

Use of AI in Image-Guided Minimally Invasive Therapy: *concepts, benefits & challenges*

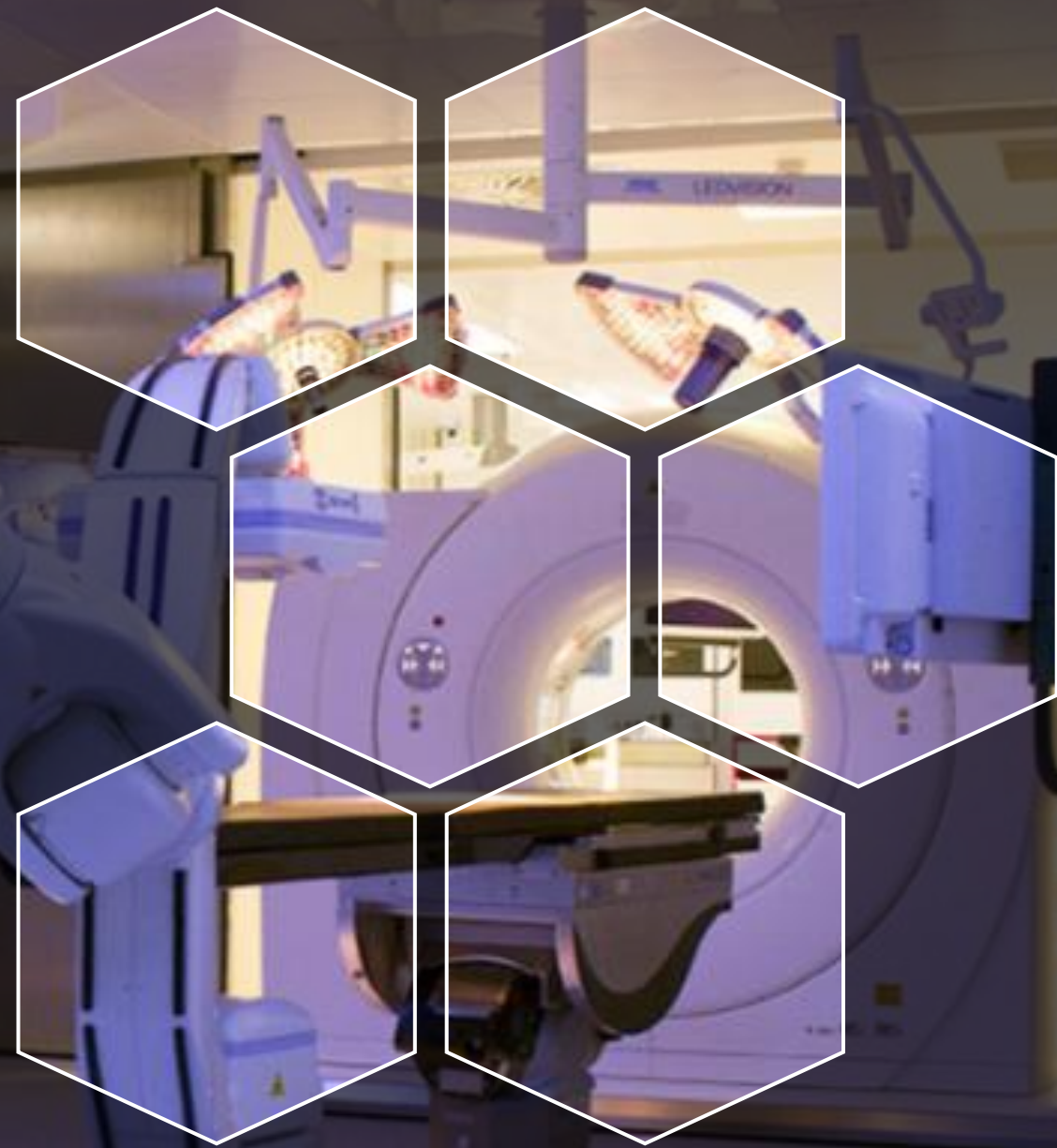
Juan M. Verde, MD, M.Sc.

Business, Engineering & Surgical Technology Transfer

Institute of Image-Guided Surgery - IHU Strasbourg

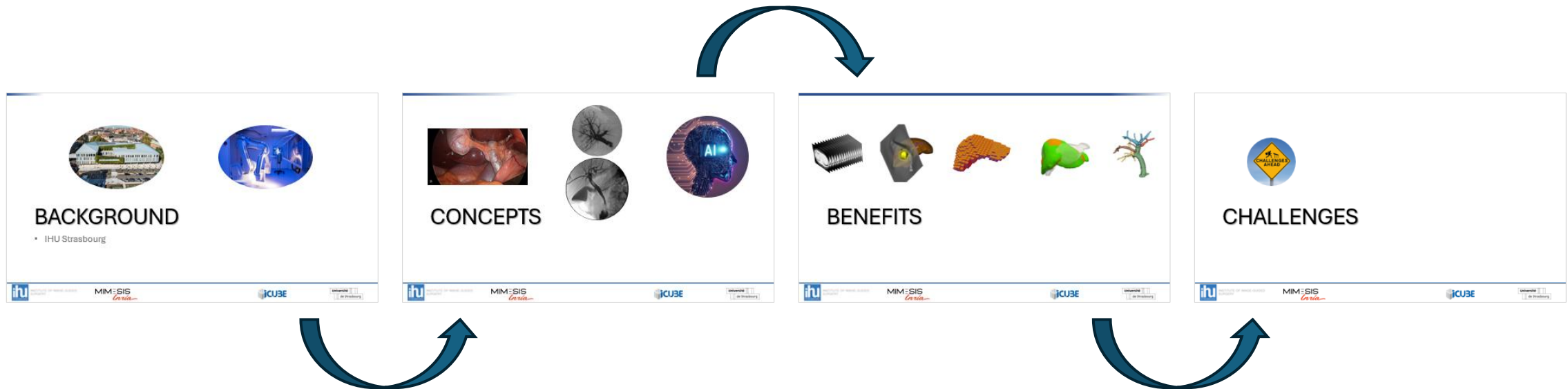
MIMESIS team @ inria

MLMS team @ ICube – University of Strasbourg



18 · 19 JUIN
CONGRÈS ——— 2025
SOFAQ
FRENCH QUALITY ASSURANCE SOCIETY
**L'INTELLIGENCE
ARTIFICIELLE**
au service de la **Qualité** et de la **Santé**

Our path today: from Foundations to Frontiers





BACKGROUND

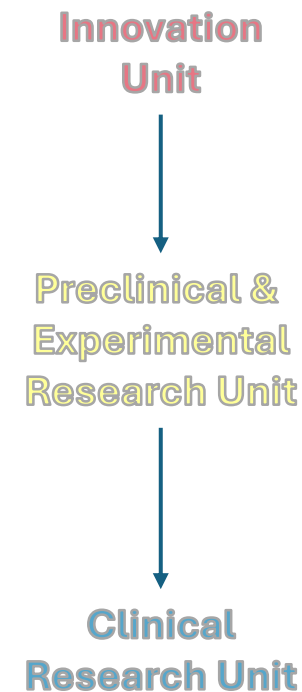
- IHU Strasbourg

Institute of Image-Guided Surgery



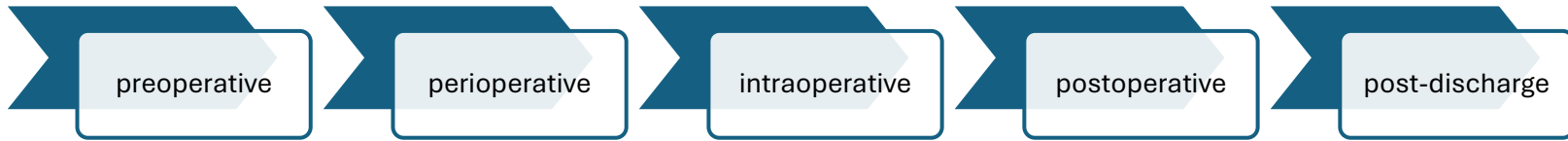
- **Mission:**
 - *Accelerating clinical translation of disruptive technologies to deliver real-world, validated solutions in image-guided therapies.*
- **Infrastructure:**
 - State-of-the-art hybrid operating rooms (experimental, clinical)
 - Advanced prototyping labs
 - Integrated, in-house multidisciplinary expertise
- **Research Focus:**
 - Digital Technologies (AI, XR, Robotics)
 - Advanced medical imaging
 - Therapeutic Modalities (Energy-based)
- **Approach:**
 - Collaborative, clinically anchored, multidisciplinary innovation

We navigate from unmet need to regulatory clearance, bridging translational gaps.

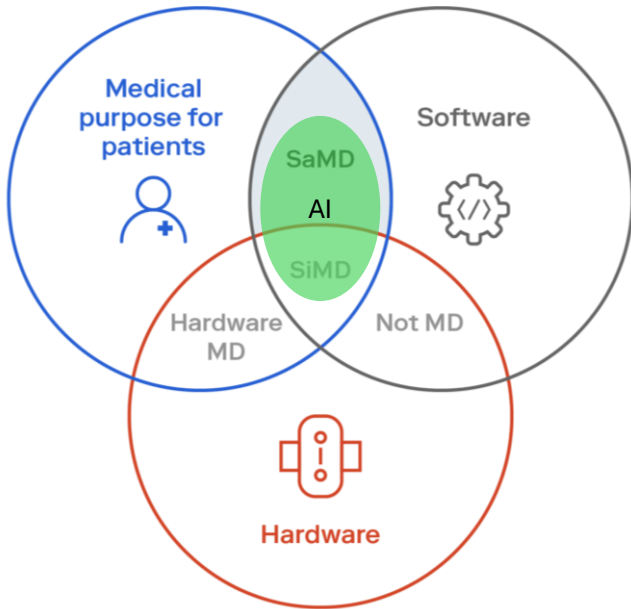


-  IHU Strasbourg
-  Partners / Sponsors

sources: Delve



intraoperative environment



Decision-Making & Cognitive Constraints



Real-time decision support: High-stakes decisions must be made instantly and accurately.

Cognitive load: Operators manage complex, simultaneous stimuli and tasks.

Immediacy of action: Delays in insight or navigation/guidance can directly impact patient outcomes (adverse events / complications).

Procedural & Environmental Complexity



Dynamic environment: Constantly evolving anatomy, instrumentation, and tissue response.

Constrained physical space: Limited room for additional equipment; shared access points.

Ergonomic and spatial limitations: Devices must adapt to tight layouts without hindering workflow.

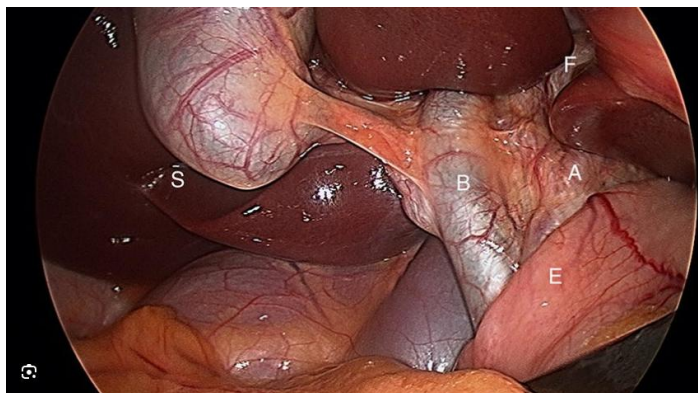
Human Factors & Variability



Team dynamics and coordination: Multidisciplinary, fluid team interactions under time pressure.

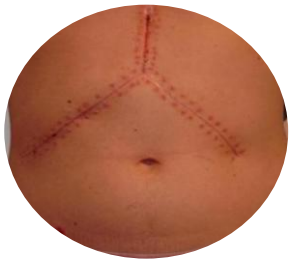
High inter-operator variability: Differences in technique, decision pathways, and tool preferences

sources: [Rangle](#)

