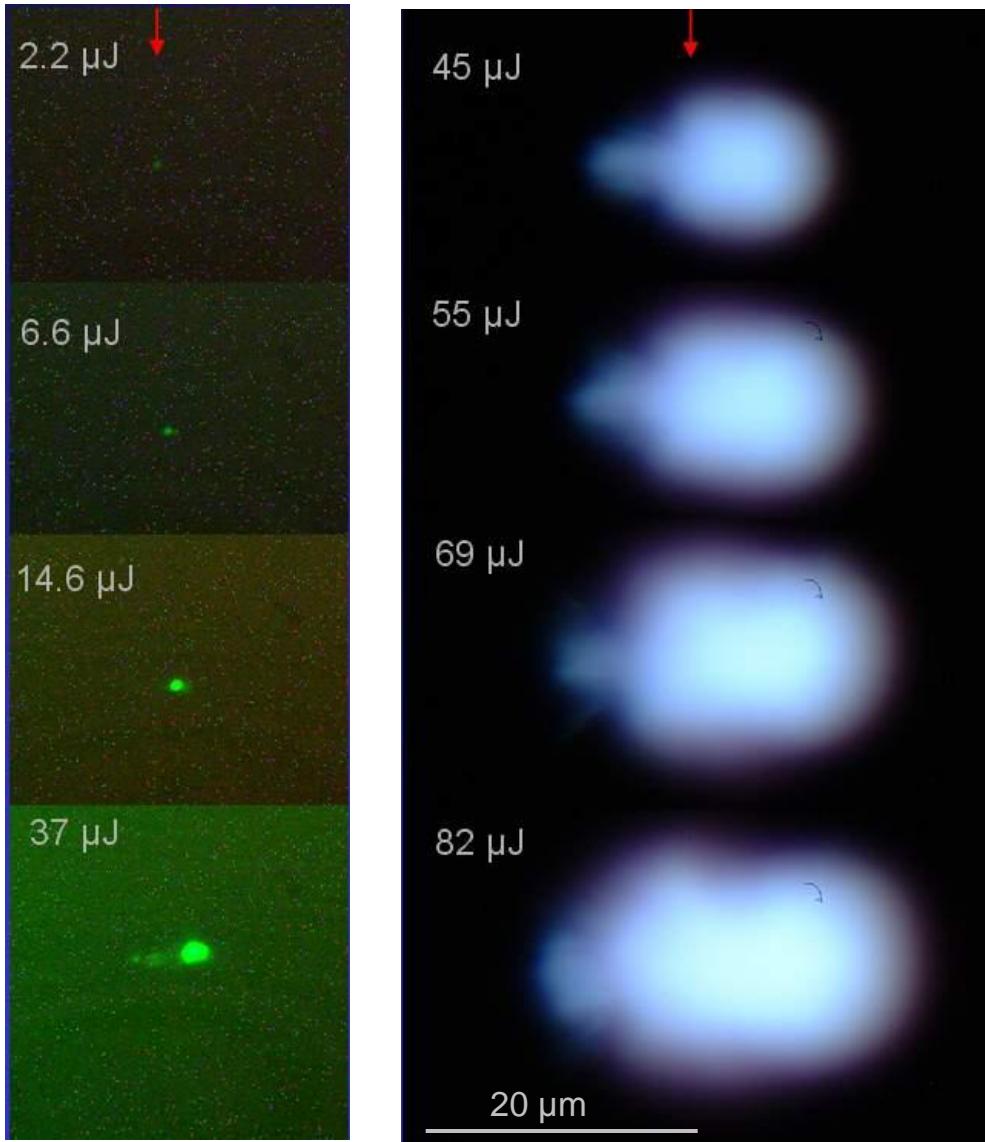
# Bubble size for fs pulses and *regular* ns pulses (40x, NA = 0.8)



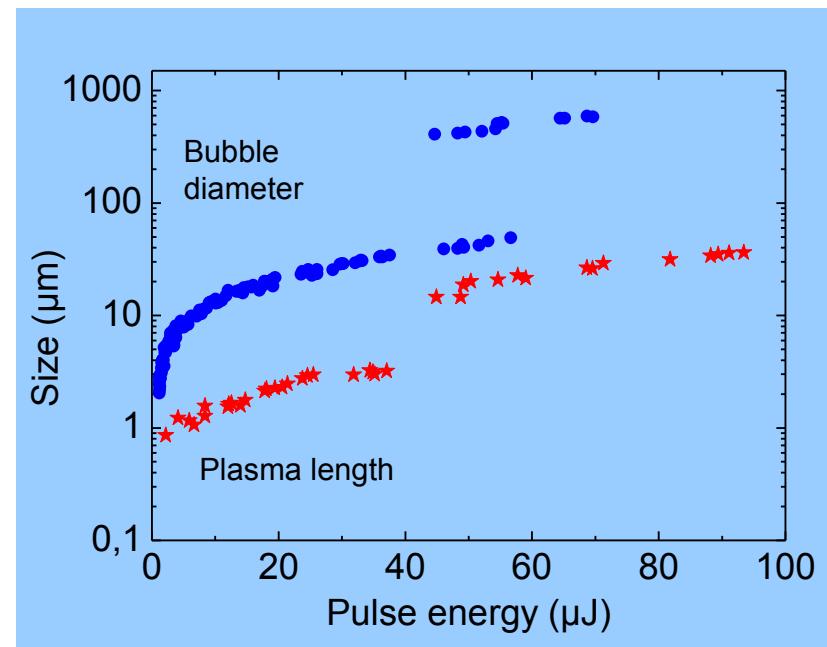
Fine femtosecond-effects  $\Leftrightarrow$  Gross nanosecond-effects  
“deterministic”  $\Leftrightarrow$  “stochastic”

# Stepwise breakdown with *smooth* UV ns pulses

355 nm, 6.8 ns, 40x, NA = 0.8

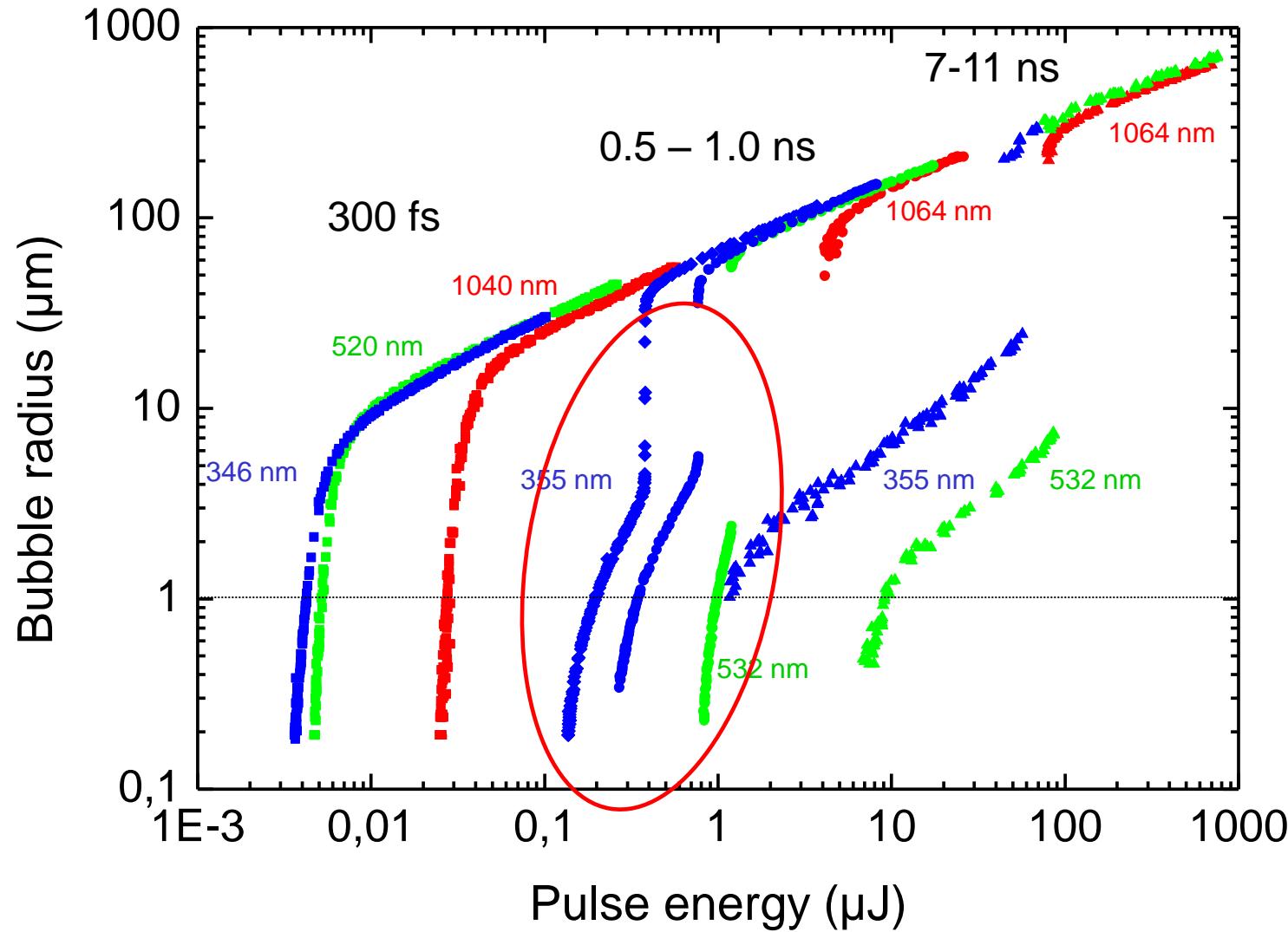


Bubble- and plasma size

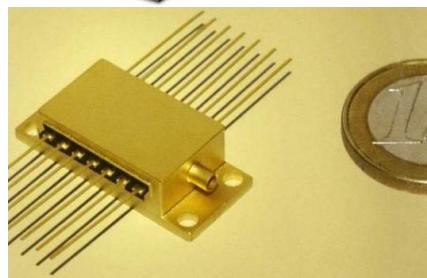


# Energy and pulse duration dependence of bubble size

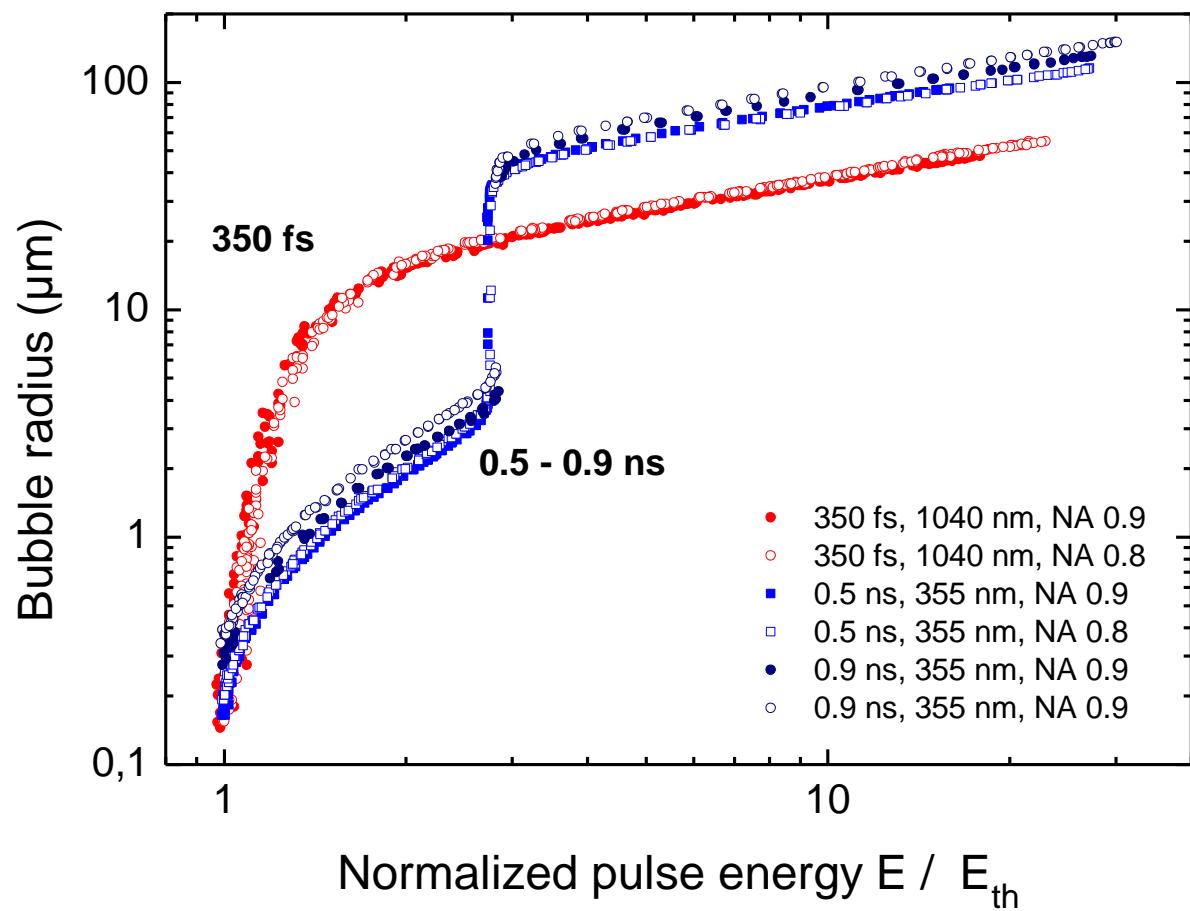
(40x, NA = 0.8, Gaussian ns pulses)



# Microchip lasers can do what could previously be achieved only by using expensive femtosecond lasers !

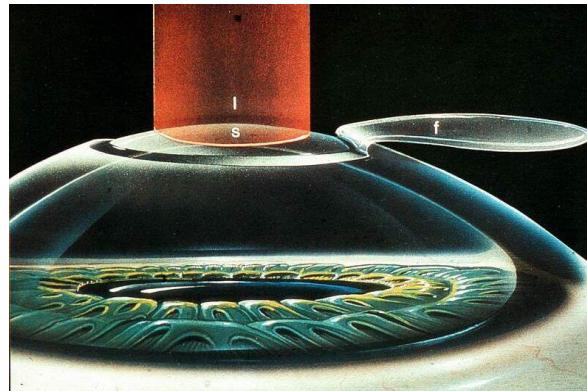


Bundesrepublik Deutschland  
Deutsches Patent- und Markenamt



The small-bubble regime is larger with ns pulses than with fs pulses  
⇒ Good tunability of laser effects

Can we utilize the new level of understanding  
of nonlinear energy deposition  
for improving medical technology ?



# Flap creation in refractive surgery (LASIK)

Mechanical keratome



Femtosecond laser

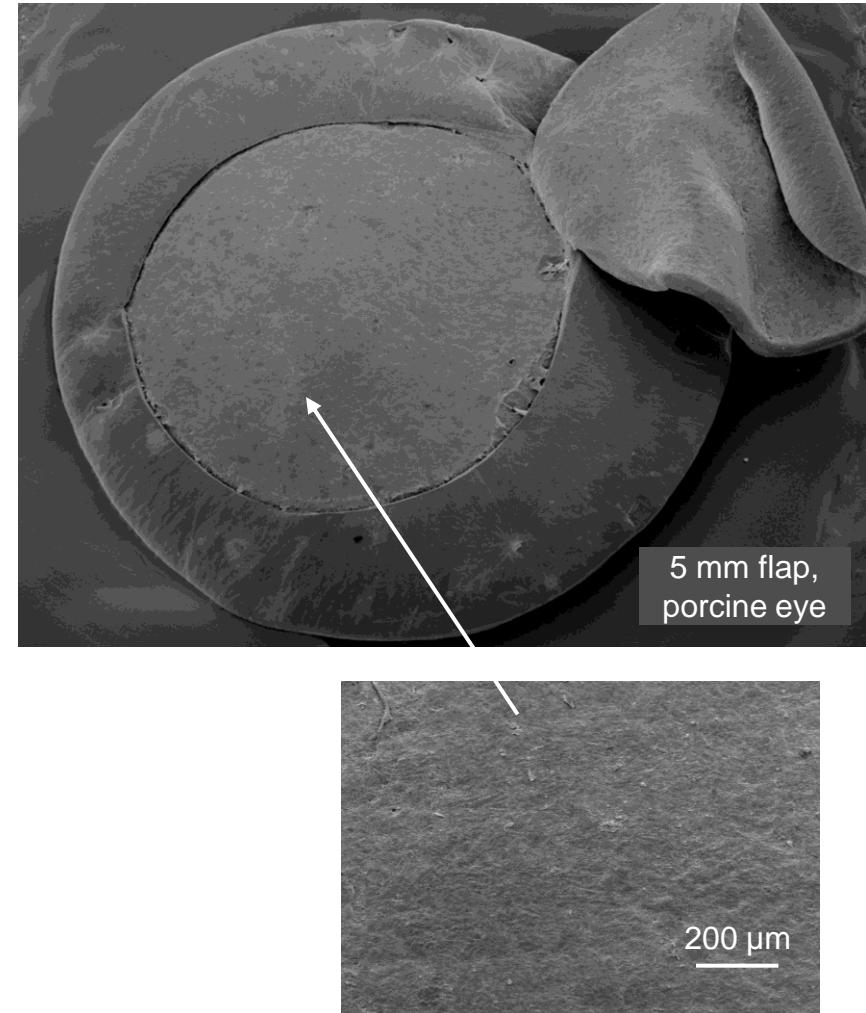
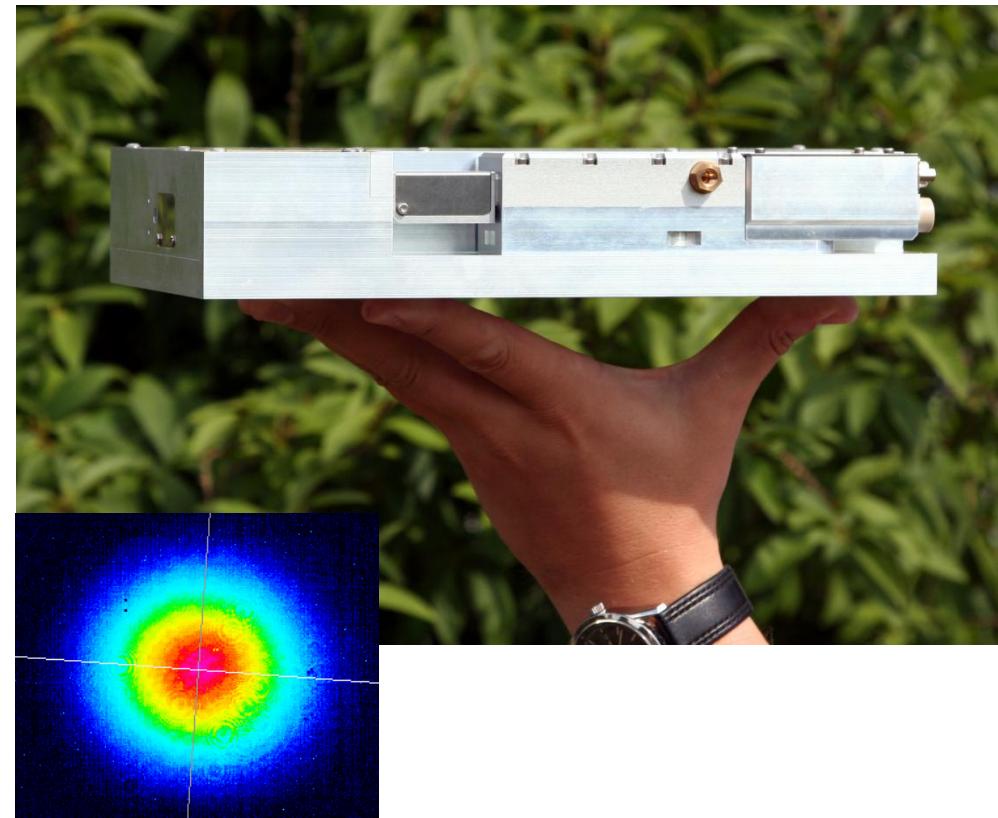


- one cutting pattern
- precision & complication rate depends on surgeon's skills
- small
- cost-effective



- various cutting patterns
- high precision & reproducability
- few complications
- bulky
- expensive

# New approach for flap creation



- UV-laser (355 nm, 600 ps)
- 150 kHz pulse repetition rate
- good beam quality
- compact
- cost effective

Development of a commercial product  
together with an industrial partner

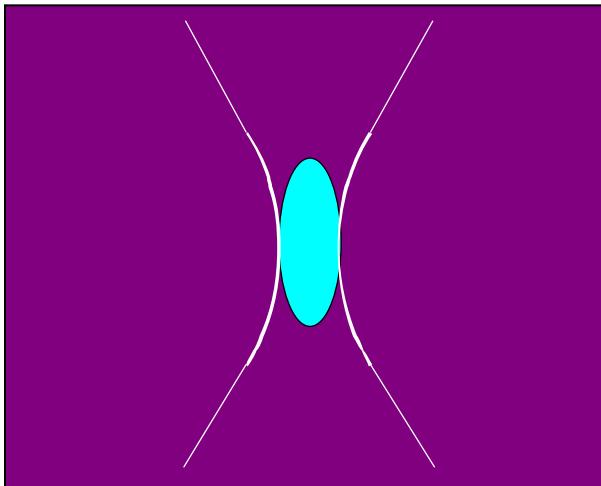
# Precision gain by UV-laser

Femto

(IR, 1040 nm)

Focus 3.3  $\mu\text{m}$

at NA = 0.4

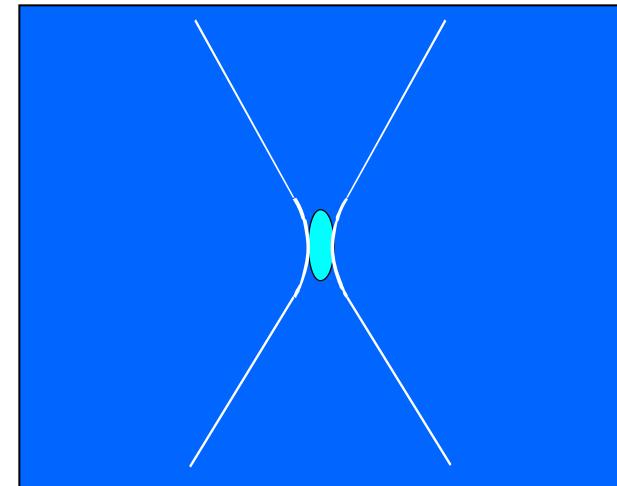


Nano

(UV, 355 nm)

