

Solid and Fluid Mechanics Simulations and their application to medical problems

Medsim Research Group. Universitat Rovira i Virgili.

MedSim Research Group

Gerard Fortuny⁽¹⁾

Joan Herrero⁽²⁾

Josep M. López⁽¹⁾

Dolors Puigjaner⁽¹⁾

Physicians collaborators: Youcef Azeli (Sistema Emergències Mèdiques de Catalunya), Josep Garcia Bennet (Hospital de Bellvitge), Francesc Marimon (Hospital Sant Joan de Reus), Manuel López Cano (Hospital Vall d'Hebron)

(1) Departament d'Enginyeria Informàtica i Matemàtiques

(2) Departament d'Enginyeria Química

Main Objectives

Objectives

- Main Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

To work in biomechanic problems.
To help answer questions arising from medical professional experience.



To use Open Source Software (OSS).



Inferior Vena Cava Filters (IVC)

Objectives

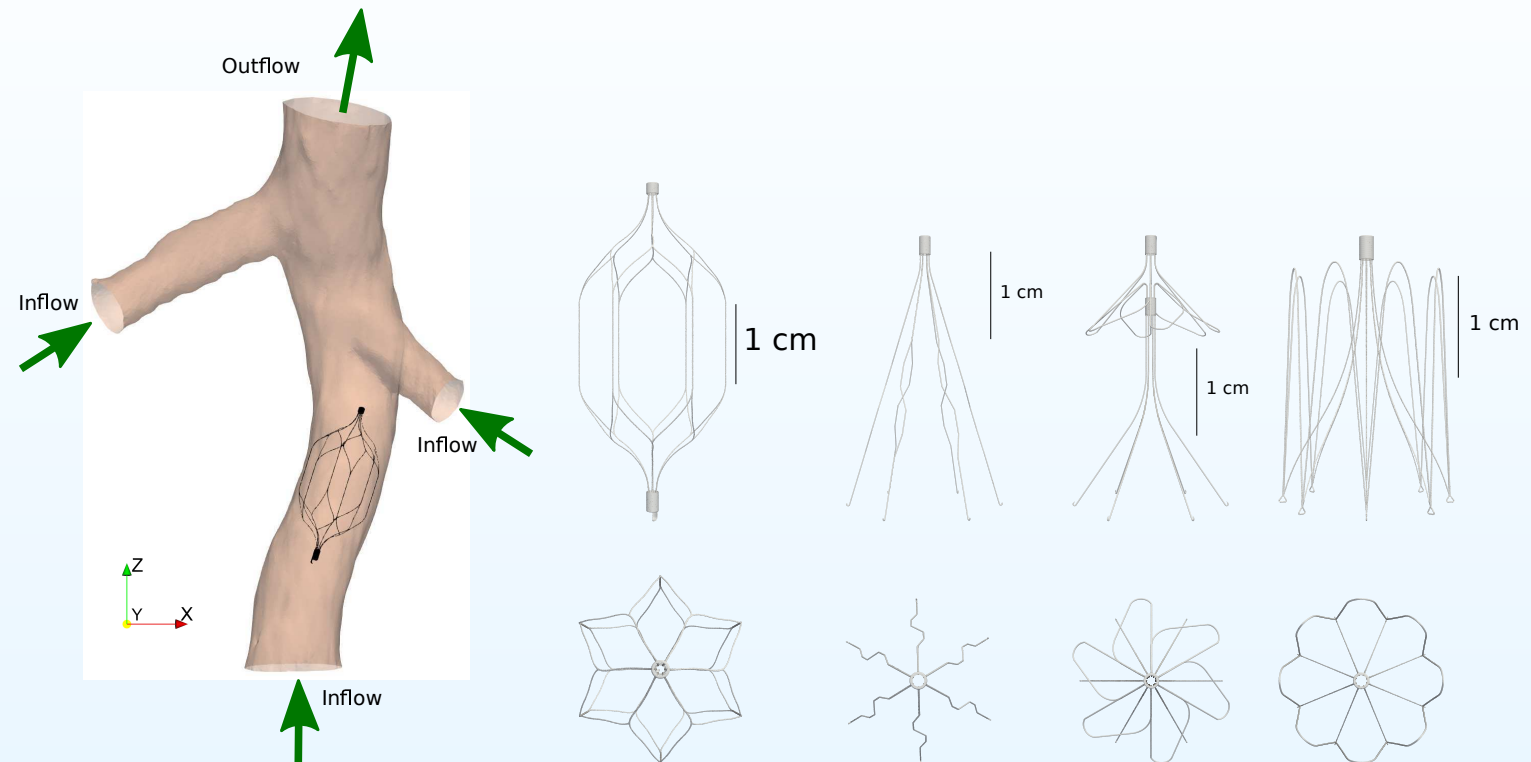
Overview. Main Problems

- **Inferior Vena Cava Filters (IVC)**
- Clots in Inferior Vena Cava Filters
- Cardiopulmonary Resuscitation (CPR)
- Dynamics of the Abdominal Wall
- Dynamics in the Prostate region

Methodology

Vena Cava Filters Problem

Abdominal Wall



- IVC filters, which prevent blood clots migration and, are implanted to Deep Vein Thrombosis (DVT) patients.
- Several IVC filter models are available.
- **How does the IVC filter model affect the hemodynamics of blood flow in the vein?**

Clots in Inferior Vena Cava Filters

Objectives

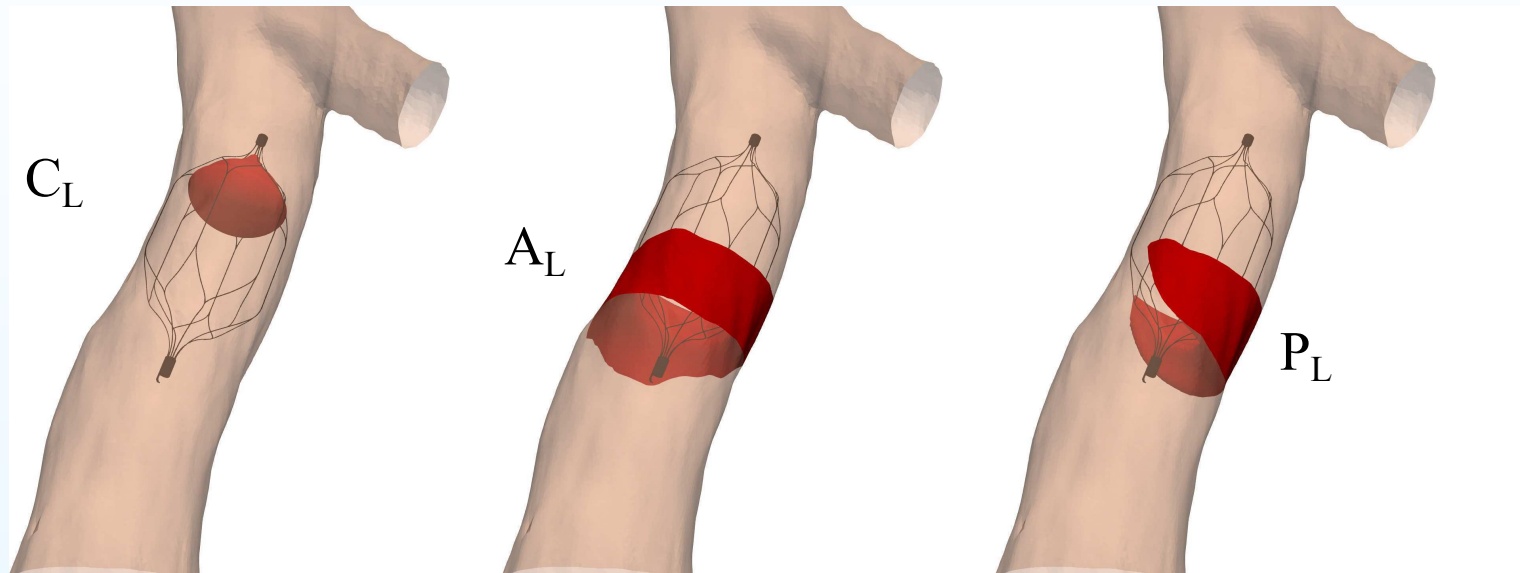
Overview. Main Problems

- Inferior Vena Cava Filters (IVC)
- Clots in Inferior Vena Cava Filters
- Cardiopulmonary Resuscitation (CPR)
- Dynamics of the Abdominal Wall
- Dynamics in the Prostate region

Methodology

Vena Cava Filters Problem

Abdominal Wall



- IVC filters are designed to capture blood clots.
- Blood clots attached to the filters cause partial occlusion of the vein and alter the blood flow
- Cavograms show that clots tend to adapt to the shapes of the filter and vein wall.
- What are the effects on the blood flow of one or two clots attached to an OPTEASE IVC filter?

