

Intuitive Surgical, Inc.
% Cindy Domecus
Principal, Domecus Consulting Services, LLC/ISI Chief Regulatory Advisor
Domecus Consulting Services LLC
1171 Barroilhet Drive
Hillsborough, California 94010

Re: K211784

Trade/Device Name: da Vinci Xi Surgical System (IS4000), da Vinci X Surgical System (IS4200)

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope And Accessories

Regulatory Class: Class II Product Code: NAY Dated: June 4, 2021 Received: June 9, 2021

Dear Cindy Domecus:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/efdocs/efpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part

801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Mark Trumbore Ph.D., GWCPM
Acting Assistant Director
THT4A1: Robotically-Assisted Surgical Devices Team
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical and Infection Control Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

510(k) Number (if known)		
K211784		
Device Name		

Intuitive Surgical® da Vinci® X Endoscopic Instrument Control System (da Vinci X System, Model IS4200) and Endoscopic Instruments and Accessories

Indications for Use (Describe)

The Intuitive Surgical Endoscopic Instrument Control System (da Vinci X Surgical System Model IS4200) is intended to assist in the accurate control of Intuitive Surgical Endoscopic Instruments including rigid endoscopes, blunt and sharp endoscopic dissectors, scissors, scalpels, forceps/pick-ups, needle holders, endoscopic retractors, electrocautery and accessories for endoscopic manipulation of tissue, including grasping, cutting, blunt and sharp dissection, approximation, ligation, electrocautery, suturing, and delivery and placement of microwave and cryogenic ablation probes and accessories, during urologic surgical procedures, general laparoscopic surgical procedures, gynecologic laparoscopic surgical procedures, general thoracoscopic surgical procedures and thoracoscopically-assisted cardiotomy procedures. The system can also be employed with adjunctive mediastinotomy to perform coronary anastomosis during cardiac revascularization. The system is indicated for adult and pediatric use. It is intended to be used by trained physicians in an operating room environment in accordance with the representative, specific procedures set forth in the Professional Instructions for Use.

Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

> Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

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Over-The-Counter Use (21 CFR 801 Subpart C)

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510(k) Summary (21 CFR § 807.92(c))

I. SUBMITTER INFORMATION

Submitter: Intuitive Surgical, Inc.

1266 Kifer Road Sunnyvale, CA 94086

Contact: Cindy Domecus, R.A.C. (US & EU)

Principal, Domecus Consulting Services LLC Chief Regulatory Advisor to Intuitive Surgical, Inc.

Telephone: 650.343.4813

Fax: 650.343.7822

Email: Cindy@DomecusConsulting.com

Date Summary Prepared: June 4, 2021

II. SUBJECT DEVICE INFORMATION

Device Trade Name: da Vinci® Xi and X Surgical Systems, Model IS4000 and Model IS4200

Common Name: System, Surgical, Computer Controlled Instrument **Classification Name:** Endoscope and Accessories (21 CFR §876.1500)

Regulatory Class: II
Product Code: NAY

Submission Type: Traditional 510(k)

III. PREDICATE DEVICE INFORMATION:

Predicate Devices: Intuitive Surgical da Vinci Xi and X Surgical Systems, Models IS4000 and

IS4200 (K131861, K152578, K153276, K161178, K170713, K171632, K171294

K172643, K173842, K173585, K182140, K183086, K202834)

Intuitive Surgical da Vinci Si Surgical System, Model IS3000 (K081137,

K123463, K090993)

IV. DEVICE DESCRIPTION:

This 510(k) is for a labeling modification only, to include the following additional representative, specific procedure of "Hepatectomy/Liver Resection" under the cleared "general laparoscopic surgical procedures" Indications for Use of the *da Vinci Xi* Surgical System, Model IS4000 (K131861) and the *da Vinci X* Surgical System, Model IS4200 (K171294). There are no changes to the technological characteristics of the cleared *da Vinci Xi or X* Surgical Systems (Models IS4000 and IS4200) proposed in this submission. The *da Vinci Xi and X* Surgical Systems, Models IS4000 and IS4200, are software-controlled, electro-mechanical systems designed for surgeons to perform minimally invasive surgery. The Model IS4000 and Model IS4200 Surgical Systems consist of a Surgeon Console, a Patient Side Cart (PSC), and a Vision Side Cart (VSC) and are used with an Endoscope, *EndoWrist* Instruments, and Accessories.

