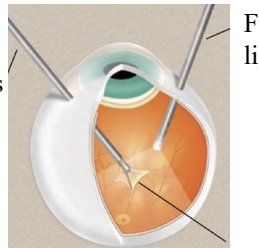


## Introduction

- Created kinematics model combining SHER (5 DoF) and I<sup>2</sup>RIS (2 DoF) robots
- Implemented optimization based inverse kinematics
- Cooperative control of the combined robot with Phantom Omni input device
- Validated in Gazebo simulation

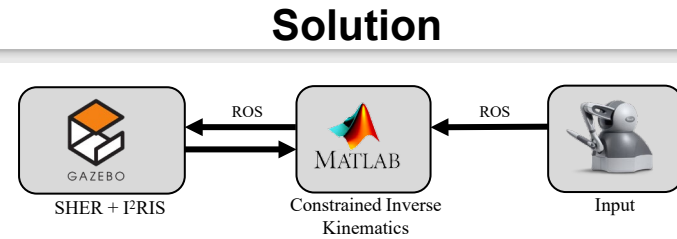
This project will help facilitate procedures like epiretinal membrane (ERM) peeling, by increasing the **dexterity** and **sensitivity** of the surgical tool in the confined vitreoretinal space, thereby **minimizing tissue damage** and increasing **ease of use** by the surgeon.



Epiretinal membrane removal

Fiberoptic light

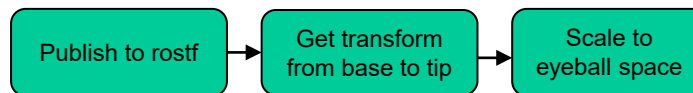
Cooperative control of SHER and I<sup>2</sup>RIS robots (in simulation), with input from Phantom Omni



## Major Assumptions

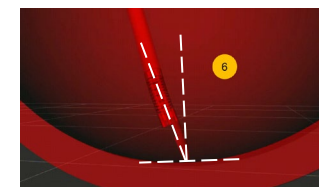
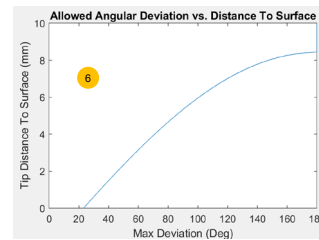
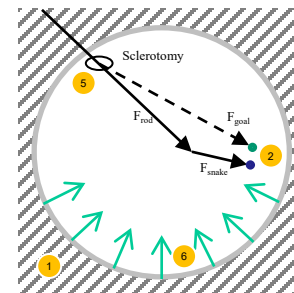
- Intraocular space is a sphere and perfectly registered
- Sclerotomy is perfectly registered
- Robot is rigid and dimensions perfect

## Input From Phantom Omni



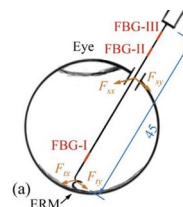
## Constraints

- The input is constrained to a *target\_goal* within the eye.
- The target goal moves towards the Omni's position at a proportionally, capped to *max\_speed*
- The joints are limited to predefined ranges [5]
- The change in joints are limited to the maximum angular/linear velocities
- The I<sup>2</sup>RIS robot is constrained to pass through the sclerotomy
- The orientation is constrained towards the surface normal as a function of the distance from the surface+



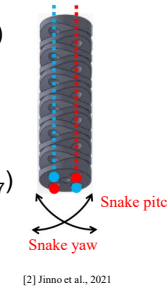
## Force Model

- FBG sensors gets x-y readings only
- Use multiple sensors to approximate forces at sclerotomy and end effector.



