



NSF Engineering Research Center
for Computer Integrated Surgical
Systems and Technology



Computer-Integrated Interventional Medicine: Integrating Imaging, Intervention, and Informatics to Improve Patient Care

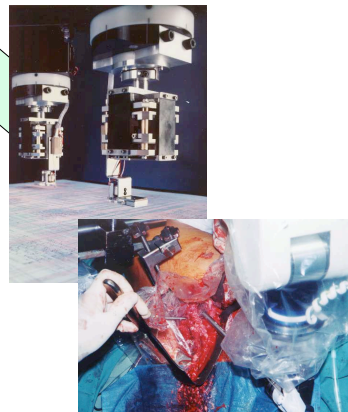
**WHITING
SCHOOL OF
ENGINEERING**
THE JOHNS HOPKINS UNIVERSITY

Russell H. Taylor

Professor of Computer Science, with joint appointments in Mechanical
Engineering, Radiology & Surgery
The Johns Hopkins University
rht@jhu.edu

Prediction

A partnership between
human clinicians and
computer-based
technology will
fundamentally change the
way surgery and
interventional medicine is
performed in the 21st
Century, in much the same
way that computer-based
technology changed
manufacturing in the 20th
Century



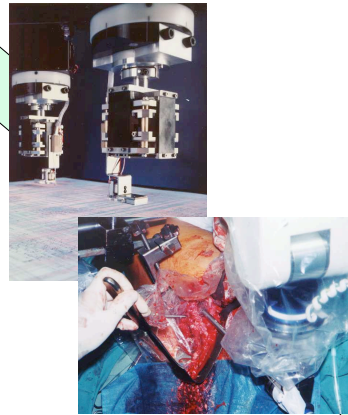
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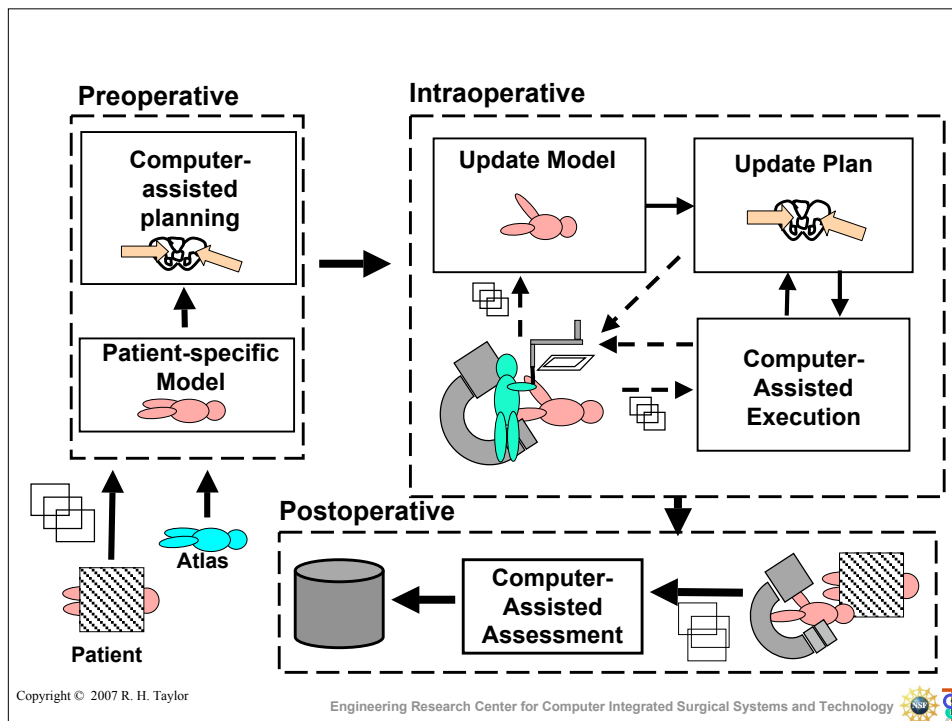
What will drive this change?

- New capabilities that **transcend human limitations** in surgery
- Increased **consistency and quality** of surgical treatments
- **Better outcomes** and more **cost-effective** processes in surgical practice



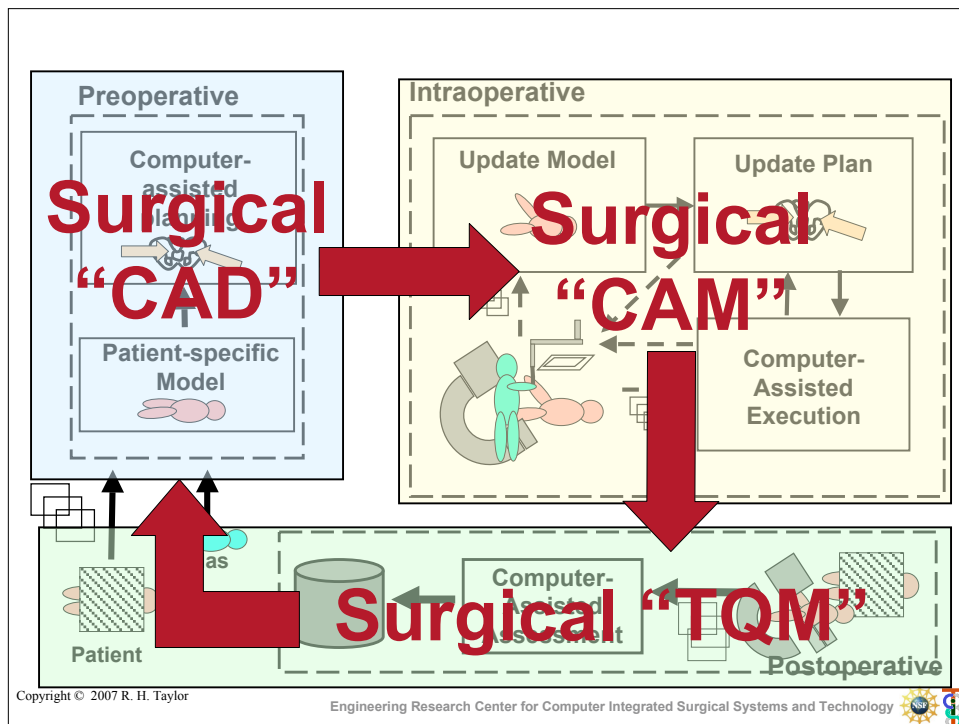
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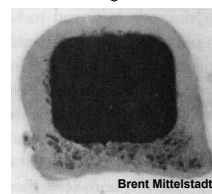
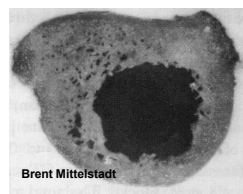
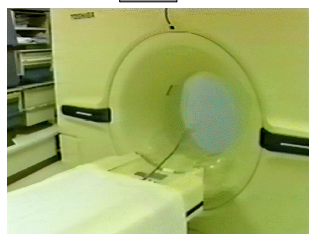
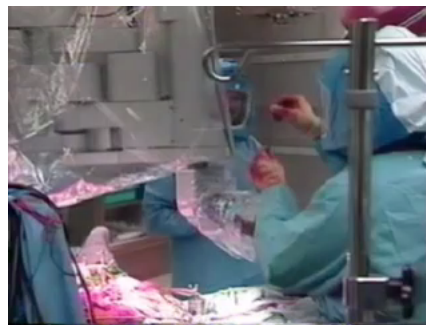


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Example: Robotic Joint Replacement Surgery



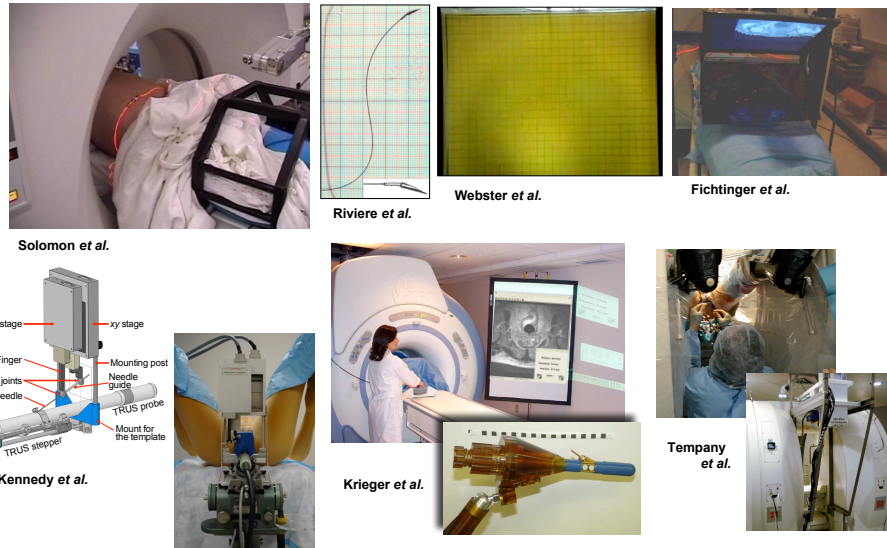
Taylor, Kazanzides, Paul, Mittelstadt, et al.

Manual Surgery

Robotic Surgery

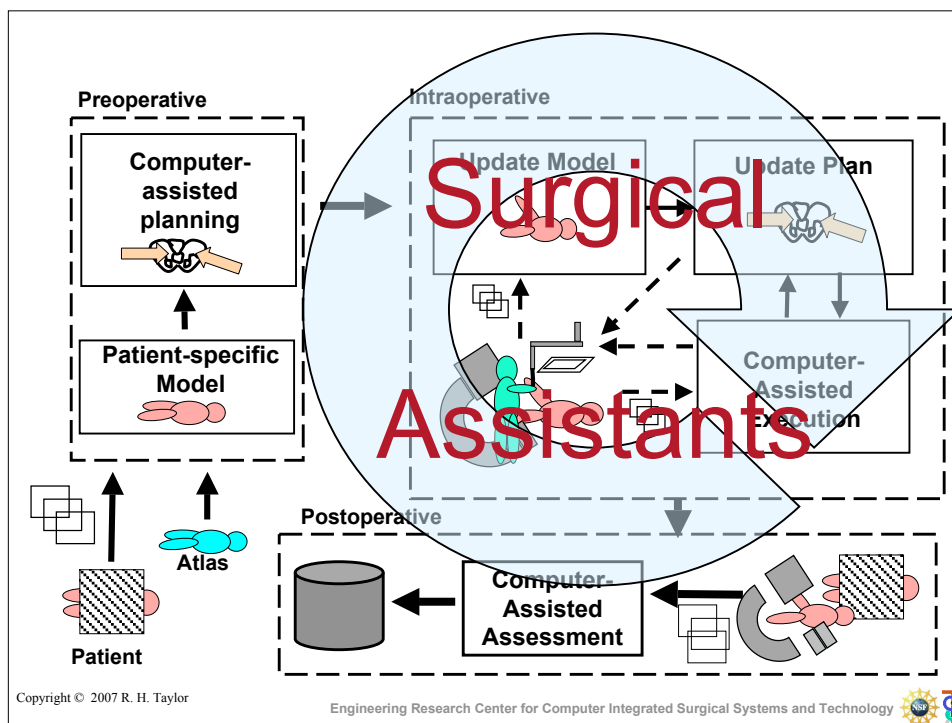
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Example: In-imager Needle Placement



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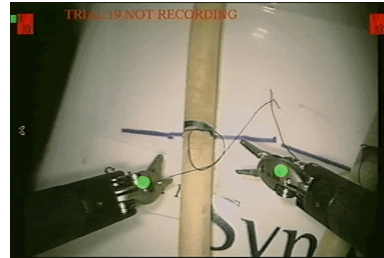
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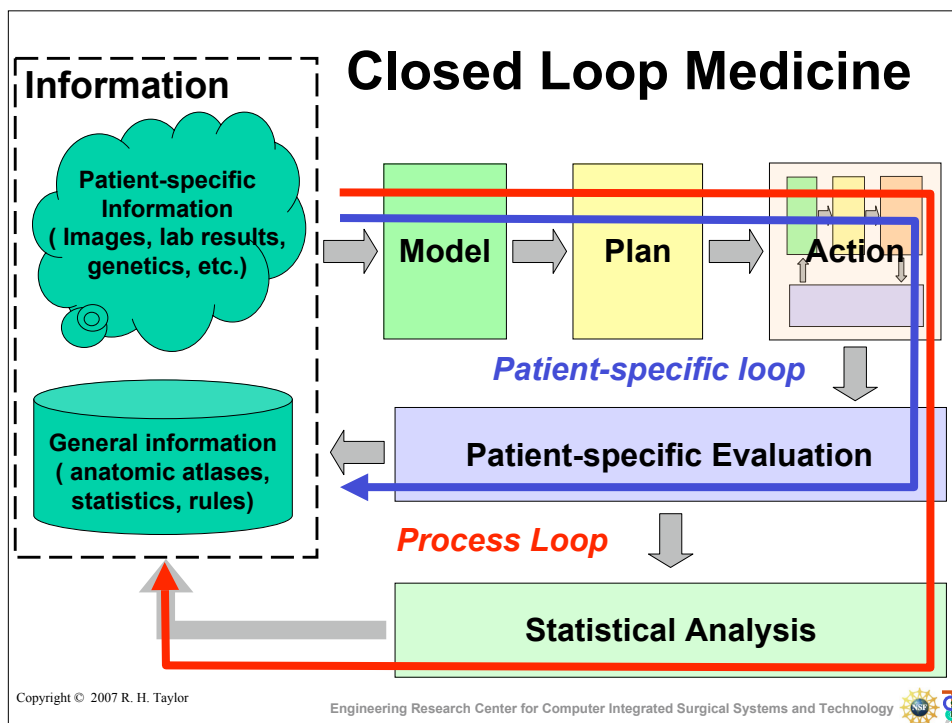
Example: Augmented Reality in Robot-Assisted Surgical Systems



Clockwise from upper left: daVinci surgical robot;
Information overlay of force information on daVinci
display (Okamura *et al.*); Real time overlay of
ultrasound images on daVinci display (Taylor *et al.*)

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Multidisciplinary Integration is Crucial

Modeling & analysis

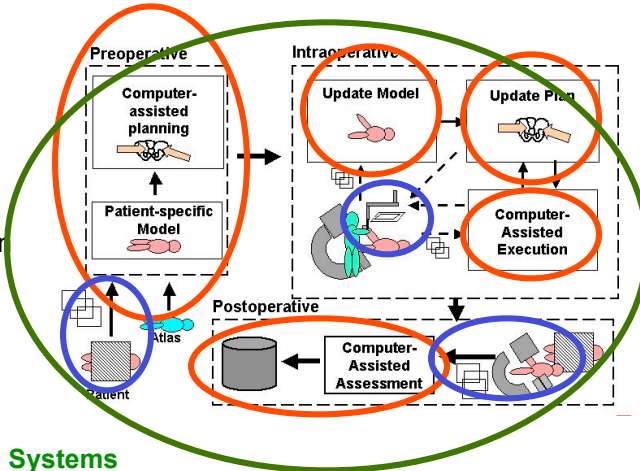
- Segmentation
- Registration
- Atlases
- Optimization
- Visualization
- Task characterization
- etc.

Interface Technology

- Sensing
- Robotics
- Human-machine interfaces

Systems

- Safety & verifiability
- Usability & maintainability
- Performance and validation

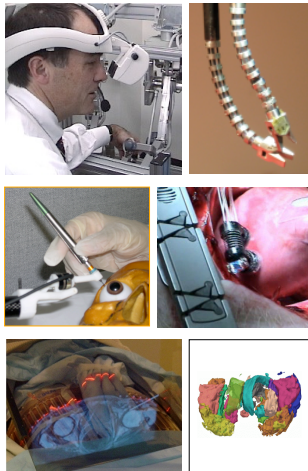


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Engineering Research Center for Computer Integrated Surgical Systems and Technology (CISST ERC)



cisstweb.cs.jhu.edu

The CISST ERC is developing a family of surgical systems that combine innovative algorithms, robotic devices, imaging systems, sensors, and human-machine interfaces to work cooperatively with surgeons in the planning and execution of surgical procedures.

Areas of Research

- Robotic surgical assistants
- Image-guided interventional systems
- Focused interdisciplinary research in algorithms, imaging, robotics, sensors, human-machine systems

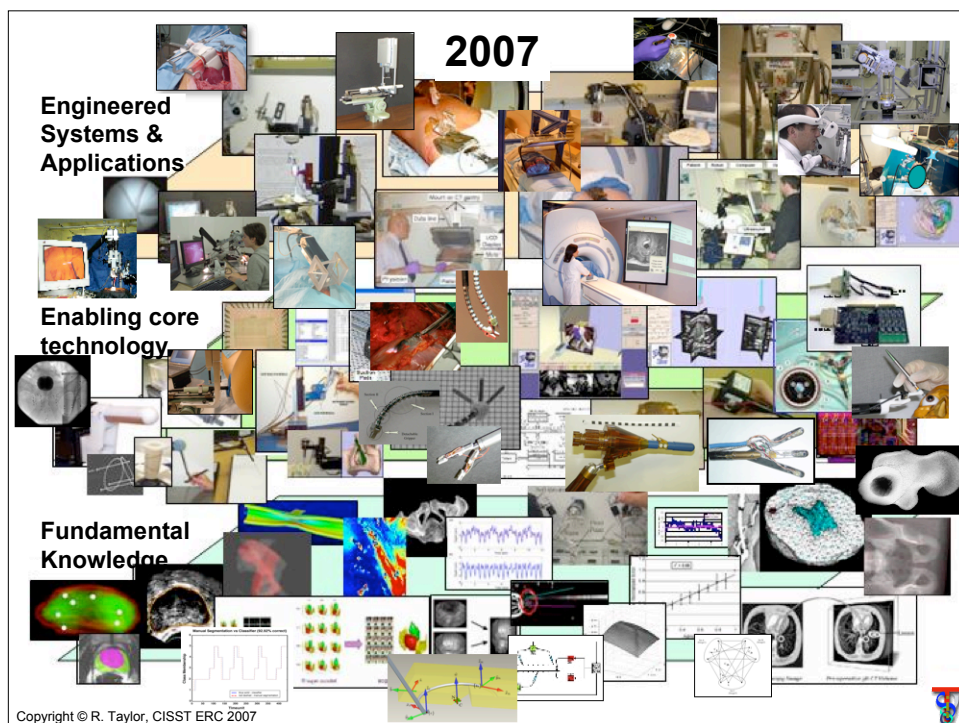
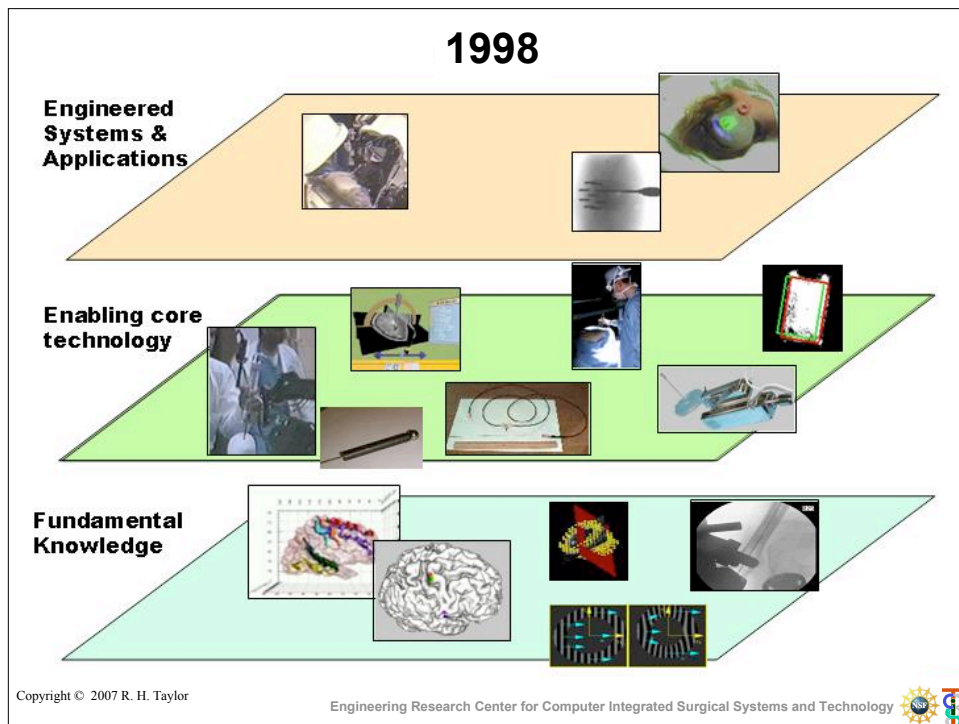
Institutions

