



POLITECNICO
MILANO 1863



Respiratory Motion Compensation in Robotic Spinal Osteotomy

Candidate: **Livia Fabiano**

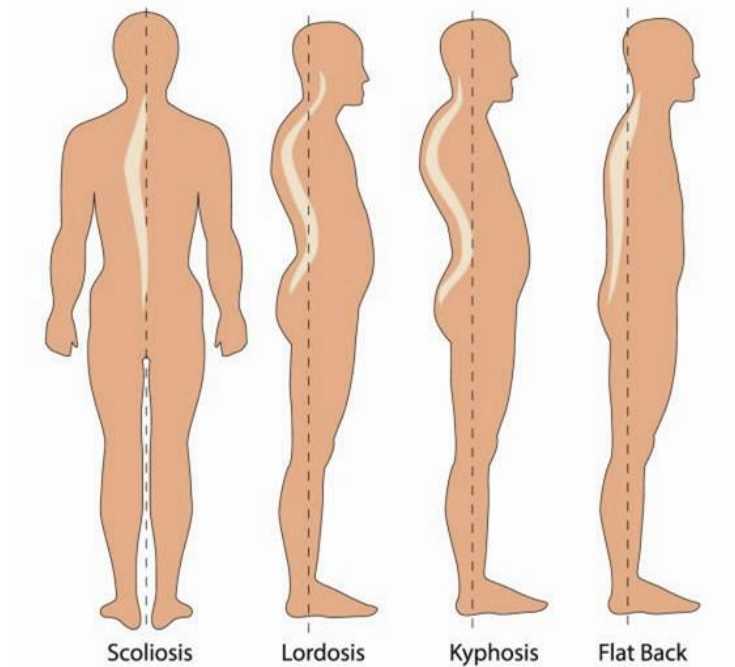
Advisor: **Prof. Elena De Momi**

Co-Advisor: **Lorenzo Casadio, Elisa Iovene**

Master of Science in Biomedical Engineering – Ingegneria Biomedica
April 3rd 2025

Academic Year 2023-2024

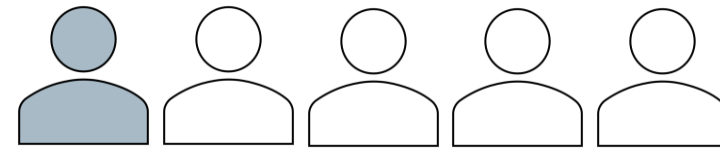
Clinical Problem



“**Spinal deformity** is **defined** as the spinal curvature or alignment that deviates from the normal limits” [1]

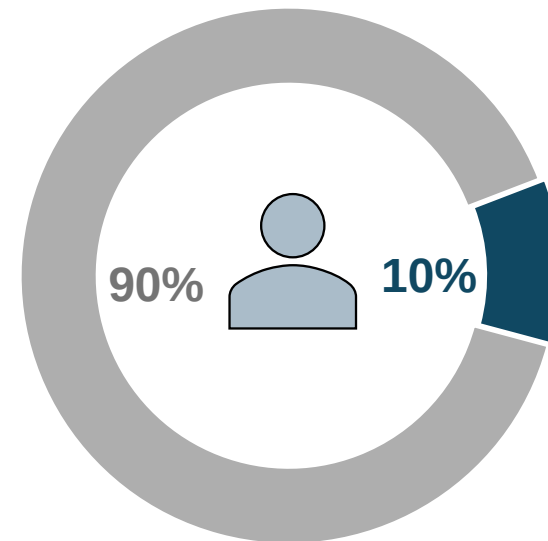
Spinal deformities incidence in global population

Globally, about **1 out of 5** people suffer from spinal deformities [2]



Solution [2]

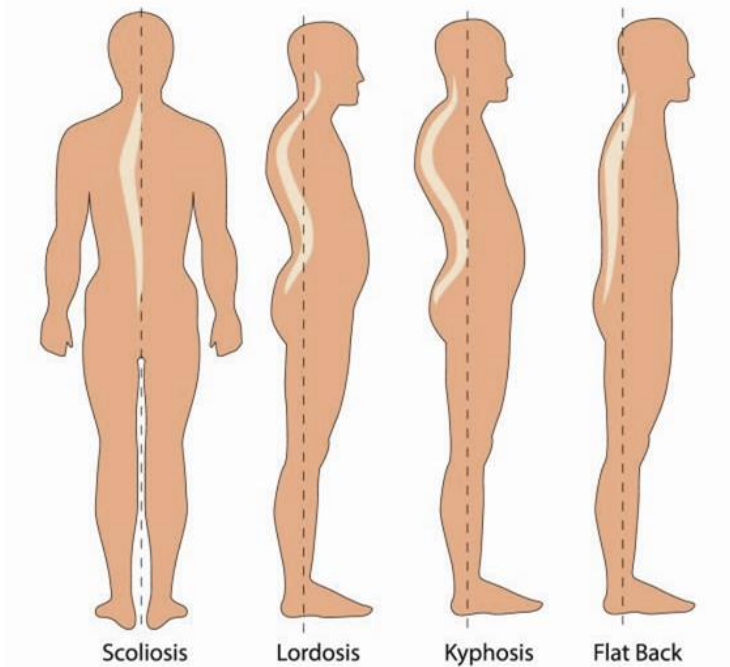

Pharmacological &
Physical Therapy




Spinal Surgeries

[1] KIM, Hong Jin, et al. (2020)
[2] SMITH, Colleen, et al. (2019)

Clinical Problem

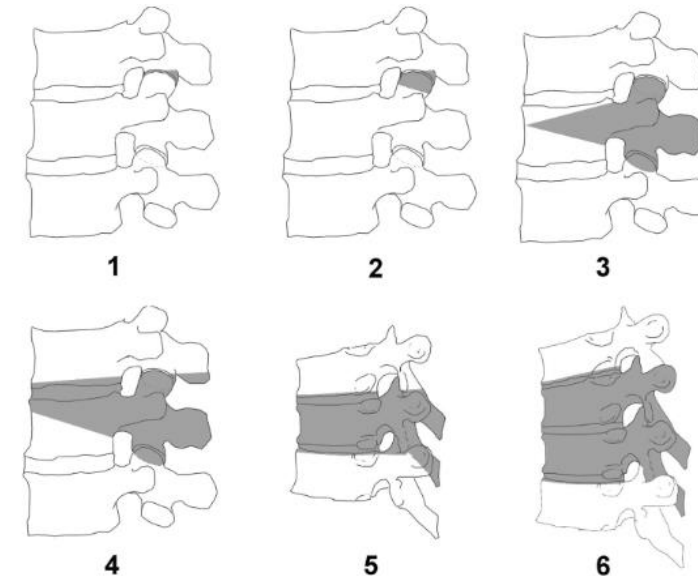


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Spinal Surgeries

Vertebral Osteotomies

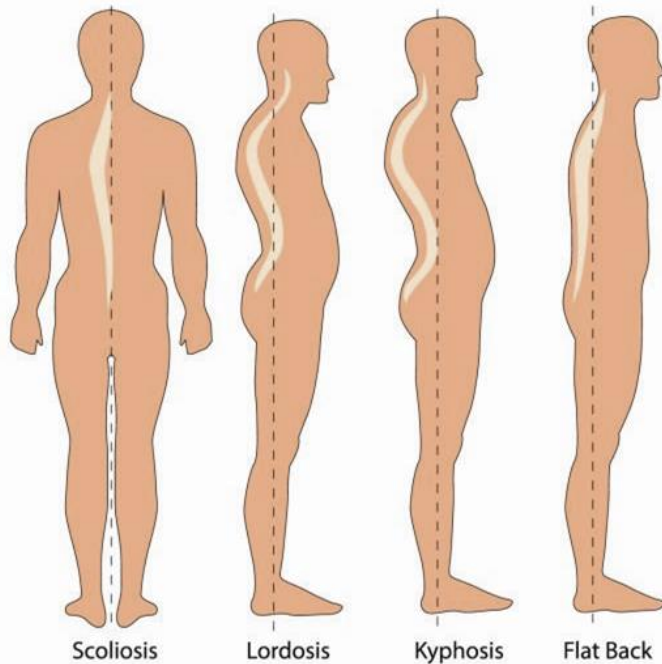


- **6** different **types** of surgeries
- The **choice** depends on the **entity** of the **deformity** [3]

[1] KIM, Hong Jin, et al. (2020)

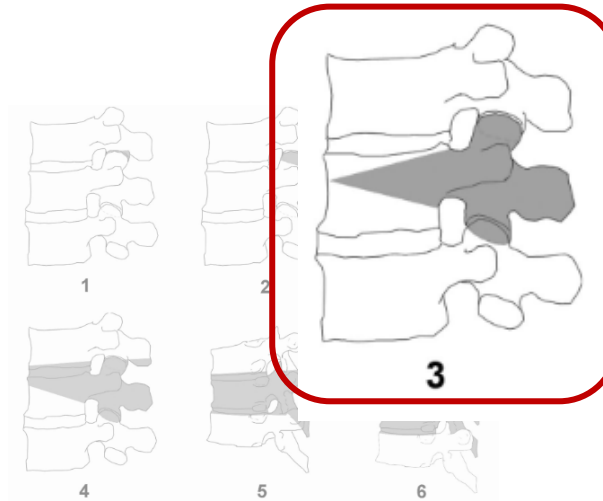
[3] KOSE, Kamil Cagri, et al. (2017)

Clinical Problem



“**Spinal deformity** is **defined** as the spinal curvature or alignment that deviates from the normal limits” [1]

Vertebral Osteotomies



- **Pedicle Subtraction Osteotomy:**
 - ✓ Significant **angular correction** up to **30 - 40°** in the sagittal plane.
 - ✓ Effective for **rigid deformities**.
 - ✗ More **invasive** and **technical** demanding.

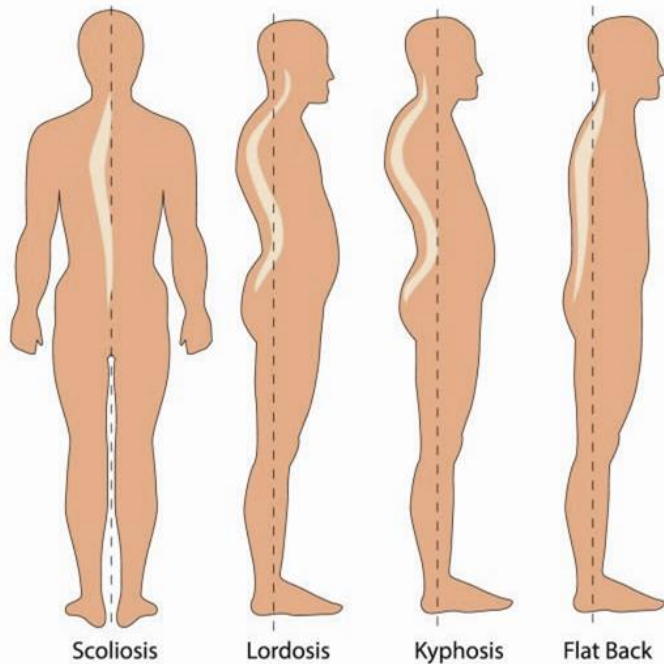


Spinal Surgeries

Pedicle Subtraction Osteotomy (PSO)

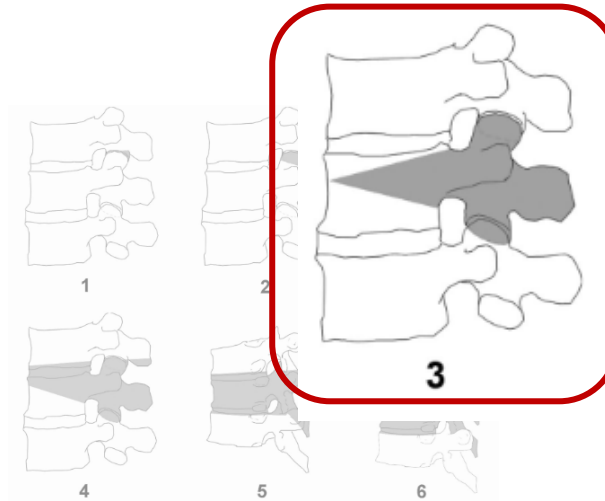
- ① Subtraction of the posterior elements
- ② Decancellation of the vertebral body
- ③ Closure of the osteotomy

Clinical Problem



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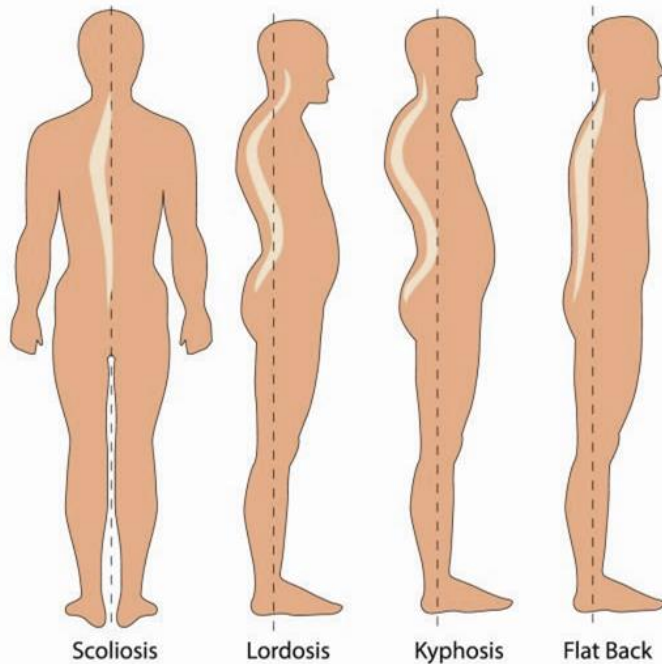


