

# Image Guided Therapy (IGT) and robot registration

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- **Image-guided surgery (IGS)** is any [surgical](#) procedure where the [surgeon](#) uses *tracked surgical instruments* in conjunction with *preoperative or intraoperative* images in order to directly or indirectly guide the procedure. Image guided surgery systems use cameras, ultrasonic, electromagnetic or a combination of fields to capture and relay the patient's anatomy and the surgeon's precise movements in relation to the patient, to computer monitors in the operating room. This is generally performed in real-time though there may be delays of seconds or minutes depending on the modality and application. (Wikipedia)

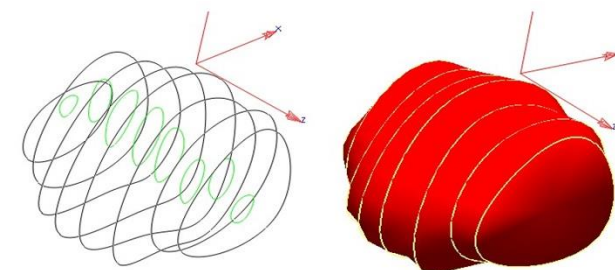
# Research topics



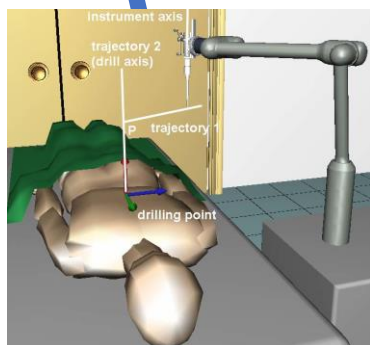
Imaging



Sensors



Modeling



Robotics

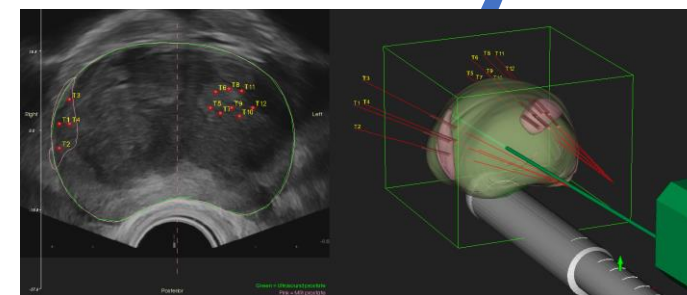


Image registration

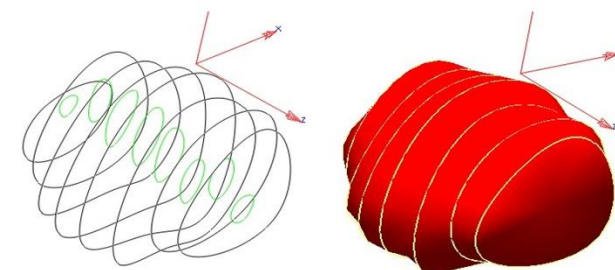
# Research topics



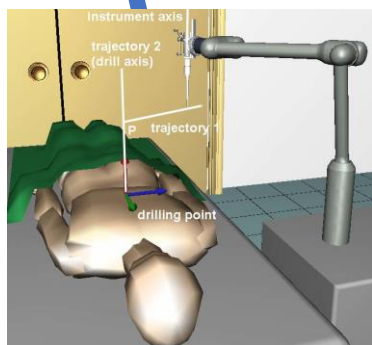
Imaging



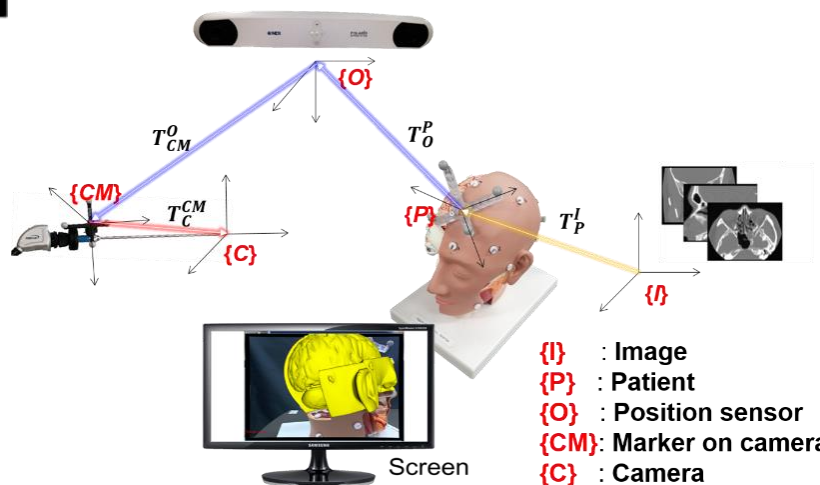
Sensors



Modeling



Robotics



$T_C^{CM}$  is transformation matrix from tracker to camera

Navigation

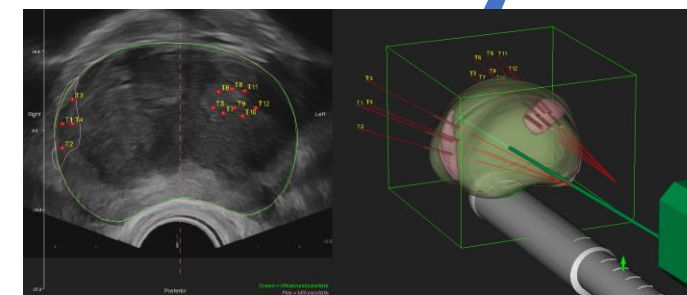
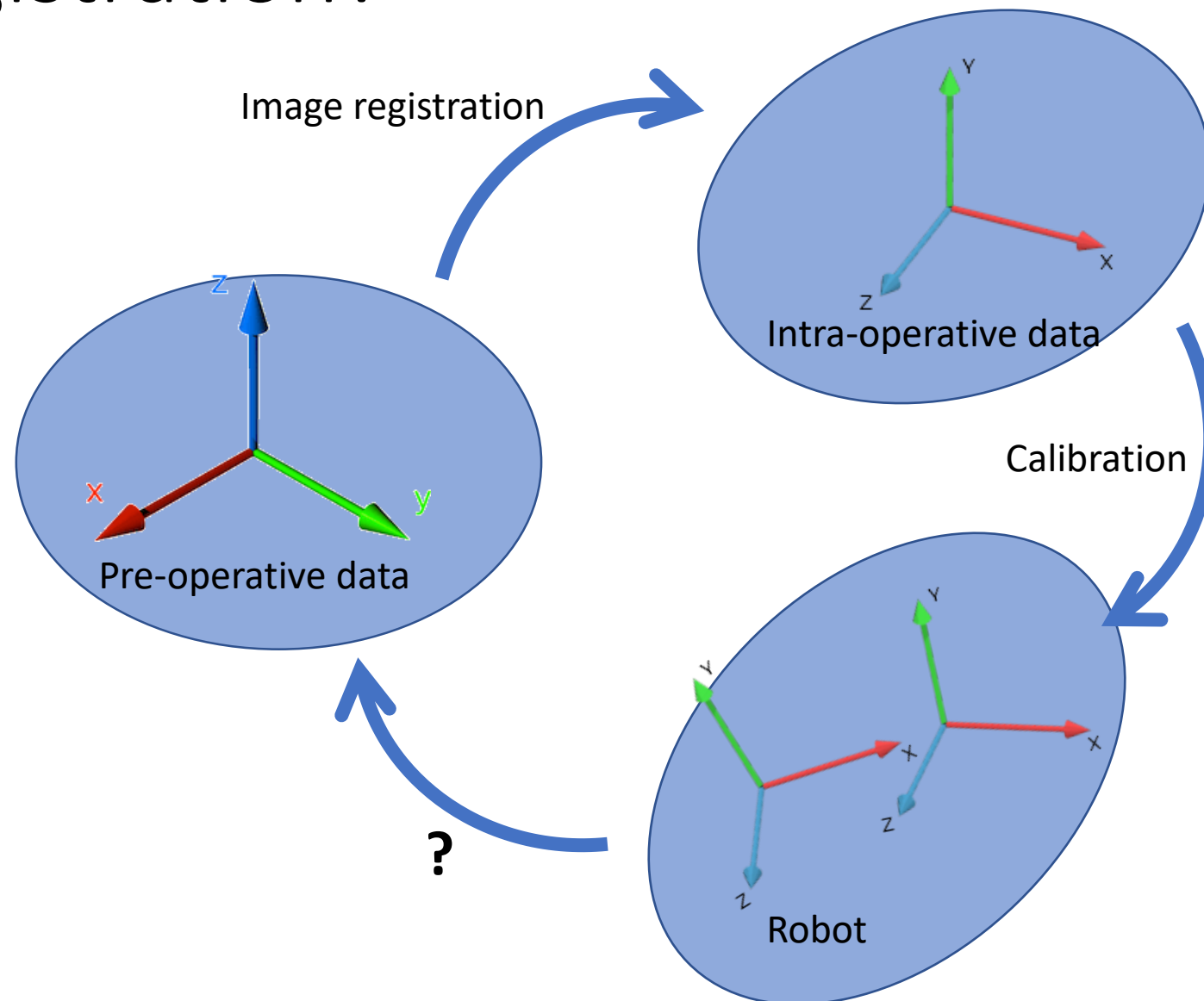


Image registration

# What is robot registration?

- Registration consists in determining the geometric relationships between two reference frames
- Robot registration consists in transferring the planning to the robot coordinate system



# Tools

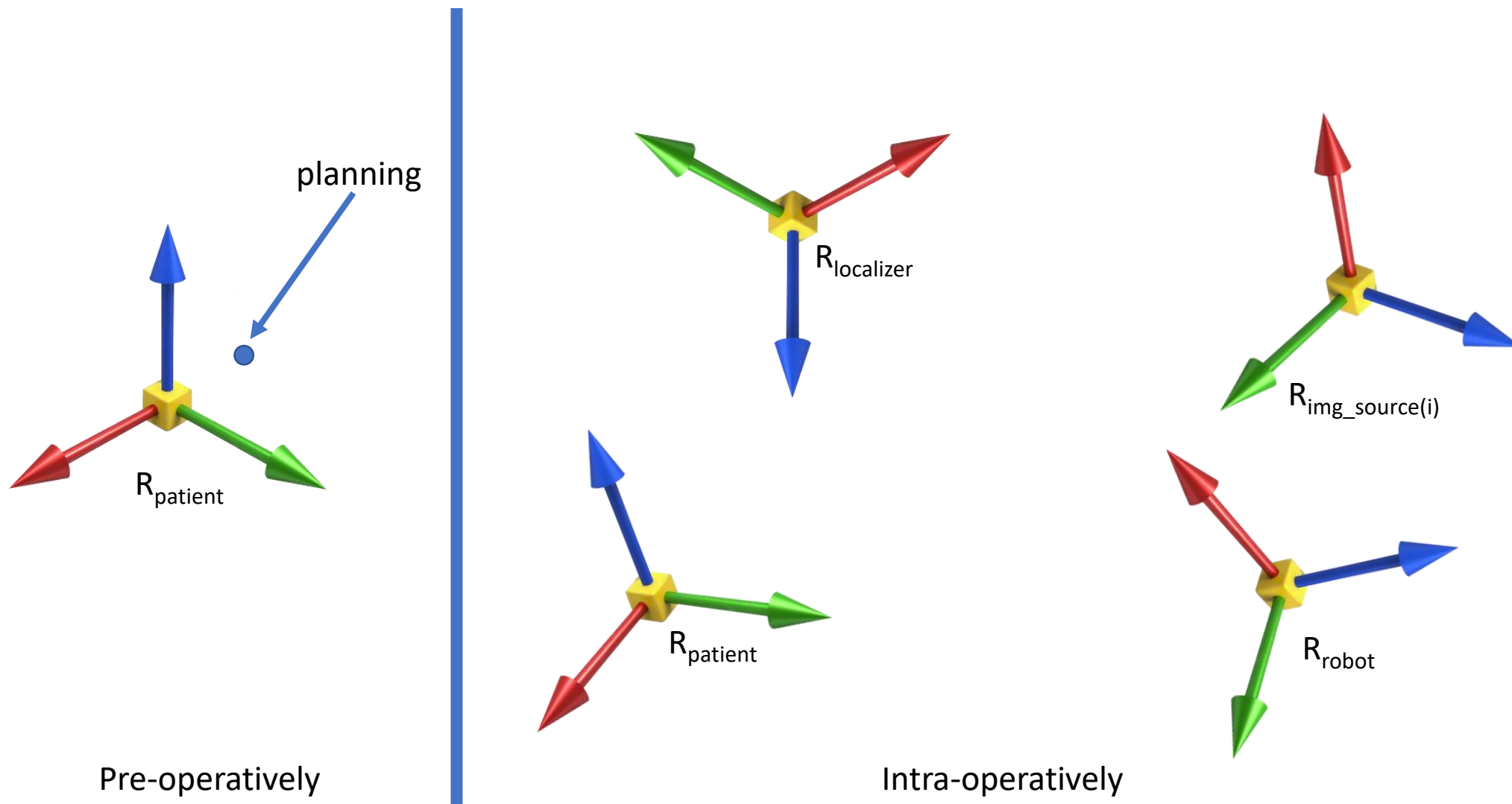
- Calibration
- Tracking
- Data registration

Using:

