

How can you prepare for surgery?



One way to learn more about your surgery is to ask your doctor and nurses questions.

Here are some questions you might ask:

- What medical options are available for my hernia?
- What happens if I don't get surgery?
- What kind of experience do you have with my type of hernia?
- Should I get a second opinion?
- What is the difference between robotic-assisted surgery, open surgery, and laparoscopic surgery?
- What type of anesthesia will I receive?
- How long will surgery take?
- Where will I have scars?
- When will I go home?
- How soon can I return to normal activity after surgery?

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What is a hernia repair?

A hernia repair is surgery to fix an opening or a place of weakness in your muscle. The main types of hernia repair include:

- Ventral hernia repair (a procedure to repair a hernia in the abdominal wall)
- Inguinal hernia repair (a procedure to repair a hernia in the groin area)

Surgery is the only way to repair a hernia.^{1,2} However, if the hernia is small or you do not have symptoms, your doctor may recommend watchful waiting or other measures. If you have a hernia, discuss all options with your doctor.

If you are a candidate for surgery, your surgeon may recommend:



Open surgery

Surgeon makes an incision in your abdomen large enough to see the hernia 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



Robotic-assisted surgery

Surgeon controls the da Vinci system to perform the procedure

References

1. Groin Hernia Repair: Inguinal and Femoral. American College of Surgeons. Web. 27 May 2020. https://www.facs.org/~media/files/education/patient%20ed/groin_hernia.ashx
2. Ventral Hernia Repair. American College of Surgeons. Web. 27 May 2020. https://www.facs.org/~media/files/education/patient%20ed/ventral_hernia.ashx

Surgical risks

There are risks specific to hernia repair (ventral, incisional, umbilical, inguinal), including: recurrence, bowel injury, infection of mesh, erosion of mesh, urinary retention, and chronic pain. For inguinal hernia repair: testicular injury.

Important safety information

Patients should talk to their doctor to decide if da Vinci surgery is right for them. Patients and doctors should review all available information on non-surgical 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 considerations and contraindications for use, please also refer 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.

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It's about time

Understand your ventral or inguinal hernia repair options.

INTUITIVE maker of da Vinci

Are you ready to get back to what matters to you?

A hernia is when tissue bulges out from an opening or place of weakness in your muscles.

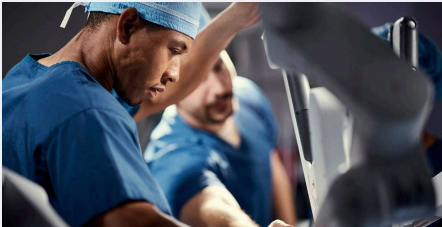
If you have a hernia, you may experience mild pain or pressure at the hernia site. This kind of pain or discomfort may affect your ability to work or engage in your usual activities.

After talking with your doctor, you and your doctor may decide that surgical hernia repair is the right option to get you back to what matters in your life.

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.

Actual incision size



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

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 repair your hernia.

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
 - Length of surgery
 - Complication rate
 - Chance of switching to an open 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 outcomes of surgery with the da Vinci system, as published in clinical studies, visit the Ventral Hernia and Inguinal Hernia pages on www.davincisurgery.com.



Get back to what matters most.

