



ME 328: Medical Robotics  
Winter 2019

# Lecture 6: Medical imaging and image-guided interventions

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# Updates

## **Assignment 3**

Due this Thursday, Jan. 31

Note that this assignment is purposely somewhat open-ended. This and the remaining assignments will continue be like “mini projects”.

## **Tours: Save the dates**

Auris Health: Friday, February 22

Intuitive Surgical: Friday, March 1

We will send polls for attendance and drivers. 40 people max. for each.

first, a brief  
introduction to  
image-guided  
procedures

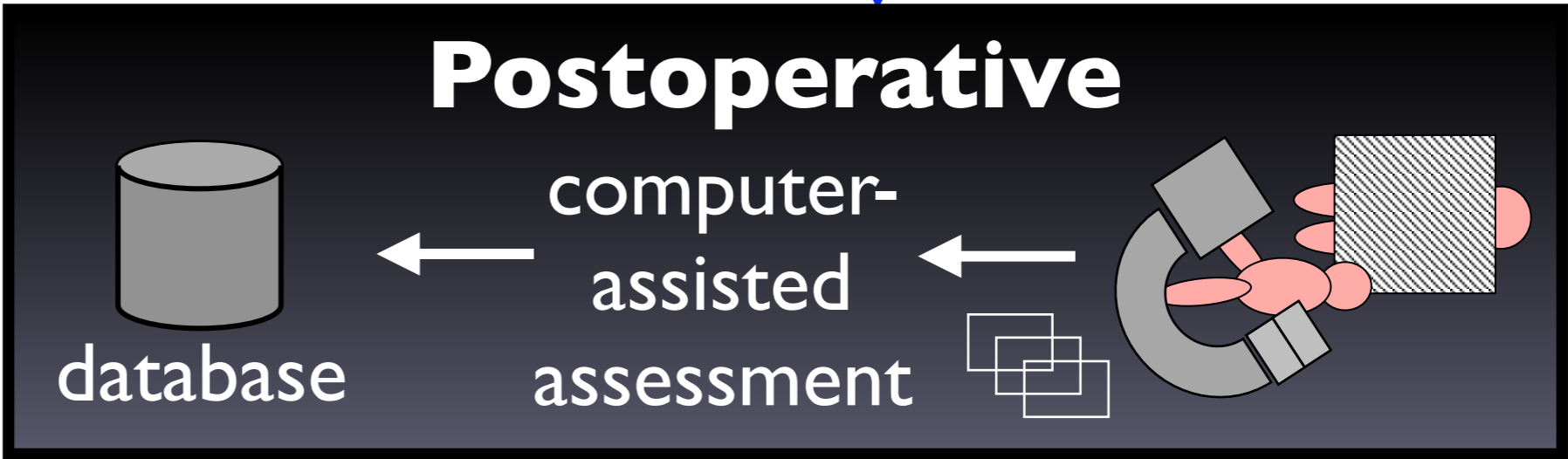
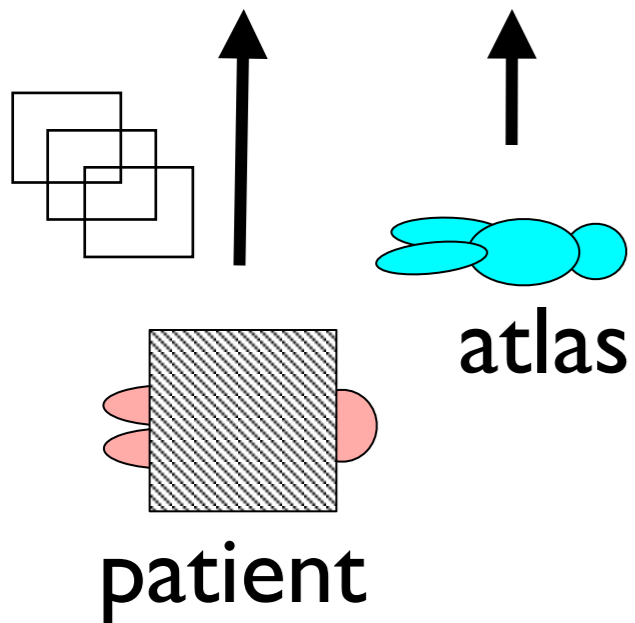
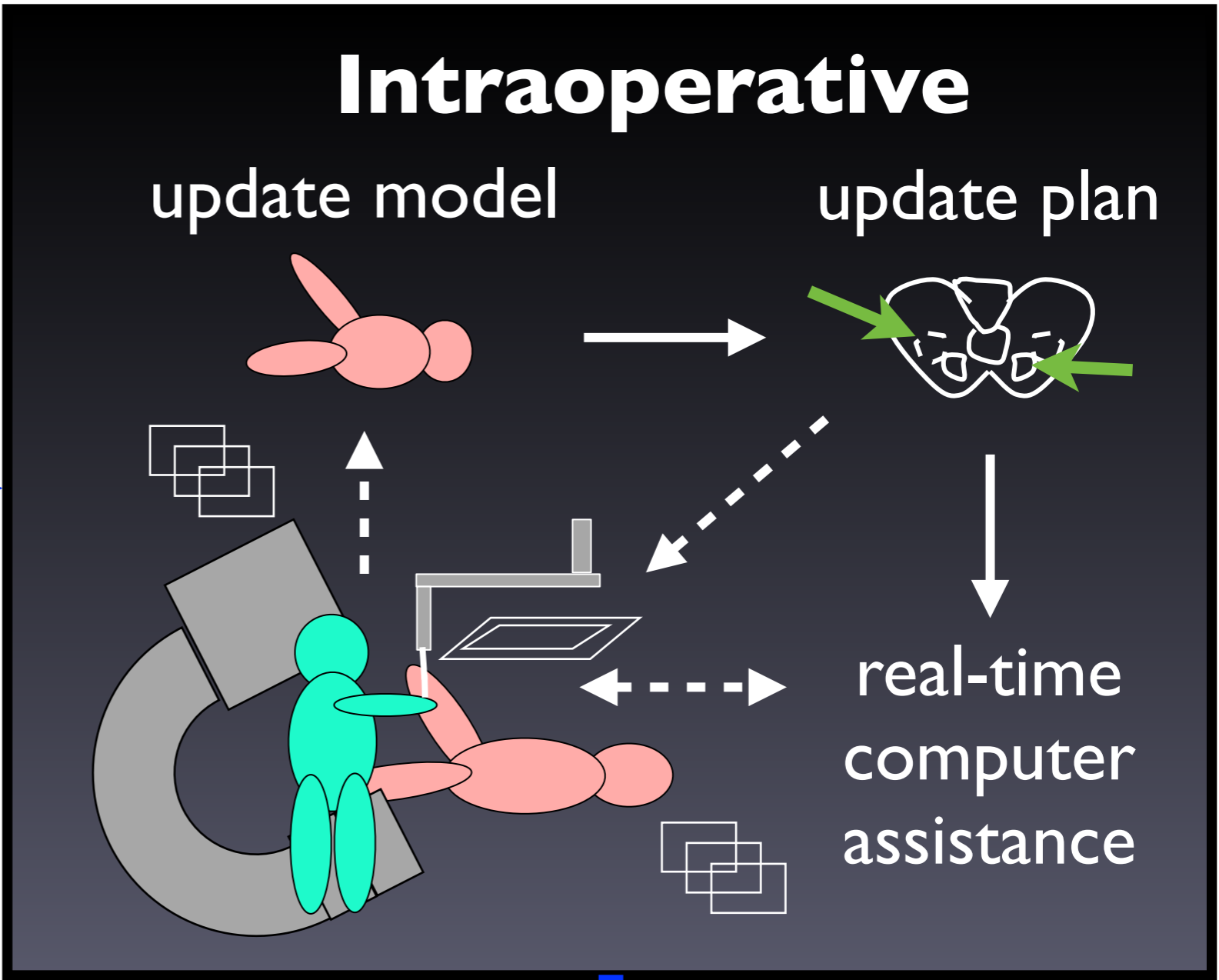
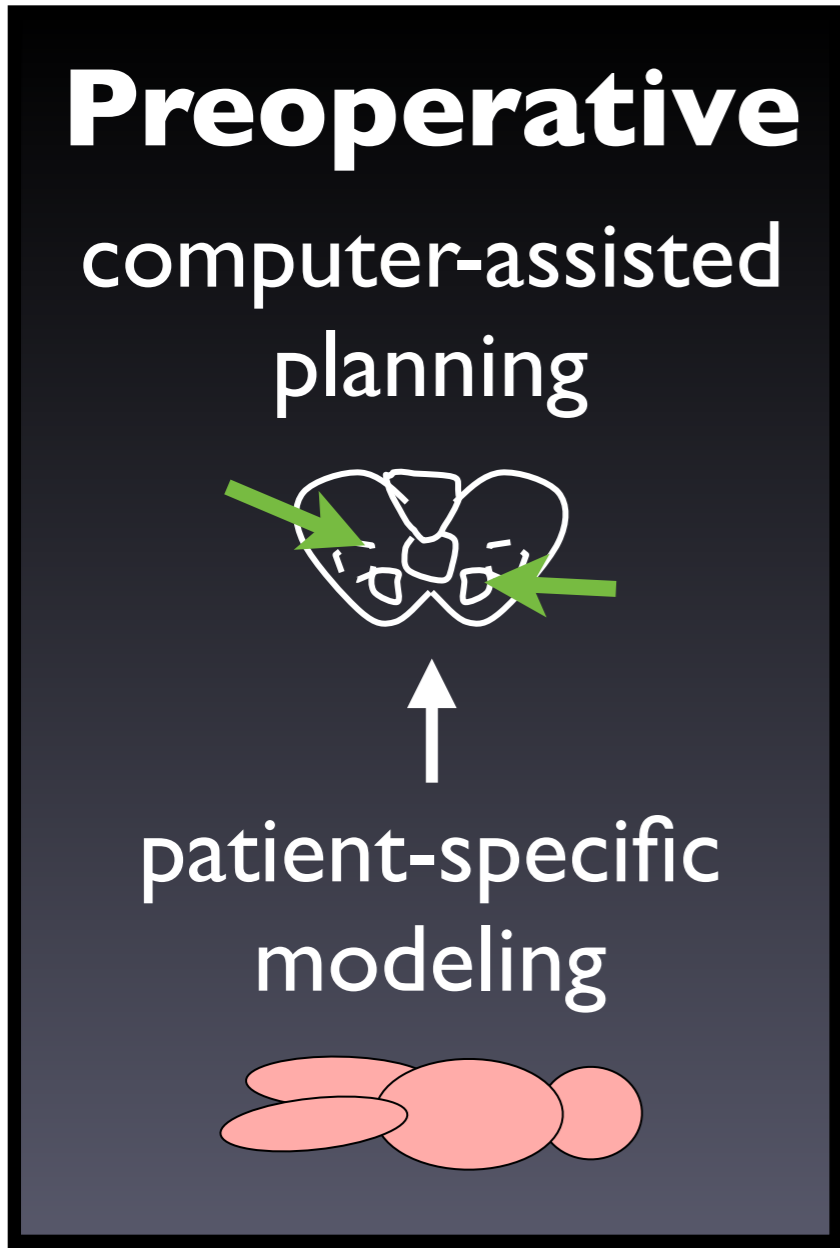
reference: Image-Guided Interventions,  
edited by Terry Peters and Kevin Cleary

