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FINAL REPORT

for

ADVANCED RESEARCH PROJECTS AGENCY (ARPA)

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DIRO/Biomedical Technology

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999C- Edgewater Blvd Suite 179
Foster City CA 94404

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SHORT TITLE: A Virtual Reality-Based Simulation of Abdominal Surgery

REPORTING PERIOD: October 31, 1993-June 30, 1994

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TECHNICAL REPORT SUMMARY

Virtual Reality is a marriage between three dimensional computer graphics and complex dynamical simulation to produce a fully immersive, interactive environment. Users can move and interact in this environment as if they were actually a part of it. Medicine and surgery in particular have been identified as some of the most promising applications of this technology. Virtual reality systems can be used to teach surgical anatomy, diagnose surgical problems, plan operations, simulate and perform surgical procedures (telesurgery), and predict the outcomes of surgery. New Leaf Systems has developed a highly interactive simulation of open cholecystectomy in a fully immersive virtual reality.

Technical Problem

The goal of the project was to provide, on a rapid prototype basis, a working model of virtual abdominal surgery. The gall bladder has been selected as an appropriate organ for modeling both because of the high number of gall bladder procedures performed, and because of suitability of the relevant anatomy to the technology. The open rather than laparoscopic procedure was modeled for several reasons: Other projects are currently underway to model laparoscopic procedures. The open procedure lends itself to generalization to other procedures. Many surgical residents do not see an open procedure during their training until a problem has arisen in a laparoscopic cholecystectomy.

Methodology

A literature review was conducted covering surgical theory and practice for the cholecystectomy procedure as well as computer science research efforts in surgical simulation. In addition ongoing research projects in surgical simulation at other institutions were surveyed.

A procedural analysis of the open abdomen cholecystectomy operation was performed, in which the relevant anatomical structures and discrete surgical interactions were identified. The actual VR cholecystectomy simulation was then designed. Three dimensional models of organs, instruments, and the operating room environment were constructed in Swivel 3D Pro. Interactions were then designed in Body Electric. First library routines were put in place to map incoming data coming from the DataGloves and Tracker to the virtual head and hands in the 3D model. Interactions were designed to allow the hands to hold and actuate virtual tools, and for the tools in turn to act upon the virtual organs. Then the steps of the operation were implemented according to the procedural analysis. Many iterations were involved in this process. Three dimensional models were redesigned as new interaction requirements arose. Interactions were refined to balance visual accuracy with ease of use.

Technical Results

Subjects were drawn from several categories: two computer scientists, six middle and high school students, two doctors, one biomedical engineer, and one artist. All but one student were able to successfully complete the procedure within 15 minutes on their first trial. Average time to completion was 8.93 minutes. This was judged to reflect highly successful user interface design.

The surgeons evaluation was that the simulation was useful for medical students first learning the surgical

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procedure, who need to memorize the steps in the operation. They felt that tactile feedback and most importantly, accurate tissue deformation, was necessary for teaching surgical residents, who are expected to know the procedure and be working on specific techniques.

Non-surgeons including novice computer users and students found the simulation understandable. They were able to see and identify the anatomical structures involved and understand the steps in the procedure. Lack of stereopsis and tactile feedback made some target acquisition tasks more difficult.

Computer Scientists evaluating the system indicated that this was the most complex set of user interactions they had seen in a fully immersive virtual reality.

Implications for further research

Many questions remain about how virtual reality technology can best be used in medical education. after completion at New Leaf Systems, this simulation will be transferred to the University of California at San Diego Medical School's Learning Resources Center where it will be integrated into, and evaluated as part of their Multimedia System for medical education. While highly successful in meeting its original design challenges, this simulation needs several features in order to offer greater utility to surgeons and students. Chief among these are rendering of volumetric data (such as images from MRI scans) and tactile feedback. A second and third year contract with UCSD is contemplated in which these areas would be addressed.

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APPARATUS

The simulation hardware system:

- Silicon Graphics Onyx Reality Engine
- Macintosh Quadra Work station
- Thin-net Ethernet between SGI and Mac
- Liquid Image Head Mounted Display
- VPL Right and Left DataGloves with Data Acquisition and Transmission Unit
- MacAdios Data Acquisition Board
- Ascension Flock of Bird Tracking system with three sensors (deployed to head and both hands) with large magnet
- Roland 220 Sampler for audio feedback

The Simulation Software:

- Body Electric 1.5.1
- Swivel 3D Pro 2.04
- Isaac 1.7.0
- Voice Navigator

The Simulation Data Files

The total simulation consists of many types of data. These data are stored in

- GB111 - A Swivel 3D Pro file of the 3D model (see appendix C for listing)
- GB111.DM - A Body Electric file of the Dynamics (see Appendix E for listing)
- gb.prop - Text file of Texture Map Configuration (See Appendix D for listing)
- Audio Sample files
 - Click
 - Breathing
 - Cut
 - Proximity
- Texture Map Files (.rgb extensions) individual bit-mapped images assigned to objects by gb.prop
 - pSideWall.rgb
 - sClockWall.rgb
 - Floor.rgb
 - pBackWall.rgb
 - Drape.rgb
 - sFat.rgb
 - HepLig.rgb
 - Belly.rgb
 - Stomach.rgb
 - GB.rgb
 - Pancreas.rgb

Liver.rgb

DESCRIPTION OF THE SIMULATION

Three Dimensional Model

Polygonal 3D geometric models of the anatomy, the surgeon's hands, and the OR environment were constructed primarily in Swivel 3D Pro on the Macintosh Quadra. One organ, the stomach, was imported from the SwivelArt anatomy collection developed by View Point. In addition, some modeling was done in MacroModel and imported to Swivel3D.

The objects in the simulation are rigid. Deformation, such as the stretch or shrink of the cystic duct under tension from the forceps pull, is accomplished by morphing or interpolating rendering between two end state forms: fully stretched or fully shrunk, in the case of the duct. Morphing behavior is controlled dynamically in real time by the Body Electric Dataflow network. Thus user action can trigger and control the degree of morph by their actions either directly on the organ object or by manipulation of a virtual tool which in turn acts on the object.

The models were rendered in real-time gouraud shading by Isaac on a Silicon Graphics Onyx Reality Engine. Texture maps are tiff (bit mapped) files, either created in Adobe PhotoShop (textures on the organs) or captured as video or PhotoCD images in the liver transplant operating room at the University of California, San Francisco, and edited in Adobe PhotoShop on the Mac.

Anatomical structures

- Liver
- Gallbladder
- GallBladder/Liver Fossa
- Cystic Duct
- Common Duct.
- Cystic Artery
- Hepatic artery
- Fatty Tissue
- Gastro-hepatic ligament
- Stomach
- Pancreas

The surgeon's hands, and surgical tools are fully interactive elements. The immediate operating environment, such as the lighting and OR surroundings are simulated to provide context and scale without compromising performance.

Components of the operating room environment

- Adjustable Operating Theatre Lamps - Both are interactive, grabbable solid model objects and local light in the computer graphic lighting model. The simulation user can grab the lamp handle and readjust the lighting on the patient.

- Operating Table
- A simple body form is texture mapped with a photo-realistic belly skin image
- Body is draped with blue cloth, texture mapped with drapery
- Walls of the operating room are texture mapped with photo-realistic images from a real operating room

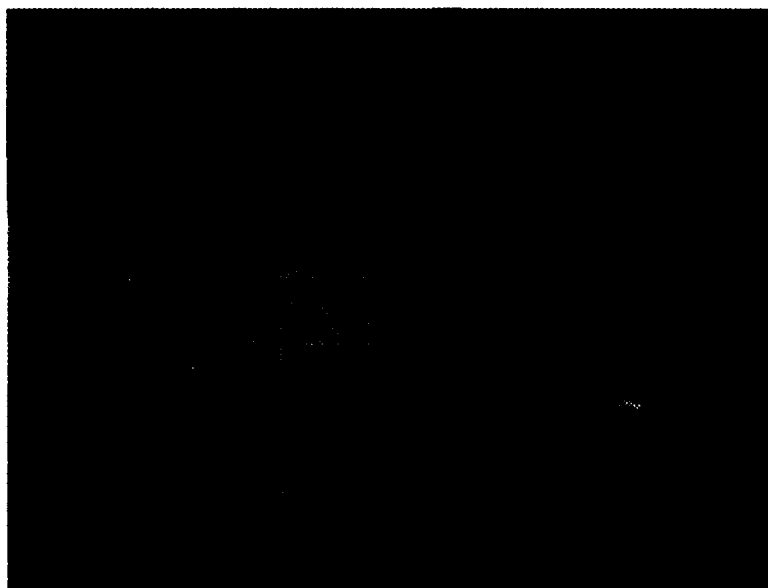


Figure 1: The virtual operating room showing texture mapped walls, floor, drapery, and belly

Dynamics

The interaction dynamics, or behavior, was designed in Body Electric, a visual programming language for virtual reality. Dynamics are the active behavior of the simulation based on user action. A listing of the Dataflow Modules (called DMs) comprising the network is included at the end of this report. Page one "GB111.DM" is the top net, in from which all of the nested DMs both for debugging and running the simulation are called. Subsequent nested DMs are listed after the DM from which they are called.

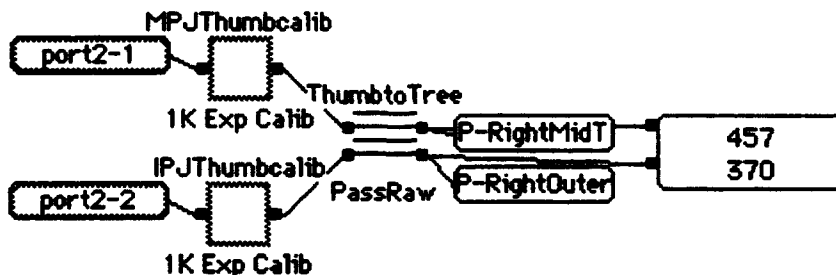


Figure 2: a portion of the Body Electric Data Message (DM) network mapping inputs from the DataGlove (port2-1 and port2-2) to the joints of the thumb using exponential calibration

Interactions

In the real operating room, tools are placed in the surgeon's hand by a scrub nurse as they are requested. In the simulation, the user receives the tool by making a special tool request gesture (cupped hand, palm up) while giving a verbal command. Another gesture <exaggerated open hand> causes the tool to return to its storage position.

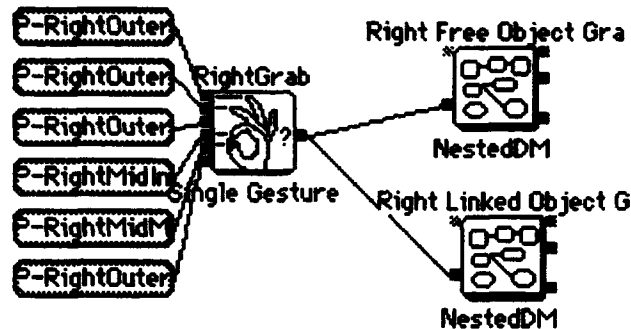


Figure 3: A portion of the Body Electric DM network defining which finger positions will be recognized as a "grab"

Gestures are transduced by the DataGloves and magnetic hand trackers and transformed by Body Electric into naturalistic motions of the virtual hands. Virtual tools are held in the hands and used to effect organs in the model. To obtain a tool, the user holds out the correct hand in the reception gesture and requests the tool verbally by name. Once grasped, tools follow the hand that holds them in both position and orientation. Forefinger flexion is used to direct the angulation of the virtual tool to give the user greater control. Thumb flexion is used to open and closed hinged tools such as scissors or clamps. Tools return automatically to their "home" position when released.



Figure 4: The virtual hands hold the kelly clamp

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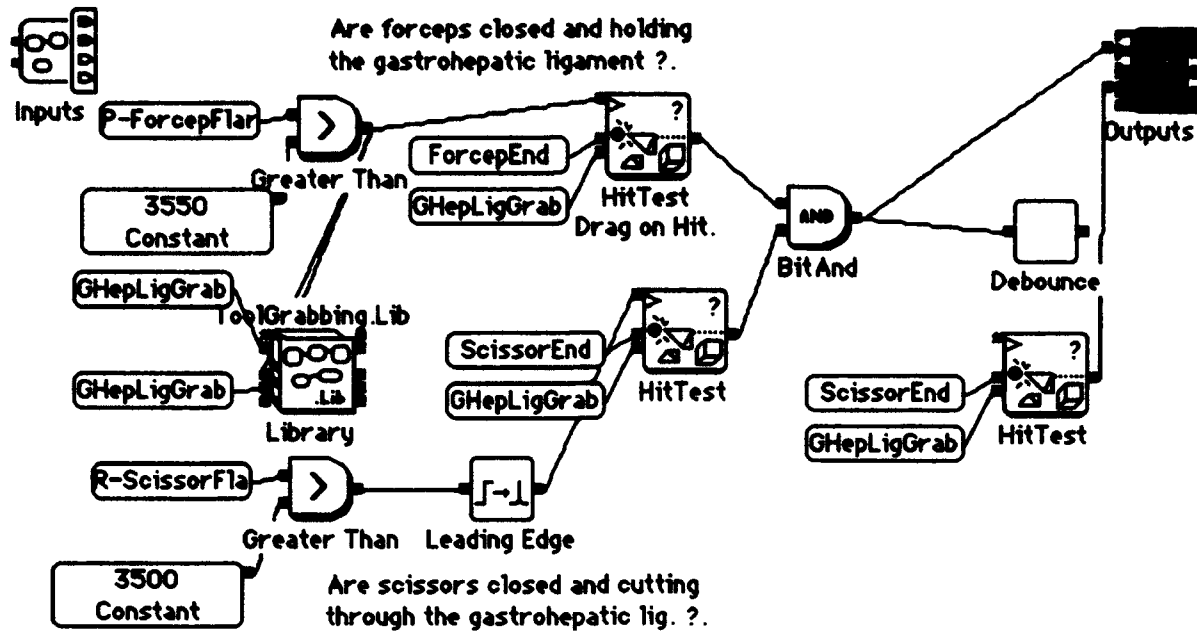


Figure 5: DM network controlling tool behavior. The HitTest DMs compare tool locations to that of their targets to see whether they are in position to be actuated.

Simple newtonian mechanics including gravity have been modeled. For example, a tool can fall when dropped, or sail across the room when thrown. During the actual procedure, however, this capability is generally superceded by the gesture control described above.

Tool interactions offer some significant challenges in the absence of force feedback or physical constraint on the user. A physical tool is subject to forces from both the hand that holds it and the organ or surface on which it acts and in turn applies forces to both the hand and the tissue. On selected portions of the model (the cystic duct and cystic artery, primarily) the deformation effects of these forces on the model are simulated by morphing the structure in question. The users own physical hands however remain unconstrained, and their position continue to be controlled by the output of the magnetic trackers. Therefore an elastic relationship between a tool and the hand is maintained when the tool has grasped a structure. If the user's hand moves farther away than is physically possible, the active part of the tool remains in position while its orientation follows the user's hand. Audio feedback is used to provide further information in the absence of stereopsis or tactile or force feedback.

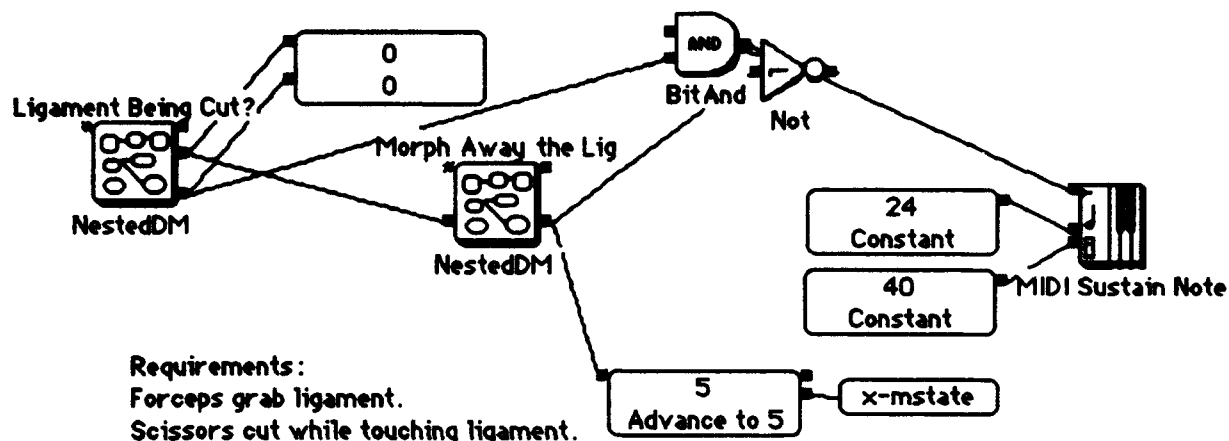


Figure 6: This DM network triggers audio feedback (the MIDI Sustain Note DM) when the Gastrohepatic ligament is cut with the scissors

Surgical tools in the simulation

- Scalpel: cuts the skin
- Abdominal wall retractor: currently unused
- Harrington ("Sweetheart") retractor: for retracting the liver
- Scissors: divides the hepatic ligament, cuts the cystic duct and artery
- Forceps: grasps the hepatic ligament, cystic duct and artery
- Right Angle Clamp: currently unused
- Clip Applier: applies clips to cystic duct and artery
- Kelly Clamp: grasps the gallbladder for dissection from the liver bed, and for removal from the abdomen
- Bovie Cautery: cauterizes the tissues connecting the gallbladder to the fossa or liver bed.

Speech Recognition

Speech recognition for tool request was implemented in Voice Navigator software. This proved to require significant time to train the system to recognize the requisite vocabulary for each participant. It also was not acceptably reliable. Therefore, for user trials, keyboard input from a human operator was used to replace machine recognition.

Audio Feedback

Four distinct sounds were digitally sampled and recorded using a Roland 220 Sampler, and are triggered for playback dynamically by events in the virtual world:

- Ventilated Breathing Sound (background noise for realism - potentially could be used for complications simulations by varying frequency).
- Proximity Cue Sound (used to indicate that the actuating tool end is within the prescribed boundaries of the target tissue).
- Cutting sound, also used for cautery
- Clip Application sound (Click)

Steps in the Simulation

The simulation requires that each step of the procedure be performed in the correct sequence. A detailed analysis of the surgical tasks and perceptual requirements was made as the basis for tuning the simulation to optimize system performance for resolution and frame-rate. Library Research, observation of actual surgery and input by Wendy K. Brown MD, surgical resident at Dartmouth Medical Center were applied to determining the sequence. Subsequently, surgeons evaluating the system suggested further changes, some of which were implemented. The work product of this was a narrative description of each task in a normal open Cholecystectomy procedure. This document forms the script for interaction dynamics described below.

Step 1

Surgeon (user) extends right hand with cupped palm facing up, and states "scalpel", and the scalpel appears in the right hand. The incision is made by drawing the blade across the abdomen starting at an X mark. A proximity sound cue is given when the scalpel is in the right zone to make the cut. A red line appears to signify how far the cut extends. In this first implementation, the cut can be made in only one place. Future versions will offer more range.

Step 2

when the incision is complete, the abdomen morphs open (a computer graphic term which means that it automatically undergoes a transformation from the closed to the open state). Later versions may include more details of the actually retraction process. An Abdominal Retractor has been modeled, but is not currently employed.

Step 3

The liver is retracted up and out of the way either by the right hand or by the Harrington retractor. The retractor is then set in place. Once positioned the retractor is stationary: held in place by an invisible virtual assistant. At this point the gastrohepatic ligament is visible and covering the lower portion of the Gallbladder.



Figure 7 - The liver is held in place with this Harrington Retractor

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Step 4

The user requests the scissors in the right hand and the forceps in the left, grasps the gastrohepatic ligament with the forceps, and then cuts it with the scissor. The proximity sound cue is given when the scissors are in the cut zone of the ligament. a second sound indicates actual cutting is taking place. As each cut is made, the ligament shrinks back somewhat.

Step 5

The fatty tissue obscuring the cystic artery, duct, and common bile duct is pushed out of the way using the tips of the forceps (still in left hand).

Step 6

The forceps are then used to grasp the cystic duct. This requires considerable skill, especially in the absence of stereopsis or tactility. The proximity sound cue is given when the forceps tip is in the grasp zone of the duct. When forceps closes on duct system, the duct follows the forceps tip within certain limits (so the user can get a sense of the system by moving it).

Step 7

The duct is held in the stretched position with the forceps in the left hand. The clip applier is requested in the right hand, and the two clips are applied by activating the applier with the thumb. The proximity sound cue is given when the clip applier tip is in the correct region on the duct. A distinct second sound indicates that a clip had been applied. Surgeons testing the system suggested that two or more clips be applied to the proximal end of the duct. One is sufficient for the distal end. This change may be implemented in future versions.



Figure8 - The clip applier prepares to place a clip on the cystic duct as the forceps hold it stretched taut.

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Step 8

The clip applicator is released, and the scissors are requested and used to cut the cystic duct between the clips. This cut can be made only between the clips. In future versions, erroneous cuts could be made, and consequences explored.

Step 9

Steps 7 and 8 are repeated for the cystic artery.

Step 10

Both scissors and clip applicator are released. The Kelly clamp is requested in the left hand and the Bovie Cautery in the right hand. Using the cautery, the Gallbladder is separated from the bed. As the connective tissue is removed, the Gallbladder becomes free. The Gallbladder can be pulled about by the clamp demonstrating simple tissue deformation simulation.

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RESULTS

Subjects

Subjects were drawn from several categories: two computer scientists, six middle and high school students, two doctors, one biomedical engineer, and one artist.

Evaluation of Results

Criteria evaluated were ability to successfully complete the procedure, time to completion and narrative evaluation. The latter, narrative evaluation, is considered to be the most meaningful criterion, especially in the case of evaluation by surgeons.

Time to Completion:

Average time Students	10:07
Average time MDs	11:36
Average time Researchers	5:28
Average time to completion All	8:93

Best Times were under 2 minutes.

The middle school and high school students

Perhaps most importantly, participation in the simulation offered an opportunity for the student to try on the role of surgeon, without the onus of real outcome or grades. The psychological gain may well be in the child's expanded view of self and possibilities. In addition, the students learned functional anatomy, the names of organs and were easily able to retain the sequence operative tasks. It is conjectured that the high degree of computer experience (including video games) make immersive simulation particular effective in training this group, and their somewhat older peers, now in college.

Medical/Professional Evaluation

Two Surgeons, Toshi Mori MD and Sunil Bhojru MD, and one biomedical engineer, Frank Tendick PhD, from UCSF used the system on May 18th, 1994. Their evaluation of the simulation was that it would be very useful for medical students first learning the surgical procedure who needed to memorize the steps in the operation. They felt that the level of realism was too low to be of use teaching surgical residents, who are expected to know the procedure and be working on specific techniques. This was especially true of certain aspects of the operation. For example, both indicated that the dissection of the gallbladder from the liver bed is a critical part of the operation. The connective tissue is simulated very simply. In fact its representation as a set of polygons linking the liver and gallbladder is almost more symbolic of the process than descriptive of it. This kind of abstraction can be useful in procedural training = ie learning the steps required to perform the operation, but is probably not of value in learning the actual skill involved in safely performing the dissection. It has been suggested that this part of the procedure (dissection of the Gallbladder from the liver bed) is of such importance, it ought to be simulated separately in a great deal more detail.

Computer science Evaluations

Computer Scientists using the system were highly impressed by the number and complexity of individual interactions simulated. This was less apparent to doctors and students, both of whom tended to compare the simulation to the physical world with its limitless range of interaction potential. This points out a major difficulty in developing simulations - the need to define and support an acceptable level of complexity and variance in interaction, without overwhelming the system and the developers.

User Interface Issues

- **Need for stereopsis:** The current version of the simulation is monoscopic. This is a purely economic issue. The simulation contains all the necessary information to generate stereo views, but the Silicon Graphics Onyx lacks the video splitter internal card necessary to generate a second view NTSC video signal. The lack of stereopsis seriously impairs the user's ability to perform fine target acquisition tasks such as grasping a duct or artery with the forceps.
- **Need for Tactile and force feedback:** No tactile or force feedback devices were used in this simulation. Using audio and visual feedback concomitantly can offer some substitute for tactility. In the simulation, the proximity sound cue and the visual-spacial feedback from perspective and overlap of near object over far (the scalpel being obscured as it penetrates flesh, for example) combine to give orientation. However, a surgical simulation environment which would be useful for advanced training would require realistic force transduction and reflection. Audio feedback can give event information (occurrence of the sound signifies a state such as proximity or contact). In trying to substitute audio information for force, amplitude (loudness) may express degree of force, however, there is no clear mapping for the vector of the force.
- **Need for more accurate deformation and other behaviors of tissues:** Tissue deformation was only represented on a minority of structures in this simulation. Even within the limited confines of an immersive virtual reality environment such as this one further work can be done. A Simulation concentrating solely on specific surgical technique such as dissecting the gall bladder from the fossa or liver-bed, has been proposed and such concentration would allow greater accuracy of detail.
- **Head-tracked immersion versus "through the window" simulation**
Tracking the user's head and hands transforms the experience from passive viewing to active participation. It may be the case that there are significantly different learning pathways invoked in an immersive environment *even when the experience is of relatively low resolution*. This is a subject for future research.

