

Providing Endoscopic Orientation using a Multi-Sensor approach

March 18th, 2009



Dipl.-Ing. **Kurt Höller**¹,

J. Penne¹, C. Schaller¹, J. Hornegger¹, T. Schrauder², R. Engelbrecht²
A. Schneider³, H. Feussner³, J. Jahn⁴, J. Gutierrez⁴, T. Wittenberg⁴

¹**Chair of Pattern Recognition (LME),**

²Chair for Microwave Technology (LHFT),
Friedrich-Alexander University Erlangen-Nuremberg (FAU)

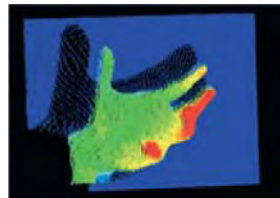
³Workgroup for minimal invasive Surgery (MITI),
Klinikum r.d.Isar, Technical University Munich

⁴Fraunhofer Institute for Integrated Circuits (IIS),
Erlangen and Nuremberg

Content



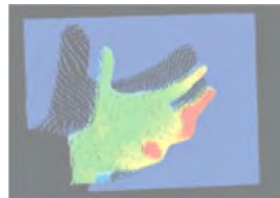
- 1 Introduction/Motivation
- 2 Time-of-Flight (ToF) Endoscopy
- 3 MEMS based Endoscopic IMU
- 4 Summarize
- 5 Outlook



Overview



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Participating groups with NOTES

Great chance for technical innovations

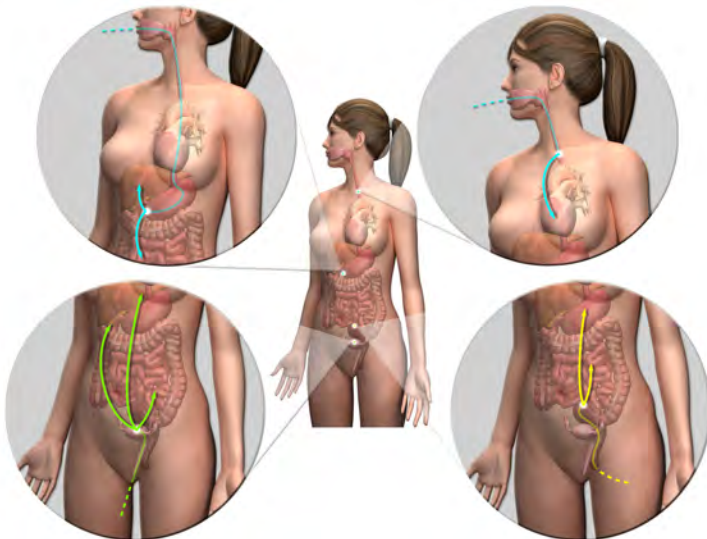


Figure: Interdisciplinarity of NOTES



Routes through natural orifices

Natural Orifice Transluminal Endoscopic Surgery





Potential barriers to clinical practice

According to the NOTES white paper, New York 2005

Fundamental challenges to the safe introduction of NOTES

- Access to peritoneal cavity
- Gastric or intestinal closure
- Prevention of infection
- Development of suturing and anastomotic (nonsuturing) devices
- Maintaining spatial orientation
- Development of a multitasking platform
- Management of intraperitoneal complications and hemorrhage
- Physiologic untoward events
- Training other providers



Potential barriers to clinical practice

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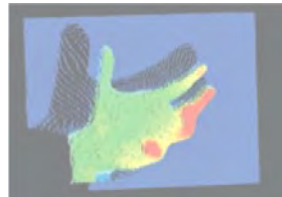
Fundamental challenges to the safe introduction of NOTES

- Access to peritoneal cavity ⇒ item we can support
- Gastric or intestinal closure
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State of the Art: PMDvision 3kS

Time-of-Flight (ToF) technology

- Lateral resolution: 64×48 pixel
- Depth resolution: 3 mm
- Wavelength: 870 nm
- Pixel dimension: $40\mu m \times 40\mu m$
- Modulation frequency: 20 – 30MHz ($\Rightarrow \lambda = 15 - 10m$)
- Frame rate: >15 fps



Figure: ToF-camera and example images



March 1st, 2009: PMDvision Cam Cube

Time-of-Flight (ToF) technology

- Lateral resolution: 204×204 pixel
- Depth resolution: 3 mm
- Wavelength: 870 nm
- Pixel dimension: $40\mu m \times 40\mu m$
- Modulation frequency: 20 – 40MHz ($\Rightarrow \lambda = 15 - 7.5m$)
- Frame rate: >15 fps

