

The Panda Surgical Handheld Robot for increased dexterity and easier tissue manipulation across 360° endoscopic skull-base approaches



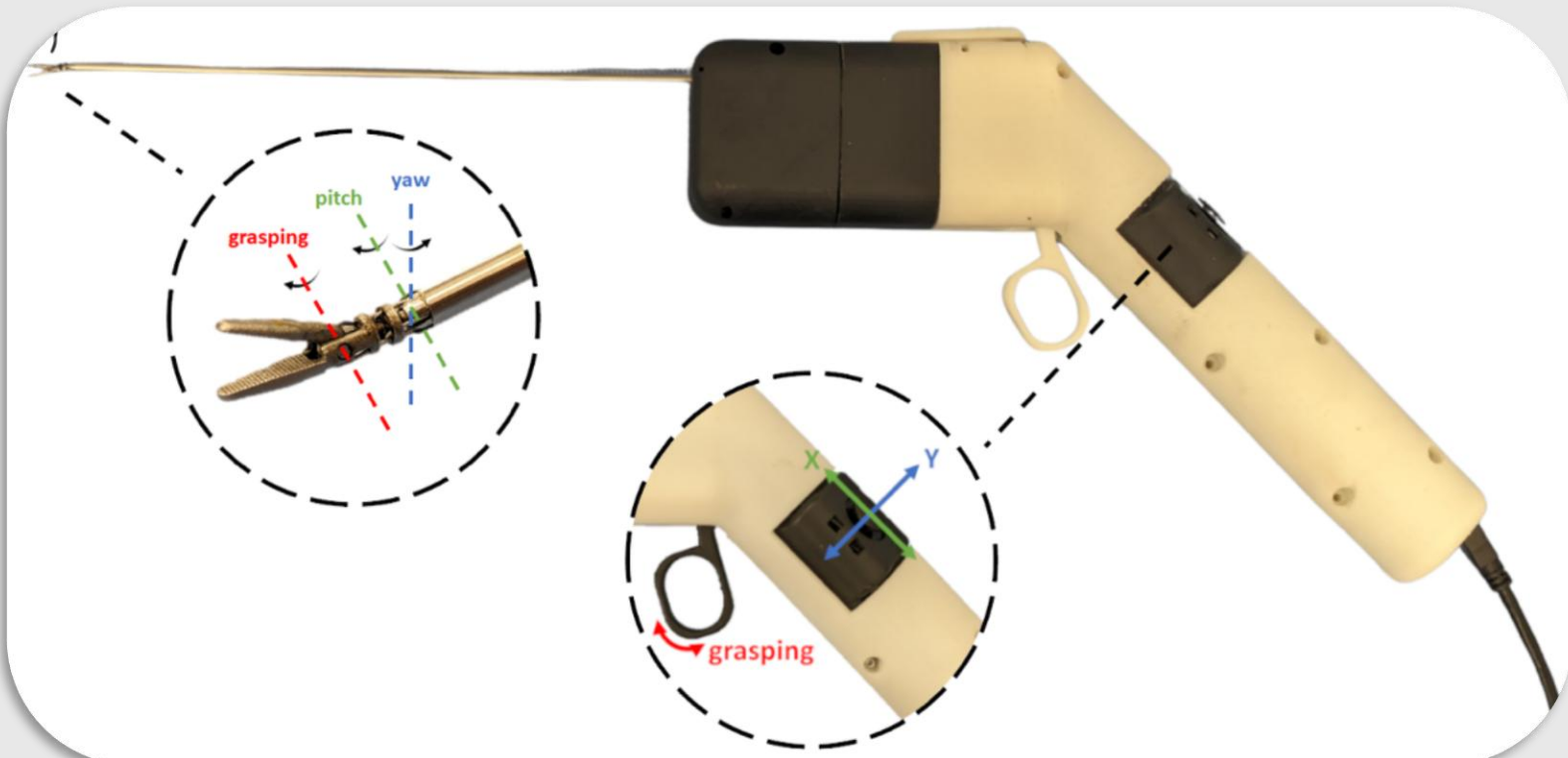
Applicability of a Dexterity-Enhancing Handheld Robot for 360° Endoscopic Skull Base Approaches: An Exploratory Cadaver Study

Joachim Starup-Hansen ^{1,2*} Dan Zimelewicz Oberman ^{3*} John G. Hanrahan ^{1,2}, Emmanouil Dimitrakakis ⁴, Hani J. Marcus^{1,2,4 #}, Joao Paulo Almeida^{3,5#}

1. Victor Horsley Department of Neurosurgery, National Hospital for Neurology and Neurosurgery, London, UK.
2. Hawkes Institute, University College London, London, UK.
3. Department of Neurological Surgery, Mayo Clinic. Jacksonville, Florida, USA.
4. Panda Surgical Ltd, London, UK.
5. Department of Neurosurgery. Indiana University. Indianapolis, Indiana. USA

BACKGROUND

- Endoscopic skull base surgery aims to reduce surgical morbidity
- However, anatomical constraints present technical challenges due to reduced dexterity.
- This study evaluates the applicability of a novel dexterity-enhancing handheld robot for endoscopic skull base approaches

