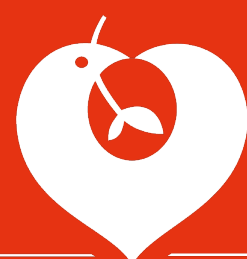


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Towards cardiovascular modelling and data assimilation for augmented monitoring in general anaesthesia

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The team: a joint-venture between Inria and APHP (Parisian hospitals)

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General anaesthesia



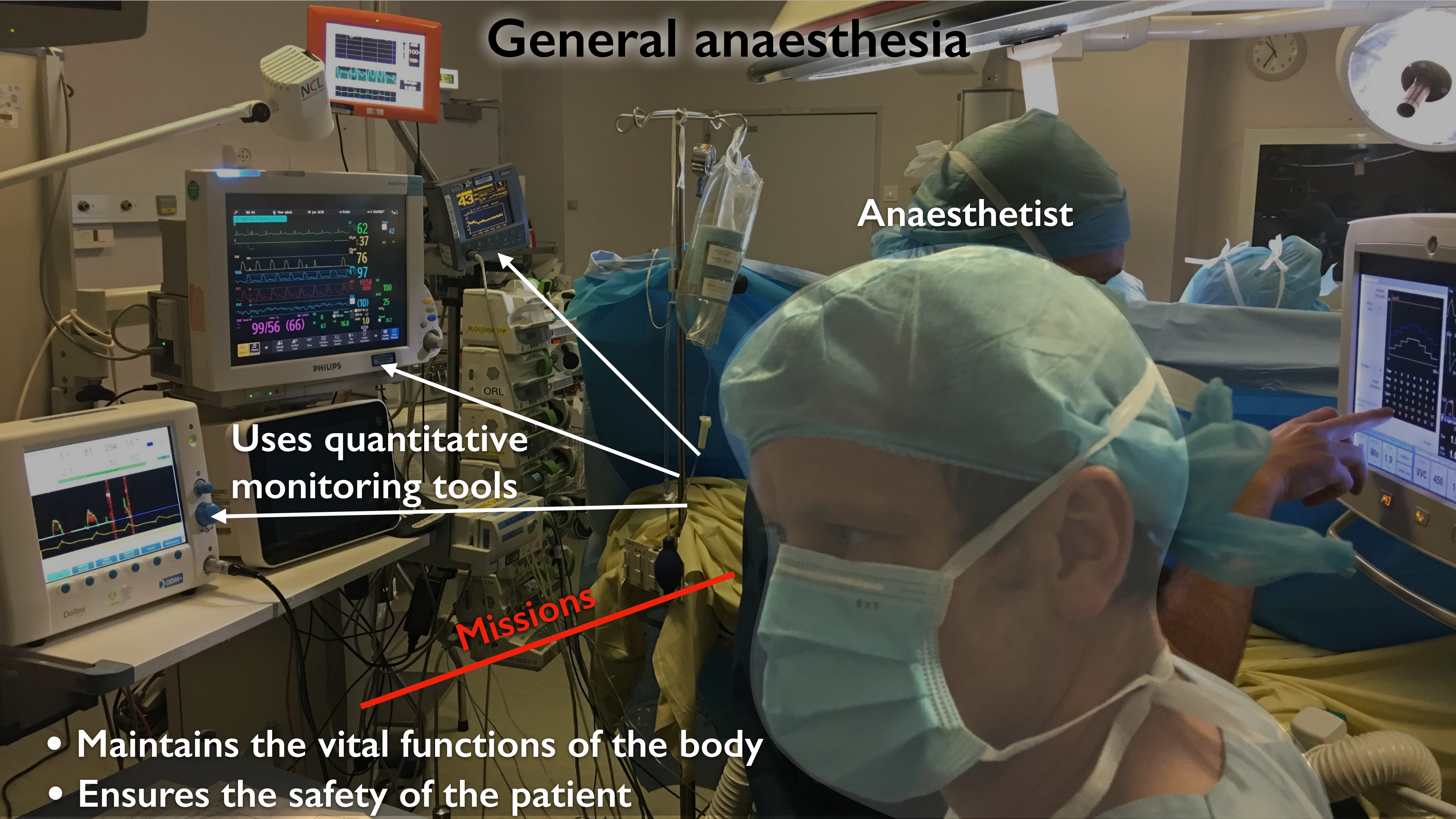
General anaesthesia

Anaesthetist

Uses quantitative monitoring tools

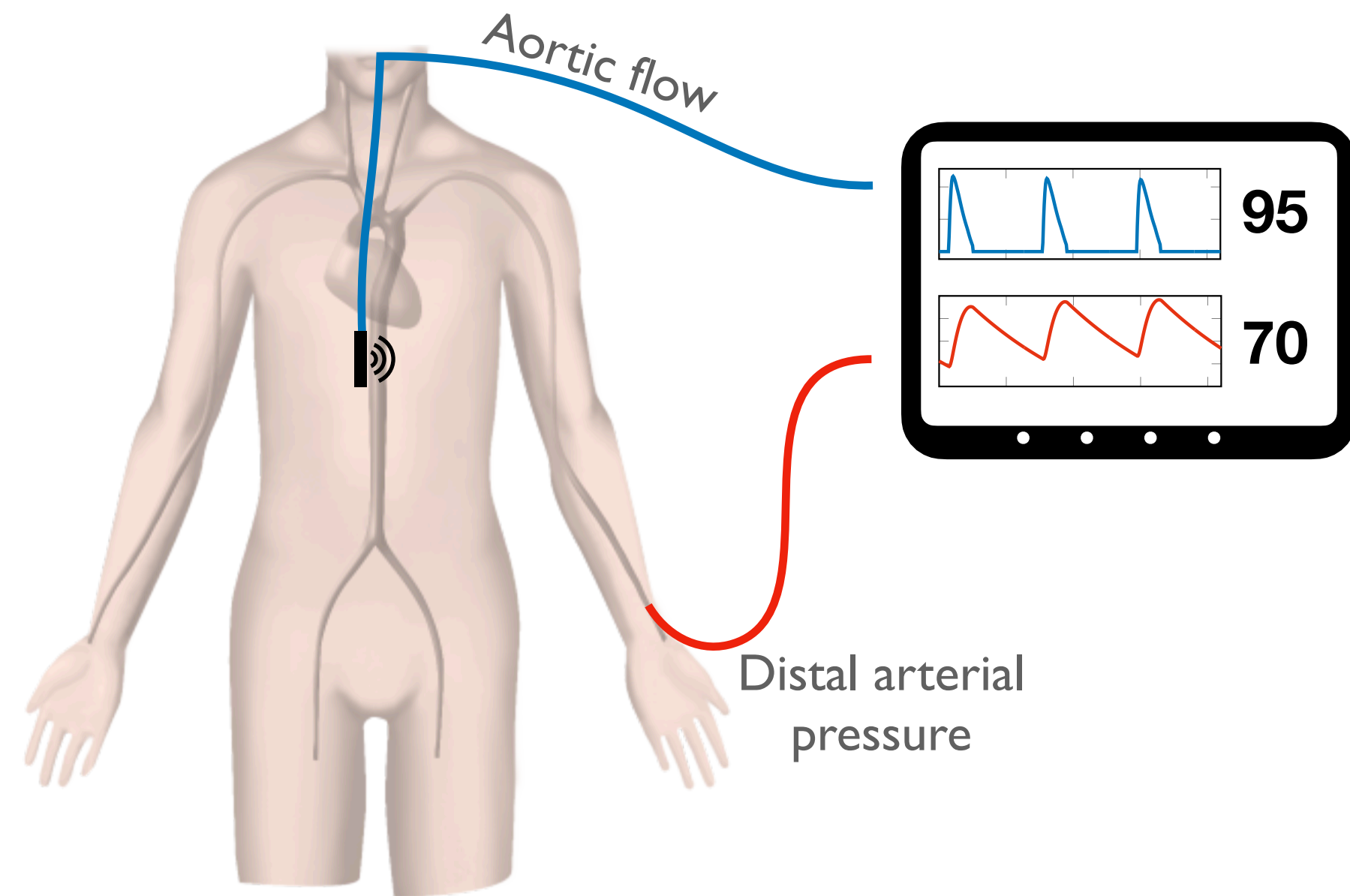
Missions

- Maintains the vital functions of the body
- Ensures the safety of the patient



Anaesthetists do not have access to the information they need most

- What they have today for hemodynamics monitoring



- No information on the heart itself
- Insufficient context
- Difficult to distinguish between between different causes of hemodynamics instabilities

