

April 20, 2022



HIPSTER

Spring Validation Demonstration

Autonomous Reaming for Total Hip Replacement
(ARTHUR)



The Team



Kaushik Balasundar

Perception and
Sensing Lead



Parker Hill

Mechanical
Systems
Engineering Lead



Anthony Kyu

Controls and
Actuation Lead



Gunjan Sethi

Software
Engineering Lead



Sundaram Seivur

Trajectory Planning
Lead

Contents



- Use Case
- Project Overview
- Workspace
- Recorded Tests
 - Hand-Eye Calibration
- Live Tests
 - Free Motion Mode
 - Pointcloud Collection
 - Controls
 - Dynamic Compensation
 - Reaming the Pelvis
- Discussions and Questions

Use Case

Of the 100 manual surgeries, 30-45% of them observed the implant within the Lewinnek safe zone and of the 100 robotic-assisted surgeries, 77% were within the safe zone.

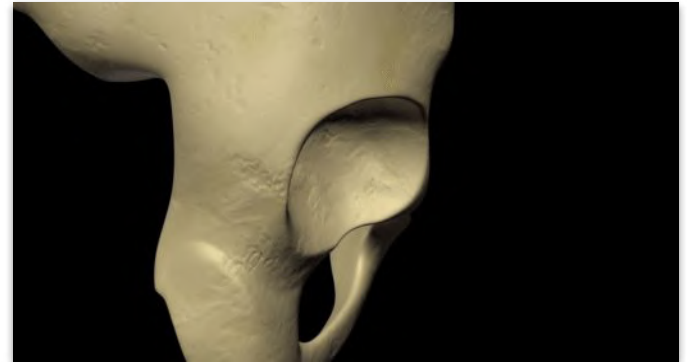
01

Study on the future projections on the number of total joint replacements in the US, show that up until 2040, we can expect an increase in the requirement of a THR for both sexes by approximately 280%.

02

A doctor may recommend hip replacement if there exists significant *pain*, *inflammation* and *damage to the hip joint* due to conditions such as:

- Osteoarthritis (most common)
- Rheumatoid arthritis
- Osteonecrosis (avascular necrosis)
- Injury such as hip fracture
- Tumor in the hip joint