- Patient's data
- External objects

We assume that the robot is intrinsically calibrated

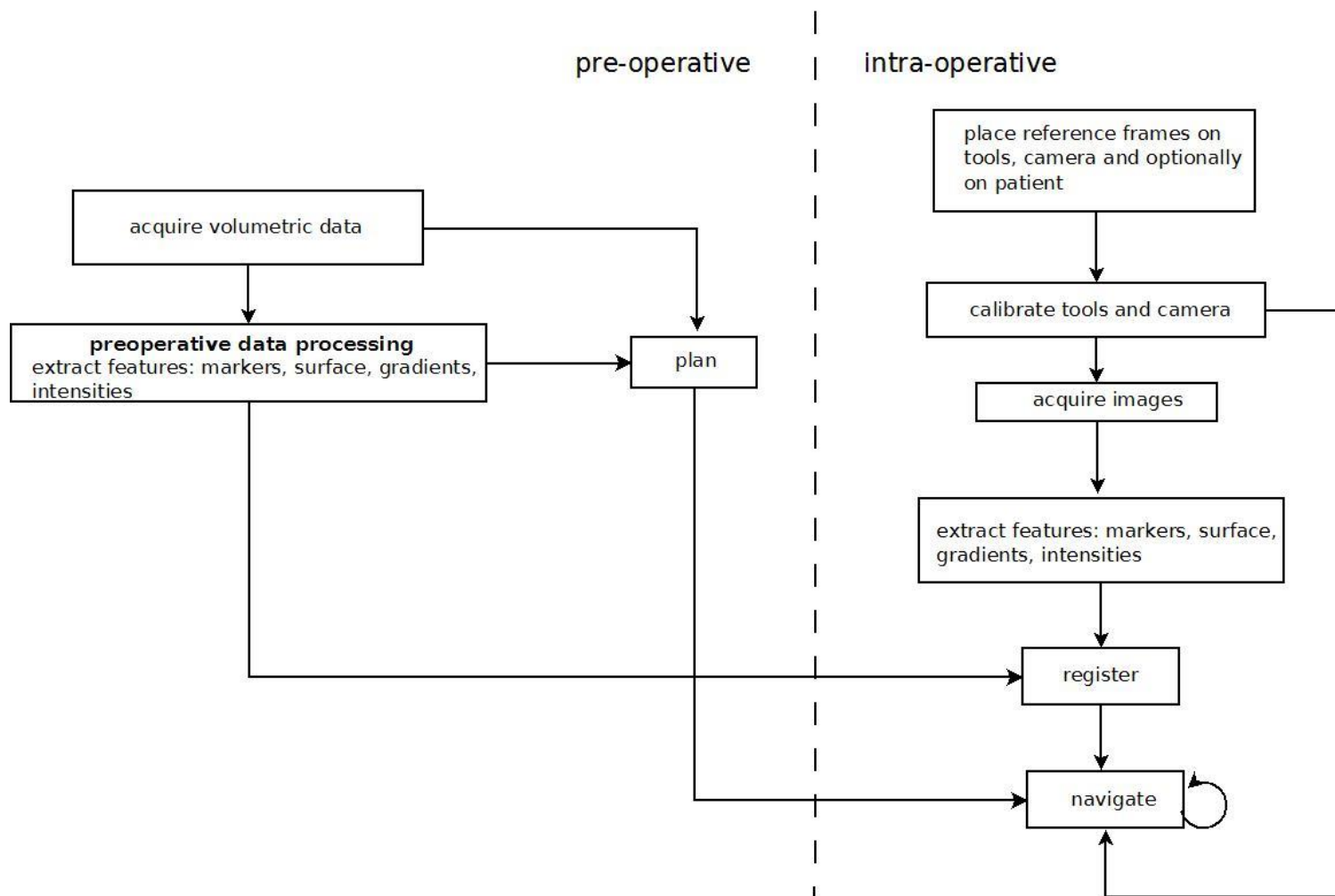
# Reference frames of interest



Pre-operatively

Intra-operatively

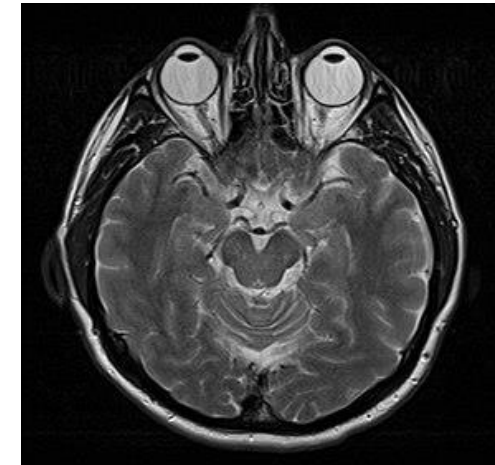
# Image guided systems





# Hardware

- Localizers:
  - Optical, magnetic, mechanical arm,
- Imaging sensors:
  - X-Ray, ultrasound (US), Magnetic resonance (MRI)



# Medical imaging

- **CT images:** 3D image of the inside of an object from a large series of 2D X-ray images taken around a single axis of rotation
- **MRI images** uses a magnetic field causing the nuclei at different locations to rotate at different speed. 3D spatial information can be obtained by providing gradients in each direction.
- **US images:** the reflected ultrasound wave is used to measure the discontinuity in the tissue density. Applications: soft tissues, blood flow (Doppler), 3D US
- Other types of images: **2D X-Ray, fMRI, PET, SPECT**
- The data standard is *DICOM* (Digital Imaging and Communications in Medicine) and the files are organized as *data sets* (e.g. chest data set).

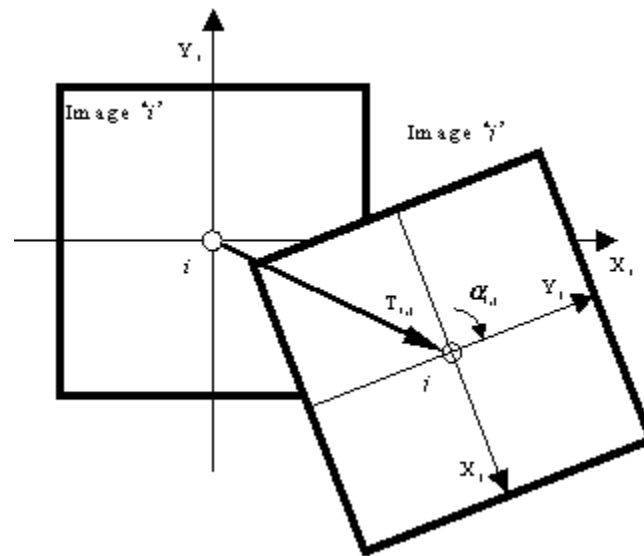
# Registration basics

- Two reference frames  $R_A$  and  $R_B$  and a transform  ${}^B T_A$  to be determined
- Selection of features  $F_A$  in  $R_A$  and  $F_B$  in  $R_B$
- Definition of a similarity measure (or distance) between  $F_A$  and  $F_B$
- Determination of  ${}^B T_A$  such that the similarity is maximum (or distance minimum)

$${}^B T_A = \arg \min d(F_A, {}^B T_A(F_B))$$

# Registration output (transformation)

- Rigid registration:
  - Preserve distances
  - Preserve the straightness of lines and the angles
  - In 3D may be specified by 6 parameters



# Registration output (transformation)

- Rigid registration:
  - In 3D (homogeneous coordinates)

$$\begin{bmatrix} X_c \\ Y_c \\ Z_c \\ 1 \end{bmatrix} = [R] \begin{bmatrix} X \\ Y \\ Z \\ 1 \end{bmatrix} + t = \begin{bmatrix} R & t \\ \mathbf{0}^T & 1 \end{bmatrix} \begin{bmatrix} X \\ Y \\ Z \\ 1 \end{bmatrix} = [T] \begin{bmatrix} X \\ Y \\ Z \\ 1 \end{bmatrix}$$

# Registration output (transformation)

- Rigid registration
  - Rotation representations:
    - Rotation matrix: 9 parameters
    - Euler angles: 3 parameters
    - Axis-angle: 4 parameters
    - Unit Quaternions: 4 parameters

# Registration output (transformation)

- Non-rigid registration:
  - Affine transformation (linear transformation):
    - Preserve parallel lines
    - Preserve straightness of lines
    - Does not preserve distances
    - Does not preserve angles

# Registration output (transformation)

- Non-rigid registration:
  - Affine transformation representation in 2D (6DOF):

$$\begin{bmatrix} x' \\ y' \\ 1 \end{bmatrix} = \begin{bmatrix} a & b & x_{off} \\ d & e & y_{off} \\ 0 & 0 & 1 \end{bmatrix} \begin{bmatrix} x \\ y \\ 1 \end{bmatrix}$$



# Registration output (transformation)

- Non-rigid registration:
  - Affine transformation representation in 3D (12 DOF):

$$\begin{bmatrix} x \\ y \\ z \\ 1 \end{bmatrix} = \begin{bmatrix} a_{xx} & a_{xy} & a_{xz} & a_{xt} \\ a_{yx} & a_{yy} & a_{yz} & a_{yt} \\ a_{zx} & a_{zy} & a_{zz} & a_{zt} \\ 0 & 0 & 0 & 1 \end{bmatrix} \cdot \begin{bmatrix} x_i \\ y_i \\ z_i \\ 1 \end{bmatrix}$$

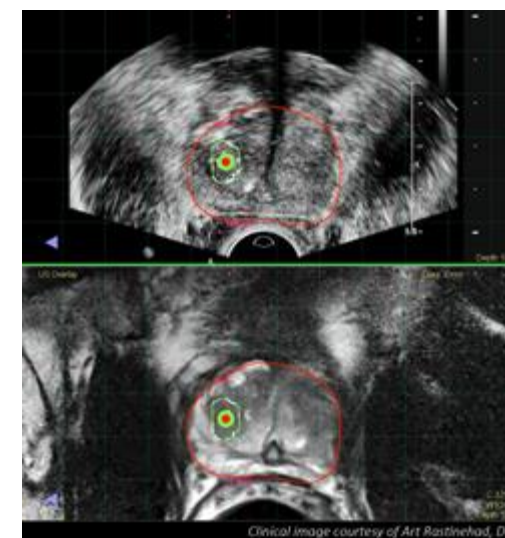
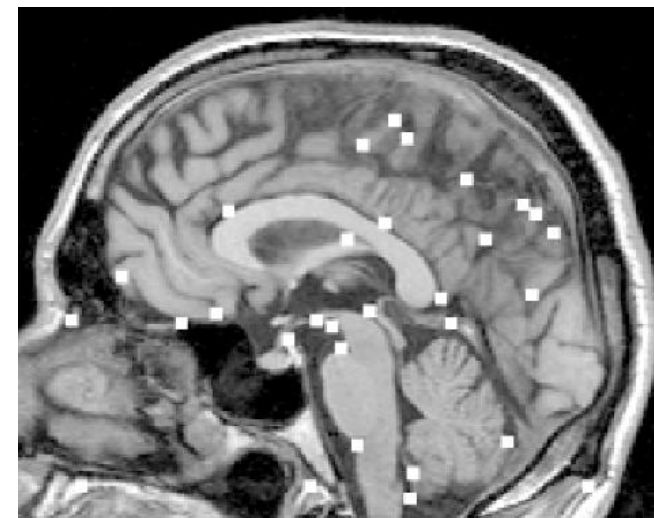
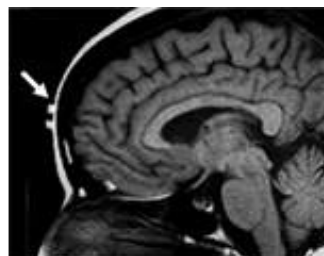
# Registration output (transformation)

- Non-rigid registration:
  - Non linear transformation (does not preserve the lines):
    - Quadratic transformations (second order polynomials) (30DOF in 3D):

$$\mathbf{T}(x, y, z) = \begin{pmatrix} a_{00} & \dots & a_{08} & a_{09} \\ a_{10} & \dots & a_{18} & a_{19} \\ a_{20} & \dots & a_{28} & a_{29} \\ 0 & \dots & 0 & 1 \end{pmatrix} \begin{pmatrix} x^2 \\ y^2 \\ \dots \\ 1 \end{pmatrix}$$

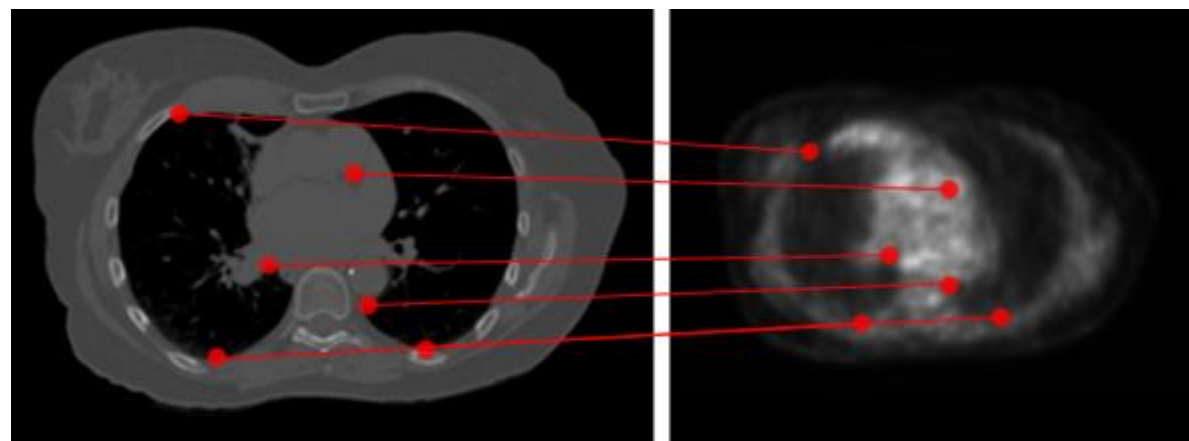
# Typical 3D/3D rigid registration methods

- Point to point (Procrustes)
  - External fiducials
  - Anatomical landmarks
- Surface registration
  - Anatomical surface (e.g. Iterative Closest Point ICP)
  - Principal axis registration
- Intensity-based registration (for images only)



# Point to point registration

- The points usually correspond to a set of features in the two (or more) objects (fiducial markers, anatomical markers).
- The measure to be optimized is the distance between the features.



# Point to point registration

- Given two sets of  $n$  points  $A$  and  $B$ , the Procrustes problem is to find a matrix  $R$ , a vector  $t$ , and scalar  $s$  such that:

$$X_i = s(RY_i + t) \text{ for } i = 1, \dots, n \quad (1)$$

We consider the 3D case, therefore  $R$  is a 3x3 rotation matrix and  $t$  is a 3x1 translation vector.

- The registration objective is to solve:

$$\min_{R,t,s} \sum_{i=1}^n \|X_i - s(RY_i + t)\|^2 \quad (2)$$

- Several methods to solve (2), we'll see the method based on SVD

# Point to point registration

- Compute  $t$  from (1):

$$t = \frac{1}{s} \left( \frac{1}{n} \sum_{i=1}^n X_i \right) - R \left( \frac{1}{n} \sum_{i=1}^n Y_i \right) \quad (3)$$

- Plug (3) into (1):

$$\bar{X}_i = sR\bar{Y}_i \quad (4)$$

where  $\bar{X}_i = X_i - \frac{1}{n} \sum_{i=1}^n X_i$  and  $\bar{Y}_i = Y_i - \frac{1}{n} \sum_{i=1}^n Y_i$

- Compute the norm of both sides in (4):

$$\|\bar{X}_i\| = s\|\bar{Y}_i\|$$

# Point to point registration

- It remains only  $R$  to be computed
- Let's define:

$\bar{X} = (\bar{X}_1 \dots \bar{X}_n)$  and  $\bar{Y} = (s\bar{Y}_1 \dots s\bar{Y}_n)$  two  $3 \times n$  matrices

- Then:

$$\varepsilon = \sum_{i=1}^n \|\bar{X}_i - sR\bar{Y}_i\|^2 = \|\bar{X} - R\bar{Y}\|^2 \quad (5)$$

where the second norm is the Frobenius norm.

