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**Farritor et al.**

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(54) **ROBOTIC SURGICAL DEVICES, SYSTEMS  
AND RELATED METHODS**

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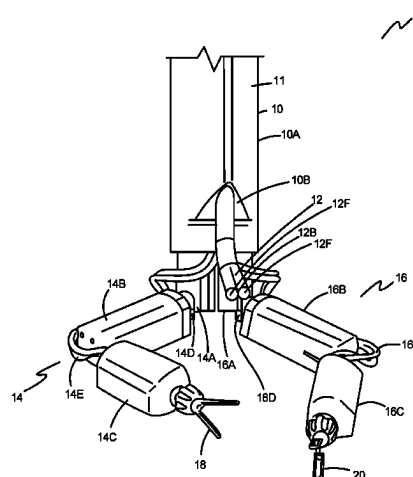
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(57) **ABSTRACT**

The various inventions relate to robotic surgical devices,  
consoles for operating such surgical devices, operating the-  
aters in which the various devices can be used, insertion  
systems for inserting and using the surgical devices, and  
related methods.

**20 Claims, 51 Drawing Sheets**



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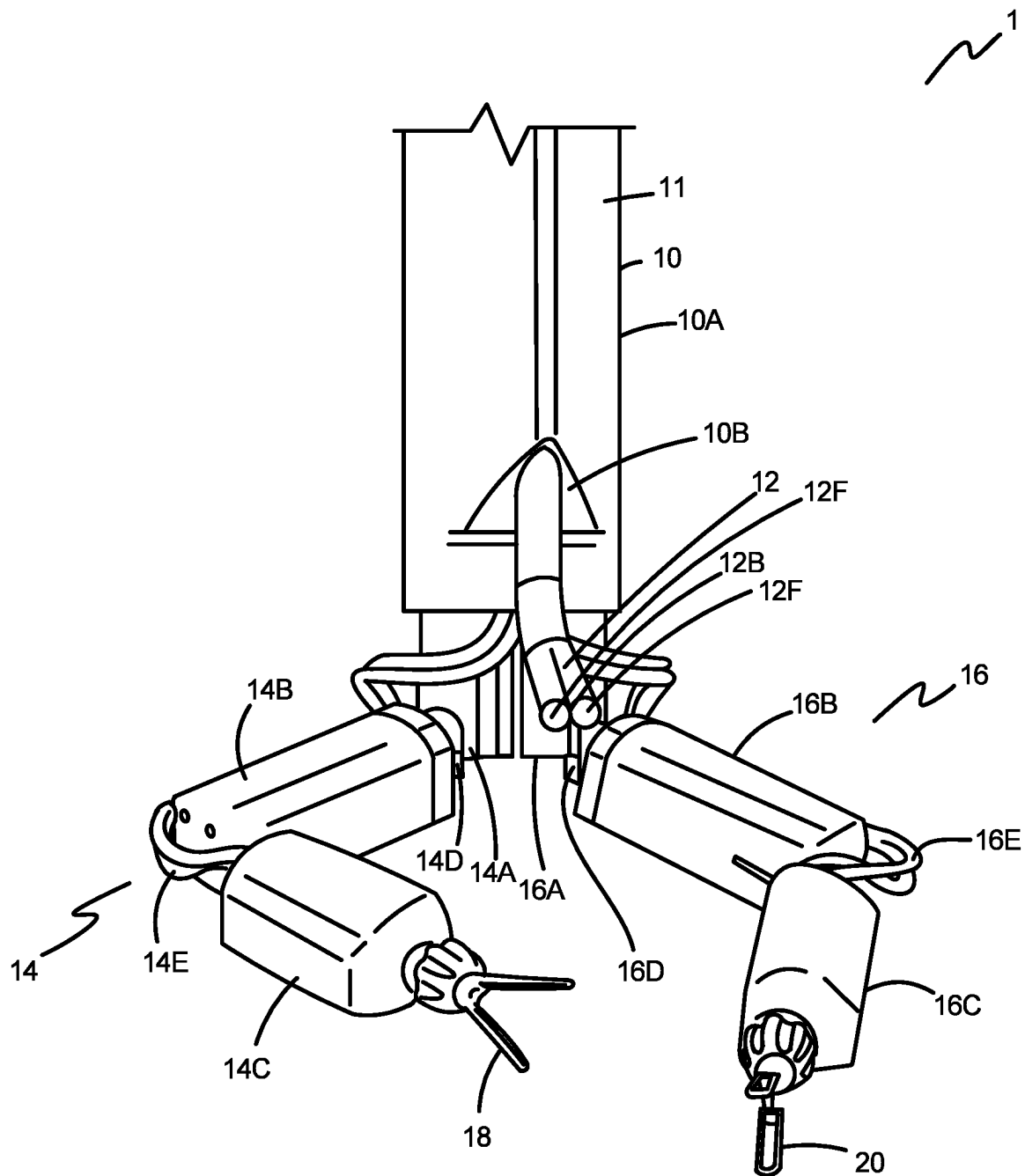


FIG. 1A

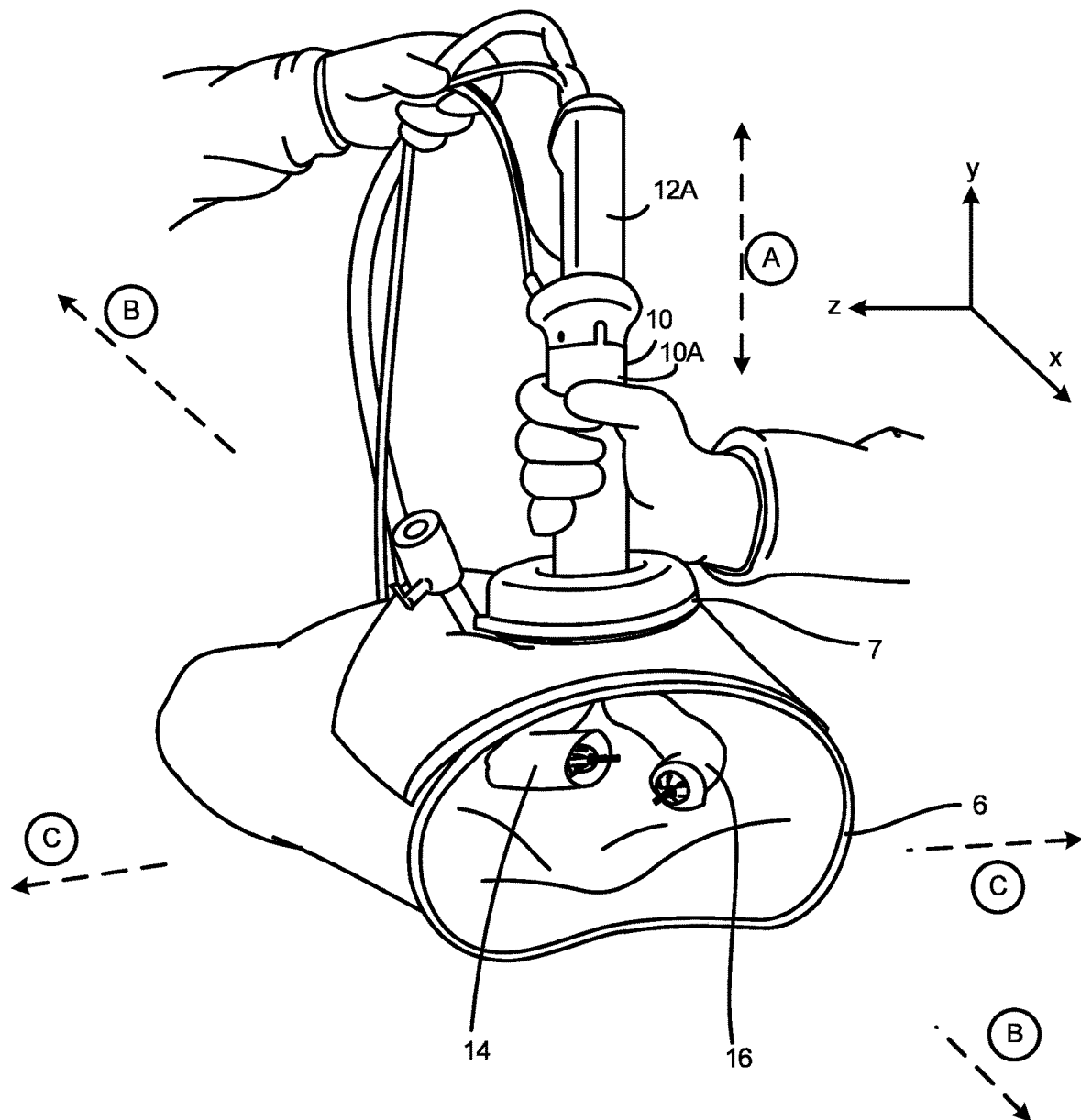
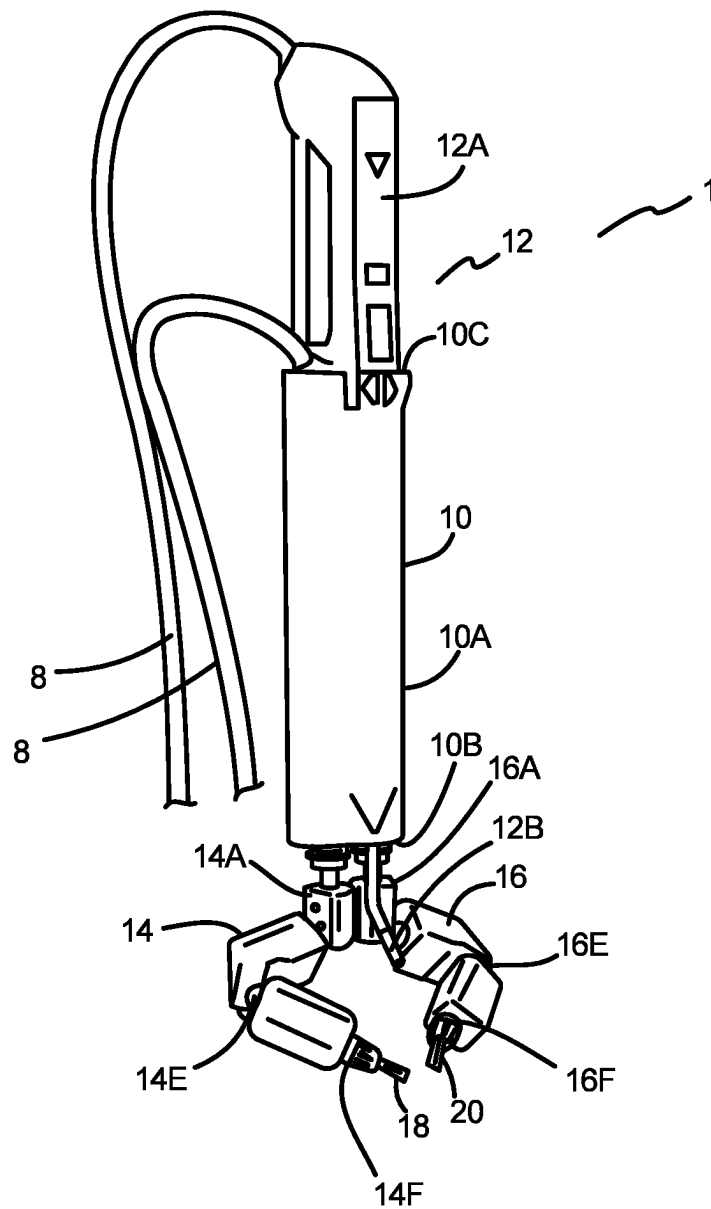
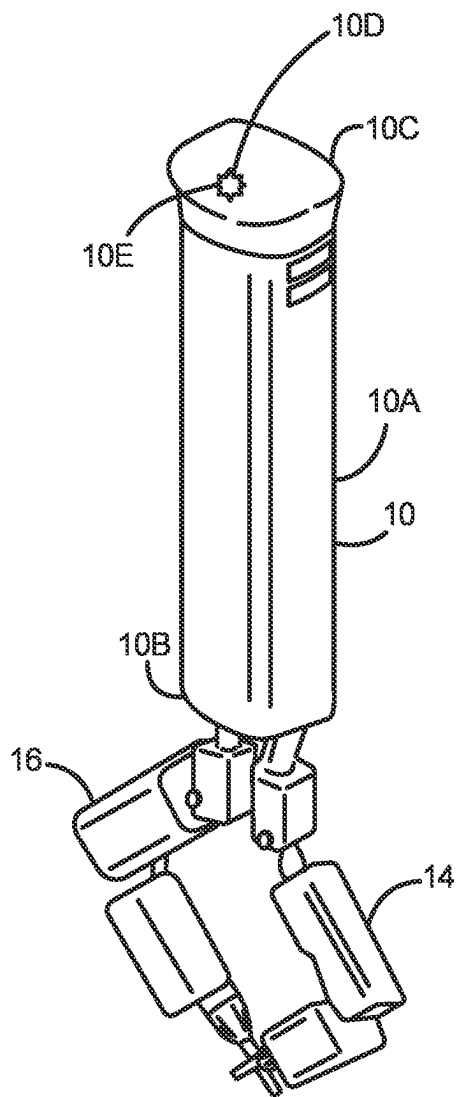


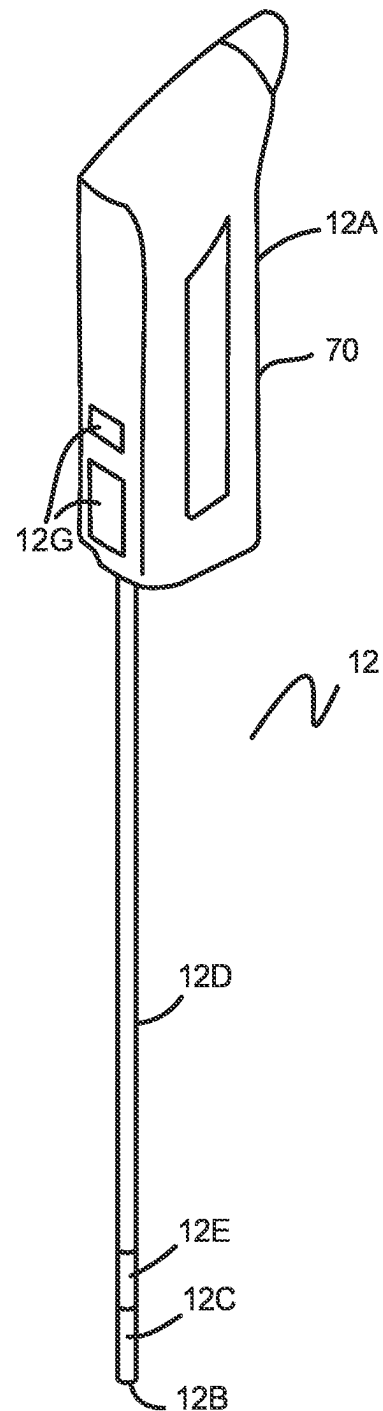
FIG. 1B



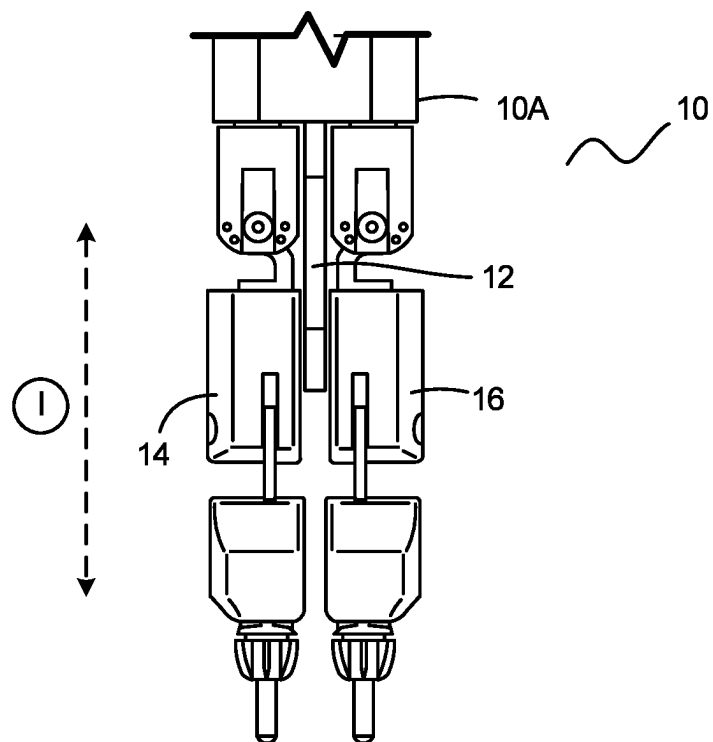
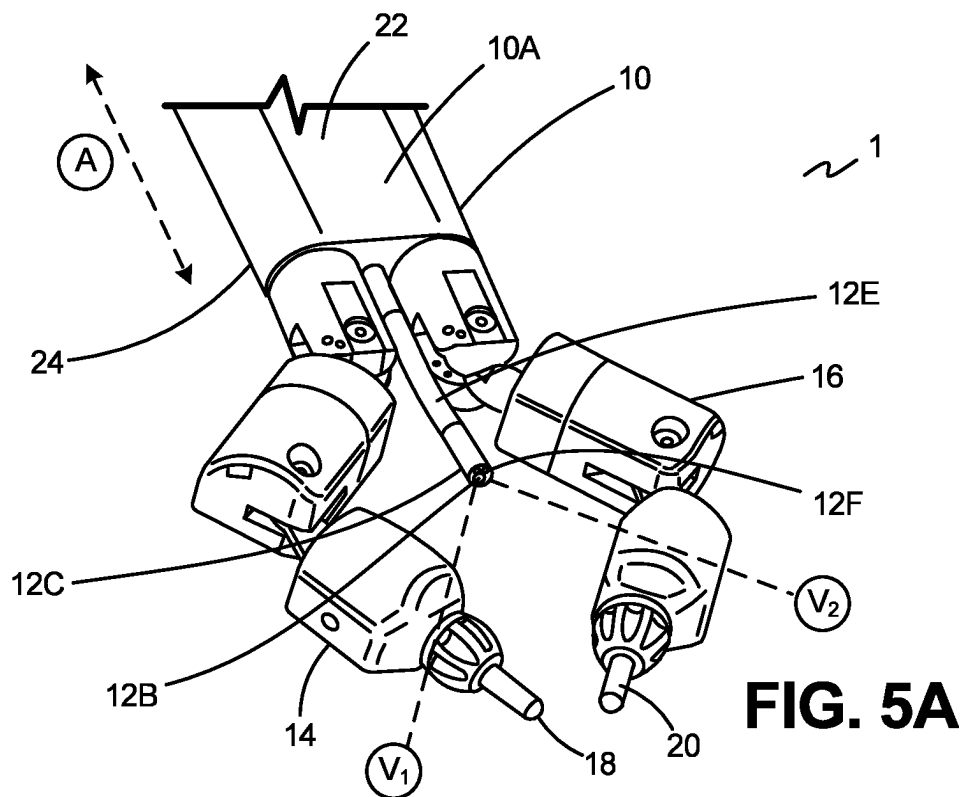
**FIG. 2**

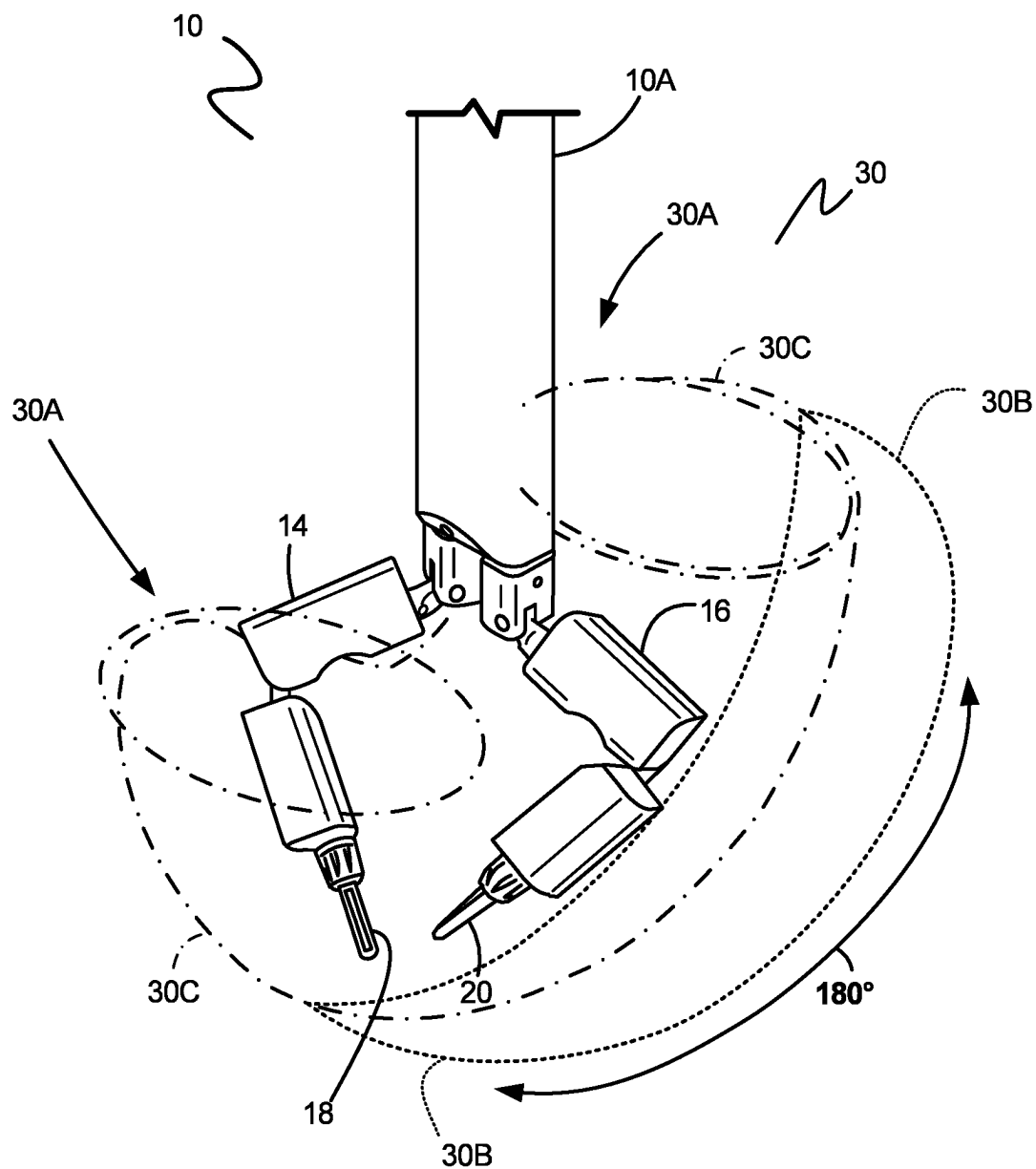


**FIG 3**



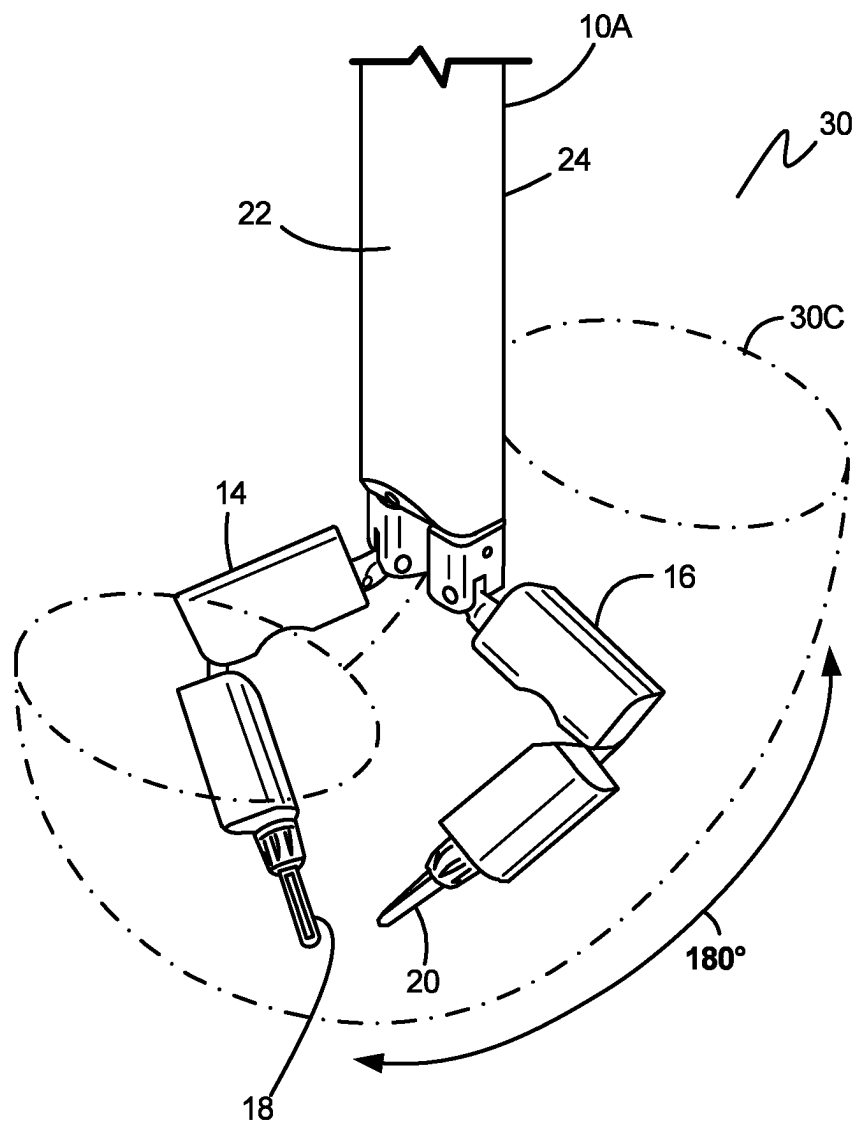
**FIG 4**



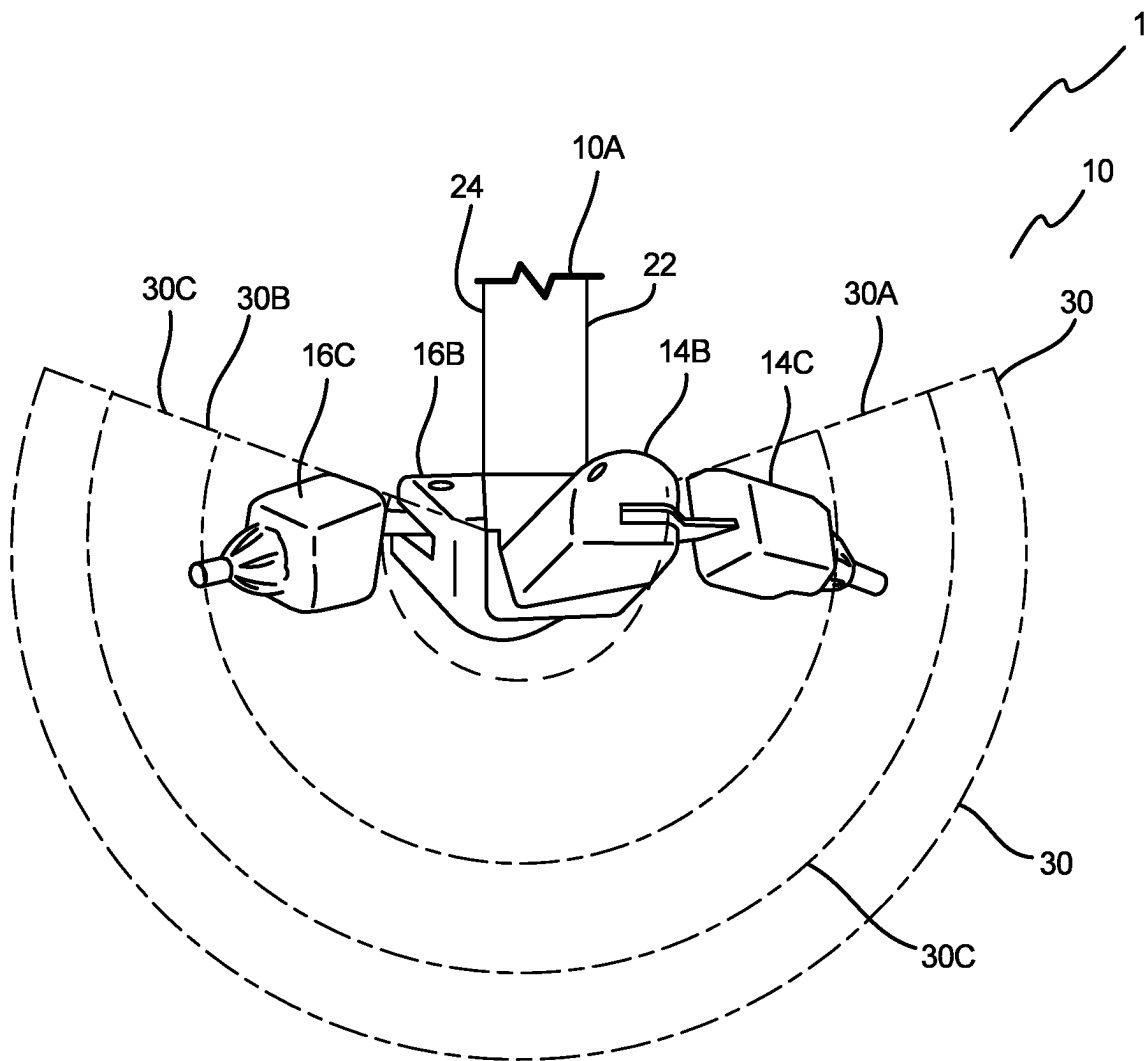


**FIG. 6A**

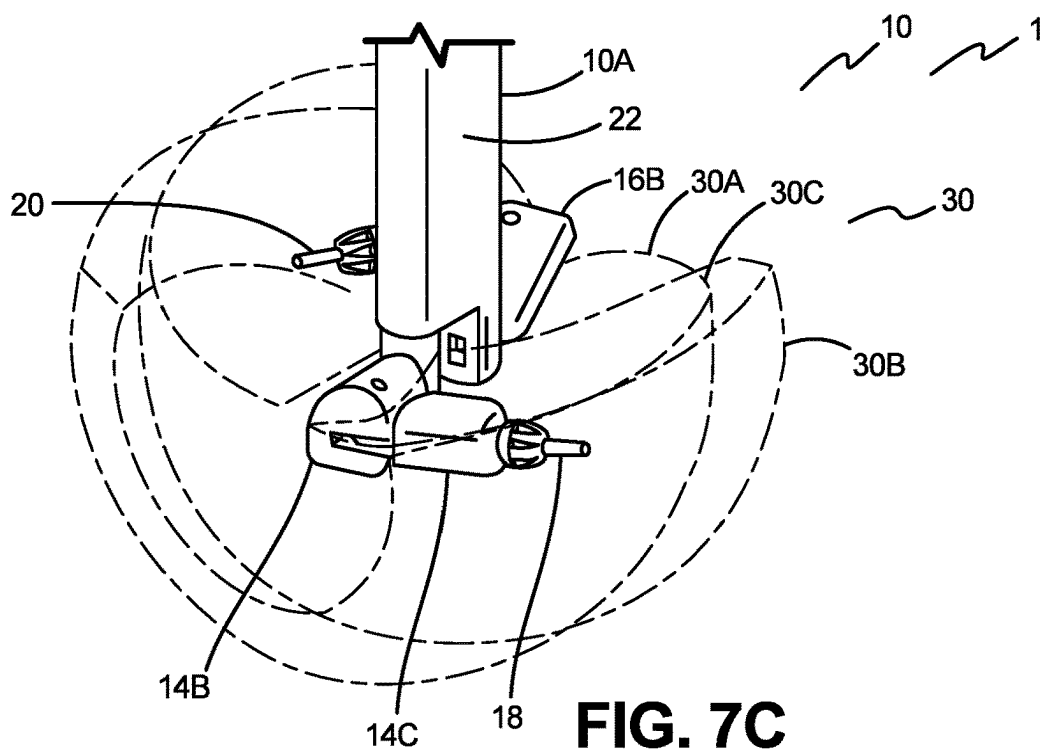
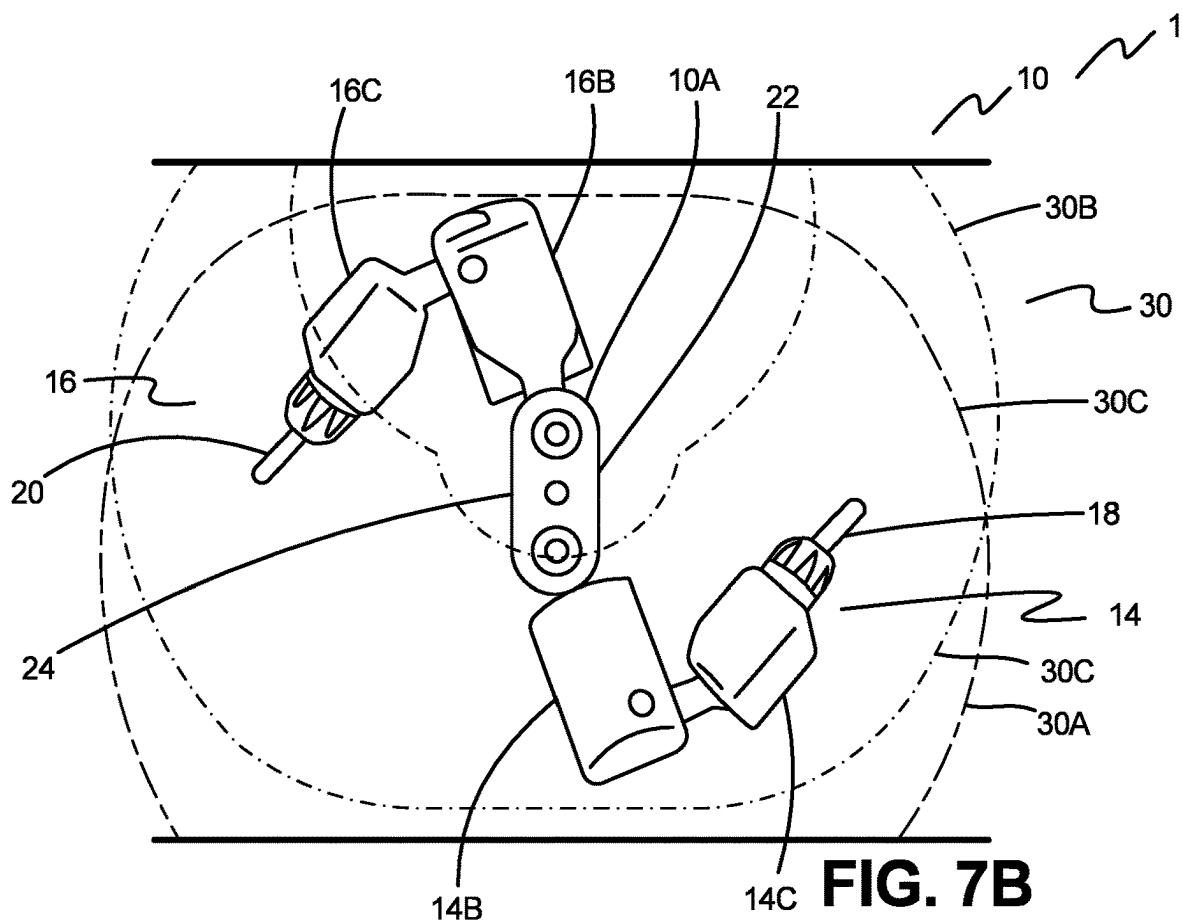


