

# Research Collaboration with NTUU “KPI”

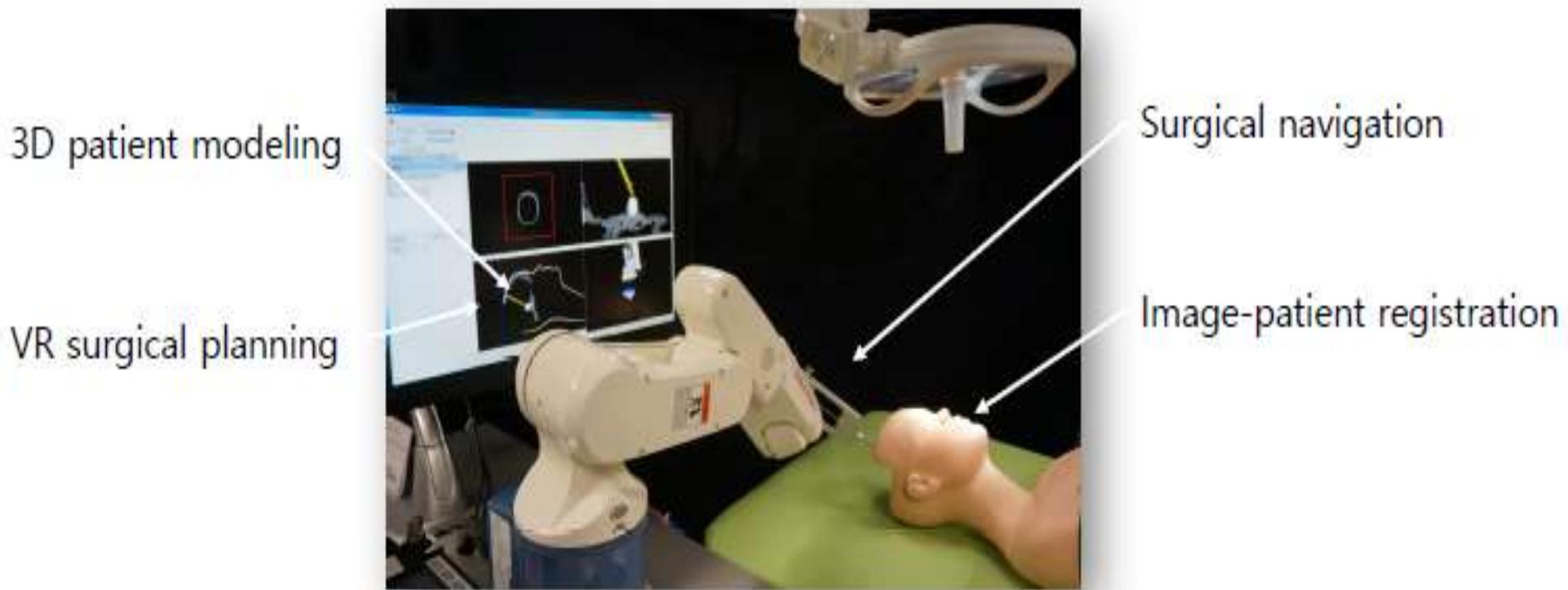
Sep. 26, 2017

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Center for Bionics, KIST, Seoul, S. Korea



# Image-Guided Surgical Systems



# Minimally Invasive Surgery

- The development of science and technology leads to the development of medicine.
- Modern Surgery
  - Three main developments in early 19<sup>th</sup> century
    - Bleeding control
      - Cauterization
      - Blood transfusions
    - Pain control
      - Anesthesia
    - Infection control
      - Equipment sterilization
      - Rigorous hand washing
      - Rubber gloves
- Minimally Invasive Surgery
  - Benefits
    - Less pain and scarring
    - Reduced risk of infection
    - Faster recovery

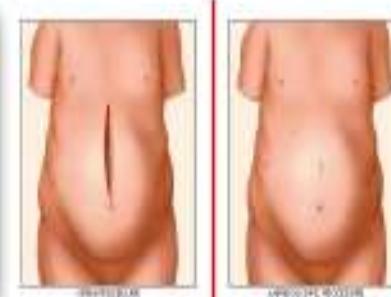
Mini video camera tech. in late 20<sup>th</sup> century



Minimally  
Invasive  
Surgery



Open surgery



Laparoscopic surgery



# Minimally Invasive Surgery

- Modern Surgery
  - Three main developments in **early 19<sup>th</sup> century**
    - Bleeding control
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**Mini video camera tech. in **late 20<sup>th</sup> century****



**Minimally  
Invasive  
Surgery**



Open surgery

Laparoscopic surgery

# Non-Invasive Surgery

- Medical imaging modalities in late 20<sup>th</sup> century

- CT
- US
- MRI



- Non-Invasive Surgery

- Radiation
  - Gamma Knife
  - CyberKnife
  - Linear Accelerator (LINAC)
- Ultrasound
  - Extracorporeal Shock Wave Lithotripsy (ESWL)
  - High Intensity Focused Ultrasound (HIFU)
- Magnetic field
  - Extracorporeal Magnetic Innervation (ExMI)
  - Transcranial Magnetic Stimulation (TMS)



# Computer Assisted Surgery

- Limits of MIS
  - Less intuitiveness
  - 2D images on screen
  - Pivot motion of tools
  - Poor eye-hand coordination



In early 21th century (the present)

- Robot Tech.
- Information Tech.



Robot Surgery  
Navigation surgery



Laparoscopic surgery



Robotic surgery (DaVinci)



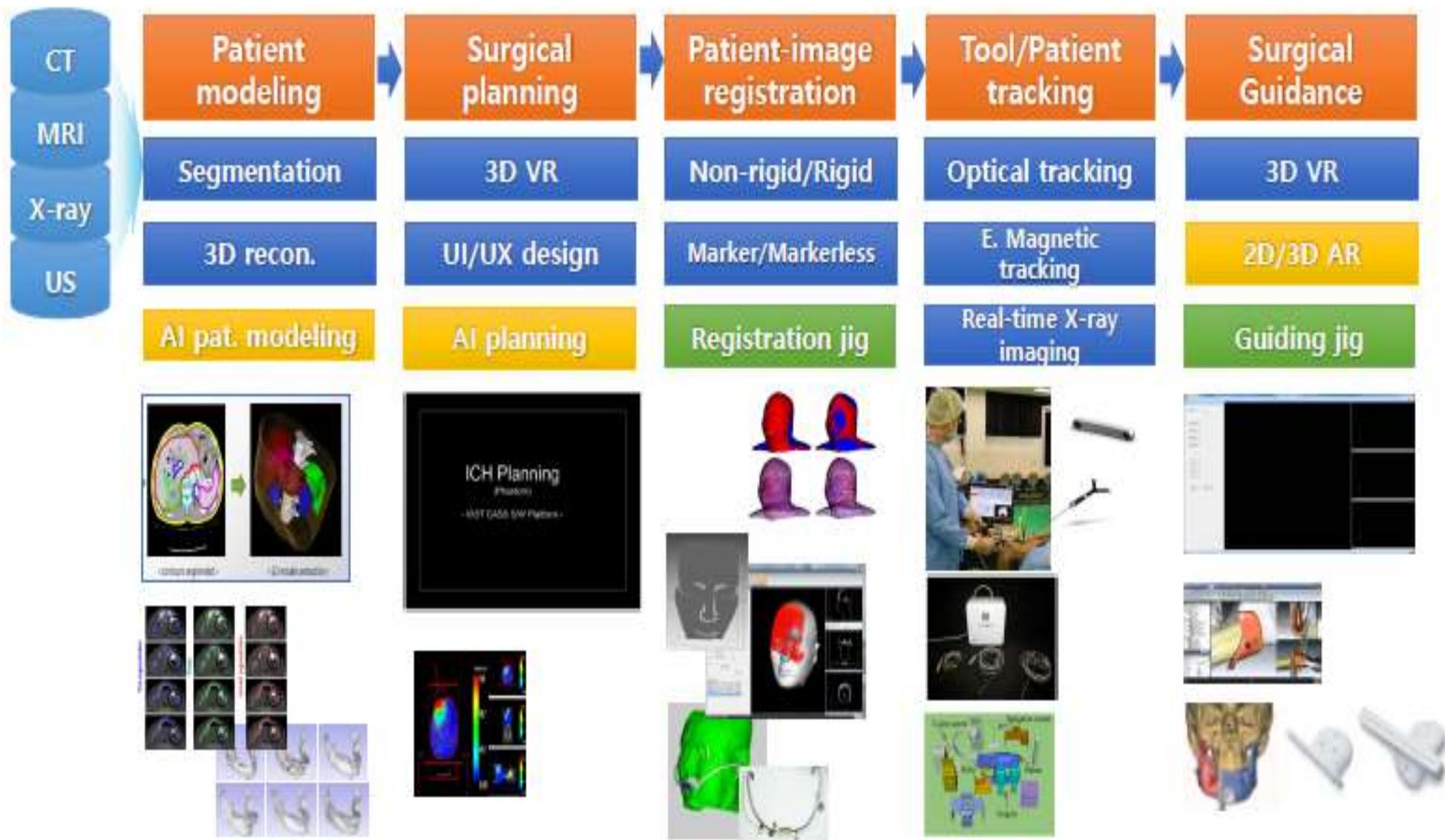
Navigation surgery

# Operating Room of the Future

- In the future...
  - Emerging technologies
    - AI, Big data, IoT...
    - IBM Watson health
    - Google Deep Mind health
  - VR, AR
    - Microsoft Hololens

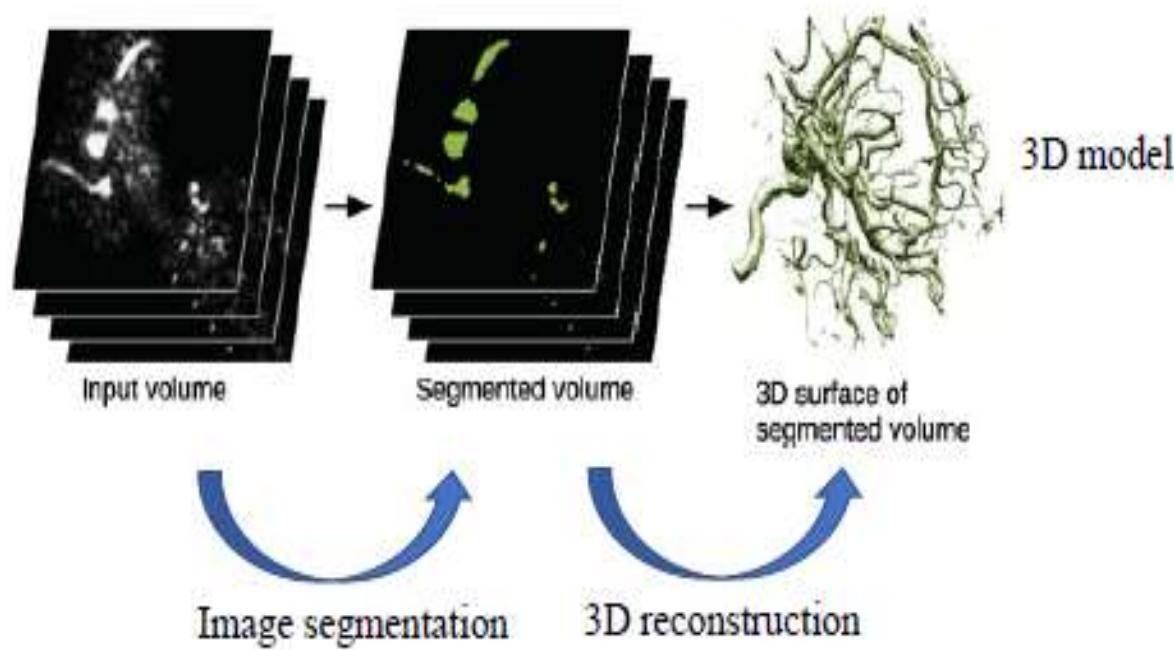


# Tech. Procedures of IGS (Image-Guided Surgery)



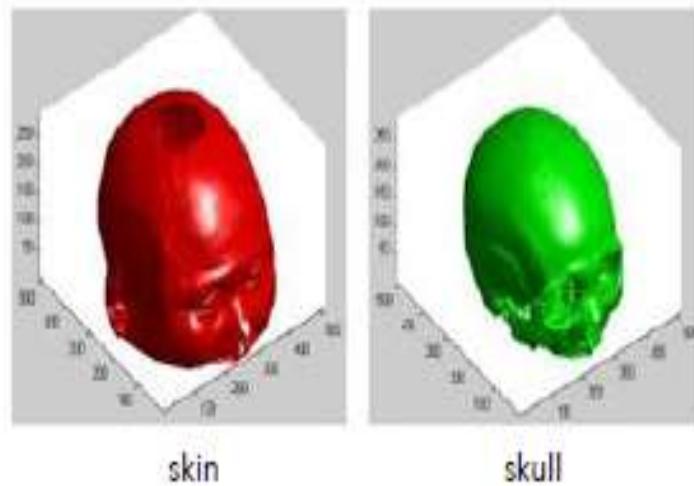
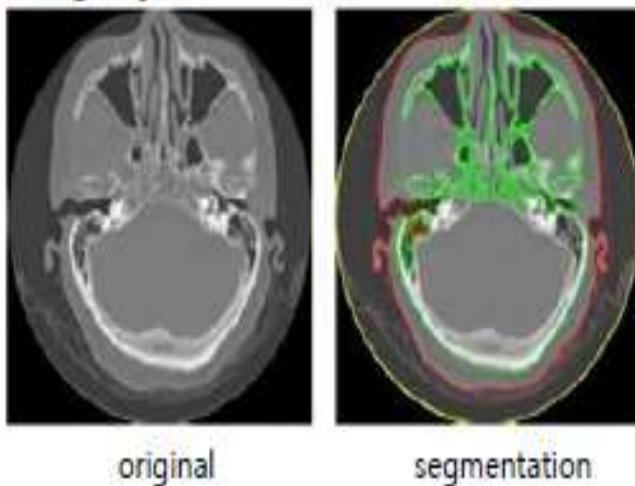
# Patient Modeling