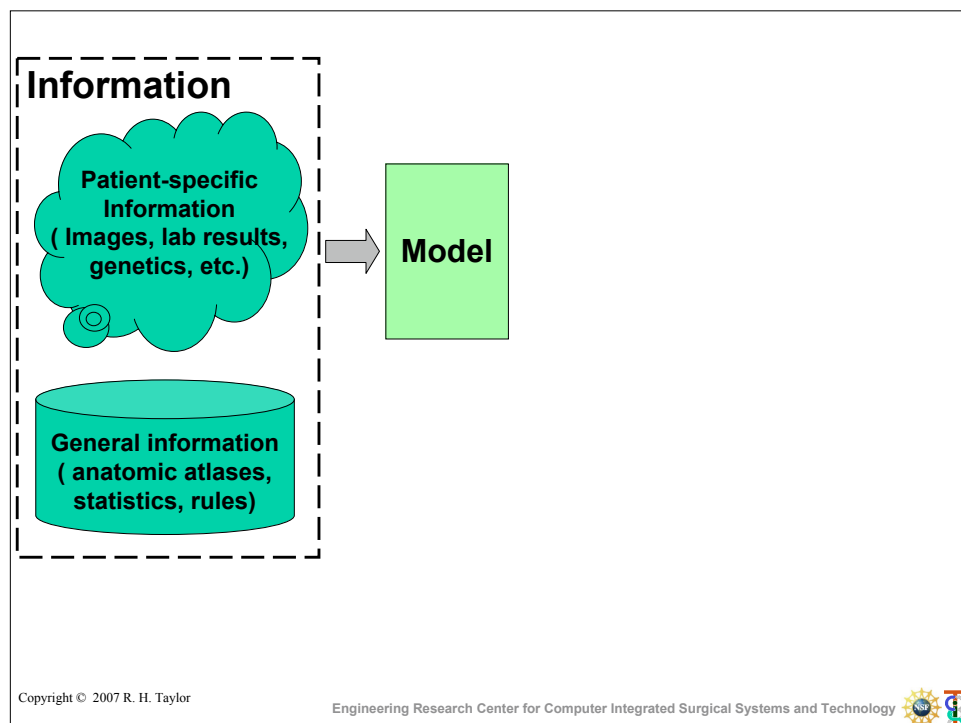
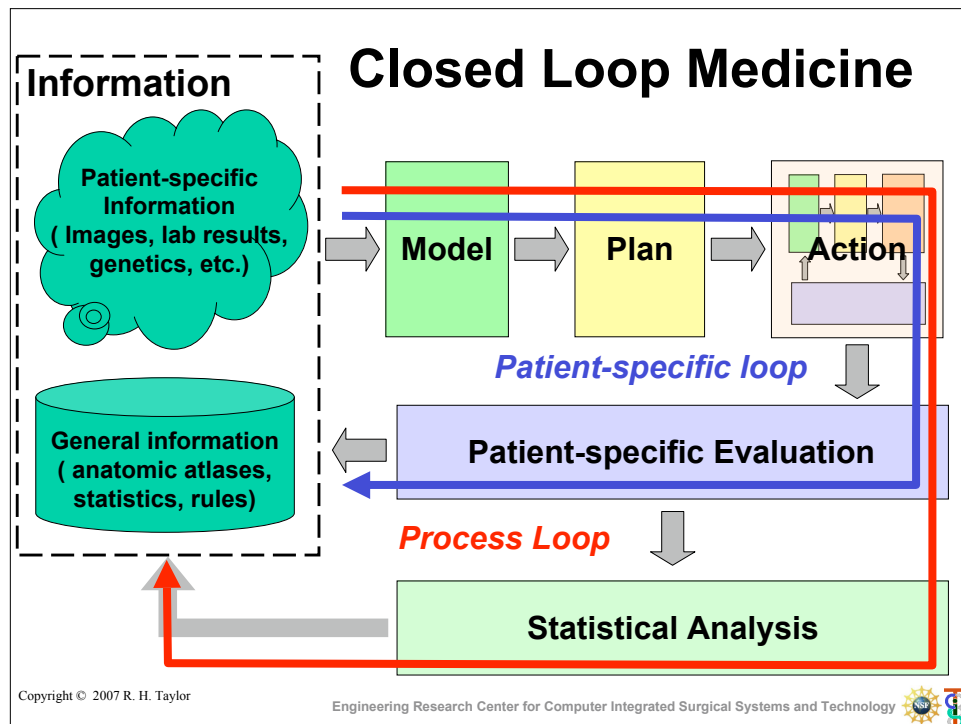
- Johns Hopkins, MIT, CMU, BWH, Harvard, Penn, Morgan State, Columbia

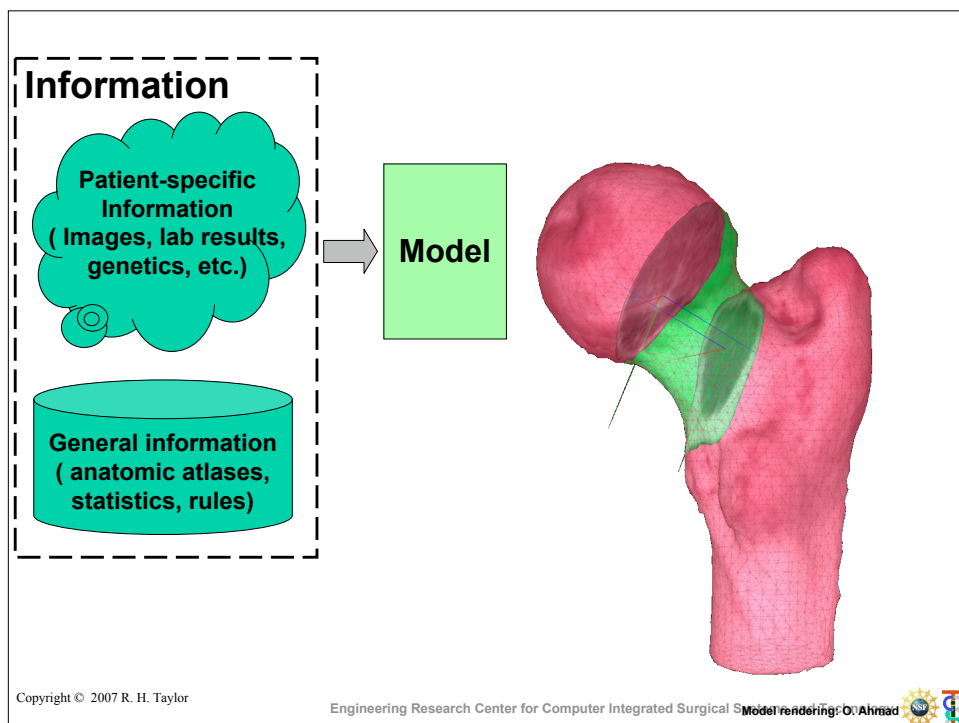
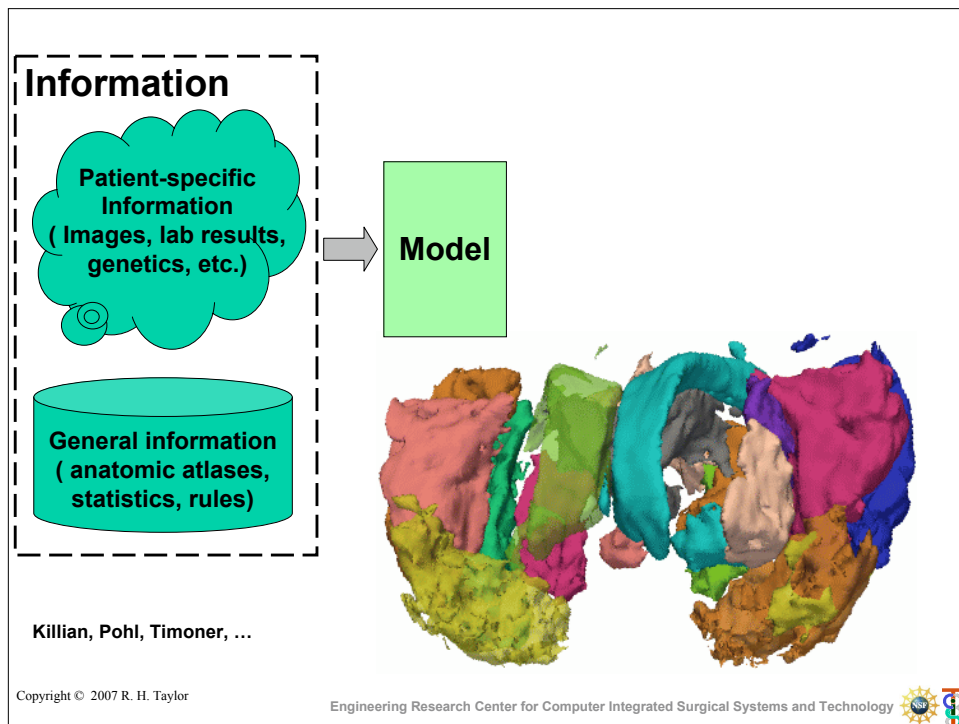
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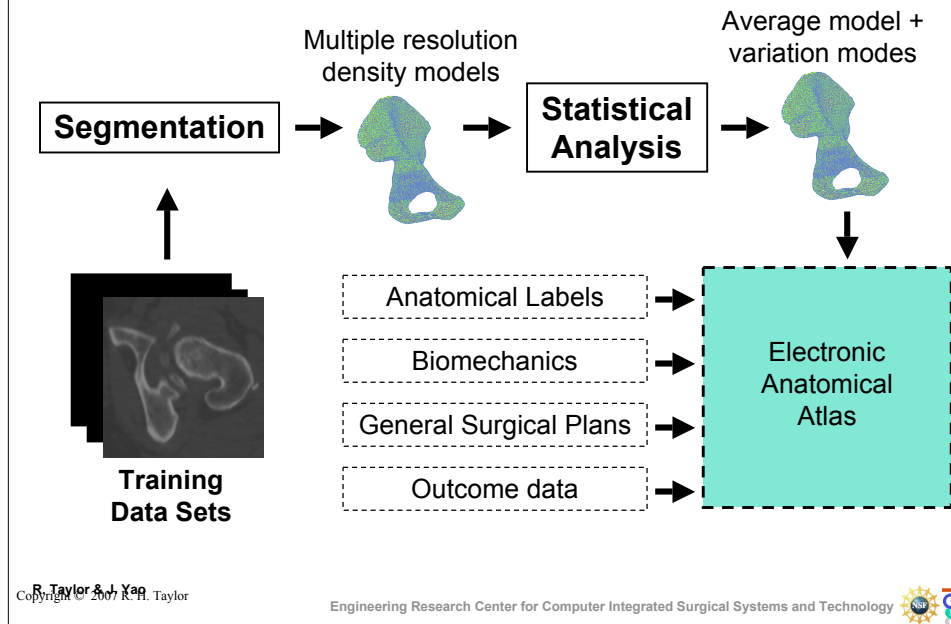




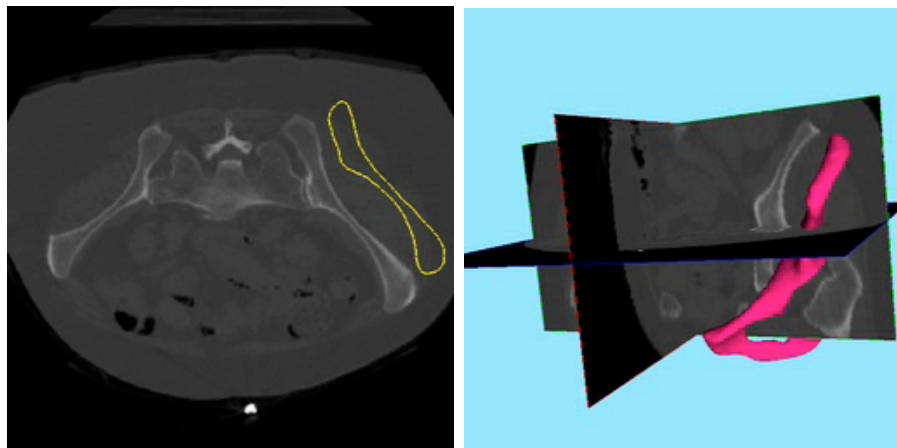




Statistical Atlases of Patient Anatomy



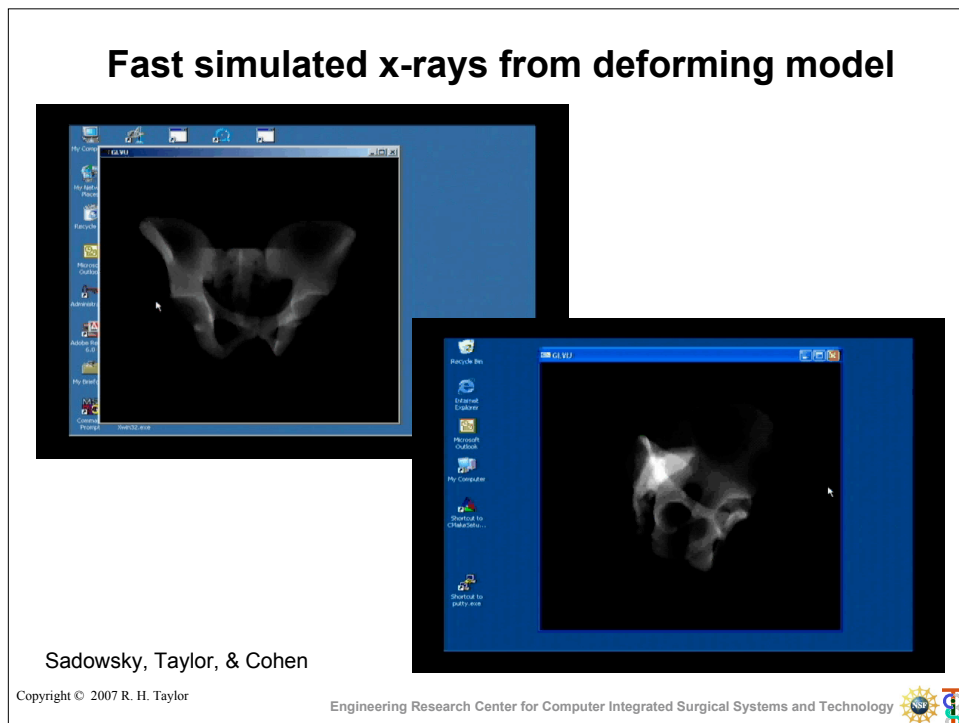
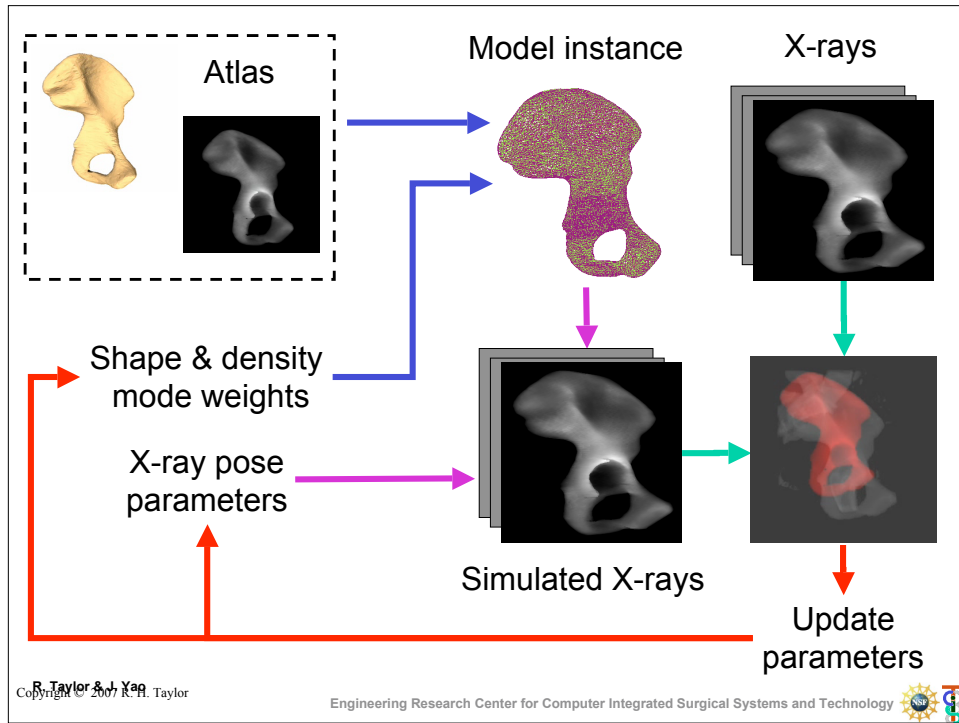
Deformable Atlas-to-CT Registration (3D-3D)

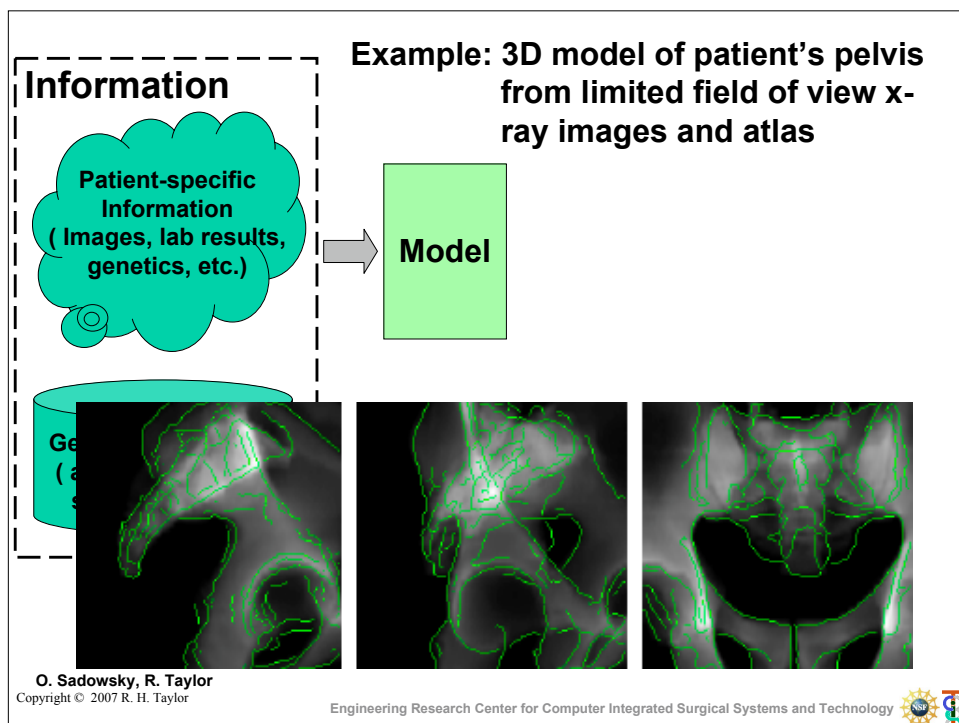
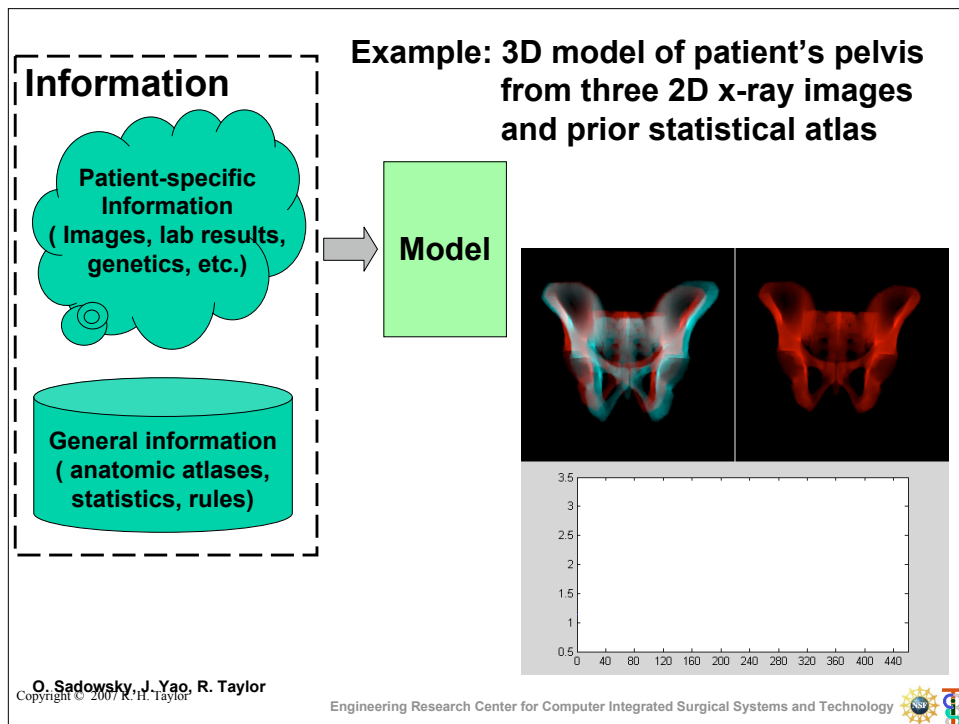