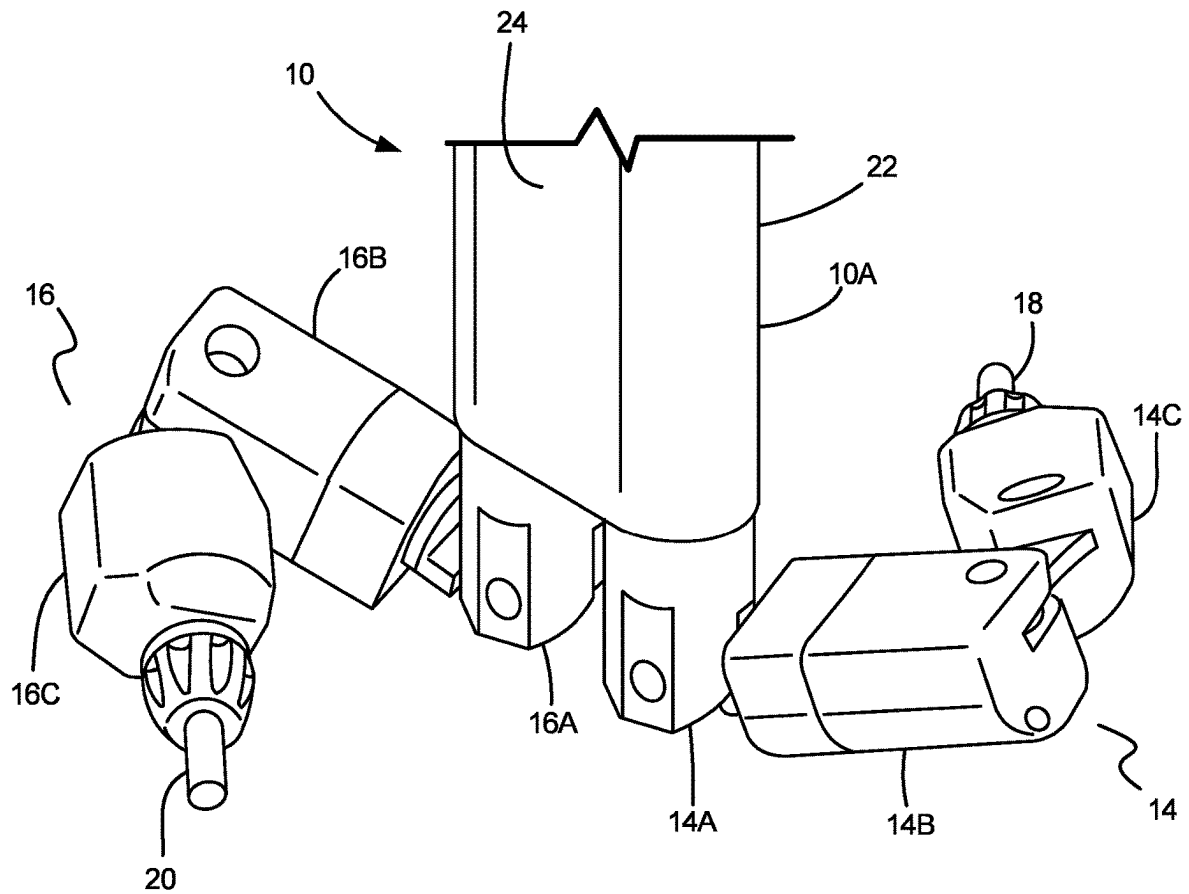


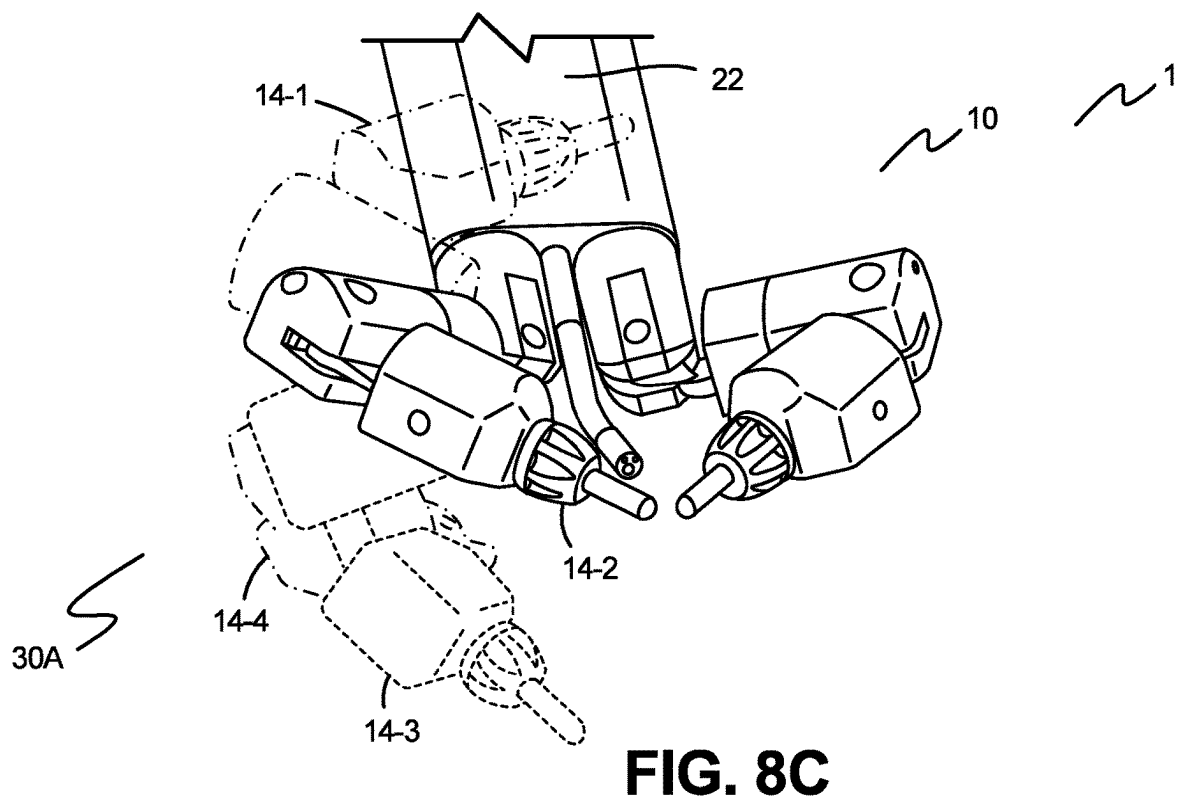
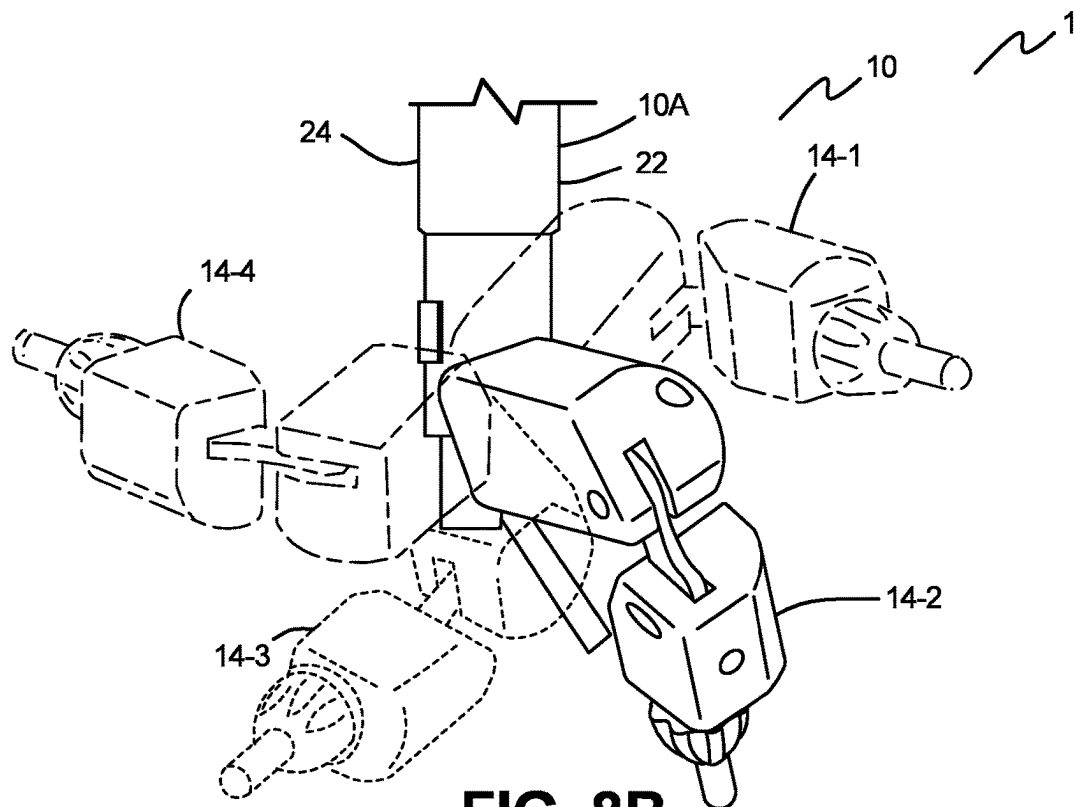
**FIG. 6B**



**FIG. 7A**



**FIG. 8A**



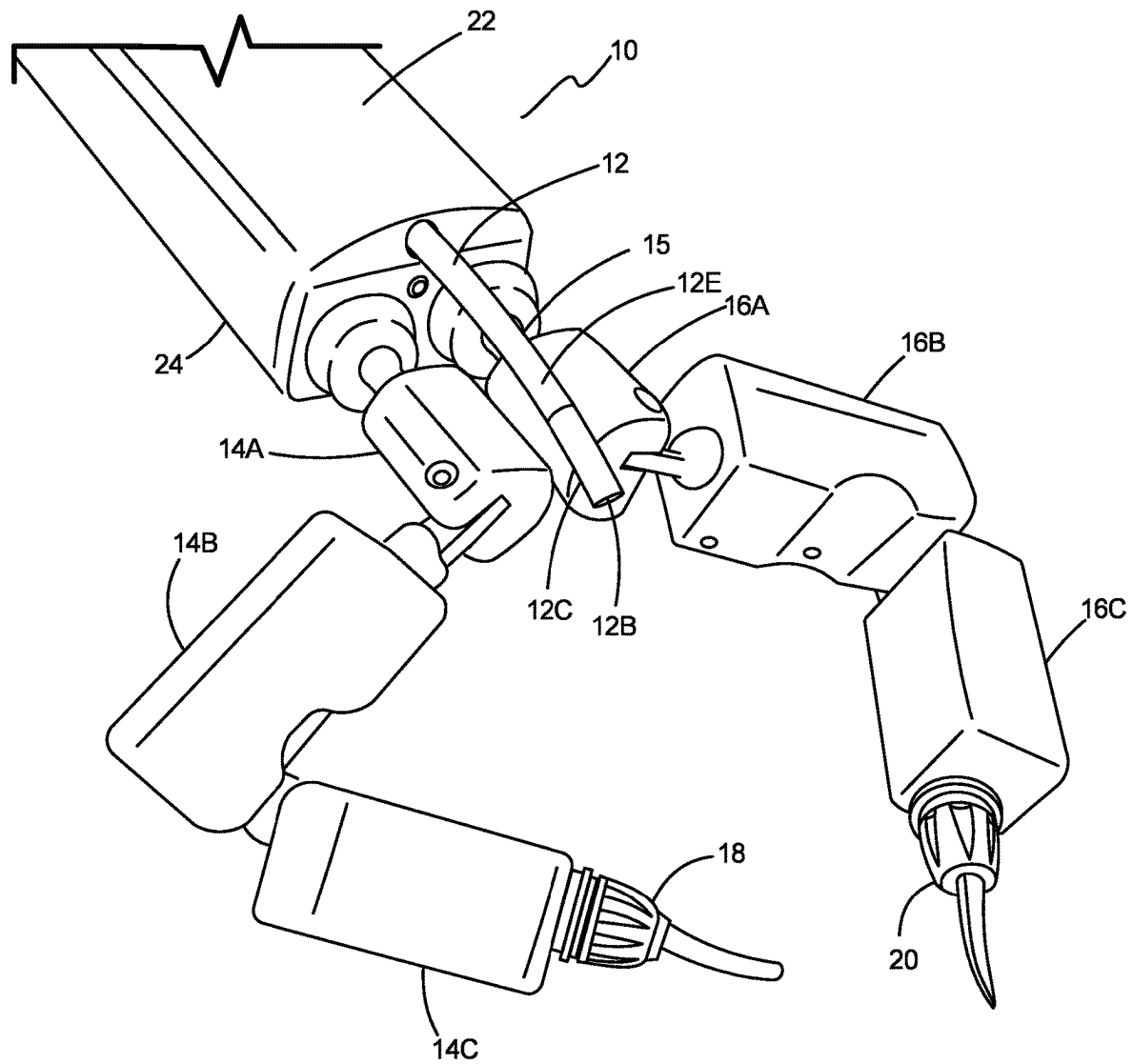
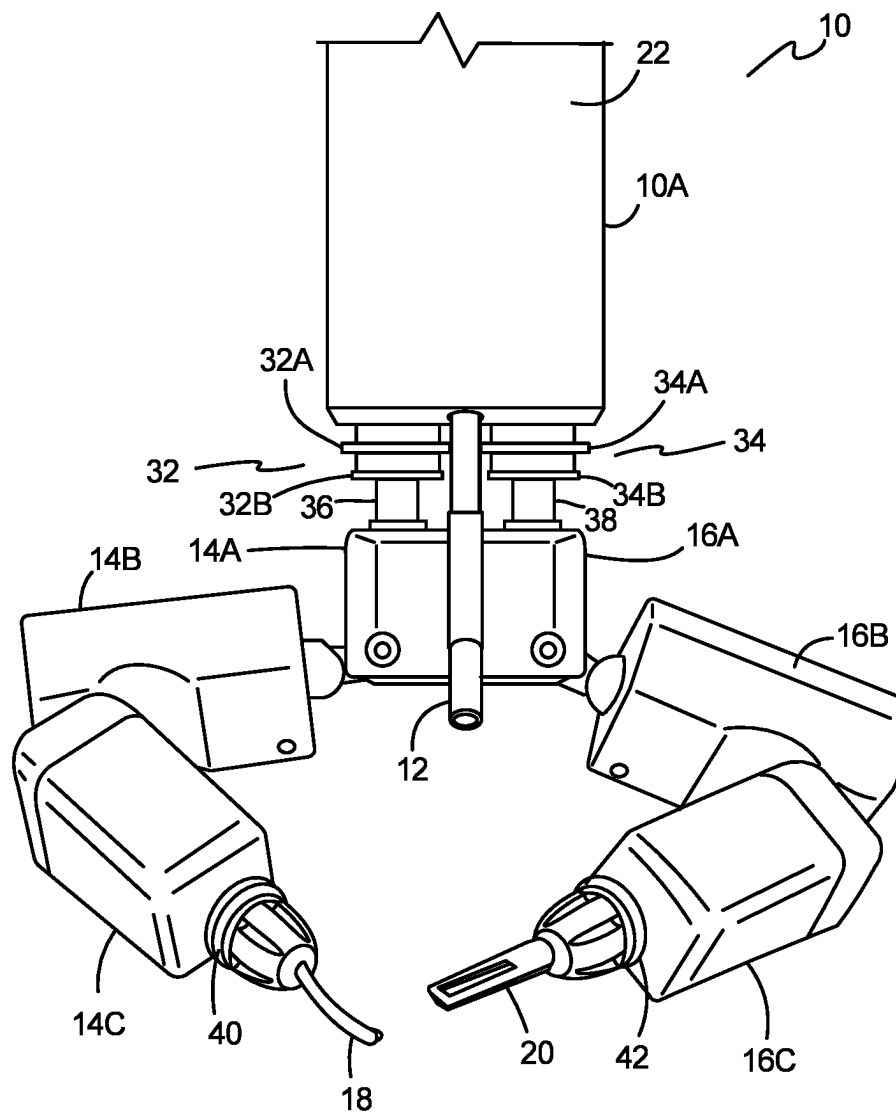


FIG. 9



**FIG. 10**

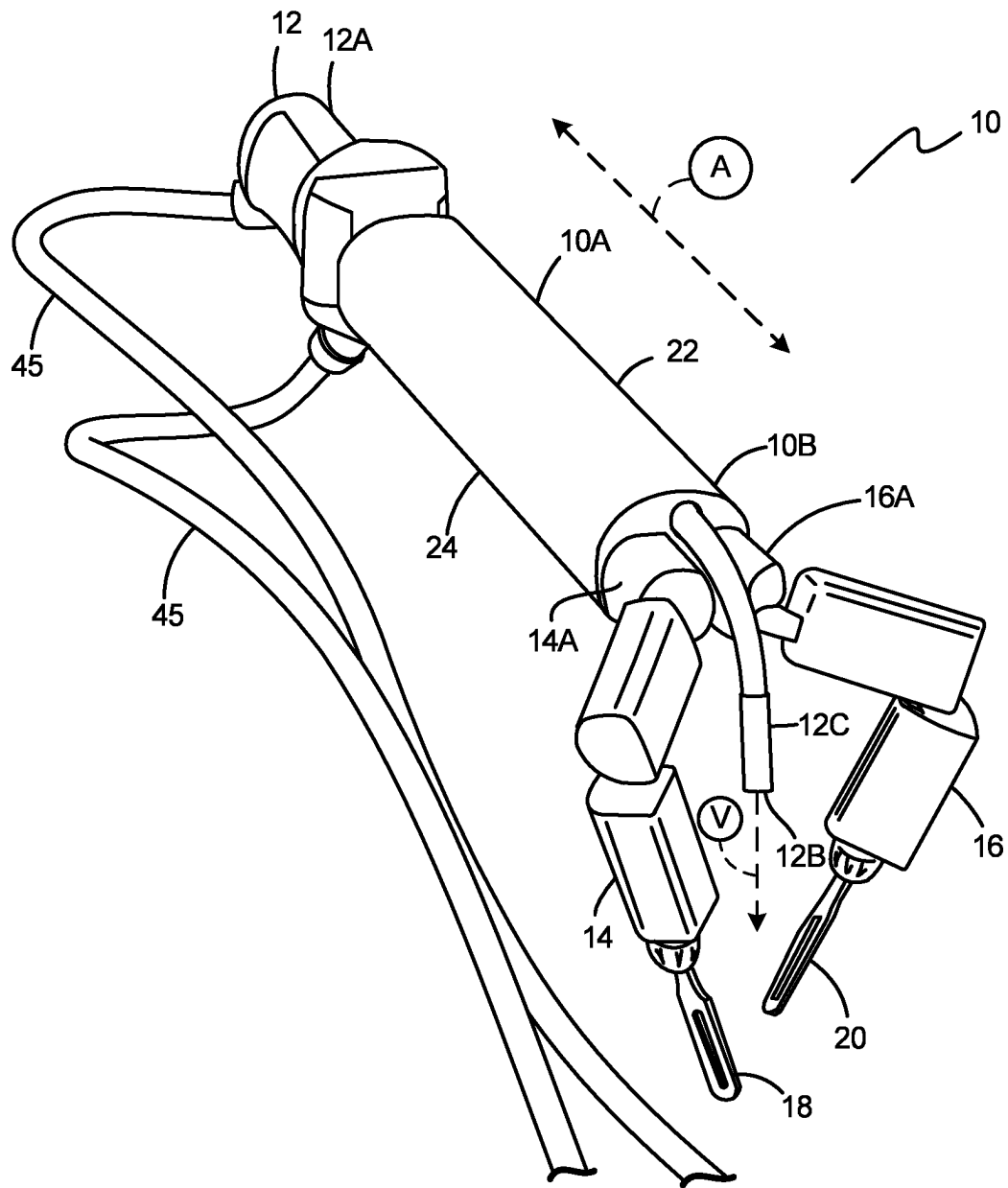
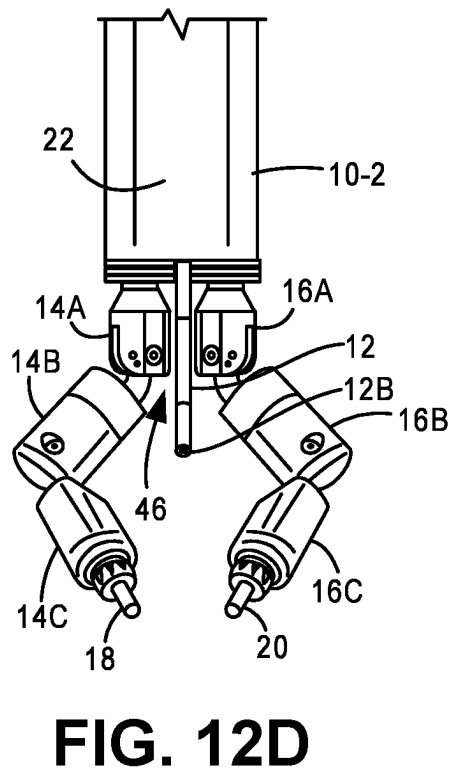
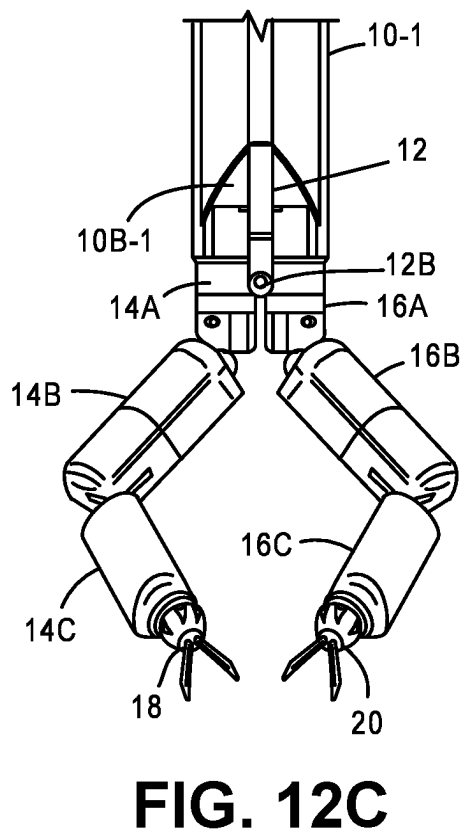
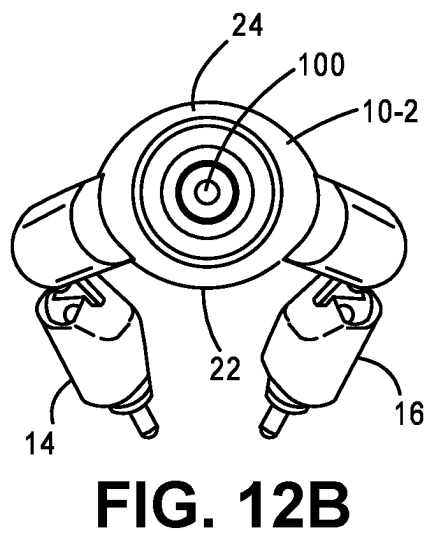
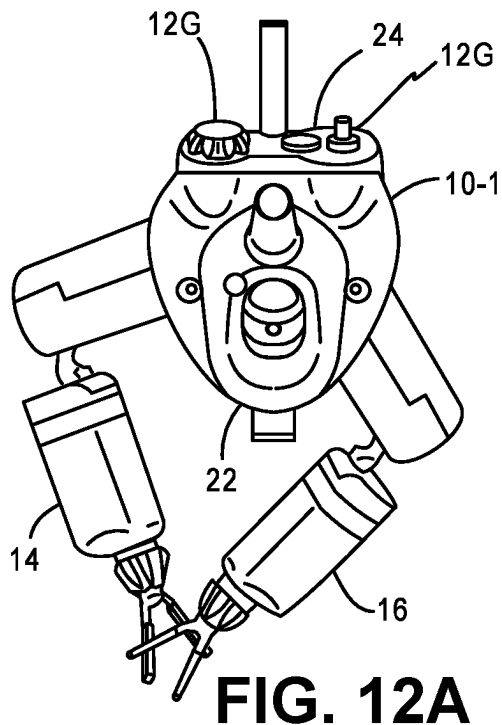


FIG. 11





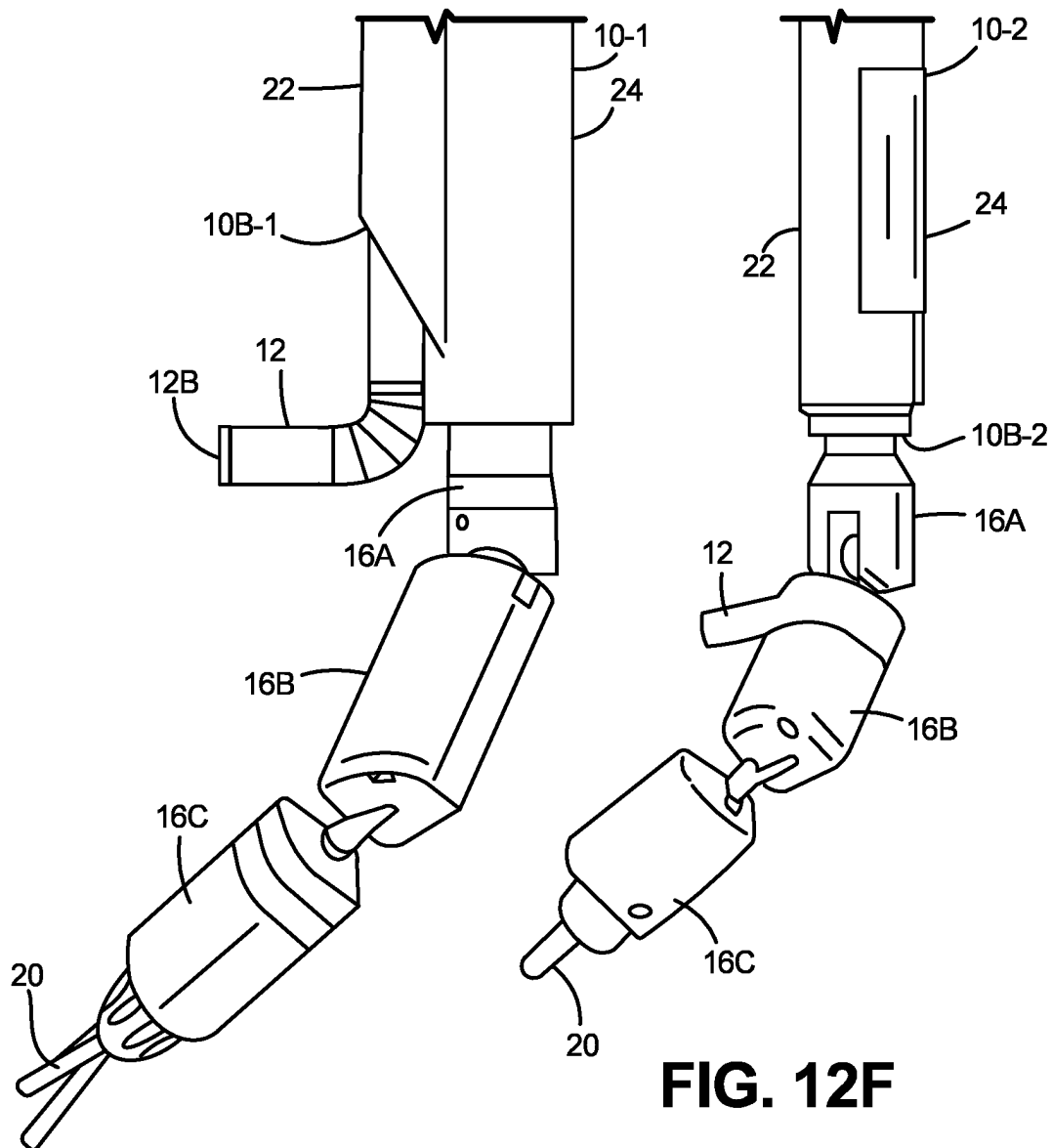
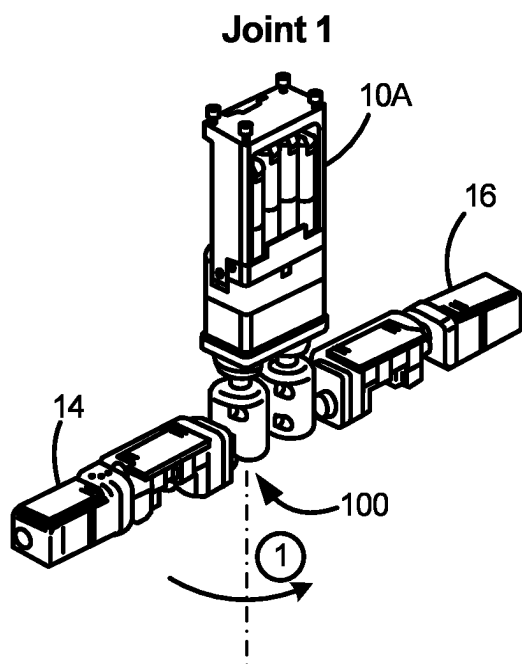
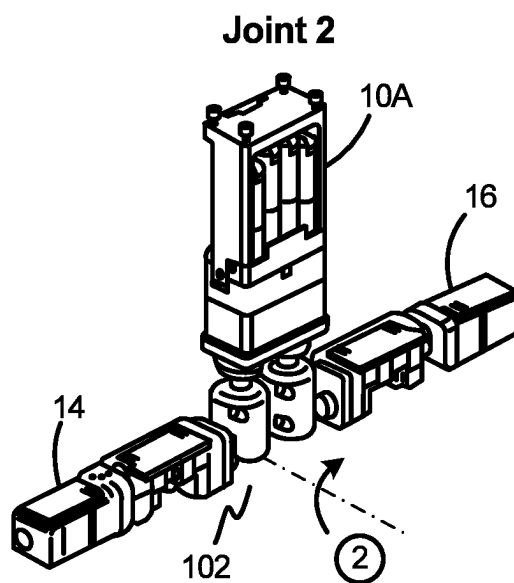


FIG. 12E

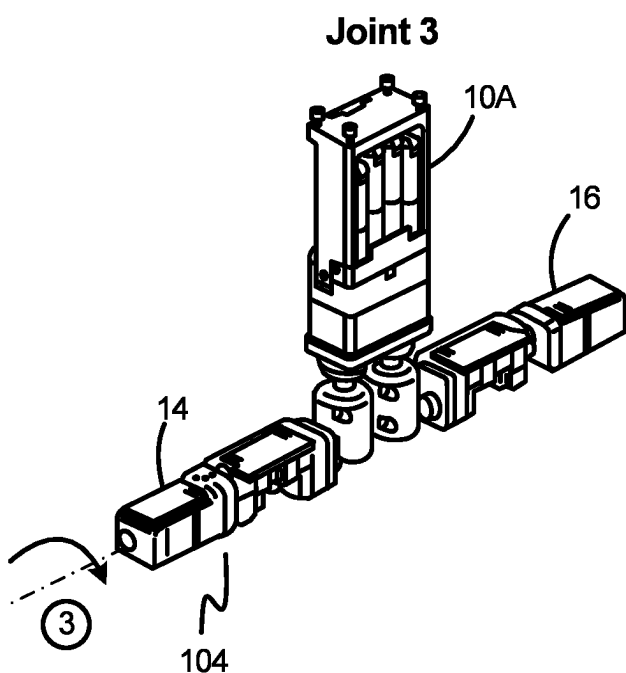
FIG. 12F



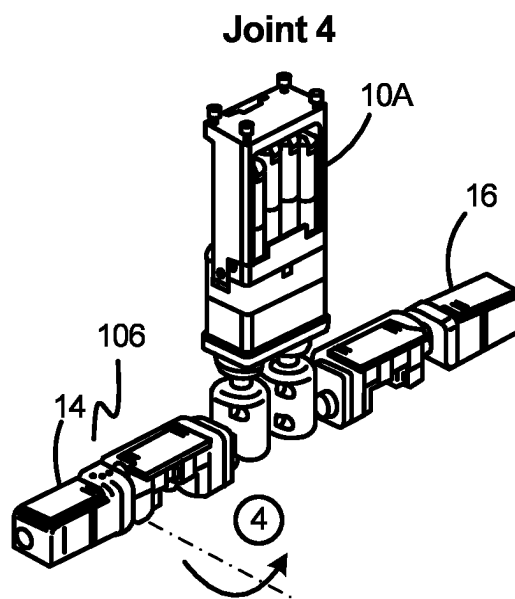
**FIG. 13A**



**FIG. 13B**



**FIG. 13C**



**FIG. 13D**

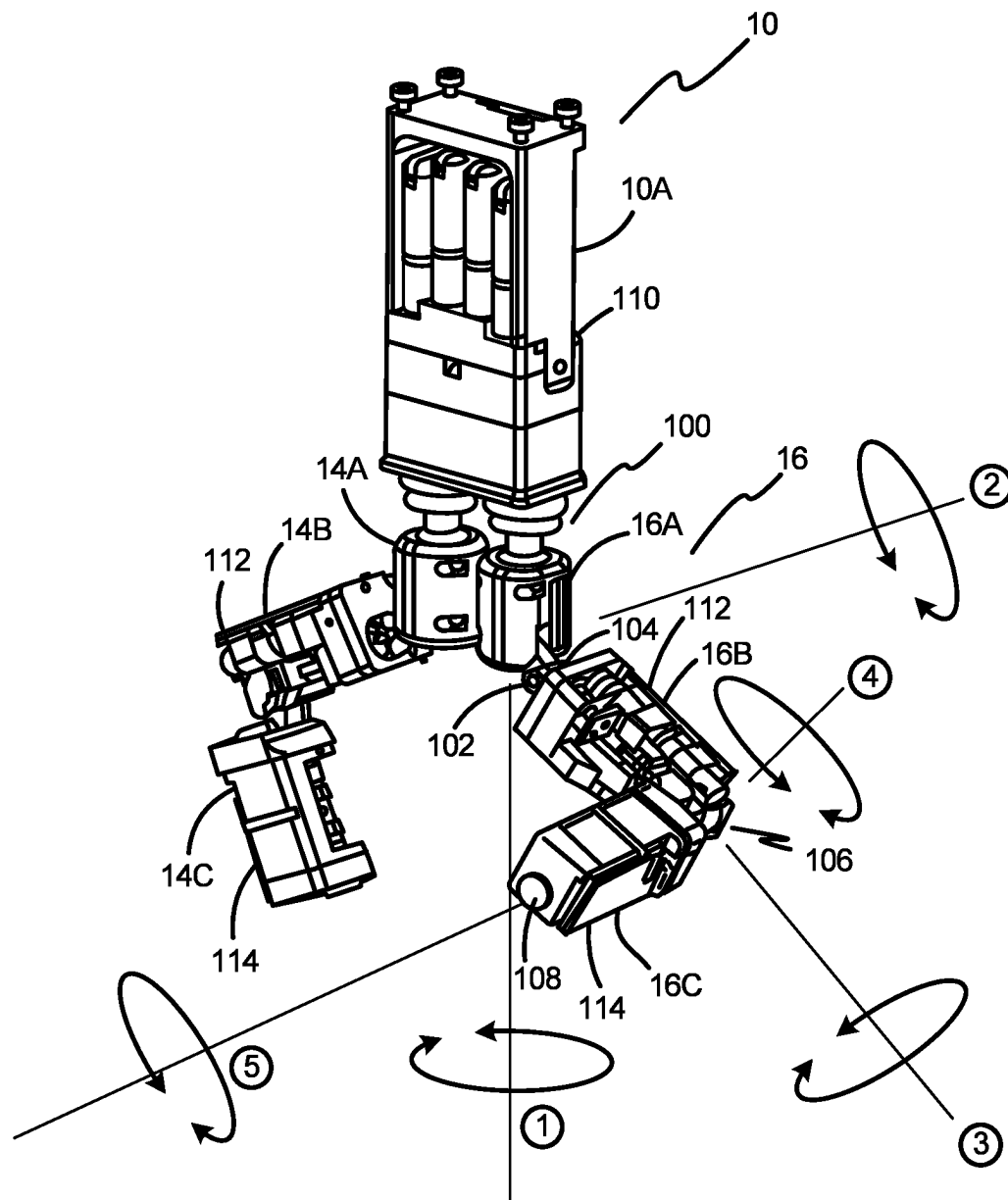
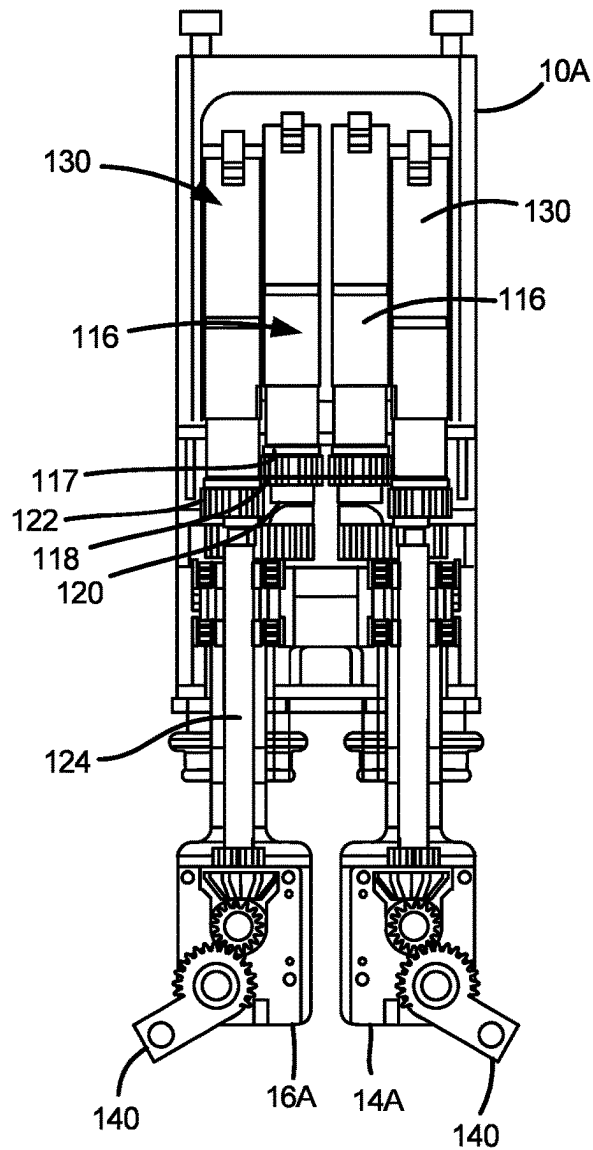
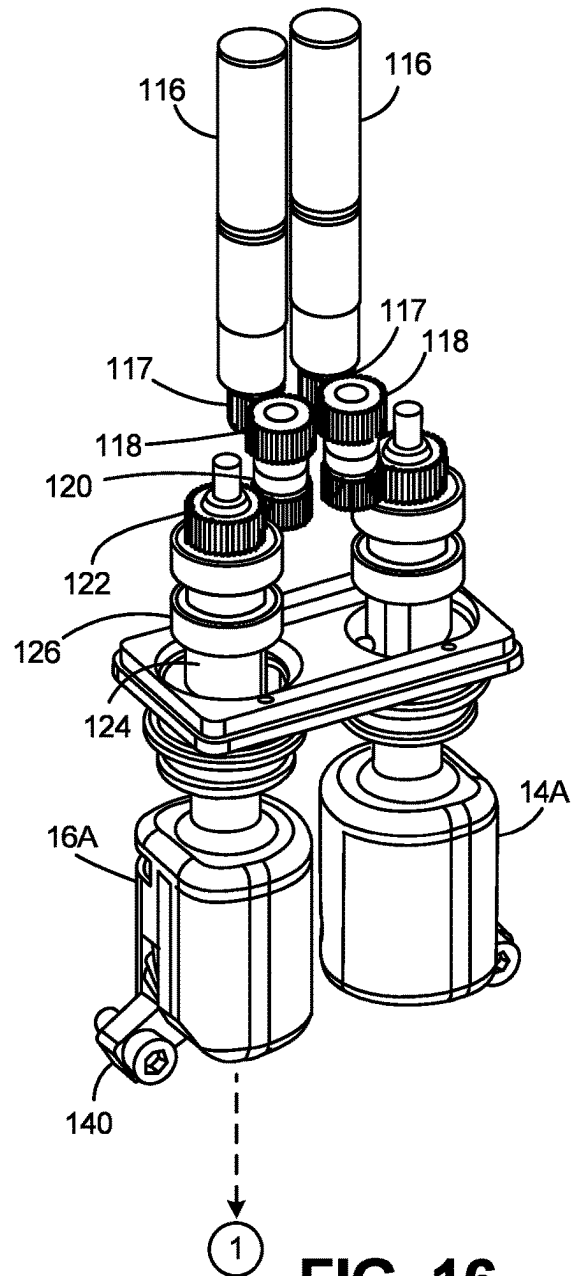


