



Gesture-Controlled Interactive Three-Dimensional Anatomy: A Novel Teaching Tool in Head and Neck Surgery

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Objective

- Creation of a temporal bone gesture-controlled 3D teaching tool. Using this tool, anatomy can be manipulated with the use of hand gestures, in the absence of mouse or keyboard.

Introduction

- Head and neck anatomy has proven to be an ongoing challenge in medical education
- Complex soft tissue structures are situated throughout the temporal bone
- Learning places severe demands on visuo-spatial capabilities.
- Novel learning tools are needed to aid spatial learning
- 3D projections permit viewing of structures from numerous vantage points aiding understanding of spatial relationships¹⁻⁴.
- In our system, 3D data can be manipulated through both haptic and standard control techniques.
- The virtual environment facilitates scene augmentation with possible overlay of labels, DICOM data, and animations^{5,6}.
- Interaction with the virtual environment may enhance learning^{1,2,5,6}.

Materials and Methods

- 3D models are generated from CT data by bone and soft tissue segmentation
- The segmented model is exported in a polygonal mesh format to a in-house developed 3D graphics engine
- A Microsoft Kinect™ detects body motions generating inputs based on scene depth, colour, and joint locations (displayed as an avatar in the scene).
- Both the left and right hand are tracked relative to the position of the user's left shoulder

Results

- The tool successfully tracked scene depth and user joint locations, permitting gesture control.
- Stereoscopy was deemed appropriate and useful by a cross-section of experts and learners
- Images can be selected, translated, magnified and rotated with simple body motions.
- Specific anatomical structures can be selected from within the larger virtual environment.
- Voice commands employing the Kinect's™ intrinsic speech library works, yet is easily confounded by environmental noise.

