

Visual Medicine: Image-guided Surgery and Medical Mixed Reality



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Outline



Advanced Topics in Visual Medicine

- Visual Analysis of Perfusion Data
- **Image-guided Surgery and Medical Mixed Reality**
- Diffusion Tensor Imaging and Visualization
- Model-based Vessel Visualization
- Fast Tagged Multi-Res Volume Rendering
- CT Reconstruction and Functional Imaging
- Soft-Tissue Simulation

Discussion

Image-guided Surgery (1)



- **Image-guided Surgery (IGS)**
- **Tracks instruments** during intervention
- **Representation** of instruments in patient dataset
- Requires tracking technique
 - Magnetic tracking
 - **Interference** with metallic objects
 - Small magnetic field
 - Complex setup
 - + Does **not require** line-of-sight
 - + Can track (invisible) **tip of instrument**



[Image: NDI Aurora]

Image-guided Surgery (1)



- **Tracks instruments** during intervention
- **Representation** of instruments in patient dataset
- Requires tracking technique
 - Magnetic tracking
 - Optical (infrared) tracking
 - Tracks only **end of instrument**
 - Requires **line-of-sight**
 - + High accuracy
 - + No (little) interference



[Image: NDI Polaris]

Image-guided Surgery (1)



- **Tracks instruments** during intervention
- **Representation** of instruments in patient dataset
- Requires tracking technique
 - Magnetic tracking
 - Optical (infrared) tracking
 - Video tracking
 - Low accuracy
 - Requires line-of-sight
 - + Simple setup

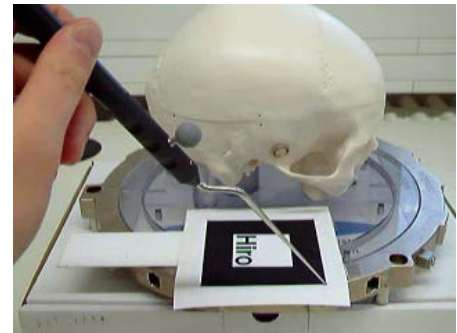


Image-guided Surgery (1)



- **Tracks instruments** during intervention
- **Representation** of instruments in patient dataset
- Requires tracking technique
 - Magnetic tracking
 - **Optical (infrared) tracking**
 - **Video-tracking**
- Requires **registration** of patient to dataset

Registration:

- Computes **relationship** between patient (**OR coordinate system**) and image **dataset**
- Usually rigid transformation: Rotation, Translation
- Landmark-based (fiducial markers)
- Pointset-based (laser pointer, ICP)

Landmark-based Registration with Fiducials

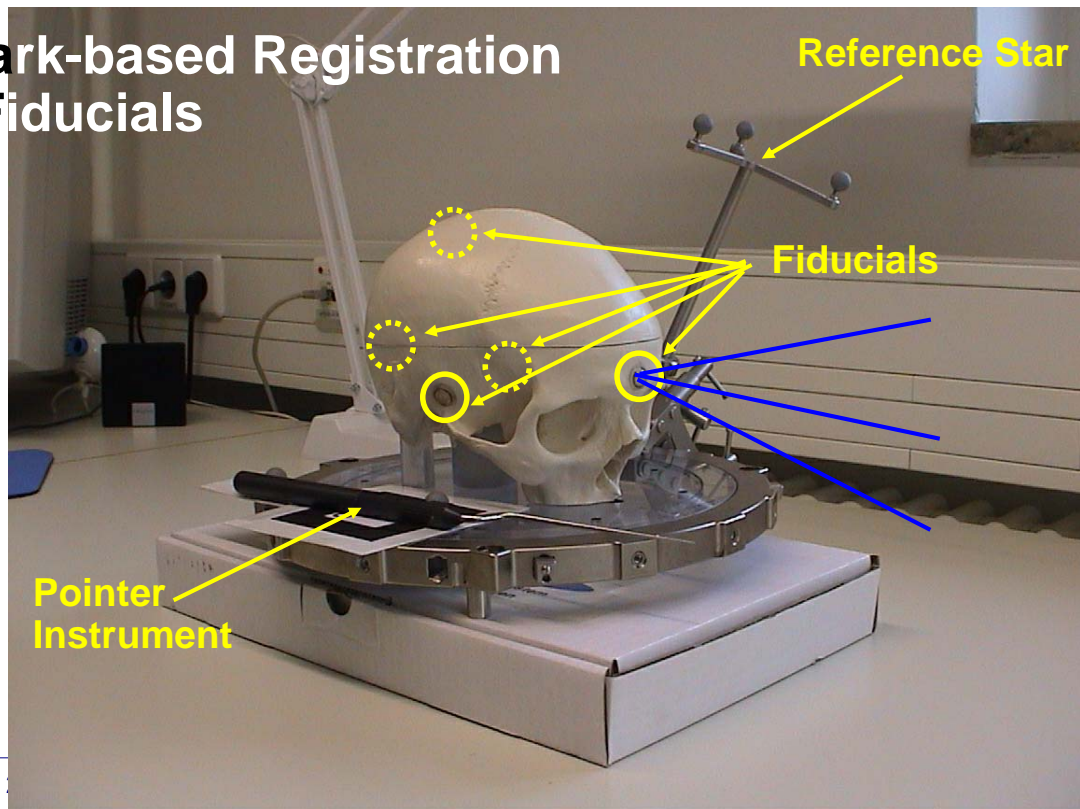


In maxillo-facial surgery, 2.4 screws, placed in asymmetrical positions, are used as fiducials

Image-guided Surgery (4)