Spinal Surgeries

Pedicle Subtraction Osteotomy (PSO)

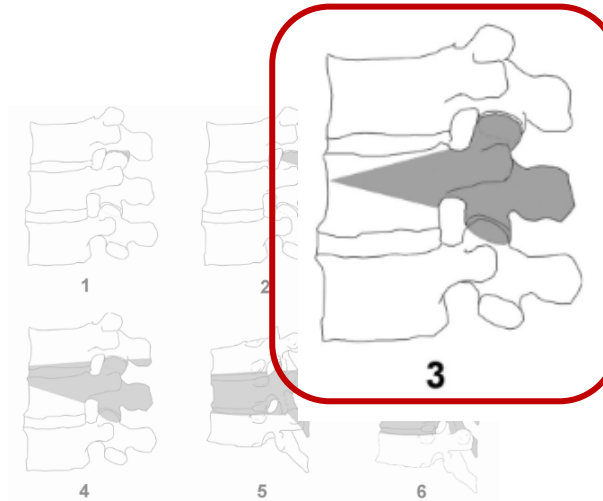
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Spinal Surgeries

Pedicle Subtraction Osteotomy (PSO)

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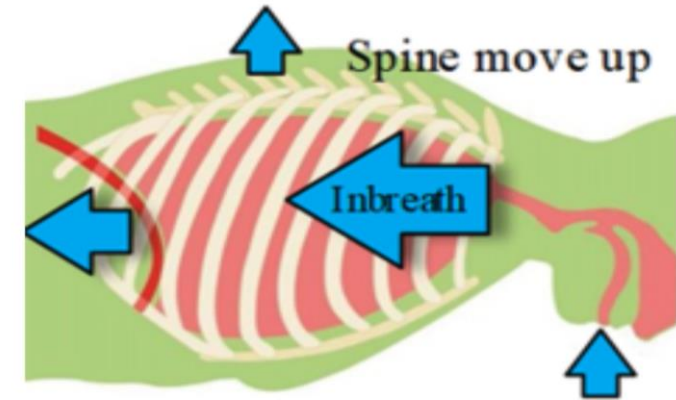


Limitations of PSO procedure



Currently only **manually performed**
with osteotomes and fluoroscopy

- ✗ **High** surgeon's **workload**
- ✗ High **radiation exposure**
- ✗ **Limited** surgical **precision**



Respiration induced vertical
vertebral displacement [4]

- ✗ **Vertical displacement** around **2-4mm** [4]
- ✗ **Risk of tissue damage**
- ✗ **Compromise** overall surgical **accuracy**

Robotic systems in spine surgery

Commercially available

- **Pedicle Screw Fixation**

Rosa Spine robotic system [5]



© Zimmer Biomet

Experimental Level

- **Osteotomy [6]**

'Autonomous image-guided robotic system for Vertebral Osteotomy'



No fatigue



Increased Precision



Only Spinous Process and Lamina

Respiratory Compensation Robotic systems in spine surgery

Commercially available

- **Passive compensation**

Mazor Robotic Renaissance [7]



© Ortho Carolina



Rigidly attached to the vertebra

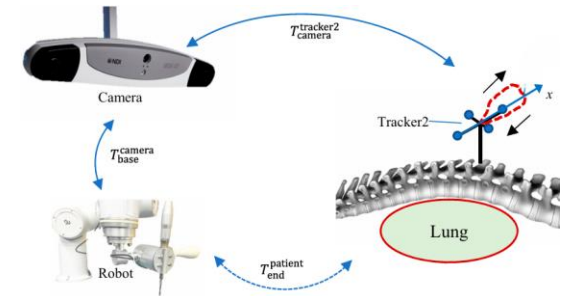


Bone stiffness requirements

Experimental Level

- **Active compensation**

'Respiratory motion prediction in spine surgery' [8]



Real-time compensation



Predictive methods



No Robotic Control



Pedicle Screw Fixation

Robotic systems in spine surgery

Commercially available

Experimental Level

• Pedicle Screw Fixation

Rosa Spine robotic system



© Zimmer Biomet

✓ Increased Precision

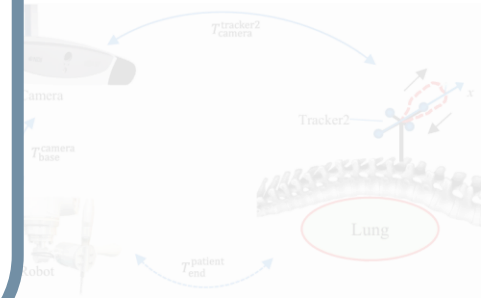
Respiratory Compensation Robotic systems in spine surgery

Commercially available

Experimental Level

Active compensation

Respiratory motion prediction in spine surgery' [8]



✓ Real-time compensation

✓ Predictive methods

✗ No Robotic Control

✗ Pedicle Screw Fixation

Lack of Robotic Systems for Spinal Osteotomy procedures with active compensation of respiratory induced vertebral movements

Aim of the work



Clinical Goal

- ✓ **Avoid risk of tissue damage**
- ✓ **Improve procedure accuracy**
- ✓ **Reduce surgeon's workload**



Technical Goal

- ✓ **Following pre-defined cutting planes**
- ✓ **Sub-millimeter precision during drilling procedure**
- ✓ **Compensate for respiratory induced vertebral displacement**

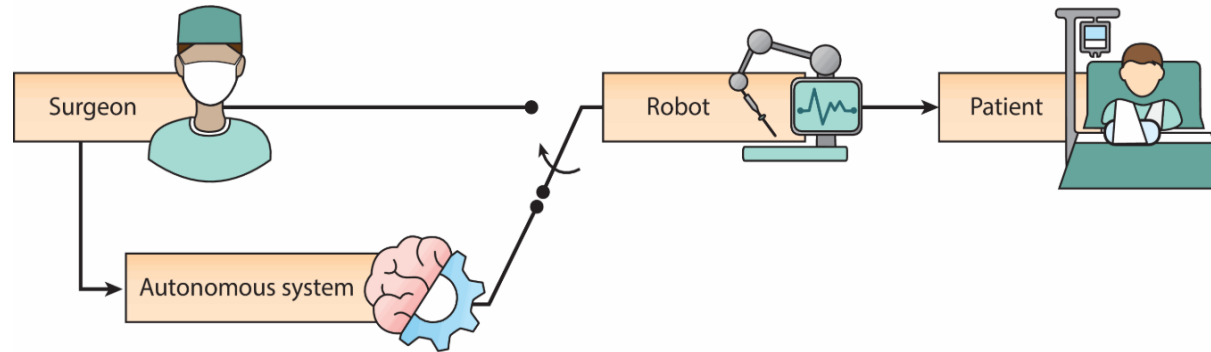
Solution

Autonomous Robot Control Strategy



Clinical Goal

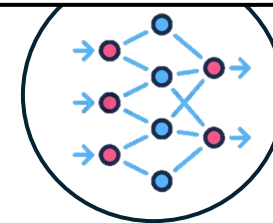
- ✓ **Avoid risk of tissue damage**
- ✓ **Improve procedure accuracy**
- ✓ **Reduce surgeon's workload**



Hybrid Force-Position Control strategy



Respiratory Motion Prediction Algorithm



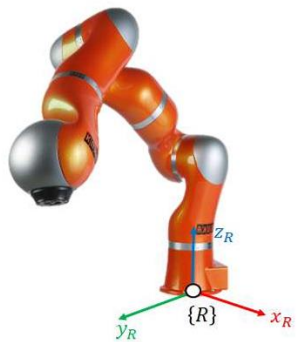
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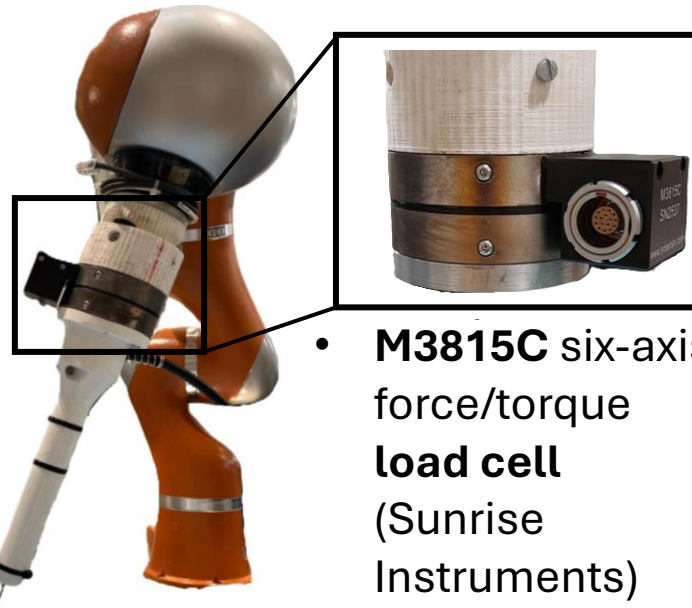
Materials

Robotic Manipulator



7 DoF (Degrees of Freedom) serial manipulator
(**KUKA LwR 4+**)

Load Cell & Drill

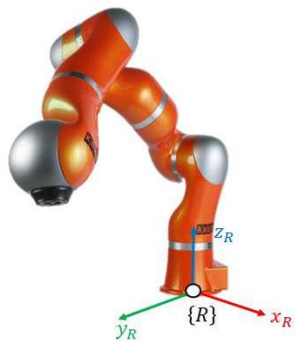


- **M3815C** six-axis force/torque **load cell** (Sunrise Instruments)



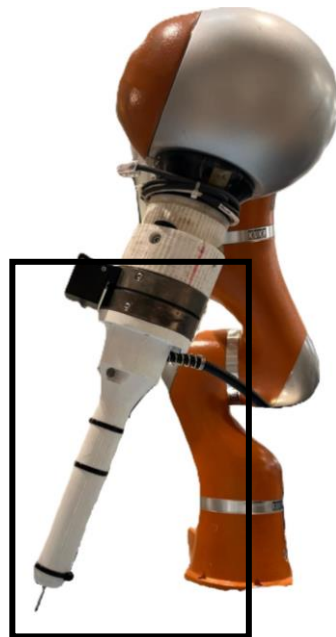
Materials

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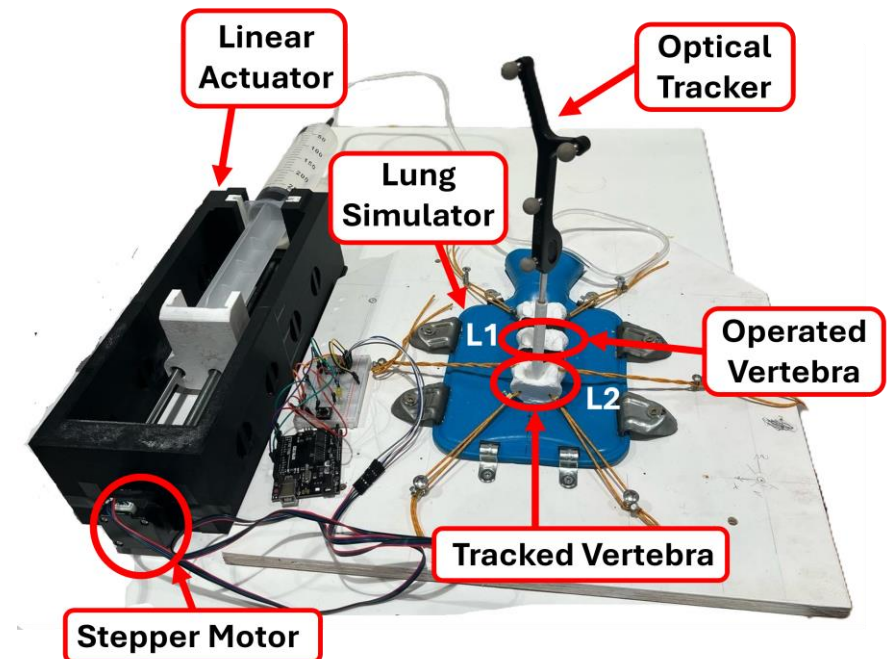
Load Cell & Drill



Drill:

- Motor with 5 velocities
- Power : 130 W
- Tip: Rotary Burr [Ø 3 mm]

