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Ergonomic Design
Technology Lab

전북대학교병원
CHONBUK NATIONAL UNIVERSITY HOSPITAL

Development of a User-Centered Virtual Liver Surgery System

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Agenda

- **Introduction**

  - **Background**

  - **Objectives of the Study**

- **Use Scenario & Demo of Dr. Liver**

- **Performance evaluation**

- **Future Study**

Values of 3D Virtual Liver Surgery System

- Vascular structure
- Location & size of tumor
- Segmentation of the liver

Analytical Visualization

Quantitative Assessment

Safe & Rational Surgery
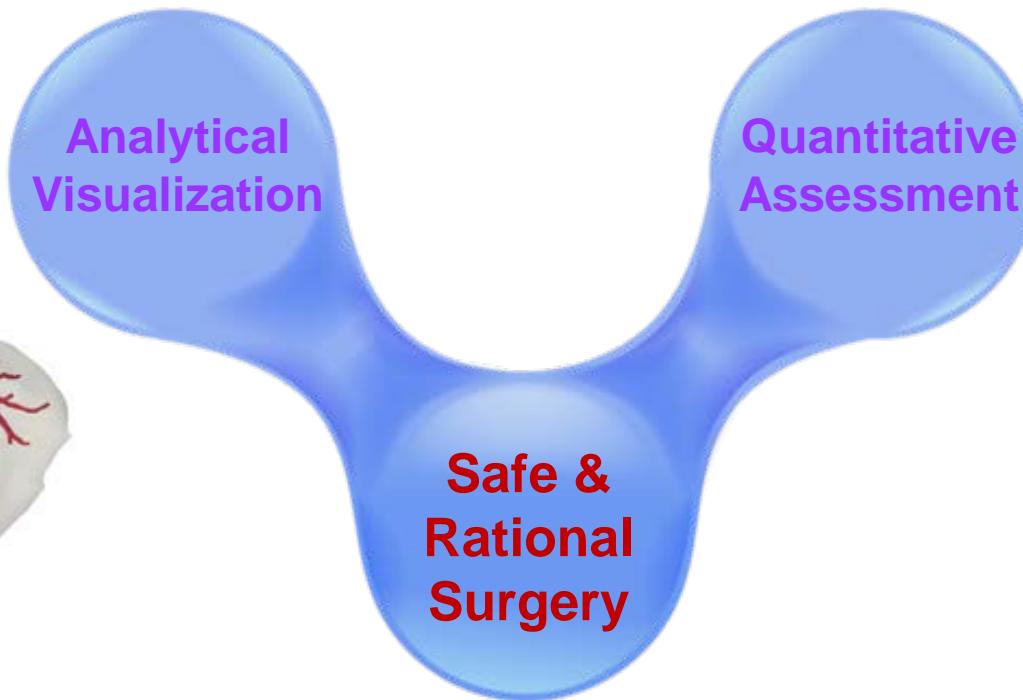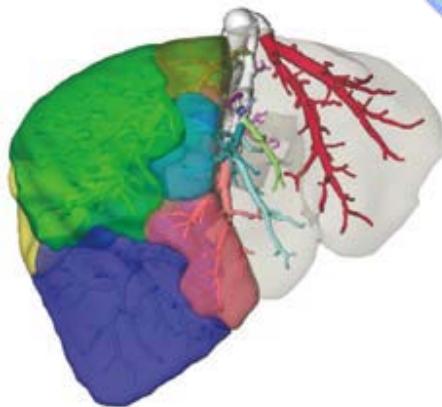
- Volumetry of the liver
- Volumetry of the remnant and/or graft

Liver = 1421.2 ml
Resected = 368.3 m
Remnant = 74.1%

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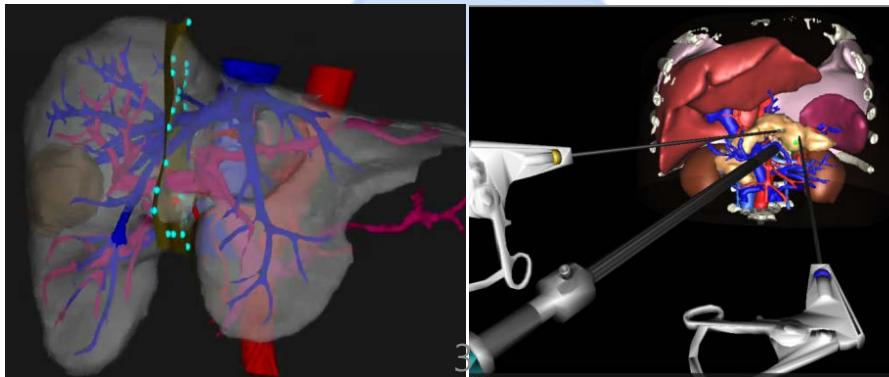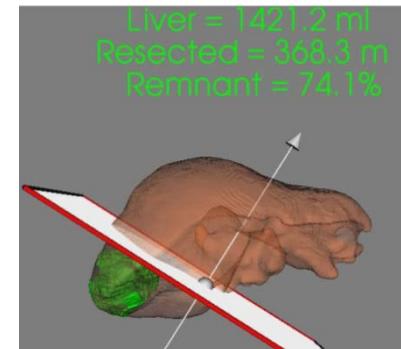
Virtual Surgery Systems: Generic

	Rapidia (Infinitt)	Voxar 3D (Barco ⇒ Toshiba)	Syngo.via (Simense)	OsiriX (Freeware - Pixmeo)
Country	Korea	Japan	Germany	Swiss
System features	● 3D visualization ● Measurement ● Options ✓ Colon & polyps ✓ Cardiac Ca ✓ Vessel ✓ Brain angio	● 3D visualization ● Measurement ● Options ✓ Colon ✓ Cardiac Ca ✓ Vessel	● Oncology ✓ PET & CT segmentation (extraction) ✓ CT Lung CAD ✓ Colonography ● Cardiology ✓ Vascular ✓ Cardiac ✓ Ca Scoring ● Neurology ✓ PET evaluation ✓ Perfusion CT	● 3D visualization ● Measurement ● Options ✓ Custom plugins ✓ iPhone, iPad compatible

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Liver Extraction: Manual & Semi-Automatic

Voxar 3D

Rapidia
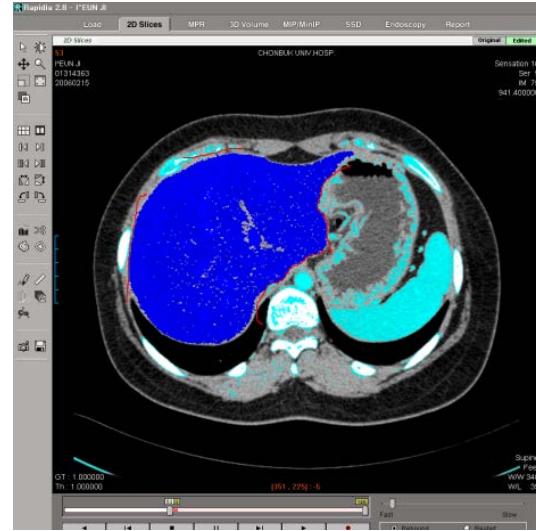
Syngo.via
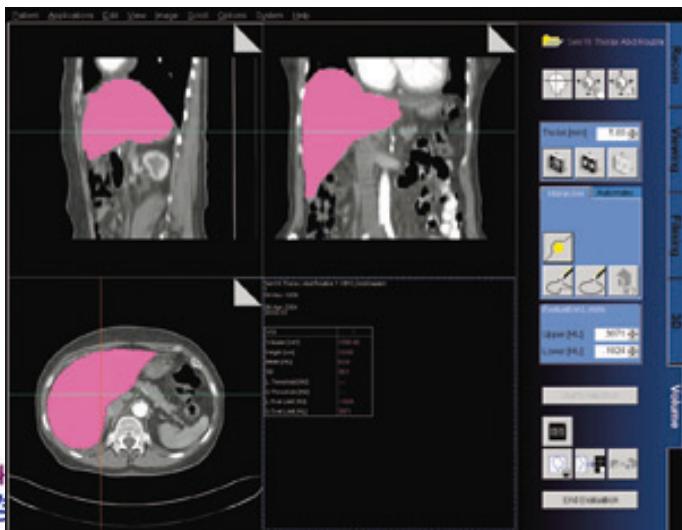
OsiriX