V. INDICATIONS FOR USE

The Intuitive Surgical Endoscopic Instrument Control System (*da Vinci* Surgical System, Models: IS4000 and IS4200) is intended to assist in the accurate control of Intuitive Surgical Endoscopic Instruments including rigid endoscopes, blunt and sharp endoscopic dissectors, scissors, scalpels, forceps/pick-ups, needle holders, endoscopic retractors, electrocautery and accessories for endoscopic manipulation of tissue, including grasping, cutting, blunt and sharp dissection, approximation, ligation, electrocautery, suturing, and delivery and placement of microwave and cryogenic ablation probes and accessories, during urologic surgical procedures, general laparoscopic surgical procedures, gynecologic laparoscopic surgical procedures, general thoracoscopic surgical procedures and thoracoscopically-assisted cardiotomy procedures. The system can also be employed with adjunctive mediastinotomy to perform coronary anastomosis during cardiac revascularization. The system is indicated for adult and pediatric use. It is intended to be used by trained physicians in an operating room environment in accordance with the representative, specific procedures set forth in the Professional Instructions for Use.

Precaution for Representative Uses

The demonstration of safety and effectiveness for the representative specific procedures did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

VI. COMPARISON OF INTENDED USE, INDICATIONS FOR USE AND TECHNOLOGICAL CHARACTERISTICS WITH THE PREDICATE DEVICE

There are no changes to the technological characteristics for the subject devices compared to the cleared predicate devices, *da Vinci Xi* Surgical System, Model IS4000 (K131861) and the *da Vinci X* Surgical System, Model IS4200 (K171294). This 510(k) is for a labeling modification to include the representative, specific procedure of "Hepatectomy/Liver Resection" as a labeled use under the cleared "general laparoscopic surgical procedures" Indications for Use of the cleared predicate devices, *da Vinci Xi* Surgical System, Model IS4000 and the *da Vinci X* Surgical System, Model IS4200. The subject devices differ from the predicate devices by this modification to the labeling. Results of clinical data from the literature demonstrated that the subject devices have the same intended use as the predicate devices.

VII. PERFORMANCE DATA

There were no technological changes to the subject devices, thus no bench testing, electromagnetic compatibility testing, sterilization testing or biocompatibility testing was required.

Clinical Study Data

Published clinical data were provided to support use of the *da Vinci Xi and X* Surgical Systems (Models IS4000 and IS4200) in the subject representative, specific procedure of "Hepatectomy/Liver Resection" that falls under the cleared "general laparoscopic surgical procedures" Indication for Use. Thirty-eight (38) publications were identified for the subject procedure based on specific search criteria and filters used in three (3) databases: PubMed, Scopus and Embase. The search terms, inclusion/exclusion criteria and a flowchart depicting the results from these searches is provided in **Figure A**. These publications included: one (1) prospective study (LOE 2b); five (5) database studies (LOE 2c) and thirty-two (32)

retrospective studies (LOE 3b) comparing *da Vinci*-assisted procedures with minimally invasive/laparoscopic cohorts. Detailed summaries of the published clinical data on these procedures are provided in **Tables 1A** and **1B**.

The findings from the Hepatectomy/Liver Resection publications demonstrate that *da Vinci*-assisted procedures as compared to minimally invasive/laparoscopic procedures are found to be substantially equivalent based on the following endpoints:

- Mortality Rates
- Estimated Blood Loss (EBL) Volumes
- Transfusion Rates
- Lengths of Hospital Stay (LOS)
- Post/Peri-Operative Complication Rates
- Conversion Rates
- Readmission Rates
- Perforation Rates
- Operative Times
- Biliary/Bile Leak Rates
- Liver Failure Rates

VIII. CONCLUSION

The *da Vinci Xi* and *X* Surgical Systems (models IS4000 and IS4200) have the same intended use as the predicate devices, as demonstrated by the clinical data from the literature to support the safety and effectiveness for the new labeled use of the representative, specific procedure of: "Hepatectomy/Liver Resection" under the "general laparoscopic surgical procedure" Indications for Use as compared to the predicate devices. In addition, the subject devices have the same technological characteristics as the predicate devices. Therefore, the *da Vinci Xi* and *X* Surgical Systems (Models IS4000 and IS4200) are substantially equivalent to the cleared predicate devices.