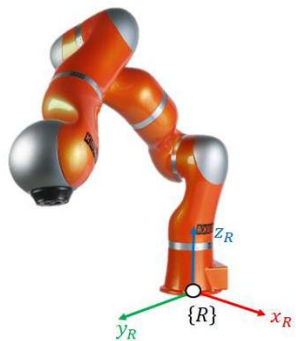
Respiratory Simulator





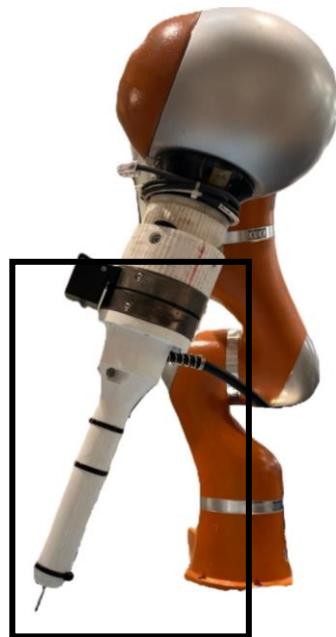
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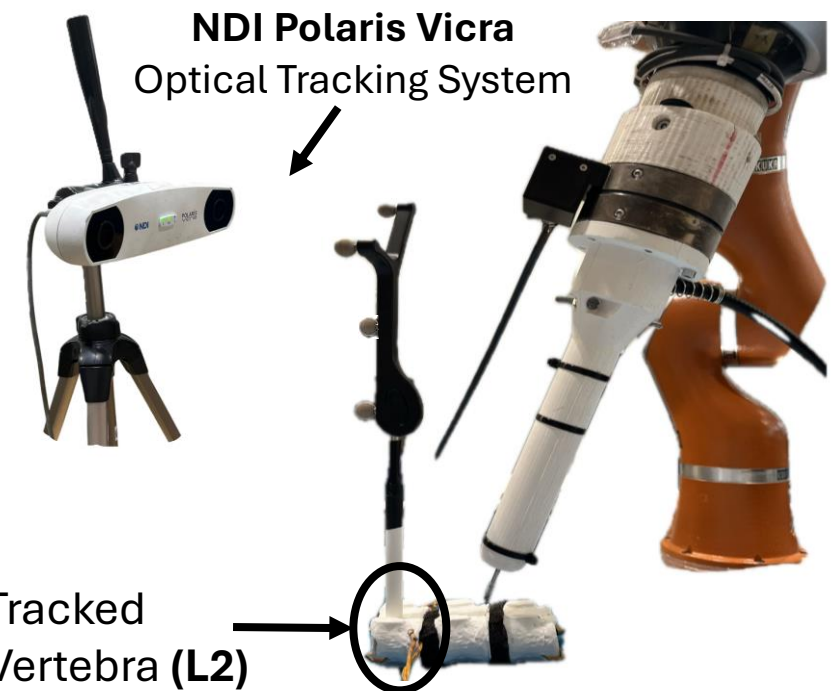
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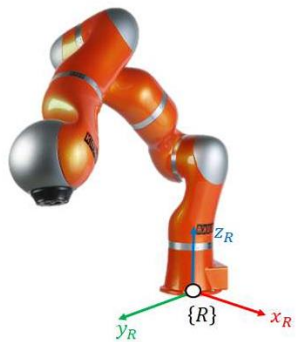
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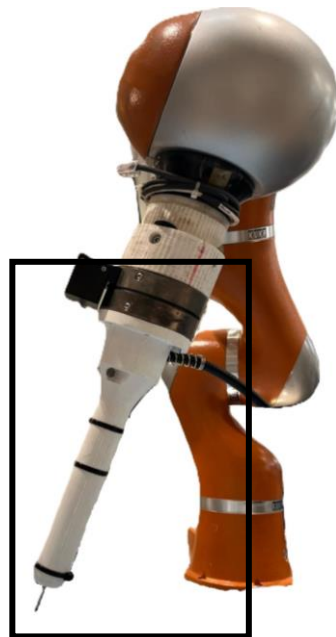
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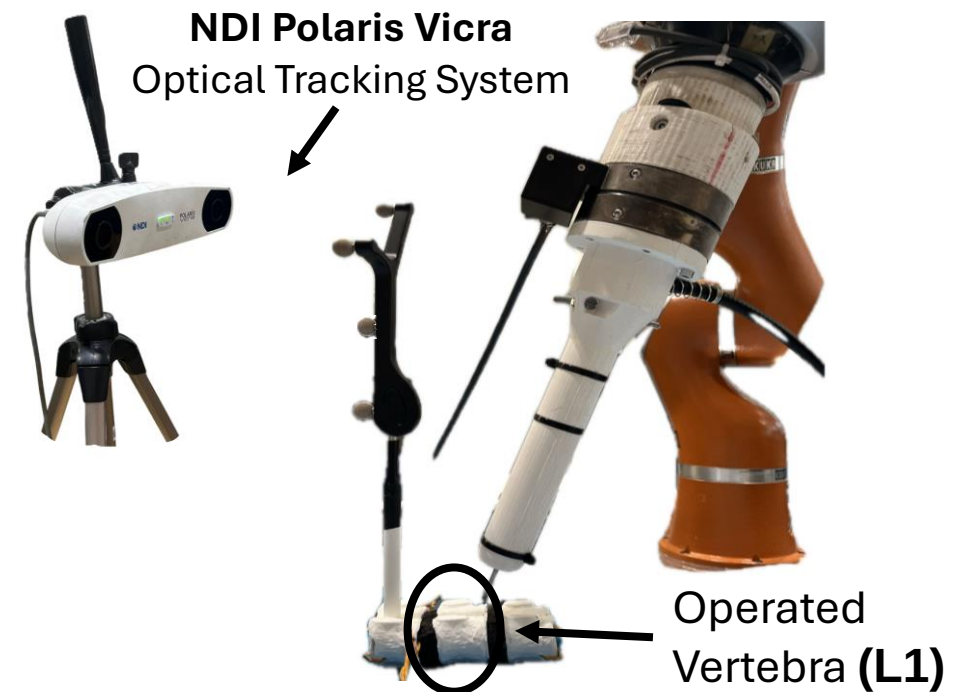
Load Cell & Drill



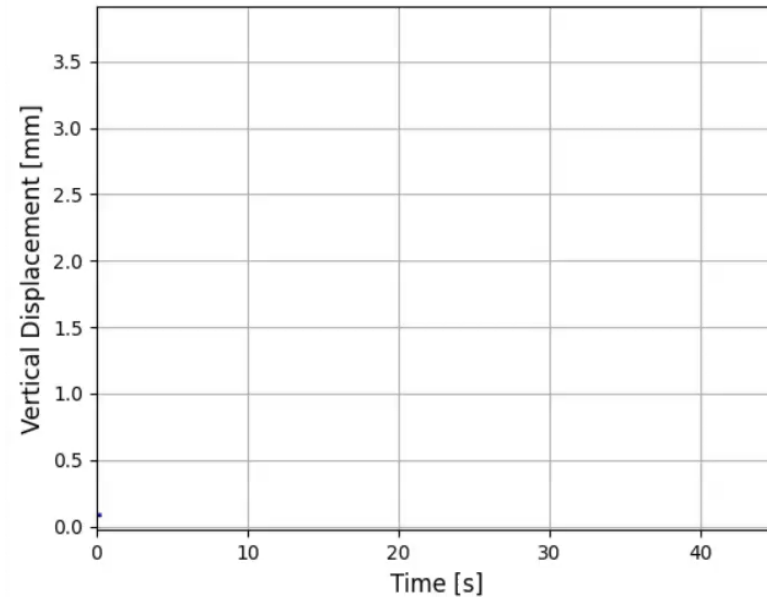
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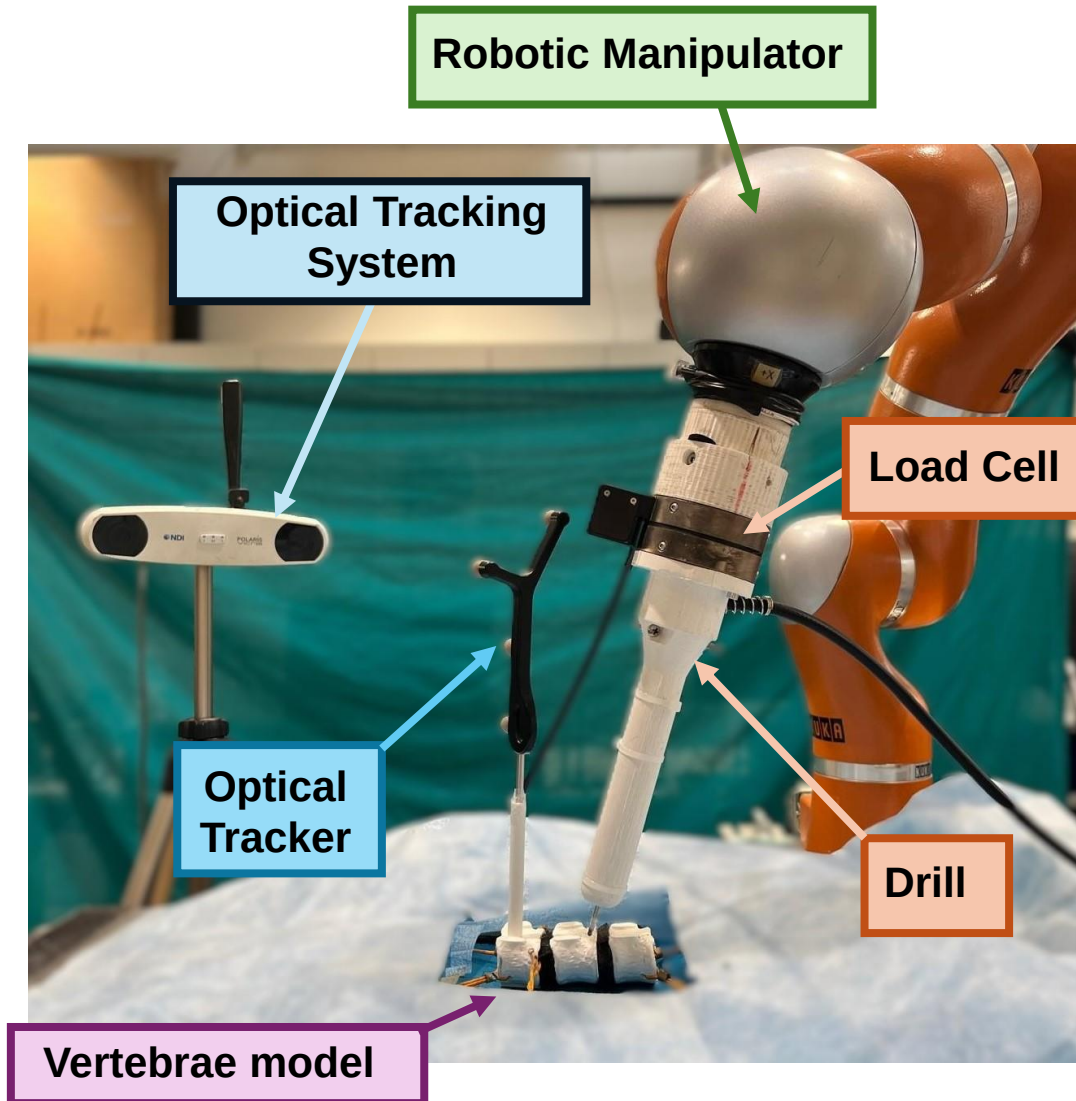
Respiratory Simulator

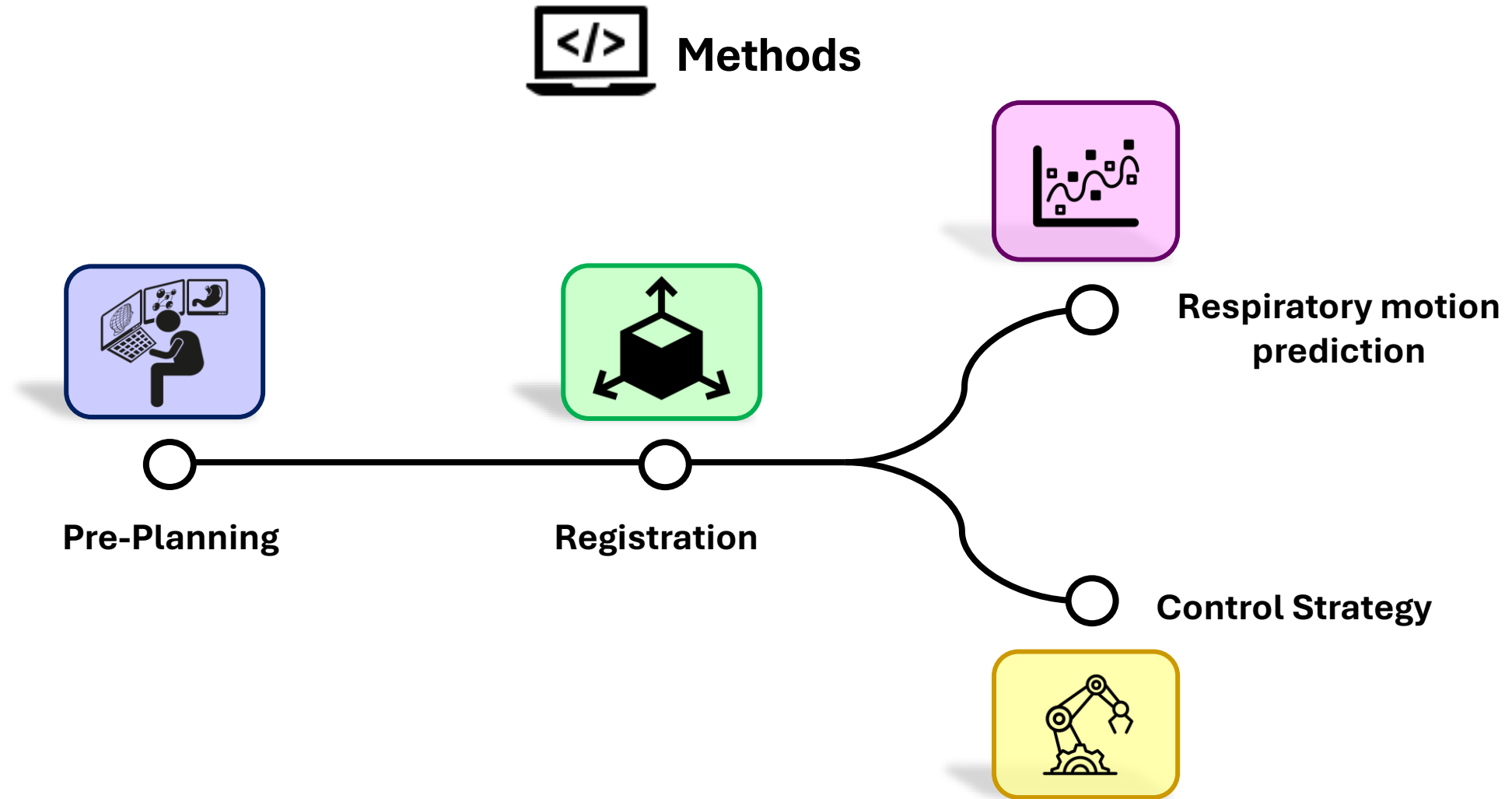


Respiratory Simulator



- Amplitude = 3.5 mm
- Frequency = 0.1 Hz [9]





