



POLITECNICO
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Non-Invasive Cognitive Workload Assessment in Robotic Teleoperated Surgery Using Eye-Tracking

Candidate: **Alice Carcone**

Advisor: **Prof. Elena De Momi**

Co-Advisor: **Alberto Rota, Stefano Pomati**

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Clinical Context



Robotic Surgery

increased precision



increased technique and interface complexity



+ 38% errors due to higher workload ^[1]

+ 34% workload due to flow disruptions ^[2]

Workload Monitoring

Prevents cognitive overload

Varying data interpretation



State of the Art



Traditional methods ^[3]



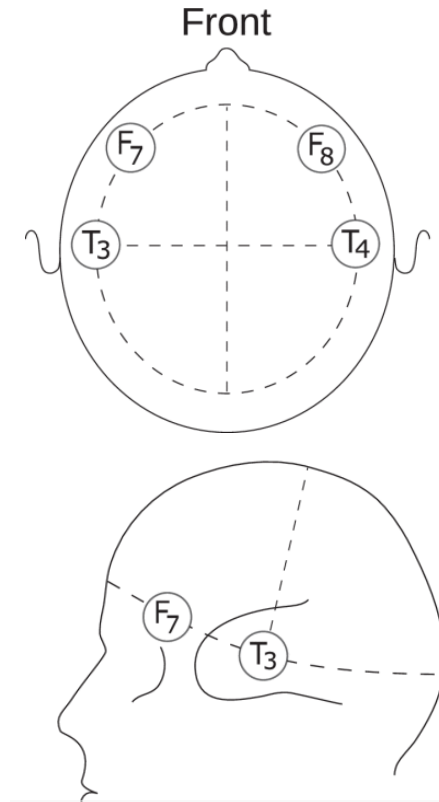
subjective
not real-time
disrupt surgical workflow



Physiological parameters monitoring ^[4]

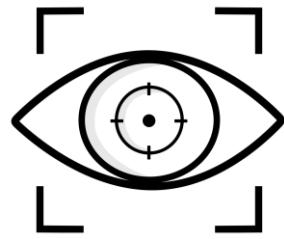


invasive

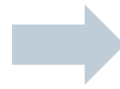


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State of the Art



Eye-Tracking derived parameters ^[5]



objective
continuous
real-time
not invasive



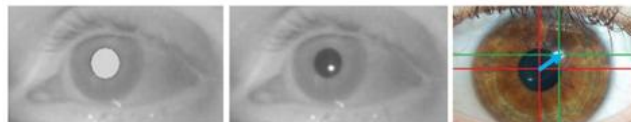
Set of infrared emitter-receiver pairs



Frontal Emitter: detects center of pupil



Lateral Emitters: detect corneal reflection



Output vector determines
gaze direction



Low Workload

High Workload

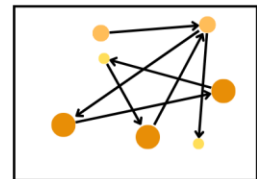
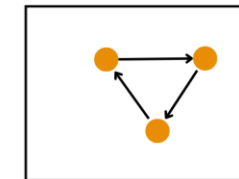
Pupil Diameter



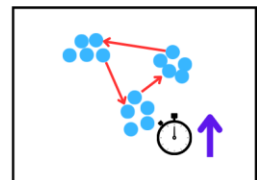
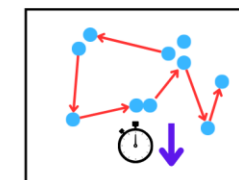
Blink Count



Entropy



Fixation Count
Saccade Count
Fixation Duration



Open Issues and Objectives

Open Issues:

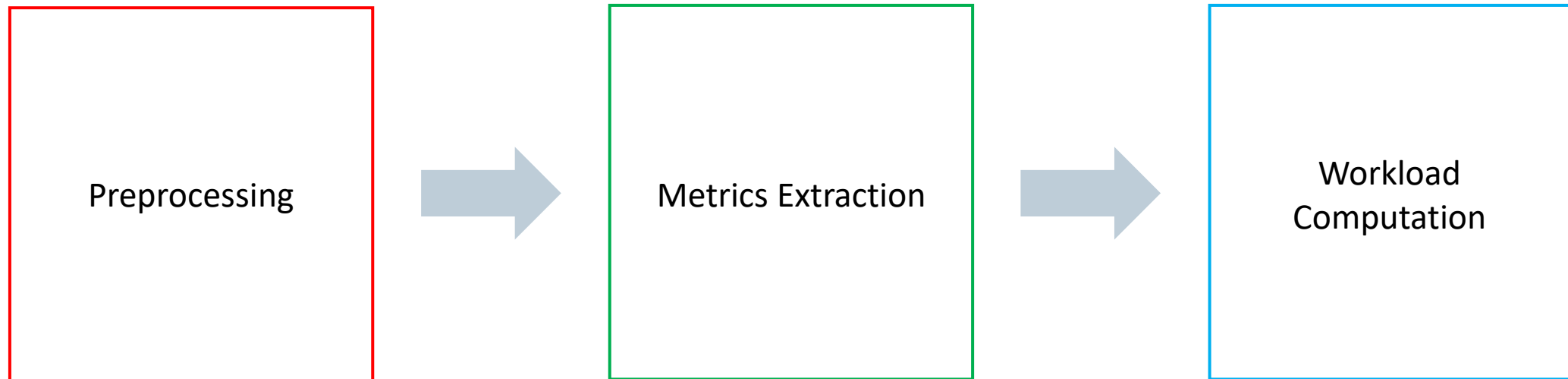
- 1 Not established **non-invasive method** to monitor surgeons' workload
- 2 No clear strategy on **how to apply workload estimation** to optimize surgical performance and decision-making
- 3 No defined **threshold** to classify high vs. low workload

Objectives:

