

IMPLEMENTATION OF IMPROVING THE PERFORMANCE OF A CAMERA INSIDE A MICROELECTRONIC PILL

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Abstract-Microelectronic pills, also known as smart pills, are a type of consumable medical device that contains tiny sensors, microprocessors and wireless communication capabilities. Designed to be swallowed like regular tablets, these tablets can monitor a patient's physiological functions and transmit that information wirelessly to a healthcare provider. The concept of microelectronic pills has been around for decades, but recent developments in microelectronics and wireless communication technology have made them more feasible and practical. These pills can be used to monitor various vital functions such as heart rate, body temperature and blood pressure in real time, as well as measure drug levels and other physiological parameters. The basic structure of a microelectronic instrument consists of a small sensor, a microprocessor, power supply and wireless transmitter. A sensor is typically designed to measure a specific physiological parameter, such as pH, temperature or pressure. The microprocessor processes the sensor data and transmits it wirelessly to the receiver, which can be a smartphone or a separate receiver. One of the main advantages of microelectronic pills is that they are non-invasive and allow continuous monitoring without regular hospital visits or invasive procedures. They can also improve patient outcomes by providing real-time feedback to healthcare providers and enabling more personalized treatment plans

KEYWORDS:pill, camera, quality, lens

1.INTRODUCTION

Microelectronic pills, also known as capsule endoscopes, are small swallowable capsules used to take pictures of the digestive tract. These pills are equipped with a miniature camera and light source that allows doctors to see the inside of the small intestine and other parts of the digestive system.

Typically, the patient swallows the capsule and it travels through the digestive tract, capturing high-quality images along the way. The capsule is then passed through the body with the stool and the patient does not need to remove it. Here is a detailed explanation of how a microelectronic pill works:

Ingestion: The patient swallows a microelectronic pill about the size of a large vitamin pill. The pill is designed to be easily swallowed and pass through the digestive system without causing discomfort.

Description: As the capsule passes through the digestive tract, it takes high-quality images using a mini-camera and a light source. The camera takes thousands of images per second, which are transmitted wirelessly to a storage device worn by the patient.

Data storage: The storage device stores all the images taken with the capsule, which can be reviewed later by a doctor or medical technician. **Search:** After the capsule has passed through the digestive tract and entered the stool, it is retrieved and images are viewed. The images provide a detailed view of the inside of the small intestine, an area that is difficult to see with traditional endoscopy methods.

Diagnosis: Doctors use capsule imaging to diagnose a variety of gastrointestinal conditions, including Crohn's disease, ulcerative colitis, and small bowel tumors. Microelectronic pills are particularly useful in diagnosing diseases that affect the small intestine, a part of the digestive tract that is difficult to access with traditional endoscopy methods.

In summary, microelectronic pills or capsule endoscopes are an innovative technology used in the field of gastroenterology to obtain high-quality images of the gastrointestinal tract. These pills are easy to swallow and offer a non-invasive alternative to traditional endoscopic procedures. By taking detailed images of the small intestine, capsule endoscopy can help doctors diagnose various gastrointestinal diseases and improve patient outcomes.

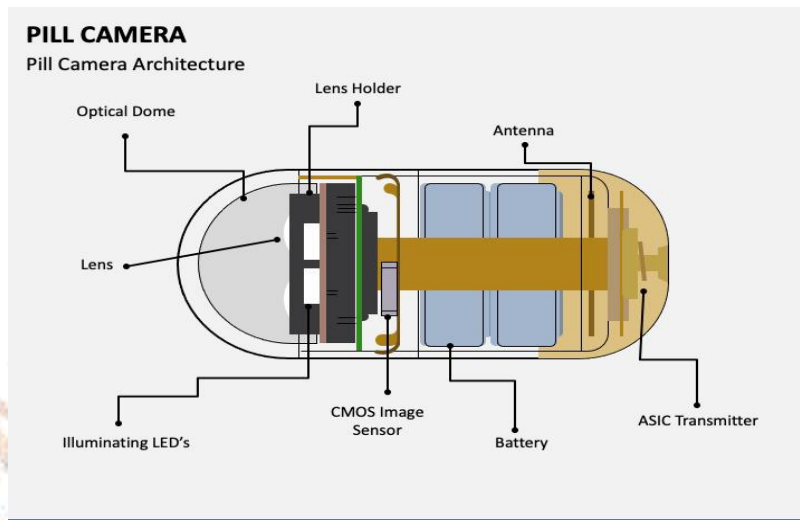


Fig.no.1.1 Pill Camera

2.LITERATURE SURVEY

Eng Gee LimXi'anJiaotong et. al., [1]