# idealized time-line description of image-guided procedures

Phase I: Pre-operative planning

Phase II: Intraoperative plan execution

Phase III: Postoperative assessment



# image guidance enables minimally invasive procedures

previously:  
surgery

now:  
a wide variety of specialties exist  
for medical interventions, and they  
are not all considered “surgery”  
(consider cardiology, radiology)

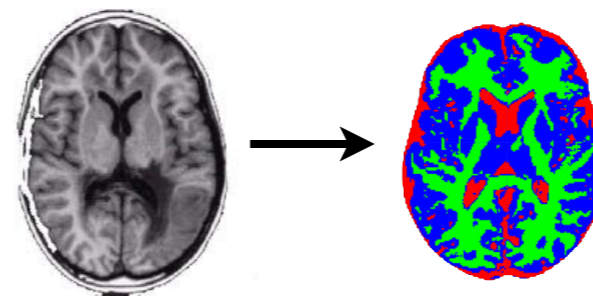
# key technologies associated with image-guided procedures

medical imaging and  
image processing



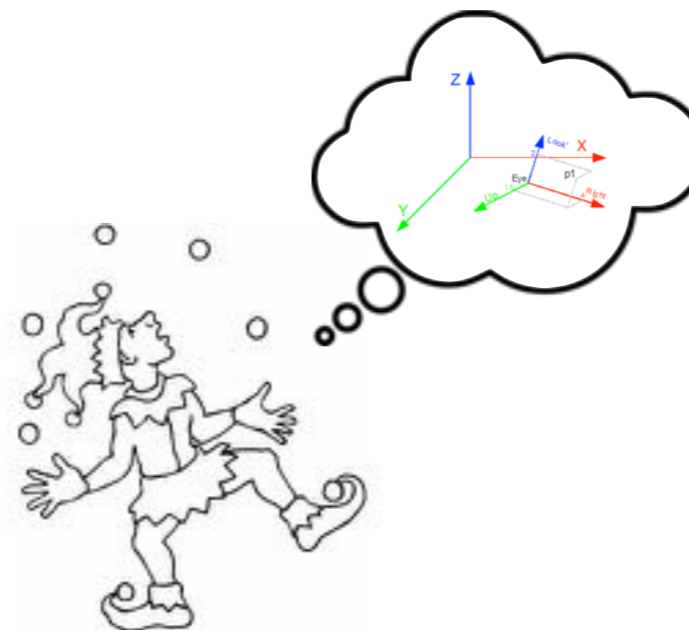
replaces vision

data visualization and  
image segmentation



replaces  
visual reasoning

registration,  
tracking systems, and  
human-computer  
interaction



replaces  
hand-eye  
coordination

Physicians mentally integrate their knowledge of anatomical structures with patient-specific medical images to produce a plan and execute it.