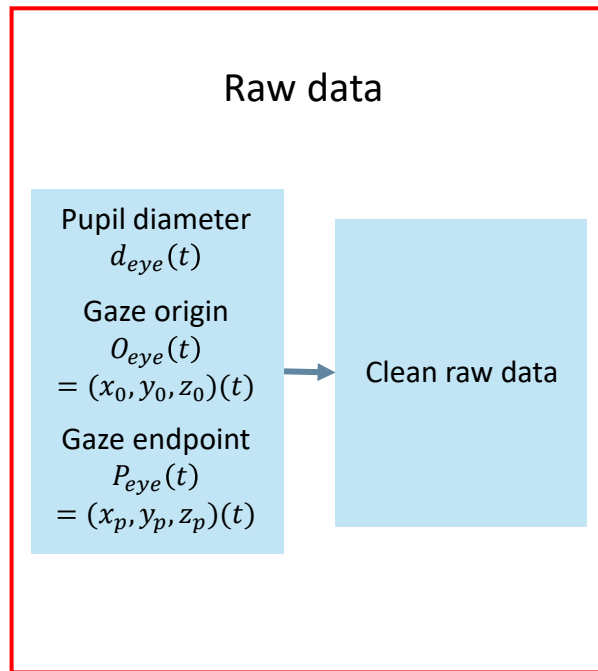
- 1 Leverage eye-tracking data to derive an **objective workload metric**
- 2 **Validate the tool** by correlating workload with surgeons' subjective phase difficulty ratings
- 3 Analyze **workload variations** and establish trends across different surgical phases.

Aim: Develop a post-operative non-invasive eye-tracking-based tool for cognitive workload estimation during robotic-assisted surgery.

Workload Metric Construction Pipeline



Preprocessing



Preprocessing

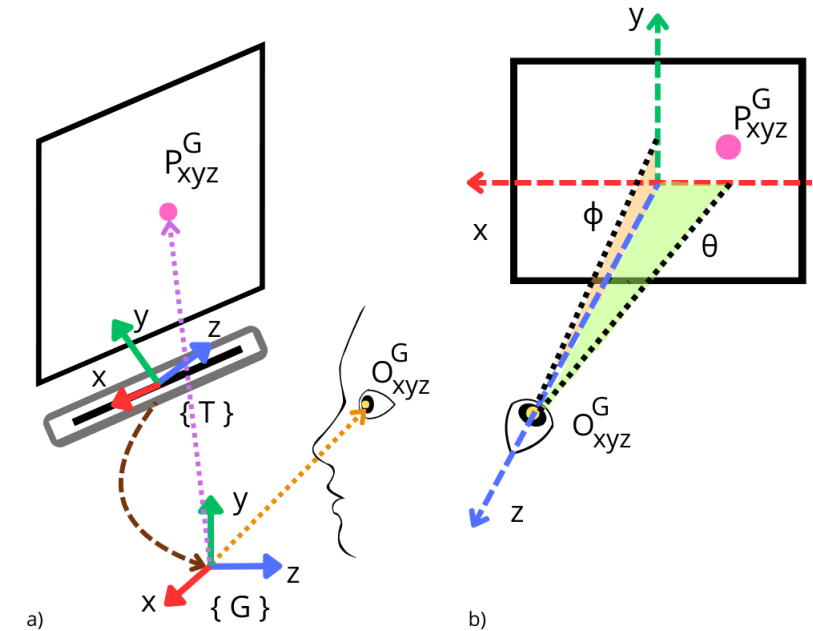
1. Invalid value handling
2. Gap interpolation (< 75 ms)
3. Median filter
4. Transformation from tracker's reference system {T} a to the global one {G}:

$$p_G = R_x(\alpha) \cdot p_T$$

5. Computation of visual angles:

$$\theta = \arctan\left(\frac{P_x - O_x}{|P_z - O_z|}\right) \cdot \frac{180}{\pi}$$

$$\phi = \arctan\left(\frac{P_y - O_y}{|P_z - O_z|}\right) \cdot \frac{180}{\pi}$$



p_G = gaze point in {G}

p_T = gaze point in {T}

$R_x(\alpha)$ = rotation matrix

α = rotation angle

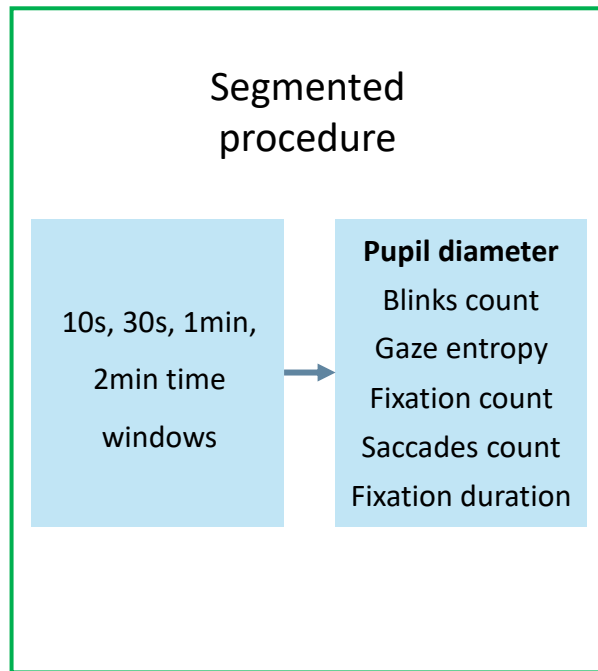
P_x, P_y, P_z = coordinates of gaze endpoint

