

Development and Validation of an Open-Source Real-Time Freehand 3D Ultrasound Navigation System for Liver Surgery with GPGPU Acceleration

Jan Gumprecht

Universität Mannheim
and
Brigham and Women's Hospital and Harvard Medical School

13.03.2009

Table of contents

- 1 Introduction
- 2 Material and Methods
- 3 Results
- 4 Discussion
- 5 Conclusion

1 Introduction

2 Material and Methods

3 Results

4 Discussion

5 Conclusion

Motivation

- Colorectal cancer is the second most common cause of death from cancer in the Western World [1]
 - up to 50 % of patients will develop liver metastases during the course of their disease [7]
- Over the last 30 years resection has been the “gold standard” treatment of malignant liver tumors [8]
- Accurate resection-limitations are essential for longterm survival after the resection
- Very often it is difficult to measure the distance from the surgical margin to the tumor [1]

Current Use of Ultrasound

- Many surgeons still rely solely on intraoperative ultrasonography and have not recognized the advantages of intraoperative navigation support [12]
 - The surgeon combines pre-operative data 3D data with intraoperative information intuitively [2]
 - ⇒ Accuracy in liver surgery depends on the experience of the surgeon
- Even in specialized centers rates of critical resections are high [9]
 - ⇒ Higher precision is needed [2]



Figure: Ultrasound image

Image Guided Surgery

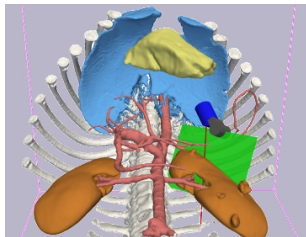


Figure: Image Guided Surgery

- Image guided surgery using navigation techniques is already an evolving procedure in neurosurgery, orthopaedic and otolaryngology surgery
 - Improved intraoperative orientation
 - ⇒ Increased accuracy of tumor localization and bone resection [11]
- Operative therapy of abdominal tumors is even more challenging because of
 - tissue deformation
 - breathing artifacts
 - absent / reduced anatomical landmarks

Current Operative Planning

- Current operative planning is based on [9]
 - Conventional computed tomography (CT)
 - Magnetic resonance imaging (MRI)
- Preoperative 3D simulation improves
 - Improves accuracy
 - Facilitates selection of the optimal surgical procedure
- Owing to organ shift and tissue deformation repeated re-registration of imaging data is required
 - Achieved with intraoperative CT or MRI [6]
- Disadvantages of intraoperative CT and MRI
 - Costs and need for specific devices and instruments
 - Specific logistical problems



Figure: 3T MRI from Philips

Intraoperative Imaging

- Intraoperative imaging avoids non-rigid registration during operation [5]
- Ultrasound based navigation for resection of liver metastases increased intraoperative orientation and confidence of the surgeon [2]
 - Higher accuracy
 - Surgery with more preserved parenchyma
 - ⇒ Makes surgery more reliable
- Delayed visualization have limited the use of 3D ultrasound to the use for diagnostics
 - ⇒ Real-time imaging techniques are necessary to adapt navigation techniques in clinical practice [2]
- ⇒ We developed an open-source navigation system with GPGPU acceleration for real-time freehand 3D-Ultrasound using conventional hardware equipment

1 Introduction

2 Material and Methods

3 Results

4 Discussion

5 Conclusion

Imaging System



- **Manufacturer:** Dell Inc., Round Rock, TX, USA
- **Model:** Inspiron 5300
- **CPU:** Intel Core 2 Quad
 - Cores: 4
 - Operating frequency: 2.5 GHz
- **Memory:** 3.2 GB DDR3
- **Operating System:** Fedora Core 8

Graphics Card



Figure: nVIDIA Geforce 8800 GTX

- **Manufacturer:** nVIDIA Corporation, Santa Clara, CA, USA
- **Model:** Geforce 8800 GTX
- **GPU Operating Frequency:** 575 Mhz
- **Memory:** 768 MB DDR3
- **CUDA** Programmable

Video Capture Board

- **Manufacturer:** Hauppauge Computer Works, Inc. Hauppauge, NY, USA
- **Model:** Impact VCB Model 558
- **Chipset:** Braintree 878 compatible
- **Inputs:**
 - 3 Composite
 - 1 S-Video



