

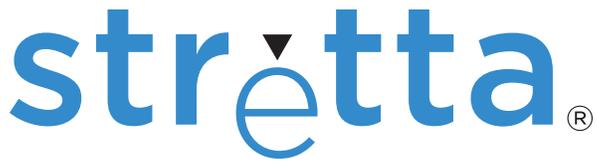
# DOCTOR DISCUSSION ► Guide

GERD



This doctor discussion guide is intended for patients who have been diagnosed with gastroesophageal reflux disease (GERD) by a health care provider, and who are not satisfied with the results of their current GERD medication.

Bring this guide with you to your next appointment. Discussing these questions and answers with your doctor can help determine the next step in your GERD treatment plan.



## Before your doctor's appointment, answer these questions:

How many days a week are you still experiencing GERD symptoms?

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On a scale of 1 to 10, how severe are your symptoms? (1 = mild, 5 = moderate, 10 = severe)

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What time of day do you typically experience symptoms?

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What over-the-counter or prescription medications do you take and at what dosage?

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How does this persistence in GERD symptoms affect your quality of life?  
(1=mildly, 5=moderately, 10=severely)

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## During your appointment, ask your doctor these 5 questions:

Is it normal to still be experiencing my symptoms while taking this medication?

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Will my GERD get better or worse with time? Are there complications that may develop?

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I've heard there is some concern over adverse effects with long-term use of Proton Pump Inhibitor medications. What are the risks involved? Am I at risk?

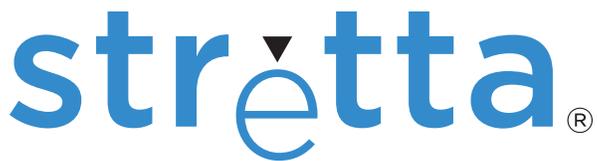
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What other treatments are available for GERD? What are the advantages and disadvantages of these treatments compared to my current treatment plan?

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Is Stretta Therapy an option for me?

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Stretta is a unique and minimally invasive treatment for GERD that fills the gap when medications are ineffective and before invasive surgery or implants. Clinical studies show that Stretta has a patient satisfaction rating of 93%, with a majority of patients remaining off of PPIs for at least 4 years after a Stretta procedure. The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) recently published a Clinical Spotlight Review that strongly recommended Stretta for the treatment of GERD based on their peer reviewed analysis of the body of clinical evidence.

## SAFETY INFORMATION

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

**CONTRAINDICATIONS:** There are no known absolute contraindications to the use of radiofrequency in humans. The use of the Stretta System is contraindicated when, in the judgment of the physician, radiofrequency surgical procedures would be contrary to the best interests of the patient. The following is a list of patient groups in whom the use of the Stretta System for the treatment of GERD may be contraindicated: Subjects under the age of 18; Pregnant women; Patients without a diagnosis of GERD; Hiatal hernia > 2 cm; Achalasia or incomplete LES relaxation in response to swallow; Poor surgical candidate. 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: 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 (alphabetical order): Bleeding – transient; Bloating; Chest pain - transient; Difficulty belching – transient; Dysphagia – transient; Epigastric discomfort – transient; Esophageal mucosal laceration; Fever - transient; 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 (alphabetical order): Achalasia; Delayed gastric emptying – transient; Dental injury; Dyspnea; Infection; Larynx injury; Worsened GERD.



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