

# Robot registration

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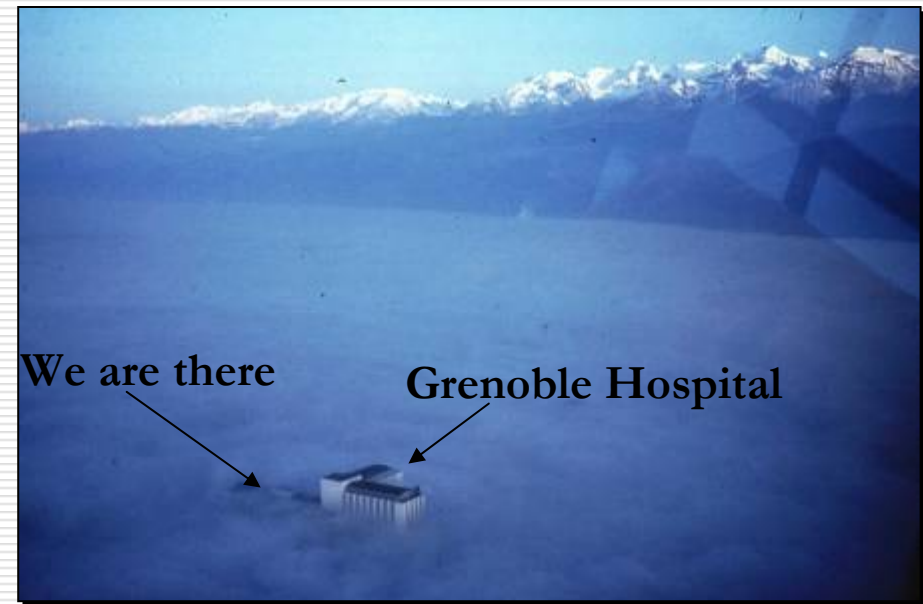
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<http://www-timc.imag.fr/gmcao>

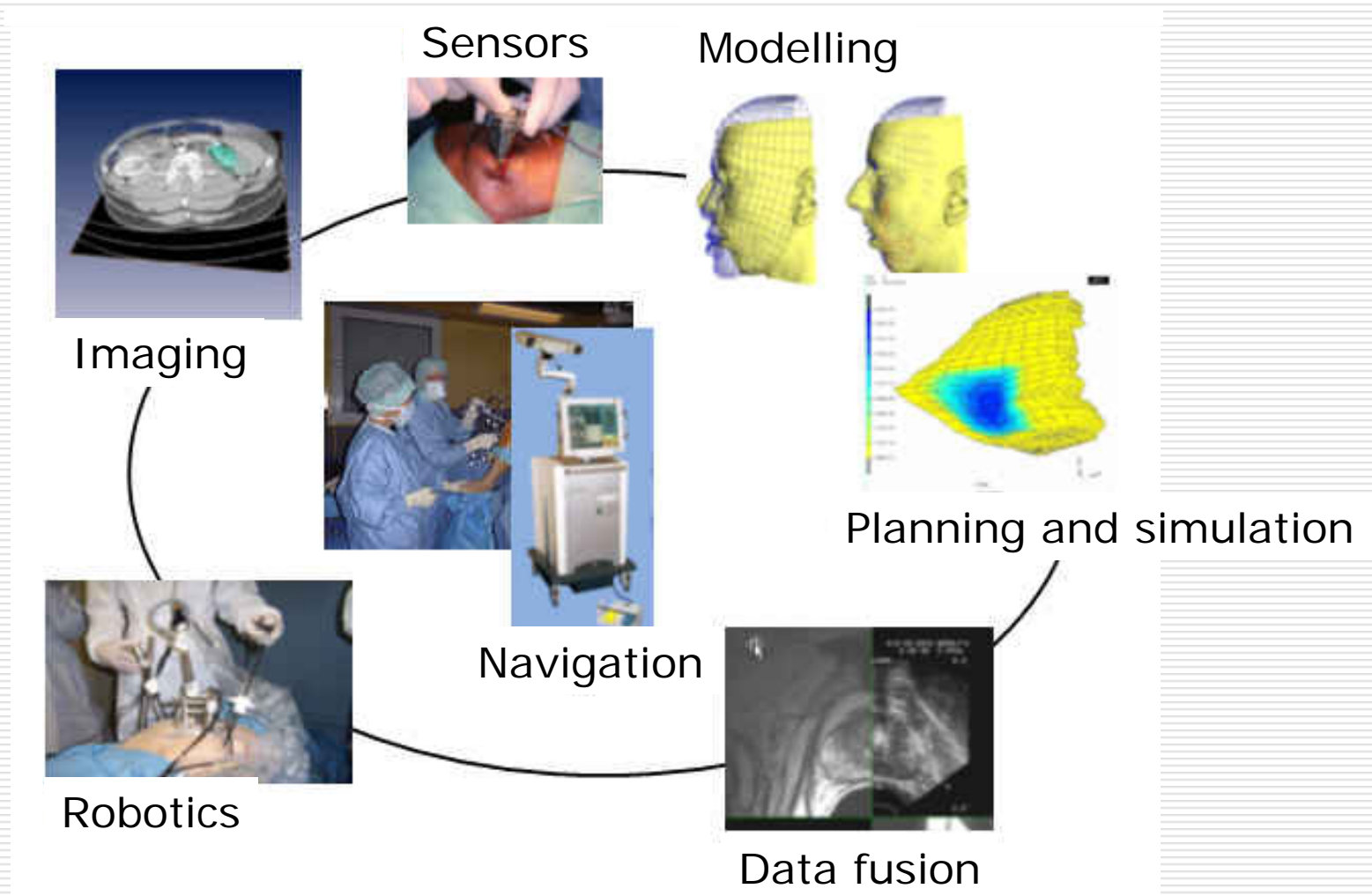
<http://www-timc.imag.fr/Jocelyne.Troccaz>

# Grenoble GMCAO (CAMI) team

- ❑ Created in 1985 by Philippe Cinquin
- ❑ Headed from 1996 by Jocelyne Troccaz
- ❑ Strong connection to Grenoble Hospital
- ❑ About 35 people