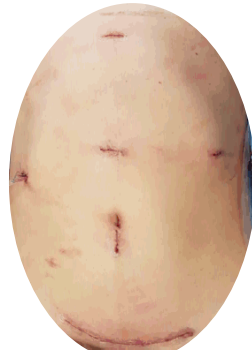


CONCEPTS

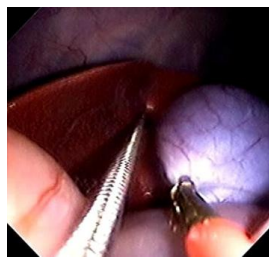
open surgery



lap surgery



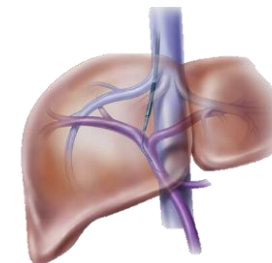
NOTES



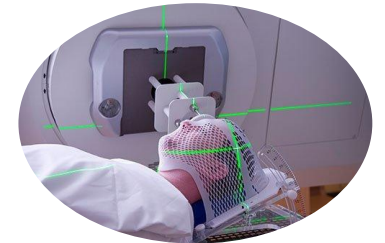
needle-based



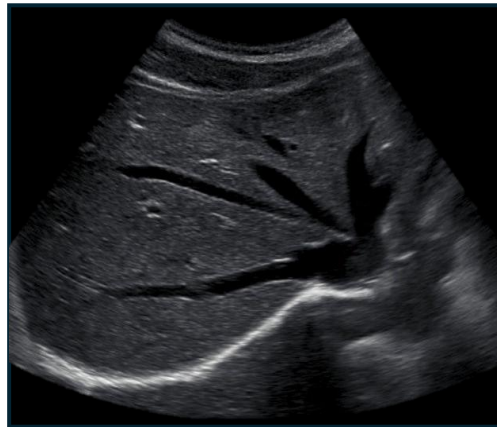
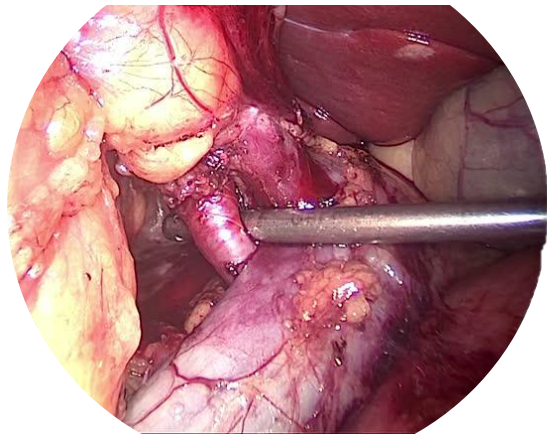
endovascular



noninvasive

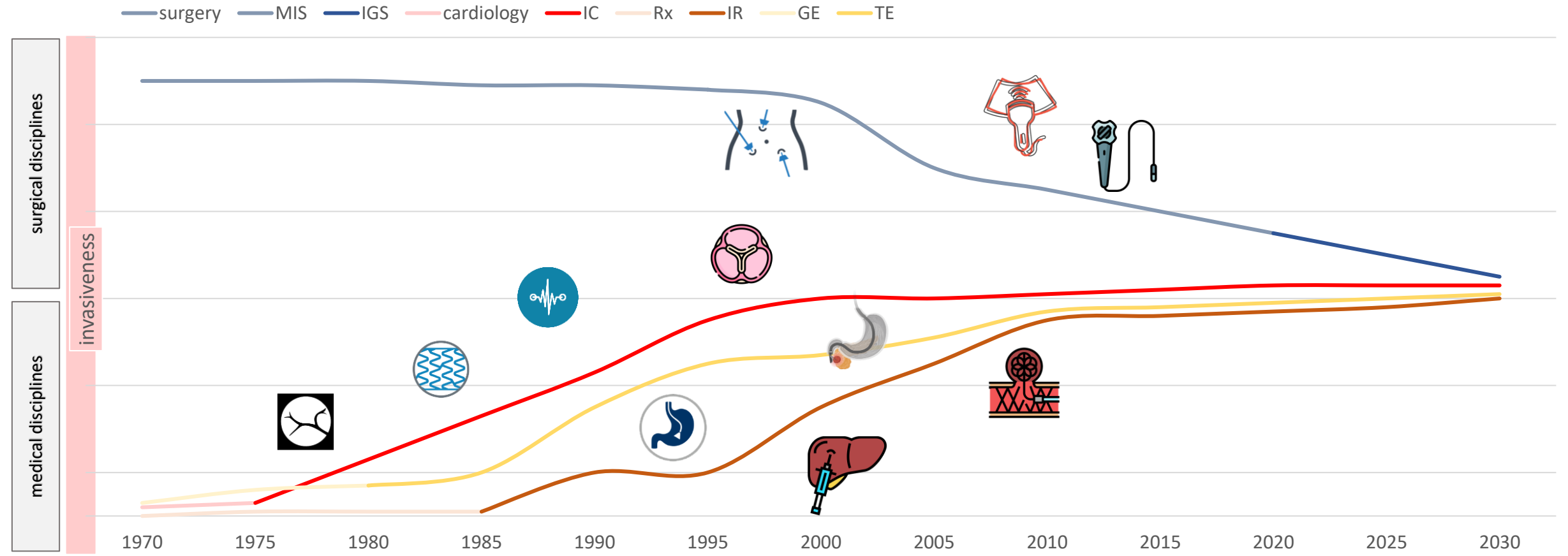


Multimodal Imaging – Foundation for AI



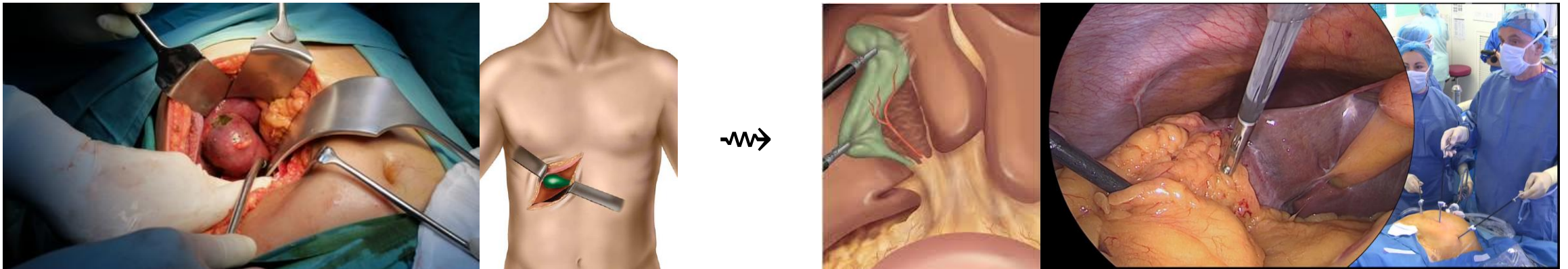
MULTIDISCIPLINARY CONVERGENCE

Blurring Lines Across Specialties



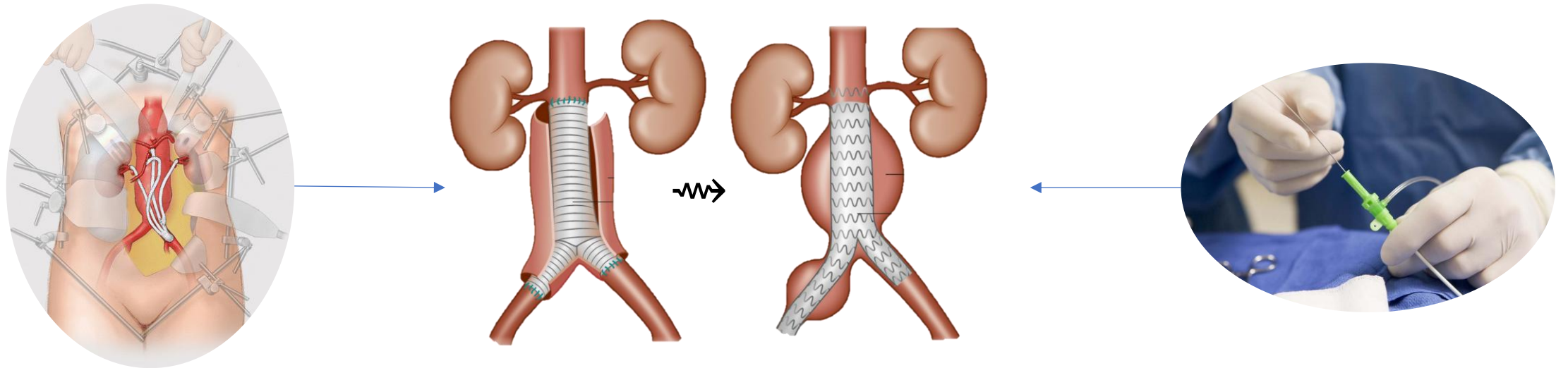
This convergence reshapes how we define roles, tools, and responsibilities.

Open \rightsquigarrow Video-assisted (laparoscopic)

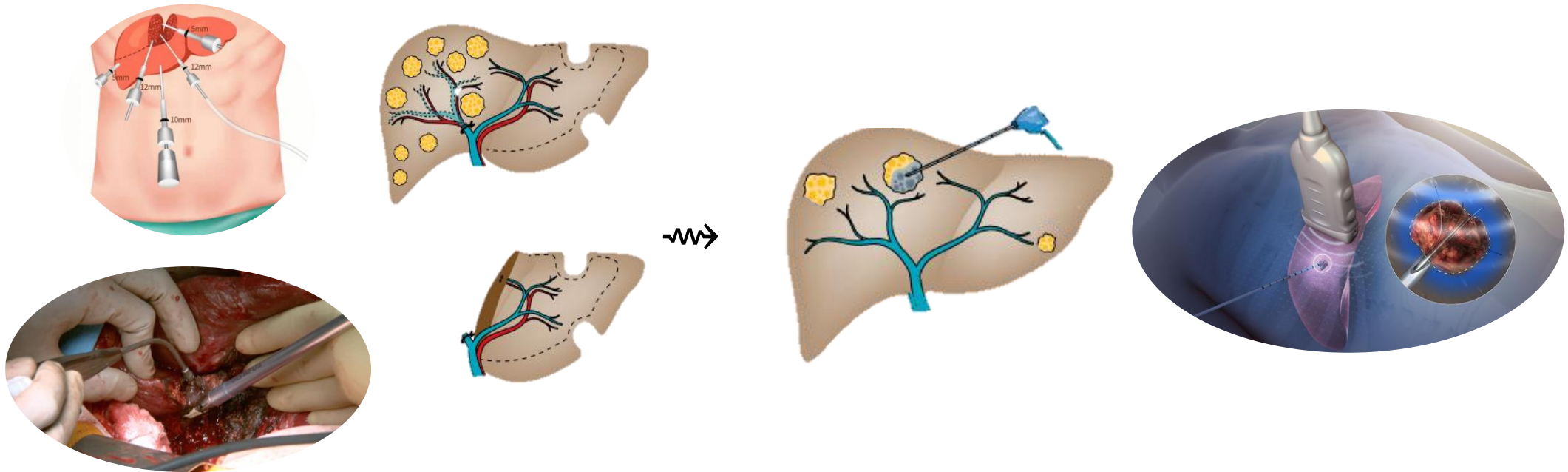


Dallemagne B. WebSurg, 2020

Open \rightsquigarrow Endovascular



Liver Resection \rightsquigarrow Tumor Ablation



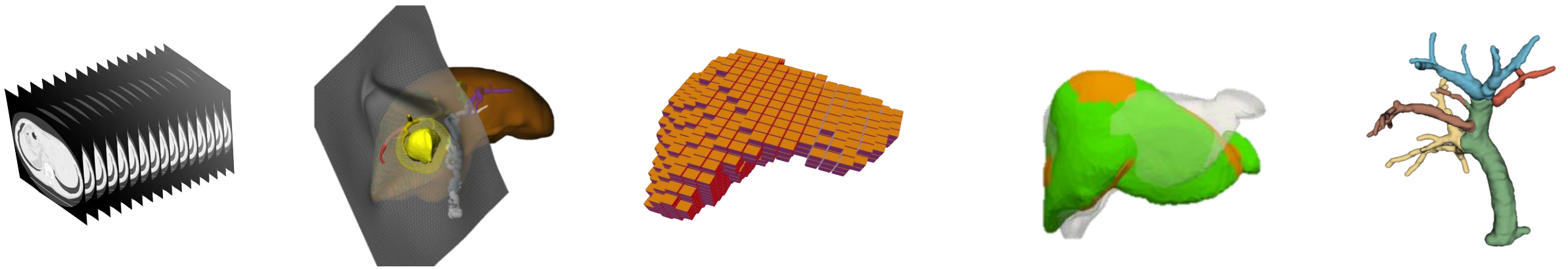
modified from - Petrowsky, H. et al. *Nat Rev Gastroenterol Hepatol*, 2020

Medical Imaging Innovation: Paradigm Shifts

Domain	Old Paradigm	New Paradigm	Catalyst	Clinical Outcome
Liver Surgery	Open Hepatectomy	Laparoscopic/Robotic Hepatectomy	Minimally invasive tools, robotics	↓ Morbidity, ↓ stay, faster recovery
	Resection with visual guidance only	Image-guided (US), parenchyma-sparing surgery	Intraop ultrasound, ICG, AI	↑ R0 rate, preserved function
Pancreatic Surgery	Pancreatectomy	Laparoscopic/Robotic Pancreatectomy	Robotic dexterity, structured learning pathways	Comparable outcomes, fewer wound issues, ↓ Bleeding, ↓ recovery time
	Open necrosectomy for pancreatitis	Endoscopic necrosectomy	Minimally invasive drainage + debridement	↓ Sepsis, fewer ICU days, faster resolution
Digestive Surgery	Open cholecystectomy	Laparoscopic cholecystectomy	Early laparoscopy innovators	Became standard of care (shorter stay, less pain)
	Open fundoplication	Transoral Incisionless Fundoplication (TIF)	GERD-focused endoscopic platforms	Incisionless outpatient anti-reflux option
	Resection for all early GI tumors	Endoscopic Submucosal Dissection (ESD) / Mucosal Resection (EMR)	High-definition endoscopy, specialized tools	Curative without surgery in early-stage cancer
	Surgery with abdominal access for obesity	Endoscopic Sleeve Gastroplasty (ESG)	Endoluminal suturing tech, obesity therapy demand	Outpatient, no incisions, promising short-term weight loss
Vascular Surgery	Open AAA repair via laparotomy	Endovascular Aneurysm Repair (EVAR)	Stent grafts, fluoroscopic guidance	↓ Perioperative mortality, ↓ ICU use
	Open femoropopliteal bypass	Percutaneous angioplasty with drug-eluting technologies	Drug-eluting balloons, image guidance	Less invasive, faster ambulation
	Enderterectomy for carotid stenosis	Carotid artery stenting	Neuroprotection systems, better stent design	Less invasive, same-day discharge potential

MINIMALLY INVASIVE THERAPY

- **Evolution:** Shift from invasive to minimally invasive methods
- **Impact:** Reduced trauma, quicker recovery
- **Role of Imaging:** Reshaping procedural approaches
- **Paradigm Shifting**



