

Medical and Bio are New DigITals

MEDICAL & BIO ARE NEW DIGITALS !

(Me-Dig IT)

—A Construction Methodology for Medical Support Systems—

Norihiro Koizumi

E4-315, Advanced Robotics and Mechatronics Engineering

<http://www.medigit.mi.uec.ac.jp/arme-p.pdf>

1. Choose one medical support system.

Reference:

<http://ieeexplore.ieee.org/search/searchresult.jsp?newsearch=true&queryText=medical+robotics&x=0&y=0&tag=1>

2. Extract functional requirements and structure (decompose and reconstruct) them, considering the implementation of the system.

3. Extract one seed technology for one of the abovementioned functional requirements and discuss how to apply and develop the technology.

<http://www.learner.org/interactives/renaissance/printing.html>

Frans Johansson, "The Medici Effect", 2004.

- When you step into an intersection of fields, disciplines, or cultures, you can combine existing concepts into a large number of extraordinary new ideas. The name I have given this phenomenon, the Medici Effect, comes from a remarkable burst of creativity in fifteenth-century Italy.



MEDICAL & BIO ARE NEW DIGITALS!

Me-Dig IT Effect

Everybody can receive high-quality-medicine by IT (Robot) & US technology

Gutenberg's press
Everybody can read bibles



Museo Nazionale della Scienza e della Tecnologia
"Leonardo da Vinci" in Milano

MEDICAL & BIO ARE NEW DIGITALS !

Therapeutic and
diagnostic skills



Me-Dig IT

Reconstruct medical professional
skills by utilizing Information and
Robot Technology (IRT)

Decomposing and
reconstructing functions

Extract
and
structure
functions

Parameter
analyses
of
functions

Make
design
guidelines
for
functions

Implementation of function
Embodiment of system

Continuous and high tracking
performance motion **controllers**



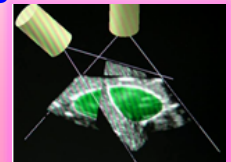
Safe contact motion **mechanisms**



Implement
functions

Enhance
functions

Robust and precise
image detection
algorithms of target



Verify
systems

Reduce the
load of medical
professionals



Medical
professionals

Effect

Goal

Establish a method
to introduce design
guidelines to incorporate
medical skills to systems

Safety and
reliability



Patients

Me-Dig IT

Remote Ultrasound Diagnostic System (RUDS)

(My Doctoral dissertation)

Remote ultrasound diagnostic experiment 2

a long axis view of the tendon of the
supraspinatus muscle

buckling:

DSH: mm

Patient No. 14

HD 6.5 year, Man

2001. 10. 30. Tue

Arriving of the aging society

-  **Medical support system**
-  **Remote ultrasound diagnostic system**



- 1. Lessen regional difference in medicine**
- 2. Lessen load of patient and medical doctor**
- 3. Efficient medicine**

Establishment of construction methodology for the remote ultrasound diagnostic system

Diagnosis



Function analysis & reconstruction

Extract functions

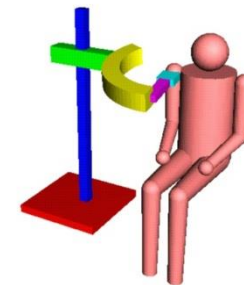
Analyze and reconstruct functions

Make guideline for design

Install functions & implement the system

Safety motion & contact function
(Impedance control)

Smooth motion & high traceability
(Continuous Path control)



Manipulability enhancement function
(Dynamic switching controller)

Required function



Guideline for design

(i) Realize proper contact force

(ii) Realize proper position

(iii) Realize proper orientation

(iv) Secure safety

(v) Improve manipulability

(vi) Lessen uneasiness

(vii) Maintain stable contact

(viii) Correspond to personal difference

(a) Mechanism to realize proper position and orientation

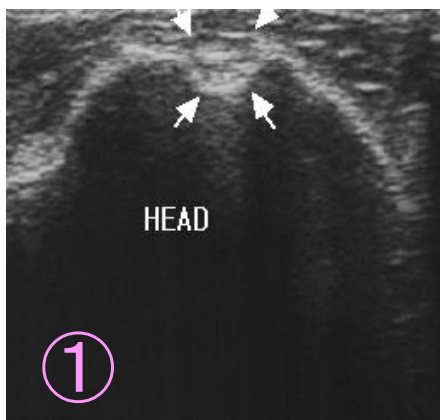


(b) Controller for smooth motion of slave

(c) Adjustable controller according to personal difference of medical doctor and patient

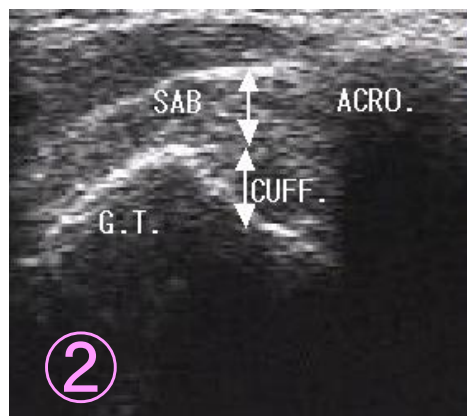
Shoulder pain in hemodialysis patients

Diagnostic image



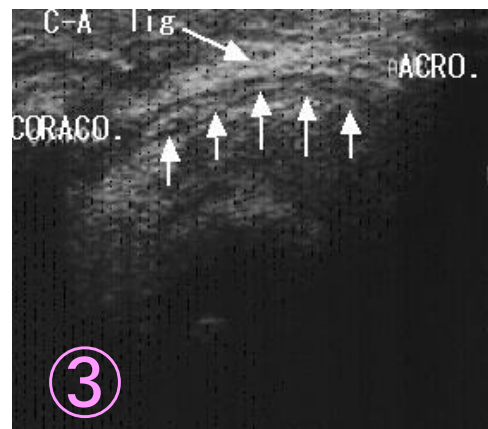
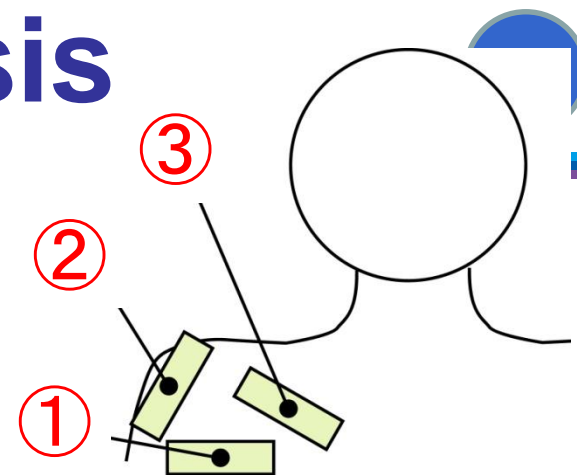
[Diagnostic image ①]

A tendon of the long head of the biceps brachii



[Diagnostic image ②]

A short axis view of the tendon of the supraspinatus muscle



[Diagnostic image ③]

A long axis view of the tendon of the supraspinatus muscle

Extract and decompose functions

Remote ultrasound diagnostic system

Display information to medical doctor

Acquire diagnostic image

Communicate

Transmit diagnostic image

Display diagnostic image

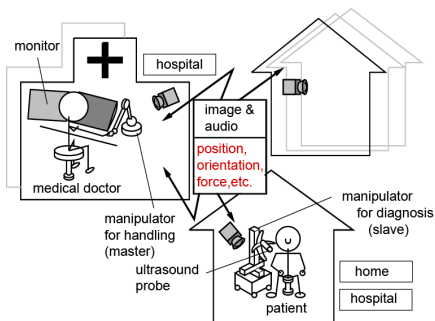
Approach probe to affected part

Push probe on affected part

Find affected part

Maintain acquired diagnostic image

Pull probe apart from affected part



Extract and decompose functions

Remote ultrasound diagnostic system

Display information to medical doctor

Acquire diagnostic image

Communicate

Transmit diagnostic image

Display diagnostic image

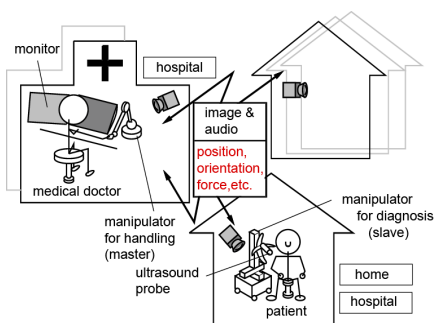
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Pull probe apart from affected part



Extract and decompose functions

Remote ultrasound diagnostic system

Display information to medical doctor

Acquire diagnostic image

Communicate

Transmit diagnostic image

Display diagnostic image

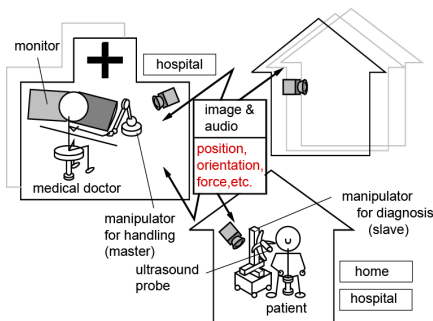
Approach probe to affected part

Push probe on affected part

Find affected part

Maintain acquired diagnostic image

Pull probe apart from affected part



Extract and decompose functions

Acquire diagnostic image

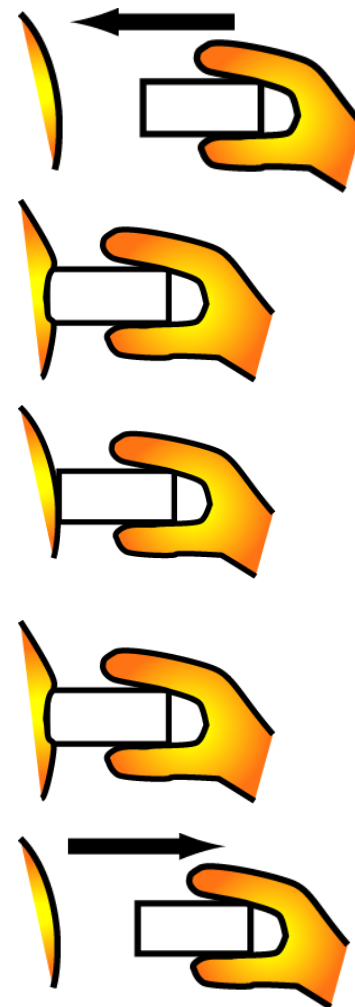
Approach probe to affected part

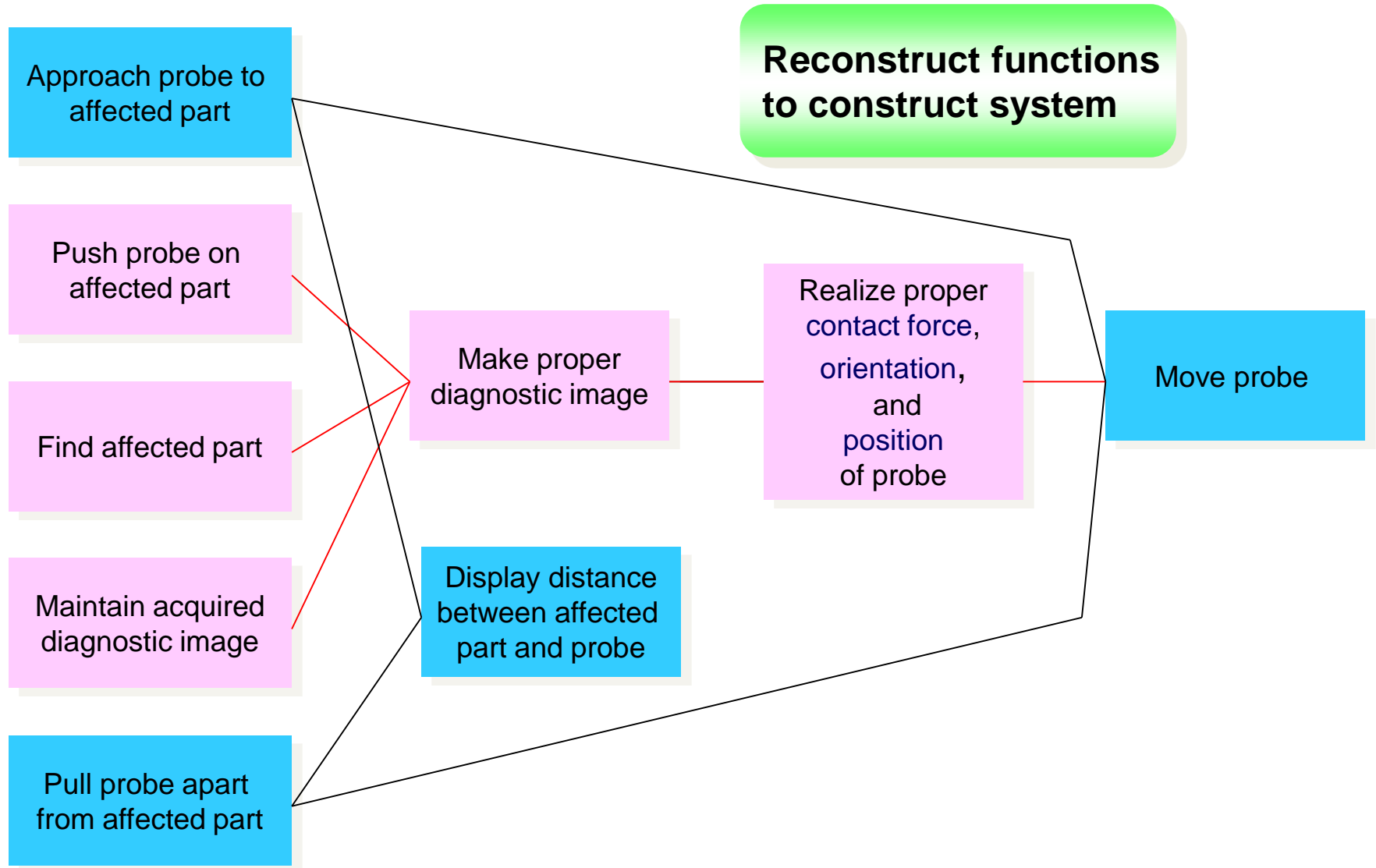
Push probe on affected part

Find affected part

Maintain acquired diagnostic image

Pull probe apart from affected part





Objective

Clarify the required contact force.

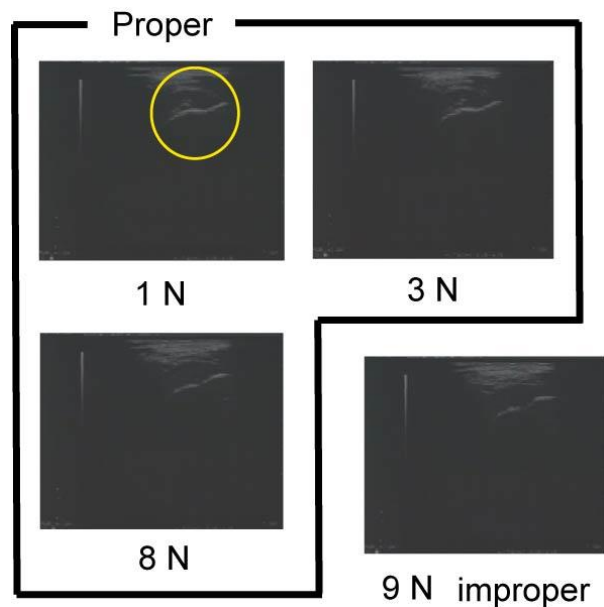
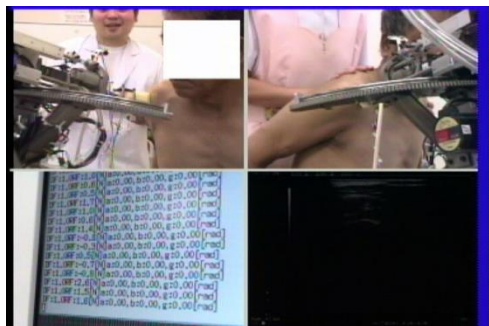
Method

Confirm whether diagnostic image is proper or not by changing the contact force with step of 1 N from proper diagnostic image.

Condition

Object : Diagnostic image 1~3

Examinee : 3 patients
2 healthy men



Results

Required contact force

Image 1 : 2 N~8 N

Image 2 : 1 N~7 N

Image 3 : 1 N~10 N

(Average of 5 examinee)

Required function

(i) Realize proper contact force

(ii) Realize proper position

(iii) Realize proper orientation

(iv) Secure safety

(v) Improve manipulability

(vi) Lessen uneasiness

(vii) Maintain stable contact

(viii) Correspond to personal difference

Guideline for design

(a) Mechanism to realize proper position and orientation

(b) Mechanism and controller for Intuitive motion, Easy to manipulate

(c) Safe mechanism for patient

(d) Display contact state to medical doctor between probe and affected part

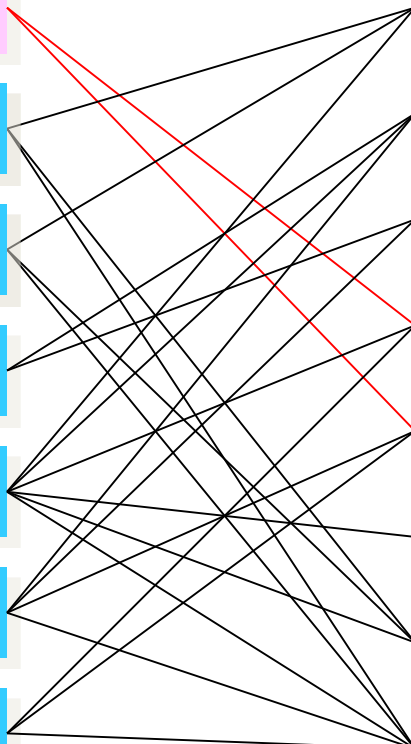
(e) Mechanism and controller to realize and keep stable contact

(f) Switching controller according to task

(g) High tracking performance of slave

(h) Controller for smooth motion of slave

(i) Adjustable controller according to personal difference of medical doctor and patient



Objective

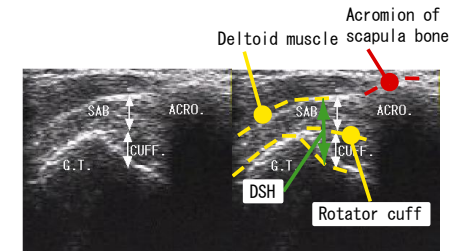
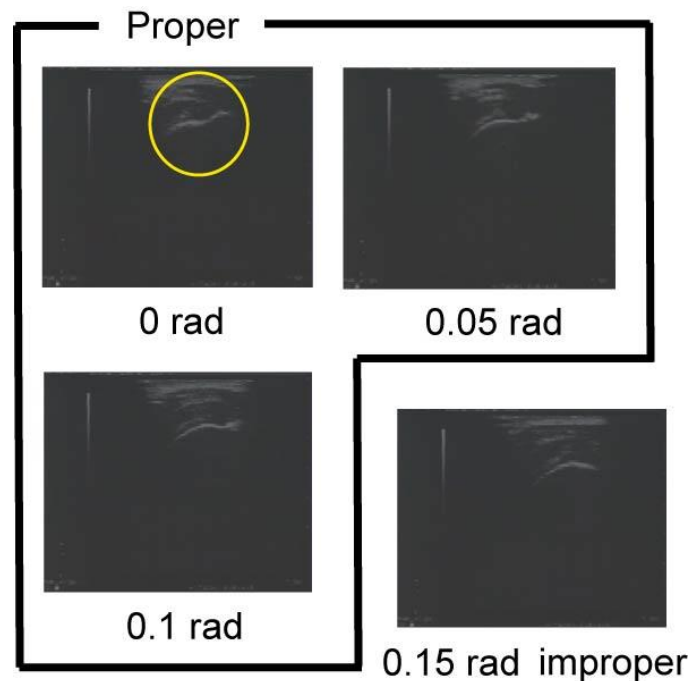
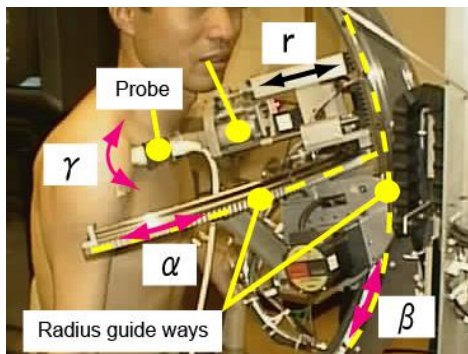
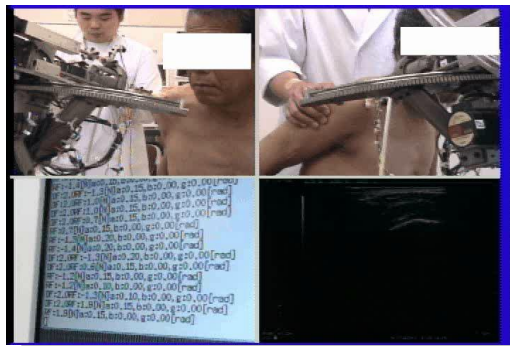
Clarify the required precision for orientation.

Method

Confirm whether diagnostic image is proper or not by changing the orientation with step of 0.05 rad from proper diagnostic image.