O_x, O_y, O_z = coordinates of gaze starting point

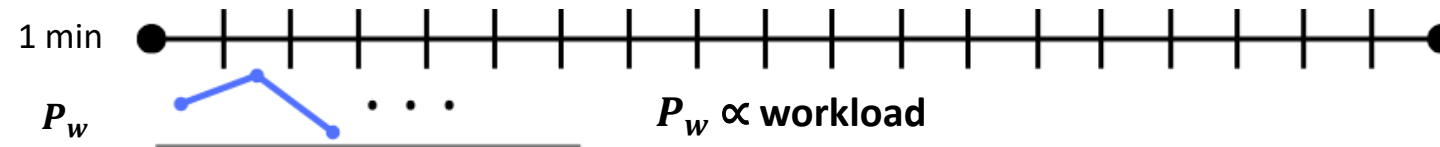
θ = horizontal gaze angle

ϕ = vertical gaze angle

Metrics Extraction



Metrics Extraction



1. Mean pupil diameter

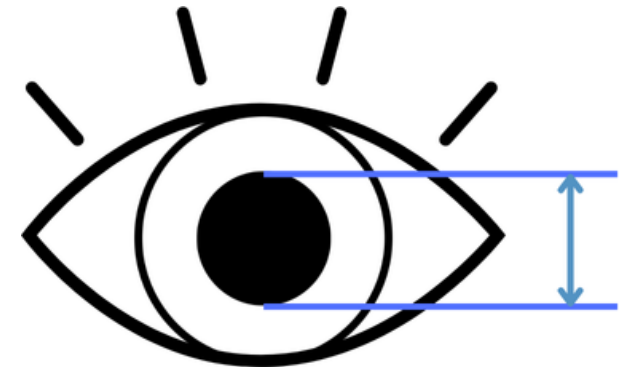
$$P_w = \frac{P_{r,w} + P_{l,w}}{2}$$

w = window of length 10s/30s/1min/2min

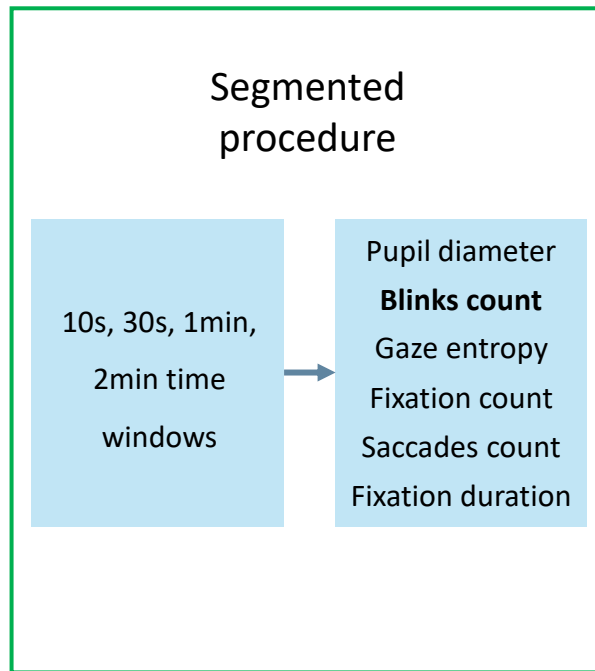
P_w = overall pupil diameter in w

$P_{r,w}$ = average pupil diameter of right eye in w

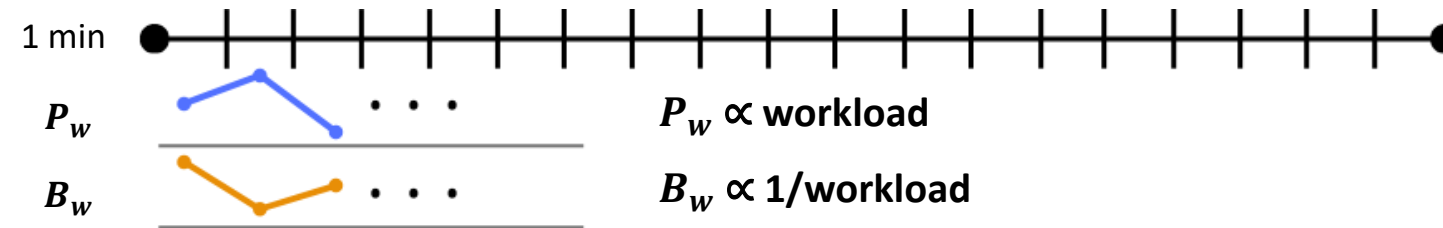
$P_{l,w}$ = average pupil diameter of left eye in w



Metrics Extraction



Metrics Extraction



2. Number of blinks

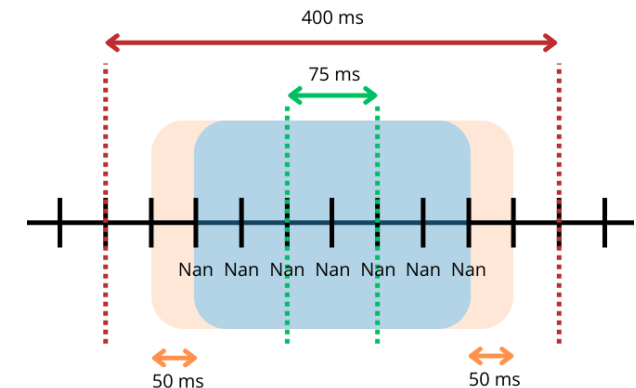
$$B_w = \sum_{k \in w} 1(\Delta\tau_k^{cl} + 100ms \in [75, 400]ms)$$