Cardiopulmonary Resuscitation (CPR)

Objectives

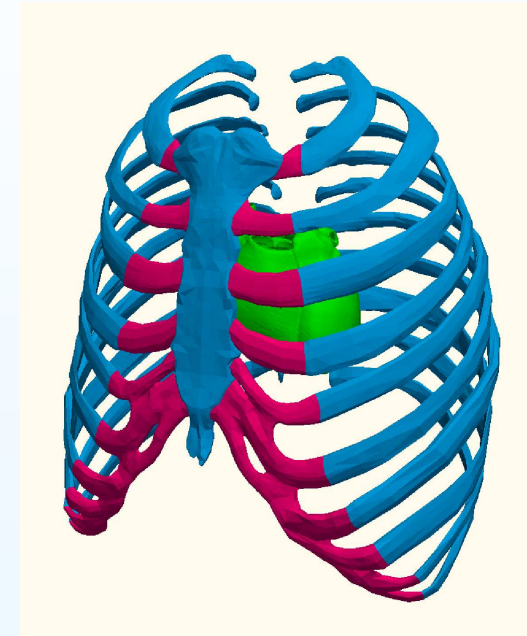
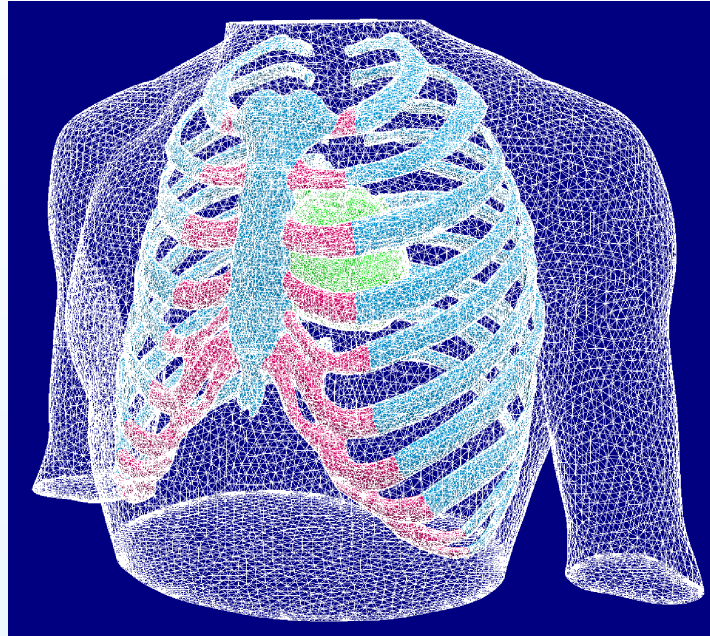
Overview. Main Problems

- Inferior Vena Cava Filters (IVC)
- Clots in Inferior Vena Cava Filters
- **Cardiopulmonary Resuscitation (CPR)**
- Dynamics of the Abdominal Wall
- Dynamics in the Prostate region

Methodology

Vena Cava Filters Problem

Abdominal Wall



- CPR often implies fracture of one or more ribs.
- The optimal location of compression point and how the force exerted affects the thorax and the heart is unknown.
- **Which is the effect of the compression location on the biomechanical response of the rib cage?**

Dynamics of the Abdominal Wall

Objectives

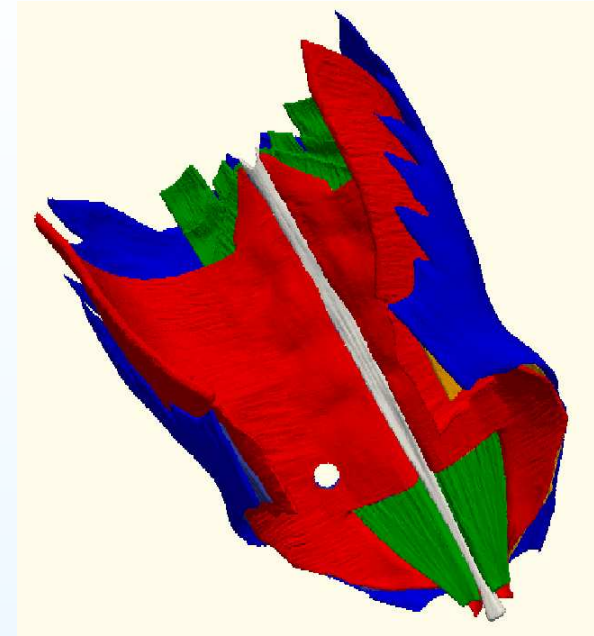
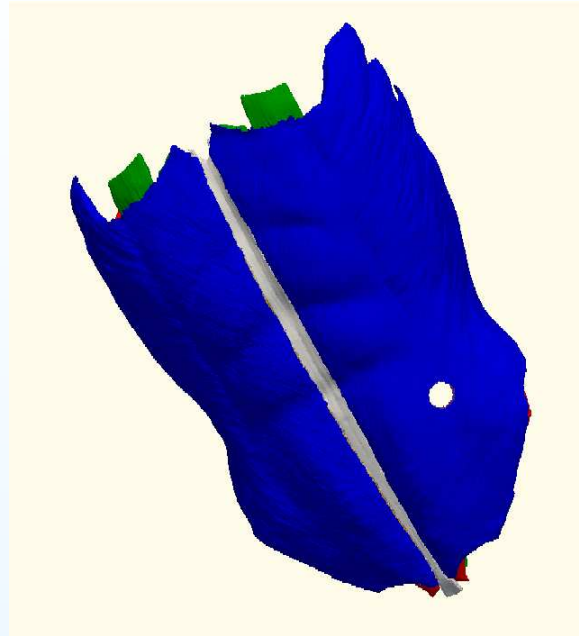
Overview. Main Problems

- Inferior Vena Cava Filters (IVC)
- Clots in Inferior Vena Cava Filters
- Cardiopulmonary Resuscitation (CPR)
- **Dynamics of the Abdominal Wall**
- Dynamics in the Prostate region

Methodology

Vena Cava Filters Problem

Abdominal Wall



- Patients with an abdominal stoma are prone to suffer from parastomal hernias (PH)
- Enlargement of the stoma incision is generally considered a risk factor for PH
- **Does the location of the stoma affects the abdominal wall mechanics and/or the enlargement of the stoma incision?**

Dynamics in the Prostate region

Objectives

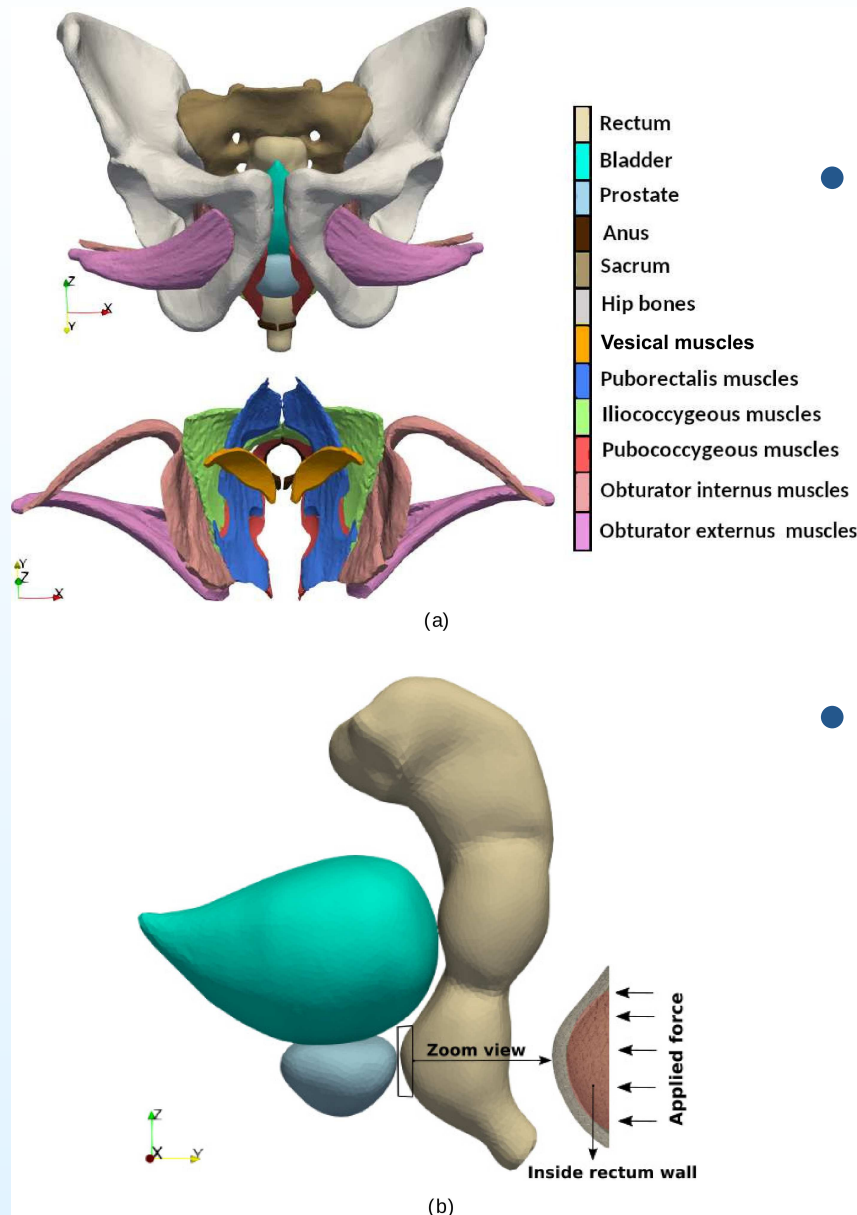
Overview. Main Problems

- Inferior Vena Cava Filters (IVC)
- Clots in Inferior Vena Cava Filters
- Cardiopulmonary Resuscitation (CPR)
- Dynamics of the Abdominal Wall
- Dynamics in the Prostate region

Methodology

Vena Cava Filters Problem

Abdominal Wall



- Prostate neoplasms, visible in magnetic resonance images (MRI), are difficult to be located at the time of performing a transrectal ultrasound (TRUS) guided biopsy.
- Can we help to predict the location of prostate neoplasms during an MRI-TRUS fusion biopsy?

