



# Additive Manufacturing is Changing Surgery

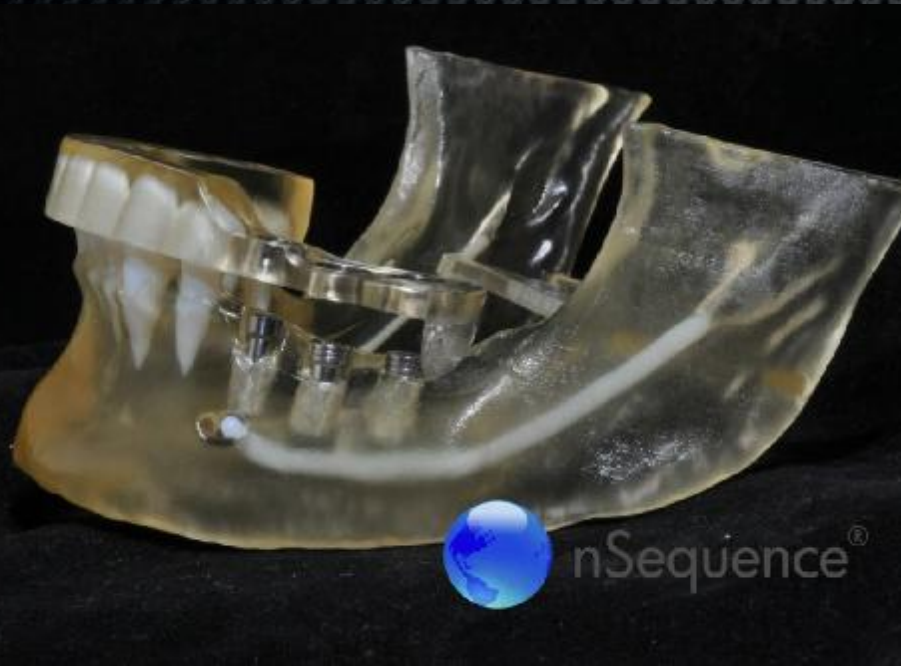
Andy Christensen

Medical Modeling Inc. (Golden, CO)

September 19, 2011  
Mountain View, California

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# Proven Uses of AM



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# Training & Education



# Complex Surgeries



# Written in Bone:

Forensic Files of the  
17th-Century Chesapeake

February 7, 2009 – February 6, 2013



Smithsonian Institution

Smithsonian National Museum of Natural History, Washington, DC





# MEDICAL MODELING



# Needed Tools

- Medical Imaging
- Data Manipulation/Surgical Planning
- Design of “Clinical Transfer” Implements
  - These are the tools that transfer the surgical plan from the computer to the operating room
- Additive Manufacturing: Metals & Plastics
- We still need a skilled surgeon in case of unforeseen events but in general the skill level needed is much less

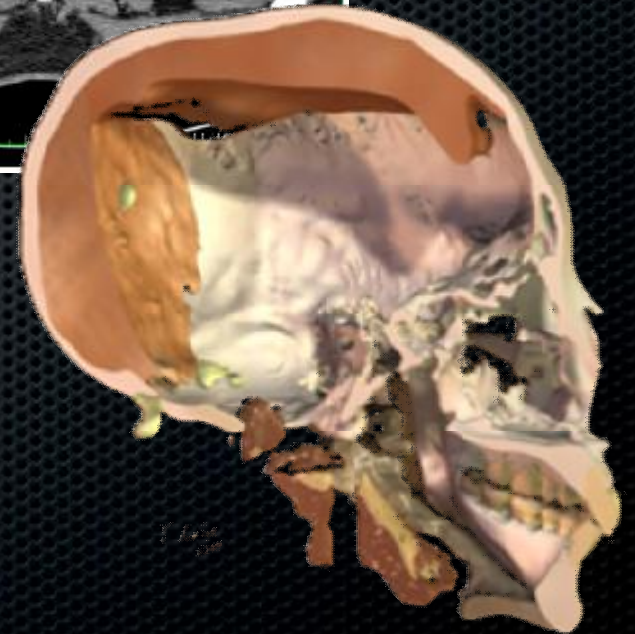
# Medical Imaging

- Higher quality, more resolution, faster, less radiation - all evolving very fast now
- In-office volumetric imaging is exploding in dental specialties, sub \$100k machines