- It can be proven that the solution of (5) is:

$$R = \begin{pmatrix} 1 & 0 & 0 \\ 0 & 1 & 0 \\ 0 & 0 & \det(VU^T) \end{pmatrix} U^T$$

where  $UDV^T = \bar{Y}\bar{X}^T$  is the SVD of the matrix  $\bar{Y}\bar{X}^T$

# Point to point registration: drawbacks

- Most of the times the correspondences are not known
- The number of landmarks may not be the same
- The solution was proposed by Besl&McKay, 1992 : ICP algorithm

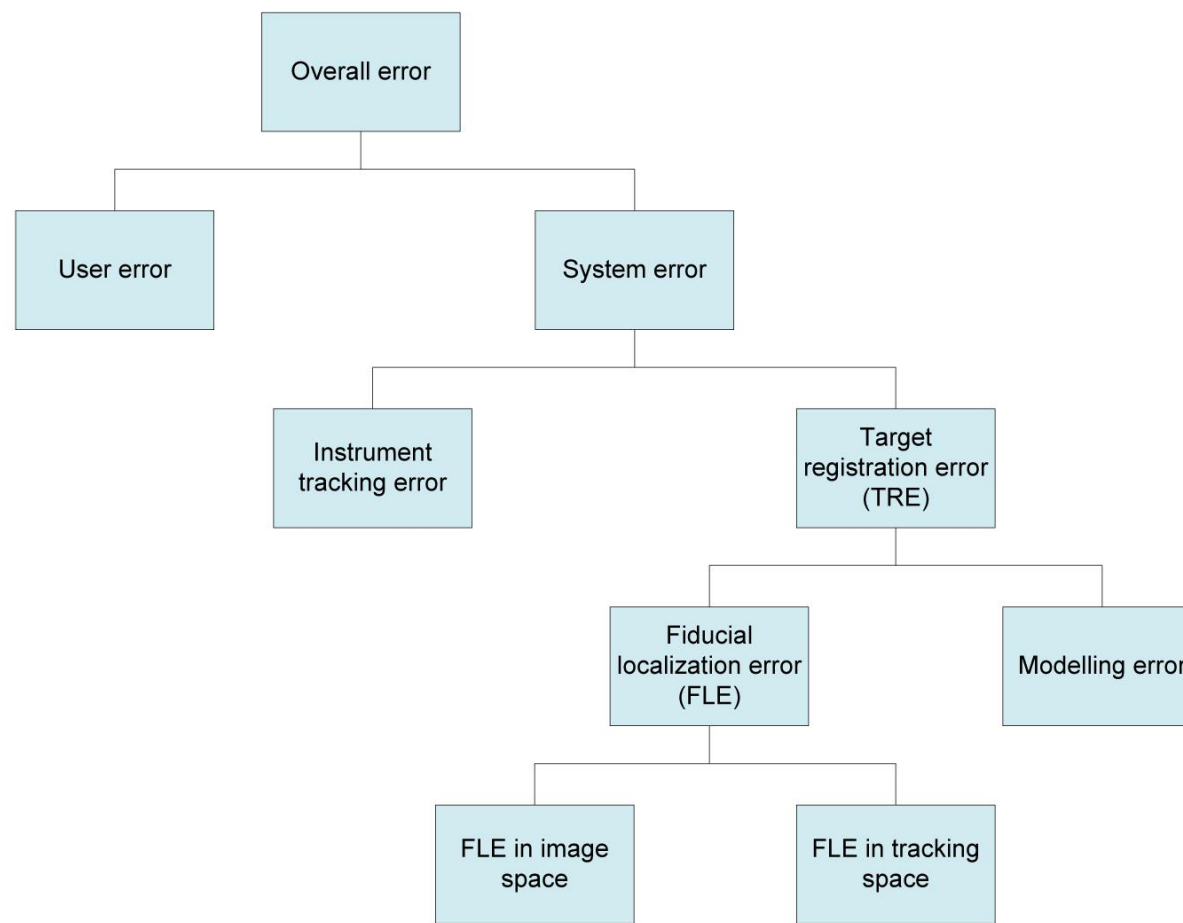


# ICP algorithm

- Input: A, B two sets of 3D points
- Output: a rigid transform that aligns A and B
  1. For every point in B compute the closest point in A
  2. For all the correspondences found in 1. compute (R,t)
  3. Apply (R,t) to B
  4. Compute the quadratic error  $\epsilon$  (equation (2)) between A and B
  5. Check if  $\epsilon$  is less than a threshold or if the maximum number of iterations were reached. If yes, output (R,t), otherwise go to 1.

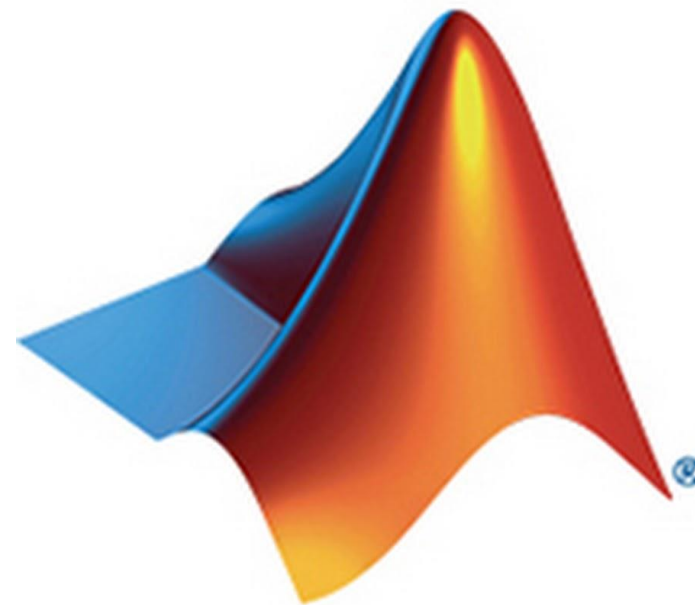
# Accuracy analysis

- Tracking errors +
- Calibration errors +
- FRE, FLE errors+
- Noise



# Software for IGT: Matlab

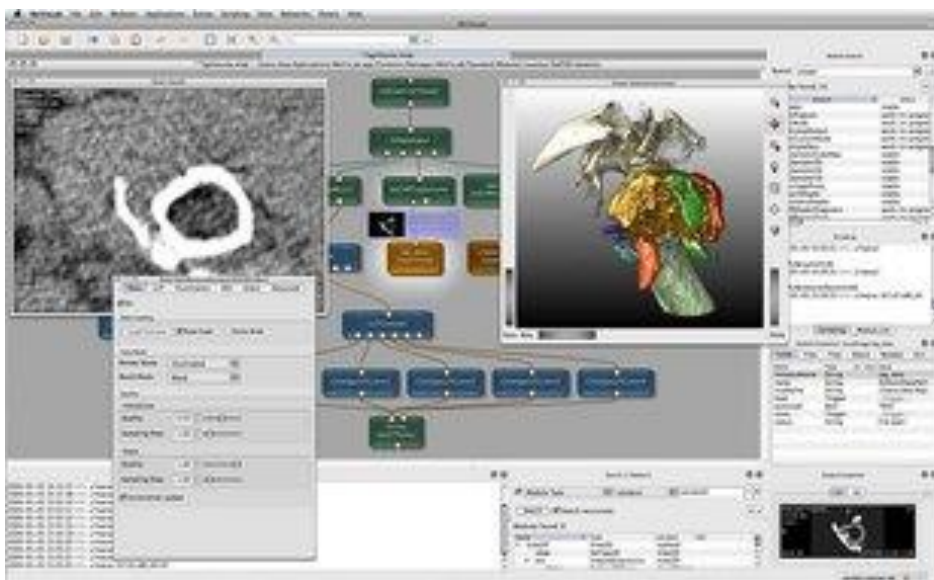
- Implemented methods for registration: `procrustes(X,Y)`, `pcregistericp(X,Y)`.
- Interface with external hardware (e.g. tracker, US system).
- Reads and display DICOM files
- Easy to prototype
- No need to compile
- The execution may be slower



# Software for IGT: Mevislab



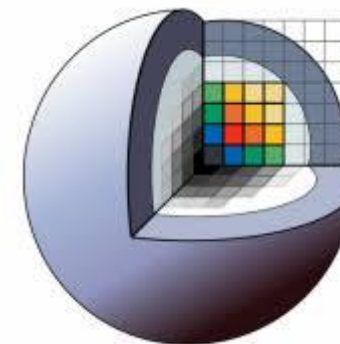
- Medical Image Processing and Visualization
- “MeVisLab represents a powerful modular framework for image processing research and development with a special focus on medical imaging. It allows fast integration and testing of new algorithms and the development of clinical application prototypes.”



- Advanced methods for registration and segmentation
- Programmed through scripts and blocks
- Personalized GUI for every application
- Approved for clinical use
- Not so easy to interface with external hardware
- Not so well documented
- Expensive (but also free version)

# Software for IGT: 3DSlicer

- 3D Slicer is:
- A software platform for the analysis (including registration and interactive segmentation) and visualization (including volume rendering) of medical images and for research in image guided therapy.
- A free, [open source](#) software available on multiple operating systems: Linux, MacOSX and Windows
- Extensible, with powerful [plug-in capabilities](#) for adding algorithms and applications.
- Features include:
  - Multi organ: from head to toe.
  - Support for multi-modality imaging including, MRI, CT, US, nuclear medicine, and microscopy.
  - Bidirectional interface for devices.
  - Well documented
- Slicer is not approved for clinical use and intended for research



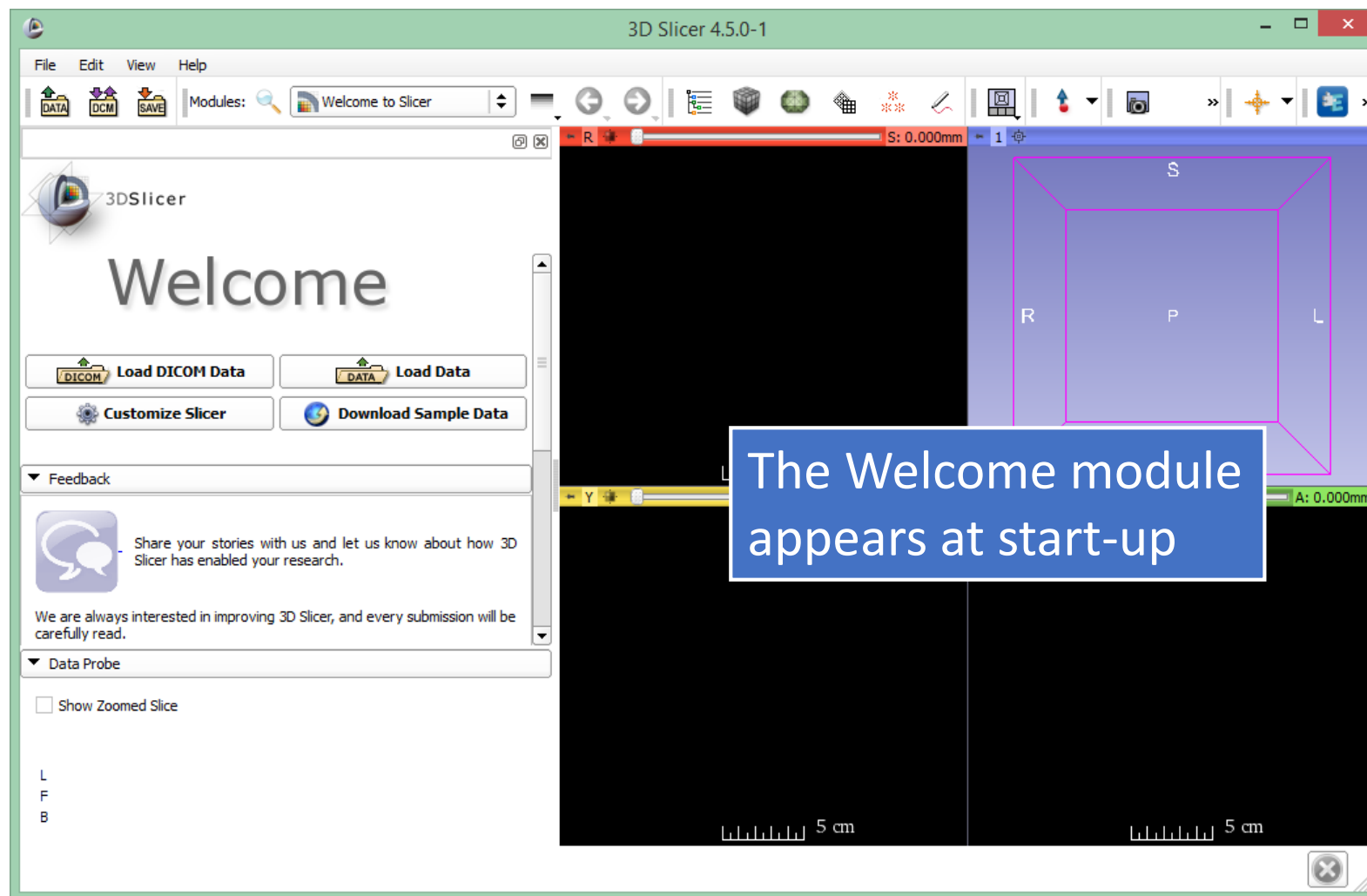
# Platform and hardware

- Developed and maintained on Windows 64bit, Mac OSX, and Linux 64bit & 32bit

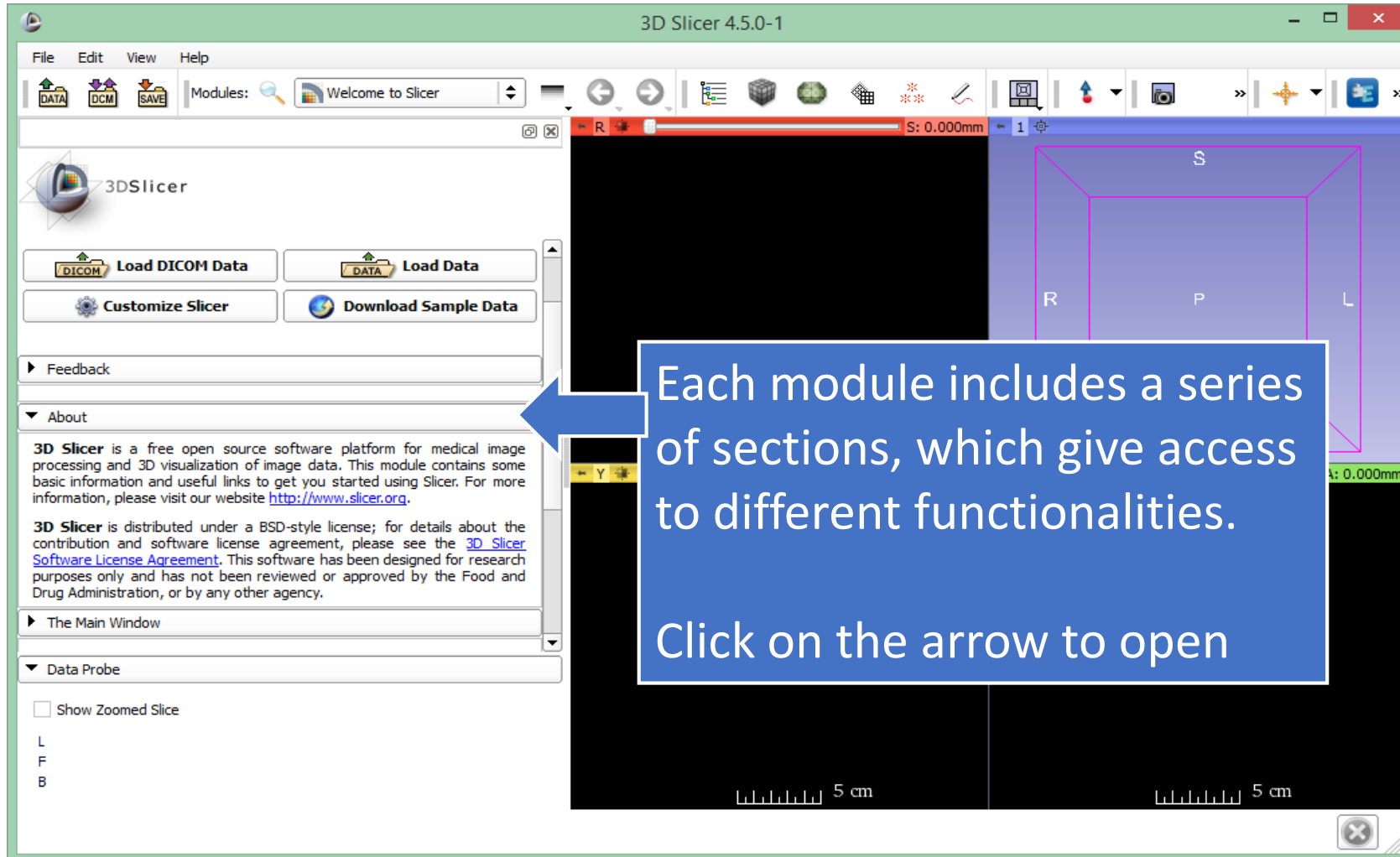


- Slicer requires
  - Minimum 2GB RAM
  - Graphics accelerator with 64MB of memory
  - 64 bit strongly suggested

