

# Orthopedics and AI: The next big thing



Pieter De Backer MD PhD

UroTech 2024 Vienna

25<sup>th</sup> January 2024

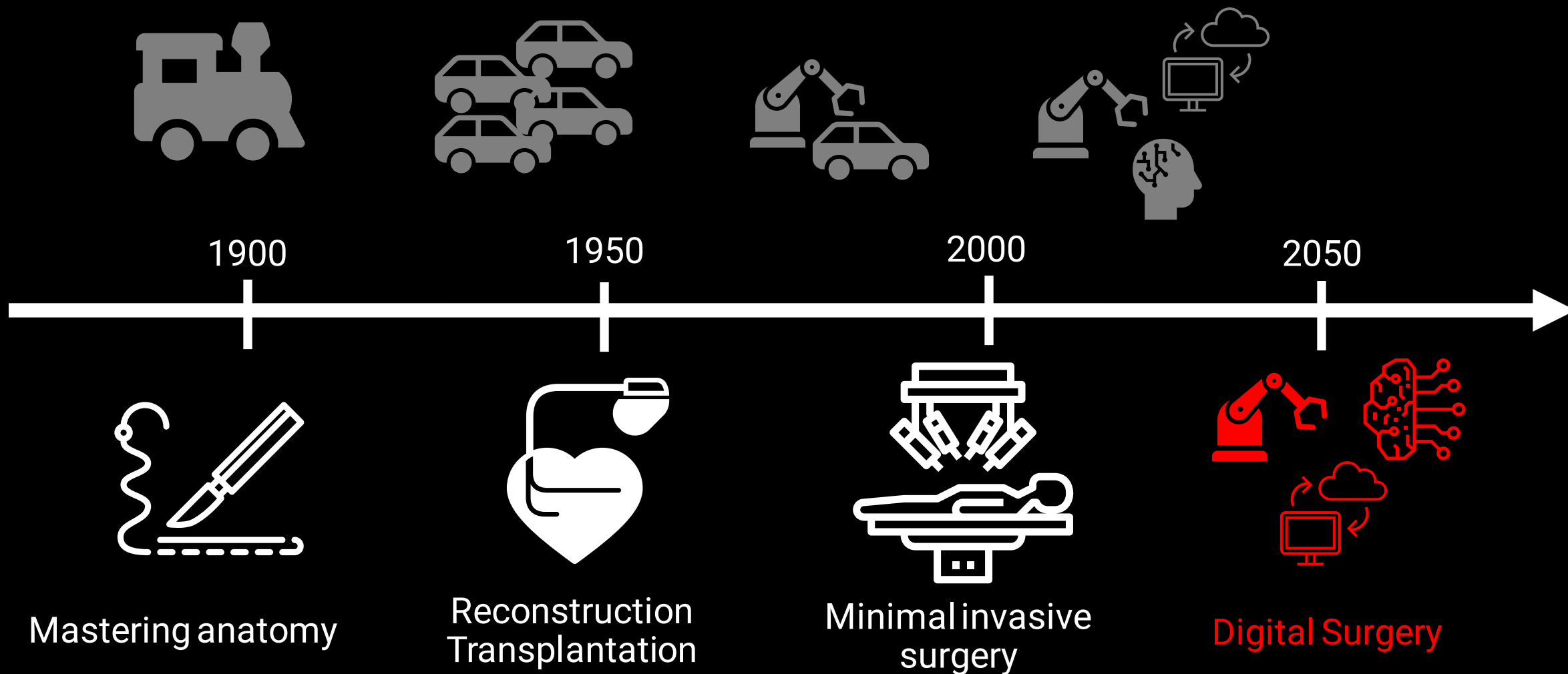


@pidebacker

*“A.I. is like teenage sex:  
Everyone speaks about it,  
Nobody really knows how to do it,  
Everyone thinks everyone else is doing it,  
So everyone claims they are doing it.”*



# Surgical A.I. = Surgery 4.0.



# Surgery today





# Surgery today



**SURGERY**  
**“Computer Vision”**



# Surgery today



**SURGERY**  
“Computer Vision”



**OUTPATIENT CLINIC**  
“Natural Language Processing”



# Surgery today

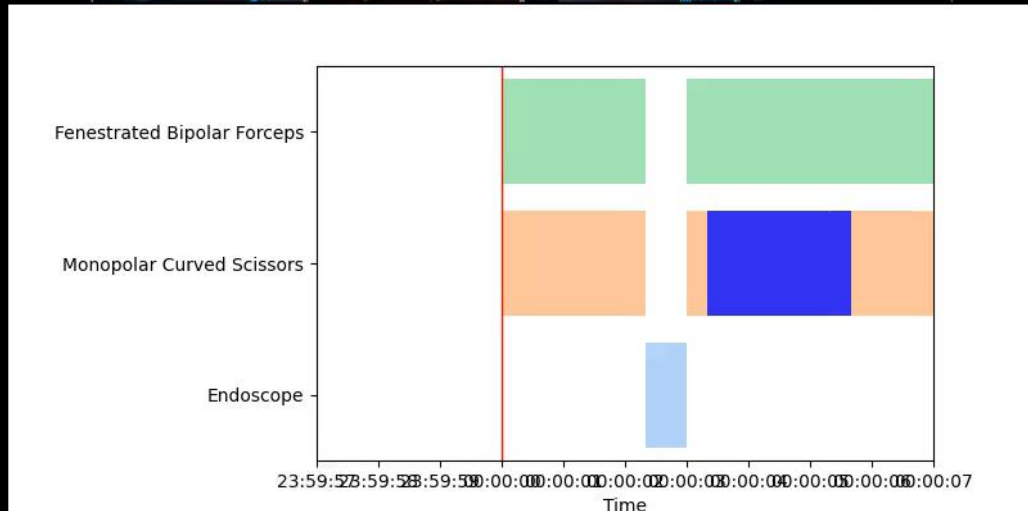
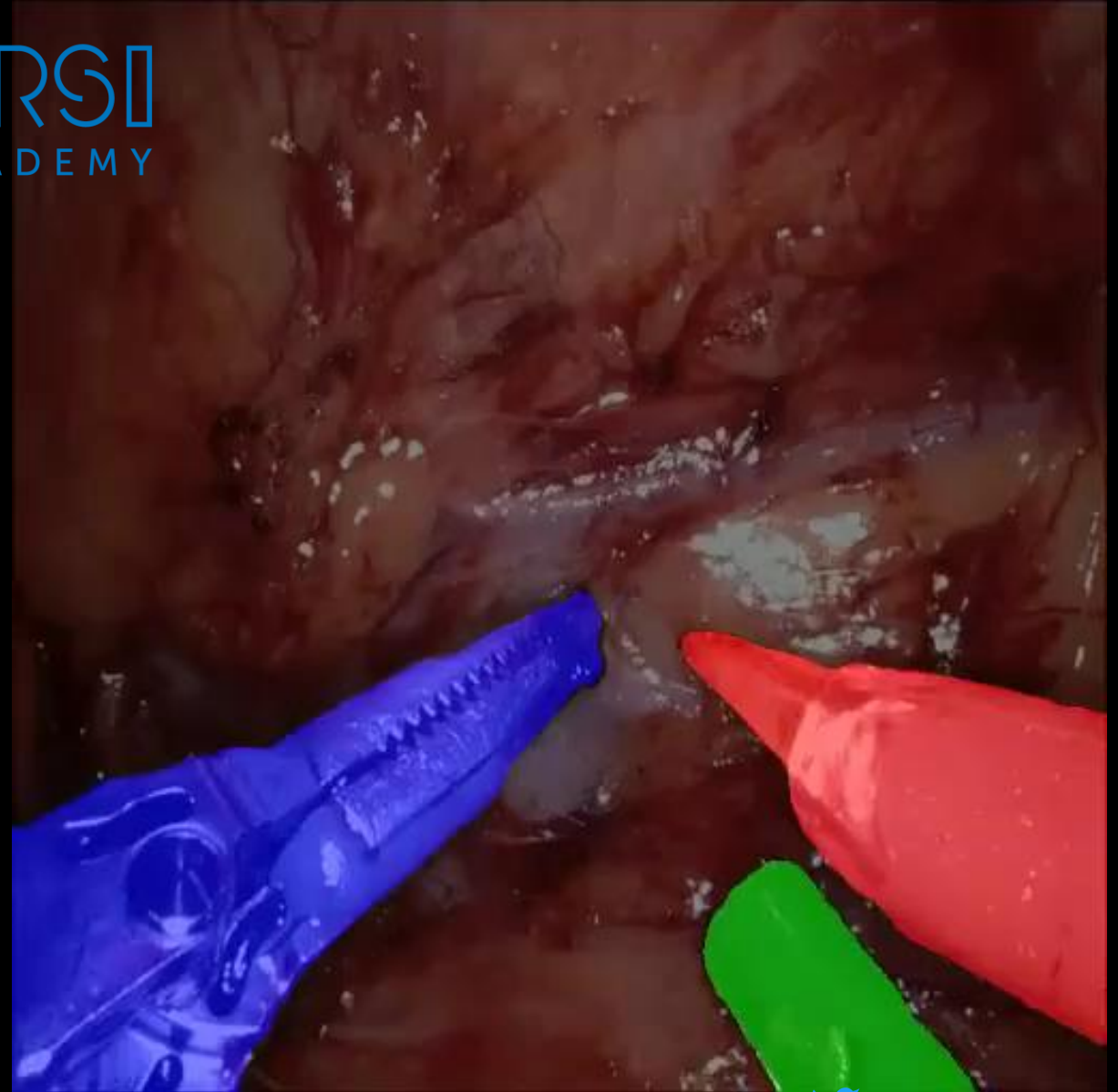
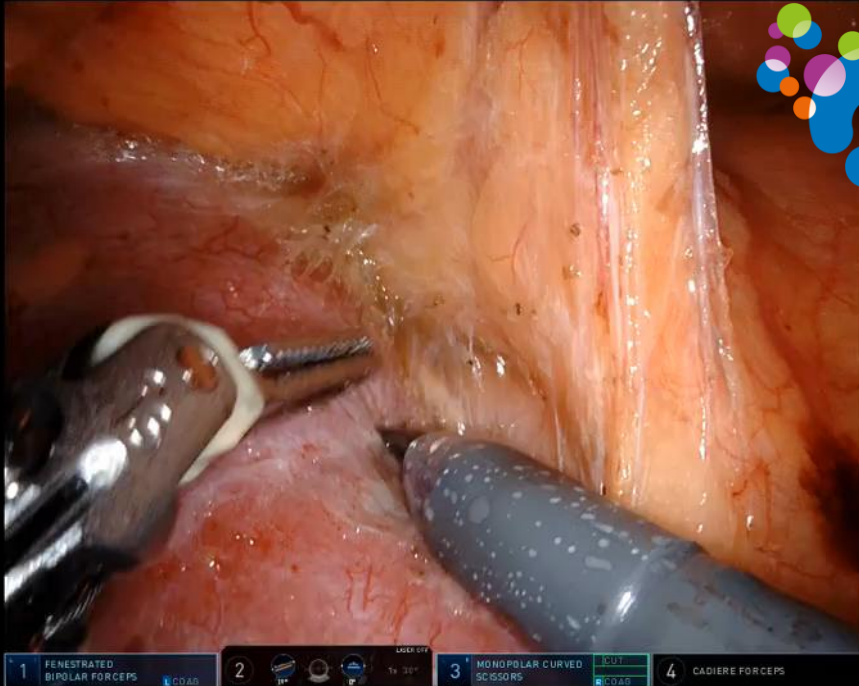


