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# Use of the CRX-10iA cobot for microparticles delivery inside the cochlea

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Nanotechnology has shown to be efficient for targeted ear therapy. The use of magnetic nanoparticles, as a drug carrier system, actuated by permanent magnets has proven its capacity to ensure accurate targeting.



### EXPERIMENTAL TRIAL PROTOCOL

A virtual platform was developed for laboratory experimentation including a virtual patient's head, a real size glass facsimile cochlea, the magnetic effector and a manipulator. In our previous work, a **5 DoF manipulator** dedicated to inner ear drug delivery was developed. However to fully meet the medical requirements in terms of safety but also accuracy, we propose a novel approach using a **cobot**.

A virtual cell was created with *Roboguide* in order to validate the process and optimize the trajectory.



The aim of this work is to study the capacity of a cobot-based platform to meet the clinical need to deliver drugs into the inner ear. The robotic challenge is to ensure the position control of a magnetic end-effector while guaranteeing safety.

# CLINICAL PROTOCOL

A preoperative phase is required to collect patient's anatomical and biological data. These data allow to generate a dedicated and optimal trajectory as a means to virtually simulate the process of direct drug delivery in the cochlea. This helps improve the diagnosis' quality and evaluate the treatment's effectiveness.





## PATH PLANNING

The robot cycle is a succession of push/pull and turn motions. Four control modes are considered. 1 - The push or pull motions : we used a pseudoinverse control to define the joint parameters where  $d_e$  is the desired end-effector displacement (dim 5) and dq the joint motion's vector.

$$d_e = (dx, dy, dz, 0, 0)^t$$
 and  $dq = J_1^+(q) \cdot d_e$ 

2 - The turn movements between 2 pushes or 2 pulls :  $L_2$  must remain in the same position.

 $d_e = (0, 0, 0, d\alpha, d\beta)^t$  and  $dq = J_1^+(q) \cdot d_e$ 

3 - Reconfiguration movements between a push and a pull or vice versa: as the range of motion is

large, to preserve the  $L_2$  immobility we performed the movement in N steps. At each step i:

$$d_e(i) = (0, 0, 0, d\alpha/N, d\beta/N)^t$$
 and  $dq(i) = J_1^+(q(i-1)) \cdot d_e(i)$ 

4 - The robot approach movement towards the first position of the treatment : we used a pseudoinverse control  $(J_1^+)$  combined with the projection operator P to define the joint parameters in the first position where k is a gain coefficient and  $qo = \frac{\partial(det)}{\partial q}$ 

 $dq = J_1^+(q) \cdot d_e + P(q) \cdot k.qo$ 



#### LAGRANGE POINT

The magnetic field, generated by the effector, presents characteristic points called "Lagrangian points". However, only the second one is exploitable. Indeed, magnetic forces converge to  $L_2$  and cancels out at this point. It is then easy to trap magnetic particles by pushing or pulling them from, or to,  $L_2$  Lagrangian point.



#### EXPERIMENTS AND RESULTS

We demonstrated in this work the ability of the complete system to navigate a magnetic particle inside a glass cochlea, by pushing or pulling it. This makes it possible to consider a magnetic-cobotic procedure to ensure targeted drug delivery into the inner ear, meeting safety requirements.

