

# mcompass® Anorectal Manometry Diagnostic System Instructions for Use / Operator Manual

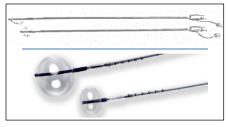
## The mcompass® Anorectal Manometry Diagnostic System includes:



mcompass® Anorectal Manometry Fob



Medical Grade Tablet PC with mcompass® Anorectal Manometry Software



mcompass® Anorectal Manometry Catheter
– Standard & Petite 5-Channel



#### Manufacturer:

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#### 1. Introduction

This manual describes the safety precautions, features, use, and care of the Medspira *mcompass*\* Diagnostic Anorectal Manometry System. Please review this manual thoroughly before using the system. If you have any questions or comments on this manual or need any assistance with the use of the product, please contact Medspira at 1-800-345-4502 or visit <a href="http://www.medspira.com">http://www.medspira.com</a>.

## 1.1 Information, Use of Symbols, and Cautions

This operator manual provides information on how to use the Medspira mcompass System. The user should read this guide before using the system.

Operators should understand the following symbols that may appear on Medspira products or in instructions for use and be aware of cautions and other information.

Â	WARNING or CAUTION: Alerts you to important operating considerations or potential condition that can be a risk for improper function or use of equipment.
[]i	Consult Instructions for Use and any accompanying documents
P <sub>k</sub> only	Federal law restricts this device to sale by or on the order of a physician.
Z	WEEE (Waste Electrical and Electronic Equipment). Complies with 2002/96/EC For disposal at the end of its useful life, please contact Medspira at 1-800-345-4502
F©	Federal Communications Commission notice (USA) This product contains Bluetooth Wireless Module FCC ID X3ZBTMOD2
((t <u>*</u> 1))	Indicates RF transmitter that applies electromagnetic energy This product contains Bluetooth Wireless Module FCC ID X3ZBTMOD2.
===	Direct Current
c Us Intertek	Compliance with Intertek testing for general product safety and emissions per UL 60601-1, IEC 60601-1-2:2007 and CAN/CSA C22.2 No. 60601-2:03
ACC ACCASE ACC ACC	Type B Equipment Human
compliant materials 2002/95/EC	Indicates complies with RoHS directive
QTY	Indicates quantity of contents in package (box, pouch, bag)
LATEX	This product is not made of or contain natural rubber Latex

8	Catheters are for Single Use Only / Do Not Reuse
NON	Not Sterile. Do not sterilize. Sterilization may result in loss of proper function and/or could cause patient injury.
	Do not use if Use By Date printed on the product package has passed.
LOT	Batch code
REF	Catalog number
PART	Part number
-29C	Devices should be stored in a cool, dry location (-29 to 60°C).
<u> </u>	DANGER: This product contains Lithium-Ion Batteries. Do not open or expose to heat above 100 degrees C
$\triangle$	CAUTION: Do not submerge. Water protection rating = IPX0, no protection. Use damp soft cloth to clean and disinfect with standard cleansers including water, soap, or with quaternary ammonia / isopropyl alcohol or a germicidal disposable cloth. Cleaning is recommended after each use.
<u> </u>	CAUTION: Only properly trained professionals understanding the methods of anorectal manometry should attempt to use this system.
$\triangle$	In the unlikely event that the system creates smoke, sparks, or makes an unusually loud noise, or if the individual requires emergency assistance:  Stop the procedure if one is in progress.  Remove the individual from the room.



Class II equipment and internally powered equipment. Type B human applied parts

Suitable for continuous operation

This product conforms to the requirements of UL STD 60601-1 and IEC STD 60601-1 and CAN/CSA STD C22.2 No. 601.1-M90.

#### 1.2 Indications

The Medspira *mcompass*\* Anorectal Manometry System is indicated for use with patients requiring anorectal pressure studies.

## 1.3 Pre-Use System Check & Operation Verification

Before using the system, visually check for any external damage. Do not use the system if the housing or connectors are cracked or broken.

Prior to using *mcompass®*, fully charge the Tablet and Fob.

Turn on the Fob by tapping the On/Off Button for a couple of seconds and verify LED lights perform properly.

• On/Off: Green = On, No Light = Off

• **Bluetooth**: Flashing blue = Bluetooth search on

Solid blue = Bluetooth connected

No light = No paired device

Battery: Green = Adequate battery power

Amber = Low battery power.

Note: Charge unit prior to use if amber light appears.

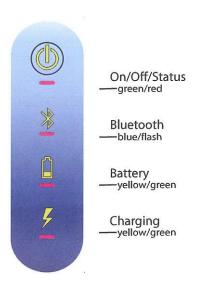
Charging No light = Not being charged

**Indicator**: Yellow = Charging

Green = Fully charged

Yellow/Green alternating = Slowed charging

process, keep connected



## 1.4 Safety Considerations

This manual contains detailed information on the setup, positioning, and use of the Medspira *mcompass®* Anorectal Manometry System. The instructions should be read carefully and thoroughly before using this system.

#### **Equipment Safety**

- Personnel should observe all warnings and cautions that appear in these Instructions, Guides, or the user interface.
- The system is not suitable for use in the presence of flammable anesthetics in combination with air, oxygen, or nitrous oxide.
- This equipment is not protected against ingress of liquids.

