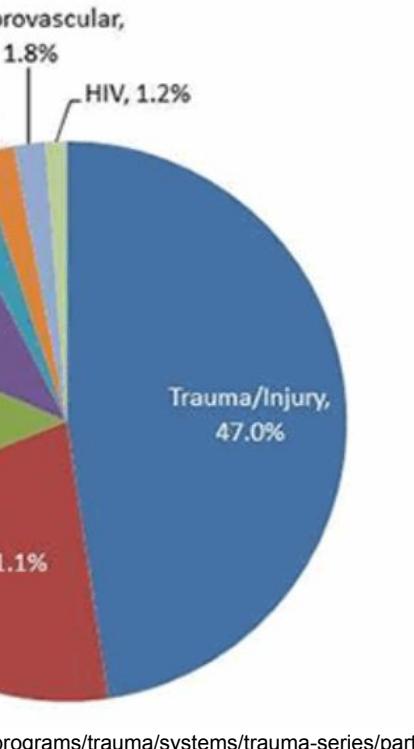


# AI-Surgeon: A Transfer Learning Multimodal Ensemble Transformer Based VR Copilot for Action Prediction in Trauma Surgery

## Issue Statement



- Life-saving surgical procedures** for trauma injuries require immediate actions, but in **austere situations**, such as disaster zones or remote areas, there are often no immediate medical professionals available
- First responders often **lack the necessary medical skills** and resources to perform life saving surgery accurately and quickly
- Six million deaths** around the world are caused by trauma injuries annually, with **60% occurring just minutes after the injury**
- Current machine learning and AI assistants in trauma surgery are still In their early development stages



## Related Works in Surgical Aid

- Architecture framework improvements for surgical guidance [1]
- Mainly focusing on Coarse-Grained phase recognition currently
- Lack of tool-based interactions and detection for fine-grain real time surgical action recognition and anticipation
- Parameter efficient transformer methods
- Curation of larger and comprehensive surgical datasets is needed [2]
- Multi-view surgical action datasets from different point of views of different people in the operating room
- Action triplet/duplet development and curation in laparoscopic surgery
- Development of telemonitoring and virtual reality (VR) systems [3]
- Use of VR in training of surgical procedures
- Telemonitoring and remote assistance in operating rooms applications
- VR for improving patient rehabilitation

## Research Gaps and My Solutions

Most trauma injuries occur in austere and difficult to access environments	Development of an offline VR HMD system to provide real-time assistance to first responders
First responders lack equipment and training necessary to perform accurate, efficient LSI procedures	Leverage AI and machine learning to guide first responders through the procedure
Most existing works recognize surgical activities at a coarse-grained level, such as phases, steps or events	Recognizing surgical actions as <verb, target> action pair delivers more comprehensive details
Current ML frameworks for action recognition and action anticipation low in accuracy and computationally expensive	Utilize spatiotemporal relationships of surgical procedures and transfer learning to improve accuracy and reduce computational complexity
Lack of comprehensive and large scale datasets for trauma surgery	Curate the Trauma THOMPSON Dataset, the first comprehensive egocentric medical dataset

## Research Objectives

- Develop an **offline** virtual reality head mounted device (HMD) as a **copilot** to assist medical professionals, personnel with limited training, and first responders in trauma surgery in resource-constrained and remote environments
- Curate **egocentric video dataset** for trauma surgery procedures with <verb, target> pair action annotations
- Implement **spatiotemporal** AI frameworks for real-time surgical action recognition and anticipation
- AI-Surgeon** is about leveraging AI research to save lives and increase access to medical care

