

Surgical Simulator for Endoscopic Carpal Tunnel Surgery

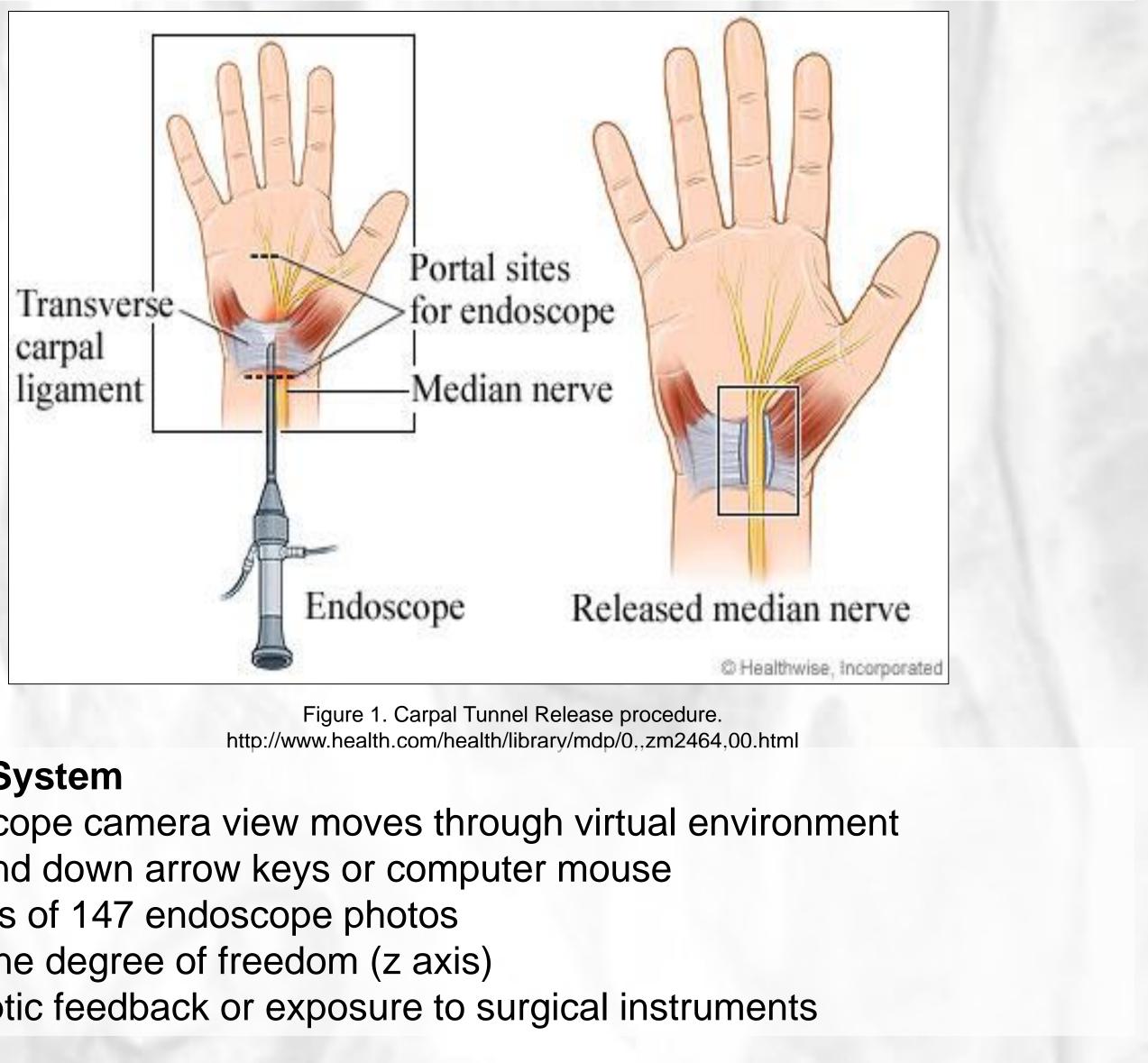
Background

Motivation

- Simulators reduce cost and increase the repeatability of training for surgeons • Endoscopic carpal tunnel surgery is in need of a simulator to teach surgeons
- techniques for endoscopic carpal tunnel surgery
- This simulator would be a stepping stone for future and more complex surgeries