# 3D Slicer version 4.5

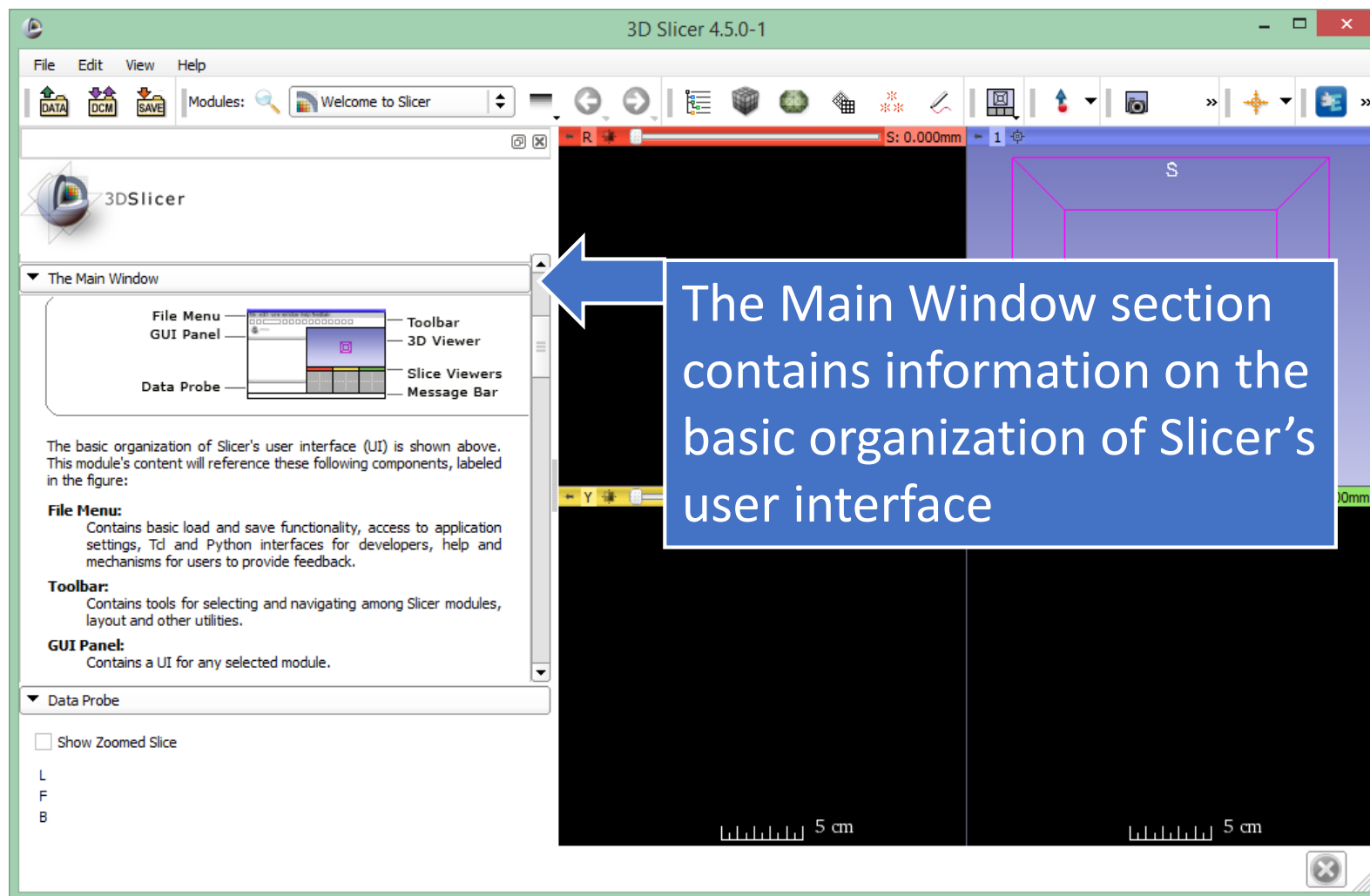


# Welcome to Slicer





# Welcome to Slicer



# Slicer user interface



Main menu

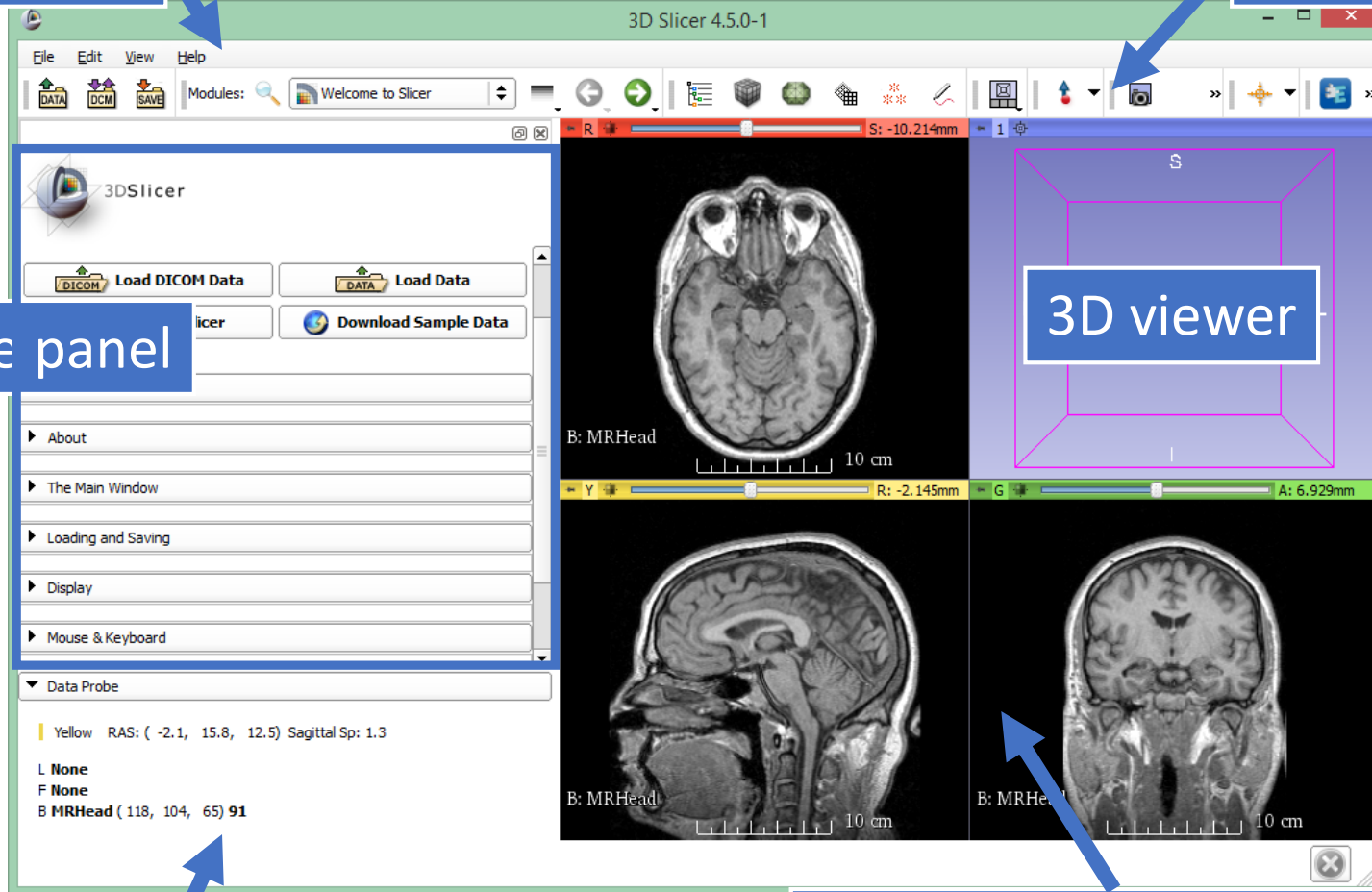
Toolbar

Module panel

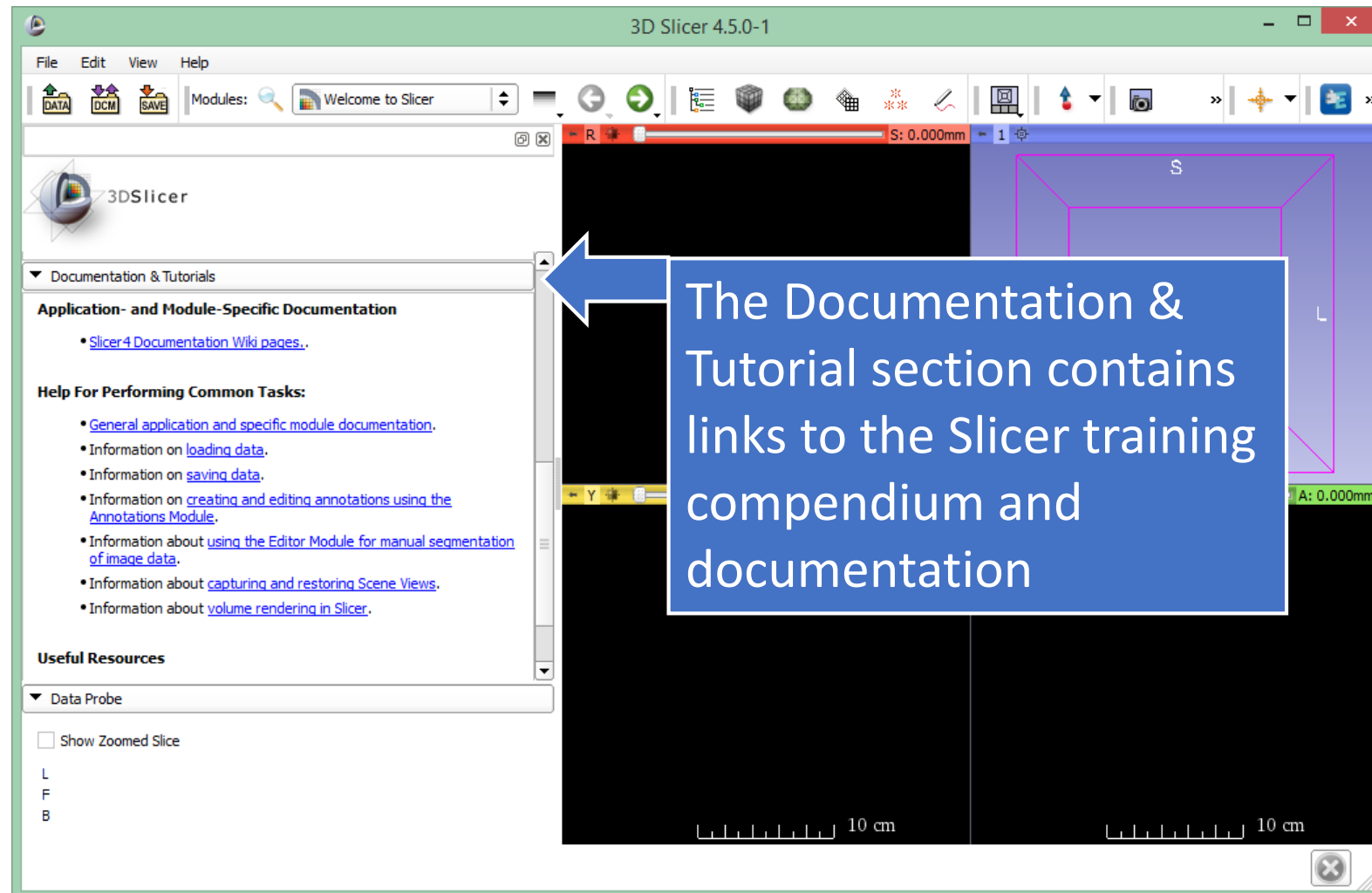
3D viewer

Data probe

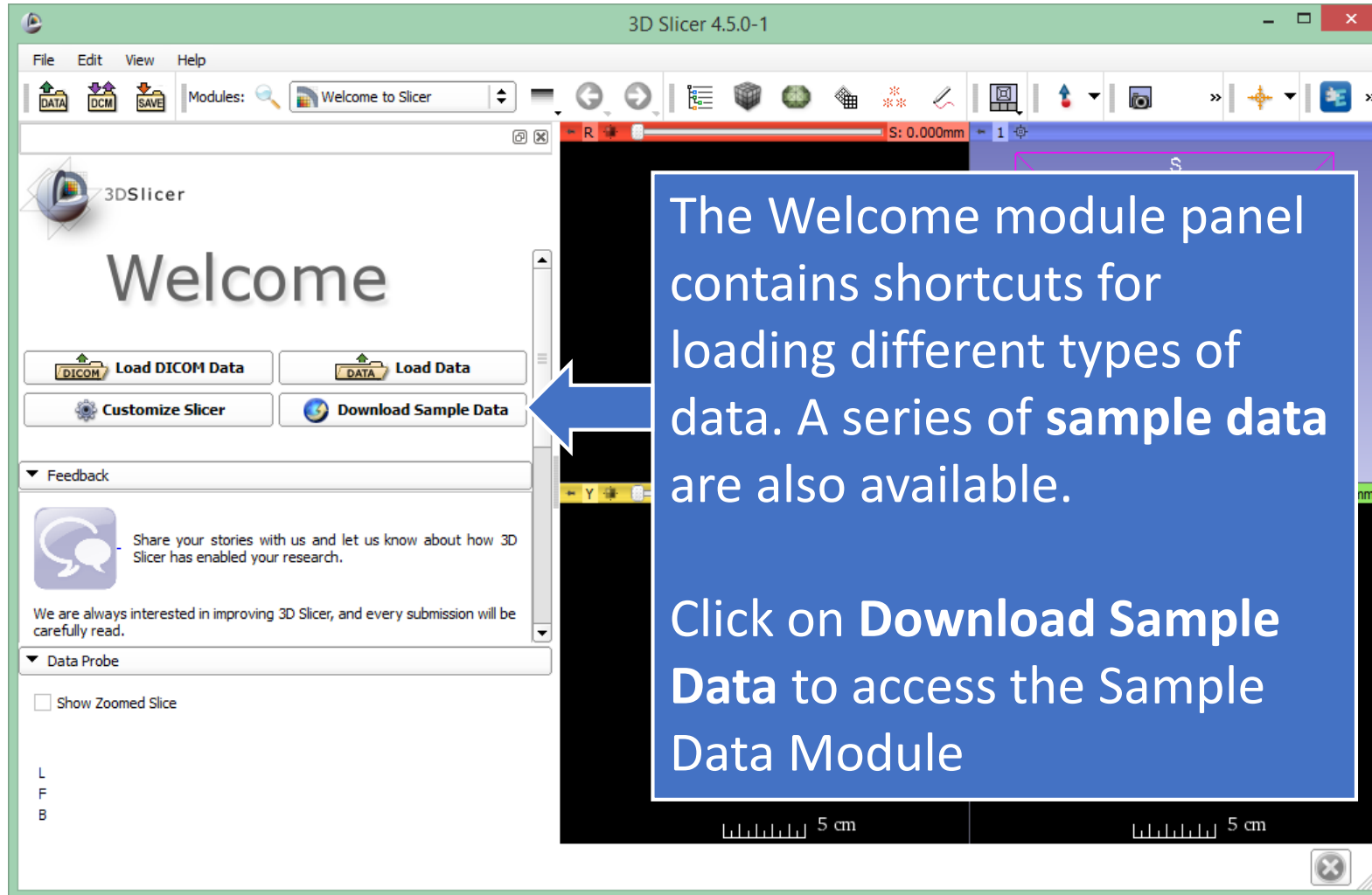
2D anatomical viewers