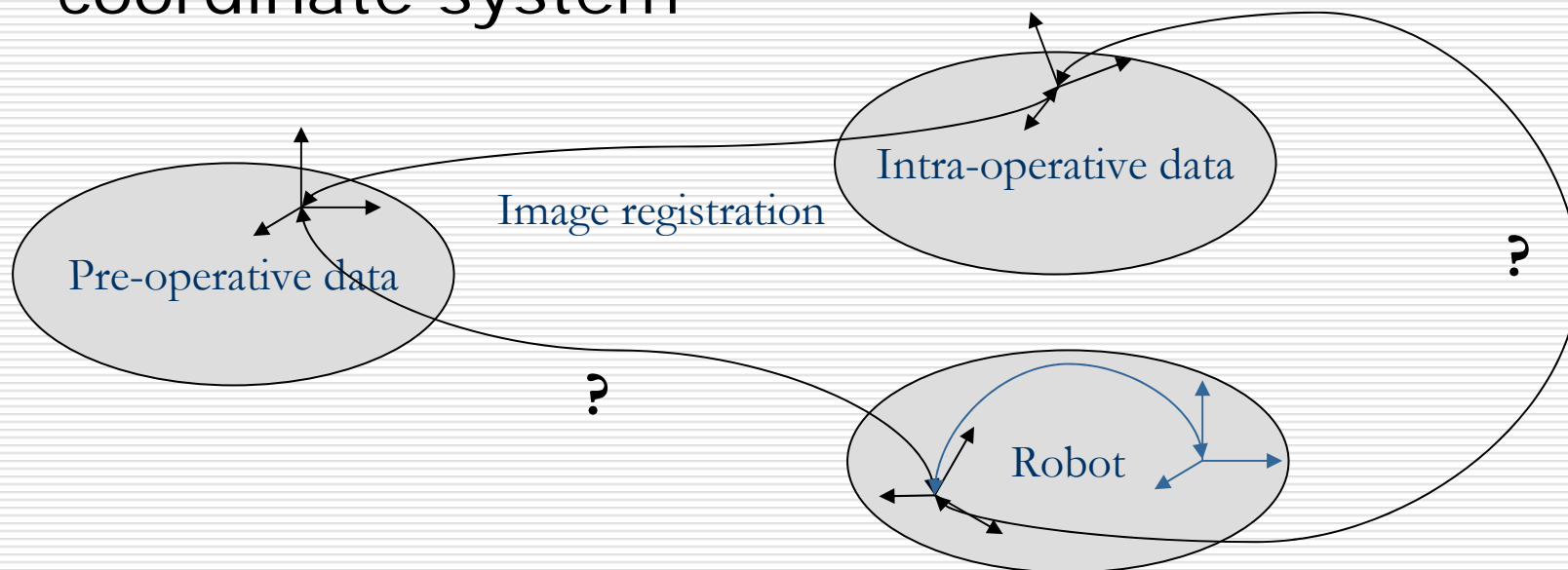


# Research topics

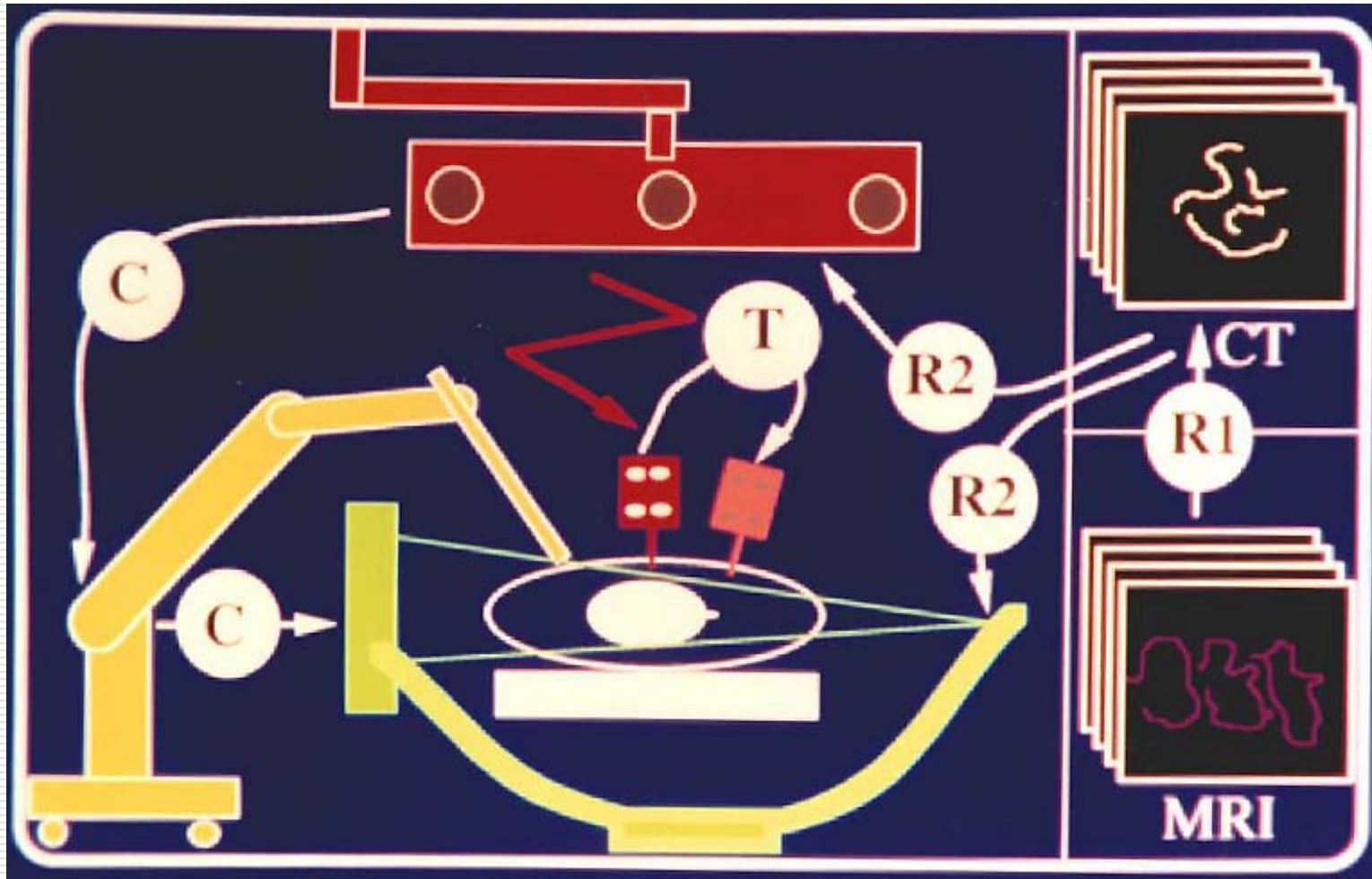


# What is it?

- Registration consists in determining geometric relationships between two reference frames
- Robot registration essentially consists in transferring the planning to the robot coordinate system



# Example



# Tools

- Calibration
- Tracking
- Data registration

Using:

- Patients' data
- External objects

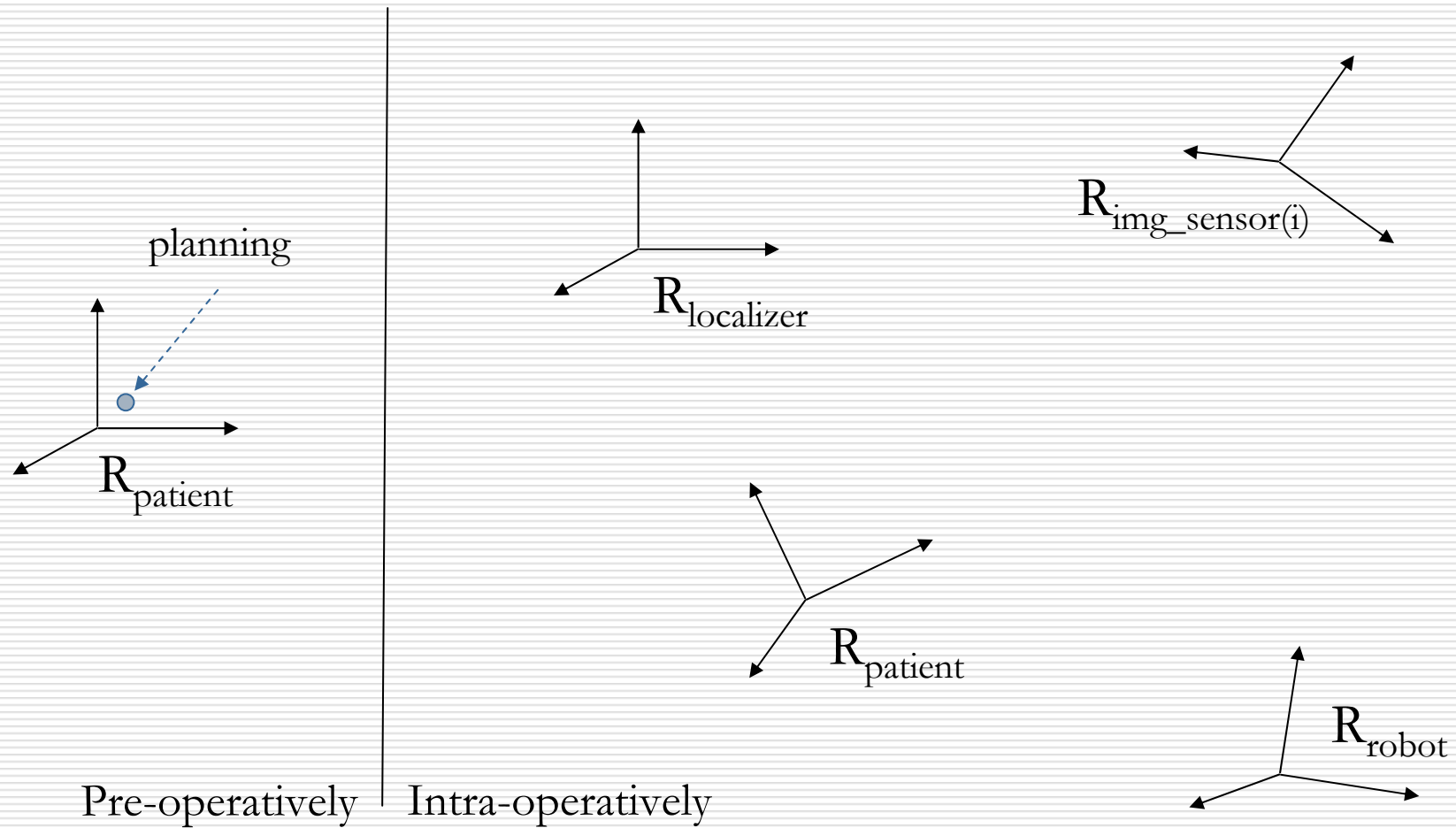
Requires

- Intrinsic robot calibration

# Contents

- Introduction
- Methods
- Examples: four main situations
- Conclusion

# Possible reference frames of interest



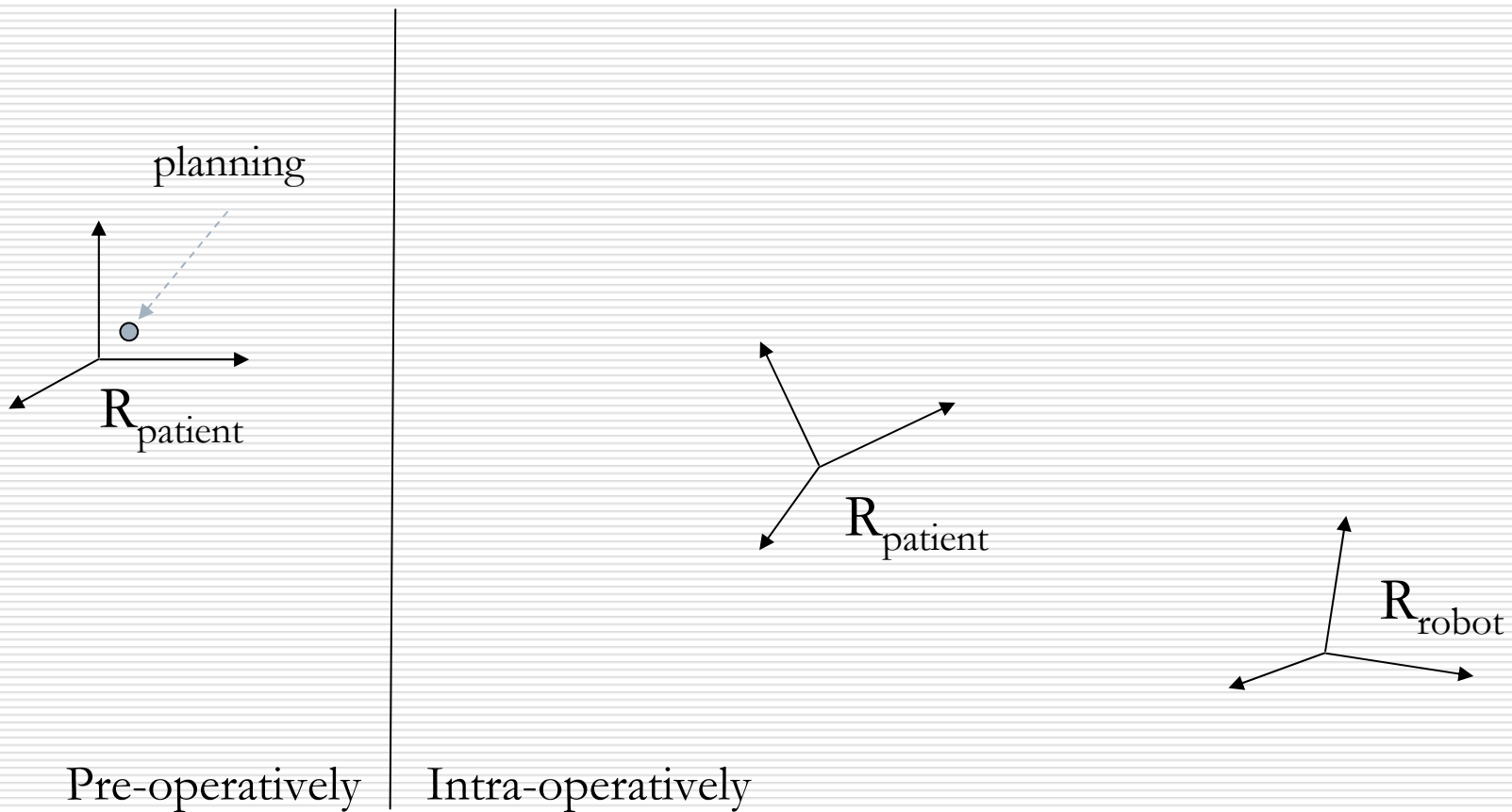


# Hardware examples

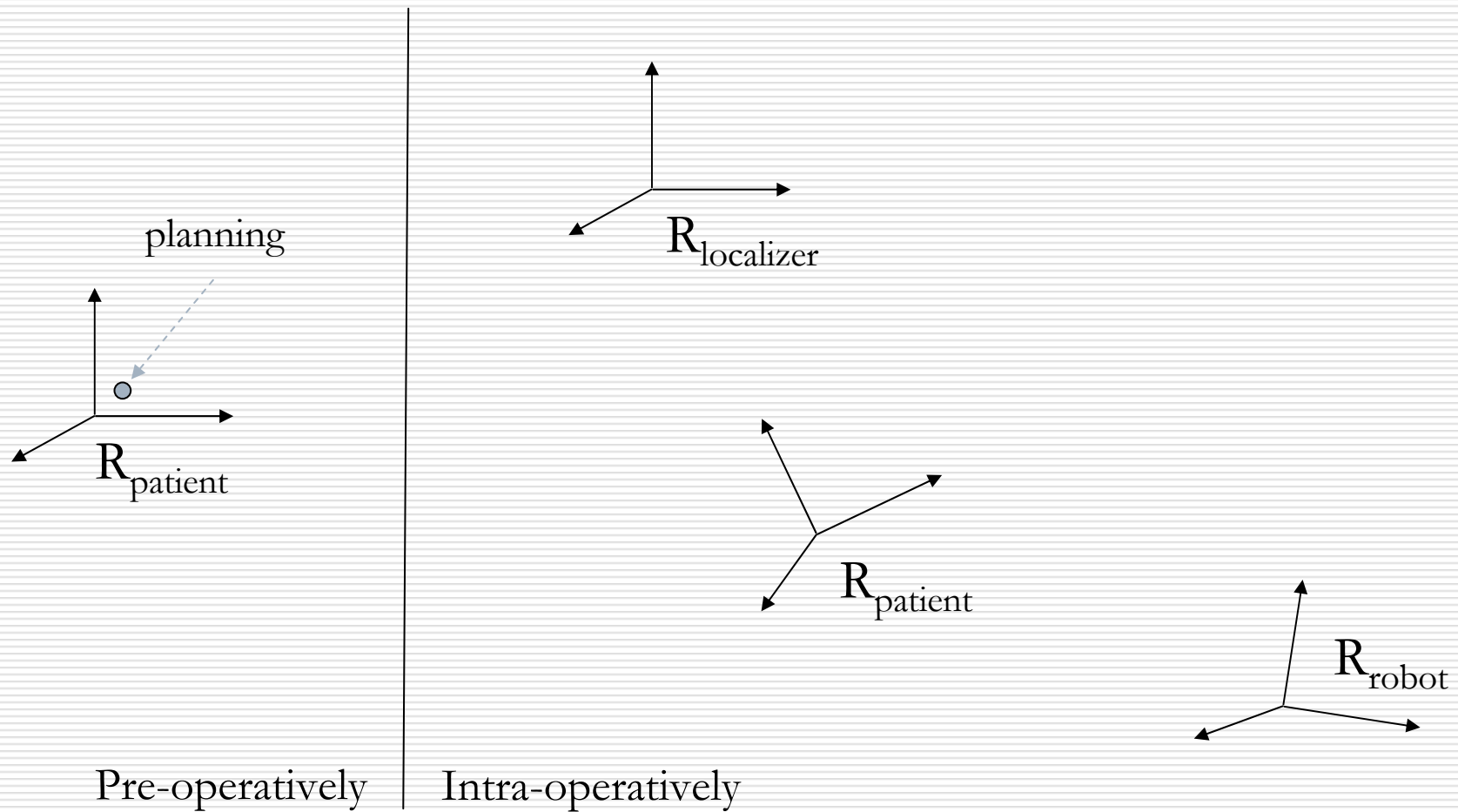
- Localizers:
  - Optical, US, magnetic, mechanical arm
- Imaging sensors:
  - Fluoroscopy, digital X-Ray, ultrasound



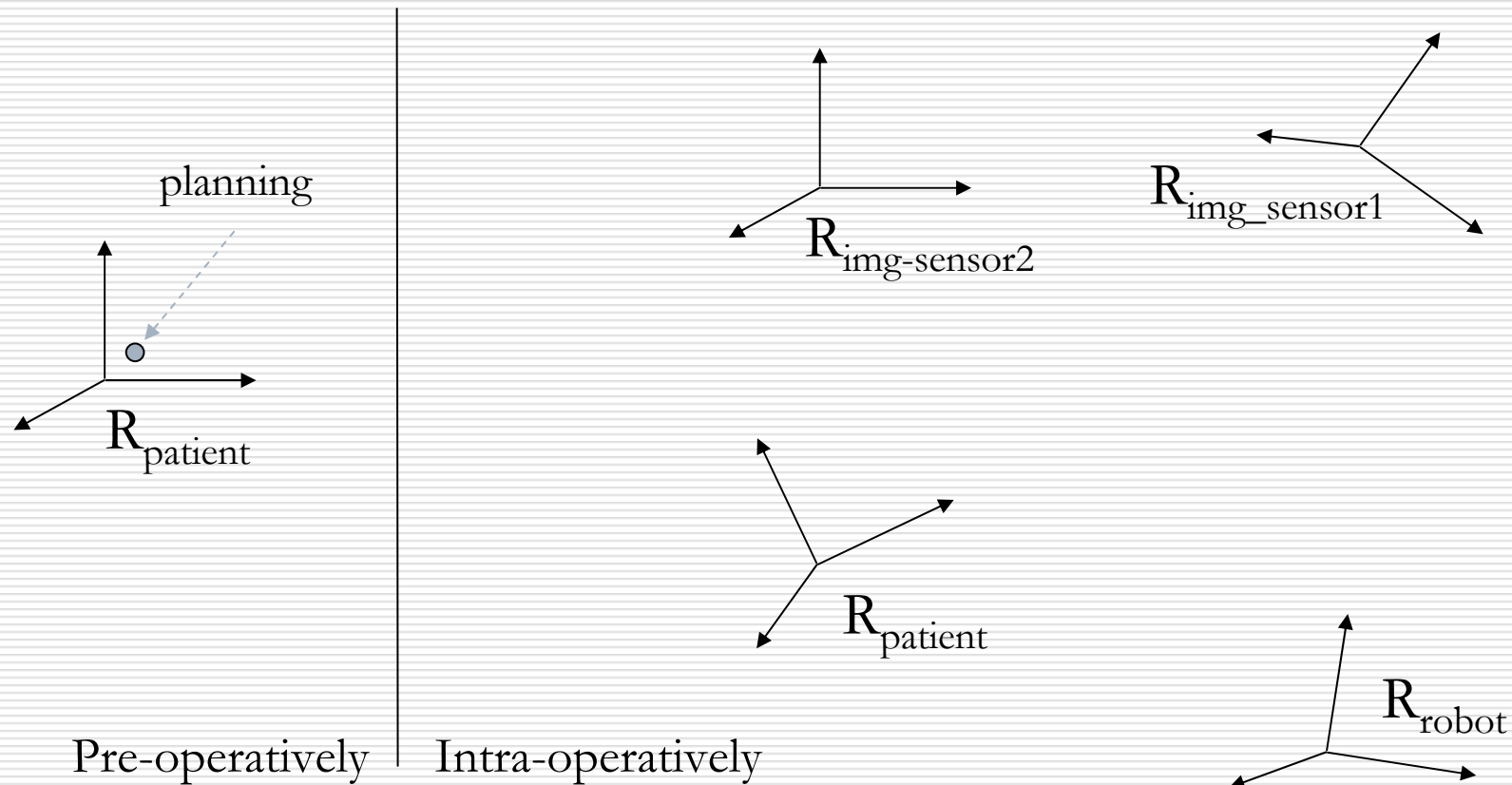
# Examples A: Robodoc, ACRobot, (CAD-Implant)