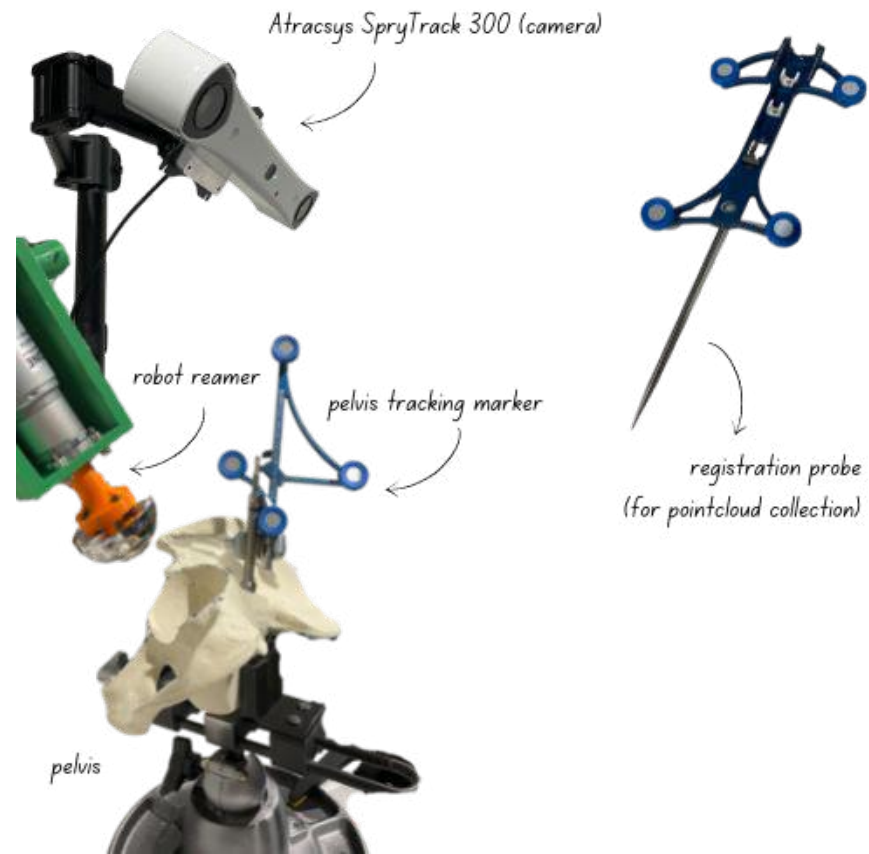
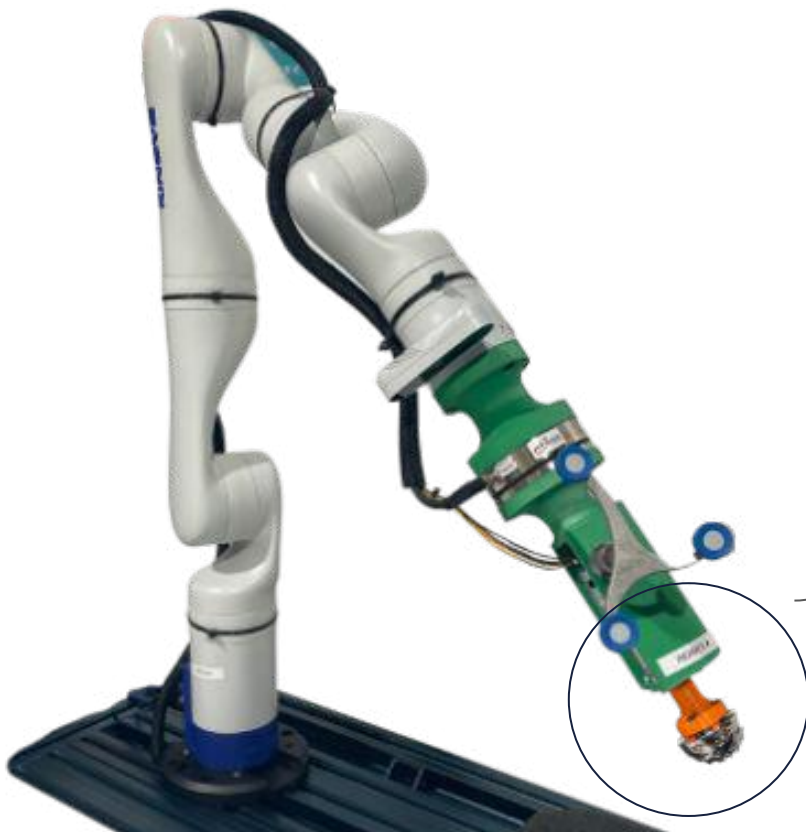


Overview



A fully autonomous robotic arm aimed at performing acetabular reaming with high accuracy, eliminating the need of surgeons to use intuition to correctly position/angle the reamer.

Workspace



Tests

- Hand-Eye Calibration (Recorded)
- Free Motion Mode
- Pointcloud Collection
- Landmark Selection + Registration
- Planning
- Controls
- Dynamic Compensation
- Reaming the Pelvis



Hand-Eye Calibration



- **Objective:** Find transformation between /base_link (world) frame of robot and /camera frame
- Eye-on-base problem
- Marker used as calibration target
- Calibration done using OpenCV library's Tsai-Lenz algorithm implementation

Activities rqt_easy_handeye
Apr 19 14:37

Form

Info

Name:

Type:

Tracking Base Frame:

Tracking Marker Frame:

Robot Base Frame:

Robot Effector Frame:

Calibration algorithm:

Actions

Take Sample

Remove Sample

Compute

Save

Samples

```

1)
hand->world
translation: [-0.87, +0.05, -0.41]
rotation: [-0.57, +0.44, -0.47, +0.51]
camera->marker
translation: [+0.39, -0.03, +1.05]
rotation: [-0.13, +0.04, +0.98, -0.09]

```

Result

visualization.rviz - RViz

File Panels Help

Interact Move Camera Select Focus Camera Measure 2D Pose Estimate 2D Nav Goal Publish Point

Time

ROS Time: 1650393425.54 ROS Elapsed: 82.46 Wall Time: 1650393425.57 Wall Elapsed: 82.37

Reset Left-Click: Rotate. Middle-Click: Move X/Y. Right-Click/Mouse Wheel: Zoom. Shift: More options.

Experimental 31 fps

Free-Motion Mode



Free motion mode will allow the surgeon to move the end-effector to the patient's acetabulum before executing the trajectory. The robot arm stays in place unless the surgeon moves it by hand.



Of the 100 manual surgeries, 30-45% of them observed the implant within the Lasevnik safe zone

Of the 100 manual surgeries, 77% of them observed the implant within the Lasevnik safe zone

The patient moves due to reaming forces.

The robot automatically aligns with the moved pelvis (*dynamic compensation*)

Anatomical Terms

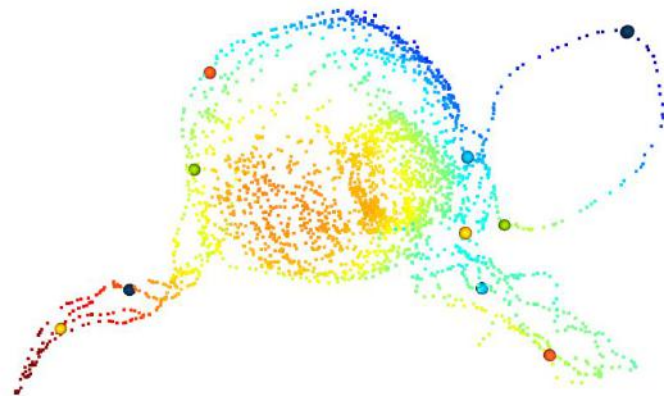
Acetabulum: A socket that forms the ball-and-socket hip joint with the femoral head. In the location we are reaming for a cup implant, the acetabulum is the acetabulum. The acetabulum is a shallow depression in which our fiducial marker is fixed. The acetabulum is a shallow depression and anteversion of $40 \pm 10^\circ$ and $15 \pm 10^\circ$ is the chance of dislocation when fitting a cup. The acetabulum is a shallow depression, our system's performance requirements. The acetabulum is a shallow depression, a spherical cutting shell which can fit into an acetabulum. The acetabulum is a shallow depression, a spherical shape for an acetabular cup implant.

