



ROBOTOL[®]

Increasing surgical precision

COLLIN

Precision engineered for surgeons



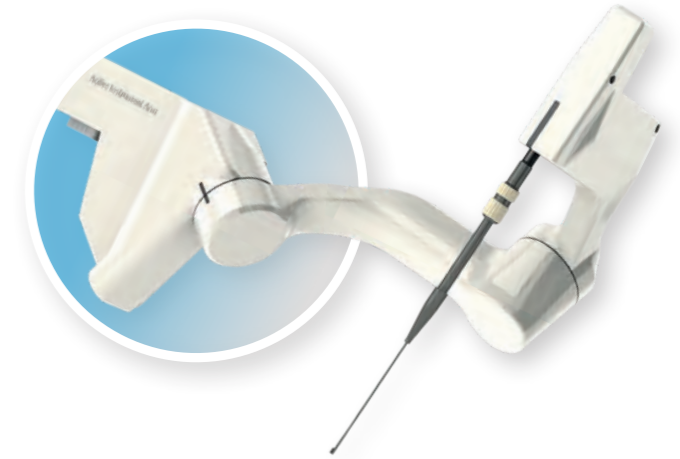
RobOtol[®] is derived from research initiated in 2005 by Collin, in partnership with the team of Prof. Olivier Sterkers and Prof. Yann Nguyen and the Inserm/UPMC UMR-S 1159 unit.

Technical concept

- Mechanical architecture based on the concept of a pivot point.
- 7 degrees of freedom.
- Design for otological surgeries and ergonomics adapted to the constraints of the operating room.

Use of the instrument holder arm:

- Enables visualization and access to all anatomical regions of the middle and inner ear with perfect stability⁽³⁾ and micrometric⁽¹⁾ movement precision⁽²⁾.
- Eliminates tremors, drift, or involuntary movements with the human hand.
- Ensures precise positioning, control of insertion axes, as well as translation, rotation, and distal movements⁽⁴⁾.
- Atraumatic insertion of cochlear electrodes array in both adult and children⁽⁵⁾.
- Enhancing precision on middle ear: ossicles removal⁽⁶⁾ (or management) and tendons weakening.
- Perform calibrated stapedotomy and perfect positioning of middle ear prosthesis⁽⁷⁾.

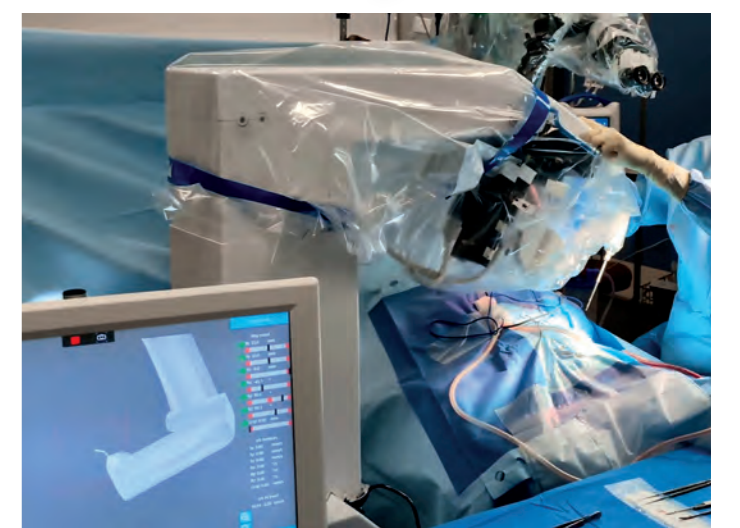


Use of the endoscope holder arm:

- Allows surgeons to operate with both hands while adapting to the desired visual axis.
- Provides precise control of translational and rotational movement speed⁽⁸⁾.
- Delicate management of tympanic flap and related dissection⁽⁹⁾.
- Easier manipulation of cartilages and grafts.



The secure motion



Designed for reproducible surgery



Reproducible precision:

- Controlled and repeatable surgical movements.
- Independent control of insertion, translation and rotation axes, including distal movements⁽¹³⁾.

Flexible endoscopic visualization:

- Easy switching between 0°, 30° and 45° rigid endoscopes.