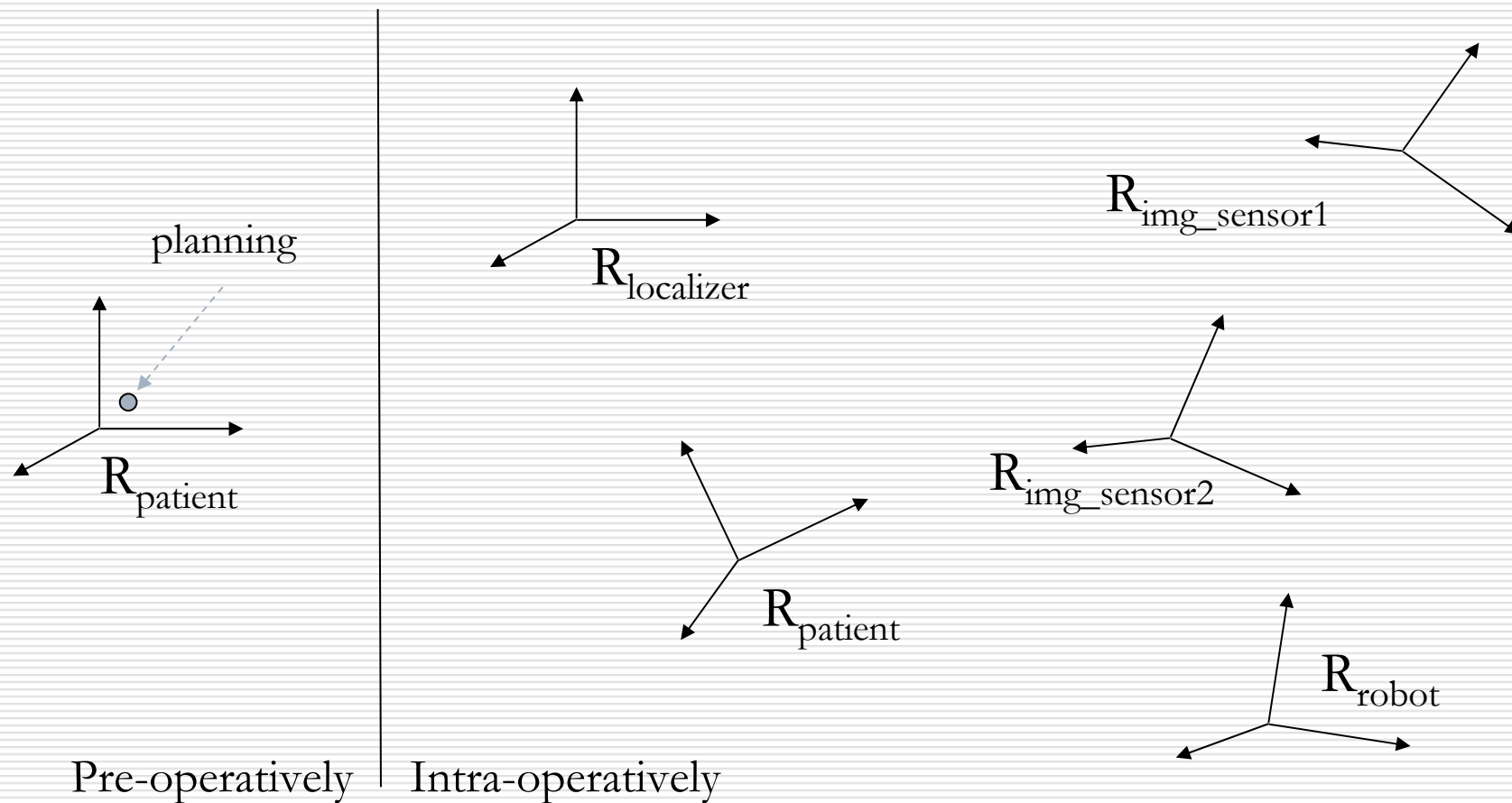
# Examples B: CASPAR



# Examples C: Speedy, Cyberknife, MARS



# Example D: Cyberknife+Synchrony



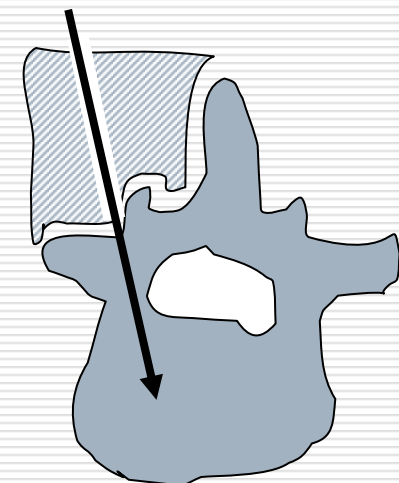
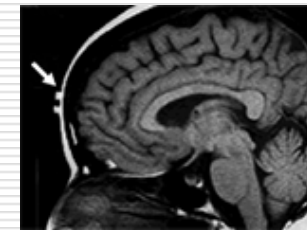
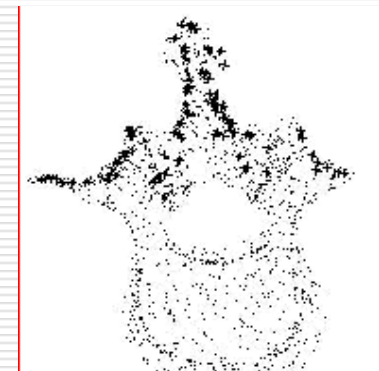
# Registration basics

- Two reference frames  $R_A$  and  $R_B$  and a transform  $T_A^B$  to be determined
- Selection of features  $F_A$  in  $R_A$  and  $F_B$  in  $R_B$
- Definition of a similarity measure (or distance) between  $F_A$  and  $F_B$
- Determination of  $T_A^B$  such that the similarity is maximum (or distance minimum)

$$T_A^B = \arg \min d(F_A, T_A^B(F_B))$$

# Typical 3D/3D rigid registration methods

- Point to point (Procrustes)
  - External fiducials
  - Anatomical landmarks
- Surface registration
  - Anatomical surface (i.e. ICP, chamfer matching)
  - Template [Radermacher]
- Intensity-based registration (for images only)



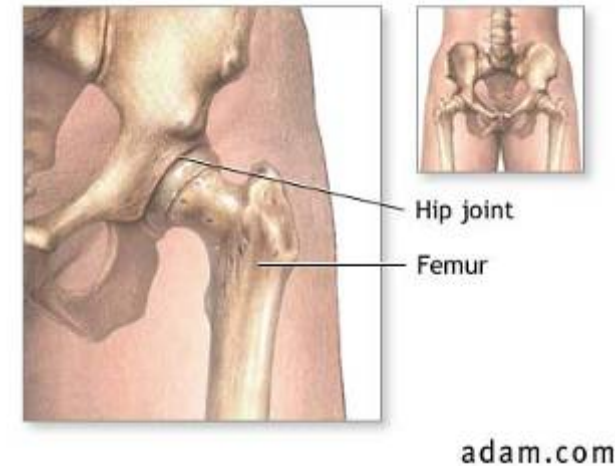
# Examples A

- Pre-op: planning on CT data
- Intra-op: a robot
- Developed methods:
  - Robodoc: robot palpation of implanted fiducials
  - ACRobot: robot palpation of anatomical surface
  - CAD-Implant: fiducials+template (robot is pre-operative)



# Robodoc (for hip surgery)

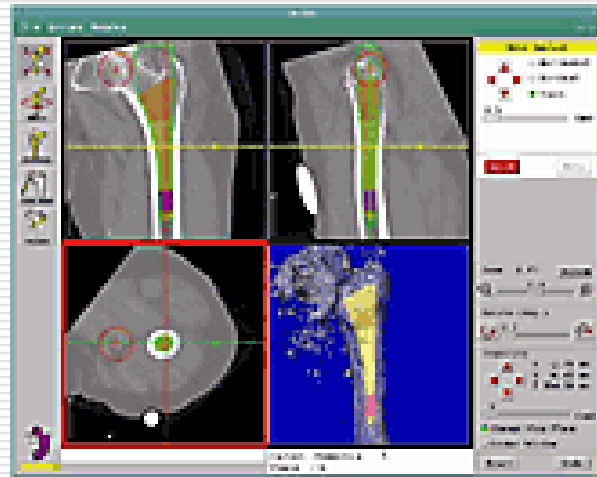
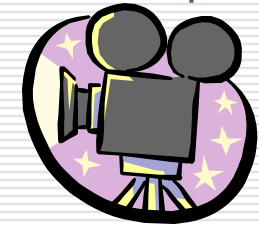
- ❑ Define precisely the prosthesis position (geometrical or biomechanical criteria)
- ❑ Improve the preparation of the hip cavity



A metal ball and stem are inserted in the femur and a plastic socket is placed in the enlarged pelvis cup



# Robodoc [Taylor et al.]



1. *Planning:* Orthodoc

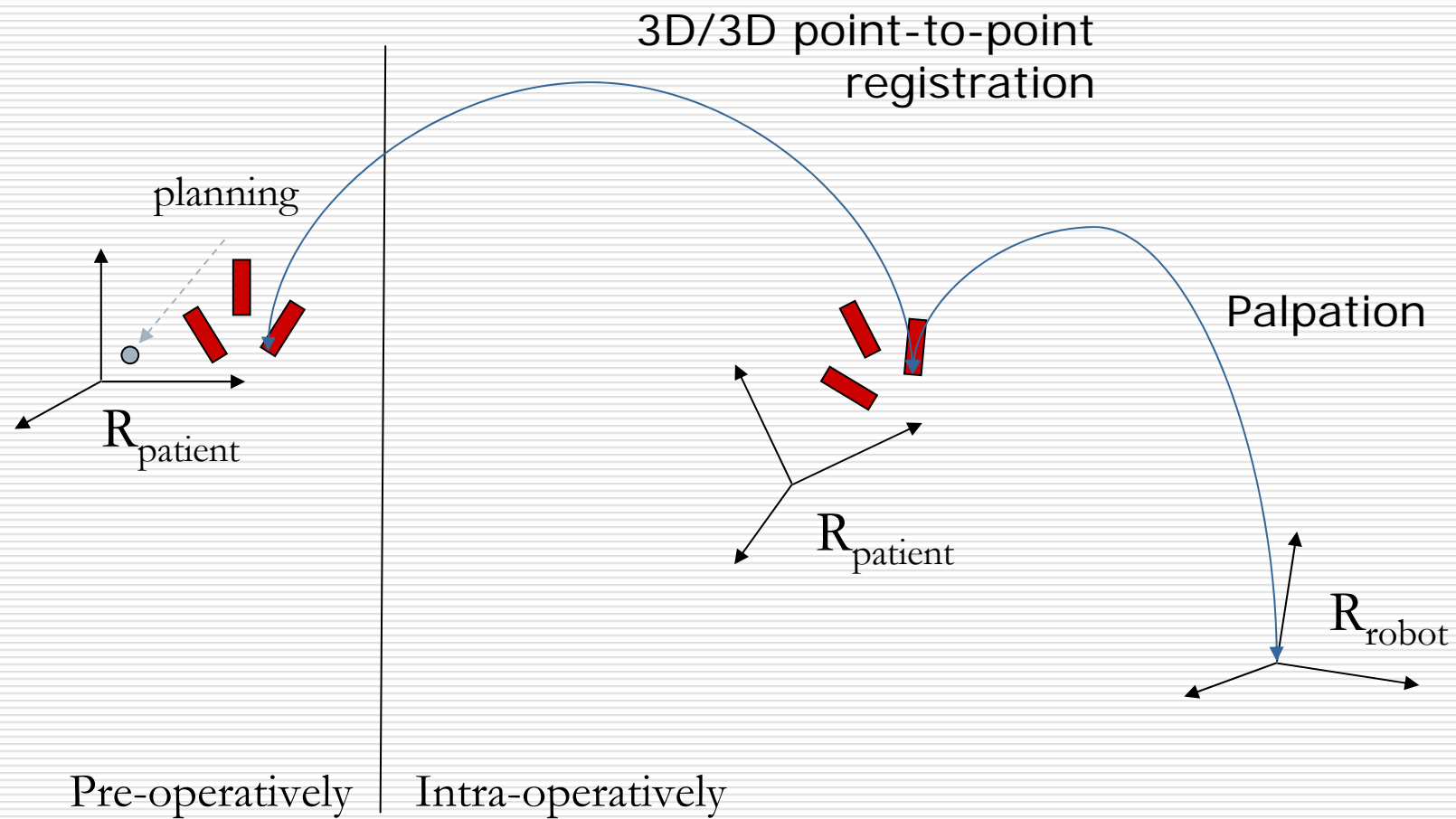
2. *Pre-op to intra-op registration* using implanted titanium pins (anatomical registration in the last version)



6D force sensor

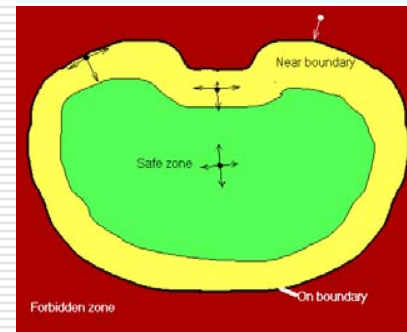
3. *Intra-operative bone milling* procedure using Robodoc (based on the IBM scara robot)

# Example A.1: Robodoc



# ACRobot [Davies et al.]

- ❑ « Hands on » robot
- ❑ Knee arthroplasty
- ❑ 3 DOFs
- ❑ Bone surface palpated with the robot
- ❑ IEEE TRA 03: registration accuracy evaluation

