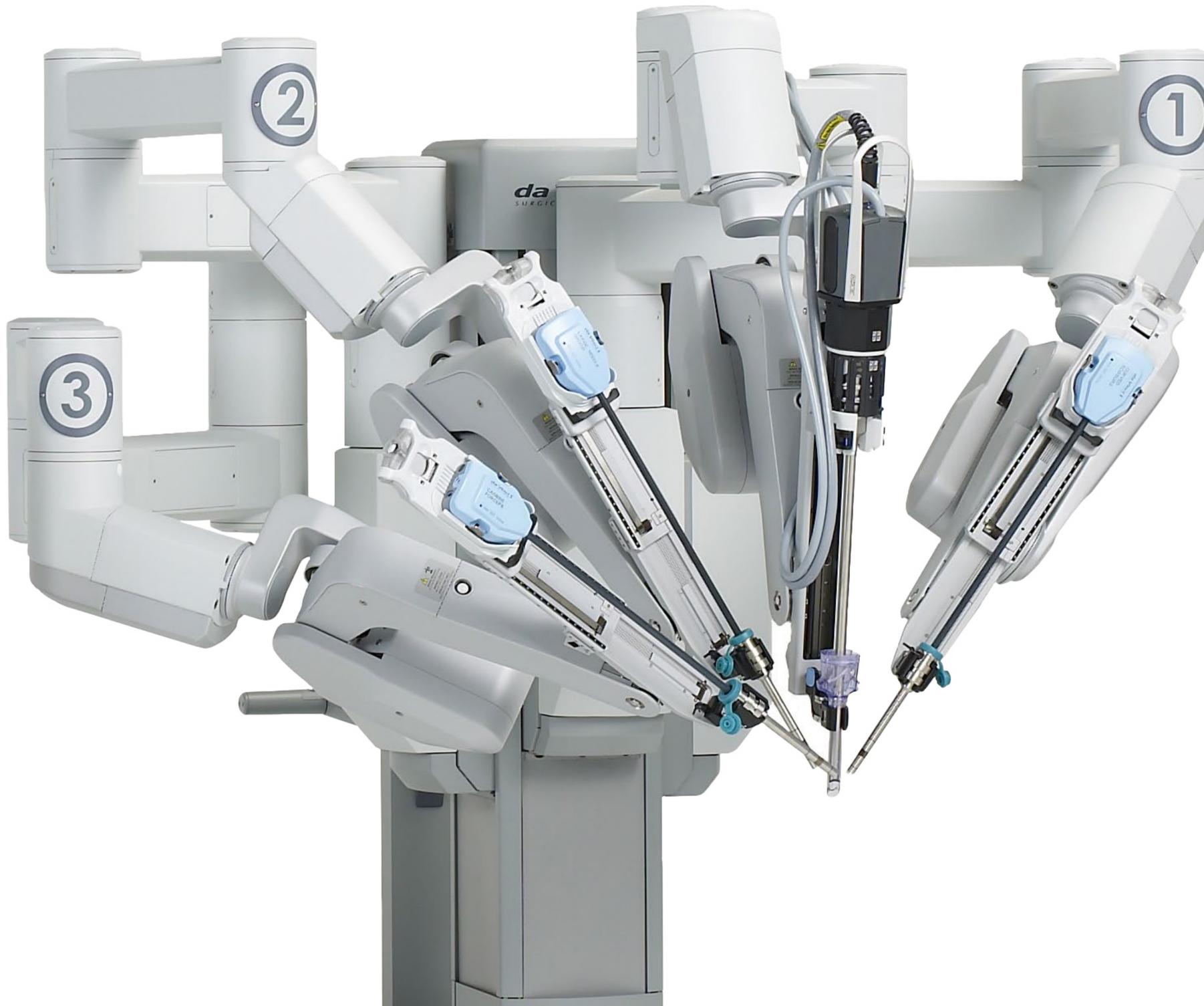


ENDOMETRIOSIS RESECTION SETUP CARD



PORT PLACEMENT

PORT PLACEMENT
CONSIDERATIONS

PATIENT CART
POSITIONING & DOCKING

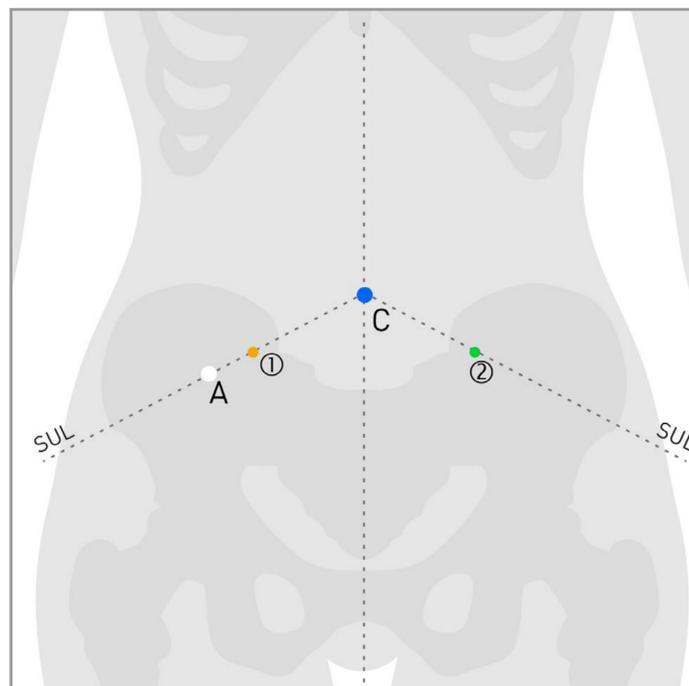
INSTRUMENT GUIDE

ENDOMETRIOSIS RESECTION SETUP CARD

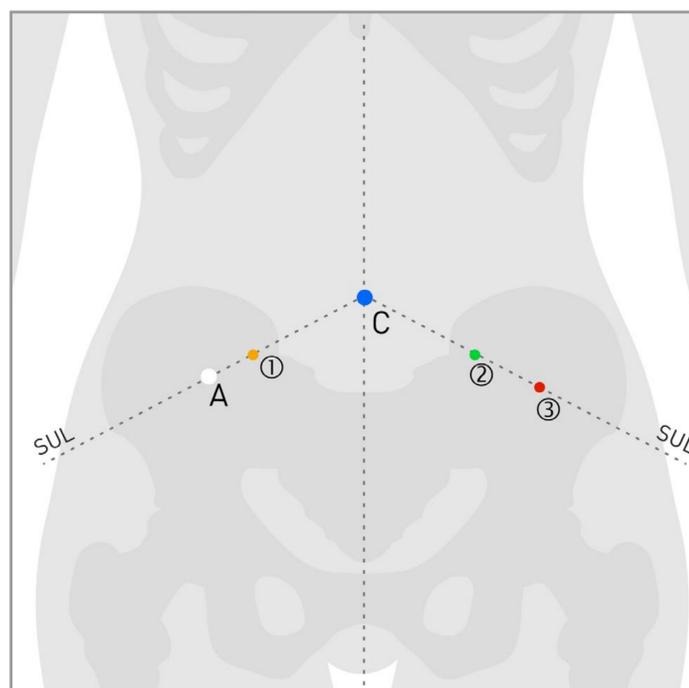
PORT PLACEMENT

Measurements should be made AFTER insufflation to 15 mmHg.

- > *da Vinci* Camera Port, 8.5 or 12 mm (**BLUE**): Place the port in the umbilicus.
- > *da Vinci* Instrument Arm ① Port, 8 mm (**YELLOW**): Place 8-10 cm lateral to the right of the camera port on the right spinoumbilical line (SUL). There should be a minimum of 5 cm between the assistant port and the *da Vinci* arm ① port.
- > *da Vinci* Instrument Arm ② Port, 8 mm (**GREEN**): Place 8-10 cm lateral to the left of the camera port on the left SUL.
- > *da Vinci* Instrument Arm ③ Port, 8 mm (**RED**): Place on left SUL 2-3 cm superior to the anterior superior iliac spine (ASIS) and keep at least 8 cm distance to the instrument arm ② port. Note: If there is less than 8 cm between instrument arm ports ② and ③, shift port ② superiorly by 1-2 cm.
- > Assistant Port, 5 mm (**White**): Place on right SUL 2-3 cm superior to the ASIS and keep at least 5 cm distance to the instrument arm ① port.



3-ARM PORT PLACEMENT



4-ARM PORT PLACEMENT

PORT PLACEMENT

PORT PLACEMENT CONSIDERATIONS

PATIENT CART POSITIONING & DOCKING

INSTRUMENT GUIDE

ENDOMETRIOSIS RESECTION SETUP CARD

PORT PLACEMENT CONSIDERATIONS

Measurements should be made AFTER insufflation to 15 mmHg.

- › Maintain at least 8 cm between all ports.
- › Insert camera and inspect abdomen and pelvis
 - › Place ports under direct vision.
 - › Insufflate through the assistant port and evacuate smoke through the camera port for best visualization.
- › Position remote center (thick black band on each cannula) at the level of the peritoneum.

