

Tecnologies 3D: Simulacions i fabricació additiva al servei de la medicina personalitzada i dispositius a mida del pacient

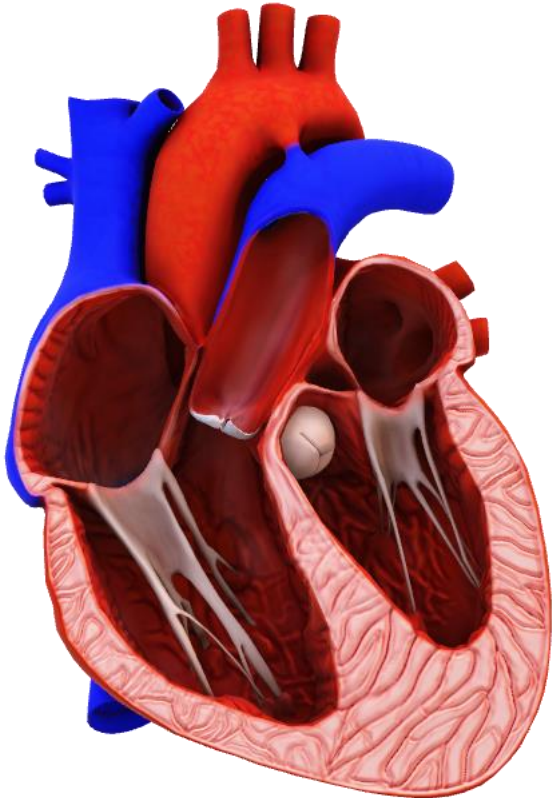
UCE 2021 CIÈNCIA I TECNOLOGIA



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- **Introducció**
- **Introducció a la tecnologia de planificació 3D i fabricació additiva - aspectes més rellevants**
- **La planificació 3D i les seves aplicacions en salut (exemples pràctics)**
- **Exemple de Servei 3D en un hospital**
- **Conclusions, reptes i oportunitats**

SJD Barcelona Children's Hospital



Hospital Sant Joan de Déu

- **Hospital materno infantil**
- **Centre universitari UB**
- **Privat sense ànim de lucre**
- **Concertat amb el sistema públic**



Hospital Highlights

2020 Activitat



21,947
Altes

272,078 (42,9% homecare)
Consultes externs

14,472
Cirurgies

3,392
Parts

91,243
Urgències

2020 Recursos



2,265
Professionals

302
Llits

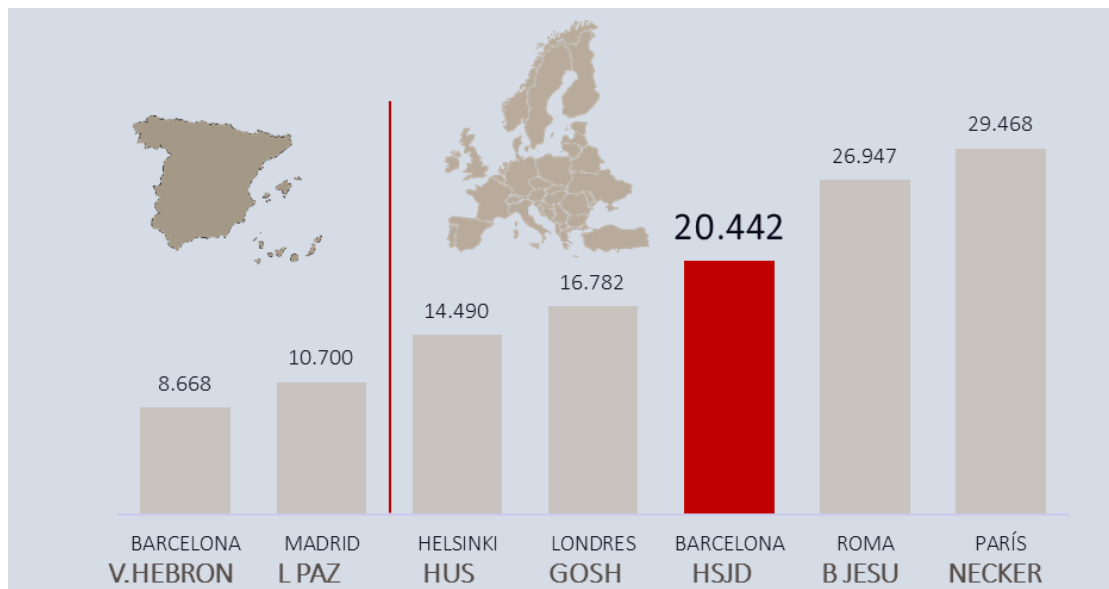
2020 Dades financeres



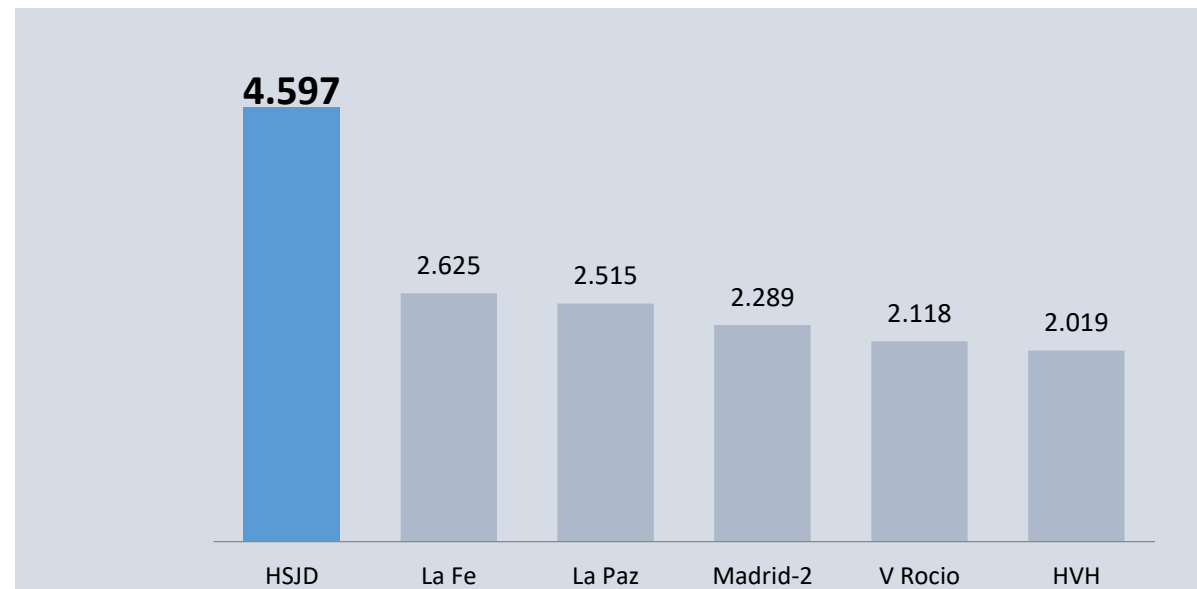
€160.9M
Pressupost anual

€8.5M
Inversions

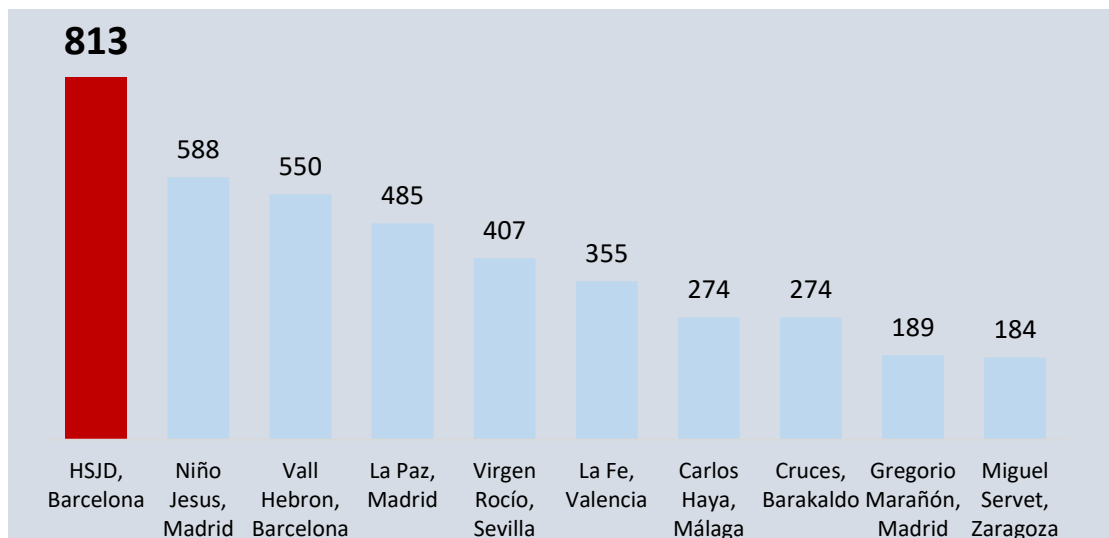
350,000
Pacients/any



Primer centre pediàtric a Espanya i tercer a Europa

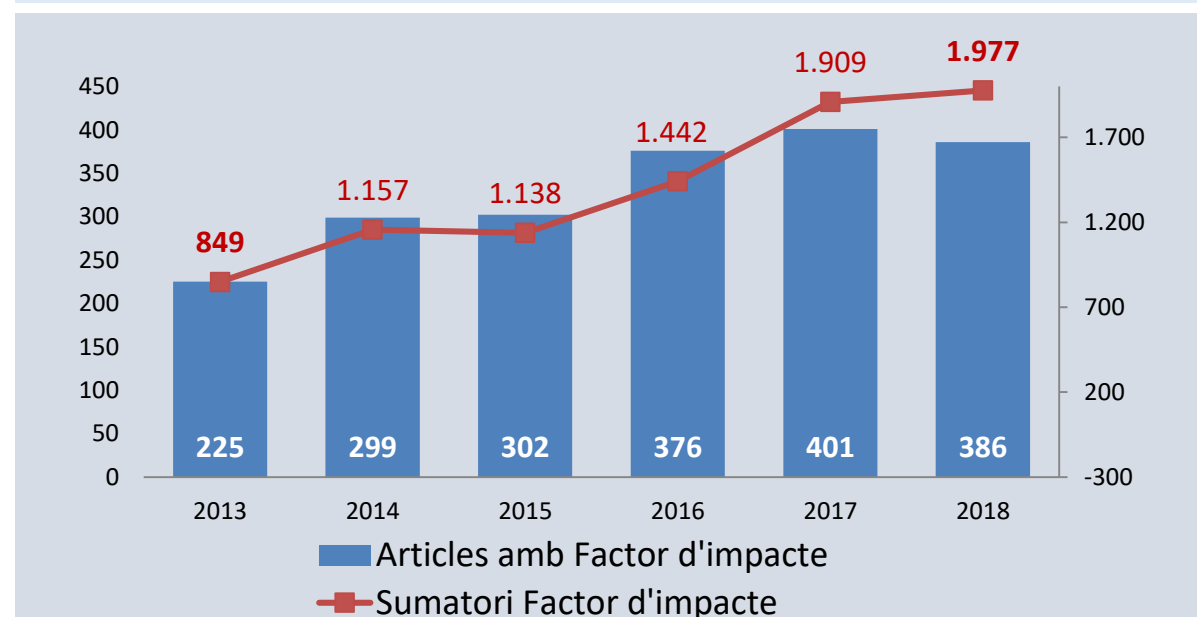


El centre amb més activitat pediàtrica terciària d'Espanya



Líder en tractament de casos de càncer infantil en els darrers 5 anys

(Informe RETI 2019)



INTRODUCCIÓ A LA TECNOLOGIA DE PLANIFICACIÓ 3D I FABRICACIÓ ADDITIVA

ANTECEDENTS HISTÒRICS

1981

- Dr. Hideo Kodama, Institut Municipal de Investigació Industrial, en Nagoya.

1984

- Dr. Chuck Hull publica i patenta la primera màquina d'impressió 3D esterolitografia (3D Systems)

1992

- Primera publicació mèdica sobre impressió 3D en planificació quirúrgica

1999

- El Wake Forest Institute of Regenerative Medicine imprimeix cèl·lules vives amb un medi biocompatible

2002

- Lanza et al. bioimprimeixen per primera vegada un model de ronyó en 3D

2005

- RepRap Project. Universalització de la impressió 3D

2012

- Materials biocompatibles. Primer implant ossi

2013

- Primera impressió 3D multimaterial CIR ONC Pediàtrica HSJD

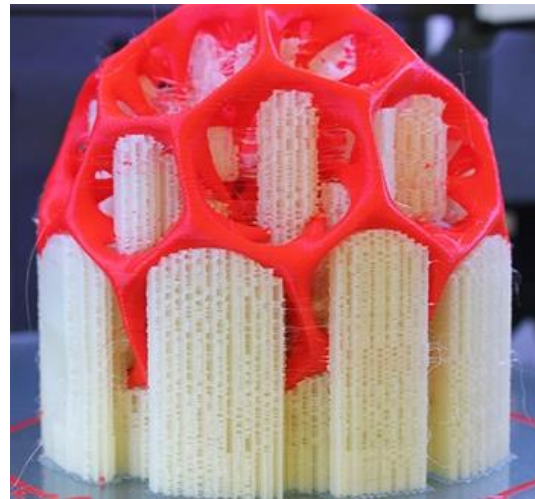
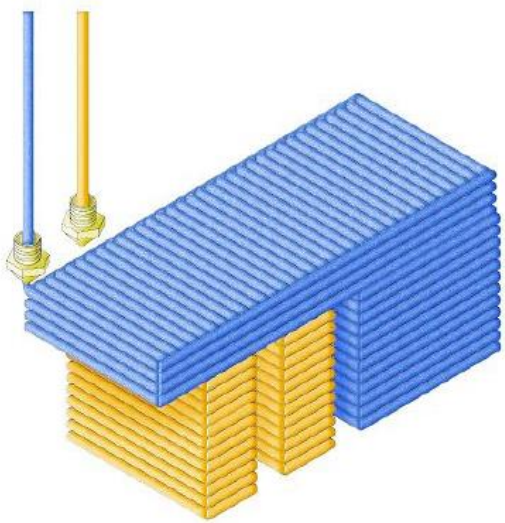
2015/1
6

- Creació de la Unitat HSJD 3D4H

PATENT US4575330 A USA



Additive Manufacturing (AM), part of an industrial revolution



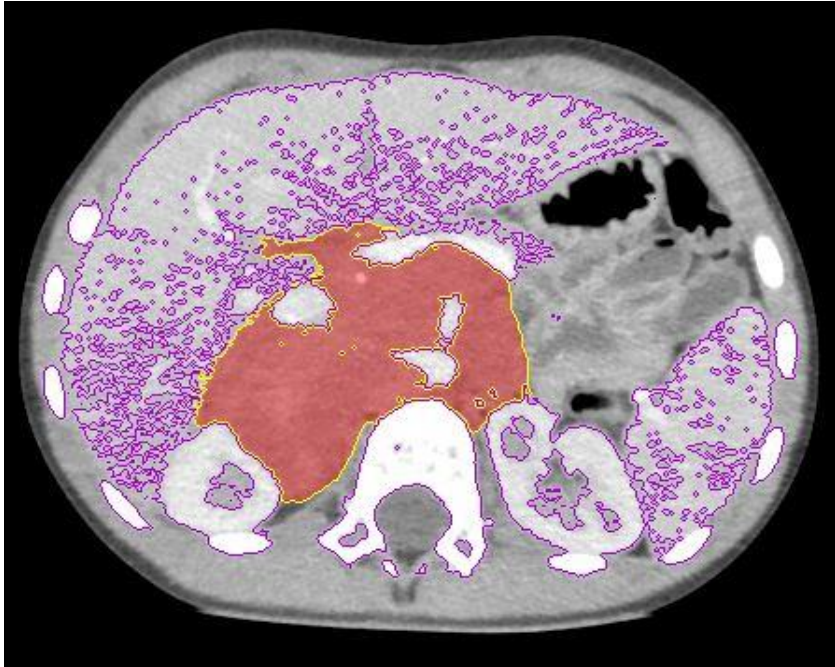
Source: CIM UPC

Definition (ISO/ASTM 52900:2015)

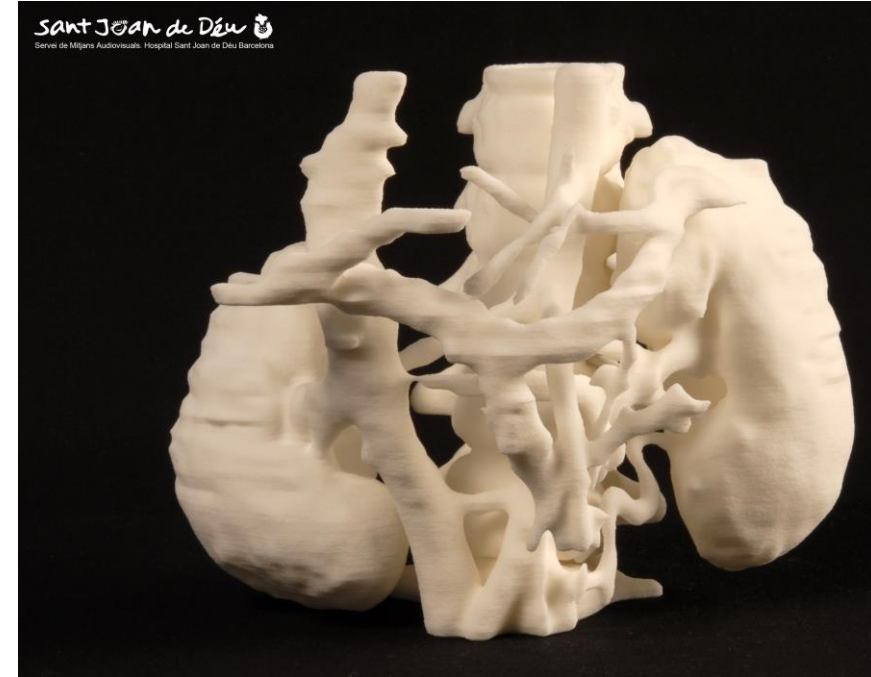
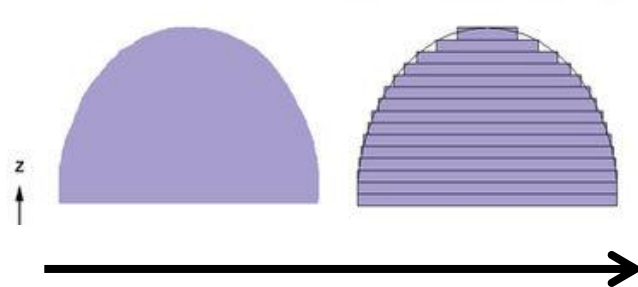
“Process of joining materials to make parts from 3D model data, usually layer upon layer, as opposed to subtractive manufacturing and formative manufacturing methodologies”

- Parts or assemblies with “impossible” geometries can be manufactured.
- Different materials can be added in a single part.
- Parts can be customized: unitary production

AM: El camí directe de les dades digitals a la realitat impresa



Source: CIM UPC / HSJD

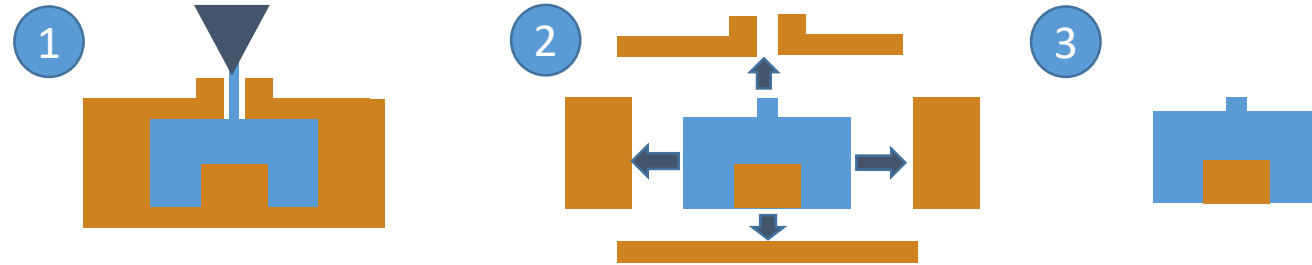


What 3D printing is?

- SUBTRACTIVE MANUFACTURING
- ADDITIVE MANUFACTURING
3D Printing

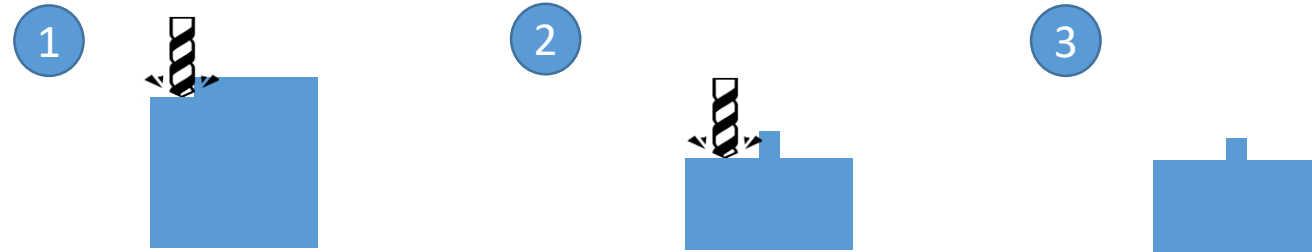


Injection moulding



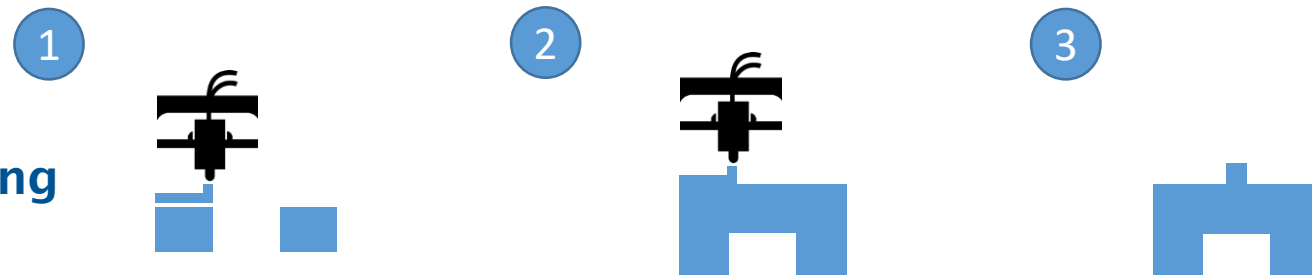
John Wesley Hyatt,
USA, 1872

CNC subtractive machining (Computer Numeric Control)

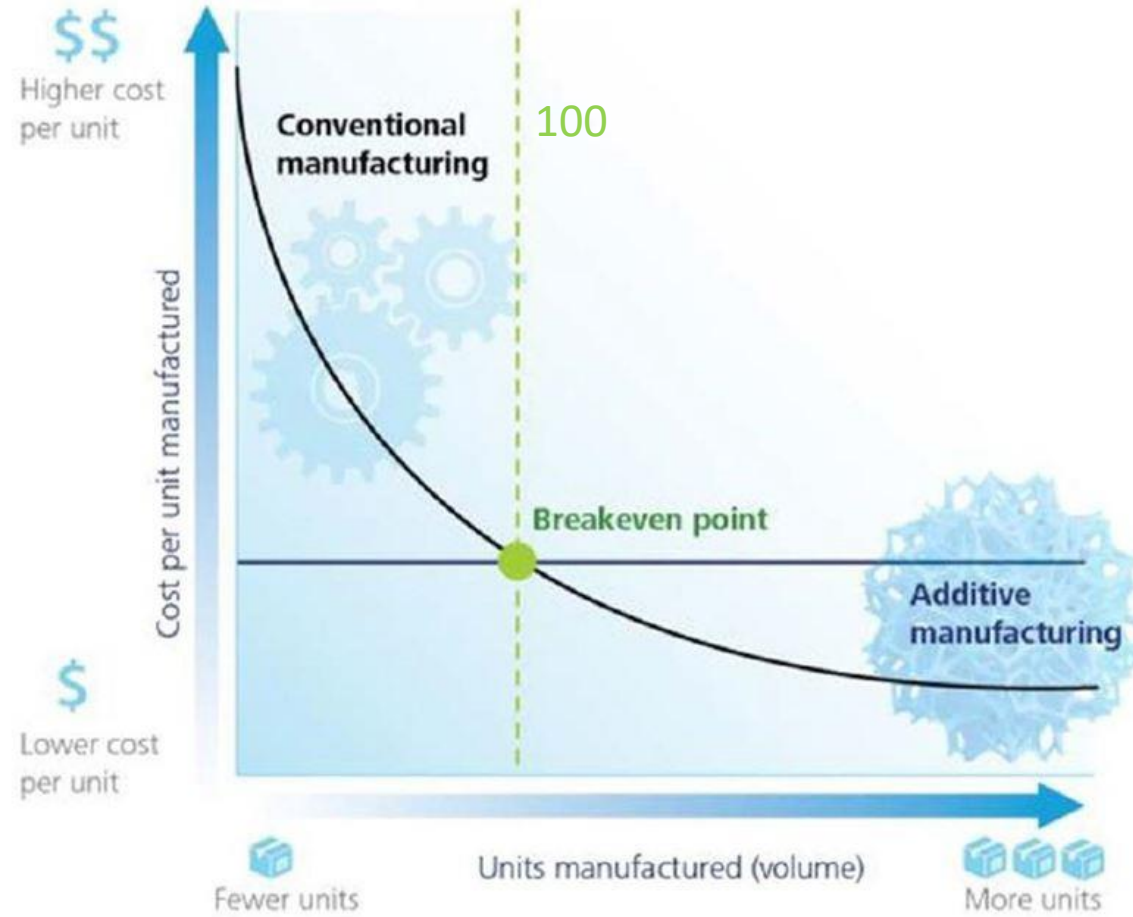


Richard Kegg + MIT,
USA, 1952

Additive Manufacturing



Hideo Kodama,
Japan, 1981

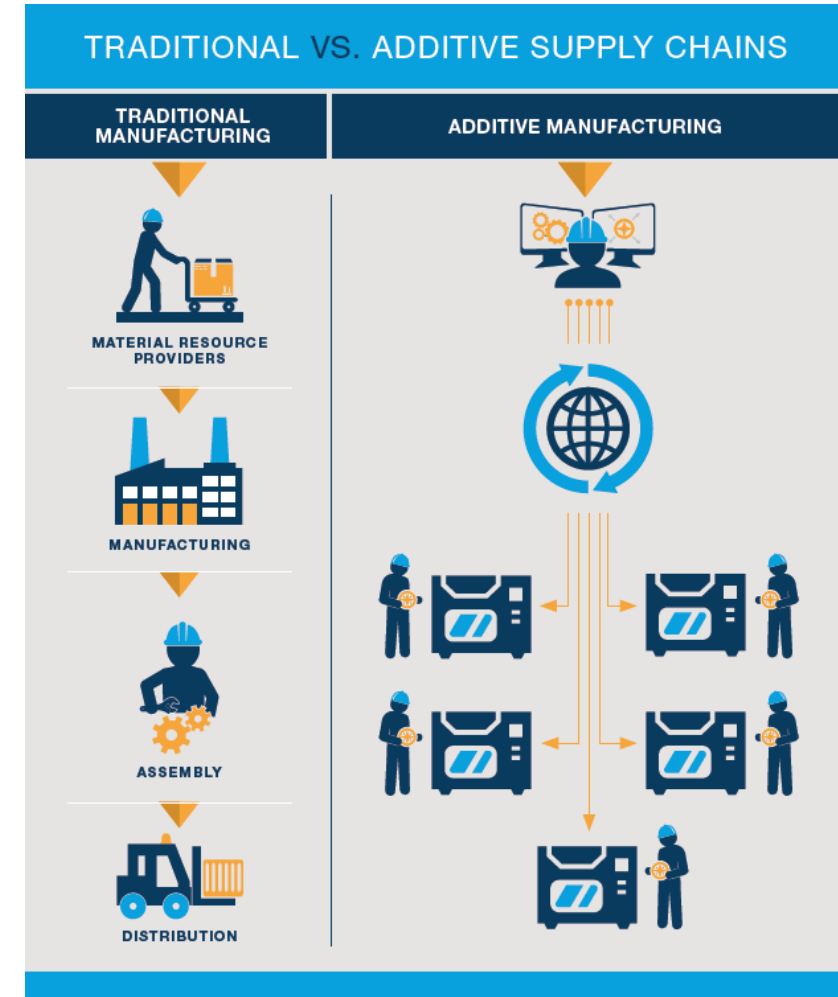


Graphic: Deloitte University Press | DUPress.com

Source: Stuart Trouton, Deloitte

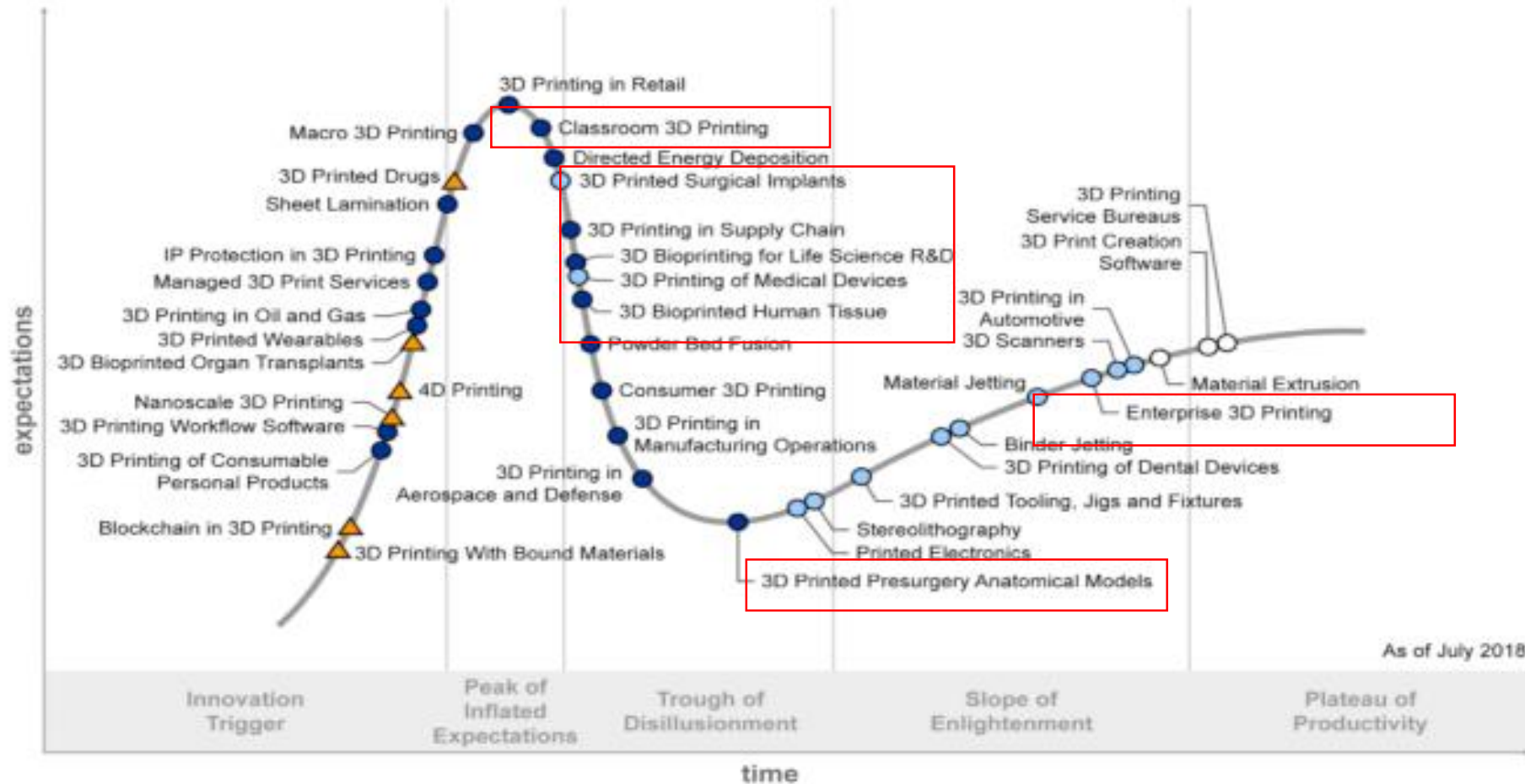
Functional differences Traditional vs AM

