



- Bravo® capsule-based pH monitoring now captures long-term esophageal pH data for up to 96 continuous hours in a single ambulatory procedure.
  - Bravo capsule-based pH monitoring allows for extended recording times - up to 96 hours - which significantly improves the diagnostic yield of detecting reflux by distinguishing day to day variability<sup>1</sup>
  - Extended recording allows for evaluation of patients both on and off PPI therapy, which is clinically beneficial in patients with refractory GERD<sup>1,2</sup>
  - Data collected better reflect a patient's condition because a regular diet and normal activities can be maintained<sup>3</sup>





## Improved workflow using guided protocol

- Saved settings eliminate the need to update the settings prior to each procedure
- Calibration process is improved
- Study and data upload procedures are simpler

# Internal rechargeable battery

- Eliminates the need for replacement of batteries prior to each study
- Reduces per procedure cost
- Environmentally-friendly
- Flexible recharging options using USB

## Multiple event buttons

- Allows patients to mark multiple symptom events
- Enables patients to record symptom duration during meal and supine times

### **Additional Enhancements**

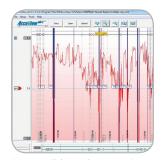
- Direct data upload with USB cable
- Built-in antenna
- Easy-to-clean plastic carrying pouch



**USB Port** 



Multiple Event Buttons



Compatible with AccuView™ Analysis v5.2 Software

The risks of Bravo\* pH monitoring 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 pH test. Please refer to the product user manual or www.givenimaging.com for detailed information.

#### References

- <sup>1</sup> Roman et al. Endoscopy 2012;44(3):270-276.
- <sup>2</sup> Garrean et al. Am J Gastroenterol 2008;103(7):1631-1637.
- <sup>3</sup> Pandolfino et al. Am J Gastro 2003;98:740-749.



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