

# Time-of-Flight Based Endoscopy for NOTES Interventions: Challenges and Limitations

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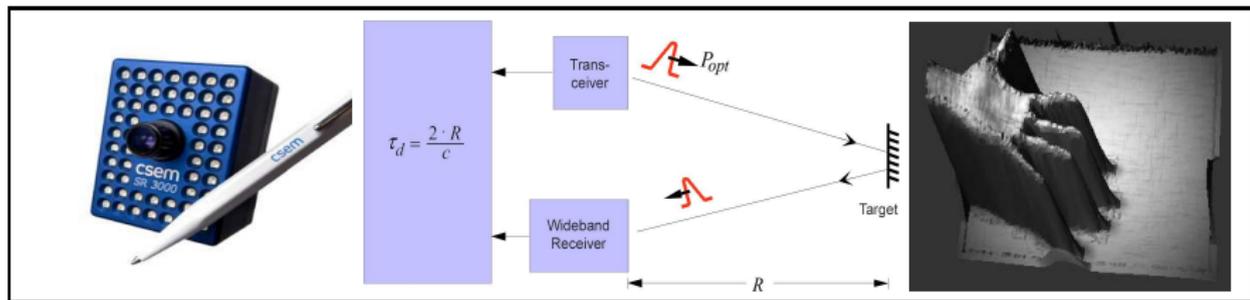


# Introduction

## Time-of-Flight (ToF) technology

### Technical specifications

- Framerate: 12...50 fps
- Lateral resolution: 16×64 pixel ... 144×171 pixel
- Depth resolution: dependent on measured depth
- active illumination of the scene with eye-safe infrared LEDs
- Output: 3-D coordinates (describing the 3-D surface of the current field of view), gray value image (encoding the amount of reflected signal  $\implies$  gray value depends on reflectivity of material and distance)



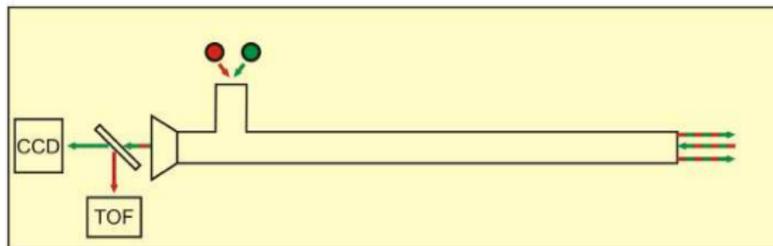
**Figure:** ToF camera MESA Imaging GmbH; middle: ToF principle ( $R$ ..distance,  $c$ ..speed of light,  $\tau_d$ ..travel time of impulse  $P_{opt}$ ); right: reconstruction of human hand



# Introduction (cont.)

## Multisensor-Time-of-Flight-Endoscopy (MUSTOF-Endoscopy)

- Core idea: transferring the Time-of-Flight (ToF) distance measurement principle to a rigid endoscope optic



**Figure:** Scheme of the Multisensor-Time-of-Flight (MUSTOF) endoscope. Red: ToF optical reference signal; green: standard illumination source.



# Introduction

## Clinical relevance

### Standard visualization

- endoscopes acquire 2D distorted images
- endoscope use front illumination unit  $\implies$  huge contrast, no shadows, flat appearance  $\implies$  lack of depth perception is significant sensory loss for surgeon



### Benefit of additional real-time 3D information for NOTES interventions

- increased efficiency and spatial control
- enables Augmented Reality
- registration with pre-operative data



# MUSTOF endoscopy

## Determining the physical boundaries

- ToF sensors are typically operating at 870 nm  $\implies$  The ToF sensors itself as well as the endoscope optic provide more variability (see figures below)
- Benefit: additional modification of lense system is not necessary

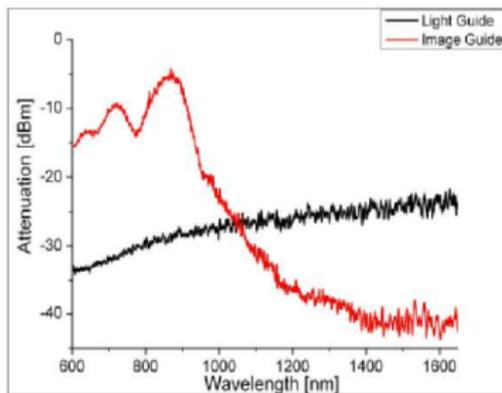


Figure: Transmission properties of endoscope optic.