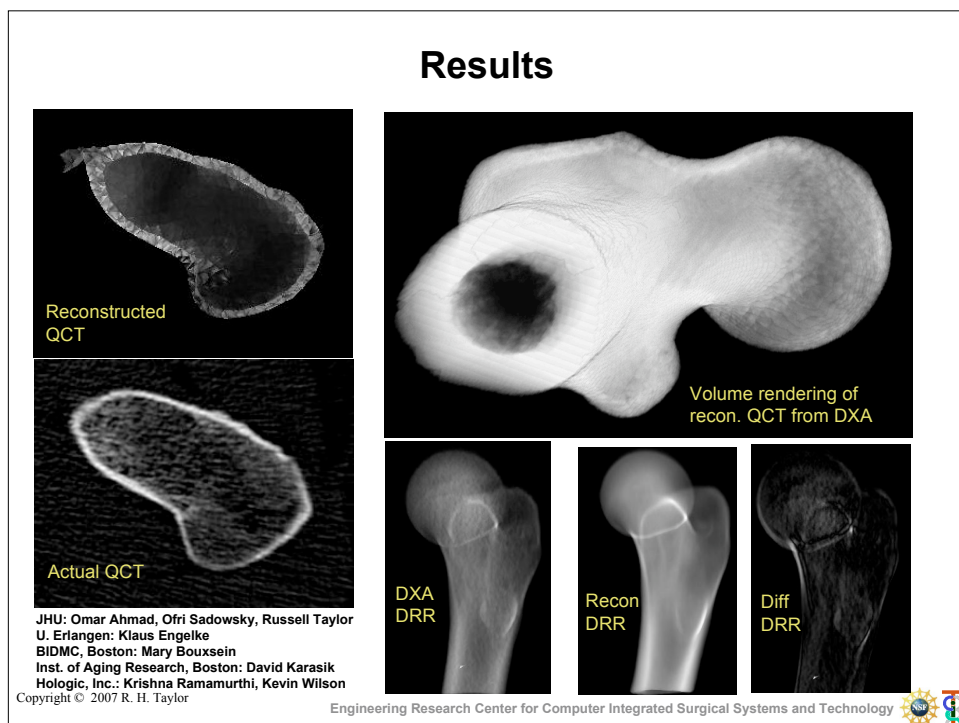
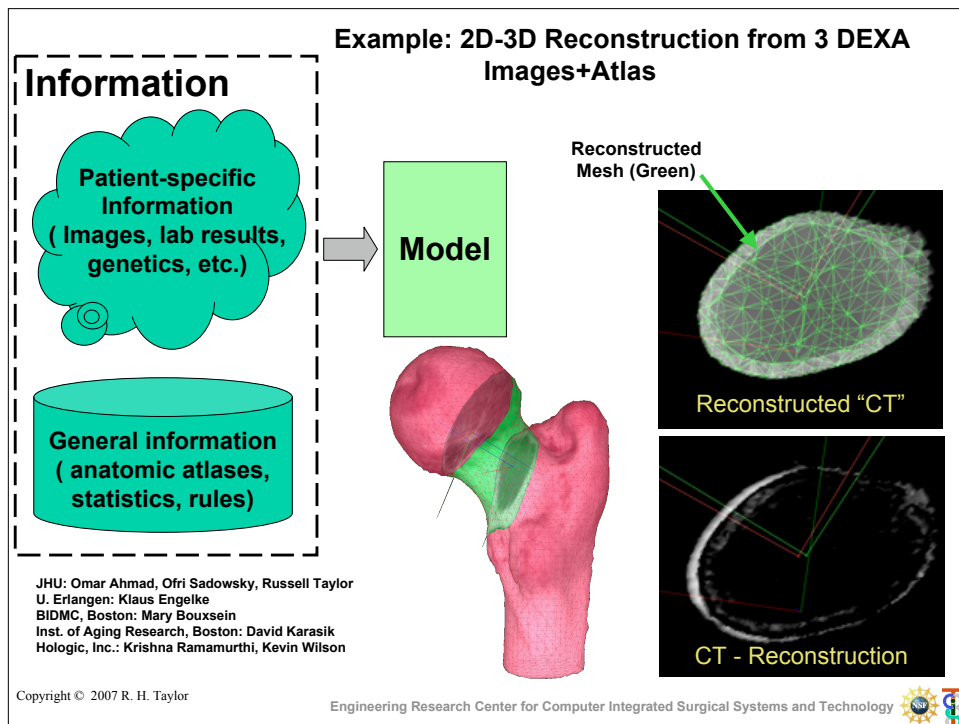
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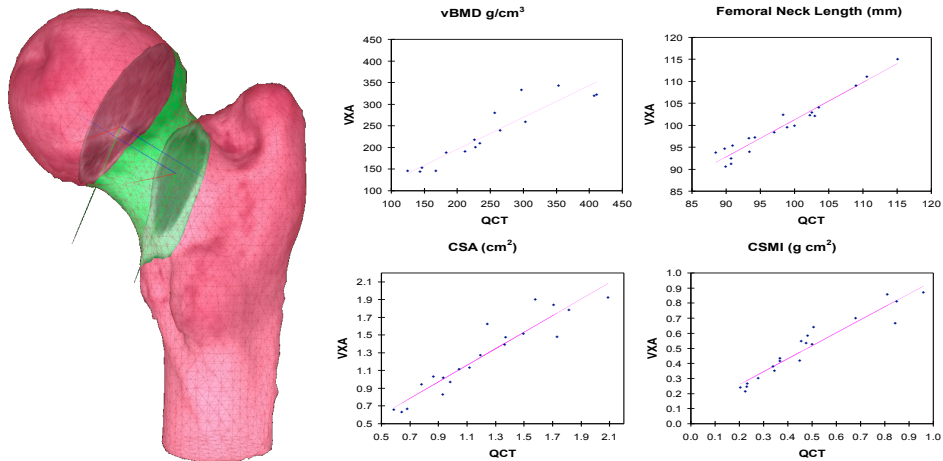
Jianhua Yao







Comparison VXA to QCT



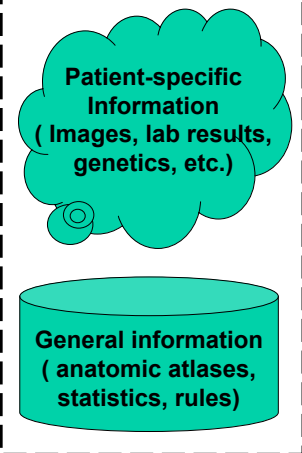
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JHU: Omar Ahmad, Ofri Sadowsky, Russell Taylor
U. Erlangen: Klaus Engelke

BIDMC, Boston: Mary Bouxsein
Inst. of Aging Research, Boston: David Karasik
Hologic, Inc.: Krishna Ramamurthi, Kevin Wilson

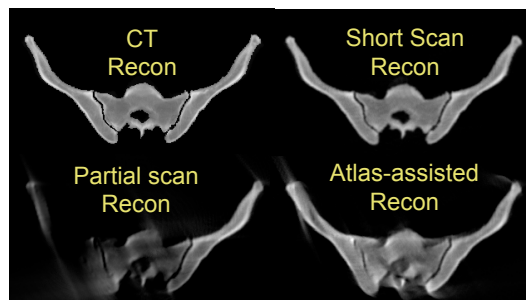
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Information



Example: Hybrid Cone Beam Reconstruction from Incomplete Projection data & Atlas

Model



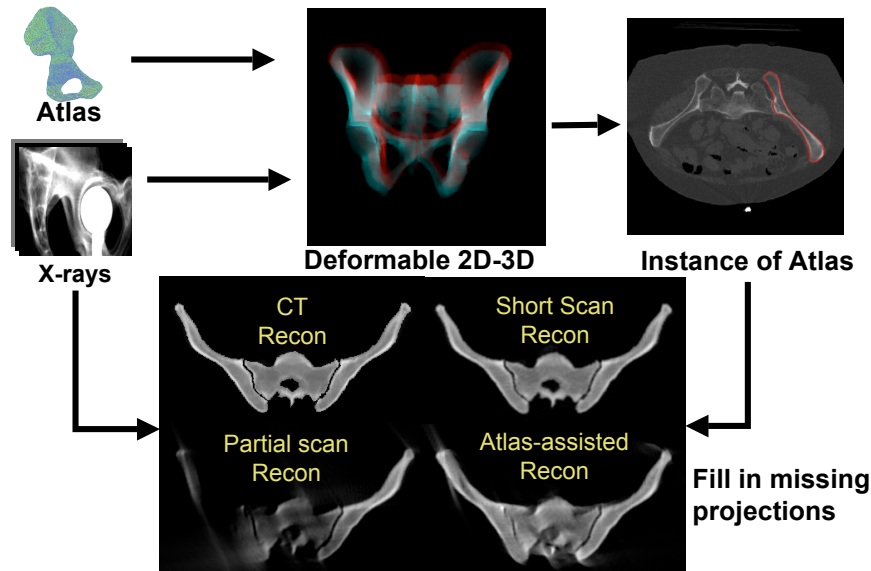
O. Sadowsky, K. Ramamurthy, J. Yao, J. Prince, R. Taylor

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Atlas-augmented X-ray Reconstruction

Taylor, Prince, Yao, Sadowsky, Ramamurthi

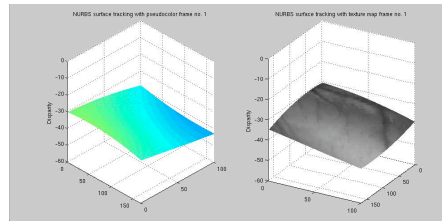


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Real-time Video Techniques

Hager/Thakor/Yuh/Lau (JHU)

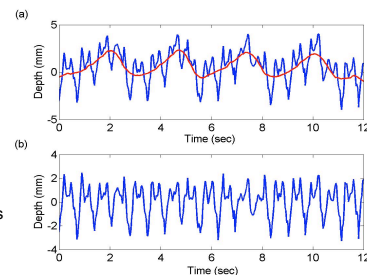


Problem: Construct dynamically tracked models of deformable surfaces

Solution: Optimize a parametric surface from stereo imagery

Results: Real-time tracking of a beating heart with:

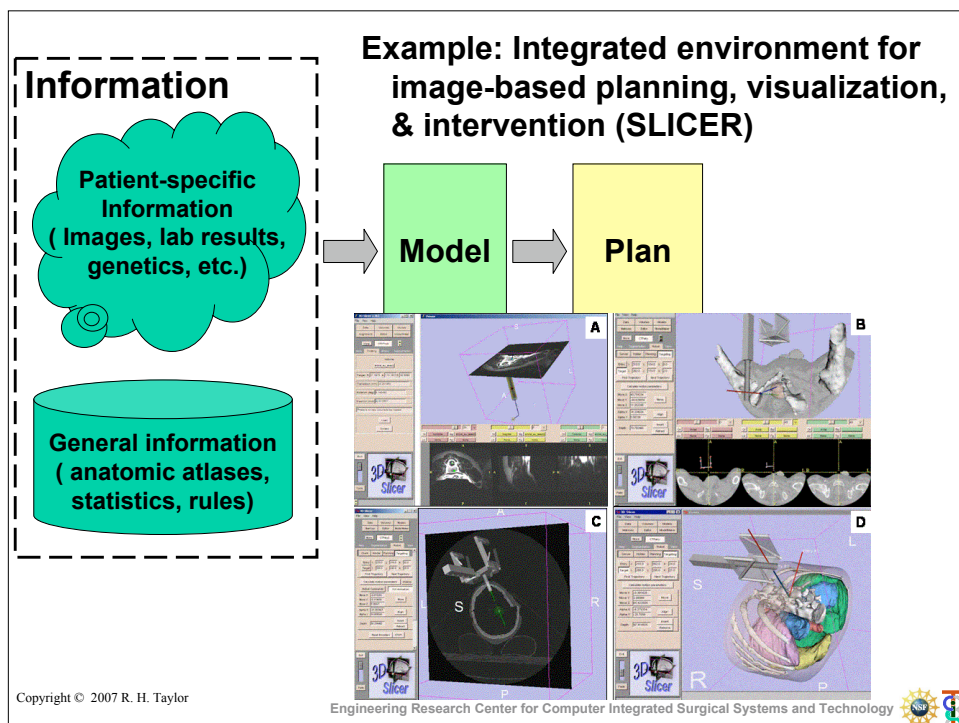
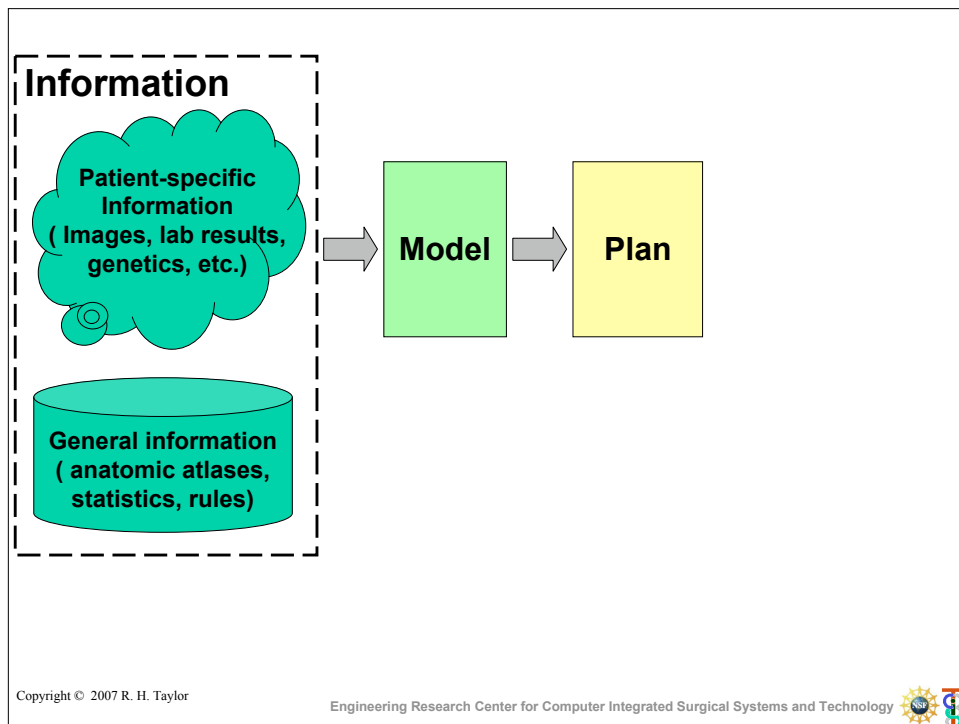
1. Real-time performance
2. Extremely high accuracy ($< 1/10$ pixel)
3. Generalization to many imaging devices and applications

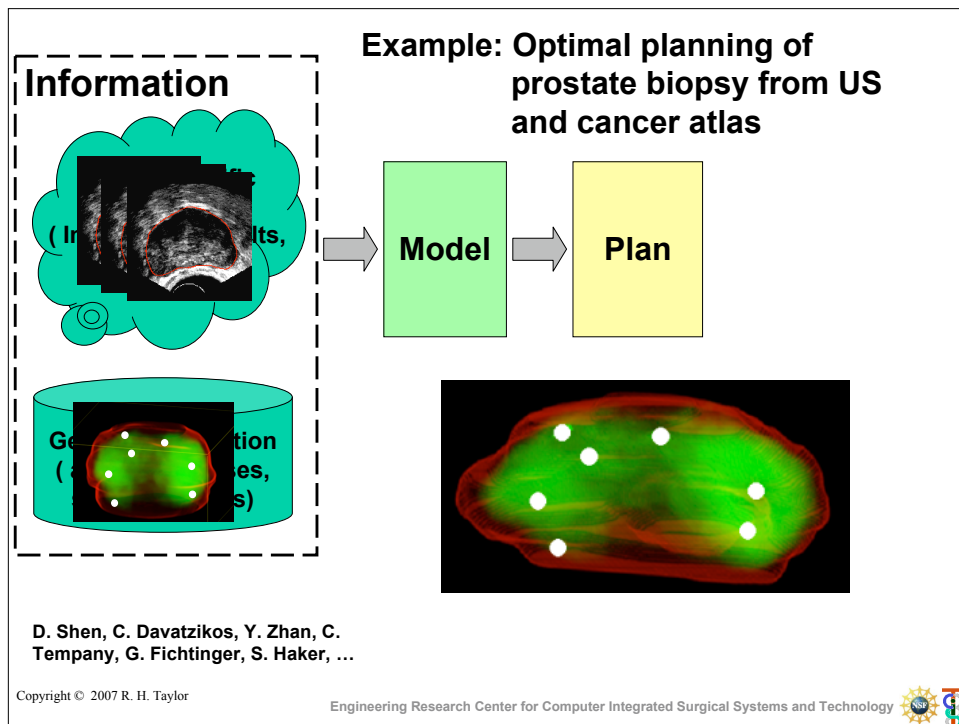


Stereo tracking of in-vivo beating heart using Intuitive Stereo Endoscope

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Example: Biomechanical Simulation of Medical Needle Insertion

Ron Alterovitz, Ken Goldberg (UC Berkeley)
Jean Pouliot, I-Chow Hsu (UCSF)

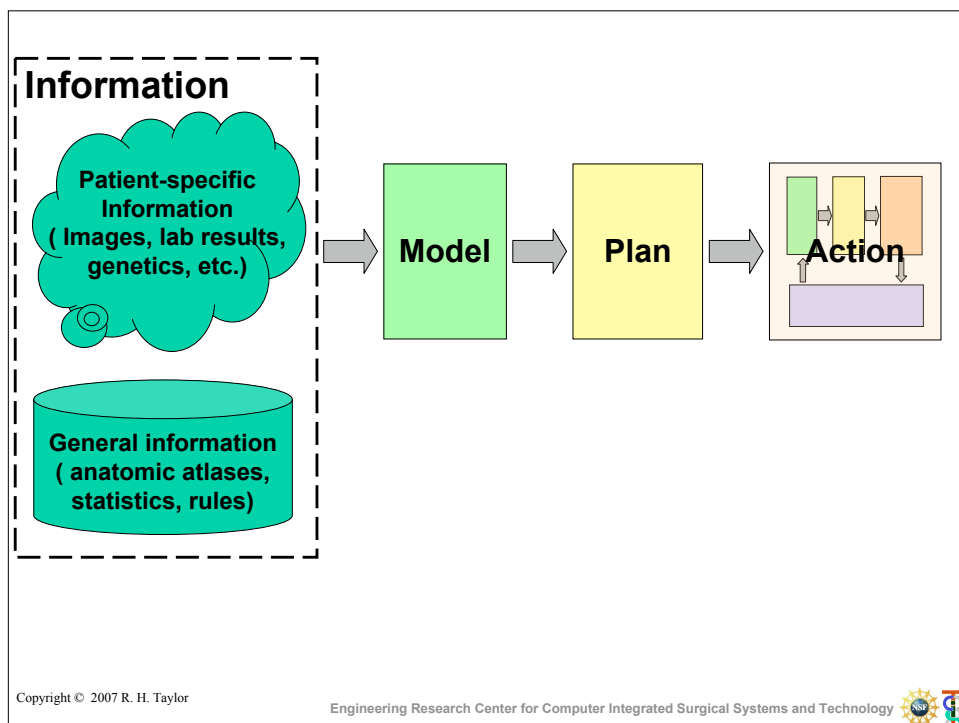
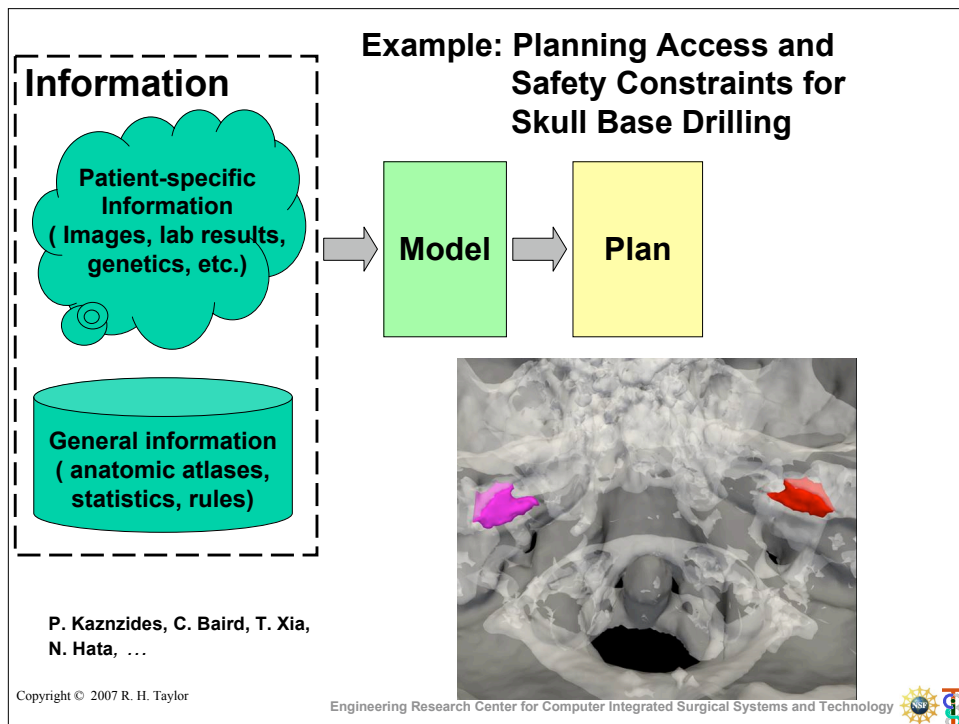
- *Goal:* Reduce radioactive seed placement error in prostate cancer brachytherapy treatment using biomechanical simulation
- Developed 2D dynamic finite element model of needle insertion in tissue
- Interactive simulation: 24 fps on a 750MHz PC
- *Applications:* Physician training and treatment planning

