



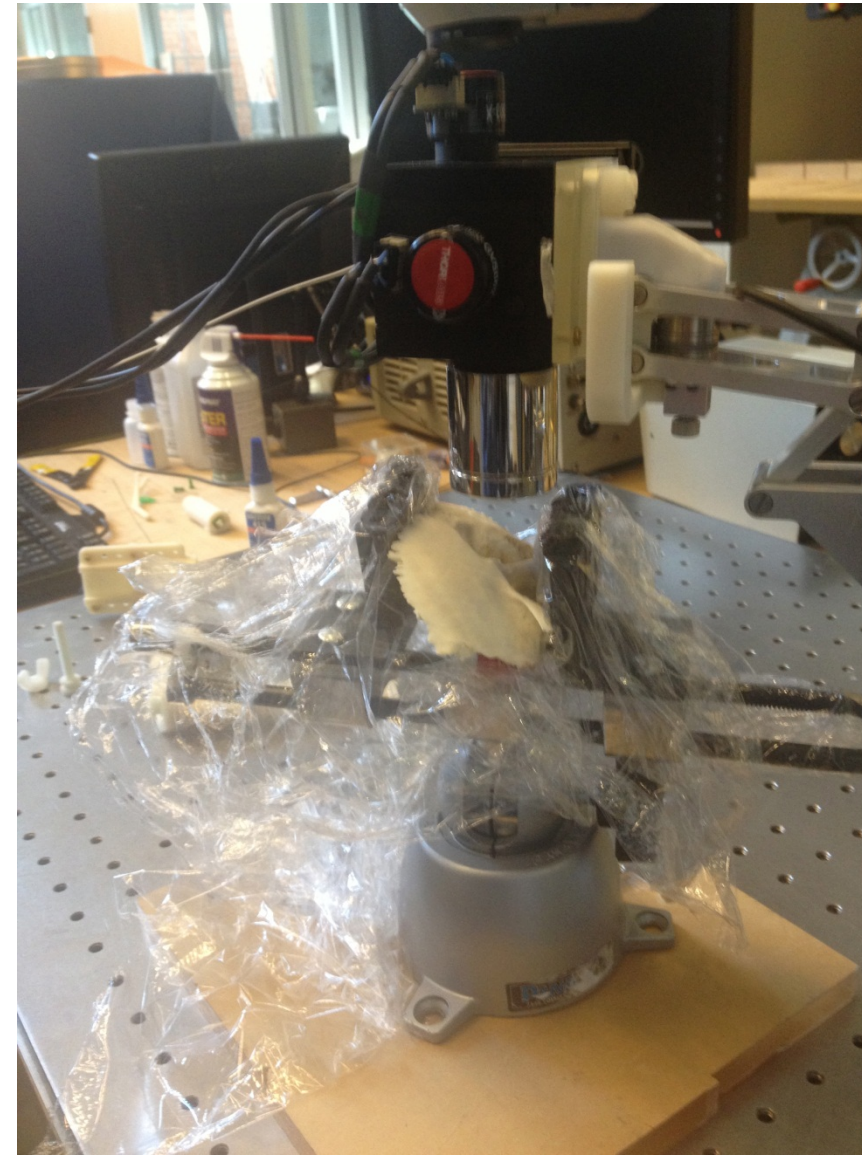
Constructing a Model of the Cochlea from OCT Images

Computer Integrated Surgery II
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Introduction

- Cochlear implants are used to restore hearing in deaf and hard-of-hearing patients by augmenting cochlear functionality.
- We propose a system for robot-assisted insertion of cochlear implants.
- We created models of the cochlea based on Bulk Scan Volumes and Side-View Probe B-scans.
- We combined these separate models to create a single, more accurate cochlear model.
- Combined model was used to enact virtual fixtures which constrain motion of the robot to the axis of the cochlea for cochlear implant insertion.
- This will improve upon standard practice in cochlear implant insertion surgery.