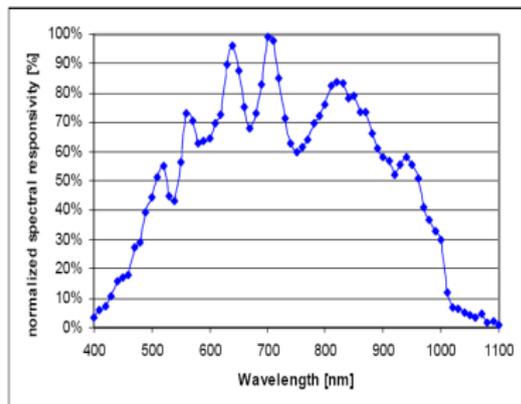


Figure: Sensitivity of a ToF sensor element.



# MUSTOF endoscopy

## Illumination unit

- For ToF cameras building a proper illumination unit is as complex as building the ToF sensor.
- What optical power do we need to illuminate the operation area?  
What measurement uncertainty do we want to achieve?
- Measurement uncertainty: 1 mm has to be achieved reliably; otherwise clinical relevance is not ensured.

Pixel dimensions	$100\mu\text{m} \times 100\mu\text{m}$
Lateral Resolution	$64 \times 48$ pixel
Illumination Power	$\approx 3\text{W}$
Wavelength	870 nm
Modulation Frequency	10-30 MHz
Receiver Optics	C-Mount

**Table:** Specification of the ToF camera PMD[vision]3k-S.



# MUSTOF endoscopy

## Standard deviation of range measurement error

- Standard deviation  $\sigma$  of range error can be computed using modulation frequency  $f$ , speed of light  $c$ , number  $M$  of photoelectrons generated by modulated light source and number  $B$  of photoelectrons generated by background light:

$$\sigma = \frac{c}{2\sqrt{8f}} \cdot \frac{1}{M} \cdot \sqrt{B + \frac{M}{2}} \quad (1)$$

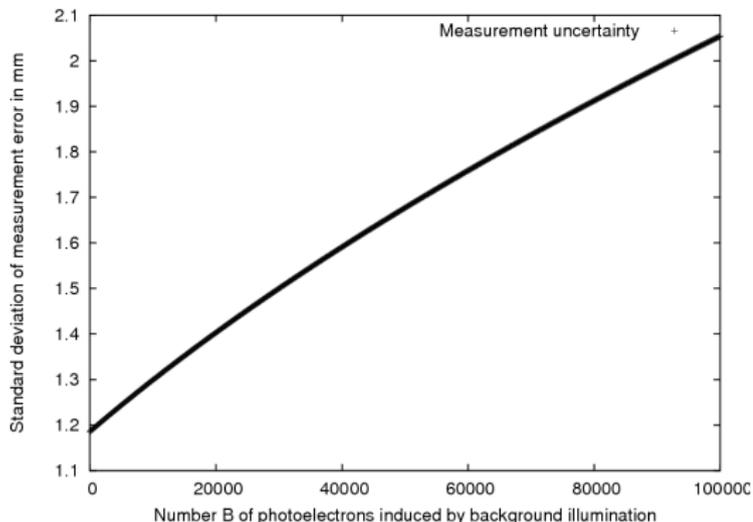
- Using  $f = 100 \text{ MHz}$  and  $M = 100000$  the following values are obtained for varying  $B$  (Figure: next slide)



# MUSTOF endoscopy

## Standard deviation of range measurement error (cont.)

- Observation 1: Assuming  $M=100000$  photoelectrons generated by 100 MHz-modulated light source in each pixel a distance resolution of 1 mm is achievable
- Observation 2: The influence of background illumination is not too severe; for minimally invasive interventions additional light sources are controllable or neglectable
- Question: Can we generate  $M=100000$  photoelectrons? And what optical power is needed?



**Figure:** Standard deviation of range measurement error in mm with respect to background illumination



# MUSTOF endoscopy

## Optical power for 1 mm measurement uncertainty

- The optical power  $P$  required to generate  $N_e$  photoelectrons is determined by

$$P = \frac{N_e \cdot \frac{A_S}{A_P} \cdot h \cdot c}{\phi \cdot \left(\frac{D}{2R}\right)^2 \cdot k \cdot q(\lambda) \cdot \lambda \cdot T} \quad (2)$$

with  $A_S$ : area of ToF sensor,  $A_P$ : area of pixel,  $h$ : Planck's constant,  $c$ : speed of light,  $\phi$ : remission of object,  $D$ : aperture of lens,  $R$ : distance of object,  $k$ : attenuation,  $q(\lambda)$ : quantum efficiency,  $\lambda$ : wavelength of light,  $T$ : integration time

- Specific (moderate) values:  $\phi=0.8$ ,  $k=0.3$ ,  $\lambda=850$  nm,  $q(\lambda)=0.9$ ,  $T=10$  ms
- The term  $\left(\frac{D}{2R}\right)^2$  assumes that the observed object is a Lambert reflector and was validated for scenes with observable distances in the range of meters; both might not be true for endoscopic ToF data acquisition (closeness to scene as well as Lambertian properties).