Our objective

Augment the available information on the patient by extracting from new physiological waveform and new biomarkers from the patient data

Attempt to perform augmented monitoring in anesthesia

- **Analysis of the pressure waveform**
 - Do not consider the heart, only the arteries
 - All the analysis based on a single physiological signal


 Romano et al. *Crit. Care Med.* 2002

 Wesseling et al. *J. Appl. Physiol.* 1993

- **Hypotension Prediction Index**

- Based on black-box statistical approaches
- Good prediction success rate of hypotension but no explanation value → not a tool to do medicine

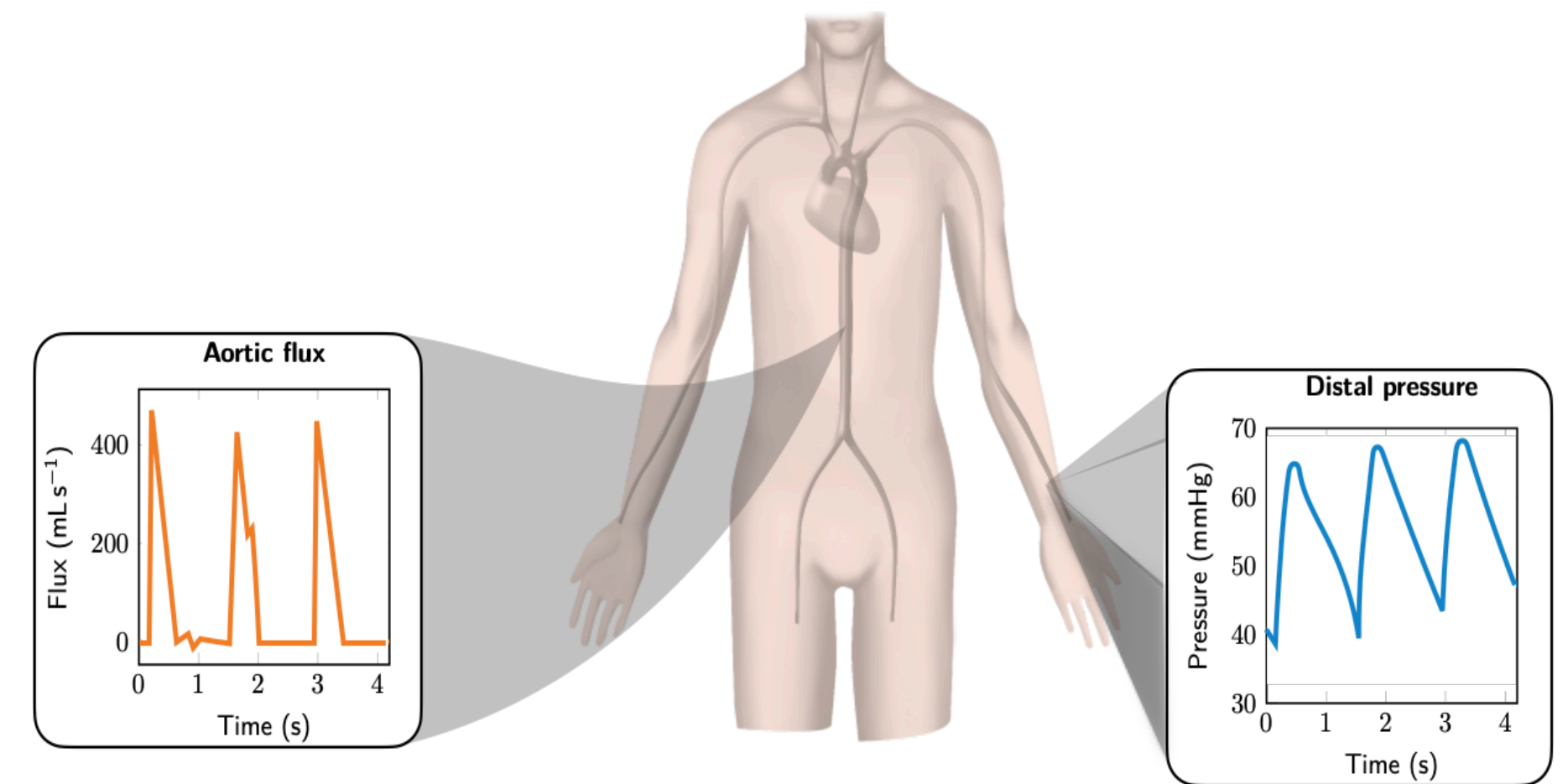
 Davies et al. *Anesth. & Analg.*, 2020

 Hatib et al. *Anesthesiology*, 2018

Our original strategy to tackle this problem

- Use biophysical models as an *a priori* on the system with which data are merged through data assimilation