Focus 1.1  $\mu\text{m}$

at NA = 0.4



UV focal diameter and length are merely 1/3 of IR values

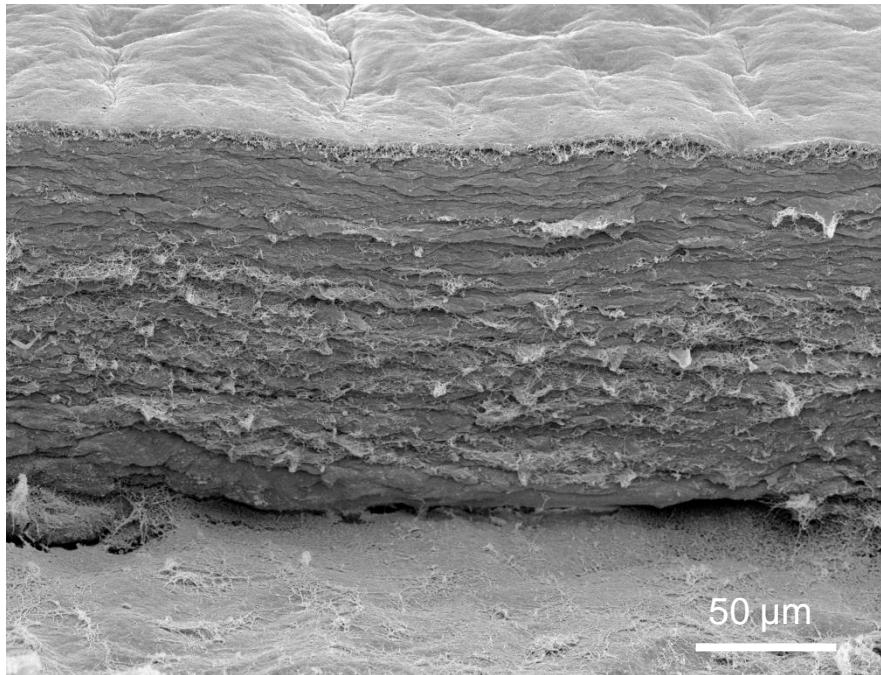


Better precision when using UV pulses

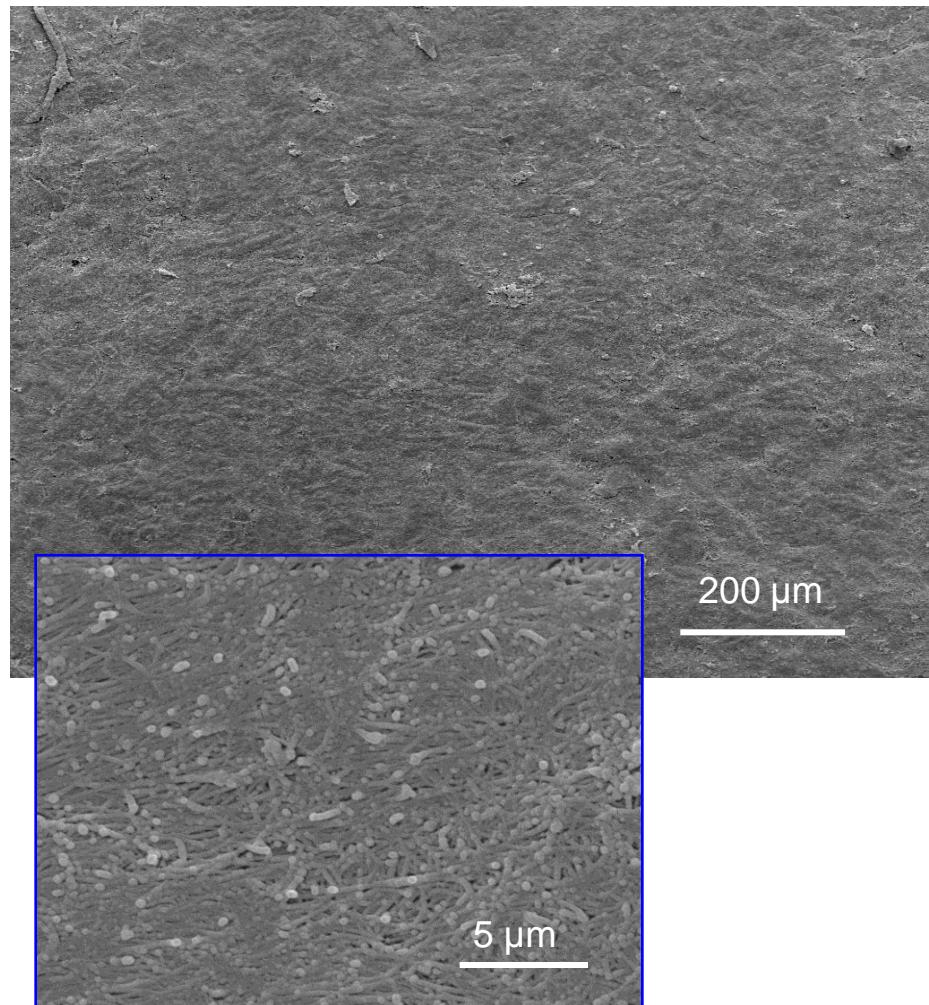
# Quality of cuts with the new technique

(355 nm, 0.7 ns pulse duration)

Side cut

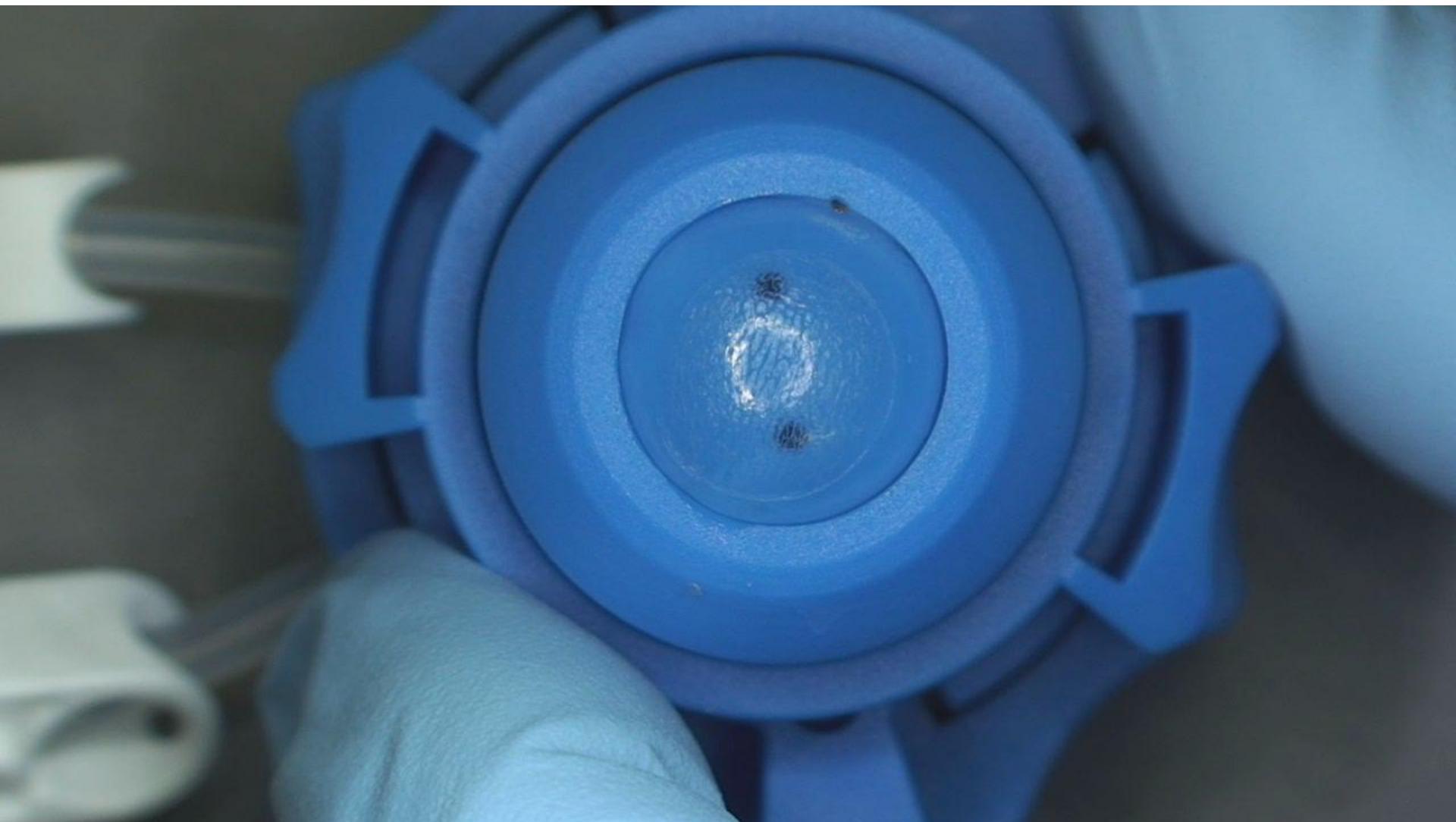


Flap-bed



Flaps in porcine cornea

## Flap lifting on porcine eyes



# SCHWIND „Smart Tech“ Laser

## Technical Features

$\lambda = 355 \text{ nm}$

$\tau = 700 \text{ ps}$

150 kHz

Small footprint

No water cooling

No climatization

Stable operation

Cost effective



## Applications

LASIK

(7.5 – 10.5 mm flaps)

Variable cutting angle  
(45° - 105°)

Intra-corneal  
rings and inlays

Incisions for  
correction of  
astigmatism



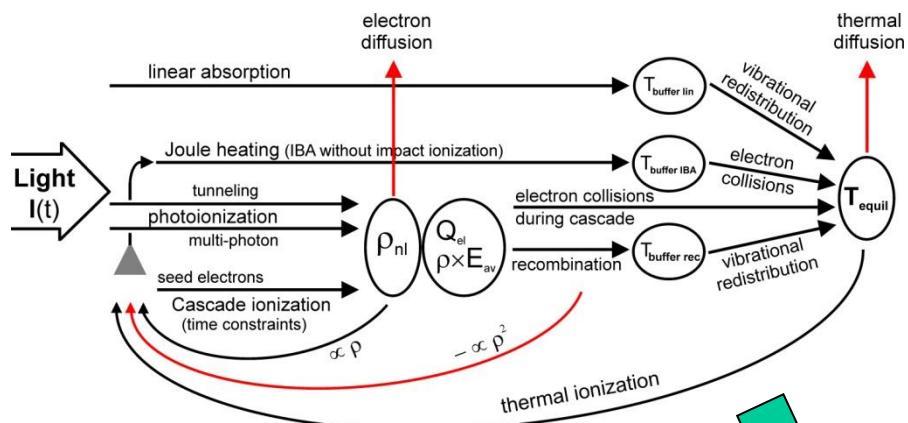
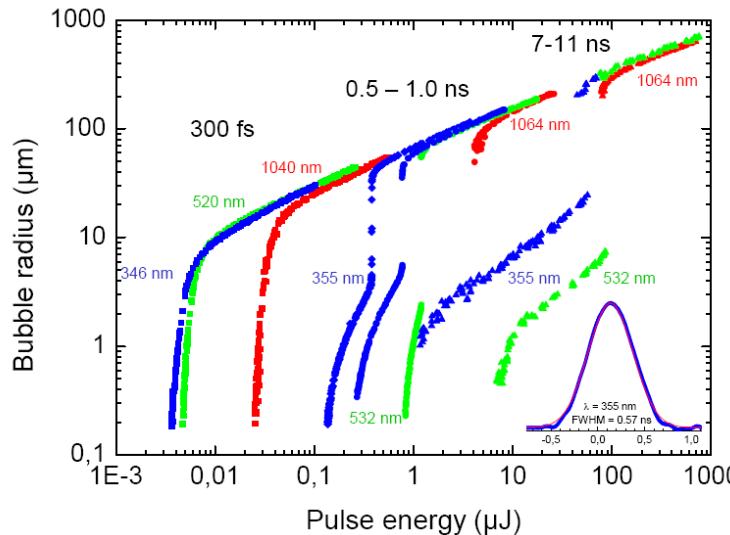
## Experimental Discovery



## Theoretical Understanding



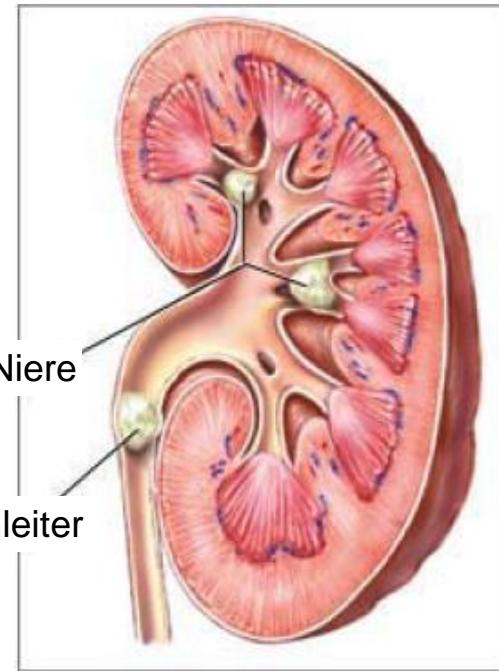
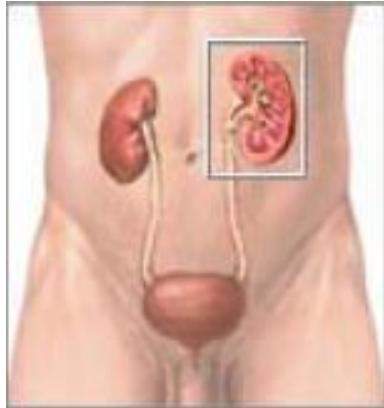
## Technical realization



other  
applications

# Laser lithotripsy

# Nieren- und Harnleitersteine



Nieren- und  
Harnleitersteine

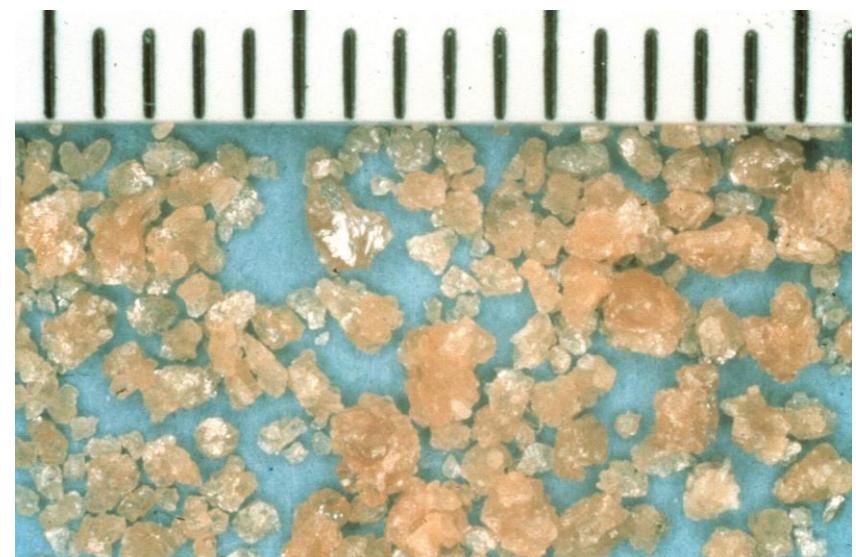
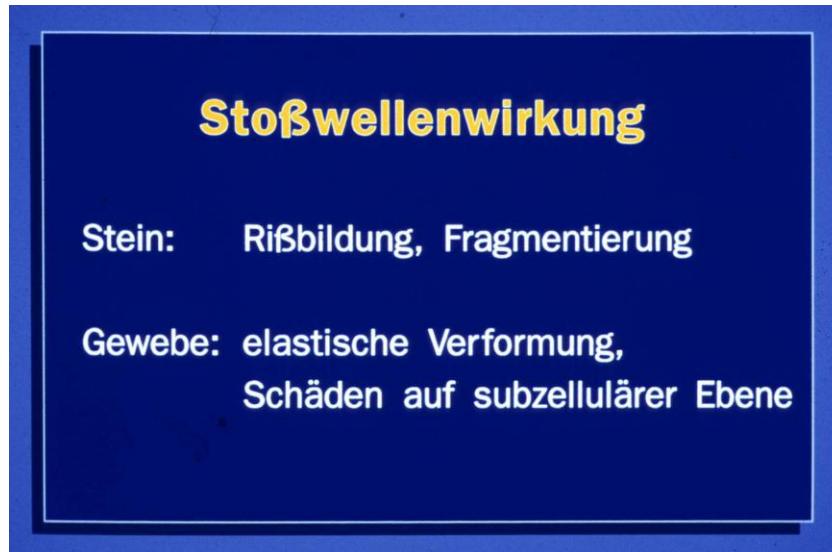


Harnleiterstein mit Harnstau  
(visualisiert durch Kontrastmittel)



Harnleiterstein  
(vergrößert)

# Shock wave effects in tissue and on stone



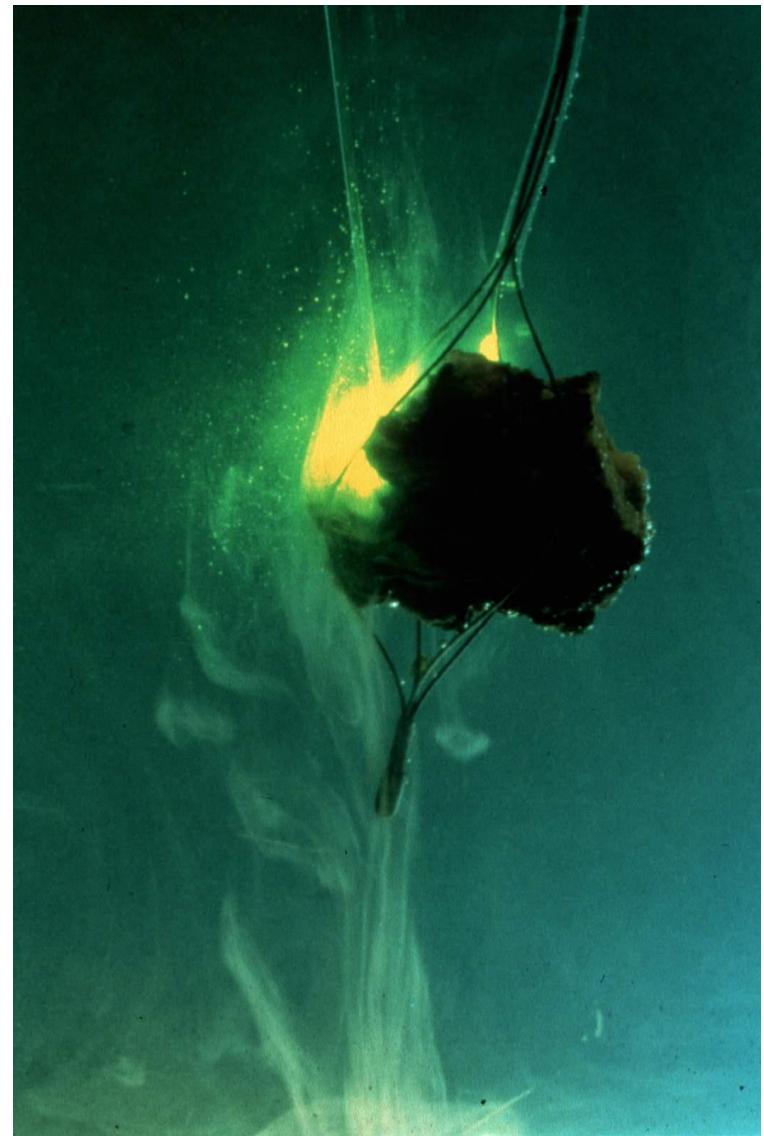
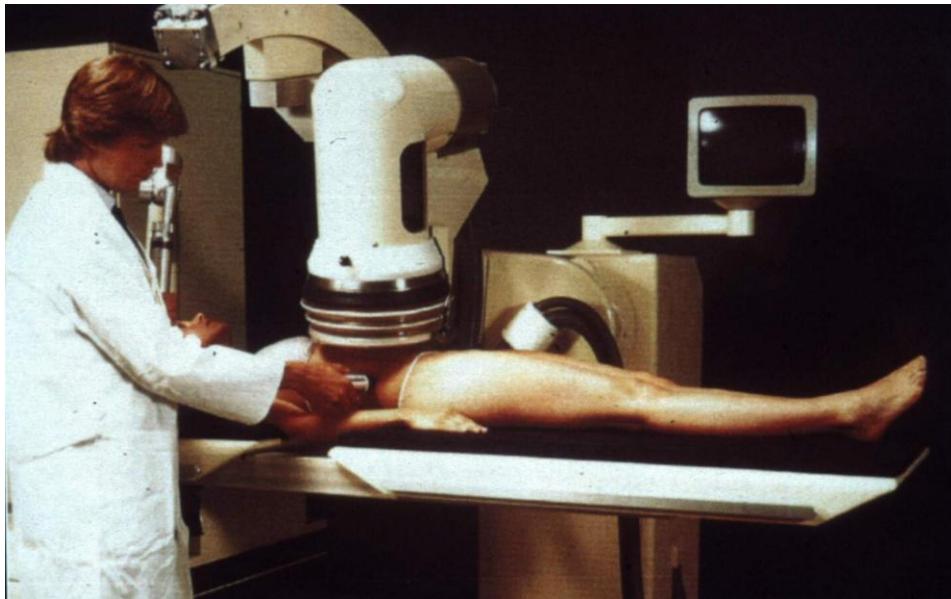
# ESWL and laser lithotripsy

## ESWL

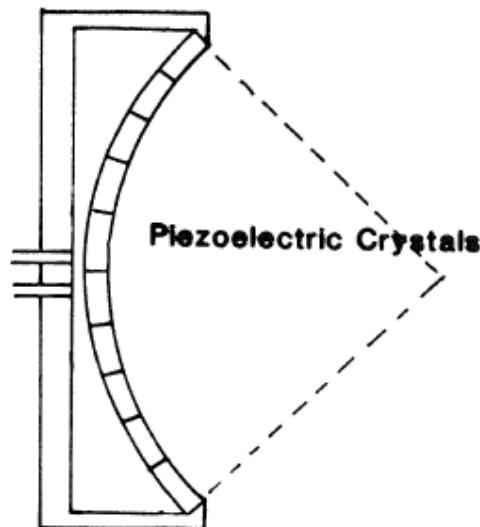
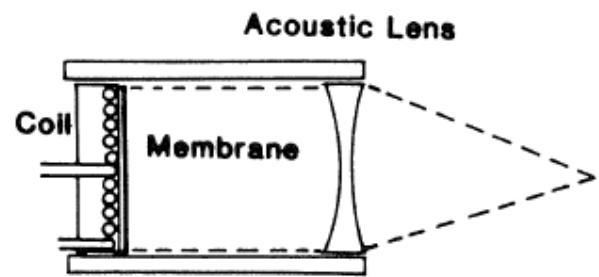
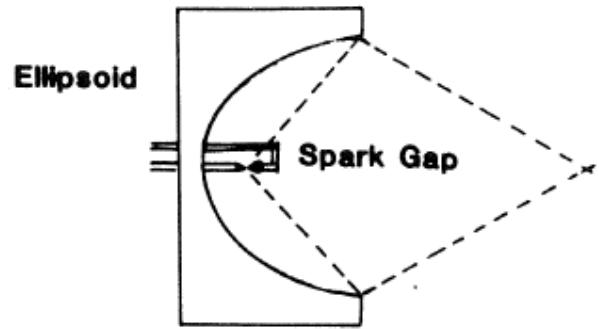
Stoßwellenerzeugung extrakorporal  
Fokussierung in den Körper.