## Design Criteria and Constraints

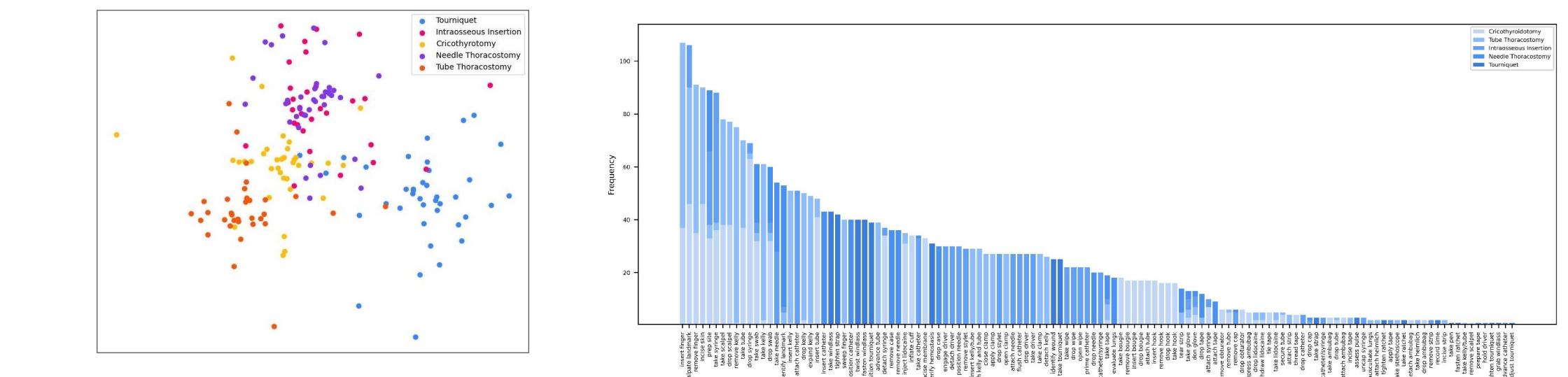
Criteria	Constraints
Action recognition models must be able to predict <verb-, target> pairs	Algorithms implemented on HMDs must be lightweight
Action recognition accuracy of minimum 50% and anticipation accuracy of minimum 40%, Visual Question answering accuracy of minimum 70%	Surgeries are commonly performed in resource-limited and rural environments
Lightweight and offline processing for deployment in VR for use in austere environments	Difficulty of collecting high quality data for surgical procedures

## Egocentric Trauma Surgery Video Dataset



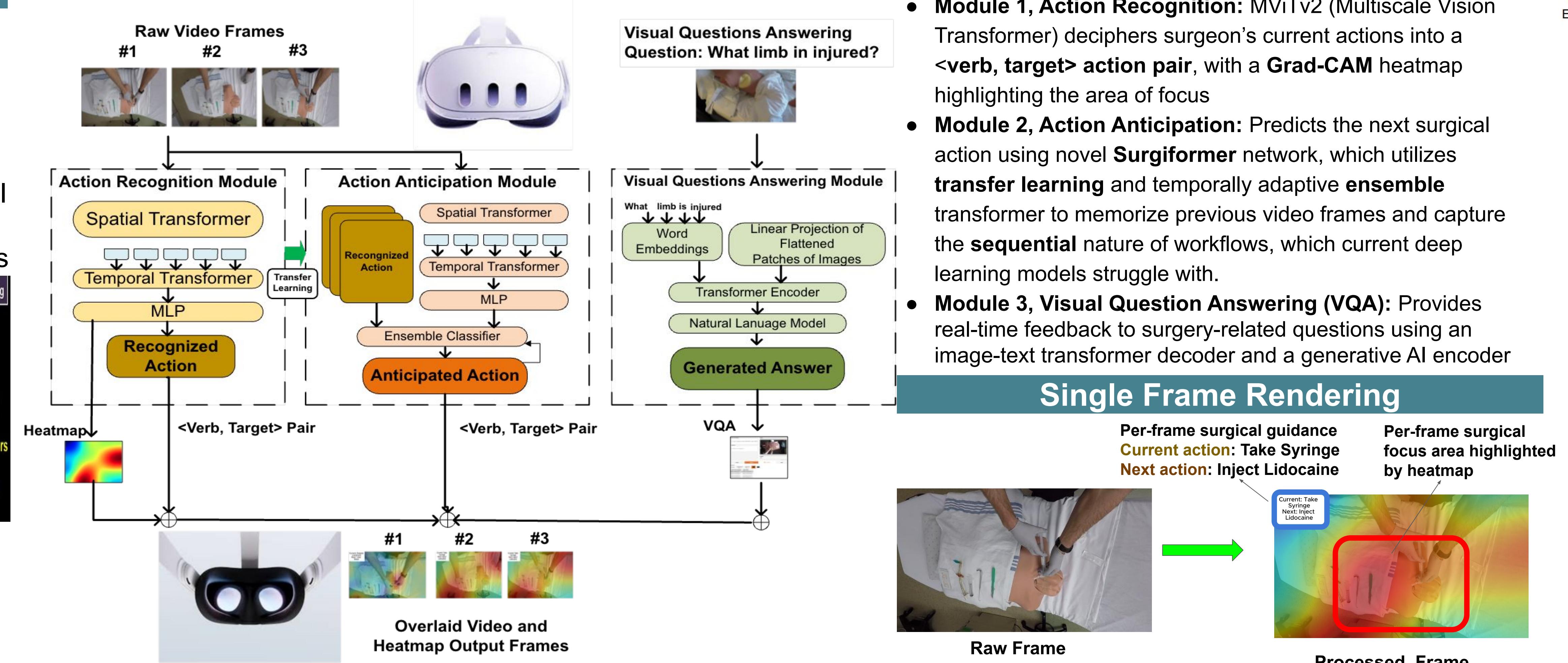
Overview and Sample Frames including Verb-Target Pairs From Trauma Thompson Dataset