Surgical Background

- Endoscopic carpal tunnel release relieves symptoms of carpal tunnel syndrome, such as pain and numbness
- Endoscope with deployable blade cuts transverse carpal ligament to relieve pressure on the median nerve (Figure 1)
- Surgeons use feel of endoscope inside carpal tunnel, visualization from camera



Current System

- Endoscope camera view moves through virtual environment
- Up and down arrow keys or computer mouse
- Series of 147 endoscope photos
- Only one degree of freedom (z axis)
- No haptic feedback or exposure to surgical instruments

Client Specifications

Hand Model

- Life-like feel/appearance
- Realistic appearance of skin
- Restrictive carpal tunnel
- 1-2 cm diameter
- Corrugations on transverse carpal ligament
- 1 mm height by 1 mm width

•Resistance felt when ligament is "cut"

Must withstand repeated simulations

Tracking Device

•6 degrees of freedom

1 mm precision

•External devices must not interfere with surgical procedure

 Interface with anatomical 3D environment

Currently in development

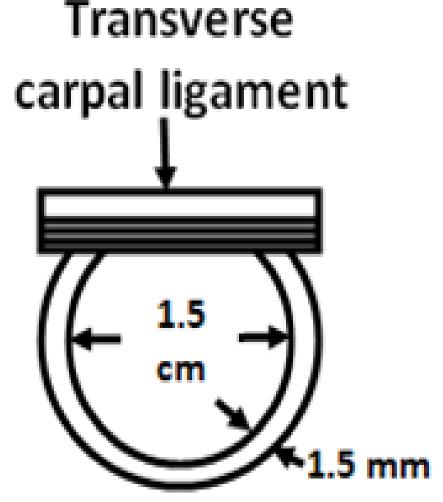


Figure 2. Carpal tunnel dimensions



Figure 3. Endoscopic camera view as seen in the virtual simulation. http://www.handmicrosurgery.org/services/carpaltunnelsyndrome/.

Charles Donaldson, Mason Jellings, Whitney Johnson, Sarah Switalski **Department of Biomedical Engineering** Advisor: Willis Tompkins Clients: Dr. Robert Radwin, Dr. Benjamin Mandel

Problem Statement: to design a simulator for endoscopic carpal tunnel surgery using a life-like physical hand model that interfaces with a virtual 3-D representation of the wrist and hand.