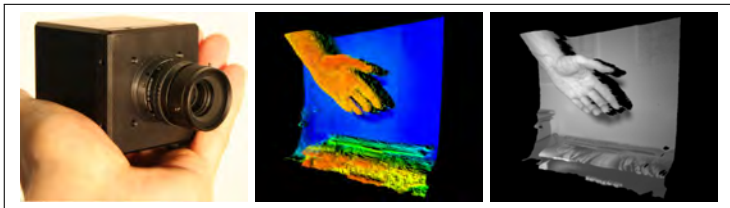
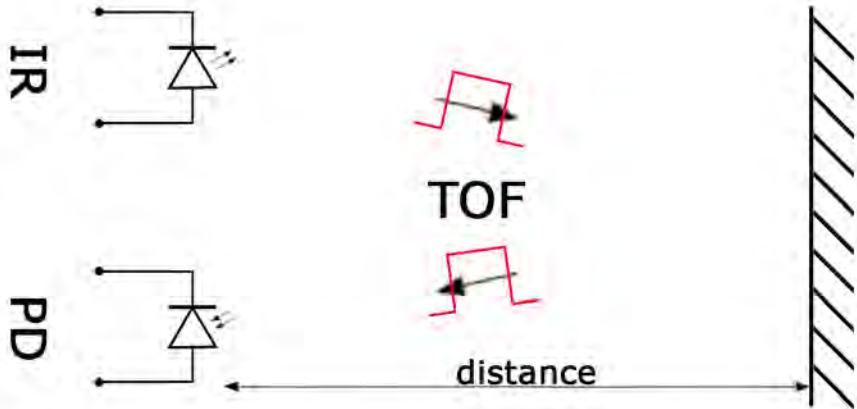


Figure: ToF-camera and example images



Time-of-flight principle

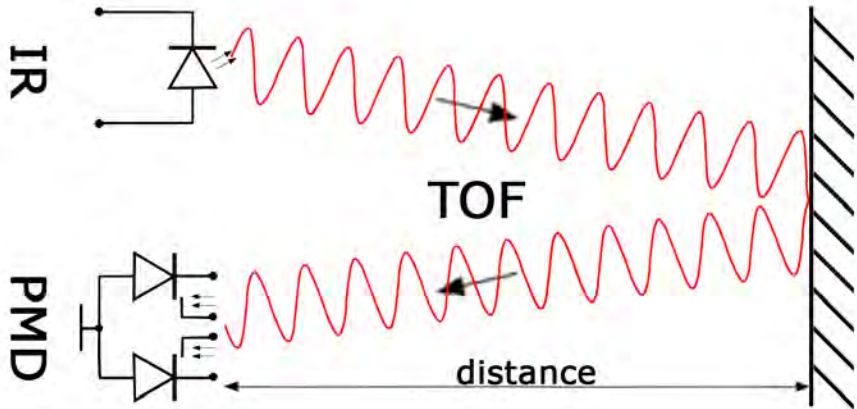
Pulsed modulation





Time-of-flight principle

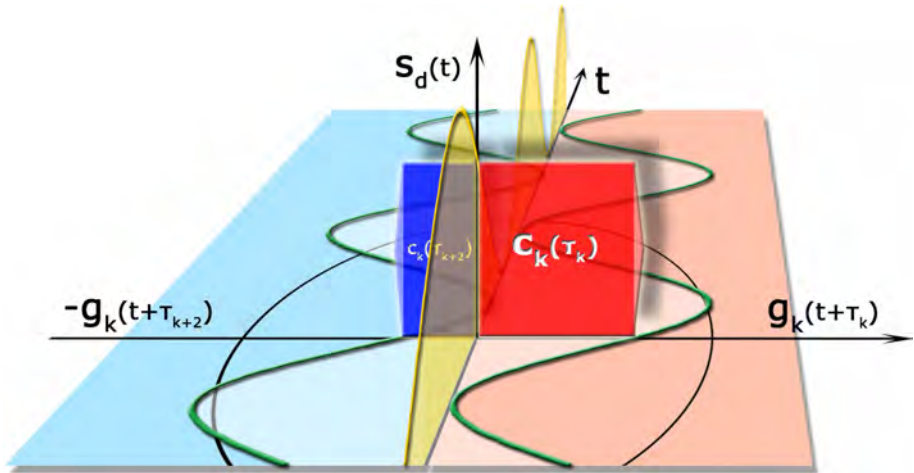
Continuous wave modulation





"Ladungsschaukel"

