Clinical Adverse Events Associated with Bravo pH Capsule Monitors: A MAUDE Database Analysis Peter Bhandari, MD¹; Megan Buckley, DO¹; Daryl Ramai, MD, MSc.²; **Northwell DONALD AND BARBARA** Mary Cheung, MD³; Arun Swaminath, MD⁴ ZUCKER SCHOOL of MEDICINE

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BACKGROUND

The Bravo pH capsule monitoring system is a widely utilized, minimally invasive diagnostic tool.

Measures acid exposure in the esophagus and transmits data to a receiver to identify and treat patients with gastroesophageal reflux disorder.

The associated procedural complications are not systematically described in literature.

AIMS

We aim to investigate post Food and Drug Administration (FDA) approval outcomes associated with the Bravo pH capsule monitor system.

METHODS

We analyzed post-marketing surveillance data on the Bravo pH capsule from the FDA Manufacturer and User Facility Device Experience (MAUDE) database.

Individual cases from January 2016 to December 2021 were examined to report device-related injuries and modes of failure.

This database is an open-access platform that receives device reports from mandatory reporters, including manufacturers and facilities, as well as, voluntarily reporters such as healthcare professionals, patients and consumers.

These reports allow the FDA to monitor device performance and device-related safety concerns.

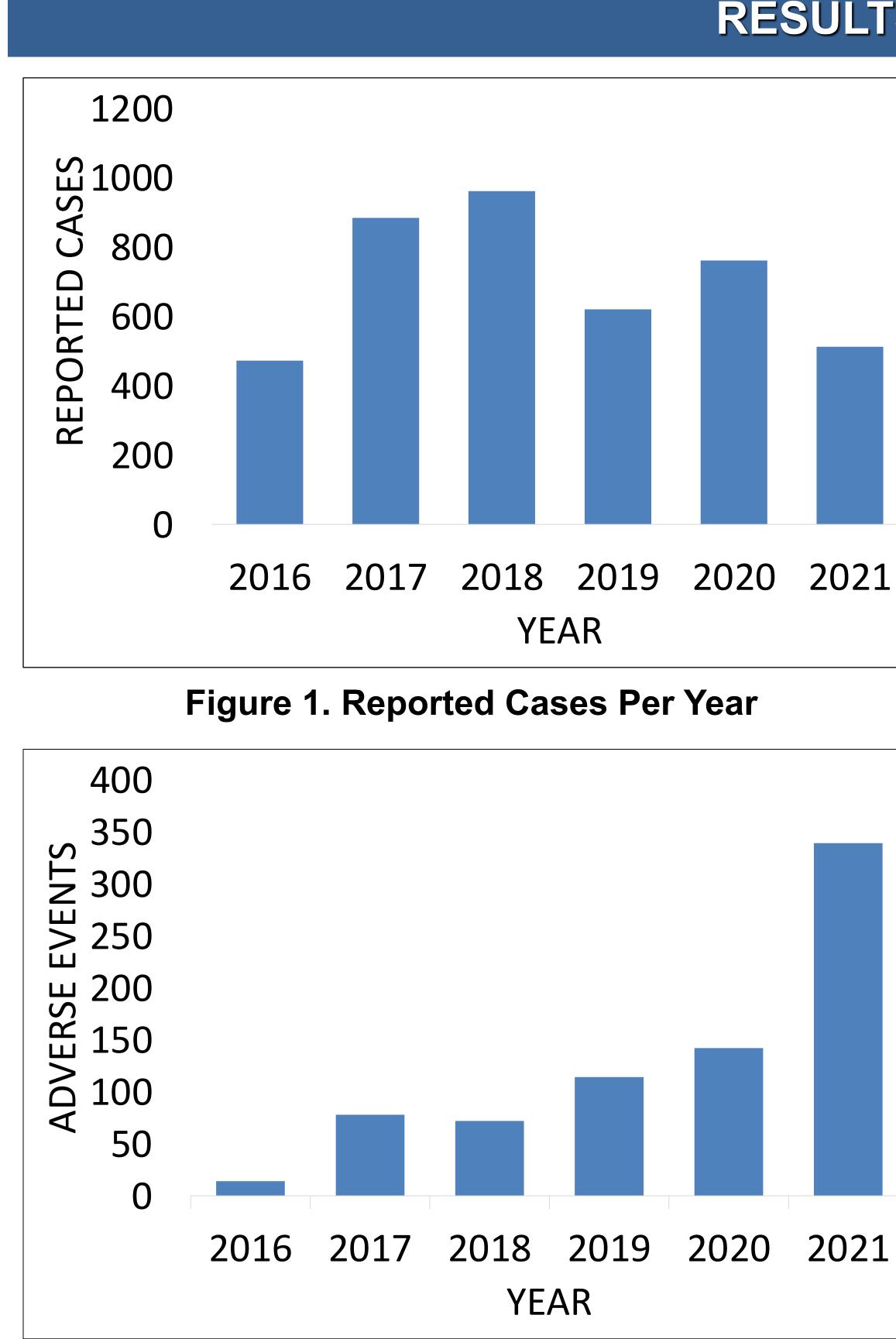


Figure 2. Reported Patient Adverse Events Per Year



Figure 3. Bravo-pH capsule in distal esophagus sourced from Agrawal, D., et al. Removal of a Bravo 24hour pH capsule with endoscopic scissors. *Gastrointestinal endoscopy*, 70(2), 385–386.

Reported Patient Adverse Events	n
Oversedation	26
Pain	53
Chest Pain	40
Ulcer	7
Insufficient Information	50
Vomiting	9
Foreign Body in Patient	107
Airway Obstruction	156
Odynophagia/Dysphagia	7
Unintended Radiation Exposure	69
Aspiration/Inhalation	59
