# MOSaiC Annotation Software Tutorial

Annotation of a training video

### • Connect to the MOSaiC software using the following link:

### https://ext.mosaic.

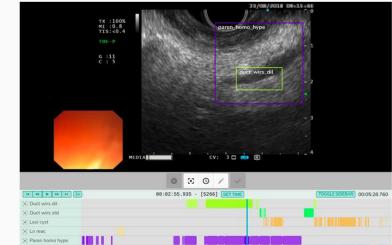
### -> you will then arrive on this page:

MOSaiC	Help	Login	Signup
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• Click on « Login ».

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#### MOSaiC



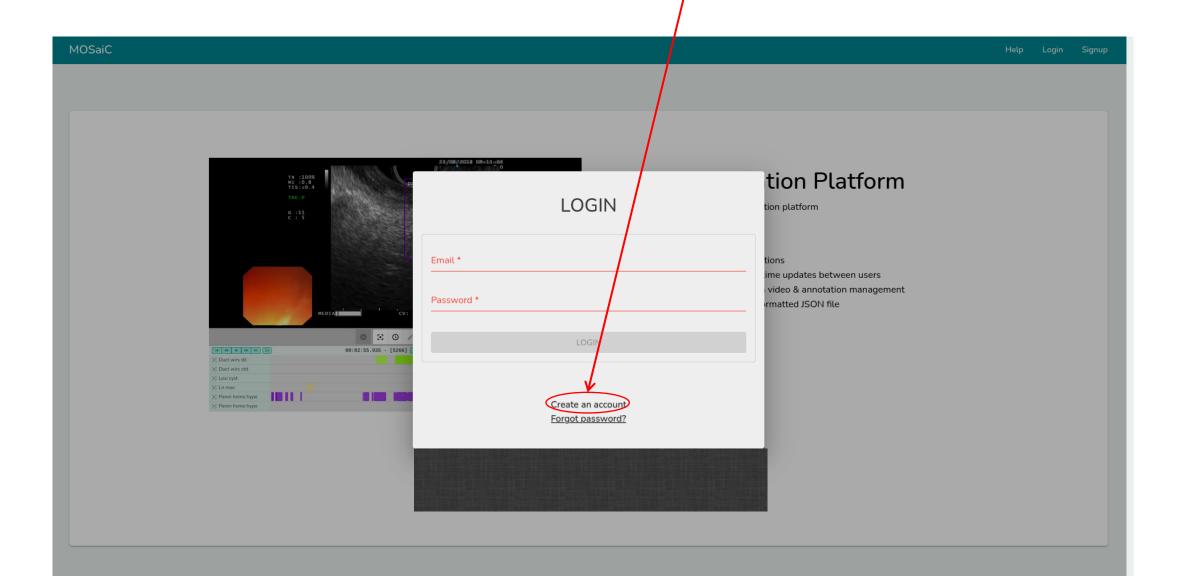
### MOSaiC Annotation Platform

Cloud based, collaborative video annotation platform

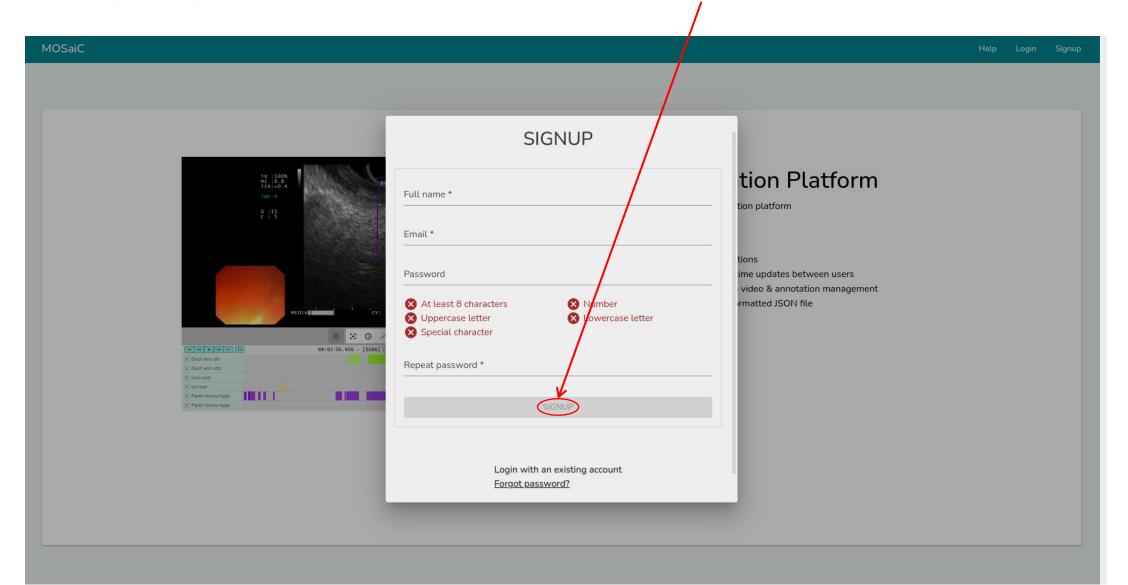
- Video storage and streaming
- Video list searching and filtering
- Create, update and visualize annotations
- Collaborative mode allows for real time updates between users
- Public API allows for automation on video & annotation management
- Export/Import annotations from a formatted JSON file



• For a first connection, click on « Create an account ».



• Fill in the information « Full name », « Email », « Password », and « Repeat password », and then click on « SIGNUP ».

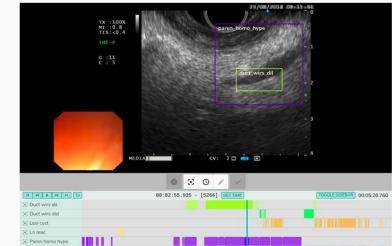


- You must then wait for an administrator of the platform to validate your account; as soon as this has been done, an email will be sent to inform you.
- Once your account is validated, please send me an email so that I can add you to the working folder on the software.
- Now that your account is validated, you can return to the home page of the woftware (<u>https://ext.mosaic.</u>).

• Click on « Login ».

