# Considering Surgery for Fibroids?

Learn about minimally invasive da Vinci\* Surgery





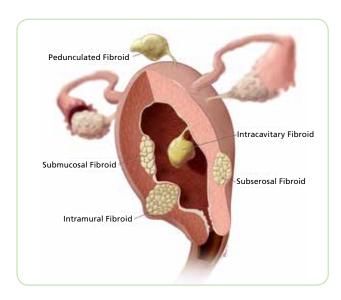
#### The Condition:

#### Uterine Fibroid (Fibroid Tumor)

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

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

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 symptoms due to fibroids. 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 is 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-handled 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 wrist. 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 when compared to open surgery:

- Less blood loss<sup>3,4,5</sup>
- > Shorter hospital stay<sup>3,4,5,6</sup>
- Less narcotic pain medicine required<sup>6</sup>
- > Small incisions for minimal scarring

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

- Greater likelihood your surgeon can remove heavier fibroids<sup>3</sup>
- **>** Fewer complications during surgery<sup>7</sup>

#### Risks & Considerations Related to Myomectomy:

Tear or hole in uterus, split or bursting of the uterus, pre-term (early) birth, spontaneous abortion. Patients undergoing a myomectomy who have an undiagnosed cancer may be at risk of having cancer cells spread through the abdomen if a fibroid 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. 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.

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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

<sup>&</sup>lt;sup>1</sup> Uterine Fibroids; American College of Obstetricians and Gynecologists. Available from: http://www.acog.org/publications/patient\_education/bp074.cfm. <sup>2</sup> Uterine Fibroids; WomensHealth.gov U.S. Department of Health and Human Services. Available from: http://www.womenshealth.gov/faq/uterine-fibroids.cfm#5 <sup>3</sup> Barakat EE, et al. Robotic-assisted, laparoscopic, and abdominal myomectomy: a comparison of surgical outcomes. Obstet Gynecol. 2011 Feb;117(2 Pt 1):256-65. <sup>4</sup> Ascher-Walsh CJ, Capes TL. Robot-assisted laparoscopic myomectomy is an improvement over laparotomy in women with a limited number of myomas. J Minim Invasive Gynecol. 2010 May-Jun; 17(3): 306-10. Epub 2010 Mar 19. 5 Sangha R, et al. Surgical outcomes for robotic-assisted laparoscopic myomectomy compared to abdominal myomectomy. Journal of Robotic Surgery, Volume 4, Number 4, December 2010, pp. 229-233(5). 6 Nash K, et al. Robotic-assisted laparoscopic myomectomy versus abdominal myomectomy: a comparative analysis of surgical outcomes and costs. Arch Gynecol Obstet. 2012 Feb;285(2):435-40. Epub 2011 Jul 22. <sup>7</sup> Bedient CE, et al. Comparison of robotic and laparoscopic myomectomy. Am J Obstet Gynecol. 2009 Dec;201(6):566.e1-5. Epub 2009 Aug 15.

### 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 million patients worldwide. da Vinci - changing the experience of surgery for people around the world.