Synapse Vincent

|	Synapse Vincent (Fujifilm)
Country	Japan
System features	● Specialized liver functions ✓ Liver extraction ✓ Vessel analysis ✓ Segmentation ✓ Volumetry ✓ Surgery planning

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Visia™ Liver-Distant Services

- MeVis Medical Solutions AG

- LiverAnalyzer & LiverViewer developed using MeVisLab

- Analysis services

  - Segmentation of the liver, veins, biliary system, and tumors

  - Volumetric data for both remnant and/or graft

  - Vascular territory evaluation

  - Virtual resection options

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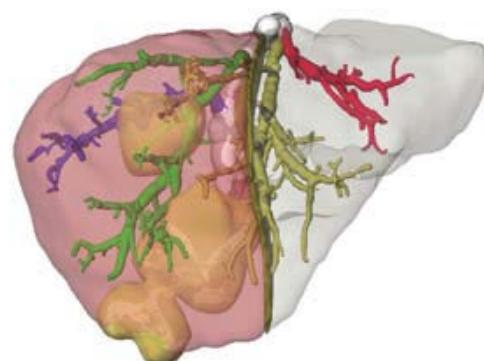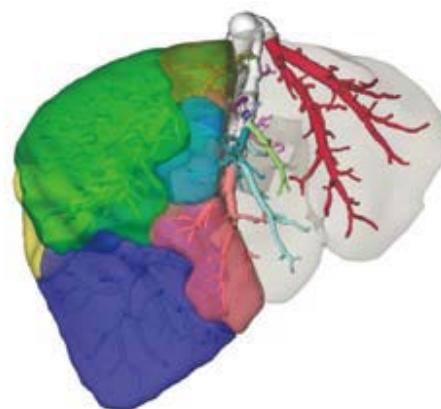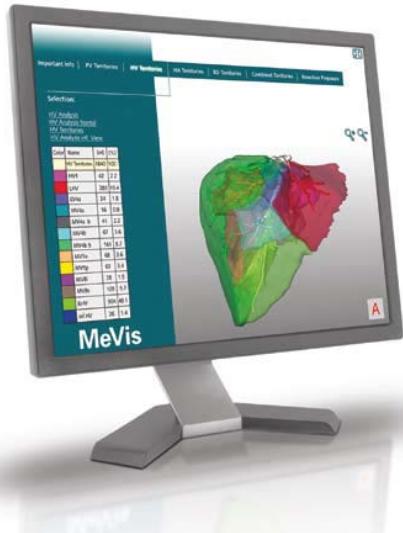
Surgery Planning – Oncological Case

Objectives of the Study

Development of a user-friendly virtual liver surgery system: Dr. Liver

1. Specialized functions to liver surgery

2. Intelligent decision support information

3. Intuitive, user-friendly interface

4. Acceptable information processing time

3D Digital Liver Extraction

Surgery planning

Volumetry

Segmentation

Tumor diagnosis

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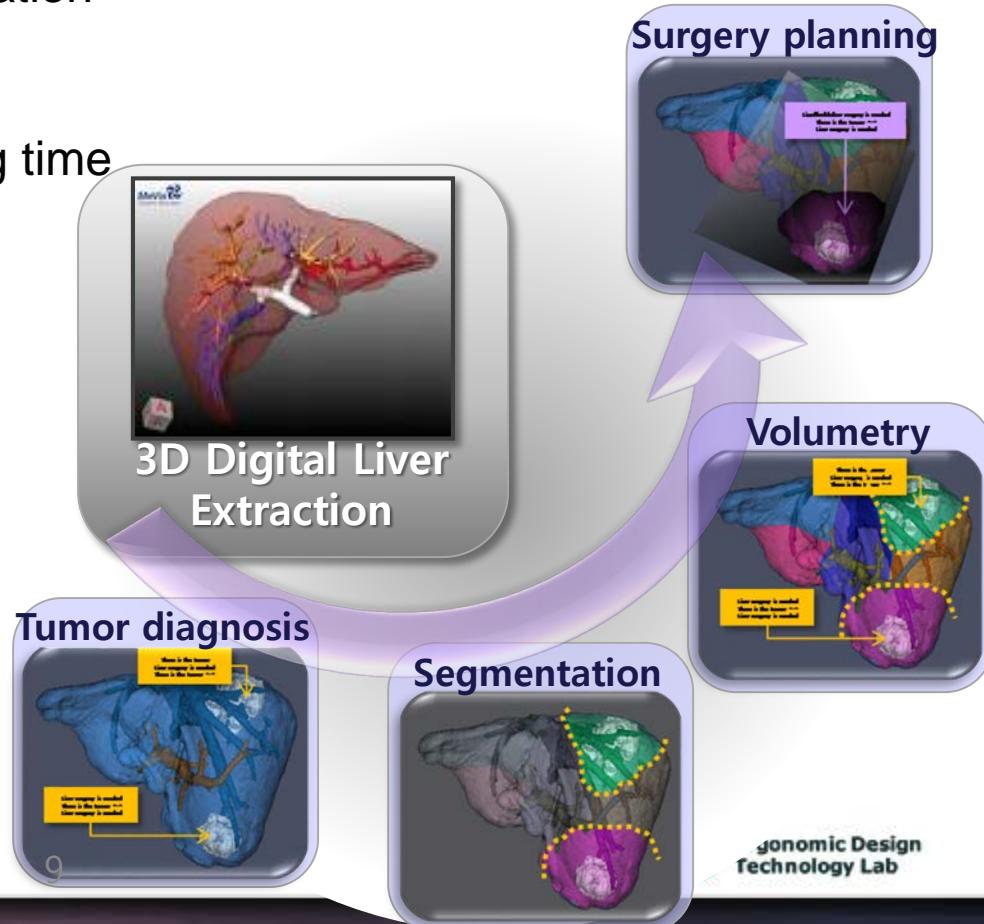
Use Scenario: System Overview

| Liver extraction | Vessel extraction | Tumor extraction | Liver segmentation | Surgery planning |

