



da Vinci[®] Minimally Invasive Surgery for Colorectal, Abdominal Conditions and Obesity

Fast Facts

There are a wide range of conditions affecting abdominal organs and tissues that general surgeons treat using *da Vinci* Surgery. Among these are: colon and rectal cancer, morbid obesity, stomach cancer, pancreatic disease and achalasia (swallowing disorder). Collectively, these conditions impact millions of people around the world.

- Colorectal cancer is the 3rd most deadly and 4th most common cancer globally¹
- Stomach cancer is the second most deadly cancer worldwide
- Smokers are 2 to 3 times more likely to get pancreatic cancer²
- An estimated 300 million people around the world are obese; in the U.S. alone, 72 million people are obese^{3,4}

Minimally invasive *da Vinci* Surgery enables surgeons to operate through a few tiny incisions instead of a long incision used for traditional open surgery. State-of-the-art *da Vinci* Surgery provides your doctor with enhanced vision, precision, dexterity and control, while offering patients many potential benefits as compared to traditional surgery, such as:*

- Excellent outcomes for cancer control⁵
- Quick return of bowel function
- Fast return to oral nutrition
- Low blood loss⁶
- Minimal surgical trauma⁷
- Low risk of complications^{8,9}
- Short hospital stay^{5,10,11}
- Fast recovery^{5,7}

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

Patient comments

"The doctor explained the process and advantages before scheduling the procedure, and I must say the recovery time was very fast. There were no complications, and the process still amazes me. There was no pain after the surgery."

- Thomas, da Vinci Colectomy (for diverticulitis) Patient

"My incisions were so minimal that today, 8 days after surgery, they are almost completely healed. The amount of support and patient education has been endless. The lack of pain (last dose of pain meds was on day 4) has been priceless!"

- Elizabeth Young, da Vinci Gastric Bypass Patient

While clinical studies support the effectiveness of the *da Vinci* Surgical System when used in minimally invasive surgery, individual results may vary. There are no guarantees of outcome. All surgeries involve the risk of major complications. **Before you decide on surgery, discuss treatment options with your doctor. Understanding the risks of each treatment can help you make the best decision for your individual situation.** Surgery with the *da Vinci* Surgical System may not be appropriate for every individual; it may not be applicable to your condition. Always ask your doctor about all treatment options, as well as their risks and benefits. Only your doctor can determine whether *da Vinci* Surgery is appropriate for your situation. The clinical information and opinions, including any inaccuracies expressed in this material by patients or doctor about *da Vinci* Surgery are not necessarily those of Intuitive Surgical, Inc. and should not be considered as substitute for medical advice provided by your doctor. © 2011 Intuitive Surgical. All rights reserved. *Intuitive, Intuitive Surgical, da Vinci, da Vinci S, da Vinci Si, Single-Site, InSite, TilePro* and *EndoWrist* are trademarks or registered trademarks of Intuitive Surgical. All other product names are trademarks or registered trademarks of their respective holders. PN 870441 Rev B 04/11

¹ World Health Organization; Cancer. Available from:

<http://www.who.int/mediacentre/factsheets/fs297/en/index.html>

² American Cancer Society. Pancreatic Cancer Overview. Available from:

<http://www.cancer.org/cancer/pancreaticcancer/overviewguide/pancreatic-cancer-overview-what-causes>

³ Centers for Disease Control and Prevention. Overweight Prevalence. Available from:

<http://www.cdc.gov/nchs/fastats/overwt.htm>

⁴ Centers for Disease Control and Prevention. Halting the Epidemic by Making Health Easier: A Glance at 2010.

Available from: <http://www.cdc.gov/chronicdisease/resources/publications/aag/obesity.htm>

⁵ Hellan M, Anderson C, Blenhom JD, Paz B, Pigazzi A. Short-Term Outcomes After Robotic-Assisted Total Mesorectal Excision for Rectal Cancer. *Annals of Surgical Oncology*. 2007 10;1245

⁶ Pigazzi A, Ellenhorn JD, Ballantyne GH, Paz IB; Robotic-assisted laparoscopic resection with total mesorectal excision for rectal cancer. *Surg Endosc*. 2006 20; 1521-25

⁷ Horgan S, Galvani C, Gorodner V, Bareato U, Panaro F, Oberholzer J, Benedetti E. Robotic distal pancreatectomy and nephrectomy for living donor pancreas-kidney transplantation. *Transplantation*. 2007 Oct 15;84(7):934-6.

⁸ Song J, Oh SJ, Kang WH, Hyung WJ, Choi SH, Noh SH. Robot-assisted gastrectomy with lymph node dissection for gastric cancer: lessons learned from an initial 100 consecutive procedures. *Ann Surg*. 2009 Jun;249(6):927-32.

⁹ Horgan S, Galvani C, Gorodner MV, Omelanczuck P, Elli F, Moser F, Durand L, Caracoche M, Nefa J, Bustos S, Donahue P, Ferraina P. Robotic-assisted Heller myotomy versus laparoscopic Heller myotomy for the treatment of esophageal achalasia: multicenter study. *J Gastrointest Surg*. 2005 Nov;9(8):1020-9; discussion 1029-30.

¹⁰ Spinoglio G, Summa M, Piora F, Quarati R, Testa S. Robotic colorectal surgery: first 50 cases experience. *Dis Colon Rectum*. 2008 Nov;51(11):1627-32. Epub 2008 May 17.

¹¹ Snyder BE, Wilson T, Leong BY, Klein C, Wilson EB. Robotic-assisted Roux-en-Y Gastric bypass: minimizing morbidity and mortality. *Obes Surg*. 2010 Mar;20(3):265-70. Epub 2009 Nov 3.