PORT PLACEMENT

PORT PLACEMENT
CONSIDERATIONS

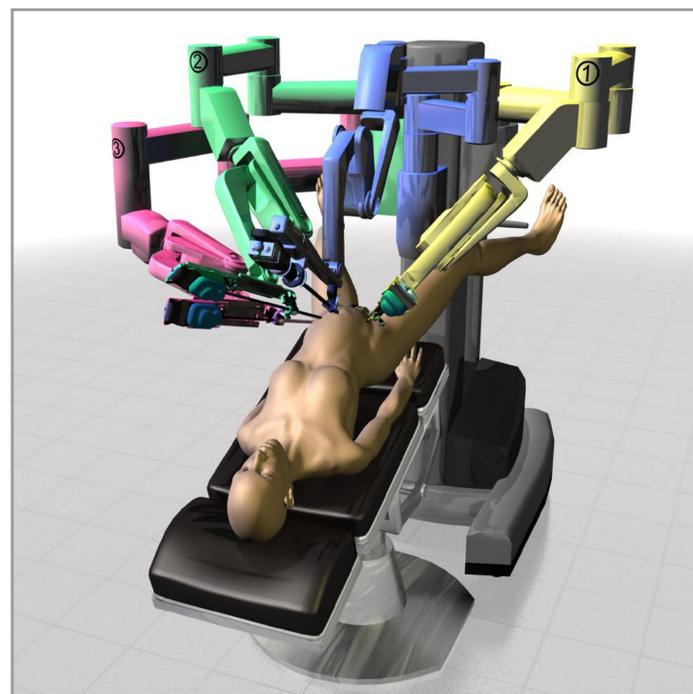
PATIENT CART
POSITIONING & DOCKING

INSTRUMENT GUIDE

ENDOMETRIOSIS RESECTION SETUP CARD

PATIENT CART POSITIONING & DOCKING

- › Place the patient in steep Trendelenburg (>20°) position.
- › Lower OR table and position arms of patient cart as high as possible to clear patient's legs.
- › Align patient cart, camera arm and camera port in a straight line.
 - › Position camera arm set up joint on side opposite Instrument Arm ③.
 - › Maximize spacing between instrument arms.
- › Push all overhead lights and equipment to the side.
- › Roll the patient cart into position and lock.
- › Dock the camera arm and remaining instrument arms.
- › Keep the instrument arms in their center range of motion.



OVERHEAD VIEW OF DOCKING THE 4-ARM DA VINCI PATIENT CART

CAUTION: Patient must be in Trendelenburg position before docking. Once system is docked, the bed cannot be moved.

PORT PLACEMENT

PORT PLACEMENT CONSIDERATIONS

PATIENT CART POSITIONING & DOCKING

INSTRUMENT GUIDE

ENDOMETRIOSIS RESECTION SETUP CARD

INSTRUMENT GUIDE

PRIMARY

MONOPOLAR

Hot Shears™ (Monopolar Curved Scissors)
420179

BIPOLAR

EndoWrist PK™ Dissector
420227

NEEDLE DRIVING

Large Needle Driver
420006

Large *SutureCut™* Needle Driver
420296

ALTERNATIVE

BIPOLAR

Fenestrated Bipolar Forceps
420205

Maryland Bipolar Forceps
420172

3RD ARM INSTRUMENTS

Long-Tip Forceps
400048

Cadiere Forceps
400049

Double Fenestrated Grasper
42189

SUCTION & IRRIGATION

EndoWrist® One™ Suction/Irrigator
550595-01

PORT PLACEMENT

PORT PLACEMENT CONSIDERATIONS

PATIENT CART POSITIONING & DOCKING

INSTRUMENT GUIDE

IMPORTANT SAFETY INFORMATION

Serious complications may occur in any surgery, including *da Vinci*[®] 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. 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; a longer operative time, the need to convert to an open approach, or the need for additional or larger incision sites. Converting the procedure could result in a longer operative time, a longer time under anesthesia, and could lead to increased complications. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all *da Vinci* instruments. You should discuss your surgical experience and review these and all risks with your patients, including the potential for human error and equipment failure. Physicians should review all available information. Clinical studies are available through the National Library of Medicine at www.ncbi.nlm.nih.gov/pubmed.

Be sure to read and understand all information in the applicable user manuals, including full cautions and warnings, before using *da Vinci* products. Failure to properly follow all instructions may lead to injury and result in improper functioning of the device. Training provided by Intuitive Surgical is limited to the use of its products and does not replace the necessary medical training and experience required to perform surgery. For Important Safety Information, indications for use, risks, full cautions and warnings, please also refer to www.davincisurgery.com/safety and www.intuitivesurgical.com/safety. Unless otherwise noted, products featured are available for commercial distribution in the U.S. For availability outside the U.S., please check with your local representative or distributor.

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