

# Advanced Visual Medicine: Techniques for Visual Exploration & Analysis

Image-guided Surgery and Medical Mixed Reality

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## Image-guided Surgery (1)

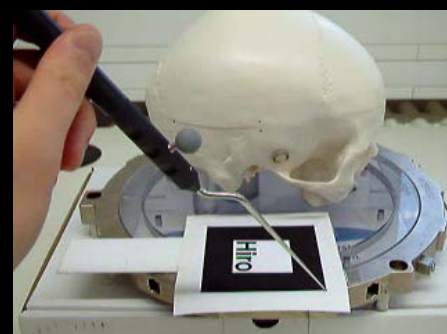
- **Image-guided Surgery (IGS)**
- **Tracks instruments** during intervention
- **Representation** of instruments in patient dataset
- Requires tracking technique
  - Magnetic tracking
    - **Interference** with metallic objects
    - Small magnetic field
    - Complex setup
  - Does **not require**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



- **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



- **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



- **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:

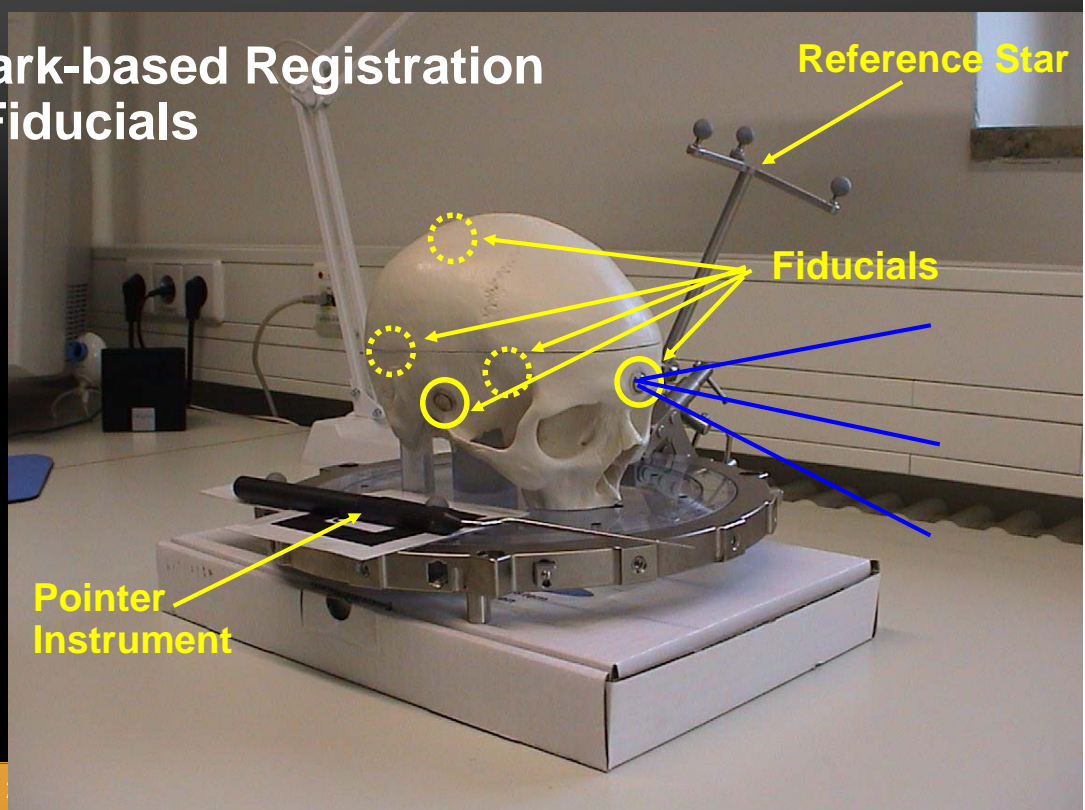
- Computes **relationship** between patient (**OR coordinate system**) and image **dataset**
- Usually rigid transformation: Rotation, Translation
- Landmark-based (fiducial markers)
- Pointset-based (laser pointer, ICP)

## Landmark-based Registration with Fiducials



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

## Landmark-based Registration with Fiducials





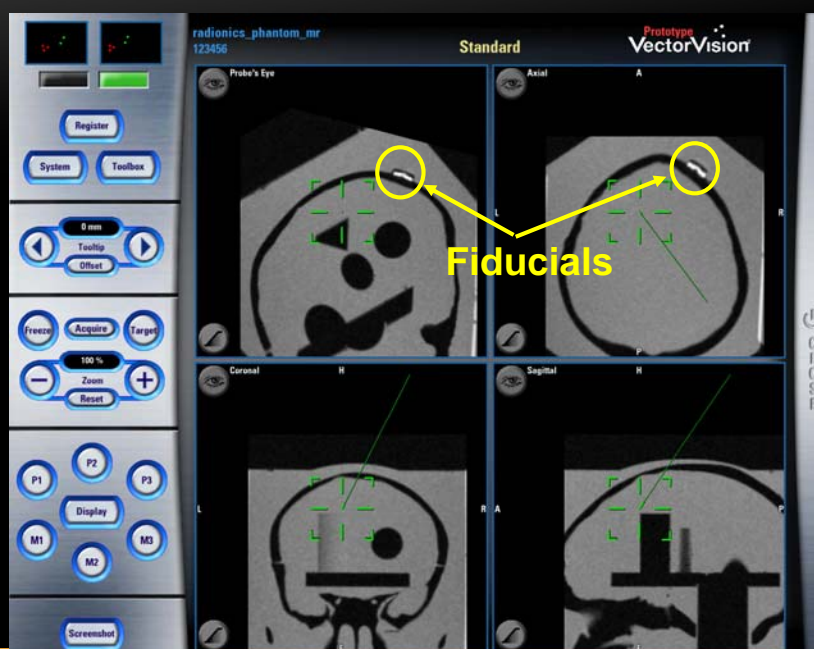
## Landmark-based Registration with Fiducials