**SURGERY**  
“Computer Vision”



**OUTPATIENT CLINIC**  
“Natural Language Processing”

# The basics: instrument tracking



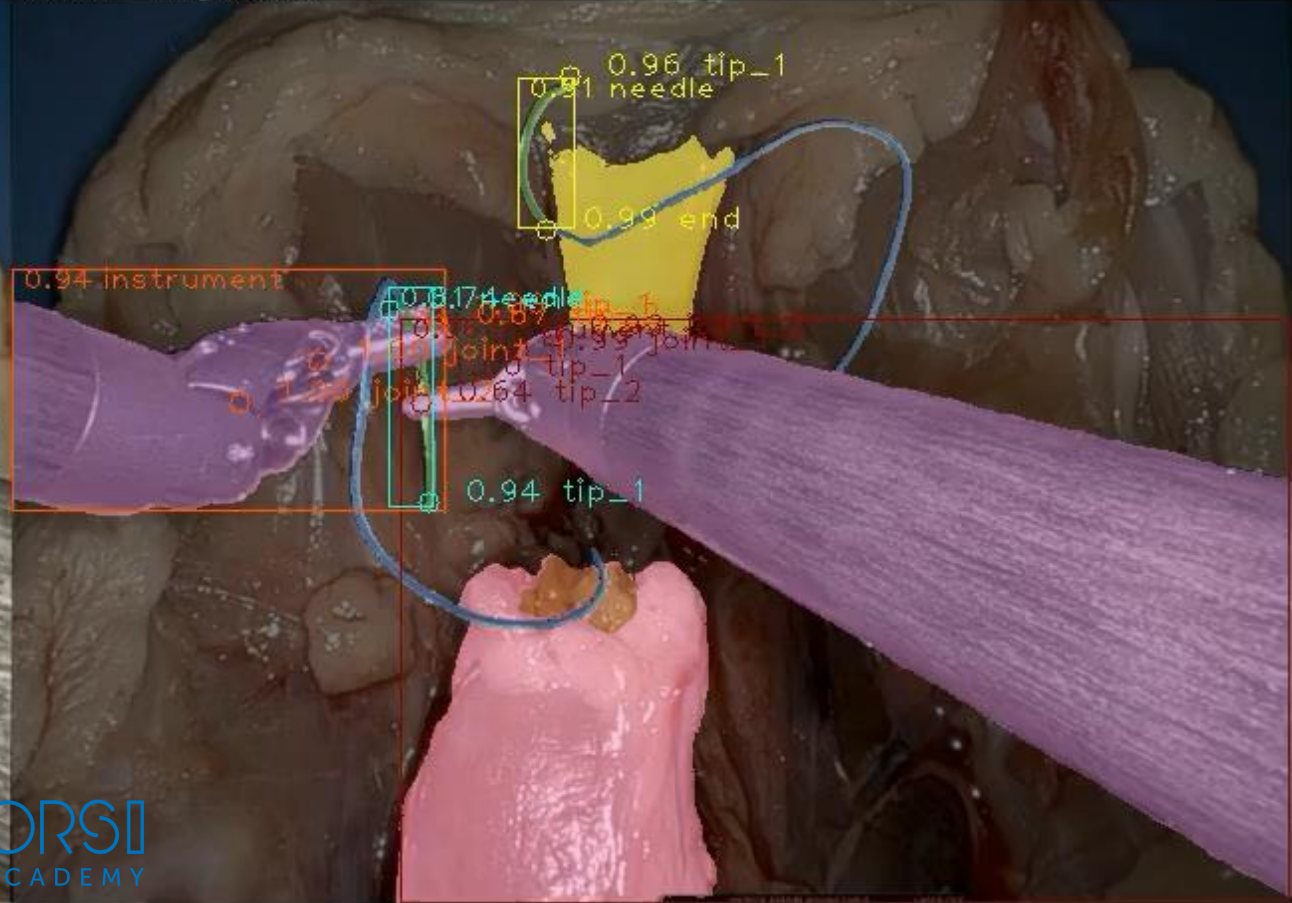


# More advanced: Error detection

Original frame



Raw objects



Needle out of view: 0

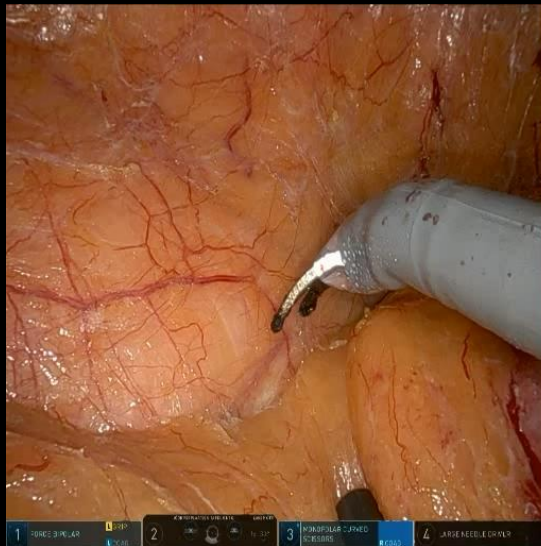
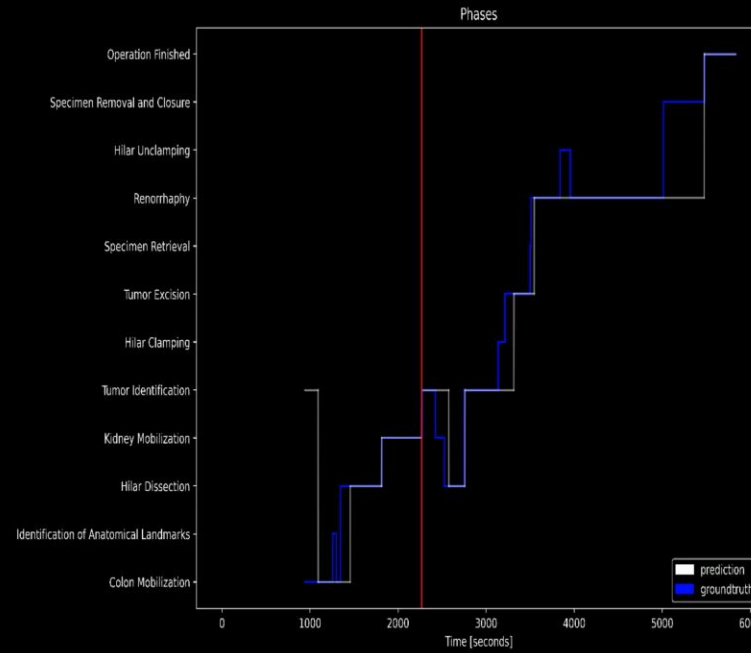
# More advanced: surgical scene understanding

4x ▶▶

RAPN



Phase: Tumor Identification  
Started at 2268.0 seconds



2x ▶▶

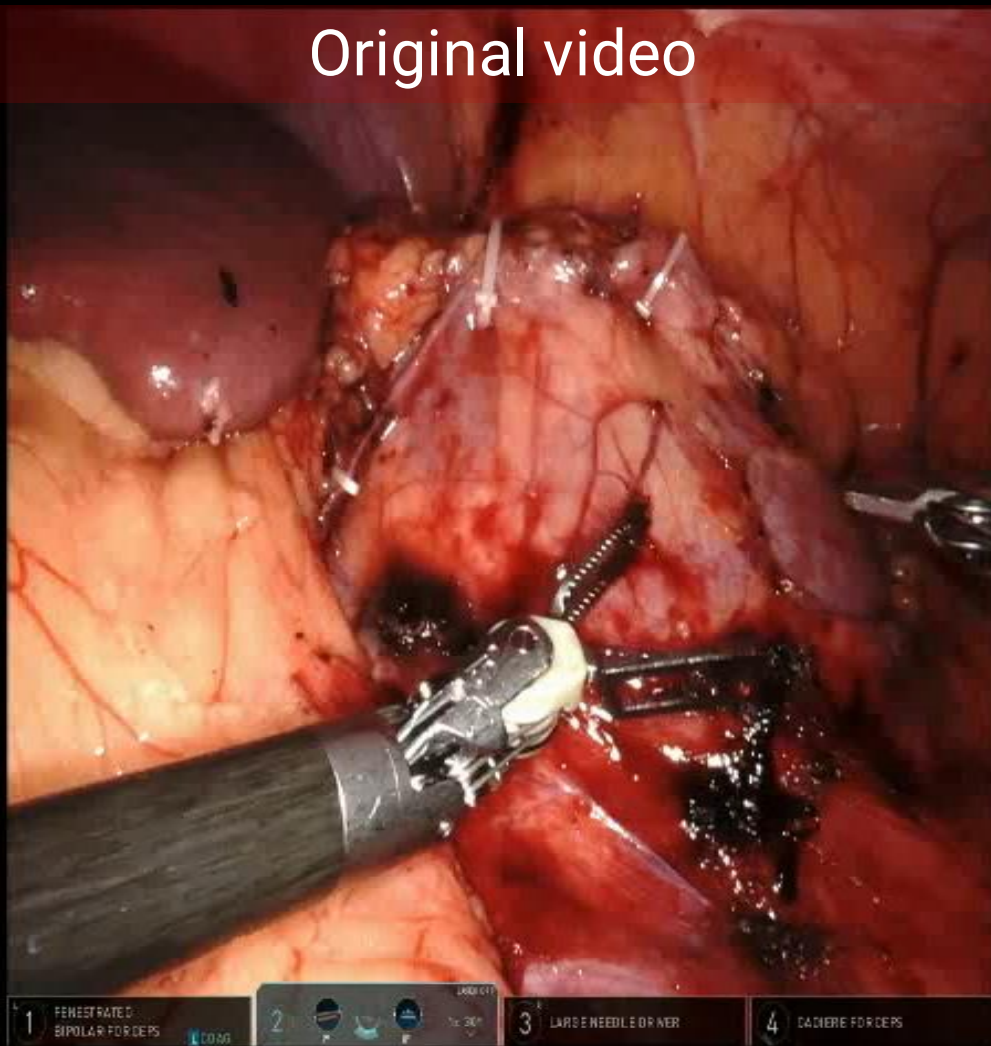
- KIDNEY
- COLON
- PERITONEUM
- FAT TISSUE
- DIAPHRAGM
- LIVER
- TUMOR
- ARTERY
- BLOOD



