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(54) **AUXILIARY IMAGE DISPLAY AND
MANIPULATION ON A COMPUTER
DISPLAY IN A MEDICAL ROBOTIC SYSTEM**

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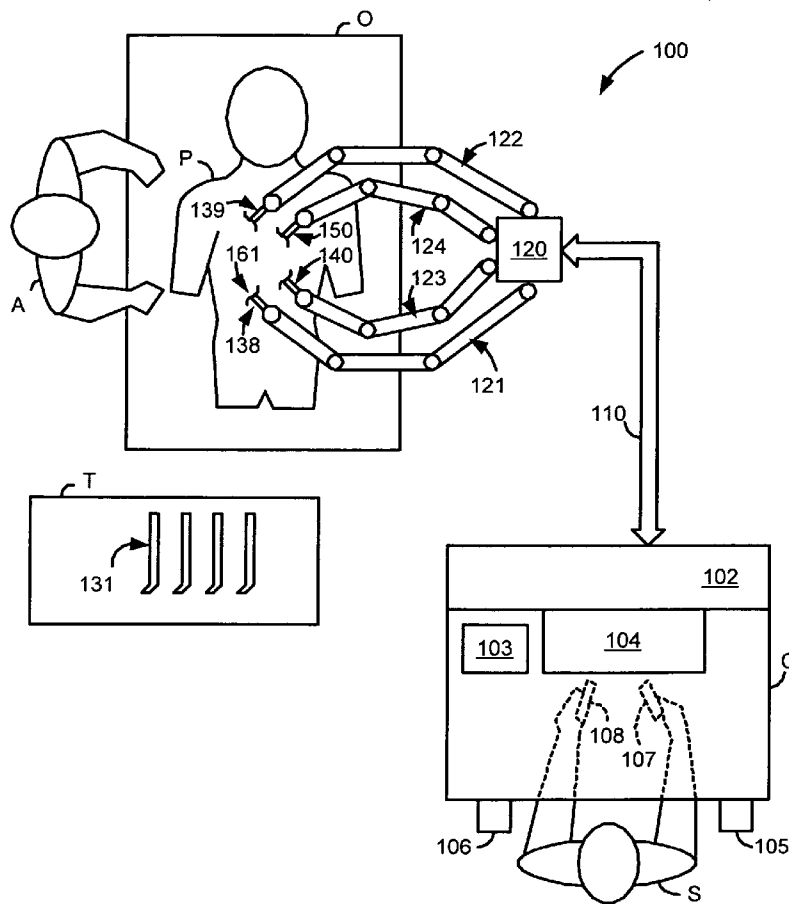
(57) **ABSTRACT**

To assist a surgeon performing a medical procedure, auxiliary images generally indicating internal details of an anatomic structure being treated are displayed and manipulated by the surgeon on a computer display screen to supplement primary images generally of an external view of the anatomic structure. A master input device controlling a robotic arm in a first mode may be switched by the surgeon to a second mode in order to function instead as a mouse-like pointing device to facilitate the surgeon performing such auxiliary information display and manipulation.

(73) Assignee: **Intuitive Surgical INC.**, Sunnyvale, CA

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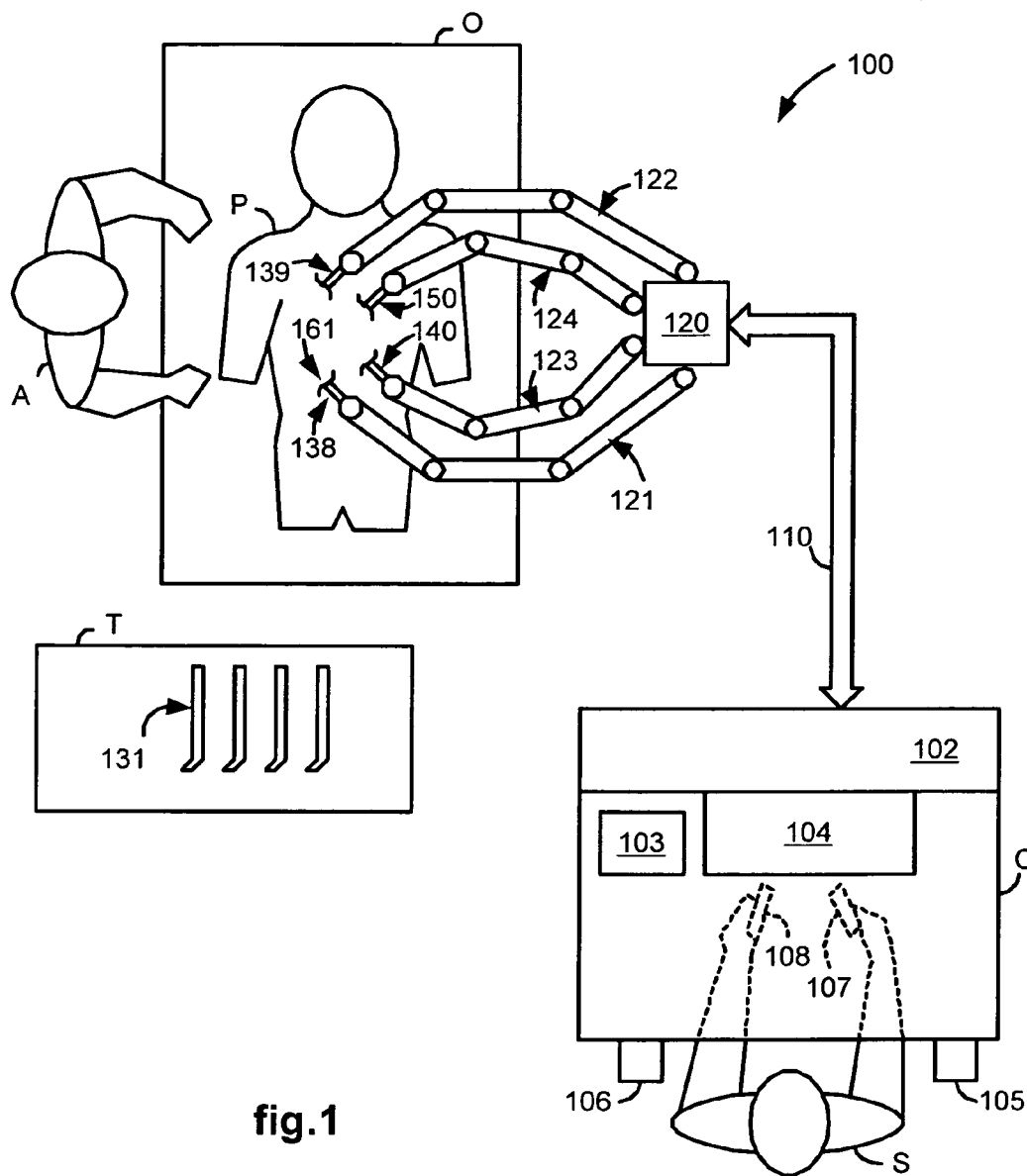