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Imag [Image: Maxillo Facial Surgery Tübingen]

## Typical Image-based Navigation/Surgery (IGS)

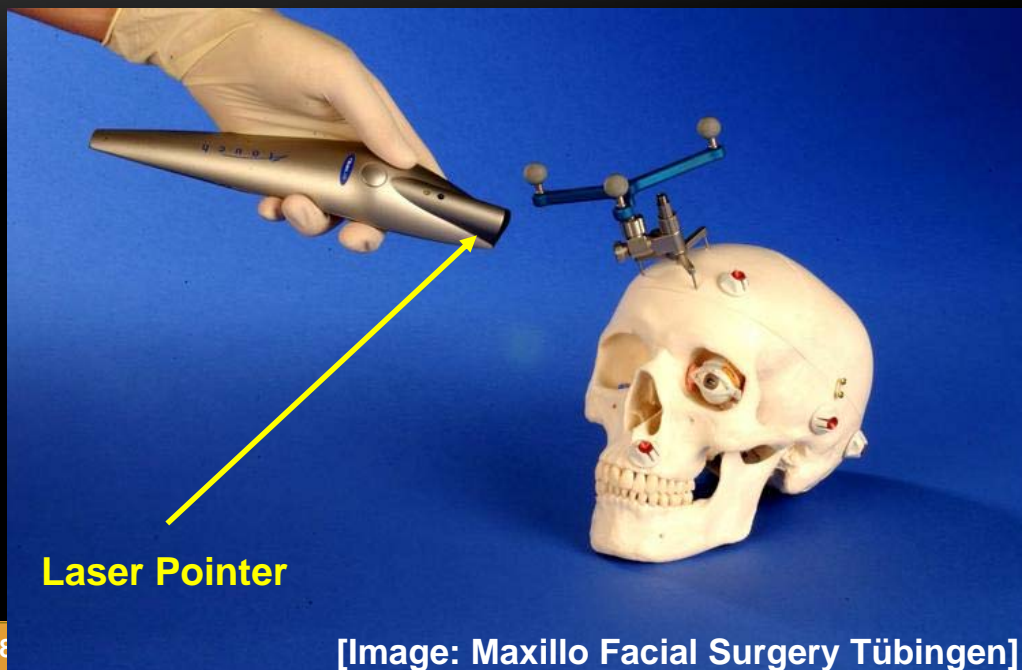


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radionics\_phantom\_mr\_123456\_

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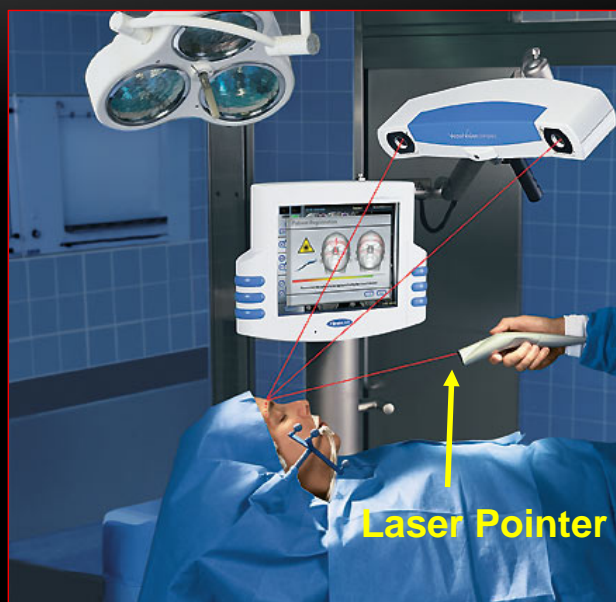
## Pointset-based Registration with Laser Pointer