1. AM can be used to create complex geometries, even full functional assemblies.
2. Reduction of the steps of the process, going from the digital file to a final fully assembled product.
3. Cost-effective in small scale production.
4. **Decentralized production in the point of demand.**



Source: <https://proto3000.com/3d-printing/business-considerations-for-production-tooling-conversion-to-additive-manufacturing/>

MADURESA PRODUCTIVA DEL 3D

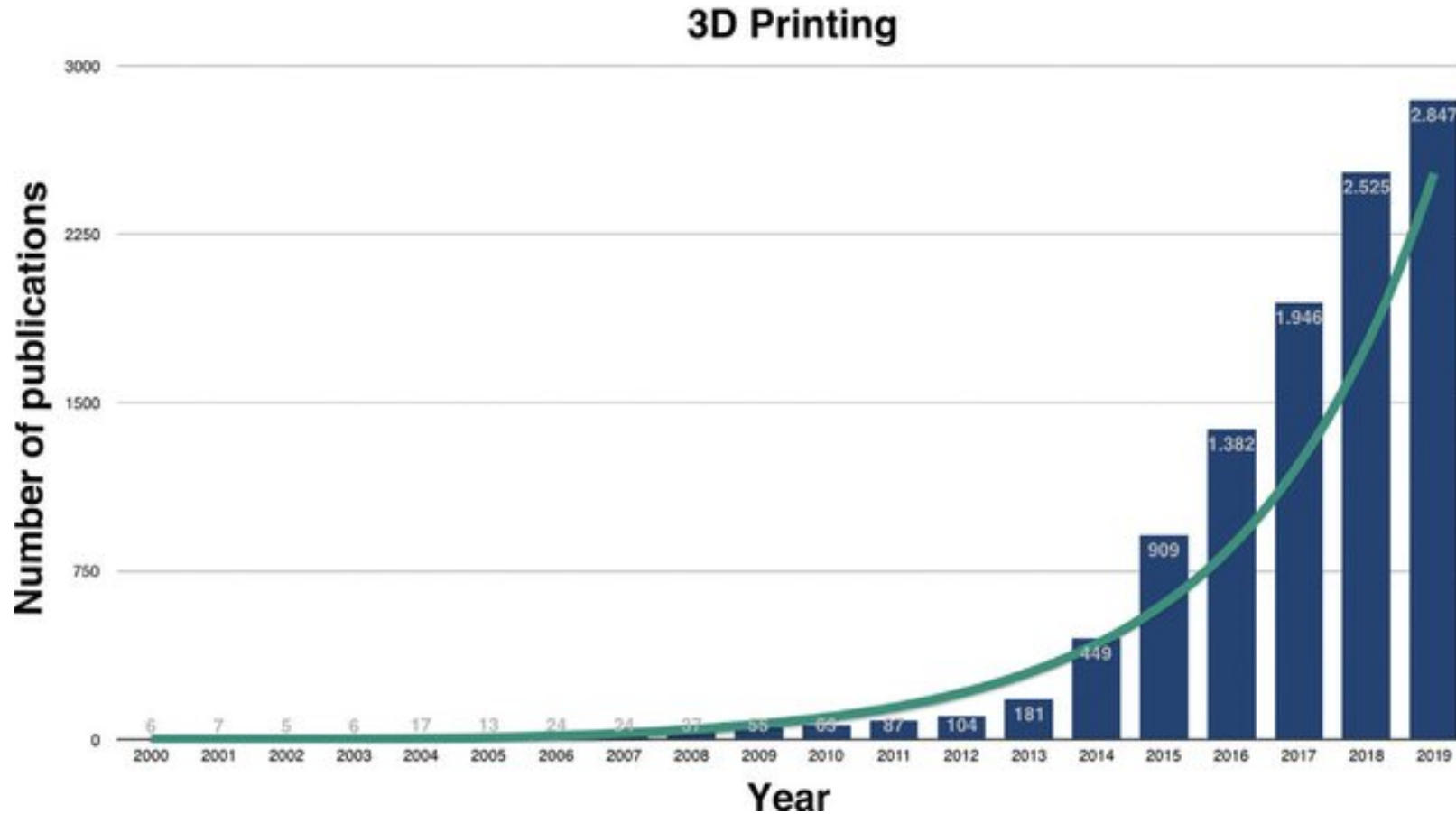


As of July 2018

Plateau will be reached:

- less than 2 years
- 2 to 5 years
- 5 to 10 years
- ▲ more than 10 years
- ⊗ obsolete before plateau

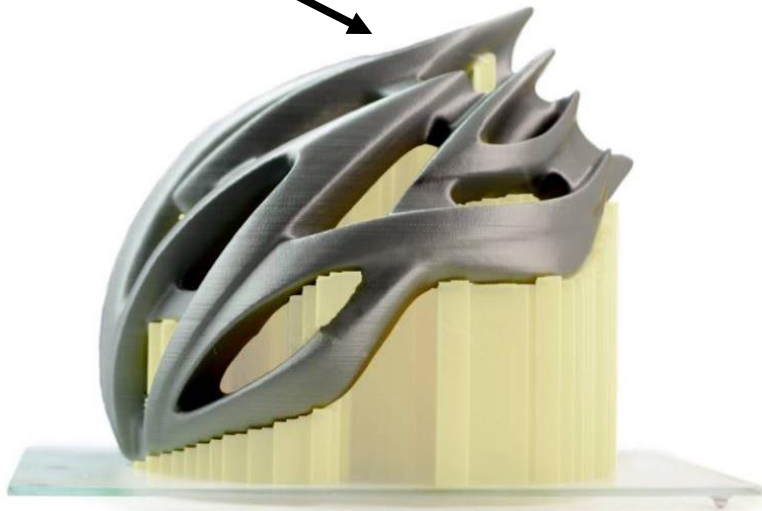
RECERCA DEL 3D EN SALUD



Nombre de publicacions de PubMed 3DP en medicina per any. Cerca: (impressió 3D O impressió 3D O fabricació additiva) I (assistència sanitària o hospitalització O assistència O medicaments).

Additive Manufacturing (AM), part of an industrial revolution

PROTOTYPE



Source: BCN3D Technologies

FINAL PART



Source: Under Armour & EOS



Amsterdam's Red Light District.

19 July 2021

A 12-metre 3D-printed stainless steel pedestrian bridge designed by [Joris Laarman](#) and built by Dutch robotics company [MX3D](#) has opened in [Amsterdam](#) six years after the project was launched.

Photo is by Adriaan de Groot



MX3D-Metal 3D-printing 6 axis robot

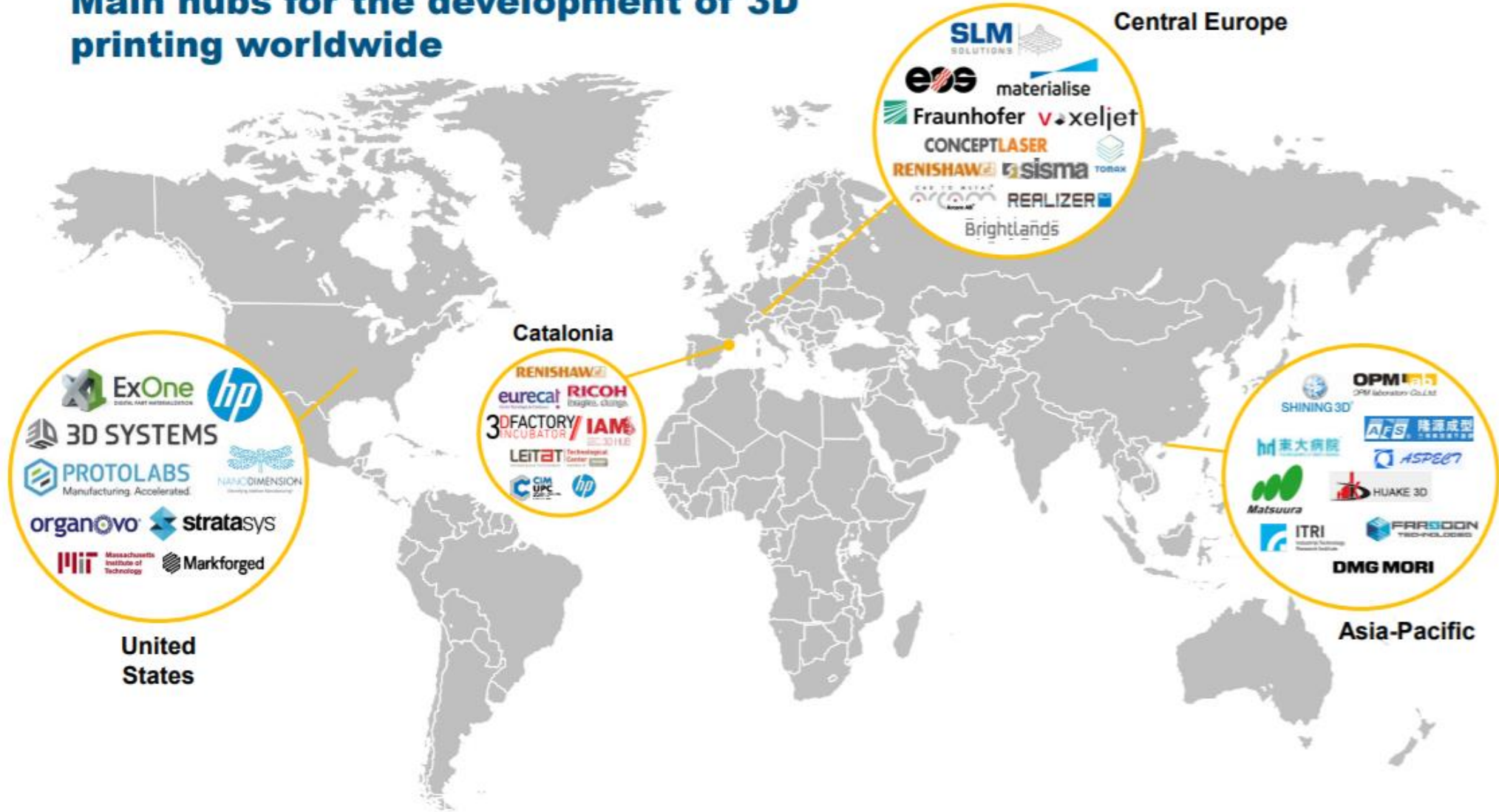


Business Insider - Joris Laarman

**I COM ESTÀ LA INDUSTRIA DE LA FABRICACIÓ
ADDITIVA AL MÓN?**

I CATALUNYA?

Main hubs for the development of 3D printing worldwide



3D printing ecosystem companies in Catalonia

Partially illustrative

Technology providers

Software

Logos for software providers: **alma**, **materialise**, **captae**

Materials

Logos for materials providers: **Ercros**, **Lubrizol**, **mimetis**, **Dow**, **ONYRIO**, **Dan*no**, **ELIX**, **TRC**

Manufacturing of 3D printers

Logos for 3D printer manufacturers: **RENISHAW**, **hp**, **BCN3D**, **RICOH**, **Fabber**, **EPSON**, **Roland**, **ARBURG**, **naturalrobotics**

Manufacturing of 3D parts

Logos for 3D part manufacturers: **FAE**, **Polifluor**, **JABIL**, **emes3d**, **N**, **ENNO MAQ**, **BALENTEC**, **Addwerk**, **PANTUR**, **DIGITAL FACTORY**, **DIGICREATE**, **AUDIOTON**, **Ineo**, **HOFMANN**, **WES3D**, **ARRK**, **Qeceleni**, **3DU**

3D part finishing

Logos for 3D part finishing: **ATOTECH**, **CONIEX**, **RÖSLER**, **GPAINNOVA**, **JOSEP MUNTAL**, **MECOS**

Main application

Demand

Logos for demand: **casals**, **TECNITOYS**, **MAHLE**, **SEAT**, **ALSTOM**, **FOOD INK.**, **LafargeHolcim**, **FCC**, **REHAU**, **ELISAVA**, **GAES**, **AVINENT**, **Vall d'Hebron**, **TOUS**

Service providers

Makers fablab and business models

Logos for makers and business models: **ZETOFF**, **formbytes**, **NOVA MEAT**, **FAB.LAB**, **Flubetech**, **BDN Lab**, **ASCIL**, **liq**, **WARE**, **XKELET**, **BonaDrone**, **Z-R**, **PodoTec3d**, **TINKERERS**, **BHS30**, **Tractivus**, **ATENEU DE FABRICACIÓ**, **M()B**

Engineering, consulting and certification

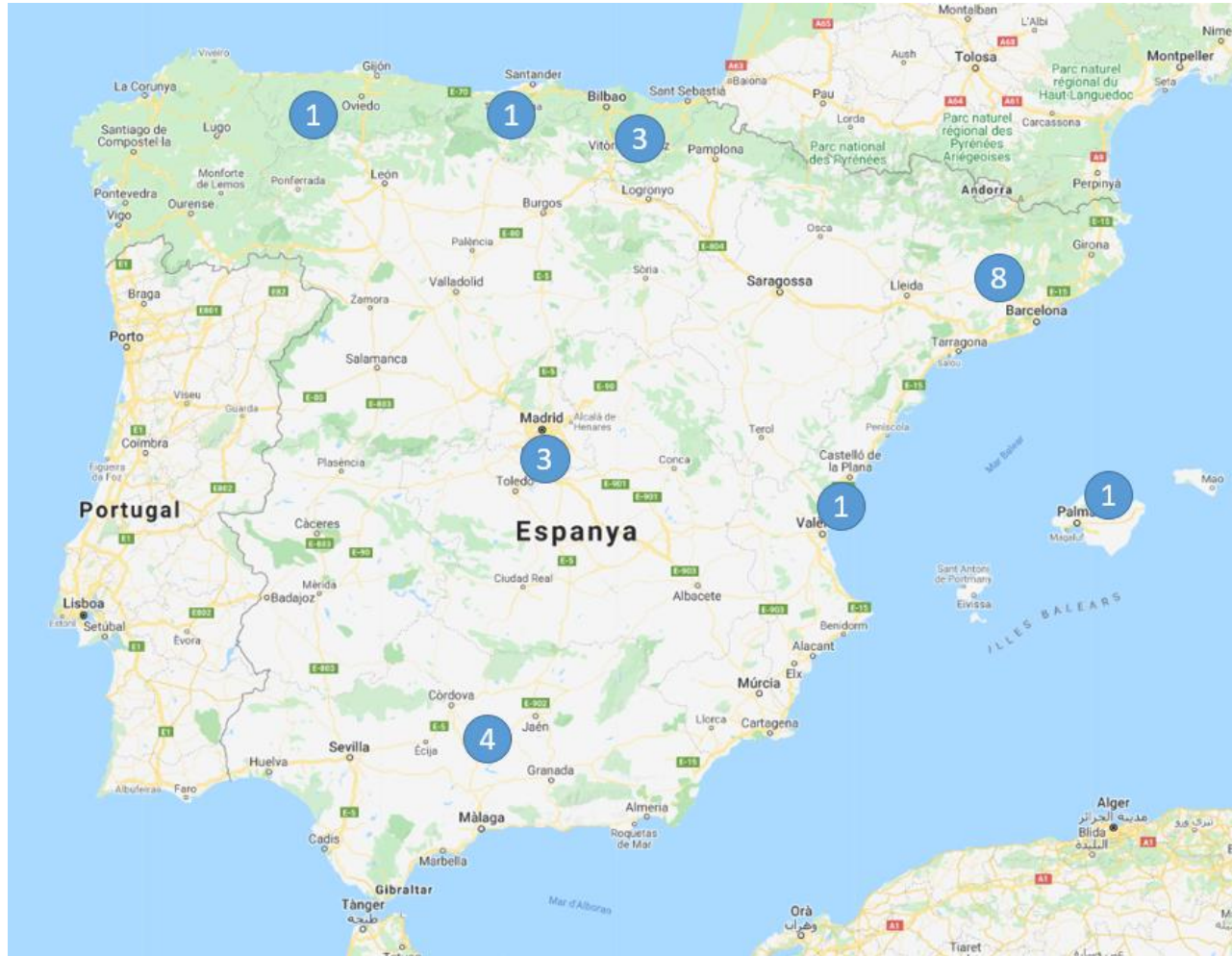
Logos for engineering and consulting: **3Dvisual**, **INTECH3D**, **INTEGRAL 3D PRINTING**, **Color Sensing**, **Applus**, **Prometal3D**, **CATALOG INDUSTRY**, **Archimedes**, **TRES D**, **VOXELMATERIALS**, **OXOLUTIA**, **3DU**, **AVINENT**, **SMART ENGINEERING**, **GIBBAU LAB**, **drukatt**

Distribution services

Logos for distribution services: **cosedal**, **MAQUINER**, **3DSpider**, **3DZ**, **TRISLAND**, **STM**, **AsorCAD**, **eos SOLIDPERFL3D**, **R2 3D**, **TRES D**, **Join3d**, **AGFA**, **MASTERTEC**, **COMHER**, **intermather**, **ADVANCED MANUFACTURING**, **CENTROTÉCNICA**

Source: EIC (DGI-ACCIÓ).

3D HOSPITALARIA A CATALUNYA I ESPANYA



Source: Estudi efectuat en el marc del grup de treball en Fabricació Aditiva en Salut de ITEMAS

PRINCIPALS TECNOLOGIES DE FABRICACIÓ ADDITIVA I LES SEVES APLICACIONS

ADDITIVE MANUFACTURING TECHNOLOGIES



Find out more at www.3dhubs.com/what-is-3d-printing

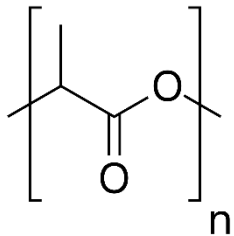
Additive Manufacturing Materials

Polymers

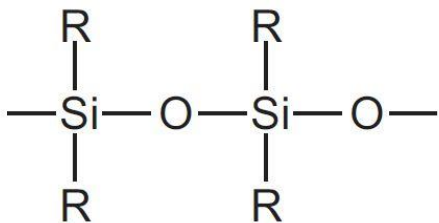
Thermopolymers

Photosensible resins

- PLA (polylactic acid)



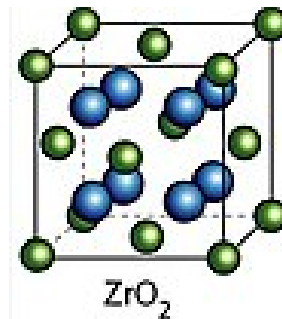
Silicones and hydrogels



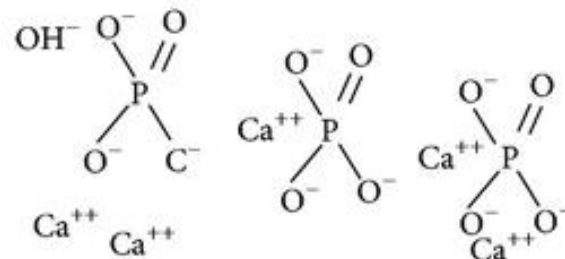
Ceramics

Zirconia

(Zirconium dioxide, ZrO₂)

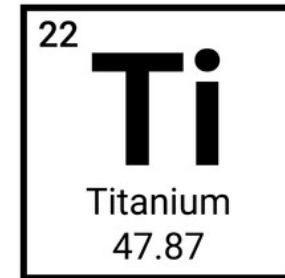


Hydroxyapatite (HA)



Metals

Titanium



Cobalt-chromium alloy

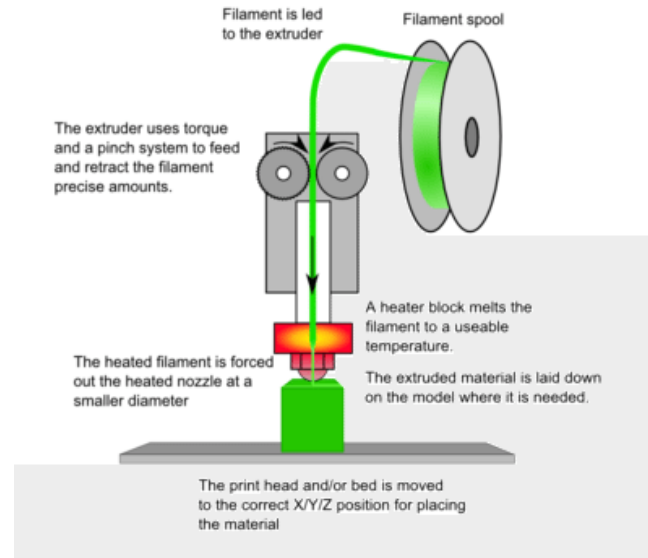


Material extrusion of filaments (FDM/FFF)

Definition:

Extrusion-based printing is a 3D printing technique in which 3D structures are built by melting thermoplastic material out of a nozzle onto a build platform layer-by-layer.

The typical example is Fused Filament Fabrication (FFF).



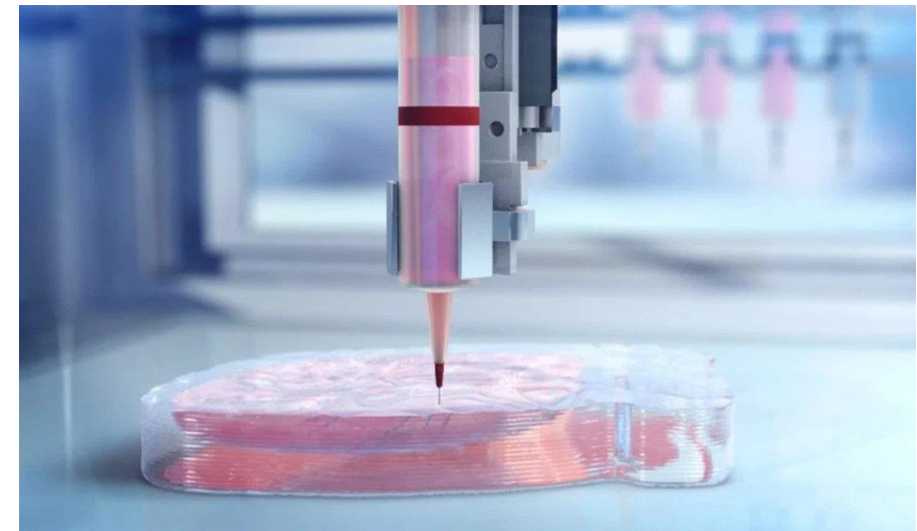
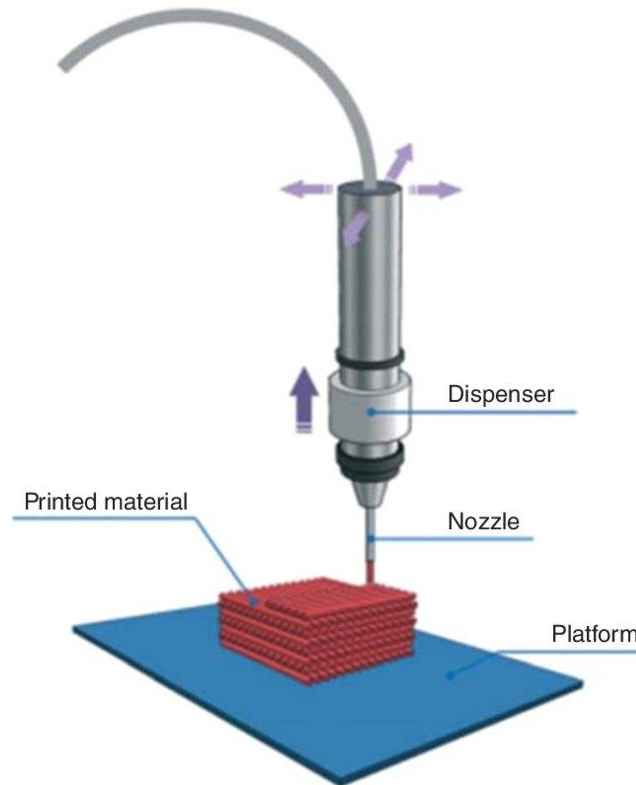
Source: Desktop FFF technology CIM UPC - HSJD

Material extrusion by Robocasting (DIW)

Definition:

It is an additive manufacturing technology based on the direct extrusion of slurry-based materials. Syringes are commonly used as extruder system.

This method is known as Robocasting or Direct Ink Writing (DIW).



