

Considering Surgery for Fibroids?

Learn about minimally invasive
da Vinci® Surgery



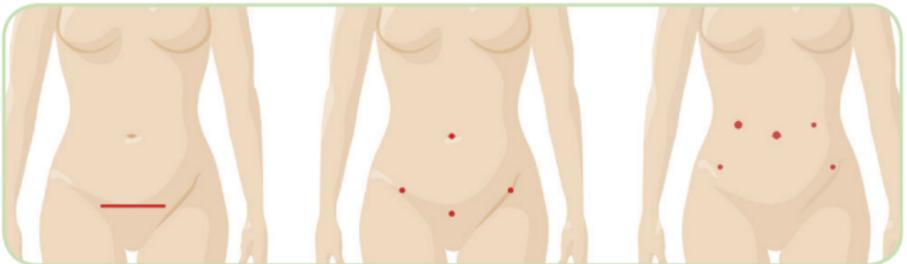
da Vinci.Surgery

Fibroid Surgery: Myomectomy

If you have fibroid tumors and medicine, lifestyle changes or other options do not ease your symptoms, your doctor may suggest surgery. Myomectomy is the surgical removal of the fibroid(s) while leaving your uterus in place. Myomectomy can be done using open surgery or minimally invasive surgery.

Open Surgery: With open surgery, an incision (cut) is made in your abdomen. It 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: A myomectomy can also be done using minimally invasive surgery. With traditional laparoscopy, your surgeon operates through a few small incisions in your abdomen using long instruments and a tiny camera. The camera sends images to a video screen to guide doctors during surgery. There is another minimally invasive surgery option for women planning to have a myomectomy: robotically-assisted **da Vinci Surgery**.



Open Surgery
Incision

Laparoscopy
Incisions

da Vinci
Incisions



da Vinci Surgery:

A Minimally Invasive Surgery Option

Using the *da Vinci* Surgical System, surgeons operate through a few small incisions. The *da Vinci* System has a 3D HD vision system that gives doctors a magnified view inside the body. It also has 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 Myomectomy offers the following potential benefits **compared to open surgery**:

- › Similar rate of complications¹
- › Shorter hospital stay^{1,2,3}
- › Lower rate of blood transfusions^{1,3}
- › Less estimated blood loss^{1,2,3}
- › Less chance of post-operative fever¹

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

- › Similar rate of complications^{1,3,4}
- › Similar hospital stay^{1,3,4}
- › Similar conversion rate (switch to open surgery)^{1,2,4}
- › Similar or less estimated blood loss^{1,2,4}

Your doctor controls the *da Vinci* System, which translates his or 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 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.

Find a *da Vinci* surgeon near you at:
www.daVinciSurgery.com

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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¹ Pundir J., et al. Robotic-Assisted Laparoscopic vs Abdominal and Laparoscopic Myomectomy: Systematic Review and Meta-Analysis. *Journal of Minimally Invasive Gynecology* 20.3 (2013): 335-45. Print. ² Reza M., et al. Meta-analysis of Observational Studies on the Safety and Effectiveness of Robotic Gynaecological Surgery. *British Journal of Surgery* 97.12 (2010): 1772-783. Print. ³ Gobern J., et al. 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 Pluchino N., et al. 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.