# MUSTOF endoscopy

Optical power for 1 mm measurement uncertainty (cont.)

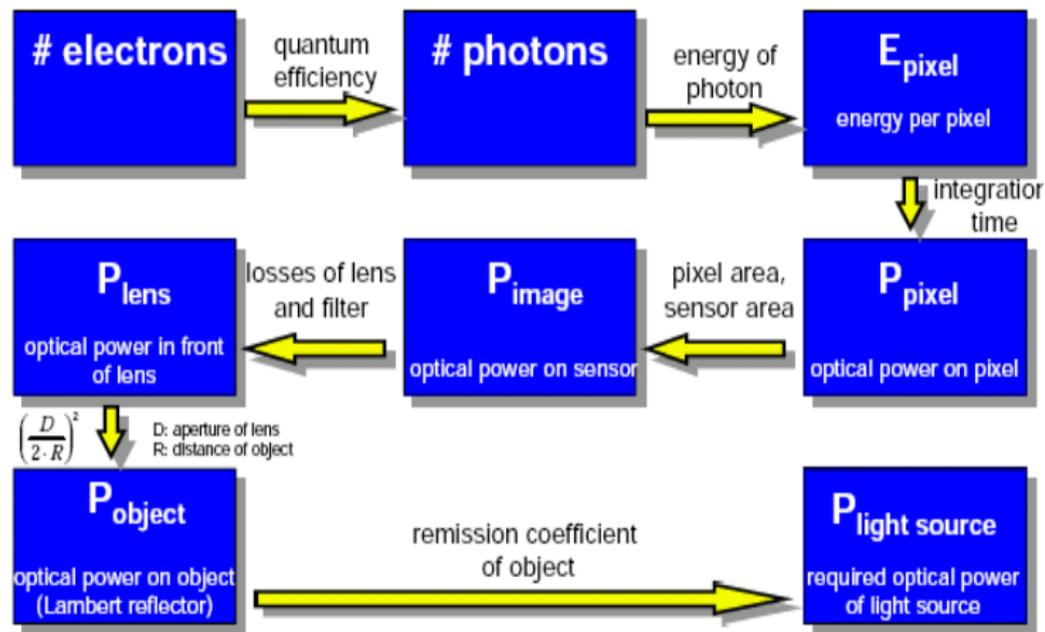


Figure: Illustration of optical transmission channel and loss of optical power.



# MUSTOF endoscopy

Optical power for 1 mm measurement uncertainty (cont.)