Dataset	Ego	Med	Frames	No. Act	Participants	No. Envs
Trauma THOMPSON, 2025	✓	✓	0.7M	162	12	15
EPIC Kitchens, 2018 (Damen et al., 2018)	✓	✗	11.5M	149	32	32
BEOD, 2014 (Damen, 2014)	✓	✗	0.1M	34	5	1
GTEA, 2011 (Fathi et al., 2011)	✓	✗	0.4M	42	13	1
CMU-MMAC, 2008 (de la Torre et al., 2008)	✓	✗	0.2M	31	16	1
ADL, 2012 (Borod, 2012)	✓	✗	1.0M	32	20	20
ESDA, 2020 (Bawa et al., 2020)	✓	✗	0.03M	21	4	4
ChoEtc, 2022 (Nwoye et al., 2022)	✓	✗	0.1M	100	13	13
MedViCL, 2023 (Gupta et al., 2023)	✓	✗	1489 Videos	0	>100	>100
MISRA, 2021 (Sohn et al., 2021)	✓	✗	480 Videos	10	6	1
Psi-AVA, 2022 (Valderama et al., 2022)	✓	✗	27 Videos	17	6	1
PETRAW, 2023 (Huualme et al., 2023)	✗	✓	8 Videos	167	3	2
			150 Videos	6	4	2



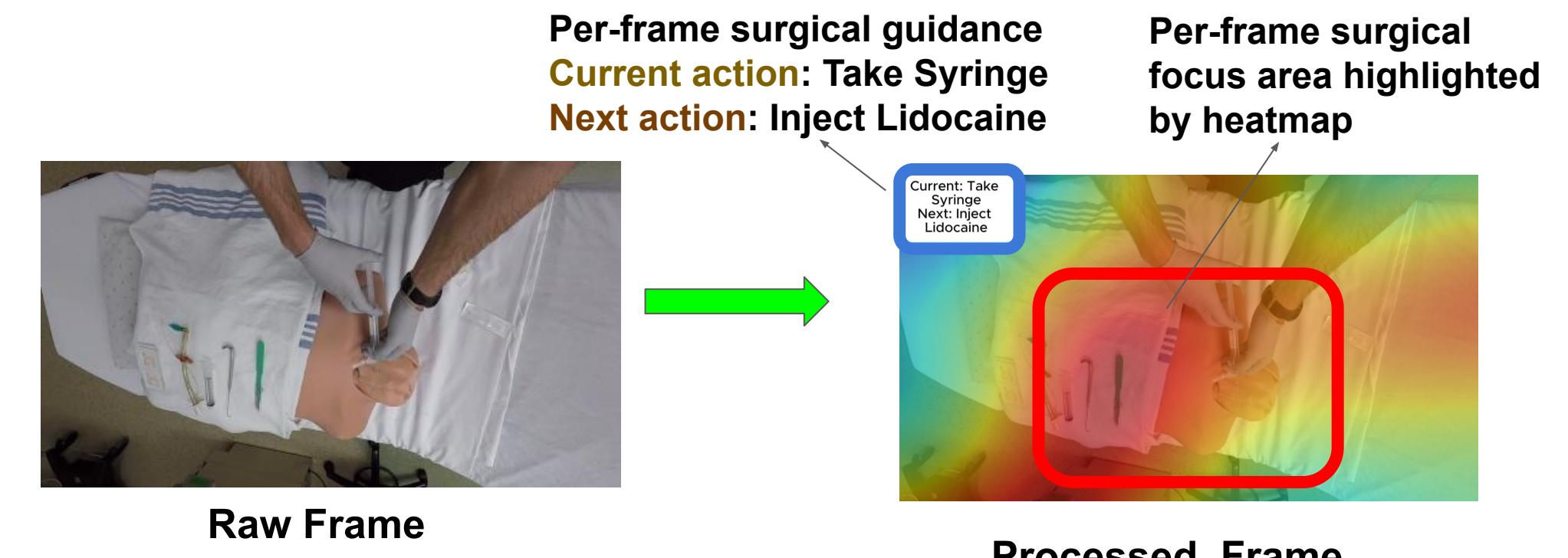
T-SNE Similarity Plot and Action Frequency in Trauma Thompson Dataset  
**The Trauma Thompson dataset offers 5 trauma procedures (left picture), 162 actions, and 700,000 video frames and is the only egocentric medical dataset annotated by medical professionals currently available for trauma surgery**