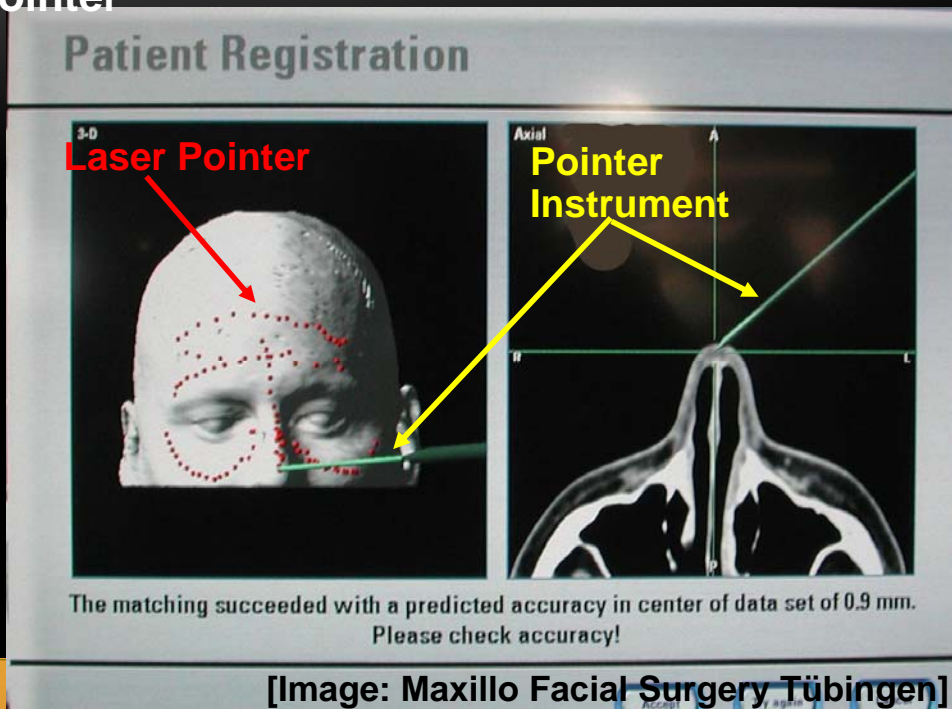
# Image-guided Surgery (8)

## Pointset-based Registration with Laser Pointer

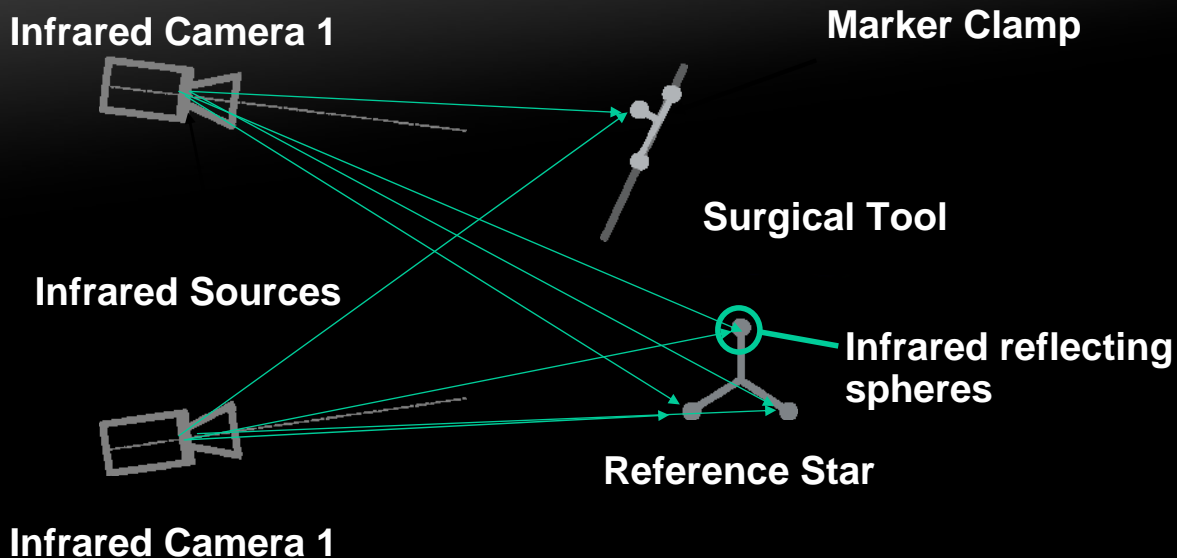
- Laser point is seen by infrared cameras
- Pointsets are measured
- Registration by ICP