Landmark-based Registration with Fiducials

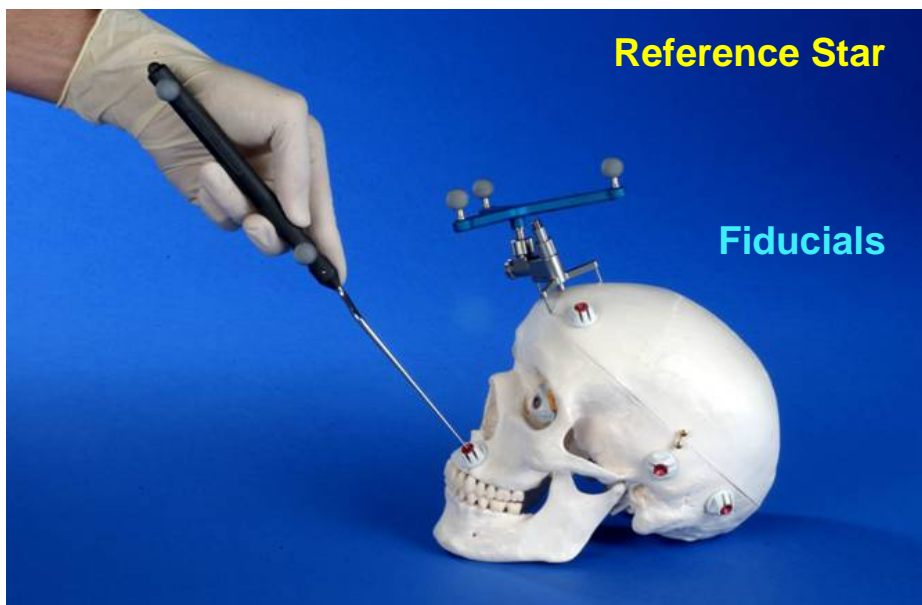


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Image-guided Surgery (5)



Landmark-based Registration with Fiducials



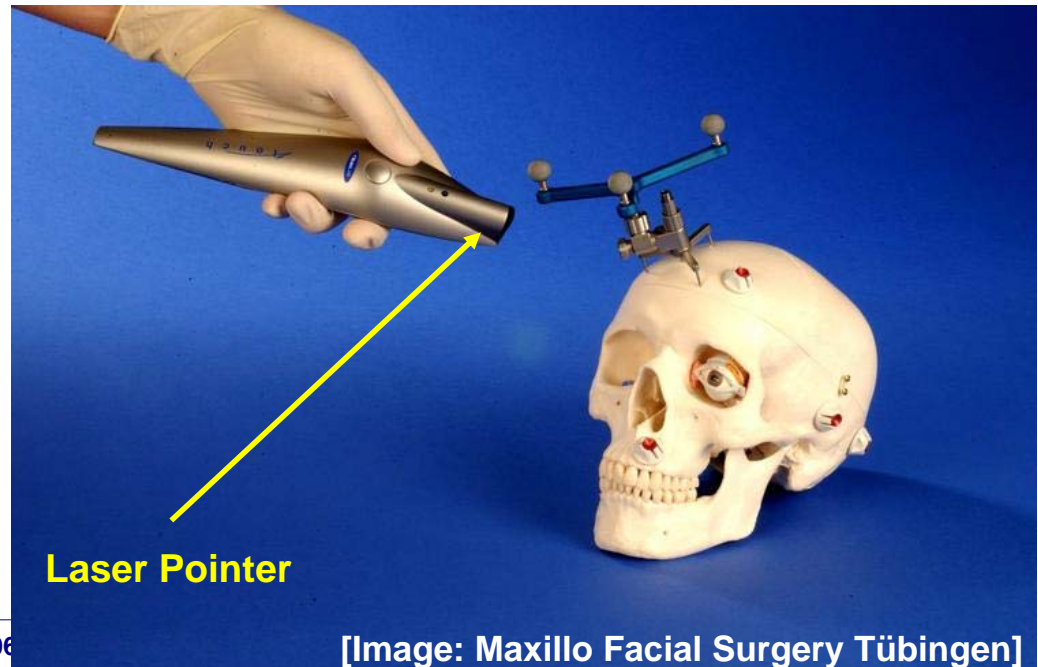
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Visual Medicine: T [Image: Maxillo Facial Surgery Tübingen]

Image-guided Surgery (6)



Pointset-based Registration with Laser Pointer



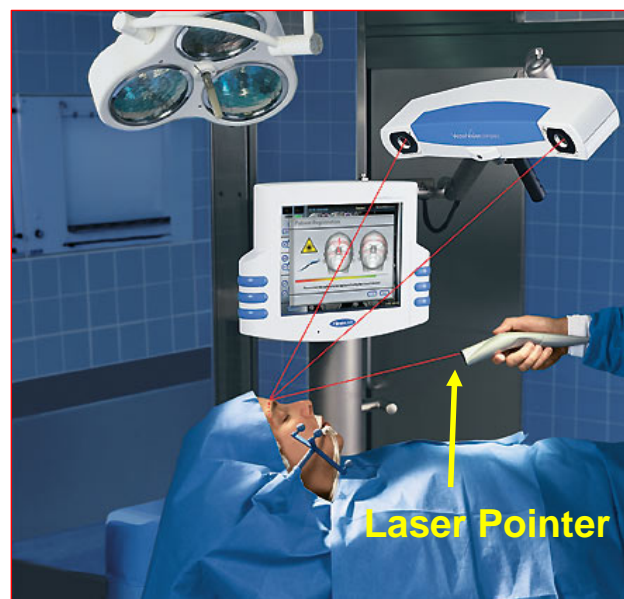
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Image-guided Surgery (7)



Pointset-based Registration with Laser Pointer

- Laser point is seen by infrared cameras
- Pointsets are measured
- Registration by ICP