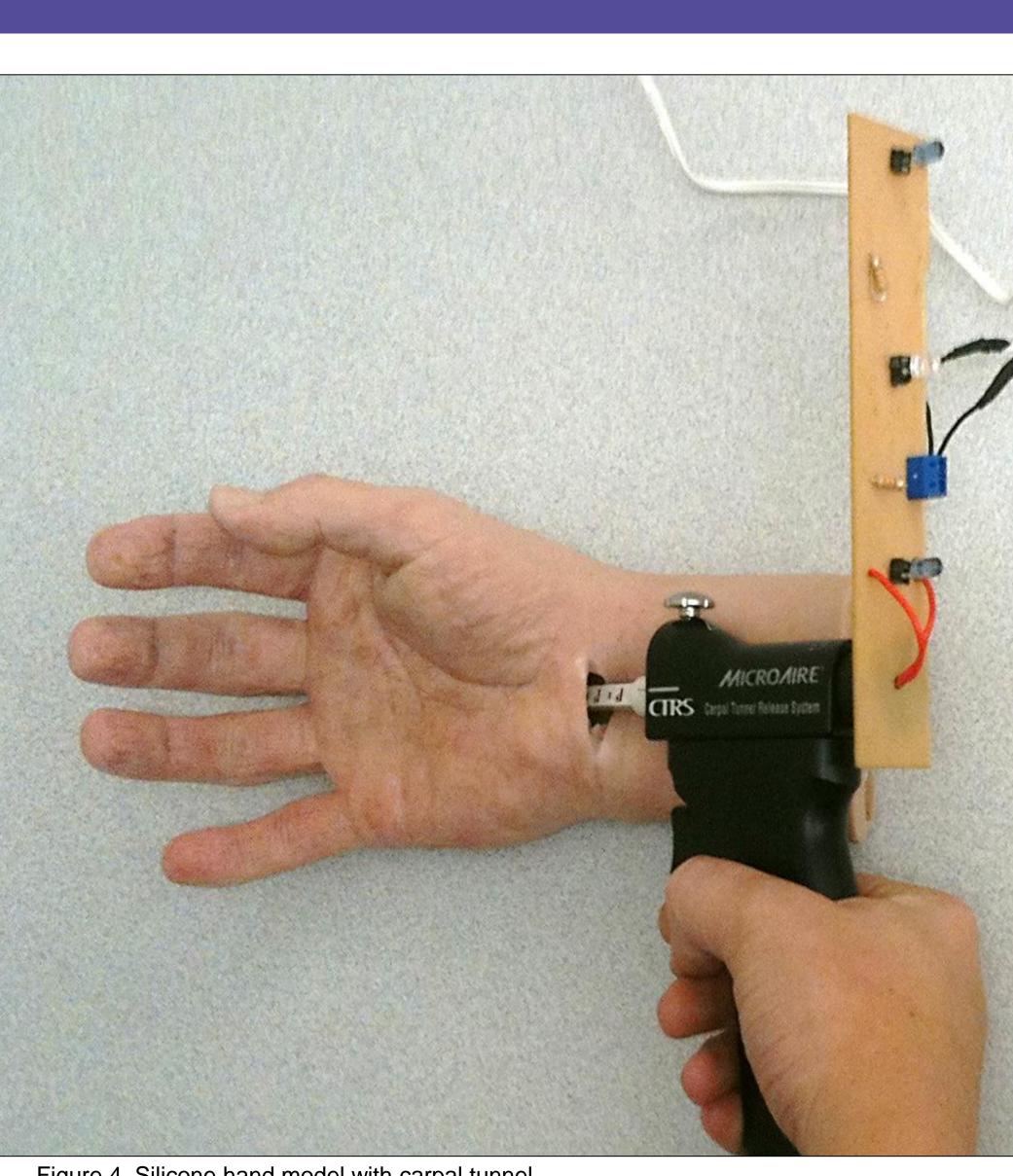


Figure 4. Silicone hand model with carpal tunnel.

Testing

Objective: Determine optimal distance between LEDs and Wii remote that will provide the greatest accuracy.

Methods:

•Place the Wii remote 20, 30, 40, 50, and 60 cm from LEDs

•Move LEDs backward 5 cms at 1 cm intervals, recording all distance readings

 Calculate average interval distance between readings

•Repeat 3x for each starting distance

Results: No significant difference in accuracy exists between the range of 20-60 cm.

Future Work

- Design force feedback mechanism
- Interface tracking system with surgical simulation
- Expand simulation to incorporate the left hand
- Optimize carpal tunnel dimensions
- Perform additional testing Feedback, evaluations from surgeons

