

Your institution
may be interested in this...



72% of patients
consider robotic surgery as safer, faster, and offering better results¹



84% of interventional cardiologists
believe that better procedural conditions (comfort, safety, precision) will benefit the patient ultimately²



+29% per year
of activity thanks to robotics^{3,4}

A major step forward
in interventional cardiology



Prof. E. Durand
Interventional cardiologist, Rouen University Hospital (France)
"There are very clear advantages for the physician in terms of precision, which indirectly benefit the patient."



Dr. J. Fajadet
Co-Director of EuroPCR Congress and interventional cardiologist at the Pasteur Clinic, Toulouse (France)
"The precision in the manipulation of the wire and the balloon/stent catheter is really exceptional."



Prof. M. Haude
Interventional Cardiology, Director of Medical Clinic I at Rheinland Klinikum Neuss, Lukaskrankenhaus (Germany)
"The benefits brought by R-One™ are huge for practitioners and will drastically improve our working conditions, which will consequently benefit patient care."



Prof. R. Sabatier
Interventional cardiologist, Caen University Hospital (France)
"Getting started is very easy and intuitive. The fact that the robot's behavior is consistent means the risk of human error can be reduced."



Prof. S. Verheyen
Interventional cardiologist, ZNA Middelheim, Antwerp (Belgium)
"I was immediately impressed by the platform's ease of use and its level of precision. The robot places the stent even more precisely than with the manual technique, down to a fraction of a millimeter."

Warnings

The system should only be used by interventional cardiologists and their staff, who have received specific training for the use of the R-One™ device. The training provided by Robocath is limited to the use of the system and does not replace the expertise and medical training necessary to perform coronary angioplasty. The movement of the guidewire and/or stent/balloon catheter with the system should not be performed without viewing them using X-rays. The navigation speed of the guidewire and/or stent/balloon catheter should be adapted to the arterial areas traversed. The fast navigation mode should only be used when the guidewire and the stent/balloon catheter are in the guide catheter.

Precautions for use

The R-One™ system is not recommended for heavily calcified lesions, ostial lesions, and chronic total occlusions (CTOs). The R-One™ Robotic Platform is designed to be used exclusively in combination with the Mobile Radioprotection Screen and the R-One™ Consumable Kit. The R-One™ system is only compatible with 0.014" guidewires, rapid-exchange stent/balloon catheter, Y connectors Super Ketch™ by Minvasys and Honor® Hemostasis Valve by Merit Medical. Use of the system with other devices has not been evaluated.

For more information:
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BSI, CE n°690387

The R-One robotic platform is a Class IIb medical device.

The R-One consumable kit is a Class I medical device.

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R-one™

Robocath
INTUITIVE VASCULAR ROBOTICS

¹ Boys and al., Public perceptions on robotic surgery, hospitals with robots, and surgeons who use them, *Surg Endosc* (2016) 30:1310–1316 ; ² Robocath survey on 38 interventional cardiologists from Europe and US mostly in December 2018 ; ³ Danil V and al., The Association Between Diffusion of the Surgical Robot and Radical Prostatectomy Rates, *Medical Care*, Vol. 49 No. 4 (April 2011), pp. 333–339 ; ⁴ Aggarwal A. and al., Effect of patient choice and hospital competition on service configuration and technology adoption within cancer surgery: a national, population-based study, *Lancet Oncol* 2017; 18: 1445–53

Pioneer the next chapter of PCI with robotics!

1 ENHANCED MOVEMENT & ROBOTIC PRECISION

- **R-Boost®** accelerated speed
- **R-Free®** one hand for one device
- **R-Reverse®** same push for opposite movements
- **R-Grasp®** mimic technology
- **R-Lock®** devices locked
- **Easy-Loop®** continuous rotation