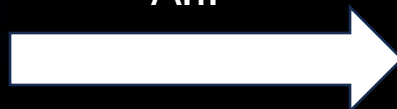
# Working real-time! E.g. live anonymization



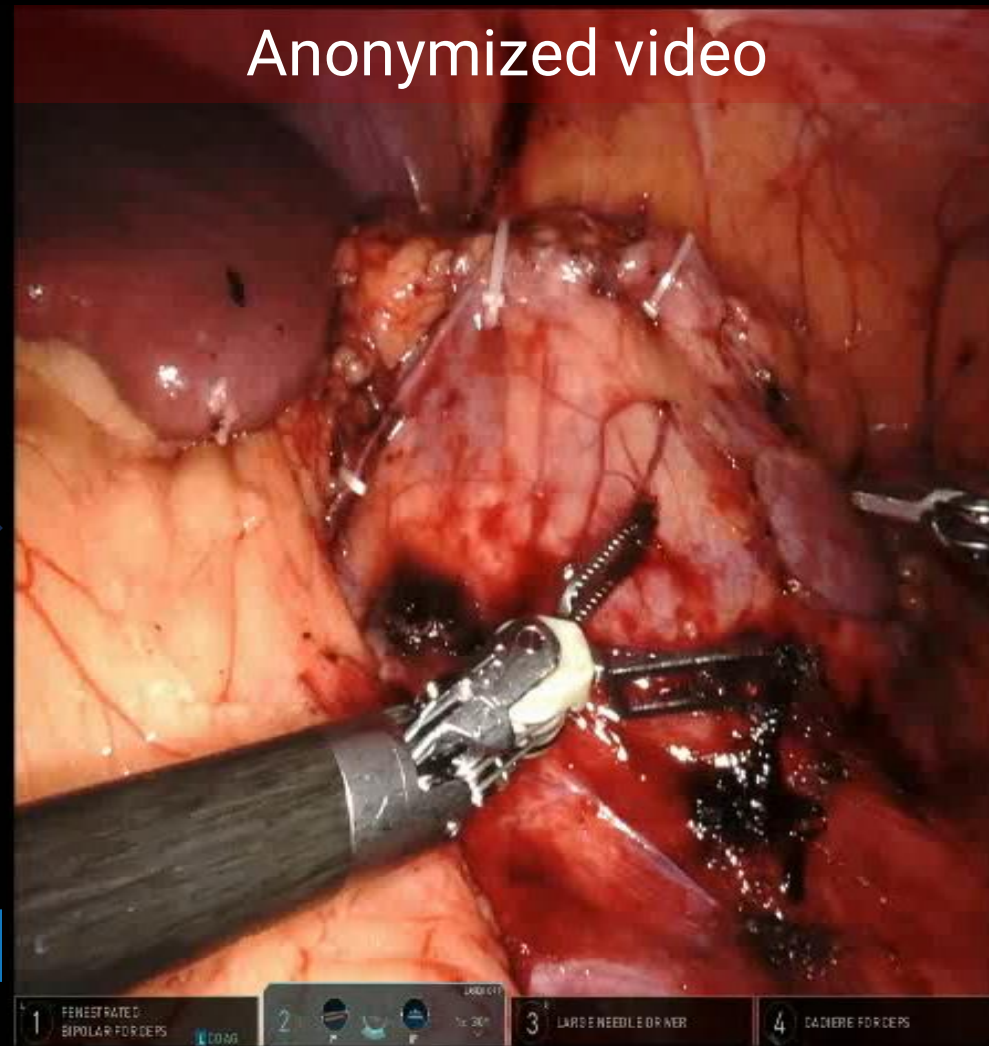
Original video



A.I.



Anonymized video

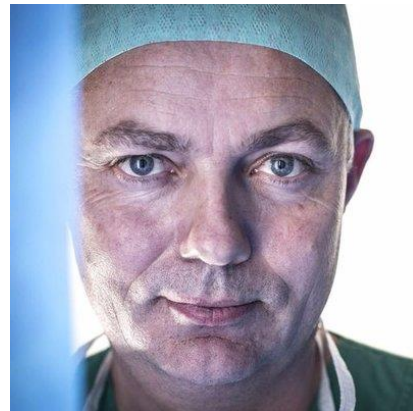
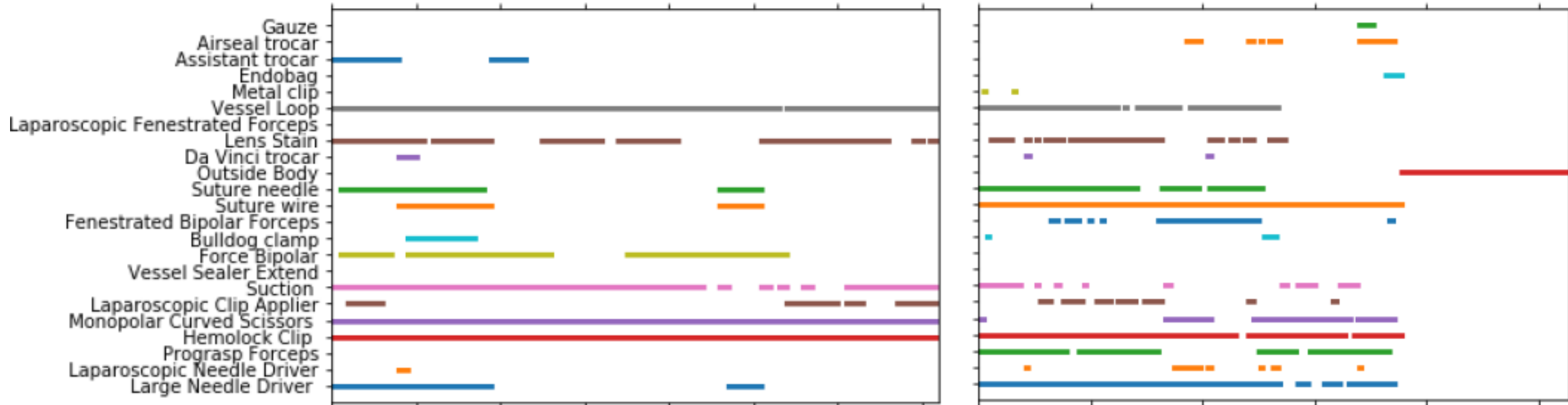


Also in Orthopedics!

AI-ENHANCED



# Surgical Data Science



Prof. Alex Mottrie – CEO Orsi



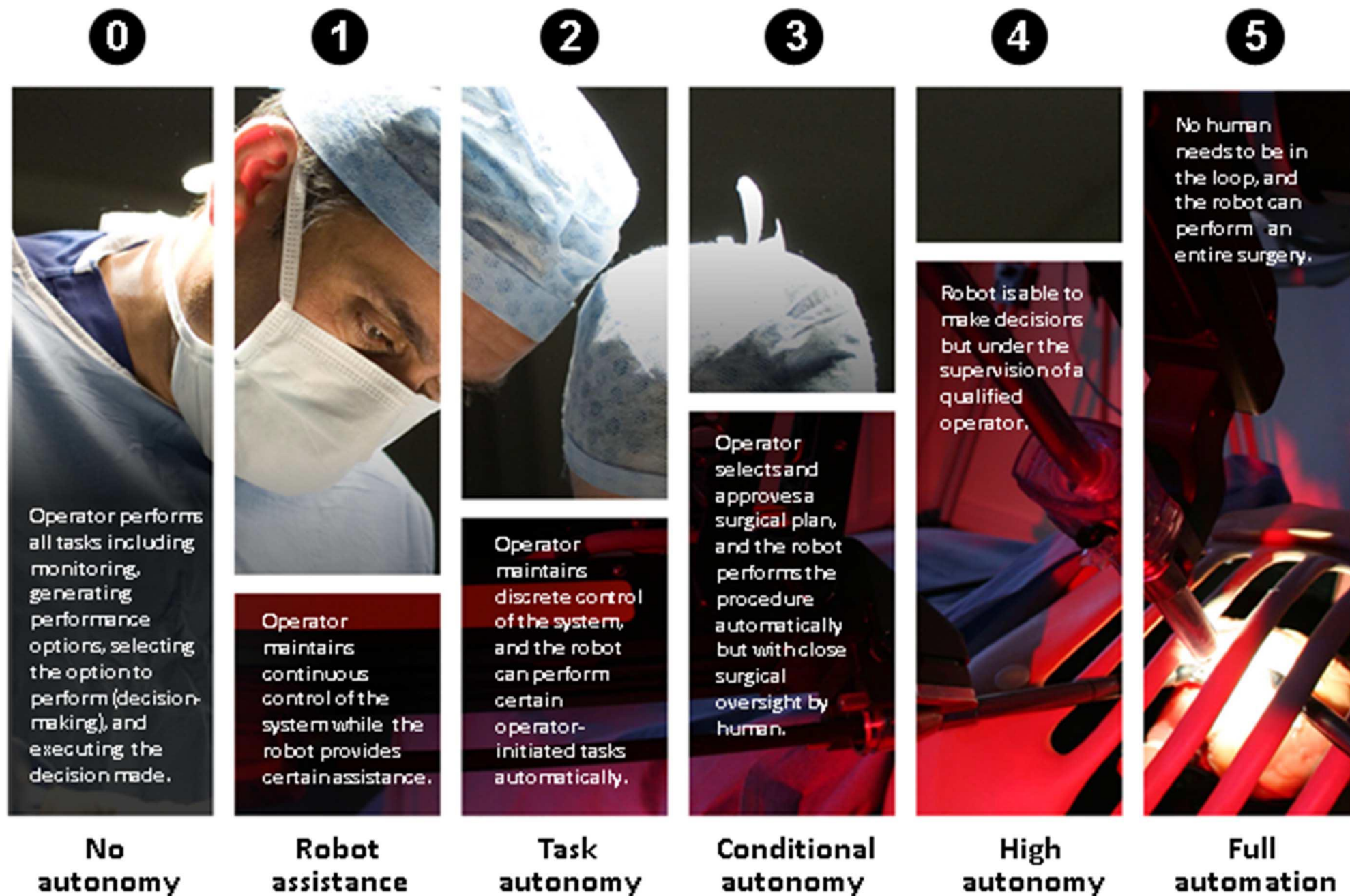
Surgical Trainee

# AI & Automation

A surgeon in a white gown and mask is operating a robotic surgical system in an operating room. The scene is dimly lit with blue and green hues. The robotic arm is positioned over a patient on the operating table.

