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(54) **ULTRASOUND GUIDED HAND HELD ROBOT**

ULTRASCHALLGEFÜHRTER TRAGBARER ROBOTER

ROBOT TENU À LA MAIN ET GUIDÉ PAR ULTRASONS

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(56) References cited:

EP-A1- 0 654 244 **EP-A1- 2 147 636**
US-A- 4 669 483 **US-A- 6 019 724**
US-A1- 2002 156 376 **US-A1- 2003 233 046**
US-A1- 2005 154 302 **US-A1- 2006 106 306**
US-A1- 2012 277 585

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Description

FIELD OF THE INVENTION

[0001] The present invention relates to the field of the use of ultrasound imaging of a surgical site, especially for the robotic delineation of an access trajectory to a region of interest within a subject's tissue, imaged using an ultrasound system.

BACKGROUND OF THE INVENTION

[0002] Needle insertion to access a target region in a subject's tissues, such as a lesion, for instance, is a common clinical procedure, carried out in order to perform procedures such as a tissue biopsy, or to perform a minor surgical procedure, or for the insertion of a diagnostic or therapeutic probe. Currently, guidance of a surgical needle insertion into a tissue to a target lesion can be performed manually under ultrasound (US) guidance, by observation of the lesion in the ultrasound image and by estimation of the correct insertion point and angle to be used in order to access the lesion with the needle. The accuracy of this procedure is highly dependent upon the skill of the doctor performing the procedure. Computer assisted guided insertion can also be performed using ultrasound imaging, by using a navigation system in order to track both the position of the ultrasound probe, and the position of the tool guide or the tool itself. The navigation system can then ensure that when the ultrasound probe is held at such an angle that the target lesion falls in a predefined position on the screen, the tool guide or the tool can be directed, either manually or by a robot to pass through the position of the lesion. Use of a virtual trajectory of the tool path, or a virtual image of the tip of the needle, projected onto the ultrasound image, can make this procedure accurate and simple for the doctor to execute. However, this system requires a navigation system which tracks and correlates between two distinct bodies, and the system is therefore generally complex and costly.

[0003] There exist a number of systems for catheter insertion which use ultrasound guidance to ascertain the position of the catheter or needle during insertion. In US Patent application published as US 2003/0233046 A1 to S.L.Ferguson et al, for "Ultrasonic Guided Catheter Deployment System," there is described a device to guide the placement of a catheter needle with an integrated ultrasound probe for imaging the insertion region. The imaging probe is co-registered to the co-ordinate system of the device, such that it always views the region of interest as the device is moved. In US Patent application published as US 2002/0156376 A1 to Wang et al, for "Guide and Position Monitor for Invasive Medical Instrument", there is described a passive disposal device for use in medical procedures such as ultrasound-assisted biopsies in which a biopsy needle is guided by an ultrasound system. An instrument guide is described for

mounting the instrument to an imaging probe, controlling its position, monitoring its position, and/or predictively displaying its position on a user display of the medical imaging system. Movement of the biopsy needle is restricted to within the imaged plane. In European Patent Application EP 0654244 A1 to Y. Paltiel, for "Articulated needle guide for ultrasound imaging and method of using same", there is described a floor mounting apparatus for directing a medical needle onto a target as indicated by an ultrasound imaging device. The system includes an ultrasound transducer and a needle guide holding the medical needle, both attached to a vertical post by movable arms, an ultrasound imaging device and a computer-controller. The physician is able to align the ultrasound transducer and the needle guide in the desired position and direction by means of arms with links connected by controlled universal joints. In US Patent application published as US 2006/0106306 A1 to R. Essner et al., for "Method and Instrument for Minimally Invasive Sentinel Lymph Node Location and Biopsy", there is described an apparatus incorporating an ultrasound scanner with a gamma probe attached thereto by means of a holder on a passive mechanical hinge arrangement to localize the target percutaneously. Keeping the ultrasound scanner fixed, the probe can be removed and replaced with a biopsy apparatus for accessing the target. Instead of the mechanical hinge arrangement, the relative position and direction of the gamma probe (and hence biopsy needle) and the ultrasound transducer can be determined by means of magnetic optical or acoustic position sensors enabling the relative position to be registered on a computer. In European Patent Application EP 2147636 A1, by Esaote S.p.A., for "Device and Method for Guiding Surgical Tools by Ultrasonic Imaging", there is described a device for guiding surgical tools by ultrasonic imaging using tracking transponders to determine the orientation and position of a needle being inserted by the system. In US Patent application published as US 2012/0277585 A1 to M.W. Koenig et al, for "Method and Apparatus for Calibrating and Realigning an Ultrasound Image Plane to a Navigation Tracker", there is described an ultrasound imaging system that collects images based on the plane of image acquisition, which can be calibrated to a tracking device associated with the ultrasound transducer. No actuated arm or tool guide appears to be shown in this reference as being attached to or associated with the ultrasound imaging device. US Patent US 6,019,724 to A. Gronningsaeter et al. for "Method for Ultrasound Guidance During Clinical Procedures", there is described a method for generating quasi-realtime feedback for the purpose of guiding surgical procedures by means of ultrasound imaging, wherein the location of a surgical tool is related to the coordinate system of an intraoperative 2D and/or 3D ultrasound imaging system, thus allowing synchronized relations between data acquisition, tool movement and image visualizations. However, the system is configured only for guiding a handheld tool, and no controlled actuating arm guide tube is shown in this

document.

