

Design of a Wearable Fingertip Haptic Device: Investigating Materials of Varying Stiffness for Mapping the Variable Compliance Platform

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Abstract—Previously, A pneumatic design of a fingertip haptic device (FHD) was developed for virtual reality applications. In this paper, the feasibility of representing tissues of varying stiffness is investigated. Physical properties, stiffness and Young’s modulus of the Variable Compliance Platform (VCP) was compared with a set of bolus materials representing soft tissues. The Young’s moduli of the bolus materials were 10 times higher than those from the VCP whereas the stiffness was fairly similar. Hence, stiffness is the common parameter that could be used to map the FHD to the bolus materials.

Keywords: surgical robotics, tele-operation, haptics, pneumatic system, bolus materials.

1. Introduction

In recent years, the medical world has seen a lot of advancement which has led to surgeons leaning more towards performing robot-assisted minimally invasive surgery (RAMIS) than open surgeries [1]. The main reason being that RAMIS is less invasive and produces more effective results as it has quicker recovery times and fewer complications for the patient. Surgeons are now able to perform operations without directly looking at or touching the tissues in the body of a patient [2] through the teleoperation of the robot [3].

Tracking or replicating hand/arm motion is an essential part of tele-operation. We interact with our environment mainly using vision and touch. Our hands, with their complex structure, high dexterity and precise manipulation ability are critical instruments in recognizing shape, stiffness and weight of an object [4]. Their high touch sensitivity is achieved due to mechanoreceptors embedded in the surface of the skin. This has created a need for further development of the systems used in minimally invasive surgery (MIS), introducing haptic feedback. Effective feedback is implemented within these systems to provide enough information about the remote body and the teleoperator. This would allow surgeons to ‘feel’ the tissues during surgery, which is referred to as telepresence [5].

2. Background

Majority of the fingertip haptic devices developed in recent years have been used in virtual environments. With the purpose of providing cutaneous feedback, this type of devices are typically designed using small motors that control force interaction of the cables and/or platforms in contact with the fingertip creating normal or tangential [6]. As most of these devices have been developed for use in virtual environments, the forces they create on the fingertip have not be evaluated against the stiffness of human tissues in in order to be utilised for palpation in robotic surgery. Furthermore, the majority of these devices cannot imitate distinct changes in stiffness to depict different softness levels.

A pneumatic model of a fingertip haptic device (FHD) was previously built and tested in virtual reality [7] by our group. The purpose of this device was to provide haptic feedback to the user, allowing them to perceive different material stiffness in virtual reality. Training new surgeons in virtual reality environments could be a cost-effective substitute and provide a safe environment for trainees to develop their skills.

The purpose of the paper was to try and prove that the FHD, which had previously only been used in virtual reality, could be used to replicate different levels of stiffness similar to different

materials. This would allow surgeons to receive haptic feedback during surgery.

Since the model was successful in mapping objects to the FHD in virtual reality, this study aims to explore and map this device to different real tissues using bolus materials of varying stiffness to allow the ‘softness’ of the materials to be perceived through the FHD. This was done by performing a series of experiments to test the physical properties, like Young’s modulus and stiffness, of both the FHD and the tissue like bolus materials, and comparing the results from the two to find a common parameter, which could then be used to map physical properties of the real tissue to the FHD fingertip platform.

3. Materials and Methods

3.1. Overall design of the Pneumatic FHD

The first prototype of FHD (Figure 1) was aimed at providing haptic feedback for the varying level of object hardness in virtual reality. This model was built using air as the medium to allow for changes in the levels of stiffness. It consisted of a variable compliance platform (VCP) and its contact with the finger which was controlled by servo motors, using a rack and pinion mechanism (RP), to allow the platform to undergo linear motion and position the finger. A syringe mechanism to pump air into and out of the inflatable surface controlled the VCP stiffness [8].

