

Mastering Basic Ultrasound Skills for the Neurosurgeon

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Mumbai, India

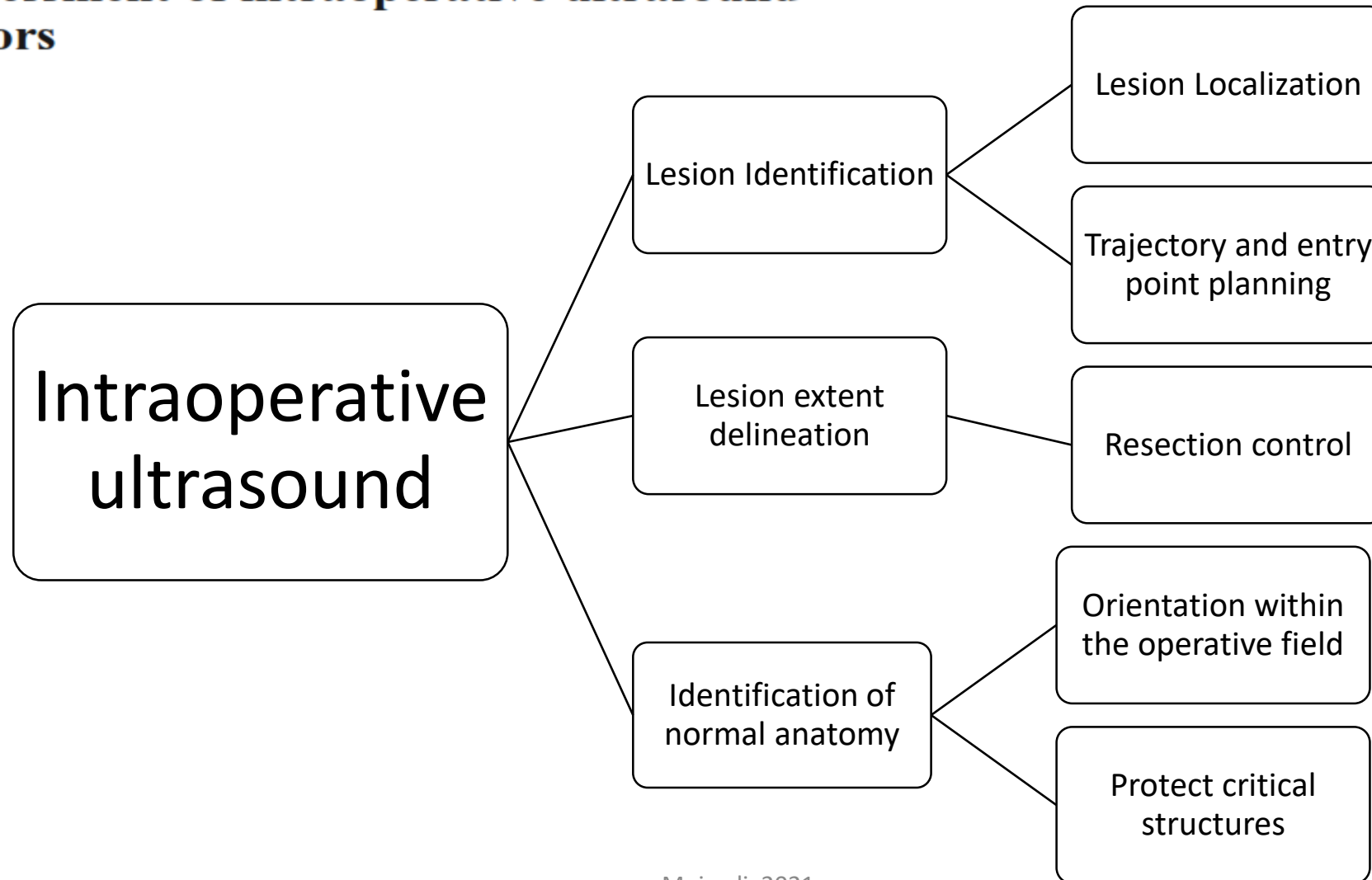
aliasgar.moiyadi@gmail.com

Disclosures

- Consultant
 - BK Medical
 - Brainlab

Objective assessment of intraoperative ultrasound in brain tumors

Aliasgar V. Moiyadi



Prehistoric Era of US

Diasonics, type DRF 100



Diasonics, type SPA 1000



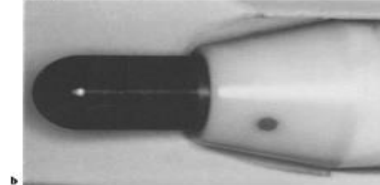
ATL, type Ultramark 8 UM 8 (left), and type Ultramark 4 UM 4 (right)



Toshiba, type Sonolayer SSA-100A

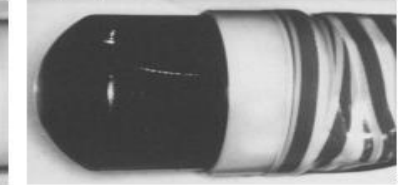


Oscillating (wobbling) probe IOP probe, 5 MHz, 1 cm Ø (Diasonics)



b Wobbling crystal, housed in a 5-MHz intraoperative probe with diameter of 1 cm

Oscillating (wobbling) probe GPS probe, 5 MHz, 3 cm Ø (Diasonics)



d Wobbling crystal, housed in a 5-MHz probe, diameter 3 cm



Fig. 13. Landmarks for horizontal image via temporal window

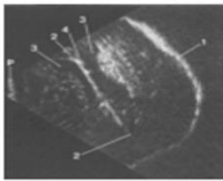


Fig. 14. Horizontal US from left temporal, probe turned occipitally. DRF 100, GPS probe, 5 MHz

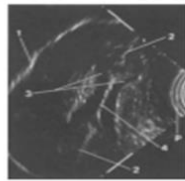


Fig. 15. Horizontal US from right temporal, probe turned frontally. UM 4, axillar array probe, 5 MHz

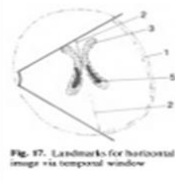


Fig. 17. Landmarks for horizontal image via temporal window

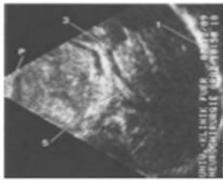


Fig. 18. Horizontal US from left temporal, probe turned occipitally. DRF 100, GPS probe, 5 MHz

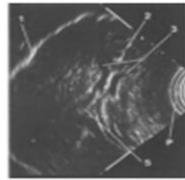


Fig. 19. Horizontal US from right temporal, probe turned frontally. UM 4, axillar array probe, 5 MHz

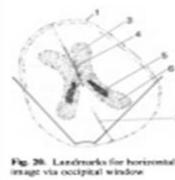


Fig. 20. Landmarks for horizontal image via occipital window

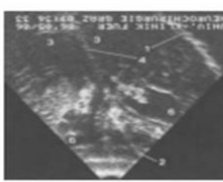


Fig. 21. Horizontal US via an occipital window. DRF 100, GPS probe, 5 MHz



Fig. 22. Landmarks for horizontal image via occipital window

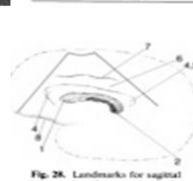


Fig. 28. Landmarks for sagittal images via a frontoparietal window



Fig. 29. Sagittal US via frontoparietal window, probe turned frontally. DRF 100, GPS probe, 5 MHz



Fig. 30. Sagittal US via frontoparietal window, probe turned occipitally. DRF 100, GPS probe, 5 MHz



