

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

Jan Gumprecht



Brigham and Women's Hospital
and
Harvard Medical School

and
University of Mannheim

UNIVERSITÄT
MANNHEIM

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Table of contents

- 1 Introduction
- 2 Development
- 3 ValidationStudy
- 4 Discussion
- 5 Conclusion

Motivation

- **Liver cancer** is estimated the 6th most common cause of death from cancer in the USA in 2008 [3]
 - leading to **18,410 deaths** (12,570 men and 5,840 women).
- 5 year relative survival rate: 11 %
- Over the last 30 years **surgical resection** has been the “gold standard” treatment of malignant liver tumors [7]
- The outcome of the surgical resection depends on accurate delineation of the surgical margin to the tumor edge [1]



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Current Use of Ultrasound



Figure: 2D Ultrasound image

- Many surgeons still rely solely on intraoperative 2D ultrasonography (US) and have not recognized the advantages of intraoperative navigation support [10]
 - 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 [8]

⇒ 10,000s of patients continue to be exposed to unnecessary risks

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Image Guided Surgery

- **Navigation support for liver surgery** using pre-operative imaging has been introduced to overcome this problem [6].
 - Improves intra-operative orientation
 - Facilitates increased accuracy of tumor localization and resection
- **Pre-operative image guidance** in soft tissue organs, including liver, continues to be challenging [4] because of
 - tissue deformation
 - breathing artifacts
 - absent or reduced anatomical landmarks

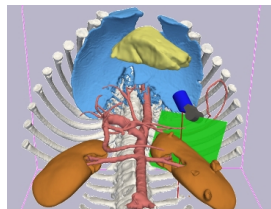


Figure: Image Guided Surgery

Alternative: Intra-operative 3D US based navigation [5]

- Increased intraoperative orientation
- Increased accuracy
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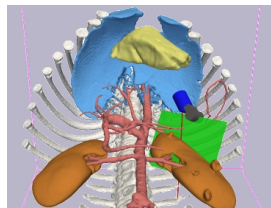


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Intraoperative Imaging using 3D Ultrasound

Problem: 3D US imaging has too slow update rates.

⇒ Application is limited to diagnostics

Solution

Based on this need I developed an open-source
Navigation System
with general purpose graphics unit (GPGPU) acceleration for
Real-Time Freehand 3D-US
using conventional hardware equipment.

⇒ Especially well suited for liver surgery

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4 Discussion

5 Conclusion

Hardware Design

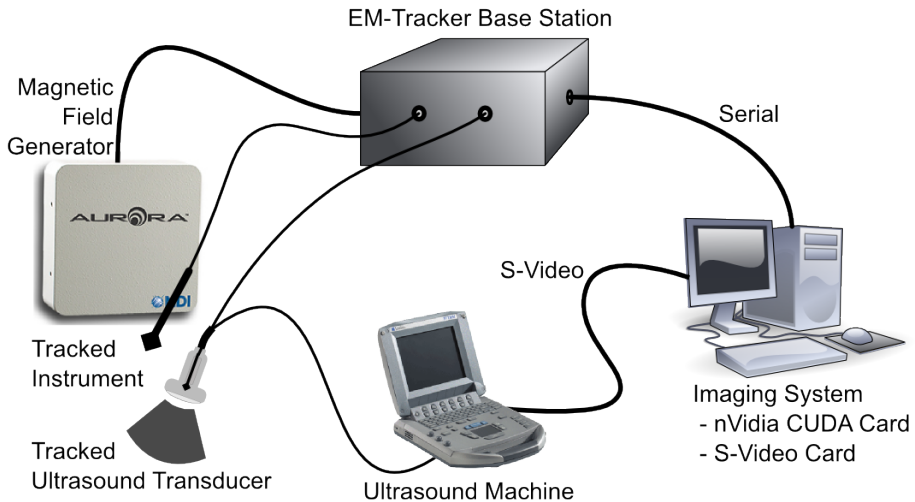


Figure: Hardware Design

Software Design

2 distinct Components:

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

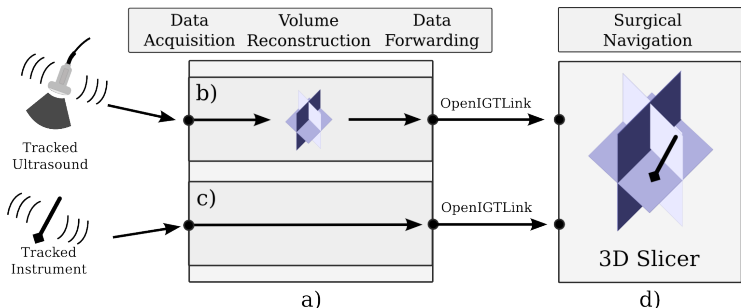
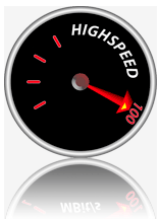