Image segmentation and 3D reconstruction

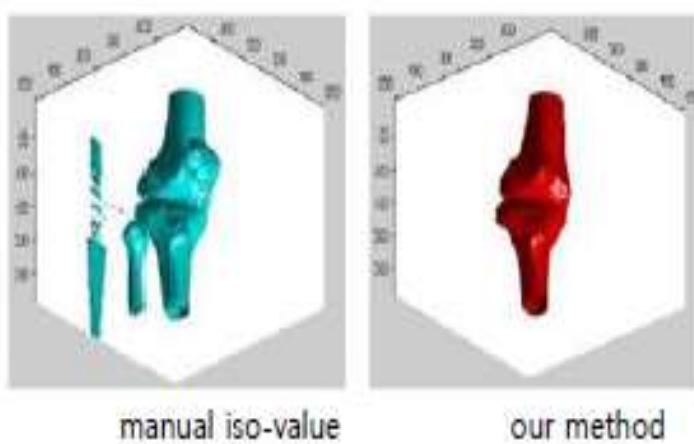
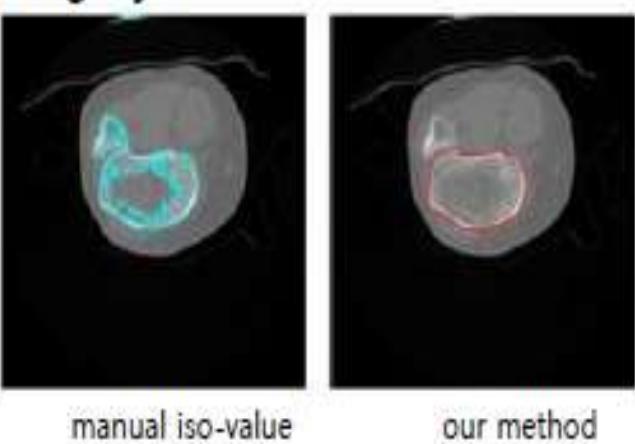


# Automatic Segmentation

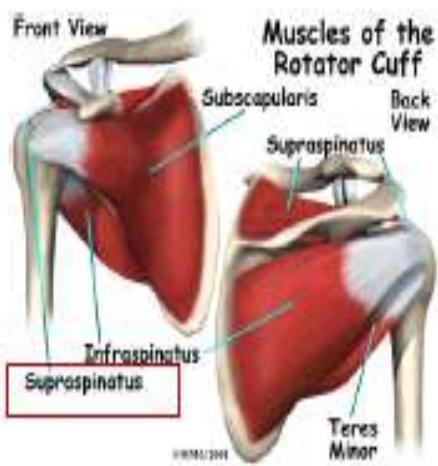
Brain surgery



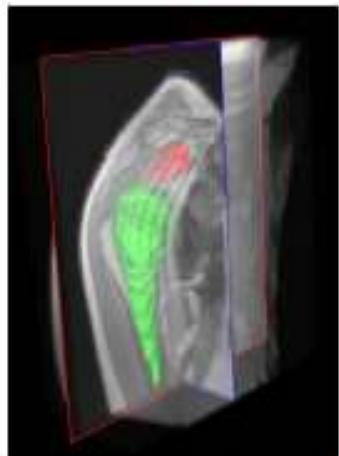
Knee surgery



# Segmentation for shoulder



Anatomy of Rotator Cuff

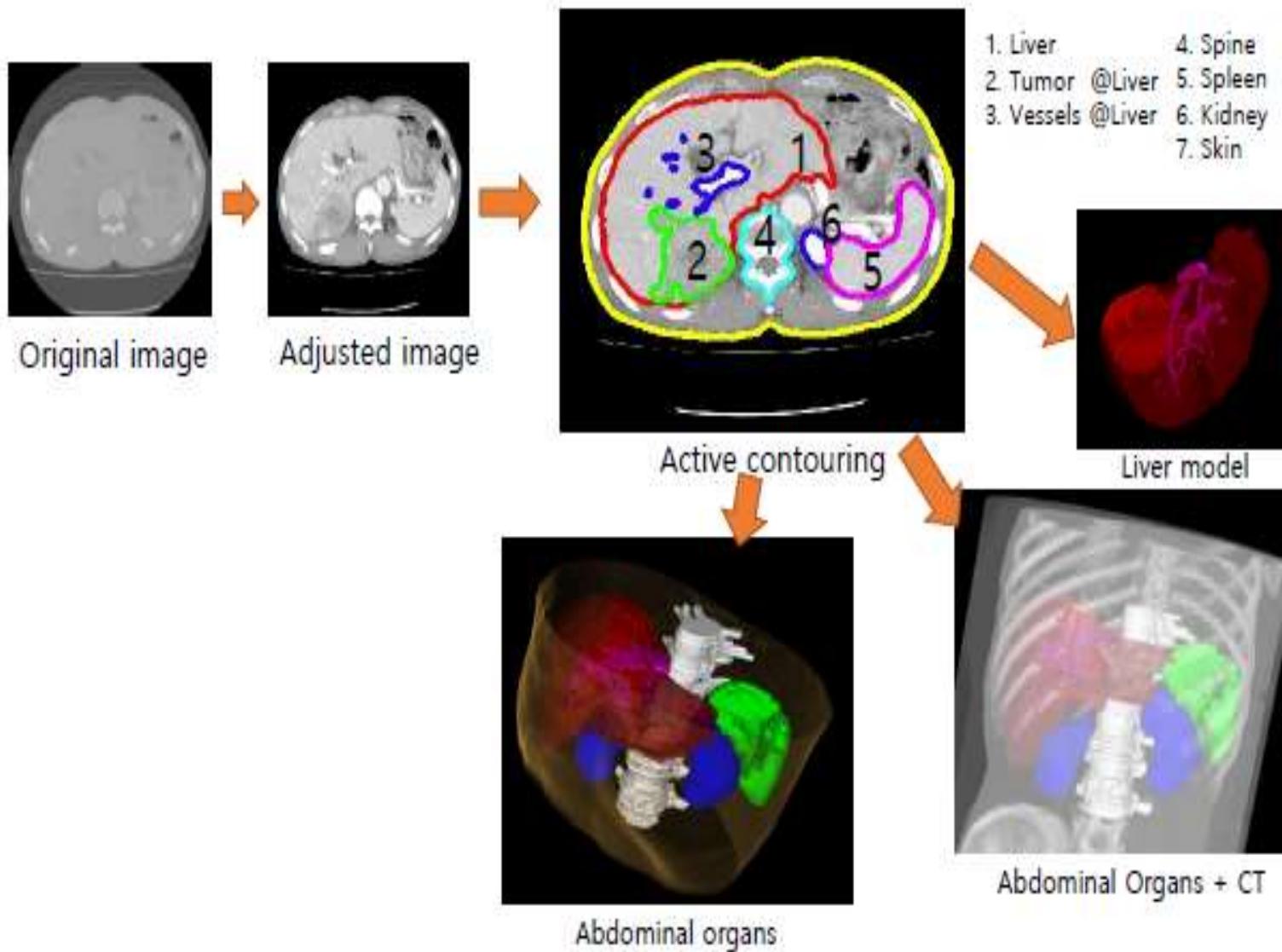


3D models of supraspinatus and humerus

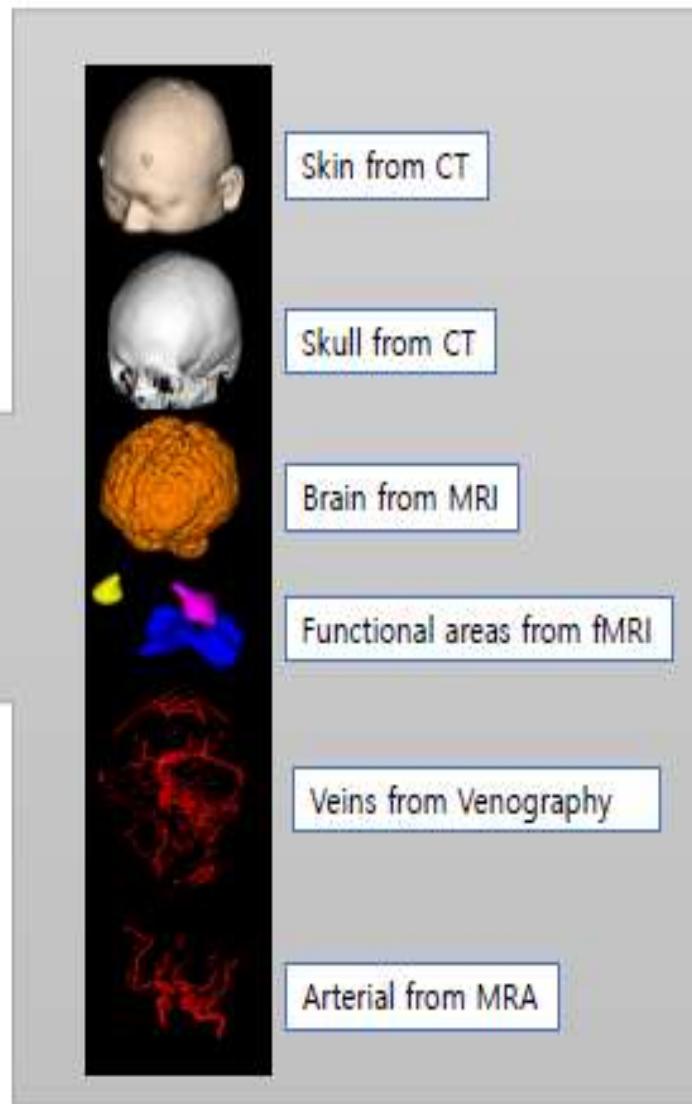
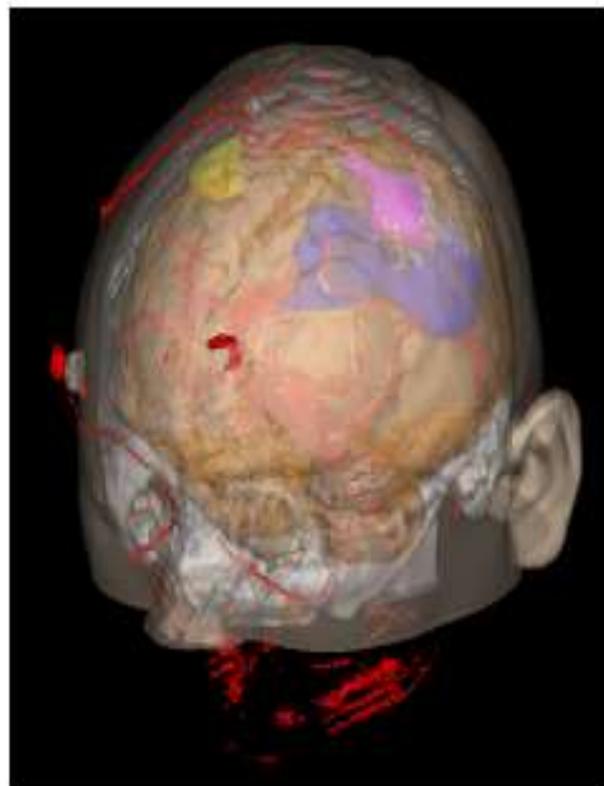


# Segmentation for abdominal organs

Automatic segmentation of Liver, Tumor, Vessel, Skin, Spine, Spleen, and Kidney



# Brain map using multi-modal images



# VR Medical Simulation

3D model + Haptic/tracking device



Sample video (youtube)

# Dental simulation

- Carious lesion detection & drilling
- Workbench for eye-hand coordination



Dental simulation, 2004~2005

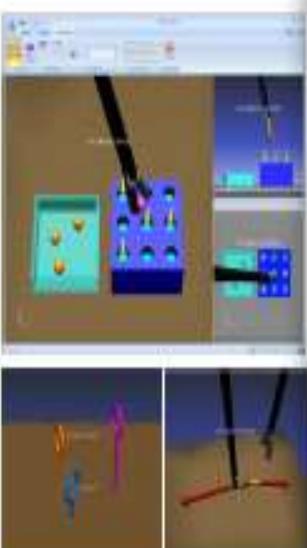


# Laparoscopy surgery simulation

- High-fidelity haptic and visual rendering for laparoscopic surgery
- Human organ modeling & deformable modeling
- Haptic device with laparoscopic instruments



Laparoscopy surgery simulation, 2007~2010

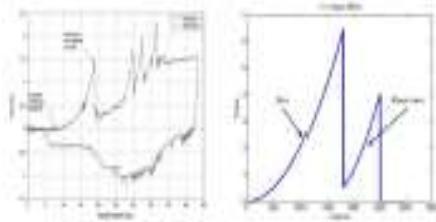
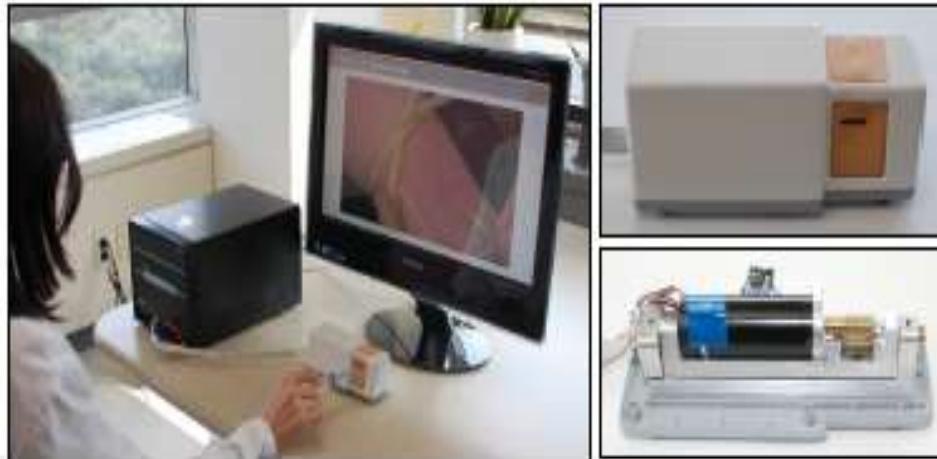