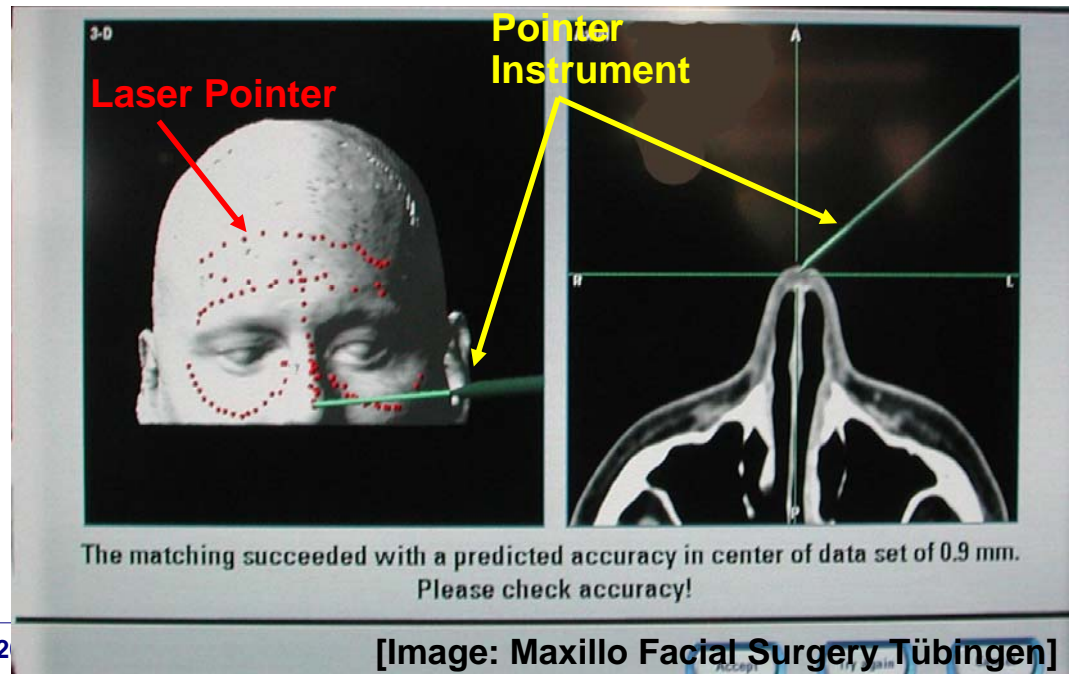


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Visual Medicine: T

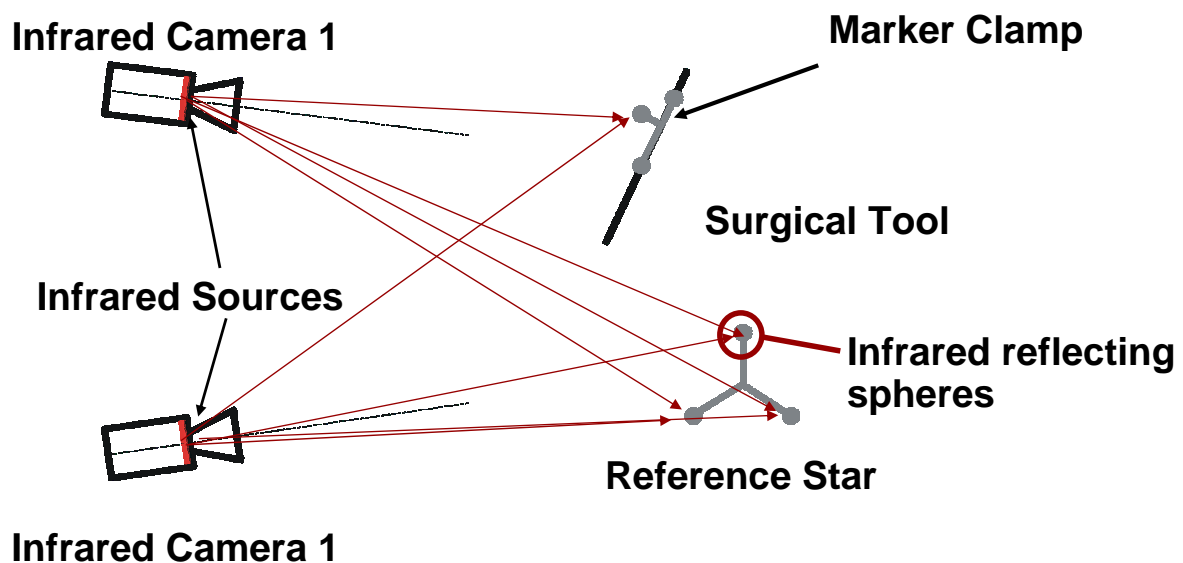
[Image: Maxillo Facial Surgery Tübingen]

Pointset-based Registration with Laser Pointer

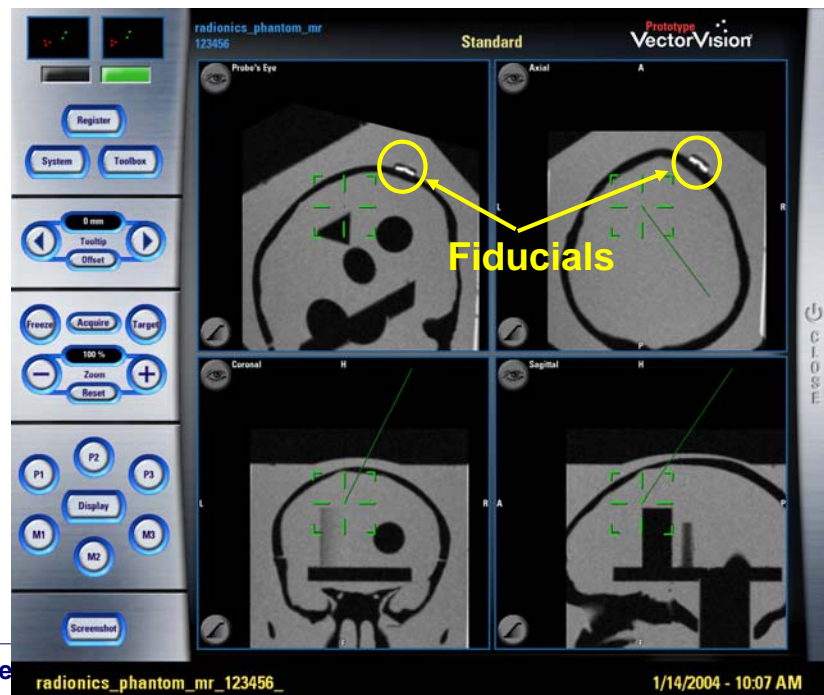


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Optical (infrared) Tracking



Typical Image-based Navigation/Surgery (IGS)