[0004] There therefore exists a need for a ultrasound guidance system, which enables access to a target point within the subject's tissue, and which overcomes at least some of the disadvantages of prior art systems and methods.

SUMMARY

[0005] The present disclosure describes new exemplary systems and methods for performing insertion of a surgical tool along a trajectory to a target region in a patient's tissues, under the guidance of ultrasound imaging. The systems are based on a hand-held robot to whose base the probe of an ultrasound system is rigidly connected. The activated platform of the hand-held robot may carry a tool guide, through which the surgical tool is passed. The alignment of the tool guide defines the trajectory which the tool will take on entering the subject's body. Such a hand held robot has been described in PCT International Patent Application published as WO 2011/021192 A1 for "Device for Improving the Accuracy of Manual Operations" having common inventorship with the present application. The robot of the present application differs in that it has an ultrasound probe firmly attached to its base, and that it does not need any separate navigation system sensors to define its position in space. The doctor scans the region of interest with the ultrasound probe, until the target region is seen on the display screen. The target region may typically be a lesion or another tissue sample which it is desired to access or treat with the surgical tool, and while a lesion is used an example in the present application, it is to be understood that any other physiological feature could also be the target to be treated. When the doctor has found the target lesion by manipulation of the ultrasound probe, its position can be marked on the screen, such as by use of a mouse-click, and the ultrasound imaging software is adapted to record the registered position of the lesion in the ultrasound image frame of reference for that particular position of the ultrasound probe. The position of the lesion is thus now known relative to the position of the ultrasound probe, and since the ultrasound probe is rigidly attached to the base of the robot, the position of the lesion is thus now also known relative to the co-ordinate frame of reference of the hand-held robot, and hence of the tool guide. The system can now align the pose of the hand held robot such that the tool guide is aimed directly at the target lesion, and a surgical tool passed through the tool guide and into the subject's tissues, will impinge on the target lesion. As the surgeon moves his hand while holding the robot and scanning the region of interest, the system applies a correction feedback signal to the robot control, and the robot will adjust its pose so that the tool guide will maintain the tool in the same trajectory relative to the imaged lesion, and is thus always directed at the lesion regardless of the position of the probe.

[0006] The system operation depends upon the provi-

sion of the correct feedback between the position of the lesion marked on the screen, and the real-life position of the lesion as targeted by the tool guide. The currently described system can achieve this by two methods. One method is by using image processing techniques on the position of the lesion in the image on the screen. As the position of the lesion on the US image changes with change in the position and orientation of the US probe, the system analyses the motion of that position and provides an appropriate feedback signal to the robot in order to adjust the pose of the tool guide to compensate for the motion of the robot base, and thus to keep the tool guide directed at the lesion in real life. This is the preferred feedback method, since it depends on direct identification of the position of the lesion in the ultrasound image generated by the doctor. However, a number of problems can arise when using this method. Firstly, if the doctor were to make a sudden movement of the ultrasound probe, or if the image quality were to degrade temporarily due to any cause, this may cause the tracking software to lose its tracked position of the lesion. Furthermore, if the doctor were to raise the robot such that the ultrasound probe no longer makes contact with the subject's skin, the ultrasound image of the lesion gets lost, and when contact is again made with the subject's skin, there is no guarantee that the lesion will be picked up again within the image obtained. Therefore, this image processing method may generally be operable only under conditions in which the lesion is maintained within the field of view on the ultrasound image.

[0007] In order to circumvent the above described problems arising from loss of the position of the lesion in the ultrasound image, an alternative system based on an inertial measurement unit (IMU) can be used. The IMU is mounted in or on the robot in order to keep track of the position of the robot in space. In this system, the position of the tool guide relative to the initial image of the lesion on the screen is registered as the base reference position of the IMU. As the surgeon changes the position of his hand, and the robot and its associated ultrasound probe move, the IMU continually measures the acceleration and the orientation of the body of the robot, and can thus provide feedback to the robot control about the absolute position in space of the robot. The robot control can then use this absolute position data to adjust the pose of the robot in order to keep the tool guide directed at its original position, aimed at the target lesion, regardless of the change in position and orientation of the robot body. Once the IMU unit has locked onto the position of the image of the lesion, there is no longer any need for the lesion to be visible in the image on the screen. The position of the robot body is entirely defined by the output signals of the IMU. The IMU can be MEMS implemented, such that the size of the IMU can be made sufficiently small that it can be installed on the circuit board of the hand held robot.

[0008] However, there is a problem in the sole use of an IMU to track the robot position in space, arising from the drift which is inherent in such IMU devices. The extent

of this drift naturally depends on the quality level of the IMU used, and hence its cost. Furthermore, as indicated above, the preferred system of tracking is that based on image processing to follow the actual position of the target on the US image, but this can be limited by loss of the US image when the US probe is lifted from the subject's skin. Therefore, in order to overcome this problem of the loss of the lesion position, it is possible to improve the overall ability of the system to accurately track the position of the lesion in the robot frame of reference by combining the two tracking systems, namely, tracking the lesion on the US image by image processing and reversion to the IMU to follow the robot position in case of complete loss of US image by separation of the US probe from the skin, or in the case of the image processing algorithm itself losing track of the lesion motion. The IMU maintains the robot in the region of the lesion while no positive image location is possible, but once good image processing of the lesion position again becomes possible, accurate positioning is again made by the image processing tracking algorithm.