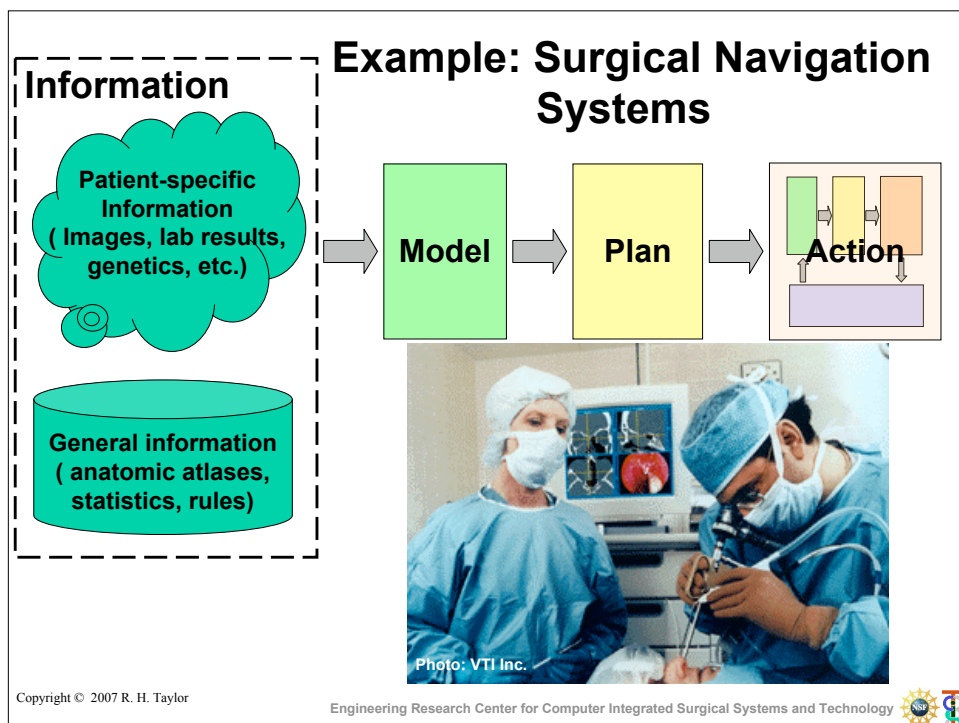
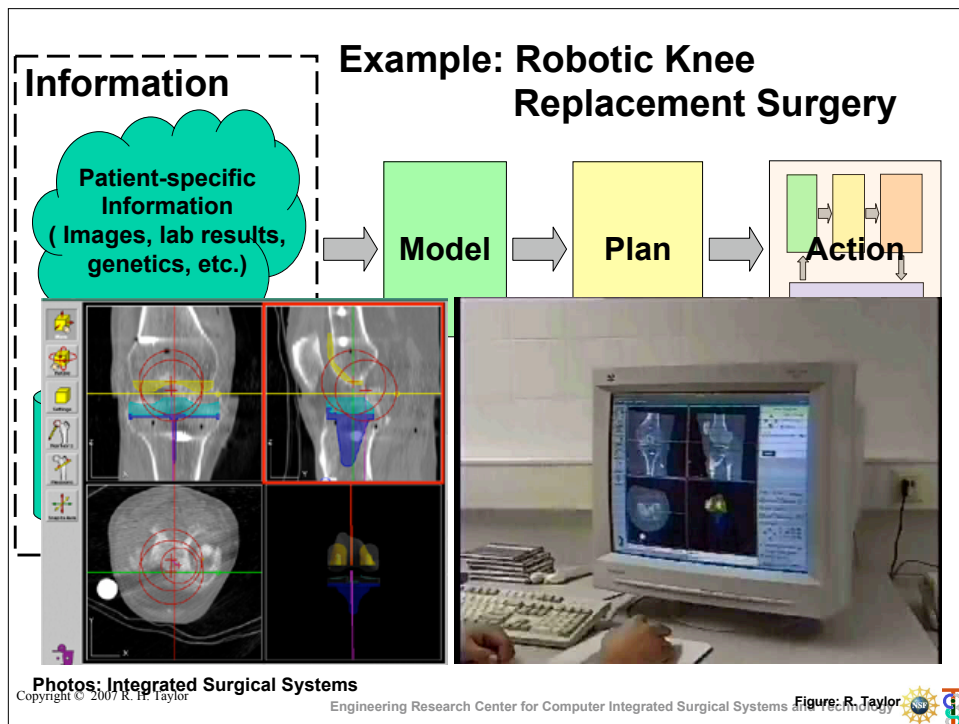
Tissue deformations cause seed placement error

Planner computes offsets to compensate for simulated tissue deformations

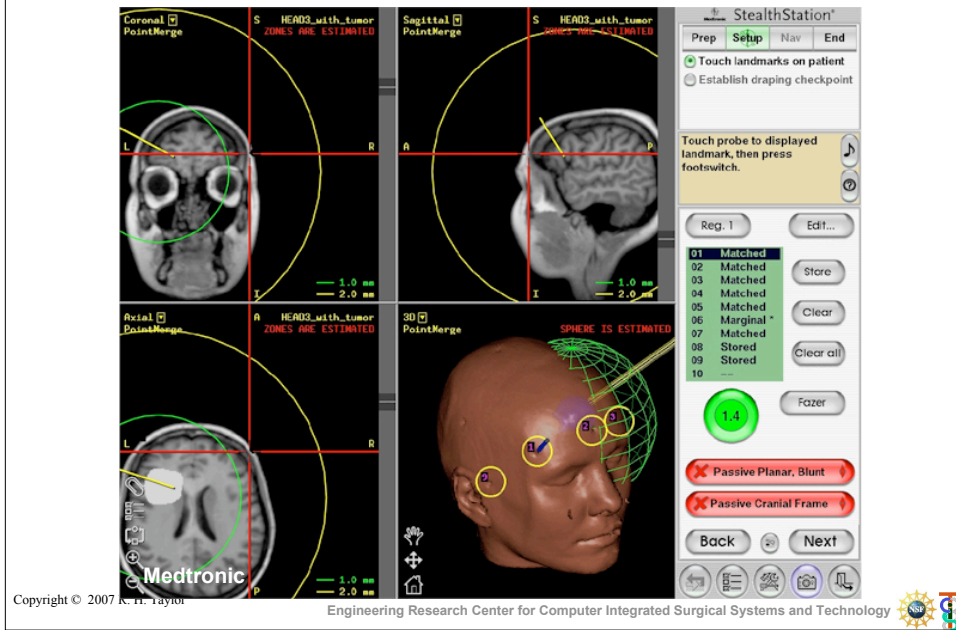
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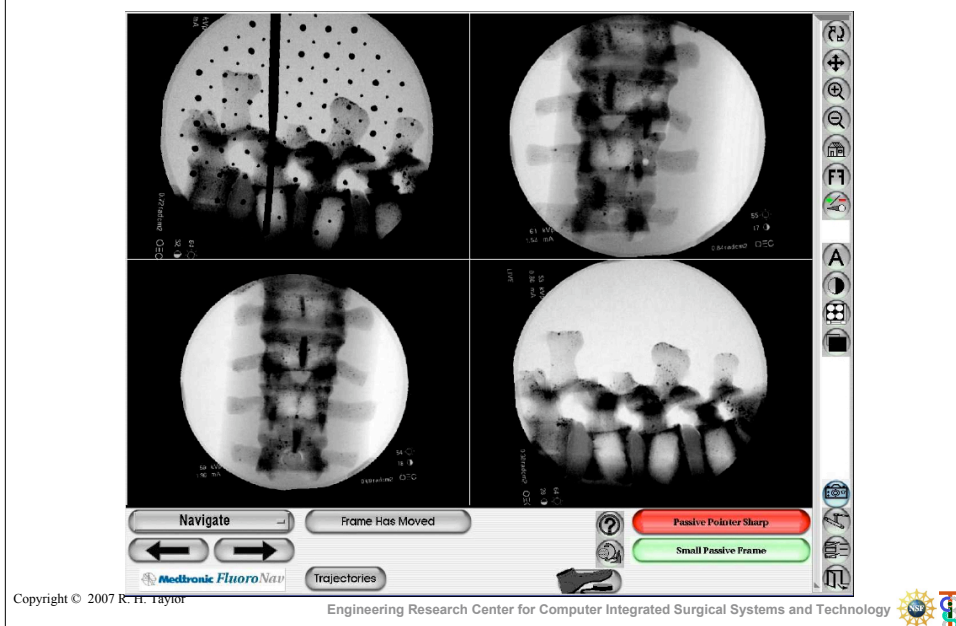


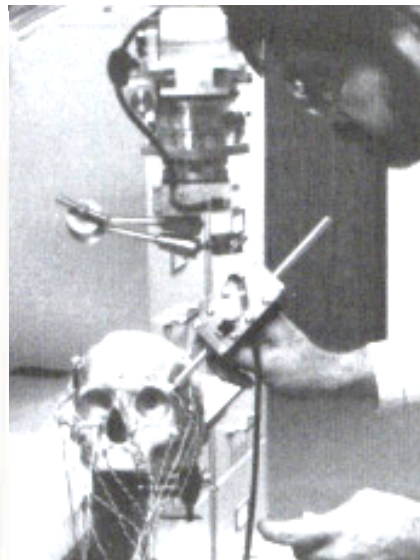
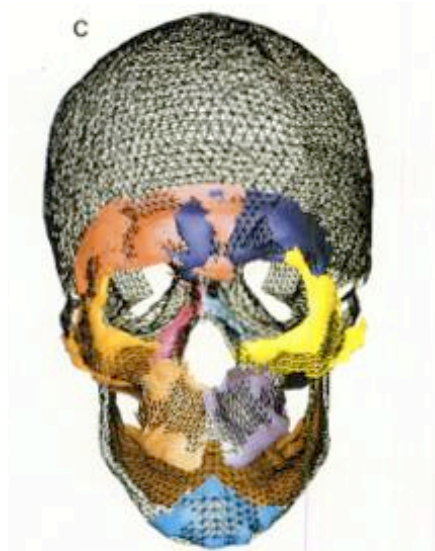


Navigation Systems



Navigation Systems





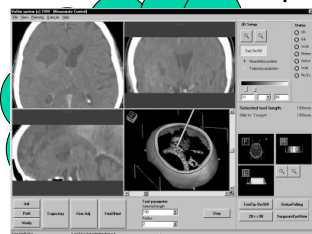
Cutting, Bookstein, Taylor, *et al.*

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Information



Example: Robotically-assisted needle placement

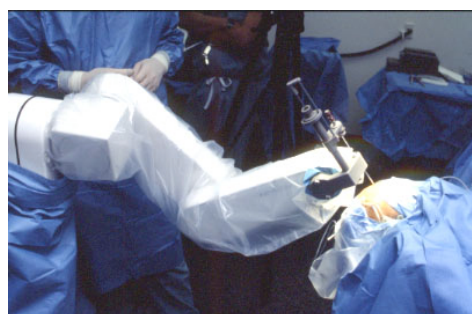
Model

Plan

Action



Courtesy: Integrated Surgical Systems

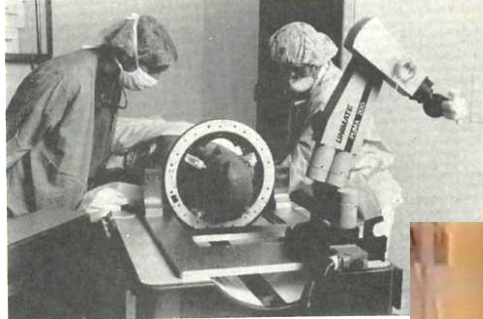


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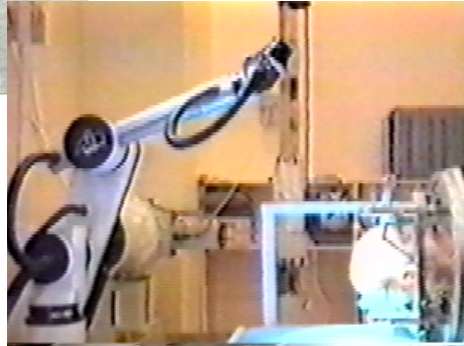


Robotic Needle Guidance



Kwoh, *et al.* 1988

Lavallee, Troccaz, *et al.* 1989



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Example: Computer-integrated prostate brachytherapy

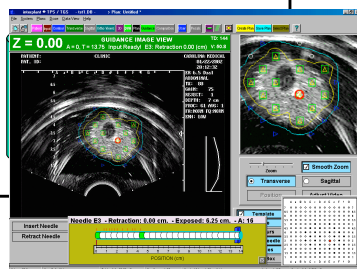
Information

Patient-specific
Information
(Images, lab results,
genetics, etc.)

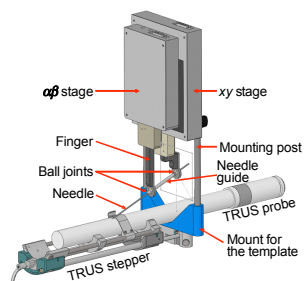
Model

Plan

Action



Kennedy, Fichtinger, Burdette, *et al.*



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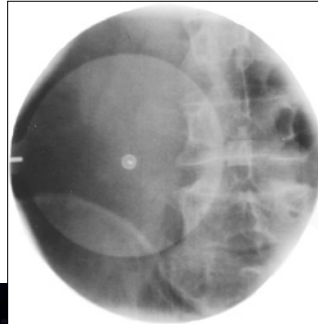
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Xray-guidance example:

Percutaneous access to kidney

- Radiolucent needle driver
- Robot aligns needle under x-ray fluoroscopy guidance
- Has been done both locally and remotely



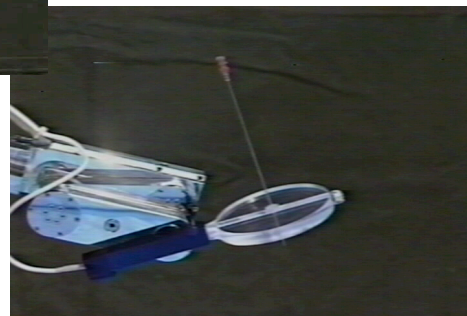
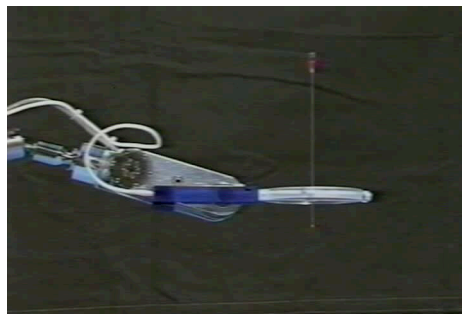
Photos: D. Stoianovici, L. Kavoussi

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RCM Robot with Radiolucent Needle Driver

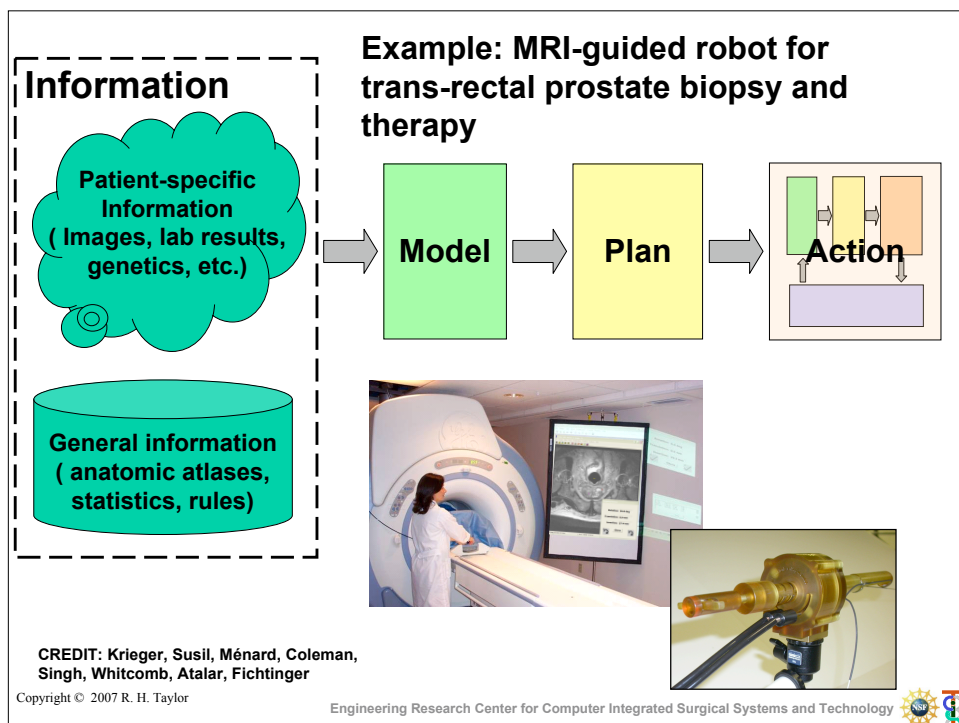
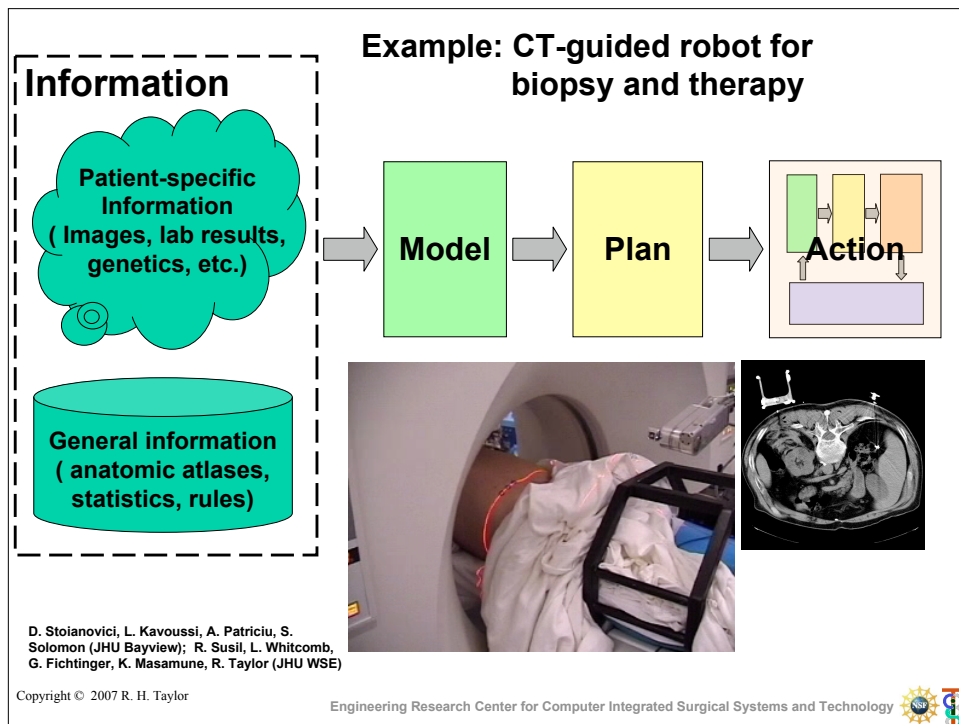


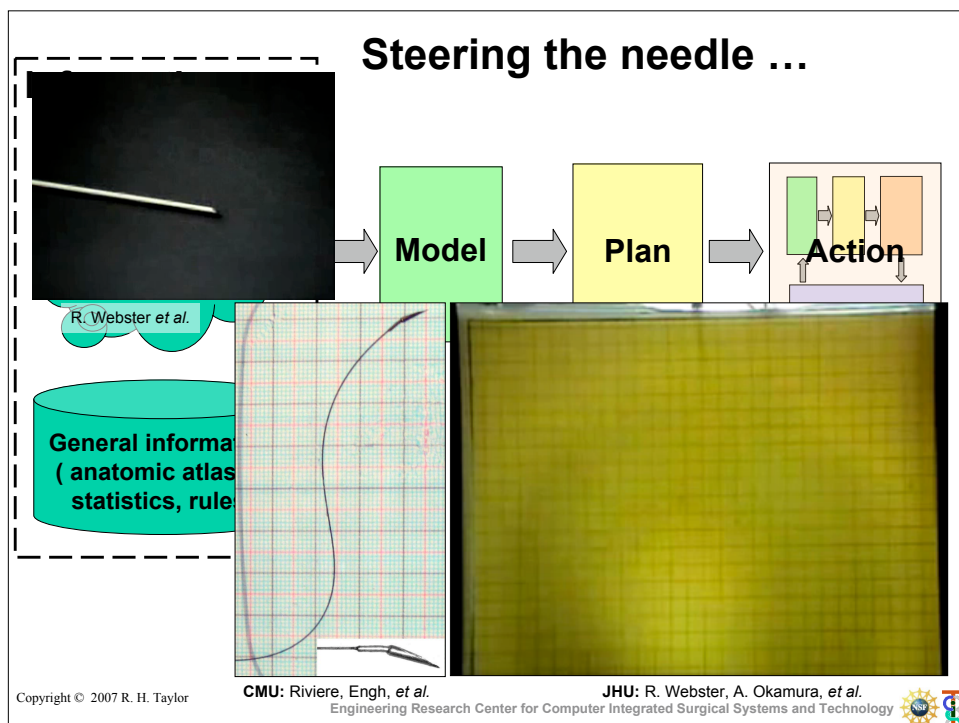
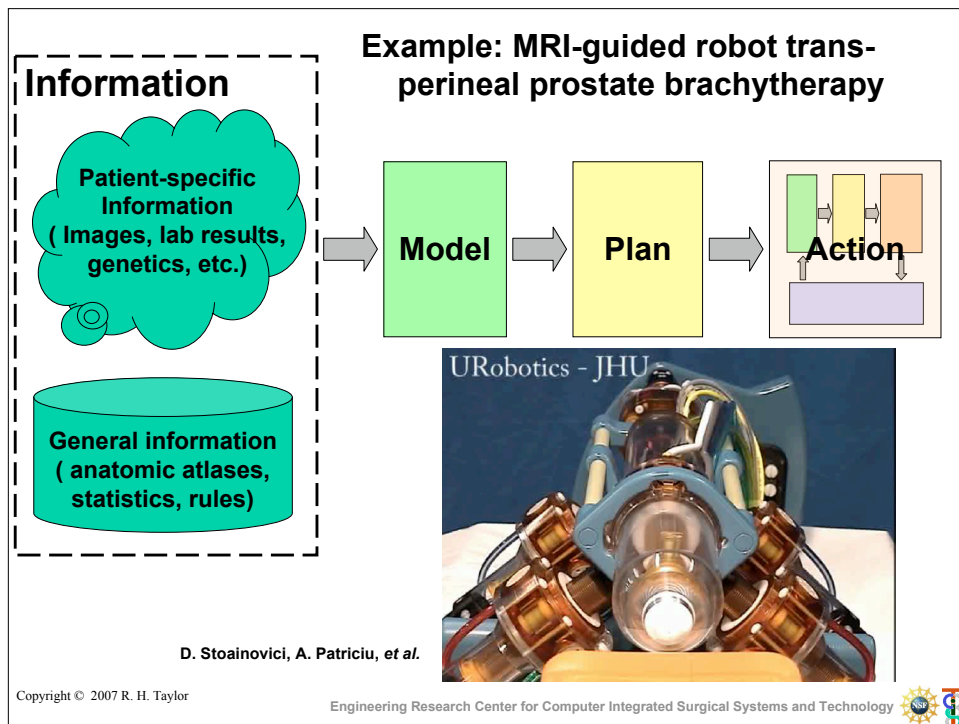
Stoianovici, Taylor, Whictomb, *et al.*