Fig. 32. Landmarks for sagittal images via a frontal window

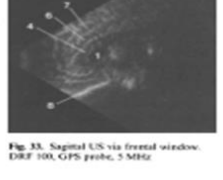


Fig. 33. Sagittal US via frontal window. DRF 100, GPS probe, 5 MHz

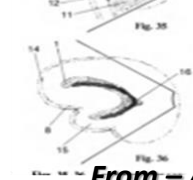


Fig. 36

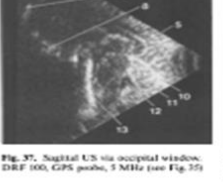


Fig. 37. Sagittal US via occipital window. DRF 100, GPS probe, 5 MHz (see Fig. 35)

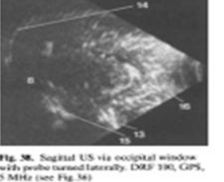


Fig. 38. Sagittal US via occipital window, with probe turned laterally. DRF 100, GPS, 5 MHz (see Fig. 36)

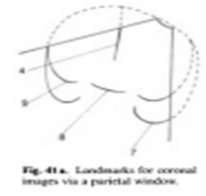


Fig. 41 a. Landmarks for coronal images via a parietal window

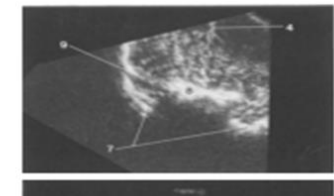


Fig. 41 b. Coronal US via parietal window. DRF 100, GPS probe, 5 MHz



Fig. 41 c. Coronal US via parietal window. DRF 100, GPS probe, 5 MHz



Fig. 42 a. Landmarks for coronal images via a temporal window

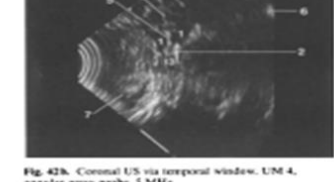


Fig. 42 b. Coronal US via temporal window. UM 4, axillar array probe, 5 MHz

- 1 Frontal horns of lateral ventricle
- 2 Choroid plexus
- 3 Third ventricle
- 4 Corpus callosum
- 5 Splenium
- 6 Cingulate gyrus
- 7 Cingulate sulcus
- 8 Frontal skull base
- 9 Quadrigeminal cistern
- 10 Tentorium
- 11 Cerebellum
- 12 Fourth ventricle
- 13 Clivus
- 14 Frontal bone
- 15 Middle cranial fossa
- 16 Trigonal choroid plexus

- 1 Lateral ventricle
- 2 Choroid plexus
- 3 Third ventricle
- 4 Falx cerebri
- 5 Septum pellucidum
- 6 Contralateral skull base
- 7 Temporal fossa
- 8 Frontal skull base
- 9 Sphenoid wing

From — Auer, Velthoven. *Intraoperative Ultrasound Imaging in Neurosurgery*, Springer, 1990

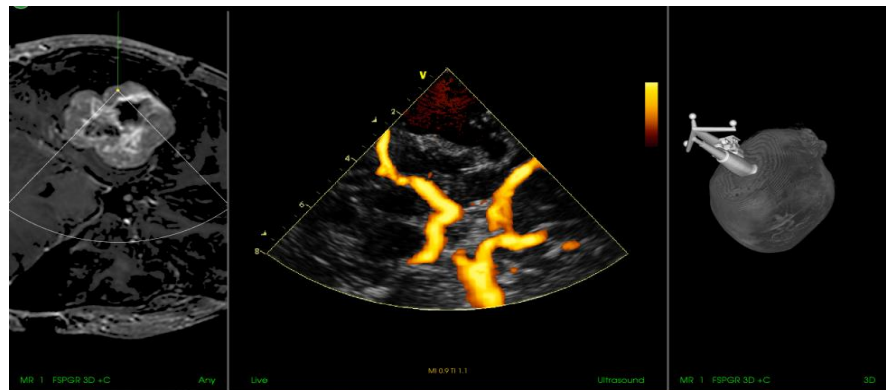
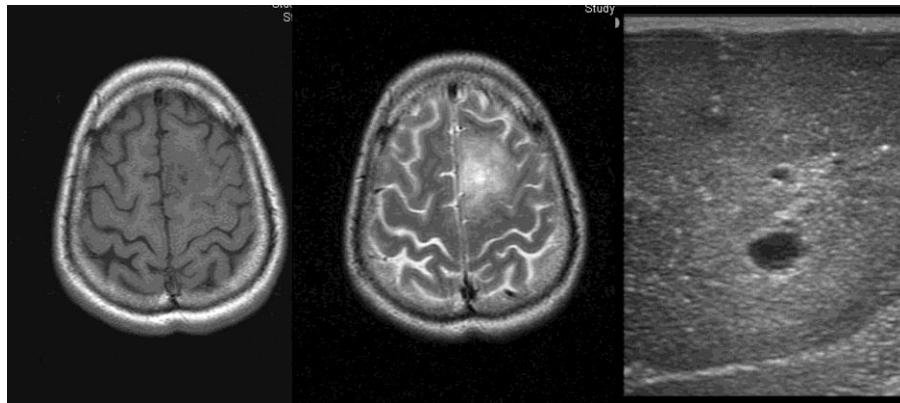
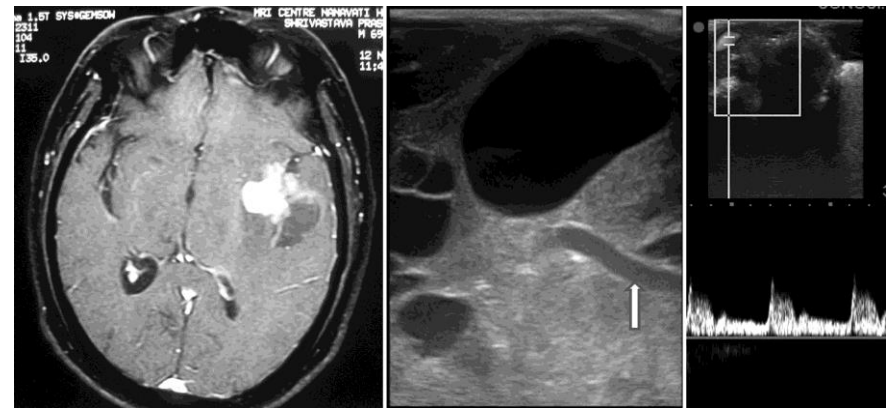
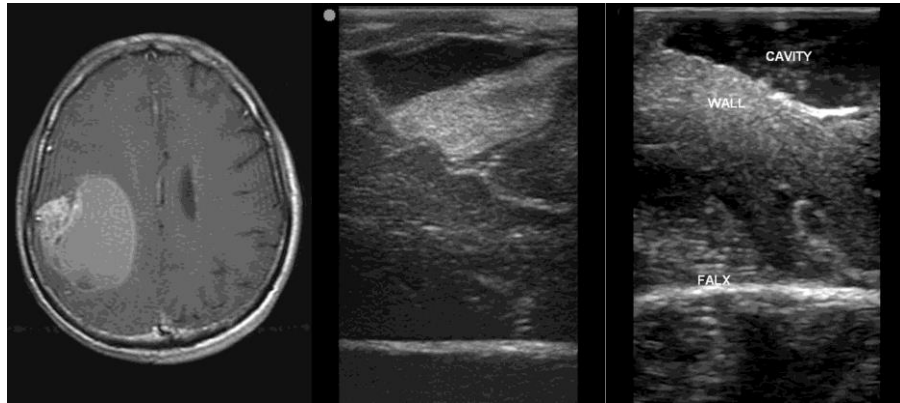
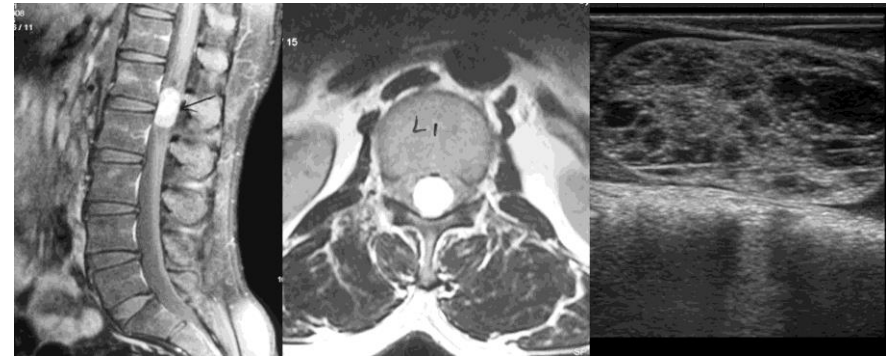
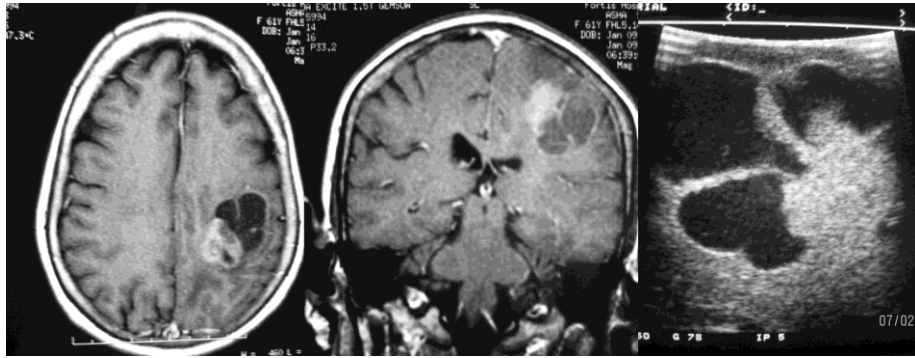