Source: all3dp.com

Source: Scopigno et al. 2017

Food Ink placed in La Boscana, Catalonia

Tecnologia: DIW





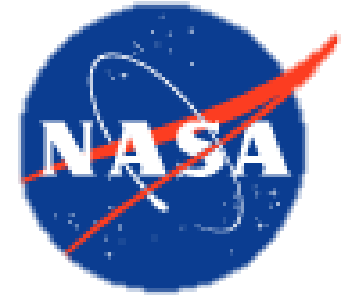
10 houses in just one day

\$5000 per house



Oct 1, 2020

NASA Looks to Advance 3D Printing Construction Systems for the Moon and Mars

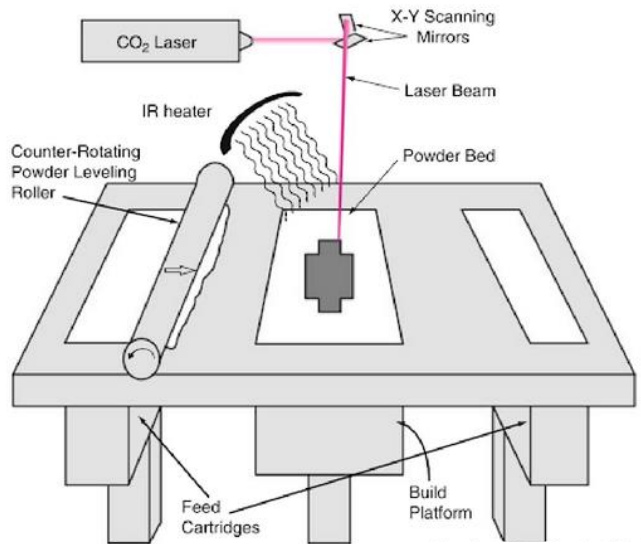


Powder Bed Fusion (PBF) for plastic parts

Definition:

Powder Bed Fusion (PBF) for plastic parts is an additive manufacturing technique which creates 3D objects layer by layer from thermopolymeric powdered materials with heat source.

The most common technology is also known as Selective Laser Sintering (SLS), where a CO₂ laser beam is used.



Source: Schematic of Selective Laser Sintering (Gibson, Rosen, & Stucker, 2010)



Source: CIM UPC / RICOH



Source:
<https://www.3erp.com/3d-print-changing-automotive-industry/>
https://www.prodways.com/en/industrial_segment/automotive/

Tecnologia: PBF



Finnair's A320 aircraft



Materialise produced

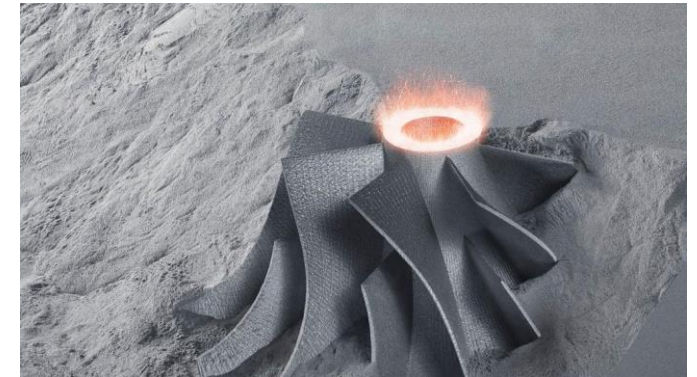
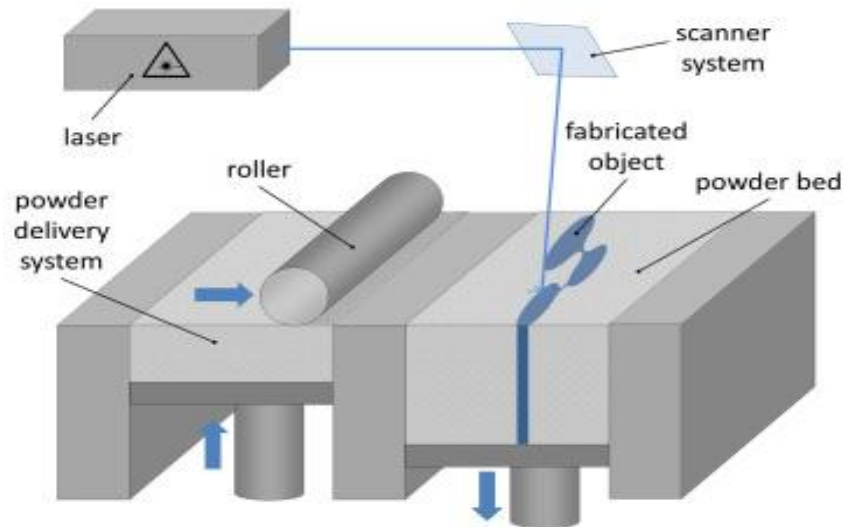
Powder Bed Fusion (PBF) for metal parts

Definition:

Powder Bed Fusion (PBF) for metal parts is also used with metallic powders to form very strong parts, and it has been commonly used to obtain very demanding parts, as for example customized artificial knees and ankles.

It is also known as Selective Laser Melting (SLM).

A laser or an electron beam is used as an energy source.



An air craft peace and a implant part made by metal PBF. Source: 3DNatives and Renishaw



Source: Formula F1
[Renishaw](#)



Source: Ring Jewelry
[Romanoff West](#)



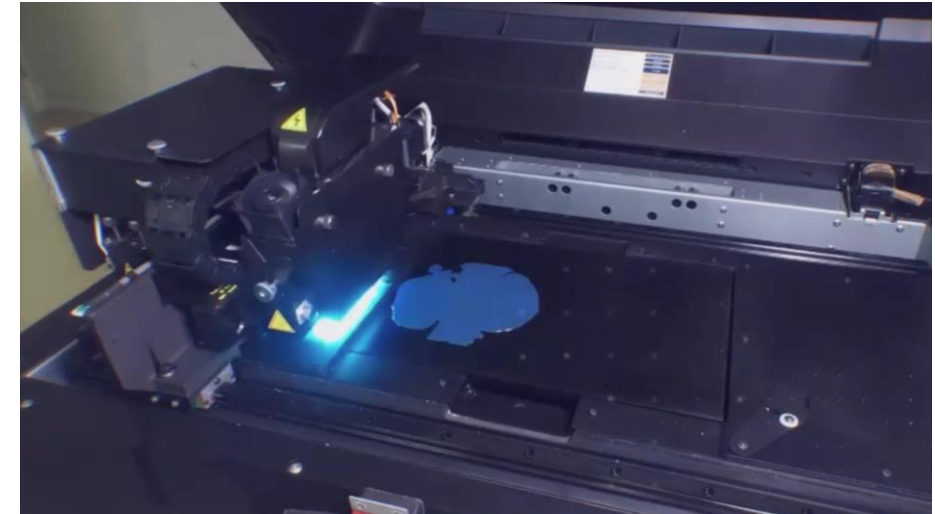
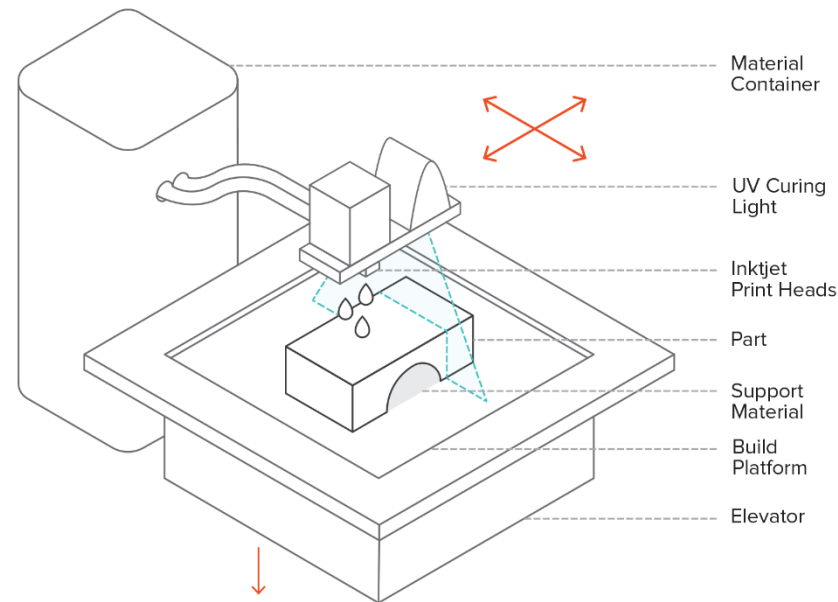
Source: 3DP Dress
<http://imprimalia3d.com>

Tecnologia: PBF per metals | PBF amb PA11

Material jetting by Jetted Photopolymer

Definition:

Selective deposition of a mixture of photopolymer material, in drops on a platform. This allows to create layers in a single pass for curing and solidification by UV light.



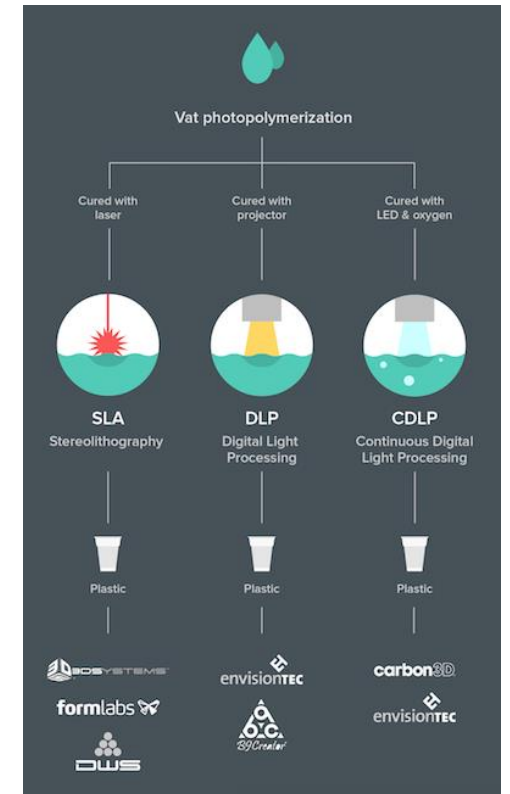
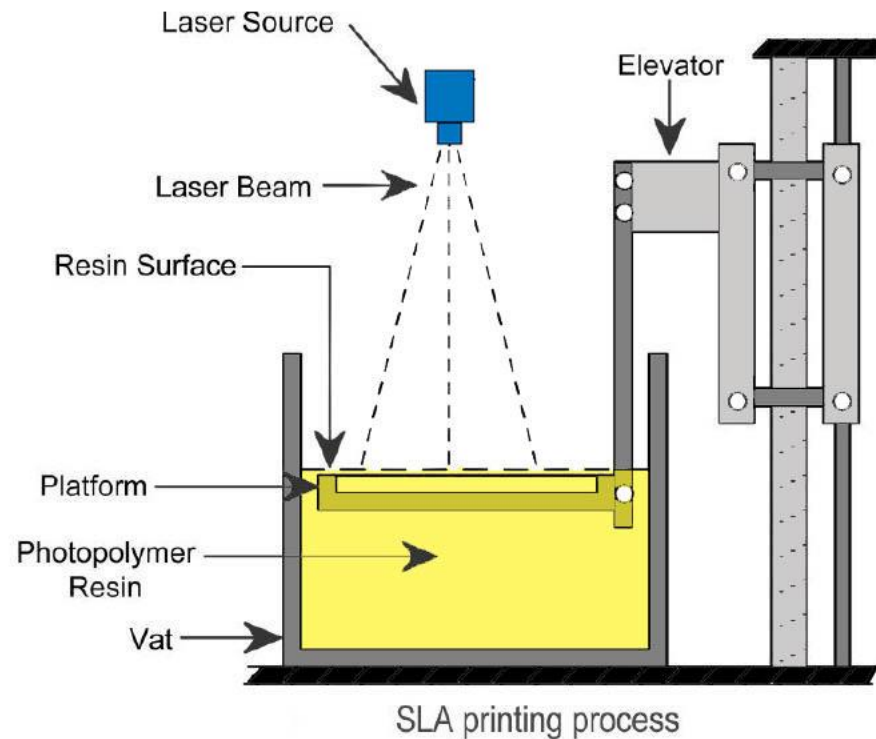
Source: HSJD

Vat-photopolymerization

Definition:

It is an additive manufacturing method that uses a UV light (laser, DLP, LCD...) technology which is based on the spatially controlled solidification of a liquid resin by photo-polymerization.

The typical example is Stereolithography (SLA), where the energy source is a laser and the platform moves downwards into the vat. But there other strategies: **platform moving upwards and source energy below the platform.**



Source: SLA and DLP Process <https://www.engineersgarage.com/>



SCAN

Ear Impression
+ Desktop Scan
or
In-Ear Scan

DESIGN

3D Model
Edit the STL file
to final form

MANUFACTURE

3D Print
Wash + Post-Cure

Silicone Cast
Cast final material into
3D printed ear mold

POST-PROCESS

Final Product
Finish + Coat

LA PLANIFICACIÓ 3D I LES SEVES APLICACIONS EN SALUT (EXEMPLES PRÀCTICS)

APLICACIONES DEL 3D EN SALUD



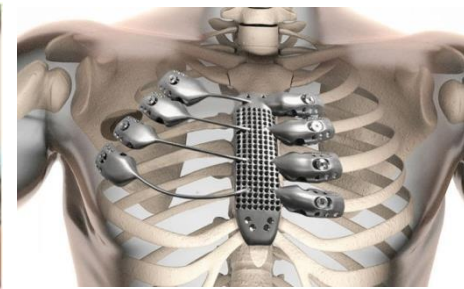
SURGERY PLANNING



EDUCATION



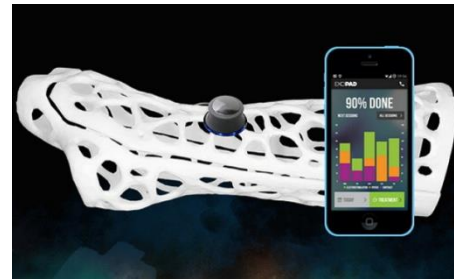
PROSTHETICS



IMPLANTS



MEDICAL TOOLS AND DEVICES



SPLINTS



BIO-PRINTING



MEDICATION

APLICACIONES DEL 3D EN SALUD



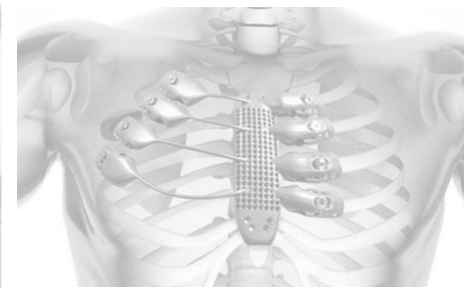
SURGERY PLANNING



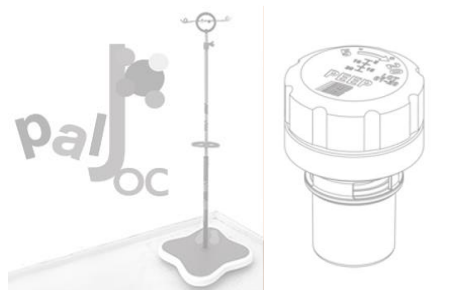
EDUCATION



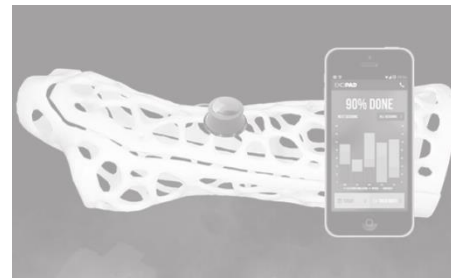
PROSTHETICS



IMPLANTS



MEDICAL TOOLS AND DEVICES



SPLINTS

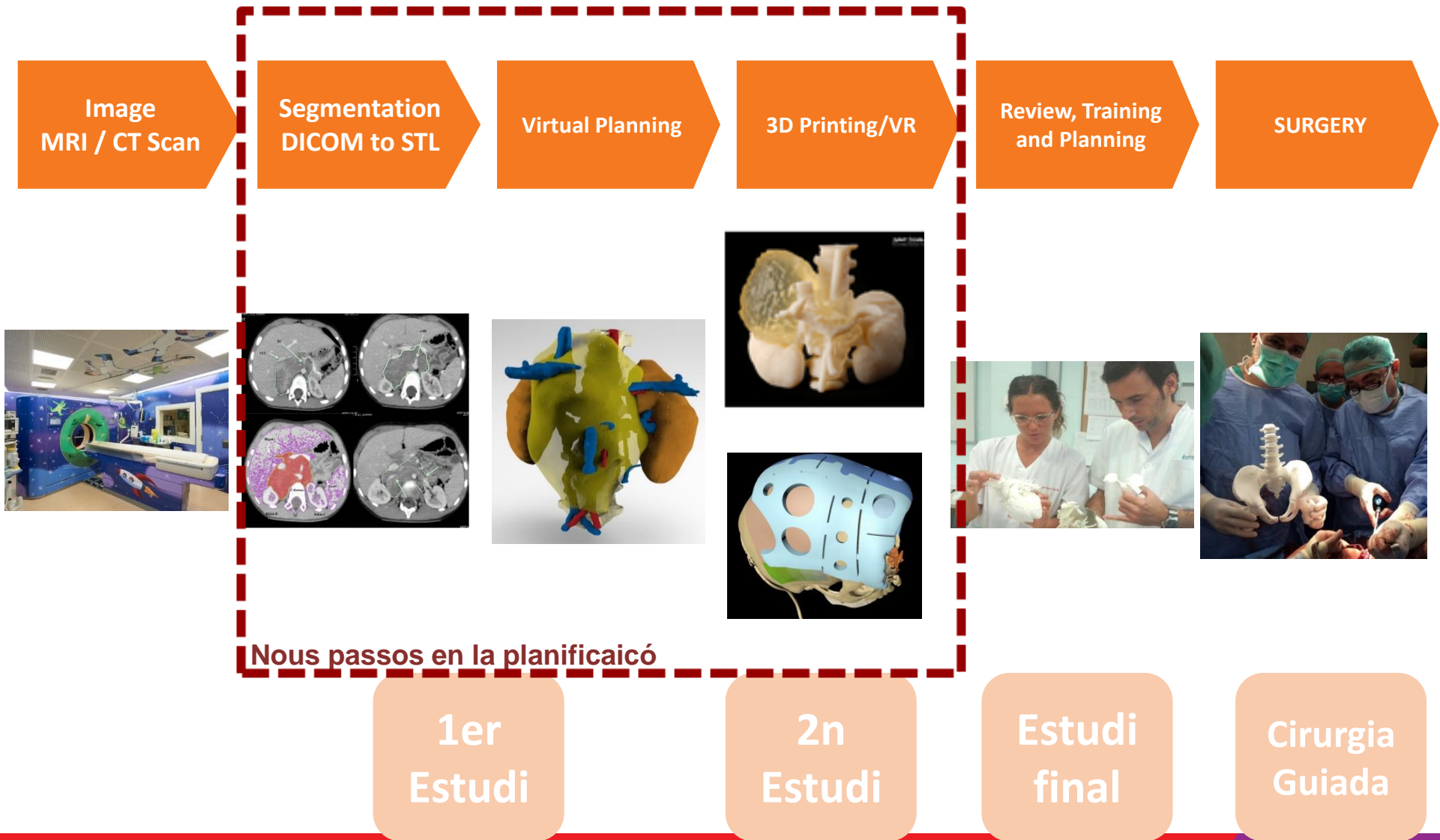


BIO-PRINTING



MEDICATION

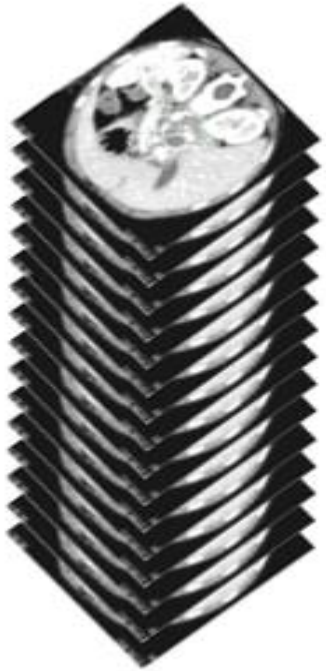
NOU PROCÉS DE PLANIFICACIÓ QUIRÚRGICA



SEGMENTACIÓ (DICOM a STL)

DICOM

(Digital Imaging and Communications in Medicine)



1 mm a 10 mm de gruix

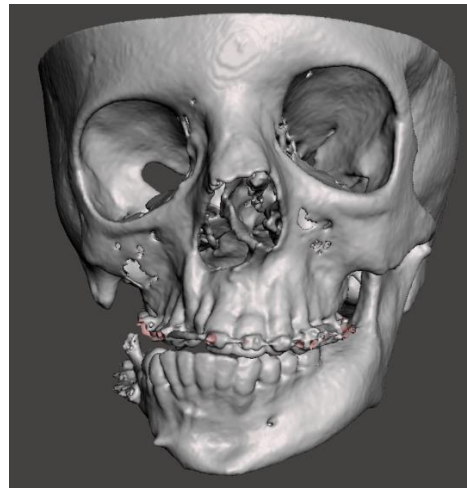
Volume Rendering



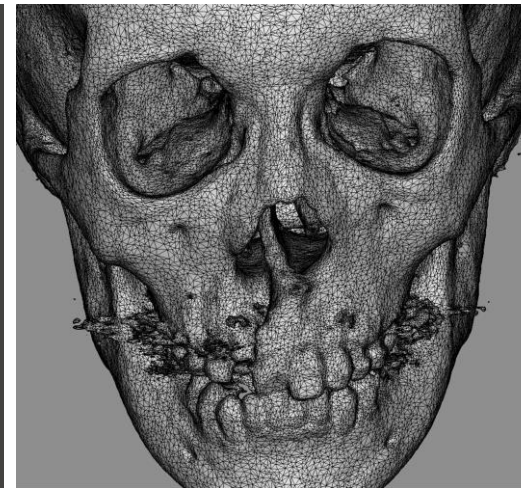
STL File

(Standard Triangle Language)

Surface Model



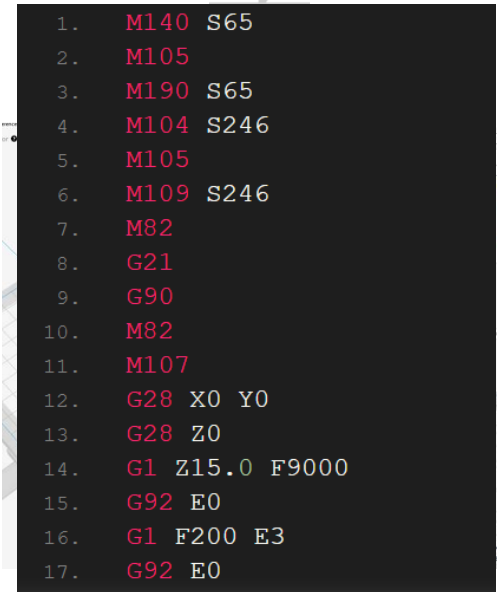
Triangulated surface



G-code

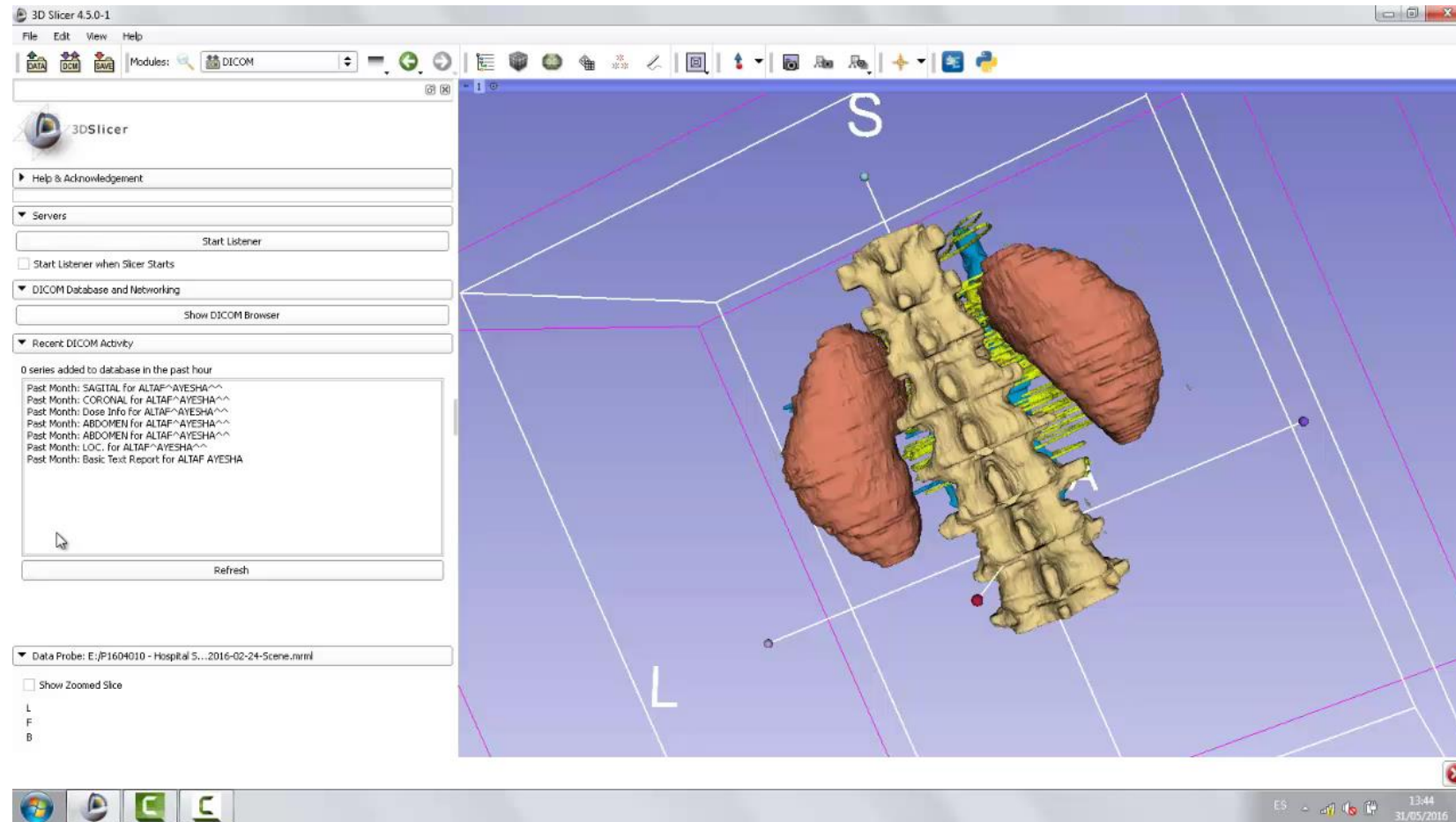
(RS-274, G language)

Codes for slicing print

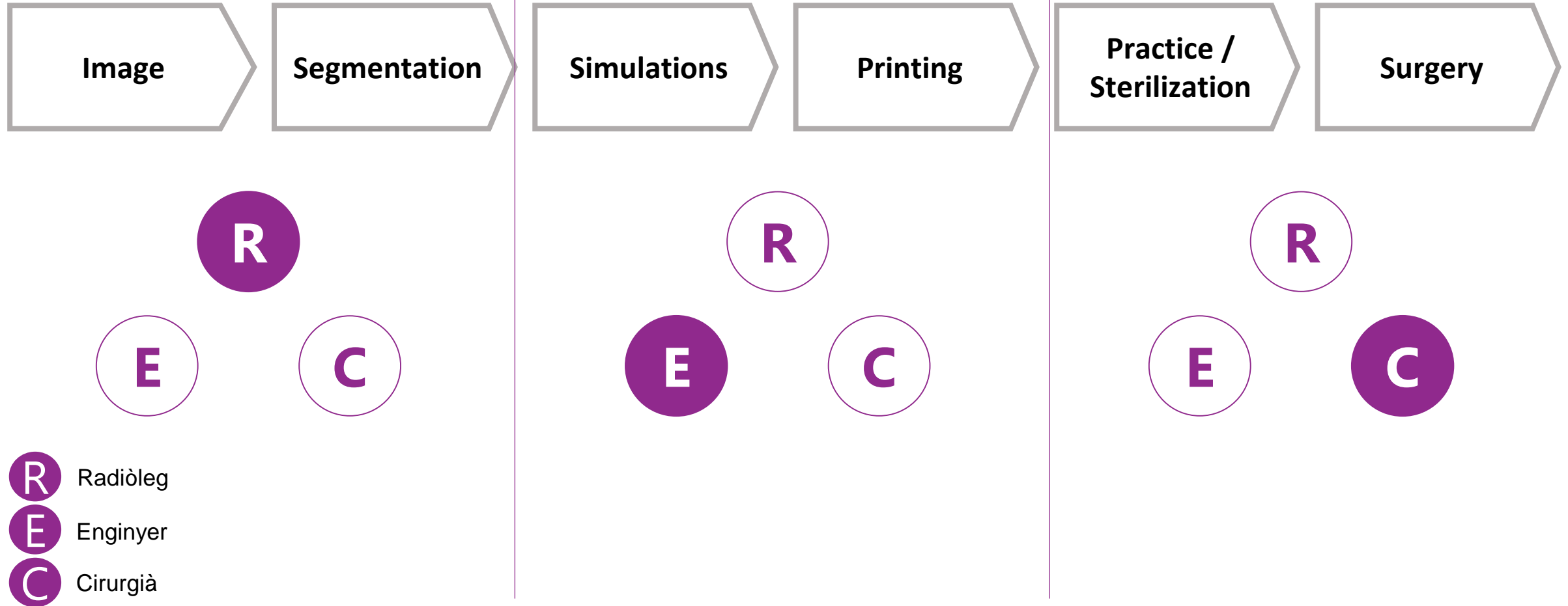


0.025 mm a 0.3 mm de gruix

SIMULACIÓ CAD (Computed Aided Design)



NOUS PERFILS PROFESSIONALS



APLICACIONS A CIRURGIA

MODEL ANATÒMIC

No invasiu, educatiu
- Class I -



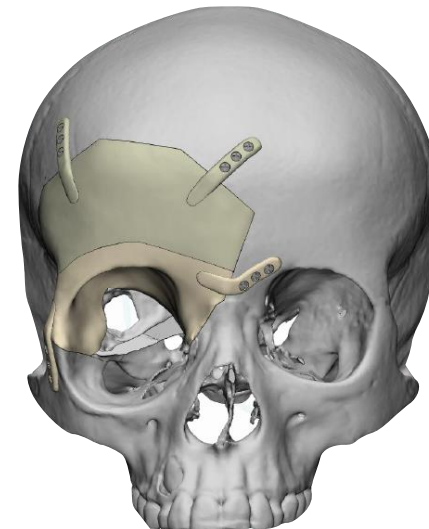
EINES QUIRÚRGIQUES

Invasiu quirúrgicament:
ús transitori
- Class II a,b -



IMPLANTS RECONSTRUCTIUS

invasiu quirúrgicament:
ús prolongat
- Class III -



BIOIMPRESSIÓ REGENERATIVA

Biomaterials i cèl·lules
vives
- Class III -



CASOS EXEMPLE

MAXILOFACIAL
SURGERY



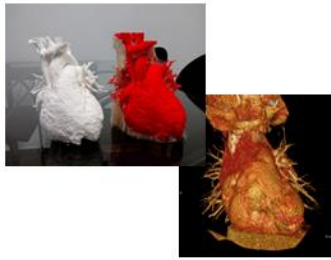
ORTOPEDIC AND
TRAUMA SURGERY



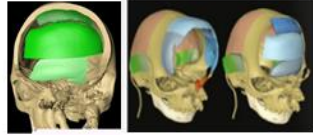
ONCOLOGICAL
SURGERY



CARDIAC
SURGERY



NEURO-SURGERY



PLASTIC
SURGERY



DENTAL
APPLICATIONS



FETAL
SURGERY



3D4H
3D for Health



Arnau Valls
INNOVATION & ENG.



