

Washington University in St. Louis

SCHOOL OF ENGINEERING & APPLIED SCIENCE

# Improving Visualization and Interaction During Transcatheter Ablation Using A Mixed Reality System: First-In-Human Experience



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### ABSTRACT

Introduction: A novel mixed reality (MxR) based system that displays a real time intraprocedural hologram of cardiac geometry, electroanatomic maps, catheter localization with a controllable via sterile interface was developed. The system improves physician visualization and data interaction, which we expect will improve understanding of patient-specific cardiac anatomy and ultimately improve physician performance resulting in improved patient outcomes. We present the first live case where we have used this system, the Enhanced ELectrophysiology Visualization and Interaction system (**ĒLVIS**).

Methods: Software developed with the Windows Mixed Reality platform was loaded onto the Microsoft HoloLens (HL) augmented reality head mounted display and tested with historic data, prior to use in a live study.

**Results:** During a standard electrophysiology study and transcatheter ablation, ELVIS displayed a holographic projection of real time cardiac geometry during its creation and throughout the case. Local activation time (LAT) map, catheter locations and lesion markers were all overlaid onto this model. Two concurrent observers located outside the electrophysiology suite watched the live case and interacted with the model altering the scale, rotation and translating the geometry using gaze/gesture control.

**Conclusion:** Display of real time cardiac geometry, LAT map, catheter localization and lesion data in a single hologram within a MxR environment that facilitates physician visualization, interaction and collaboration is feasible. Future studies will include usability testing and prospective in-human validation.





#### **METHODS**

- 10 patients undergoing EPS/ablation recruited for observational study
- Patients underwent standard procedure
- 2<sup>nd</sup> EP team to observe study from control room, including geometry creation, map creation and ablations
- No feedback to performing physician
- No patient decisions made using ELVIS
- Inclusion criteria:
- Structurally normal heart

| Patient Characteristics  |             |
|--|-------------|
| # of patients enrolled   | 10          |
| Age (yrs)  | 13±4.5      |
| EP Diagnoses<br>AVNRT<br>Right sided AP AVRT<br>Left sided AP AVRT | 3<br>1<br>6 |
| Geometries Created<br>Right atrium<br>Left atrium                  | 10<br>6     |
| Maps Created<br>Activation Map<br>Voltage Map                      | 7<br>5      |





.5k-12k Polygons 30-60fps Frame Rate Battery Performance 191min <131msec Latency

**Performance Metrics** 



HoloLens Display EAMS Display



**First Person Video Capture** 



SLCH—08: RA, LA and CS geometry with LAT map from LL WPW ablation



SLCH—01: RA geometry with voltage map from AVNRT ablation

## CONCLUSIONS

- ✓ Real-time MxR display of EAMS data feasible
- ✓ Current hardware meets minimum performance requirements
- ✓ More accurate latency characterization

Next steps...

- Quantifying benefits of MxR HMD in EP
  - Workload distribution
  - Time to generate high-density geometries and maps
  - Overall procedure time



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RESULTS









JNAS and JRS are founders of SentiAR, Inc. MS holds shares in SentiAR, Inc. SentiAR, Inc is a medical device company pursuing the application of augmented reality in electrophysiology.



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DISCLOSURES