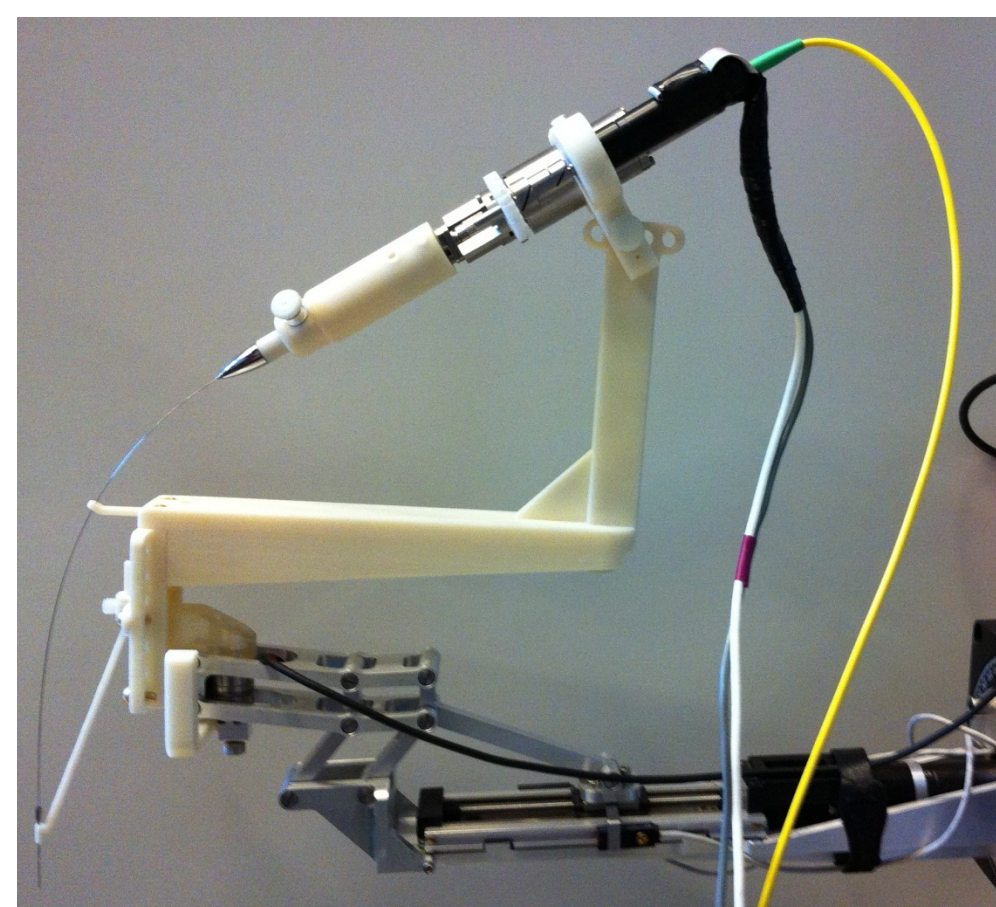
Bulk Scan Setup



Cochlear Implant in Phantom Cochlea Positioned at Optimal Depth of Insertion

Problems in Current Insertion Practice

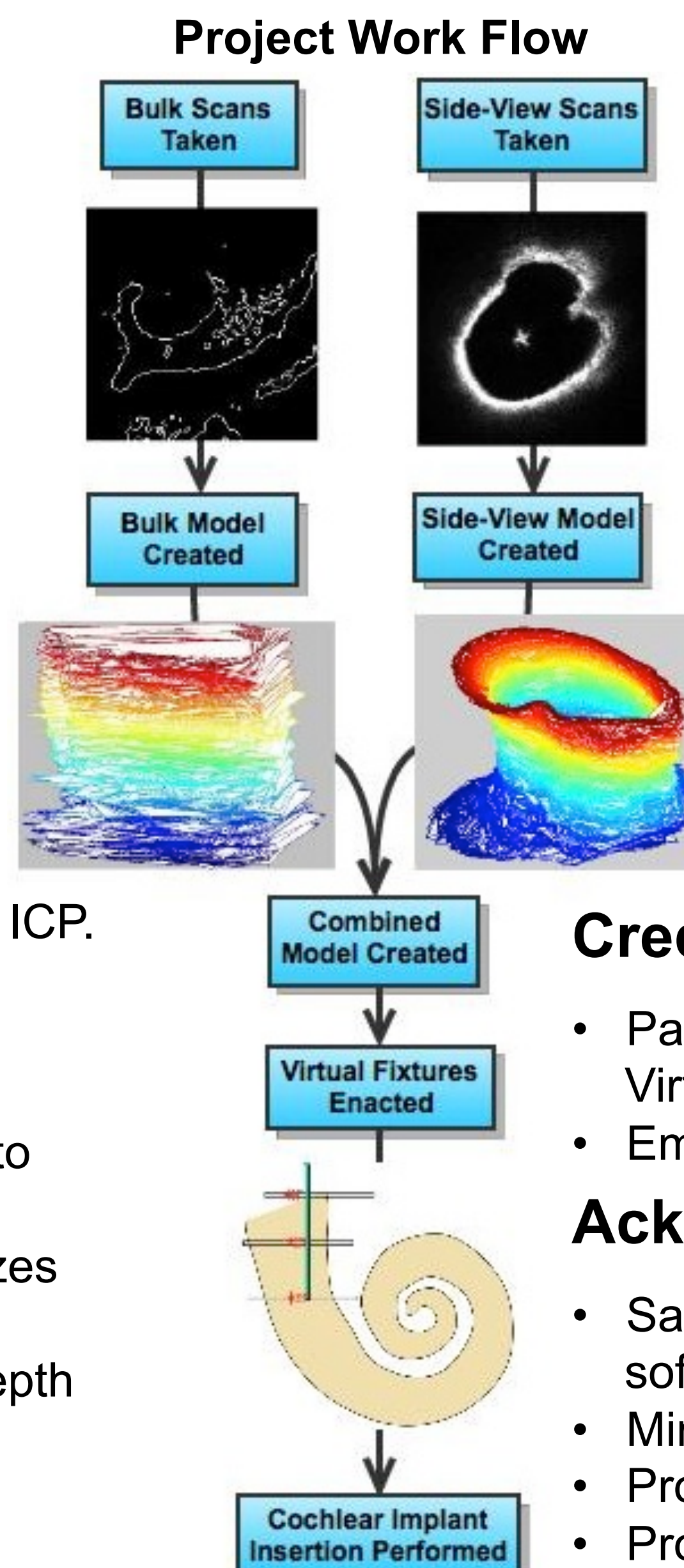
- **Lack of Visibility**
 - Surgeon must insert implant into cochlea without any visualization.
 - Only visual feedback is mark on implant indicating maximum depth of insertion.
- **Sensitivity of Cochlea**
 - Small forces, on the order of surgeon's hand tremor, can damage hairs inside cochlea and basilar membrane, impairing residual hearing.
- **Required Precision**
 - Incorrect insertion may necessitate subsequent insertion surgery.



Side-View Probe Setup

Methods

- **Bulk Scan OCT Imaging**
 - 5mm x 5 mm x 5 mm volumes of cochlea captured and stitched together.
 - Contours created from volume slices and used to create mesh model.
- **Side-View OCT Imaging**
 - Probe rotated inside cochlea and B-scans taken at several depths.
 - Contours created from B-scans and used to create mesh model.
- **Combined Model**
 - Transformation between models found using ICP.
 - Models combined by averaging contours.
- **Virtual Fixtures**
 - Using contour data, find vectors from tool tip position to cochlear axis at several depths into the cochlea.
 - Find incremental motion of robot that minimizes these vectors.
 - Stop motion when tool tip reaches optimal depth of insertion.



Outcomes

- Performed calibration between robot and bulk scanner, side-view probe.
- Individual and combined models created.
- Hand-tremor reduced with assistance of Steady-Hand Robot.
- Virtual fixtures enacted.

Future Work

- Improve process for creating side-view probe for stronger signal in wet bone and higher durability.
- Improve combined comprehensive model.
- Streamline system for clinical use.
- Paul will continue on this project in Fall 2013.

Lessons Learned

- Familiarity with OCT imaging and virtual fixture constrained optimization algorithms.
- Communication among members of the research team and owners of project dependencies is vital for success.
- It is important to be flexible with any project timeline as difficulties are bound to arise.

Credits

- Paul Wilkening – Side-View/Combined Models and Virtual Fixtures
- Emily Daggett – Bulk/Combined Models

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Publications

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