Advantages for the Patient

- UC IRVINE bought a da Vinci S Robot in March 2007. UCI was the first Hospital in California to get a High Definition da Vinci S Robot.
- 1-Day Hospital Stay- 99% of patients leave the hospital in 1 day due to less surgical trauma.
- Reduced Blood Loss-Less invasion means less loss of blood. Use of non-absorbing carbon dioxide gas keeps a constant low pressure on arteries and veins to inhibit their bleeding and pushes the bowel gently away from the prostate operating site.
- Extremely low Complication and Infection Rates (~1%) with Less Pain
- Faster and More complete recovery (10-14 days)

Advantages for the Surgeon

- **High Definition 3-Dimensional vision**
- **Improved dexterity**
- **Greater surgical precision**
- **Increased range of motion**
- **Comfortable operating environment**
- **10-12x Magnification of surgical field**

University of California, Irvine

A brand new State-of-the-Art University Hospital opened March 2009. The Medical Center has been rewarded with the prestigious Magnet Hospital designation for ***nursing excellence***. Only 2% of hospitals nationwide have met the rigorous Magnet criteria.

For more information please call:

714 456-6068

or visit:
http://www.ucirvinehealth.org/medical-services/urology/urologic-cancer/prostate-cancer/

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University of California, Irvine Health

Robotic Laparoscopic Prostatectomy

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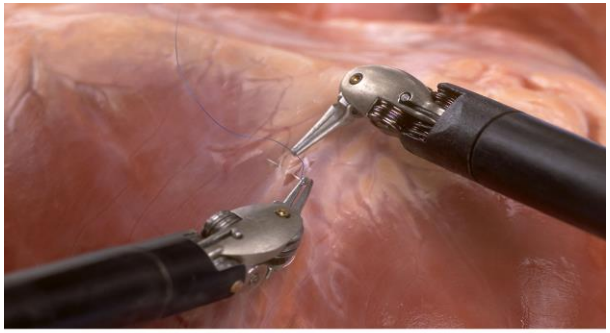
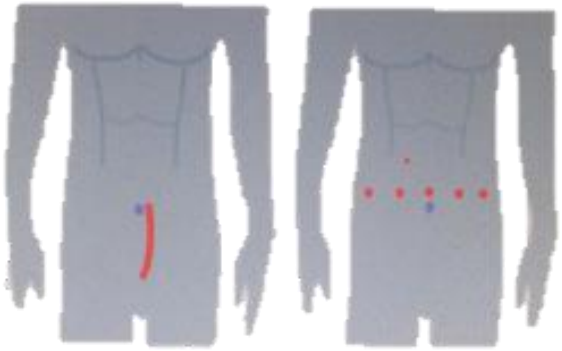
The daVinci Si Robotic system is a highly sophisticated robotic system with high definition viewing that naturally mimics the surgeon's vision and hand movements. UC Irvine Medical Center in 2002 was one of the

first centers on the West Coast to pioneer this technology.

Laparoscopic surgery using the da Vinci surgical robot is performed through several incisions no wider than a fingertip (see figure on right). A long video camera, held by one of the robotic arms, is inserted through an incision to provide magnified 3-dimensional images of the surgical site.

The hand movements of the surgeon, seated at a console, are translated by the daVinci technology into precise movements in the patient.





Comparison of Radical Prostatectomy Techniques

	Open	da Vinci
Surgery Time	**3.5 hours**	**3-4 hours**
Hospital Stay	**2 Day**	**1 Day**
Incision	**5 "**	**2 "**
Blood Loss (cc)	**375**	**~100**
Visualization	**Normal**	**3-D High resolution camera**
Instrument Handling	**Normal**	**Normal (micro-precision)**

*** Average Results based on last 100 patients.**

Continence at 1 Month*
No Pads 50 %

Continence at 3 Months*
No Pads 75 %

Surgical Positive Margin Rate*
Prostate confined 1-2 %
Overall 7%

Potency Pre-potent Men <65 years old
3 Months 40 %
24 Months 90 %

Dr. Ahlering shows the position of the surgeon at the 3-D console and ease of fingertip controls.

Dr. Thomas Ahlering graduated from the University of California, Berkeley in Chemistry in 1975 and then received his MD at St. Louis University School of Medicine in 1979 followed by a residency and fellowship in urological oncology at the University of Southern California. He has received local, national, and international recognition for his expertise in urologic oncology in bladder and prostate cancer.

His research now focuses on prostate cancer and the development of minimally invasive radical prostatectomy assisted by the da Vinci Surgical System. Now nearing his 12th year of robotic surgery, he has performed around 1,400 such robotic surgeries; including the first robotic prostatectomies in Canada, Denmark and Australia. Dr. Ahlering has published more than 100 articles and book chapters. He has produced over 50 articles specifically on robotic prostatectomy since its inception, and has introduced at least 7 specific new innovative surgical techniques e.g. cancer control and potency. He received the Intuitive Surgicals' "*Pioneer of Robotic Surgery*" award in 2005.