[0009] The ultrasound guidance system of the present disclosure differs from prior art imaging and robotic guidance systems, in that the robot base is physically attached to the imaging system reference frame. As a result, no registration procedure using an intermediate object is required in order to correlate the coordinate system of the images generated, with the coordinate system of the robot, and hence of the surgical tool guided by the robot. This effectively means that the image of the lesion itself behaves virtually as if it were connected to the base of the robot, thereby maintaining accurate registration between the robot coordinates and the real life position of the lesion itself. Furthermore, the system of the present disclosure eliminates the need for a separate tracking system or dynamic referencing fiducials attached firmly to the patient.

[0010] There is thus provided in accordance with an exemplary implementation of the system described in this disclosure, a system comprising:

- (i) a hand held robot comprising a base and an actuated arm,
- (ii) an ultrasound imaging probe attached to the base of the hand held robot, such that when the robot is moved, the ultrasound imaging probe moves with it, and such that the co-ordinate system of the field of view of the ultrasound imaging probe is co-registered to the co-ordinate system of the robot,
- (iii) a tool guide attached to the actuated arm of the hand held robot, and
- (iv) a control system adapted to utilize the co-registration of the co-ordinate systems of the ultrasound imaging probe and the robot to adjust the pose of the robot actuated arm, such that as the ultrasound imaging probe is moved, the position and orientation of the tool guide is adjusted by the control system in order to maintain its direction relative to a feature

imaged by the ultrasound imaging probe.

[0011] In such a system, the control system may utilize image processing of a real time ultrasound image of the feature in order to adjust the pose of the actuated arm to maintain its direction relative to the feature.

[0012] Additionally, the control system may define the position of the feature in the co-ordinate system of the field of view of the ultrasound probe, and may be adapted to utilize the co-registration between the frame of reference of the ultrasound imaging probe and the robot co-ordinate system in order to adjust the robot arm to maintain its pose directed at the feature imaged using the ultrasound imaging probe.

[0013] In any of the above described systems, the hand-held robot may further comprise an inertial measurement unit adapted to track the absolute pose of the robot in space, and to provide an output to the control system to enable maintenance of the trajectory of the actuated arm in space with change in the position and orientation of the hand held robot. Alternatively, the hand-held robot may further comprise an inertial measurement unit adapted to provide an output to the control system which tracks the absolute pose of the robot in space, and wherein the control system utilizes the output to enable maintenance of the trajectory of the actuated arm in space when the image processing is unable to determine the feature in the real time ultrasound.

[0014] In any of the above described systems, the feature may be a lesion in the tissue of a subject. Additionally, the tool guide may be adapted to accommodate a surgical tool, which furthermore may be any one of a hypodermic needle, a biopsy needle, a drug delivery needle, an ablation electrode, a brachytherapy applicator, or an electrode positioning device.

[0015] Yet another implementation described in this disclosure performs a method of targeting a feature in the body of a subject, comprising:

- (i) providing a hand-held robot having a base and an actuated arm, and having a probe of an ultrasound system attached to the base, such that the position of an object imaged in the ultrasound system is defined relative to the co-ordinate system of the robot,
- (ii) identifying the feature in an image generated using the ultrasound system,
- (iii) using the identified position of the feature in the ultrasound image to register the position of the feature in the coordinate system of the robot, and
- (iv) aligning the robot such that a tool held in a guide tube attached to the actuating arm is directed at the feature.

[0016] Such a method may further comprise the steps of:

- (v) tracking the position of the feature in the ultrasound image as the ultrasound probe is moved

across the body of the subject, and
 (vi) generating a feedback control signal for the hand held robot according to any tracked motion of the feature, so as to adjust the pose of the robot arm such that the tool remains directed at the feature despite motion of the ultrasound probe.

[0017] Furthermore, in any of the above-described methods, the hand-held robot may further comprise an inertial measurement unit adapted to track the absolute orientation of the robot in space, and to provide an output to enable maintenance of the pose of the actuated arm in space with change in the position and orientation of the hand-held robot. Alternatively, the hand-held robot further comprises an inertial measurement unit adapted to track the absolute orientation of the robot in space, and to provide an output to enable maintenance of the pose of the actuated arm in space with change in the position and orientation of the hand-held robot, and wherein the method utilizes the output to maintain the trajectory of the actuated arm in space when the position of the feature cannot be tracked in the ultrasound image as the ultrasound probe is moved across the body of the subject.

BRIEF DESCRIPTION OF THE DRAWINGS

[0018] The present invention will be understood and appreciated more fully from the following detailed description, taken in conjunction with the drawings in which:

Fig. 1 shows an exemplary ultrasound guided hand held robotic system of the type described in this disclosure;

Fig. 2 shows a view of the imaging screen of the ultrasound system, showing a target lesion displayed in the image;

Fig. 3 is a view of the region of interest shown in Fig. 1, taken from the direction within the plane of the drawing of Fig. 1; and

Fig. 4 is a flowchart showing the way in which the system operates to maintain the tool guide directed at a target area as the ultrasound probe is moved.

