





	Introduction
Ø	Minimally invasive surgery [Krupa 02], [Ortmaïer 03] • Non damaging tissue manipulation requires accuracy, safety and force control Microsurgical manipulation [Kumar 00] • Cooperative human/robot force control with hand-held tools for compliant tasks
<b>⊠</b> 05]	Haptic devices [Hannaford 99], [Shimachi 03], [Duchemin • Force sensing for contact rendering, palpation, feeling or estimating mechanical properties of tissue,











































































	Zero force setpoint	
LIRMM		
-	the robot by grabbing the end-effector, we may have to e force along non constrained directions with a desired force	
🗵 Assum	$\boxtimes$ Assume that the robot is subject to a disturbance	
• case 1:		
	sturbance is applied below the force sensor $\boldsymbol{\Theta}$ the force of is active	
• case 2:		
space	isturbance is applied before the force sensor ${f 0}$ in free , the robot is not controlled since the disturbance is not ved (and no position control)	
🗵 Neces	sity to use additional sensors	















































	Conclusion
LIRMM	
Cha	llenging issues:
$\boxtimes$	Beating heart surgery (motion, friction compensation,)
$\boxtimes$	Palpation, tactile information for haptic feedback
<mark>⊠</mark> instr	Small force / torque sensor for sterilizable and reusable ument
⊠ cons	Robustness wrt stiffness variation, transition between free and strained space
Thar	nks to G. DUCHEMIN and E. Dombre who contribute to these slides





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