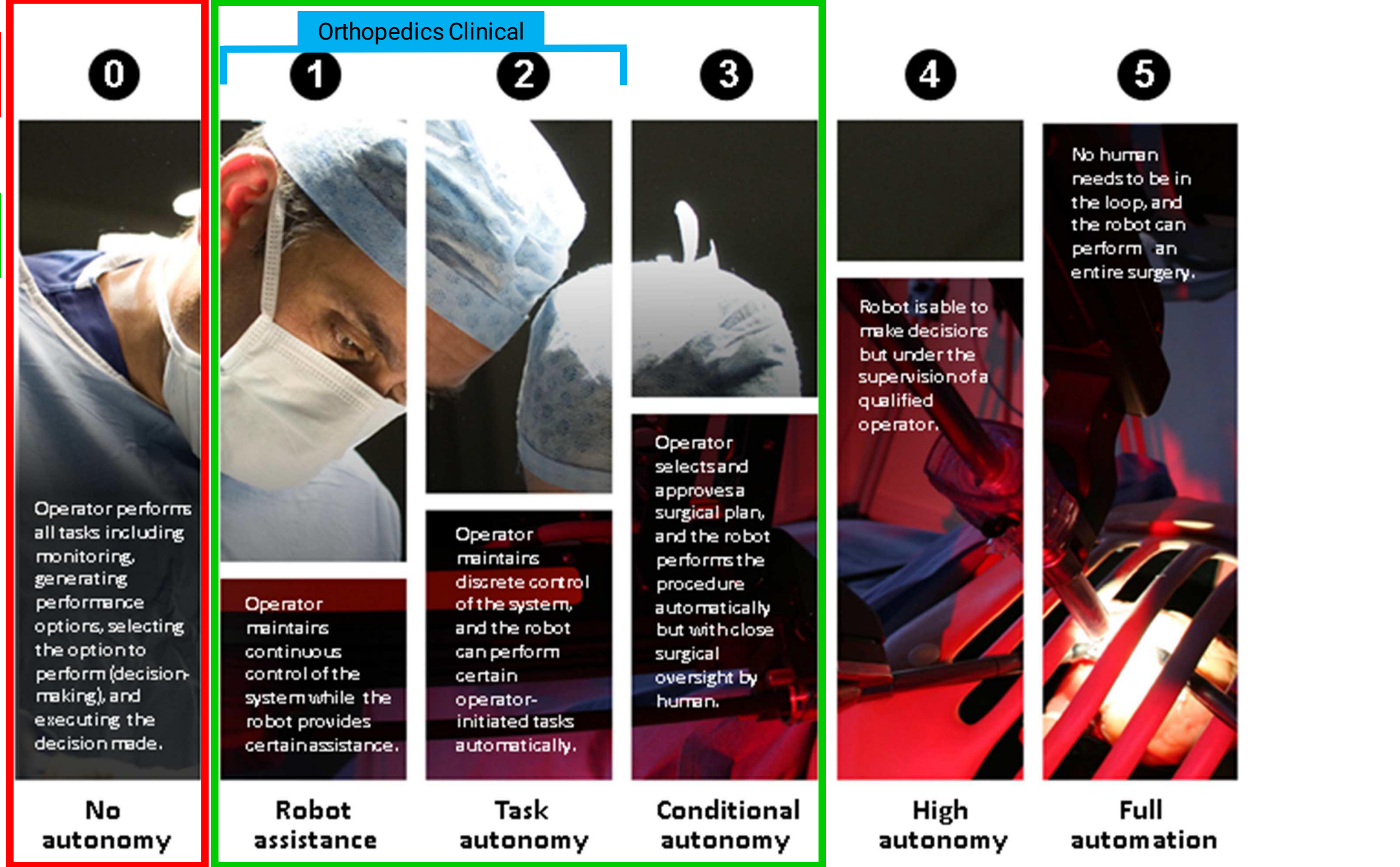
“Your robotic surgeon will see you now”





Soft Tissue Clinical

Soft Tissue Research





# Autonomous Suction to Clear the Surgical Field for Hemostasis using Image-based Blood Flow Detection

Florian Richter, Shihao Shen, Fei Liu, Jingbin Huang, Emily K. Funk,  
Ryan K. Orosco, and Michael C. Yip  
University of California San Diego



*Richter, F. et al (2021). Autonomous Robotic Suction to Clear the Surgical Field for Hemostasis Using Image-Based Blood Flow Detection. IEEE Robotics and Automation Letters, 6(2), 1383–1390. <https://doi.org/10.1109/LRA.2021.3056057>*



# Orthopedics is leading the way!



for various patient body types in a limited surgical environment.



How??

# Artificial Intelligence

## Machine Learning

## Deep Learning

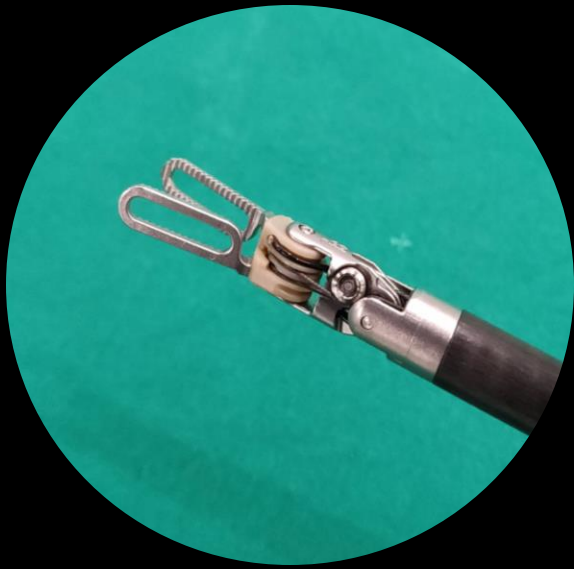
1950

1980

2010



# Example: which instrument?



# Artificial Intelligence



# Artificial Intelligence



*If 10% of pixels are **orange**  
Then monopolar curved scissors*



# Artificial Intelligence



*If 10% of pixels are **orange**  
Then monopolar curved scissors*



# Artificial Intelligence



*If 10% of pixels are **orange**  
Then monopolar curved scissors*

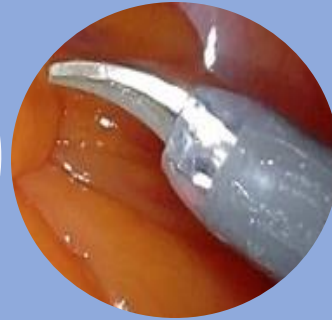
*No learning!*

*No real world data generalization!*



# Artificial Intelligence

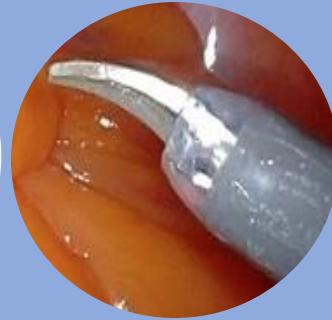
## Machine Learning





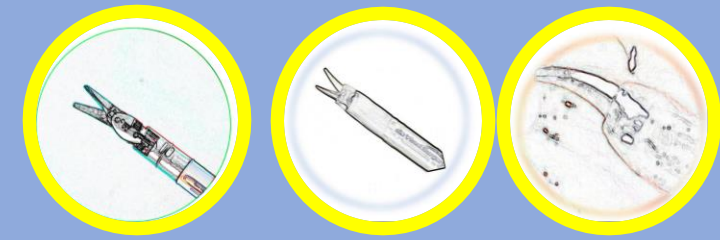
# Artificial Intelligence

## Machine Learning



# Artificial Intelligence

## Machine Learning

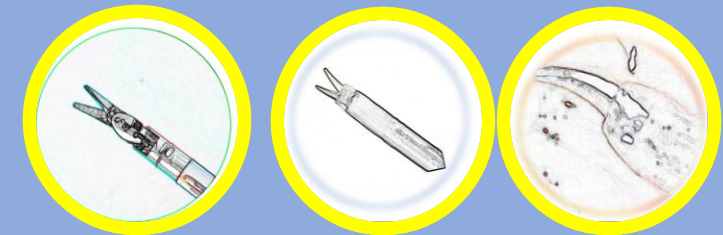


*Detect edges - Number of triangles?*

 Feature engineering 

# Artificial Intelligence

## Machine Learning



*Detect edges - Number of triangles?*

 **Feature engineering** 

*Amount of orange*

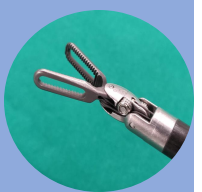
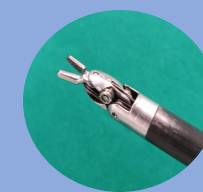
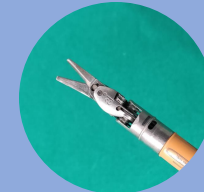
*Ratio black/metal*

*Scissor*

*Maryland*

*Needle driver*

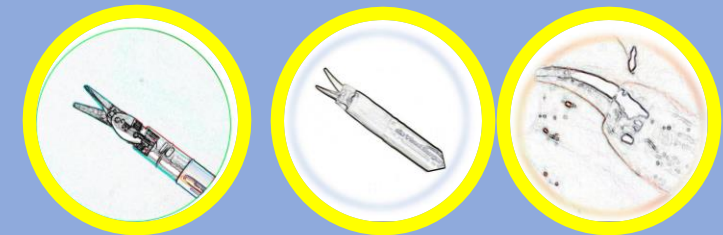
*Cadiere*





# Artificial Intelligence

## Machine Learning



Detect edges - Number of triangles?