Dr. Lucas Krauel
SURGERY



Dr. Josep Rubio
MAXILLOFACIAL
SURGERY



Dr. Josep Munuera
RADIOLOGY



Marta Ayats
BIOMEDICAL ENG.



Dr. José Mª Quintilla
TEACHING
SIMULATION



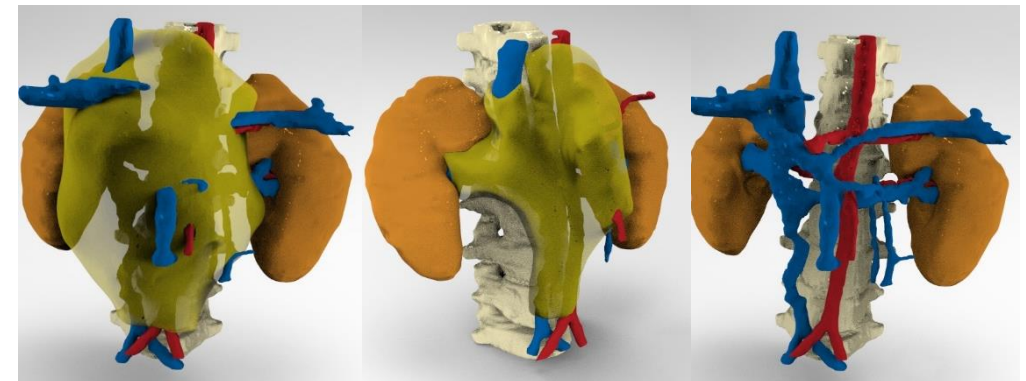
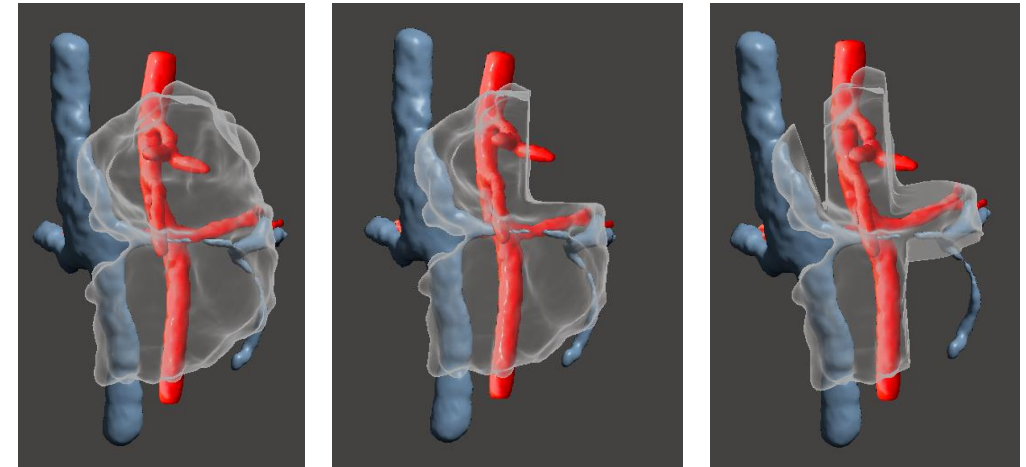
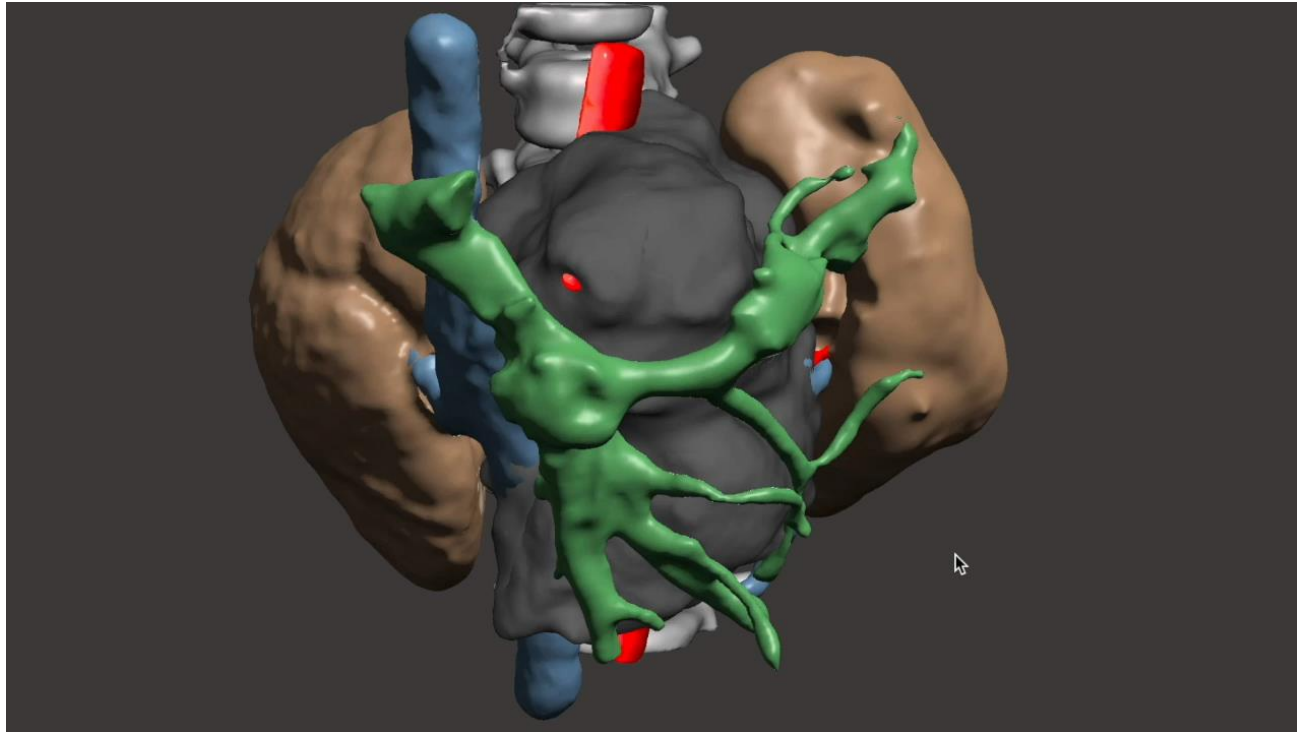
Carmen de la Gala
TEACHING
SIMULATION



Marta Millet
ECONOMY AND
FINANCE

Simulació virtual

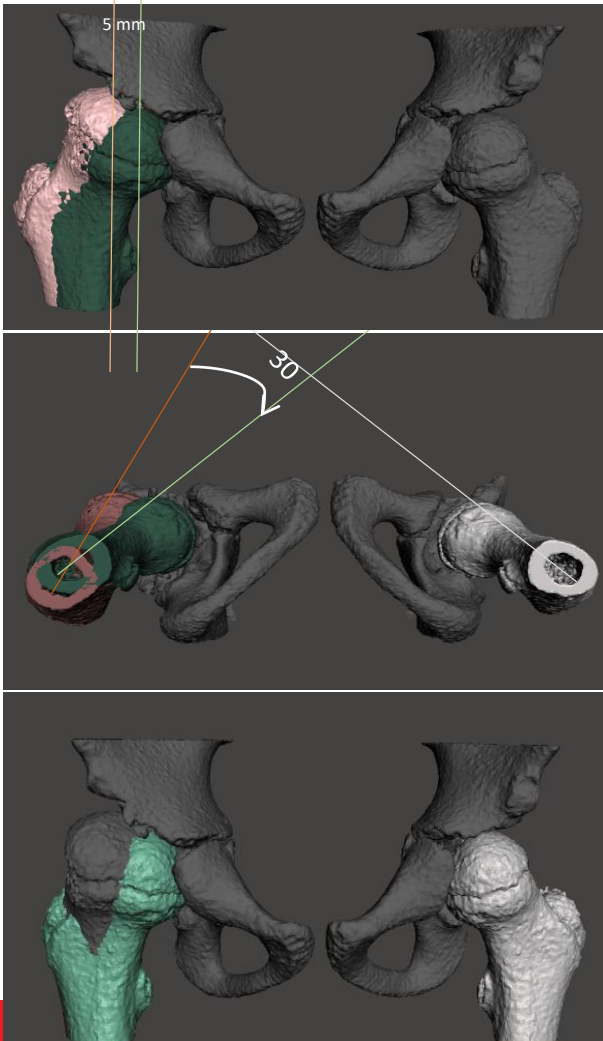
Cirurgia Oncològica *Ex. Neuroblastoma*



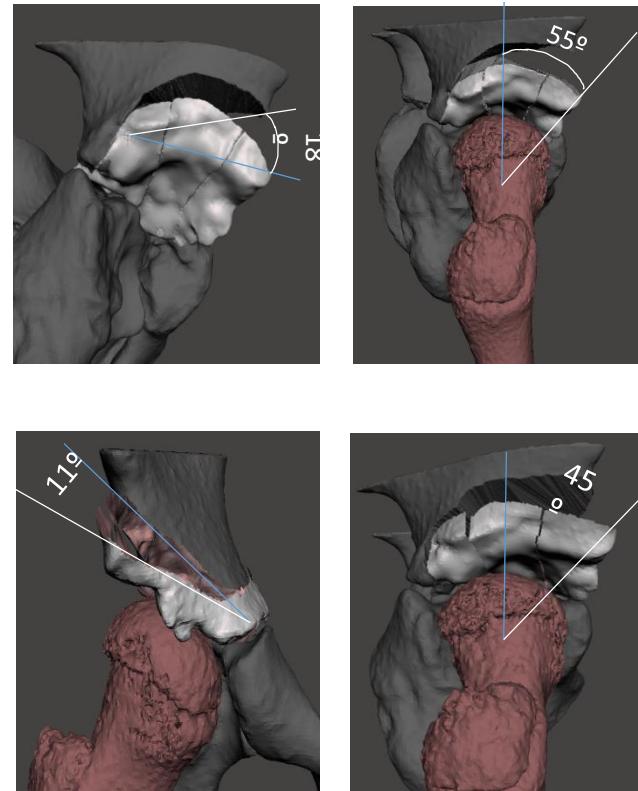
- Càlcul del volum de resecció
- Simulació de diferents escenaris
- Anàlisi de la imatge 3D

Predir i Protocolitzar: Estandarditzar processos quirúrgics

Càlculs de posicionament / Simetries



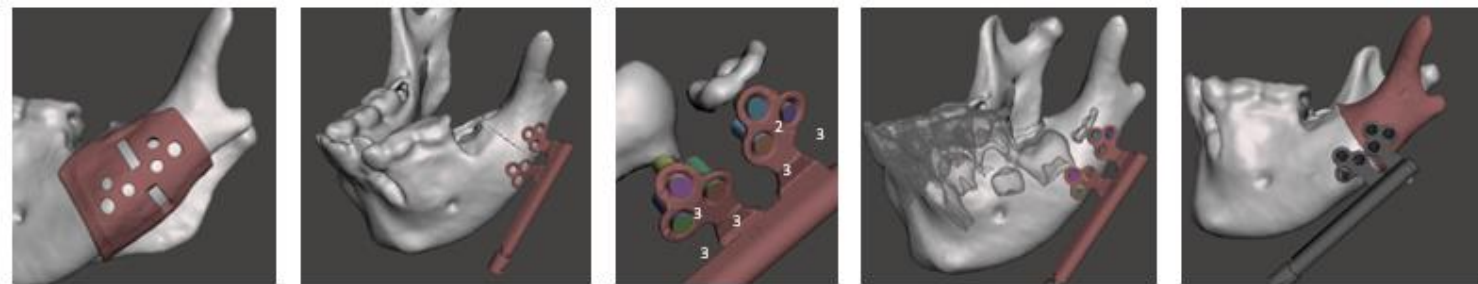
Simulació abordatges

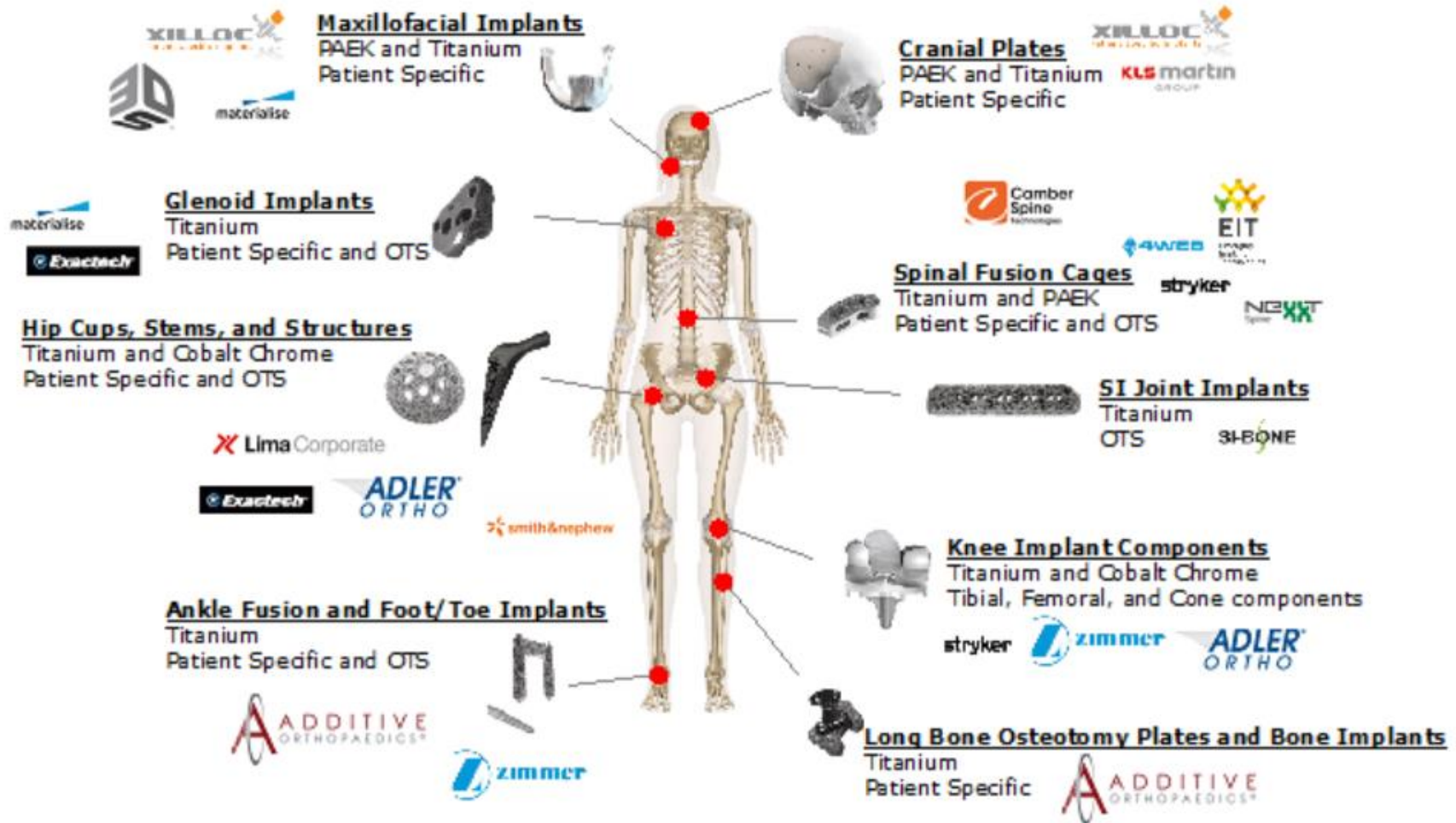


Guiatge



Guiar i minimitzar complicacions: *Guies de Tall / Guies de Posicionament*



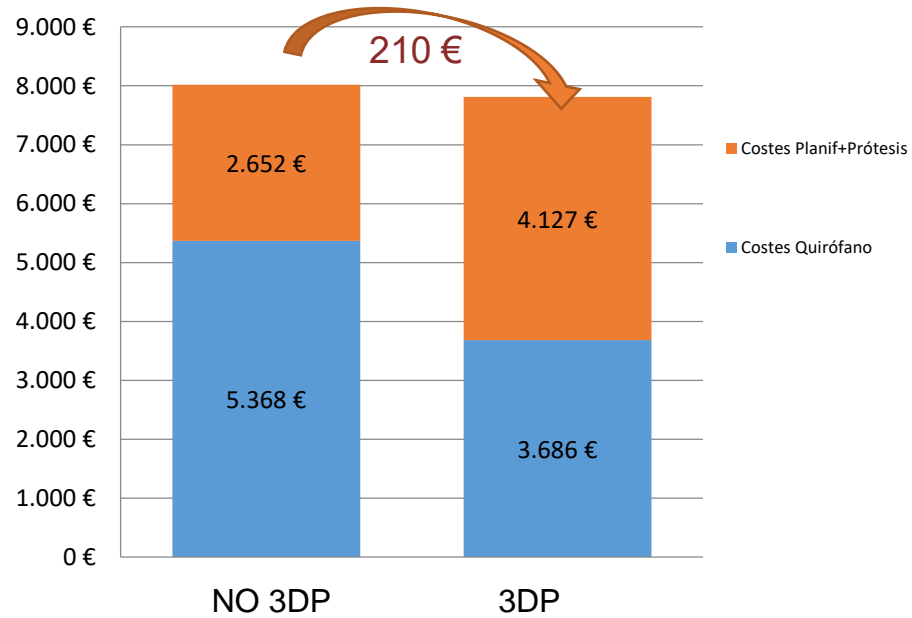


IMPACTE

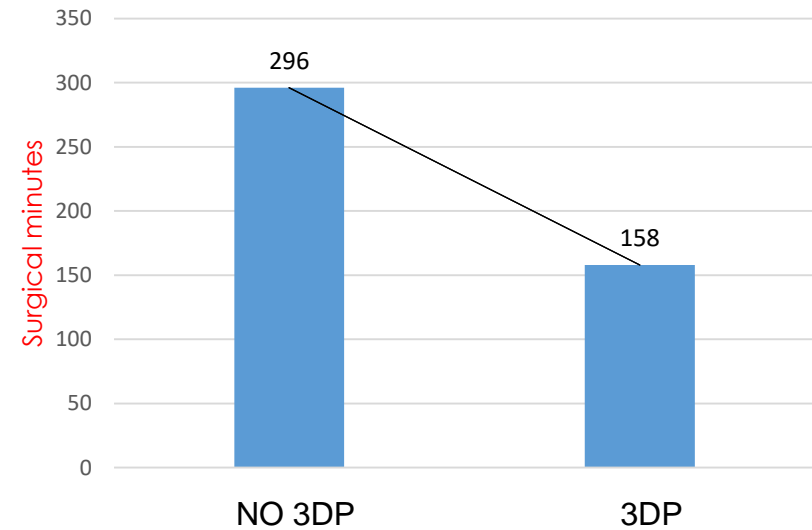
< 30%
Reducció cost
procés global

30%
Reducció del
temps global

Costs surgery of a mandibular distraction with and without 3D planning



Surgical times
mandibular distraction



BENEFICIS

1. SEGURETAT

- Temps de anestèsia i isquèmia
- Simulació i pràctica prèvia amb tots sentits: Reducció de complicacions

2. EFICIÈNCIA I EFICÀCIA

- Reducció en el temps de intervenció
- Reducció de costos

3. MILLORA EN ELS RESULTATS/ QUALITAT

- Precisió en l'abordatge
- Reducció en reintervencions

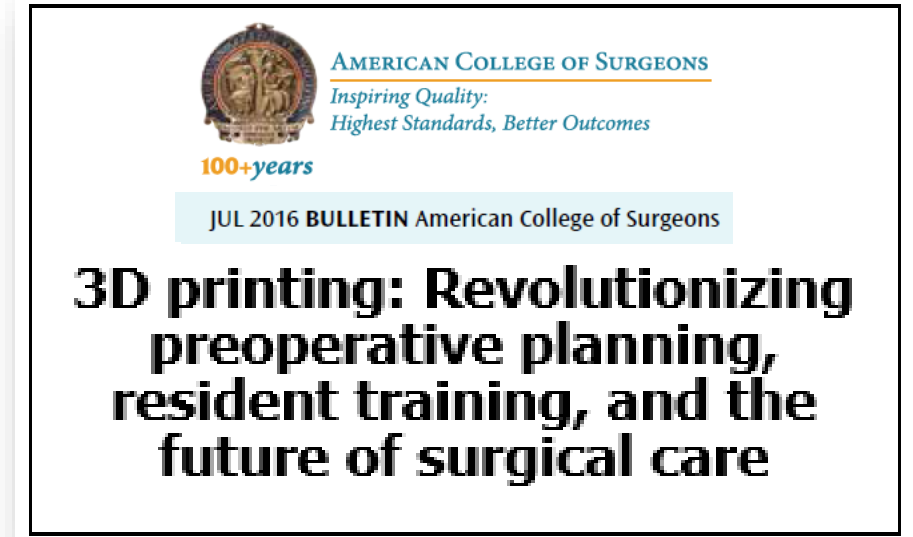


Table 2 Reported impact of medical 3D printing on operation room time

		Count	Average (in min)	Standard deviation
Cranial surgery	Custom implant	4	-69.16	92.62
<i>Cranial surgery</i>	<i>Custom implant</i>	3	-15.81	7.74
Maxillofacial surgery	Model for implant shaping	1	-42	
Cerebrovascular	Model for surgery planning	1	-30	
Maxillofacial surgery	Model for surgery planning	5	-5.8	78.52
<i>Maxillofacial surgery</i>	<i>Model for surgery planning</i>	4	-43.5	24.52
Orthopedics hip	Model for surgery planning	2	0.75	6.75
Spinal surgery	Model for surgery planning	2	-45.5	17.5
Maxillofacial surgery	Surgical guide	6	-60.33	61.85
Orthopedics ankle	Surgical guide	1	-12	
Orthopedics hip	Surgical guide	4	-0.025	5.72
Orthopedics knee	Surgical guide	20	-6.73	13.68

Italic text outlier correction (outlier defined as study with a highly different outcome compared to the average of the remaining studies within the group)

MDR – NOVA REGULACIÓ



Technical Considerations for Additive Manufactured Medical Devices

Guidance for Industry and Food and Drug Administration Staff

Document issued on December 5, 2017.

The draft of this document was issued on May 10, 2016.

For questions about this document regarding CDRH-regulated devices, contact the Division of Applied Mechanics at (301) 796-2501, the Division of Orthopedic Devices at (301) 796-5650, or Matthew Di Prima, Ph.D. at (301) 796-2507 or by email matthew.diprima@fda.hhs.gov. For questions about this document regarding CBER-regulated devices, contact the Office of Communication, Outreach, and Development (OCOD) at 1-800-835-4709 or 240-402-8010.

FDA U.S. FOOD & DRUG ADMINISTRATION
U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Center for Biologics Evaluation and Research

5.5.2017 13 Diario Oficial de la Unión Europea L 117/1

I
(Actos legislativos)

REGLAMENTOS

REGLAMENTO (UE) 2017/745 DEL PARLAMENTO EUROPEO Y DEL CONSEJO de 5 de abril de 2017

sobre los productos sanitarios, por el que se modifican la Directiva 2001/83/CE, el Reglamento (CE) n.º 178/2002 y el Reglamento (CE) n.º 1223/2009 y por el que se derogan las Directivas 90/183/CEE y 93/42/CEE del Consejo

(Texto pertinente a efectos del EEE)

EL PARLAMENTO EUROPEO Y EL CONSEJO DE LA UNIÓN EUROPEA,

Visto el Tratado de Funcionamiento de la Unión Europea y, en particular, su artículo 114 y su artículo 168, apartado 4, letra c),

Vista la propuesta de la Comisión Europea,

Prevía transmisión del proyecto de acto legislativo a los Parlamentos nacionales,

Visto el dictamen del Comité Económico y Social Europeo (1),

Prevía consulta al Comité de las Regiones,

De conformidad con el procedimiento legislativo ordinario (2),

Considerando lo siguiente:

(1) La Directiva 90/183/CEE del Consejo (3) y la Directiva 93/42/CEE del Consejo (4) constituyen el marco regulador de la Unión para los productos sanitarios distintos de los productos sanitarios para diagnóstico *in vitro*. No obstante, es necesario revisar a fondo dichas Directivas para establecer un marco normativo sólido, transparente, previsible y sostenible para los productos sanitarios, que garantice un elevado nivel de seguridad y de protección de la salud, apoyando al mismo tiempo la innovación.

(2) El presente Reglamento tiene por objeto garantizar el buen funcionamiento del mercado interior por lo que se refiere a los productos sanitarios, tomando como base un elevado nivel de protección de la salud de pacientes y usuarios y teniendo en cuenta los intereses de las pequeñas y medianas empresas que desarrollan sus actividades en este sector. Al mismo tiempo, el presente Reglamento fija normas elevadas de calidad y seguridad para los productos sanitarios con objeto de responder a las preocupaciones comunes de seguridad que plantean. Ambos objetivos se persiguen simultánea e indisolublemente, y revisten la misma importancia. Por lo que se refiere al artículo 114 del Tratado de Funcionamiento de la Unión Europea (TFUE), el presente Reglamento armoniza las normas aplicables a la introducción en el mercado y la puesta en servicio en la Unión de productos sanitarios y

(1) Dictamen de 14 de febrero de 2013 (DO C 133 de 8.5.2013, p. 52).
(2) Posición del Parlamento Europeo de 2 de abril de 2014 (no publicada aún en el Diario Oficial) y Posición del Consejo en primera lectura de 7 de marzo de 2017 (no publicada aún en el Diario Oficial).
(3) Directiva 90/183/CEE del Consejo, de 29 de junio de 1990, relativa a la aproximación de las legislaciones de los Estados Miembros sobre los productos sanitarios implantables activos (DO L 189 de 20.7.1990, p. 17).
(4) Directiva 93/42/CEE del Consejo, de 14 de junio de 1993, relativa a los productos sanitarios (DO L 169 de 12.7.1993, p. 1).