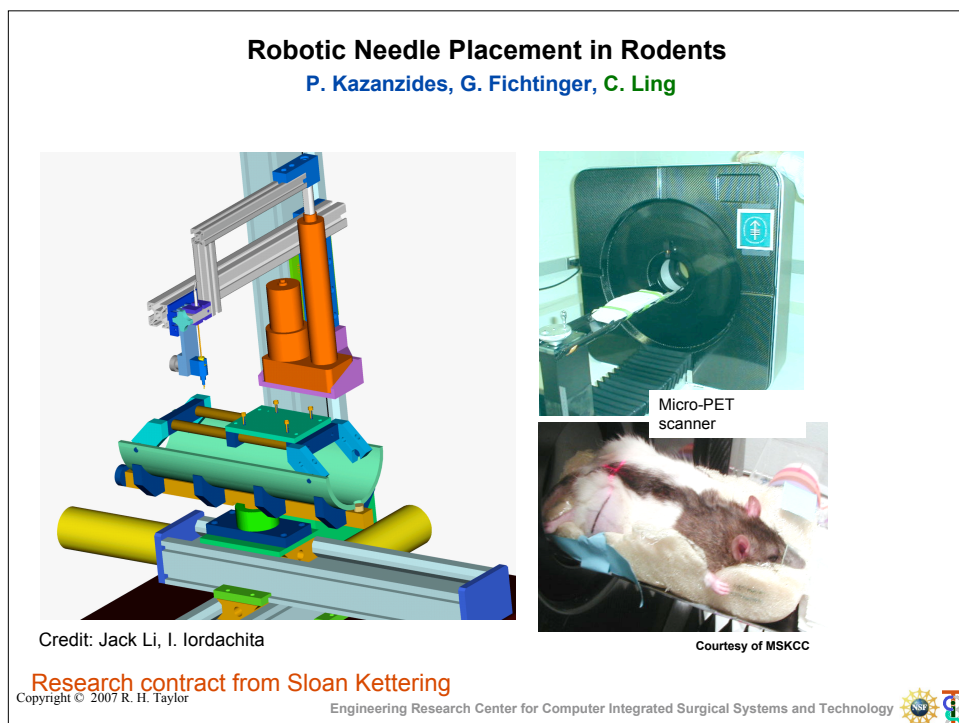
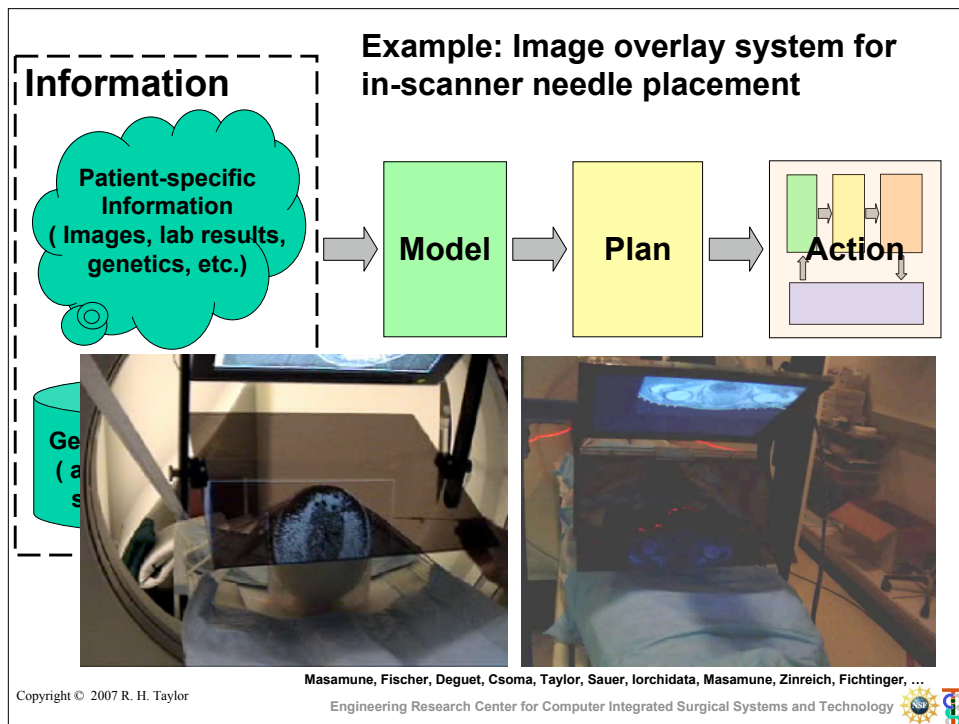
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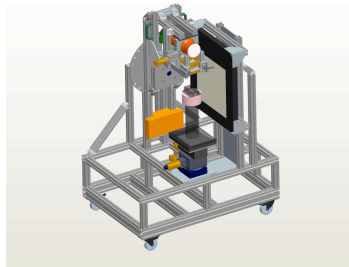




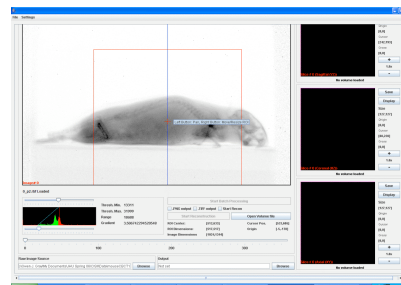
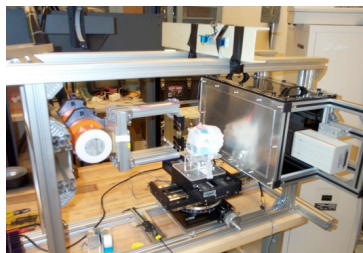


Small Animal Radiation Research Platform

John Wong (PI), Peter Kazanzides, *et al.*

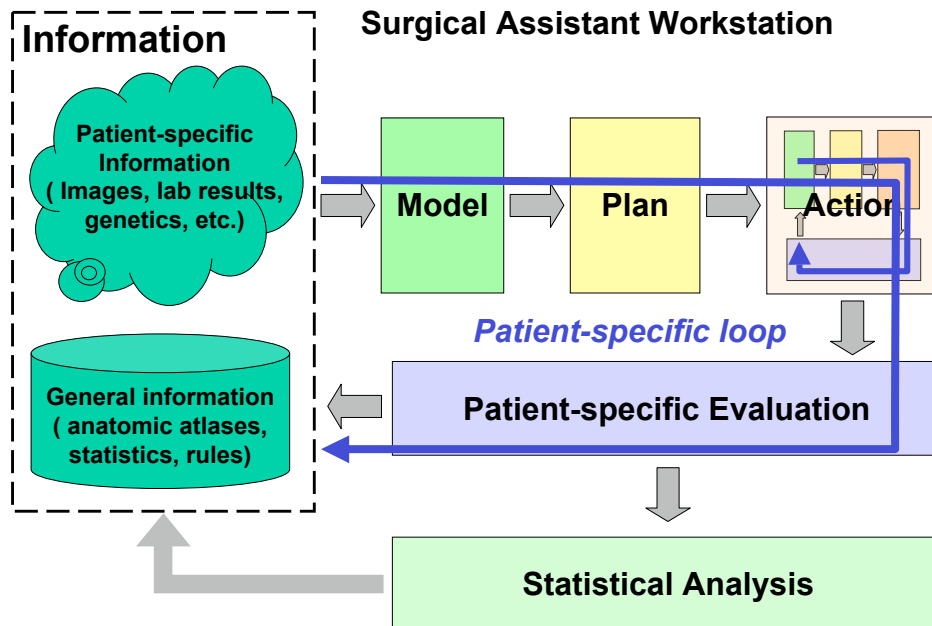


- Prototype, self-contained, very compact imaging and radiation therapy research platform for small animals
- In development as collaboration between JHU Radiation Oncology and CISST ERC



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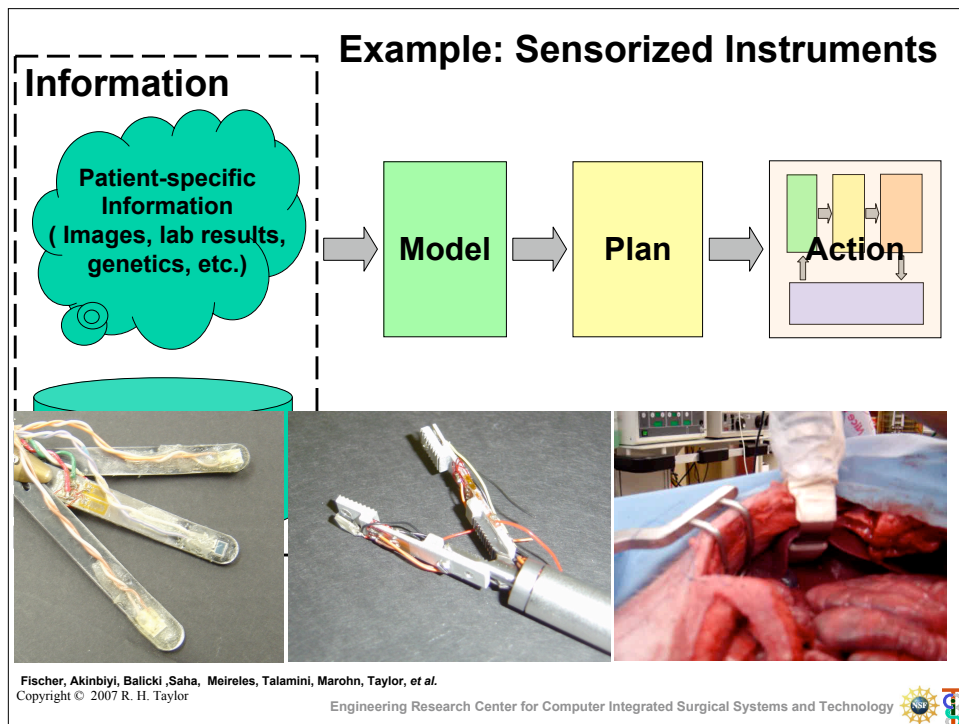
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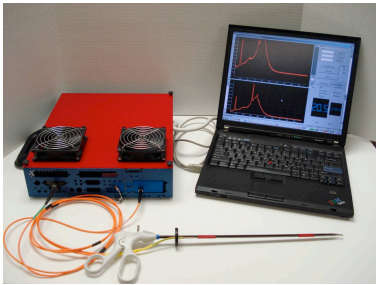




Kidney Ischemia Assessment

- Major concern in laparoscopic partial nephrectomies
- Preliminary *in vivo* study on pigs using fiber-optic probe and visible light spectroscopy



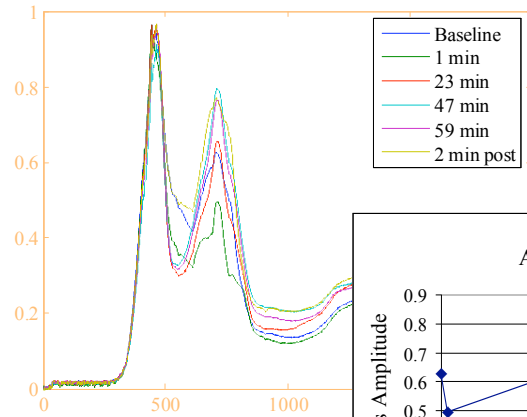


Sabrina Shen, Yi Yang, Marcin Balicki,
Lia Assumpcao, Michael Marohn,
David Hernandez, Li-Ming Su, Russell Taylor

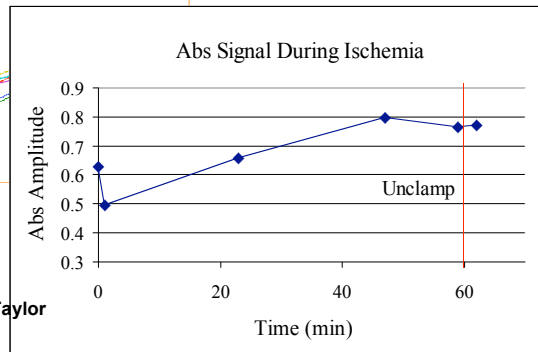
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Kidney Ischemia Assessment



Sabrina Shen, Yi Yang, Marcin Balicki,
Lia Assumpcao, Michael Marohn,
David Hernandez, Li-Ming Su, Russell Taylor



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Information

Patient-specific
Information
(Images, lab results,
genetics, etc.)

General information
(anatomic atlases,
statistics, rules)

Example: Telesurgical Assistants

Model

Plan

Action

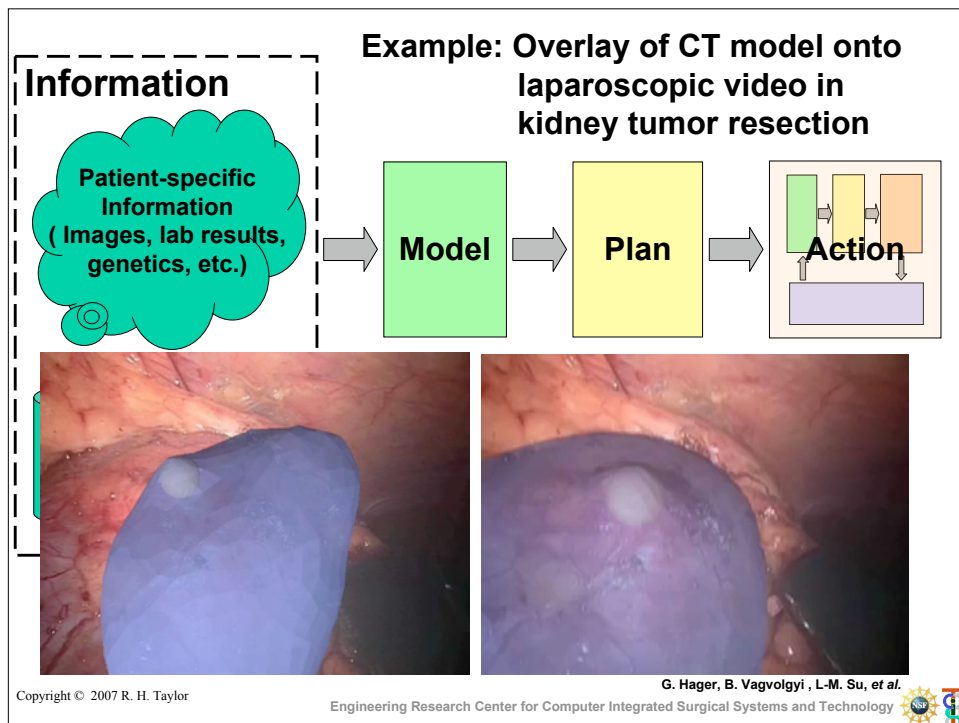
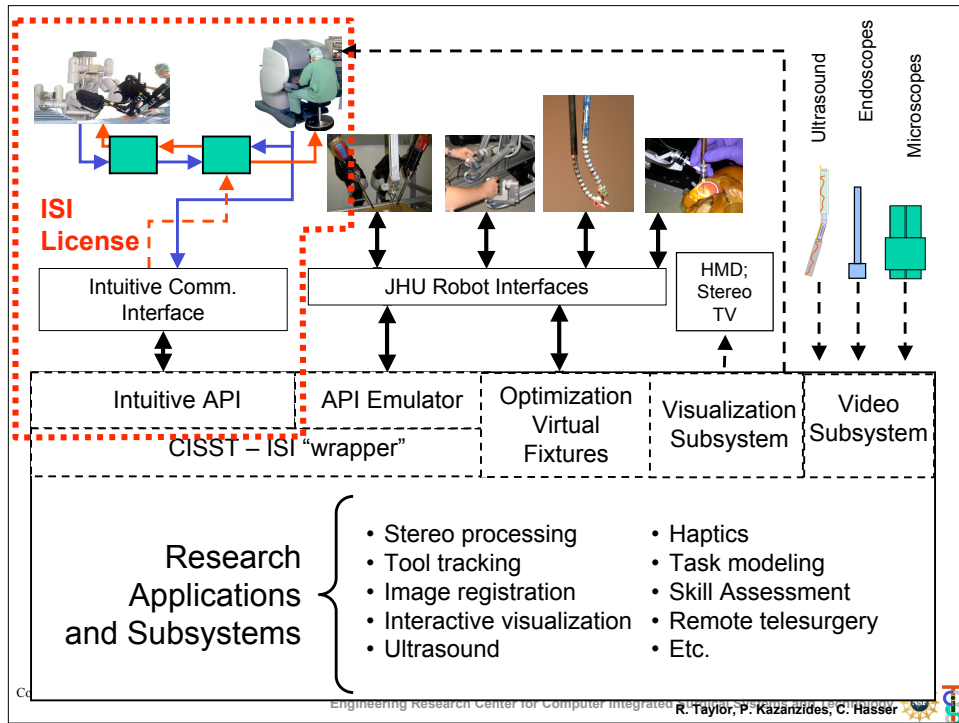


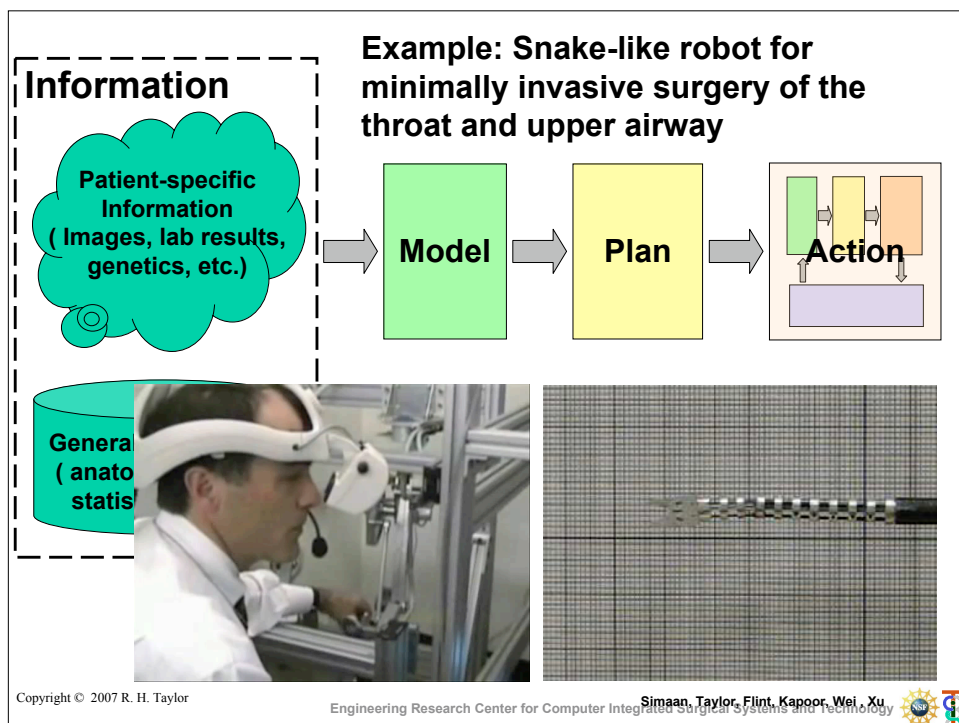
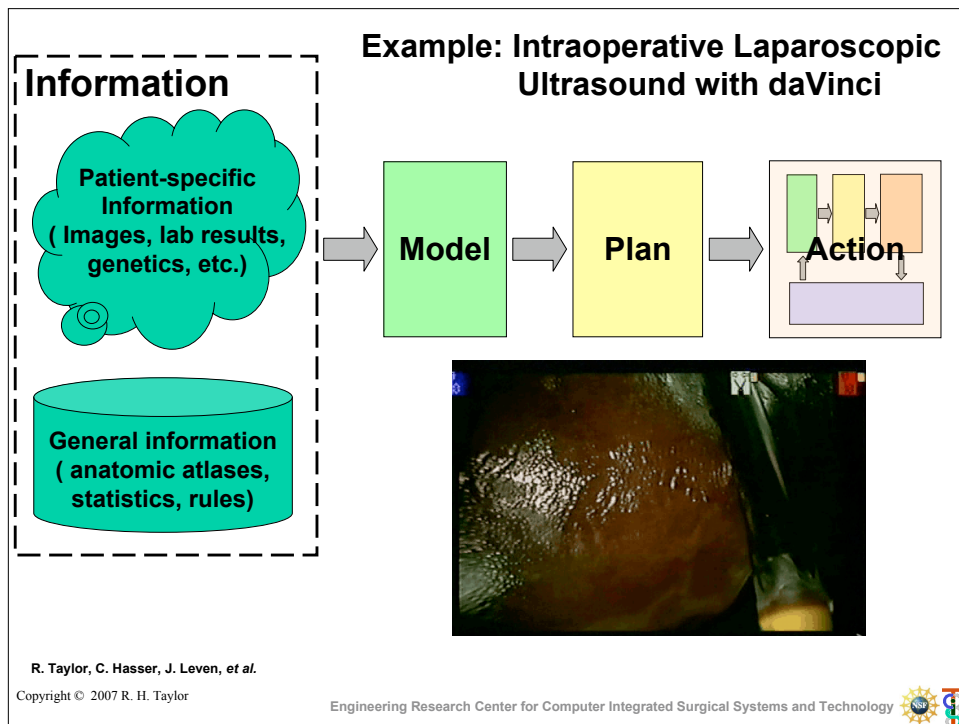
Photo: Intuitive Surgical