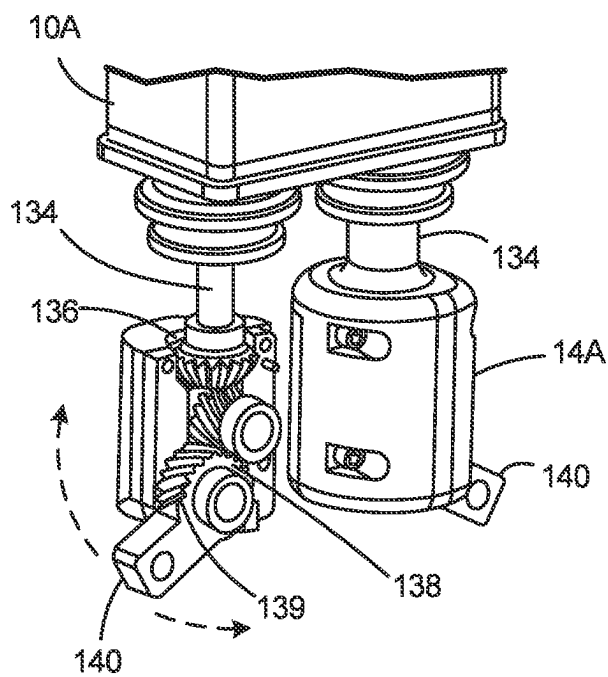
FIG. 14



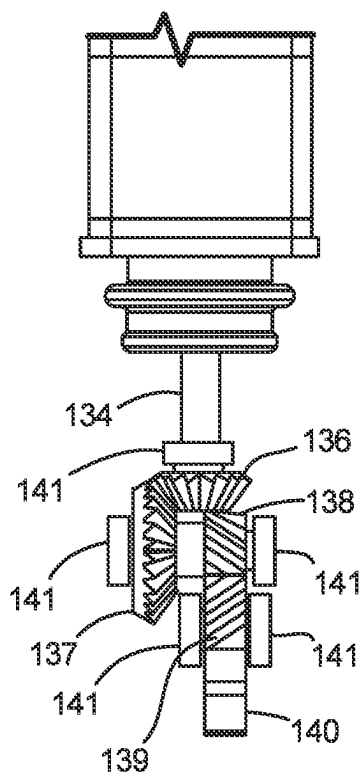
**FIG. 15**



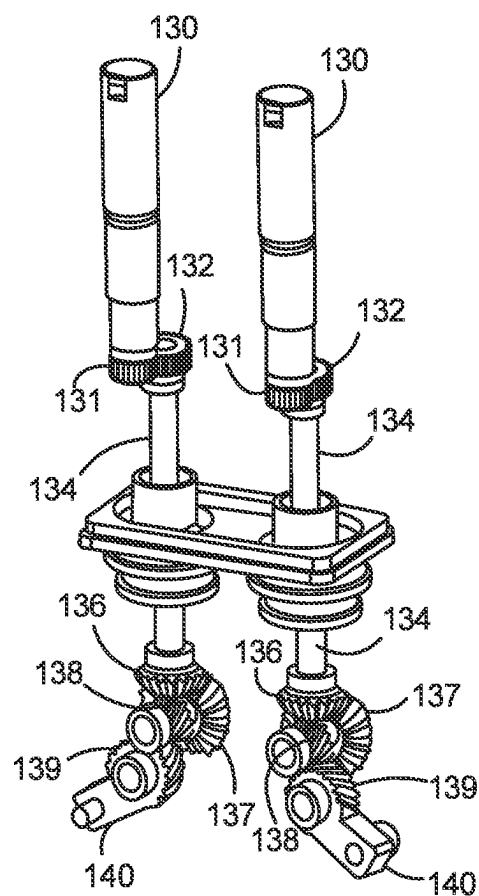
**FIG. 16**



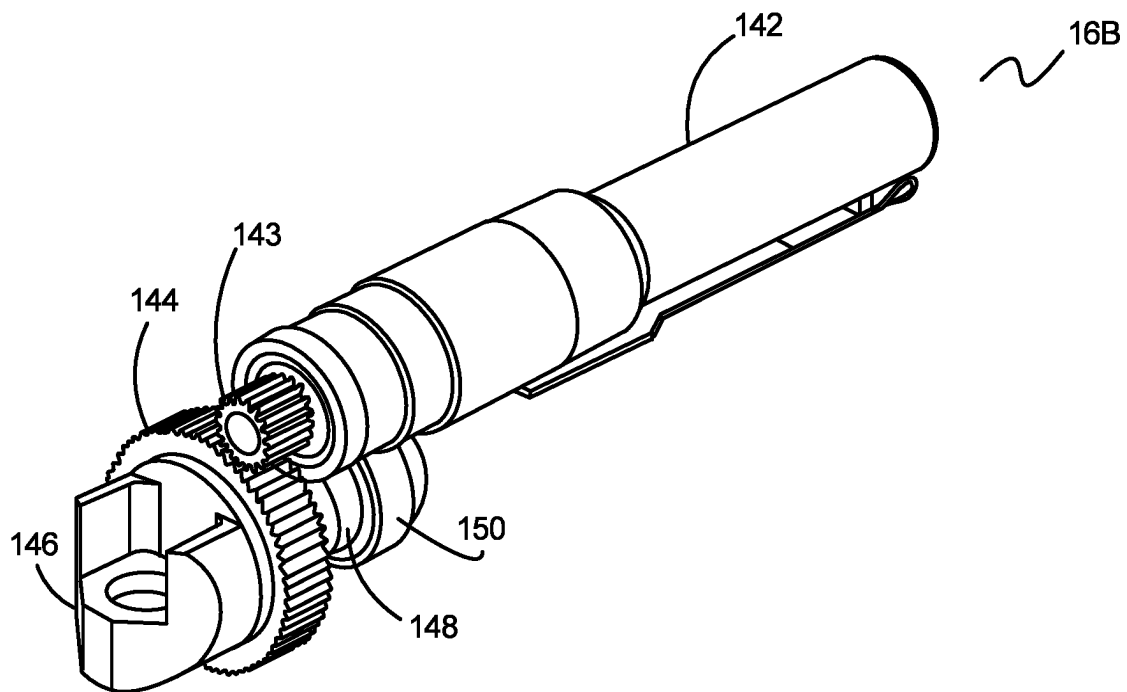
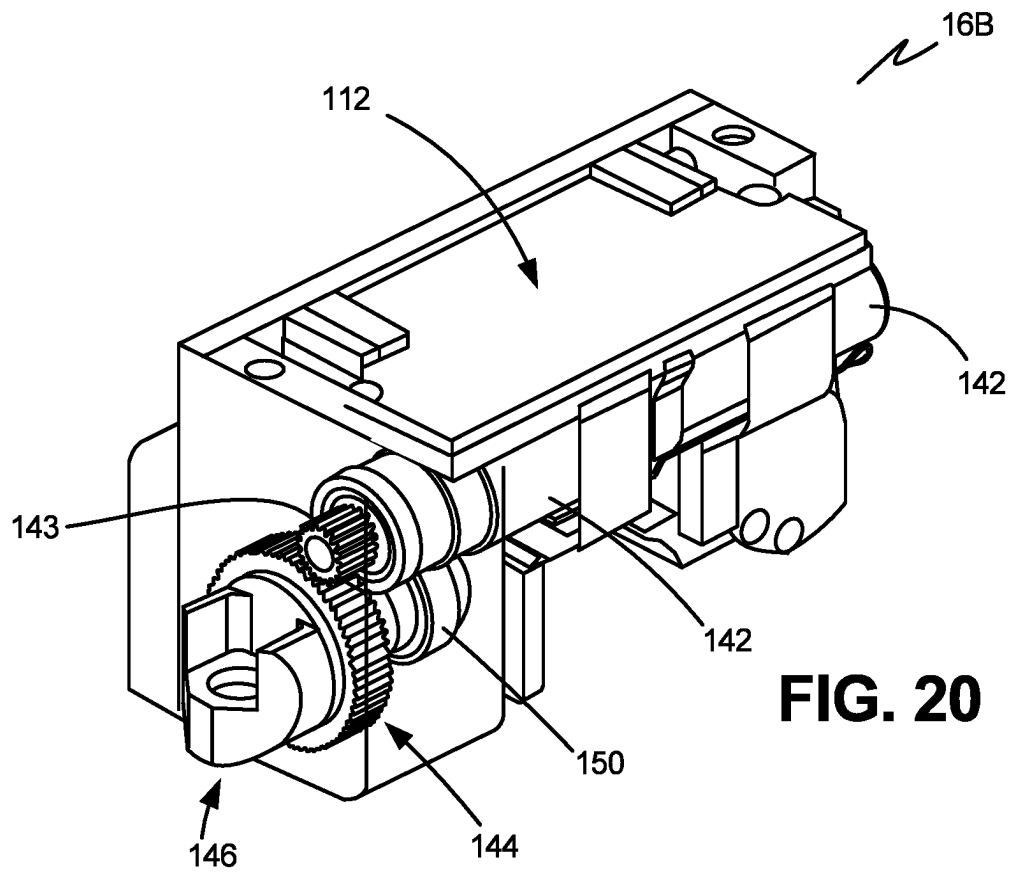
**FIG. 17**

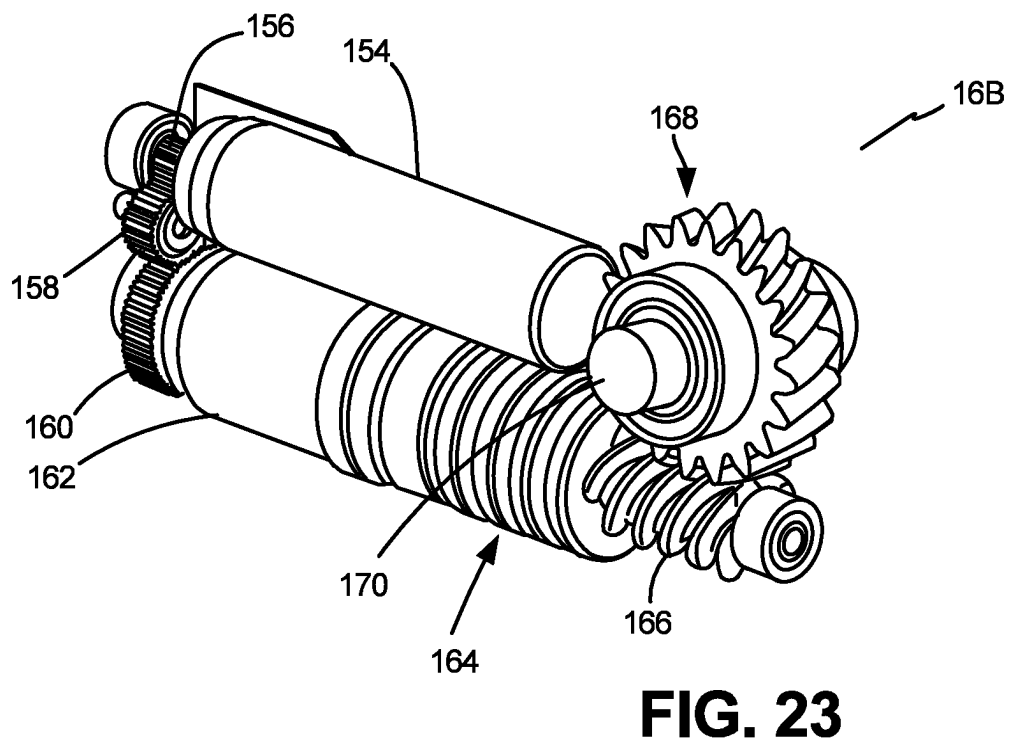
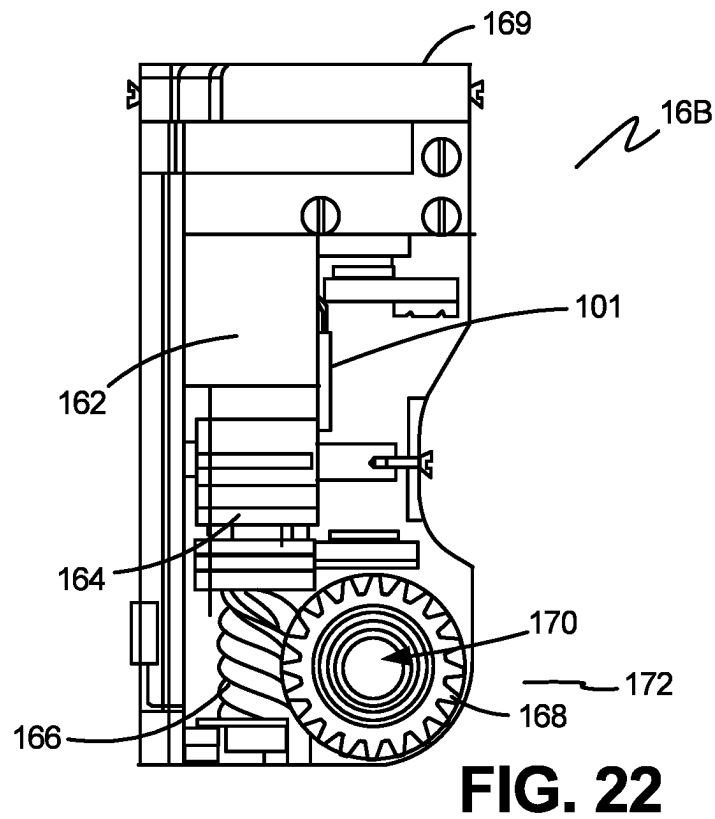


**FIG. 18**

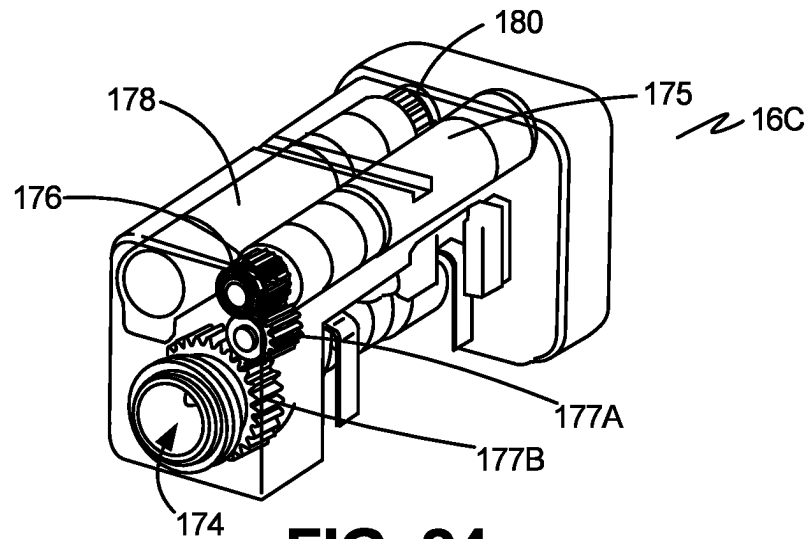


**FIG. 19**

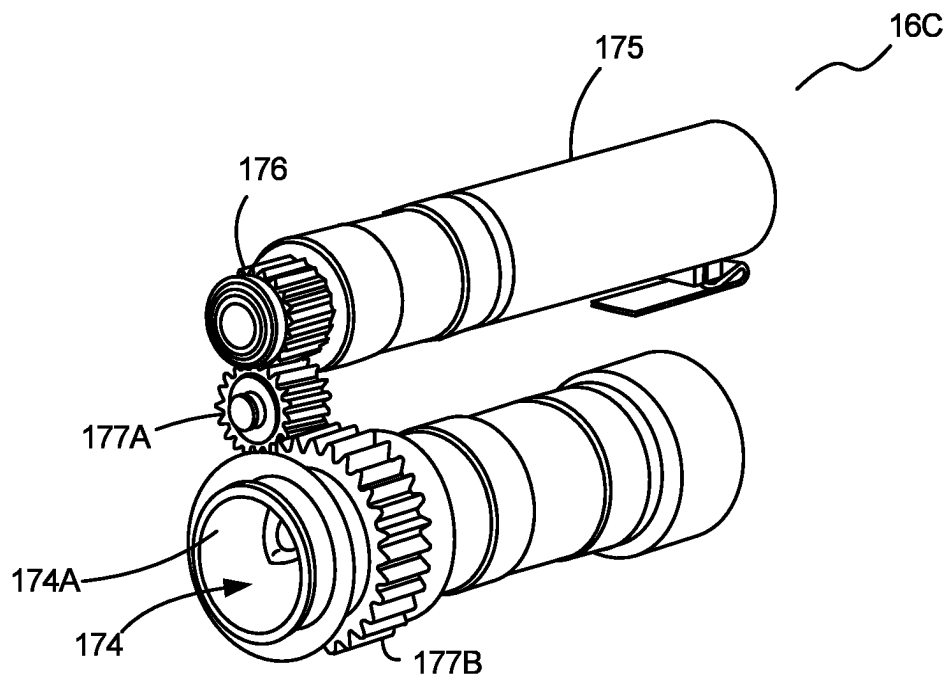




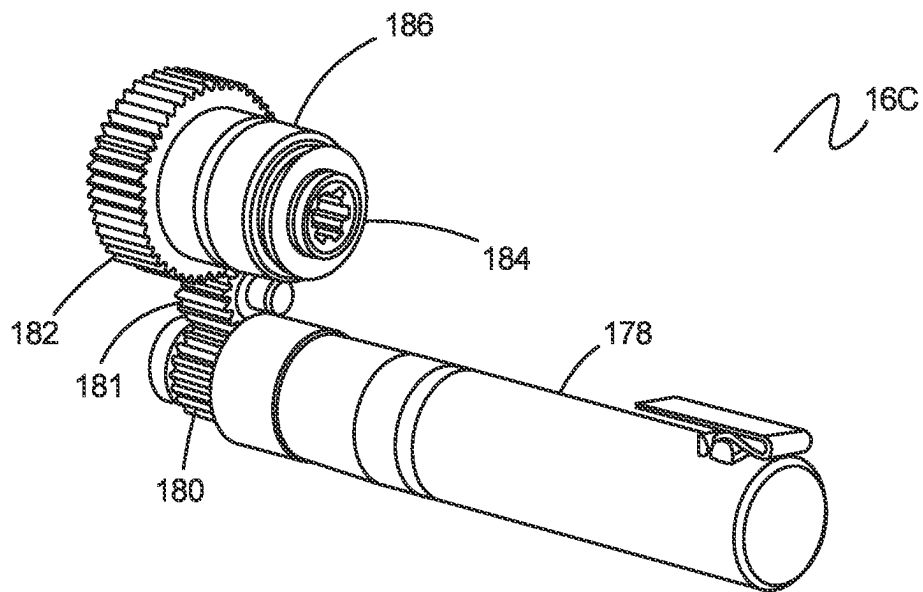
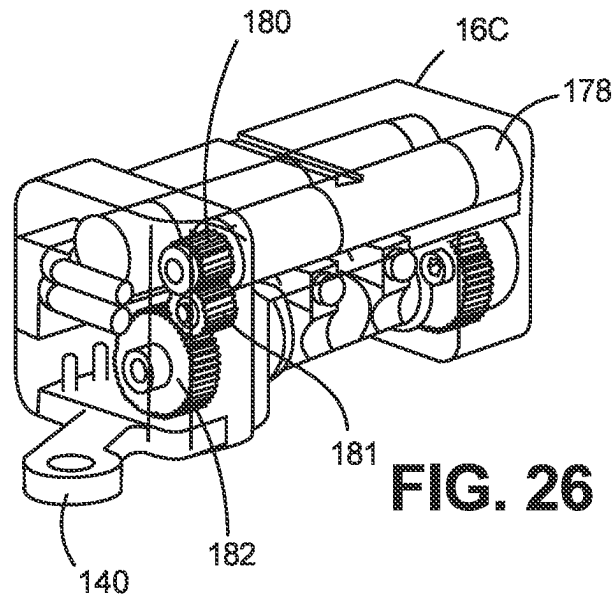


