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Autonomous Reaming for Total Hip Replacement (ARTHuR)

The Team

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Contents

- Project description
- Use case/System graphical

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representation

- System-level requirements
- **Functional architecture**
- Cyberphysical architecture
- Current system status
- Project management
- **Conclusions**

Motivation

A doctor may recommend hip replacement if there exists **significant pain, inflammation and damage to the hip joint.**

When is the surgery successful? Acetabular implant is within **Lewinnek Safe Zone**.

What is the current success rate? **Less than 50%** of manual surgeries are within the Lewinnek safe zone

Why?

Surgeons **cannot see site of surgery** very well. Lots of **forces** involved.

Project Description

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.

Use Case

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System Level Requirements

Mandatory Functional Requirements

The system will

M.P.1.1 **Localize** the robot arm with a **latency less than or equal to 50 ms**

M.P.1.2.1 **Localize** the robot arm with respect to the pelvis with a **position error of less than 1 mm**

M.P.1.2.2 **Localize** the robot arm with respect to the pelvis with an **orientation error less than 1.5 degrees**

M.P.2 **Plan** the trajectory based on the given surgical plan with a **latency less than or equal to 150 ms**

M.P.3.1 **Execute** surgical plan by reaming along the trajectory with an **position error of less than 1 mm 3 mm**

M.P.3.2 **Execute** surgical plan by reaming along the trajectory with an **orientation error of less than 1.5 degrees 3-degrees**

M.P.4.1 **Compute** error and interpret the movement of the pelvis with a **latency less than or equal to 50 ms**

M.P.4.2 **Generate** a new trajectory **if the errors are greater than 1 mm or greater than 1.5 degrees**

M.P.5 **Adapt and compensate** for movement by generating a new trajectory with **latency less than or equal to 150 ms**

M.P.6 **Allow** the surgeon **to place the robot arm** to an initial position by **back-driving the robotic arm**

M.P.7 **Provide** the surgeon with **visual feedback** with a **latency less than or equal to 150 ms**

M.P.8 **Allow** the surgeon to **e-stop** the system, stopping the system **within 500 ms**

Justification: Kinova Gen3 Arm Accuracy Limitation

System Level Requirements

Mandatory Non-Functional Requirements

The system will

- M.N.1 **Produce forces low enough** for it to be safe around humans
- M.N.2 **Provide** a minimal and easy-to-interpret **user interface** design for surgeons
- M.N.3 **Autonomously detect malfunctions** and errors and notify user accordingly

Functional Architecture

Cyberphysical Architecture

Current Progress

Current System **Status**

- **Targeted Requirements**
- **Overall System Depiction**
- Subsystem Descriptions and Analysis
- SVD Performance Evaluation
- Video Excerpt
- Strong/Weak Points

Targeted Requirements

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Overall System Depiction

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Subsystem Depictions and Progress

- Hand-Eye Calibration
- Perception and Sensing
- **Motion Planning and Controls**
- **Hardware**

Hand-Eye Calibration

Perception and Sensing

Perception and Sensing

Frame Handler Pelvis Tracker

- \checkmark Linked with Atracsys SDK C++ libraries
- ✓ Receives 6DOF positions in *ftkFrame type
- ✓ Typecastes all poses to standard ROS message types
- Publishes all poses to topics
- ✓ Broadcasts all poses as transforms

- Continuously subscribes to /pelvisPose
- ✓ Checks if changes in pelvis pose are beyond error thresholds
- ✓ Publishes a boolean error on topic if error thresholds are crossed

Perception and Sensing

Pointcloud Collection Registration

- Uses a registration probe to record a sparse or dense pointcloud
- \checkmark Records points continuously as sensor_msgs/PointCloud2 message type.

- ✓ Performs initial manual landmark selection of 4-8 points
- ✓ Performs ICP-based registration between pre-scanned pelvis model and collected pointcloud
- ✓ Outputs the calculated transformation

Testing & Evaluation

MINI U.UIUS MGA: U.UZOS Sturuev: U.UUU9/S WINGOW: 3/9 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

Motion Planning and Controls

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Motion Planning and Controls

- ✓ Uses pilz industrial motion planner
- Takes reaming end point from perception system
- ✓ Plans linear path between current pose & reaming end point
- ✓ Takes input from controller node to plan new trajectory if dynamic compensation is triggered

- Uses Kinova Gen 3's Wrench Controller API
- Takes desired waypoint from Arthur Planning
- ✓ Calculates error in current vs desired pose
- ✓ Uses PID to calculate output wrench for wrench controller

MPC Preliminary Analysis

Wrench Controller Preliminary Analysis

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Perception + Planning + Controls

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Dynamic Compensation

Testing & Evaluation

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Hardware

Hardware

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Anthony (surgeon?)

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End-Effector Design Evolution

Hardware **PCB Design**

Б D CONTROLLER Power Indicator LEDs Power Suppl IADUZNO .C 在最高的水源的用 MICROCONTROLLER To Motor $\frac{6000}{34775}$ 8800 **CID LONNELTON**

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Force-Torque Sensor

Hardware

Potential Improvements

End-Effector:

- Potential redesigns for more stability:
	- Turn end-effector 90°
	- Machine end-effector from aluminum or manufacture from plastics
	- Idea from Ben: Use similar design to Curiosity Rover's Drill

PCB:

Want to recreate PCB to get the entire motor controller on one board

FT Sensor:

- Use other communication protocols instead of Telnet
- Perform our own biasing rather than relying on the sensor

Hardware Analysis

Necessary Torque for Acetabular Reaming

From "A cadaver-based biomechanical model of acetabulum reaming for surgical virtual reality training simulators" by Pellicia

"In orthopedic surgery, reamers are driven by medical electric drill and the rotation speed is generally low, and no greater than 400 rpm" From "Study on cutting force of reaming porcine bone and substitute bone" by Liu

No Load Speed: 612 rpm

Stall Torque: 1.6 Nm

Assuming a linear relationship between speed and torque, the motor should be able to maintain 400 rpm at 0.52 Nm.