Geometry models: surface and 3D meshes

Objectives

Overview. Main Problems

Methodology

- **Geometry models: surface and 3D meshes**

- Numerical simulations
- Other Software

Vena Cava Filters Problem

Abdominal Wall

From in vivo computed tomography images to **triangular surface meshes** (Image Segmentation).

From triangular surface meshes to **3D tetrahedral meshes**.



- **3D Slicer**: a flexible modular platform for image analysis and visualization. It allows automatic image segmentation.
- **SALOME**: a platform for pre- and post-processing needs in numerical simulations. It offers a mesh generator/editor.
- **CGAL**: a C++ library with efficient and reliable geometric algorithms. It offers algorithms related to triangulations and surface and volume mesh generation.
- **Gmsh**: a finite-element mesh generator
- **Self-made code** developed in the MedSim Group.

Numerical simulations

Objectives

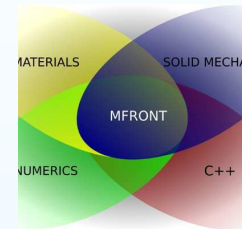
Overview. Main Problems

Methodology

- Geometry models: surface and 3D meshes
- Numerical simulations
- Other Software

Vena Cava Filters Problem

Abdominal Wall

The logo for OpenFOAM, featuring the word "Open" in black, a blue inverted triangle, and the word "FOAM" in black.

- OpenFOAM is an Open Source software for Computational **Fluid Dynamics** (CFD).
- Code Aster is an Open Source software package for Civil and Structural Engineering (**Solid Mechanics**).
- MFront is a code generation tool dedicated to the implementation of arbitrary complex mechanical behaviors (material constitutive equations) (**Solid Mechanics**).

Other Software

Objectives

Overview. Main Problems

Methodology

- Geometry models: surface and 3D meshes
- Numerical simulations
- **Other Software**

Vena Cava Filters Problem

Abdominal Wall



Visualization



Operating System and Compiler

Self-made code developed in the MedSim Group.

Inferior Vena Cava Filters Problem

Motivation

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

● Motivation

- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall

- Pulmonary embolism (PE) occurs when a blood clot becomes lodged in the pulmonary vascular system and obstruct blood flow.
- Most often PE is a consequence of deep venous thrombosis (DVT).
- Venous thromboembolism (DVT and/or PE) has an incidence of **1.4 to 2.2 per 1000 persons–year** among US citizens aged over 45, and mortality rate is approximately **25% in the first 30 days**.
- DVT patients are often treated with anticoagulant drugs and/or placement of a IVC filter.
- Partial occlusion of the vein due to the presence of clots leads to the appearance of regions with flow recirculation or even turbulent flow.
- Recirculating flow regions would be prone to become areas of thrombogenesis.

Objectives

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- **Objectives**
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall

- To build a **realistic numerical model** of a portion of vena cava and filters
- To study the effects of vena cava filters on blood flow by means of a **computer simulation**
- To make a **hemodynamic comparison** of different filter models
- To build **realistic numerical models** of clots with shapes adapted to the geometries of the filter and/or the vein wall.
- To assess the effects on the blood flow (stagnation, recirculation zones, instabilities, turbulence) of one or two clots attached to an OPTease IVC filter.

Geometry model

Objectives

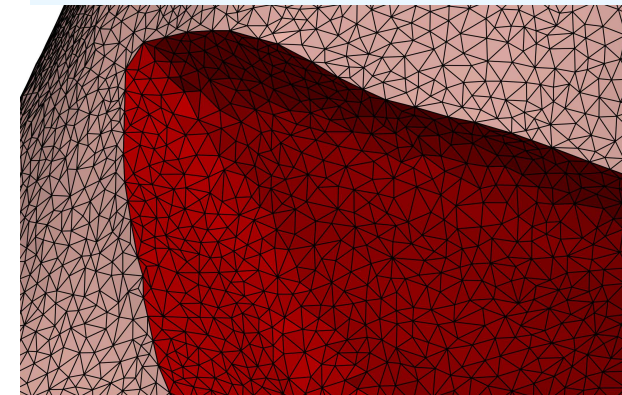
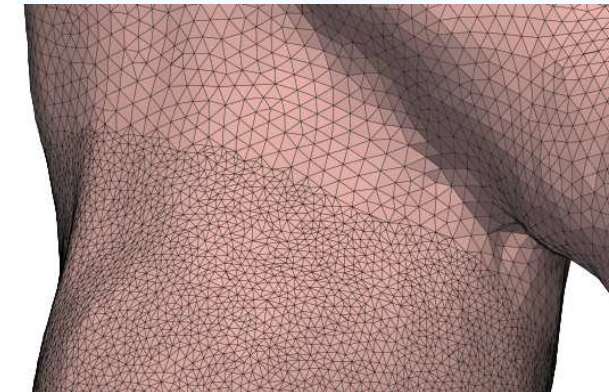
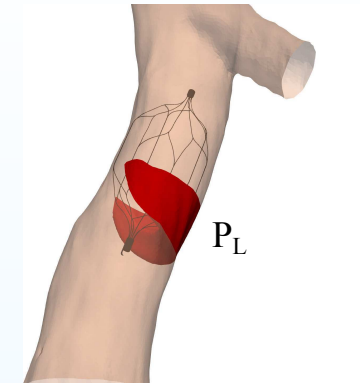
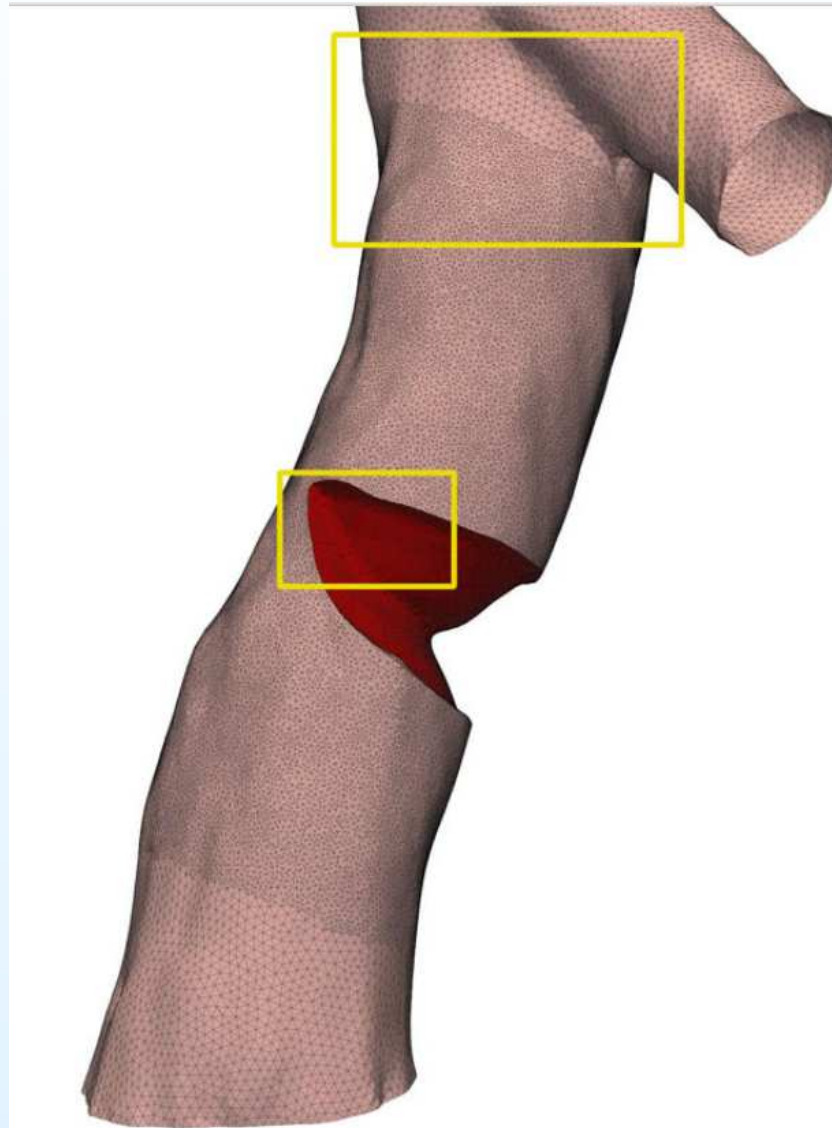
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- **Geometry model**
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall



Computational meshes

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- **Computational meshes**
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall

Triangular surface meshes

- vein without filter: **68,432** triangles
- vein with filters: refined up to **72,098** triangles
- vein with filters and clots: refined up to **104,973** triangles
- filters: between **55,032** and **130,468** triangles

3D meshes

- between **301,389** and **12,040,516** tetrahedra

Clot model generation

Objectives

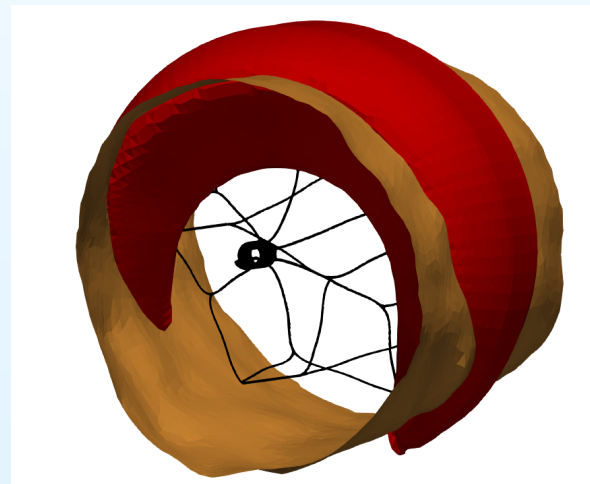
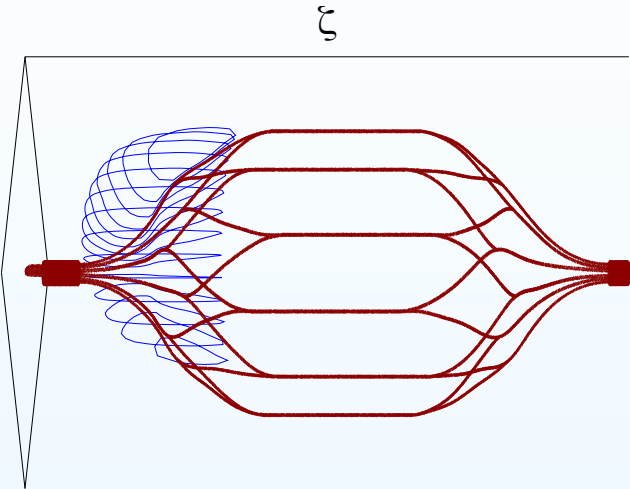
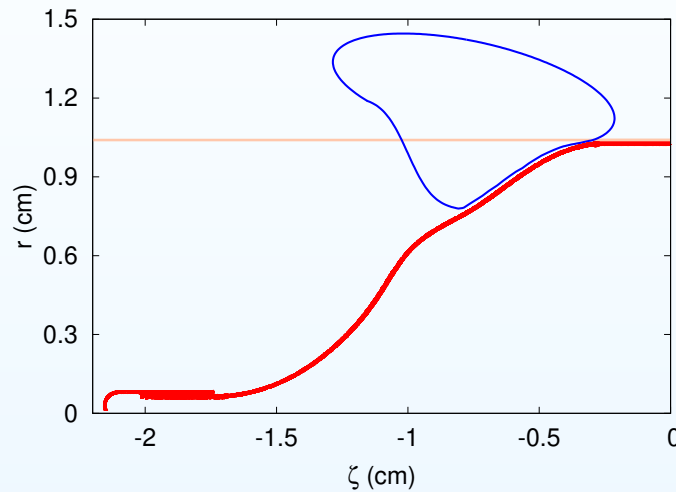
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- **Clot model generation**
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall



Conservation equations for incompressible fluids

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- **Conservation equations for incompressible fluids**
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall

$$\frac{\partial U}{\partial t} + (U \cdot \nabla) U = -\frac{1}{\rho} \nabla p + \left\{ \nabla \cdot \left[\left(\frac{\mu + \mu_T}{\rho} \right) \nabla \right] \right\} U$$
$$\nabla \cdot U = 0$$

$U = (u_x, u_y, u_z)$ is the velocity vector

p is the pressure

ρ and μ are the fluid density and viscosity

$\mu_T / \rho = \nu_T$ is the turbulent kinematic viscosity

- Non-Newtonian Bird-Carreau viscosity model
- Walters and Cokljat $k_L - k_T - \omega$ closure model for the turbulent viscosity, ν_T
- Different blood flow rates, from rest ($20 \text{ cm}^3 / \text{s}$) to exercise ($80 \text{ cm}^3 / \text{s}$)

Wall shear stress on vein in the absence of clots

Objectives

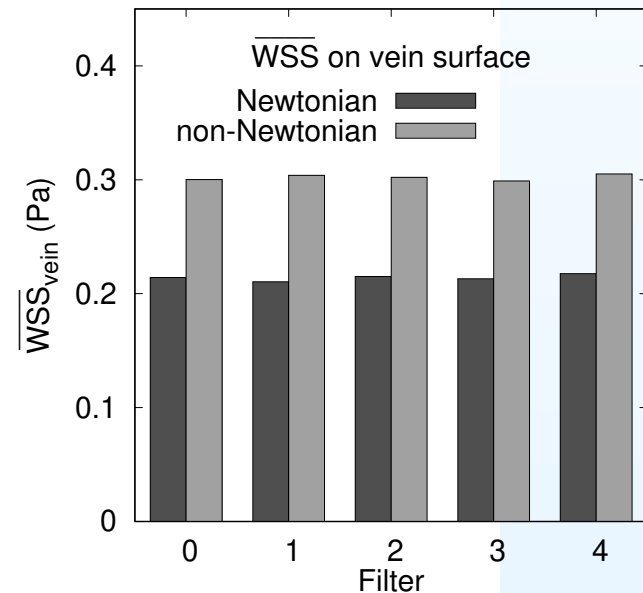
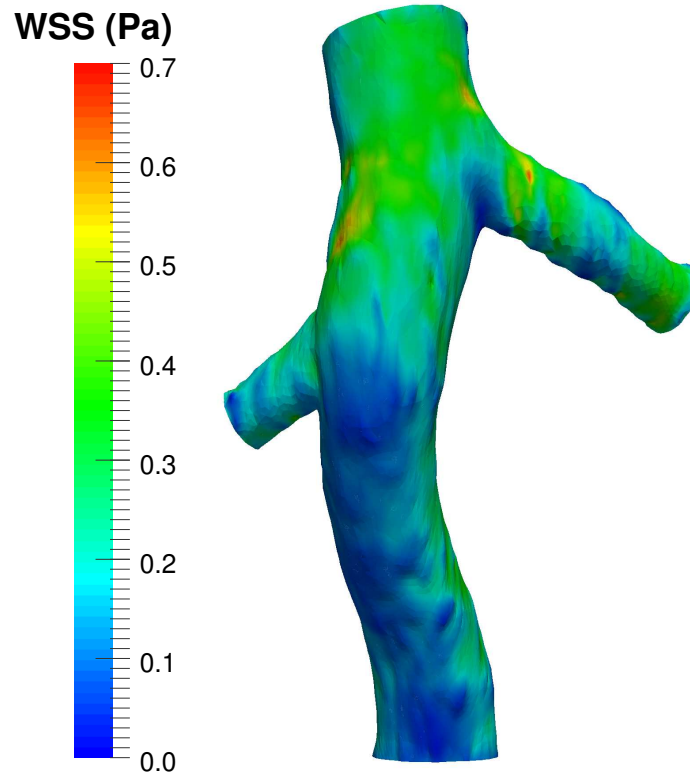
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- **Wall shear stress on vein in the absence of clots**
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall



- WSS distribution largely affected by geometry in all cases
- Filters cause little variation of WSS averages on vein

Force/Velocity on filters in the absence of clots

Objectives

Overview. Main Problems

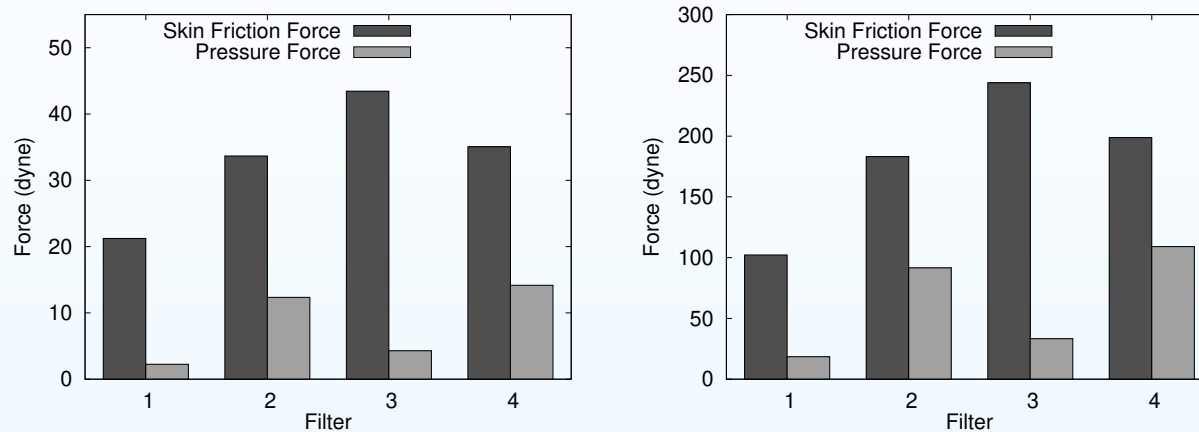
Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall

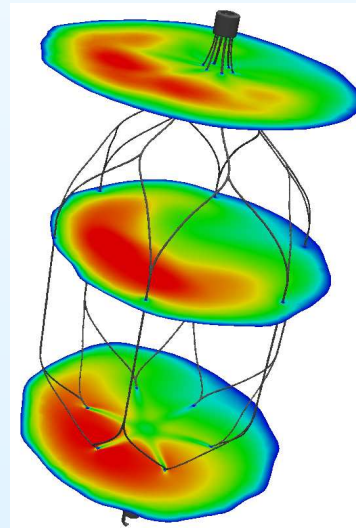
Forces



Rest

Exercise

Blood velocity



Flow recirculation in the presence of clots

Objectives

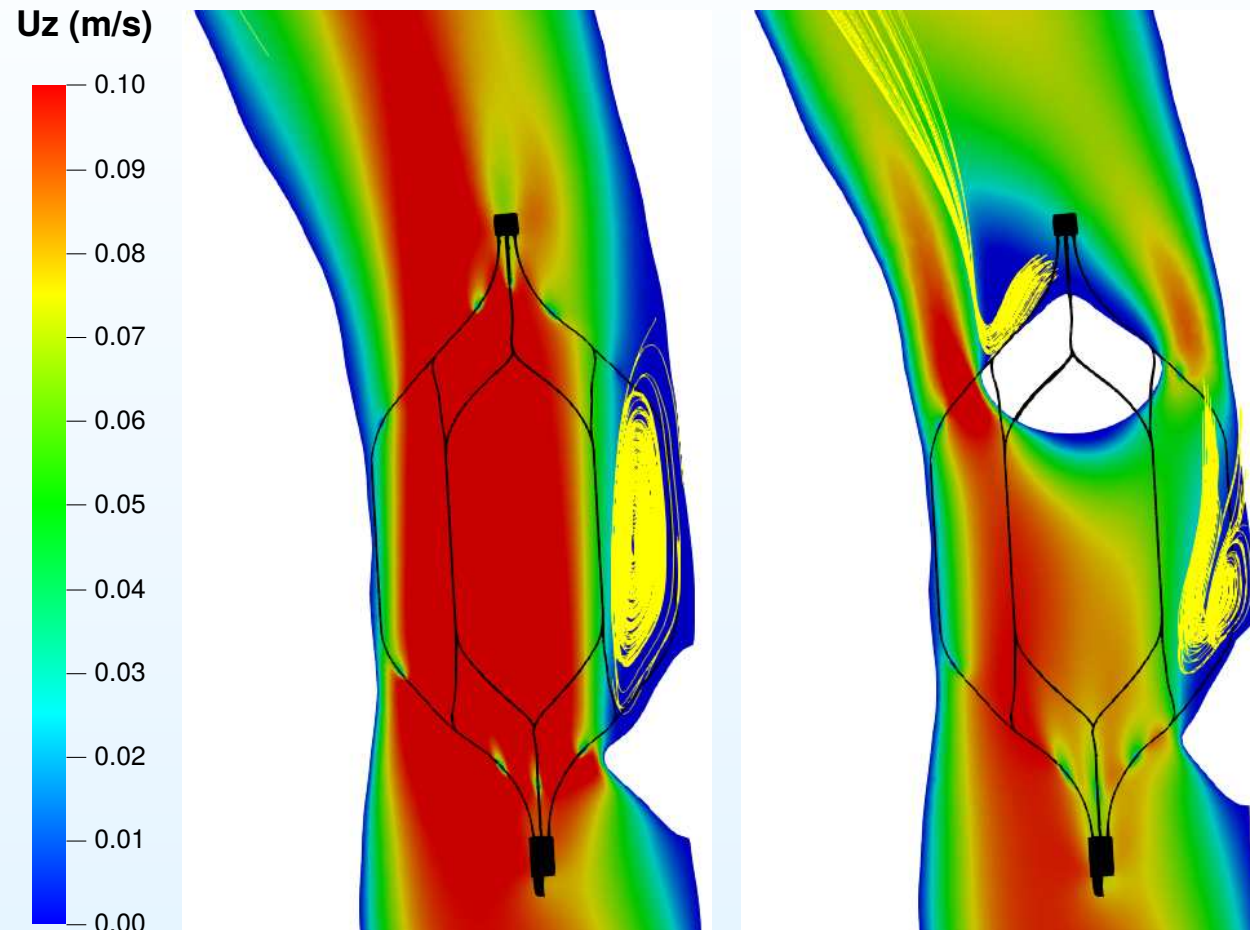
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- **Flow recirculation in the presence of clots**
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall



Time periodic solutions

Objectives

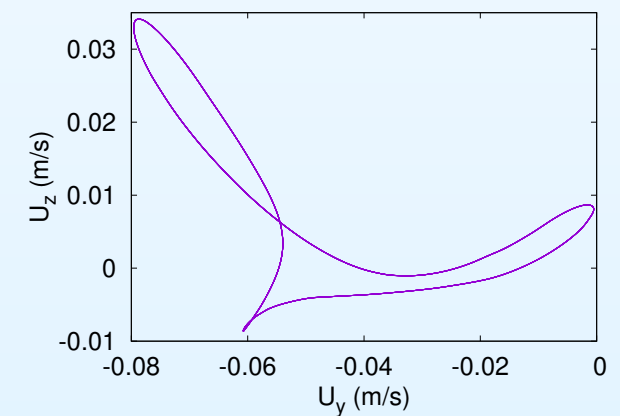
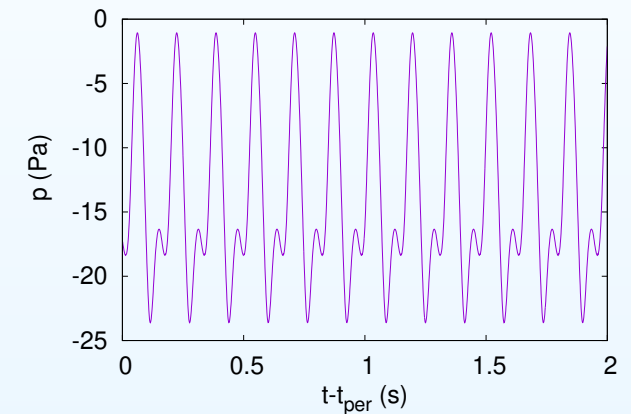
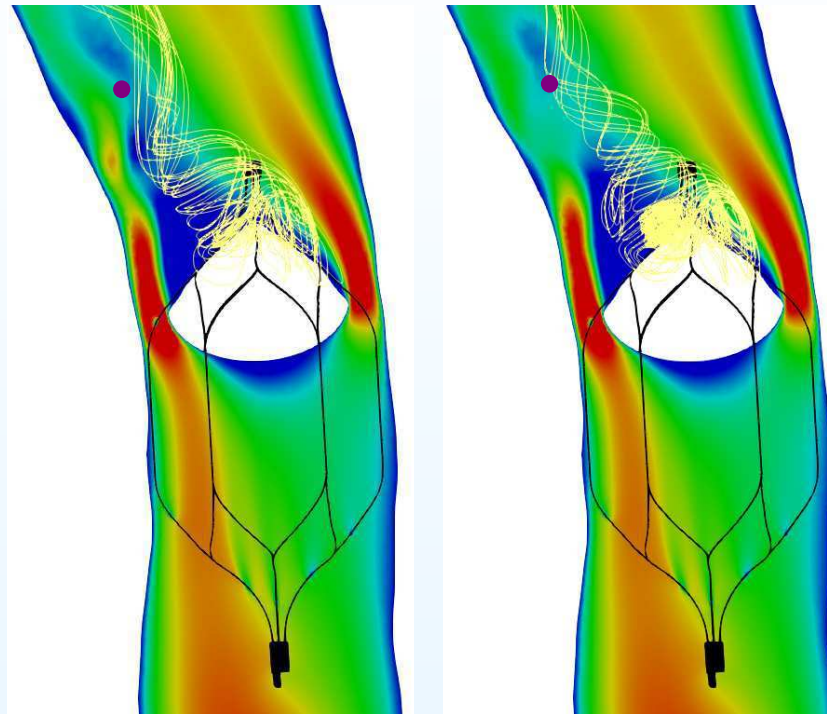
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- Conclusions

