Image-Based Optical Miniaturized Three-Axis Force Sensor for Cardiac Catheterization

Article in IEEE Sensors Journal · November 2016
DOI: 10.1109/JSEN.2016.2600671

7 authors, including:

Hongbin Liu
King's College London
107 PUBLICATIONS 759 CITATIONS
Sina Sareh
Imperial College London
33 PUBLICATIONS 143 CITATIONS
Helge Wurdemann
University College London
71 PUBLICATIONS 239 CITATIONS
Kaspar Althoefer
King's College London
337 PUBLICATIONS 2,738 CITATIONS

Some of the authors of this publication are also working on these related projects:

FourByThree View project
Robotised ablation catheter steering and force sensing View project

All in-text references underlined in blue are linked to publications on ResearchGate, letting you access and read them immediately.
Image-based Optical Miniaturized Three-Axis Force Sensor for Cardiac Catheterization

Yohan Noh, Hongbin Liu, Sina Sareh, Damith Suresh Chathuranga, Helge Wurdemann, Kawal Rhode, Kaspar Althoefer

Abstract—In order to determine the cause of and to treat an abnormal heart rhythm, electrophysiological studies and ablation procedures of the heart sensorized catheters are required. During catheterization, force sensors at the tip of the catheter are essential to provide quantitative information on the interacting force between the catheter tip and the heart tissue. In this study, we are proposing a small sized, robust, and low-cost three-axis force sensor for the catheter tip. The miniaturized force sensor uses fiber-optic technology (small sized multi-cores optical fiber and a CCD camera based on image processing to read out the forces by measuring light intensity which are modulated as a function of the applied force. In addition, image processing techniques and a Kalman filter are used to reduce the noise of the light intensity signals. In this paper, we explain the design and fabrication of our three-axis force sensor and our approach for reducing noise levels by applying a Kalman filter model, and finally discuss the calibration procedure. Moreover, we provide an assessment of the performance of the proposed sensor.

I. INTRODUCTION

Electrophysiological studies which investigate the cause of abnormal heart rhythm (cardiac arrhythmias) in cardiovascular patients usually involve catheterization. The test procedure is performed through passing a thin catheter into the right or left chambers of the heart, where the catheter tip can measure the location of electric pathways and ablate areas of the heart wall during an ablation process, in order to regulate faulty electric pathways [1]. Having completed electrophysiological measurements, ablation of identified points in the heart wall through electrodes at the catheter tip is carried out to remove the part of tissue which causes the abnormal heart rhythm using radiofrequency energy. Although catheter ablation has been carried out in patients for a long time, the success rate of ablation therapies has been very poor, around 15–45%, and the patients often require further ablation procedures after the initial treatment [2 and 3]. Several studies showed that the success rate of the ablation therapies strongly depends on a good mechanical contact between the electrode and the heart tissue [4]. The cardiac catheterization is usually performed under X-ray fluoroscopy to enable real-time tracking of the catheter tip position. There are also works reported using magnetic resonance imaging (MRI) [5–8]. However, cardiologists are usually not able to reliably monitor the catheter tip force applied to the heart tissue [9]. Although some force is fed back to the cardiologist via the handheld catheter, the forces perceived are heavily distorted by the multitude of friction forces induced by blood vessels through which the catheter advances. Real-time images from X-ray and/or MRI are helpful in this context, but cannot provide detailed force information. The interaction forces between the electrode and the heart tissue is the essential information determining the success of the ablation procedure. Catheter tip force sensing not only improves the catheterization performance but also, prevent traumatization caused by the tip force on the heart or blood vessel (vein and artery) while advancing the catheter to the heart [10]. In-line with these requirements, we propose a force sensor to be integrated with the catheter tip to provide quantitative force feedback to the doctors during cardiac catheterization. A variety of miniaturized uni-axial and multi-axial catheter tip sensors based on piezoresistive materials [11], strain gauges [12], polyvinylidene fluoride (PVDF) films [13], and fiber-optics [14–16] have so far been proposed in the literature [6 and 7].