## Pointset-based Registration with Laser Pointer

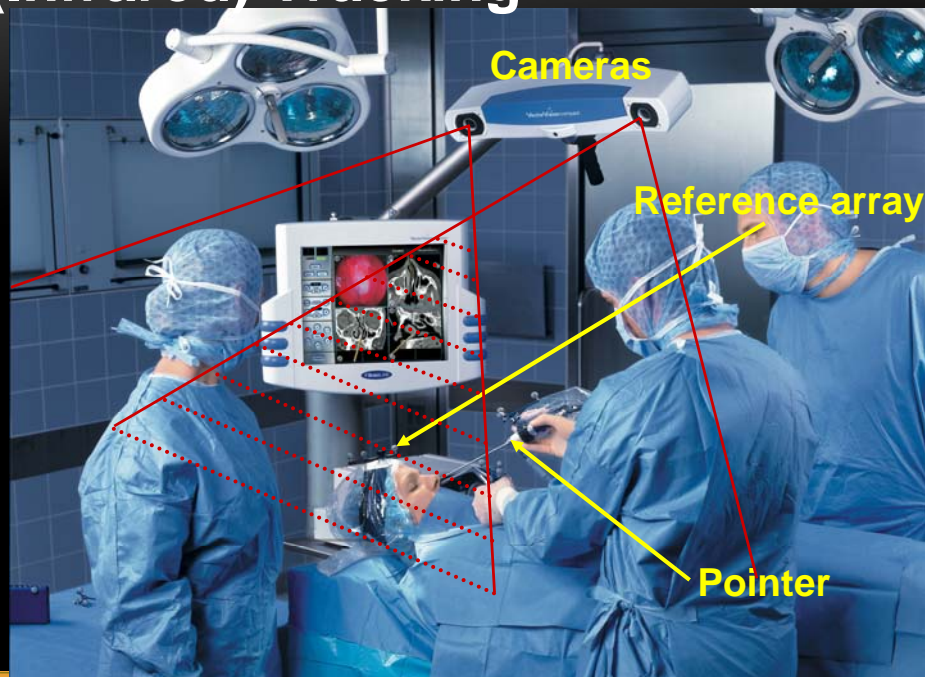


## Optical (infrared) Tracking





## Optical (Infrared) Tracking



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Image-guided Surgery and Me

[Image: BrainLAB]

# Image-guided Surgery (12)

## 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



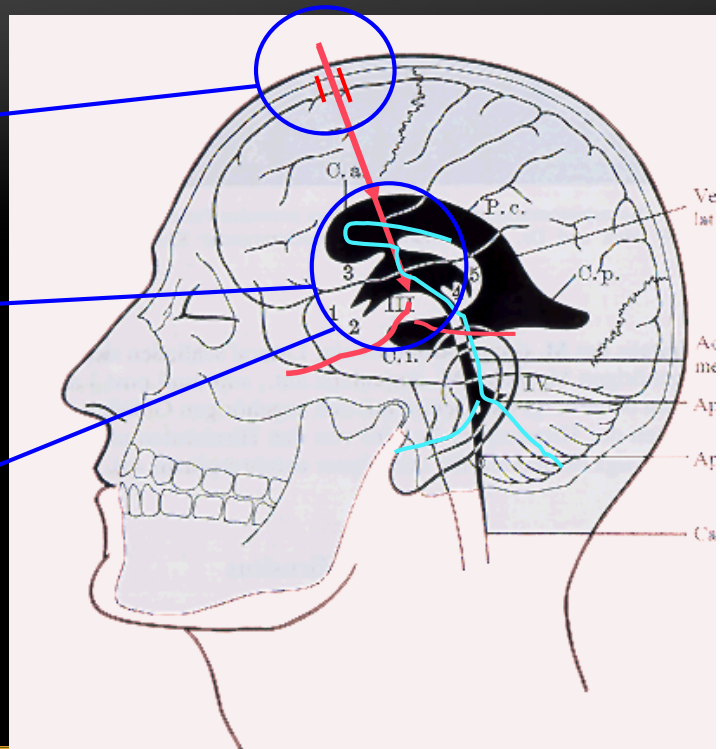
## Issues, cont'd

- **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 (14)

## 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)

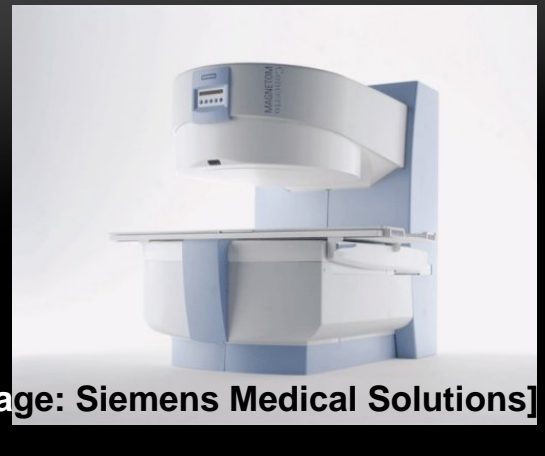
### Possible with

- 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 full-field MR (1.5T)



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## C-Arm / intra-operative CT

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



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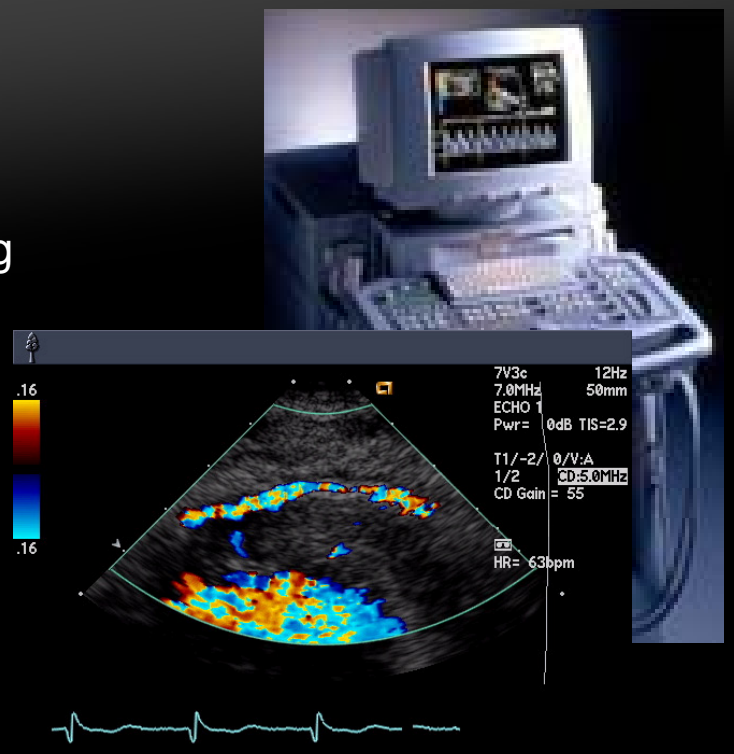
Image-guided