## Laserlithotripsie

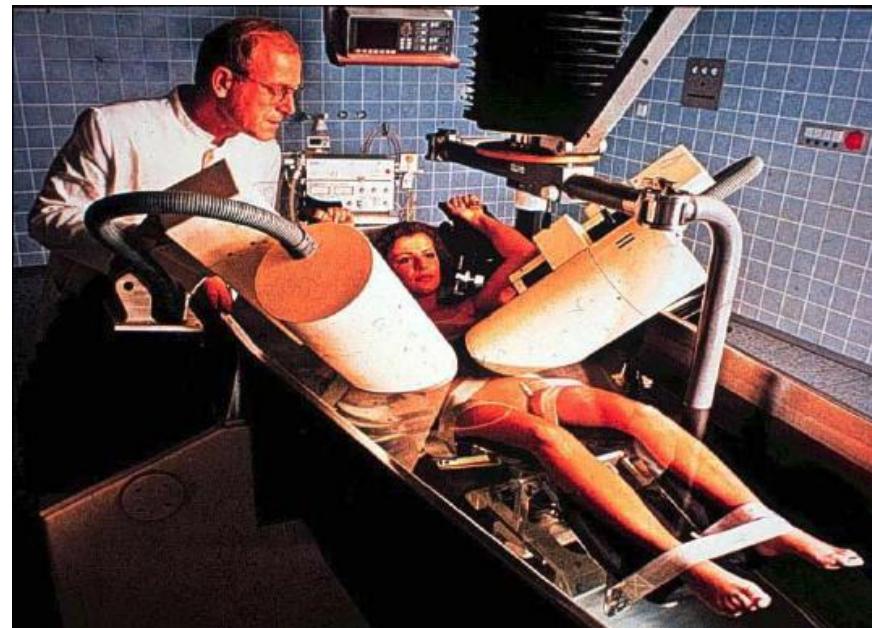
Stoßwellenerzeugung durch Plasmabildung  
direkt auf dem Stein.



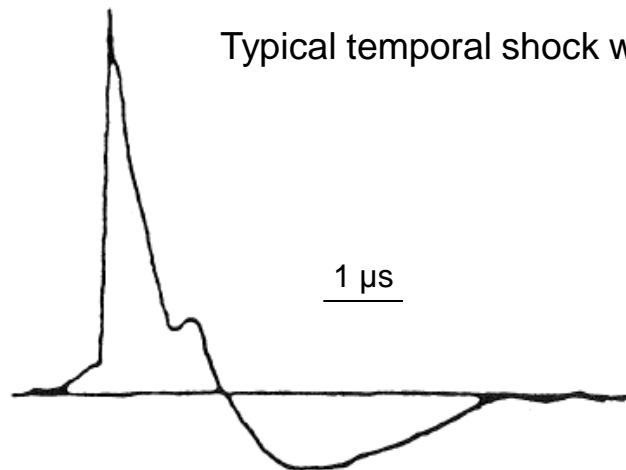
# Shock wave focusing in ESWL



Acoustic impedance matching in the early days



Typical temporal shock wave profile



# Shattering mechanism

## Materialparameter

	Nierensteine	Gallensteine
statische Druckfestigkeit	40 - 80 bar	22 - 32 bar
statische Zugfestigkeit	6 - 11 bar	3 - 10 bar

Quelle: Diss. B. Ihler (1992)

## Umwandlungsgrad von Laserlichtenergie in Stoßwellenenergie im Stein

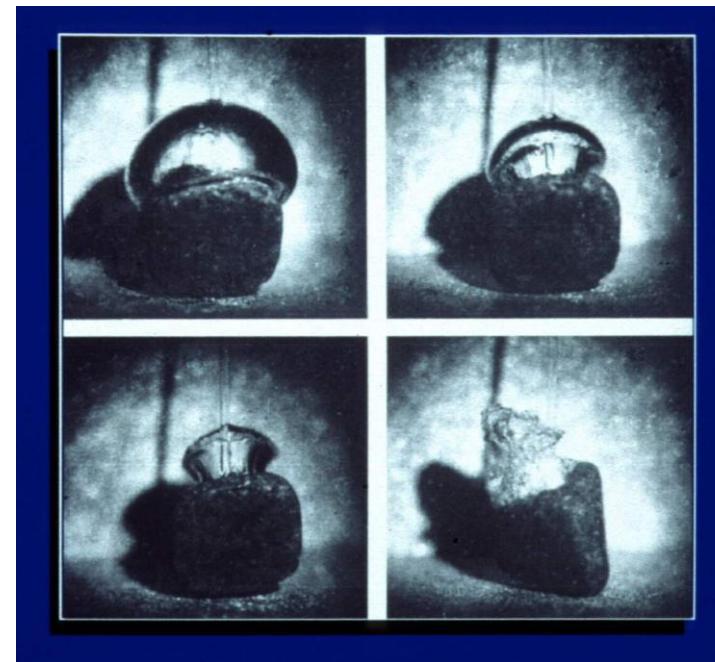
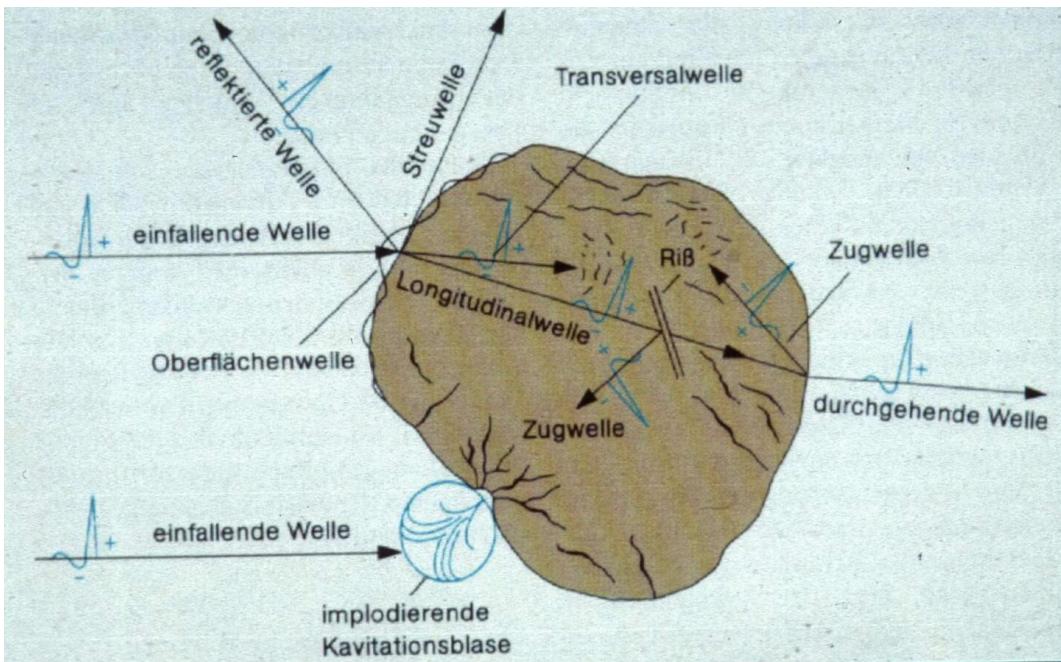
(1,5 µs Puls, 400 µm Faser)

Primärstoßwelle: 0,6 % bei 100mJ

Sekundärstoßwelle: 0,6 - 1,4 % bei 100mJ

ESWL: Energie im Fokus ( $\varnothing 11\text{mm}$ ): 15 - 20mJ

Quelle: Ihler (1992), Müller (1990)

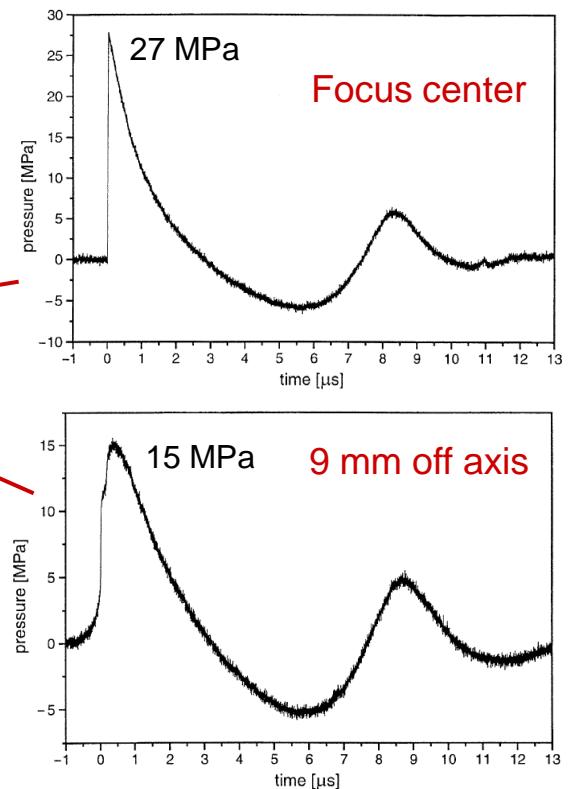
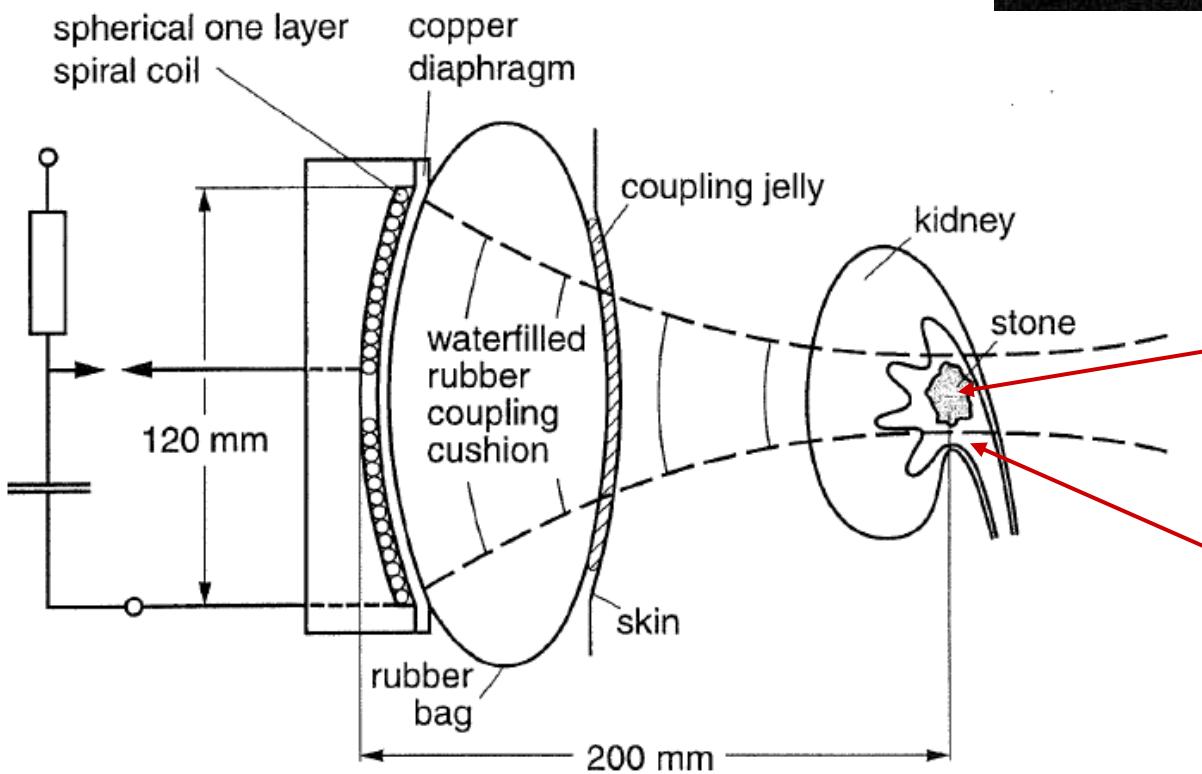
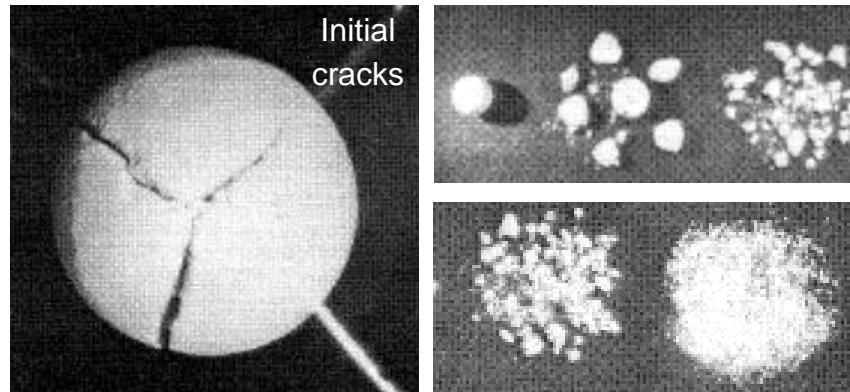


# Stone fragmentation in ESWL with large focus

W. Eisenmenger, Ultrasound in Med. Biol. 28:769-774 (2002)

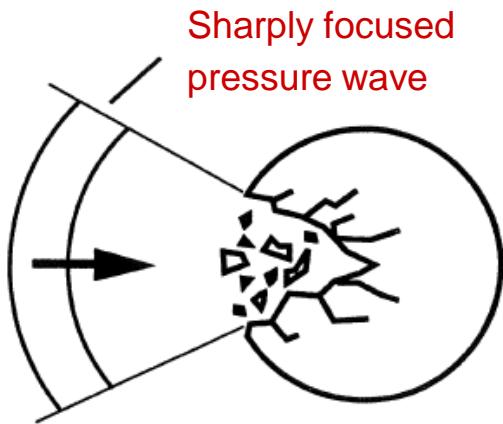
For some time, manufacturers tried to achieve a small shock wave focus to minimize side effects in ESWL

Then it was discovered that a focus larger than the stone was more effective for stone fragmentation and required fewer pulses with lower pressure  $\Rightarrow$  less side effects

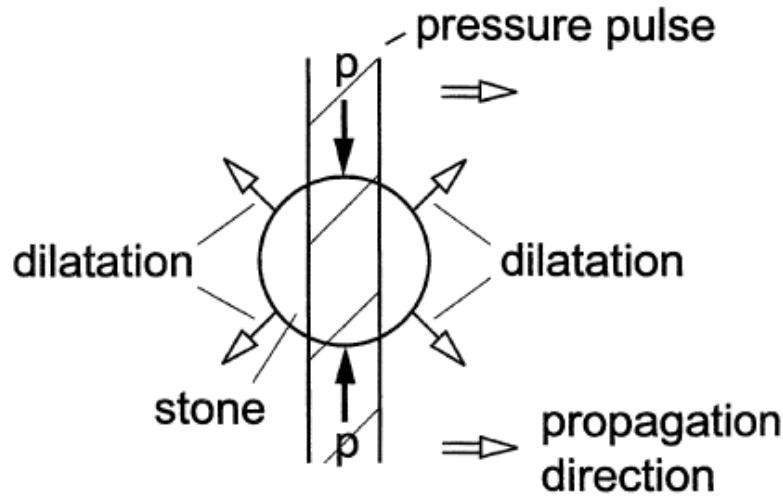


# Fragmentation mechanism in ESWL (2)

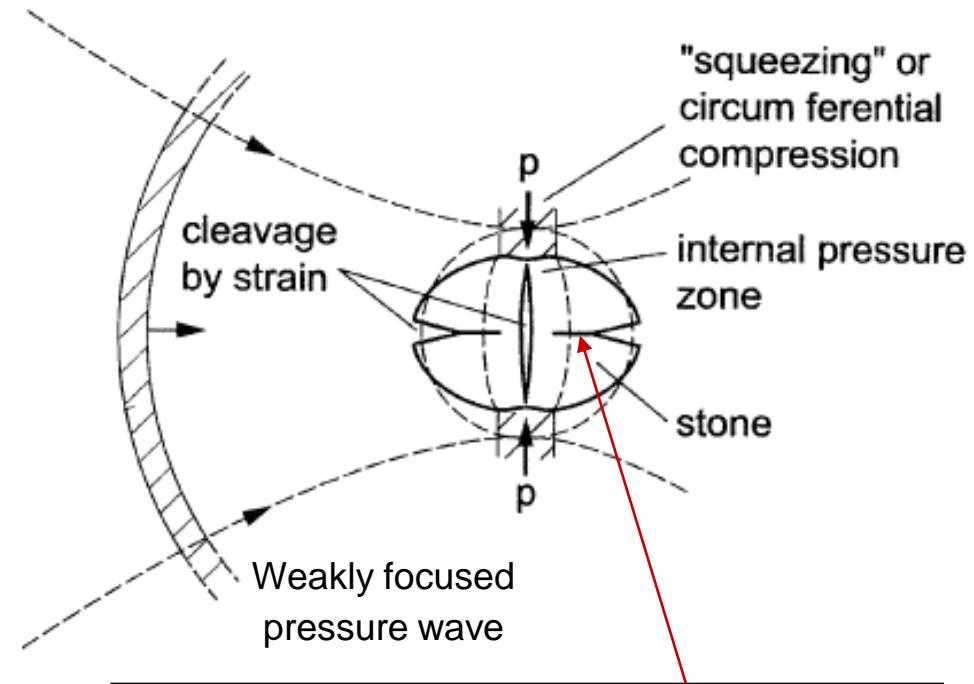
W. Eisenmenger, Ultrasound in Med. Biol. 27:683-693 (2001)



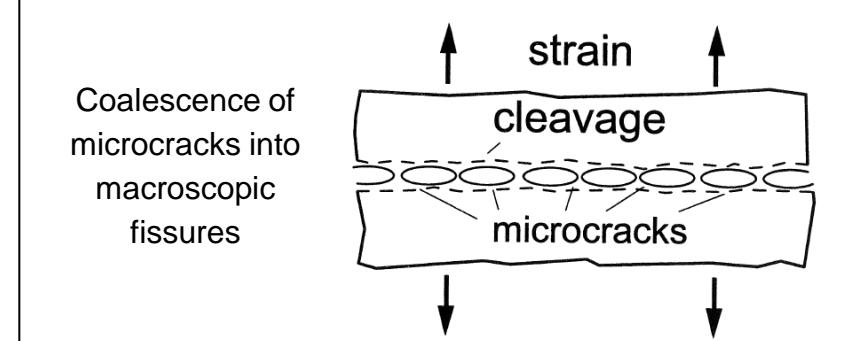
„Squeezing“ by the pressure pulse propagating in the *surrounding* liquid or tissue



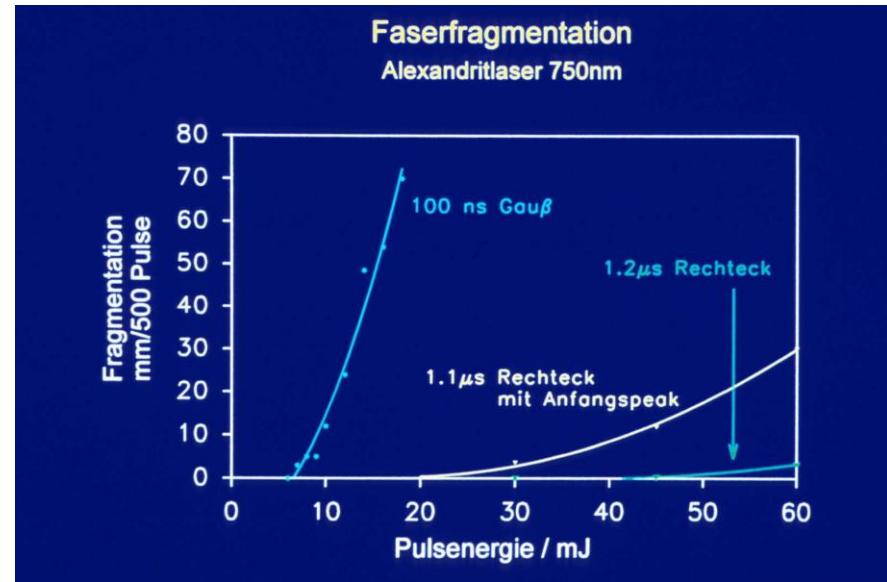
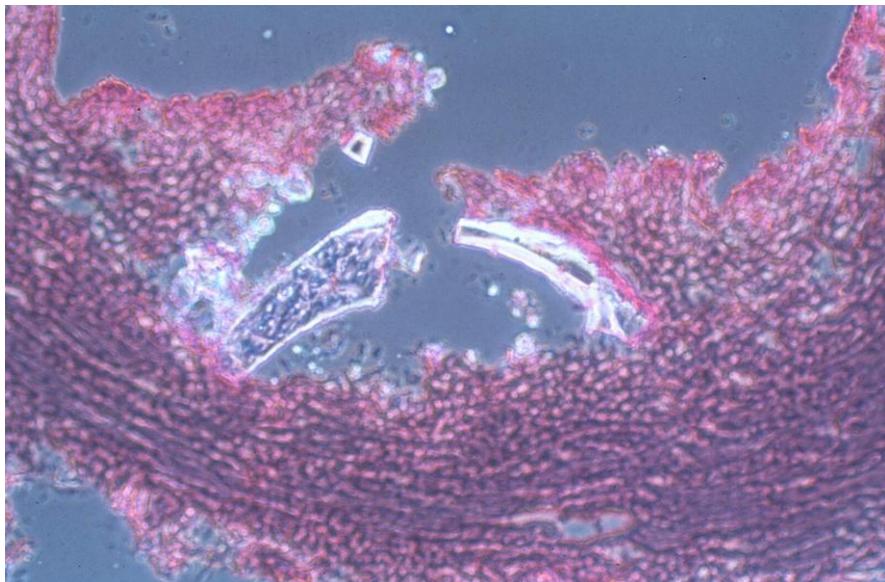
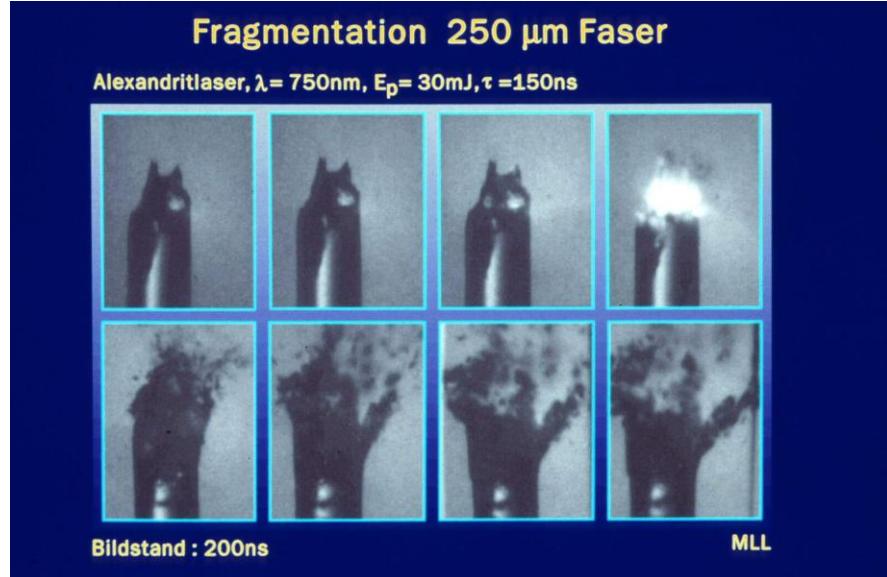
Orientation of cleavage planes resulting from „squeezing“