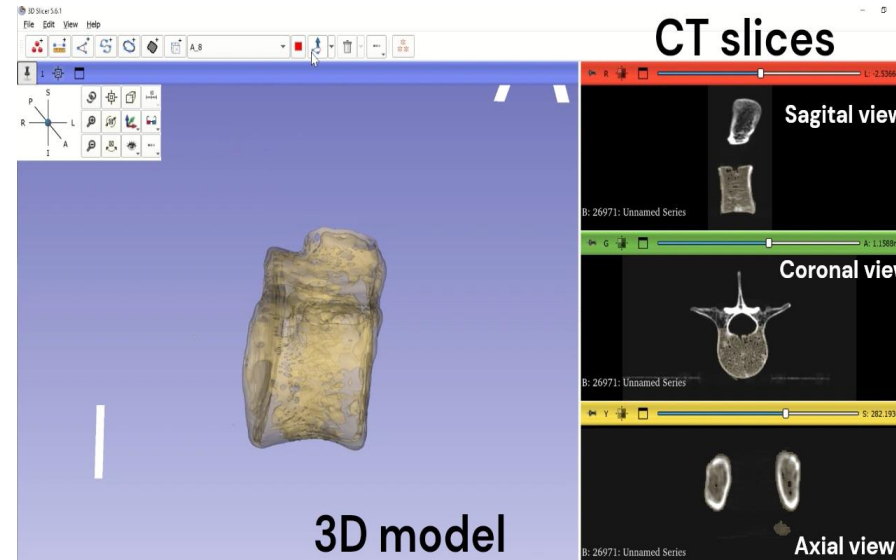
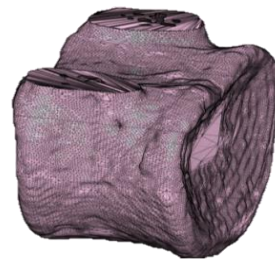


Pre-Planning



3D Slicer

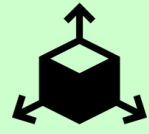
Definition of the cutting planes and the relative vertex (sagittal view)



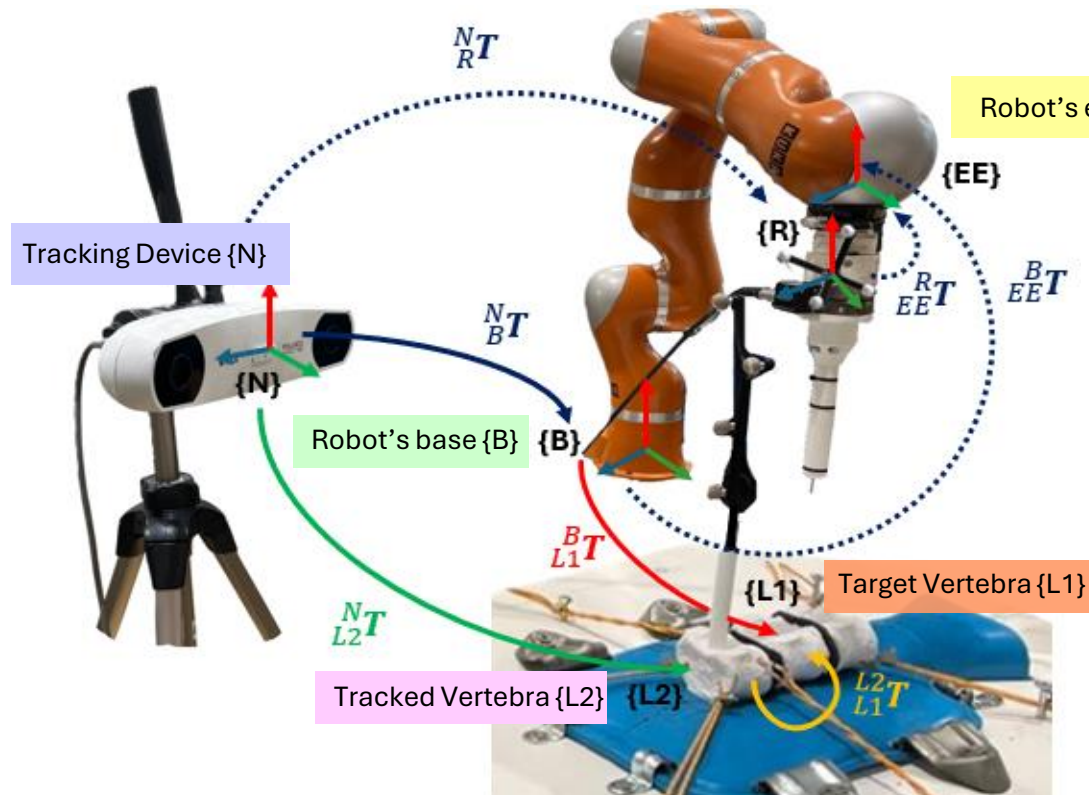
Osteotomy
cutting planes



Vertex of the
cutting planes



Registration



Target Vertebra {L1} coordinates in Robot's base reference frame {B}

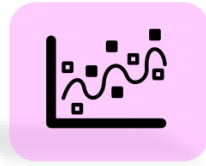
$${}^B_{L1}T = \left({}^N_BT \right)^{-1} * {}^N_{L2}T * {}^{L2}_{L1}T$$

Robot's base {B} in optical tracking system {N} reference frame

$${}^N_BT = {}^{R}_{EE}T * {}^N_RT * \left({}^B_{EE}T \right)^{-1}$$

Tracked Vertebra {L2} in optical tracking system {N} reference frame

Target Vertebra {L1} in Tracked Vertebra {L2}



Respiratory motion prediction

Different predictive algorithms' performances have been investigated.

Predictive Algorithms

1. Extended Kalman Filter (**EKF**). [10]
2. Deep Gated Recurrent Unit based network (**Deep GRU**). [11]
3. Deep Long Short Term Memory based network (**Deep LSTM**). [12]

Evaluation Metrics

Predictive approaches have been evaluated among the **same respiratory signals** retrieved during 14 drilling procedure.

Mean Absolute Error

- $\text{MAE} = \frac{1}{N} \sum_{i=1}^N |y_i - \bar{y}_i| [mm]$

Root Mean Square Error

- $\text{RMSE} = \sqrt{\frac{1}{N} \sum_{i=1}^N (y_i - \bar{y}_i)^2} [mm]$

y_i is the current predicted value

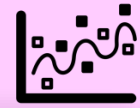
$\bar{y}_i$ is the relative ground truth

N is the number of samples

[10] Lee, S. J., Motai, Y., & Murphy, M. (2011)

[11] YU, Shumei, et al. (2020)

[12] HAN, Zhe, et al. (2024)



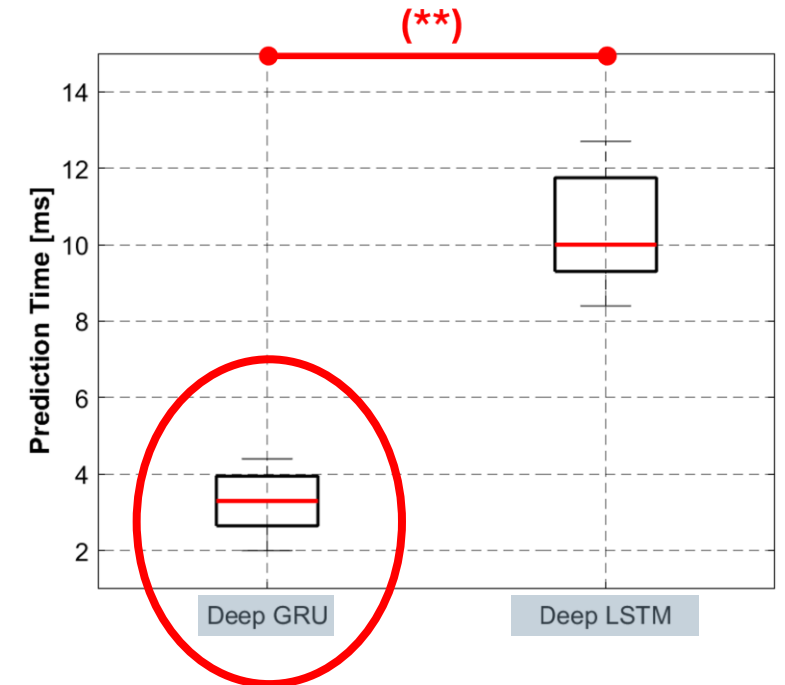
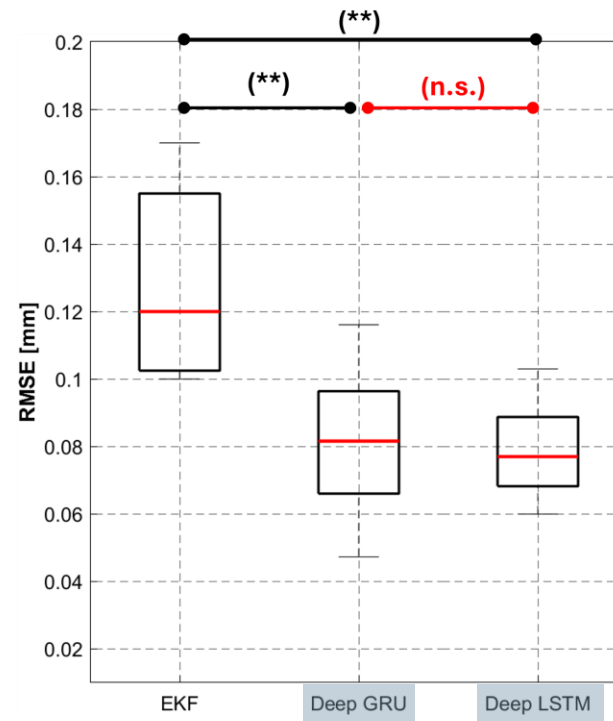
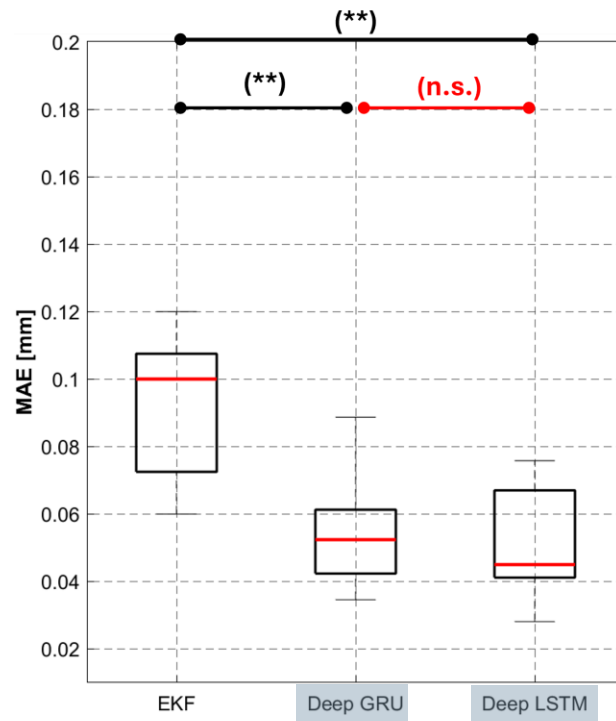
Respiratory motion prediction

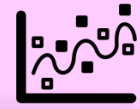
t-Student Test:

******, $p - \text{value} < 0.01$

*****, $0.01 < p - \text{value} < 0.05$

n.s., $p - \text{value} > 0.05$



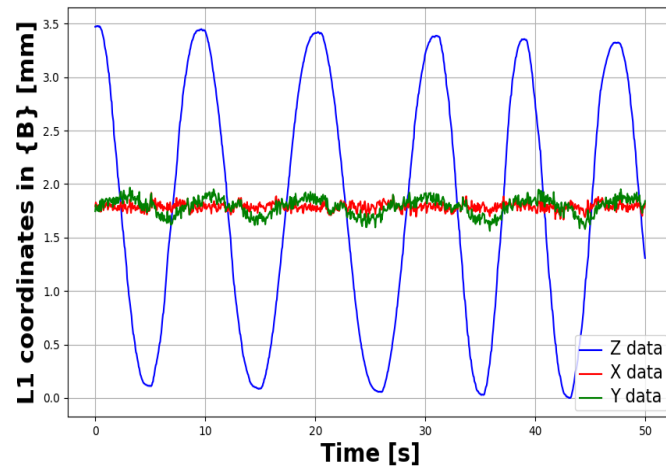


Respiratory motion prediction

Input

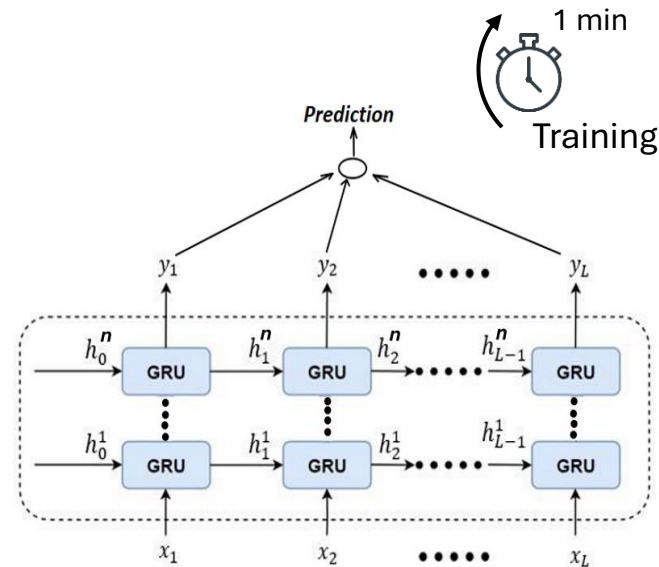
L1 z-coordinates in robot base reference frame **{B}**