 Feature engineering 

> ??

< ??

Amount of orange

Ratio black/metal

> ??

< ??

> ??

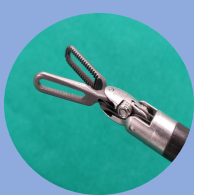
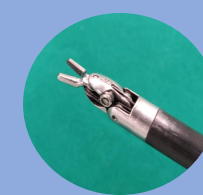
< ??

Scissor

Maryland

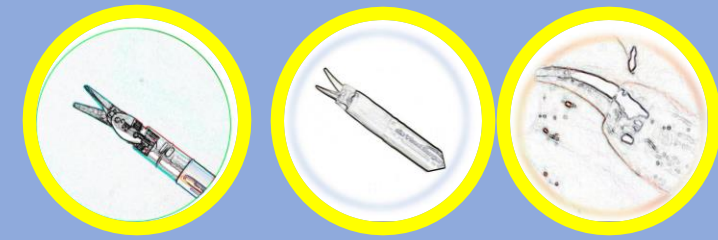
Needle driver

Cadiere



# Artificial Intelligence

## Machine Learning



Detect edges - Number of triangles?

> 2,36

< 2,36

Amount of orange

Ratio black/metal

> 9,7%

< 9,7%

> 0.8

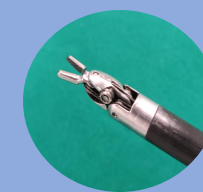
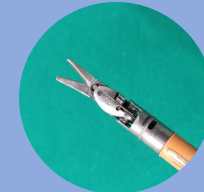
< 0.8

Scissor

Maryland

Needle driver

Cadiere



👷 Feature engineering 😞

🔄 Learn from the data  
e.g. 1000 images

# Artificial Intelligence

## Machine Learning

### Deep Learning

Let the algorithm learn by itself



# Artificial Intelligence

## Machine Learning

### Deep Learning



NO Feature engineering

Let the algorithm learn by itself

# Artificial Intelligence

## Machine Learning

### Deep Learning

Let the algorithm learn by itself

- Massive data input
- 
-

# Artificial Intelligence

## Machine Learning

### Deep Learning

Let the algorithm learn by itself

- Massive data input
- Data representative for the problem
-

# Artificial Intelligence

## Machine Learning

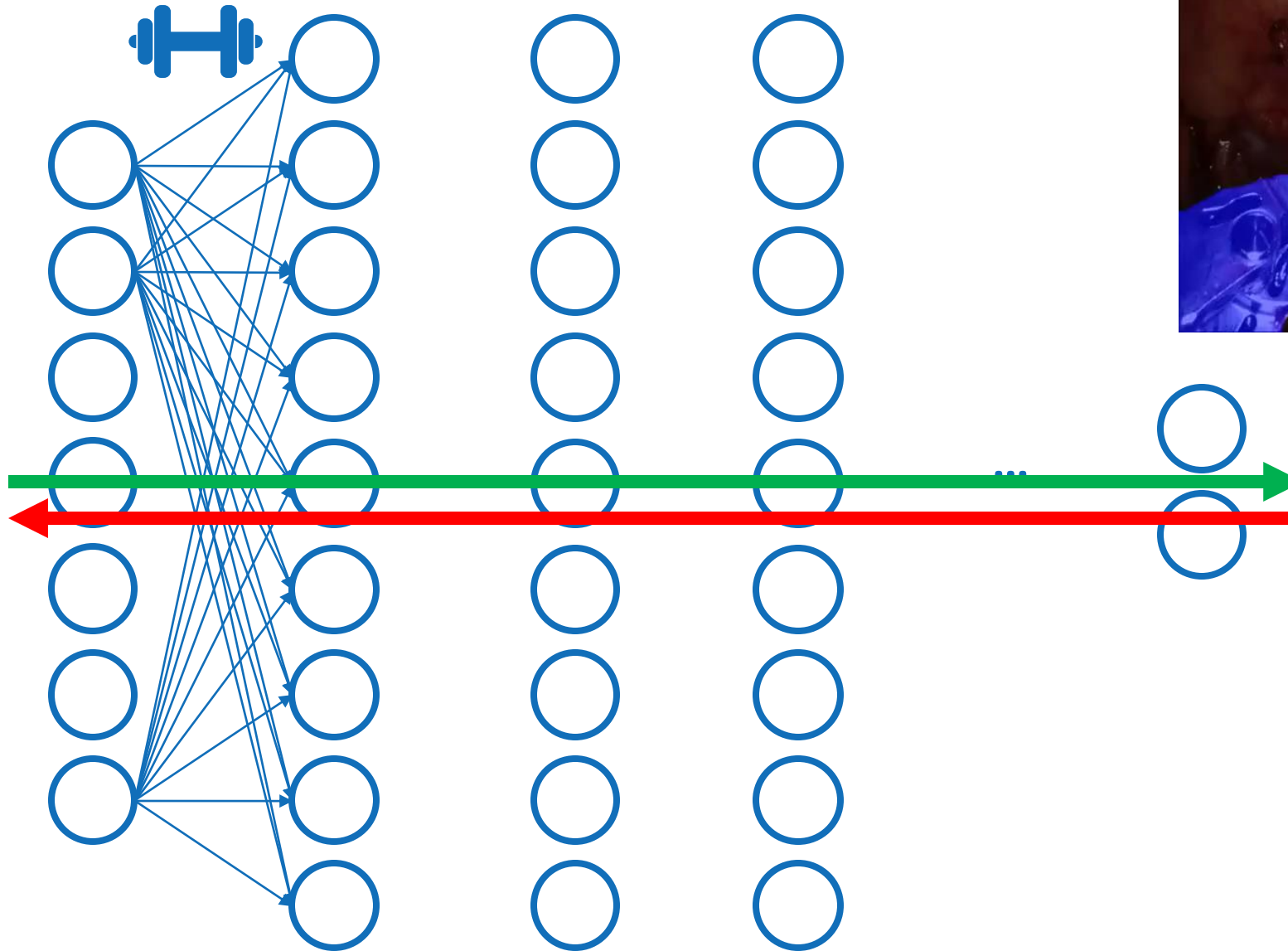
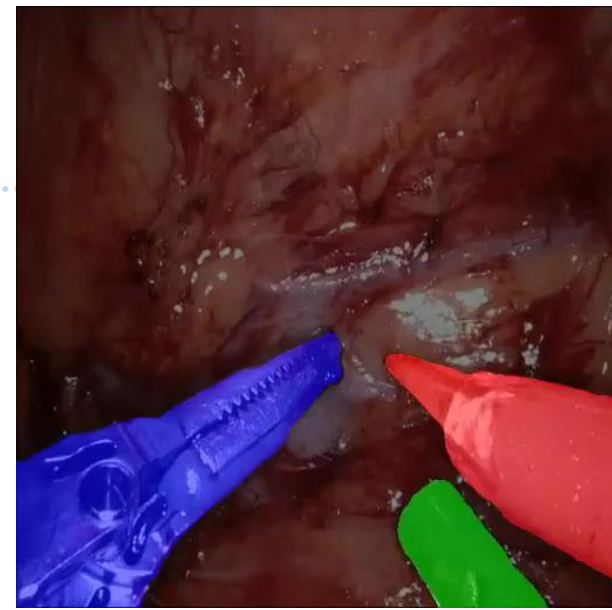
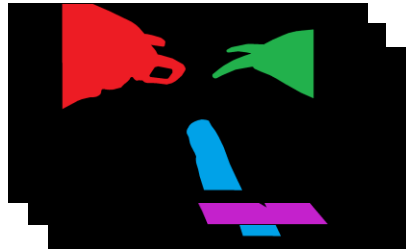
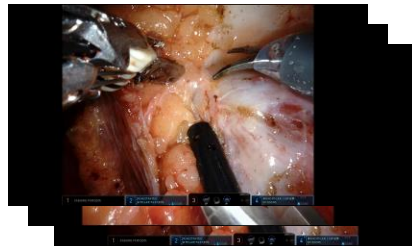
### Deep Learning

Let the algorithm learn by itself

- Massive data input
- Data representative for the problem
- Look for things humans did not think of