Condition

Object : Diagnostic image 2
Examinee : 3 patients
2 healthy men



Results

Required precision for orientation
αaxis: 0.1 rad
βaxis: 0.2 rad
γaxis: 0.3 rad
(Average of 5 examinee)

Required function

(i) Realize proper contact force

(ii) Realize proper position

(iii) Realize proper orientation

(iv) Secure safety

(v) Improve manipulability

(vi) Lessen uneasiness

(vii) Maintain stable contact

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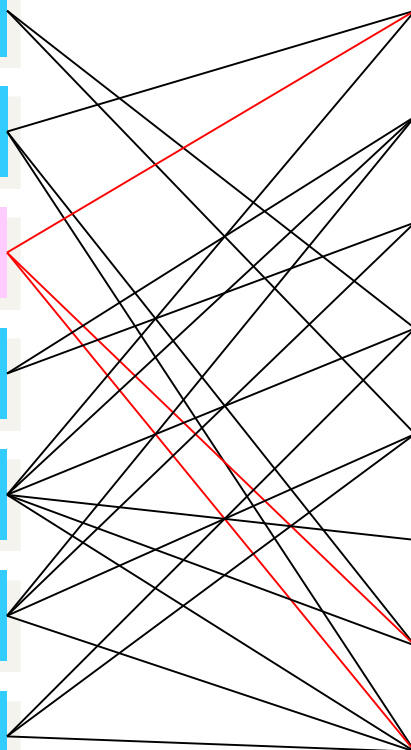
(e) Mechanism and controller to realize and Keep stable contact

(f) Switching controller according to task

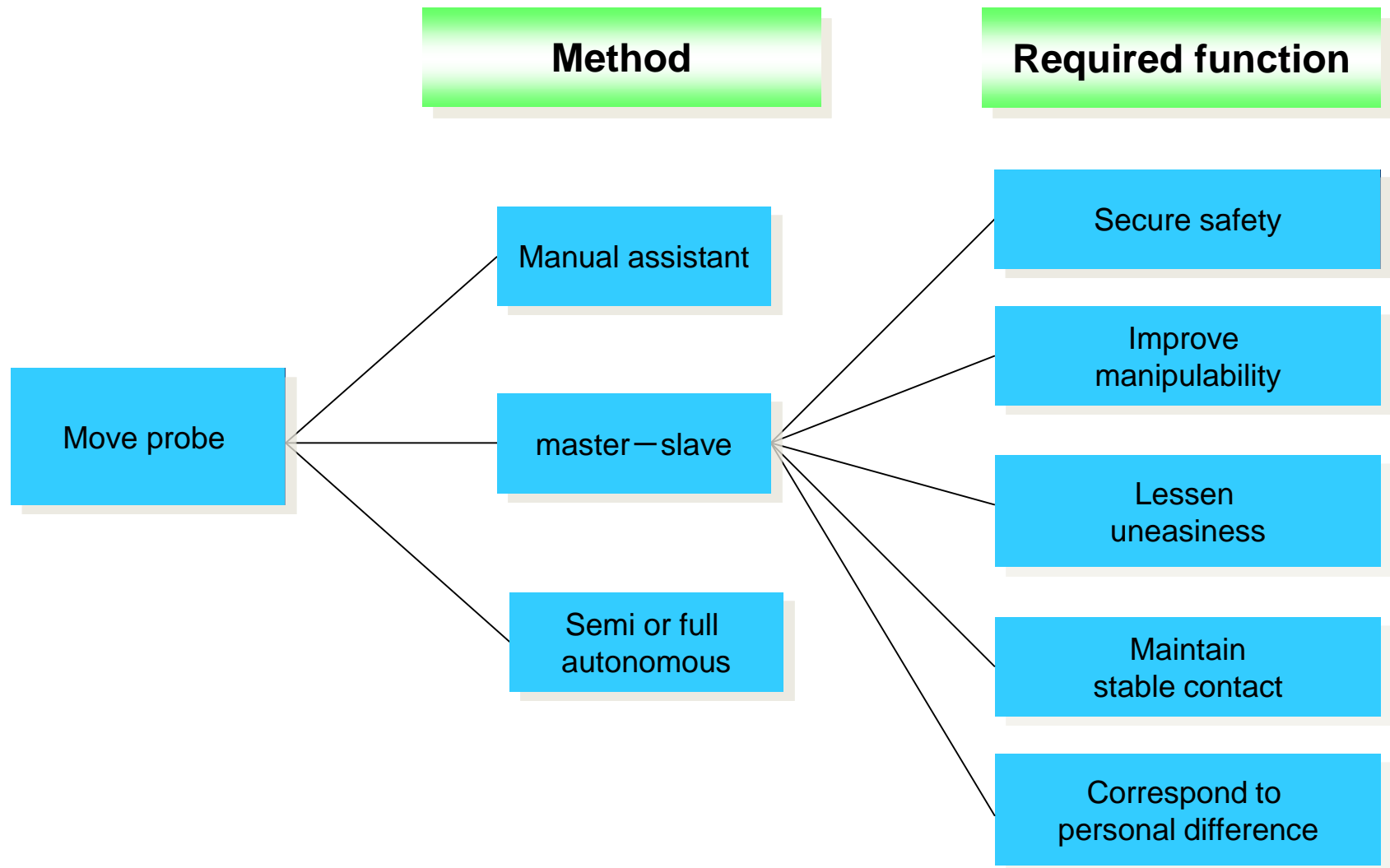
(g) High tracking performance of slave

(h) Controller for smooth motion of slave

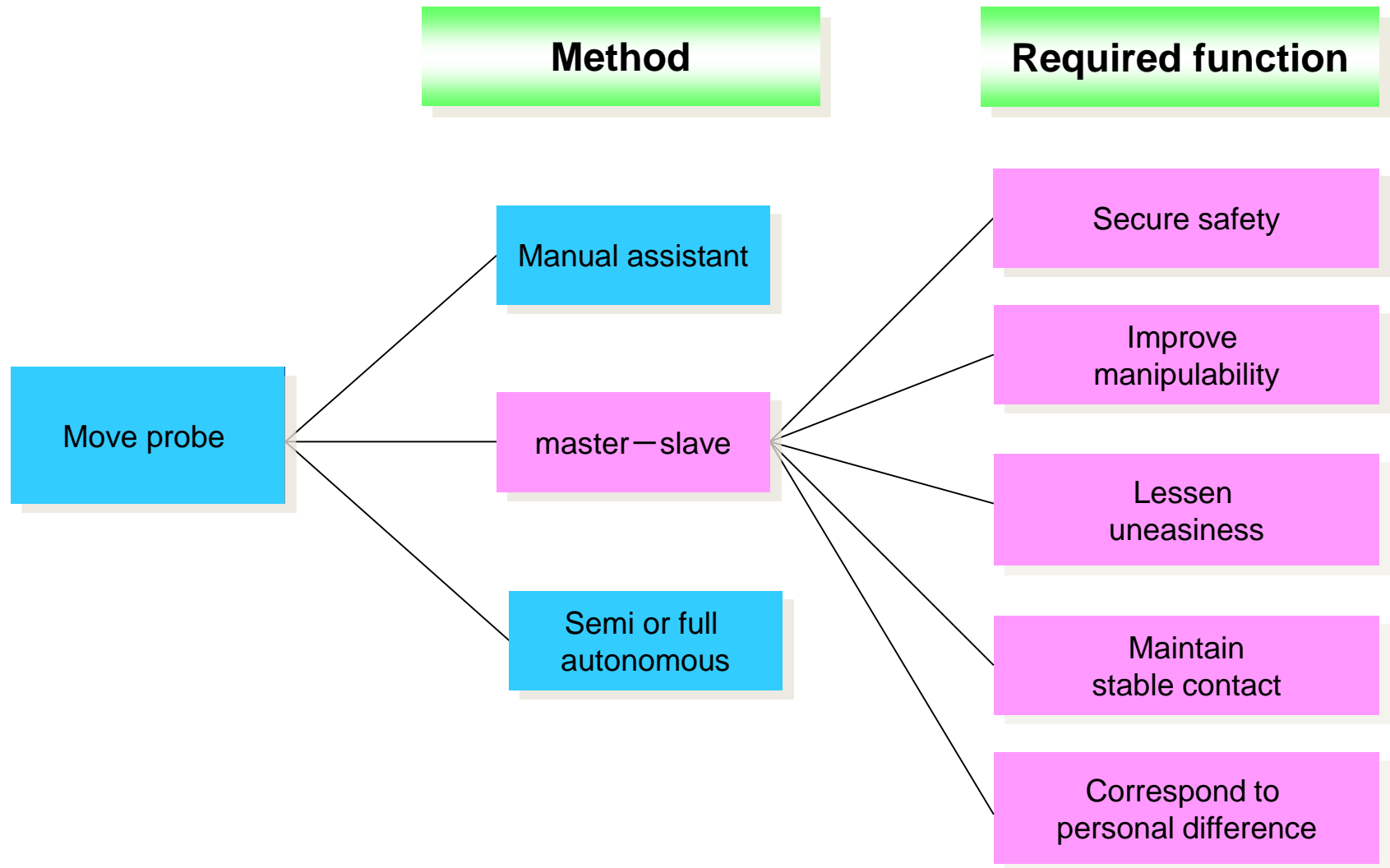
(i) Adjustable controller according to personal difference of medical doctor and patient



Functional requirements by adopting master—slave method

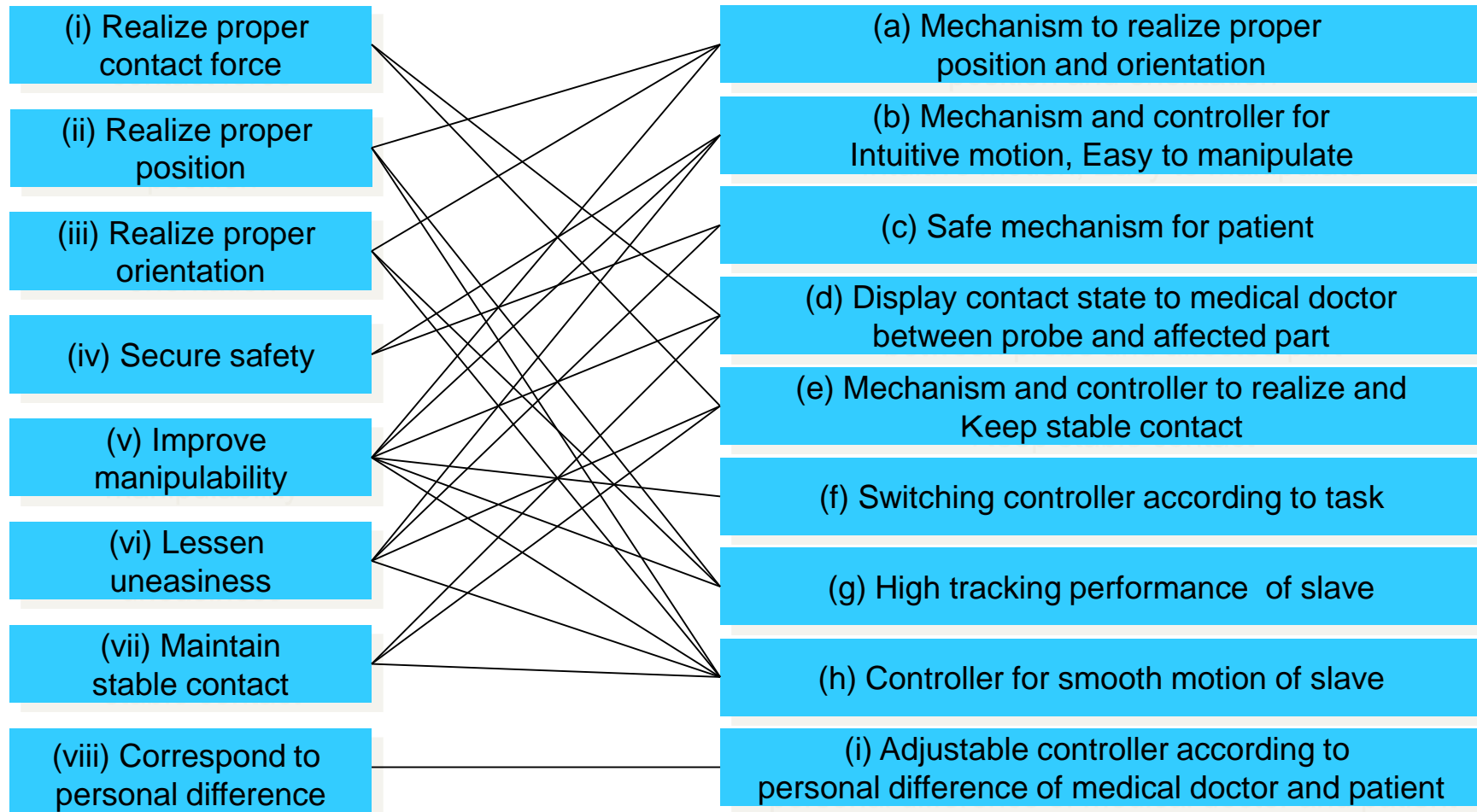


Functional requirements by adopting master—slave method



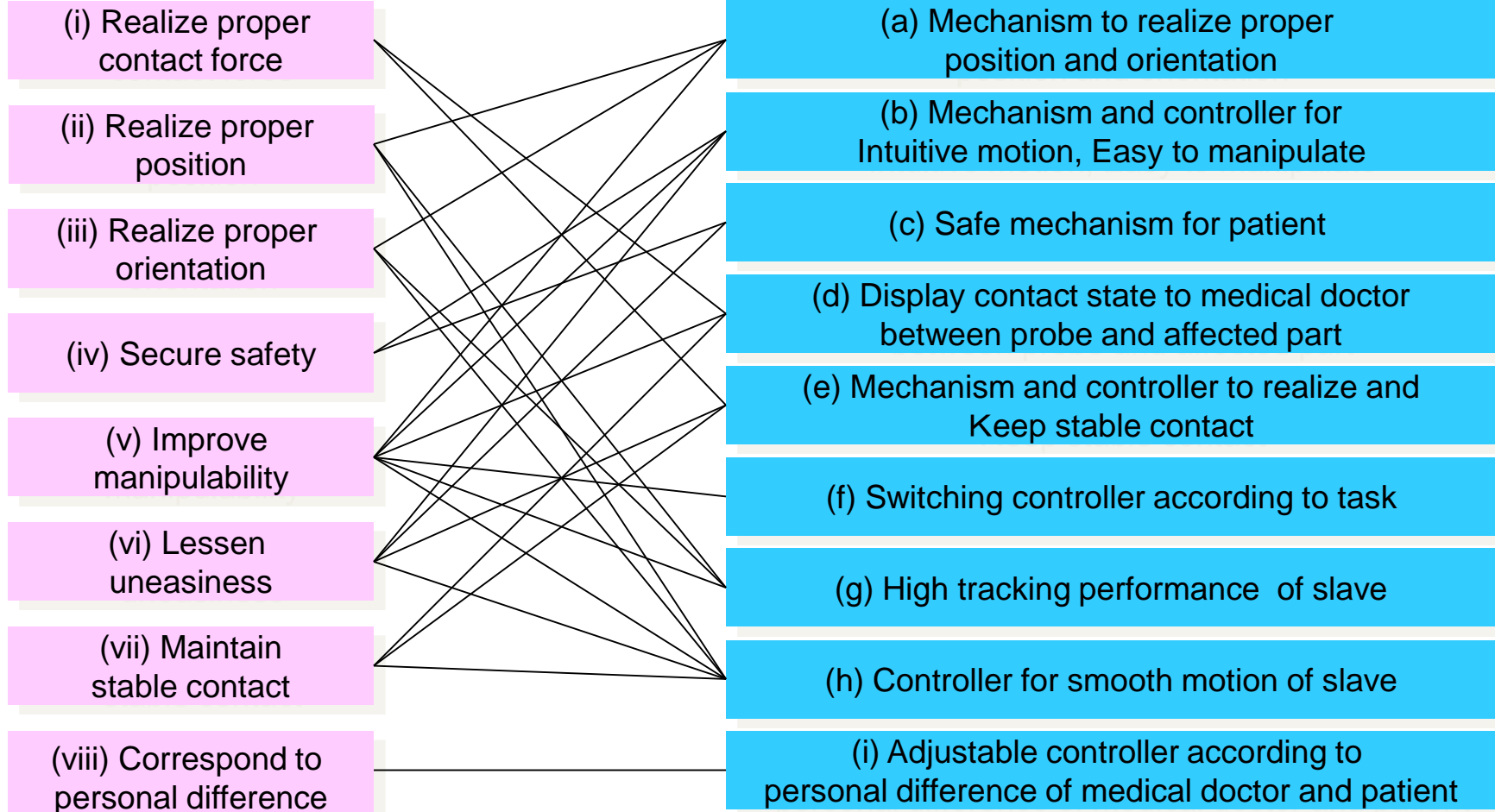
Required function

Guideline for design



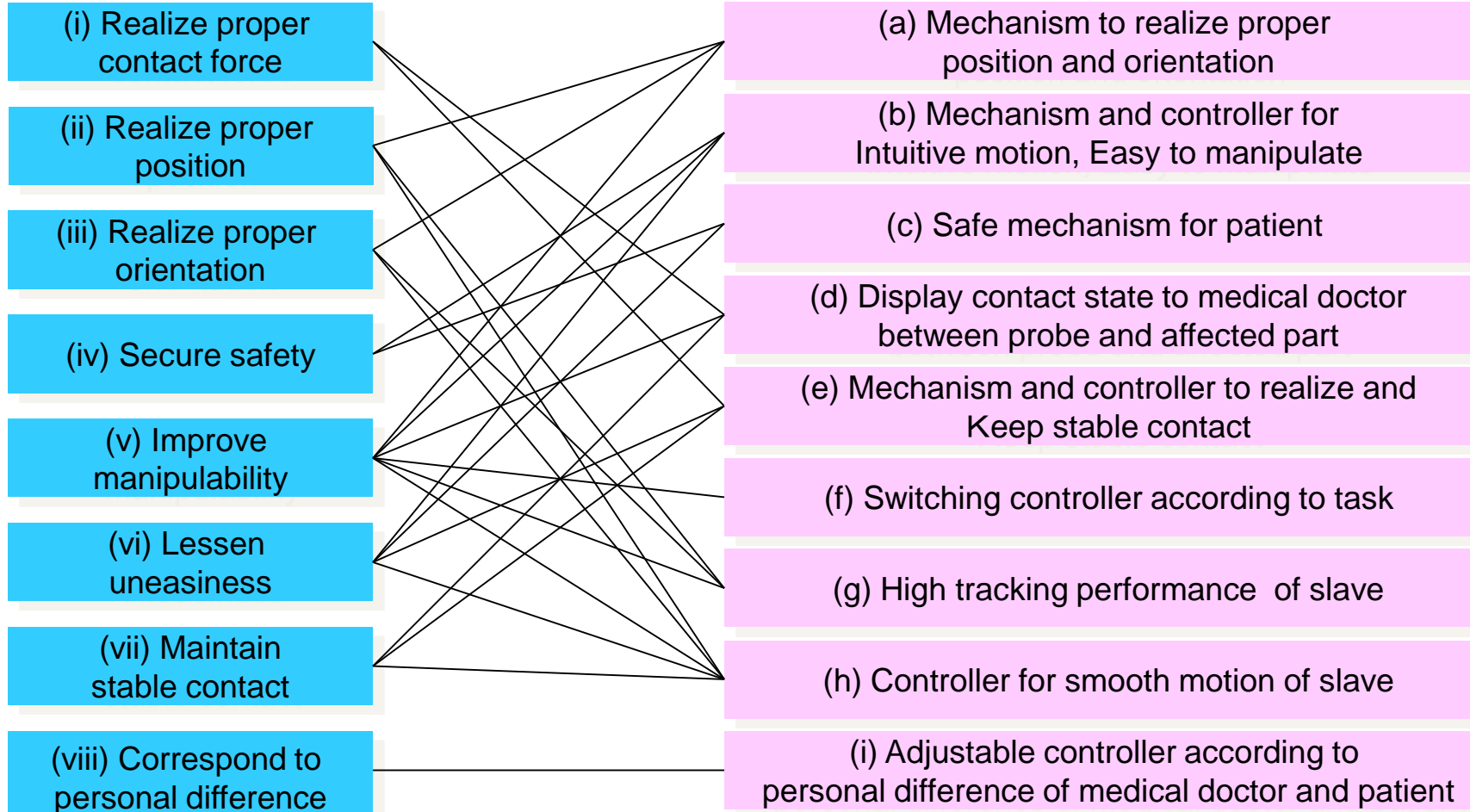
Required function

Guideline for design



Required function

Guideline for design



Diagnosis



Function analysis & reconstruction

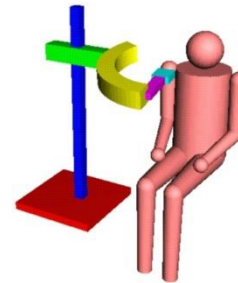
Safety motion & contact function
(Impedance control)

Smooth motion & high traceability
(Continuous Path control)

