

Your doctor is one of a growing number of surgeons offering *da Vinci* Surgery for Vaginal and Uterine Prolapse.

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

Considering Surgery for Vaginal or Uterine Prolapse?

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



The Condition(s):

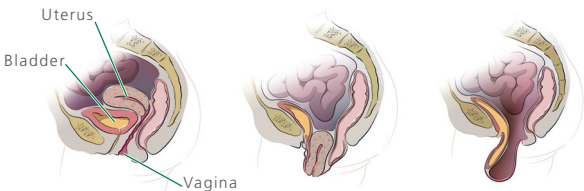
Vaginal Prolapse, Uterine Prolapse

Vaginal prolapse occurs when the network of muscles, ligaments and skin that hold the vagina in its correct anatomical position weaken. This causes the vagina to prolapse (slip or fall) from its normal position.

Uterine prolapse occurs when pelvic floor muscles and ligaments stretch and weaken, reducing support for the uterus. The uterus then slips or falls into the vaginal canal.

Prolapse can cause the following symptoms: a feeling of heaviness or pulling in your pelvis, tissue protruding from your vagina, painful intercourse, pelvic pain and difficulties with urination and bowel movements.

About 200,000 women have prolapse surgery each year in the United States.¹ Risk factors for prolapse include multiple vaginal deliveries, age, obesity, hysterectomy, collagen quality and smoking. One in nine women who undergo hysterectomy will experience vaginal prolapse and 10% of these women may need surgical repair of a major vaginal prolapse.²



Normal Anatomy Uterine Prolapse Vaginal Prolapse

¹Boyles SH, Weber AM, Meyn L. Procedures for pelvic organ prolapse in the United States, 1979-1997. Am J Obstet Gynecol. 2003 Jan;188(1):108-15. Abstract. ²Marchionni M, Bracco GL, Checucci V, Carabaneanu A, Coccia EM, Mecacci F, Scarselli G. True incidence of vaginal vault prolapse. Thirteen years of experience. J Reprod Med. 1999 Aug;44(8):679-84. Abstract.

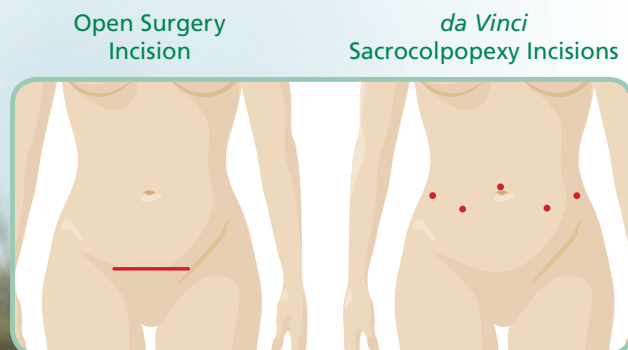
The Treatment: Sacrocolpopexy

Typically, prolapse of the vagina and uterus gradually worsens over time and can only be fully corrected with surgery. The procedure to correct prolapse is called sacrocolpopexy. Sacrocolpopexy is considered the most effective way to correct vaginal prolapse and resolve symptoms.³

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

Sacrocolpopexy has traditionally been performed as an open surgery. A six- to 12-inch horizontal incision is made in the lower abdomen in order to manually access the pelvic organs, including the uterus. While the success rate of open abdominal sacrocolpopexy is high, recovery time can be long, including a five- to six-day hospital stay.

Another approach, laparoscopic sacrocolpopexy, offers a minimally invasive alternative to open surgery. But this approach is generally considered to be technically challenging due to the extensive suturing and dissection required coupled with the limitations of traditional laparoscopic technology.



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

If your doctor recommends sacrocolpopexy, you may be a candidate for minimally invasive *da Vinci* Surgery. This procedure uses a state-of-the-art robotic surgical system. It is 100% physician-controlled and designed to allow your surgeon to perform the most effective minimally invasive surgery possible through just a few tiny incisions.

For most women, *da Vinci* Surgery offers numerous potential benefits over a traditional open approach to sacrocolpopexy:

- › Significantly less pain⁴
- › Less blood loss and need for blood transfusions⁵
- › Less scarring⁴
- › Shorter hospital stay⁴
- › Shorter recovery⁶
- › Fewer complications⁴

As with any surgery, these benefits cannot be guaranteed, as surgery is specific to each patient and each procedure.



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. Review. Abstract. 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. Abstract.

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, the 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 life faster — without the usual recovery following major surgery.

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

⁵Geller EJ, Siddiqui NY, Wu JM, Visco AG. Short-Term Outcomes of Robotic Sacrocolpopexy Compared With Abdominal Sacrocolpopexy. *Obstetrics & Gynecology*. 2008;112:1201–6
⁶Piquion-Joseph, JM, Nayar A, Ghazaryan A. Robot-assisted gynecological surgery in a community setting *Journal of Robotic Surgery*, 2009 pp. 1-4