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#### MOSaiC



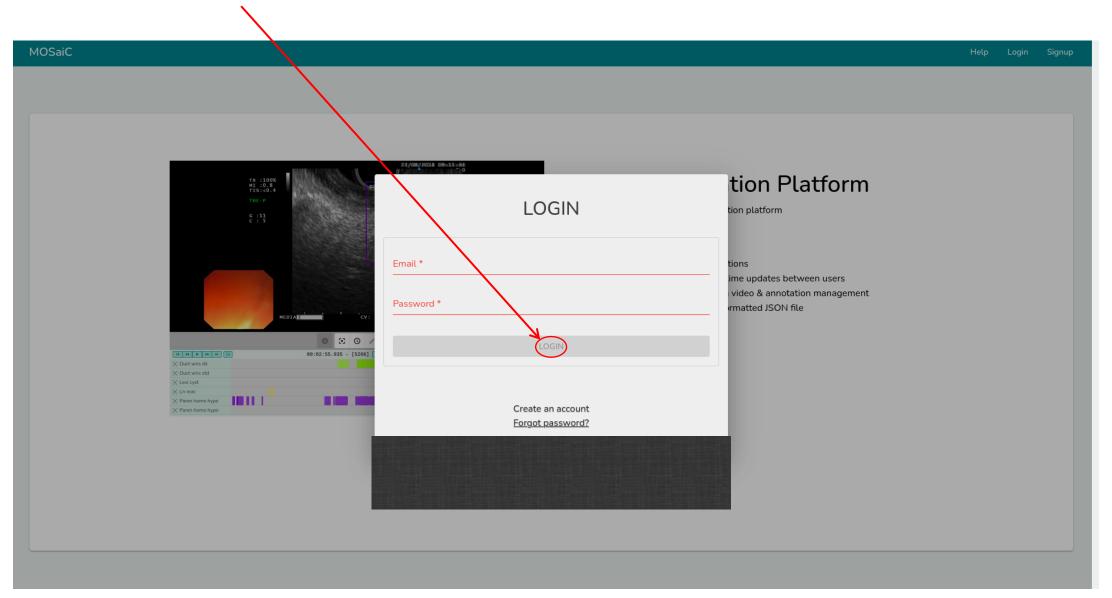
### **MOSaiC Annotation Platform**

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• Enter you login information (« Email » and « Password »), and then click on « LOGIN».



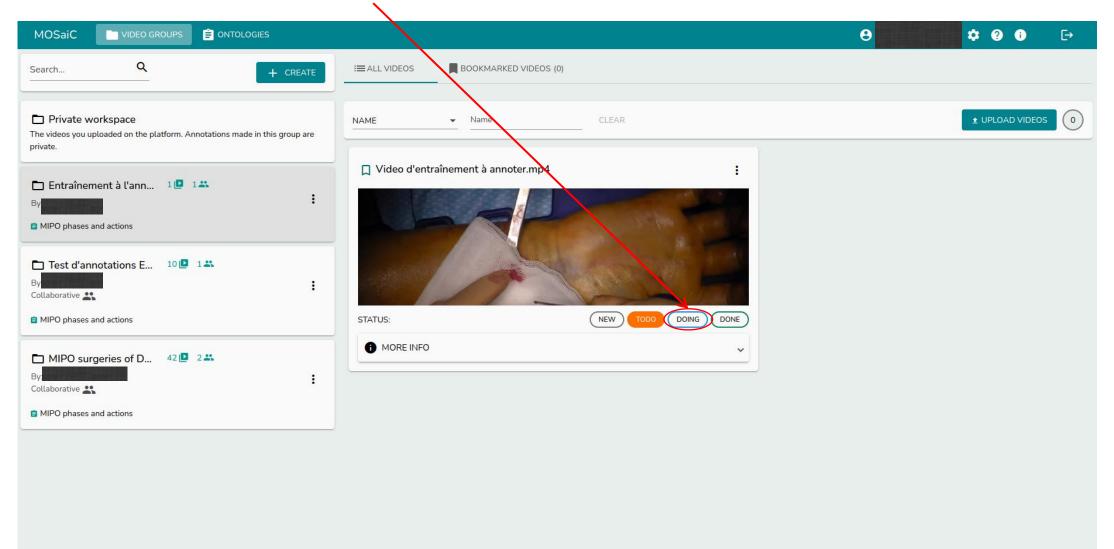
- You will then arrive on the general page of the software (this may be slightly different from the image below as you will not have the same working folders).
- Click on the folder entitled « Entraînement à l'annotation ».

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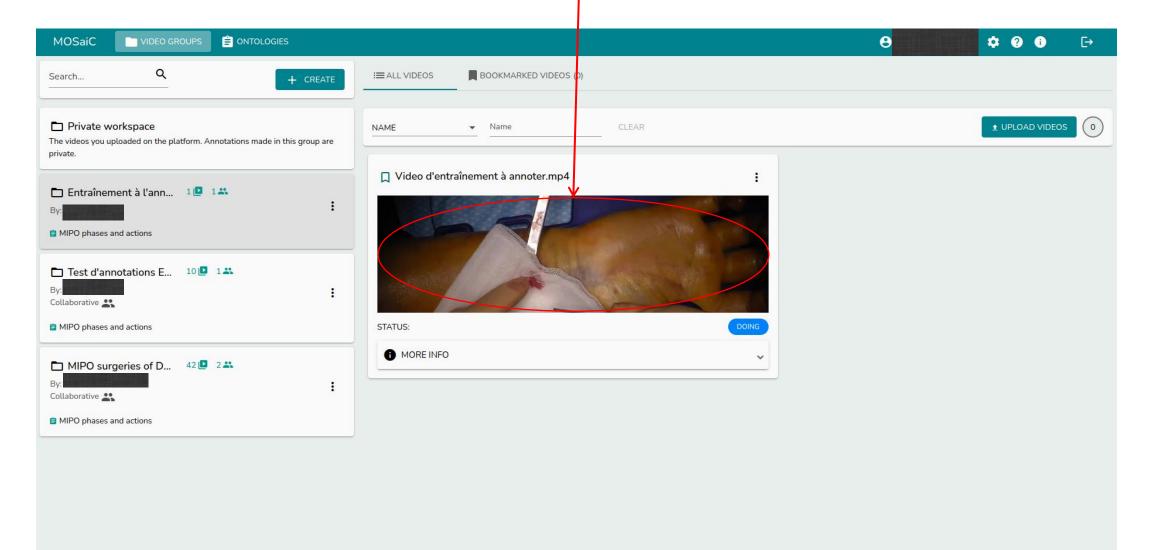
- This field indicates the status of your video (new, to do, in progress or done); by default, it will be « TODO ».
- Click on this status to change it.

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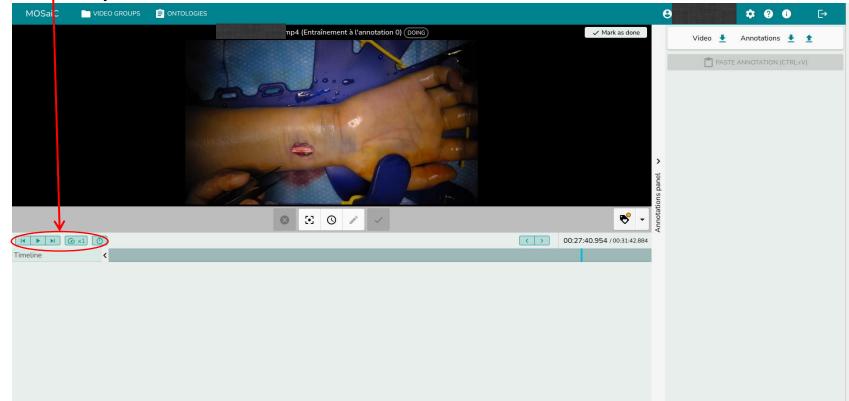
• When you are ready to start annotating your video, change the status of your video to « DOING ».



