How can you prepare for surgery?



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

Here are some questions you may want to ask your care team:

- What options are available to address my acid reflux?
- Which is best for my situation?
- What are the differences between open, laparoscopic, and robotic-assisted surgery?
- · Should I get a second opinion?
- · What am I likely to experience after surgery?
- · If I decide to have surgery, how can I prepare for it?
- What is your surgical training and experience? What is your experience with robotic-assisted surgery?
- · What are your patient outcomes?

What is acid reflux (GERD) surgery?

Acid reflux surgery is surgery to help strengthen the muscle (lower esophageal sphincter) that keeps food and stomach acid in the stomach, which is meant to prevent future acid reflux.

The most common type of acid reflux surgery is called a Nissen fundoplication. This is a procedure to wrap the top part of the stomach around the end of the esophagus.²

If you have been diagnosed with acid reflux disease, you should discuss all options with your doctor, including surgery.

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 stomach and esophagus 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

 Delshad, Sean et al. (2019) "Prevalence and Predictors of GERD and PPI-Resistant Gerd in the United States: Results from a Population-Based Survey of Over 71,000 Americans," Gastroenterology, Volume 156, Issue 6. https://www. gastrojournal.org/orticle/S0016-5085(19)36781-2/pdf 2. Anti-Reflux (GERD) Surgery Patient Information from SAGES. Society of American Gastrointestinal and Endoscopic Surgeons. 11 May 2020. https://www.sages.org/publications/ patient-information/patientinformation-for-laparoscopic-antireflux-gerd-surgery-from-sages/

Surgical Risks

Risks associated with Nissen fundoplication (acid reflux surgery) include: tear/hole in the stomach lining, tear in the small intestine or esophagus, the stomach wrap around the esophagus pushes into the chest or breaks down, narrowing or tightening of the esophagus that makes swallowing difficult, collapsed lung, difficulty swallowing, bloating and discomfort from gas buildup, hiatal hernia which occurs when the stomach bulges into the chest through a hole in the diaphragm (muscle separating the chest from the abdomen).

Important Safety Information

Patients should talk to their doctors 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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Let go and enjoy

Understand if acid reflux surgery is right for you.

INTUITIVE maker of da Vinci

Is it time for surgery?

If you're struggling with gastroesophageal reflux disease (GERD), you're not alone. More than 4 in 10 American adults have a history of GERD' (also called acid reflux disease), a condition that allows food and stomach acids to move back up the esophagus.

Many people successfully manage acid reflux by changing what and when they eat and/or taking medications, such as antacids and proton pump inhibitors that reduce the amount of stomach acid produced. Others continue experiencing symptoms despite medications and lifestyle changes.²

When symptoms persist, doctors may recommend Nissen fundoplication surgery. If your doctor has recommended robotic-assisted GERD surgery with the da Vinci system, 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 system, your surgeon makes a few small incisions, then uses a 3DHD camera for a crystal-clear, magnified view of your stomach and esophagus.



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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 with precision.

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 using the da Vinci system, as every surgeon's experience is different. For example, ask about:

Length of hospital stay
Complication rate
Length of subscription

 Chance of switching to an open procedure
Length of 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, visit www.davincisurgery.com





Get back to what matters most.

