# Considering Surgery for Prostate Cancer?

Learn about minimally invasive da Vinci®Surgery





### **Surgery Options**

Prostate cancer is the second most common cancer in men in the United States.<sup>1</sup> Fortunately, with early detection and proper medical care, the 5-year survival rate is almost 100%.<sup>2</sup> Your doctor will discuss all options with you in detail.

According to the American Urological Association's Guidelines for the Clinical Management of Prostate Cancer, "The major potential benefit of prostatectomy [surgery to remove the prostate] is a cancer cure in patients in whom the prostate cancer is truly localized."<sup>3</sup>

A prostatectomy can be performed with open surgery or minimally invasive surgery (robotic-assisted or laparoscopic).



**Open Surgery:** Surgery is done through one large incision (cut) in the abdomen which allows doctors to touch your organs as they operate.

**Minimally Invasive Surgery:** During minimally invasive surgery (robotic-assisted or traditional laparoscopic), surgeons operate through a few small incisions using long instruments and a tiny camera to guide doctors during surgery.

Robotic-assisted da Vinci Surgery also features:

- 3D HD vision system that gives surgeons a magnified view inside the body
- Tiny instruments that bend and rotate far greater than the human hand, and reduce hand tremors
- Enhanced vision, precision and control



## da Vinci Surgery:

#### A Minimally Invasive Surgical Option

da Vinci Prostatectomy offers the following potential benefits compared to open surgery:

- Similar positive surgical margin rates\*4-11
- Faster return of erectile (sexual) function<sup>12,13</sup>
- Better chance for return of urinary continence within 6 months<sup>12,13,14</sup>
- Less blood loss<sup>10,12-15</sup> or need for a transfusion<sup>10,13-15</sup>
- Fewer complications 14,15
- Lower risk of wound infection 10,15
- Shorter hospital stay<sup>10,12,14,16</sup>
- Less chance of hospital readmission<sup>17,18</sup>
- Fewer days with catheter<sup>12,19</sup>
- Less risk of deep vein thrombosis\*\*10,20

da Vinci Prostatectomy offers the following potential benefits compared to traditional laparoscopy:

- More patients return to pre-surgery erectile function at 12-month checkup<sup>21,22</sup>
- Faster return of urinary continence<sup>6,22</sup>
- Fewer complications 10,23
- Better nerve sparing rate<sup>24,25</sup>
- > Shorter hospital stay<sup>10,26</sup>

Your surgeon is 100% in control of the da Vinci System, which translates his/her hand movements into smaller, precise movements of tiny instruments inside your body.

Over the past 20 years, the *da Vinci* System has brought minimally invasive surgery to more than 3 million patients worldwide.

**Risks & Considerations Related to Radical Prostatectomy:** Leaking of urine, urgent need to urinate, cannot get or keep an erection, rectal or bowel injury, narrowing of the urethra, pooling of lymph fluid in the pelvic area or legs.

#### **Important Information for Patients:**

Serious complications may occur in any surgery, including da Vinci® Surgery, up to and including death. Risks include, but are not limited to, injury to tissues and organs and conversion to other surgical techniques. If your doctor needs to convert the surgery to another surgical technique, this could result in a longer operative time, additional time under anesthesia, additional or larger incisions and/or increased complications. Individual surgical results may vary. Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for da Vinci Surgery. 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 in order to make an informed decision. Please also refer to www.daVinciSurgery.com/Safety for important safety information.

- \* Surgical margin: Surrounding tissue that is removed with the tumor. If cancer cells are found in this tissue, it's called a "positive surgical margin". If cancer cells are not found, it's called a "negative" or "clear margin".
- \*\* Deep vein thrombosis: Dangerous condition that occurs when a blood clot forms deep in the body.

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# For more information and to find a da Vinci surgeon near you, visit: www.daVinciSurgery.com

1. American Cancer Society: Key statistics for prostate cancer. Available from: http://www.cancer.org/cancer/prostatecancer/detailedquide/prostate-cancer-key-statistics 2. American Cancer Society: Survival rates for prostate cancer. Available from: http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancersurvival-rates 3. Prostate cancer clinical guideline update panel. Guideline for the management of clinically survival-rates 3. Prostate cancer clinical guideline update panel. Guideline for the management or cinication localized prostate cancer: 2007 update. Linthicum (MD): American Irvological Association Education and Research, Inc. 2007; 82. 4. De Carlo, F., F. Celestino, et al., Retropubic, Laparoscopic, and Robot-Assisted Radical Prostatectomy: Surgical, Oncological, and Functional Outcomes: A Systematic Review. Urol Int, 2014. 5. Laid, A., 5. Fowler, et al., Contemporary practice and technique-related outcomes for radical prostatectomy in the UK: A report of national outcomes. BIJ International, 2015. 115(5): p. 753-763. 6. Moran, P.S., M. O'Neill, et al., Robot-assisted radical prostatectomy compared with open and laparoscopic approaches: A systematic review and meta-analysis. Int J Urol, 2013. 20(3): p. 312-21. 7. Pan, X.W., X.M. Cui, et al., Robot-Assisted Radical Prostatectomy vo. Open Retropubic Radical Prostatectomy for Prostate Cancer: A Systematic Review and Meta-analysis. Indian Journal of Surgery 2014. 8. Pearce, S.M. I.J. Pagires et al. Comparison of Perioparative and Prostatetectomy vs. Open Retropubic Radical Prostatetectomy for Prostate Cancer: A Systematic Review and Meta-analysis. Indian Journal of Surgery, 2014. 8. Pearce, S.M., J.J. Pariser, et al., Comparison of Perioperative and Early Oncologic Outcomes Between Open and Robotic-Assisted Laparoscopic Prostatectomy in a Contemporary Population-Based Cohort. J Urol, 2016. 9. Seo, H.J., N.R. Lee, et al., Comparison of robot-assisted radical prostatectomy and open radical prostatectomy outcomes: A systematic review and meta-analysis. Yonsei Medical Journal, 2016. 57(5): p. 1165-1177. 10. Tewari, A., P. Sooriakumaran, et al., Positive Surgical Margin and Perioperative Complication Rates of Primary Surgical Treatments for Prostate Cancer: A Systematic Review and Meta-Analysis Comparing Retropubic, Lapároscópic, and Robotic Prostatectomy. Europeán Urology, 2012. 62(1): p. 1-15. **11**. Yaxley, J.W., G.D. Coughlin, et al., Robot-assisted laparoscopic prostatectomy versus open 62(1): p. 1-15. 11. Yaxley, J.W., G.D. Coughlin, et al., Robot-assisted laparoscopic prostatectomy versus open radical retropublic prostatectomy: early outcomes from a randomised controlled phase 3 study. Lancet, 2016.

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