#### **Electrical and Mechanical Safety**

The system consists of both electrical and mechanical components.

Only properly trained and qualified personnel should be authorized to service the system.

#### **Reporting Incidents**

Contact a Medspira Support representative at 1-800-345-4502 immediately to report an incident and/or injury to an individual, operator, or employee that occurred as a result of system operation. If an incident occurs as result of system operation, do not operate the equipment until an authorized investigation is conducted.

#### 1.5 System Maintenance

There is no Routine or Preventive Maintenance required for the *mcompass®* System.

System components, including protective caps and covers, should be visually checked for any external damage. Do not use the system if the housing or connectors are cracked or broken.

If any damage or excessive wear is visible contact your Medspira Support representative for repair.

Any changes or modifications to the system are not allowed and may void your warranty.

#### 1.6 System Cleaning

Cleaning is recommended after each use.



Detach the system from AC power before attempting to clean it.

• Do not re-attach after cleaning until the system has dried completely. Having the system attached to the AC power during cleaning or when it is wet may result in electrical shock.

#### **Cleaning Instructions**

- Verify all protective covers/caps are in place prior to cleaning.
- Do not inject fluids into the Fob damage will occur.
- The system is NOT to be placed into any type of sterilizer.
  - 1. Clean the Fob with a clean damp cloth (do not immerse the Fob) using mild soap and water.
  - 2. Wipe with a clean dry cloth.
  - 3. Follow up with wipe down using a quaternary ammonia / isopropyl alcohol or a germicidal disposable wipe.
  - 4. Allow to fully air-dry before use.
- Store the system in a conditioned (cool and dry) space.

## 1.7 System Description and Operating Parameters

The *mcompass®* Anorectal Manometry System is for patients who require a diagnostic test for anorectal function. To operate properly, the system will consist of a Fob, Tablet PC loaded with *mcompass®* Software, and a disposable single-use Balloon Catheter.

#### Operating range

Fob to Tablet PC maximum communications distance: 25 feet.

#### System Installation and Service

System software installation and configuration requires the services of a Medspira Support technician.

#### Power Supply

The power supplies for the Fob and Tablet PC units must be plugged into an AC wall power source when charging. The Fob will NOT function while plugged in and charging.

#### 2. System Set Up

## 2.1 Preparing the System

Before each use, ensure that the battery indicators on the Fob and Tablet PC indicate an acceptable battery level and charge if necessary. The Fob and Tablet will not operate while charging.

Verify Fob to Tablet Bluetooth pairing. The Fob's blue light should be steady (see 1.3). Contact Medspira Support if the Fob and Tablet are not paired.

## 2.2 Tablet Initial Set Up

The mcompass Anorectal Manometry System includes easy to use software for completing various manometry tests. The following instructions are also displayed by the software.

#### **Switching On the Tablet PC Power**

See specific Tablet PC operating instructions for proper use.

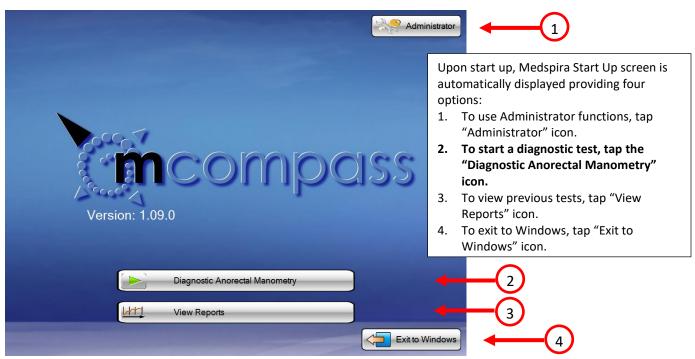
- Turn on the Tablet
- Allow for complete software start up prior to use
- Double tap the mcompass program icon



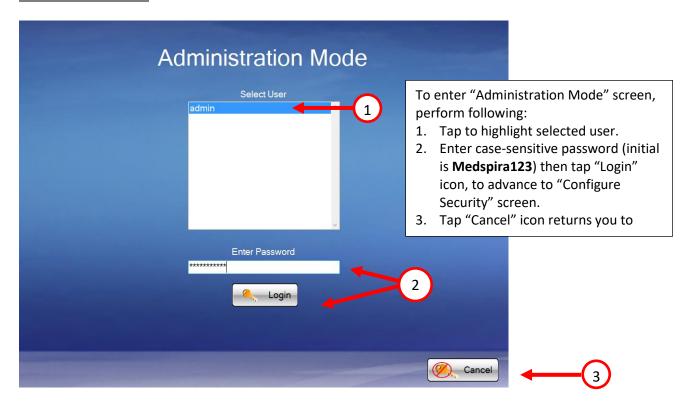
There are four screen options to choose from:

- Start Up Screen
- Administrator Screen
- Diagnostic Anorectal Manometry Login Screen
- View Reports Screen

