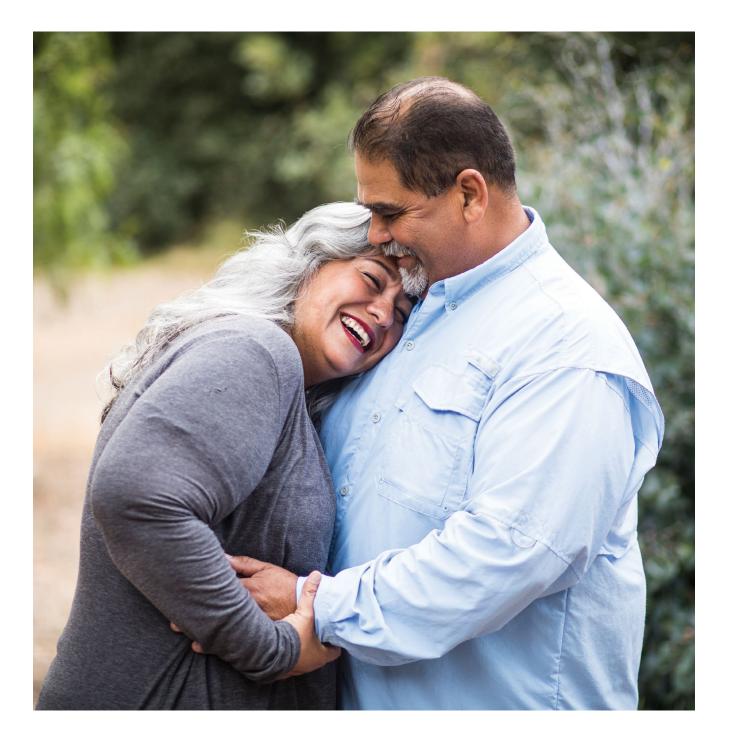
Aim for a lasting change

Own your bariatric surgery care.



INTUÎTIVE

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.



If you are a candidate for surgery, your surgeon may recommend:

Open surgery

Surgeon makes an incision in your abdomen large enough to perform 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 a robotic system to perform the procedure.

Common procedures are:²

Sleeve gastrectomy

Reduces your stomach into a tube shape that holds less food. Does not change the intestines.

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

Reduces your stomach size and reroutes part of your digestive system, which requires two surgical bowel connections within one surgical procedure.

Duodenal switch

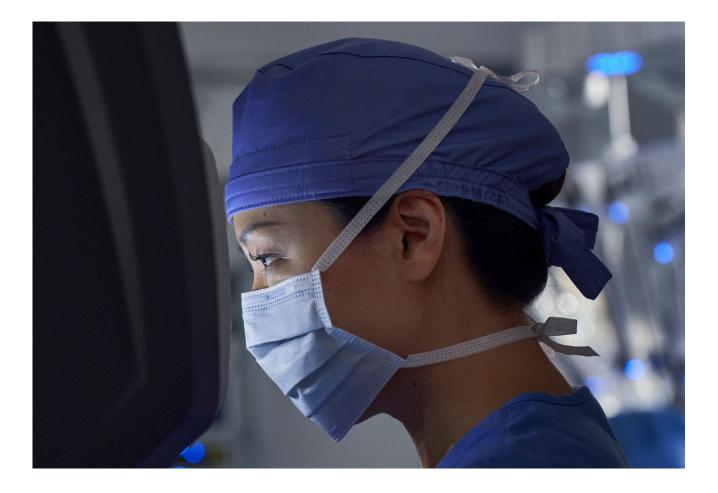
Reduces your stomach to a tube shape and bypasses about 75% of the small intestine, which requires two surgical bowel connections within one surgical procedure.

SADI-S

Similar to duodenal switch, but requires just one surgical bowel connection.

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





Your surgeon makes a few small incisions, and uses a 3DHD 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 tiny instruments and the camera.

The da Vinci[®] system translates your surgeon's hand movements in real time, bending and rotating instruments that move like the human hand, but with a greater range of motion.