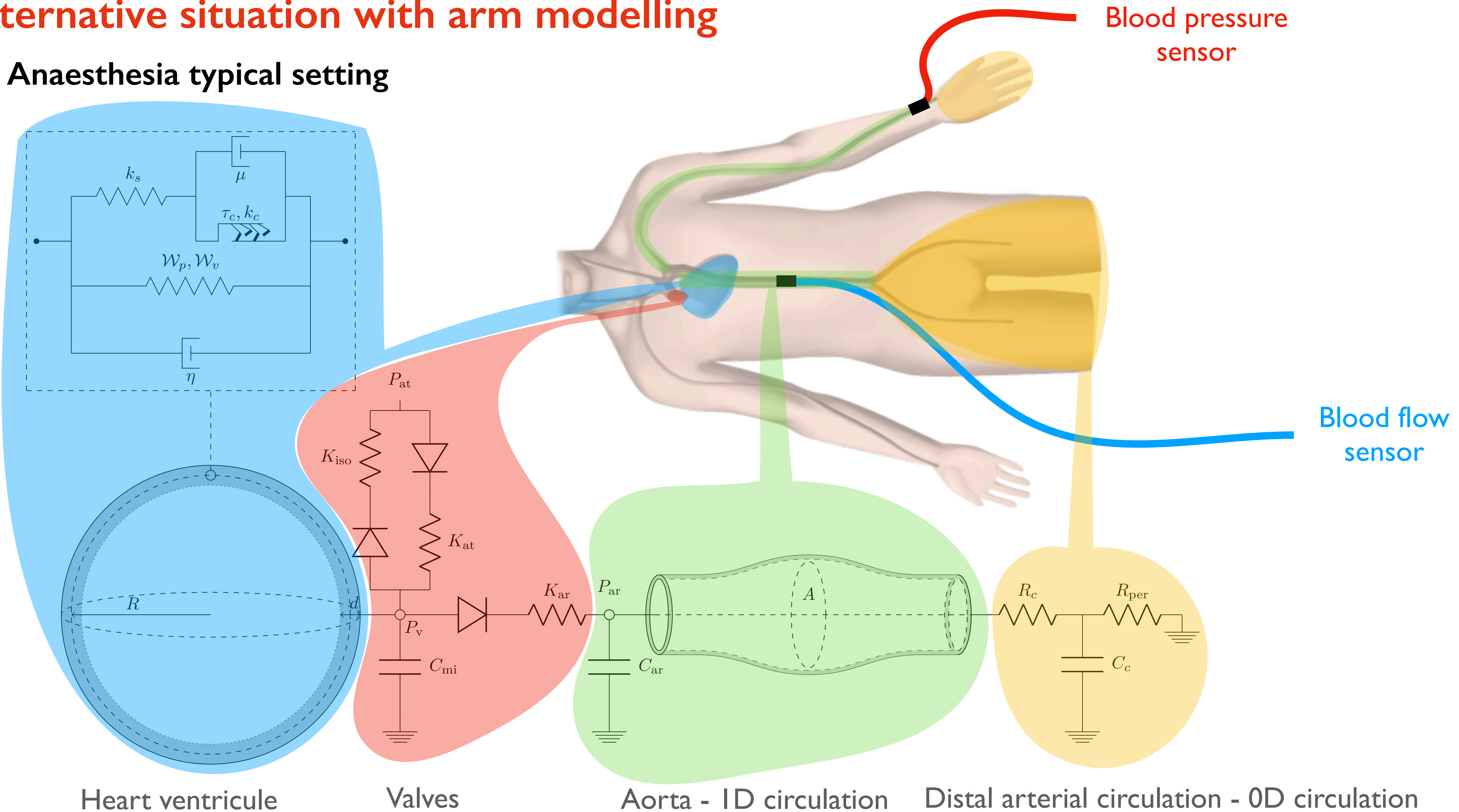
$$\begin{aligned} \mathcal{P}_a(\underline{y}^*) + \mathcal{P}_i(\underline{y}^*) &= \mathcal{P}_e(\underline{y}^*), \quad \forall \underline{y}^* \in \mathcal{V}, \\ \underline{\underline{\Sigma}} &= \frac{\partial W_e}{\partial \underline{\underline{e}}} + \frac{\partial W_v}{\partial \underline{\underline{\dot{e}}}} + \sigma_{1D} \underline{\underline{\tau}}_1 \otimes \underline{\underline{\tau}}_1 - p \underline{\underline{C}}^{-1}, \\ \sigma_{1D} &= E_s \frac{e_{1D} - e_c}{(1 + 2e_c)^2}, \\ (\tau_c + \mu \dot{e}_c) &= E_s \frac{(e_{1D} - e_c)(1 + 2e_{1D})}{(1 + 2e_c)^3}, \\ \dot{k}_c &= -(|\bar{u}|_+ + w |\bar{u}|_- + \alpha |\dot{e}_c|) k_c + n_0 k_0 |\bar{u}|_+, \\ \dot{\tau}_c &= -(|\bar{u}|_+ + w |\bar{u}|_- + \alpha |\dot{e}_c|) \tau_c + n_0 \sigma_0 |\bar{u}|_+ + k_c \dot{e}_c, \\ -\dot{V} &= Q = q(P_v, P_{ar}, P_{at}), \\ C_p \dot{P}_{ar} + (P_{ar} - P_d)/R_p &= Q, \\ C_d \dot{P}_d + (P_d - P_{ar})/R_p &= (P_{vs} - P_d)/R_d. \end{aligned}$$



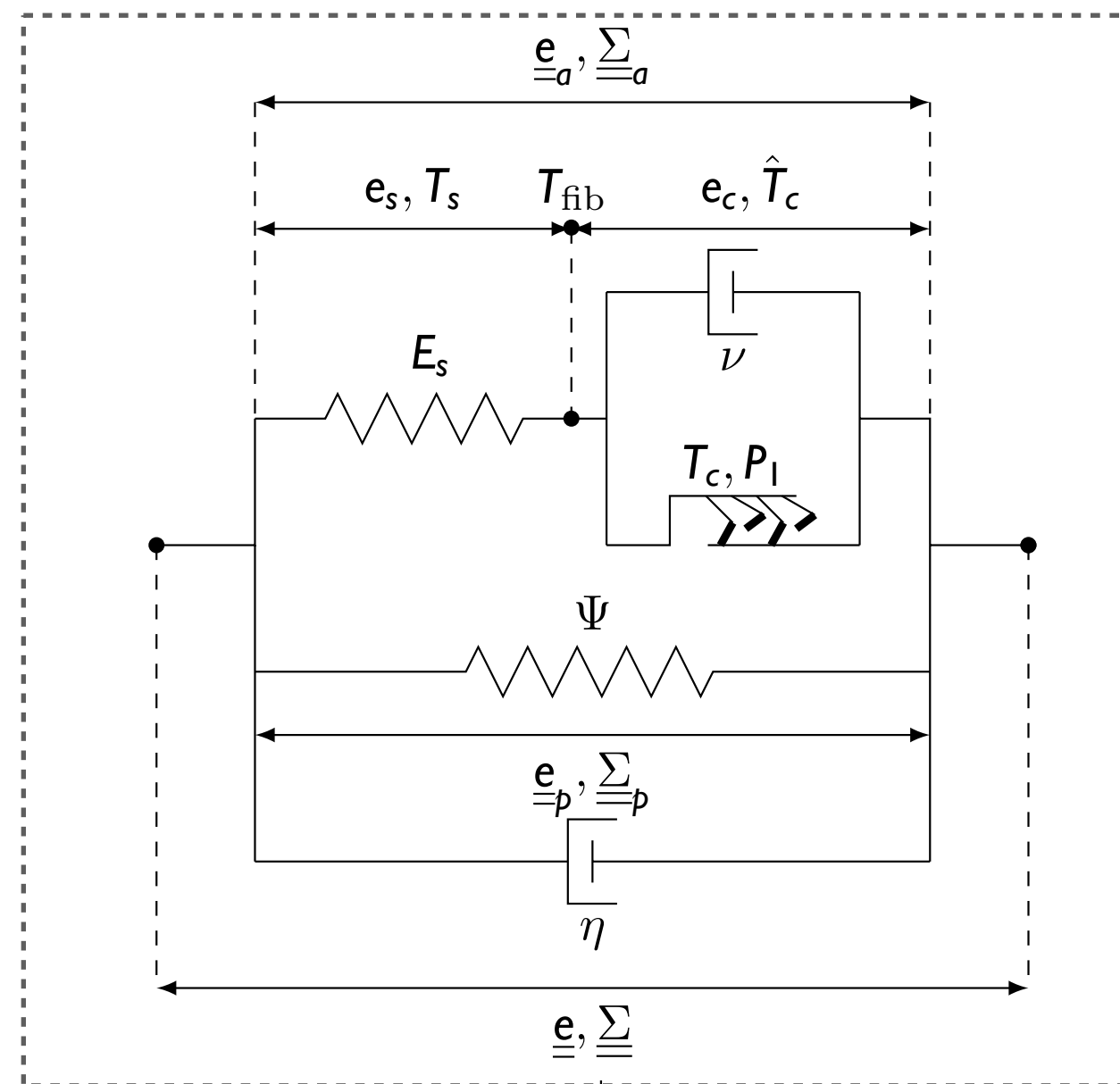
- The individual bricks come from the literature, the originality lies in the simultaneous usage of these specific bricks and the purpose