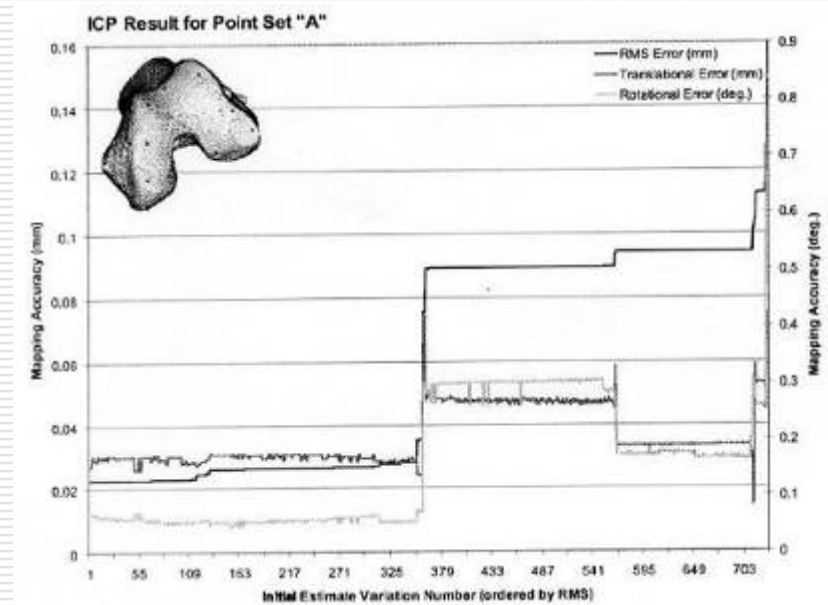


# ACRobot registration tests

- Initial estimate from 4 anatomical landmarks
- ICP surface matching
- Intra-op criterion: rms distance
- Does a small rms mean a good registration?
- Experiments with phantom and artificial data:
  - Generated palpated points (10 to 100) with or without random noise added (max up to 1.5mm)
  - Initial estimates in the range of +/-10mm and 2°
  - Known translational and rotational errors

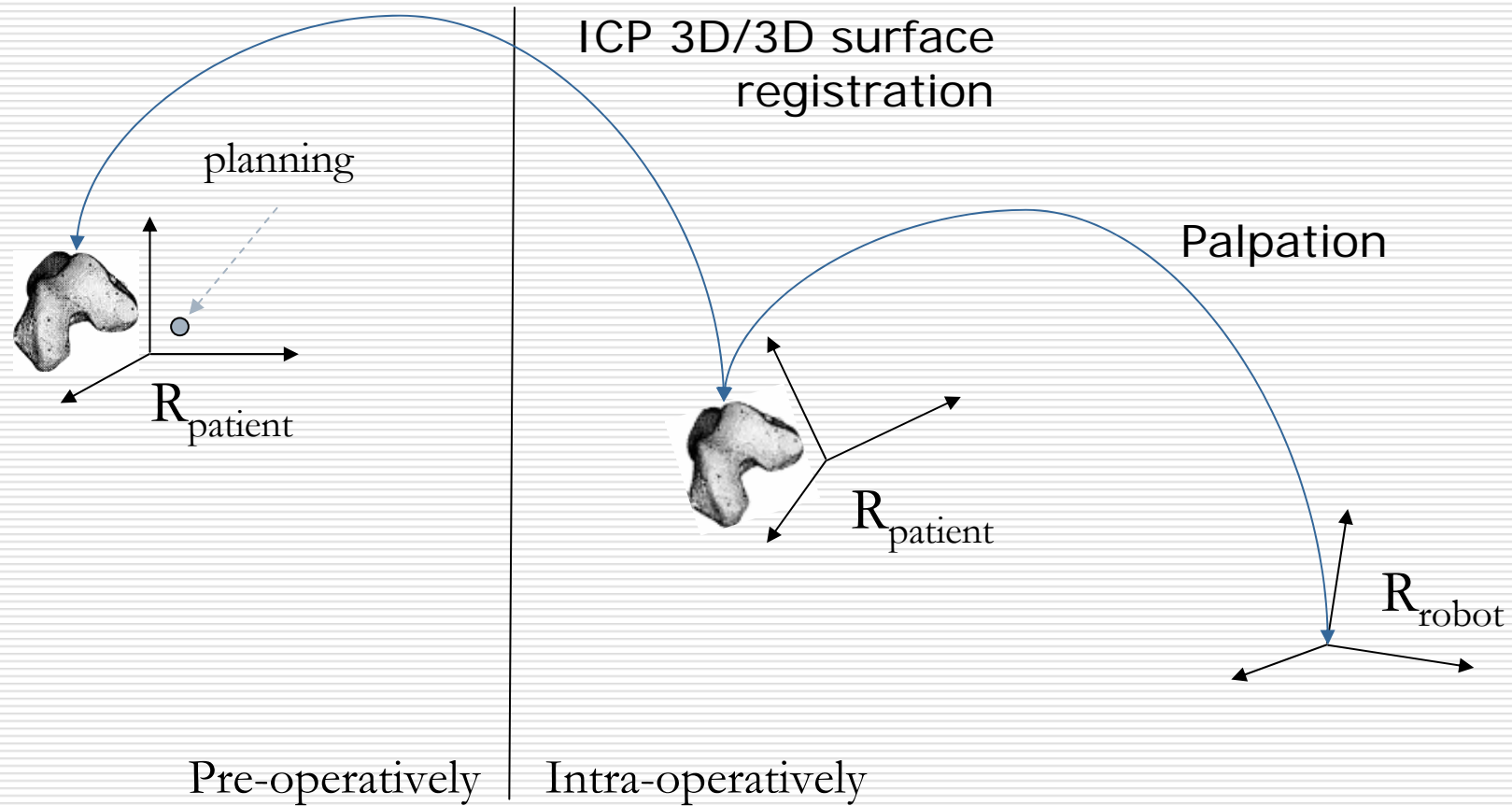
# ACRobot: results

- Nb pts < 70 makes ICP more problematic
- Results highly depend on the data sets
- May have a rms=0.6 with errors of 0.8mm and  $2^\circ$



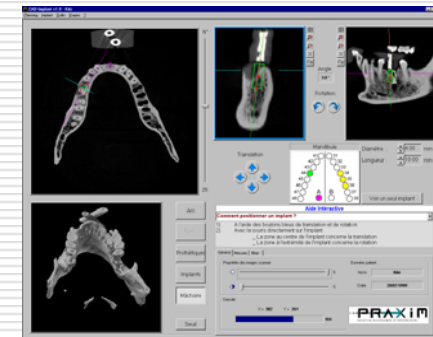
From [IEEE-TRA03]

# Example A.2: ACRobot



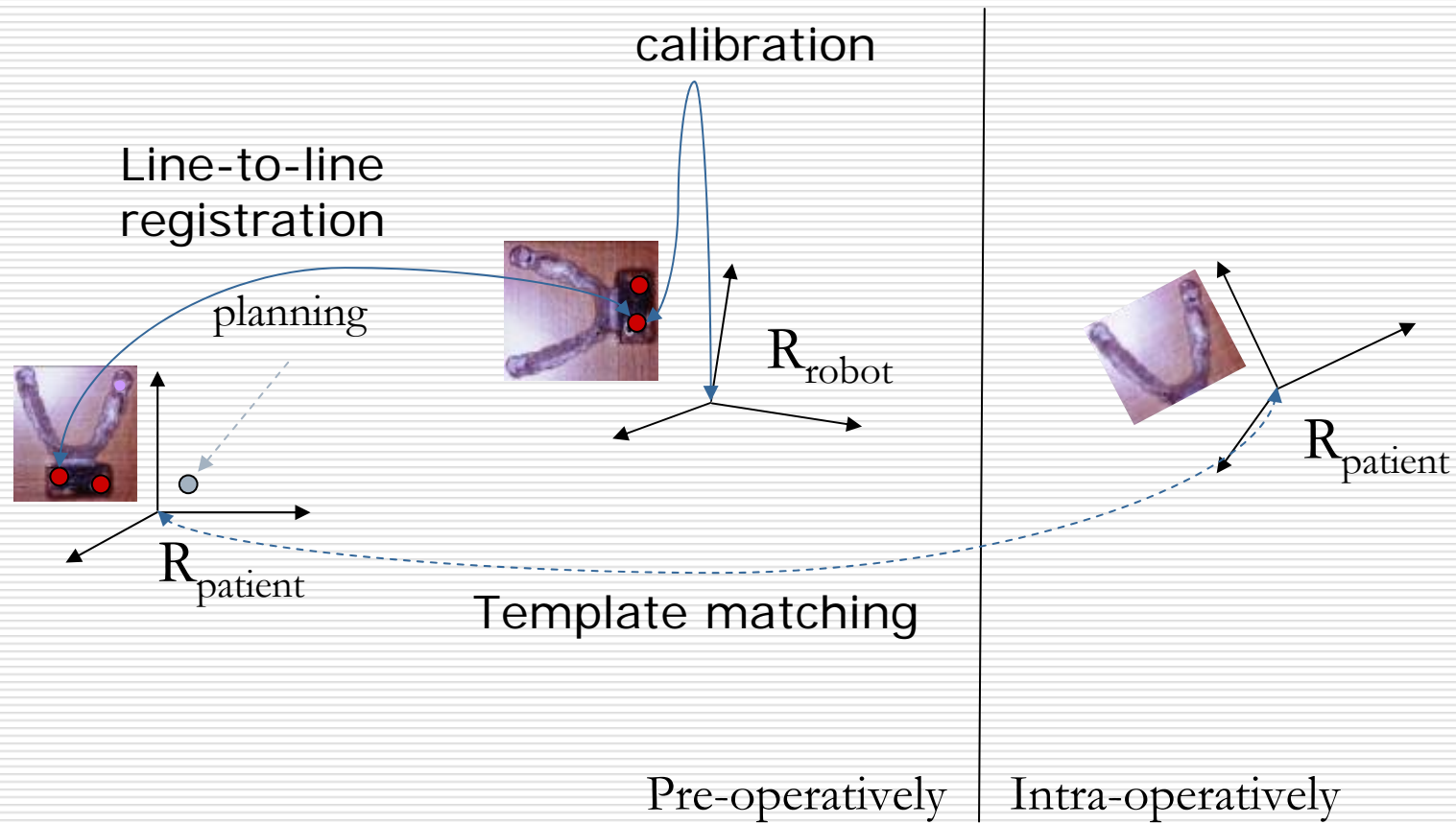
# CAD-Implant [Champleboux et al.]