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



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.

Does a robot perform the surgery?

No. While the word "robotic" is in the description, a robot doesn't perform surgery. Surgeons perform surgery using the da Vinci system's camera and instruments.

Do surgeons train before doing robotic-assisted surgery?

Yes. Surgeons must be trained to use the system and get clearance from their hospitals to perform robotic-assisted surgery before they can use the da Vinci system in any surgical procedure.

What are the outcomes?

Be sure to talk with your surgeon about the surgical outcomes they deliver by using the da Vinci system, as every surgeon's experience is different. For example, ask about:

- Length of hospital stay
- Complication rate
- Length of surgery
- Chance of switching to an open procedure

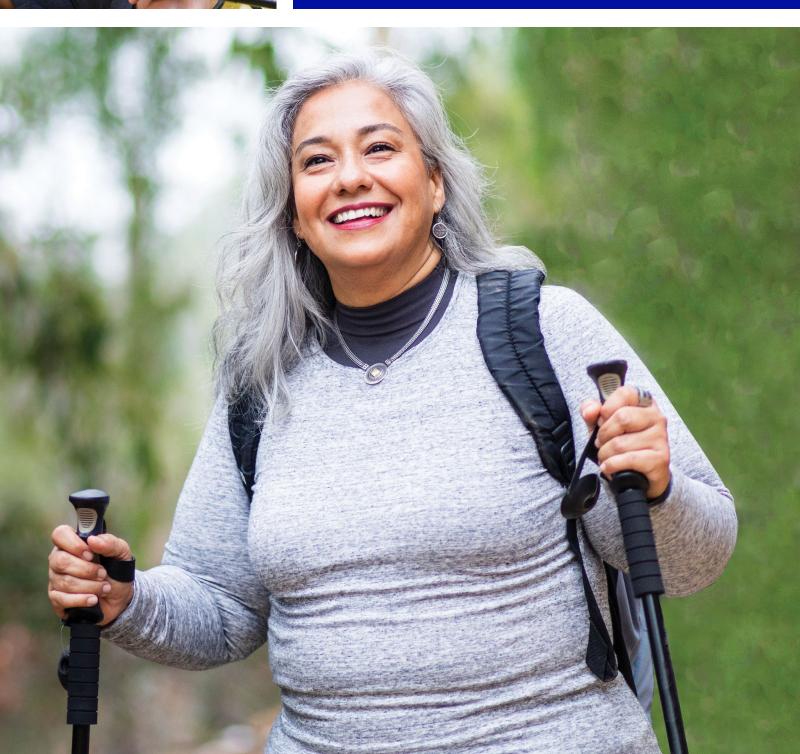
To find out more about surgery with the da Vinci system, scan the QR code or visit intuitive.com/bariatric-surgery







Get back to what matters most.



References

- 1. Obesity. World Health Organization. Web. 23 May 2023. https://www.who.int/health-topics/obesity
- 2. Bariatric Surgery Procedures. American Society of Metabolic and Bariatric Surgery. Web. 23 May 2023. https://asmbs.org/ patients/bariatric-surgery-procedures

Surgical risks

Bariatric surgery includes: gastric bypass (stomach reduction surgery), sleeve gastrectomy, and duodenal switch: leaking and/or narrowing where two parts of the digestive tract were reconnected (stomach to small intestine or small intestine to small intestine), leaking from where the bowel is cut, too large or small of a stomach pouch, internal trapping and/or narrowing of the bowel leading to blockage or compromised blood supply to a bowel segment, malnutrition, dumping syndrome (food moves too quickly into small intestine causing diarrhea), dehydration, need for supplementation of vitamins, minerals, and protein.

Important safety information

Patients should talk to their doctor to decide if surgery with a da Vinci system 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 surgery with a da Vinci system, 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 and considerations, please also refer to intuitive.com/safety. For a product's intended use and/or indications for use, risks, full cautions, and warnings, please refer to the associated user manual(s).

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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