Figure: Hauppauge Impact VCB Capture Card

Ultrasound System



Figure: SonoSite Titan Ultrasound System

- **Manufacturer:** SonoSite Inc., Bothell, WA, USA
- **Model:** Titan
- **Imaging Probe:**
 - 2D abdominal transducer
 - 60 mm curved array of piezoelectric crystal elements
 - Operating bandwidth 2 - 5 Mhz

Tracking System

- **Manufacturer:** Northern Digital, Waterloo, ON, Canada
- **Model:** Aurora
- **Measurement Technology:** Electromagnetic
- **Number of Probes:** 2
- **Sensor:** 6 DOF (Degrees of Freedom)
- **Accuracy:** 1.1 mm
- **Measurement Rate:** up to 40 Hz
- **Interface:** RS232



Figure: NDI Aurora Tracking System

Tracking System continued

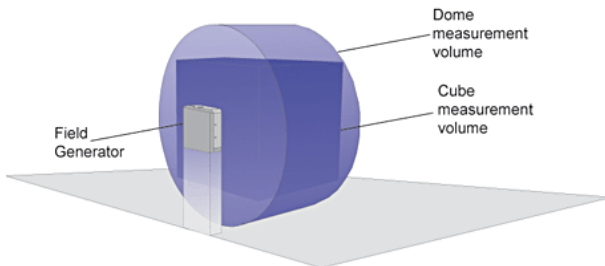


Figure: NDI Aurora Measurement Volume

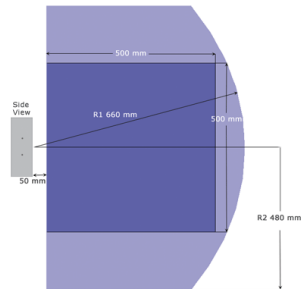


Figure: NDI Aurora Measurement Volume Sectional Drawing

Freehand Tracked Ultrasound



Figure: Ultrasound transducer and tracker probe



Figure: Ultrasound probe with attached tracking sensor

Phantom Study

- **Tank:**

- Dimensions:
50 cm x 30 cm x 20 cm
(WxHxD)
- Material:
Polypropylene

- **Phantom:** Cleaning
Sponge

- Dimensions:
8,9 cm x 4,8 cm x 1,8 cm
(WxHxD)

- **Imaging Medium:** H₂O

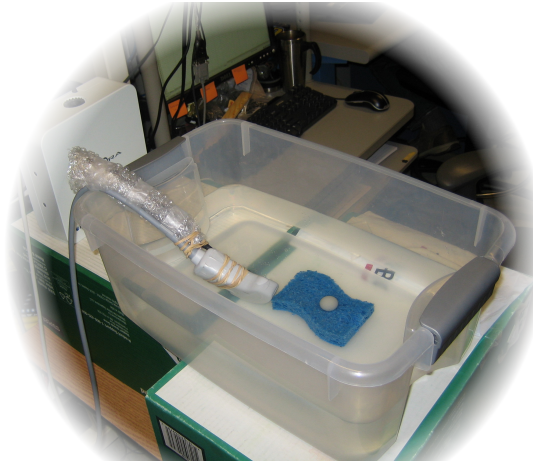


Figure: Study Tank with Phantom

Software System Design

2 distinct Components:

1. a) Data Acquisition
b) Volume Reconstruction
c) Data Forwarding
2. Surgical Navigation and Visualization

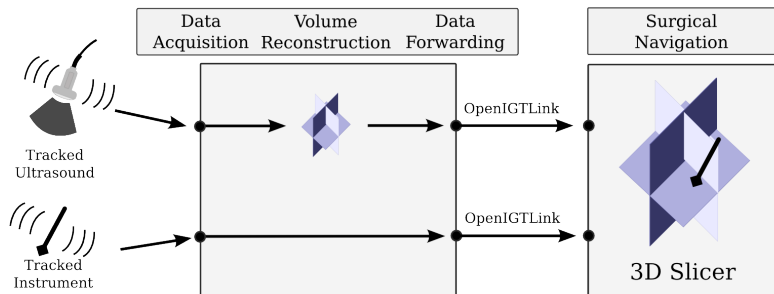


Figure: Software System Design

Software System Design continued

- **Massive Parallelization:** Independent tasks executed in different threads
- **Data Rates:** up to $200 \frac{MB}{second}$
- **Real-Time performance:** limited to $30 \frac{frame}{second}$
- Special **high performance** implementations
- Data recording and processing in the **background**
- Graphical user interace operates smoothly in the **foreground**
- Well suited for implementations on **parallel architectures**