## AI-Surgeon Overall Architecture



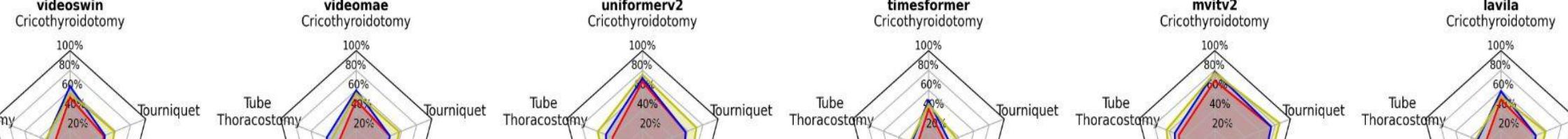
- Module 1, Action Recognition:** MVITv2 (Multiscale Vision Transformer) deciphers surgeon's current actions into a <verb, target> action pair, with a Grad-CAM heatmap highlighting the area of focus
- Module 2, Action Anticipation:** Predicts the next surgical action using novel Surgiformer network, which utilizes **transfer learning** and temporally adaptive **ensemble** transformer to memorize previous video frames and capture the **sequential** nature of workflows, which current deep learning models struggle with.
- Module 3, Visual Question Answering (VQA):** Provides real-time feedback to surgery-related questions using an image-text transformer decoder and a generative AI encoder

### Single Frame Rendering



## Module 1: Action Recognition

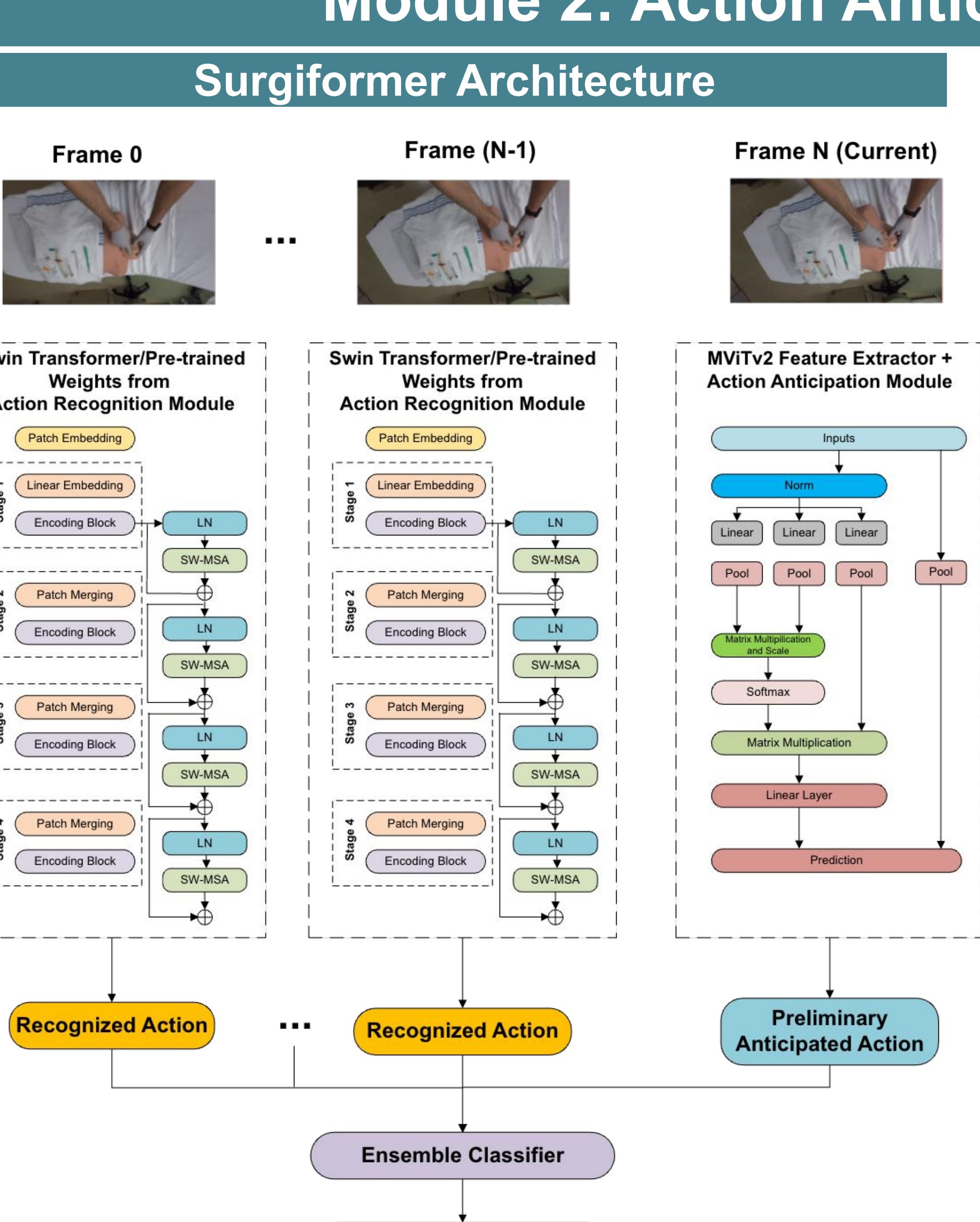
### Model Accuracy for Each of the Five Procedure