Alternative situation with arm modelling

- Anaesthesia typical setting



• Heart tissue model



Equations derived from the principle of virtual power

$$\forall \underline{w} \in \mathcal{V}(\Omega_0), \int_{\Omega_0} \rho \underline{\ddot{y}} \cdot \underline{w} d\Omega + \int_{\Omega_0} \underline{\underline{\Sigma}} : d\underline{y} \underline{e} \cdot \underline{w} d\Omega = - \int_{\Gamma_{endo}} P_v \underline{\nu} \cdot \underline{F}^{-1} \cdot \underline{w} dS$$

Tissue rheology

- 3D parallel law $\underline{e} = \underline{e}_a + \underline{e}_p$ strain (Green-Lagrange tensor) $\underline{\underline{\Sigma}} = \underline{\underline{\Sigma}}_p + \underline{\underline{\Sigma}}_a$ 2PK stress
- 1D series law $e_{fib} = e_s + e_c$ extension $T_{fib} = T_c + T_s$ 1PK stress

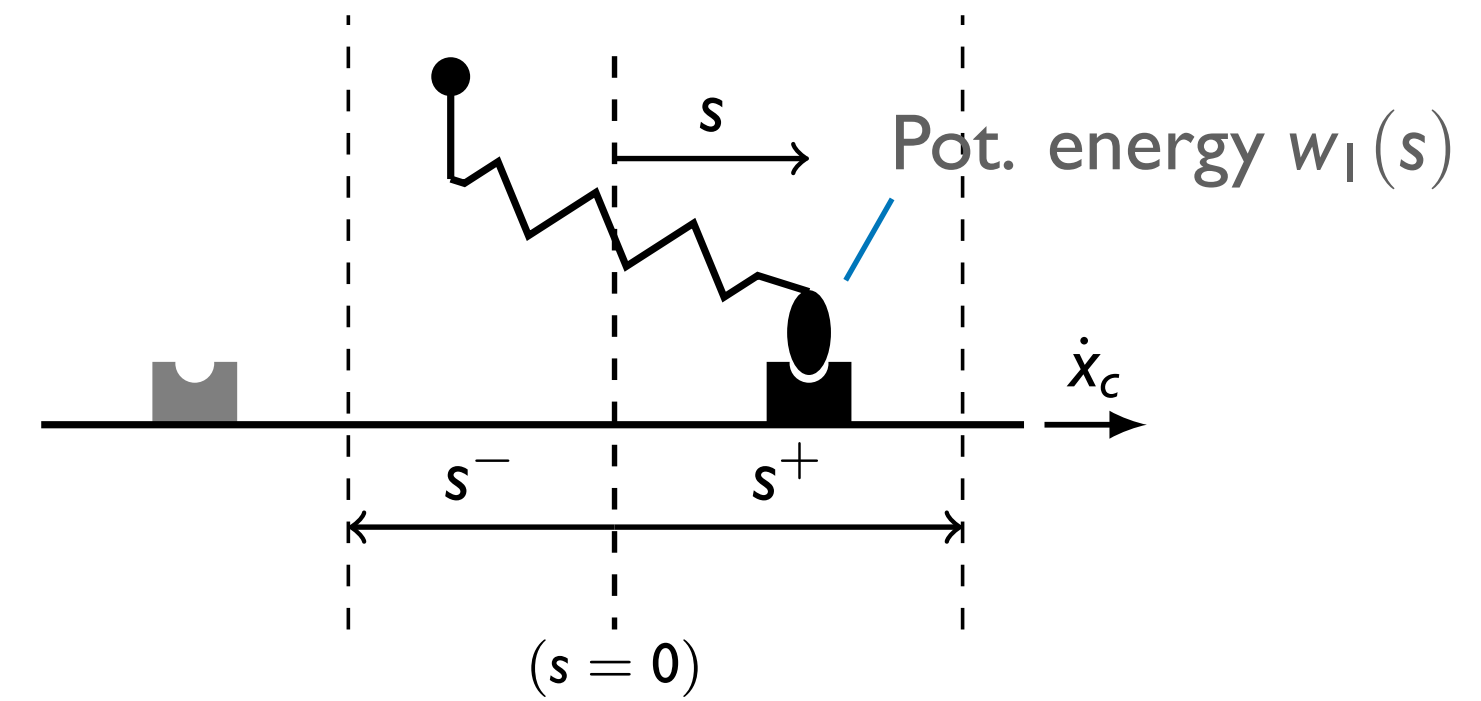
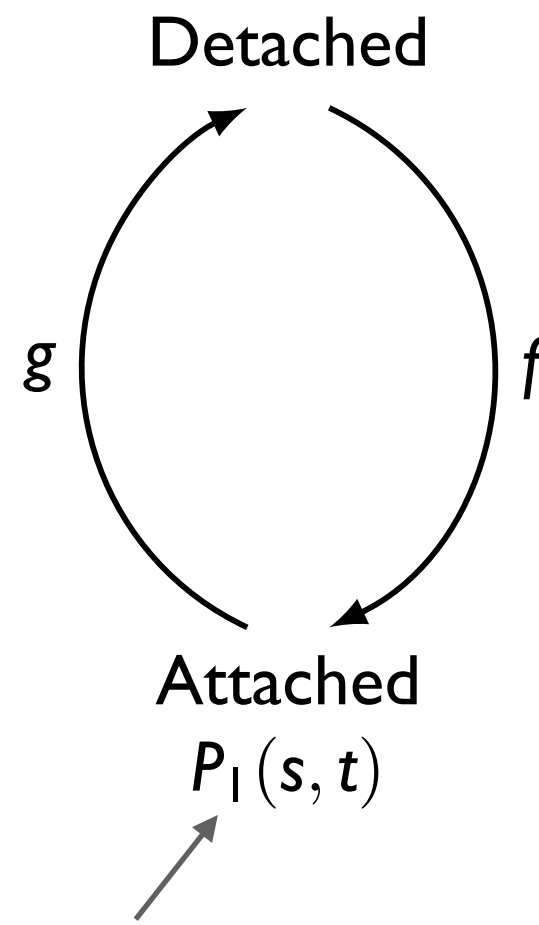
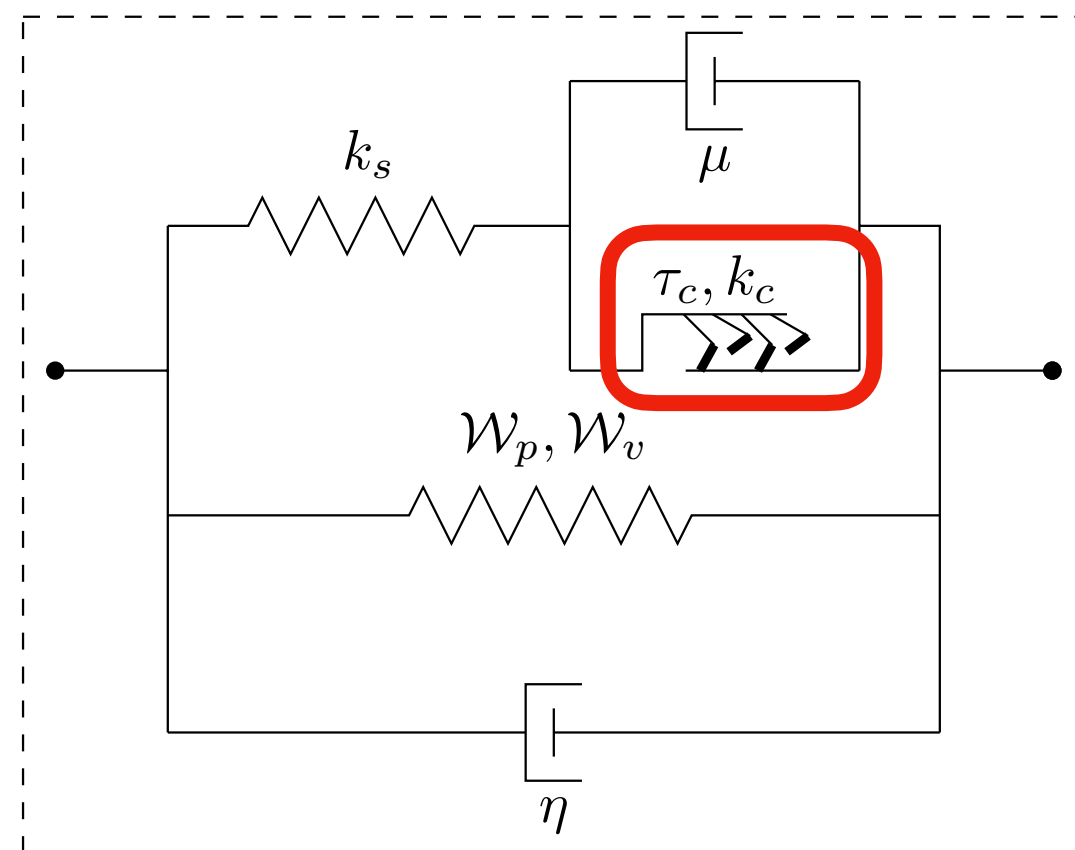
A shell assumption is applied