Final Prototype

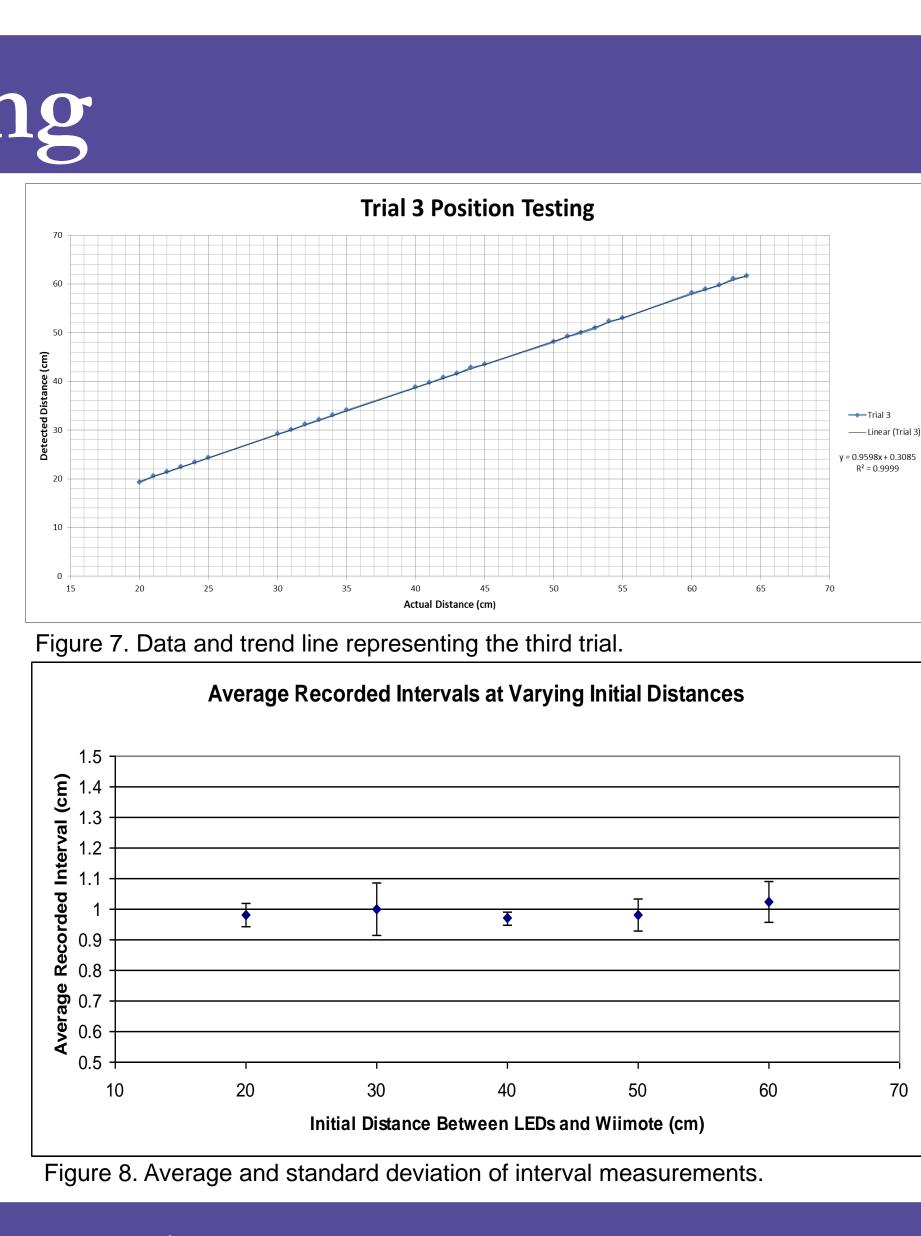
Hand Model

- Silicone tube for carpal tunnel suspended in gel
- Corrugated ligament
- Silicone for skin, gel interior
- Provides resistance similar to human tissue



Switch

- Closed when trigger not activated • 3rd LED on
- Open when blade deployed • 3rd LED off



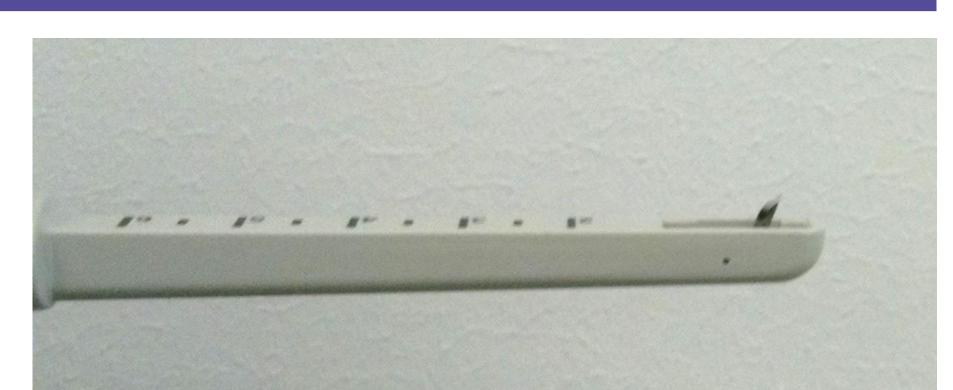


Figure 9. Displays tip of blade protruding from instrument.