fig.1

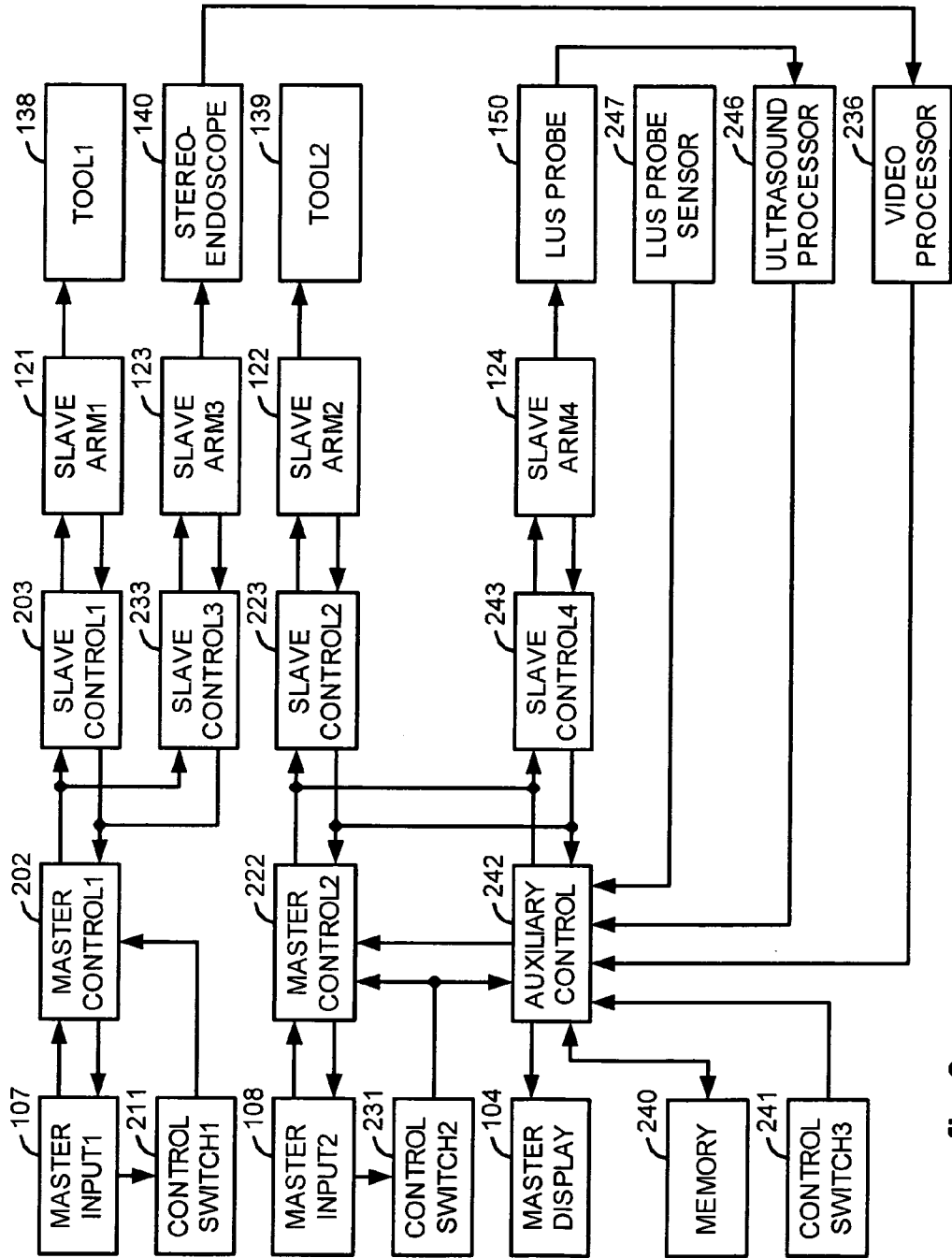


fig.2

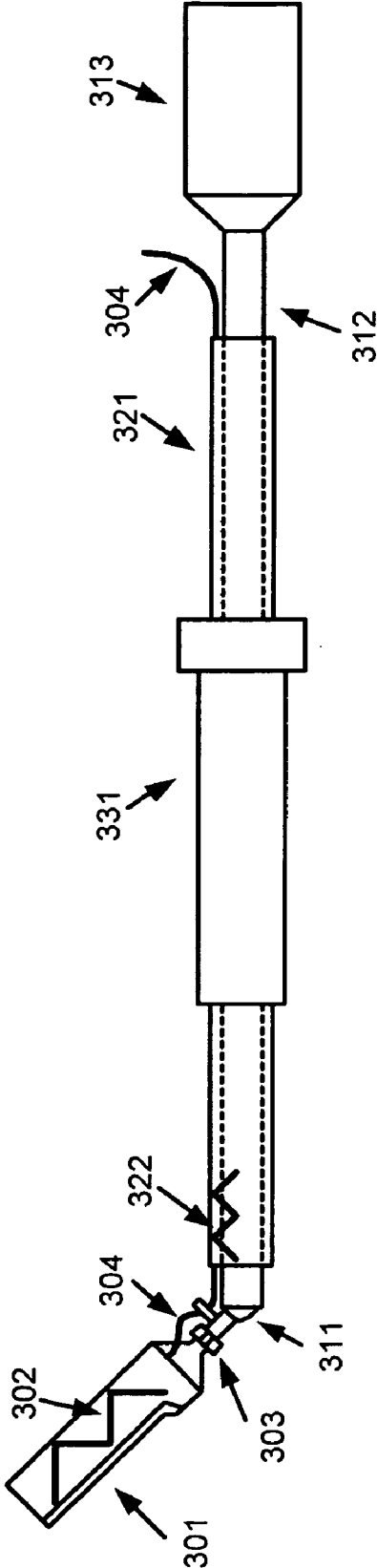


fig.3

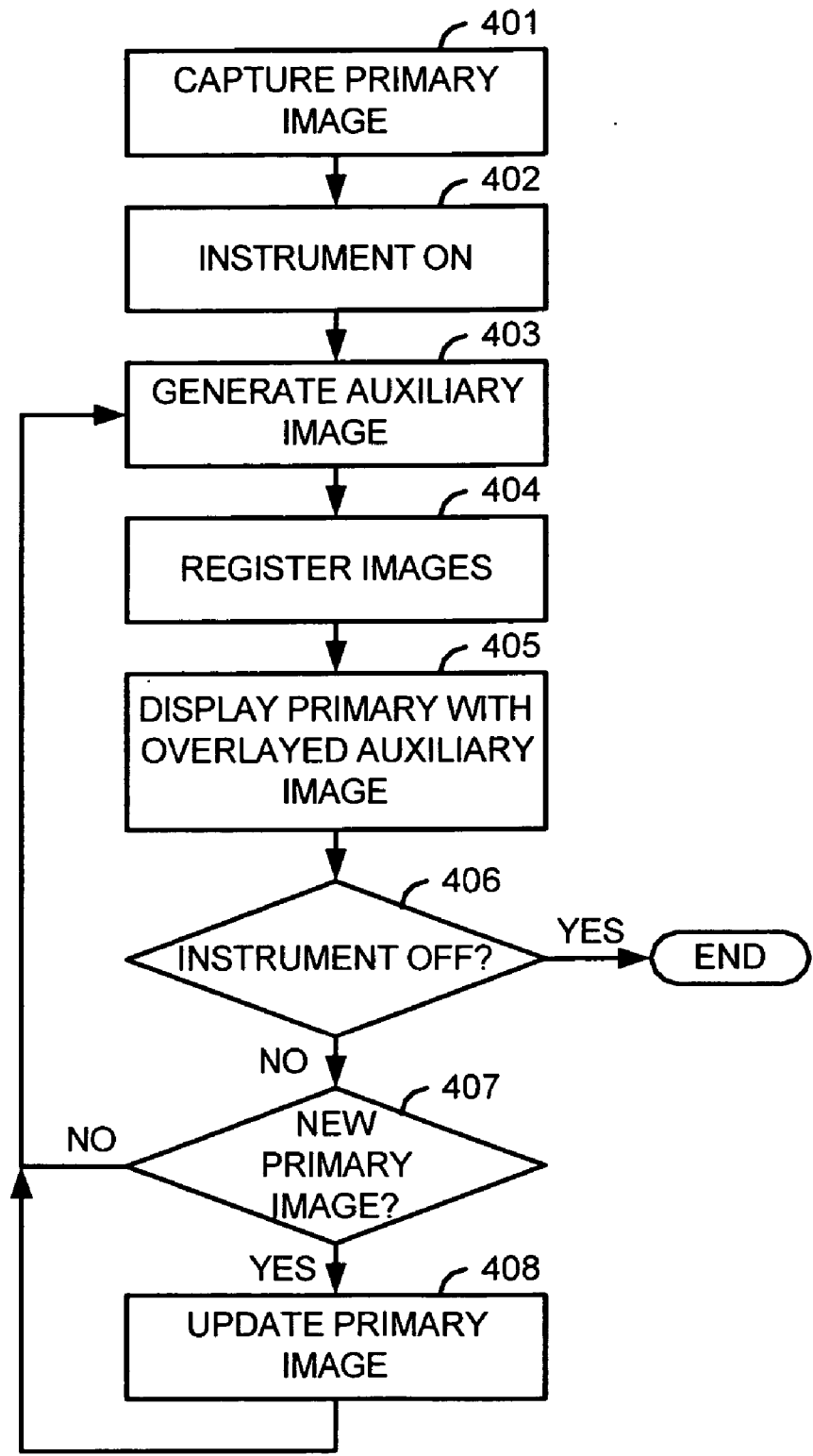


fig.4

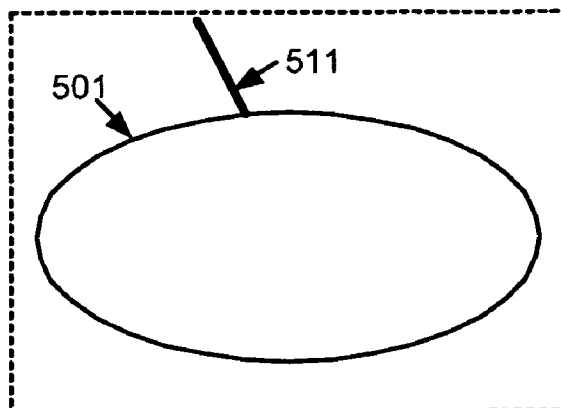


fig.5

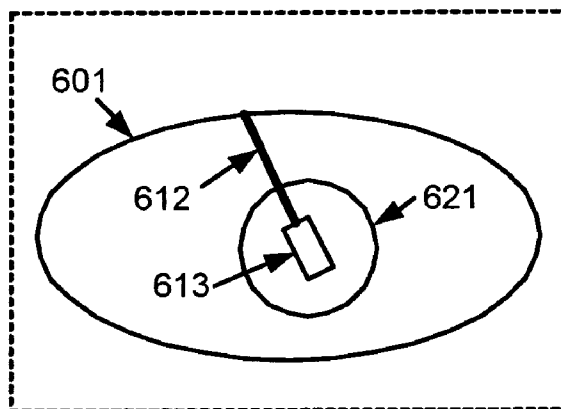


fig.6

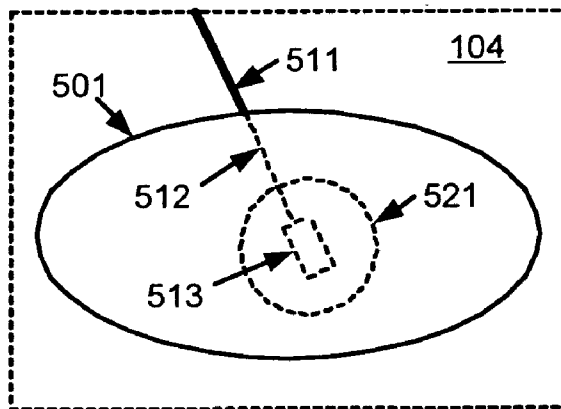


fig.7

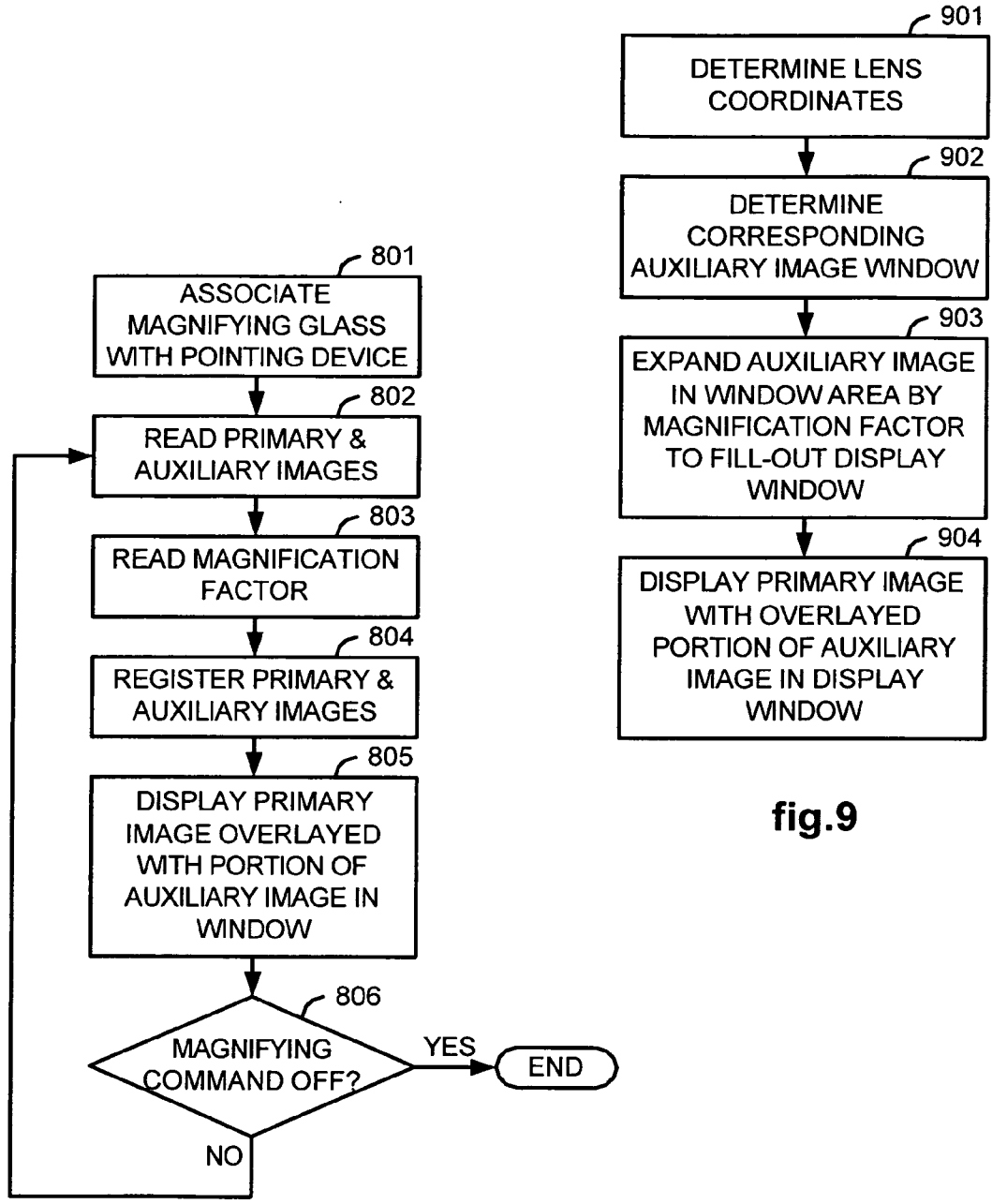


fig.8

fig.9

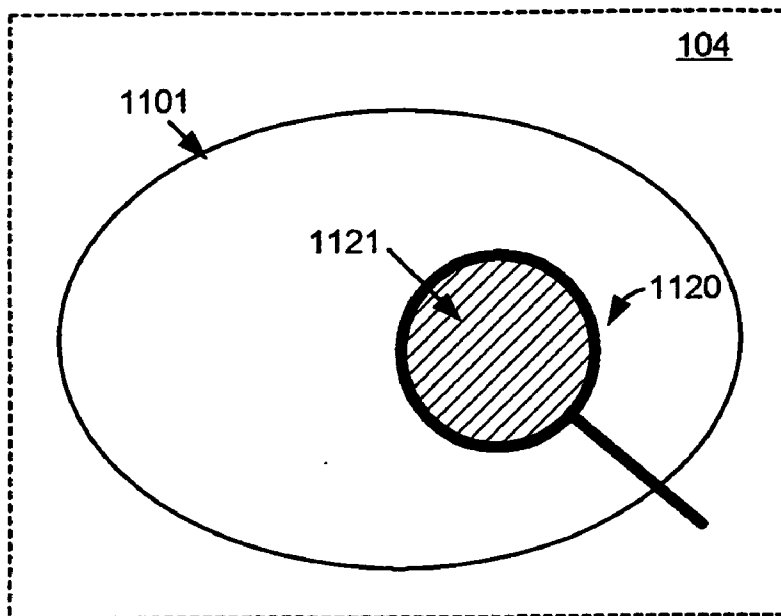


fig.11

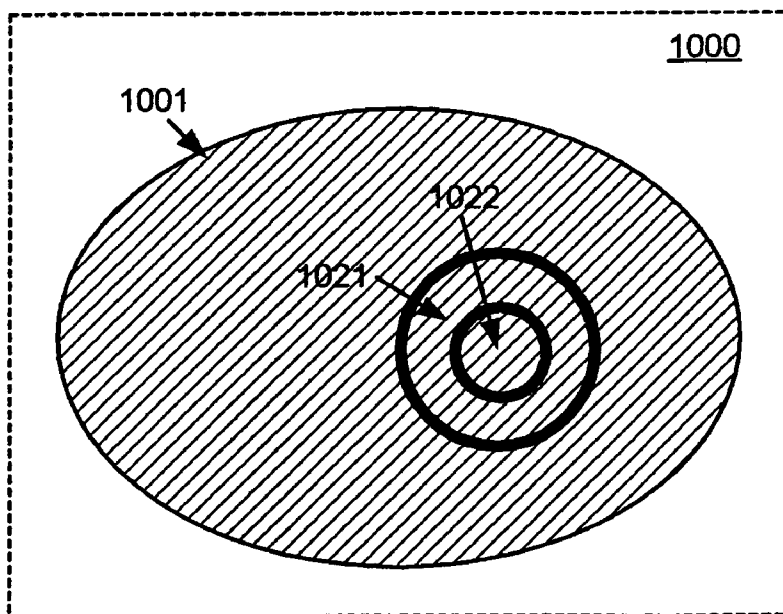


fig.10

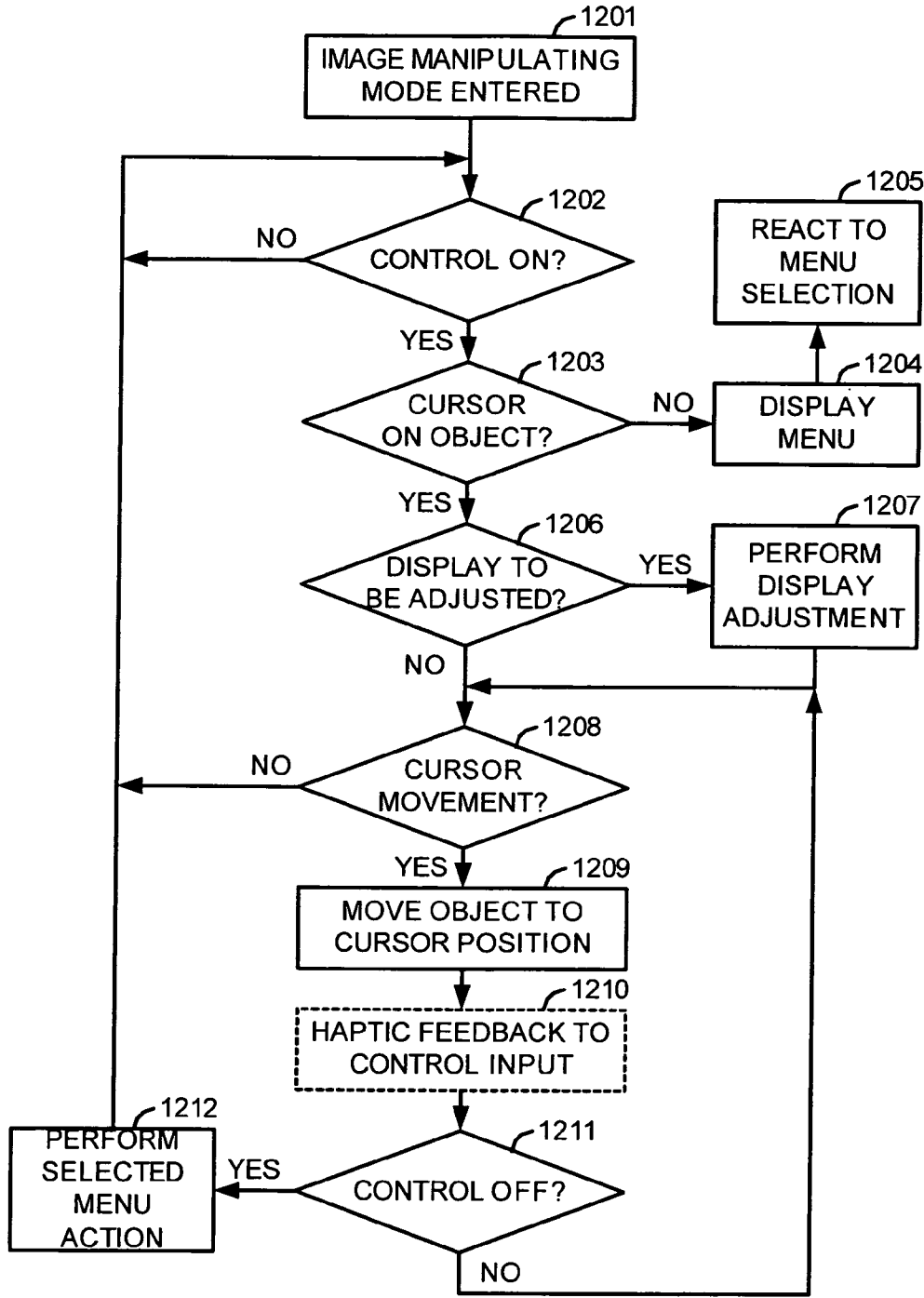


fig.12

AUXILIARY IMAGE DISPLAY AND MANIPULATION ON A COMPUTER DISPLAY IN A MEDICAL ROBOTIC SYSTEM

CROSS REFERENCE TO RELATED APPLICATIONS

[0001] This application claims priority to U.S. provisional application Ser. No. 60/728,450 filed Oct. 20, 2005, which is incorporated herein by reference.

FIELD OF THE INVENTION

[0002] The present invention generally relates to medical robotic systems and in particular, to the displaying and manipulating of auxiliary images on a computer display in a medical robotic system.

BACKGROUND OF THE INVENTION

[0003] Medical robotic systems such as those used in performing minimally invasive surgical procedures offer many benefits over traditional open surgery techniques, including less pain, shorter hospital stays, quicker return to normal activities, minimal scarring, reduced recovery time, and less injury to tissue. Consequently, demand for minimally invasive surgery using medical robotic systems is strong and growing.