Gallbladder removal simulation

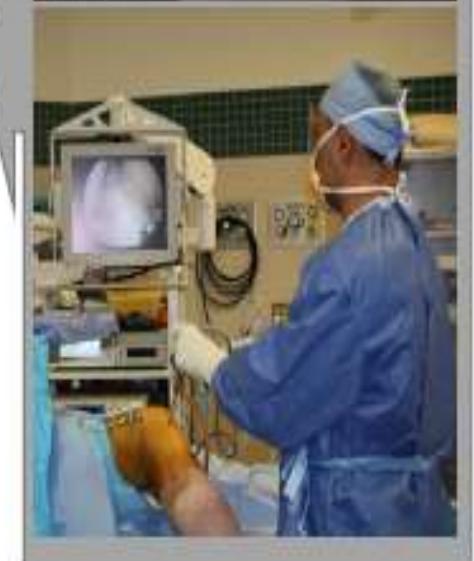
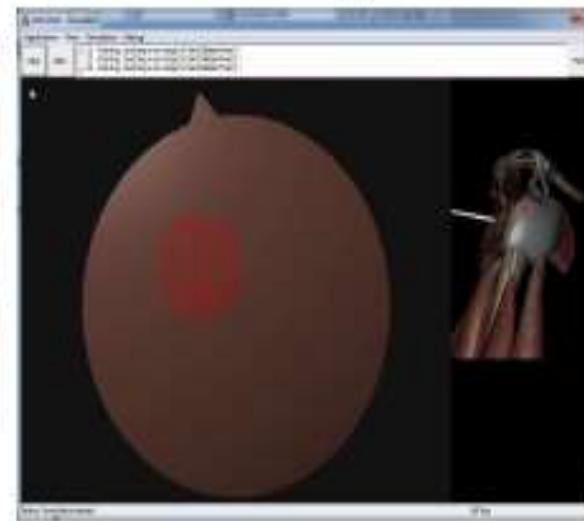
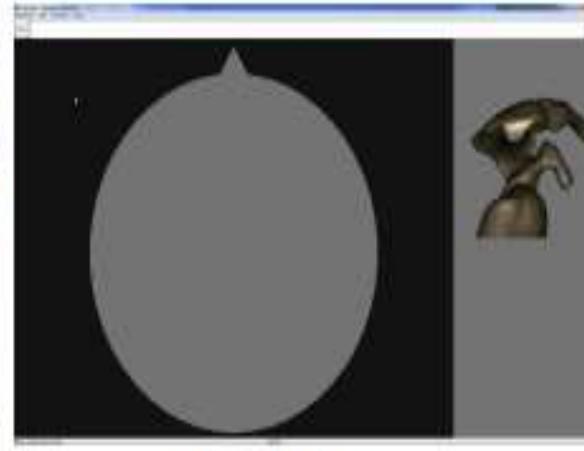
KIST

# Needle insertion simulation

- Intravenous injection simulator with haptic interface
- Simulate delicate force feedback and small difference
- 2 DOF input/ 1DOF output

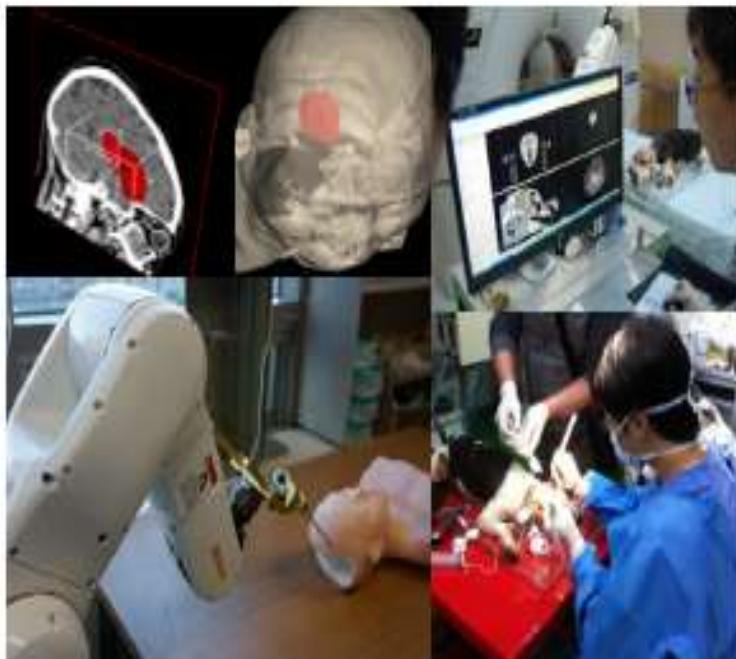


# Arthroscopic surgery simulation



Arthroscopic surgery

# VR Surgical Planning & Navigation



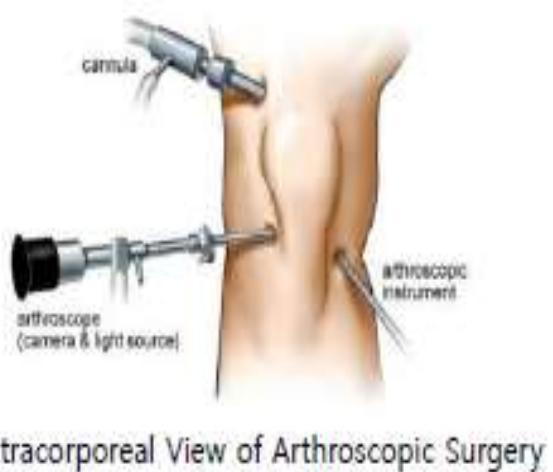
Surgical robotic system for brain surgery



Computer navigation system for knee surgery  
(ACL reconstruction)

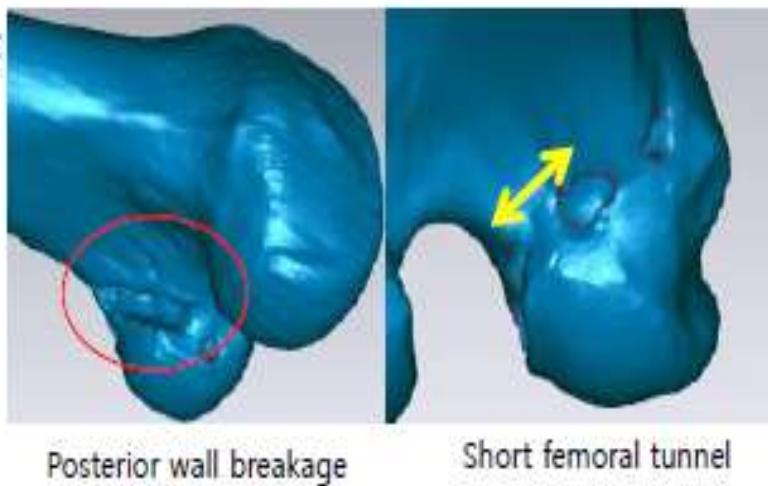
# ACL Reconstruction Surgery

- Anterior Cruciate Ligament Reconstruction



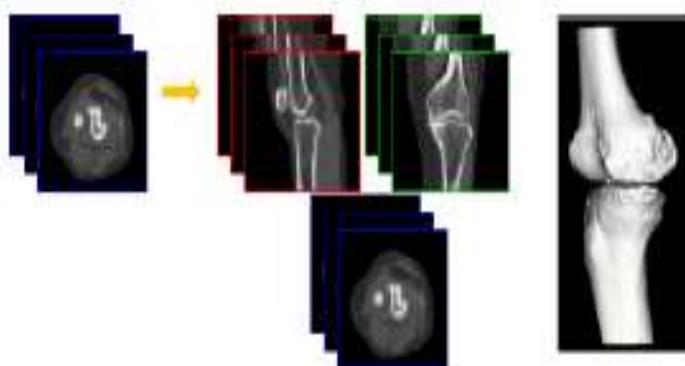
Extracorporeal View of Arthroscopic Surgery

Tunneling failures:

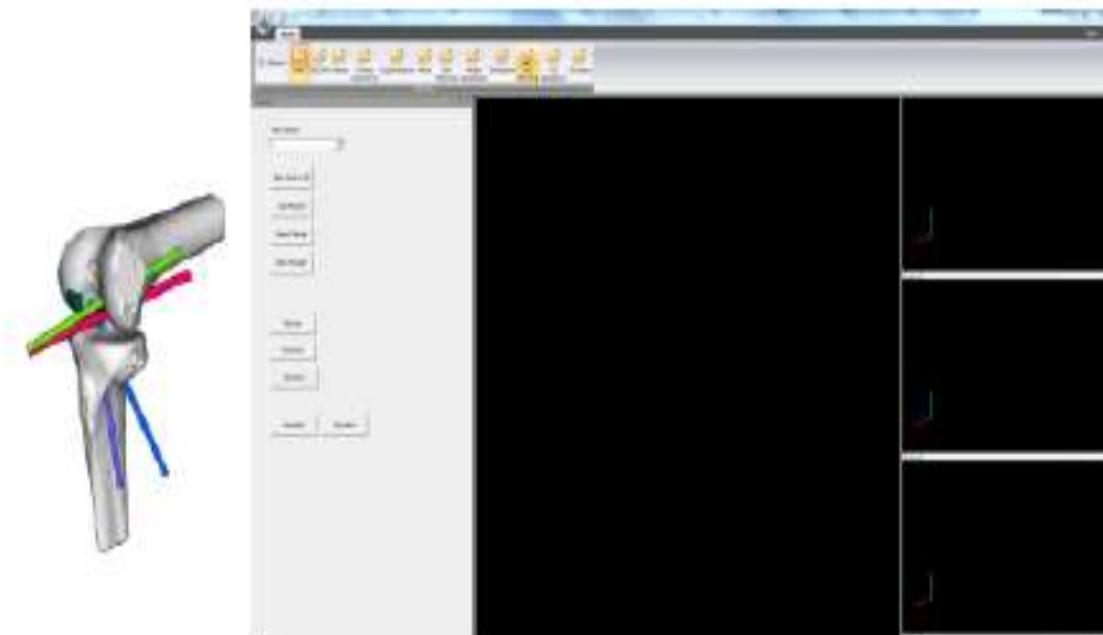


Arthroscopic surgery

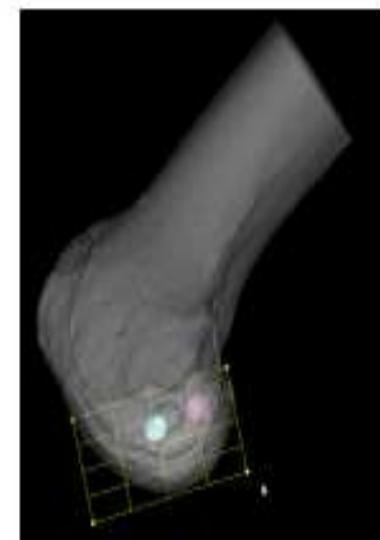
# 3D VR surgical planning for ACLR



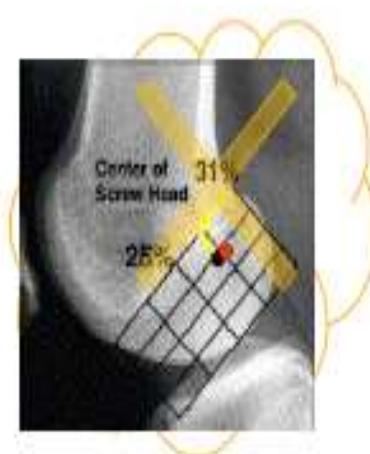
3D reconstruction (patient bone model)



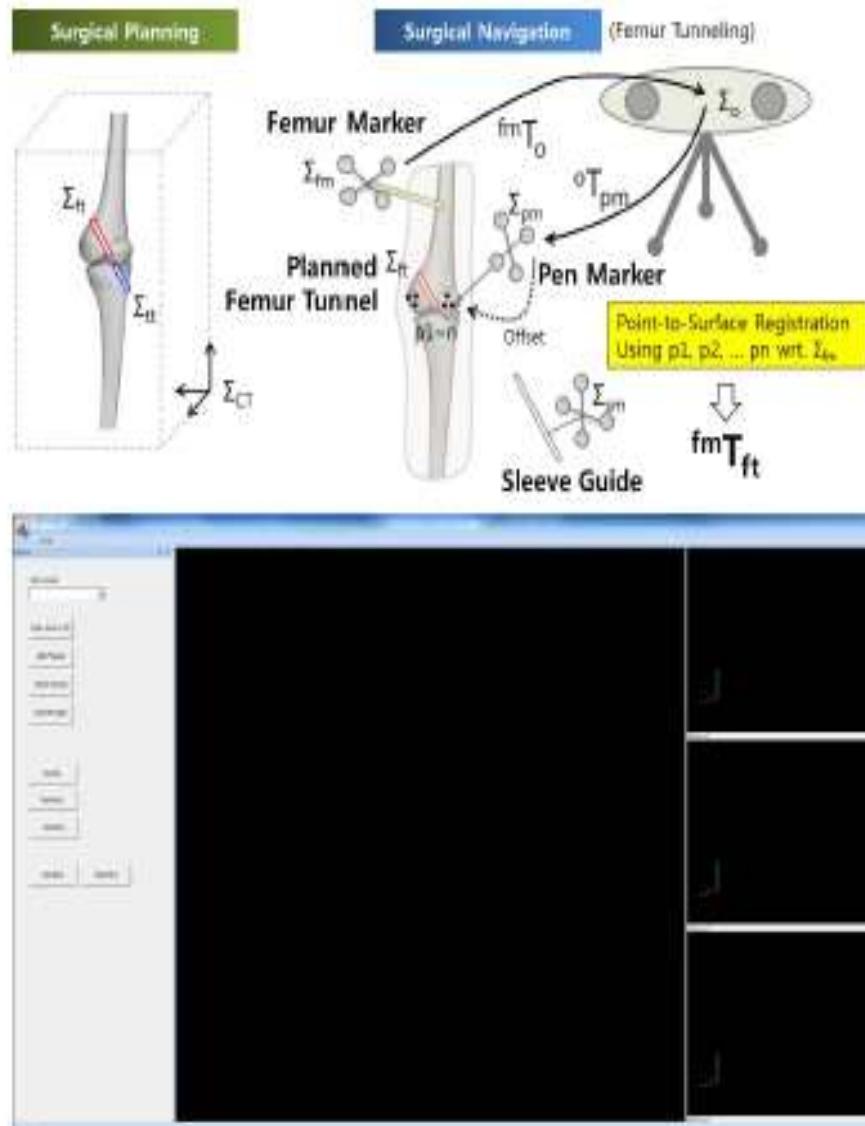
Surgical planning



3D Quadrant method



# Navigation of ACLR

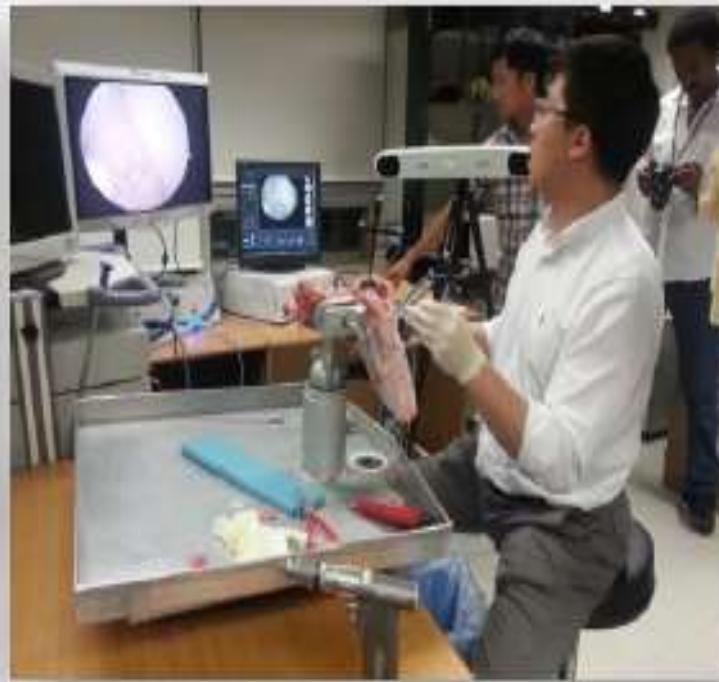


- Registration
  - Pre-op. plan data + intra-op. patient
- Real-time 3D pose tracking
  - Optical tracking system (Polaris Spectra®; NDI)
  - Femur, tibia, tools
- Surgical plan can be changed while checking predicted results in real time.