✓ Adaptive Scaler applied



Predictive Algorithm

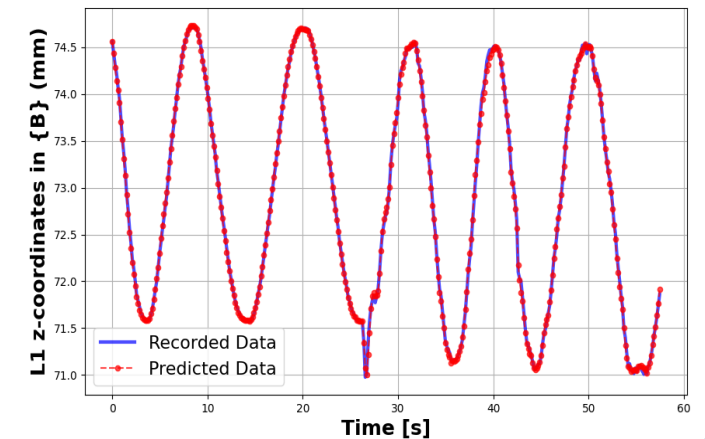
Deep Gated Recurrent Unit (GRU) based network



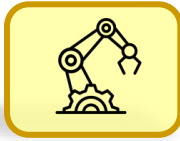
Output

Predicted L1 z-coordinates in robot reference frame **{B}** after a fixed **Time Delay (150ms)** [13]

✓ The **predicted point** is then sent to the **Robot control system**.

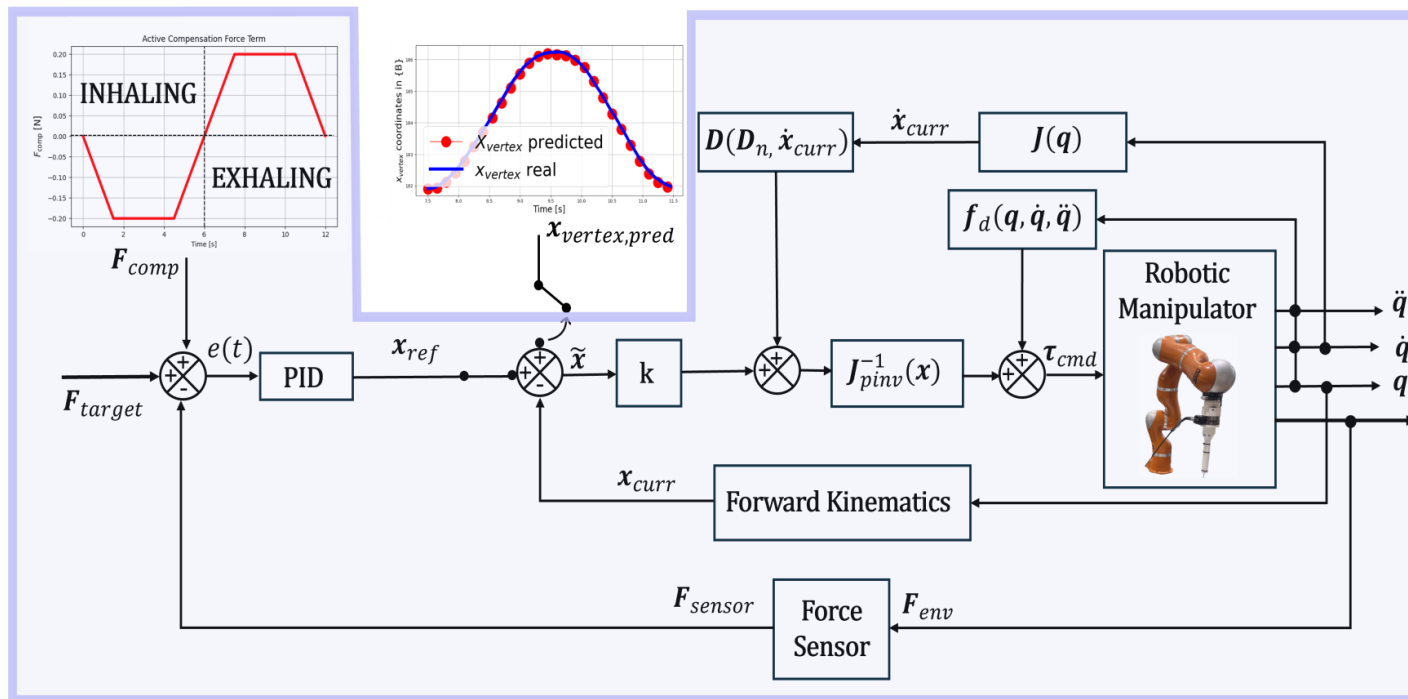


ROS



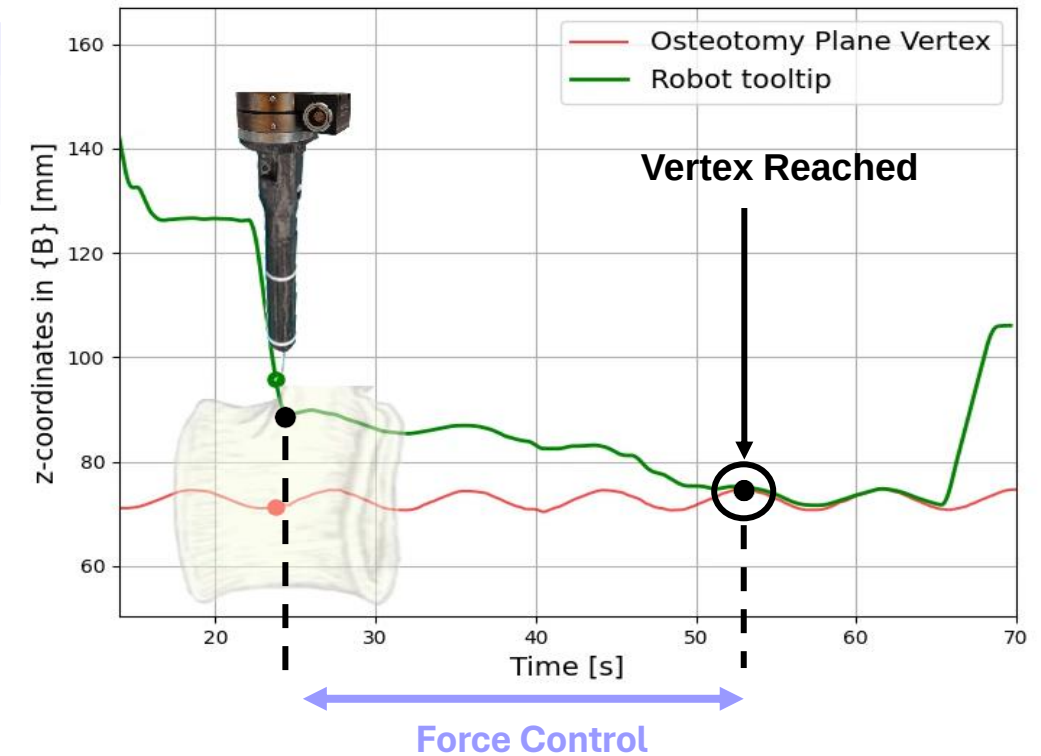
Control Strategy

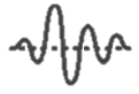
Hybrid Force – Position control strategy



Force Control

- ✓ The **control** is initially set to **force** to perform the cut.
- ✓ Maintain a **constant force** between the drill and the vertebra.

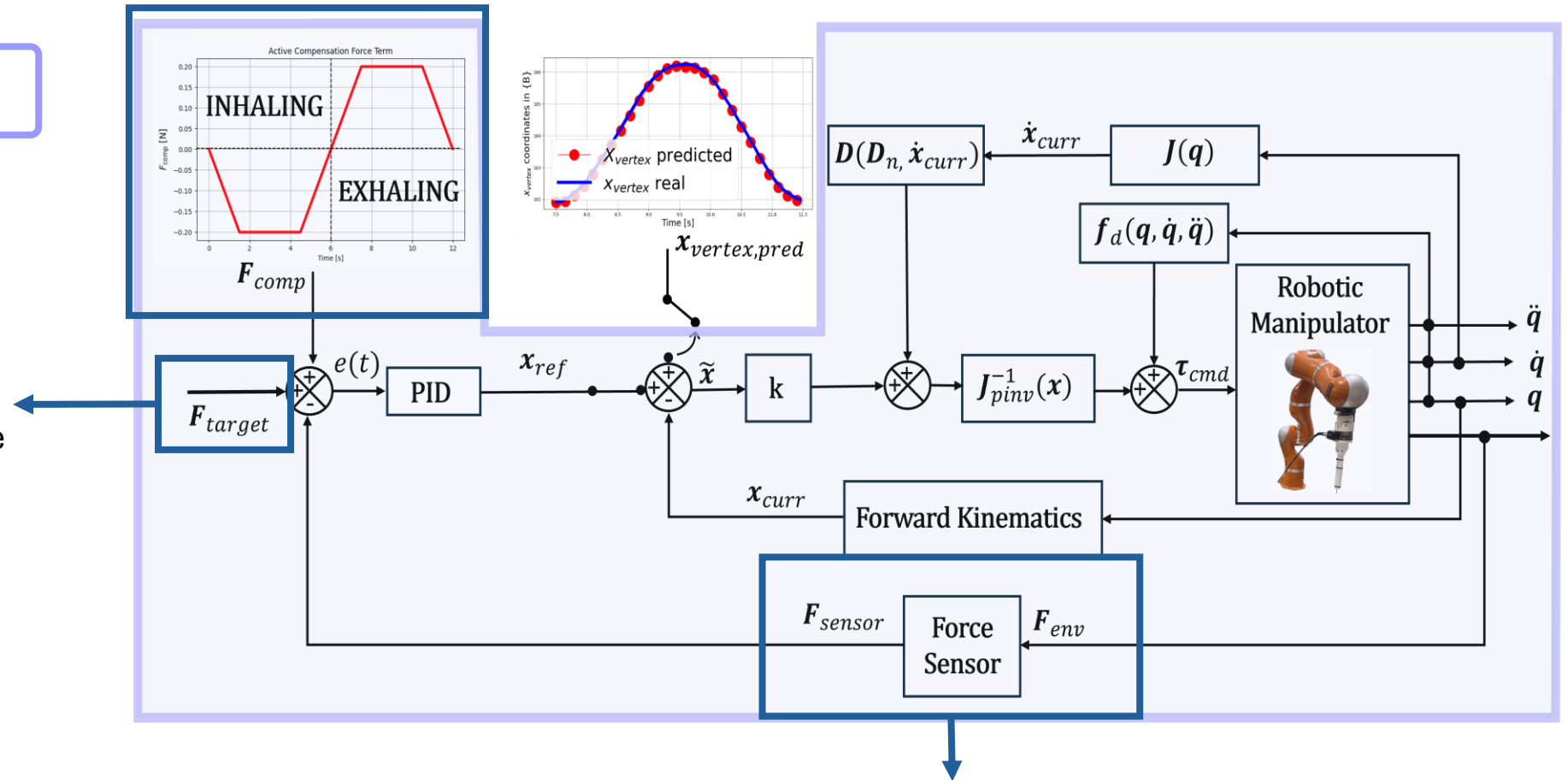




Force Control

Constant Drilling Force to be maintained throughout the procedure set to **-2N**. [14]

- ✓ **Safety value** to avoid tissue damaging and too high contact forces.