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Visual Me

Issues

- **Accuracy:** The better the registration, the better the accuracy is
- **Occlusion of markers:** tracking not possible
- **Visibility:** Only visible end of instruments is tracked (ie., minimally-invasive surgery)
- **Adaptiveness:** Marker clamp needs to be fixed to instrument

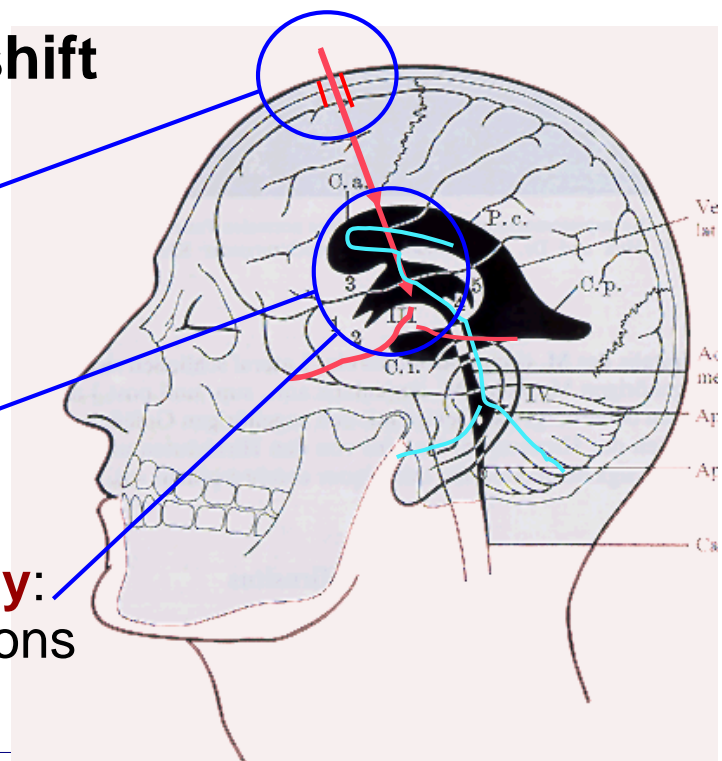
Issues, cont'd

- **Tissue deformation**
 - IGS typically depends on preoperative data acquisition
 - Depending on target area, **significant deformations** may take place (ie., Brainshift)
 - Deformations occur **not uniformly** (may be small in target area)
 - Data is **not up-to-date**, or **intra-operative imaging** is required

Image-guided Surgery (13)

Example for Brainshift

- **Drilled hole** in skull: significant deformations
- **Ventricular system**: negligible deformations
- After **ventriculostomy**: (still minor) deformations



Tissue Deformation

- Head: Can be **potentially controlled** (setup)
- Abdomen: **Very difficult** to control (permanent non-uniform deformations)
- Heart/Lungs: **Might be** controllable by heart/breathing **monitor** (periodic movement)

Intra-operative Imaging (1)

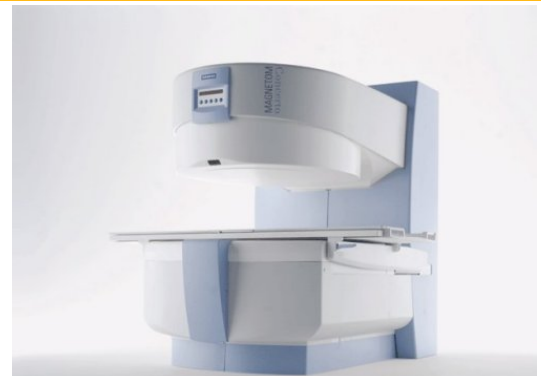
Possible with

- MRI (OpenMR, intra-operative fullfield MR)
- X-rays (C-arm, intra-operative CT)
- Ultrasound
- Endoscopic scanners

Images need to be **registered** with patient and pre-operative acquired dataset (ie., marker clamp is **fixed to ultrasound probe**)

OpenMR

- Allows direct, but limited access to patient
- Low field scanner (ie., 0.2T-0.5T): limited image quality
- Requires MR-suitable instruments and OR



[Image: Siemens Medical Solutions]



[Image: Brigham & Womens Hospital]

Intra-operative full-field MR (1.5T)

- Patient is moved on OR-table in and out of MR scanner
- Requires MR-suitable instruments and OR
- Expensive and complex system (requires shielded cabin)

Intra-operative Imaging (4)



Intra-operative full-field MR (1.5T)



[Images: BrainLAB]

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Visual

Intra-operative Imaging (5)



C-Arm / intra-operative CT

- X-ray images
- 2D (C-Arm)
- Lower quality as extra-operative scanning
- Radiation

[Image: Philips Medical Systems]

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Visual Medicine: Techniqu

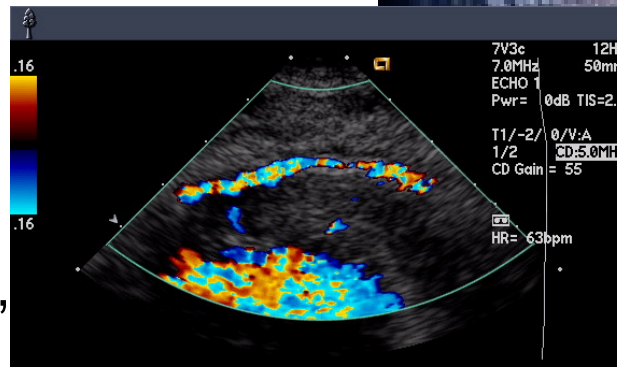


Intra-operative Imaging (6)



