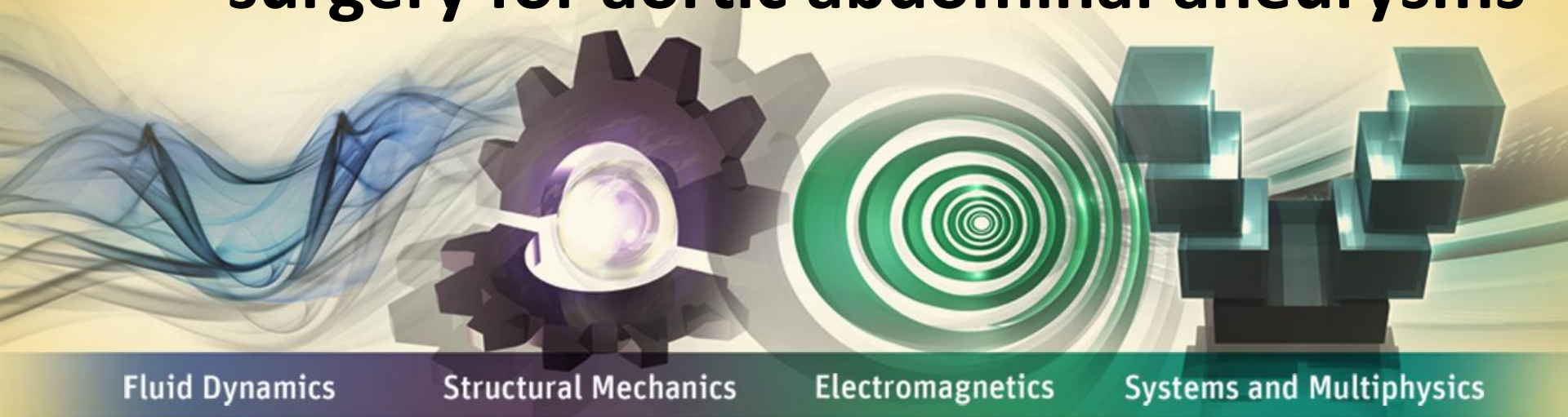


# Predictive and patient-specific numerical simulations of endovascular surgery for aortic abdominal aneurysms



Fluid Dynamics

Structural Mechanics

Electromagnetics

Systems and Multiphysics

## Michel Rochette

# Our Partners



**This work has been partially supported by French national research agency (ANR) through the TecSan program (project ANGIOVISION n°ANR-09-TECS-003)**

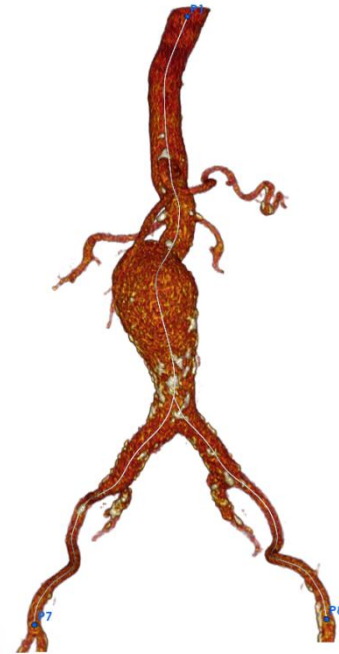
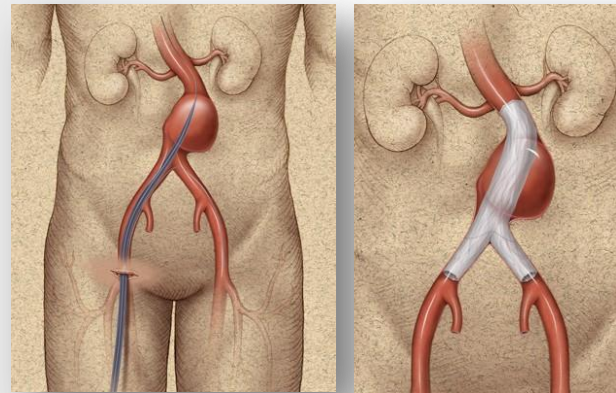
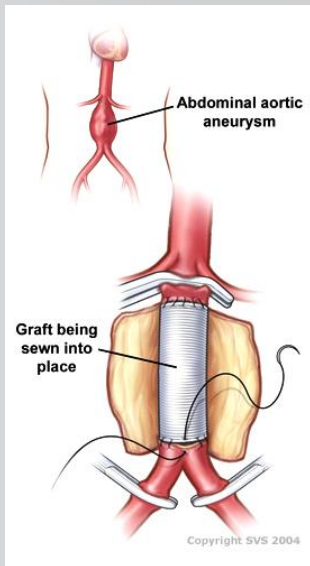
# Abdominal aortic aneurysm repair

- Definition : AAA = dilatation of the abdominal aorta
- Repair strategy if needed :