In this paper, we propose a new miniature three-axis force sensor which is integrated with the tip of a cardiac catheter to provide the tip contact force information. The proposed sensor consists of a 3D printed deformable structure and a 4-core fiber bundle. The sensor can be assembled by plugging the fiber bundle into the sensing structure. The light intensity is modulated using a digital USB camera to obtain the three axial forces between the catheter tip and the cardiac tissue. Compared to existing three axial force sensors for catheter tip, the proposed design has the advantages of simpler structure, easier for fabrication and sensor calibration and lower cost. The fiber optic sensors [17–19] are free of electrical current. And, hence, the sensing is not influenced by the electromagnetic field (as it occurs during MRI-guided catheterization) or by the radio frequency power used for

Manuscript received Oct 22nd, 2015. The research leading to these results has received funding from the European Commission’s Seventh Framework Programme; project STIFF-FLOP (Grant No: 287728).

Yohan Noh, and Hongbin Liu are with Centre of Robotics Research, King’s College London, School of Natural and Mathematical Sciences, Department of Informatics, UK (e-mail *corresponding author: yohan.noh@kcl.ac.uk).

Kaspar Althoefer is with School of Electronic Engineering and Computer Science, Queen Mary University of London London, UK

Rhode Kawal is with the Department of Biomedical Engineering, Division of Imaging Sciences and Biomedical Engineering, King’s College London, UK

Sina Sareh is with the Department of Aeronautics, Imperial College London, UK.

Helge Wurdemann is with the Department of Mechanical Engineering, University College London, UK

Damith Suresh Chathuranga is with the Department of Robotics, School of Engineering, Ritsumeikan University, Shiga, Japan.
heart ablation. In addition, the sensor signal (light intensity) is insensitive to the environmental temperature (an issue when using Fiber Bragg Grating based methods) [20, 21]. Furthermore, the use of optic imaging immunes the sensor against the electromagnetic interference.

To date, a number of fiber optic force sensors have been developed. In [6], a three-axis catheter tip force sensor based on optical fibers and opto-couplers is proposed. This sensor uses non-metallic components, thus is MRI compatible. Although this sensor achieved miniaturization of the overall size of the force sensor tip to 4 mm in diameter, the assembly and the integration of the tip sensor with the catheter is complex because individual three optical fibers need to be carefully inserted and accurately placed in front of the moving reflectors, increasing the manufacturing complexity.

In [4], a three-axis force sensor based on optical fibers using the Fiber Bragg Grating (FBG) technique is proposed. Three-axis force sensing developed based on FBG has been reported in [21, 22]. The advantage of the FBG based sensor is that the sensor can be made into diameter less than 1 mm, thus is applicable for integrating with biopsy needles [23]. However, this technology has much higher cost compared to our approach based on light intensity modulation due to the high cost of the interrogator. Also, the measured FBG sensor signals are highly influenced by temperature, and temperature compensation needs to be provided for, negatively impacting on design simplification [24].

Fiber optic technology and camera based force sensor have been proposed to measure multi-axis force/torque sensor. In [25,26], a three axial force sensor is developed based on the measurement of the position of the centroid of light reflection in the image. However, this sensing method requires larger sensing structure and an optic fibre capable of transmitting images, thus is difficult to be miniaturized for catheter tip integration and has much higher cost. In addition, in [27-28], fiber optic technology and CCD camera based force sensors have been proposed to measure tactile information. However, this principle needs large deflection (deformation) to get large difference of pixel numbers. The large deflection of the sensing structure result in the difficulty to further miniaturize the sensor be integrated to the catheter tip.

In this paper, we propose a new design of three-axial force sensor which contains a 1.45 mm diameter 4-core fiber bundle and simple sensing structure. The structure requires small deflection (deformation) to obtain sufficient sensitivity of force measurements (different method from camera image pixel numbers transferred from light intensity [27-28]). This approach simplifies the integration of the force sensor with the catheter tip, and is cheaper in comparison with any other approaches mentioned above. The miniaturized force sensing arrangement presented here can be easily integrated to many medical and industrial devices.
In this paper, we present the design and development of a three axis force sensor for the catheter tip based on the fiber optic technology using light intensity to transmit force signals. In the following, we explain how to design, fabricate and calibrate the sensor device, and subsequently calculate the force components using a calibration process. The experimental results show that the proposed sensor has good performance in measuring three-axis force.

II. DESIGN METHODS AND SENSOR STRUCTURE

A. Design Concept

The design concept of the multi-axis force sensor for the catheter tip should satisfy several conditions as follows:

1) The sensor should be scalable so that it can be integrated into the catheter tip. It is worth noting that this sensor can be useful for a variety of medical and industrial applications, e.g. a surgical robot tip.