Abdominal Wall



Time evolution

Objectives

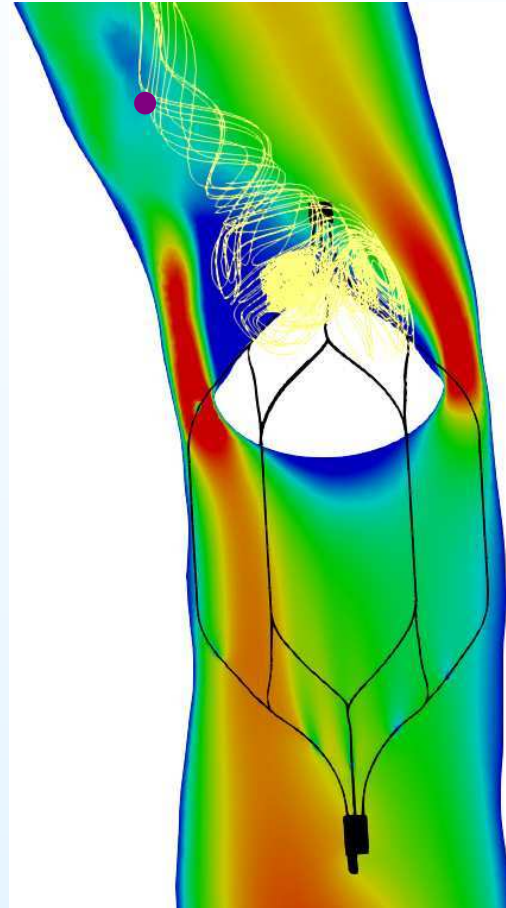
Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- **Time evolution**
- Conclusions

Abdominal Wall



Conclusions

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

- Motivation
- Objectives
- Geometry model
- Computational meshes
- Clot model generation
- Conservation equations for incompressible fluids
- Wall shear stress on vein in the absence of clots
- Force/Velocity on filters in the absence of clots
- Flow recirculation in the presence of clots
- Time periodic solutions
- Time evolution
- **Conclusions**

Abdominal Wall

- The presence of a filter has **little effect** on the overall values of **blood flow velocity or wall shear stress**
- Under exercise conditions the magnitude of the **forces** exerted on the filters and on the clots by the blood flow are, respectively, **not negligible** and **considerable**. These forces must be counterbalanced by forces exerted by the hooks/struts on the vein wall
- High levels of **flow stagnation** occur in rest conditions in the wake of clots placed upstream from the filter.
- One downstream placed big clot induce higher **flow instabilities** than two small clots placed in tandem.
- These results may be accounted for medical complications related to filters, such as **tissue perforation, filter tilting, filter migration or thrombogenesis**

Abdominal Wall

Muscular tissue

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

● Muscular tissue

- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

- Muscular tissue is often assumed to have a linear elastic behavior
- Experiments indicate that muscular tissue has indeed a highly hyperelastic nonlinear and anisotropic behavior with a ground isotropic contribution reinforced by one (or two) families of fibers (transversely isotropic hyperelastic behavior).

A constitutive equation for the transversely isotropic hyperelastic model can be written as:

$$W_f = W_{fm} + W_{ff}$$

where W denotes the strain energy function or Helmholtz free–energy function.

A simple example

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- **A simple example**
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

$$W_{fm} = \frac{\mu_f}{2} (\tilde{I}_1 - 3) + \frac{k_{fv}}{2} (J^2 - 1 - 2 \ln J)$$

$$W_{ff} = \frac{\alpha_{f1}}{2\alpha_{f2}} \left[\exp \left(\alpha_{f2} (\tilde{I}_4 - 1)^2 \right) - 1 \right]$$

\tilde{I}_j invariants of C

$C = F^T F$ right Cauchy–Green symmetric tensor

F deformation gradient

$J = \det F$

Tensors

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- **Tensors**
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

We need the Piola-Kirchhoff stress tensor

$$S = 2 \frac{\partial W_{fm}}{\partial \tilde{C}} + 2 \frac{\partial W_{ff}}{\partial \tilde{C}} = S^m + S^f$$

and the elasticity tensor:

$$\frac{\partial S}{\partial \tilde{C}} = \frac{\partial S^m}{\partial \tilde{C}} + \frac{\partial S^f}{\partial \tilde{C}}$$

MFront: Variables

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- **MFront: Variables**
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

We generate a text file with specific code

```
@Parser DefaultFiniteStrainParser; // this behaviour does not require an integration algorithm
@Behaviour pachera;
@Date 10/01/2018;

@Parameter mu_f = 2.6e5;
@Parameter k_fv = 2e9;
@Parameter alfa_f1 = 4.5e5;
@Parameter alfa_f2 = 45.68;

/* local variable to store the consistent tangent operator */
@LocalVariable StiffnessTensor dS_dC;

/* equations to solve */

@Integrator{
const Stensor id = Stensor::Id(); // The identity tensor is stored in the id variable for a shorter and cleaner code
const real J = det(F1); // Jacobian deformation (determinant of the deformation gradient at the end of the time step)
const Stensor C = computeRightCauchyGreenTensor(F1); // Right Cauchy tensor

/* invariants */
const real I1 = trace(C); // First invariant is the trace of C
const Stensor aux_C2 = square(C); // Needed for second invariant, I2 [square(C)=C^2]
const real I2 = (I1*I1-trace(aux_C2))/2; // Second invariant
const real I3 = J*J; // Third invariant [I3=det(C)=det(F*F)=det(F)*det(F)=J*J]

/* volume-preserving part (Cbar) */
const real aux_J23 = cbrt(J*J); // Cubic root of the square of J
const Stensor Cbar = (1/aux_J23)*C; // Modified Right Cauchy tensor

/* invariants with bars */
const real I1bar = trace(Cbar); // First invariant of Cbar
const Stensor aux_C2bar = square(Cbar);
const real I2bar = (I1bar*I1bar-trace(aux_C2bar))/2; // Second invariant of Cbar
tvector<3u,real> aux_n0; // Initial orientation (unit vector)
aux_n0(0)=0;
aux_n0(1)=0;
aux_n0(2)=1;
const Stensor aux_n0_n0 = Stensor::buildFromVectorDiadicProduct(aux_n0);
const real I4bar = Cbar|aux_n0_n0;
```

MFront: Stress tensor

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- **MFront: Stress tensor**
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

We can compute the Piola-Kirchhoff stress tensor operating with 2D tensors

```
/* derivative of the invariants with bars */
const Stensor dI1bar_dCbar = id; // Derivative of I1bar
const Stensor dI2bar_dCbar = I1bar*id-Cbar; // Derivative of I2bar
const Stensor dI3bar_dCbar = aux_C2bar-I1bar*Cbar-I2bar*id; // Derivative of I3bar (In TFEL 3.1, one may use the computeDeterminantDerivative)
const Stensor dI4bar_dCbar = aux_n0_n0; // Derivative of I4bar

// Wf=Wfm+Wff (energy function)

//SECOND PIOLA-KIRCHHOFF STRES (PK2)

// GROUND MATRIX
// Wfm=(mu_f/2)*(I1bar-3)+(k_fv/2)*(J^2-1-2lnJ)
// dWfm_dCbar =dWfm_dI1bar*dI1bar_dCbar+dWfm_dI3bar*dI3bar_dCbar
// =dWfm_dI1bar*dI1bar_dCbar+(1/2J)*dWfm_dJ*dI3bar_dCbar [dI3bar=2J*dJ]
// Sfm = 2*dWfm_dCbar

const real aux_J2 = J*J;
const StressStensor Sfm = mu_f*dI1bar_dCbar+k_fv*(1-(1/aux_J2))*dI3bar_dCbar;

// COLLAGEN FIBERS
// Wff=[alfa_f1/(2*alfa_f2)]*[exp(alfa_f2*(I4bar-1)^2)-1]
// dWff_dCbar=dWff_dI4bar*dI4bar_dCbar
// Sff=2*dWff_dCbar

const real aux_I4bar_1 = I4bar-1;
const StressStensor Sff = 2*alfa_f1*aux_I4bar_1*exp(alfa_f2*aux_I4bar_1*aux_I4bar_1)*dI4bar_dCbar;

// CAUCHY STRESS
sig = convertSecondPiolaKirchhoffStressToCauchyStress(Sfm+Sff,F1); // Converts the PK2 stress to the Cauchy Stress using the deformation gradient
```

MFront: Elasticity tensor

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- **MFront: Elasticity tensor**
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

We can compute the elasticity tensor operating with 4D tensors

```
|
// CONSISTENT TANGENT OPERATOR

if(computeTangentOperator_){

/* second derivative of the invariants with bars */
const Stensor4 d2I3bar_dCbar2=Stensor4::dsquare(Cbar)-(Cbar^id)-I1bar*Stensor4::Id()+(id^dI2bar_dCbar);
//The computeDeterminantSecondDerivative is not available. It can be replaced by the following code: Stensor4::dsquare(C)-(C^id)-I1*Stensor4::Id()+(id^dI2_dc)

// GROUND MATRIX
const Stensor4 dSm_dCbar=k_fv*(1-(1/aux_J2))*d2I3bar_dCbar2;

// COLLAGEN FIBERS
const real aux_1=1+2*alfa_f2*aux_I4bar_1*aux_I4bar_1;
const Stensor4 aux_2=aux_n0_n0^aux_n0_n0;
const real aux_3=exp(alfa_f2*aux_I4bar_1*aux_I4bar_1);
const Stensor4 dSf_dCbar=2*alfa_f1*aux_3*aux_1*aux_2;

dS_dc = dSm_dCbar+dSf_dCbar;
}

}

@TangentOperator<DS_DC>{
Dt = dS_dc;
}
}
```