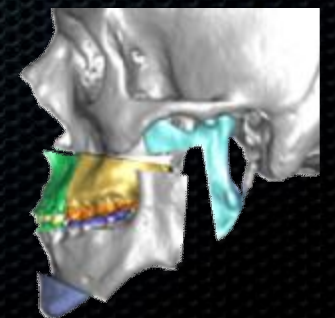
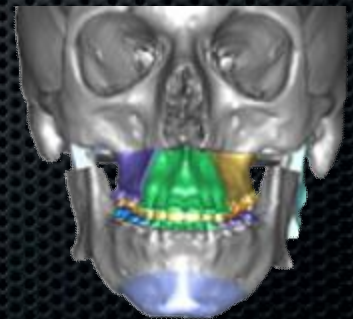
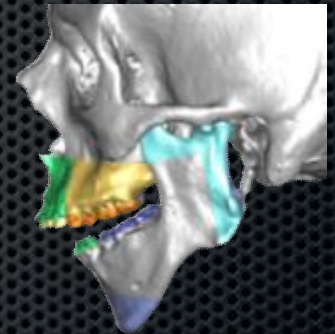
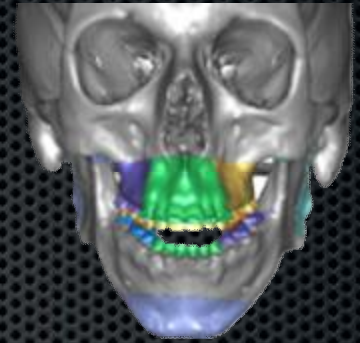
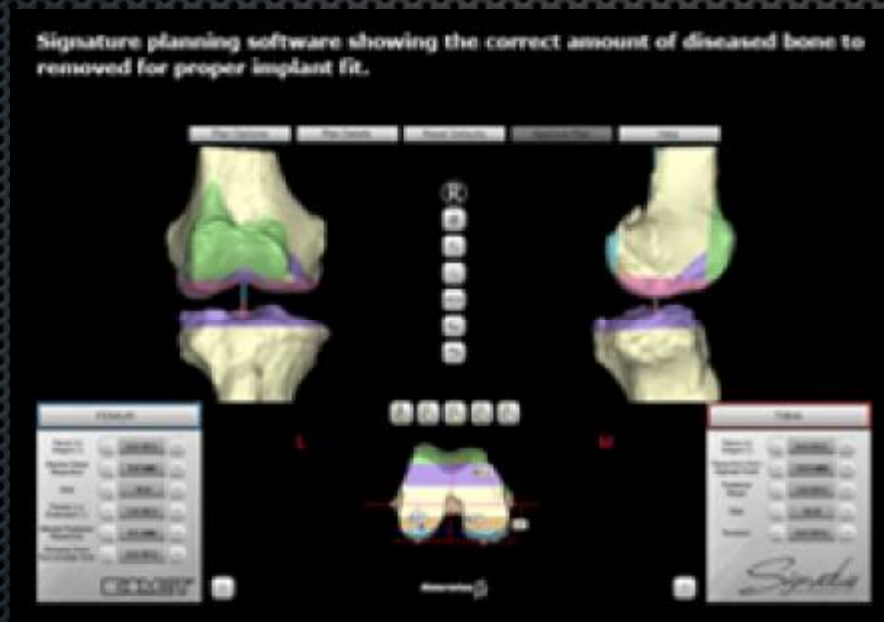
# Data Manipulation

- Data cleanup remains one of the most laborious tasks in a digital workflow
- A backward step in image quality with in-office systems
- Automation is coming



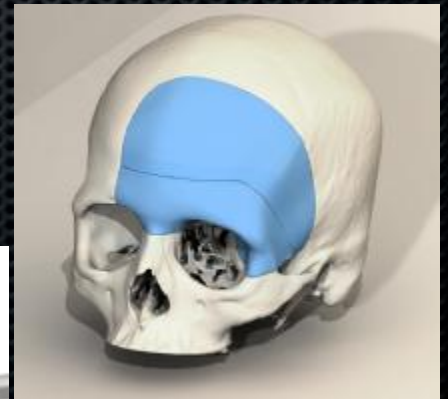
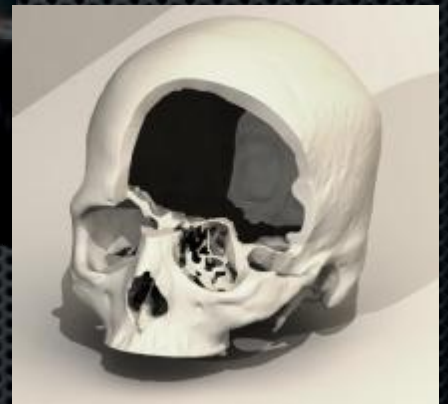
# Surgical Planning

- Done either real-time with collaborative webmeetings involving the surgeon or off-line with case report communication



# Design & Production of Clinical Transfer Tools

- ✦ These tools or implants transfer the digital plan to the patient in surgery
- ✦ Tools mostly plastic, implants all metallic



# Additive Manufacturing: Plastics

- Perfect fit for “instruments”, guides, templates, etc. which are all custom, complex shapes
- Lot size of 1 works well, no problems with throughput, time, etc.
- Many materials with proven biocompatibility are being used daily to facilitate surgeries around the world.