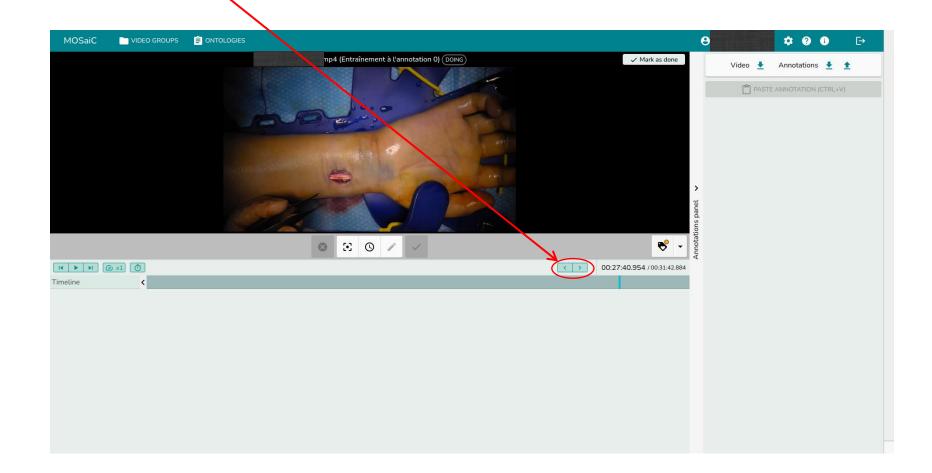
### • To annotate your video, click on it.



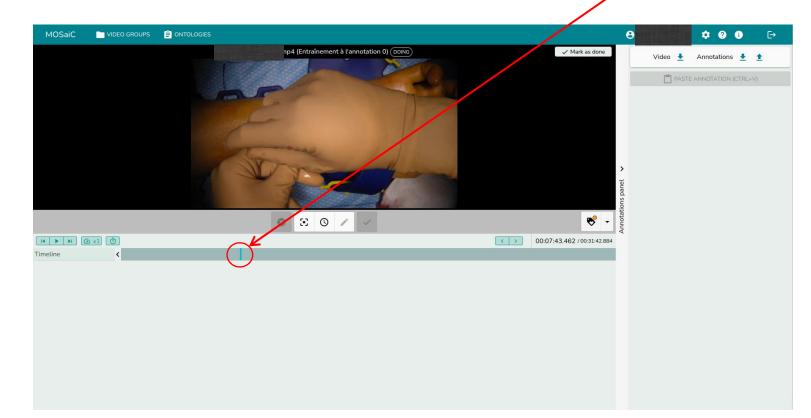
These buttons allow you (in order): ■ to go to the beginning of the video, ■ to start the playback of the video, ■ to go to the end of the video, ∞ to change the speed of the playback of the video (0.2x, 0.5x, 1x, 2x, 3x, 4x or 5x), © to choose a precise time of the video (indicating a time in hours/minutes/seconds/milliseconds or directly in milliseconds).



• These buttons allow you (in order): to go to the beginning of the previous annotation (relative to the position of your time cursor), to go to the beginning of the next annotation.



- You can move the time cursor of the video by moving this blue line with your mouse.
- You can also move it much more precisely (from frame to frame) by using the right and left arrows on your keyboard (—> method to use to choose precisely the start and end limit when annotating a phase or an action).



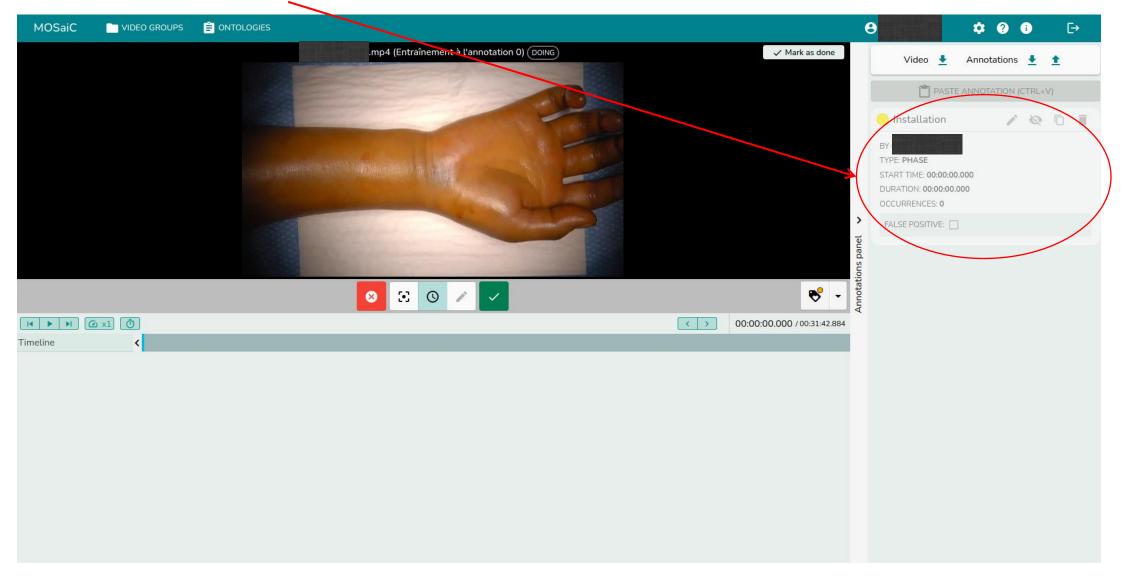
• To add a new annotation, move your time cursor to the start of the phase or action to be annotated and click on the clock.

