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, laparoscopic, hysteroscopic, 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 fibroid removal surgery?

Fibroid removal surgery is surgery to remove fibroids within or around the uterus. The main types of fibroid removal surgery include:

- Myomectomy (a procedure to remove fibroids while leaving the uterus in place)
- Hysterectomy (a procedure to remove the uterus)

If you have been diagnosed with fibroids, you should discuss all options with your doctor, including surgery. With any option that leaves your uterus in place, there is a chance that new fibroids could grow in the future.

If you are a candidate for myomectomy, 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

- **Hysteroscopic surgery**
  - Surgeon inserts lighted tools through the vagina to access the uterus

- **Robotic-assisted surgery**
  - Surgeon controls the da Vinci system to perform the procedure

What are the differences between open, laparoscopic, hysteroscopic, and robotic-assisted surgery?

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References


Surgical Risks

Myomectomy (removal of fibroid tumors): tear or hole in uterus, split or bursting of the uterus, pre-term (early) birth, spontaneous abortion. Uterine tissue may contain unsuspected cancer. The cutting or morcellation of uterine or fibroid tissue during surgery may spread cancer, and decrease the long-term survival of patients.

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 contraindications for use, please refer also 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 freely through life

Myomectomy as an option for women with fibroids.
Uterine fibroids are a common type of benign (noncancerous) growth made up of muscle cells that gather to form a mass or masses in or around the uterus. Women with fibroids may experience life-disrupting symptoms that can include pelvic pain, heavy cramping, changes in menstrual bleeding, fertility issues, and miscarriages.

When fibroid symptoms affect your quality of life, your doctor may recommend myomectomy surgery. 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.

During robotic-assisted surgery with the da Vinci system, your surgeon makes a few small incisions, and uses a 3D HD camera for a crystal-clear, magnified view of your uterus.

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 remove the fibroids.

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
- Complication rate
- Chance of switching to an open surgery
- Length of surgery

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 surgery with the da Vinci system, visit the Myomectomy page on www.davincisurgery.com

Get back to what matters most.