| 5 min | 5 ~ 10 min | 5 min | 5 min | 5 min |
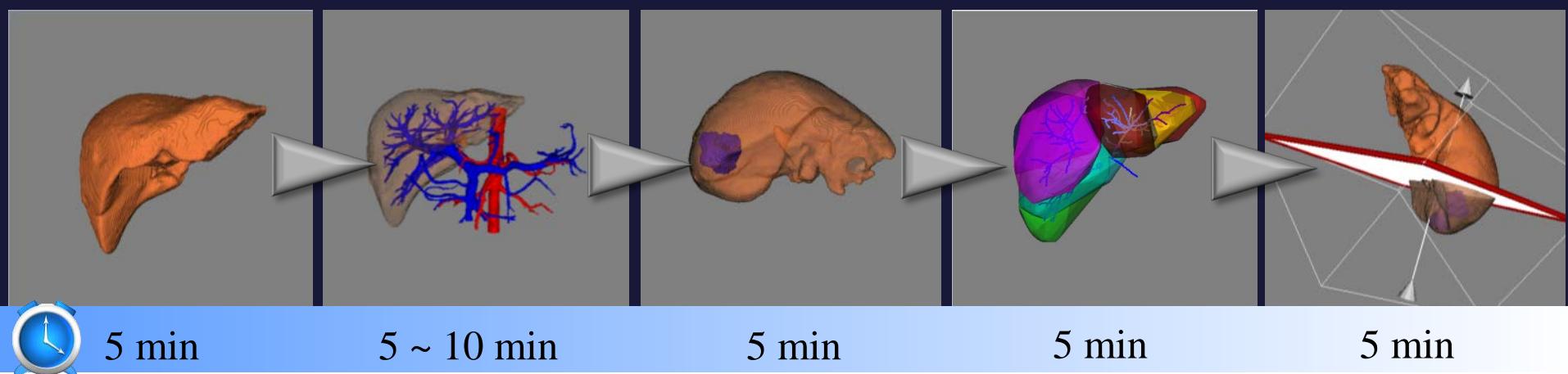
Entire processing time: 25 ~ 30 min

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Use Scenario: Liver Extraction

S1(A). Denoising   **S2(SA). Initial contour generation**   **S3(A). Liver contour refinement**   **S4(A). Prost processing**

Total 5 min
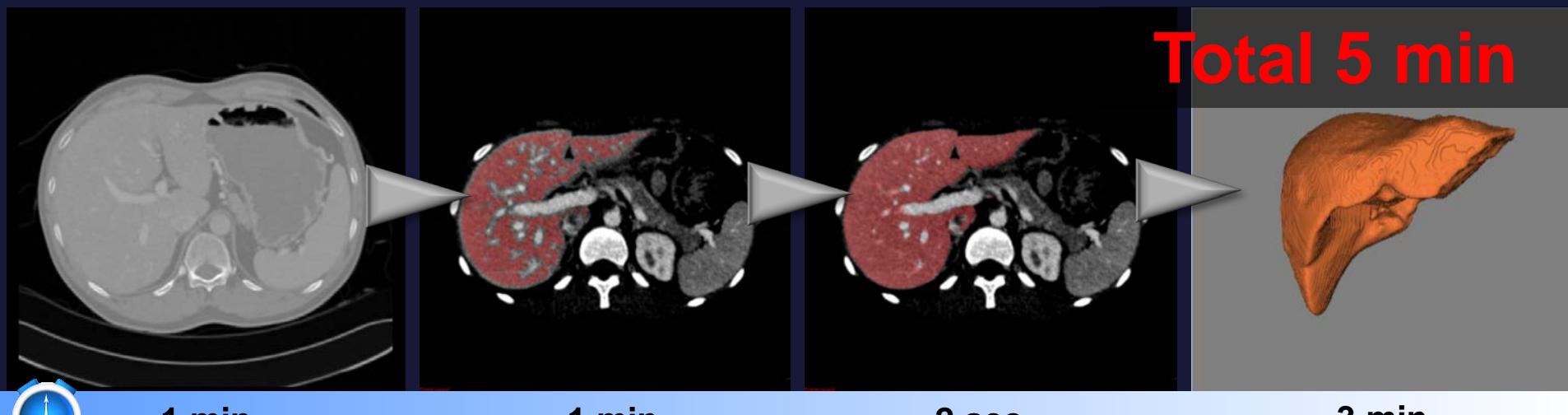
| 1 min | 1 min | 2 sec | 3 min |

- **Noise removing** in CT images

- **Multiple seed points selection** on liver using the mouse
- **Initial liver contour generation** using fast marching level set method

- **Liver contour refinement** using threshold level set method
- Liver contour **verification**