SVD Performance Evaluation

Our personal thoughts:

- We think we did great and are super proud of how our demo turned out!
- Hope it was fun (if only a little bit scary to watch)!
- SVD went pretty much flawlessly and no errors showed themselves
- SVD-E had some bugs
	- Force-torque bias issue led to motor turning on too early
	- Trajectory issue where it got stuck at a waypoint
- Thanks for coming and watching!

SVD Performance Evaluation

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Autonomous Reaming for **Total Hip Replacement** $(ARTHuR)$

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MRSD Class of 2023: Team C Kaushik Balasundar | Parker Hill | Anthony Kyu Sundaram Seivur | Gunjan Sethi

Strengths and Weaknesses of System

Edge Cases

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§o§ Vibration

Project Management

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- Work Breakdown Structure
- **Schedule Status**
- Test Plan
- Budget Status
- Risk Management

Work Breakdown Structure

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Work Breakdown Structure

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Project Management

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Spring Schedule

Project Management

Schedule

Status: **On Track!**

A. Perception

- ✓ Marker Detection & Tracking
- ✓ Error Detection
- ✓ Point Cloud Collection
- ✓ Registration
- ✓ Dynamic Compensation

B. **Motion Planning**

- ✓ IK-Fast Plugin
- ✓ Pilz Planning Pipeline
- \checkmark Latency < 500 ms

C. Controls

- ✓ Preliminary Dynamic Compensation
- ✓ Wrench Controller

D. **Hardware**

- ✓ Preliminary PCB
- ✓ Preliminary Reamer end-effector design
- ✓ Force-Torque Sensor

Test Plan

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Test Plan: PR Goals

PR1:

- 1. Wireframes for surgeon I/O
- 2. Ideas & plans for dynamic compensation
- 3. Ideas for hardware improvement

PR2:

- 1. Basic implementation of dynamic compensation
- 2. Optimization for lower planning time
- 3. Increased robustness of perception and controls sub-systems

PR3:

- 1. Open3D & Marker Visualizations on Surgeon I/O
- 2. Improved hardware designs in CAD
- 3. Updated simulation environment

PR4:

- 1. Watchdog integration
- 2. Prototype & test improved hardware
- 3. Pointcloud collection visualized on Surgeon I/O

PR5:

- 1. Finalize hardware
- 2. Integrate planning & controls visualization in Surgeon I/O
- 3. Real-time dynamic compensation

PR6:

- 1. Full system integration
- 2. Fully functional surgeon I/O
- 3. Repeatability Testing

Fall Validation Demonstration

Location: NSH B512 **Necessary Equipment:** Atracsys camera and vesa mount, Sawbone pelvis and vise, Kinova Gen-3 robot arm, Vention table, reaming end-effector, MRSD Computer, Motor control PCB

Fall Validation Demonstration

Procedure

Fall Validation Demonstration

Procedure

- 1. Begin by setting up the work environment by **clamping the Sawbone pelvis** in a new position in a vise, **fixing a fiducial marker screw mount** on the pelvis, and **placing the fiducial marker** onto the end-effector of the robot arm.
- 2. Utilizing a probe, the **pelvis will be localized** using a point cloud to fit the pelvis to a known pelvis mesh, from which the endpoint of the reaming operation will be determined
- 3. Utilizing free motion mode, the **robot arm will be placed** near the center of the acetabulum.
- 4. The **reaming operation would then be started**, allowing the robot arm to localize itself with respect to the pelvis and begin generating a motion plan.
- 5. Once the **reaming motor turns on and the arm begins to move**, contacting the pelvis, the e-stop is hit to demonstrate the safety of the system.
- 6. The **robot arm will then be reset with free motion mode** and the reaming operation would then be allowed to progress freely.
- 7. As the robot arm begins to ream the acetabulum, the **pelvis would be shifted by hand** using the vise, to demonstrate the robot arm's capability of adapting to pelvic motion.
- 8. When the robot arm has completed the reaming operation, it will **remove itself from the pelvis**, and the resulting acetabulum can be analyzed.

Budget Status

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Risk Management

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*Red indicates biggest risks

Risk Management

Risks Realized and Mitigated

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Before PDR After SVD-E

Conclusions

• Lessons Learned

• Key Fall Activities

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- **Key Fall Activities**

Lessons Learned

- Fail faster and pivot!
	- \circ MPC \rightarrow PID Controller
	- Reamer Design
- Better use of Jira
	- Time logging
	- Consistent Updates
- **Better Knowledge Transfer**
- Rigorous Testing Framework
	- Unit Testing
	- Continuous Integration / Development

T Jira

Key Fall Activities

- **Improving System Robustness**
- Surgeon I/O Design
	- Better System Usability
	- Coherent Integration
- Watch Dog $&$ Dynamic Compensation
- Update Simulation Environment
	- \circ Better simulator for rapid & accurate testing
- **Improving Controller**
	- If time permits
	- Improve MPC convergence speed

Summary

- Successfully demonstrated autonomous reaming:
	- Point Cloud Collection
	- Registration
	- Error Detection
	- Motion Planning
	- Wrench Controller
	- Dynamic Compensation
- Full system integration
- Performance Validation

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Thank You! See you next semester :)

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