

Considering Surgery for Pelvic Prolapse?

Learn about minimally invasive
da Vinci® Surgery



da Vinci.Surgery

The Surgery:

Pelvic Prolapse Surgery

If you have pelvic prolapse symptoms, your doctor may suggest medicine or lifestyle changes. However, if your symptoms get worse, your doctor may suggest surgery. One procedure for pelvic prolapse is called sacrocolpopexy. During the operation, surgical mesh is used to hold your affected pelvic organ(s) in their natural position. The mesh remains in place permanently. This procedure is not the same as what occurs during transvaginal placement of mesh. Your doctor can fully explain the differences to you.

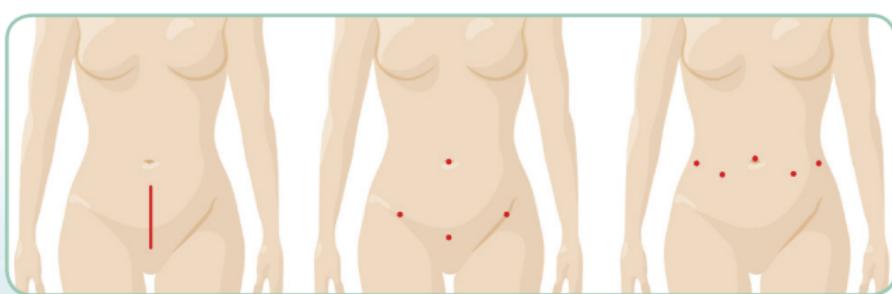
Sacrocolpopexy is viewed as the best way to correct pelvic prolapse, resolve symptoms and provide long-term support for the vagina.^{1,2}

Open Surgery: Sacrocolpopexy is often done using open surgery. A long, incision (cut) is made in the lower abdomen. The incision must be large enough for your surgeon to fit his or her hands and instruments inside your body to reach your organs.



Minimally Invasive Surgery: Laparoscopic surgery is a minimally invasive option to open surgery. With laparoscopy, your surgeon operates through a few small incisions using a tiny camera and long, thin instruments. The camera sends images to a video screen in the operating room to guide surgeons as they operate.

Another minimally invasive surgery option is robotically-assisted *da Vinci* Surgery. Using *da Vinci* technology, your surgeon operates through a few small incisions - like traditional laparoscopy.



Open Surgery
Incision

Laparoscopy
Incisions

da Vinci Surgery
Incisions

***da Vinci* Surgery:**

A Minimally Invasive Surgical Option

The *da Vinci* System features a magnified 3D HD vision system and tiny 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 Sacrocolpopexy offers the following potential benefits compared to open surgery:

- › Lower rate of complications^{3,4}
- › Less estimated blood loss^{3,4,5}
- › Similar rate of blood transfusions³
- › Shorter hospital stay³

da Vinci Sacrocolpopexy offers the following potential benefits compared to traditional laparoscopy:

- › Similar rate of complications^{3,4,6,7}
- › Similar rate of blood transfusions^{3,6}
- › Similar or less estimated blood loss^{3,4,6}
- › Similar or shorter hospital stay^{3,4,7,8}
- › Similar conversion rate (switch to open surgery)^{3,4,8}

Your surgeon controls the *da Vinci* System, which translates his/her hand movements into smaller, precise movements of tiny instruments inside your body.

The *da Vinci* System has brought minimally invasive surgery to more than 3 million patients worldwide.

Risks & Considerations Related to Sacrocolpopexy:

Mesh erosion/infection caused by mesh moving from vaginal wall into surrounding organs causing the need for another operation, injury to rectum/bowel, injury to bladder (organ that holds urine), injury to the ureters (ureters drain urine from the kidney into the bladder), front wall of the rectum pushes into the back wall of the vagina, prolapsed bladder (bladder budges into vagina when supportive tissue weakens), vaginal incision opens or separates, loss of bladder control, pooling of blood between bladder and pubic bone, pooling of blood between the anus and vagina. Pelvic prolapse patients undergoing a hysterectomy who have an undiagnosed cancer may be at risk of having cancer cells spread if the uterus is cut into pieces for removal.

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.

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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 National Institutes of Health. Uterine Prolapse. Available from: www.nlm.nih.gov/medlineplus/ency/article/001508.htm ² International Urogynecological Association (IUGA). Pelvic Organ Prolapse: A Guide for Women. 2011. Available from: www.IUGA.org ³ Serati M, et al; 2014. Robot-assisted Sacrocolpopexy for Pelvic Organ Prolapse: A Systematic Review and Meta-Analysis of Comparative Studies. European Urology. 66:202-318. ⁴ Nosti PA, et al. "Outcomes of Abdominal and Minimally Invasive Sacrocolpopexy." Female Pelvic Medicine & Reconstructive Surgery 20.1 (2014): 33-37. ⁵ Siddiqui NY et al. Symptomatic and Anatomic 1-year Outcomes after Robotic and Abdominal Sacrocolpopexy. American Journal of Obstetrics and Gynecology 206.5 (2012): 435.e1-35.e5. ⁶ Anger JT, et al; 2014. Robotic Compared with Laparoscopic Sacrocolpopexy. A Randomized Controlled Trial. Obstetrics & Gynecology. 123(1)5-12. ⁷ Flack CK, et al; 2015. National Trends in the Performance of Robot-Assisted Sacrocolpopexy. J Endourology Jul;29(7):777-83. doi: 10.1089/end.2014.0710. Epub 2015 Mar 10. ⁸ Paraiso MF, et al; 2011. Laparoscopic Compared with Robotic Sacrocolpopexy for Vaginal Prolapse. A Randomized Controlled Trial. Obstetrics & Gynecology. 118(5)1005-1013.