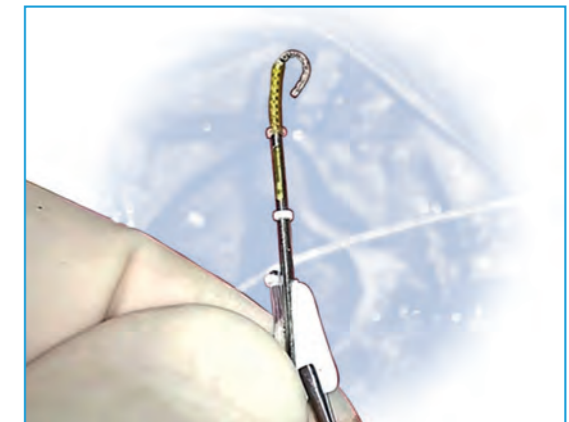
Dedicated surgical instruments:

- Collin instruments designed for robotic surgery.
- Dedicated insertion tools for all brands of cochlear implants.
- Dedicated tools for middle ear applications.

Perimodiolar Insertion Tool

SILK: Soft insertion, low kinetics

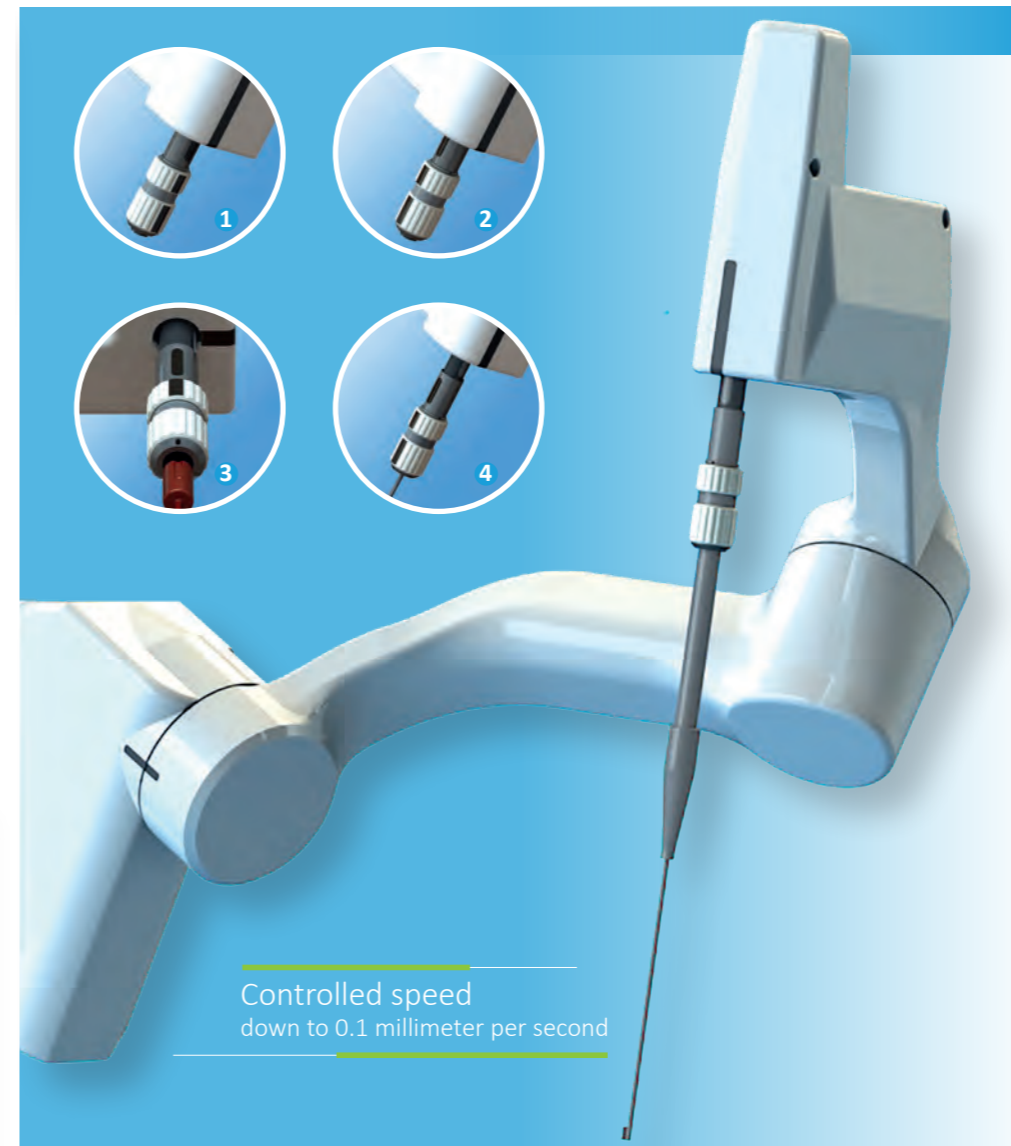
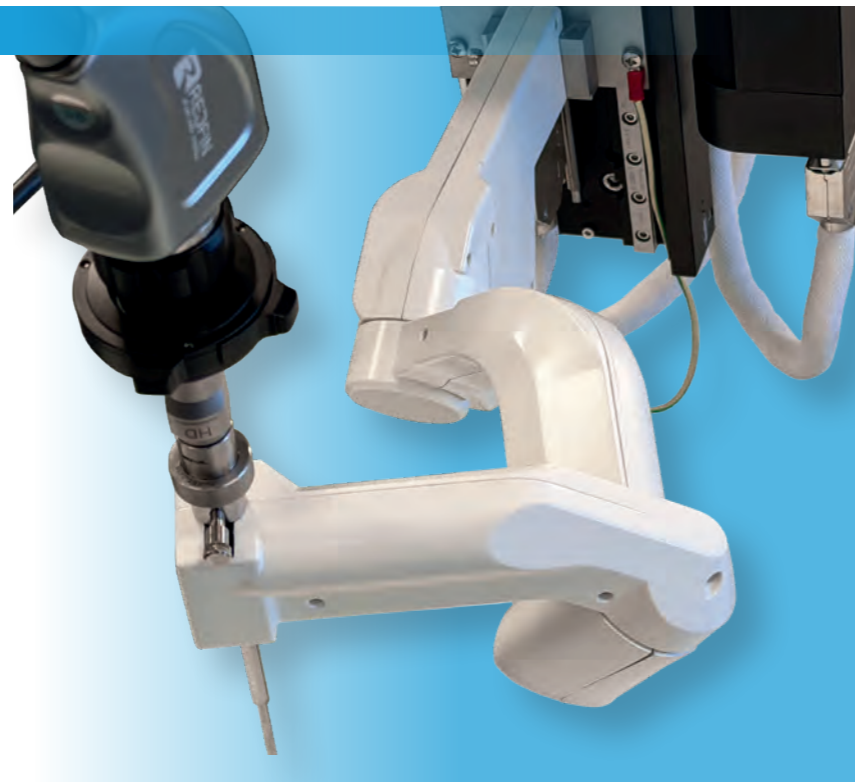
- Stable control during insertion and sheath withdrawal, minimizing translocation.
- Consistently low speed prevents irregular movements, enabling smooth coordination between electrode insertion and sheath release. For cochlear structure preservation⁽¹¹⁾.
- Micrometric measurement of the exact insertion depth⁽¹⁰⁾.
- Reproducibility and control of the movement⁽¹²⁾.