Coalescence of microcracks into macroscopic fissures



# Fiber fragmentation



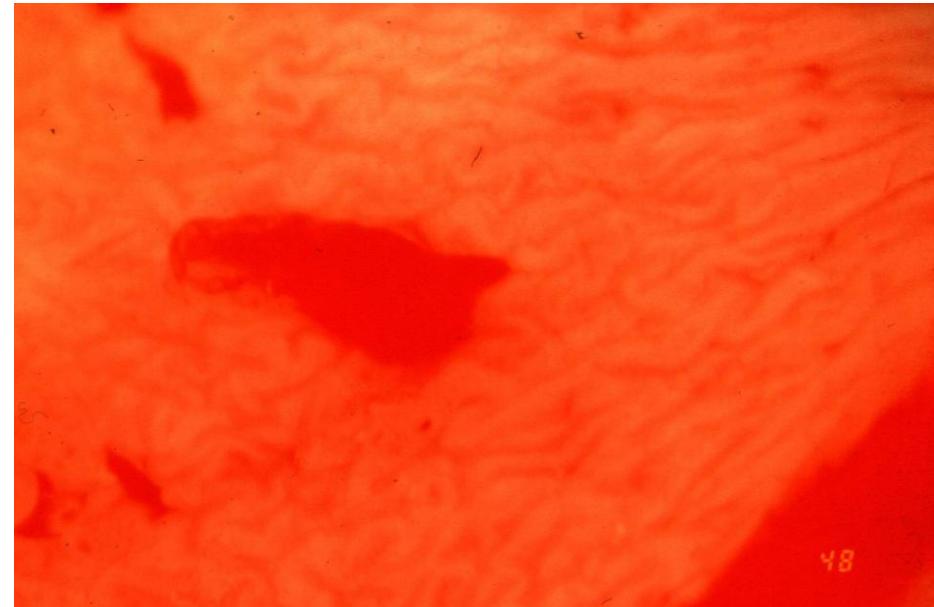
# Minimization of tissue damage (1)

## Optimale Wellenlänge ?

- Gewebeabsorption *und* Steinabsorption sinken mit zunehmender Wellenlänge
- hohe differentielle Absorption bei  $\lambda = 504\text{nm}$ ,  $620 < \lambda < 800\text{nm}$
- Bei Verwendung der wellenlängenabhängigen Arbeitsenergie und Faserkontakt sind immer Gewebeschäden möglich



No easy way to avoid tissue damage at pulse energies used for stone fragmentation



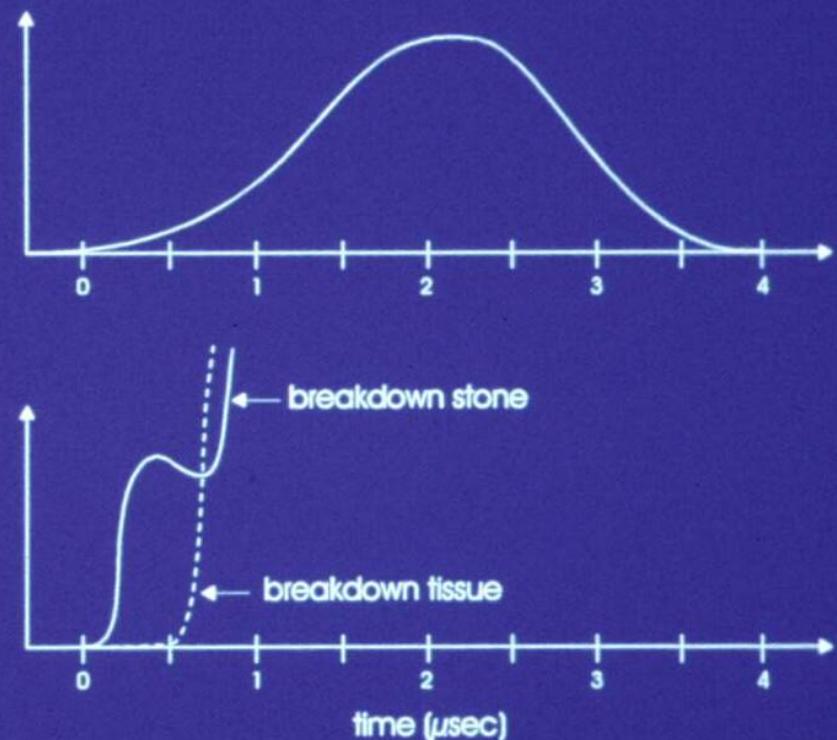
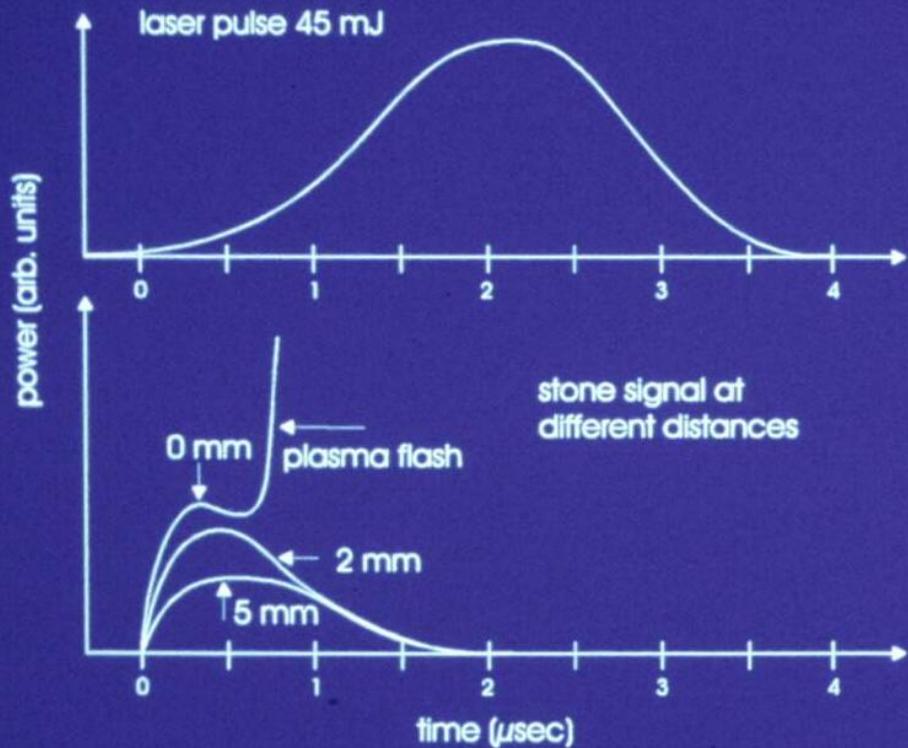
48

## Vermeldung von Gewebeschäden

- optische Kontrolle (Katheter ca. 2mm)
- Fluoreszenzmessung + optoelektronische Rückkopplung (200  $\mu\text{m}$  Faser)

# Minimization of tissue damage (2)

## - Fluorescence/plasma luminescence monitoring -

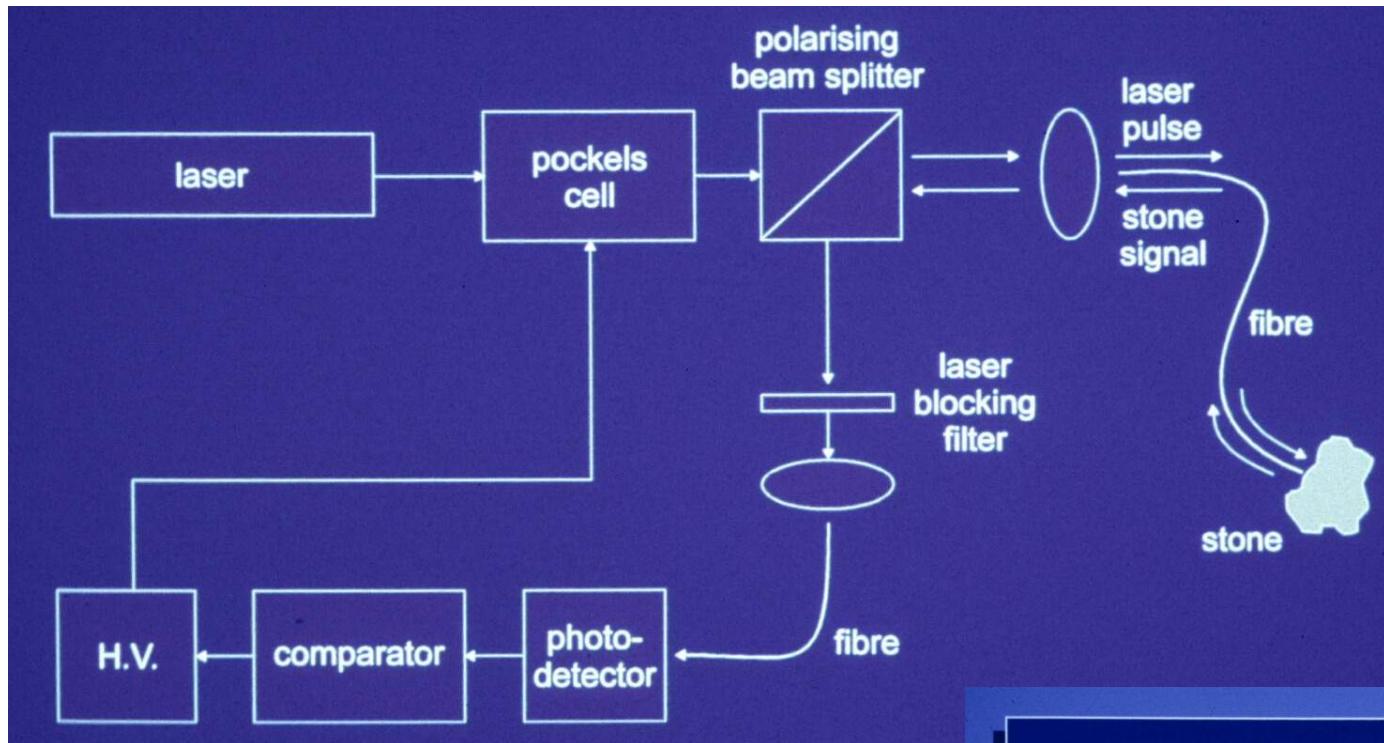


Plasma luminescence starts earlier and is brighter on stone than on tissue (ureter wall)



Measure plasma luminescence and switch laser pulse off when no luminescence is detected in due time

# Feedback control for minimization of tissue damage



Plasma luminescence is measured, and, when necessary, laser pulse switched off using a Pockels cell and a polarizing beam splitter

## Indikationen für Laserlithotripsie

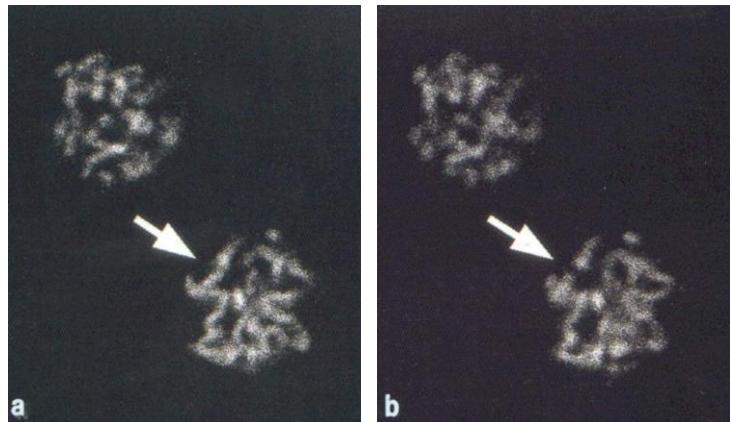
- schwierige Ortung der Steine mit Ultraschall/Röntgen (z.B. Steine im unteren Harnleiter)
- "Steinstraße" nach ESWL
- festsitzende Steine
- Parotissteine
- Gallengangssteine

# Femtosecond cell surgery: Applications, mechanisms,

# Fs-laser cell surgery @ 80 MHz repetition rate

Intranuclear chromosome dissection

König et al. Cell. Mol. Biol 45:195-201 (1999)



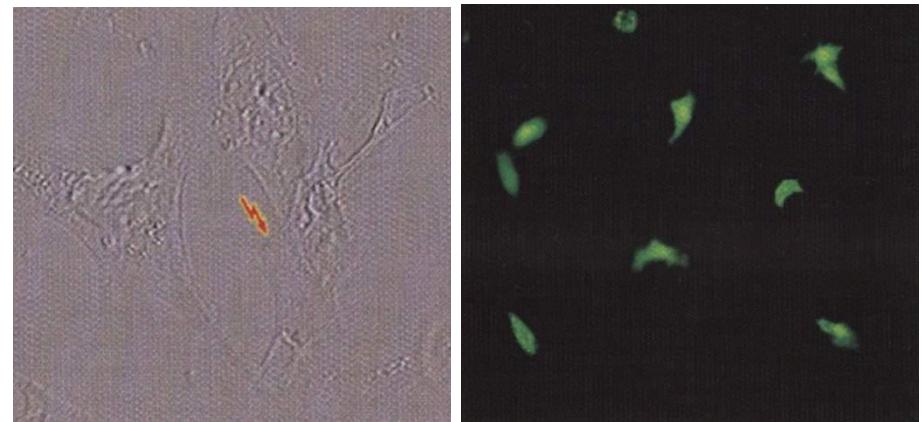
170 fs, 780 nm, NA = 1.3

40 000 pulses of **0.4 nJ**

Total energy: 15  $\mu$ J

Transfection of cells with DNA encoding  
Green Fluorescent Protein (GFP)

Tirlapur & König, Nature 418:290-291 (2002)



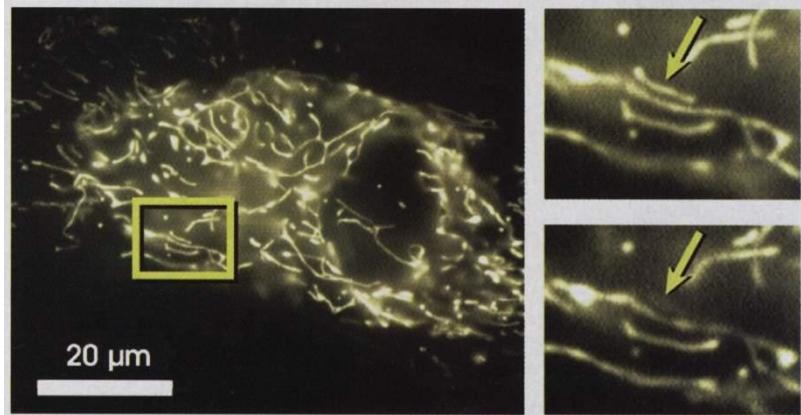
170 fs, 800 nm, NA = 1.3

960 000 pulses of **0.6 – 1.2 nJ**

Total energy: 570 – 1150  $\mu$ J

# Fs-laser cell surgery @ 1 kHz repetition rate

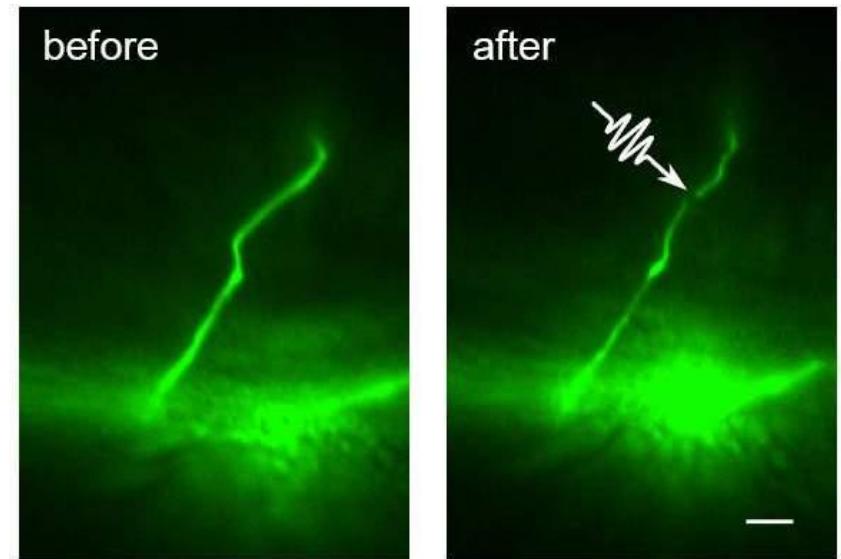
Selective destruction of a mitochondrion  
Shen, Mazur & Ingber, Harvard University, 2003



100 fs, 800 nm, NA = 1.4,  
Several hundred pulses of **2 nJ**

Total energy  $\approx 1 \mu\text{J}$

Dissection of an axon in a *C. elegans* worm  
to study nerve regrowth  
Yanik, Ben-Yakar et al. 2003



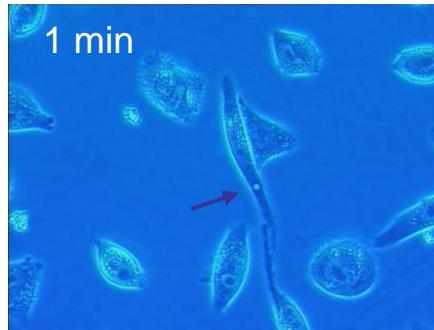
200 fs, 800 nm, NA = 1.4,  
**400 pulses of 10 nJ**

Total energy:  $4 \mu\text{J}$

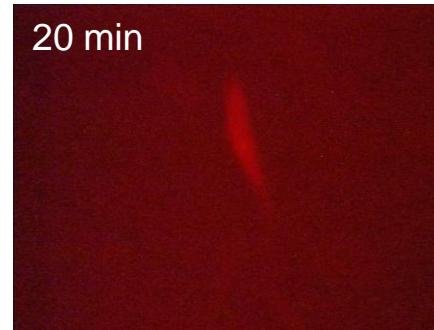
# Application example: Cell transfection

# Goals of membrane permeabilisation

## Gene transfer for cell transformation



Hole in cell membrane  
(phase contrast microscopy)

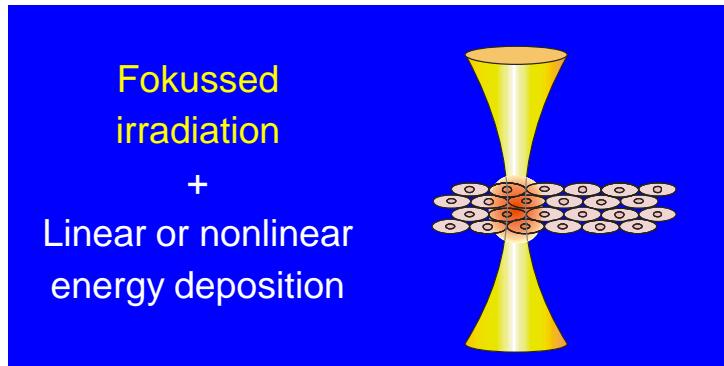


Proof of permeabilisation  
(propidium iodine  
fluorescence)

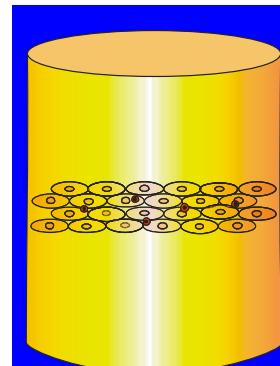


Proof of cell vitality  
(Calcein-AM-Fluorescence)

## Transfer of nanoparticles for protein inactivation



Fokussed  
irradiation  
+  
Linear or nonlinear  
energy deposition



Irradiation of entire cells  
+  
Targeting via nanoparticles  
attached to antibodies that  
bind to the target proteins

# Mechanisms of membrane permeabilisation by fs pulses

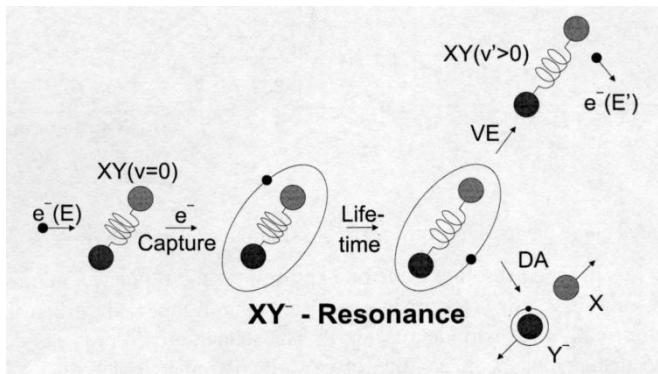
Repetition rates  $>> 1 \text{ MHz}$

$\approx 1 \text{ Mill. pulses of } \approx 1 \text{nJ each}$   
from a fs oscillator