- ❑ A system for dental implant assistance
- ❑ A template associated to fiducials visible on CT
- ❑ A pre-operative robot
- ❑ Intra-operatively: no robot, no computers
- ❑ Surface registration without computers



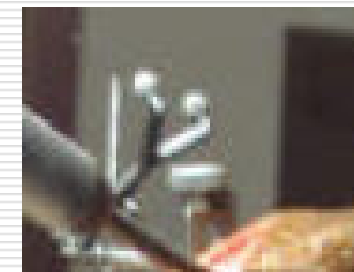


# Example A.3: CAD-Implant

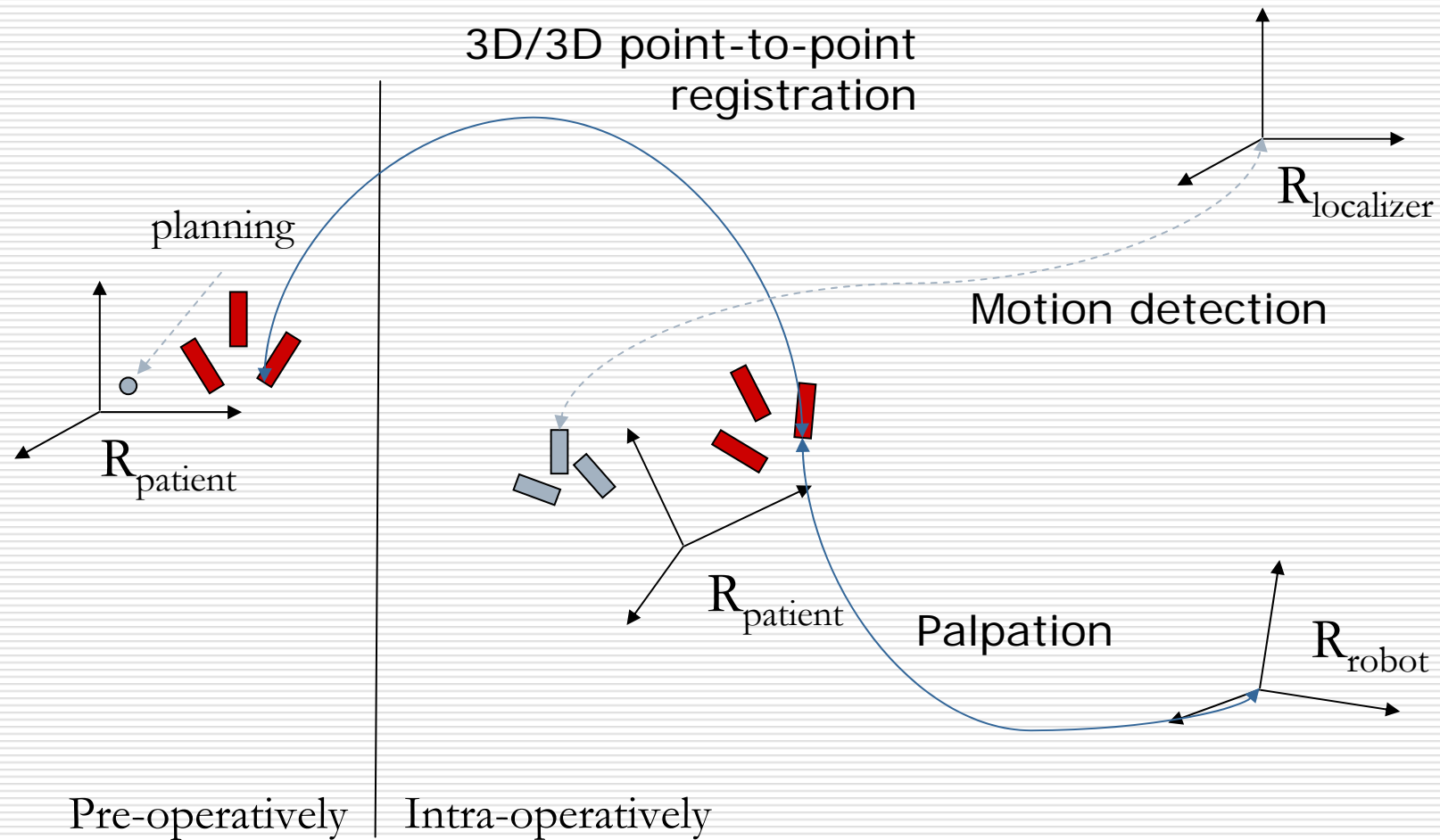


# Example B

- ❑ Close to Robodoc
- ❑ Knee application
- ❑ Pre-op: planning on CT data
- ❑ Intra-op: a robot, a tracking sensor
- ❑ Developed method:
  - implanted fiducials  $S$  for registration
  - fiducials  $S'$  for motion detection



# Example B: CASPAR

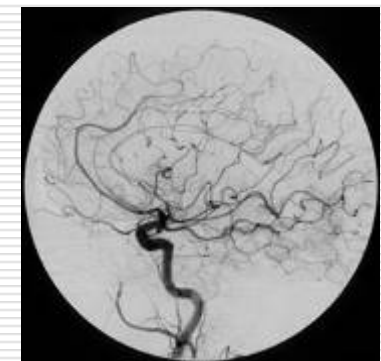


# Examples C

- Pre-op: planning on CT data
- Intra-op: a robot, X-Ray sensors
- Developed methods:
  - Speedy V1 [Lavallée89]: Direct X-ray/robot calibration and manual image registration
  - Cyberknife V1 [Schweikard98]: Indirect X-ray/robot calibration and intensity-based registration

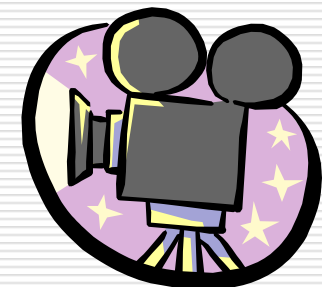
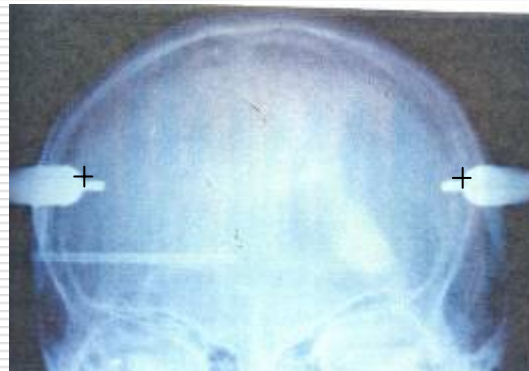
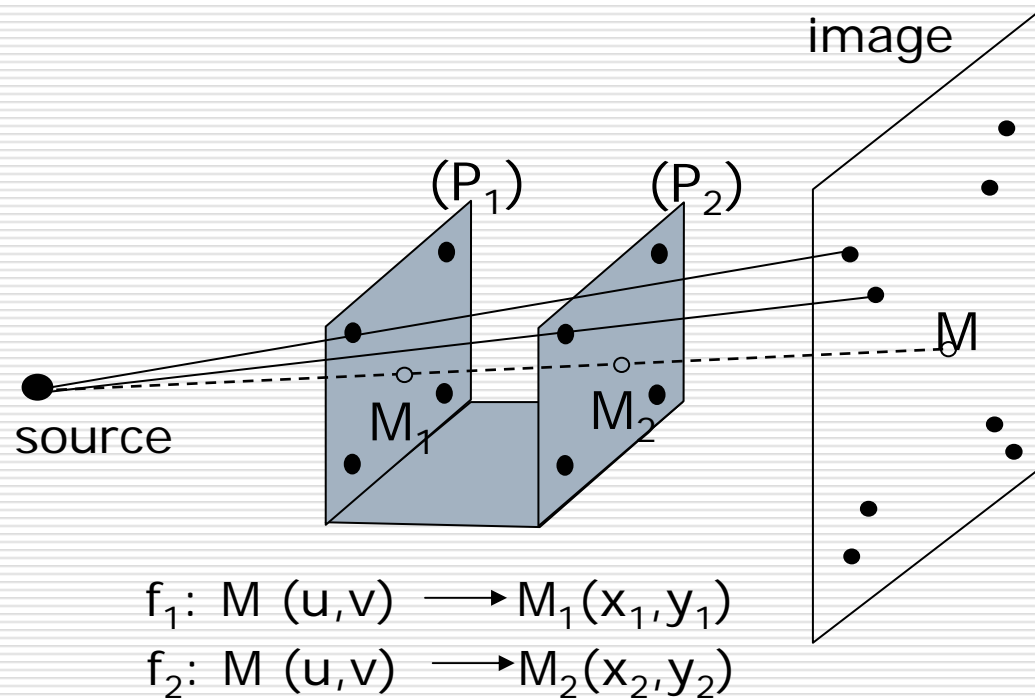
# Speedy V1

- ❑ Stereotactic neurosurgery
- ❑ Pre-operative MR or CT
- ❑ Intra-operative X-Ray (AP and lateral) – several exams
- ❑ Direct X-Ray/robot calibration →
- ❑ Manual image registration (anatomical for pre-op/intra-op and markers for intra-op/intra-op)