w = window of length 10s/30s/1min/2min

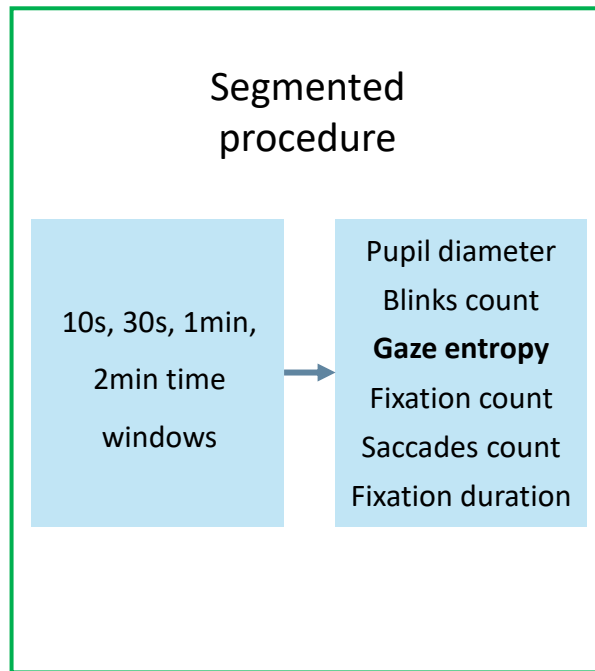
B_w = total count of blinks in w

$\Delta\tau_k^{cl}$ = duration of the k -th blink

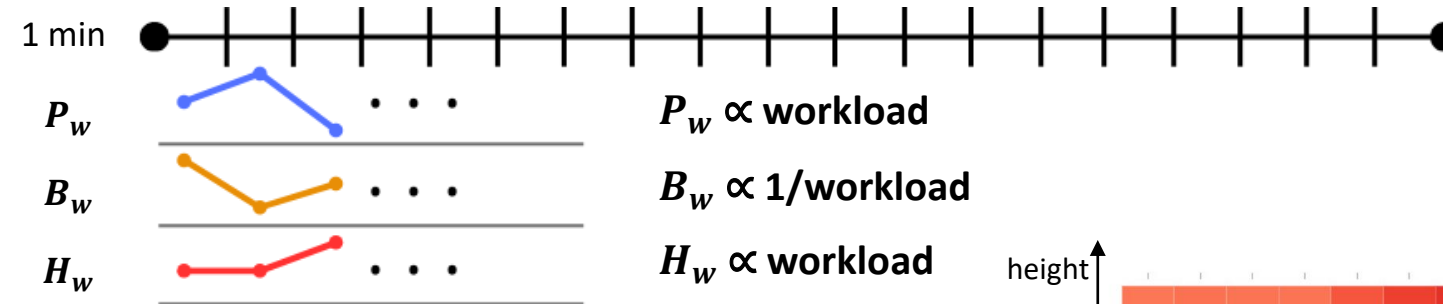
$[75, 400]ms$ = range of blinks duration [6]



Metrics Extraction



Metrics Extraction



3. Gaze entropy

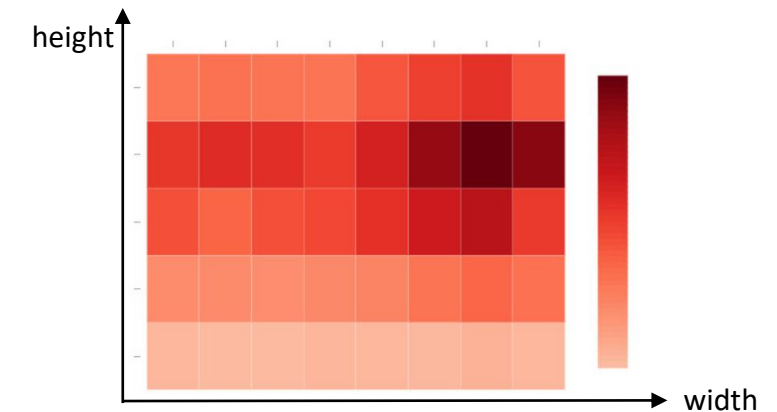
$$H_w = \sum_{i=1}^n p_i \cdot \log_2(p_i)$$

w = window of length 10s/30s/1min/2min

H_w = total gaze entropy in w

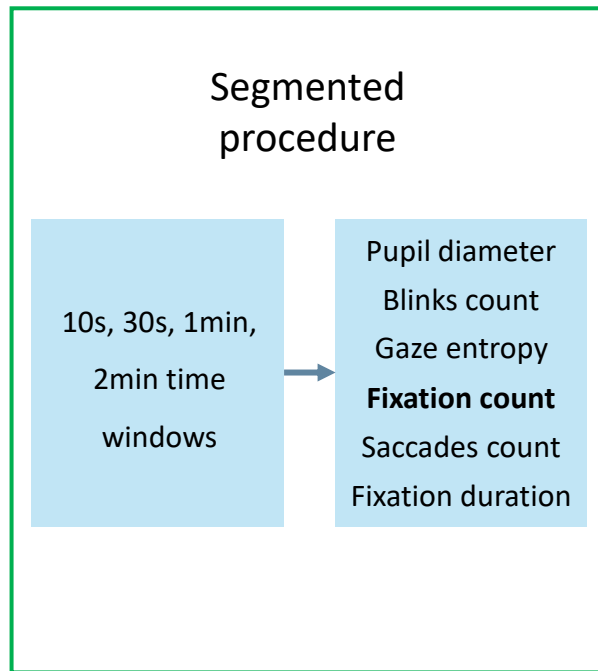
p_i = probability of gaze occurring in the i -th cell

n = number of cells of the field of view

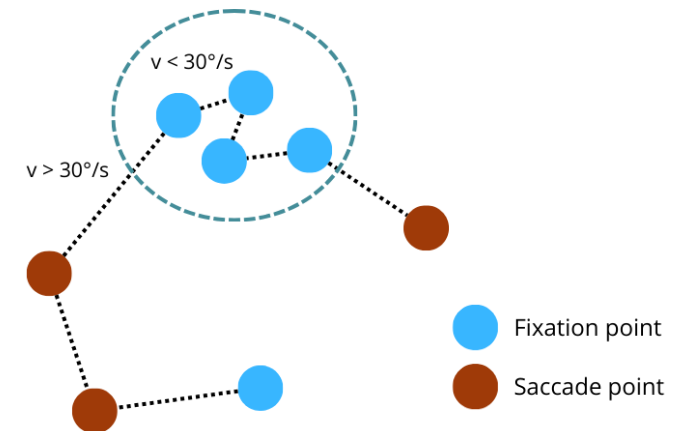
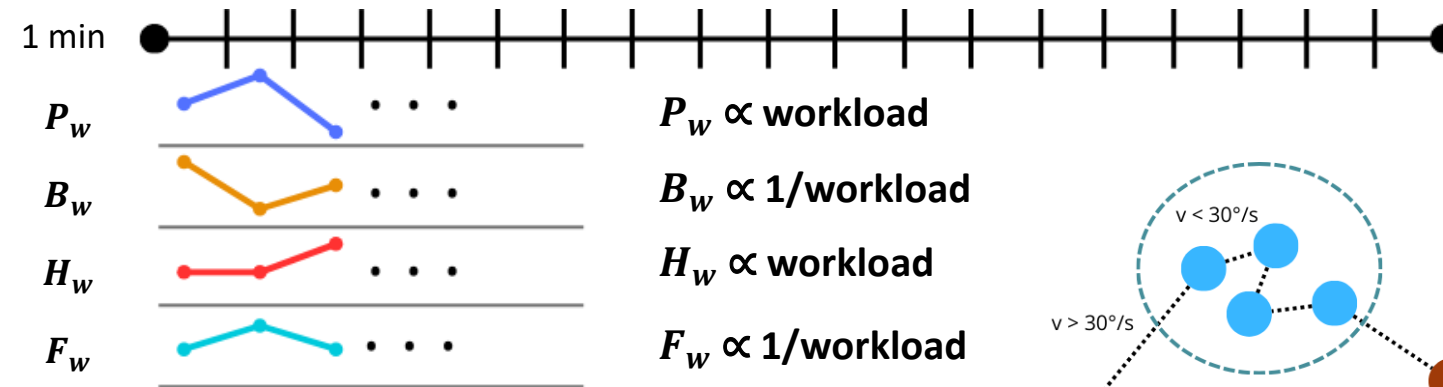