Make guideline for design

Analyze and reconstruct functions

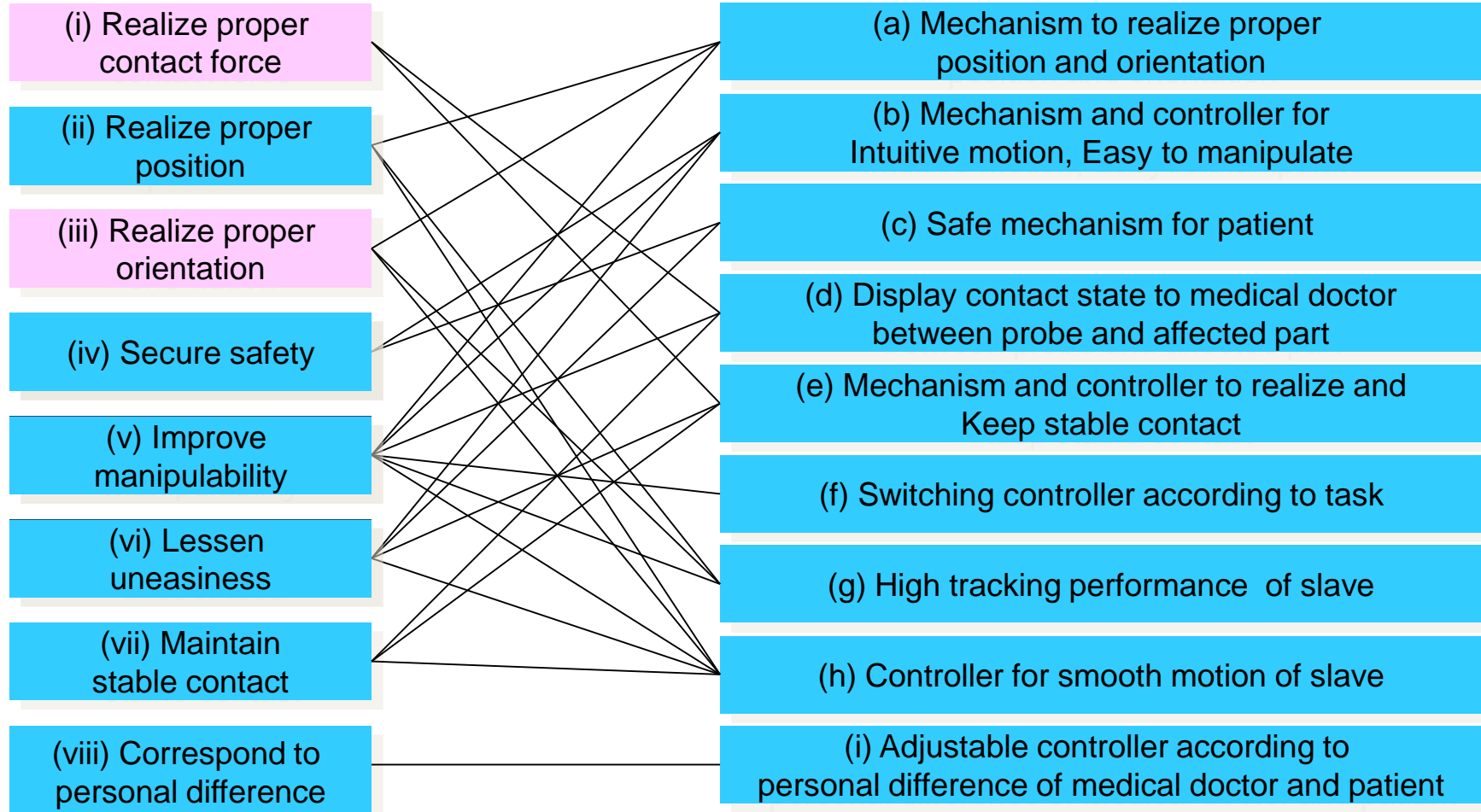
Extract functions

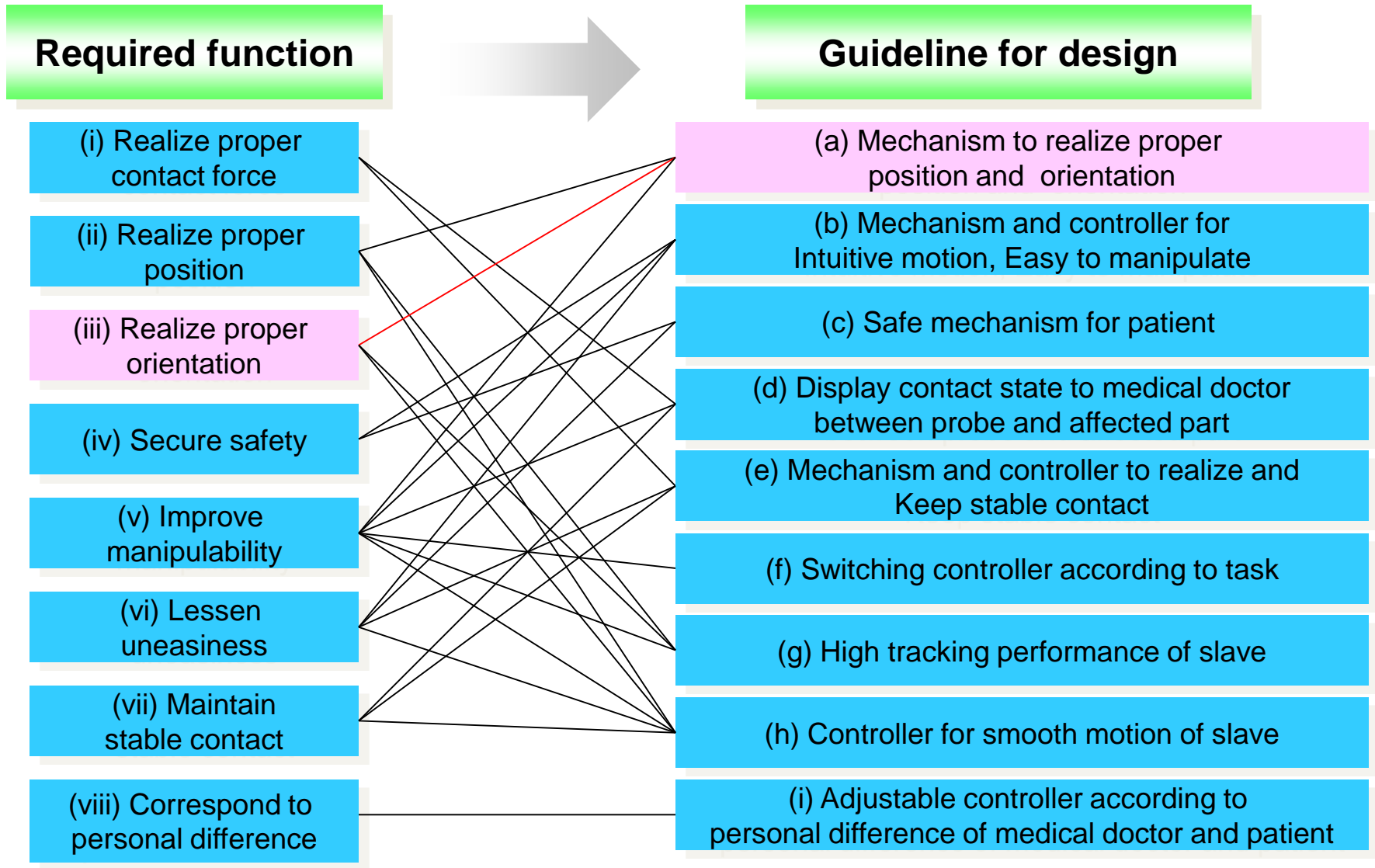


Manipulability enhancement function
(Dynamic switching controller)

Required function

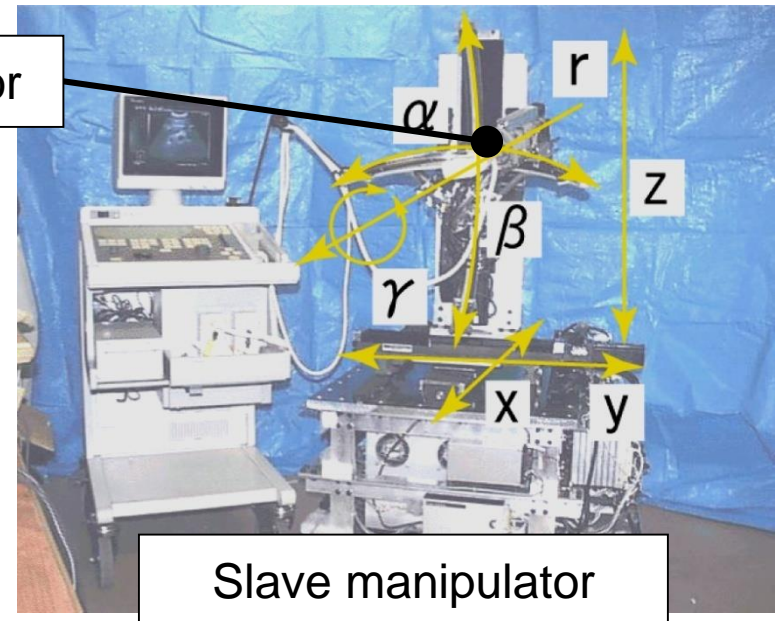
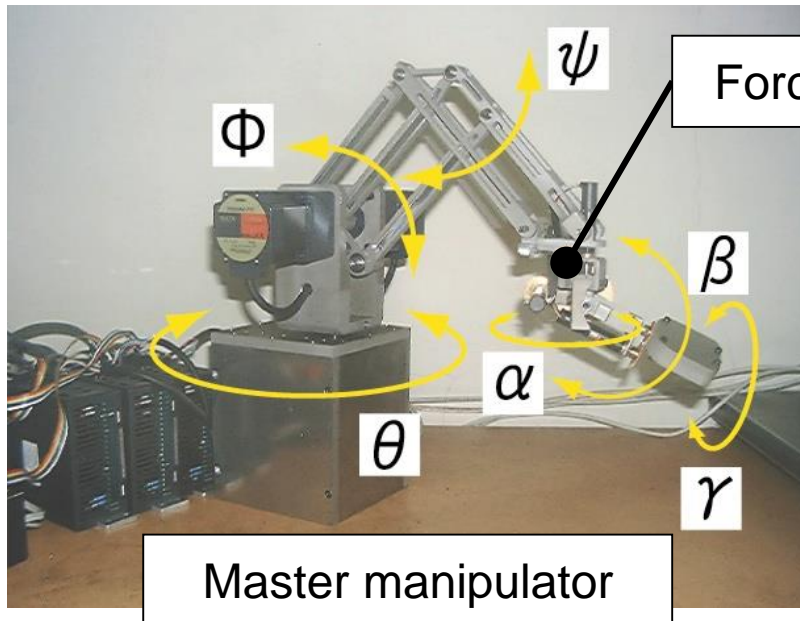
Guideline for design





(a) Mechanism to realize proper position and orientation

- ① Change only orientation while adjusting position
- ② Highly rigid mechanism



Required function

(i) Realize proper contact force

(ii) Realize proper position

(iii) Realize proper orientation

(iv) Secure safety

(v) Improve manipulability

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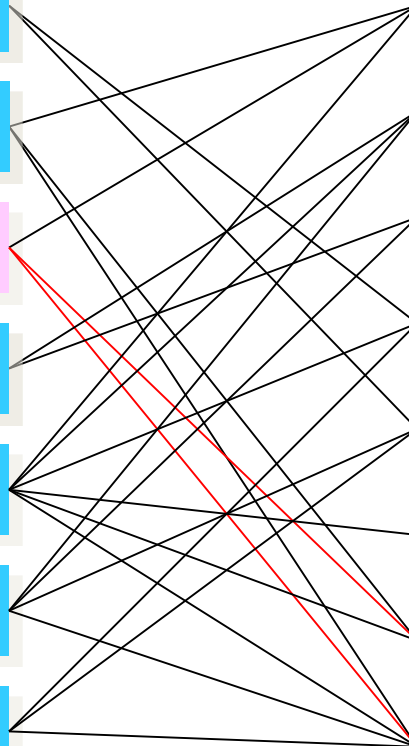
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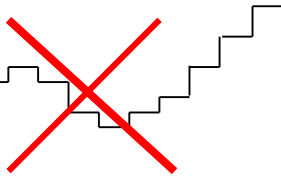
(g) High tracking performance of slave

(h) Controller for smooth motion of slave

(i) Adjustable controller according to personal difference of medical doctor and patient



Problem

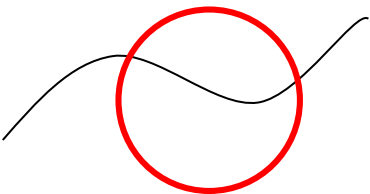


**Transmitted data
is not smooth !**

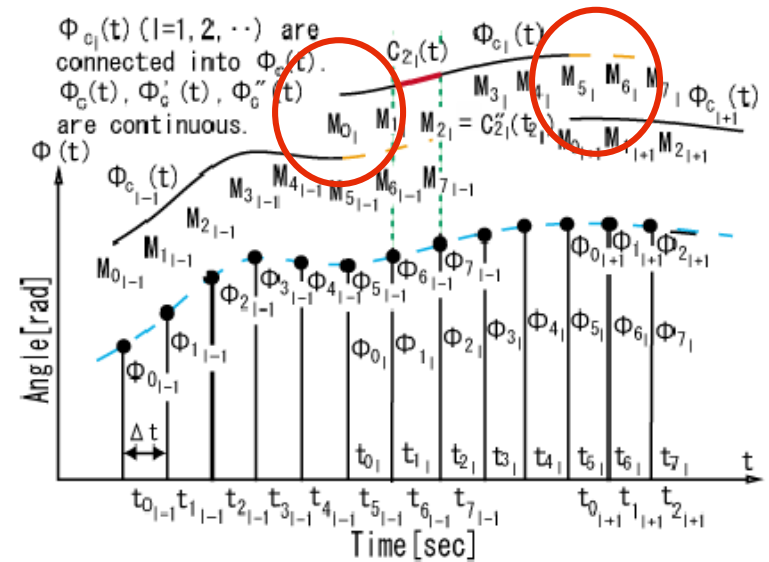
Conventional control
difficult to realize smooth
motion not losing tracking performance



Technique: Continuous Path control



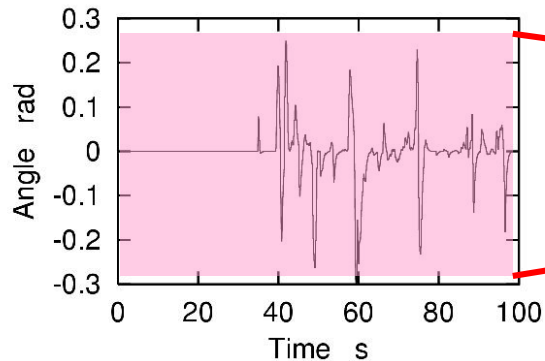
Smooth
motion and
high tracking
performance



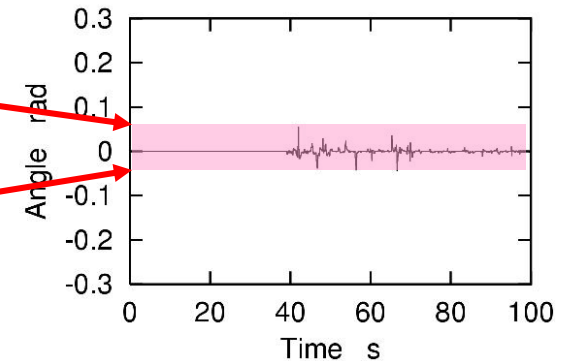
- ① Continuous paths are generated by using spline function
- ② Generated paths are connected to the previous paths continuously
- ③ Smooth motion can be realized not losing tracking performance

**Orientation error
between master and slave**

Conventional control



Proposed CP control



Tracking performance improved !

Required function

(i) Realize proper contact force

(ii) Realize proper position

(iii) Realize proper orientation

(iv) Secure safety

(v) Improve manipulability

(vi) Lessen uneasiness

(vii) Maintain stable contact

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Guideline for design

(a) Mechanism to realize proper position and orientation

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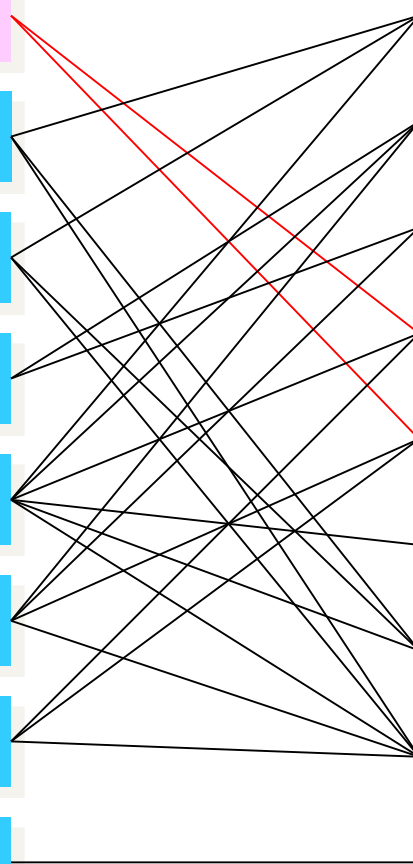
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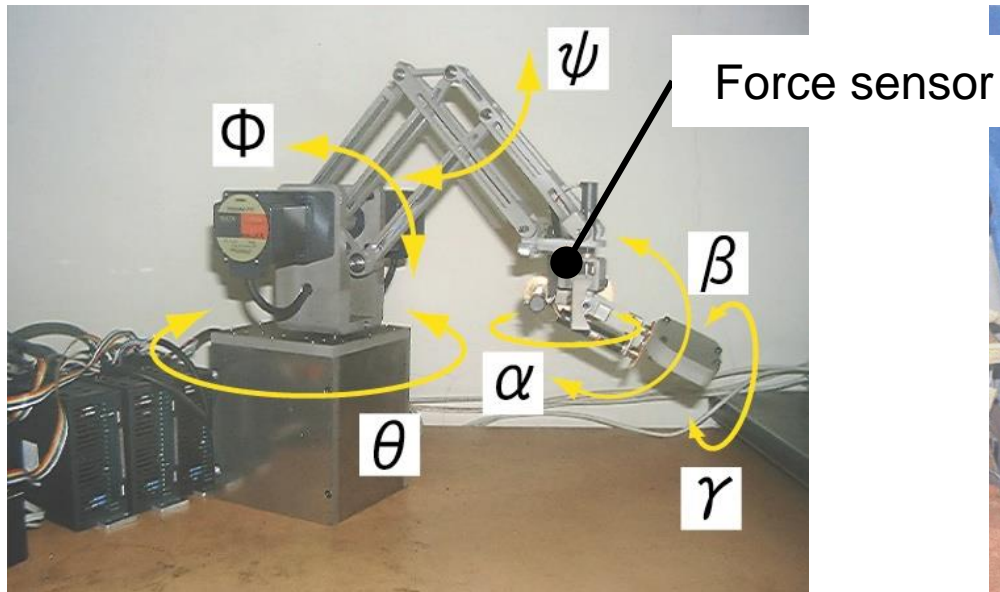
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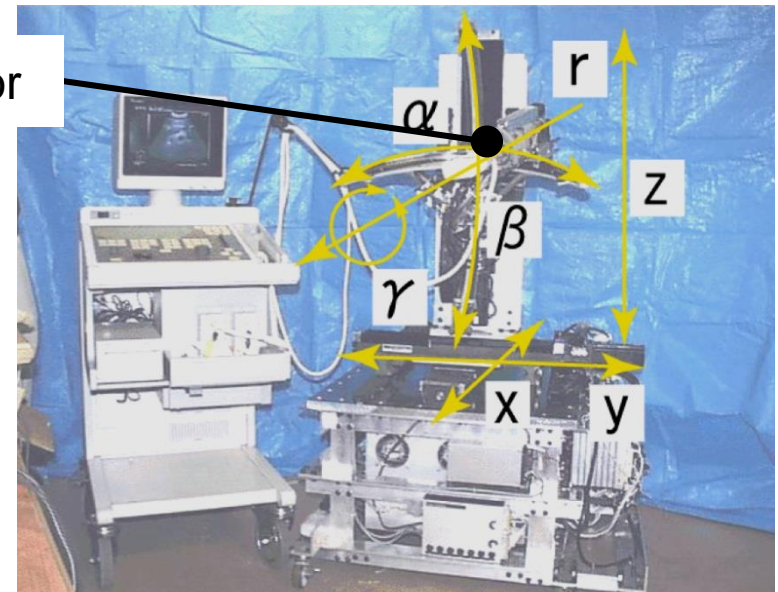
(i) Adjustable controller according to personal difference of medical doctor and patient



- ① Highly rigid mechanism
- ② Force sensors are installed to display contact states and keep stable contact



Master manipulator



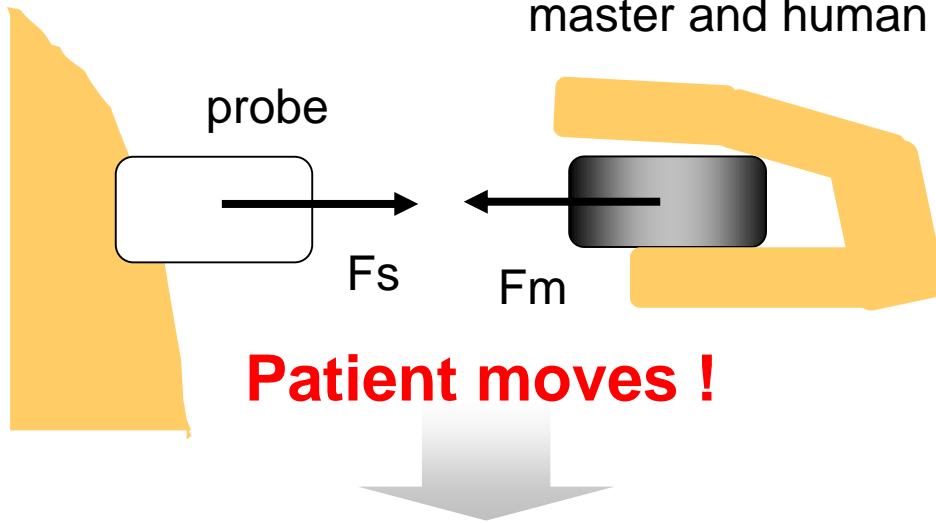
Slave manipulator

Problem

In conventional master-slave manipulation system,
the object is static and
the main purpose is to realize the same
slave motion as master motion