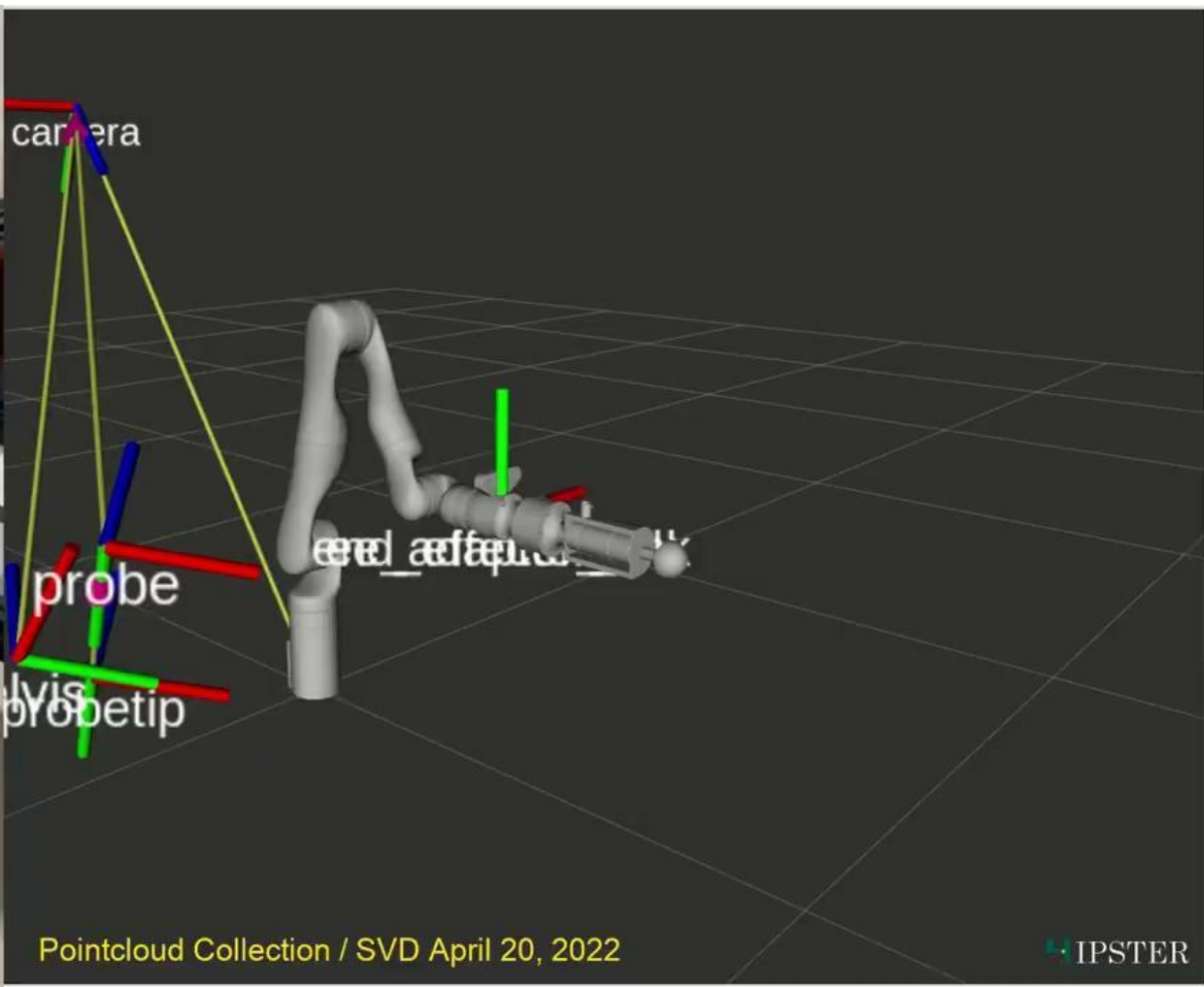
MIPSTER

Pointcloud Collection

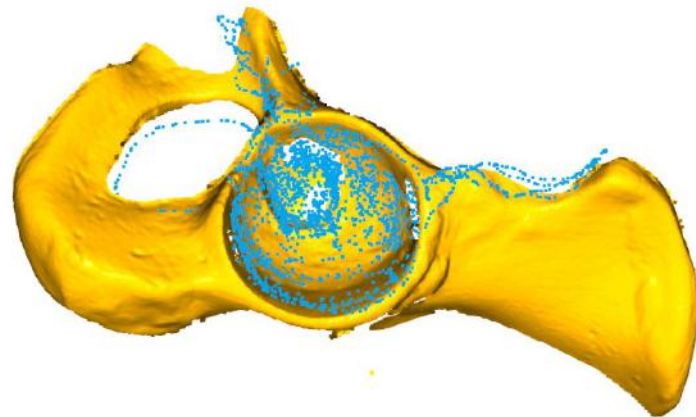
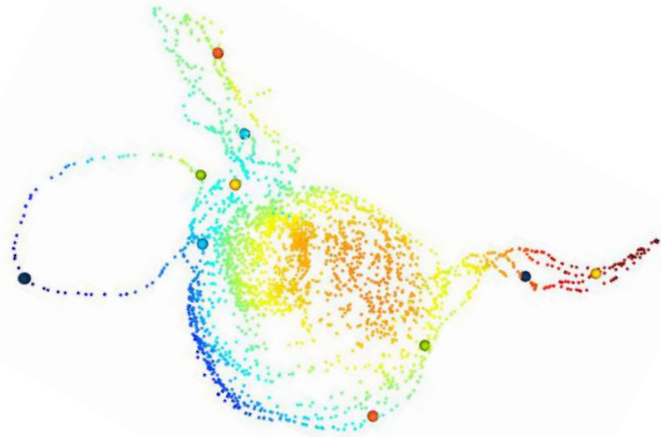