Open surgical repair

/

Endovascular repair

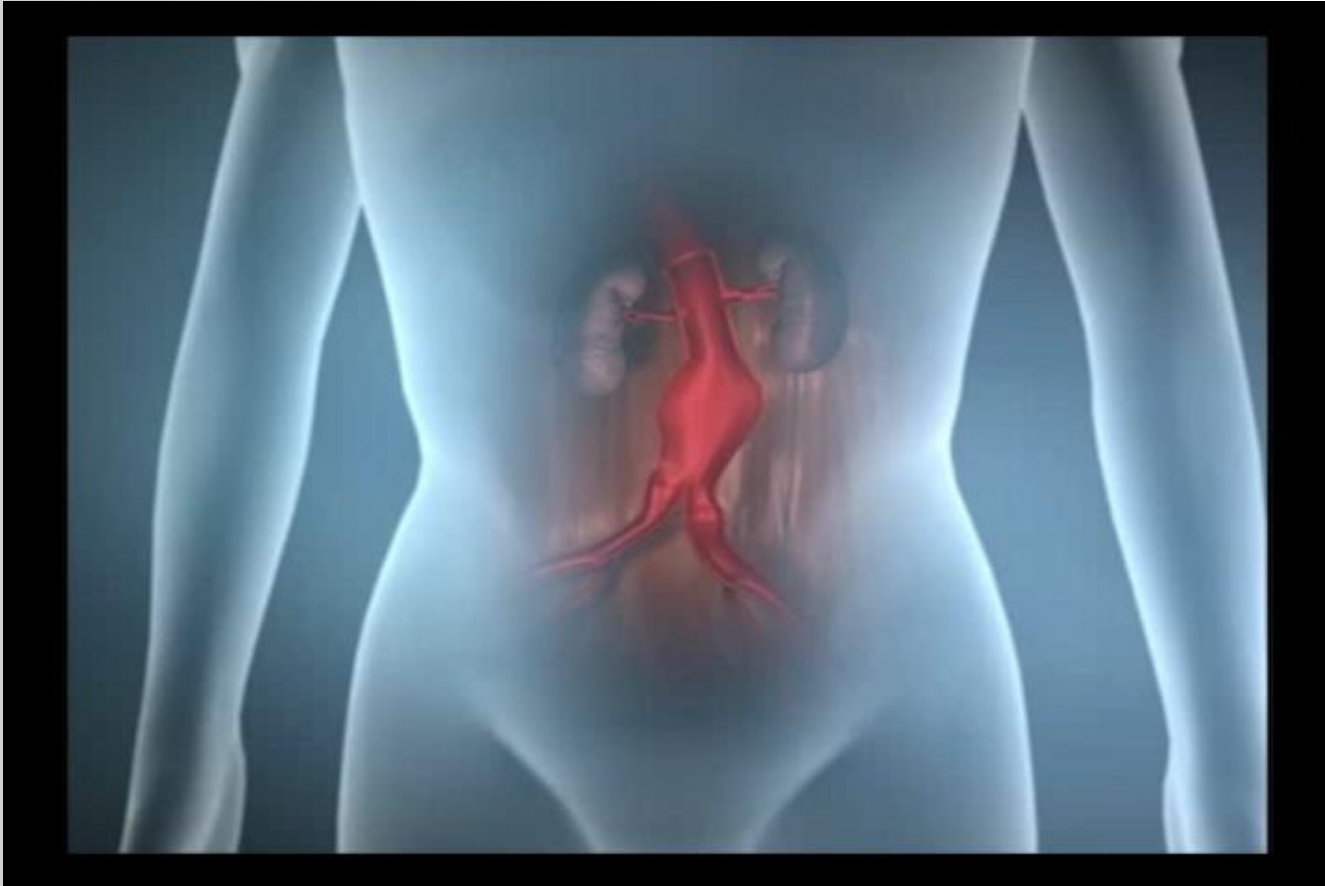


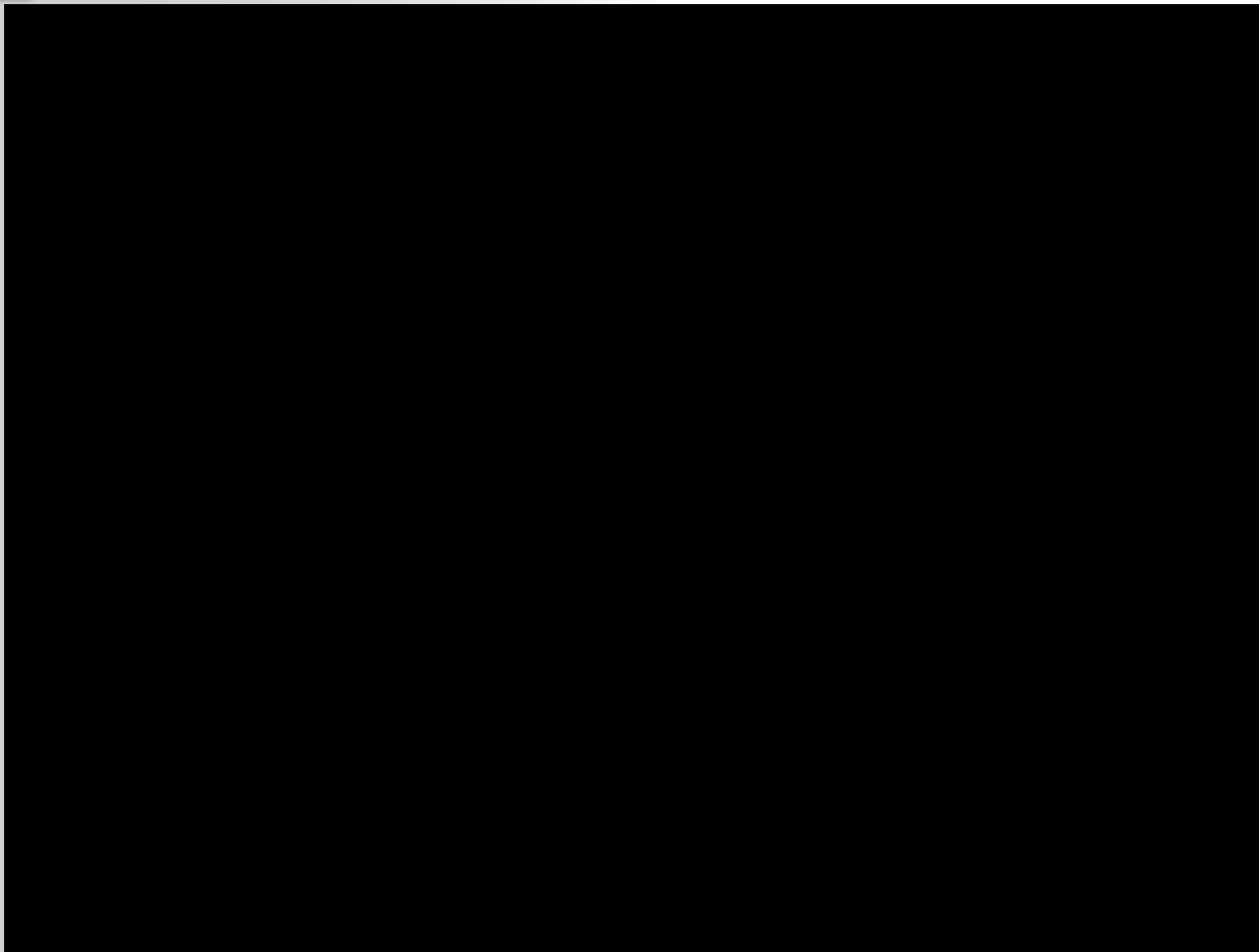
# Abdominal aortic aneurysm repair

## 2010, Endovascular surgery :

- 80% procedures
- No direct access to the lesion
- Rx imaging interface
- Specific devices required
- Constantly changing devices (learning-curve issue)
- NEED FOR PLANNING & SIMULATION TOOLS
  - Engineering task ?

# Abdominal aortic aneurysm repair



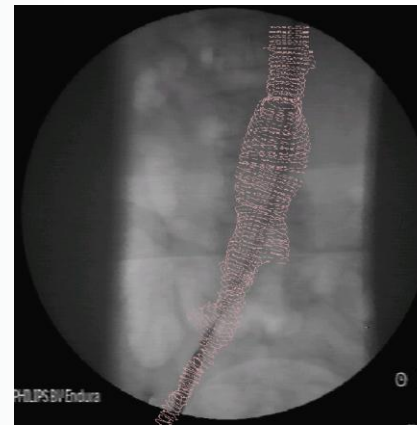
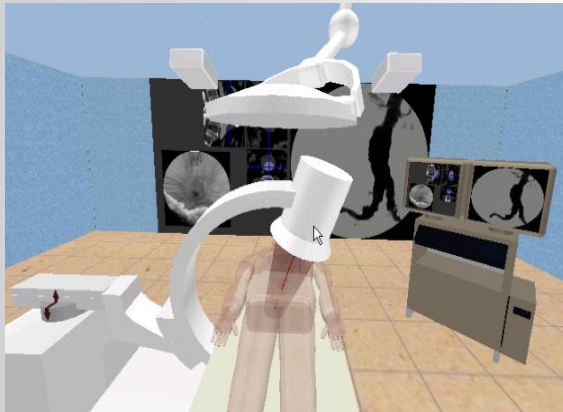




# The intra-operative imaging paradox

- Pre-op CT scan => rich and precise information
- Intra-op fluoroscopy => poor but real-time
- ➔ How to enrich the intra-operative information?
- ➔ How to avoid positionning errors?