Technical specifications

Arm for endoscope

- **Angular Resolution:** 0.3°
- **Stability:**
Ensures a steady arm position and a jitter-free image feed.
Bimanual operation is possible while adapting to the desired visual axis.
- **Optic Interchangeability:**
Allows for switching between various rigid endoscopes (0°, 30°, and 45°) during surgery.
- **In-situ Cleaning:**
Intraoperative lens cleaning and rinsing without the need to remove the endoscope.
- **Ergonomics:**
Ergonomic design reduces physical strain on the surgeon⁽¹⁵⁾.
- **Universal Compatibility:**
Optics are compatible with all brands of video and camera systems.



Controlled speed
down to 0.1 millimeter per second

Active arm for instruments

- Controlling the speed and acceleration of electrode insertion.
- Steady and controlled motion throughout the procedure.
- Reduced insertion speed: 0,1 mm/s.
- Micrometer precision beyond human capabilities.
- Enhanced safety through atraumatic insertion⁽⁶⁾.
- Reduces the risk of additional hearing loss or vestibular symptoms.
- May contribute to the preservation of the residual hearing loss⁽¹⁴⁾.
- Optimal control at every step.
- Compact design with a minimal footprint.
- Left or right fold.

Key Figures & Milestones

- **First and only surgical robot in the world** dedicated to otology
- **2019 - First worldwide cochlear implantation** (Pitié-Salpêtrière Hospital)
- **2021 - First bilateral implantation in children** (CHRU Brest)
- **Thousands of surgeries** performed since 2019
- **Over 80 surgeons** regular users of RobOtol® (2026)

References

⁽¹⁾ RobOtol: From design to evaluation of a robot for the middle ear surgery. Doi: 10.1109/ROS.2010.5650390
⁽²⁾ From conception to application of a tele-operated assistance robot for middle ear surgery. Doi:10.1177/1553350611426012
⁽³⁾ Technical Specifications available in user guide. IO-RBT1000-101-NUT-FR-XXXX-X
⁽⁴⁾ Robot-based assistance in middle ear surgery and cochlear implantation: first clinical report. Doi: 10.1007/s00405-020-06070-z.

⁽⁵⁾ IMPROVEMENT OF THE INSERTION AXIS FOR COCHLEAR IMPLANTATION WITH A ROBOT-BASED SYSTEM. Doi : 10.1007/s00405-016-4329-2. Technical Specifications available in user guide.
⁽⁶⁾ PR Lefebvre Comparative Study RobOtol vs Manual Insertion. Doi : 10.1159/000540577
⁽⁷⁾ Atraumatic insertion of a cochlear implant pre-curved electrode array by a robot-automated alignment with the coiling direction of the scala tympani. Doi: 10.1159/000517398

⁽⁸⁾ Robot-Assisted Middle Ear Endoscopic Surgery: Preliminary Results on 37 Patients. Doi:10.3389/fsurg.2021.740935
⁽⁹⁾ From conception to application of a tele-operated assistance robot for middle ear surgery. Doi:10.1177/1553350611426012

⁽¹⁰⁾ Technical Specifications available in user guide. IO-RBT1000-101-NUT-EN-XXXX-X
⁽¹¹⁾ IMPROVEMENT OF THE INSERTION AXIS FOR COCHLEAR IMPLANTATION WITH A ROBOT-BASED SYSTEM. Doi: 10.1007/500405.016.4329.2
⁽¹²⁾ PR Lefebvre Comparative Study RobOtol vs Manual Insertion. Doi: 10.3390/audiolres16020051
⁽¹³⁾ iCT Evaluation of Robot-Assisted Insertion of CI632 Implant in Human Cadaveric Temporal Bones. Doi: 10.1002/lary.70559

⁽¹⁴⁾ Technical Specifications available in user guide IO-RBT1000-101-NUT-FR-XXXX-X
⁽¹⁵⁾ Robot-assisted electrode insertion in cochlear implantation 2 controlled by intraoperative electrocochleography – a pilot 3 study. Doi: 10.3390/jcm11237045
⁽¹⁶⁾ Middle Ear Endoscopic Surgery: Preliminary Results on 37 Patients. Doi: 10.3389/fsurg.2021.740935



Increasing surgical precision



Precision as a standard, not a challenge.

- True innovation doesn't just add features; it removes constraints. By choreographing precision, **RobOtol**® allows the surgeon to focus solely on the surgical intent, turning complex maneuvers into a seamless flow. **RobOtol**® enables precise movements. By providing unparalleled safety of actions and movements, the system becomes a natural extension of the surgeon's hand.
- Already active in leading ENT departments, **RobOtol**® is a trusted partner in providing the safety of actions and movements required for the most delicate procedures.
- Giving surgeons greater autonomy in what really matters: caring for patients and improving their lives.



→ **RobOtol**® design is focused on:

- Ear Surgery (specific size, adaptable).
- No single use needed except for the sterile covers.
- Mobility (no room dedicated).
- No need of any additional/structural work in OR, nor any additional staff.
- Possibility to connect to any brand microscope/endoscope tower both in input and in output.
- Possibility to upgrade and update the device as needed.
- Several scientific publications discuss the full range of RobOtol's applications

→ **Risks related to the device are controlled:**

Electrical, thermal and mechanical risks: protection is integrated into the device and compatible with its operating environment.

Biological risk: cleaning and disinfection are performed according to standard protocols.

Use errors: training provided by the Collin team and clear instructions for use help prevent errors.

Software and cybersecurity risk: reliable operation and protection against digital threats.




RobOtol® and Collin Navigation Solutions®

- Coupling with surgical navigation

⚠ Read the instructions IO-RBT1000-101-NUT-X-XXXX-X before use.

RobOtol®, manufactured by Collin, is a class IIa medical device placed on the market since 2019. This medical device is a regulated healthcare product bearing the CE marking issued under n° 0459, in accordance with the applicable European regulations. Reserved for use by qualified healthcare professionals only.

UDI-DI RobOtol: 3664533000448
Basic UDI-DI RobOtol: 3664533RBT-1000LD

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