

INTERNATIONAL STANDARD

NORME INTERNATIONALE



**Medical electrical equipment –
Part 2-77: Particular requirements for the BASIC SAFETY and essential
performance of ROBOTICALLY ASSISTED SURGICAL EQUIPMENT**

**Appareils électromédicaux –
Partie 2-77: Exigences particulières pour la SECURITE DE BASE et les performances
essentiels des APPAREILS CHIRURGICAUX ROBOTIQUEMENT ASSISTES**



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CONTENTS

FOREWORD.....	4
INTRODUCTION.....	7
201.1 Scope, object and related standards	8
201.2 Normative references.....	9
201.3 Terms and definitions.....	10
201.4 General requirements	13
201.5 General requirements for testing of ME EQUIPMENT.....	13
201.6 Classification of ME EQUIPMENT and ME SYSTEMS	14
201.7 ME EQUIPMENT identification, marking and documents	14
201.8 Protection against electrical HAZARDS from ME EQUIPMENT.....	17
201.9 * Protection against MECHANICAL HAZARDS of ME EQUIPMENT and ME SYSTEMS	18
201.10 Protection against unwanted and excessive radiation HAZARDS	21
201.11 Protection against excessive temperatures and other HAZARDS	21
201.12 Accuracy of controls and instruments and protection against hazardous outputs	22
201.13 HAZARDOUS SITUATIONS and fault conditions for ME EQUIPMENT	22
201.14 PROGRAMMABLE ELECTRICAL MEDICAL SYSTEMS (PEMS)	23
201.15 Construction of ME EQUIPMENT	23
201.16 * ME SYSTEMS	23
201.17 * ELECTROMAGNETIC COMPATIBILITY of ME EQUIPMENT and ME SYSTEMS	23
202 ELECTROMAGNETIC DISTURBANCES – Requirements and tests	23
206 * USABILITY	24
Annexes	25
Annex D (informative) Symbols on marking.....	26
Annex AA (informative) Particular guidance and rationale.....	27
Annex BB (informative) Equations for the calculation of the overall system stopping performance and minimum distances	39
Annex CC (informative) Stopping functions of the RASE.....	41
Annex DD (informative) Alternative method to demonstrate structural integrity throughout the EXPECTED SERVICE LIFE of the RASE	43
Annex EE (informative) Example of a testing method of the IMMUNITY test for HF SURGICAL EQUIPMENT emissions	46
Bibliography.....	49
Index of defined terms used in this particular standard.....	51
Figure 201.101 – Graphic symbol for maximum PATIENT mass and SAFE WORKING LOAD	14
Figure 201.102 – Graphic symbol for mass of MOUNTED PART	14
Figure 201.AA.101 – Examples of MECHANICAL INTERFACE attachments	28
Figure 201.AA.102 – Example 1 of ROBOTIC SURGERY CONFIGURATION: a case of laparoscopic RASS.....	30
Figure 201.AA.103 – Example 2 of ROBOTIC SURGERY CONFIGURATION: a case of bone milling RASE	30
Figure 201.AA.104 – Typical ESSENTIAL PERFORMANCE items of RASE.....	32

Figure 201.AA.105 – Example of RISK ASSESSMENT related to structural component	36
Figure 201.BB.101 – Relationship between t_1 and t_2	40
Table 201.101 – List of ESSENTIAL PERFORMANCE requirements.....	13
Table 201.102 – Colours of indicator lights and their meaning for ME EQUIPMENT	16
Table 201.D.101 – Symbols for marking RASE or its parts.....	26
Table 201.CC.101 – Different stopping functions	41
Table 201.DD.101 – Alternative to safety factors: life testing	43

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INTERNATIONAL ELECTROTECHNICAL COMMISSION

MEDICAL ELECTRICAL EQUIPMENT –**Part 2-77: Particular requirements for the BASIC SAFETY and essential performance of ROBOTICALLY ASSISTED SURGICAL EQUIPMENT**

FOREWORD

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International Standard IEC 80601-2-77 has been prepared by subcommittee 62D: Electromedical equipment, of IEC technical committee 62: Electrical equipment in medical practice, and ISO technical committee 299: Robotics.