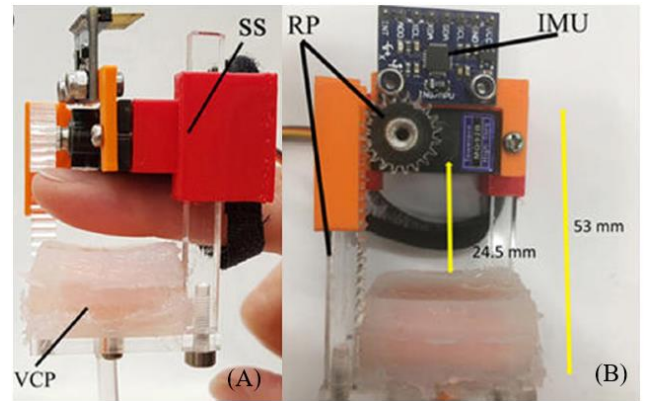


Fig. 1. FHD, (A) side view with an index finger placed against the support structure (SS) and held with a flexible strap; the RP mechanism lies behind the finger and the VCP below the finger, (B) front views with the maximum VCP displacement; Inertial Measurement Units (IMU) sensors used for motion tracking.

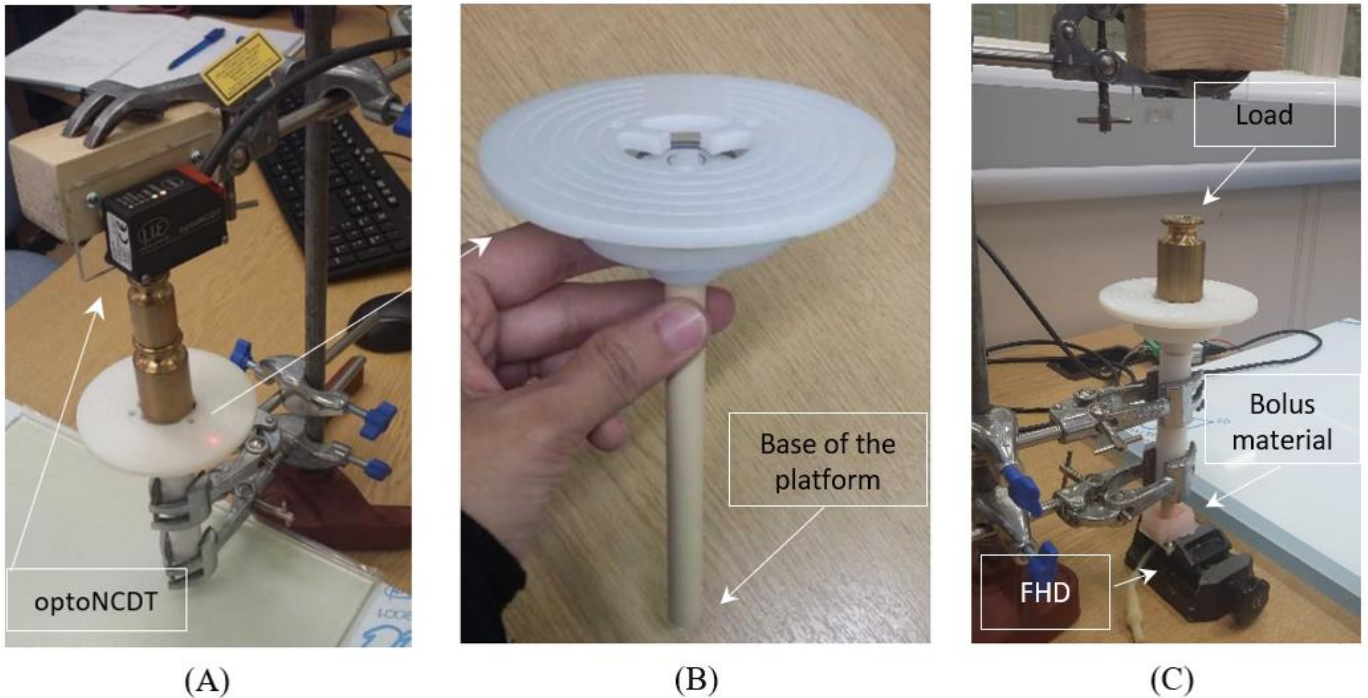


Fig. 2. Experimental setup. (A) optoNCDT laser sensor is used to measure the changes in displacement when masses are loaded onto the bolus materials. (B) 3D printed platform with bubble spirit level. (C) optoNCDT laser sensor is used to measure the changes in displacement when masses are loaded onto the FHD.

3.2. The experimental setup

The physical properties of the FHD and a set of three bolus materials were tested and analyzed to find a common parameter to map the materials to the FHD.