Ultrasound

- Emits soundwaves and records echo
- Truly interactive scanning
- Very noisy
- Various modes
- Often used for abdomen, brain, heart



[Images: Siemens Medical Solutions]

Coronary Artery Bypass Graft

Intra-operative Imaging (7)



Endoscopic Scanners

- Introduced through endoscope to target area
- Laser scanner for geometric measurements
- Holographic scanners for volumetric measurements (depends on optical properties though)
- No (little) available devices, mostly research



Medical Mixed Reality (1)



Combines virtual and real world in a **mixed reality** (augmented reality)

- Tracking method
- Display method
 - Head-Mounted-Displays (HMDs):
 - Too cumbersome/bulky for surgery
 - Too limited perception and motion
 - Video see-through devices
 - Standard display (monitor) plus video camera

Medical Mixed Reality (2)



Combines virtual and real world in a **mixed reality** (augmented reality)

- Tracking method
- Display method
 - Head-Mounted-Displays
 - **Video see-through devices**
 - Standard display (monitor) plus video camera



[Image: MEDARPA]

Medical Mixed Reality (3)



- Real world viewing device needs to be tracked
- Fusion of real and virtual videostreams
- How to handle virtual objects behind the real objects (occlusion handling)

Medical Mixed Reality (4)

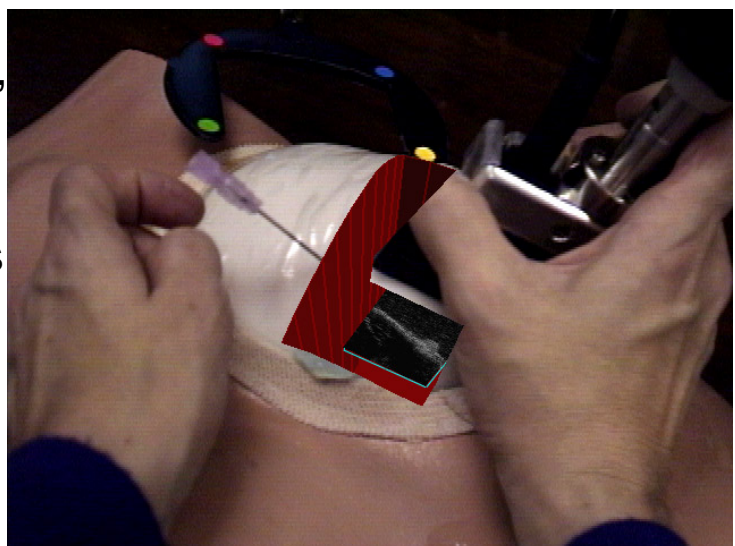


Various Medical Mixed Reality Projects

- **Needle biopsies with Ultrasound and HMD**

[Bajura et al., State et al., SIGGRAPH 1992/1996]

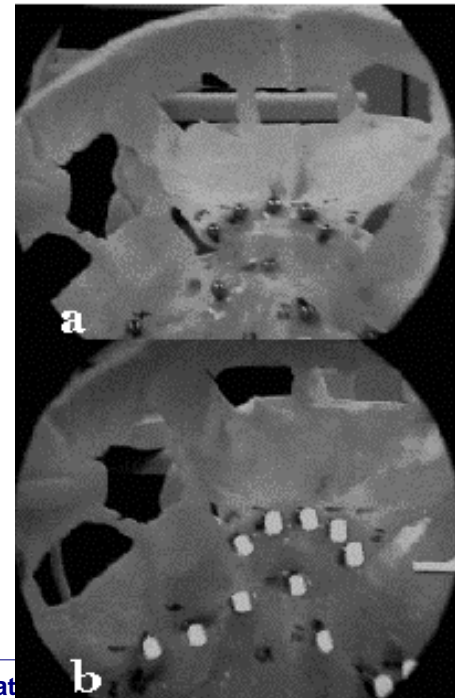
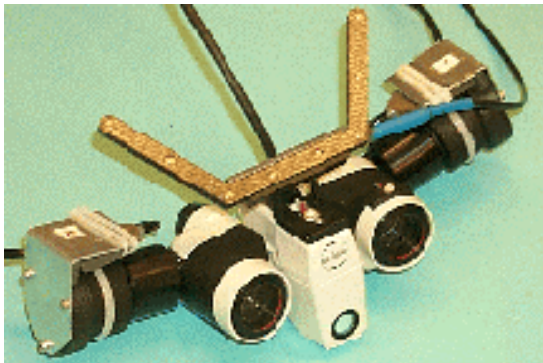
- Supporting visualization of organs, risk structures etc.



Various Medical Mixed Reality Projects

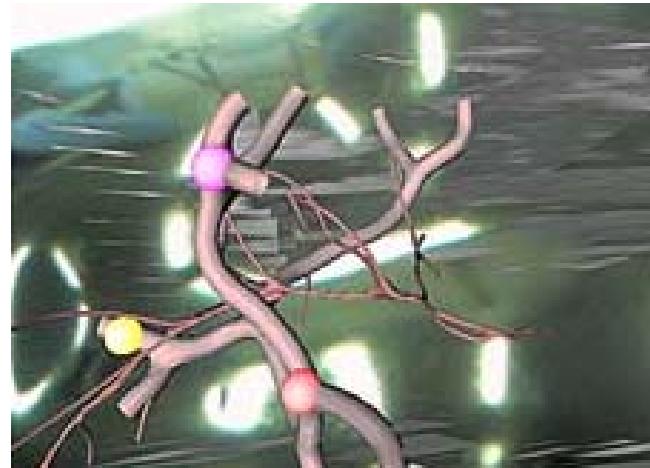
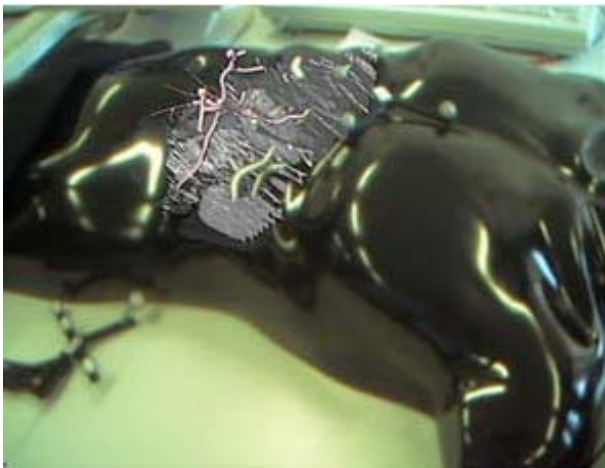
- **VarioscopeAR – Augmented Microscope**

