

Reflux treatment
without medication
or surgery.



str^ètt^à®

up to
30%

of GERD patients do not get relief from medication. Many have concerns about taking anti-reflux medications long-term and want to avoid surgery.

WHAT IS THE ALTERNATIVE SOLUTION? Meet Stretta.

WHAT IS GERD?

Gastroesophageal reflux disease (GERD) is a chronic condition where stomach contents reflux up from the stomach into the esophagus through the lower esophageal sphincter (LES). Normally, the LES muscle acts as a barrier to reflux, letting food pass down into the stomach but not back up into the esophagus. When this muscle is weak, patients may experience symptoms of GERD, such as:

- Persistent heartburn
- Regurgitation
- Chest pain
- Difficulty swallowing
- Asthma/Chronic cough
- Laryngitis

If left untreated, chronic GERD causes irritation of the esophagus that can result in inflammation (esophagitis), ulceration, and pain. If these conditions continue, there may be a risk of Barrett's esophagus or esophageal cancer.

HOW IS GERD TREATED?

-  Lifestyle and diet changes
-  Medications (PPIs)
-  Non-Surgical endoscopic therapy (Stretta)
-  Anti-reflux surgery

If medications are not controlling your reflux or you are tired of taking pills everyday...what's next?

STRETТА IS A DIFFERENT KIND OF TREATMENT FOR GERD

Stretta treats the underlying cause of GERD – a weak muscle between the stomach and esophagus. This non-surgical procedure significantly reduces GERD symptoms and can help a majority of patients reduce or stop taking medications completely.*

STRETТА, A VERSATILE OPTION FOR PATIENTS:

- who are not getting complete relief from medication or long-term medication is not desirable, and want to avoid surgery.
- who have had anti-reflux or bariatric surgery, still have GERD and want to avoid revisional surgery.

In clinical trials, 9 out of 10 patients were satisfied with Stretta Therapy*



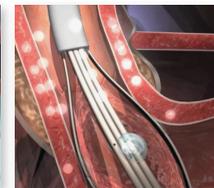
The majority of patients had lasting symptom relief for up to **10 years***

Stretta is a non-surgical outpatient procedure that takes 60 minutes or less. A Stretta device travels through the mouth, down to the LES (muscle between the stomach and esophagus). Once in place, it delivers radiofrequency (RF) energy to the muscle. This regenerates the tissue, resulting in improved barrier function that may prevent reflux and reduce GERD symptoms.

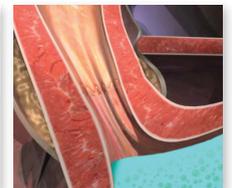
HOW STRETТА WORKS



WEAK LES MUSCLE
ALLOWS STOMACH
CONTENTS TO REFLUX
INTO THE ESOPHAGUS



STRETТА THERAPY
TREATS THE MUSCLE
WITH RF ENERGY



POST STRETТА THERAPY:
REGENERATED, THICKER
MUSCLE PREVENTS
REFLUX

Clinical studies show a high rate of effectiveness and durability without the complication rates and costs of surgery, or reliance on long-term daily medications.*

Ask your doctor if Stretta Therapy is right for you.

Visit restech.com/stretta
for more information.

stretta[®]

*contact us for clinical studies

WHAT CAN PATIENTS EXPECT?

Every patient is different in their response to Stretta.

- The effect of Stretta works over time; patients usually begin to see improvement after about two months.
- Some patients improve more quickly than others.
- Studies show that symptoms may continue to improve for 6 months or longer.

Patients may experience pain immediately following Stretta Therapy.

- In most cases pain can be managed with over-the-counter analgesics (liquid acetaminophen), or prescription pain medication if needed.

FOLLOWING TREATMENT PATIENTS SHOULD:

- Continue previous GERD medication regimen for 2 months.
- Follow a modified diet of full liquids for 24 hours and a soft diet for 2 weeks.
- Crush (or use liquid) medications for at least one month.
- Stop using NSAIDS for two weeks.
- Avoid ANY instrumentation of the esophagus for at least one month.

INDICATIONS, CONTRAINDICATIONS AND WARNINGS

INDICATIONS FOR USE: The Stretta System is intended for general use in the electrosurgical coagulation of tissue and intended for use specifically in the treatment of gastroesophageal reflux disease (GERD).

CONTRAINDICATIONS: The use of electrosurgery is contraindicated when, in the judgment of the physician, electrosurgical procedures would be contrary to the best interest of the patient. The following is a list of patient groups in which the use of the Stretta System for the treatment of GERD is contraindicated: subjects under the age of 18, pregnant women, patients without a diagnosis of GERD, hiatal hernia >2cm, achalasia or incomplete LES relaxation in response to swallow, poor surgical candidates, ASA IV classification.

WARNINGS: The following is a list of patient groups who have not been specifically studied using the Stretta System for the treatment of GERD. The performance characteristics of the device for the following groups of patients have not been established:

- Patients with an implant near the LES that could be conductive with RF energy
- Normal 24-hour pH study
- ALL GERD symptoms completely unresponsive to properly dose-escalated anti-secretory medication
- Barrett's metaplasia
- Poor surgical candidate
- Presence of dysphagia, esophageal bleeding, or gas bloat
- Active esophagitis grades III or IV by Savary criteria
- Endocarditis risk (mitral valve prolapse, heart valve replacement, etc.)
- Untreated or unstable hypertension, diabetes mellitus, heart disease, collagen vascular disease, steroid use, immunosuppressed state, or cardiac pacemaker
- Abnormal blood coagulation or use of anticoagulant or platelet anti-aggregation therapy.

WARNINGS: These complications are rarely seen but could potentially occur with the use of electrosurgery for the treatment of GERD: transient bleeding, bloating, transient chest pain, transient difficulty belching, transient dysphagia, transient epigastric discomfort, transient esophageal mucosal laceration, transient fever, Injury to esophageal mucosa, perforation, pharyngitis, vomiting transient with potential for bleeding or Esophageal injury. If any vomiting occurs, contact your treating physician immediately. Excessive vomiting may result in perforation and more serious injury resulting in death. The following complications have not been seen, but could possibly occur infrequently: Achalasia, transient delayed gastric emptying, dental injury, dyspnea, infection, larynx injury, worsened GERD (Note: Consult instructions for use for full contraindications, warnings and precautions).



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