Algorithms

- **Programming Language:** C++
- **Class Library:** VTK (<http://www.vtk.org>)
- **Synchronization:** Mutex Locks

VTK

- Open-Source
- Software system for:
 - 3D computer graphics
 - Image processing
 - Visualization
- Used by thousands of researchers and developers worldwide
- Professional support and products provided by Kitware, Inc. (<http://www.kitware.com/>)
- Cross-Platform: Linux, Windows, Mac and Unix



Data Acquisition

2 threads run simultaneously

A. Tracking Data

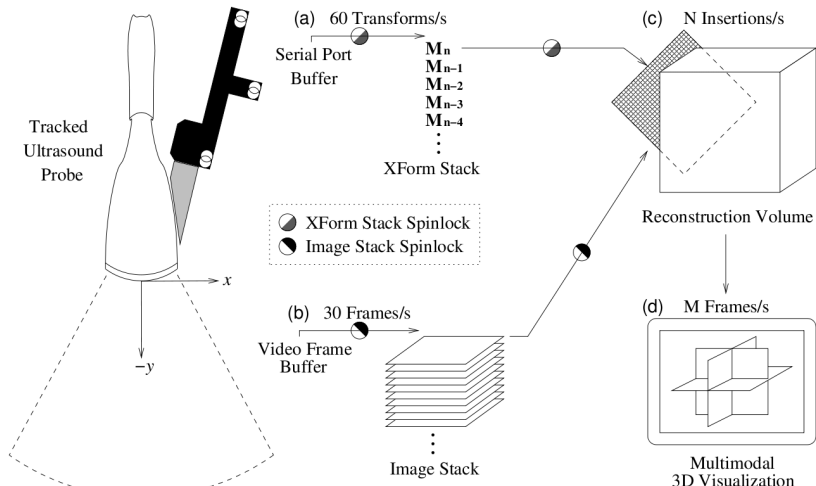
- 1 Receives tracking information from the 2 tracker probes
- 2 Converts tracking information to 4x4 matrices
- 3 Stores matrices on 2 separate stacks along with a timestamp

B. Ultrasound Frames

- 1 Grabs ultrasound frames from video capture board
 - 2 Resizes ultrasound frames
 - 3 Stores images on a stack along with a timestamp and the concurrently recorded matrix
- **Capture rate:** up to 30 $\frac{\text{frames}}{\text{second}}$
 - **Kernel interface for video capturing:** Video for Linux two

Volume Reconstruction

We extended the volume reconstruction algorithm of Gobbi and Peters [4]



Data Forwarding

- **Threads:** 2
 - 1 Prepare and send reconstructed volume
 - 2 Prepare and send tracking information of tracked instrument
- **Transfer Protocol:** OpenIGTLink Protocol
(<http://www.na-mic.org/Wiki/index.php/OpenIGTLink>)

OpenIGTLink Protocol

- Open-Source
- Simple but extensible data format to transfer data between software and devices
- Designed to work on the application layer of TCP/IP

Visualization and Navigation

We use 3D Slicer (www.slicer.org) as surgical navigation software

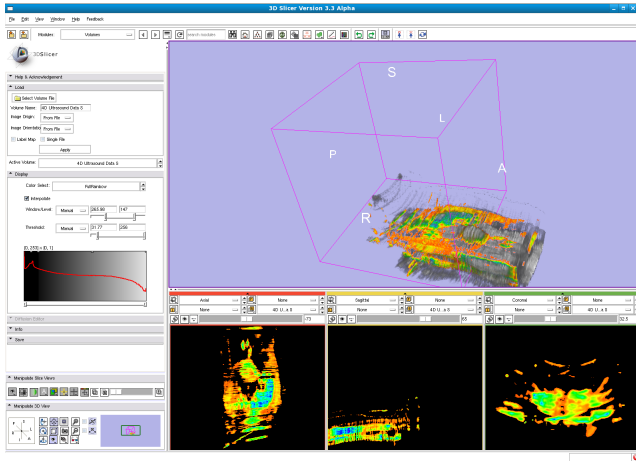


Figure: 3D Slicer displaying the scanned phantom

Visualization and Navigation continued

3D Slicer

- Open-Source
- Cross-Platform: Linux, Mac, Windows and Unix
- Designed to visualize and analyze medical image data
- OpenIGTLink interface
- Newly developed extension for volume rendering
 - Performs all calculation on the graphics card
 - Uses nVIDIA CUDA
 - Reduces extensively the workload of the CPU



