

Considering a Hysterectomy?

Learn more about
virtually scarless surgery using
da Vinci® Single-Site® technology



da Vinci.Surgery

Symptoms & Conditions:

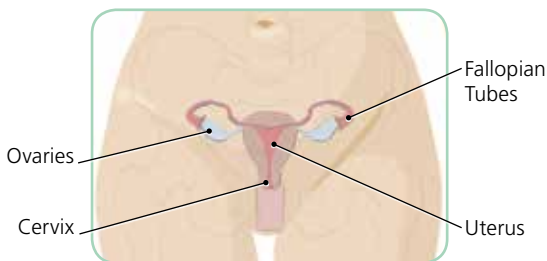
**Chronic Pain, Heavy Bleeding,
Fibroids, Endometriosis, Adenomyosis,
Pelvic Prolapse**

Many benign (non-cancerous) conditions can affect a woman's reproductive system, which includes the uterus, cervix, ovaries and fallopian tubes.

Common conditions include: fibroids, which are benign growths in and/or around the uterus; endometriosis, which occurs when your uterine lining grows outside the uterus; adenomyosis, which occurs when your uterine lining grows into the wall of the uterus; and pelvic prolapse, which is the slipping of the uterus, vagina and/or bladder.

Gynecologic conditions can cause many different symptoms or no symptoms at all. Some of the more common symptoms may include: pelvic pain, heavy bleeding, irregular periods, fatigue, unusual bloating, pain during sex, and infertility.^{1,2}

If your symptoms are severe, your doctor may suggest medicine, lifestyle changes or surgery. Surgical options will depend on your exact condition, symptoms and overall health.



{ The Surgery Hysterectomy

Your doctor may suggest a hysterectomy (removal of your uterus and possibly ovaries and fallopian tubes). A hysterectomy is the second most common surgery among women in the United States.¹

There are different ways your doctor can perform a hysterectomy, as explained below. All options should be discussed with your doctor.



Abdominal Hysterectomy: During an abdominal hysterectomy (open surgery), your uterus is removed through a large open incision. The incision must be large enough for your surgeon's hands to fit inside your body and reach your organs.

Laparoscopy:** Laparoscopic surgery is minimally invasive. With traditional laparoscopy, your surgeon operates through a few small incisions using long instruments and a tiny camera to guide doctors during surgery. Another laparoscopic option is robotically-assisted *da Vinci* Surgery. Your surgeon operates through a few small incisions in your abdomen using a 3D HD vision system and wristed instruments that bend and rotate. *da Vinci* technology enables your surgeon to operate with enhanced vision, precision and control.

Vaginal Hysterectomy: A vaginal hysterectomy is done through a cut in your vagina. The surgeon operates through this incision and closes it with stitches.

Single-Site*/Single Incision: Your hysterectomy can be done through a small incision (cut) in your belly button using single-incision traditional laparoscopy or *da Vinci*® *Single-Site*® Surgery. These procedures allow for virtually scarless results.*

* Single-Site is available for benign conditions.

** With minimally invasive surgery, there are various options for removing the uterus. Your surgeon will suggest the option he/she thinks is best for you.



Open Surgery
Incision

da Vinci Surgery
or Traditional
Laparoscopy

da Vinci Single-Site®
& Single Incision
Laparoscopy

{ *da Vinci® Single-Site®* Surgery: A Virtually Scarless Procedure

With *da Vinci Single-Site* Surgery, doctors remove your uterus and possibly your ovaries and fallopian tubes through your belly button. Patients who choose *da Vinci Single-Site* Surgery experience virtually scarless results, like single incision traditional laparoscopy.

Early clinical data suggests *da Vinci Single-Site* Hysterectomy offers the following potential benefits:

- Low blood loss^{3,4,5,6}
- Low complication rate^{3,4}
- Low chance of blood transfusion⁴
- Low chance of surgeon switching to open surgery^{4,5,6}
- Short hospital stay^{4,5}
- Low post-operative pain⁶

Risks & Considerations Related to Hysterectomy, Benign (removal of the uterus and possibly nearby organs): injury to the ureters (the ureters drain urine from the kidney into the bladder), vaginal cuff problems (scar tissue in vaginal incision, infection, bacterial skin infection, pooling/clotting of blood, incision opens or separates), injury to bladder (organ that holds urine), bowel injury, vaginal shortening, problems urinating (cannot empty bladder, urgent or frequent need to urinate, leaking urine, slow or weak stream), abnormal hole from the vagina into the urinary tract or rectum, vaginal tear or deep cut. Uterine tissue may contain unsuspected cancer. The cutting or morcellation of uterine tissue during surgery may spread cancer, and decrease the long-term survival of patients.