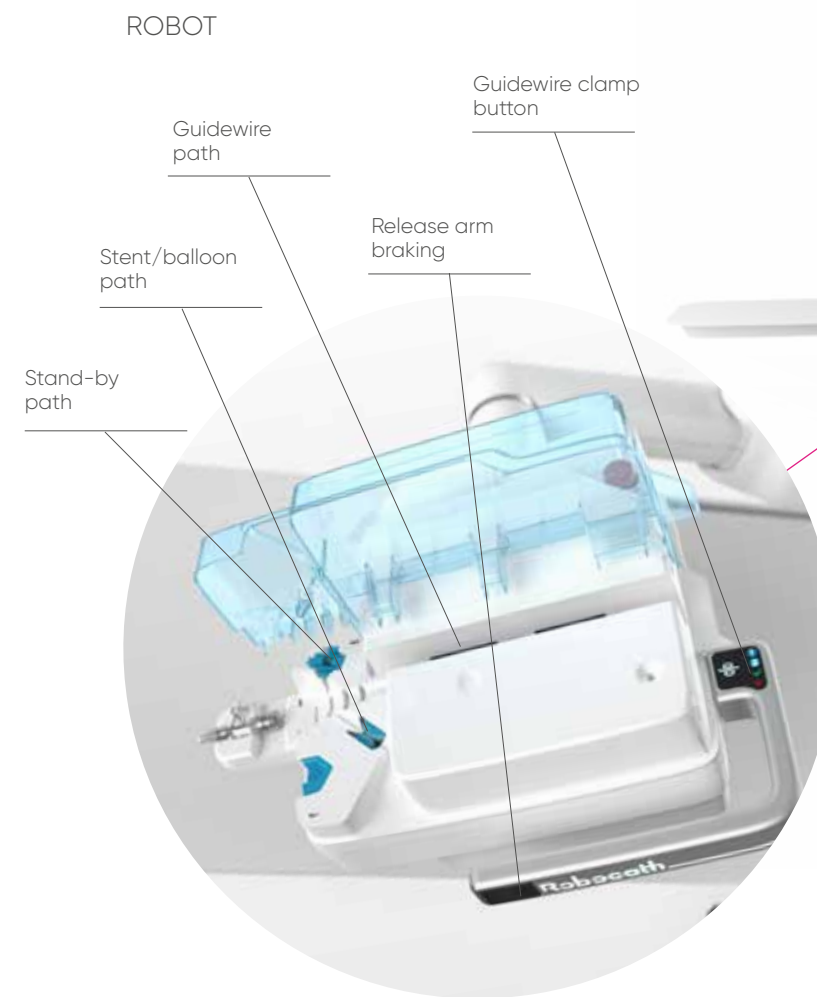


- Comfortable sitting position
- Close visualization
- **Radio-Stop®** total radiation protection