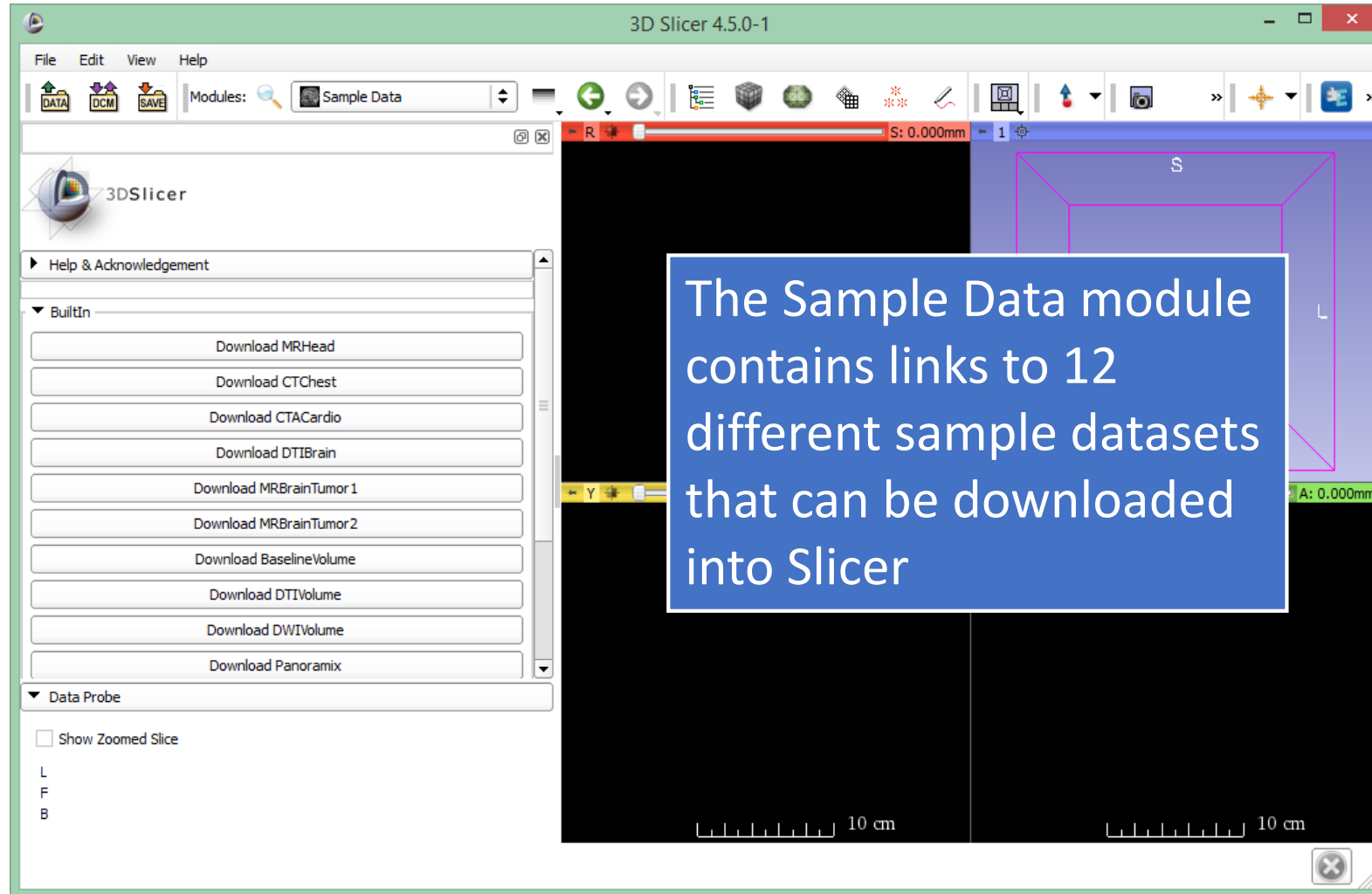
# Welcome module



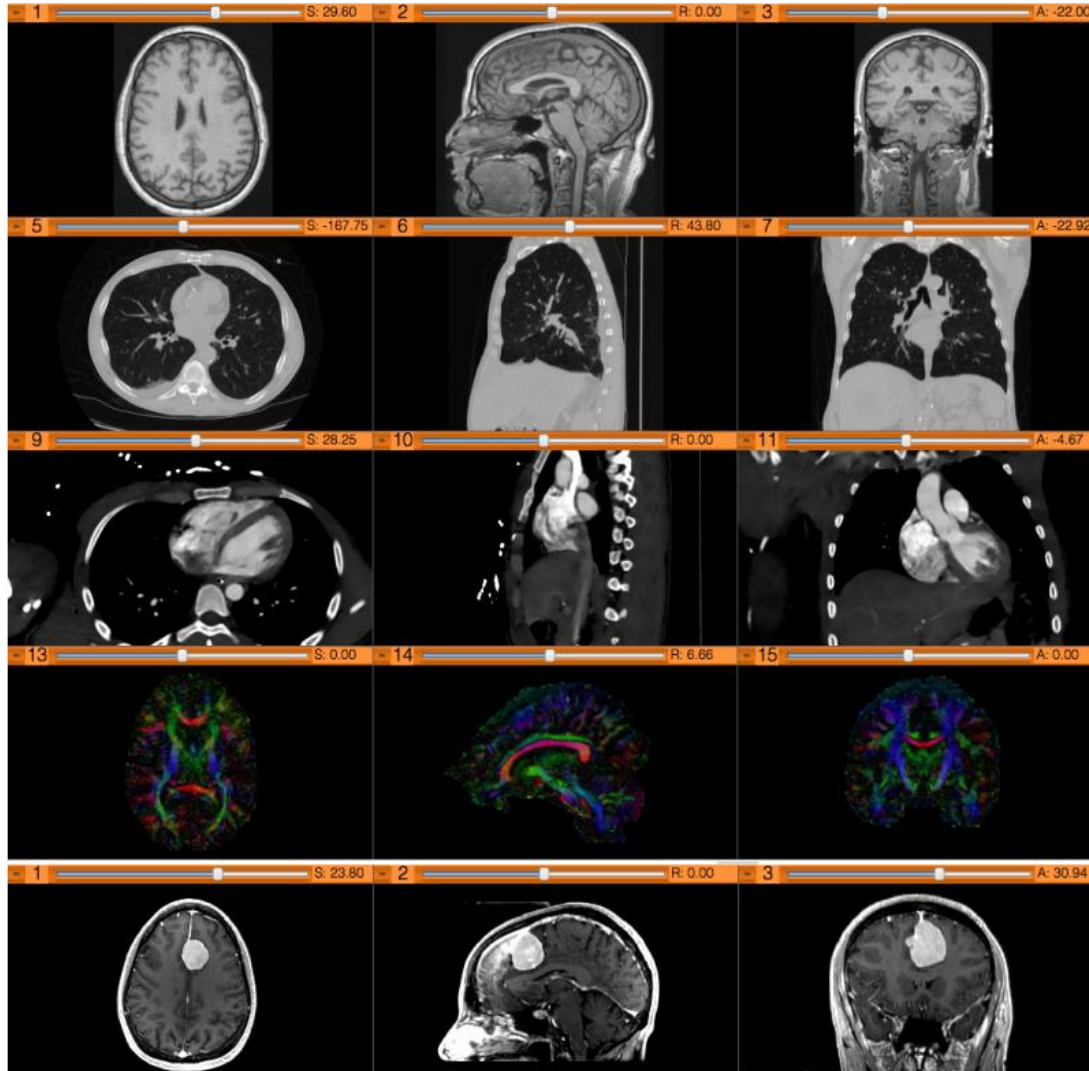
# Welcome module



# Sample Data

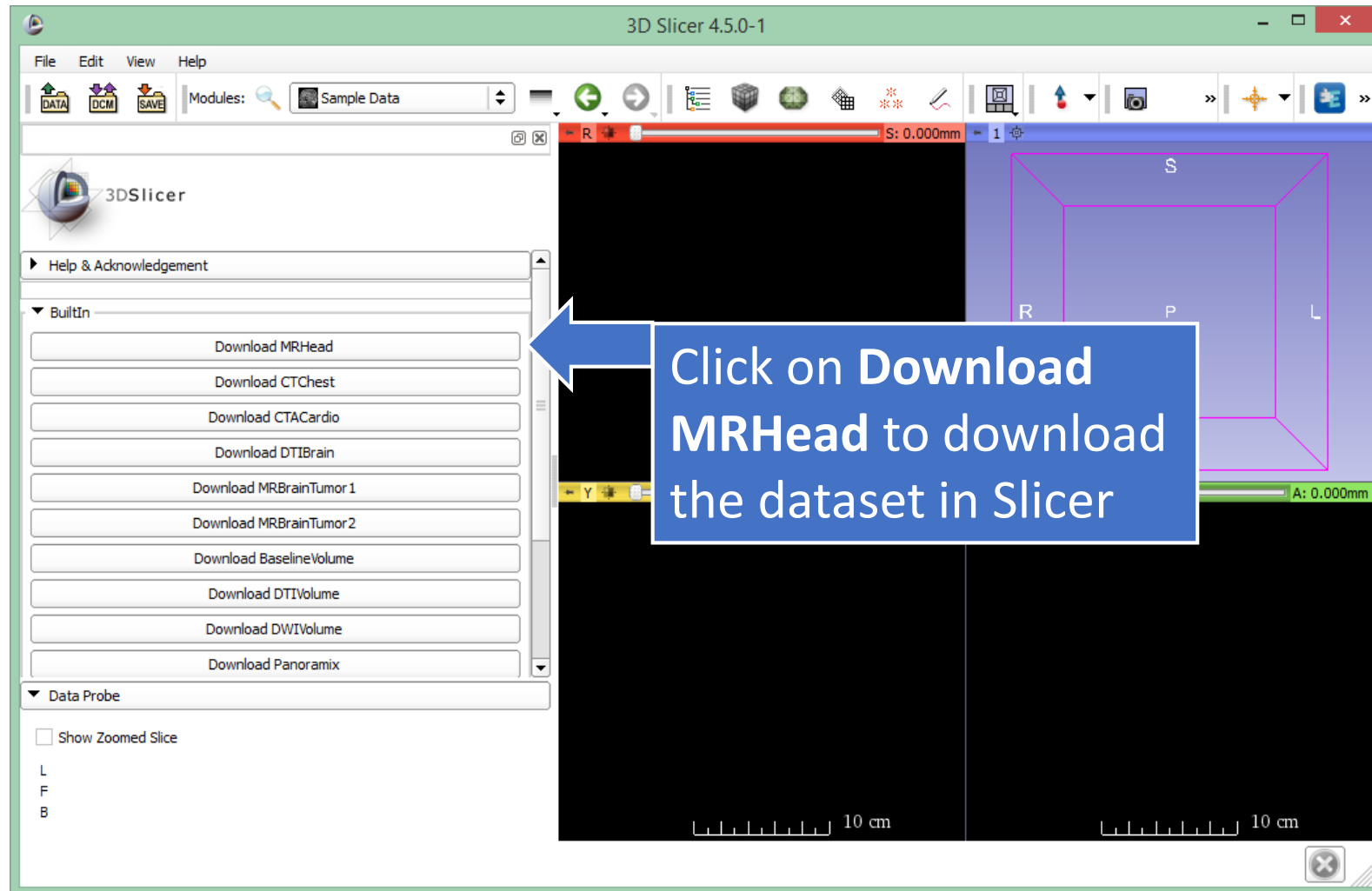


# Sample Data

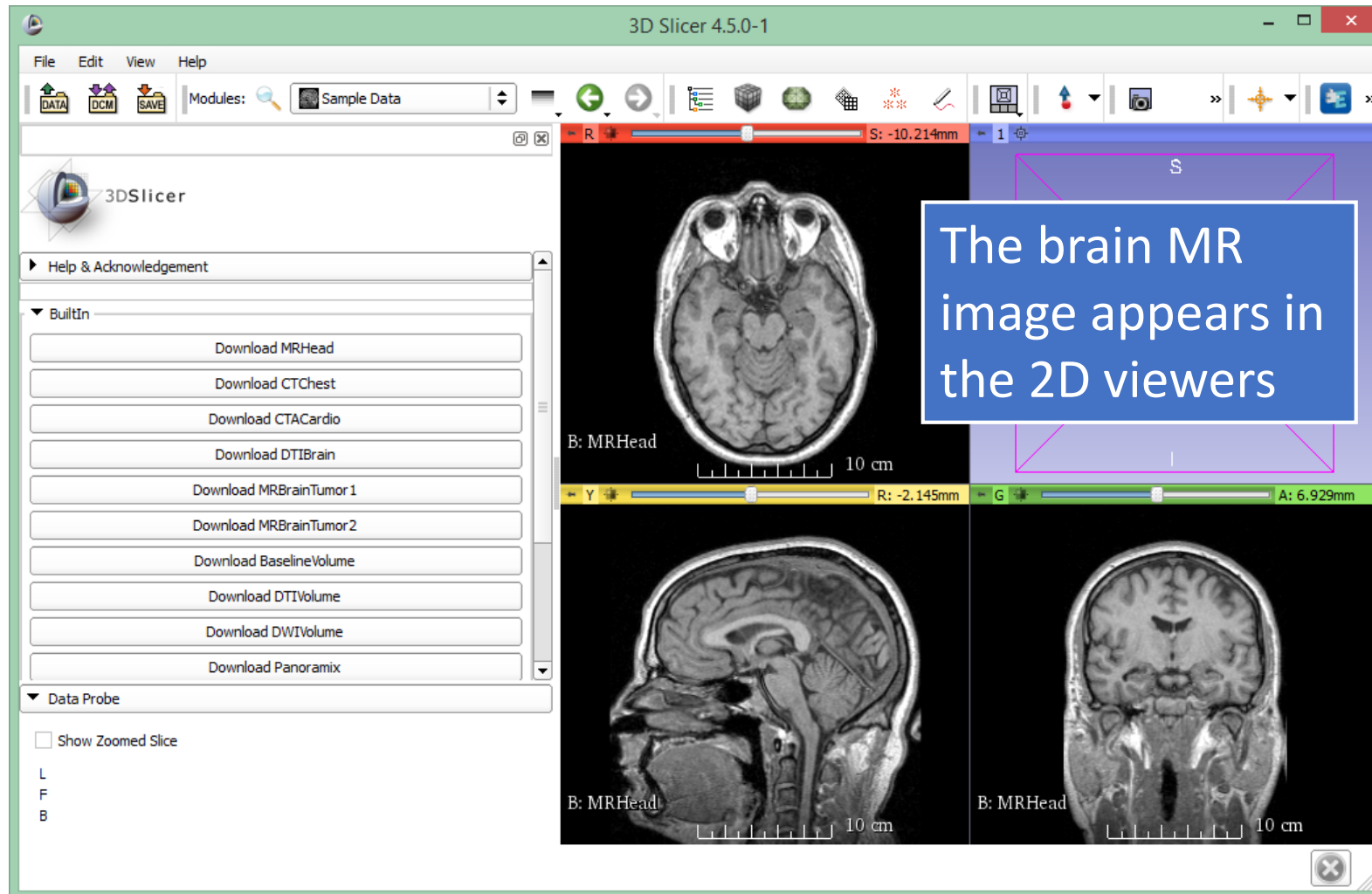


- Brain MRI
- Chest CT
- Cardiac CT
- Diffusion Tensor Imaging
- Brain MRI (tumor patient)