DETAILED DESCRIPTION

[0019] Reference is now made to Fig. 1, which illustrates schematically an exemplary ultrasound-guided hand held robotic system of the type described in this disclosure. The body of the robot 10 can be comfortably gripped by the doctor 11 during the procedure. An ultrasound probe 12 is firmly attached to the base of the robot, so that the doctor can scan the skin 13 of the patient with the ultrasound probe, to generate an ultrasound image of the patient's anatomy. In Fig. 1, the ultrasound scan 19 is shown having detected a lesion 14 in the patient's tissue. To the actuated platform 15 of the robot 10, there is attached an arm 16, to the end of which a surgical

guide or sleeve 17, is attached. A surgical tool, such as the needle 18, can be directed through this tool guide 17, such that when the robot is correctly aligned, the needle will reach the lesion 14. In Fig. 1, the needle is shown for manual insertion, but it is to be understood that a controlled micro-drive (not shown) can alternatively be mounted on the tool guide to control the entry of the needle 18. The ultrasound-guided hand held robotic system further comprises a control system 22 which receives information from the ultrasound system display data, and outputs and inputs information to and from the robot actuators and encoders, and from any inertial measurement unit 23 mounted in or on the robot or on the arm 16. The control unit 22 could be one integrated unit for all of the functions required by the system, or it could have separate modules for ultrasound generation and/or imaging functions, for trajectory pose calculation by ultrasound image processing or from the IMU, and for robot control.

[0020] Reference is now made to Fig 2, which illustrates schematically a view of an ultrasound image 20 obtained using the ultrasound probe 12 of Fig. 1, with the lesion 14 shown in the bottom right-hand corner of the image.

[0021] Reference is now made to Fig. 3, which illustrates one of the advantages of using the hand held robot 10 of Fig. 1. Fig. 3 is a view of the system and region of interest shown in Fig. 1, taken from the direction within the plane of the drawing of Fig. 1. Unlike other imaging methods, an ultrasound scan can only view a limited imaged field, approximating a two-dimensional plane, as shown by the limited borders of the scanned field of view 31 in the plane shown. Usually the limits of the imaged view have a limited cone angle, which can sometimes be up to about 30 degrees. That approximately two-dimensional plane should include the lesion 14 to be treated, or different slices thereof. Therefore, the complete access path of the surgical tool 18 to the lesion 14 to be treated, can only be observed using the ultrasound scan, if that access path falls within the approximately two-dimensional plane 31 of the ultrasound scan. However, that plane may include features such as a bone, or a vital blood vessel 30 or organ or nerves, through which it is impossible or dangerous to perform a surgical insertion. By using the hand held robot system of the present application, it becomes possible to keep the lesion 14 within view in the approximately two-dimensional plane of view 31 of the ultrasound scan, and at the same time to provide access to the lesion 14 by inserting the surgical tool 18 from a direction 32 other than that within the plane of view 31 of the ultrasound image, so that the surgical tool does not have to pass through the region with the obstruction. The accuracy of the target position of the lesion 14 as determined in the ultrasound image is thus maintained, but without the need to pass through forbidden regions 30 in the plane of the ultrasound image in order to insert the surgical tool to the lesion since there is no need now to maintain the lesion and the surgical tool in the same ultrasound sensing plane.

[0022] Reference is now made to Fig. 4, which is an exemplary flowchart showing one way in which the system operates to maintain the tool guide directed at a target area as the ultrasound probe is moved. In step 40, the ultrasound probe scans the region of interest until the position of a lesion has been detected in the US image. In step 41, the user causes the recording of the position of the lesion on the US image. In step 42, based on that recorded position, the control system moves the robot pose such that the tool guide is directed in real life at the lesion. In step 43, an image processing software routine is actuated on the US image, to lock onto the position of the lesion in that image. In step 44, as the position of the robot with its attached ultrasound probe is moved, the image processing software tracks the position of the moving lesion image. In step 45, the control system uses the tracked position of the moving lesion image to generate a correction signal for the robot control to adjust the robot pose such that the tool guide remains directed at the lesion as the robot base moves.

[0023] If an inertial measurement unit is used to control the robot pose, then only steps 40 to 42 need to be performed in the above described method, and at step 43, the IMU is actuated to lock that position of the tool guide as the reference position to be maintained as the robot body moves by means of a feedback signal from the IMU to the robot control system.

[0024] If a combination of the image processing and IMU is used to control the robot pose, then after step 42, the IMU is actuated to register the pose of the robot relative to the detected position of the lesion in the US image, but the guidance of the robot is continued through steps 43 to 45 using signal processing of the lesion position in the US images. The IMU determined pose of the robot is continued to be recorded in the background, so that should the image processing lose track of the lesion at any stage during step 45, then at that point, an additional step is required after step 45, in which the IMU feedback is used to take over from the image processing feedback, and to continue to update the inertial location of the robot relative to the lesion, until a sufficiently good image of the lesion is obtained to enable reactivation of the image processing tracking procedure.

[0025] Use of the present ultrasound guided hand held robot has an added advantage in that the insertion trajectory is determined *ab initio*, before commencement of the insertion, such that the needle is always accurately directed to the target lesion. Since it is difficult to change the insertion trajectory of a needle once it is within the subject's tissue, this system therefore assists in preventing the need to change the needle trajectory once insertion has begun.

[0026] Furthermore, while the insertion is being implemented, the surgeon can freely continue to perform ultrasound scans around the region of interest, by continuously moving the position or angle of the US probe to identify the treated area better and more accurately, and to observe the progress of the insertion or the position

of the lesion or the location of other objects near the lesion, without affecting the accuracy of insertion of the needle despite the motion of the robot base.

[0027] It is appreciated by persons skilled in the art that the present invention is not limited by what has been particularly shown and described hereinabove. Rather invention includes both combinations and subcombinations of various features described hereinabove as well as variations and modifications thereto which would occur to a person of skill in the art upon reading the above description and which are not in the prior art. The scope of the present invention is defined by the appended claims.