Spatial probability distribution of the gaze on the screen

Metrics Extraction



Metrics Extraction



4. Number of fixations

$$F_w = \sum_{f \in w} 1(\max_{i \in f} \omega_i \leq 30^\circ/s^{[6]} \wedge t_f \geq 60ms^{[6]})$$

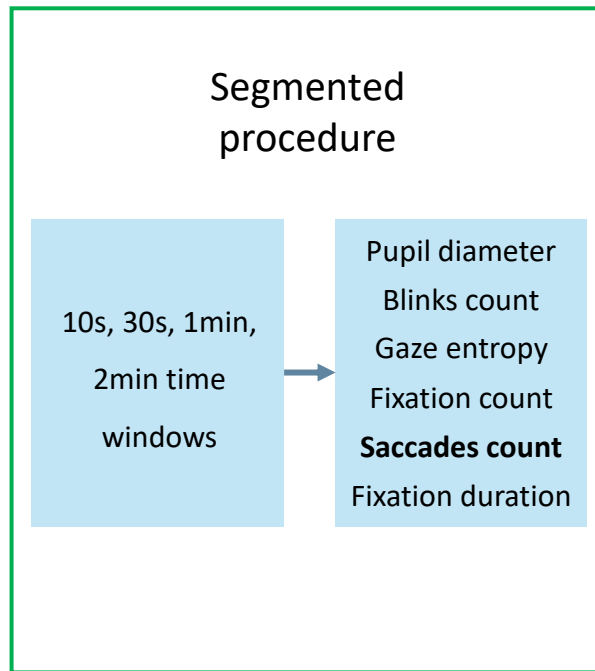
w = window of length 10s/30s/1min/2min

F_w = total count of fixations in w

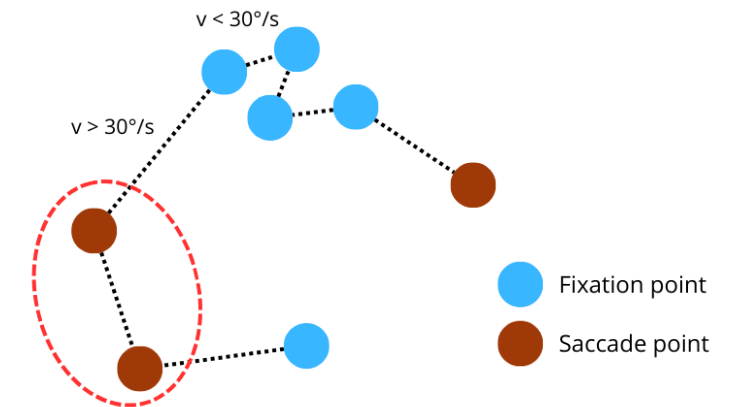
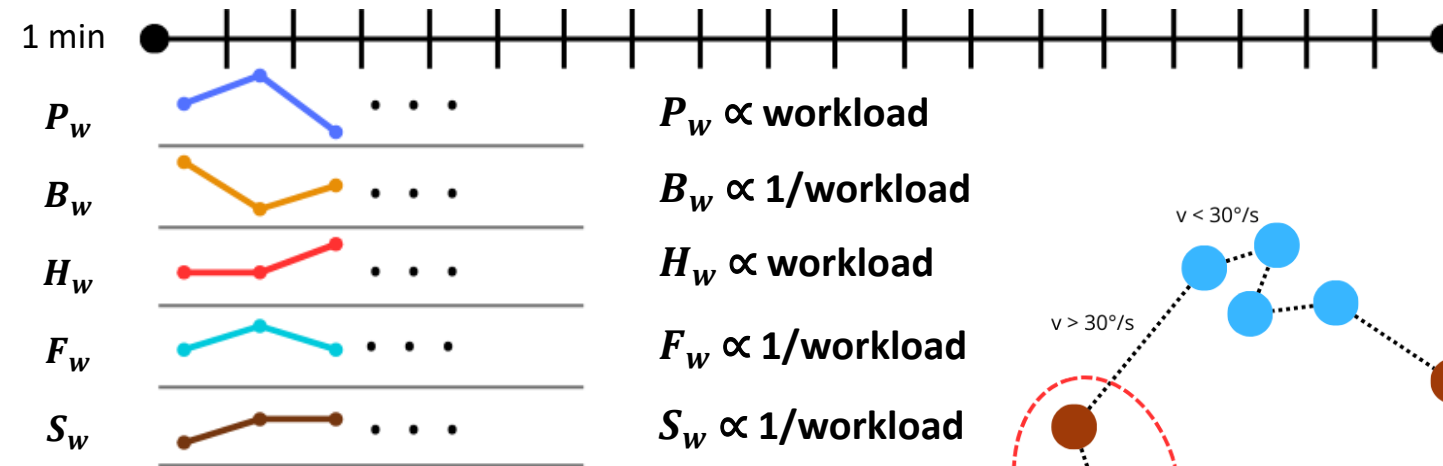
ω_i = angular velocity between consecutive points