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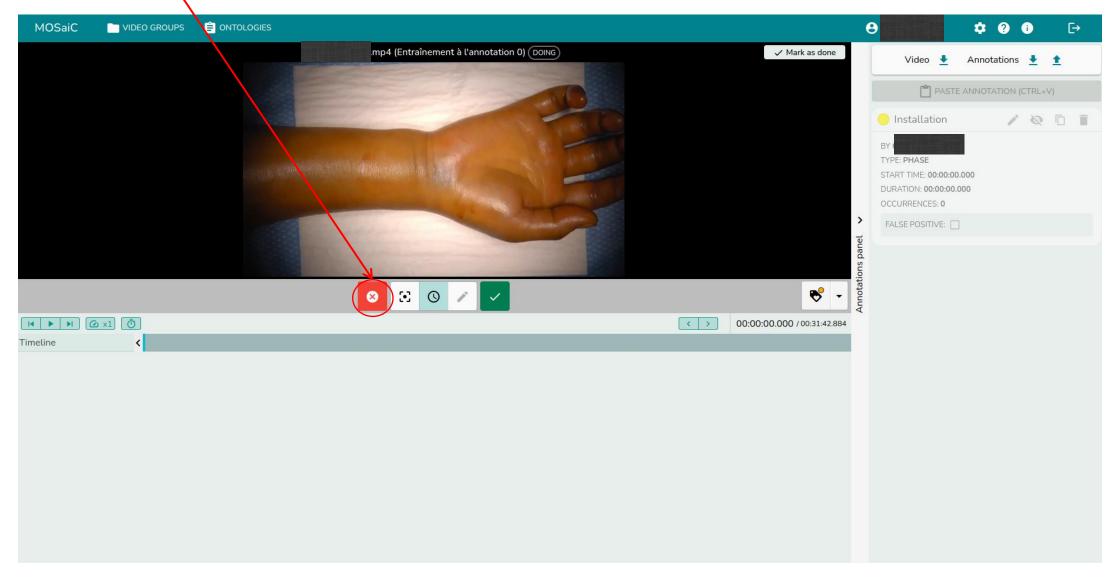
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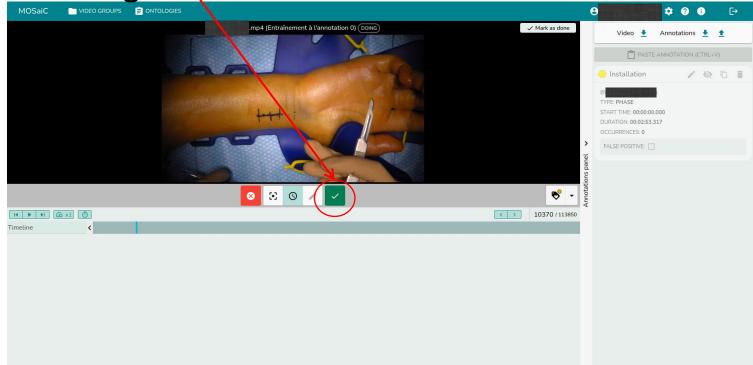
• As long as the selected annotation is not validated, it will appear in a transparent way on the right.



• If you want to cancel the annotation of the current label, click on th red button.

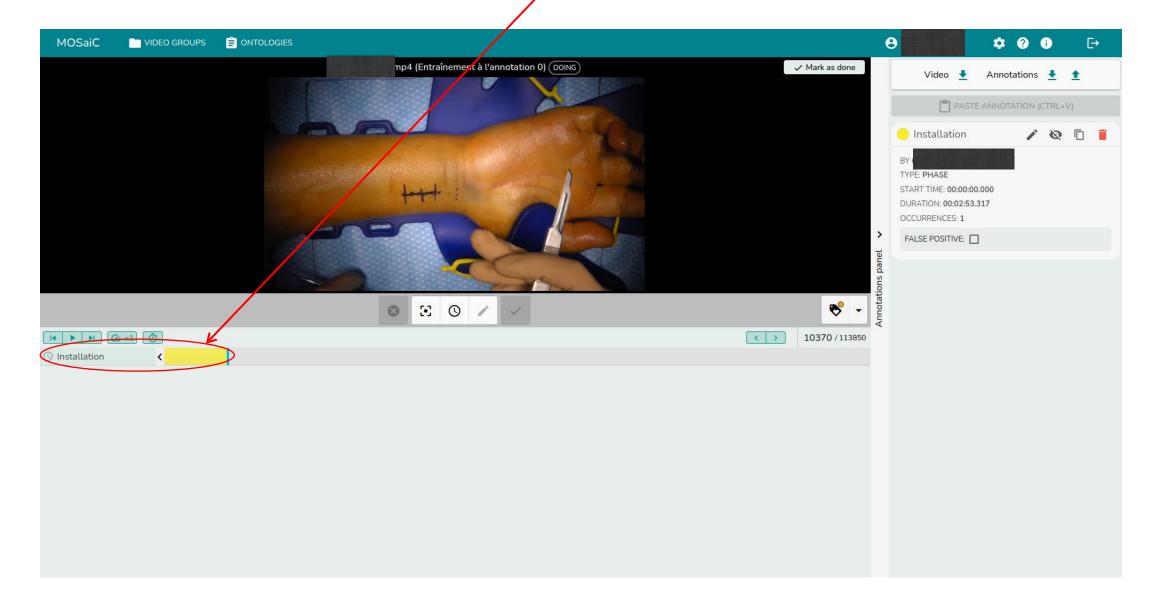


• To validate the annotation, move your time cursor until the image corresponding to the end of the phase or the action to annotate, and then click on the green button.

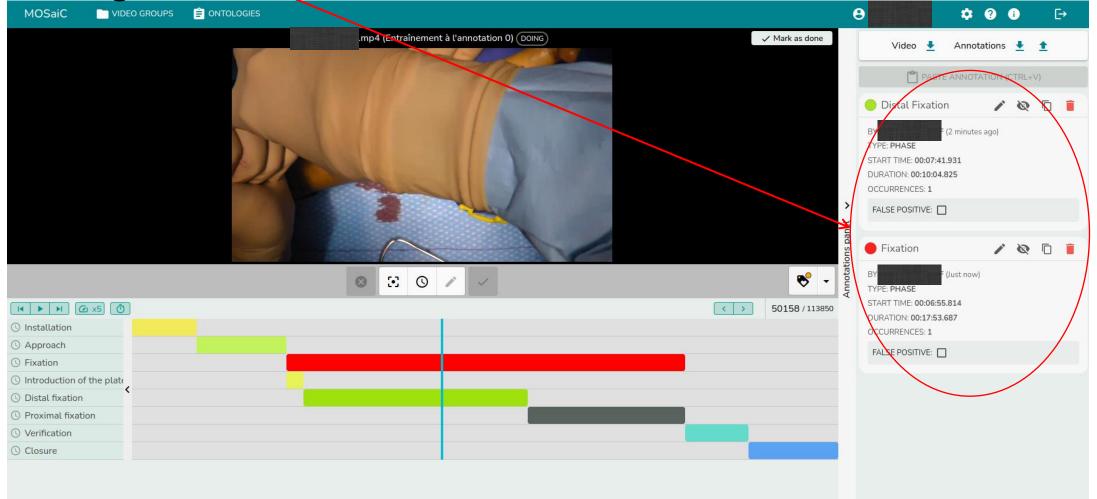


**Be careful**, for the actions, you must validate the annotation on the last image corresponding to the action (for example, for the fluoroscopic control, you must validate the annotation of the action on the last image where you see the plastic of the fluoroscope).