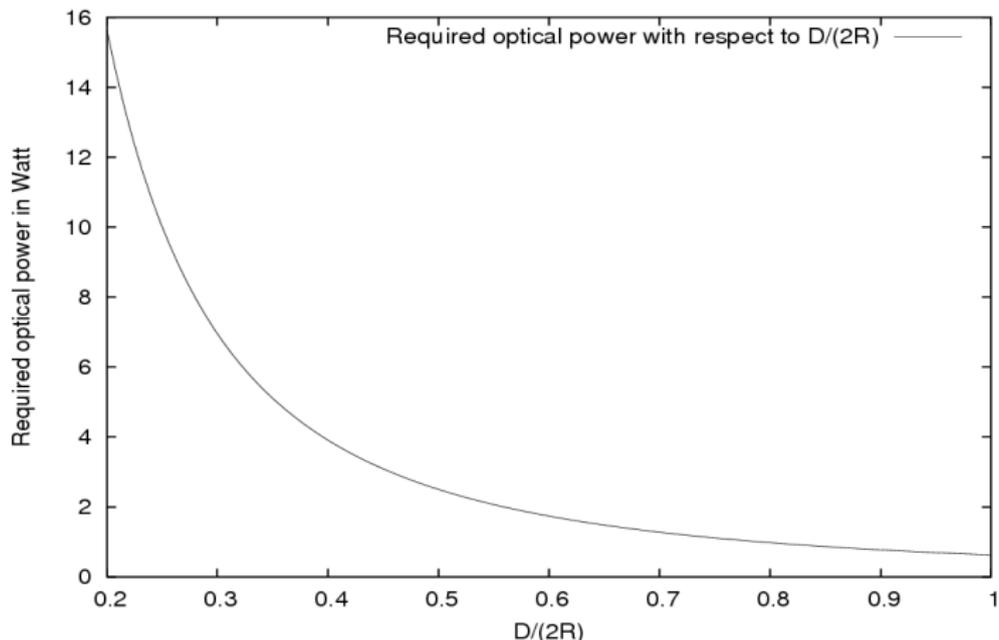
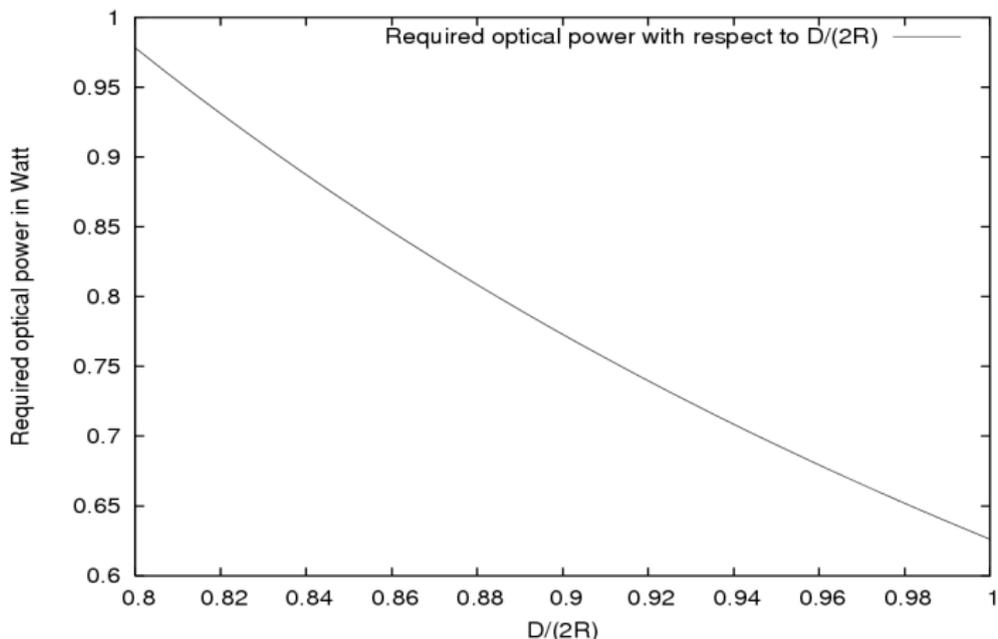


Figure: Required optical power of illumination source with respect to  $\frac{D}{2R}$



# MUSTOF endoscopy

Optical power for 1 mm measurement uncertainty (cont.)



**Figure:** Required optical power of illumination source with respect to  $\frac{D}{2R}$  in the range of 0.8...1.0



# MUSTOF endoscopy

Remarks concerning the validity of the previous considerations

## Why are the drawn conclusion **too optimistic**?

- 1 Thermal noise, reset noise, quantization noise are not reflected in the equations.
- 2 Secondary reflections are not considered.

## And now?

- The equations point out significant aspects of the transmission chain which have to be considered for building an endoscope which is feasible in minimally invasive surgery.

## Why are the drawn conclusions **too pessimistic**?

- 1 The MUSTOF endoscope provides a point-light source in contrast to the LED array of standard ToF cameras.
- 2 Using laser LEDs with appropriate drivers enables the generation of a more accurately modulated signal.



# MUSTOF endoscopy

## Preliminary results

Observing a card with printed numbers.

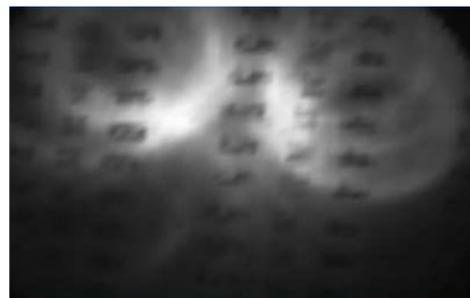
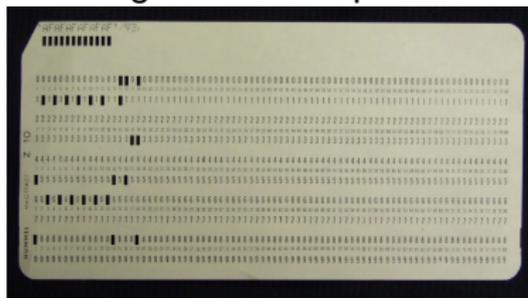


Figure: Observed card.