Force signal retrieved from the load cell is **low-pass filtered**

- ✓ Avoid undesired oscillations and potential tissue damage

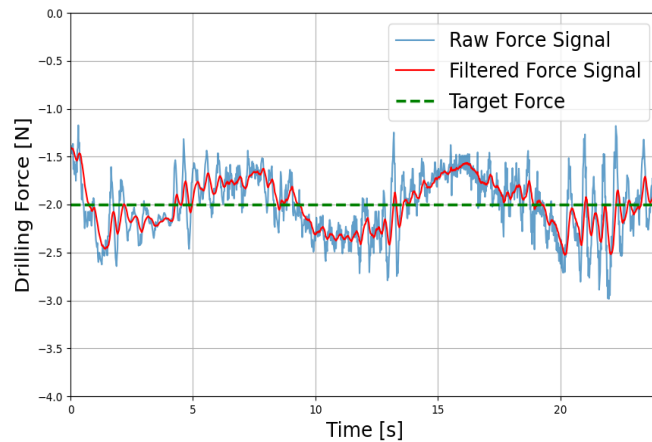
$$F_{filt}(t) = \alpha * F_{sensor}(t) + (1 - \alpha) * F_{filt}(t - 1), \quad \alpha = 0,1$$

Active Compensation Force term

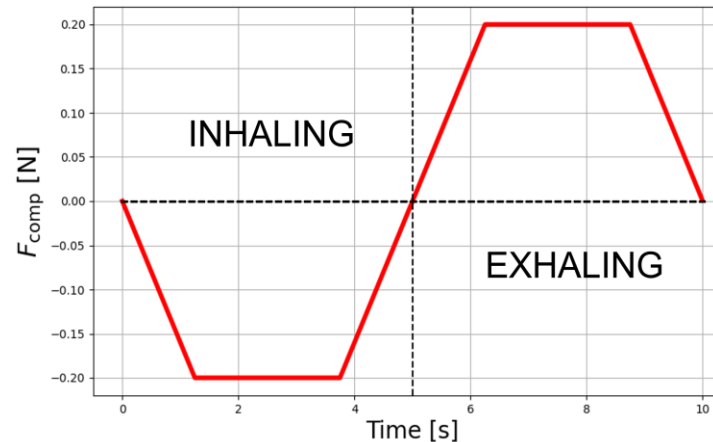
✓ **Avoid** drilling force's **periodic oscillation** around the force target value

✓ **Prevent instability**

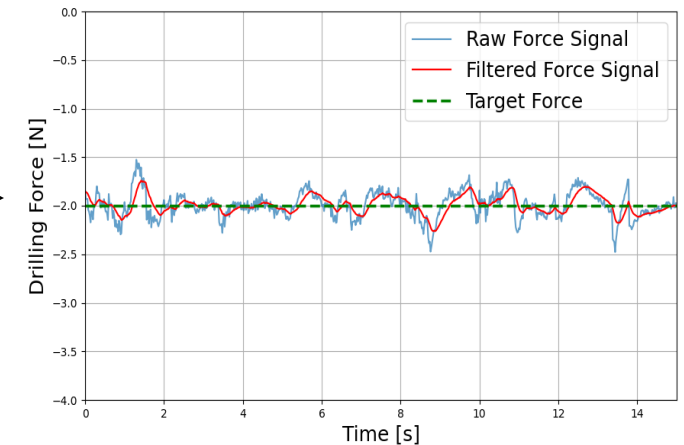
Force signal without compensation [15]



Active compensation Force Term

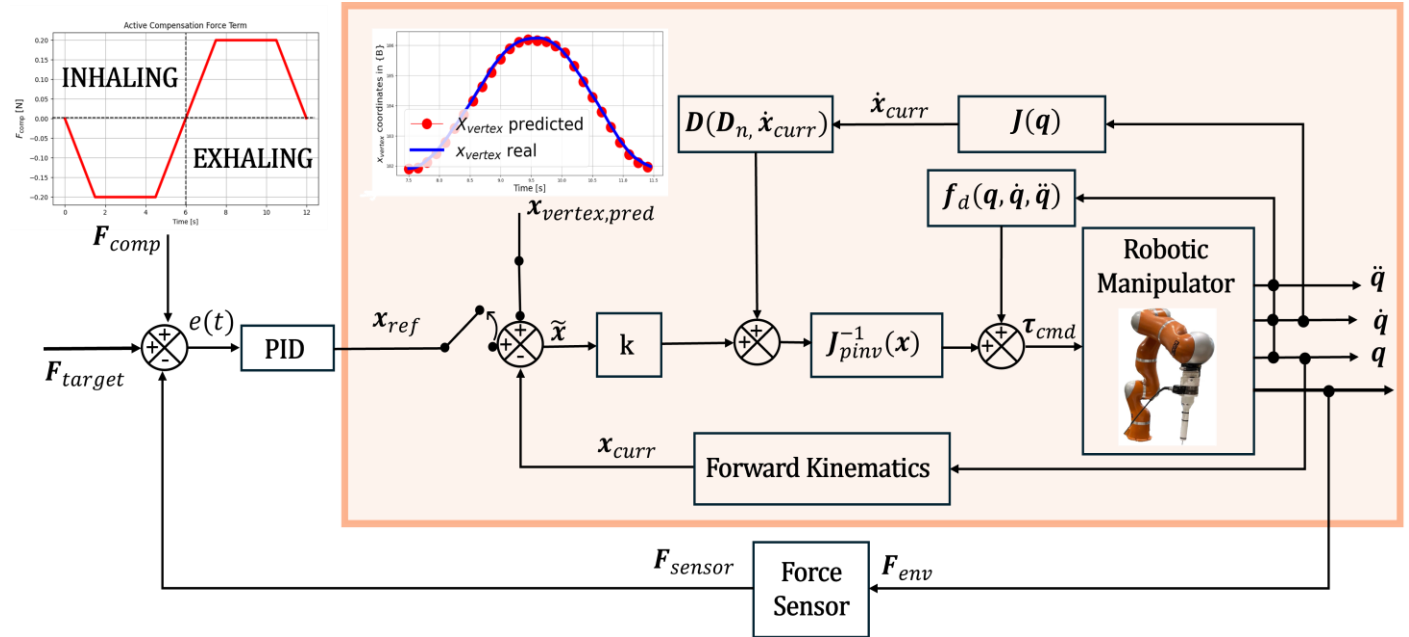
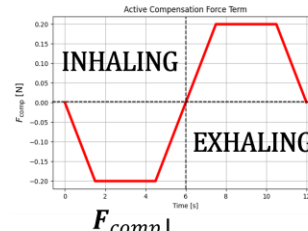
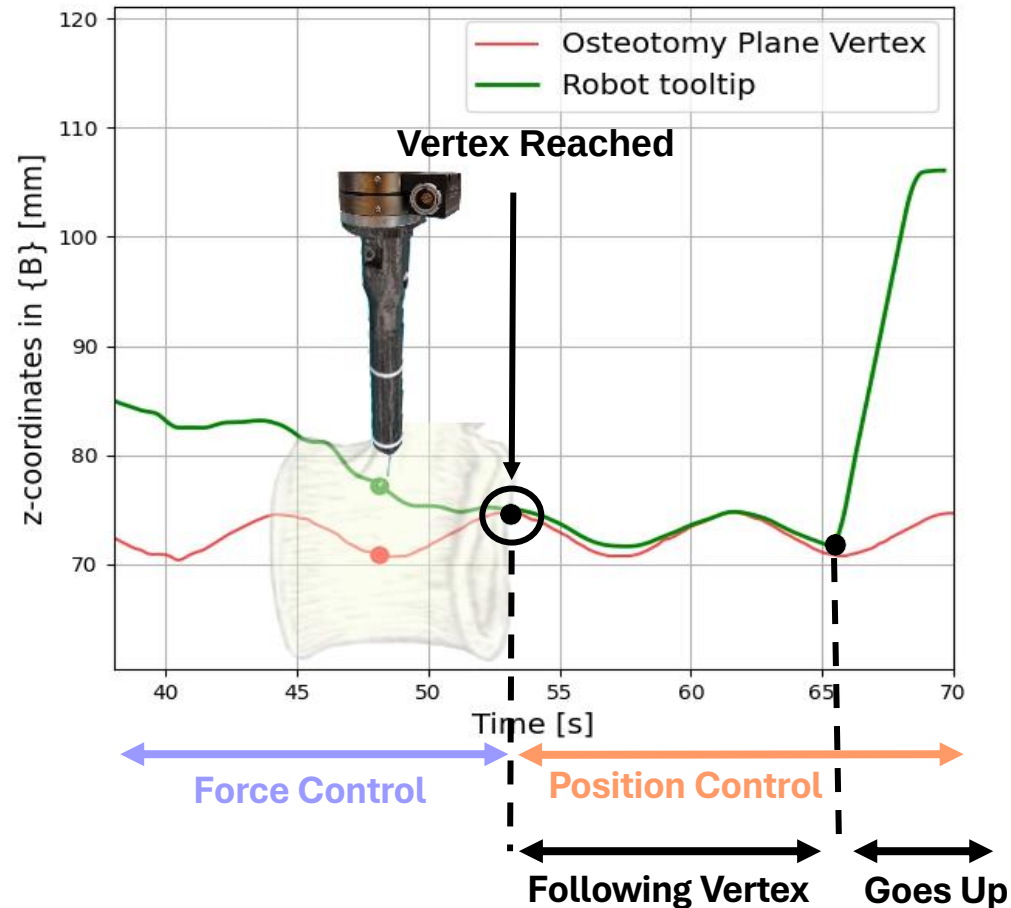


Force signal with compensation





Position_Control



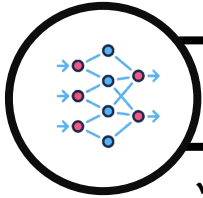
The control switches from **Force** to **Position** as soon as the drill reaches the osteotomy planes' vertex:

1. The drill **reaches** the target vertex
2. The drill **follows** the target vertex
3. The drill **goes up**



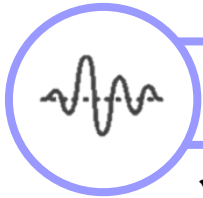
- ✓ Ensure a **uniform** and **complete** cut
- ✓ **Prevent** the drill from going **beyond** the vertex point.

System Validation



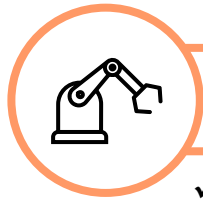
Movement Prediction

- ✓ Assess the accuracy of the predicted algorithm



Force Control

- ✓ Verify if the force remains constant at target value during the procedure



Position Control

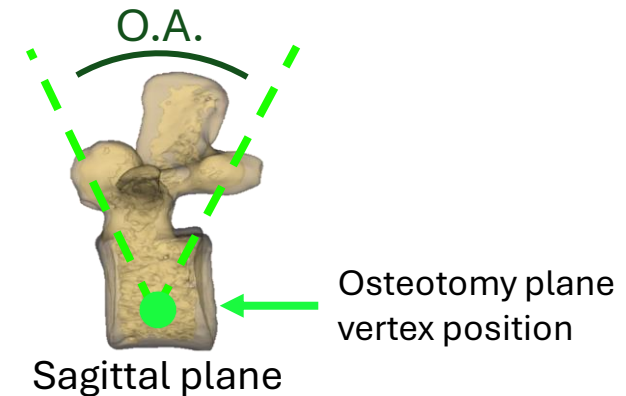
- ✓ Check if the osteotomy vertex is properly reached and followed
- ✓ Check if the cutting plane is followed

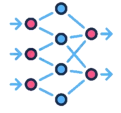


Protocol

14 trials performed during the drilling of 3D PLA vertebra samples with the same **vertex position** to guarantee repeatability.

- ✓ 7 Drilling Trials with osteotomy angle (O.A.) = 30°
- ✓ 7 Drilling Trials with osteotomy angle (O.A.) = 40°





Movement Prediction

Evaluation Metrics

Mean Absolute Error (MAE)

- $$\text{MAE} = \frac{1}{N} \sum_{i=1}^N |y_i - \bar{y}_i| [mm]$$

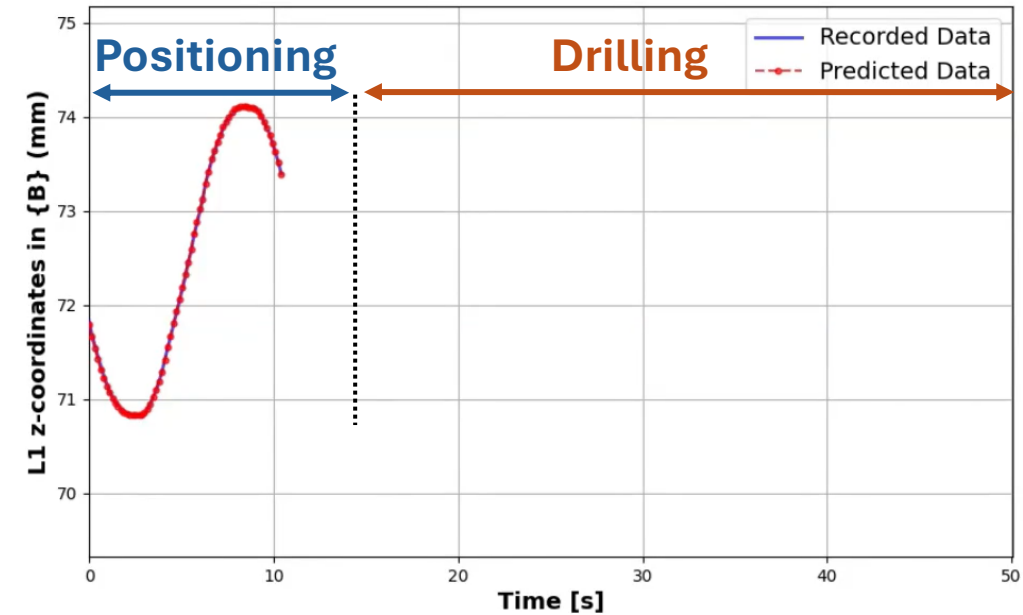
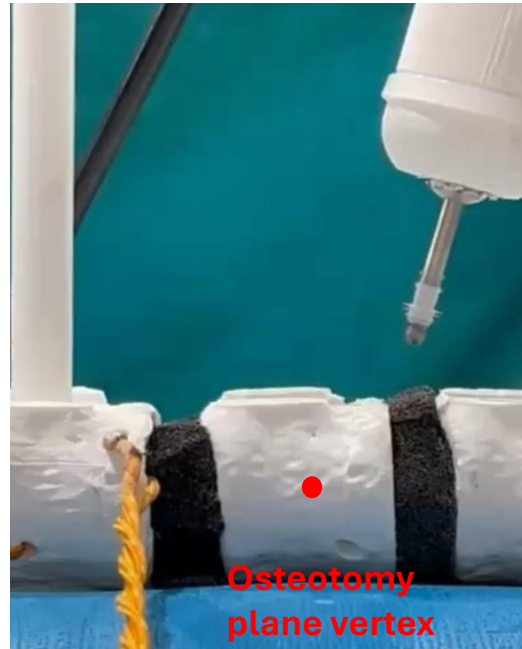
Root Mean Square Error (RMSE)