100-200 fs,  
800 nm,  
NA = 1.3

Repetition rates  $\leq 1 \text{ MHz}$

Hundreds of pulses of  $\approx 10-100 \text{nJ}$   
from an amplified or cavity-  
dumped fs laser system



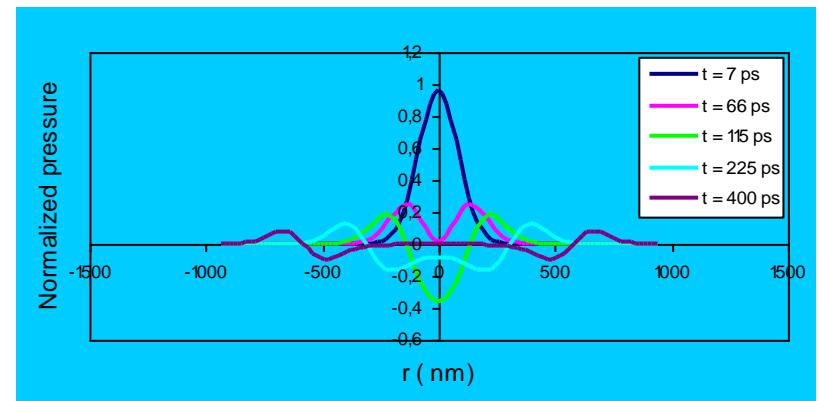
Low-density plasma  $\rho \leq 2 \times 10^{19} \text{ cm}^{-3}$

$\Delta T \ll 100^\circ\text{C}$

Breaking of chemical bonds  
by low-energy electrons (3-20 eV)



Dissection results from  
accumulative bond breaking



Plasma density  $\rho \geq 2 \times 10^{20} \text{ cm}^{-3}$

$\Delta T \geq 132^\circ\text{C}, \Delta p \geq 132^\circ\text{C}$

Formation of minute cavitation bubbles  
by heating and thermoelastic stretching

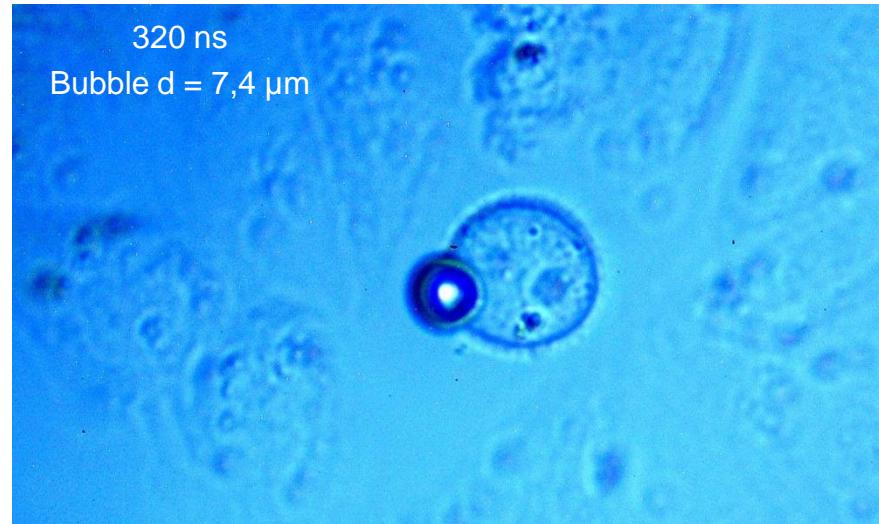


Mechanical disruption

# Bubble formation and membrane permeabilisation

## Problem

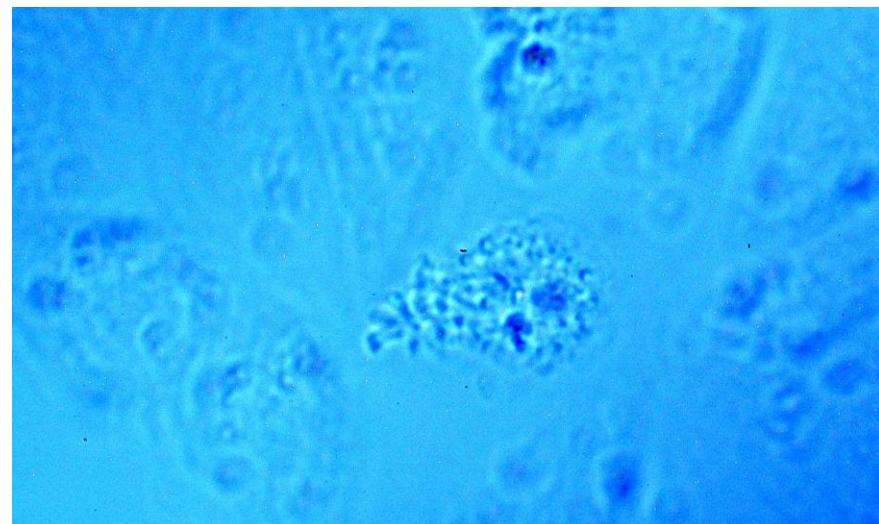
- Membrane permeabilisation in single shot regime requires bubble formation
- Bubble oscillation will damage the cell if the bubble is too large



CHO-cell, N<sub>2</sub> ns-Laser (337 nm) 63x objective

## Solutions

- Short pulses, small focus  
⇒ small bubbles
- **Online-dosimetry** of laser energy by online detection of bubble size

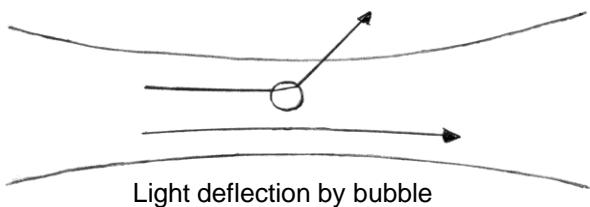


30 s after attempted optoperforation

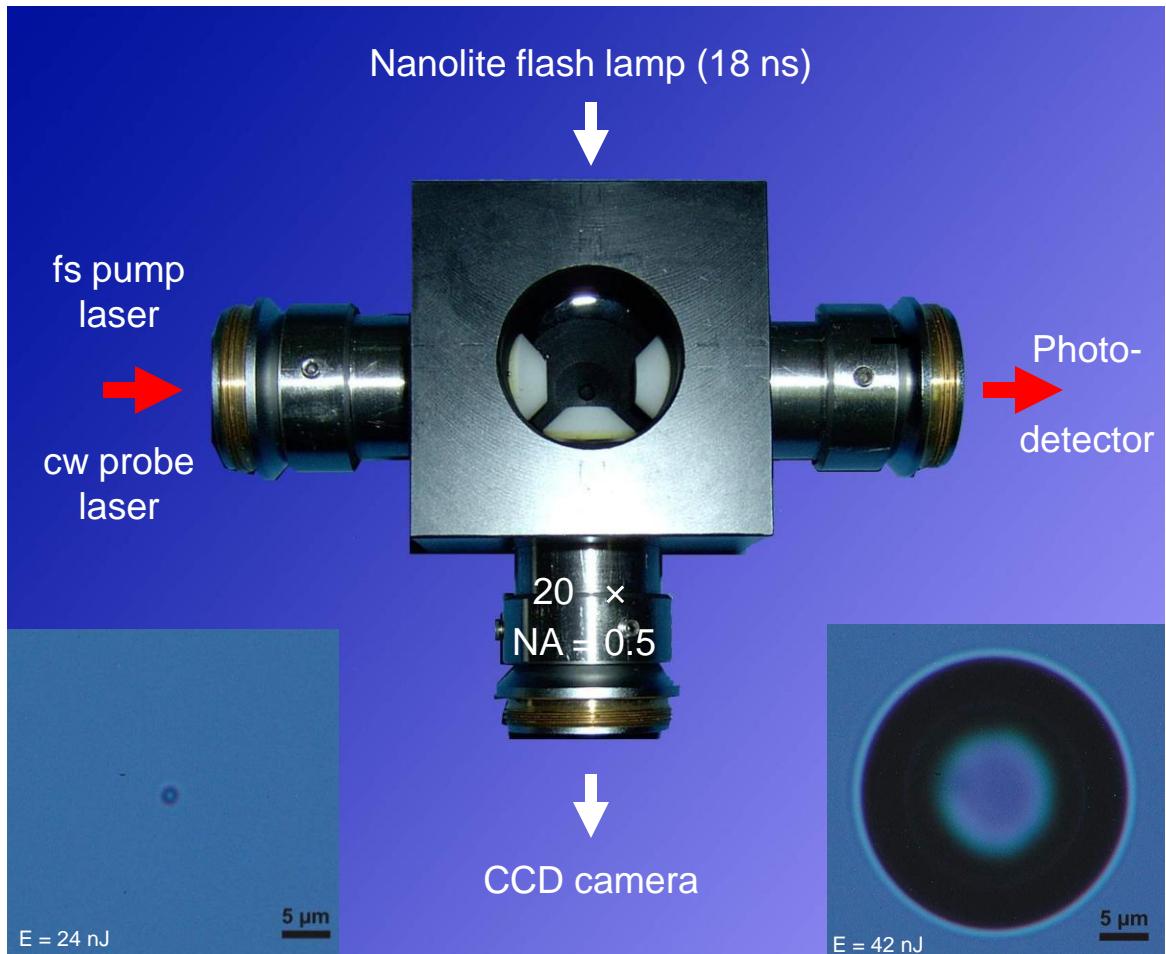
# Experimental bubble detection & photography

- Theory predicts minimum bubble diameters of < 200 nm  
(Appl Phys B 81: (2005))

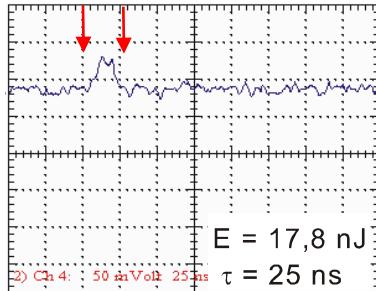
⇒ Bubble detection via probe beam scattering



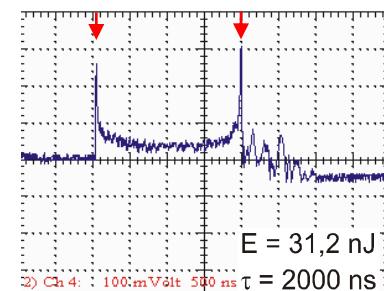
Light deflection by bubble



- Determination of bubble radius  $R_{\max}$  through detection of bubble oscillation time  $T$

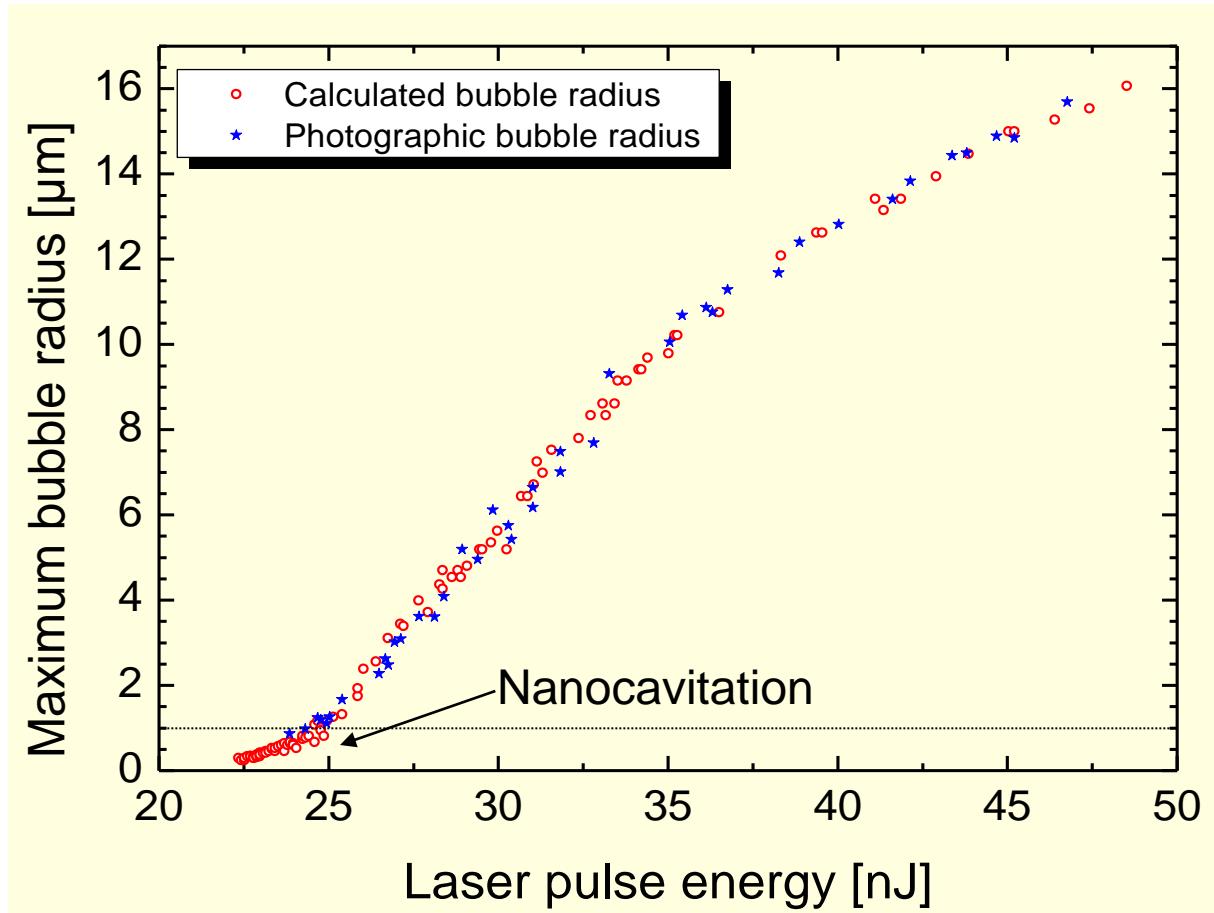


$$R_{\max} = \frac{T}{1.83} \sqrt{\frac{p_0 - p_v}{\rho_0}}$$



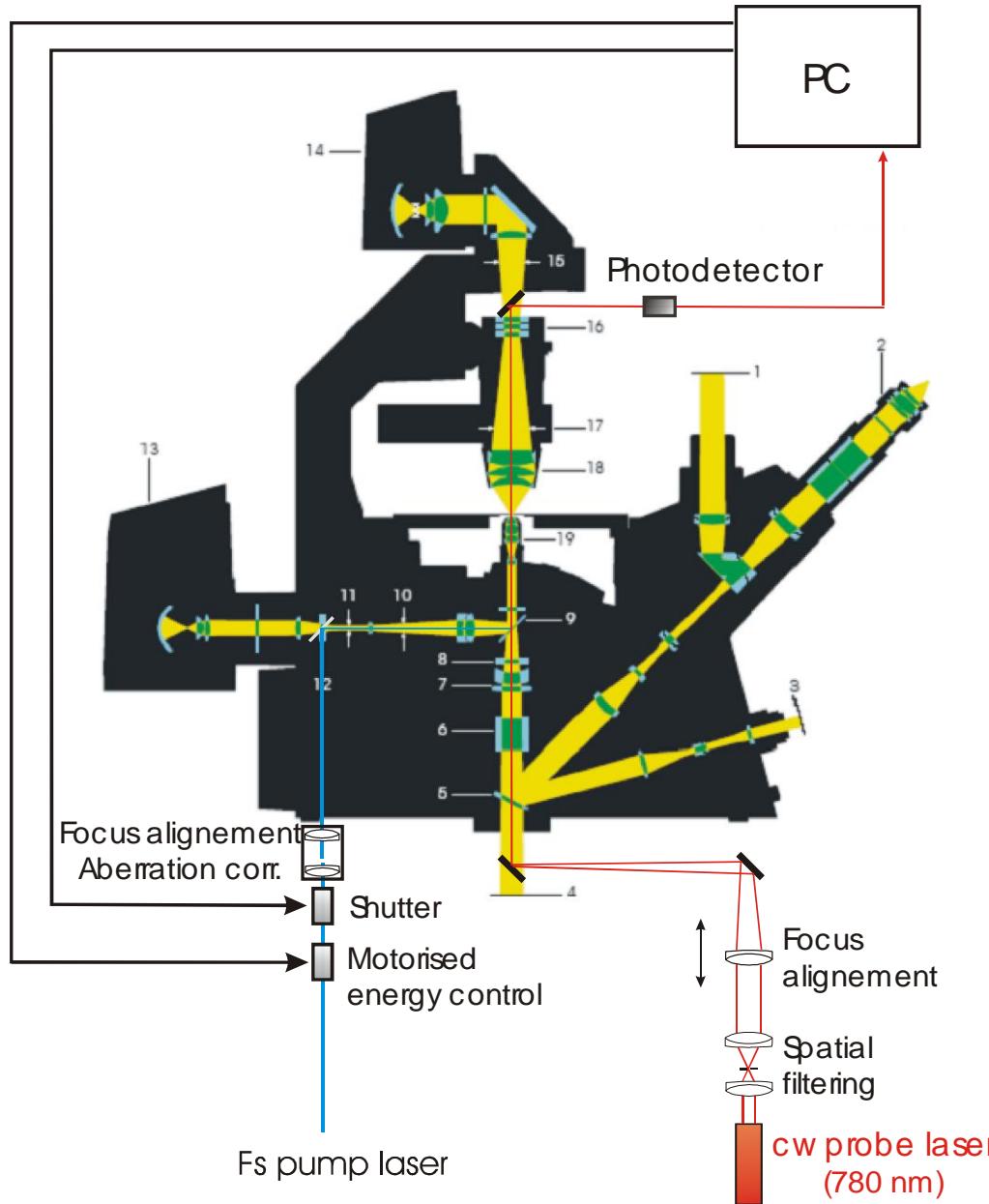
# Bubble sizes from scattering signals and flash photography

(1040 nm, 315 fs, NA = 0.8 )



Bubble radius at threshold (325 nm) is much smaller than the focal spot radius (790 nm)  
⇒ Nanocavitation is well compatible with nano-surgery

# Dosimetry and online control of optoperforation



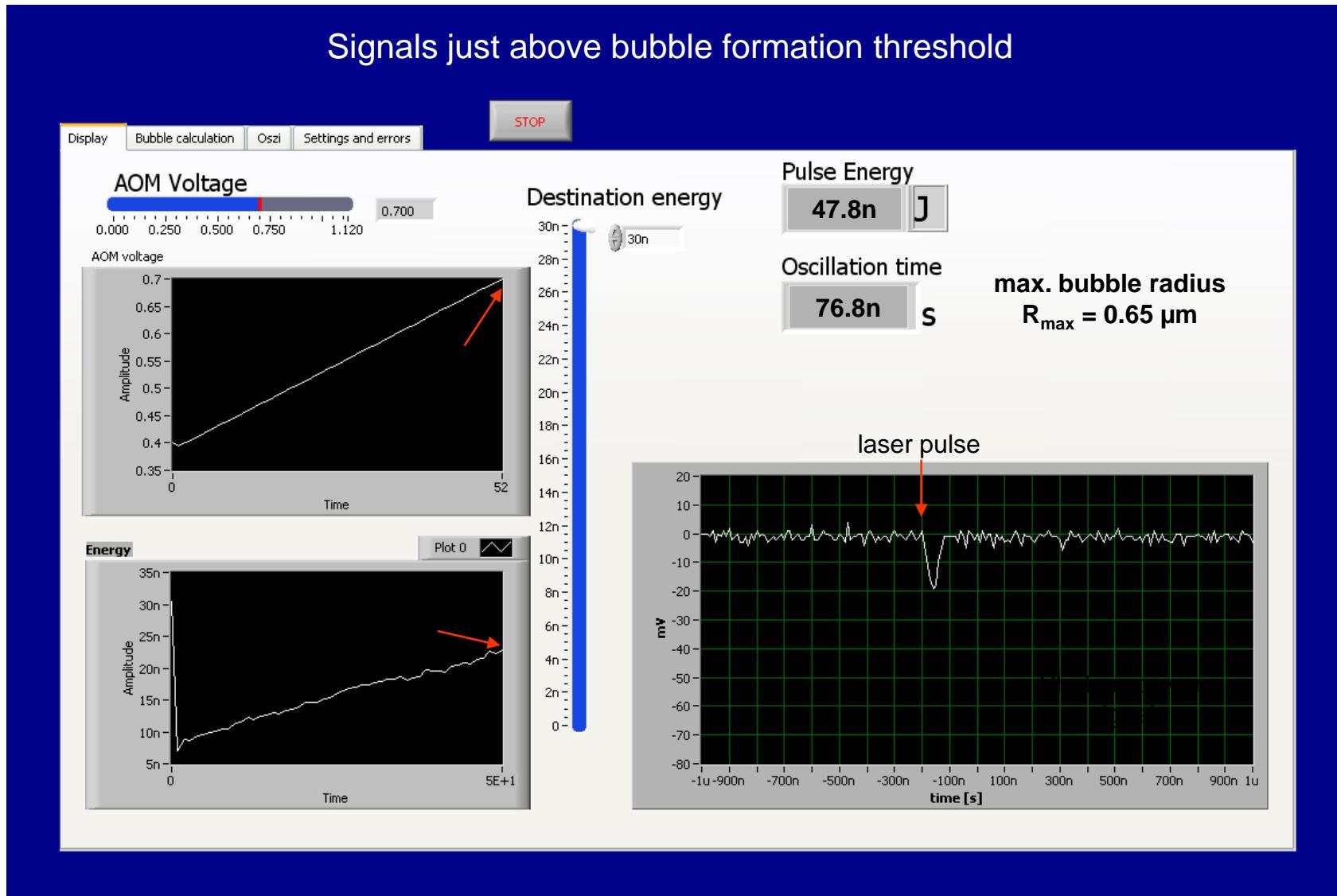
- Bubble detection via cw probe beam
- Determination of bubble size from bubble oscillation time
- Energy used for optoperforation corresponds to appropriate bubble size

