# Force of cochlear implant electrode insertion performed by a robotic insertion tool: comparison of traditional versus Advance Off-Stylet Techniques

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Group 15: Force Sensing Drill

**Background Presentation** 







## Overview

- Galen Robot: Hand-over-hand cooperatively controlled surgical robotic system used for head and neck microsurgery.
- For some applications it is useful to measure and control the tool-to-tissue forces as well.
- Goal: To sense these forces and integrate this data for better control of the Galen robot
- Applications:
  - Visualization of forces
  - Safety limits
  - Surgical skill evaluation
  - Unbiased comparison of surgical techniques



## Paper Selected

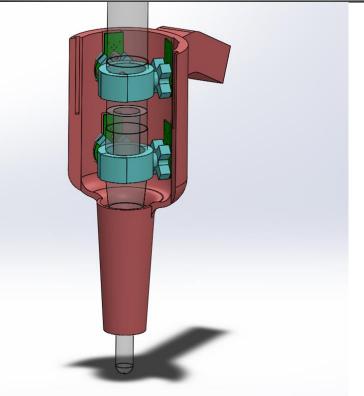
- Force of Cochlear Implant Electrode Insertion Performed by a Robotic Insertion Tool: comparison of Tradition versus Advanced Off-Stylet Technique
- Researchers from Vanderbilt University Medical Center and Department of Mechanical Engineering

Citation: Schurzig, Daniel et al. "Force of Cochlear Implant Electrode Insertion Performed by a Robotic Insertion Tool: Comparison of Traditional versus Advance Off-Stylet Techniques." Otology & neurotology: official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.8 (2010): 1207–1210. PMC. Web. 26 Apr. 2018.

# Paper Selected

- Currently, we use a force sensing sleeve to measure drill tip forces
  - Sleeve can be modified for different applications
- Paper shows it is beneficial for a cochlear insertion tool to have force sensing
- Also shows how force sensing provides an unbiased evaluation of surgical techniques
- Use Galen to provide an automated process for cochlear implant surgery





# Problem Summary

- Due to the spiral structure of the cochlea, insertion of an electrode array into the cochlea causes intracochlear trauma which leads to hearing loss
- There are two different electrode array insertion methods: Advance Off-Stylet (AOS) method and the traditional method.
- Goal: Researchers wanted to quantify how AOS and traditional insertion methods lead affect the insertion force.

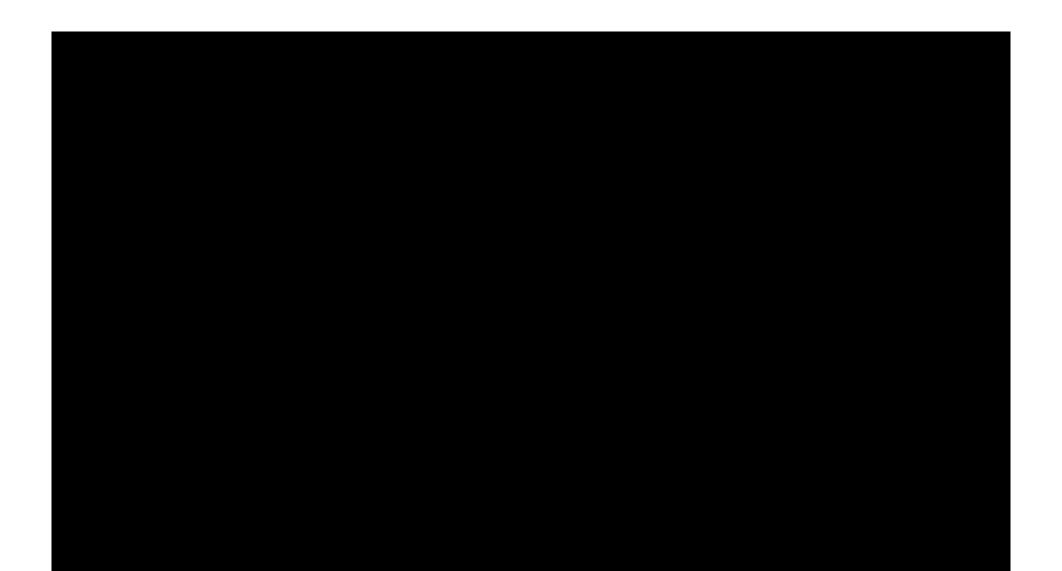
#### Challenges:

- High degree of variability between trials performed by human operators which leads to difficulties in quantifying the difference between the two insertion methods.
- Rupture force of basilar membrane is between 0.029 to 0.039 N

