A Tele-Immersive System for Surgical Consultation and Implant Modeling

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Introduction

- The number of injuries resulting in large cranial defects is increasing
- It is difficult to assemble the expertise necessary to repair large cranial defects
- Traditional methods
 - Heavily dependent on subjective skills and procedures
 - Poor fit
 - Revisions are needed during the surgical placement of the implant
 - Long operating room times





Previous Work: Using CT data in a CAD environment

Steps in 1996 implant production method

- Data acquisition (CT scan)
- Digital modeling
- Stereolithography of "Defect"
- Sculpting of implant form
- Mold-making
- Implant fabrication







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Benefits of 1996 Method

- Operating room time reduced by 2/3
- Reduction of patient stay in hospital 1-2 days instead of 5-7
- Protection of delicate brain tissue
- Restoration of normal appearance
- Elimination of pain at the defect site
- Improved cognitive function (in some cases)
- In none of the cases was it necessary to alter either the defect or implant for a precise fit





Negatives of 1996 Method

Too many slow/expensive steps in process

- Data Acquisition
- Digital modeling
- Stereolithography of "Defect"
- Sculpting of implant form
- Mold-making
- Implant fabrication
- Consultation between Surgeon, Patient and Modeler is often difficult
- Implants often take weeks to produce





Strategy

- Advanced networks
- Advanced visualization techniques
- Computer-controlled rapid prototyping systems





General Approach

Networked tele-immersive collaborative surgical system

- -Surgical pre-planning, consultation
- -Implant design
- Post operative evaluation and education





General Approach



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Components

- Augmented reality implant modeling system
- Modeling software
- Implant design
- Surgical consultation over networks





Implant Modeling System

- To simulateg the traditional sculpting workspace
- Stereo Vision
- Viewer centered perspective
- Sense of touch
- Collaboration





Personal Augmented Reality Immersive System PARIS™

- Virtual reality
- Augmented reality
- Haptic reality







PARIS™













Components

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Modeling Software

- Creation of precisely fitting cranial implant

- The specification and design of complex and arbitrary 3D shapes is very difficult
- Shapes are best generated by sculpting procedures in 3D
- 3D visual display
- Sense of touch





Immersive Implant Modeling With Haptics

- Polygonal Models
- Volumetric models





Immersive Implant Modeling on Volumetric Data With Haptics

- Direct volume rendering
- Proxy-based force feedback algorithm





Direct Volume Rendering

- Visual and haptic feedback latency
- Hardware assisted 3D texture map algorithm
- Level of detail
- Algorithm optimization

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Haptic Rendering

- Tool is not allowed to penetrate the bone
- F_h=-kd
- Movement of the Proxy
 - moves straight to the tip point before it reaches the object (A to B)
 - moves on the surface of the object perpendicular to the surface normal (B to C)







Haptic Rendering

- Spherical proxy
- Force Calculation $F = @f_i$







Components

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Simulated defect





















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• Edge trimming













Bilateral Symmetry of the Skull



- Split the skull at a symmetric plane
- Registration (translation, rotation, warping)
- Subtraction





• Case 1: Patient CT data















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• Case 1: Implant







• Case 1:







- Case 1:













- Case 1:













- Case 1:













- Case 1:







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- Case 1:













- Case 2:







- Case 2:







- Case 2:







- Case 2:







































Stereolithography

















Components

- Virtual reality display systems
- Immersive implant modeling system
- Implant design
- Surgical consultation over networks





Surgical Consultation and Collaboration

- Adaptive networking
 - Quanta: the Quality of Service Adaptive Networking Toolkit
- Tele-immersive implant modeling
 - PARIS C-Wall
- Distributed volume visualization
 - Clusters of powerful graphics computers are used to distribute very large volumes for parallel rendering.
 - Resultant images are stitched together and streamed over the network to PARIS, C-Wall, and Physician's Personal VR Display.
 - Cluster can therefore act as a powerful shared resource amongst physicians at many locations.
 - Higher speed networks (such as National Lambda Rail, StarLight and Internet-2) will enable higher quality real time image transfer with lower latencies.

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Surgical Consultation and Collaboration











VR Systems

- Personal Augmented Reality Immersive System (PARIS)
- Configurable Wall (C-Wall)
- Physician's Personal VR Display





PARIS

- Based on PC
- Augmented reality
- Haptic feedback







Configurable-Wall (C-Wall)

• Small group consultation







Physician's Personal VR Display

- Physician's desktop
- Hardware platform and operating system
- Graphics card and stereo display
- Software development tools
- 3D input devices

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Applications

- Consultation
- Pre-operative planning
- Implant design
- Surgical simulation
- Post operative evaluation
- Education
- Large-scale health emergencies





Future Opportunities

Jason Leigh, Zhuming Ai





Performance per Dollar between Optical Fiber, Silicon and Data Storage



Sevl

StarLight & Global Lambda Integrated Facility Persistent Optical Networking Infrastructure for Rapid Distribution of Large Scale Instrumentation Data



OptlPuter

10GE CAVEwave on the National LambdaRail

The OptIPuter exploits a new world in which the central architectural element is optical networking – creating *supernetworks*



Washington in Seattle and UCSD in San Diego, enabling OptIPuter experiments. It was recently extended to the DC area to connect with NASA GSFC and Venter Institute

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Cyber-Commons and Cyber-Mashups

- Cyber-Commons: Environments with scalable displays that enable rich interaction between people and information.
- Cyber-Mashups: Virtual environments for merging data from Cyber-Observatories to create new discoveries.





100 Million Pixel Display Wall









The OptIPuter Global Cyber Community



www.evl.uic.edu/cavern/glvf/





VRMedLab

Varrier - Autostereo Display (2004)



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Merging Mono and Stereo : Dynallax (2006)



Enables mono, stereo and a combination









Alternative Interaction Modalities LambdaTable (2005)



30" LCD tiles, 6 computers- 3 for graphics, 3 for camera tracking

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Cyber-environment for Medical Research and Simulation of the Future


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