- $$\text{RMSE} = \sqrt{\frac{1}{N} \sum_{i=1}^N (y_i - \bar{y}_i)^2} [mm]$$

Maximum Error (ME)

- $$\text{ME} = \max_{i=1, \dots, n} |y_i - \bar{y}_i| [mm]$$

y_i is the current predicted vertex value
 $\bar{y}_i$ is the relative ground truth
 N is the number of predicted points



	Positioning	Drilling
MAE [mm]	0,022 ± 0,02	0,047 ± 0,019
RMSE [mm]	0,027 ± 0,007	0,071 ± 0,021
ME [mm]	0,094 ± 0,016	0,21 ± 0,08



- ✓ **Small prediction errors** during both **positioning** and **drilling** phases.
- ✓ Metrics' values are in agreement with **literature** (errors within 0,3mm) [16], [17]



Force Control

Evaluation Metrics

Mean Force Value (μ)

$$\mu = \frac{1}{N} \sum_{i=1}^N F_i [N]$$

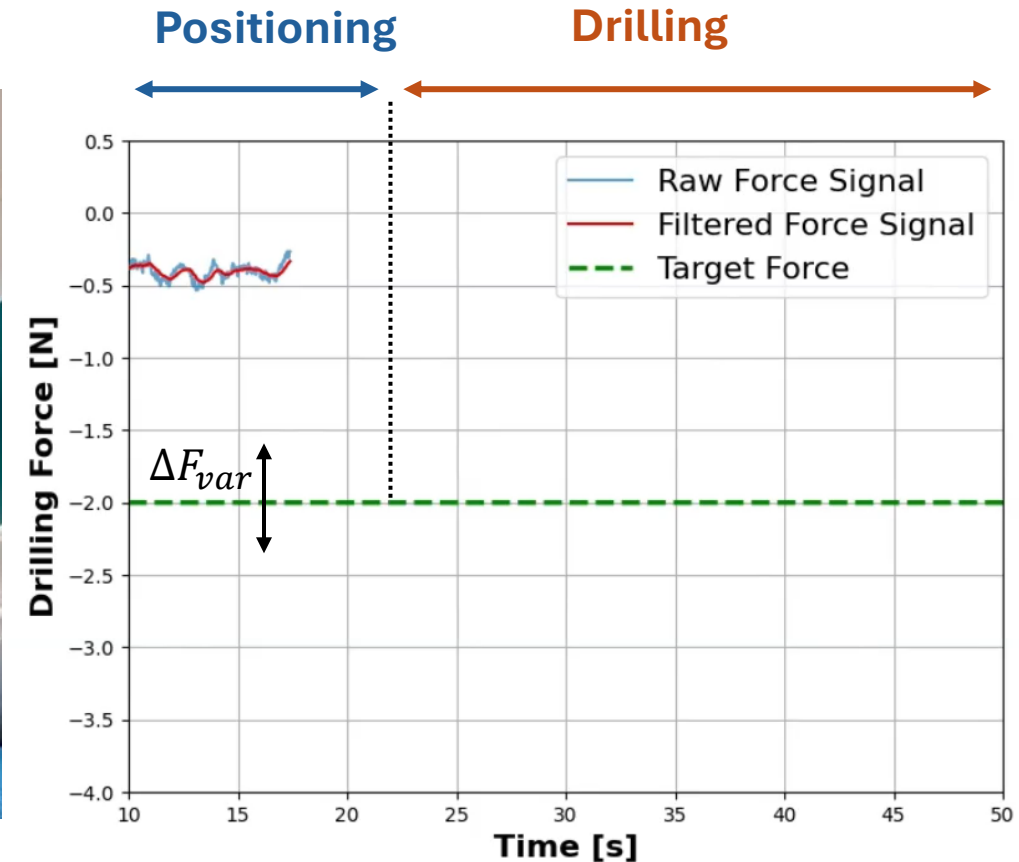
Standard Deviation (SD)

$$SD = \sqrt{\frac{1}{N} \sum_{i=1}^N (F_i - \mu)^2 [N]}$$

Stability Factor [18]

$$\varphi = \frac{\sqrt{\sum_{i=1}^N (F_i - F_{target})^2}}{|\Delta F_{var}|} [\%]$$

F_i : current Force value, F_{target} : target Force,
 N : number of samples, ΔF_{var} : force variation
 range





Force Control

Evaluation Metrics

Mean Force Value (μ)

$\mu = \frac{1}{N} \sum_{i=1}^N F_i \text{ [N]}$

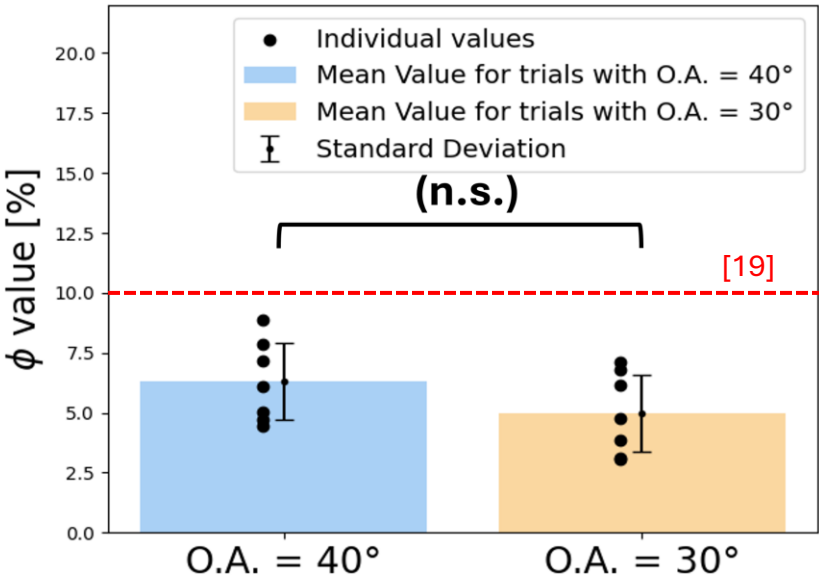
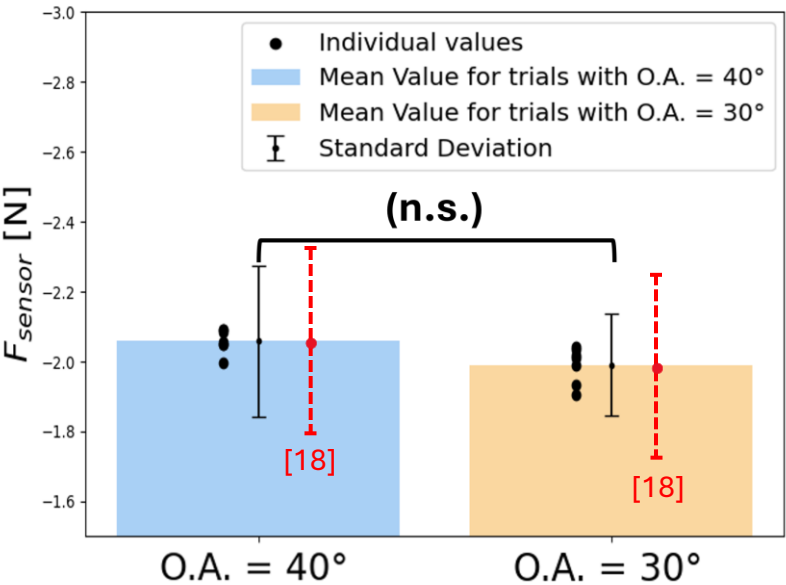
Standard Deviation (SD)

$SD = \sqrt{\frac{1}{N} \sum_{i=1}^N (F_i - \mu)^2} \text{ [N]}$

Stability Factor [18]

$\varphi = \frac{\sqrt{\sum_{i=1}^N (F_i - F_{target})^2}}{|\Delta F_{var}|} \text{ [%]}$

F_i : current Force value, F_{target} : target Force,
 N : number of samples, ΔF_{var} : force variation range



O.A.	40°	30°
$\mu, SD \text{ [N]}$	$-2,053 \pm 0,20$	$-1,98 \pm 0,18$
$\varphi \text{ [%]}$	$6,4 \pm 1,58 \text{ %}$	$4,98 \pm 1,32 \text{ %}$

[18] LI, Meng, et al. (2022)
[19] Xia, G., Jiang, Z., & Dai, Y. (2024)



Force Control

Evaluation Metrics

Mean Force Value (μ)

$$\mu = \frac{1}{N} \sum_{i=1}^N F_i [N]$$

Standard Deviation (SD)

$$SD = \sqrt{\frac{1}{N} \sum_{i=1}^N (F_i - \mu)^2}$$

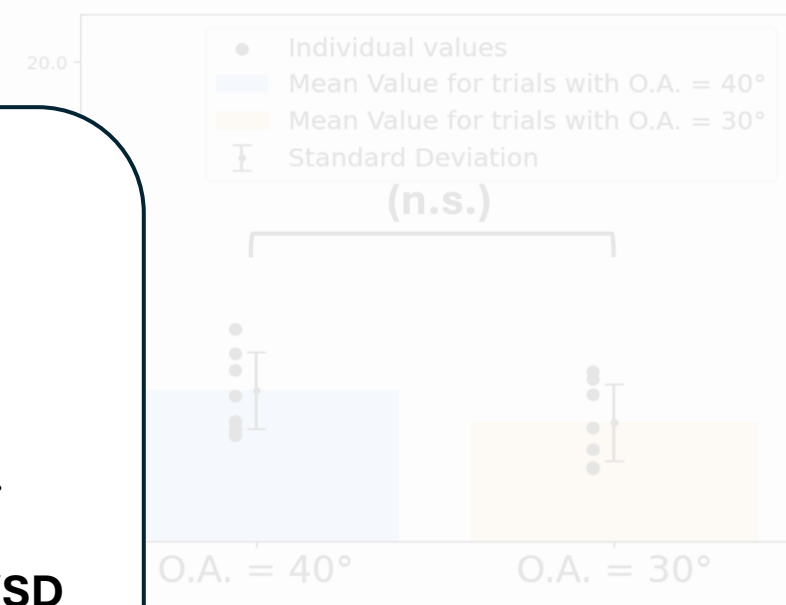
Stability Factor [ϕ]

$$\phi = \frac{\sum_{i=1}^N (F_i - F_{\text{target}})^2}{|\Delta F_{\text{var}}|}$$

F_i : current Force value, F_{target} : target Force,
 N : number of samples, ΔF_{var} : force variation
range



- ✓ Good **robustness** and **stability** during **drilling**.
- ✓ **Invariant** to different **osteotomy angles** entities.
- ✓ Metrics' values are in agreement with **literature (SD within 0,2N and ϕ values within 10%)**. [20], [21]



	μ , SD [N]	ϕ [%]
O.A. = 40°	-2,055 ± 0,20	6,4 ± 1,58 %
O.A. = 30°	-1,98 ± 0,18	4,98 ± 1,32 %

30°

[20] LI, Meng, et al. (2022)

[21] Xia, G., Jiang, Z., & Dai, Y. (2024)



Position Control

Evaluation Metrics

Trajectory Error

$$\text{TJE} = \|P_{\text{tool}} - P_{\text{proj}}\| \text{ [mm]}$$

Static Target Error

$$\text{TE}_{\text{static}} = \|P_{\text{tool}} - P_{\text{vert}}\| \text{ [mm]}$$

Dynamic Target Error

$$\text{TE}_{\text{dynamic}} = \|P_{\text{tool}} - P_{\text{vert}}\| \text{ [mm]}$$

