



## Improvement of Tomo-PIV Analyses in the Nasal Cavities

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## **OpenNose Group**





## Numerical



# <figure>

# Overall objective: bringing CFD into the clinical setting

Patient-specific CT-scan CFD solution Implementation into surgical treatment

Successful surgical outcomes

#### **CFD** enables the improvement of:

• Diagnostic precision

Checking the reliability of the numerical model through a solid benchmark by **Experimental Investigations** 



## Human Nose - Functions and Anatomy

#### Lateral nasal wall, sagittal section, medial view [1]

Paranasal sinuses, coronal section, anterior view [1]

#### Section A - A



#### Highly complex, inter-individually varying geometry

[1] Gilroy, A. M., MacPherson, B. R., Ross, L. M., Broman, J., & Josephson, A. (Eds.). (2008). Atlas of anatomy (pp. 356-450). Stuttgart: Thieme.

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#### **Transparent Silicone Model**





## **Experimental Setup**

- 800 L fish tank containing three portholes
- **3-axis traversing unit** (isel Germany AG)
- CCD cameras (Imager Pro X 2A, 1600x1200 pix)
  - Macro lenses (Milvius 2/135, ZEISS)
  - Scheimpflug adapters
  - Cut-off filters
- Light source dp Nd:YAG laser (EverGreen200, 70-200 mJ @ 532 nm, 15 Hz)
- Trigger signal from control unit (PLC) starts linearmotor-driven piston pump-> induces modified breathing cycle
- Fluorescence tracer particles (PMMA-RHB, 20-50 um, abs/emm =560/584 nm)
- Two seeding pumps
- Refractive Index Monitoring laser and camera





## **Refractive Index Matching**



Laser visualization moves due to RI mismatch ing different RIs



## Timing / Device Control



![](_page_8_Picture_0.jpeg)

#### **Results - Nostrils**

![](_page_8_Picture_2.jpeg)

![](_page_8_Picture_3.jpeg)

![](_page_8_Picture_4.jpeg)

FoV = 49.5 mm x 36.5 mm RoI = 49.5 mm x 36.5 mm x 4.5 mm Scale factor = 29.1 pix/mm VSC error < 0.1 pix

![](_page_9_Picture_0.jpeg)

## **Results – Averaging Cycle Phases**

![](_page_9_Figure_2.jpeg)

![](_page_10_Picture_0.jpeg)

#### **Results - Nostrils**

![](_page_10_Figure_2.jpeg)

![](_page_11_Picture_0.jpeg)

## **Results - Nostrils**

![](_page_11_Figure_2.jpeg)

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![](_page_12_Picture_0.jpeg)

## Conclusion

#### Sucessfull experimental parts:

- Phantom model development method enables to build a patient-specific measurement geometry
- **In-site RIM method** minimizes errors and leads to acceptable Volume Self Calibration results
- Linear-motor-driven-piston pump gives the possibility to create physiological flow rates
- Analysing different flow rates during cycle with low-speed setup works while adapting PIV-dt
- Triggered seeding strategy leads to successful seeding densities
- Tomo-PIV enables investigations of complex 3D flow structures

![](_page_13_Picture_0.jpeg)

# Necessary improvements and further investigations:

- **High-speed system** will allow for a breathing cycle phase dependent PIV-dt
- Seeding strategy optimization for low flow regimes (Sinuses)
- Avoid separation of **working fluid's components**
- Enlargement Field of View -> Current: Head requires more than 200 RoIs
- Minimize **phase-locked shift** of 120 us

![](_page_13_Picture_7.jpeg)

## Outlook

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# Thank you !

![](_page_14_Picture_2.jpeg)

#### Contact

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![](_page_14_Picture_9.jpeg)

![](_page_14_Picture_10.jpeg)

REGENSBURG CENTER OF HEALTH

![](_page_14_Picture_12.jpeg)

OSTBAYERISCHE TECHNISCHE HOCHSCHULE REGENSBURG

BIOFLUIDMECHANIK

![](_page_14_Picture_15.jpeg)