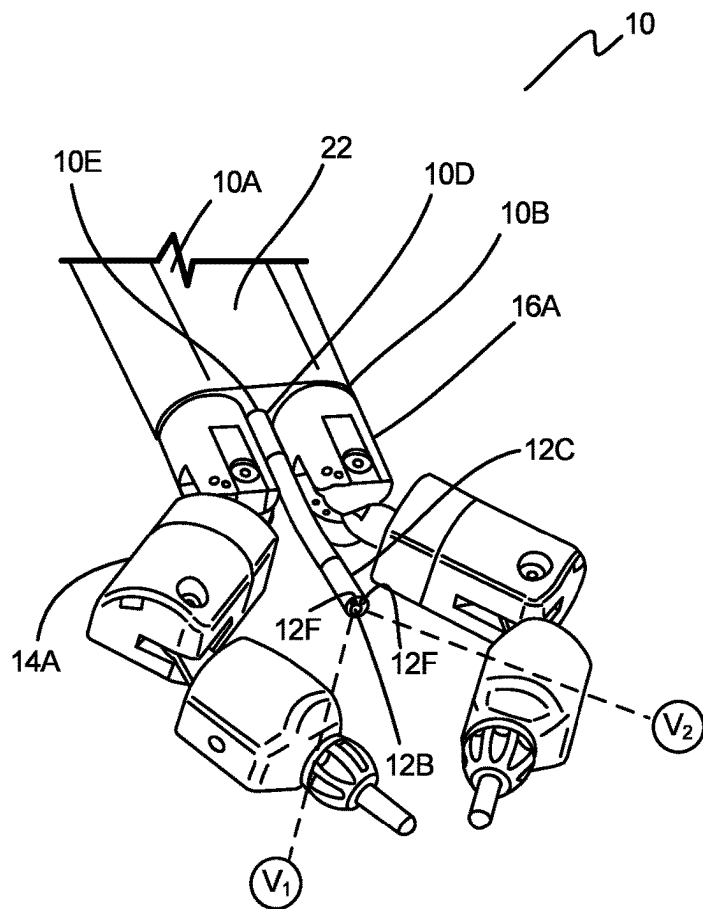


**FIG. 24**

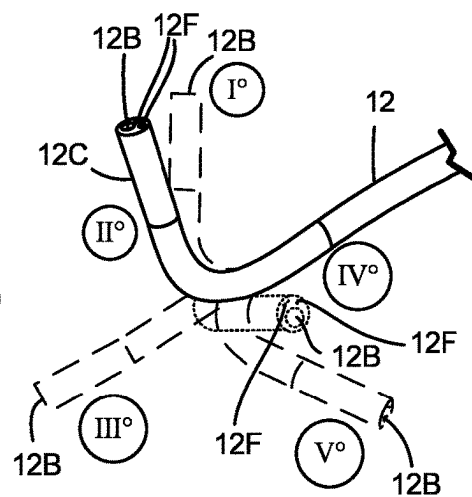


**FIG. 25**

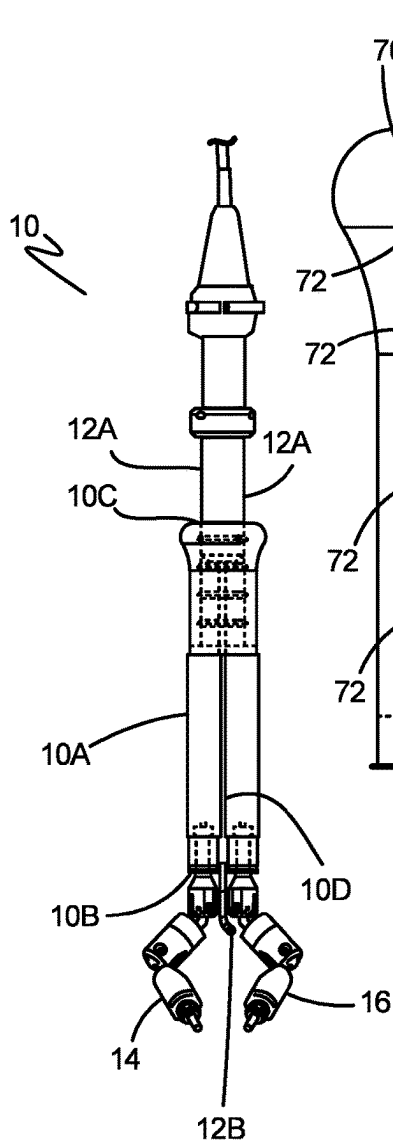




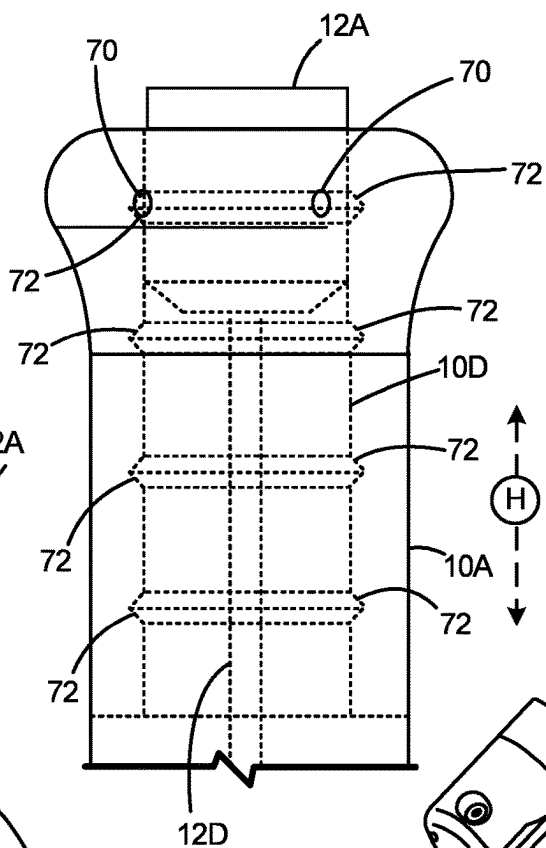
**FIG. 28A**



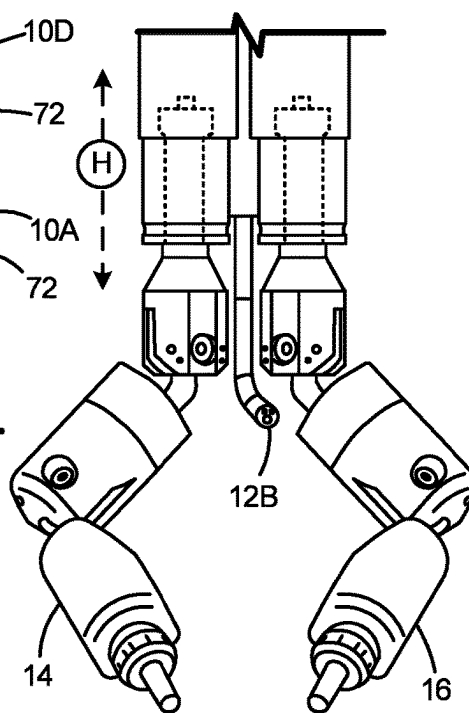
**FIG. 28B**



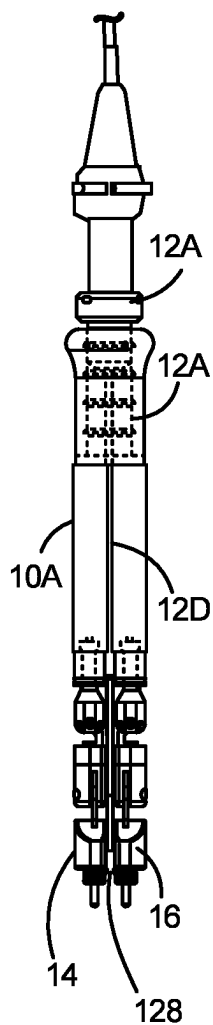
**FIG. 28C**



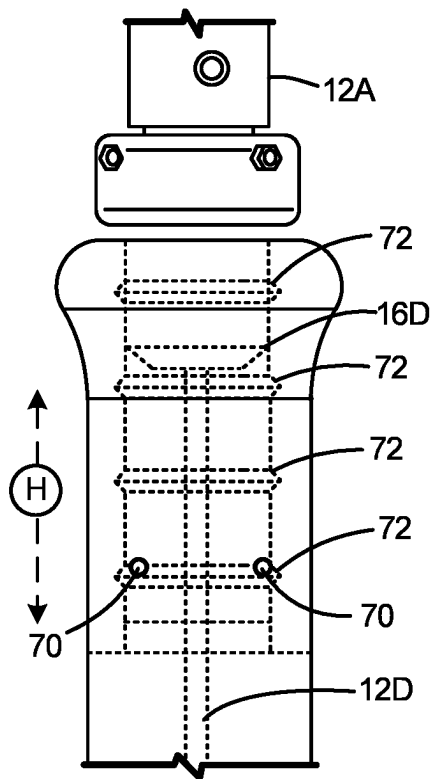
**FIG. 28D**



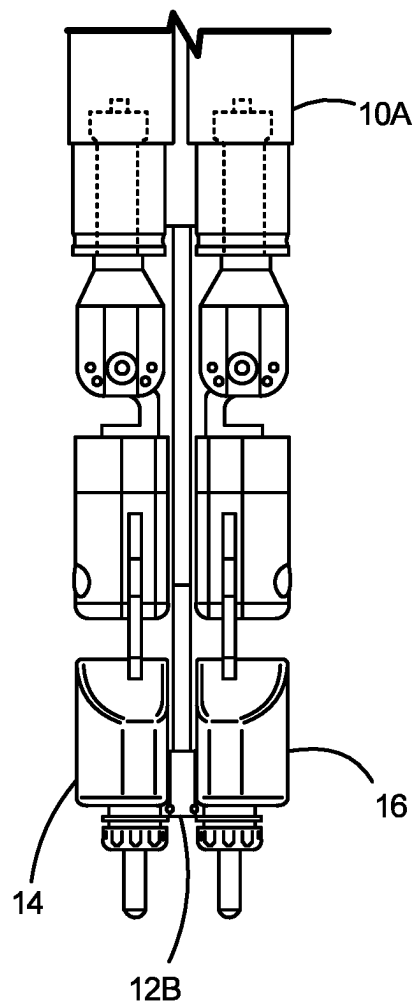
**FIG. 28E**



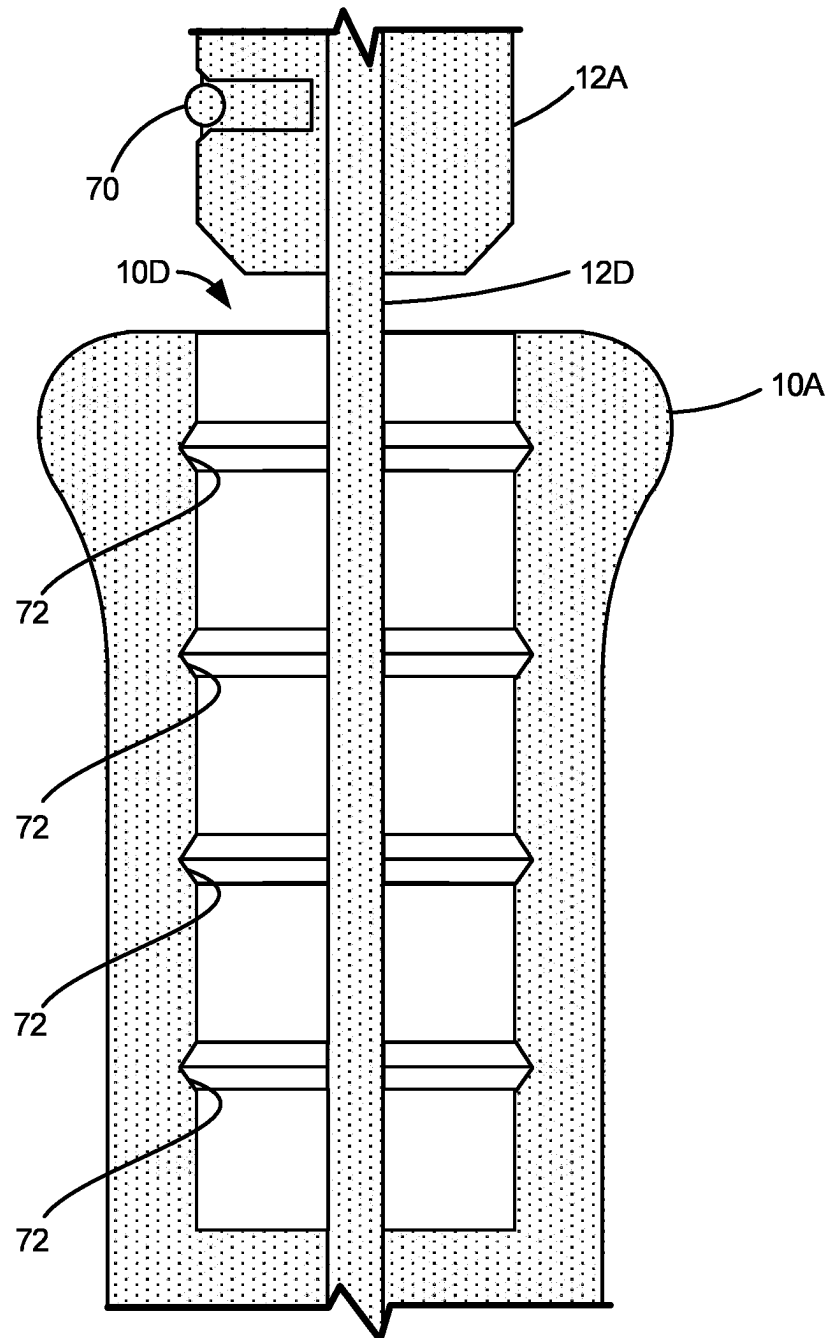
**FIG. 28F**



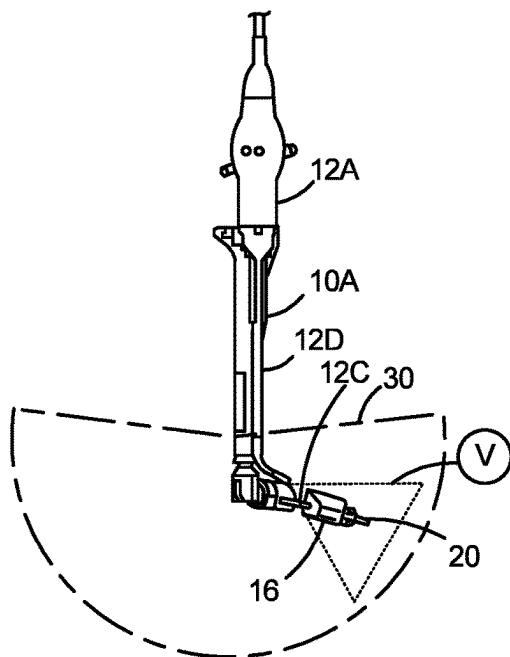
**FIG. 28G**



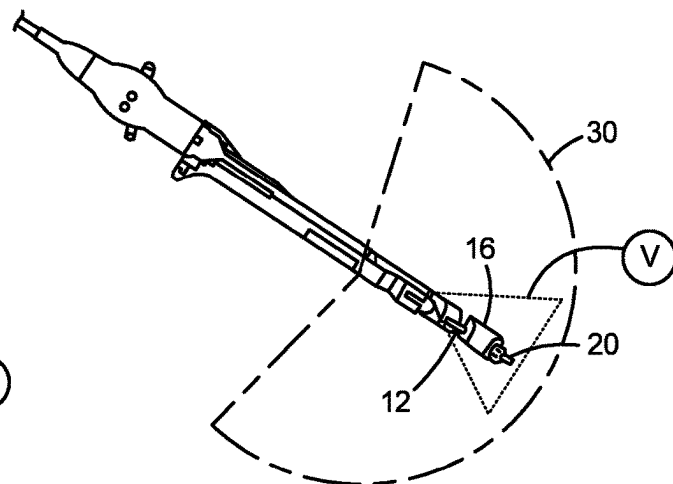
**FIG. 28H**



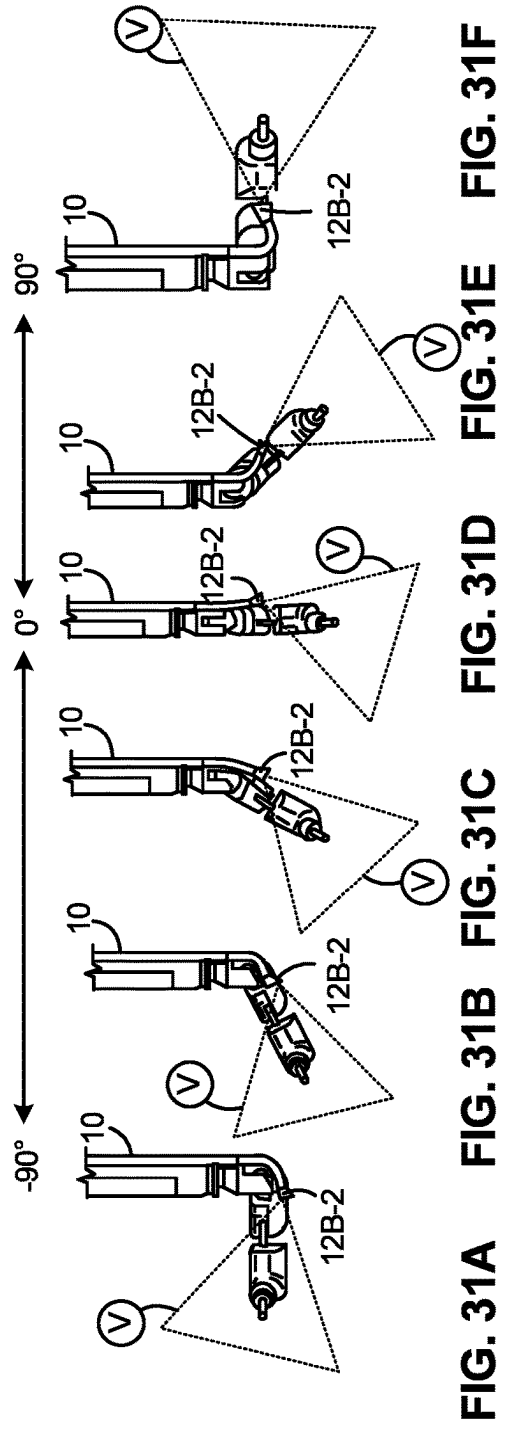
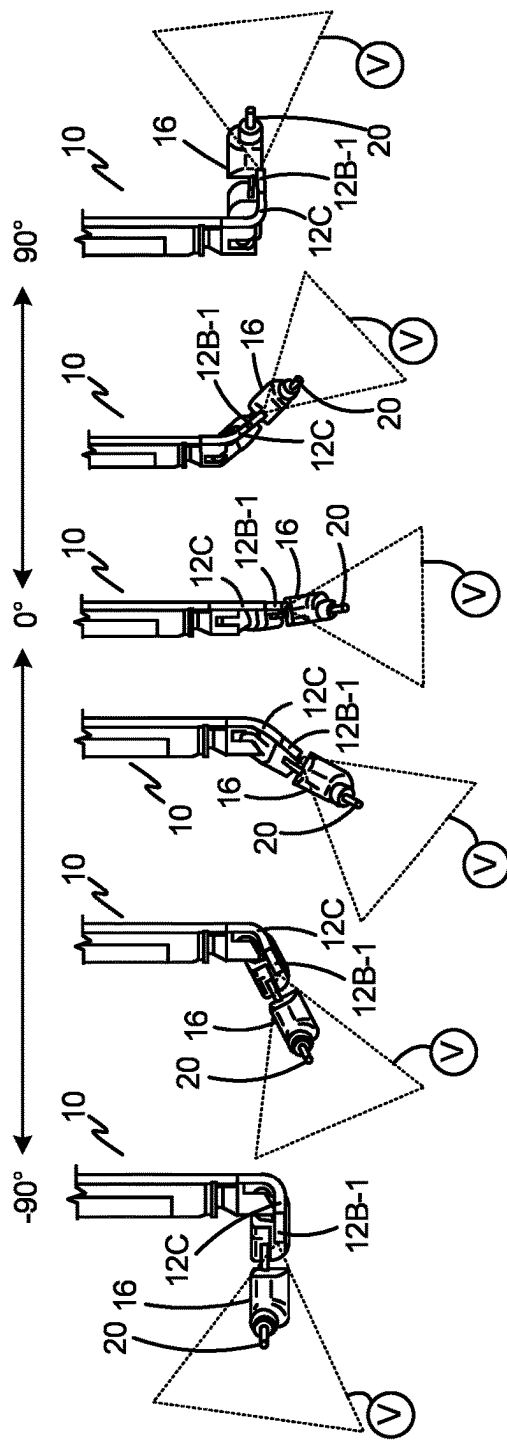
**FIG. 28I**



**FIG. 29A**



**FIG. 29B**





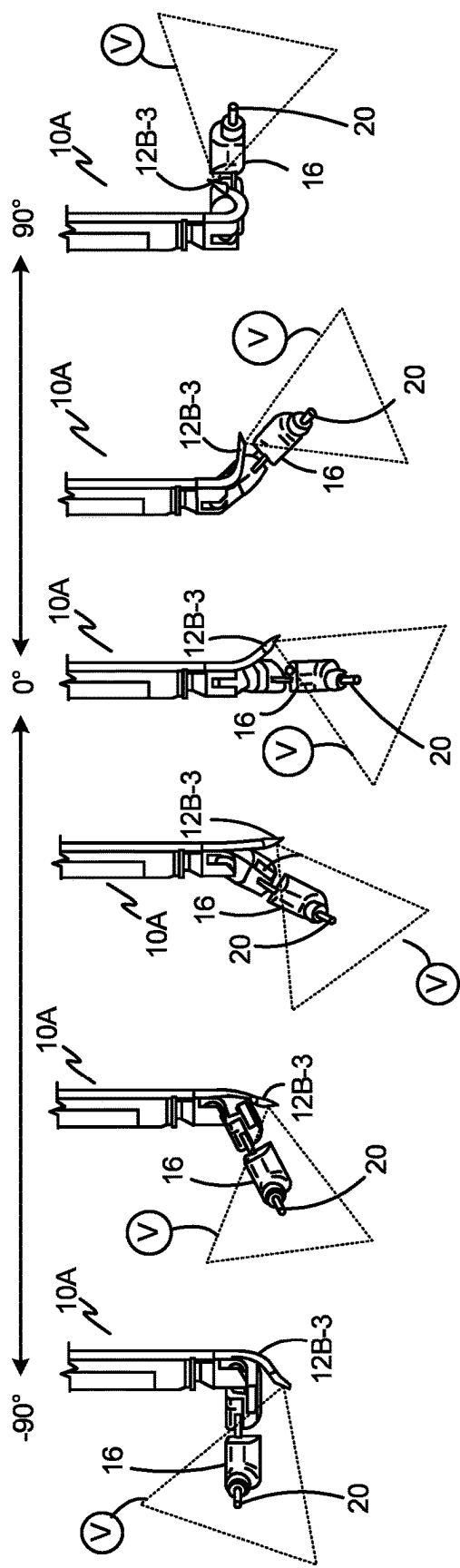


FIG. 32A

FIG. 32B

FIG. 32C

FIG. 32D

FIG. 32E

FIG. 32F

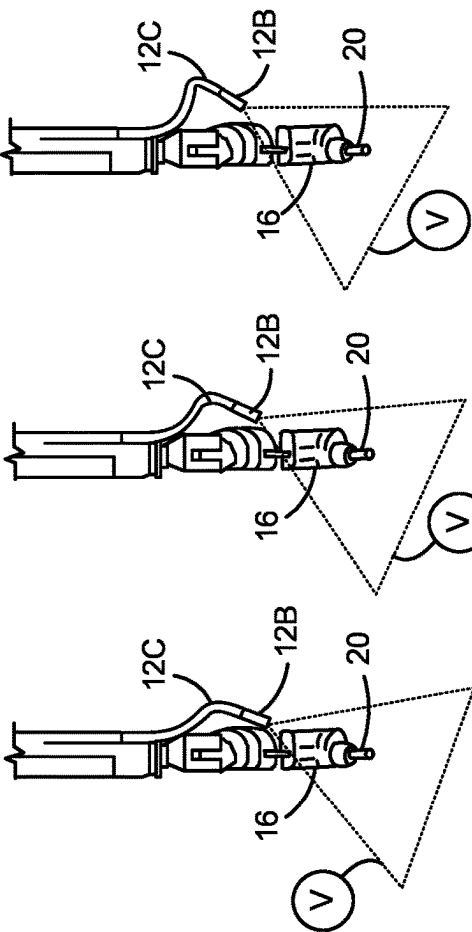
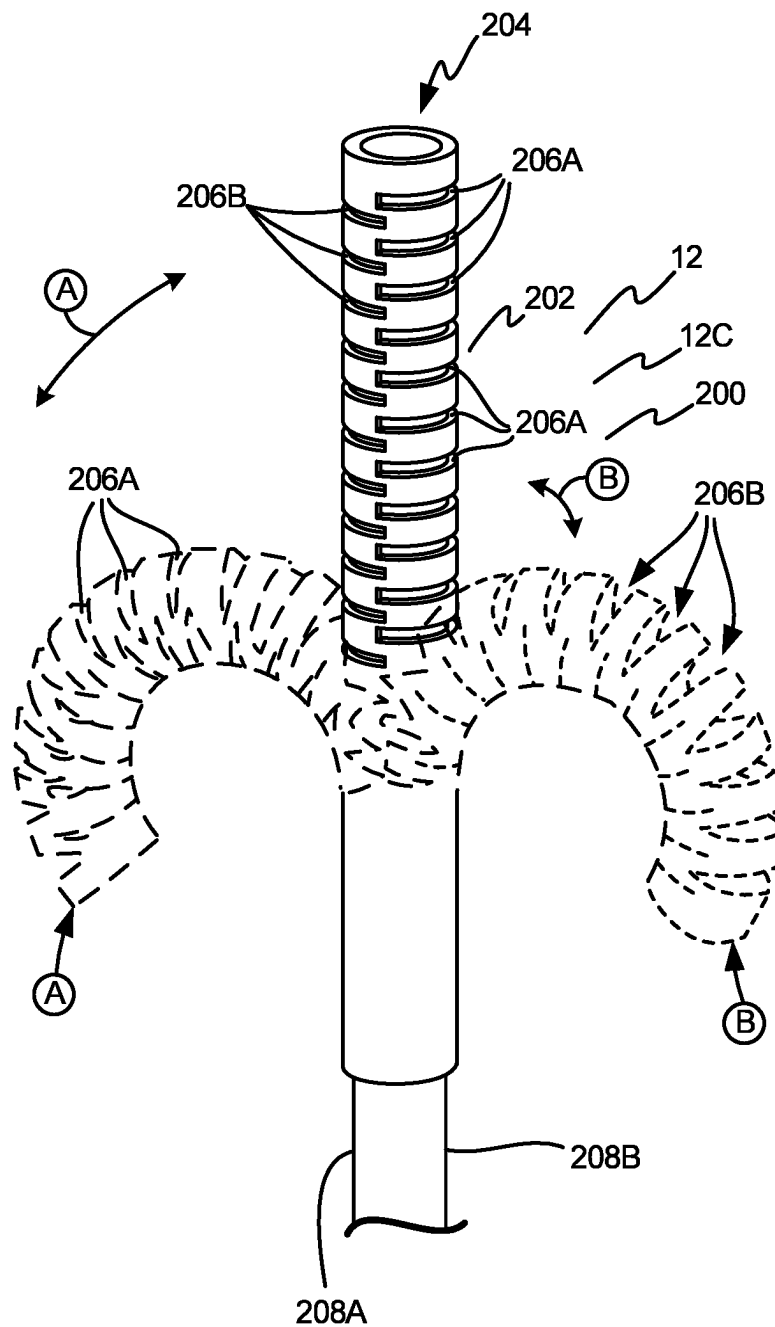


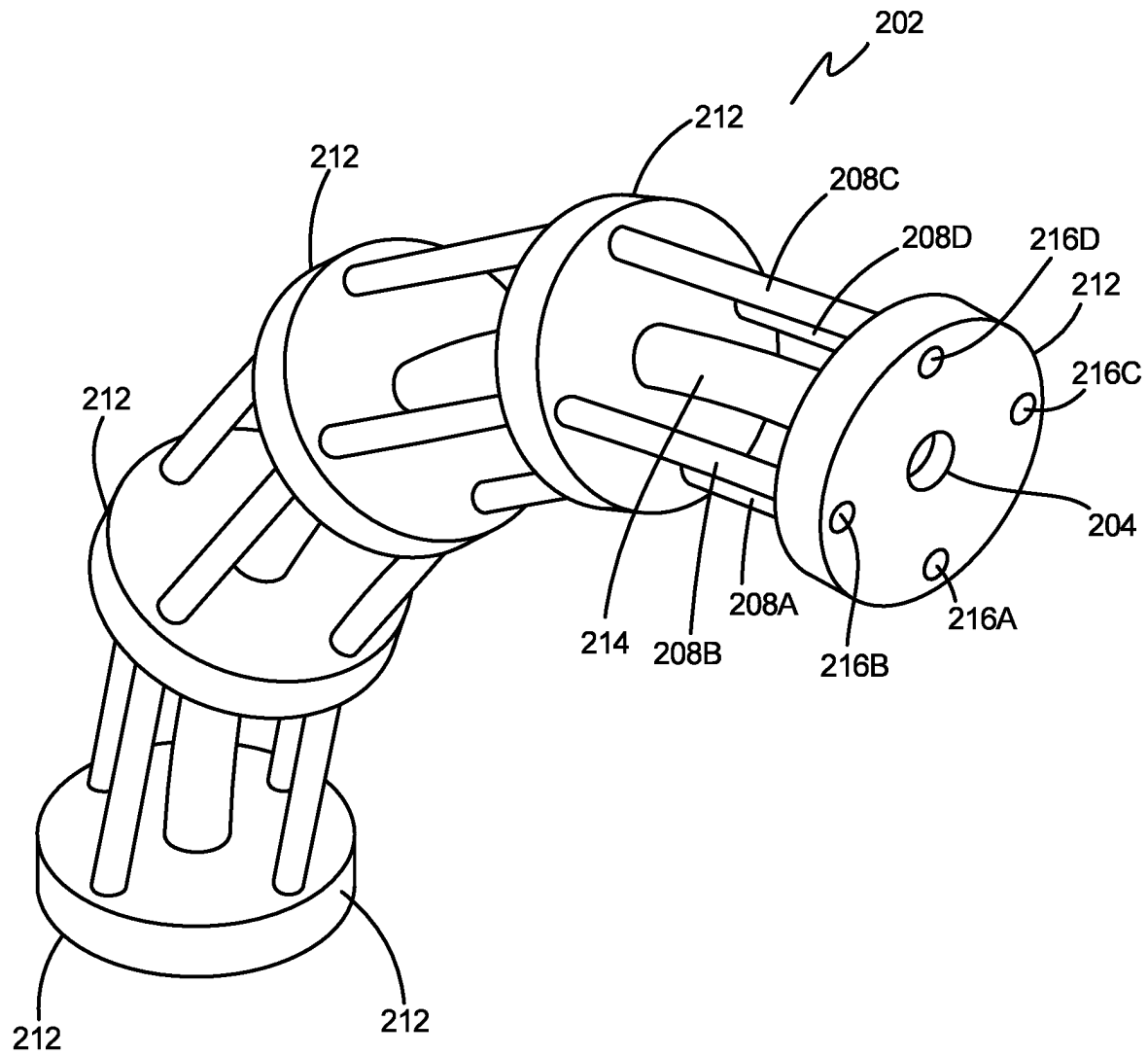
FIG. 33A

FIG. 33B

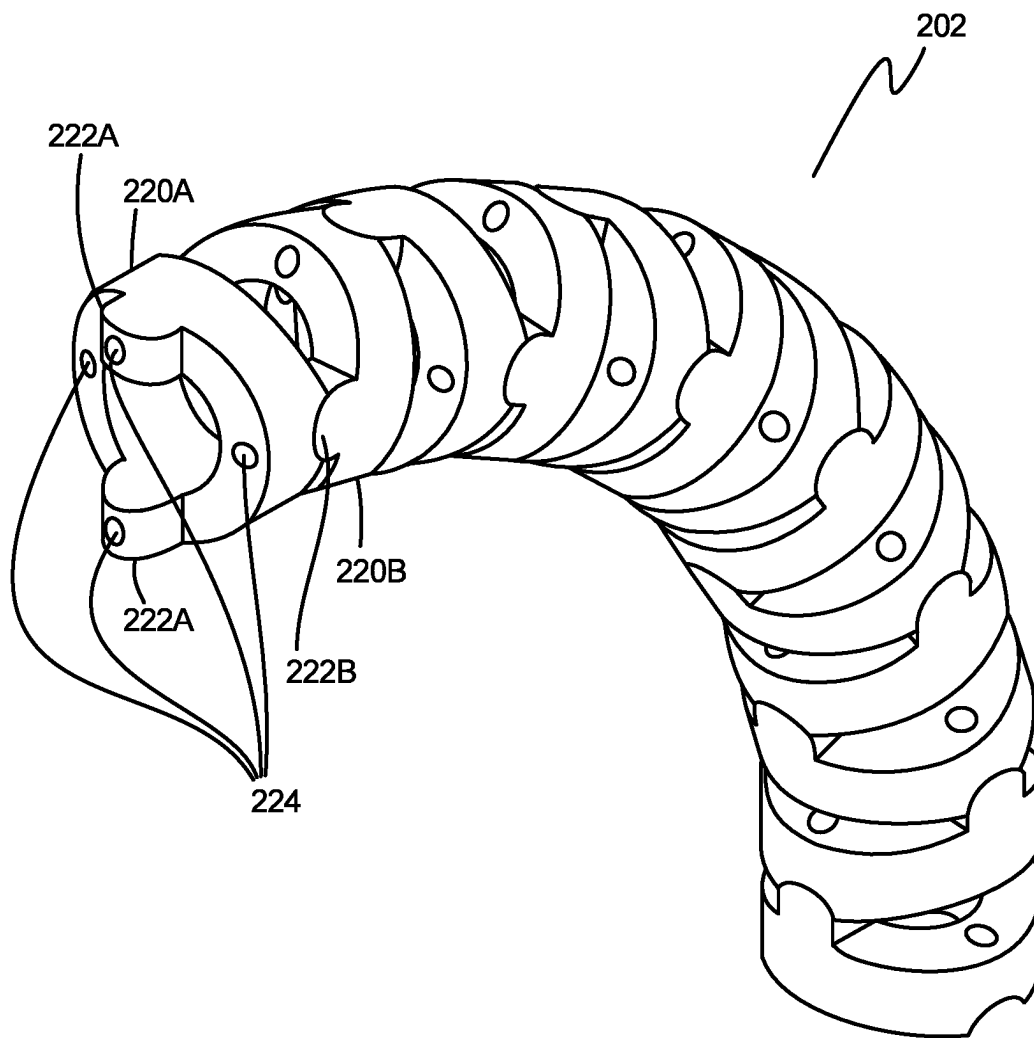
FIG. 33C



**FIG. 34A**



**FIG. 34B**



**FIG. 34C**

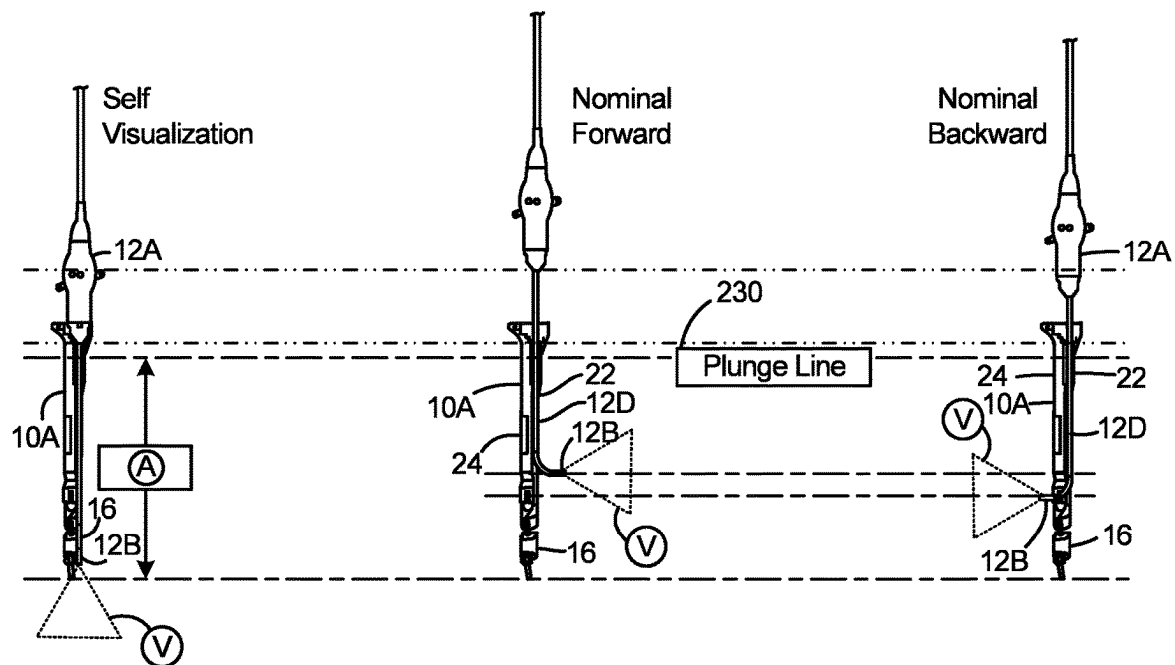
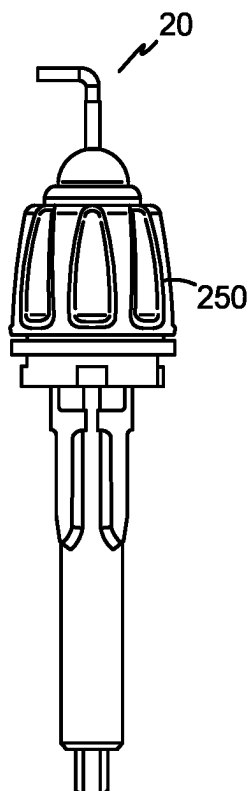