t_f = duration of fixation f

Metrics Extraction



Metrics Extraction



5. Number of saccades

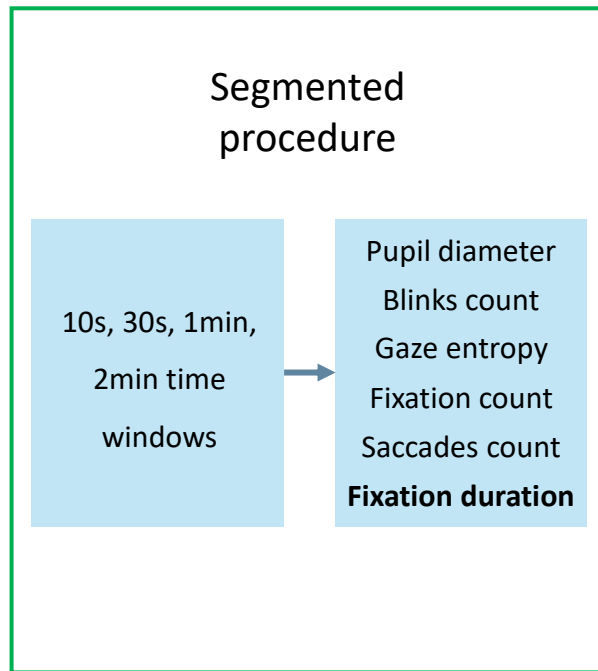
$$S_w = \sum_{s \in w} 1(\forall i \in s: \omega_i > 30^\circ/s^{[6]})$$

w = window of length 10s/30s/1min/2min

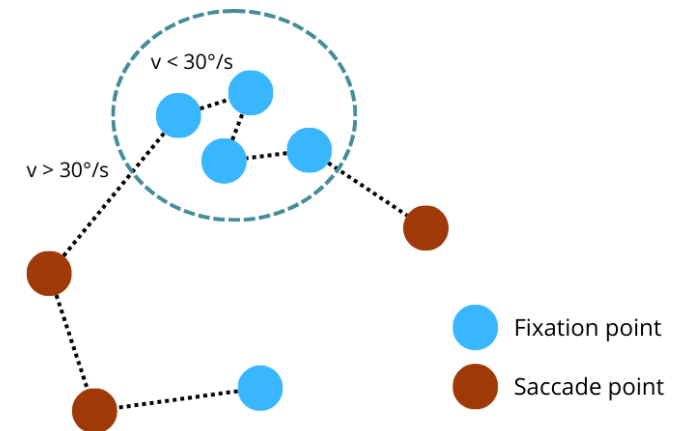
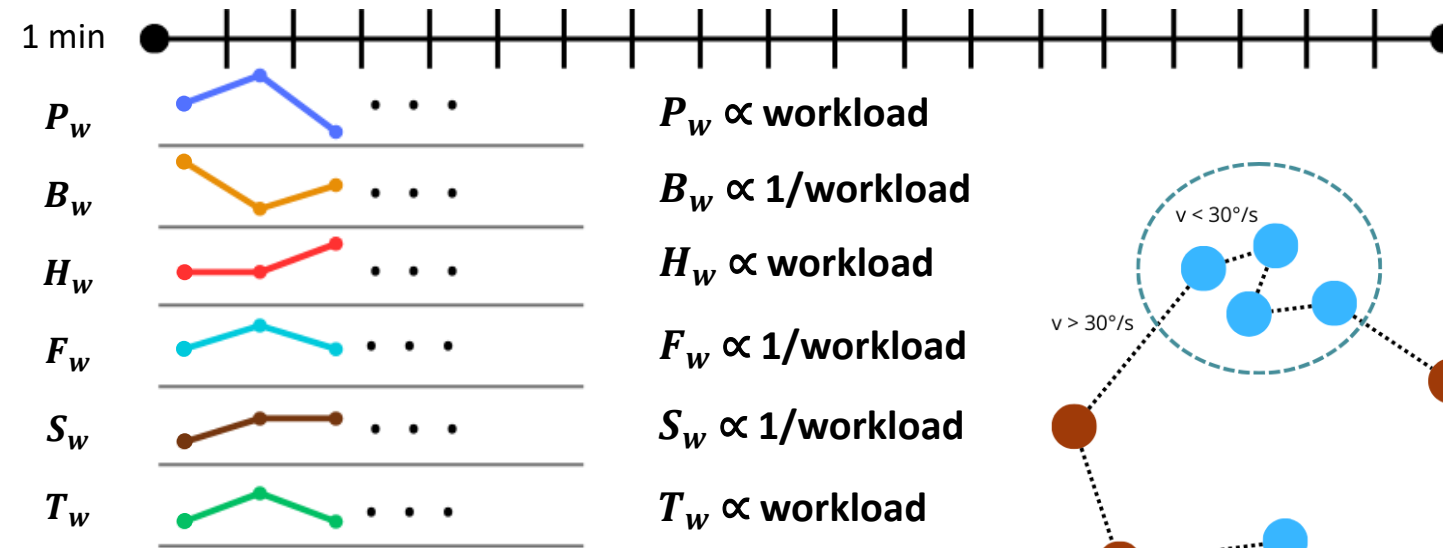
S_w = total count of saccades in w

