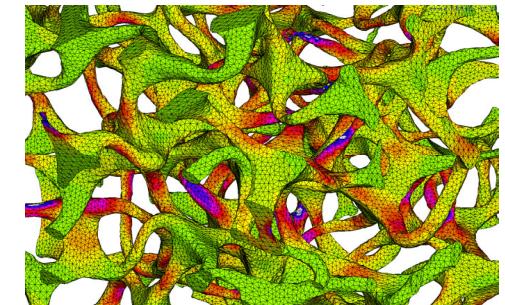
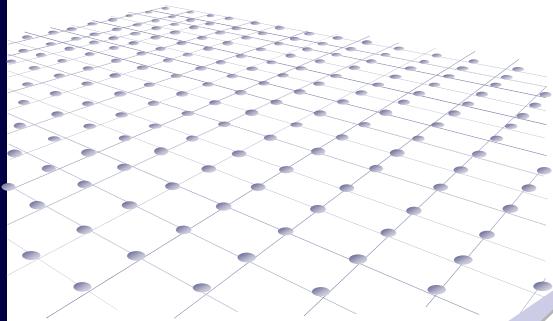


www.bbrc.ac.uk

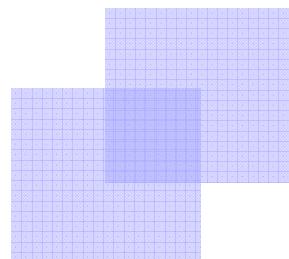


Computational Biomechanics: a challenge at the engineering /life sciences interface^{5th}

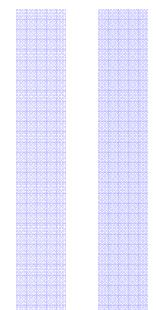
John Middleton Georges Limbert

European LS-DYNA Conference

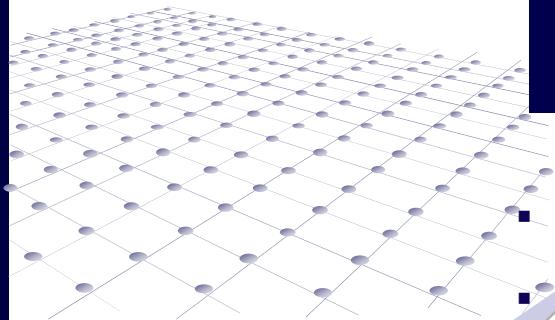
Birmingham UK May 25-26, 2005



J. Middleton G. Limbert
Cardiff Medicentre, Heath Park
Cardiff CF14 4UJ, United Kingdom
Tel: 02920 682161 / 02920682162
Email: middletonj2@cf.ac.uk
www. bbrc.cf.ac.uk



Presentation



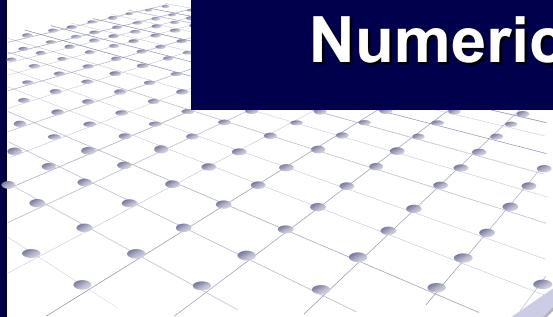
Applications

- **Numerical simulations ???**
- **Examples of applications in biomedical engineering
(current R&D projects)**
- **Example: Biomedical material modelling / Ligaments**
- **Example: Medical auxetic foams**
- **Example: Biological tissue / implant interface**
- **Example: 3D facial imaging / simulation**
- **Example: Modelling dental implants**
- **The future challenge**

Expertise

- Mechanics of biological tissues and structures
- Non-linear continuum mechanics and applied mathematics
- Modelling of (bio)structures/medical device interactions
- Simulation of clinical trials within the clinical environment
- Pre-clinical assessment of implants, osseogenesis
- Development of constitutive models for soft and hard tissue
- Medical device optimisation, device/tissue interface

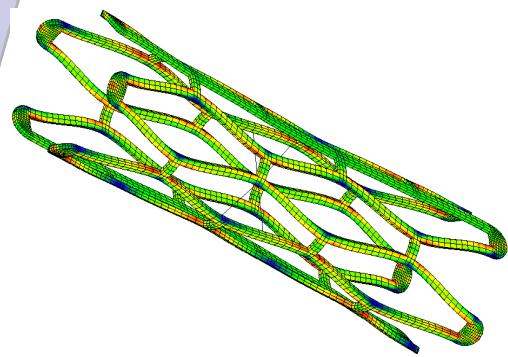
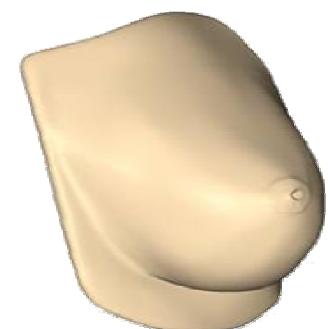
Numerical Simulations in Biomedical Engineering

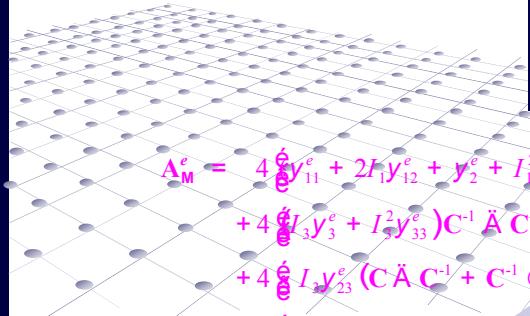


The anatomy lecture of Dr. Nicolaes Tulp, Rembrandt, 1632

Soft tissue modelling

- Surgical procedures (suture, gravity forces, tissue remodelling)
- Pre-operative planning
- Tumour diagnosis
- Damage to breast implants (car crash)
- Ergonomics (sport equipment, etc)



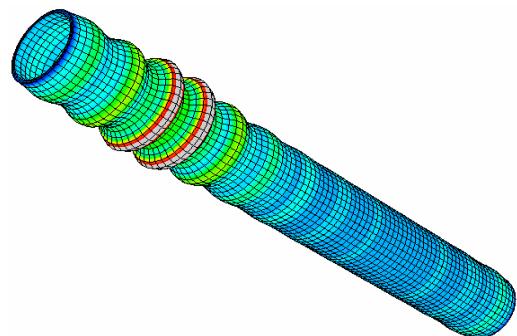


Constitutive modelling of biostructures

$$\begin{aligned} A_M^e = & 4 \frac{\dot{\epsilon}}{E} (y_{11}^e + 2y_{12}^e + y_2^e + I_1^2 y_{22}^e) \mathbf{1} \mathbf{1} - (y_{12}^e + I_1 y_{22}^e)(\mathbf{1} \mathbf{A} \mathbf{C} + \mathbf{C} \mathbf{A} \mathbf{1}) + y_2^e (\mathbf{C}^{-1} \otimes \mathbf{C}) - Y_2^e I_B^U \\ & + 4 \frac{\dot{\epsilon}}{E} (y_{31}^e + I_3^2 y_{33}^e) \mathbf{C}^{-1} \mathbf{A} \mathbf{C}^{-1} + I_3 y_3^e I_C^U + I_3 (y_{13}^e + I_1 y_{23}^e) (\mathbf{1} \mathbf{A} \mathbf{C}^{-1} + \mathbf{C}^{-1} \otimes \mathbf{C}) \\ & + 4 \frac{\dot{\epsilon}}{E} I_3 y_{23}^e (\mathbf{C} \mathbf{A} \mathbf{C}^{-1} + \mathbf{C}^{-1} \otimes \mathbf{C}) \\ & + 4 \frac{\dot{\epsilon}}{E} (y_{14}^e + I_1 y_{24}^e + y_5^e) (\mathbf{1} \mathbf{A} \mathbf{N}_0 + \mathbf{N}_0 \mathbf{A} \mathbf{1}) + (y_{15}^e + I_1 y_{25}^e) (\mathbf{1} \mathbf{A} \mathbf{C}^2 + \mathbf{C}^2 \mathbf{A} \mathbf{1}) \\ & + 4 \frac{\dot{\epsilon}}{E} y_{24}^e (\mathbf{C} \mathbf{A} \mathbf{N}_0 + \mathbf{N}_0 \mathbf{A} \mathbf{C}) - y_{25}^e (\mathbf{C} \mathbf{A} \mathbf{N}_{0C} + \mathbf{N}_{0C} \mathbf{A} \mathbf{C}) \\ & + 4 \frac{\dot{\epsilon}}{E} y_{44}^e (\mathbf{N}_0 \mathbf{A} \mathbf{N}_0) + y_{45}^e (\mathbf{N}_0 \mathbf{A} \mathbf{N}_{0C} + \mathbf{N}_{0C} \mathbf{A} \mathbf{N}_0) + y_{55}^e \mathbf{N}_{0C}^U \\ & + 4 \frac{\dot{\epsilon}}{E} y_{43}^e (\mathbf{C}^{-1} \mathbf{A} \mathbf{N}_0 + \mathbf{N}_0 \mathbf{A} \mathbf{C}^{-1}) + I_3 y_{53}^e (\mathbf{C}^{-1} \mathbf{A} \mathbf{N}_{0C} + \mathbf{N}_{0C} \mathbf{A} \mathbf{C}^{-1}) \end{aligned}$$

$$\begin{aligned} D_2^v + y_2^v \mathbf{I} + \mathbf{C} \mathbf{A} D_3^v + y_3^v I_{\mathbf{C}^2}^U \\ , \mathbf{C} \mathbf{A} D_5^v + y_5^v \mathbf{I} + \frac{\mathbf{I} \mathbf{I}_{n_0 \mathbf{C}}}{\mathbf{C}^2} + \frac{\mathbf{I} \mathbf{I}_{n_0 \mathbf{C}}}{\mathbf{C}^2} \mathbf{A} \mathbf{1}^U \\ + \mathbf{C} \mathbf{A} D_7^v + 2y_7^v (\mathbf{1} \mathbf{A} \mathbf{C} + \mathbf{C} \mathbf{A} \mathbf{1})^U \\ + \mathbf{C} \mathbf{C}^2 \mathbf{A} D_9^v + y_9^v (\mathbf{1} \mathbf{A} \mathbf{C}^2 + \mathbf{C}^2 \mathbf{A} \mathbf{1})^U \\ (\mathbf{N}_0 \mathbf{C} \mathbf{C} + \mathbf{C} \mathbf{N}_0 \mathbf{C}) \mathbf{A} D_{11}^v + y_{11}^v (\mathbf{1} \mathbf{A} \mathbf{N}_0 \mathbf{C} + \mathbf{N}_0 \mathbf{C} \mathbf{A} \mathbf{1})^U \end{aligned}$$