FUTURE WORK

In the next phase of the project, the simulation will be taken over by Dr. Helene Hoffmann and her colleagues at the UCSD Medical School Learning Resources Center. The LRC team has developed a comprehensive prototype of a multimedia system for medical education. In year one of the new contract, the open cholecystectomy simulation presented here will be integrated into the UCSD multimedia environment for further evaluation as a teaching system.

Among the teaching /learning issues to be evaluated are the discrimination between learning to operate the Virtual Reality interface (special gestures, symbolic actions) from learning which is directly or indirectly transferable to the performance of surgery . This includes addressing the question of whether such a system might teach negative habits.

Initial work will be performed using a "through the window" approach with a Stereographic monitor display. This simulation was developed in the Body Electric visual programming language. In subsequent years two and three, it is expected that that the simulation will be ported to Talisman, New Leaf's new virtual reality authoring language. The greater capacity of this tool will support integration of external simulations, alternative input and display devices and rendering and interaction with radiologically derived volumetric data sets. Head mounted and desk mounted, head-coupled displays will be used .

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Simulation Created by

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Video Equipment And Camera Operation, Karl Dresden, KAPORETH Video

Music by Jaron Lanier

Video Production by Ethan Sing, Pacific Rim Media

Multimedia Environment video courtesy of UCSD Learning Resources Center

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Larry Way MD, Frank Tendick PhD, Toshi Mori MD and Sunil Bhojrul MD**

TABLE OF APPENDICES

Appendix A - Literature Search

Appendix B - Images from the Simulation

Attached are Still images from the simulation

- The Operating Room and Draped "patient"
- Virtual hand holding Kelly Clamp
- Virtual hand holding Harrington Retractor
- Close up of the Clip Applier and Ducts prior to clip application
- Close up of the Clip Applier and Ducts after clip application

Appendix C - The Model

A hierarchical listing of the 3D model, attached details the linking between objects by tab indentation.

Appendix D - Listing of the Properties file

Appendix E - Listing of the Dynamics Dataflow Models

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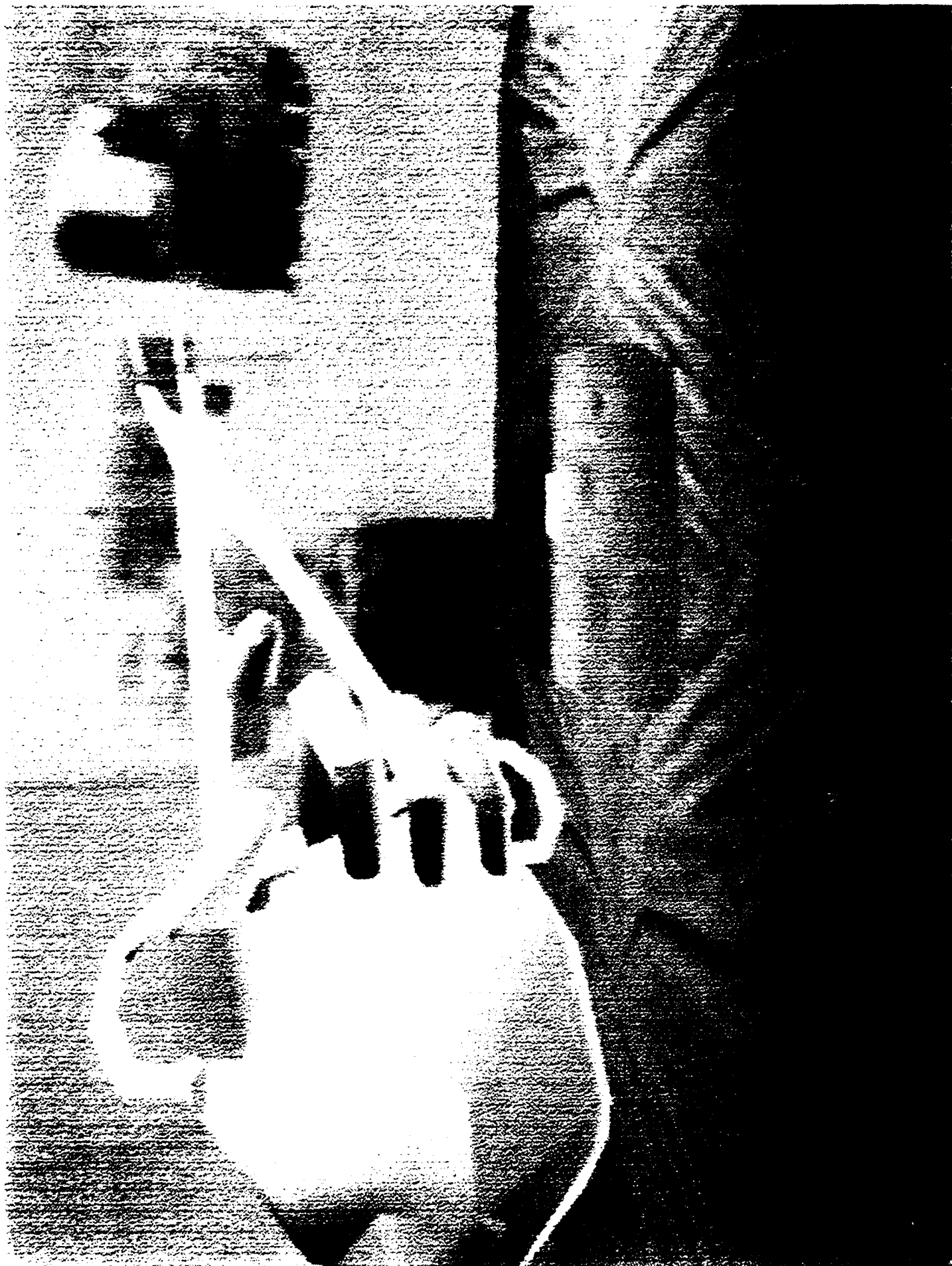
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Appendix B - Images from the Simulation

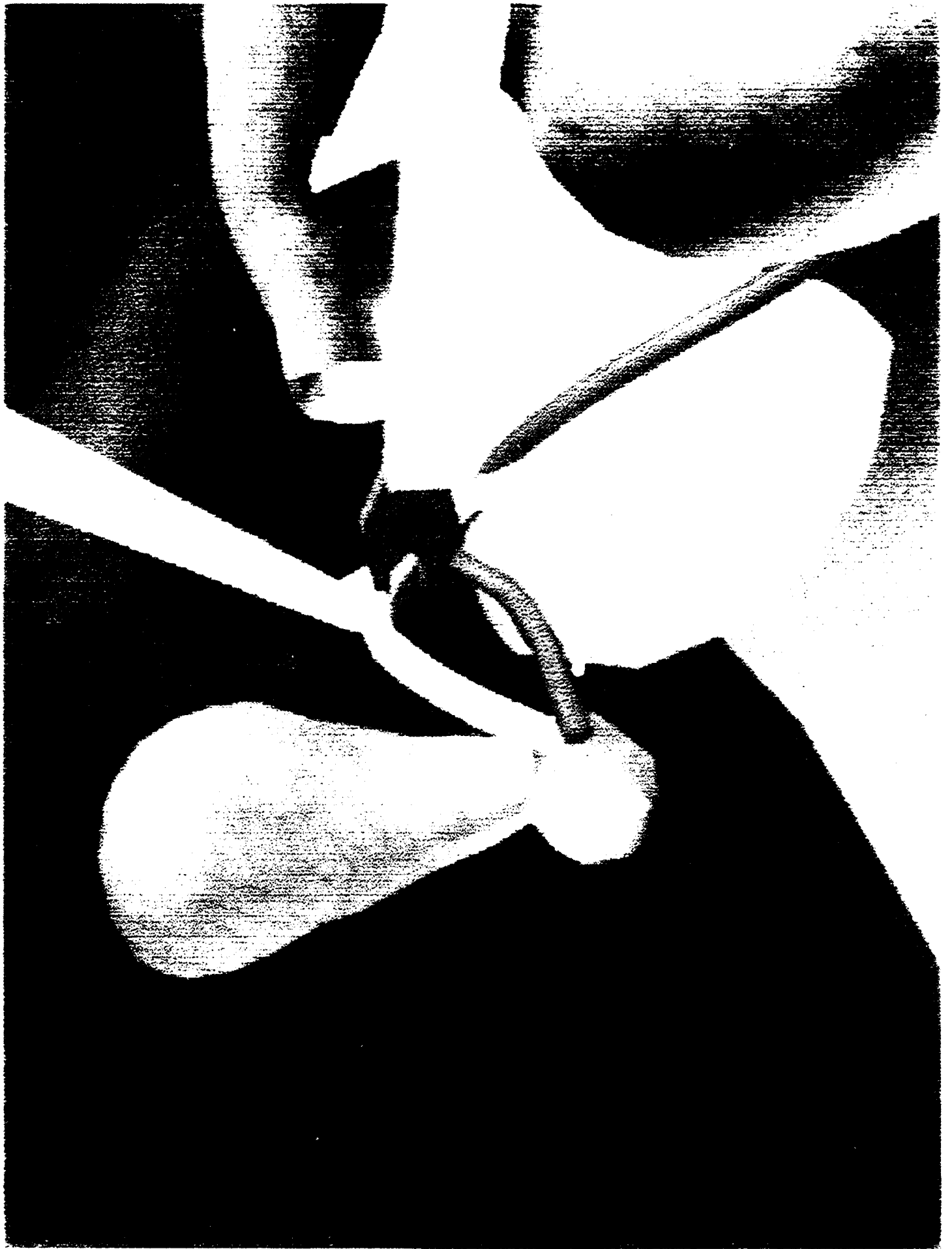
Attached are Still images from the simulation

- The Operating Room and Draped "patient"
- Virtual hand holding Kelly Clamp
- Virtual hand holding Harrington Retractor
- Close up of the Clip Applier and Ducts prior to clip application
- Close up of the Clip Applier and Ducts after clip application











GB111

'<name>', x, y, z: yaw, pitch, roll.

'World' 0, 0, 0 : 0.0, 0.0, 0.0

'WestWall' 5433, 2219, -6621 : 270.0, 90.0, 270.0

'EastWall' -8079, 2219, -6621 : 270.0, 90.0, 270.0

'PolhmOffset' 20, 801, 1220 : 0.0, 0.0, 0.0

'PolhmAdjust' 0, 0, 0 : 0.0, 0.0, 0.0

'LeftHand' -229, -556, -507 : 347.7, 186.0, 169.3

'LeftPalm' 10, 179, 129 : 0.0, 0.0, 0.0

'LeftMidPinkie' 90, 10, -225 : 0.0, 22.9, 0.0

'LeftOuterPinkie' 0, 0, -79 : 0.0, 13.4, 0.0

'LeftPinkieTip' 0, 0, -65 : 0.0, 6.7, 0.0

'LeftPalmGrb' 54, 43, -165 : 0.0, 0.0, 0.0

'LeftMidRing' 38, 12, -259 : 0.0, 16.9, 0.0

'LeftOuterRing' 0, 0, -90 : 0.0, 17.4, 0.0

'LeftRingTip' 0, 0, -74 : 0.0, 8.7, 0.0

'LeftMidMiddle' -19, 9, -264 : 0.0, 0.0, 0.0

'LeftOuterMiddle' 0, 0, -101 : 0.0, 23.7, 0.0

'LeftMiddleTip' 0, 0, -86 : 0.0, 11.9, 0.0

'LeftMidIndex' -76, 13, -237 : 0.0, 2.2, 0.0

'LeftOuterIndex' 0, 0, -102 : 0.0, 4.1, 0.0

'LeftIndexTip' 0, 0, -83 : 0.0, 2.1, 0.0

'LeftIndexEnd' -1, 0, -68 : 0.0, 0.0, 0.0

'LeftThumbBase' -50, 4, -38 : 319.0, 359.0, 326.0

'LeftMidThumb' 0, 0, -120 : 0.0, 11.9, 0.0

'LeftOuterThumb' 0, 0, -91 : 0.0, 4.0, 0.0

'LeftThumbEnd' 0, 0, -71 : 0.0, 0.0, 0.0

'LeftHandDriver' 0, 0, 0 : 0.0, 0.0, 78.4

'LeftHandArrow' 80, 106, 0 : 0.0, 0.0, 187.8

'LeftCntr-WallVect' -220, 150, 10 : 0.0, 0.0, 0.0

'LeftHeadWallVector' 0, 0, -10 : 0.0, 0.0, 0.0

'Head' 522, -1102, -1520 : 206.2, 171.5, 176.6

'HeadPoint' 0, 850, 300 : 0.0, 0.0, 0.0

'LColorSmall' 67, 178, 0 : 0.0, 0.0, 0.0

'LColorSmall' -70, 180, 0 : 0.0, 0.0, 0.0

'RColor' 147, 176, 0 : 0.0, 0.0, 0.0

'LColor' -141, 180, 0 : 0.0, 359.7, 0.0

'Face' 0, -245, 84 : 270.0, 90.0, 270.0

'Ear' 0, -290, 140 : 0.0, 0.0, 0.0

```
'SoundFollow3' 560, -4510, -1430 : 126.5, 0.0, 0.0
'SoundFollow4' 2240, -4390, 3420 : 72.0, 0.0, 0.0
'SoundFollow5' 3920, -6390, 590 : 320.5, 0.0, 0.0
'SoundFollow' -760, -740, -260 : 281.4, 0.0, 0.0
'Eye' 0, -362, 428 : 0.0, 0.0, 0.0
'HeadDriver' 0, 0, 0 : 0.0, 0.0, 0.0
'NeckPt' 0, 1026, 0 : 270.0, 90.0, 270.0
'RightHand' 1080, -268, -473 : 202.8, 107.4, 236.4
'RightPalm' 10, 179, 129 : 0.0, 0.0, 0.0
'RightMidPinkie' -79, 10, -225 : 0.0, 12.1, 0.0
'RightOuterPinkie' 0, 0, -79 : 0.0, 15.4, 0.0
'RightPinkieTip' 0, 0, -65 : 0.0, 7.7, 0.0
'RightPalmGrb' 54, 43, -330 : 180.3, 0.0, 0.0
'RightMidRing' -30, 12, -259 : 0.0, 4.2, 0.0
'RightOuterRing' 0, 0, -90 : 0.0, 19.6, 0.0
'RightRingTip' 0, 0, -74 : 0.0, 9.8, 0.0
'RightMidMiddle' 27, 9, -264 : 0.0, 5.6, 0.0
'RightOuterMiddle' 0, 0, -101 : 0.0, 31.0, 0.0
'RightMiddleTip' 0, 0, -86 : 0.0, 15.5, 0.0
'RightMidIndex' 85, 13, -237 : 0.0, 8.5, 0.0
'RightOuterIndex' 0, 0, -102 : 0.0, 38.3, 0.0
'RightIndexTip' 0, 0, -83 : 0.0, 19.2, 0.0
'RightIndexEnd' -1, 0, -68 : 0.0, 0.0, 0.0
'RightThumbBase' 50, -4, -38 : 41.0, 359.0, 34.0
'RightMidThumb' 0, 0, -120 : 0.0, 12.3, 0.0
'RightOuterThumb' 0, 0, -91 : 0.0, 3.9, 0.0
'RightThumbEnd' 0, 0, -71 : 0.0, 0.0, 0.0
'RightHandDriver' 0, 0, 0 : 0.0, 0.0, 78.4
'RightHandArrow' 80, 106, 0 : 0.0, 0.0, 187.8
'RightCntr-HeadWallVec' -220, 150, 10 : 0.0, 0.0, 0.0
'RightHeadWallVector' 0, 0, -10 : 0.0, 0.0, 0.0
'SimpleHeadHand_b07_2H' 0, 0, 0 : 0.0, 0.0, 0.0
'GrbHitSoundVar' 0, 0, 0 : 0.0, 0.0, 0.0
'GrbGestureSoundVar' 0, 0, 0 : 0.0, 0.0, 0.0
'FlySpeedLimit' 270, 0, 0 : 0.0, 0.0, 0.0
'Finger' 42, 270, 75 : 352.6, 352.1, 350.3
'Bigger' 0, 0, 0 : 0.0, 0.0, 0.0
'globals' 80, 80, 0 : 0.0, 0.0, 0.0
'LEFT_TOOL' 10, 80, 0 : 0.0, 0.0, 0.0
```

```
'RIGHT_TOOL' 10, 100, 0 : 0.0, 0.0, 0.0
'mstate' 15, 80, 0 : 0.0, 0.0, 0.0
'debug' 0, 0, 0 : 0.0, 0.0, 0.0
'status' 0, 0, 0 : 0.0, 0.0, 0.0
'morphon' 0, 1, 18700 : 0.9, 0.0, 0.0
  'morphSkinL' 100, 1, 100 : 0.0, 0.0, 0.0
  'morphSkinR' 100, 1, 100 : 0.0, 0.0, 0.0
  'morphGHepLig' 100, 10, 100 : 0.0, 0.0, 0.0
  'morphBloodLine' 100, 10, 100 : 0.0, 0.0, 0.0
  'morphDWhole' 100, 10, 100 : 0.0, 0.0, 0.0
  'morphArtWhole' 100, 1, 100 : 0.0, 0.0, 0.0
'Camera' 14, 6, -20 : 14.4, 259.2, 0.0
'SloppyTool' 80, 80, 0 : 0.0, 0.0, 0.0
  'ObjCenter' 68, -252, -504 : 12.7, 42.0, 24.5
  'ObjTEnd' 0, 0, 0 : 0.0, 0.0, 0.0
  'ObjTGrab' -1, -2, 549 : 357.8, 2.6, 225.2
  'VirtToolGrab' 517, -475, -445 : 257.9, 21.8, 283.6
  'VirtToolEnd' 1, 32, -550 : 278.7, 54.9, 203.3
'Floor' 170, 2160, -270 : 270.0, 270.0, 270.0
'NorthWall' 5326, -6426, 59 : 180.0, 0.0, 90.0
'Tray' 1300, 1217, -1640 : 0.0, 0.0, 270.0
  'RAClampBase' 310, 770, -140 : 270.0, 0.0, 90.0
  'ClipApplierBase' 330, 380, -180 : 270.0, 0.0, 90.0
  'ForcepBase' 260, 50, -140 : 270.0, 0.0, 90.0
  'KellyBase' 270, -290, -140 : 270.0, 0.0, 90.0
  'ScalpelBase' 270, -680, -140 : 270.0, 0.0, 90.0
  'Tray2' -160, -2540, 0 : 0.0, 0.0, 0.0
    'OrganBowl' 58, 360, 0 : 0.0, 180.0, 90.0
    'ScissorBase' 150, -266, -140 : 270.0, 0.0, 90.0
    'BovieBase' 350, -77, -140 : 92.0, 0.0, 0.0
    'HarringtonBase' 320, -110, -140 : 270.0, 0.0, 90.0
    'AbdWallRetractorBase' 110, -410, -140 : 270.0, 0.0, 90.0
'Table' 423, -124, -1960 : 180.0, 325.7, 180.0
  'Drape' -473, -65, -182 : 180.0, 0.0, 180.0
  'Body' -700, 235, 560 : 0.0, 0.0, 270.0
  'BodyNew' 0, 0, 0 : 0.0, 0.0, 0.0
    'GHepLigGrab' 171, 285, -72 : 180.0, 0.0, 85.8
    'FatSlide1' -86, 80, 90 : 32.8, 347.8, 139.2
    'FatLayer1' -139, 2, -32 : 289.8, 73.1, 275.3
    'FatGrab1' -97, -22, 76 : 97.5, 86.0, 263.2
```


'HepGastLig' 41, -59, 8 : 149.4, 275.2, 145.8
'WholeLig' 0, 0, 0 : 0.0, 0.0, 0.0
'MorphLig' 0, 0, 0 : 0.0, 0.0, 0.0
'Thorax' 305, 274, -311 : 180.0, 0.0, 90.0
'skinR' 0, 0, -41 : 270.0, 0.0, 0.0
'SkinRClosed' 0, 0, 0 : 0.0, 0.0, 0.0
'SkinROpen' 0, 0, 0 : 0.0, 0.0, 0.0
'cutMark2' -394, 0, 342 : 268.8, 0.0, 270.0
'skinL' 0, 0, -41 : 270.0, 0.0, 0.0
'SkinLClosed' 0, 0, 0 : 0.0, 0.0, 0.0
'cutMark' 398, -234, 4 : 270.9, 16.8, 313.9
'SkinLOpen' 0, 0, 0 : 0.0, 0.0, 0.0
'Line' -2, -32, -510 : 90.0, 0.0, 0.0
'LineCutPt' 111, 297, 0 : 270.0, 348.5, 0.0
'MorphLine' 0, 0, 0 : 0.0, 0.0, 0.0
'ShortLine' 0, 8, 8 : 269.5, 0.0, 0.0
'WholeLine' 0, 8, 8 : 270.0, 0.0, 0.0
'Blood' 0, 0, 332 : 0.0, 0.0, 0.0
'Stomach' 337, 1, -72 : 48.0, 335.4, 209.6
'Artery' 273, 142, -126 : 96.2, 337.4, 119.9
'HepaticArtery' -55, 1, -23 : 138.5, 340.3, 139.6
'ArtCut' 24, -39, 23 : 36.9, 289.5, 105.1
'ArtCutB' 13, -18, -88 : 68.1, 337.2, 22.3
'ArtCutA' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtWhole' 24, -39, 23 : 36.9, 289.5, 105.1
'WholeFlat' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtAnchor' 67, -12, -28 : 48.2, 4.9, 0.3
'ArtPull' -87, -8, 9 : 90.0, 351.0, 15.3
'WholeBent' 0, 0, 0 : 0.0, 0.0, 0.0
'ArtClipGrab2' 18, -28, -100 : 67.6, 347.8, 270.0
'ArtClip2' -1, 8, 0 : 11.8, 26.2, 10.4
'ArtClipGrab1' -6, -3, -38 : 174.4, 8.6, 107.6
'ArtClip1' 3, 3, 0 : 180.0, 4.6, 36.2
'Duct' 259, 174, -87 : 79.6, 332.7, 126.9
'CommonDuct' -67, 34, -27 : 106.2, 339.5, 27.2
'DCut' 0, 0, 0 : 359.4, 289.0, 58.4
'DCutB' 13, -18, -88 : 68.1, 337.2, 22.3
'DCutA' 0, 0, 0 : 0.0, 0.0, 0.0
'Whole' 0, 0, 0 : 359.4, 289.8, 58.4

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'DWholeFlat' 0, 0, 0 : 0.0, 0.0, 0.0
  'DuctAnchor' 40, -6, -49 : 50.7, 340.6, 356.9
    'DuctPull' -45, -1, 9 : 90.0, 347.8, 356.3
'DWholeBent' 0, 0, 0 : 0.0, 0.0, 0.0
  'DClipGrab2' 40, -26, -81 : 88.1, 337.1, 321.8
    'CysticClip2' -12, -9, 6 : 177.5, 8.8, 6.6
  'DClipGrab1' -6, 0, -35 : 175.5, 1.6, 74.4
    'CysticClip1' -2, 3, 0 : 181.8, 358.9, 1.4
'Pancreas' 78, 593, -98 : 272.9, 31.7, 339.1
'LiverRotate' 383, 184, -120 : 5.7, 120.0, 182.6
  'GBRotate' 0, 0, 0 : 0.0, 355.0, 1.3
    'gallbladder' -1291, -512, 421 : 131.1, 325.9, 33.0
      'BallBladder' 8, 115, 19 : 119.6, 47.7, 28.9
        'DummyParent' -35, 126, 16 : 25.4, 199.0, 166.1
          'CysticClipDummy' -33, -24, 81 : 154.9, 11.9, 45.3
            'ArtClipDummy' -24, -47, 104 : 326.4, 344.9, 292.4
              'ArtCutDummy' -19, -43, 116 : 323.8, 345.6, 33.5
                'DCutDummy' -24, -14, 106 : 338.1, 337.1, 22.4
          'BallJoint' 2, 104, -4 : 158.3, 0.0, 358.3
            'GBEndHit' 0, -59, 0 : 0.0, 0.0, 0.0
'Liver' 2, -80, 48 : 101.2, 357.7, 155.7
  'LiverGrab' -19, 122, 128 : 0.0, 349.2, 291.8
  'Fossa' -12, 30, -8 : 270.0, 165.0, 0.0
    'AFosHit' 0, 0, 0 : 90.0, 89.0, 270.0
      'BFosHit' 0, 0, 0 : 46.0, 0.0, 0.0
        'CFosHit' -4, 0, 4 : 46.0, 0.0, 0.0
          'DFosHit' 54, 2, 3 : 43.0, 0.0, 0.0
            'EFosHit' -3, 0, -5 : 49.0, 0.0, 0.0
              'FFosHit' -2, 0, 0 : 46.0, 0.0, 0.0
                'GFosHit' 0, 0, 0 : 44.0, 0.0, 0.0
                  'HFosHit' 26, 0, -4 : 12.7, 0.0, 0
                    'HFos-dummypt' 8, 8, 0:0.0, 0.0
                      'HFos' 1, 2, -45 : 359.1, 15.0,
                        'GFos' 1, 2, -45 : 359.1, 15.0, 0.0
                          'FFos' 1, 2, -45 : 359.1, 15.0, 0.0
                            'EFos' 1, 2, -45 : 359.1, 15.0, 0.0
                              'DFos' 1, 2, -45 : 359.1, 15.0, 0.0
                                'CFos' 1, 2, -45 : 359.1, 15.0, 0.0
                                  'BFos' 1, 2, -45 : 359.1, 15.0, 0.0
                                    'AFos' 1, 2, -45 : 359.1, 15.0, 0.0

