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Edition 1.1 2023-11
CONSOLIDATED VERSION

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 sécurité de base et les performances
essentiels des appareils chirurgicaux robotiquement assistés**



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REDLINE VERSION

VERSION REDLINE



Medical electrical equipment –

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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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This consolidated version of the official IEC Standard and its amendment has been prepared for user convenience.

IEC 80601-2-77 edition 1.1 contains the first edition (2019-07) [documents 62D/1675/FDIS and 62D/1689/RVD] and its amendment 1 (2023-11) [documents 62D/2070/FDIS and 62D/2102/RVD].

In this Redline version, a vertical line in the margin shows where the technical content is modified by amendment 1. Additions are in green text, deletions are in strikethrough red text. A separate Final version with all changes accepted is available in this publication.

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.

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 7.2.1 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;
- "should" means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this document;
- "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 and its amendment will remain unchanged until the stability date indicated on the IEC website under 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.

NOTE The attention of users of this document is drawn to the fact that equipment manufacturers and testing organizations may need a transitional period following publication of a new, amended or revised IEC publication in which to make products in accordance with the new requirements and to equip themselves for conducting new or revised tests. It is the recommendation of the committees that the content of this publication be adopted for implementation nationally not earlier than 3 years from the date of publication.

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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 equivalent 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.

INTRODUCTION to Amendment 1

At the October 2019 meeting of IEC SC 62D in Shanghai, China, the subcommittee discussed the need for administrative/technical changes to most 62D standards after completion of the amendment projects within the IEC 60601-1 series. Those projects were all completed and the amendments published in 2020.

The full list of IEC SC 62D documents that will be amended or revised can be found within the IEC document 62D/1792/DC. The results and comments on the DC can be found within 62D/1808/INF. The review report for this amendment is 62D/1881/RR.

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 60601-1-2:2014/AMD1:2020, IEC 60601-1-6:2010, IEC 60601-1-6:2010/AMD1:2013 and IEC 60601-1-6:2010/AMD2:2020 apply as modified in Clauses 202 and 206 respectively.

³ The general standard is IEC 60601-1:2005, IEC 60601-1:2005/AMD1:2012 and IEC 60601-1:2005/AMD2:2020, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*.