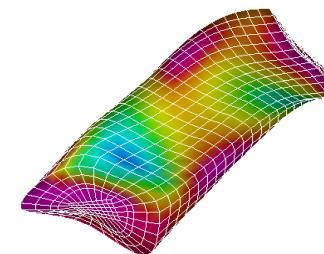
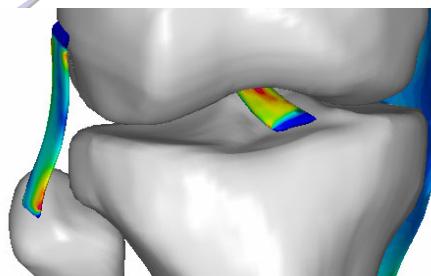
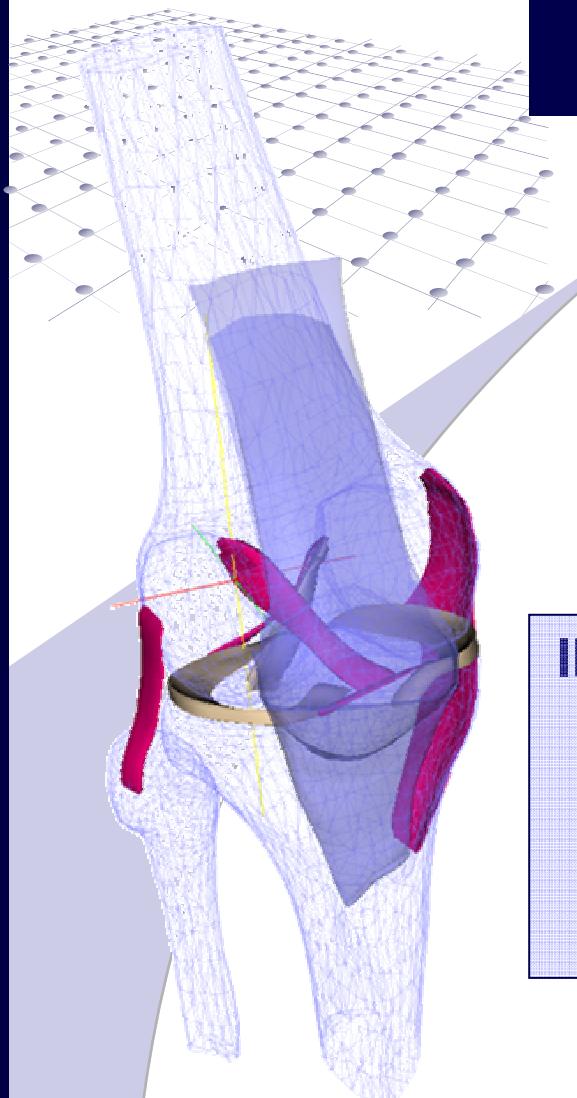
$$\begin{aligned} S^v = & \frac{2}{J} \frac{\dot{\epsilon}}{E} \mathbf{b} + 2y_2^v \mathbf{b} \cdot \mathbf{d} \mathbf{b} + 4y_3^v \mathbf{b} \cdot \mathbf{d} \cdot \mathbf{b} \cdot \mathbf{b} + I_4 y_4^v \mathbf{N} + 2I_4 y_5^v \mathbf{I}_{n_0 \mathbf{C}}^U \\ & + \frac{2}{J} \frac{\dot{\epsilon}}{E} b^2 + 2y_7^v \mathbf{b} \cdot (\mathbf{b} \cdot \mathbf{d} + \mathbf{d} \cdot \mathbf{b}) \cdot \mathbf{b} + y_8^v \mathbf{b}^3 + 2y_9^v \mathbf{b} \cdot (\mathbf{b}^2 \cdot \mathbf{d} + \mathbf{d} \cdot \mathbf{b}^2) \cdot \mathbf{b}^U \\ & + \frac{2}{J} \frac{\dot{\epsilon}}{E} y_{10}^v I_4 (\mathbf{N} \cdot \mathbf{b}) + 2I_4 y_{11}^v (\mathbf{N} \cdot \mathbf{b} \cdot \mathbf{d} \cdot \mathbf{b} + \mathbf{b} \cdot \mathbf{d} \cdot \mathbf{N} \cdot \mathbf{b}) + I_4 y_{12}^v (\mathbf{N} \cdot \mathbf{b}^2)^U \end{aligned}$$



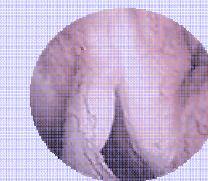
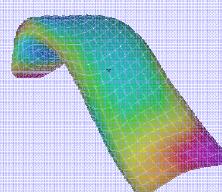
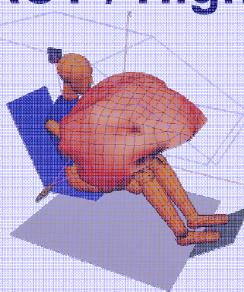
$$\begin{aligned} D_a^v := \frac{\mathbf{I} y_a^v}{\mathbf{C}^2} = & \frac{\mathbf{I} y_a^v}{\mathbf{J}_1 \mathbf{J}_a} \mathbf{C} + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_4 \mathbf{J}_a} \mathbf{N}_0 + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_5 \mathbf{J}_a} \mathbf{I}_{n_0 \mathbf{C}} \\ & + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_6 \mathbf{J}_a} \mathbf{C}^2 + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_8 \mathbf{J}_a} (\mathbf{C}^2 \mathbf{C} + \mathbf{C} \mathbf{C}^2) \\ & + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_{10} \mathbf{J}_a} \mathbf{N}_0 \cdot \mathbf{C} + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_{11} \mathbf{J}_a} (\mathbf{N}_0 \cdot \mathbf{C} \mathbf{C} + \mathbf{C} \mathbf{N}_0 \cdot \mathbf{C}) + \frac{\mathbf{I}^2 y^v}{\mathbf{J}_{12} \mathbf{J}_a} \mathbf{N}_0 \cdot \mathbf{C}^2 \end{aligned}$$



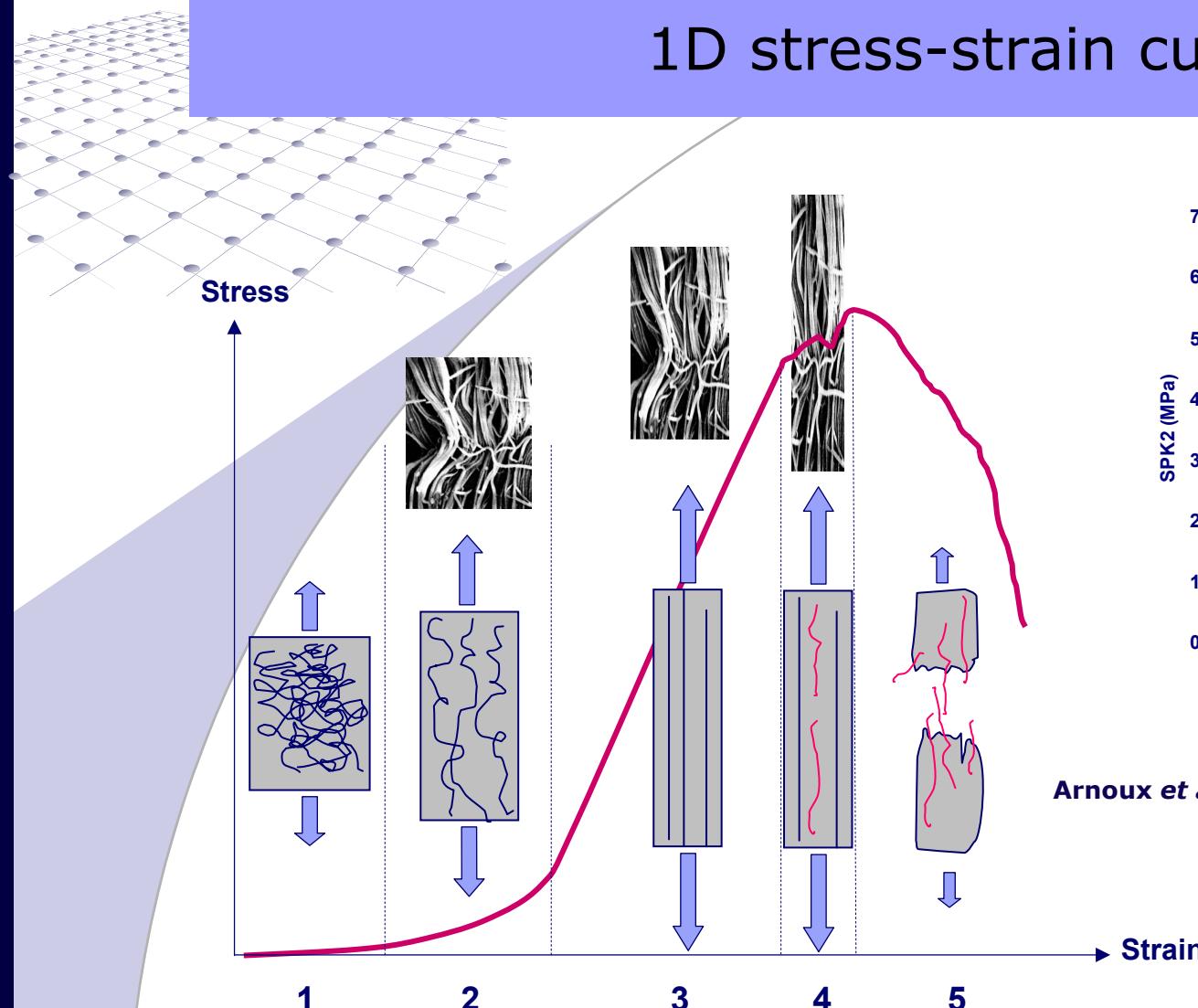
Knee joint – ligament



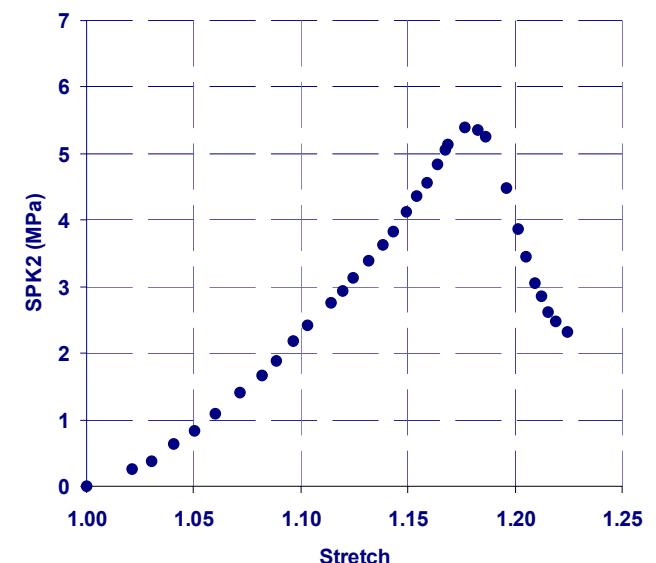
IMPACT / High strain rates



1D stress-strain curve



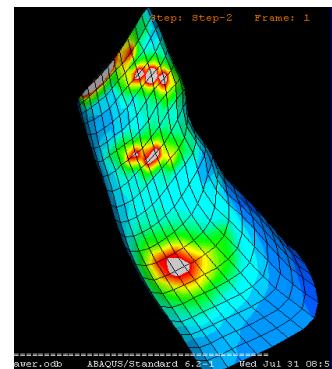
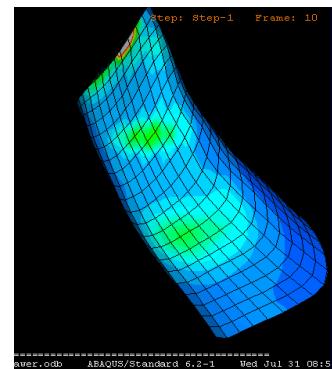
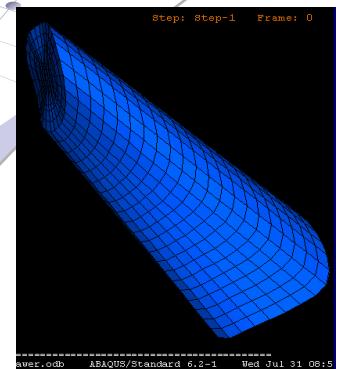
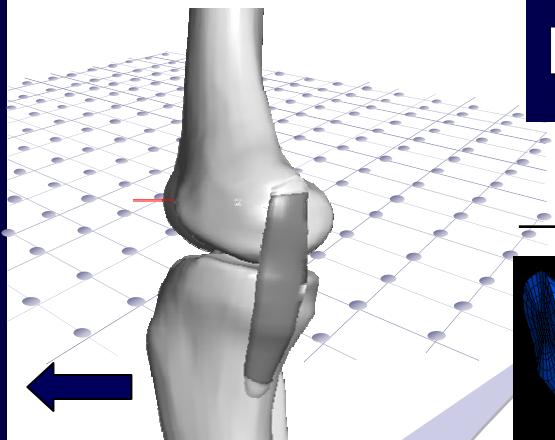
Damage-failure of the ACL