ω_i = angular velocity between consecutive gaze points

Metrics Extraction



Metrics Extraction

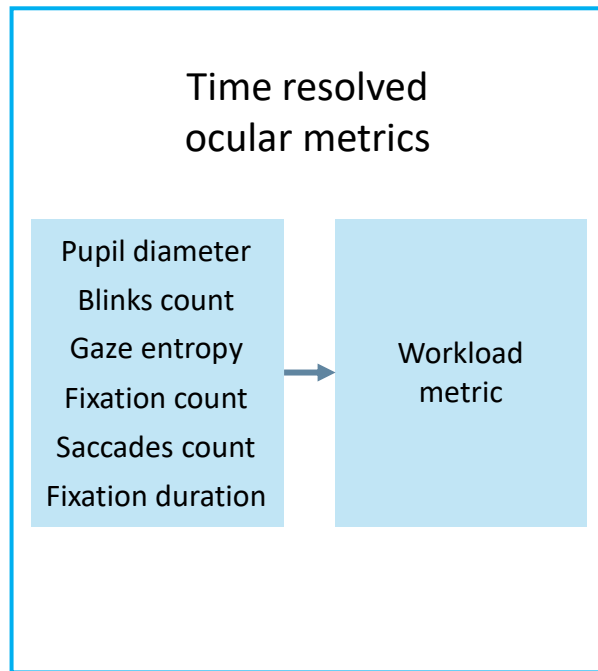


6. Mean fixation duration

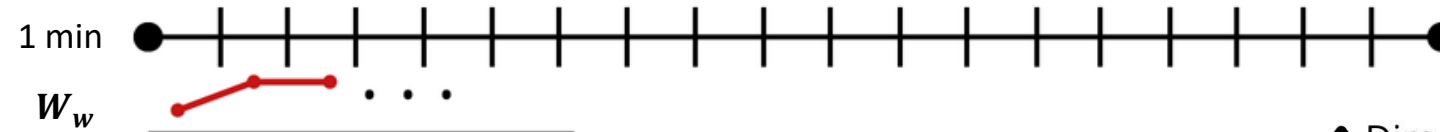
$$T_w = \frac{1}{F_w} \sum_{f \in w} t_f \cdot 1(t_f \geq 60ms)$$

w = window of length 10s/30s/1min/2min
 T_w = is the mean fixation duration within w
 t_f = duration of fixation f

Workload Computation

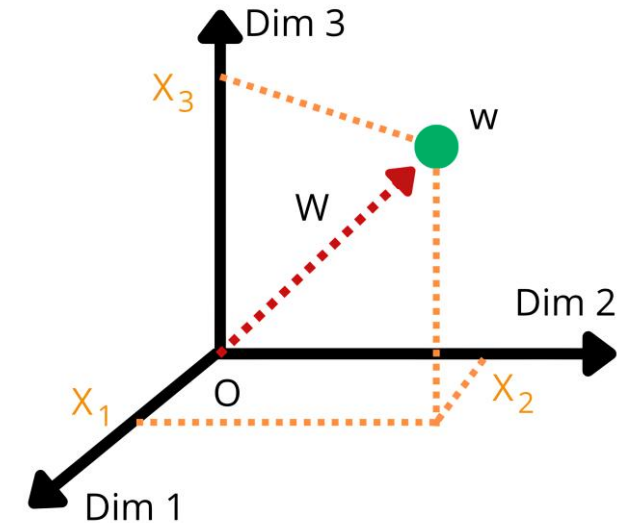


Workload Computation



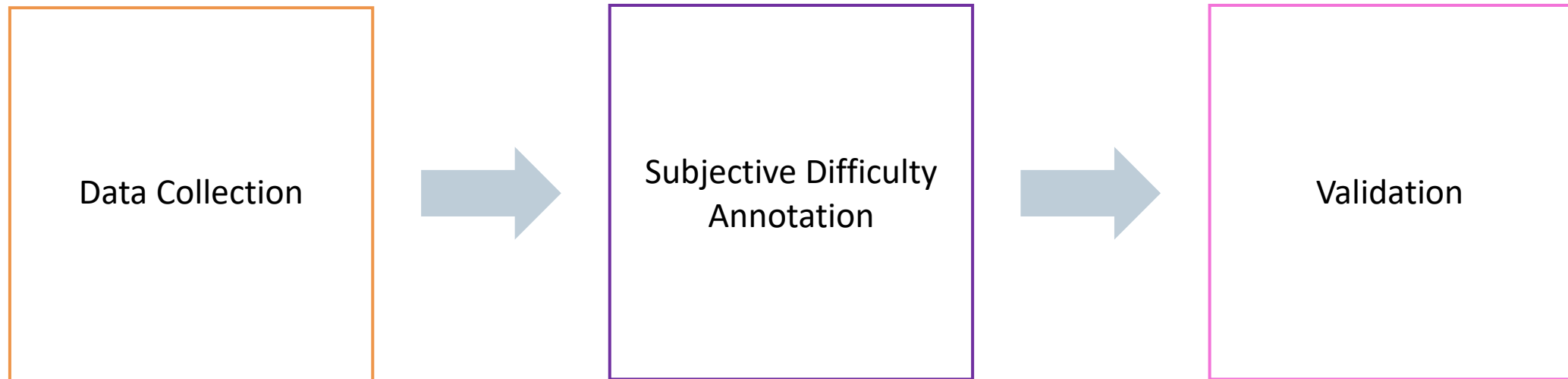
1. Ocular metrics **inversion**
2. Metrics **normalization** (scale 0–1)
3. **Euclidean distance** in a multi-dimensional space

$$W_w = \sqrt{\sum_{i=1}^6 X_{i,w}^2}$$



w = window of length 10s/30s/1min/2min
 W_w = final workload metric for w
 $X_{i,w}$ = i -th coordinate of 6D point made of the six metrics corresponding to window w

Workload Validation Pipeline



Data Collection

Data
Collection



Senhance® Surgical System:
robotic arms, surgical console, HD
vision system.

Tobii Eye Tracker 4C:
records eye movements to drive
the endoscope.

- **Data Source:** 48 robotic-assisted cholecystectomies.
- **Participants:** 13 surgeons across 6 hospital centers.
- **Data Collected:** Eye-tracking raw data, surgical phase annotations.