[0004] One example of a medical robotic system is the daVinci® Surgical System from Intuitive Surgical, Inc., of Sunnyvale, Calif. The daVinci® system includes a surgeon’s console, a patient-side cart, a high performance 3-D vision system, and Intuitive Surgical’s proprietary EndoWrist™ articulating instruments, which are modeled after the human wrist so that when added to the motions of the robotic arm assembly holding the surgical instrument, they allow at least a full six degrees of freedom of motion, which is comparable to the natural motions of open surgery.

[0005] The daVinci® surgeon’s console has a high-resolution stereoscopic video display with two progressive scan cathode ray tubes (“CRTs”). The system offers higher fidelity than polarization, shutter eyeglass, or other techniques. Each eye views a separate CRT presenting the left or right eye perspective, through an objective lens and a series of mirrors. The surgeon sits comfortably and looks into this display throughout surgery, making it an ideal place for the surgeon to display and manipulate 3-D intra-operative imagery.

[0006] In addition to primary imagery being displayed on the display screen, it is also desirable at times to be able to concurrently view auxiliary information to gain better insight or to otherwise assist in the medical procedure being performed. The auxiliary information may be provided in various modes such as text information, bar graphs, two-dimensional picture-in-picture images, and two-dimensional or three-dimensional images that are registered and properly overlaid with respect to their primary image counterparts.