## Key Result

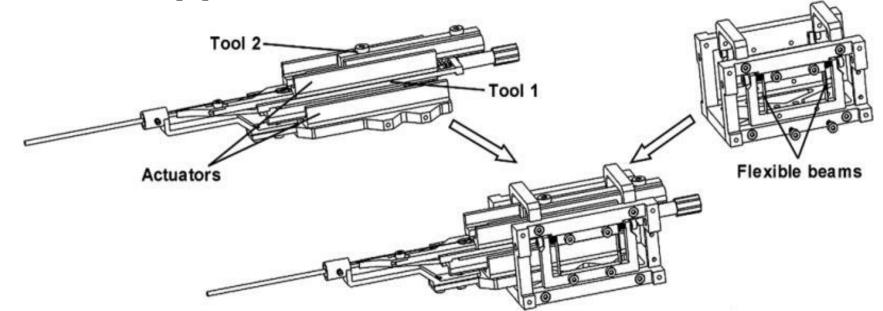
- The paper proved that cochlear implant electrode insertion via AOS is associated with lower average and maximum insertion forces compared to traditional insertion
- Three central contributions
  - Empirical support for the use of the AOS method over the traditional insertion method
  - Evidence that automated insertion can minimize forces and decrease variability over manual insertion
  - Proof that force sensing is beneficial in certain surgical procedures

## Background: Two methods of Insertion



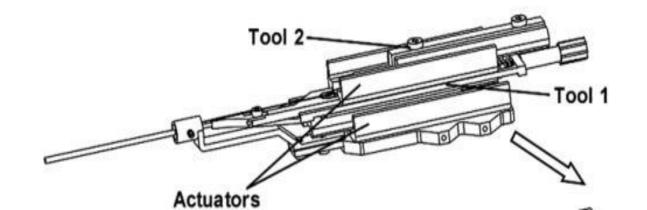
## Technical Approach: Insertion tool

- Challenge: High degree of variability between trials performed by human operators
- Automated insertion technique was used
  - Maximizes repeatability and minimizes variability between trials
  - Cochlear implant electrode array insertion with robot devices is clinically feasible [2]



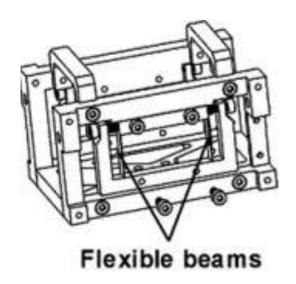
## Insertion tool (cont)

- Two linear actuators (Model SL2060; SmarAct GmbH; Oldenburg, Germany) in which tools that grasp the electrodes are attached.
- One actuator and tool assembly grasp the electrode array through a modified surgical alligator forceps.
- The other hold the stylet through a stainless steel hooked wire
- The two-actuator system allow for both the AOS and traditional insertion methods.



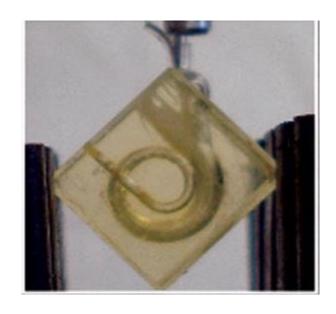
## Force Sensing Unit

- A force sensing unit is coupled with the insertion tool
- 4 flexible aluminum beams to transform the force along the axis of insertion into deformation
  - Measured by 4 semiconductor strain gauges (Model SS-060-033-1000PB; Micron Instruments, Inc.; Simi Valley, CA)
- The electrical readout of strain guages is calibrated to quantify force of insertion
- 0.001 N force resolution



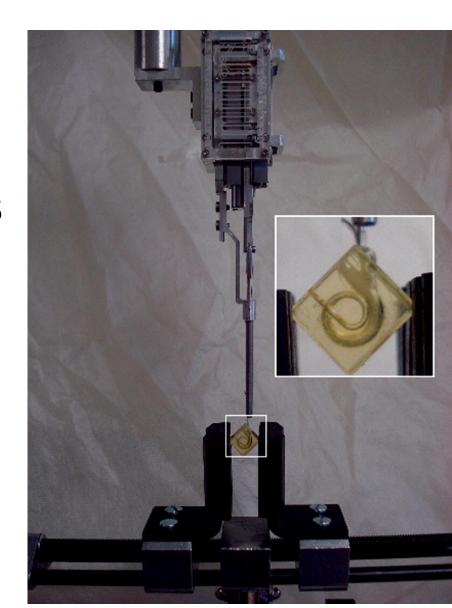
#### **Phantom**

- 3D model of the scala tympani component of the cochlea (Med-el Corporation; Innsbruck, Austria)
  - Anatomically correct
- Filled with soapy water to simulate intracochlear conditions



## Experiment

- The insertion tool was loaded with a cochlear implant electrode
  - Positioned above the model
- Five insertions were done for both the AOS and the traditional insertion methods.
- During insertion, the force in the insertion direction was measured with respect to insertion depth in mm
  - Force from the contact between the electrode array and the scala tympani model

