

Considering Surgery for Pelvic Prolapse?

Learn about minimally invasive
da Vinci Surgery



da Vinci  ***Surgery***

The Condition:

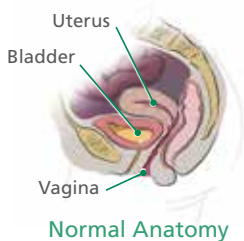
Pelvic Prolapse

Pelvic prolapse is a condition that occurs when muscles and ligaments that support your pelvic organs weaken. As a result, these organs (uterus, vagina, cervix, bladder, urethra, or rectum) slip from their normal position.

Severe uterine prolapse can cause the uterus to slip (prolapse) partially into the vagina. It may cause the upper part of the vagina to sag into the vaginal canal or even outside the vagina.

Some women with prolapse have no symptoms. Others may experience: a feeling of sitting on a ball, pulling in the pelvis, pelvic or abdominal pain, painful intercourse, tissue from the vagina sticking out, bladder infections, vaginal bleeding, unusual discharge, constipation or frequent urination.¹

Pelvic prolapse is common, affecting about one in every three women who have had a child.² One in nine women have symptoms that are severe enough to need surgery.² Risk factors for prolapse include multiple vaginal deliveries, age, obesity, hysterectomy and smoking.¹



Surgical Options:

Sacrocolpopexy

Your doctor may suggest medicine or lifestyle changes to ease your symptoms. If non-surgical treatments do not help or if your symptoms get worse, your doctor may recommend surgery. The procedure 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 and process to you.

Sacrocolpopexy is viewed as the best way to correct pelvic prolapse and resolve symptoms.³ The surgery may also be done following a hysterectomy to provide long-term support for the vagina.⁴

Open Surgery: Sacrocolpopexy is often done using open surgery. A long, horizontal incision (cut) is made in the lower abdomen. The incision must be large enough for your surgeon to fit his or her hands 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 surgical instruments. The camera sends images to a video screen in the operating room to guide surgeons as they operate.

Another minimally invasive surgical option for women with pelvic prolapse is *da Vinci* Surgery.



Open Surgery
Incision

Laparoscopy
Incisions

da Vinci Surgery
Incisions

da Vinci Surgery:

A Minimally Invasive Surgical Option

With the *da Vinci System*, your surgeon operates through a few small incisions - similar to traditional laparoscopy. The *da Vinci System* features a magnified 3D HD vision system and tiny wristed instruments that bend and rotate far greater than the human hand. These features enable surgeons to operate with enhanced vision, precision, and control - even for complex cases.⁴

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

- › Lower rate of complications^{5,6,7,8}
- › Shorter hospital stay^{6,7,8,9}
- › Less blood loss^{5,6,7,9}
- › Less chance of a post-operative fever⁵

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

- › Less blood loss^{10,11}

Risks & Considerations Related to Sacrocolpopexy & *da Vinci* Surgery:

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 (the 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. 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.

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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, 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. *da Vinci* technology allows your doctor to operate through just a few small openings, similar to traditional laparoscopy.

The *da Vinci* System has been used successfully worldwide in approximately 3 million various surgical procedures to date. *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. Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/001508.htm> ². Available from: http://www.iuga.org/resource/resmgr/brochures/english_pop.pdf ³. Nygaard IE, McCreery R, Brubaker L, Connolly A, Cundiff G, Weber AM, Zyczynski H; Pelvic Floor Disorders Network. Abdominal sacrocolpopexy: a comprehensive review. *Obstet Gynecol*. 2004 Oct;104(4):805-23. ⁴. Elliott DS, Krambeck AE, Chow GK. Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse. *J Urol*. 2006 Aug;176(2):655-9. 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. Geller, EJ., et al. Short-Term Outcomes of Robotic Sacrocolpopexy Compared With Abdominal Sacrocolpopexy. *Obstetrics & Gynecology* 112.6 (2008): 1201-206. ⁷. Nosti, PA., et al. Outcomes of Abdominal and Minimally Invasive Sacrocolpopexy. *Female Pelvic Medicine & Reconstructive Surgery* 20.1 (2014): 33-37. ⁸. Li, Hanhan, et al. Utilization and perioperative outcomes of robotic vaginal vault suspension compared to abdominal or vaginal approaches for pelvic organ prolapse." *Canadian Urological Association Journal* 8.3 (2014): 100-106. ⁹. Hoyte, L., et al. Cost Analysis of Open Versus Robotic-Assisted Sacrocolpopexy. *Female Pelvic Medicine & Reconstructive Surgery* 18.6 (2012): 335-39. ¹⁰. Seror, J., et al. Prospective Comparison of Short-term Functional Outcomes Obtained after Pure Laparoscopic and Robot-assisted Laparoscopic Sacrocolpopexy. *World Journal of Urology* 30.3 (2012): 393-98. ¹¹. Awad, N., et al. Implementation of a New Procedure: Laparoscopic versus Robotic Sacrocolpopexy." *Archives of Gynecology and Obstetrics* 287.6 (2013): 1181-186.