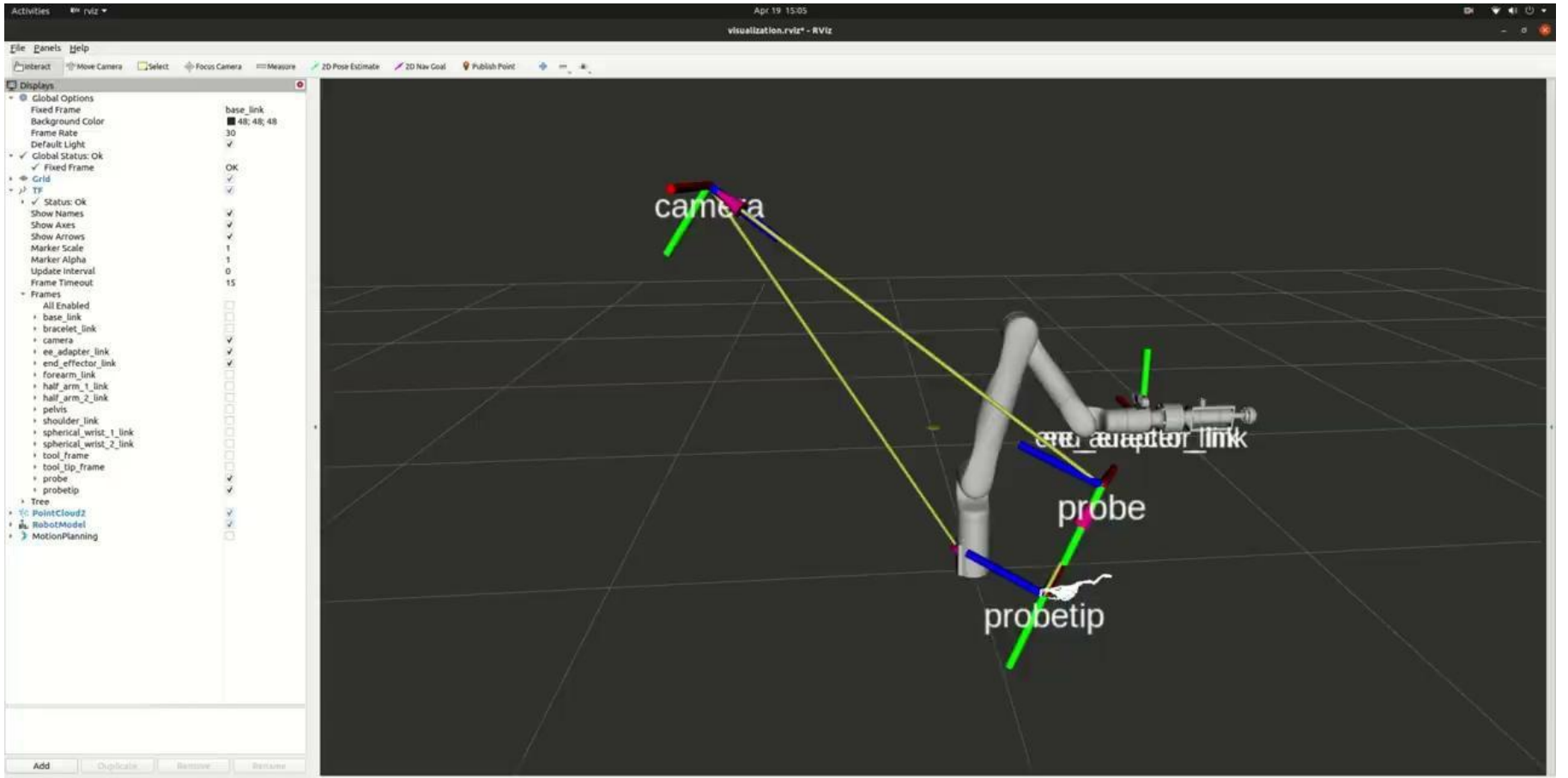
*registration probe
(for pointcloud collection)*