Validation Study

Accuracy study

- Compare extensions of phantom with reconstructed volume
- Measure location deviations of tracked instrument

Performance study

- Execution with different volumes of fixed sizes

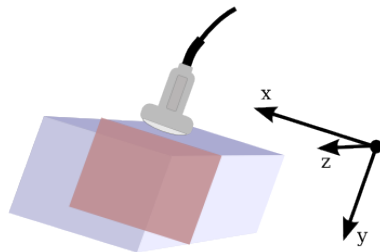


Figure: Scan movements were only performed along the z-axis to assess specific reconstruction properties

Accuracy Study

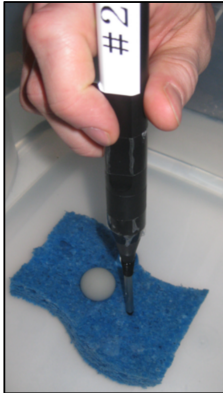


Figure: Photo of phantom with track instrument

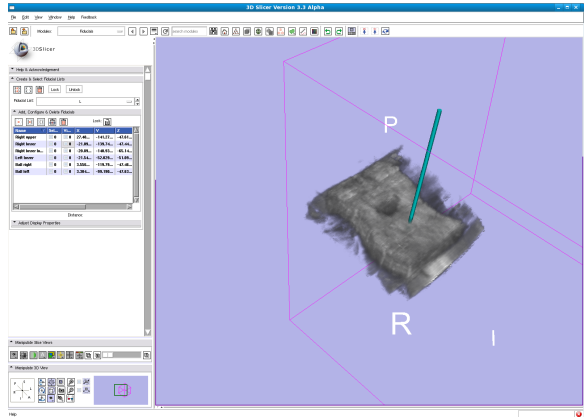


Figure: Reconstructed phantom and locator of the tracked instrument

1 Introduction

2 Material and Methods

3 Results

4 Discussion

5 Conclusion

Accuracy Study

Extension deviation of reconstructed volume

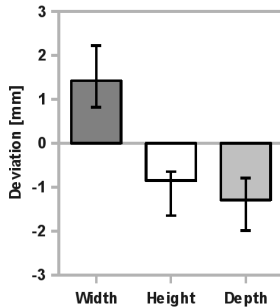


Figure: Extension deviation between phantom and reconstructed volume

Location deviation of tracked instrument

- Average instrument dislocation 6.3 ± 0.71 mm

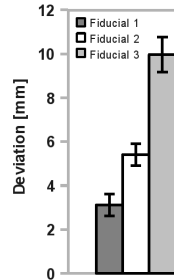


Figure: Location deviation of tracked instrument

Performance Study

- Real-Time performance for volumes with a size of up to $192 \times 192 \times 192$ voxels
- At a voxel size of 1 mm volumes of up to 7 liters are processable in real-time