- Hole filling and liver surface smoothing
- Unwanted part elimination

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Demo: Liver Extraction
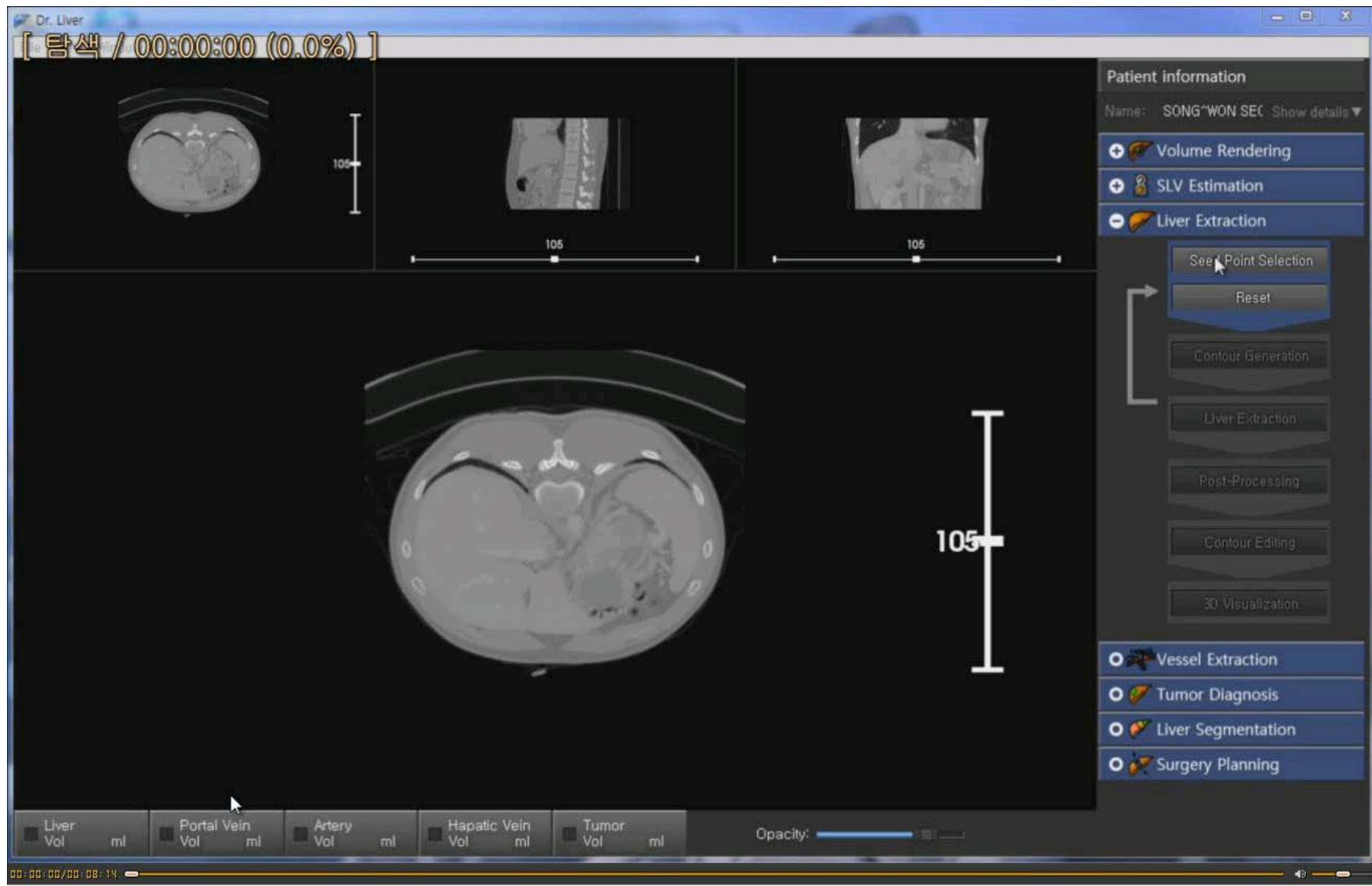
Demo: SLV Estimation
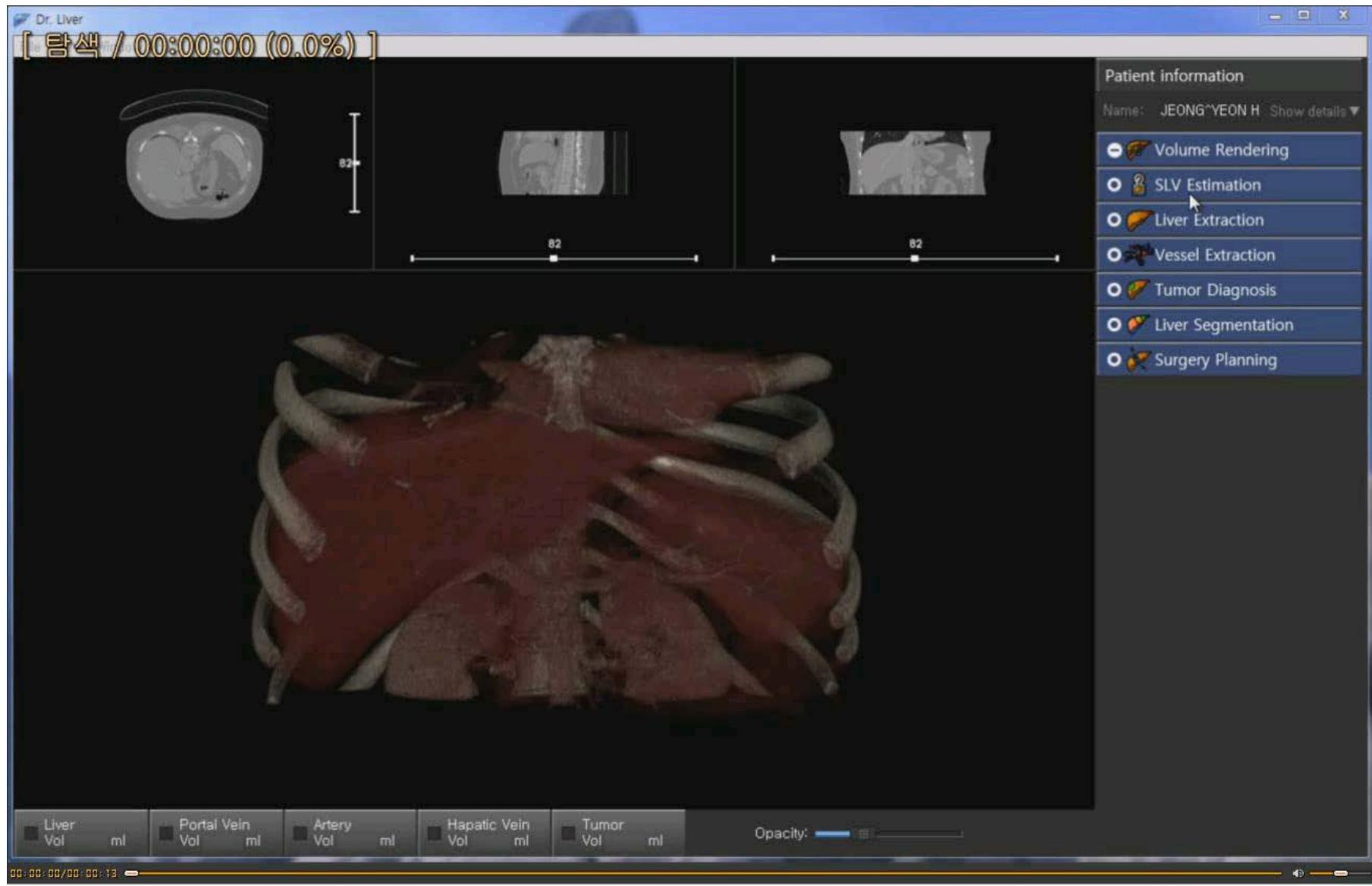
Use Scenario: Vessel Extraction

S1(M). Seed point selection

S2(M). Interactive threshold interval identification

S3(A). Vessel extraction

S4(A). Prost processing

Total 5 ~ 10 min

| 1 sec | 10 sec | 1 min | 3 min |
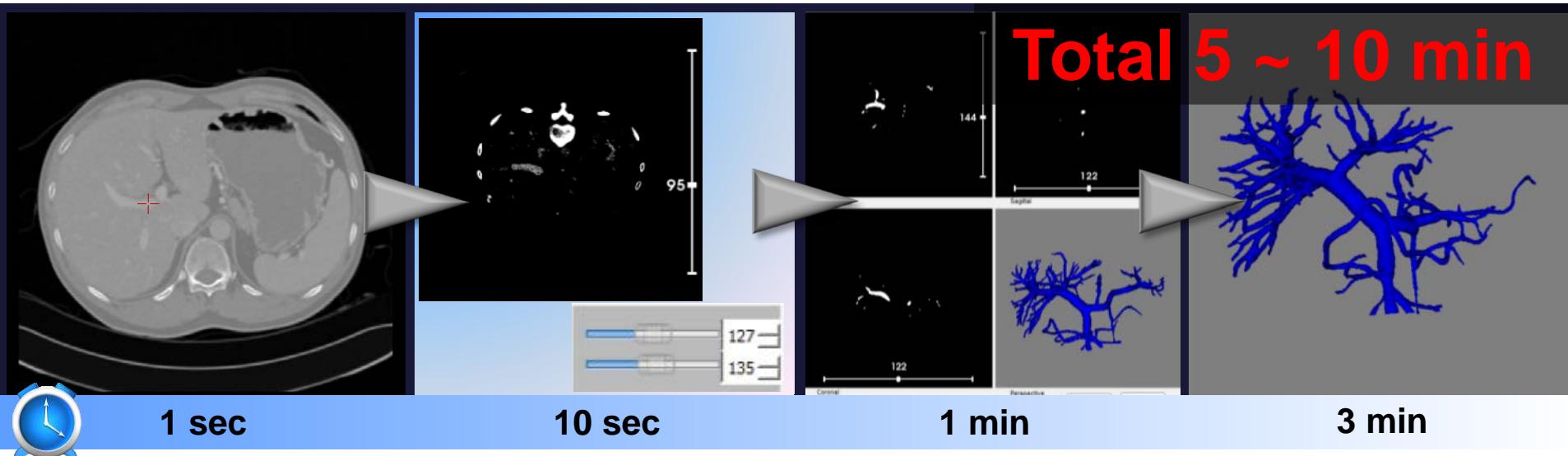
- **Single seed point selection** on vessel for region growing using the mouse