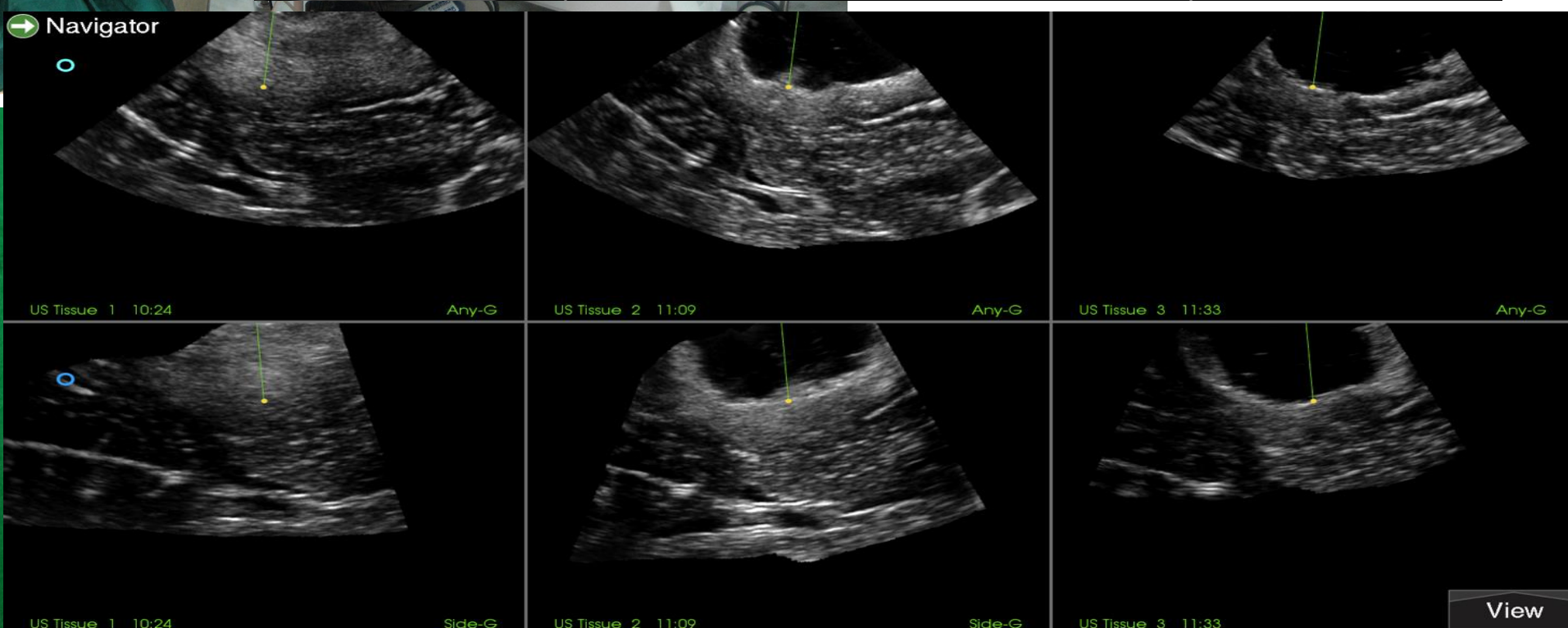
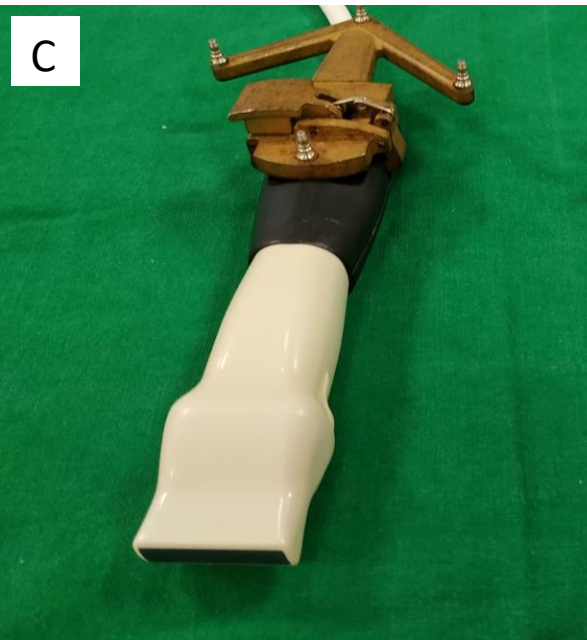
**Limitation of
IGS –
Brainshift**

