

S2 Table. Summary of related work on failures of robotic surgical systems

Study (Year)	Surgery Types	Medical Institute	No. Cases	Total Number of Failures (Failure Rate) Types of Malfunctions	Converted	Rescheduled
Eichel [1] (2005)	Urologic	UC Irvine	200	Total = 5 (2.5%) Software (4), Mechanical (1)	Laparoscopic (1) (0.5%)	N/A
Kozlowski [2] (2006)	Radical Prostatectomy (RLRP)	Virginia Mason Medical Center (VMMC)	130	Total = 6 (4.6%) Setup joint (2), Software incompatible (1), Robotic arm malfunction (1), Power-off error (1), Monitor loss (1)	Laparoscopic (1) Open (1) (1.5%)	4 (3.1%)
Borden [3] (2007)	Laparoscopic Prostatectomy	Virginia Mason Medical Center (VMMC)	350	Total = 9 (2.6%) Setup joint (2), Robotic arm (2), Camera (1), Power error (1), Console metal break (1), Software incompatible (1), Monitor loss (1)	Laparoscopic (1) Open (2) (0.9%)	6 (1.7%)
Zorn [4] (2007)	Radical Prostatectomy (RLRP)	University of Chicago Pritzker School of Medicine (2003–2006)	725	Total = 7 (0.96%) (Recover. = 0.21%, Non-Recover. = .05%) Power-up failure (1), Optical malfunction (3), Robotic arm (1), Camera (2)	Surgeon handicap (3)	4 (0.5%)
Fischer [5] (2008)	Radical Prostatectomy	Klinik Hirslanden, Switzerland	210	Total = 2 (1%) Robotic arm (2)	Laparoscopic (2) (1.0%)	N/A
Lavery [6] (2008)	Radical Laparoscopic Prostatectomy (RALP)	11 Institutions 700 Surgeons	8,240	Total = 34 (0.4%) Robotic arm (14), Optical system (14), Master malfunctions (4), Power supply/circuit (6), Unknown error (3)	Laparoscopic (2) Open (8) (0.1%)	24 (0.3%)
Ham ^[7] (2009)	Radical Laparoscopic Prostatectomy	Yonsei University, Korea	1	Case report of Surgeon's console failure	Delayed 15 min	
Kim [8] (2009)	Urology, General, Obstetrics and Gynecology, Thoracic and Cardiac Otorhinolaryngology	Yonsei University College of Medicine, Korea (2005–2008)	1,797	Total = 43 (2.4%) Robot failures (24): On/off failure (1), Console malfunction (5), Robotic arm (6), Optic system (2), System error (10) Instrument failures (19): Shaft injuries (9), Wire cutting (2), Unnatural motion (2), Instrument tip (2), Limitation in motion (1)	Laparoscopic (2) Open (1) (0.2%)	N/A
Kaushik [9] (2010)	Robot-assisted Radical Prostatectomy (RARP)	Survey of 176 Surgeons from 4 Countries	N/A	Total failures = 260 (before or after surgery) Robotic arm (38%), Camera (17.6%), Setup joint (13.8%), Power error (8.8%), Ocular monitor loss (8%), Instruments (7.6%), Console handpiece break (3%), Software (1.9%), Backup battery (0.3%), Instrument identification (0.3%)	Open (18.8%), Laparoscopic (15%), Another robot, with one fewer robotic arm (8.7%)	46 (57.5%)
Finan [10] (2010)	Gynecologic Oncology	Mitchell Cancer Institute, University of South Alabama (2006–2008)	137	Total = 11 (8%) Robotic arm (2), Light or camera cord (2), Maylard bipolar (1), Power failure (1), Port problem (1), Others (3)	Delayed 25 min.	N/A
Mues [11] (2011)	Urology, Gynecology, Cardiothoracic, General surgery, Otolaryngology, Neurosurgery	Ohio State University Medical Center, James Cancer Hospital (2008–2009)	454	Tip cover failures = 12 (2.6%) Significant patient complications (25%)	Repaired at the time of surgery	N/A
Agcaoglu [12] (2012)	General Surgery	Cleveland Clinic	223	Total = 10 (4.5%) Robotic instrument (4), Optical system (3), Robotic arms (2), Robotic console (1)	Open surgery (6) (2.7%)	N/A
Chen [13] (2012)	Urological Surgery	Veterans General Hospital, Taiwan (2005–2011)	400	Total = 14 (3.5%) Robotic arm/joint (11), Optical system (1), Power system/connector (1), Endoscopic instrument (1), Software incomp. (1)	Recoverable(10) Laparoscopy (3) (0.8%)	1
Buchs [14] (2014)	General Surgery	A Teaching Institution (2006-2012)	526	Total = 18 (3.4%) Robotic instruments (9), Robotic arms (4), Surgical console (3), Optical system (2)	Laparoscopic (1) (0.2%)	N/A

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