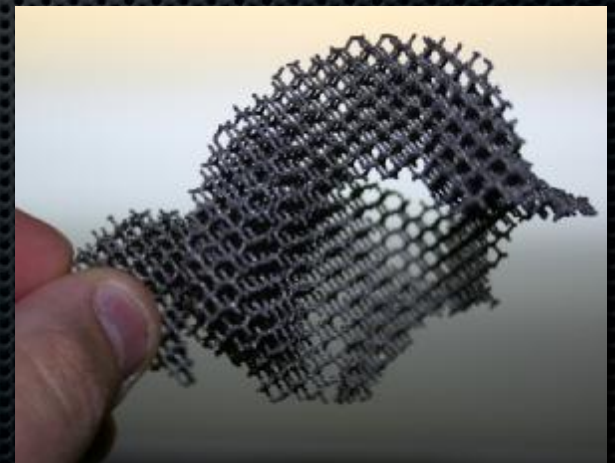
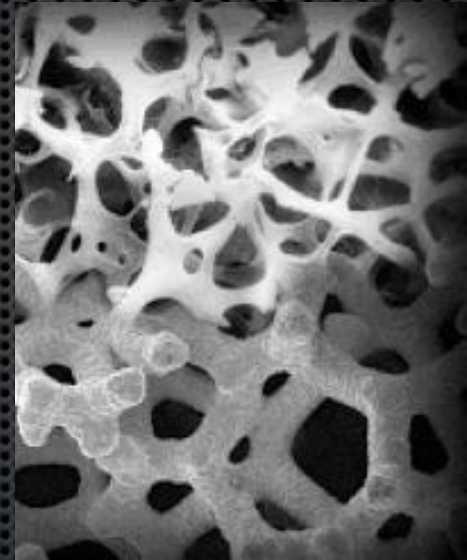
# AM Materials: Plastics/Plaster

	Rigid	Flexible	Opaque	Translucent	Full Color	Biocompatible
SLA	X		X	X		X*
SLS	X	X	X			X*
FDM	X		X			X*
3DP	X		X		X	
PolyJet	X	X	X	X		X*

\*Certain materials available for AM processes have been tested to at least some elements of ISO-10993 biocompatibility standards

# Additive Manufacturing: Metals

- Primarily two technologies driving the market, EBM (Electron Beam Melting) and DMLS (Direct Metal Laser Sintering)
- Titanium and Titanium Alloys are the metals of choice using these AM technologies
- Used for both custom and off-the-shelf implants for fracture repair, reconstruction and total joint reconstruction



# How is AM changing surgery?

- Review of total joint market, surgical planning methodologies and guidance with AM
- Assessing surgical outcomes
- Customized implants
- What's next?

# Total Joint Replacements

- Worldwide 2010 Data (Courtesy OrthoWorld, Inc.)
  - Hip Replacements = 1,400,000
  - Knee Replacements = 1,100,000
  - AM-Guided Knees = 40,000+ (3%, my estimate)
- U.S.-Only 2015 Estimates (Courtesy OrthoWorld, Inc.)
  - Hip Replacements = 600,000
  - Knee Replacements = 1,400,000

# Traditional Total Joint “thinking”

- One size fits all
- Decisions on surgical procedure made in-vivo, during surgery
  - Highly dependent on “fairly normal” patient population
  - Highly dependent on skill level of surgeon
  - Takes time in surgery to make these decisions, thus lengthening the ideal, shortest surgical time possible

# What if...

- ✦ Your surgery could be personalized to you...
  - ✦ To your unique anatomy
  - ✦ To your unique functional needs
  - ✦ To your unique aesthetic needs
- ✦ Why wouldn't any and all patients want this?
- ✦ What's in it for the surgeon?