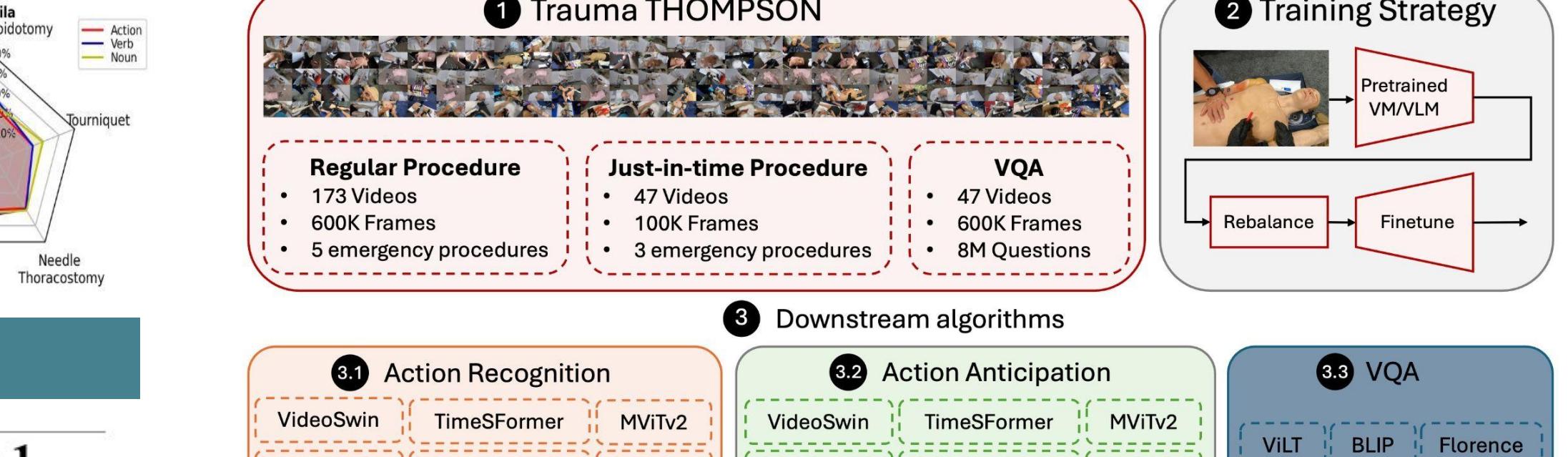
### Model Accuracy of Different Transformers

Model	Dataset	Train Frame Rate	Validation Frame Rate	Data Augmentation Method	Top-1 Accuracy
MVITv2	Regular	32x2x1	32x2x4	CenterCrop	<b>65.59</b>
VideoSwin	Regular	32x2x1	32x2x4	CenterCrop	45.10
UniFormerV2	Regular	32x2x1	32x2x4	CenterCrop	60.47
VideoMAE	Regular	32x2x1	32x2x4	CenterCrop	43.34
TimeSFormer	Regular	32x2x1	32x2x4	CenterCrop	31.91
LaVila	Regular	16x2x1	16x2x1	CenterCrop, TemporalCrop	42.52
Previous Works	Regular	----	----	----	<b>45.10</b>

