

Get the answers



To decide if bariatric surgery is right for you, here are some questions you may want to ask your doctor or surgeon:

- What types of bariatric surgery options are available and which is best for me?
- What is the difference between laparoscopic and robotic-assisted surgery?
- Will I have to go on a diet before surgery?
- Will my insurance pay for my surgery?
- How will I feel after surgery?
- What changes should I make after surgery?
- What is your surgical training and experience? What is your experience with robotic-assisted surgery?
- What are your patient outcomes?

Remember, bariatric surgery is not the end goal—it is the next step of your journey. It is important that you make the changes recommended by your healthcare team after surgery.

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What is bariatric surgery?

There are many nonsurgical ways to manage obesity, but if these methods alone have not worked bariatric surgery may be an option for you.

Your surgeon may recommend minimally invasive surgery, which includes:

Robotic-assisted surgery with da Vinci®

Laparoscopic surgery

The two most common procedures are:

Gastric bypass surgery (Also called Roux-en-Y)

Reduces your stomach size and reroutes part of your digestive system.

Sleeve gastrectomy

Reduces your stomach into a sleeve-shape that holds less food.

Both of these procedures are designed to make you feel full sooner and cause changes in your gut hormones that reduce appetite.³

Surgery alone is not enough. You must follow the recommended changes from your healthcare team after surgery for you to make a lasting change.

References

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12. Roux-en-Y gastric bypass: lessons and long-term follow-up learned from a large prospective monocentric study <https://www.ncbi.nlm.nih.gov/pubmed/24962109>
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Surgical Risks

Risks associated with gastric bypass (stomach reduction surgery), sleeve gastrectomy and duodenal switch include: leaking and/or narrowing at the spot where two parts of the bowel were reconnected, leaking from where the bowel is cut, malnutrition, dumping syndrome (food moves too quickly into small intestine), dehydration, need for supplementation of vitamins, minerals and protein.

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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PN1055643-US RevA 03/2019



Aim for a lasting change

Own your bariatric surgery care.

INTUITIVE maker of da Vinci

Ready to make a change?

Your weight could be holding you back from enjoying life to the fullest. Obesity can take a physical and emotional toll that may be truly worrying to you and your family. When left untreated, obesity can lead to heart disease, type II diabetes, and other chronic diseases.¹

If dieting, exercise, and medicine haven't worked for you, it may be time to consider a different option to get you on the path to a new, healthier life.

Ask your doctor about all of your options—including surgery. One surgery option is minimally invasive robotic-assisted surgery with da Vinci. After discussing all options with your doctor, only you and your doctor can determine whether surgery with da Vinci is appropriate for your situation.



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, your surgeon will make a few small incisions, and use a 3D high-definition camera for a crystal-clear, magnified view of the surgical area.



Your surgeon sits at a console next to you and operates through the incisions using a camera and tiny instruments.



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

What could I experience?

A review of published studies suggests potential benefits after a gastric bypass with da Vinci technology are:

- Patients may experience complications after surgery at a similar, though sometimes lower, rate as patients who had a laparoscopic procedure.⁴⁻¹³
- Patients may experience complications during surgery at a similar rate as patients who had a laparoscopic procedure.^{4-6, 9, 11, 12}
- Patients may stay in the hospital for the same, or shorter, amount of time than patients who had laparoscopic surgery.^{1, 4, 5, 7-13}

Da Vinci by the numbers

Over the last 20 years, more than **44,000 surgeons worldwide** have used the da Vinci® surgical system to perform robotic-assisted surgery on more than **6 million patients** across a variety of procedures.¹⁴

Surgeons have chosen this approach because of the precision and vision it can provide during surgery.

* One study (Benizri, et al) reported a longer length of stay. This was not associated with increased intraoperative, overall postoperative complication or mortality rates.



Get back to what matters most.