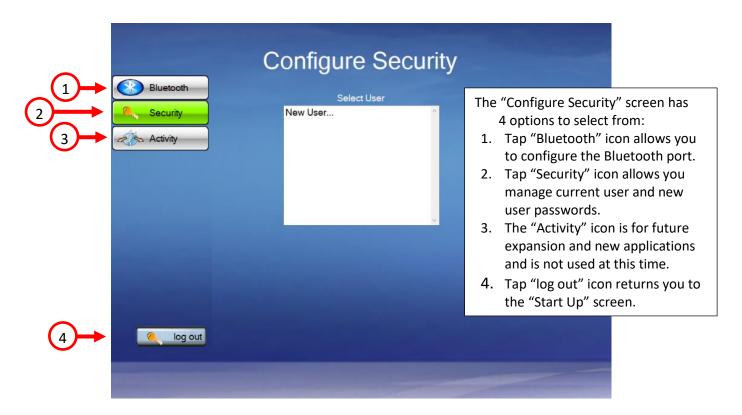
#### **Start Up Screen**



#### **Administrator Screen**

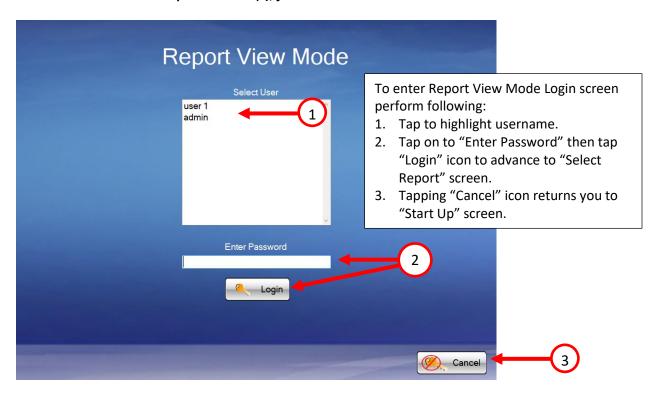


#### **Configure Security Screen**

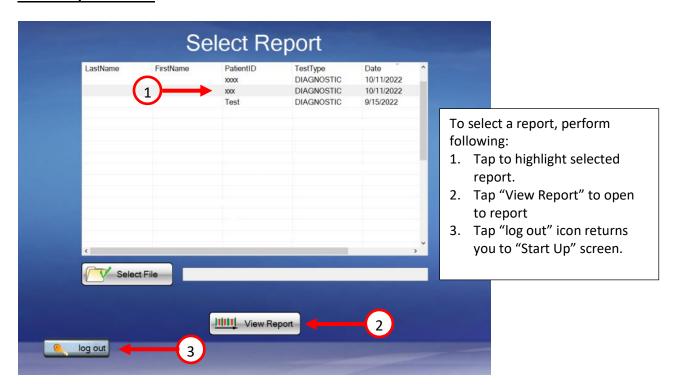


#### **View Reports Screen**

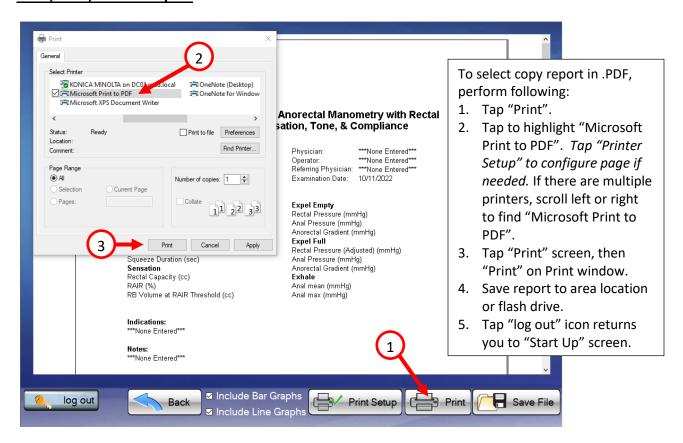
Note: To locate and view previous test(s), follow this section.



#### **Select Report Screen**



#### View, Save, & Print Report



#### 2.3 Diagnostic Test Set-Up

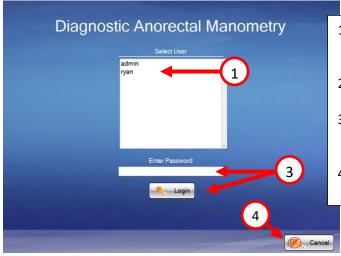
#### **Diagnostic Anorectal Manometry Login Screen**

To Login, turn on Tablet. Swipe up. Enter Password.

Double tap the mcompass program icon

Tap "Diagnostic Anorectal Manometry" button





- Tap to highlight User. Initial user is "Admin". (Other users may be added in Administrator Screen.)
- 2. Open Tablet keyboard tap "Keyboard" icon on screen.
- Enter case-sensitive password.
   "Admin" password is Medspira123, then tap "Login" icon.
- 4. Tap "Cancel" icon to return to the "Start Up" Screen.

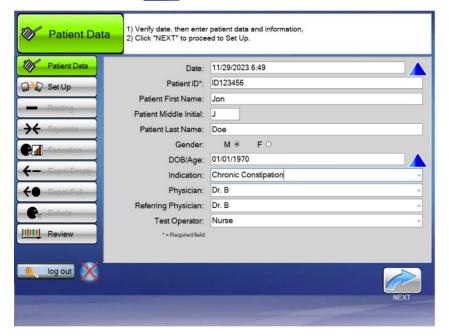
Note: The keyboard will hide automatically. Tap the icon in the lower right corner to pull it up again.