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'AbdWallRetractor' -1480, 380, -1537 : 0.0, 0.0, 0.0
'AbdWallHit' 0, -65, 207 : 0.0, 0.0, 0.0
'AbdWallBlade' 0, -62, 195 : 90.0, 359.7, 0.0
'AbdWallRetractorHome' 0, 0, 0 : 0.0, 0.0, 0.0
'HarringtonGrab' -565, -319, -1116 : 169.0, 326.6, 358.6
'Harrington' -250, 265, -156 : 108.8, 0.0, 180.7
'HarLiverHit' -24, -144, 250 : 180.0, 0.0, 0.0
'HarringtonHome' -512, -147, -1020 : 129.6, 0.0, 0.0
'HarringtonBlade' 0, -62, 195 : 90.0, 359.7, 0.0
'HarringtonEnd' 70, -58, 0 : 90.0, 0.0, 0.0
'HarringtonVars' 0, 80, 0 : 0.0, 0.0, 0.0
'BovieGrab' -1140, 383, -1298 : 0.0, 0.0, 0.0
'Bovie' 0, 32, -280 : 180.0, 0.0, 0.0
'ButtonOn' 0, -28, -151 : 315.0, 270.0, 314.9
'ButtonOff' 0, 0, 0 : 0.0, 0.0, 0.0
'ButtonHit' 0, 0, 0 : 0.0, 0.0, 0.0
'BovieHome' 7, -35, -281 : 0.0, 0.0, 0.0
'Bovieshaft' 0, 0, 0 : 0.0, 0.0, 0.0
'BovieEnd' -2, 0, 453 : 225.0, 90.0, 135.0
'BovieVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ScissorGrab' -1328, 384, -1496 : 0.0, 0.0, 0.0
'Scissor' -40, 40, -200 : 0.0, 270.0, 0.0
'ScissorFlare' 67, 0, 0 : 180.0, 0.0, 350.0
'ScissorEnd' 18, 228, 0 : 0.0, 0.0, 0.0
'ScissorHome' 32, -199, -44 : 0.0, 0.0, 0.0
'ScissorVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ScalpelGrab' 792, 379, -1218 : 0.0, 0.0, 0.0
'Scalpel' 0, 40, -480 : 180.0, 0.0, 0.0
'ScalpelBlade' -22, 0, -4 : 270.0, 270.0, 270.0
'ScalpelEnd' 2, -156, 0 : 90.0, 0.0, 0.0
'ScalpelHome' 2, -39, -481 : 0.0, 0.0, 0.0
'ScalpelVars' 1, 80, 0 : 0.0, 0.0, 0.0
'KellyGrab' 1175, 380, -1212 : 0.0, 0.0, 0.0
'Kelly' 0, 40, -400 : 0.0, 270.0, 0.0
'KellyFlare' 5, 0, 0 : 180.0, 0.0, 335.0
'KellyEnd2' 4, 178, -26 : 90.0, 2.0, 0.0
'KellyFlare2' 8, 179, 19 : 270.0, 358.0, 0.0
'KellyHome' 5, -395, -40 : 0.0, 0.0, 0.0
'KellyEnd' 0, 218, 43 : 0.0, 0.0, 0.0

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'KellyVars' 0, 80, 0 : 0.0, 0.0, 0.0
'ForcepGrab' 1518, 371, -1227 : 0.0, 0.0, 0.0
  'Forcep' 0, 40, 0 : 0.0, 0.0, 270.0
    'ForcepEnd' 0, 0, -401 : 0.0, 0.0, 3.0
    'ForcepFlare' 0, -7, 0 : 0.0, 353.0, 0.0
    'ForcepFlare2' 0, 7, 0 : 0.0, 7.0, 0.0
    'ForcepHome' 31, 2, 0 : 0.0, 0.0, 0.0
  'ForcepVars' 1, 80, 0 : 0.0, 0.0, 0.0
'ClipApGrab' 1852, 336, -1156 : 0.0, 0.0, 0.0
  'ClipApplierEnd' 0, 32, -550 : 270.0, 89.9, 270.0
  'ClipApplier' 0, 32, -128 : 270.0, 270.0, 0.0
    'ClipShaft' 16, 0, 0 : 90.0, 0.0, 270.0
    'ClipLeftFlare' 80, 16, -2 : 180.0, 0.0, 90.0
    'ClipRightFlare' 80, -16, -2 : 0.0, 0.0, 280.0
    'ClipApHome' -127, 2, -28 : 0.0, 0.0, 270.0
    'ClipAp?' -80, 0, 0 : 0.0, 0.0, 90.0
  'ClipApVars' 1, 80, 0 : 0.0, 0.0, 0.0
'RAGrab' 2240, 380, -1177 : 0.0, 0.0, 0.0
  'RAClamp' 420, 120, -250 : 0.0, 270.0, 0.0
    'RAFlare' 0, 0, 0 : 180.0, 0.0, 350.0
      'RAEnd' 4, 240, -20 : 270.0, 0.0, 0.0
    'RAEnd2' 4, 240, 20 : 90.0, 0.0, 0.0
    'RAClamphome' -420, -250, -120 : 0.0, 0.0, 0.0
  'RAVars' 0, 80, 0 : 0.0, 0.0, 0.0
'lampgrab' 1280, -1520, -1789 : 226.8, 66.4, 249.7
  'lamp' 0, 0, 570 : 0.0, 0.0, 90.0
    'LightKnob' -708, 0, -188 : 56.1, 0.0, 75.3
      'Object196' 58, 0, 145 : 0.0, 0.0, 90.1
    'bulb' 0, 0, 0 : 0.0, 180.0, 0.0
  'lampgrab2' -850, 698, -1031 : 122.1, 293.7, 256.1
    'lamp2' 0, 0, 570 : 0.0, 0.0, 90.0
      'LightKnob2' -808, 0, -207 : 61.8, 0.0, 16.9
        'Object200' 58, 0, 145 : 0.0, 0.0, 90.1
      'bulb2' 0, 0, 0 : 0.0, 180.0, 0.0
  'LSloppyTool' 80, 80, 0 : 0.0, 0.0, 0.0
    'LObjCenter' -66, -245, -542 : 276.2, 38.2, 14.1
    'LObjTEnd' 56, -94, -47 : 263.9, 87.4, 0.0
    'LObjTGrab' -1, -1, 578 : 6.4, 359.7, 84.1
  'LVirtToolGrab' -498, -755, -849 : 113.4, 25.4, 47.1
    'LVirtToolEnd' -3, 66, -576 : 105.4, 21.6, 68.0
```



```
0 _light1 1 0.000000 0.000000 0.000000 1.000000 1.000000 1.000000
0.000000 0.000000 0.000000 -0.676514 -0.417236 0.606934 0.000000 90.000000

5 spot 1 bulb 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000
0.000000 0.000000 -1.000000 0.000000 90.000000

5 spot2 1 bulb2 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000
0.000000 0.000000 -1.000000 0.000000 90.000000

6 WestWall 1 textures/pSideWall.rgb 12400.000000 7000.000000 660.000000
0.000000 1.000000 0.000000 -420.000000 0.000000 0.000000 -1.000000 0.000000

6 EastWall 1 textures/sClockWall.rgb 10400.000000 7800.000488 660.000000
0.000000 1.000000 0.000000 -2400.000000 0.000000 0.000000 -1.000000 -
120.000000

6 Floor 1 textures/Floor.rgb 400.000000 400.000000 400.000000 1.000000
0.000000 0.000000 0.000000 0.000000 1.000000 1.000000 0.000000

6 NorthWall 1 textures/pBackWall.rgb 12800.000000 8400.000000 660.000000
0.000000 1.000000 0.000000 0.000000 0.000000 0.000000 -1.000000 240.000000

6 Drape 1 textures/Drape.rgb 1500.000000 1500.000000 1500.000000 1.000000
0.000000 0.000000 0.000000 0.000000 1.000000 1.000000 0.000000

6 FatLayer1 1 textures/sFat.rgb 300.000000 300.000000 300.000000 -0.880000
1.000000 0.580000 0.000000 0.588000 0.000000 0.809000 0.000000

6 HepGastLig 1 textures/HepLig.rgb 400.000000 400.000000 400.000000 -
0.760000 -1.000000 1.000000 0.000000 0.620000 -1.000000 0.000000 0.360000

6 skinR 1 textures/Belly.rgb 640.000000 800.000000 660.000000 -1.000000
0.000000 -1.000000 -105.000000 0.000000 1.000000 0.000000 -300.000000

6 skinL 1 textures/Belly.rgb 1019.999939 980.000061 660.000000 1.000000
0.000000 -1.000000 36.000000 0.000000 1.000000 0.000000 1620.000000

