The da Vinci Surgical System

**Surgeon Benefits**

Enables surgeons to offer an effective, minimally invasive surgical approach for prostatectomy

The visualization, precision, dexterity and control provided by the da Vinci Surgical System offers the following potential surgeon benefits:

- **Compared to traditional open surgery:**
  - More precise removal of cancerous tissue\(^1,2,3,4\)
  - Less risk of complications\(^1,4,5,6,7\)
  - Less chance of needing follow-up surgery\(^1\)

- **Compared to traditional laparoscopy**
  - Lower risk of complications\(^1\)
  - Less chance of nerve injury\(^1\)
  - Less chance of injuring the rectum\(^1\)
  - Shorter operation time\(^6\)

- High-definition 3D vision
- EndoWrist® instrumentation
- Intuitive® motion

**3D HD Vision**
3D HD visualization of tissue planes, target anatomy and neurovascular bundles

**Dual Console: Available exclusively on the da Vinci Si™**
Dual console capability allows an additional surgeon to provide an assist or can facilitate teaching and proctoring by connecting a second surgeon console.
Six ways *da Vinci* technology facilitates a precise prostatectomy:

**Opening of Endopelvic Fascia**
Tissue planes surrounding the endopelvic fascia can be identified, delineated, and exposed using the *da Vinci* System’s 3D HD vision system and the fully articulating *EndoWrist* Instruments.

**Bladder Neck Dissection**
The increased retraction and control provided by the *da Vinci* System’s third instrument arm provides for efficient exposure of the posterior urethra to aid in the transection of the bladder neck.

**Apical Dissection**
The prostatic apex can be readily identified and transected while preserving urethral length with the assistance of the *da Vinci* 3D HD vision system and *EndoWrist* Curved Scissors.

**Ligation of the Dorsal Venous Complex (dVC)**
Locating the correct anatomical angles while suture-ligating the DVC can be precisely carried out with the aid of the *EndoWrist* Needle Drivers and the steerable *da Vinci* 3D HD endoscopic camera.

**Nerve-Sparing Techniques**
A cautery-free nerve-sparing dissection can be carefully performed while hugging the capsule of the prostate and accessing the unique anatomic angles exposed by the cold *EndoWrist* Curved Scissors.

**Urethrovesical Anastomosis**
Increased dexterity provided by using the *EndoWrist* Needle Drivers combined with the *da Vinci* System allows for precise needle placement and suturing required to perform a watertight urethrovesical anastomosis.

For technology videos visit [www.daVinciSurgeryCommunity.com](http://www.daVinciSurgeryCommunity.com)
Systematic meta-analysis encompassing over 286,000 prostatectomy cases¹
The objective of this meta-analysis was to review the literature from 2002 to 2010 and compare margin and perioperative complication rates for open retropubic RP (ORP), laparoscopic RP (LRP), and robot-assisted LRP (RALP). The study authors concluded that RALP is at least equivalent to ORP or LRP in terms of margin rates and suggests that RALP provides certain advantages, especially regarding decreased adverse events.¹

<table>
<thead>
<tr>
<th></th>
<th>ORP</th>
<th>( p ) value ORP vs. RALP</th>
<th>LRP</th>
<th>( p ) value LRP vs. RALP</th>
<th>RALP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall PSM* %</td>
<td>24.2</td>
<td>&lt;0.0001</td>
<td>20.4</td>
<td>&lt;0.0001</td>
<td>16.2</td>
</tr>
<tr>
<td>Estimated blood loss (ml)</td>
<td>745.3</td>
<td>&lt;0.0001</td>
<td>377.5</td>
<td>&lt;0.0001</td>
<td>188</td>
</tr>
<tr>
<td>Blood transfusions (%)</td>
<td>16.5</td>
<td>&lt;0.0001</td>
<td>4.7</td>
<td>&lt;0.0001</td>
<td>1.8</td>
</tr>
<tr>
<td>Length of stay (US)</td>
<td>3.1</td>
<td>&lt;0.0001</td>
<td>2.1</td>
<td>&lt;0.0001</td>
<td>1.4</td>
</tr>
<tr>
<td>Length of stay (OUS)</td>
<td>9.9</td>
<td>&lt;0.0001</td>
<td>6.3</td>
<td>&lt;0.0001</td>
<td>4</td>
</tr>
<tr>
<td>Readmission</td>
<td>3</td>
<td>Not statistically significant</td>
<td>11.3</td>
<td>0.01</td>
<td>3.5</td>
</tr>
<tr>
<td>Reoperation</td>
<td>2.3</td>
<td>&lt;0.0001</td>
<td>1.9</td>
<td>0.0005</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Randomized Controlled Trial of 120 Patients Examining Outcomes of RARP vs. Lap Prostatectomy²
The objective of this single-surgeon, single-institutional study was to compare robot-assisted radical prostatectomy (RARP) over laparoscopic radical prostatectomy (LRP) in terms of functional, perioperative and oncologic outcomes. The study authors concluded that, “RARP provided better functional results in terms of the recovery of continence and potency.”²