Figure: Software System Design

Software 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 interface 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 - Visualization Toolkit

- 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

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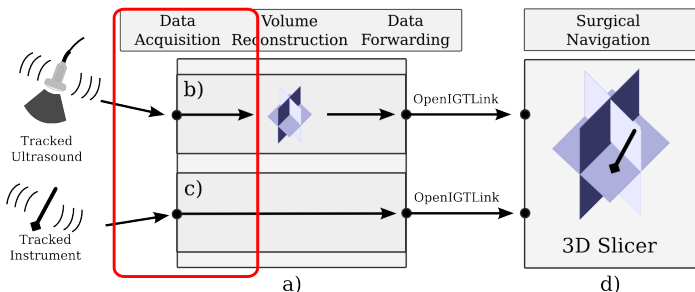


Figure: Software System Design

Data Acquisition

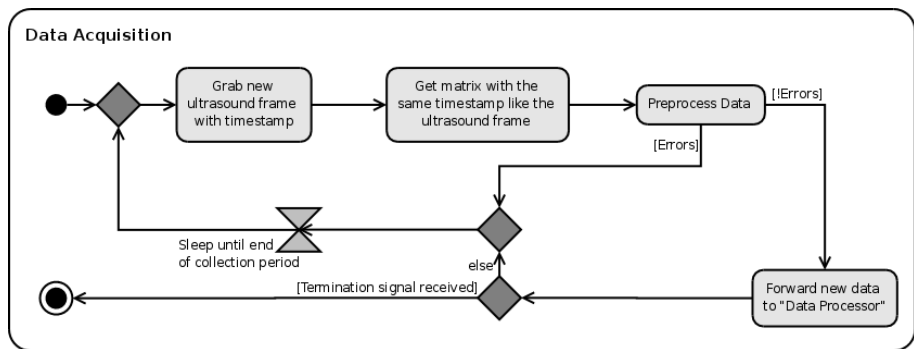


Figure: Activity Diagram: Data Acquisition

- VideoGrabbing: Video4Linux2

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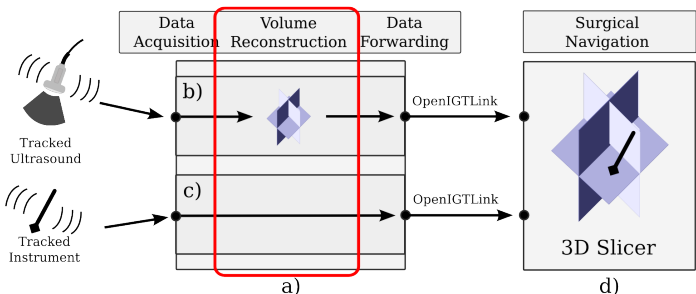
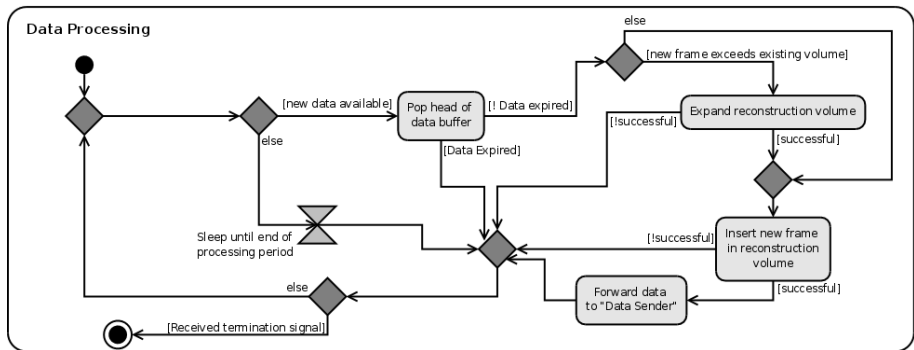


Figure: Software System Design

Data Processing - Volume Reconstruction



- Reconstruction Technique:
 - Pixel-based with interpolation kernel
- Alternatives:
 - Voxel-based
 - Function-based

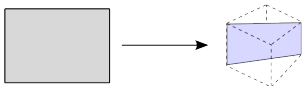


Figure: Volume reconstruction

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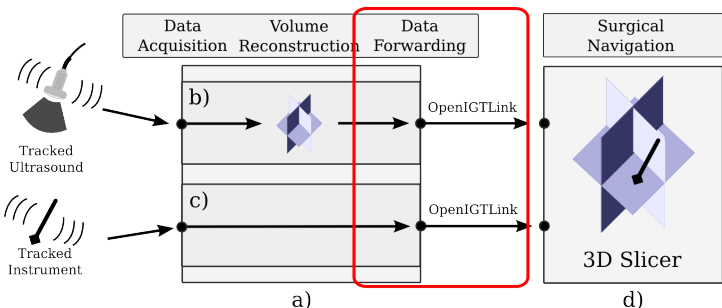