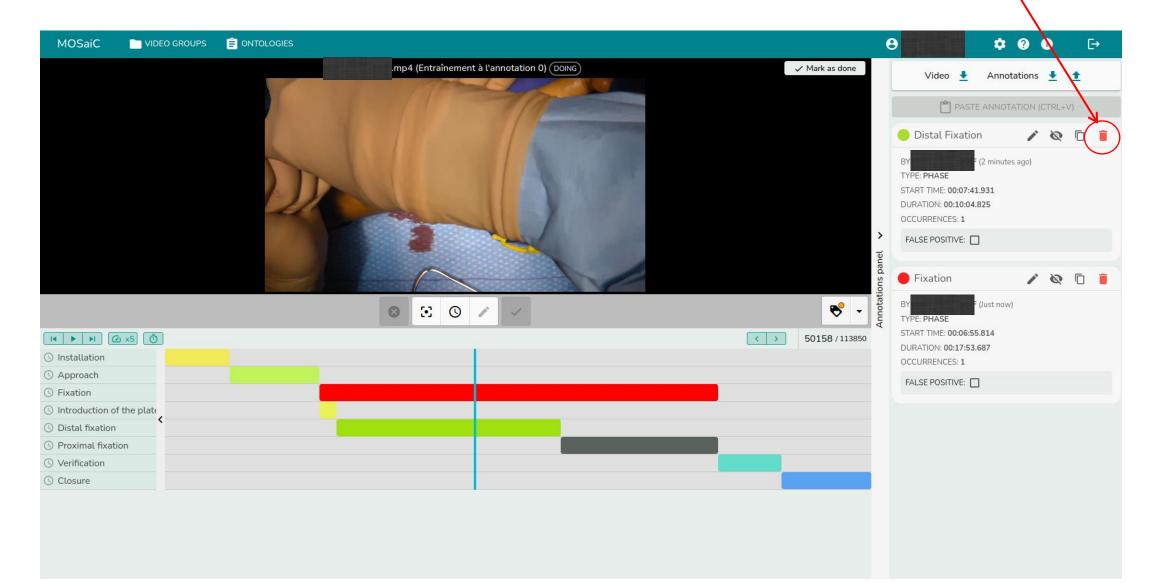
### • Once the annotation validated, it appears below the video.



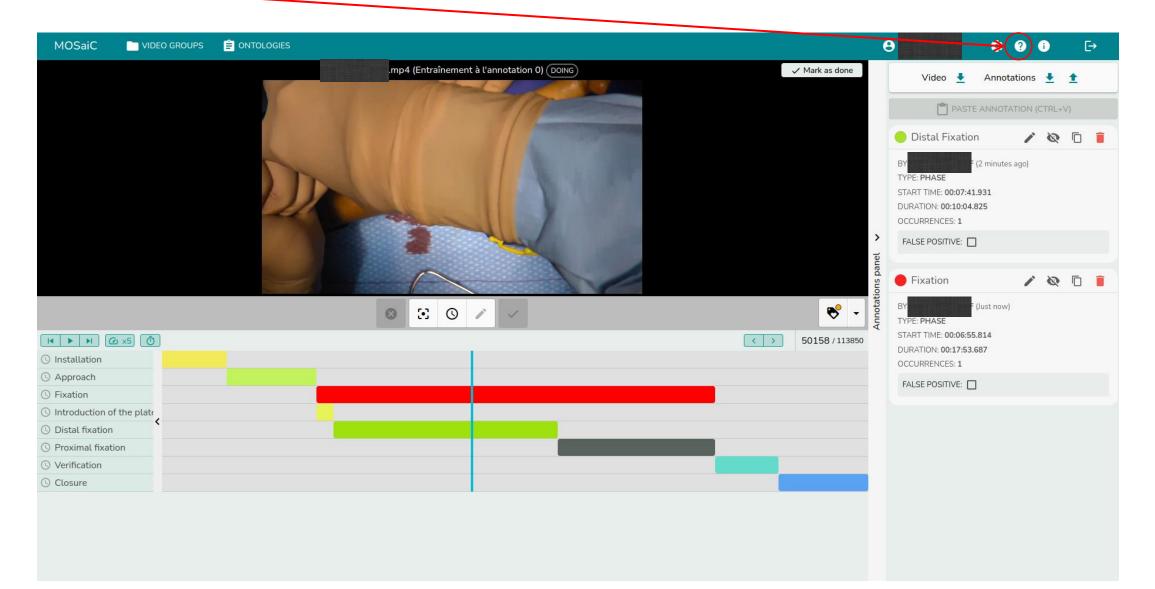
• The list of all the labels that have been associated with a given moment in the video (the one where the time cursor is located) is on the right.



• To delete an added annotation, press and hold the red bin of the annotation to be deleted.



 If you want to access the software documentation, click on the question mark.



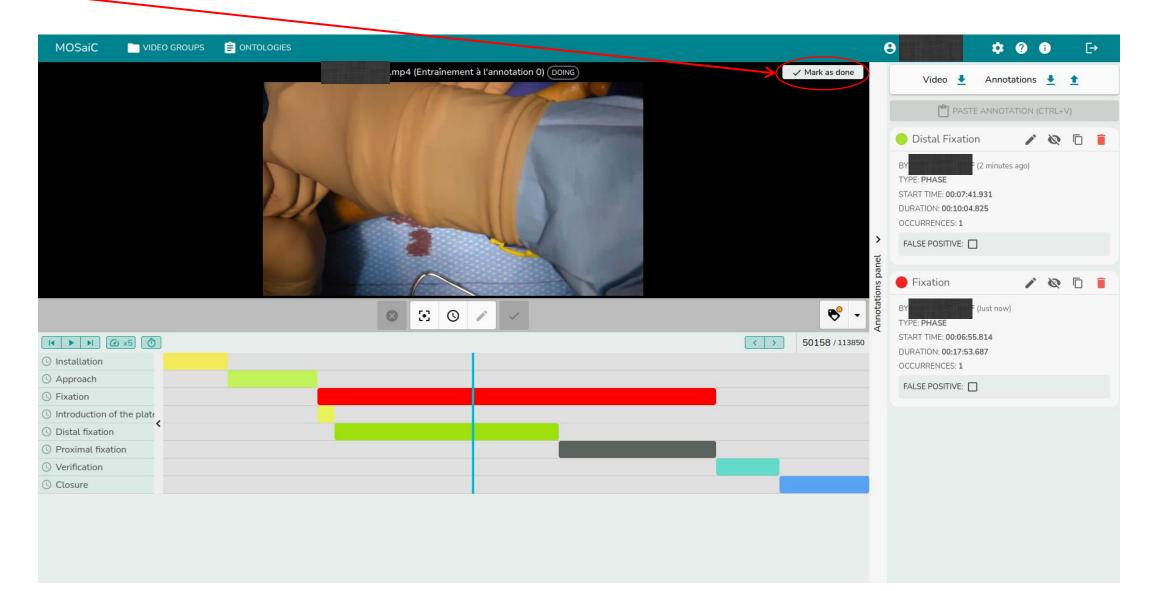
### • And then click on « Open documentation ».