<table>
<thead>
<tr>
<th></th>
<th>Robotic (RARP) n = 60</th>
<th>Lap (LRP) n = 60</th>
<th>( p ) value</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR Time (minutes)</td>
<td>147.6</td>
<td>138.1</td>
<td>Not statistically significant</td>
</tr>
<tr>
<td>EBL (ml)</td>
<td>202</td>
<td>234.1</td>
<td>Not statistically significant</td>
</tr>
<tr>
<td>Continence @ 3 months (0-1 pad)</td>
<td>80%</td>
<td>61.6%</td>
<td>0.044</td>
</tr>
<tr>
<td>Continence @ 3 months (0-1 pad)</td>
<td>95%</td>
<td>83.3%</td>
<td>0.042</td>
</tr>
<tr>
<td>Erectile function @ 1 year (IIEF scores &gt;17)</td>
<td>80%</td>
<td>54.2%</td>
<td>0.020</td>
</tr>
<tr>
<td>Overall PSM</td>
<td>26.6%</td>
<td>20%</td>
<td>Not statistically significant</td>
</tr>
<tr>
<td>Biochemical recurrence-free survival rates @ 1 year</td>
<td>98%</td>
<td>92.5%</td>
<td>Not statistically significant</td>
</tr>
</tbody>
</table>

For additional data pertaining to these studies visit www.daVinciSurgeryCommunity.com
Potential Patient Benefits & Risks

POSSIBLE BENEFITS COMPARED TO OPEN SURGERY:

- Faster return of erectile (sexual) function: Studies show patients who are potent prior to da Vinci Surgery experience a faster return of erectile function than previously potent patients who have open surgery.\(^4,10\)
- Better chance for return of urinary continence: Studies show more patients with da Vinci Surgery have return of urinary continence within 6 months as compared to patients having open surgery.\(^4,9,10\)

POSSIBLE BENEFITS WHEN COMPARED TO TRADITIONAL LAPAROSCOPY:

- Lower risk of complications\(^1\)
- Less blood loss and need for a transfusion\(^1,6\)
- Shorter hospital stay\(^1,6\)
- More patients return to pre-surgery erectile function at 12-month checkup\(^8,11\)
- Faster return of urinary continence\(^8\)

POSSIBLE RISKS INCLUDE:

- Urinary and/or sexual dysfunction due to nerve damage
- Rectal or bowel injury
- Blocked artery in the lung
- Blocked bowel

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**EndoWrist®** Instruments Optimized for *da Vinci®* Prostatectomy

<table>
<thead>
<tr>
<th>STANDARD/S,S,i PN</th>
<th>FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Needle Driver 400006/420006</td>
<td>Carbide-insert style jaws&lt;br&gt;Diamond pattern jaw profile</td>
</tr>
<tr>
<td>Hot Shears™ (Monopolar Curved Scissors) 400179/420179</td>
<td>Combined scissors and monopolar cautery&lt;br&gt;Tapered tip-profile</td>
</tr>
<tr>
<td>Maryland Bipolar Forceps – Fenestrated 400172/420172</td>
<td>Bipolar energy&lt;br&gt;Curved, tapered jaws&lt;br&gt;Fenestration at jaw base</td>
</tr>
<tr>
<td>ProGrasp™ 400093/420093</td>
<td>Very high closing force&lt;br&gt;Fenestrated jaw profile</td>
</tr>
<tr>
<td>EndoWrist PK™ Dissector 400214/420214</td>
<td>Grasping, dissection, and coagulation of tissues and pedicles</td>
</tr>
<tr>
<td>Curved Scissors 400178/420178</td>
<td>Cutting and dissecting of tissues and pedicles</td>
</tr>
<tr>
<td>Large SutureCut™ Needle Driver 400209/420209</td>
<td>Ligation of the dorsal vein complex (DVC) and creation of the urethrov-vesical anastomosis</td>
</tr>
<tr>
<td>Hem-o-lok® Clip Applier 400230/420230</td>
<td>Grasping and retracting the prostate</td>
</tr>
</tbody>
</table>
All surgeries carry risks of adverse outcomes. While clinical studies support the use of the da Vinci Surgical System as an effective tool for minimally invasive surgery for specific indications, individual results may vary. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all da Vinci instruments. General contraindications for endoscopic surgery include bleeding diathesis, morbid obesity and pregnancy. Be sure to read and understand all information in the applicable user manuals, including full cautions and warnings, before using da Vinci products. Failure to properly follow all instructions may lead to injury and result in improper functioning of the device. Unless otherwise noted, products featured are cleared for commercial distribution in the U.S. and bear the CE mark. For availability and clearances outside the US, please check with your local representative or distributor. We encourage patients and physicians to review all available information. Clinical studies are available through the National Library of Medicine at www.ncbi.nlm.nih.gov/pubmed.

The PK® Dissecting Forceps

The PK® Dissecting Forceps and PK instrument cords are intended to be used with the da Vinci and da Vinci Si/SiI Surgical System for endoscopic manipulation of tissue including: grasping, dissecting, approximation, coagulation, retraction and ligation. The PK Dissecting Forceps may only be used on soft tissue. Do not use it on cartilage, bone or hard objects. Doing so may damage the instrument or make it impossible to remove from the cannula. The PK Dissecting Forceps is not intended for contracotive coagulation of the fallopian tube, but may be used to achieve hemostasis following transection of the fallopian tube. The PK Dissecting Forceps is classified as a BF applied part. This instrument is hence not suitable for direct cardiac applications.

Hem-o-lok® Clip Applier

Hem-o-lok® ligating clips are intended for use in procedures involving ligation of vessels or tissue structures. Surgeons should apply the appropriate size clip for the size of the vessel or tissue structure to be ligated such that the clip completely encompasses the vessel or tissue structure. Hem-o-lok® Ligating Clips are contraindicated for use in ligating the renal artery during laparoscopic donor nephrectomies.

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