**Patient moves during diagnosis &
difficult to keep stable contact**

master and human



Technique: Impedance control

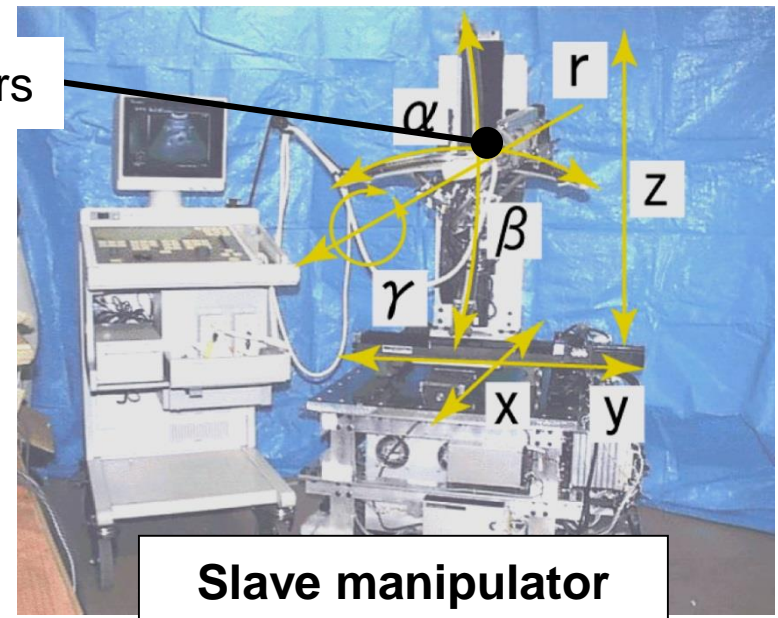
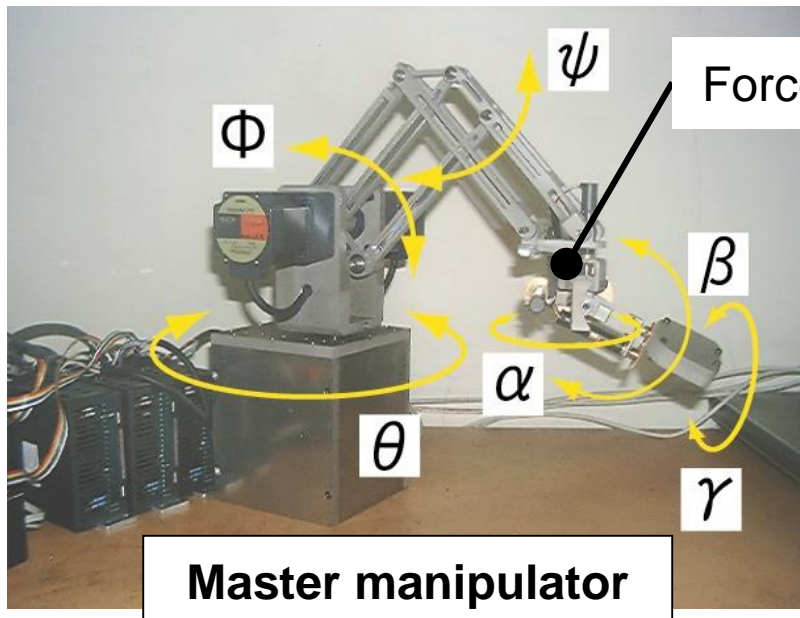
**Safety motion and
Stable contact**

- ① Probe moves according to motion control law to display contact states
- ② Motion control regulation could be customized to keep stable contact

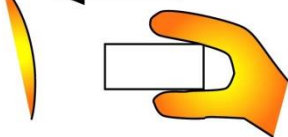
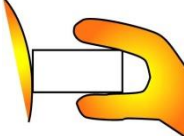
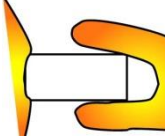
Not using
control regulation

even if $F_s > F_m$
force = $F_m - F_s$

- ① Change only orientation while adjusting position
- ② Highly rigid mechanism
- ③ **Force sensors are implemented to display contact states and keep stable contact**



Problem

- 
- Task 1) Move probe far from affected part
- 
- Task 2) Precise motion around affected part including soft contact
- 
- Task 3) Precise motion around affected part including hard contact

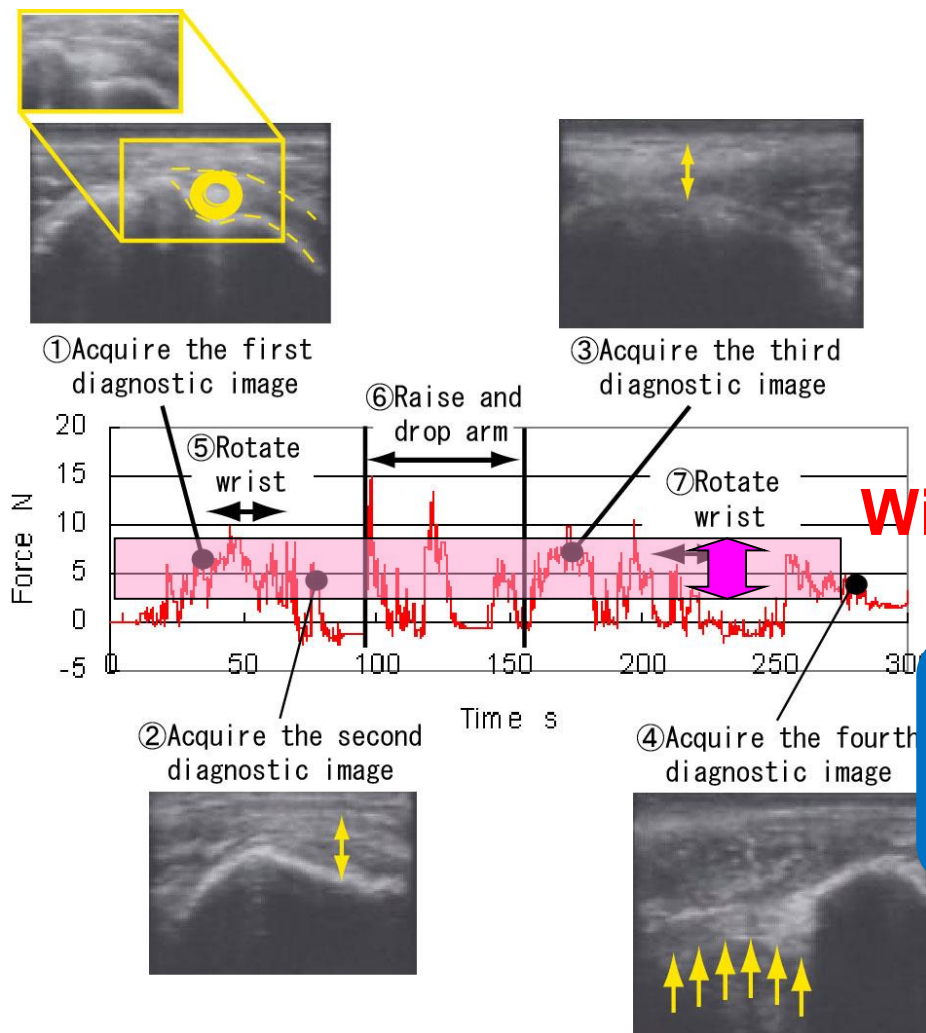
Favorable control changes !

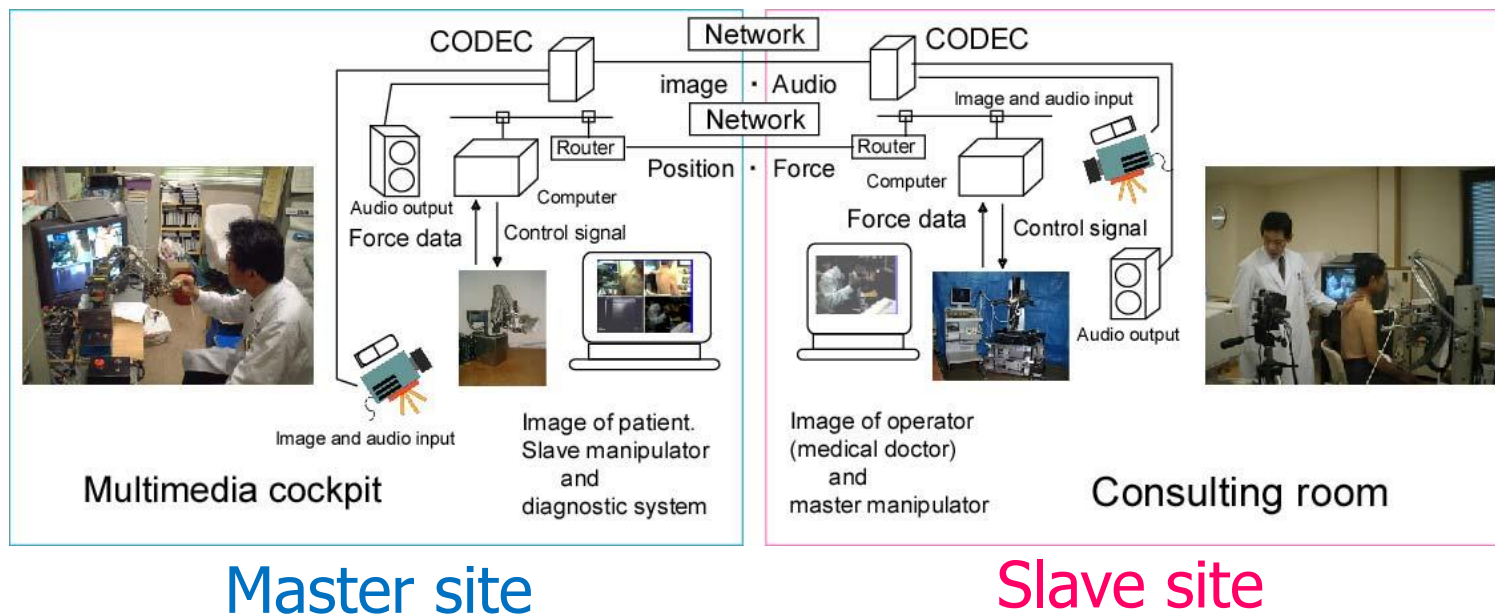
In conventional system,
There is only one control through the work

Technique: Dynamic control switching

**Manipulability enhancement
by switching controller
in accordance with probe task**

- ① Probe manipulating tasks are recognized according to contact force, handling force, and distance information
- ② Impedance parameters should be switched by presumed tasks to enhance manipulability



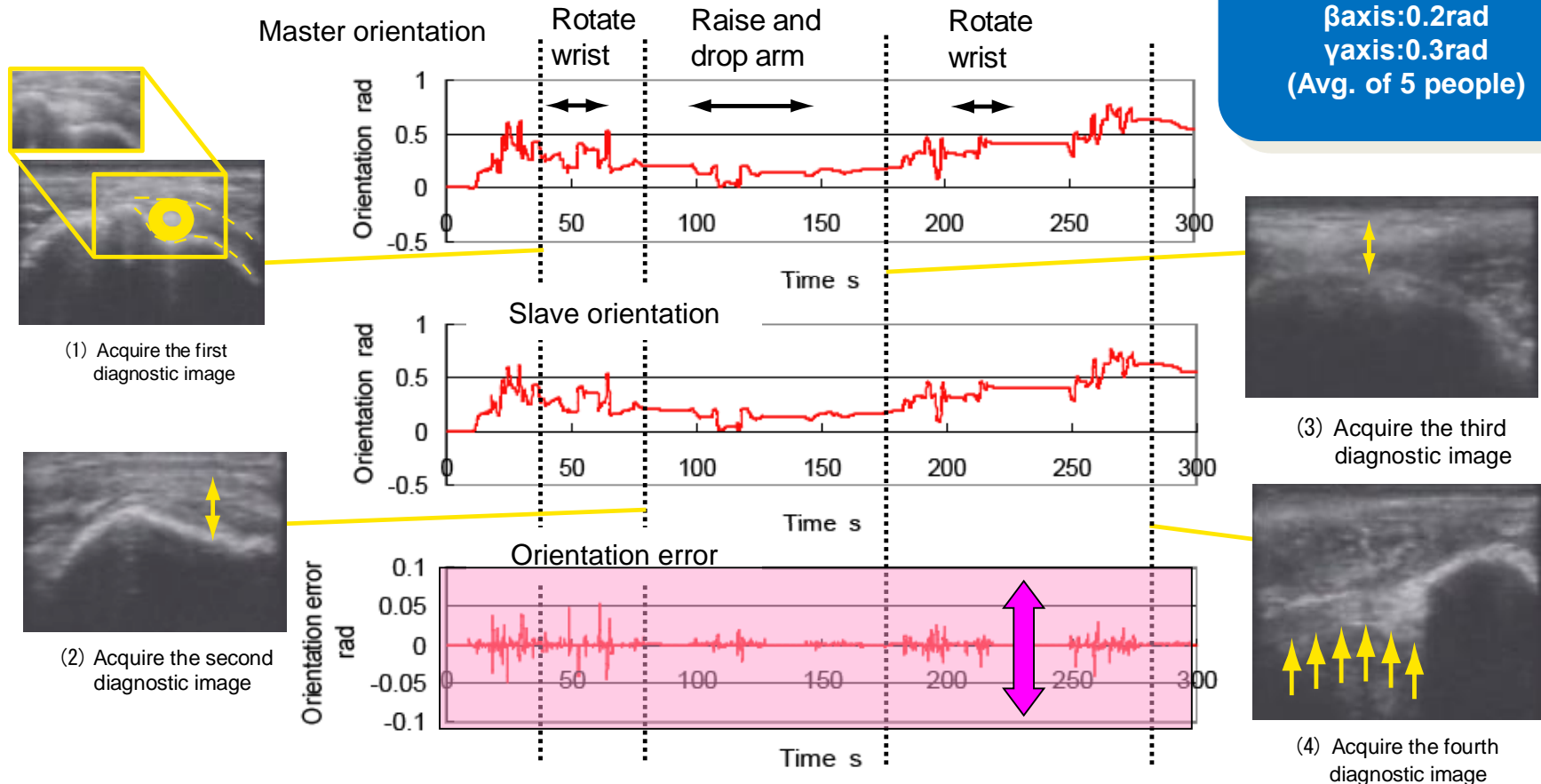


- ① 10 km between master and slave site
- ② [master site] medical doctor and master in multimedia cockpit
- ③ [slave site] patient, helper and slave in consulting room
- ④ 384 kbps for image & audio
- ⑤ 128 kbps for control

Orientation Precision in Remote Diagnosis

Required orientation precision

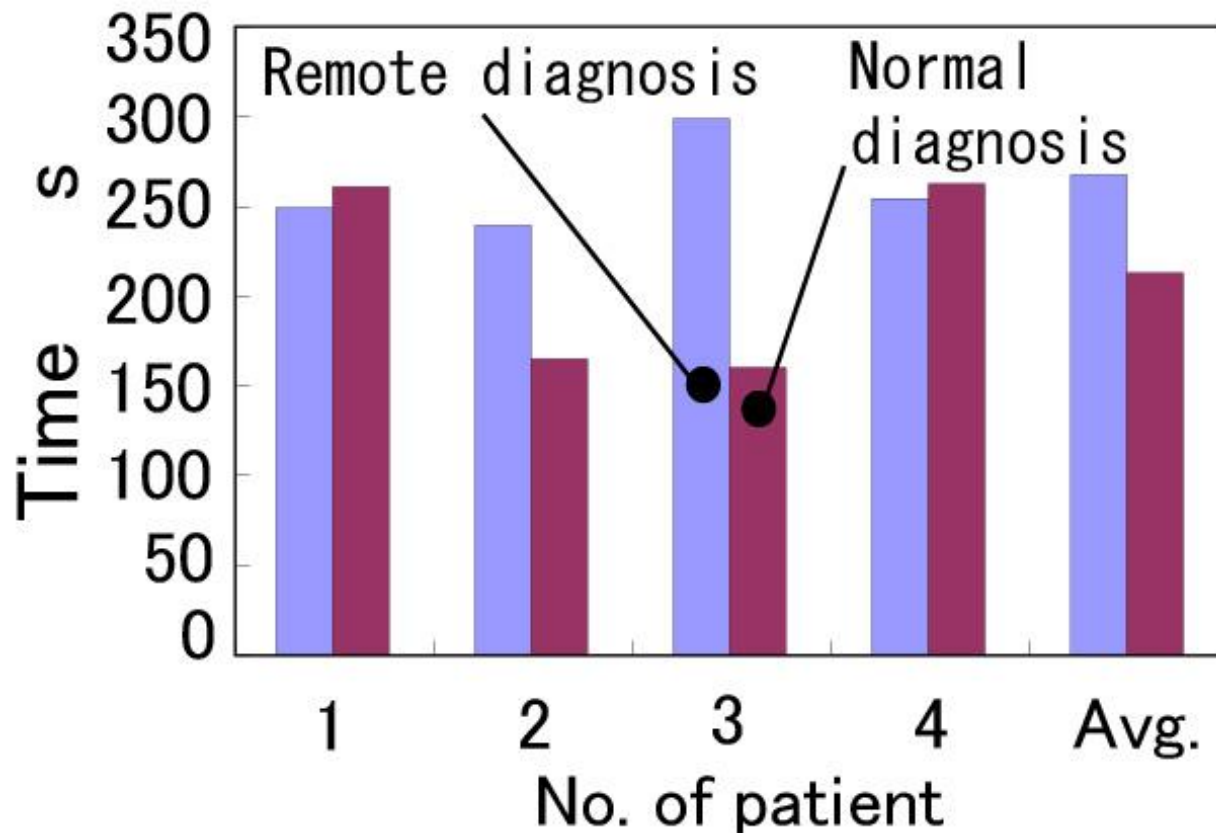
α axis: 0.1rad
 β axis: 0.2rad
 γ axis: 0.3rad
(Avg. of 5 people)



Within the tolerance!

Characteristic values	Remote	Normal
Effusion	No	No
Buckling	Yes	Yes
DSH	5.3mm	5.5mm
Balloon sign	Yes	Yes

Characteristic values acquired samely !



Same level of diagnostic time !



Non-Invasive Ultrasound Theranostic System (NIUTS)



MEDICAL & BIO ARE NEW DIGITALS !

Therapeutic and
diagnostic skills



Me-Dig IT

Reconstruct medical professional
skills by utilizing Information and
Robot Technology (IRT)

Decomposing and
reconstructing functions

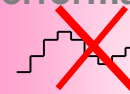
Extract
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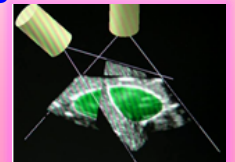
Continuous and high tracking
performance motion **controllers**



Safe contact motion **mechanisms**



Robust and precise
image detection
algorithms of target



Implement
functions

Enhance
functions

Verify
systems

Effect

Goal

Establish a method
to introduce design
guidelines to incorporate
medical skills to systems

Reduce the
load of medical
professionals



Medical
professionals

Safety and
reliability



Patients

Me-Dig IT

<http://www.learner.org/interactives/renaissance/printing.html>

Frans Johansson, "The Medici Effect", 2004.

- When you step into an intersection of fields, disciplines, or cultures, you can combine existing concepts into a large number of extraordinary new ideas. The name I have given this phenomenon, the Medici Effect, comes from a remarkable burst of creativity in fifteenth-century Italy.

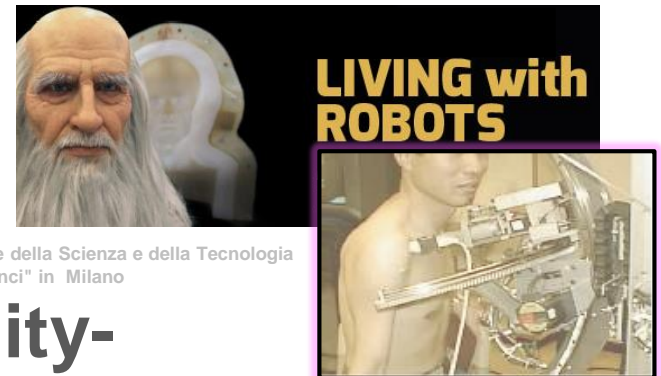


MEDICAL & BIO ARE NEW DIGITALS!

Me-Dig IT Effect

Everybody can receive high-quality-medicine by IT (Robot) & US technology

Everybody can read bibles



Museo Nazionale della Scienza e della Tecnologia
"Leonardo da Vinci" in Milano

Robotics

[1] T.Yoshikawa, et. al, "Toward **Observation of Human Assembly Skill** Using Virtual Task Space," Experimental Robotics VIII, 2003.

[2] M.Kaneko, et,al, "**Hyper Human** Vision / Manipulation," http://www.robotics.hiroshima-u.ac.jp/hyper_human_manipulation/index-e.html.

[3] M. Mochimaru, et. al, "**Digital Human** Research Center," <http://www.dh.aist.go.jp/en/>

Medical and welfare robotics

[4] A. Knoll, et al., "**Human-Machine Skill Transfer** Extended by a Scaffolding Framework," IEEE International Conference on Robotics and Automation (ICRA), 2008.