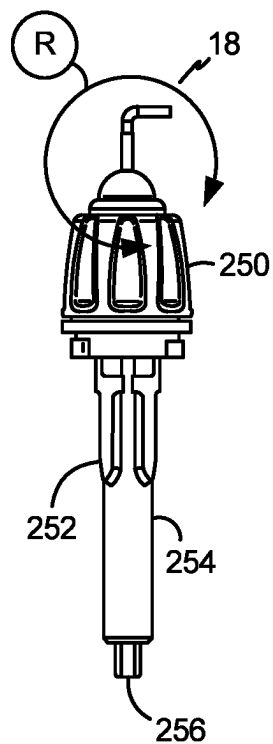
FIG. 35A

FIG. 35B

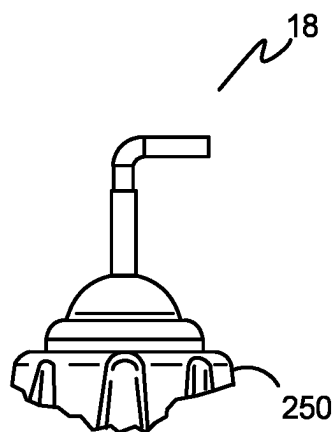
FIG. 35C



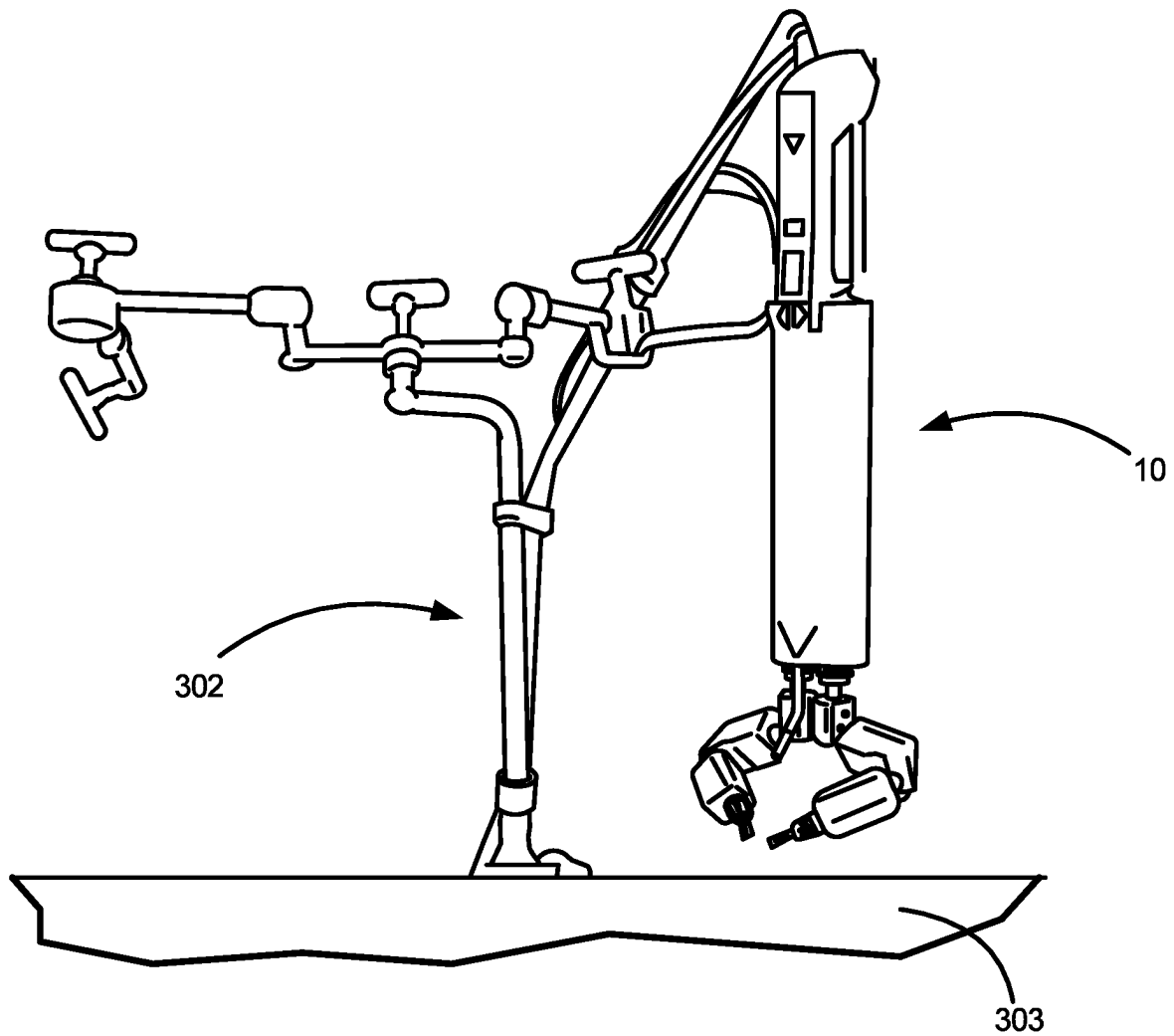
**FIG. 36A**



**FIG. 36B**

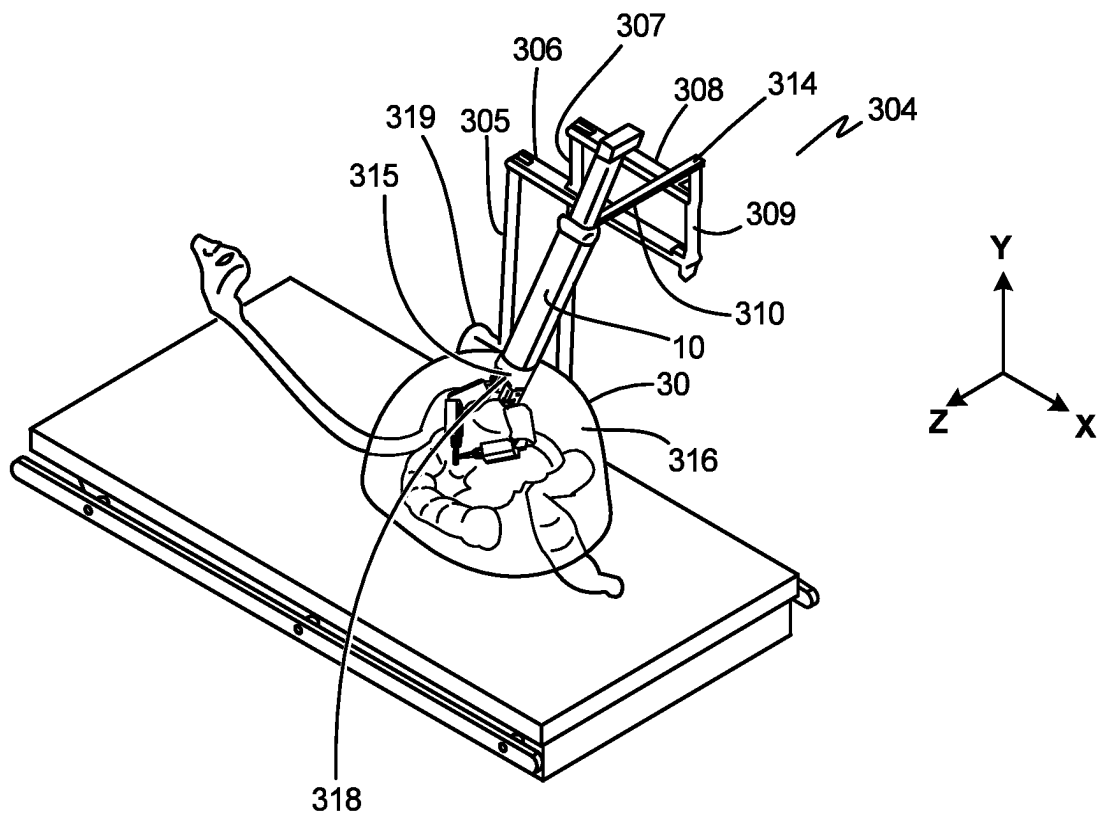


**FIG. 36C**

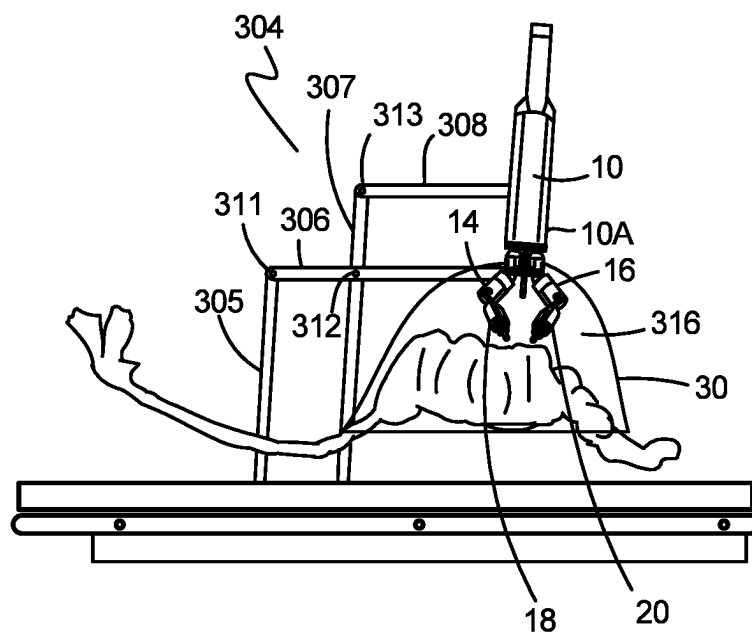
**FIG. 37**







**FIG. 40A**



**FIG. 40B**

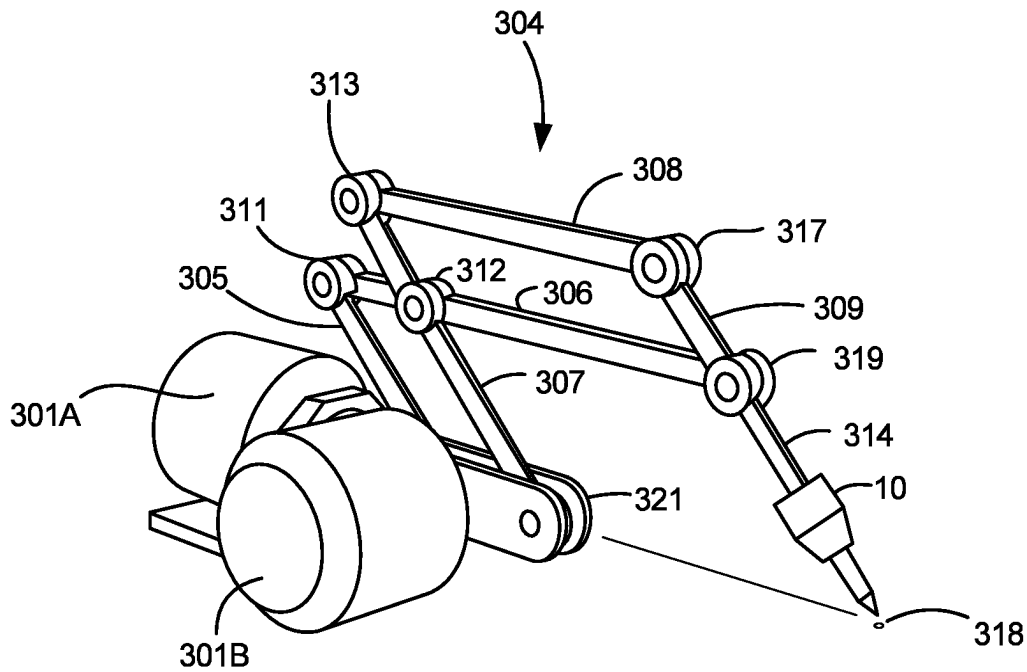


FIG. 41A

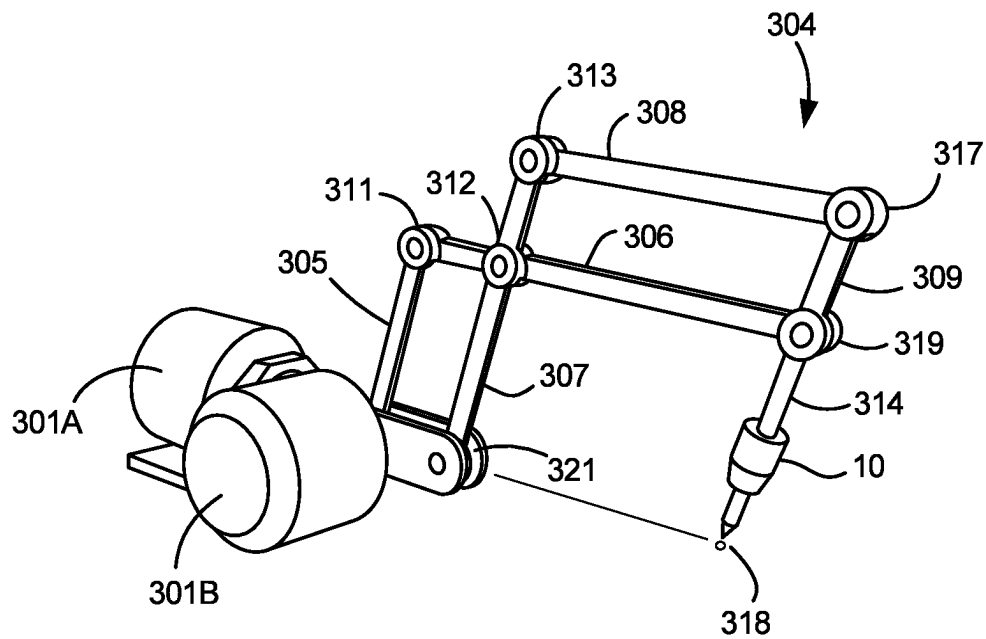
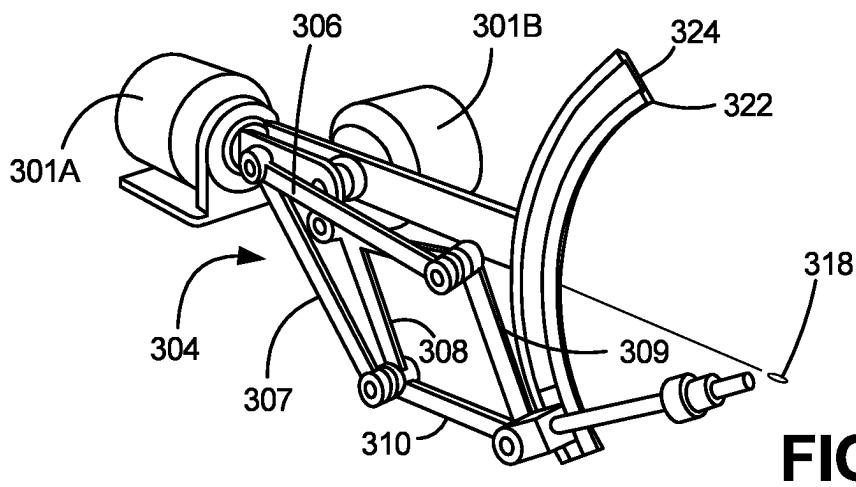
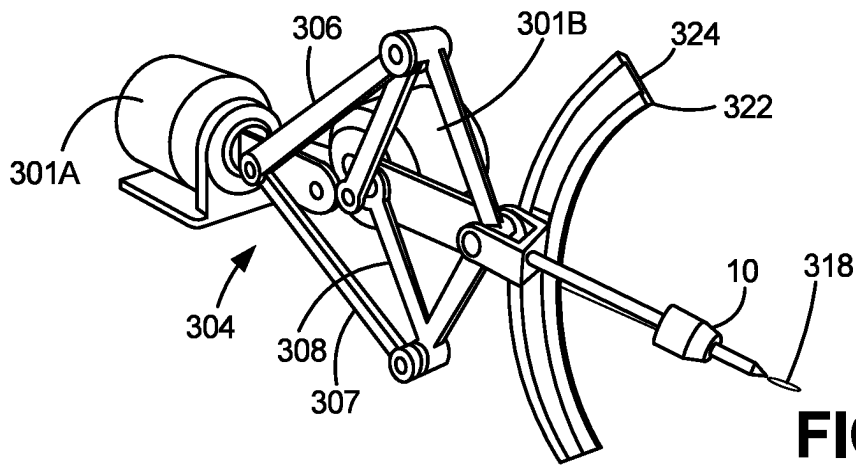
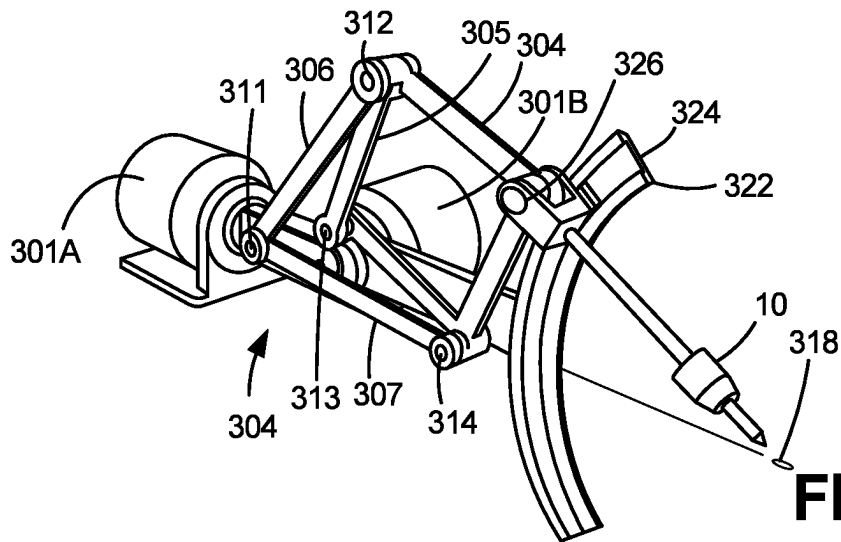
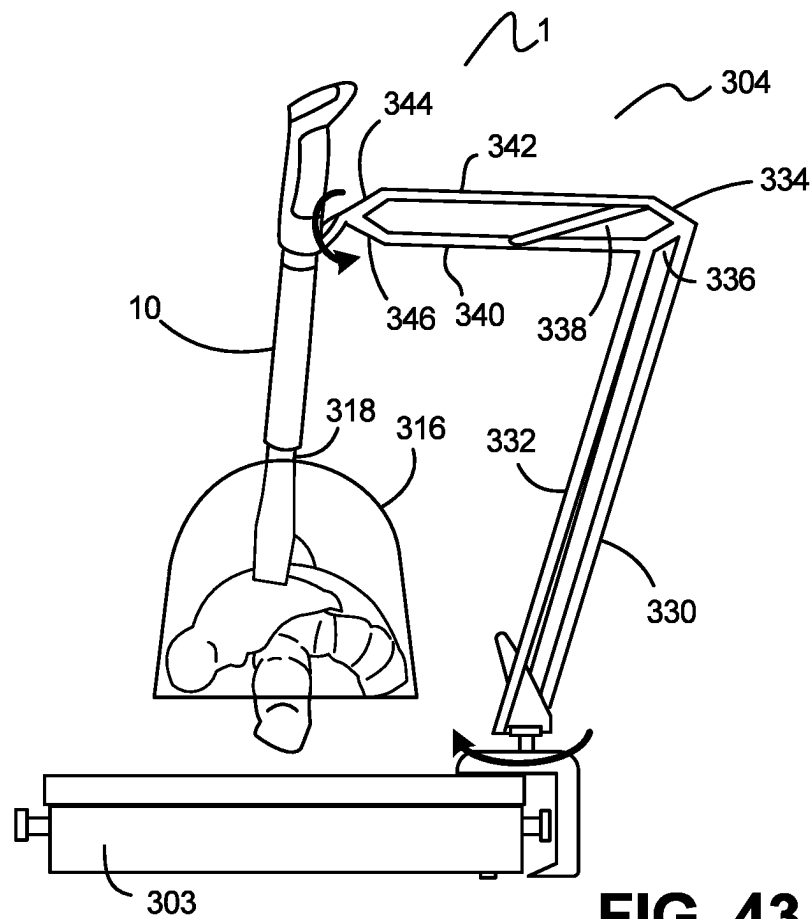
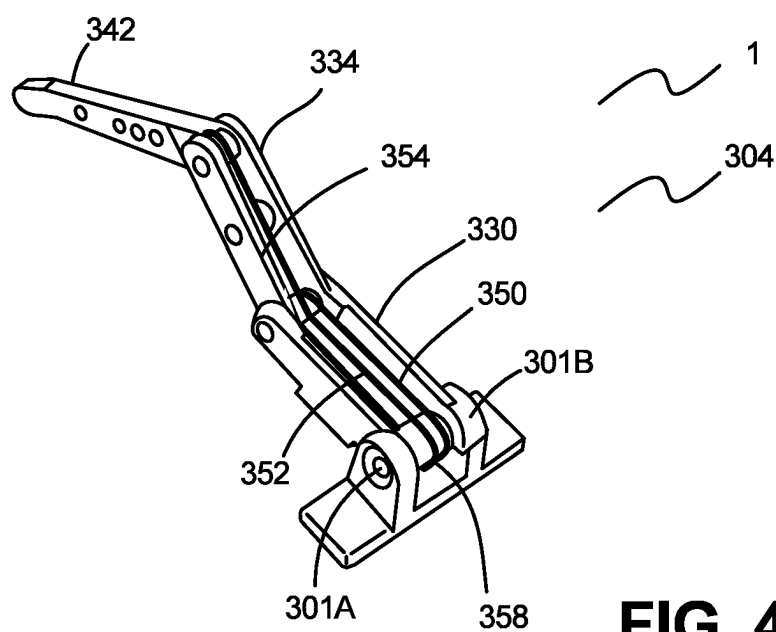


FIG. 41B

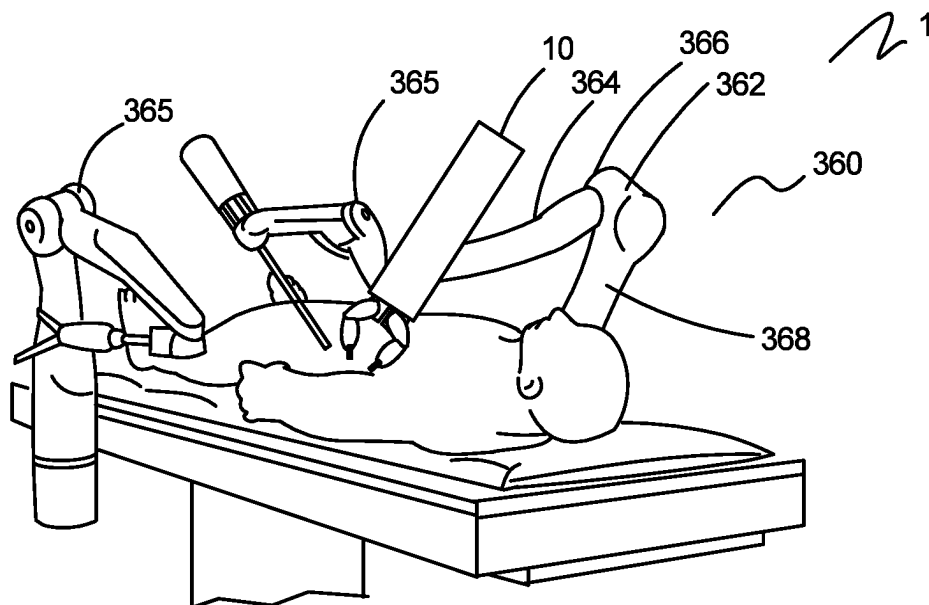




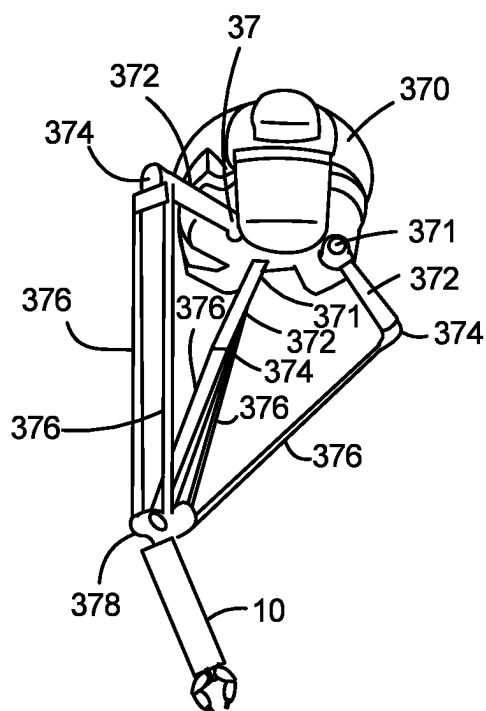
**FIG. 43**



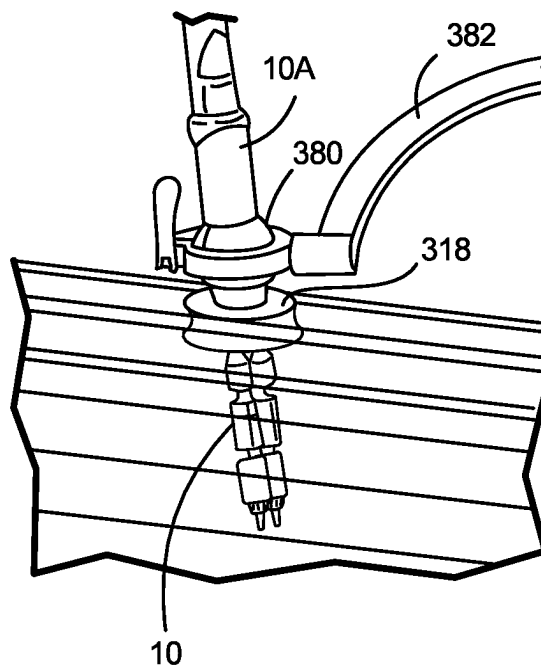
**FIG. 44**



**FIG. 45**



**FIG. 46**



**FIG. 47**

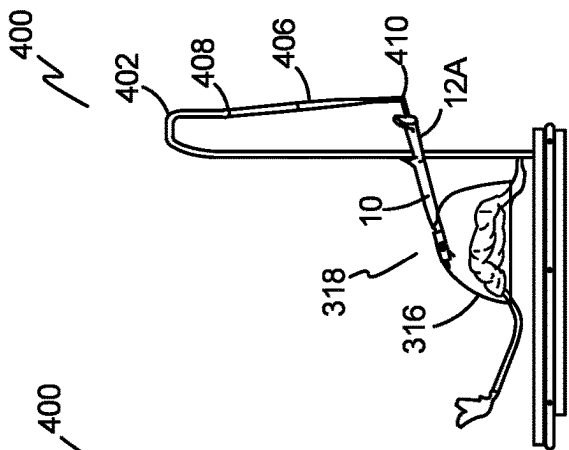


FIG. 48D-1

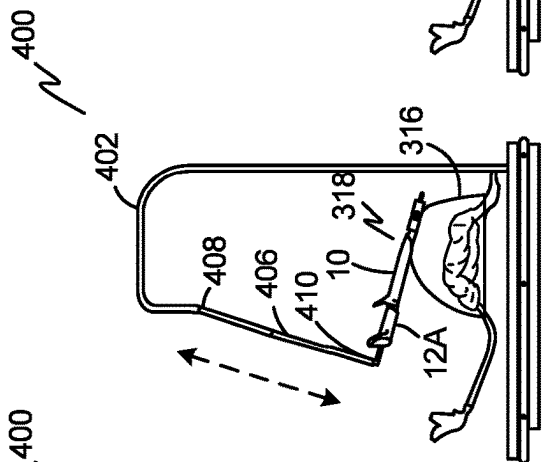


FIG. 48C-1

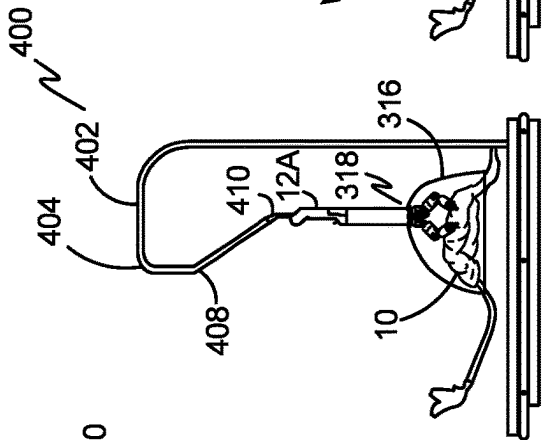


FIG. 48B-1

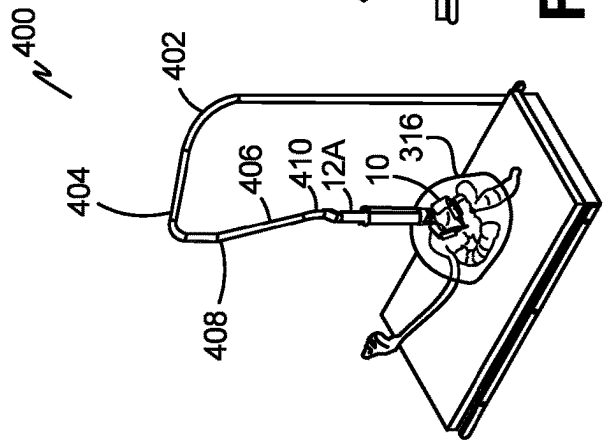


FIG. 48A

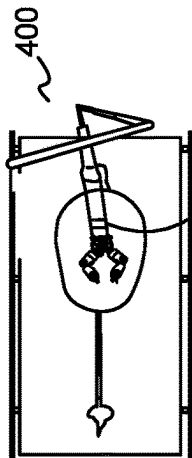


FIG. 48D-2

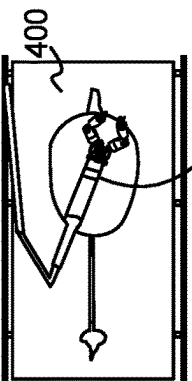


FIG. 48C-2

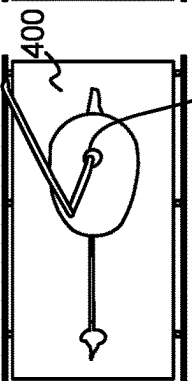
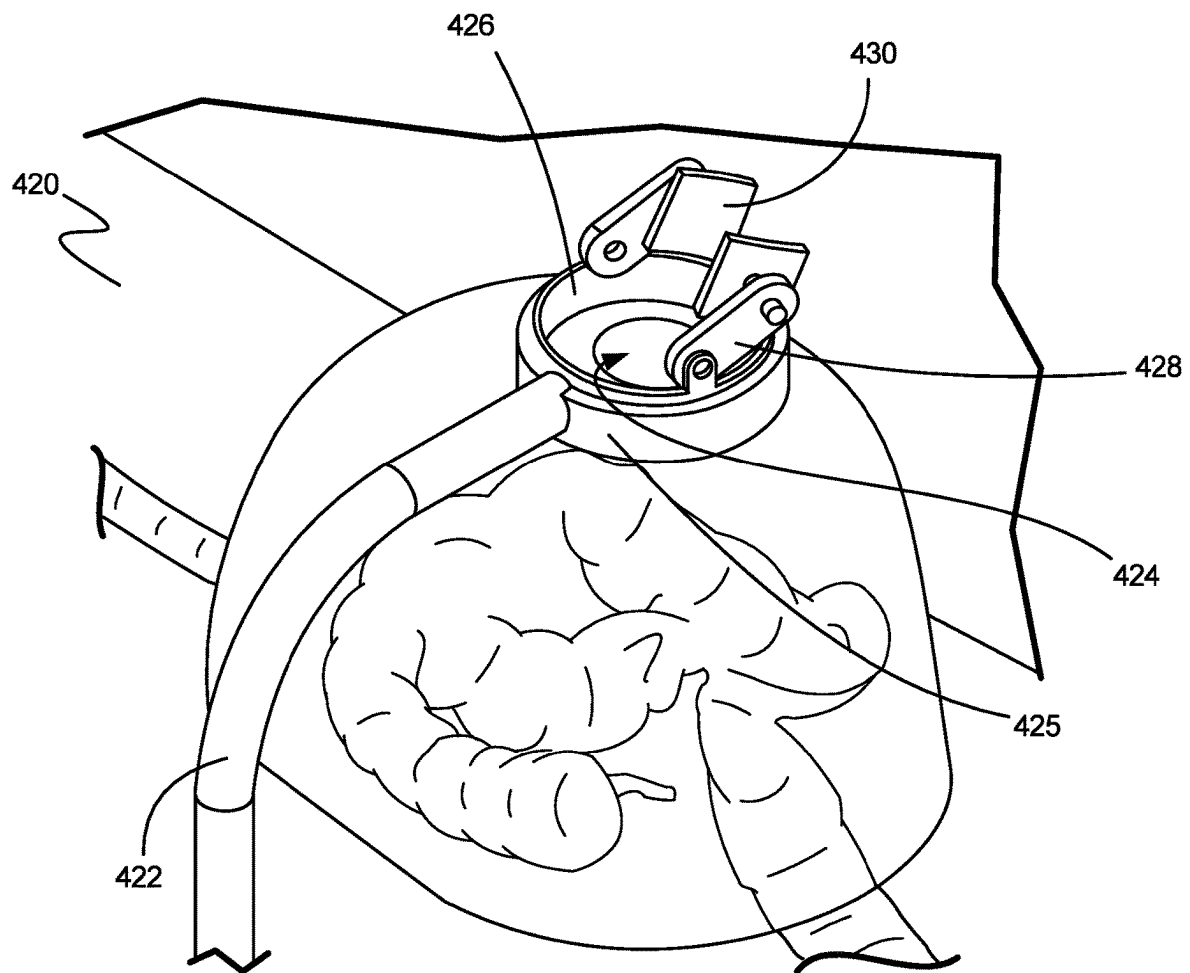
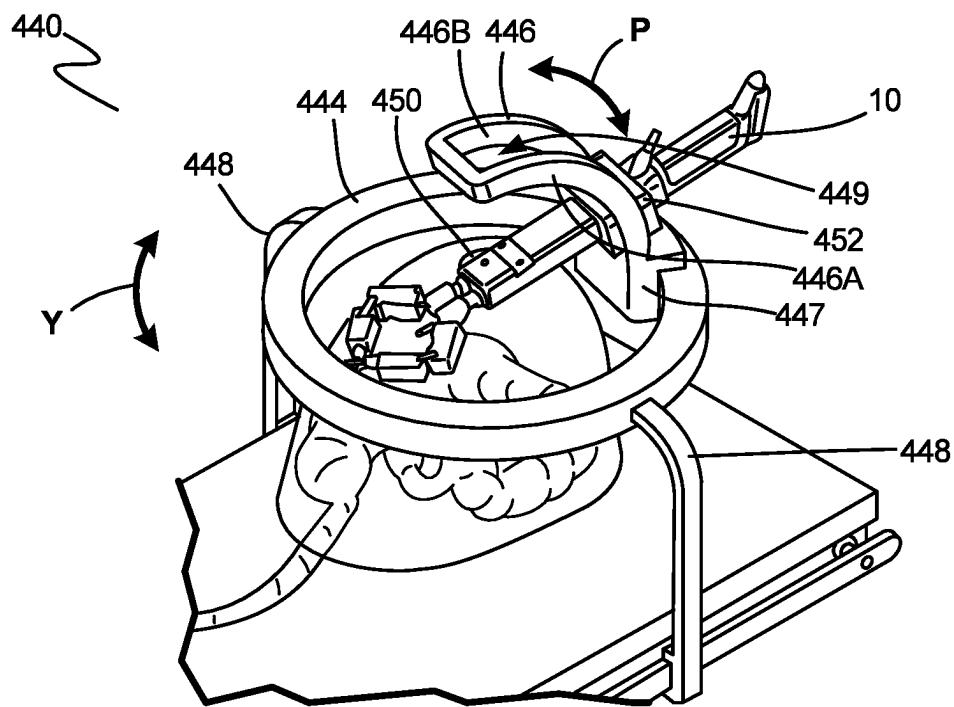
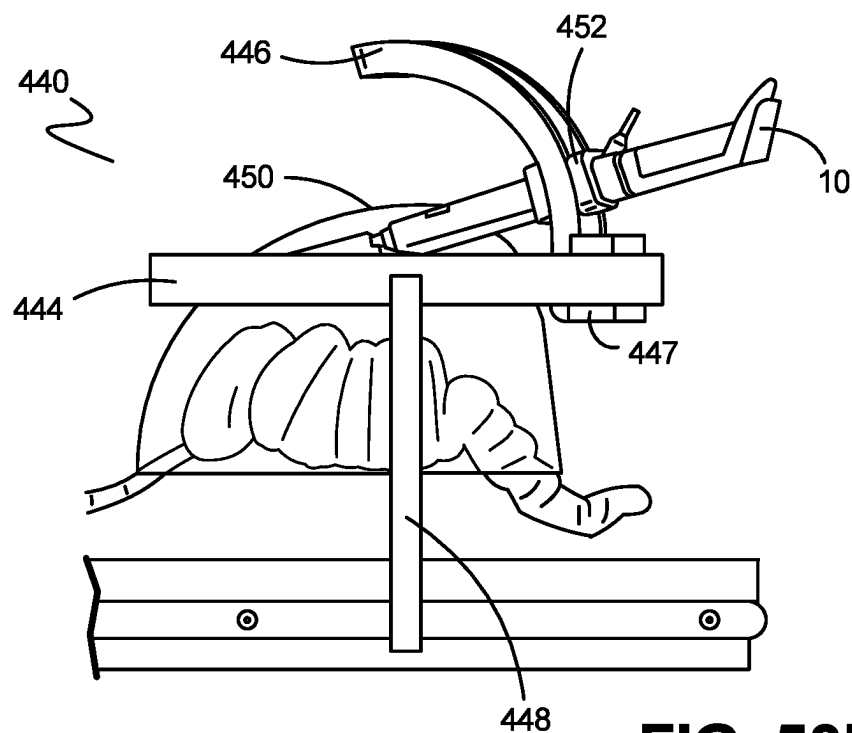


FIG. 48B-2

**FIG. 49**

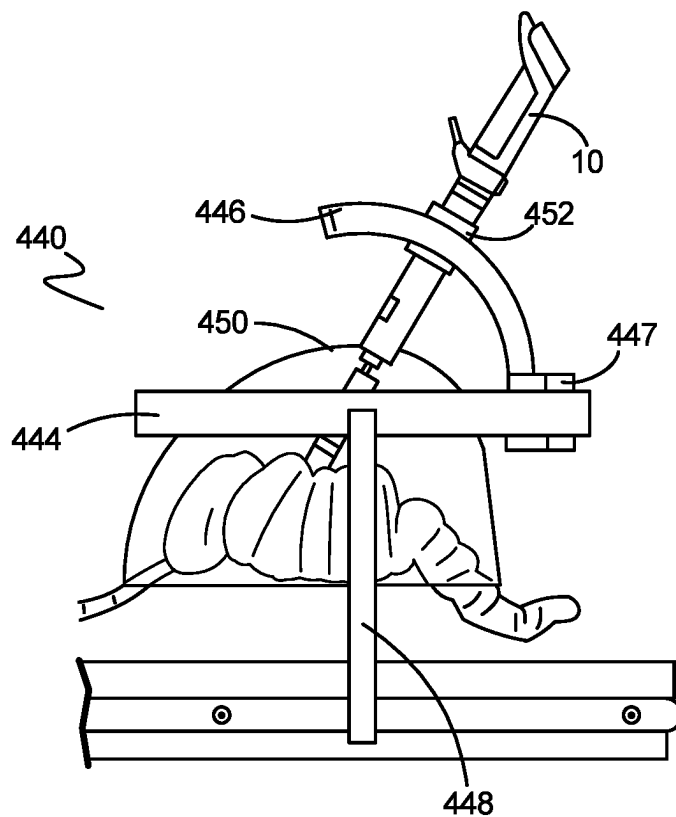


**FIG. 50A**

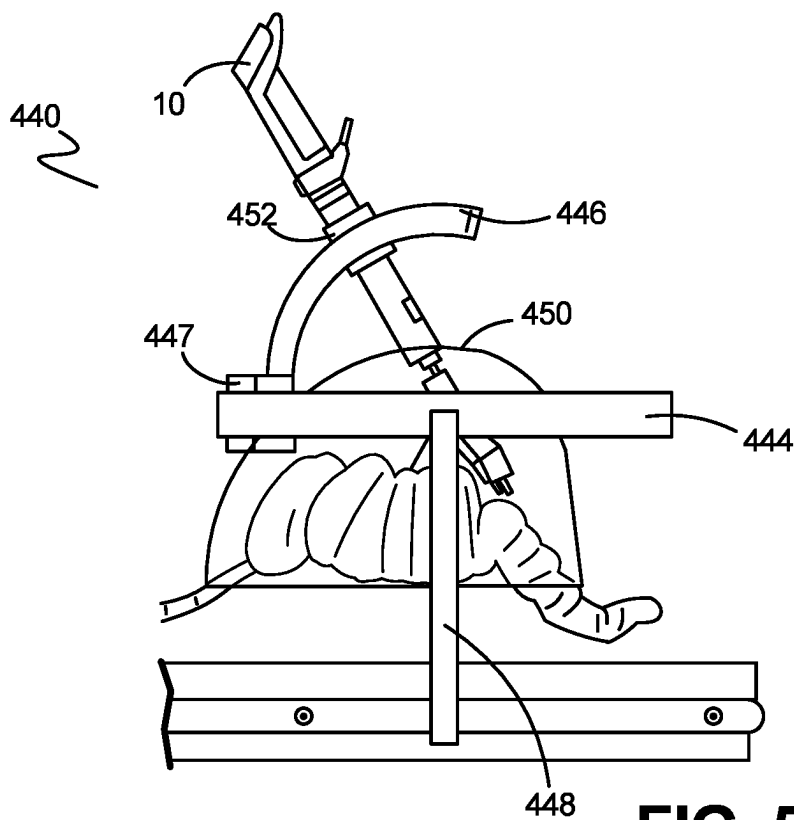


**FIG. 50B**

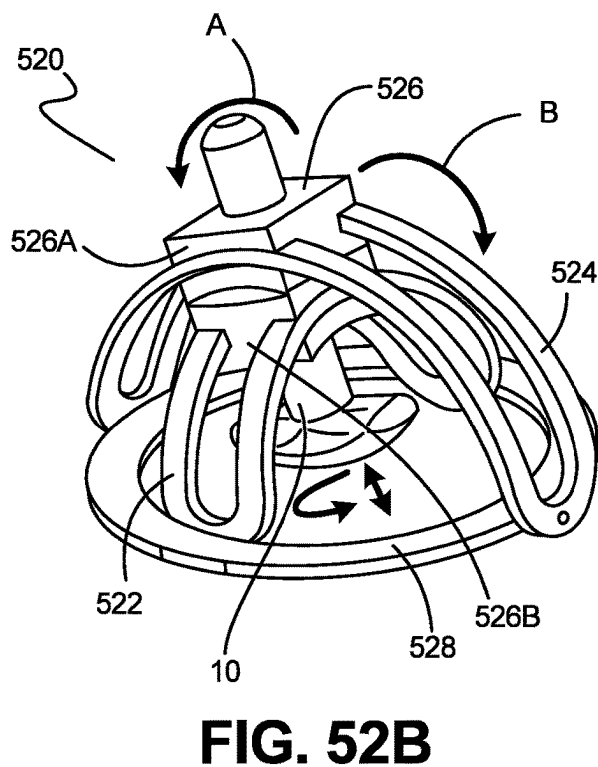
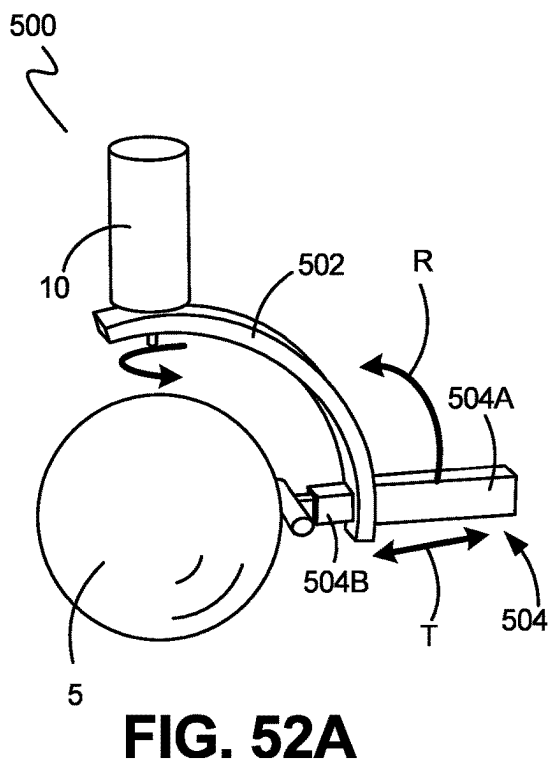
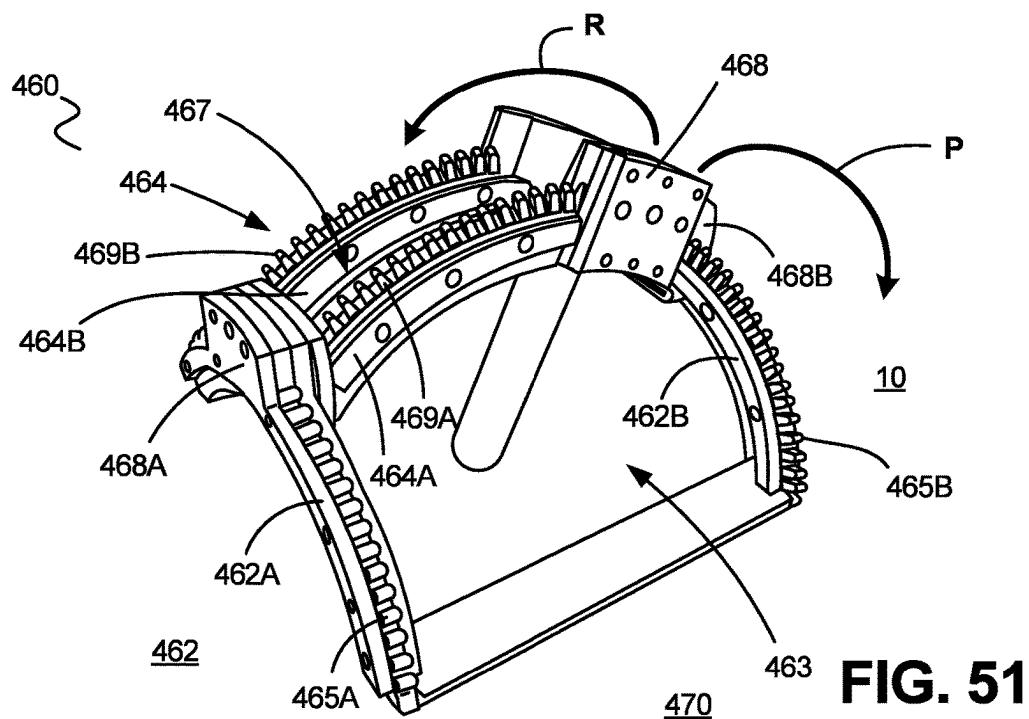