Figure: Software System Design

Data Forwarding

- **1 Thread:**
 - Prepare and send reconstructed volume
- **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

Instrument Tracking

2 distinct Components:

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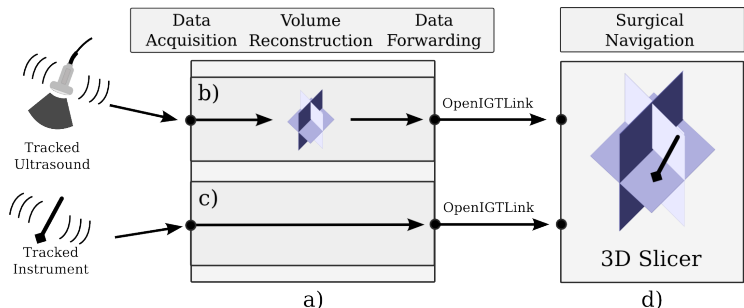


Figure: Software System Design

Visualization and Navigation

3D Slicer (www.slicer.org) was used as surgical navigation software

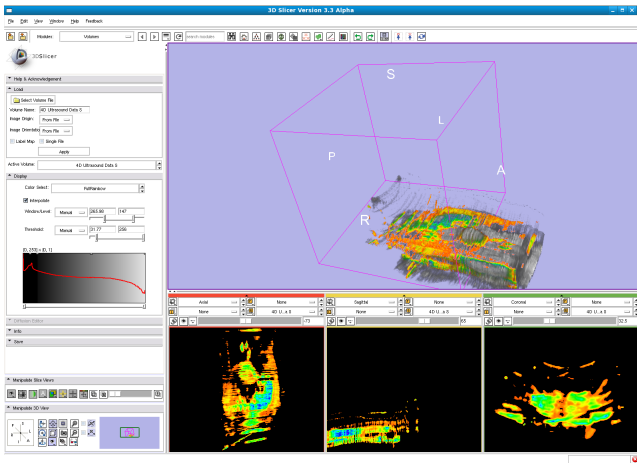
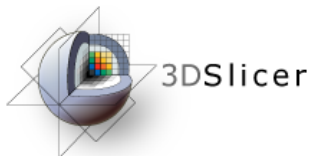


Figure: 3D Slicer displaying the scanned phantom

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
- **GPGPU Acceleration:** Newly developed extension for volume rendering
 - Performs all calculations on the graphics card
 - Uses nVIDIA CUDA
 - Reduces extensively the workload of the CPU



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- 3 ValidationStudy**
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Imaging System

Computer: Dell Inspiron 5300

- CPU: Intel Core 2 Quad
 - 4 Cores operating @ 2.5 GHz
- Memory: 3.2 GB DDR3
- Graphics Board: nVidia Geforce 8800 GTX
 - 768 MB DDR3 RAM
 - 128 Streamprocessors @ 575 MHz
 - CUDA compatible
- Video Capture Board: Hauppauge Impact
 - Brooktree 878 Chip

Ultrasound System: SonoSite Titan

- 2D transducer operating @ 5 MHz

Tracking System: NDI Aurora

- Technique: Electro-Magnetic
- Accuracy: Up to 1.1 mm



Figure: SonoSite Titan Ultrasound System

Freehand Tracked Ultrasound



Figure: Ultrasound transducer and tracker probe



Figure: Ultrasound probe with attached tracking sensor

Freehand Tracked Ultrasound



Figure: Ultrasound transducer and tracker probe



Figure: Ultrasound probe with attached tracking sensor

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

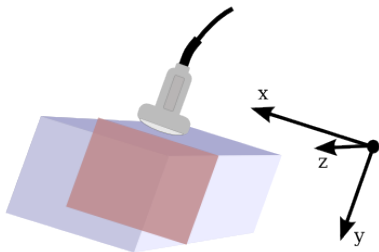


Figure: Scan movements were only performed along the z-axis to assess specific reconstruction properties