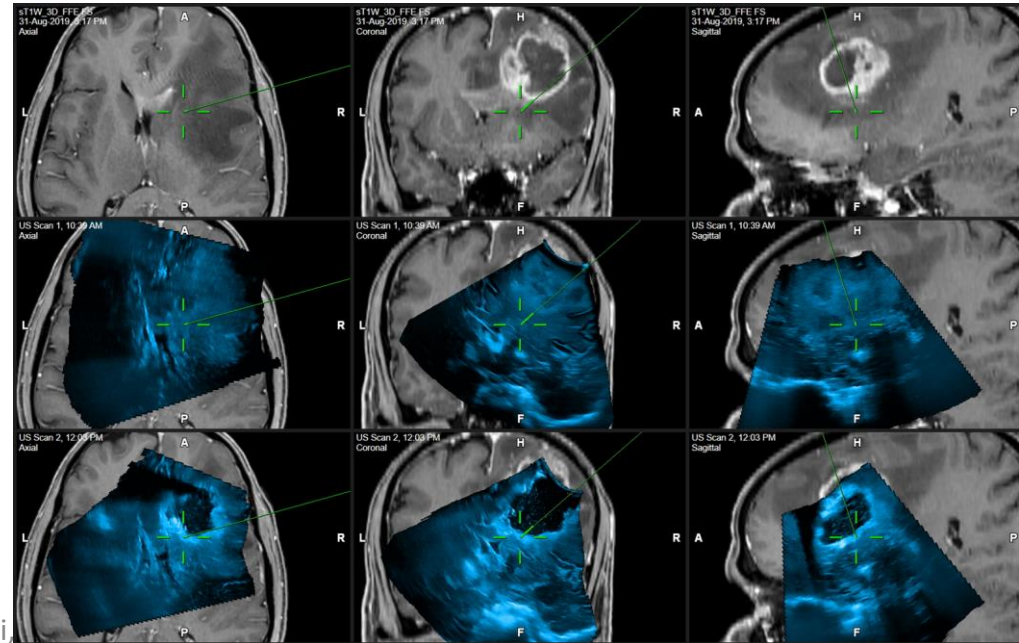
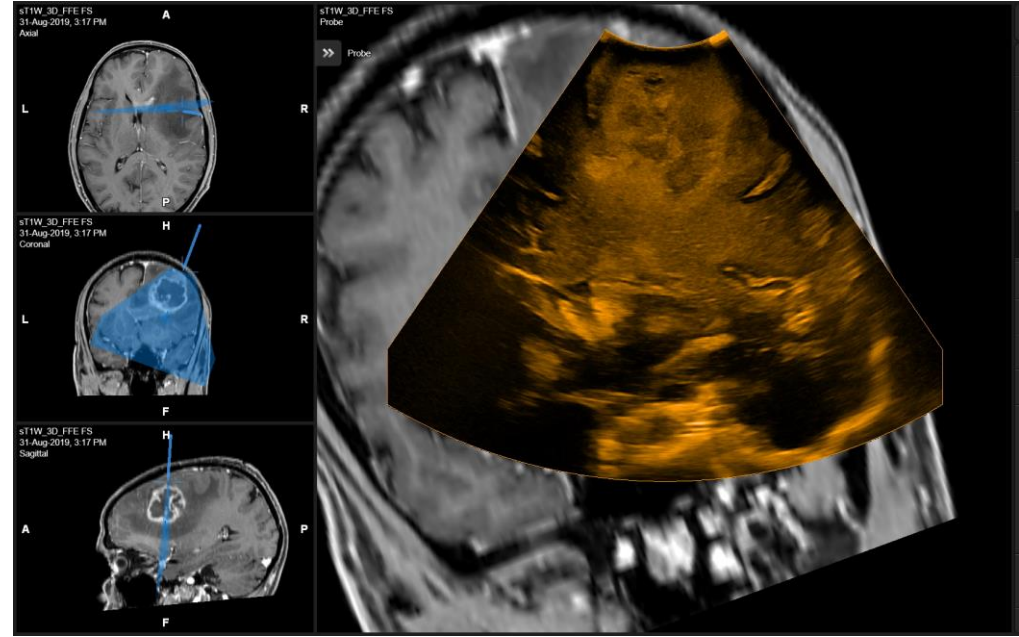
**Improvements
in US technology**

**Resurgence
of IOUS**

iUS- Improved Image resolution

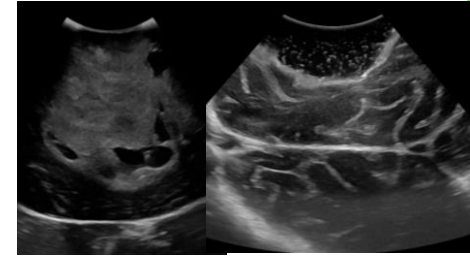
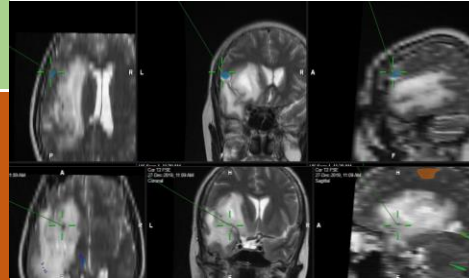






- ❑ Based on Preoperative MRI
- ❑ Multiplanar imaging with full head view of MRI

- ❑ Post-craniotomy brain-shift and brain deformation results in loss of accuracy
- ❑ Impossible to rely on for resection control



- ❑ Real time update
- ❑ Fast updates, repeatability
- ❑ Convenient, readily available
- ❑ Cost-effective

- ❑ Operator dependent
- ❑ Learning curve
- ❑ Orientation and image interpretation difficult

Navigation with preoperative MRI

2-D Ultrasound

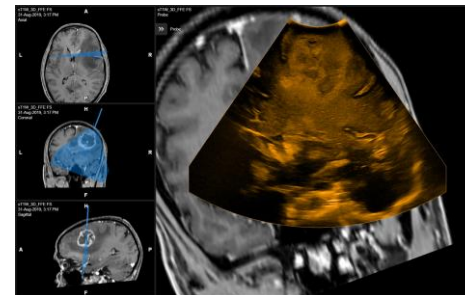
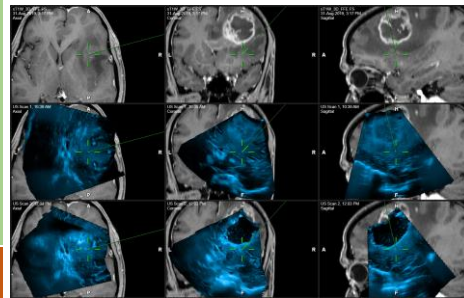
Multimodal Intraoperative Image guidance

Navigated 3-D Ultrasound

Navigated 2-D Ultrasound

- ❑ Multiplanar US image displays with co-display of corresponding MR
- ❑ Serial US images in coplanar displays possible
- ❑ Brain-shift compensation
- ❑ Direct Navigated US option

- ❑ Costlier (but still many times lower than IOMR)



- ❑ US-MR image fusion improves US orientation and image interpretation
- ❑ Brain-shift appreciation and compensation
- ❑ More intuitive

- ❑ Multiplanar US views not possible especially in conventional ACS planes
- ❑ Co-registration of serially acquired US images not possible

Usefulness of three-dimensional navigable intraoperative ultrasound in resection of brain tumors with a special emphasis on malignant gliomas

Aliasgar V. Moiyadi · Prakash M. Shetty ·
Abhishek Mahajan · Amar Udare · Epari Sridhar

NEUROSURGICAL
FOCUS

Direct navigated 3D ultrasound for resection of brain tumors: a useful tool for intraoperative image guidance

Aliasgar V. Moiyadi, MCh, and Prakash Shetty, MCh

Division of Neurosurgery, Department of Surgical Oncology, Tata Memorial Centre, Mumbai, India

Non-enhancing gliomas: does intraoperative ultrasonography improve resections?

Aliasgar V. Moiyadi, Prakash Shetty, Robin John

Division of Neurosurgery, Department of Surgical Oncology, Tata Memorial Centre,
Homi Bhabha National Institute, Mumbai, India

Neurosurg Focus 40 (3):E5, 2016

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GRAPHY

ORIGINAL ARTICLE

<https://doi.org/10.14366/usg.18032>
pISSN: 2288-5919 • eISSN: 2288-5943
Ultrasonography 2019;38:156-165

Moiyadi, 2021

Navigable 3D-Ultrasound Facilitates Supra-Radical Resections beyond the Contrast-Enhancing Boundaries in Malignant Gliomas

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J Neurol Surg A

NI Feature: CENTS (Concepts, Ergonomics, Nuances, Therbligs, Shortcomings)

ORIGINAL ARTICLE

Neurol India 2015;63:727-35.