#### **Enter Patient Data**

Note: Steps 1 – 19 may be performed before the patient is brought into the room for the test.

- Enter patient data completely
- Tap Next





Only patient ID is required to proceed.

**Note**: Complete all desired fields before tapping Next, as you cannot go back and add/change information once test has been completed.

Once indications, doctor's names, and referring physicians are entered, drop-down lists will be populated for ease of use.

#### **Test Set-Up continued**

On/Off/Status -areen/red

Bluetooth

-blue/flash

-yellow/green

-yellow/green

Battery

Charging

#### Set Up – Bluetooth Connection

- 1. Make sure the Fob is charged and the charging plug is disconnected from the power source
- 2. Turn on the Fob by pressing "On/Off" button and wait until "On" light appears on Fob. All LEDs will be on for about 2 seconds.
- 3. You can proceed when you see steady green lights for On/Off and Battery, and one flashing blue light for Bluetooth.
- 4. Tap the "Connect Bluetooth" button on the screen



- 5. Wait for the flashing blue LED on the Fob to turn steady blue. This means you are connected to the Tablet.

7. Tap Next on the screen





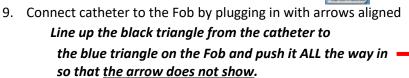
Note: If the Fob fails to connect through Bluetooth to Tablet, follow Tablet instructions.



The FOB should have 2 green lights and a blinking blue light in the middle, once the blue light becomes steady the Fob is connected via Bluetooth properly. If the Fob fails to connect through Bluetooth to the Tablet, follow the instructions outlined in our document labeled: Troubleshooting Issues with the FOB: https://medspira.com/support/anorectal-manometry-support/

NOTE: These steps must be performed in this order to obtain proper pressure readings.

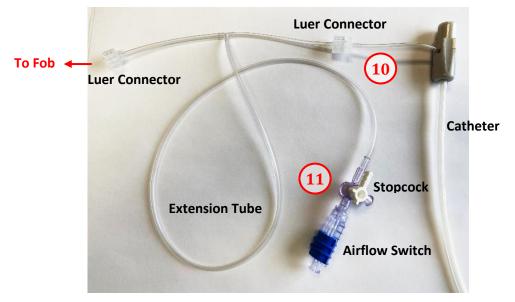
8. Tap "Fob Connected" to confirm Fob connection



NOTE: It does not snap or twist in place to connect or disconnect.

- 10. Connect the Extension Tube
  - One short end luer connects to luer on the catheter
  - The other short end luer connects to luer on the Fob





11. Connect the Airflow Switch to 3-way Stopcock, and connect large syringe to the Airflow Switch



#### Set Up - Priming the Fob

- 12. Move the lever on the FOB to Position 2 "PRIME" position (Straight up and down)
- 13. Load the 5cc syringe with 2cc of air
- 14. Connect the 5cc syringe loaded with 2cc of air to luer fitting on top of the FOB
- 15. Push in 2cc of air with syringe
  - \*\* Check that the 4 anal balloons filled with air.
- 16. While holding thumb on syringe plunger, remove the 5cc syringe from the FOB

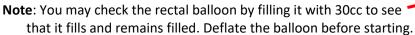




After placing air into the sphincter balloons, remove the syringe and let air naturally bleed out of the balloons to normalize to the pressure in the room (count to seven before moving the lever to position 3).

- 17. After the syringe is removed, move lever on the FOB to position 3 "OPERATE" and tap "NEXT" Moving the lever to position 3 closes the airlock to the sphincter balloons
- 18. Replace protective cap for the 5cc syringe to prevent contamination
- 19. Tap "PRIMED" on the next screen







NOTE: Everything up to this point (steps 1-19) may be done prior to seeing the patient so when they arrive, you are prepared to begin the procedure.

## 3. Performing the Procedure

## 3.1 Prepare Patient for Testing

Have the patient lie on their left side, knees raised toward stomach.

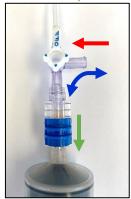
With the patient in position for the procedure,

- 1) Lubricate distal end of catheter device; instruct the patient to relax
- 2) Insert the catheter into the patient to position "0" on catheter verifying the letter "P" is in the proper orientation (toward the patient's back)
- 3) Using a large syringe, prime rectal balloon with 10cc [3cc for Petite] of air, press "Next"

  Note: this priming volume remains for every test and is not included in volumes entered
- 4) Lock the stopcock UP to the "Catheter Closed" position

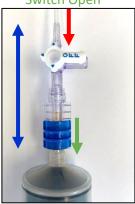
#### How to Use the Stopcock:

Stopcock to up Switch Open



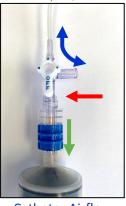
Catheter Closed.
Fill or Empty Syringe

Stopcock to side Switch Open



Free Airflow from Syringe to Catheter

Stopcock to down
Switch Open/Closed

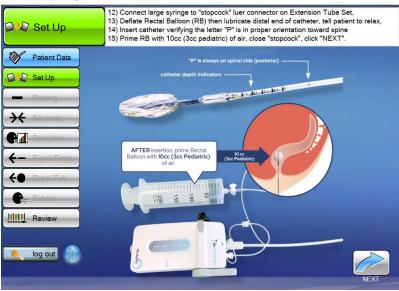


Catheter Airflow Open to Room Air

## Stopcock to side



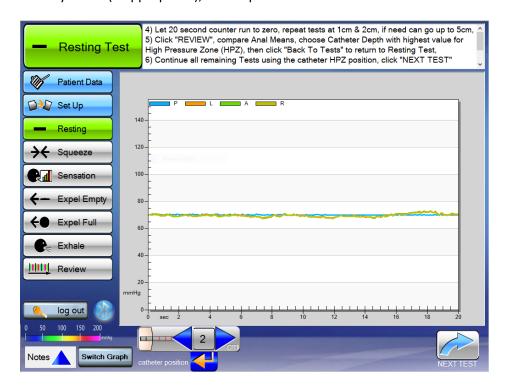
No Airflow



At this point the Set Up is complete.

## 3.2 Resting Test

- 1) Explain test to the patient. They are just to relax while you determine in what catheter position their anal sphincter strength is the greatest.
- 2) Instruct the patient to relax
- 3) Catheters have position (depth) markings. Position the catheter at "0", enter position at bottom of screen, tap enter , and tap "Run/Pause"
  - **NOTE**: The "run" icon will display five seconds after the catheter position is selected.
- 4) Let 20 second counter run to zero
- 5) Insert the catheter further into position "1", enter position, tap enter 4, and tap "Run/Pause"
- 6) Insert the catheter further into position "2", enter position, tap enter 4, and tap "Run/Pause"
- 7) Go to "Review". Look for which ANAL MEAN is highest among the positions.
  - This position is the High Pressure Zone (HPZ).
  - Continue all remaining tests from this HPZ position.
- 8) If the pressure increases through position "2", repeat the test at position "3" (and "4", "5" if necessary). Tap "Back to Tests" to repeat tests.
- 9) Enter any Notes (if appropriate), then tap "Next Test"





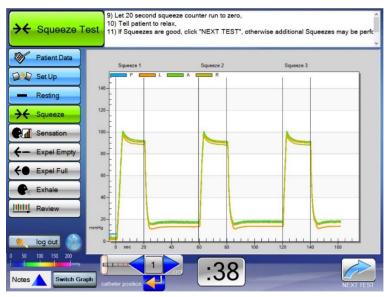
Use **CAUTION** when repositioning catheter depth in patient.

**Note**: Tap on the "Resting" icon at left to repeat the test at any time.

**Note**: At any time during any test notes may be added to the test report by tapping on the Note tab located on the lower left corner of the screen.

## 3.3 Squeeze Test

- 1) Explain the test to the patient. They are to squeeze tight for as long and hard as they can, 3 times, simulating they are holding back a bowel movement.
- 2) Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position on the bottom of the screen, tap enter 4, and tap "Run/Pause"
- 3) Instruct the patient to squeeze
- 4) Let the counter run to zero. Ask the patient to relax; wait at least 30 seconds for patient to recover **Repeat** -
- 5) Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position on screen, tap enter , and tap "Run/Pause"
- 6) Instruct the patient to squeeze
- 7) Let the counter run to zero. Ask the patient to relax; wait at least 30 seconds for patient to recover **Repeat** -
- 8) Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position on screen, tap enter , and tap "Run/Pause"
- 9) Instruct the patient to squeeze
- 10) Let the counter run to zero. Ask the patient to relax; wait at least 30 seconds for patient to recover



11) If more data required, check catheter position and tap "Run/Pause" again to repeat test (counter resets) or if test is good, enter Notes (if appropriate), then tap "Next Test".

Perform 3 squeezes where the patient squeezes as hard as they can for 20 seconds. You will need to keep telling the patient to squeeze throughout the entire 20 seconds. You want them to not only squeeze hard but to hold it as long as possible. Tell the patient to squeeze like they are trying to hold in a bowel movement.

**Note**: Tap the "Squeeze" icon at left to repeat the test at any time.

**Note**: At any time during any test notes may be added to the test report by tapping the Note tab located on the lower left corner of the screen.

#### 3.4 Sensation Test

Note: Closing the Airflow Switch to maintain rectal pressure at each sensation mark is necessary to provide a meaningful Rectal Compliance Curve!

- 1) Explain the test to the patient. You will be performing a series of 3 tests that are a continuation of each other, looking for the patient's 1) first sensation, 2) desire to defecate, and 3) urgency to defecate. You will be adding volume (making it bigger) to simulate a stool.
- 2) Fill the large syringe with air
- 3) Ask the patient to relax for 7 seconds this provides the resting pressure needed for the report
- 4) Tap the Green Arrow (run) button

#### 5) Determine First Sensation Marker:

- Instruct the patient to state when they feel anything different (sensation), than they do with just the catheter in there right now.
- Turn the stopcock to allow air to flow to the rectal balloon.
- Start by pushing in 20ccs (10cc for Petite) of air. If the patient says nothing continue to add 10cc (5cc for Petite) at a time. Once the patient has stated they feel the sensation, close the stopcock and tap the sensation box on the bottom of the screen.
  - Change the volume amount on the right-hand side to match the new current air volume in the rectal balloon.
  - Tap the yellow arrow next to adjusted volume amount to auto-populate the information in the **sensation** box.