## Intra-operative Imaging (2)

### Ultrasound

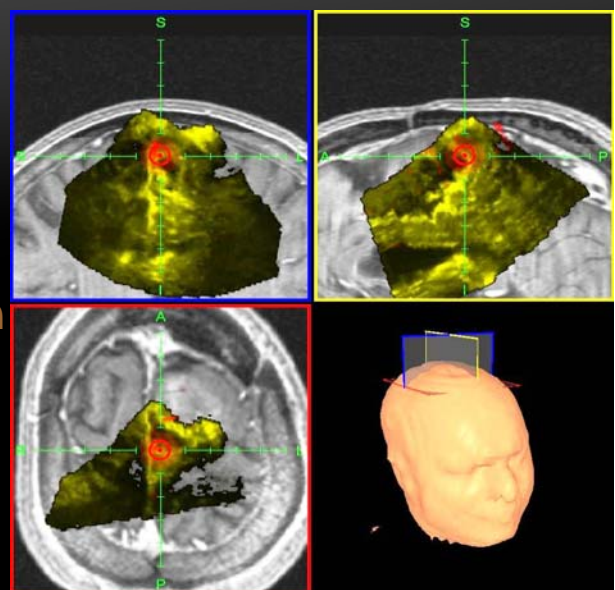
- Emits soundwaves and records echo
- Truly interactive scanning
- Very noisy, difficult to interpret
- Various modes
- Often used for abdomen, brain, heart



## Intra-operative Imaging (3)

### Ultrasound

- Used to adapt to **brainshift** or other **tissue deformations** (resection control)
- Lacks good **spatial orientation**
- What **additional instrument** is used?

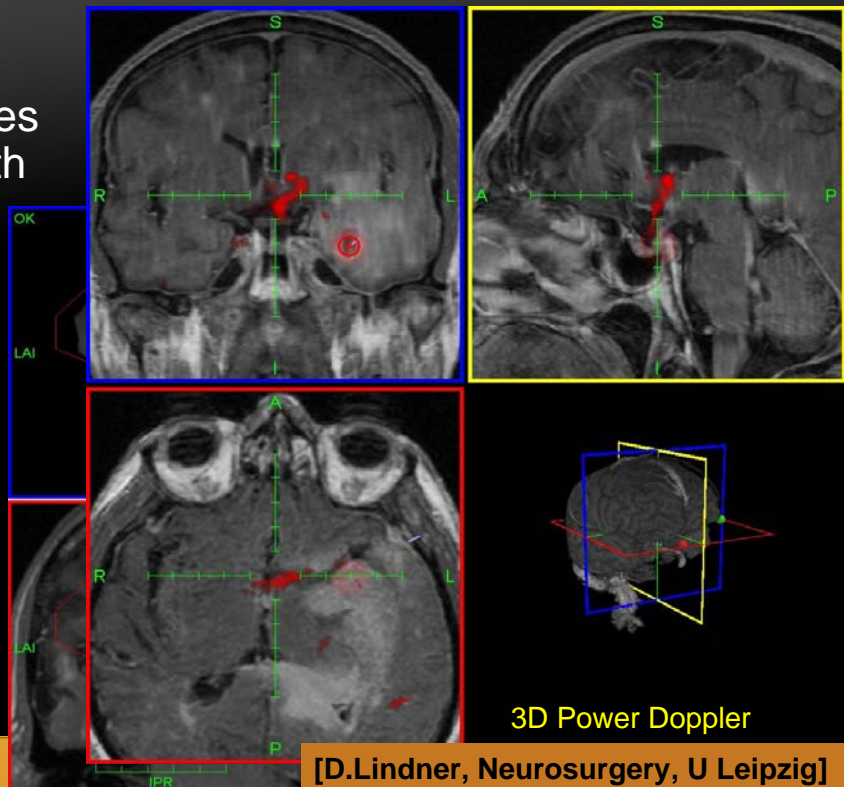


Tumor remnant at red area

- **5% difference** between 3D US and post MRI

## Ultrasound

- Use typically requires the **registration** with **pre-operative** datasets (neurosurgery: often MRI)
- Additional US functionality: **Doppler** for blood flow



## 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



- 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)

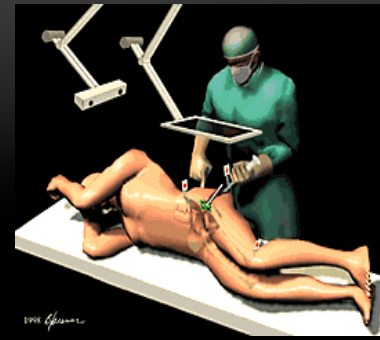
Combines virtual and real world in a **mixed reality** (augmented reality)

- 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 (3)

### Video/Semi-See Through

- Registered TFT for virtuality
- See-through for reality
- But, reduced visual quality