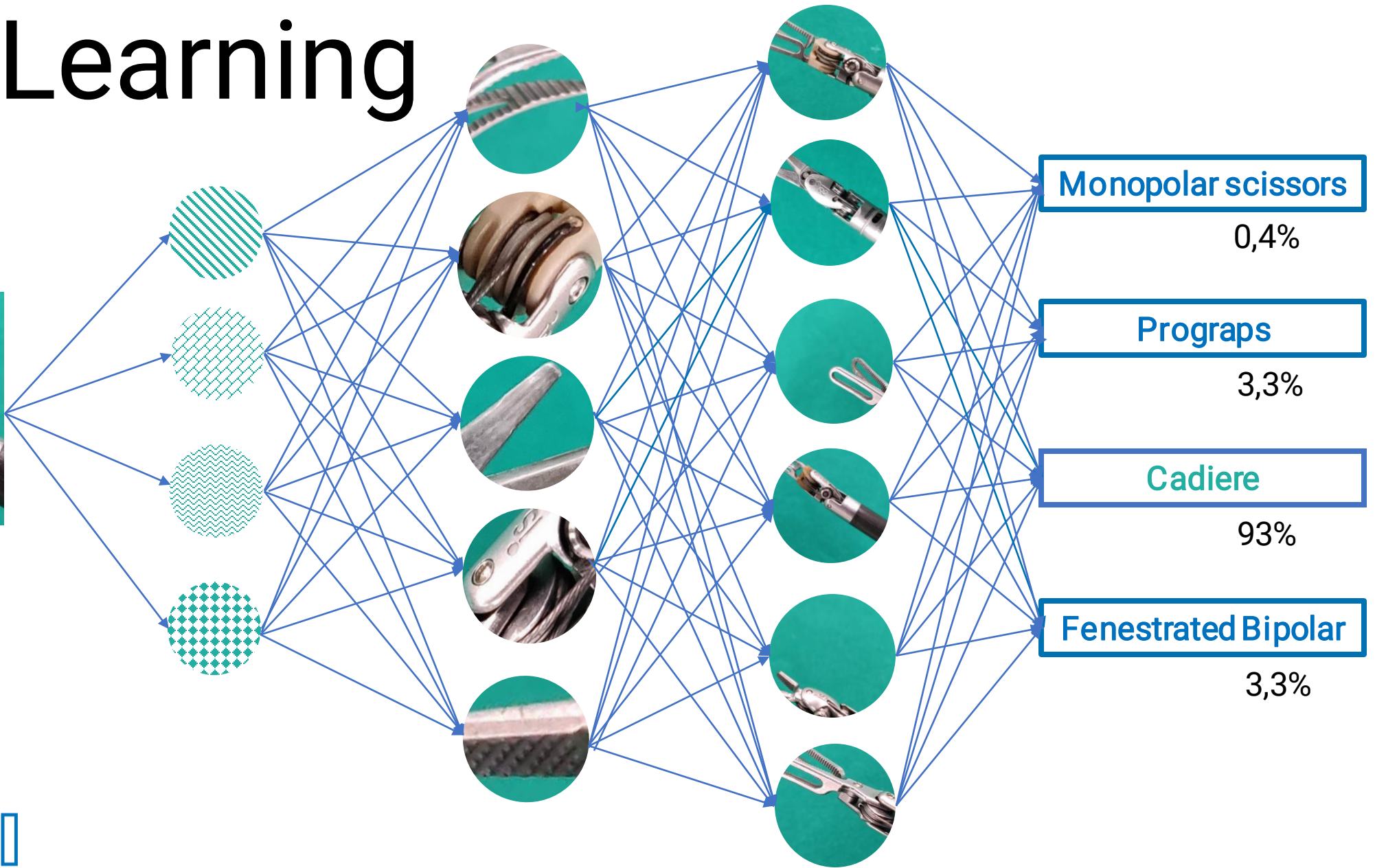
# Deep Learning "Training"



# Deep Learning



Input image



Lowel level:  
Lines and Edges

Mid level:  
Shapes and Patterns

High level:  
Components

Classifier

Monopolar scissors

0,4%

Prograps

3,3%

Cadiere

93%

Fenestrated Bipolar

3,3%

# Deep Learning



Input image

Lowel level:  
Lines and Edges

Mid level:  
Shapes and Patterns

High level:  
Components

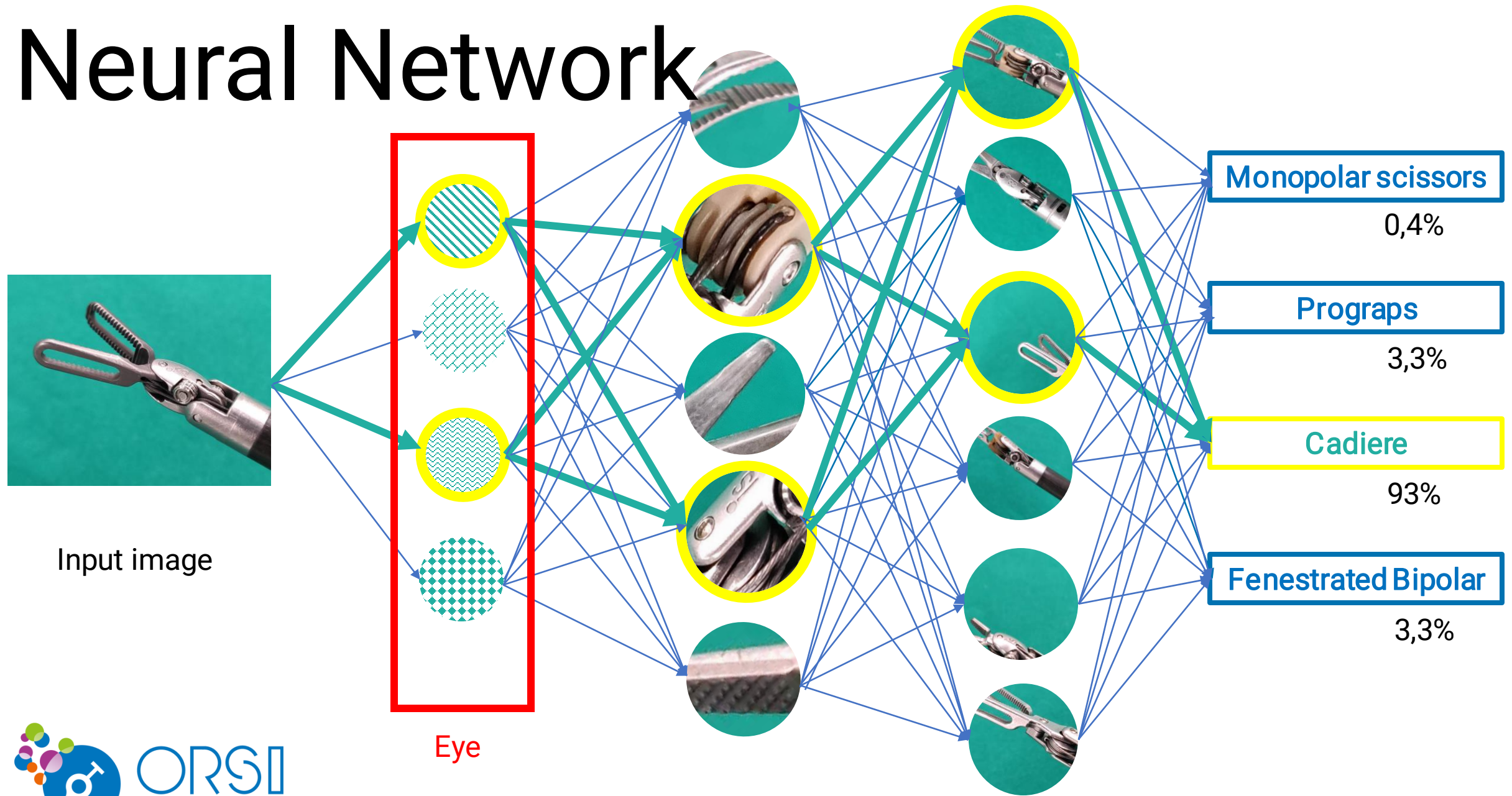
Classifier

- Monopolar scissors  
0,4%
- Prograps  
3,3%
- Cadiere  
93%
- Fenestrated Bipolar  
3,3%



