

Facing Prostate Cancer?

Learn why *da Vinci*[®] Surgery may be your
best treatment option



da Vinci[®]  *Surgery*

Prostate Cancer Treatment

Prostate cancer is among the most commonly diagnosed cancers,¹ affecting one in six U.S. men.² Today, due to early detection and aggressive monitoring and treatment, prostate cancer survival rates are among the highest of any cancer.³

In the U.S., 91% of new prostate cancer diagnoses are localized,³ meaning the cancer has not spread. For localized cancer, men have multiple treatment options available to them. One such option is radical prostatectomy, the surgical removal of the cancerous prostate.

According to the American Urological Association's 2007 Guidelines for the Clinical Management of Prostate Cancer, "the major potential benefit of [radical prostatectomy] is a cancer cure in patients in whom the prostate cancer is truly localized."⁴

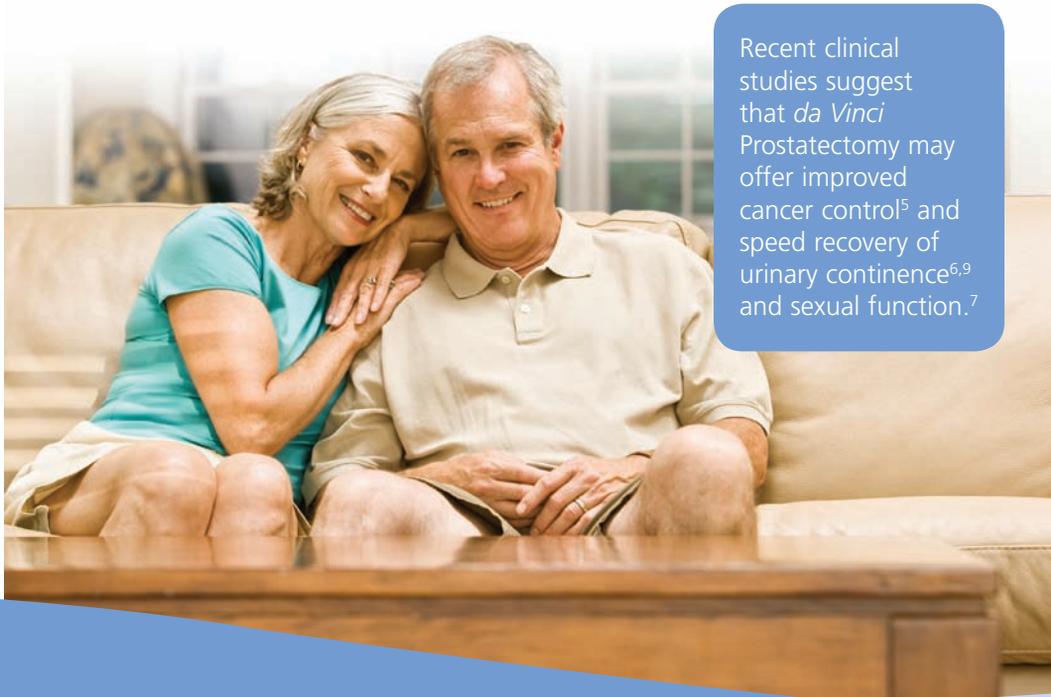
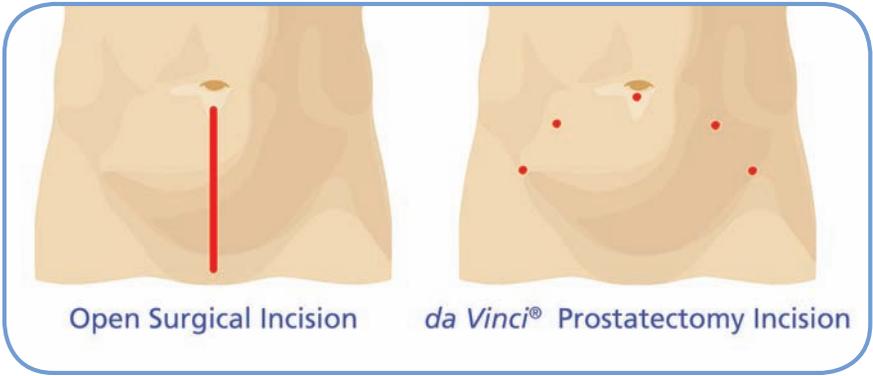
Treatment options such as radiotherapy (either external beam or seed implants) or cryotherapy may radiate, burn or freeze the prostate. However, surgery is the only treatment that *removes* the cancerous prostate. And *da Vinci* Surgery offers patients a highly effective, precise, minimally invasive option for removal of the prostate.

Read more about prostatectomy...>>>

The Treatment:

Radical Prostatectomy

Radical prostatectomy, which surgically removes the prostate gland, is the most common treatment for prostate cancer. Traditional open prostatectomy requires an 8 to 10-inch incision. This approach commonly results in substantial blood loss and a lengthy and uncomfortable recovery.