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Image-guided Surgery and Medical Mixi [Schwaldt, 2002]

## Medical Mixed Reality (4)

### Projection

- Poor quality without good projection screen
- **Occlusion by objects** between projector and screen
- Requires more space



[Ritter et al., 2006]



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Image-guided Surgery and Medical Mixe

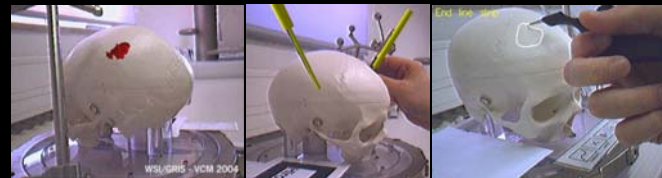


## Standard display and Camera

- Post processing ➔ good quality
- Navigated display or navigated camera



[Weber, 2003]



[Images: VCM L/TÜ]

## Various Medical Mixed Reality Projects

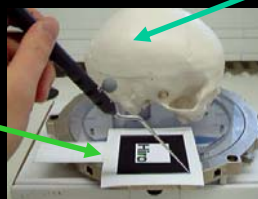
- **Mixed Endoscopic Reality** [Dey et al., MICCAI 2000]
- **Ultrasound and HMDs** [Sauer et al., ISAR 2001]
- **Minimally-invasive liver surgery** [Scheuering et al., Medical Imaging 2001]
- **MEDARPA** [Schwald et al., ISMAR 2002]
- **ARSys-Tricorder** [Goebbels, CURAC 2003]

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



IGS System

- 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



VVL



Camera is moving

Operator

Medical Augmented Reality based on  
Image Guided Surgery

Overlay of manually placed tumor model

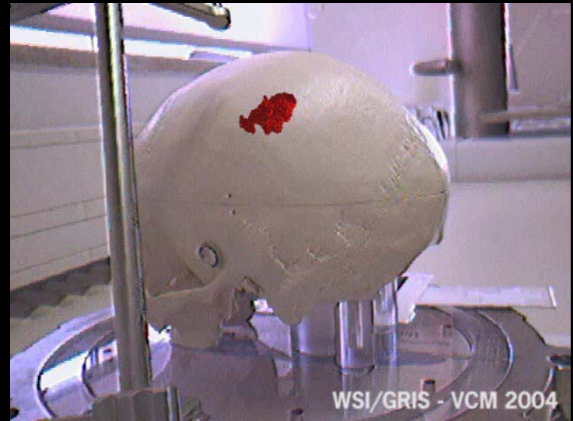
## Issue

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



## 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.)



## 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



## 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

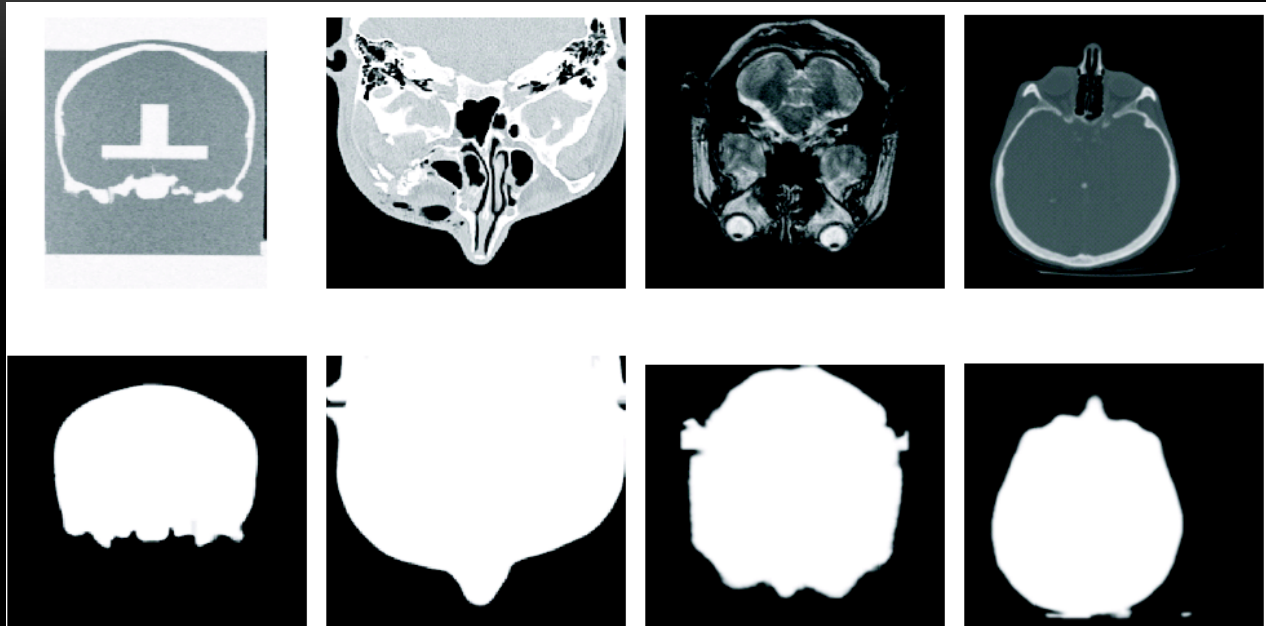
# Medical Mixed Reality (15)