TABLE 1A: da Vinci vs. Minimally Invasive/Laparoscopic Hepatectomy/Liver Resection Procedures

																													K2	211	78	4		
Readmission Rate (%)	2	Not Reported	%0	%6:0	%0	%0	v%0	4%v			0.470000	ואסו הפשטוופת	† † † † † † † † † † † † † † † † † † †	Not Reported	7.0%^	28.4%^	1	not keported	+ C C C C C C C C C C C C C C C C C C C	r nepolited	to t	ואסר עפאסו נפת	1000	Not Reported	4	Not Reported		Not Keported		Not Reported	4	Not Reported	9.1%	0% Page 28 of 75
Reoperation Rate (%)	2.5%	1.1%	1.6%	%0	1.8%	%0	4.0%	4.0%	7	פת	Ö		%0	%0	1.8%	%6:0	2	02			%0	%0	%0	%0	%0	2.0%	2	ION I	2	02	2	02	%0	%0
Length of Stay (days)	11 (6–30)	9 (4–90)	9±12	7±6	9±13	7±5	8 (4–22)	7 (5–22)	+	ואסו ואסטו ובת	4.8 ± 1.8	4.9 ± 2.0	7 (5–13)	8 (4–33)	4 (3–5)	5 (3–6)	4.3 ± 1.8	4.4 ± 1.8	7.3 ± 5.3	7.1 ± 2.6	5 (2–22)	5 (2–15)	7.0 ± 2.4	7.3 ± 2.9	9±1.4	8.6 ± 1.5	2 [2-4]	3 [2-3]	3 [2.5-5.5]	3 [3-5]	6±2.9	4.9 ± 2.95	4 (3–5)	3 (2–3)
Mortality Rate (%) (in-hospital, 30, 90 days)	v%0	0% / 1.1%^	%0	%0	%0	%0	v%0	4%v			1000	אסו אפאסוופת	%0	2.0%	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	%0	2.8%	%0	%0	%0
Transfusion Rate (%)	%8	4%	14.8%	1.8%	10.9%	3.6%	44%	16%			A + OIM	NOL RE	Not	Reported	Not	Reported	5.2%	1.9%	%0.6	11.4%	4.3%	1.5%	%0	%0	%0	%0	8.6%	4.7%	25.0%	7.7%	Not	Reported	%0	%0
EBL (ml)	465 (0-2000)	302 (0-2200)		1	Not Reported		250 (100-1900)	400 (50–1200)	136 ± 61	155 ± 54	274.6 ± 568.1	212.4 ± 313.3	306	356	250 (125–600)	400 (150–750)	80.1 ± 144.4	108.9 ± 180.8	334.6 (5-3500)	336.0 (5-2000)	100 (2–2500)	100 (5–1610)	320.3 ± 331.9	392.8 ± 374.5	335.15 ± 139.8	423.95 ± 205.15	150 [100-200]	135 [50-275]	500 [225-780]	250 [100-300]	415 ± 414	437 ± 523	30 (30–50)	30 (30–30)
Peri / Postoperative Complication Rate (%)	20%	17%	25%	15%	22%	13%	16%	36%	11.1%	17.4%	%6:6	5.4%	10%	16%	28.1%	35.3%	2%	4%	14%	20%	11.4%	4.5%	7.7%	10%	21.4%	15.0%	%0	4.7%	%0	23.1%	19.4%	19.4%	27%	%0
Conversion to Open Rate (%)	%5	4%	3.2%	11.2%	Not	Reported	4.0%	4.0%	11.1%	%0:0	7.7%	12.0%	Not	Reported	Not	Reported	%0	1.9%	4.0%	2.7%	2.7%	12.1%	%0	10%	14.3%	25.0%	%0	1.2%	%0	%L'L	13.9%	%2.6	%0	%0
Operation Time (minutes)	407 (85–980)	296 (70–605)	277 ± 156	263 ± 109	254 ± 143	257 ± 102	430 (240–725)	360 (180–600)	258.5 ± 27.9	233.6 ± 16.4	259.3 ± 127.0	216.8 ± 79.2	321 (138–458)	242 (80–478)	194 (152–255)	204 (149–280)	107.0 ± 45.2	95.7 ± 47.5	207.4 ± 77.1	134.2 ± 41.7	251.5 (97–620)	215 (90–420)	LH: 248.6 ± 37.5 LLS: 160.8 ± 33.6	LH: 226.7 ± 26.6 LLS: 116.3 ± 8.7	425 ± 139	565.18 ± 183.73	121 [107-178]	148 [113-180]	222 [168.5-240.5]	195 [180-210]	306 ± 182	295 ± 107	175 (156–253)	188 (156–222)
(N)	40	91	61	111	52	55	25	25	6	23	91	92	10	19	57	116	28	54	100	35	70	99	13	10	14	20	35	85	8	13	36	72	11	18
Study Size (N)	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Гар	Robotic	Гар	Robotic	Гар	Robotic	Гар	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Гар	Robotic	Гар	Robotic	Lap
Author	1. Efanov 2017		2. Lim 2019	unmatched	matched		3. Spampinato 2014		4. Berber 2010		5. Chong 2019		6. Croner 2016		7. Fruscione 2019		8. Hu 2019		9. Lai 2016		10. Lee KF 2016		11. Lee JS 2019		12. Marino 2018		13. Mejia 2019	Minor	Major		14. Montali 2015		15. Packiam 2012)	