Landmark Selection + Registration







Latency & Error Detection

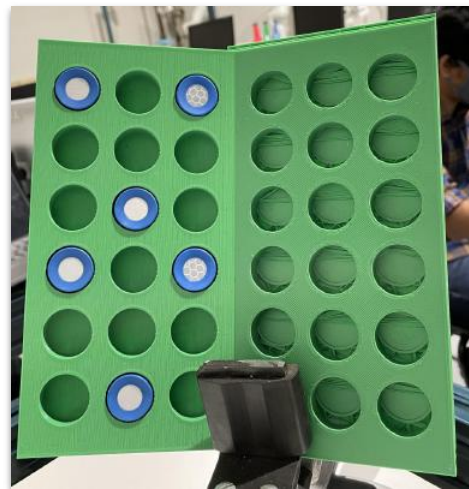
○ Latency Test Procedure

- i. Clamp test model to Vention table.
- ii. Place a fiducial marker on the robot's end-effector.
- iii. Record the end-effector marker's pose from the camera.
- iv. Record time to get end-effector pose.

○ Error Detection Test Procedure

- i. Place a marker in the initial slot on the test model. Record its pose.
- ii. Move the marker to the planar slot. Record its pose.
- iii. Move the marker to the slanted slot. Record its pose.
- iv. Record computed translation and orientation error for the new marker positions.

```
min: 0.010s max: 0.026s std dev: 0.00097s window: 379
average rate: 54.033
min: 0.010s max: 0.026s std dev: 0.00092s window: 433
average rate: 54.035
min: 0.010s max: 0.026s std dev: 0.00088s window: 487
average rate: 54.032
min: 0.010s max: 0.026s std dev: 0.00085s window: 541
average rate: 54.034
min: 0.010s max: 0.027s std dev: 0.00095s window: 595
average rate: 54.036
min: 0.010s max: 0.027s std dev: 0.00092s window: 649
```