# Sample Data

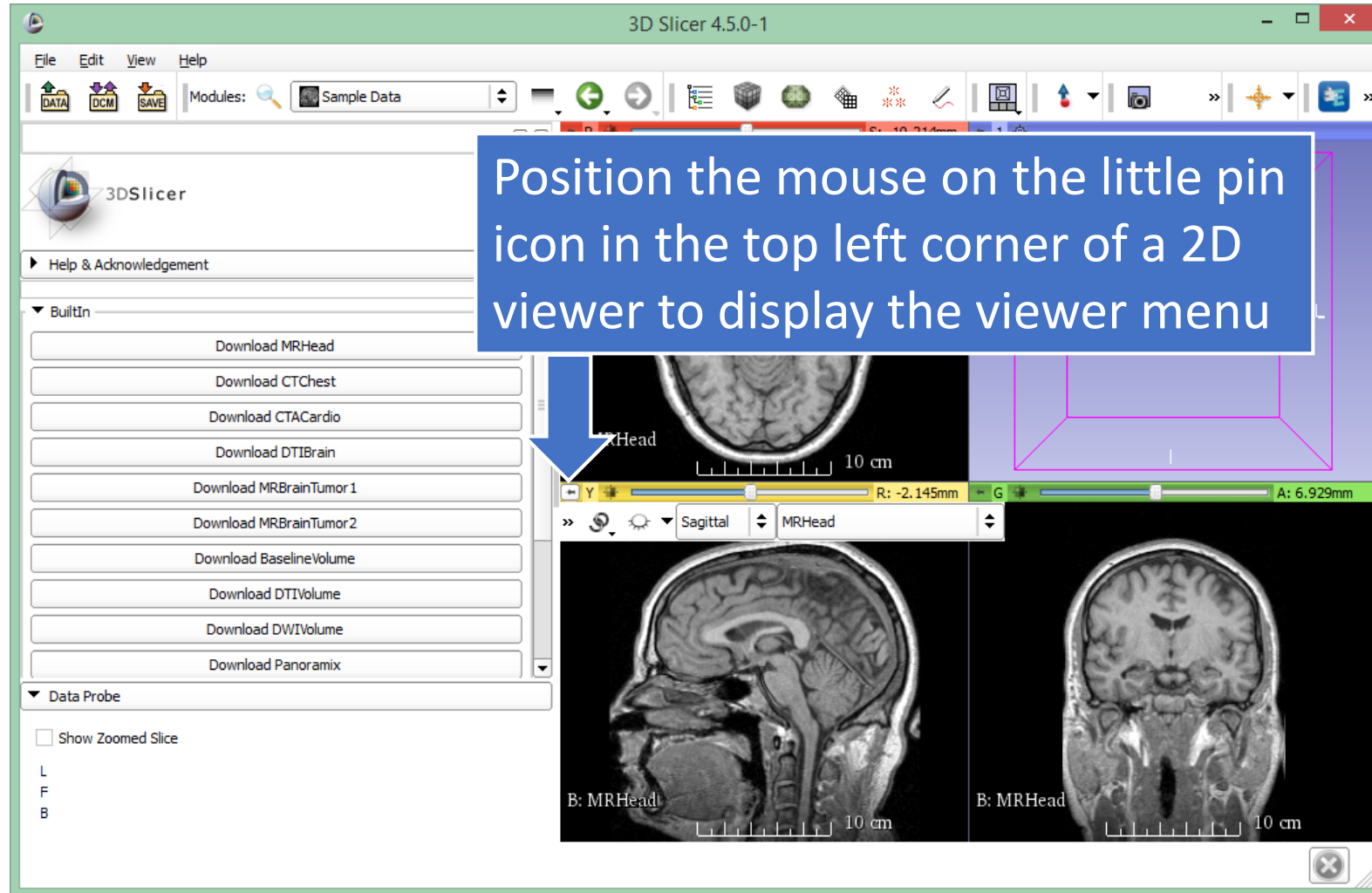


# Sample Data

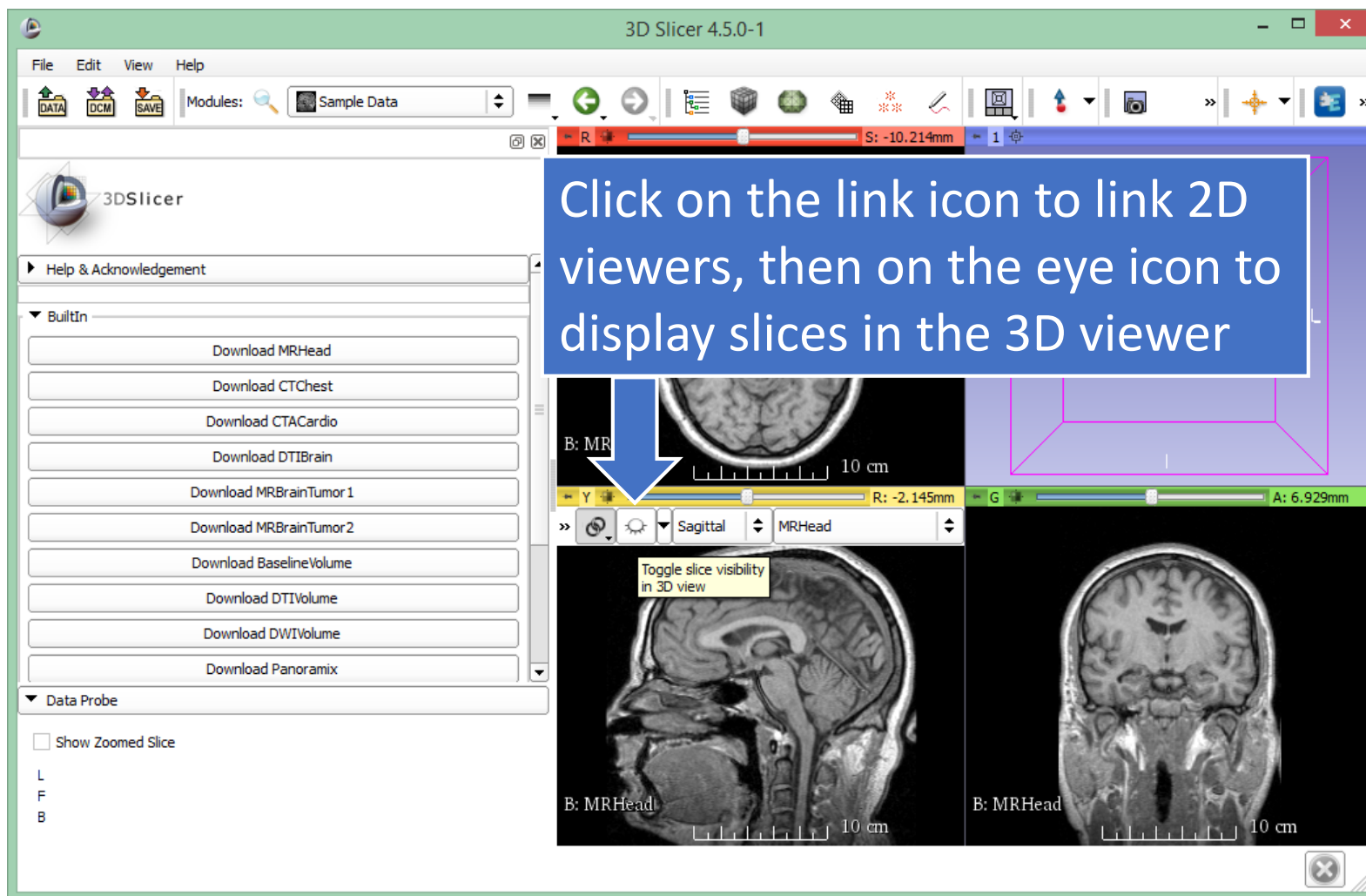




# MR Brain Sample Dataset



# MR Brain Sample Dataset



3D Slicer 4.5.0-1

File Edit View Help

Modules: Sample Data

3DSlicer

Help & Acknowledgement

BuiltIn

- Download MRHead
- Download CTchest
- Download CTACardio
- Download DTIBrain
- Download MRBrainTumor 1
- Download MRBrainTumor 2
- Download BaselineVolume
- Download DTIVolume
- Download DWIVolume
- Download Panoramix

Data Probe

Show Zoomed Slice

L  
F  
B

Click on the link icon to link 2D viewers, then on the eye icon to display slices in the 3D viewer

B: MR

10 cm

Y R: -2.145mm G A: 6.929mm

Sagittal MRHead

Toggle slice visibility in 3D view

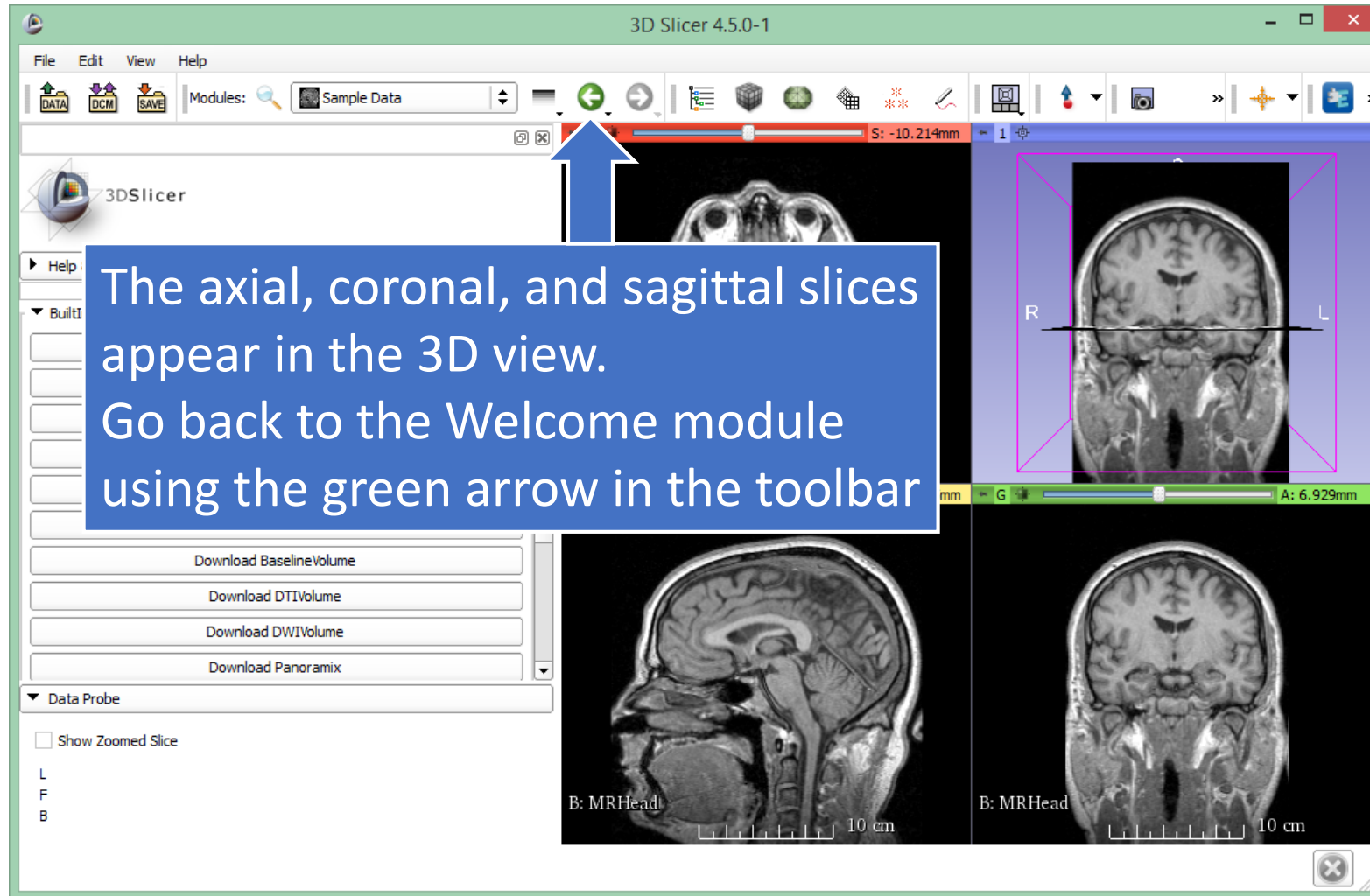
B: MRHead

10 cm

B: MRHead

10 cm

# MR Brain Sample Dataset



The axial, coronal, and sagittal slices appear in the 3D view. Go back to the Welcome module using the green arrow in the toolbar

# MR Brain Sample Dataset



The screenshot shows the 3D Slicer 4.5.0-1 application window. The main view displays three orthogonal MR brain slices: an axial slice at the top, a sagittal slice on the right, and a coronal slice at the bottom. A blue arrow points from the 'Mouse & Keyboard' help panel on the left towards the central MR slices. The help panel contains the following text:

**Mouse & Keyboard**

Below is basic information about how to use the three-, two-, and one-button mouse (or trackpad) on Windows, Mac, and Linux platforms to perform basic interaction operations in Slicer:

**Adjusting Window & Level on All Platforms:** Left-clicking and dragging the mouse in any Slice viewer is a quick way to adjust Window and Level. Adjust the middle value (level) of the greyscale window by moving the mouse up (increase level) or down (decrease level), and adjust the greyscale window size by moving the mouse to the left (decrease window size) or right (increase window size). Slicer's **Volumes Module** provides a "Display" interface for more precise adjustments.

**Selecting & Manipulating on All Platforms:** Mousing over any "pickable" object in any of Slicer's viewers will cause the cursor to change from a "pointer" into a "picking hand". When the cursor shows a picking hand, left-clicking and dragging the mouse will pick and manipulate the object. Releasing the mouse button will de-select the object.