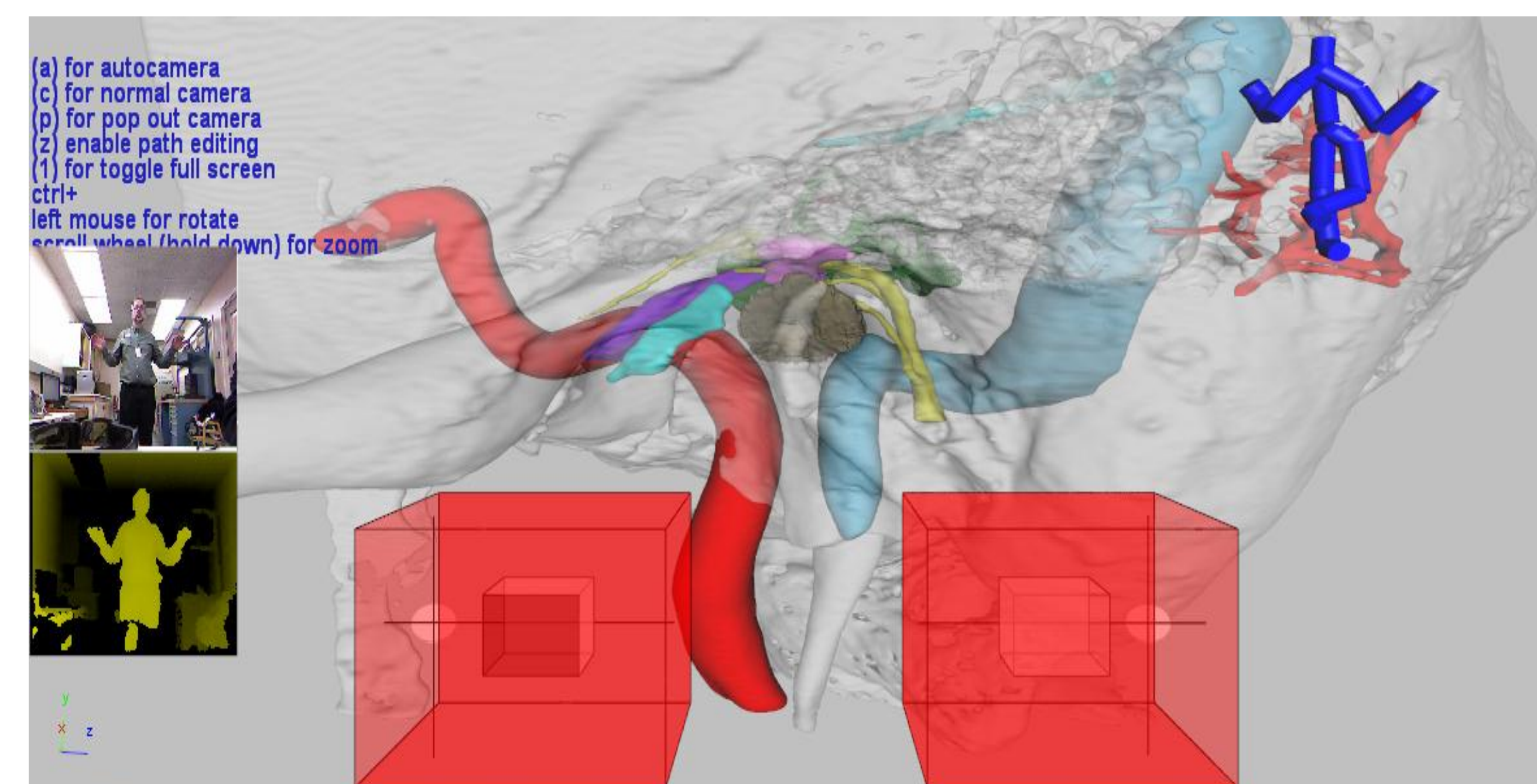


Figure 2. Screen shot of 3D Kinect™ Gesture Controlled Demo. Note the large red control cubes in the foreground. The left-hand cube controls translational movement while the right-hand cube controls rotation and orientation. The user is shown in colour camera and infrared depth sensor images on the left and is represented graphically by the avatar in the top right.

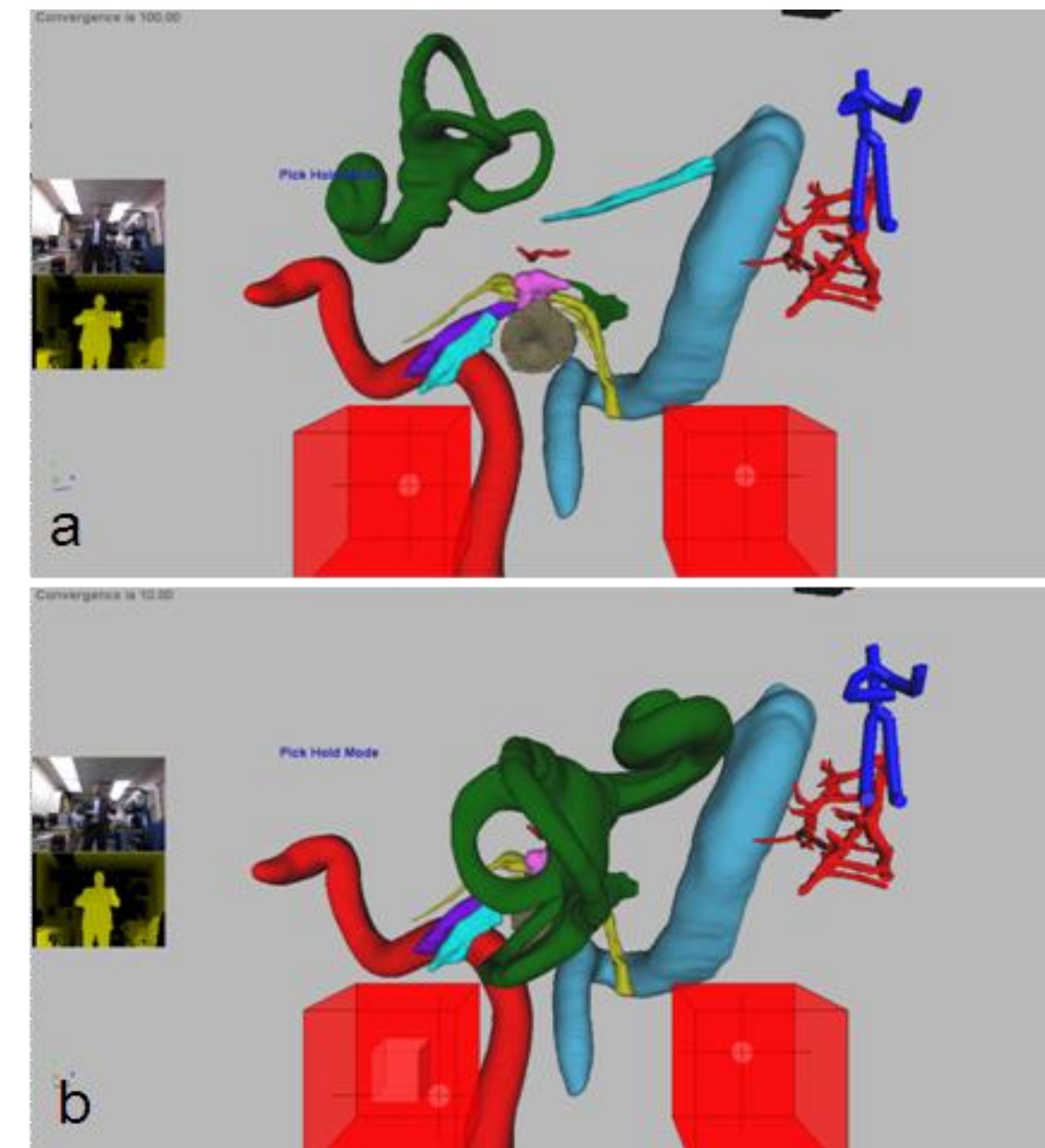


Figure 3. 3D anatomy tool selection mode with cochleo-vestibular apparatus brought to foreground. Objects may be manipulated by both gesture and voice control. (a) & (b) Selected cochleo-vestibular apparatus is in transit to the foreground. It may be translated, magnified or rotated under user control with gestures.