Navigated intraoperative ultrasound for resection of gliomas: Predictive value, influence on resection and survival

Aliasgar V. Moiyadi, Sadhana Kannan¹, Prakash Shetty

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¹Department of Biostatistics, ACTREC, Navi Mumbai, Maharashtra, India

Comparison of outcomes of free-hand 2-dimensional ultrasound-guided versus navigated 3-dimensional ultrasound-guided biopsy for supratentorial tumours: a single-institution experience with 125 cases

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ORIGINAL ARTICLE

<https://doi.org/10.14366/usg.18036>
pISSN: 2288-5919 • eISSN: 2288-5943
Ultrasonography. 2018 Dec 8.
Epub ahead of print

Aditya D. Patil, Vikas Singh, Vivek Sukumar, Prakash M. Shetty, Aliasgar V. Moiyadi

Division of Neurosurgery, Department of Surgical Oncology, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, India

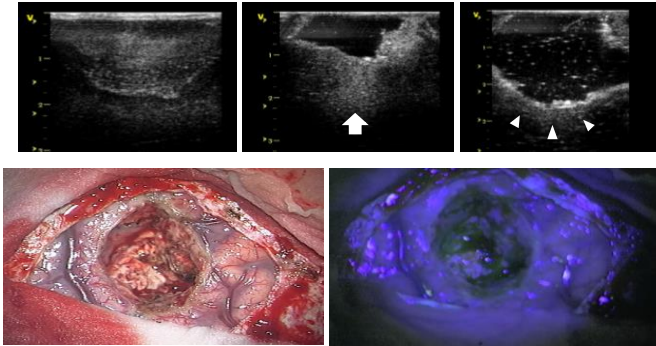
Navigable Intraoperative Ultrasound and Fluorescence-Guided Resections Are Complementary in Resection Control of Malignant Gliomas: One Size Does Not Fit All

Aliasgar Moiyadi¹ Prakash Shetty¹

¹Department of Neurosurgery, Tata Memorial Centre, Mumbai, India

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J Neurol Surg A



Early Experience with Combining Awake Craniotomy and Intraoperative Navigable Ultrasound for Resection of Eloquent Region Gliomas

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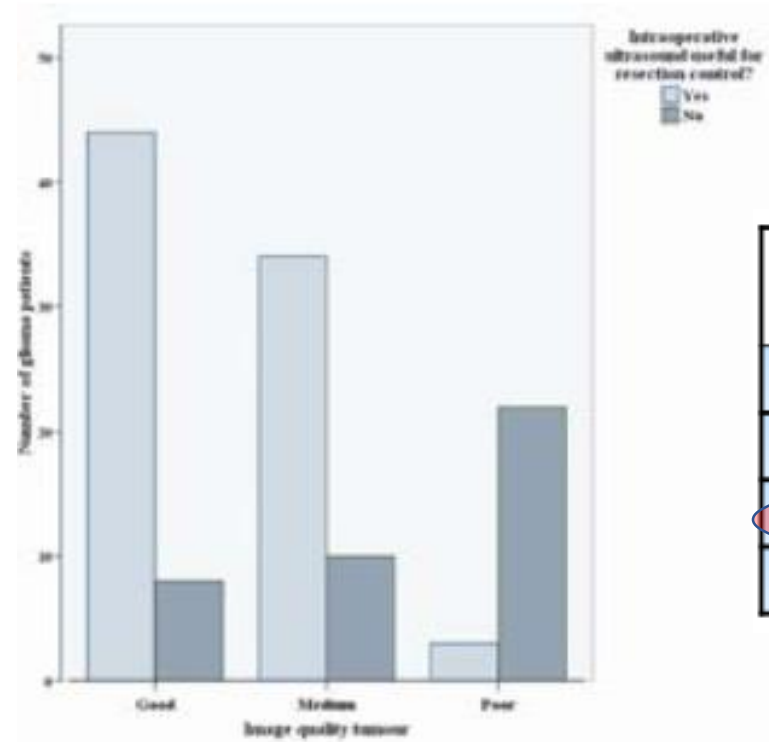
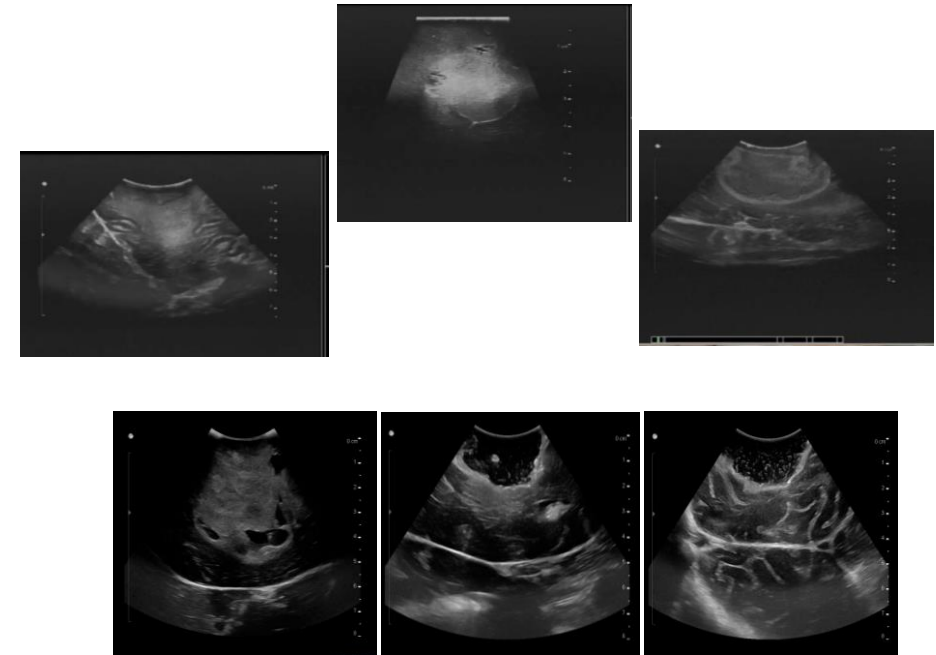
J Neurol Surg A 2017;78:105–112.



As part of a Multimodal Approach

Good basic 2D B mode US Image

- Important to get a good quality image
- Better the image quality → better the utility of the US → better the extent of resection (*Solheim et al, 2012*)
- And lower neurological morbidity (3% vs 45%)



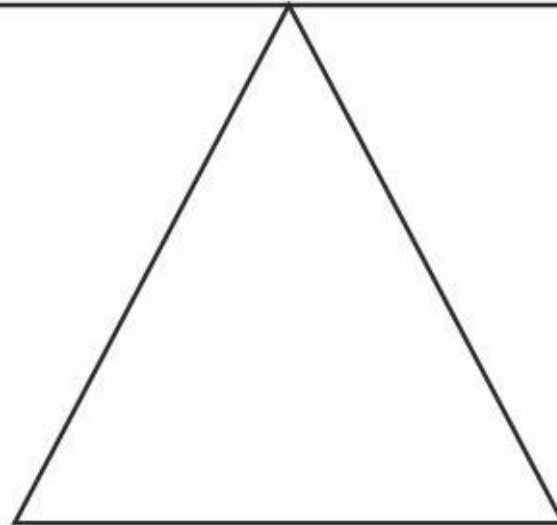
Significant variables in the regression model	Multi-variate OR	95% CI	p-value
Aim: GTR	24.73	4.32 to 141.42	<0.001*
Unifocal lesion	18.00	2.62 to 123.67	0.003*
Good/medium US image quality	7.63	1.28 to 45.44	0.026*
Non-eloquent location ∞	4.00	1.30 to 12.50	0.015*