## I<sup>2</sup>RIS Forward Kinematics

- Each homogenous transformation is a rotation (*R*) and a translation (*p*): [R | p]
- Snake defined kinematically as series of no-slip virtual spheres; two "virtual joints" per segment
- Forward Kinematics:  $F_{SHER}(joints_{1:5}) * F_{snake}(joints_{6:7})$
- Same description in URDF (Unified Robot Description Format) for simulation



## Optimization Based Inverse Kinematics

- Given pos & orientation  $\vec{X}_{goal}$ : what is joint  $\vec{q}$ ?

$$Jacobian = \frac{\delta FwdKin(q)}{\delta q} \quad \Delta X = Jacobian \cdot \Delta q$$

while  $error_{pos} > 0.05 \text{ mm}$  and  $error_{rot} > 1.5^\circ$ :

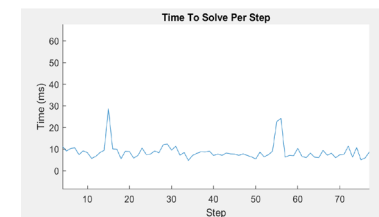
$$X_{curr} = FwdKin(q)$$

$$argmin_{\Delta q} \|Jacobian * \Delta q - (X_{goal} - X_{curr})\|$$

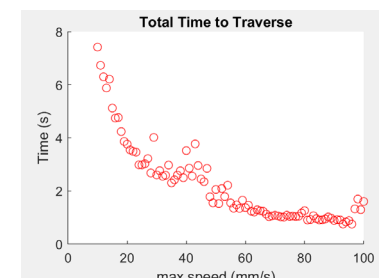
$$q = q + \Delta q$$

## Outcomes and Results

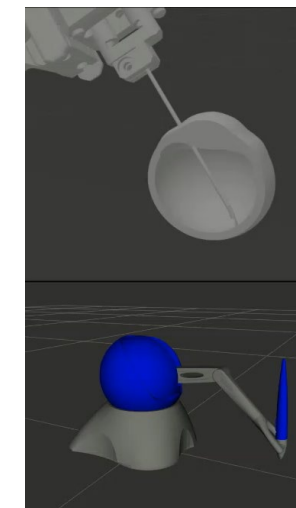
- Evaluated system by moving end effector along 2 pre-planned paths, as well as moving with Phantom Omni input
- Error between end effector in gazebo and goal is within tolerances
- Input is constrained into only "valid" spaces
- Inverse kinematics in real time is possible
- Close to real time response between user input and end effector



Time to Solve Inverse Kinematics



Speed Limit vs Time of traversal



Control with Phantom Omni

## Future Work

- Implementing system with physical robots
- Explore further constraints
- Evaluate performance, edge cases
- Implement force model and FBG sensors
- Haptic feedback

## Lessons Learned

- Throughout the project, we have been working with robot kinematics, robot object-oriented programming in MATLAB, robot simulation and communication using ROS, gazebo and rviz.
- Don't assume functionality described will "just work".

## Credits

- Kaiyu mainly worked on creating the robot simulation, implementing the optimization based inverse kinematics and programming the control of robot.
- Yishun mainly worked on forward kinematics and implementing control of robot with Phantom Omni.

## Publications

We plan to submit a paper to the ISMR conference by May 15th.

## Acknowledgements

Thanks to our mentors Prof. Iordachita and Dr. Gang Li for providing guidance and resources throughout the semester. Thanks to Prof. Taylor for giving us feedback and suggestions on our progress.

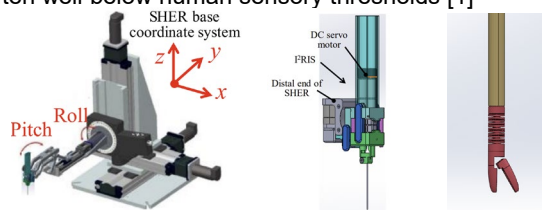
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## Problem and Prior Work

### Vitreoretinal surgery:

- Confined space
- Restricted motion of surgical tools
- Forces exerted between the ophthalmic tools and eye tissue are often well below human sensory thresholds [1]



### Previous work:

- Steady Hand Eye Robot (SHER) [4]
- Integrated Robotic Intraocular Snake (I<sup>2</sup>RIS) [2][3]
- A multi-function force sensing and variable admittance control algorithm [5]
- Controlled independently [5]