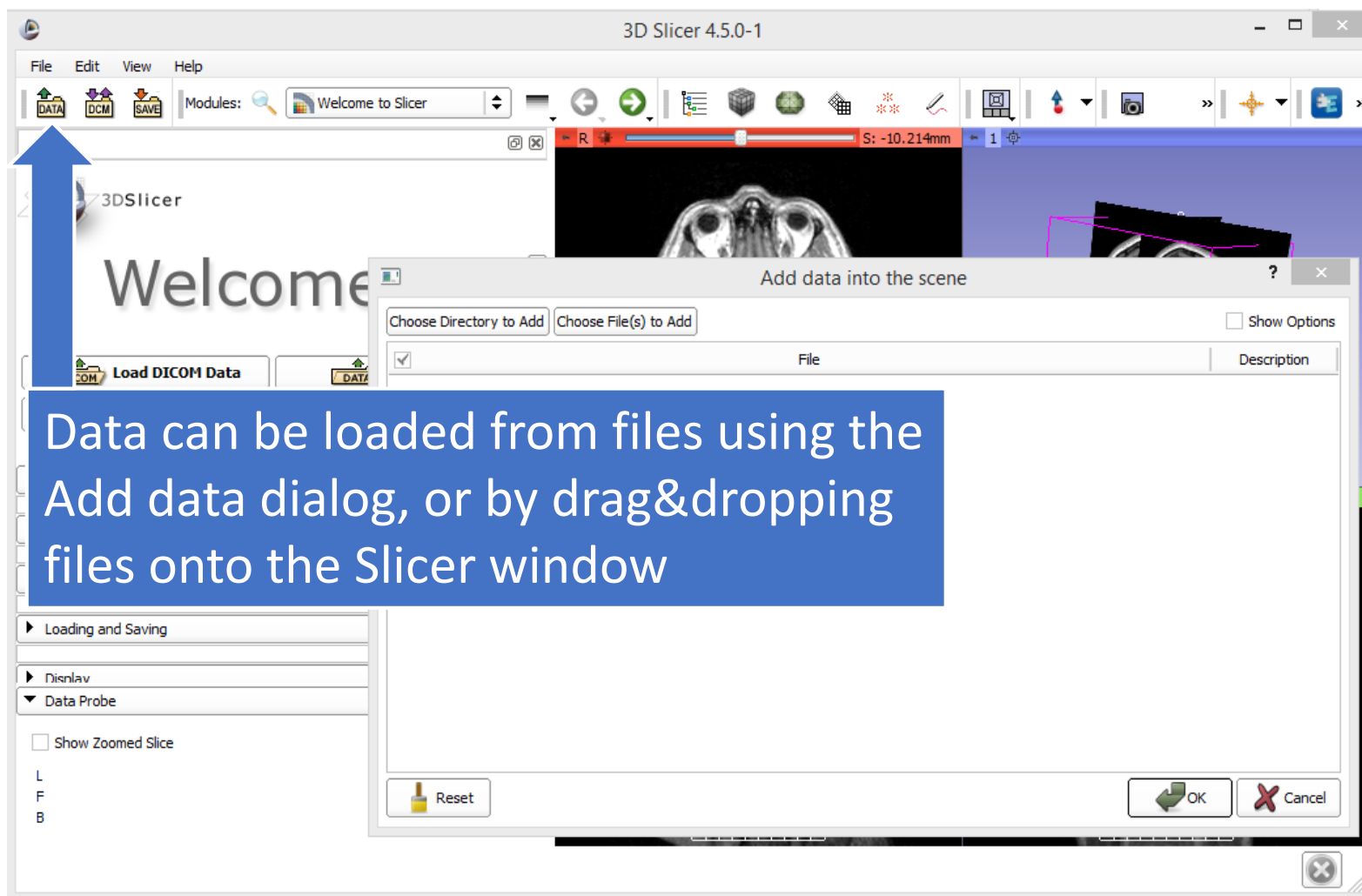
**Data Probe**

Show Zoomed Slice

L  
F  
B

**Click on the Mouse & Keyboard section to learn the different mouse actions to rotate and zoom**

# Load data from file



Data can be loaded from files using the Add data dialog, or by drag&dropping files onto the Slicer window

# Load DICOM data



DICOM data can be loaded using the DICOM browser after importing it to the DICOM database

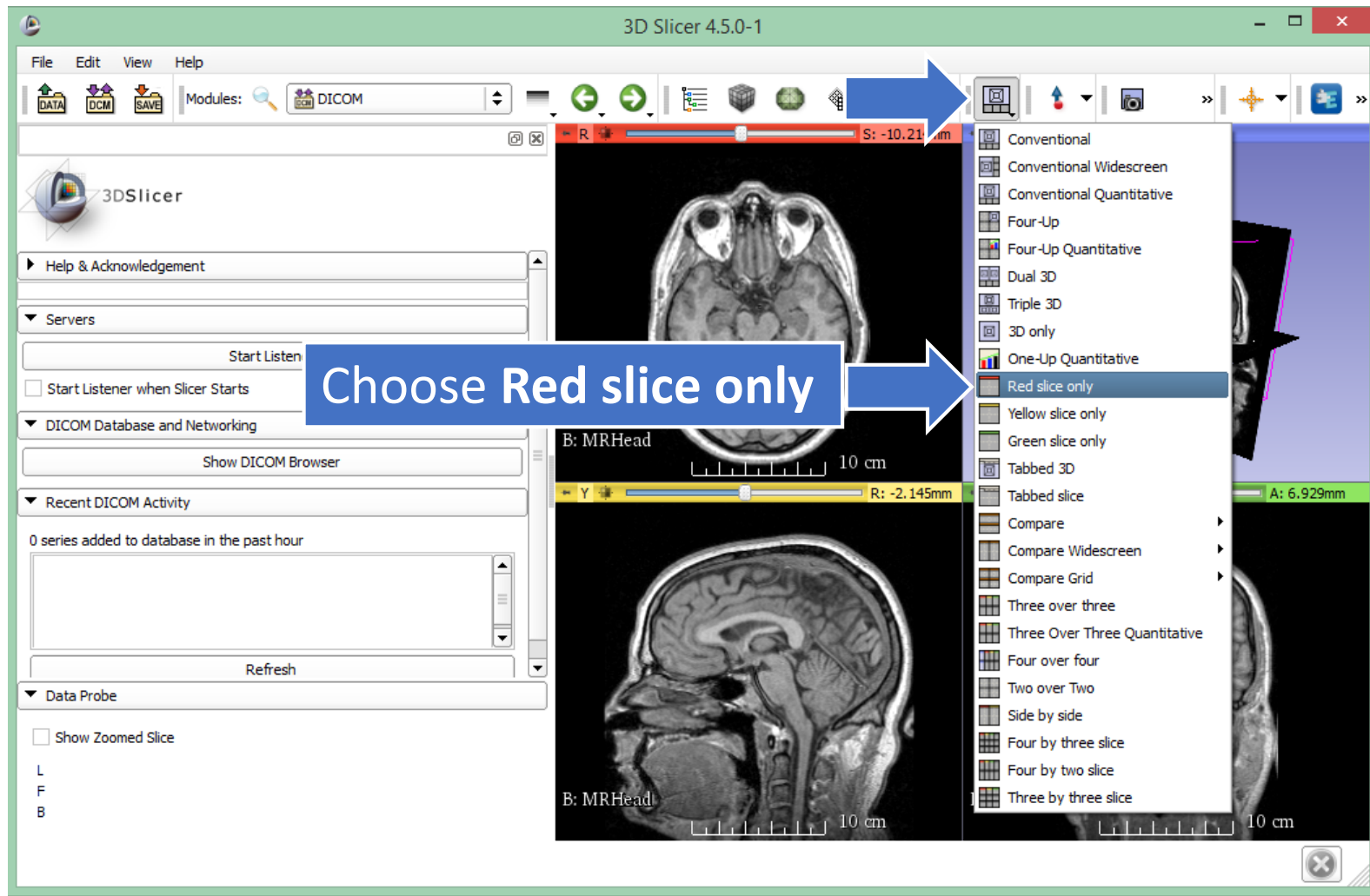
The screenshot shows the 3D Slicer 4.5.0-1 interface. The DICOM Browser window is open, displaying a table of DICOM data. The table has columns for PatientsName, PatientID, PatientsBirthDate, PatientsBirthTime, PatientsSex, PatientsAge, Modality, and Institution. The 'Load' button is visible at the bottom of the DICOM Browser window.

PatientsName	PatientID	PatientsBirthDate	PatientsBirthTime	PatientsSex	PatientsAge	Modality	Institution