Image-guided systems use a similar approach, where all information sources are integrated and used to provide guidance to the physician.



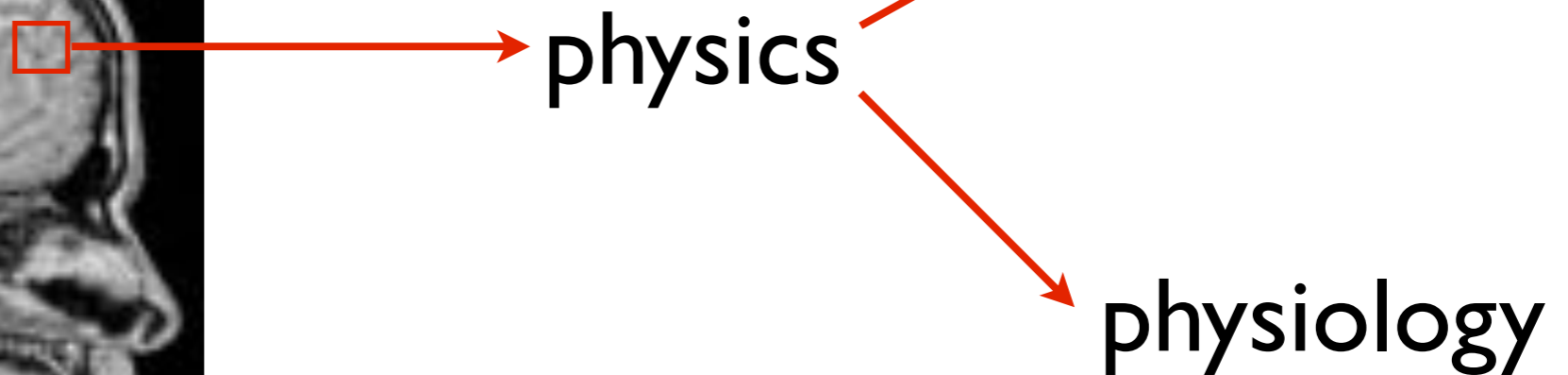
**medical imaging**

# why use medical images?

intensity values are related to physical tissue characteristics which in turn relate to

(1) anatomical information and/or

(2) a physiological phenomenon



# what should you consider when selecting an imaging modality?

technical specifications:

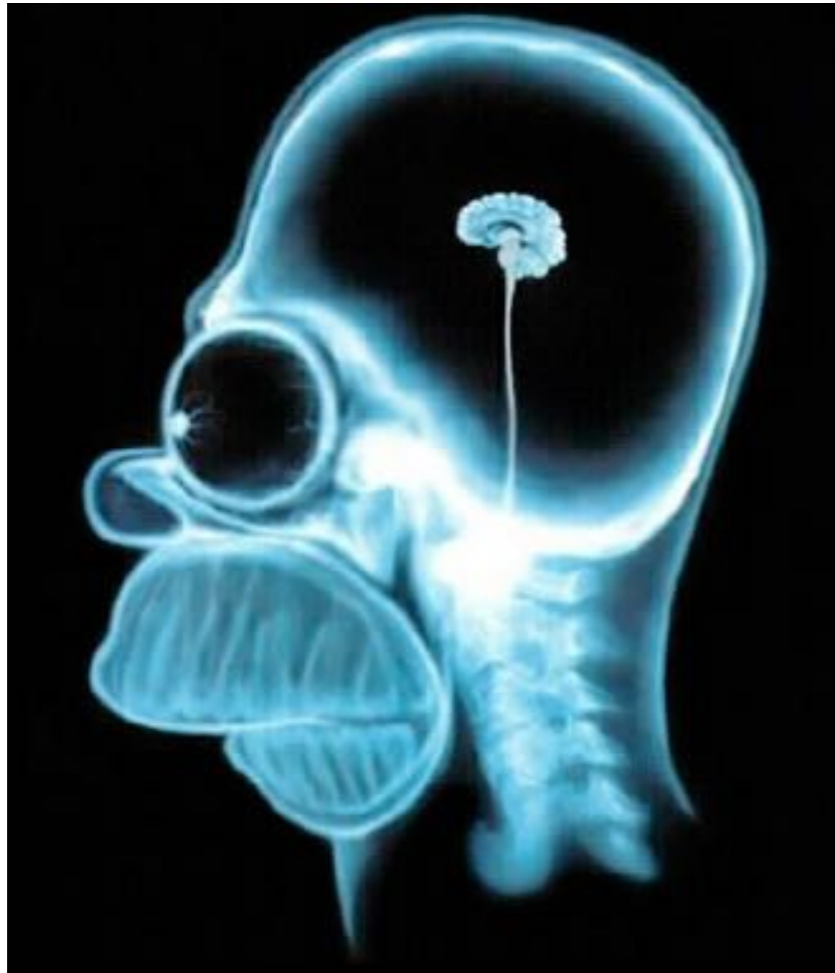
- spatial resolution
- temporal resolution
- field of view
- types of biological and physiologic information

possible interaction between the imaging modality and intervention (e.g., does a metal robot cause image artifacts? does the magnet of the MRI machine cause the robot to malfunction?)

traditional  
imaging

vs.

functional  
imaging



physiologic information  
is interpreted

physiologic information  
is computed

## **projection imaging:**

- 2D cross images are generated by capturing a “view” from a single direction

vs.

## **tomographic images:**

- 3D images are generated by stacking a set of 2D cross sectional image slices
- derived from the Greek *tomos* (slice) and *graphein* (to write)