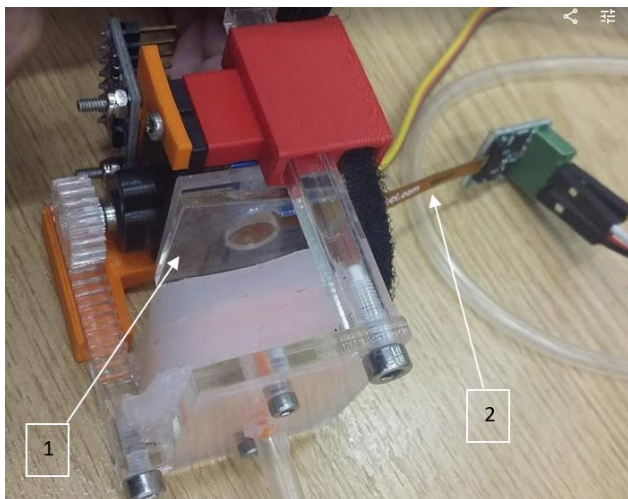


Fig. 3. FHD, (1) 3D printed part to secure the pressure sensor. (2) single tact pressure sensor.

A 3D printed platform with a bubble spirit level to ensure that it was flat on the surface of each material (Figure. 2-B) was utilized for this experiment. The optoNCDT 1420 laser sensor (Figure. 2-A) was used to measure the change in displacement due to indentation of the material as different masses were added to the surface of the 3D printed platform. The laser was targeted at the flat surface of the 3D printed platform.

For each material, weights in the range of 50g to 400g were added to the 3D printed platform for a period of 30 seconds, after which the value from the laser sensor was recorded. Figure 2 displays the experimental setup.

The loadings for each material were repeated four times and the average displacement was calculated. A graph of weight against the average displacement was plotted for each material. The average displacement was used to calculate the stress and strain of the three bolus materials and a graph of the two was plotted to obtain the Young's modulus for each material. The entire process was repeated with the FHD to obtain values for the Young's moduli of the FHD at different volume levels.

3.3. Determining the stiffness

The experimental setup in Figure. 2-A was used to determine the stiffness of three bolus materials and of the FHD at different volume levels.

The three bolus materials were cut to a diameter of 10mm and placed at the base of the 3D printed part in Figure 2-B. The experiments were repeated on the smaller-sized materials and the new young's moduli for the materials recorded.

We evaluated the non-linearities of the force-displacement response through the identified hysteresis curves (Figure 4 and

5). Considering the small exhibited hysteresis we opted for a linear model of the stress-strain relationship.

The experiment was performed on the materials and the stiffness (k) was calculated for the materials and the FHD using

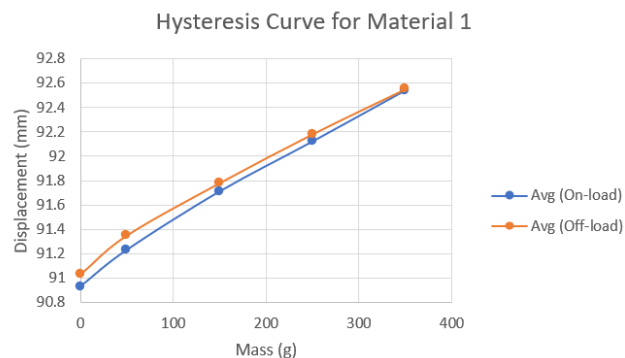


Fig. 4. the Hysteresis Curve for Material 1.

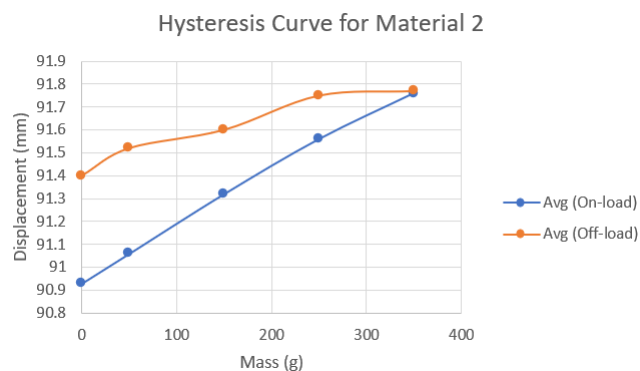


Fig. 5. the Hysteresis Curve for Material 2.

equation (1):

$$k = F/\delta \quad (1)$$

Where F is the force applied (N) and δ is the change in displacement (m).