2) The sensor should be capable of measuring three components of external force including \( F_x \), \( F_y \), and \( F_z \) in order to determine relevant interactions with the environment. The optimum contact force required to achieve a good and safe ablation line in RF procedures is around 0.2N-0.3N (20–30 gm of force) [4, 6, and 7]. Sensor should be designed to withstand the forces expected in procedure. To protect the sensor from accidental overloads, the range of the sensor should be in the range of \( F_x = \pm 1.5N \), \( F_y \) and \( F_z = \pm 0.5 \) N. Additionally, the human heart normally beats 60–100 times per minute [6]. As a result, the typical bandwidth of operation for a force sensor should be at least 2 Hz for use in such a dynamic environment [6].

3) The sensor should be MR compatible, and free of electric currents and metal components.

B. Configuration of Fiber Optic Multi-axis Force Sensor

The structure of optical three-axis force sensor for the catheter tip is shown in Figs. 1 and 2. The sensor uses optical fiber (Keyence Corp., FU-49X, minimum fiber allowable bend radius \( R=4\text{mm} \) \((0.157\"))\), a FS-N11MN Fiber Optic Sensor (Keyence Corp.), a mechanical sensor structure, a reflector, and a CCD camera as shown in Figs. 1 to 5. Figs. 1 and 2 show the FU-49X with its four small-sized optical fibers and a surrounding jacket. This arrangement uses a FS-N11MN as the light source to transmit constant light via one of the four fibers of the FU-49X to a mirror in the sensing structure (in general, we can use any light as the light source); the other three optical fibers are fixed to face the CCD camera as shown in Figs. 3 to 5; each of these three optical fibers send the light reflected by the corresponding mirror to the CCD camera. The CCD camera can acquire the light intensity of the three fibers – the light intensity varies as a function of deflections \( \delta_1 \), \( \delta_2 \), and \( \delta_3 \) of the three cantilever beams, shown in Fig. 6. When an external force is applied on the upper plate of the sensor structure, each of the cantilever beams is deflected. From the measured deflections, as finally acquired by the CCD camera, and knowledge of the spring constants of the beams or a calibration procedure, the three force components can be calculated. External light produces light intensity noise, and, hence, the cases for the CCD camera and the three optical fibers have been painted with black color, to shield light sensitive structures from ambient light as shown in Figs. 3 and 5.

C. Sensor Structure Design and Simulation

To measure the three force components, three cantilever beams are used as shown in Figs. 6 and 7. To satisfy the force range requirements of the three axis force sensor as mentioned above, we have performed an FEM analysis using the SolidWorks Simulation tool. Fig. 7 shows the result of the FEM simulation, revealing that maximum deflections are \( \delta_1 = 0.06 \text{ [mm]} \), \( \delta_2 = 0.2 \text{ [mm]} \) and \( \delta_3 = 0.2 \text{ [mm]} \), when the maximum forces \( F_x = 2 \text{ [N]} \), \( F_y = 1 \text{ [N]} \) and \( F_z = 1 \text{ [N]} \), respectively, are applied to the sensor structure, Fig. 7. We conclude that the structure can support the force within the required range. The material property values in this simulation were set at: tensile modulus of 1283 MPa, mass density of 1020 kg/m\(^3\), tensile strength of 42500000 N/m\(^2\); these assumptions were based on information provided by the manufacturer of the rapid prototyping machine (PROJET VisiJet® EX200, 3D SYSTEM Co., Ltd.).

III. LIGHT INTENSITY MEASUREMENT FROM IMAGE

In order to quantify the three deflections from the camera image, the light intensities of the reflective light in each channel should be converted from the camera images to time variant continuous values, using digital image processing techniques. The light intensity value on the image varies as a function of the amount of deflection of three cantilever beams, Fig. 8. In this section, we discuss our approach for converting the camera image data to light intensity analog values. Since,
the analog data includes large levels of noise, a noise model was built based on a Linear Gaussian-model. Subsequently, a Kalman filter was implemented to reduce noise levels.