[0007] For auxiliary images, the images may be captured pre-operatively or intra-operatively using techniques such as ultrasonography, magnetic resonance imaging, computed axial tomography, and fluoroscopy to provide internal details of an anatomic structure being treated. This information may then be used to supplement external views of the anatomic structure such as captured by a locally placed camera.

[0008] Although there are a plethora of auxiliary information sources as well as manners of displaying that information, improvements in the display and manipulation of auxiliary images is still useful to better assist surgeons in performing medical procedures with medical robotic systems.

OBJECTS AND SUMMARY OF THE INVENTION

[0009] Accordingly, one object of various aspects of the present invention is a method for displaying auxiliary information including the effect of a therapeutic procedure as an overlay to or otherwise associated with an image of an anatomic structure being treated at the time by the procedure.

[0010] Another object of various aspects of the present invention is a method for displaying a user selected portion at a user specified magnification factor of a volume rendering of an auxiliary image of an anatomic structure as a registered overlay to a primary image of the anatomic structure on a computer display screen.

[0011] Another object of various aspects of the present invention is a medical robotic system having a master input device that may be used to manually register images in a three-dimensional space of a computer display.

[0012] Another object of various aspects of the present invention is a medical robotic system having a master input device that may be used to define cut-planes of a volume rendering of an anatomic structure in a three-dimensional space of a computer display.

[0013] Another object of various aspects of the present invention is a medical robotic system having a master input device that may be used to selectively modify portions or details of a volume rendering of an anatomic structure in a three-dimensional space of a computer display.

[0014] Another object of various aspects of the present invention is a medical robotic system having a master input device that may be used to vary display parameters for a rendering of an anatomic structure being displayed on a computer display screen.

[0015] Still another object of various aspects of the present invention is a medical robotic system having a master input device that may be switched between an image capturing mode wherein the master input device controls movement of an image capturing device, and an image manipulating mode wherein the master input device controls display and manipulation of images captured by the image capturing device on a computer display screen.

[0016] These and additional objects are accomplished by the various aspects of the present invention, wherein briefly stated, one aspect is method for displaying on a computer display screen an effect of a therapeutic procedure being applied by a therapy instrument to an anatomic structure, comprising: generating an auxiliary image that indicates the effect of the therapeutic procedure being applied by the therapy instrument to the anatomic structure; and displaying a primary image of the anatomic structure overlaid with the auxiliary image on the computer display screen during the therapeutic procedure.

[0017] Another aspect is a method for displaying a selected portion of an auxiliary image of an anatomic structure as an overlay to a primary image of the anatomic structure on a computer display screen, comprising: associating a movable window with a pointing device such that the movable window is positionable on the computer display screen using the pointing device; registering an auxiliary image of an anatomic structure with a primary image of the anatomic structure so as to be at a same position and orientation in a common reference frame; and displaying the primary image on the computer display screen, and a portion of the registered auxiliary image corresponding to the same screen coordinates as the movable window as an overlay to the primary image in the movable window.

[0018] Still another aspect is a medical robotic system comprising: an image capturing device for capturing images; a robotic arm holding the image capturing device; a computer display screen; a master input device adapted to be manipulatable by a user in multiple degrees-of-freedom movement; and a processor configured to control movement of the image capturing device according to user manipulation of the master input device when the master input device is in an image capturing mode, and controlling the displaying of images derived from the captured images on the computer display screen according to user manipulation of the master input device when the master input device is in an image manipulating mode.

[0019] Additional objects, features and advantages of the various aspects of the present invention will become apparent from the following description of its preferred embodiment, which description should be taken in conjunction with the accompanying drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0020] FIG. 1 illustrates a top view of an operating room employing a medical robotic system utilizing aspects of the present invention.

[0021] FIG. 2 illustrates a block diagram of a medical robotic system utilizing aspects of the present invention.

[0022] FIG. 3 illustrates a laparoscopic ultrasound probe useful for a medical robotic system utilizing aspects of the present invention.

[0023] FIG. 4 illustrates a flow diagram of a method for displaying on a computer display screen an effect of a therapeutic procedure being applied by a therapeutic instrument to an anatomic structure, utilizing aspects of the present invention.

[0024] FIG. 5 illustrates an external view of an anatomic structure with a therapeutic instrument inserted in the anatomic structure for performing a therapeutic procedure.

[0025] FIG. 6 illustrates an internal view of an anatomic structure with a discernable therapeutic effect shown as captured by a therapy sensing device.

[0026] FIG. 7 illustrates a computer display screen displaying an effect of a therapeutic procedure registered to an anatomic structure being treated by the procedure, as generated by a method utilizing aspects of the present invention.

[0027] FIG. 8 illustrates a flow diagram of a method for displaying a selected portion of an auxiliary image of an

anatomic structure in a user movable magnifying glass on a computer display screen, utilizing aspects of the present invention.

[0028] FIG. 9 illustrates a flow diagram of a method for displaying a manipulatable window of an internal view of an anatomic structure at a specified magnification factor, utilizing aspects of the present invention.

[0029] FIG. 10 illustrates an auxiliary image of an anatomic structure and concentric areas of the auxiliary image representing different magnification factors for display on a computer display screen in a magnifying glass by a method utilizing aspects of the present invention.

[0030] FIG. 11 illustrates a computer display screen with a primary image of an anatomic structure and an overlaid portion of an auxiliary image of the anatomic structure viewed in a magnifying glass lens as displayed by a method utilizing aspects of the present invention.

[0031] FIG. 12 illustrates a flow diagram of a method performed by a processor in a medical robotic system for manipulating objects displayed on a computer display screen utilizing aspects of the present invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

[0032] FIG. 1 illustrates, as an example, a top view of an operating room employing a medical robotic system. The medical robotic system in this case is a Minimally Invasive Robotic Surgical (“MIRS”) System 100 including a Console (“C”) utilized by a Surgeon (“S”) while performing a minimally invasive diagnostic or surgical procedure with assistance from one or more Assistants (“A”) on a Patient (“P”) who is reclining on an Operating table (“O”).

[0033] The Console includes a Master Display 104 (also referred to herein as a “Display Screen” or “computer display screen”) for displaying one or more images of a surgical site within the Patient as well as perhaps other information to the Surgeon. Also included are Master Input Devices 107, 108 (also referred to herein as “Master Manipulators”), one or more Foot Pedals 105, 106, a Microphone 103 for receiving voice commands from the Surgeon, and a Processor 102. The Master Input Devices 107, 108 may include any one or more of a variety of input devices such as joysticks, gloves, trigger-guns, hand-operated controllers, grippers, or the like. The Processor 102 is preferably a personal computer that may be integrated into the Console or otherwise connected to it in a conventional manner.

[0034] The Surgeon performs a medical procedure using the MIRS System 100 by manipulating the Master Input Devices 107, 108 so that the Processor 102 causes their respective associated Slave Arms 121, 122 to manipulate their respective removably coupled and held Surgical Instruments 138, 139 (also referred to herein as “Tools”) accordingly, while the Surgeon views three-dimensional (“3D”) images of the surgical site on the Master Display 104.

[0035] The Tools 138, 139 are preferably Intuitive Surgical’s proprietary EndoWrist™ articulating instruments, which are modeled after the human wrist so that when added to the motions of the robot arm holding the tool, they allow at least a full six degrees of freedom of motion, which is comparable to the natural motions of open surgery. Addi-

tional details on such tools may be found in commonly owned U.S. Pat. No. 5,797,900 entitled "Wrist Mechanism for Surgical Instrument for Performing Minimally Invasive Surgery with Enhanced Dexterity and Sensitivity," which is incorporated herein by this reference. At the operating end of each of the Tools **138**, **139** is a manipulatable end effector such as a clamp, grasper, scissor, stapler, blade, needle, needle holder, or energizable probe.

[0036] The Master Display **104** has a high-resolution stereoscopic video display with two progressive scan cathode ray tubes ("CRTs"). The system offers higher fidelity than polarization, shutter eyeglass, or other techniques. Each eye views a separate CRT presenting the left or right eye perspective, through an objective lens and a series of mirrors. The Surgeon sits comfortably and looks into this display throughout surgery, making it an ideal place for the Surgeon to display and manipulate 3-D intra-operative imagery.

[0037] A Stereoscopic Endoscope **140** provides right and left camera views to the Processor **102** so that it may process the information according to programmed instructions and cause it to be displayed on the Master Display **104**. A Laparoscopic Ultrasound ("LUS") Probe **150** provides two-dimensional ("2D") ultrasound image slices of an anatomic structure to the Processor **102** so that the Processor **102** may generate a 3D ultrasound computer model or volume rendering of the anatomic structure.

[0038] Each of the Tools **138**, **139**, as well as the Endoscope **140** and LUS Probe **150**, is preferably inserted through a cannula or trocar (not shown) or other tool guide into the Patient so as to extend down to the surgical site through a corresponding minimally invasive incision such as Incision **161**. Each of the Slave Arms **121-124** includes a slave manipulator and setup arms. The slave manipulators are robotically moved using motor controlled joints (also referred to as "active joints") in order to manipulate and/or move their respectively held Tools. The setup arms are manually manipulated by releasing normally braked joints (also referred to as "setup joints") to horizontally and vertically position the Slave Arms **121-124** so that their respective Tools may be inserted into the canulae.

[0039] The number of surgical tools used at one time and consequently, the number of slave arms being used in the System **100** will generally depend on the medical procedure to be performed and the space constraints within the operating room, among other factors. If it is necessary to change one or more of the tools being used during a procedure, the Assistant may remove the tool no longer being used from its slave arm, and replace it with another tool, such as Tool **131**, from a Tray ("T") in the Operating Room.

[0040] Preferably, the Master Display **104** is positioned near the Surgeon's hands so that it will display a projected image that is oriented so that the Surgeon feels that he or she is actually looking directly down onto the surgical site. To that end, an image of the Tools **138**, **139** preferably appear to be located substantially where the Surgeon's hands are located even though the observation points (i.e., that of the Endoscope **140** and LUS Probe **150**) may not be from the point of view of the image.

[0041] In addition, the real-time image is preferably projected into a perspective image such that the Surgeon can

manipulate the end effector of a Tool, **138** or **139**, through its associated Master Input Device, **107** or **108**, as if viewing the workspace in substantially true presence. By true presence, it is meant that the presentation of an image is a true perspective image simulating the viewpoint of an operator that is physically manipulating the Tools. Thus, the Processor **102** transforms the coordinates of the Tools to a perceived position so that the perspective image is the image that one would see if the Endoscope **140** was looking directly at the Tools from a Surgeon's eye-level during an open cavity procedure.