Claims

1. A system comprising:

- a hand held robot (10) comprising a base and an actuated arm;
- an ultrasound imaging probe (12) attached to the base of said hand held robot (10), such that when said robot is moved, said ultrasound imaging probe (12) moves with it, and such that the co-ordinate system of the field of view (31) of said ultrasound imaging probe is co-registered to the co-ordinate system of said robot;
- a tool guide (17) attached to the actuated arm (16) of said hand held robot (10); and
- a control system (22),

characterized in that said control system is adapted to utilize said co-registration of said co-ordinate systems of said ultrasound imaging probe (12) and said robot (10) to adjust the pose of said robot actuated arm (16), such that as the ultrasound imaging probe (12) is moved, the position and orientation of said tool guide (17) is adjusted by said control system (22) in order to maintain its direction relative to a feature (14) imaged by said ultrasound imaging probe (12).

2. A system according to claim 1 wherein said control system (22) utilizes image processing of a real time ultrasound image (20) of said feature (14) in order to adjust the pose of said actuated arm (16) to maintain its direction relative to said feature (14).

3. A system according to claim 1 wherein said control system (22) defines the position of said feature (14) in the co-ordinate system of the field of view (31) of said ultrasound probe (12), and is adapted to utilize said co-registration between the frame of reference of the ultrasound imaging probe and the robot co-ordinate system in order to adjust said actuated arm (16) to maintain its pose directed at said feature (14) imaged using said ultrasound imaging probe (12).

4. A system according to any of the previous claims, wherein said hand-held robot (10) further comprises an inertial measurement unit (23) adapted to track the absolute pose of said robot (10) in space, and to provide an output to said control system to enable maintenance of the trajectory of said actuated arm (17) in space with change in the position and orientation of said hand held robot.
5. A system according to any of claims 1 to 3 wherein said hand-held robot further comprises an inertial measurement unit adapted to provide an output to said control system (22) which tracks the absolute pose of said robot in space, and wherein said control system utilizes said output to enable maintenance of the trajectory of said actuated arm (17) in space when said image processing is unable to determine said feature (14) in said real time ultrasound image.
6. A system according to any of the previous claims wherein said feature (14) is a lesion in the tissue of a subject.
7. A system according to any of the previous claims wherein said tool guide (17) is adapted to accommodate a surgical tool (18).
8. A system according to claim 7, wherein said surgical tool (18) is any one of a hypodermic needle, a biopsy needle, a drug delivery needle, an ablation electrode, a brachytherapy applicator, or an electrode positioning device.

Patentansprüche

1. Ein System, das Folgendes umfasst:

einen tragbaren Roboter (10), der eine Basis und einen angetriebenen Arm umfasst;
 eine Ultraschall-Bildgebungssonde (12), befestigt an der Basis des tragbaren Roboters (10), so dass die Ultraschall-Bildgebungssonde (12) sich mit dem Roboter bewegt, wenn dieser bewegt wird, und so dass das Koordinatensystem des Bildfeldes (31) der Ultraschall-Bildgebungssonde mit dem Koordinatensystem des Roboters abgeglichen wird;
 eine Werkzeugführung (17), befestigt am angetriebenen Arm (16) des tragbaren Roboters (10); und
 ein Steuerungssystem (22);
dadurch gekennzeichnet, dass das Steuerungssystem ausgebildet ist, um die Abgleichung der Koordinatensysteme der Ultraschall-Bildgebungssonde (12) und des Roboters (10) zur Anpassung der Position des angetriebenen Arms (16) des Roboters zu nutzen, so dass,

wenn die Ultraschall-Bildgebungssonde (12) bewegt wird, die Position und Ausrichtung der Werkzeugführung (17) von dem Steuerungssystem (22) angepasst wird, um ihre Richtung relativ zu einem Objekt (14), das von der Ultraschall-Bildgebungssonde (12) abgebildet wird, beizubehalten.

2. Ein System gemäß Anspruch 1, worin das Steuerungssystem (22) die Bildverarbeitung eines Echtzeit-Ultraschallbildes (20) des Objekts (14) nutzt, um die Position des angetriebenen Arms (16) anzupassen, um seine Richtung relativ zu dem Objekt (14) beizubehalten.
3. Ein System gemäß Anspruch 1, worin das Steuerungssystem (22) die Position des Objekts (14) im Koordinatensystem des Bildfeldes (31) der Ultraschallsonde (12) bestimmt und ausgebildet ist, um den Abgleich zwischen dem Bezugsrahmen der Ultraschall-Bildgebungssonde und dem Roboter-Koordinatensystem zu nutzen, um den angetriebenen Arm (16) einzustellen, um seine Position mit Bezug auf das Objekt (14), das mit Hilfe der Ultraschall-Bildgebungssonde (12) abgebildet wird, beizubehalten.
4. Ein System gemäß einem beliebigen der obigen Ansprüche, worin der tragbare Roboter (10) weiter eine Trägheitsmesseinheit (23) umfasst, ausgebildet, um die absolute Position des Roboters (10) im Raum zu verfolgen und dem Steuerungssystem eine Ausgabe zu liefern, um die Beibehaltung der Trajektorie des angetriebenen Arms (17) im Raum bei Änderung der Position und Ausrichtung des tragbaren Roboters zu ermöglichen.
5. Ein System gemäß einem beliebigen der Ansprüche 1 bis 3, worin der tragbare Roboter weiter eine Trägheitsmesseinheit umfasst, ausgebildet, um dem Steuerungssystem (22) eine Ausgabe zu liefern, die die absolute Position des Roboters im Raum verfolgt, und worin das Steuerungssystem die Ausgabe verwendet, um die Beibehaltung der Trajektorie des angetriebenen Arms (17) im Raum zu ermöglichen, wenn die Bildverarbeitung das Objekt (14) in dem Echtzeit-Ultraschallbild nicht bestimmen kann.
6. Ein System gemäß einem beliebigen der obigen Ansprüche, worin das Objekt (14) eine Läsion im Gewebe eines Individuums ist.
7. Ein System gemäß einem beliebigen der obigen Ansprüche, worin die Werkzeugführung (17) ausgebildet ist, um ein chirurgisches Werkzeug (18) aufzunehmen.
8. Ein System gemäß Anspruch 7, worin das chirurgi-