A. Measurement of Light Intensity of Extracted Image from CCD Camera

Fig. 8a shows an RGB image extracted and processed in OpenCV to produce a grayscale image. Each grayscale image contains a particular amount of the light intensity information. As shown in Figs. 3 and 4, the light reflected by the mirrors from the light source is transmitted using three optical fibers, and then the camera captures the received light from each image frame. Each of the image frames show the light intensity of the reflected light beams at a given time, and is divided into the three separated sections (three ROSs (Region of Section) as shown in Fig. 8), each corresponding to an individual cantilever beam. Following a change in amount of the three axis force components exerted on the mechanical sensor structure, the corresponding light intensity values change. The pixels on each of the ROS are converted to

![Image](image1.png)

**Fig. 6.** The sensor mechanical structure based on the three cantilever beams

![Image](image2.png)

**Fig. 7.** FEA simulation of sensor mechanical structure using SolidWorks

a) Sensor mechanical structure b) Maximum deflection when \( F_z \) is applied along z-axis c) Maximum deflection when \( F_x \) is applied along x-axis d) Maximum deflection when \( F_y \) is applied along y-axis

The light intensity value of the grayscale image converted from the original RGB image includes large amount of noise. In order to reduce the noise levels, median smoothing filter is applied on the original RGB image, Fig. 8b shows a grayscale image after applying the median smoothing filter on the original RGB image. The intensity value is obtained by averaging the pixel intensity of the selected ROS area.

B. Digital Image Processing to Reduce Noise

The light intensity value of the grayscale image converted from the original RGB image includes large amount of noise. In order to reduce the noise levels, median smoothing filter is applied on the original RGB image, Fig. 8b shows a grayscale image after applying the median smoothing filter on the original RGB image. The intensity value is obtained by averaging the pixel intensity of the selected ROS area.

C. Linear Kalman Filter to Reduce Noise

The noise produced by the image data acquisition from the CCD camera image is due to several reasons as the following: 1) the CCD camera, used in this study has low resolution (640 x 480, 30fps), 2) the optical fiber system involves light bend loss, and light intensity noise due to external light (despite using a camera box and an optical fiber isolation box to protect the optical fibers). To overcome this problem, we propose a Linear Kalman Filter to not only reduce the noise, but also to maintain the high signal updating rate.

The Linear Kalman filter is expressed in the following equation [29].

\[
x_t = x_{t-1} + w_t
\]

where \( x_t \) is the state vector of the light intensity, \( w_t \) is the
After applying median smoothing filter, Fig. 11. Overview of calibration device designed by Solidworks to obtain the predicted (a priori) estimate covariance matrix.

Fig. 10. Overview of calibration device designed by Solidworks to obtain the system is expressed in Eq. 2, according to the model [29] noise terms for each observation in the measurement vector. The standard Kalman filter equations for the prediction stage are as follows:

\[
\tilde{x}_t = \tilde{x}_{t-1} \\
P_{t} = P_{t-1} + Q_t
\]  

In the prediction stage, predict (priori) state estimate \(\tilde{x}_t\), and predicted (a priori) estimate covariance matrix \(P_t\) can be obtained using Eqs. (3) and (6) with initial values such as \(\tilde{x}_{t-1}\) and \(P_{t-1}\) (in general we choose them to find better performance of Kalman filter). In the update stage, optimal Kalman gain \(K_t\), updated (a posteriori) state estimate \(\hat{x}_t\) (true light intensity value predicted by Kalman filter), and update (a posteriori) estimate covariance matrix \(P_t\) can be updated using \(\hat{x}_t\), \(P_t\) and measurement vector \(z_t\). \(\hat{x}_t\) and \(P_t\) are substituted to \(\hat{x}_{t-1}\) and \(P_{t-1}\). These two stages are recursively predicting and updating using Eqs. 3 and 4. The measurement update equations (5) to (7) are given by:

\[
\tilde{x}_t = \hat{x}_t + K_t (z_t - \hat{x}_t) \tag{5} \\
P_t = P_t - K_t P_t \tag{6} \\
K_t = P_t (P_t + R_t)^{-1} \tag{7}
\]

Fig. 9 shows the light intensity value after applying Kalman filter from the original light intensity value applying median smoothing filter makes noise lower. In this study, the Kalman filter is tuned to achieve 2Hz frequency response of the low noise force estimation with the process noise covariance matrix \(Q_t = 0.5\), and the measurement noise covariance matrix \(R_t = 2.0\). The frequency response can be further increased, but with the trade off increasing the noise level.