# most common types of imaging modalities

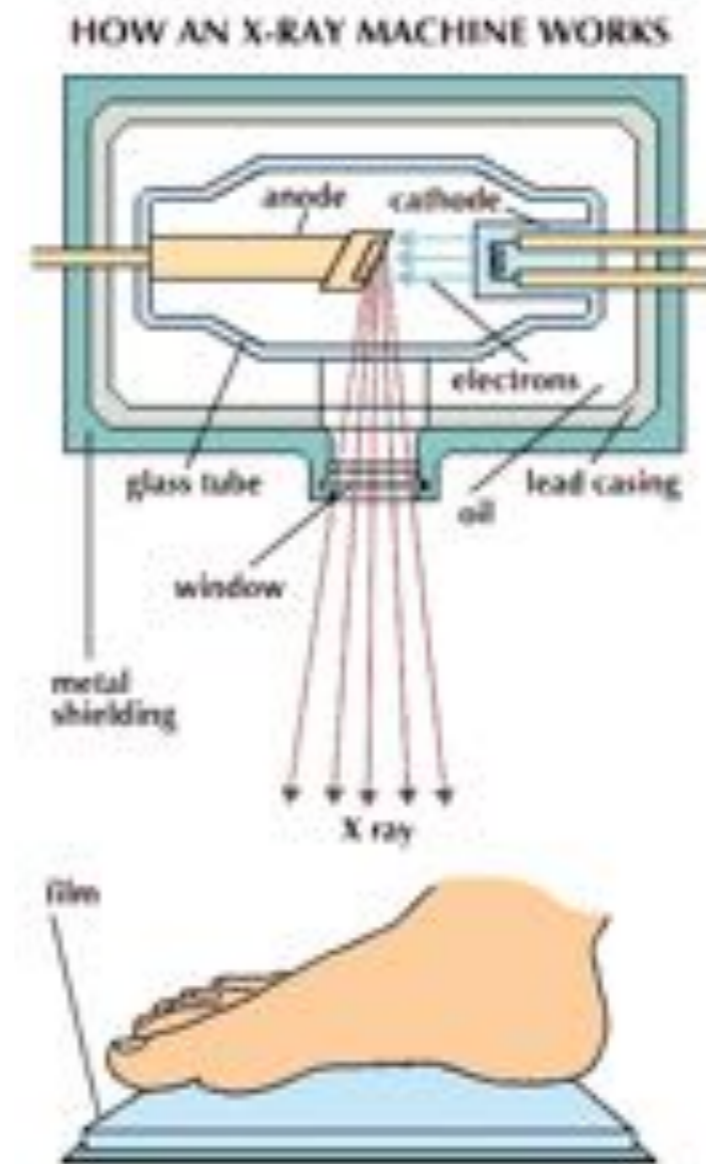
- **X-rays:** film, digital, fluoroscopy, Digital Subtraction Angiography (DSA)
- **CT:** Computed Tomography
- **Ultrasound:** 2D and 2.5D (stack of slices)
- **MRI:** Magnetic Resonance Imaging (discussed later)
- **Video:** laparoscopes and endoscopes (discussed later)
- **NM: Nuclear Medicine** (not covered)
  - PET -- Positron Emission Tomography
  - SPECT -- Single Photon Emission Tomography

# in the beginning, there was x-ray

physics: density of x-ray absorption  
(x-rays are a form of ionizing radiation)



first "medical" x-ray, 1895



gray value  
on film is  
proportional  
to radiation  
energy

<http://www.britannica.com/>

# from film to digital

traditional X-ray film is replaced by solid-state detectors that convert X-rays into electrical signals (CCD camera)

## Advantages:

1. there is no film to process, so the images are available immediately
2. digital images can be shared or enhanced electronically
3. digital images can be used for computer-assisted detection (helps doctors confirm or draw more attention to suspicious areas on a digital image)
4. essential for real-time decision making in robot-assisted interventions



# mammogram machine



uses low-energy X-rays for detection of early cancer (microcalcifications)

common screening method, lately somewhat controversial

# traditional configurations of x-ray and fluoroscopy machines



early fluoroscope  
(Britannica Film)



Philips digital multi-  
functional X-ray system

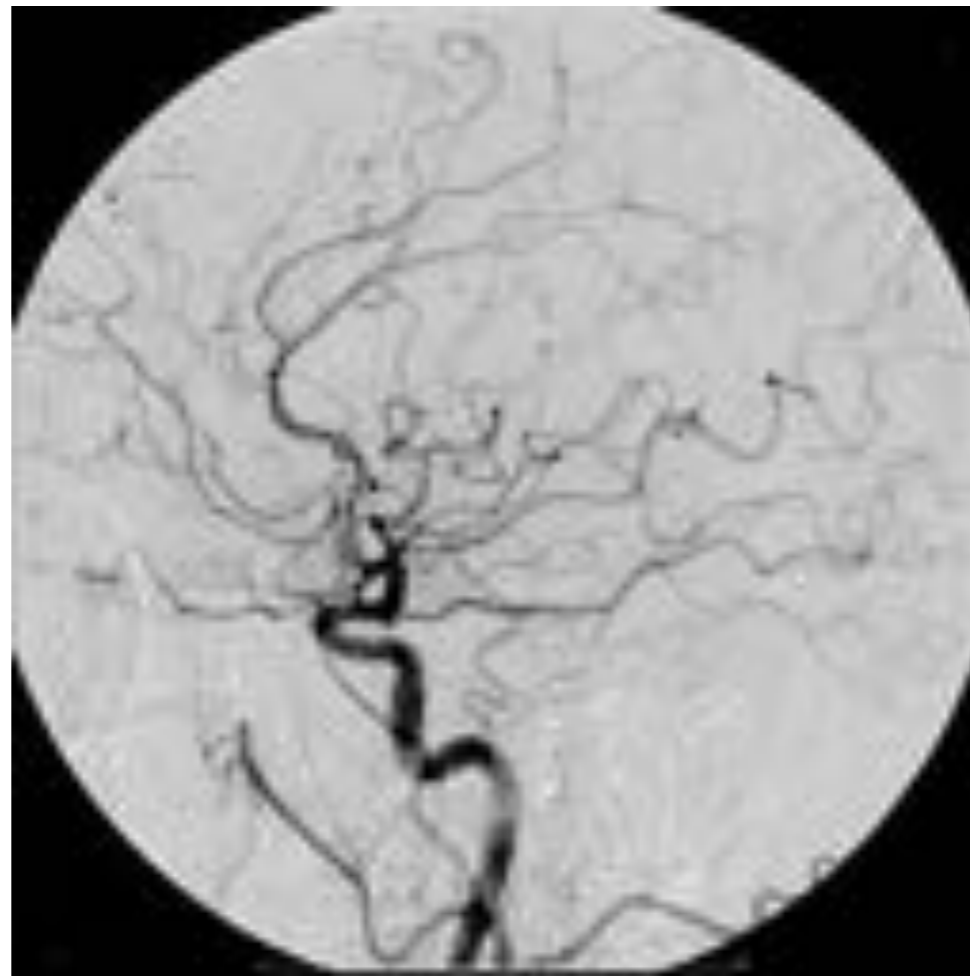
# c-arm fluoroscopy



Philips XperCT (CT-like imaging, more on CT later)

# digital subtraction angiography (DSA)

create a pre-contrast image, then subtract it from later images after a contrast medium has been introduced



iodine and barium are common types of contrast mediums for x-ray, since they attenuate x-rays (vessels become dark)

# discussion

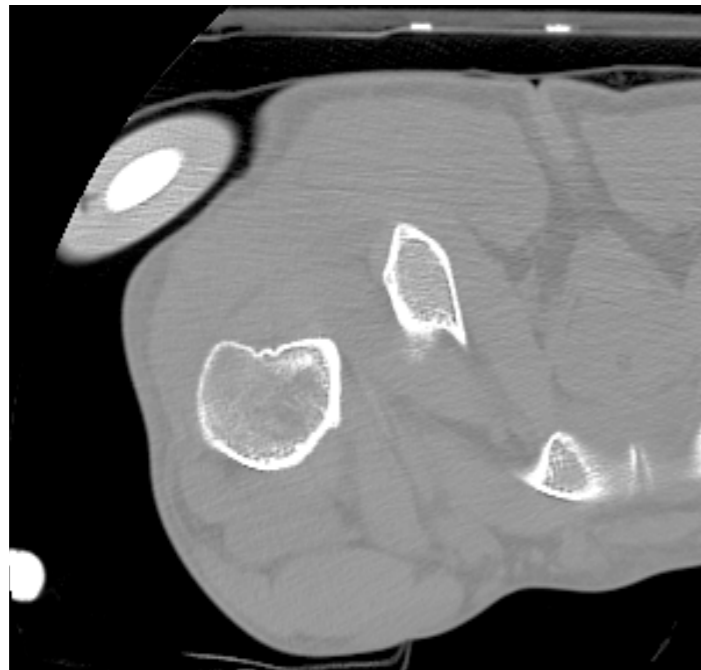
how can robots improve x-ray/  
fluoroscopy procedures?

how can x-ray/fluoroscopy be used in  
robotic interventions?