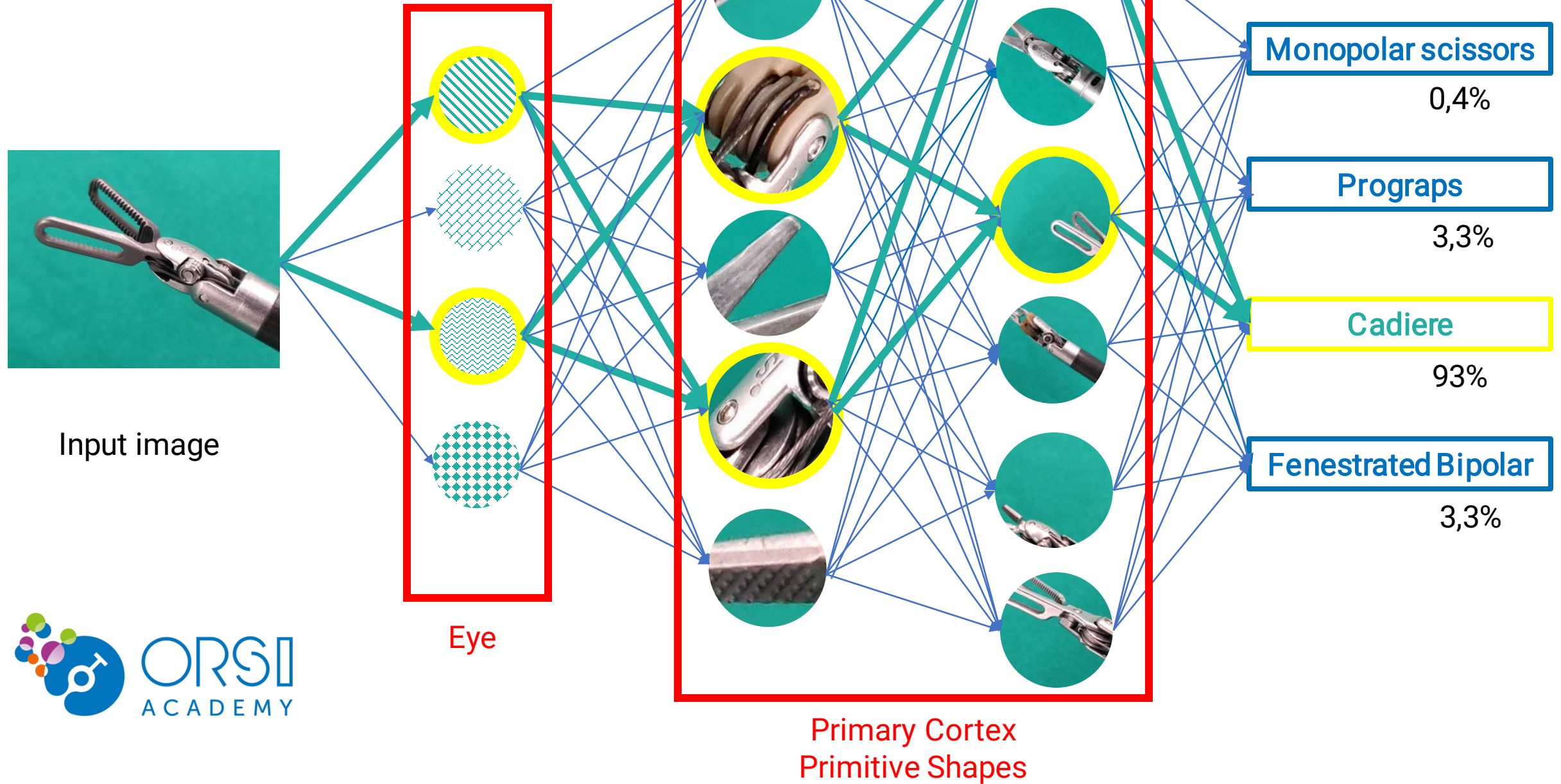


# Neural Network

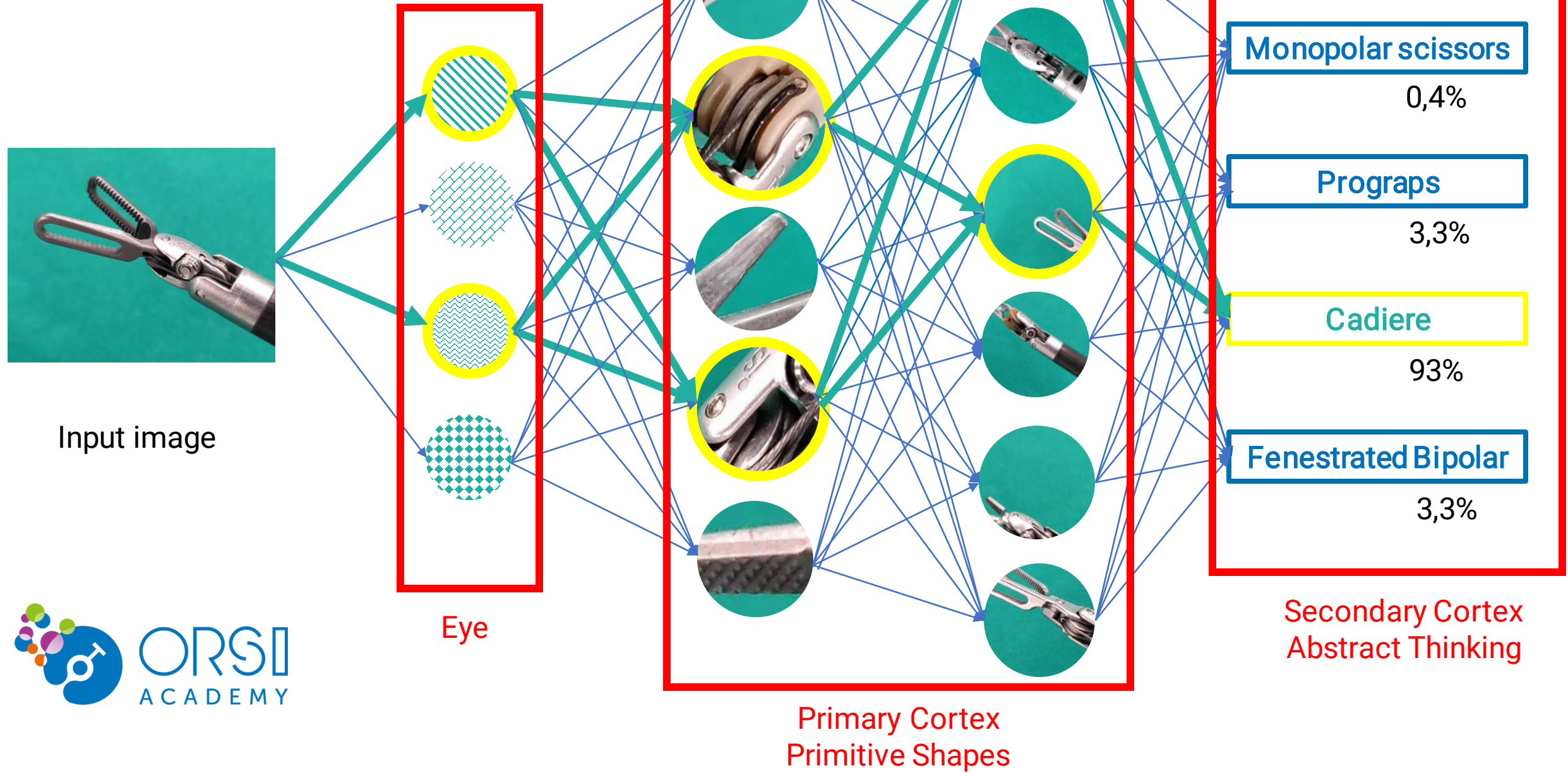




# Neural Network



# Neural Network



Input image

Eye

Primary Cortex  
Primitive Shapes

Secondary Cortex  
Abstract Thinking

Monopolar scissors  
0,4%

Prograps  
3,3%

**Cadiere**  
93%

Fenestrated Bipolar  
3,3%

# DEEP LEARNING WORKS IN

Video

Radiology

Text

# DEEP LEARNING WORKS IN

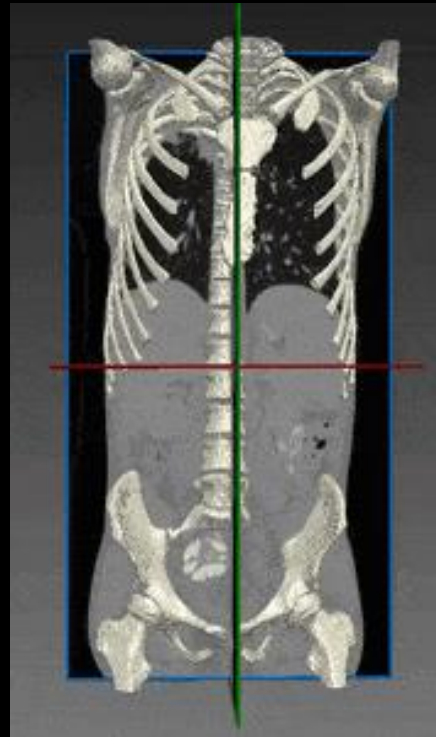
Video

Radiology

3D planning

Text

Manual



No subparts...



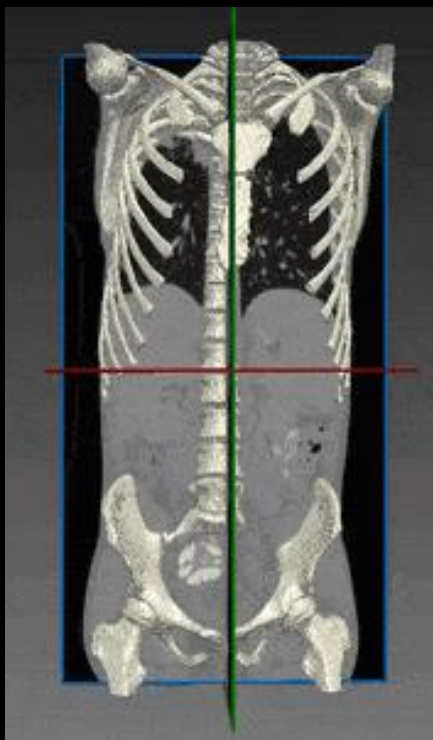
# DEEP LEARNING WORKS IN

Video

Radiology  
3D planning

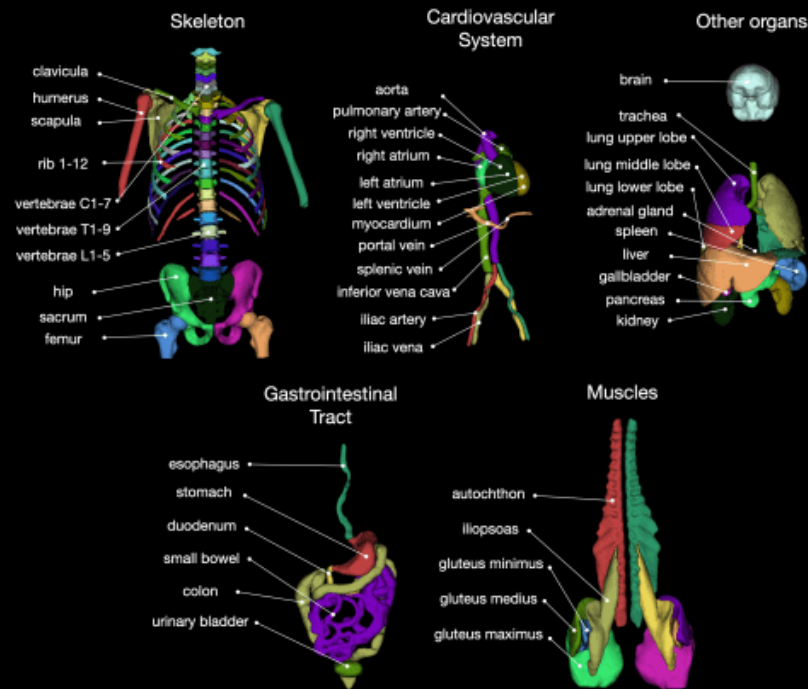
Text

Manual



No subparts...

A.I.



TotalSegmentator: Wasserthal et al, 2022

Personal project – Implementing on websites! 3D planning anywhere! Reach out if of interest!

# Surgery today



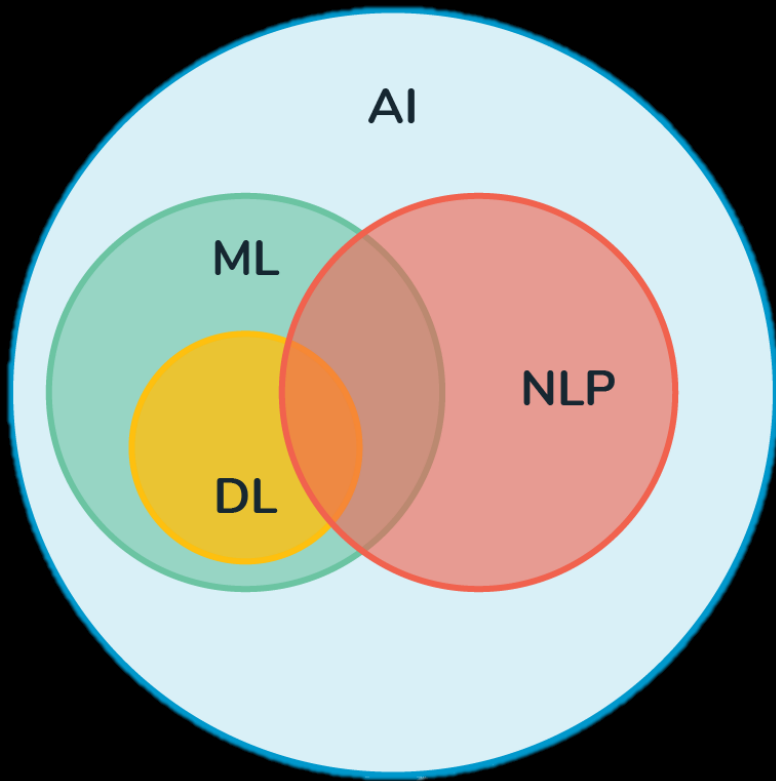
**SURGERY**  
“Computer Vision”