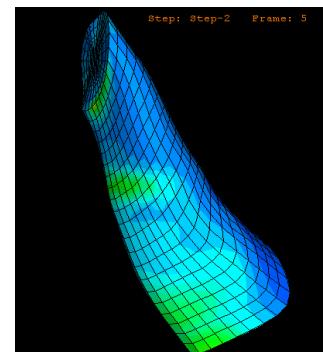
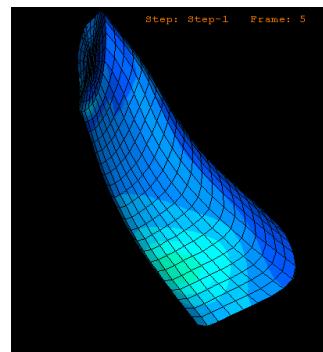
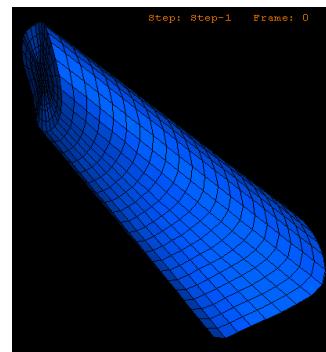
Arnoux *et al.*, Comp. Meth. Biomech. Bio.Eng., 2002

Knee modelling: clinical orthopaedics

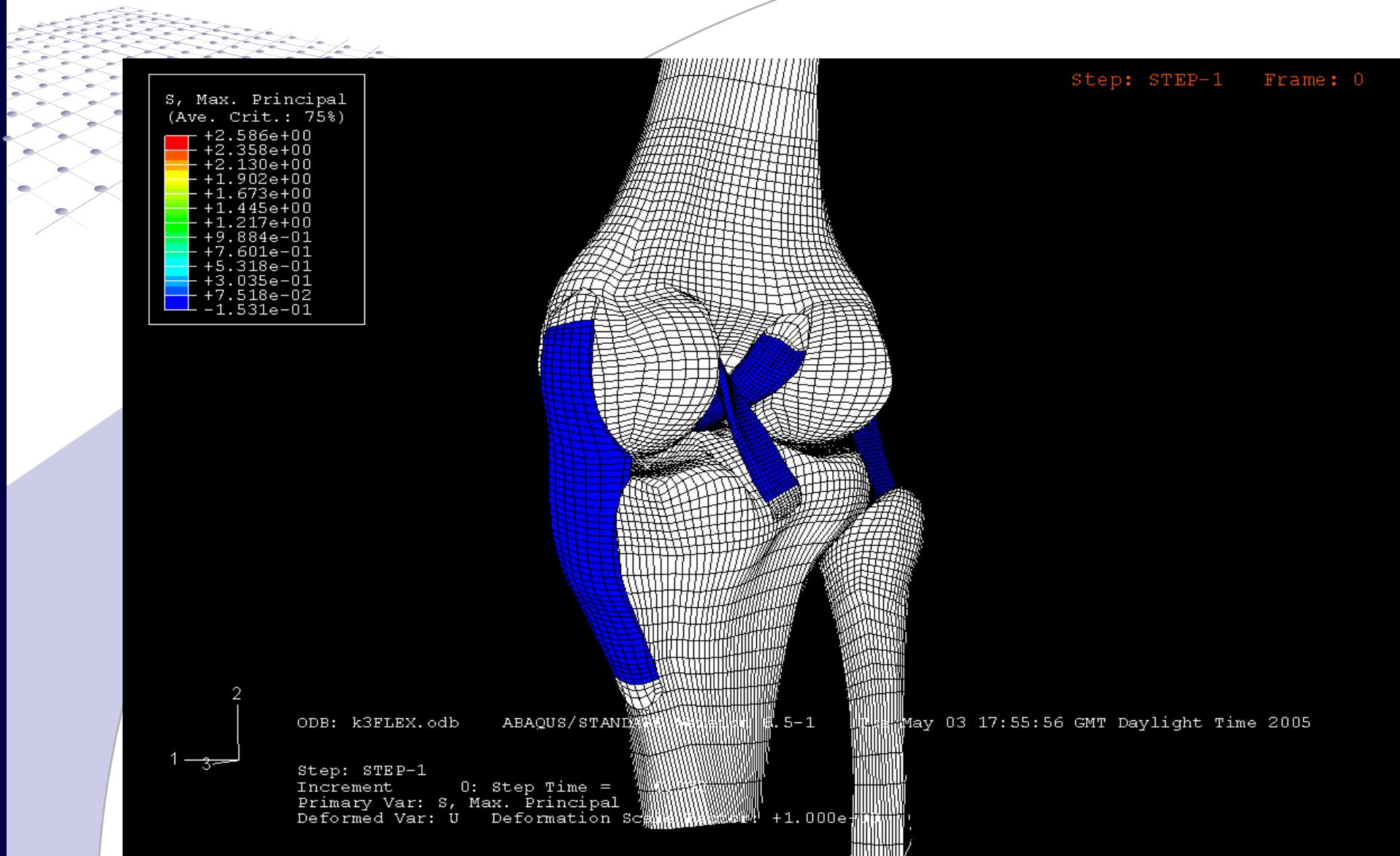
Drawer test



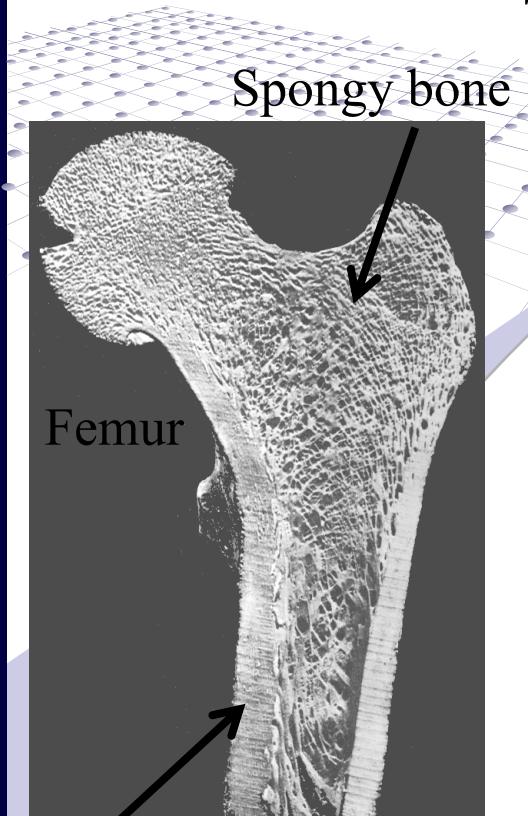
Lachman test



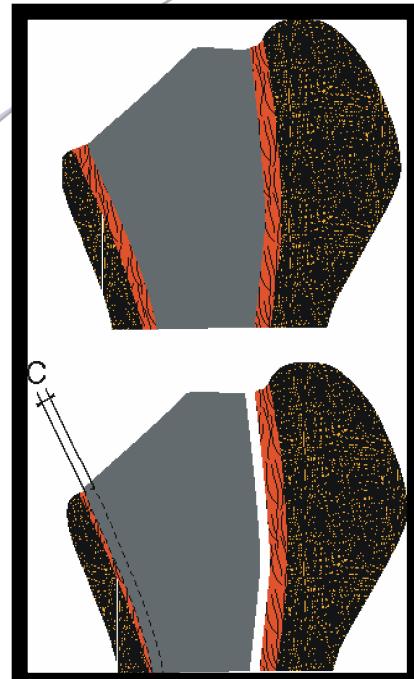
Knee Joint Passive Flexion



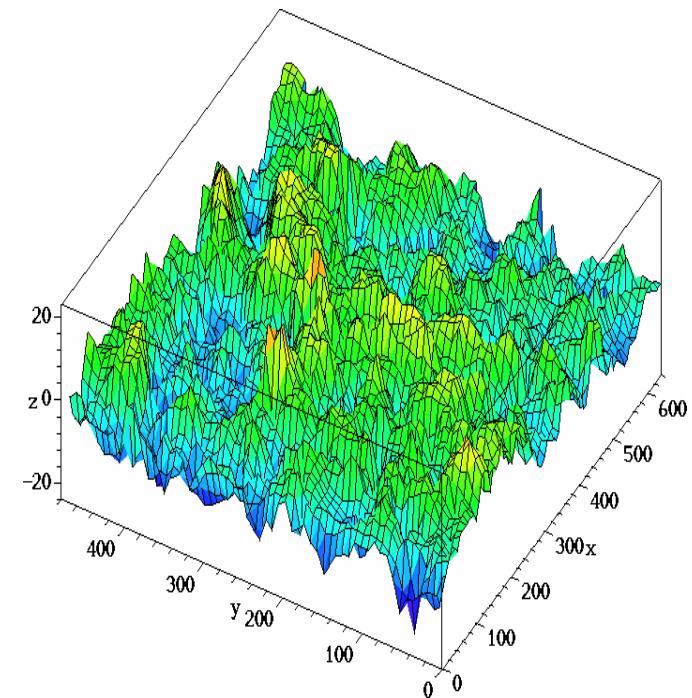
Secondary Stability



Cortical bone



Soft/fibrous tissue layer

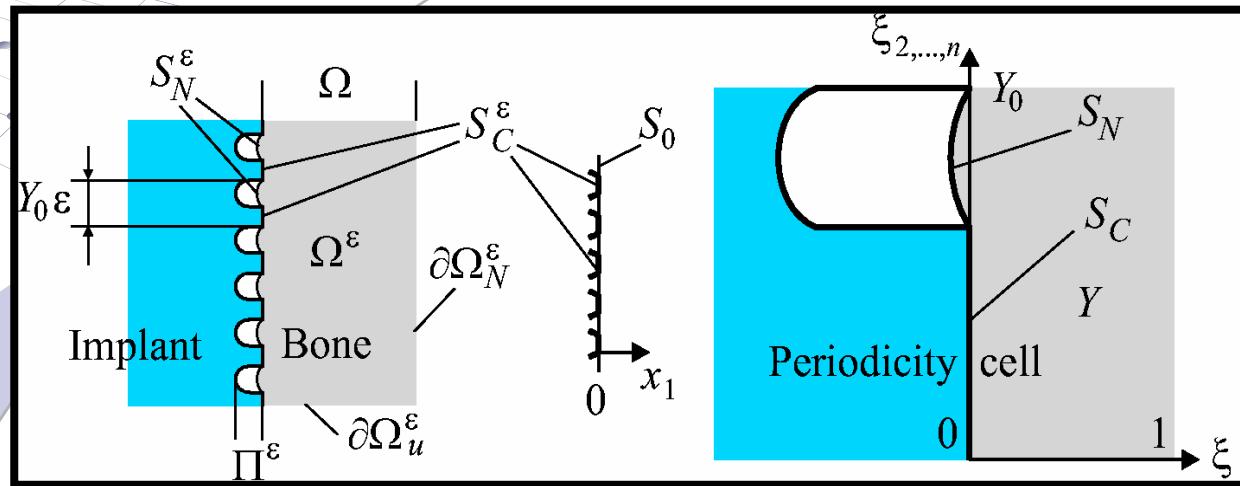
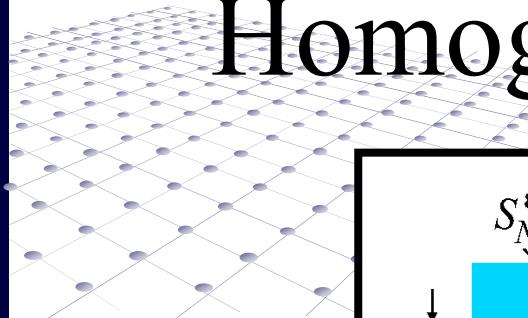


