

# Considering Surgery for Pelvic Prolapse?

Learn about minimally invasive  
*da Vinci*® Surgery



*da Vinci*.Surgery

## The Condition:

### Pelvic Prolapse

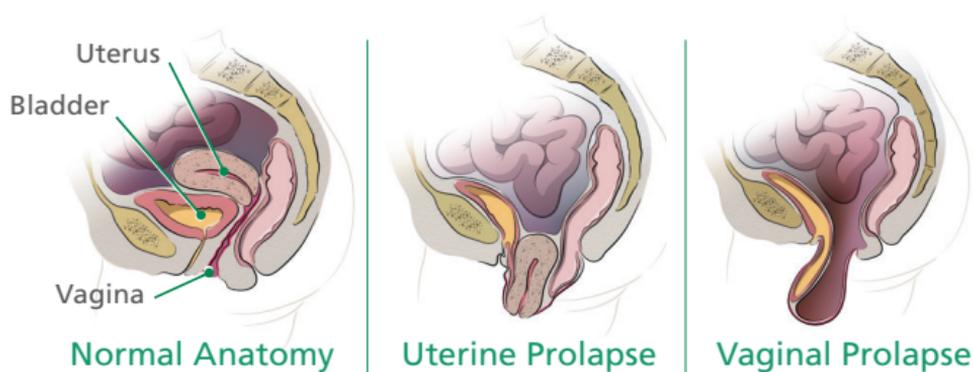
Pelvic prolapse is a condition that occurs when muscles and ligaments supporting your pelvic organs weaken. As a result, these organs (uterus, vagina, cervix, bladder, urethra, or rectum) slip from their normal position.

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 may 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.<sup>1</sup>

Pelvic prolapse is common, affecting about one in every three women who have had a child.<sup>2</sup>

One in nine women experience symptoms severe enough to need surgery.<sup>2</sup> Risk factors for prolapse include multiple vaginal deliveries, age, obesity, hysterectomy and smoking.<sup>1</sup>



# Surgical Options: Sacrocolpopexy

Your doctor may recommend medication or lifestyle changes to ease your symptoms. If non-surgical treatments do not help or if your symptoms get worse, your doctor may recommend surgery. The procedure is called sacrocolpopexy. During the operation, surgical mesh is used to hold your affected pelvic organ(s) in their natural position. The mesh remains in place permanently. This procedure is not the same as what occurs during transvaginal placement of mesh. Your doctor can fully explain the differences and process to you.

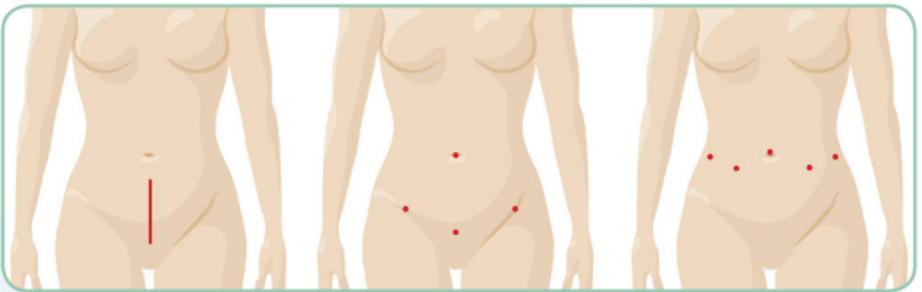
Sacrocolpopexy is considered the most effective way to correct pelvic prolapse and resolve symptoms.<sup>3</sup> It may also be performed following a hysterectomy to provide long-term support of the vagina.<sup>4</sup>

Sacrocolpopexy has traditionally been performed using open surgery. A long, horizontal incision is made in the lower abdomen which allows doctors to reach your pelvic organs.



Laparoscopic surgery is a minimally invasive alternative to open surgery. With laparoscopy, your surgeon operates through a few small incisions using a tiny camera and long, thin surgical instruments. The camera sends images to a video monitor in the operating room to guide surgeons as they operate.

Another minimally invasive surgical option for women diagnosed with pelvic prolapse is *da Vinci* Surgery.