																	-																K2:	117	<u> 784</u>			_
Readmission Rate (%)	-	Not Keported	700	Not Reported	1	Not Reported	1	Not Reported	10 to	. nepol ted	Not Reported	. nepolited			%0.7	7.0%	7.9%	13.0%	Not Reported	ואסר אפלוסו רפת	Not Reported	reported.	Cotto	ואסר אפאסו נפת	Not Reported		6.6%^* / 18.3%^^	12.7%^* / 26.7%^^	14.3%^^	16.5%^^	Potrodod toN	nal reported				Not Reported	10 to 10 to 10	Not Reported Page 29 of 75
Reoperation Rate (%)	4	TON TON		02	2	02	%0	%0	TO N		Ż		Postage 4 oN	nehoi red	0.9%	3.5%	Not Renorted	Not helperted	%0	%0	Ż		8.3%	6.5%	ţ		tota ton	Not hepotica	1.5%	1.9%	%0	%0				Not	4.9%	1.4%
Length of Stay (days)	6 (1–15)	5.5 (1–50)	6.1 ± 2.6	5.9 ± 3.8	4.0 (3.0–5.5)	4.0 (3.0–5.0)	7.41 ± 2.64	7.06 ± 3.35	7.9 ± 4.7	7.2 ± 4.4	7.8 ± 2.3	9.5 ± 3.0	Ċ	1001	5 (IQR: 3–6)	4 (IQR: 2–6)	4.5 ± 3.8	6.8 ± 6.0	6.8 (5-9)	6.5 (4-10)	5.5 ± 2.1	4.7 ± 1.7	7 (7–8)	7 (5–8)	3.0 (1–9)	3.3 (1–12)	4.5 ± 3.8	6.1 ± 2.7	1	Not Reported	7.5 (3-26)	6.3 (2-16)	70	i	7.5 ± 1.7	7.0 ± 1.3	13.4 ± 12.5	8.7 ± 5.8
Mortality Rate (%) (in-hospital, 30, 90 days)	%0	3.6%	%0	%0	v %0	0.9% / 1.8%^	%0	%0	%0	%0	%0	%0			%6:0	%6:0	0.5%	2.1%	%0	%0	%0	%0	%0	%0	Not Reported		vv%0	2.2%^^	vv%0	1.7%^^	vv%0	%0	Not Reported		%0	%0	%0	2.80%
Transfusion Rate (%)	14.3%	3.6%	Not	Reported	3.8%	7.4%			Not	Reported	%0	%0	%9.6	32.5%	rted		•		Not	Reported	26.3%	30.8%	8.3%	3.2%	2%	%9		7	וופמ		Not	Reported			ţ	Reported	17%	9.7%
EBL (ml)	200 (0–1,800)	150 (0-1,000)	330 ± 303	174 ± 133	200 (50–337.5)	100 (50–350)	243.04 ± 171.87	346.04 ± 234.17	325 ± 480	173 ± 165	388.5 ± 65.0	342.6 ± 84.7	Potrocod + ON	bol ted	Not Reported				220 (50–450)	350 (50-1,200)	319.5 ± 206.0	476.9 ± 210.8	225 (125–275)	150 (50–425)	298 (5–1650)	306 (5–3000)		+ 0 12	ווסר אפטסו ופמ		282 (50-2200)	191 (50-600)			270.8 ± 161.6	294.6 ± 205.1	439.8 ± 346.3	425.4 ± 590.1
Peri / Postoperative Complication Rate (%)	17.9%	17.9%	12.5%	12.6%	19.3%	798	13%	10.4%	8%	8.6	%0	11.8%	+ 6 IV	NOT N	31.3%	27.8%	Not Reported	500000000000000000000000000000000000000	Potrocio A	Not nepolited	5.3%	7.7%	25%	22.6%	18.0%	34.0%	3.7%-7.3%	9.8%-13.1%	7.3%	9.1%	4.9%	8.6			24%	27.3%	19.5%**	5.6%**
Conversion to Open Rate (%)	14.3%	7.1%	70%	%9'.	%/	8.8%	1.1%	10.4%	5.3%	12.2%	%0	%0	5.2%	63 (12.1%)	t d	3			%0	NR	Not	Reported	%0	3.2%	7.7%	28.0%		7 (ופת		%0	12.2%	%0	%9.6	%0	%0	Not	Reported
Operation Time (minutes)	210 (45–480)	176 (30–420)	271 ± 100	262 ± 111	253 (180–355)	198.5 (138–262)	195.53 ± 67.00	198.98 ± 72.94	380 ± 166	227 ± 80	291.5 ± 85.1	240.9 ± 68.6	272 ± 115	253 ± 118	Not Reported				236 (140–360)	185 (85–310)	256.3 ± 57.7	268.4 ± 93.6	403.8 ± 139.0	245.9 ± 100.7	216 (80–300)	216 (120–330)		+ 0 12	ואטן אפטטונפת		343 (140-715)	228 (83-391)	Not Reported		318.8 ± 44.1	314.6 ± 56.3	330.5 ± 132.2	181.3 ± 100.4
e (N)	28	28	40	223	57	114	92	48	38	41	13	17	115	514	115	115	204	520	10	10	19	13	12	31	39	20	109	343	101	202	81	41	16	83	25	11	41	72
Study Size (N)	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap	Robotic	Lap
Author	16. Tranchart 2014		17. Troisi 2013		18. Tsung 2013		19. Wang 2019		20. Wu 2014		21. Yu 2014		22. Beard 2019	unmatched	matched		23. Cortolillo 2018		24. Di Sandro 2014		25. Hu 2020		26. Kim 2016		27. O'Connor 2017		28. Aziz 2021	unmatched	matched		29. Chen 2017		30. Han 2016		31. Lin 2015		32. Lorenz 2021	