# Phantom / animal / cadaver test of ACLR



Phantom test



Animal test



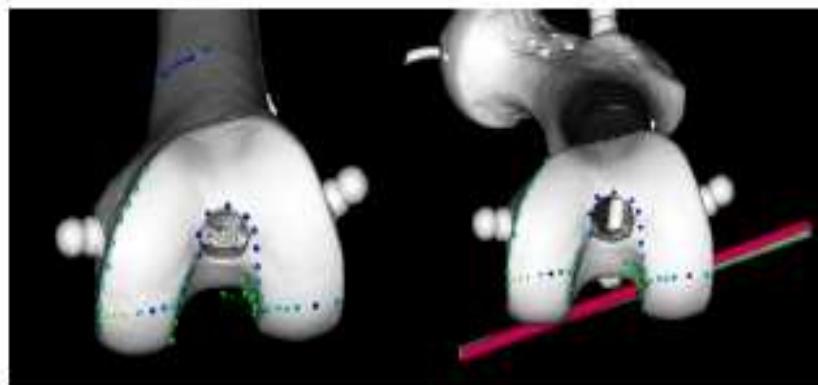
Cadaver test

† w/t Samsung hospital

# Accuracy results

FRE (mm)	Average	SD	Max error
Phantom	0.2804	0.2089	0.8665

TRE (mm)	Entry Point Distance	Angle Difference
Phantom	0.6746 mm	0.6542°

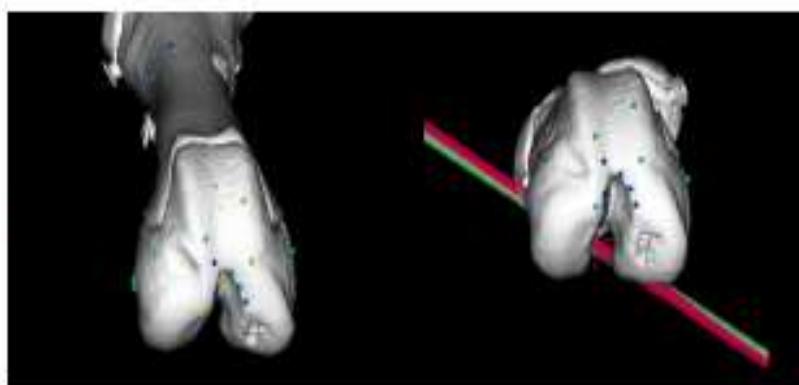


FRE [range: 0.0-1.0]

TRE  
green: plan, red: result

FRE (mm)	Average	SD	Max error
Femur	0.4501	0.4412	2.0977

TRE (mm)	Entry Point Distance	Angle Difference
Femur	0.4814mm	0.8533°



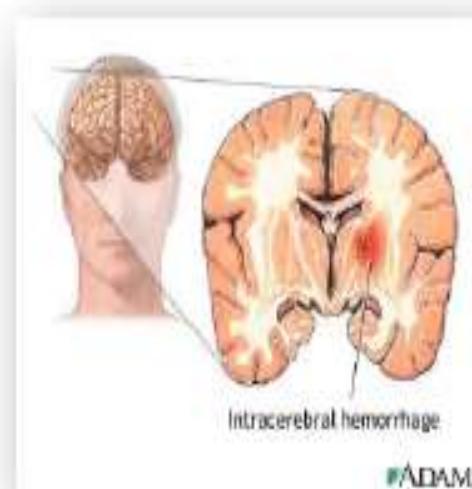
FRE [range: 0.0-1.0]

TRE  
green: plan, red: result

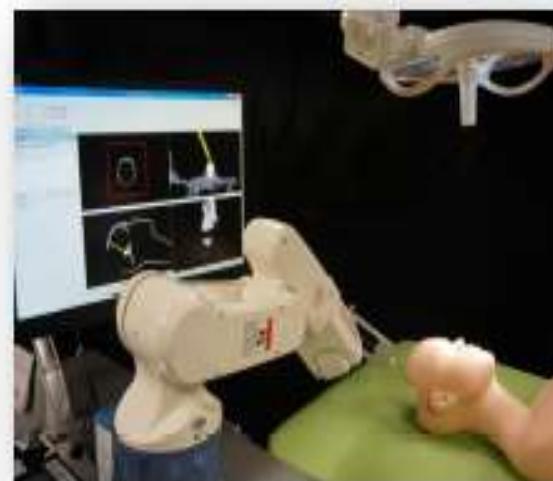
# Intro. To Research Projects

Sep., 2017

# Robotic guidance system for ICH (Intracerebral Hemorrhage) removal



Intracerebral hemorrhage



Robotic ICH guidance system

# Project Description

- Target surgery: stereotactic aspiration (Surgery for intracerebral hemorrhage)



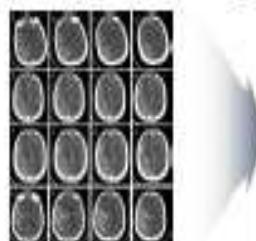
- Research objective:

- **Frame-less robotic ICH surgery** has been developed in order to reduce processing time considering emergency situation of ICH(Intracerebral Hemorrhage) surgery.
  - It's no need to mount the coordinate frame on the patient's head
  - It doesn't need to re-CT scan in order to register the frame to image
    - radiation exposure reduction



# Methods

- 3D VR surgical planning



CT volume data



Insertion path of the evacuation catheter with respect to the CT coordinate system

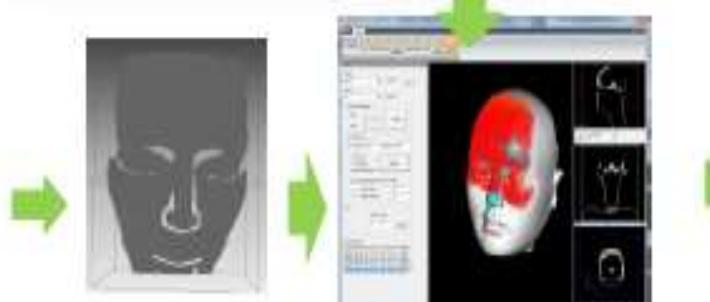


x4

- Face registration



3D face scanning of phantom



Registration of intra-op. face and pre-op. CT face using Weighted-ICP

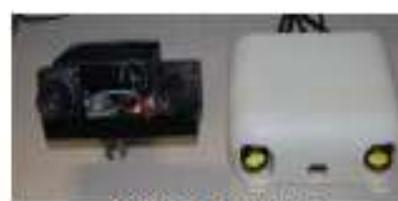


Insertion path w.r.t. robot coordinate system

- Robotic guidance



Robotic guidance of insertion path

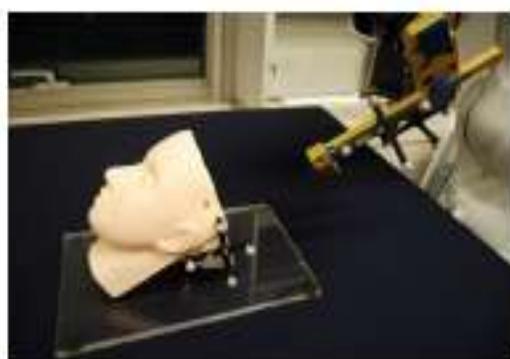
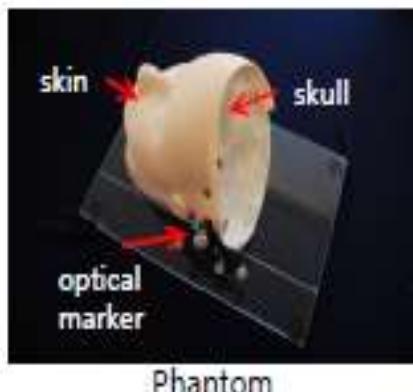


3D face scanner

Weight	Under 1 kg
Measurement precision	Under 100 $\mu\text{m}$
Dimension	130 x 90 x 200 $\text{mm}^3$
Measuring area	300 x 220 $\text{mm}^2$
Measuring distance	720 mm
Brightness	284 lux

# Results

- Phantom test



Accuracy test using OTS (NDI polaris spectra)

	Target (mm)	Orientation (degree)
Average	1.94	0.65
SD	0.49	0.20
MAX	3.22	0.95
MIN	0.93	0.28

- Animal test

Animal ICH model



Skull drilling



Blood injection



Intra-op.

CT scan & planning



3D face scan & registration

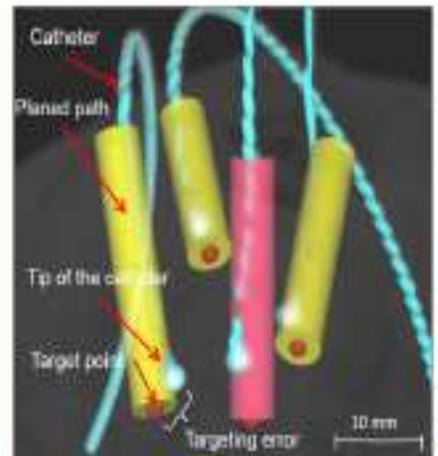


Post-op.

CT scan



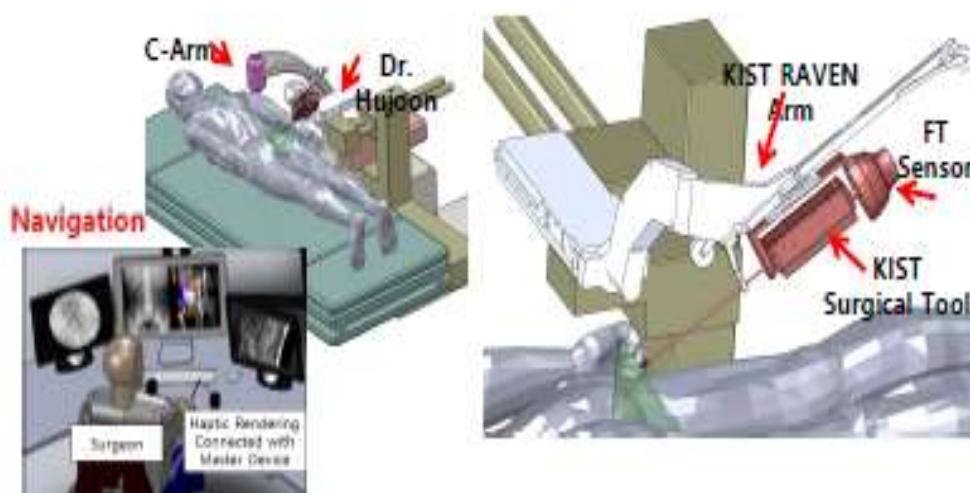
Segmentation of the catheters and overlay of the planned insertion path



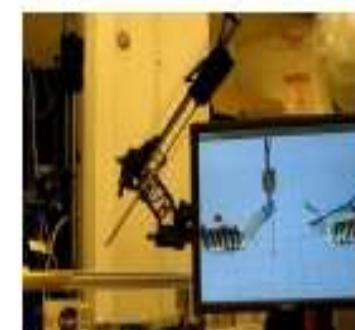
# Development of next-generation micro-surgical robot based on open platform

Period: Nov. 01, 2013- Oct. 31, 2018 (5 years)

Fund: 1,000K USD/year, MOTIE



Cost-effect, open platform micro-surgical robot



Raven platform developed  
by U. of Washington

# Project Description

- Target surgery
  - SELD(trans Sacral Epiduroscopic Laser Decompression) of Epiduroscopic neuroplasty



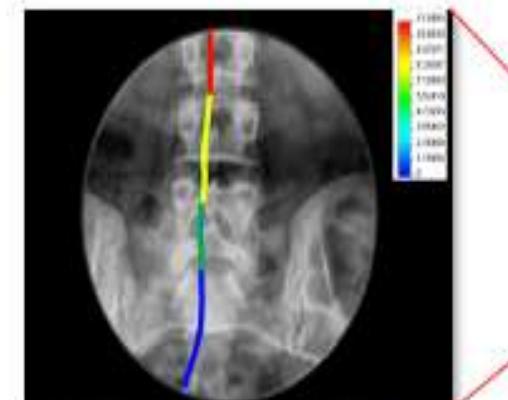
X-ray img. Epiduroscopic img.

Insertion an EN catheter to a target ruptured lumbar disk through sacral hiatus

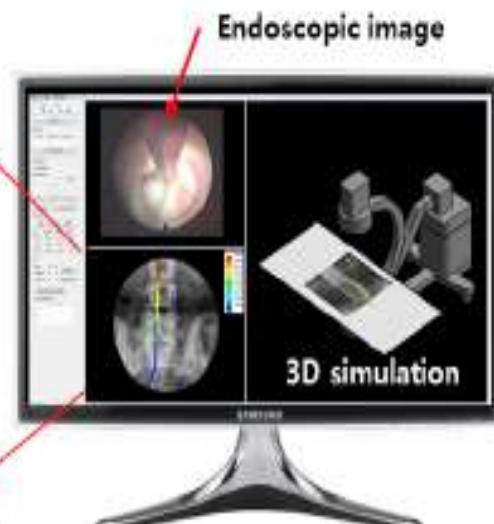
- My research objective:
  - **3D catheter shape tracking** in order to guide catheter insertion



A-P direction

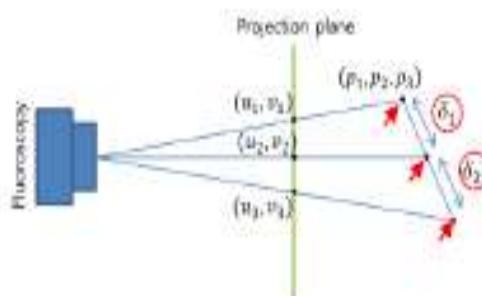


X-ray image + depth information



# Methods

- 3D shape estimation using single C-arm x-ray device



Collinear points with known interpoint distances

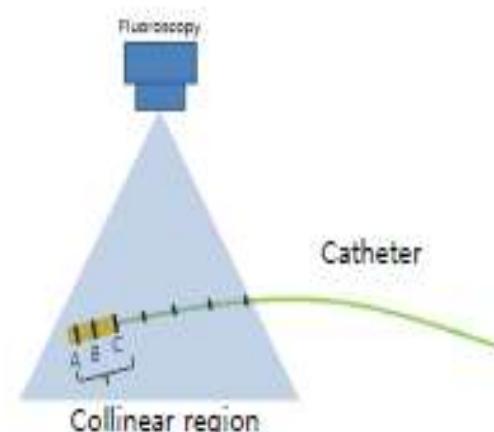
$$u_n = f \frac{p_1 + \delta_n b_1}{p_3 + \delta_n b_3}$$

$$v_n = f \frac{p_2 + \delta_n b_2}{p_3 + \delta_n b_3}$$

For direction cosine,  $(b_1, b_2, b_3)$ , each 3D point position is,  $p + \delta b$

