



# Neonatal Intubation Simulation with Virtual Reality and Haptic Feedback

## **Advisor:**

Professor Beth Meyerand

## **Clients:**

Dr. Ryan McAdams

Dr. Brandon Tomlin



**BME**  
**Design**

# Team Members

**Team Leader-** Carter Griest

**Communicator-** Isaac Hale

**BSAC-** Isaac Hale

**BWIG-** Joey Campagna

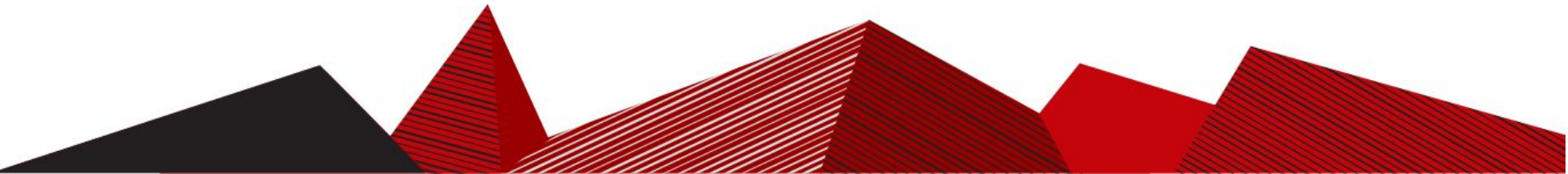
**BPAG-** Roberto Romero



**From Left To Right:** Joey Campagna, Roberto Romero, Isaac Hale, Carter Griest.

# Overview

- Neonatal Intubation - Global Need
- Intubation Procedural Background
- Current Training Methods
- PDS Summary
- Existing Technologies
  - VR Developing Platforms
  - VR Headsets
  - Haptic Devices
- Developing Platform Evaluation
- Headset Evaluation
- Existing Obstacles & Future Work



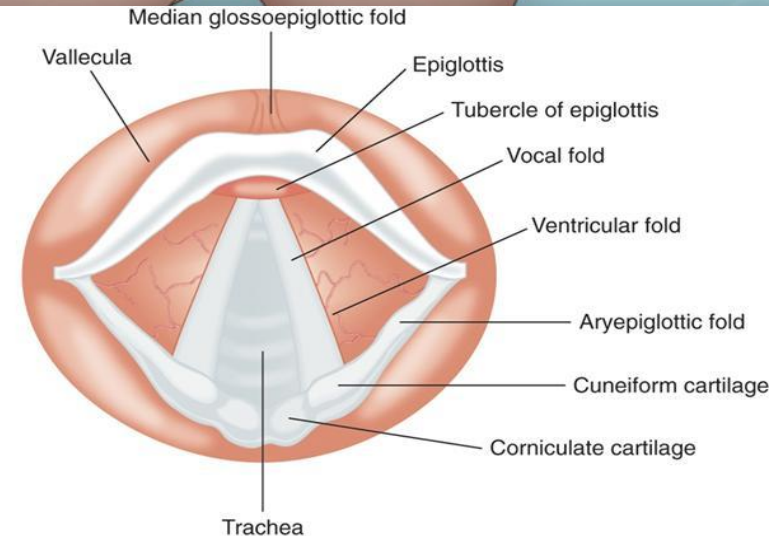
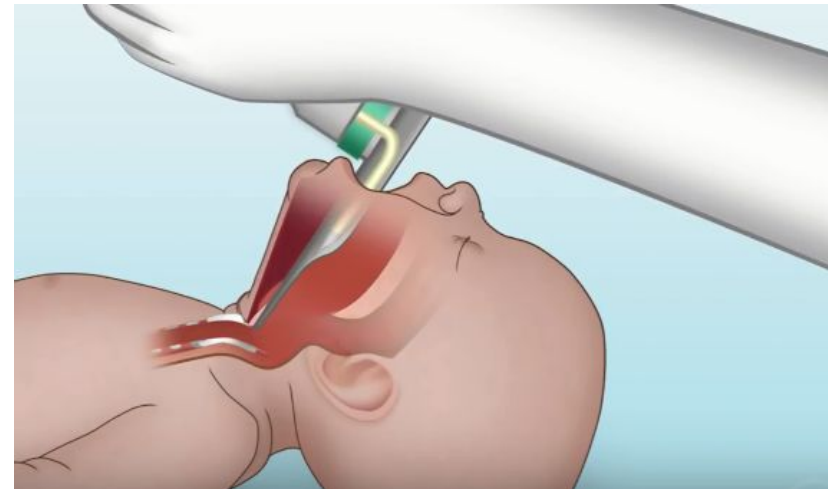
# Neonatal Intubation - Global Need

