

DID YOU KNOW?

OVER 2.5 MILLION PATIENTS
HAVE HAD MINIMALLY
INVASIVE *DA VINCI*[®] SURGERY
WORLDWIDE SINCE 2000



www.daVinciSurgery.com

ROBOTIC-ASSISTED *DA VINCI*[®]
SURGERY IS A MINIMALLY
INVASIVE SURGERY THAT
ALLOWS SPECIALLY TRAINED
SURGEONS TO USE THE
DA VINCI SURGICAL SYSTEM
TO PERFORM A WIDE RANGE
OF DELICATE AND COMPLEX
OPERATIONS THROUGH A
FEW SMALL INCISIONS.

The surgeon views through a magnified 3D high-definition vision system and controls tiny wristed instruments that bend and rotate far greater than the human wrist. The system software can also scale down surgeon's movements and minimize the effects of a surgeon's hand tremors on instrument movements. As a result, the *da Vinci* system enables surgeons to operate with enhanced vision, precision, dexterity and control.

Though it is often called a "robot," the *da Vinci* system cannot act on its own. Surgery is performed entirely by the surgeon who controls the *da Vinci* system. Since 2000, over 2.5 million patients have had minimally invasive *da Vinci* Surgery worldwide.

POTENTIAL PATIENT BENEFITS OF *DA VINCI* SURGERY VS. OPEN SURGERY*:

- **A shorter hospital stay**¹⁻⁵
- **Less blood loss**^{2-4,6}
- **Fewer complications**^{2- 4,7-8}
- **Less need for narcotic pain medicine**^{1,7,9-10}
- **A faster recovery**^{1-2,11-12}
- **Smaller incisions associated with minimal scarring**^{3,6-7}

* Potential benefits are specific to the procedure referenced in the footnoted publications.

REFERENCES

1. Park JS, et al. Surg Endosc. 2011 Jan;25(1):240-8. Epub 2010 Jun 15. 2. Poston RS, et al. Ann Surg. 2008 Oct;248(4):638-46. 3. Health Information and Quality Authority (HIQA), reporting to the Minister of Health-Ireland. Health technology assessment of robot-assisted surgery in selected surgical procedures, 21 September 2011. 4. Landeen LB, et al. S D Med. 2011 Jun;64(6):197-9, 201, 203 passim. 5. Martino MA, I 2014 May- Jun;21(3):389-93. Epub 2013 Oct 26. 6. de Souza AL, et al. Dis Colon Rectum. 2011 Mar;54(3):275-82. 7. Cerfolio RJ, et al. J Thorac Cardiovasc Surg. 2011 Oct;142(4):740-6. Epub 2011 Aug 15. 8. Shaligram A, et al. Surg Endosc. 2012 Apr;26(4):1047-50. doi: 10.1007/s00464-011-1994-5. Epub 2011 Oct 25. 9. Lowe MP, et al. Journal of Robotic Surgery 2009:1-5. 10. Menon M, et al. Urology. 2002 Nov;60(5):864-8. 11. Bell MC, et al. Gynecologic Oncology III 2008:407-411. 12. Miller J, et al. J Urol. 2007 Sep;178(3 Pt 1):854-8; discussion 859. Epub 2007 Jul 16.

NOTE: The referenced studies evaluated an *Si™* or earlier model of the *da Vinci* Surgical System. There is no clinical data currently available for the *da Vinci Xi™* Surgical System. The *da Vinci Xi* Surgical System is not cleared for use in transoral otolaryngology surgical procedures and is not specifically cleared for use in prostatectomy. It is cleared for use in urologic surgical procedures.

In order to provide benefit and risk information, Intuitive Surgical reviews the highest available level of evidence on representative *da Vinci* procedures. Intuitive Surgical strives to provide a complete, fair and balanced view of the clinical literature. However, our materials should not be seen as a substitute for a comprehensive literature review for inclusion of all potential outcomes. We encourage patients and physicians to review the original publications and all available literature in order to make an informed decision. Clinical studies are available at pubmed.gov.



IMPORTANT SAFETY INFORMATION:

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.

If you have questions about the *da Vinci* System or *da Vinci* procedures, consult with a qualified surgeon.

Surgeons experienced with the *da Vinci* System can be found using the Surgeon Locator at www.daVinciSurgery.com. Intuitive Surgical provides surgeons training on the use of the *da Vinci* System but does not certify, credential or qualify the surgeons listed in the Surgeon Locator. Product names are trademarks or registered trademarks of their respective holders. Unless otherwise noted, all people depicted are models.

EXTENDING ADVANCED MINIMALLY INVASIVE SURGERY TO PATIENTS

Over 3,200 hospitals have *da Vinci* Surgical Systems around the world (2,200+ in the U.S.) offering minimally invasive surgery (MIS) to patients in the following specialty areas:

- Cardiac surgery
- Colorectal & General surgery
- Gynecologic surgery
- Pediatric surgery
- Thoracic surgery
- Transoral surgery^{†‡}
- Urologic surgery

[†] Not cleared for use with the *da Vinci Xi™* Surgical System.

[‡] Transoral robotic-assisted surgery is restricted to benign (non-cancer) and malignant tumors (cancer) classified as T1 and T2 (early stage cancer) and for benign base of tongue resection procedures. The safety and effectiveness of this device for use in the treatment of obstructive sleep apnea have not been established.

**“...LOOKING BACK AT WHERE WE
STARTED AND WHERE WE ARE
NOW, IT’S JUST AMAZING TO SEE
HOW QUICKLY HE RECOVERED
AND HOW QUICKLY HE JUST GOT
RIGHT BACK INTO HIS LIFE.”**

- Reggie and Shaba, *da Vinci* Colectomy
patient and his wife

Visit the Surgeon Locator at
www.daVinciSurgery.com

to find surgeons experienced with the *da Vinci* System