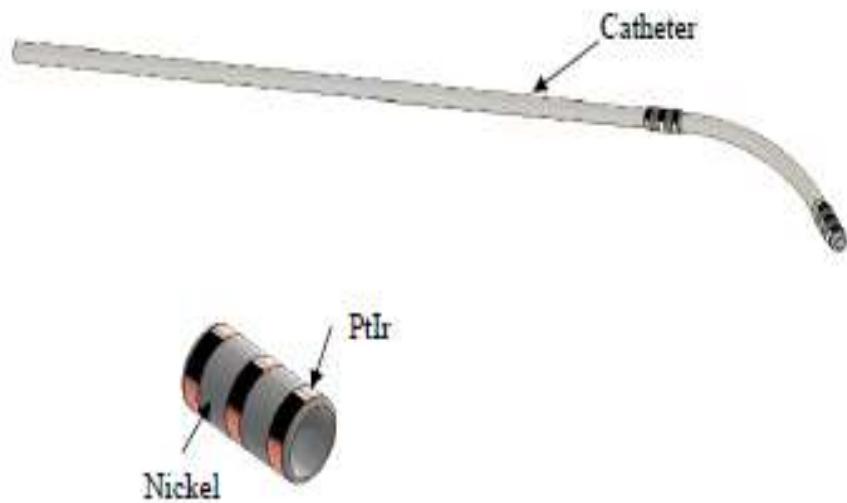
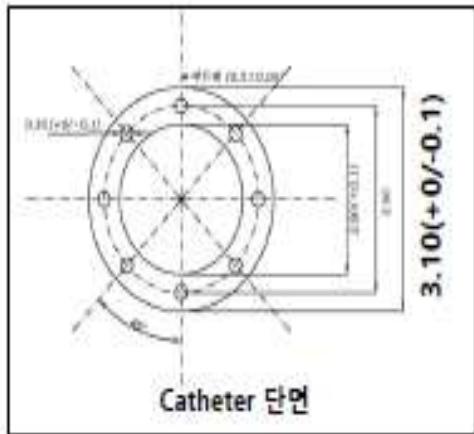


Radio opaque marker bands

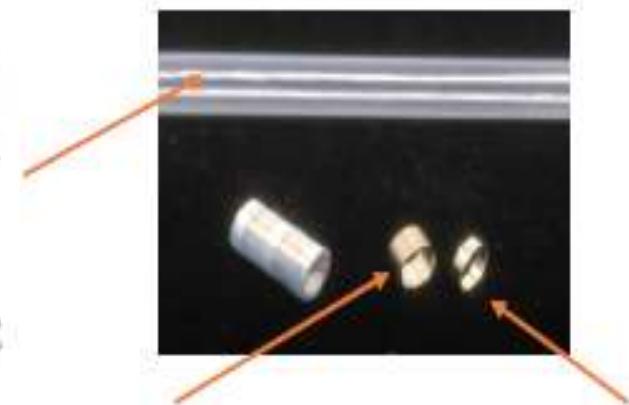


Ref. Haralick, Robert M. "Monocular vision using inverse perspective projection geometry: Analytic relations." *Computer Vision and Pattern Recognition, 1989. Proceedings CVPR'89, IEEE Computer Society Conference on*. IEEE, 1989.

# Marker band for 3D pose tracking



PTFE heat shrink tube  
thickness : 0.05mm( $\pm 0.02$ )  
ID before shrink : 3.81mm  
ID after shrink: 2.26mm  
Shrink temp. : 300°C  
Heat resistant temp. : 260°C

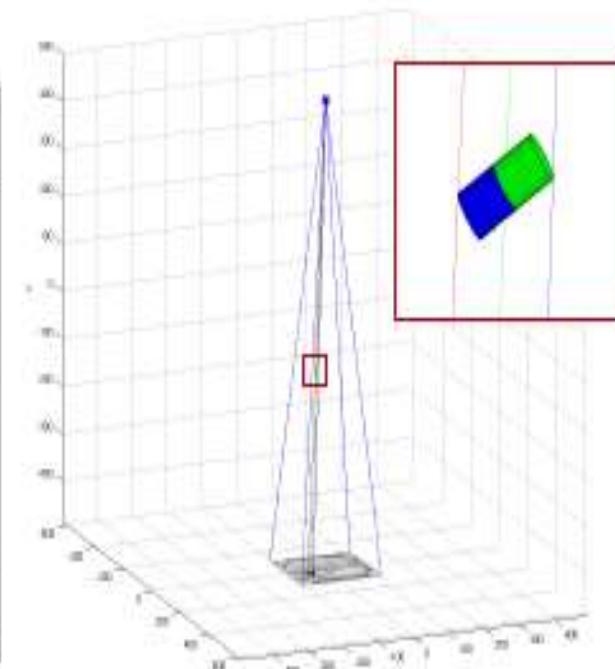


Pure Nickel  
 $\Phi 3.4 \times \Phi 3.12 \times L 2.0$

PtIr(Pt90%,Ir10%)  
 $\Phi 3.4 \times \Phi 3.12 \times L 1.0$



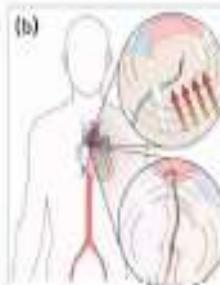
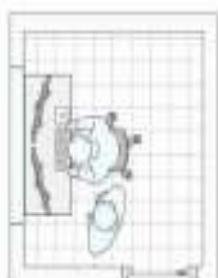
# C-arm X-ray imaging



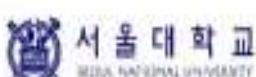
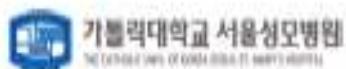
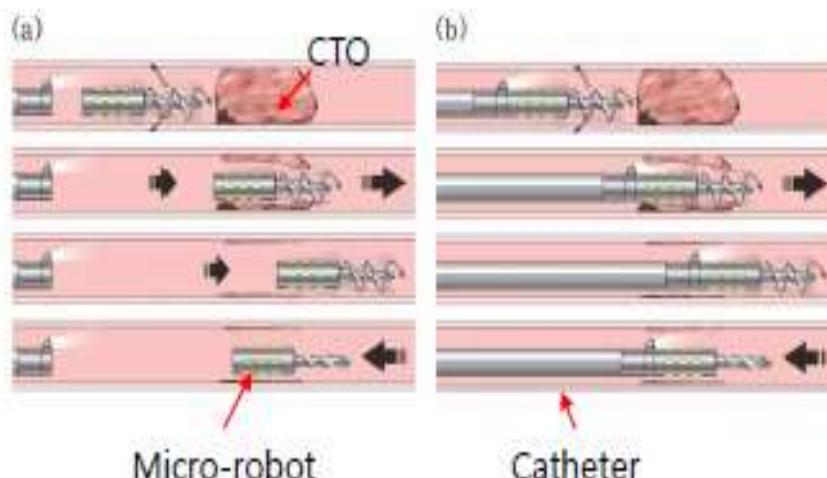
# Development of microbiorobotic systems for surgical treatment of CTO (Chronic Total Occlusion)

Period: June 01, 2015 – May 31, 2019 (4 years)

Fund: 3,000K USD/year, MOTIE

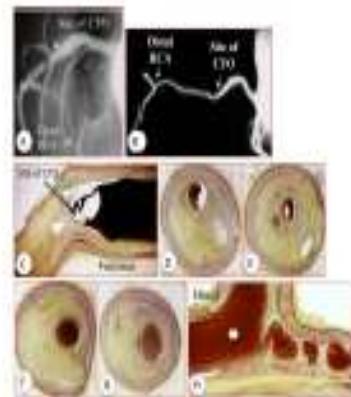


External magnetic field driven micro-robots for CTO treatment

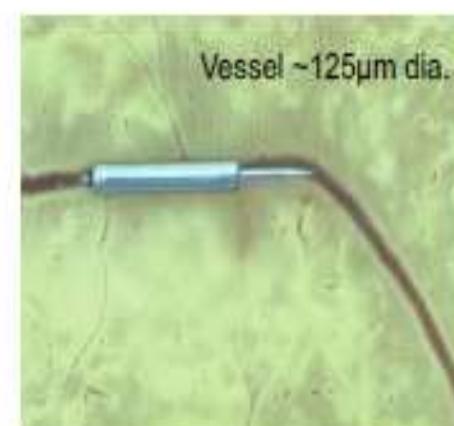
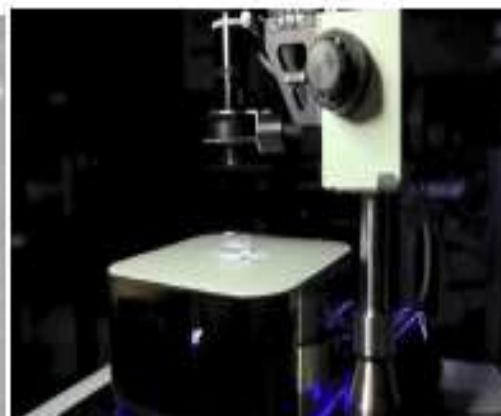
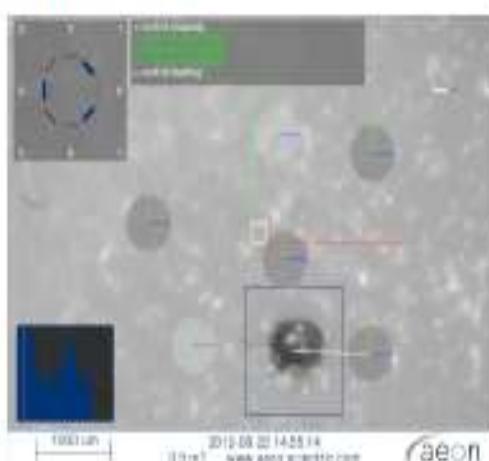


# Project Description

- Target surgery
  - CTO (Chronic Total Occlusion) Percutaneous Coronary Intervention

