

First Fully Autonomous Transcranial Doppler Robotic system during Carotid Artery Stenting

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Background/Introduction

Transcranial Doppler (TCD) is a non-invasive, safe and cost effective bedside test that can be used to evaluate cerebral circulation, particularly the middle cerebral arteries. TCD remains the only method to detect asymptomatic embolization by providing real-time hemodynamic information about the intracranial circulation compared to static brain imaging modalities.

Purpose/Objectives/Hypothesis

Neurological complications related to carotid interventions are usually due to perioperative hypoperfusion, hyperperfusion, or most commonly, thrombosis and embolism. In addition to symptomatic thromboembolic events, silent subclinical cerebro-embolism occurs at an even higher rate. Monitoring for and real-time detection of such events with TCD are critical to prevent, diagnose, and reverse procedural complications. TCD monitoring of the middle cerebral artery is a valuable tool that quickly alerts clinicians to these complications.

Methods

A 70-year-old male who previously underwent a Thoracic Endovascular Aortic Repair (TEVAR) and a Carotid artery bypass, returned for a left common carotid artery stent (CAS) placement. This was the first case in a clinical commercial setting in which a fully autonomous TCD robotic system was implemented. The NovaGuide (Novasignal, Los Angeles, CA) was setup on the patient within two minutes of general anesthesia induction. (Fig, B) The probes have five degrees of freedom, mimicking the sonographer in probe placement and signal acquisition in a fully automated manner.