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() Proximal fixation							
() Verification		duplicate last svg annotation	ALT + J				
() Closure		speed down	ALT + O				

## Practical remarks for the annotation

- Read carefully the annotation protocol to understand the annotation of the videos studied. Please note that it is very important to respect this protocol!
- Use the summary of annotations document to have a support that summarises how to choose the beginning and end of each phase, sub-phase and action to be annotated.
- When annotating, a tip is to annotate in the following order:
  - phase 1 ("installation"), phase 2 ("approach"), sub-phase 3a ("introduction of the plate"), sub-phase 3b ("distal fixation"), sub-phase 3c ("proximal fixation"), phase 4 ("verification") and phase 5 ("closure") —> in this way you can start the annotation of each phase exactly on the image on which you stopped the annotation of the previous phase
  - phase 3 (« fixation ») —> starting at the beginning of sub-phase 3-a and going to the end of sub-phase 3c
  - 3. actions
- In case of a « bug » in the software, do not hesitate to refresh the page.

• When you have finished annotating the whole video, click on « Mark as done ».



If you have any questions, suggestions or remarks, please do not hesitate to send me an e-mail!

### Annotation protocol for the recognition of surgical phases on videos of MIPO surgeries

Currently, the gold standard to learn new surgical techniques is to be coached in the operating room by an expert surgeon. However, it has been shown that the use of AI-based tools could:

- 1. lead to a per-operative assistance thanks to a supervision of the tasks realized by the surgeon, with, if necessary, an emission of warnings
- 2. offer a postoperative analysis of the surgical procedure in order to signal to the surgeon deviations from the protocol, thus allowing the novice surgeon to improve

Nevertheless, no such technology has yet been dedicated to the minimally invasive plate osteosynthesis (MIPO), which is a surgical technique used to treat distal radius fractures (DRF).

In order to develop a Deep Learning model capable of recognizing the different phases of this surgery, it is necessary to collect videos and to annotate them so that they can be used as training, validation and testing data for the algorithm. For the annotation of the videos, it is therefore necessary to define a detailed protocol of the different phases and steps of the surgery studied, as well as specifying the visual cues that allow the detection of the change of phases.

#### 1 Workflow of the surgery

The workflow of the surgery has been divided in five major phases: installation, approach, fixation, verification and closure. Within each of these major phases, several sub-steps can be defined:

#### 1. INSTALLATION

- marking of the camera's field of view around a white surgical field
- drawing of the incision
- screwing of the guide on the plate
- application of a Velpeau bandage on the patient's arm for the time of inflating the tourniquet

#### 2. APPROACH

- cutaneous incision
- dissection of the subcutaneous tissues
- deep dissection with the rongeur on the distal edge of the pronator quadrate

#### 3. FIXATION

- a) Introduction of the plate: the plate, with mounted guide, is inserted with the proximal part under the pronator quadrate
- b) Distal fixation
  - placement of the most distal and ulnar K-wire (several trials possible)
  - fluoroscopic control
  - placement of the most distal and radial K-wire (several trials possible)
  - fluoroscopic control
  - placement of the two guides for the central screws
  - motor drilling through the two guides for the central screws
  - removal of the two guides for the central screws
  - insertion of the two central screws
  - removal of the two K-wires for the ulnar and radial screws
  - removal of the guide
  - insertion of the two ulnar and radial screws
- c) Proximal fixation
  - placement of the two guides for the proximal screws

- reduction of the fracture on plate with the rongeur
- motor drilling through the two proximal drill bit guides
- removal of the guide of the proximal screw which is the most distal
- insertion of the proximal screw which is the most distal
- removal of the guide of the proximal screw which is the most proximal
- placement of the proximal screw which is the most proximal

#### 4. VERIFICATION

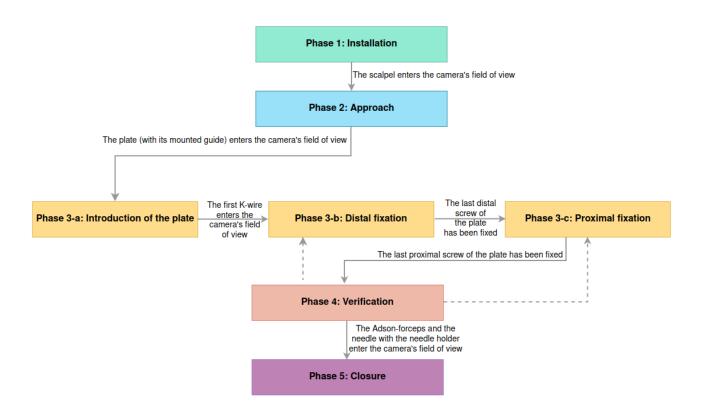
- fluoroscopic control with several views (front, profile and skyline)
- checking of the freedom of the finger flexors
- checking of the mobility of the wrist

#### 5. CLOSURE

- intradermal suture
- measurement of the scar with the ruler
- placement of the bandage

An important remark to make is that, during the verification phase, corrections to the osteosynthesis can be made if necessary (for example, some screws can be replaced if they are found to be too long).

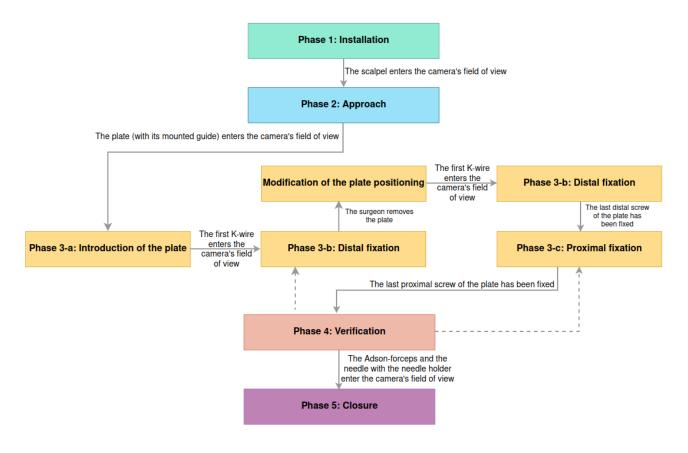
Finally, the workflow of the surgery (in a "simple" case) can be summarized by the flow chart of the Figure 1.