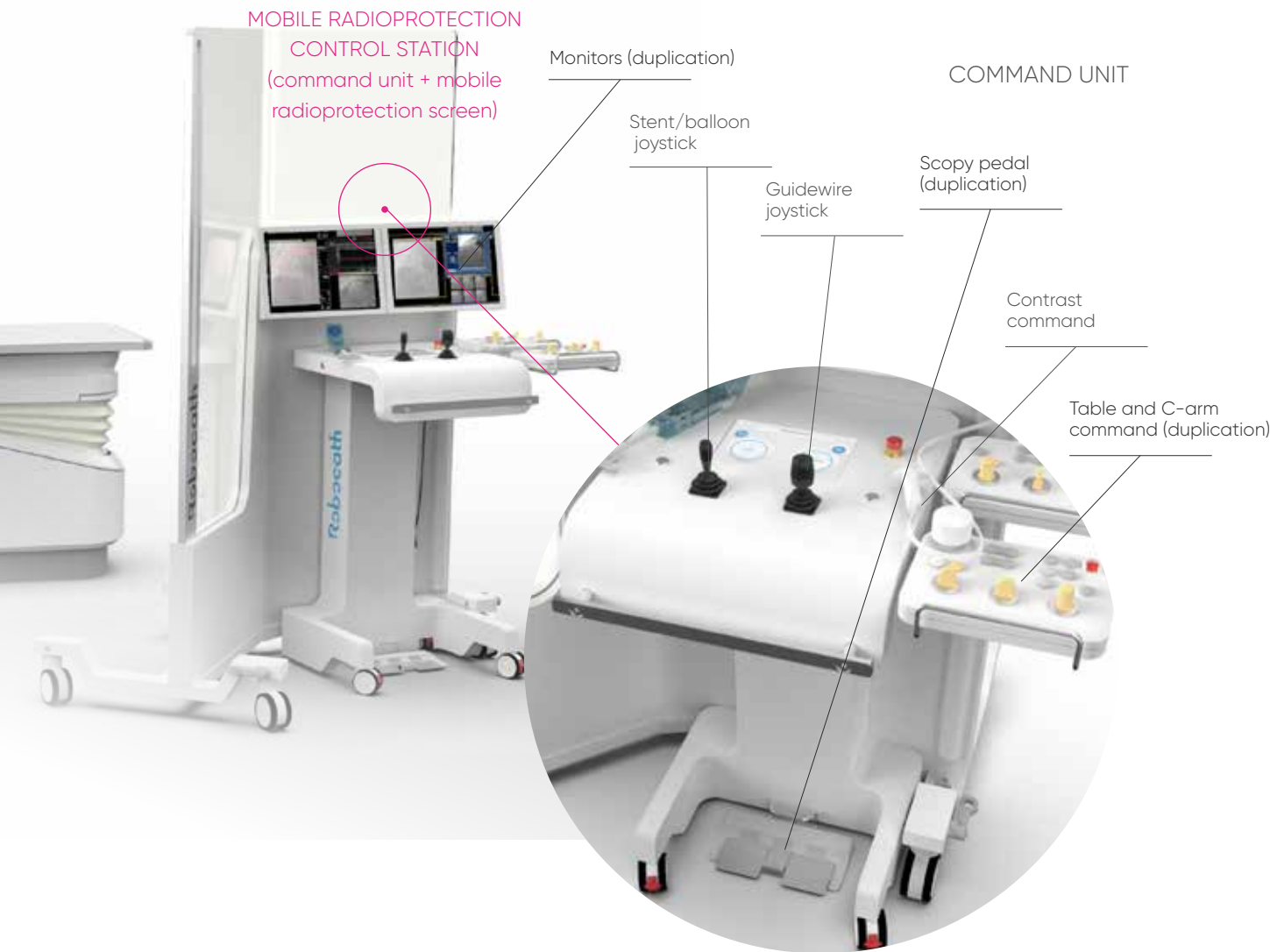
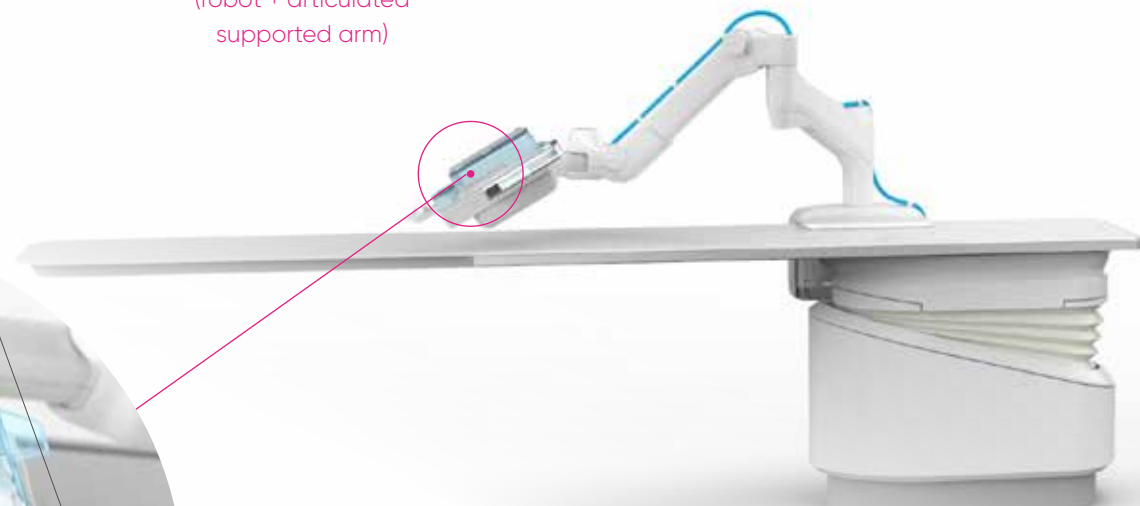
- Intuitive control
- Minimal learning curve
- Femoral and radial access (left and right)
- **Open platform** compatible with market leading stent/balloon catheters and guidewires and cath labs
- **Easy-Click®** quick disposable set-up
- **Easy-Switch®** simple and quick manual or robotic conversion

3 PLUG & PLAY SOLUTION

2 COMFORT & SAFETY



ROBOTIC UNIT (robot + articulated supported arm)



Dimensions

Command Unit	103 cm (H) x 55 cm (W) x 57 cm (D)
Mobile Radioprotection Screen	190 cm (H) x 152 cm (W) x 118 cm (D)
Robot	18 cm (H) x 39 cm (W) x 49 cm (D)
Articulated Supported Arm	82 cm (H) x 170 cm (W) x 41 cm (D)

Weight

Command Unit	50 Kg
Mobile Radioprotection Screen	150 Kg
Robot	12 Kg
Articulated Supported Arm	40 Kg

Performances

Normal linear speed range of the guidewire and stent/balloon	0 to 10 mm/s
Extended linear speed range of the guidewire and stent/balloon	0 to 35 mm/s
Rotational speed range of the guidewire	0 to 360°/s