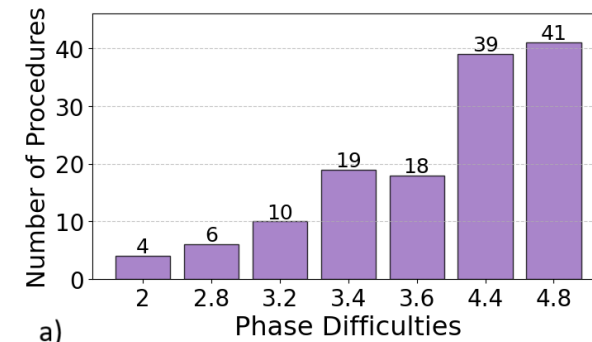
Subjective Difficulty Annotation

Subjective
Difficulty
Annotation

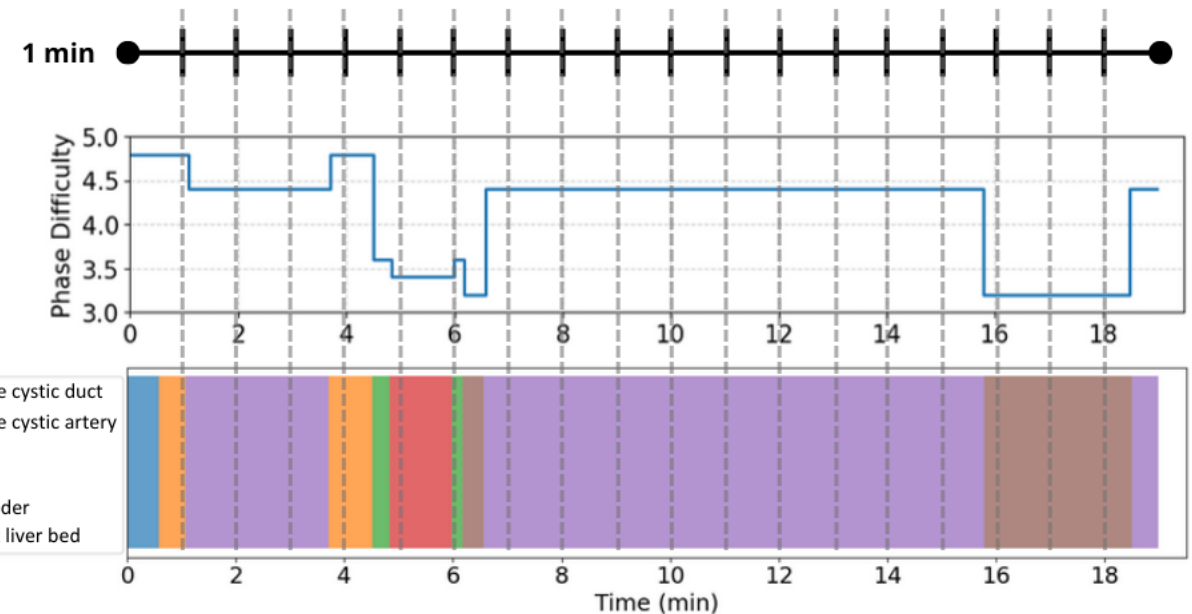
1. Subdivision of procedures into **phases**
2. Computation of **mean difficulty scores** (scale 1-10)
3. Computation of **weighted difficulty**

$$D_w = \sum_{p=1}^9 \left(\frac{t_{p,w}}{t_w} \cdot d_p \right)$$

Phase	Difficulty
Access intraperitoneal space	2.8
Mobilize and isolate cystic duct	4.8
Mobilize and isolate cystic artery	4.8
Ligate cystic duct	3.4
Ligate cystic artery	3.6
Dissect gallbladder	4.4
Irrigate and inspect liver bed	3.2
Remove gallbladder	3.2
Remove trocars	2



w = window of length
10s/30s/1min/2min
 p = surgical phase
 D_w = weighted difficulty score for w
 $t_{p,w}$ = duration of phase p within w
 t_w = total duration of w
 d_p = difficulty rating assigned to p



Validation and Results

Validation

L = segmentation window length $L \in \{10s, 30s, 1min, 2min\}$

$\rho^{(L)}, p^{(L)}$ = Spearman correlation and its pvalue

$W^{(L)}, D^{(L)}$ = vectors of time-resolved workload and difficulty metrics

TOST test significative levels:

*($p < 0.05$)

**($p < 0.01$)

***($p < 0.001$)

1

Correlation between cognitive load and self-reported difficulty



Over all surgeons and procedures:

$$\rho^{(L)}, p^{(L)} = \text{Spearman}(W^{(L)}, D^{(L)})$$



$(\approx 0.30 \pm 0.05)$ significant

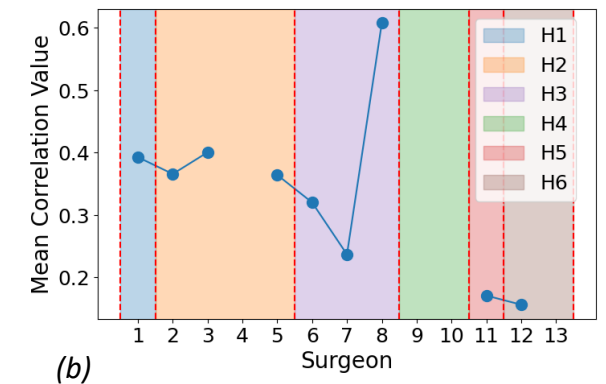
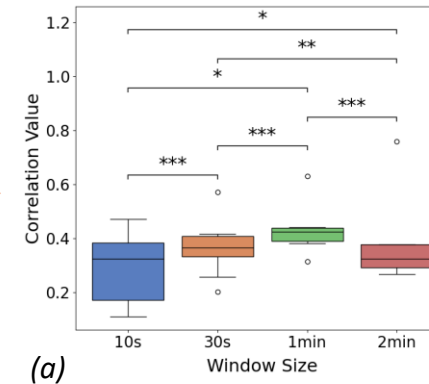
2

Correlation stability



Between different window lengths:
TOST test (a)

Between the 13 surgeons (b)



3

Influence of procedure duration



Kruskal-Wallis test



Window length	10 s	30 s	1 min	2 min
P-value	0.116	0.022	0.032	0.086

Discussion



Validation of the Method

- **Moderate** and **valid** correlation between objective cognitive load and surgeons' subjective assessments
- **Stability** across different time windows, with no significant impact on results.



Critical Analysis and Limitations

- Results are statistically more reliable in **longer procedures**
- **Imbalanced** surgical phases distribution
- Qualitative difficulty imputation **not validated** in literature



Possible solutions

- Refinement of the **raw data collection** process
- **Data balancing techniques** for machine learning to address dataset imbalance

Conclusions

Addressing Open Issues

Eye-tracking offers a promising **non-invasive** and **objective** way to assess surgeon workload

A **validated** workload metric can enhance decision-making and performance

Defining a **universal threshold** remains an open challenge

Future Developments

Combine eye-tracking with other non-invasive physiological signals

- real-time **alert systems** for cognitive overload
- adaptive **robotic assistance** based on workload fluctuations
- personalized training programs

Develop a more **systematic** method for self-reported workload ratings



Thank you