

## 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 might ask:

- What medical and surgical options are available for me?
- Which is best for my situation?
- What are the differences between open, video-assisted thoracoscopic, and robotic-assisted surgery?
- 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?
- Should I get a second opinion?

## What is lung surgery?

Lung surgery is surgery to remove or repair lung tissue. Types of lung surgery include:

- Wedge resection or segmentectomy (a procedure to remove part of a lung lobe)
- Lobectomy (a procedure to remove an entire lobe)

These procedures can be recommended for cancerous and noncancerous (benign) conditions. If you have been diagnosed with lung cancer, 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 chest large enough to see the lungs and performs the procedure using hand-held tools



#### Video-assisted thoracoscopic surgery

Surgeon makes a few small incisions in the chest 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

### Surgical risks

Risks associated with pulmonary resection (removal of part of lung) include air leaks from lungs, lung infection, lengthy time on a breathing machine of 48 hours or more, abnormal/irregular heartbeat, breathing tube needs to be re-inserted, abnormal path for air between lung airways and pleural cavity (space around the lungs), lung failure, lymph fluid collects around lungs, difficulty breathing, remaining part of lung becomes twisted, collapsed lung, abnormal vocal cord function.

### 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 nonsurgical 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](https://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.

### Precaution statement

The demonstration of safety and effectiveness for the representative specific procedures was based on evaluation of the device as a surgical tool and did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

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# It can hurt to open up

When you're facing lung cancer.

Understand your surgical options for lung cancer.



## You have options.

If you're newly diagnosed with lung cancer, you may encounter a range of emotions. You may not want to share your news or talk about how you feel, even with loved ones. Some people delay getting medical care or avoid seeking care altogether.

But you don't have to feel that way. Talking with your doctor about the options available to you may help you feel more in control of the decision-making process. Surgery is one option you and your doctor may discuss. 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 system, your surgeon makes a few small incisions, and uses a 3DHD camera for a crystal-clear, magnified view of your lungs and surrounding tissue.



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 remove the diseased portion of your lung and surrounding tissues.

## 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
- Complication rate
- Operative time
- Chance of switching to an open procedure
- Length of time with a chest tube

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 Lung Surgery page on [www.davincisurgery.com](http://www.davincisurgery.com).



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