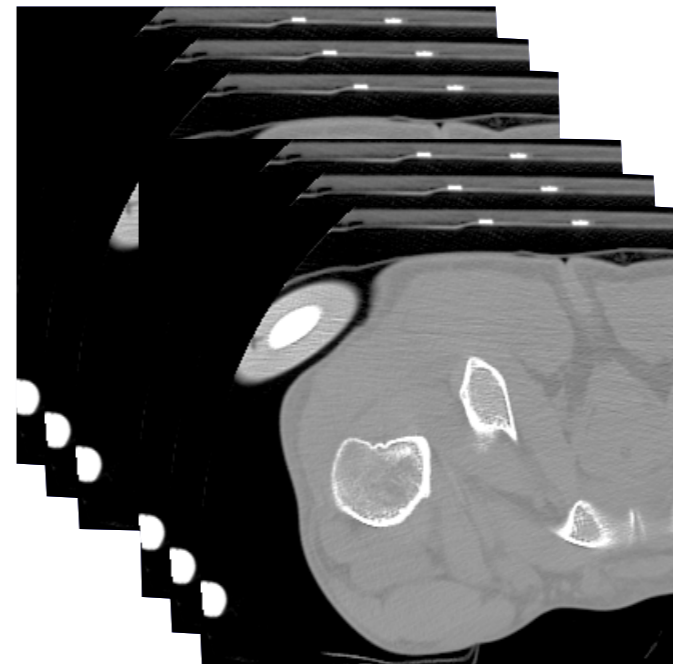
# computed tomography (CT scan)

3D images are generated from a large series of 2D X-ray images taken around a single axis of rotation  
(produces a volume of data for analysis)

physics: same as x-ray



single slice

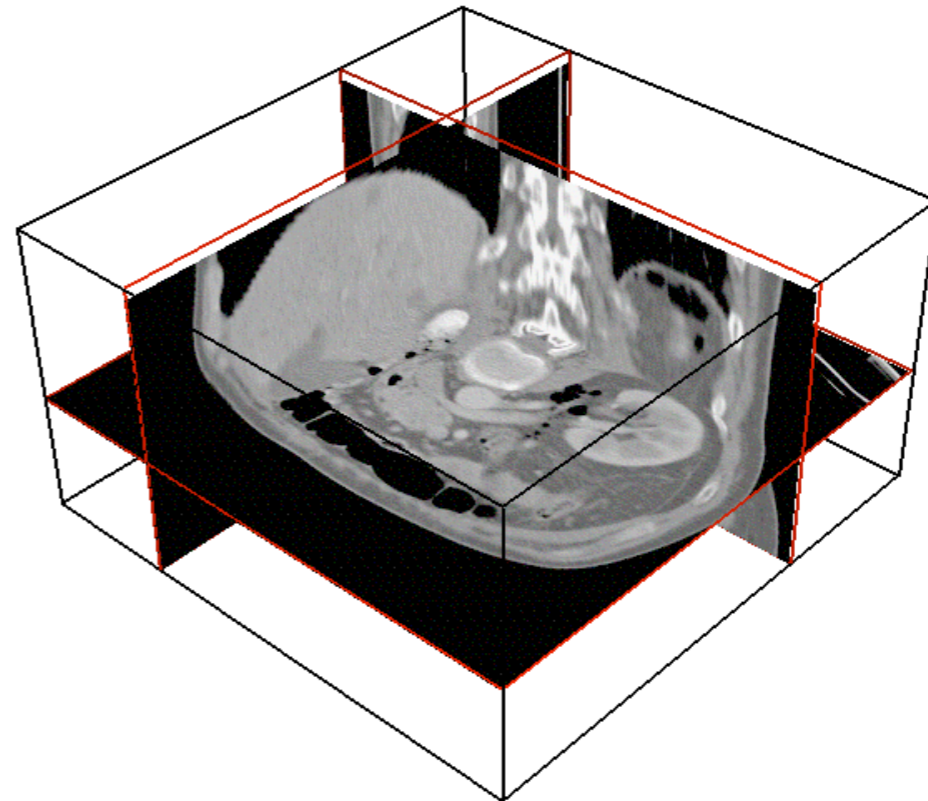
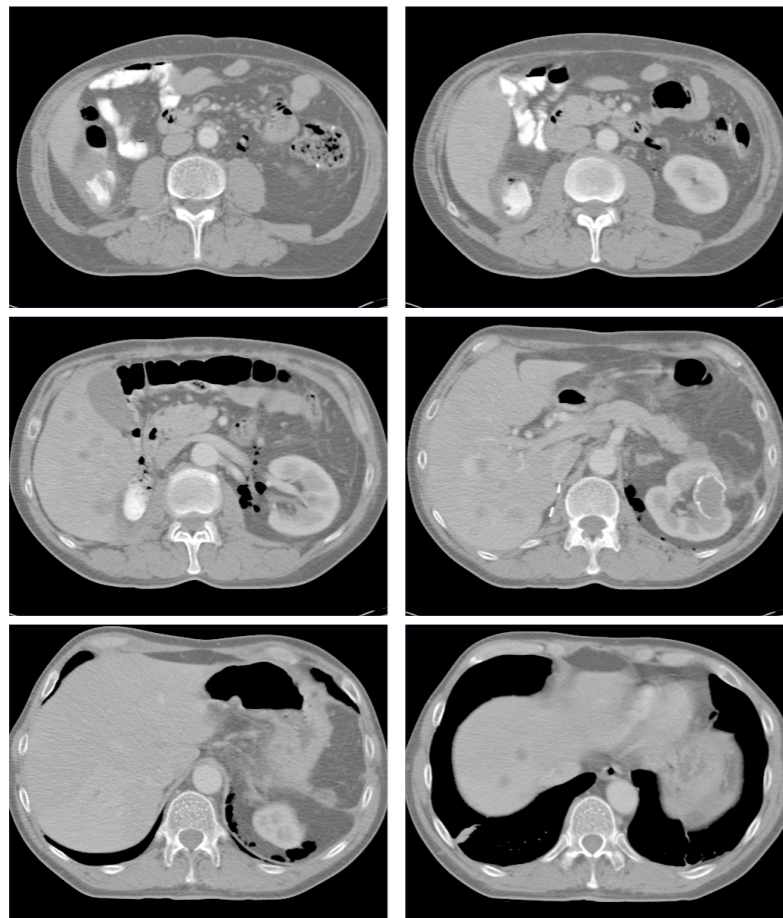


series of parallel slices 2mm apart

# computed tomography (CT scan)

3D images are generated from a large series of 2D X-ray images taken around a single axis of rotation  
(produces a volume of data for analysis)

physics: same as x-ray



# emitter/receiver configuration



<http://www.youtube.com/watch?v=M-4o0DxBgZk>



# CT machines



two examples from Philips (Brilliance 6 and 40)  
differ in number of images per second, number of detectors, etc.