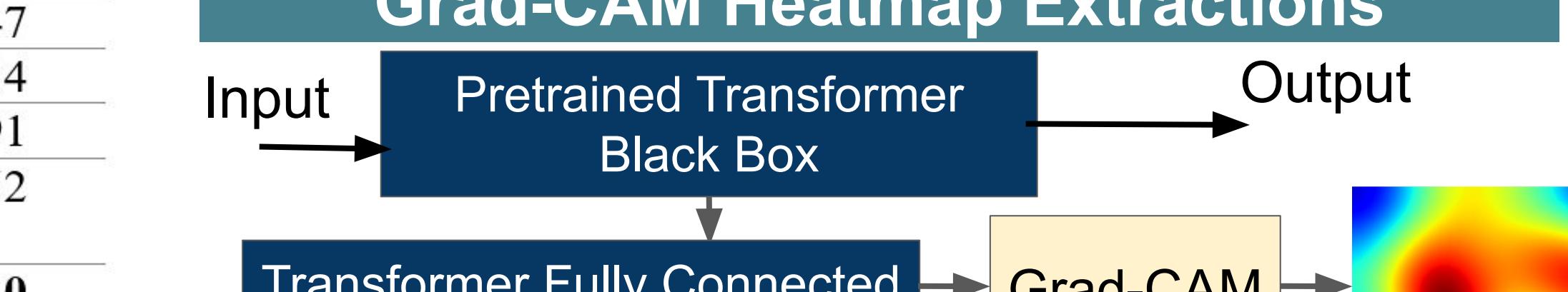
### Surgiformer Architecture



### Training Methodology



### Grad-CAM Heatmap Extractions



### Individual Model Accuracy for Each Procedure



### Ablation Studies for Surgiformer Network

Model Combination (Recognition, Anticipation)	Accuracy	Model Combination (Recognition, Anticipation)	Accuracy
VideoSwin, MVITv2	81.81	VideoSwin, VideoMAE	73.41
UniFormerV2, MVITv2	81.60	MVITv2, VideoMAE	64.61
MVITv2, MVITv2	77.74	UniFormerV2, VideoMAE	60.59
VideoMAE, MVITv2	65.69	VideoMAE, VideoMAE	53.32
VideoSwin, UniFormerV2	80.37	VideoSwin, VideoSwin	74.81
VideoMAE, UniFormerV2	78.67	UniFormerV2, VideoSwin	65.69
UniFormerV2, UniFormerV2	71.41	MVITv2, VideoSwin	64.61
MVITv2, UniFormerV2	70.79	VideoMAE, VideoSwin	51.93

### Selection Process for Surgiformer Architecture

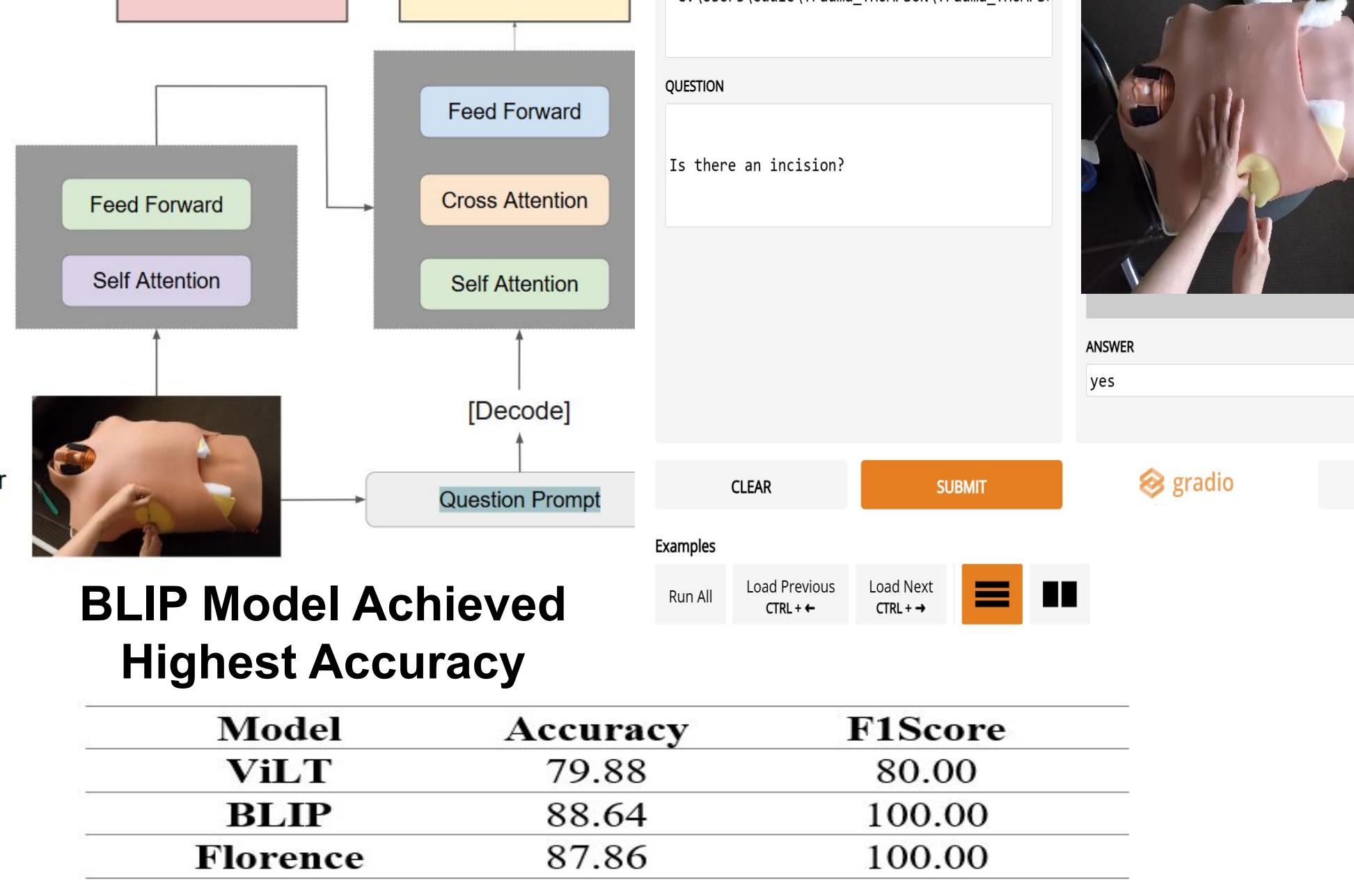
- Selection of transformer models based on accuracy
- Combinations of top 4 most accurate models in action recognition tested (VideoSwin, VideoMAE, UniFormerV2, MVITv2), used most accurate combination in final Surgiformer model
- Previous works achieve around 40%