3.4. Forces applied on the fingertip

The SingleTact pressure sensor is used to measure the forces acting on the finger when in the FHD. Figure 3 displays the circuit connections made in this FHD. To allow the pressure sensor to be secured to the FHD, two small platforms, as seen in Figure 3, were 3D printed.

The entire procedure was repeated with increasing the volume of air in the inflating surface in an interval of 1ml from 1-5ml. Each reading was repeated 4 times, and the values averaged to get accurate results.

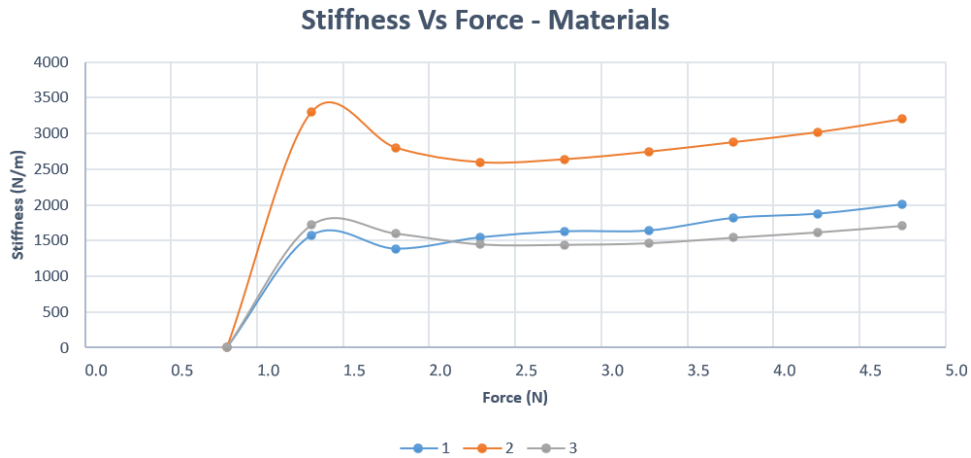


Fig. 6. Graph of Stiffness against Force for the three bolus materials

4. Results and Discussion

The FHD stiffness representation is characterized in terms of resulting pressure and force applied to the fingertip created through the relationship of the two functional parameters – pressure and displacement of VCP.

4.1. Modulus of elasticity

The gradient of a Stress-Strain graph represents the Young’s modulus. On comparing the Young’s moduli of the materials to that of the different volume levels in the FHD, it was realized that the two could not be mapped. **The Young’s moduli of the materials (Table 1) are much greater (up to 10 times higher) than those from all the different levels of the FHD stiffness (Table 2). Had the values of the Young’s moduli from the materials been similar to those from the FHD, it would have been possible to match certain levels of the FHD to some materials i.e., the levels on the FHD would imitate the different materials.**

This proved that the Young’s modulus is not a common parameter that can be used to map the materials to the FHD.

An interesting observation from this data is that the young’s modulus of the softest bolus material (material 1) is quite similar to that of a human meniscus. According to Sweigart et al. [10], the Young’s modulus of a human meniscus is between 100-160kPa depending on whether it is the anterior or posterior side of the meniscus.

4.2. Stiffness

On comparing the values of the stiffness of the materials (Figure 6) to that of the different levels on the FHD (Figure 8), it was noticed that there is a similarity. They do not have the same values; however, they are quite similar suggesting that stiffness can be used as a common parameter to map the materials to the FHD.

Furthermore, research suggests that stiffness is a property of a particular object whereas Young’s modulus is a property of the material.

4.3. Forces applied on the fingertip

The SingleTact force sensor readings were converted to force (in Newton) equating to a minimum value of 5.04N and a maximum value of 7.01N.

As the VCP moves closer to the roof of the FHD, it applies more force on the finger. This would change the perception of the inflating surface for the user, allowing the user to ‘feel’ the difference in stiffness.

From the graph in Figure 7, it can be concluded that the higher the volume of air in the inflating surface, the greater the forces applied by the VCP.