**A fool with a tool
is still a fool!**



- +Real Time
- +Wide Availability
- +Low cost
- +Quick
- +Safe

- Unfamiliar Images & equipment
- Orientation problem
- Limited field of View





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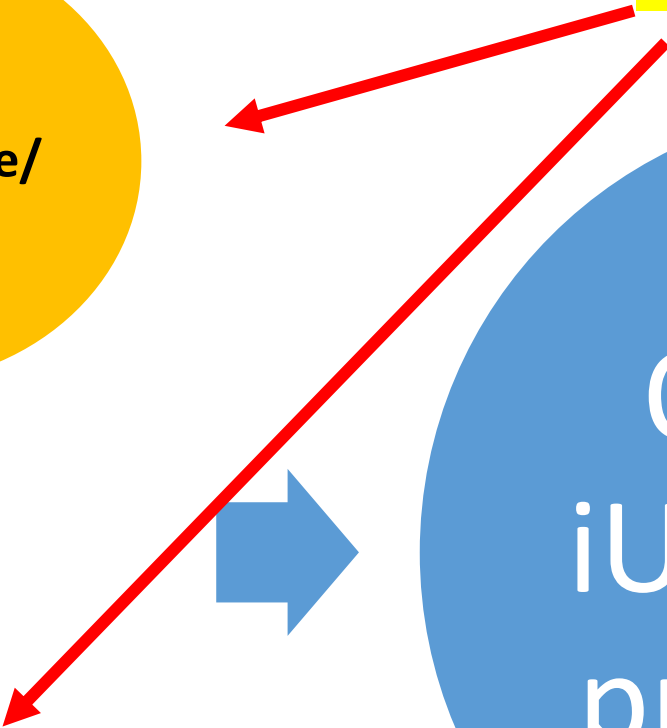
**US SCAN
Performance/
Acqisition**

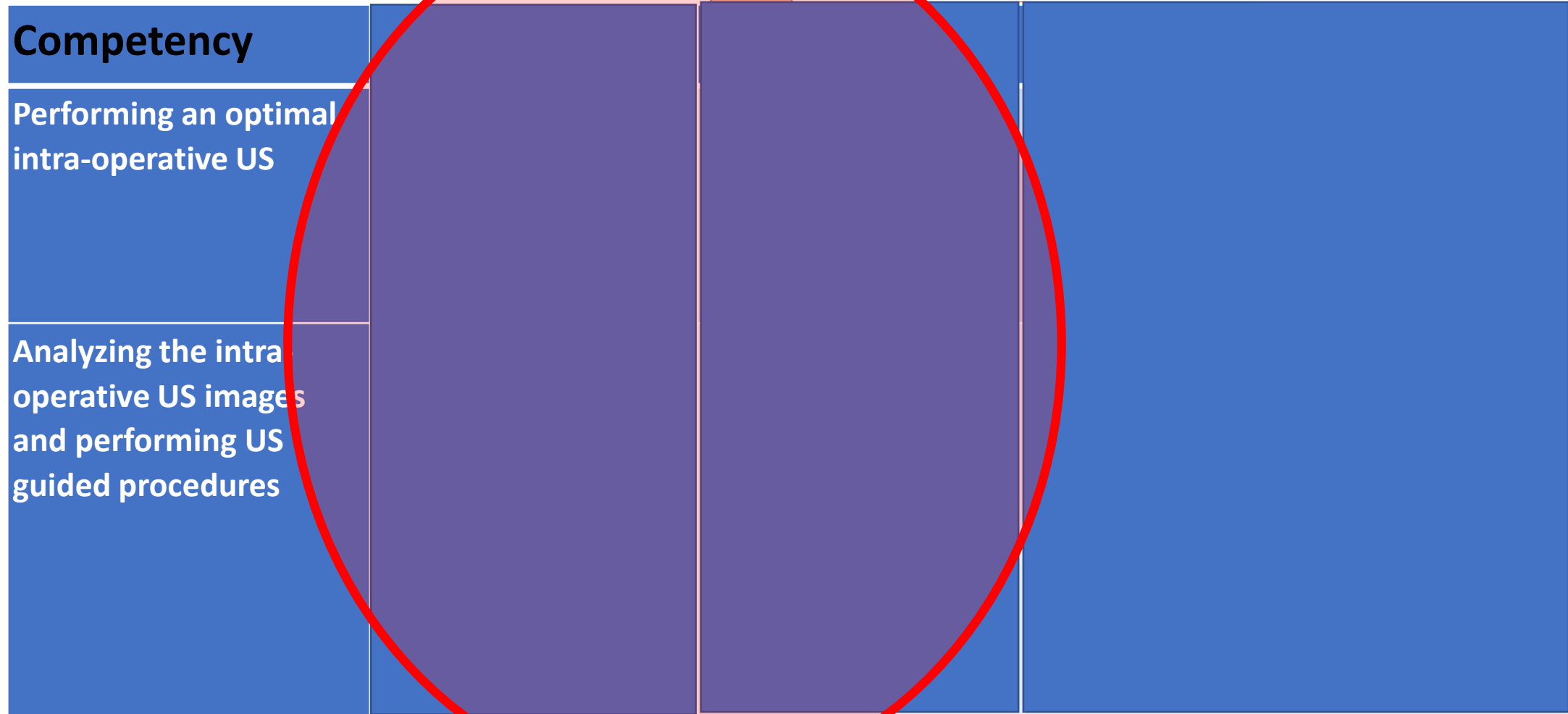


**US Image
interpretation/
Action**

Core Competencies

**Optimal
iUS guided
procedure**





Practical Skill sets (Hands-on)

Insonation Technique (visuomotor skills)

Acoustic Coupling
Methodical insonation

Visuo-spatial Orientation Skills

Identify 3D shape and sizes of various structures
Identify depth, lie and positions of different structures

Hand Eye coordination (visuomotor/visuospatial)

Performing wide orthogonal scan with orientation of direction
Target various objects and lesions at different depths

Theoretical Skill sets (Knowledge)

Technical Knowhow

Familiarization with the Equipment/ Controls
Insonation with various probes
Optimizing US scan parameters

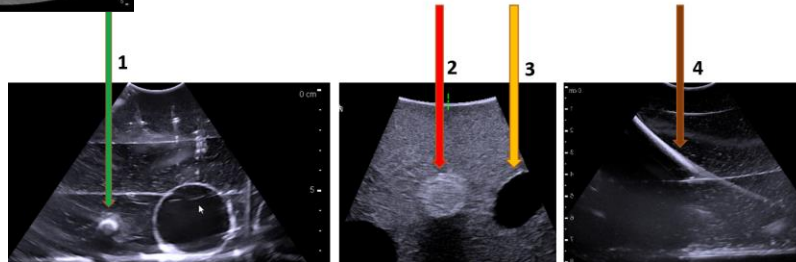
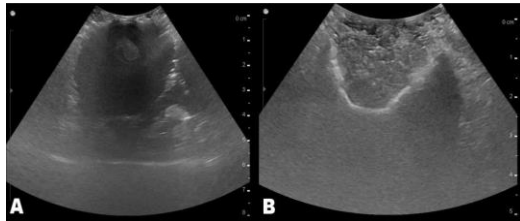
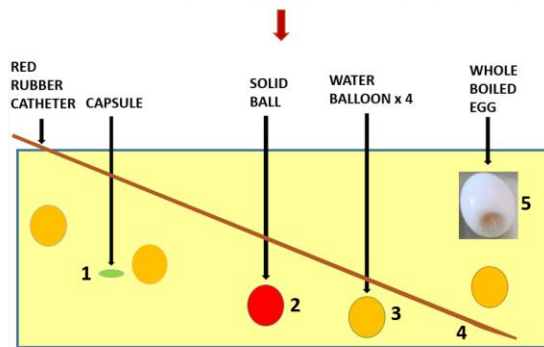
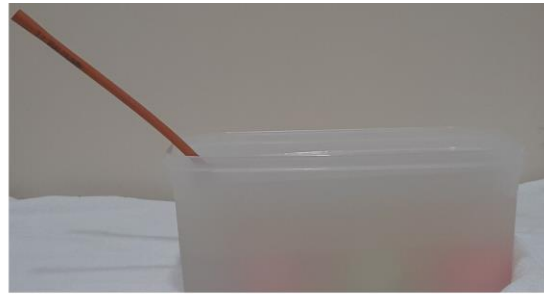
Image interpretation