Typical surface coating HPA

Soft tissue and bone ingrowth → enhanced (secondary) stability

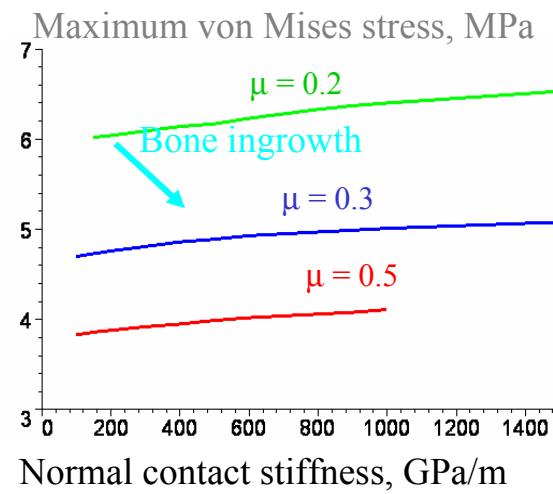
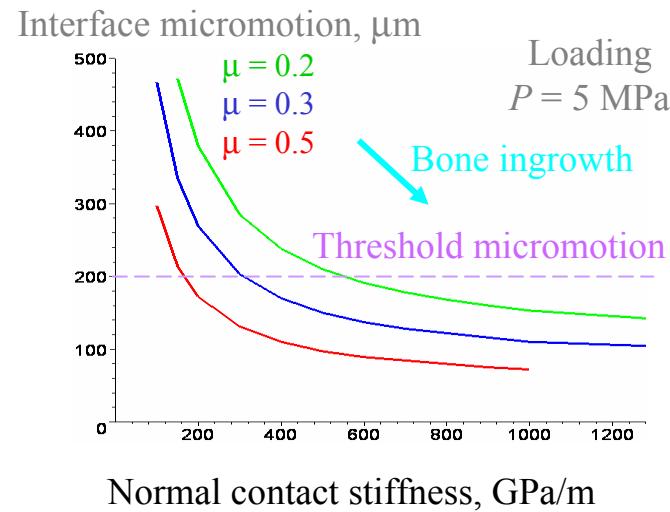
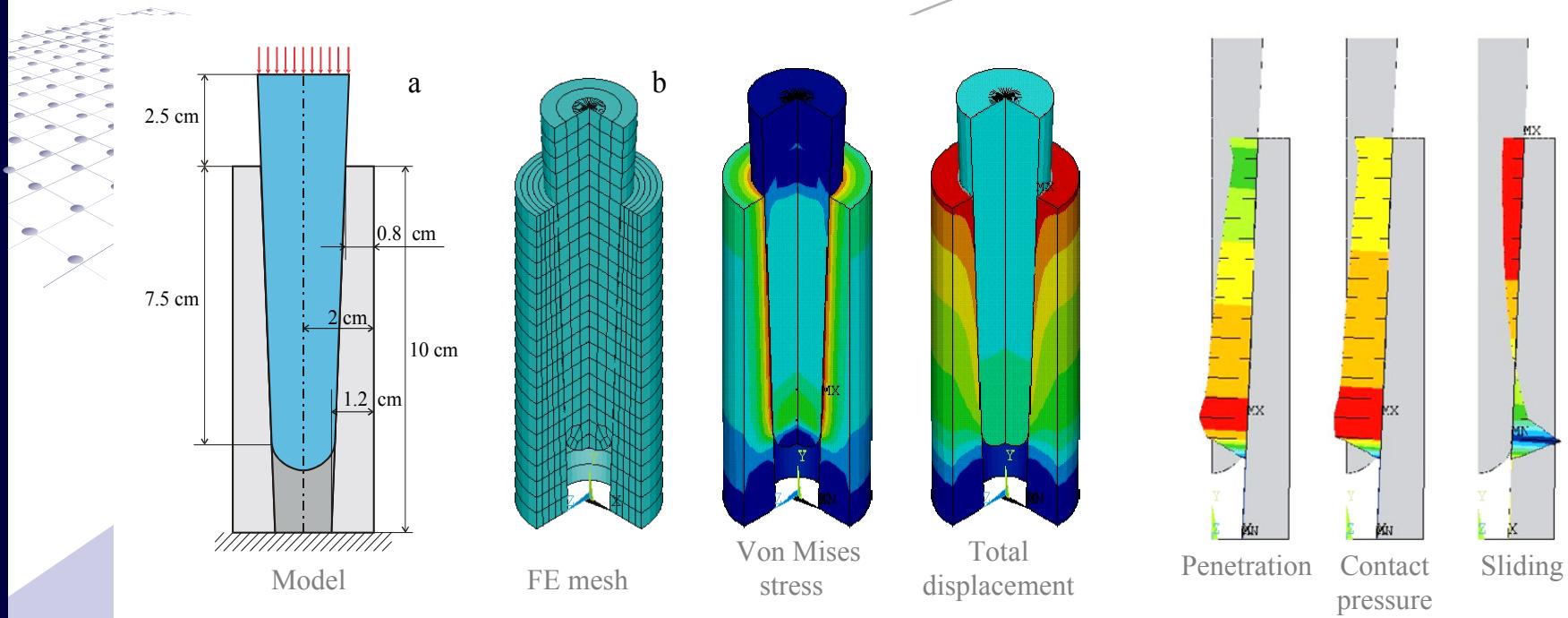
Formation of fibrous tissue → loosening of the implant

Homogenisation of the Interface

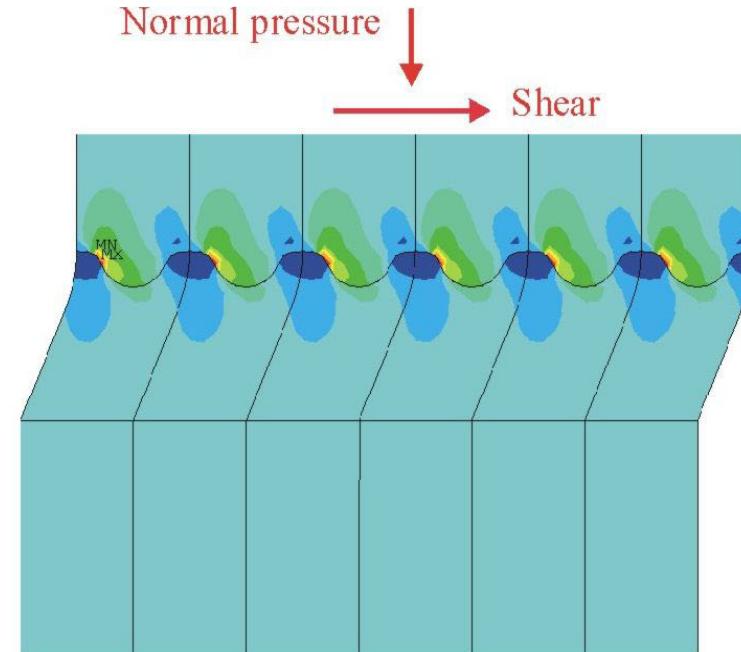
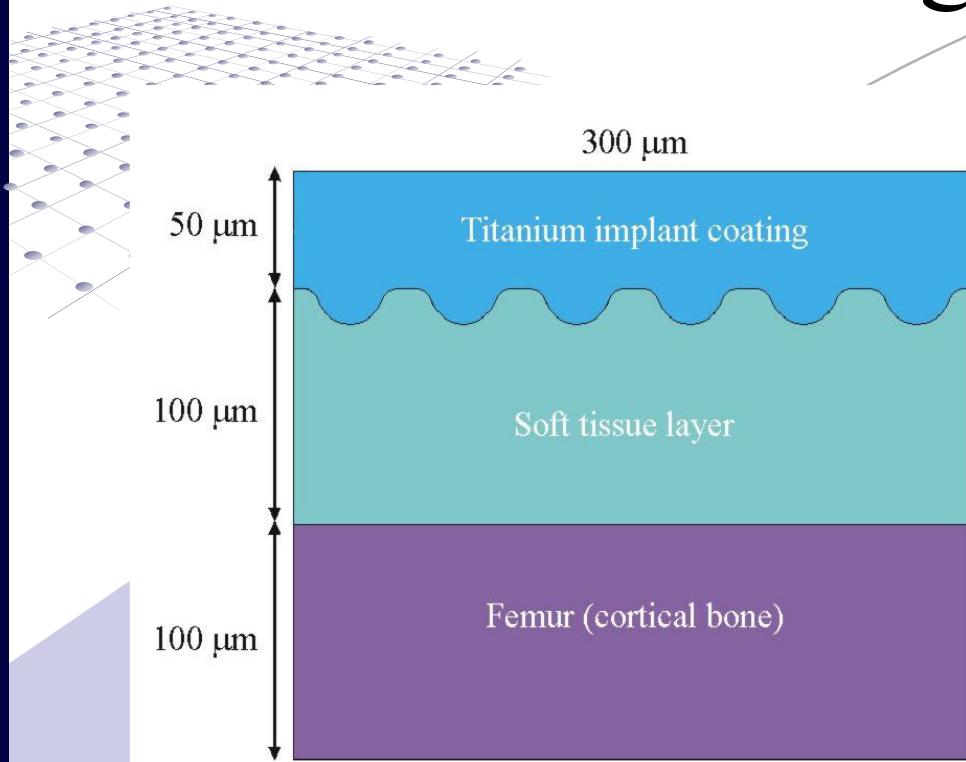


- Direct FE simulation on the micro and macro levels simultaneously is prohibitively costly
- Homogenisation provides macro-mechanical parameters of bone-implant contact interaction
- Homogenisation allows avoiding micro-modelling of the contact interaction

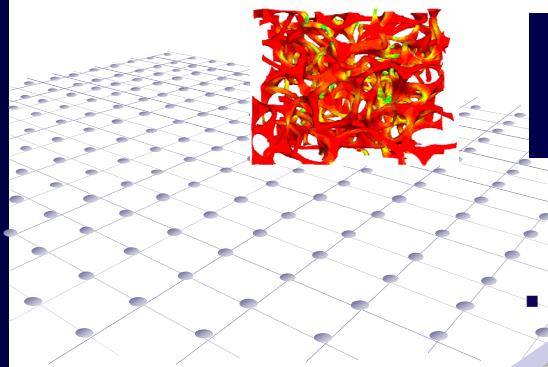
Sensitivity Analysis



Micromodelling of the Interface



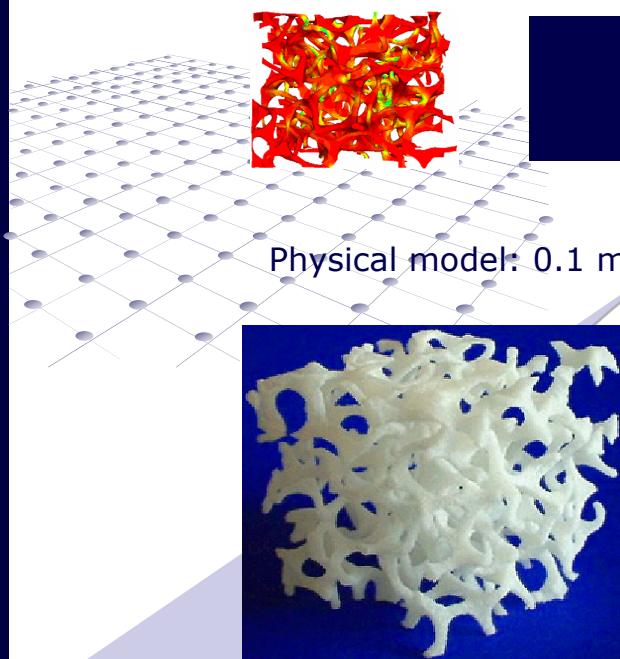
Micromodelling of the interface allows obtaining values of essential macro parameters for finite element analyses taking into account secondary stability.



