



Computer-Aided Surgery:

Robotics for digestive surgery and obstetrics
Soft tissues modeling for maxillo-facial surgery

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Computer Assisted Medical Intervention Group
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TIMC Laboratory Computer Aided Medical Intervention Group

- 15 years old
- About 35 persons
- More than 200 publications and 15 international patents
- 3 ongoing European project
- Creation of Praxim Company



Main goal: "to assist the clinician and the surgeon in the realization of diagnostic or therapeutic intervention, in the most accurate and minimally-invasive way"

PLAN

- Context : TIMC Lab
- Robotics for digestive surgery and obstetrics
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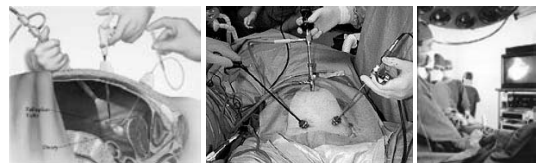
Robots in the OR: a classification

- *Passive systems*
 - give information to the surgeon
- *Active systems*
 - realize the intervention with human supervision
- *Interactive systems: mechanical guides*
 - Semi-active devices
 - Synergistic devices
- *Teleoperated devices*

Robots in the OR: a classification

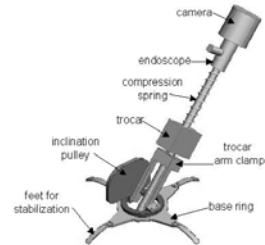
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Laparoscopy



- Minimally invasive abdominal surgery
- Surgical intervention through keyhole incisions
- Endoscope camera to observe interior on video display
- 3-6 incisions for instruments

Robot for laparoscopy: a third hand assistant



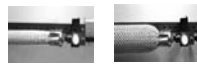
- System rests on patient abdomen
- Controls insertion depth and orientation of endoscope
- Lightweight, compact, simple to setup and use compared to current endoscope robots
- Uses standard endoscopes and trocars

Robot for laparoscopy: a third hand assistant



Robot for tele-echography

- Objective: the remote control of an echographic probe by an expert
- Master workstation integrating haptic feedback
- Use of a light and compliant slave robot based on 2 parallel structures and pneumatic actuators (McKibben muscles)



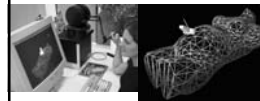
Pantograph textile shell

TIMC, LVR, FT R&D, Sinters, Praxim, CHU Tours, CHU Grenoble

Robot for tele-echography: components

Master control

Slave robot



(ISDN network)



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Orthognathic surgery

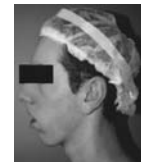
Orthognathic surgery is directed to patients suffering from malformations of the lower part of the face



orthodontic



aesthetic



functionnal

Orthognatic surgery

Bones cuttings and repositioning:

2D Cephalometry
from sagittal radiography

3D Cephalometry
from CT scanner

Bettega, Payan et al. (2000) *Journal of Computer Aided Surgery*.

Orthognatic surgery

Bones cuttings and repositioning:

Orthognatic surgery

Bones cuttings and repositioning:

Orthognatic surgery

Next step: To take into account the face soft tissue deformations resulting from bone repositioning, in order to predict:

- the patient aesthetic aspect after surgery
- the functional consequences (facial mimics, mastication, speech production)

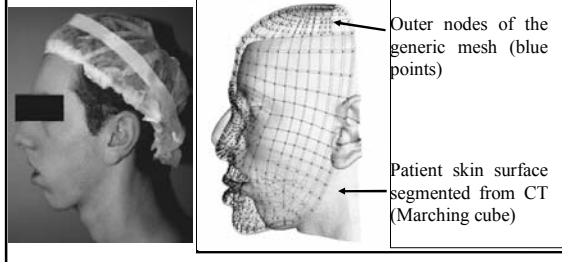
Face anatomy

Levator labii superioris alaeque nasi
 Levator labii superioris
 Zygomaticus minor
 Zygomaticus major
 Masseter
 Risorius
 Muscle platysma
 Depressor anguli oris
 Mentalis
 Orbicularis oris
 Depressor labii inferioris
 Levator anguli oris
 Buccinator

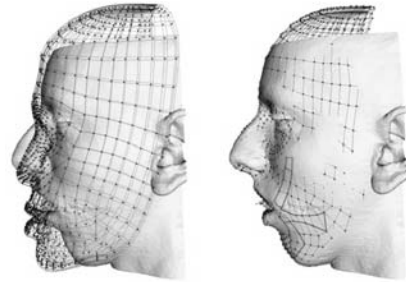
Generic Finite Element face model

Outer layer (Dermis)
 Inner layer (Hypodermis)

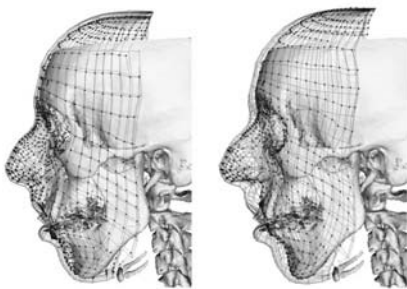
Confromation of the generic model to patient morphology



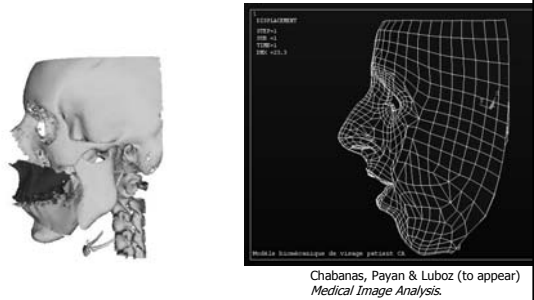
Confromation of the generic model to patient morphology



Confromation of the generic model to patient morphology



Finite Element Simulations of the bone repositioning consequences



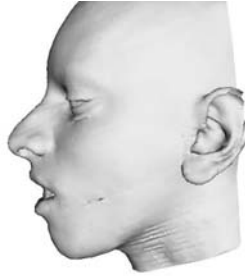
Finite Element Simulations of the bone repositioning consequences



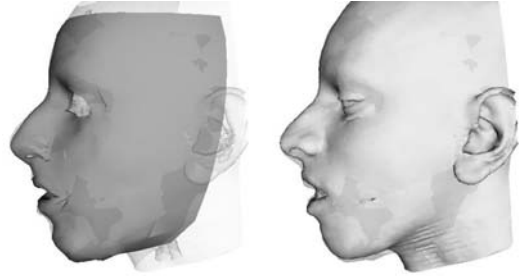
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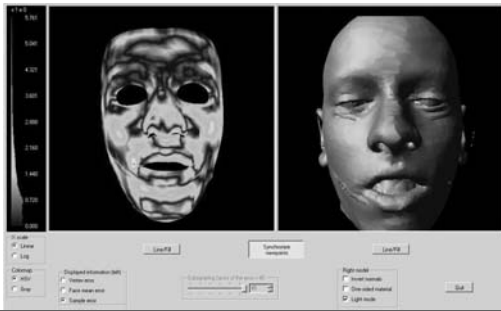
Simulations validations: comparisons with post-operative CT data



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Simulations validations: comparisons with post-operative CT data



Acknowledgments

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