This paper presents the development of wireless capsule endoscopy equipped with movement medium. The medium will make the wireless capsule to move within the mortal intestine in order to avoid jamming within the place. The design makes the capsule moving like a nonentity, which is different from the being products. At the same time, druggies may gain wider range of the visual field by controlling the capsule to wriggle. The capsule is designed to have two modes of stir. One is homemade- operating and the other is bus- operating. druggies can control the camera direction and the other is bus-operating. user acclimate the status of the capsule by using the status of the capsule by using the homemade- operating mode; they can also control the capsule moving forward and backward with bus- operating mode.

Kaifeng XueSchool of Mechanical & Vehicle Engineering, et. al., [2]

Wireless energy force technology provides MEMS inside body with a new power supplying approach. At present paper a generality of amulti-dimensional wireless energy transmission system is proposed and successfully enforced. also the system is considered being miniaturized to meet capsule size. Eventually, a capsule endoscope including the energy force module and the camera module is assembled and its trials indicate it can be powered successfully

YingkeGuInstitute of Microelectronicset. al., [3]

While wireless endoscopic capsule examining human's large gastrointestinal(GI) depression, similar as stomach and large intestine, it's possible that numerous interested spots are neglected by the one or two cameras due to its limited field of view. This paper proposes a new globularity capsule endoscopy system withmulti-camera. Through assaying themulti-camera system's optic characteristic and power consumption of the endoscopic capsule system, this paper proposes the spatial physical structure and the electronic armature of the globularity capsule without eyeless area. Its periphery can be lower than 15 mm. The capsule can work in human's GI tract for 8 hours when the image frame rate is 4 fps.

Shelly Sofferet. al., [4]

Deep learning is an innovative algorithm based on neural networks. Wireless capsuleendoscopy (WCE) is considered the criterion standard for detecting small-bowel diseases. Manual examination of WCE is time-consuming and can benefit from automatic detection using artificial intelligence (AI).

To perform a systematic review of the current literature pertaining to deep learning implementation in WCE. We conducted a search in PubMed for all original publications on the subject of deep learning applications in WCE published between January 1, 2016 and December 15, 2019. Evaluation of the risk of bias was performed using tailored Quality Assessment of Diagnostic Accuracy Studies-2. Pooled sensitivity and specificity were calculated. Summary receiver operating characteristic curves were plotted. Of the 45 studies retrieved, 19 studies were included. All studies were retrospective. Deep learning applications for WCE included detection of ulcers, polyps, celiac disease, bleeding, and hookworm. Detection accuracy was above 90% for most studies and diseases. Pooled sensitivity and specificity for ulcer detection were .95 (95% confidence interval [CI], .89-.98) and .94 (95% CI, .90-.96), respectively. Pooled sensitivity and specificity for bleeding or bleeding source were .98 (95% CI, .96-.99) and .99 (95% CI, .97-.99), respectively. Deep learning has achieved excellent performance for the detection of a range of diseases in WCE. Notwithstanding, current research is based on retrospective studies with a high risk of bias. Thus, future prospective, multicenter studies are necessary for this technology to be implemented in the clinical use of WCE. (Gastrointest Endosc 2020;92:831-9.)