Example: medical auxetic foam

- Unique structural properties: negative Poisson's ratio
 - expands when stretched
 - contracts when compressed
- Shock-absorbing and sound-proofing properties
- In BIOMEDICAL ENGINEERING:
 - Tunable filters (e.g. flow of drugs possible in 1 direction but blocked in the other directions)
 - other biomedical applications in development
- Numerical simulations used to explore structural behaviour and optimise structural characteristics of auxetic foam





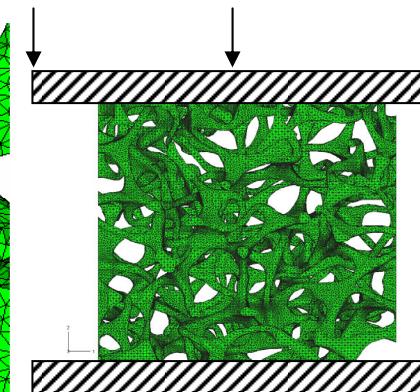
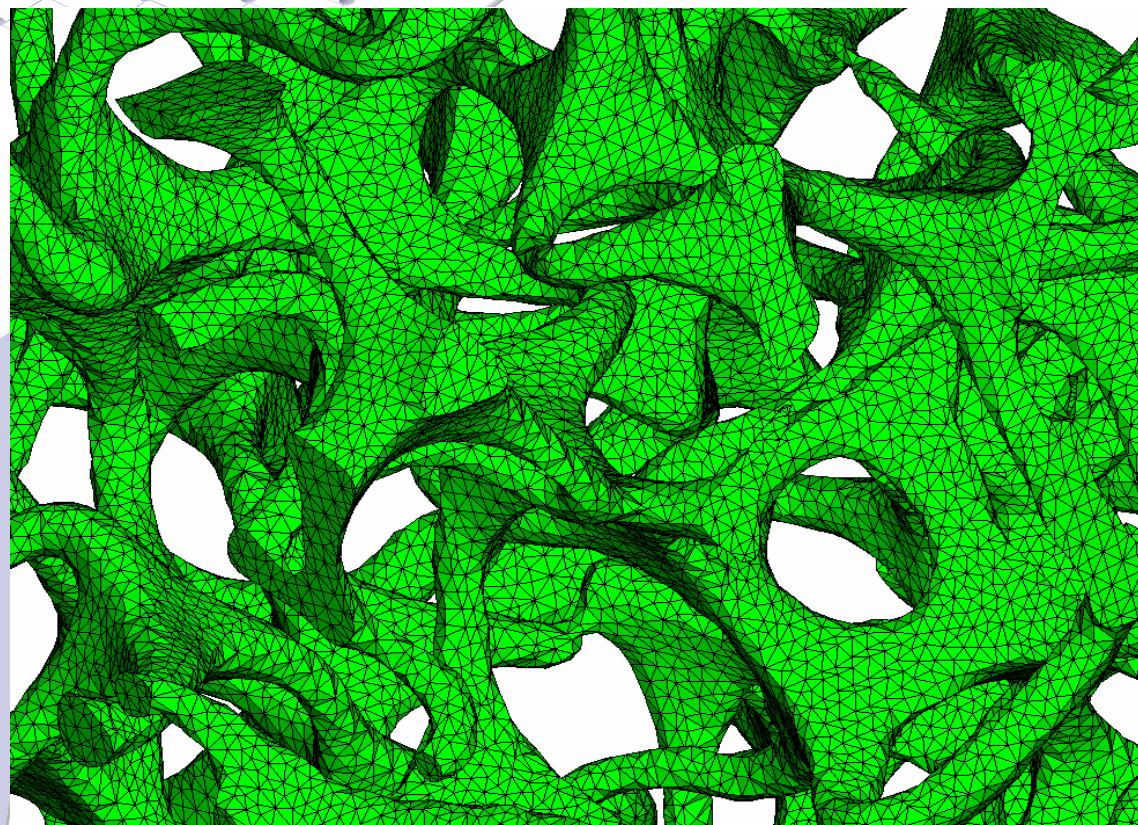
Finite element simulation

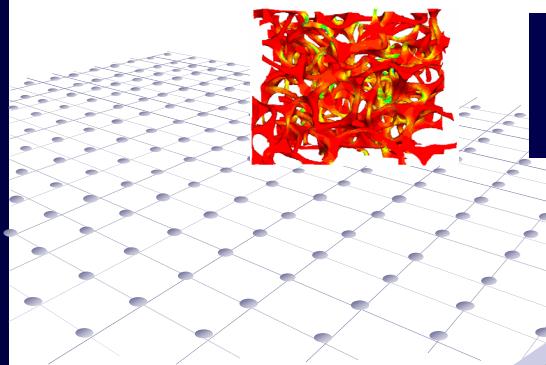
Physical model: 0.1 mm x 0.1 mm x 0.1 mm

Numerical model (finite element mesh)

- High resolution synchrotron scanning of auxetic sample
(Argonne National Laboratory, IL, USA)
- Image processing / Segmentation
- Generation of finite element mesh (> 600,000 elements)

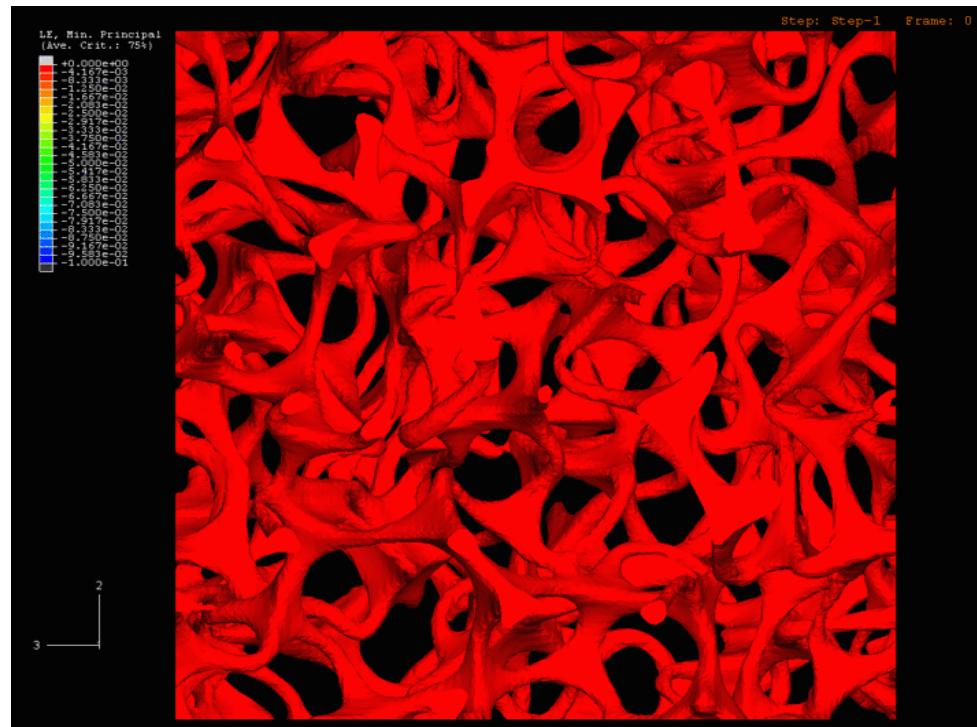
Finite element analysis





Non-linear finite element analysis

Computation time: 27 hours on a dual- Intel Xeon processors PC 2.8 GHz

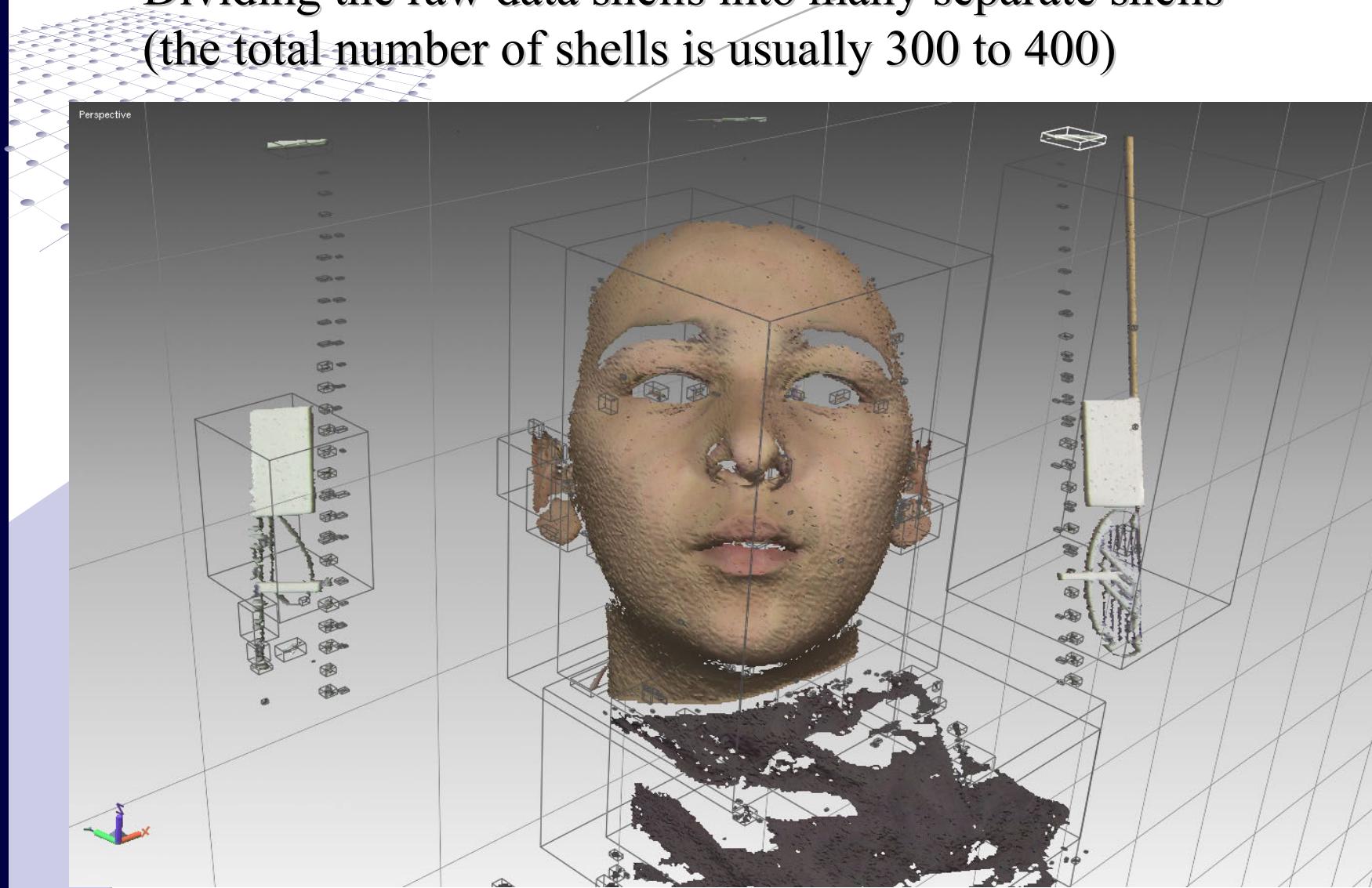


FACIAL IMAGING CLINICAL APPLICATIONS

Current applications:

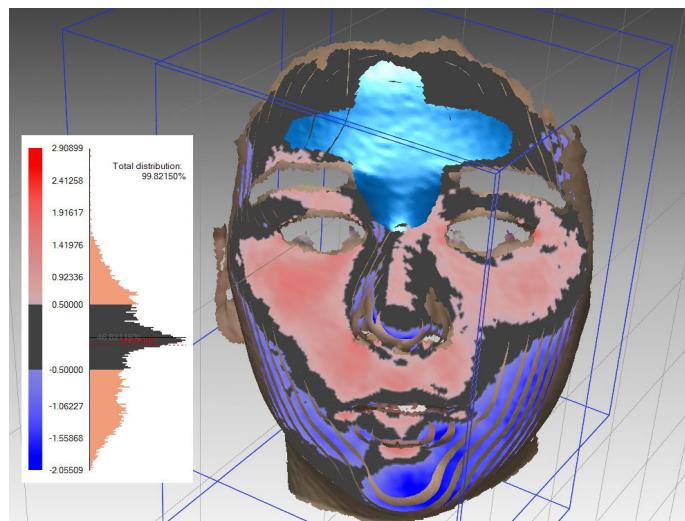
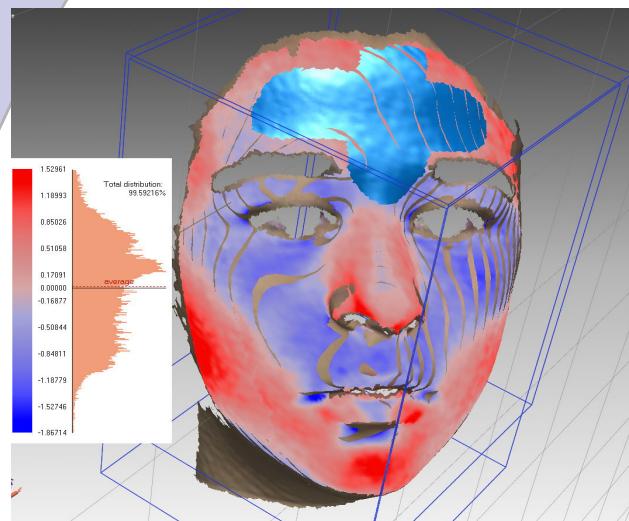
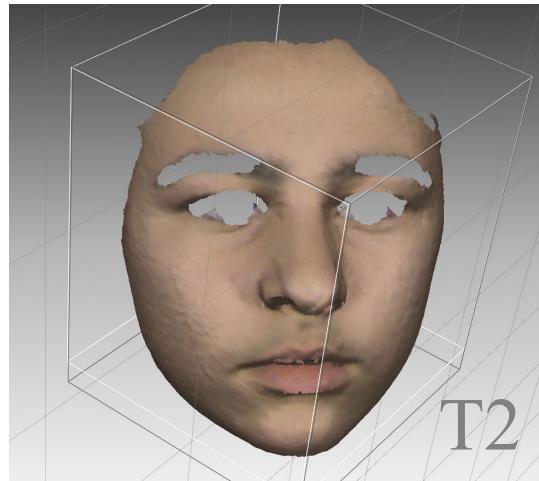
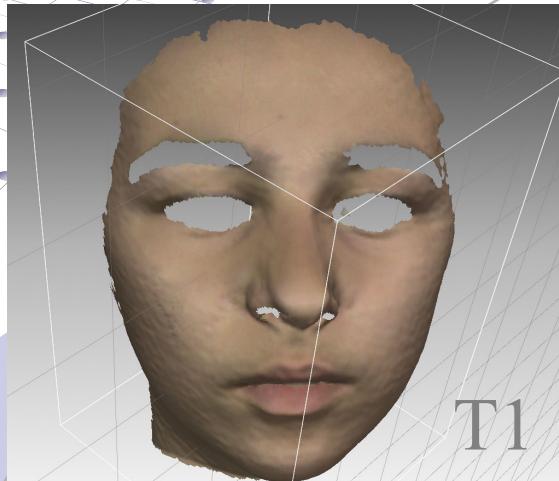
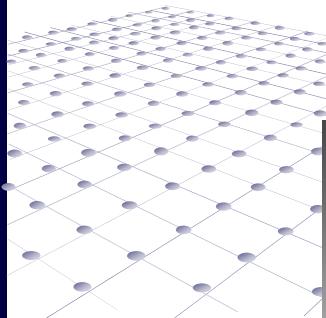
- **Facial growth study**
- **Study of twins (growth parameters)**
- **Computation of average face**
- **Study of facial anomalies**
- **Surgical planning**

Dividing the raw data shells into many separate shells
(the total number of shells is usually 300 to 400)



CLINICAL APPLICATIONS

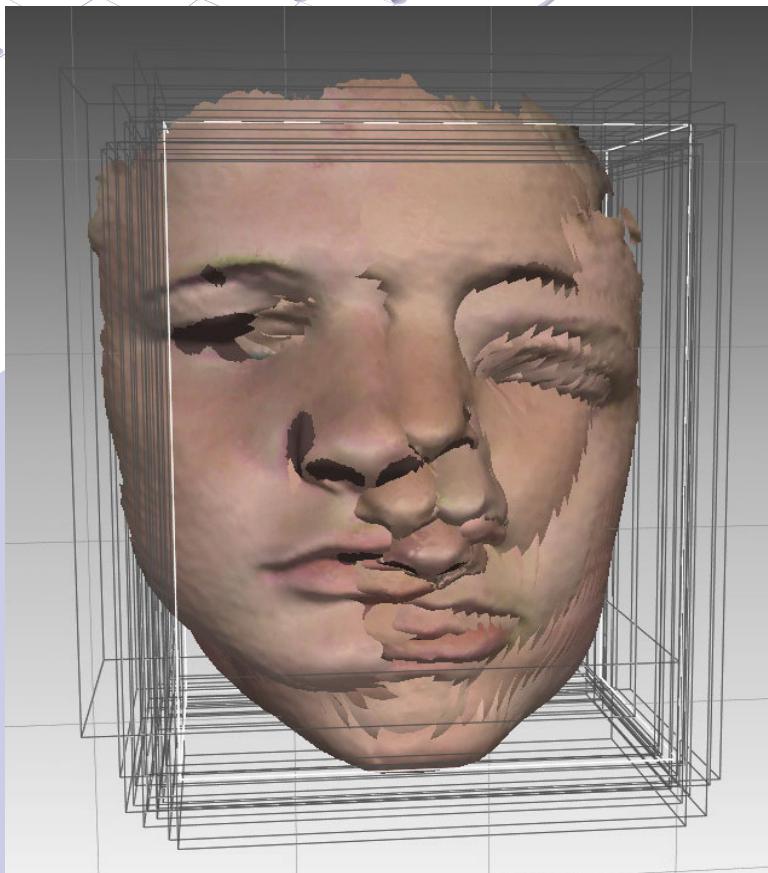
The study of growth (T1 - T2 six months growth)



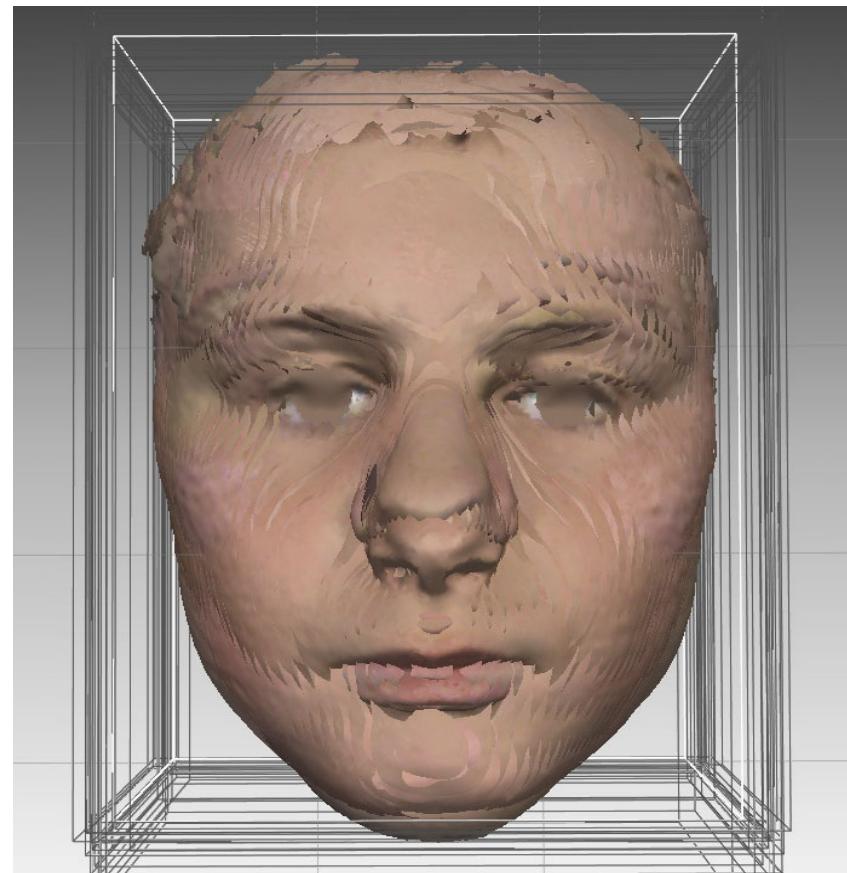
CLINICAL APPLICATIONS

The average face (40 faces)