[0042] The Processor **102** performs various functions in the System **100**. One important function that it performs is to translate and transfer the mechanical motion of Master Input Devices **107**, **108** to their associated Slave Arms **121**, **122** through control signals over Bus **110** so that the Surgeon can effectively manipulate their respective Tools **138**, **139**. Another important function is to implement the various methods described herein in reference to FIGS. 4-12.

[0043] Although described as a processor, it is to be appreciated that the Processor **102** may be implemented in practice by any combination of hardware, software and firmware. Also, its functions as described herein may be performed by one unit, or divided up among different components, each of which may be implemented in turn by any combination of hardware, software and firmware. When divided up among different components, the components may be centralized in one location or distributed across the System **100** for distributed processing purposes.

[0044] Prior to performing a medical procedure, ultrasound images captured by the LUS Probe **150**, right and left 2D camera images captured by the stereoscopic Endoscope **140**, and end effector positions and orientations as determined using kinematics of the Slave Arms **121-124** and their sensed joint positions, are calibrated and registered with each other.

[0045] Slave Arms **123**, **124** may manipulate the Endoscope **140** and LUS Probe **150** in similar manners as Slave Arms **121**, **122** manipulate Tools **138**, **139**. When there are only two master input devices in the system, however, such as Master Input Devices **107**, **108** in the System **100**, in order for the Surgeon to manually control movement of either the Endoscope **140** or LUS Probe **150**, it may be required to temporarily associate one of the Master Input Devices **107**, **108** with the Endoscope **140** or the LUS Probe **150** that the Surgeon desires manual control over, while its previously associated Tool and Slave Manipulator are locked in position.

[0046] Although not shown in this example, other sources of primary and auxiliary images of anatomic structures may be included in the System **100**, such as those commonly used for capturing ultrasound, magnetic resonance, computed axial tomography, and fluoroscopic images. Each of these sources of imagery may be used pre-operatively, and where appropriate and practical, intra-operatively.

[0047] FIG. 2 illustrates, as an example, a block diagram of the System **100**. In this system, there are two Master Input Devices **107**, **108**. Master Input Device **107** controls movement of either a Tool **138** or a stereoscopic Endoscope **140**, depending upon which mode its Control Switch Mechanism **211** is in, and Master Input Device **108** controls movement

of either a Tool **139** or a LUS Probe **150**, depending upon which mode its Control Switch Mechanism **231** is in.

[0048] The Control Switch Mechanisms **211** and **231** may be placed in either a first or second mode by a Surgeon using voice commands, switches physically placed on or near the Master Input Devices **107**, **108**, Foot Pedals **105**, **106** on the Console, or Surgeon selection of appropriate icons or other graphical user interface selection means displayed on the Master Display **104** or an auxiliary display (not shown).

[0049] When Control Switch Mechanism **211** is placed in the first mode, it causes Master Controller **202** to communicate with Slave Controller **203** so that manipulation of the Master Input **107** by the Surgeon results in corresponding movement of Tool **138** by Slave Arm **121**, while the Endoscope **140** is locked in position. On the other hand, when Control Switch Mechanism **211** is placed in the second mode, it causes Master Controller **202** to communicate with Slave Controller **233** so that manipulation of the Master Input **107** by the Surgeon results in corresponding movement of Endoscope **140** by Slave Arm **123**, while the Tool **138** is locked in position.

[0050] Similarly, when Control Switch Mechanism **231** is placed in the first mode, it causes Master Controller **108** to communicate with Slave Controller **223** so that manipulation of the Master Input **108** by the Surgeon results in corresponding movement of Tool **139** by Slave Arm **122**. In this case, however, the LUS Probe **150** is not necessarily locked in position. Its movement may be guided by an Auxiliary Controller **242** according to stored instructions in Memory **240**. The Auxiliary Controller **242** also provides haptic feedback to the Surgeon through Master Input **108** that reflects readings of a LUS Probe Force Sensor **247**. On the other hand, when Control Switch Mechanism **231** is placed in the second mode, it causes Master Controller **108** to communicate with Slave Controller **243** so that manipulation of the Master Input **108** by the Surgeon results in corresponding movement of LUS Probe **150** by Slave Arm **124**, while the Tool **139** is locked in position.

[0051] Before a Control Switch Mechanism effects a switch back to its first or normal mode, its associated Master Input Device is preferably repositioned to where it was before the switch. Alternatively, the Master Input Device may remain in its current position and kinematic relationships between the Master Input Device and its associated Tool Slave Arm readjusted so that upon the Control Switch Mechanism switching back to its first or normal mode, abrupt movement of the Tool does not occur. For additional details on control switching, see, e.g., commonly owned U.S. Pat. No. 6,659,939 entitled "Cooperative Minimally Invasive Telesurgical System," which is incorporated herein by this reference.

[0052] A third Control Switch Mechanism **241** is provided to allow the user to switch between an image capturing mode and an image manipulating mode while the Control Switch Mechanism **231** is in its second mode (i.e., associating the Master Input Device **108** with the LUS Probe **150**). In its first or normal mode (i.e., image capturing mode), the LUS Probe **150** is normally controlled by the Master Input Device **108** as described above. In its second mode (i.e., image manipulating mode), the LUS Probe **150** is not controlled by the Master Input Device **108**, leaving the Master Input Device **108** free to perform other tasks such as the displaying

and manipulating of auxiliary images on the Display Screen **104** and in particular, for performing certain user specified functions as described herein. Note however that although the LUS Probe **150** may not be controlled by the Master Input Device **108** in this second mode of the Control Switch Mechanism **241**, it may still be automatically rocked or otherwise moved under the control of the Auxiliary Controller **242** according to stored instructions in Memory **240** so that a 3D volume rendering of a proximate anatomic structure may be generated from a series of 2D ultrasound image slices captured by the LUS Probe **150**. For additional details on such and other programmed movement of the LUS Probe **150**, see commonly owned U.S. patent Application Ser. No. 11/447,668 entitled "Laparoscopic Ultrasound Robotic Surgical System," filed Jun. 6, 2006, which is incorporated herein by this reference.

[0053] The Auxiliary Controller **242** also performs other functions related to the LUS Probe **150** and the Endoscope **140**. It receives output from a LUS Probe Force Sensor **247**, which senses forces being exerted against the LUS Probe **150**, and feeds the force information back to the Master Input Device **108** through the Master Controller **222** so that the Surgeon may feel those forces even if he or she is not directly controlling movement of the LUS Probe **150** at the time. Thus, potential injury to the Patient is minimized since the Surgeon has the capability to immediately stop any movement of the LUS Probe **150** as well as the capability to take over manual control of its movement.

[0054] Another key function of the Auxiliary Control **242** is to cause processed information from the Endoscope **140** and the LUS Probe **150** to be displayed on the Master Display **104** according to user selected display options. Examples of such processing include generating a 3D ultrasound image from 2D ultrasound image slices received from the LUS Probe **150** through an Ultrasound Processor **246**, causing either 3D or 2D ultrasound images corresponding to a selected position and orientation to be displayed in a picture-in-picture window of the Master Display **104**, causing either 3D or 2D ultrasound images of an anatomic structure to overlay a camera captured image of the anatomic structure being displayed on the Master Display **104**, and performing the methods described below in reference to FIGS. 4-12.

[0055] Although shown as separate entities, the Master Controllers **202**, **222**, Slave Controllers **203**, **233**, **223**, **243**, and Auxiliary Controller **242** are preferably implemented as software modules executed by the Processor **102**, as well as certain mode switching aspects of the Control Switch Mechanisms **211**, **231**, **241**. The Ultrasound Processor **246** and Video Processor **236**, on the other hand, may be software modules or separate boards or cards that are inserted into appropriate slots coupled to or otherwise integrated with the Processor **102** to convert signals received from these image capturing devices into signals suitable for display on the Master Display **104** and/or for additional processing by the Auxiliary Controller **242** before being displayed on the Master Display **104**.

[0056] Although the present example assumes that each Master Input Device is being shared by only one pre-assigned Tool Slave Robotic Arm and one pre-assigned Image Capturing Device Robotic Arm, alternative arrangements are also feasible and envisioned to be within the full

scope of the present invention. For example, a different arrangement wherein each of the Master Input Devices may be selectively associated with any one of the Tool and Image Capturing Device Robotic Arms is also possible and even preferably for maximum flexibility. Also, although the Endoscope Robotic Arm is shown in this example as being controlled by a single Master Input Device, it may also be controlled using both Master Input Devices to give the sensation of being able to “grab the image” and move it to a different location or view. Still further, although only an Endoscope and LUS Probe are shown in this example, other Image Capturing Devices such as those used for capturing camera, ultrasound, magnetic resonance, computed axial tomography, and fluoroscopic images are also fully contemplated within the System 100, although each of these Image Capturing Devices may not necessarily be manipulated by one of the Master Input Devices.

[0057] FIG. 3 illustrates a side view of one embodiment of the LUS Probe 150. The LUS Probe 150 is a dexterous tool with preferably two distal degrees of freedom. Opposing pairs of Drive Rods or Cables (not shown) physically connected to a proximal end of the LUS Sensor 301 and extending through an internal passage of Elongated Shaft 312 mechanically control pitch and yaw movement of the LUS Sensor 301 using conventional push-pull type action.

[0058] The LUS Sensor 301 captures 2D ultrasound slices of a proximate anatomic structure, and transmits the information back to the Processor 102 through LUS Cable 304. Although shown as running outside of the Elongated Shaft 312, the LUS Cable 304 may also extend within it. A Clamshell Sheath 321 encloses the Elongated Shaft 312 and LUS Cable 304 to provide a good seal passing through a Cannula 331 (or trocar). Fiducial Marks 302 and 322 are placed on the LUS Sensor 301 and the Sheath 321 for video tracking purposes.

[0059] FIG. 4 illustrates, as an example, a flow diagram of a method for displaying the effect of a therapeutic procedure or treatment on the Display Screen 104. In 401, a primary image of an anatomic structure is captured by an image capturing device. As an example, FIG. 5 illustrates a primary image which has been captured by the Endoscope 140 and includes an anatomic structure 501 and therapeutic instrument 511 that has been partially inserted into the anatomic structure 501 in order to perform a therapeutic procedure at a therapy site within the anatomic structure 501. In another application, the therapeutic instrument 511 may only need to touch or come close to the anatomic structure 501 in order to perform a therapeutic procedure.

[0060] The primary image may be captured before or during the therapeutic procedure. A primary image captured before the procedure is referred to as being a “pre-operative” image, and a primary image captured during the procedure is referred to as being an “intra-operative” image. When the primary image is a pre-operative image, the image is generally not updated during the procedure, so that the method generally only employs one primary image. On the other hand, when the primary image is an intra-operative image, the image is preferably updated periodically during the procedure, so that the method employs multiple primary images in that case.