APLICACIONES DEL 3D EN SALUD



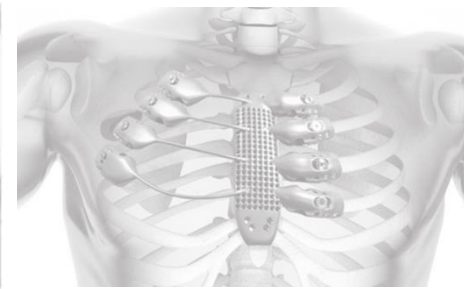
SURGERY PLANNING



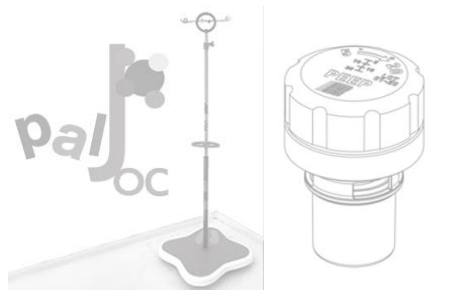
EDUCATION



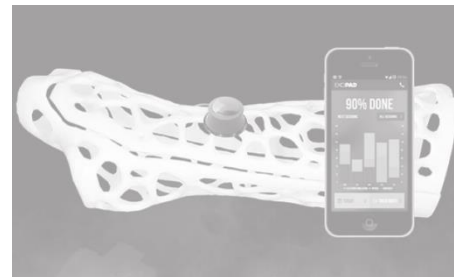
PROSTHETICS



IMPLANTS



MEDICAL TOOLS AND DEVICES



SPLINTS

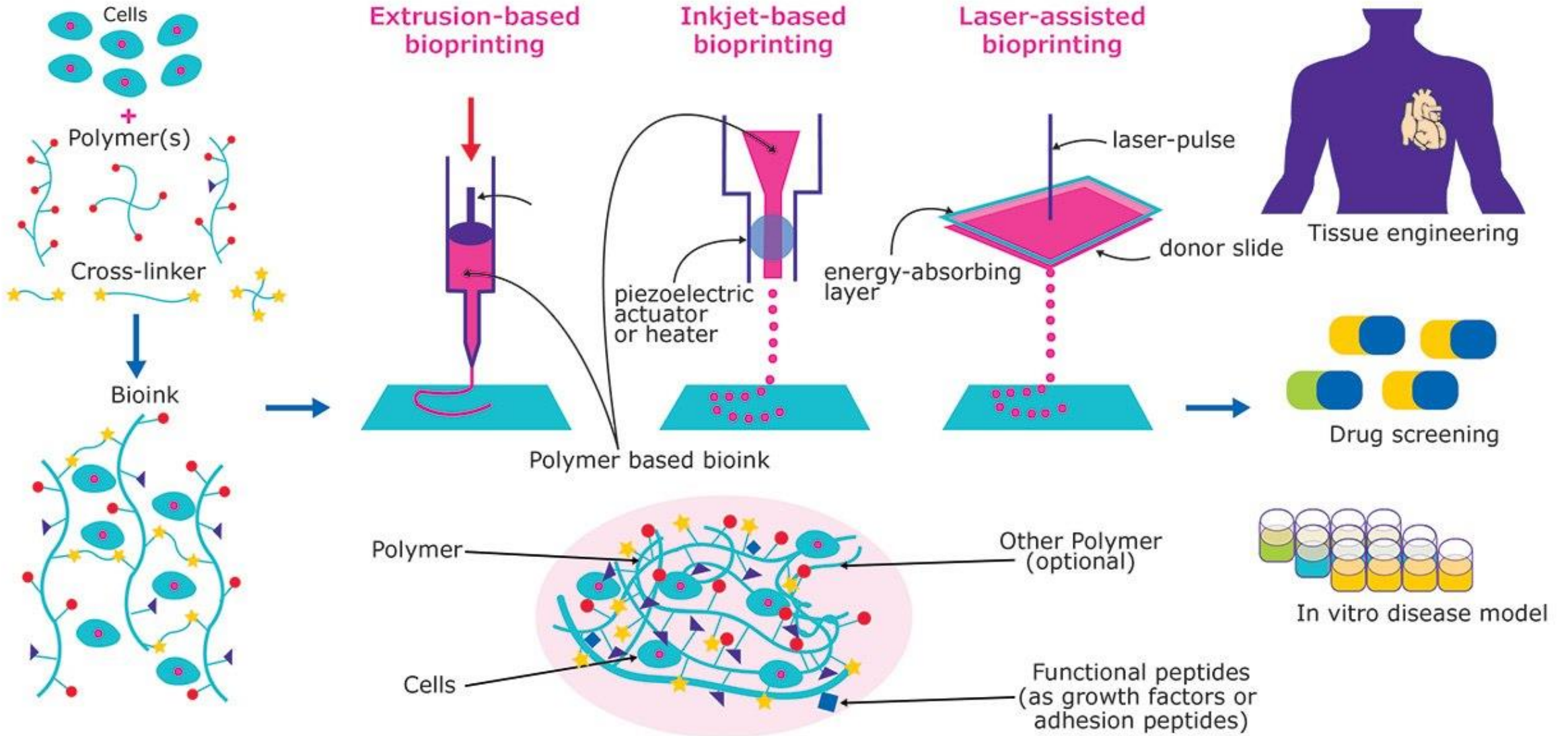


BIO-PRINTING



MEDICATION

Printing Process: Material extrusion (DIW): 3D Bioprinting

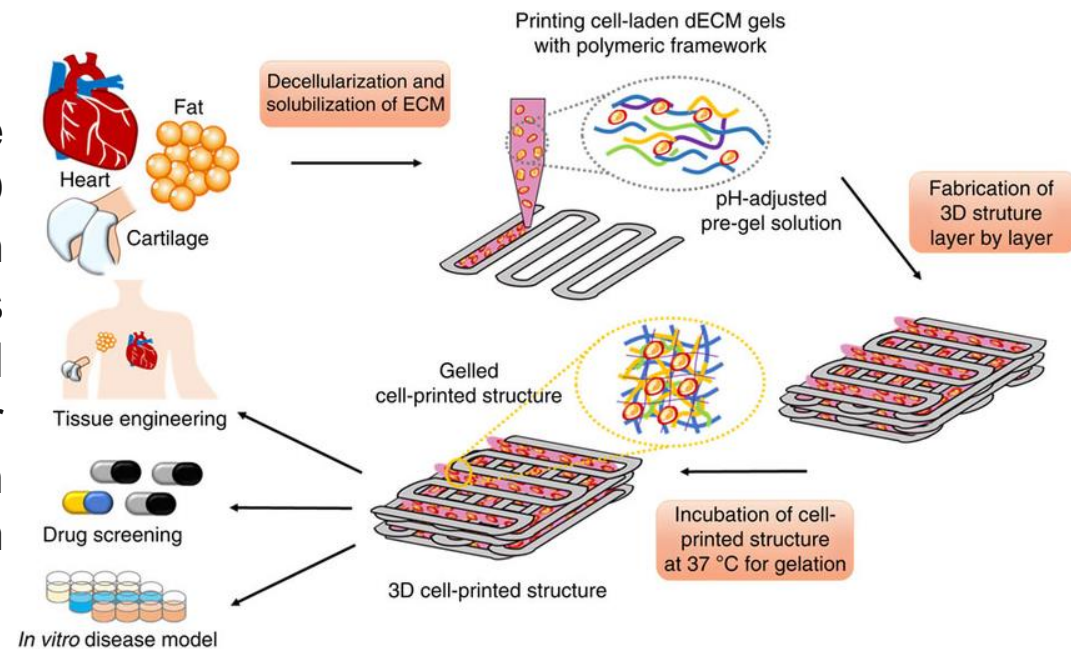


Printing Process: Material extrusion by Robocasting (DIW): 3D Bioprinting

Definition:

Is the process in which bioinks are used for the manufacturing of 3D structures which are implanted in the human body. These bioinks are a mix of cells, material corresponding to extracellular matrix (ECM biocompatible with the human body, most of them organogels) and growth factors.

Normally the structures are printed by extrusion.



Bioprinting is a “trend” on research. The path to 3Dprinted tissues is open, but there is a lot of work to be done. Source: IBEC

Printing materials: Silicone, alginate (hydrogel), generation cells (chondrocytes) and for bones and scaffolding ceramics (Hydroxyapatite (HA))

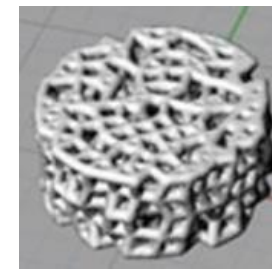
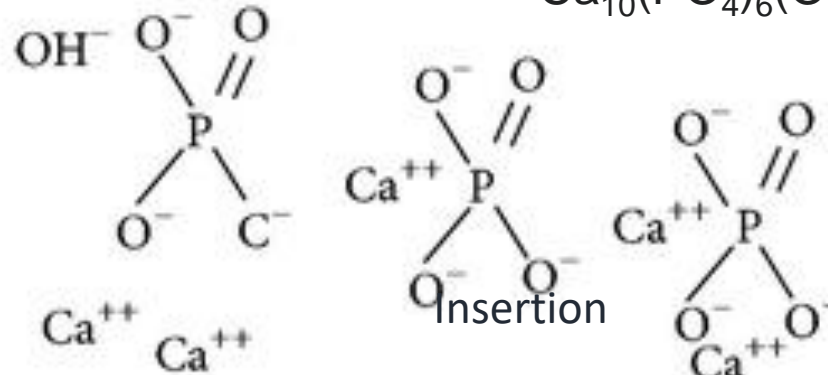
Definition

Hydroxyapatite, which is a CaP (Calcium Phosphate) bioceramic, is an inorganic composite which is part of the human and animal bones composition.

HA is not only highly biocompatible but also non-toxic and osteoconductive. Therefore, it is an ideal biomaterial for fracture healing.

Source: Buj-Corral, I., Bagheri, A., & Petit-Rojo, O. (2018). 3D printing of porous scaffolds with controlled porosity and pore size values. *Materials*, 11(9), 1532.

Ceramics: Hydroxyapatite (HA)



APLICACIONES DEL 3D EN SALUD



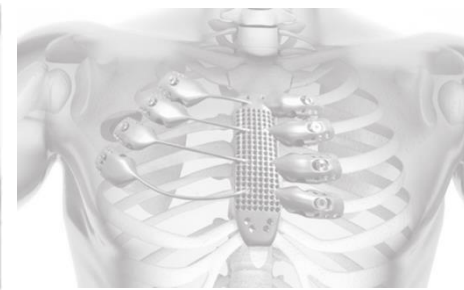
SURGERY PLANNING



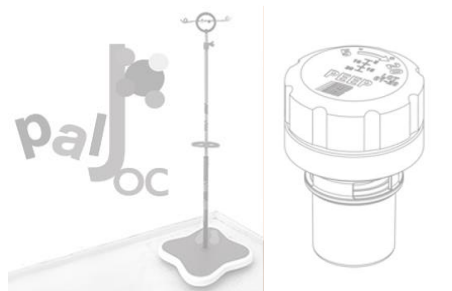
EDUCATION



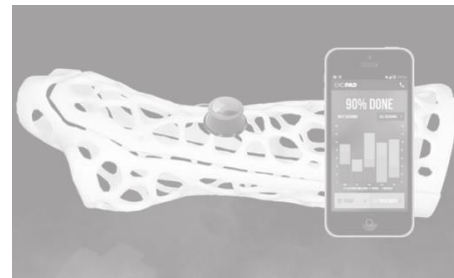
PROSTHETICS



IMPLANTS



MEDICAL TOOLS AND
DEVICES



SPLINTS



BIO-PRINTING

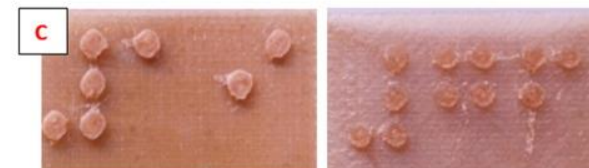
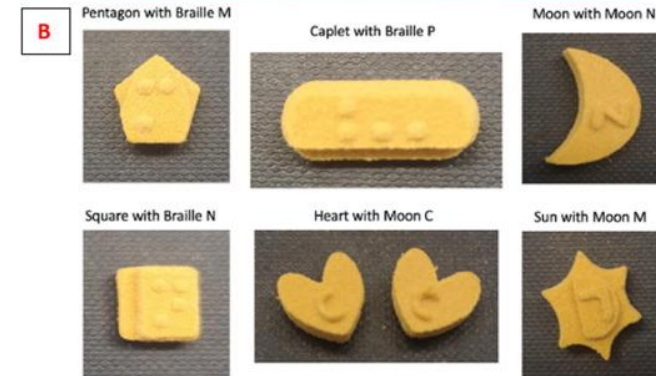
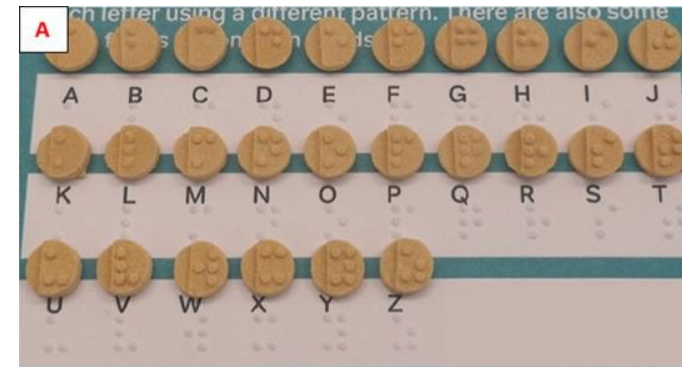
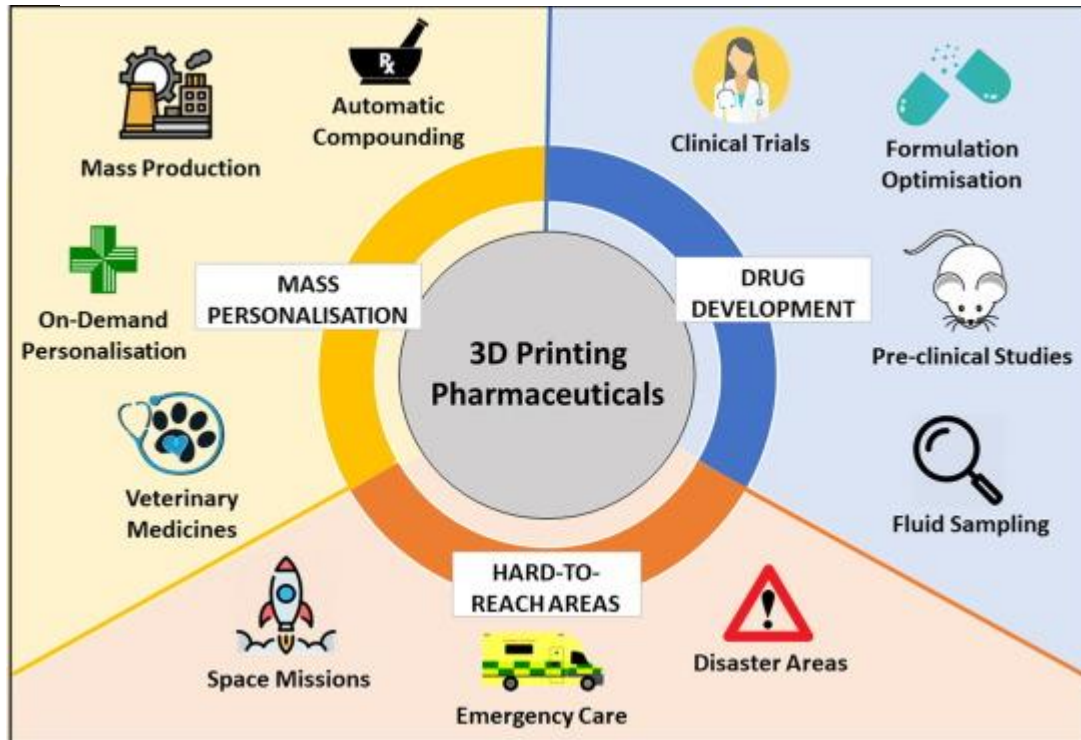


MEDICATION



Translating 3D printed pharmaceuticals: From hype to real-world clinical applications

Iria Seoane-Viaño ^{a,1}, Sarah J. Trenfield ^{b,1}, Abdul W. Basit ^{b,c,d}, Alvaro Goyanes ^{b,c,d}





Source: Creative Commons Data Base

<https://www.3dprintingmedia.network/university-glasgow-students-build-chemical-mp3-player-3d-printed-drugs/>

APLICACIONES DEL 3D EN SALUD



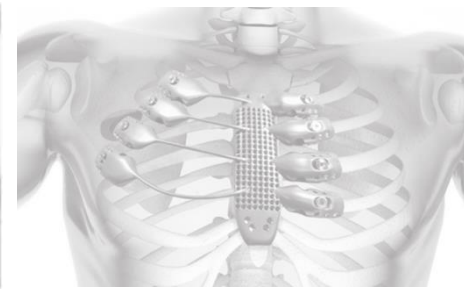
SURGERY PLANNING



EDUCATION



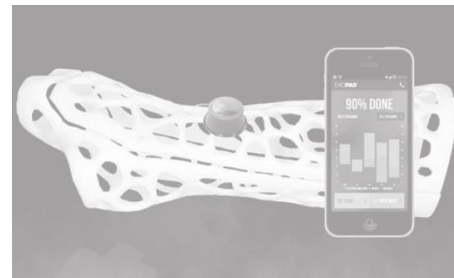
PROSTHETICS



IMPLANTS



MEDICAL TOOLS AND
DEVICES



SPLINTS

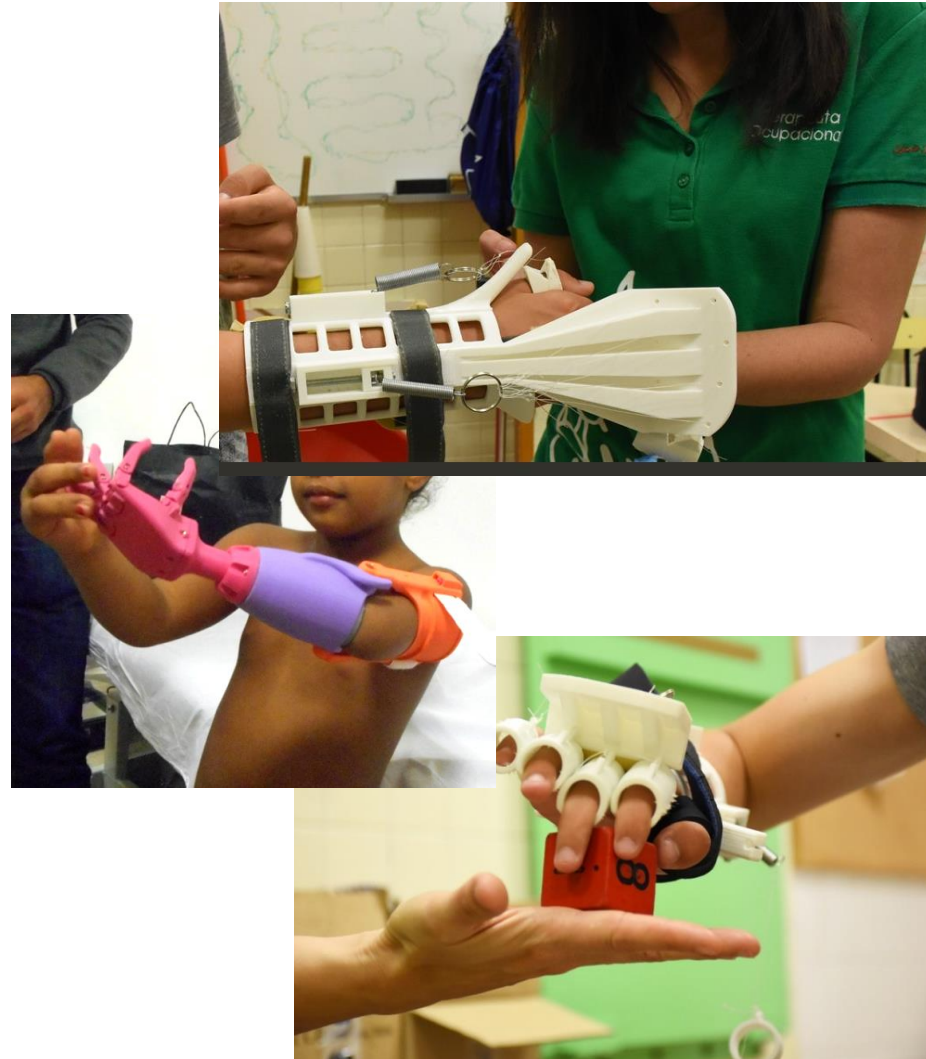


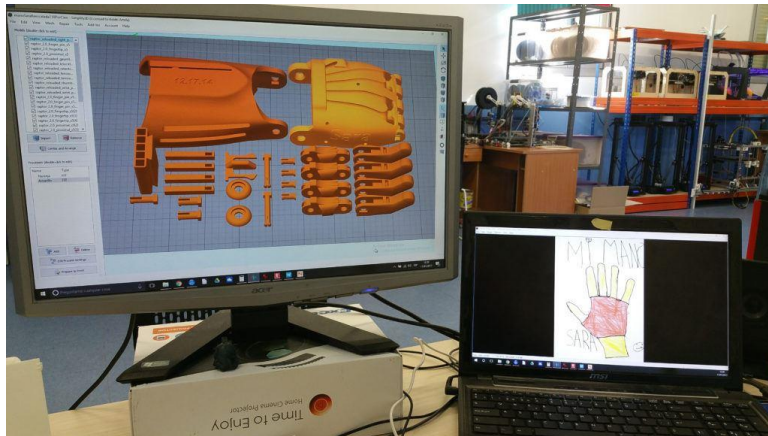
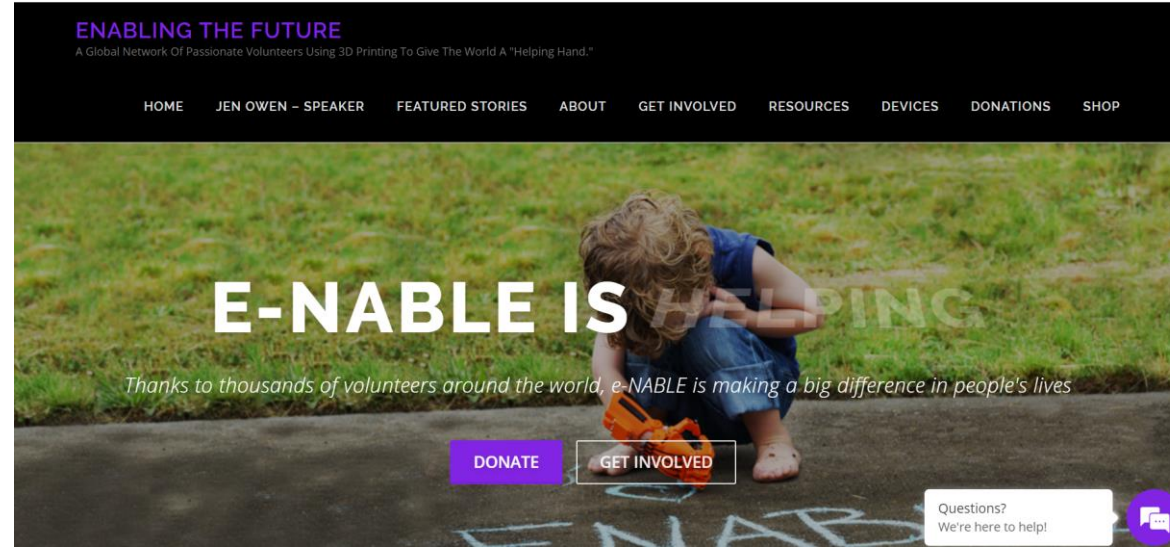
BIO-PRINTING



MEDICATION

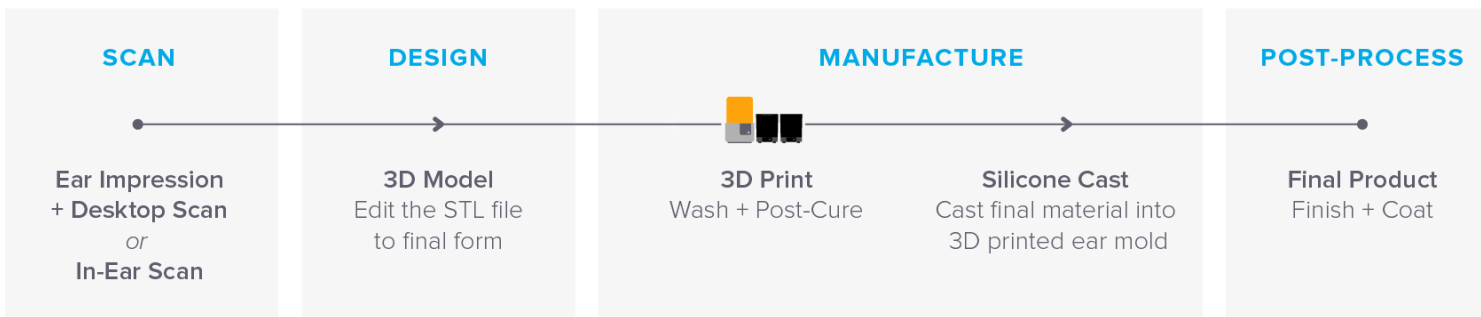
Prototipat de dispositius



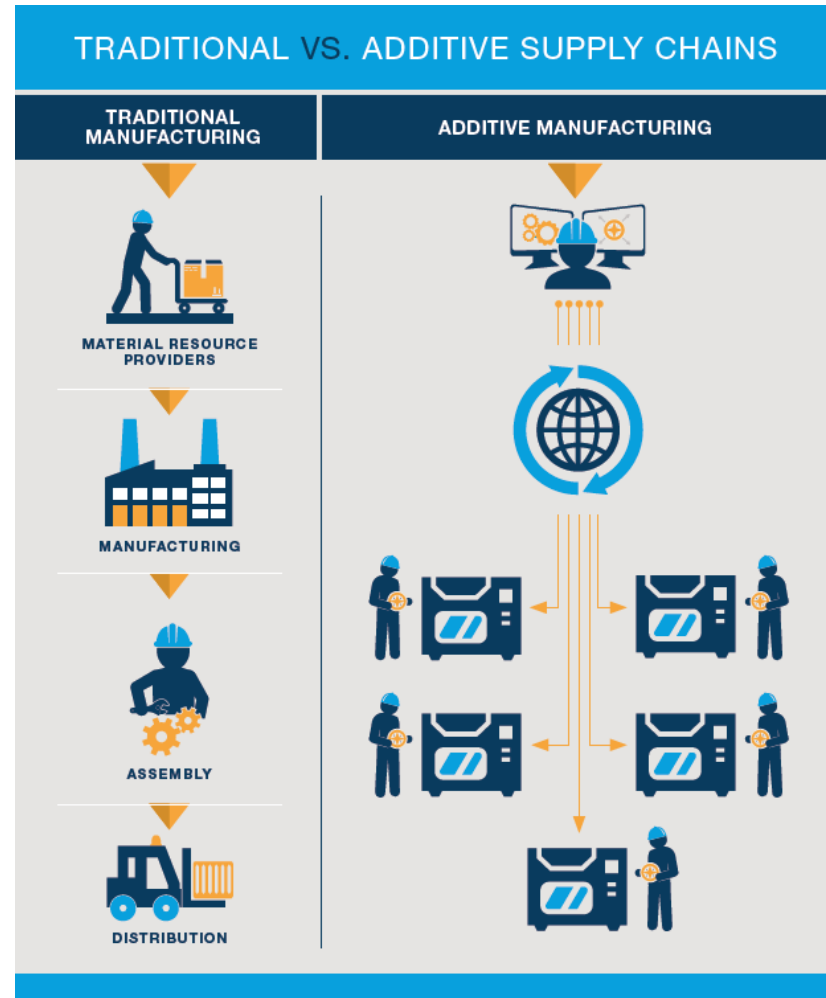


Source: E-Nabling the future, Domotek, CIM UPC, BCN3DTechnologies, HSJD

Source: MIT and Shanghai Jiao Tong University



Source: Formlabs

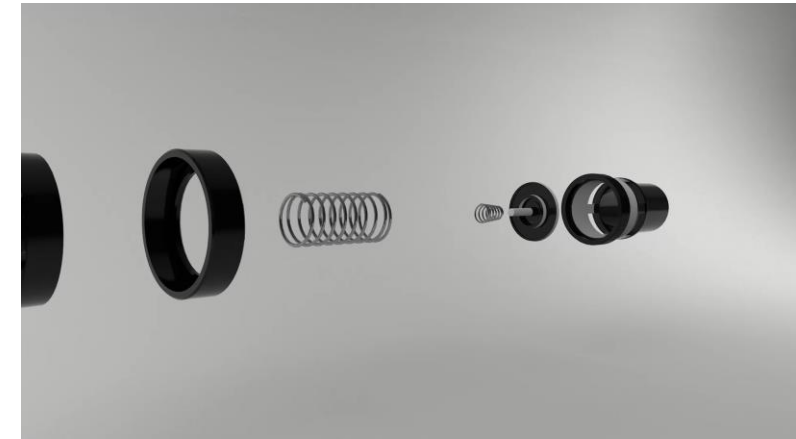


Source: <https://proto3000.com/3d-printing/business-considerations-for-production-tooling-conversion-to-additive-manufacturing/>

COVID19: Què ens ha permès tenir 3D4H?