Not aligned



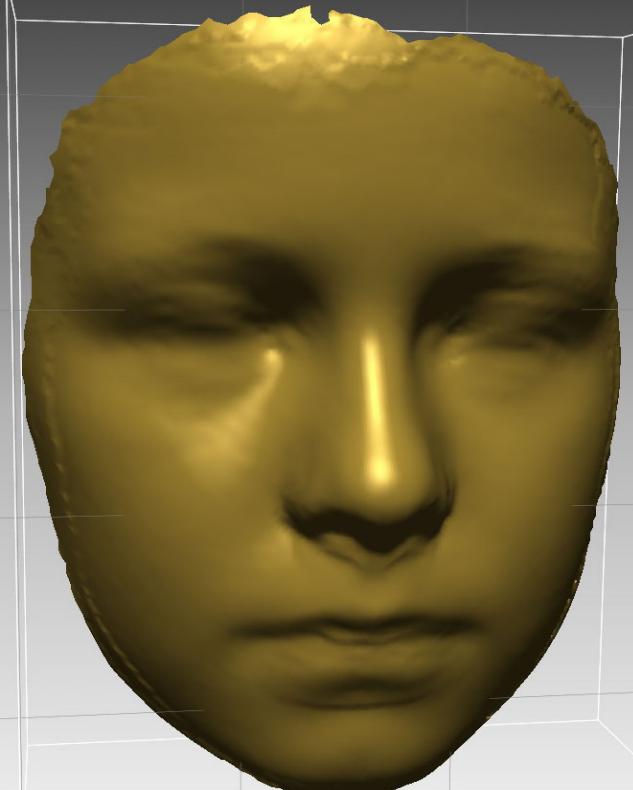
Aligned (best fit)



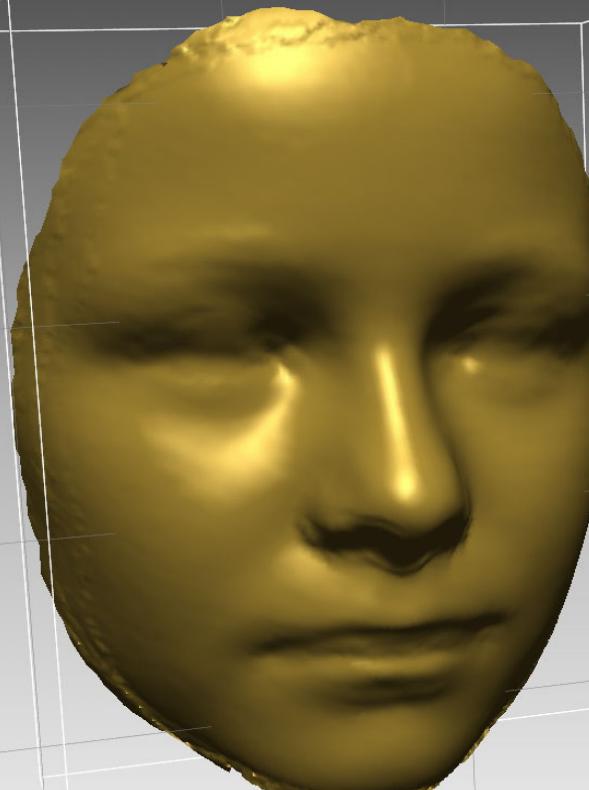
CLINICAL APPLICATIONS

The average face

Male ($n = 20$)



Female ($n = 20$)



CLINICAL APPLICATIONS

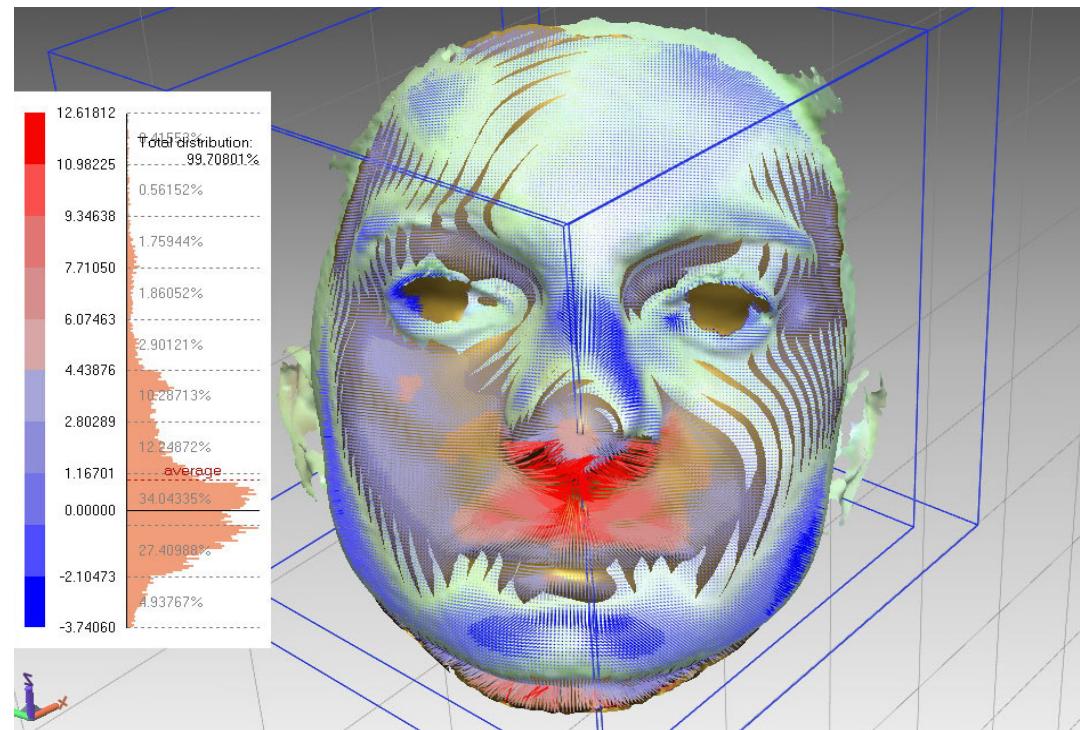
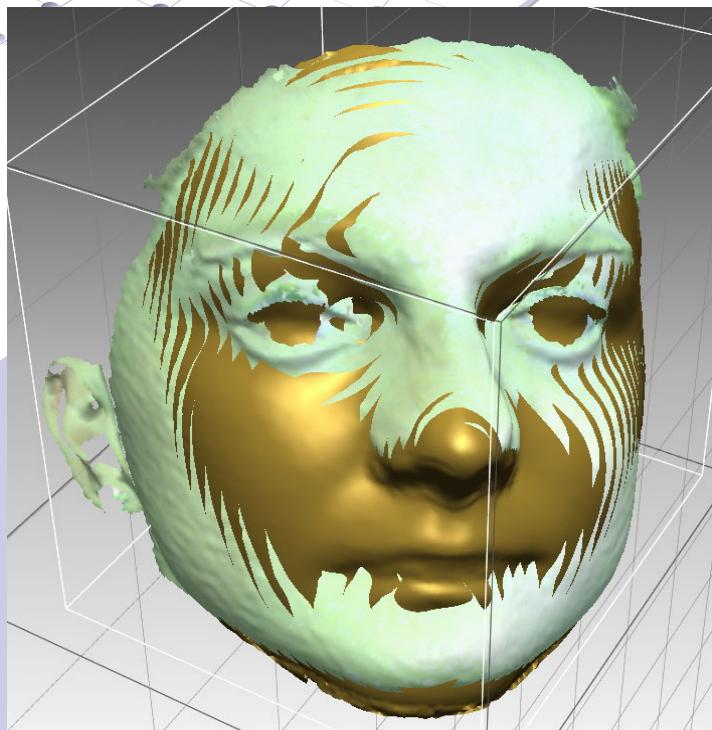
Study of facial anomalies



CLINICAL APPLICATIONS

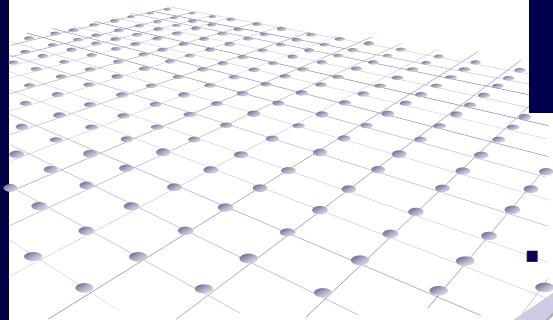
Study of facial anomalies

Comparison with the average face



FUTURE DEVELOPMENT

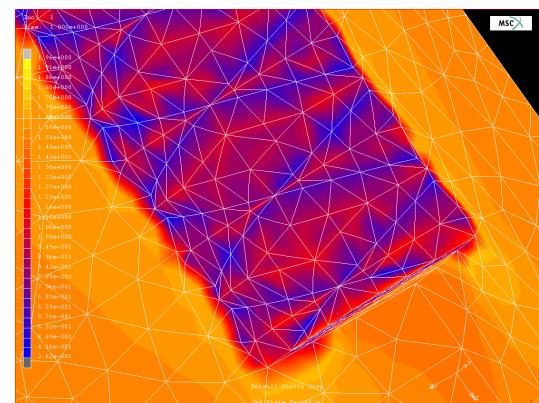
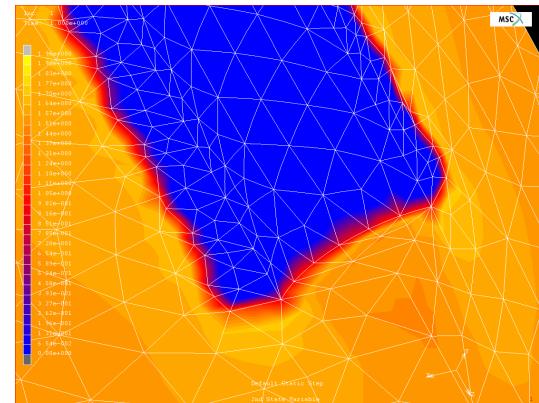
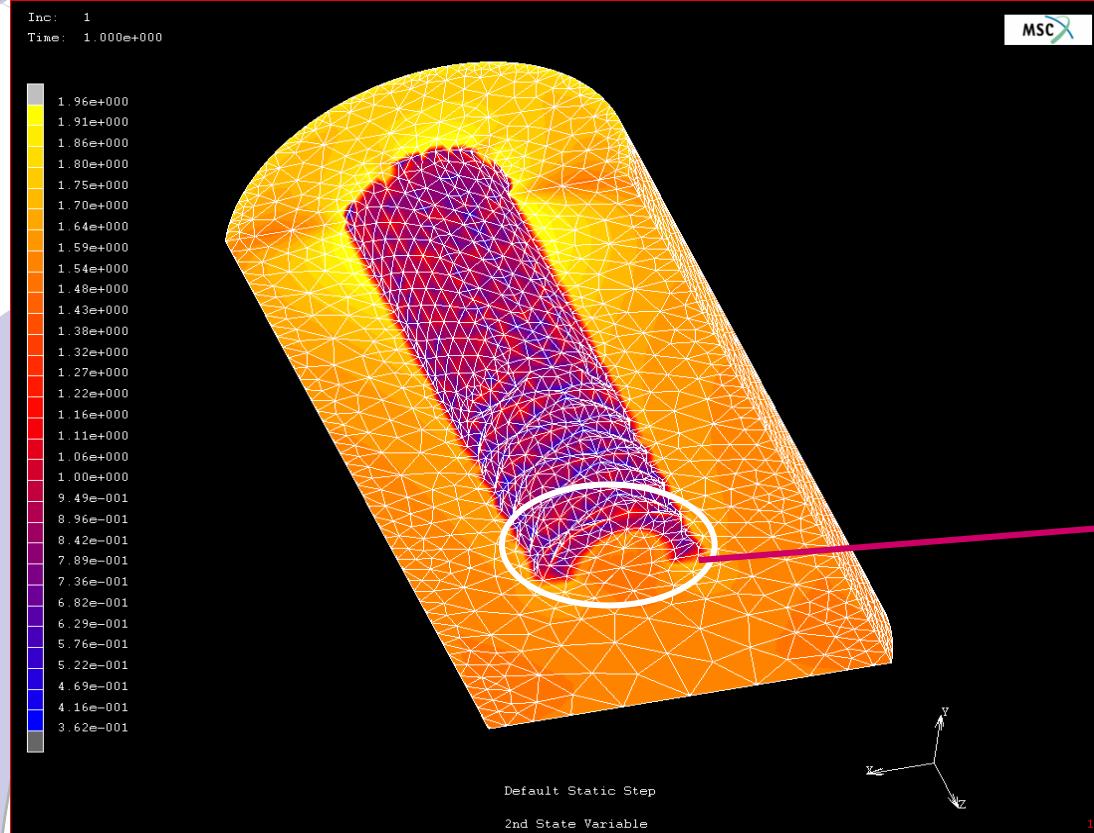
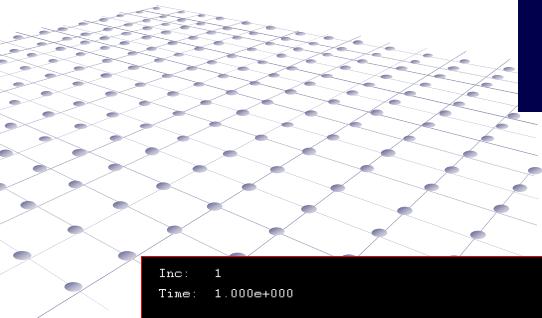
- Measurement of surface and volume changes
- Quantification of facial anomalies
- Analysis of post-treatment changes
- Prediction of post-treatment changes
- Development of new software tools
- 3D facial recognition