Figure: Card observed with PMD3kS.

n=	1	10	20	50
none	10.9	5.5	4.0	2.9
gauss	7.5	4.7	3.6	2.8
median(3x3)	6.9	8.1	7.4	3.9
median(5x5)	7.1	6.2	5.2	2.7

Table: 3D Measurement uncertainty in mm with respect to certain preprocessing steps and/or averaging applied to distance data before computing 3D reconstruction.





# MUSTOF endoscopy

## Preliminary results

Observing a card with printed numbers.

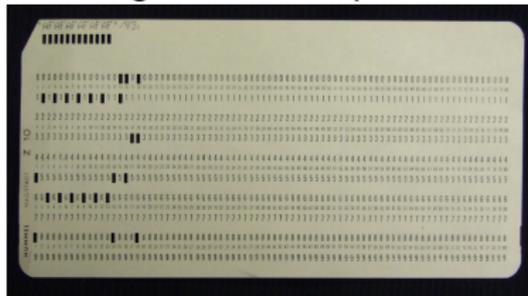


Figure: Observed card.

Figure: Card observed with PMD19k.

n=	1	10	20	50
none	53.9	17.5	12.3	5.8
gauss	21.3	6.9	4.9	2.4
median(3x3)	27.1	8.5	6.2	3.4
median(5x5)	19.9	6.7	4.7	2.7

Table: 3D Measurement uncertainty in mm with respect to certain preprocessing steps and/or averaging applied to distance data before computing 3D reconstruction.



# MUSTOF endoscopy

## Preliminary results

Observing a liver model. (Observed part marked black.)

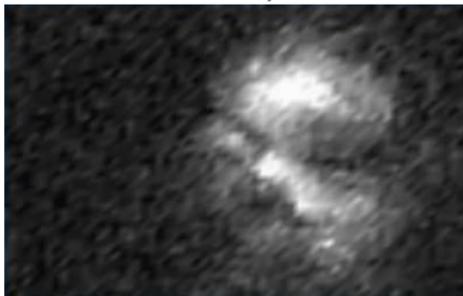


Figure: Observed liver model.

Figure: Card observed with PMD19k.

n=	1	10	20	50
none	162.9	46.7	33.8	17.9
gauss	89.6	31.8	18.4	14.9
median(3x3)	70.4	27.9	21.8	14.8
median(5x5)	73.2	28.4	18.8	11.5

Table: 3D Measurement uncertainty in mm with respect to certain preprocessing steps and/or averaging applied to distance data before computing 3D reconstruction.



# MUSTOF endoscopy

## Preliminary results

Observing a liver model. (Observed part marked black.)

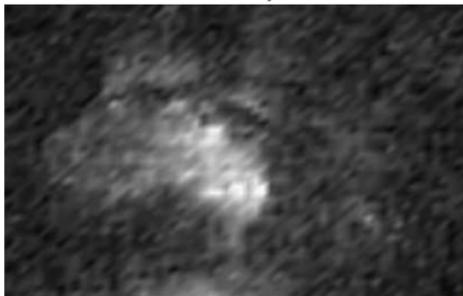


Figure: Observed liver model.

Figure: Card observed with PMD19k.

n=	1	10	20	50
none	91.3	29.6	22.4	12.5
gauss	41.7	12.7	10.5	5.4
median(3x3)	47.9	15.1	12.1	7.8
median(5x5)	36.2	11.5	8.4	5.5

Table: 3D Measurement uncertainty in mm with respect to certain preprocessing steps and/or averaging applied to distance data before computing 3D reconstruction.



# MUSTOF endoscopy

Conclusion: Remarks on current state and the structure of an efficient ToF endoscopy group

**Finally**, MUSTOF endoscopy is a completely new medical modality. To make it feasible for NOTES interventions the following tasks have to be fulfilled:

- 1** The necessary signal requirements (illumination power, modulation requirements) have to be met.
- 2** A stable measurement uncertainty of 1 mm has to be reached.
- 3** Lens distortions have to be corrected to achieve absolute correctness of 3D reconstruction.



Thank you for your attention.  
Questions?