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?

What's a hernia?

A hernia occurs when tissue pushes through an opening in the muscles of your abdomen (ventral hernia) or groin area (inquinal hernia).

Doctors sometimes recommend watchful waiting if the hernia is small and there are few or no symptoms, but surgery is the only way doctors can repair an abdominal wall hernia.^{4, 5}

Symptoms associated with hernias often include:

Pain in the abdomen, pelvis, or groin

Abdominal discomfort or swelling

Groin discomfort or tenderness

Outward bulging of skin

Your surgeon may recommend:

Robotic-assisted surgery with the da Vinci surgical system

Laparoscopic surgery

Open surgery

References

- Rutkow, I.M. (2003). Demographic and Socieconomic Aspects of Hernia Repair in the United States in 2003. Surgical Clinics of North America; 83(5):1045-51, v-vi.
- 2. Supporting data includes data from a nationally based registry.
- Supporting data includes data from a retrospective, multicenter, non-randomized controlled clinical study evaluating the use of the da Vinci Surgical System in Inguinal Hernia Repair procedures compared with open surgical procedures.
- Groin Hernia Repair: Inguinal and Femoral. American College of Surgeons. Web. 25 January 2019. https://www.facs.org/~/media/ files/education/patient%20ed/groin_hernia.ashx
- Ventral Hernia Repair. American College of Surgeons. Web. 25 January 2019. 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, urinary retention. 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.davincisurgery.com/safety and www.intuitivesurgical.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

Get back to what matters most after hernia repair.

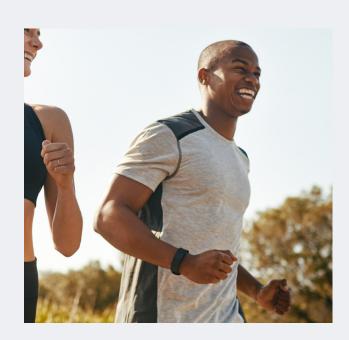
INTUÎTIVE maker of da Vinci

Are you ready to get back to your life?

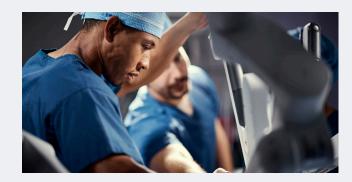
If you have a hernia, you may experience mild to severe pain. This kind of pain or discomfort may affect your ability to work or engage in your usual activities.

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

Robotic-assisted hernia surgery with da Vinci technology may be an option for you.



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 several small incisions, then uses a 3DHD camera for a crystal-clear, magnified view of your hernia.



He or she sits at a console next to you and operates through the incisions using tiny instruments and the camera.



Every hand movement your surgeon makes is translated by the da Vinci surgical system in real-time, bending and rotating the instruments so he or she can repair your hernia.

What could I experience?

More than 1 million abdominal wall hernia repairs are performed in the United States each year.¹

Over the years, surgeons have adopted new techniques for performing hernia repair surgery, such as robotic-assisted surgery with the da Vinci® surgical system.

Some ventral hernias may require a more complex repair which is when the surgeon has to separate and advance layers of the abdominal wall muscle.

Patients who underwent ventral hernia repair with da Vinci **stayed in the hospital for less time**:

- than patients who underwent an open procedure for a complex repair.²
- than patients who underwent a laparoscopic procedure for a non-complex repair.²

What else may happen?

Patients who had an inguinal hernia repair with da Vinci had a lower rate of complications after surgery from the time they left the hospital through 30 days after surgery compared with patients who had an open procedure.³

Outside of their normal post-surgery follow-up, patients who had a ventral hernia repair with da Vinci went to their doctor's clinic less within the first 30 days after their procedure than patients who underwent an open procedure.²







Get back to what matters most.



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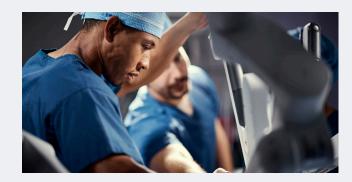
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Full name Hospital address here and here Number Email

Logo here

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