Author	Study Size (N)	ze (N)	Operation Time (minutes)	Conversion to Open Rate (%)	Peri / Postoperative Complication Rate (%)	EBL (ml)	Transfusion Rate (%)	Mortality Rate (%) (in-hospital, 30, 90 days)	Length of Stay (days)	Reoperation Rate (%)	Readmission Rate (%)
33. Magistri 2016	Robotic	22	318 ± 113.5	%0	100%	400 (50-1500)	4.5%	%0	5.1 ± 2.4	%0	
	Lap	24	211 ± 78.13	16.7%	68.2%	328 (100-1100)	4.2%	%0	6.2 ± 2.57	4.2%	Not Reported
34. Miller 2021	Robotic	227	217 ± 101		0	-	10.6%	0.90%	4±4	%6:0	8.80%
	Lap	227	175 ± 92		Not Reported	D	4.8%	%0	3±NR	1.3%	5.30%
35. Salloum 2017	Robotic	16	190 ± 87	12.5%	12.5%	247±239	%8'9	%0	6±4		
unmatched	Lap	80	162 ± 51	2.5%	11.3%	206 ± 205	2.5%	1.30%	7±8	1012	1
matched	Robotic	14	203 ± 87	14.3%	7.1%	265 ± 253	7.1%	%0	6±3	NOL	Not Reported
	Lap	14	140 ± 33	%0	7.1%	121 ± 99	%0	%0	6±2		
36. Stewart 2019	Robotic	354		7	21%			14	1		
	Lap	6186	ואסו אפטטונפט	ופמ	19%			NON.	not keported		
37. Stiles 2017	Robotic	73		%8'9				1000	7		
	Lap	686	ואסו עבאסו ובמ	20.0%				ואסו אפטטונפת	זו		
38. Ji 2011	Robotic	13	338 (150–720)	%0	%L'L	280	%0	0	2.9	1014	1
	Lap	20	130 (40–210)	%5	10%	350	15%	Not Reported	5.2	NOL	Not Reported