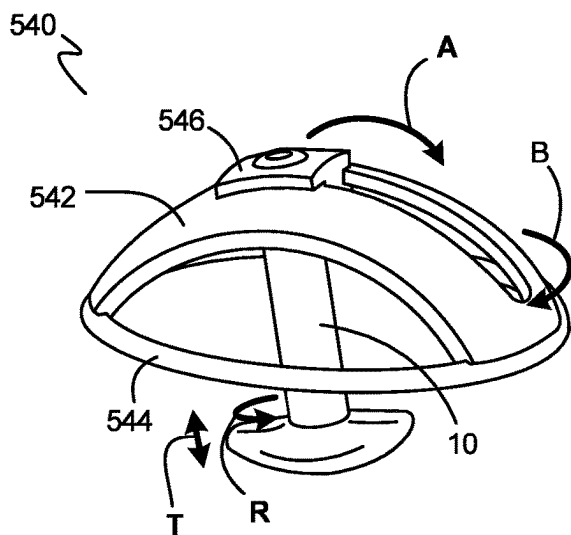


**FIG. 50C**

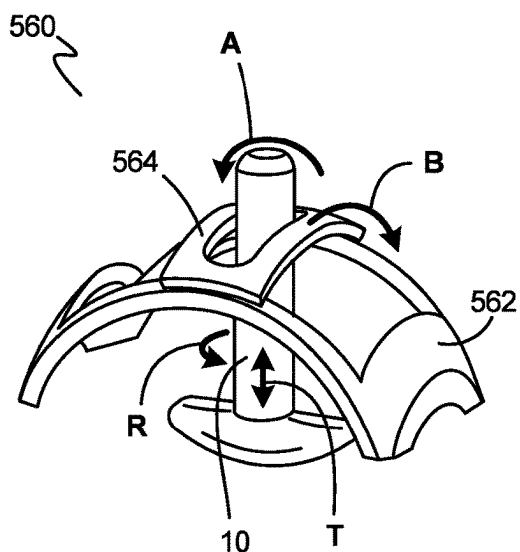


**FIG. 50D**

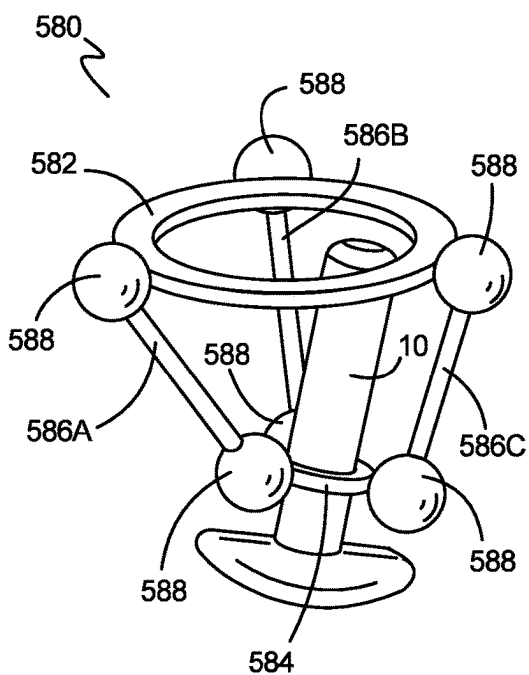




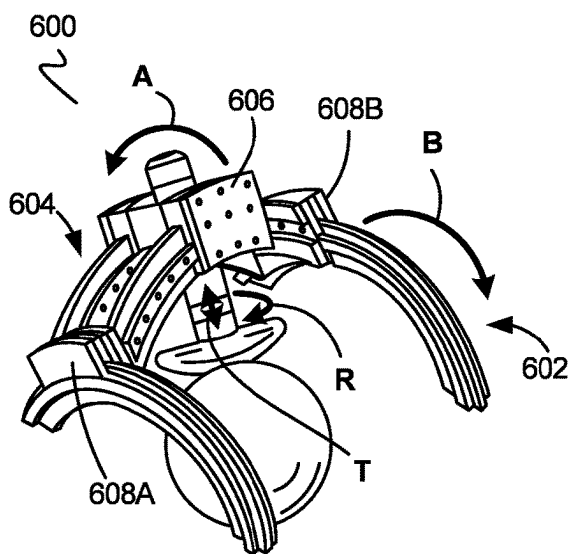
**FIG. 52C**



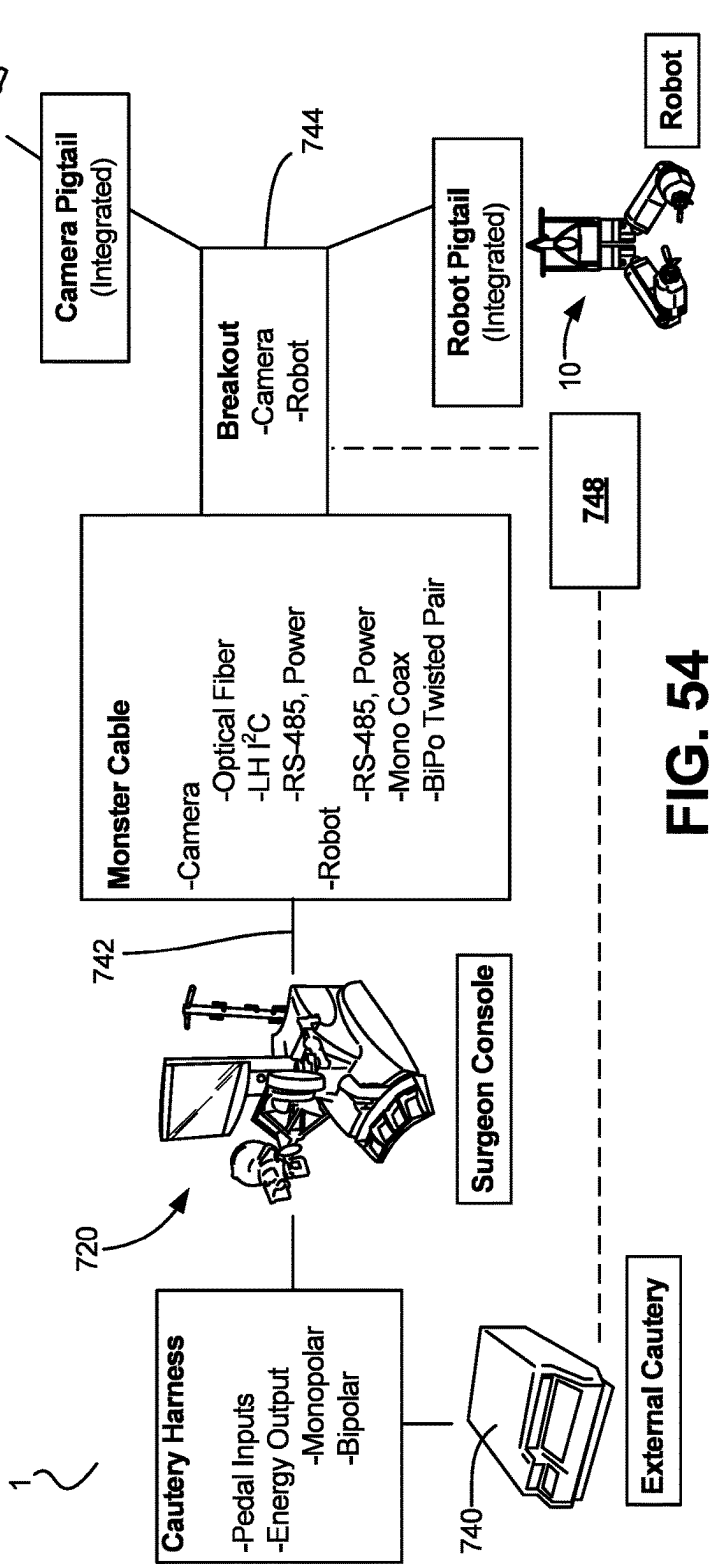
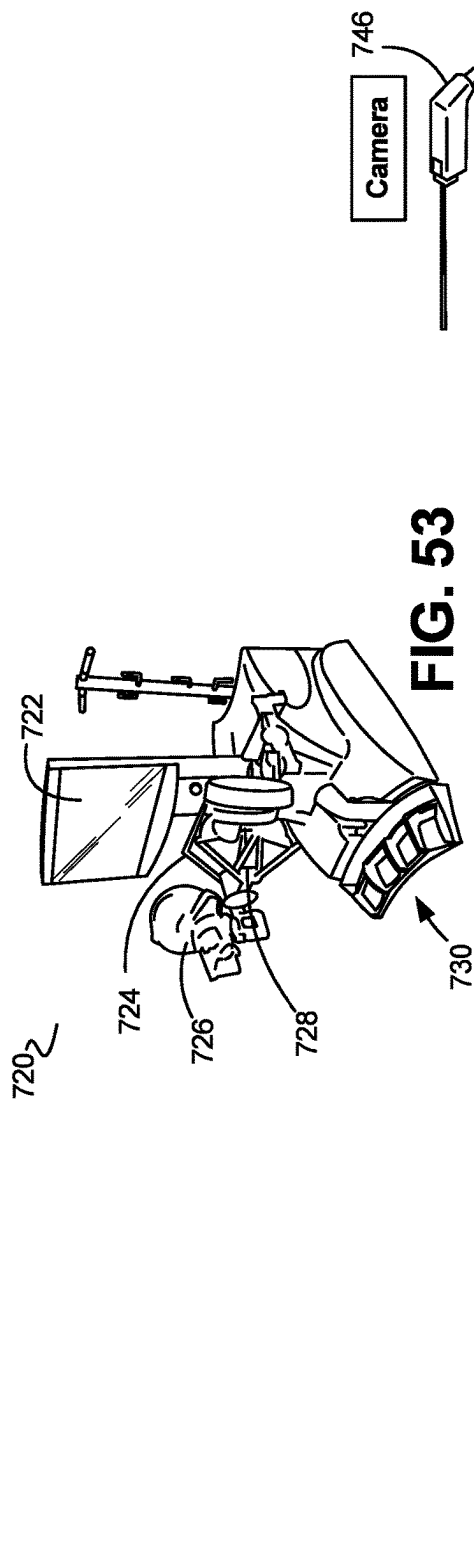
**FIG. 52D**



**FIG. 52E**



**FIG. 52F**



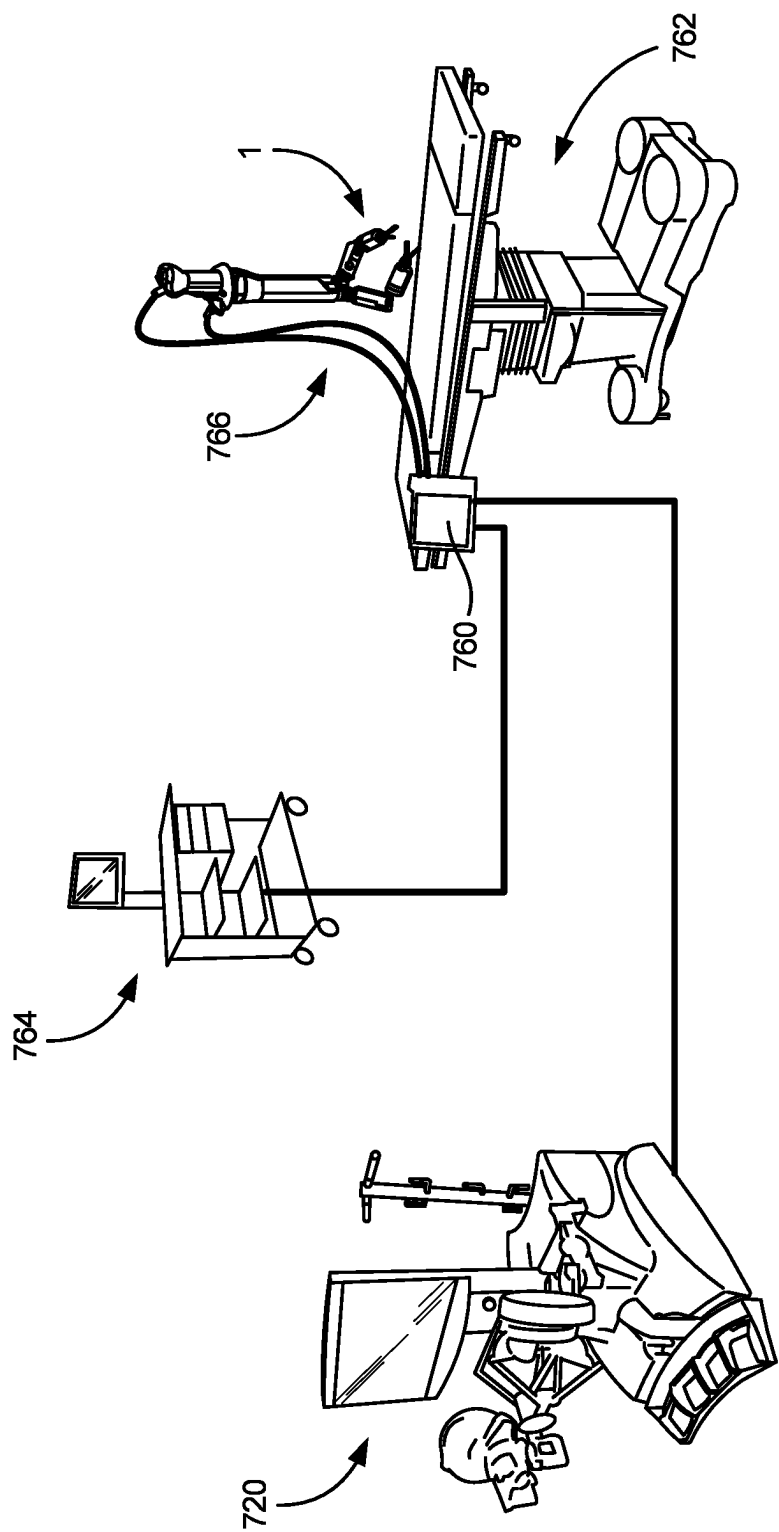


FIG. 55

1

## ROBOTIC SURGICAL DEVICES, SYSTEMS AND RELATED METHODS

### CROSS-REFERENCE TO RELATED APPLICATION(S)

This application claims priority as a continuation application to U.S. patent application Ser. No. 16/926,025, filed Jul. 10, 2020, and entitled “Robotic Surgical Devices, Systems, and Related Methods,” which claims priority as a continuation application to U.S. patent application Ser. No. 15/599,231, filed May 18, 2017, and entitled “Robotic Surgical Devices, Systems, and Related Methods,” which issued as U.S. Pat. No. 10,751,136 on Aug. 25, 2020, which claims the benefit under 35 U.S.C. § 119(e) to U.S. Provisional Application No. 62/338,375, filed on May 18, 2016 and entitled “Robotic Surgical Devices, Systems and Related Methods,” all of which are hereby incorporated herein by reference in their entireties.

### TECHNICAL FIELD

The embodiments disclosed herein relate to various medical devices and related components, including robotic and/or in vivo medical devices and related components. Certain embodiments include various robotic medical devices, including robotic devices that are disposed within a body cavity and positioned using a support component disposed through an orifice or opening in the body cavity. Further embodiments relate to methods and devices for operating the above devices.

### BACKGROUND

Invasive surgical procedures are essential for addressing various medical conditions. When possible, minimally invasive procedures such as laparoscopy are preferred.

However, known minimally invasive technologies such as laparoscopy are limited in scope and complexity due in part to 1) mobility restrictions resulting from using rigid tools inserted through access ports, and 2) limited visual feedback. Known robotic systems such as the da Vinci® Surgical System (available from Intuitive Surgical, Inc., located in Sunnyvale, CA) are also restricted by the access ports, as well as having the additional disadvantages of being very large, very expensive, unavailable in most hospitals, and having limited sensory and mobility capabilities.

There is a need in the art for improved surgical methods, systems, and devices.

### BRIEF SUMMARY OF THE INVENTION

Discussed herein are various robotic surgical systems, including certain systems having camera lumens configured to receive various camera systems. Further embodiments relate to surgical insertion devices configured to be used to insert various surgical devices into a cavity of a patient while maintaining insufflations of the cavity.

In one Example, a robotic surgical system, including: a robotic surgical device including: a device body including front and back sides and a distal end and a proximal end; first and second shoulder joints operably coupled to the distal end of the device body; a first robotic arm operably coupled to the first shoulder joint; and a second robotic arm operably coupled to the second shoulder joint; and a camera component, including a flexible section and a distal imager, where

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the first and second robotic arms are constructed and arranged so as to be positioned on the front or back sides of the body.

Implementations may include one or more of the following features. The robotic surgical system where the surgical device includes at least one actuator. The robotic surgical system where the first and second robotic arms include at least one motor disposed within each of the first and second robotic arms. The robotic surgical system further including a support device configured to remote center the robotic surgical device. The robotic surgical system further including an surgical console. The robotic surgical system where the camera is disposed through a lumen defined in the robotic surgical device. The robotic surgical system where the camera is configured to be an adjustable height camera. The robotic surgical system where the camera is constructed and arranged to be capable of pitch and yaw. The robotic surgical system where the distal camera tip is configured to orient to a define workspace. The robotic surgical system where the camera includes lights. The robotic surgical system where the robotic surgical device further includes first and second end effectors. The robotic surgical system where the first robotic arm further includes an upper arm and a forearm. The robotic surgical system where the first robotic arm further includes: a first arm upper arm; a first arm elbow joint; and a first arm lower arm, where the first arm upper arm is configured to be capable of roll, pitch and yaw relative to the first shoulder joint and the first arm lower arm is configured to be capable of yaw relative to the first arm upper arm by way of the first arm elbow joint. The surgical robotic system where the first robotic arm further includes at least one first arm actuator disposed within the first robotic arm. The robotic surgical system where the second robotic arm further includes: a second arm upper arm; a second arm elbow joint; and a second arm lower arm, where the second arm upper arm is configured to be capable of roll, pitch and yaw relative to the second shoulder joint and the second arm lower arm is configured to be capable of yaw relative to the second arm upper arm by way of the second arm elbow joint. The surgical robotic system where the second robotic arm further includes at least one second arm actuator disposed within the second robotic arm. The surgical robotic system where the first and second arms include at least one motor disposed in each arm. The surgical robotic system further including at least one PCB disposed within at least one of the first or second robotic arms and in operational communication with at least one of the first robotic arm and second robotic arm, where the PCB is configured to perform yaw and pitch functions.

One Example includes A robotic surgical system, including: a robotic surgical device including: a device body including: a distal end; a proximal end; a front side; and a back side; first and second shoulder joints operably coupled to the distal end of the device body; a first robotic arm operably coupled to the first shoulder joint; and a second robotic arm operably coupled to the second shoulder joint; and a camera component, including: a shaft; an imager; and a flexible section operably coupling the imager to the shaft, where the first and second robotic arms are constructed and arranged so as to be positioned on the front or back sides of the body. Implementations may include one or more of the following features. The robotic surgical system where the first robotic arm further includes an upper arm and a forearm. The robotic surgical system where the first robotic arm further includes: a first arm upper arm; a first arm elbow joint; and a first arm lower arm, where the first arm upper arm is configured to be capable of roll, pitch and yaw

relative to the first shoulder joint and the first arm lower arm is configured to be capable of yaw relative to the first arm upper arm by way of the first arm elbow joint. The surgical robotic system where the first robotic arm further includes at least one first arm actuator disposed within the first robotic arm. The robotic surgical system where the second robotic arm further includes: a second arm upper arm; a second arm elbow joint; and a second arm lower arm, where the second arm upper arm is configured to be capable of roll, pitch and yaw relative to the second shoulder joint and the second arm lower arm is configured to be capable of yaw relative to the second arm upper arm by way of the second arm elbow joint. The surgical robotic system where the second robotic arm further includes at least one second arm actuator disposed within the second robotic arm. The surgical robotic system where the first and second arms include at least one motor disposed in each arm. The surgical robotic system further including at least one PCB disposed within at least one of the first or second robotic arms and in operational communication with at least one of the first robotic arm and second robotic arm, where the PCB is configured to perform yaw and pitch functions. Implementations of the described techniques may include hardware, a method or process, or computer software on a computer-accessible medium.

Another Example includes A robotic surgical system, including: a robotic surgical device including: a device body including: a distal end; a proximal end, and a camera lumen defined within the device body, the camera lumen including: a proximal lumen opening in the proximal end of the device body; a socket portion defined distally of the proximal lumen opening, the socket portion including a first diameter and a first coupling component; an extended portion defined distally of the socket portion, the extended portion having a second, smaller diameter; and a distal lumen opening in the distal end of the device body, the distal lumen opening defined at a distal end of the extended portion; first and second shoulder joints operably coupled to the distal end of the device body; a first robotic arm operably coupled to the first shoulder joint; and a second robotic arm operably coupled to the second shoulder joint; and a camera component, including an elongate tube operably coupled to the handle, where the elongate tube is configured and sized to be positionable through the extended portion, the elongate tube including: a shaft; an imager; and a flexible section operably coupling the optical section to the rigid section, where the elongate tube has a length such that at least the optical section is configured to extend distally from the distal lumen opening when the camera component is positioned through the camera lumen.

Implementations may include one or more of the following features. The surgical robotic system where the first and second arms include at least one motor disposed in each arm. The surgical robotic system further including at least one PCB disposed within at least one of the first or second robotic arms and in operational communication with at least one of the first robotic arm and second robotic arm, where the PCB is configured to perform yaw and pitch functions.

While multiple embodiments are disclosed, still other embodiments of the present invention will become apparent to those skilled in the art from the following detailed description, which shows and describes illustrative embodiments of the invention. As will be realized, the invention is capable of modifications in various obvious aspects, all without departing from the spirit and scope of the present invention. Accordingly, the drawings and detailed description are to be regarded as illustrative in nature and not restrictive.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1A is a front view of a surgical device, according to one embodiment.

FIG. 1B is a front view of the device of FIG. 1A inserted into the body cavity.

FIG. 2 is a front view of a surgical device, according to one embodiment.

FIG. 3 is a three-quarters perspective view of the robot of the implementation of FIG. 2 without the camera.

FIG. 4 is a three-quarters perspective view of the camera of the implementation of FIG. 2 without the robot.

FIG. 5A is a close-up perspective view of a surgical device, according to one embodiment.

FIG. 5B is front view of the embodiment of FIG. 5A, wherein the arms and camera are in the "insertion" position.

FIG. 6A is a perspective view of a surgical device showing various workspaces for the arms, according to one embodiment.

FIG. 6B is a further perspective view of the surgical device of FIG. 6A, showing the workspace of one arm.

FIG. 7A is a side view of the robot according to one embodiment, showing the range of motion of the arms and the associated workspaces, according to one embodiment.

FIG. 7B is a top view of the implementation of FIG. 7A, showing the range of motion of the arms and the associated workspaces.

FIG. 7C is a perspective view of the implementation of FIG. 7A, showing the range of motion of the arms and the associated workspaces.

FIG. 8A is a rear perspective view of one implementation of a surgical device, showing the positioning of the arms to the ahead and behind the device, according to one embodiment.

FIG. 8B is a three-quarters rear view of the device of FIG. 8A, showing several possible arm positions.

FIG. 8C is a lower perspective front view of the device showing the arm positions of FIG. 8B.

FIG. 9 is a perspective view of a surgical device according to one embodiment showing the camera and arms oriented in a central "down" work position.

FIG. 10 is a front view of the device of FIG. 9 showing the arms in an central "up" position.

FIG. 11 is a perspective view of a surgical device according to one embodiment showing the arms in a "down" position.

FIG. 12A is a top view of a surgical device, according to one implementation.

FIG. 12B is a top view of a surgical device, according to another implementation.

FIG. 12C is a front view of a surgical device, according to one implementation.

FIG. 12D is a front view of a surgical device, according to another implementation.

FIG. 12E is a side view of a surgical device, according to one implementation.

FIG. 12F is a side view of a surgical device, according to another implementation.

FIG. 13A is a perspective view of a surgical device according to one embodiment, showing the movement of the first joint.

FIG. 13B is a perspective view of a surgical device according to one embodiment, showing the movement of the second joint.

FIG. 13C is a perspective view of a surgical device according to one embodiment, showing the movement of the third joint.

FIG. 13D is a perspective view of a surgical device according to one embodiment, showing the movement of the fourth joint.

FIG. 14 is a perspective view of a surgical robotic device showing the internal components, according to one implementation.

FIG. 15 is a front view showing the internal components of the body and shoulders, according to one embodiment.

FIG. 16 is a perspective view showing the internal components of the body, according to one embodiment

FIG. 17 is a perspective view showing the internal components of the shoulders, according to one embodiment.

FIG. 18 is a side view showing the internal components of the shoulders, according to one embodiment.

FIG. 19 is a reverse perspective view showing the internal components of the body and shoulders, according to one embodiment.

FIG. 20 is a perspective view showing the internal components of the upper arm, according to one embodiment.

FIG. 21 is a perspective view showing further internal components of the upper arm, according to one embodiment.

FIG. 22 is a front view showing further internal components of the upper arm, according to one embodiment.

FIG. 23 is a perspective view showing further internal components of the upper arm, according to one embodiment.

FIG. 24 is a perspective view showing internal components of the lower arm, according to one embodiment.

FIG. 25 is a perspective view showing further internal components of the upper arm, according to one embodiment.

FIG. 26 is a perspective view showing further internal components of the upper arm, according to one embodiment.

FIG. 27 is a perspective view showing yet further internal components of the upper arm, according to one embodiment.

FIG. 28A is a front perspective view of a surgical device having an articulating camera, according to one embodiment.

FIG. 28B is a close-up perspective view of the camera of FIG. 28A showing a variety of possible movements.

FIG. 28C is a front view of a robotic device and camera having adjustable depth, according to one embodiment.

FIG. 28D is a close up view of the device lumen and camera shaft showing the adjustable depth mechanism, according to one implementation, showing the camera in an “up” position.

FIG. 28E is a front view of the robot and camera, according to the implementations of FIGS. 28C and 28D.

FIG. 28F is a front view of a robotic device and camera having adjustable depth, according to one embodiment.

FIG. 28G is a close up view of the device lumen and camera shaft showing the adjustable depth mechanism, according to one implementation, showing the camera in an “down” position.

FIG. 28H is a front view of the robot and camera, according to the implementations of FIGS. 28F and 28G.

FIG. 28I is a cross-sectional view of the body lumen, according to one embodiment.

FIG. 29A depicts a surgical device workspace and field of view, according to exemplary implementation.

FIG. 29B depicts a surgical device workspace and field of view, according to another exemplary implementation.

FIG. 30A depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 30B depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 30C depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 30D depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 30E depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 30F depicts a surgical device and zero-degree camera in one of a range of possible positions, according to one implementation.

FIG. 31A depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 31B depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 31C depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 31D depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 31E depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 31F depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32A depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32B depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32C depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32D depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32E depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 32F depicts a surgical device and zero-degree camera in one of a range of possible positions, according to another implementation.

FIG. 33A depicts a surgical device and camera in a first viewing position with an “S-scope” configuration, according to one implementation.

FIG. 33B depicts a surgical device and camera in a second viewing position with an “S-scope” configuration, according to one implementation.

FIG. 33C depicts a surgical device and camera in a first viewing position with an “S-scope” configuration, according to one implementation.

FIG. 34A is one implementation of the articulating camera tip.

FIG. 34B is another implementation of the articulating camera tip.

FIG. 34C is yet another implementation of the articulating camera tip.

FIG. 35A is a side view of the surgical device and camera showing the camera between at a first depth, according to one embodiment.



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FIG. 35B is a side view of the surgical device and camera showing the camera between at a second depth, according to one embodiment.

FIG. 35C is a side view of the surgical device and camera showing the camera between at a third depth, according to one embodiment.

FIG. 36A is a side view of a surgical device end effector, according to one embodiment.

FIG. 36B is a side view of a surgical device end effector, according to another embodiment.

FIG. 36C is a side view of a surgical device end effector, according to another embodiment.

FIG. 37 is a front view of the surgical device on a support structure, according to one implementation.

FIG. 38 is a perspective view of the surgical device on a support structure, according to one implementation.

FIG. 39 is a cross-sectional view of the surgical device at the insertion point, according to one implementation.

FIG. 40A is a perspective view of the surgical device on a support structure, according to one implementation.

FIG. 40B is a side view of the surgical device on a support structure, according to one implementation.

FIG. 41A is a perspective view of the surgical device on a support structure, according to one implementation.

FIG. 41B is a further perspective view of the surgical device on a support structure, according to the implementation of FIG. 41A.

FIG. 42A is a perspective view of the surgical device on another support structure, according to one implementation.

FIG. 42B is a further perspective view of the surgical device on a support structure, according to the implementation of FIG. 42A.

FIG. 42C is yet a further perspective view of the surgical device on a support structure, according to the implementation of FIG. 42A.

FIG. 43 is a side view of the surgical device on yet another support structure, according to one implementation.

FIG. 44 is yet a further perspective view of the surgical device on a support structure, according to another implementation.

FIG. 45 is a perspective view of the surgical device on a support robot, according to another implementation.

FIG. 46 is a perspective view of the surgical device on a support robot, according to another implementation.

FIG. 47 is a perspective view of the surgical device on a ball joint support structure, according to another implementation.

FIG. 48A is a perspective view of a support structure for positioning the surgical device, according to one implementation.

FIG. 48B-1 is a side view of the support device according to the embodiment of FIG. 48 in a first position.

FIG. 48B-2 is a top view of the implementation of the support device of FIG. 48B-1.

FIG. 48C-1 is a side view of the support device according to the embodiment of FIG. 48 in a second position.

FIG. 48C-2 is a top view of the implementation of the support device of FIG. 48B-1.

FIG. 48D-1 is a side view of the support device according to the embodiment of FIG. 48 in a third position.

FIG. 48D-2 is a top view of the implementation of the support device of FIG. 48D-1.

FIG. 49 is a perspective view of a support structure positioning the surgical device, according to one implementation.

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FIG. 50A is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 50B is a side view of another support structure positioning the surgical device, according to one implementation.

FIG. 50C is a side view of another support structure positioning the surgical device, according to one implementation.

FIG. 50D is a side view of another support structure positioning the surgical device, according to one implementation.

FIG. 51 is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 52A is a side view of another support structure positioning the surgical device, according to one implementation.

FIG. 52B is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 52C is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 52D is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 52E is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 52F is a perspective view of another support structure positioning the surgical device, according to one implementation.

FIG. 53 is a perspective view of the surgical console, according to one implementation.

FIG. 54 is a schematic view of a surgical system, according to one implementation.

FIG. 55 is another schematic view of a surgical system, according to one implementation.

## DETAILED DESCRIPTION

The various systems and devices disclosed herein relate to devices for use in medical procedures and systems. More specifically, various embodiments relate to various medical devices, including robotic devices and related methods and systems.

It is understood that the various embodiments of robotic devices and related methods and systems disclosed herein can be incorporated into or used with any other known medical devices, systems, and methods.

It is understood that the various embodiments of robotic devices and related methods and systems disclosed herein can be incorporated into or used with any other known medical devices, systems, and methods. For example, the various embodiments disclosed herein may be incorporated into or used with any of the medical devices and systems disclosed in copending U.S. application Ser. No. 11/766,683 (filed on Jun. 21, 2007 and entitled "Magnetically Coupleable Robotic Devices and Related Methods"), Ser. No. 11/766,720 (filed on Jun. 21, 2007 and entitled "Magnetically Coupleable Surgical Robotic Devices and Related Methods"), Ser. No. 11/966,741 (filed on Dec. 28, 2007 and entitled "Methods, Systems, and Devices for Surgical Visualization and Device Manipulation"), 61/030,588 (filed on Feb. 22, 2008), Ser. No. 12/171,413 (filed on Jul. 11, 2008 and entitled "Methods and Systems of Actuation in Robotic

Devices”), Ser. No. 12/192,663 (filed Aug. 15, 2008 and entitled Medical Inflation, Attachment, and Delivery Devices and Related Methods”), Ser. No. 12/192,779 (filed on Aug. 15, 2008 and entitled “Modular and Cooperative Medical Devices and Related Systems and Methods”), Ser. No. 12/324,364 (filed Nov. 26, 2008 and entitled “Multi-functional Operational Component for Robotic Devices”), 61/640,879 (filed on May 1, 2012), Ser. No. 13/493,725 (filed Jun. 11, 2012 and entitled “Methods, Systems, and Devices Relating to Surgical End Effectors”), Ser. No. 13/546,831 (filed Jul. 11, 2012 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), 61/680,809 (filed Aug. 8, 2012), Ser. No. 13/573,849 (filed Oct. 9, 2012 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), Ser. No. 13/738,706 (filed Jan. 10, 2013 and entitled “Methods, Systems, and Devices for Surgical Access and Insertion”), Ser. No. 13/833,605 (filed Mar. 15, 2013 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), Ser. No. 13/839,422 (filed Mar. 15, 2013 and entitled “Single Site Robotic Devices and Related Systems and Methods”), Ser. No. 13/834,792 (filed Mar. 15, 2013 and entitled “Local Control Robotic Surgical Devices and Related Methods”), Ser. No. 14/208,515 (filed Mar. 13, 2014 and entitled “Methods, Systems, and Devices Relating to Robotic Surgical Devices, End Effectors, and Controllers”), Ser. No. 14/210,934 (filed Mar. 14, 2014 and entitled “Methods, Systems, and Devices Relating to Force Control Surgical Systems), Ser. No. 14/212,686 (filed Mar. 14, 2014 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), and Ser. No. 14/334,383 (filed Jul. 17, 2014 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), and U.S. Pat. No. 7,492,116 (filed on Oct. 31, 2007 and entitled “Robot for Surgical Applications”), U.S. Pat. No. 7,772,796 (filed on Apr. 3, 2007 and entitled “Robot for Surgical Applications”), and U.S. Pat. No. 8,179,073 (issued May 15, 2011, and entitled “Robotic Devices with Agent Delivery Components and Related Methods”), U.S. Published Application No. 2016/0074120 (filed Sep. 14, 2015, and entitled “Quick-Release End Effectors and Related Systems and Methods”), U.S. Published Application No. 2016/0135898 (filed Nov. 11, 2015 entitled “Robotic Device with Compact Joint Design and Related Systems and Methods”), U.S. patent application Ser. No. 15/227,813 (filed Aug. 3, 2016 and entitled “Robotic Surgical Devices, Systems, and Related Methods”), U.S. Provisional Application No. 62/379,344 (filed Aug. 25, 2016 and entitled “Quick-Release End Effector Tool Interface and Related Systems and Methods”), U.S. Provisional Application No. 62/425,149 (filed Nov. 22, 2016 and entitled “Improved Gross Positioning Device and Related Systems and Methods”), U.S. Provisional Application No. 62/427,357 (filed Nov. 29, 2016 and entitled “Controller with User Presence Detection and Related Systems and Methods”), U.S. Provisional Application No. 62/433,837 (filed Dec. 14, 2016 and entitled “Releasable Attachment Device for Coupling to Medical Devices and Related Systems and Methods”), and U.S. Provisional Application No. 62/381,299 (filed Aug. 30, 2016 and entitled “Robotic Device with Compact Joint Design and an Additional Degree of Freedom and Related Systems and Methods”) a all of which are hereby incorporated herein by reference in their entireties.

Certain device and system implementations disclosed in the applications listed above can be positioned within a body cavity of a patient in combination with a support component similar to those disclosed herein. An “in vivo device” as used herein means any device that can be positioned, operated, or controlled at least in part by a user while being

positioned within a body cavity of a patient, including any device that is coupled to a support component such as a rod or other such component that is disposed through an opening or orifice of the body cavity, also including any device positioned substantially against or adjacent to a wall of a body cavity of a patient, further including any such device that is internally actuated (having no external source of motive force), and additionally including any device that may be used laparoscopically or endoscopically during a surgical procedure. As used herein, the terms “robot,” and “robotic device” shall refer to any device that can perform a task either automatically or in response to a command.

Certain embodiments provide for insertion of the present invention into the cavity while maintaining sufficient insufflation of the cavity. Further embodiments minimize the physical contact of the surgeon or surgical users with the present invention during the insertion process. Other implementations enhance the safety of the insertion process for the patient and the present invention. For example, some embodiments provide visualization of the present invention as it is being inserted into the patient’s cavity to ensure that no damaging contact occurs between the system/device and the patient. In addition, certain embodiments allow for minimization of the incision size/length. Further implementations reduce the complexity of the access/insertion procedure and/or the steps required for the procedure. Other embodiments relate to devices that have minimal profiles, minimal size, or are generally minimal in function and appearance to enhance ease of handling and use.

Certain implementations disclosed herein relate to “combination” or “modular” medical devices that can be assembled in a variety of configurations. For purposes of this application, both “combination device” and “modular device” shall mean any medical device having modular or interchangeable components that can be arranged in a variety of different configurations. The modular components and combination devices disclosed herein also include segmented triangular or quadrangular-shaped combination devices. These devices, which are made up of modular components (also referred to herein as “segments”) that are connected to create the triangular or quadrangular configuration, can provide leverage and/or stability during use while also providing for substantial payload space within the device that can be used for larger components or more operational components. As with the various combination devices disclosed and discussed above, according to one embodiment these triangular or quadrangular devices can be positioned inside the body cavity of a patient in the same fashion as those devices discussed and disclosed above.

Certain embodiments disclosed or contemplated herein can be used for colon resection, a surgical procedure performed to treat patients with lower gastrointestinal diseases such as diverticulitis, Crohn’s disease, inflammatory bowel disease and colon cancer. Approximately two-thirds of known colon resection procedures are performed via a completely open surgical procedure involving an 8- to 12-inch incision and up to six weeks of recovery time. Because of the complicated nature of the procedure, existing robot-assisted surgical devices are rarely used for colon resection surgeries, and manual laparoscopic approaches are only used in one-third of cases. In contrast, the various implementations disclosed herein can be used in a minimally invasive approach to a variety of procedures that are typically performed ‘open’ by known technologies, with the potential to improve clinical outcomes and health care costs. Further, the various implementations disclosed herein can be used in place of the known mainframe-like laparoscopic

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surgical robots that reach into the body from outside the patient. That is the less-invasive robotic systems, methods, and devices disclosed herein feature small, self-contained surgical devices that are inserted in their entireties through a single incision in the patient's abdomen. Designed to utilize existing tools and techniques familiar to surgeons, the devices disclosed herein will not require a dedicated operating room or specialized infrastructure, and, because of their much smaller size, are expected to be significantly less expensive than existing robotic alternatives for laparoscopic surgery. Due to these technological advances, the various embodiments herein could enable a minimally invasive approach to procedures performed in open surgery today.