Laceration of Esophagus	22
Perforation of Esophagus	6
Respiratory Insufficiency	1
Asthma	2
Hemorrhage/Blood Loss	16
Sore Throat	6
Cough	2
Fever	2
Discomfort	13
Device Embedded in Tissue	3
Failure of Implant	2
Inflammation	3
Constipation	1
Dyspnea	5
Nausea	4
Tissue Injury/Damage	25
Nasal Obstruction	1
Unspecified Injury	28
Cyanosis	1
Burns	2
Нурохіа	4
Diarrhea	1
Heartburn/Pyrosis	2
Choking	2
Dizziness	2
Foreign Body Sensation in Eye	2
Hernia	1
Sweating	1
Unspecified Infection	1
Neck Pain	1
Tingling	1
Swelling	2
Itching Sensation	1
Cramps	1
Rash	1
Unspecified Reaction	1
Erosion	1

During the study period, approximately 4210 cases were reported (Figure 1).

Approximately 4655 device issues and 759 patient complications were examined.

The most reported device complications were due to loss of or failure to bond (n= 2190, 47.1%), malposition (n= 1074, 23.1%), detachment of the device (n= 325, 7.0%), and communication or transmission problems (n= 270, 5.8%).

The most reported patient adverse events were airway obstruction (n = 156, 20.6%), followed by foreign body retention (n=107, 14.1%), unintended radiation exposure (n= 69, 9.1%), aspiration/inhalation (n= 59, 7.8%), and pain (n= 53, 7.0%) (Table 1).

In this study, there was an increase in reported adverse events per year from 2016 to 2021 (Figure 2).

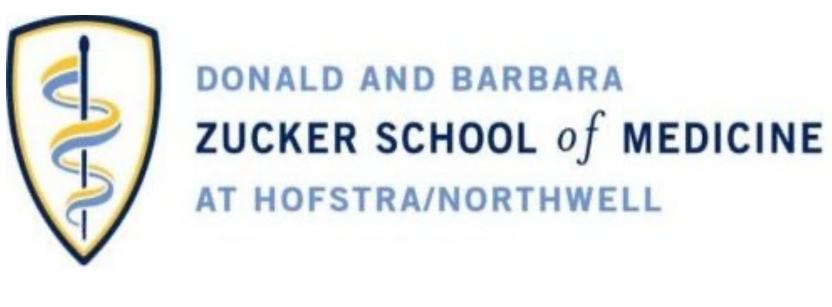
Our analysis revealed a predominance of reported device complications related to capsule adherence and placement difficulties.

Airway obstruction represented the most commonly reported patient complication.

An increased in reported adverse events may be related to increased knowledge of the database and reporting requirements.

This study will help inform the risk/benefit conversation with patients and may facilitate the need to educate on the management of the most critical complications.

 Table 1. Reported Patient
Adverse Events



RESULTS

CONCLUSIONS