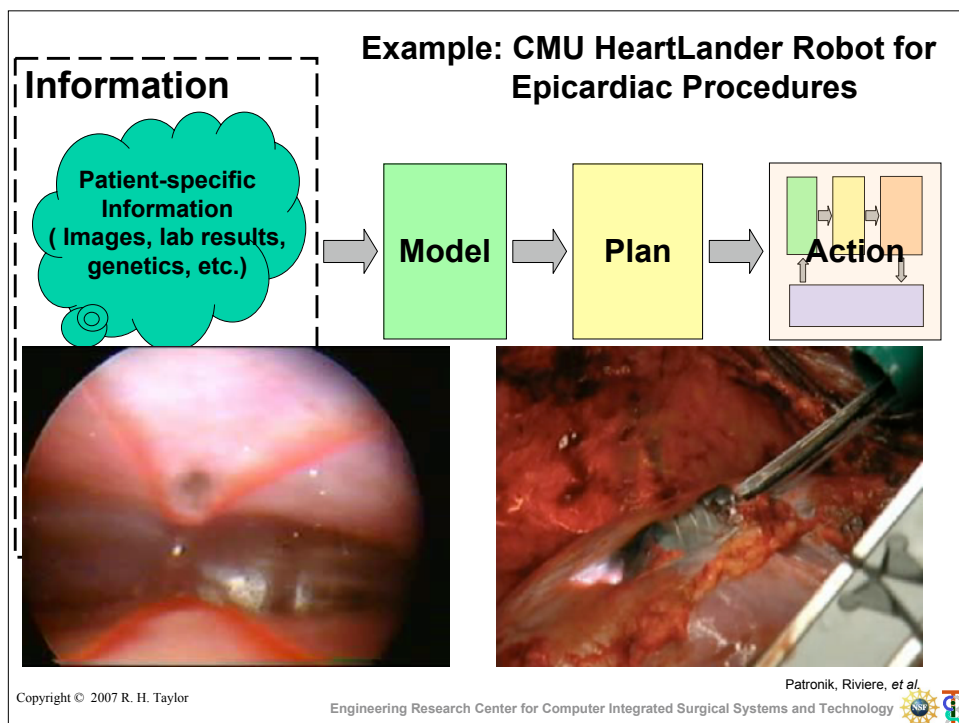
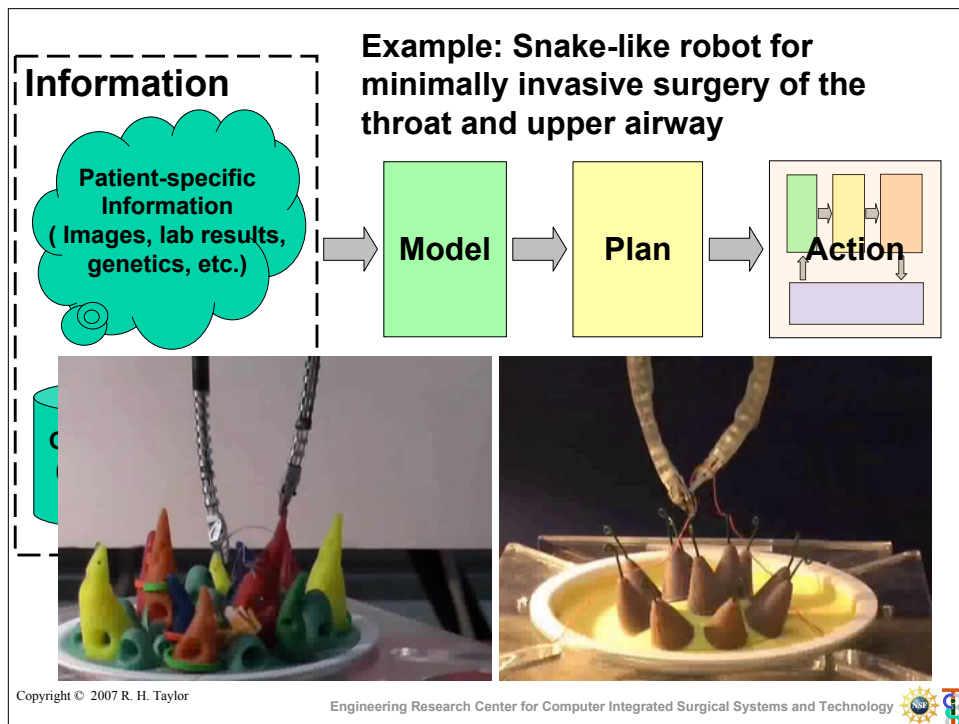
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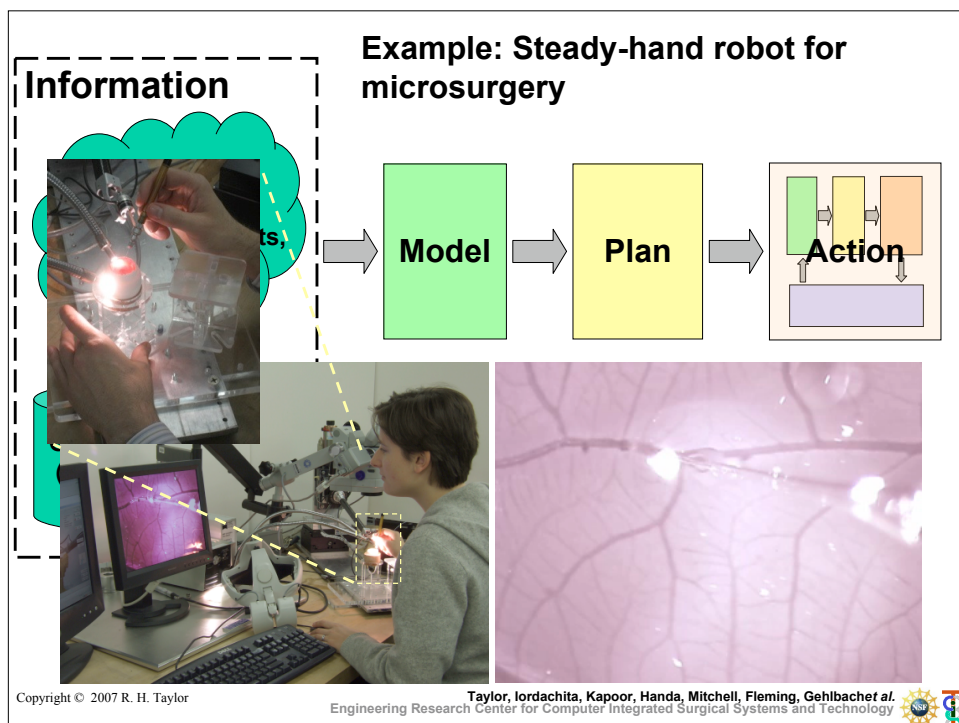
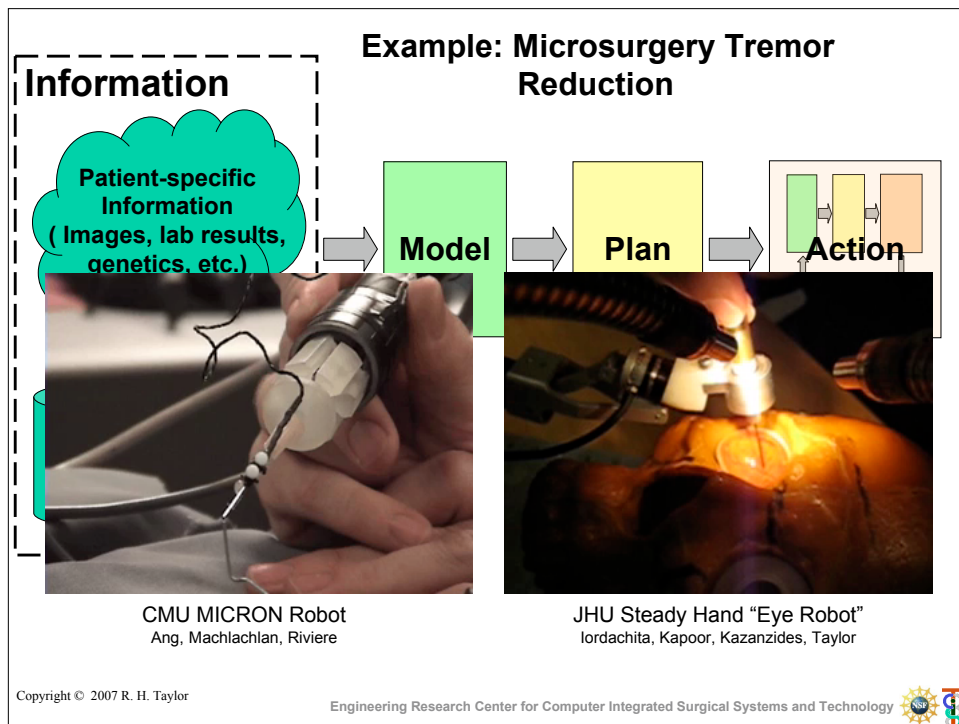
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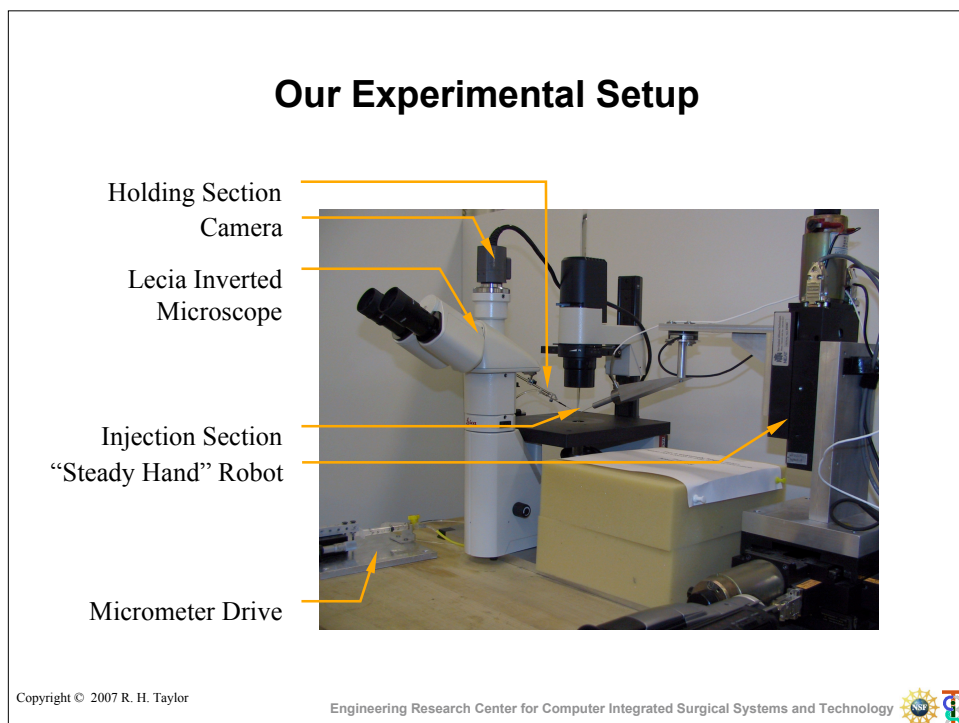
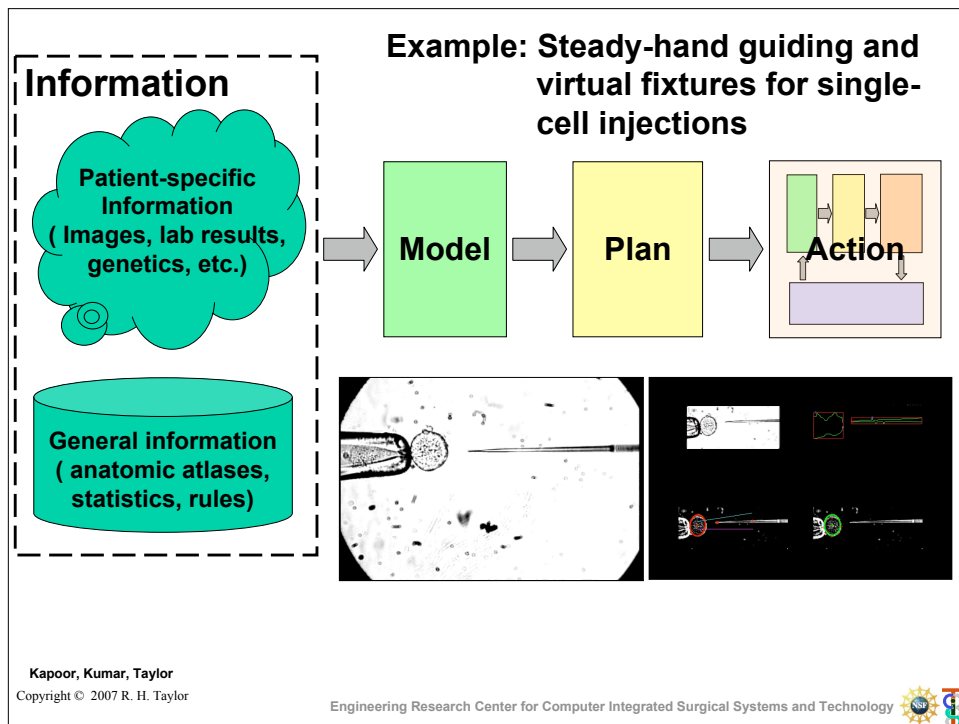






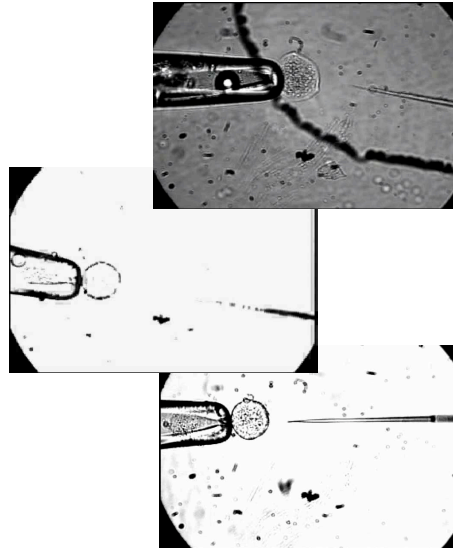






Injection step strategies

- Compliant
 - The robot complies with scaled user forces
- “Augmented” compliant
 - Asymmetric and non-linear compliance gains
 - Slow approach
 - Faster withdrawal to facilitate sealing
 - Selective locking of DOF
- Supervisory
 - User selects injection point and robot injects



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Results

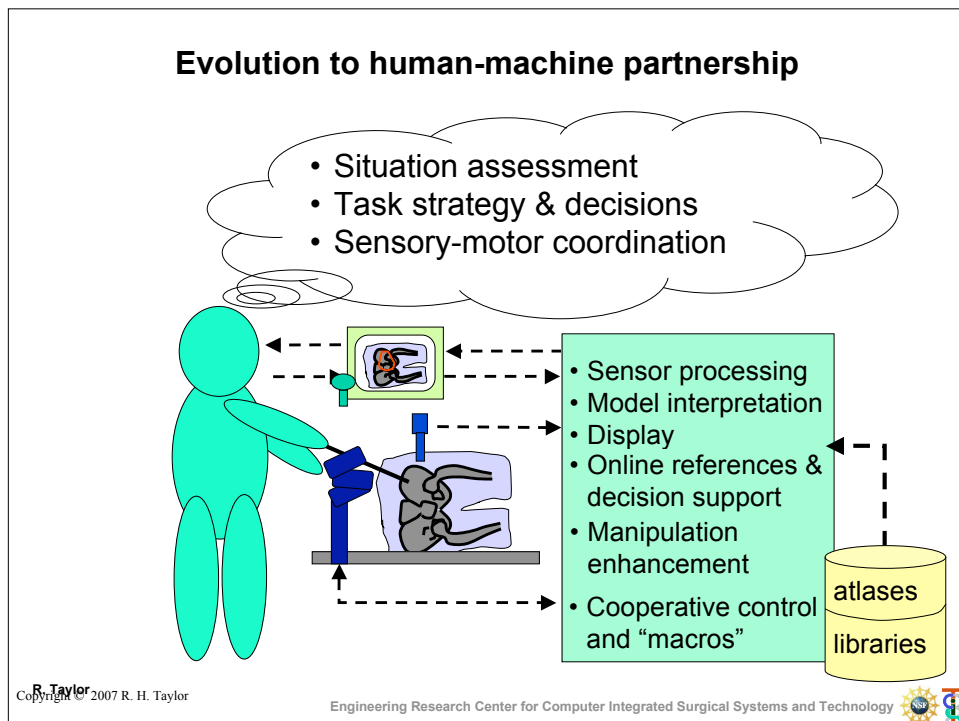
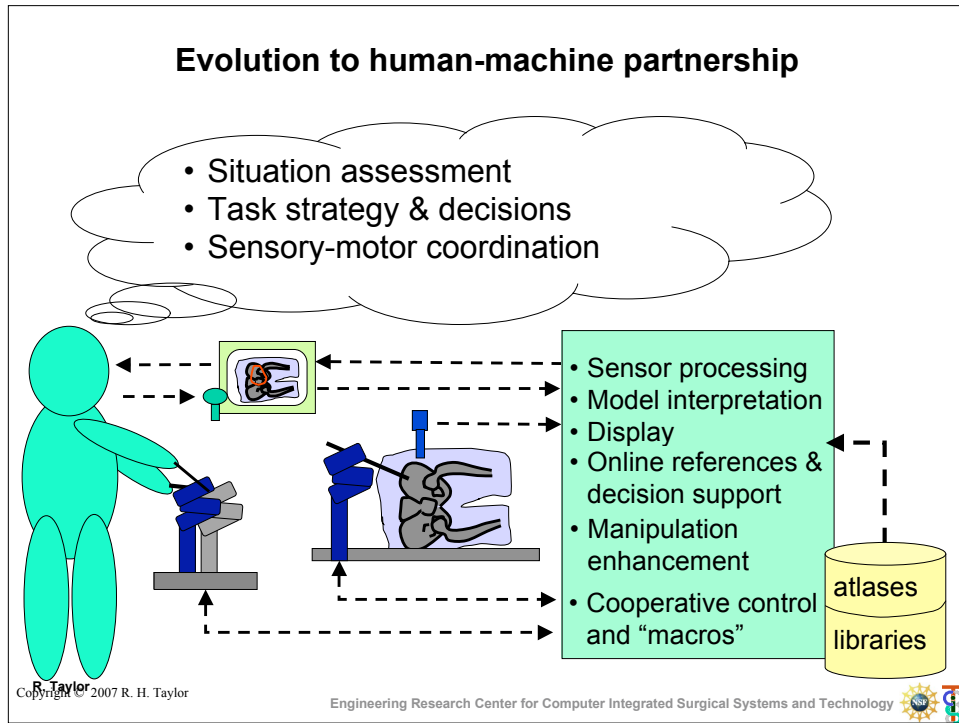
Completion times for different strategies

	# Trials	Time Required (seconds)		Survival Rate
		Average	Std. Dev	
Approach	20	109.8	78.5	
Injection/ Withdraw				
Compliant	2	1.6	-	100%
Augmented	8	0.747	0.067	100%
Supervisory	12	0.678	0.024	100%

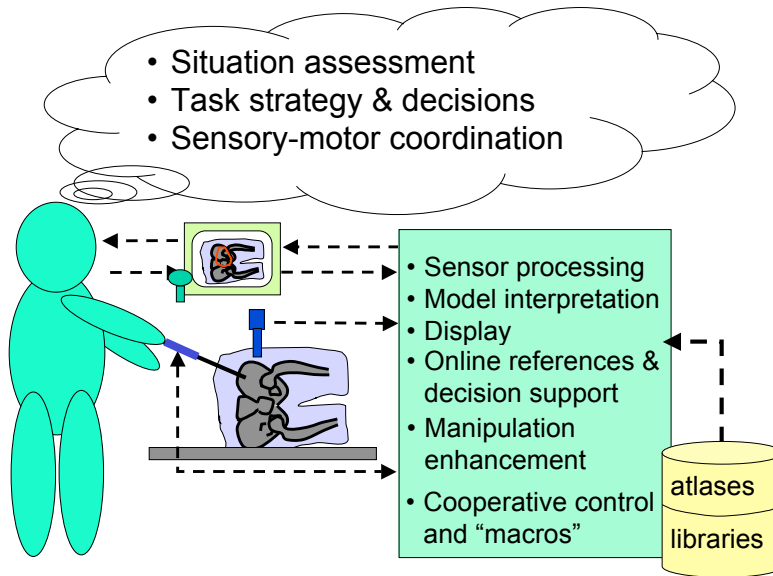
- These results are from single user trials, not trained in conventional setup
- These times are indicative of speed of microinjection and are preliminary

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Evolution to human-machine partnership



R. Taylor
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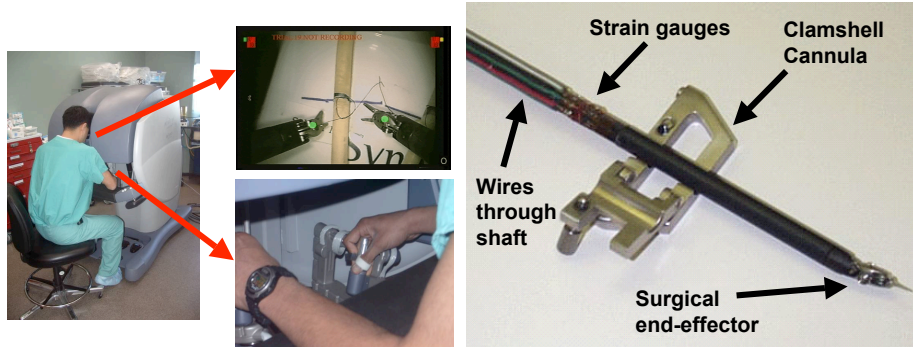
Enhanced Interfaces for Surgical Robots