6 Stomach 1 textures/Stomach.rgb 50.000000 50.000000 50.000000 -0.300000 -
0.580000 0.380000 -7.200000 0.000000 1.000000 0.500000 -30.000000
```

6 Duct 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CommonDuct 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCut 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCutB 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DCutA 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 Whole 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000 0.000000
0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DWholeFlat 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DuctAnchor 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DuctPull 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DWholeBent 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 DClipGrab2 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CysticClip2 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 CysticClip1 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0 000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

6 Pancreas 1 textures/Pancreas.rgb 3.000000 3.000000 3.000000 0.283000
0.262000 0.922000 1.400000 -0.021000 0.680000 0.733000 1.200000

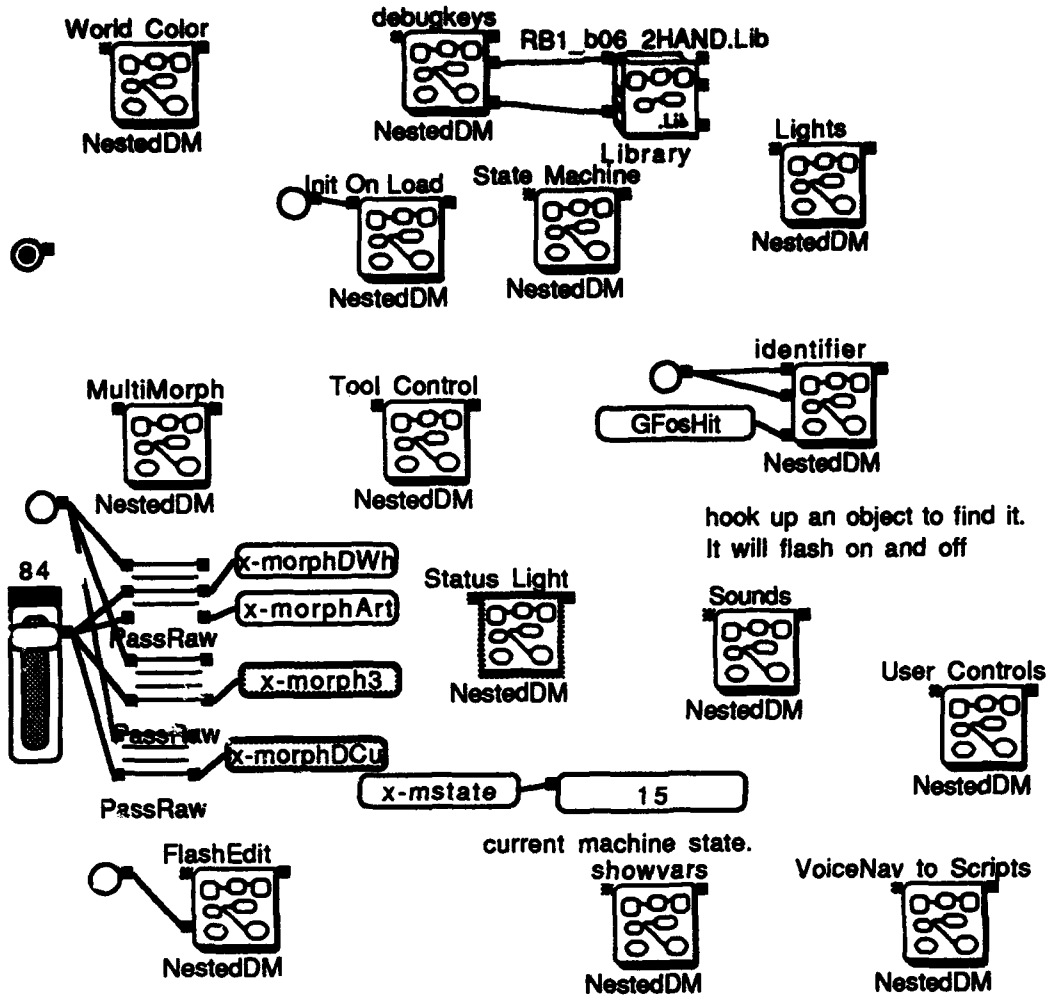
6 LiverRotate 0 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

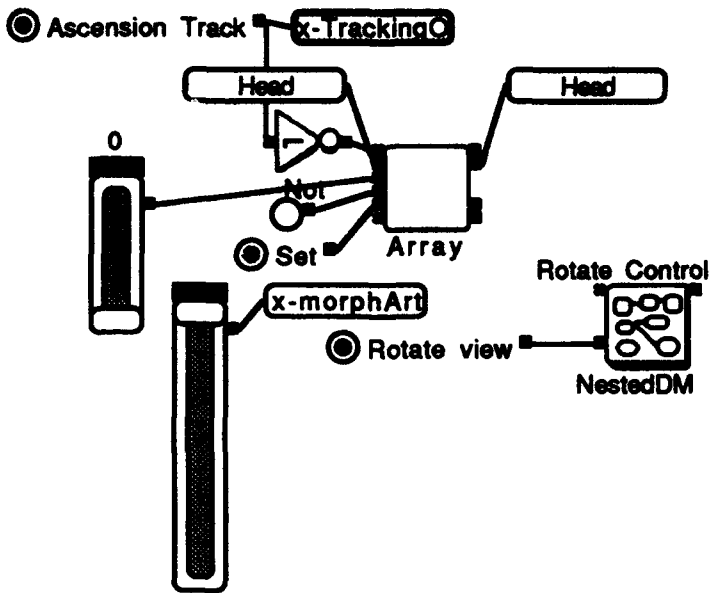
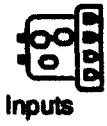
6 gallbladder 1 textures/GB.rgb 150.000000 150.000000 150.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

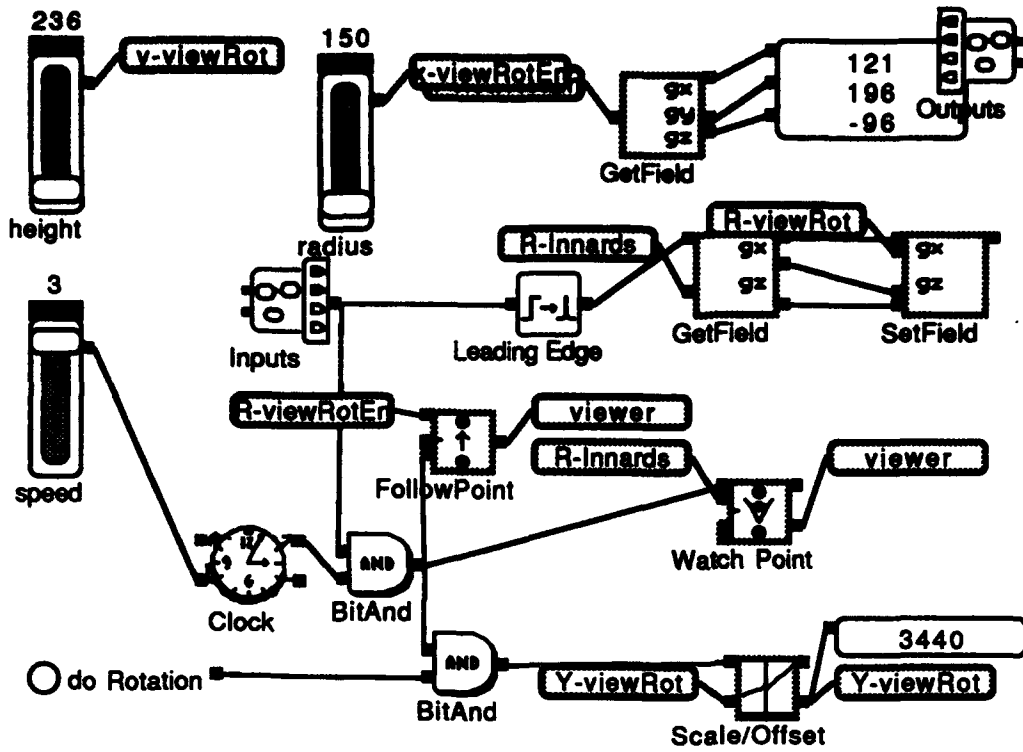
6 BallBladder 1 textures/GB.rgb 50.000000 50.000000 50.000000 1.000000
0.000000 0.620000 -3.600000 -0.120000 0.980000 -0.060000 34.000000

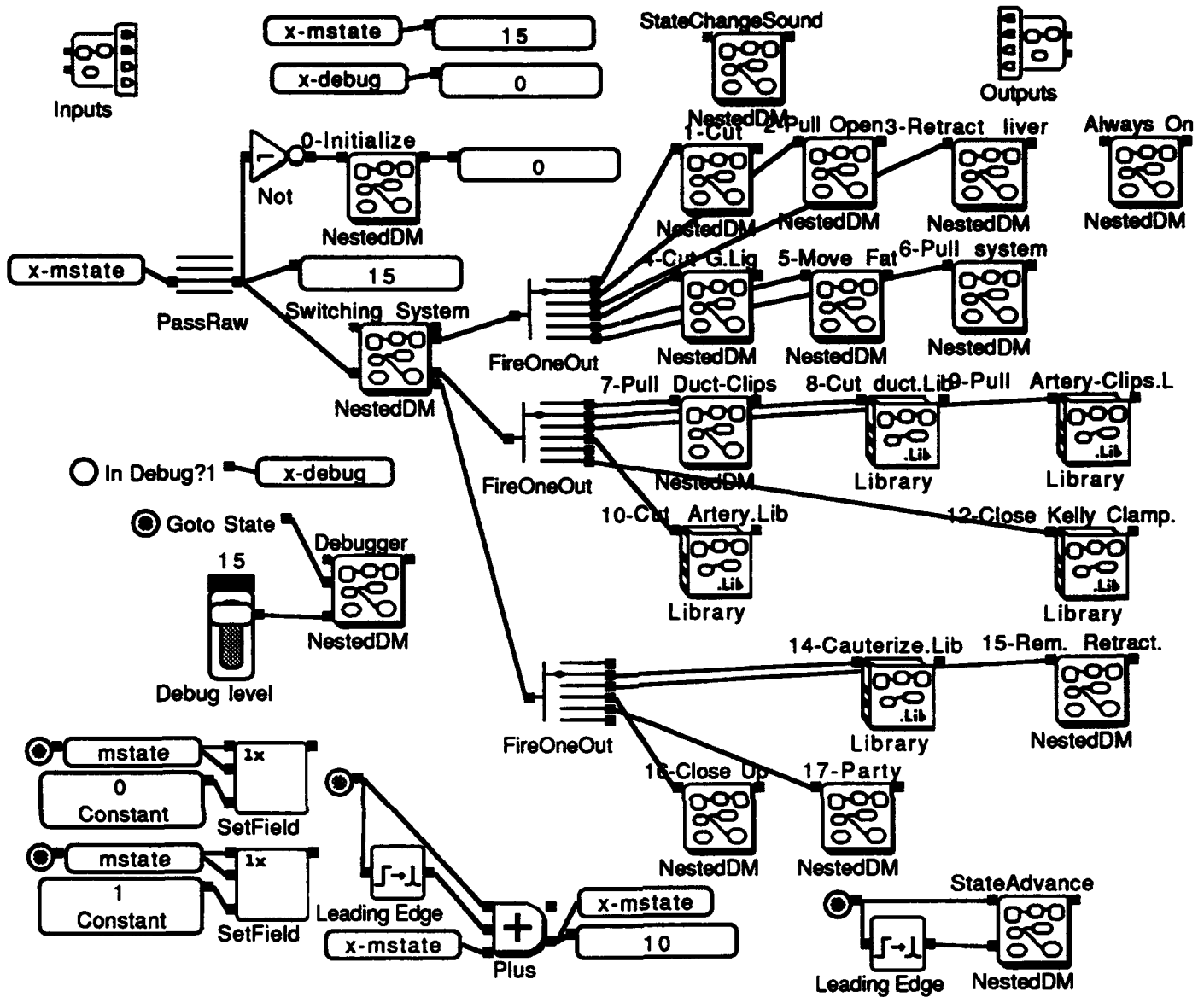
6 Liver 1 textures/Liver.rgb 75.000000 75.000000 75.000000 0.951000
0.149000 -0.271000 -2.400000 0.588000 0.000000 0.809000 0.000000

8 1.000000 0.000000 0.000000



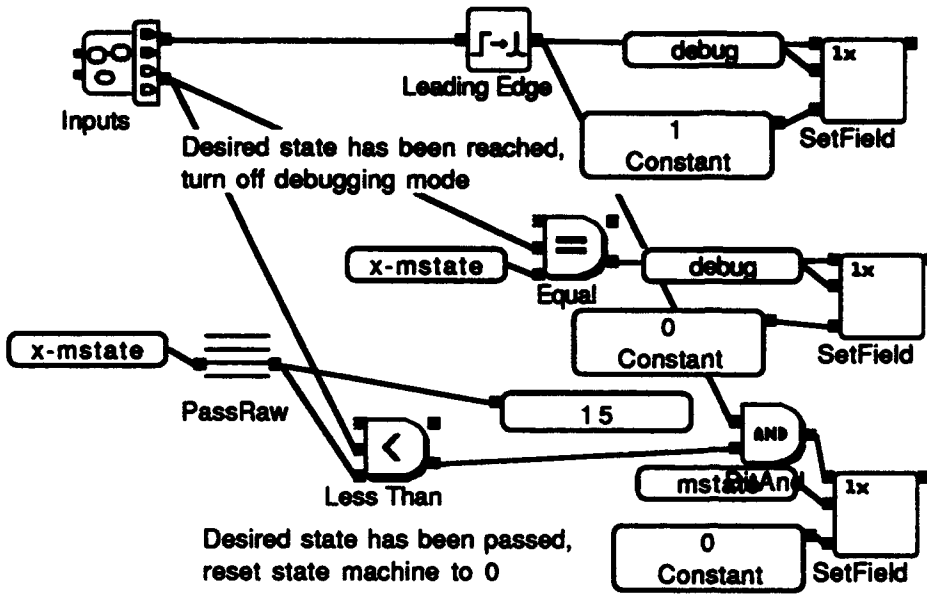


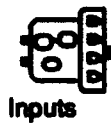




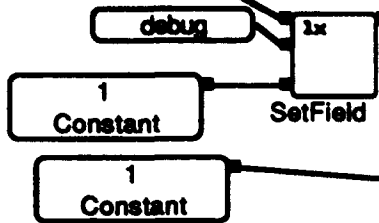
Debugger tool

Set slider to desired state,
Push button, and DM will advance
state machine to that state
automatically





x-debug 0



x-mstate + x-mstate
Plus



This DM should advance the state and unset debug mode, so people can test interactions at given states.