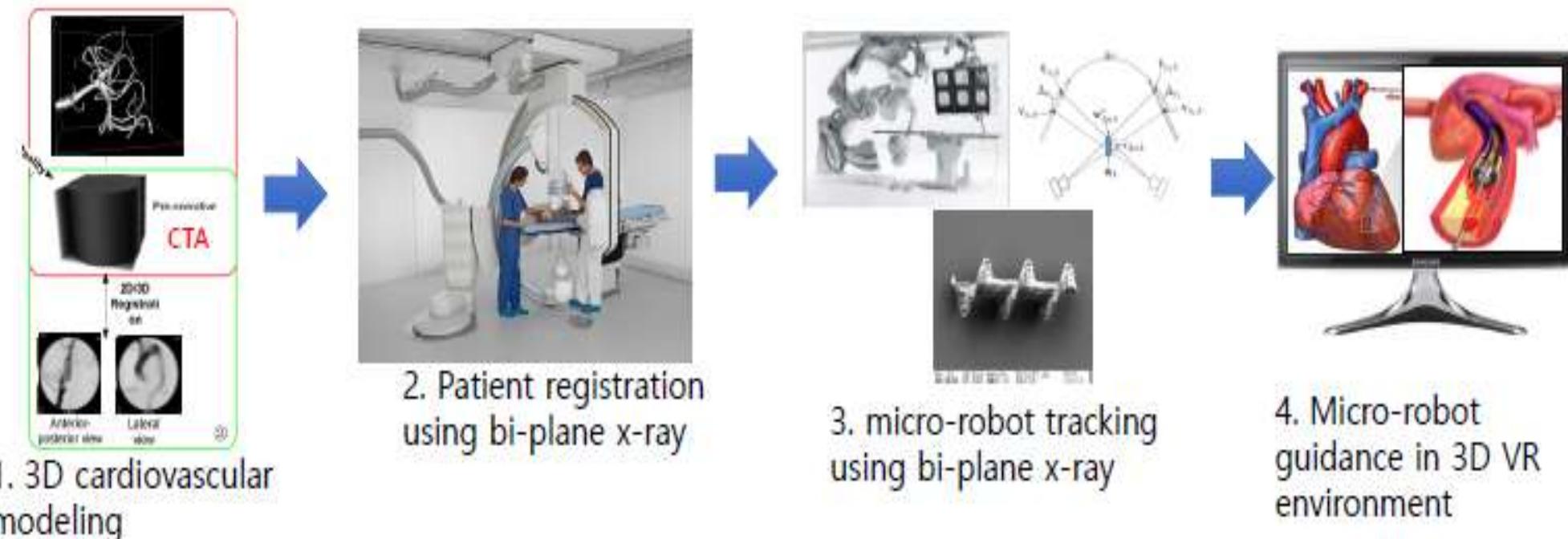


Micro-robots



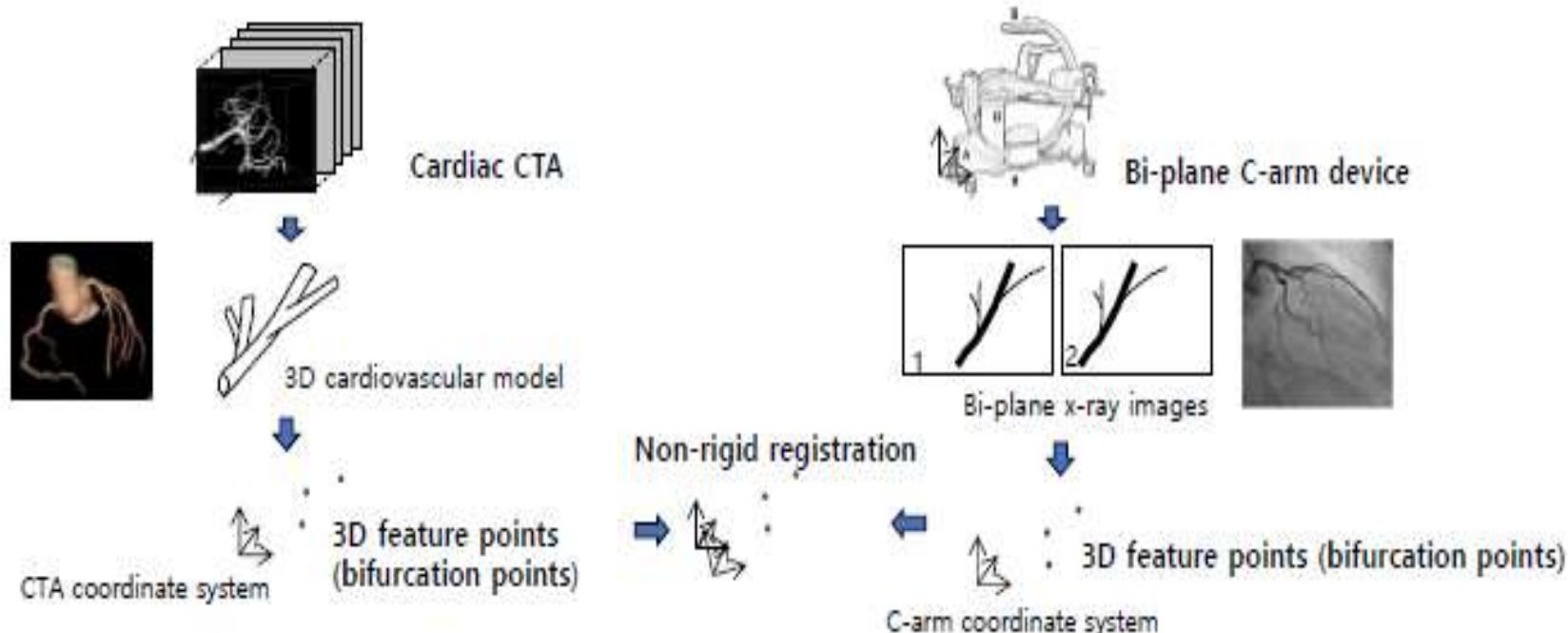
# Project Description

- My research objective:
  - 3D VR based micro-robot guidance system

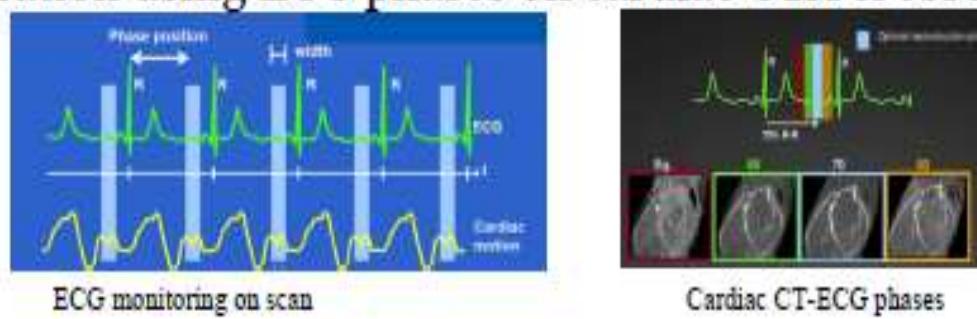


# Methods

- Real-time non-rigid registration of CTA to bi-plane x-ray images using the bifurcation points of cardiovascular pattern

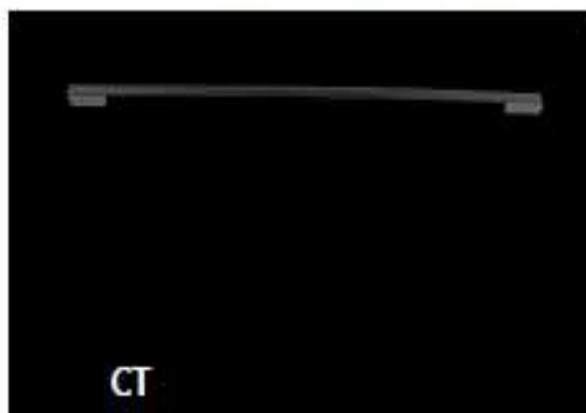


- Heartbeat compensation using ECG phases on cardiac CTA & coronary angiography



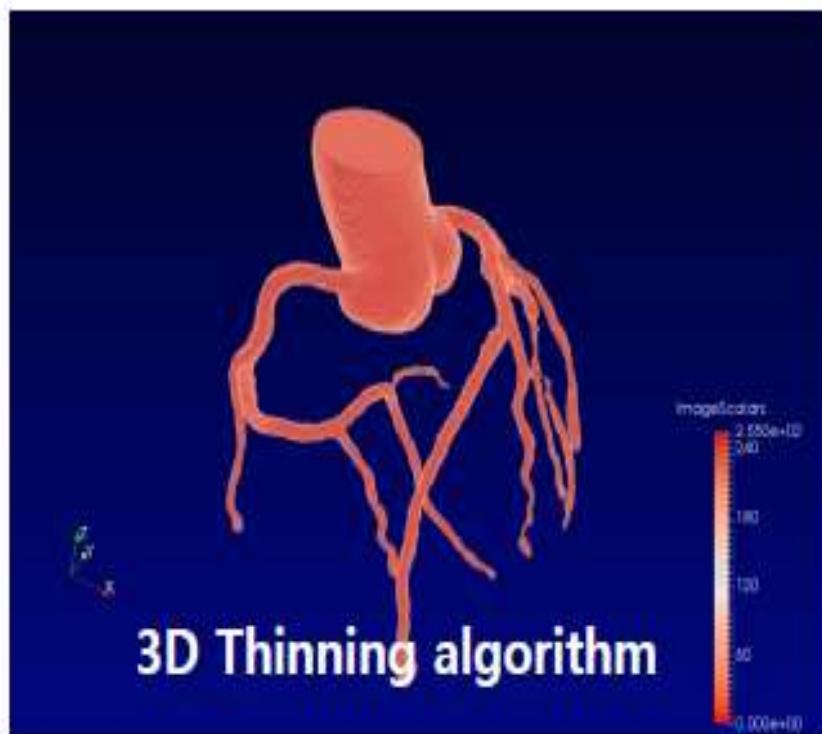
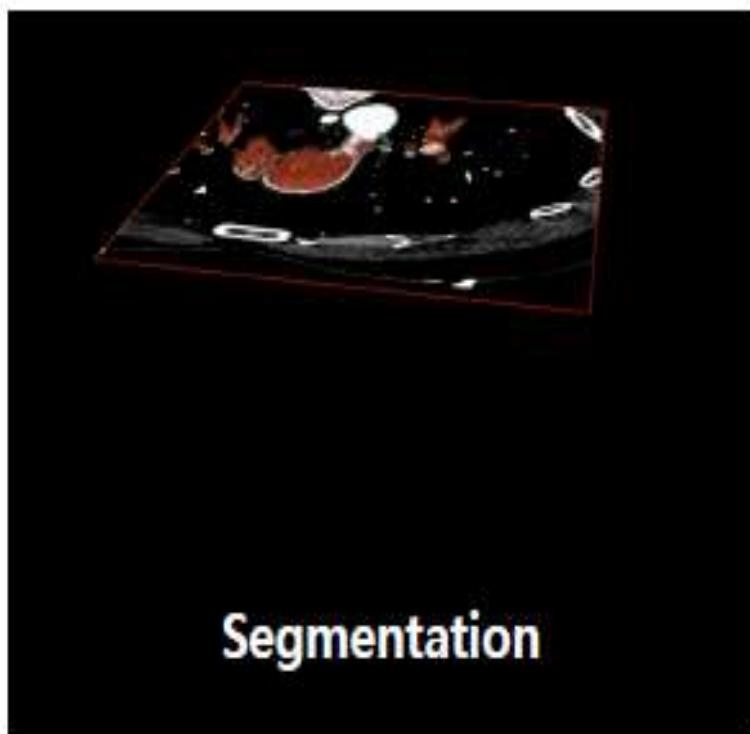
# Cardiac Segmentation & Modeling

- Coronary artery deforming phantom
- **2D** coronary artery segmentation and bifurcation points detection



# Cardiac Segmentation & Modeling

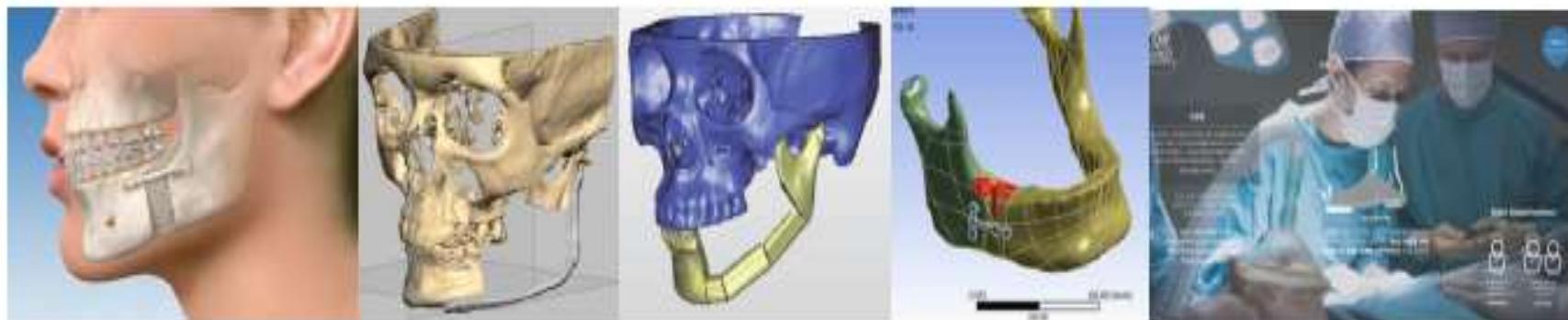
- 3D coronary artery segmentation and bifurcation points detection



# 3D Image-Guided Maxillofacial Reconstruction Surgery

Period: Jan 01, 2015 – Dec. 31, 2017 (3 years)

Fund source: intramural project

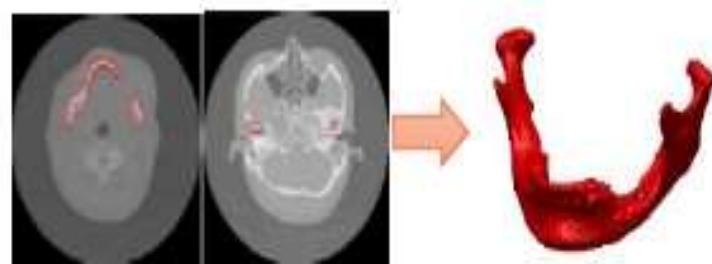


# Project Description

- Target surgery
  - Maxillofacial reconstruction surgery

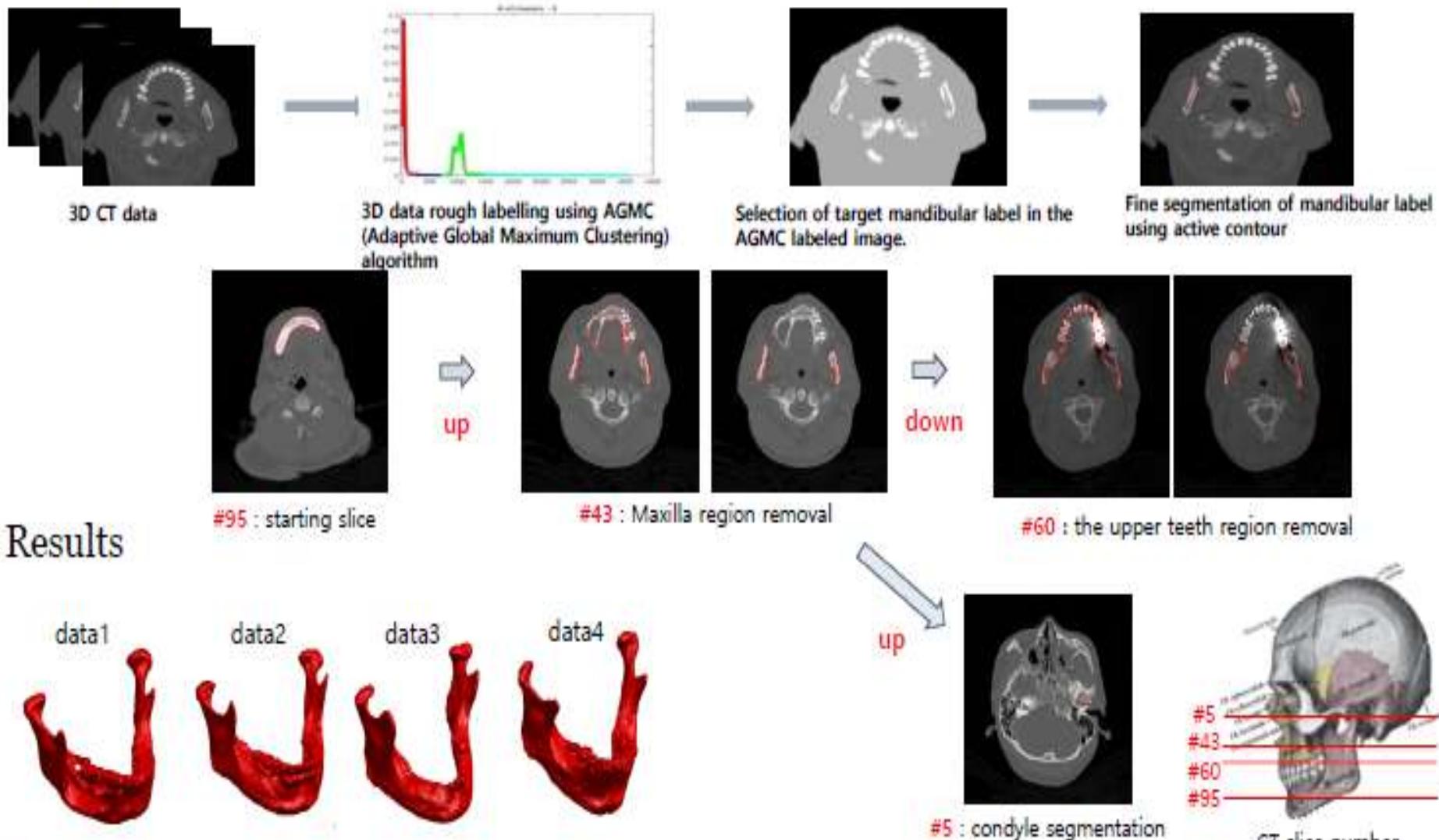


- Research objective:
  - 3D mandibular modeling from CT data
  - Surgical planning time reduction using optimized functions and user interface
  - Operation time reduction and success rate enhancement through surgical guide