# discussion

what challenges might exist in  
performing CT-guided robotic  
interventions?

# ultrasound imaging (diagnostic)

physics: variations of acoustic impedance

1. probe sends high-frequency sound waves (1-5 MHz) into the body
2. sound waves travel into tissue and get reflected by boundaries
3. reflected waves are recorded by the probe
4. time of flight gives spatial information about the boundaries

the desired frequency of signal is chosen based on a trade-off of resolution and attenuation

# ultrasound

**A-mode (amplitude mode):** a single transducer scans a line through the body with the echoes plotted on screen as a function of depth.

*Therapeutic ultrasound* aimed at a specific tumor or calculus is also A-mode, to allow for accurate focus of the destructive wave energy.

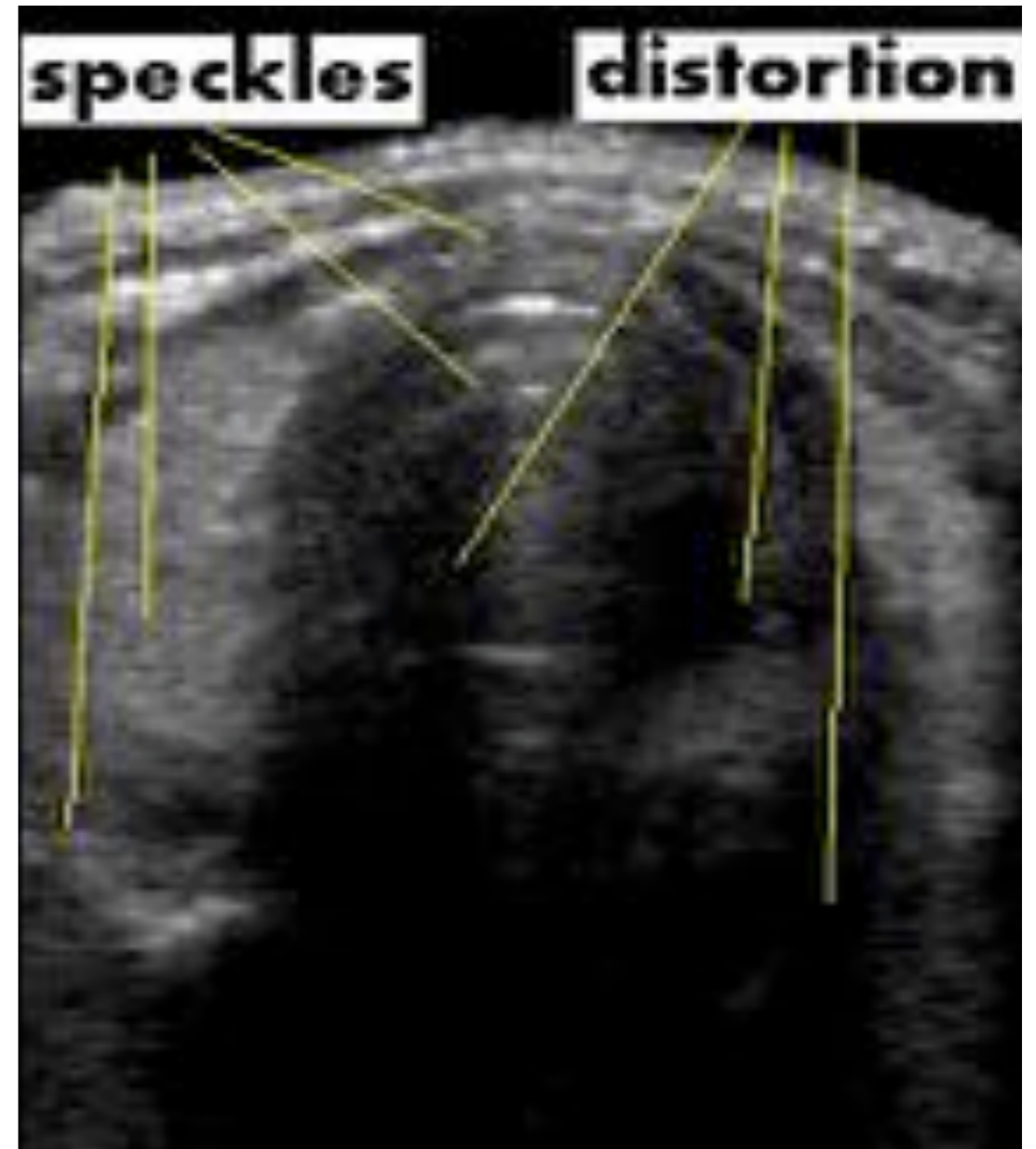
**B-mode (brightness mode) or 2D mode:** a linear array of transducers simultaneously scans a plane through the body that can be viewed as a two-dimensional image on screen

# common application: fetal ultrasound



# ultrasound characteristics

- No radiation
- Poor resolution ( $\sim 1\text{mm}$ )  
non-uniform, distortion,  
noisy
- Low penetration  
properties
- One 2D slice or several  
slices (2.5D)
- Relatively cheap and easy  
to use
- Preoperative and  
intraoperative use