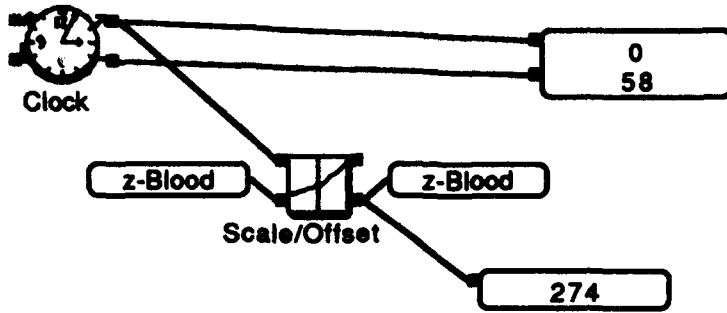


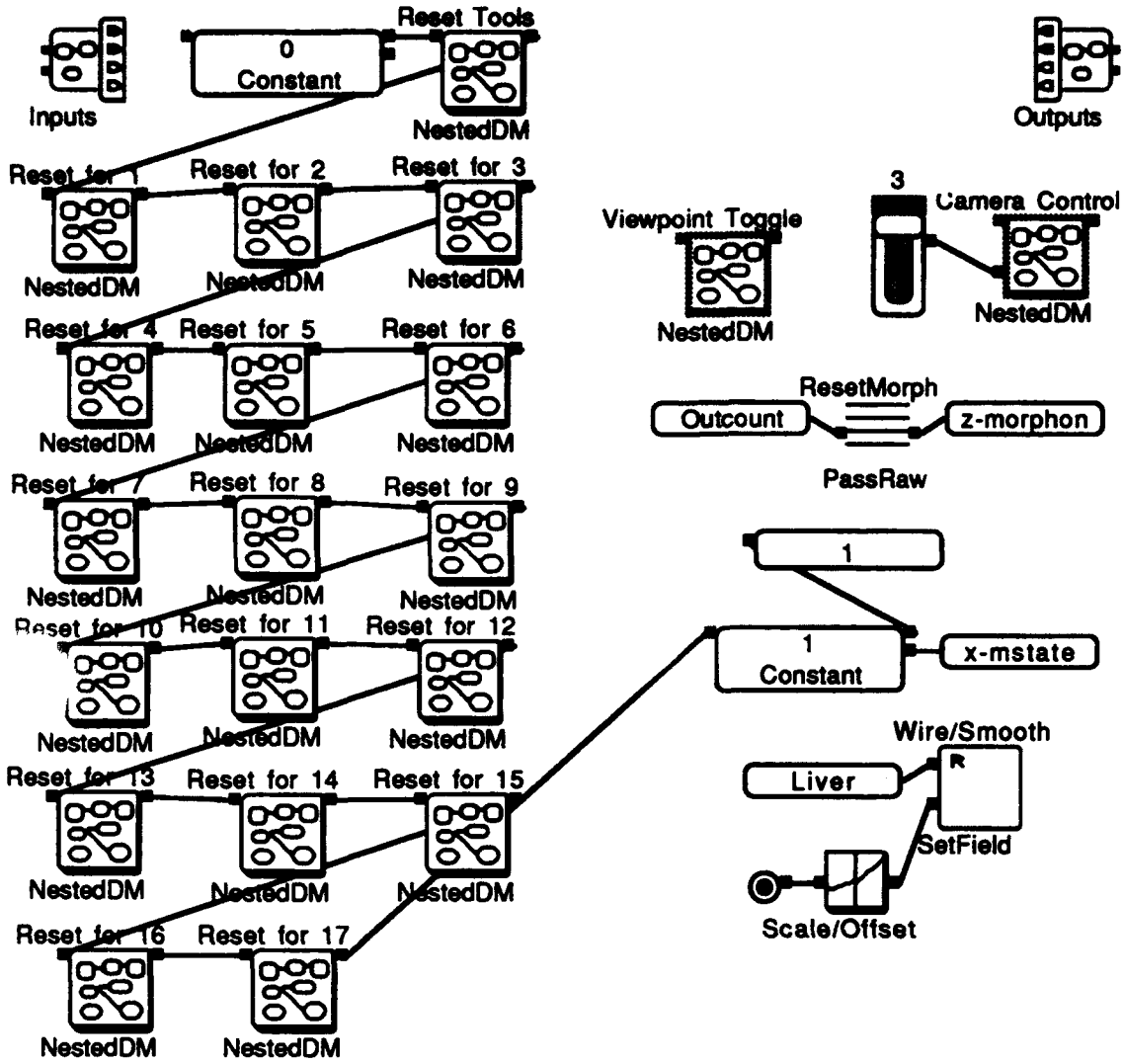
Inputs

Make blood object move up slowly



Outputs



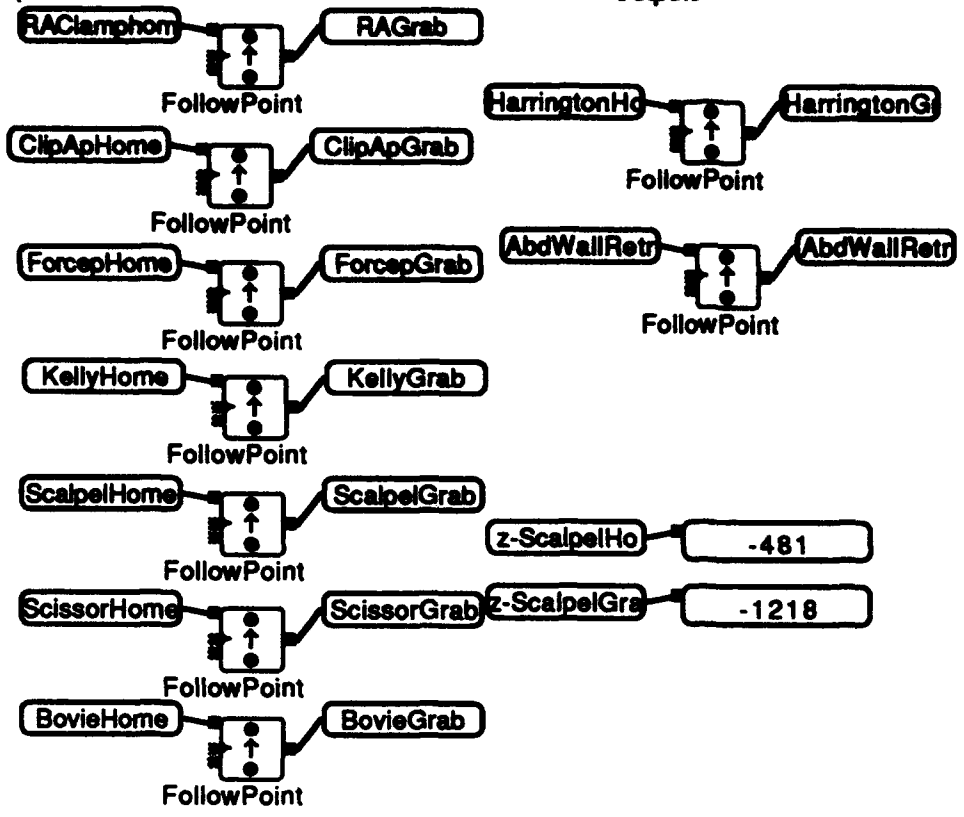


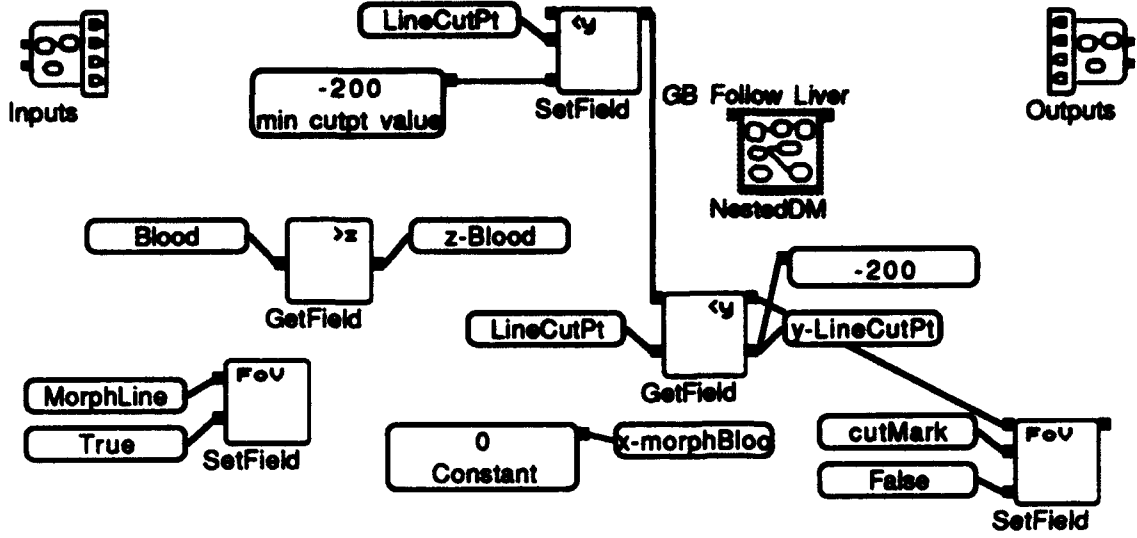


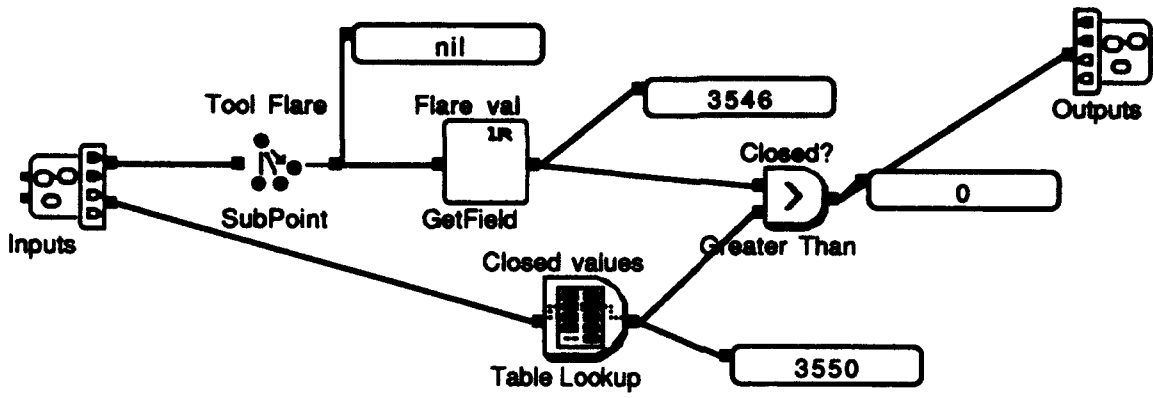
Inputs

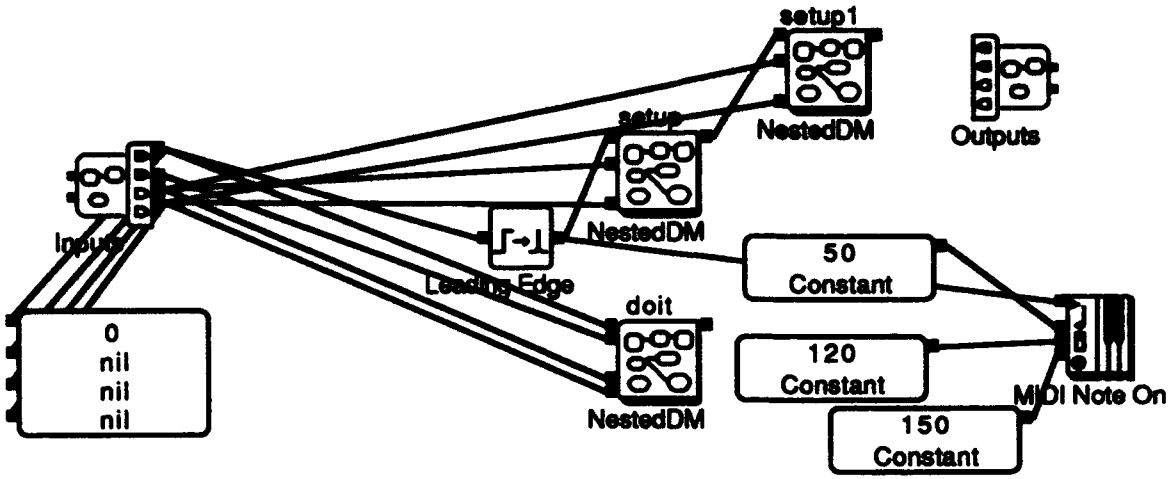


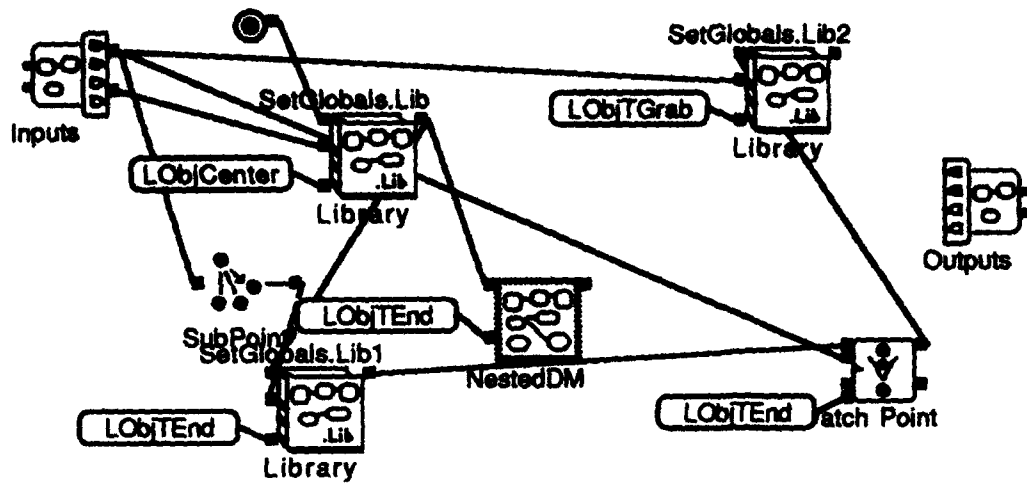
Outputs

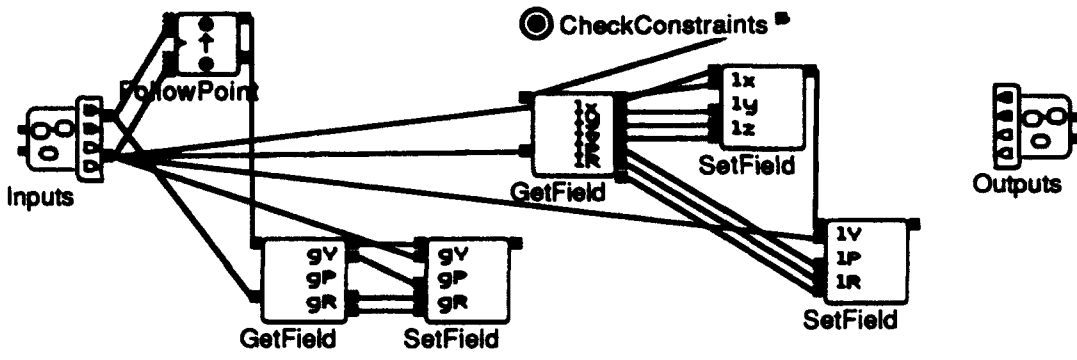




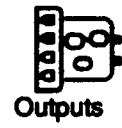
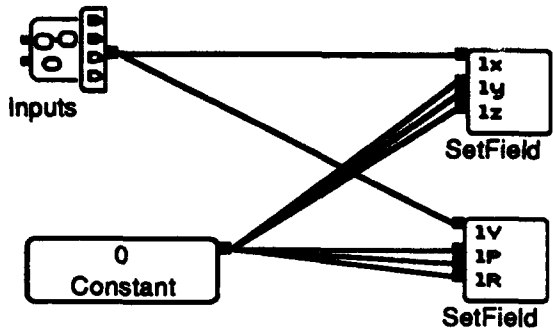


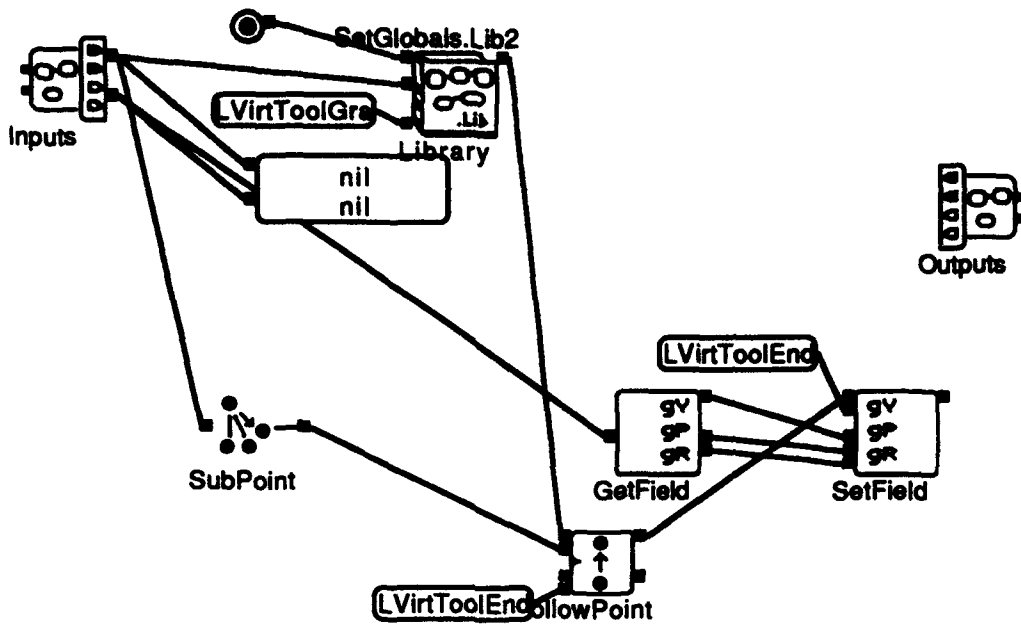


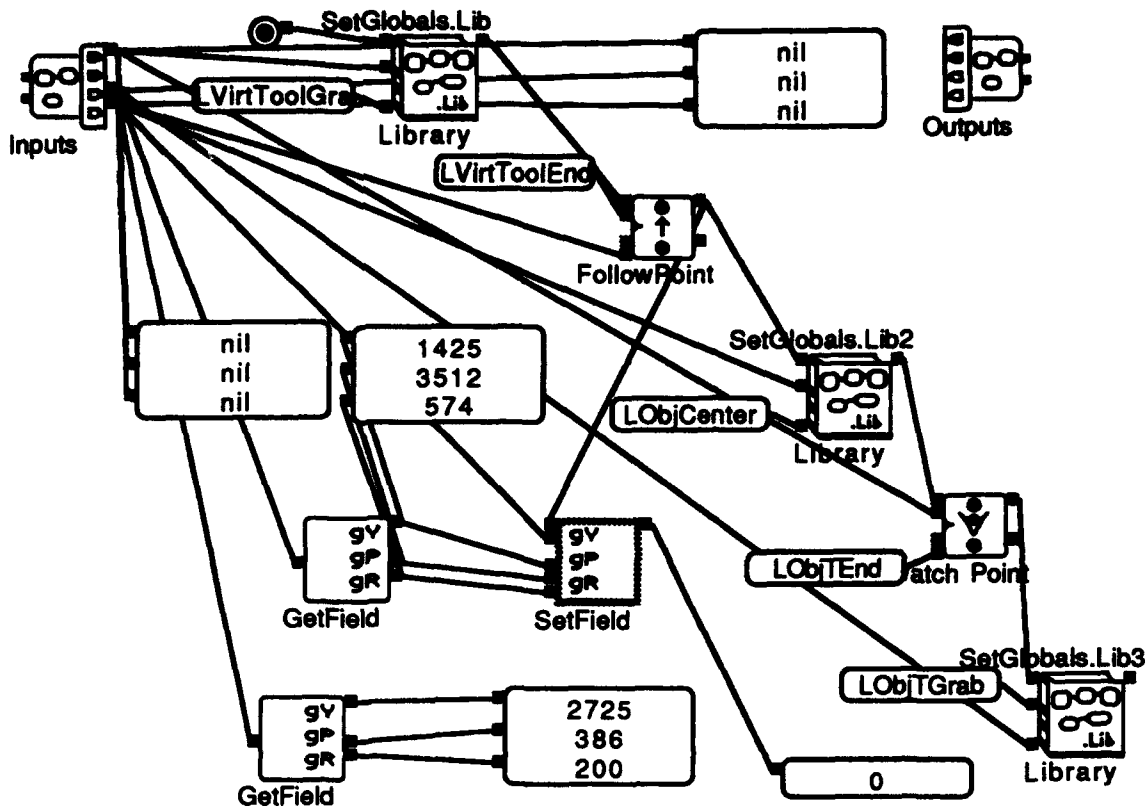


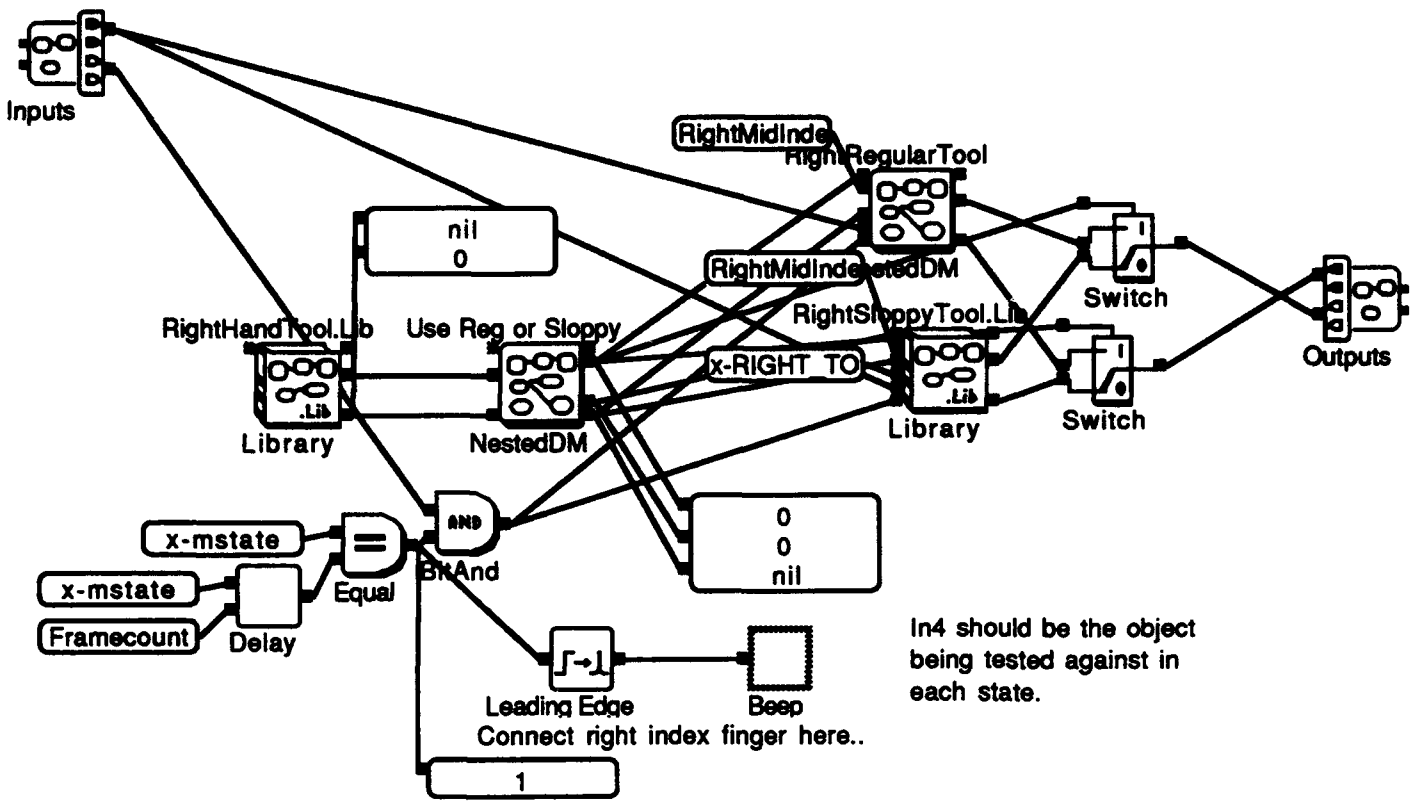


CLB - 4/23/94 - I replaced the global x,y,z setfield with a followpt because it is more accurate. I also added the local getfield -> setfield because global setfield doesn't check for constraints.







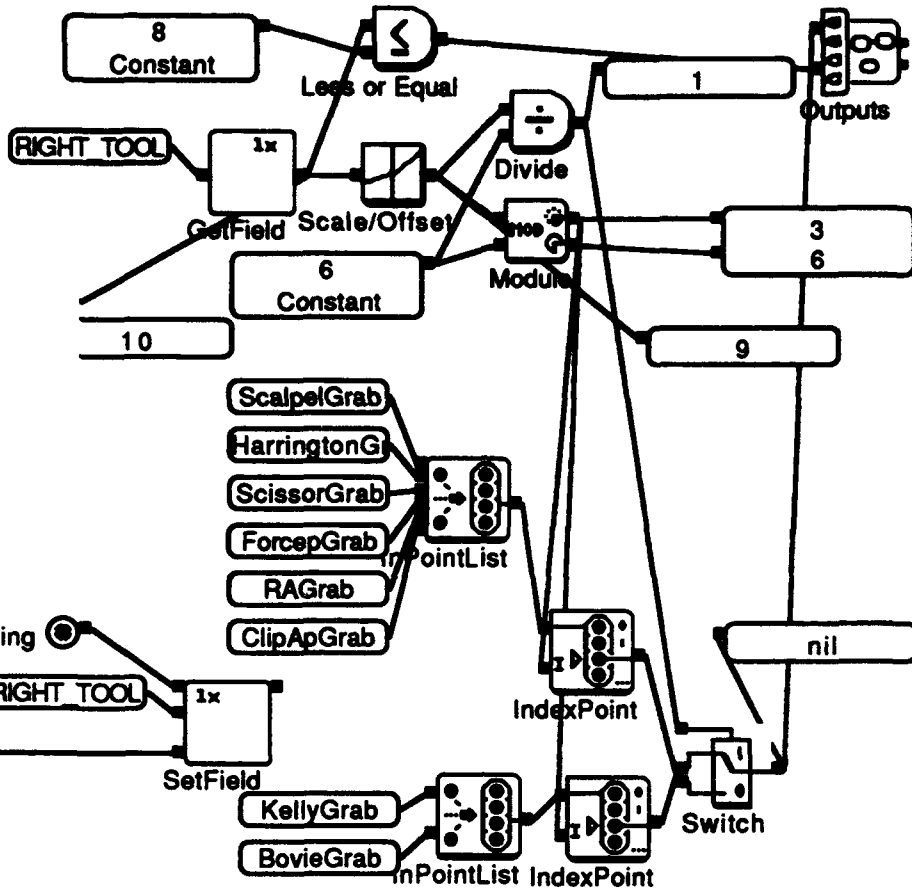




Inputs

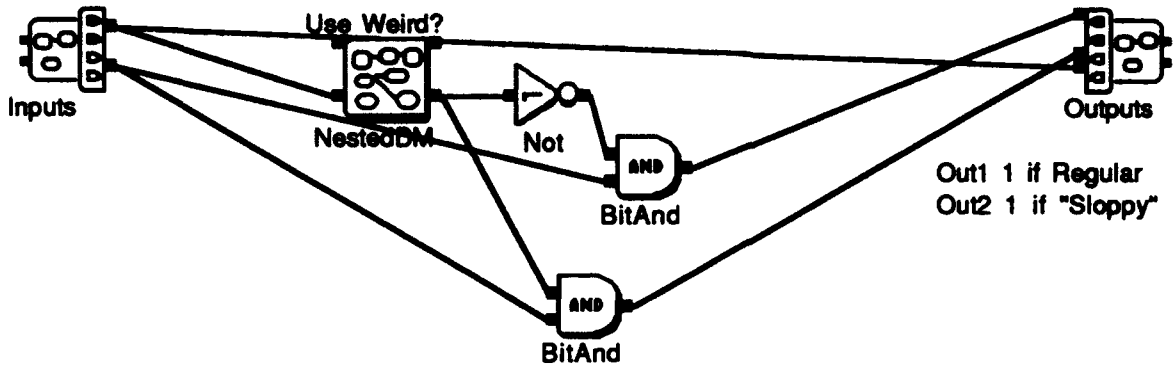
Tool numbers

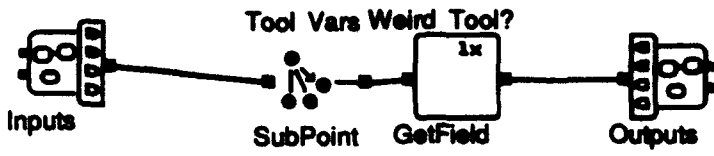
-
- 10 - No Tool
- 1 - Scalpel
- 2 - Harrington Retractor
- 3 - Scissors
- 4 - Forceps
- 5 - Right Angle Clamp
- 6 - Clip Applier
- 7 - Kelly Clamp



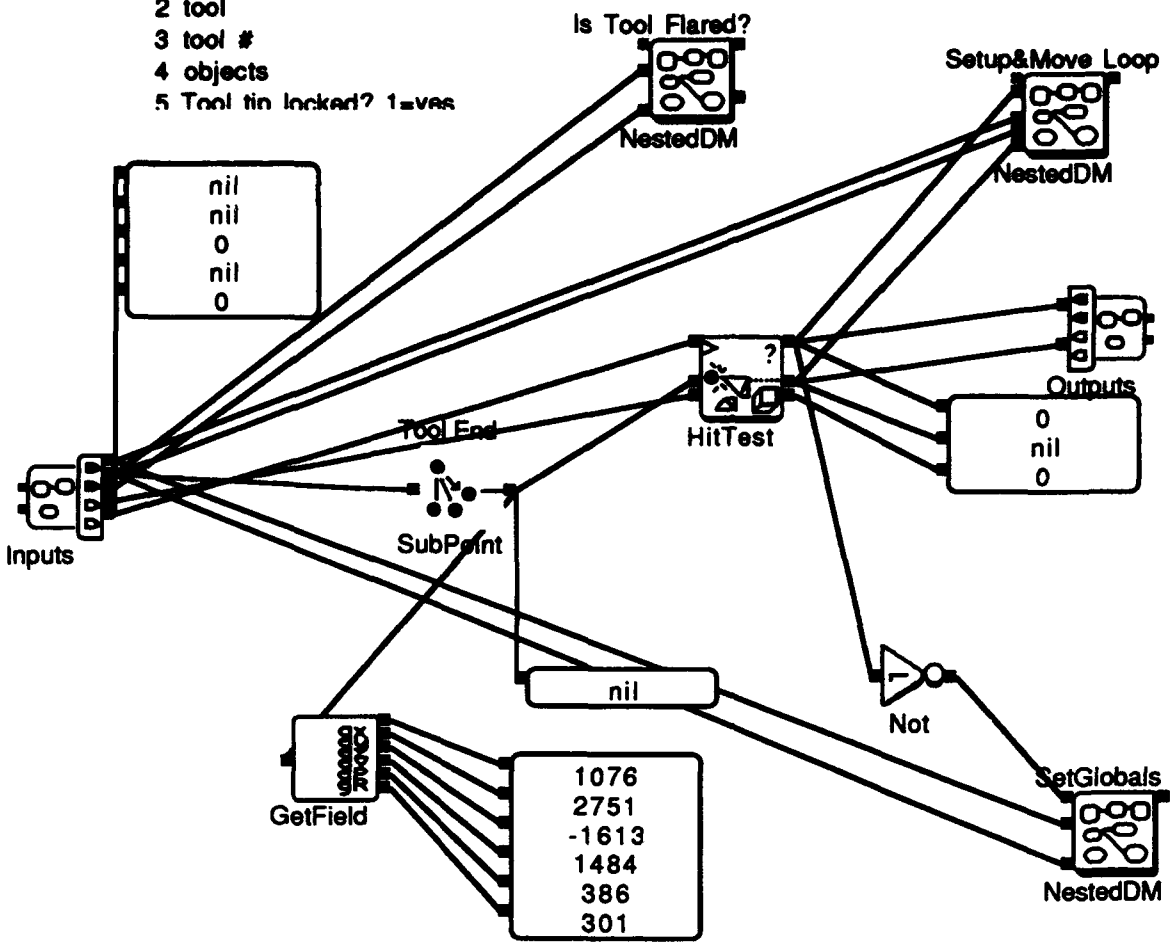
The point TOOL uses it's local x and y values for:
 x - Tool number in left hand
 y - Tool number in right hand

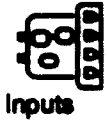
xol currently in right hand.
 a tool in the right hand?





- 1 hand
- 2 tool
- 3 tool #
- 4 objects
- 5 Tool tin locked? 1=vas



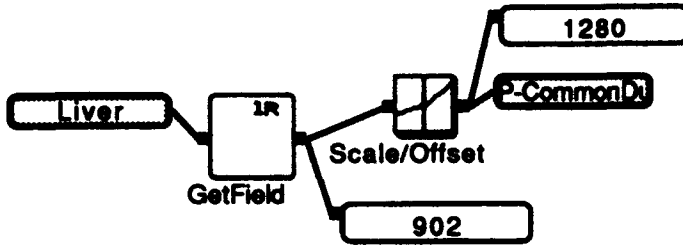


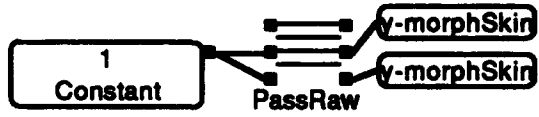
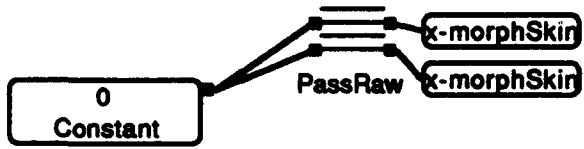
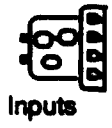
Inputs

The motion of the GallBladder is driven off of the Liver. The liver rotates between 0 and 750, while the CommonDuct (parent of GallBladder) needs to go from -54 to 1055. So the value coming from R-Liver is multiplied by 1.4788 and 54 is subtracted



Outputs





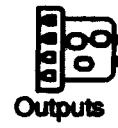
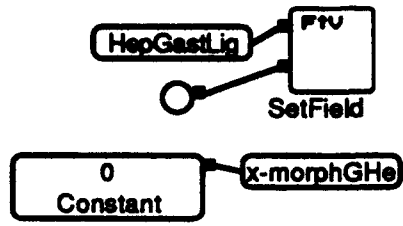
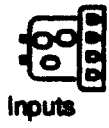


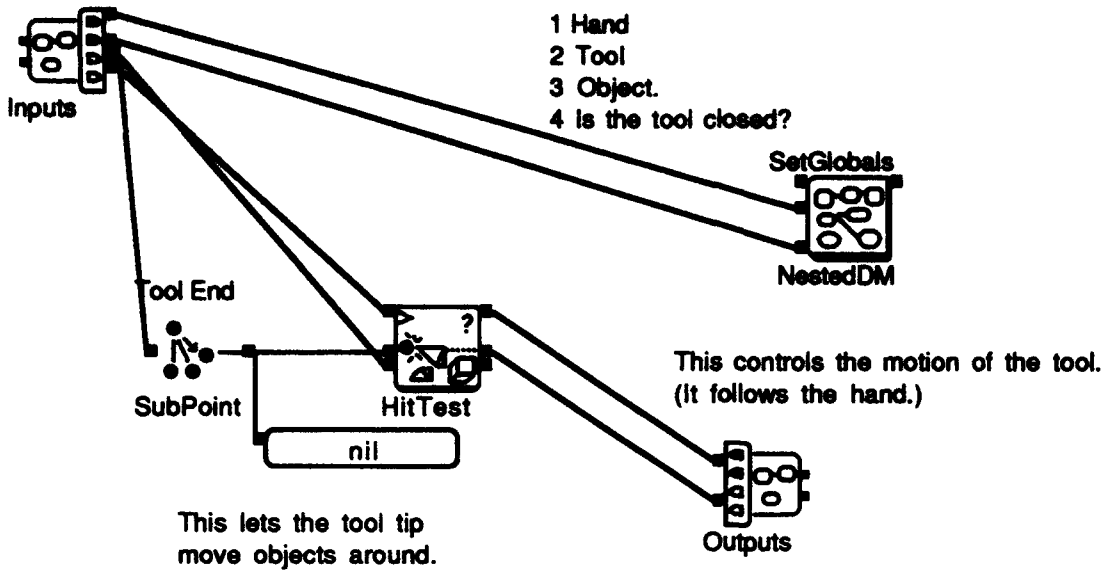
Inputs

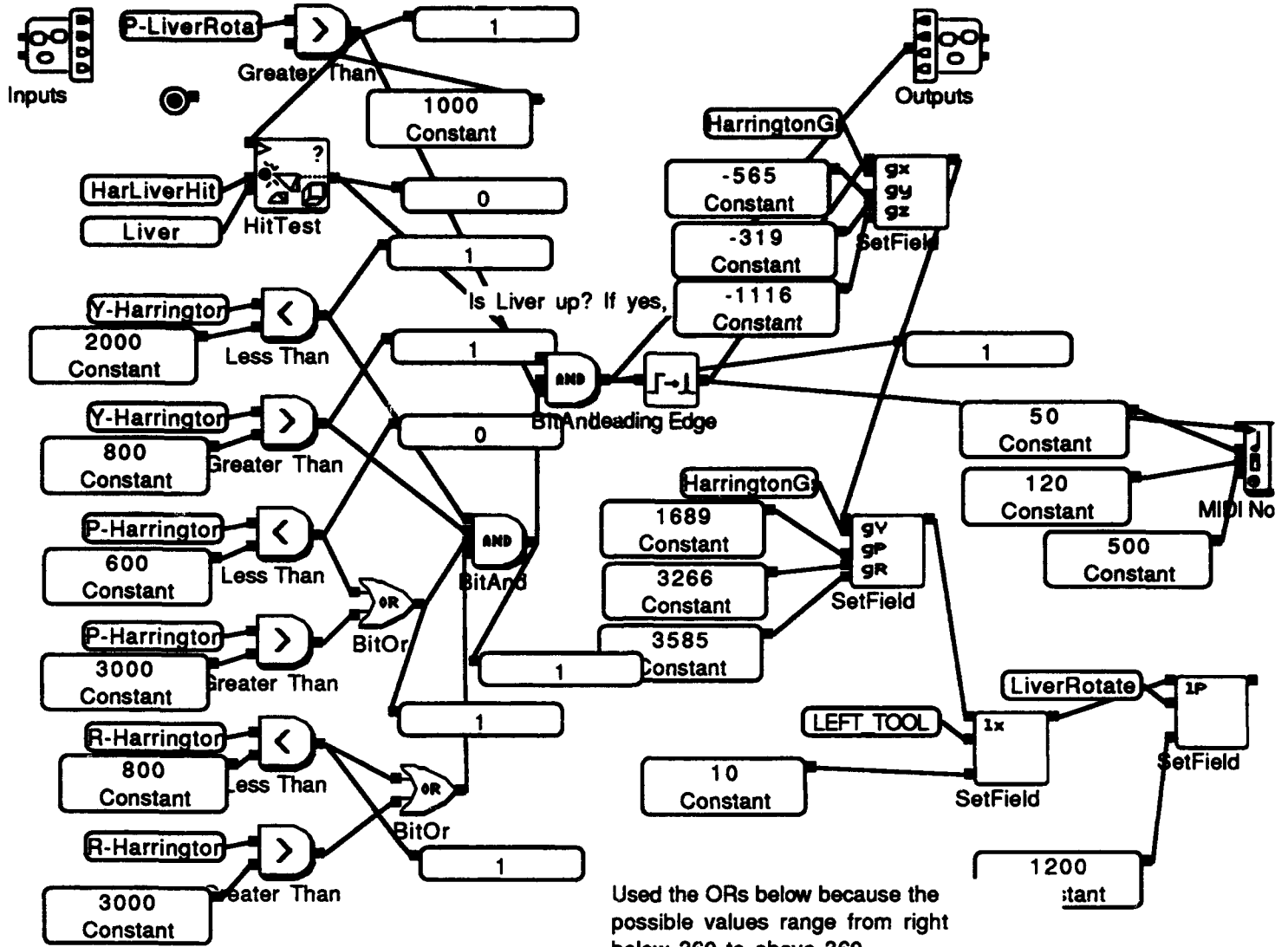


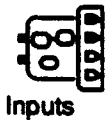
Outputs











Inputs



Outputs

MoveForcep



NestedDM

MoveScissors



NestedDM

These are the wrong philosophy.