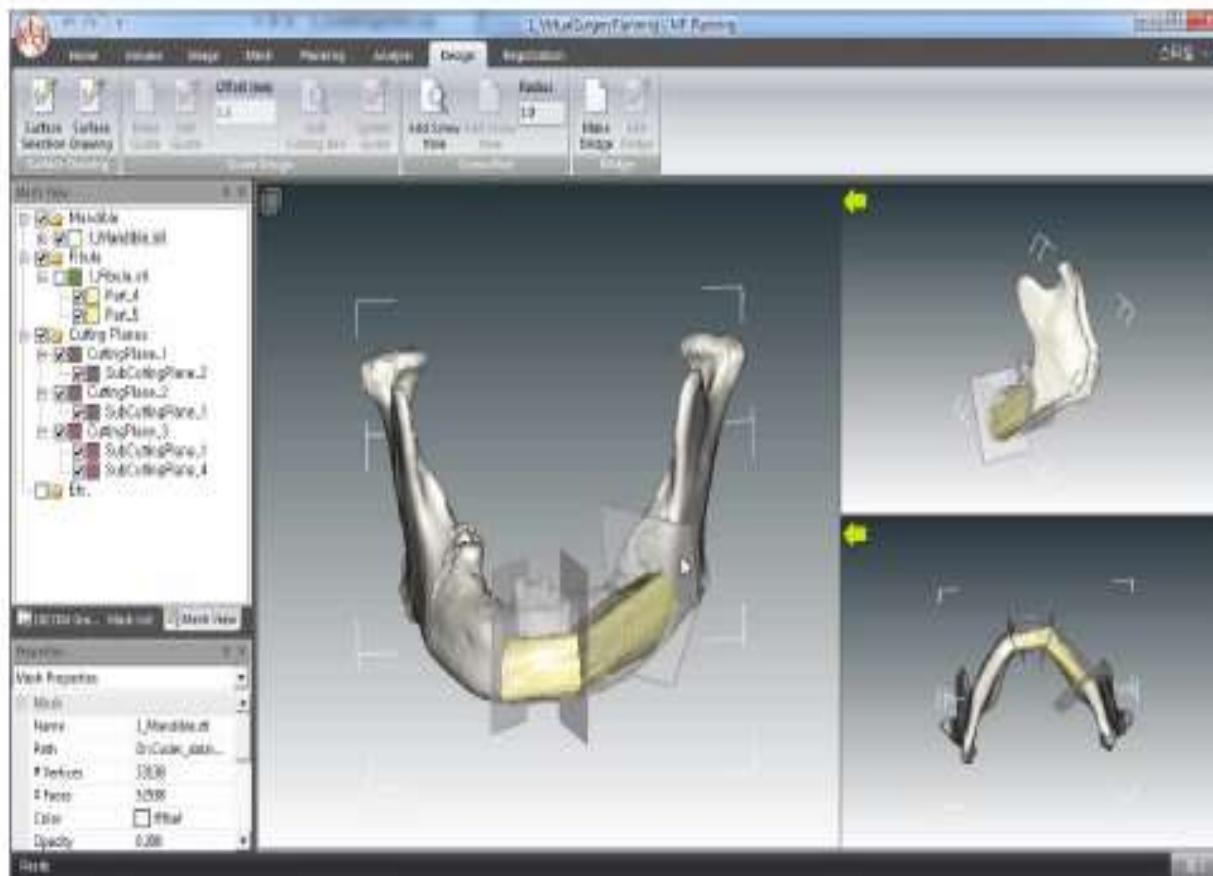
# Methods & Results

- Fully automatic mandibular segmentation from CT



# Methods & Results

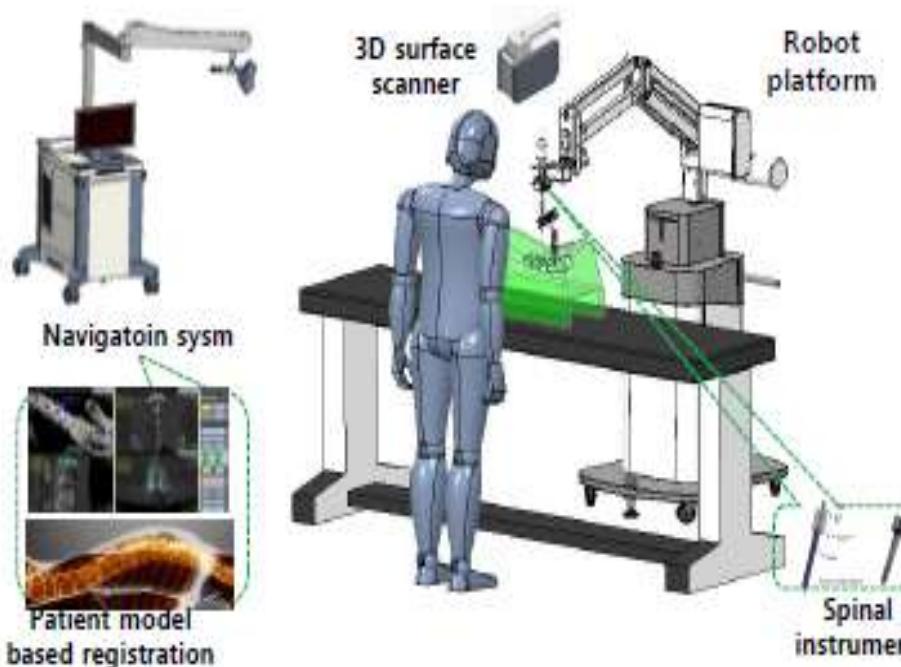
- Patient Specific Resection Guide design and Guide design specific user interface
  - Positioning panel, resection rail generation, screw hole generation
  - Surface selection, mesh offsetting, Boolean operation



# Robotic System for Spinal Surgery

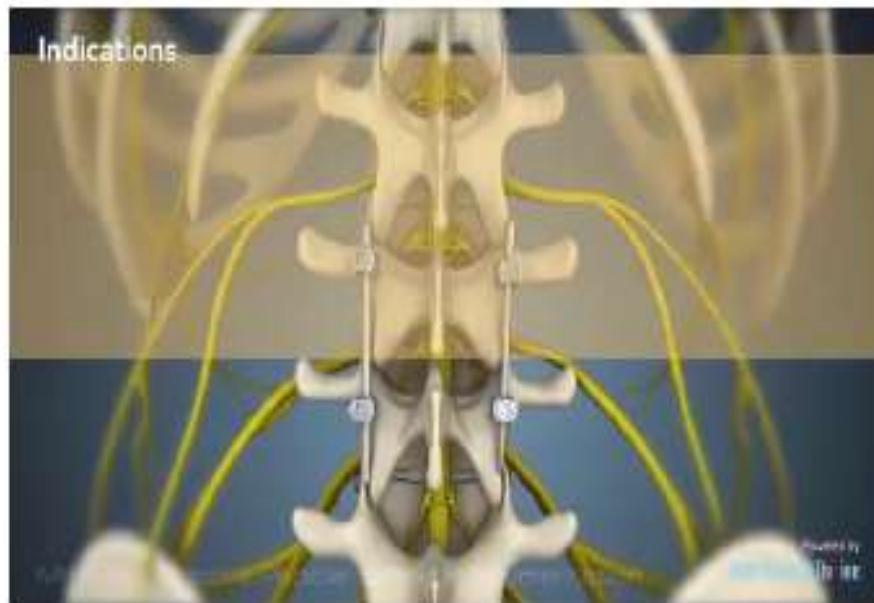
2017 World Class 300 R&D project

Period: March 01, 2017 – Dec. 31, 2021 (58 months)  
Fund: 1,140K USD/year, Ministry of SMEs and Startups



# Project Description

- Target surgery: minimally invasive pedicle screw instrumentation
- Research objectives:
  - Novel patient-to-image registration for radiation exposure reduction
  - Precise guidance of surgical instrumentation

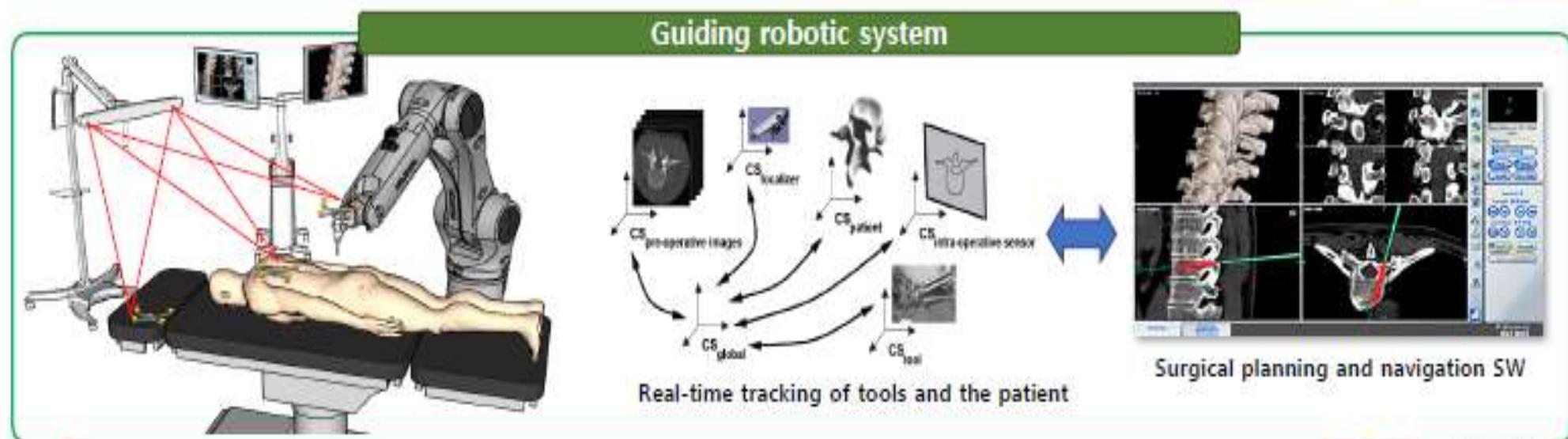
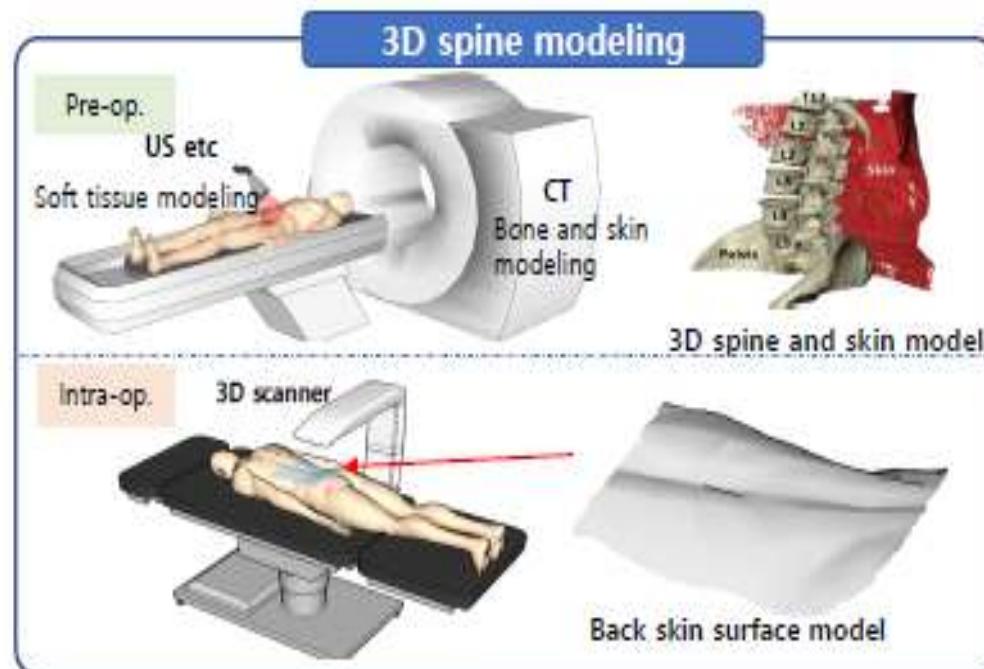


Minimally invasive pedicle screw instrumentation

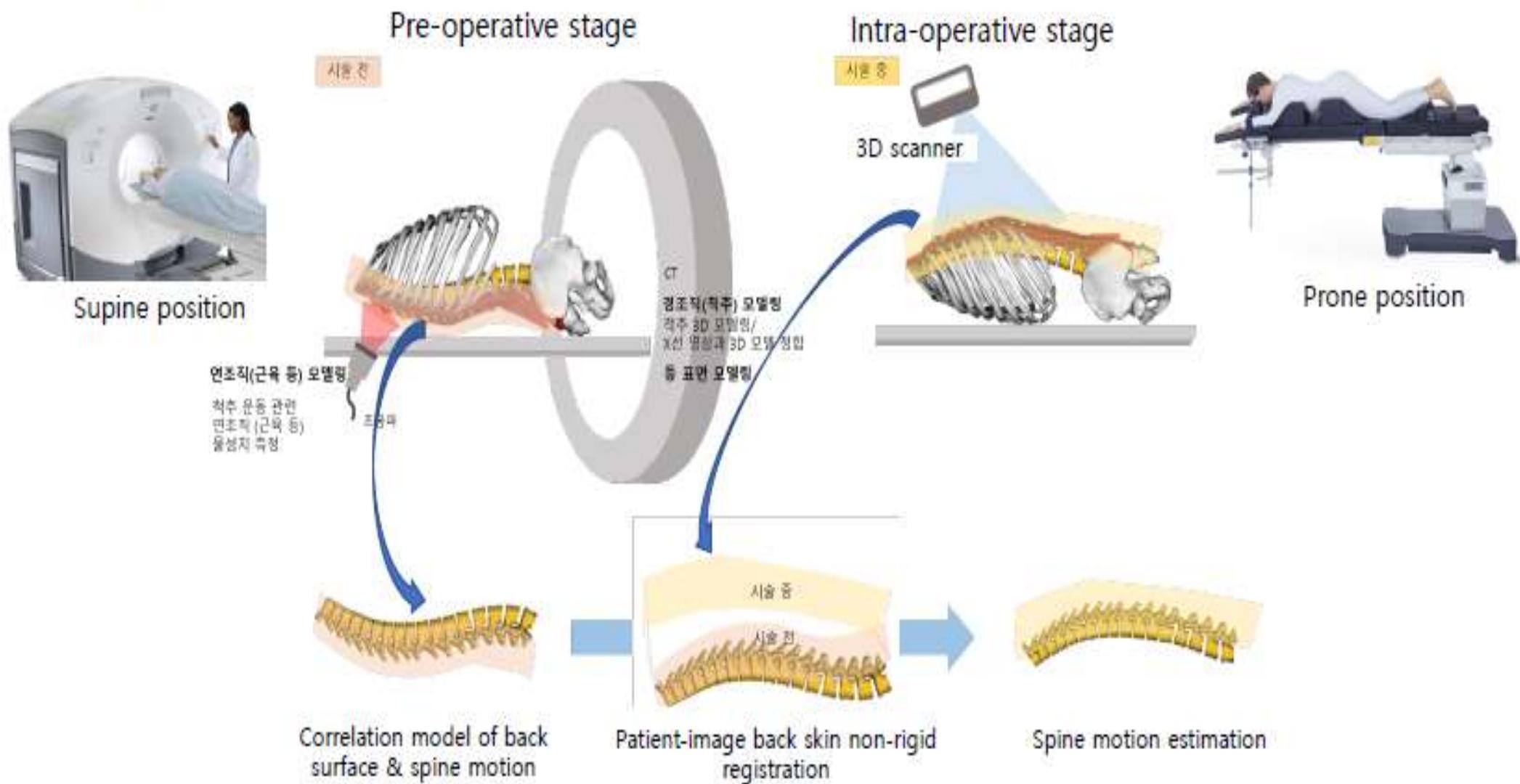


Mazor X (2016, Mazor Robotics, Ltd.)