---- > Correction of the osteosynthesis that can be made during the verification phase if necessary

Figure 1: Flow chart of the surgery (in a "simple" case)

However, it might happen that the surgeon needs, after starting the distal (or even proximal) fixation, to remove the plate and reposition it correctly (he will then have to restart the distal and proximal fixation sub-phases from the beginning). It would be interesting to be able to count how many times the surgeon needed to reposition the plate, as a large number of such repositioning could be indicative of a technical error. Thus, in some cases, there will be an additional sub-phase (" modification of the plate positioning ") during the fixation phase. The Figure 2 shows an example of a flow chart for such a surgery.



---- > Correction of the osteosynthesis that can be made during the verification phase if necessary

Figure 2: Flow chart of the surgery (in the case where a modification of the plate positioning is necessary)

### 2 Visual cues for the detection of the phase changes

For the annotation of the videos, it is important to know how to detect a change of phase in the surgery. Some cues with visual examples will therefore be given to help detecting these phase changes.

First, it is supposed that the first phase starts automatically with the beginning of the video, and that the last phase ends with the end of the video.

The second phase of approach starts when the scalpel enters the camera's field of view (Figure 3).



Figure 3: Beginning of the second phase of the surgery (approach)

The third phase of fixation (with first the sub-phase 3-a corresponding to the introduction of the plate) starts when the plate (with its mounted guide) enters the camera's field of view (Figure 4).



Figure 4: Beginning of the third phase of the surgery (fixation)

To better understand how to detect the beginning of this third phase, the Figure 5 shows what can be observed a few seconds after the moment corresponding to the Figure 4. Moreover, the Figure 6 shows what the plate with its mounted guide looks like.



Figure 5: Start of the third phase of the surgery with the introduction of the plate (sub-phase 3-a)



Figure 6: Plate with its mounted guide used for the osteosynthesis

Once the plate (with its mounted guide) is in place, the sub-phase 3-b (distal fixation) begins. The first K-wire then enters the camera's field of view, as shown with the Figure 7.



Figure 7: Beginning of the sub-phase 3-b of the surgery (distal fixation)

Once the last distal screw of the plate has been fixed, the sub-phase 3-b is over and the sub-phase 3-c (proximal fixation) can start (Figure 8).

No surgical tool can help to detect this sub-phase change. As a boundary between sub-phases 3-b and 3-c, we will therefore choose the first image (after the last moment when the surgeon touched the distal screws) where neither surgical tools (retractors, screwdrivers,...), nor the surgeon's or his assistant's hands can be seen in the camera's field of view (as far as possible).



Figure 8: Beginning of the sub-phase 3-c of the surgery (proximal fixation)

As explained earlier, the plate might be removed for proper repositioning after the distal (or proximal) fixation sub-phase has started. This sub-phase of modification of the plate positioning thus begins when the surgeon removes the plate (Figure 9), and it ends when the K-wire enters the camera's field of view.

It should be noted that the surgeon may take several attempts to place the plate the first time (during the plate introduction sub-phase), without this being considered as a modification of the plate positioning. This is because as long as the distal fixation sub-phase has not started, it is still the plate insertion sub-phase. In other words, this sub-phase of modification of the plate positioning can only take place if K-wires and/or screws have already been inserted and removed.



Figure 9: Beginning of the sub-phase of modification of the plate positioning

To detect the transition from the sub-phase 3-c to the fourth phase, it is easier to focus on the end of the third phase rather than on the beginning of the fourth phase. The end of the third phase is characterized by the fixation of the two proximal screws of the plate. Therefore, the third phase can be said as finished when the last proximal screw has been put in (Figure 10).

In a similar way to the end of sub-phase 3-b, the first image (after the last moment when the surgeon touched the proximal screws) where neither surgical tools (retractors, screwdrivers,...), nor the surgeon's or his assistant's hands can be seen in the camera's field of view (as far as possible) will be chosen as the limit between sub-phase 3-c and phase 4.



Figure 10: End of the sub-phase 3-c (proximal fixation) with the screwing of the last proximal screw

Finally, the last phase (closure) starts when the surgeon is ready to suture the skin, that is when the Adson-forceps and the needle with the needle holder enter the camera's field of view (Figure 11).

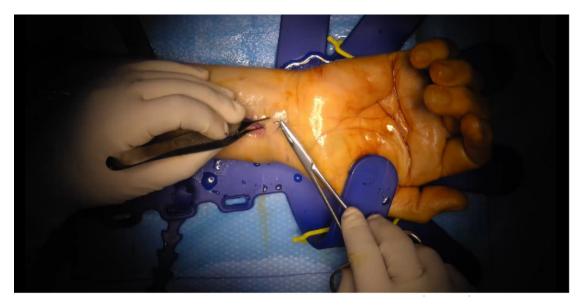


Figure 11: Beginning of the fifth phase of the surgery (closure)

It should be noted that, during the fixation and verification phases, the cam-

era's field of view will be covered several times by a fluoroscope used to perform a fluoroscopic control. The operating field will therefore no longer be visible but will be replaced by a view similar to the one shown on Figure 12.



Figure 12: View during a fluoroscopic control

## 3 Punctual actions

Since the fixation phase consists of several sub-steps composed of different repetitive actions, some of these punctual actions can also be annotated on the videos.

These punctual actions to be annotated are the following:

- fluoroscopic control (Figure 13)
- placement of a K-wire (Figure 14)
- placement of a drill bit guide (Figure 15)
- motor drilling (Figure 16)
- removal of a drill bit guide (Figure 17)
- insertion of a screw (Figure 18)

Those actions will appear several times during the third phase (fixation) and the fourth phase (verification).

The fluoroscopic control starts when the fluoroscope enters the camera's field of view and ends when the fluoroscope goes out of the camera's field of view.



Figure 13: Fluoroscopic control

The placement of a K-wire starts when the K-wire enters the camera's field of view. Once the surgeon has placed manually the K-wire, he uses a motor to insert it, as it can be seen on Figure 14. The action of placing a K-wire is therefore over when the motor goes out of the camera's field of view. It is also possible that the

surgeon does not place the K-wire manually, but that this K-wire is directly on the motor when inserted; the K-wire placement action starts, in the same way, when the K-wire enters the camera's field of view and ends when the motor leaves the camera's field of view.

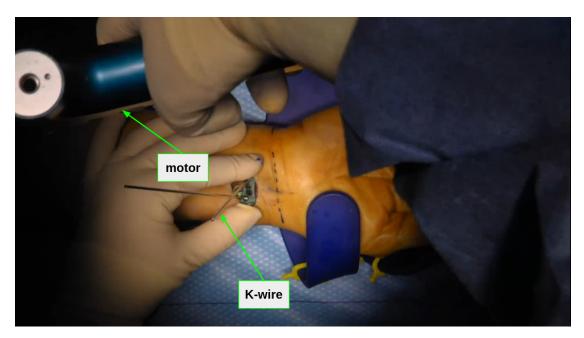


Figure 14: Placement of a K-wire

The placement of a drill bit guide begins when the hand of the surgeon holding the drill bit guide enters the camera's field of view and ends when the hand of the surgeon goes back and the drill bit guide can be seen in place.