[0061] Pre-operative images are typically captured using techniques such as Ultrasonography, Magnetic Resonance

Imaging (MRI), or Computed Axial Tomography (CAT). Intra-operative images may be captured at the surgical or therapeutic site by image capturing devices such as the stereoscopic Endoscope 140 or LUS Probe 150, or they may be captured externally by techniques such as those used to capture the pre-operative images.

[0062] In 402 of FIG. 4, the therapeutic instrument is turned on, or otherwise activated or energized, so as to be capable of applying therapy to the anatomic structure within the patient. The instrument generally has a tip for applying the therapeutic energy to abnormal tissue such as diseased or damaged tissue. As one example of such a therapeutic procedure, Radio Frequency Ablation (RFA) may be used to destroy diseased tissue such as a tumor located in an anatomic structure such as the liver by applying heat to the diseased tissue site using an RFA probe. Examples of other procedures include High Intensity Focused Ultrasound (HIFU) and Cauterization. The therapeutic instrument may be one of the Tools 138, 139 attached to Slave Arms 121, 122 so that it may be moved to and manipulated at the therapy site through the master/slave control system by the Surgeon.

[0063] In 403, an auxiliary image is generated, wherein the auxiliary image indicates the effect of the therapeutic procedure on the anatomic structure. The auxiliary image may be an actual image of the anatomic structure that has been provided by or generated from information captured by a sensing device which is capable of sensing the effect of the therapeutic procedure. Alternatively, the auxiliary image may be a computer model indicating the effect of the therapy, which may be generated using an empirically derived or otherwise conventionally determined formula of such effect. In this latter case, the computer model is generally a volumetric shape determined by such factors as the geometry of the tip of the therapeutic instrument, the heat or energy level being applied to the anatomic structure by the tip of the therapeutic instrument, and the features of the surrounding tissue of a therapy site being subjected to the therapeutic procedure in the anatomic structure.

[0064] As an example of an auxiliary image provided or otherwise derived from information captured by a sensing device, FIG. 6 illustrates a three-dimensional ultrasound image of an anatomic structure 601 which has been conventionally derived from two-dimensional ultrasound slices captured by the LUS probe 150. In this example, an ablation volume 621 is shown which represents the effect of a therapeutic procedure in which a tip 613 of an RFA probe 612 is being applied to a tumor site of the anatomic structure 601. The growth of the ablation volume in this case is viewable due to changes in tissue properties from the heating and necrosis of the surrounding tissue at the tumor site.

[0065] In 404, the primary and auxiliary images are registered so as to be of the same scale and refer to a same position and orientation in a common reference frame. Registration of this sort is well known. As an example, see commonly owned U.S. Pat. No. 6,522,906 entitled “Devices and Methods for Presenting and Regulating Auxiliary Information on an Image Display of a Telesurgical System to Assist an Operator in Performing a Surgical Procedure,” which is incorporated herein by this reference.

[0066] In 405, the primary image is displayed on the Display Screen 104 while the therapeutic procedure is being

performed, with the registered auxiliary image preferably overlaid upon the primary image so that corresponding structures or objects in each of the images appear as the same size and at the same location and orientation on the Display Screen 104. In this way, the effect of the therapeutic procedure is shown as an overlay over the anatomic structure that is being subjected to the procedure.

[0067] As an example, FIG. 7 shows an exemplary Display Screen 104 in which an auxiliary image, distinguished as a dotted line for illustrative purposes, is overlaid over the primary image of FIG. 5. When the auxiliary image is provided by or derives from information captured by a sensing device, the therapy effect 521, therapeutic instrument 512, and instrument tip 513 is provided by or derived from the captured information. On the other hand, when the therapy effect 521 is generated as a volumetric shaped computer model using an empirically determined formula, the therapeutic instrument 512 and instrument tip 513 may be determined using conventional tool tracking computations based at least in part upon joint positions of its manipulating slave arm.

[0068] In 406 of FIG. 4, the method then checks whether the therapeutic instrument has been turned off. If it has, then this means that the therapeutic procedure is over, and the method ends. On the other hand, if the therapeutic instrument is still on, then the method assumes that the therapeutic procedure is still being performed, and proceeds in 407 to determine whether a new primary image has been captured. If no new primary image has been captured, for example, because the primary image is a pre-operative image, then the method jumps back to 403 to update the auxiliary image and continue to loop through 403-407 until the therapeutic procedure is determined to be completed by detecting that the therapeutic instrument has been turned off. On the other hand, if a new primary image has been captured, for example, because the primary image is an intra-operative image, then the method updates the primary image in 408 before jumping back to 403 to update the auxiliary image and continue to loop through 403-408 until the therapeutic procedure is determined to be completed by detecting that the therapeutic instrument has been turned off.

[0069] FIG. 8 illustrates, as an example, a flow diagram of a method for displaying an auxiliary image of an anatomic structure as a registered overlay to a primary image of the anatomic structure at a user specified magnification in a window defined as the lens area of a magnifying glass whose position and orientation as displayed on the Display Screen 104 is manipulatable by the user using an associated pointing device.

[0070] In 801, the method starts out by associating the magnifying glass with the pointing device so that as the pointing device moves, the magnifying glass being displayed on the Display Screen 104 (and in particular, its lens which may be thought of as a window) moves in a corresponding fashion. The association in this case may be performed by "grabbing" the magnifying glass in a conventional manner using the pointing device, or by making the magnifying glass effectively the cursor for the pointing device. Since the Display Screen 104 is preferably a three-dimensional display, the pointing device is correspondingly preferably a three-dimensional pointing device with orientation indicating capability.

[0071] In 802, current primary and auxiliary images are made available for processing. The primary image in this example is captured by the Endoscope 140 and the auxiliary captured by the LUS Probe 150. However, other sources for the primary and auxiliary images are also usable and contemplated in practicing the invention, including primary and auxiliary images captured from the same source. As an example of this last case, a high resolution camera may capture images at a resolution greater than that being used to display images on a display screen. In this case, the high resolution image captured by the camera may be treated as the auxiliary image, and the downsized image to be displayed on the display screen may be treated as the primary image.

[0072] In 803, a user selectable magnification factor is read. The magnification factor is user selectable by, for example, a dial or wheel type control on the pointing device. Alternatively, it may be user selectable by user selection of item in a menu displayed on the Display Screen 104, or any other conventional user selectable parameter value scheme or mechanism. If the user fails to make a selection, then a default value is used, such as a magnification factor of 1.0.

[0073] In 804, the primary and auxiliary images are registered so as to be of the same scale and refer to a same position and orientation in a common reference frame so that corresponding structures and objects in the two images have the same coordinates.

[0074] In 805, the primary image is displayed on the Display Screen 104 such as a three-dimensional view of the anatomic structure, in which case, a portion of a two-dimensional slice of the auxiliary image of the anatomic structure may be displayed as an overlay in the lens of the magnifying glass. The portion of the two-dimensional slice in this case is defined by a window area having a central point that has the same position and orientation of as the central point of the lens of the magnifying glass, and an area determined by the magnification factor so that the portion of the two-dimensional slice may be enlarged or reduced so as to fit in the lens of the magnifying glass. Since the position and orientation of the magnifying glass is manipulatable by the positioning device to any position in the three-dimensional space of the Display Screen 104, including those within the volume of the anatomic structure, the two-dimensional slice can correspond to any user selected depth within the anatomic structure. Unlike a physical magnifying glass, its view is not limited to inspecting only the exterior of the anatomic structure. For additional details on 805, see the description below in reference to FIG. 9.

[0075] In 806, the method then determines whether the magnifying glass command has been turned off by, for example, the user releasing a "grabbed" image of the magnifying glass, or otherwise switching off the association between the magnifying glass and the pointing device by the use of a conventional switch mechanism of some sort. If it has, then the method ends. On the other hand, if it has not, then the method jumps back to 802 and continues to loop through 802-806 until the magnifying glass command is detected to have been turned off. Note that each time the method loops through 802-806, updated versions, if any, of the primary and auxiliary images are processed along with updated values, if any, for the user selectable magnification factor. Thus, if the method proceeds through the looping in

a sufficiently fast manner, the user will not notice any significant delay if the user is turning a dial or knob to adjust the magnification factor while viewing the anatomic structure at a selected position and orientation of the magnifying glass.

[0076] FIG. 9 illustrates, as an example, a flow diagram of a method for displaying an auxiliary image view of an anatomic structure at a specified magnification factor as an overlay to a primary image view of the anatomic structure in the lens of a user movable magnifying glass. As previously explained, this method may be used to perform 805 of FIG. 8.


[0077] In 901, the current position and orientation of a central point of the lens of the magnifying glass are determined in the three-dimensional space of the Display Screen 104. In 902, a two-dimensional slice of the registered volumetric model of the auxiliary image is taken from the perspective of that position and orientation, and a portion of the two-dimensional slice is taken as defined in an auxiliary view window having a central point preferably at that same position and orientation. The area of the auxiliary view window in this case is inversely proportional to that of the lens according to the current magnification factor for the magnifying glass. In 903, the portion of the two-dimensional slice defined by the auxiliary view window is then enlarged by the magnification factor so that it fits in the lens area of the magnifying glass, and in 904, the primary image of the anatomic structure is displayed on the Display Screen 104 with the enlarged portion of the two-dimensional slice of the auxiliary image overlaid in the lens area of the magnifying glass being displayed on the Display Screen 104.

[0078] As a pictorially example of 901-904, in FIGS. 10-11, a two-dimensional slice 1001 of an auxiliary image of an anatomic structure is shown along with two circular windows 1021, 1022 on the two-dimensional slice as illustrated in FIG. 10. Each of the windows 1021, 1022 in this case corresponds in shape to and having a central point equal to that of a lens 1121 of a magnifying glass 1120 which is being displayed along with a primary image of an external view 1101 of the anatomic structure on the Display Screen 104 as illustrated in FIG. 11. In this example, the area of the window 1021 is equal to the area of the lens 1121, so that if the magnification factor was 1.0, then window 1021 would be selected for use in 902. On the other hand, the area of the window 1022 is less than the area of the lens 1121, so that if the magnification factor is greater than 1.0, then the window 1022 may be selected for use in 902. Note that although the lens 1121 of the magnifying glass 1120 is depicted as being circularly shaped, it may also have other common shapes for a magnifying glass, such as a rectangular shape.

[0079] FIG. 12 illustrates, as an example, a flow diagram of a method performed by a processor in a medical robotic system for manipulating image objects displayed on a computer display screen of the medical robotic system in response to corresponding manipulation of an associated master input device when the master input device is in an image manipulating mode.