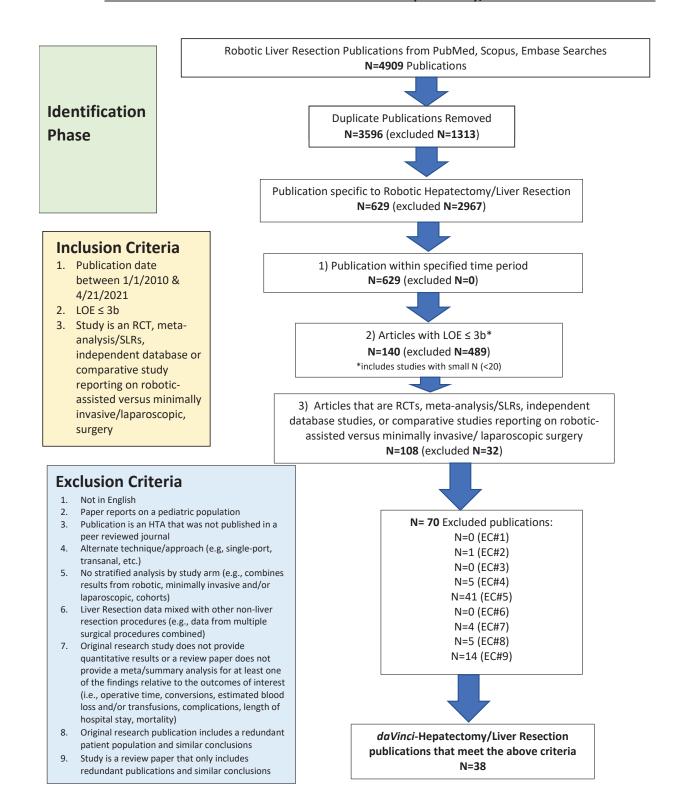
**Major complications; ^90-day rate; ^^6month rate; ^* 45 day rate

TABLE 1B: da Vinci vs. Minimally Invasive/Laparoscopic Hepatectomy/Liver Resection Procedures

Author	Study 5	Study Size (N)	R0 Resection Rate (%)	PSM/R1 Resection Rate (%)	Bile leak Rate (%)	Liver failure Rate (%)
1. Efanov 2017	Robotic	40	\displaystart \text{\text{\$\frac{1}{2}\$}}	7000	10.0%	%0
	Lap	91	ION	Not Reported	4.4% (bile comps)	1.1%
2. Lim 2019	Robotic	61		11.5%		
unmatched	Lap	111	6	15.3%	2	
matched	Robotic	55	Not Reported	10.9%	Not	Not Keported
	Lap	55		16.4%	ı	
3. Spampinato 2014	Robotic	25	100%	%0	%0	0% (transient)
	Lap	25	91.3%	8.7%	8.0%	8% (transient)
4. Berber 2010	Robotic	6				
	Lap	23		Not Reported		
5. Chong 2019	Robotic	91	%6'86	2		
	Гар	76	%6'86	2	Not Reported	
6. Croner 2016	Robotic	10	100%	2	7 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Lap	19	100%	z	Not Reported	
7. Fruscione 2019	Robotic	25	91.9%	8.1%	+ - 12	4
	Lap	116	92.6%	7.4%	100	Not Reported
8. Hu 2019	Robotic	89	100%	%0	1 + - 14	4
	Гар	24	100%	%0	100	Not Reported
9. Lai 2016	Robotic	100	%0'96	7000	7%	1%
	Гар	32	91.4%	ווסר אפסטונפט	%0	%0
10. Lee KF 2016	Robotic	02	70 to 10	1.8%	1.40%	C + C V
	Lap	99	Not Reported	1.6%	%0	Not Reported
11. Lee JS 2019	Robotic	13	100%	%0	+012	10+0000 +0N0
	Lap	10	NR	NR	1001	יבאסו וכמ
12. Marino 2018	Robotic	14	91.7%	8.3%	7.1%	7.1% (transient)
	Lap	20	85.0%	10.0%	10.0%	5% (transient)
13. Mejia 2019	Robotic	32	70 to 10	9.1%	%0	F0+2000 C +014
minor	Lap	58	NOL Reported	9.4%	1.2%	Not Reported
major	Robotic	8	10 to	%0	+012	† ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	Lap	13	ואסו הפאסוופת	25.0%	NOT L	Not nepolited
14. Montali 2015	Robotic	36	to t	11.1%	2.8%	2.6%
	Lap	72	ואסר הפטסונפט	12.5%	1.4%	%0
15. Packiam 2012	Robotic	11		1000		
	Lap	18		not vepol ted		
16. Tranchart 2014	Robotic	28		A + CN		
	Lap	28		3	-	
17. Troisi 2013	Robotic	40	Not Renorted	7.5%	2%	Not Reported
	Lap	223		5.4%	1.3%	
18. Tsung 2013	Robotic	57	%36	Not Reported	1.8%^	Not Reported
	Lap	114	92%		%0	To age I age D T

