Combined pH-impedance monitoring





- The Digitrapper® pH-Z recorder with combined pH-impedance provides total reflux monitoring, allowing you to differentiate acid and non-acid reflux in patients with an array of symptoms.
 - Ambulatory reflux monitoring is the only test that allows for determining the presence of abnormal esophageal acid exposure, reflux frequency and symptom association with reflux episodes¹
 - Combining impedance and pH monitoring improves the detection and characterization of GERD. The frequency, duration, clearance and extent of reflux can be evaluated²
 - The advantages of 24-hour pH-impedance include the ability to simultaneously assess the adequacy of acid suppression, analyze persistent symptom association with acid or non-acid reflux despite heavy acid suppression, and measurement of reflux episode frequency³





Digitrapper pH-Z recorder with combined pH-impedance provides total reflux monitoring

- Dual capability: pH-impedance or pH only
- Compact size: light weight (150 gram)
- Direct data upload with USB cable
- Easy to clean protective carrying case
- Easy to use
- Fast calibration process

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Digitrapper pH-Z Recorder

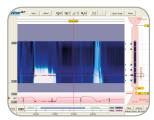
VersaFlex® reflux catheters set the worldwide standard for reliable pH and pH-impedance measurement and patient comfort

- Many configurations of pH and pH-impedance catheters
- Different diameters available (4.7, 6.0 and 6.4 Fr)
- Internal reference
- Antimony sensor technology
- Latex-free
- X-ray visible
- Easy intubation due to catheter design

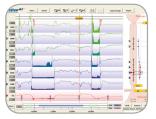
VersaFlex Catheter

AccuView[™] analysis software provides all tools needed to analyze an ambulatory reflux study

- Option to upload either pH or pH-impedance studies
- pH-impedance line trace or contour mode available for more convenient study analysis
- Backward compatibility: allows for the import of existing studies created with most of the previous software versions (Polygram Net®, GastroTrac®, RAPID® pH)



AccuView Contour Mode



AccuView Line Trace Mode

References

¹Katz et al. Am J Gastroenterol 2013;108:308-328.

²Shay et al. Am J Gastroenterol 2004;99(6):1037-1043.

³Mainie et al. Gut 2006;55:1398-1402.