- **Threshold interval identification** using slider bars

- **Vessel extraction** using region growing method
- Extracted vessel **verification**

- Hole filling

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Demo: Vessel Extraction
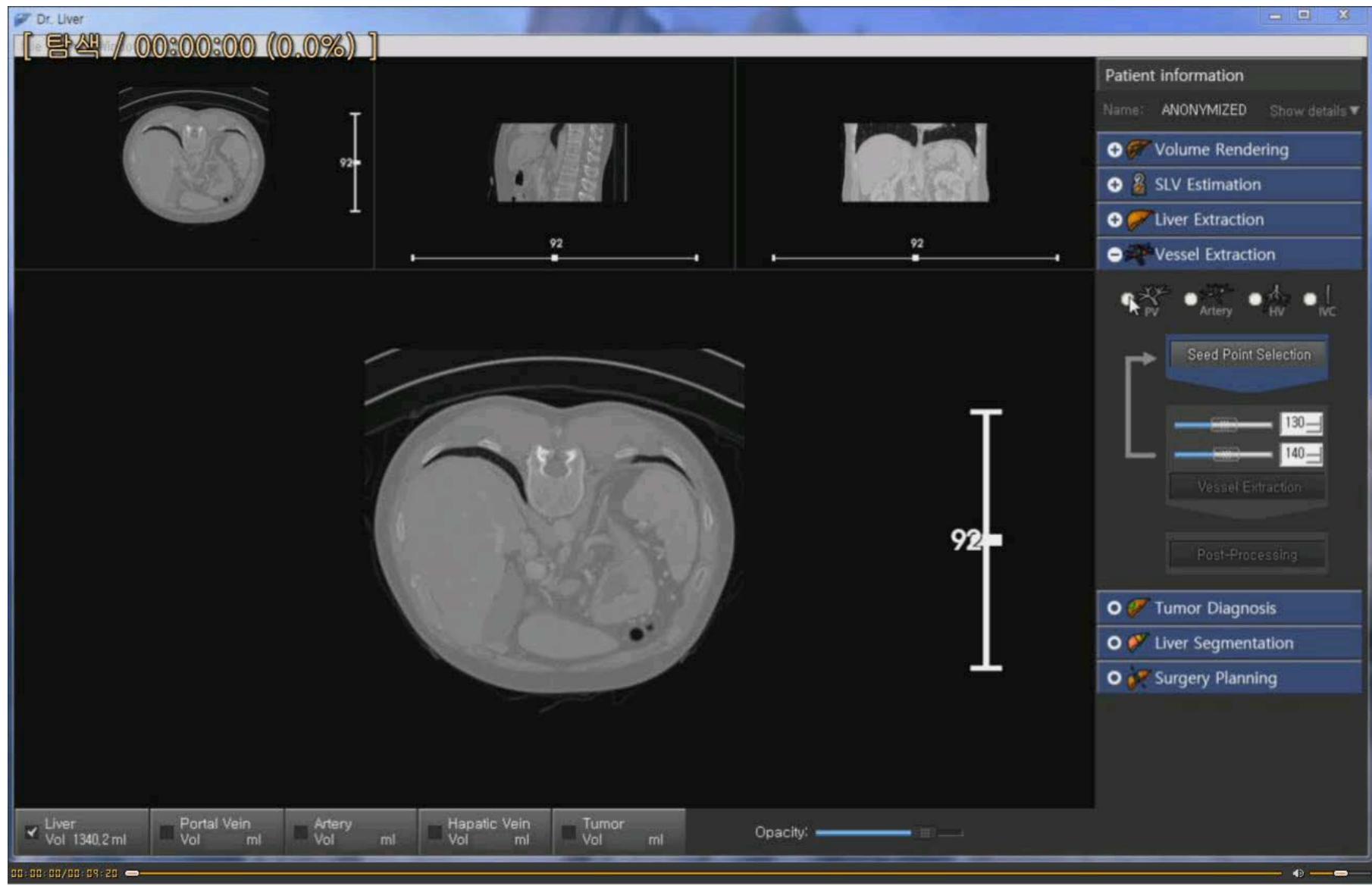
Use Scenario: Tumor Extraction

S1(M). Seed point selection

S2(M). Interactive threshold interval identification

S3(A). Tumor extraction

S4(A). Prost processing

Total 5 min

10 sec	10 sec	1 min	3 min
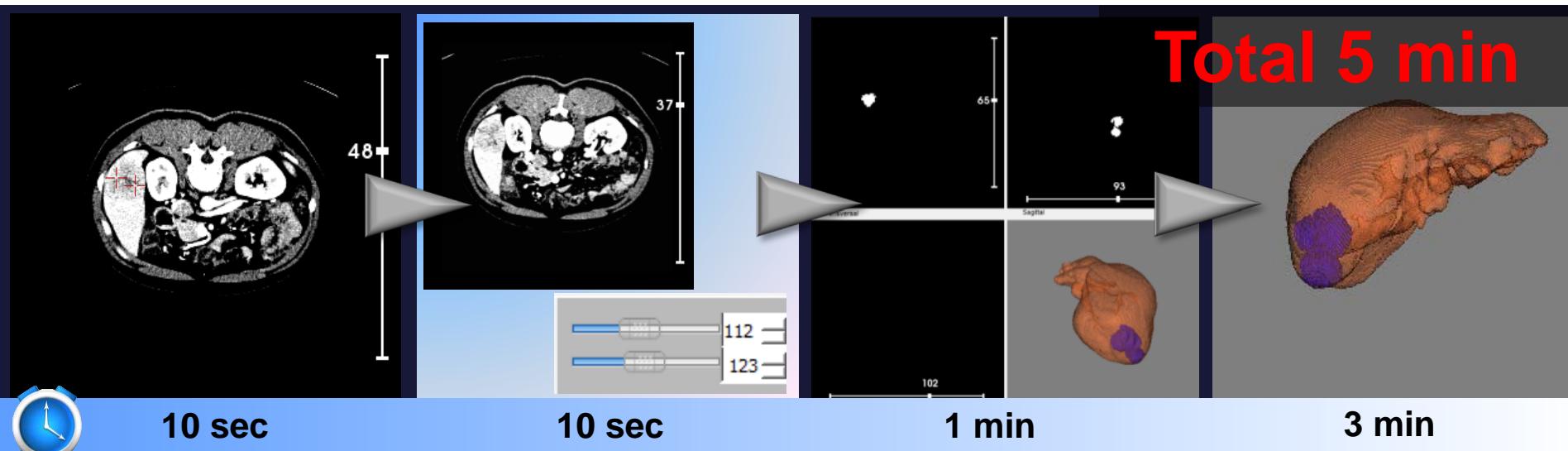
- **Multiple seed point selection** on tumor using the mouse

- **Threshold interval identification** using slider bars

- **Tumor extraction** using threshold level set method
- **Diagnosis verification**: false identification, missing