IBM/JHU LARS, circa 1993-4
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Dynamic Augmented Reality for Sensory Substitution in Robot-Assisted Surgical Systems



Sensory substitution of force information improves performance:

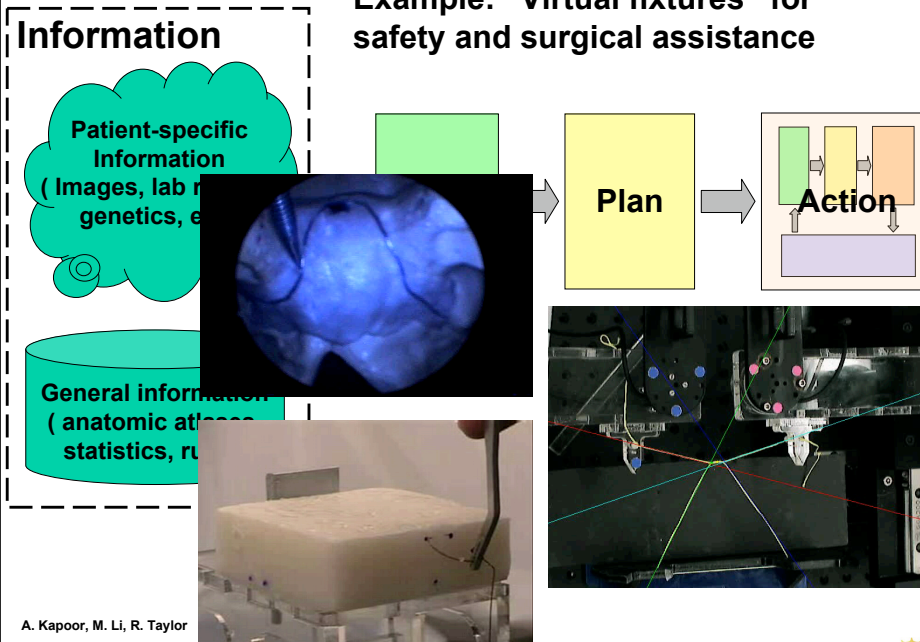
Metric	p-value	Significant
Number of broken sutures	.0111	Y
Standard deviation of forces	.0414	Y
Average peak applied force	.0539	*
Number of loose knots	.0667	*
Average task completion time	.7934	N

A. Okamura, T. Akinbiyi, et al.

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Example: "Virtual fixtures" for safety and surgical assistance



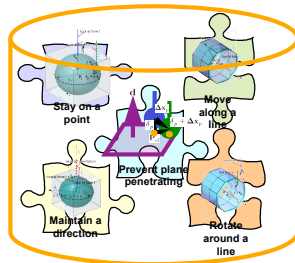
Constrained Optimization Framework

• Single frame

$$\begin{bmatrix} \mathbf{H}_p \\ \mathbf{H}_r \end{bmatrix} \mathbf{J}(\mathbf{q}) \Delta \mathbf{q} \geq \begin{bmatrix} \mathbf{h}_p \\ \mathbf{h}_r \end{bmatrix}$$

Translational part

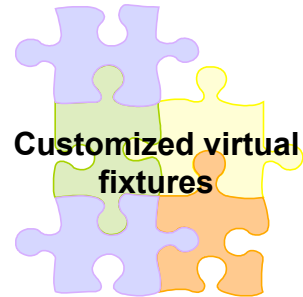
Rotational part



Select one
or more

• Multiple frames

$$\begin{bmatrix} \mathbf{H}_1 & 0 \\ & \ddots \\ 0 & \mathbf{H}_k \end{bmatrix} \begin{bmatrix} \mathbf{J}_1(\mathbf{q}) \\ \vdots \\ \mathbf{J}_k(\mathbf{q}) \end{bmatrix} \Delta \mathbf{q} \geq \begin{bmatrix} \mathbf{h}_1 \\ \vdots \\ \mathbf{h}_k \end{bmatrix}$$



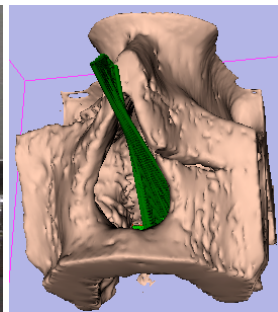
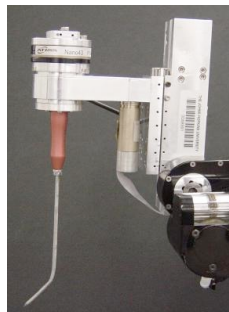
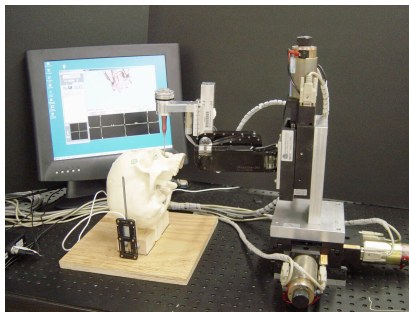
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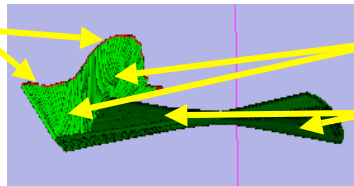


Steady-hand sinus surgery with virtual fixtures derived from CT models

Ming Li, Russell Taylor



tip point path



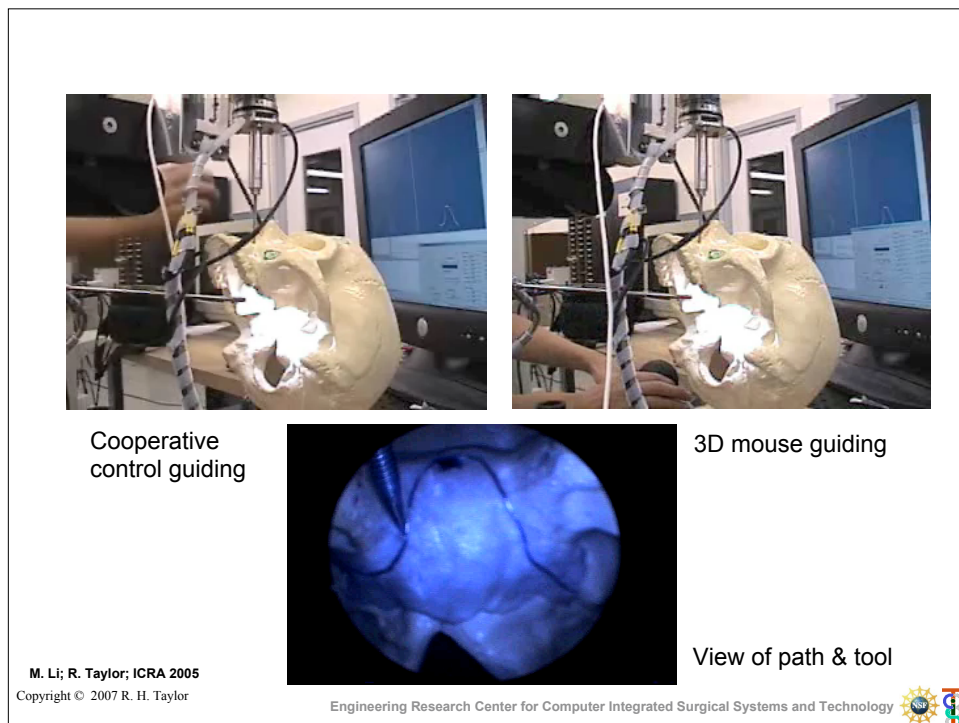
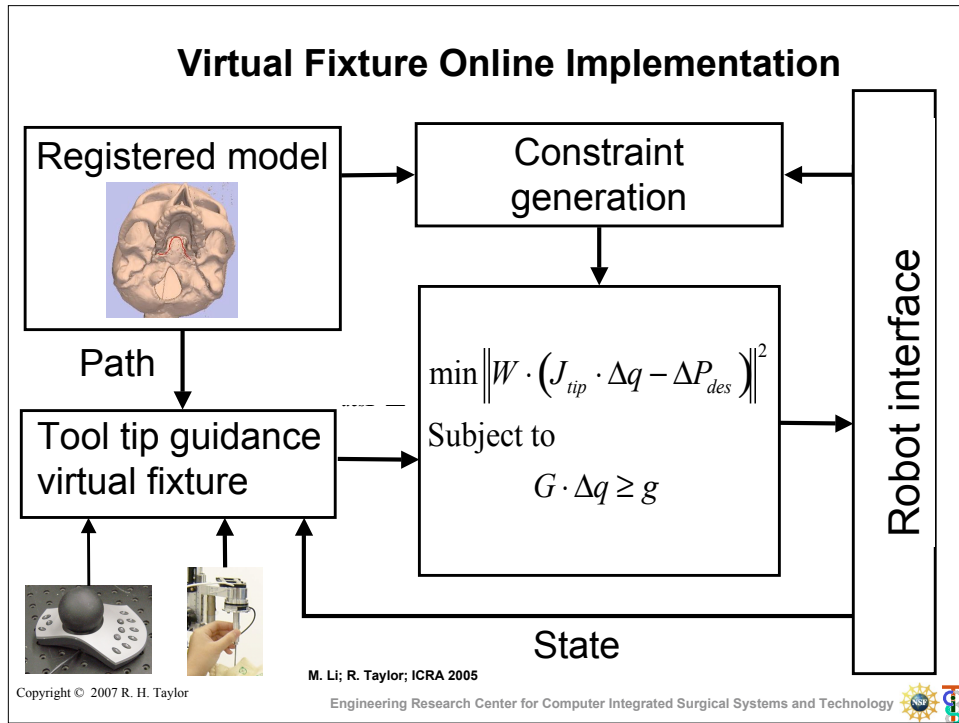
bent tip portion

tool shaft portion

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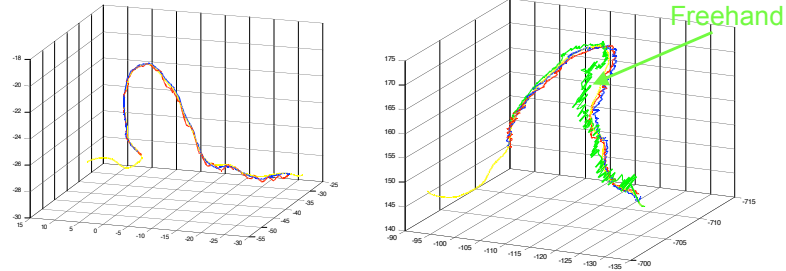
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Performance of Teleoperation vs Cooperatively Hands-on Operation

Trajectory of the path



Yellow: given path; Red: remote; Blue: hands-on

Robot context

Optical Tracking context

M. Li; R. Taylor; ICRA 2005

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Information

Patient-specific Information
(Images, lab results, genetics, etc.)

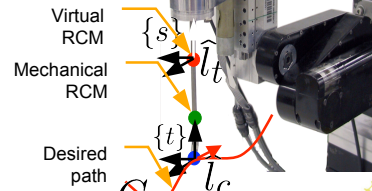
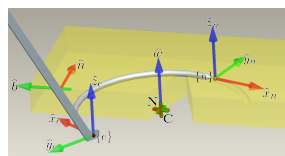
General information
(anatomic atlases, statistics, rules)

Example: "Virtual fixtures" for suturing assistance

Model

Plan

Action

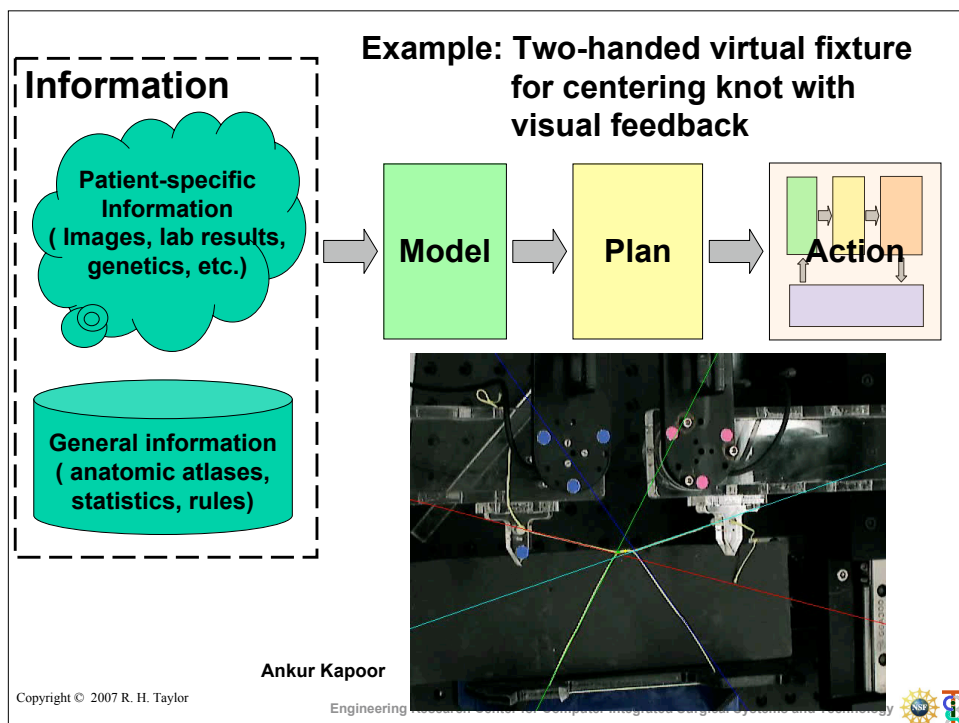
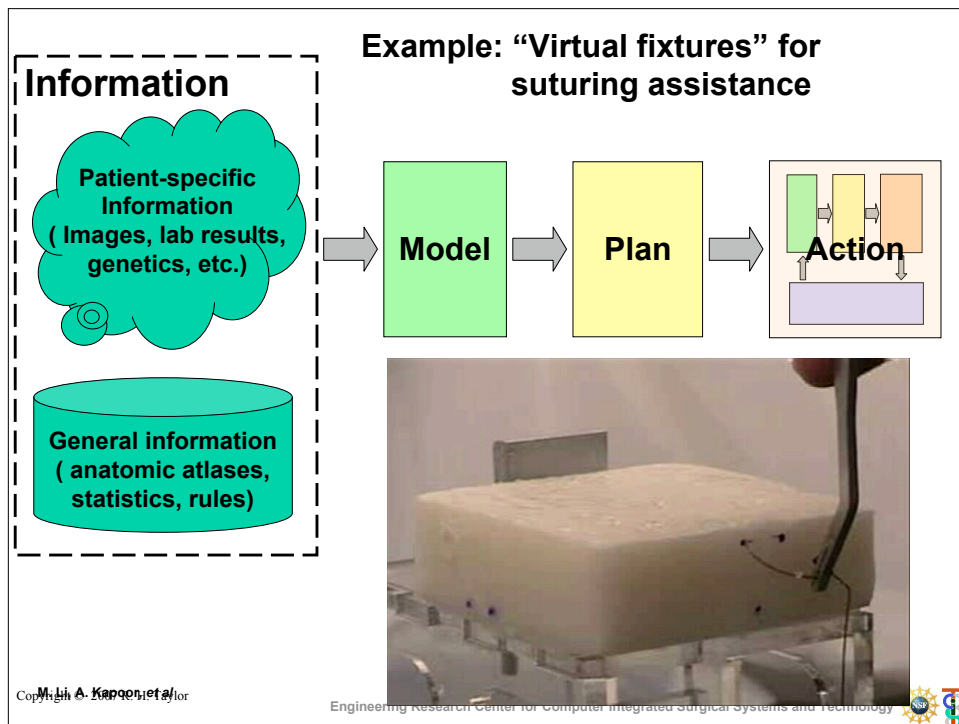


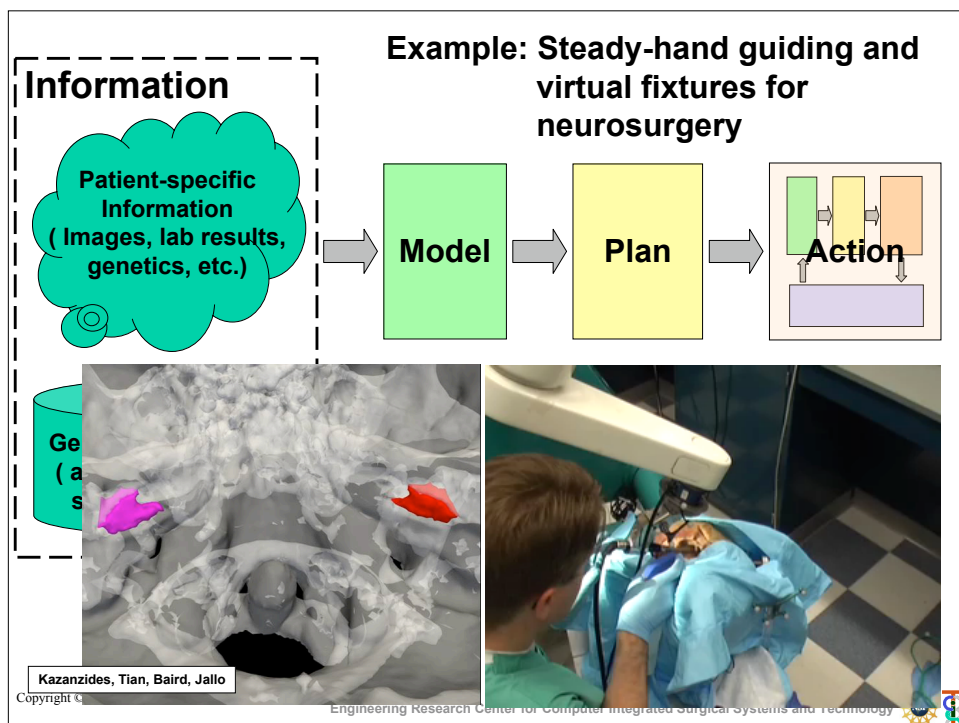
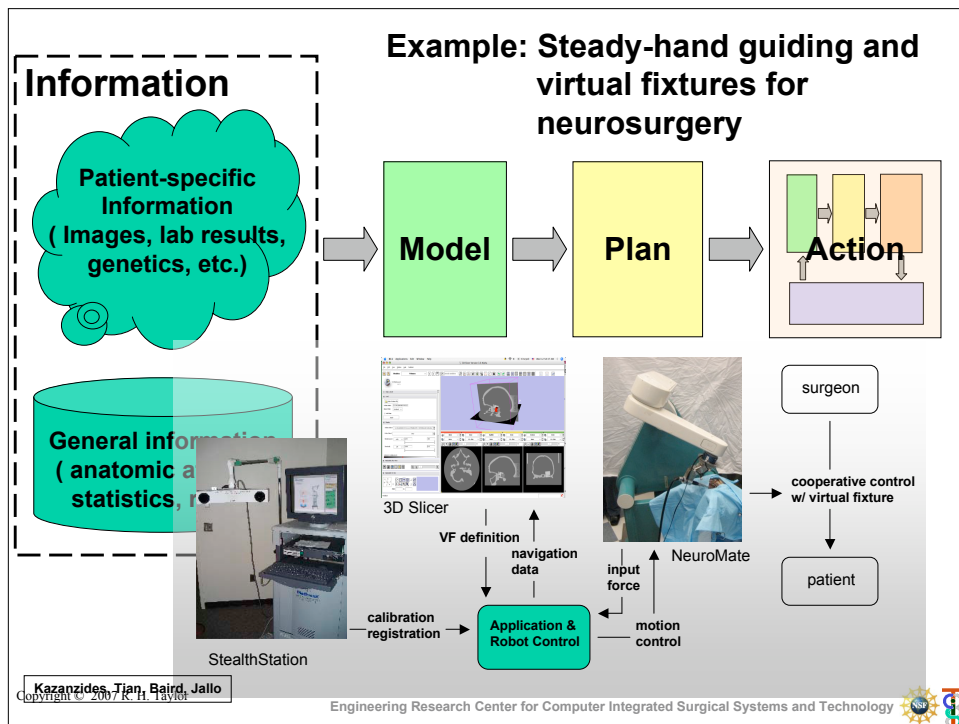
Error (mm)	Entry	Exit
Robot VF	$0.63 \pm .12$	$0.77 \pm .37$
Manual	--	2.1 ± 1.2