charging swing





ToF accuracy

Illumination requirements

- small light emitting surface
- high power
- fast modulation
- narrow-band for ambient light suppression

$$\text{accuracy} \sim \frac{c}{2f_{\text{mod}}} \cdot \sqrt{\frac{P_{\text{mod}} + P_{\text{amb}}}{P_{\text{mod}}^2} \frac{A}{k_{\text{opt}} q_e r T}}$$

c : relative speed of light
 f_{mod} : modulation frequency
 P_{laser} : power of modulated signal
 P_{amb} : ambient light power
 A : illuminated area

k_{opt} : optical system constant
 q_e : quantum efficiency
 r : target reflectivity
 T : integration time



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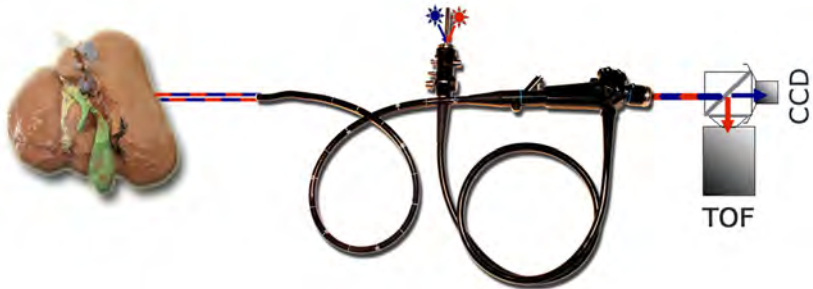


Idea of MUSTOF

Parallel acquisition with ToF camera and CCD camera

Parallel acquisition of depth and image data combining a ToF and a CCD chip:

MultiSensorTimeOfFlight (MUSTOF) endoscope





Navigation support - Orientation

Finding the entry point to the peritoneal cavity

Challenge:

- More information on position and orientation of the robotic device or the endoscope

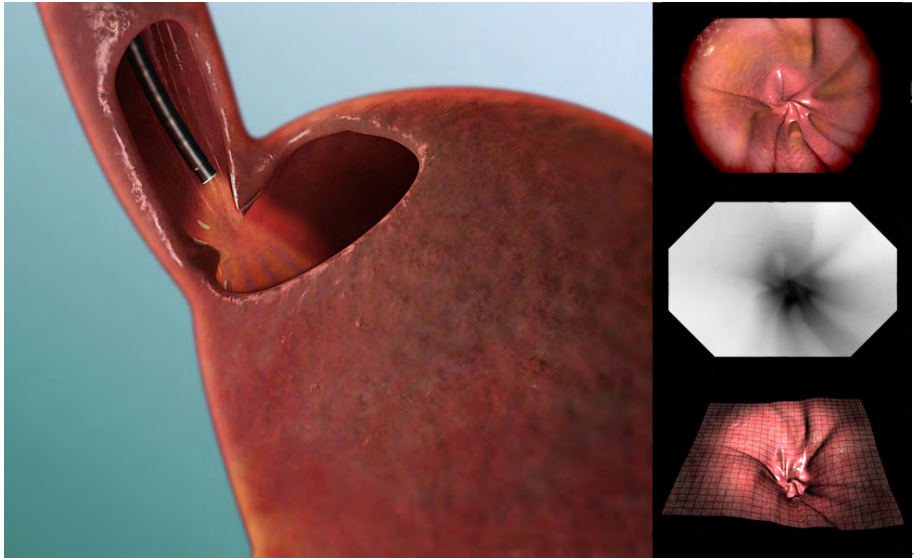
Solution:

- Nonrigid registration of intraoperative 3-D data with preoperative CT or MR data is possible
- Calculated transformation parameters can be used to represent, correct und visualize actual position and orientation



Navigation support - Orientation

Finding the entry point to the peritoneal cavity





Navigation support - Augmented Reality

Finding the entry point to the peritoneal cavity

Challenge:

- Avoid injuries of hidden organs and vessels, e.g. while finding the entry point to the peritoneal cavity
- Knowledge of structures behind the visible wall is needed for a safe incision

