

## **Background**

- Multi-Domain Operations will require a wider disbursement of troops and medical teams limiting the availability of specialized surgeons at point of need<sup>1</sup>.
- CONUS-based fixed MTFs can be key force multipliers for remote support by projecting capability forward with telemetry, telehealth and robotic surgical capabilities<sup>2</sup>.
- Telesurgical technologies will be hindered by the deleterious effects of high latency and low bandwidth from operational communications conditions

## **Objective**

- Develop a novel prototype telesurgical robotic platform, the Taurus-M, capable of being deployed with forward operating surgical teams.
- Investigate and develop surgical perception techniques to accurately locate and track soft tissue as well as tools to build autonomous surgical subroutines and digital simulations of the surgical scene.
- Conduct a proof-of-concept surgical study on live porcine models by successfully performing a temporary vascular shunt insertion with the Taurus-M robot semiautonomously assisting a local surgeon.

## **Approach**

- 1. Low SWAP-C Surgical Platform Adapt previously developed Taurus robot designed for explosive ordinance disposal to support state-of-the-art da Vinci Xi surgical tools to enable teleoperated surgeries.
- **Surgical Perception** Develop perception algorithms to generate an accurate simulation representation of the surgical site. Develop a Virtual Reality (VR) Operator Control Unit (OCU) in which the surgeon can teleoperate the Taurus-M inside the simulated representation of the surgical site. Pass only the changes in the scene and robot state across the network reducing the bandwidth to kilobytes.
- Intent-Based Control Develop semi-autonomous 3. surgical subroutines so smaller motion tasks of the robot can be broken down into "surgemes". Develop a control scheme where the remote teleoperator provides high-level surgical decisions and the robot carries out low level motion planning by interpreting intent, negating effects of high latency.

Disclaimer: The views, opinions and/or findings contained in this presentation are those of the author and do not necessarily reflect the views of the Department of Defense and should not be construed as an official DoD/Army position, policy or decision unless so designated by other documentation. No official endorsement should be made. Reference herein to any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the U.S. Government.

# **Overcoming Technical Barriers in Forward-Deployed Telesurgical Robotics**

Nathan Fisher<sup>1</sup>, Ethan Quist<sup>1</sup>, Jaeyeon Lee<sup>1</sup>, Steve Hong<sup>2</sup>, Tom Low<sup>3</sup>, Bruce Knoth<sup>3</sup> <sup>1</sup>Telemedicine and Advanced Technology Research Center, <sup>2</sup>Uniformed Services University for the Health Sciences, <sup>3</sup>SRI International

## **Methods**



Actual robot responds to commands and provides



### References

Acknowledgment

**TATRO** 





## **Results**

• We successfully developed the Taurus-M surgical robot, weighing ~20lbs, capable of providing highly-dexterous surgical assistance through teleoperation.

• We developed perception algorithms capable of detecting, segmenting and tracking both soft tissue and surgical tools in the surgical field of view. Our perception algorithms have also successfully located and segmented vascular tissue in preparation of a semi-autonomous vascular shunt placement procedure.

• We successfully demonstrated the intent-based semiautonomous surgical framework by remotely performing the FLS pegboard challenge in a simulation environment and having a dVRK interpret commands and complete the challenge on a real pegboard.

• A final demonstration of a proof-of-concept temporary vascular shunt placement procedure on live porcine models will be conducted in March 2023. The Taurus-M will be teleoperated and semi-autonomously assist a local surgeon during the procedure.

View inside the surgeon's operator control unit

## **Conclusion**

• This project will establish a semi-autonomous robotic framework that will enable safe and effective telesurgery in forward care environments, providing a force multiplier for forward surgical care by extending the reach of remote specialist surgeons during Multi-Domain Operations.

Evacuation, and Medical Logistics in Army Health Support Operations. 2018.

This research was supported in part by appointment to the Department of Defense (DOD) Research Participation Program administered by the Oak Ridge Institute for Science and Education (ORISE) through an interagency agreement between the U.S. Department of Energy (DOE) and the DOD.





<sup>[1]</sup> U.S. Army Medical Department. Memorandum: U.S. Army Medical Department's Position for the Employment of Robotic and Autonomous Systems in Support of Combat Casualty Care, Casualty

<sup>[2]</sup> U.S. Army Medical Center of Excellence. (2021). Army Futures Command Concept for Medical 2028.

This project is a collaboration with SRI International, Dr. Michael Yip from the University of California San Diego, Dr. Sanjay Krishnan from the University of Chicago, and Dr. Ken Goldberg from the University of California Berkeley. USAMRDC Project #1695150764, contract W81XWH19C0096.