## Module 3: Visual Question Answering (VQA)

### Prompt and Answer Samples

Q: What limb is injured? A: Right Arm	Q: Is there a chest tube? A: Yes	Q: Is there mechanical ventilation? A: Yes
Q: Is the patient intubated? A: No		
Q: If there was bleeding has it stopped? A: Yes		
Q: Where is the catheter inserted? A: No catheter is used		
Q: Is the patient breathing? A: can't identify		

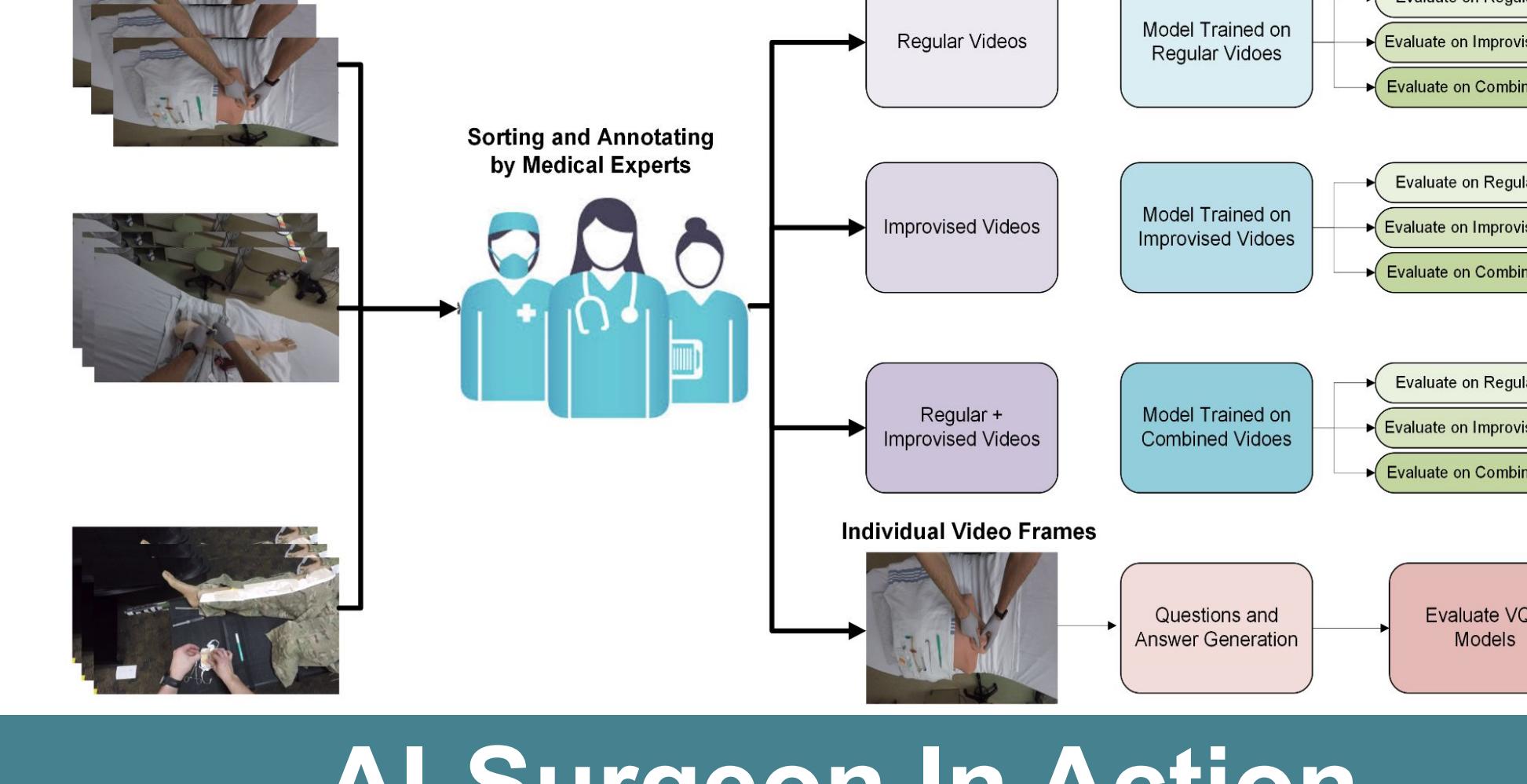