Augmented Reality (AR) = the art of merging heterogenous information

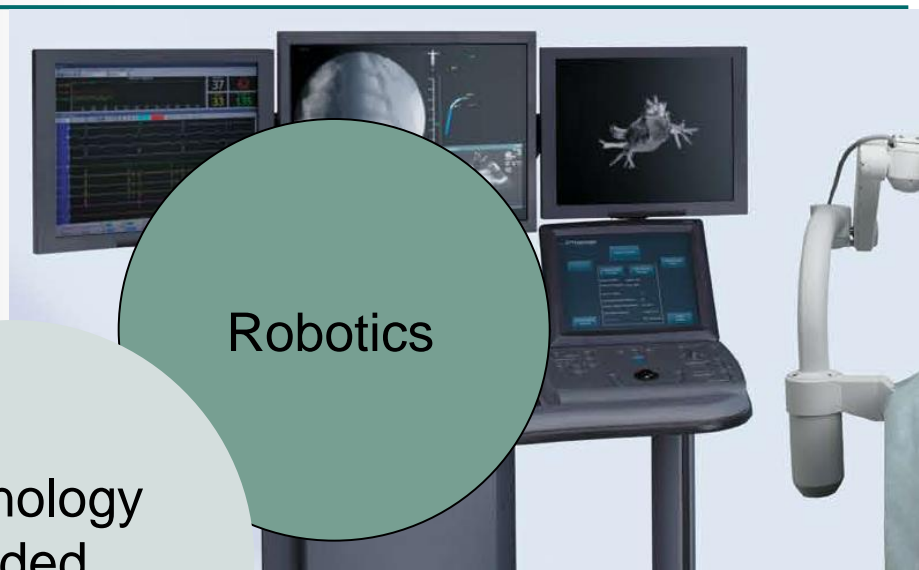


Challenge : Flexible devices within soft tissues

# New technological landscapes



Medical  
Imaging

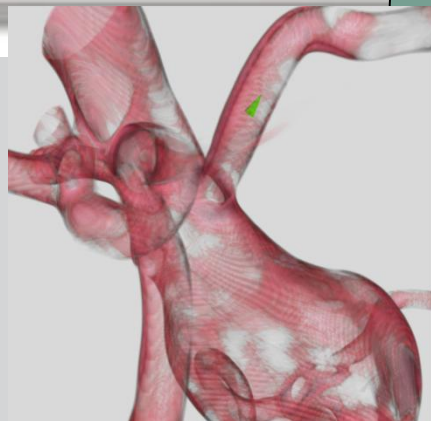


Robotics

Technology  
Guided  
Surgery



Micro-  
Technologies

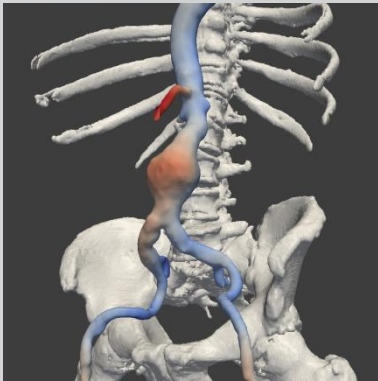


Computer  
Graphics  
& Modeling



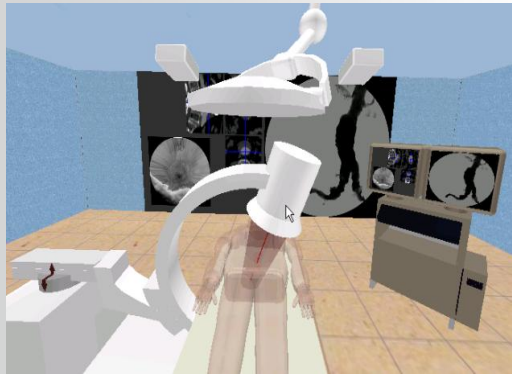


## Three stages



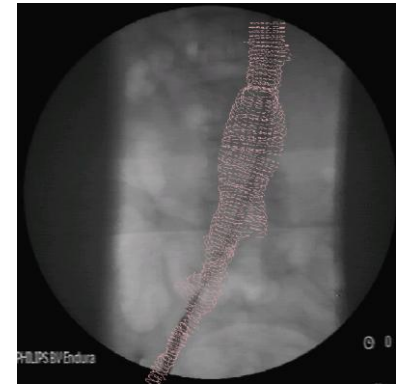
### CT Analysis and Sizing

Geometrical description,  
vessel wall information



### Planning

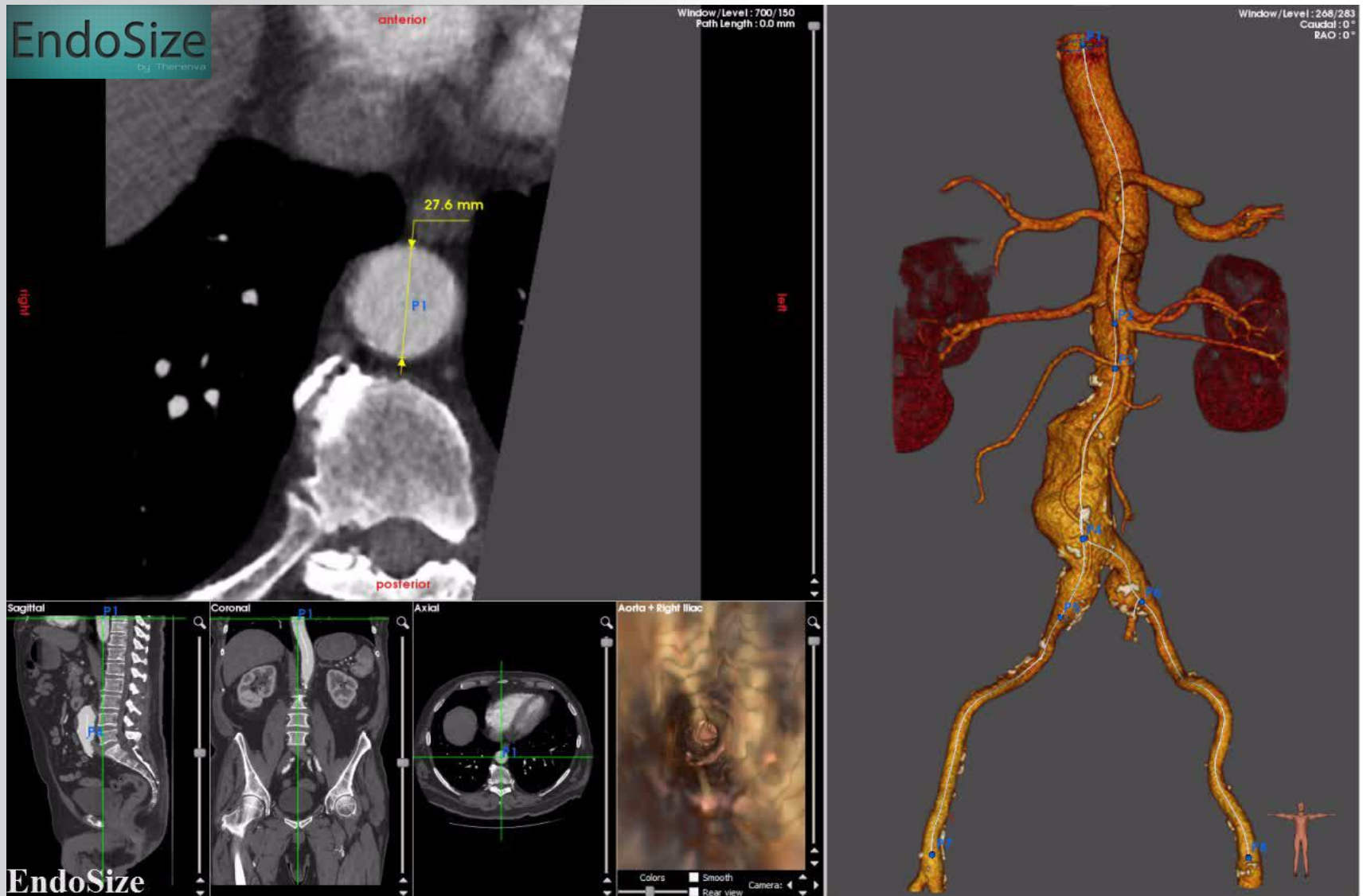
Simulation, deformation  
prediction, optimal device  
selection