- Hole filling & smoothing

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Demo: Tumor Extraction
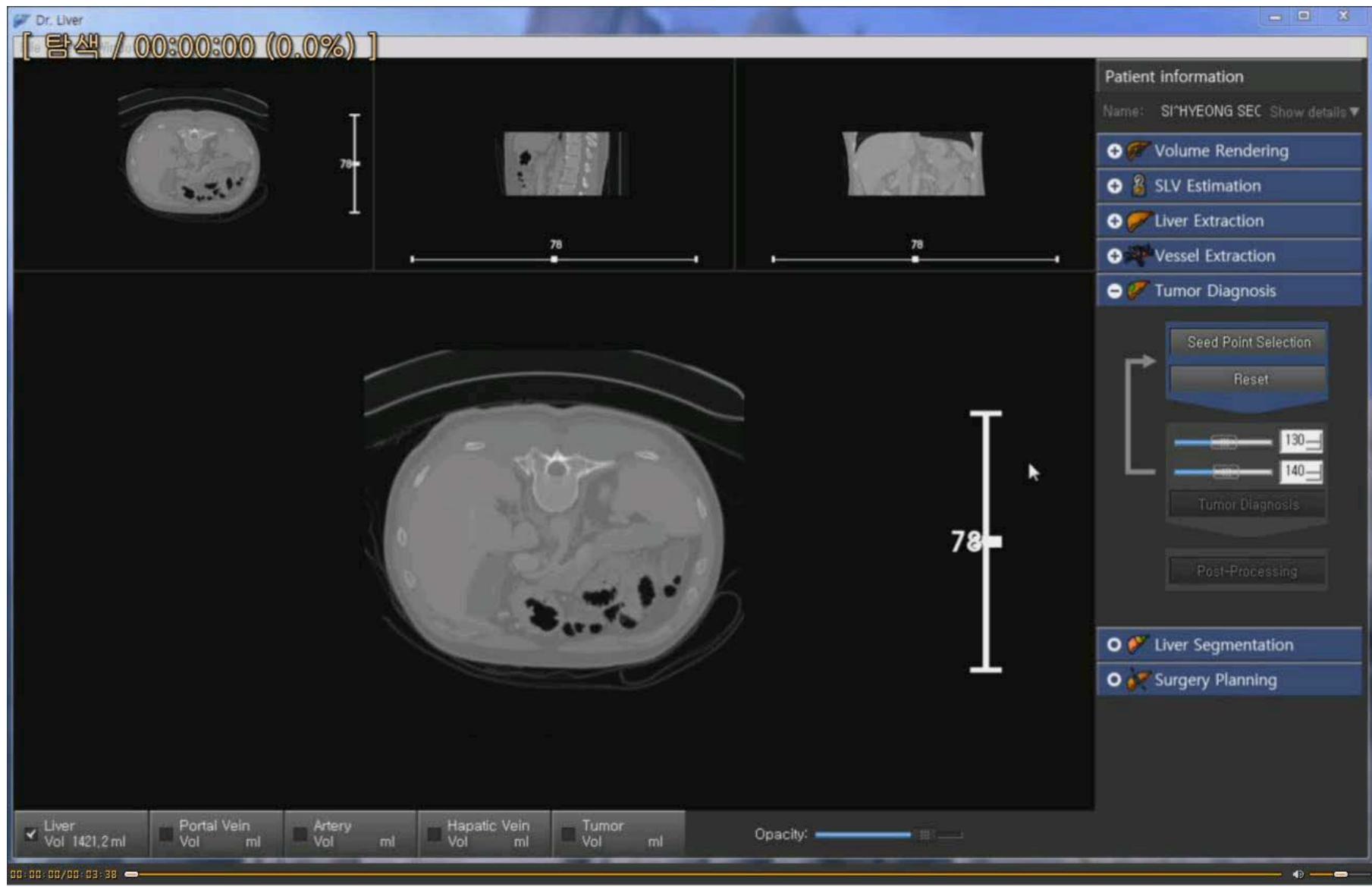
Use Scenario: Segmentation

**S1(A). Vessel skeletonization**   **S2(M). Vessel branch selection**   **S3(A). Liver segmentation & volume estimation**

Total 3 min
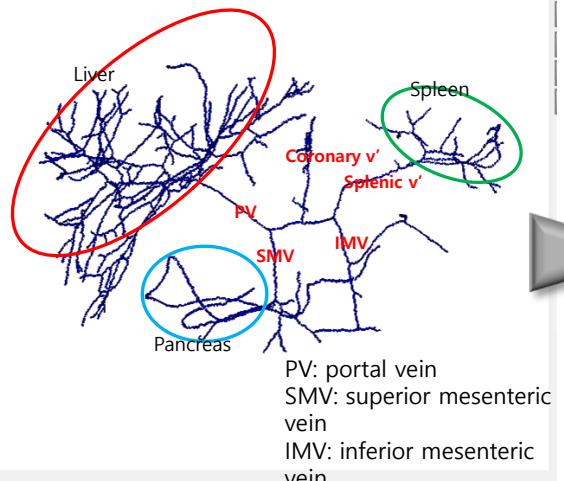
| 1 min | 1 min | 1 min |

- Portal vein thinning
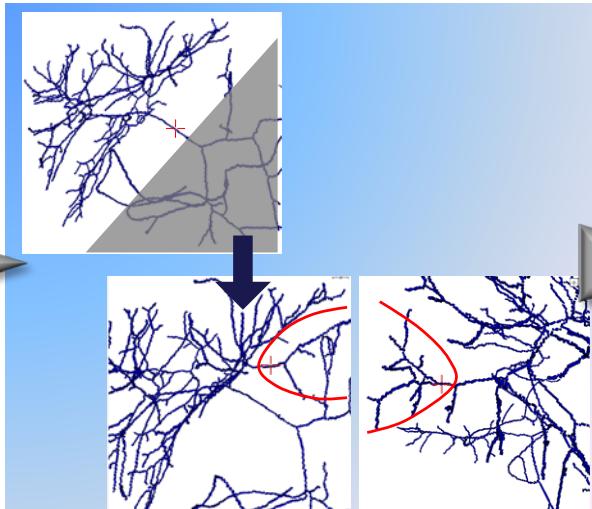
- **Cutting point selection** using the mouse for cutting portal vein
- **Portal vein branch selection** using the mouse for segmentation
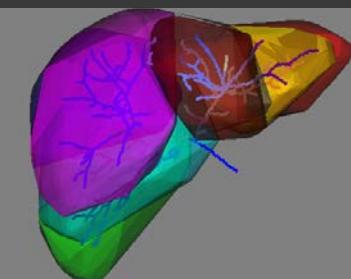
- **Liver segmentation**
- Segment result verification
- Coloring
- **Volume estimation for each segment**