Author	Study Size (N)	ize (N)	RO Resection Rate (%)	PSM/R1 Resection Rate (%)	Bile leak Rate (%)	Liver failure Rate (%)
19. Wang 2019	Robotic	92		4+0V		_
	Lap	48		Not reported		
20. Wu 2014	Robotic	38	× N	7 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	2.6%	+ C N
	Lap	41	ON	Not Reported	NR	ואַסן אפּאַסו ופּמ
21. Yu 2014	Robotic	13		**************************************		
	Lap	17		ואסר אפאסו ופמ		
22. Beard 2019	Robotic	115	73.7%	20.2%	1 1 2	7
matched	Lap	115	77.4%	20.9%	TON	Not keported
23. Cortolillo 2018	Robotic	204				
	Lap	520		Not Reported		
24. Di Sandro 2014	Robotic	10		%0	%0	%0
	Lap	10	Not Reported	10.0%	%0	
25. Hu 2020	Robotic	19		to N		
	Lap	13		ייטר ייכל איני		
26. Kim 2016	Robotic	12	ΣN.	704000	8.3%	10 to 00 to
	Lap	31		Not Reported	6.5%	ואסן אפון ופת
27. O'Connor 2017	Robotic	39	%06		7 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	Lap	20	%88	<u> </u>	Not Reported	
28. Aziz 2021	Robotic	101				%8.0
matched	Lap	202		Not Reported		1.1%
29. Chen 2017	Robotic	81		**************************************		
	Lap	41		Not kepolted		
30. Han 2016	Robotic	16		torog +oN		
	Lap	83		not veholiced		
31. Lin 2015	Robotic	25	100%	%0	4%	40 + 0 N
	Lap	11	700%	%0	0%	ואַסן עבאַסן ובת
32. Lorenz 2021	Robotic	41	93.8%	7 () () () () () () () () () (2.4%	+ C
	Lap	72	87.9%	Not Reported	%0	Not Reported
33. Magistri 2016	Robotic	22	%5'56	4.5%	0%	+ · · · · ·
	Lap	24	%8'56	4.2%	4.2%	ואסן אפוסוופת
34. Miller 2021	Robotic	227		to N		
	Lap	227				
35. Salloum 2017	Robotic	16		%0	0%	%0
unmatched	Lap	80		2.1%	0%	1.3%
matched	Robotic	14	ואסר אפטסונפת	%0	0%	10 to 00 to
	Lap	14		%0	0%	ואסר אפאסו ופת
36. Stewart 2019	Robotic	354		+ ON		
	Lap	6186		NOT NEPOLICE		
37. Stiles 2017	Robotic	73		Not Benorted		
	Lap	686				
38. Ji 2011	Robotic	13	100%	%0	7.7% (transient)	Not Benorted Dans 32 of 75
	Lap	20	Not Reported	Not Reported	5% (transient)	ווסר ווכףטו נכמד מפר ע

FIGURE A: Search Criteria & Flowchart for Identification of Hepatectomy/Liver Resection Publications



Key Search Terms: liver cancer, hepatocellular cancer, hepatocellular carcinoma, liver cirrhosis, hepatic/liver hemangioma, liver adenocarcinoma, liver/hepatic cyst, focal nodular hyperplasia, giant hepatic tumor, liver tumor, liver surgery, hepatic surgery, hepatic surgery, partial hepatectomy, hepatectomies, hepatectomy, segmentectomy, segmentectomies, hepatic resection, liver resection, pericystectomy, hepatic segmentectomy, hepatic sectionectomy, wedge resection, hepatic lobectomy, hepatic nodular hyperplasia, hepatic adenoma