and switch. **Tracking Program**

- Based on Motej framework Based on trigonometry Exports z position data to software
- Java program translates pixel coordinates to 3D position
- Updates matching camera frames

Table 1. Cost analysis

LED

- http://www.handmicrosurgery.org/services/carpaltunnelsyndrome/. 3. (May 15, 2008). Re: What is the Wiimote's Preferred Peak Wavelength?. Message posted to
- http://www.wiimoteproject.com.
- 5. Volker Fritzsch (April 7, 2009). Motej. Retrieved October 12, 2010, from http://motej.sourceforge.net/.

We would like to thank Professor Willis Tompkins, Professor Tom Yen, Greg Gion from Medical Art Prosthetics, LLC., and our clients Dr. Robert Radwin and Dr. Ben Mandel for their support.





Tracking Device

- Circuit board with 3 LEDs attaches to back of endoscope
- Wii remote infrared camera tracks LEDs Translation in x-y-z and rotation about z
- Middle LED acts as trigger signal Controlled by switch in endoscope shell
- Wii remote connects to computer through Bluetooth and java programming

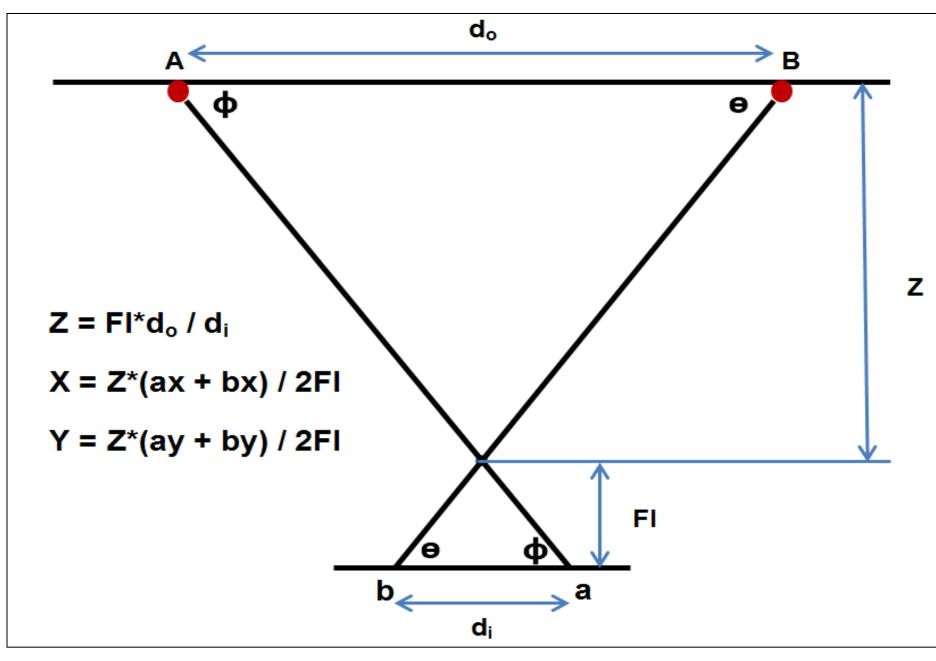


Figure 6. Trigonometric relationship of pixel coordinates.

ltem	Cost (\$)
Circuit parts	22.50
D attachment parts	10.00
Hand model	300.00
Wii remote	40.00
TOTAL	372.50

References

- 1. Haque, Mustafa. "Carpal Tunnel Syndrome." *womenshealth.gov*. N.p., 1 Jun 2009. Web. 4
- Dec 2010. <http://www.womenshealth.gov/faq/carpal-tunnel-syndrome.cfm>.
- 2. (2007). Carpal tunnel syndrome. National University Hospital. Retrieved 2 December 2010 from
- 4. Lee, J. (2008). Hacking the Nintendo Wii remote. *Pervasive Computing, IEEE*, 7(3), 39-45.

Acknowledgements