[6] G. Zong, et al., "**Visually Servoed Suturing** for Robotic Micro Surgical Keratoplasty," IEEE/RSJ International Conference on Intelligent Robots and Systems (IROS), 2006.

[5] Y. Yamauchi, et al., "**Surgical Skill Evaluation** by Force Data for Endoscopic Sinus Surgery Training System," Medical Image Computing and Computer-Assisted Intervention (MICCAI'02), 2002.

[7] O. Fukuda, T. Tsuji, M. Kaneko, A. Otsuka, "**A Human-Assisting Manipulator** Teleoperated by EMG Signals and Arm Motions", IEEE Trans on Robot. and Automat., Vol.19, No.2, 2003.

Our group

Technologizing and digitalizing tech.

[8] N.Koizumi, M.Mitsuishi, et.al., "Construction methodology for a remote ultrasound diagnostic system," IEEE Trans. on Robotics, Vol.25, No.3, 2009.

Non-invasive US therapeutic tech.

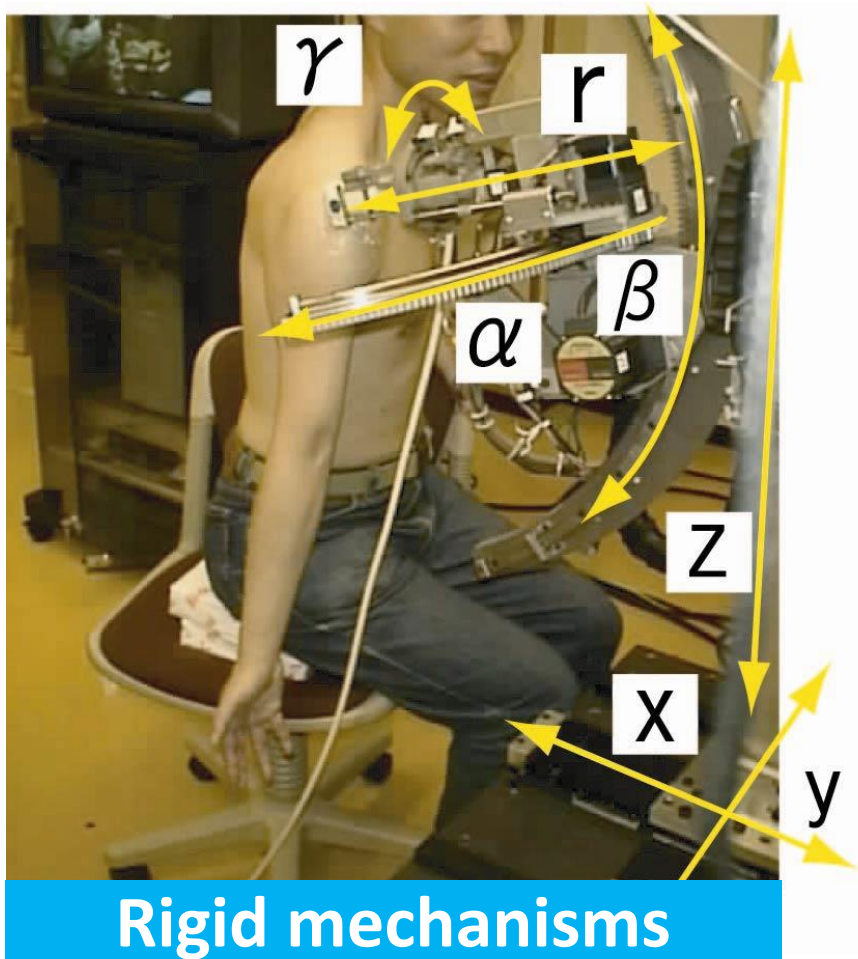
[9] J.Seo, N.Koizumi, M.Mitsuishi, et.al., "Three-dimensional computer controlled acoustic pressure scanning and quantification of focused ultrasound,," IEEE Trans. on Ultrasonics, Ferroelectrics, and Frequency Control, Vol.57, No.4, 2010.

Medical theragnostic skills

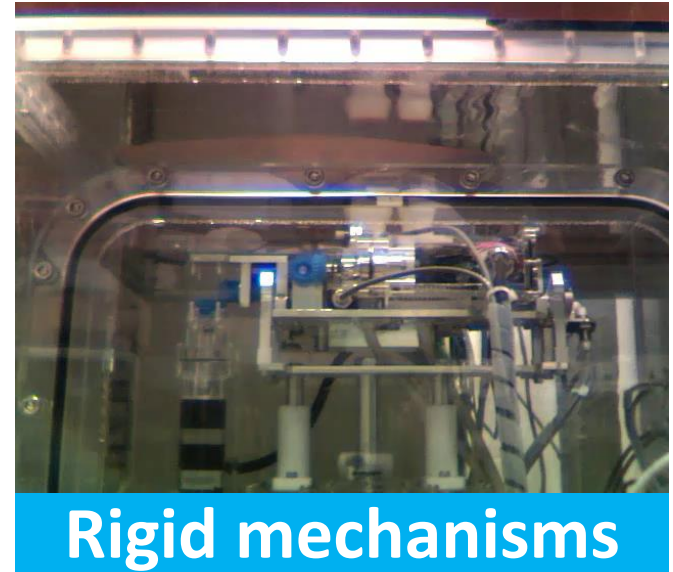
[10] A.Ishikawa, et.al.. Renal preservation effect of ubiquinol, the reduced form of coenzyme Q10. Clin Exp Nephrol 2010; Sep 28.

[11] H.Tsukihara, et.al., "Prevention of Postoperative Pericardial Adhesions With a Novel Regenerative Collagen Sheet", Ann Thorac Surg, Vol.81, pp.650 –657, 2006.

[12] M.Kawasaki, et.al., "Effect of local injection of 10% lidocaine hydrochloride on painful osteoarthritis of the knee joint,," PAIN RESEARCH, Vol.14, 2003.



TRO 2009

Affordance

**Highly rigid
mechanisms realize
precise motions /
servo controls.**

Remote Ultrasound Diagnostic System (RUDS)

Remote ultrasound diagnostic
experiment 2

a long axis view of the tendon of the
supraspinatus muscle

buckling:

DSH:

mm

Patient No. 14

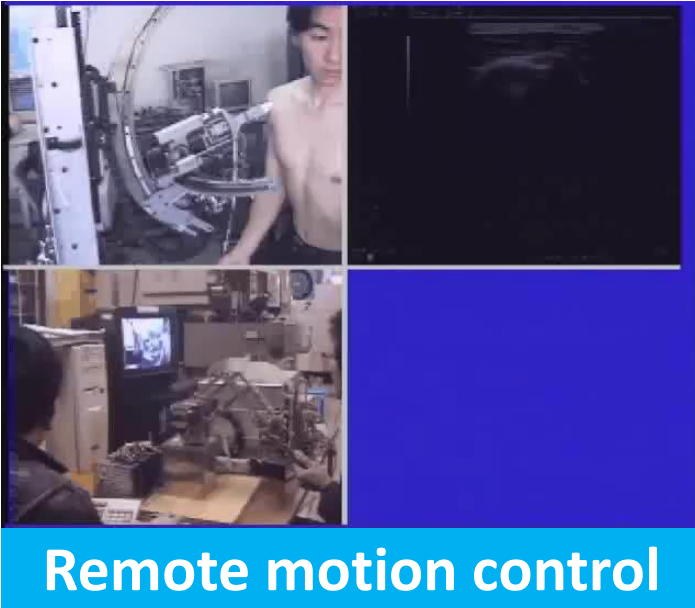
HD 6.5 year, Man

2001. 10. 30. Tue

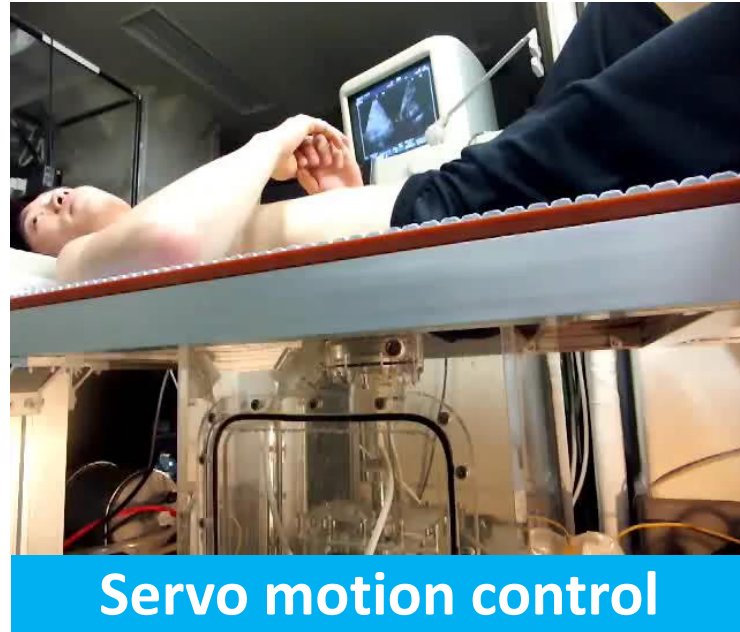


TROBOT2009,
ICRA 2003

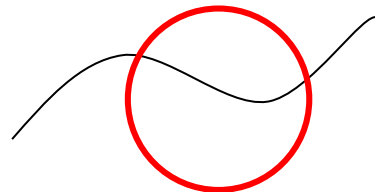
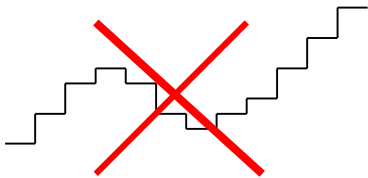
**Remote diagnosis achieved,
First clinical use in the world (2001)**



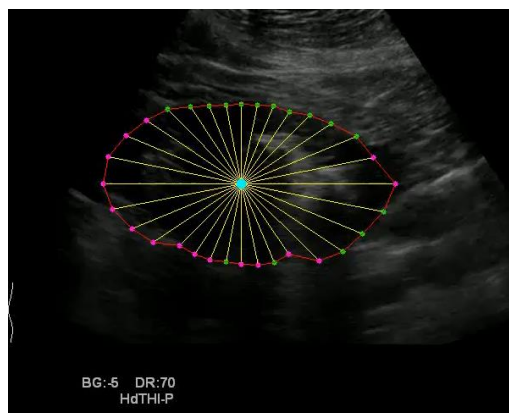
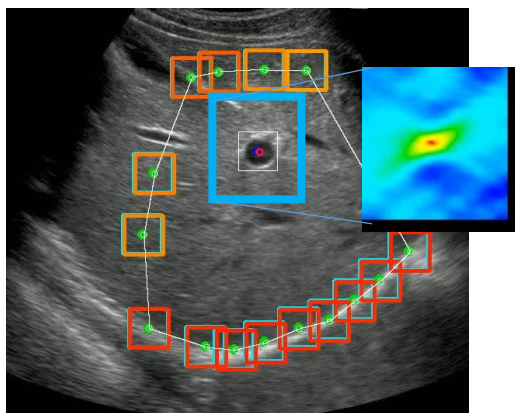
TMECH 2008



ICRA 2014



**Smooth and accurate
robot motion control.**



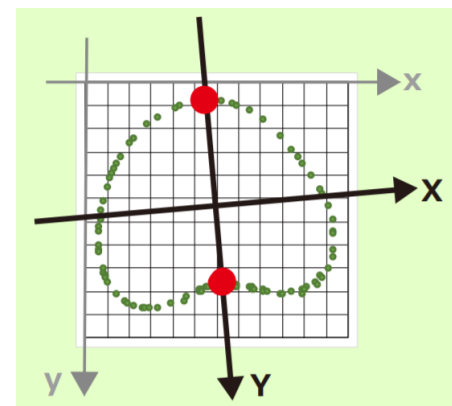
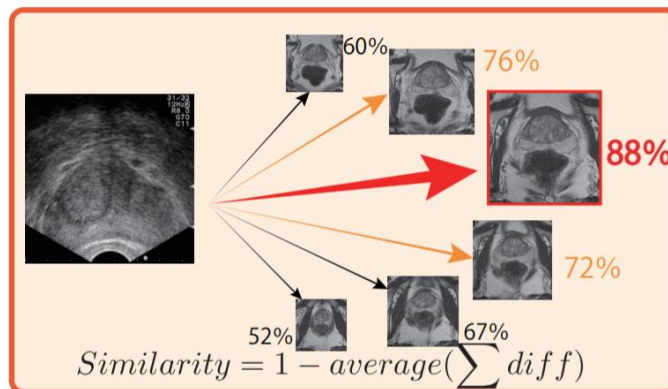
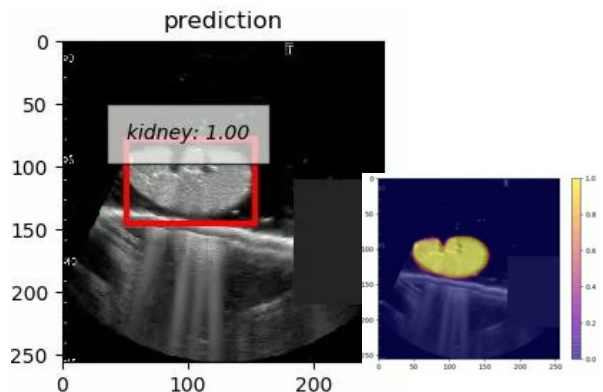
ロボットビジョン技術

ASA-ASJ 2016

**Sharing the worldview of
medical professionals**

Robot vision

If you can realize professional skills incorporating worldview by smart glasses ,

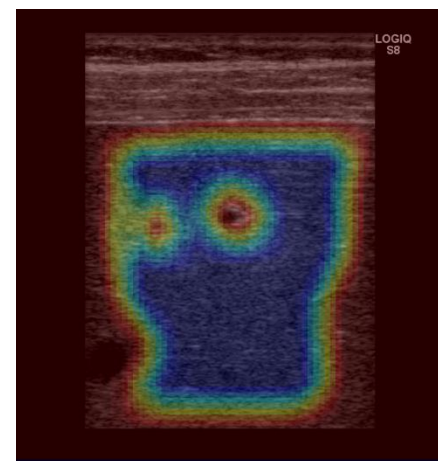
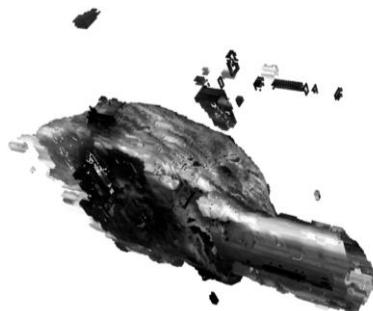
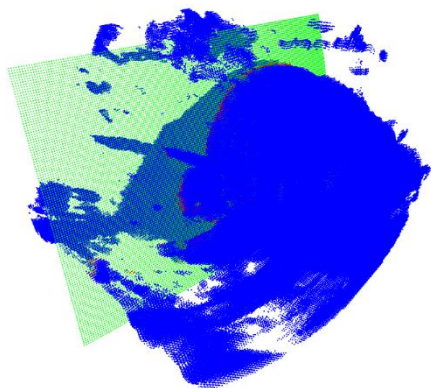


K. Tomita, et al., **JSTU18**
Best paper award

R. Igarashi, et al., **JSTU18**
Best poster award

Y. Shigenari, et al., UR18
JSTU18 Best student paper

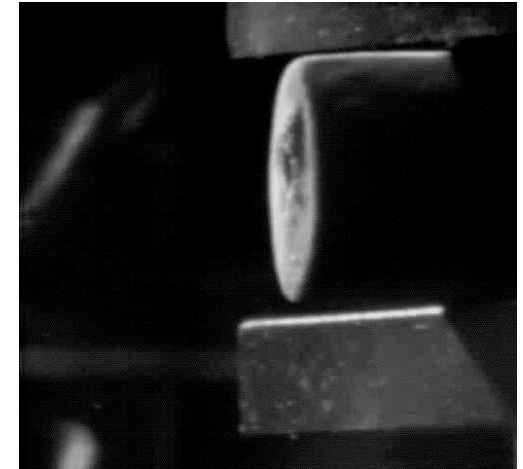
Sharing the worldview of medical professionals



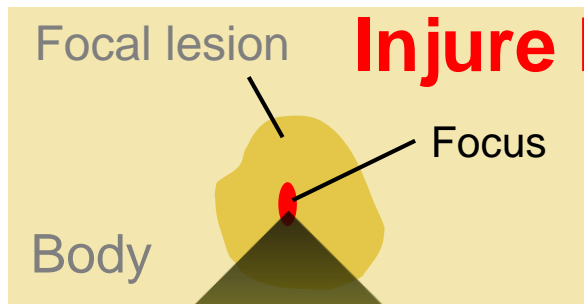
HIFU (High Intensity Focused Ultrasound)



http://japan.gehealthcare.com/cwcjapan/static/rad/mri/MRgFUS_ExAblate2000



Y. Matsumoto, et. al.



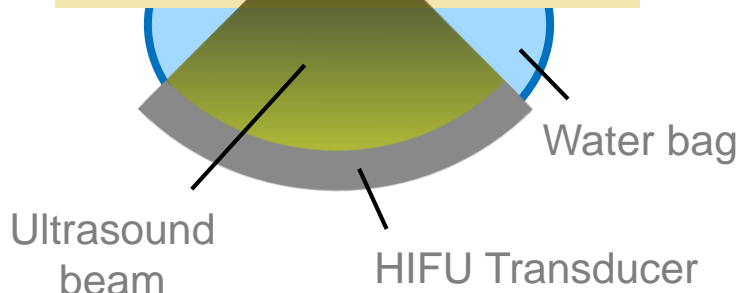
Injure healthy tissues



ExAblate 2000 (GE Healthcare)

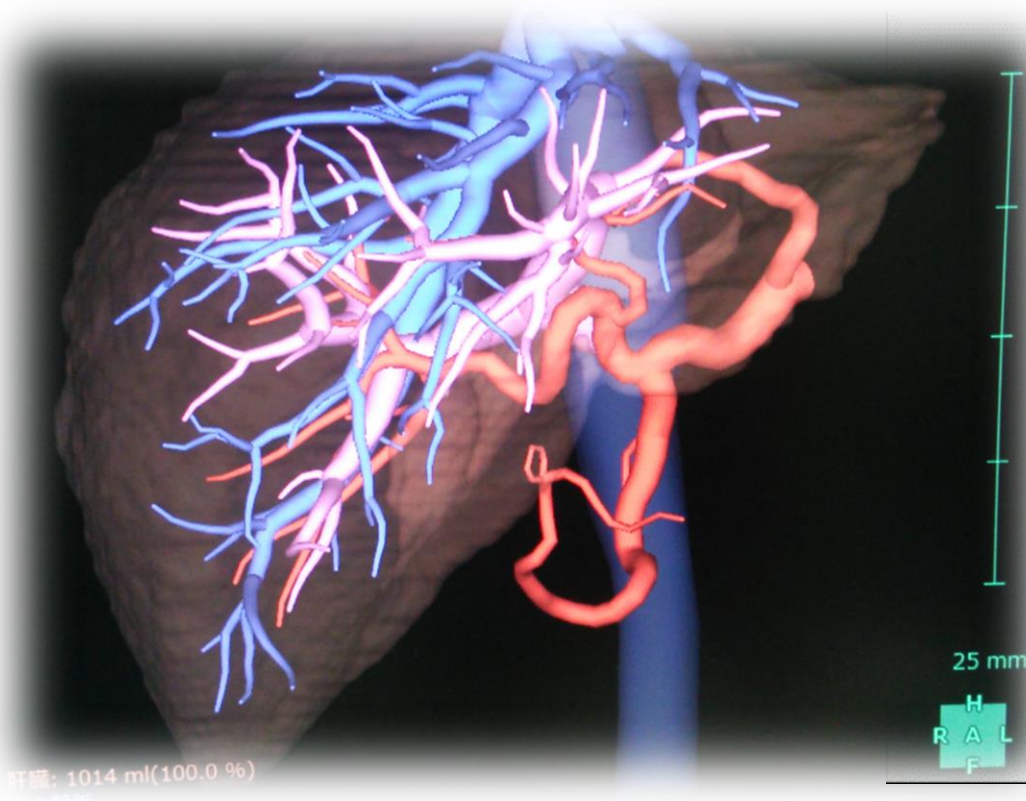


JC Haifu System (Chongqing Haifu Medical Technology Co. Ltd.)