BENEFITS

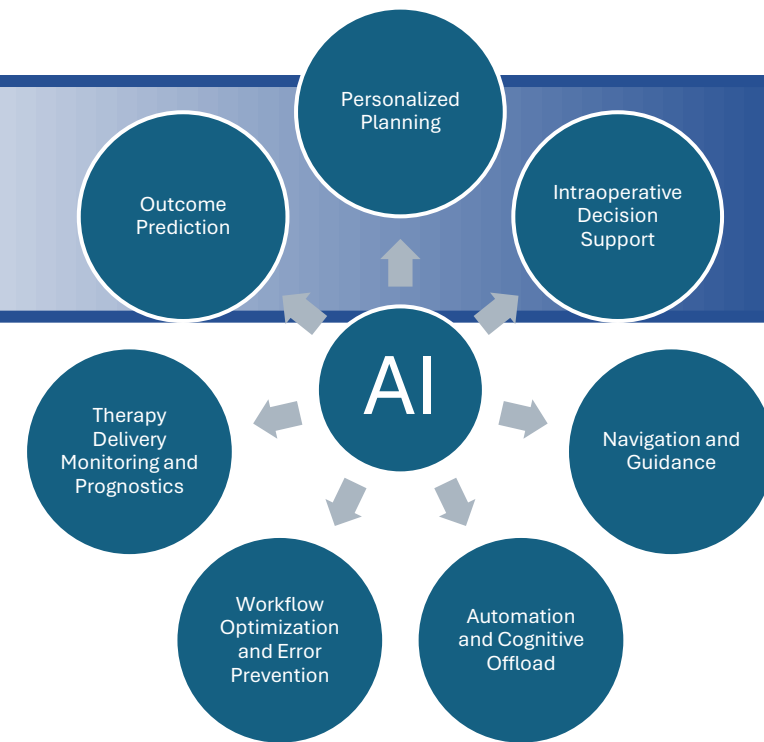
BENEFITS OF AI

Short-Term

- Precision
- Safety
- Efficiency
- Personalization
- Accessibility

Long-Term

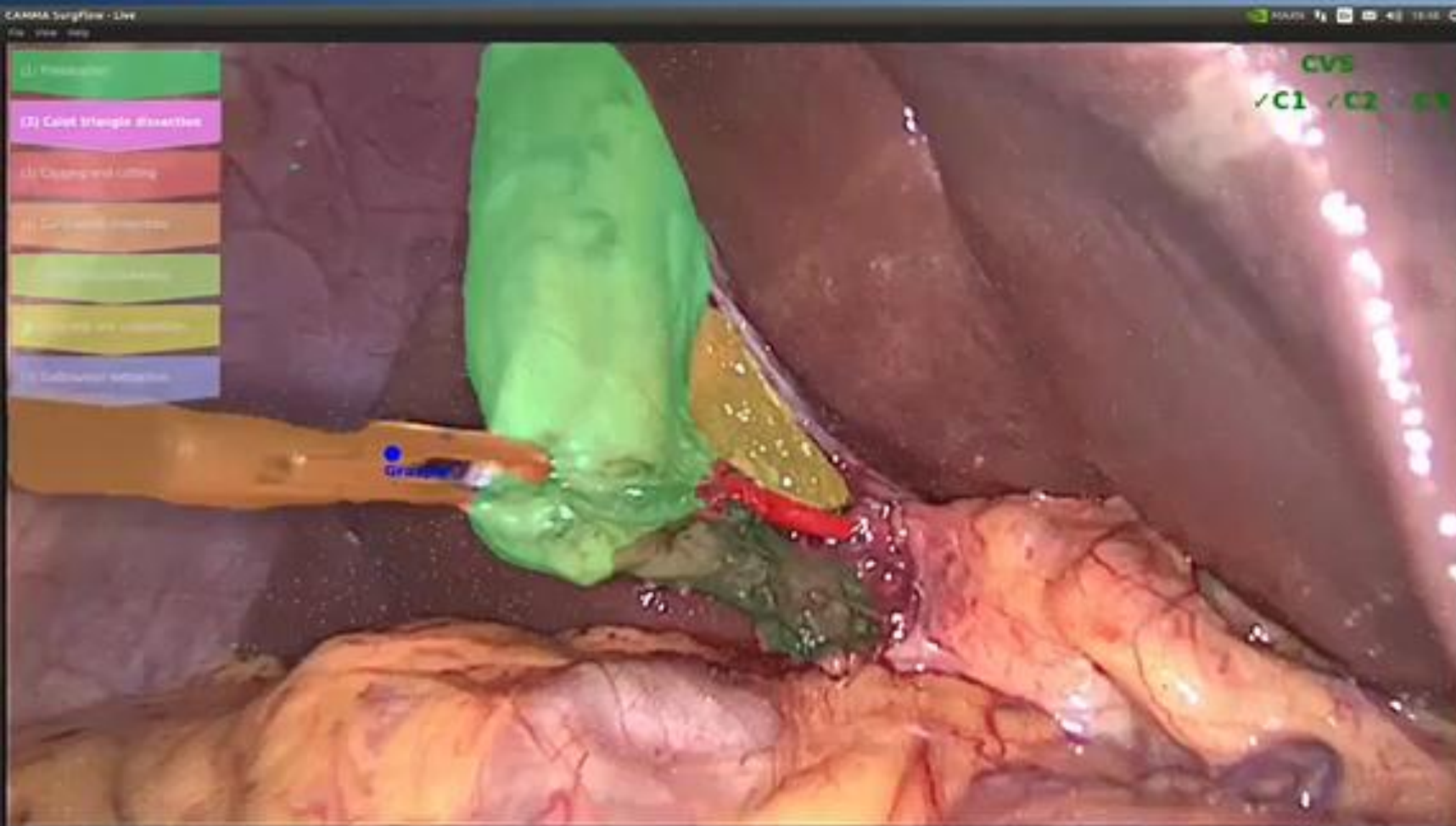
- Digital Twins
- Augmented Reality (AR)
- Autonomous robotics
- Improved training



[LIVE]

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AI-ASSISTED LAPAROSCOPIC CHOLECYSTECTOMY



Université
de Strasbourg



ircad
France

Gemelli

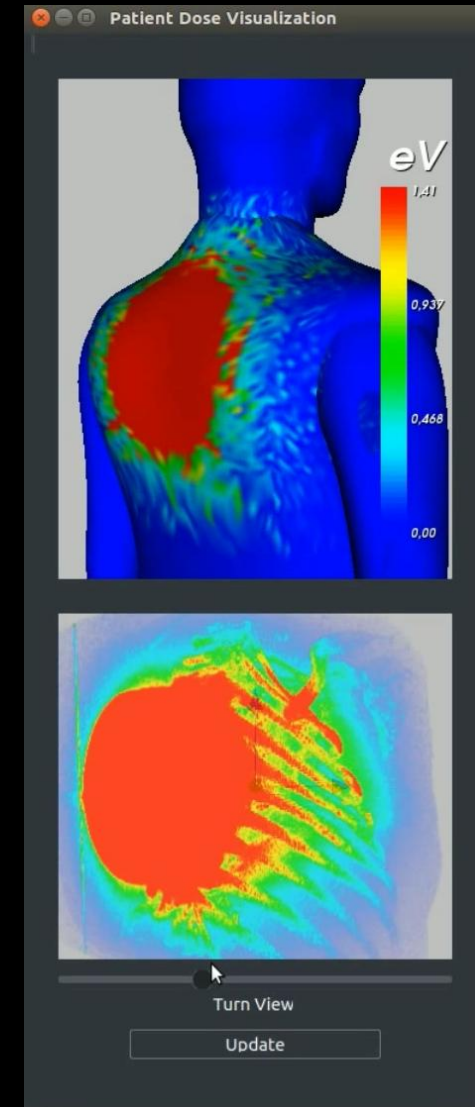


X-ray Safety Monitoring

3D Propagation:

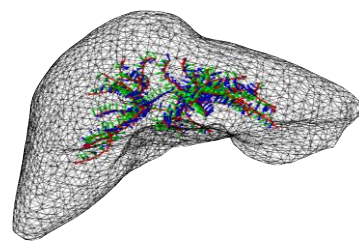
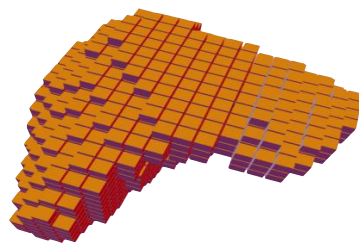
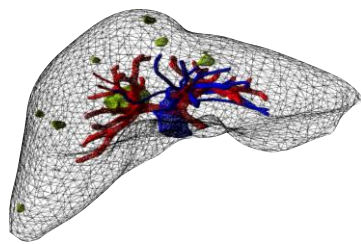
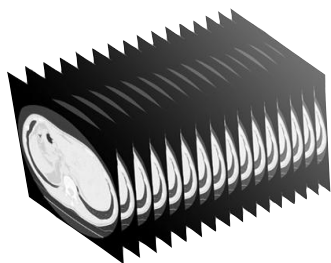
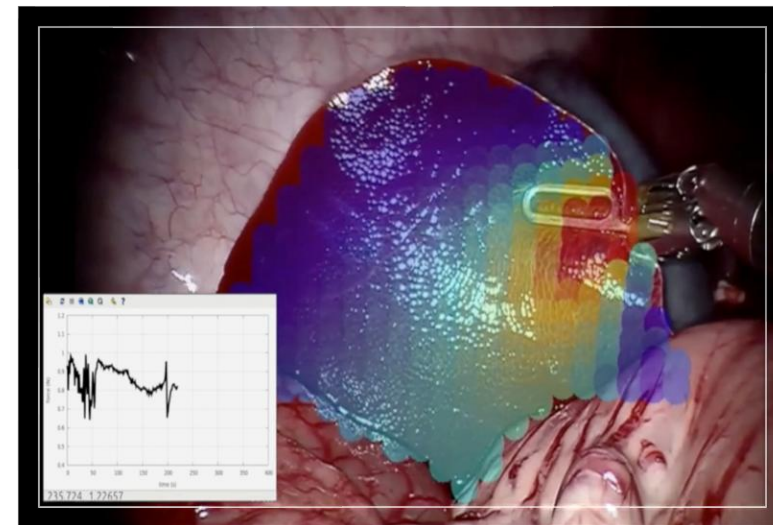
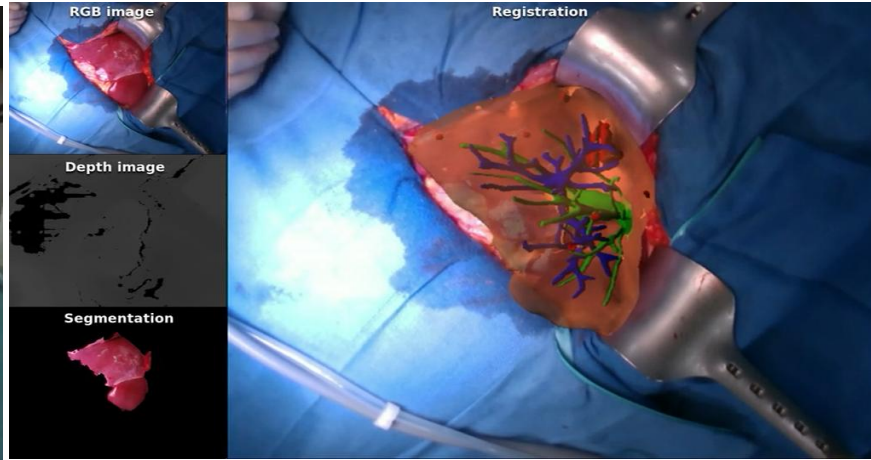
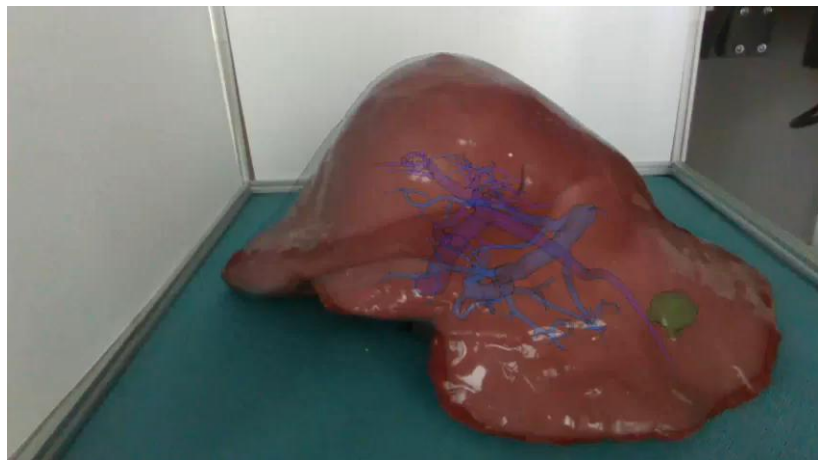
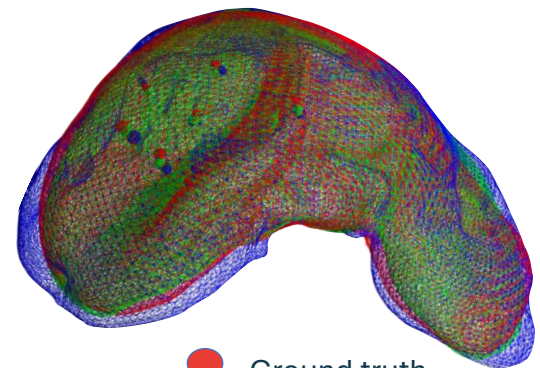
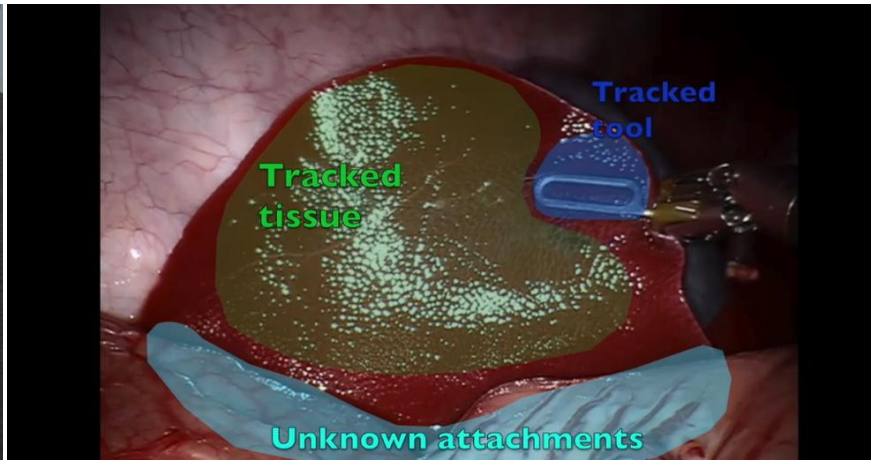
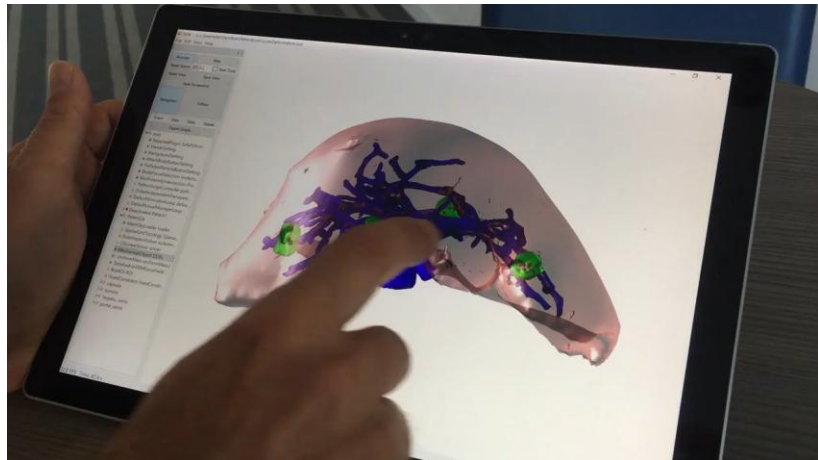