[Birkfellner et al., ISAR 2001]



Various Medical Mixed Reality Projects

- **Liver Surgery** [Bornik et al. BVM 2003]:
Supporting visualization of organs, risk structures etc.



Medical Mixed Reality (7)



Various Medical Mixed Reality Projects

- **Mixed Endoscopic Reality** [Dey et al., MICCAI 2000]
- **Ultrasound and HMDs** [Sauer et al., ISAR 2001]
- **Minimally-invasive liver surgery** [Scheuering et al., Medical Imaging 2001]
- **MEDARPA** [Schwald et al., ISMAR 2002]
- **ARSys-Tricorder** [Goebbels, CURAC 2003]



Medical Mixed Reality (8)

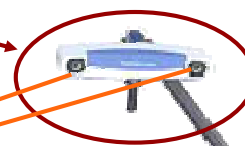


Tracking: **Optical** and **video-based**

Marker Clamp



Webcam

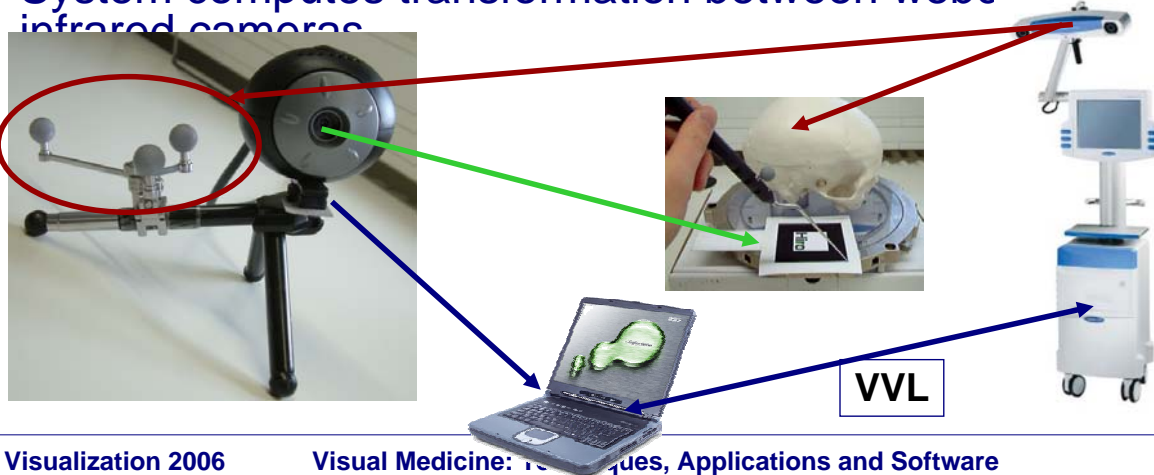


IGS System

Medical Mixed Reality (9)



- Infrared cameras see patient (skull) and video marker
- Infrared cameras see marker clamp on webcam
- Webcam sees video marker (ARToolkit)
- System computes transformation between webcam and infrared cameras



Medical Mixed Reality (10)



Camera is moving

Object is moving

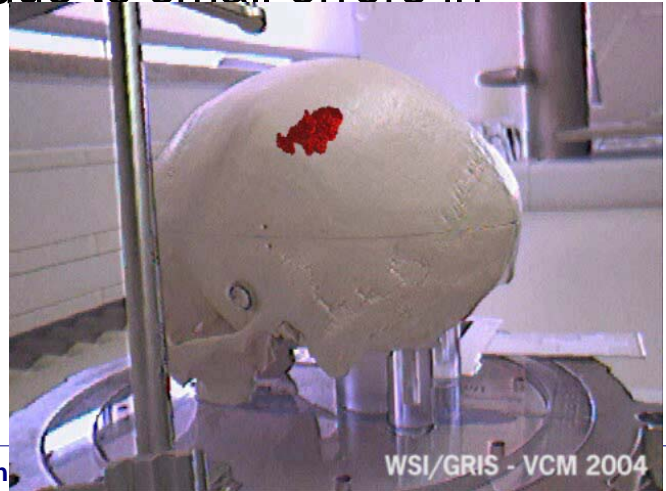
Medical Augmented Reality based on Image Guided Surgery

Overlay of manually placed tumor model



Issue

- High position accuracy,
but **lower orientation accuracy**
→ visual vibrations due to small errors in orientation
- Occlusion

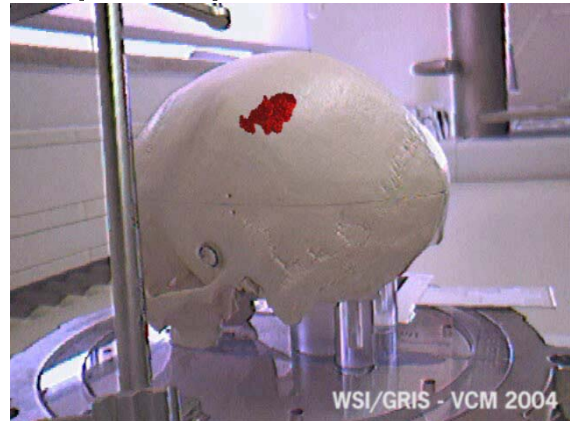


Occlusion Issue

- Video stream **is 2D**, hence it does not contain depth information
- Virtual objects **are 3D** and maintain depth information
- Medical mixed **reality requires correct depth sorting** for depth perception
→ We need to recover depth information

Standard MMR

- Virtual objects are **painted over** video stream
- **Does not allow** correct depth perception
- Objects behind should be
 - **not painted** at all
 - **painted differently** (semi-transparent, etc.)