IV. SENSOR CALIBRATION

A. Sensor Calibration

In the previous section, we converted image pixel value into the light intensity value. However, the light intensity value need to be converted further to physical force information. Therefore, sensor calibration is used to convert acquired measurement signals into physical quantities. The calibration process aims at obtaining a relationship between the light intensity and physical force components \(F_x, F_y\), and \(F_z\). Using the calibration device, we compute the decoupling stiffness matrix of the linear fitting function for a proper prediction of the applied force components from the calibration data.

1) Calibration Device

The calibration device consists of a linear guide, a sensor fixture, a sensor base, a load fixture, an actuator, a load cell (six-axis force sensor, ATI Nano 17 IP65). For the calibration, the developed three axis force sensor was mounted on the calibration device as shown in Figs. 10 to 12. For \(F_z\) calibration, the load fixture with the six-axis force sensor moves by the actuator to apply physical load on our proposed three-axis force sensor as shown in Figs. 10 and 12a. On the other hand, for \(F_x\) and \(F_y\) calibration, another type of the sensor base is attached as shown in Fig. 11 and 12b. The sensor base can be rotated in increment of 22.5°, and the physical load can be applied along x-axis direction and y-axis direction by the actuator. For \(F_x\) and \(F_y\) calibration, as shown in Fig. 11 and 12b, the load fixture moves backward to apply the physical load on the three axis force sensor by a wire which is connected to the load fixture and the six axis force sensor. This calibration device recorded the six-axis force sensor data and light intensity values refined by Kalman filter in real-time when a physical load is applied by an actuator via
the linear guide. Consequently, the relationship between the physical load and the light intensity values can be obtained.

1) Characteristic Curves between Light Intensity Analog Values and Physical Loads

The calibration result are shown in Figs. 13 to 15 where the physical loads \( F_x, F_y, \) and \( F_z \) were exerted along the linear guide. These characteristic curves express the relationship between the light intensity values and physical load (\( F_x = 0 \) to -1.5N, \( F_y = 0.5 \) to 0.5N, and \( F_z = -0.5 \) to 0.5N) which is exerted by the calibration device. The characteristic curves are fairly linear.

B. Calculation of Force Components by Multiple Linear Regression

Multiple linear regression aims at finding the relationship between two or more variables and a response variable by means of fitting a linear equation to the observed data [30]. In this implementation, every value of an independent variable – namely each value of the three output analog value of the light intensity - is associated with values of the dependent variables - namely the force \( F_x, F_y, \) and \( F_z \). By applying the multiple linear regression, decoupling stiffness matrix can be calculated from each of the three analog samples of the light intensity \( (a_1, a_2, \) and \( a_3) \) and force components \( (F_x, F_y, \) and \( F_z) \) as shown in Eqs. (8-9). According to this calculation, the estimated \( F_x, F_y, \) and \( F_z \) agree well with the benchmark force \( F_x, F_y, \) and \( F_z \), as shown in Fig. 16. It can be noticed that \( F_z \) has slightly higher crosstalk when compared with the estimation of \( F_x \) and \( F_y \), and has higher error on estimation \( F_x \) and \( F_y \). This could be due to the asymmetrical arrangement of the receiving fibers used in our design as shown in Fig. 17a, and it caused characteristic curves to have non-linearity as shown in Figs. 13 to 15. Although the estimation force has a small deviation to the benchmark forces due to the asymmetrical arrangement of the three receiving fibers, the estimated forces in general have a good agreement with the benchmark forces as shown in Fig 16. When the maximum force is applied on the three axis force sensor, the maximum error of force estimation is \( F_x (19\%, -34\%), F_y (41\%, -13\%), \) and \( F_z (13\%) \). The performance of our proposed sensor can be ever further improved if we use symmetrical fibers arrangement of the three receiving fibers as shown in fig. 17b.

