

HCI represents a growing area of clinical research in intraprocedural image navigation. A recent review has documented the different approaches undertaken by various research groups,⁸ largely employing commercially available camera-based platforms, such as Microsoft Kinect (used for gaming) (Microsoft Corp) or Leap Motion Controller (LMC) (Leap Motion Inc), which use hand and limb gestures as commands for image navigation.¹⁴⁻¹⁷ Other techniques, such as voice recognition and eye tracking, have also been evaluated as mechanisms for image interaction.⁸ Overall, the studies have shown their feasibility for implementation, particularly with Kinect and LMC; however, few studies have been tested in a real clinical environment, and the experiments have reported mixed results. Namely, these studies reported short training times and ease-of-use responses from the study participants. However, findings reflect false-positive activation in a dark environment, confinement to a fixed area of interaction within the camera's line of sight, and indefinite benefits over the existing mode of image interaction, such as the conventional keyboard and mouse.⁸ These limitations have not been observed with the image navigation technology during testing in the present case series.

While the image navigation technology we have described in our case series provides effective and intuitive control of a number of different image manipulation functions, the current release that was tested does not enable the user to perform drawing, measuring, and segmentation. This is particularly useful in cases for radioembolization therapy when 3-dimensional reconstructions are needed for spatial planning. Nonetheless, our observations in the present study show the promise of the technology platform as a translatable and useful technology in the endovascular suite.

CONCLUSION

Procedural workflow is a field of recent improvement, and new technologies are arising giving the physicians new alternatives. Handheld remote control of the PACS system such as the TIPS AirPad is definitely a great resource for the operative workspace. ■

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REFERENCES

- O'Hara K, Gonzales G, Sellen A, et al. Touchless interaction in surgery. *Communications of the ACM*. 2014;57(1):71-77.
- Johnson R, O'Hara K, Sellen A, Cousins C, Criminisi A. Exploring the potential for touchless interaction. *Proceedings of ACM CHI*. 2011;2011:3323-3332.
- Chan D, Downing D, Keough CE, et al. Joint practice guideline for sterile technique during vascular and interventional radiology procedures. From the Society of Interventional Radiology, Association of periOperative Registered Nurses, and Association for Radiologic and Imaging Nursing, for the Society of Interventional Radiology corrected Standards of Practice Committee, and Endorsed by the Cardiovascular Interventional Radiological Society of Europe and the Canadian Interventional Radiology Association. *J Vasc Interv Radiol*. 2012;23(12):1603-1612.
- Wanta BT, Glasgow AE, Habermann EB, et al. Operating room traffic as a modifiable risk factor for surgical site infection. *Surg Infect (Larchmt)*. 2016;17(5):755-760.
- Mendez B, Requena M, Aires A, et al. Direct transfer to angi-suite to reduce workflow times and increase favorable clinical outcome. *Stroke*. 2018;49(11):2723-2727.
- Settecase F, McCoy DB, Darflinger R, et al. Improving mechanical thrombectomy time metrics in the angiography suite. Stroke cart, parallel workflows, and conscious sedation. *Interv Neuroradiol*. 2018;24(2):168-177.
- Ratib O. Imaging informatics. From image management to image navigation. *Yearb Med Inform*. 2009:167-172.
- Mewes A, Hensen B, Wacker F, Hansen C. Touchless interaction with software in interventional radiology and surgery. A systematic literature review. *Int J Comput Assist Radiol Surg*. 2017;12(2):291-305.
- Iannessi A, Marcy PY, Clatz O, Fillard P, Ayache N. Touchless intraoperative display for interventional radiologist. *Diag Interv Imaging*. 2014;95(3):333-337.
- Rosset A, Spadola L, Pyhtinen J, Ratib O. Informatics in radiology (infoRAD). Navigating the fifth dimension: innovative interface for multidimensional multimodality image navigation. *Radiographics*. 2006;26(1):29-37.
- Grätzel C, Foyt T, Grange S, Baur C. A non-contact mouse for surgeon-computer interaction. *Technol Health Care*. 2004;16(5):245-257.
- Firth Colens J. Why communication fails in the operating room. *Qual Saf Health Care*. 2004;13(5):327.
- Osgaard L, Espin S, Whyte S, et al. Communication failures in the operating room. An observational classification of recurrent types and effects. *Qual Saf Health Care*. 2004;13(5):330-334.
- Tan JH, Chao C, Zawaideh M, Roberts AC, Kinney TB. Informatics in Radiology. Developing a touchless user interface for intraoperative image control during interventional radiology procedures. *Radiographics*. 2013;33(2):E61-E70.
- Strickland M, Tremaine J, Brigley G, Law C. Using a depth-sensing infrared camera system to access and manipulate medical imaging from within the sterile operating field. *Can J Surg*. 2013;56(3):E1-E6.
- Bizzotto N, Costanzo A, Bizzotto L, et al. Leap motion gesture control with OsiriX in the operating room to control imaging. First experiences during live surgery. *Surg Innov*. 2014;21(6):655-656.
- Weichert F, Bachmann D, Rudak B, Fisseler D. Analysis of the accuracy and robustness of the leap motion controller. *Sensors (Basel)*. 2013;13(5):6380-6393.