- 7% of term-newborns undergo respiratory distress<sup>1</sup>
  - Increases substantially in premature infants
- In 2005, nearly 10% of births were premature<sup>2</sup>
  - Highest rates in North America and third world countries
  - Estimated that prevalence increased since 2005
- Anywhere from 30-70% of intubation attempts are successful<sup>3-5</sup>



# Intubation Procedural Background

- Intubation may be necessary if the neonate is under respiratory distress
- Procedural steps:
  - Insert endotracheal blade
  - Scoop and lift tongue to visualize vocal cords
  - Insert endotracheal tube through vocal cords
  - Once successful, secure tube
- Procedure must be done gently, quickly and precisely<sup>6</sup>



# Current Training Methods

- Video instruction:
  - While useful, without practicing an intubation first-hand, one cannot hope to perform the procedure correctly under stress<sup>7</sup>
- Neonatal Mannequins:
  - The primary neonatal intubation training method is via the use of expensive mannequins
  - Mannequins fail to accurately mimic neonate anatomy and other physical properties
    - Unnatural texture and movements
    - Easily identifiable vocal cords<sup>8</sup>



# PDS Summary

## Function:

- Client desires virtual simulation to simulate neonatal intubation procedure
- Includes haptic feedback
- Requires environment which accurately emulates procedure

## Performance Requirements:

- Must be accurate to 0.02mm to compete with current haptic feedback systems
- Virtual environment must be detailed and load in real time without buffering

## Ergonomics:

- Should feel similar to real procedure in regards to tools used and actions performed

## Cost:

- Should cost under \$6000



# Existing Technology: Haptic Devices

3D Systems produces a variety of haptic feedback devices, each offering varying levels of precision, maneuverability, and load capability.



Phantom Touch



Phantom Touch X



Phantom Premium



# Existing Technologies: VR Headsets

## Standalone VR headsets<sup>9,10</sup>

Examples: Oculus Rift, HTC Vive

- Greater positional tracking
- Integrated haptic “remotes”
- High cost (\$400-500)



<https://newatlas.com/gear-vr-vs-oculus-rift-specs-comparison-2017/49015/>

## Mobile phone VR headsets

Interfaces with mobile phones

- Low cost (\$120-200)<sup>9,10</sup>
- Files interface directly from app Store<sup>11</sup>

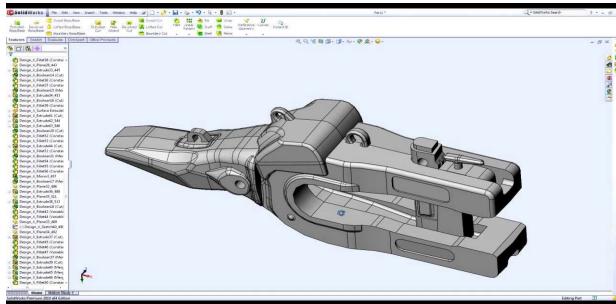
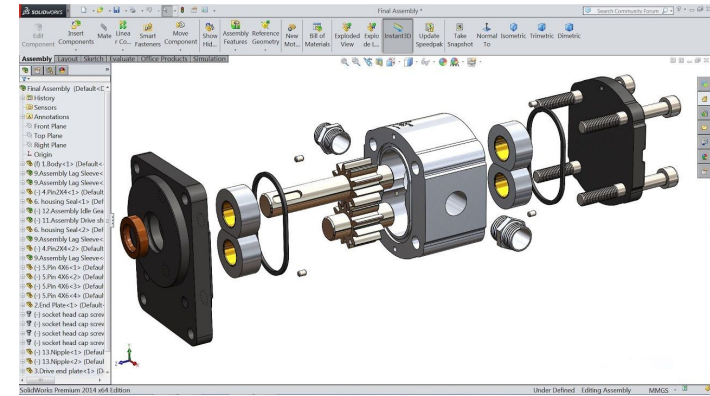
<https://play.google.com/store/apps/details?id=com.samsung.android>