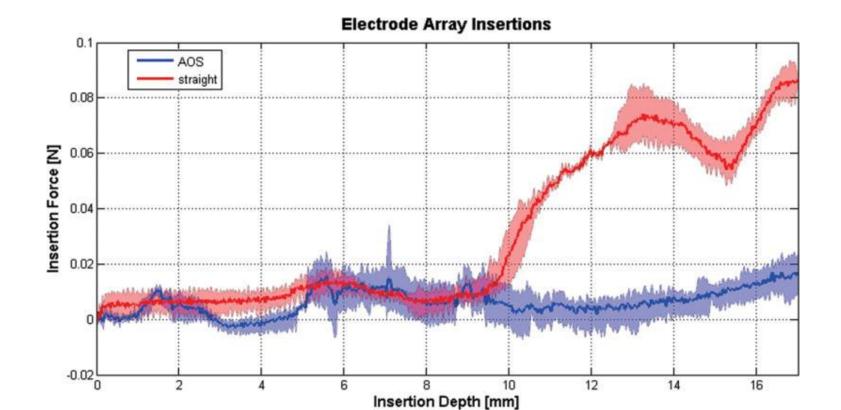


### Results

- Force profiles for both insertion methods were analyzed by calculating average and peak insertions forces
  - Compared using confidence intervals
- In all cases, the electrode array was successfully inserted 17 mm deep into the scala tympani model.

#### **Insertion Forces Plot**

- Graph of insertion forces (N) with respect to insertion depth (mm)
- Solid lines represent the average forces for the two methods
- Shaded region show variability of forces



## Results (cont)

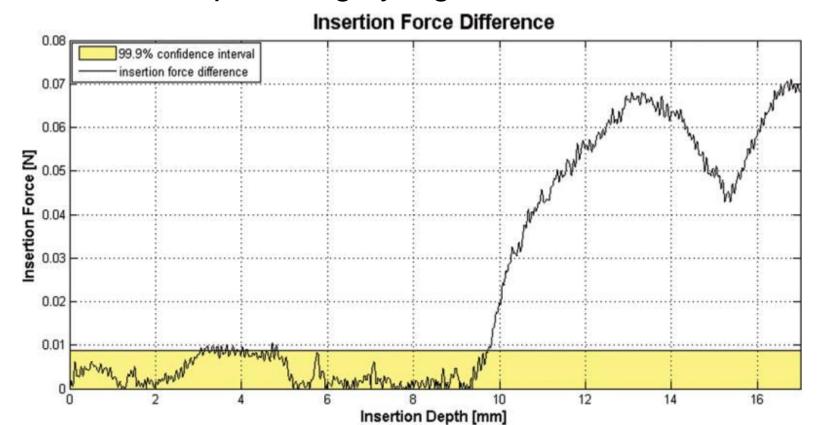
- For the first 7 mm of insertion the average force for recorded:
  - $\cdot$  0.004 ± 0.006 N for the AOS
  - .008 ± .004 N for the traditional method
- Inside the spiral of the cochlea (7 mm to 17 mm insertion depth), the average force for recorded:
  - 0.008 ± 0.006 N for the AOS method
  - .046 ± .027 N for the traditional method
- Force maxima were 0.034 N for the AOS method and 0.093 N for the traditional insertion.

### Insertion Force Difference

Since both methods are the same for the first 7 mm of insertion, 99.9% confidence interval for the absolute value difference between the two techniques was calculated

techniques was calculated

The graph shows that the difference between the two methods beyond 9.74 mm insertion depth is highly significant



#### Assessment

- Due to the lower force profile, it is proven that AOS should be the preferred method over the traditional method in electrode array insertion
- Provided evidence on how automated cochlear implant electrode insertion can minimize forces and decrease variability over manual insertion
- Proved that force sensing is beneficial in certain surgical procedures
  - AOS forces were below the rupture force of the basilar membrane while the traditional insertion force exceeded it [3]

#### Assessment

#### Pros

- Proved their hypothesis that AOS is the preferred method of electrode insertion
- Results were well quantified
  - Easy to see why their data led to their conclusion
- Did not explain too much
  - Provided most of the necessary background to understand the paper

#### Cons

- Grammar and typos
  - Basilar membrane not "member"
- Figure about the tool was slightly confusing
  - Could have elaborate more on how the insertion tool moves
- Did not include some necessary background
  - Stylet?
  - Electrode array?

## Conclusion

- Proved that automated surgical techniques can lead to force minimization and decreased variability
  - Can eventually use the Galen for similar automation
- The force sensing integration with the cochlear implant electrode insertion tool proved that force sensing can be quite useful in surgical procedures
  - Particularly head and neck surgery, which the Galen focuses on, where there are anatomical structures that can easily be damaged
- Next Steps:
  - Provide force sensing for the drill
  - Adapt the force sensing sleeve for other applications

## References

Insertion tool picture: <a href="https://www.vanderbilt.edu/wp-content/uploads/sites/76/assets/index\_files/image012.jpg">https://www.vanderbilt.edu/wp-content/uploads/sites/76/assets/index\_files/image012.jpg</a>
 Schurzig, Daniel et al. "Force of Cochlear Implant Electrode Insertion Performed by a Robotic Insertion Tool: Comparison of Traditional versus Advance Off-Stylet Techniques." Otology & neurotology: official publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology 31.8 (2010): 1207–1210. PMC. Web. 26 Apr. 2018.
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