The various embodiments are disclosed in additional detail in the attached figures, which include some written description therein.

The various system embodiments described herein are used to perform robotic surgery. The systems are used for general surgery applications in the abdominal cavity, including colon resection. In certain implementations, the various systems described herein are based on and/or utilize techniques used in manual laparoscopic surgery including insufflation of the abdominal cavity and the use of ports to insert tools into the abdominal cavity.

Major components of the various system embodiments include a robot and a surgeon control console. The robot implementations are configured to be inserted into the insufflated abdominal cavity. Certain robot embodiments have an integrated camera system that captures a view of the surgical target. The surgeon can then use that view on a display to help control the robot's movements. In certain implementations, the camera is designed so that it can be removed so it can be cleaned and used in other applications.

The surgeon console, according to some embodiments, has a display to view the feedback from the camera. This display can also have overlays to provide some additional information to the surgeon including the robot's state and other information. The console can also have a touch screen used to control various system functions. In addition, the various console embodiments can also have user input devices (e.g. haptic joysticks) that the surgeon can use to control the movement of the robot's arms and other movement. Further, the console can also have one or more pedals used to control various robot control and functions.

In other embodiments as will be discussed in further detail herein, the system can include disposable or permanent sleeves, an electro-surgery cautery generator, an insertion port, a support arm/structure, a camera, remote surgical displays, end-effectors (tools), an interface pod, a light source, and other support components.

FIGS. 1A and 1B depict one embodiment of the system 1 with a robot or robotic device 10 with a camera 12. As shown in FIG. 1A, the robotic device 10 has two robotic arms 14, 16 operably coupled thereto and a camera component or "camera" 12 disposed between the two arms 14, 16 and positionable therein. That is, device 10 has a first (or "right") arm 14 and a second (or "left") arm 16, both of which are operably coupled to the device 10 as discussed in additional detail below. The device 10 as shown has a casing (also referred to as a "cover" or "enclosure") 11. The device 10 is also referred to as a "device body" 10A and has two rotatable cylindrical components (also referred to as "shoulders" or "turrets"): a first (or "right") shoulder 14A and a second (or "left") shoulder 16A. Each arm 14, 16 also has an upper arm (also referred to herein as an "inner arm," "inner arm assembly," "inner link," "inner link assembly," "upper arm assembly," "first link," or "first link assembly") 14B,

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16B, and a forearm (also referred to herein as an "outer arm," "outer arm assembly," "outer link," "outer link assembly," "forearm assembly," "second link," or "second link assembly") 14C, 16C. The right upper arm 14B is operably coupled to the right shoulder 14A of the body 10A at the right shoulder joint 14D and the left upper arm 16B is operably coupled to the left shoulder 16A of the body 10 at the left shoulder joint 16D. Further, for each arm 14, 16, the forearm 14C, 16C is rotatably coupled to the upper arm 14B, 16B at the elbow joint 14E, 16E.

As shown in FIG. 1B, the robotic device 10 has been inserted into a model of the abdominal cavity 6 through a gel port 7 in a fashion similar to the way it would be inserted into a patient's abdominal cavity 6. The gel port 7 allows for an irregularly shaped robotic device 10 to be inserted while maintaining insufflation pressure. In this implementation, a standard manual laparoscopic port 7 is used in addition to the robot 10. Alternatively, two or more such ports can be utilized (not shown). In a further alternative, no standard manual laparoscopic ports are used.

In FIG. 1B, the device body 10A is shown having been inserted in a ventral-dorsal orientation into the abdominal cavity such that the longitudinal body axis (as is shown by reference arrow A) is generally perpendicular relative to the rostrocaudal/anteroposterior and mediolateral axes (reference arrows B and C, respectively). It is understood that following insertion, the device body 10A can be variously positioned, so as to be rotated, tilted or angled relative to the cavity 6 to alter the device workspace and access various regions of the cavity, as is described in detail below in relation to FIGS. 6A-8C.

FIG. 2 shows the robot with the integrated camera system, according to one embodiment. The robot of FIG. 2 has two arms 14, 16 and a body 10A (or torso) having a distal end 10B and proximal end 10C. The arms 14, 16 each have active degrees of freedom and an additional active joint 14F, 16F to actuate the end effectors, or tools 18, 20. It is understood that more or less degrees of freedom could be included. The device in this embodiment has a connection line 8 (also referred to as a "pigtail cable") (partially shown) that includes electrical power, electrocautery, and information/communication signals. In certain implementations, the device has distributed control electronics and software to help control the device 10. Some buttons can be included to support insertion and extraction of the device into and out of the abdominal cavity. In this embodiment, the integrated camera 12 is also shown inserted in the device body 10A. When inserted into the body 10A, the camera 12 has a handle or body 12A that extends proximally from the proximal body end 10C and a flexible camera imager 12B extending from the distal body end 10B.

FIGS. 3 and 4 depict the robotic device 10 with the camera assembly 12 removed, according to one embodiment. In these embodiments, and as shown in FIG. 2 and FIGS. 3-4, the camera imager 12B is designed to be positioned between the two arms 14, 16 and capture that view between the two arms 14, 16. In these implementations, the camera 12 extends through the robot body 10A such that the camera imager 12B exits near the joints between the body and the robotic arms (the "shoulder" joints 14A, 16A). The camera 12 has a flexible, steerable tip 12C to allow the user to adjust the viewing direction. The end effectors 18, 20 on the distal end of the arms 14, 16 can include various tools 18, 20 (scissors, graspers, needle drivers, etc.). In certain embodiments, the tools 18, 20 are designed to be removable by a small twist of the tool knob that couples the end effector to the arm 14, 16.

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As is shown in FIGS. 3-4, the camera assembly 12 has a handle 12A and a long shaft 12D with the camera imager 12B at the distal tip 12C. In various implementations, the flexible tip 12C and therefore camera imager 12B can be steered or otherwise moved in two independent directions in relation to the shaft 12D at a flexible section 12E (black section on shaft) to change the direction of view. In certain implementations, the camera 12 has some control buttons 12G as shown. In some embodiments, the camera assembly 12 can be used independently of the robotic device 10 as shown in FIG. 4.

Alternatively, the assembly can be inserted into the robot 10 through a lumen 10D defined through the body 10A of the robotic device 10 as shown. In certain embodiments, the lumen 10D includes a seal/port 10E to ensure that the patient's cavity remains insufflated (as shown in relation to FIG. 1B). According to one embodiment, the robotic device 10 can have a sensor to determine if the camera is positioned in the camera lumen 10D of the device 10.

FIG. 5 depicts a robotic device 10 according to one embodiment in a configuration in which the positionable arms 14, 16 are positioned such that the tools 18, 20 are positioned in line with the camera tip 12C. That is, in this embodiment the arms 14, 16 are disposed in the workspace so as to be within the field of view of the camera imager 12B (designated by reference lines "V<sub>1</sub>" and "V<sub>2</sub>"). In the implementation of FIG. 5, the device 10 is positioned within the cavity of the patient at an angle—that is, such that the longitudinal axis of the device body 10A (designated by reference line A) is not perpendicular to the body of the patient (as shown, for example, in FIG. 1B).

In the implementation of FIG. 5A, the device body 10A is therefore oriented so as to have a "top," "upper," or "front" side 22 and a "bottom," "lower," or "back" side 24. It is understood that further configurations are possible, and as described in detail herein, the camera 12 and arms 14, 16 are capable of extending into either side 22, 24 so as to provide large workspaces without the need to rotate the device body 10A.

In the implementation shown in FIG. 5B, the arms 14, 16 of the robotic device 10 are positioned in an "insertion" configuration. As shown, in the insertion configuration, the arms 14, 16 and camera 12 are all primarily aligned with the robotic device body 10A such that the longitudinal axes of each of the components are substantially parallel to one another (as shown by reference arrow I) for insertion through the port (as is shown, for example, in FIG. 1B at 7). It is understood that the insertion configuration minimizes the overall "footprint" of the device 10, so as to allow the smallest possible incision. In certain implementations, during insertion the device 10 can be passed through a variety of positions while being inserted, as has been previously described in U.S. patent application Ser. No. 15/227,813 filed Aug. 3, 2016 and entitled "Robotic Surgical Devices, Systems, and Related Methods," which is incorporated by reference herein in its entirety.

A principle advantage of the system 1 in certain implementations is a wide workspace range for the arms, including embodiments wherein the arms are positioned "behind" the device. In use, increasing the workspace range of each of the arms can reduce the need to reposition to the device, and therefore lead to greater efficiency and faster total surgery times and recovery. Several implementations showing the increased arm range are described herein.

FIGS. 6A, 6B, 7A, 7B, and 7C schematically depict the entire workspace 30 as well as the individual reachable workspaces 30A, 30B of each of the arms 14, 16 of a robotic

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device 10, according to certain embodiments. In these embodiments, "workspace" 30 means the space 30 around the robotic device 10 in which either arm and/or end effector 18, 20 can move, access, and perform its function within that space.

More specifically, FIG. 6A depicts a perspective view of the device body 10A and further schematically shows the entire workspace 30 as well as the individual workspaces 30A, 30B of the first arm 14 and second arm 16, respectively. Note that the each arm 14, 16 has a range of motion and corresponding workspace 30A, 30B that extends from the front 22 of the device to the back 24 of the device 10. Thus, the first arm 14 equally to the front 22 and the back 24, through about 180° of space relative to the axis of the device body 10A for each arm 14, 16. This workspace 30 allows the robotic device to work to the front 22 and back 24 equally well without having to reposition the body 10A.

As best shown in FIG. 6B, the overlap of the ranges of motion for the individual arms in these implementations also enables an intersecting workspace 30C (as is also shown in FIG. 6A). It is understood that the intersecting workspace 30C in these implementations encompasses the workspace 30C reachable by both arms 14, 16 and end effectors 18, 20 in any individual device 10 position. Again, in these implementations, the intersecting workspace 30C includes a range of about 180° of space relative to the axis of the device body 10A.

FIG. 7A depicts a side view of the device body 10A and further schematically shows the workspace 30A of the first arm 14. Note that the first arm 14 has a range of motion that extends from the front 22 of the device to the back 24 of the device 10. Thus, the first arm 14 equally to the front 22 and the back 24. This allows the robotic device to work to the front 22 and back 24 equally well without having to reposition the body 10A. With respect to the actual position of the arms 14, 16, FIG. 7A depicts the first arm 14 extending out from the front 22 of the device while the second arm 16 is extending out from the back 24.

Similarly, FIGS. 7B and 7C depict different views of the device body 10A and arms 14, 16 of FIG. 7A. For example, FIG. 7B depicts a top view of the body 10A and arms 14, 16. In this embodiment, both the workspace 30A of the first arm 14 and the workspace 30B of the second arm 16 are shown from a top view. Further, FIG. 7C depicts the body 10A and arms 14, 16 from a perspective view that shows another angle of the workspaces 30A, 30B.

In each of FIGS. 7A-7C, the same configuration of the body 10A and arms 14, 16 is shown, with the first arm 14 extending out from the front 22 of the device while the second arm 16 is extending out from the back 24 (as best shown in FIG. 7A). This wide range of motion demonstrated by the workspaces 30A, 30B for both of its arms 14, 16 gives the robotic device 10 a relatively large workspace when compared to the length of its arms 14, 16.

FIGS. 8A, 8B, and 8C further depict the wide range of motion that can be achieved by the arms of this specific device 10, according to one embodiment. FIG. 8A depicts a perspective view of the back of the device 10 in which the arms 14, 16 are both depicted in a single position that is substantially similar to that depicted in FIGS. 7A-7C: a first arm 14 extends away from the front 22 of the device body 10A, while the second arm 16 extends away from the back 24 of the device body 10A.

FIG. 8B depicts a side view of the device 10 in which the first arm 14 is depicted in multiple different positions, including a first position 14-1, a second position 14-2, a third position 14-3, and a fourth position 14-4, thereby providing

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some examples of the range of motion of which the arms (in this case, the first arm **14**) are capable.

The implementation of FIG. **8C** depicts a perspective front view of the device **10** in which the first arm **14** is again depicted in the same positions as shown in FIG. **8B**, including the first **14-1**, second **14-2**, third **14-3**, and fourth **14-4** positions within the workspace **30A**. One of skill in the art would appreciate that many additional positions between those shown are also possible, and that these positions of the first arm **14** are also possible for the second arm **16**.

FIG. **9** is a perspective front view of an implementation of the device **10** with an articulating, or flexible camera **12** extending from the distal end **10B** of the device body **10A**. In these implementations, the camera **12** has a distal lens **12B** on the tip portion **12C**, as well as a flexible sheath **15** enclosing the flexible section **12E**. In FIG. **9A**, the camera **12** and arms are generally oriented in a slightly “down” working position, wherein the tip portion **12C** is oriented away from the front **22** of the body **10A**. Again, it is understood that in these implementations, the camera **12** can therefore be positioned to best view the end effectors, or tools **18**, **20**. It is further understood that in these implementations the robot **10** exits the body on the forward surface **22**.

FIG. **910** depicts a further implementation of the device **10** with the arms in an “up” or “normal” position, where the camera is angled slightly toward the front **22** of the body **10A**. Further, the device of FIG. **10** has proximal sleeve attachments **32**, **34** between the shoulders **14A**, **16A** and device body **10A**. The sleeve attachments **32**, **34** can be “grooves,” where two flanges **32A**, **32B**, **34A**, **34B** are disposed around each shoulder shaft **36**, **38**. It is understood that flanges **32A**, **32B**, **34A**, **34B** are configured or otherwise constructed and arranged so that a permanent and/or disposable sleeve (not shown, but as is discussed in the incorporated references) can be attached and held in place between the respective flanges **32A**, **32B**, **34A**, **34B**. Corresponding distal mating areas **40**, **42** for each sleeve (not shown) are disposed on the distal ends of the forearms **14C**, **16C** and at the base of each tool **18**, **20**.

FIG. **11** depicts a further implementation of a robot **10** having arms **14**, **16** positioned substantially “down,” compared to the positions of FIGS. **9** and **10**. That is, in FIG. **11**, the camera tip **12C** is oriented perpendicularly from the longitudinal axis (reference arrow **A**) of the robot body **10A** on the back side **24** (as opposed to the front side **22**) within a region of the workspace **30**, and that the camera **12** is disposed such that the arms **14**, **16**, and more specifically the tools, or end effectors **18**, **20** are within the field of view (shown generally with reference arrow **V**). In this implementation, various operations cables **45** are also shown as being connected to the device body **10A** and camera **12**.

FIGS. **12A-F** depict alternate implementations of the robot **10-1**, **10-2**. In the first implementation, and as shown in FIGS. **12A**, **12C** and **12E**, the robot **10-1** has a sloped distal body **10B-1** portion **48** the camera **12** extends from within. In the second implementation, as shown in FIGS. **12B**, **12D** and **12F**, the robot **10-2** camera **12** extends from the distal body end **10B-2**. In these implementations, the arms **14**, **16** have generally cylindrical upper links, or shoulders **14A**, **16A** disposed in parallel—laterally and separately—on the distal body end **10B** such that there is a “gap” or opening **46** between the shoulders **14A**, **16A**. In these implementations, the camera **12** extends from the distal end of the device body **10B** within the opening **46**, so as to be directly between the generally cylindrical shoulders **14A**, **16A** and equidistant between the front side **22** and back

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side **24**. In these implementations, the camera **12** can therefore be curved to view forward and rearward equally, as is shown, for example, in relation to FIG. **6A-8C**.

FIGS. **13-30** depict the internal components of the body **10A**, which is shown in these figures without its casing or housing **11**. It is understood that in use, these implementations are covered, as is shown in relation to FIG. **1A**. FIGS. **13-30** include the internal structural or support components of the body **12** and provide structural support for the components disposed therein.

In use, there are many ways to actuate the robot **10** and its associated components, such as DC motors, AC motors, Permanent magnet DC motors, brushless motors, pneumatics, cables to remote motors, hydraulics, and the like. A more detailed description of one possible system is described in relation to FIGS. **13-30**. Other technologies described in the previously-filed and incorporated applications and patents can also be implemented to actuate the various components, as would be understood.

FIG. **13** shows an implementation of the robot **10** and each joint of one arm—here, the left arm **16**. It is understood that the right arm **14** of this implementation is a mirror image of the left **16**. It is understood that the internal components in the left arm **16** that operate/control/actuate the left arm **16** are substantially the same as those depicted and described herein and that the descriptions provided below apply equally to those components as well.

In the implementation of FIG. **14**, a shoulder yaw joint **100** actuates a yaw joint **100** in the robot shoulder **14A**, **16A**. In this implementation, the robot **10** also has a shoulder pitch joint **102**, that is, a pitch joint **102** on the robot shoulder **14A**, **16A**. In these implementations, an upper arm roll joint **104**, an elbow joint **106**, and a tool roll joint **108** are also provided which enable the range of motion described in relation to Table 1, below. In various implementations, a tool actuation joint (not shown) interfaces with the tool (not shown) to actuate open and close of the tool, as has been previously described.

In various implementations, these joints **100**, **102**, **104**, **106** have practical defined ranges of motions that, together with the robot geometry, lead to the final workspace of the robot **10**. For the examples given herein, the joint limits allow for a significant robot workspace, as is described above. This workspace allows the various implementations of the robot to use both arms and hands effectively in several locations within the body cavity of the patient. The joint ranges of motion defined in the implementations of FIGS. **13A-27** are given in Table 1. It is understood that further ranges are possible, and so this set of ranges is not limiting, but rather representative of a particular embodiment. Further, alternate embodiments are possible.

The direction of rotation and zero positions are shown in FIGS. **13A-D**. In FIGS. **13A-D**, the robot **10** is shown with each of the first four angles in the zero location. In these implementations, each joint (the shoulder yaw joint **100**, shoulder roll joint **102**, upper arm roll joint **104** and elbow joint **106**) is shown with an axis of rotation (dotted) and a zero location. An arrow is then used to indicate the direction of positive joint angle about the axis of rotation. Since the tool roll joint **108** and tool actuation joints **109** are allowed continuous rotation the zero location is arbitrary and not shown.

TABLE 1

Joint Ranges of Motion	
Joint No.	Range of Motion
1	-90 to +90
2	-90 to +30
3	-90 to +90
4	0 to 150
5	Continuous
6	Continuous

In the implementation of FIG. 14, the body 10A and each link (meaning the upper arm 16B, and forearm 16C) contain Printed Circuit Boards ("PCBs") 110, 112, 114 that have embedded sensor, amplification, and control electronics. One PCB is in each forearm and upper arm and two PCBs are in the body. Each PCB also has a full 6 axis accelerometer-based Inertial Measurement Unit and temperature sensors that can be used to monitor the temperature of the motors. Each joint can also have either an absolute position sensor or an incremental position sensor or both. In certain implementations, the some joints contain both absolute position sensors (magnetic encoders) and incremental sensors (hall effect). In other implementations, certain joints only have incremental sensors. These sensors are used for motor control. The joints could also contain many other types of sensors. A more detailed description of one possible method is included here.

In this implementation, a larger PCB 110 is mounted to the posterior side of the body 10A. This body PCB 110 controls the motors 116 in the base link, or body 10A (the shoulder yaw joint 100 and shoulder pitch joint 102 for left and right arms, respectively). Each upper arm has a PCB 112 to control the upper arm roll joint 104 and elbow joint 106. Each forearm has a PCB 114 to control the tool roll joint 108 and tool actuation joint (not shown). In the implementation of FIG. 14, each PCB 110, 112, 114 also has a full six axis accelerometer-based inertial measurement unit and several temperature sensors that can be used to monitor the temperature of the various motors described herein.

In these embodiments, each joint 100, 102, 104, 106, 108 can also have either an absolute position sensor or an incremental position sensor or both, as described and otherwise disclosed in U.S. Provisional Application 61,680, 809, filed on Aug. 8, 2012, which is hereby incorporated herein by reference in its entirety. In one implementation, and as shown in FIG. 15 and elsewhere the various actuators or motors 116, 130, 154, 178 described herein have at least one temperature sensor 101 disposed on the surface of the motor, for example by temperature-sensitive epoxy, such that the temperature sensors (as shown in FIG. 22 at 101) can collect temperature information from each actuator for transmission to the control unit, as discussed below. In one embodiment, any of the motors discussed and depicted herein can be brush or brushless motors. Further, the motors can be, for example, 6 mm, 8 mm, or 10 mm diameter motors. Alternatively, any known size that can be integrated into a medical device can be used. In a further alternative, the actuators can be any known actuators used in medical devices to actuate movement or action of a component. Examples of motors that could be used for the motors described herein include the EC 10 BLDC+GP10A Planetary Gearhead, EC 8 BLDC+GP8A Planetary Gearhead, or EC 6 BLDC+GP6A Planetary Gearhead, all of which are commercially available from Maxon Motors, located in Fall River, MA. There are many ways to actuate these motions,

such as with DC motors, AC motors, permanent magnet DC motors, brushless motors, pneumatics, cables to remote motors, hydraulics, and the like. Further implementations can be used in conjunction with the various systems, methods and devices disclosed in U.S. patent application Ser. No. 15/227,813 filed Aug. 3, 2016 and entitled "Robotic Surgical Devices, Systems, and Related Methods," which is incorporated by reference in its entirety.

In this implementation, joints 1-4 have both absolute position sensors (magnetic encoders) and incremental sensors (hall effect). Joints 5 & 6 only have incremental sensors. These sensors are used for motor control. It is understood that the joints could also contain many other types of sensors, as have been described in detail in the incorporated applications and references.

According to one implementation, certain other internal components depicted in the implementation of FIGS. 15-16 are configured to actuate the rotation of the shoulder yaw joint 100 of the body 10A around axis 1, as shown in FIG. 14. It is understood that two of each of the described components are used—one for each arm—but for ease of description, in certain depictions and descriptions, only one is used.

As best shown in FIG. 15, a shoulder yaw joint 100 motor 116 and gearhead combination drives a motor gear 117 first spur gear set 118, which is best shown in FIG. 16. The first spur gear set 118 drives a shaft supported by bearings 120 to drive a second spur gear set 122. In turn, this second spur gear set 122 drives an output shaft 124 that is also supported by bearings 126. This output shaft 124 then drives a turret 14A, 16A (representing the shoulder of the robot 10) such that the shoulder 16A rotates around axis 1, as best shown in FIG. 14.

According to one implementation, certain internal components depicted in the implementation of FIGS. 17-19 are configured to actuate the shoulder pitch joint 102 of the body 10A and/or shoulder 14A, 16A around axis 2, as is shown in FIG. 14. In these implementations, the pitch joint 102 is constructed and arranged to pivot the output link 140 so as to move the upper arm (not shown) relative to the shoulder 14A, 16A.

In this implementation, a motor 130 and gearhead combination drives a motor gear 131 and spur gear 132 that in turn drives a first shaft 134. This shaft 134 then drives a bevel (or miter) gear pair 136, 137 inside the shoulder turret (depicted in FIG. 19). The bevel (or miter) gear pair 136, 137 accordingly drives a helical spur set 138, 139 directly connected to the shoulder pitch joint 102 output link 140, such that the upper arm 16B rotates around axis 2, as best shown in FIG. 14. In this implementation, the shoulder yaw joint 100 and the shoulder pitch joint 102 therefore have coupled motion. In these implementations, a plurality of bearings 141 support the various gears and other components, as has been previously described.

FIGS. 20-23 depict various internal components of the upper arm 16B constructed and arranged for the movement and operation of the arm 16. In various implementations, multiple actuators or motors 142, 154 are disposed within the housing (not shown) of the forearm 16C. FIGS. 24-27 depict various internal components of the forearm 16C constructed and arranged for the movement and operation of the end effectors. In various implementations, multiple actuators or motors 175, 178 are disposed within the housing (not shown) of the forearm 16C.

In one implementation, and as shown in FIG. 22 and elsewhere the various actuators or motors 116, 130, 154, 178 described herein have at least one temperature sensor 101

disposed on the surface of the motor, for example by temperature-sensitive epoxy, such that the temperature sensors can collect temperature information from each actuator for transmission to the control unit, as discussed below. In one embodiment, any of the motors discussed and depicted herein can be brush or brushless motors. Further, the motors can be, for example, 6 mm, 8 mm, or 10 mm diameter motors. Alternatively, any known size that can be integrated into a medical device can be used. In a further alternative, the actuators can be any known actuators used in medical devices to actuate movement or action of a component. Examples of motors that could be used for the motors described herein include the EC 10 BLDC+GP10A Planetary Gearhead, EC 8 BLDC+GP8A Planetary Gearhead, or EC 6 BLDC+GP6A Planetary Gearhead, all of which are commercially available from Maxon Motors, located in Fall River, MA. There are many ways to actuate these motions, such as with DC motors, AC motors, permanent magnet DC motors, brushless motors, pneumatics, cables to remote motors, hydraulics, and the like.

One implementation of the internal components of the upper arm 16B constructed and arranged to actuate the upper arm roll joint 104 is shown in FIGS. 20-21. In this implementation, a motor 142 and gearhead combination controlled by a PCB 112 drives a motor gear 143 and corresponding spur gear 144 where the output spur gear 144 is supported by a shaft 148 and bearings 150. The output shaft 152 and output spur gear 144 can have a mating feature 146 that mates to the shoulder pitch joint 102 output link 140 (shown in FIG. 17).

One implementation of the internal components of the upper arm 16B configured to operate the elbow joint 106 is shown in FIGS. 22-23. In this implementation, a base motor 154 directly drives a driven spur gear set that includes three gears 156, 158, 160. This spur gear set 156, 158, 160 transfers the axis of rotation from the axis of the motor 154 to the axis of a worm gear 166.

As best shown in FIG. 23, the output spur gear 160 from this set drives a motor gearhead 162 that drives a worm shaft 164 that has a worm gear 166 mounted on it. This worm gear 166 then drives a worm wheel 168 that is connected to the Joint 4 output shaft 170. It should also be noted that the upper arm unit (as shown in FIG. 22) shows a curved concave region 172 on the right side. It is understood that this region 172 is configured to allow for a larger motion of Joint 4 so as to allow the forearm to pass through the region 172.

One implementation of the internal components of the forearm 16C configured or otherwise constructed and arranged to operate the tool roll joint 108 is shown in FIGS. 24-25. In these implementations, the tool roll joint 108 drives a tool lumen 174 that holds the tool (shown, for example, at 18, 20 in FIGS. 1A-1B). The tool lumen 174 is designed to mesh with the roll features on the tool to cause the tool to rotate about its axis, as shown as axis 5 in FIG. 14. In this implementation, a tool roll motor 175 with a gearhead is used to drive a motor gear 176 and spur gear chain with two gears 177A, 177B. The last gear of this chain 177B is rigidly mounted to the tool lumen 174, so as to rotate the inner surface 174A of the tool lumen, and correspondingly any inserted end effector.

One implementation of a tool actuation joint 109 is shown in FIGS. 26-27. In this implementation, the Joint 6 motor 178 does not visibly move the robot. Instead, this tool actuation joint 109 drives a female spline 184 that interfaces with the tool (Shown, for example, at 18, 20 in FIGS. 1A-1B) and is configured to actuate the end effector to open

and close. This rotation of the end effector arms such that the end effector opens and closes is also called "tool drive." The actuation, in one aspect, is created as follows. An actuator 178 is provided that is, in this implementation, a motor assembly 178. The motor assembly 178 is operably coupled to the motor gear 180, which is a spur gear in this embodiment. The motor gear 180 is coupled to first 182 and second 183 driven gears such that rotation of the motor gear 180 causes rotation of the driven gears 182, 183. The driven gears 182, 183 are fixedly coupled to a female tool spline 184, which is supported by bearing pair 186. The female tool spline 184 is configured to interface with a male tool spline feature on the end effector to open/close the tool as directed.

According to one implementation, the end effector (shown at FIGS. 1A-1B at 18, 20) can be quickly and easily coupled to and uncoupled from the forearm 16C in the following fashion. With both the roll and drive axes fixed or held in position, the end effector 18, 20 can be rotated, thereby coupling or uncoupling the threads (not shown). That is, if the end effector is rotated in one direction, the end effector is coupled to the forearm 16B, and if it is rotated in the other direction, the end effector is uncoupled from the forearm 16B.

Various implementations of the system 10 are also designed to deliver energy to the end effectors so as to cut and coagulate tissue during surgery. This is sometimes called cautery and can come in many electrical forms as well as thermal energy, ultrasonic energy, and RF energy all of which are intended for the robot.

In exemplary implementations of the system 1 and various devices 10, the camera 12 is configured or otherwise constructed and arranged to allow for both pitch (meaning "up" and "down") movements and yaw (meaning "side to side" movements) within the workspace 30, and in exemplary implementations, the yaw or "pan" functionality is accomplished via mechanical articulation at the distal tip 12C, rather than via rotating the camera shaft 12D and/or handle 12A, as has been done previously. Accordingly, various implementations of the camera component 12 of this implementation have two mechanical degrees of freedom: yaw (look left/right) and tilt (look up/down). In use, the camera component 12 has pan and tilt functionality powered and controlled by the actuators and electronics in the handle 12A, as has been previously described in U.S. patent application Ser. No. 15/227,813. In these implementations of the system, the camera 12 is therefore able to allow the user to observe the device arms and end effectors throughout the expanded workspace. Several devices, systems and methods allowing for this improved range of vision and camera movement are described herein.

Various implementations and components of the camera are shown in FIGS. 28A-36C and elsewhere. As discussed above, the camera 12 of certain implementations is designed to function with the robot 10, as is shown in FIG. 2. The robot camera 12 can also be used independent of the robot, as shown FIG. 4. In various implementations, the camera 12 is inserted into the proximal end 10C of the robot body 10A, and as is shown in FIG. 28A, the camera tip 12C exits through the distal end 10B of the robot body 10A near the attachment location between the body and arms, as described above in relation to FIG. 6. In certain implementations, and as discussed in relation to FIG. 3, a seal 10E is included in the robot body 10A so as not to lose insufflation when the camera 12 is removed from the robot 10. Several diameters are possible, but one implementation has a 5 mm camera that is inserted into a 6 mm lumen 10D in the robot, as is shown in FIG. 28A.

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In the implementations of FIGS. 28A-B, the camera 12 is designed to flex in two independent degrees of freedom at the distal end 12C. This allows the user to visualize the robot tools at any position within the robot workspace via the imager 12B, as shown at 1°-V° in FIG. 28B. In these implementations, the robot lumen 10D may be centered with respect to the robot body 10A, as shown in FIGS. 28A-B, allowing for symmetric points of view with respect to the robot arms, or it may be more anterior, as shown in the implementation of FIG. 1A, or posterior or in other locations.

Additionally, as shown in FIGS. 28A-28B the camera 12 tip 12C contains one or more lighting components 12F to light the viewing target (as discussed in relation to FIG. 1). In these implementations, the lighting components 12F can be illuminated via an independent light box or some other known light source (not shown, but one non-limiting example is high bright LEDs) in the camera handle or other forms of light sources. The light can then be directed through the camera shaft 12 via fiber optic cables, as has been previously described, for example in relation to U.S. patent application Ser. No. 15/227,813 filed Aug. 3, 2016 and entitled "Robotic Surgical Devices, Systems, and Related Methods," which is incorporated by reference.

An additional feature of certain implementations allows the camera 12 to be inserted into the body 10A with various depths. These implementations allow for better visualization during various activities. For example, FIGS. 28C-28E, 28F-28H and FIG. 28I show several implementations of a camera 12 that can be inserted at several depths, which can include fixed locations to hold the camera 12 using one or more projections 70 such as spring balls 70 disposed on the exterior surface of the camera body 12A, and corresponding fixed ring detents 72 (best shown in FIG. 28I) disposed at a variety of depths inside the body lumen 10D. In use, the detents 72 that engage the balls 70 at various degrees of insertion depth (reference arrow H). This would allow the camera to be more proximal with respect to the robot arms (FIGS. 28C-E) or more distal with respect to the robot arms (FIG. 28F-28H). It is understood that in alternate implementations, other methods of disposing the camera 12 are possible, including a continuous movement and other systems actuated with various actuation and control mechanisms.

In various implementations of the camera handle 12, over molds may be provided for user comfort. Various connector and button and pigtail combinations are possible. In certain implementations, the camera handle 12A holds at least one motor to actuate the flexible tip 12C. In one version these motors can then be controlled via the surgeon console (as described below) or other input devices to control the motion of the camera 12. This control could also include other camera functions such as zoom, brightness, contrast, light intensity, and many other features.

As shown in FIGS. 29A-29B, the camera system's flexible articulated tip 12C allows the camera 12 to achieve fields of view (reference arrow V) over substantially all of the robot workspace 30. In these implementations, a cross section of one possible workspace in the sagittal plane is shown. FIGS. 29A-29B demonstrate the movement of the robot arms 14, 16 can move about a large workspace 30 and the camera system 12 must be able to visualize the robot tools 18, 20 at all times.

FIGS. 30A-33C depict several embodiments of the device 10, wherein the camera 12 is alternately oriented to allow for consistent tool visualization throughout the surgical theater.

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It is understood that this visualization requirement can be met through various implementations, and that many imager configurations are possible.

The imager 12B-1 of the implementations of FIGS. 30A-30F is referred to as a "zero degree scope" imager 12B-1, meaning that the line of viewing (shown with reference area V) is aligned normally with the distal tip 12C of the camera 12. FIGS. 30A-30F depict the sagittal plane of a robot 10 design with the camera 12C having a zero degree imager 12B-1 following the motion of the robot 10 from "behind" (at -90°) the robot 10 (FIG. 30A) to "bellow" (at 0°) the robot (at FIG. 30D) and in "front" (at 90°) of the robot 602 at FIG. 30F. FIGS. 30B, 30C and 30E depict the device 10 at -60°, -45°, and 45°, respectively. It is understood that in the implementation of FIGS. 30A-30F, the camera tip 12C is oriented so as to place the end effector 20 into the field of view V at each position.

The imager 12B-2 of the implementations of FIGS. 31A-31F is referred to as a "30 degree scope" imager 12B-2, meaning that the line of viewing (shown with reference area V) is aligned 30° from the distal tip 12C of the camera 12, as would be understood by one of skill in the art. FIGS. 31A-31F depict the sagittal plane of a robot 10 design with the camera 12C having a zero degree imager 12B following the motion of the robot 10 from "behind" (at -90°) the robot 10 (FIG. 31A) to "bellow" (at 0°) the robot (at FIG. 31D) and in "front" (at 90°) of the robot 602 at FIG. 31F. FIGS. 31B, 31C and 31E depict the device 10 at -60°, -45°, and 45°, respectively. It is understood that in the implementation of FIGS. 31A-31F, the camera tip 12C is oriented so as to place the end effector 20 into the field of view V at each position.

The imager 12B-3 of the implementations of FIGS. 32A-32F is referred to as a "60 degree scope" imager 12B-3, meaning that the line of viewing (shown with reference area V) is aligned 60° from the distal tip 12C of the camera 12, as would be understood by one of skill in the art. FIGS. 32A-32F depict the sagittal plane of a robot 10 design with the camera 12C having a zero degree imager 12B following the motion of the robot 10 from "behind" (at -90°) the robot 10 (FIG. 32A) to "bellow" (at 0°) the robot (at FIG. 32D) and in "front" (at 90°) of the robot 10 at FIG. 32F. FIGS. 32B, 32C and 32E depict the device 10 at -60°, -45°, and 45°, respectively. It is understood that in the implementation of FIGS. 32A-32F, the camera tip 12C is oriented so as to place the end effector 20 into the field of view V at each position.

FIGS. 33A-33B depict an alternate implementation of the robot 10 wherein the distal camera imager 12B and tip 12C can make an "S-curve" shape. This implementation may require an extra actuated degree of freedom in certain implementations, but it is understood that it has the ability to provide improved viewpoints (shown by reference area V) by allowing the camera 12B to be moved from the plane of (or otherwise being coaxial with) the robot arms 16 and end effectors 20. It is understood that there are various advantages to offsetting the camera tip 12C axis from any individual arm 14, 16 or end effector axis, such as to view various internal tissues, organs and the like within the surgical theater.

Turning to the articulation of the camera tip 12C, FIGS. 34A-34C depict various internal components and devices used to achieve the camera 12 movements shown in FIGS. 31A-33B and elsewhere. Again, because of the large workspaces possible in certain implementations (as discussed for example in relation to FIGS. 6A-6B at 30) exemplary implementations of the camera 12 are configured or other-



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wise constructed and arranged to allow for both pitch (meaning “up” and “down”) movements and pan or yaw (meaning “side to side” movements) within the workspace 30. In these implementations of the system, the camera is therefore able to allow the user to observe the device arms and end effectors throughout the expanded workspace. Several devices, systems and methods allowing for this improved range of vision and camera movement are described herein. As would be understood by one of skill in the art, the present examples are non-limiting, and are shown for purposes of illustration without the protective sheath (shown, for example, in FIG. 9A at 15).

