How can you prepare for surgery?



One way to learn more about your surgery is to ask your doctor and care team questions.

Here are some questions you might ask:

- · What options are available to address my pelvic organ prolapse?
- · What happens if I don't get surgery?
- · What are the differences between open, laparoscopic, and robotic-assisted surgery?
- · Should I get a second opinion?
- · What am I likely to experience after surgery?
- · If I decide to have surgery, how can I prepare for it?
- · What is your surgical training and experience? What is your experience with robotic-assisted surgery?
- · What are your patient outcomes?

What is pelvic organ prolapse surgery?

Pelvic organ prolapse surgery is surgery to reposition pelvic organs that have begun to slip down (prolapse). The purpose of the procedure is to move the prolapsed organs higher in the pelvis to their original position.

One type of pelvic organ prolapse surgery is sacrocolpopexy.

If you have been diagnosed with pelvic organ prolapse, you should discuss all options with your doctor, including surgery.

If you are a candidate for surgery, your surgeon may recommend:



Open surgery

Surgeon makes an incision in your abdomen large enough to see the pelvic organs and performs the procedure using hand-held tools



Laparoscopic surgery

Surgeon makes a few small incisions in the abdomen and operates using special long-handled tools while viewing magnified images from the laparoscope (camera) on a video screen



Robotic-assisted surgery

Surgeon controls the da Vinci system to perform the procedure

References

- Pelvic Organ Prolapse.
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 of Obstetricians and
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 special-procedures/surgeryfor-pelvic-organ-prolapse

Surgical Risks

Risks associated with sacrocolpopexy (pelvic prolapse surgery) include 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.

Important Safety Information

Patients should talk to their doctors to decide if da Vinci Surgery is right for them. Patients and doctors should review all available information on nonsurgical and surgical options and associated risks in order to make an informed decision.

Serious complications may occur in any surgery, including da Vinci Surgery, up to and including death. Serious risks include, but are not limited to, injury to tissues and organs and conversion to other surgical techniques, which could result in a longer operative time and/or increased complications. For important safety information, including surgical risks, indications, and considerations and contraindications for use, please also refer to www.intuitive.com/safety.

Individuals' outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon experience.

Precaution Statement

The demonstration of safety and effectiveness for the representative specific procedures was based on evaluation of the device as a surgical tool and did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

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Move with confidence

Understand if pelvic organ prolapse surgery is right for you.

INTUÎTIVE maker of da Vinci

Is it time for surgery?

The daily discomfort of pelvic organ prolapse can make you feel like you are not yourself. But it doesn't have to be that way.

Pelvic organ prolapse is a very common condition.¹ Some women have no symptoms, but others experience daily discomfort. Symptoms can include a feeling of pelvic pressure, lower back pain, and urinary incontinence.²

Your doctor may recommend sacrocolpopexy surgery to help reposition pelvic organs back to their proper locations. If your doctor suggests robotic-assisted surgery with da Vinci technology, this brochure can help you understand what that means.



What will my surgeon do?



If you and your doctor decide that robotic-assisted surgery is right for you, here is what may happen.

Actual incision size

During robotic-assisted surgery with the da Vinci system, your surgeon makes a few small incisions, then uses a 3DHD camera for a crystal-clear, magnified view of your pelvic organs.



Your surgeon sits at a console next to you and operates through the incisions using tiny instruments and the camera.



The da Vinci system translates every hand movement your surgeon makes in real time, bending and rotating the instruments so he or she can help reposition the organs.

What is the da Vinci system?

It is a surgical system with three parts:

Surgeon console

Is the control center where your surgeon sits to perform the operation.

Patient cart

Holds the camera and surgical instruments your surgeon controls from the console.

Vision cart

Manages the communication between all the system components and provides a screen for the care team to view the operation.

What are the outcomes?

Be sure to talk with your surgeon about the surgical outcomes he or she delivers by using the da Vinci system, as every surgeon's experience is different. For example, ask about:

- · Length of hospital stay
- Chance of switching to an open surgery
- · Reoperation rate
- · Length of surgery
- · Complication rate

There are additional outcomes of surgery that you may want to talk with your doctor about. Please ask him or her about all important outcomes of surgery.

To find out more about outcomes of surgery with the da Vinci system, as published in clinical studies, visit the Pelvic Organ Prolapse page on www.davincisurgery.com





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