



## Study: Women More Satisfied With da Vinci(R) Robotic-Assisted Hysterectomy Than Other Surgical Approaches

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SUNNYVALE, Calif., July 21, 2014 (GLOBE NEWSWIRE) -- A study published in the current issue of the *Interactive Journal of Medical Research (i-JMR)* reveals that women who had a *da Vinci* robotic-assisted hysterectomy reported greater satisfaction than women whose surgeons used other approaches, including open, vaginal and laparoscopic hysterectomies. The study found that women's satisfaction with hysterectomy surgery has generally improved over time, and that women who had *da Vinci* Hysterectomy reported the greatest overall satisfaction and willingness to recommend and choose the same type of surgery again.

"Previous research shows that compared with open surgery, minimally invasive surgery, including robotic-assisted surgery, can lower health care spending and reduce work absenteeism," said study lead author [Michael Pitter](#), M.D., Chief of Minimally Invasive and Gynecologic Robotic Surgery at [Newark Beth Israel Medical Center](#). "Results from our survey reinforce the importance of patient satisfaction and time to return to normal activities when evaluating the cost-benefit of different surgical approaches."

The study authors identified 114,116 potential survey participants from [HysterSisters](#), an online community comprised of approximately 300,000 registered users who share support and resources for hysterectomy. Members were invited to complete a survey designed to identify key outcomes after surgery, along with socio-demographic characteristics. These included history of prior surgery, type of hysterectomy performed, when the surgery was performed and recovery time. The survey measured women's satisfaction with their procedure in terms of the level of pain and discomfort they experienced, and the reported time it took respondents to return to normal activities, such as walking, driving and work. In addition, women reported whether they would recommend the type of surgery they had to others.

In total, 9,177 women completed the survey. The study then focused specifically on the 6,262 U.S. respondents who had a hysterectomy for a non-cancerous condition and who specified the surgical approach used. Women who had robotic-assisted surgery reported significantly higher overall satisfaction, were more likely to recommend the approach to others and more likely to choose robotic-assisted surgery again. Those who had open hysterectomy were less likely or unlikely to recommend the same approach and less likely to choose the same approach again. Results also showed that between 2001 and 2013, rates of open surgery for hysterectomy decreased by 64 percent. During the same period, robotic-assisted surgery rates rose from zero use to more than one-third of all hysterectomies performed.

To minimize potential for bias, the authors obtained data from women who had surgery at many different hospitals, performed by many different surgeons across the U.S. In their analysis, they controlled for differences across socio-economic groups that could affect study results. The study authors did not collect data on patients' self-reported clinical outcomes.

The study's lead author, Dr. Pitter, is a paid proctor for Intuitive Surgical, Inc. Co-author Christopher Simmonds was the Senior Director of Marketing Services at Intuitive Surgical during this study. Co-author Usha Seshadri-Kreaden is the Principal Biostatistician at Intuitive Surgical. Co-author Helen Hubert, M.P.H., Ph.D., is a paid consultant to Intuitive Surgical in epidemiology.

Hysterectomy, or surgical removal of the uterus, is most often performed for benign conditions including non-cancerous tumors, pelvic pain and abnormal uterine bleeding. In the United States, hysterectomy is the [second most common surgery](#) among women. Potential risks of any hysterectomy procedure include but are not limited to: separation of the vaginal incision, blocked lung artery and urinary tract injury.

### About Intuitive Surgical, Inc.

Intuitive Surgical, Inc. (Nasdaq:ISRG), headquartered in Sunnyvale, Calif., is the global leader in robotic-assisted, minimally invasive surgery. Intuitive Surgical develops, manufactures and markets the [da Vinci Surgical System](#).

### Important Safety Information

Serious complications may occur in any surgery, including *da Vinci*<sup>®</sup> Surgery, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are not limited to, one or more of the following: injury to tissues/organs, bleeding, infection and internal scarring that can cause long-lasting dysfunction/pain. Risks of surgery also include the potential for equipment failure and/or human error. Individual surgical results may vary.

Risks specific to minimally invasive surgery, including *da Vinci* Surgery, include but are not limited to, one or more of the following: temporary pain/nerve injury associated with positioning; temporary pain/discomfort from the use of air or gas in the procedure; a longer operation and time under anesthesia and conversion to another surgical technique. If your doctor needs to convert the surgery to another surgical technique, this could result in a longer operative time, additional time under anesthesia, additional or larger incisions and/or increased complications.

Patients who are not candidates for non-robotic minimally invasive surgery are also not candidates for *da Vinci*<sup>®</sup> Surgery. 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 in order to make an informed decision. For Important Safety Information, including surgical risks, indications, and considerations and contraindications for use, please also refer to [www.davincisurgery.com/safety](http://www.davincisurgery.com/safety) and [www.intuitivesurgical.com](http://www.intuitivesurgical.com).

### Forward-Looking Statement

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements are necessarily estimates reflecting the best judgment of our management and involve a number of risks and uncertainties that could cause actual results to differ materially from those suggested by the forward-looking statements. These forward-looking statements should,

therefore, be considered in light of various important factors, including those under the heading "Risk Factors" in our annual report on Form 10-K for the year ended December 31, 2013, as updated from time to time by our quarterly reports on Form 10-Q and our other filings with the Securities and Exchange Commission. Statements using words such as "estimates," "projects," "believes," "anticipates," "plans," "expects," "intends," "may," "will," "could," "should," "would," "targeted" and similar words and expressions are intended to identify forward-looking statements. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date of this press release. We undertake no obligation to publicly update or release any revisions to these forward-looking statements, except as required by law.

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