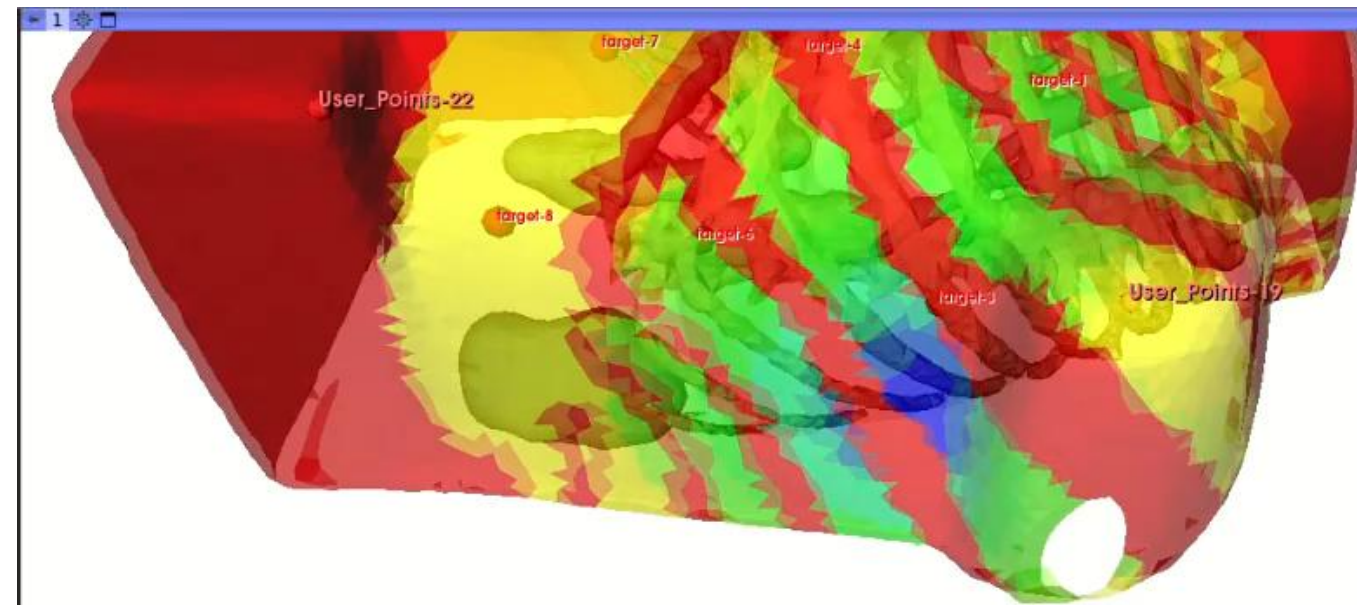
Patient:



Body Parts:







Import Calibration Camera Structures Surgery

Needle Placed

Targeting System

Data

Distance to target : 181.46 mm

Audio Feedback

Simulation Settings

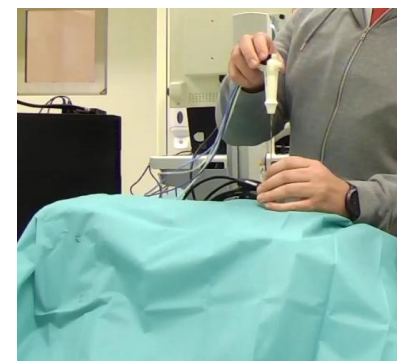
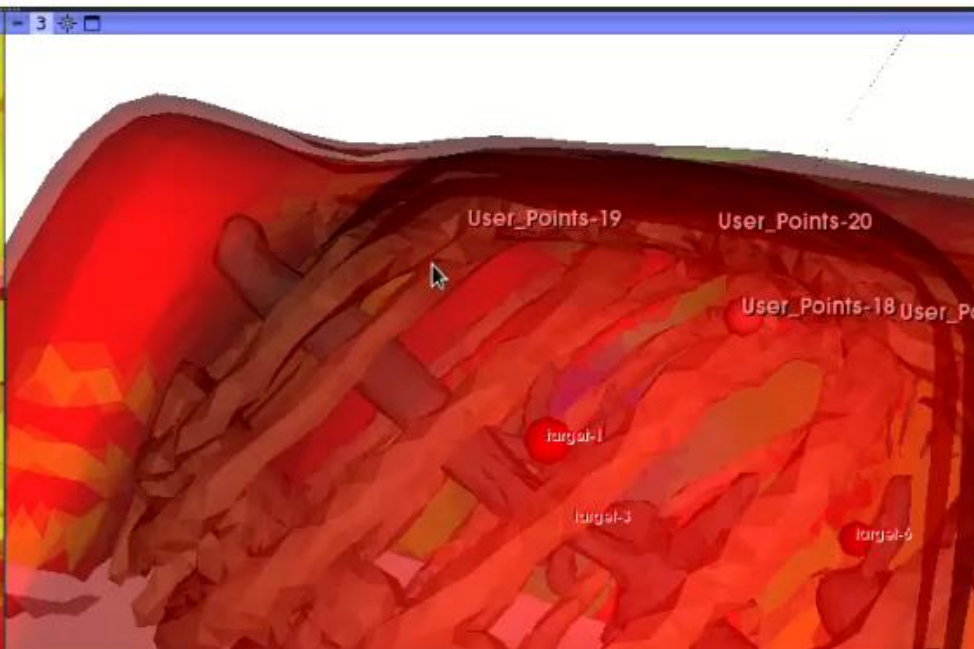
Targeting Simulation FPS 30

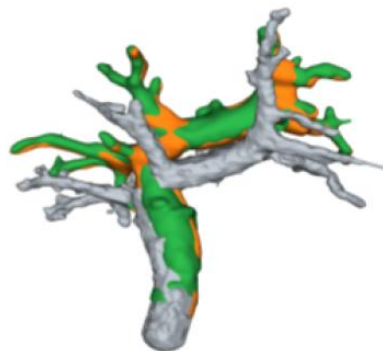
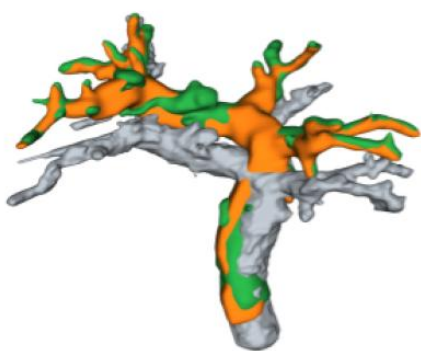
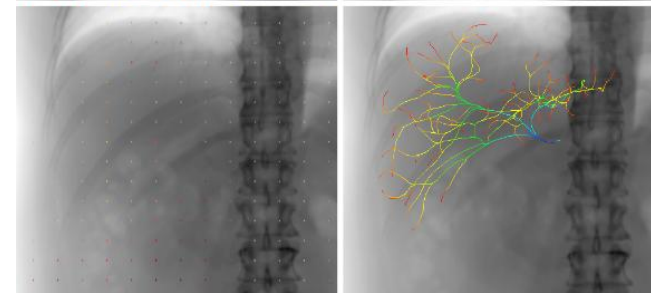
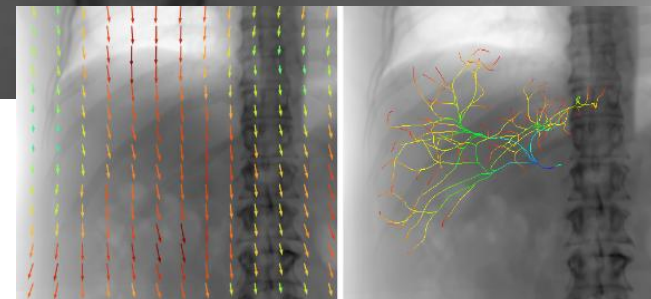
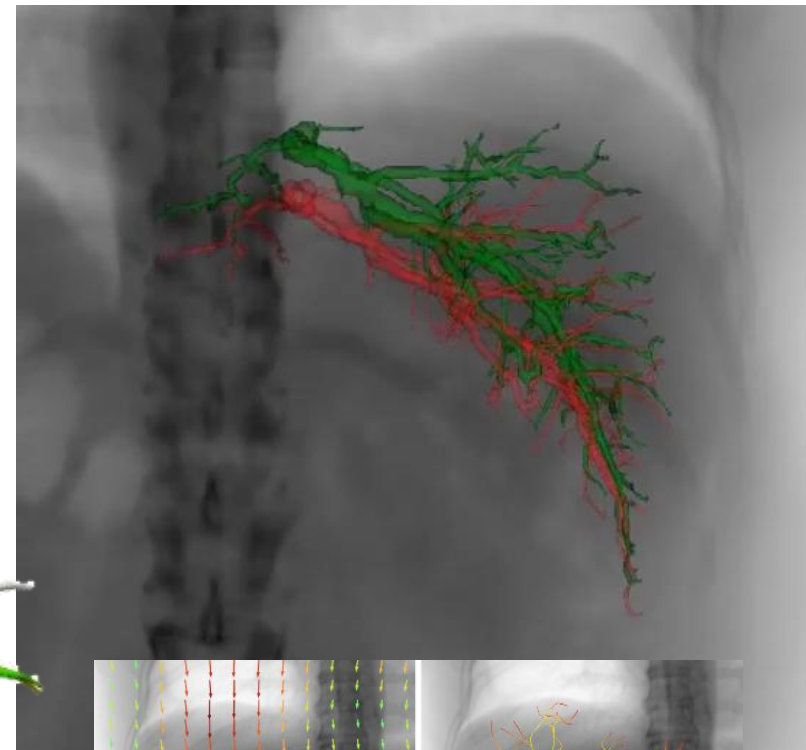
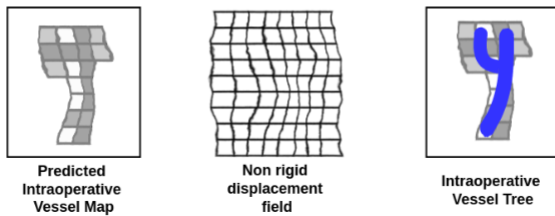
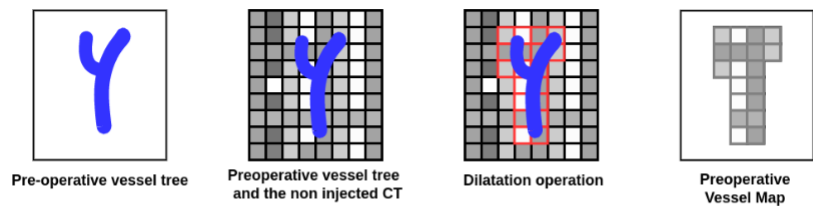
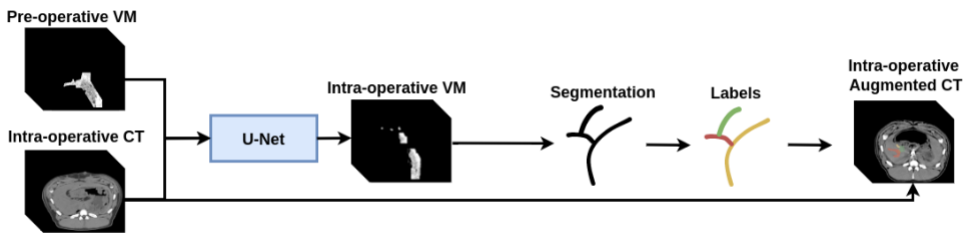
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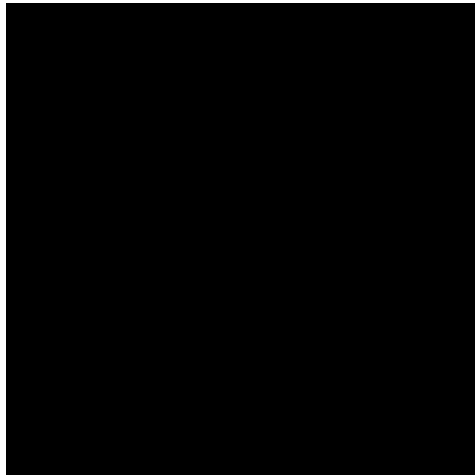
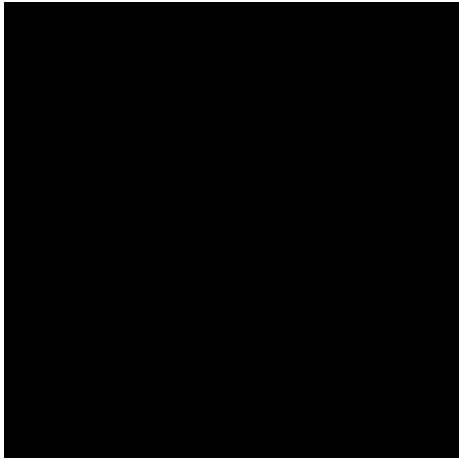
Risk distance [mm]: Reset