1. ECPAP – CPAP Ventilació no Invasiva (VNI)

El dispositivo ECPAP está compuesto por los siguientes componentes esenciales:



En el proyecto ECPAP s'han desenvolupat 2 components clau: La vàlvula de Venturi i la Vàlvula de PEEP (en 3 versions: 18 mm, 22 mm i 30 mm). Comercialitzables com a dispositius independents.



1 Vàlvula Venturi para regular el O2



1 Vàlvula PEEP

Llicenciat a:



2. Equipament de Protecció Individual (EPIS)

CAR3D – Màscares i pantalles de protecció: Projecte finançat pel EIT Health de creació de màscares i pantalles de protecció i un web (<https://car3d-project.eu/>)





Search for nearby suppliers



184 of 184 outlets

Clear All

Show All

By Country

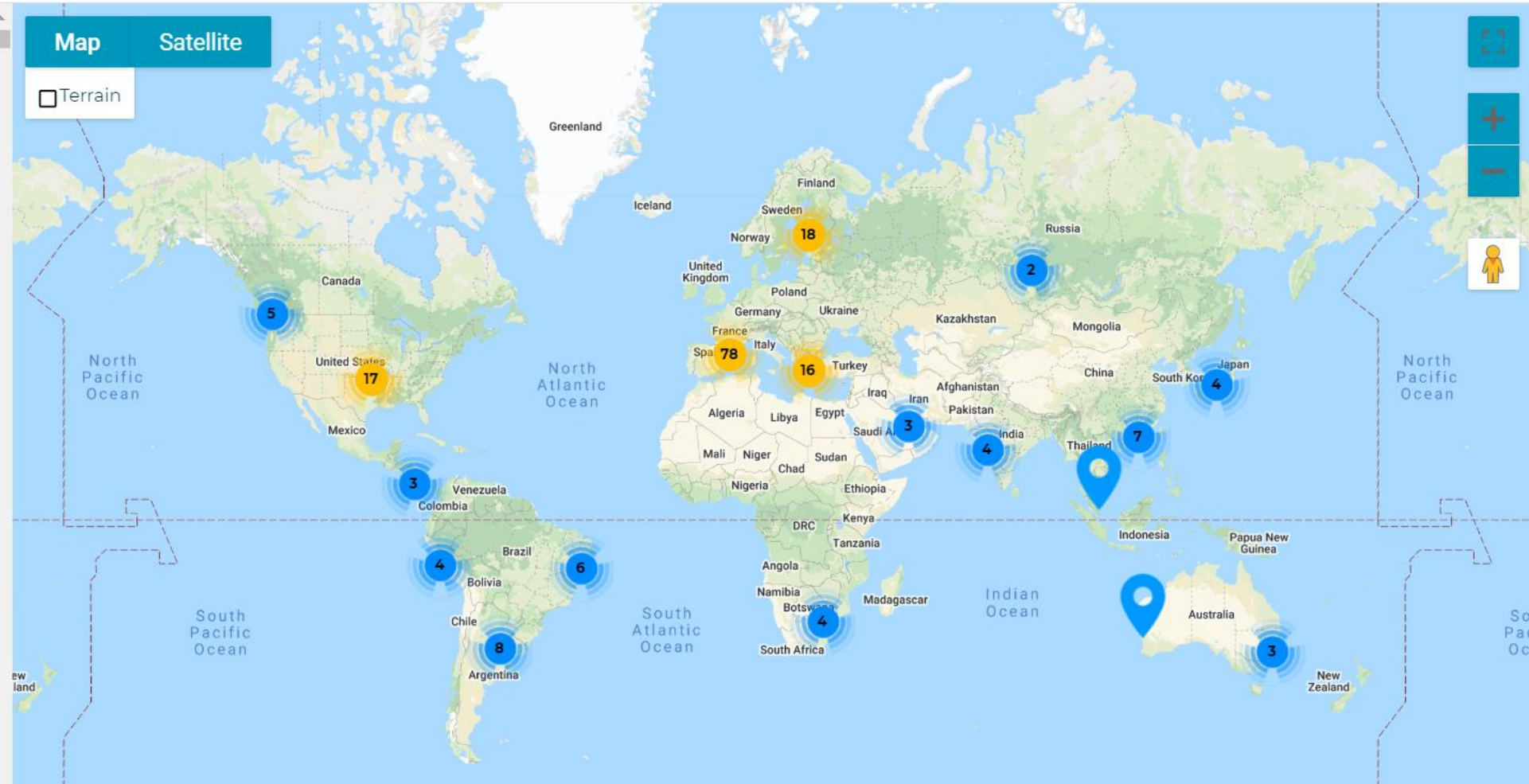


Category



SELECT

Stores near you



Source: <https://car3d-project.eu/suppliers/>

APLICACIONES DEL 3D EN SALUD



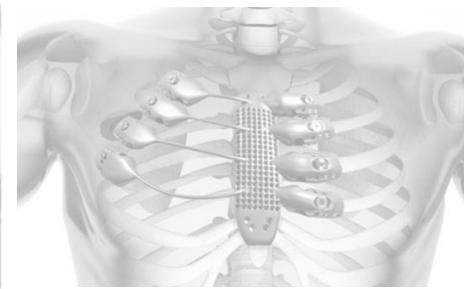
SURGERY PLANNING



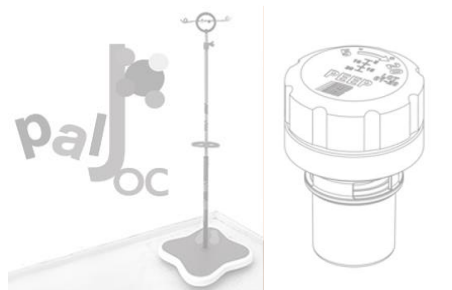
EDUCATION



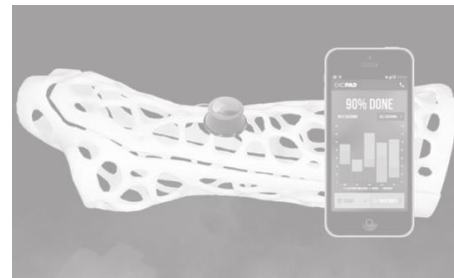
PROSTHETICS



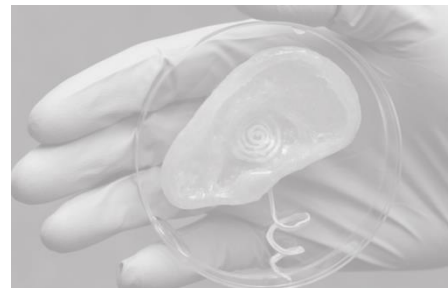
IMPLANTS



MEDICAL TOOLS AND DEVICES



SPLINTS



BIO-PRINTING



SUPREXAMP is a trademark, for oral use: 750 mg (background) and 1000 mg (foreground).
Product images are shown as actual sizes.
SUPREXAMP is manufactured by Aprexia Pharmaceuticals Company, East Windsor, NJ 08520.
© 2013 Aprexia Pharmaceuticals Company. All rights reserved. PP-196-01-USA-0001

APREXIA
PHARMACEUTICALS

MEDICATION

Forbes, January 2018

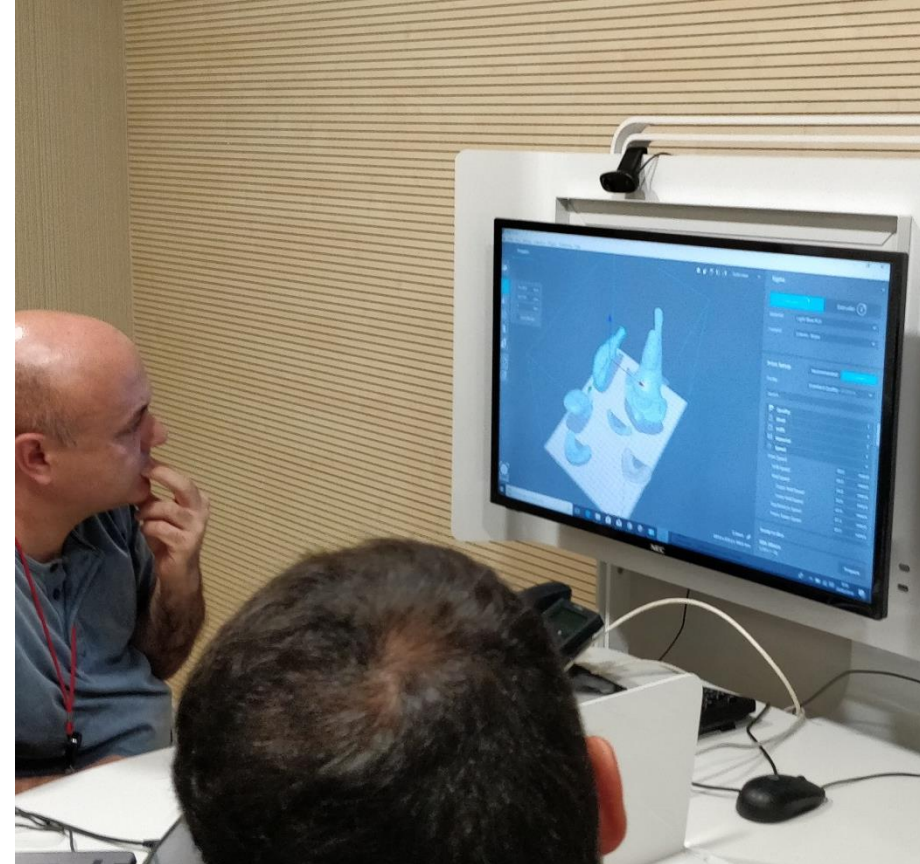
Frost & Sullivan's: jobs that are likely to come in the near future:

1. **Reconstructive Surgery 3D Printing Specialist**
2. Voice Assistant Healthcare Content Specialists
3. Robotic Clinical Documentation Scribes Virtual Hospital Manager
4. Precision Medicine Compounding Pharmacist
5. Epigenetic Counselors
6. Health Finances Planner
7. Brain Neurostimulation Specialist Health Data Hacker
8. Biological Terrorist

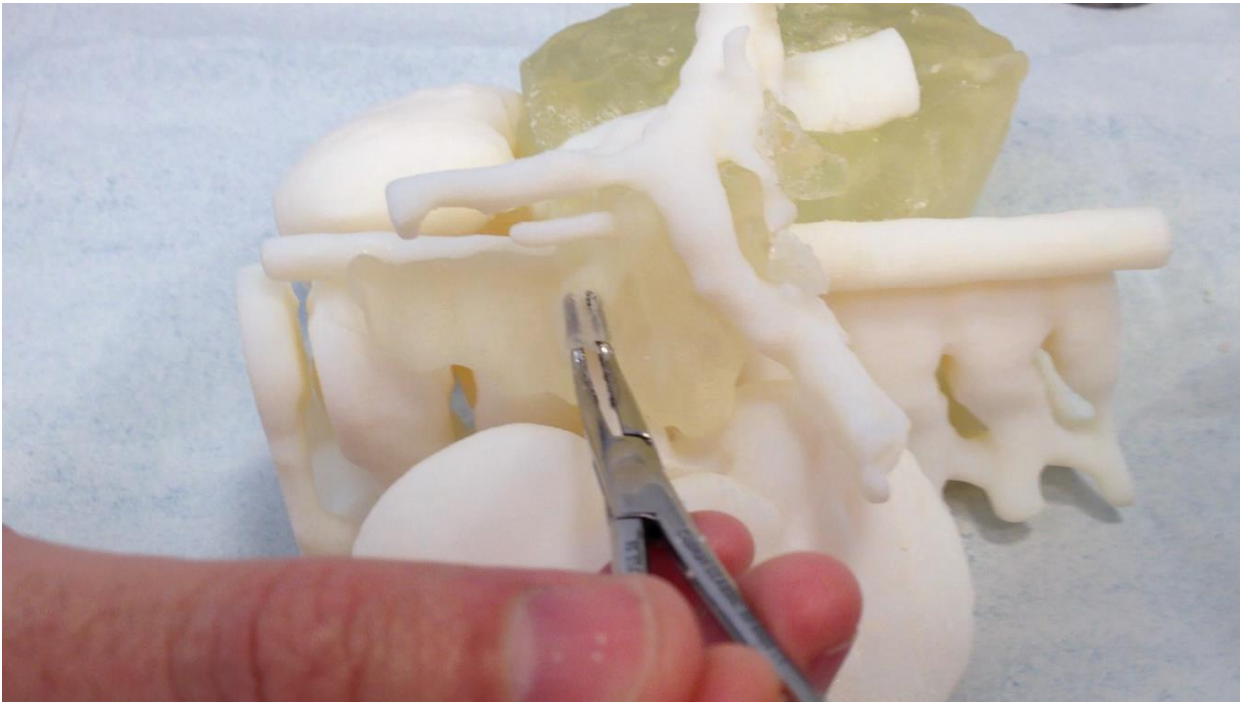
Advanced Simulation – Darwin Center



Construcció de simuladors parcials



SIMULACIÓ I ENTRENAMENT





SJD

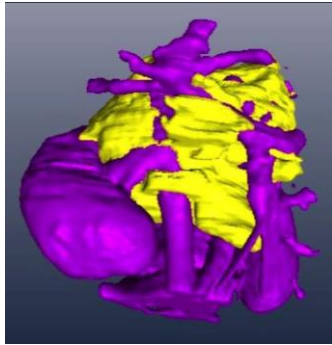
3D4H

3D for Health

Unitat de planificació 3D i simulació avançada de cirurgies

Use of 3D prototypes for complex surgical cases

(Dr. Lucas Krauel – Paediatric Surgical Oncology and CIM UPC)



3D4H HISTORY



2013: First Case

2015: Creation of a multidisciplinary team for the study:

1. State of the art
2. Clinical impact (outcomes)
3. Economic viability
4. Safety and regulations

2016: Study and follow-up of 16 pilot cases. The results targeted the benefits of creating a 3D based hospital planning service.

End of 2016: 3D printing unit implanted

2018 Consolidation

2021 Today!

3D PLANNING IN HSJD

**MAXILOFACIAL
SURGERY**



**ORTOPEDIC AND
TRAUMA SURGERY**



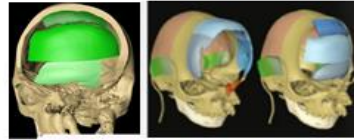
**ONCOLOGICAL
SURGERY**



**CARDIAC
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NEURO-SURGERY



**PLASTIC
SURGERY**



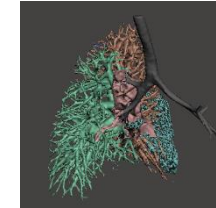
**DENTAL
APPLICATIONS**



**FETAL
SURGERY**



General Surgery



Funcionament



Arnau Valls
Enginyer innovació



Dr. Lucas Krauel
Cirurgià



Dr. Josep Rubio
Cirurgià maxil·lofacial



Dr. Josep Munuera
Radiòleg



Marta Ayats
Enginyera Biomèdica



Dr. José Mª Quintilla
Docència i simulació



Carmen de la Gala
Docència i Simulació



Marta Millet
Economia i finances

**Equip
multidisciplinari**

1 Reunió mensual

Col·laboració en
I+D i docència

“Saleta Innovació”



2015

“La cuineta”



2017

“3D + Simulació”



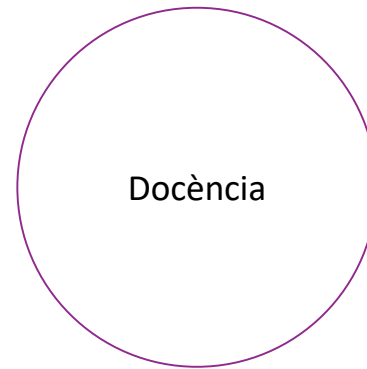
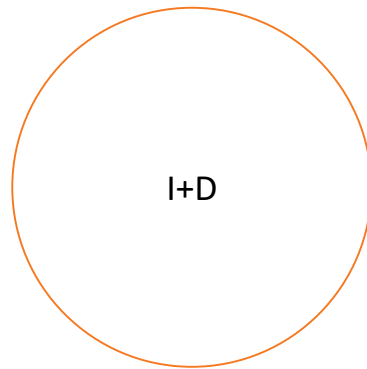
2019

“3D + Simulació”



2021

On estem?



On estem?



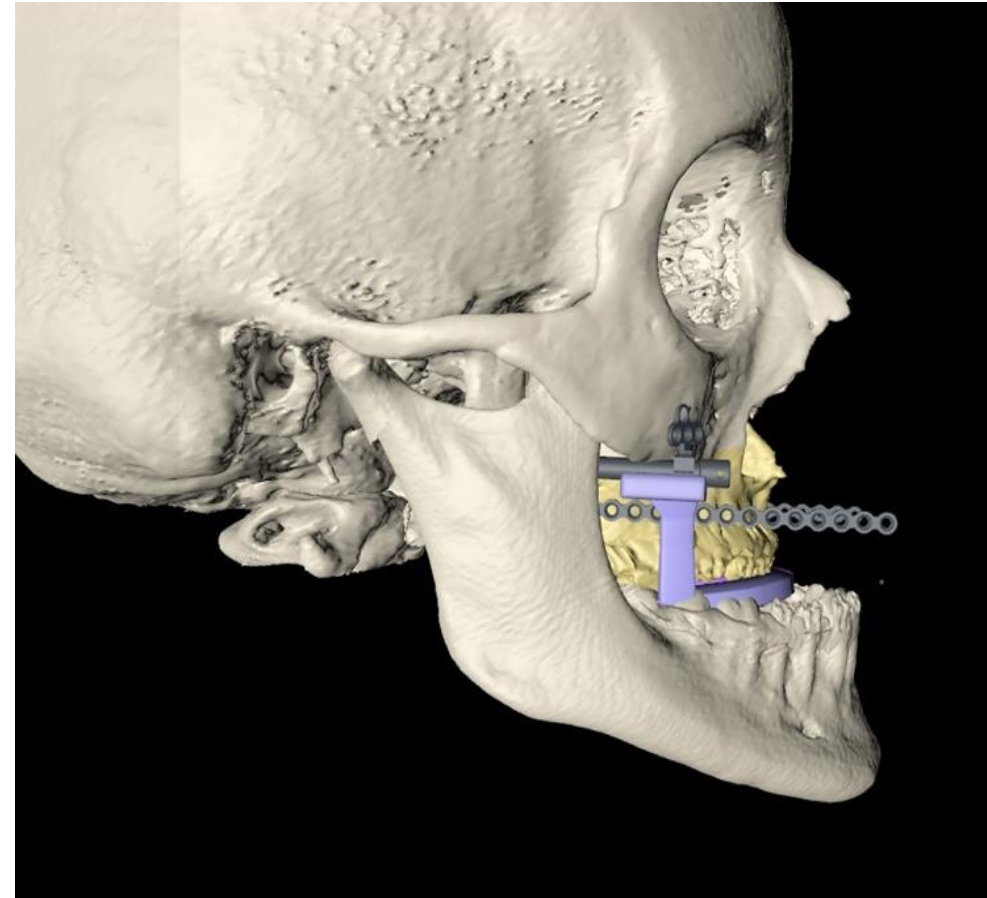
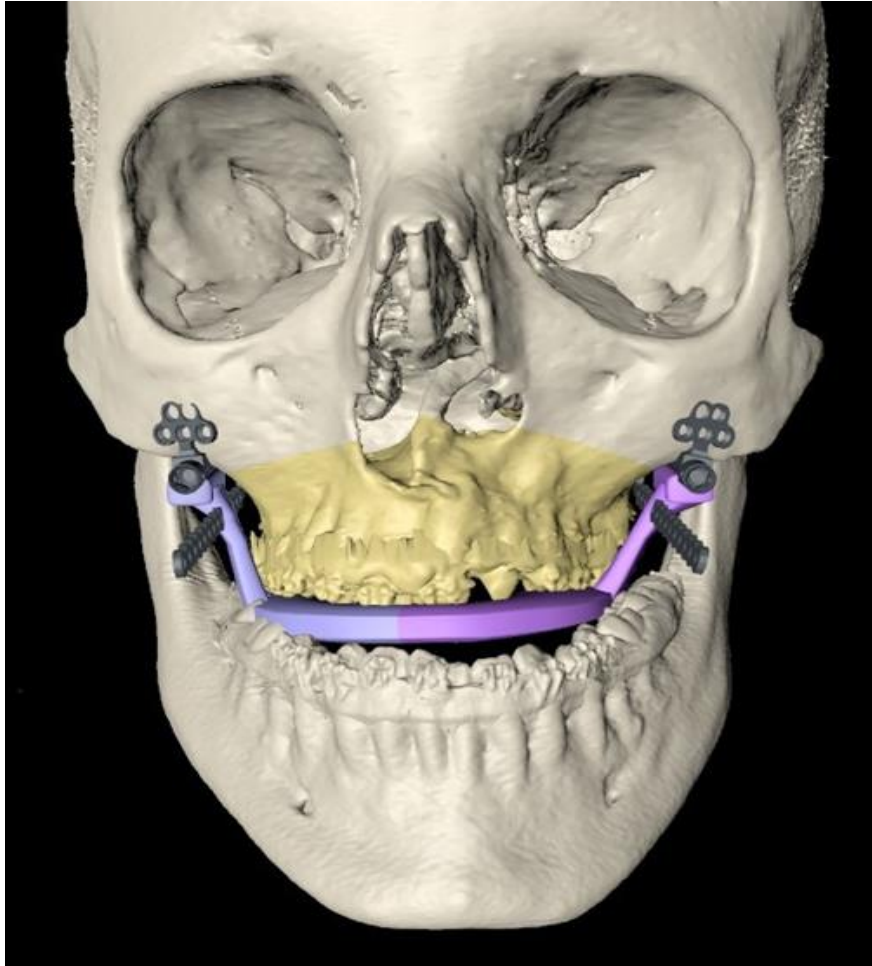
Assistència

I+D

Docència

3D planning in maxillofacial surgery

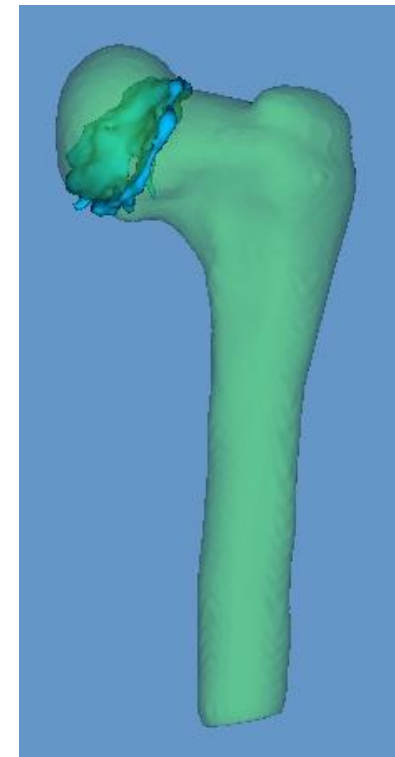
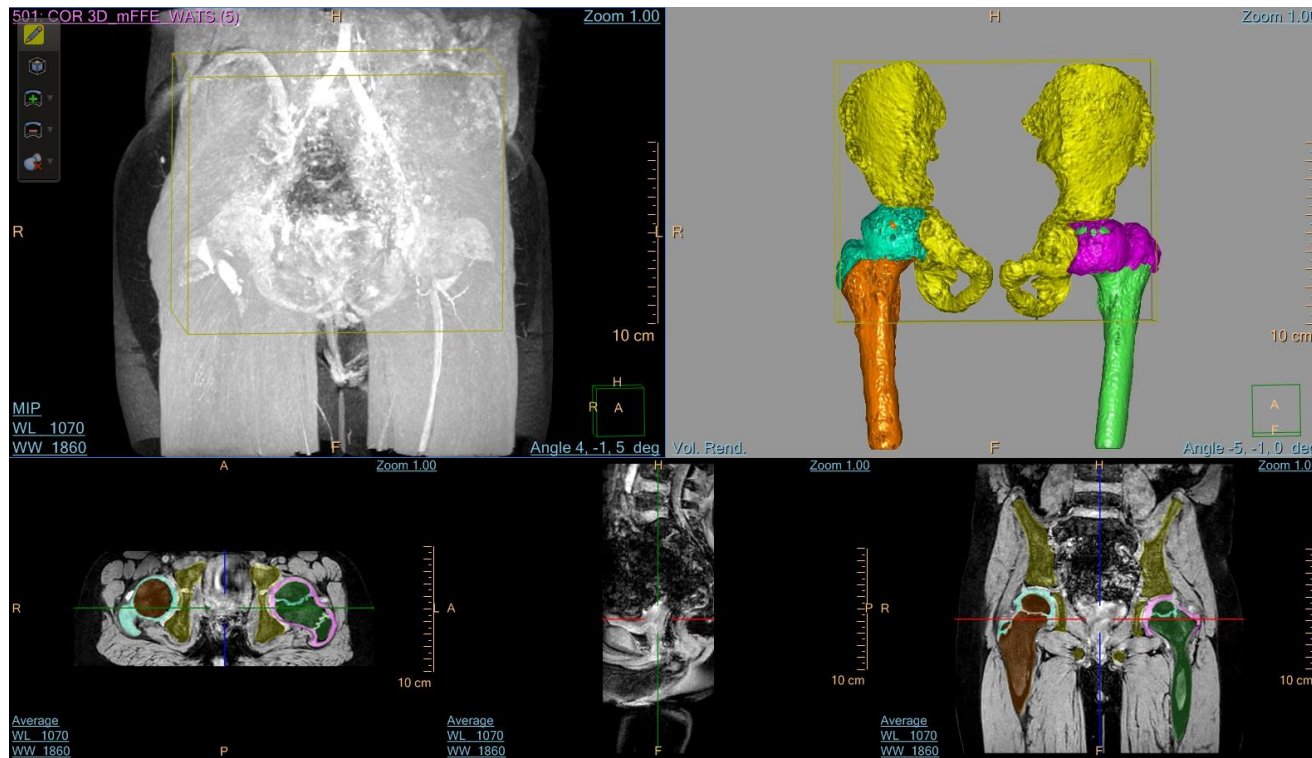
(Dr. Josep Rubio – Cirugía Maxilofacial)