This publication is published as a double logo standard.

The text of this International Standard is based on the following documents:

FDIS	Report on voting
62D/1675/FDIS	62D/1689/RVD

Full information on the voting for the approval of this International Standard can be found in the report on voting indicated in the above table.

This document has been drafted in accordance with the ISO/IEC Directives, Part 2.

In this document, the following print types are used:

- requirements and definitions: roman type;
- *test specifications: italic type;*
- informative material appearing outside of tables, such as notes, examples and references: in smaller type. Normative text of tables is also in a smaller type;
- TERMS DEFINED IN CLAUSE 3 OF THE GENERAL STANDARD, IN THIS PARTICULAR STANDARD OR AS NOTED: SMALL CAPITALS.

In referring to the structure of this document, the term

- "clause" means one of the nineteen numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 7 includes subclauses 7.1, 7.2, etc.);
- "subclause" means a numbered subdivision of a clause (e.g. 7.1, 7.2 and 7.3.1 are all subclauses of Clause 7).

References to clauses within this document are preceded by the term "clause" followed by the clause number. References to subclauses within this particular standard are by number only.

In this document, the conjunctive "or" is used as an "inclusive or" so a statement is true if any combination of the conditions is true.

The verbal forms used in this document conform to usage described in Clause 7 of the ISO/IEC Directives, Part 2. For the purposes of this document, the auxiliary verb:

- "shall" means that compliance with a requirement or a test is mandatory for compliance with this document;
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- "may" is used to describe a permissible way to achieve compliance with a requirement or test.

An asterisk (*) as the first character of a title or at the beginning of a paragraph or table title indicates that there is guidance or rationale related to that item in Annex AA.

A list of all parts of the IEC 60601 and IEC 80601 International Standard, published under the general title *Medical electrical equipment*, can be found on the IEC website.

The committee has decided that the contents of this document will remain unchanged until the stability date indicated on the IEC website under "<http://webstore.iec.ch>" in the data related to the specific document. At this date, the document will be

- reconfirmed,
- withdrawn,
- replaced by a revised edition, or
- amended.

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INTRODUCTION

This part of IEC 80601 is written at a time when technical evolution of medical robots is in rapid progress and the scientific foundation of safe use is still being expanded.

This document is the result of work that began in ISO/TC 184/SC 2/WG 7 in October 2006 on personal care robots, to address an emerging type of medical robot that was used outside of an industrial environment¹. That group was working on a new standard, ISO 13482[1]², which was published as an International Standard (IS) in 2014. While initially focused on non-medical applications, WG 7 recognized that work was likely to be needed on medical devices utilizing robotic technology. In October 2009, ISO/TC 184/SC 2 established a WG 7, Study Group (SG) on Medical care robots, comprised of experts from Canada, France, Germany, Japan, Korea, Romania, Switzerland, UK and USA.

The work of ISO/TC 184/SC 2/WG 7 SG cumulated in a proposal to form a Joint Working Group (JWG 9) with IEC/TC 62/SC 62A focusing on MEDICAL ELECTRICAL EQUIPMENT using robotic technology. This JWG began developing a technical report (IEC TR 60601-4-1:2017[2]) dealing with degree of autonomy. While developing this document, a particular standard was proposed for robotic equipment used in surgical applications. This led to the creation of a Joint Working Group 35 in April 2015 within IEC/TC 62/SC 62D to develop particular requirements of safety of MEDICAL ELECTRICAL EQUIPMENT and MEDICAL ELECTRICAL SYSTEMS that utilize robotic technology. The work would include medical robots for SURGERY. This proposal was approved, resulting in the formation of Joint Working Group (JWG 35).