#### 6) Determine Desire Marker:

- Instruct the patient to state when they feel like they need to have a bowel movement soon, but there is nothing urgent about it. (For example, you are watching TV, but could easily wait until the next commercial break.)
- Open the stopcock and continue to push air into the rectal balloon again. Slowly increasing the air volume, in the rectal balloon, by increments of 10ccs (5cc for Petite) at a time. Once the patient has stated they feel the desire, close the stopcock and tap the desire box on the bottom of the screen.
  - Change the volume amount on the right-hand side to match the new current air volume in the rectal balloon.
  - Tap the yellow arrow next to adjusted volume amount to auto-populate the information in the **desire** box.

#### 7) Determine Urgency Marker:

- Instruct the patient to state when they feel as if they can no longer hold in their bowel movement. (For example, you have been holding it but just cannot hold it any longer.)
- Open the stopcock and continue to push air into the rectal balloon again. Slowly increasing the air volume, in the rectal balloon, by increments of 10ccs (5cc for Petite) at a time. Once the patient has stated they feel the urgency, tap the urgency box on the bottom of the screen.
  - Change the volume amount on the right-hand side to match the new current air volume in the rectal balloon.
  - Tap the yellow arrow next to adjusted volume amount to auto-populate the information in the **urgency** box.

**Note**: If needed, close the stopcock and refill the syringe with air to continue filling the rectal balloon.



**CAUTION**: Do not over inflate rectal balloon beyond the stated limit in the catheter's IFU. Rupture may occur if over inflated causing potential patient and/or system harm.

- 8) Determine Pain Marker OPTIONAL (Otherwise jump to Step 8)
  - It is NOT necessary to measure the final 'Pain' level of this test. If the physician wants the additional data, this may be explained as testing for 'Total Capacity' rather than pain. For an example, express to the patient: 'Let me know when you have a feeling that you can't hold anymore.'
  - Otherwise, you are done with the test.
- 9) Remove all air from the rectal balloon and add back the baseline of 10ccs (3cc for Petite) of air. Lock stopcock.
- 10) Tap "Test Review" on bottom left-hand side of screen. Let the information load. Once information has loaded, tap Report. On the first page of the report, the bottom left of the page, look for RAIR.

#### RAIR (RectoAnal Inhibitory Reflex)

A critical element of this test is reviewing the data and graphs after this test to determine the presence and amplitude of RAIR.



**Note**: Catheter position icon is located at the bottom center of the display and is fixed during this test. The Balloon Fill icon is on the right side of the display.

**Note**: When complete, return the rectal balloon to the original primed volume of 10cc's (3cc for Petite).

**Note**: Tap on the "Sensation" icon at left to repeat the test at any time.

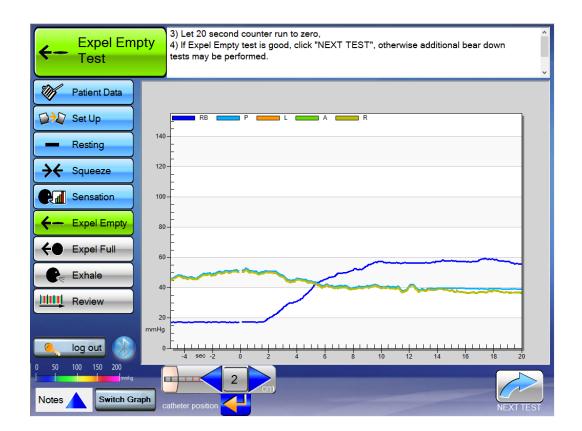


**CAUTION**: Do not over inflate rectal balloon beyond the stated limit in the catheter's IFU. Rupture may occur if over inflated causing potential patient and/or system harm.

**Note**: At any time during any test notes may be added to the test report by tapping the Note tab located on the lower left corner of the screen.

## 3.5 Expel Empty Test

- 1. Explain the test to the patient. They are to "bear down" like they are trying to push out a stool.
- 2. Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position on bottom of the screen, tap enter , and tap "Run/Pause"
- 3. Instruct the patient to bear down / push and keep pushing for 20 seconds.
- 4. Let 20 second counter run to zero. Tell the patient to relax.
- 5. Screen will move on to the "Expel Full Test"
- 6. If more data required, return to the Expel Empty Test Expel Empty and repeat the test.
- 7. Enter Notes (if appropriate.



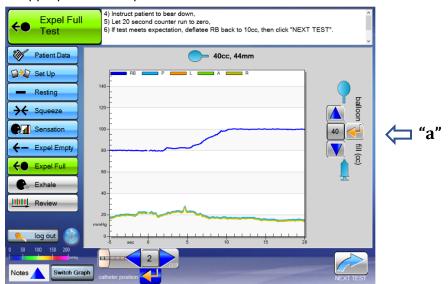
**Note**: Tap the "Expel Empty" icon at left to repeat the test at any time.