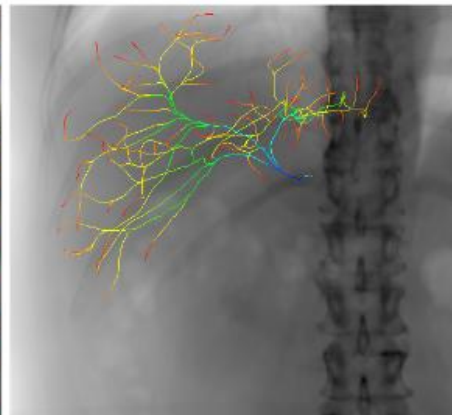
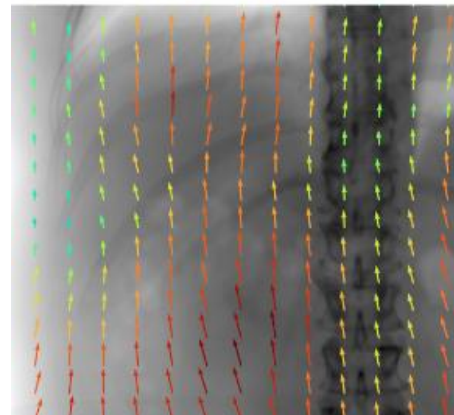
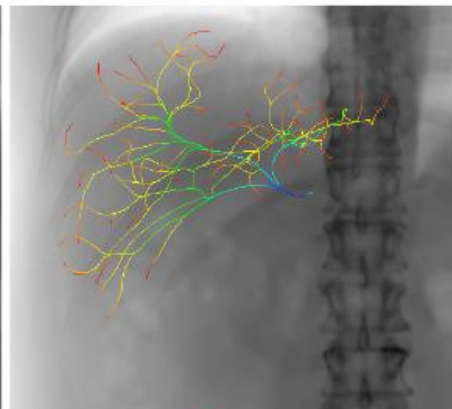
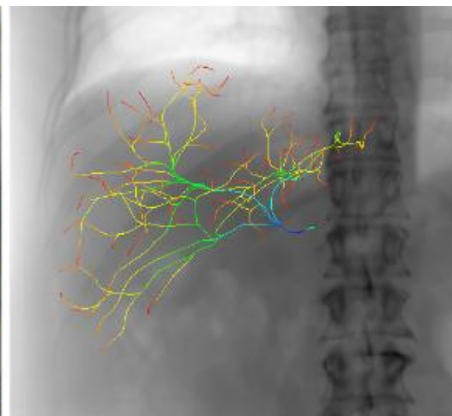
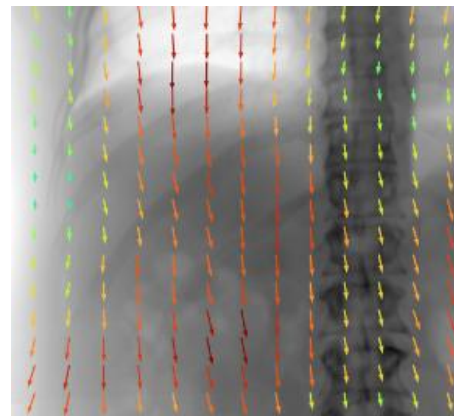
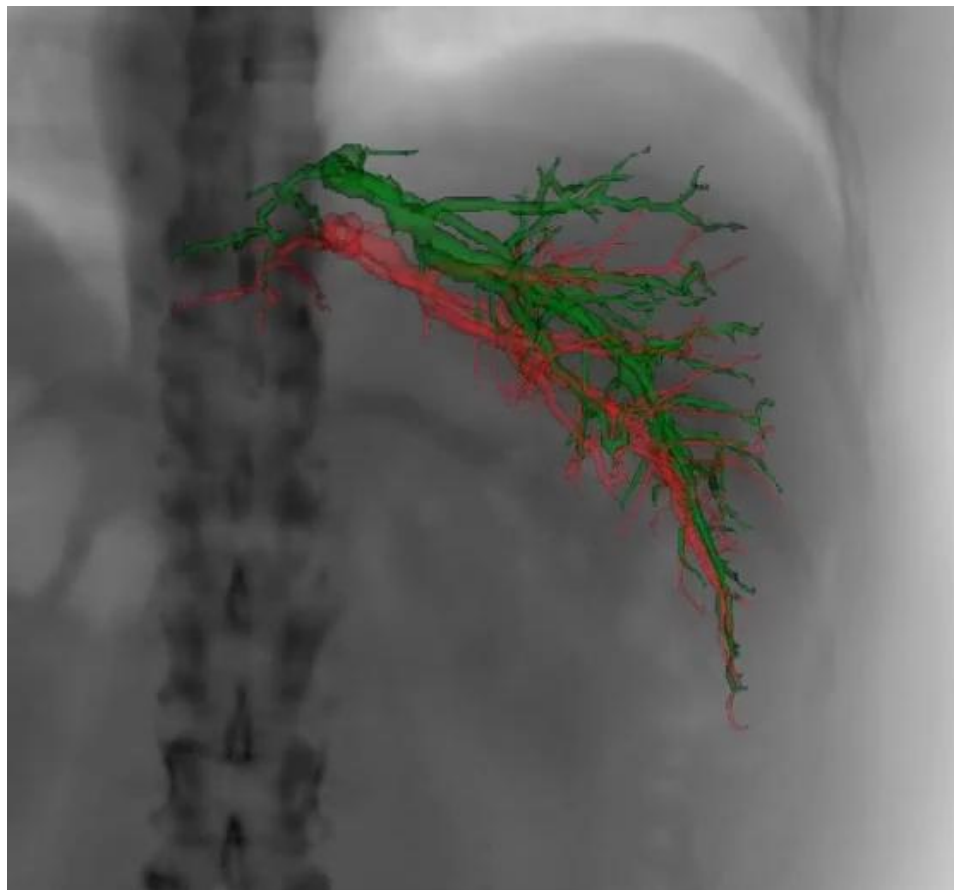
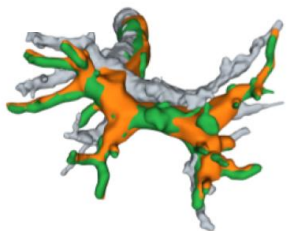
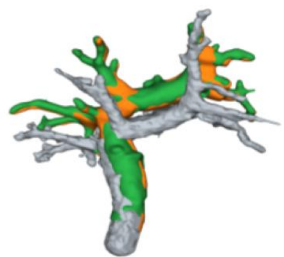
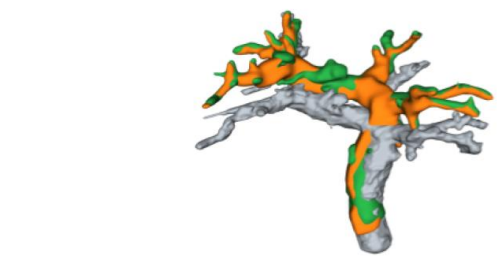
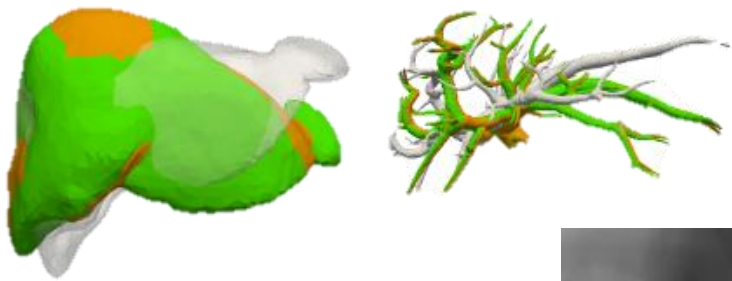
Bone distance [mm]: Reset

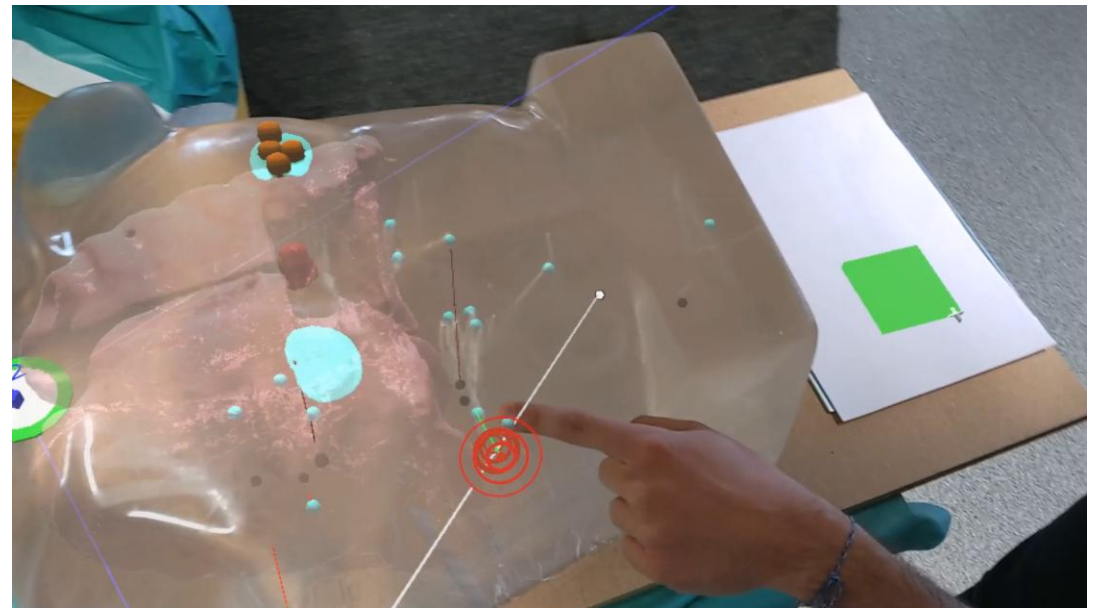
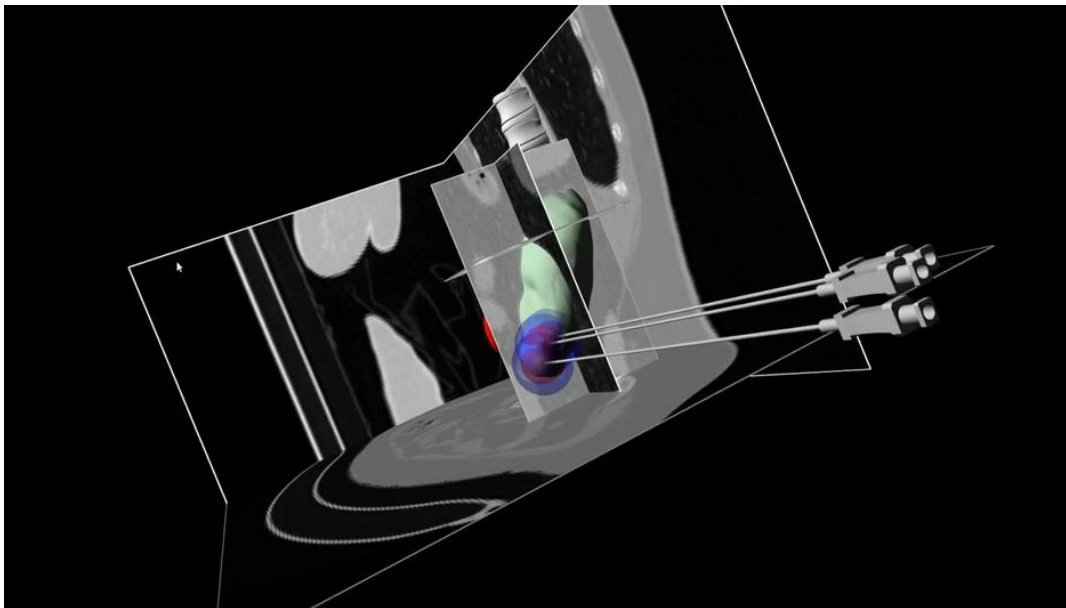
Max. length [mm]: Reset