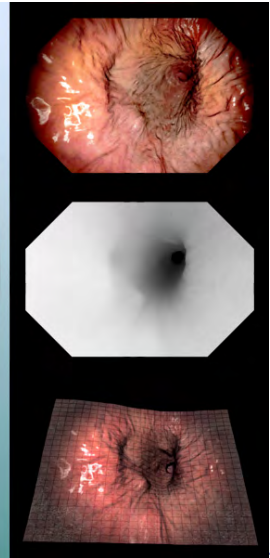
Solution:

- Registration with preoperative volumes
- Segmentation of objects of interest in the preoperative volumes
- Adaption of those objects by iteratively computed transformation parameters
- Visualization of hidden organs or vessels in intraoperative endoscopic images by augmented reality



Navigation support - Augmented Reality

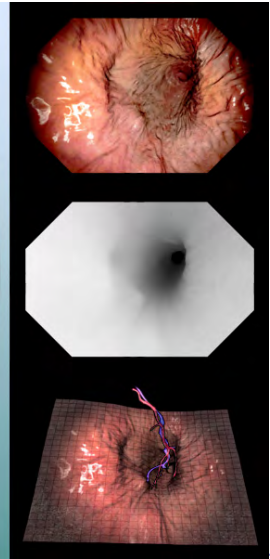
Finding the entry point to the peritoneal cavity





Navigation support - Augmented Reality

Finding the entry point to the peritoneal cavity



Navigation support - Off-axis view



Finding the entry point to the peritoneal cavity

Challenge:

- Overcome boundaries of limited field of view like axis in-line view and loss of spatial orientation

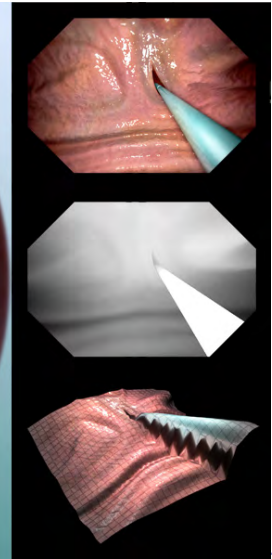
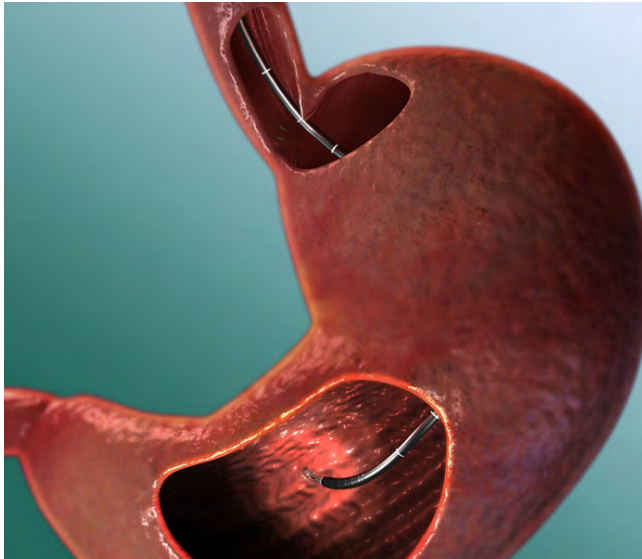
Solution:

- 3-D surface knowledge can be used to extend and virtually rotate the field of view
- With a 3-D mosaicking technique, the field of view can be extended by reconstruction of the operation area.



Navigation support - Off-axis view

Finding the entry point to the peritoneal cavity





Navigation support - Collision prevention

Finding the entry point to the peritoneal cavity

Challenge:

- Provide a higher grade of safety for automatic tools and robotic devices
- Especially important with multiple instruments through only one flexible endoscope

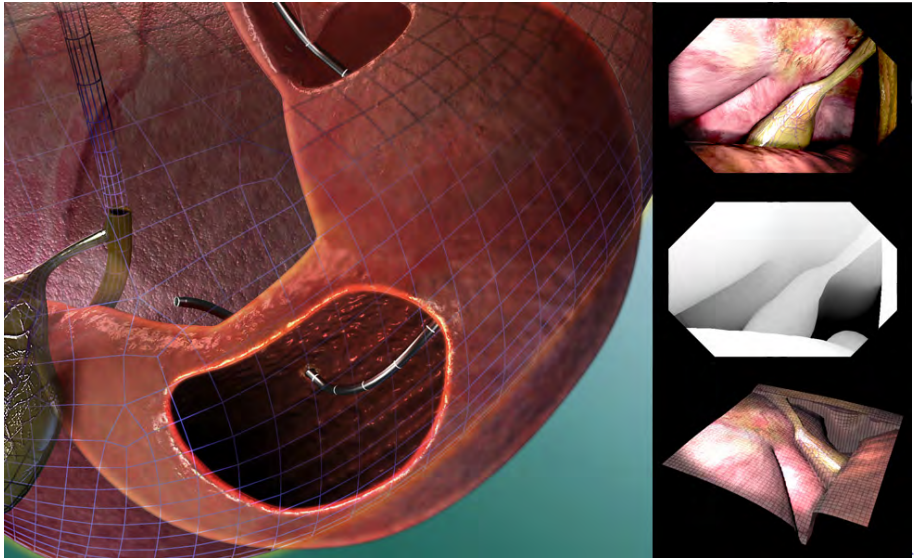
Solution:

- With real-time distance information efficient collision prevention with tissue or other instruments can be enabled
- Auto-positioning depending on respiration or other patient movements will be very helpful.



Navigation support - Collision prevention

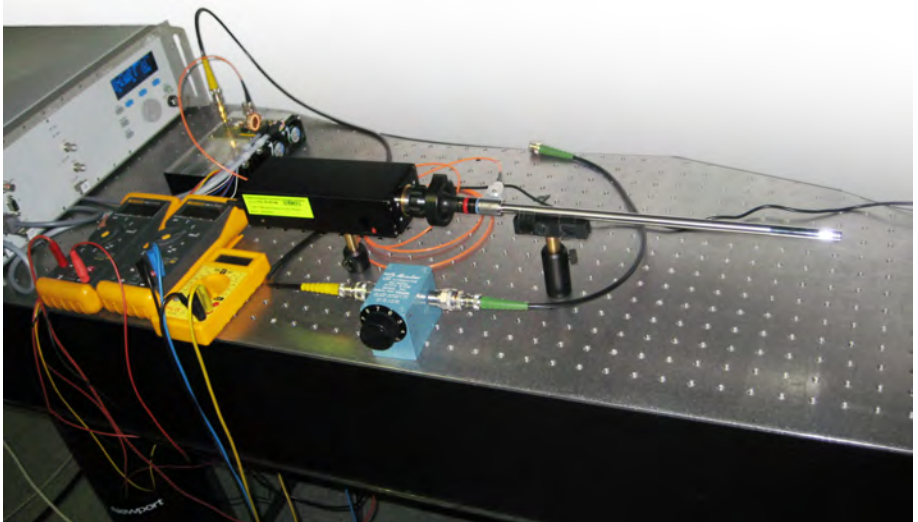
Finding the entry point to the peritoneal cavity