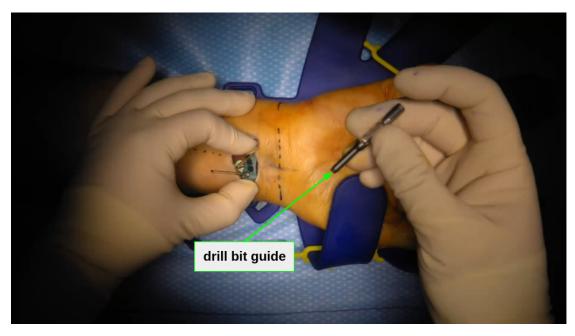


Figure 15: Placement of a drill bit guide

The motor drilling action starts when the motor enters the camera's field of view and ends when the motor goes out of the camera's field of view. It is important to notice that, in general, motor drilling is done through a drill bit guide. However, a surgical error (which would be interesting to detect) is to drill directly through the hole of the plate. It is therefore necessary to annotate each motor drilling action, whether it is performed through a drill bit guide or through a hole in the plate.

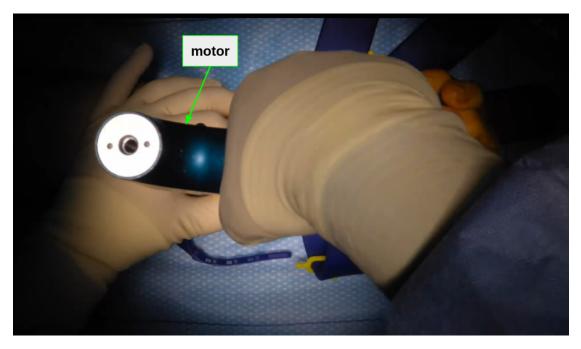


Figure 16: Motor drilling

The removal of a drill bit guide begins when the hand of the surgeon enters the camera's field of view and ends when the hand of the surgeon holding the drill bit guide goes back.

It may happen that the drill bit guide leaves with the motor after a motor drilling. In this case, the action of removing the drill bit guide begins when the motor (with the drill bit guide) starts leaving the hole of the plate and ends when the drill bit guide has left the camera's field of view.

Moreover, when removing a drill bit guide, the surgeon may place the drill bit guide directly into another hole in the plate, without leaving the camera's field of view between these two actions. It is however important to annotate them separately, by ending the annotation of the drill bit guide removal when the surgeon's hand has finished moving backwards and by starting the annotation of the drill bit guide placement at this same moment.

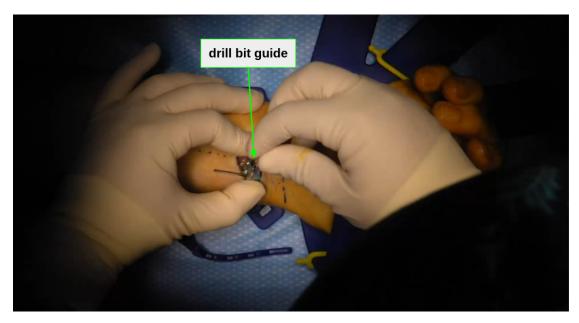


Figure 17: Removal of a drill bit guide

The insertion of a screw starts when the screwdriver (with the screw) enters the camera's field of view and ends when the hand of the surgeon holding the screwdriver goes back and the screw can be seen in place.

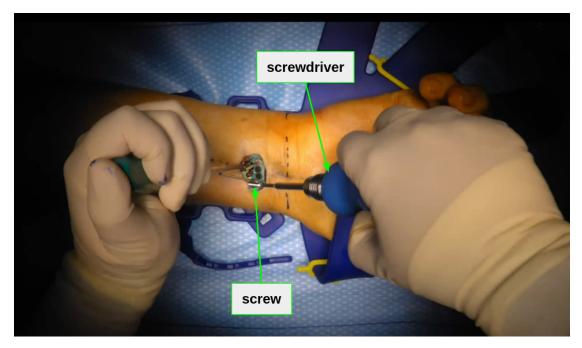


Figure 18: Insertion of a screw

It is important to notice that an action will be annotated only if it is "fully" performed. For example, sometimes, when the surgeon starts inserting a screw, the screw falls out of the screwdriver. The annotation of this action should therefore not start the first time the screwdriver enters the camera's field of view but only once the surgeon has picked up the fallen screw, put it back on the screwdriver and started his action of inserting the screw again.

## Supplementary Material 3. Summary of the annotations.

Annotation	Beginning	End
	PHASES	
Installation Ophase	Beginning of the video	Beginning of the approach phase
Approach () phase	Apparition of the scalpel	Beginning of the fixation phase
Fixation	Beginning of the introduction of the plate sub-phase	Beginning of the verification phase
Verification	First image, after the last moment when the surgeon touched the proximal screws, where neither surgical instruments nor operator's hands are visible	Beginning of the closure phase
Closure Closure	Apparition of the Adson-forceps and the needle with the needle holder	End of the video
SUB-P	HASES (of the fixation phase)	
Introduction of the plate () phase	Apparition of the plate	Beginning of the distal fixation sub- phase
Distal fixation Ophase	Apparition of the K-wire	Beginning of the proximal fixation sub-phase
Proximal fixation () phase	First image, after the last moment when the surgeon touched the distal screws, where neither surgical instruments nor operator's hands are visible	Beginning of the verification phase
<ul> <li>Modification of the plate positioning</li> <li>() phase</li> <li>(<i>not present in all the surgeries</i>)</li> </ul>	Plate grabbed to be removed from the wrist	Beginning of the distal fixation sub- phase
	ACTIONS	
Placement of a K-wire	Apparition of the K-wire	Disappearance of the motor
<ul> <li>Insertion of a screw</li> <li>action</li> </ul>	Apparition of the screw on the screwdriver	Disappearance of the screwdriver
Placement of a drill bit guide action	Apparition of the drill bit guide	Disappearance of the hand or the screwdriver (if used)
Removal of a drill bit guide ( action	Apparition of the hand or the screwdriver handle (if used)	Disappearance of the guide
<ul> <li>Motor drilling</li> <li>Q action</li> </ul>	Apparition of the motor (motor tip to which the drill bit is attached)	Disappearance of the motor

Fluoroscopic control	Apparition of the plastic of the fluoroscope	Disappearance of the plastic of the fluoroscope
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