- ODE on the displacement y

$$\begin{cases} \rho_0 V_0 \ddot{y} + \frac{V_0}{R_0} k_s \left(\frac{y}{R_0} - x_c / \ell \right) + \frac{\partial \mathcal{W}_p}{\partial y}(y) + \mathcal{W}_v(y, \dot{y}) = P_v \frac{\partial V(y)}{\partial y}, \\ \mu \dot{x}_c / \ell - k_s \left(\frac{y}{R_0} - x_c / \ell \right) = - \boxed{T_c}, \end{cases}$$

Active contraction force

• Heart tissue model



Ratio of attached heads among heads located at distance s of the nearest actin site

$$\frac{\partial P_1}{\partial t}(s, t) = f(s)(1 - P_1(s, t)) - g(s)P_1(s, t) - \dot{x}_c \frac{\partial P_1}{\partial s}(s, t)$$

• Simplification assumption on the transition rates and the potential energy

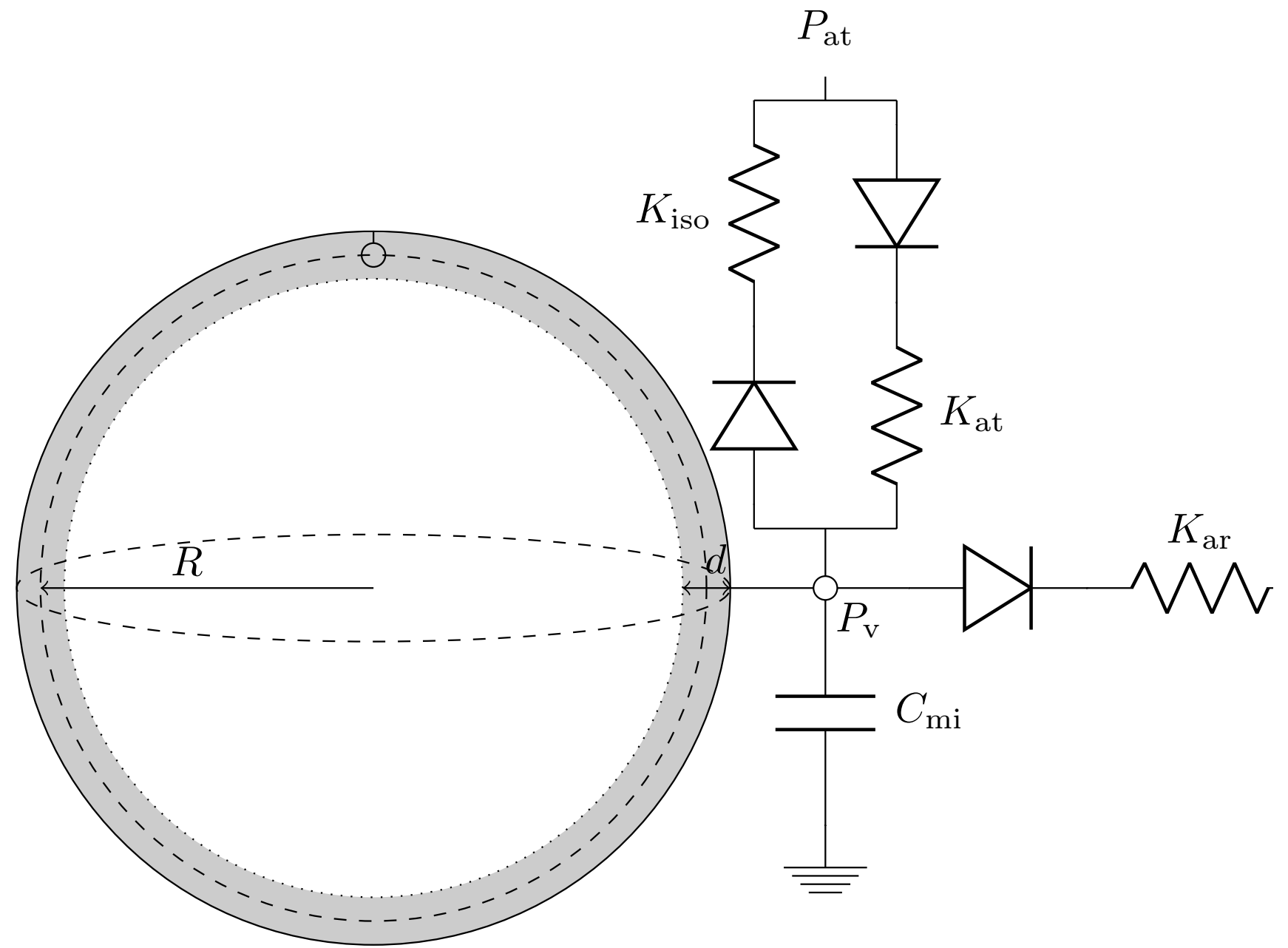
- System of 2 coupled ODEs where the active force T_c is directly a variable, which depends on the electrical activation ν