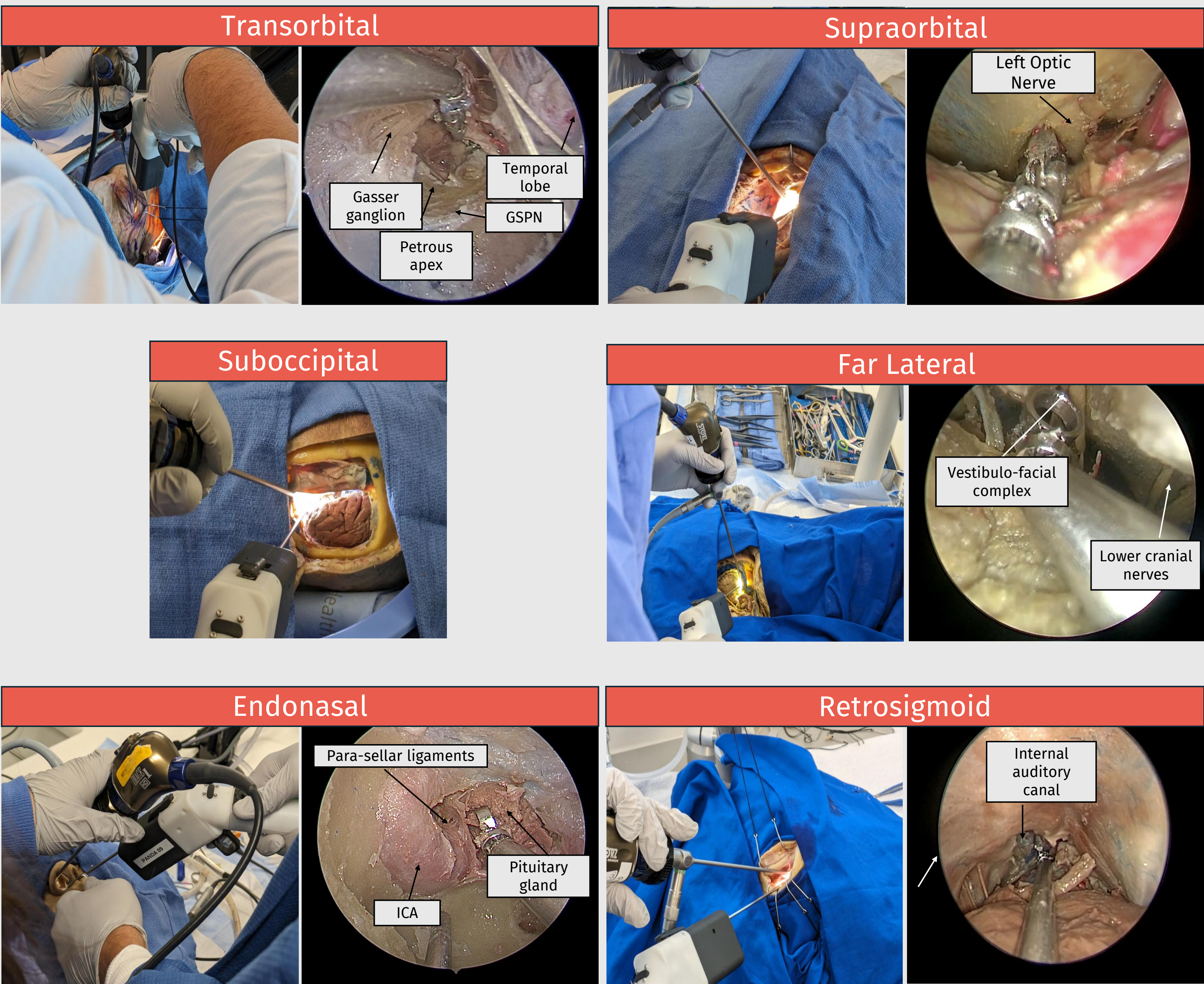


METHODS

- **Design:** Preclinical Cadaveric study
- **Sample:** Four skull-base surgeons performed **eight skull-base approaches** on cadaveric specimens. Spanning **360-degree approaches**. Conventional instruments were used to expose anatomical landmarks, followed by intraoperative tasks using the handheld robot.
- **Data:** Surgeon interviews assessed 1) the robot's **feasibility** (ability to safely reach and perform its objective of manipulating tissue at the operative site) and 2) **usefulness** (ability to perform desired objectives well).

RESULTS

- **Feasibility:** Achieved across all eight neurosurgical approaches.
- **Workspace Reach:** Superior reach in six out of eight approaches.
- **Tissue Manipulation:** Rated satisfactory in all approaches.
- **User Feedback:** 4/4 surgeons reported potential clinical utility across all approaches.
- **Advantages:** Expanded dexterous workspace, particularly beneficial for long working channels (e.g., endonasal approach).
- **Challenges:** Limited performance in transcranial approaches (trans-sylvian, sub-temporal) due to the absence of shorter, curved shafts, impairing visualization.



Participate in upcoming trials!

