

alpHaONE

Patient Instructions and Patient Diary

GASTROENTEROLOGY

Wireless pH Capsule Reflux
Monitoring System

Patient Instructions

The aim of this pH study is to monitor your normal daily patterns of gastric reflux and how they relate to your symptoms. To ensure the best results, please continue your usual eating, drinking, working and exercise habits. Limit your intake of liquids between meals and avoid prolonged sipping. Refrain from chewing gum or eating hard candy during the study and take care not to expose the recording device to water. Unless your physician instructs otherwise, please avoid taking any antacids or reflux medications during the study.

- You are asked to continue your reflux medication during testing. Please record in your diary when you take your reflux medication.
- You are asked to discontinue your reflux medication for this test. Please do not take any medication during the testing period.

IMPORTANT

DO NOT SCHEDULE ANY MRI EXAMS WITHIN 30 DAYS OF COMPLETING THE alpHaONE TEST.

- Be sure to keep the contact information of the healthcare facility readily available in case of emergency.
- Do not perform high intensity labor or exercise.
- Avoid eating hard, dry or bulk food.
- Keep away from magnetic resonance imaging (MRI) equipment and any other environments in which a high magnetic field might be present.
- You may take a bath/shower during the testing period, but the recorder must not get wet and must remain within 10 feet of you. Please leave the recorder outside of the shower or tub while bathing.
- Keep the recorder within 10 feet of your chest. If the signal from the capsule is lost (the recorder beeps and displays no signal), move the recorder closer to your chest to recover the communication.
- Pay attention to the low-battery alarm of the recorder (the recorder beeps and displays low battery). Replace the battery as quickly as possible; otherwise, the data recorder will automatically turn off in one hour.
- Check whether the LED of the data recorder is blinking blue at three-second intervals. If it stops blinking, contact your healthcare professional.

After the testing, please return the diary and recorder to:

Date/Time _____ Place _____ Person _____