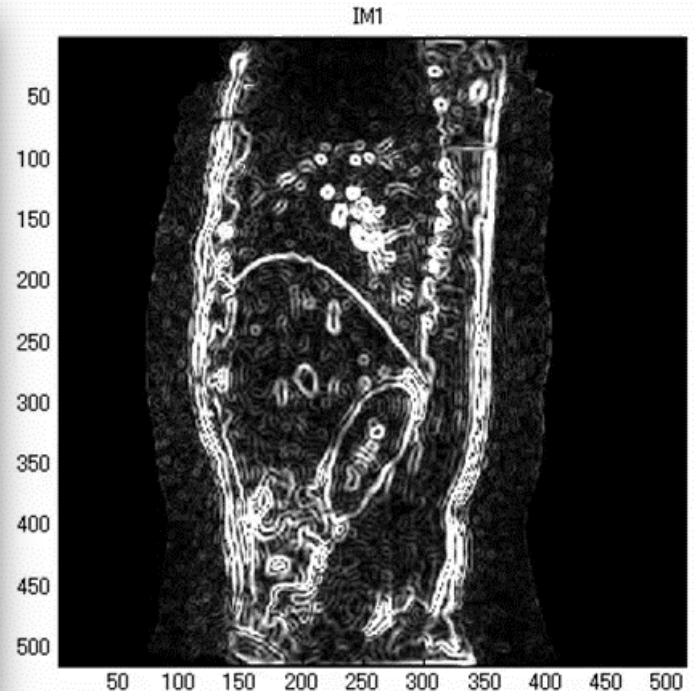


Commercial systems

Me-Dig IT



Liver vessels (CT)



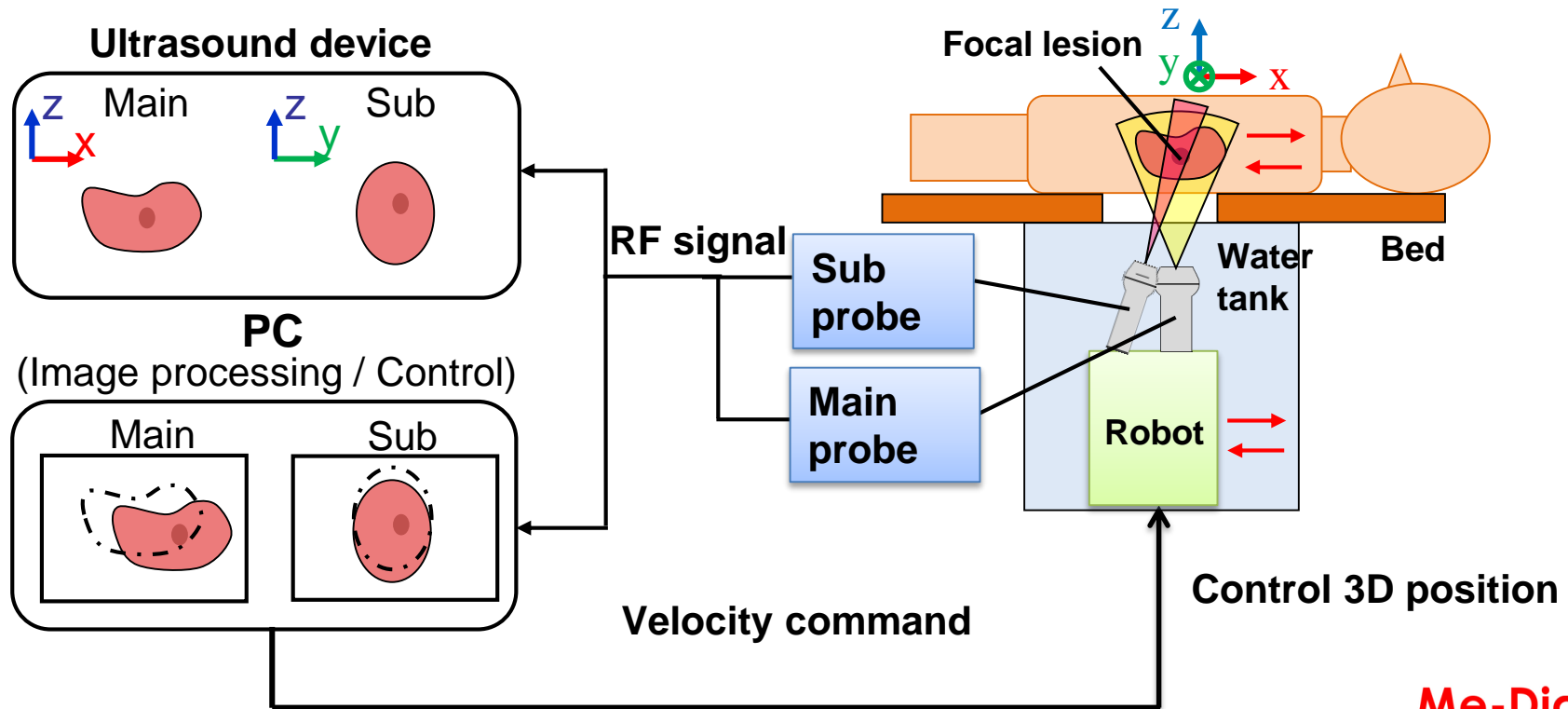
K. Kuroda, et. al.

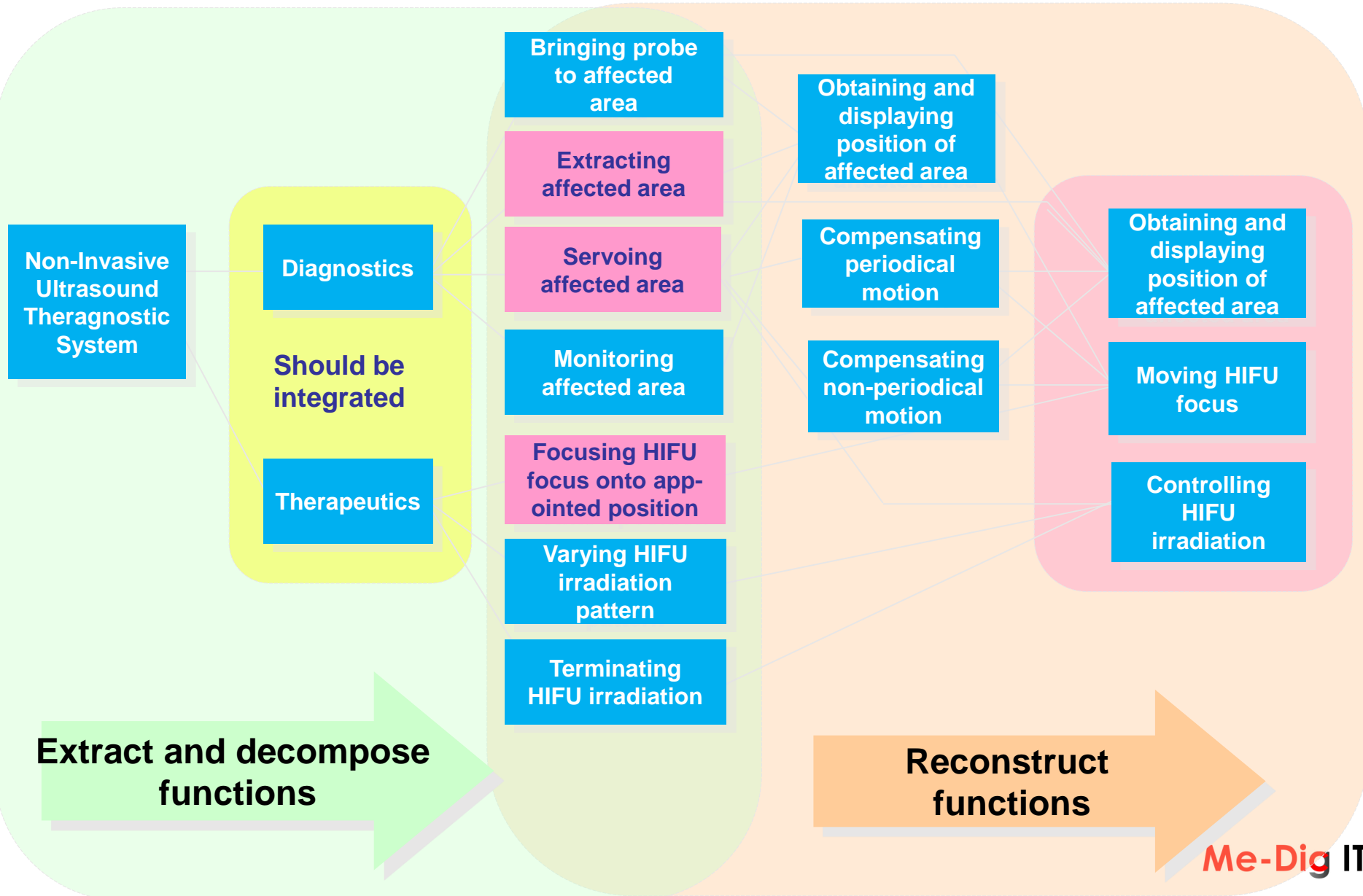
Moving organs (MR)

1mm precision required

Concept

Destroy stones / ablate tumours (focal lesions) by utilizing **pinpoint** focused ultrasound **not injuring** surrounding **healthy tissues** (skin, muscles, etc.) of patient **by tracking, following, and monitoring** focal lesion by US images which moves by respiration, heartbeat, etc.

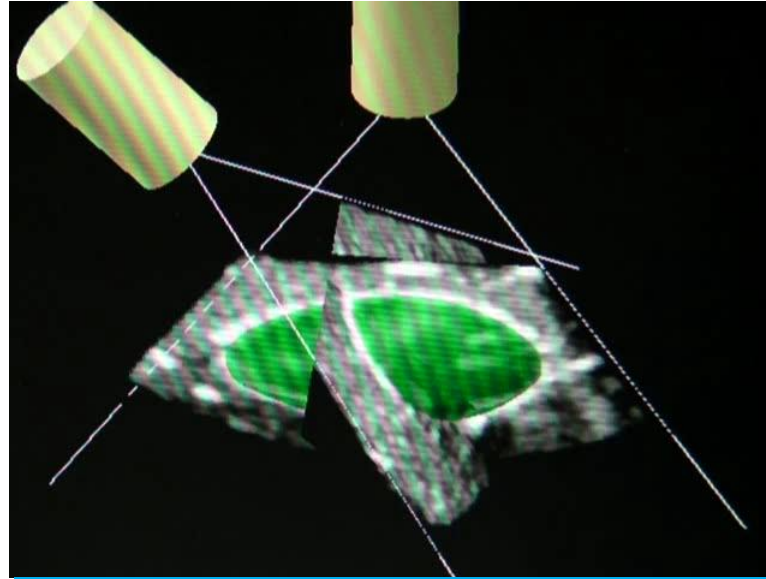




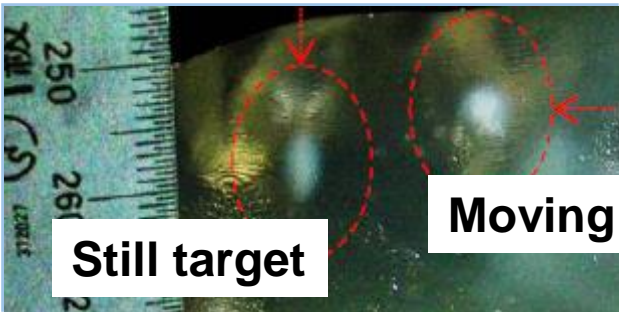
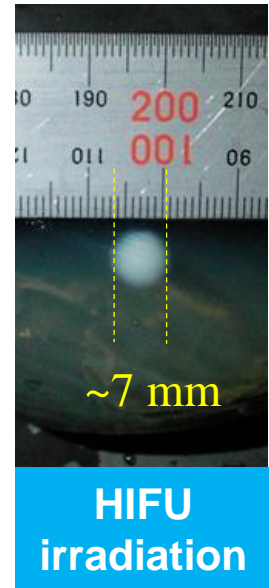
Phantom experiments (kidney tumour)



Organ tracking



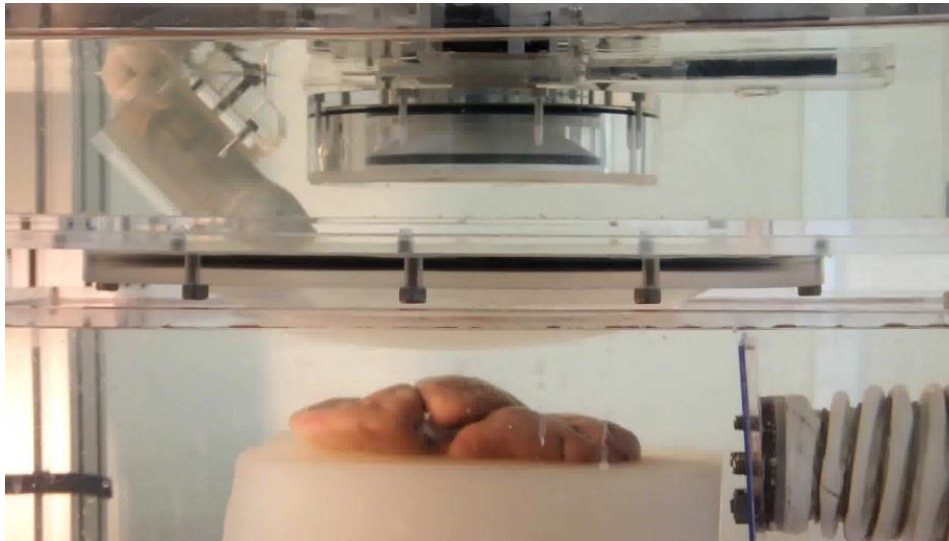
US image



Still and moving targets

Precision: 2.5mm achieved !

Ex-Vivo experiments (swine, model kidney stone)



Stone tracking

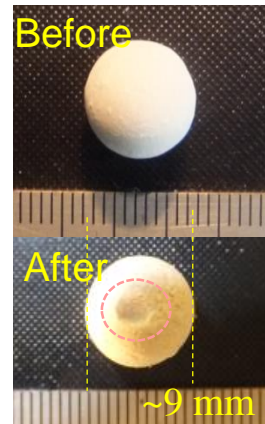
US images



Binary US images



US image

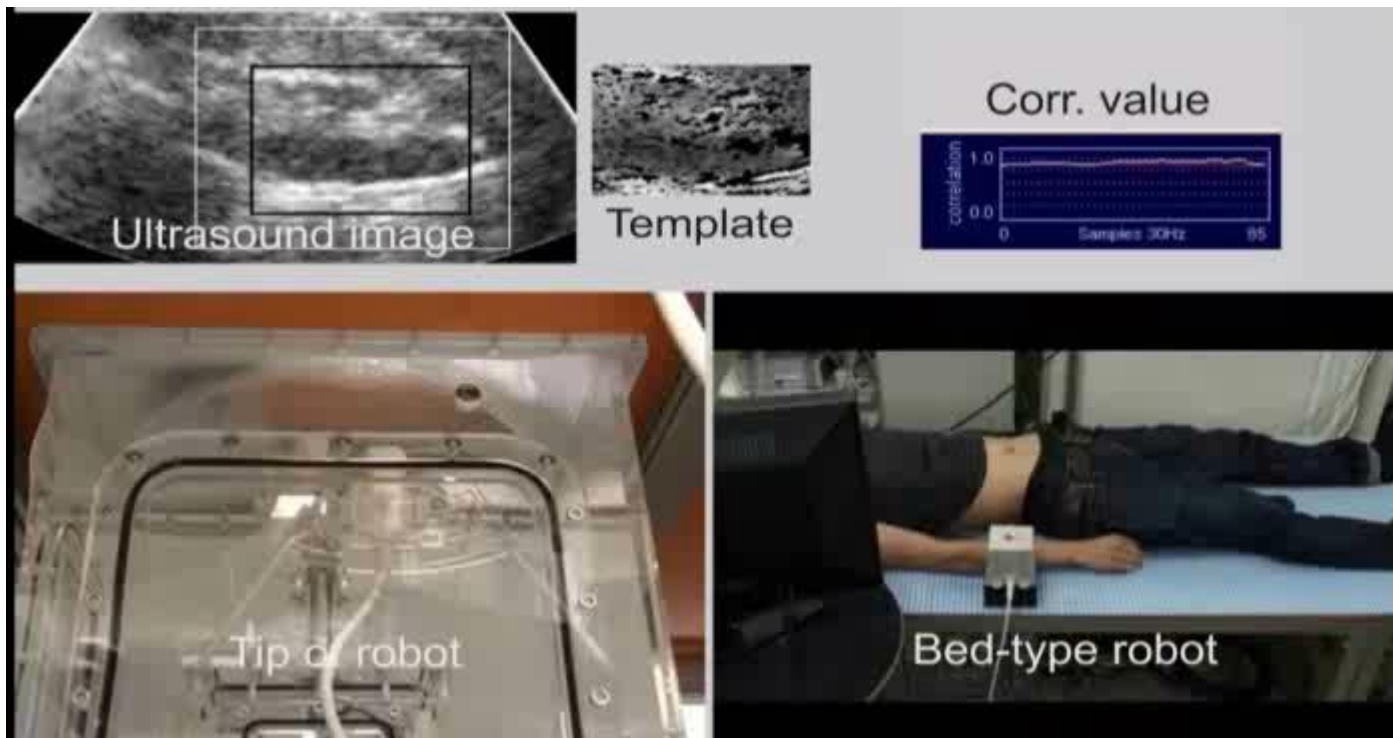


Destruction
ion res.

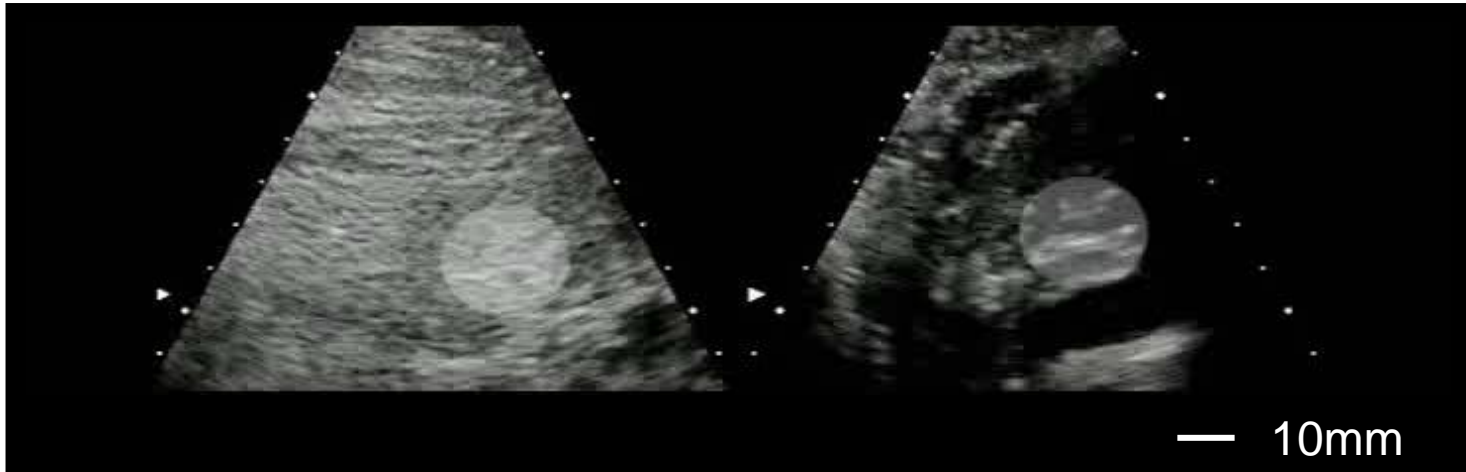
Precision : 2.5mm achieved !