### AR Guidance

3D device positioning  
control, data fusion

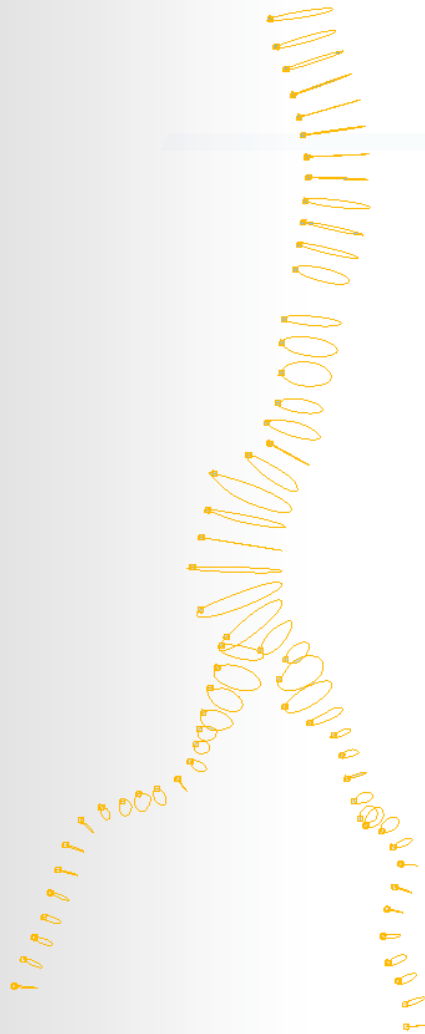
# CT-scan data analysis with Endosize



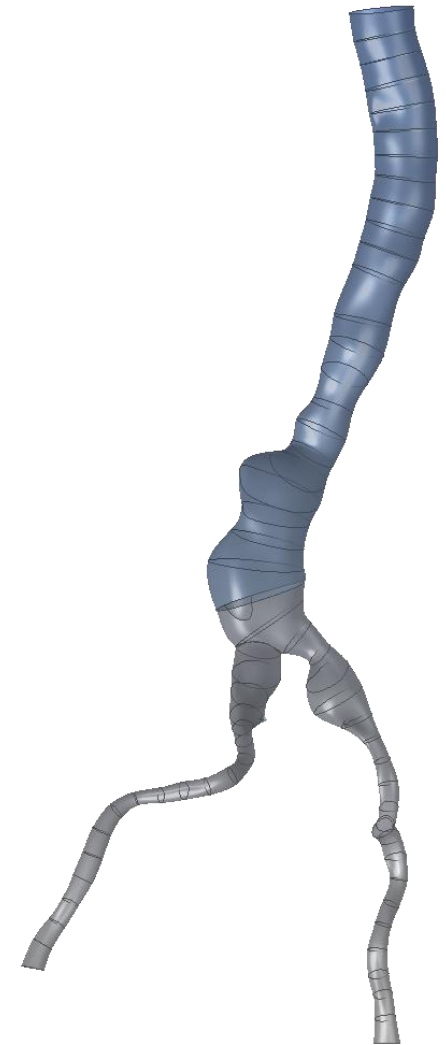
# Automatic geometry reconstruction



- **Centerlines**

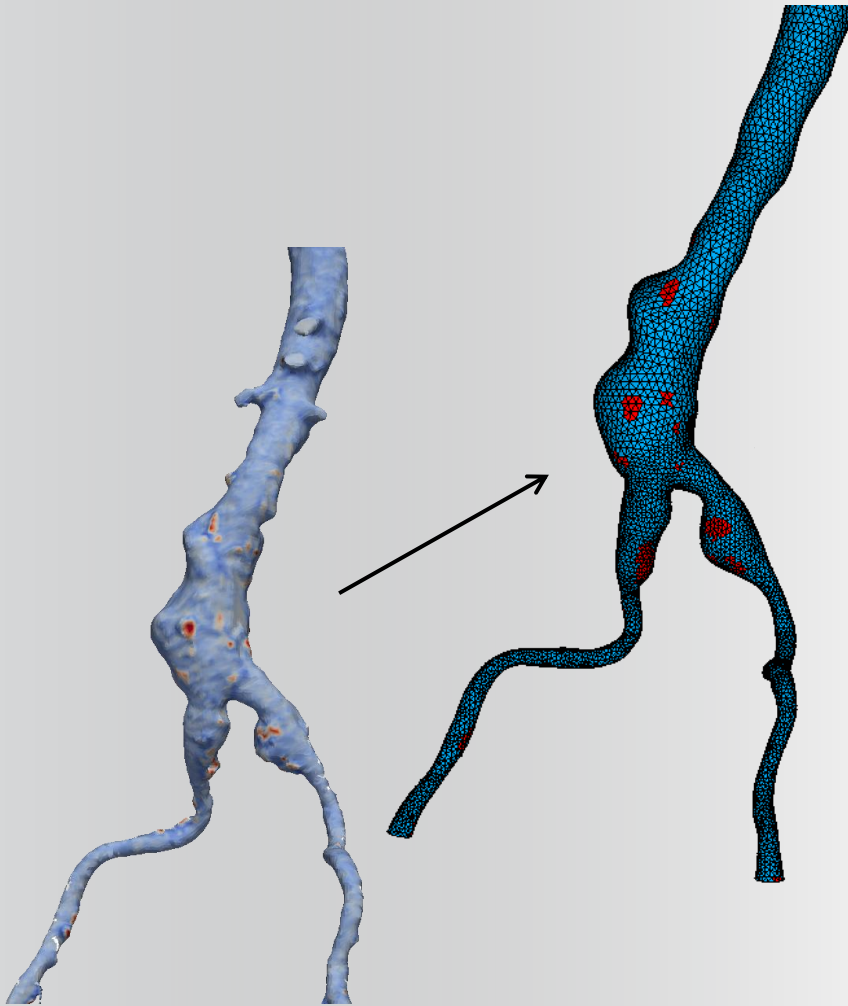


- **Contour splines**

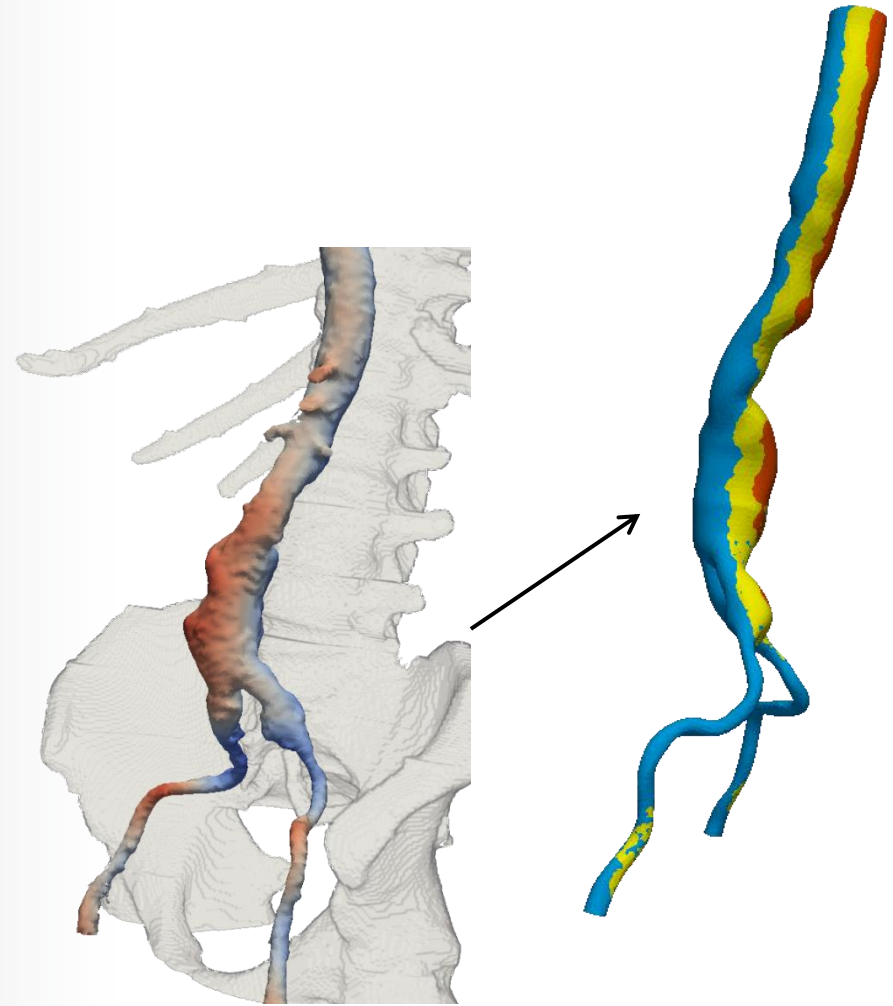


- **Surface**

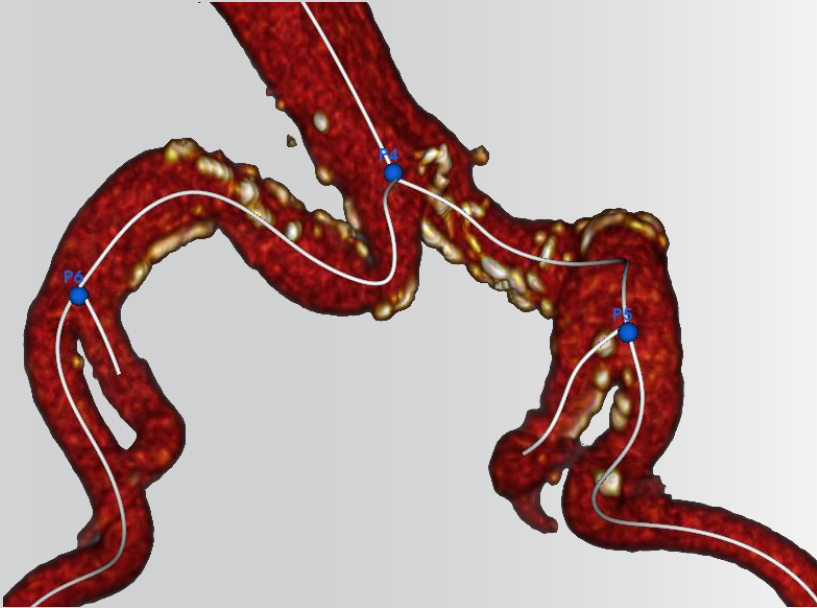
# Extracting patient-specific data for FE modeling



- Vascular wall calcification level for material properties



- Artery-Spine distance for boundary conditions

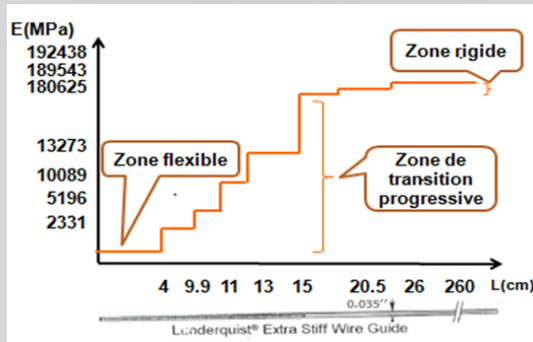


- Endosize centerlines
- Collateral arteries support modeling

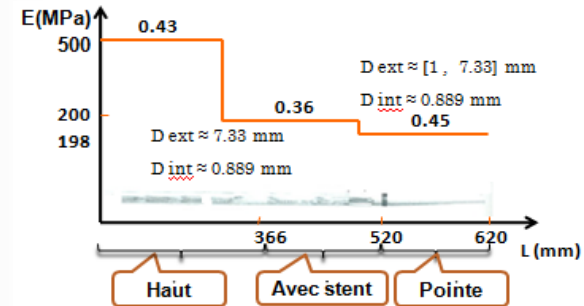


- Local additional elastic support

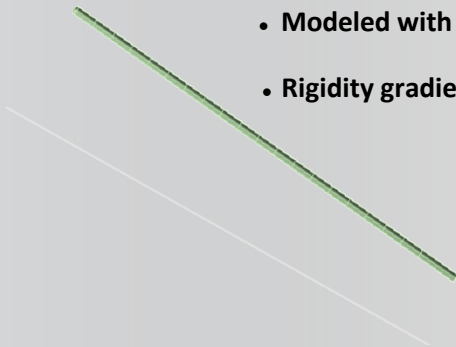
## Lunderquist® Extra Stiff Wire Guide (Cook®)



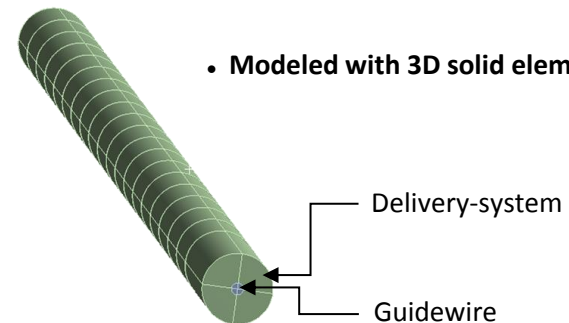
## Xcelerant hydro delivery system (Medtronic®)



- Modeled with beam elements
- Rigidity gradient



- Modeled with 3D solid elements

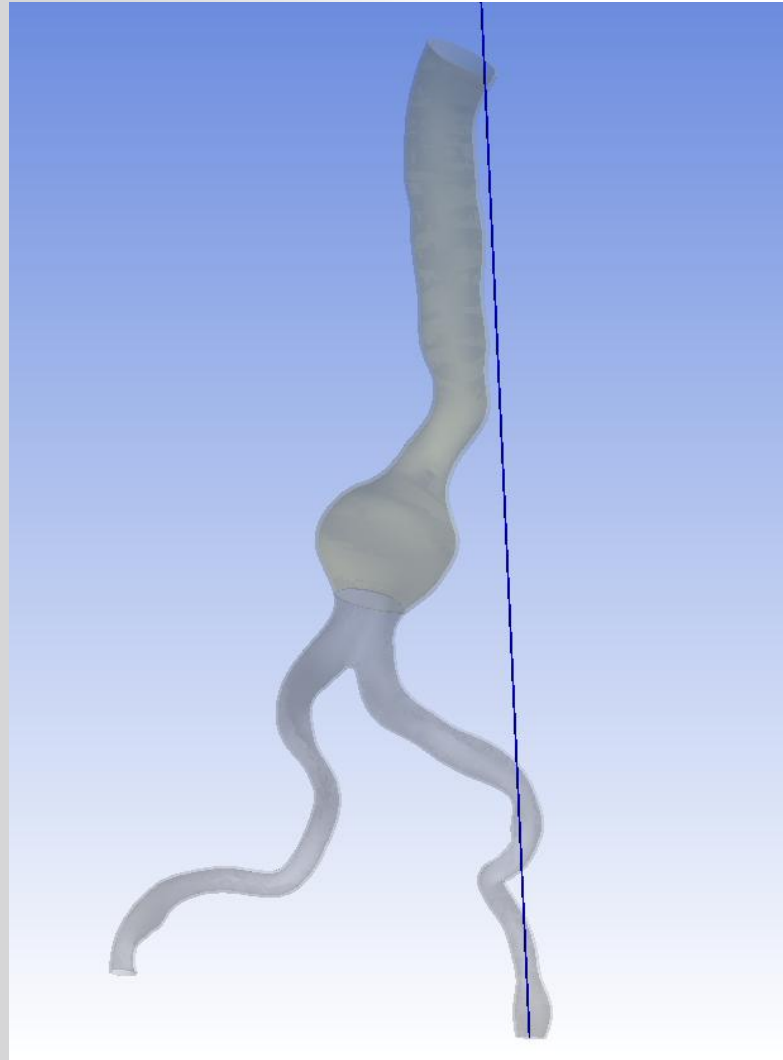




# Quick Implicit Solution

- **First approach historically considered (Angiovision project, 2010 – 2011)**
- **Validated on 18 patients**
- **Strengths:**
  - Quick results (Implicit method)
- **Weaknesses**
  - Lack of robustness for tortuous patients
  - Show the final results but not the navigation
- **Applications**
  - Numerous virtual prototyping of medical device
  - Preliminary validation on “standard” client
  - Design of Experiments