**Note**: At any time during any test notes may be added to the test report by tapping the "Note" tab located on the lower left corner of the screen.

#### 3.6 Expel Full Test

- 1) Explain the test to the patient. Same exact test as the expel empty, except this time a small amount of air will be added to simulate stool in the rectum.
- 2) Fill the distal balloon to the volume of air where the patient indicated they felt **Sensation** from the previous test. Add 10cc (5cc for Petite) to this volume for this test.
  - OPTION: Standard Catheter Ages ~ >6: Inflate rectal balloon with 50-60cc. Lock the stopcock.
  - OPTION: Petite Catheter Ages ~<6: Inflate rectal balloon with 10-40cc (infant-child). Lock the stopcock.
- 3) Enter the rectal balloon volume on the right (see "a" in diagram).
- 4) Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position on bottom of the screen, tap enter 4, and tap "Run/Pause"
- 5) Instruct the patient to "bear down" as if defecating

  NOTE: Many patients will be reluctant to actually relax their anal sphincter and push from their rectum as if defecating for fear of an embarrassing passing of gas or stool expulsion. You must encourage an honest effort from your patient to obtain useful results.
- 6) Let counter run to zero
- 7) Screen will move on to the "Sensation Test"
- 8) If more data required, return to the "Expel Full" test and repeat the test.
- Open the stopcock, remove all but 10cc (3cc for Petite) of air, and lock the stopcock.
- 10) Enter notes if appropriate and tap "Next Test".



Before the test will run, you must make sure to enter the Catheter Position and enter the Amount of Air ("a") you injected into the balloon. Then the Run button will appear.

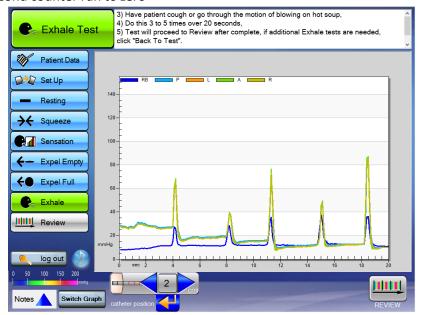
**Note**: When complete, return the rectal balloon to the original primed volume of 10cc's (3cc for Petite). **Note**: Tap on the "Expel Full" icon at left to repeat the test at any time.

**CAUTION**: Do not over inflate rectal balloon beyond the stated limit in the catheter's IFU. Rupture may occur if over inflated causing potential patient and/or system harm.

**Note**: At any time during any test notes may be added to the test report by tapping the Note tab located on the lower left corner of the screen.

#### 3.7 Exhale Test

- 1) Explain the test to the patient. They are to do a series (3 to 5) of good deep coughs or hard concentrated exhales (like blowing up a balloon) over 20 seconds.
- 2) Check catheter position in the patient is in the High Pressure Zone (HPZ), verify position at bottom of screen, tap enter , and tap "Run/Pause"
- 3) Have the patient cough, or exhale hard, or orally inflate a standard balloon
- 4) Let 20 second counter run to zero



To prevent a coughing fit, coach the patient to cough or exhale just once every several seconds.

**Note**: Click on the "Exhale" icon at left to repeat the test at any time.

**Note**: At any time during any test notes may be added to the test report by tapping the Note tab located on the lower left corner of the screen.

## Once you have completed this test, the patient is all done.

#### **Catheter Removal Process**

- 1) Remove all air from the catheter
- 2) Disconnect reusable extension tube from the catheter or Disconnect catheter assembly from Fob
- 3) Remove the catheter from the patient You may place a glove over the top of the contaminated balloon to prevent further contamination
- 4) Safely dispose of the catheter

#### **Clean Up Process**

- 1) Clean all reusable components of the system with alcohol wipes
- 2) Return Fob handle to Position 1
- 3) Replace all three protective caps
- 4) Plug both Fob and Tablet into battery chargers for their next use

#### 3.8 Review Screen



Once all desired tests are completed, select the "Review" icon to advance to the review screen. All completed tests are displayed on the screen.

**Note**: Check boxes are located at the top of the screen by the test description label. Keeping the box checked includes the data in the final report and calculations. Un-checking the box removes that specific test from the report and data calculations.

**Note**: At any time, the user may switch between bar chart format and line chart format by tapping the icon located at the bottom of the screen.

**Note**: You may zoom at any time by tapping on the screen with the pointer pen and dragging a box around the area. To un-zoom tap the button located on the pen shaft and touch the screen. A "Un-Zoom" icon appears, tap and the screen returns to the original format.

Upon reviewing the test data tap on the "Report" icon to generate the test report.

• This will populate a 6-8 page report for interpretation.