Furqan rustamet. al., [5]

Wireless capsule endoscopy (WCE) is an effective tool to probe gastrointestinal tract disorders and perform effortless imaging of the intestine. Despite that, several enterprises make its wide applicability and adaption challenging like efficacy, forbearance, safety, and performance. either, automatic analysis of the WCE handed dataset is of great significance for detecting abnormalities. Imaging of the patient's digestive tract through WCE produces a large dataset that requires a substantial quantum of time and a special skill set from a medical guru for analysis. Several computer-backed and vision-based solutions have been proposed to resolve these issues, yet, they don't give the asked position of accuracy and farther advancements are still demanded. The current study aims to concoct a system that can perform the task of automatic analysis of WCE images to identify abnormalities and help interpreters for robust diagnosis. This study adopts a deep neural network approach and proposes a model name BIR (bleedy image recognizer) that combines the MobileNet with a custom-erected convolutional neural network (CNN) model to classify WCE bleedy images. BIR uses the MobileNet model for original-position calculation for its slower calculation power demand and latterly the affair is fed to the CNN for farther processing. The disadvantage of this paper is, camera can't able to cover wide range this problem can be over come by our method.

3. WORKING MODEL

I. Implementation:

Implementing a 360-degree camera in a microelectronic pill can be challenging due to device size and power requirements. Here are the general steps for setting up such a camera.

1. Miniaturization of camera components: In order for the camera to fit inside the microelectronics, the size of the camera components must be reduced. This can be done using microelectromechanical systems (MEMS) technology, which allows the creation of miniature camera components.

2. Selection of image sensor: An image sensor that can provide 360-degree coverage and fits in the size of a microelectronic pill should be selected. This may require the use of a fisheye lens or multiple cameras to capture a 360-degree view.

3. **Integration with microelectronics:** The camera components must be integrated with the microelectronics that controls the operation of the microelectronics instrument. This will likely require the use of custom circuitry to connect the camera and other components.



Fig.no.3.1 Wireless pill working mode

4. **Power management:** The camera must be designed to operate within the power limitations of the microelectronic pills. This may require the use of low-powered image sensors or the use of energy-efficient algorithms for image data processing.

5. **Data storage and transmission:** The camera must be able to store and transmit captured images to an external device for analysis. It may require the use of internal memory and a wireless communication system.

6. **Quality control and testing:** The final implementation must be thoroughly tested to ensure that it meets the necessary quality and performance standards and can withstand the harsh environment of the human body.

II. The implementation of a wide-angle lens in microelectronic instruments can be difficult due to the device size and optical requirements. Here are the general steps involved in implementing a wide-angle lens in a microelectronic instrument.

1. **Reduce the size of the lens parts:** In order for the lens to fit inside the microelectronic pill, the size of the lens parts must be reduced. This can be done using micro-optical techniques such as microlens arrays or diffractive optics to create miniature lenses.

2. **Selection of lens material:** The lens material must be selected according to the requirements of the microelectronic instrument, such as its transparency, refractive index and durability. This may include the use of non-conventional lens materials such as polymers or glass ceramics that may meet these requirements.

3. **Wide-angle lens design:** The wide-angle lens must be designed to provide the desired field of view and image quality. This may require the use of multiple lens elements (such as a fisheye lens) to achieve the desired results.