sche Werkzeug (18) eines von Folgendem ist: einer subkutanen Nadel, einer Biopsienadel, einer Nadel zur Medikamentenverabreichung, einer Ablationselektrode, einem Brachytherapie-Applikator oder einer Elektrodenpositioniervorrichtung.

Revendications

1. Système comprenant :

un robot tenu à la main (10) comprenant une base et un bras actionné ;
 une sonde d'imagerie par ultrasons (12) fixée sur la base dudit robot tenu à la main (10), de telle manière que quand ledit robot est déplacé, ladite sonde d'imagerie par ultrasons (12) se déplace avec lui, et de telle manière que le système de coordonnées du champ de vision (31) de ladite sonde d'imagerie par ultrasons est co-référencé avec le système de coordonnées dudit robot ;
 un guide d'outil (17) fixé sur le bras actionné (16) dudit robot tenu à la main (10) ; et
 un système de commande (22), **caractérisé en ce que** ledit système de commande est adapté pour utiliser ledit co-référencement desdits systèmes de coordonnées de ladite sonde d'imagerie par ultrasons (12) et dudit robot (10) pour ajuster la position dudit bras actionné (16) de robot, de telle manière que quand la sonde d'imagerie par ultrasons (12) est déplacée, la position et l'orientation dudit guide d'outil (17) est ajustée par ledit système de commande (22) afin de maintenir sa direction relativement à un élément (14) imagé par ladite sonde d'imagerie par ultrasons (12).

2. Système selon la revendication 1 dans lequel ledit système de commande (22) utilise un traitement d'images d'une image par ultrasons en temps réel (20) dudit élément (14) afin d'ajuster la position dudit bras actionné (16) pour maintenir sa direction relativement audit élément (14).

3. Système selon la revendication 1 dans lequel ledit système de commande (22) définit la position dudit élément (14) dans le système de coordonnées du champ de vision (31) de ladite sonde d'imagerie par ultrasons (12), et est adapté pour utiliser ledit co-référencement entre la trame de référence de la sonde d'imagerie par ultrasons et le système de coordonnées du robot afin d'ajuster ledit bras actionné (16) pour maintenir sa position dirigée vers ledit élément (14) imagé en utilisant ladite sonde d'imagerie par ultrasons (12).