# Personalization of Surgery

## CUSTOM IMPLANTS

1. CT Scan

2. Implant Design

3. Design Approval

4. Implant Production

5. Implants Shipped

## CUSTOM FIT OFF-THE-SHELF IMPLANTS

1. CT/MRI Scan

2. Implant Sizing/Positioning

3. Guide Design

4. Guide Production

5. Guide & Standard Implants  
Shipped



Step 1: Incision and exposure



Step 2: Distal femoral resection



Step 3: Proximal tibial resection



Step 7: Tibial plateau preparation



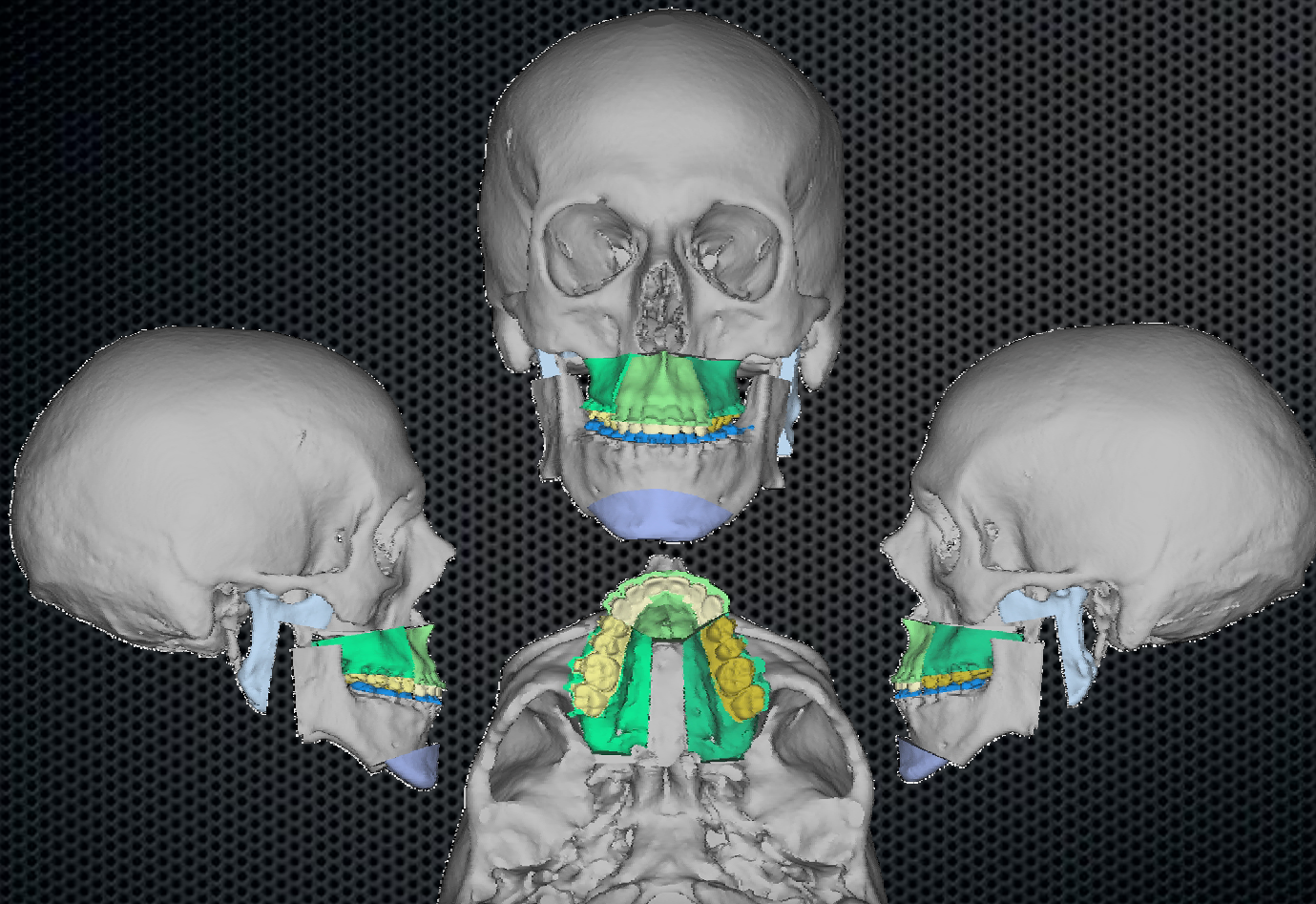
Step 8: Tibial keel preparation



Step 9: Femoral lug preparation



# Typical Maxillofacial Patient



# Clinical Transfer Via Templates



Before  
Surgery



After  