Accuracy Study



Figure: Photo of phantom with track instrument

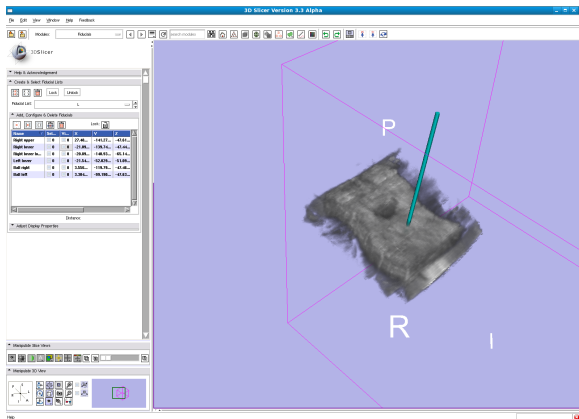


Figure: Reconstructed phantom and locator of the tracked instrument

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

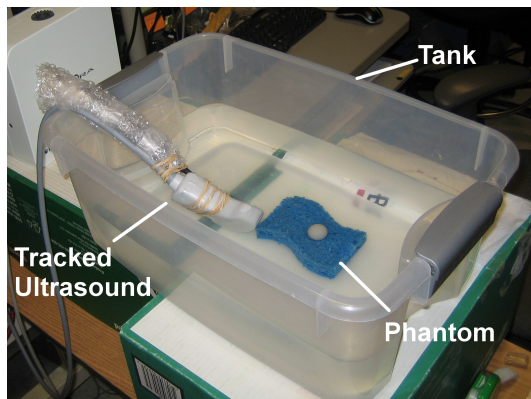


Figure: Study Tank with Phantom

Accuracy Study

Extension deviation of reconstructed volume

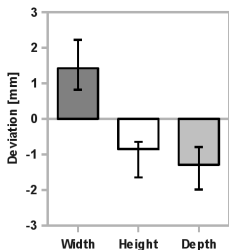


Figure: Extension deviation between phantom and reconstructed volume

Location deviation of tracked instrument

- Average instrument dislocation 6.3 ± 0.71 mm

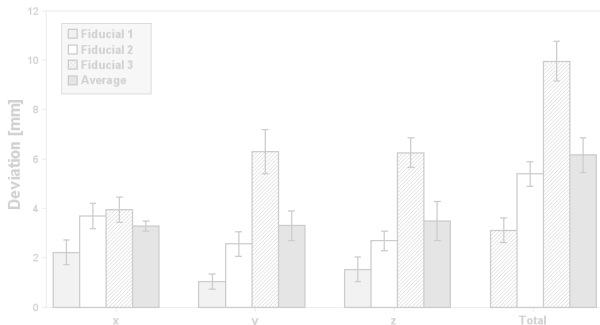


Figure: Location deviation of tracked instrument

Accuracy Study

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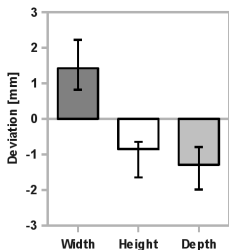


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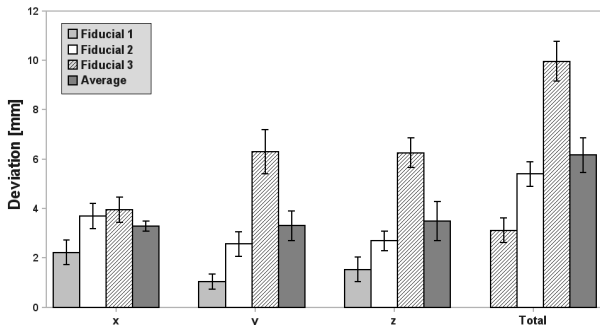


Figure: Location deviation of tracked instrument

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

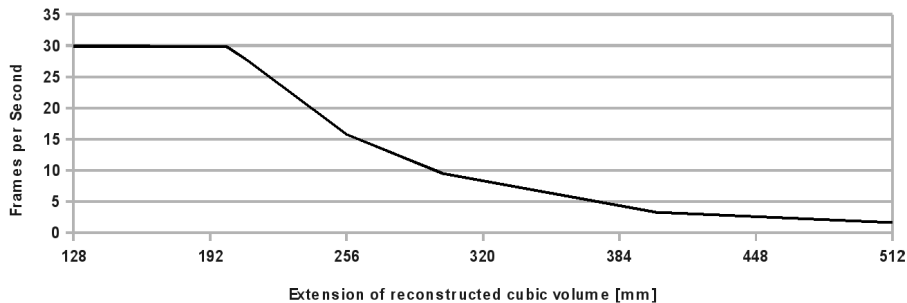


Figure: System performance

1 Introduction

2 Development

3 ValidationStudy

4 Discussion

5 Conclusion

Discussion

- Very high accuracy
 - 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**

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Conclusion

Real-time Ultrasound has been around for almost 20 year [9] but the system is the first to demonstrate:

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

In conclusion the system has the potential to

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



**Thank you
for
your
Attention**



I am looking forward to your questions
and

I hope you will give me the opportunity
to share my enthusiasm with you



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