4. Système selon l'une quelconque des revendications

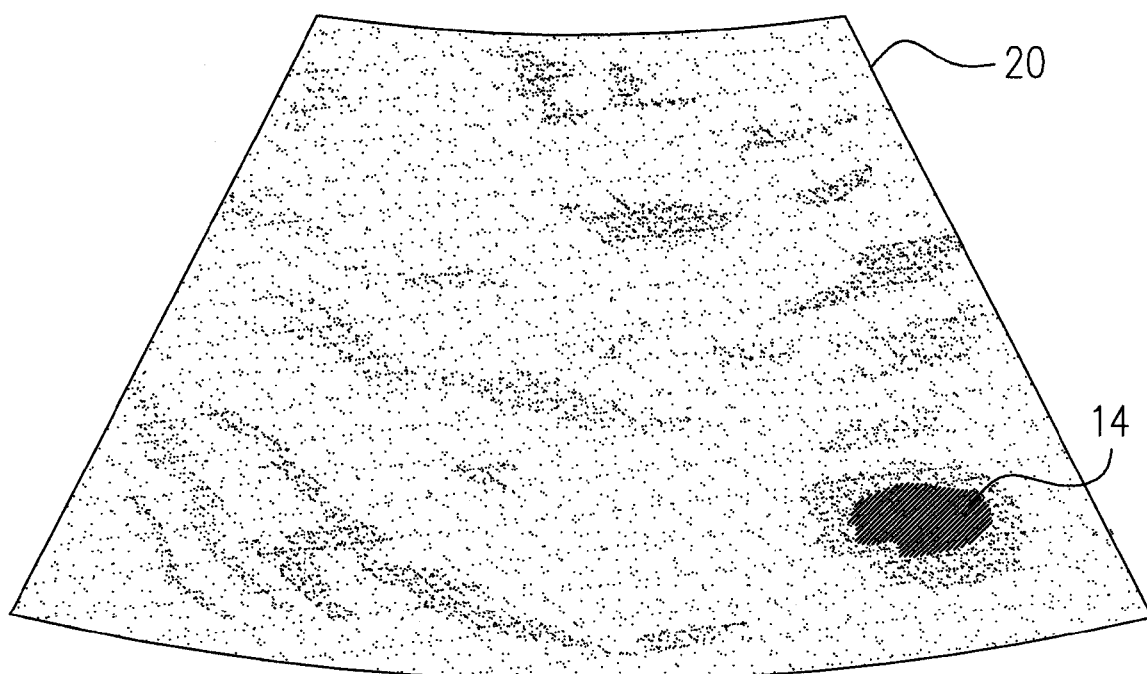
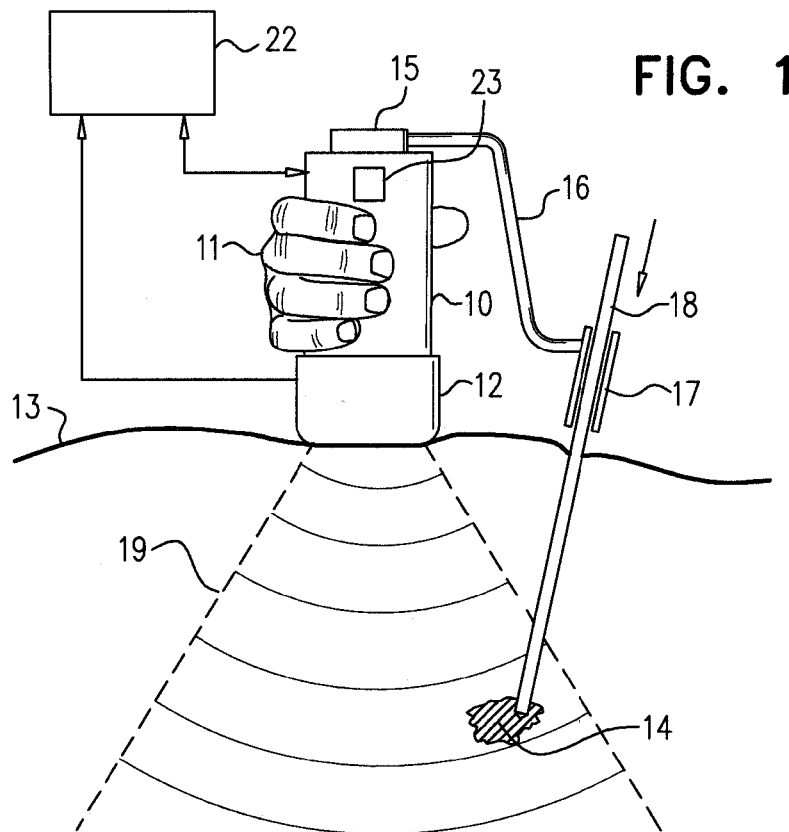
précédentes, dans lequel ledit robot tenu à la main (10) comprend en outre une unité de mesure inertielle (23) adaptée pour pister la position absolue dudit robot (10) dans l'espace, et pour fournir une sortie audit système de commande pour permettre de conserver la trajectoire dudit bras actionné (17) dans l'espace avec le changement de la position et de l'orientation dudit robot tenu à la main.

5. Système selon l'une quelconque des revendications 1 à 3 dans lequel ledit robot tenu à la main comprend en outre une unité de mesure inertielle adaptée pour fournir une sortie audit système de commande (22) qui piste la position absolue dudit robot dans l'espace, et dans lequel ledit système de commande utilise ladite sortie pour permettre de conserver la trajectoire dudit bras actionné (17) dans l'espace quand ledit traitement d'image ne peut pas déterminer ledit élément (14) dans ladite image par ultrasons en temps réel.

6. Système selon l'une quelconque des revendications précédentes, dans lequel ledit élément (14) est une lésion dans le tissu d'un sujet.

7. Système selon l'une quelconque des revendications précédentes, dans lequel ledit guide d'outil (17) est adapté pour accueillir un outil chirurgical (18).

8. Système selon la revendication 7 dans lequel ledit outil chirurgical (18) est l'un quelconque d'une aiguille hypodermique, une aiguille de biopsie, une aiguille de délivrance de médicament, une électrode d'ablation, un applicateur de brachythérapie, ou un dispositif de positionnement d'électrode.