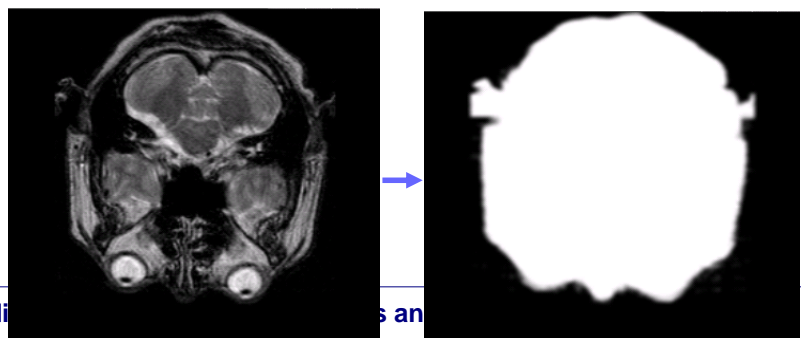


Recovery of 3D Depth Information

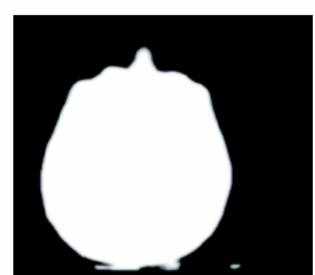
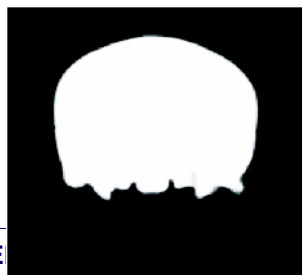
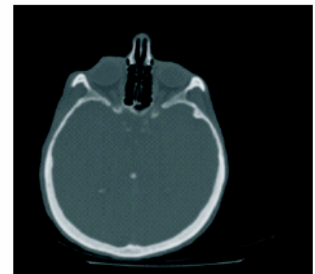
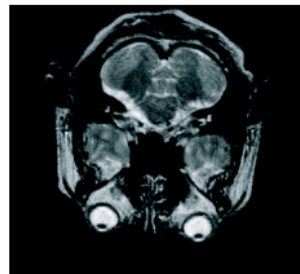
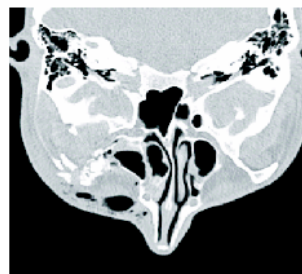
- Have **preoperative acquired** patient dataset
- **Extract phantom** geometry of patient
- **Render** phantom **into depth buffer** for depth sorting only
- But: Phantom is usually too complex for mandatory interactivity
 - ➔ **Simplify** phantom

Simplify Phantom

- **Clean** dataset (Gauss, opening/closing)
- Compute **visual hull** (cull interior details):
First-hit ray casting
- **Smooth** result (Median, Gauss)
- **Extract** isosurface