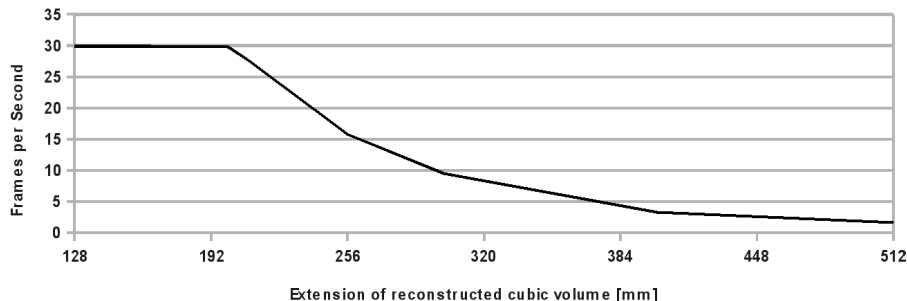


Figure: System performance

1 Introduction

2 Material and Methods

3 Results

4 Discussion

5 Conclusion

Discussion

- Average deviation of our system is 5.5 mm
 - Median accuracy of conventionell resection 42 mm [3]
 - Better control of ideal resection margin
 - ⇒ **More reliable Resection**
- Immediate reacquisition of US images during and after tissue resection
 - ⇒ **Increased accuracy of surgery**
- Modular open-source approach
 - ⇒ **Simple adjustment to basically any appropriate hardware**
- 3D Slicer as surgical navigation front end
 - Instantaneous overlay of pre-operative 3D MRI data
 - Nonlinear registration of MRI to ultrasound
 - GPGPU rendering
 - More computational power for reconstruction
 - ⇒ **Increased overall system performance**

1 Introduction

2 Material and Methods

3 Results

4 Discussion

5 Conclusion

Conclusion

Real-time Ultrasound has been around for almost 20 year [10] but our system is the first to demonstrate:

Freehand real-time 3D ultrasound with navigation for liver surgery

In conclusion our system has the potential to

- introduce substantial improvements in the field of liver surgery
- finally bring navigation technique to clinical practice in liver surgery



E. A. Bakalakos, J. A. Kim, D. C. Young, and E. W. Martin.

Determinants of survival following hepatic resection for metastatic colorectal cancer.

World Journal Of Surgery, 22(4):399–405, April 1998.



S. Beller, M. Hunerbein, T. Lange, S. Eulenstein, B. Gebauer, and P. M. Schlag.

Image-guided surgery of liver metastases by three-dimensional ultrasound-based optoelectronic navigation.

British Journal Of Surgery, 94(7):866–875, July 2007.



S. S. Chopra, M. Hunerbein, S. Eulenstein, T. Lange, P. M. Schlag, and S. Beller.

Development and validation of a three dimensional ultrasound based navigation system for tumor resection.

Ejso, 34(4):456–461, April 2008.



David G. Gobbi and Terry M. Peters.

Generalized 3d nonlinear transformations for medical imaging: An object-oriented implementation in vtk.

Computerized Medical Imaging and Graphics, 27(4):255, 2003.



Masahiko Nakamoto, Kazuhisa Nakada, Yoshinobu Sato, Kozo Konishi, Makoto Hashizume, and Shinichi Tamura.

Intraoperative magnetic tracker calibration using a magneto-optic hybrid tracker for 3-d ultrasound-based navigation in laparoscopic surgery.

IEEE Transactions on Medical Imaging, 27:255–270, February 2008.



Christopher Nimsky, Boris von Keller, Oliver Ganslandt, and Rudolph Fahlbusch.

Intraoperative high-field magnetic resonance imaging in transsphenoidal surgery of hormonally inactive pituitary macroadenomas.

Neurosurgery, 59(1):105–113, July 2006.



M. J. O'Brien.

Cancer of the colon and rectum: current concepts of aetiology and pathogenesis.

Ir J Med Sci, 157(7 Suppl):5–15, July 1988.



J Scheele, R Stangl, and A Altendorf-Hofmann.

Hepatic metastases from colorectal-carcinoma - impact of surgical resection on the natural-history.

British Journal Of Surgery, 77(11):1241–1246, November 1990.



D. Selle, B. Preim, A. Schenk, and H. O. Peitgen.

Analysis of vasculature for liver surgical planning.

Ieee Transactions On Medical Imaging, 21(11):1344–1357, November 2002.



S.W. Smith, Jr. Pavy, H.G., and O.T. von Ramm.

High-speed ultrasound volumetric imaging system. i. transducer design and beam steering.

IEEE Transactions on Ultrasonics, Ferroelectrics and Frequency Control, 38(2):100–108, March 1991.



AJ Tria.

The evolving role of navigation in minimally invasive total knee arthroplasty.

American Journal of Orthopaedics, 35(7):18–22, July 2006.



J. Zacherl, C. Scheuba, M. Imhof, M. Zacherl, F. Langle, P. Pokieser, F. Wrba, E. Wenzl, F. Muhlbacher, R. Jakesz, and R. Steininger.

Current value of intraoperative sonography during surgery for hepatic neoplasms.

World Journal Of Surgery, 26(5):550–554, May 2002.