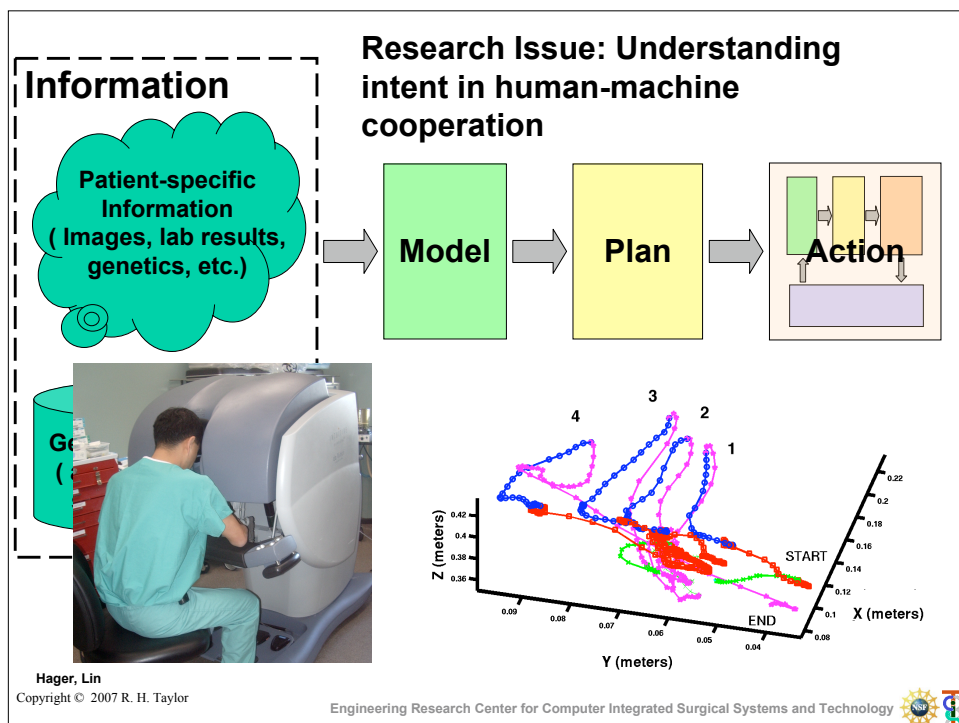
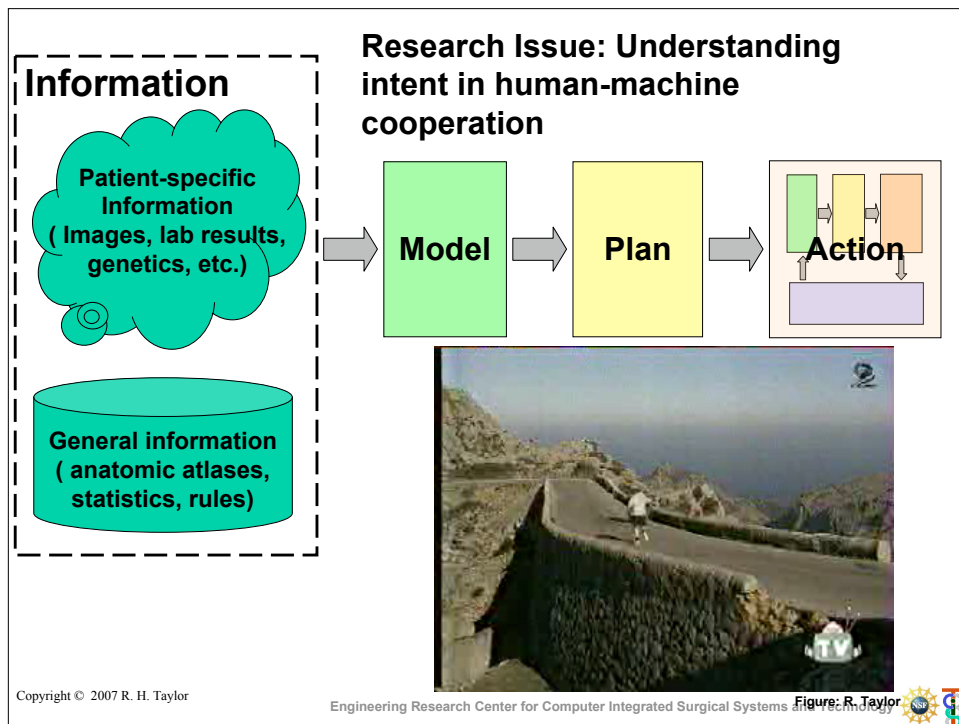
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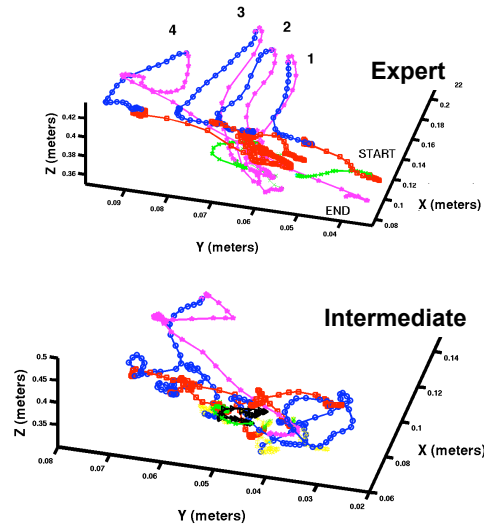






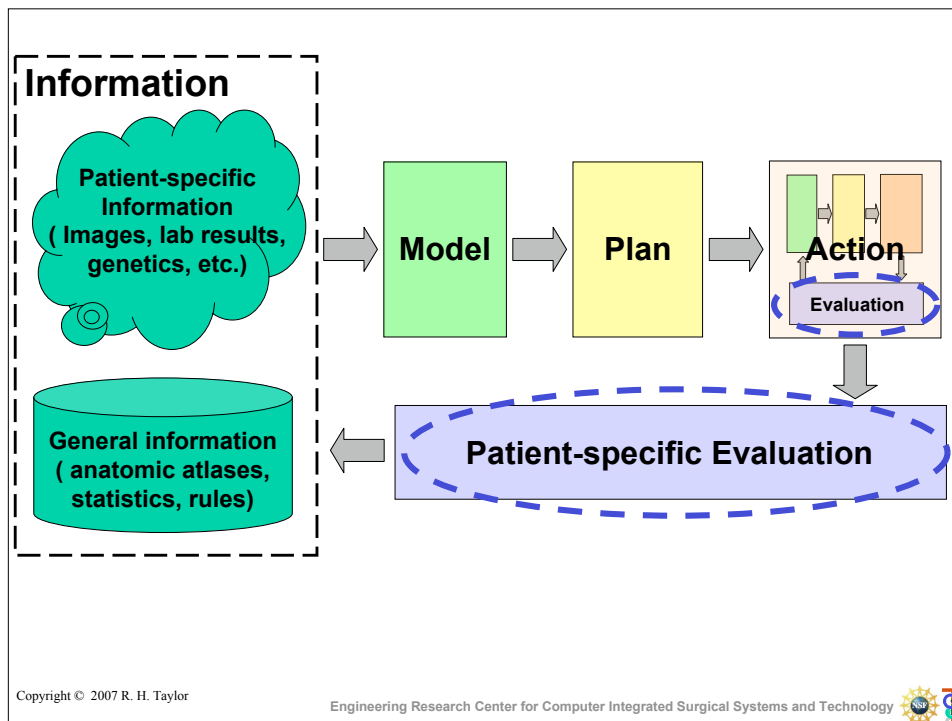
Example: Automatic Detection and Segmentation of Robot-Assisted Surgical Motions

- Goals:
 - Automatic recognition of different surgical motions
 - Comparison of skill level differences between surgeons
- Method
 - Extract features from position and velocity traces
 - Linear discriminant analysis with probabilistic Bayesian classifier



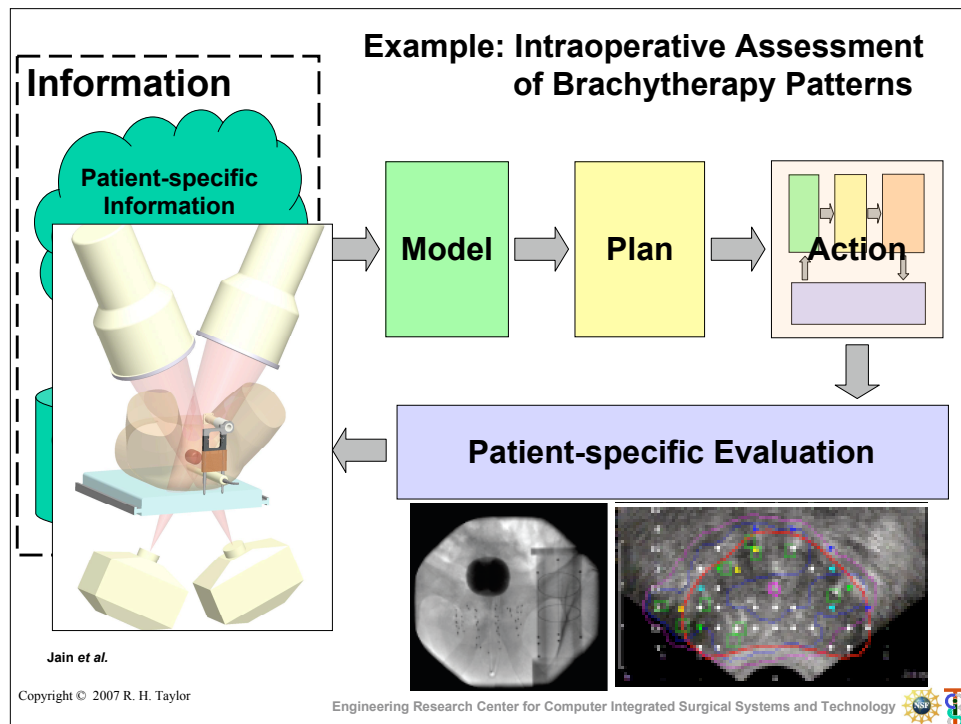
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H. Lin, I. Shafraan, T. Murphy, D. Yun, A. Okamura, G. Hager (MICCAI 2005)

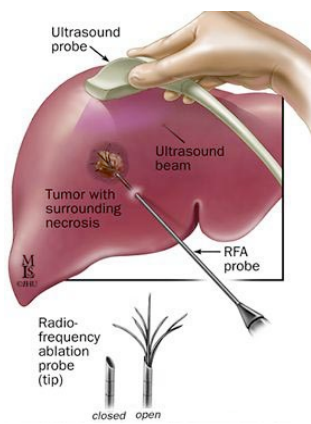


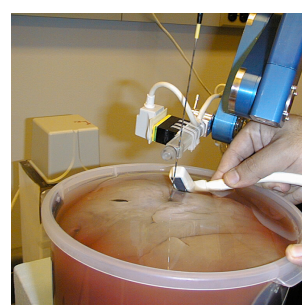
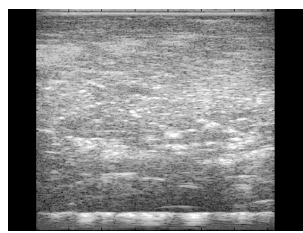
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H. Lin, I. Shafraan, T. Murphy, D. Yun, A. Okamura, G. Hager (MICCAI 2005)



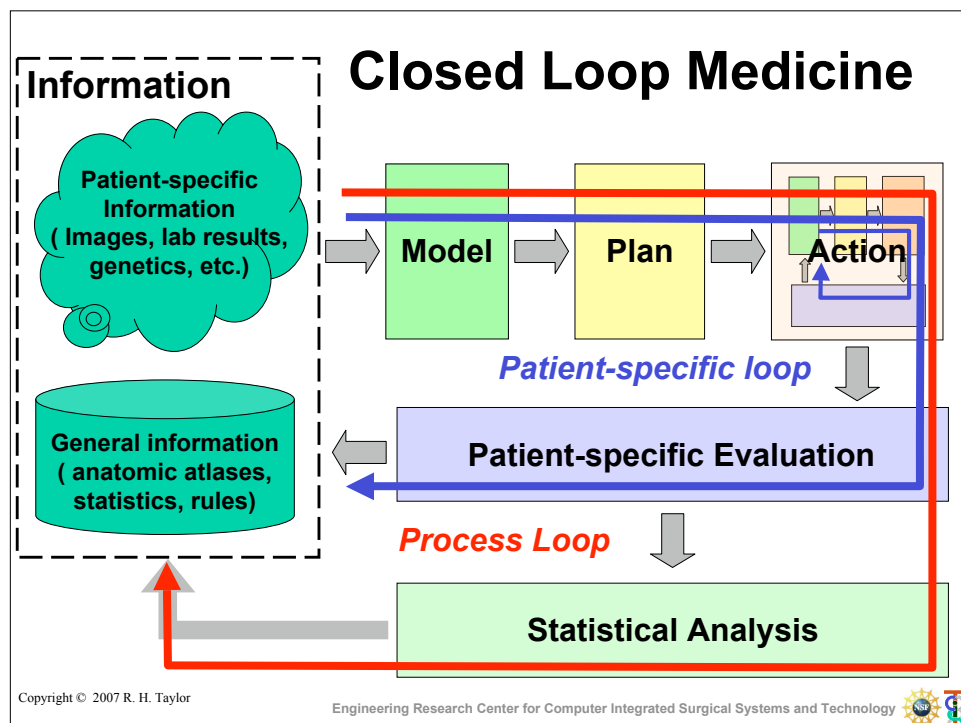
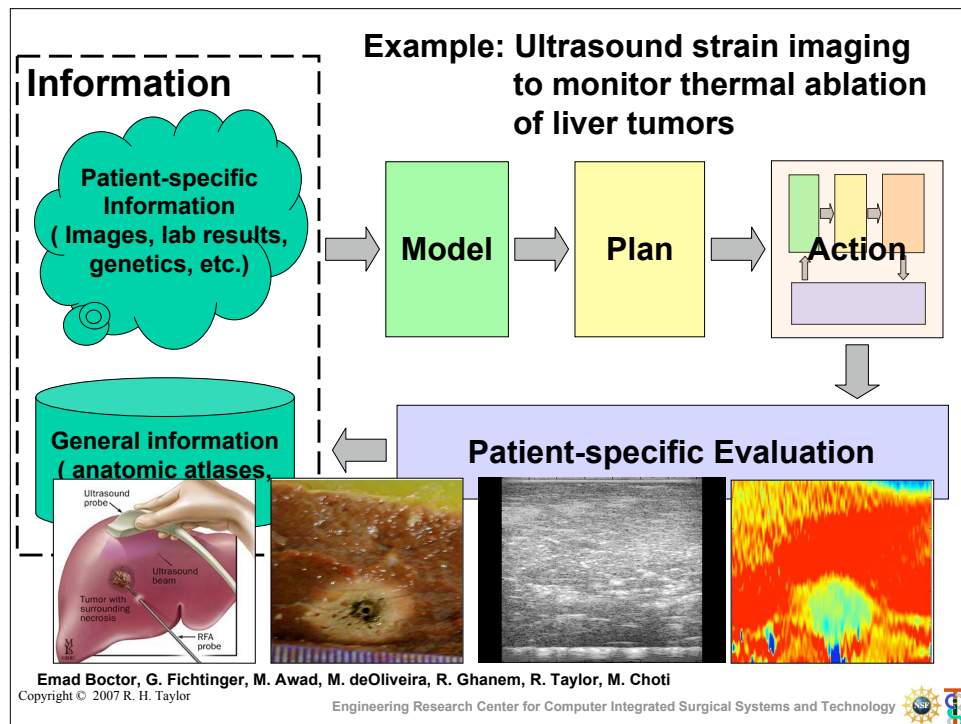
US-Guided Ablation of Tumors



Targeting & Assessment – US
Probe Placement – Freehand or robot
Monitoring - ????????????

Emad Bector, G. Fichtinger, M. Awad, M. deOliveira, R. Ghanem, R. Taylor, M. Choti
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Information



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Information-Intensive Interventional Suite



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Ensuring no sponge (or instrument) gets left in the patient



Procedure Information Panel

Procedure Number: _____
 Date: 190839077
 Patient: 190837761
 Description: 190878392

IN: 10 OUT: 5 IN USE: 5 NEVER C-IN: 0

Current Status Panel

Check-In Field: 0 Check-Out Field: 0 Patient Field: 0

Check-In Barcode Station: ☒ 9780201823769
 Quantity: 10 Found: 10 Status: ACCEPT

Instrument Status Panel

Tag ID	Type	Check-In	Check-Out	Usage
190839077	Sponge	1:38 PM		
190837761	Sponge	1:38 PM		
190878392	Sponge	1:38 PM		
190839135	Sponge	1:38 PM	1:40 PM	
190833067	Sponge	1:38 PM		
190833973	Sponge	1:38 PM	1:40 PM	
190835610	Sponge	1:38 PM		
190844009	Sponge	1:38 PM	1:40 PM	
190834430	Sponge	1:38 PM	1:40 PM	
192979464	Sponge	1:38 PM	1:40 PM	

Buttons: Checked In, Checked Out, In Patient, Never Checked In, Bucket ☒

Johns Hopkins University Version 0.8b ERIC Lab

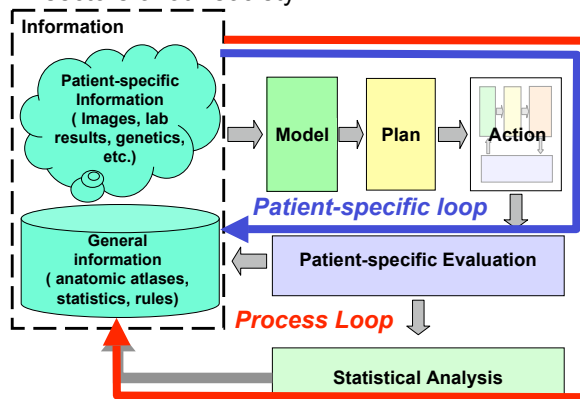
**Lia Assumpcao, Michael Marohn,
 Rosemary Mountain, Nilo Rivera,
 Russell Taylor, and Allen A. Williams**

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Evolution: Integrating Imaging, Intervention, and Informatics in Medicine (I⁴M)

Strategy: develop comprehensive program to address the technological, clinical and educational challenges that need to be met in order to fundamentally transform interventional medicine in the say ways that computer-integrated systems have transformed manufacturing and other sectors of our society.



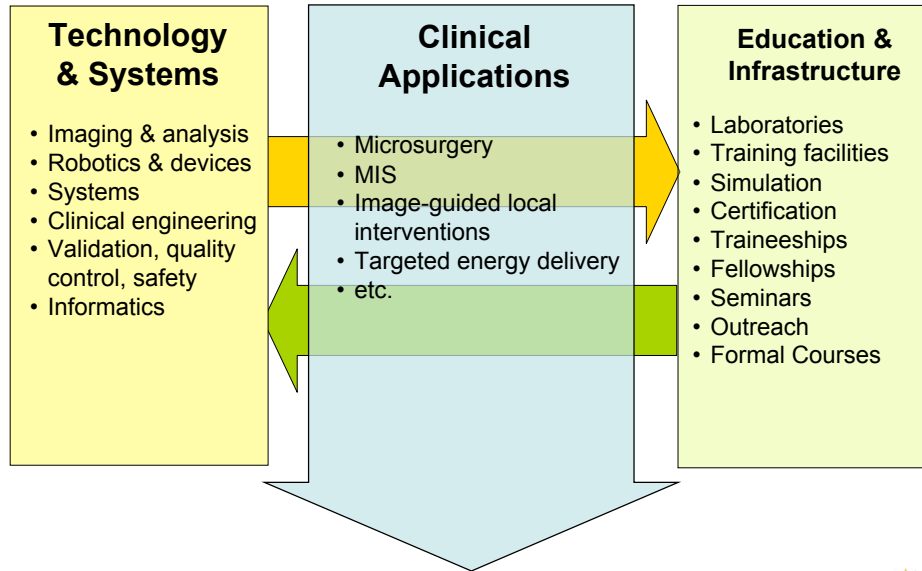
- Transcend human limitations.
- Improve safety, consistency, and overall quality.
- Improve the efficiency and cost-effectiveness.
- “Closed loop medicine”
 - For treating individual patients
 - Improving treatment processes

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Figure: R. Taylor

Integrating Imaging, Intervention, and Informatics in Medicine (I⁴M)

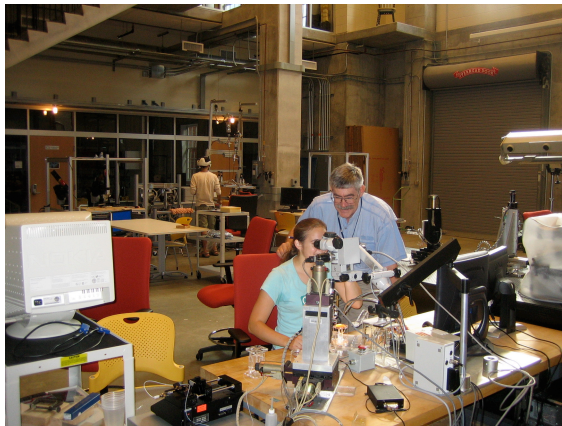


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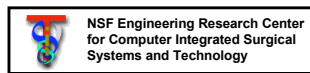


New Home for ERC Engineering Activity at JHU



Laboratory for Computational Sensing and Robotics (LCSR)

- Approx 15,000 square feet in new building on engineering campus
- Main shared lab area
- 10 adjoining labs
- Mock operating room
- Offices for faculty, staff, post-docs, students
- Come see us!



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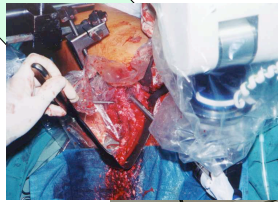
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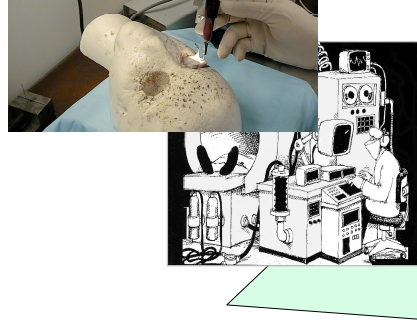
How can we get there?

Strong and committed teams

- Surgeons
- Engineers
- Industry



Focus on systems that address important needs



Rapid iteration with measurable goals

Have fun!

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The real bottom line: patient care

- Provide new capabilities that **transcend human limitations** in surgery
- Increase **consistency and quality** of surgical treatments
- Promote **better outcomes** and more **cost-effective** processes in surgical practice



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Discussion



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