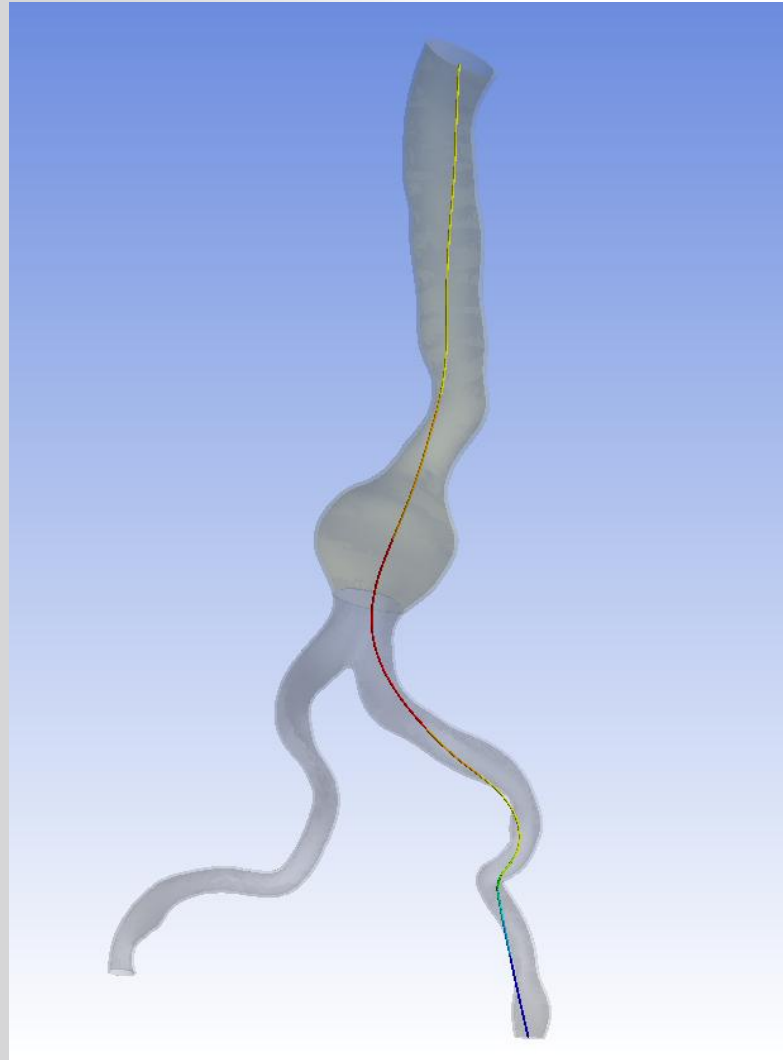
## Implicit Modeling: Final equilibrium state computation



- Initial state

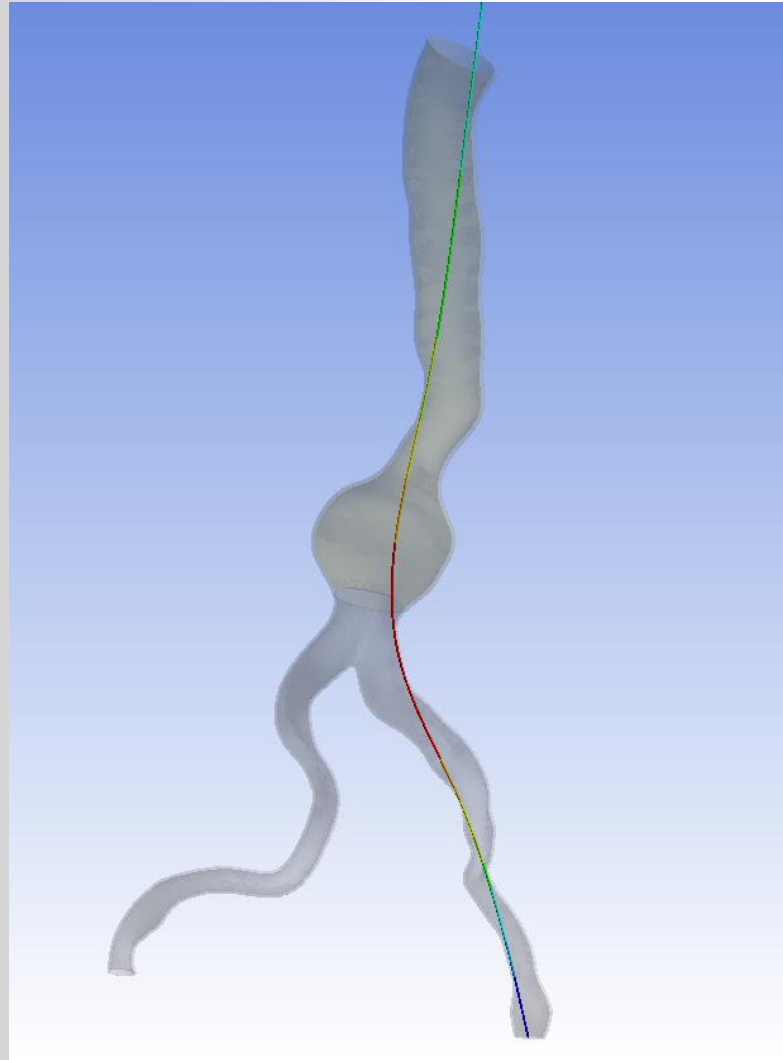
- Guidewire simulation process

- Guidewire initialization
- Contact activation



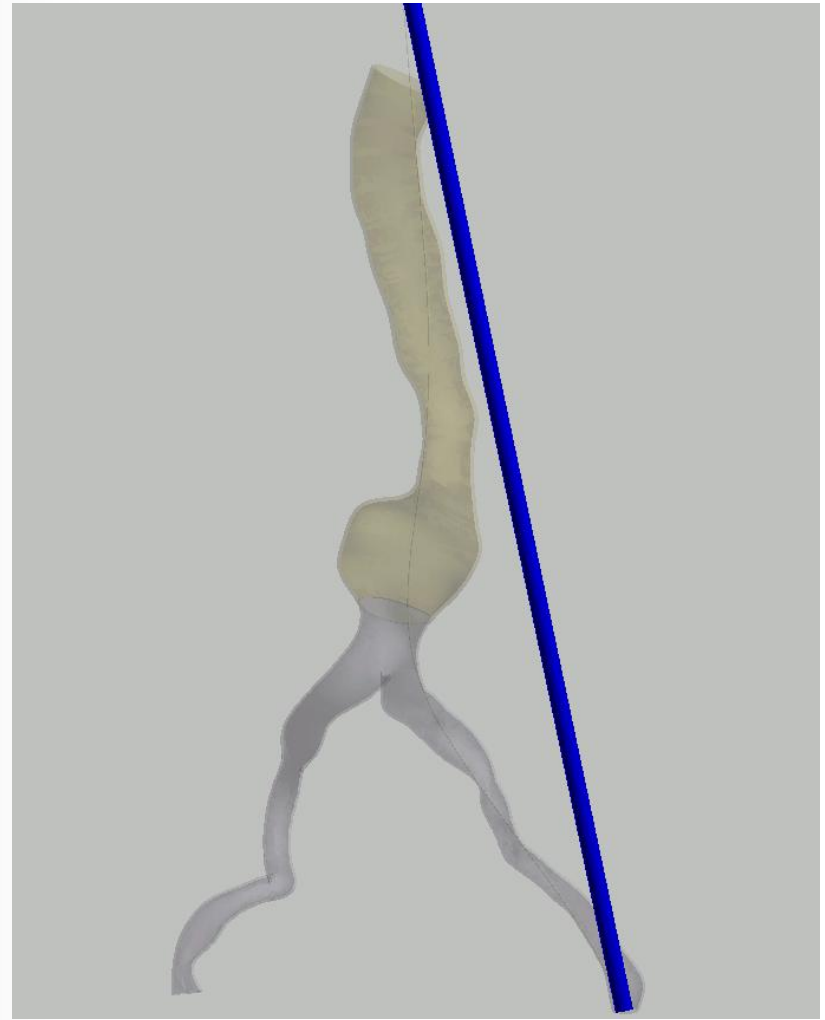
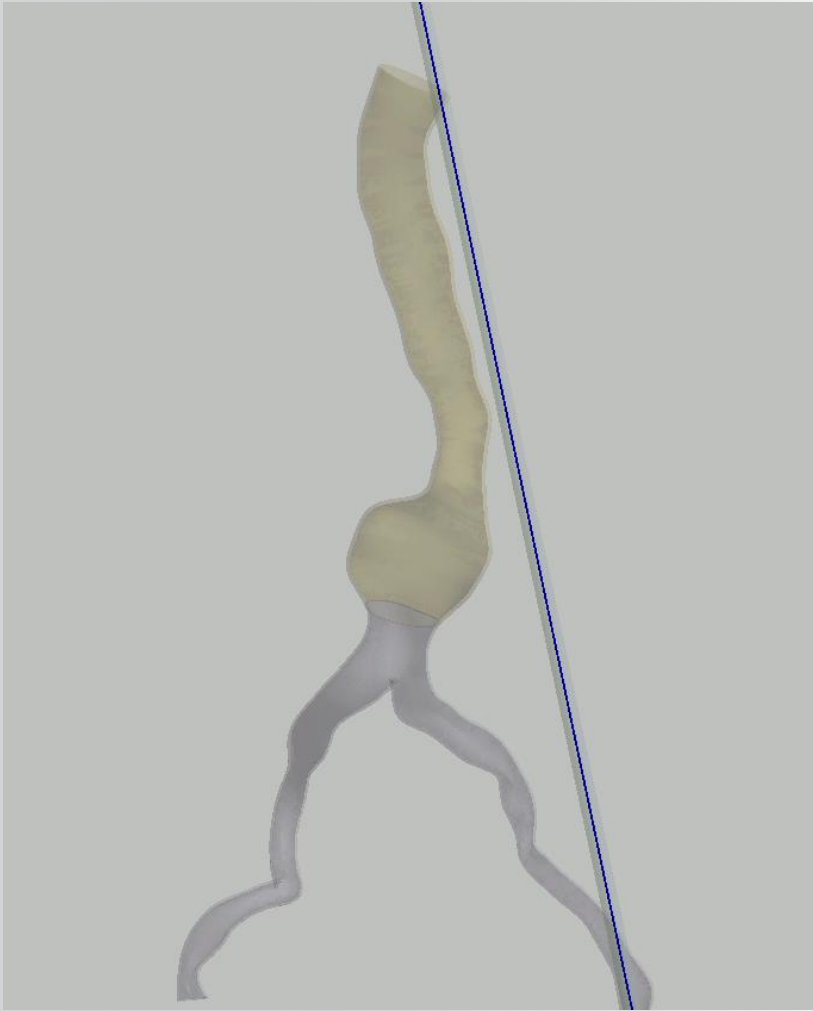
- **Guidewire simulation process**