## 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



### Correct Occlusion Handling

- Details at cheek bone are also handled correctly

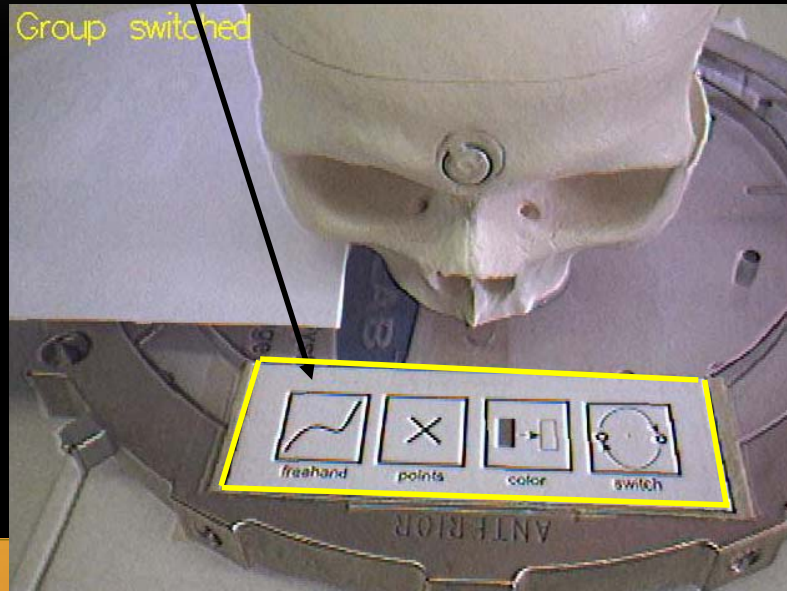


### Interaction in the OR

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

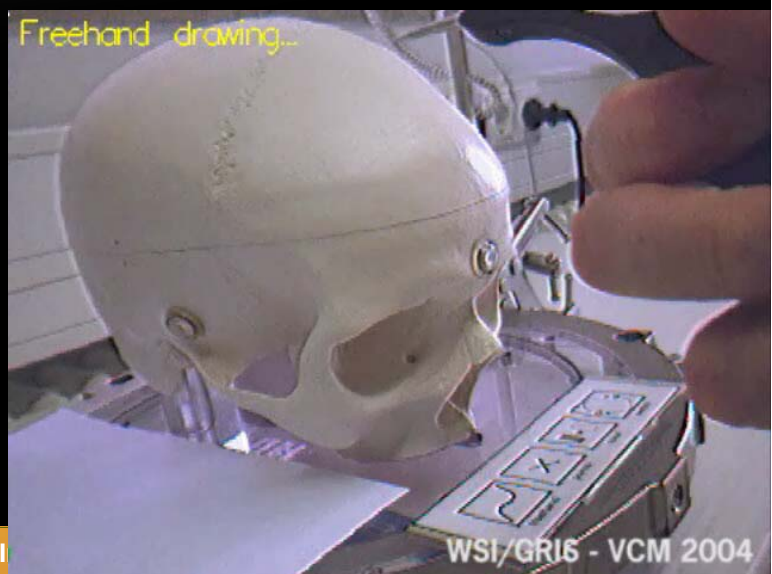
## Interaction in the OR

- **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

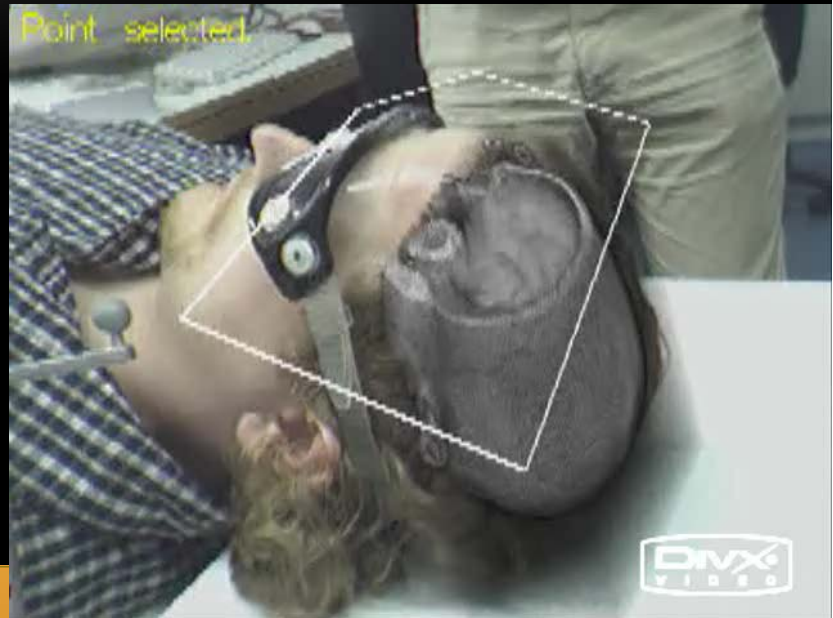
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## Interaction in the OR