Rectus Abdominis muscle

Objectives

Overview. Main Problems

Methodology

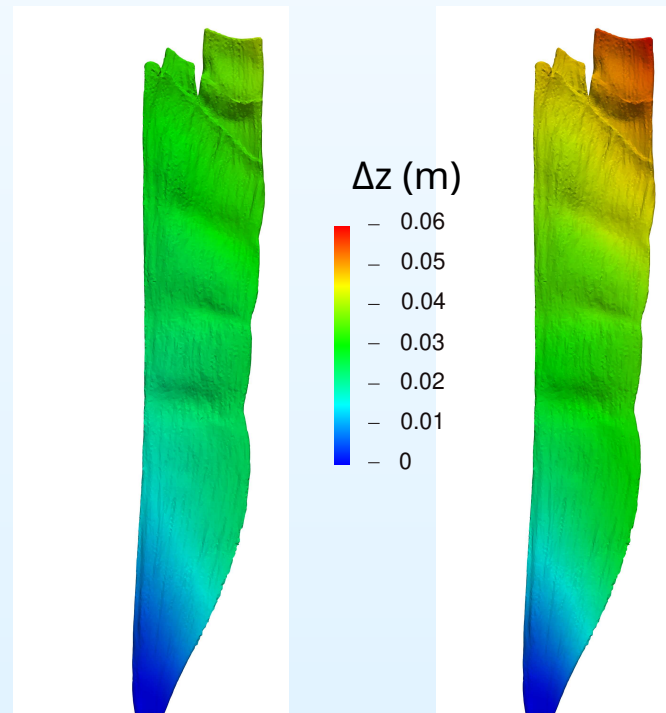
Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- **Rectus Abdominis muscle**
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

$$W_{fm} = C_1 \left(\tilde{I}_1 - 3 \right) + C_2 \left(\tilde{I}_1 - 3 \right)^2 + \frac{k}{2} \left(J^2 - 1 - 2 \ln J \right)$$

$$W_{ff} = C_3 \left(\tilde{I}_4 - 1 \right)^2 + C_4 \left(\tilde{I}_4 - 1 \right)^4$$



Abdominal wall geometry

Objectives

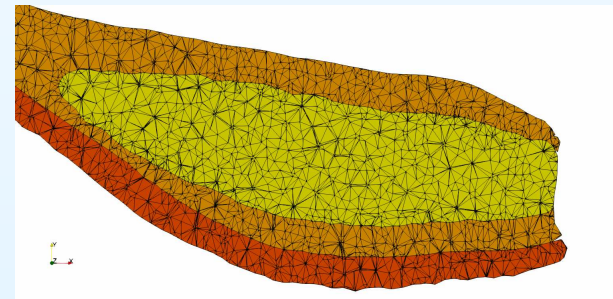
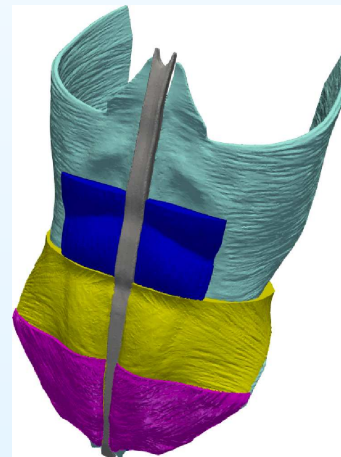
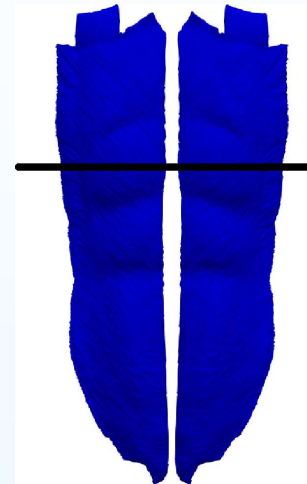
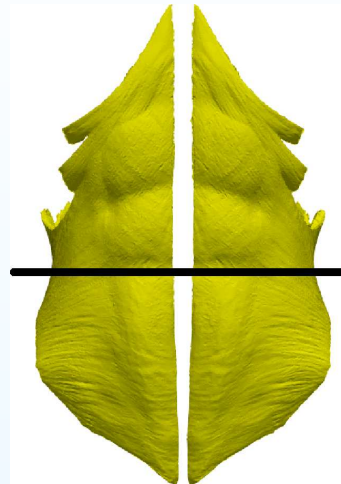
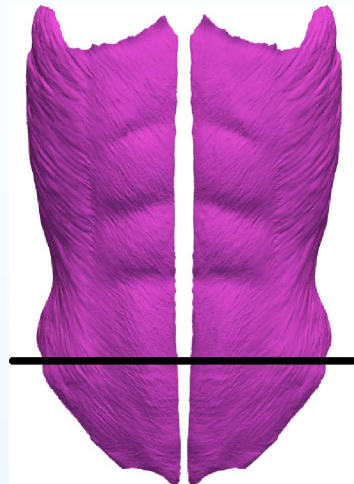
Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- **Abdominal wall geometry**
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions



Deformation of abdominal wall with stomas

Objectives

Overview. Main Problems

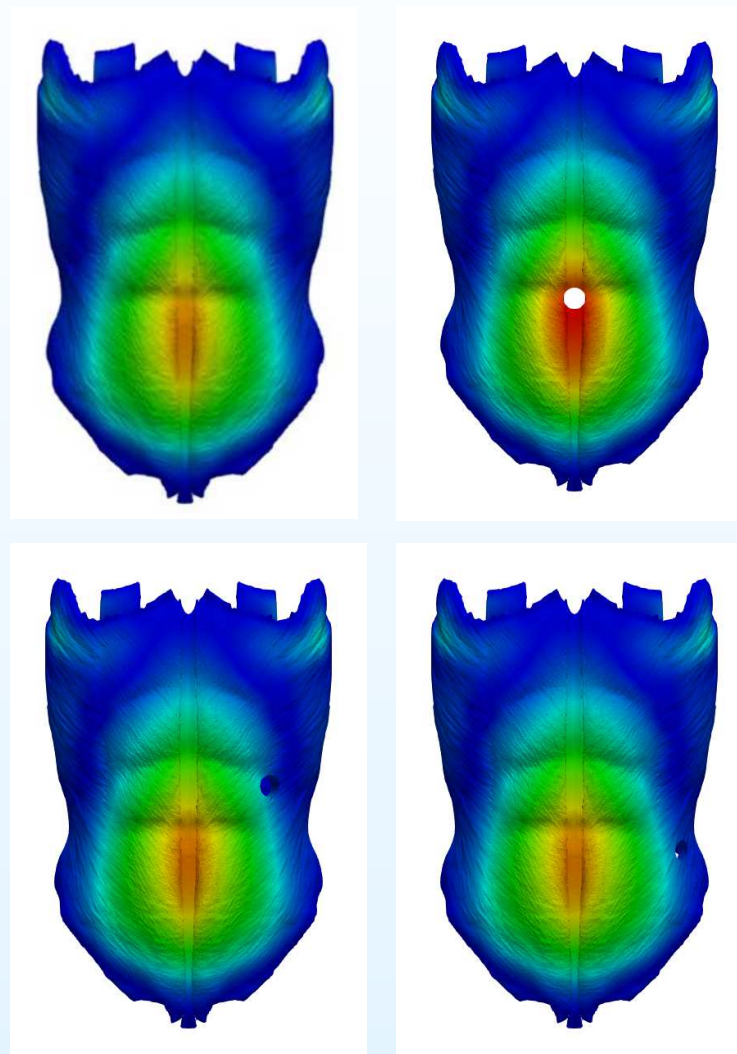
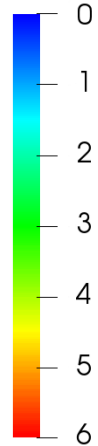
Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- Conclusions

Deformation (cm)