[0080] As a preface to the method, the medical robotic system includes an image capturing device to capture images (such as either the Endoscope 140 or the LUS Probe 150); a robotic arm holding the image capturing device

(such as the Slave Arm 123 or the Slave Arm 124 respectively holding the Endoscope 140 and the LUS Probe 150); a computer display screen (such as the Display Screen 104); a master input device adapted to be manipulatable by a user in multiple degrees-of-freedom movement (such as the Master Input Device 107 or the Master Input Device 108); and a processor (such as the Auxiliary Controller 242) that is configured to control movement of the image capturing device according to user manipulation of the master input device when the master input device is in an image capturing mode, and control the displaying of images derived from the captured images on the computer display screen according to user manipulation of the master input device when the master input device is in the image manipulating mode.

[0081] In 1201, the processor detects that the user has placed the master input device into its image manipulating mode. One way that this may be implemented is using a master clutch mechanism provided in the medical robotic system, which supports disengaging the master input device from its associated robotic arm so that the master input device may be repositioned. When this mode is activated by some mechanism such as the user depressing a button on the master input device, pressing down on a foot pedal, or using voice activation, the associated robotic arm is locked in position, and a cursor (nominally an iconic representation of a hand, e.g. ) is presented to the user on the computer display screen. When the user exits this mode, the cursor is hidden and control of the robotic arm may be resumed after readjusting its position if required.

[0082] In 1202, the processor determines whether a control input such as that generated by depressing a button on a conventional mouse has been activated by the user. The control input in this case may be activated by depressing a button provided on the master input device, or it may be activated by some other fashion such as squeezing a gripper or pincher formation provided on the master input device. For additional details on clutching, and gripper or pincher formations on a master input device, see, e.g., commonly owned U.S. Pat. No. 6,659,939 entitled "Cooperative Minimally Invasive Telesurgical System," which has been previously incorporated herein by reference. If the control input is not determined to be "on" (i.e., activated) in 1202, then the processor waits until it either receives an "on" indication or the image manipulating mode is exited.

[0083] In 1203, after receiving an indication that the control input is "on", the processor checks to see if the cursor is positioned on (or within a predefined distance to) an object being displayed on the computer display screen. If it is not, then in 1204, the processor causes a menu of user selectable items or actions to be displayed on the computer display screen, and in 1205, the processor receives and reacts to a menu selection made by the user.

[0084] Examples of user selectable menu items include: magnifying glass, cut-plane, eraser, and image registration. If the user selects the magnifying glass item, then an image of a magnifying glass is displayed on the computer display screen and the method described in reference to FIG. 8 may be performed by the processor. When the user is finished with the magnifying glass function, then the user may indicate exiting of the function in any conventional manner and the processor returns to 1202.

[0085] If the user selects the cut-plane item, then a plane (or rectangular window of fixed or user adjustable size) is

displayed on the computer display screen. The master input device may then be associated with the plane so that the user may position and orientate the plane in the three-dimensional space of the computer display screen by manipulating the master input device in the manner of a pointing device. If the plane is maneuvered so as to intersect a volume rendering of an anatomic structure, then it functions as a cut-plane defining a two-dimensional slice of the volume rendering at the intersection. Alternatively, the master input device may be associated with the volume rendering of the anatomic structure, which may then be maneuvered so as to intersect the displayed plane to define the cut-plane. Association of the plane or volume rendering with the pointing device may be performed in substantially the same manner as described in reference to the magnifying glass with respect to **801** of FIG. **8**.

[**0086**] The two-dimensional slice may then be viewed either in the plane itself, or in a separate window on the computer display screen such as in a picture-in-picture. The user may further select the cut-plane item additional times to define additional two-dimensional slices of the volume rendering for concurrent viewing in respective planes or picture-in-picture windows on the computer display screen. So as not to clutter the computer display screen with unwanted cut-plane slices, a conventional delete function is provided so that the user may selectively delete any cut-planes and their corresponding slices. When the user is finished with the cut-plane function, then the user may indicate exiting of the function in any conventional manner and the processor returns to **1202**.

[**0087**] If the user selects the eraser item, then an eraser is displayed on the computer display screen. The master input device is then associated with the eraser so that the user may position and orientate the eraser in the three-dimensional space of the computer display screen by manipulating the master input device in the manner of a pointing device. Association of the eraser with the pointing device in this case may be performed in substantially the same manner as described in reference to the magnifying glass with respect to **801** of FIG. **8**. If the eraser is maneuvered so as to intersect a volume rendering of an anatomic structure, then it functions to either completely or partially erase such rendering wherever it traverses the volume rendering. If partial erasing is selected by the user (or otherwise pre-programmed into the processor), then each time the eraser traverses the volume rendering, less detail of the anatomic structure may be shown. Less detail in this case may refer to the coarseness/fineness of the rendering, or it may refer to the stripping away of layers in the three-dimensional volume rendering. All such characteristics or options of the erasing may be user selected using conventional means. If the user inadvertently erases a portion of the volume rendering, a conventional undo feature is provided to allow the user to undo the erasure. When the user is finished with the erasing function, then the user may indicate exiting of the function in any conventional manner and the processor returns to **1202**.

[**0088**] In addition to an eraser function as described above, other spatially localized modifying functions are also contemplated and considered to be within the full scope of the present invention, including selectively sharpening, brightening, or coloring portions of a displayed image to enhance its visibility in, or otherwise highlight, a selected area. Each such spatially localized modifying function may be performed using substantially the same method described above in reference to the eraser function.

[**0089**] If the user selects the image registration item, then the processor records such selection for future action as described below in reference to **1212** before jumping back to process **1202** again. Image registration in this case typically involves manually registering an auxiliary image of an object such as an anatomic structure with a corresponding primary image of the object.

[**0090**] As an alternative to the above described menu approach, icons respectively indicating each of the selectable items as described above may be displayed on the computer display screen upon entering image manipulating mode and selected by the user clicking on them, after which, the processor proceeds to perform as described above in reference to selection of their corresponding menu items.

[**0091**] Now continuing with the method described in reference to FIG. **12**, after receiving an indication that the control input is on in **1201** and determining that the cursor is positioned on or near an object (not an icon) being displayed on the computer display screen in **1202**, the processor preferably changes the cursor from an iconic representation of a hand, for example, to that of a grasping hand to indicate that the object has been "grabbed" and is ready to be moved or "dragged" to another position and/or orientation in the three-dimensional space of the computer display screen through user manipulation of the master input device.

[**0092**] In **1206**, the processor then determines whether the user has indicated that a display parameter of the selected object is to be adjusted, and if the user has so indicated, in **1207**, the processor performs the display adjustment. As an example, a dial on the master input device may be turned by the user to indicate both that a display adjustment for a display parameter associated with dial is to be adjusted according to the amount of rotation of the dial on the selected object. Alternatively, if the master input device is equipped with a gripper, the gripper may be rotated so as to function as a dial. Examples of display parameters that may be adjusted in this manner include: brightness, contrast, color, and level of detail (e.g., mesh coarseness/fineness, or voxel size and/or opacity) of the selected object being displayed on the computer display screen.

[**0093**] The processor then proceeds to **1208** to determine whether the cursor has moved since "grabbing" the selected object after an affirmative determination in **1203**. If it has not moved, then the processor jumps back to **1202** since the user may only have wanted to adjust a display parameter of a selected object at this time. On the other hand, if the cursor has moved since "grabbing" the selected object, then in **1209**, the processor moves the selected object to the new cursor position. Since the cursor operates in the three-dimensional space of the computer display screen, when it moves "into" the display screen, it may indicate such movement by, for example, getting progressively smaller in size. Where the three-dimensional nature of the computer display screen is achieved through the use of right and left two-dimensional views of the object with disparities of common points between the two views indicating depth values, decreasing of the depth values for images of the cursor in the right and left views indicates that the cursor is moving "into" the display screen.

[**0094**] Optionally, in **1210**, haptic feedback may be provided back to the master input device so that the user may sense reflected forces while the "grabbed" object is being moved in **1209**. As an example, user interactions with the object may be reflected haptically back to the user by

associating a virtual mass and inertial properties with the object so that the user feels a reflected force when coming into contact with the object or when translating or rotating the object as it is accelerated/decelerated. The haptic feedback performed in this **1210** may only be performed for some types of objects and not for others, or it may take effect only in certain circumstances. Use of such haptic feedback may also be applied to the movement of the magnifying glass and/or the plane used for defining cut-planes as described above. In such cases, however, the haptic feedback may be restricted to only occurring after the magnifying glass or the plane enters into an anatomic structure of interest.

[**0095**] In **1211**, the processor determines whether the control input is still in an “on” state. If the control is still “on”, then the processor jumps back to **1208** to track and respond to cursor movement. On the other hand, if the control has been turned off by, for example, the user releasing a button that was initially depressed to indicate that control was turned “on”, then in **1212**, the processor performs a selected menu action.

[**0096**] For example, if the image registration item had been selected by the user in response to the processor displaying the menu in **1204** (or alternatively, the user clicking an icon indicating that item), then the object that has been moved is registered with another image of the object that is now aligned with and is being displayed on the computer display screen at the time so that they have the same coordinate and orientation values in a common reference frame such as that of the computer display screen. This feature facilitates, for example, manual registration of an auxiliary image of an anatomic structure (such as obtained using the LUS Probe **150**) with a primary image of the anatomic structure (such as obtained using the Endoscope **140**). After the initial registration, changes to the position and/or orientation of the corresponding object in the primary image may be mirrored so as to cause corresponding changes to the selected object in the auxiliary image so as to maintain its relative position/orientation with respect to the primary image. When the user is finished with the image registration function, then the processor returns to **1202**.

[**0097**] Although the various aspects of the present invention have been described with respect to a preferred embodiment, it will be understood that the invention is entitled to full protection within the full scope of the appended claims.

What is claimed is:

1. A method for displaying on a computer display screen an effect of a therapeutic procedure being applied by a therapy instrument to an anatomic structure, comprising:

generating an auxiliary image indicating the effect of the therapeutic procedure being applied by the therapy instrument to the anatomic structure; and

displaying a primary image of the anatomic structure overlaid with the auxiliary image on the computer display screen during the therapeutic procedure.

2. The method according to claim 1, wherein the therapeutic procedure is performed using a medical robotic system, and the therapy instrument is robotically manipulatable by a surgeon using the medical robotic system to perform the therapeutic procedure.

3. The method according to claim 1, wherein the primary image is captured prior to the therapeutic procedure.

4. The method according to claim 3, wherein the primary image is a pre-operative image generated by ultrasound.

5. The method according to claim 3, wherein the primary image is a pre-operative image generated by magnetic resonance imaging.