Instead of animating changes to the
model, we are just making changes
to the tree to make sure the model is
robust enough



Inputs

x-debug

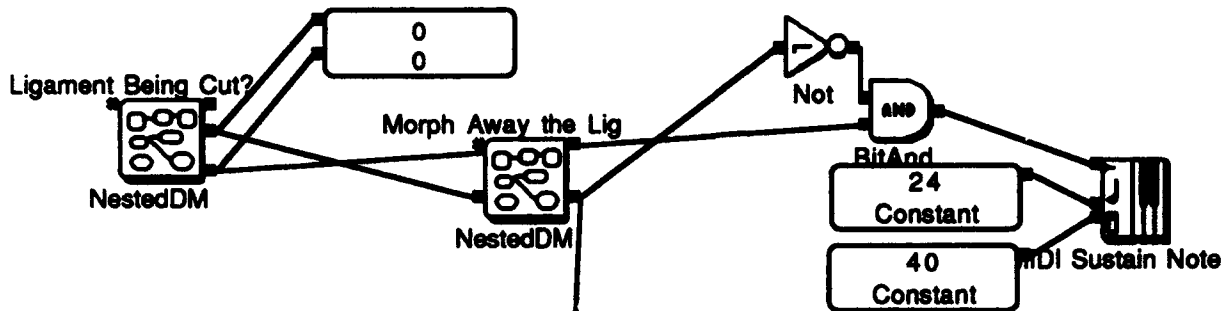
Surrogate User

NestedDM

When the scissors close on the Hepatic ligament, turn it invisible. When you leave the DM, the setfield is turned off, so the ligament remains invisible even after the scissors open



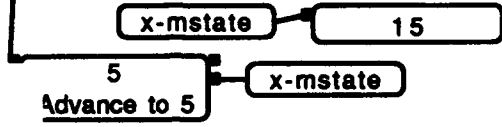
Outputs



Requirements:

Forceps grab ligament.

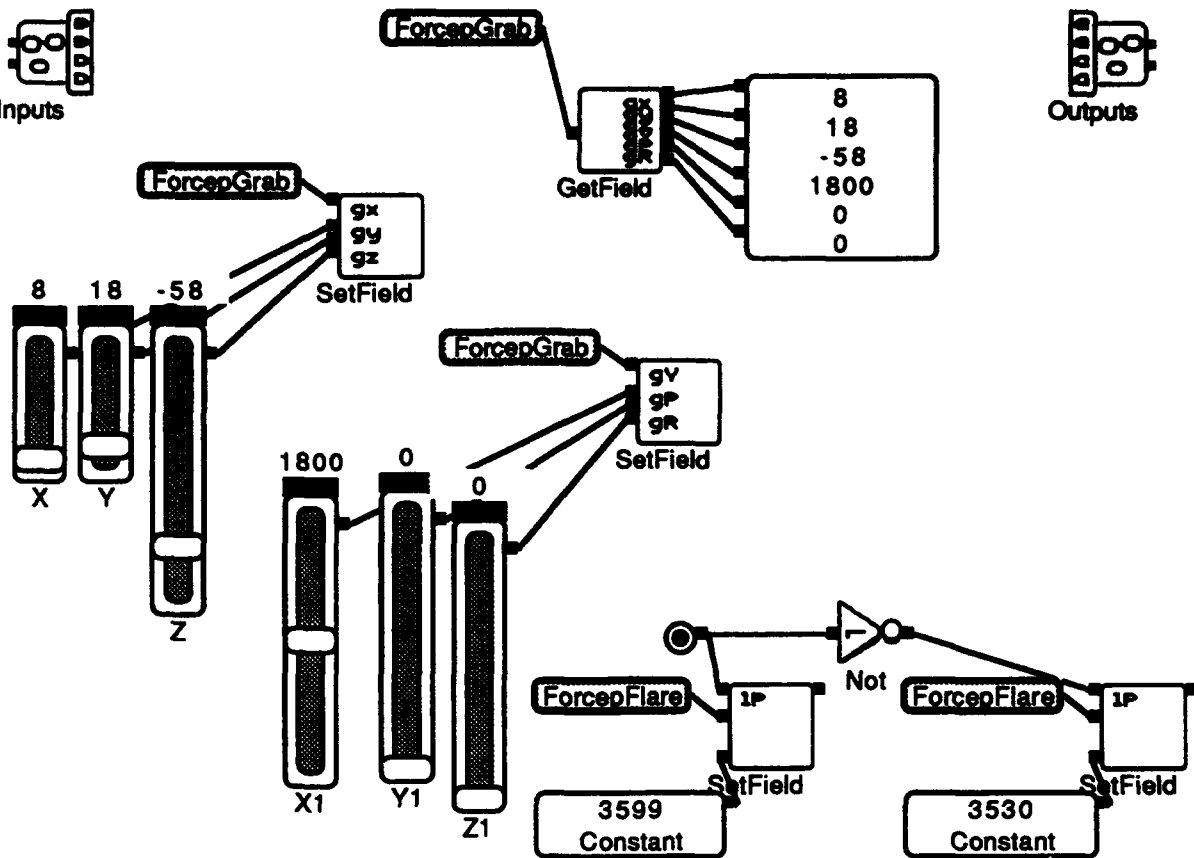
Scissors cut while touching ligament.

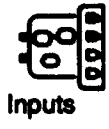


Synopsis:

Surgeon gets scissors in right and forceps in left.

Surgeon grabs ligament with forceps and cuts with scissors.





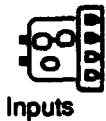
Inputs



Clock



Outputs



Pause for 4 seconds



0

HarringtonG

-565
Constant

-319
Constant

-1116
Constant



1220
Constant
P-LiverRota

HarringtonG

1689
Constant

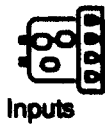
3266
tant

3585
Constant

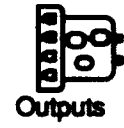


P-LiverRota 1200

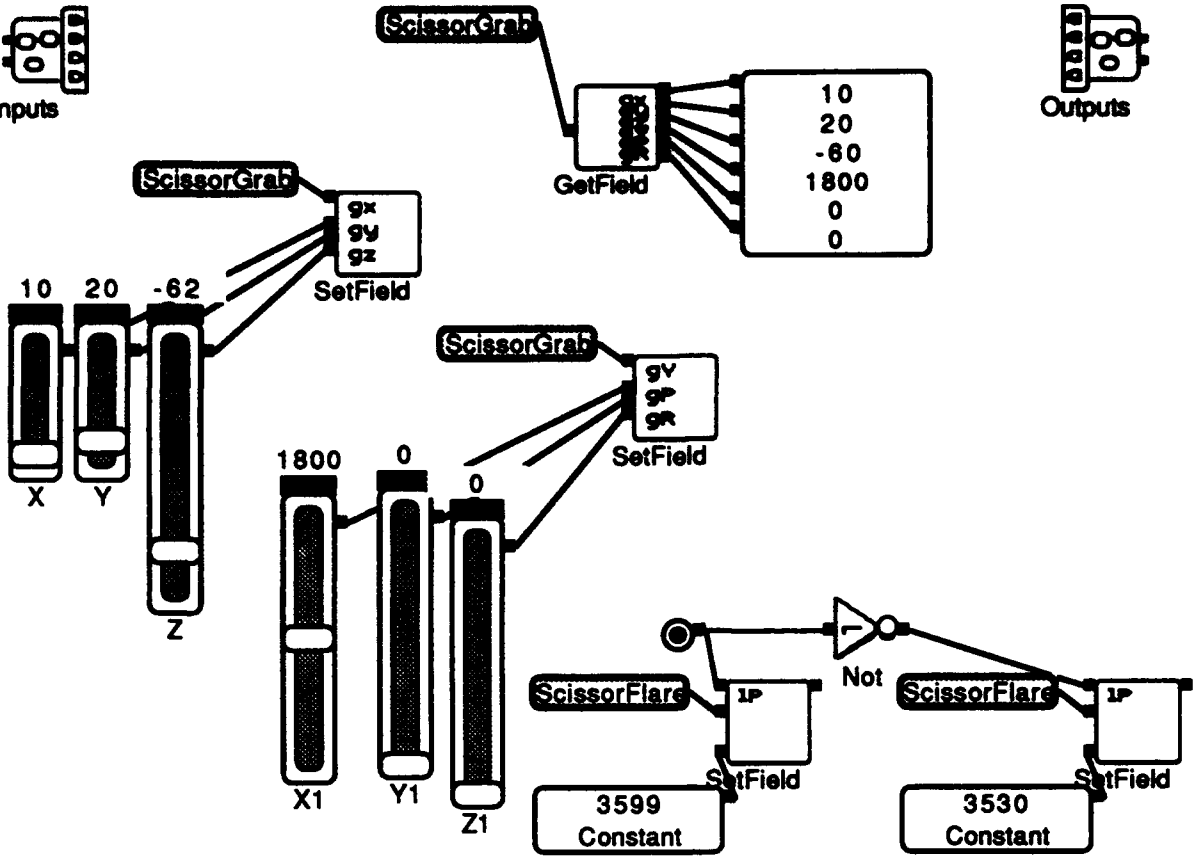
Sets the liver to the flipped-up state.



Inputs



Outputs

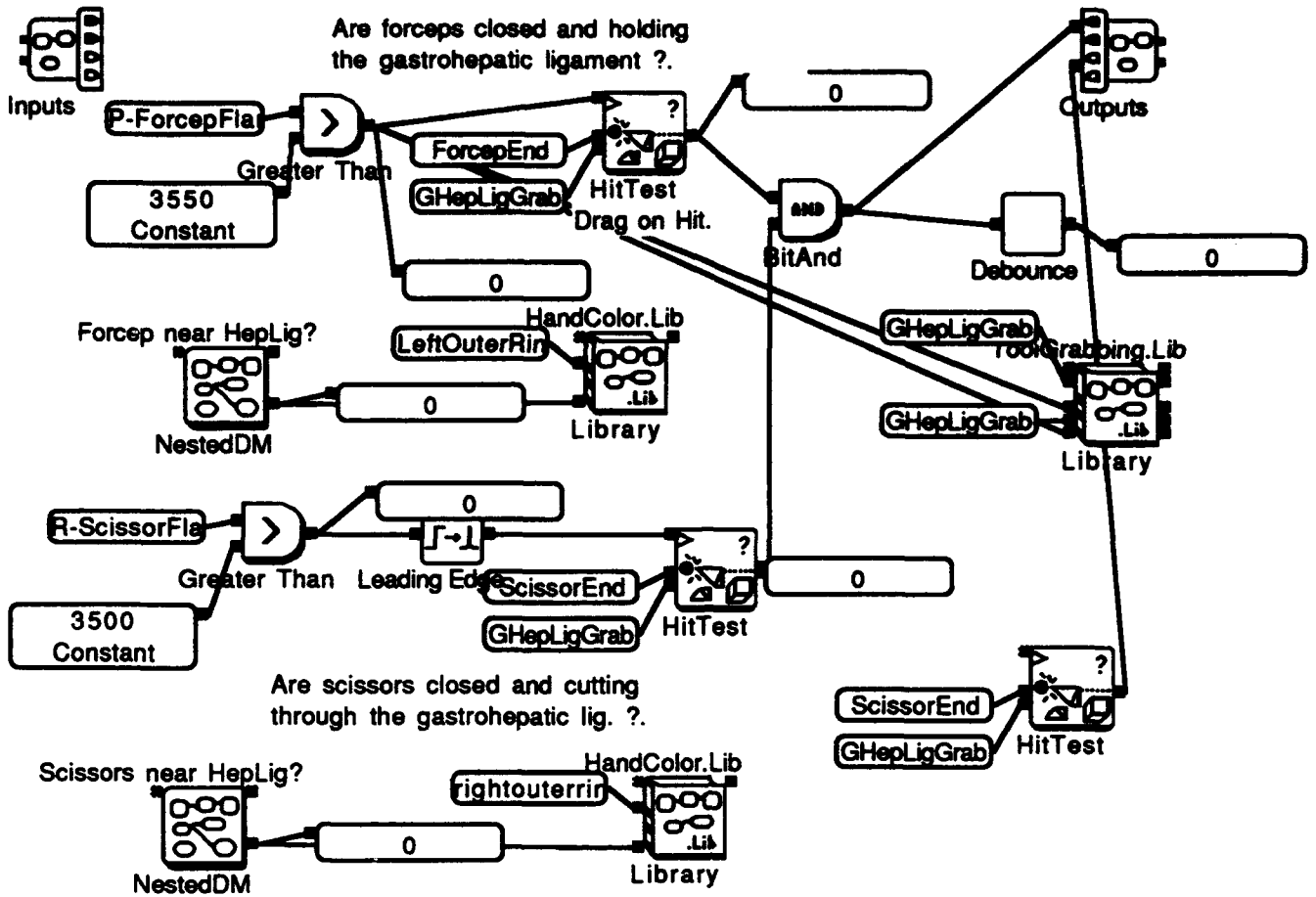


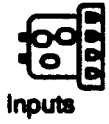


Inputs

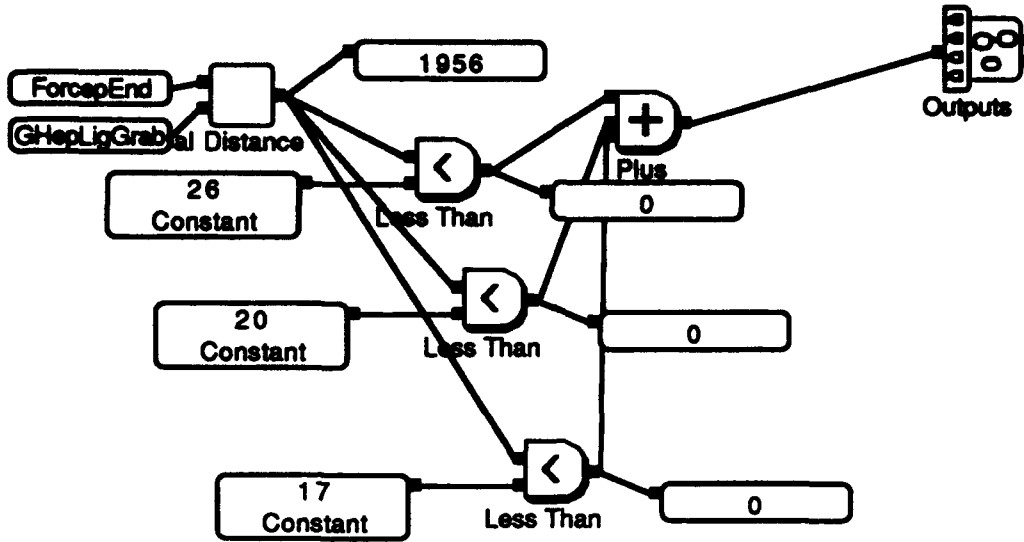


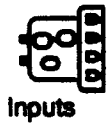
Outputs



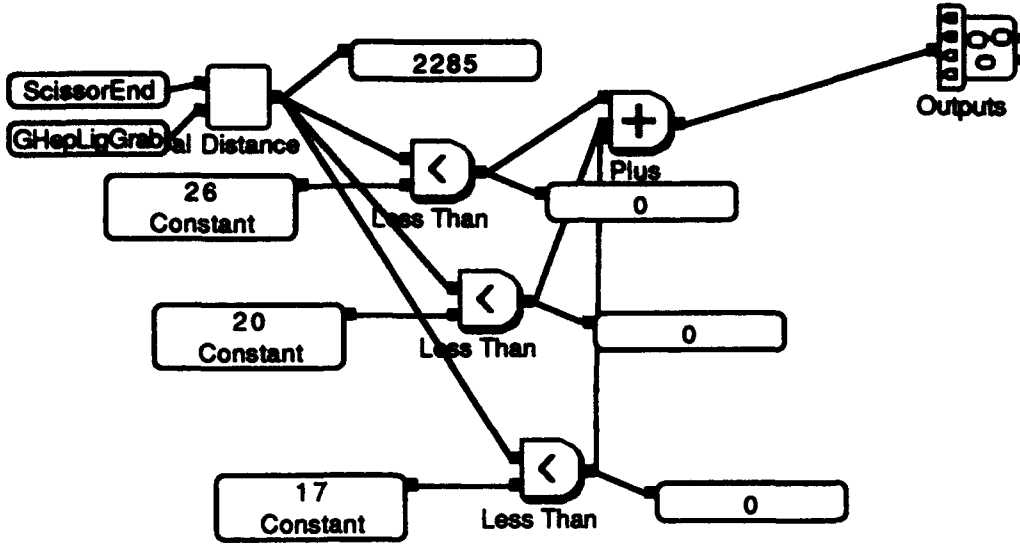


Inputs



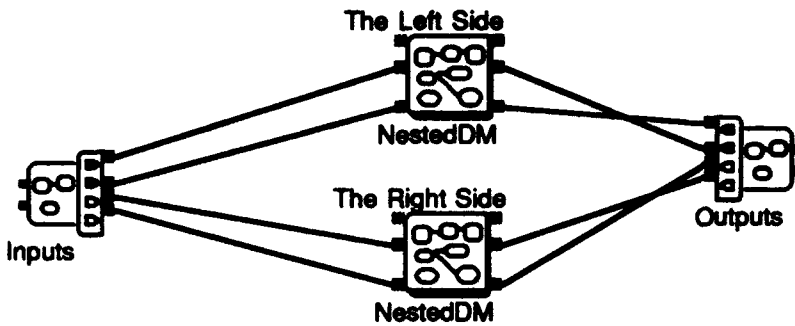


Inputs



Inputs

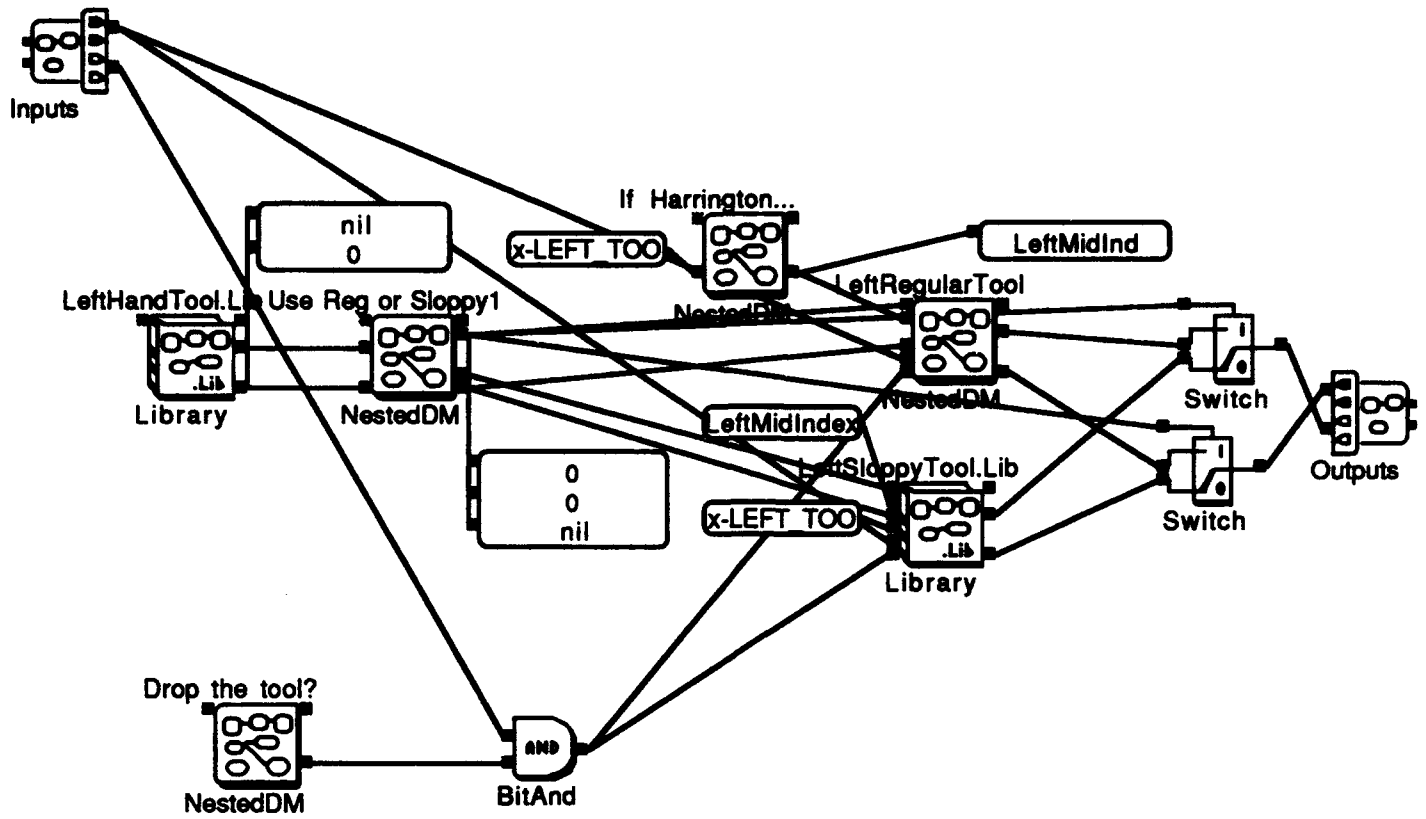
- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now

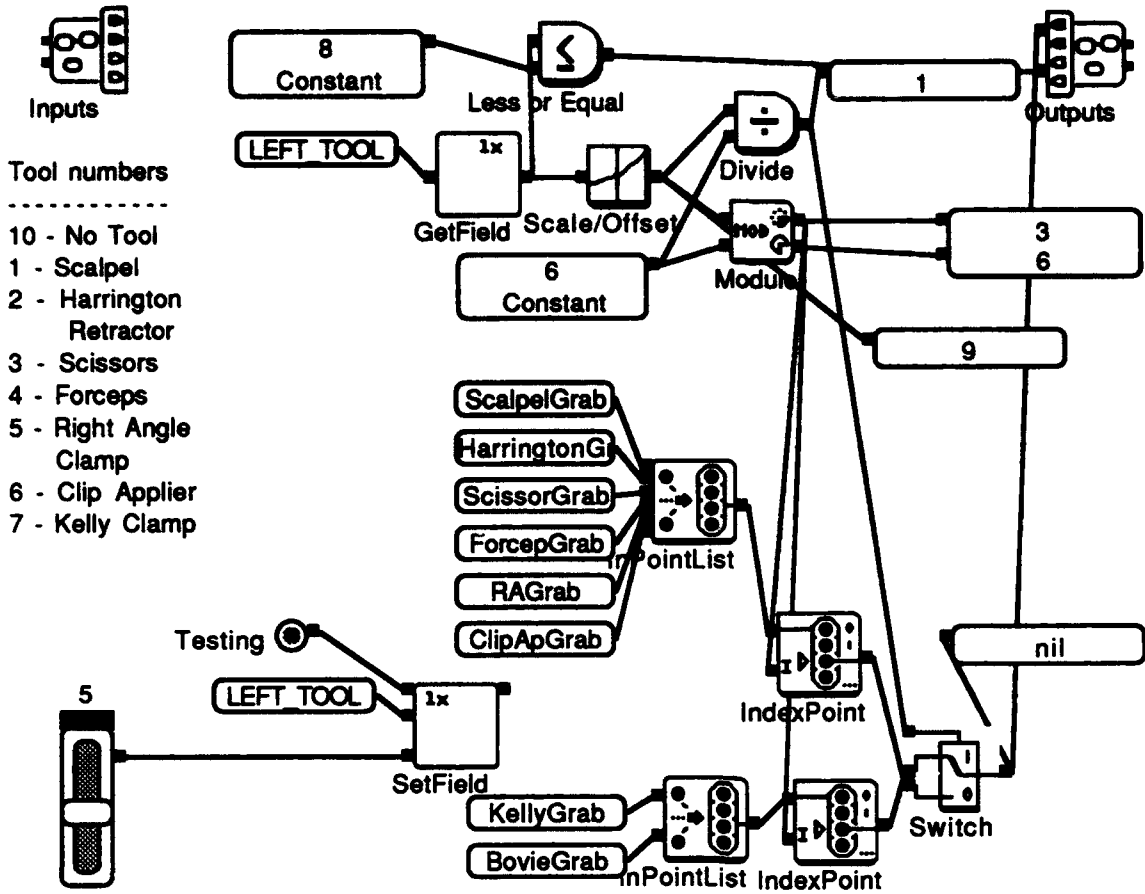


Outputs

- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

Makes the tools that are in each hand follow the index finger.

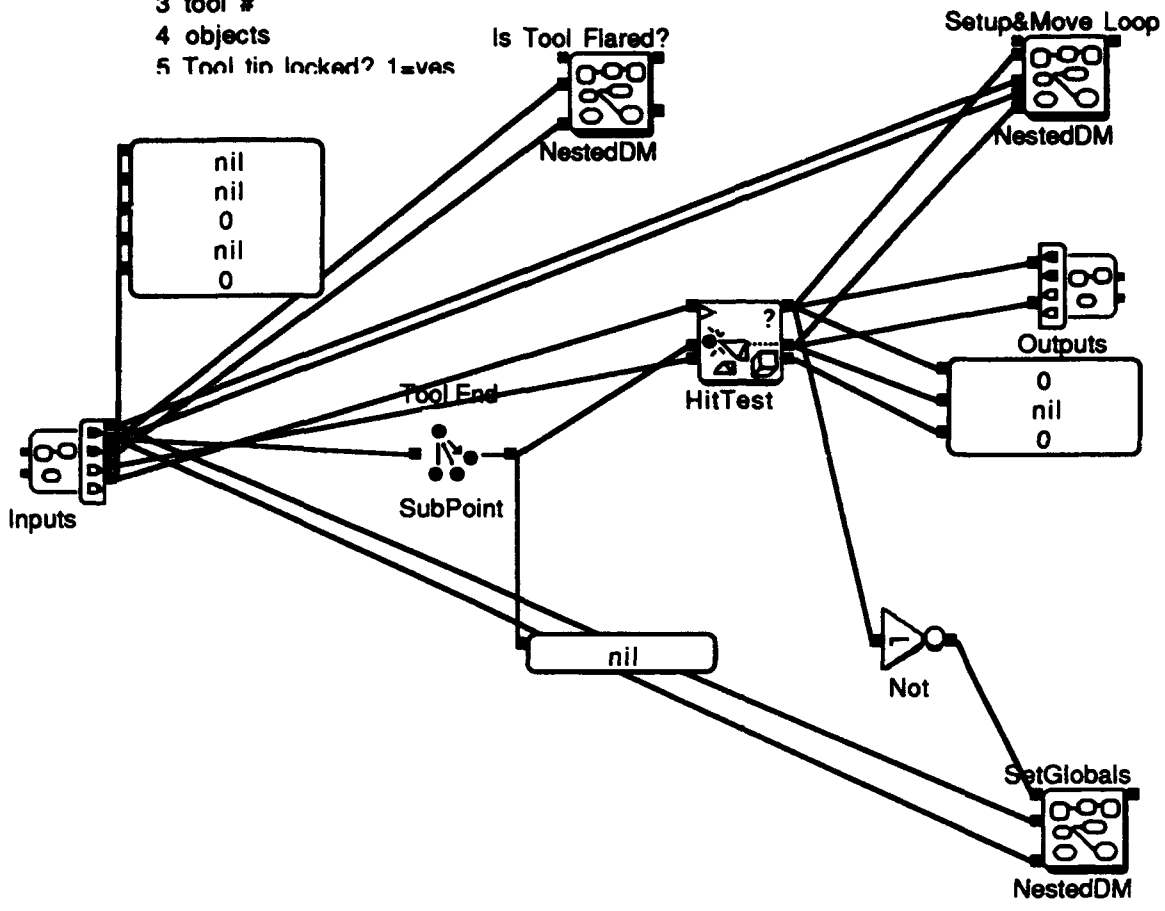


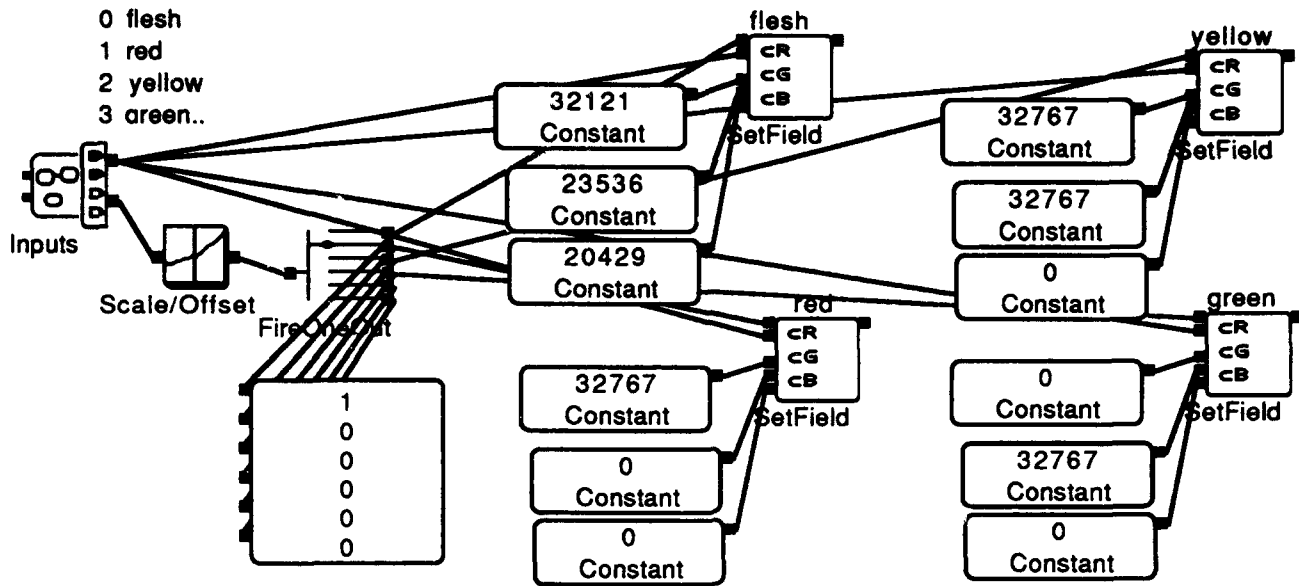


The point TOOL uses it's local x and y values for:
 x - Tool number in left hand
 y - Tool number in right hand

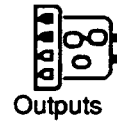
Tool currently in left hand.
 Is a tool in the left hand?.

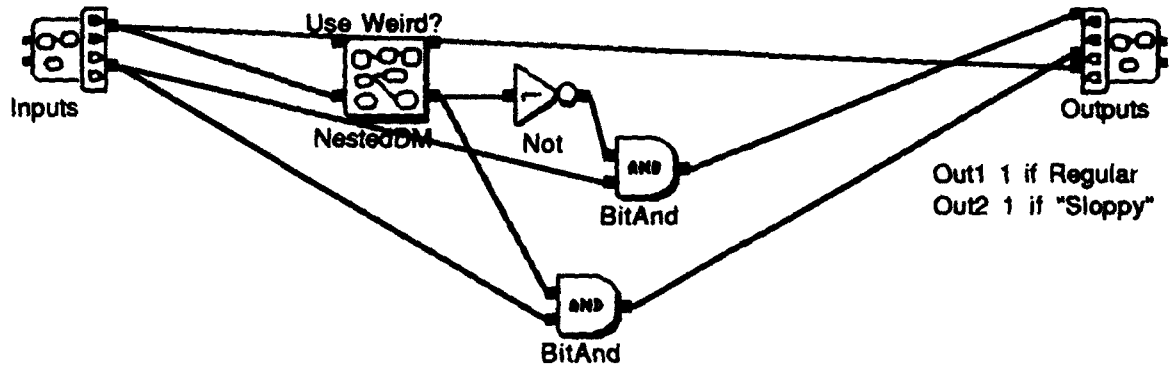
- 1 hand
- 2 tool
- 3 tool #
- 4 objects
- 5 Tool tin locked? 1=vas

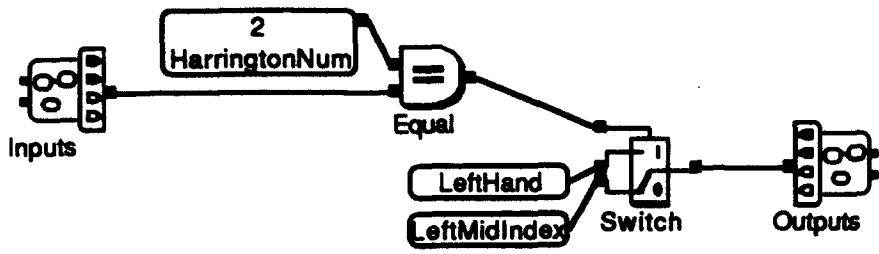


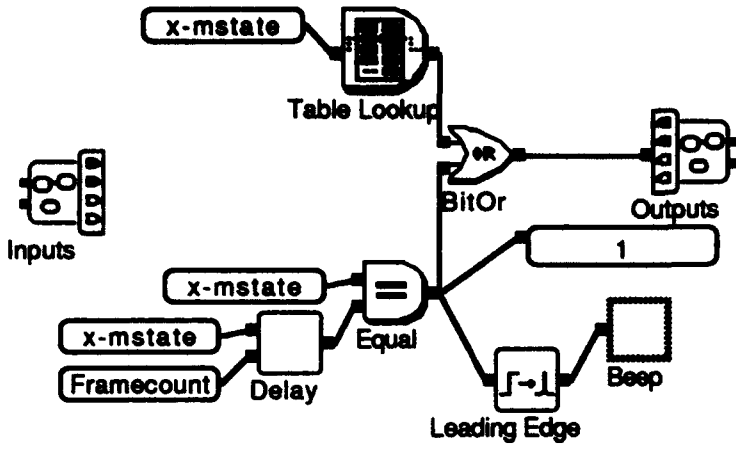


This DM provides feedback by changing the palm color from flesh to Green, Yellow, or Red.