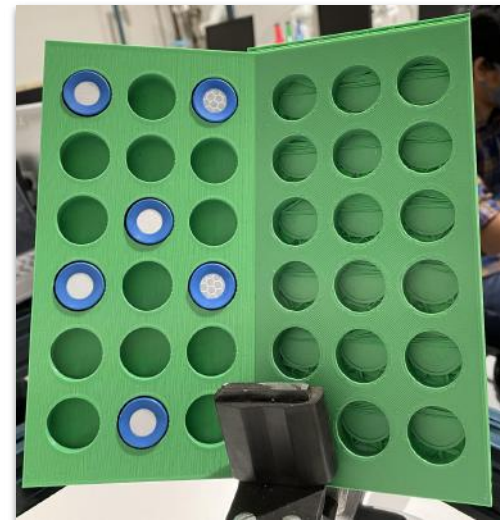
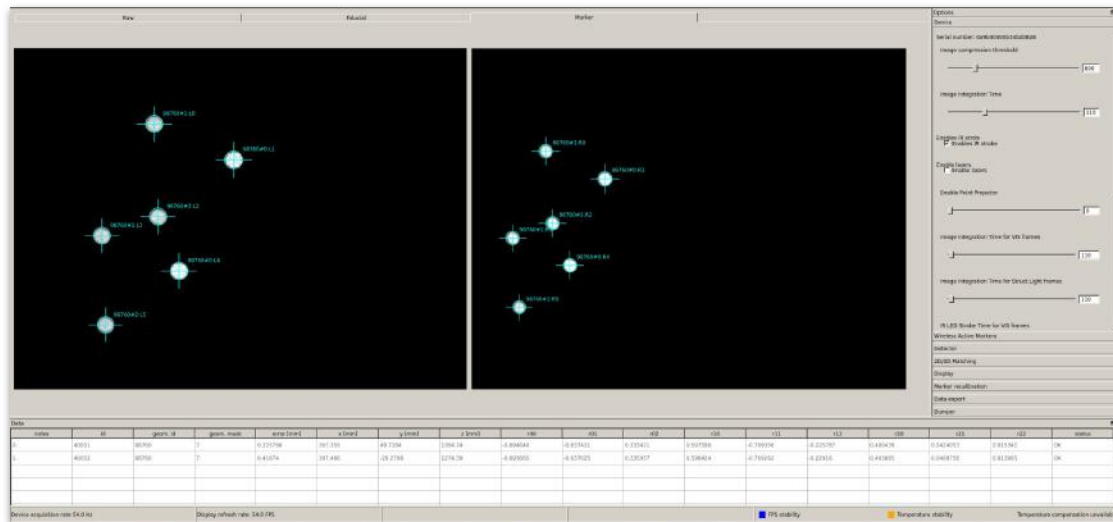




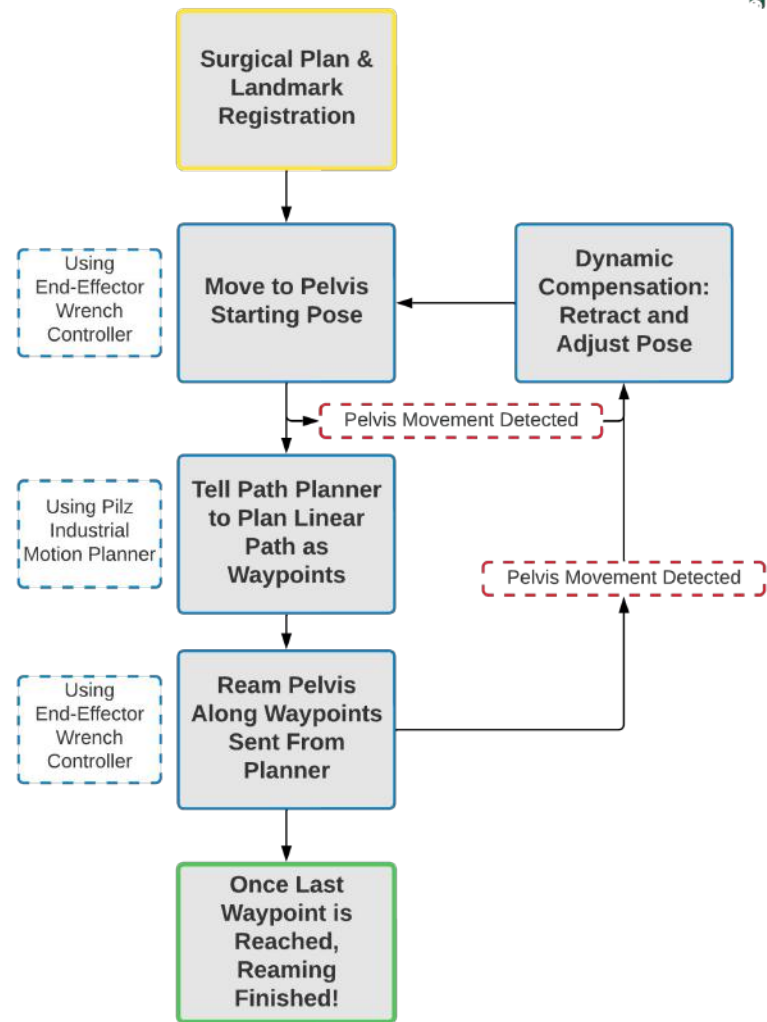
Latency & Error Detection

Performance Requirement:
Position Error $\leq 3\text{mm}$
Orientation Error ≤ 3 degrees
Latency < 500 ms