Semeiology
Anatomical Landmarks
Pathological anatomy
Appreciate and identify artefacts

Practical Skill Acquisition

Customized Low-Cost Model for Hands-on Training in Intraoperative Ultrasound for Neurosurgeons: Our Experience and Review of Literature

Vikas Singh^{1,2}, Salman Shaikh¹, Prakash Shetty^{1,2}, Aliasgar Moiyadi^{1,2}



Atlas Based Training



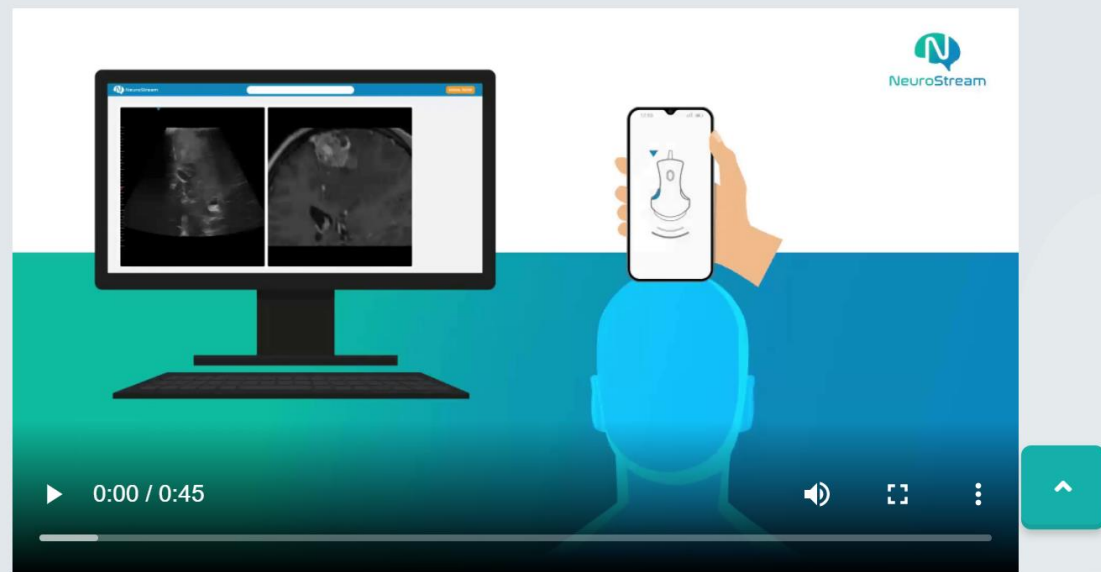
**Image
Interpretation –
Iterative Learning**

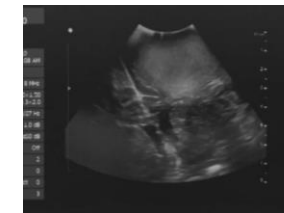
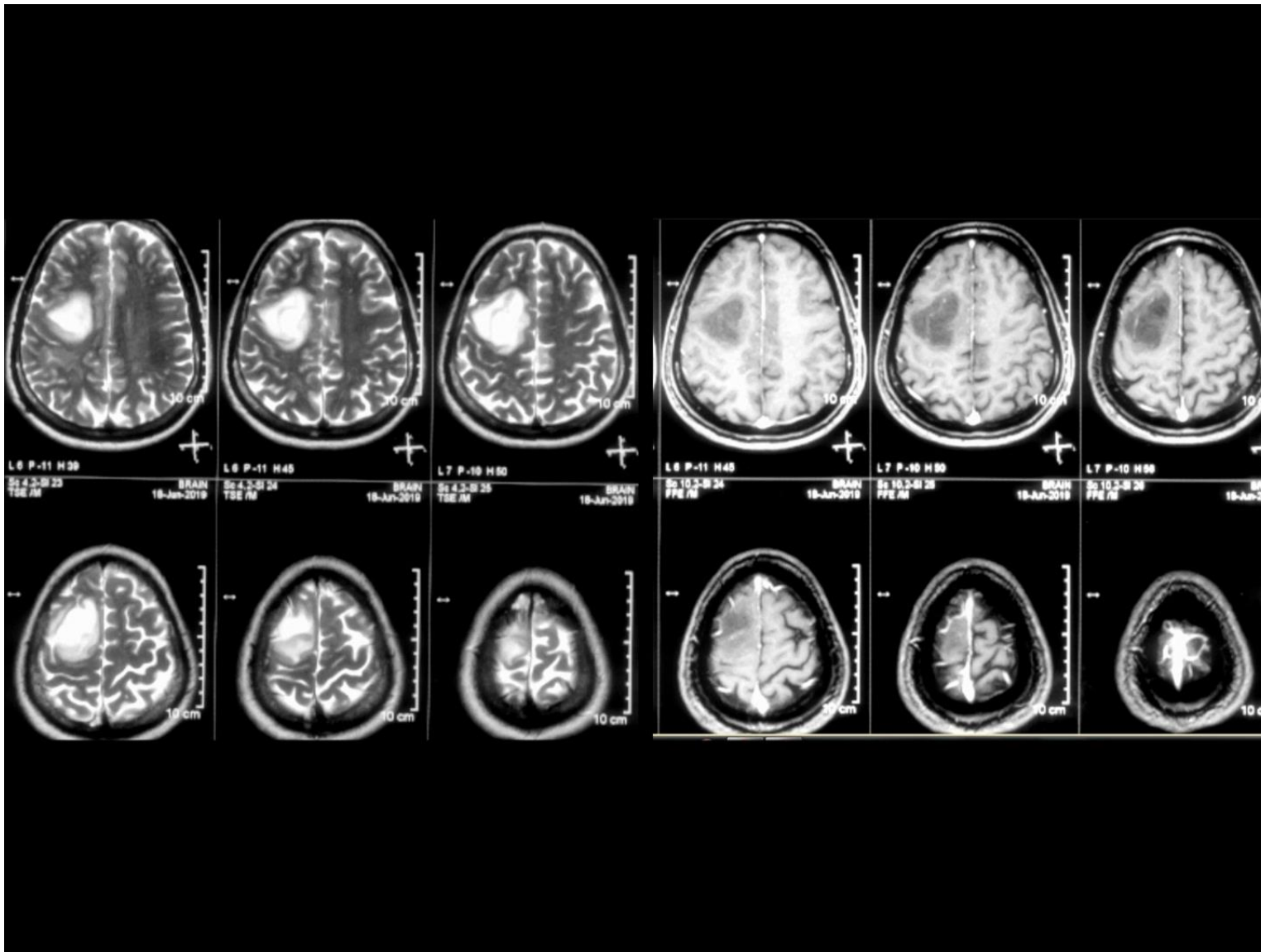


Master The Use Of Intraoperative Ultrasound

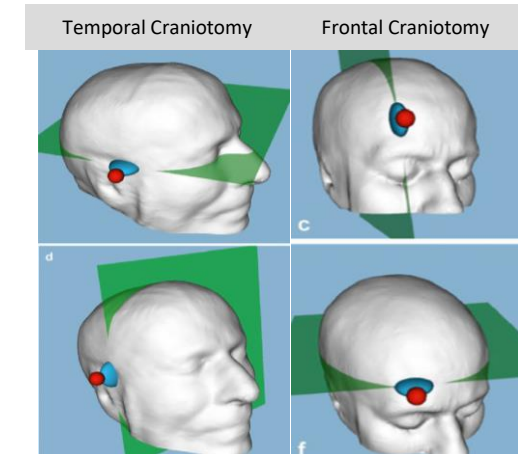
Train and become proficient in neurosurgical intraoperative ultrasound.

