Considering Surgery for Fibroids?

Learn about minimally invasive
***da Vinci*® Surgery**

da Vinci Surgery

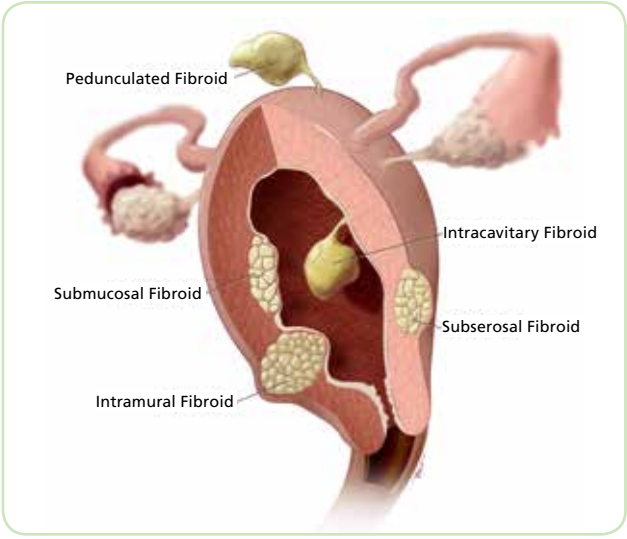
The Condition:

Uterine Fibroid (Fibroid Tumor)

A uterine fibroid is a benign (non-cancerous) tumor that grows in the uterine lining, inside, and/or outside the uterus.

Uterine fibroids are most common in women ages 30 to 40, but can occur at any age.[1] An estimated 20 to 80% of women develop fibroids by age 50.[2] Uterine fibroids are the most common reason a hysterectomy is performed.[2]

A woman can have one fibroid tumor or several. Fibroids may increase in size and frequency with age, but may shrink after menopause. Not all women experience fibroid symptoms. When symptoms are present, they can include heavy menstrual bleeding, pelvic pain, frequent urination and difficulty getting pregnant.



Uterus shown with five types of fibroid tumors. The tumors are named for their location relative to the uterine wall.

The Surgery:
Myomectomy

When medication, lifestyle changes and other non-invasive treatments do not ease your symptoms, your doctor may recommend surgery. Myomectomy is an alternative to hysterectomy for treating fibroids. During myomectomy, your surgeon removes the fibroid tumor(s) while leaving your uterus in place. Myomectomy may be recommended for women who want to become pregnant or keep their uterus for other reasons.

Myomectomy can be done using traditional open surgery or minimally invasive surgery (laparoscopy). With open surgery, a large incision is made in your abdomen to access your organs.

With laparoscopy, doctors operate through a few small incisions using long instruments and a tiny camera. The camera sends images to a monitor in the operating room. Those images guide doctors as they operate. Another minimally invasive surgical option for women considering myomectomy is *da Vinci* Surgery.

Open Surgery Incision | Laparoscopy Incisions | *da Vinci* Incisions

da Vinci Surgery:
A Minimally Invasive Surgical Option

If your doctor recommends surgery, ask about *da Vinci* Myomectomy. With *da Vinci*, surgeons operate through a few small incisions - similar to traditional laparoscopy.

The *da Vinci* System features 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.

As a result of *da Vinci* technology, *da Vinci* Myomectomy offers the following potential benefits **compared with traditional open surgery**:

- Reduced length of hospital stay[3,4,5]
- Reduced blood loss and less likelihood for transfusion[3,4,5]
- Reduced chance of post-operative fever[4,5]

As a result of *da Vinci* technology, *da Vinci* Myomectomy offers the following potential benefits when **compared with traditional laparoscopic surgery**:

- Reduced blood loss[6,7]

Risks and Considerations Related to Myomectomy (removal of fibroid tumors): tear or hole in uterus, split or bursting of the uterus, pre-term (early) birth, spontaneous abortion. Uterine tissue may contain unsuspected cancer. The cutting or morcellation of uterine or fibroid 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/safety.

The Enabling Technology:
da Vinci Surgical System

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, more precise movements of tiny instruments inside your body.

Though it is often called a "robot," *da Vinci* cannot act on its own. Surgery is performed entirely by your doctor. Together, *da Vinci* technology allows your doctor to perform routine and complex procedures through just a few small openings, similar to traditional laparoscopy.

The *da Vinci* System has brought minimally invasive surgery to more than 2.5 million patients worldwide. *da Vinci* - changing the experience of surgery for people around the world.

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 near you, visit:
www.daVinciSurgery.com

[1] Uterine Fibroids; American College of Obstetricians and Gynecologists. Available from: http://www.acog.org/publications/patient_education/bp074.cfm. [2] Uterine Fibroids; WomensHealth.gov U.S. Department of Health and Human Services. Available from: http://www.womenshealth.gov/faq/uterine-fibroids.cfm#5. [3] Gobern, Joseph M., C. J. Rosemeyer, James F. Barter, and Albert J. Steren. "Comparison of Robotic, Laparoscopic, and Abdominal Myomectomy in a Community Hospital." JSLS, Journal of the Society of Laparoendoscopic Surgeons 17.1 (2013): 116-20. Print. [4] Pundir, Jyotsna, Vishal Pundir, Rajalaxmi Walavalkar, Kireki Omanwa, Gillian Lancaster, and Salma Kayani. "Robotic-Assisted Laparoscopic vs Abdominal and Laparoscopic Myomectomy: Systematic Review and Meta-Analysis." Journal of Minimally Invasive Gynecology 20.3 (2013): 335-45. Print. [5] Ascher-Walsh, Charles J., and Tracy L. Capes. "Robot-assisted Laparoscopic Myomectomy Is an Improvement Over Laparotomy in Women with a Limited Number of Myomas." Journal of Minimally Invasive Gynecology 17.3 (2010): 306-10. Print. [6] Pluchino, Nicola, Piero Litta, Letizia Freschi, Marinella Russo, Giovanna Simi, Anna N. Santoro, Stefano Angioni, Angiolo Gadducci, and Vito Cela. "Comparison of the Initial Surgical Experience with Robotic and Laparoscopic Myomectomy." The International Journal of Medical Robotics and Computer Assisted Surgery (2013): N/a. Web. [7] Reza, M., S. Maeso, J. A. Blasco, and E. Andradas. "Meta-analysis of Observational Studies on the Safety and Effectiveness of Robotic Gynaecological Surgery." British Journal of Surgery 97.12 (2010): 1772-783. Print.