\[
\begin{bmatrix}
  k_{1,1} & k_{1,2} & k_{1,3} \\
  k_{2,1} & k_{2,2} & k_{2,3} \\
  k_{3,1} & k_{3,2} & k_{3,3}
\end{bmatrix}
\begin{bmatrix}
  a_1 \\
  a_2 \\
  a_3
\end{bmatrix} =
\begin{bmatrix}
  F_x \\
  F_y \\
  F_z
\end{bmatrix}
\] (8)

\[
K =
\begin{bmatrix}
  -0.1094 & 0.2160 & -0.2151 \\
  0.1848 & 0.0635 & -0.2706 \\
  0.1018 & 0.3154 & 0.0222
\end{bmatrix}
\] (9)
In this paper, we have presented details of an innovative new three axis force sensor based on an optical fiber, camera vision, and digital image processing (digital filter) to measure external forces applied to the catheter’s tip. We have demonstrated how to design a sensor structure which enables multi axis sensing in the catheter’s tip, and we have described how to reduce noise, how to carry out calibration, and how to calculate decoupling stiffness matrix by multiple linear regression. Finally, we have also validated the effectiveness of our proposed three axis force sensor through a set of experiments. Our first prototype of the novel sensor approach has achieved 3.5 mm in diameter with the optical fiber FU-49X (diameter (φ1.45), as shown in Fig. 2). The conventional catheters are around 7-7.5 French (2.31-2.475 mm) in diameter. In extreme case of the ablation, catheters are around 8-10 French (2.64-3.3mm) thick. Hence, in order to integrate our sensor development approach into the catheters (including EP and ablation Catheters) and secure some space to pass electric cables through, it is essential to miniaturize the overall size of the sensor structure. This can be done through reducing the diameter of the optical fiber bundle; the size of a bundle of the multi-cores can be further miniaturized by using a 0.125 mm optical fiber bundle which is available off the shelf. The diameter of the catheter tip could be further reduced through optimization of the material properties of the sensing structure.

In the future work, we will use MR-compatible materials such as titanium and cobalt-chromium to minimize the catheter’s tip size to around 7-7.5 French (2.31-2.475 mm).

The estimation of the force components calculated by the decoupling stiffness matrix has considerable errors in comparison with the benchmark forces. We think the estimation errors may be caused by the following factors: 1) noise due to external light; 2) distance between the optical fibers and the mirror as shown in Fig. 17; 3) configuration of the optical fiber deployment as shown in Fig. 17; 4) camera quality; 5) Kalman filter coefficients; 6) material property.

In 1), the external light makes the light intensity of the camera image unstable, and it produces a small amount of noise, and causes the estimation error. Although the black color is painted around the three axis sensor for the catheter tip and the camera box including as shown in Fig. 5, the external light influences the light intensity value. In 2) the light intensity value change and linearity with respect to the deflection of the sensor structure are different depending on the distance between the mirror and the optical fiber, so the distances should be optimized. In 3), the optical fiber (Keyence Corp., FU-49X) is deployed as shown in Fig. 17a. The fibers are not deployed symmetrically with respect to the optical fiber for the light source. It also causes a large amount of the noise and non-linearity (Figures 13 to 15). In 4) for the first prototype, a low resolution (640x480) and low frame rate (30fps) USB camera is used. Using a high-quality CMOS.
camera or providing a higher image input rate to the image processing approach can potentially reduce the light intensity noise, leading to a reduced force estimation error. We will investigate this further in our future research. However, there will be always a trade-off between the image quality and the image input rate. In 5) the light intensity noise is different depending on each of the three receiving fibers, so each of the Kalman filter coefficients on the three receiving fibers should be optimized. Furthermore, we will improve the filtering algorithm with aim of modelling/processing the noise variable for better estimation/reduction to reduce the noise effectively. In 6), the sensor structure is made out of a UV curable acrylic plastic (Visijet®EX200) manufactured by a rapid prototyping machine (Projet 3000, 3D SYSTEM Co., Ltd), with relatively large hysteresis values. The hysteresis influences the sensor’s linearity and, hence, negatively impacts the accuracy of calibration matrix, resulting in sensor value estimation errors. In addition, the change of temperature may produce small displacements in the sensing structure and, therefore, affect the sensor readings. The use of MR-compatible materials such as titanium and cobalt-chromium in future designs can potentially reduce the error due to hysteresis and temperature change.

The experimental calibration matrix described in equation (8) and (9) could be potentially ill-conditioned. In order to avoid such drawbacks, in the future, we will carry out an FEM analysis to obtain an initial theoretical calibration matrix under a controlled condition. This process will allow optimisation of the sensor structure for an improved condition number. The calibration matrix will be then fine-tuned using experimental data.

This should be mentioned that the sensing error was validated along a single axis at once only. The future work will investigate the sensor error in combination of the three axes.