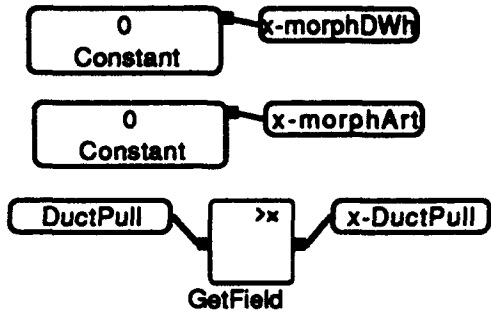




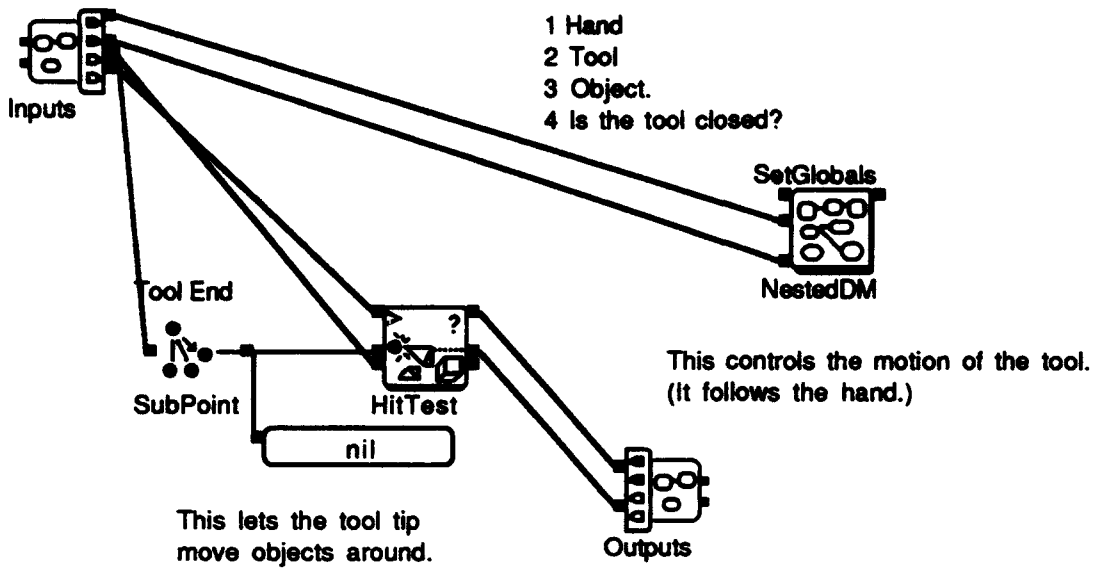
If the machine state changes and the new state isn't 8, 10, 14 then output a zero to make the existing tool/organ be dropped.



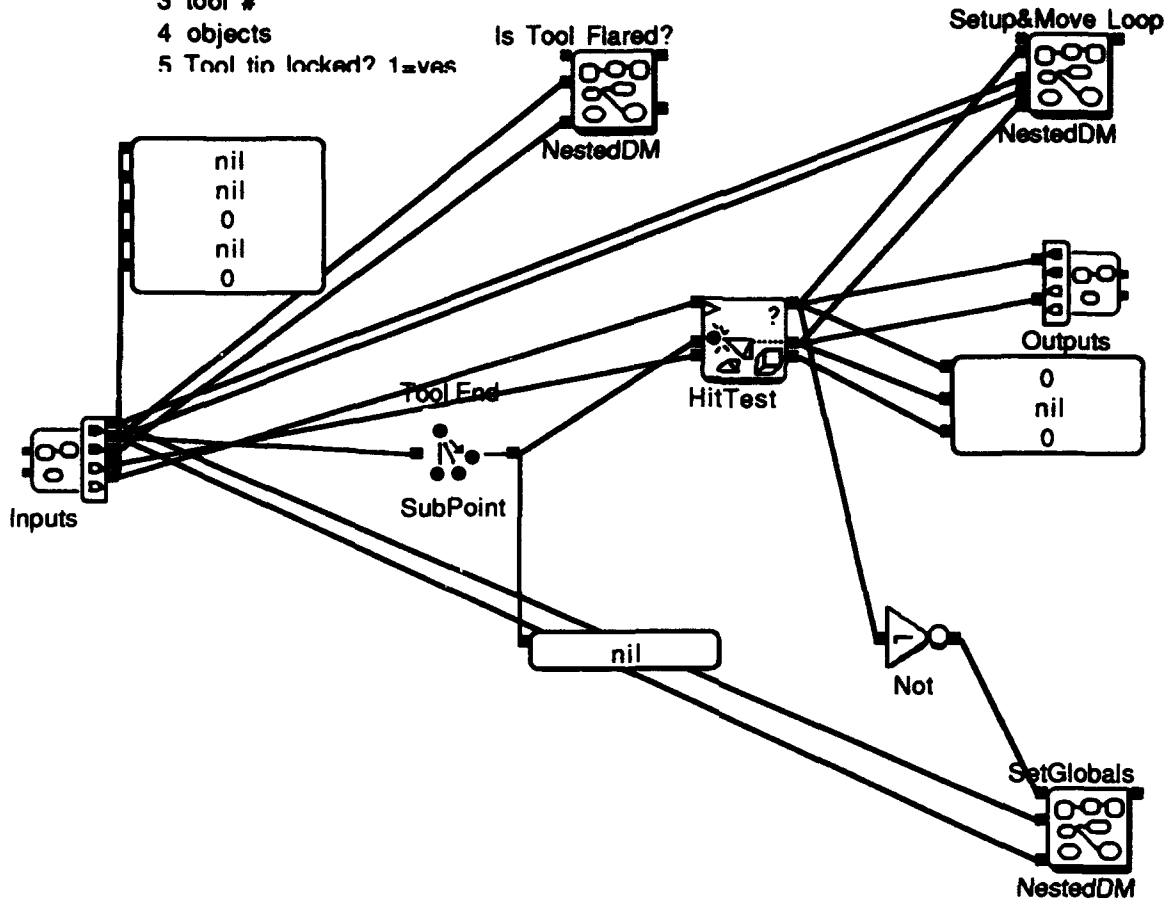
Inputs

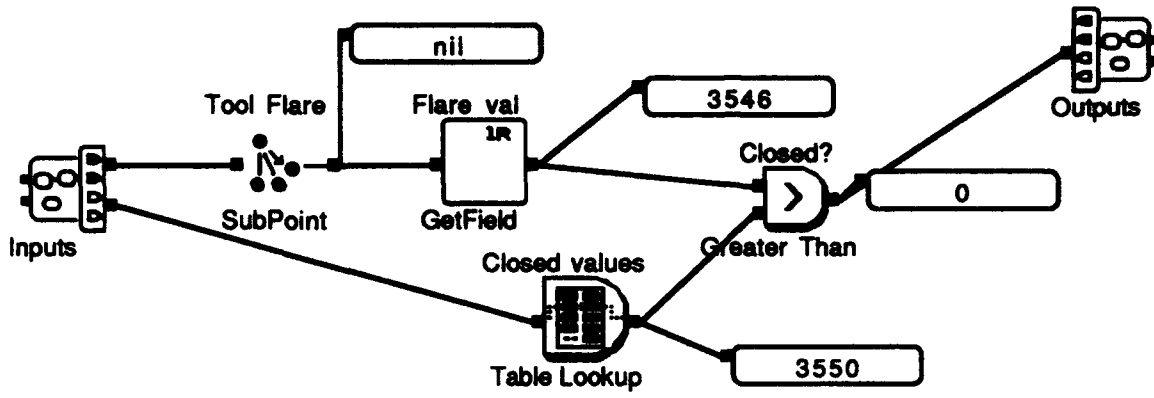


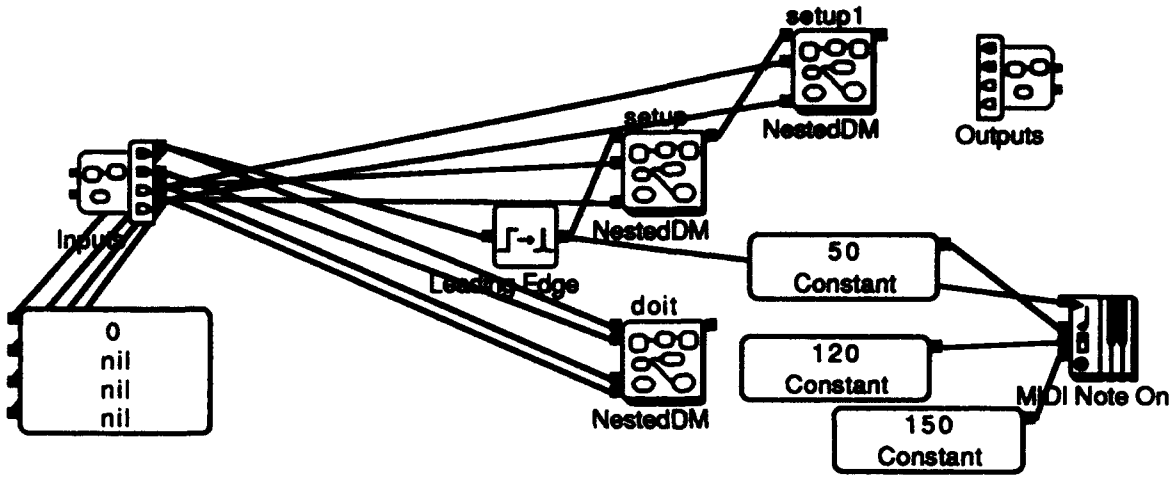
Outputs

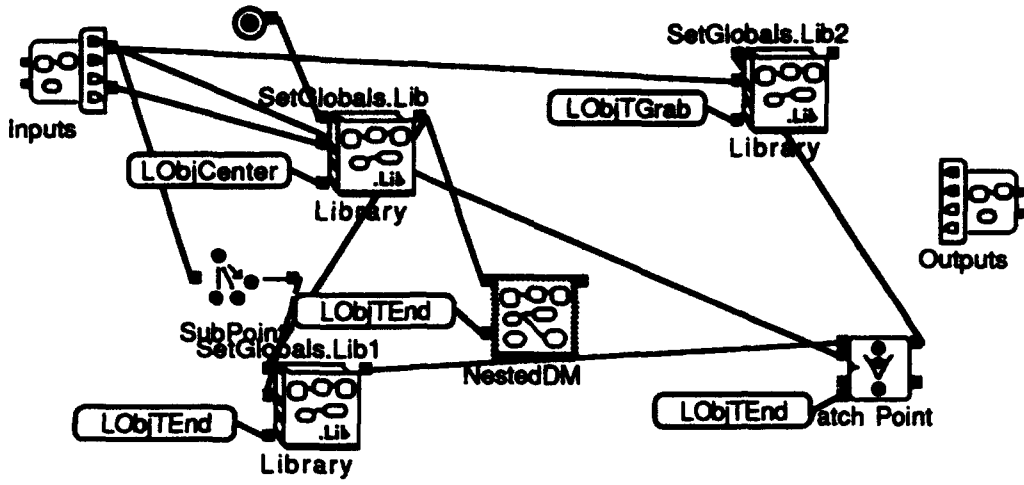


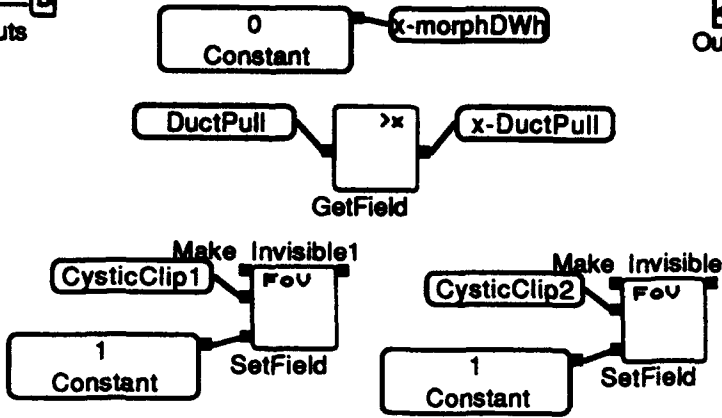
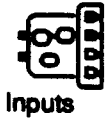
- 1 hand
- 2 tool
- 3 tool #
- 4 objects
- 5 Tool tin locked? 1=ves









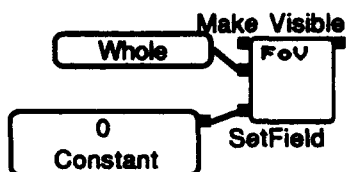
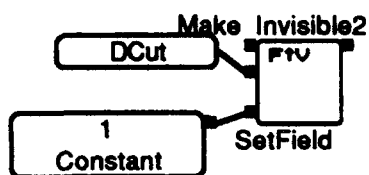


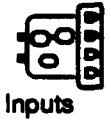


Inputs

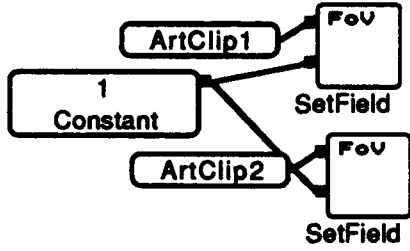


Outputs





Make clips invisible.

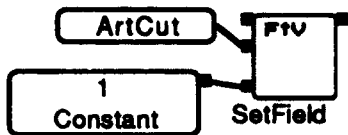




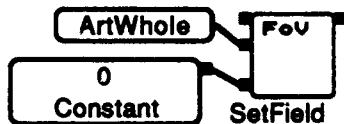
Inputs



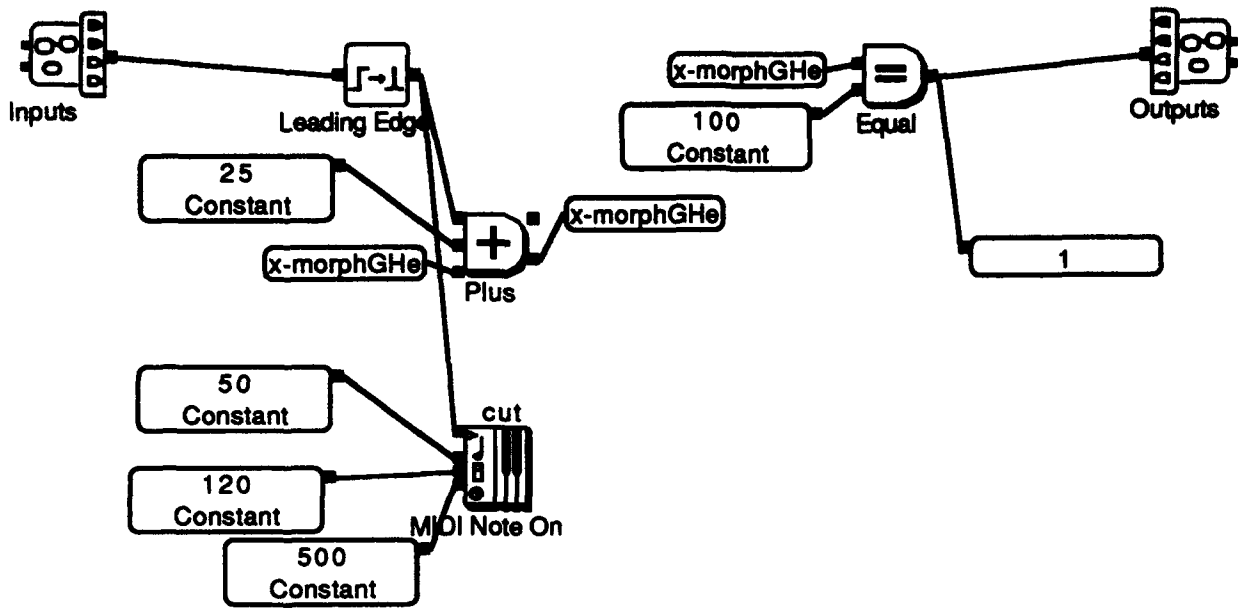
Outputs

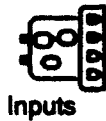


Turn the Cut tree invisible.



Turn the whole morph parent visible
(making the children but not the clips invisible)





Inputs

x-debug

Surrogate User



NestodDM



Outputs

Synopsis:

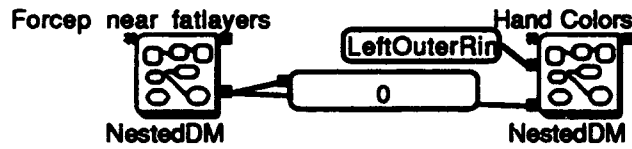
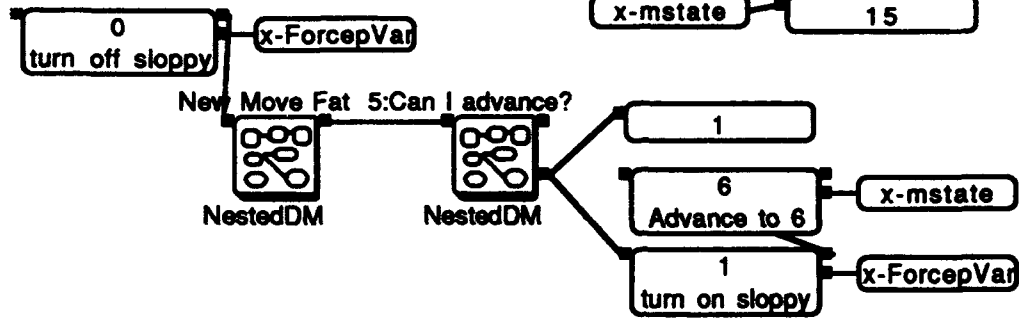
Surgeon drops scissors.

Surgeon pulls away 3 fat layers with forceps in sequence.

Requirements:

Forceps touch fat and move from X to Y, making the layer invisible.

True for all three layers.





Inputs



Outputs

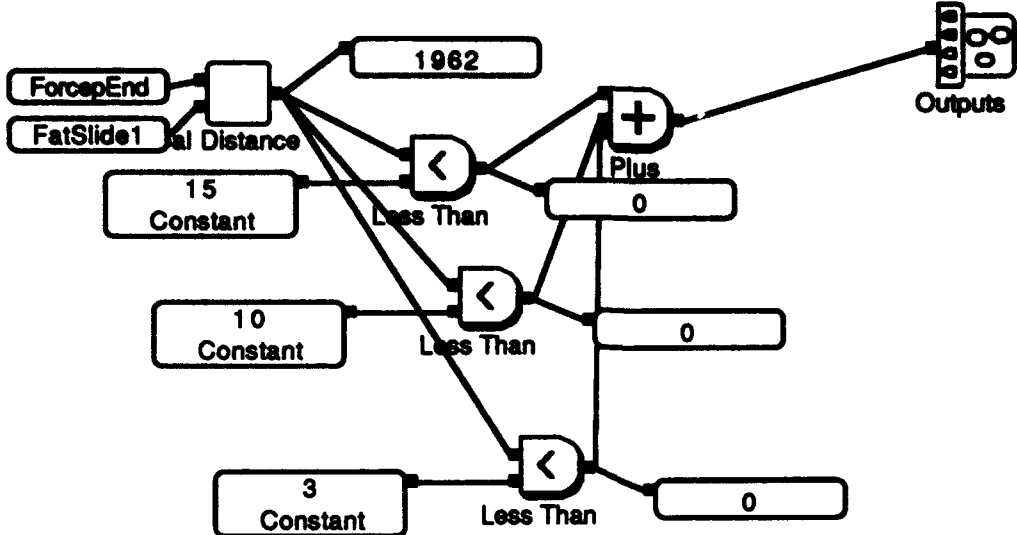
Move forceps from one hittest to the next.

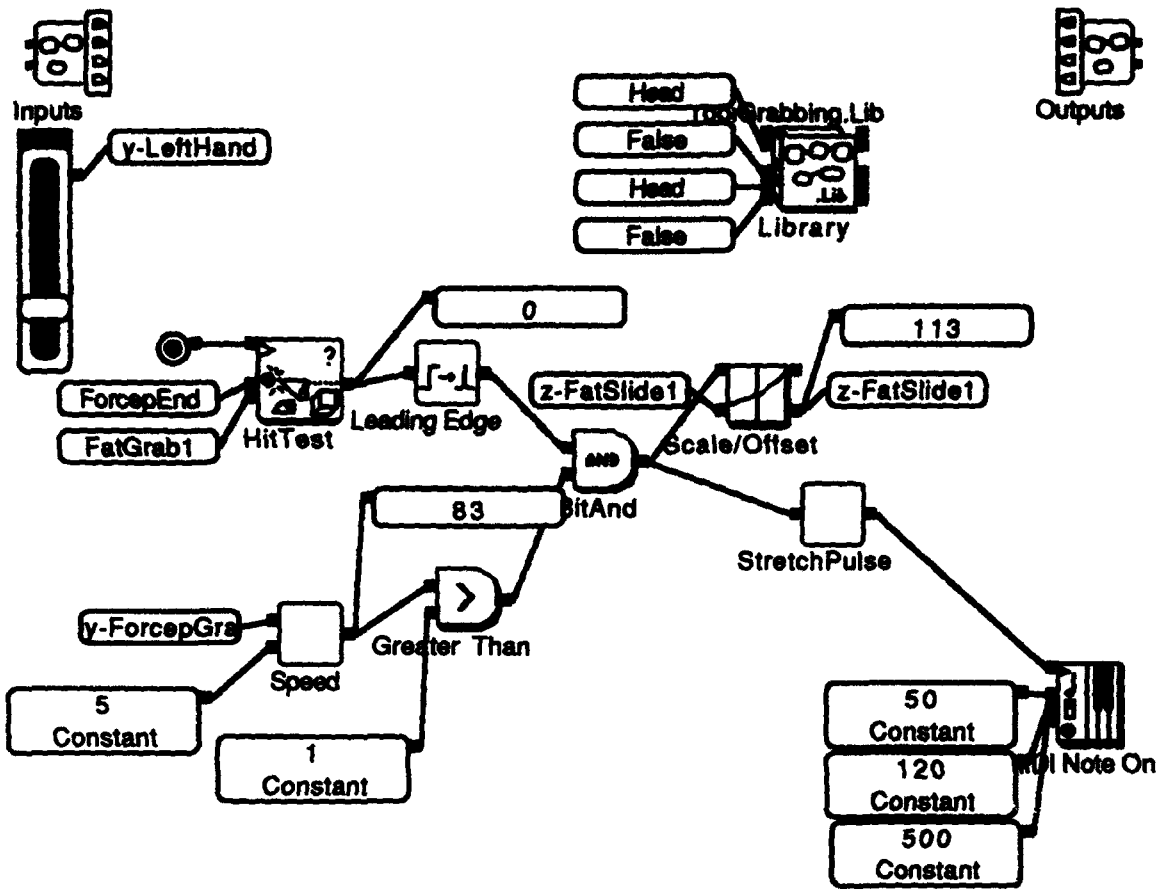


The above constants are a cheat. We should actually move the tools for debug purposes, not just jump to the end result.



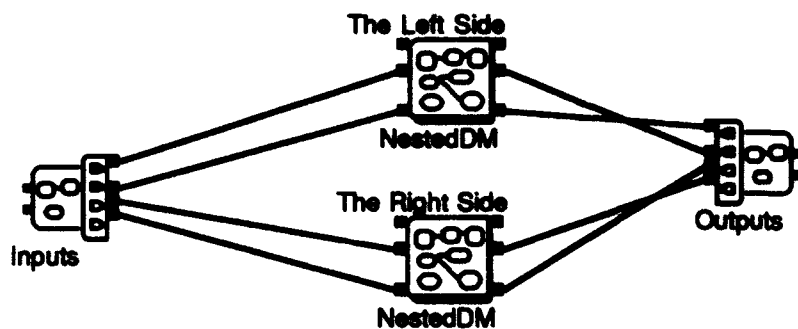
Inputs





Inputs

- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now



Outputs

- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

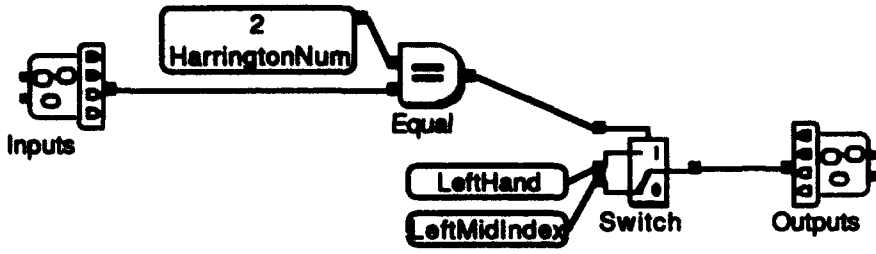
Makes the tools that are in each hand follow the index finger.

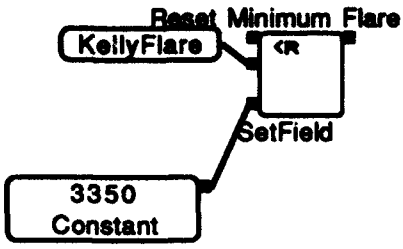


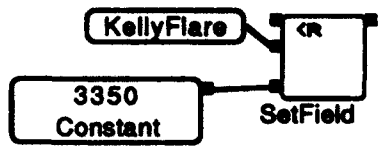
Inputs

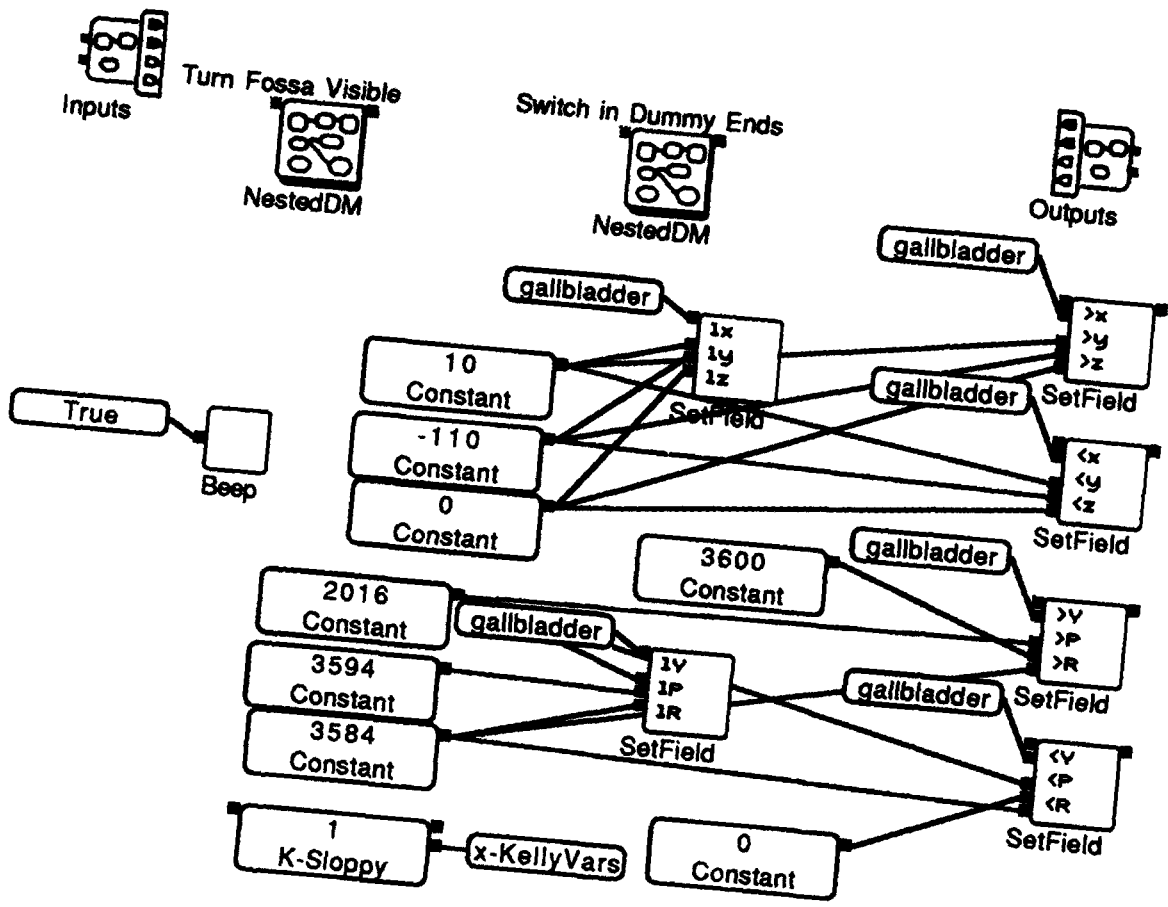


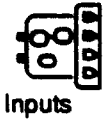
Outputs



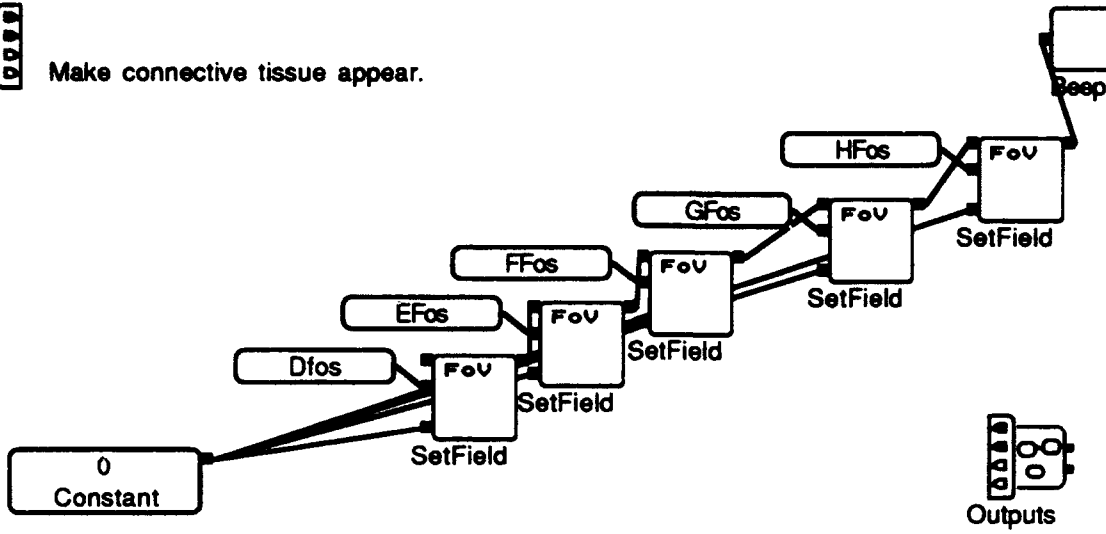








Make connective tissue appear.