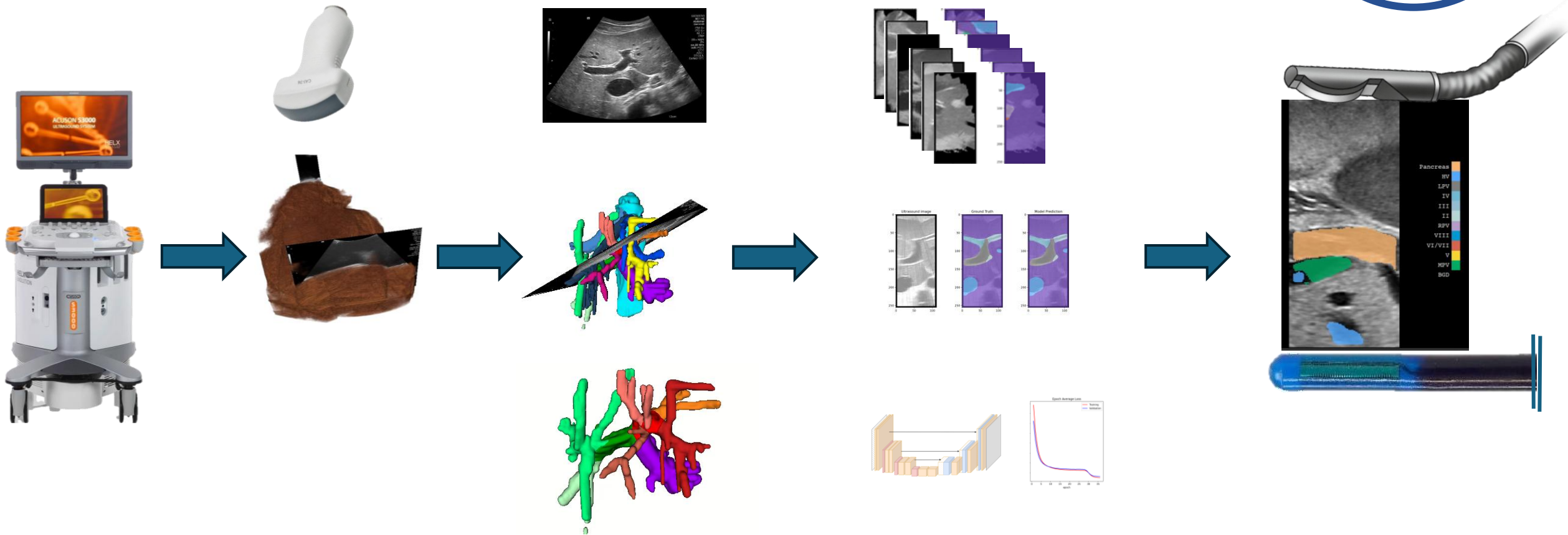
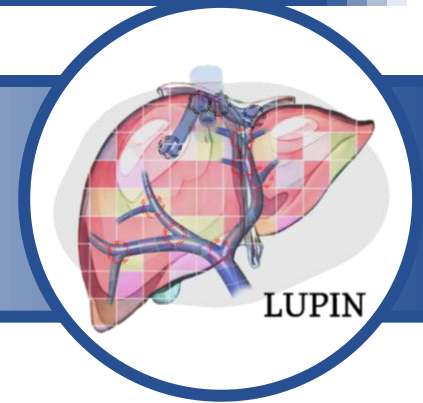




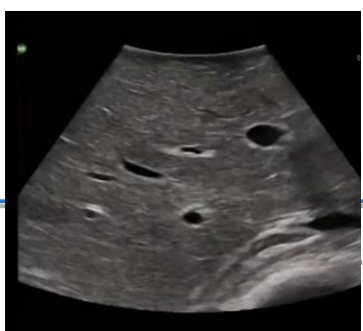
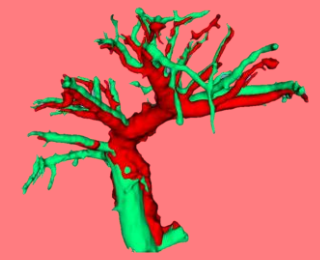
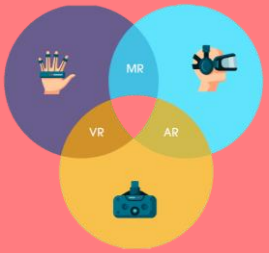
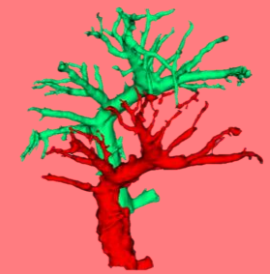
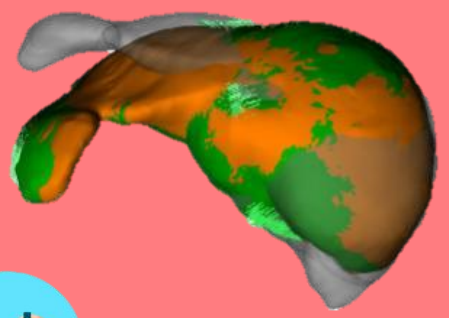
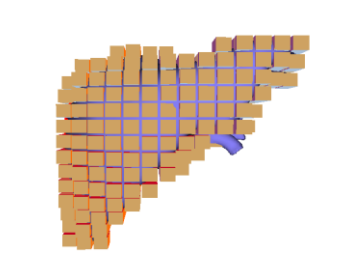
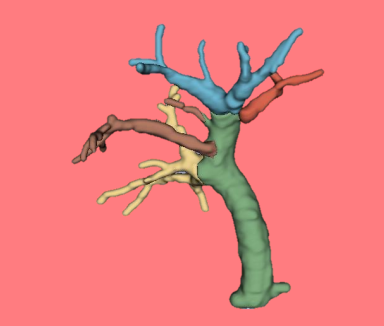
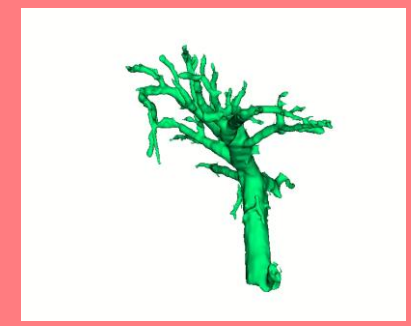
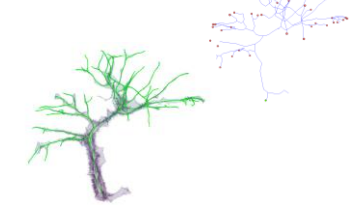
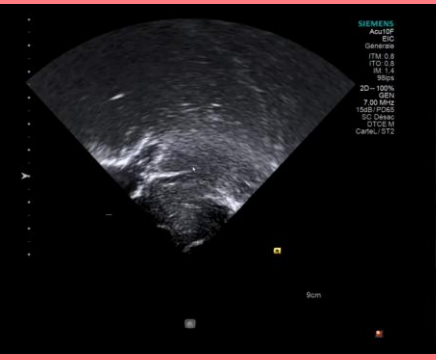
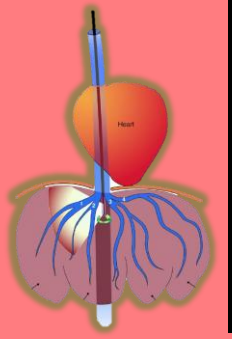
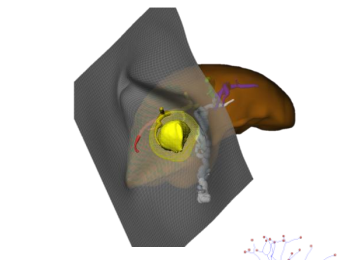
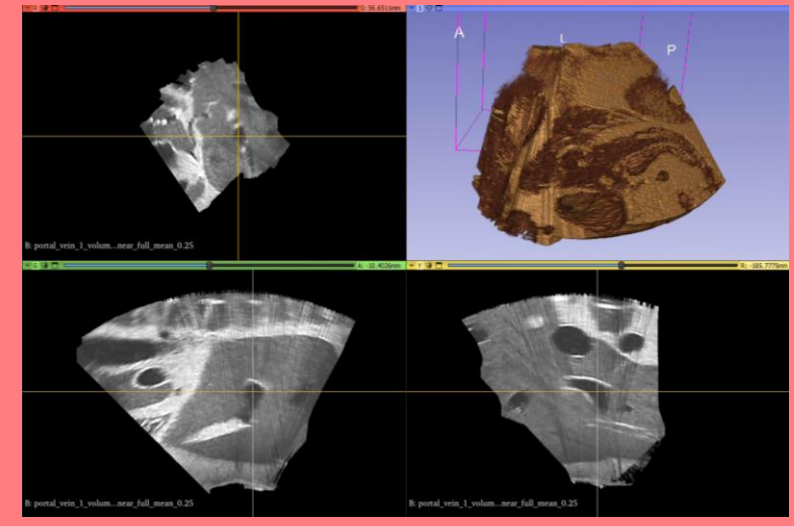
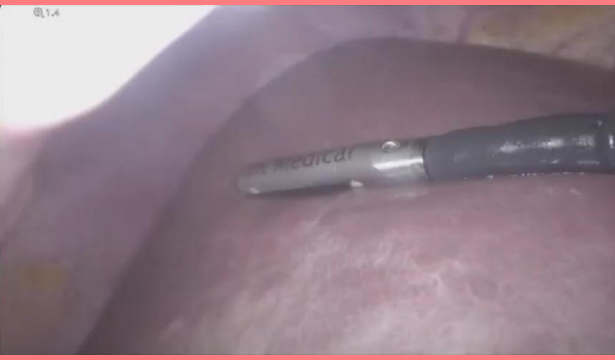
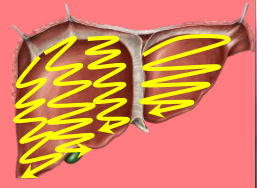
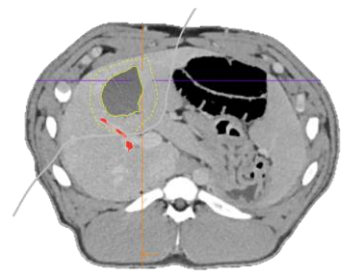




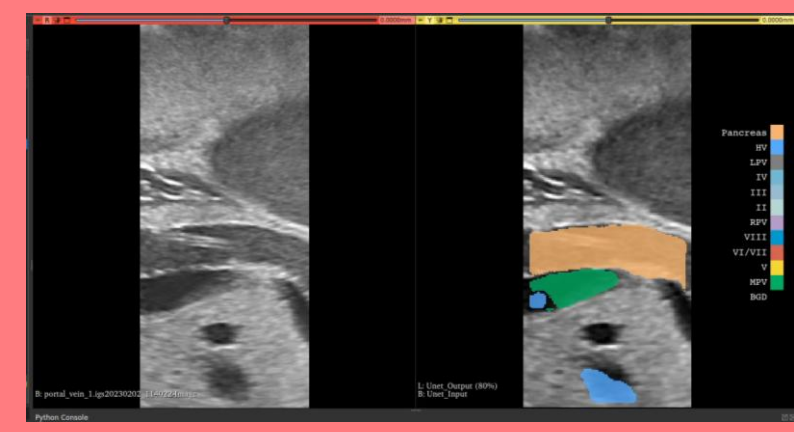
TECHNOLOGY / SOLUTION

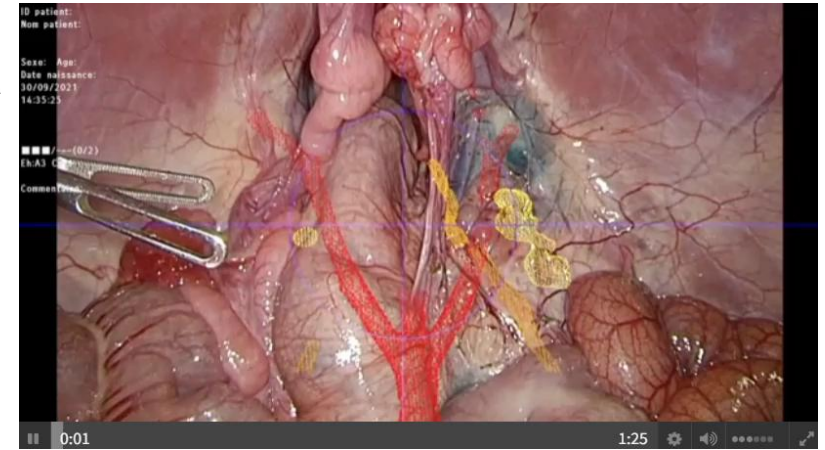
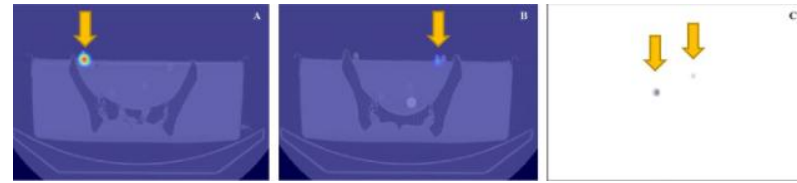
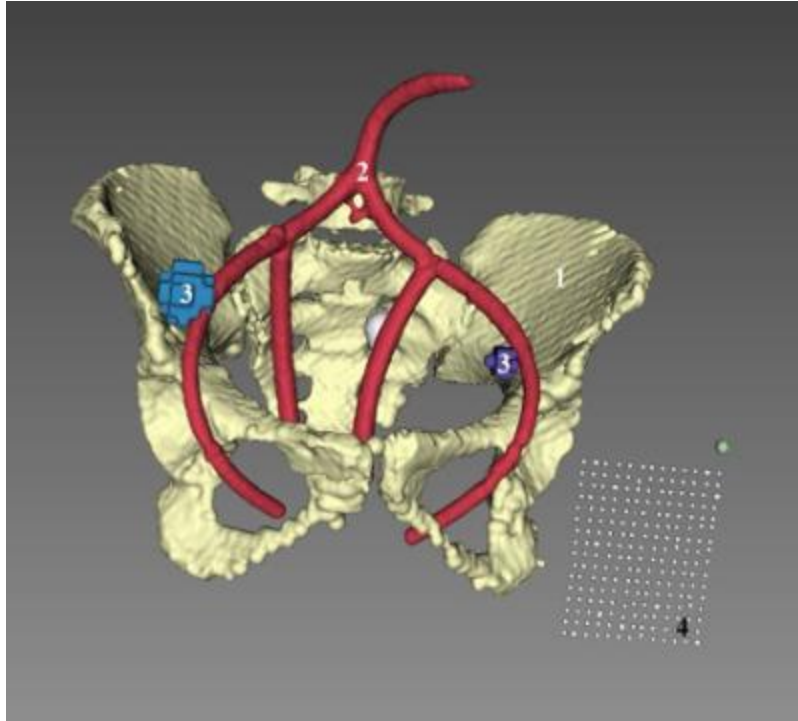