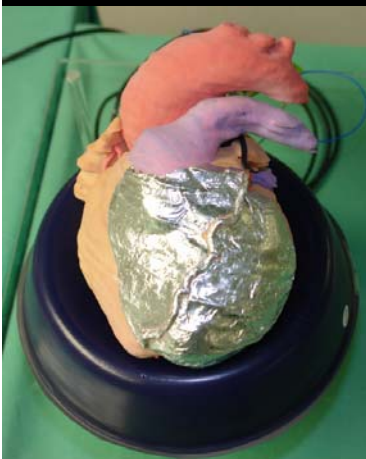
- Specification of target points



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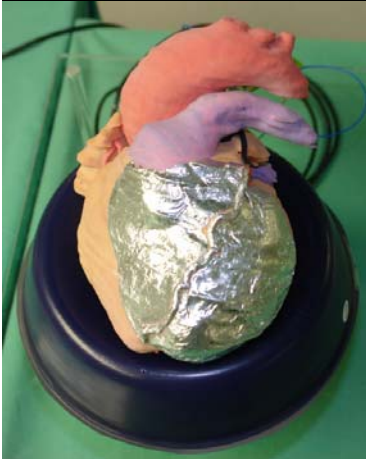
## Application in Heart Surgery

- 3D printing phantom
- Risk structures on basis of optical/electrical conductor



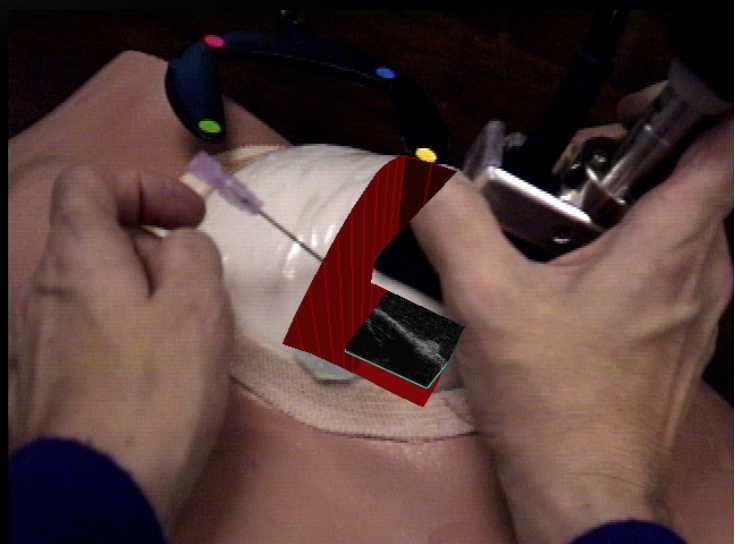
## Application in Heart Surgery

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## Various Medical Mixed Reality Projects

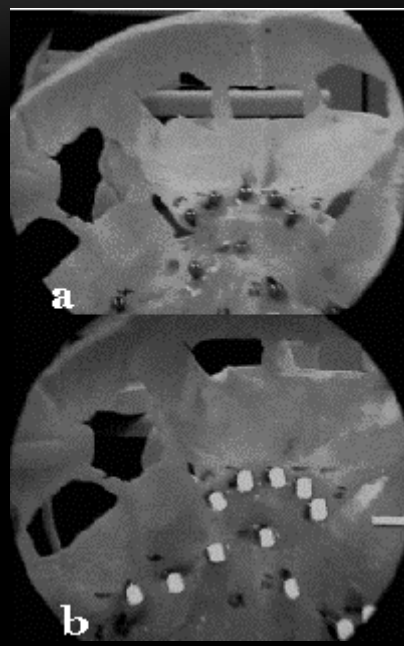
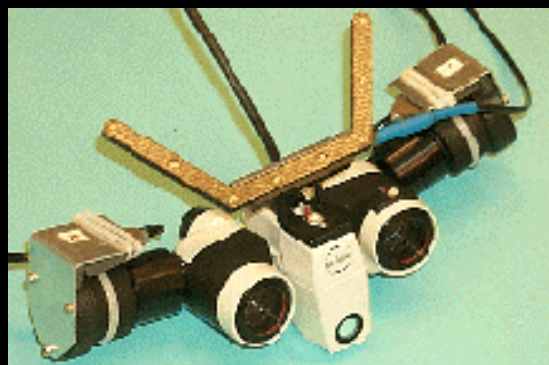
- Needle biopsies with Ultrasound and HMD
- Supporting visualization of organs, risk structures etc.





## Various Medical Mixed Reality Projects

- **VarioscopeAR – Augmented Microscope**



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Image-guided Surgery [Birkfellner et al., ISAR 2001]

## Various Medical Mixed Reality Projects

- **Liver Surgery:** Supporting visualization of organs, risk structures etc.



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Image-guided Surgery and I [Bornik et al. BVM 2003]

- 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**

## University of Leipzig

- Arun Vorunganti, Daniela Wellein, Silvia Born: ICCAS
- Dirk Lindner, Christos Trantakis, Jürgen Meixensberger: Neurosurgery

## University of Tübingen

- Jan Fischer, VCM
- Jürgen Hoffmann, Maxillo-Facial Surgery
- Marcos Tatagiba, Neurosurgery

## BrainLAB

- Markus Neff, Robert Schmidt, Rainer Birkenbach