Human body motion tracking

Human body target (kidney stones / tumours) motion tracking for non-invasive ultrasound theragnostics

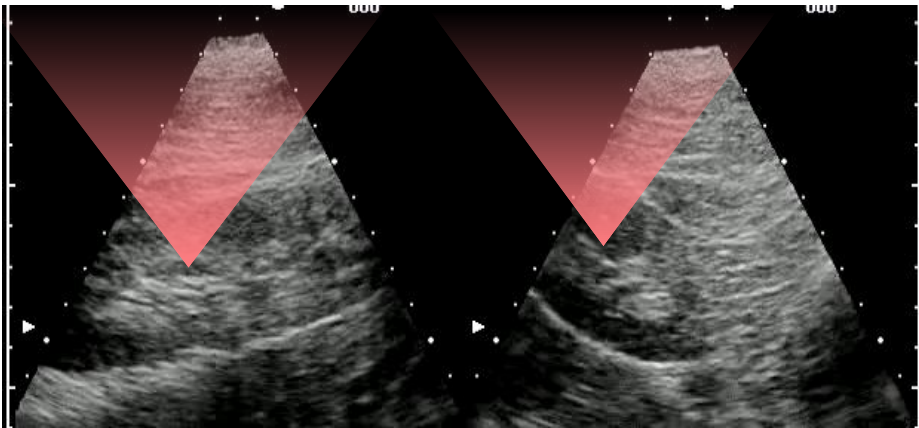


Motion tracking for human kidney

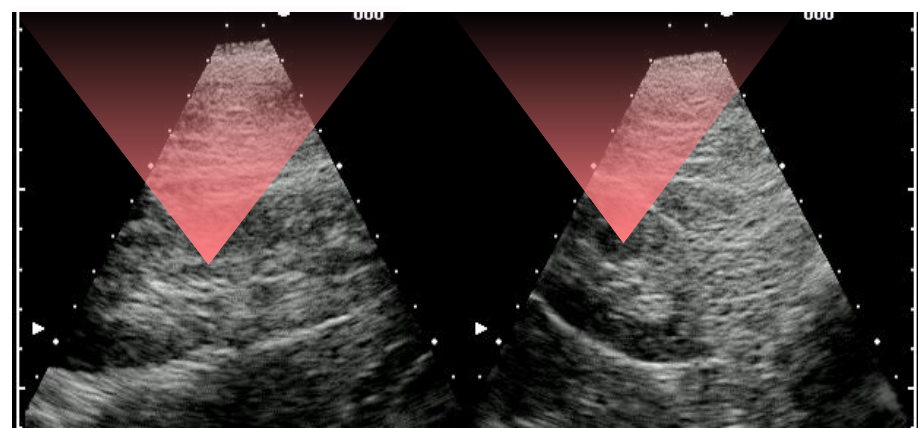


Motion tracking for
human kidney

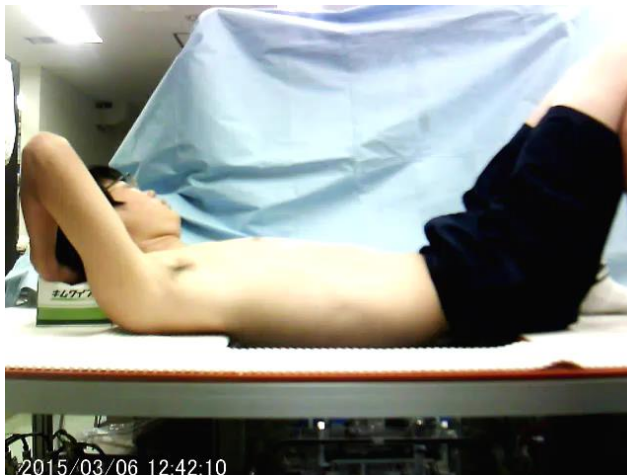




Without servoing

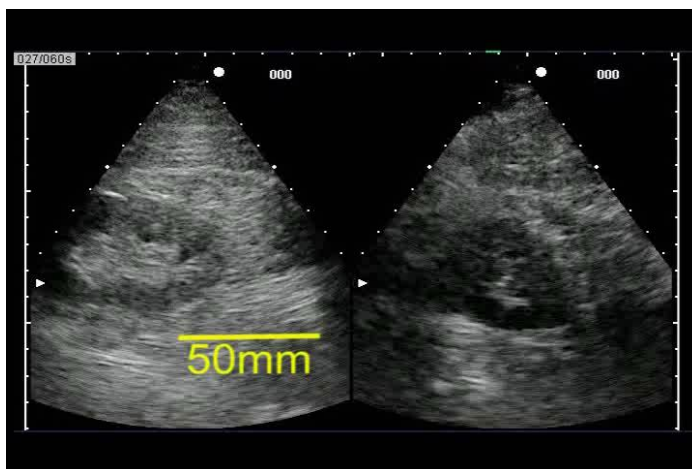
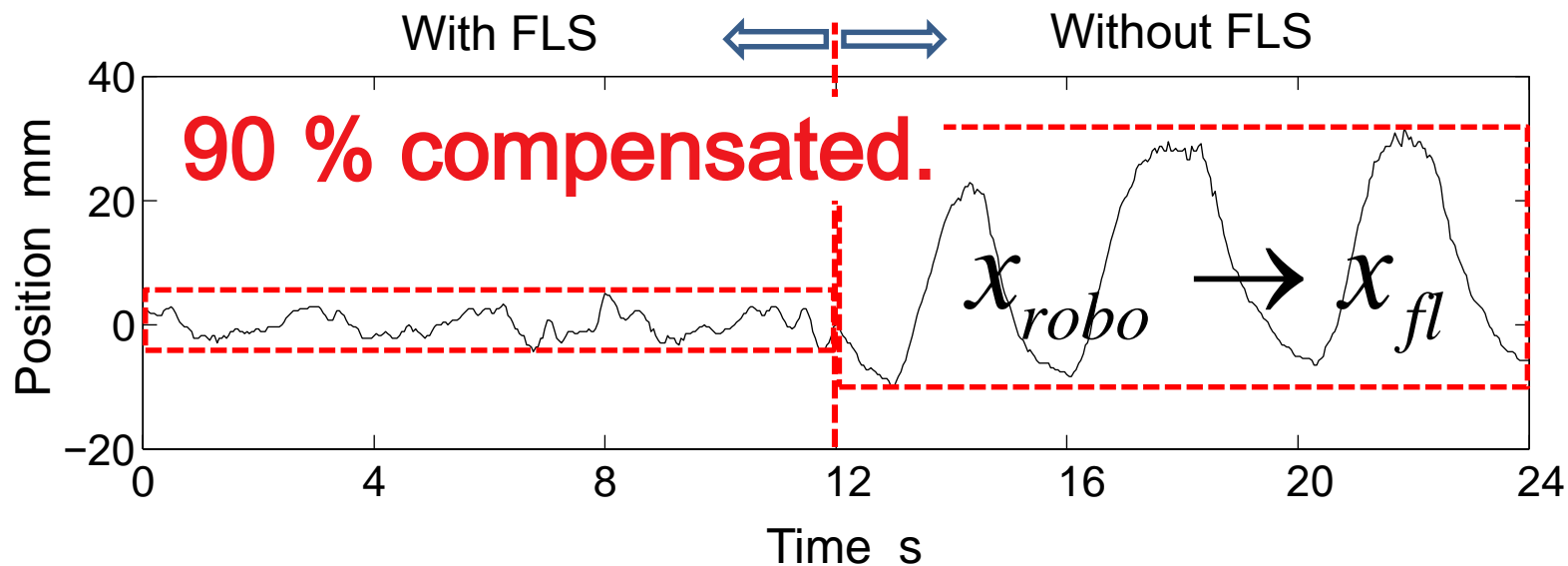


With servoing

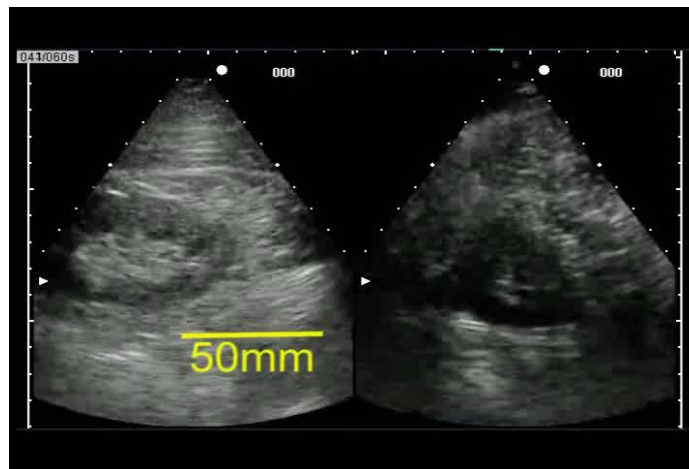


Kidney motion compensation

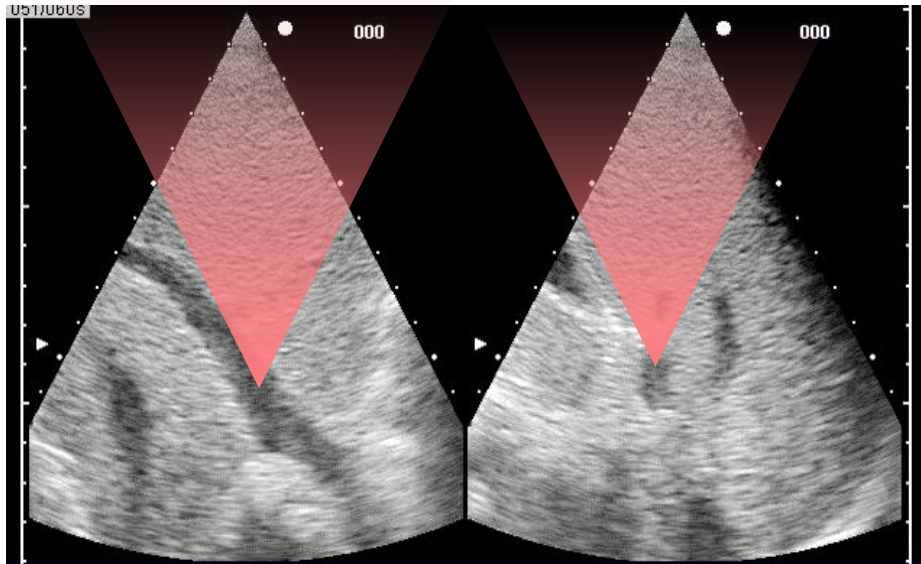
**1mm
precision
achieved**



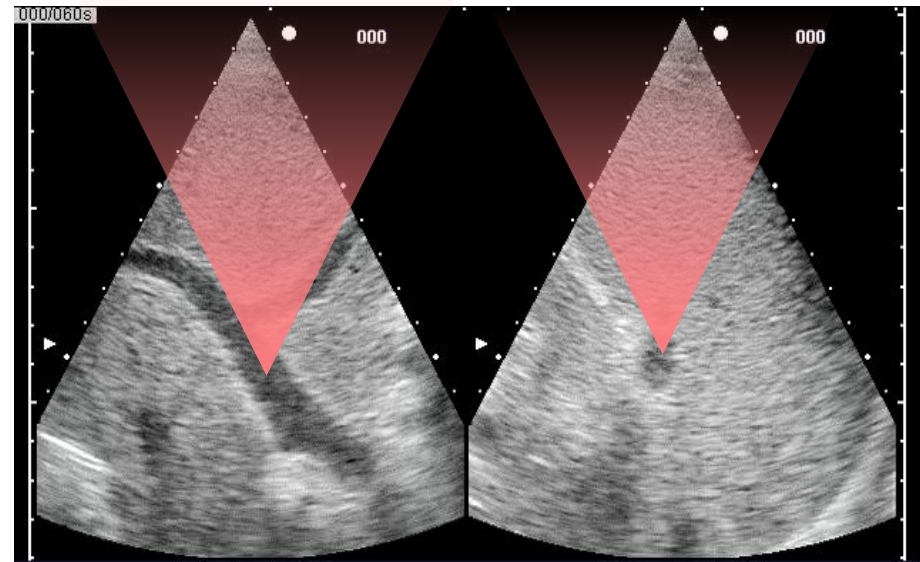
With servoing



Without servoing

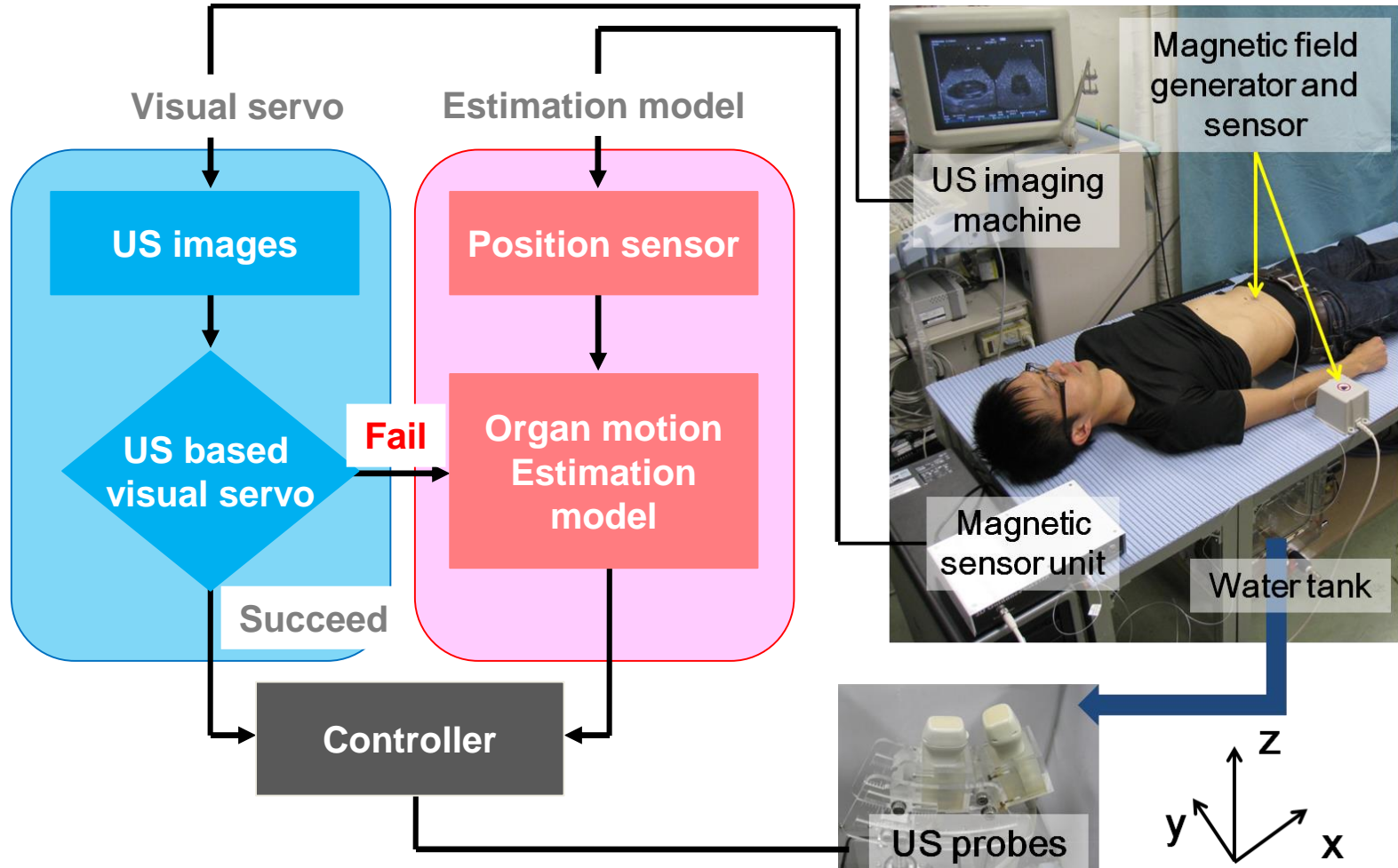


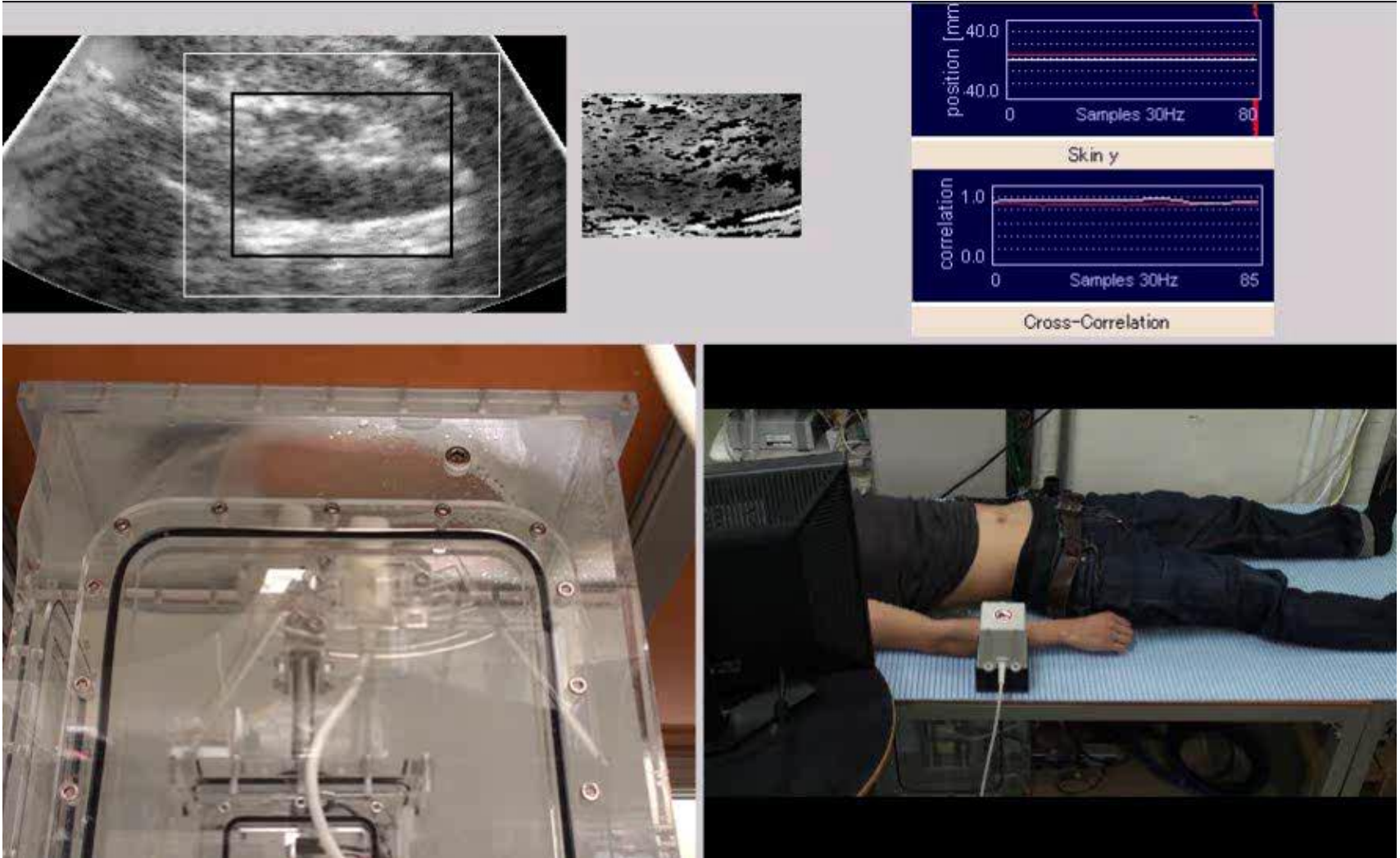
Without servoing



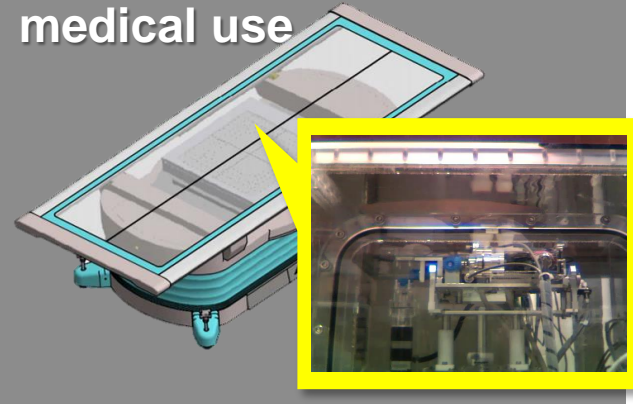
With servoing

1.3 mm precision achieved

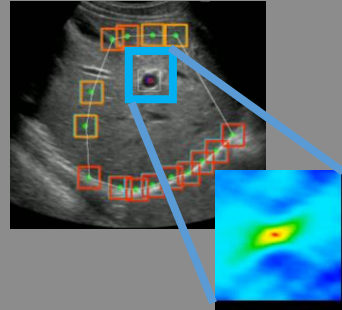




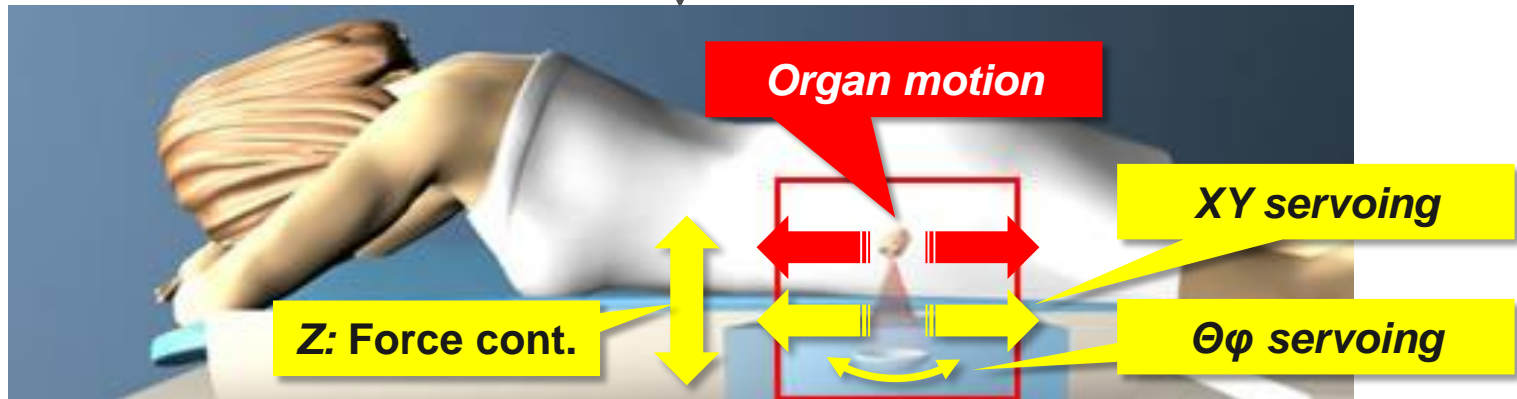
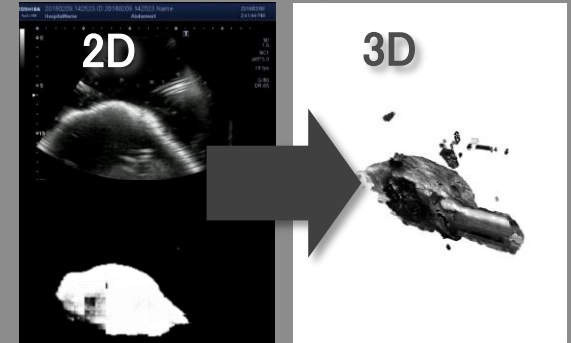
(1) Bed-type servo for medical use