# Existing Technologies: Development Platforms

## Solidworks

- Free (through UW)
- Must be rendered using separate software to interface with haptic devices<sup>12,13</sup>



## GeoMagic 3D

- Directly compatible with 3D System's haptic devices<sup>12</sup>
- Very expensive (~\$2000)<sup>14</sup>



# Tentative Timeline

Establish VR-haptic interface, create virtual neonatal model

**BME 301**  
**Spring 2018**

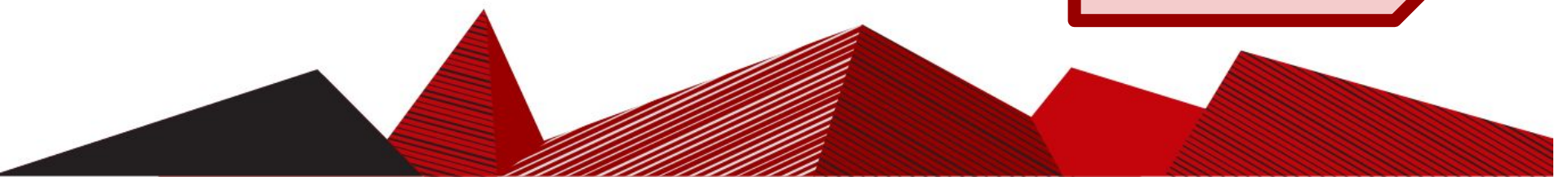
Refine neonatal model; create lifelike appearances and textures

**BME 400/402**  
**Fall 2018**

Refine haptics; fully integrate feedback into neonatal model

**BME 400/402**  
**Spring 2019**

If incomplete, pass to another BME team or developing firm



# Design Matrix - VR Headsets

<b>Design Criteria (weight)</b>	<b>Oculus Rift</b>	<b>Samsung Gear VR</b>
<b>Cost (35)</b>	2/5 (14)	5/5 (35)
<b>Resolution (20)</b>	4/5 (16)	5/5 (20)
<b>Refresh Rate (20)</b>	5/5 (20)	3/5 (12)
<b>Cranial Tracking Ability (15)</b>	5/5 (15)	4/5 (12)
<b>Versatility (10)</b>	3/5 (6)	4/5 (8)
<b>Total (100)</b>	71	87



# Current Chosen VR Headset: Samsung Gear VR

- Versatile/portable: no separate computer required for use<sup>9</sup>
- Cost effective: around \$400 cheaper than the Oculus model<sup>10</sup>
- Higher resolution: offers 1440x1280 pixels per eye (when paired with Samsung Galaxy S6) - 42% greater than Oculus<sup>9</sup>



# Design Matrix - Development Platforms

<b>Design Criteria (weight)</b>	<b>Solidworks</b>	<b>GeoMagic 3D</b>
<b>Cost (30)</b>	5/5 (30)	3/5 (18)
<b>Haptic Compatibility (20)</b>	3/5 (12)	5/5 (20)
<b>Anatomical Accuracy (20)</b>	4/5 (16)	4/5 (16)
<b>Ease of Use/Design Capabilities (20)</b>	5/5 (20)	4/5 (16)
<b>VR Platform Compatibility (10)</b>	5/5 (10)	4/5 (8)
<b>Total (100)</b>	<b>88</b>	<b>78</b>



# Current Chosen Development Platform: Solidworks

- Free (through campus software library)
- Familiar: no need to re-learn user interface
- Versatile: possesses more intricate design capabilities (more surfacing features, greater selection of file types)<sup>12</sup>
- Established and used extensively in the medical field<sup>15</sup>



# Potential Problems



- Processing power of Samsung phones limits how detailed the environment can be
- Software/hardware compatibility
- Accurate emulation of tissue-like properties in virtual reality
  - Somatosensory properties
  - Destructive VR
- Unnatural movements of haptic device





# Conclusion and Future Work

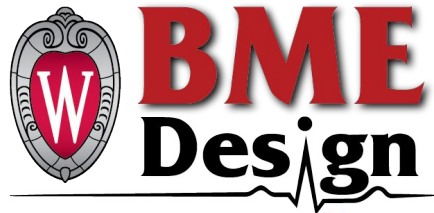
- Create 3D models for tools used during the procedure
- Integrate realistic models of newborn mouth and throat into VR
- Design a VR environment to resemble a neonatal operating room



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**Questions?**