Surgery

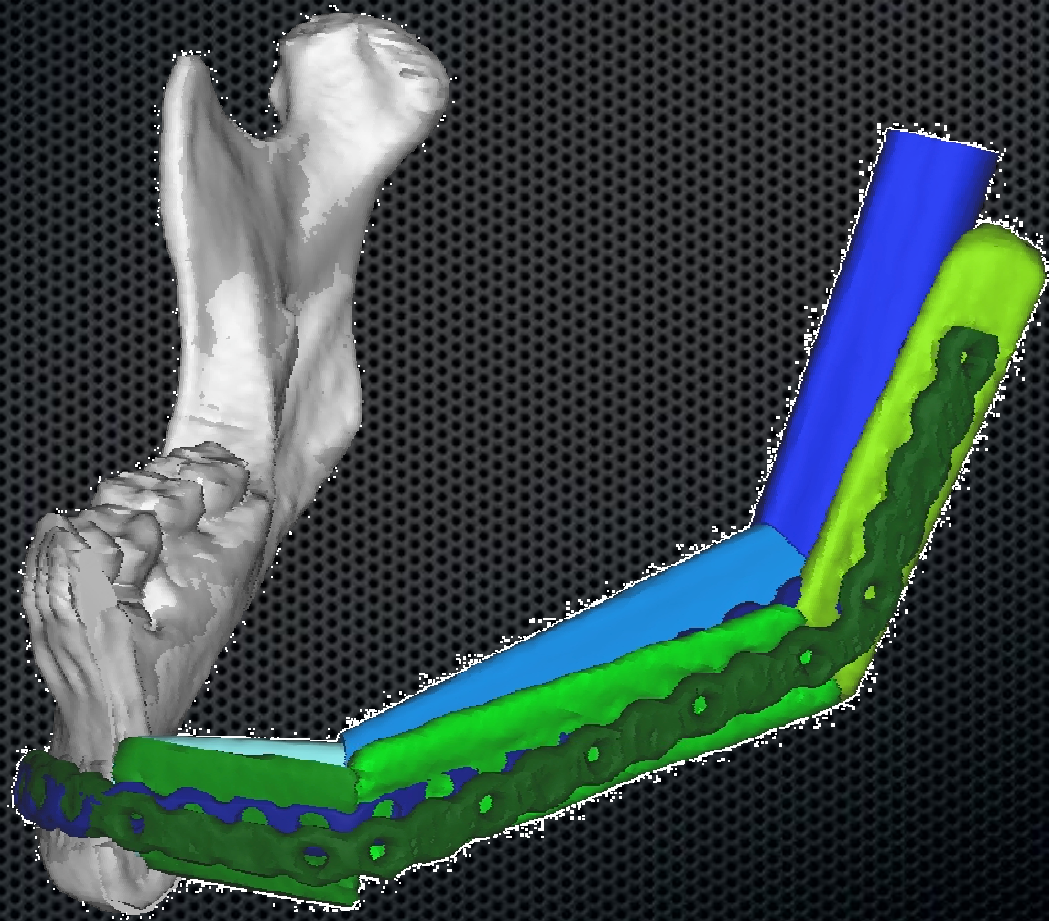


Courtesy of R. Bryan Bell, MD, DDS, FACS  
Legacy Emanuel Hospital and Health Center,  
Portland, Oregon

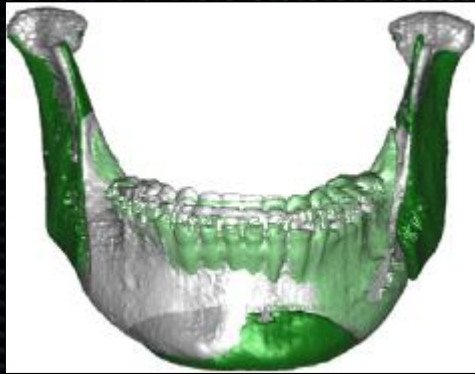
# Assessing Surgical Outcomes

- Comparing a surgical outcome to another outcome for a similar group of patients is possible today
- What is not possible is comparing your outcome for a single patient to what was planned for that patient
- Until now... With a precise plan as the baseline for 3D comparison we can now review, refine and assess surgical outcomes like never before

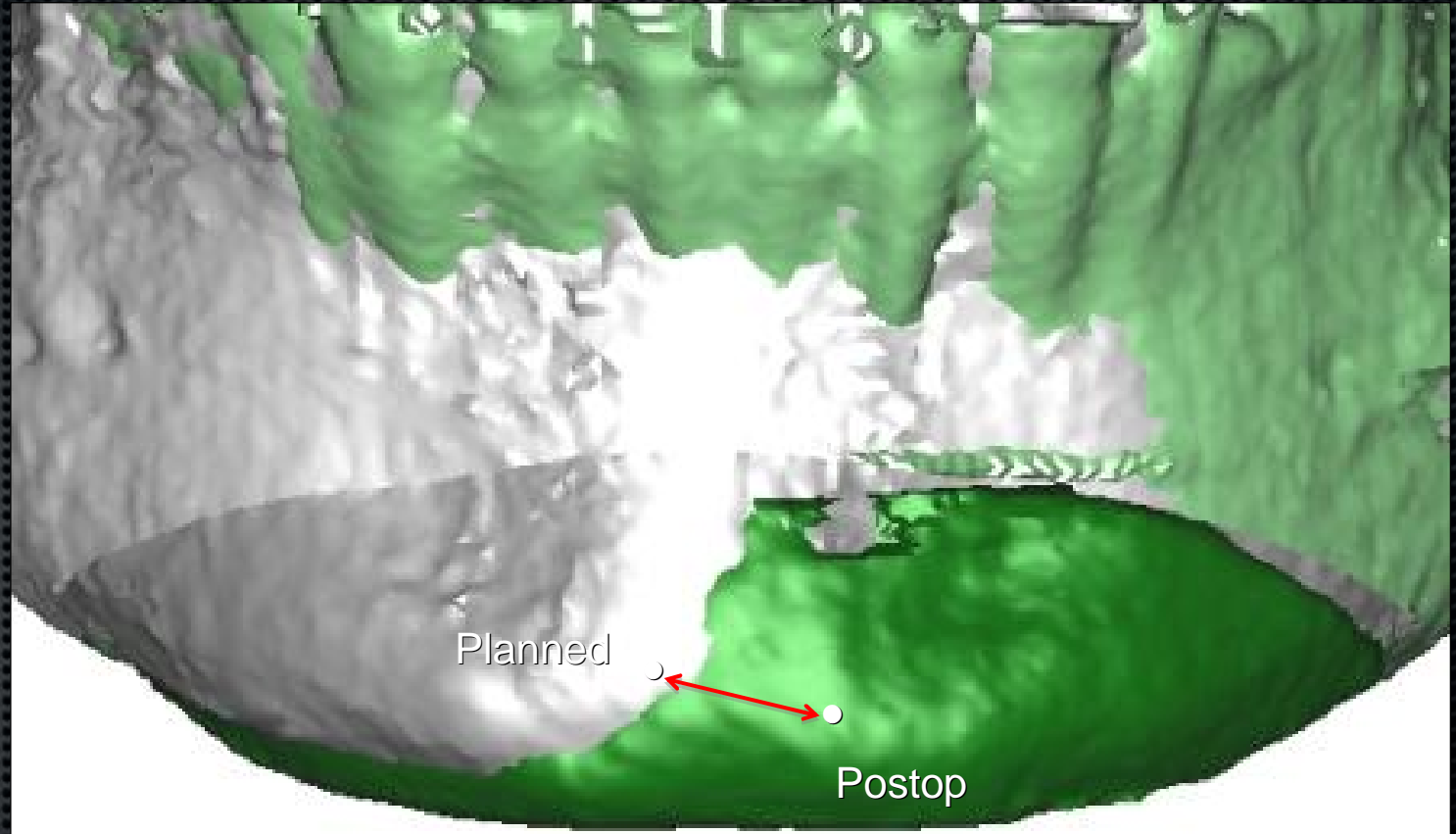
# Overall Shape Comparison: 3D Surface Overlays