Current System Performance:
Position Error $\leq 2\text{mm}$
Orientation Error ≤ 3 degrees
Latency ~ 20 ms



Planning, Controls and Reaming





Reaming Operation

Dynamic Compensation

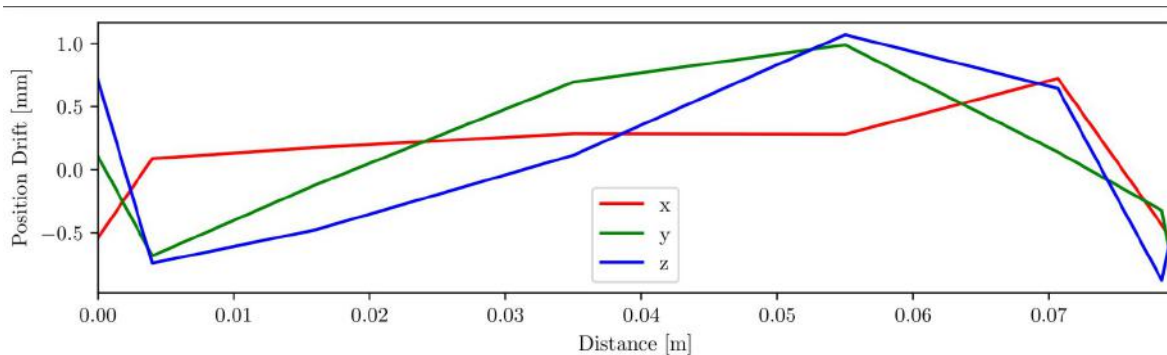
During total hip replacement surgery, the forces acting on the patient while reaming are high due to which the patient moves. ARTHuR constantly checks for any movement of the patient above a certain threshold and re-plans the trajectory of reaming if that threshold were to be crossed.



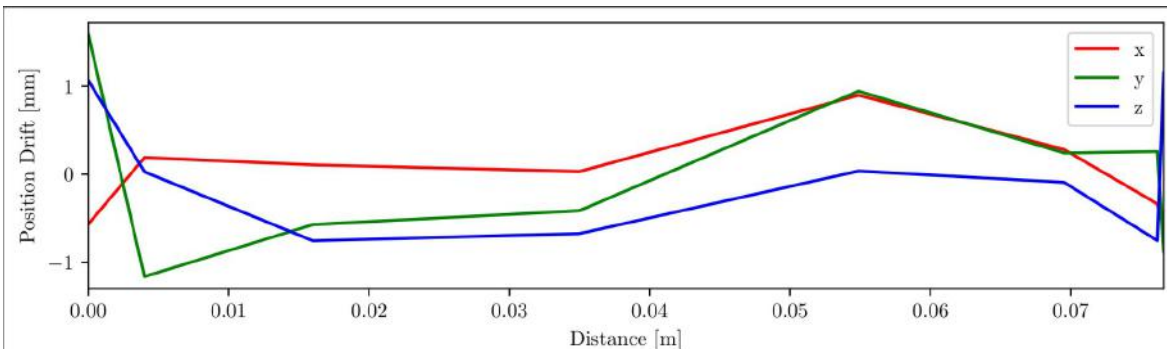




Trajectory Evaluation



Test 1



Test 2

	Req	Current
x	3mm	1.5mm
y	3mm	2.4mm
z	3mm	1.8mm

Orientations threshold: **5 degrees (rpy)**

April 20, 2022

Smith+Nephew



HIPSTER

Questions and Discussion

Autonomous Reaming for Total Hip Replacement
(ARTHUR)