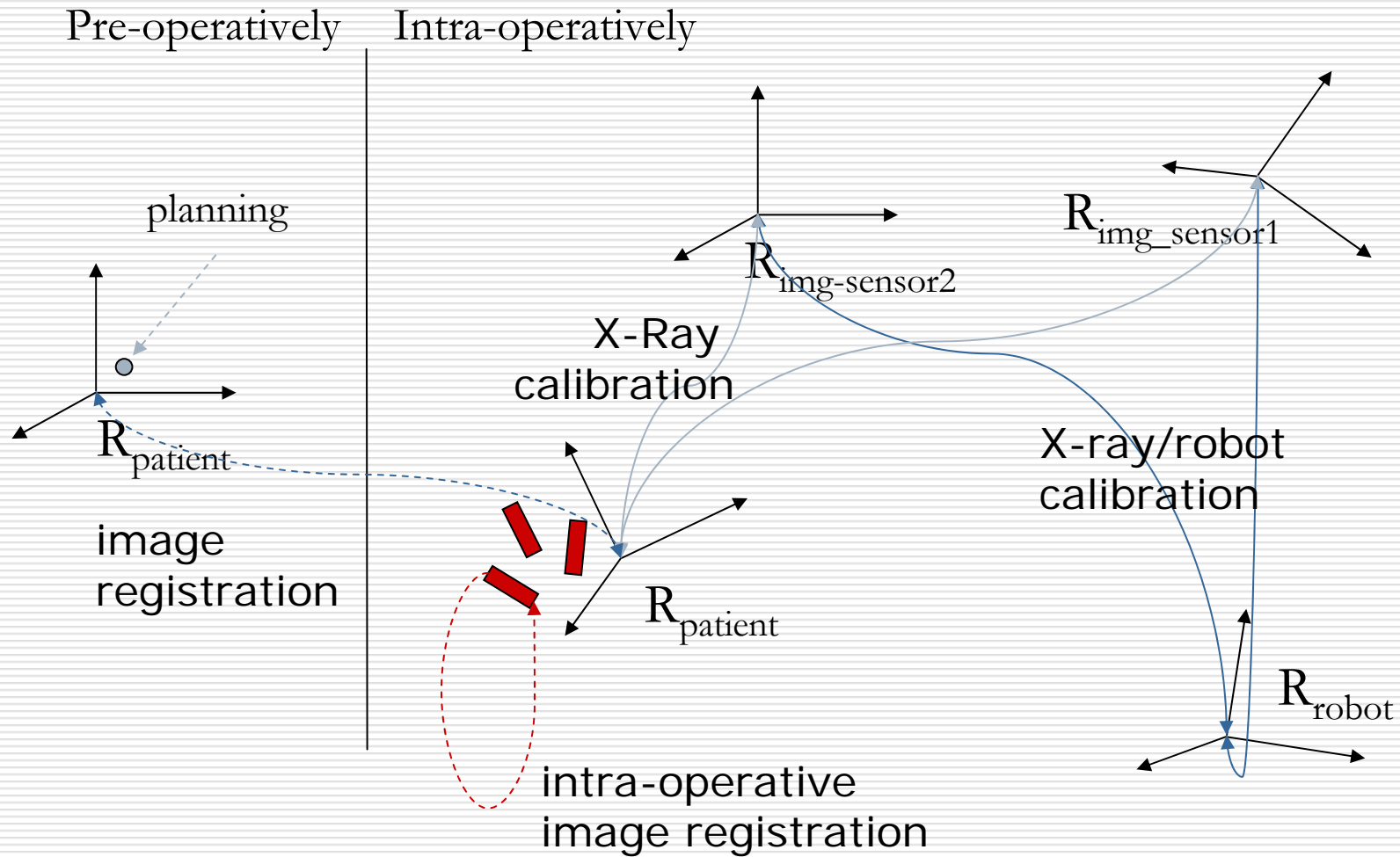


# Speedy

- ❑ X-Ray extrinsic calibration: bi-plane model
- ❑ 2D/2D image registration fiducials



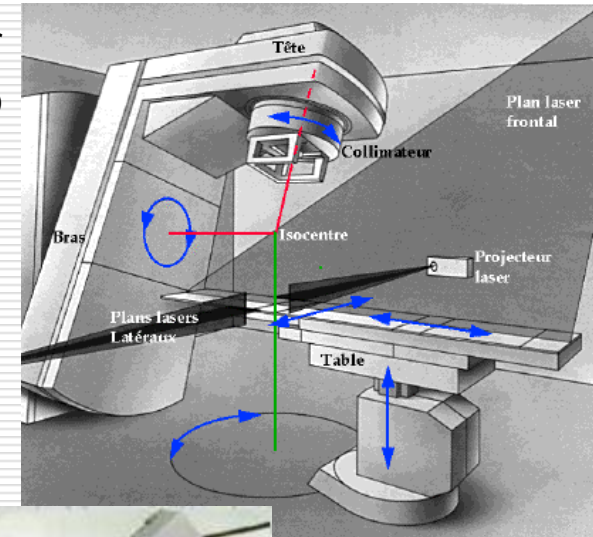
# Example C.1: Speedy V1



# Cyberknife V1 [Schweikard et al.]

- ❑ Radiotherapy application
- ❑ Complex trajectories for improved tumor destruction (multiple radiation ports)
- ❑ 6 DOFs required
- ❑ Very heavy tools

Traditional linear accelerator set-up



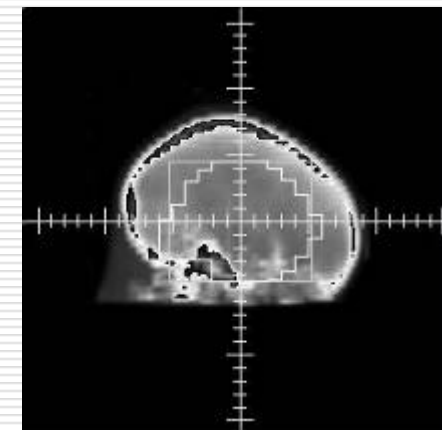
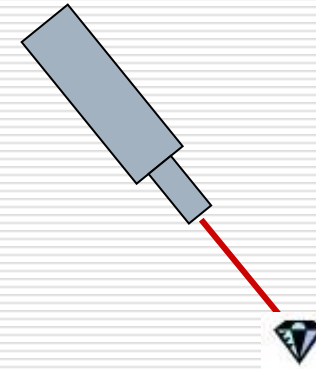
LINAC linear accelerator for stereotactic radiosurgery—the CyberKnife (TM). (C) Copyright 2000 IGL and AccuRay.





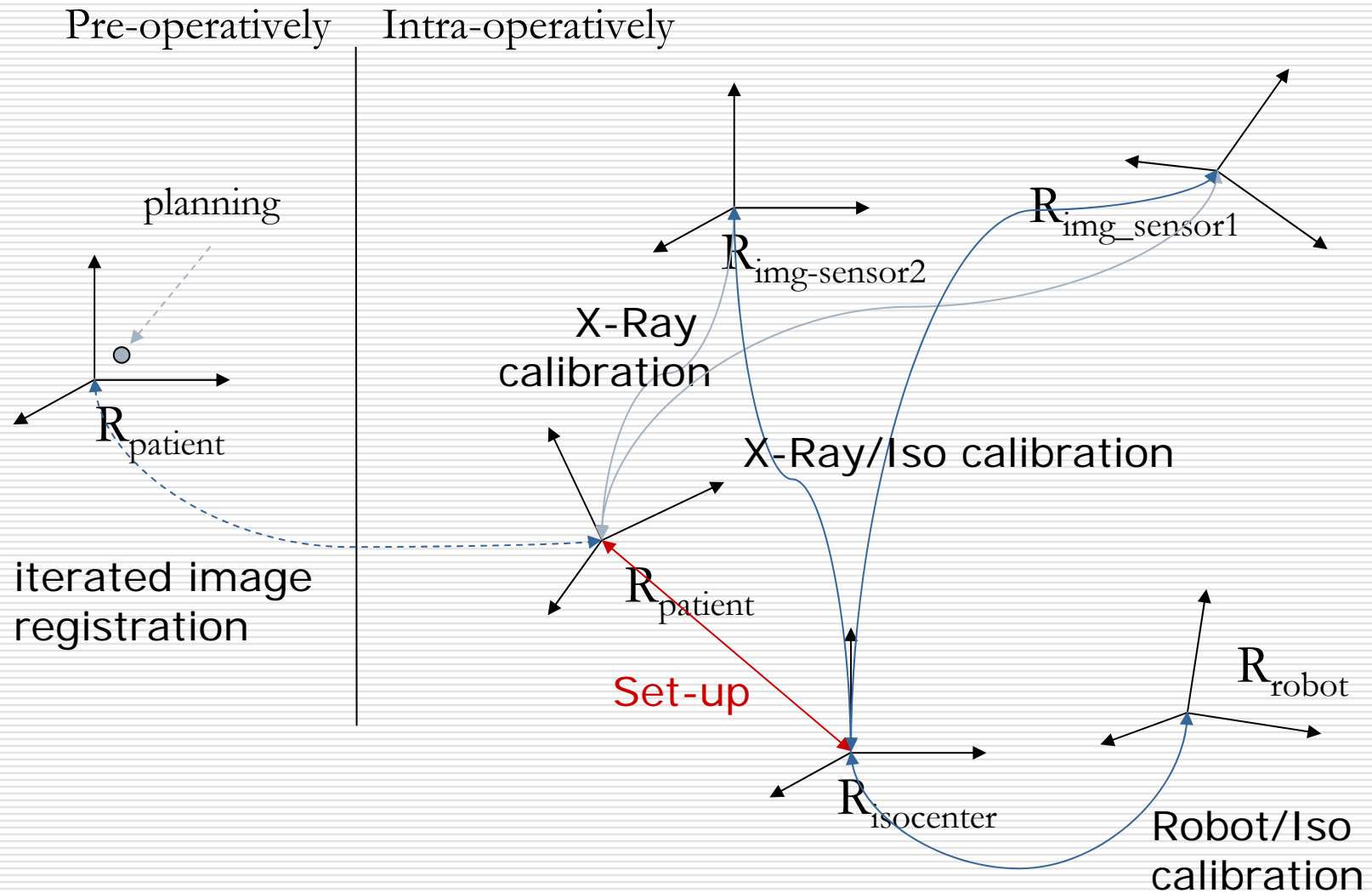
# Cyberknife V1

- Planning on CT data
- Intra-operatively:
  - Indirect X-Ray/robot calibration (via isocenter)
  - « X-Ray/pre-computed DRRs » intensity-based registration (before each beam activation)
  - Small motion compensation when necessary / interruption of the procedure and replanning for large motion



A Digitally Reconstructed Radiograph (DRR)

# Example C.2: Cyberknife V1



## Example D: Cyberknife+synchrony

- Pre-op: planning on CT data
- Intra-op: a robot, two X-ray sensors, a localizer
- Developed methods:
  - X-Ray/robot calibration
  - X-Ray/DRR registration for head motion compensation
  - Or fiducial-based registration plus real-time tracking for targets moving with respiration