PREOPERATIVE



INTRAOPERATIVE





Original Article | Published: 13 July 2022

Robotically assisted augmented reality system for identification of targeted lymph nodes in laparoscopic gynecological surgery: a first step toward the identification of sentinel node

Augmented reality in gynecological surgery

[Lise Lecointre](#), [Juan Verde](#), [Laurent Goffin](#), [Aina Venkatasamy](#), [Barbara Seeliger](#), [Massimo Lodi](#), [Lee L. Swanström](#), [Chérif Akladios](#) & [Benoît Gallix](#)

Surgical Endoscopy 36, 9224–9233 (2022) | [Cite this article](#)

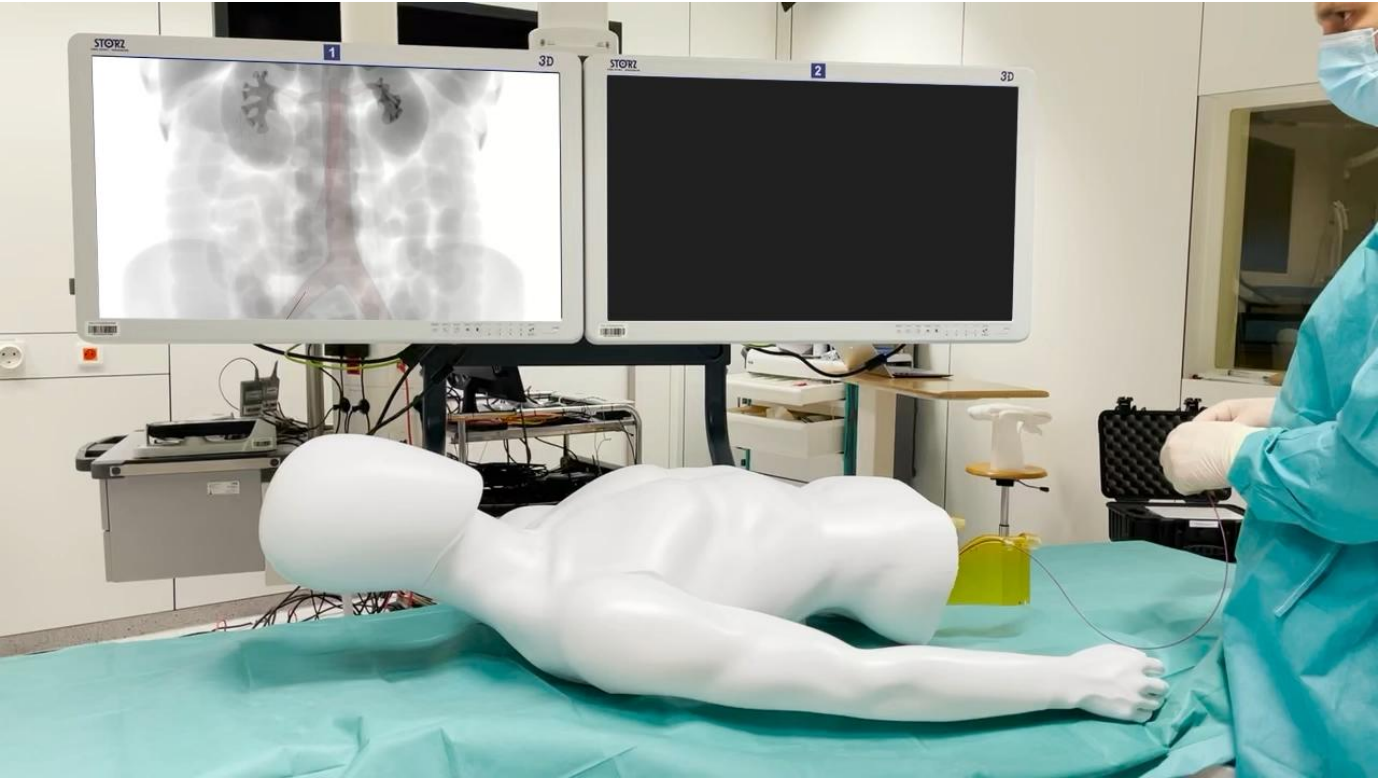
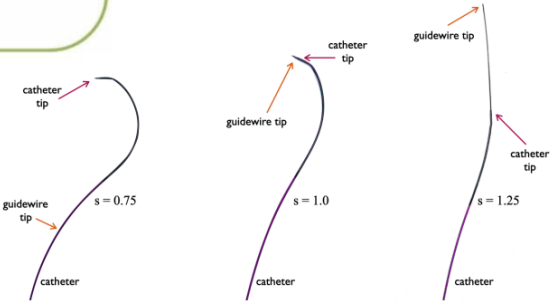
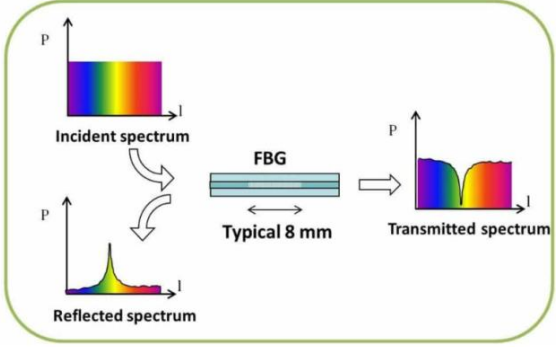
Preoperative SPECT/CT + intraoperative CT fusion enabling surgical augmented reality to target sentinel lymph node in endometrial cancer

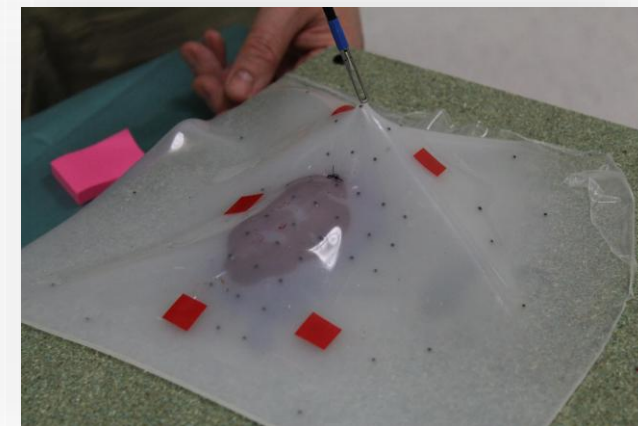
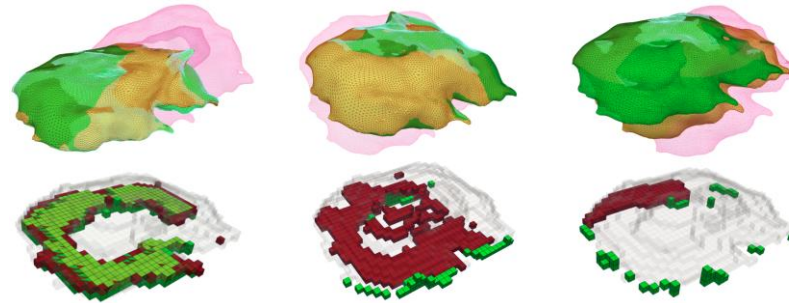
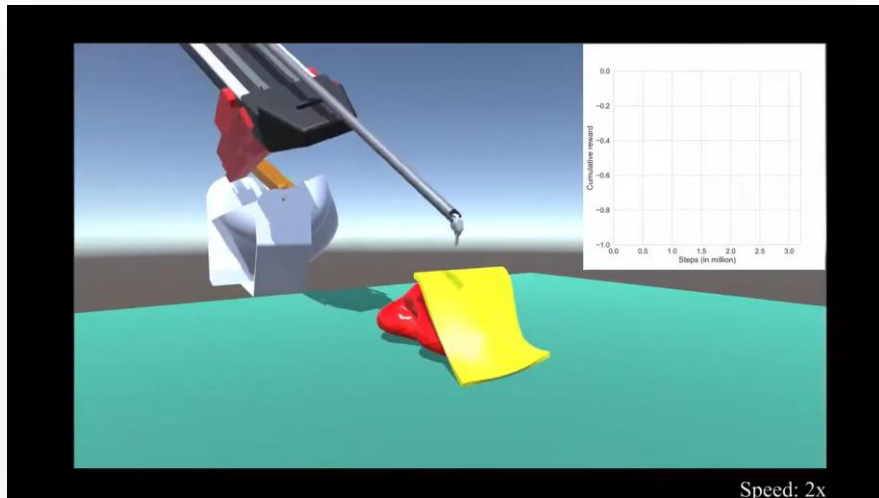


Lise Lecointre^{1,2,3*}, Juan Verde², Fabrice Hubele⁴, Julien Salvadori⁴, Laurent Goffin^{2,3}, Chérif Akladios¹ and Benoît Gallix^{2,3,5}

