Your institution may be interested in this...

2% of patients consider robotic surgery as safer, faster, and offering better results¹

34% of interventional cardiologists pelieve that better procedural conditions (comfort, safety, precision) will ultimately benefit the patient²



9% of activity per year 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, Pasteur Clinic, Toulouse (France)

"The precision in the manipulation of the wire and the balloon/stent catheter is really exceptional."



Prof. M. Haude

Interventional cardiologist and director of Medical Clinic I, Rheinland Klinikum Neuss, (Germany)

"The benefits brought by R-One™ are huge for practitioners and will drastically improve our working conditions, which will consequently benefit patient care."



Dr. F. Lorgat

Interventional cardiologist, Netcare Christiaan Barnard Memorial Hospital (South-Africa) "I have been following this project closely for several years, as my experience with robotics in electrophysiology has clearly shown me all the benefits that such devices can have for our profession and ultimately, for the patient."



Prof. S. Verheye

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."

anil 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; * Aggarwal A. and al., Effect of patient choice and hospital onfiguration and technology adoption within cancer surgery: a national, population-based study, Lancet Oncol 2017; 18: 1445-53

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

Precautions for us

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, for command unit usable inside the Cathlab.

The R-One[™] Robotic Platform is designed to be used exclusively in combination with the R-One™ Consumable Kit, for command unit usable inside the control room. Mobile Radioprotection Screen can be used as an option. The R-One[™] system is only compatible with 0.014" guidewires, rapidexchange stent/balloon catheters, Y connectors Super Ketch[™] by Minvasys and Honor[®] Hemostasis Valve by Merit Medical. Use of the system with other devices has not

CE 2797 BSI, CE n°MDR 763022 The R-One robotic platform is a Class IIb medical device The R-One consumable kit is a Class Is medical device Copyright © 2023 Robocath. All rights reserved. MC-000-230322-00-00

catheter.

been evaluated.

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ENHANCED MOVEMENT & ROBOTIC PRECISION