Preliminary results

Stomach with cubes inside





Preliminary results

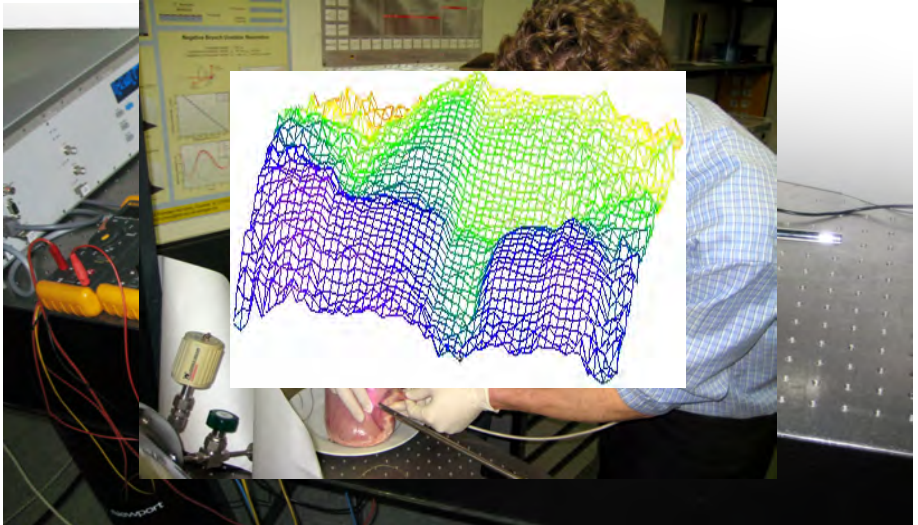
Stomach with cubes inside





Preliminary results

Stomach with cubes inside





Preliminary results

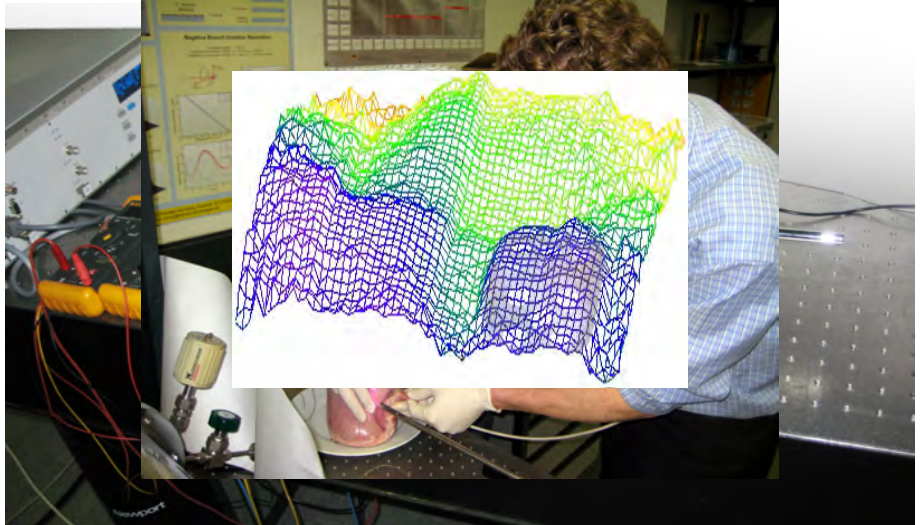
Stomach with cubes inside





Preliminary results

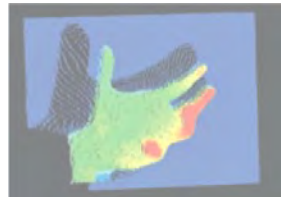
Stomach with cubes inside



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Inertial Measurement Unit

based on a Micro Electro-Mechanical System



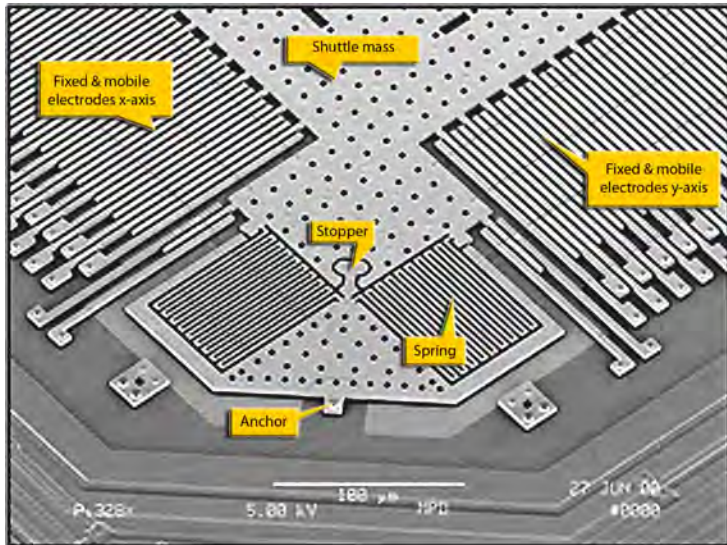
Miniaturized silicon structures

- 3-D acceleration measurement without gyroscopes
- Mechanical measurement by proof mass (seismic mass)
- Deflection from neutral position by gravity or acceleration
- Measurement of capacity variation between fixed and mobile electrodes (fingers)
- Very small and thin package
- Detect three axes (triaxial) simultaneously
- Low cost and high volume manufacturing



MEMS

Silicon Mechanical Structure





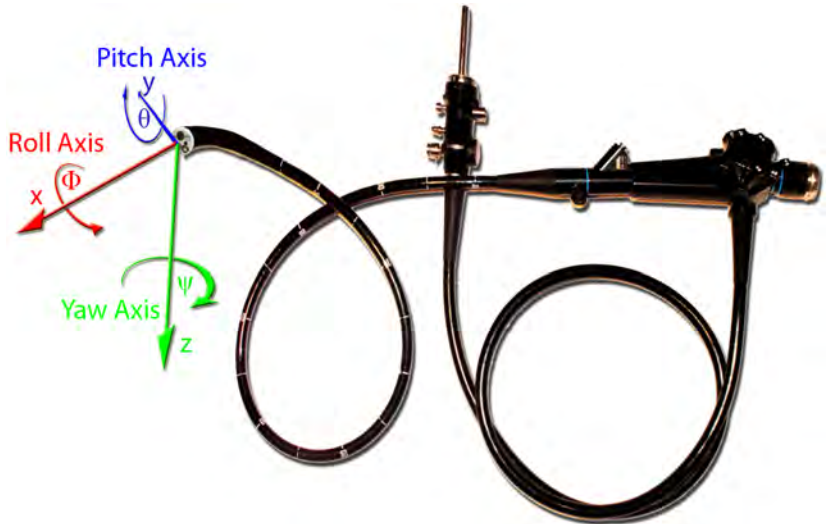
Problem of unknown image orientation with flexible endoscopy





