Focus on your care

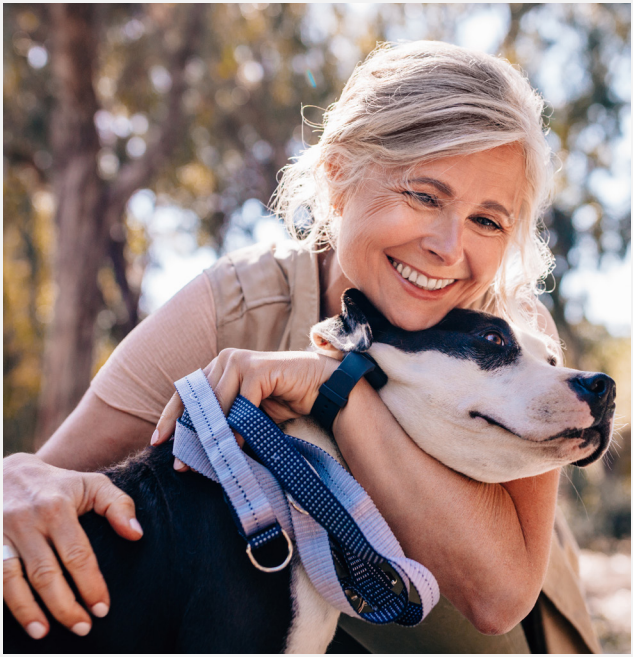
Understand your options for lung surgery.

INTUITIVE

You have options.

There are several conditions that may prompt your doctor to recommend lung surgery. They can range from benign (noncancerous) conditions to cancerous conditions. Surgery is one option you and your doctor may discuss if you've been diagnosed with lung cancer.

It's important to learn about the many options for care available. You and your doctor can discuss your choices and decide which approach is right for you. This brochure can help you understand the surgical options available.



What is lung surgery?

Lung surgery is surgery to remove or repair lung tissue. Types of lung surgery include:

- Wedge resection or segmentectomy (a procedure to remove part of a lung lobe)
- Lobectomy (a procedure to remove an entire lobe)

These procedures can be recommended for cancerous and noncancerous (benign) conditions. 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 chest large enough to see the lungs and performs the procedure using hand-held tools.

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

Robotic-assisted surgery
Surgeon controls a robotic system to perform the procedure.

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

Your surgeon makes a few small incisions, and uses a 3DHD camera for a crystal-clear, magnified view of your lungs and surrounding tissue.

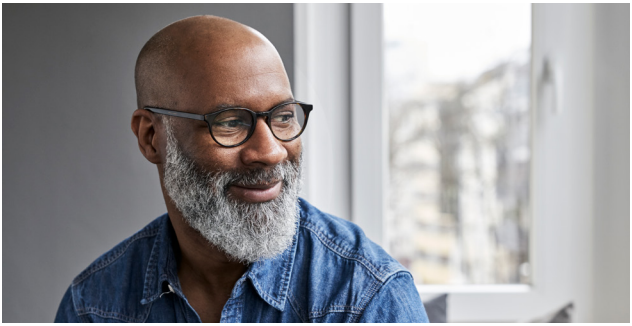
Your surgeon sits at a console next to you and operates through the incisions using tiny instruments and the camera.

The da Vinci® system translates your surgeon's hand movements in real time, bending and rotating instruments that move like the human hand, but with a greater range of motion.

The da Vinci system is a tool used for surgery, but it does not treat cancer.

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 medical and surgical options are available for me?

Which is best for my situation?

What are the differences between open, video-assisted thoracoscopic, and robotic-assisted surgery?

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?

Should I get a second opinion?

Does a robot perform the surgery?

No. While the word "robotic" is in the description, a robot doesn't perform surgery. Surgeons perform surgery using the da Vinci system's camera and instruments.

Do surgeons train before doing robotic-assisted surgery?

Yes. Surgeons are trained to use the system and get clearance from their hospitals to perform robotic-assisted surgery before they can use the da Vinci system in any surgical procedure.

What are the outcomes?

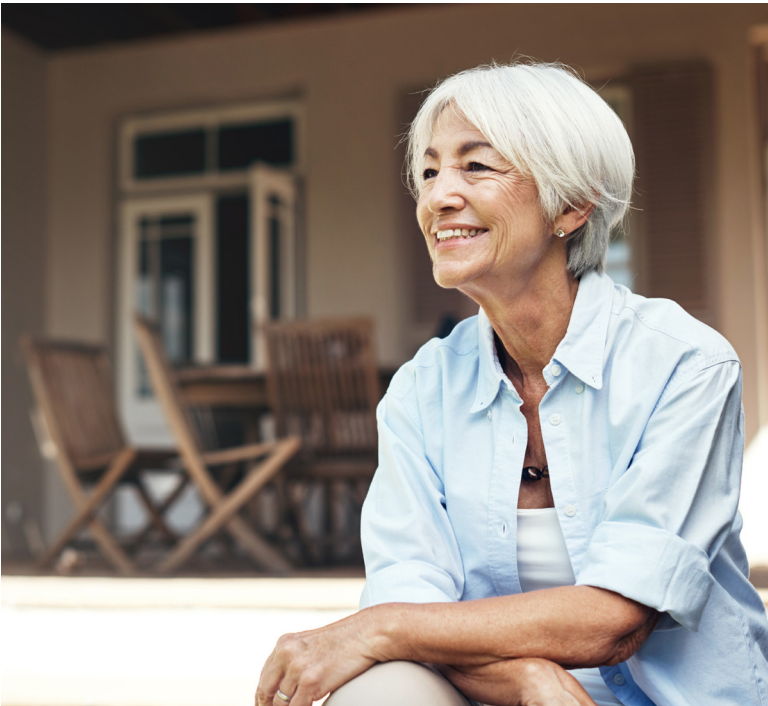
Be sure to talk with your surgeon about the surgical outcomes they deliver by using the da Vinci system, as every surgeon's experience is different. Examples of outcomes you might ask about include:

- Length of hospital stay
- Length of surgery
- Chance of switching to an open procedure
- Complication rate
- Length of time with a chest tube

There are additional outcomes of surgery that you may want to talk with your doctor about. Please ask them 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 Lung Surgery page on www.davincisurgery.com.

Get back to what matters most.



Surgical risks
Risks associated with pulmonary resection (removal of part of lung) include air leaks from lungs, lung infection, lengthy time on a breathing machine of 48 hours or more, abnormal/irregular heartbeat, breathing tube needs to be re-inserted, abnormal path for air between lung airways and pleural cavity (space around the lungs), lung failure, lymph fluid collects around lungs, difficulty breathing, remaining part of lung becomes twisted, collapsed lung, abnormal vocal cord function.

Important safety information
Patients should talk to their doctors to decide if surgery using the da Vinci system 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 surgery using the da Vinci system, 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 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.