# ultrasound machine



Ultrasonix

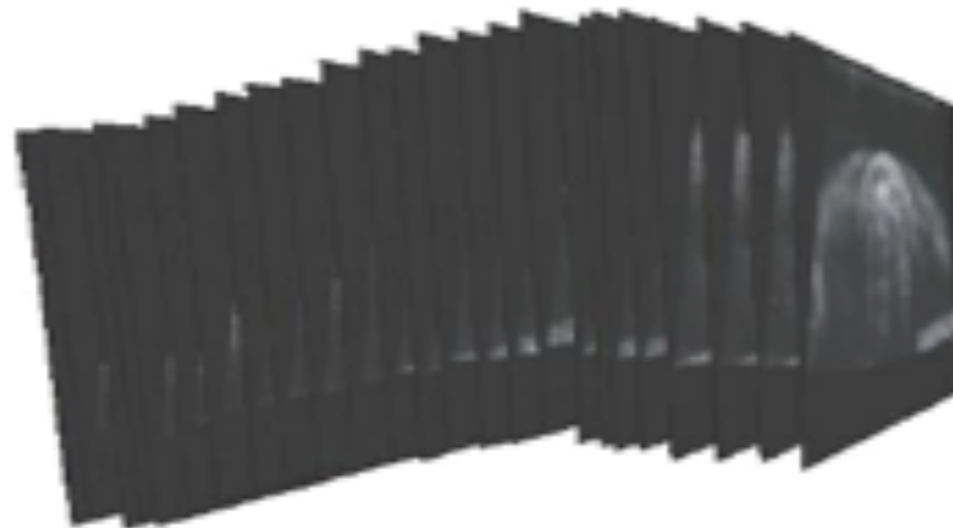


ultrasound transducers/probes

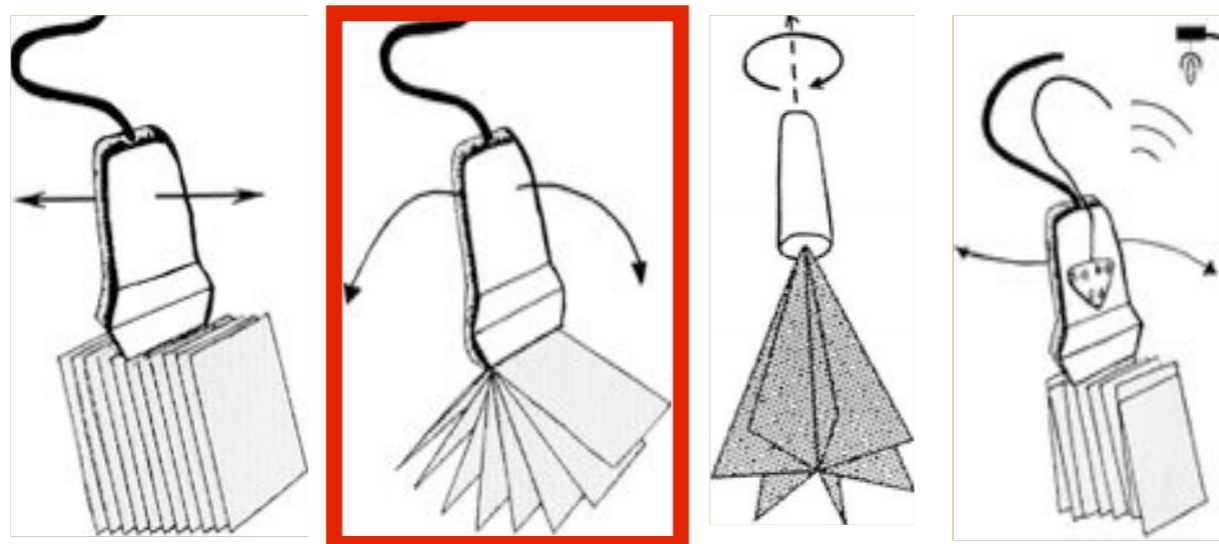
<http://used-medicequipmentblog.blogspot.com/>