$$\begin{cases} \dot{K}_c(t) = -(|\nu| + \alpha \dot{x}_c) K_c(t) + n_0(x_c) K_0 |\nu|_+ \\ \dot{T}_c(t) = -(|\nu| + \alpha \dot{x}_c) T_c(t) + n_0(x_c) T_0 |\nu|_+ + \dot{x}_c K_c(t) \end{cases}$$

Contractility

Model equations

- Cavity model with valves



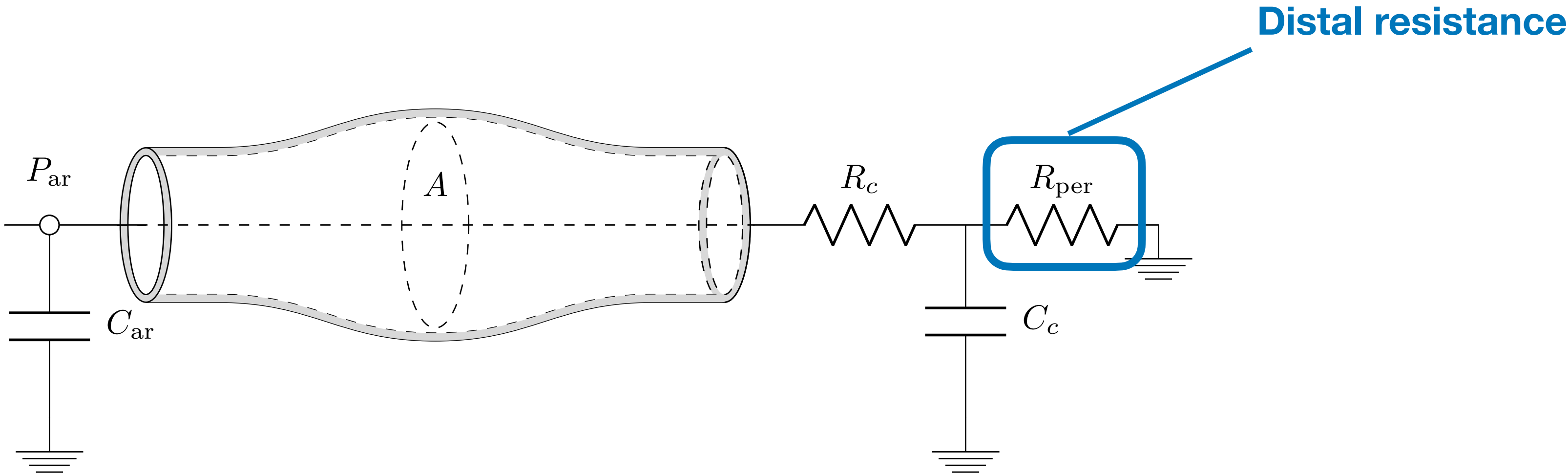
Equation derived from the conservation of flux

$$C_{mi} \dot{P}_v - Q_v + \frac{|P_v - P_{ar}|_+}{K_{ar}} + \frac{|P_v - P_{at}|_+}{K_{iso}} - \frac{|P_{at} - P_v|_+}{K_{at}} = 0$$

Model equations

- **Arteries models**

- Mix of 1D and 0D arterial models



Model automatic calibration



- Reduced model, governed by a finite set of differential equations

Model operator

$$\begin{cases} \dot{y}_{|\theta}(t) = A(y, \theta, t), t \in [0, T] \\ y_{|\theta}(0) = y_{\diamond} \end{cases}$$

State variables

Unknown parameters

- The model needs to be personalised for any given patient, i.e. we want to **estimate the patient-specific** θ

We want to solve

$$\min_{\theta} \left\{ J_T(\theta) = \frac{1}{2} \|\theta - \theta_{\diamond}\|_{P_0^{-1}}^2 + \frac{1}{2} \int_0^T \left\| z - \underset{\substack{\text{Data} \\ \downarrow}}{\underset{\substack{\text{Observation operator} \\ \downarrow}}{\mathcal{C}}}}{y_{|\theta}(t)} \right\|_{W^{-1}}^2 dt \right\}$$

Regularisation with a priori estimate

Link between data and model

- Sequential update of the estimation of θ when T is varying \Rightarrow Kalman filter extended for non-linear problems