⇒ Reliable and gentle perforation of the cell membrane

# Computer controlled optoperforation

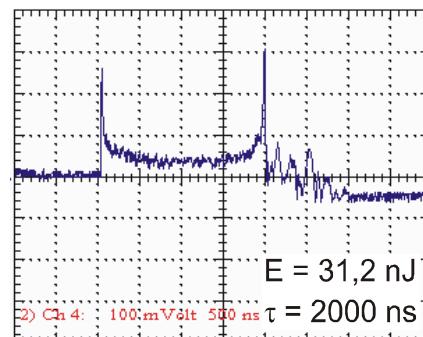
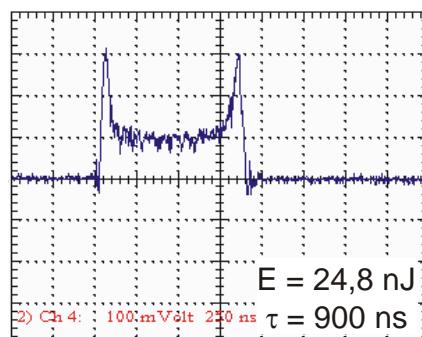
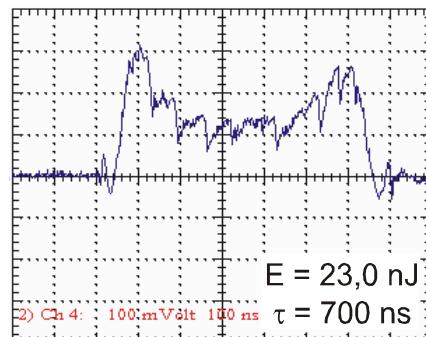
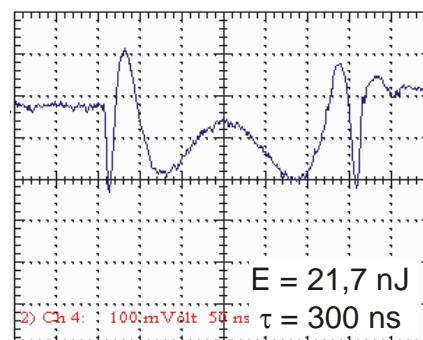
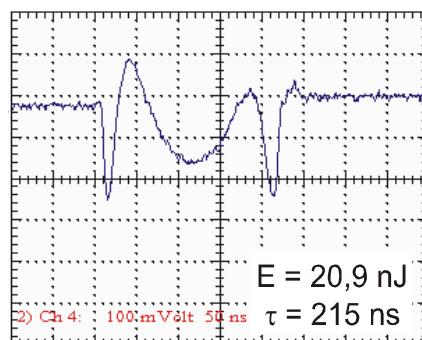
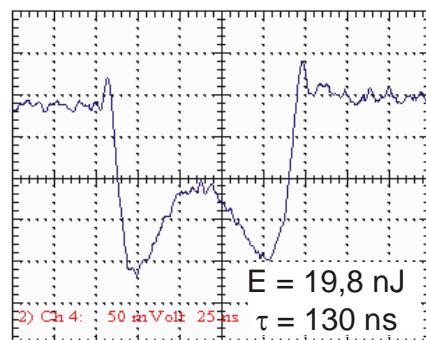
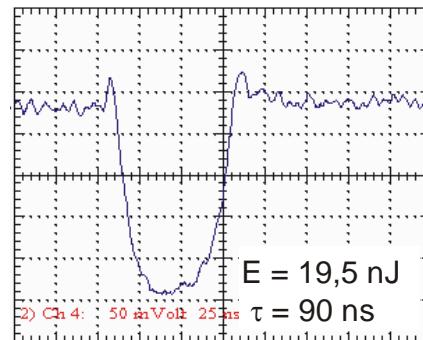
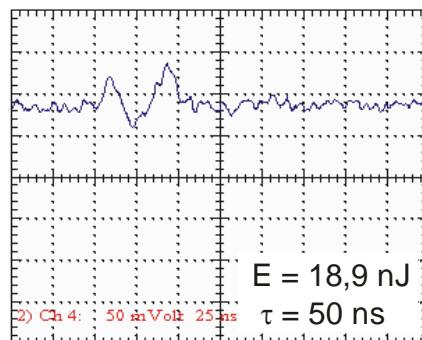
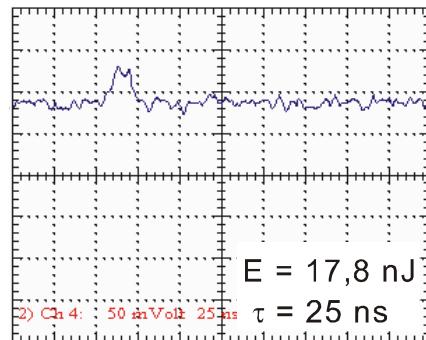
315 fs, 347 nm, NA = 0.6

Signals just above bubble formation threshold



# Automatic evaluation of Mie forward-scattering signals

(Bubbles produced by 315-fs pulses,  $\lambda = 1040$  nm, NA = 0.9)

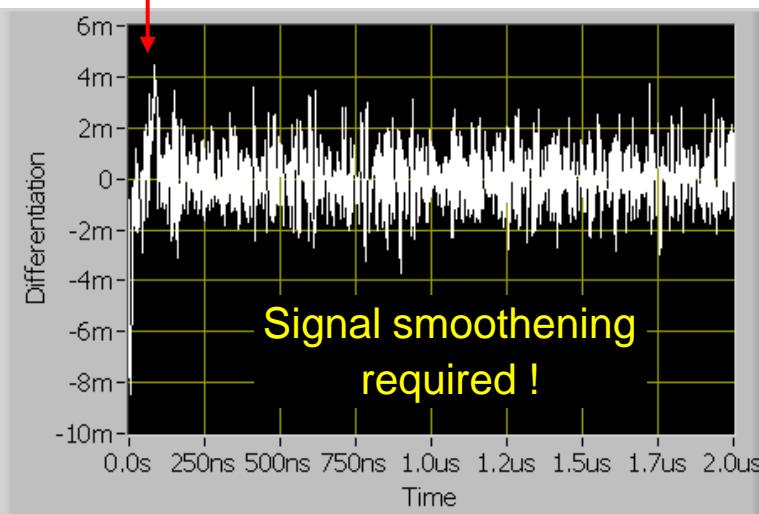
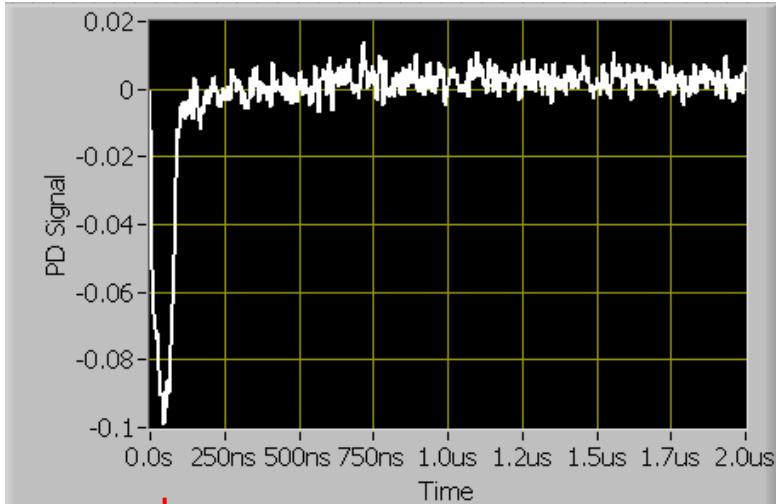


Automatic identification of oscillation time is challenging !

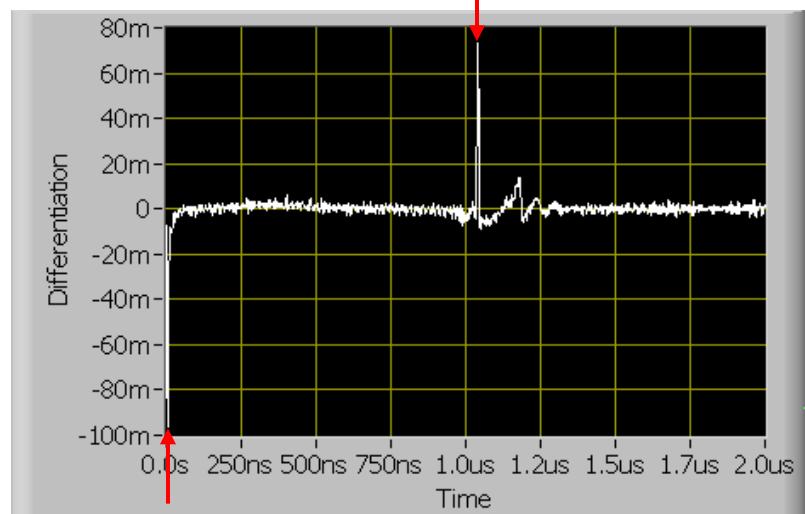
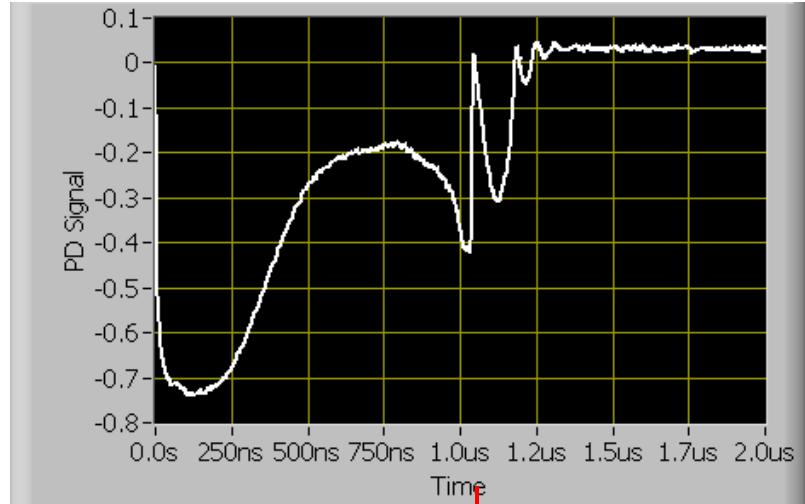
# Evaluation using large gradients

## - Differentiation -

Small bubble



Big bubble



# Automatic bubble size detection during pulse series with increasing energy

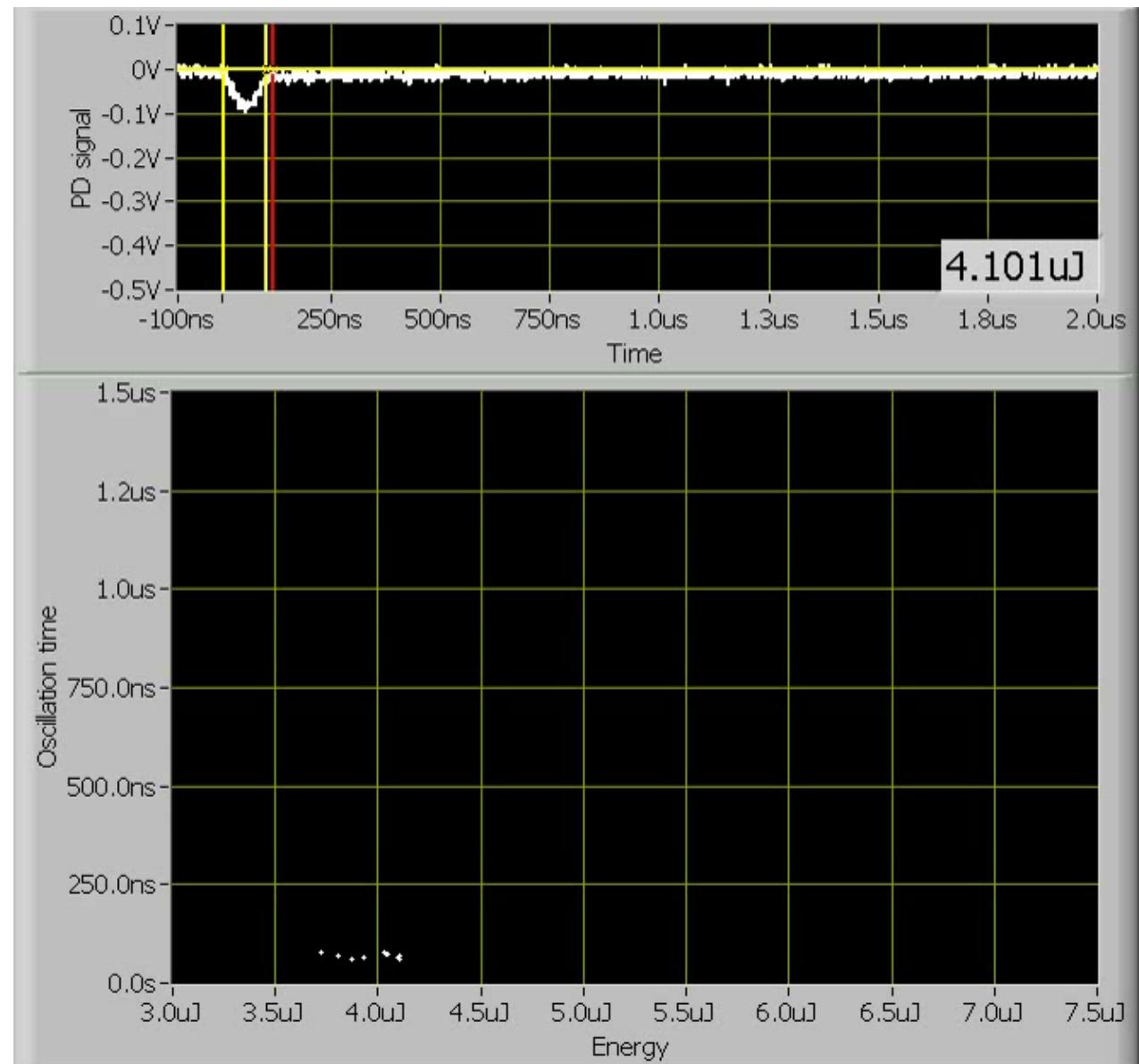
Every 10<sup>th</sup> signal  
is displayed

Total number of  
evaluated signals:

2500

Bubble radius  
increases from  
600 nm to 6.5  $\mu$ m

Real-time evaluation  
presently up to 300 Hz  
laser repetition rate



# Perspectives

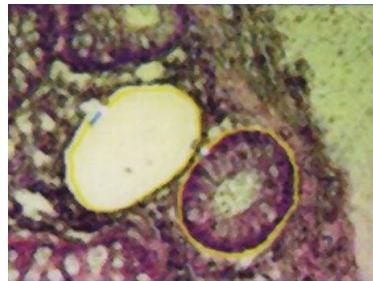
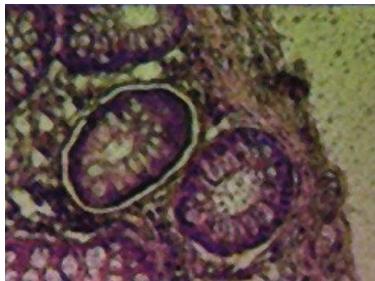
*Test accumulative UV ns effects  
at laser repetition rates > 100 kHz*

*Look at opto-injection*

*Opto-injection by jetting may*

- Enhance the amount of delivered material
- reduce cell damage
- relax focusing requirements in z direction

# Ablation, Dissection, and Transport of Biomaterials using Fs and Ns Laser Pulses



# Background

## Goal of microdissection and 'catapulting'

Separation of small amounts of biomaterial

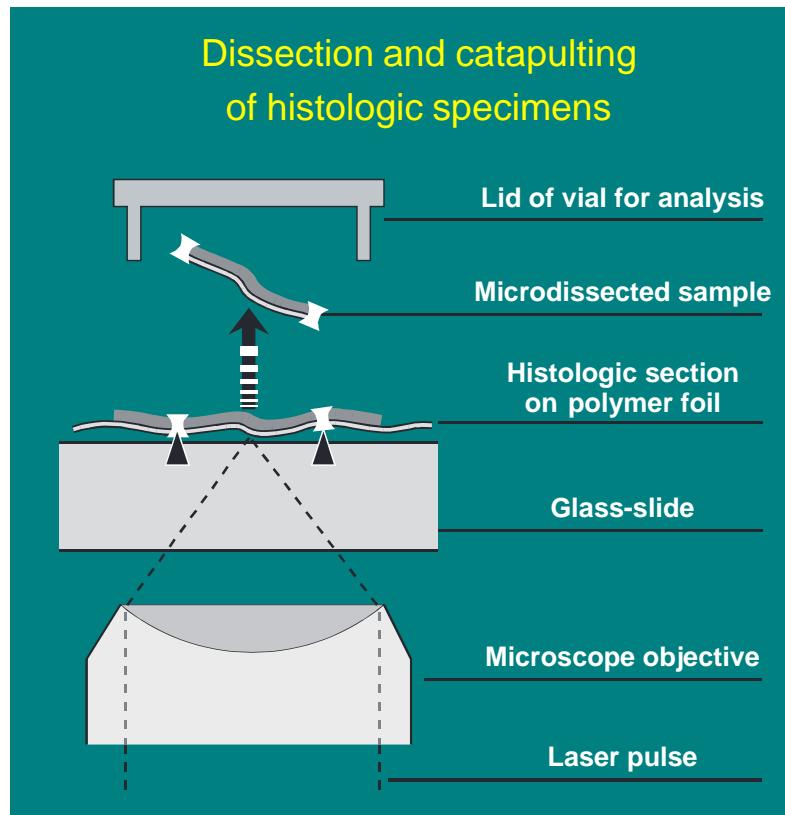
- from histologic sections with heterogeneous cell populations for genomic or proteomic analysis
- from heterogeneous live cell populations,  
e.g. for separation of differentiated cells  
from pluripotent 'precursor' stem cells

## Commercial system used in this study

$N_2$  laser ( $\lambda = 337$  nm) coupled into microscope  
+ computer-controlled stage  
(PALM-Zeiss Microbeam)

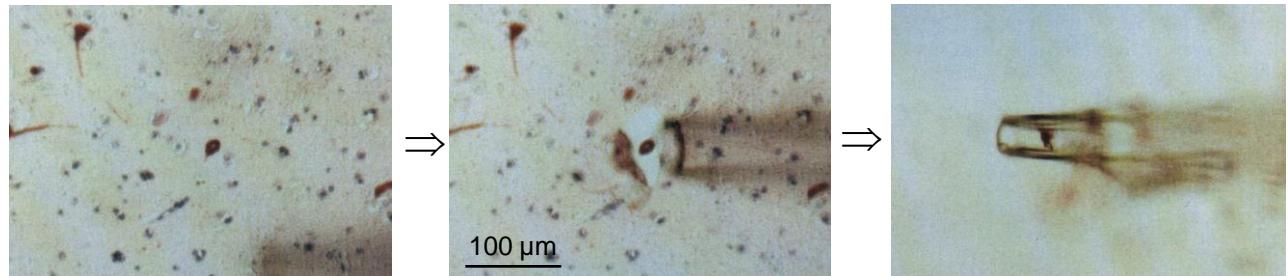
## Step 1: Laser dissection of specimens (LMD)

## Step 2: Laser pressure 'catapulting' (LPC)

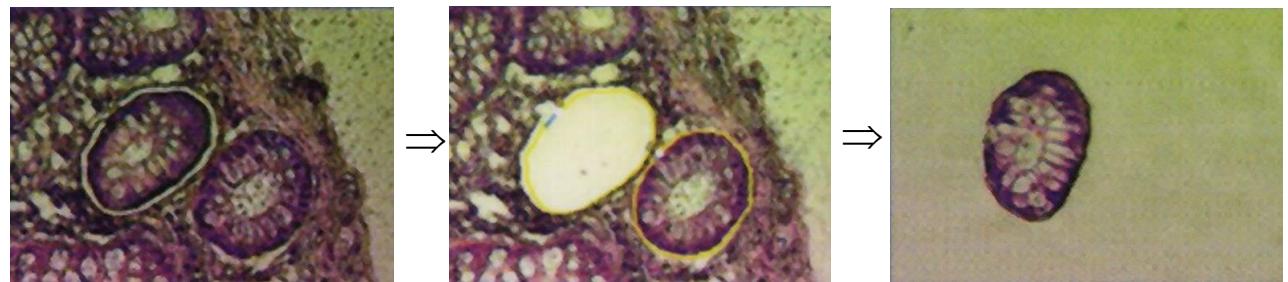


# Techniques for separation of histologic specimens

Conventional  
mechanical  
preparation



Laser dissection  
and catapulting

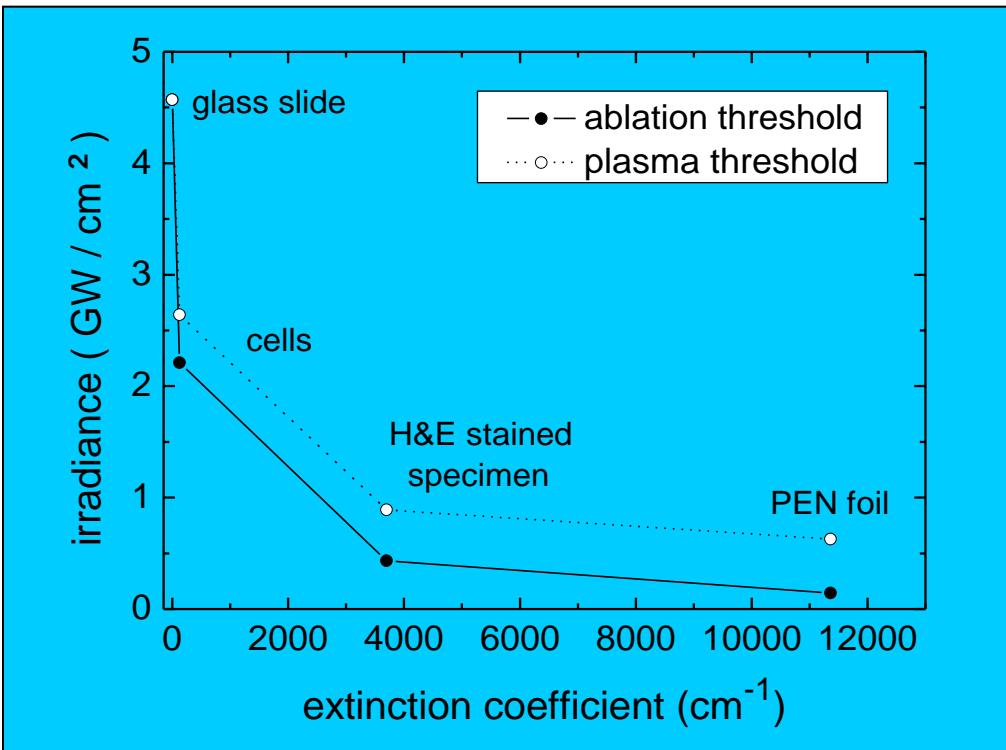


## Application example

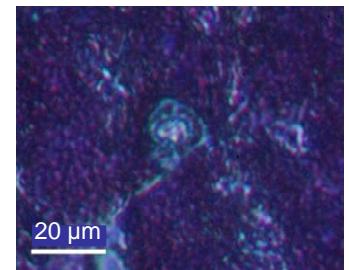
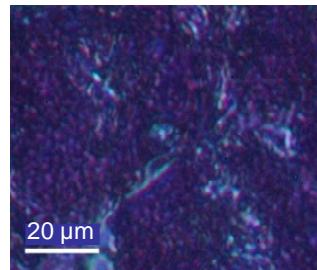
Proteomic and genomic analysis of tumor cells in an early cancer stage  
to identify „tumor markers“ enabling a tumor and patient specific treatment

⇒ Quantitative analysis requires isolation of single cells from heterogeneous  
cell populations, without parts of neighbouring cells.

