

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

¹Collinet P, et al. Robot-assisted laparoscopy for deep infiltrating endometriosis: international multicentric retrospective study. *Surgical Endoscopy* 28.8 (2014):2474-2479. Epub. ²Nezhat, C, et al. The Role of the Robot in Treating Urinary Tract Endometriosis. *Current Opinion in Obstetrics and Gynecology* 25.4 (2013): 308-11. ³Siesto, G., et al. Robotic Surgery for Deep Endometriosis: A Paradigm Shift. *The International Journal of Medical Robotics and Computer Assisted Surgery* 10 (2013): 140-46. ⁴Bedaiwy, MA, et al. Robotic-Assisted Hysterectomy for the Management of Severe Endometriosis: A Retrospective Review of Short-Term Surgical Outcomes. *JLS, Journal of the Society of Laparoendoscopic Surgeons* 17.1 (2013): 95-99. ⁵Ercoli, AM, et al. Robotic Treatment of Colorectal Endometriosis: Technique, Feasibility and Short-term Results. *Human Reproduction* 27.3 (2012): 722-26. ⁶Dulemba, JF, et al. Retrospective Analysis of Robot-assisted versus Standard Laparoscopy in the Treatment of Pelvic Pain Indicative of Endometriosis. *Journal of Robotic Surgery* 7.2 (2013): 163-69. ⁷Nezhat, CLM, et al. Robotic versus standard laparoscopy for the treatment of endometriosis. *Fertility and Sterility*, 2010. ⁸Nezhat, CR, et al. Robotic-Assisted Laparoscopy vs Conventional Laparoscopy for the Treatment of Advanced Stage Endometriosis. *JMIG* 22.1 (2014): 40-44.

Considering Endometriosis Surgery?

Learn about minimally invasive *da Vinci*® Surgery



da Vinci  **Surgery**

Surgery Options

Endometriosis occurs when the tissue that lines your uterus also grows outside the uterus (called implants or lesions). Depending on how severe your symptoms are, your doctor may suggest lifestyle changes and medicine to control pain and endometriosis growth. If your symptoms get worse, surgery may be suggested.

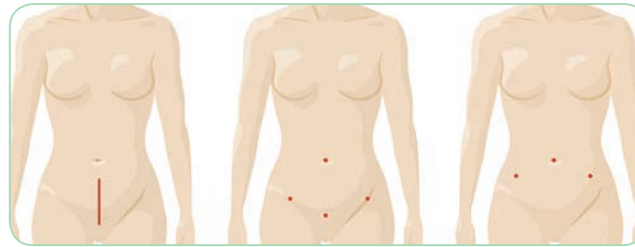
There are two common surgery options: endometriosis resection and hysterectomy. Endometriosis resection involves removing all visible implants while leaving the uterus and other organs in place. Endometriosis resection is often suggested for women who want to get pregnant in the future. Hysterectomy is the removal of the uterus and possibly other affected organs. It is suggested for women who are not planning a future pregnancy.

Endometriosis resection can be done using open surgery or minimally invasive surgery using traditional laparoscopy or *da Vinci* Surgery (*da Vinci* Endometriosis Resection or *da Vinci* Hysterectomy).

Open Surgery: With open surgery, a large incision (cut) is made in your abdomen – large enough for your surgeon to fit his/her hands inside your body. Open surgery allows doctors to touch your organs as they operate.

Minimally Invasive Surgery: Laparoscopic surgery is minimally invasive – meaning surgeons operate through a few small incisions. Your surgeon uses a tiny camera and long, thin instruments to operate. The camera sends images to a video screen to guide doctors during surgery.

There is another minimally invasive surgery option which is robotic-assisted – ***da Vinci* Surgery**.



Open Surgery Incision

Laparoscopy Incisions

da Vinci Surgery Incisions

da Vinci Surgery: A Minimally Invasive Surgical Option

With the *da Vinci* Surgical System, your doctor operates through a few small incisions. The *da Vinci* System has a magnified 3D high-definition vision system and tiny wristed instruments that bend and rotate far greater than the human hand. These features enable your surgeon to operate with enhanced vision, precision, and control.

Early clinical data suggest: *da Vinci* Endometriosis Resection may offer the following potential benefits:

- › Surgeons are able to complete difficult dissections (separating of tissue)^{1,2,3}
- › Low rate of complications^{1,3,4,5}
- › Low rate of blood loss^{3,5,7,8} and blood transfusions^{3,5}
- › Low rate of switching to open surgery (through a large incision)^{1,3,6,7}

The *da Vinci* System has brought minimally invasive surgery to more than 3 million patients worldwide. *da Vinci* technology – changing the experience of surgery for people around the world.

Risks & Considerations Related to Endometriosis Resection (endometriosis surgery to remove implants): injury to the bowel, bladder (organ that holds urine) or ureters (the ureters drain urine from the kidney into the bladder).