## Implicit Modeling: Final equilibrium state computation

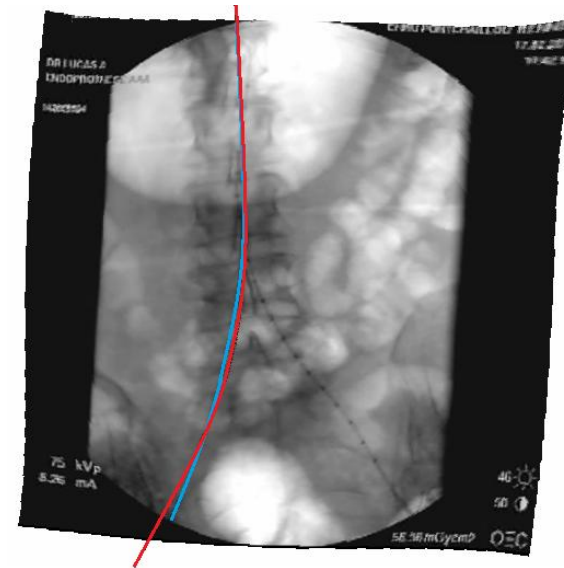
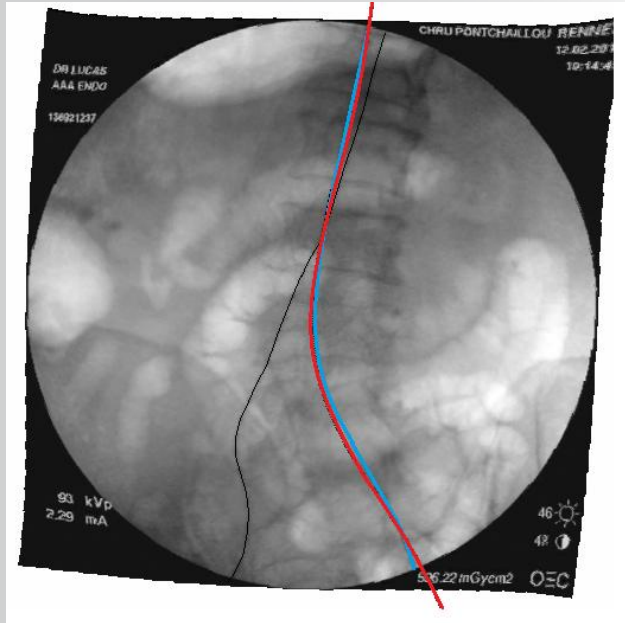


- Guidewire relaxation
- Artery deformation

- **Guidewire simulation process**



- Qualitative evaluation of simulation results based on comparison of real guidewire and simulation guidewire final positions



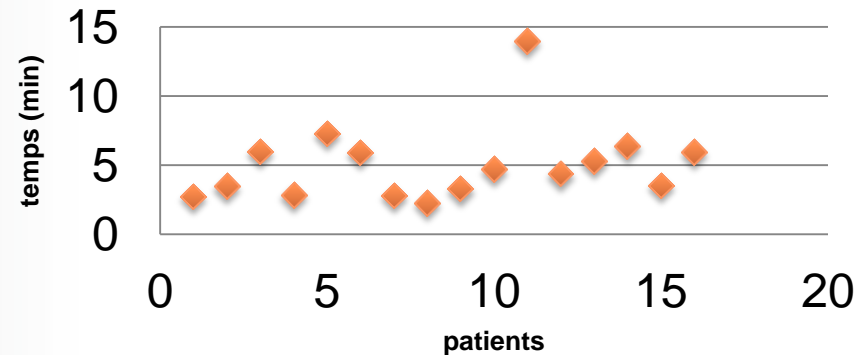
- Quantitative evaluation based on distance mapping between the two guidewires
  - Registration error
  - Simulation error : distance entre les deux guides



## Model parameterization

- Step 1 : Model parametrization on a first group of patients.  
Independently for each patient
- Step 2 : Determination of laws to relate imaged-base patient-specific data to biomechanical data ( polynomial regression)  
⇒ a single patient-specific parametrized model
- Step 3 : Evaluation of the model on a second group of patients

- **35 patient data sets**
  - Preoperative CT-scan
  - Intra-operative images
  - Post-operative CT-scan
- **18 simulations**
- **18 intraoperative comparison**



	Total (n=18)	Group A (n=10)	Group B (n=8)
Registration error (mean ± SD)	1.54 ± 0.45mm	1.61 ± 0.35mm	1.46 ± 0.39mm
Simulation error (including registration)	2.52 ± 0.91mm	2.32 ± 0.62mm	2.79 ± 0.58mm

- **Article published in TBME :**

Finite element-based matching of pre- and intra-operative data for image-guided endovascular aneurysm repair

# Detailed Explicit Modeling

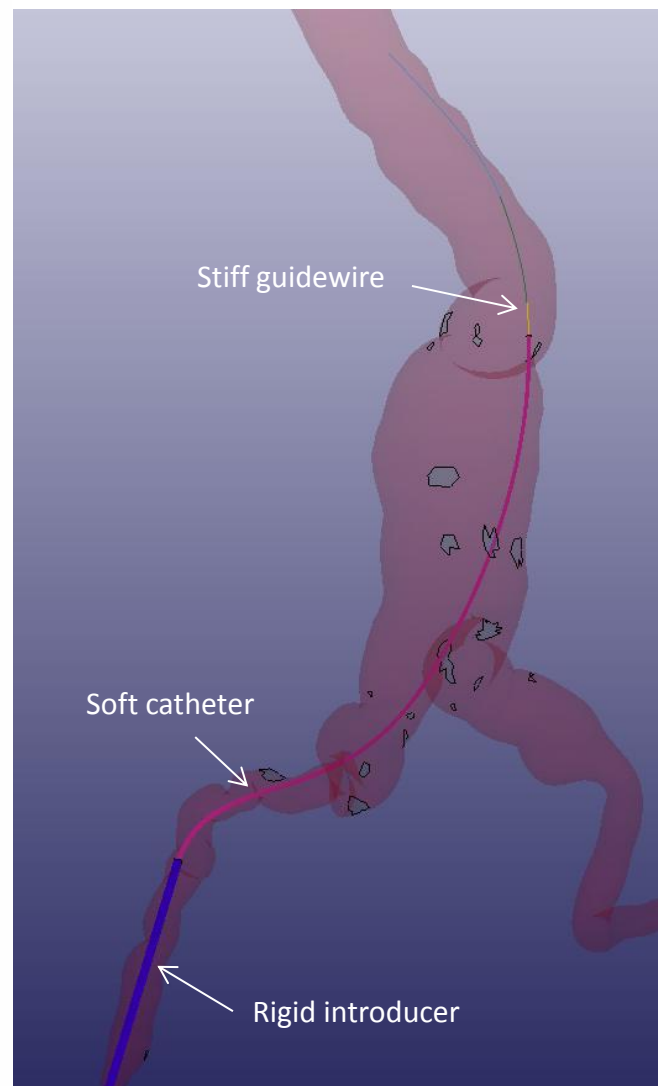
- **Second approach addressing the weaknesses of the implicit method**
- **Validated on 20+ patients**
  - Including challenging cases of the implicit method
- **Strengths:**
  - Work on all patients (so far)
  - Illustrates the transient navigation process
- **Weaknesses**
  - Time consuming (few hours)
- **Applications**
  - Final validations, including tortuous case
  - Surgery planning
  - Surgery training

# Explicit Modeling: progressive insertion modeling

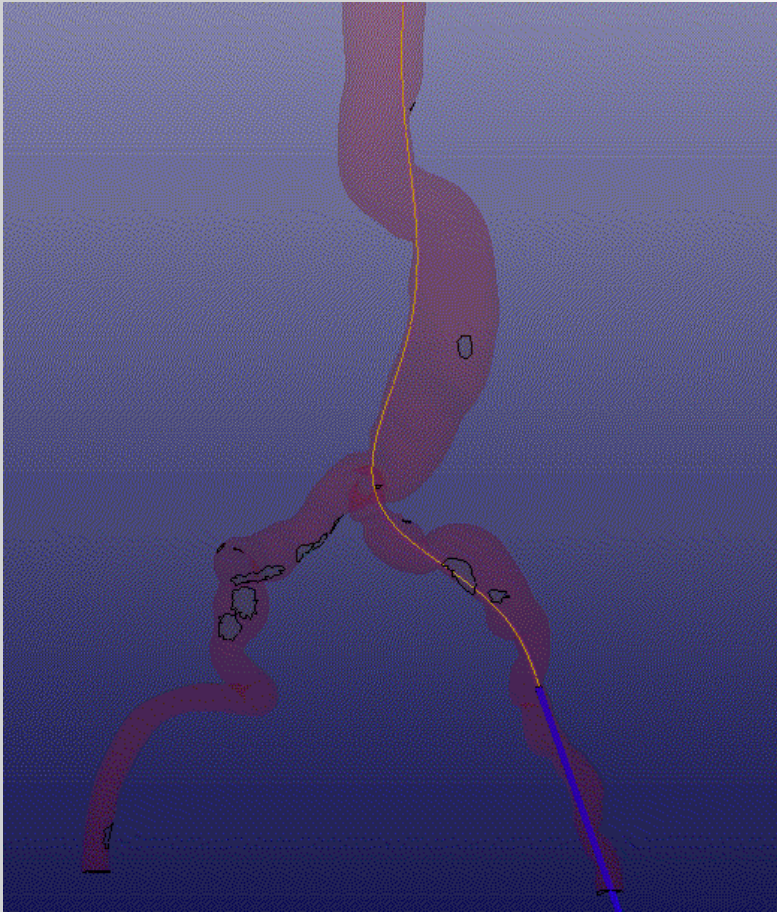
- Inside artery: free + internal wall contact

