



# Optical Navigation in Craniomaxillofacial (CMF) surgery using MITK

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## Medical Imaging Lab (Hospital Gregorio Marañón-UC3M)



Director: *Manuel Desco* Research lines:

#### Development of medical imaging tools:

- o Preclinical equipment.
- o Reconstruction algorithms.
- o Post-processing software.

#### Technical support to clinical research:

- Radiotherapy.
- Neuroimaging.
- o Cardio-imaging.

#### Preclinical molecular imaging:

- Nuclear.
- MRI.
- o Optics.
- o Radiopharmacy.







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### Image-Guided Surgery projects: PI Javier Pascau

Patented technology:

- Dosimetry planning (Radiance)
- First Intraoperative External Radiotherapy (IOERT) operating room with navigation.





US Navigation (Breast cancer)

> Surface-scanning (IOERT)

EM Navigation (Fetal monitoring)





Image-Guided Maxillofacial Surgery: background

• Maxillofacial Surgery:

- Target: facial injuries, facial disproportion, impacted teeth, tumors, etc.
- Our clinical partners have presented us two types of surgical scenarios:
  - Orthognathic surgery.
  - Cancer surgery.





## Orthognathic Surgery

It is performed to correct a wide range of skeletal and dental irregularities, including the misalignment of jaws and teeth.



#### Steps:

- Cutting the maxillofacial bones (osteotomy);
- Moving the maxillofacial bones to place them in the optimal position.
- Fixation of the bones (osteosynthesis).

Current situation

Validation of bone positioning performed manually.









#### Maxillofacial Cancer Surgery

• Tumor resection : **2 cm margin.** 



**Motivation** — Preservation of surgical margin around tumor using navigation.

- Reconstruction of the area: use of tissue from the patient's fibula or scapula.
  - **Current situation**

Manual selection of fibula's tissue segments based on anatomical references.







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Developing a MITK software prototype for Maxillofacial Surgery procedures guided by an Optical Navigation System.

Use scenarios:

- Orthognathic surgery:
  - Tracking of surgical landmarks.
- Cancer surgery:
  - Surgical margin of 2 cm (cancer surgery).
  - Fibula's tissue harvesting and area reconstruction.

Navigation error: < 2 mm.

Advantages with respect to current limitations:

- Tailored to the particularity of maxillofacial procedures.
- Real-time surgical margin.
- Preoperative planning.





#### Materials and methods

• Optitrack cameras:



- Higher FOV.
- Allows changing number and location of cameras: easy to adapt to any specific surgery procedure.
- Price

 Trackables, tools or "Rigid bodies":



• Cranium with radiopaque markers:



CT Scan











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Preloading of tracki configuration device navigation to and data.

Tracking

Settings

Point-Based Registration

Trajectory and distance control

Logging

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	Tracking Registration Trajectory and Distance Control Remeshing Logging Settings
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Settings

Tracking

Point-Based Registration

Permanent alignment of a surgical piece (i.e. jaw) with a tracking tool.

Trajectory and distance control

Logging





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FRE: 0.997894 mm

Status:

Permanent registration

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instrument position

Calculate registration

Save Registration



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	Tracking Registration Trajectory and Distance Control Remeshing Logging Settings
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Point-Based Registration	Logging OFF Logged Frames: 0 Start Logging Stop Logging
Trajectory and distance control	
	<ul> <li>Storage of the trajectory of a selected tracking navigation tool.</li> </ul>
Logging	<ul> <li>Storage of distance information.</li> </ul>
	<ul> <li>Reporting and review of the procedure.</li> </ul>
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#### Future work

- Experimental setup for validating the error.
- Orthognathic surgery: tests with cranium phantom and brackets.
- Cancer surgery: tests with a cranium phantom including a tumor analog.
- Animal studies at HGGM.
- Integration and assessment of other navigation systems:

#### April 2011

"Accuracy assessment for navigated maxillofacial surgery using an electromagnetic tracking device".

Robin Seeberger, , Gavin Kane, Juergen Hoffmann, Georg Eggers. Department of Oral and Maxillofacial Surgery, University Hospital Heidelberg, Germany.

February 2013

*"One-year assessment of surgical outcomes in Class III patients using cone beam computed tomography".* L.K. de Paula, A.C.O. Ruellas, B. Paniagua, M. Styner, T. Turvey, H. Zhu, J. Wang, L.H.S. Cevidanes. Federal University of Rio de Janeiro, Brazil; University of North Carolina, USA.

September 2014 **Kitware announces Development of Real-Time Image Guidance to improve Orthognathic Surgery.** "Kitware is collaborating with Dr. Tung Nguyen, Director of the Dentofacial Deformities Clinic, and Dr. Beatriz Paniagua, Research Assistant professor at the University of North Carolina School of Dentistry".

• Usability / workflow.





Easy to customize.

Easy to integrate new functionalities based on VTK/ITK.

Maxillofacial surgery: high number of pieces-> high number of tools or trackables:

- Reference tool.
- Load settings with whole project.
- Save complete configuration.

Interface with OpenIGTLink.









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