Computer Aided Medical Procedures

Magneto-Optic Tracking of a Flexible Laparoscopic Ultrasound Transducer for Laparoscope Augmentation

Marco Feuerstein¹, Tobias Reichl¹, Jakob Vogel¹, Armin Schneider², Hubertus Feussner², and Nassir Navab¹

¹ Computer Aided Medical Procedures (CAMP), Technische Universität München, Germany ²MITI, Department of Surgery, Klinikum rechts der Isar, Technische Universität München, Germany



Problem Statement

- Laparoscopic ultrasound transducers are commonly localized by electromagnetic tracking systems
- Electromagnetic tracking is susceptible to ferromagnetic or electrically powered objects in its close vicinity, causing erroneous measurements due to field distortions

Conclusion

- New method for the detection and partial correction of static and dynamic magnetic field distortions online and in real time, i.e. intraoperatively, without the need for a precomputed distortion function
- Current approaches for detection or correction of field distortion are only applicable to static distortions or rigid instruments [1-5]



• Applicable to similarly constructed minimally invasive surgical instruments with bendable tips

Methods

- Co-calibration of magneto-optic tracking setup by hand-eye calibration [6], followed by an optimization of the transformations <*EMT* to *TransB*> and <*RigS* to *RigB*> (and <*FlexS* to *FlexB*> for error evaluation)
- Tracking **redundancy-based** detection and correction approach:

Measurement of the deviation from the calibrated transformation *<RigS* to *RigB>* is used as an approximation for the deviation of the flexible tip sensor

Outlook – Methods Submitted to IEEE TMI

- Model-based method:
 - Modeling all possible transducer tip movements by reducing the 6DOF of the flexible sensor to only 2DOF for a rotation about 2 axis by phi and psi



- Optimization of these 2DOF at runtime
- Translation and/or rotation difference between optimized and measured tip position can be used to predict field distortions online

• Vision-based method:

Further reduction of error by combination with automatic segmentation of transducer tip in laparoscope view and adjustment of transducer tip axis



Left: Automatic segmentation of the ultrasound transducer tip for the vision-based method: lines belonging to the transducer tip edges are yellow, lines belonging to the transducer (but not to its edges) are blue, the corrected transducer axis is thick red. Lines crossing the pencil are rejected (green).

Results





Similar to [7], ultrasound B-scan images are overlaid onto the laparoscopic view (left); when distortions are detected, the frame border is colored red (right)



Error detection (left) and correction performance in terms of 2D error (right)

Mcasarcment	UCHISUI	OCHISOI	based	Dasca
Undistorted	2.91	1.28	2.92	2.27
Distorted	8.39	6.91	6.67	3.15

References

- [1] Kindratenko, A survey of electromagnetic position tracker calibration techniques, Virtual Reality: Research, Development, and Applications, 2000
- [2] Birkfellner et al., Concepts and results in the development of a hybrid tracking system for cas, MICCAI 1998
- [3] Mucha et al., Plausibility check for error compensation in electromagnetic navigation in endoscopic sinus surgery, CARS 2006
- [4] Nakamoto et al., 3d ultrasound system using a magneto-optic hybrid tracker for augmented reality visualization in laparoscopic liver surgery, MICCAI 2002

[5] Konishi et al., A real-time navigation system for laparoscopic surgery based on three-dimensional

ultrasound using magneto-optic hybrid tracking configuration, Int. Journal of CARS 2007
[6] Daniilidis, Hand-eye calibration using dual quaternions, Int. Journal of Robotics Research 1999
[7] Leven et al., Davinci canvas: A telerobotic surgical system with integrated, robot-assisted, laparoscopic ultrasound capability, MICCAI 2005

CAMP | Computer Aided Medical Procedures | http://campar.cs.tum.edu | Technische Universität München | TUM