- Outside artery: inside rigid tube (avoid buckling)

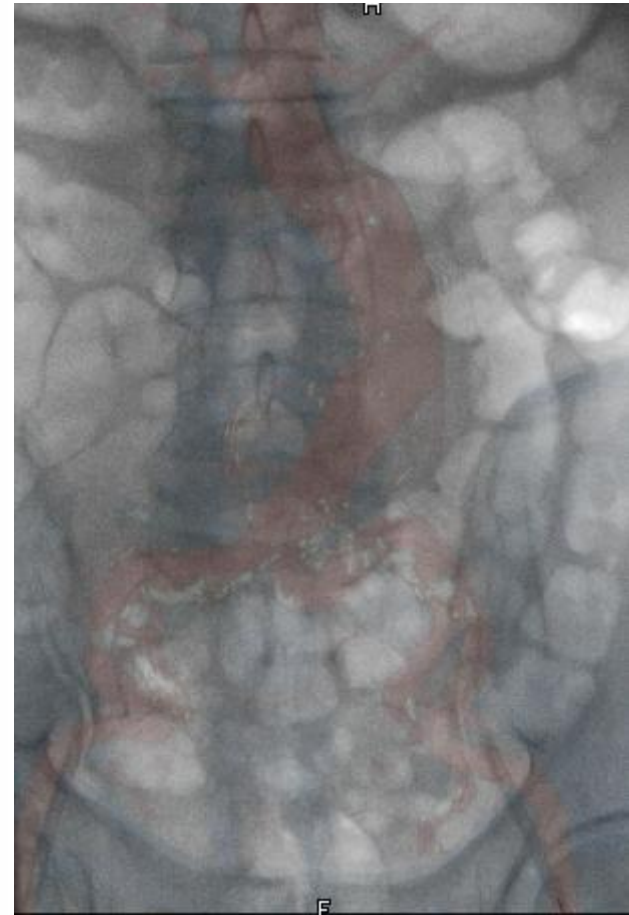
- Imposed velocity to lower extremity



# Explicit Modeling: example of guidewire insertion simulation



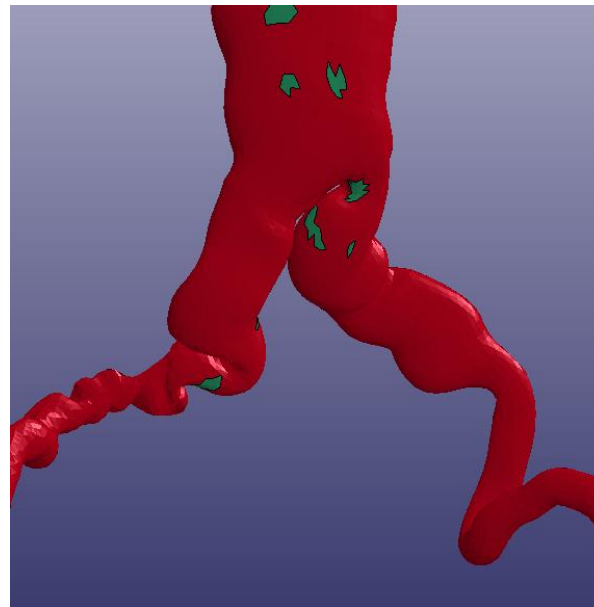
**Explicit simulation**



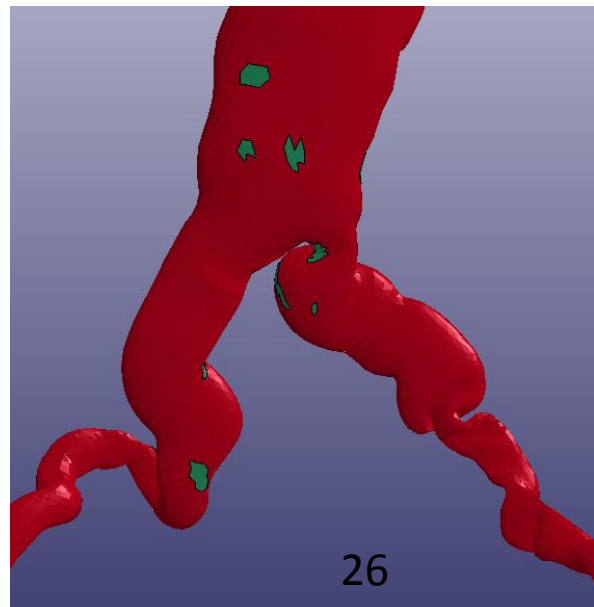
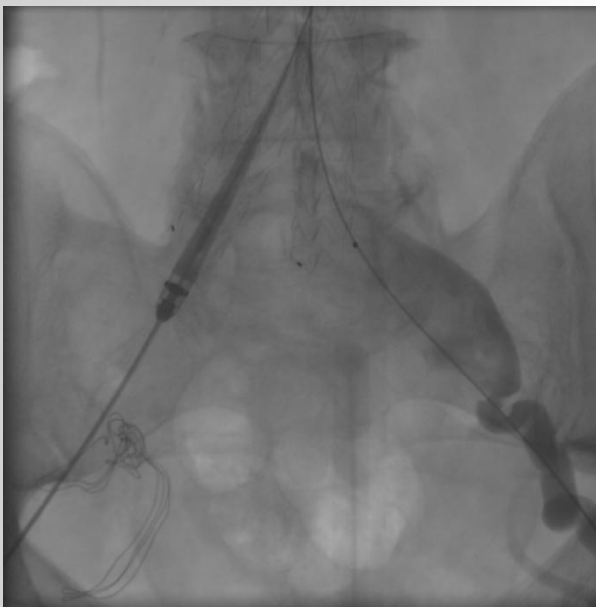
**Intervention video capture**