## 3.9 Run Report and Save File

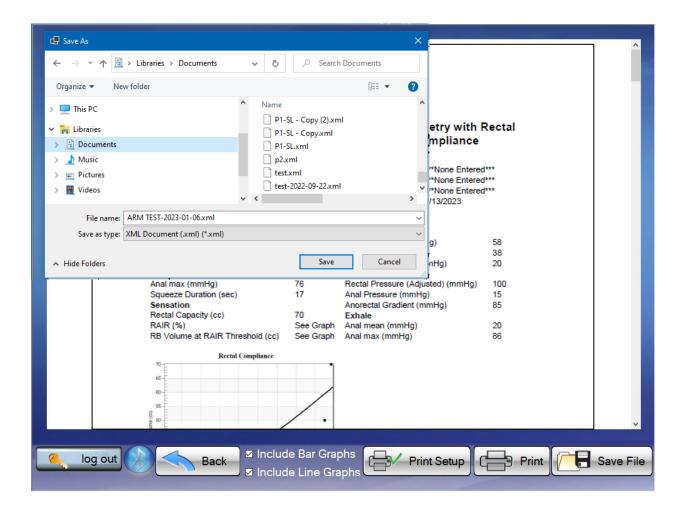
#### Report Screen



Once the report screen icon is pressed a graphic display of the report is available for viewing on the screen.

This screen has five options to select from:

- 1. log out this will return you to the Start Up Screen.
- 2. **Back** this returns the user to the review screen. From the review screen the user may repeat tests or modify the selection of tests to be used in the final report.
- 3. **Print Setup** this allows you to set your print format.
- 4. **Print** this prints the displayed report.
- 5. **Save File** this brings the user to the following screen:



From this screen, the user may name the file and save it for future transmission or review.

Note: All tests are automatically saved on the Tablet PC. These files are only viewable on the Tablet PC.

To email files to other Windows based PCs for viewing, use the "SAVE FILE" function on this screen.

- Select "SAVE FILE" to bring up the Windows Save As Screen as shown above. From here, save the file in any Windows File Folder. Enter the desired file name and select Save.
- The file can be emailed to any Windows based PC loaded with the *mcompass* software.

**Note**: All files are encrypted for patient protection. Files can only be viewed using *mcompass*® software by authorized users.

## Log Out

## 4. Warranty & Repairs

Medspira LLC (Medspira) warrants to the original purchaser that new products will be free of defects in workmanship and material under normal use and service for a period of one (1) year from the date delivered to the end-user. Sale must be from Medspira directly or an authorized dealer. Customers or distributors are required to provide proof of date delivered. If the unit was provided for pre-purchase evaluation purposes, and is thereafter purchased by the end-user, warranty is calculated starting from the original delivery date to the customer. This warranty applies only to the original end-user of the product; warranty is non-transferable. Warranty is subject to change and may vary from product to product at sole discretion of Medspira.

During the warranty period, Medspira will repair a defective product under its Overnight Loaner Program. This Program includes free overnight shipping of loaner product, free repair of defective product, and free return shipping.

At its sole discretion, Medspira may choose to supply new or equivalent replacement product. The defective product must be returned to and received by Medspira within 10 calendar days, or the replacement product will be invoiced to the customer at full price. Overnight replacement requests must be received by Medspira by 1:00pm Central Time on normal business days.

This warranty includes the following items:

- mcompass<sup>®</sup> Anorectal Manometry Fob
- mcompass<sup>®</sup> Anorectal Manometry Diagnostic Software
- mcompass® Biofeedback Software
- mcompass® Tablet PC
- mcompass® Power Adapter

Excluded from this warranty and not warranted by Medspira in any manner, either express or implied, are: a) any product which has been disassembled, repaired, tampered with, altered, changed, or modified by persons other than Medspira's own authorized service personnel unless such repair by others is made with the written consent of Medspira; b) defects or damage to products resulting from wear, tear, misuse, negligence, improper storage, transit, line power fluctuations, any adverse environmental conditions, nonperformance of maintenance and care, consumable battery leakage, or use of non-approved accessories, consumables, or supplies; c) third party software and operating systems; d) any software that is being used on a system that has been corrupted by computer viruses, spy ware, or any third party software or device; e) software that is being used on unsupported operating systems and/or computer hardware; and f) associated consumables, including but not limited to catheters and batteries.

Warranty is subject to change and may vary by product at the sole discretion of Medspira.

This warranty is deemed to be the only warranty honored by Medspira in lieu of any and all warranties expressed or provided by any and all other merchants, distributors, companies or persons. No person or entity has authority to bind Medspira products to any warranty or guarantee except as specifically set forth herein.

The preceding warranty is the exclusive warranty and Medspira LLC makes no other warranty or representation of any kind whatsoever, express or implied, with respect to merchantability, fitness for a

particular purpose, or any other matter. The remedies stated in this warranty will be the exclusive remedies available to the customer for any defects or for damages resulting from any cause whatsoever, and without limitation.

In no event shall Medspira be liable for any consequential or incidental damages of any kind (including, without limitation, lost profits, business interruption, or lost information) arising out of your use of or inability to use the product.

#### **NON-WARRANTY SERVICING**

For non-warranty repairs, the customer is to contact Medspira for a Returned Goods Authorization (RGA) and ship their defective product to Medspira (at customer's expense). Medspira's Support team will assess the unit and advise the customer of the repair and shipping costs, which will be invoiced to the Customer. Upon customer's acceptance and authorization of the repair and shipping costs, the product will be repaired, the customer's invoice will be created, and the repaired product will be shipped back to Customer.

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