Demo: Liver Segmentation
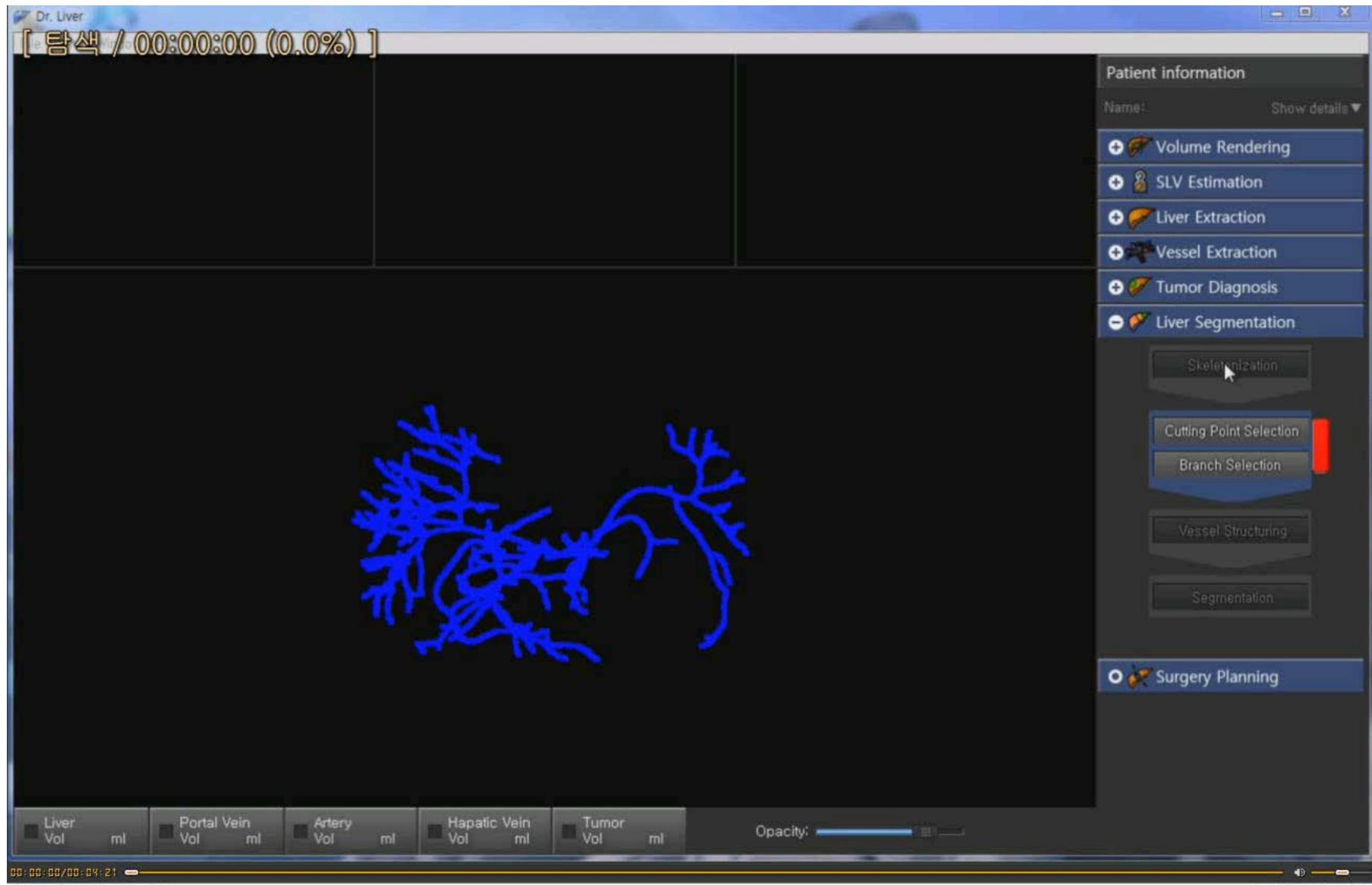
Use Scenario: Surgery Planning

S1(M). Surgery method determination

S2(SA). Optimal surgery planning support

Total 5 min

Liver: 1396.4
Resected: 373.7
Remain: 73.2%

Liver: 1396.4
Resected: 374.4
Remain: 73.2%

5 min
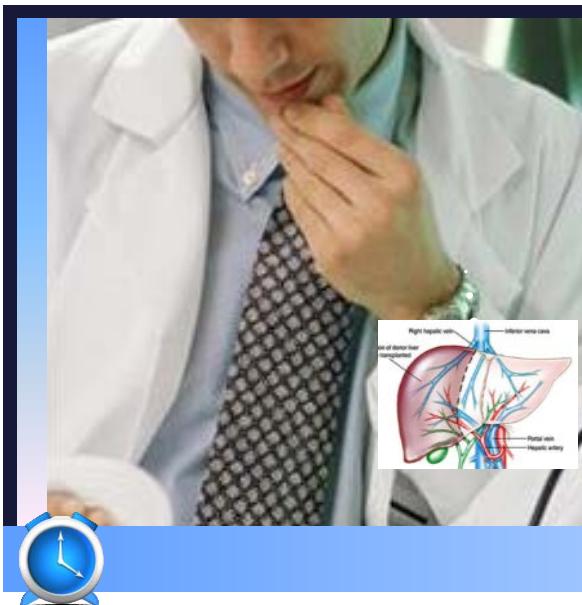
- **Liver surgery method** (transplantation & resection) **selection** based on **volume estimation and vessel analysis results**
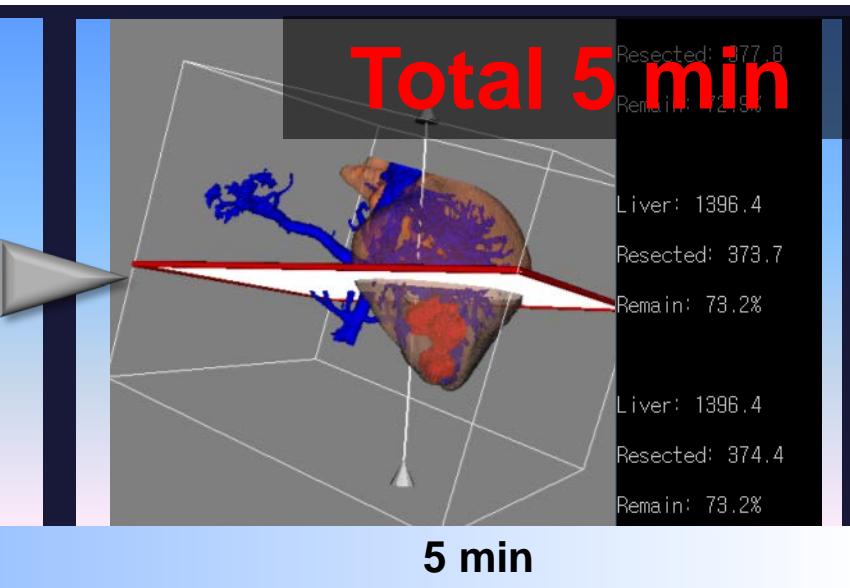
- Optimal resection location, surface, and angle for surgery planning
- Safety margin and affected venous branch identification
- Real-time volume calculation of remaining liver parenchyma

Demo: Surgery Planning

	Dr. Liver	OsiriX			
Method	Hybrid method	Region growing			
		2D Auto	2D Auto & Editing	3D Auto	3D Auto & Editing
Procedure	• 10~15 seed points • Initial liver contour detection • Contour refinement	• Liver extraction slice by slice • One seed point for each slice	**+** • Manual editing	• Liver extraction based on entire volume data • One single seed point	**+** • Manual editing

Virtual Liver Resection and Volumetric Analysis of the Future Liver Remnant using Open Source Image Processing Software

Joost R. van der Vorst · Ronald M. van Dam ·
Rogier S. A. van Stiphout · Maartje A. van den Broek ·
Ilona H. Hollander · Alfons G. H. Kessels · Cornelis H. C. Dejong

Abstract
Background After extended liver resection, a remnant liver that is too small can lead to postresection liver failure. To reduce this risk, preoperative evaluation of the future liver remnant volume (FLRV) is critical. The open-source OsiriX® PAC software system can be downloaded for free and used by nonradiologists to calculate liver volume using a stand-alone Apple computer. The purpose of this study analyzed by three observers. Two surgical trainees measured the total liver volume, resection volume, and tumor volume using OsiriX®, and a radiologist measured these volumes using CT scanner-linked Aquarius iNtuition® software. Resection volume was correlated with prospectively determined resection weight, and differences in the measured liver volumes were analyzed. Interobserver variability was assessed using Bland–Altman plots.