Open Surgery  
Incision

Laparoscopy  
Incisions

*da Vinci* Surgery  
Incisions

# da Vinci Surgery:

## A Minimally Invasive Surgical Option

With the *da Vinci System*, your surgeon operates through a few small incisions - similar to traditional laparoscopy. The *da Vinci System* features a magnified 3D HD vision system and tiny wristed instruments that bend and rotate far greater than the human wrist. These features enable surgeons to operate with enhanced vision, precision, dexterity and control - even for complex cases.<sup>4</sup>

As a result of *da Vinci* technology, *da Vinci* Sacrocolpopexy offers the following potential benefits compared to open surgery:

- › Less blood loss<sup>5,6</sup>
- › Shorter hospital stay<sup>5</sup>
- › Small incisions for minimal scarring

As a result of *da Vinci* technology, *da Vinci* Sacrocolpopexy offers the following potential benefits compared to traditional laparoscopy:

- › Shorter operation<sup>7</sup>
- › Less blood loss<sup>7</sup>
- › Shorter duration with catheter<sup>7</sup>

Additional potential benefits of *da Vinci* Sacrocolpopexy:

- › Low rate of complications<sup>4,8</sup>
- › High sexual function<sup>8</sup>
- › Improved urinary, bowel and pelvic symptoms<sup>8</sup>

### **Risks & Considerations Related to Sacrocolpopexy & da Vinci Surgery:**

Potential risks of any sacrocolpopexy procedure include:

- Separation of the vaginal incision
- Blocked lung artery
- Urinary tract injury

In addition to the above risks, there are risks related to minimally invasive surgery, including *da Vinci* Sacrocolpopexy, such as hernia (bulging tissue at incision site).<sup>7</sup>



## **Important Information for Patients:**

All surgery presents risk, including *da Vinci* Surgery. Results, including cosmetic results, may vary.

Serious complications may occur in any surgery, up to and including death. Examples of serious and life-threatening complications, which may require hospitalization, include injury to tissues or organs; bleeding; infection, and internal scarring that can cause long-lasting dysfunction or pain. Temporary pain or nerve injury has been linked to the inverted position often used during abdominal and pelvic surgery.

Patients should understand that risks of surgery include potential for human error and potential for equipment failure. Risks specific to minimally invasive surgery may include: a longer operative time; the need to convert the procedure to other surgical techniques; the need for additional or larger incision sites; a longer operation or longer time under anesthesia than your surgeon originally predicts. Converting the procedure to open could mean a longer operative time, long time under anesthesia, and could lead to increased complications.

Research suggests that there may be an increased risk of incision-site hernia with single-incision surgery. Patients who bleed easily, have abnormal blood clotting, are pregnant or morbidly obese are typically not candidates for minimally invasive surgery, including *da Vinci* Surgery. Other surgical approaches are available. Patients should review the risks associated with all surgical approaches. They should talk to their doctors about their surgical experience and to decide if *da Vinci* is right for them.

For more complete information on surgical risks, safety and indications for use, please refer to <http://www.davincisurgery.com/safety>.

## Your doctor is one of a growing number of surgeons worldwide offering *da Vinci*<sup>®</sup> Surgery.

For more information and to find a *da Vinci* surgeon near you, visit:

[www.daVinciSurgery.com](http://www.daVinciSurgery.com)

<sup>1</sup> Available from: <http://www.nlm.nih.gov/medlineplus/ency/article/001508.htm>

<sup>2</sup> Available from: [http://www.iuga.org/resource/resmgr/brochures/english\\_pop.pdf](http://www.iuga.org/resource/resmgr/brochures/english_pop.pdf)

<sup>3</sup> Nygaard 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. <sup>4</sup> Elliott 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. <sup>5</sup> Geller EJ, Siddiqui NY, Wu JM, Visco AG. Short-Term Outcomes of Robotic Sacrocolpopexy Compared With Abdominal Sacrocolpopexy. *Obstetrics & Gynecology.* 2008;112:1201-6. <sup>6</sup> Siddiqui NY, Geller EJ, Visco AG. Symptomatic and anatomic 1-year outcomes after robotic and abdominal sacrocolpopexy. *Am J Obstet Gynecol.* 2012 May;206(5):435.e1-5. Epub 2012 Feb 1. <sup>7</sup> Seror 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.* 2012 Jun;30(3):393-8. Epub 2011 Aug 20. <sup>8</sup> Geller EJ, Parnell BA, Dunivan GC. Pelvic floor function before and after robotic sacrocolpopexy: one-year outcomes. *J Minim Invasive Gynecol.* 2011 May-Jun;18(3):322-7. Epub 2011 Apr 1.

## 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. Surgery is performed entirely by your doctor. Together, *da Vinci* technology allows your doctor to perform routine and complex procedures through just a few small openings, similar to traditional laparoscopy.

The *da Vinci* System has been used successfully worldwide in approximately 1.5 million various surgical procedures to date. *da Vinci* - changing the experience of surgery for people around the world.