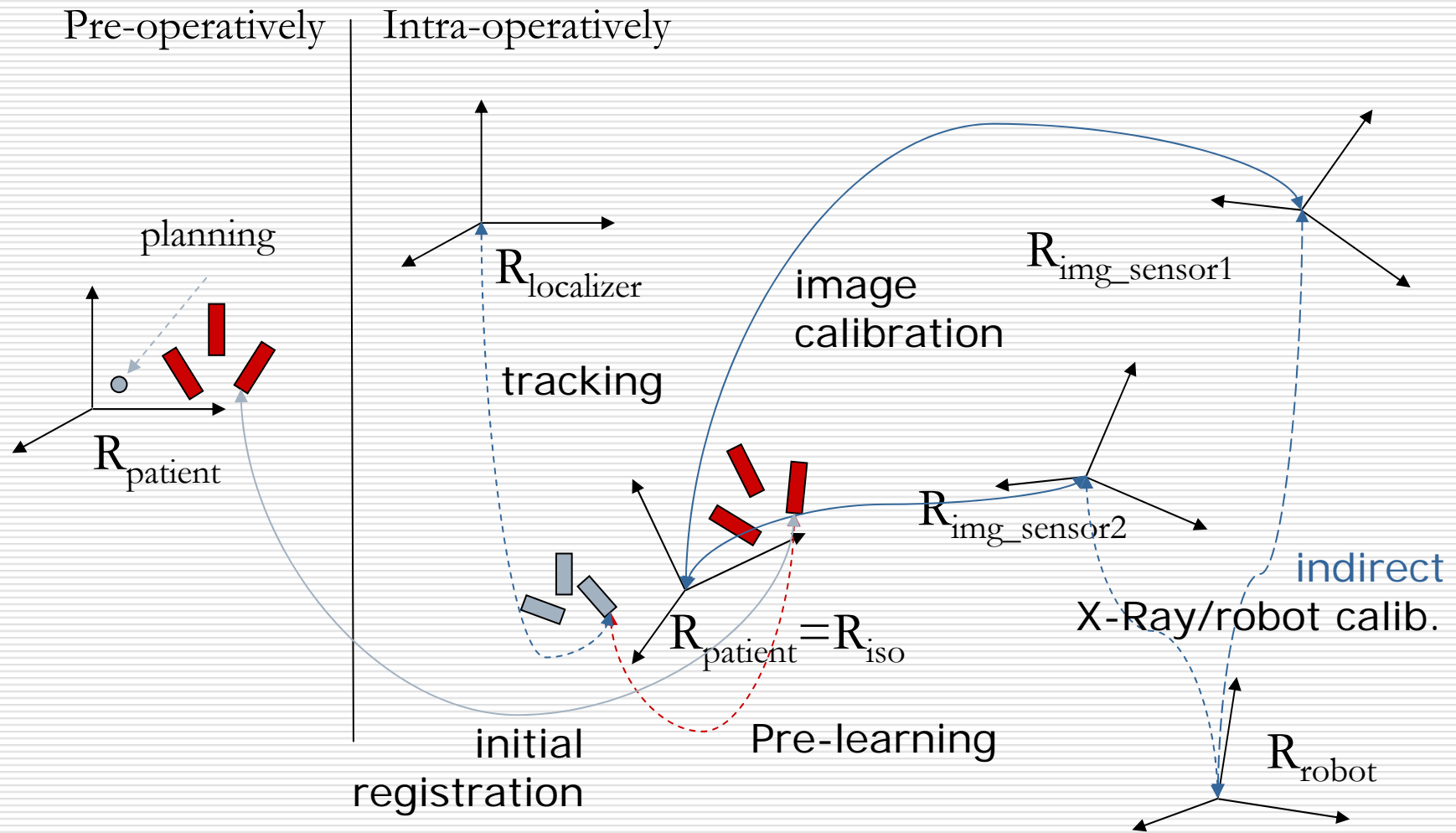


# Real-time registration

- Large motion tracking [Schweikard05]
  - Internal fiducials (gold seeds) for initial registration
  - External fiducials (IR diodes) for respiration tracking
  - Learning internal/external fiducials relationship



# Example D: Cyberknife+Synchrony

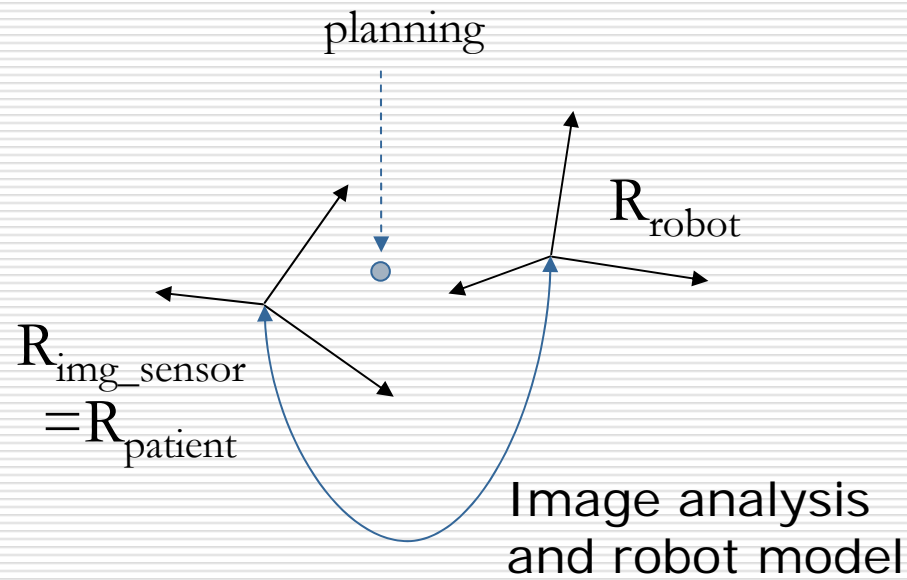


# Another type of solution (E)

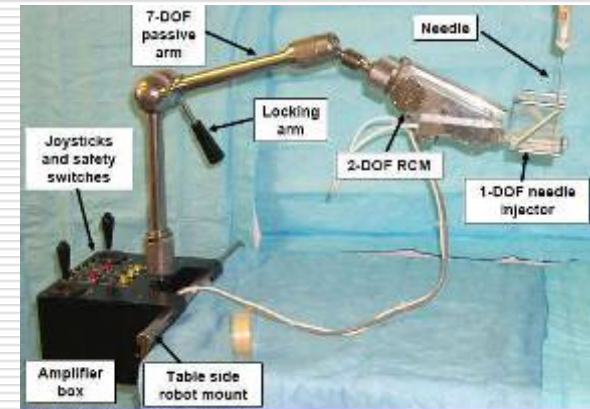
- Target defined in the intra-operative imaging data\*
- Examples
  - Indirect visual servoing: computing the robot position from the images
    - PAKY+RCM [Stoianovici et al.], LPR [Cinquin et al.], etc.
  - Direct visual servoing: modeling variations of the robot position to variations of the target in the images
    - GABIE [Morel], ZEUS [deMathelin], etc.

\*if pre-operative planning: need for pre-op/intra-op registration

# Example E.1

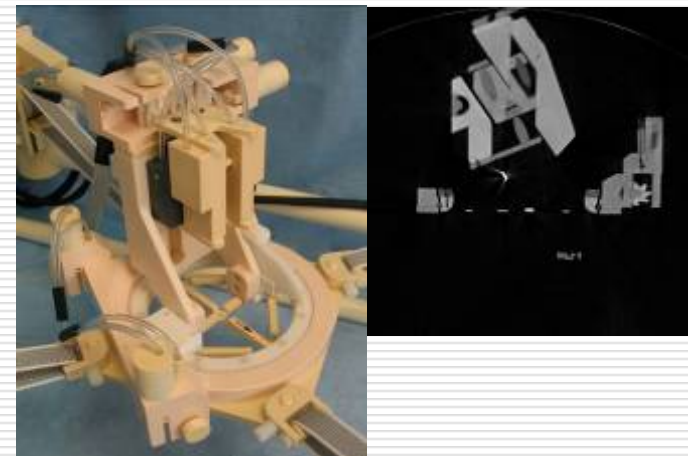


Intra-operatively



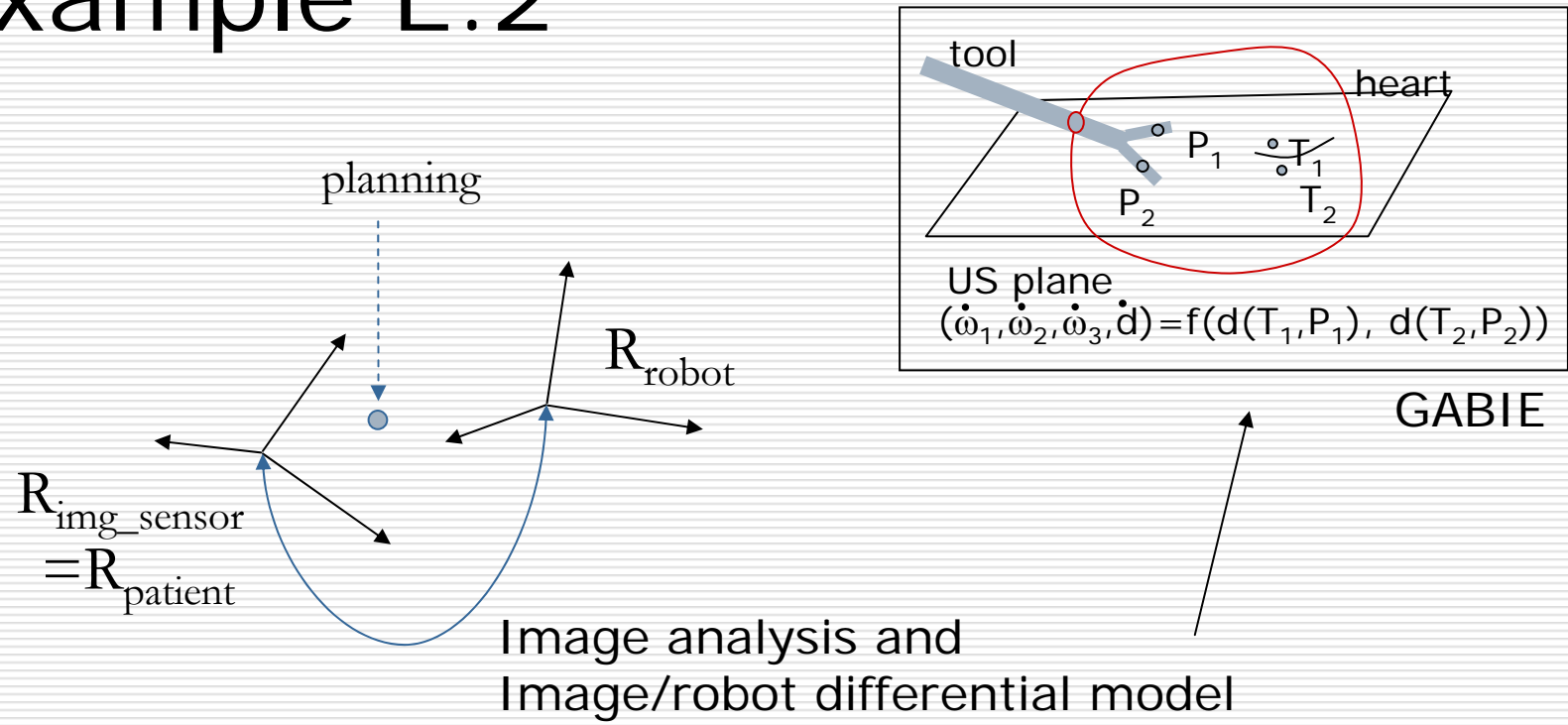
Credit: Stolanovici, Masamune

PAKY+RCM



LPR

# Example E.2



Intra-operatively



# Discussion

- Modus operandi: many solutions
  - Palpation (fiducial, anatomy): easy, invasive
  - Imaging (anatomy): more difficult, less or non invasive
  - Template: easy, limited to few applications
  - Need for updated or real-time registration?
    - No motion
    - Motion detection
    - Discrete motion detection and compensation
    - Continuous motion detection and tracking

## Discussion (cont'd)

- No universal recipes: depends on the application
- Some important issues
  - Intra-operative evaluation of registration accuracy
  - Safety of real-time registration