As a future task, we will investigate possibilities for enhancing the robustness of the sensing system and reducing the estimation errors. Particularly, we will further study the contributions of aforementioned six factors into the total force estimation error and propose appropriate solutions for improved sensing. Moreover, we will further investigate sensor characteristics such as nonlinearity, crosstalk, and repeatability.

REFERENCES


Yohan Noh is a research associate in the Center for Robotics Research (CoRe). He received B.S. degree in the Department of Mechanical Engineering from Seoul National University of Science and Technology, Korea in 2002, B.S. degree in the Department of Electrical Engineering from Yonsei University, Korea in 2004, and received M.S. and Ph.D. degrees in the Department of Science and Engineering from Waseda University, Tokyo, Japan in 2007 and 2011 respectively. His research interests include development of force and tactile sensors, haptics, robot assisted ultrasound diagnostic system, medical training system, and medical robots.

Hongbin Liu is currently a Lecturer (Assistant Professor) in the Centre for Robotics Research, Department of Informatics, King’s College London, UK, where he is leading the Robotic Contact Perception Lab. He received BEng in 2005 from the Northwestern Polytechnique University, China, and MSc in Mechatronics, PhD in robotics in 2006 and 2010 both from King’s College London, UK. He is a member of IEEE and Technical Committee Member for IEEE EMBS BioRobotics. His research is focusing on enriching the robot's perception of during medical interventions, and making use of the augmented perception to enable quicker, safer, procedure. Applications of his research include soft tissue palpation during minimally invasive surgery, interventional cardiology and endoscopy.

Sina Sareh received the B.S. degree in Electrical Engineering from Amir Kabir University of Technology (Tehran Polytechnic), Iran and the M.S. degree in Control Systems from the University of Sheffield, UK, in 2005 and 2007, respectively. He holds a Ph.D. in Robotics from the University of Bristol, UK, 2012. He is currently a research associate in robotics at Imperial College London and his research revolves around soft robotics and sensing.

Damith Suresh Chathuranga received a B.S. degree in Mechanical Engineering from the University of Moratuwa, Sri Lanka, in 2009, and an M.S. in robotics from Ritsumeikan University, Kyoto, Japan, in 2013. He is currently studying for a PhD in Robotics at Ritsumeikan University. He was a visiting researcher at Kings College London, UK in 2014. His current research interests include humanoid robotics, anthropomorphic hands, soft-fingered manipulation, haptics for bio-medical applications and tactile sensors.

Helge Würdemann is a lecturer in the Department of Mechanical Engineering at University College London. He started his studies in electrical engineering with focus on mechatronics and robotics in the medical field at the Leibniz University of Hanover. In 2012, he received his PhD from King’s College London. Dr Würdemann was a Research Associate, EU Project Manager and Leader of the Haptics Lab and Soft Robotics Lab at the Centre for Robotics Research, King’s College London from 2012 to 2015. He has published over 35 peer-reviewed papers in journals and at international premium conferences in robotics.

Kawal Rhode obtained his bachelor’s degree in Basic Medical Sciences and Radiological Sciences at King’s College London in 1992. From 1998 to 2001, he studied for a doctorate at the Department of Surgery, University College London. From 2001 to 2007, Dr. Rhode was employed at the Division of Imaging Sciences, King’s College London as a post-doctoral research fellow working in the field of image-guided interventions. In 2007, Dr. Rhode was appointed to Lecturer in Image Processing at King’s College London and is currently a Professor in Biomedical Engineering. Dr. Rhode’s research interests include image-guided cardiovascular interventions, cardiac electromechanical modelling, computer simulation of minimally invasive procedures and medical robotics.

Kaspar Althoefer (M’02) received the Dipl.-Ing. degree in electronic engineering from the University of Aachen, Aachen, Germany, and the Ph.D. degree in electronic engineering from King’s College London, London, U.K. He is currently Professor of Robotics Engineering in the Faculty of Science and Engineering, Queen Mary University London, U.K. and a visiting Professor of Robotics and Intelligent Systems in the Centre for Robotics Research (CoRe), Department of Informatics, King’s College London. He has been involved in research on mechatronics since 1992 and gained considerable expertise in the areas of sensing, sensor signal analysis, embedded intelligence, and sensor data interpretation using neural networks and fuzzy logic, as well as robot-based applications. He has authored or coauthored more than 250 refereed research papers related to mechatronics and robotics.