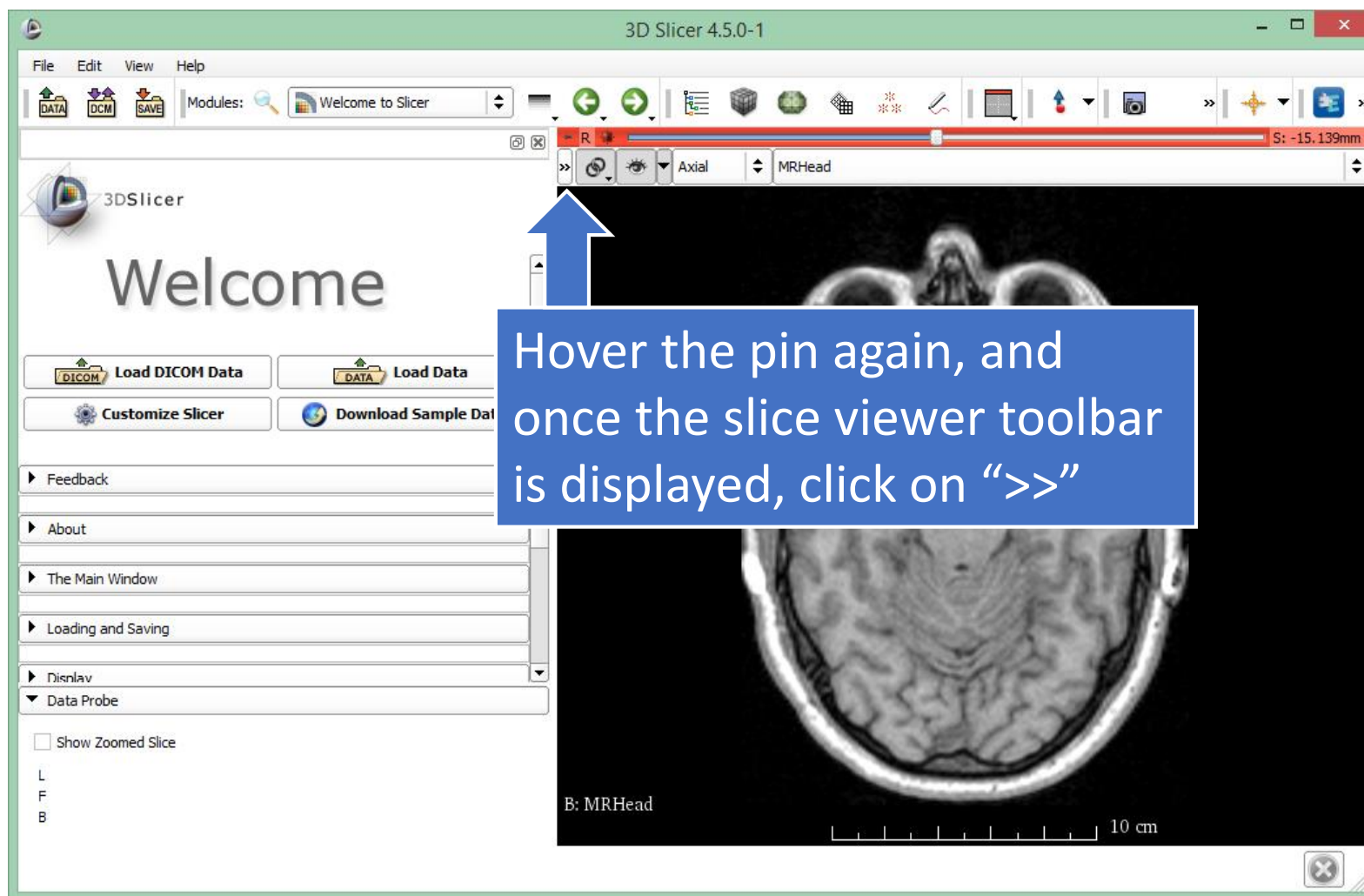
  

SeriesNumber	SeriesDate	SeriesTime	SeriesDescription	Modality	BodyPartExamined

# Changing layout

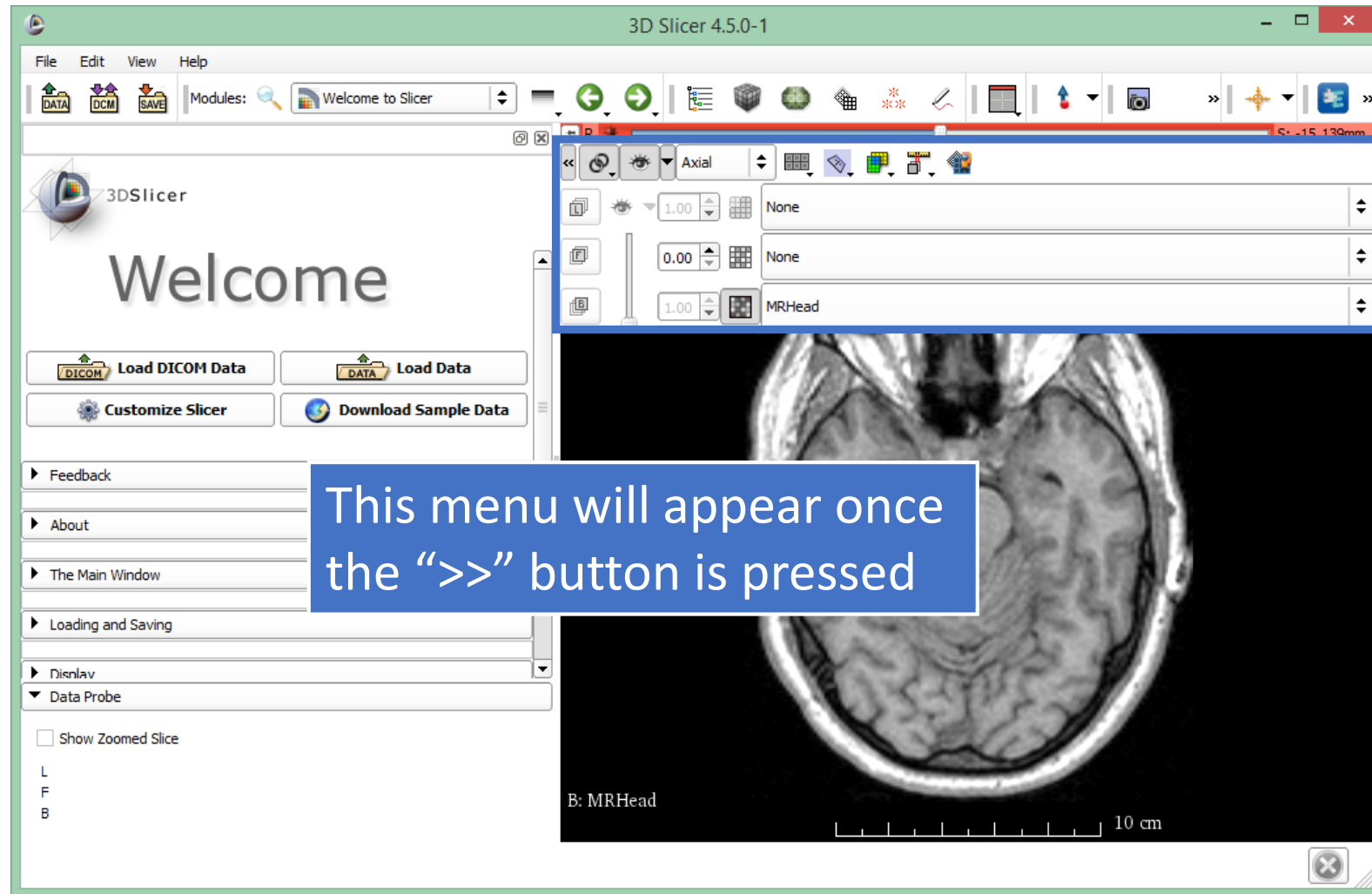


# Slice viewer toolbar cont'd

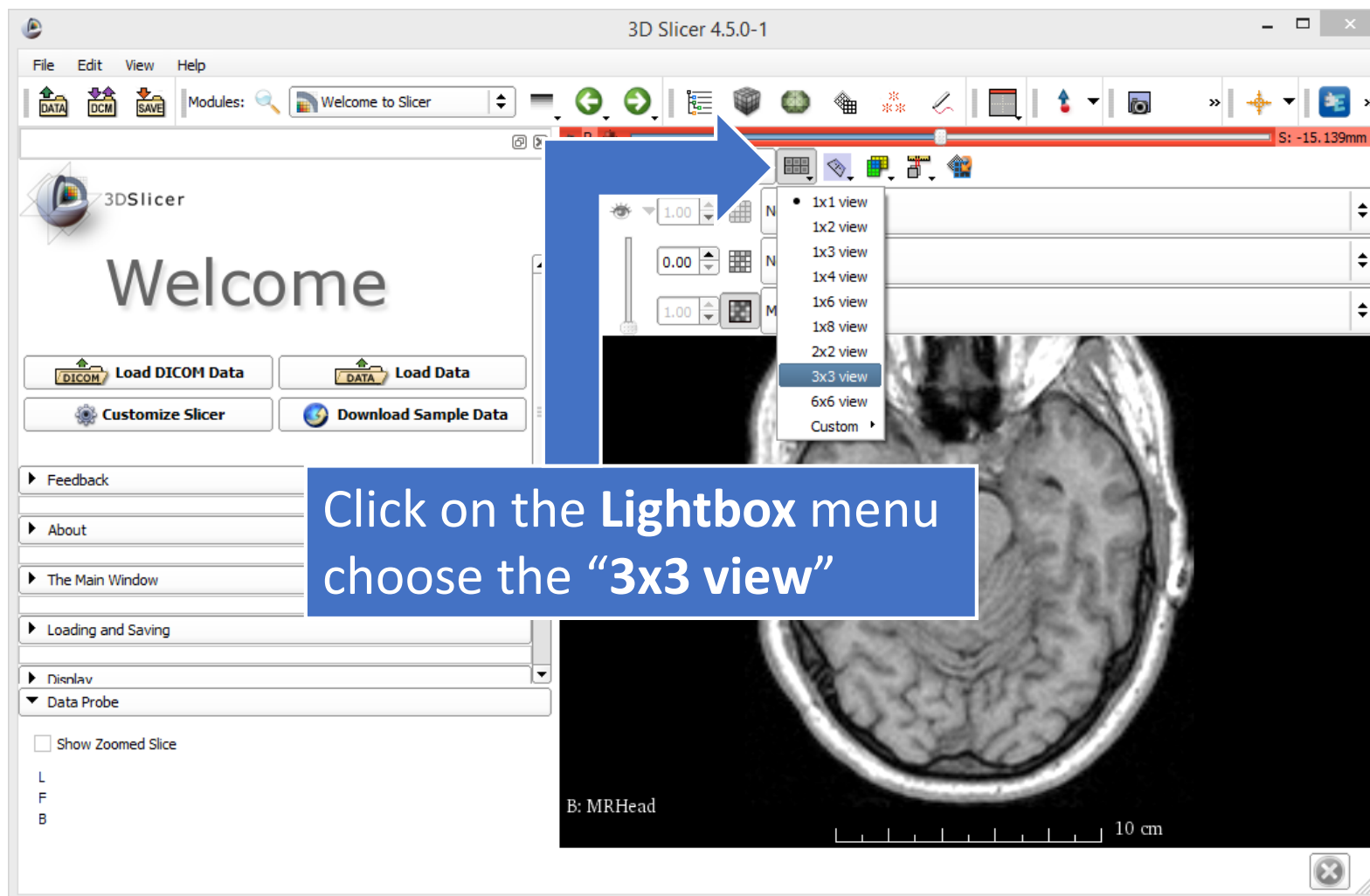




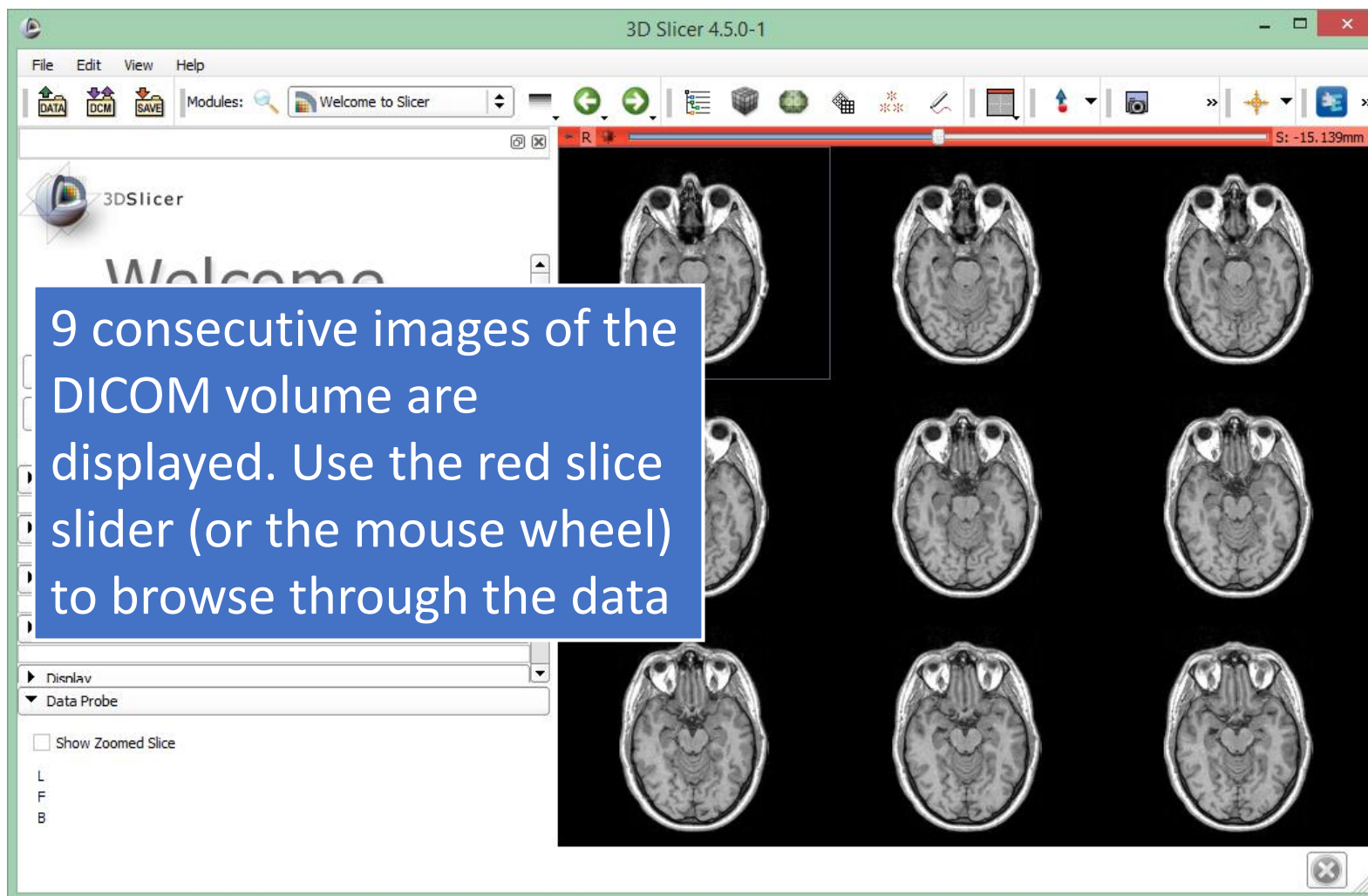
# Slice viewer toolbar cont'd



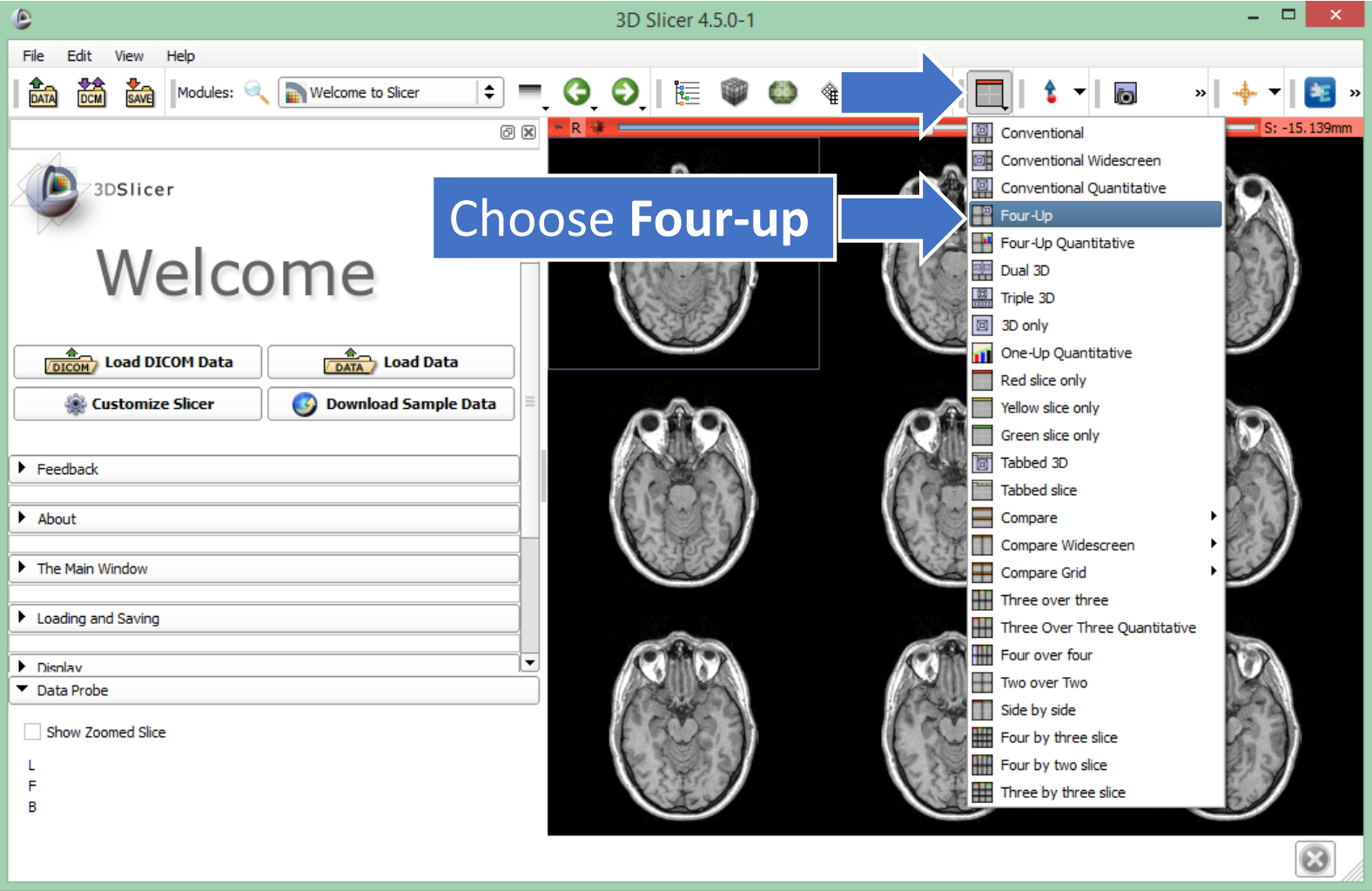
# Lightbox view



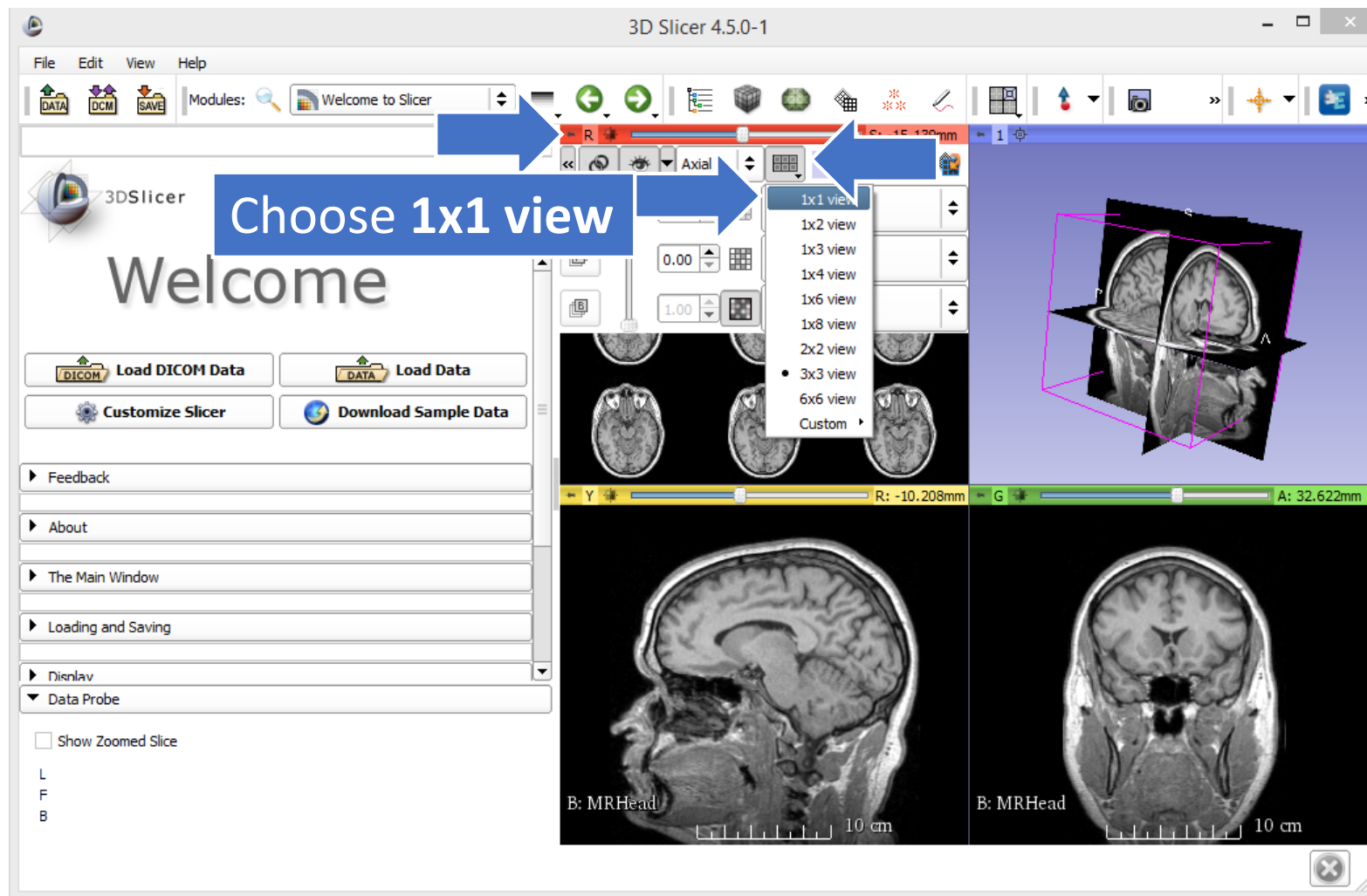
# Lightbox view



# Switch back the layout



# Turn off lightbox view



# Close Slicer scene