During IEC/TC 62/SC 62D discussion, there was a strong opinion that some types of MEDICAL ELECTRICAL EQUIPMENT could be a medical robot, but not all MEDICAL ELECTRICAL EQUIPMENT were medical robots. According to this opinion, JWG 35 discussed and agreed that the majority of existing MEDICAL ELECTRICAL EQUIPMENT, including those used for surgical PROCEDURES, were not considered medical robots, so it would be better to capture this type of ME EQUIPMENT through a different definition – ROBOTICALLY ASSISTED SURGICAL EQUIPMENT (RASE).

JWG 9 defined medical robots as ME EQUIPMENT with a degree of autonomy (IEC TR 60601-4-1:2017). JWG 35 found that some RASE have zero autonomy. Therefore, by definition, RASE could not be equated to a medical robot. Regulatory agencies objected to employ the term robot as defined in IEC TR 60601-4-1 and felt that it implied that the RASE were performing the surgical PROCEDURE rather than the surgeon. The consensus in JWG 35 was that the RASE only assists the surgeon. The surgeon maintains some level of control or supervision of the RASE.

The minimum safety requirements specified in this particular standard for ROBOTICALLY ASSISTED SURGICAL EQUIPMENT are presumed to establish that the RESIDUAL RISKS have been reduced to acceptable levels unless there is OBJECTIVE EVIDENCE to the contrary.

The requirements are followed by particular specifications for the relevant tests.

¹ ISO TC 184/SC 2 was reorganized as ISO TC 299 in 2016.

² Numbers in square brackets refer to the Bibliography.

MEDICAL ELECTRICAL EQUIPMENT –

Part 2-77: Particular requirements for the BASIC SAFETY and essential performance of ROBOTICALLY ASSISTED SURGICAL EQUIPMENT

201.1 Scope, object and related standards

Clause 1 of the general standard³ applies, except as follows:

201.1.1 Scope

Replacement:

This part of IEC 80601 applies to the BASIC SAFETY and ESSENTIAL PERFORMANCE of ROBOTICALLY ASSISTED SURGICAL EQUIPMENT (RASE) and ROBOTICALLY ASSISTED SURGICAL SYSTEMS (RASS), hereafter referred to as ME EQUIPMENT and ME SYSTEMS together with their INTERACTION CONDITIONS and INTERFACE CONDITIONS. If a clause or subclause is specifically intended to be applicable to ME EQUIPMENT only, or to ME SYSTEMS only, the title and content of that clause or subclause will say so. If that is not the case, the clause or subclause applies both to ME EQUIPMENT and to ME SYSTEMS, as relevant.

If RASE or RASS, or its ACCESSORIES fall within scope of another particular standard, then the particular standard applies in addition to this standard.

EXAMPLES IEC 60601-2-2[3] for HF SURGICAL EQUIPMENT; IEC 60601-2-18[4] for ENDOSCOPIC EQUIPMENT; IEC 60601-2-22[5] for laser equipment; IEC 60601-2-37[6] for ultrasound equipment; IEC 60601-2-46[7] for operating tables, etc.

201.1.2 Object

Replacement:

The object of this particular standard is to establish particular BASIC SAFETY and ESSENTIAL PERFORMANCE requirements for ROBOTICALLY ASSISTED SURGICAL EQUIPMENT and ROBOTICALLY ASSISTED SURGICAL SYSTEMS.

201.1.3 * Collateral standards

Addition:

This particular standard refers to those applicable collateral standards that are listed in Clause 2 of the general standard and Clause 201.2 of this particular standard.

IEC 60601-1-2:2014 and IEC 60601-1-6:2010 and IEC 60601-1-6:2010/AMD1:2013 apply as modified in Clauses 202 and 206 respectively. IEC 60601-1-3:2008 and IEC 60601-1-3:2008/AMD1:2013[8], IEC 60601-1-9:2007 and IEC 60601-1-9:2007/AMD1:2013[9], and IEC 60601-1-11:2015[10] do not apply.

³ The general standard is IEC 60601-1:2005 and IEC 60601-1:2005/AMD1:2012, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*.