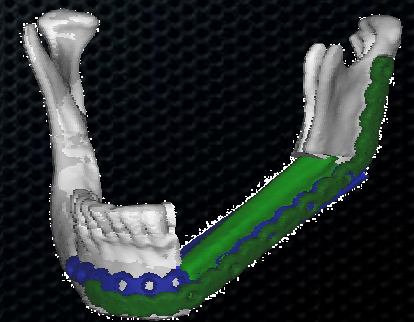
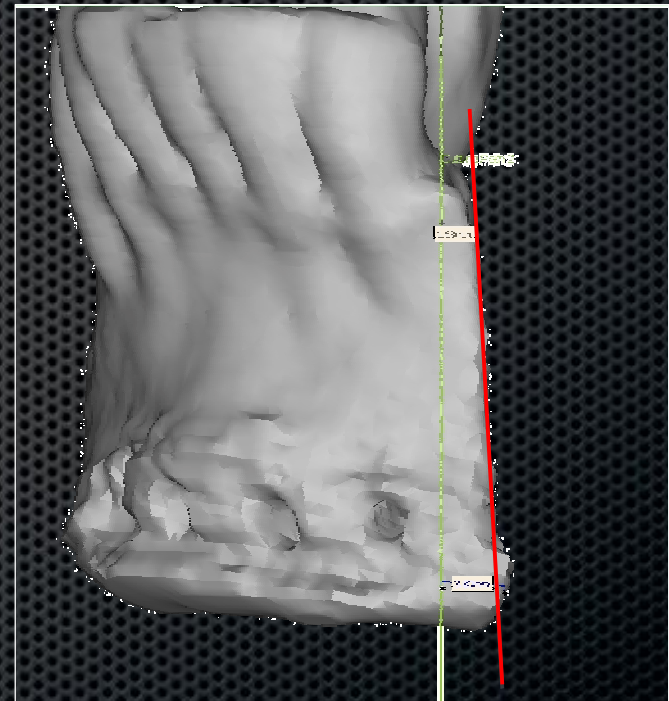
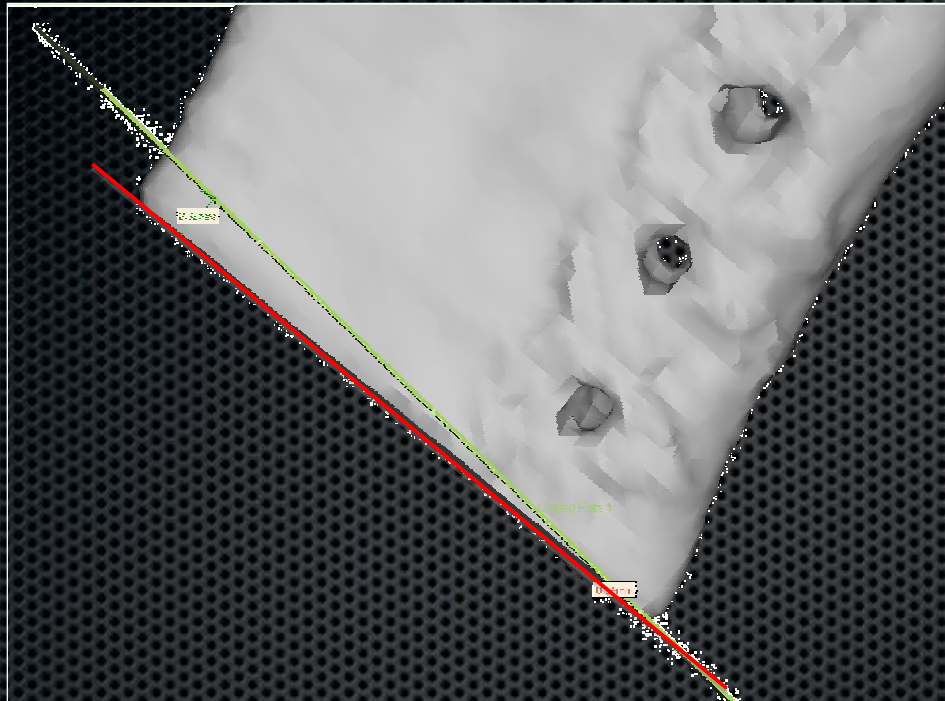
# Point-to-Point Measurements



