



Introduction

Medical robotics and engineering have great potential in improving future medical technology. In performing super-micro-anastomosis, there are potential technical limits due to tremor and dexterity in human hands. In our laboratory, we have developed microsurgery robotic system which enabled anastomosis even smaller than 0.3mm vessels.

Methods

In our medic-engineering laboratory, we have developed 3rd prototype of microsurgical robotic system1). This system consists of master-slave control system. Slave system includes 2 micromanipulator 13cm long and with 6degrees of freedom. Forceps part can be sterilized and attached to the motorized portion. Surgical view is captured with high vision camera and presented in 3-dimensional viewer to the operator. Using this system, micro-anastomosis of artificial vessels 0.3~1mm was performed and the result was compared to microsurgery with 2 experienced neurosurgeons who had performed more than 50 actual microsurgical anastomosis. Learning curve of the system was explored with 3 engineer students who never experienced micro-anastomosis.

Results

Our robotic system made possible for operators to place 4 stitches to 0.3mm artificial vessels constantly and was superior to the ability of experienced surgeons while the robotic system required much longer to place one stitch (5 minutes). The learning curve was very quick (<1hour) to learn micro-anastomosis.

Conclusions

Medical engineering has great potential in improving future care including surgical education. Our prototype microsurgical robotic system enabled super-micro-anastomosis constantly which will improve results and future education in neurosurgery, plastic surgery and other microsurgical specialty requiring high level dexterity.

Learning Objectives

To know the future possibility of neurosurgical technique.

References

Morita A, Sora S, Mitsuishi M, Warisawa S, Surman K, Asai D, Baba S, Mochizuki R, Kirino T: Microsurgery robotic system for the deep surgical field. Development and feasibility study in animal and cadaveric models. J Neurosurg 103:320-327,2005

Yonemura,T., Kozuka,Y., Baek,Y.M., Sugita,N., Morita,A., Sora,S., Mochizuki,R., Mitsuishi,M.:Comparison of pose correspondence methods of master-slave manipulators for neurosurgical robotic system, International Journal of Automation Technology, Vol.5, No.5, pp.738-745, 2011.

Background & Concept of Robotic Surgery

Background

Neurosurgery, Skull base surgery

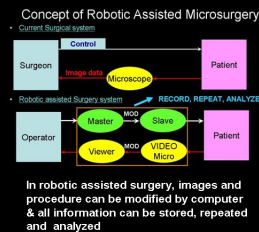
- Deep, Narrow
- Delicate microsurgical technique
- Require time to acquire technique
- Less surgical experience

Robotic system

- Accurate
- Safe
- Quick learning curve
- Beyond human skill

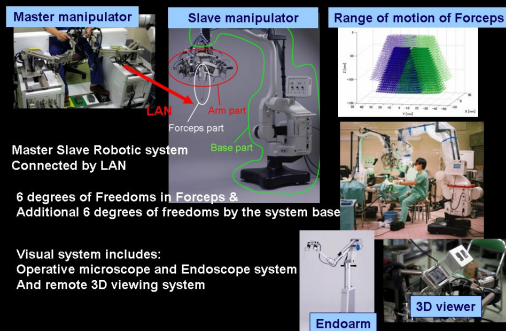
Virtual simulation system

- Digitalize surgical skill
- Systemic surgical education



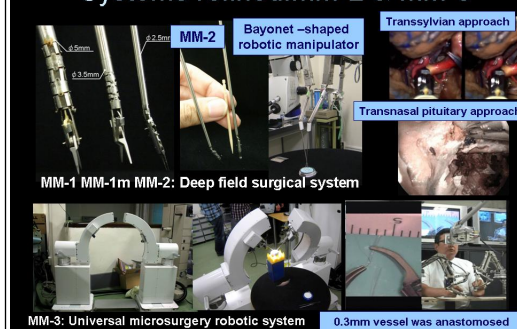
Robotic system developed

Robotic system developed

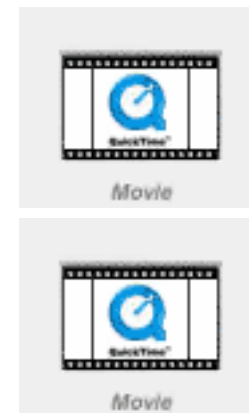


Microsurgical system developed

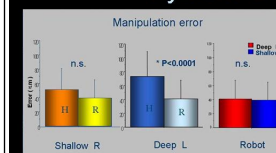
Systems refined:MM-2 & MM-3



Accuracy of the system & learning curve of the robotic surgery

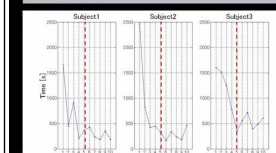


System evaluation



System showed manipulator pointing error was significantly smaller when done by L hand at deep field

= Robotics provides more accurate L hand deep manipulation



Learning curve of micro-anastomosis by 3 non-experienced students: All improved skill within 60min.

= Demonstrated short learning curve by robotic microsurgery system