

Considering Hysterectomy?

Learn about minimally invasive
da Vinci® Surgery



da Vinci.Surgery

The Surgery: Hysterectomy

If you have a benign (non-cancerous) condition that affects your health and quality of life, your doctor may suggest surgery. Surgery to take out your uterus is called a hysterectomy. It can be done with open surgery or minimally invasive surgery.

Open Surgery (Abdominal Hysterectomy)

Your surgeon takes out your uterus through one large incision (cut) in your abdomen. The incision must be large enough for your surgeon's hands to fit inside your body and reach your organs.

Minimally Invasive Surgery Approaches

Vaginal Hysterectomy: Surgery is done through a cut in your vagina. The surgeon takes your uterus out through this incision and closes it with stitches.



Laparoscopy and da Vinci Hysterectomy: Surgery can be done using traditional laparoscopy or robotic-assisted *da Vinci* Surgery. This means your surgeon operates using long instruments inserted through a few small incisions in the abdomen. One of the instruments is a tiny camera that sends images to a video screen in the operating room to guide doctors as they operate.

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



Open Surgery
Incision

Laparoscopy
Incisions

da Vinci
Incisions



da Vinci Surgery:

A Minimally Invasive Surgery Option

With *da Vinci* Hysterectomy, surgeons operate through a few small incisions—similar to traditional laparoscopy. The *da Vinci* Surgical System has a magnified 3D HD vision system and wristed instruments that bend and rotate far greater than the human hand. These features enable surgeons to operate with enhanced vision, precision, and control.

da Vinci Hysterectomy offers the following potential benefits compared to open surgery:

- › Lower complication rate^{1, 2, 3, 4}
- › Shorter hospital stay^{1, 2, 3, 4, 5}
- › Less blood loss & likelihood for transfusion^{1, 3, 4, 5}
- › Lower hospital admission rate^{4, 5}

As compared to traditional laparoscopy:

- › Lower complication rate^{1, 4, 6}
- › Shorter hospital stay^{1, 2, 4, 5, 6, 7, 8}
- › Less blood loss^{1, 2, 5, 8} & chance of transfusion^{4, 9}
- › Less chance surgeon switches to open surgery^{2, 6}

As compared to vaginal surgery:

- › Shorter hospital stay^{2, 4, 5}
- › Less blood loss^{2, 5}

The *da Vinci* System has brought minimally invasive surgery to more than 3 million patients worldwide. *da Vinci* technology—changing the experience of surgery for people around the world.

da Vinci Hysterectomy is the #1 minimally invasive hysterectomy performed in the U.S.¹⁰

**da Vinci Single-Site* is available for benign (non-cancerous) hysterectomy.

Risks & Considerations Related to Hysterectomy, Benign (removal of the uterus and possibly nearby organs): injury to the ureters (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.

***WHEN IS *SINGLE-SITE* TECHNOLOGY USED AND WHAT ARE THE RISKS?**

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 the *da Vinci* System.

Important Information for Patients

Serious complications may occur in any surgery, including *da Vinci*[®] Surgery, up to and including death. Risks include, but are not limited to, injury to tissues and organs and conversion to other surgical techniques. 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. Individual surgical results may vary. 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. Please also refer to www.daVinciSurgery.com/Safety for Important Safety Information.

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

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

www.daVinciSurgery.com

¹Ho C, Tsakonas E, et al. "Robot-Assisted Surgery Compared with Open Surgery and Laparoscopic Surgery: Clinical Effectiveness and Economic Analyses." Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2011 Sep. ²Landeen, Laurie B. MD, et al. "Clinical and Cost Comparisons for Hysterectomy via Abdominal, Standard Laparoscopic, Vaginal and Robot-assisted Approaches." *South Dakota Medicine* 64.6 (2011): 197-209. Print. ³Geppert B, Lönnerfors C, Persson J. "Robot-assisted laparoscopic hysterectomy in obese and morbidly obese women: surgical technique and comparison with open surgery." *Acta Obstet Gynecol Scand.* 90.11 (2011): 1210-1217. doi: 10.1111/j.1600-0412.2011.01253.x. Epub. ⁴Lim, Peter C., et al. "Multicenter analysis comparing robotic, open, laparoscopic, and vaginal hysterectomies performed by high-volume surgeons for benign indications." *International Journal of Gynecology & Obstetrics* 133.3 (2016): 359–364. Print. ⁵Martino, Martin A., MD, et al. "A Comparison of Quality Outcome Measures in Patients Having a Hysterectomy for Benign Disease: Robotic vs. Non-robotic Approaches." *Journal of Minimally Invasive Gynecology* 21.3 (2014): 389-93. Web. ⁶Scandola, Michele, et al. "Robot-Assisted Laparoscopic Hysterectomy vs Traditional Laparoscopic Hysterectomy: Five Metaanalyses." *Journal of Minimally Invasive Gynecology* 18.6 (2011): 705-15. Print. ⁷Wright, Jason D., et al. "Robotically Assisted vs Laparoscopic Hysterectomy Among Women With Benign Gynecologic Disease." *Jama* 309.7 (2013): 689-98. Print. ⁸Orady, Mona, et al. "Comparison of Robotic-Assisted Hysterectomy to Other Minimally Invasive Approaches." *JLS, Journal of the Society of Laparoendoscopic Surgeons* 16.4 (2012): 542-48. Print. ⁹Rosero, Eric B., et al. "Comparison of Robotic and Laparoscopic Hysterectomy for Benign Gynecologic Disease." *Obstetrics & Gynecology* 122.4 (2013): 778-86. Print. ¹⁰Inpatient data: Agency for Healthcare, Research and Quality (AHRQ). Outpatient data: Solucient® Database - Truven Health Analytics. *da Vinci* data: Intuitive Surgical internal estimates. 2014