Real-Time Workflow Segmentation for Needle-Based Interventions

Matthew S. Holden¹, Tamas Ungi¹, Derek Sargent², Robert C. McGraw², Elvis C. S. Chen³, Sugantha Ganapathy⁴, Terry M. Peters³, Gabor Fichtinger¹

¹School of Computing, Queen's University, Kingston, Canada
²School of Medicine, Queen's University, Kingston, Canada
³Robarts Research Institute, Western University, London, Canada
⁴London Health Sciences Centre, London, Canada

PURPOSE: Traditionally, medical trainees have learned and practiced surgical skills under supervision of an expert; however, in contemporary medical education there are more trainees, more procedures and limited expert time for teaching. A system which can automatically identify a trainee's surgical motions and provide feedback accordingly could allow for independent practice and complement expert supervision in specific stages of the training protocol. We propose a real-time system for feedback based on a previously validated workflow segmentation algorithm, which



automatically identifies the task a user is performing based on needle-tracking data, and software from the PLUS library and the Slicer 4 platform (Figure 1).

METHODS: Previous results have demonstrated the feasibility of an algorithm following a pipeline: (1) Gaussian filtering – to smooth the trajectory, (2) orthogonal transformation – to extract motion features, (3) principal component analysis – to reduce dimensionality, (4) *k*-means clustering – to discretize data, (5) Markov modeling – to characterize sequences of data [1]. The algorithm has been further verified in simulated real-time scenarios for both the lumbar puncture and the ultrasound-guided epidural procedures. In the proposed system, the algorithm is implemented as a Slicer 4 module, as part of the SlicerIGT extension [2]. The PLUS [3] software library sends real-time needle tracking data which the module uses to perform online workflow segmentation.

RESULTS: The proposed system offers real-time feedback to medical trainees, which improves the learning experience for unsupervised practice of needle-based interventions. The algorithm provided 82% and 81% accuracy for the lumbar puncture and ultrasound-guided epidural studies respectively. For a random subsample, 84% consistency was found between manual segmentations, which were used as the ground-truth, and the algorithm demonstrated 93% accurate relative to this benchmark.

CONCLUSION: This algorithm performs workflow segmentation with sufficient accuracy for implementation in a medical training system. Current work focuses on adapting the algorithm to suit a medical training system and optimizing the algorithm for this real-time application.

[3] PLUS: Public Library for Ultrasound Imaging Research, <u>https://www.assembla.com/spaces/PLUS</u>

^[1] Holden, M. S., T. Ungi, D. Sargent, R. C. McGraw, and G. Fichtinger, "Surgical Motion Characterization in Simulated Needle-Insertion Procedures", *SPIE Medical Imaging 2012*, San Diego, California, USA, pp. 8316-31, 02/2012.

^[2] SlicerIGT: Open Source Software Platform for Image Guided Therapy: <u>https://www.assembla.com/spaces/SlicerIGT</u>