# Mechanism of microdissection at 337 nm



Ablation of PEN-foil + histology



500 nJ                    5 μJ

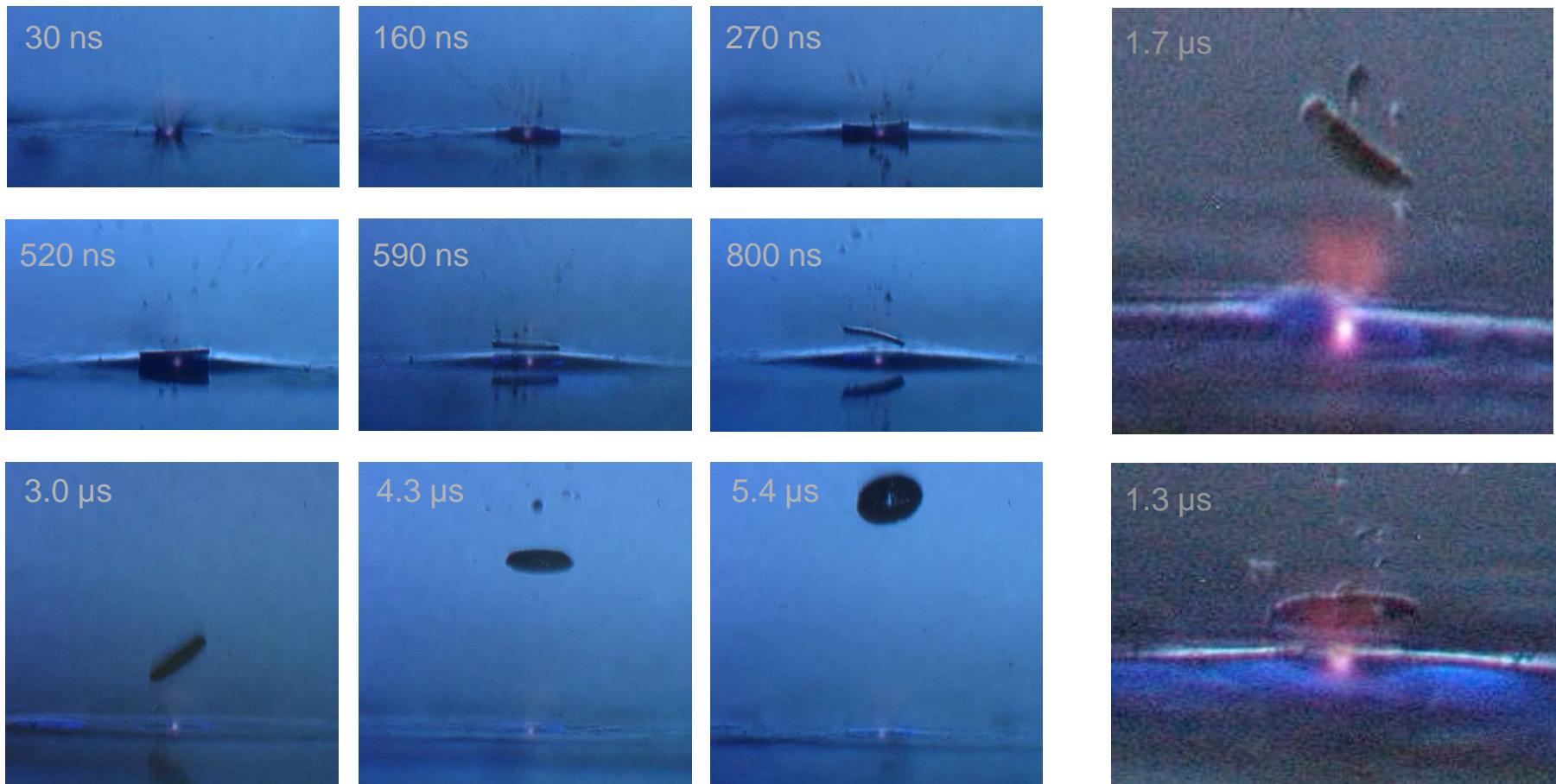
Plasma formation on PEN-foil + histology  
5 μJ pulse energy, multiple exposures



- Energies commonly used for dissection (40x, NA = 0.6) : 0.5 μJ
  - Thresholds for ablation: 0.15 μJ
  - Thresholds for plasma formation: 0.3 μJ
- ⇒ Dissection relies on plasma formation supported by linear absorption

# Dynamics of catapulting

Paraffin sections (4  $\mu\text{m}$ ) on PEN foil (1.3  $\mu\text{m}$ ),  
40x Objective, NA = 0.6, E = 10  $\mu\text{J}$ , r = 40  $\mu\text{m}$



Initial velocity: 200 m/s, Acceleration:  $\approx 10^8 \text{ g}$

Laser catapulting relies on confined ablation and plasma formation

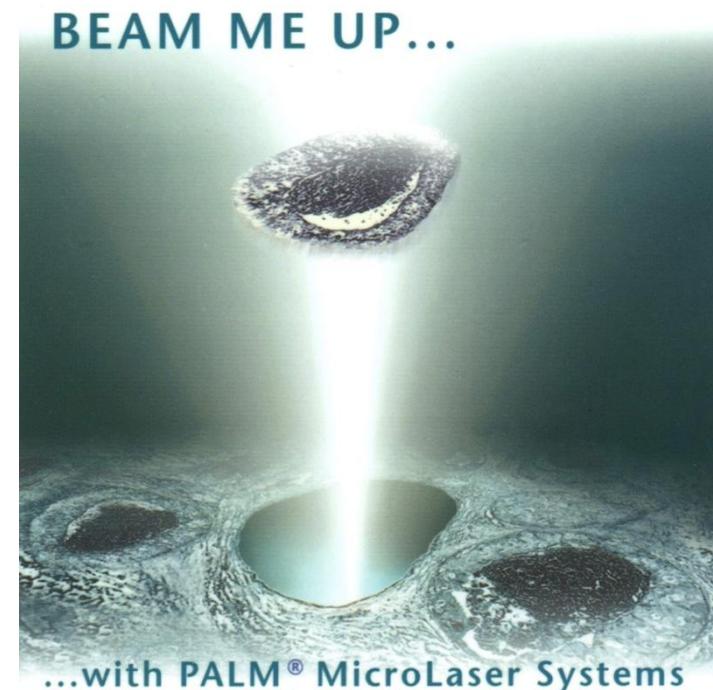
# Can radiation pressure explain laser pressure catapulting ?

- **Radiation pressure:**  $p = I / c$

The force exerted by the radiation pressure during the laser pulse can accelerate the specimen to a velocity of 0.9 mm/s (calculated for  $E = 6.5 \mu J$ ,  $\tau = 3 \text{ ns}$ , specimen radius 40  $\mu m$ , and specimen thickness 5  $\mu m$ )

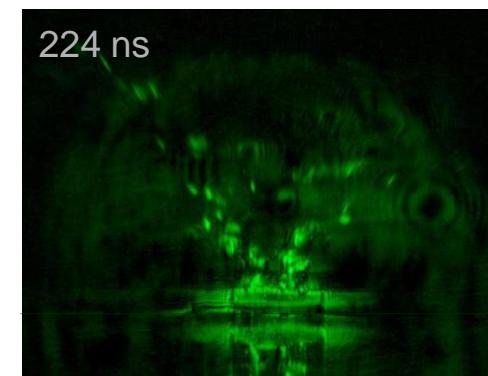
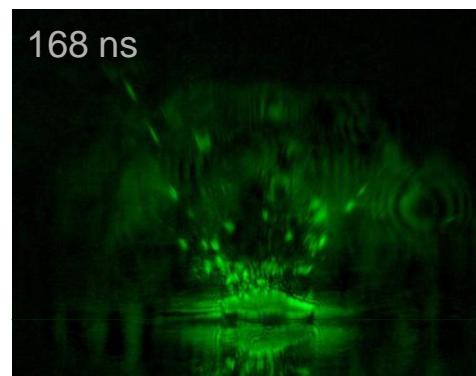
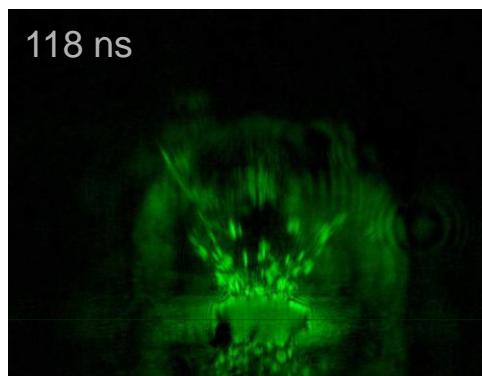
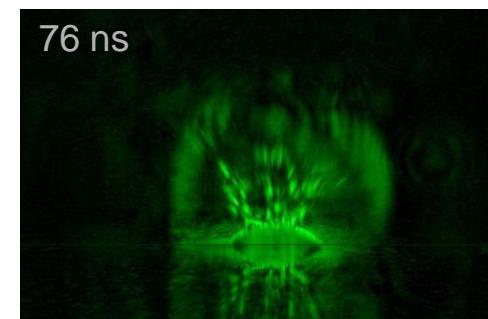
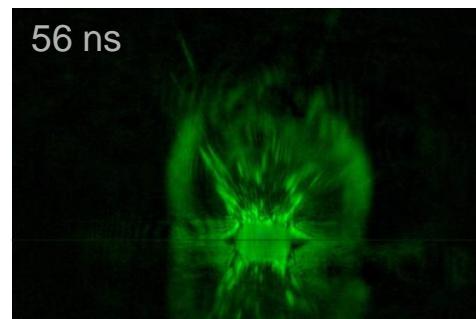
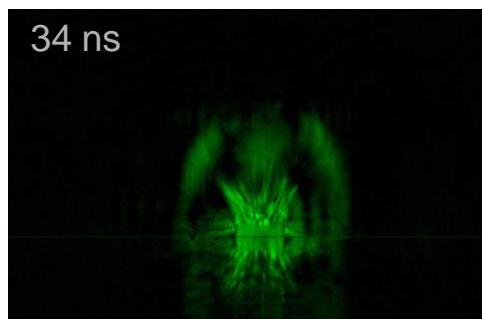
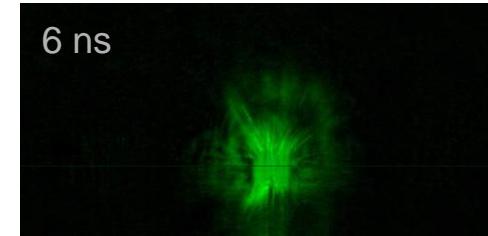
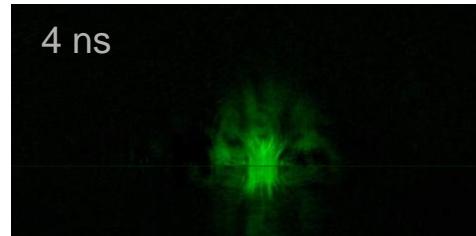
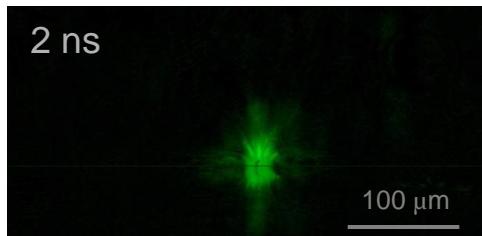
- **Measured velocity** of specimen: 200 m/s  
( $220\,000 \times$  larger than achieved by radiation pressure)

⇒ Radiation pressure hardly contributes, confined ablation/plasma formation dominates



# Plasma-driven shock wave propagation

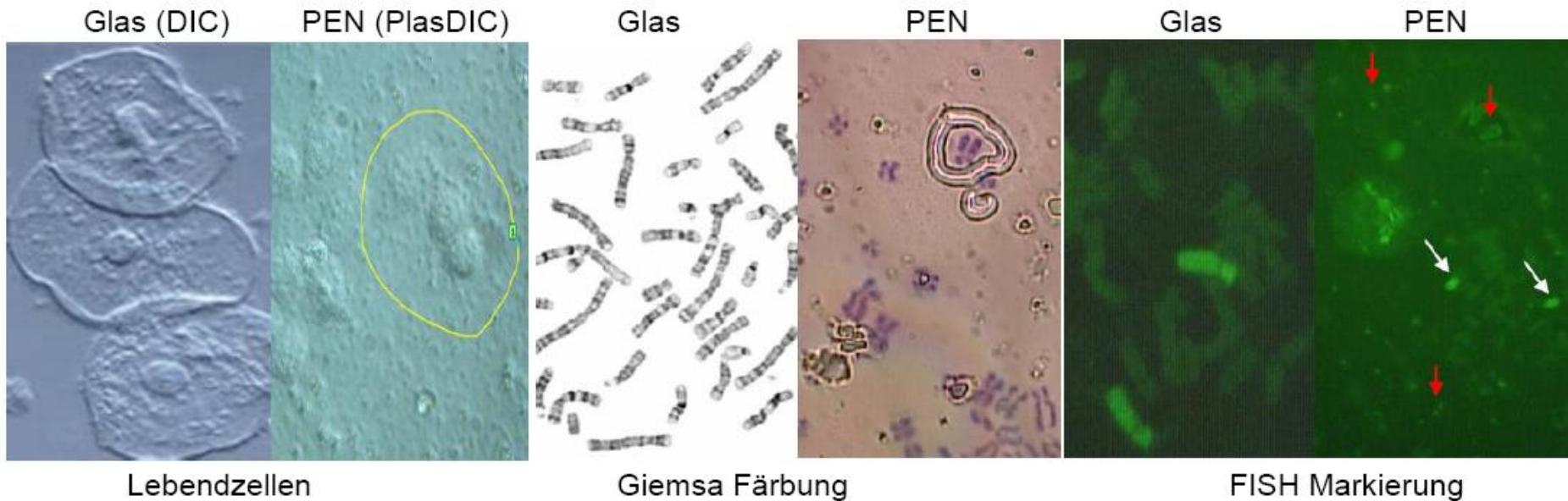
(40x objective, NA = 0.6, E = 10  $\mu\text{J}$ , r = 40  $\mu\text{m}$ )



Initial shock wave velocity: 26 000 m/s  
Initial pressure: 670 MPa

$$p = \left[ \frac{7}{6} \left( \frac{v_s}{c_0} \right)^2 - \frac{1}{6} \right] p_0$$
$$c_0 = 345 \text{ m/s}, p_0 = 0.1 \text{ MPa}$$

# Problems of PEN carrier foil



Foil scatters light and has strong autofluorescence

# New weakly adhesive carrier system

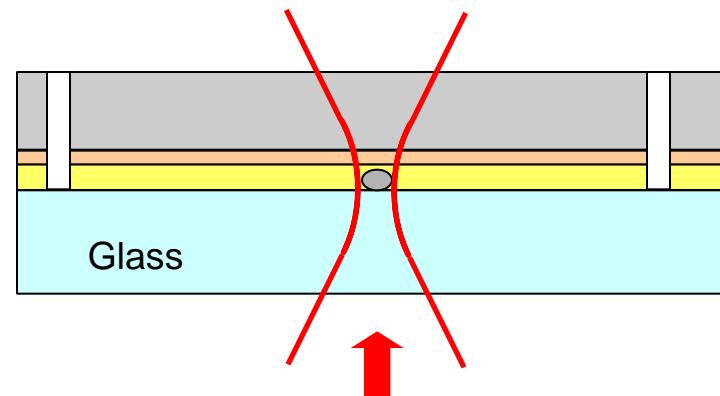
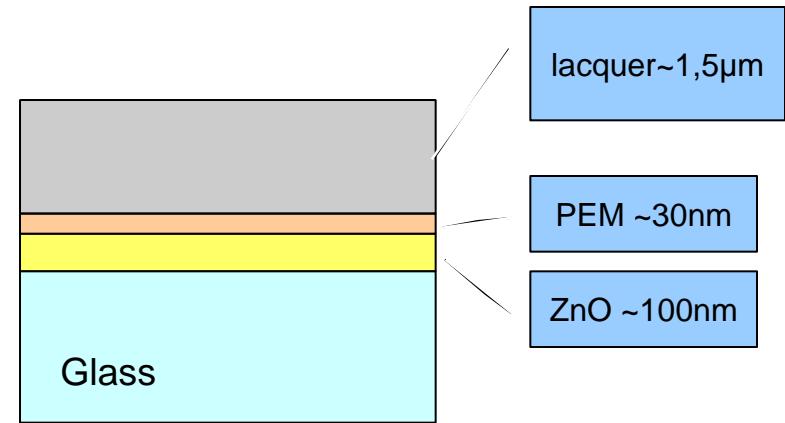
- **Absorber** (sputtered ZnO)
- **Accelerator** that undergoes phase transition (PEM – Polyelectrolyte multilayer\*)

Control of thickness by number of layers

Addition of salt controls water content and adhesion

- **Carrier** (Polyacrylate nanocomposite laquer)

UV-Absorber is added to increase cutting efficiency

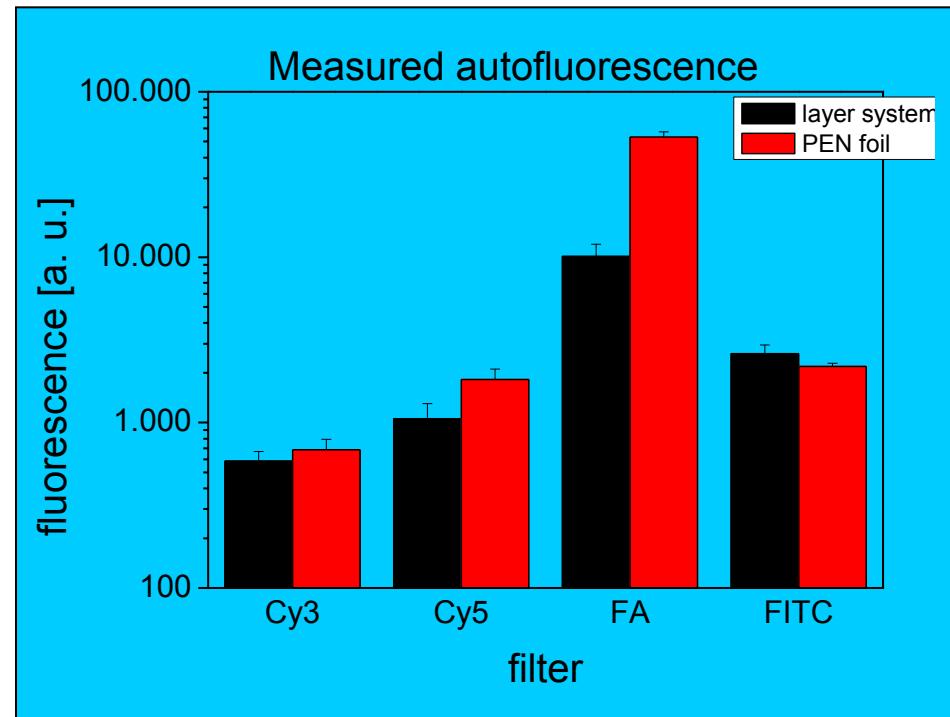
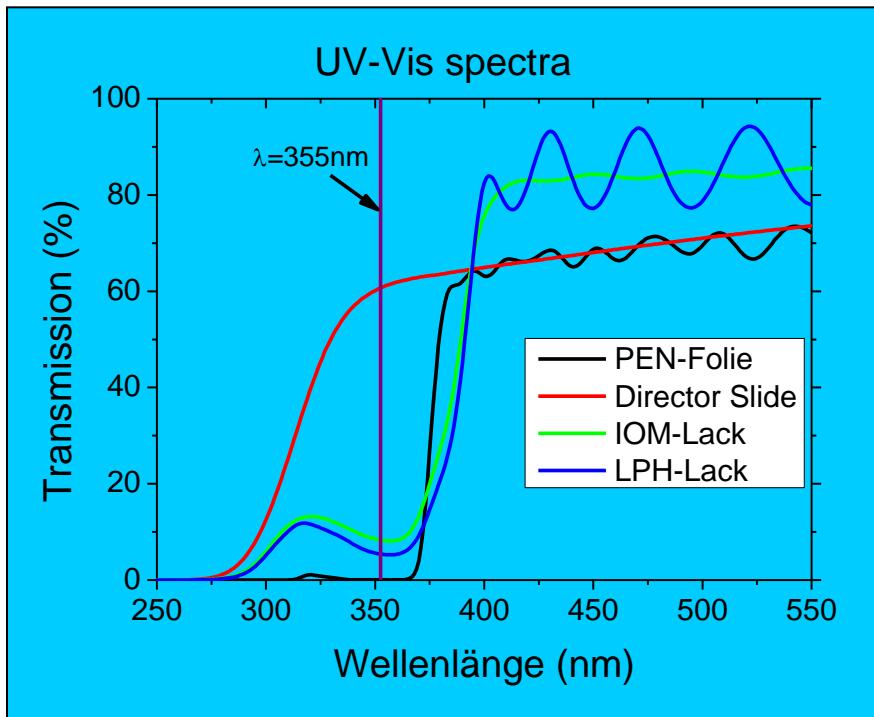


Separation of functions into different layers makes it easier to adjust the properties of the entire system