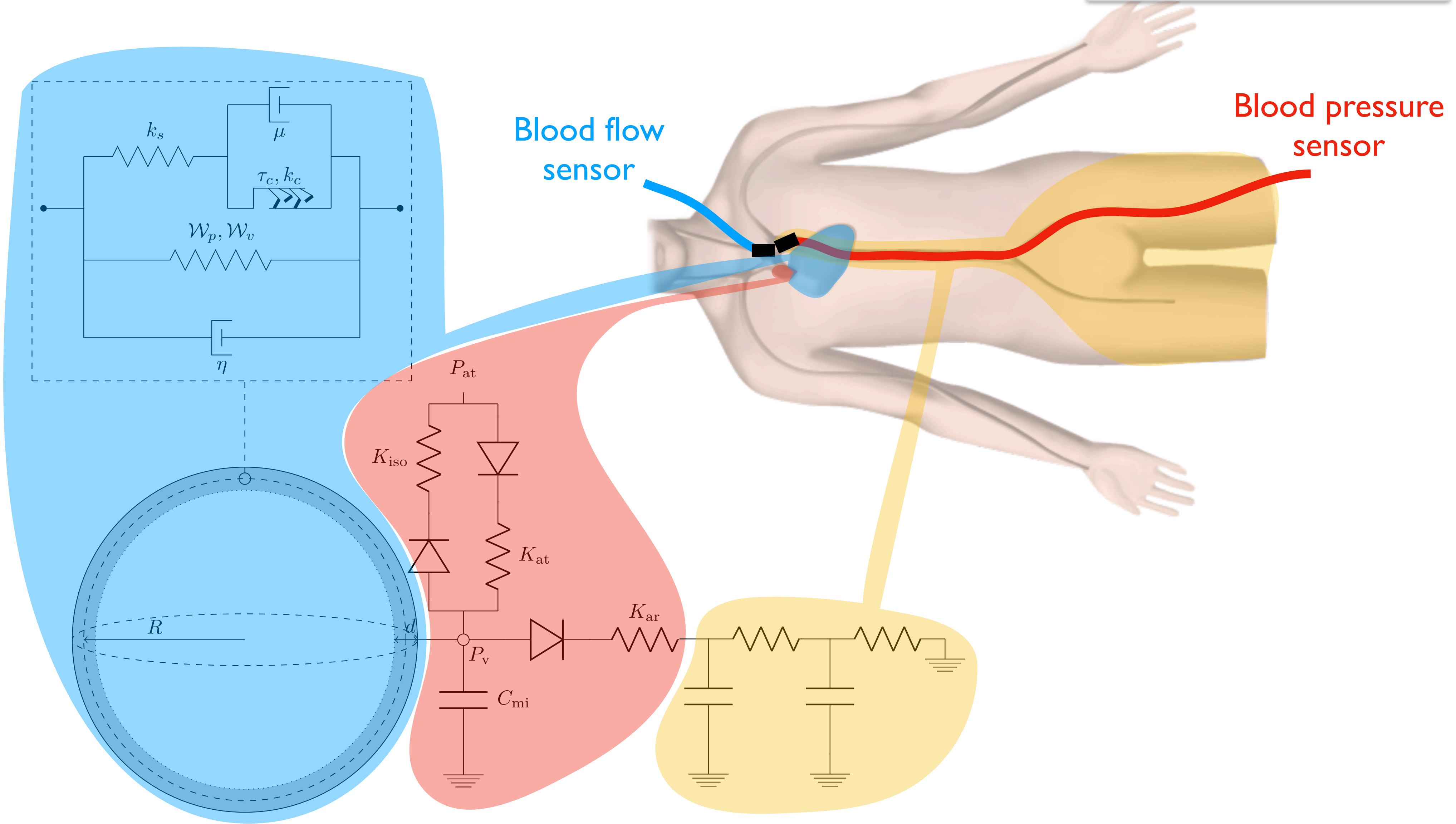
Preliminary results validating the model

Le Gall, Chabiniok, Hussain, et al., PLoSOne, 2020

Arthur Le Gall



- Particular measurement setup



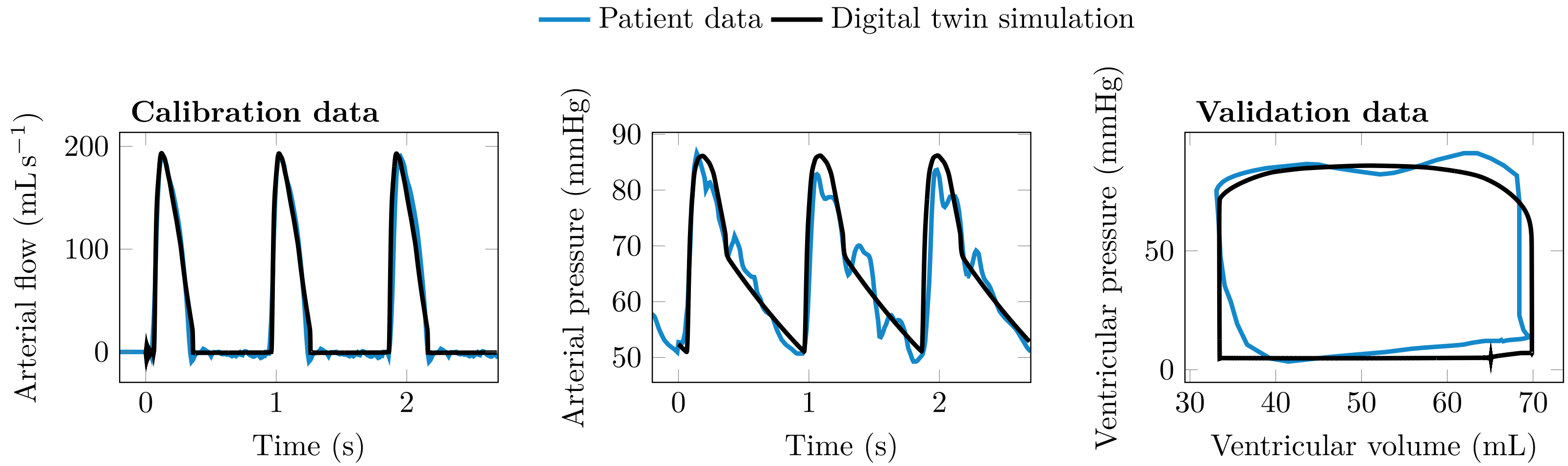
Preliminary results validating the model