(2) Image processing



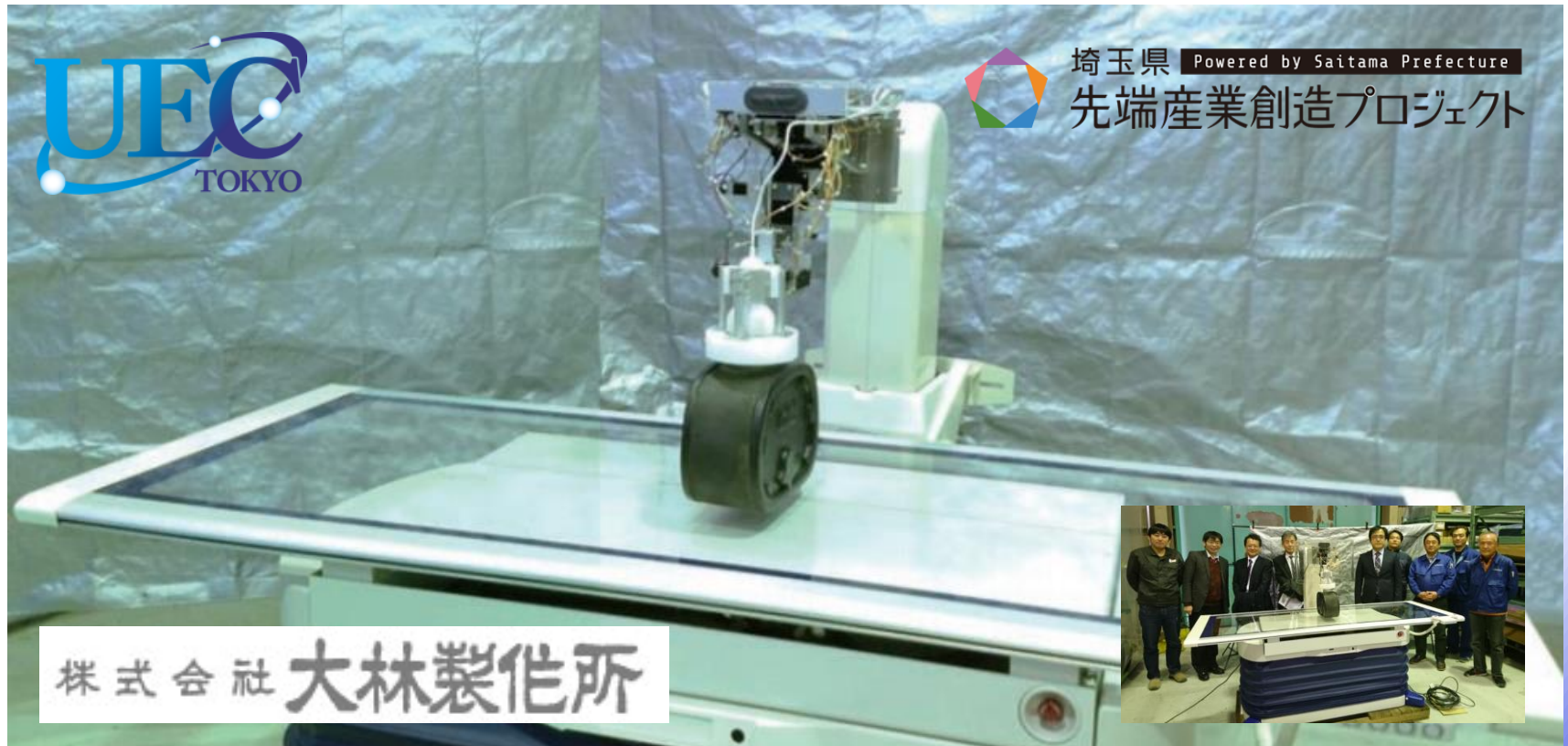
(3) 3 dimensional model to enhance servo performance



Next generation NIUTS for practical commercialization

Collaborations

Medical bed maker X Robot vision by UEC



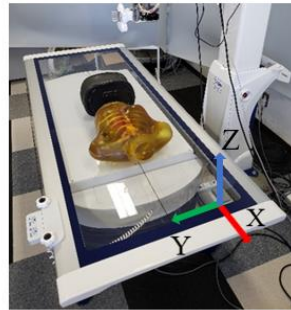
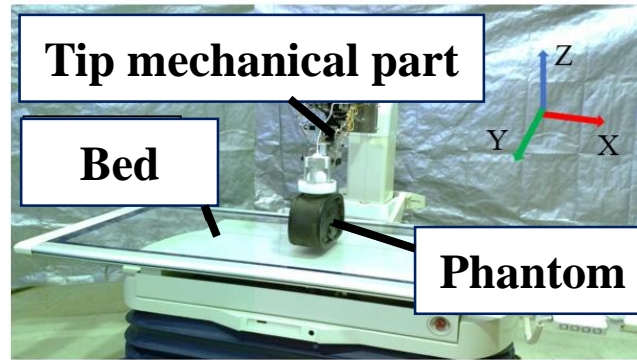
Overview of system

Components

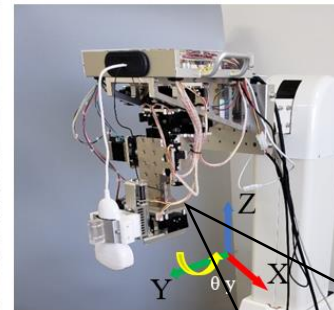
- ① Bed
- ② Tip
- ③ Robot handing arm

Phantom

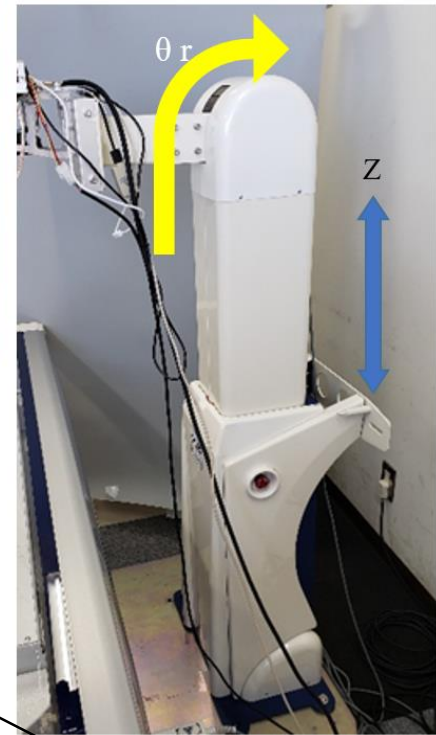
Ultrasound diagnosis phantom
ABDFAN



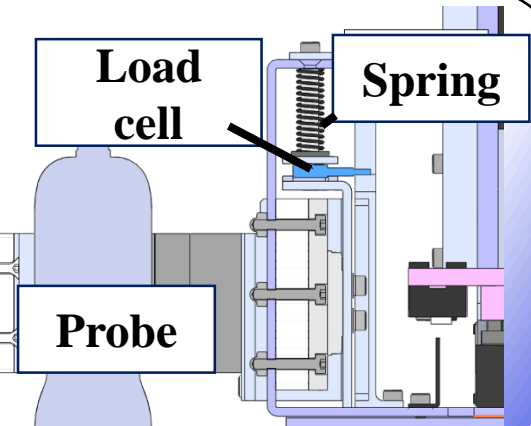
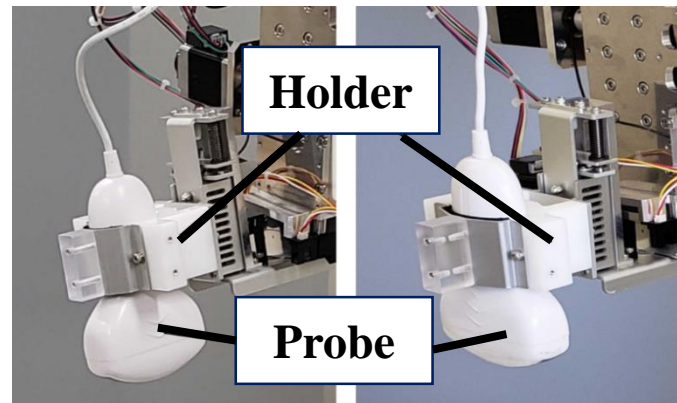
①



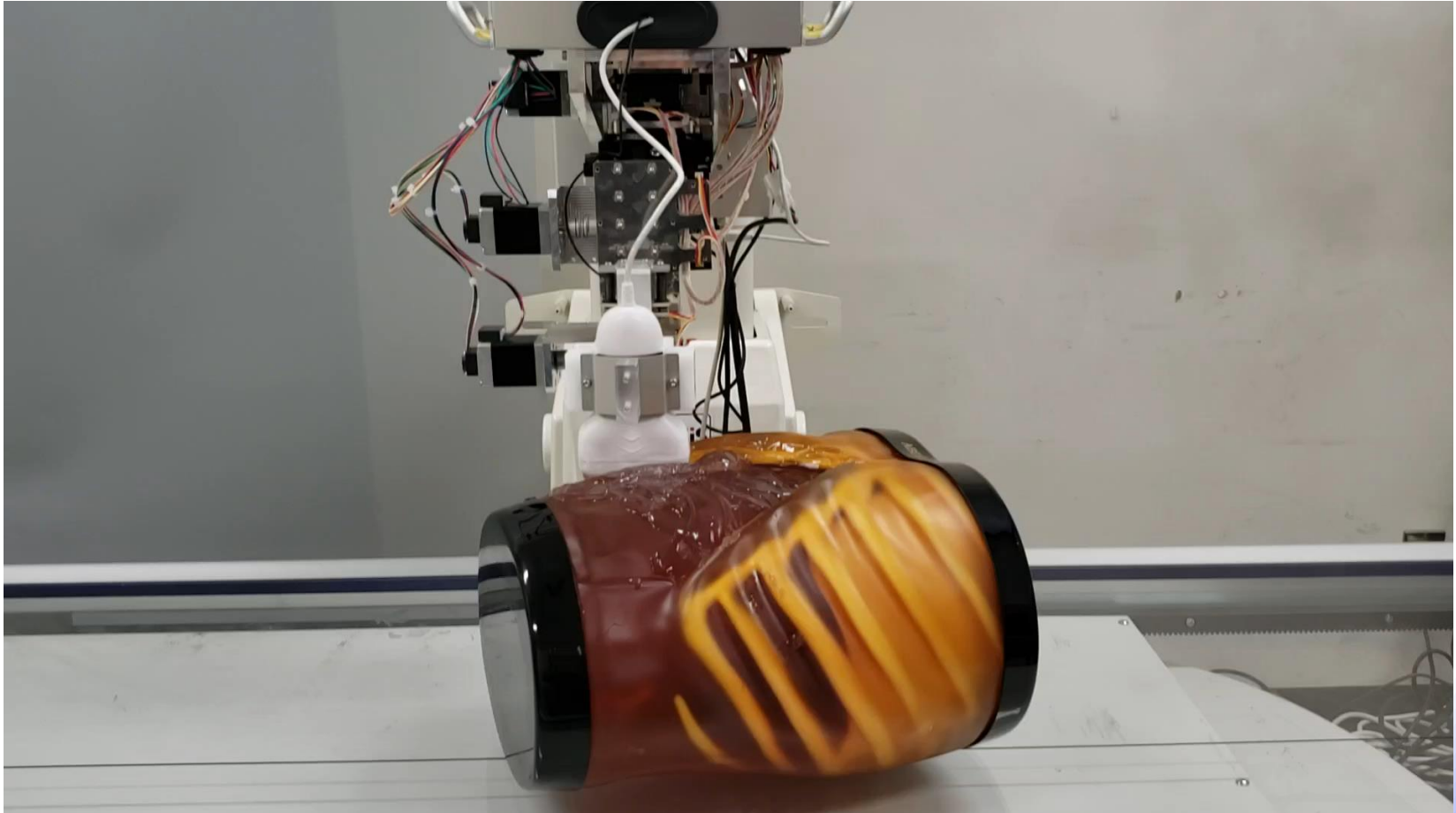
②



③



Servoing abdominal phantom



MeBio project



Biological information
monitor



Ultrasonic diagnostic
apparatus

Current
systems

1. Biological information monitor : Numerical only
2. Ultrasonic diagnostic devices : Image quality varies

Developments

Development of ultrasonic monitoring device
promoting "digitalization of medical (Me-DigIT)"

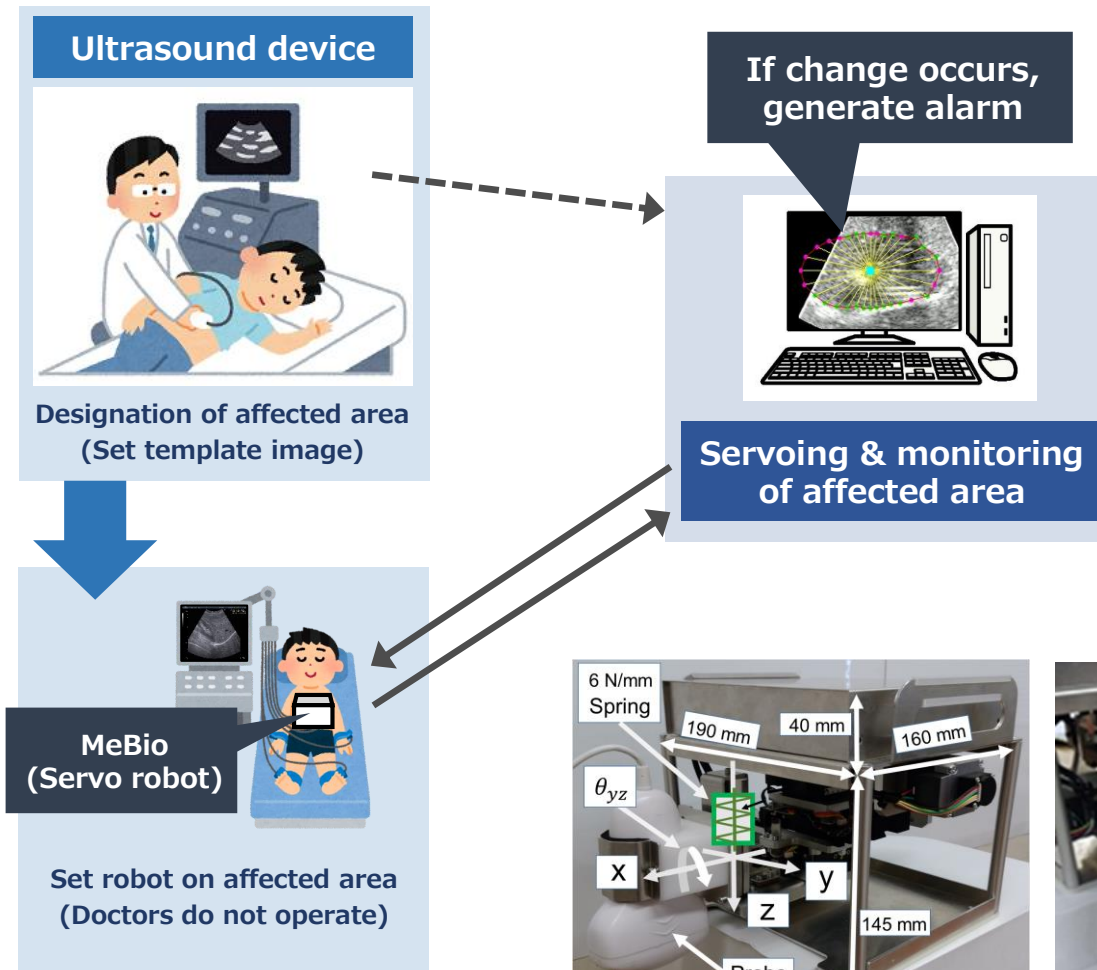
Compact and light-
weight mech. tech.

Medical Image
processing tech.

Contact motion
control tech.

Originality

- ① Anyone can obtain a certain level of information
- ② Automatically track affected areas in organs
- ③ Auto. recognition and warning for image change



Press release

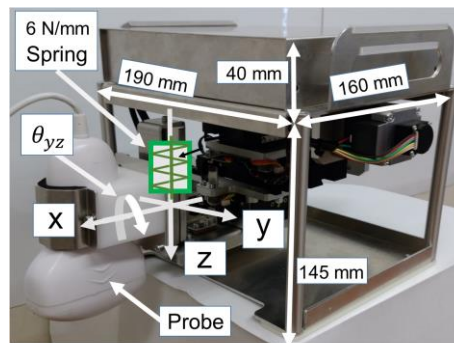
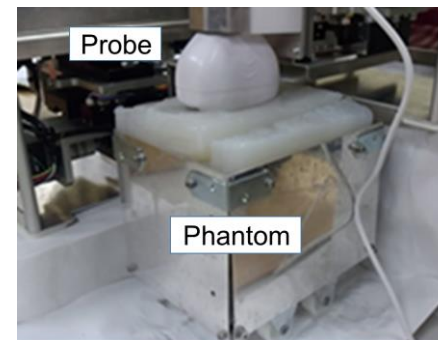
日刊工業新聞

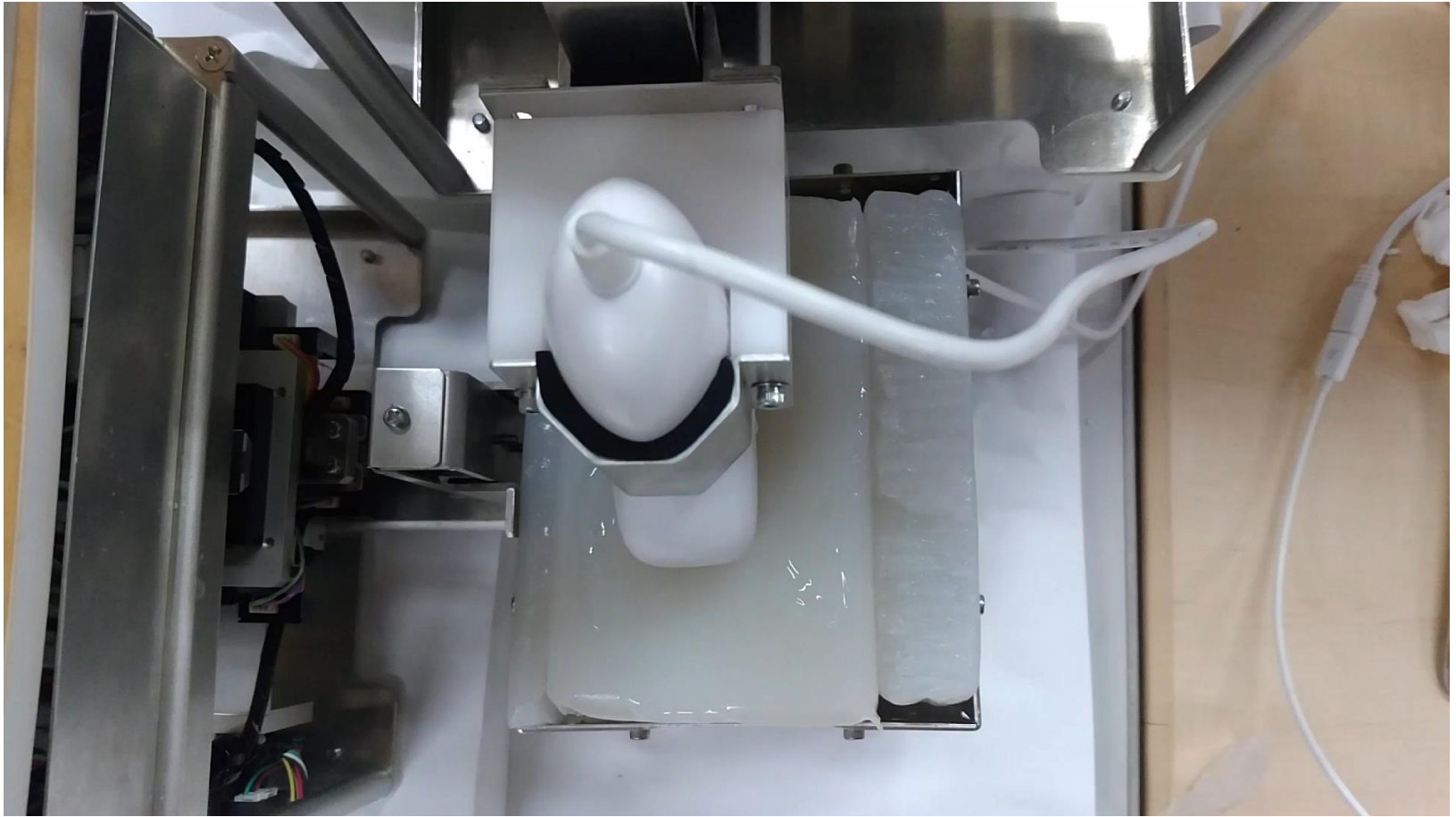
21 8月30日・木曜日 2018年（平成30年）

【東京】東京大学医科学研究所（東大医研）の研究チームが、超音波画像を用いて、体の動きを追従するロボットを開発した。このロボットは、超音波画像をリアルタイムで処理し、体の動きを追従する。追従精度は約1mm。このロボットは、超音波画像を用いて、体の動きを追従する。追従精度は約1mm。このロボットは、超音波画像を用いて、体の動きを追従する。追従精度は約1mm。

体の動き追従精度1mm

小型超音波
診察ロボット 電通大など開発





MEDICAL & BIO ARE NEW DigITALS !

Prof. Mamoru Mitsuishi
Prof. Naohiko Sugita
Dr. Deukhee Lee
Dr. Joonho Seo
Mr. Yugo Suzuki
Mr. Dongjun Lee
Mr. Kouhei Oota
Mr. Tatsuya Fujii
Mr. Atsushi Kayasuga
Mr. Ryosuke Kondo
Mr. Kyohei Tomita

Me-Dig IT

Prof. Yoichiro Matsumoto
Prof. Takashi Azuma
Prof. Shin Yoshizawa
Prof. Hiroyuki Tsukihara
Prof. Kazushi Numata
Prof. Horoyuki Fukuda
Dr. Kiyoshi Yoshinaka
Dr. Teiichiro Ikeda
Mr. Akira Sasaki
Mr. Hideki Takeuchi
Mr. Yukio Kaneko