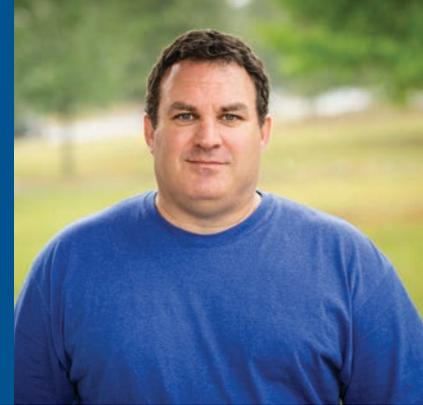


FREQUENTLY ASKED QUESTIONS

GERD is more than just heartburn



What is gastroesophageal reflux disease (GERD)?

GERD causes stomach contents (food or liquid) to leak backwards into the esophagus (the tube from the mouth to the stomach). The backwash can irritate the esophagus, causing heartburn and other symptoms.

What are the symptoms?

The common symptoms of GERD include chronic heartburn (burning pain in the chest) and regurgitation.⁵ Less common symptoms include chronic cough, sore throat, and a hoarse voice.⁵

Who is at risk?

Those at risk for GERD include males and people with a family history of gastrointestinal symptoms. Obesity can increase the risk of GERD up to six-fold.¹⁻⁴ Hiatal hernia, smoking, pregnancy, scleroderma, and excessive alcohol consumption are also risk factors.⁹

How many people have GERD?

GERD affects up to 40% of the U.S. population in their lifetime.⁴

How is GERD diagnosed?

GERD is often diagnosed based upon symptoms and response to anti-reflux medication.⁵ Yet, symptoms alone are not enough to diagnose GERD, and testing is required for conclusive diagnosis.⁵ Clinical studies reveal that as many as one in three patients taking proton pump inhibitors (PPIs) do not have GERD.⁶

If you have a diagnosis of GERD based upon symptoms, take PPIs regularly, and still have reflux symptoms, speak to a GI about a reflux test. The Bravo™ reflux testing system provides accurate information, so your doctor can tailor therapy to your needs.

Are treatment options available?

GERD can be treated with lifestyle changes, such as weight loss, healthier, smaller meals, and not eating just before bed time. Prescription and over-the-counter medicines, like proton pump inhibitors, can lower the amount of acid released in your stomach. For patients who do not respond to lifestyle changes and medication, anti-reflux procedures may also be an option.

What happens if GERD goes untreated?

In addition to its negative impact on health-related quality of life, GERD may lead to serious diseases, including Barrett's esophagus.⁴ Over a quarter of GERD patients may progress to Barrett's esophagus in their lifetime.⁷ If untreated, Barrett's esophagus may progress to esophageal cancer.⁵ Esophageal cancer may not be curable depending on the stage at diagnosis. It has a low five-year survival rate of 18%.^{5,8}

For more information about GERD, visit learnaboutgerd.com

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Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner. Rx only.

Risk Information: The risks of the Bravo™ reflux testing system include premature detachment, discomfort, failure to detach, failure to attach, capsule aspiration, capsule retention, tears in the mucosa, bleeding, and perforation. Endoscopic placement may present additional risks. Medical, endoscopic, or surgical intervention may be necessary to address any of these complications, should they occur. Because the capsule contains a small magnet, patients should not have an MRI study within 30 days of undergoing the Bravo™ reflux test. Please refer to the product user manual or www.medtronic.com/GI for detailed information.

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