You can practice anytime by simulating the use of an ultrasound transducer with your smartphone and navigating diagnostic images created by experts.

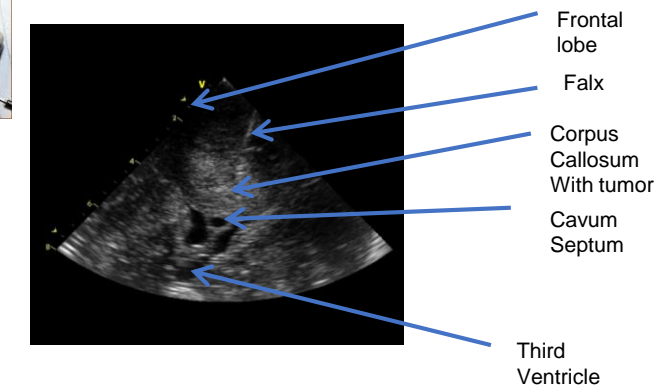


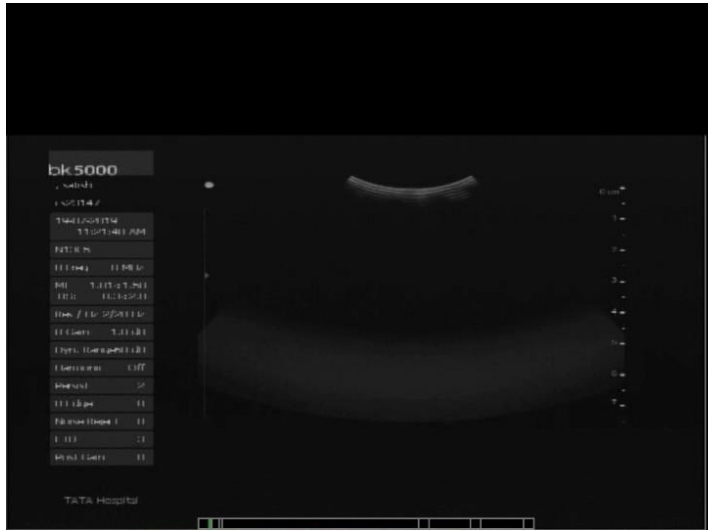



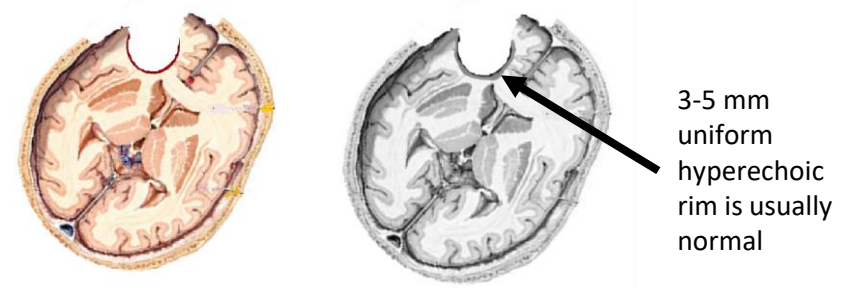
Adequate craniotomy



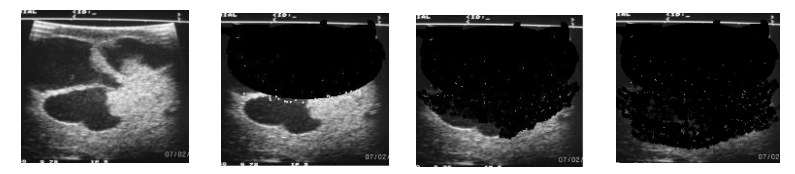
From Prada et al (eds): Intraoperative Ultrasound (IOUS) in Neurosurgery



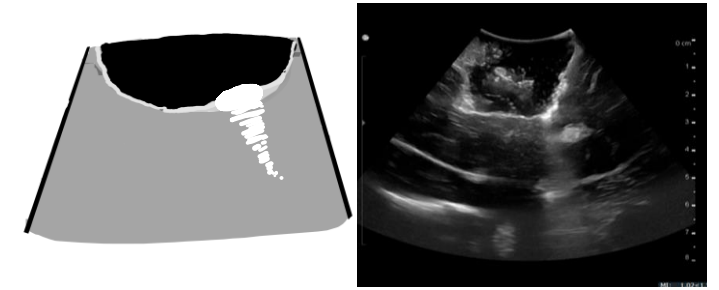
	<p>VIDEO LOSS</p>	<p>12:07:18 2029/07/10</p>
 <p>Intermediate US- cavity filled well (imp of preop psioitioning)</p>	<p>VIDEO LOSS</p>	<p>VIDEO LOSS</p>



SERIAL RESECTION CONTROL SCANS



Understanding Artefacts

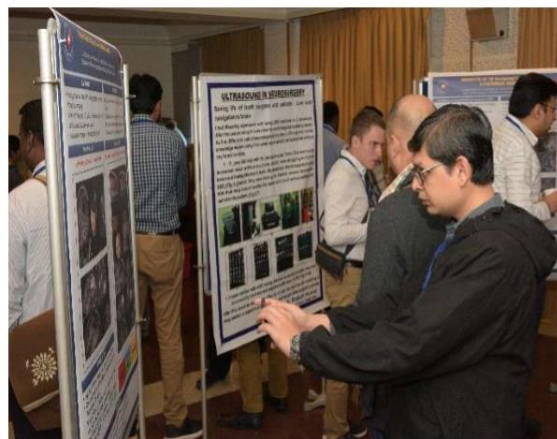
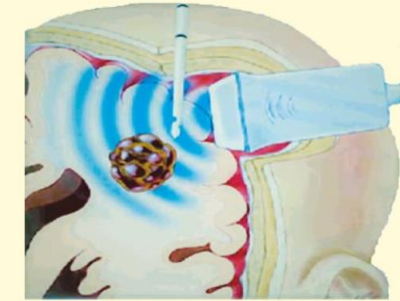


Skill Sets		Training Methods		
		Phantom/ Model Based	Simulation / Atlas Based	Live surgery Mentoring
Practical Skill sets				
Insonation Technique	Acoustic Coupling	√		√
	Methodical insonation	√	√	√
Visuo-spatial Orientation Skills	Identify 3D shape and sizes of various structures	√	√	√
	Identify depth, lie and positions of different structures	√	√	√
Hand Eye coordination	Performing wide orthogonal scan with orientation of direction	√	√	√
	Target various objects and lesions at different depths	√		√
Theoretical skill sets				
Technical Knowhow	Familiarization with the Equipment/ Controls	√		√
	Insonation with various probes	√		√
	Optimizing US scan parameters	√		√
Image interpretation	Semeiology	√	√	√
	Anatomical Landmarks		√	√
	Pathological anatomy		√	√
	Appreciate and identify artefacts	√	+/-	√



1st International Course on Intraoperative Ultrasound in Neurosurgery

13th-14th December, 2019
Tata Memorial Centre. Mumbai. India



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International Ultrasound Symposium

Sunday, October 17, 2021 - 8:00 am - 12:00 pm

Directors/Moderators: Francesco DiMeco, Brian V. Nahed, Geirmund Unsgård

Faculty: Aliasgar V. Moiyadi, Llewellyn Padayachy, Vikram C. Prabhu, Francesco Prada

Course ID: SYM13A

Cost: Physician: \$250; Nurse/NP/PA: \$200; Resident/Medical Student: \$125

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