The pitch and yaw articulation of the camera tip 12C can be achieved through various implementations, as shown in FIGS. 34A-34C. FIGS. 34A-34B show continuum mechanisms. In the implementation of FIG. 34A, the camera is able to articulate at the tip 12C. In this implementation, the camera tip 12C via an articulating portion 202 defining a camera lumen 204 and comprising a plurality of openings 206A, 206B on either side of the portion so as to allow the device to flex in the possible directions (as shown by reference arrows A and B. It is understood that in these implementations, the articulating portion 202 can be caused to move or articulate in either direction (A or B) via cables 208A, 208B disposed through the camera lumen 204 and actuated via motors disposed within the camera handle 12A. It is further understood that additional components such as wires, fiber optics and the like can also be disposed through this lumen 204.

In the implementation of FIG. 34B, the articulating portion has several spacers 212 surrounding an internal tube 214 defining a camera lumen 204. In these implementations, a plurality of cables 208A, 208B, 208C, 208D are disposed through openings 216A, 216B, 216C, 216D in the spacers 212. As would be appreciated by one of skill in the art, in these implementations the cables are fixedly attached to the most distal spacer 212 and are allowed to pass through the more proximal spacers, such that proximal movement of the cables 208 results in articulation of the portion 202. Various methods for urging the cables 208 proximally have been previously described, for example in relation to U.S. patent application Ser. No. 15/227,813 filed Aug. 3, 2016 and entitled “Robotic Surgical Devices, Systems, and Related Methods,” which is incorporated by reference.

The implementation of FIG. 34C has a “stack” of interlocking linkages 220 disposed within the portion 202. In these implementations, the linkages 220 have corresponding vertical 222A and horizontal 222B articulating links on adjacent links 220A, 220B that are configured to allow the proper degrees of freedom, as would be understood and appreciated by one of skill in the art. In these implementations, cables (not shown) can be run through openings 224 in the links 222, as has been previously described. It is understood that these various implementations of the articulating portion allow for the adjustment of camera pitch and yaw in various degrees of freedom so as to enable the camera to view several fields of view within the workspace without repositioning the camera body or device.

Further, the depth to which the camera 12 is inserted into the device 10 can be varied. FIGS. 35A-C show how the depths of the camera 12 can be varied to change the vantage point (reference arrow V). For example, as shown in FIG. 35A, the camera 12 can be fully inserted into the robot 10A with the imager 12B coaxial with the lumen 10D during insertion to “self visualize” the insertion process. In use, self visualization allows the user to view the tool tips during insertion. When in this “insertion” position, the imager 12B

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reaches the maximum distance from the “plunge line” 230 (shown by reference arrow A).

As shown in FIGS. 35B-35C, a forward working position (FIG. 35B) and a backward working position (FIG. 35C) are also possible, with the field of view (reference area V) adjusted correspondingly. In the depicted implementation, the camera 12 motion can be manual or motorized and controlled. As is also shown in FIGS. 35B-35C, in certain implementations of the device 10 where the camera extends from a portion on the front side of the device (like that shown in FIG. 1A), the camera tip depth will vary between frontward and backward viewing positions, as is designated by reference arrow B. In certain implementations, and as is also described in relation to FIGS. 28A-I, the height of the camera 12 within the workspace can also be adjusted to correct for this discrepancy.

Various implementations of the system have a variety of tools, or end effectors 18, 20 disposed at the distal ends of the arms. Exemplary implementations feature interchangeable end effectors or “hands”. In these implementations, the robot “hands” can include various tools such as scissors, graspers, needle drivers, and the like. In various implementations, the tools are designed to be removable by a small twist of the tool knob 250, such as via a ¼ turn bayonet connection. The tools generally have two actuated and controlled degrees of freedom with respect to the forearm. It is understood that in various implementations, the tools can also have no degrees of freedom or one or more degrees of freedom. In various implementations, the tools are controlled via the user input devices on the control console, as has been previously described. The first degree of freedom allows the tools to roll about their own axis (shown at reference arrow R). One type of tool used in this robot has one degree of freedom. This tool 18, 20, shown in FIG. 36A-B, is based on hook cautery from manual laparoscopic tools, and has a roll interface 252 and monopolar slip ring 254. Certain implementations of the tool 18, 20 can roll (reference arrow R), but does not have an open close function. Many additional end effector implementations are contemplated herein, as are described in the several incorporated references.

In use, according to certain implementations, the distal end 10B of the device body 10A and arms 14, 16 are disposed within the patient body cavity, so as to be operated remotely by the user via console, as is described below. The user—typically a surgeon—positions the device 10 body within the cavity at a fixed initial starting position, and in some implementations, is thereafter able to re-position the device as desired. In certain implementations, and as described herein, the various support systems described herein utilize “remote center” or “point tracing” approaches to maintain the desired position and orientation of the robot relative to a specific point through re-positioning, such as a remote point and/or the incision or insertion point. In certain implementations, the remote centering is maintained by constraining the movements of the support structure as it moves through several degrees of freedom, while certain point tracing implementations impose additional movements onto the support structure to maintain the position. It is understood that certain implementations can involve combinations of these and other approaches. Several illustrative systems and methods for securing, positioning and repositioning the device 10 are described herein.

As shown in FIG. 37, in various implementations the robot 10 can be supported in place with FIG. 37 shows one method or device for supporting the robot 10 with a known clamp/support system 302 attached to the operating room

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table 303. The clamp system 302 allows for significant adjustment of the location of the robot in all six degrees of freedom possible for the robot body. It is understood that other known, commercially-available support systems can be used to hold any robotic device embodiment disclosed or contemplated herein (such as, for example, robot 10). Such known devices typically hold manual laparoscopic instruments such as scopes, tools, and retractors, and can similarly be used to clamp to or otherwise support the robot 10 or other such robotic device embodiments.

FIGS. 38-39 show one embodiment of a remote center mechanism 304, sometimes called a "point tracing mechanism," or "positioning system" that could be used to support the robot 10. One advantage of the remote center mechanism 304, in accordance with one implementation, is that the mechanism 304 can be used to move the device 10 while a single point of the robot 10 assembly remains in the same location: the remote center 318 of the mechanism 304 as best shown in FIG. 38. In use, the mechanism 304 is typically positioned such that the remote center 318 is positioned at the insertion point 315 in the patient, as best shown in FIG. 39. With the remote center 318 at the insertion point 315, the robot 10 has about three degrees of freedom about this insertion point 318 and one in/out translation through the insertion point 315 and port 301. In these implementations, the insertion point 315 can be adjusted in several ways such as by moving the mechanism 304 with respect to the operating room bed rail to align the remote center 318 with the insertion point 315 on the patient. The remote center 318 results, in one embodiment, from all joints of the mechanism 304 (shown at Joint 1, 2, 3, & 4 in FIG. 38), being designed to intersect with that remote center 318. As shown in FIG. 38 according to one implementation, joints 1-3 are rotational joints (in which Joint 2 is a special parallelogram mechanism) and joint 4 is a translational joint that controls the robot insertion depth into the abdominal cavity. According to any remote center mechanism implementation as disclosed or contemplated herein, the remote center 318 can eliminate or reduce mechanical interference between the robot 10 and the abdominal wall 316 that might be created when the robot 10 is being moved.

FIGS. 40A and 40B show the positioning of the robot 10 with respect to the abdominal wall 316, according to certain implementations. In these implementations, a remote center positioning device 304 (and any other positioning device embodiment disclosed or contemplated herein) allow the robotic device 10 to access the full extent of the workspace 30 within the cavity 316. In these implementations, the positioning device 304 has several linkages and links 305, 306, 307, 308, 309 including a support link 310 in mechanical communication with the device 10 and joints 311, 312, 313 including a support joint 314 in mechanical communication with the support link 310. In these implementations, the links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314 are in mechanical communication with one another and with a support pivot 319, so as to be capable of movement in at least three degrees of freedom, and with the rotation of the device 10, a fourth degree of freedom.

That is, the positioning device 304 makes it possible to position the robotic device 10 within the patient's cavity 316 with the body 10A of the device 10 positioned through the incision 315 (or port disposed in the incision 315) such that the end effectors 18, 20 attached to the arms 14, 16 of the robotic device 10 can reach any desired location in the workspace 30 while the links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314 of the positioning device 304 function to create the remote center 318 where the device

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body 10A passes through the incision 315 such that all movements of the robotic device 22 pass through the remote center 318 at a single point, such as the insertion point 315. In other words, regardless of the positioning of the links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314 and the resulting positioning of the robotic device 10 within the patient's cavity 316, the portion of the device body 10A at the incision 315 (the remote center 318) remains in the same position in all three axes (through the incision 315) as a result of the positioning device 304. This allows operation of a robotic device (such as robotic device 10) within a cavity (such as cavity 316) such that the end effectors (such as end effectors 18, 20) can reach any desired location within the cavity while the entire device 10 is connected to the positioning device 304 via a device body 10A that passes through and never moves from a single point (remote center 318) at the incision 315, thereby making it possible to operate and position the device 10 through that single incision (such as incision 315). Another advantage is that the positioning device 304 makes it possible to use the single in vivo robotic device within the patient's cavity instead of the multiple arms of the known Da Vinci™ system extending from the patient's cavity and thereby taking up a great deal of workspace outside the body of the patient.

FIGS. 41A and 41B show further implementations of the support device 304 that can be used to support the robot 10. In these implementations, one or more motors 301A, 301B can be operationally integrated with a support mechanism 304 such that the links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314. It is understood that in these implementations, the motors 301A, 301B are able to drive the linkages into various controlled positions, that is to "point trace" on the incision point 318 through three or four (including device roll) degrees of freedom. That is, the actuators or motors 301A, 301B can be configured to drive the links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314 in a coordinated fashion through yaw, pitch and rotational degrees of freedom, so as to maintain the position the robot 10 relative to the remote point 318.

The support structure 304 of FIGS. 42A-42C also utilizes one or more motors 301A, 301B to maintain the position of the device 10 relative to the remote point 318, according to certain implementations. Again, in these implementations, the support structure 304 has links 305, 306, 307, 308, 309, 310 and joints 311, 312, 313, 314, including a tracked joint 326 that is in operational communication with a pitch track 322 having a track opening 324. It is understood that in these implementations, the movement of the links 305, 306, 307, 308, 309, 310 urges the support joint 326 through various positions on the track opening 324 to reposition the device 10 while point tracing at the remote point 318. It is understood that many implementations of the linkages and/or joints are possible.

The implementations of FIGS. 43 and 44 depict a positioning and support structure embodiment referred to as the "desk lamp" 304. It is understood that this implementation has similar kinematics to a desk lamp, in that in these implementations, the links 330, 332, 334, 336, 338, 340, 342, 344, 346 are able to move in a controlled fashion relative to the handle 12A and/or robot 10, so as to adjust the pitch or other position of the robot 10 while maintaining a consistent position relative to the insertion point 318. In certain implementations, springs can be used to counterbalance the weight of the robot 10. As shown in FIG. 44, in certain of these support devices 304, a plurality of cables 350, 352, 354 can be used to drive the linkages, such as via an actuated spindle 360 or other device. That is, various

implementations, actuators **301A**, **301B** can be operationally connected to a cables **350**, **352**, **354** to drive these motions of the links **330**, **332**, **334**, **336**, **338**, **340**, **342**, **344**, **346**.

Of course all of the support mechanisms described herein can be actuated with electric motors or other actuators. Each joint, or any combination of the joints, could be driven by an electric motor. Sensors could also be used at some or all of the joints to create a control system. This control system can then be connected to the robot control system so that the support mechanism control and the robot control could be coordinated to allow both systems to work together so as to extend the workspace of the robotic device through the robot controls (or other controls) on the console or in a separate control system.

As shown in FIG. **45**, in further alternate implementations, the robotic device **10** can be supported by an exterior robot **360**. Here, the robotic device **10** is supported by an external robot arm **362** having several links **362**, **364**, **366** that have one or more degrees of freedom each, and can be used to remote center or point trace the robot during the surgical procedure. In various implementations, the arm(s) are actively controlled by motors, sensors, and a control system, such as that described herein. It is understood that this external robot **360** in certain implementations can be another surgical robot **360**, an industrial robot, or a custom robot. It is further understood that the external robot **360** in this system **1** could be used in conjunction with other surgical devices and robotic surgical systems, such as laparoscopes **3365** or other known surgical tools and devices. Another version of the external robot support robot **360** could be a parallel linkage external robot **370**, as is shown in the implementation of FIG. **46**.

The parallel linkage external robot **370** of FIG. **46** has an above-mounted robot **370** that in certain implementations is mounted to the ceiling above the surgical theater. In various implementations, a plurality of radially-disposed proximal links **372** that are actuated by the robot **370** via actuation joints **371**. These proximal links **372** are in mechanical communication with corresponding joints **374** that are in turn supporting or otherwise positioning support arms **376**. In these implementations, the support arms are in mechanical and/or operational communication with the surgical robot **10** by way of a support joint **378**, such that the movement of the actuation joints **371** is sufficient to urge the support joint laterally, rotationally and/or vertically so as to urge the robot **10** into various additional positions.

FIG. **47** depicts a further alternative embodiment using a ball-like joint **380** supported by a support bar **382** to provide adequate degrees of freedom to the robot **10** near the insertion point **318**. In this implementation, the ball-like joint can be used to adjust the three rotations and one translation (in/out) of the robot **10**, as would be understood by one of skill. It is further understood that in certain implementations, a lever lock could be used to unclamp the ball and allow all four degrees of freedom to move.

As shown in FIGS. **48A-48D-2**, in further alternate implementations, a “hangman” support structure **400** is used to support the robot **10**. In this implementation, a curved, pivoting support staff **402** is attached to the operating room table **303** and extends above the patient cavity **316**. In this implementation, the support staff **404** is in operational communication with a suspended, articulating “J-hook” **404** that extends over the patient. In this implementation, the J-hook has an additional telescoping link **406** with ball joints **408**, **410** at either end and is used to support and position the robot **10**. In various implementations, and as shown in FIGS. **48B-1** through **48D-2**, rotational movement of the support

staff causes corresponding movement of the J-hook **404** and associated link **406** and joints **408**, **410** so as to “swing” the hangman **400** and, in turn, the device **10** about a central position **318**. It is understood that many alternate constructions are possible.

FIG. **49** shows a further alternate implementation showing a rotating support (also referred to as a “Lazy Susan support”) **420** for the robot. In these implementations, the robot (not shown) is supported by a support arm **422** (similar to FIG. **37**, for example) that allows for positioning or adjustment of the support **420** in relation to the insertion point **424** in the patient. That is, a support ring **425** is coupled to a distal end of the support arm **422** and can be positioned adjacent to or on the insertion point **424** of the patient. As is understood in the art, the insertion point **424** can be an incision or a natural orifice in the patient. The support **420** has a “yaw” degree of freedom in the form of a rotational ring **426** that is rotatable in relation to the support ring **425** around the insertion point **424**. Further, the support **420** has a “pitch” degree of freedom by way of the cross-links **428** that are rotatable around an axis that is transverse to the axis of the rotatable ring **426**. Coupling plates **430** are rotatably attached to the cross-links **428** and are configured to couple to the sides of a robotic device (such as, for example, device **10**). According to one implementation, the coupling plates **430** can be any coupling components capable of coupling to a robotic device. The robot (not shown) can be inserted at different depths using the plates **430**, which are attached to the cross-links **428** with a passive joint that allows for errors in acting about the insertion point **424** introduced by variations in the abdominal wall thickness. More specifically, each of the cross-links **428** are rotatably coupled at one end to the rotational ring **426** and rotatably coupled at the other end to the plates **430**, thereby making it possible for the robot (such as robot **10**) to be moveable so as to address any unknown abdominal wall thickness. In one embodiment, the cross-links **428** can be any elongate members that can be rotatably coupled to the rotational ring **426** and the coupling plates **430**.

An alternate rotating support **440** implementation for a device (such as device **10**) is shown in FIGS. **50A-D**. Here, a support ring **444** supported by two support arms **448** and an open arc pitch track (also referred to herein as a “pitch frame”) **446** moveably coupled to the ring **444** provides both yaw (y) and pitch (p) degrees of freedom as shown in FIG. **50A**. More specifically, the pitch track **446** has a coupling component **447** that is slidably coupled to the support ring **444** such that the pitch track **446** can slide along the ring **444** to different positions around the ring **444** as best shown in FIGS. **50B-50D**, thereby providing the yaw (y) degree of freedom for the device **10** in which the device **10** can be rotated around as shown. It is understood that the coupling component **447** can be any mechanism or device that can be slidably coupled to the support ring **444** to allow the pitch track **446** to coupleably slide along the ring **444** as described herein.

The pitch frame **446** can be slidably positioned on the ring **444** and selectively locked into the desired position or location on the ring **444**. Further, a carriage **452** is provided that is slidably coupled to the pitch track **446** and which receives the robotic device **10**. That is, the robotic device **10** can be slidably coupled to the carriage **452**. The carriage **452** can slide along the pitch track **446** in the direction indicated by reference letter p and can be selectively locked into the desired position or location on the track **446**, thereby providing the pitch degree of freedom for the device **10** when coupled thereto. Further, because the device **10** is coupled to

the carriage 452 such that it can be slidably positioned in the carriage 452 and selectively locked into the desired position in the carriage, the carriage 452 provides the translational degree of freedom for the device 10. The pitch track 446, according to one embodiment, can be any mechanism or device to which the carriage 452 or the robotic device 10 can be slidably coupled so as to provide the pitch degree of freedom. In this implementation, the pitch track 446 has a first arm 446A and a second arm 446B that are positioned to define a track space 449 therebetween such that the carriage 452 can be slidably coupled to the first and second arms 446A, 446B and slide along the track space 449. In various embodiments, the two arms 446A, 446B are curved in an arc as shown to provide for the pitch degree of freedom such that the carriage 452 moves along the arc and thereby transfers the pitch degree of freedom to the device 10.

In certain alternative embodiments, the ring 44 can be supported by one support arm or three or more support arms. In this implementation, the two support arms 448 are positioned to align the ring 444 with the insertion point 450 (which can, as with other embodiments, be an incision or a natural orifice).

Another implementation of a robotic device support 460 can be seen in FIG. 51. In this embodiment, the device support 460 has two frames: a first frame ("first track," "pitch frame," or "pitch track") 462 and a second frame ("second track," "roll frame," or "roll track") 464. The first track 462 is made up of two arms 462A, 462B that are positioned to define a track space 463 therebetween such that the second track 464 can be moveably coupled to the first and second arms 462A, 462B and move along the track space 463. In various embodiments, the two arms 462A, 462B are curved in an arc as shown such that the second track 464 moves along the arc. In this implementation, each of the two arms 462A, 462B has a gear track 465A, 465B coupled to the arms 462A, 462B as shown such that the second track 464 can couple at each end to the gear tracks 465A, 465B and thereby move along the two arms 462A, 462B.

The second track 464 is made up of two arms 464A, 464B that are positioned to define a track space 467 therebetween such that a carriage 466 can be moveably coupled to the first and second arms 464A, 464B and move along the track space 467. In various embodiments, the two arms 464A, 464B are curved in an arc as shown such that the carriage 466 moves along the arc. In this implementation, each of the two arms 464A, 464B has a gear track 469A, 469B coupled to the arms 464A, 464B as shown such that the carriage 466 can couple to the gear tracks 469A, 469B and thereby move along the two arms 464A, 464B. The two arms 464A, 464B have coupling components 468A, 468B at each end thereof that are configured to couple to the arms 462A, 462B (and related gear tracks 465A, 465B) of the first frame 462. More specifically, in this embodiment, the coupling components 468A, 468B have motors and gears (not shown) that allow for the coupling components 468A, 468B to move along the gear tracks 465A, 465B. That is, the gears (not shown) in the coupling components 468A, 468B are coupled to the gear tracks 465A, 465B respectively and the motors (not shown) can actuate those gears to turn in the appropriate direction to cause the second track 464 to move along the two arms 462A, 462B of the first track 462.

The carriage 466 is configured to receive the robotic device 10 in a fashion similar to the carriage 452 discussed above with respect to FIGS. 50A-50D. That is, the carriage 466 is moveably coupled to the second track 464 and receives the robotic device 10 such that the robotic device 10

can be slidably coupled to the carriage 466. The carriage 466 in this embodiment has motors and gears (not shown) that allow for the carriage 466 to move along the gear tracks 469A, 469B of the second track 464 in a fashion similar to the coupling components 468A, 468B described above. Alternatively, the first and second tracks 462, 464 can each be any mechanism or device to which the second track 464 or carriage 466 can be slidably coupled.

According to one implementation, the two frames 462, 464 can provide for three degrees of freedom. That is, the second frame 464 can move along the first track space 463 via the coupling components 468A, 468B moving along the first and second arms 462A, 462B, thereby providing the pitch degree of freedom for the device 10 as represented by the arrow P. Further, the carriage 466 can move along the second track space 467 by moving along the first and second arms 464A, 464B, thereby providing the roll degree of freedom for the device 10 as represented by the arrow R. In addition, the device 10 is slideably positioned in the carriage 466 such that it can moved translationally toward and away from the surgical space, thereby providing the translational degree of freedom for the device 10. It is also understood that a fourth degree of freedom can be provided by coupling this support 460 to a rotatable support ring (such as the ring 444 discussed above) to achieve a yaw degree of freedom, thereby providing for positioning the robot 10 in three degrees of freedom (pitch, roll, and yaw as described herein) around a center of rotation 470, along with the translational degree of freedom.

FIG. 52 depicts another support embodiment 500 having a track 502 along which the robotic device 10 can move in a similar fashion to the carriage embodiments discussed above. It is understood that the track 502 can have any of the features described above with respect to other track embodiments. A handle 504 is coupled to one end of the track 502 and can slide the track 502 translationally or rotate the track 502. More specifically, the handle 504 has an inner component 504B and an outer component 504A that is slideable in relation to the inner component 504B. Further, the handle 504 is coupled to the track 502 such that when the outer component 504A is slid in relation to the inner component 504B, the outer component 504A moves the track 502 in the same translational direction as indicated by arrow T. For example, when the outer component 504A is urged distally toward the surgical space (represented by the sphere S), the track 502 is also urged toward the surgical space in the direction reflected by arrow T, and when the outer component 504A is urged away, the track 502 is also urged away. In addition, the entire handle 504 can also be rotated around its own longitudinal axis, thereby urging the track 502 to rotate in the same direction as arrow P, thereby resulting in the pitch degree of freedom. Further, the device 10 can be slidably or otherwise moveably coupled to the track 502 such that it can be urged translationally toward or away from the surgical space and can be rotated around its own longitudinal axis.

A further support embodiment 520 is depicted in FIG. 52B. In this embodiment, the support 520 has two tracks 522, 524 that are coupled or "in parallel." That is, the support 520 has a single carriage 526 that is coupled to both the first and second tracks 522, 524, thereby resulting in coupled movement of the carriage 526 in relation to the two tracks 522, 524. It is understood that the two tracks 522, 524 can be structured in a similar fashion to and have similar features to the previous track embodiments discussed above. Further, the carriage 526 can be similar to the previously described carriage embodiments, except with respect to the

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fact that the instant carriage **526** is directly coupled to both of the tracks **522**, **524** as depicted. That is, in this implementation, the carriage **526** has two portions (or segments): a top or first portion **526A** that is moveably coupled to the second track **524** and a bottom or second portion **526B** that is moveably coupled to the first track **522**.

When the carriage **526** slides along the first track **522**, the second track **524** and the robot **10** rotate as reflected in arrow A. When the carriage **526** slides along the second track **524**, the first track **522** and the robot **10** rotate as reflected in arrow B. Further, as in other carriage embodiments discussed above, the carriage **526** receives the robotic device **10** such that the robotic device **10** can be slidably coupled to the carriage **526**, thereby providing the translational degree of freedom for the device **10**. In addition, according to certain embodiments, the two tracks **522**, **524** can be coupled to a rotational support ring **528** such that both the tracks **522**, **524** (along with the carriage **526** and device **10**) can rotate with the ring **528** or in relation to the ring **528** in a fashion similar to the rotational ring embodiments discussed above.

FIG. **52C** depicts a further implementation of a support **540**. In this implementation, the support **540** has a single track **542** that is rotatably positioned on a ring support **544**. A carriage **546** is moveably coupled to the track **542**. It is understood that the track **542** can be structured in a similar fashion to and have similar features to the previous track embodiments discussed above. Further, the carriage **546** can be similar to the previously described carriage embodiments.

When the carriage **546** slides along the track **542**, the robot **10** rotates as reflected by arrow A. When the track **542** is rotated in relation to the support ring **544** (or, alternatively, the ring **544** is rotated), the carriage **546** and the robot **10** rotate as reflected in arrow B. Further, as in other carriage embodiments discussed above, the carriage **546** receives the robotic device **10** such that the robotic device **10** can be slidably coupled to the carriage **546**, thereby providing the translational degree of freedom for the device **10**.

Another embodiment of a robotic device support **560** can be seen in FIG. **52D**. In this embodiment, the device support **560** has two frames: a first frame or track **562** and a second frame or track **564**. The two frames **562**, **564** are coupled to each other in a fashion similar to the frames **462**, **464** in the support **460** discussed in detail above. That is, the second track **564** can be moveably coupled to and move along the first track **562**. Either or both of the tracks **562**, **564** can have gear tracks as described above. Alternatively, the tracks **562**, **564** can have any configuration disclosed or contemplated herein with respect to tracks. In certain implementations, the second track **564** has coupling components (not shown) at each end that are configured to moveably couple to the first frame **562**. Alternatively, the second track **564** can be moveably coupled to the first track **562** in any fashion.

According to one embodiment, the device **10** can be coupled to the support **560** via a carriage (not shown), which can be configured according to any carriage embodiment disclosed or contemplated herein. Alternatively, the device **10** can be coupled directly to the track **564** such that the device **10** can be movably coupled to the track **564**. As such, the device **10** can move along the track **564** as reflected by arrow A, can move toward or away from the surgical space, resulting in the translational degree of freedom as reflected by arrow T, and can rotate around its own longitudinal axis as reflected by arrow R. In addition, the second track **564** can move along the first track **562**, as reflected by arrow B. It is also understood that a further degree of freedom can be

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provided by coupling this support **560** to a rotatable support ring (such as any of the support ring embodiments discussed above).

FIG. **52E** depicts another embodiment of a support **580**. In this implementation, the support **580** utilizes ball joints. That is, the support has a first or upper ring **582** and a second or lower ring **584** that are coupled by three arms **586A**, **586B**, **586C**. Each of the three arms **586A**, **586B**, **586C** has ball joints **588** at each end, such that the three arms **586A**, **586B**, **586C** are coupled at one end to the first ring **582** via ball joints **588** and at the other end to the second ring **584** via ball joints **588**. The robot **10** is coupled to the second ring **584** as shown. In one embodiment, the robot **10** is slidably coupled to the second ring **584** in a fashion similar to the carriage embodiments above such that the robot **10** can be slid toward or away from the surgical space, thereby resulting in a translational degree of freedom.

It is understood that the configuration of the three arms **586A-C** coupled to the two rings **582**, **584** via ball joints can result in a single center of rotation for the robotic device **10** at some point below the second ring **584**. As such, if the support **580** is positioned above a patient, the center of rotation can be aligned with the surgical insertion point (such as an incision) in a fashion similar to above support embodiments.

A further implementation of a robotic device support **600** is shown in FIG. **52F**. In this embodiment, the device support **600** has two frames: a first frame or track **602** and a second frame or track **604**. The two frames **602**, **604** are coupled to each other in a fashion similar to the frames **462**, **464** in the support **460** or the frames **562**, **564** in the support **560**, both of which are discussed in detail above. That is, the second track **604** can be moveably coupled to and move along the first track **602**. A carriage **606** is moveably coupled to move along the second track **604**. Either or both of the tracks **602**, **604** can have gear tracks as described above. Alternatively, the frames **602**, **604** can have any configuration disclosed or contemplated herein with respect to frames. In certain implementations, the second track **604** has coupling components **608A**, **608B** at each end that are configured to moveably couple to the first frame **602**. Alternatively, the second track **604** can be moveably coupled to the first track **602** in any fashion.

The carriage **606** (and thus the device **10**) can move along the second frame **604** as reflected by arrow A, can move toward or away from the surgical space in relation to the carriage **606**, resulting in the translational degree of freedom as reflected by arrow T, and can rotate around its own longitudinal axis as reflected by arrow R. In addition, the second track **604** can move along the first track **602**, as reflected by arrow B. It is also understood that a further degree of freedom can be provided by coupling this support **600** to a rotatable support ring (such as any of the support ring embodiments discussed above).

One control console **720** implementation is shown in FIG. **53**, with a main display **722** that shows the view from the robot camera (such as robotic device **10**). A secondary touch screen **724** below the main display is used to interface with various functions of the robot, camera, and system. Two haptic hand controllers **726**, **728** are used as user input devices in this embodiment. These haptic hand controllers **726**, **728** are capable of measuring the motion of the surgeon's hands as applied at the controllers **726**, **728** and applying forces and torques to those hands so as to indicate various information to the surgeon through this haptic feedback. The console **720** also has pedals **730** to control various functions of the robot. The height of the surgeon

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console 720 can be varied to allow the surgeon to sit or stand. Further discussion of the operation of the haptic feedback can be found in relation to U.S. patent application Ser. No. 15/227,813 and the other applications incorporated by reference herein.

FIG. 54 shows various interoperability and wiring possibilities for the system 1. Many concepts are possible, but three exemplary embodiments are given here in the context of FIG. 54. In one wiring implementation, the surgeon console 720 (or any other console disclosed or contemplated herein) interfaces with the electrosurgical generator 740. Then a “monster cable” 742 connects the surgeon console 720 to a breakout connector 744 near the surgical environment. The camera 746 and robot 10 are then connected to the breakout connector 744. In this scenario, the energy of the electrosurgical unit 740 is routed through the surgeon console 720 prior to being sent to the robot 10. In this implementation, no return pad is provided.

Alternatively, according to another wiring concept, a return pad 748 is provided that is coupled to the breakout connector 744 such that the monopolar electrosurgical energy is routed through the breakout connector 744, the monster cable 742, and the console 720 before returning to the electrosurgical generator 740.

In a further wiring alternative, the return pad 748 is coupled to the electrosurgical generator 740 such that the energy of the electrosurgical unit is routed through the surgeon console 720 prior to being sent to the robot 10 as a result of the monopolar electrosurgical energy being routed directly back to the electrosurgical generator 740.

In other embodiments, the system 1 can have a cabling connector enclosure or cluster with an interface box positioned at one of several possible locations on the system 1. For example, FIG. 55 depicts the system 1 with an interface box (also referred to herein as a “pod”) 760 hung on the table rail of the surgical table 762. In this embodiment, the system 1 has support electronics and equipment such as cautery, light, and other functions 764 that are coupled to the interface box 760. The console 720 is also coupled to the interface box 760. The pod 760 simplifies connections of the robot 1 in the surgical area. The pod 760 can be sterile, or not sterile and covered with a sterile drape, or not sterile at all. The function of the pod 760 is to simplify the cabling required in the surgical space and to simplify the connection of the robot and camera 1 to the surgeon console 720. The interface box 760 can be hung on the surgical table 762 inside or outside the sterile field. The box 760 in some embodiments has indicators such as lights or screens (not shown) that inform the user that a proper connection has been made and give other forms of feedback to the user. The pod 760 can also have an interface in the form of buttons, touchscreens, or other interface mechanisms to receive input from the user.

In certain alternative embodiments, the pod 760 can be placed on the floor next to or at some distance from the surgical table 762. Alternatively, the pod 760 can be hung or connected to other locations or placed on the floor outside the sterile field.

One use of this can be to mount the pod to the bed rail and then at a later time to bring in the sterile robot and camera. The robot and camera pigtails can then be handed to a non-sterile person to connect to the pod. This allows for a clean interface between the sterile and non-sterile field. The pod end could also be draped so that it could enter the sterile field and be robot and camera connections can be assembled at a sterile table so it can then be brought fully functional and sterile to the surgeon at the bedside.

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The interface box can also be connected to other support electronics and equipment such as cautery, light, and other functions, and the an interface box can be designed to be on the floor or another location outside the sterile field with support electronics.

Although the disclosure has been described with reference to preferred embodiments, persons skilled in the art will recognize that changes may be made in form and detail without departing from the spirit and scope of the disclosed apparatus, systems and methods.

What is claimed is:

1. A robotic surgical device, comprising:

- a) a device body;
- b) a first shoulder operably coupled to a distal end of the device body, the first shoulder comprising:
  - i) a first shaft;
  - ii) a first gear pair wherein rotation of the first shaft drives the first gear pair; and
  - iii) a second gear pair wherein the first gear pair drives the second gear pair;
- c) a second shoulder operably coupled to the distal end of the device body, the second shoulder comprising:
  - i) a second shaft;
  - ii) a third gear pair wherein rotation of the second shaft drives the third gear pair; and
  - iii) a fourth gear pair wherein the third gear pair drives the fourth gear pair; and
- d) a first robotic arm operably coupled to the first shoulder; and
- e) a second robotic arm operably coupled to the second shoulder.

2. The robotic surgical device of claim 1, wherein the first and second robotic arms are moveable in a workspace extending from a front side to a back side of the device body.

3. The robotic surgical device of claim 2, wherein the workspace extends 180 degrees from the front side to the back side of the device body.

4. The robotic surgical device of claim 1, further comprising at least one actuator.

5. The robotic surgical device of claim 1, wherein the first and second robotic arms comprise at least one motor disposed within each of the first and second robotic arms.

6. The robotic surgical device of claim 1, further comprising a camera component disposed through a lumen defined in the device body.

7. The robotic surgical device of claim 6, wherein the camera component is configured to be an adjustable height camera.

8. The robotic surgical device of claim 6, wherein the camera component is constructed and arranged to be capable of pitch and yaw.

9. The robotic surgical device of claim 6, wherein the camera comprises a distal tip configured to orient to a defined workspace.

10. The robotic surgical device of claim 6, wherein the camera component comprises at least one light.

11. The robotic surgical device of claim 1, further comprising first and second end effectors.

12. A robotic surgical device comprising:

- a) a device body;
- b) a first shoulder operably coupled to a distal end of the device body, the first shoulder comprising:
  - i) a first shaft;
  - ii) a first gear pair wherein rotation of the first shaft drives the first gear pair; and
  - iii) a second gear pair wherein the first gear pair drives the second gear pair;

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- c) a second shoulder operably coupled to the distal end of the device body, the second shoulder comprising:
    - i) a second shaft;
    - ii) a third gear pair wherein rotation of the second shaft drives the third gear pair; and
    - iii) a fourth gear pair wherein the third gear pair drives the fourth gear pair;
  - d) a first robotic arm operably coupled to the first shoulder; and
  - e) a second robotic arm operably coupled to the second shoulder; and
  - f) a camera component disposable through a lumen in the device body.
13. The robotic surgical device of claim 12, wherein the first and second shoulders are configured to allow the first and second robotic arms to be extendable to a front side and a back side of the device body.
14. The robotic surgical device of claim 12, wherein the first robotic arm further comprises an upper arm and a forearm.
15. The surgical robotic device of claim 12, wherein the first robotic arm further comprises at least one first arm actuator disposed within the first robotic arm.
16. The surgical robotic device of claim 12, wherein the second robotic arm further comprises at least one second arm actuator disposed within the second robotic arm.
17. A robotic surgical system, comprising:
- a. a robotic surgical device comprising:
    - i. an elongate body comprising a lumen defined within the body;
    - ii. a first shoulder operably coupled to the elongate body, the first shoulder comprising:
      - (A) a first shaft;

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- (B) a first gear pair, wherein rotation of the first shaft drives the first gear pair; and
  - (C) a second gear pair, wherein the first gear pair drives the second gear pair;
- iii. a second shoulder operably coupled to the elongate body, the second shoulder comprising:
- (A) a second shaft;
  - (B) a third gear pair, wherein rotation of the second shaft drives the third gear pair; and
  - (C) a fourth gear pair, wherein the third gear pair drives the fourth gear pair;
- iv. a first robotic arm operably coupled to the first shoulder; and
- v. a second robotic arm operably coupled to the second shoulder; and
- b. a camera component removably disposable through the lumen, the camera component comprising:
- (A) a rigid section;
  - (B) an optical section; and
  - (C) a flexible section operably coupling the optical section to the rigid section.
18. The surgical robotic system of claim 17, wherein the robotic surgical device further comprises a robotic arm workspace extending from a front side to a back side of the elongate body.
19. The surgical robotic system of claim 17, wherein the first and second arms comprise at least one motor disposed in each arm.
20. The robotic surgical system of claim 17, further comprising a surgical console operably coupled to the robotic surgical device and the camera component.

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