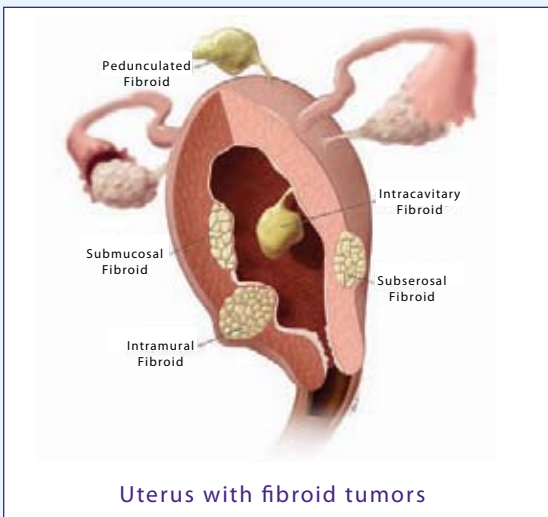


The Condition

Uterine Fibroids

A uterine fibroid is a common type of benign (non-cancerous) tumor that develops within the uterine wall. Uterine fibroids occur in up to one third of all women and are actually the leading reason for hysterectomy (removal of the uterus) in the United States.¹ Uterine fibroids occur in 20-40 percent of all women during reproductive years.²

Uterine fibroids may grow as a single tumor or clusters. They often increase in size and frequency with age, but may also revert in size after menopause. While not all women with fibroids experience symptoms, these may include excessive menstrual bleeding, pelvic pain and difficulty getting pregnant.



¹Myers ER, Barber MD, Gustilo-Ashby T, Couchman G, Matchar DB, McCrory DC. Management of uterine leiomyomata: what do we really know? *Obstet Gynecol.* 2002 Jul; 100(1):8-17. Review.

²Wallach EE, Vlahos NF. Uterine myomas: an overview of development, clinical features, and management. *Obstet Gynecol.* 2004 Aug;104(2):393-406. Review.

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.


Billings Clinic

Considering Surgery for Uterine Fibroids?



Billings Clinic
2800 Tenth Avenue North
Billings, Montana 59101
406-238-2500 or 1-800-332-7156
www.billingsclinic.com/roboticsurgery

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Learn why da Vinci® Surgery may be your best treatment option for women who want a uterine-sparing procedure

The Treatment Myomectomy

A common alternative to hysterectomy for fibroids is myomectomy, the surgical removal of fibroid tumors and a procedure considered standard-of-care for removing fibroids and preserving the uterus.³ It therefore may be recommended for women who wish to become pregnant.

Myomectomy is most often performed through a large abdominal incision. After removing each fibroid, the surgeon repairs the uterus to minimize potential bleeding, infection and scarring. Proper repair is critical to reducing the risk of uterine rupture during a future pregnancy.⁴

Fibroid embolization is a newer, non-invasive treatment available but, there are limited studies showing its long-term success.

Another approach, laparoscopic myomectomy, offers a minimally invasive alternative to open surgery but is usually not an option for women with large fibroids, multiple fibroids or with fibroids in difficult-to-reach areas.⁵



Open Surgery
Incision

da Vinci
Myomectomy
Incisions

A recent clinical study concluded that da Vinci Myomectomy may overcome many of the challenges surgeons face when using a minimally invasive approach to remove uterine fibroids.⁶

A Less Invasive Surgical Procedure da Vinci Myomectomy

If your doctor recommends surgery to treat uterine fibroids, you may be a candidate for a uterine-preserving, minimally invasive procedure – da Vinci Myomectomy. Using the most advanced technology available, da Vinci Myomectomy enables surgeons to perform this delicate operation with unmatched precision, vision and control using only a few small incisions.

For women who want a uterine-sparing procedure, da Vinci Myomectomy offers numerous potential benefits over open abdominal surgery, including:

- Significantly less pain⁷
- Less blood loss and need for blood transfusions⁷
- Shorter hospital stay⁸
- Faster recovery and quicker return to normal activities⁷
- Less scarring⁷

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

³Bonney V. The techniques and results of myomectomy Lancet. 1931;220:171-177. ⁴Di Gregorio, A., Maccario, S., Raspollini, M., Centro A.R.T.E.S. Torino, via Lamarmora 33 Turin, Italy. The role of laparoscopic myomectomy in women of reproductive age. Reproductive biomedicine online, Volume 4 Suppl 3, 2002, Pages 55-58. ⁵Hurst, B.S., Matthews, M.L., Marshburn, P.B., Laparoscopic myomectomy for symptomatic uterine myomas. 2005 Fertility and Sterility 83(1), pp. 1-23. ⁶Senapati S, dvincula A. Surgical techniques: robotassisted laparoscopic myomectomy with the da Vinci® surgical system. J Robotic Surg (2007) 1:69-74. www.hopeforfibroids.org/Advincula_Myomectomy_JRS_3-07_871636.pdf. ⁷www.brighamandwomens.org/patient/robotics/. ⁸Robotic gynecologic surgery. Visco, A.G., Advincula, A.P., 2008 Obstetrics and gynecology 112 (6), pp. 1369-1384