Casos Exemple

COT – Intervenció de correcció de pont fisari



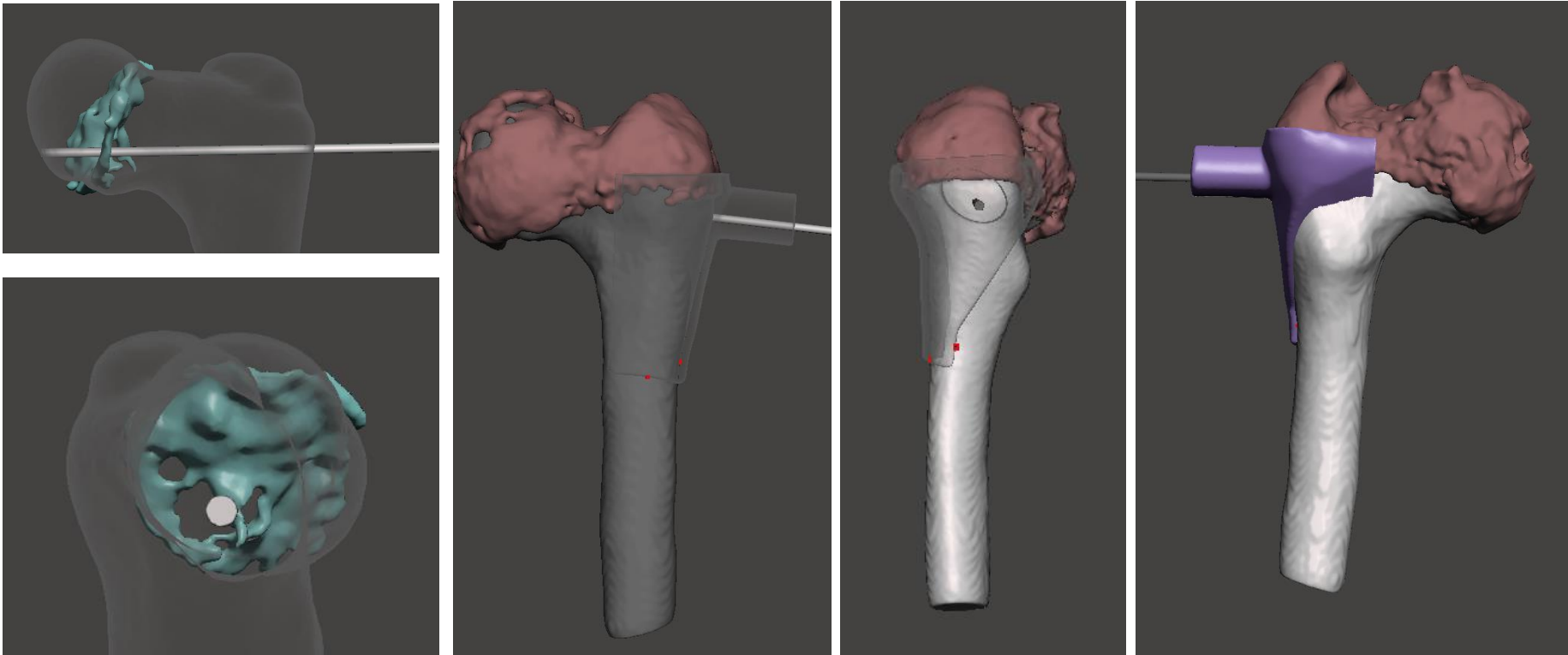
- Segmentació de les diferents estructures per RM
- Visualització 3D de la lesió i el context

Guies de localització de pont fisari (lesió traumàtica del cartílag del creixement) en cap del fèmur



Casos Exemple

COT



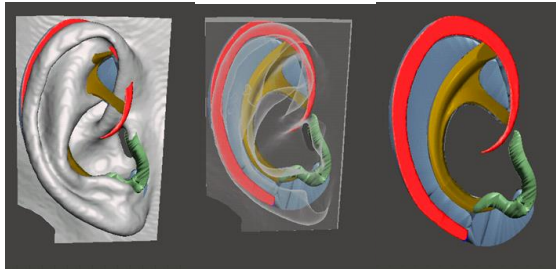
- Disseny guia de posicionament d'agulla de Kirschner per la localització del centre de la lesió

Guies de localització de pont fisari en cap del fèmur

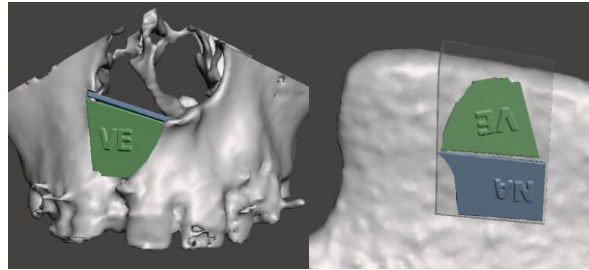


Casos estandarditzats

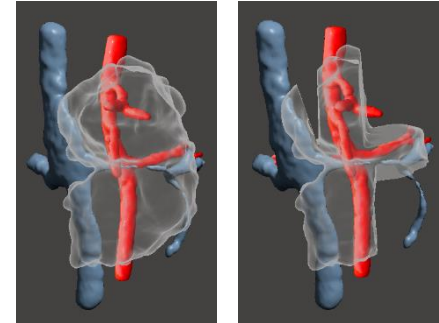
**Reconstrucció pavelló
auricular**



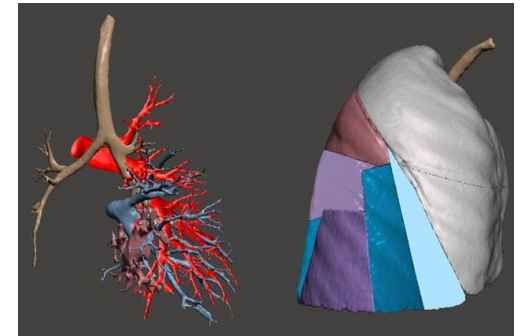
Correcció fissura alveolar



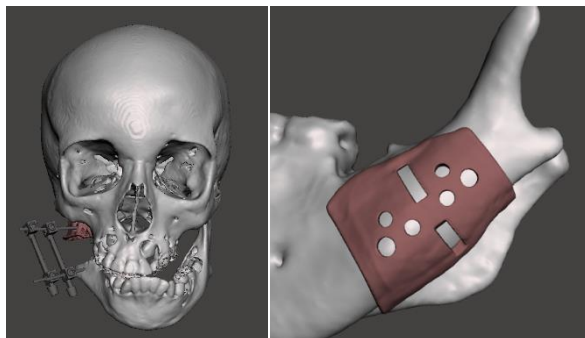
Neuroblastomes complexes



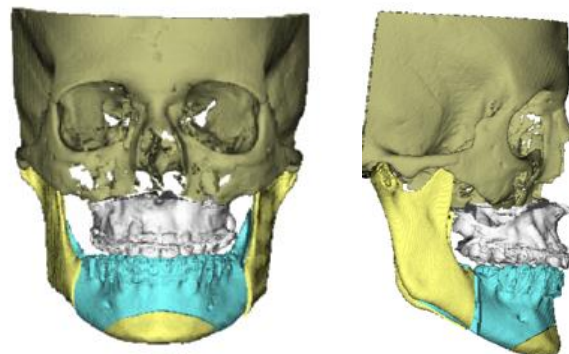
Segmentectomíes pulmonars



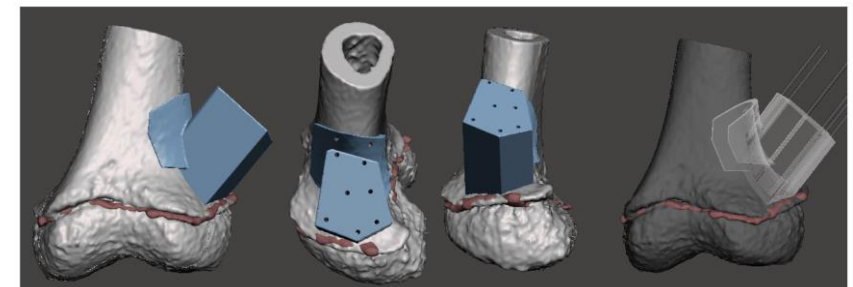
Distraccions mandibulars



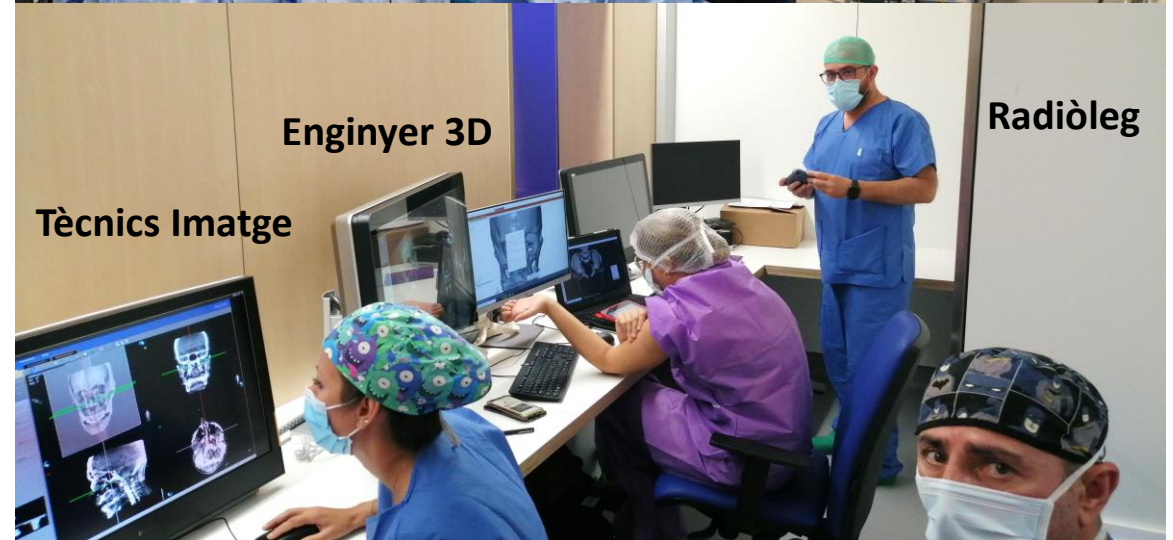
Cirurgia ortognàtica



Correcció pont fissari

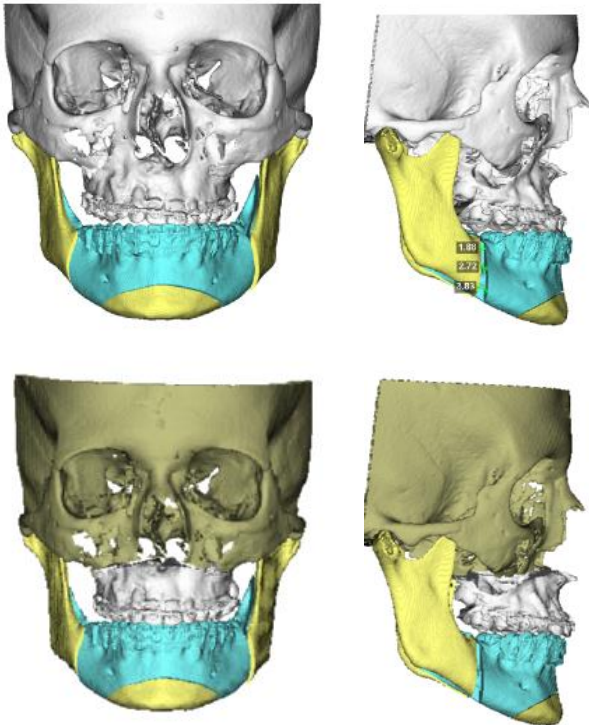


Unitat 3D4H al Bloc Quirúrgic

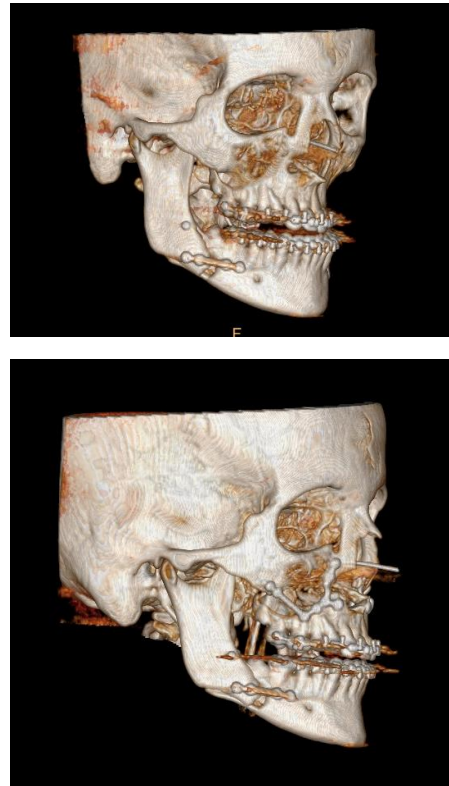


Unitat 3D4H al Bloc Quirúrgic

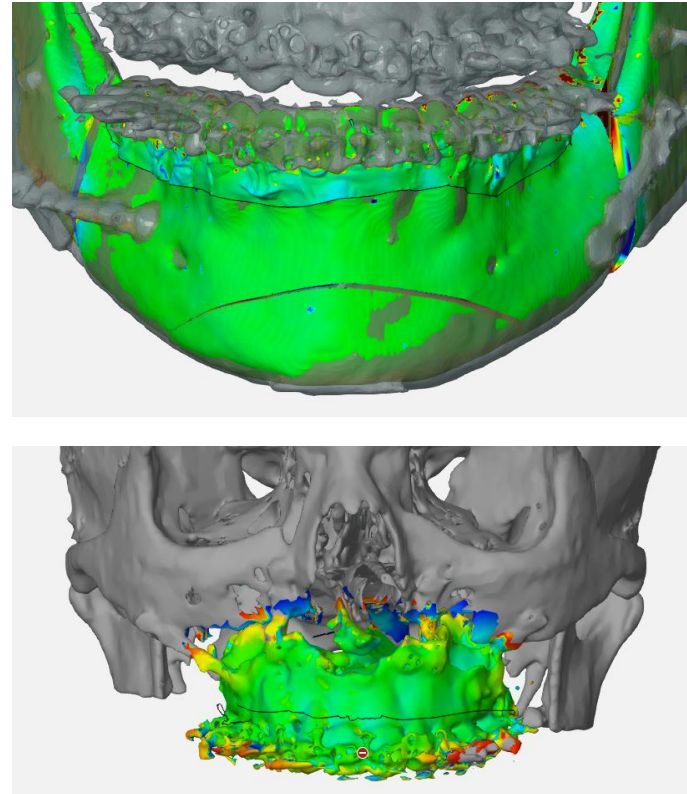
1. Planificació



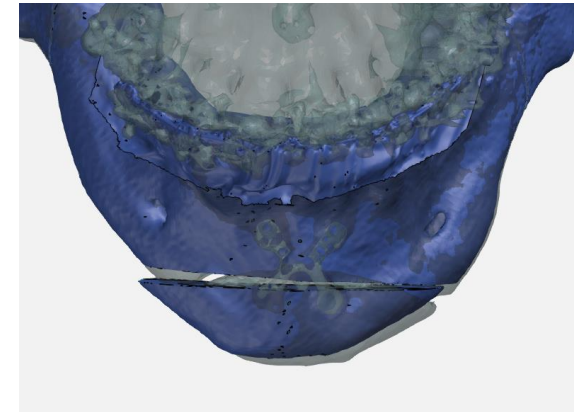
2. Cirurgia – TC Control



3. Cirurgia – Comparativa



4. Anàlisi i aplicació de punts de millora

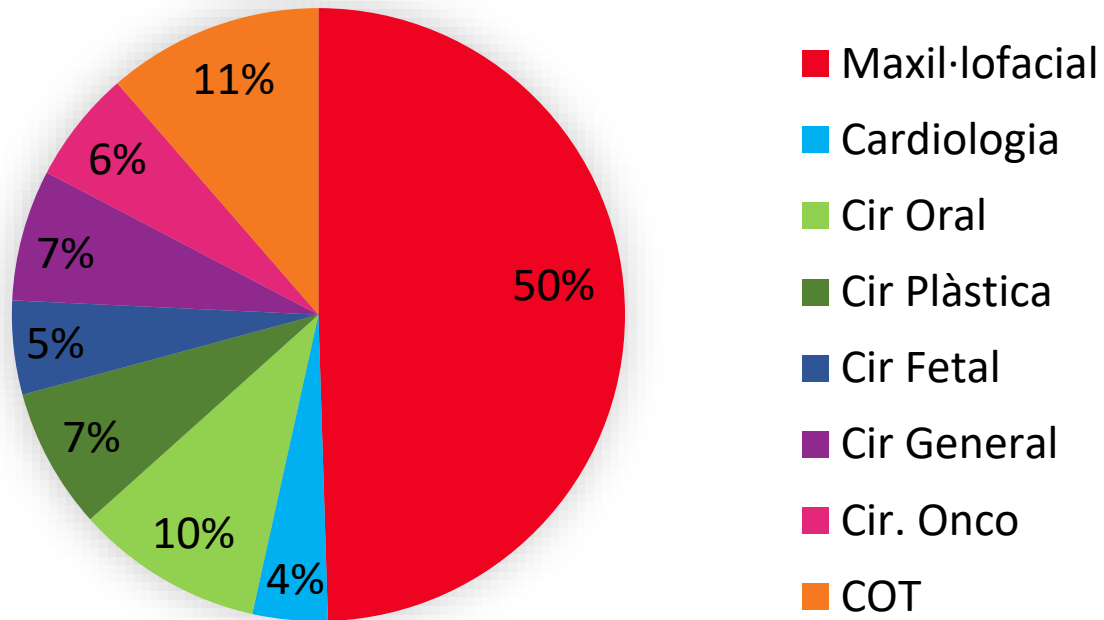


Implementació d'un circuit assistencial de comparativa del resultat final de la cirurgia amb el resultat de la planificació quirúrgica



La Unitat 3D4H en xifres

Per especialitat



On estem?

Assistència

122
casos
2020

60
2021

12
casos
externs

On estem?

Assistència

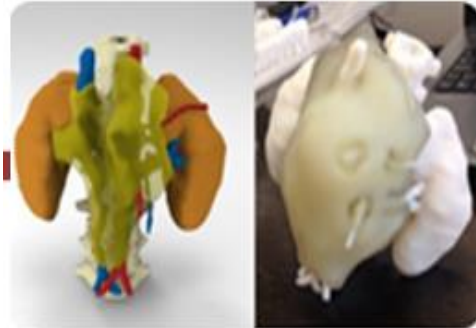
I+D

Docència

Recerca



LLAVOR 3D



CIRURGIA CRÍTICA: Models mimètics d'assaig, simulació quirúrgica i visualització avançada.

Casos d'ús:

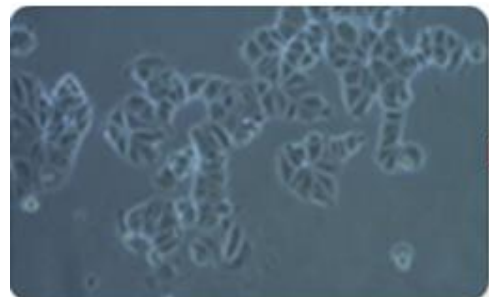
- a) **Oncològica:** Hepàtiques.
- b) **Cardiovascular:** Malformacions cardíques complexes.



CIRURGIA REGENERATIVA: Generació d'estructures biocompatibles implantables.
Implants bio-actius i regeneració de teixit ossi.

Casos d'ús:

- a) **Traqueal:** Stents traqueals per traquio-bronquiomalàcies, estenosis traqueals i esofàgiques.
- b) **Traumatològica:** Falques bio-actives per regeneració òssia.



CIRURGIA RECONSTRUCTIVA: Generació i millora d'eines personalitzades de suport a la cirurgia: guies de tall, guies de posicionament, altres eines.

Casos d'ús:

- a) **Maxil·lofacial:** Guies de tall i posicionament amb marcatge biocompatible i comportament avançat.
- b) **Traumatològica:** Guies de tall i posicionament amb marcatge biocompatible i comportament avançat.



Prospectiva de projectes col·laboratius **BASE 3D**



P1- LIGHT3D:
Tecnologies de Làser
i altra Llum

P2 - FUSE3D:
Tecnologies per a
deposició de
material semifos



P3 - INK3D:
Tecnologies per a
deposició de tintes
continues

P4 - HYBRI3D:
Tecnologies per a
hibridació
multimaterial

Codi SIFECAT: 001-P-001646

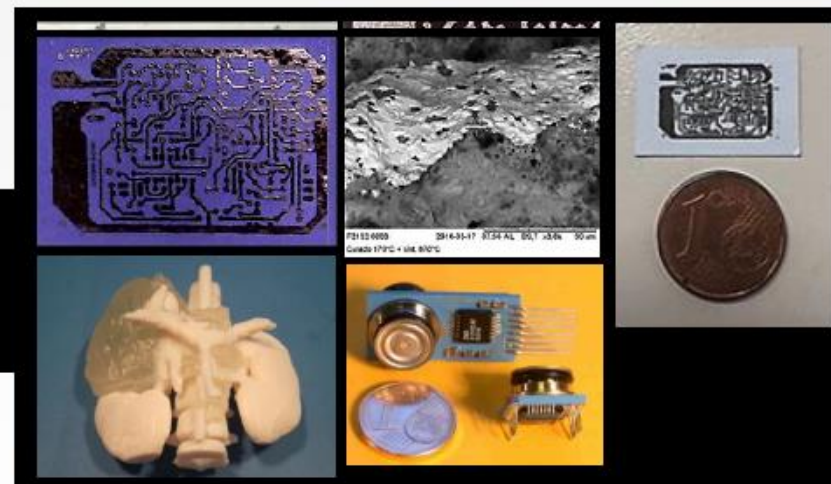
Nom de l'agrupació: BASE3D

Nom breu del programa d'actuacions: BASE3D

Entitat coordinadora: CIM-UPC

Entitats beneficiàries:

- CIM-UPC
- ICIQ
- IBEC
- EURECAT
- LEITAT
- IREC
- CD6
- e-PLASCOM UPC
- CIMNE
- HSJD
- GEMAT IQS
- GREP UdG
- DIOPMA UB
- BBT UPC
- CDAL UPC
- CEPHIS (UAB)
- CIEFMA UPC
- CTTC UPC
- IMEM UPC
- NEMEN UPC
- POLTEPO UPC
- REMM UPC
- TECNOFAB UPC
- PROCOMAME



Estudi de caracterització dels teixits

*Anàlisi de la duresa dels diferents teixits del cos humà.
Amb Anatomia Patològica HSJD i H. Clínic*

<p>INFORMACIÓ GENERAL</p> <p>Còdigo pacient: _____ Nom: _____ Pateixença: _____ Pseudònim: _____</p> <p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			<table border="1"> <tbody> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> </tbody> </table>	3			4			5			6			7			8			<p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <p>Parte estudiosa: Cerebellum</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			3			4			5			<p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <p>Parte estudiosa: Cerebellum</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			3			4			5			6			7			8			<p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <p>Parte estudiosa: Hepate</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			3			4			5			6			7			8			<p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <p>Parte estudiosa: Plànura</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			3			4			5			6			7			8			<p>Parte estudiosa: _____ Pseudònim: _____ Diagnòstic patològic: _____</p> <p>Parte estudiosa: Pulmó</p> <table border="1"> <thead> <tr> <th>Nombre de Teixit</th> <th>Tipus de Teixit</th> <th>Observacions</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table>	Nombre de Teixit	Tipus de Teixit	Observacions	1			2			3			4			5		
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Table 1. Characteristics of the different living tissues.

Organ	Density (kg/m ³)	Hardness	Elastic modulus (kPa)	Shear modulus (kPa)	Bulk modulus (MPa)
Lung	394	40 Shore OOO – 10 Shore OO	2.85	0.95	355
Liver	1079	52 Shore OOO – 25 Shore OO	6.55	2.185	2713
Breast adipose tissue	911	54 Shore OOO – 35 Shore OO	9.90	3.3	1890
Kidney	1066	56 Shore OOO – 40 Shore OO	12.66	4.22	2608
Pancreas	1087	58 Shore OOO – 45 Shore OO	14.40	4.8	2752
Breast fibroglandular tissue	1041	56 Shore OO – 10 Shore A	22.50	7.5	2358
Parotid gland	1048	60 Shore OO – 13 Shore A	31.14	10.38	2549
White matter brain	1041	70 Shore OO – 20 Shore A	40.80	13.6	2509
Breast tumor	1050	30 Shore O – 22 Shore A	45	25	2678
Muscle	1090	35 Shore O – 25 Shore A	49.80	16.6	2750



HU - radiodensity



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Procedia Manufacturing 41 (2019) 1063–1070

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8th Manufacturing Engineering Society International Conference

Foreseeing new multi-material FFF-Additive Manufacturing concepts meeting mimicking requirements with living tissues

F. Fenollosa^{a*}, J.R. Gomà^b, I. Buj-Corral^b, A. Tejo Otero^a, J. Minguella-Canela^a, R. Uceda^a, A. Valls^c, M. Ayats^c

^aCentre CIM, Universitat Politècnica de Catalunya, Barcelona, Spain

^bUniversitat Politècnica de Catalunya, Departament d'Enginyeria, School of Engineering of Barcelona (ETSEIB), Av. Diagonal, 647, 08028, Barcelona, Spain

^cHospital Sant Joan de Déu, Barcelona, Spain

Abstract

The development of additive manufacturing (AM) during the last years has revolutionized not only the industry, but also the medical sector. This alongside the necessity in our society and in medicine to enhance the quality of life of the population has led to the creation of surgical training prototypes. They are used during surgery's planification phase before carrying out an operation. Surgical training is a good method for medical teams to visualize and have an idea of what they can encounter in the interventions.

In order to meet this objective, these prototypes should mimic as much as possible the corresponding living tissues. To achieve that, different parameters are taken into consideration: viscosity, elastic modulus, shore, etc. Nonetheless, it is difficult to achieve that aim, since until now only mono-material prototypes are accessible to hospitals due to the high cost of multi-material prototypes made with industrial proprietary AM equipment.

Therefore, a deep study is done in the different multi-materials concepts within an open – and thus accessible – technology: Fused Filament Fabrication (FFF) 3D printers. Finally, a desktop multi-material AM open concept based on multiple independent extruders for surgical training prototypes is described.

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Peer-review under responsibility of the scientific committee of the 8th Manufacturing Engineering Society International Conference

Keywords: Additive manufacturing, 3D printing, multi-material, living tissues, medicine.

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E-mail address: ffenollosa@fundaciocim.org

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Peer-review under responsibility of the scientific committee of the 8th Manufacturing Engineering Society International Conference.



Material: Filaflex, PLA...



Source: HSJD / CIM UPC

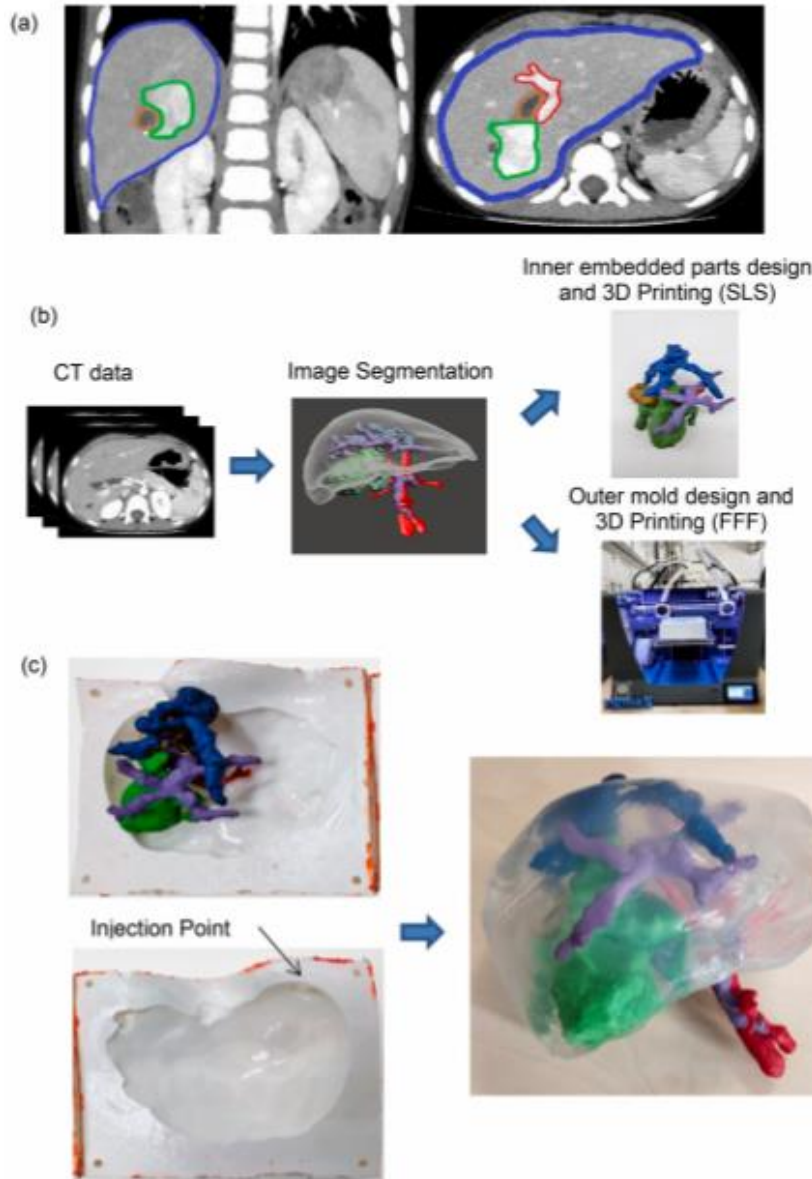


Fig. 3. (a) CT image of a liver with the different parts pointed out: (1) Liver is circled with blue color; (2) Portal system is circled with red color; (3) Dilated intrahepatic biliary tract -tumor- is circled in brown color; and (4) the rest of the tumor, which origin is the biliary tract, is circled in green color. (Left) Coronal or frontal plane. (Right) Axial plane. (b) Workflow for the design of the model. (c) The two outer molds and one with the inner embedded parts placed inside. The 1%wt agarose 3D manufactured surgical planning prototype. (For interpretation of the references to color in this figure legend, the reader is referred to the Web version of this article.)