Table 1. Young's Moduli of the bolus materials

Material	Young's Modulus (MPa)
1	0.1035
2	0.1714
3	0.1847

Table 2. Young's Moduli of the different volume levels in the FHD

Volume (ml)	Young's Modulus (MPa)
1	0.0247
2	0.0289
3	0.0324
4	0.0359
5	0.0386

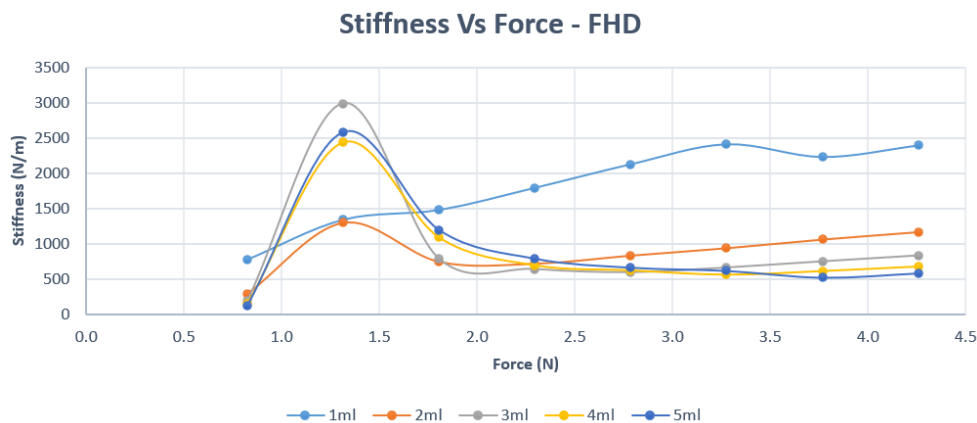


Fig. 7. Graph of Stiffness against Force at the different volume levels in the FHD

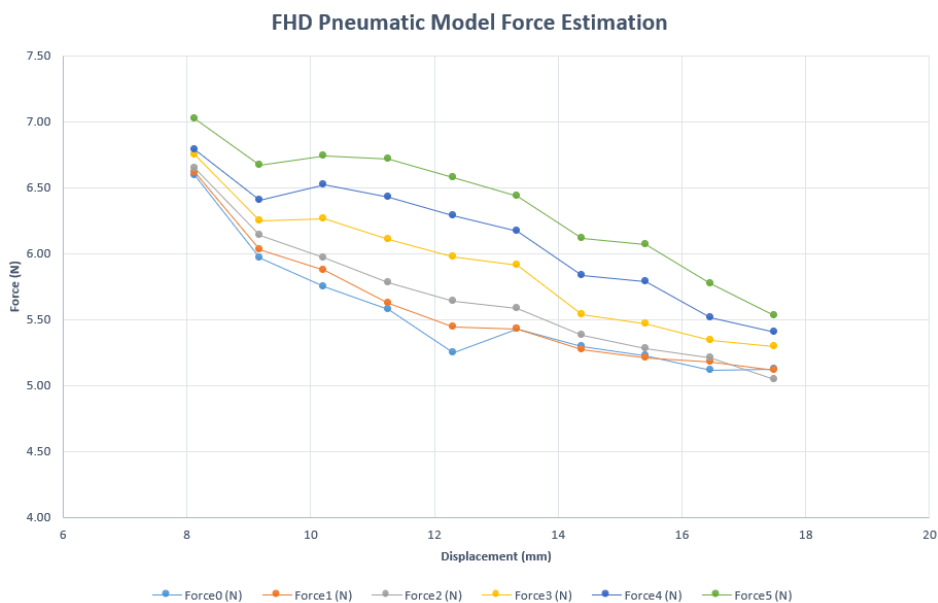


Fig. 8. Graph of Changes in Force on Index Finger with Linear Displacement of the VCP

5. Conclusion

Previously, a pneumatic design of a FHD was developed for virtual reality applications.

Upon investigating the physical properties of both the pneumatic model of the FHD and the bolus materials, it was concluded that stiffness, rather than Young’s modulus, was a common parameter and could be used to map the two. Research also proved that the Young’s modulus is a material property rather than the property of a device and thus was not ideal for the mapping. Interestingly, the Young’s moduli of the bolus materials were very similar to that of a human meniscus.

In the future, we will use a variety of fingertips to experimentally test the FHD confirm our initial findings. Also,

we will redesign the FHD to produce a new mechanical model which can be mapped to a human meniscus, thus allowing surgeons to ‘feel’ the stiffness of the tissue during robotic orthopedic surgery.

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minimally invasive fracture surgery and robot-assisted MIS, rehabilitation robots, physical assistance robots and safe and ethical human-robot interaction. She has led and coordinated many research projects funded by UK councils, Innovate UK, NIHR and European Commission.



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