BIG BARRIERS.
BOLD VISION.
BRAND-NEW TECHNOLOGY.

Hugo™ RAS system

IT'S TIME TO SHAKE THINGS UP

Surgical robots have been around for **20 years**

But they're only used in **~3%** of surgeries[1]

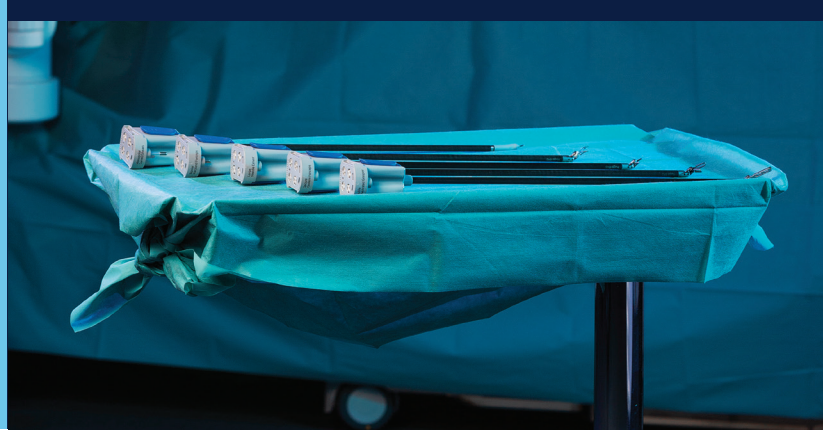
And only used **1 time** per day on average[2]

#1 barrier is cost[3]

~65% of surgeries are done as open procedures. If they were done as RAS, patients get the benefits of MIS:[4–6,†]

- **FEWER** COMPLICATIONS
- **SHORTER** HOSPITAL STAYS
- **FASTER** RETURN TO NORMAL ACTIVITIES

EVERY PATIENT DESERVES ACCESS TO QUALITY CARE



HUGO™ RAS SYSTEM MAKES MORE POSSIBLE

Built on **60 years of minimally invasive surgical leadership** with **input from hundreds of surgeons** and hospital executives.

MODULAR & MOBILE

Flexibility to mix and match components in RAS and lap cases, across ORs

4 individual arm carts, each with 7 degrees of motion

Open console with 3D HD view

POWERFUL SURGICAL VIDEO SOLUTION

AI-powered surgical video management solution streamlines the process to record, store, and share surgical videos[‡]

TRUSTED NAMES IN SURGERY

Instruments for RAS, lap, and open surgery from Medtronic

Visualization powered by KARL STORZ IMAGE1 S™* 3D system

POSSIBILITY AT HAND.

The Hugo™ system is the future of robotics.

And we're just getting started.

The Hugo™ RAS system is not cleared or approved in all markets. Features and technology of future RAS systems may vary. Regulatory requirements of individual countries and regions will determine availability and approval or clearance timelines.

†Compared to open surgery. ‡Touch Surgery™ Enterprise is compatible with the Hugo™ system. It is not intended to direct surgery, or aid in diagnosis or treatment of a disease or condition. **1.** Based on Medtronic report, FY20 market model: procedural volume data. **2.** Average calculated using data from Intuitive Surgical 2019 Annual Report. **3.** Based on internal report prepared by Consumer Dynamics: quantitative research with U.S. and European surgeons and hospital executives. March 21, 2020. **4.** Fitch K, Engel T, Bochner A. Cost differences between open and minimally invasive surgery. *Managed Care*. 2015;24(9):40–48. **5.** Tiwari MM, Reynoso JF, High R, Tsang AW, Oleynikov D. Safety, efficacy, and cost effectiveness of common laparoscopic procedures. *Surg Endosc*. 2011;25(4):1127-1135. **6.** Roumm AR, Pizzi L, Goldfarb NI, Cohn H. Minimally invasive: minimally reimbursed? An examination of six laparoscopic surgical procedures. *Surg Innovation*. 2005;12(3):261–287.

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Further, Together