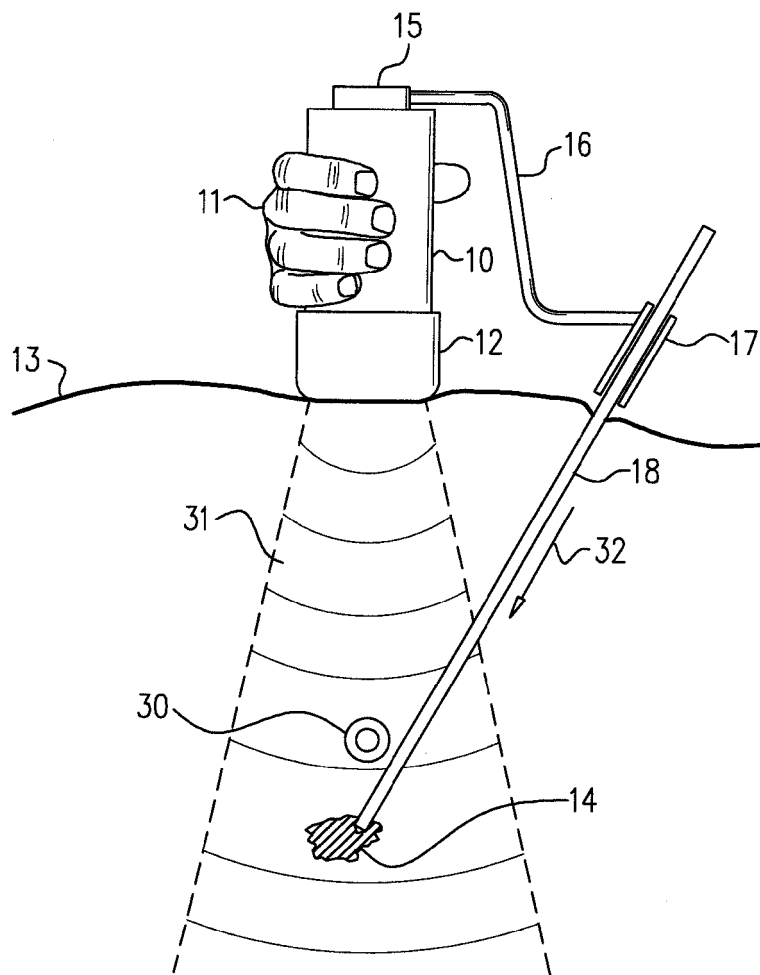


FIG. 3

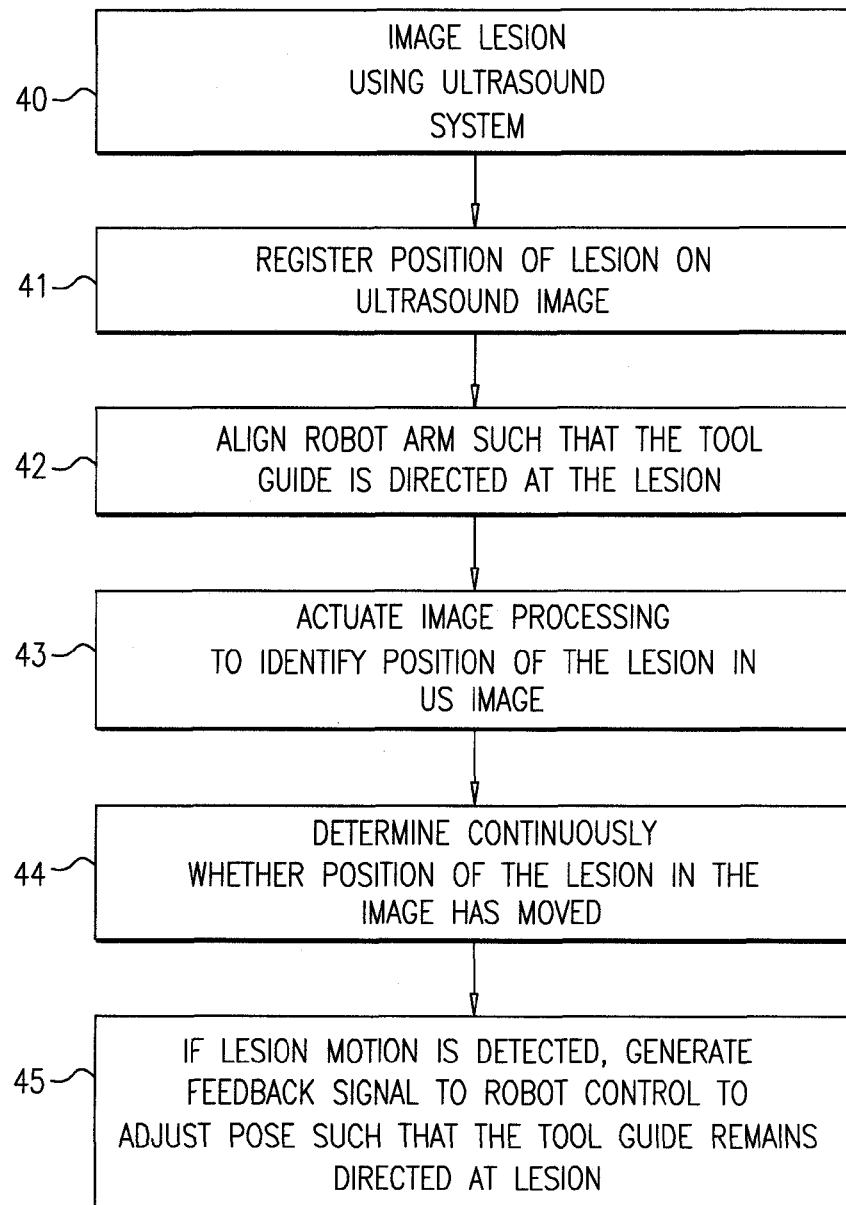


FIG. 4

REFERENCES CITED IN THE DESCRIPTION

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Patent documents cited in the description

- US 20030233046 A1, S.L.Ferguson **[0003]**
- US 20020156376 A1, Wang **[0003]**
- EP 0654244 A1, Y. Paltiel **[0003]**
- US 20060106306 A1, R. Essner **[0003]**
- EP 2147636 A1, Esaote S.p.A. **[0003]**
- US 20120277585 A1, M.W. Koenig **[0003]**
- US 6019724 A, A. Gronningsaeter **[0003]**
- WO 2011021192 A1 **[0005]**

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优先权	61/996033 2014-04-28 US		
其他公开文献	EP3136973B1 EP3136973A4		
外部链接	Espacenet		

摘要(译)

一种用于在超声成像的引导下沿着轨迹将手术工具插入患者组织中的目标区域的系统。该系统包括手持式机器人，超声波系统的探头刚性连接到该手持式机器人。手持式机器人的激活平台带有手术工具导向器。工具导向器的对齐定义了工具在受试者体内的轨迹。可以记录在超声显示器上看到的目标区域的位置，并且向其登记机器人坐标参考系。该系统对准机器人的姿势，使得外科手术工具直接瞄准目标区域，而与超声探头及其相关机器人的运动无关。如果病变图像丢失，可以结合惯性测量单元以提供备用位置信息。