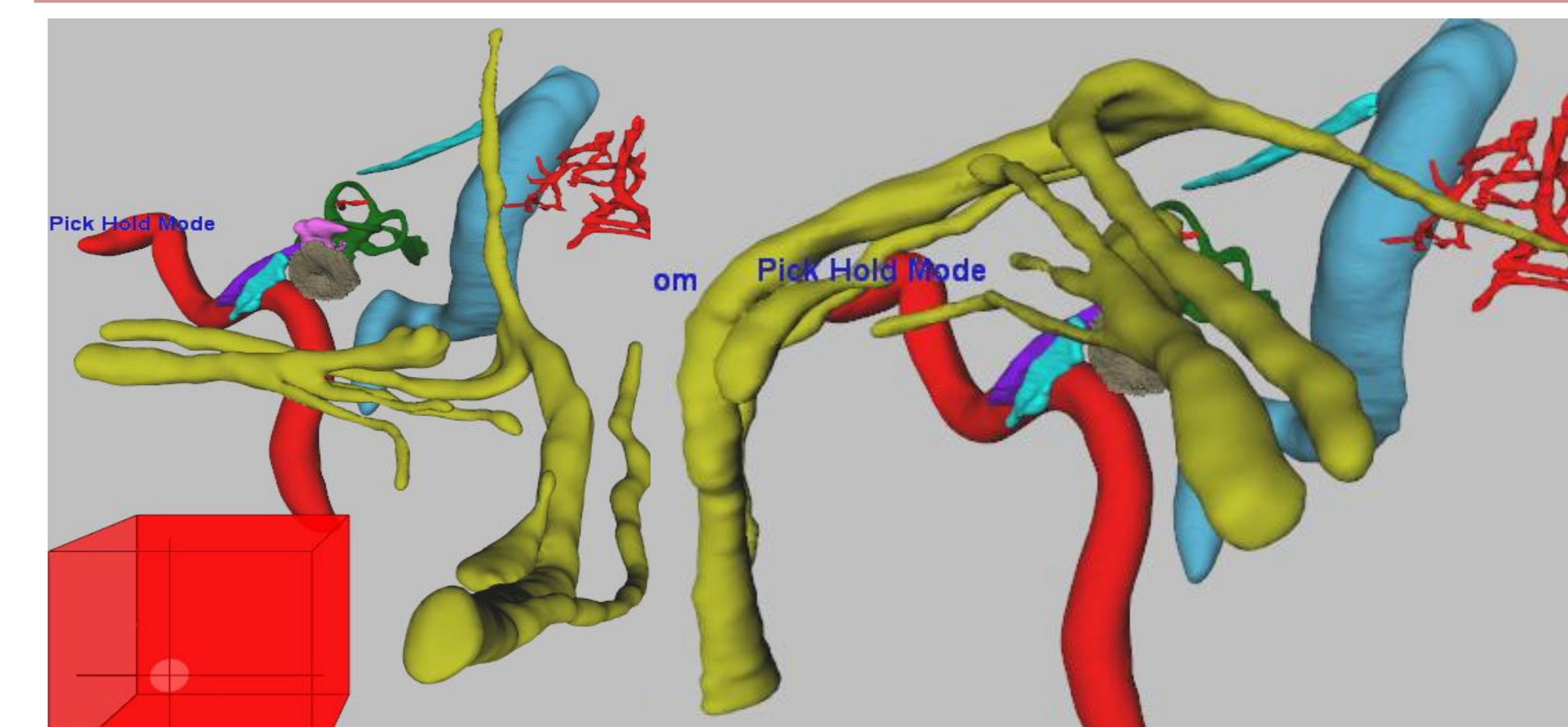


Figure 4. 3D anatomy tool selection mode with cranial nerves VII and VIII brought to foreground in two different orientations.

Discussion

- Patient oriented care requires a sound anatomic basis.
- New technologies and learning modalities are meant to compliment classic learning, benefiting from collaboration of anatomists, clinicians, and engineers.
- Development of 3D models employing patient specific data may enhance spatial appreciation in complex cases.
- Interactive models may improve incentive for both early and advanced learners .
- There is a need for formal evaluation of possible educational gain.

Conclusions

- This novel gesture-controlled interactive 3D model of temporal bone anatomy provides a stereoscopic and interactive tool to enhance complex spatial learning tasks.

References

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