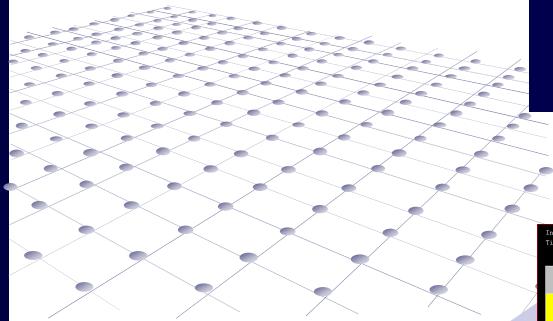
Example: Dental implant

- Implant shape optimisation
- Immediately loaded implants
- Interaction of bone/tissue interface
- Bone adaptation and growth (simulation)
- Pre-clinical assessment

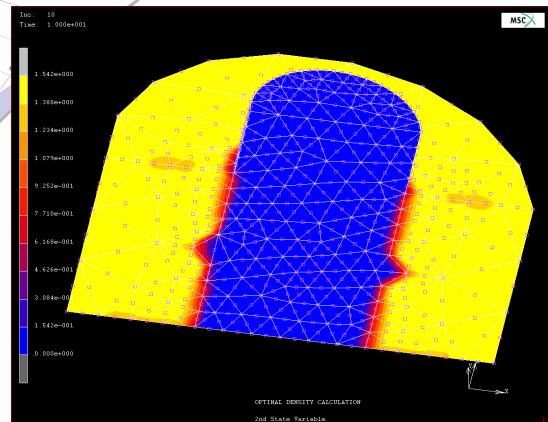
Simulating of bone adaptation



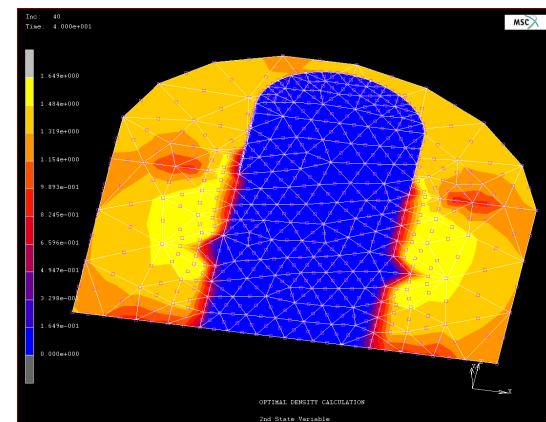
Evolution of bone density



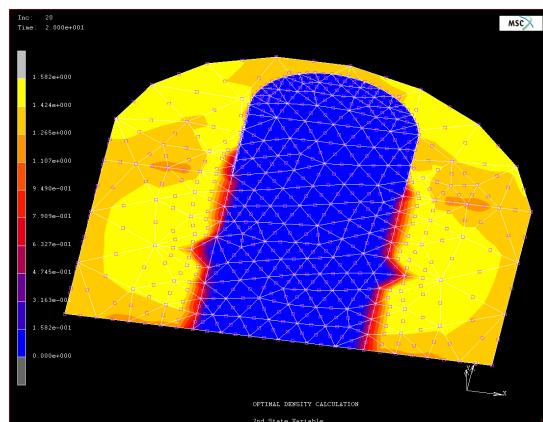
10 days



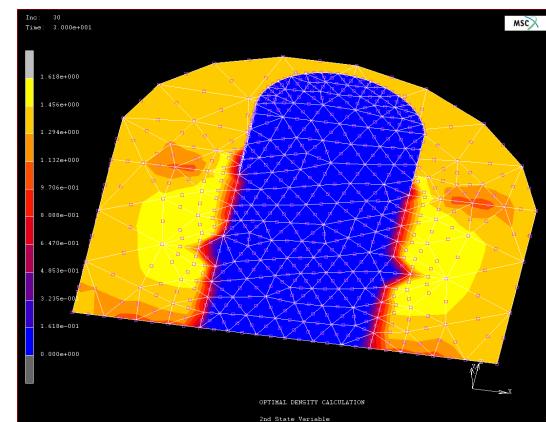
20 days



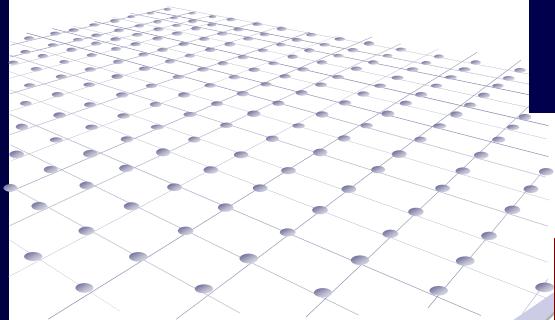
30 days



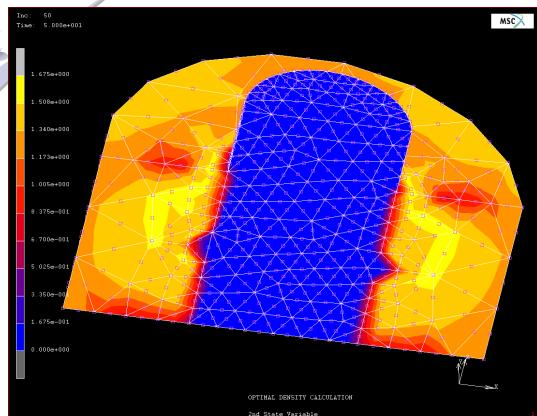
40 days



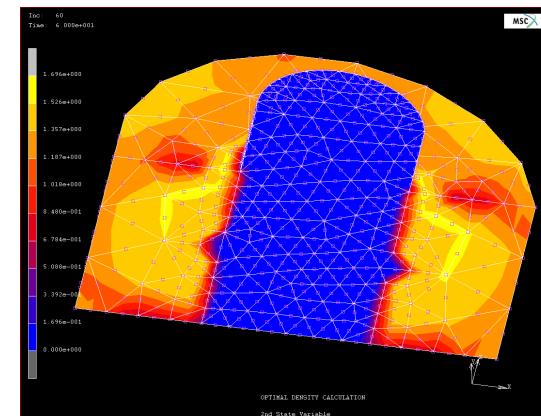
Evolution of bone density



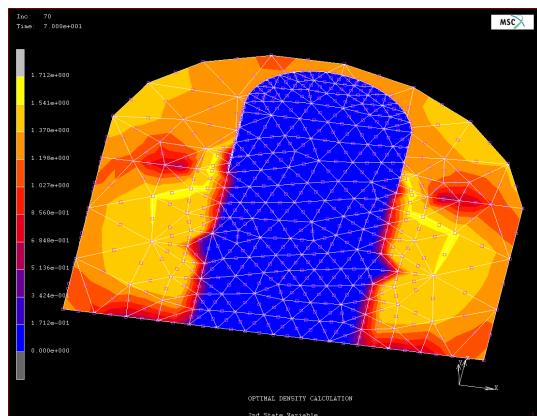
50 days



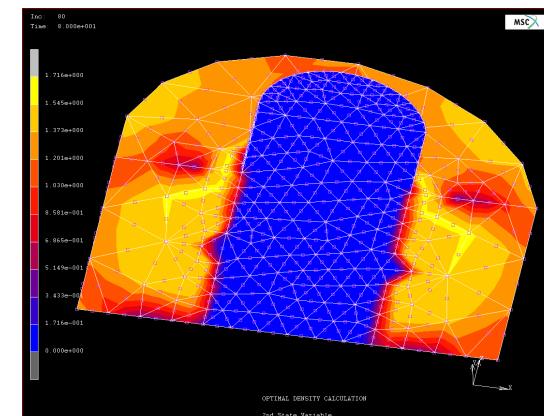
60 days



70 days

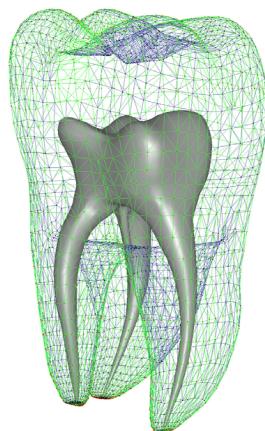


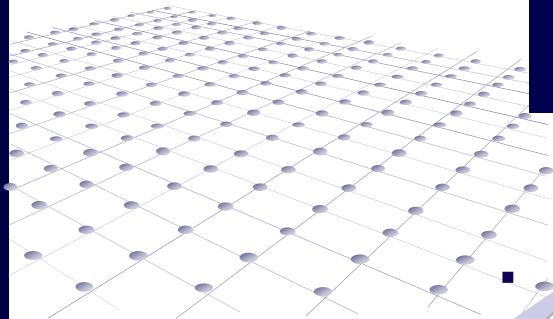
80 days



Other topics in dental mechanics

- Development of new biomaterials (skin substitutes, etc)
- Oral care products, dentures
- Maxillo-facial surgery
- Smart materials: shape memory alloys
- Polymerisation of dental cements
- Rapid prototyping
- Computer-aided surgery
- Simulating clinical trials





The future of biosimulation

- Improve the current capabilities (constitutive models and tissue structure characterisation – difficult but advancing)
- Complex multi-physics simulations of complete biological structures (in combination with new medical imaging techniques and systems biology)
- A framework of biocomputational techniques, tissue engineering, micro CFD, mechanotransduction,
- Molecular mechanics modelling (how molecular structures and short-scale atomic interactions affect macroscopic properties of tissues)
- Multi level techniques, macro – micro – nano, for biological simulation of biological structures, 'the digital human'

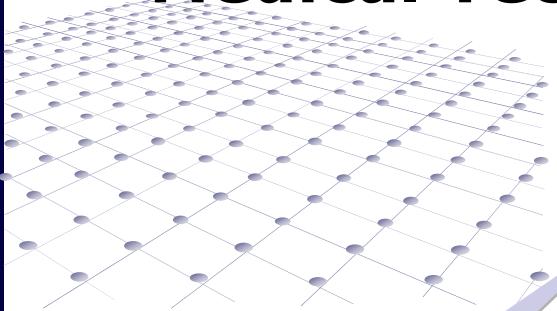
'Necessity is the mother of invention'

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