Roll Pitch Yaw description

for endoscopic orientation



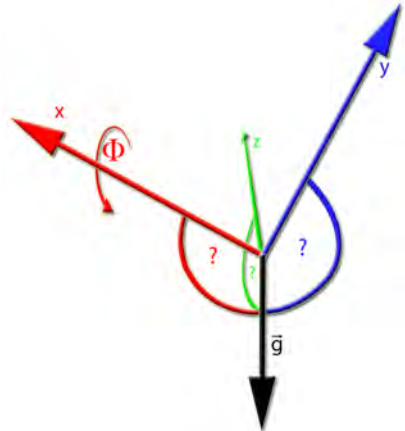


Orientation of endoscope tip

Roll Calculation

How can roll Φ (= orientation of endoscope tip) be calculated out of measured forces on the axes x , y , z and the vector $\vec{g}$ without any further angle information?

$\Rightarrow \vec{x}, \vec{y}$ and $\vec{z}$ are orthogonal axes of the Cartesian "board navigation system"





Roll Pitch Yaw (DIN 9300 aeronautical standard)

Measurement of gravity

How have rotation parameters Φ , Θ and Ψ of the IMU (Inertial Measurement Unit) to be chosen to get back to a spatial orientation with $\vec{z} \parallel \vec{g}$?

$$\begin{pmatrix} F_x \\ F_y \\ F_z \end{pmatrix} = \begin{pmatrix} 1 & 0 & 0 \\ 0 & \cos(\Phi) & \sin(\Phi) \\ 0 & -\sin(\Phi) & \cos(\Phi) \end{pmatrix} \cdot \begin{pmatrix} \cos(\Theta) & 0 & -\sin(\Theta) \\ 0 & 1 & 0 \\ \sin(\Theta) & 0 & \cos(\Theta) \end{pmatrix} \cdot \begin{pmatrix} \cos(\Psi) & \sin(\Psi) & 0 \\ -\sin(\Psi) & \cos(\Psi) & 0 \\ 0 & 0 & 1 \end{pmatrix} \cdot \begin{pmatrix} 0 \\ 0 \\ g \end{pmatrix} = \begin{pmatrix} -\sin(\Theta)g \\ \sin(\Phi)\cos(\Theta)g \\ \cos(\Phi)\cos(\Theta)g \end{pmatrix} \quad (1)$$

with Φ : Roll, Θ : Pitch, Ψ : Yaw
and $F_{x,y,z}$: measured acceleration, g : gravity



Roll computation

Measurement of gravity

Using the two-argument function `atan2` to handle the ambiguity one finally can compute **roll** Φ for $F_x \neq \pm g$ and **pitch** Θ for all values:

$$\frac{F_y}{F_z} = \frac{\sin(\Phi) \cos(\Theta)}{\cos(\Phi) \cos(\Theta)} \Rightarrow \Phi = \text{atan2}(F_y, F_z) \quad (2)$$

$$F_x = -\sin(\Theta) \cdot g \Rightarrow \Theta = \arcsin\left(\frac{-F_x}{g}\right) \quad (3)$$

As $\vec{g}$ determines just 2 DoF with this approach Yaw Ψ cannot be computed. If $F_x = \pm g$ ($\rightarrow \Theta = \pm\pi \rightarrow F_y = F_z = 0$), roll Φ is not determinable either. To avoid movement influence, correction is only applied if there is no other acceleration or force than gravity g :

$$F_x^2 + F_y^2 + F_z^2 = g^2 \quad (4)$$

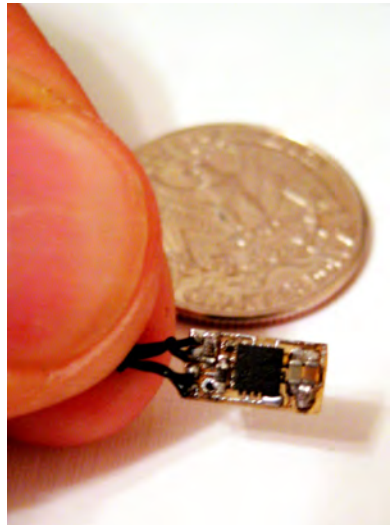


First Prototype

Solution for loss of spatial orientation

Circuit board with MEMS chip
STM LIS331DL for acceleration
measurement, 10uF/100nF
SMD capacitors for power supply
HF denoising and 4k7 SMD
resistors for I²C adaption