Result

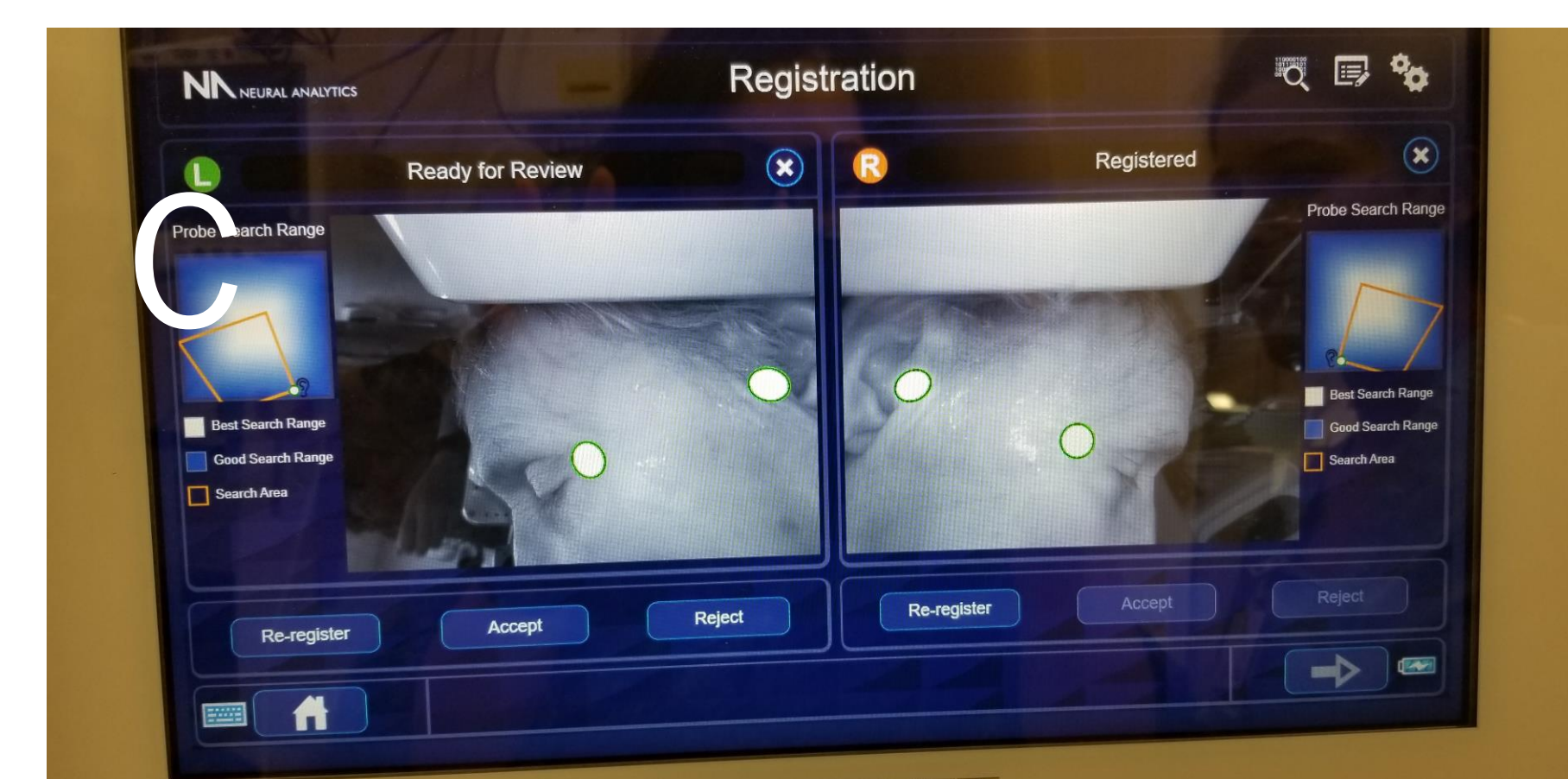
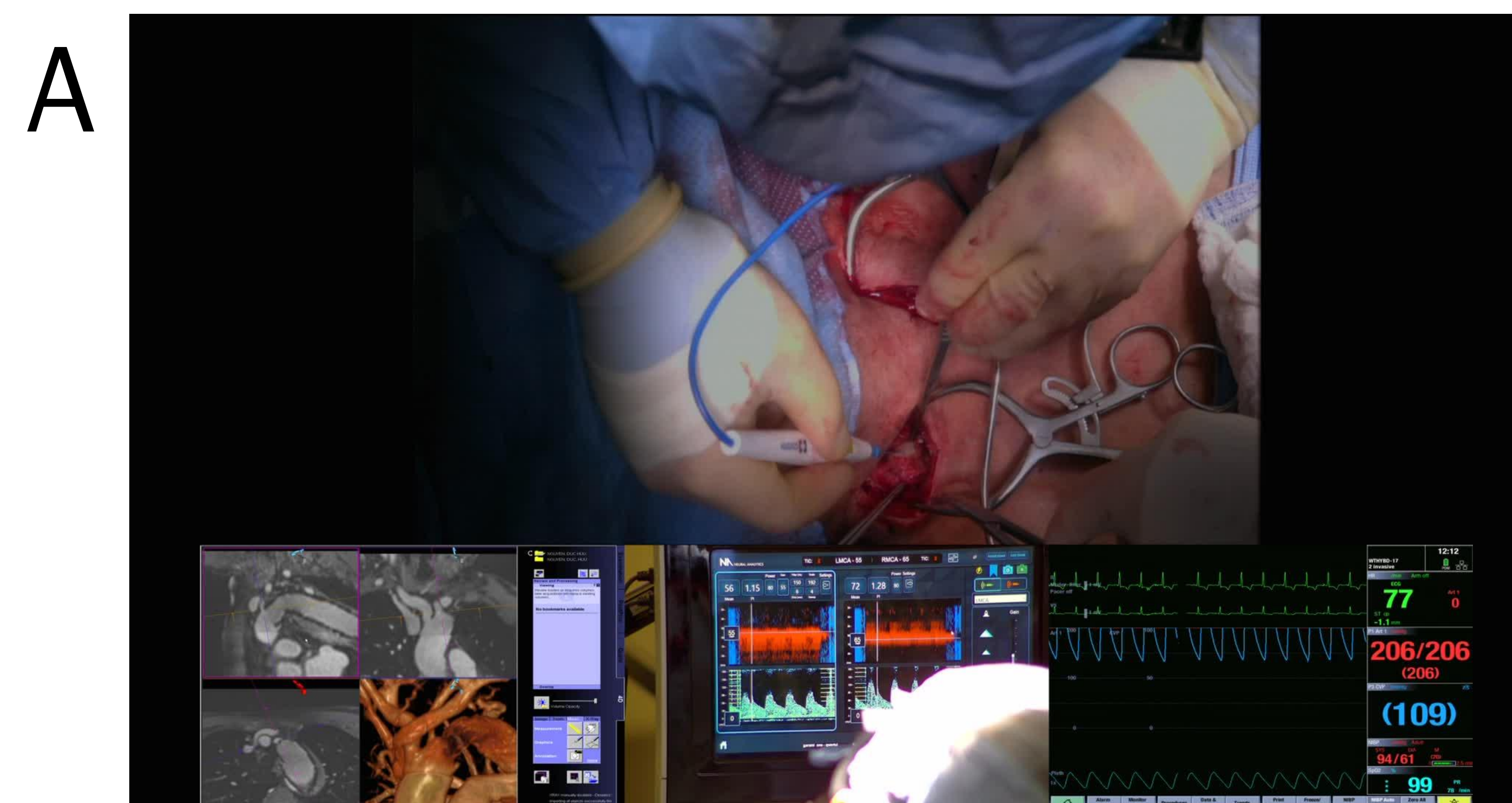


Fig A: Real-time TCD monitoring in quad format

Fig B: Depicts pod placement

Fig C: Registration of fiducials and temporal window

Fig D: Shows the pod

Results/Implications

Bilateral MCA signals were secured by the LRS. We were able to localize the right middle cerebral artery signal in 22 seconds and the left MCA in 44 seconds. Velocity changes were noticed mainly during the stent placement with the majority of embolic signals detected during the contrast injections and catheter movement. The procedure ended with improved waveforms and a total of 114/97 (right/left) emboli signals (HITS) were identified.

With the use of a fully autonomous TCD robotic system provided the ability to insonate and monitor bilateral MCA's throughout the procedure, whilst streaming continuous data in real-time and providing critical information on changes in cerebral blood flow velocity (CBFV) and counting embolic particulate entering the cerebral vasculature. With this monitoring approach, we could minimize the procedural and anesthesia workflow interruption.

Future Actions

TCD, though non-invasive and very useful during procedures, is under utilized due to the lack of expertise and experience in operating room monitoring. By replacing the expert sonologist with automated robotic probe placement and signal finding process, we could minimize interruptions due to probe shifting and signal loss.

References

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