Inputs

Synopsis:

Surgeon asks nurses to pull back skin, muscle, ribs.

Open Sesame



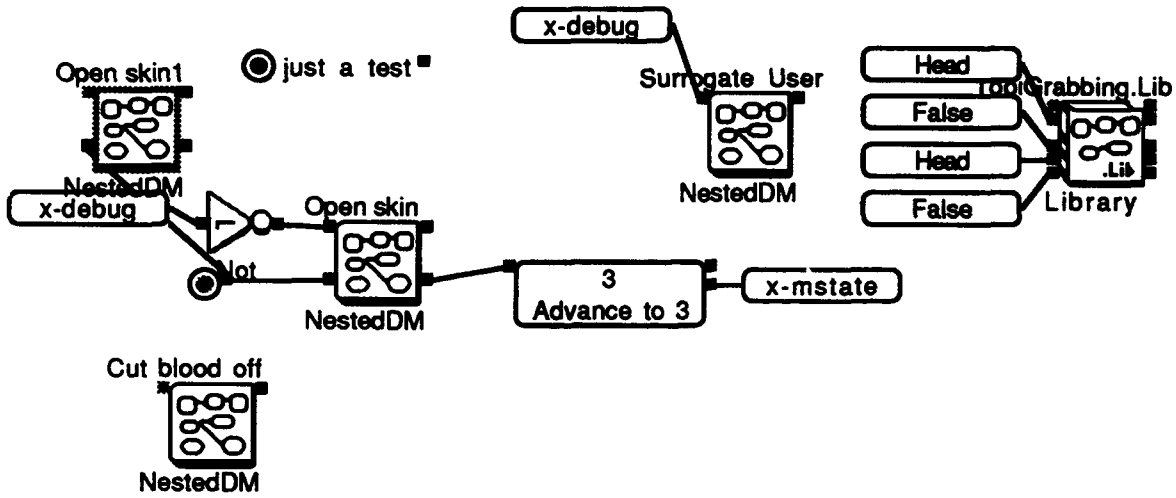
NestedDM

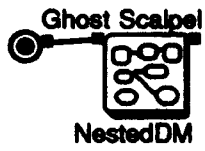
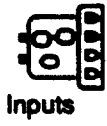
Requirements:

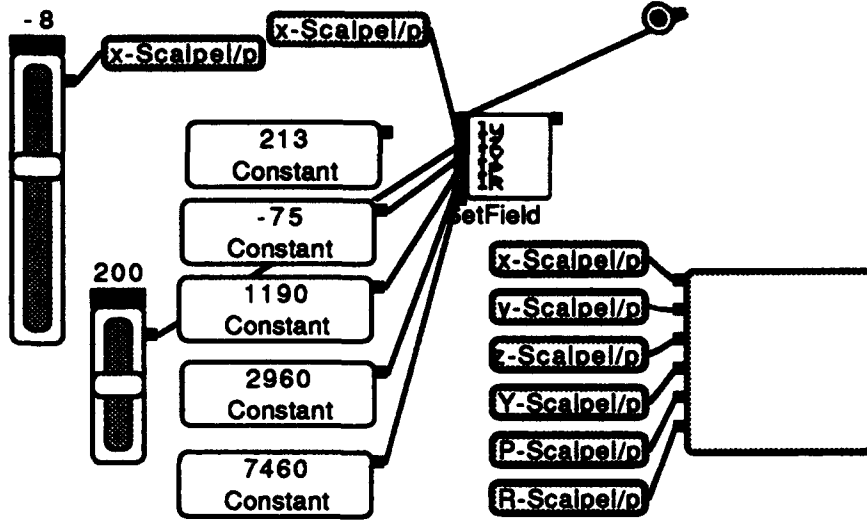
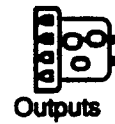
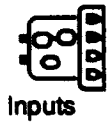
Speech command which triggers opening of abdominal wall.

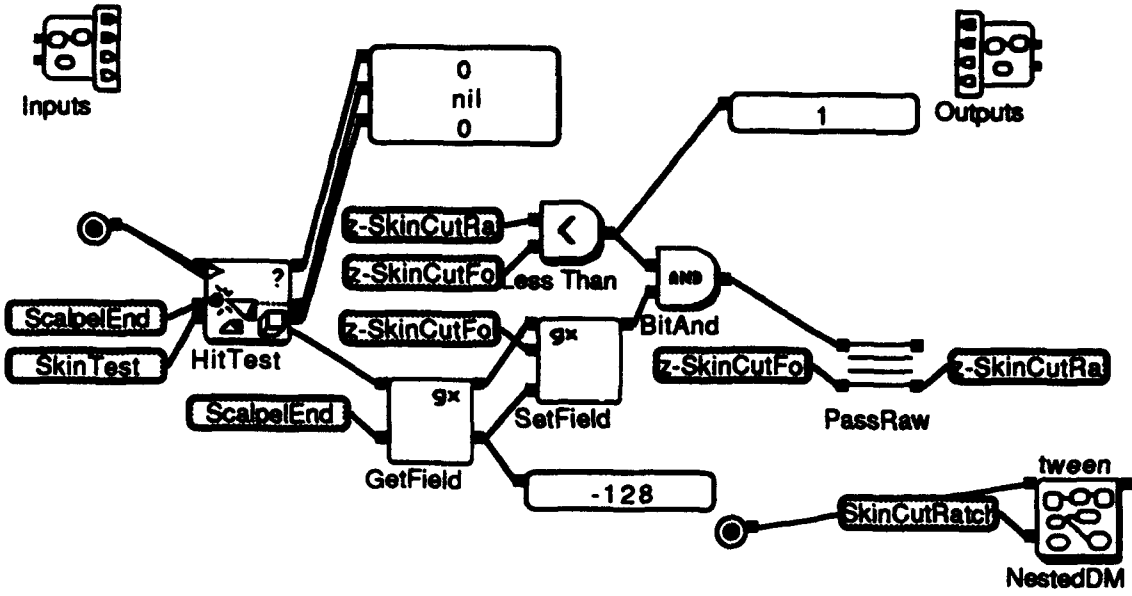


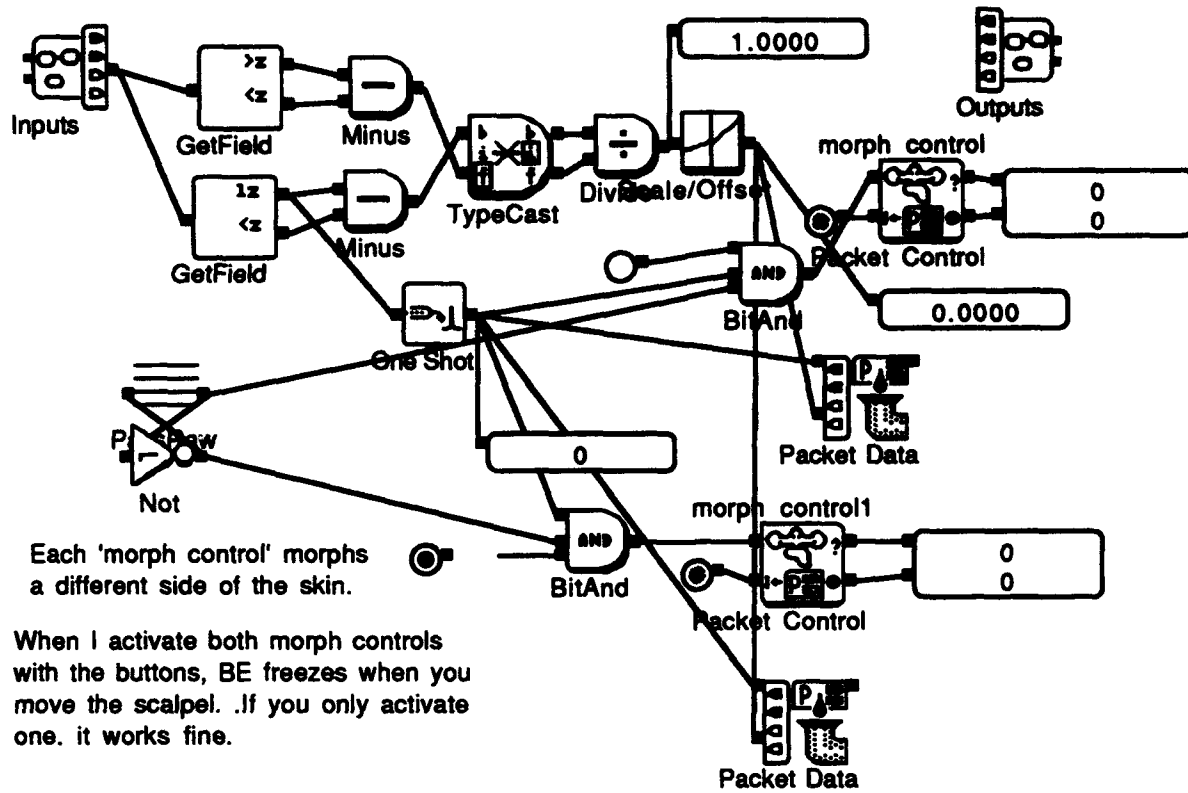
Outputs





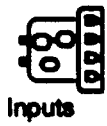






Each 'morph control' morphs a different side of the skin.

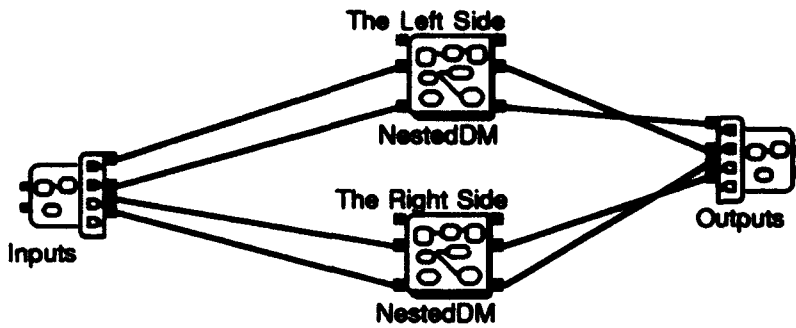
When I activate both morph controls with the buttons, BE freezes when you move the scalpel. .If you only activate one. it works fine.



Sets the liver to the flipped-up state.

Inputs

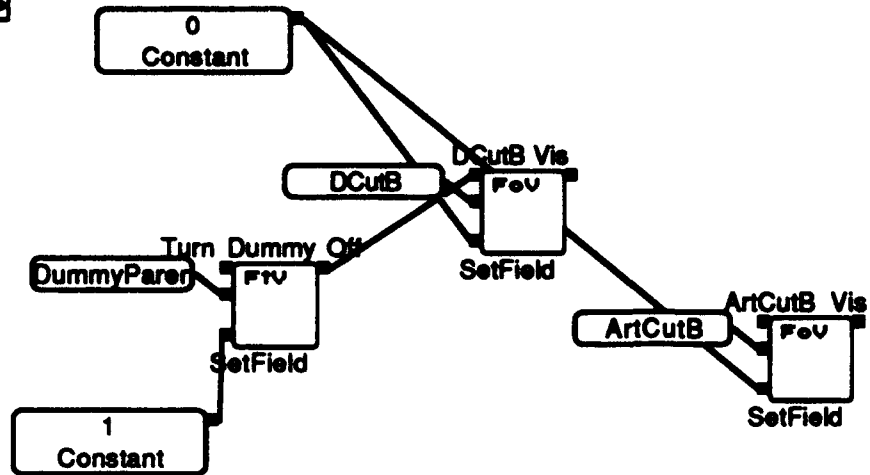
- 1 - Objects the Left tool can grab in this state
- 2 - Whether the Left tool should be able to grab right now
- 3 - Objects the Right tool can grab in this state
- 4 - Whether the Right tool should be able to grab right now

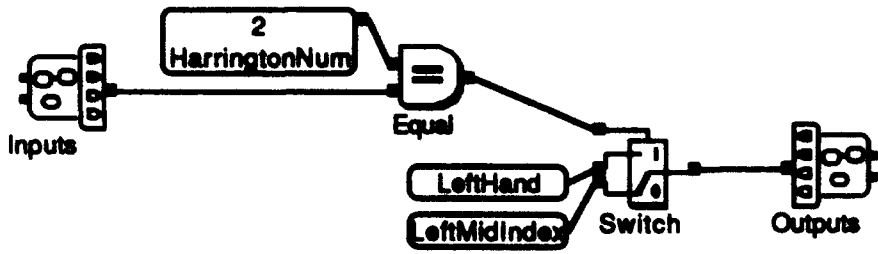


Outputs

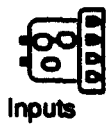
- 1- If an object is being grabbed by the left tool
- 2- What object is being grabbed by the left tool
- 3- If an object is being grabbed by the right tool
- 4- What object is being grabbed by the right tool

Makes the tools that are in each hand follow the index finger.











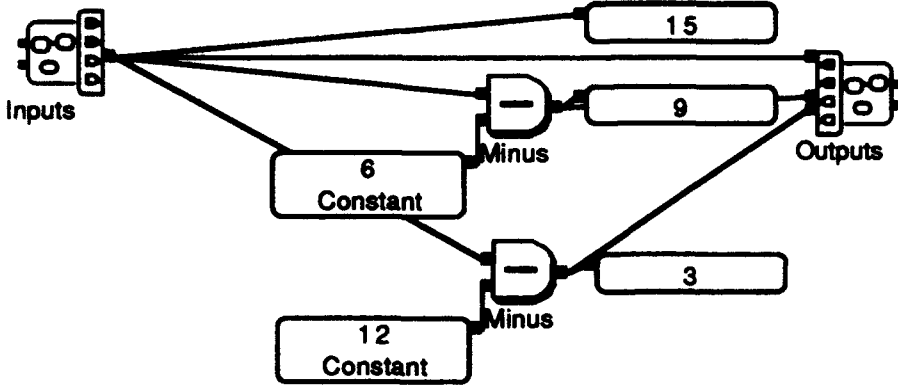
Inputs

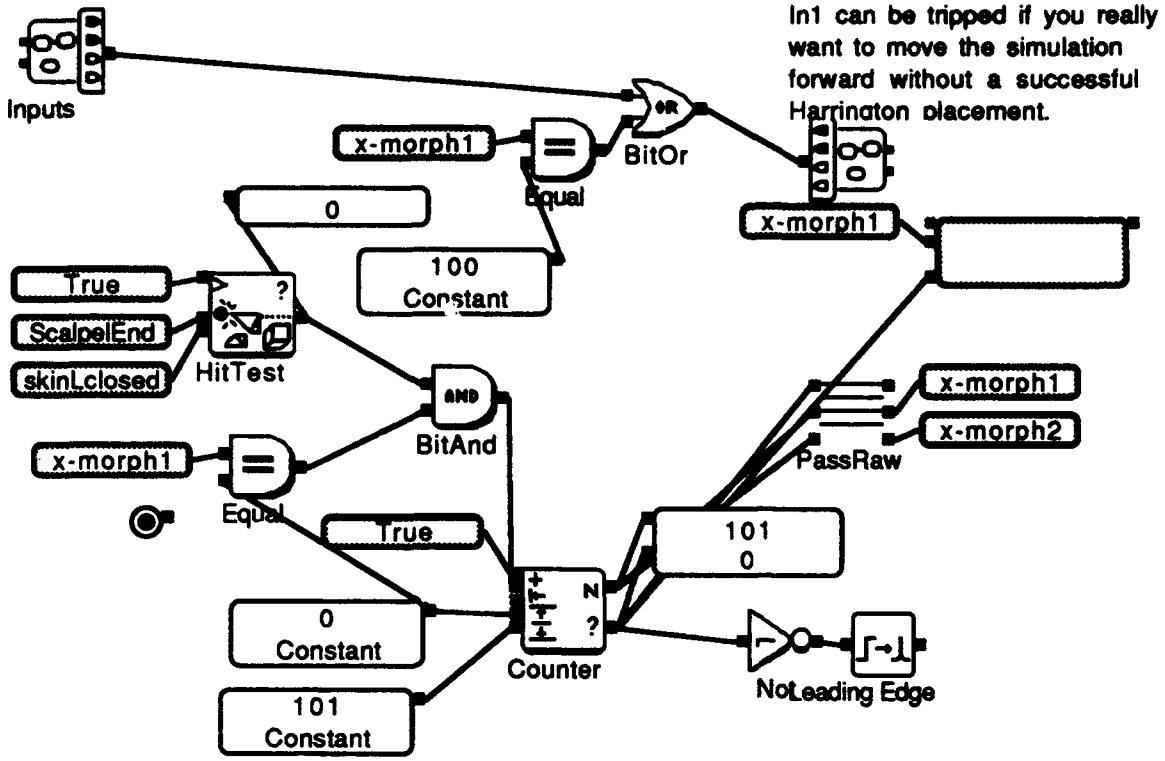


Outputs

In1: Which state are you in?

Out1: Goes to first Fire one out.
Out2: Goes to second Fire one out.
Out3: Goes to third fire one out..





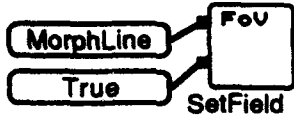
morph the two pieces of skin from 0 to 100 when the scalpel hits them.
 This should be changed eventually to add retractors

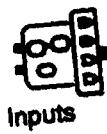


Inputs



Outputs





x-morphSkin



Greater or Equal

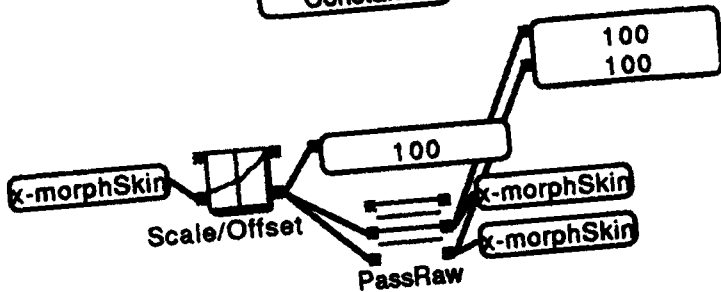
100
Constant



BitOr



In1 can be tripped if you really want to move the simulation forward without a successful Harrington placement.



morph the two pieces of skin from 0 to 100 when the scalpel hits them.
This should be changed eventually to add retractors