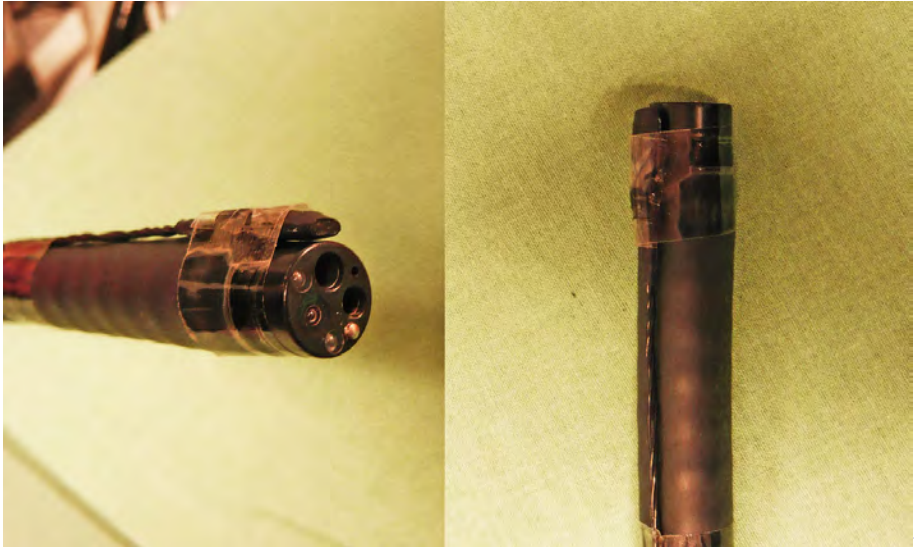
- 3-axis MEMS
accelerometer
- range $\pm 2g$
- overall size 5x8mm
- communication via
two-wire I²C interface





First prototype

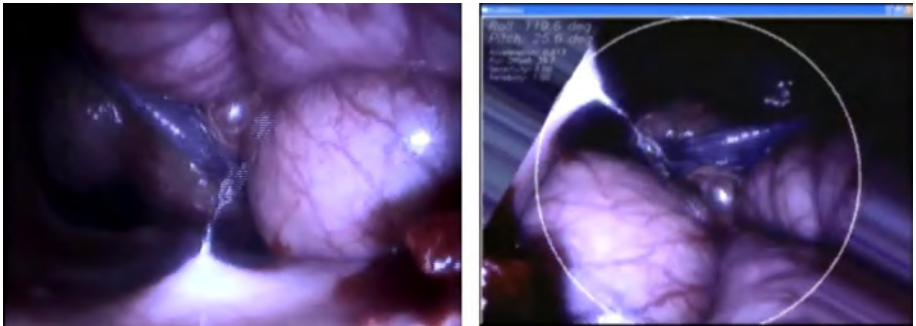
external sensor on endoscope's tip





First results

Software solution

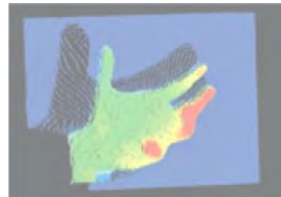


Original (l) and rectified (r) image

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Conclusion

Contributions of an Enhanced Endoscopic Engineering:

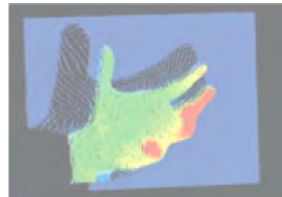
- MUSTOF 3-D endoscopy:
 - ⇒ provides an enhanced off-axis field of view
 - ⇒ enables collision prevention and motion compensation

- MEMS based inertial measurement:
 - ⇒ chip is fixed on the endoscope's tip
 - ⇒ corrects orientation of endoscopic view

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Next steps:

- Use new ToF camera with higher resolution (41.000 pixels instead of 3.000 pixels)
- Design rotation correction sensor even smaller ($3 \times 6\text{mm}$)
- Evaluation of accuracy and benefit of both approaches



The End

- Thank you for your attention!
- Any further questions?