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Performance Comparison: Visual Inspection

- Performance: **Hybrid** > 2D Auto > 3D Auto

False positive
False negative

Manual (Reference)				
Hybrid				
2D Auto				
3D Auto				

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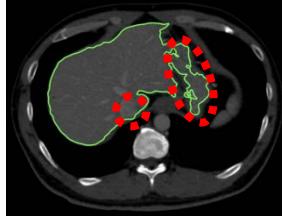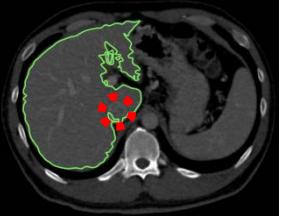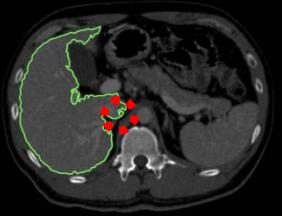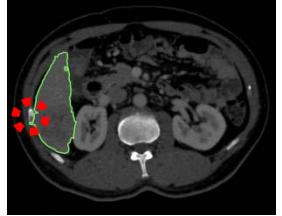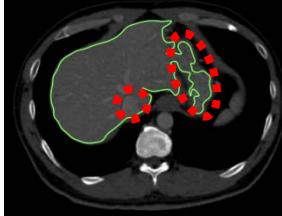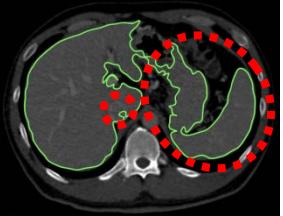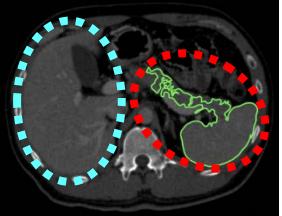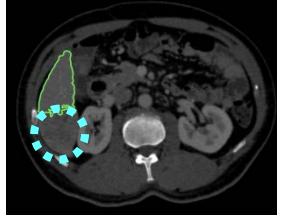
Performance Comparison: Visual Inspection

- Performance: **Hybrid** > 2D Auto > 3D Auto

|		Manual (Reference)	Hybrid	OsiriX	
				2D Auto	3D Auto
1st trial	3D output				
	Volume (ml)	(1218.0)	(1221.1)	(1279.6)	(1145.8)
2nd trial	3D output				
	Volume (ml)	(1234.0)	(1232.9)	(1278.8)	(1168.5)
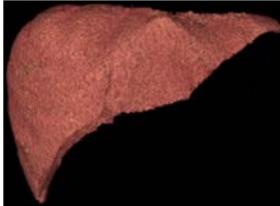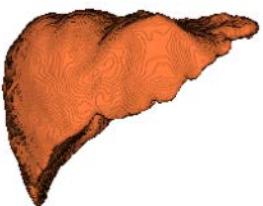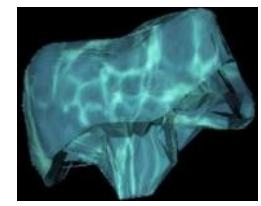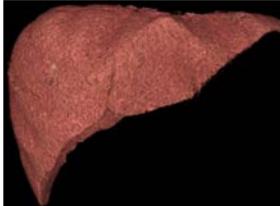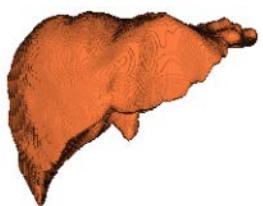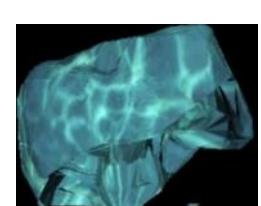
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Performance Comparison: Objective Measures

- **Accuracy**: **Hybrid** > 2D Auto & Editing ~ 3D Auto & Editing

- **Reliability**: **Hybrid** ≅ **2D Auto & Editing** > 3D Auto & Editing

- **Efficiency**: **Hybrid** > 3D Auto & Editing > 2D Auto & Editing

Method		Liver volume (ml)		Time (sec)	
		SD	Difference*	Mean	SD
Hybrid		**4.2**	**8.9**	**261.3**	**35**
OsiriX	2D Auto & Editing	5.9	31.5	1918	162.7
	3D Auto & Editing	15.5	28.7	1796	88

Future Work

- **Interactive segmentation**
  - ✓ **More functional**
  - ✓ **More interactive w/ surgeon**
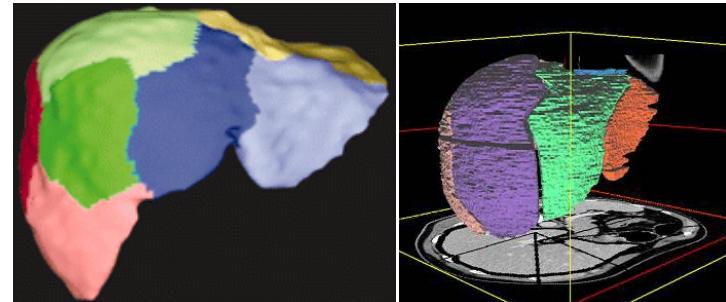
- **Deformable cutting plane**
  - ✓ **More flexible**
  - ✓ **More adaptive to segmentation**
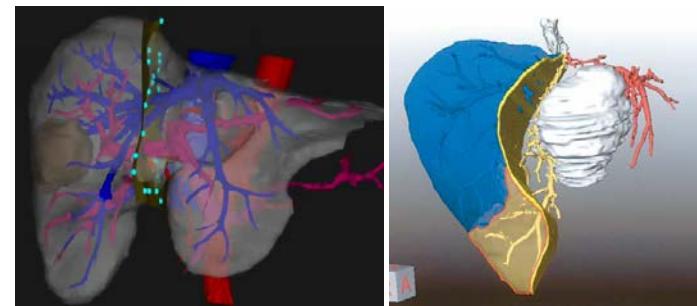
- **Clinical application & usability testing**
  - ✓ **Efficient**
  - ✓ **Effective**
  - ✓ **Satisfactory**
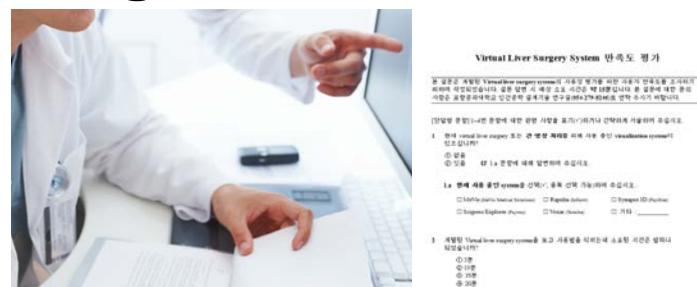
Q & A

Thank you for your attention!