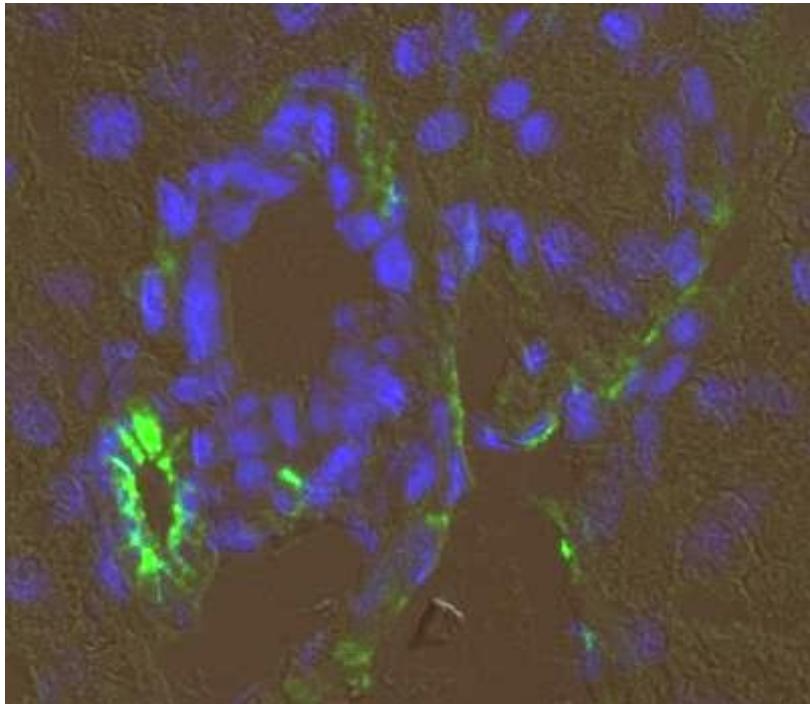
\* Poly(diallyldimethylammonium chloride) PDADMAC + poly(sodium 4-styrenesulfonate) PSS

# Optical properties of the new carrier system

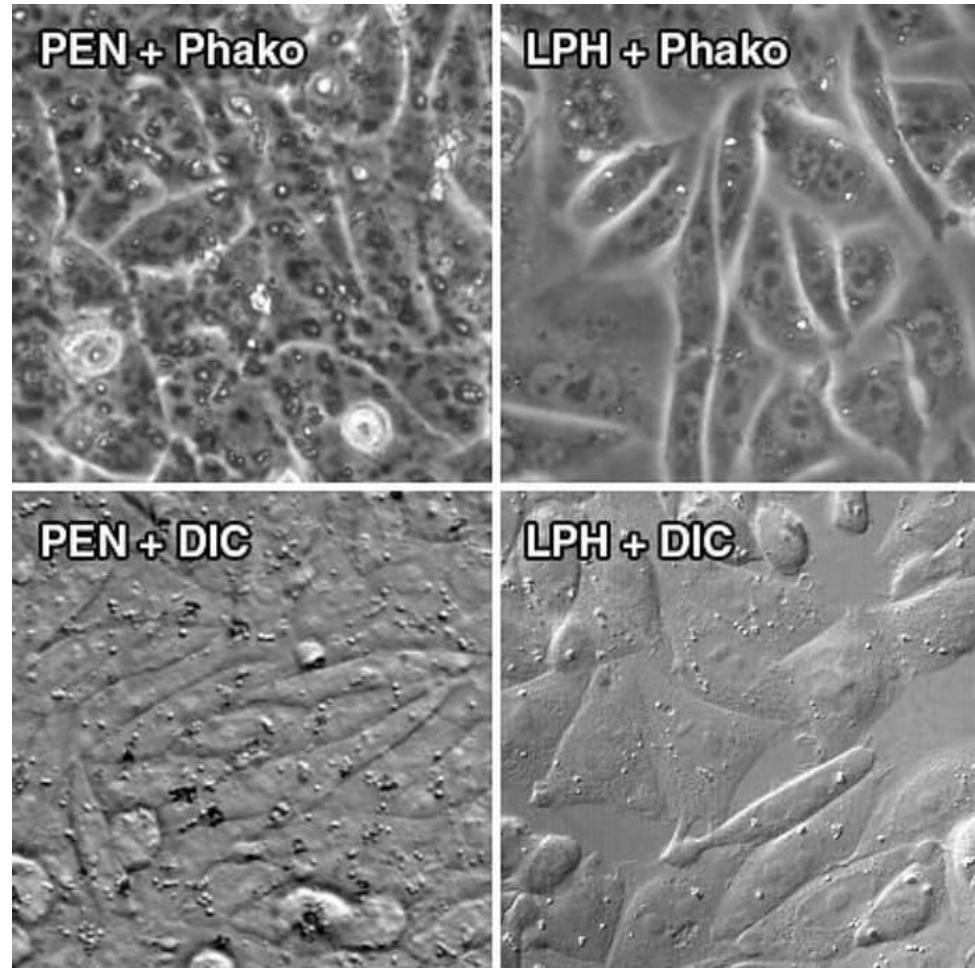
- Good UV absorption and transmission in the visible range
  - Band gap of ZnO 3.3eV
  - Better transmission in the visible range than PEN
- Autofluorescence up to a factor 5 lower than for PEN



# Optical properties of the new carrier system



**Immunmarkierung für CD31 (grün)** an Lebergewebe der Maus. Auf IOM-beschichteten Objektträgern wurden Kryostatschnitte aufgebracht, eine verkürzte indirekte Immunmarkierung mit dem grünen Fluoreszenzfarbstoff Alexa 488 durchgeführt und **DNA mit Hoechst 33258 (1:1000) gegenfärbt (blau)**. Zur zusätzlichen optischen Darstellung der Gewebsmorphologie wurde der **Interferenzkontrast nach Nomarski (DIC)** eingesetzt (braungrauer Hintergrund). Die Beschichtungen der Objektträger (hier IOM-Lack) erlaubten es erstmals, blaue Fluoreszenz und optische Kontrastierungsverfahren auf LPC-Material anzuwenden.



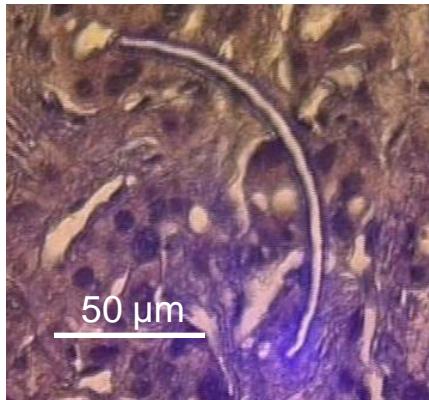
Optische Kontrastierung von CHO-Kulturzellen auf PEN Folie und dem neuen Trägersystem durch das **Phasenkontrastverfahren (Phako)** und durch den **Differenziellen Interferenzkontrast nach Nomarski (DIC)**.

# Femtosecond laser nanosurgery and catapulting

# Dissection and catapulting by 346-nm fs-laser pulses

N2 ns laser:

Cutting width  $\approx 4 \mu\text{m}$

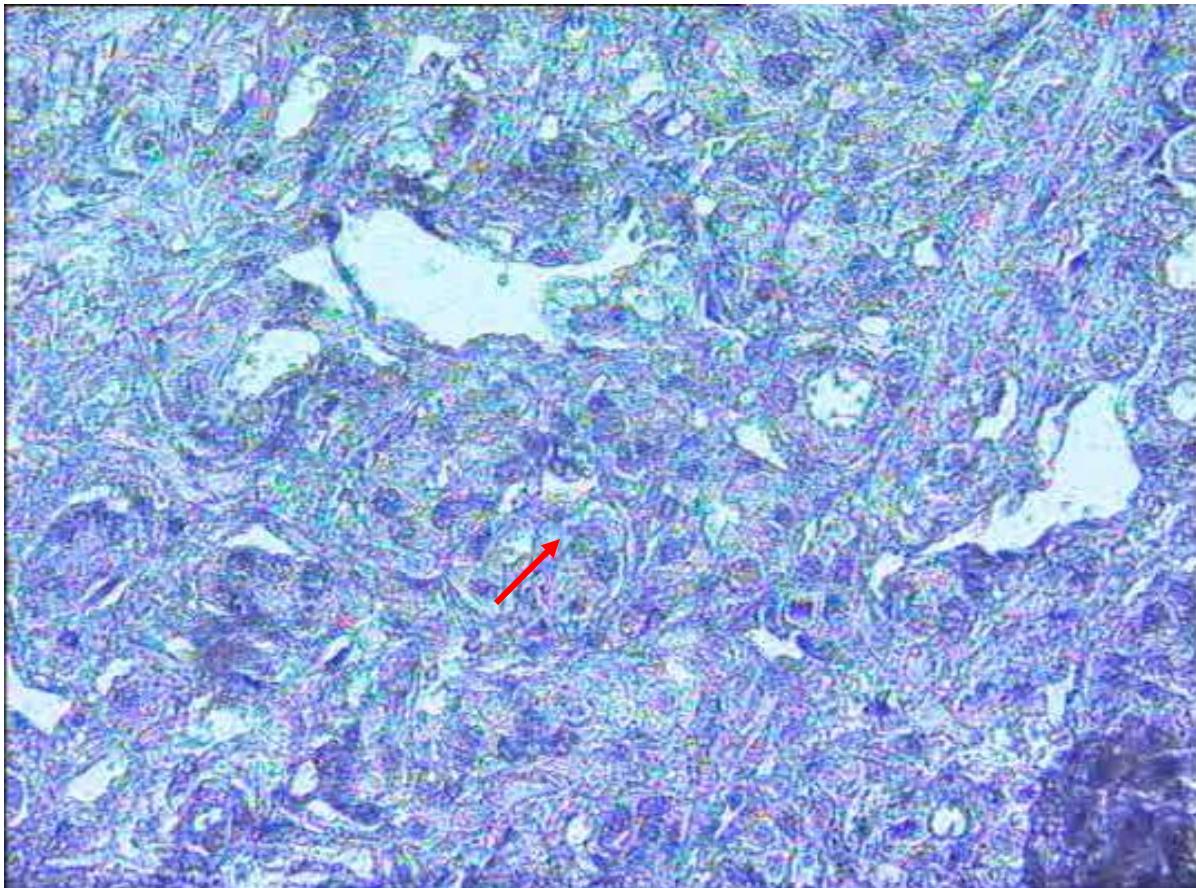


FS-laser:

Cutting width  $\ll 1 \mu\text{m}$



Cell nuclei can be  
dissected and catapulted !



Energy used for dissection:

60 nJ / pulse

Energy used for catapulting:

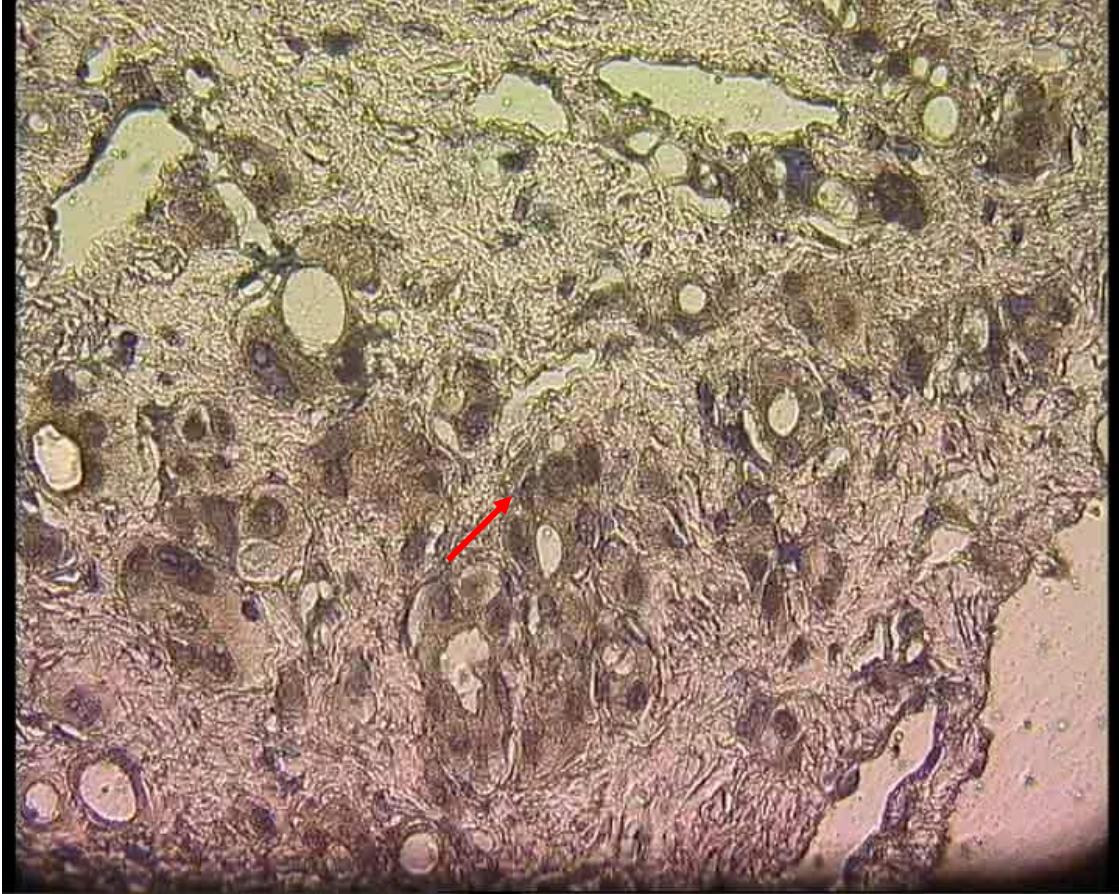
340 nJ

100 μm

Paraffin section of humane prostate (HE, 5  $\mu\text{m}$ ) on 1.3  $\mu\text{m}$  polymer foil  
Objective: 40x, NA 0.6, specimen diameter:  $\approx 10 \mu\text{m}$

# Procurement of cell nucleus by 346-nm fs-laser pulses

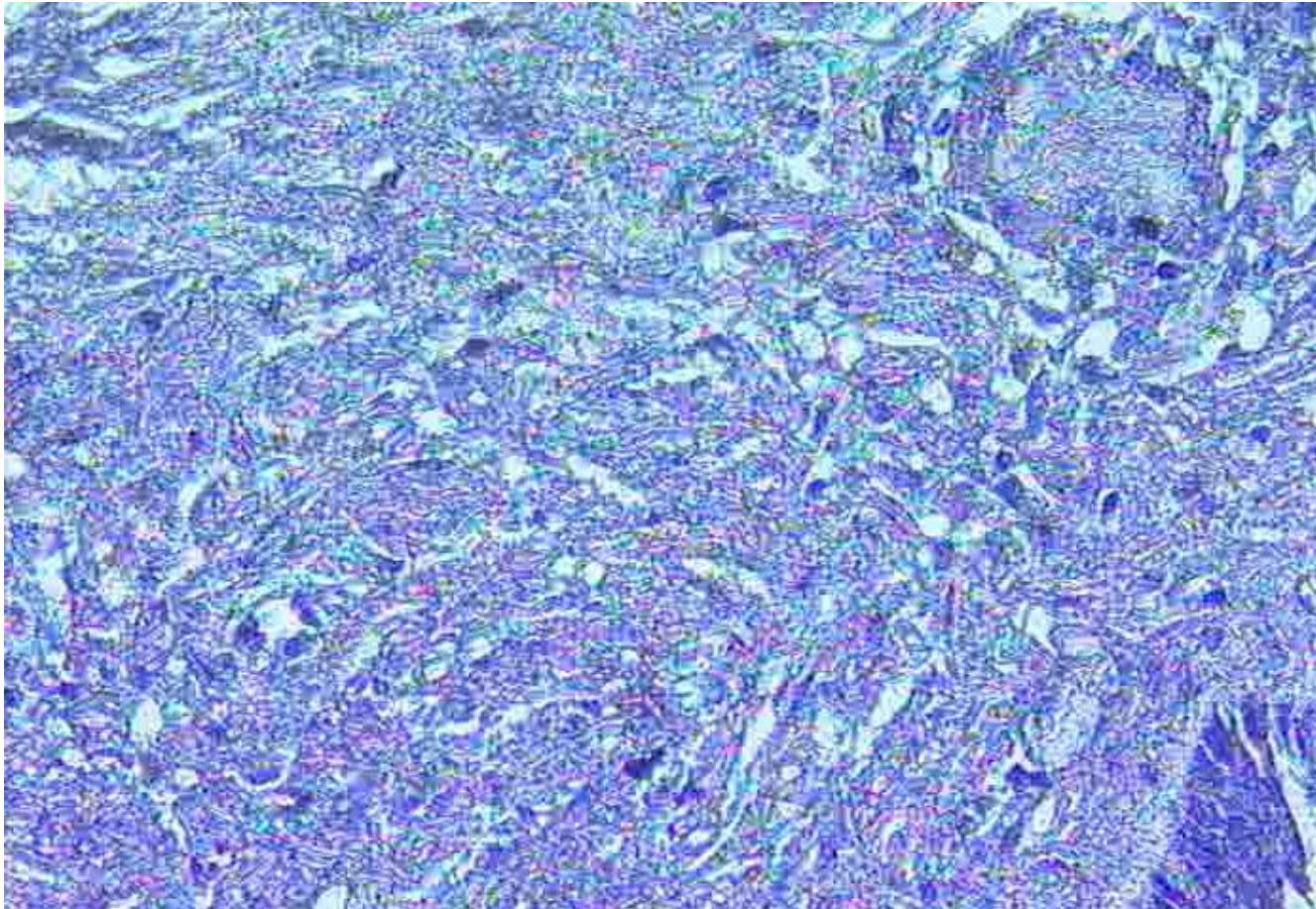
FS-laser:  
Cutting width  $\ll 1 \mu\text{m}$   
↓  
Cell nuclei can be  
dissected and catapulted !



Energy used for dissection: 28 nJ / pulse      100  $\mu\text{m}$   
Energy used for catapulting: 130 nJ

Paraffin section of humane prostate (HE, 5  $\mu\text{m}$ ) on 1.3  $\mu\text{m}$  polymer foil  
Objective: 40x, NA 0.6

# Procurement of large specimens using 1040 nm fs-laser pulses



Energy used for dissection: 140 nJ  
Energy used for Catapulting: 1,2  $\mu$ J

50  $\mu$ m

Paraffin section of human prostate (HE, 5  $\mu$ m) on 1.3  $\mu$ m PEN foil  
objective: 40x, NA 0,6, **specimen diameter: 80  $\mu$ m**



Vogel et al. Methods Cell Biol. 82:153-205 (2007)

Vogel et al. Biophys. J. 93 : 4481-4500 (2007)

Horneffer et al. J Biomed Opt. 12:054016 (2007)



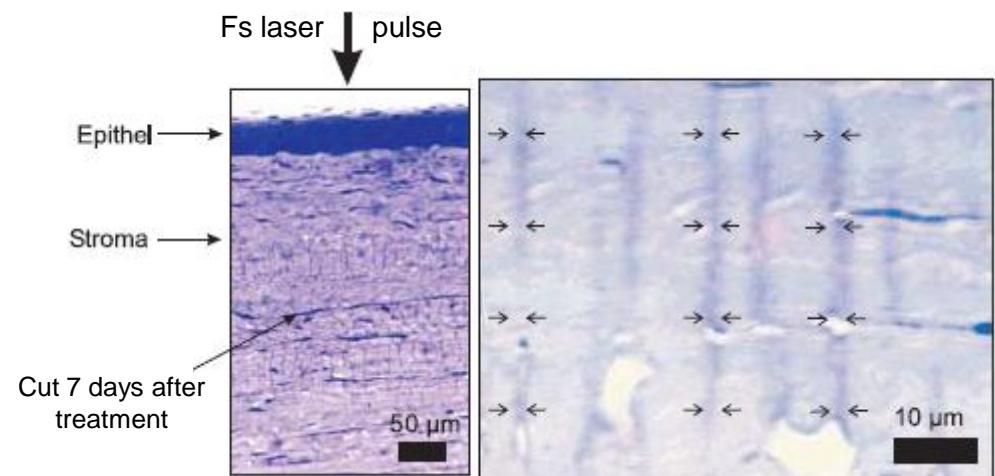
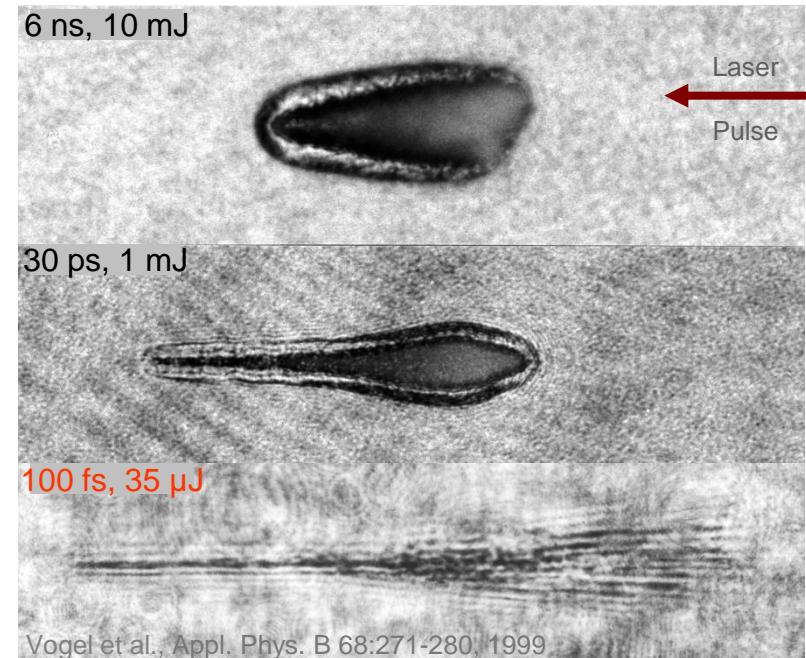
# Nonlinear beam propagation distorts localized energy deposition

- Self-focusing and plasma defocusing result in filamentation during optical breakdown.
- Self-focusing depends on laser power; thus it becomes important for breakdown with small focusing angles and short pulse durations
- For 100-fs pulses near breakdown threshold, self-focusing was observed if  $NA \leq 0.9$   
(Schaffer et al., Opt. Lett. 26:93-95, 2001)  
⇒ At small focusing angles, localized energy deposition is difficult to achieve !

⇒ Use large focusing angle !

Filament formation in cornea,  $NA = 0.1$

(Heisterkamp et al., Appl. Phys. B 74:419-425, 2004)



# Self-focusing and plasma defocusing $\Rightarrow$ filamentation

Intense electromagnetic radiation of intensity  $I$  produces a variation of the refractive index  $n$  as described by the formula  $n = n_0 + n_2 I$ , where  $n_0$  and  $n_2$  are the linear and non-linear components of the refractive index

**Self-focusing** occurs if the radiation power is greater than the critical power

$$P_{cr} = \alpha \frac{\lambda^2}{4\pi n_0 n_2}$$

where  $\lambda$  is the radiation wavelength in vacuum and  $\alpha$  is a constant which depends on the initial spatial distribution of the beam.

“Catastrophic self-focusing”: increase of  $I$  by self-focusing enhances the effect and leads to beam collapse that is limited only by plasma formation and subsequent defocusing

The refractive index in plasma is lower than in the undisturbed medium  $\Rightarrow$  **plasma defocusing**

The interplay of self-focusing and plasma defocusing results in a self-sustained **plasma filament**