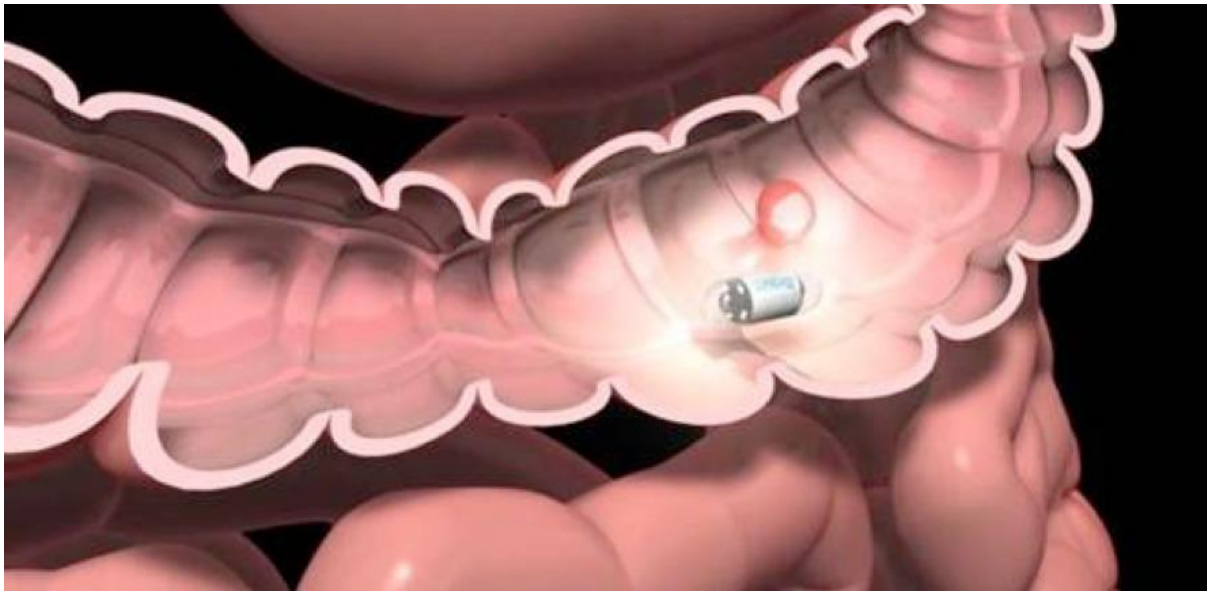


Fig.no.3.2 Pill passing through Intestine

4. Integration with image sensor: The lens must be integrated with the image sensor used to capture images. This will likely require the use of a custom printed circuit board to interface the lens and image sensor.

5. Power management: The lens must be designed to operate within the power limitations of the microelectronic instrument. This may require the use of low-powered lens components or the use of energy-efficient algorithms to process the image data.

6. Quality control and testing: The final implementation must be thoroughly tested to ensure that it meets the required quality and performance standards and can withstand the harsh environment of the human body.

7. Image processing: Captured images must be processed to correct possible lens aberrations or distortions and improve their quality and usability. This may involve using computer vision algorithms such as image enhancement algorithms to achieve the desired results.

III. Improving camera quality in microelectronic pills involves various technical challenges related to size, power consumption, image quality and biocompatibility. Here are some general steps to implement better camera quality in microelectronic instruments:

1. Choosing an Image Sensor: The image sensor is the most important component of a camera and has a direct impact on image quality. In order to improve the quality of the microelectronic camera, a high-resolution image sensor with a large dynamic range should be selected. This may involve the use of a custom image sensor or an image sensor optimized for microelectronics requirements

2. Integration with lens: The image sensor must be integrated with the lens, which ensures the desired field of view and image quality. This may require the use of a wide-angle lens, a fisheye lens, or a custom lens optimized for the requirements of microelectronic pills.

3. Power management: The camera must be designed to operate within the power limits of the microelectronic batteries. This may require the use of low-powered image sensors and lenses, or the use of energy-efficient algorithms for image data processing.

4. Image processing: Captured images must be processed to correct possible lens aberrations or distortions and improve their quality and usability. This may involve using computer vision algorithms, such as image enhancement algorithms, to encode to achieve the desired results.

5. Cost: Microelectronic instruments are complex and specialized devices and therefore can be relatively expensive to manufacture and purchase. This can limit their widespread use and availability, especially in situations where resources are scarce.

6. Regulatory approval: Microelectronic pills are subject to a number of regulatory requirements and approval processes that can be lengthy and expensive. This can delay the development and commercialization of new microelectronic instruments and also result in high costs for manufacturers and developers.

7. Data protection and security: Microelectronic pills collect and transmit sensitive health information that must be protected against unauthorized use and abuse. This requires strong data protection and security measures, including encryption and secure data storage, to protect patient privacy and confidentiality.

CONCLUSION

The implementation of improving camera performance in microelectronic pills can have significant implications for the medical field. Microelectronic pills are small devices that can be ingested and used to monitor a patient's health, such as detecting diseases and measuring vital signs. The ability to improve camera performance in these pills can provide more accurate and detailed imaging of internal organs, which can improve the accuracy of diagnoses and treatments. Some of the key factors to consider in implementing improvements to camera performance in microelectronic pills include the size and power consumption of the camera, as well as the resolution and image quality. Additionally, the camera must be able to transmit the images wirelessly to a receiver, which adds another layer of complexity to the implementation. Overall, improving camera performance in microelectronic pills has the potential to revolutionize the medical field by providing better diagnostic tools and more personalized treatment options. However, there are still significant technical and practical challenges that must be overcome before these improvements can be widely implemented.

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