Deformation of stomas

Objectives

Overview. Main Problems

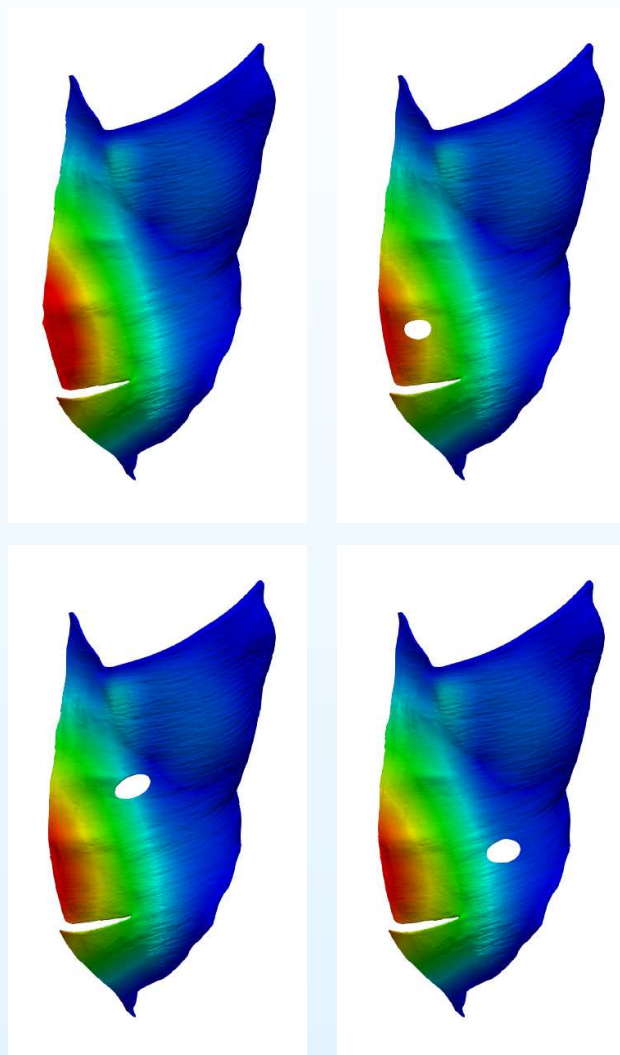
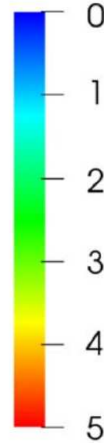
Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- **Deformation of stomas**
- Conclusions

Deformation (cm)



Conclusions

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

- Muscular tissue
- A simple example
- Tensors
- MFront: Variables
- MFront: Stress tensor
- MFront: Elasticity tensor
- Rectus Abdominis muscle
- Abdominal wall geometry
- Deformation of abdominal wall with stomas
- Deformation of stomas
- **Conclusions**

- The amount of **deformation** of the abdominal wall and the **stress** levels that it supports show a very **weak dependence on stoma location**, except for the case with a stoma **located on the linea alba**.
- Stoma perimeter and area respectively **increase** by as much as 44% and 85% .
- Stomas placed lateral to the Rectus abdominis muscle experience **higher enlargements**
- Creation of stomas located either on the linea alba or lateral to the Rectus Abdominis ought to be **avoided**.

CPR Results

Objectives

Overview. Main Problems

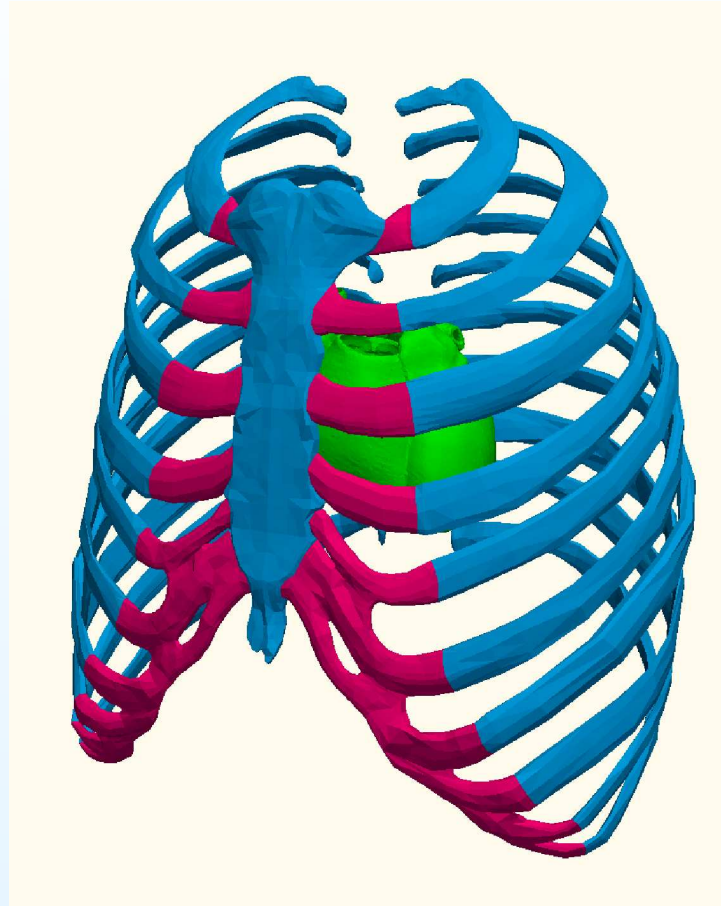
Methodology

Vena Cava Filters Problem

Abdominal Wall

CPR Results

● CPR Results



Viscoelastic Brick

Objectives

Overview. Main Problems

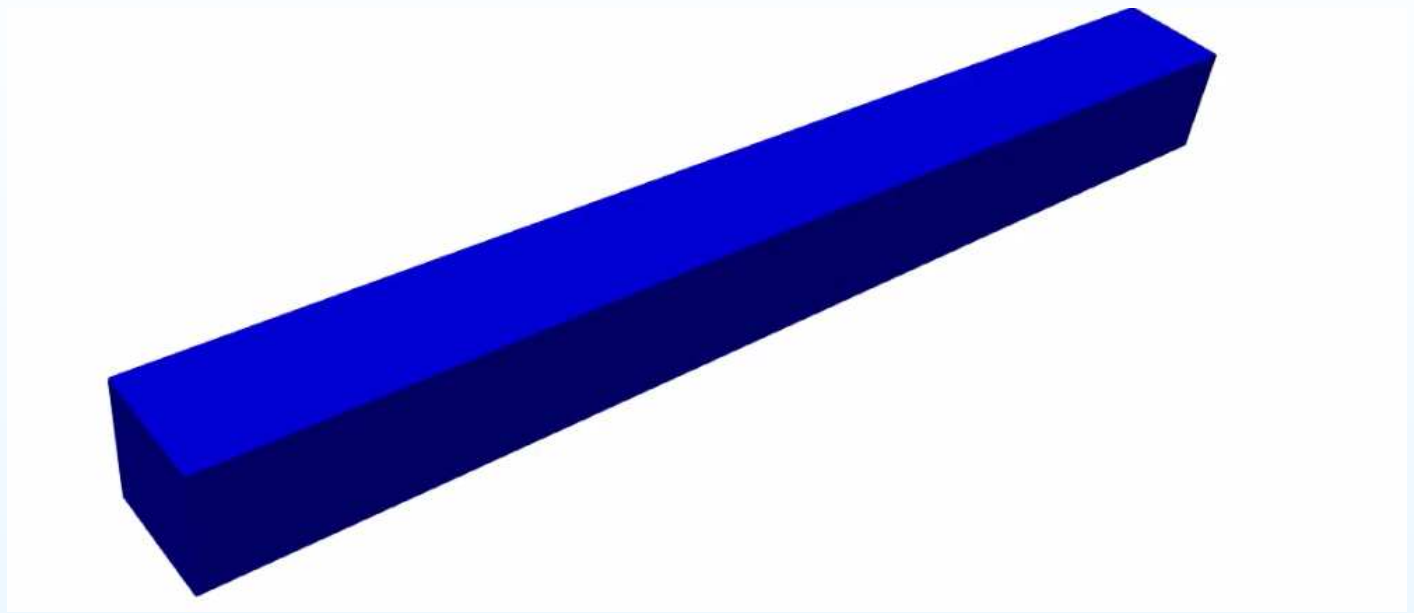
Methodology

Vena Cava Filters Problem

Abdominal Wall

Viscoelastic Results

● **Viscoelastic Brick**



Conclusion

Objectives

Overview. Main
Problems

Methodology

Vena Cava Filters
Problem

Abdominal Wall

Conclusion

● Conclusion

Computer simulations can be a valuable tool to study medical problems and to provide information that can help doctors to take decisions.

Publications

Objectives

Overview. Main Problems

Methodology

Vena Cava Filters Problem

Abdominal Wall

Publications

● Publications

Tuset, L., Fortuny, G., Herrero, J., Puigjaner, D. and López, J.M. "Implementation of a new constitutive model for abdominal muscles", *Computer Methods and Programs in Biomedicine*, **179** 104988 (2019)

López, J.M., Fortuny, G., Puigjaner, D., Herrero, J., and Marimon, F. "Hemodynamic effects of blood clots trapped by an inferior vena cava filter", *Int J Numer Meth Biomed Engng.*, **36** e3343 (2020)

Tuset, L., López–Cano, M., Fortuny, G., López, J.M., Herrero, J. and Puigjaner, D. "Virtual simulation of the biomechanics of the abdominal wall with different stoma locations", *Scientific Reports*, **12** 3545 (2022)

Suazo, M., Herrero, J., Fortuny, G., Puigjaner, D. and López, J.M. "Biomechanical response of human rib cage to cardiopulmonary resuscitation maneuvers: Effects of the compression location", *Int J Numer Meth Biomed Engng.*, e3585 (2022)

Qasim, M., Puigjaner, D., Herrero, J., López, J.M., Olivé, C., Fortuny, G. and Garcia–Bennett, J. "Biomechanical modelling of the pelvic system: improving the accuracy of the location of neoplasms in MRI-TRUS fusion prostate biopsy", *BMC Cancer*, **22** 338 (2022)