# Processes for Non-Invasive, Radiation-Free Patient-to-Image Spine Reg.

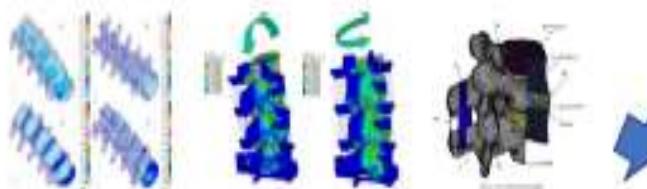


# Patient-image registration using the correlation model of back surface & spine motion



# 연구내용

## 해석기반 동적 모델 최적화



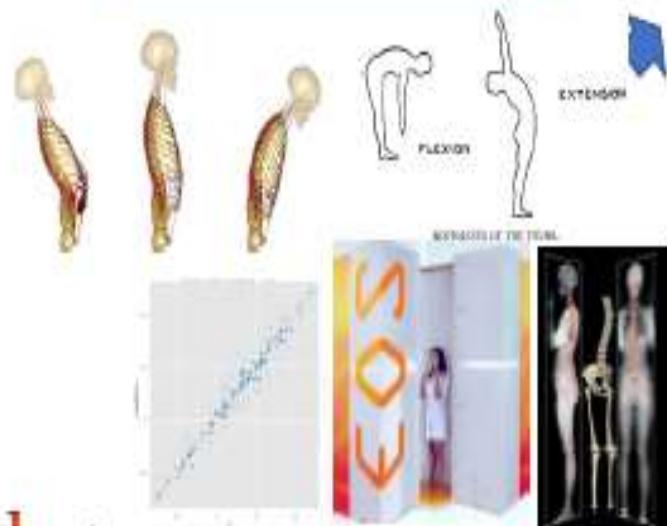
## 수술계획 & 내비게이션 SW



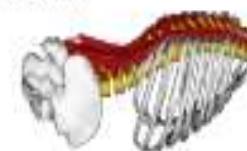
## 경조직 환자 모델링



## AI 동적 모델링



OpenSim



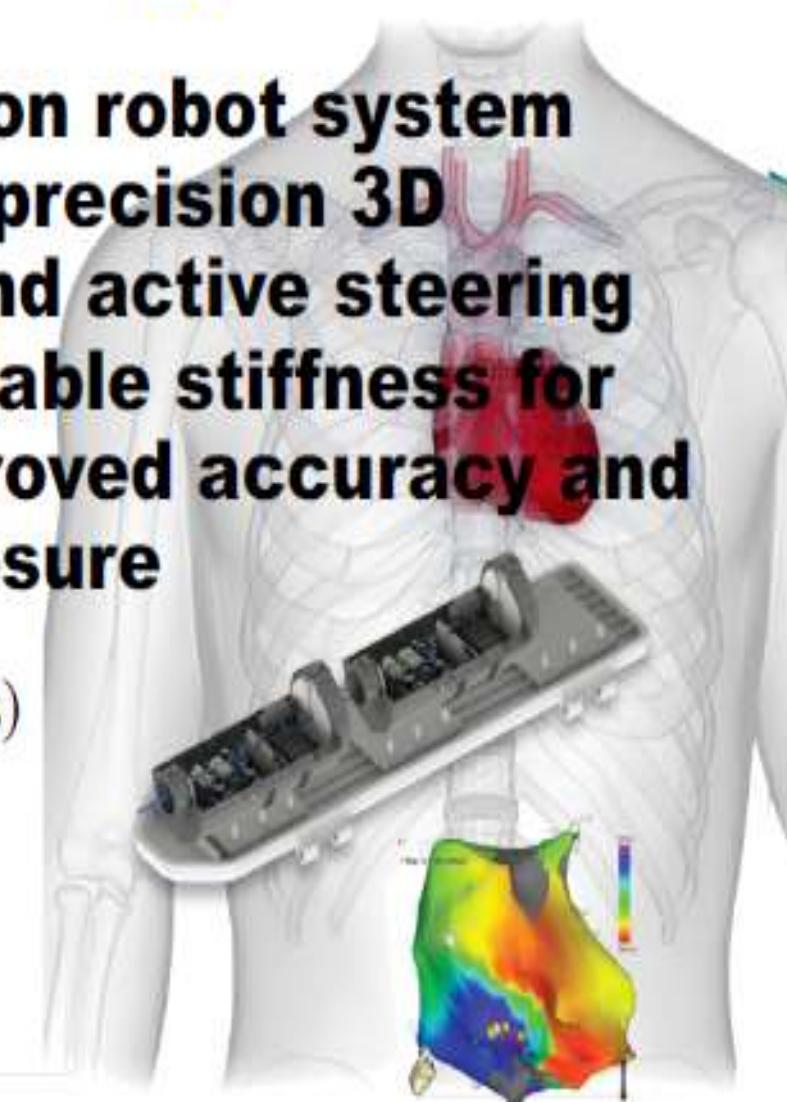
## 연조직 환자 모델링



# Development of 6 DOF teleoperation robot system technologies including 0.5mm precision 3D electroanatomic mapping system and active steering robot catheter instrument with variable stiffness for cardiovascular intervention with improved accuracy and reduced radiation exposure

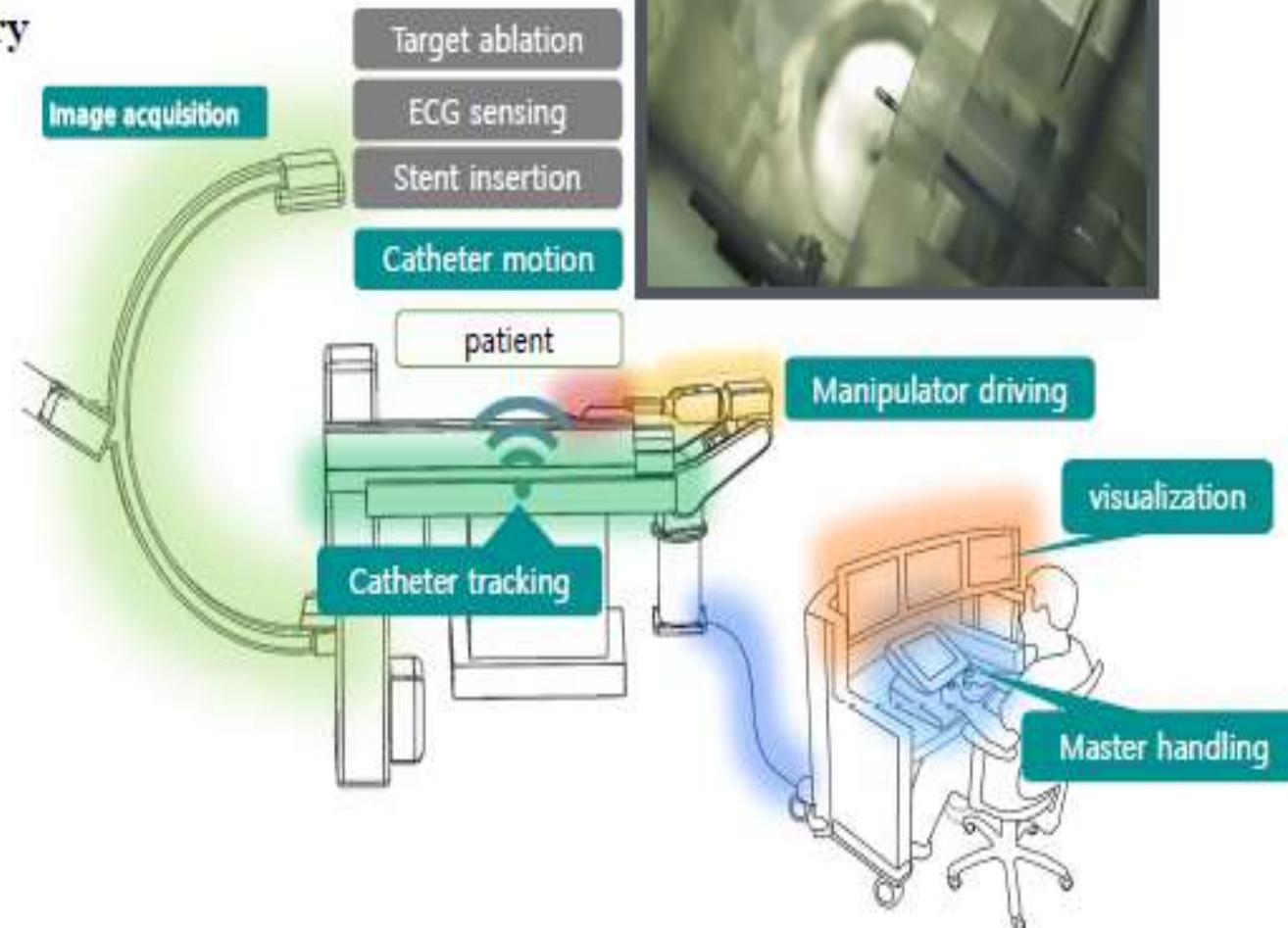
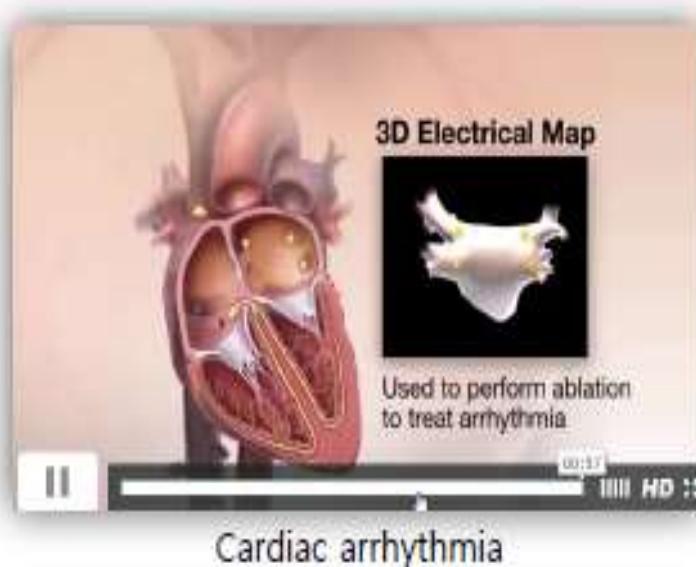
Period: Apr. 01, 2017 – Dec. 31, 2021 (57 months)

Fund: 1,500K USD/year, MOTIE



# Project Description

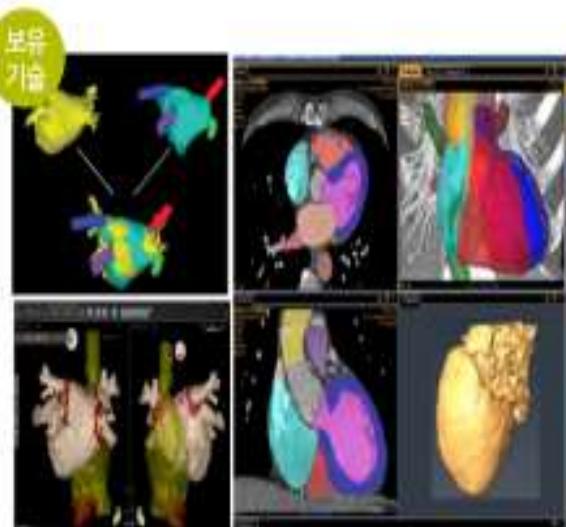
- Target surgery: catheter ablation for cardiac arrhythmia
- Research objective:
  - Robotic catheter ablation system development for cardiac disease
  - Precise guidance of robot surgery



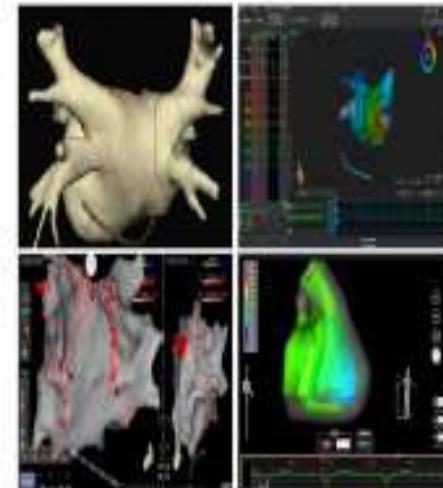
# Cardiac Mapping System



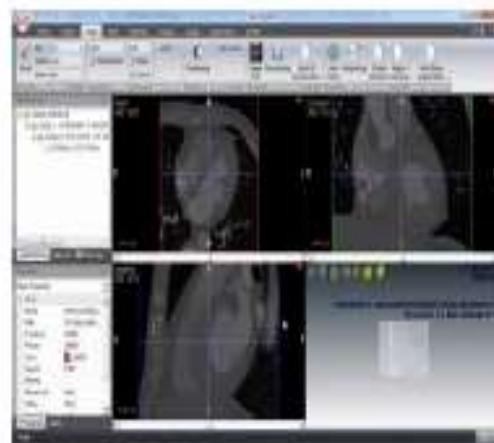
CTA-based cardiac 3D modeling



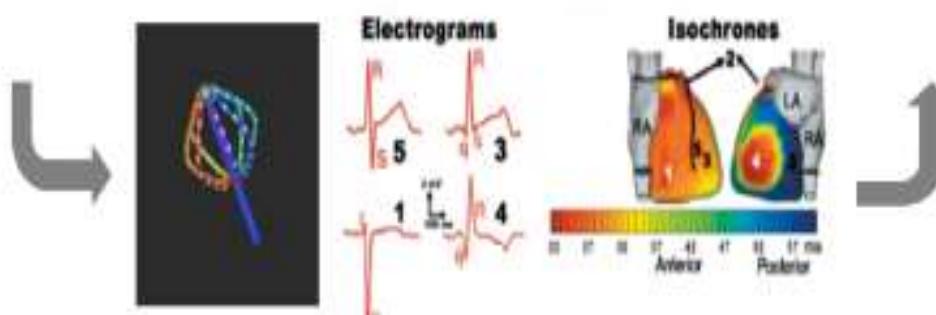
Patient-image registration with heart beat compensation



3D cardiac mapping model generation



3D mapping VR visualization platform



Catheter tip position and electrophysiological signal distribution visualization

**Thank you for your attention!**

**dkylee@kist.re.kr**