# Qualitative comparison artery deformation

- Right



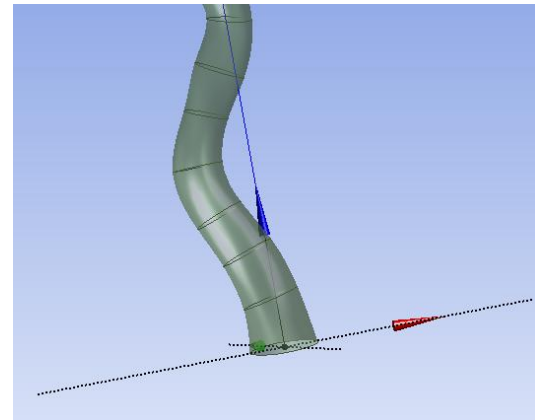
- Left



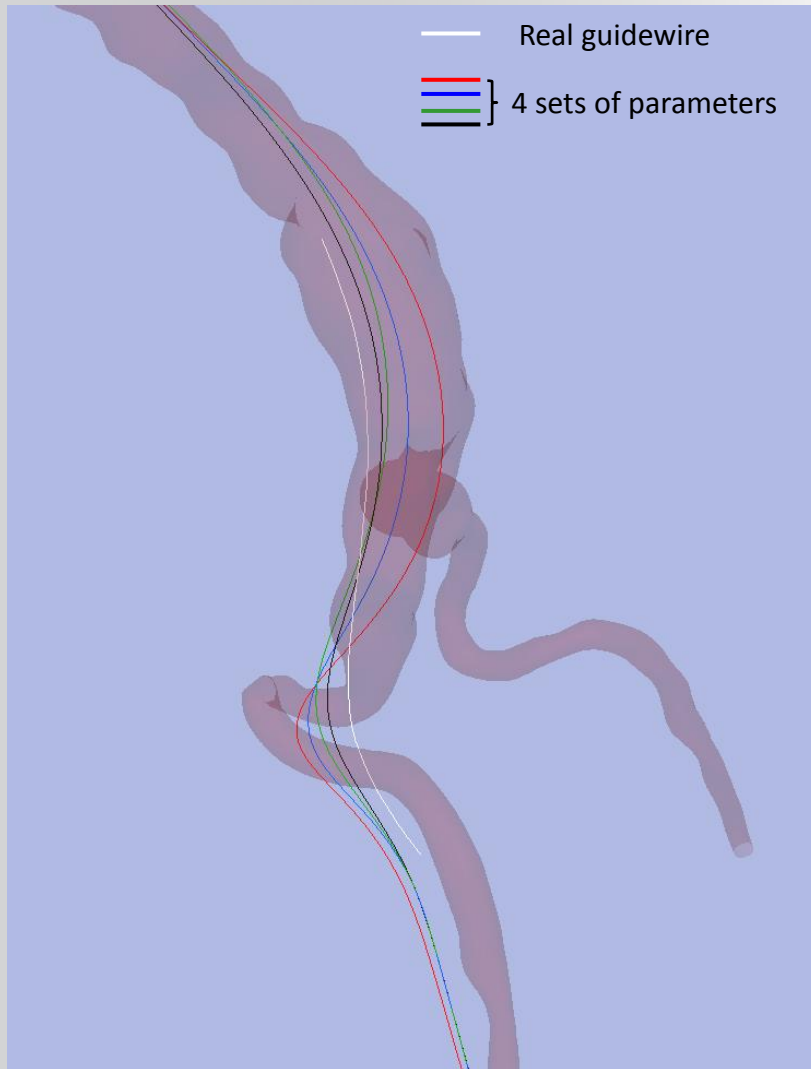


# Explicit Modeling: Parameters tuning

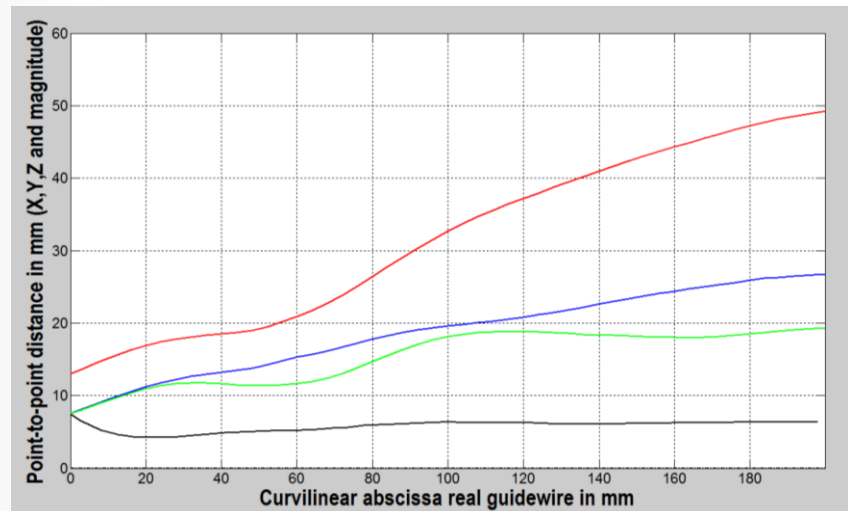
- Patient-dependant parameters (that can be known in advance) :
  - Material properties
  - Artery external support
  - Collateral artery support
  - Arterial pressure
- Intervention-dependant parameters (that can not be known in advance) :
  - Tools angle and position of insertion



# Explicit Modeling: Comparison to 3D data

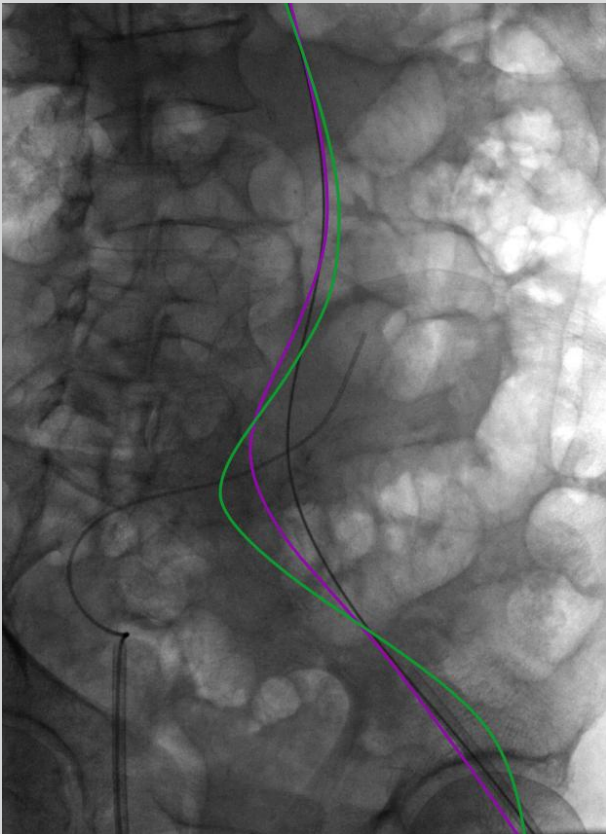


Comparison for 3 parameters sets



Point-to-point error magnitude

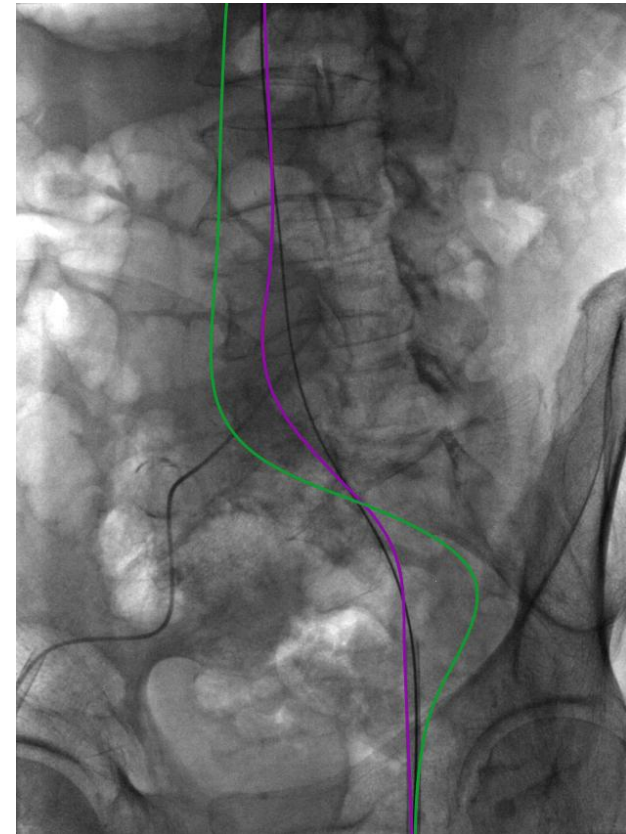
# Explicit Modeling: Comparison to 2D data



**30° LAO**



**Front**

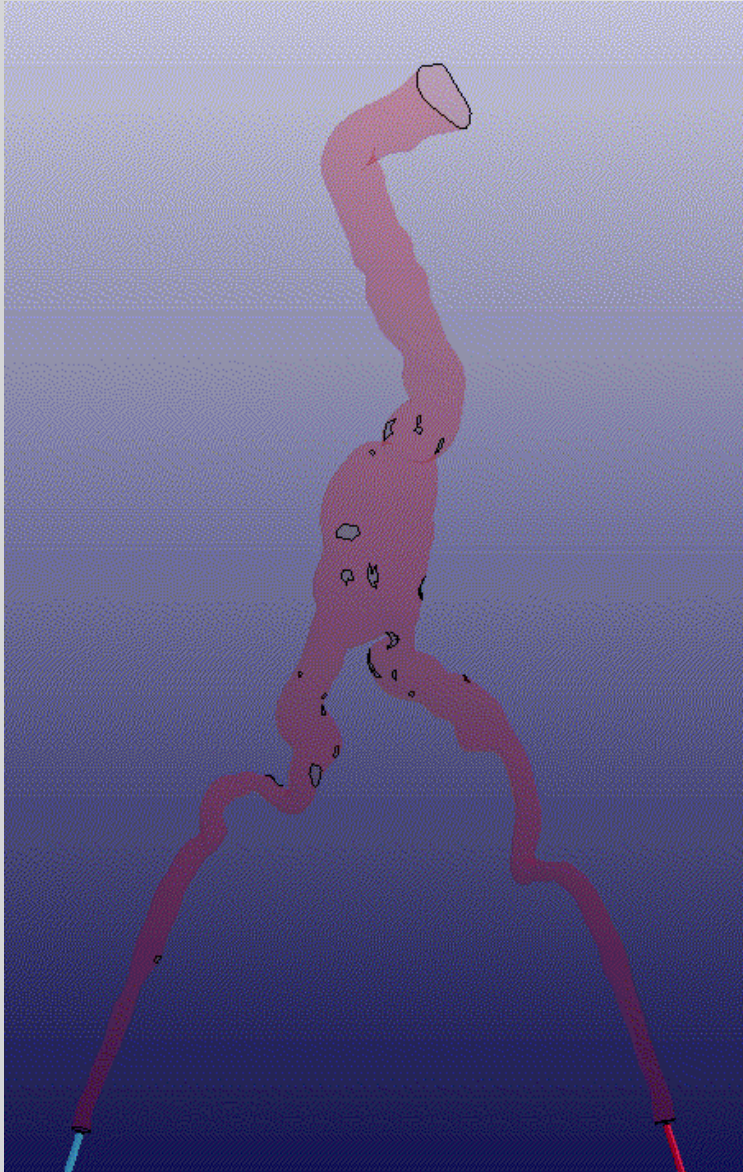


**30° RAO**

→ Example of simulation results for 2 sets of parameters



# Challenging Navigation?



## ANSYS in the operating room



**“I don’t understand why simulation is used so much in automotive and aeronautic applications and so little in the medical world,** where we directly impact a patient’s life. As surgeons, we are spending years to acquire enough know-how and experience to learn how to react quickly when the patient is lying on the operating table; but simulation is giving us the luxury to examine the situation when we still have plenty of time to think through more quietly. **I trust that simulation will be used increasingly in the clinical world in the near future.”**

***Dr. Antoine Lucas  
Cardiovascular Surgeon  
University Hospital of Rennes***

- EVAR applications **EndoSize *Sim+***
  - An accurate tool for stent sizing taking into account the artery deformation induced by endovascular devices
  - Endovascular simulation results to make surgery safer.
    - Using endovascular simulation validated on a population of patients, clinicians will get access to virtual but reliable post-implantation 3D image during the surgery planning phase
  - Identify difficult cases (e.g. excessively calcified arteries), where endovascular surgery is challenging, early in the surgery planning process and test alternative solutions
- EVAR – TEVAR - TAVI applications
  - Femoral access simulation taking into account tortuosity and calcifications of iliac arteries