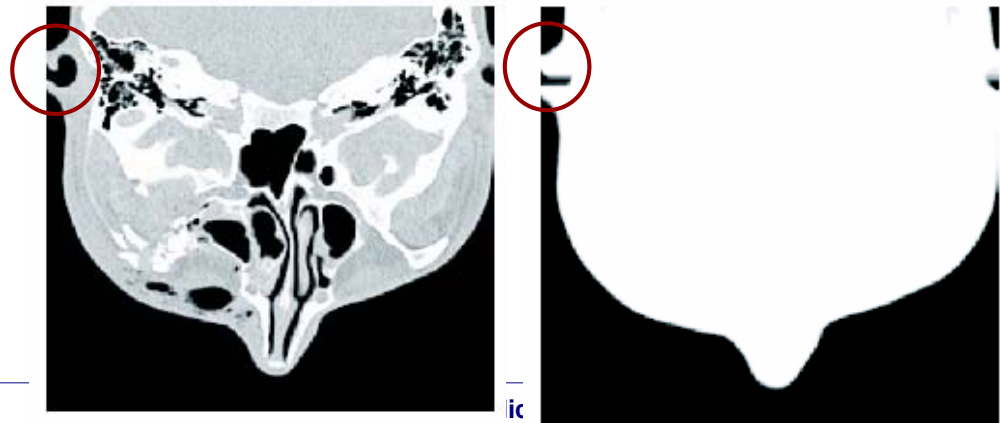


Examples



Small Imperfections

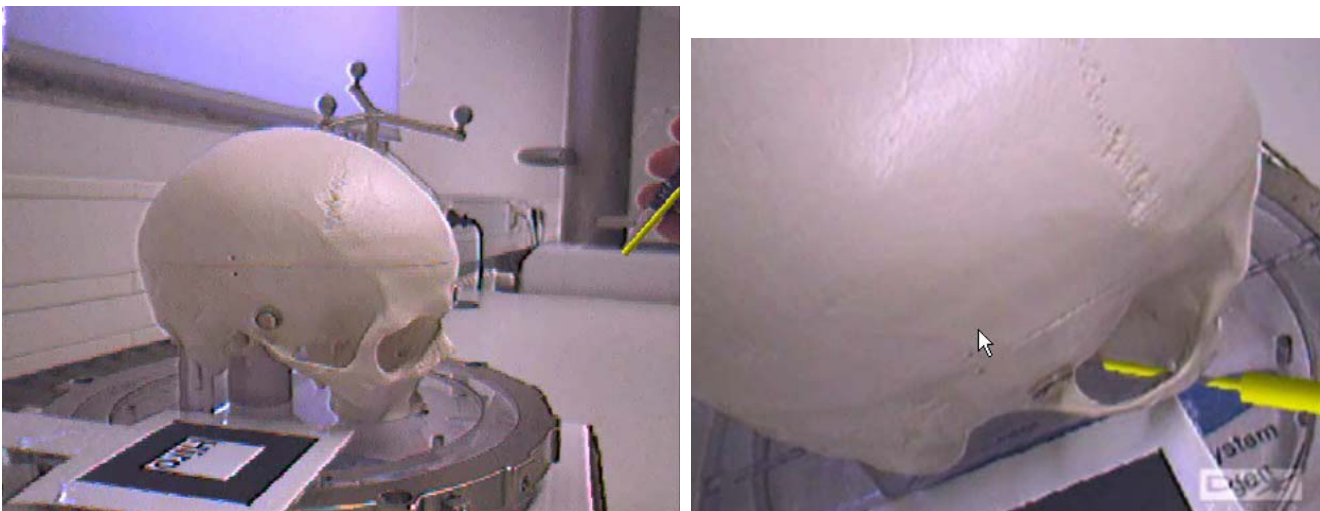
- Ray-casting does not catch all details, in particular details in non-convex areas
- But accuracy sufficient for virtually all cases



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Correct Occlusion Handling

- Details at cheek bone are also handled correctly



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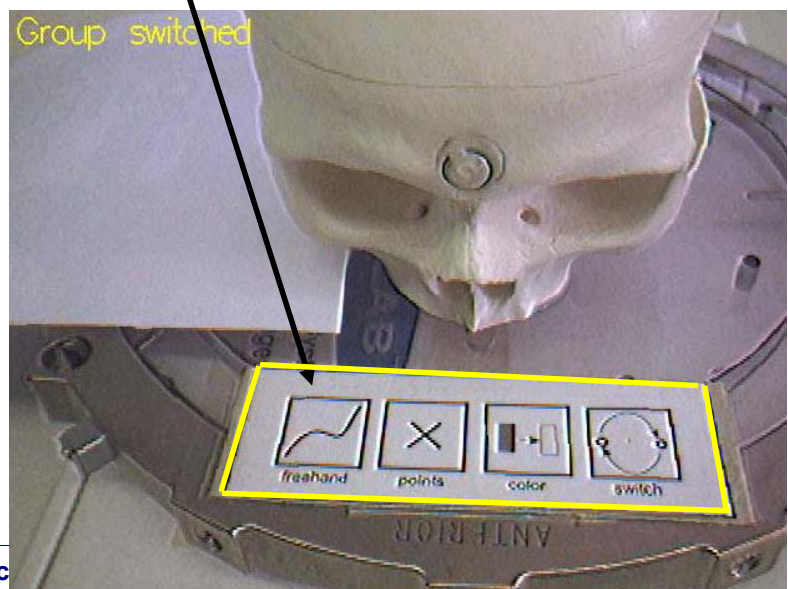
Visual Medicine: Techniques, Applications and Software

Interaction in the OR

- Assisting personnel
- Pedal-button (hard to find the right one)
- Tracked instruments

Interaction in the OR

- **Calibrated**, sterilizable stickers
- Once calibrated, interaction **can be measured** by tracking system
- **Flexible functionality** (ie., screen shots, mapping of volume, etc.)



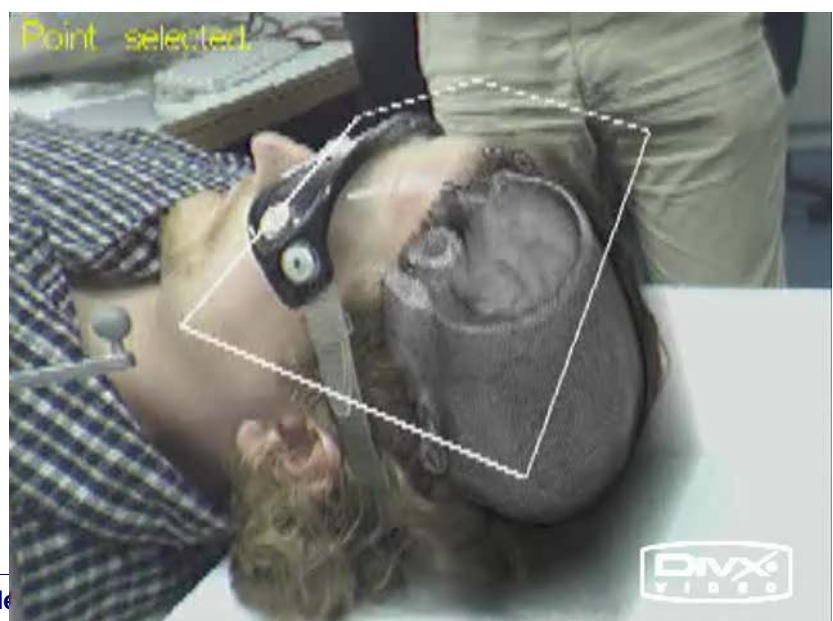
Interaction in the OR

- **Calibrated**, sterilizable stickers
- Once calibrated, interaction **can be measured** by tracking system
- **Flexible functionality** (ie., screen shots, mapping of volume, etc.)



Interaction in the OR

- Spezifikation of target points



- Image-guided surgery uses **tracking** and **registration** to match **patient dataset** to **patient** on OR table
- Occlusion issue needs to be solved
- **Tissue deformation** may be a **significant problem** for image-guided surgery
- May require **intra-operative imaging**
- Simulation of tissue deformation is still **too far off**

Acknowledgements

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BrainLAB

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