Robotically assisted AR

Predicted Mixed Reality: Towards Safer and Efficient Endovascular Interventions

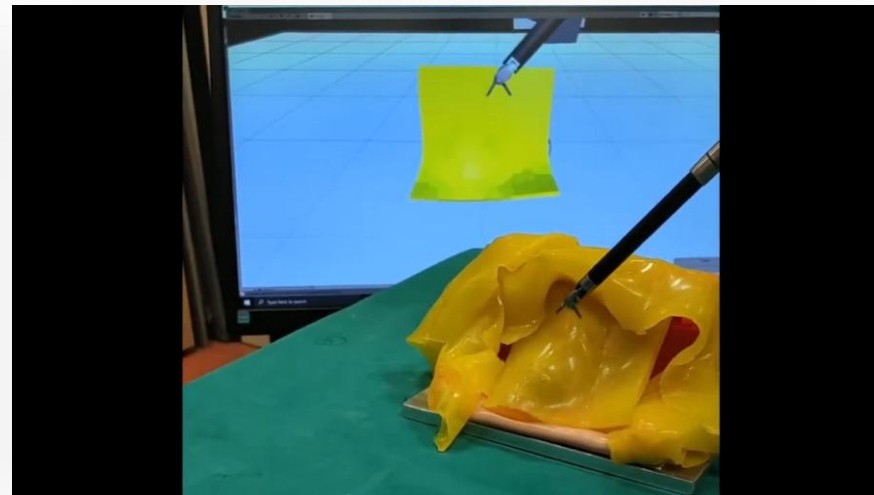




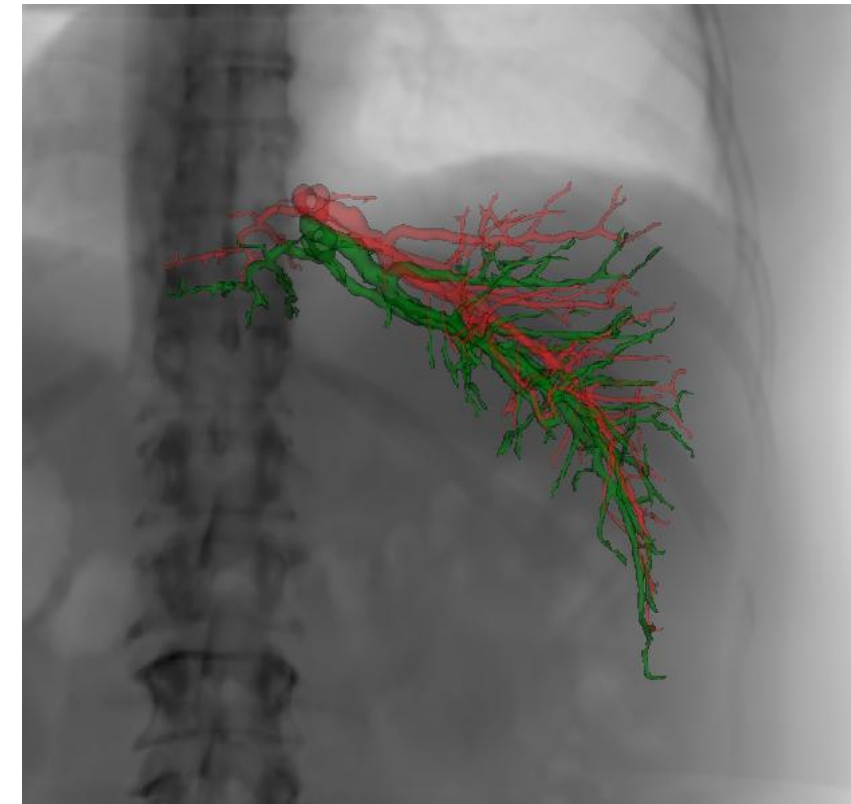
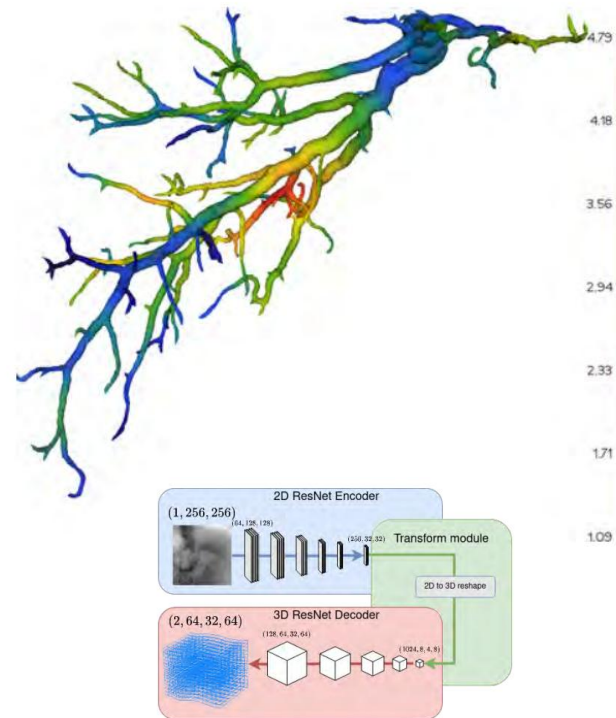
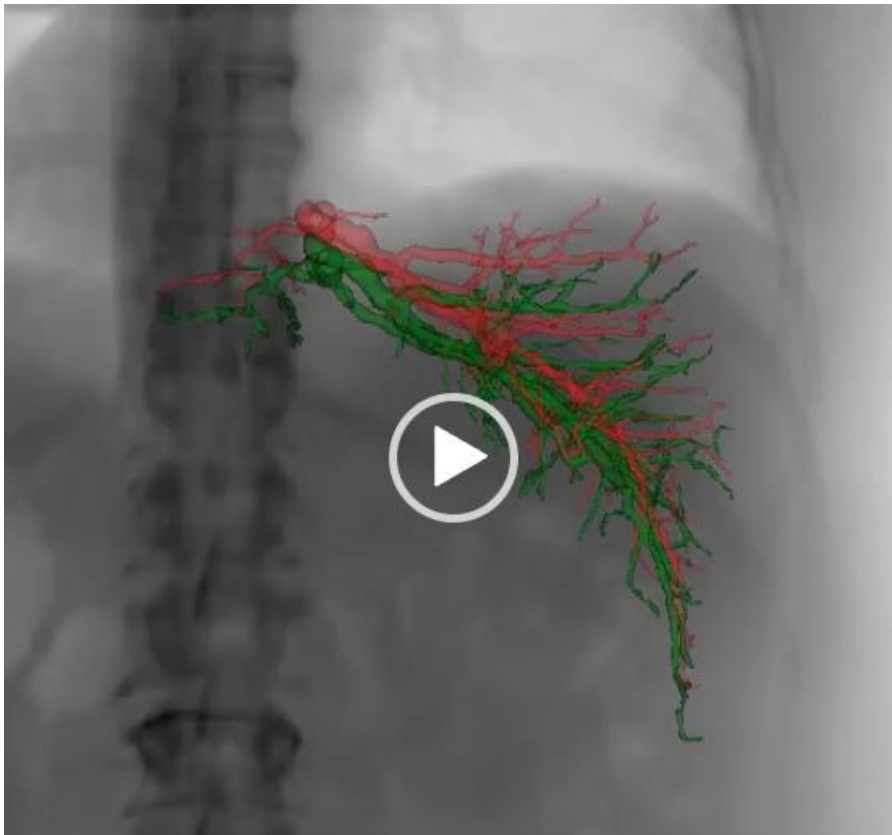
Intra-operative Update of Boundary Conditions for Patient-specific Surgical Simulation

Eleonora Tagliabue¹, Marco Piccinelli¹, Diego Dall'Alba¹, Juan Verde², Micha Pfeiffer³, Riccardo Marin⁴, Stefanie Speidel³, Paolo Fiorini¹, and Stéphane Cotin⁵

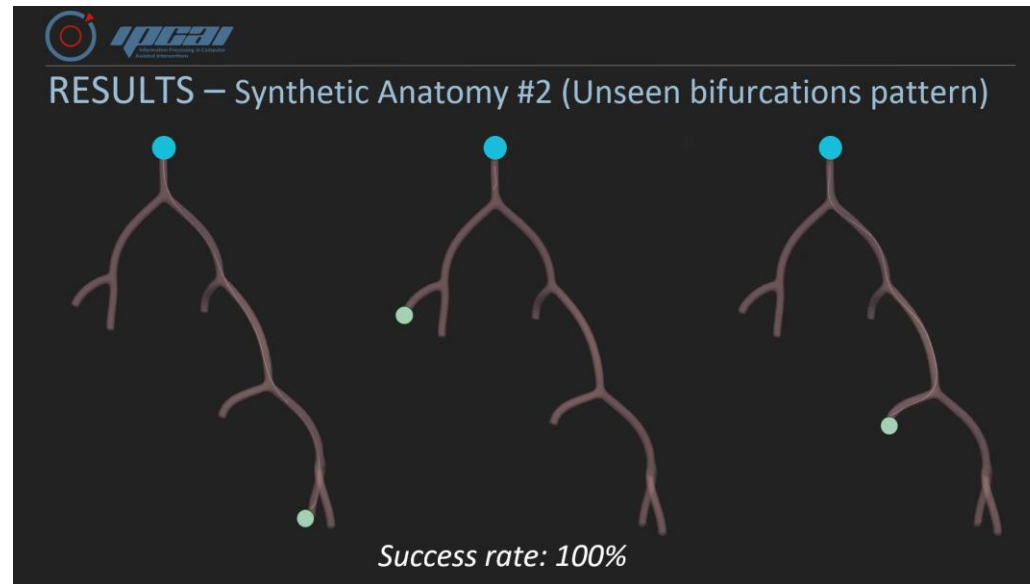
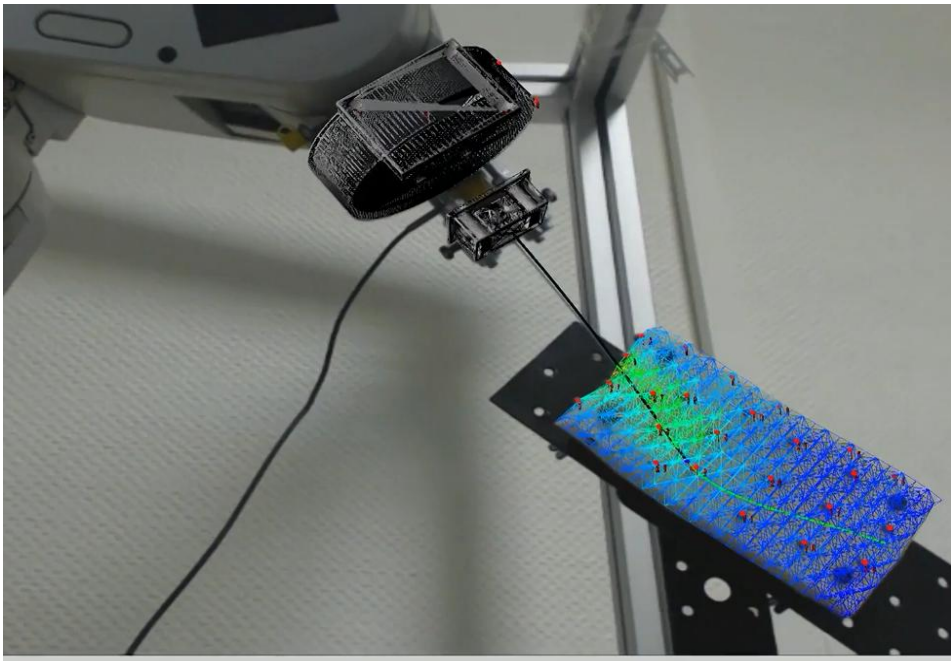
- ¹ University of Verona, Verona, Italy (eleonora.tagliabue@univr.it)
- ² Institut de Chirurgie Guide par l'Image, Strasbourg, France
- ³ National Center for Tumor Diseases, Dresden, Germany
- ⁴ Sapienza University of Rome, Rome, Italy
- ⁵ INRIA, Strasbourg, France



Enhancing Fluoroscopy-Guided Interventions: a Neural Network to Predict Vessel Deformation without Contrast Agents



HSMR2023: THE 15TH HAMLIN SYMPOSIUM ON MEDICAL ROBOTICS
10.31256/HSMR2023.38





CHALLENGES

AI INTEGRATION CHALLENGES

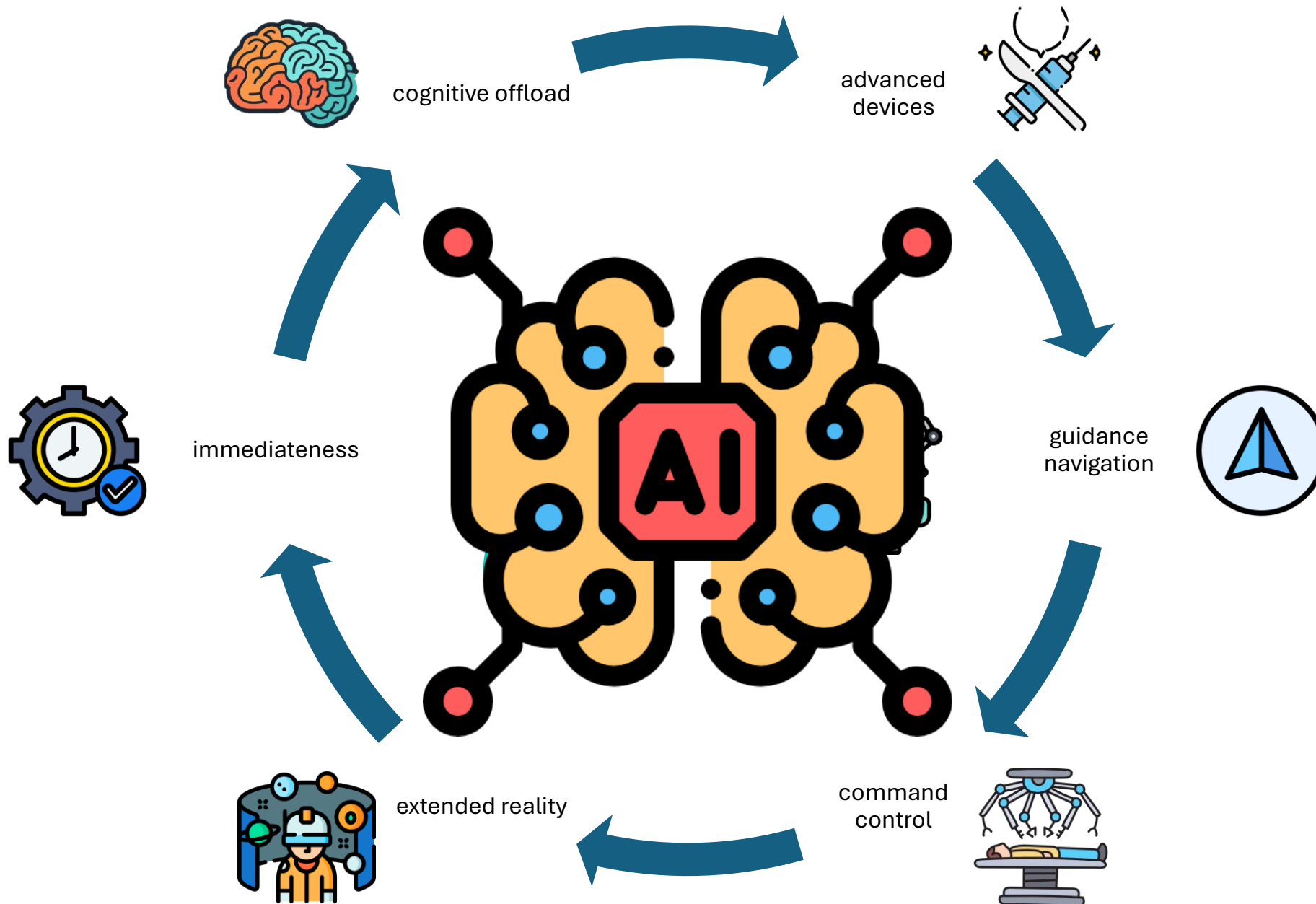
- **Workflow:** Real-time seamless integration, intuitive interfaces
- **Training:** Interdisciplinary staff training
- **Interoperability:** Standardized data compatibility

REGULATORY AND QUALITY ASSURANCE

- **AI as Devices:** Regulatory approvals and standards
- **Standards Compliance:** ISO 42001:2023, EU AI Act
- **Validation:** Prospective trials, continuous monitoring
- **Ethical Oversight:** Transparency, bias mitigation
- **Accountability:** Clearly defined responsibility

FUTURE VISION

- **Regulation Alignment:** Early proactive involvement
- **Patient-Specific AI:** Personalized pre-op to intra-op guidance
- **Democratization:** Supporting clinicians with AI
- **AI-CROs:** Dedicated validation organizations for AI testing and de-risking



- AI is not here to replace us, it's here to **empower** us
- Image-guided therapy is becoming **intelligence-guided therapy**
- The future is **hybrid**: Human insight + Machine precision

THANK YOU!

✉ Let's connect, collaborate, and co-create the future of minimally invasive image-guided care.

Juan M. Verde
juanmaverde.com
[@juanmaverde](https://www.instagram.com/juanmaverde)