6. The method according to claim 3, wherein the primary image is a pre-operative image generated by computed axial tomography.

7. The method according to claim 3, wherein the auxiliary image is a computer model of the therapeutic effect being applied by the therapy instrument during the therapeutic procedure.

8. The method according to claim 7, wherein the computer model is a volumetric shape determined at least partially by the geometry of a therapeutic end of the therapy instrument.

9. The method according to claim 7, wherein the computer model is a volumetric shape determined at least partially by a heat level being applied to the anatomic structure by a therapeutic end of the therapy instrument.

10. The method according to claim 7, wherein the computer model is a volumetric shape determined at least partially by features of surrounding tissue of the anatomic structure being subjected to the therapeutic procedure.

11. The method according to claim 1, wherein the primary image is captured during the therapeutic procedure.

12. The method according to claim 11, wherein the primary image is an intra-operative image captured by a camera unit.

13. The method according to claim 12, wherein the camera unit includes a stereoscopic pair of cameras.

14. The method according to claim 12, wherein the camera unit is included in an endoscope.

15. The method according to claim 14, wherein the endoscope is a laparoscope.

16. The method according to claim 11, wherein the auxiliary image is a computer model of the therapeutic effect being applied by the therapy instrument during the therapeutic procedure.

17. The method according to claim 16, wherein the computer model is a volumetric shape determined at least partially by a shape of a therapeutic end of the therapy instrument.

18. The method according to claim 16, wherein the computer model is a volumetric shape determined at least partially by a heat level being applied to the anatomic structure by a therapeutic end of the therapy instrument.

19. The method according to claim 16, wherein the computer model is a volumetric shape determined at least partially by features of surrounding tissue of the anatomic structure being subjected to the therapeutic procedure.

20. The method according to claim 11, wherein the auxiliary image is an intra-operative image generated by ultrasound.

21. The method according to claim 22, wherein the therapeutic procedure destroys abnormal tissue of the anatomic structure using radio frequency ablation.

22. The method according to claim 21, wherein the abnormal tissue includes diseased tissue.

23. The method according to claim 22, wherein the diseased tissue includes at least one tumor.

24. The method according to claim 21, wherein the abnormal tissue includes damaged tissue.

25. The method according to claim 21, wherein the therapeutic procedure is one of a group consisting of radio frequency ablation, high intensity focused ultrasound, and cauterization.

26. A method for displaying a selected portion of an auxiliary image of an anatomic structure as an overlay to a primary image of the anatomic structure on a computer display screen, comprising:

associating a movable window with a pointing device such that the movable window is positionable on the computer display screen using the pointing device;

registering an auxiliary image of an anatomic structure with a primary image of the anatomic structure so as to be at a same position and orientation in a common reference frame; and

displaying the primary image on the computer display screen, and a portion of the registered auxiliary image corresponding to the same screen coordinates as the movable window as an overlay to the primary image in the movable window.

27. The method according to claim 26, wherein the primary image is captured by an image capturing device during a minimally invasive surgical procedure being performed using a medical robotic system, and the image capturing device is robotically manipulatable using the medical robotic system while performing the medical procedure.

28. The method according to claim 26, wherein the movable window appears as a circular lens on the display screen.

29. The method according to claim 26, wherein the movable window appears as a rectangular lens on the display screen.

30. The method according to claim 26, wherein the primary image is a three-dimensional image of the anatomic structure, and the computer display screen is a three-dimensional computer display screen.

31. The method according to claim 26, wherein an entire part of the registered auxiliary image corresponding to the same screen coordinates as the movable window is displayed as an overlay to the primary image in the movable window.

32. The method according to claim 26, wherein the portion of the registered auxiliary image corresponding to the same screen coordinates as the movable window is expanded so as to fit and be displayed as an overlay to the primary image in the movable window so as to appear as a magnified view of the auxiliary image.

33. The method according to claim 32, further comprising:

receiving a magnification factor selected by a user viewing the computer display screen; and

applying the magnification factor to determine the portion of the registered auxiliary image to be fitted and displayed as an overlay to the primary image in the movable window.

34. The method according to claim 26, wherein the primary and auxiliary images are three-dimensional images of the anatomic structure, and the computer display screen is a three-dimensional computer display screen.

35. The method according to claim 26, wherein the movable window is associated with a user selectable depth

of the auxiliary image so that a two-dimensional slice of the auxiliary image corresponding to a depth selected by a user is displayed as an overlay to the primary image in the movable window.

36. The method according to claim 26, wherein the primary image is a pre-operative image generated by magnetic resonance imaging.

37. The method according to claim 26, wherein the primary image is a pre-operative image generated by computed axial tomography.

38. The method according to claim 26, wherein the primary image is an inter-operative image captured by a camera unit.

39. The method according to claim 38, wherein the camera unit is included in an endoscope.

40. The method according to claim 38, wherein the auxiliary image is a pre-operative captured image.

41. The method according to claim 40, wherein the pre-operative captured image is generated by magnetic resonance imaging.

42. The method according to claim 40, wherein the pre-operative captured image is generated by computed axial tomography.

43. The method according to claim 40, wherein the pre-operative captured image is generated by ultrasound.

44. The method according to claim 38, wherein the auxiliary image is an intra-operative captured image.

45. The method according to claim 44, wherein the intra-operative captured image is generated by ultrasound.

46. The method according to claim 44, wherein the intra-operative captured image is generated by a second camera unit.

47. A medical robotic system comprising:

an image capturing device for capturing images;

a robotic arm holding the image capturing device;

a computer display screen;

a master input device adapted to be manipulatable by an user in multiple degrees-of-freedom movement; and

a processor configured to control movement of the image capturing device according to user manipulation of the master input device when the master input device is in an image capturing mode, and controlling the displaying of images derived from the captured images on the computer display screen according to user manipulation of the master input device when the master input device is in an image manipulating mode.

48. The medical robotic system according to claim 47, wherein the master input device is configured so as to be manipulatable in six degrees of freedom so that the master input device operates as a three-dimensional mouse when in the image manipulating mode.

49. The medical robotic system according to claim 47, wherein the processor is configured so as to perform a grabbing function on one of the derived images being displayed on the computer display screen when a user activates a control input while a cursor associated with the master input device is being displayed on the derived image, and perform a moving function on the derived image when the user moves the master input device while keeping the control input activated when in the image manipulating mode.

50. The medical robotic system according to claim 49, wherein the processor is further configured to provide haptic feedback to the master input device while performing the moving function on the derived image.

51. The medical robotic system according to claim 50, wherein the haptic feedback is provided by associating a virtual mass and inertial properties to the derived image so that the user would feel a reflected force when the processor is performing the grabbing and moving functions on the derived image in response to user manipulation of the master input device while in the image manipulating mode.

52. The medical robotic system according to claim 49, wherein the image capturing device captures auxiliary images and the processor is configured to cause a primary image captured by a primary image capturing device to be displayed on the computer display screen with at least a portion of one of the derived images overlaid over the primary image.

53. The medical robotic system according to claim 52, wherein the processor is configured to facilitate manually registering the one of the derived images with the primary image by a user performing the grabbing and moving functions on the derived image so as to register the derived image with the primary image as they are both being displayed on the computer display screen when in the image manipulating mode.

54. The medical robotic system according to claim 47, wherein the master input device has a gripper adapted to be squeezed by a hand of a user to function as a control input when the master input device is in the image manipulating mode.

55. The medical robotic system according to claim 54, wherein the processor is configured to adjust a parameter associated with the derived images when the gripper is squeezed and rotated around an axis of the gripper when the master input device is in the image manipulating mode.

56. The medical robotic system according to claim 55, wherein the adjustable parameter is a brightness of the derived image.

57. The medical robotic system according to claim 55, wherein the adjustable parameter is a color of the derived image.

58. The medical robotic system according to claim 55, wherein the adjustable parameter is a level of detail of the derived image.

59. The medical robotic system according to claim 58, wherein the level of detail of the derived image is determined by a level of coarseness of a mesh structure defining the derived image.

60. The medical robotic system according to claim 47, wherein the derived images are three-dimensional volumes generated from the captured images; and the processor is further configured to display one of the three-dimensional volumes and a two-dimensional window on the computer display screen, manipulate a position and orientation of the window on the computer display screen in response to user manipulation of the master input device, and define a cut-plane by an intersection of the window with the three-dimensional volume so as to indicate a two-dimensional slice of the three-dimensional volume.

61. The medical robotic system according to claim 60, wherein the two-dimensional slice is displayed in the window.

62. The medical robotic system according to claim 60, wherein the two-dimensional slice is displayed in a picture-in-picture window of the computer display screen.

63. The medical robotic system according to claim 60, wherein the processor is further configured to display a user selectable number of two-dimensional windows on the computer display screen, individually manipulate positions and orientations of the windows on the computer display screen in response to user manipulation of the master input device, and define cut-planes by intersections of the manipulated windows with the three-dimensional volume so as to indicate corresponding two-dimensional slices of the three-dimensional volume.

64. The medical robotic system according to claim 63, wherein the two-dimensional slices are displayed in corresponding picture-in-picture windows of the computer display screen.

65. The medical robotic system according to claim 60, wherein the processor is configured to display the two-dimensional window on the computer display screen in response to user selection of an item included in a displayed menu on the computer display screen.

66. The medical robotic system according to claim 60, wherein the processor is configured to display the two-dimensional window on the computer display screen in response to user selection of an icon being displayed on the display screen.

67. The medical robotic system according to claim 66, wherein the icon is displayed in a periphery area of the computer display screen, and the processor is further configured to interpret user mouse-type actions of clicking on the icon and dragging the icon away from the periphery area as a user selection of the icon.

68. The medical robotic system according to claim 67, wherein the image capturing device is an ultrasound probe and the derived images are three-dimensional ultrasound images of an anatomic structure that are computer generated from two-dimensional ultrasound slices captured by the ultrasound probe.

69. The medical robotic system according to claim 47, wherein the processor is further configured to display one of the derived images and an eraser image on the computer display screen, manipulate at least a position of the eraser image on the computer display screen in response to user manipulation of the master input device, and erase any portion of one of the derived image being displayed on the computer display screen that is traversed by the eraser image as the eraser image is being manipulated on the computer display screen.

70. The medical robotic system according to claim 69, wherein the processor is configured to erase all detail of the portion of the derived image that is traversed by the eraser image.

71. The medical robotic system according to claim 69, wherein the processor is configured to reduce the detail of the portion of the derived image that is traversed by the eraser image.

72. The medical robotic system according to claim 71, wherein the reduction of detail of the portion of the derived image that is traversed by the eraser image entails reducing the fineness of a mesh structure defining the derived image.