3D printed soft surgical planning prototype for a biliary tract rhabdomyosarcoma

A. Tejo-Otero^{a,*}, P. Lustig-Gainza^a, F. Fenollosa-Artés^{a,c}, A. Valls^b, L. Krauel^b, I. Buj-Corral^c

^a Centre CIM, Universitat Politècnica de Catalunya (UPC), Carrer de Llorens i Artigas, 12, 08028, Barcelona, Spain

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Soft living tissues
Surgical planning
Biliary tract rhabdomyosarcoma
Liver

ABSTRACT

Biliary tract rhabdomyosarcoma is a soft tissue malignant musculoskeletal tumor which is located in the biliary tract. Although this tumor represents less than 1% of the total amount of childhood cancers, when localized, a >70% overall 5-year survival rate, the resection is clinically challenging and complications might exist during the biliary obstruction. Although surgery remains a mainstay, complete tumor resection is generally difficult to achieve without mutilation and severe long-term sequelae. Therefore, manufacturing multi-material 3D surgical planning prototypes of the case provides a great opportunity for surgeons to learn beforehand what they can expect. Additionally, practicing before the operation enhances the probability of success. That is why different compositions of materials have been characterized to match the mechanical properties of the liver. To do this, Dynamic Mechanical Analysis (DMA) tests and Shore hardness tests have been carried out. Amongst the material samples produced, 6%wt PVA (poly vinyl alcohol)/1%wt PHV (Phytigel)-1FT (Freeze-Thaw cycles) and 1%wt agarose appear as the best options for mimicking the liver tissue in terms of viscoelasticity. Regarding the Shore hardness, the best solution is 1%wt agarose. Additionally, a surgical planning prototype using this last material mentioned was manufactured and validated using a CT (Computed Tomography) scanner. In most of the structures the difference between the 3D model and the organ in terms of dimensions is less than 3.35 mm, which represents a low dimensional error, around 1%. On the other hand, the total manufacturing cost of the 3D physical model was €13 which is relatively low in comparison with other technologies.

1. Introduction

Additive Manufacturing (AM) has been widely used in different fields such as electronics, aerospace, motor vehicles and medicine. 3D printing is starting to bloom in this last sector, as it is nowadays used in different applications: tissue engineering (Bose et al., 2013), (Buj-Corral et al., 2018), implants (Linet et al., 2016), (Buj-Corral et al., 2019), or in the creation of surgical planning prototypes (Adamset et al., 2017; Tejo-Otero et al., 2019; Muguruza Blanco et al., 2019; Fenollosa-Artés et al., 2019).

Regarding the last application, in recent years most of the surgical planning prototypes manufactured were not only monomaterial but also monocolour, as FFF (Fused Filament Fabrication) based 3D printers were mainly used (Chae et al., 2015). These do not offer the opportunity to print with two or more materials at the same time. Therefore, it was

difficult to identify the different anatomical structures (soft and hard tissues) within the surgical planning prototype. Despite that, most of the surgical planning prototypes were produced entirely in FFF (Krauel et al., 2016; Rankin et al., 2014; Staronowski et al., 2014), since it is a cost-effective technology. However, it does not offer the best mimicking of living tissues since most of the filaments used in FFF are hard and rigid.

SLS (Selective Laser Sintering) has also been used, but some materials such as PP (polypropylene) are even more rigid (Krauel et al., 2016). However, it is worth highlighting that it offers other, more elastic, materials like TPU (Thermoplastic Polyurethane), TPE (Thermoplastic Elastomer) or PA (Polyamide) (Dadbaksh et al., 2016). These technologies only provide the opportunity to have an idea about the model, in other words, identifying the different anatomical structures. Additionally, material jetting technology 3D printers have been used in the

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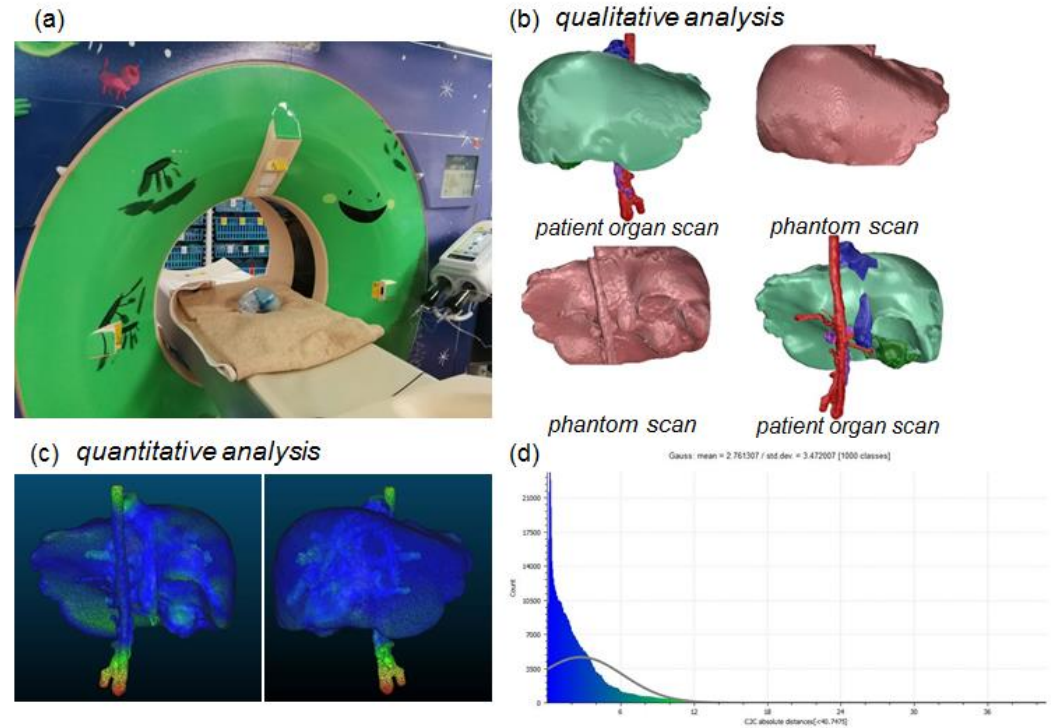
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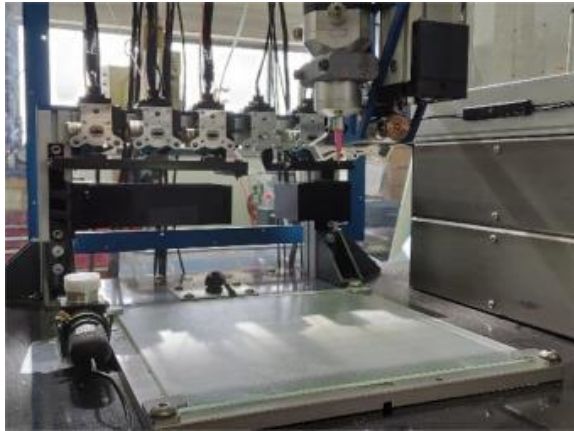
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Qualitative Validation

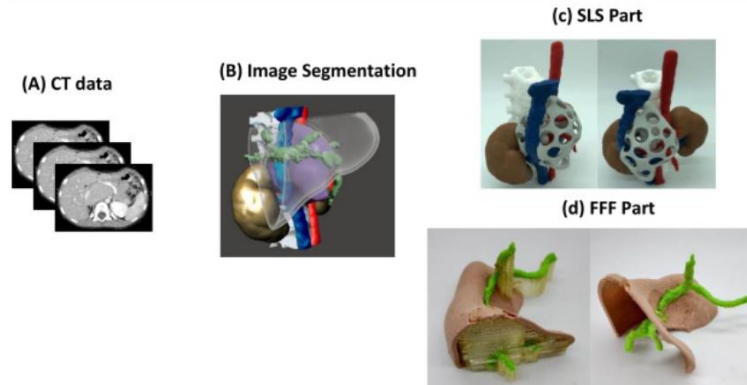


Quantitative Validation

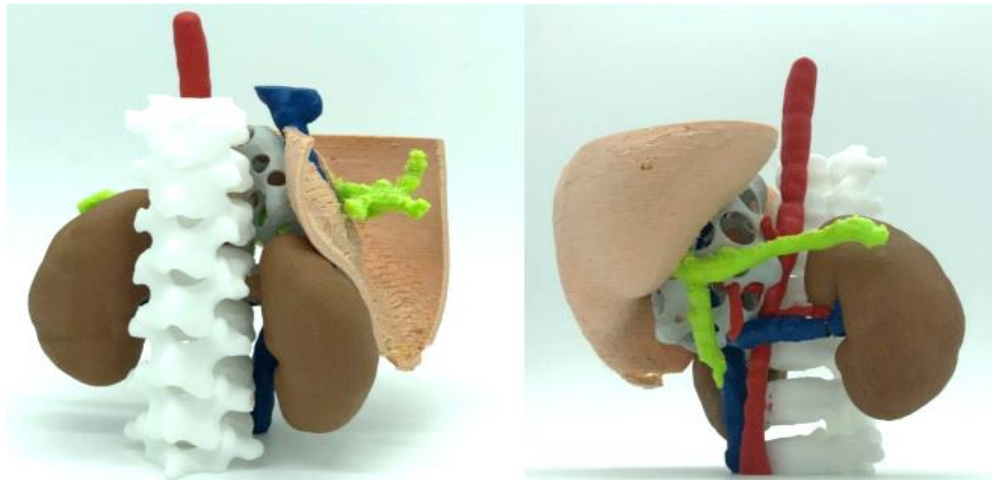




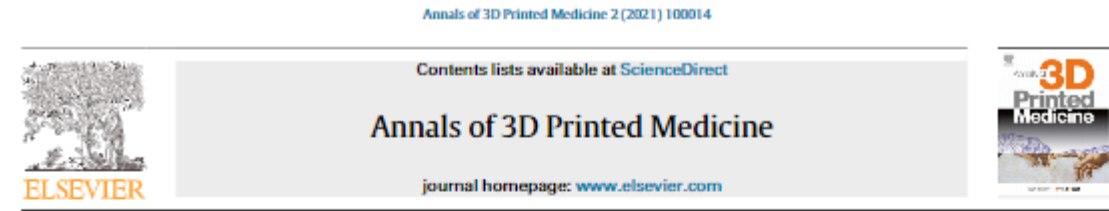
Source: Màquina instal·lacions CIM UPC



Source: Procés de fabricació moedel multi-material



Source: Model anatómic multi-material HSJD



Research paper

3D printed prototype of a complex neuroblastoma for preoperative surgical planning

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ABSTRACT

Neuroblastoma is the most common abdominal solid tumour in childhood. Its removal implies a complex surgery that requires surgical experience due to the usual encasement of major abdominal blood vessels. Standard surgical planning is based on CT or MRI images. However, in complex cases, normal anatomy is altered and it is difficult to interpret. 3D virtual planning and 3D Printing (3DP) can overcome this difficulties of comprehension. The most common 3DP technology used for this cases is material jetting. Nevertheless, this technology is very expensive and cannot be widely used. Consequently, its use is limited. The present study seeks to introduce the possibility of reducing costs whilst maintaining the quality of the 3D printed prototypes. A full-process of a neuroblastoma case using hybrid manufacturing combining some FFF and some SLS 3D printed parts is presented. The two processes are carried out separately and then joined in a final assembly. The cost of the prototype was 347 €, which is significantly lower than a prototype 3D printed by material jetting.

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Docència

The screenshot shows the website of the Institut de Formació Mèdica i Lideratge (FMIL). The main navigation bar includes 'Qui som', 'Què fem', 'Lideratge Mèdic', 'Oferta formativa', and 'Notícies'. The header features the FMIL logo and the text 'Actualització i innovació' and 'Espai Hèlios Pardell'. A search bar is present with the text 'Què vols aprendre?' and a 'Cerca' button. The main content area displays a course titled 'Planificació virtual i impressió 3D en medicina: parts toves' (1a edició). The course details include: 'Inscripció' button, 'Fitxa tècnica' (Moditat: Presencial, Accreditació: Sol·licitada al CCFCPS, Dates: 24 de gener de 2020, De 8.30 a 13.30 i de 14.30 a 16.30 hores, Durada: 7 hores, Idioma: Català / Castellà, Lloc: Passatge de la Bonanova, 47 Barcelona, Places: 24, Preu: Metges col·legiats a Catalunya: 109€; Altres professionals: 146€). A video player shows a 3D printer with the text 'L'aplicació de la impressió 3D en medicina'. The 'Descripció' section states: 'L'ús de la simulació virtual i la impressió 3D és cada cop més present dins l'àmbit quirúrgic per planificar intervencions complexes, dissenyar pròtesis i implants personalitzats i per fer activitat docent amb una vessant pràctica. El curs s'ha dissenyat per aportar a l'alumne coneixements més específics sobre planificació virtual i la impressió 3D de parts toves, per aquest motiu és necessari comptar amb coneixements generals sobre la tecnologia 3D i les seves aplicacions en medicina o bé haver realitzat el curs introductor 'L'aplicació de la impressió 3D en medicina'.

Participants al curs:

- Lucas Krauel
- Arnau Valls
- Josep Munuera
- Marta Ayats
- Ignasi Barber
- Josep Maria Quintillà
- Francesc Parri

CHALLENGES AND BARRIERS

1. MATERIALS AND PRINTERS

- Physiological models (real tissue behaviour)
- Combination of technologies in one model
- Printing time

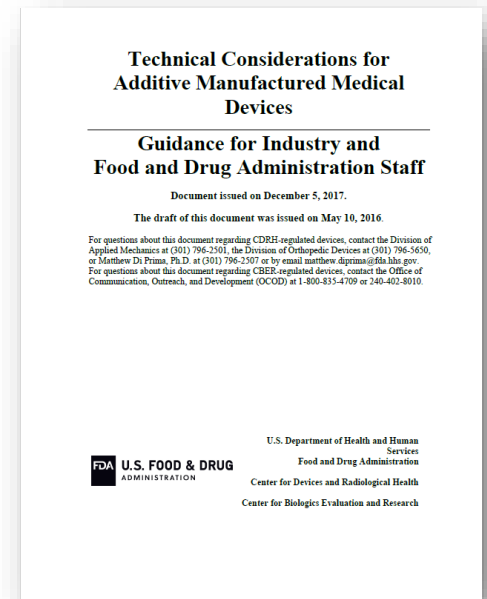
2. COSTS

- Reduction of materials and printers' costs.
- Planning and post-processing automation.

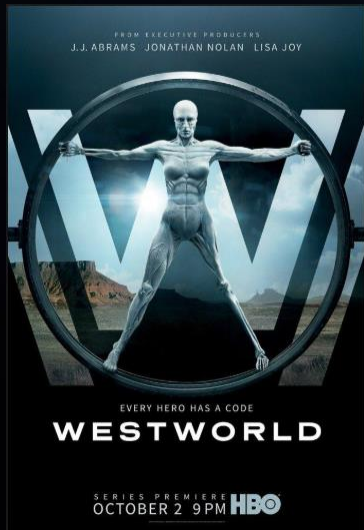
3. REGULATION

4. ADMINISTRATIVES

- Refund (not currently reimbursed by the Centers for Medicare and Medicaid Services (CMS) in the US or in most EU countries)



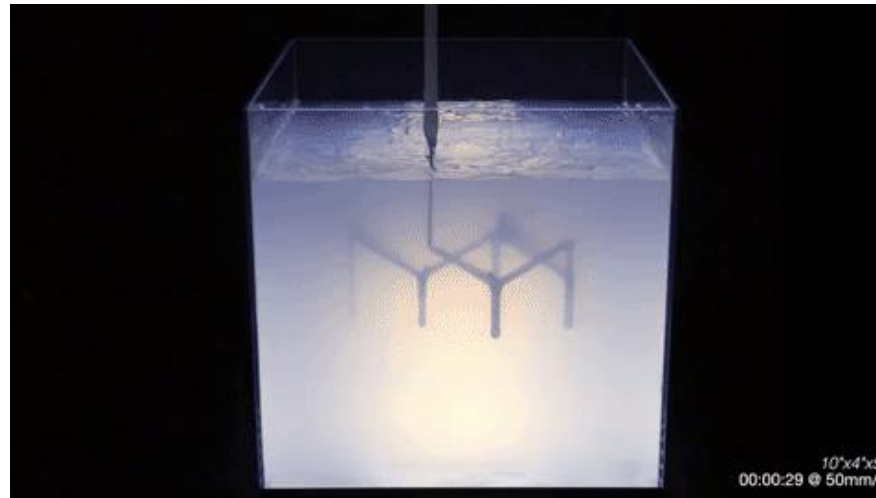
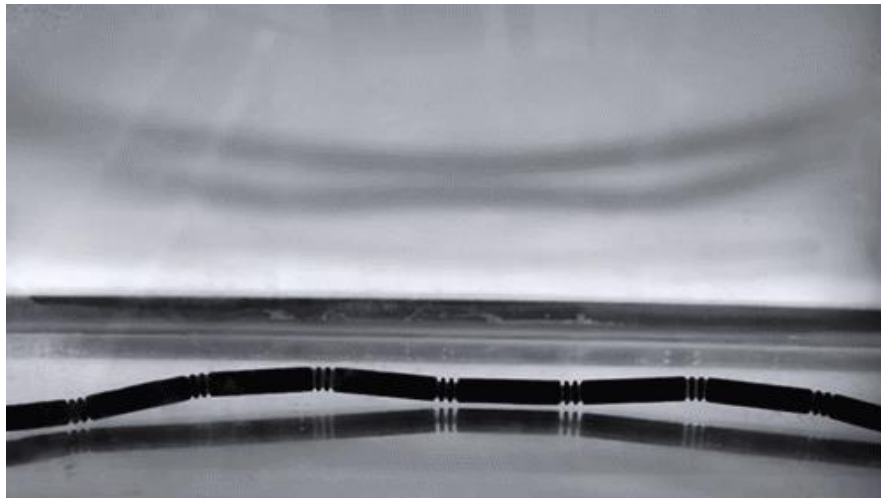
NEW INNOVATIONS ON THE 3D TECHNOLOGIES





3D printing farming parallelization

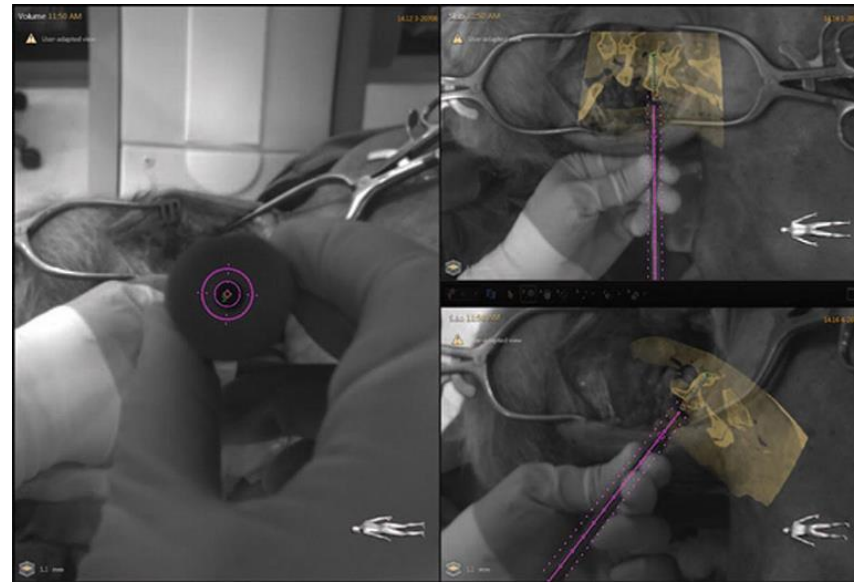
4D PRINTING



Augmented Reality Navigation



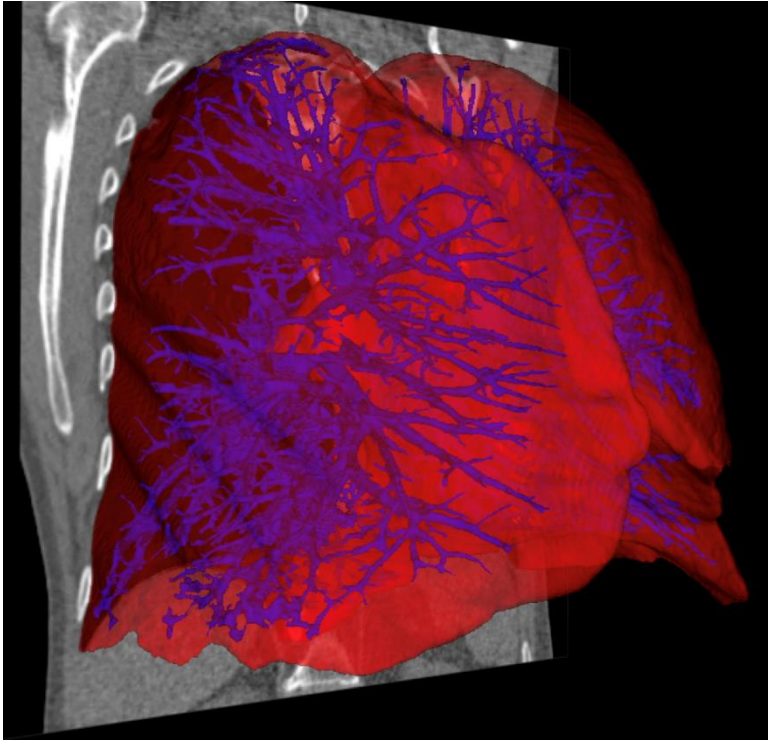
Patient and Device Tracking



Organ bio-printing



3D PRINTING + ARTIFICIAL INTELIGENCE?

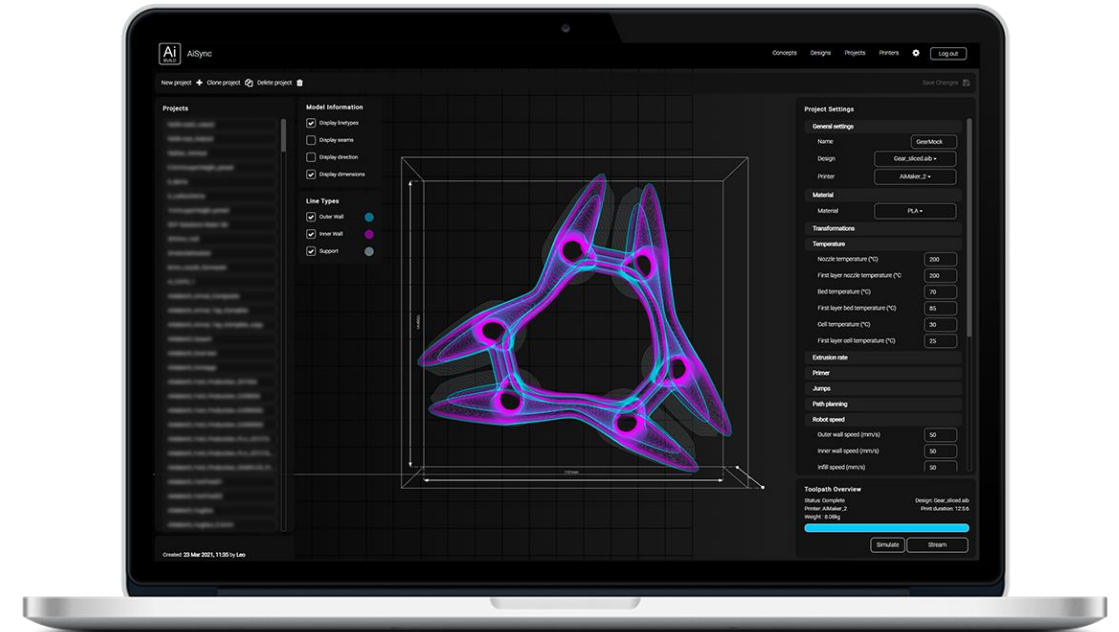


MEDICAL IMAGES BECOME PRINTABLE ORGANS AT THE PUSH OF A BUTTON

Aether's new Automatic Segmentation and Reconstruction ("ASAR") process uses adaptable deep learning models, dynamically combined with an array of AI and image processing techniques. ASAR enables users to segment organs and tissues, and reconstruct them as digital 3D models, which can be used for fabrication, analysis, and other applications.

The process is completely automatic with no editing tools, calibration, or human intervention required.

Source: <http://www.prweb.com/releases/2018/04/prweb15401486.htm>



[Ai Build](#), a company in London developed an automated AI-based 3D printing technology, with a smart extruder, allowing to detect problems: "[AiMaker](#)" a high precision robotic end-effector that attaches to industrial robotic arms and is able to 3D print large objects at high speed with great accuracy.

Source: <https://ai-build.com/>

Conclusions

1. Tecnologia madura en procés de millora i evolució constant

- Models semblants a la fisiologia (comportament real dels teixits)
- Combinació de tecnologies en una sola impressió
- Temps d'impressió

2. Els equips multidisciplinars són clau amb nous perfils com els enginyers biomèdics formant part de l'equip assistencial

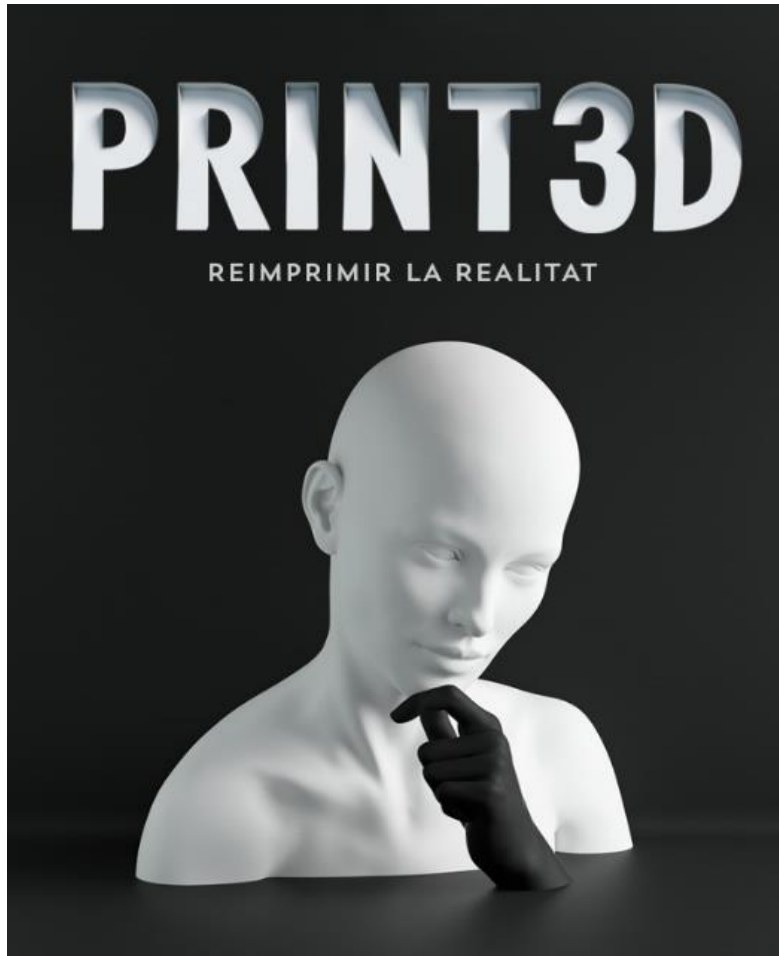
- Radiòleg pel coneixement de la imatge i l'anatomia
- Enginyer per la part de disseny i fabricació
- Cirurgià com a usuari final i líder clínic en les intervencions

3. Queden reptes per la seva implantació completa en el sistema sanitari

- Reemborsament
- Nova regulació MDR

Exposició CosmoCaixa: PRINT3D

https://cosmocaixa.es/ca/p/print3d_a11353685



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Enginyer innovació



Dr. Lucas Krauel
Cirurgià



Dr. Josep Rubio
Cirurgià maxil·lofacial



Dr. Josep Munuera
Radiòleg



Marta Ayats
Enginyera Biomèdica



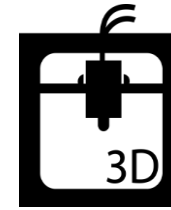
Dr. José Mª Quintilla
Docència i simulació



Carmen de la Gala
Docència i Simulació



Marta Millet
Economia i finances



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