

Your doctor is one of a growing number of surgeons offering **da Vinci® Surgery** for Pelvic Prolapse.

All surgeries, including *da Vinci* Surgery, involve risk of major complications. Before you decide on surgery, discuss treatment options with your doctor. Understanding the risks of each treatment can help you make the best decision for your situation.

For more information and to find a *da Vinci* Surgeon near you, visit: www.daVinciSurgery.com

Considering Surgery for Pelvic Prolapse?

Learn why **da Vinci®** Surgery may be your best treatment option.



The Condition:

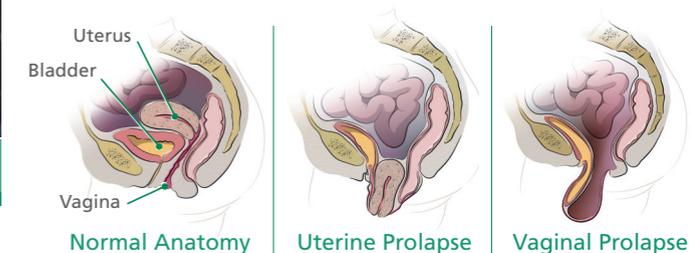
Pelvic Prolapse

Pelvic prolapse is a condition that occurs when muscles and ligaments supporting 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 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 experience a feeling of sitting on a ball; pulling in the pelvis; pelvic or abdominal pain; painful intercourse; protrusion of tissue from the vagina; 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 experience symptoms severe enough to need surgery.² Prolapse risk factors include multiple vaginal deliveries, age, obesity, hysterectomy and smoking.¹



da Vinci. Surgery

¹Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/001508.htm> ²Available from: http://www.iuga.org/resource/resmgr/brochures/english_pop.pdf

The Treatment: Sacrocolpopexy

Typically, pelvic prolapse worsens over time and can only be fully corrected with surgery. The procedure is called sacrocolpopexy. It is considered the most effective way to correct pelvic prolapse and resolve symptoms.³

During this procedure, surgical mesh is used to hold the vagina in its correct position. The mesh remains in place permanently. Sacrocolpopexy may also be performed following a hysterectomy to treat prolapse and provide long-term support of the vagina.⁴

Sacrocolpopexy has traditionally been performed using open surgery. A long, horizontal incision is made in the lower abdomen to manually access

the pelvic organs, including the uterus. While the success rate of open sacrocolpopexy is high, recovery time can be long.

Laparoscopic sacrocolpopexy is a minimally invasive alternative to open surgery. This approach is considered to be technically challenging due to the extensive suturing and dissection required, along with the limitations of traditional laparoscopic technology.



Open Surgery Incision da Vinci Sacrocolpopexy Incisions



da Vinci Surgery: A More Precise, Less Invasive Surgical Procedure

If your doctor recommends sacrocolpopexy to treat pelvic prolapse, ask about minimally invasive *da Vinci* Surgery.

State-of-the-art *da Vinci* Surgery requires just a few tiny incisions. The enhanced vision, precision, dexterity and control of *da Vinci* allows your doctor to perform a durable sacrocolpopexy even for women with complex cases.⁴ *da Vinci* Sacrocolpopexy offers women many potential benefits over traditional open surgery, including:

- › Less blood loss⁵
- › Shorter hospital stay⁵

Additional potential benefits of *da Vinci* Sacrocolpopexy include:

- › Low rate of complications⁴
- › Small incisions for minimal scarring⁶

da Vinci Sacrocolpopexy offers women the following potential benefits compared to traditional laparoscopic surgery:

- › Shorter operation⁷
- › Less blood loss⁷
- › Shorter duration with catheter⁷



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. Instead, surgery is performed entirely by your doctor.

Together, *da Vinci* technology allows your doctor to perform complex procedures through just a few tiny openings. As a result, you may be able to get back to your life without the usual recovery following major surgery.

The *da Vinci* System has been used successfully worldwide in hundreds of thousands of procedures to date.

While clinical studies support the effectiveness of the *da Vinci* Surgical System when used in minimally invasive surgery, individual results may vary. There are no guarantees of outcome. All surgeries involve the risk of major complications. Before you decide on surgery, discuss treatment options with your doctor. Understanding the risks of each treatment can help you make the best decision for your individual situation. Surgery with the *da Vinci* Surgical System may not be appropriate for every individual; it may not be applicable to your condition. Always ask your doctor about all treatment options, as well as their risks and benefits. Only your doctor can determine whether *da Vinci* Surgery is appropriate for your situation. The clinical information and opinions, including any inaccuracies expressed in this material by patients or doctor about *da Vinci* Surgery are not necessarily those of Intuitive Surgical, Inc. and should not be considered as substitute for medical advice provided by your doctor. All people depicted unless otherwise noted are models. © 2012 Intuitive Surgical. All rights reserved. Intuitive, *Intuitive Surgical*, *da Vinci*, *da Vinci S*, *da Vinci Si*, *Single-Site*, *InSite*, *TilePro* and *EndoWrist* are trademarks or registered trademarks of Intuitive Surgical. All other product names are trademarks or registered trademarks of their respective holders. PN 871730 Rev D 04/12

³Nygaard 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. ⁴Elliott 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. ⁵Geller EJ, Siddiqui NY, Wu JM, Visco AG. Short-Term Outcomes of Robotic Sacrocolpopexy Compared With Abdominal Sacrocolpopexy. *Obstetrics & Gynecology*. 2008;112:1201-6. ⁶Data on file with Intuitive Surgical, Inc. ⁷Seror J, Yates DR, Seringe E, Vaessen C, Bitker MO, Chartier-Kastler E, Rouprêt M. Prospective comparison of short-term functional outcomes obtained after pure laparoscopic and robot-assisted laparoscopic sacrocolpopexy. *World J Urol*. 2011 Aug 20. [Epub ahead of print]