

# Considering Hysterectomy?

Learn about minimally invasive  
*da Vinci*® Surgery



*da Vinci*.Surgery

## The Conditions:

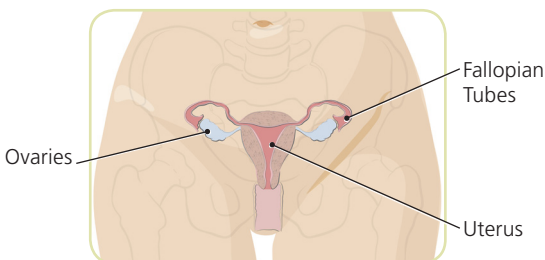
### Chronic Pain, Heavy Bleeding, Fibroids, Endometriosis, Adenomyosis, Prolapse

Many benign (non-cancerous) conditions can affect a woman's reproductive system, which consists of the uterus, vagina, ovaries and fallopian tubes. Most of these conditions affect the uterus, which is the hollow, fist-sized organ that holds a baby during pregnancy.

Common benign conditions include: fibroids which are 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, including no symptoms. Some of the more common symptoms can include: pelvic pain, heavy bleeding, irregular periods, fatigue, unusual bloating, pain during intercourse and infertility.

If your symptoms are severe, your doctor may recommend non-surgical treatments or a surgical option, such as hysterectomy (removal of the uterus). An estimated one third of all U.S. women will have a hysterectomy by age 60.<sup>1</sup> While this figure is lower in many other countries, it is still a common surgical procedure worldwide.<sup>2</sup>



# The Surgery:

## Hysterectomy

If your doctor recommends that you have a hysterectomy, there are a few ways your uterus can be removed. Your surgeon can remove your uterus via a vaginal hysterectomy, abdominal hysterectomy or laparoscopic (minimally invasive) hysterectomy.

A vaginal hysterectomy is done through a cut in your vagina. The surgeon takes your uterus out through this incision and closes it with stitches.

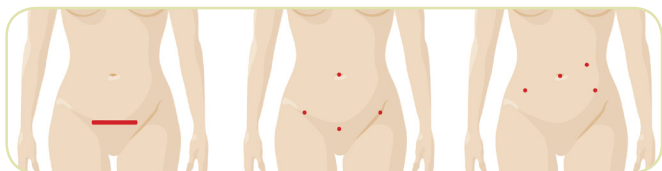
With an abdominal hysterectomy, your surgeon removes your uterus through a large open incision. The incision must be large enough for your surgeon to fit his or her hands inside your body. Open surgery allows doctors to see and touch your organs.

Hysterectomy can also be performed using traditional laparoscopic surgery. This means your surgeon operates through a few small incisions in the



abdomen. The uterus is removed in this minimally invasive fashion using long-handled surgical instruments. One of the instruments is an endoscope – a narrow tube with a tiny camera at the end. The camera sends images to a video monitor in the operating room which guides your surgeon during the operation.

There is another minimally invasive surgical option for women considering hysterectomy, *da Vinci* Surgery.



**Open Surgery**  
Incision

**Laparoscopy**  
Incisions

***da Vinci***  
Incisions



# da Vinci Surgery:

## A Minimally Invasive Surgical Option

If you plan to have a hysterectomy, ask your doctor about *da Vinci* Surgery. Using the *da Vinci* System, your surgeon makes a few small incisions - similar to traditional laparoscopy. The *da Vinci* System features a magnified 3D HD vision system and special instruments that bend and rotate far greater than the human wrist. *da Vinci* enables your doctor to operate with enhanced vision, precision, dexterity and control.

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

- › Less blood loss<sup>3</sup>
- › Fewer complications<sup>3</sup>
- › Shorter hospital stay<sup>3</sup>
- › Minimal scarring

As a result of *da Vinci* technology, *da Vinci* Hysterectomy offers the following potential benefits over traditional laparoscopy:

- › Less blood loss<sup>4</sup>
- › Lower conversion rate to open surgery<sup>4</sup>
- › Shorter hospital stay<sup>4,5</sup>
- › Less need for narcotic pain medicine<sup>6,7</sup>

### **Risks & Considerations Related to Hysterectomy & *da Vinci* Surgery:**

Injury to the ureters (ureters drain urine from the kidney into the bladder), vaginal cuff problem (replaces cervix): 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. 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*<sup>®</sup> 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*<sup>®</sup> 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](http://www.davincisurgery.com/safety) and [www.intuitivesurgical.com](http://www.intuitivesurgical.com).

## 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](http://www.daVinciSurgery.com)

<sup>1</sup>“Hysterectomy”. Medline Plus; A Service of the U.S. National Library of Medicine – National Institutes of Health. Available from: <http://www.nlm.nih.gov/medlineplus/hysterectomy.html> <sup>2</sup> National Institutes of Health. Hysterectomy. Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/002915.htm> <sup>3</sup> Landeen LB, Bell MC, Hubert HB, Bennis LY, Knutsen-Larson SS, Seshadri-Kreaden U. Clinical and cost comparisons for hysterectomy via abdominal, standard laparoscopic, vaginal and robot-assisted approaches. *S D Med.* 2011 Jun;64(6):197-9, 201, 203 passim. <sup>4</sup> Payne, T. N. and F. R. Dauterive. A comparison of total laparoscopic hysterectomy to robotically assisted hysterectomy: surgical outcomes in a community practice. *J Minim Invasive Gynecol*, 2008;15(3): 286-291. <sup>5</sup> Giep BN, Giep HN, Hubert HB. Comparison of minimally invasive surgical approaches for hysterectomy at a community hospital: robotic-assisted laparoscopic hysterectomy, laparoscopic-assisted vaginal hysterectomy and laparoscopic supracervical hysterectomy. *J Robot Surg.* 2010 Sep;4(3):167-175. Epub 2010 Aug 10. <sup>6</sup> Shashoua AR, Gill D, Locher SR. Robotic-assisted total laparoscopic hysterectomy versus conventional total laparoscopic hysterectomy. *JLS.* 2009 Jul-Sep;13(3):364-9. <sup>7</sup> Betcher R MD, Chaney P MD, Otey S MD, Wood D DO, Lacy P MD, Lee M RN, Chi G PhD. A Retrospective Analysis of Post Operative Pain in Patients Following *da Vinci* Robotic Hysterectomy and Total Laparoscopic Hysterectomy. Oral presentation, presented at: AAGL 2012.

## 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 been used successfully worldwide in approximately 2 million various surgical procedures to date. *da Vinci* - changing the experience of surgery for people around the world.