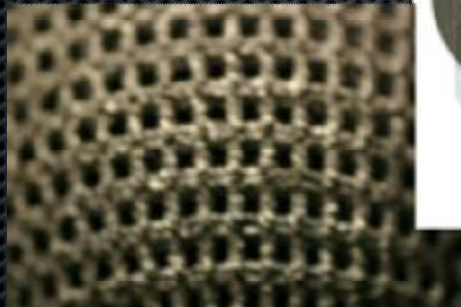
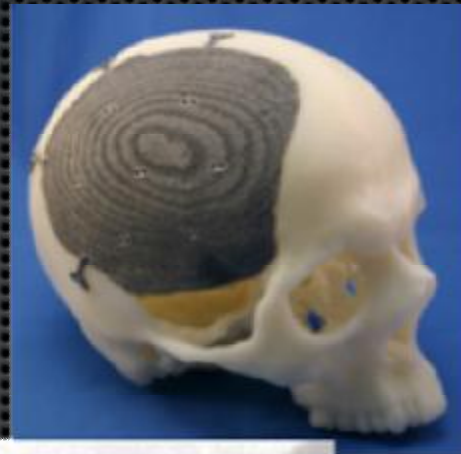
-  Distal Mandible
-  Postop Chin
-  Virtual Plan: Chin
-  Virtual Plan: Distal Mandible



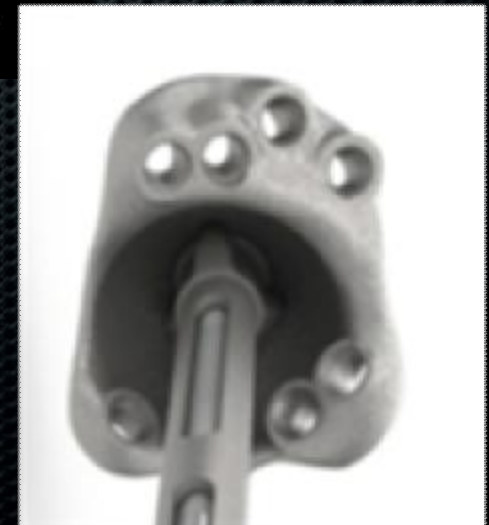
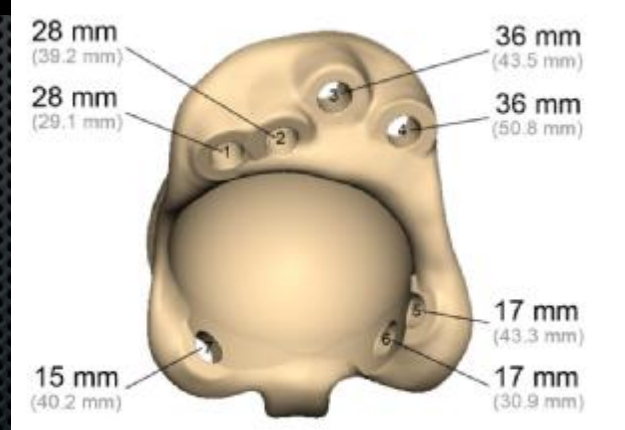
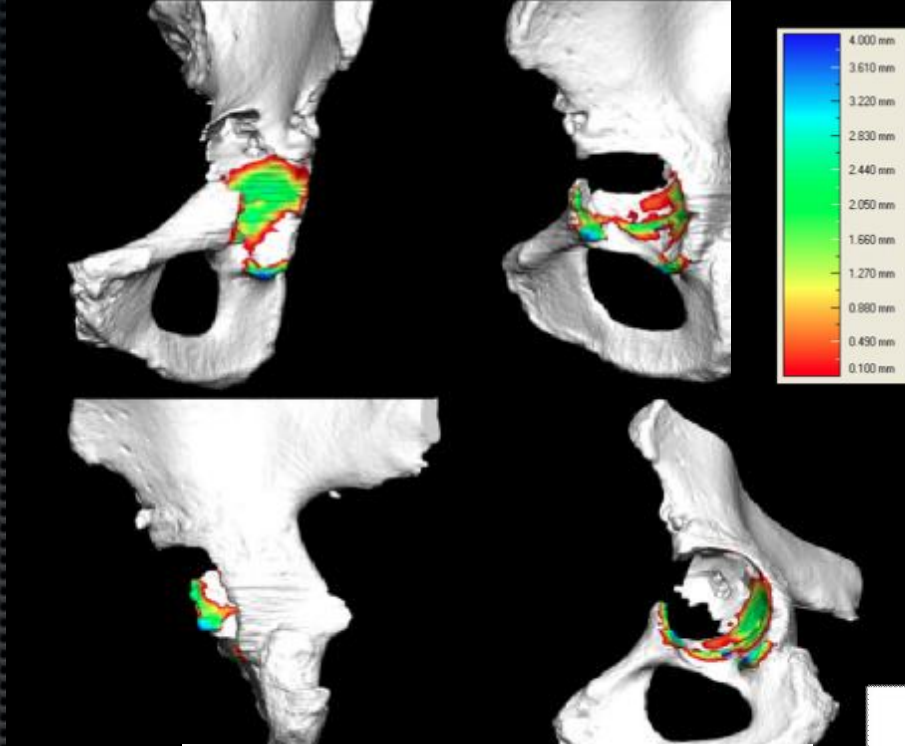
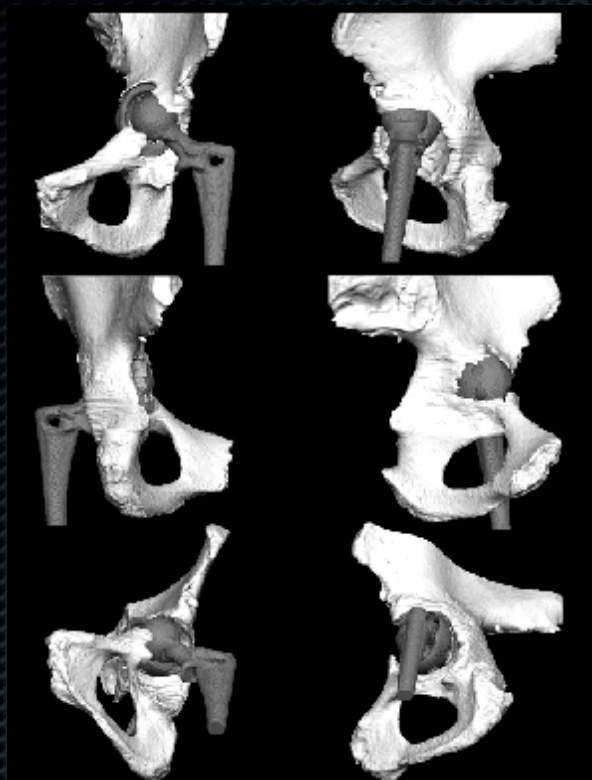
# Plane-to-Plane Measurements