# 3D ultrasound

reconstruct 3D data from 2D slices



acquisition methods: linear, rotation, fan-like, hand





# transrectal ultrasound



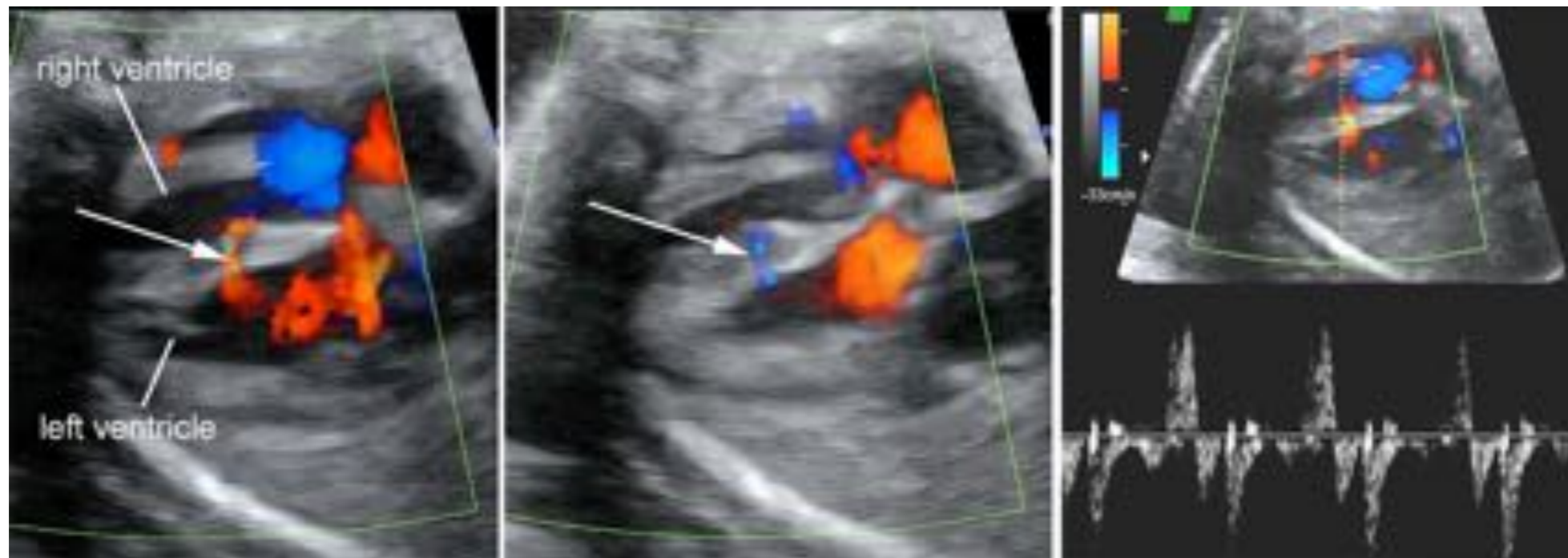
prostate brachytherapy

<http://www2.cfpc.ca>

<https://myhealth.alberta.ca/>

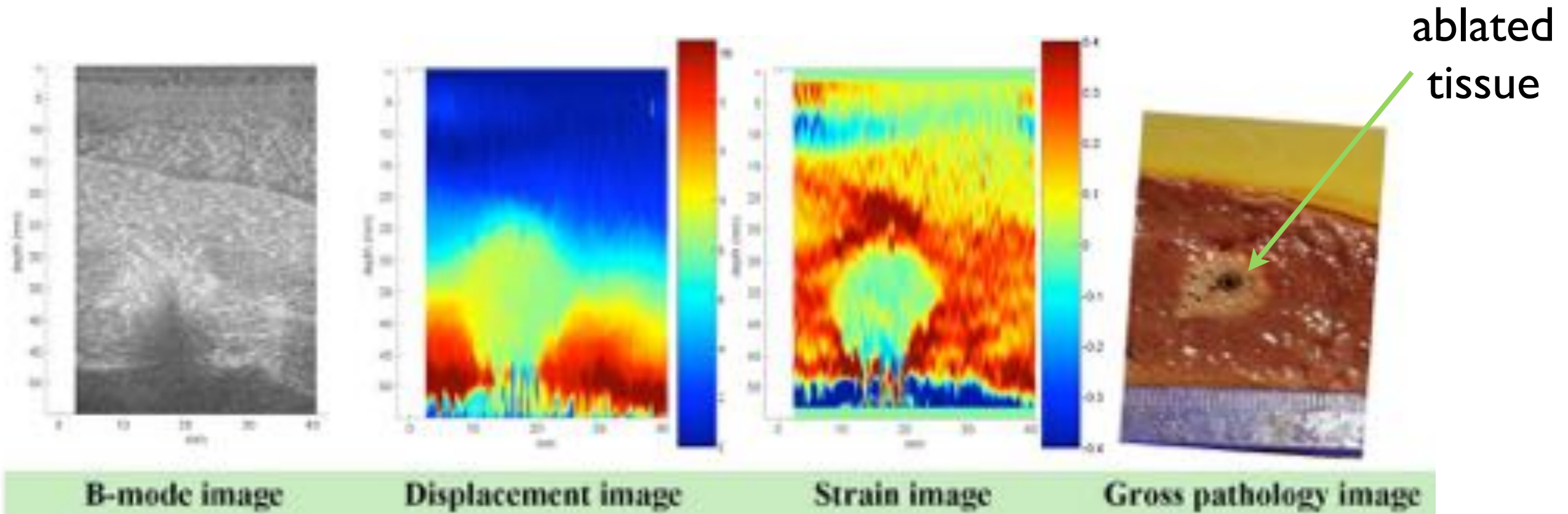
# Doppler ultrasound

employs the Doppler effect to determine whether structures (typically blood) are moving towards or away from the probe, and their relative velocity

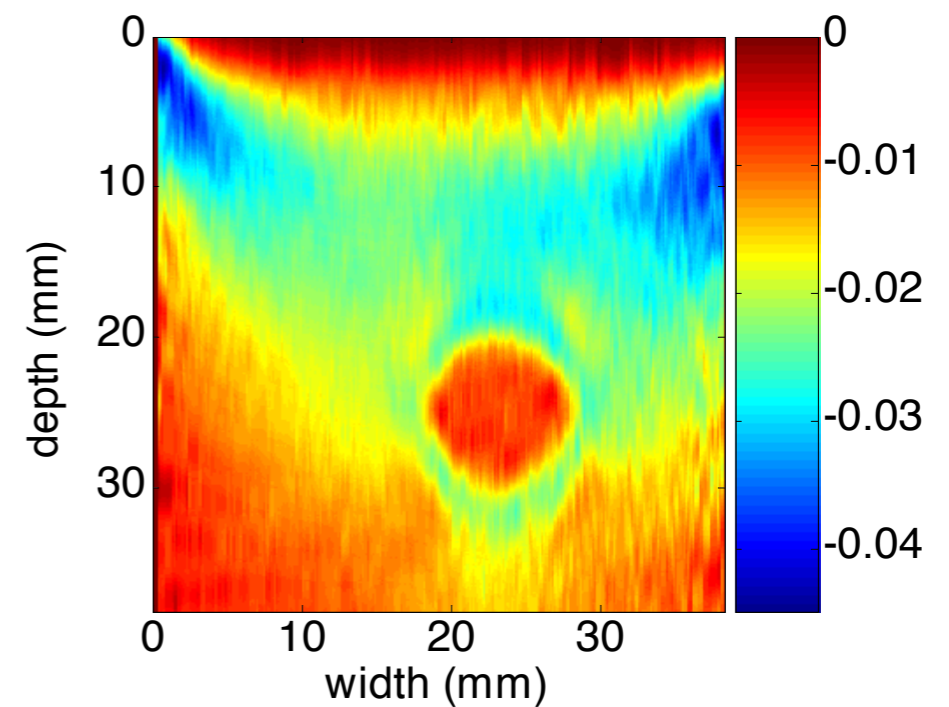
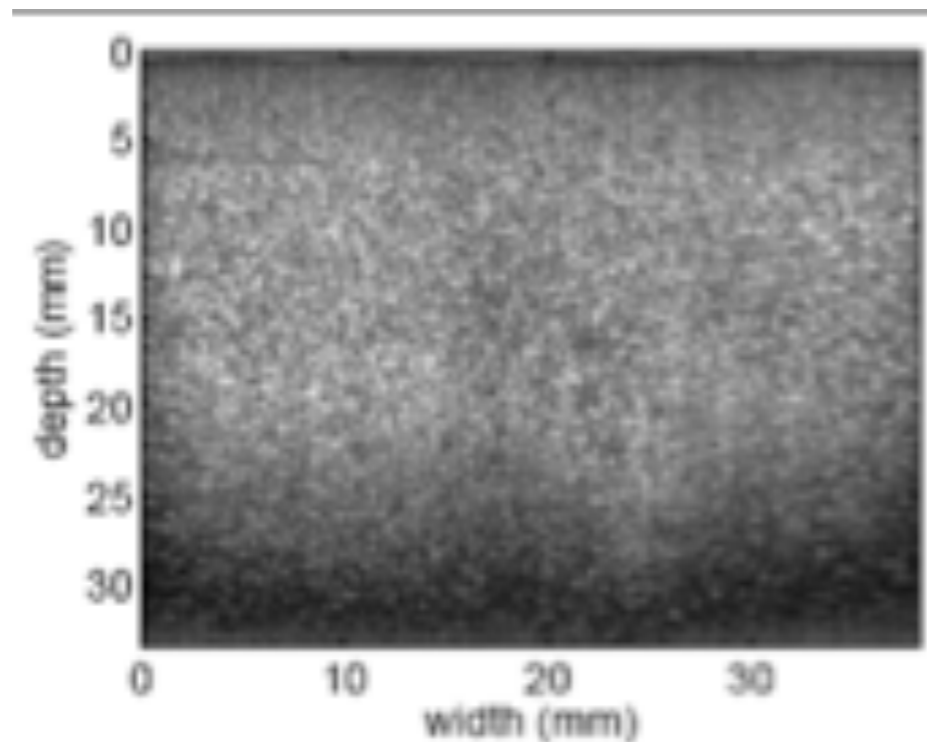


color and pulsed Doppler of blood shunting across a muscular ventricular septal defect (in the heart)

# ultrasound elastography



Freehand  
palpation  
elastograms



Boctor, Rivaz, Fleming,  
Foroughi, Fichtinger, Hager  
(2008)

# discussion

what challenges might exist in  
performing ultrasound-guided robotic  
interventions?

# caution!

when introducing robotic (or any) technology into the interventional suite, you should consider what imaging modalities are already used and available

there is a conflict between the potential for improving a procedure and the practical limitations in changing the workflow and resources required to perform the procedure

Modality	Intra-operative Availability	Accessibility	Data Dimensionality
Computed Tomography (CT)	available (not widespread)	high	3D
Magnetic Resonance Imaging (MRI)	available (not widespread)	high	3D
X-ray	available	high	2D projection
functional Magnetic Resonance Imaging (fMRI)	not available	moderate	3D
Positron Emission Tomography (PET)	not available	moderate	3D
Single Photon Emission Computed Tomography (SPECT)	not available	moderate	3D
X-ray Fluoroscopy	available	high	2D projection
C-arm CT	available	low	3D
Ultrasound (US)	available	high	2D
optical imaging	available	high	2D projection

Table 1: Classification of imaging devices according to their availability for intra-operative use, their accessibility to physicians around the world, the dimensionality of the data they acquire and the type of information conveyed by the images.