Le Gall, Chabiniok, Hussain, et al., PLoSOne, 2020

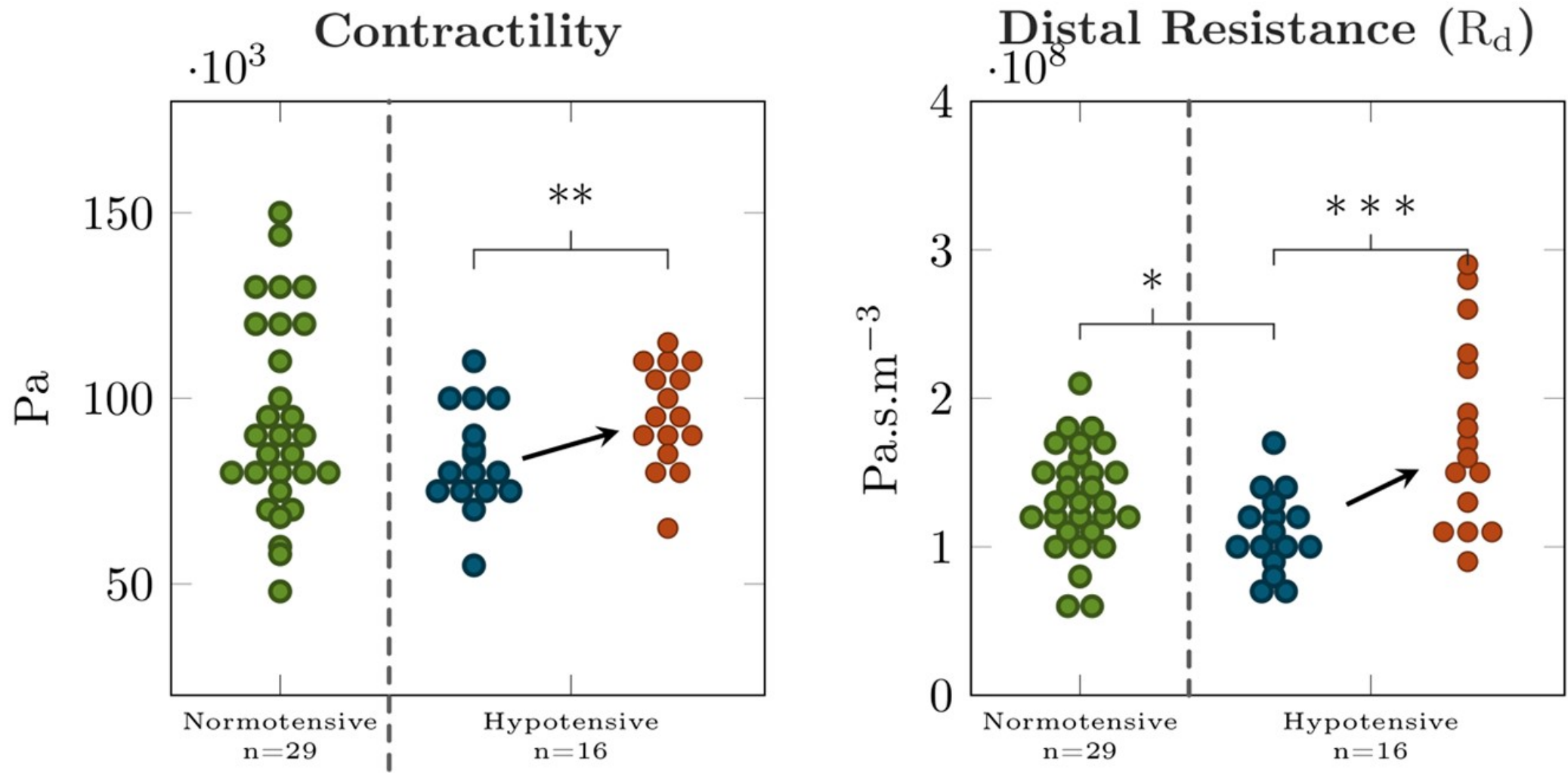
Arthur Le Gall



- Calibration and validation data

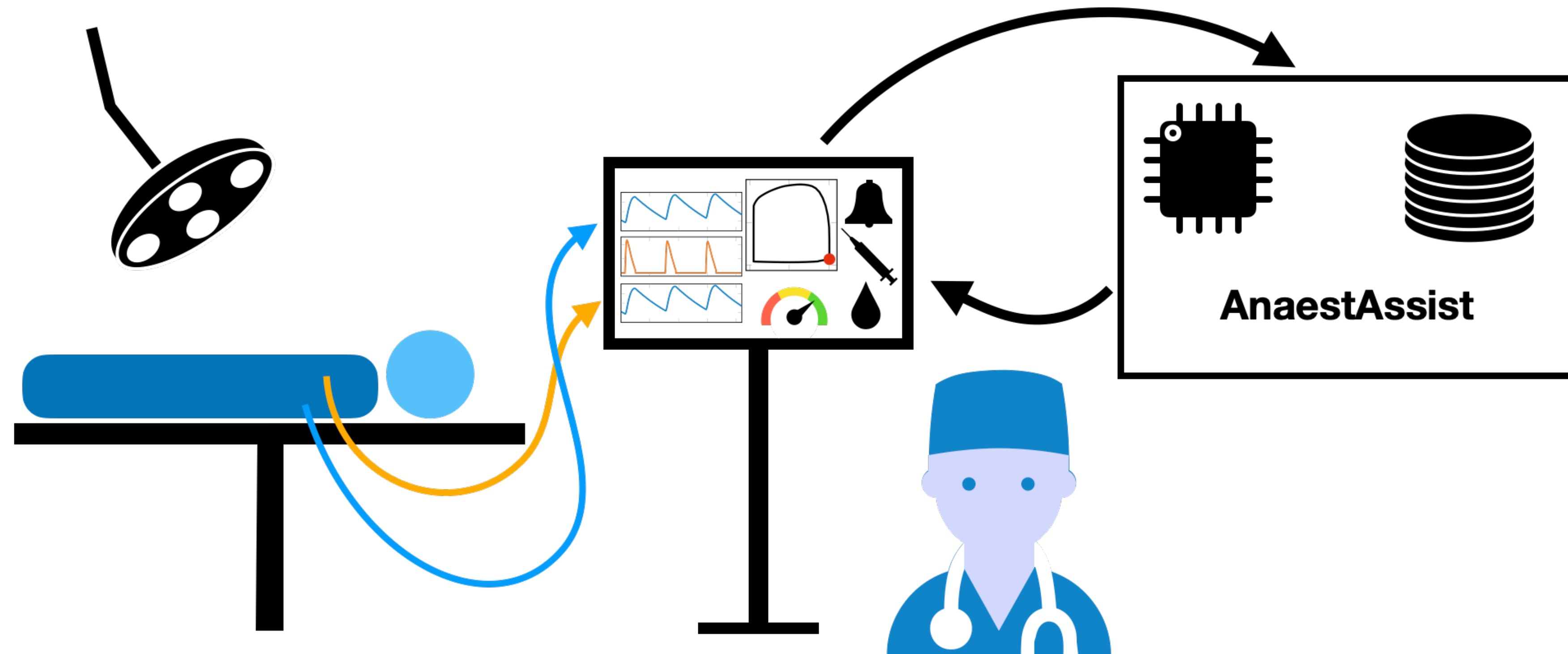


- Interpretation of the estimated parameters



Envisioned workflow for ORs and ICUs

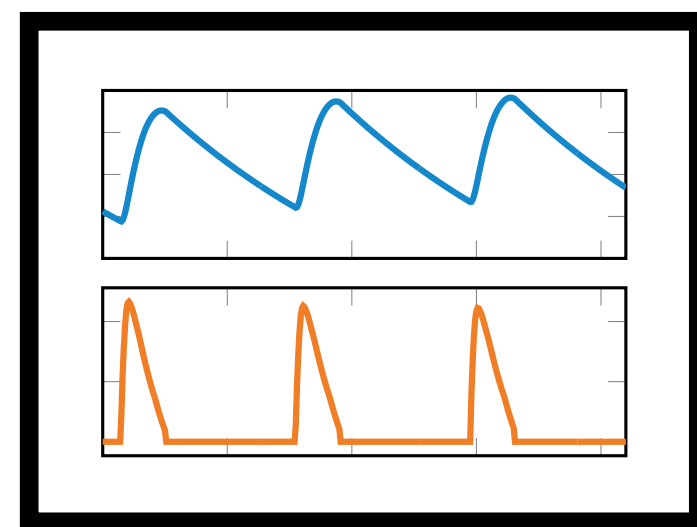
- Once the model is calibrated we can simulate augmented information
 - New information to better follow the state of the patient (contractility, arterial distal resistance, ...)
- Based on augmented information relevant alert and recommendation can be produced



Perspectives

- Need of a more solid clinical validation
- Include new modelling element to improve model predictions
- Go to the medical application

Classical monitoring



Augmented monitoring