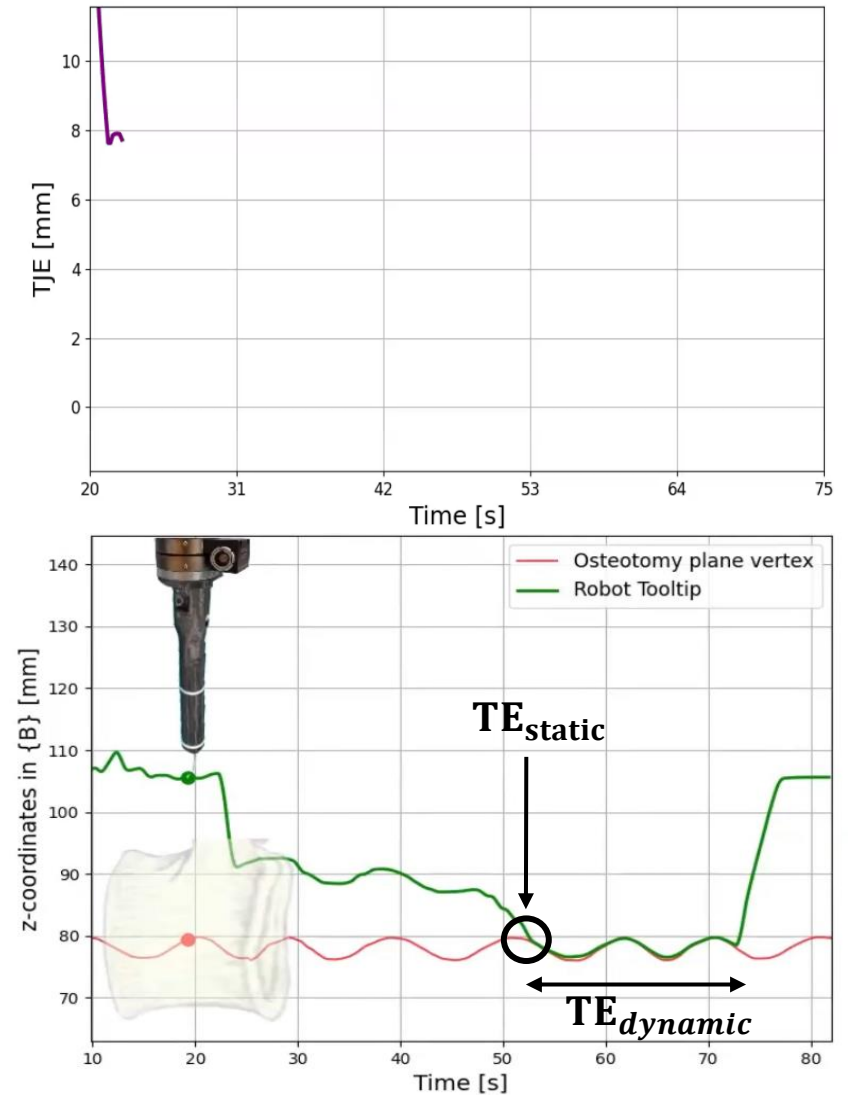
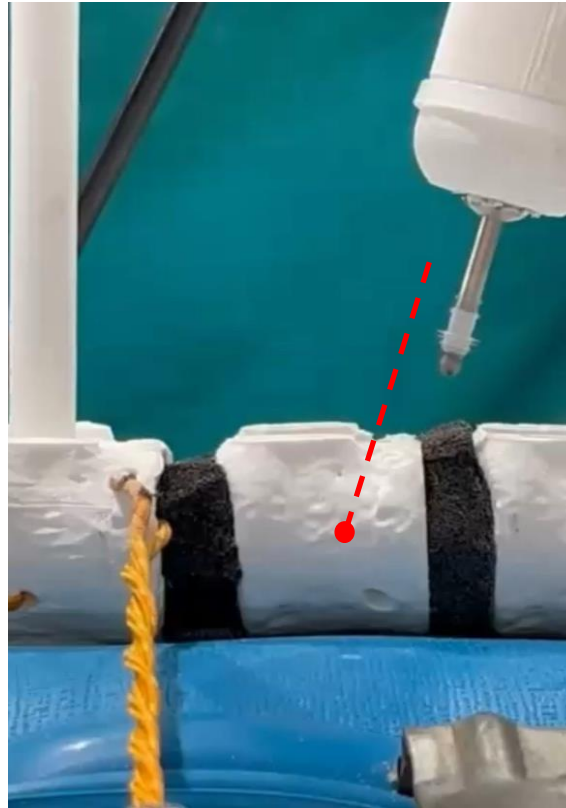
Vertex Crossing Count

$$\text{VCC} = \text{n}^{\circ} \text{ of Vertex Crossings}$$

P_{tool} : robot's tooltip position

P_{proj} : orthogonal projection of P_{tool} on the osteotomy planes

P_{vert} : osteotomy planes' vertex





Position Control

Evaluation Metrics

Trajectory Error

$$TJE = \|P_{tool} - P_{proj}\| [mm]$$

Static Target Error

$$TE_{static} = \|P_{tool} - P_{vert}\| [mm]$$

Dynamic Target Error

$$TE_{dynamic} = \|P_{tool} - P_{vert}\| [mm]$$

Vertex Crossing Count

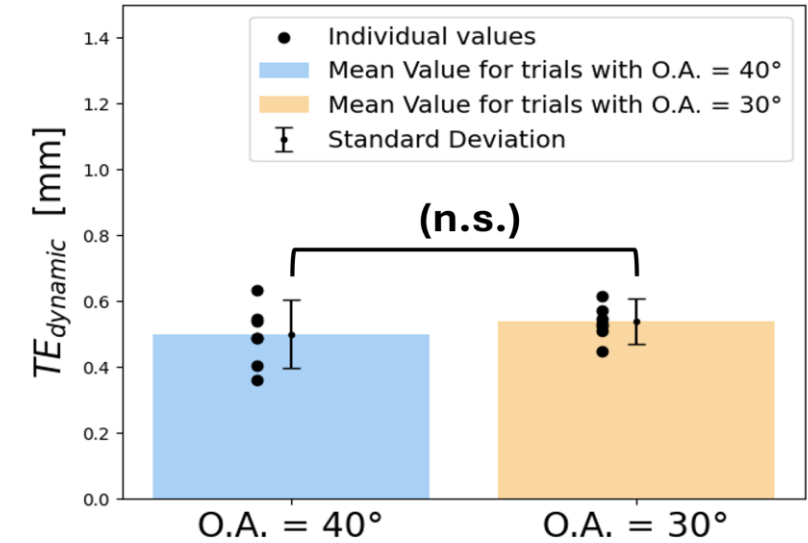
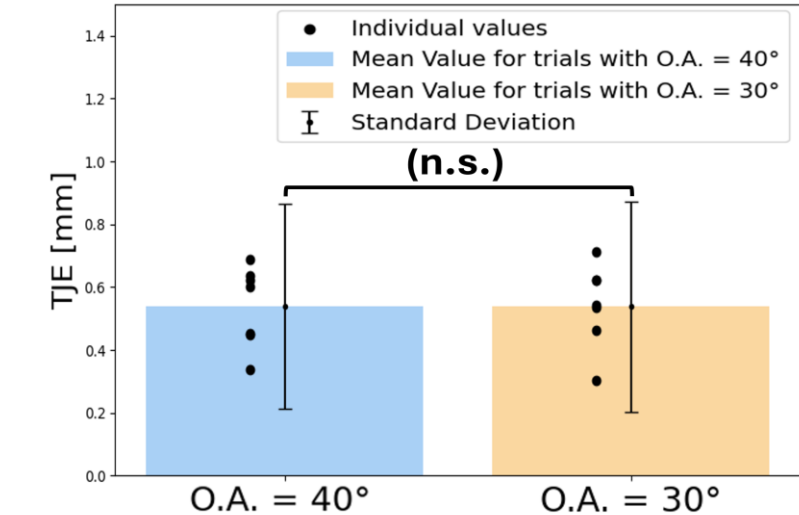
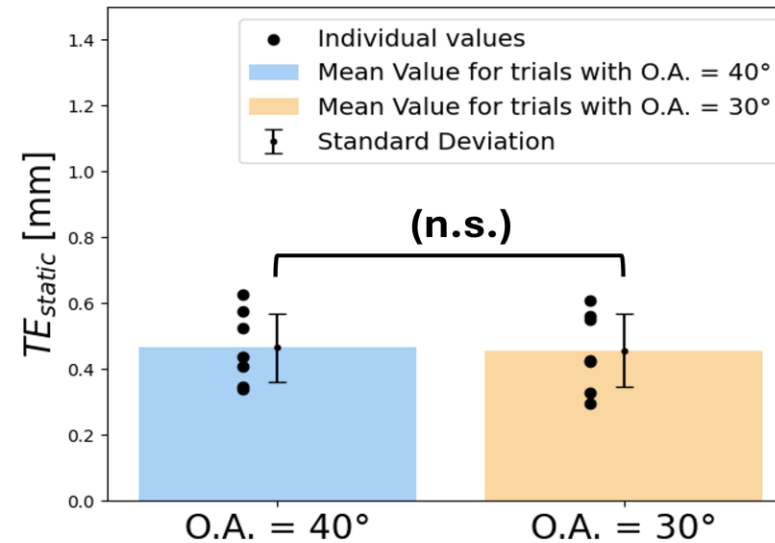
VCC = n° of Vertex Crossings

P_{tool} : robot's tooltip position

P_{proj} : orthogonal projection of P_{tool} on the osteotomy planes

P_{vert} : osteotomy planes' vertex

O.A.	40°	30°
TJE [mm]	0,55 ± 0,31	0,54 ± 0,30
TE _{static} [mm]	0,45 ± 0,037	0,467 ± 0,02
TE _{dynamic} [mm]	0,55 ± 0,047	0,524 ± 0,043
VCC	0	0





Position Control

Evaluation Metrics

Trajectory Error

$$TJE = \|P_{tool} - P_{proj}\| [mm]$$

Static Target Error

$$TE_{static} = \|P_{tool} - P_{vert}\| [mm]$$

Dynamic Target Error

$$TE_{dynamic} = \|P_{tool} - P_{vert}\| [mm]$$

Vertex Crossing Count

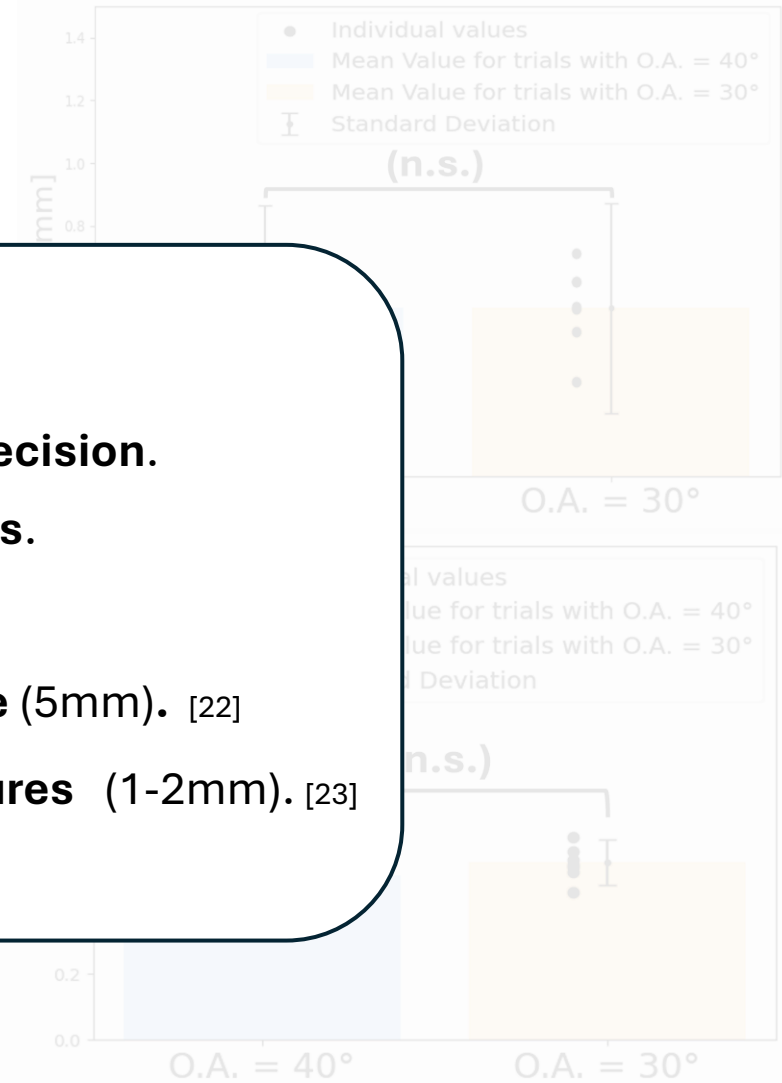
$$VCC = n^{\circ} \text{ of Vertex Crossings}$$

P_{tool} : robot's tooltip position

P_{proj} : orthogonal projection of P_{tool} on the osteotomy planes

P_{vert} : osteotomy planes' vertex

- ✓ System reaches and follows the **target** with **high precision**.
- ✓ Properly **follows** the pre-planned **osteotomy planes**.
- ✓ **Invariant** to different **osteotomy angles** entities.
- ✓ **Smaller errors** with respect to **freehand procedure** (5mm). [22]
- ✓ Values **within the safe margin** for **surgical procedures** (1-2mm). [23]



[22] ENGELHARDT, Martin, et al. (2004)

[23] FAN, Luping, et al. (2016)

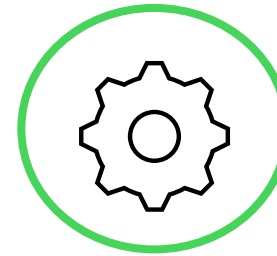
ACHIEVEMENTS

An **autonomous hybrid** Force – Position robotic control coupled with **active respiratory** motion **compensation** algorithm has been developed for **Vertebral Osteotomy** surgical procedure



Clinical perspective:

- ✓ Less risk of tissue damage.
- ✓ Improved procedure accuracy.
- ✓ Reduced surgeon's workload.



Technical perspective:

- ✓ Proper compensation of the respiratory induced vertebral displacement.
- ✓ Sub-millimeter precision.
- ✓ Invariant to different osteotomy angles entities.



Work Limitations

- ✗ More **realistic set-up**
- ✗ PLA vertebrae models not accounting for **internal stratification**
- ✗ **Fixed Target force** during drilling procedure
- ✗ Fixed **respiratory patterns**

Future Development

- ⌚ Accounting for **intra-vertebral movements**
- ⌚ Experiments with **real vertebra model**
- ⌚ **Adaptive Force** algorithm to vertebra stratification
- ⌚ Accounting for **variable respiratory-patterns**





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Thank you for your attention!