# Additive Manufacturing: Metals, Custom & Off-the-Shelf



# Custom Implants



# AM & the Future

- ✦ Automation of:
  - ✦ Imaging, Diagnosis, Surgical Planning, Design
- ✦ Robotic Assistance
- ✦ “Easy”, Real-Time Guidance
- ✦ Design for function
- ✦ Biomaterials that mimic human tissue



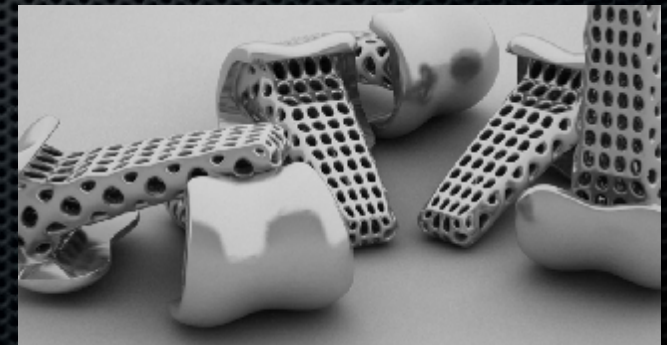
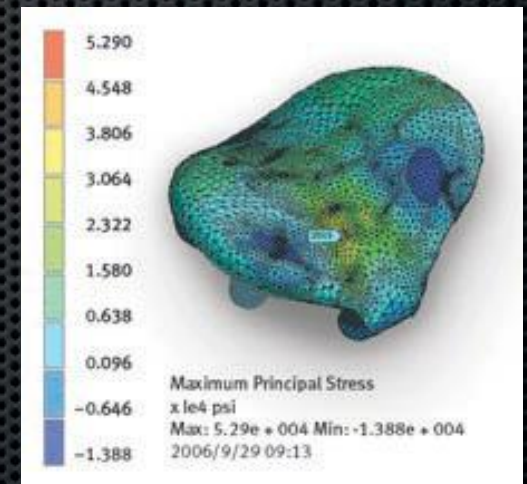
# Design to Match Function

- Today's total joint replacements use proven designs that are typically over-engineered for strength to prevent fracture and premature failure
- Problems exist with proper loading of the bone which is crucial to keeping bone healthy and intact and preventing bone loss
- The number one source of failure today is implant loosening, much of which could be attributed to osteolysis (bone loss)



# Designs to Match Function

- Tomorrow's designs will be custom-fit, not only to the shape of the patient but, more importantly, to the functional requirements of that patient
- Implants will increase in complexity with structural “solid” elements combined with lattice structures (think aircraft wings)
- Additive manufacturing is a perfect fit for this task, allowing much great flexibility for producing complicated structures



# Materials

- Today's implantable metals and plastics either remain intact or dissolve completely over time
- Tomorrow's materials of choice will be those which restore normal human tissues with normal human tissues coming from;
  - Materials that are cultured prior to implantation, or
  - Materials that gradually morph into the tissues they are replacing



# Final Thoughts

- Additive manufacturing in medicine is already impacting many tens of thousands of patients a year at this point
- The trend toward personalization of medicine and surgical treatment goes hand-in-hand with AM's core competencies of flexibility, complexity for “free” and relative speed
- Future efforts will push guidance and materials farther
- Automation will make it more cost-effective, opening new markets

# Thank you! Questions?

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