Recent clinical studies suggest that *da Vinci* Prostatectomy may offer improved cancer control⁵ and speed recovery of urinary continence^{6,9} and sexual function.⁷

da Vinci Prostatectomy:

The #1 Treatment Choice for Prostate Cancer

If your doctor recommends surgery to treat your prostate cancer, you may be a candidate for a very effective, minimally invasive surgical procedure called *da Vinci* Prostatectomy. This procedure uses a state-of-the-art surgical system designed to help your doctor perform the most precise and least invasive prostate cancer surgery available today.

For most patients, *da Vinci* Prostatectomy offers numerous potential benefits over open surgery including:

- › Shorter hospital stay⁵
- › Significantly less pain⁸
- › Less blood loss and transfusions⁸
- › Less scarring
- › Quicker return to normal activities¹⁰
- › Improved cancer control⁵ and a faster return to continence^{6,9} and potency⁷

As with any surgical procedure, these benefits cannot be guaranteed as surgery is both patient and procedure specific.



Your doctor is one of the growing number of surgeons worldwide offering *da Vinci* Surgery for a range of complex conditions.

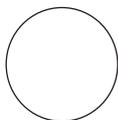
For more information about *da Vinci* Surgery for prostate cancer and to find a *da Vinci* Surgeon near you, please visit:

www.daVinciProstatectomy.com

da Vinci Surgery

***da Vinci*[®] Prostatectomy**
Patient Education Video

INTUITIVE
SURGICAL[®]



The Enabling Technology: The *da Vinci* Surgical System

The *da Vinci* Surgical System is designed to provide surgeons with enhanced capabilities, including high-definition 3D vision and a magnified view. Your doctor controls the *da Vinci* System, which translates his or her hand movements into smaller, more precise movements of tiny instruments inside your body. Though it is often called a “robot,” *da Vinci* cannot act on its own: Instead, the surgery is performed entirely by your doctor.



Together, *da Vinci* technology allows your doctor to perform complex procedures through just a few tiny openings. As a result, you may be able to get back to life faster without the usual recovery following major surgery.

The *da Vinci* System has been used successfully worldwide in hundreds of thousands of procedures to date.

¹American Cancer Society. Cancer Facts and Figures 2008. http://www.cancer.org/docroot/STT/stt_0.asp ²Prostate Cancer Foundation. http://www.prostatecancerfoundation.org/site/c.itlWKZOSG/b.70619/k.446E/Risk_Factors.htm ³Jemal A. et al Cancer Statistics 2005. CA cancer J Clin 2005;55:10-30 ⁴Prostate cancer clinical guideline update panel. Guideline for the management of clinically localized prostate cancer: 2007 update. Linthicum (MD): American Urological Association Education and Research, Inc. 2007; 82. ⁵Cancer control is defined in part by margin rates and PSA test scores. The following studies provide support for these claims: Ahlring TE, Wood D, Eichel L, Lee DJ, Edwards R, Skarecky DW. Robot-assisted versus open radical prostatectomy: a comparison of one surgeon's outcomes. Urology. 2004 May; 63(5): 819-22. and Rocco B, Matei DV, Melegari S, Ospina JC, Mazzoleni F, Errico G, Mastropasqua M, Santoro L, Detti S, de Cobelli O. Robotic vs open prostatectomy in a laparoscopically naive centre: a matched-pair analysis. BJU International. Published Online: 5 May 2009. DOI 10.1111/j.1464-410X.2009.08552.x. ⁶Menon M, Srivastava A, Kaul S, Badani KK, Fumo M, Bhandari M, Peabody JO, Vattikuti Institute prostatectomy: contemporary technique and analysis of results. Eur Urol. 2007 Mar;51(3):648-57. ⁷Menon M, Kaul S, Bhandari A, Srivastava A, Tewari A, Hermal AK. Potency Following Robotic Radical Prostatectomy: A Questionnaire-Based Analysis of Outcomes After Conventional Nerve-Sparing and Prostatic Fascia-Sparing Techniques. The Journal of Urology. 2005 December; 174(5): 2291-2296. ⁸Menon M, Tewari A, Balze B, Guillonnetau B, Veilancien G. Prospective comparison of radical retropubic prostatectomy and robot-assisted anatomic prostatectomy: the Vattikuti Urology Institute experience. J Urol. 2003 Jul;170(1):318-9. ⁹Boris RS, Kaul SA, Sarle RC, Stricker HJ. Radical prostatectomy: a single surgeon comparison of retropubic, perineal, and robotic approaches. Can J Urol. 2007 Jun; 14(3):3566-70. ¹⁰Miller J, Smith A, Kouba E, Wallin E, Pruthi R. Prospective Evaluation of Short-Term Impact and Recovery of Health-Related Quality of Life in Men Undergoing Robotic-Assisted Laparoscopic Radical Prostatectomy versus Open Radical Prostatectomy. J Urol. 2007 Jul, 178 (3 pt 1): 854-859.