**OUTPATIENT CLINIC**  
“Natural Language Processing”

# NLP = Natural Language Processing

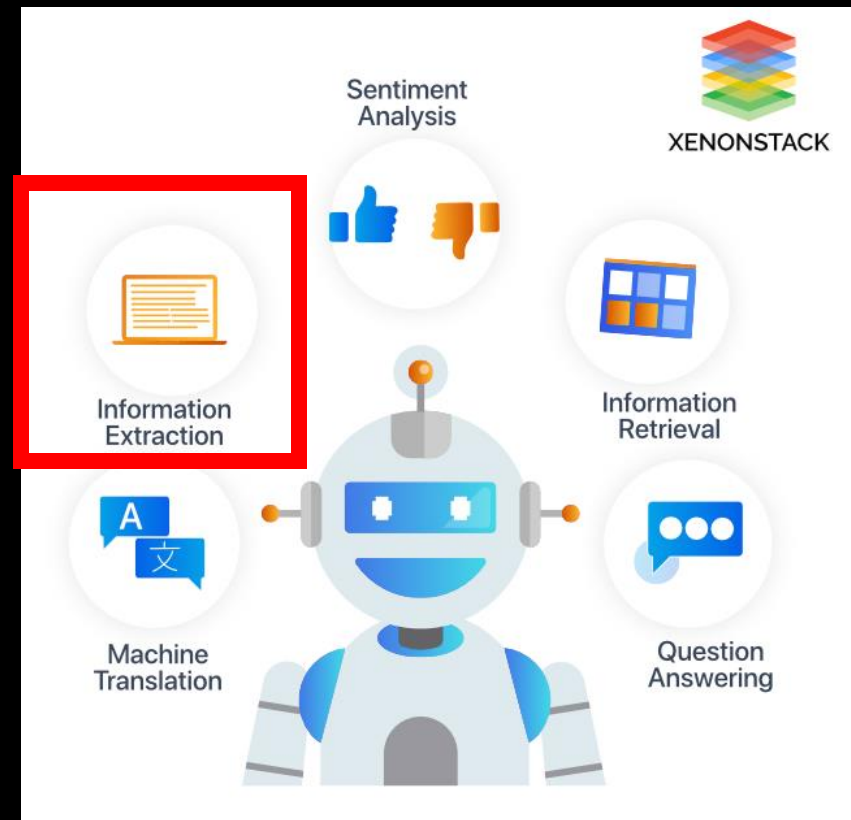
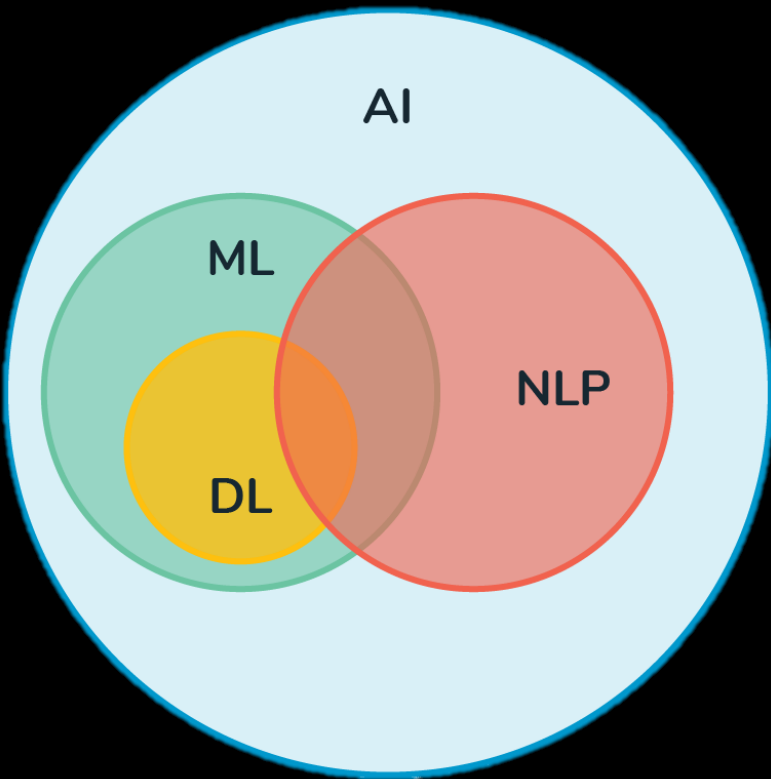
A.I. understanding text and speech like humans





# NLP = Natural Language Processing

A.I. understanding text and speech like humans



Inova Fairfax Hospital Department of Medicine  
Suggested Discharge Summary Format  
(Modified from OU-Tulsa Department of Internal Medicine)

**Patient Name:**  
**Admission Date:**  
**Discharge Date:**  
**Attending Physician:**  
**Dictating Physician:**  
**Admitting Diagnosis:**  
**Discharge Diagnosis:**

**Principal discharge diagnosis** (reason for hospital stay after hospital assessment)  
**Other discharge diagnoses** which were addressed during hospital stay (Complete list of active problems addressed during hospital stay)  
**Consultations:** (name and specialty)  
**Procedures:** (Name of procedure and concise description of results, only major studies)  
**Complications (for primary and other discharge diagnoses):**  
**History and Hospital Course:**  
A concise summation of clinical course. Begins from time of admission with a brief summary (one paragraph) of key data from H&P. Then, use a problem-oriented approach by writing a separate paragraph for each problem title followed by a short synopsis of the evaluation, treatment and progress of each problem. Problems should match diagnosis above. Must describe to what the problem was attributed, the intervention(s) which occurred and the outcome.  
Avoid a laundry list of lab values: For example, simply say, "Chest X-Ray was unremarkable; CBC, serum chemistries, were normal with the exception of elevated potassium of 6.3." Do include lab values that will be of use in clinic follow-up – e.g. HbA1C, lipid profile, TSH. Results of procedures documented under "procedures" can be referred to and do not need to be repeated.  
**Discharge plan:**  
**Condition upon discharge:**  
**Activity:**  
**Diet:**  
**Date of next appointment and physician who will see patient**  
**Medications at discharge:**  
Do not simply state "resume home medications."  
**Issues to be addressed at follow-up:**

**History and Hospital Course:**  
A concise summation of clinical course. Begins from time of admission with a brief summary (one paragraph) of key data from H&P. Then, use a problem-oriented approach by writing a separate paragraph for each problem title followed by a short synopsis of the evaluation, treatment and progress of each problem. Problems should match diagnosis above. Must describe to what the problem was attributed, the intervention(s) which occurred and the outcome.  
Avoid a laundry list of lab values: For example, simply say, "Chest X-Ray was unremarkable; CBC, serum chemistries, were normal with the exception of elevated potassium of 6.3." Do include lab values that will be of use in clinic follow-up – e.g. HbA1C, lipid profile, TSH. Results of procedures documented under "procedures" can be referred to and do not need to be repeated.  
**Discharge plan:**  
**Condition upon discharge:**  
**Activity:**  
**Diet:**  
**Date of next appointment and physician who will see patient**  
**Medications at discharge:**  
Do not simply state "resume home medications."  
**Issues to be addressed at follow-up:**  
CC: Please instruct transcriber to cc all physicians who will follow up with the patient, especially the PCP.





ChatGPT

Trained on 45 TB = bookshelf of 9144 km

 @pidebacker

How does it learn to write as a surgeon?



ChatGPT

Trained on 45 TB = bookshelf of 9144 km

@pidebacker

How does it learn to write as a surgeon?

## ChatGPT Input

“ChatGPT is a powerful natural \_\_\_\_\_ processing tool that is increasingly \_\_\_\_\_ in academic writing and research owing to its theoretically unlimited possible \_\_\_\_\_.”



ChatGPT

Trained on 45 TB = bookshelf of 9144 km

@pidebacker

How does it learn to write as a surgeon?

## ChatGPT Input

“ChatGPT is a powerful natural \_\_\_\_\_ processing tool that is increasingly \_\_\_\_\_ in academic writing and research owing to its theoretically unlimited possible \_\_\_\_\_.”

## ChatGPT Prediction

“ChatGPT is a powerful natural **language** processing tool that is increasingly **being applied** in academic writing and research owing to its theoretically unlimited possible **computational power**.”



ChatGPT

Trained on 45 TB = bookshelf of 9144 km

@pidebacker

How does it learn to write as a surgeon?

## ChatGPT Input

“ChatGPT is a powerful natural \_\_\_\_\_ processing tool that is increasingly \_\_\_\_\_ in academic writing and research owing to its theoretically unlimited possible \_\_\_\_\_.”

## ChatGPT Prediction

“ChatGPT is a powerful natural **language** processing tool that is increasingly **being applied** in academic writing and research owing to its theoretically unlimited possible **computational power**.”

## Desired Output

“ChatGPT is a powerful natural **language** processing tool that is increasingly **being used** in academic writing and research owing to its theoretically unlimited possible **applications**.”







ChatGPT

Trained on 45 TB = bookshelf of 9144 km

@pidebacker

How does it learn to write as a surgeon?

## ChatGPT Input

“ChatGPT is a powerful natural \_\_\_\_\_ processing tool that is increasingly \_\_\_\_\_ in academic writing and research owing to its theoretically unlimited possible \_\_\_\_\_.”

## ChatGPT Prediction

“ChatGPT is a powerful natural **language** processing tool that is increasingly **being applied** in academic writing and research owing to its theoretically unlimited possible **computational power**.”

## Desired Output

“ChatGPT is a powerful natural **language** processing tool that is increasingly **being used** in academic writing and research owing to its theoretically unlimited possible **applications**.”



A dark, metallic robot with glowing red eyes, standing in a dimly lit industrial setting. The robot's body is composed of various mechanical parts, including gears and wires, giving it a complex, industrial appearance. The background is a blurred, dark environment with some structural elements visible.

People are afraid of things  
they do not understand

Bill Laswell





Let's get acquainted!  
AI is an opportunity and not a threat!



 @pidebacker

 pieter.de.backer@orsi.be

Thesis, fellowships AI in surgery,...



**ORSI**  
INNOTECH