Important Information for Patients

Serious complications may occur in any surgery, including *da Vinci®* Surgery, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are

not limited to, one or more of the following: injury to tissues/organs, bleeding, infection and internal scarring that can cause long-lasting dysfunction/pain. Risks of surgery also include the potential for equipment failure and/or human error. Individual surgical results may vary.

Risks specific to minimally invasive surgery, including *da Vinci* Surgery, include but are not limited to, one or more of the following: temporary pain/nerve injury associated with positioning; temporary pain/discomfort from the use of air or gas in the procedure; a longer operation and time under anesthesia and conversion to another surgical technique. If your doctor needs to convert the surgery to another surgical technique, this could result in a longer operative time, additional time under anesthesia, additional or larger incisions and/or increased complications.

Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for *da Vinci*[®] Surgery. Patients should talk to their doctor to decide if *da Vinci* Surgery is right for them. Patients and doctors should review all available information on non-surgical and surgical options in order to make an informed decision. For Important Safety Information, including surgical risks, indications, and considerations and contraindications for use, please also refer to www.davincisurgery.com/safety and www.intuitivesurgical.com.

da Vinci Surgery with *Single-Site*[®] Instruments is cleared for use in gallbladder removal, and for hysterectomy and ovary removal for benign conditions. Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for *da Vinci* Surgery, including *da Vinci* Surgery with *Single-Site*[®] Instruments. There may be an increased risk of incision-site hernia with single-incision surgery, including *Single-Site* surgery with *da Vinci*.

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The Enabling Technology: *da Vinci*[®] Surgical System with *Single-Site*[®] Technology

The *da Vinci* Surgical System is designed to provide surgeons with enhanced capabilities, including high-definition 3D vision and a magnified view. Your doctor controls the *da Vinci* System, which translates his or her hand movements into smaller, precise movements of tiny instruments inside your body.

da Vinci Single-Site Patient Incision



Real Single-Site hysterectomy patient photo

Though it is often called a “robot,” *da Vinci* cannot act on its own. Surgery is performed entirely by your doctor. The *da Vinci* System and *Single-Site*[®] instruments allow your doctor to remove your uterus, fallopian tubes and/or ovaries through a single incision, similar to single incision traditional laparoscopy.

To view a short animation video that shows what happens during surgery, go to:

daVinciSurgery.com/SingleSiteHyst

Your doctor is one of a growing number of surgeons worldwide offering *da Vinci® Single-Site® Surgery*.

For more information and to find a *da Vinci* Surgeon nearest you, visit:
www.daVinciSurgery.com

¹ "Hysterectomy" Womenshealth.gov; Office on Women's Health, U.S. Department of Health and Human Services. Available from: <http://www.womenshealth.gov/publications/our-publications/fact-sheet/hysterectomy.html?from=AtoZ#> ² National Institutes of Health. Hysterectomy. Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/002915.htm> ³ Cela V, Freschi L, Simi G, Ruggiero M, Tana R, Pluchino N. Robotic single-site hysterectomy: feasibility, learning curve and surgical outcome. *Surg Endosc*. 2013 Jul;27(7):2638-43. doi: 10.1007/s00464-012-2780-8. Epub 2013 Feb 8. ⁴ Akdemir A, et al. "Learning curve analysis of intracorporeal cuff suturing during robotic single-site total hysterectomy." *J Minim Invasive Gynecol*. 2015 Mar-Apr;22(3):384-9. doi: 10.1016/j.jmig.2014.06.006. Epub 2014 Jun 19. ⁵ Scheib SA, Fader AN. "Gynecologic robotic laparoendoscopic single-site surgery: prospective analysis of feasibility, safety, and technique." *Am J Obstet Gynecol*. 2015 Feb;212(2):179.e1-8. doi: 10.1016/j.ajog.2014.07.057. Epub 2014 Aug 1. ⁶ Bogliolo S, et al. "Robotic single-site hysterectomy: two institutions' preliminary experience." *Int J Med Robot*. 2014 Sep 18. doi: 10.1002/rcs.1613. [Epub ahead of print]