### BLIP Model Architecture



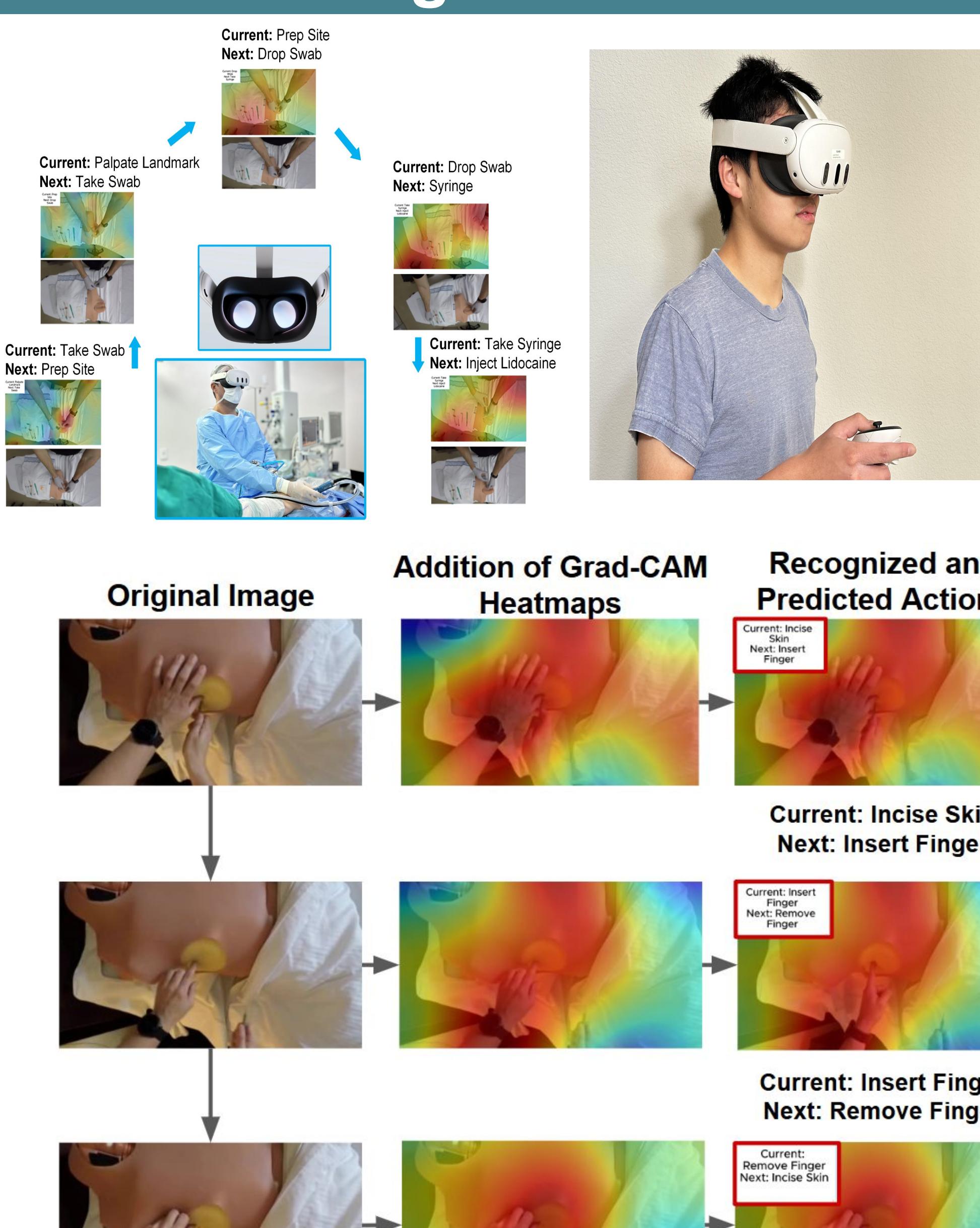
### BLIP Model Achieved Highest Accuracy

Model	Accuracy	F1Score
ViLT	79.88	80.00
BLIP	88.64	100.00
Florence	87.86	100.00

### Module Validation Methodology



### AI-Surgeon In Action



### Conclusions and Future Works

- AI-Surgeon**, an AI-based surgical VR copilot is implemented to provide **offline intraoperative guidance** for medical procedures in austere, un