POLYAMIX MEMBRANE

Baxter

Gambro polyflux h

DESIGNED FOR EFFECTIVE HIGH FLUX, HEMODIAFILTRATION AND HEMOFILTRATION TREATMENTS (HFHD, HDF, HF)[1,2]

The Gambro POLYFLUX H dialyzer has an established heritage of use in convective treatments, facilitating the achievement of target convective volume and providing effective clearance of middle molecules such as $ß_2$microglobulin ($ß_2$m).[3-6] The exclusive asymmetric three-layer POLYAMIX membrane has been designed to facilitate transport of fluid and solutes across the membrane, help to prevent the loss of essential proteins such as albumin, and promote biocompatibility.[7,8]

CONSISTENT MOLECULAR CLEARANCE AND RETENTION

- Effective removal of middle molecules such as $ß_2$m and minimal loss of essential proteins throughout dialysis[7,9-11]
- POLYAMIX membrane is designed for endotoxin retention[2,12-13]

VERSATILE MEMBRANE DESIGN

- Proprietary membrane approved for use in hemodiafiltration, hemofiltration and high flux hemodialysis therapies[1]
- 3-layer membrane structure designed to provide high transport rates[2]
- Membrane microstructure promotes biocompatibility[2,14]
- Designed to help minimize the risk of clotting[2]

DESIGNED FOR THE PATIENT

- Steam sterilized, which eliminates exposing patients to potential EtO residuals and helps to reduce the risk of possible cytotoxic effects due to gamma irradiation[2,15,16]
- Removable patient label available to streamline documentation and help avoid charting errors

The Polyflux dialyzer is intended for use in hemodialysis, hemodiafiltration and hemofiltration for the treatment of chronic or acute renal failure.

TYPICAL PATIENT PROFILE:
HEMODIAFILTRATION (HDF) PATIENTS

Making possible personal.

Gambro POLYFLUX H Dialyzer

PERFORMANCES IN VITRO

Measured according to ISO 8637

CLEARANCE IN VITRO (ml/min) ± 10%	POLYFLUX 210H			
	200	300	400	500
Hemodialysis UF=0 ml/min, Q_D=500 ml/min, Q_B (ml/min)				
Urea	–	281	339	378
Creatinine	–	259	303	334
Phosphate	–	249	289	317
Vitamin B_{12}	–	183	203	218
Inulin	–	131	143	151
Hemodiafiltration UF=60 ml/min, Q_D=500 ml/min, Q_B (ml/min)				
Urea	–	290	359	406
Creatinine	–	274	327	363
Phosphate	–	266	314	347
Vitamin B_{12}	–	208	232	249
Inulin	–	161	174	183

SPECIFICATIONS

KoA for urea*	**1452**
Ultra filtration** (ml/min) ± 10%, measured at Q_B=300 ml/min and TMP=300 mmHg	144
UF-coefficient** (ml/h·mmHg)	85
Priming volume (ml)	125
Fluid volume for priming (ml)	≥500
Residual blood volume (ml)	~1
Maximum TMP (mmHg)	600
Recommended Q_B (ml/min)	300-500
Sieving coefficient* **	
Vitamin B_{12}	1.0
Inulin	1.0
$ß_2$-microglobulin	0.7
Albumin	<0.01
Membrane	
Surface area (m^2)	2.1
Fiber dimensions	
Wall thickness (µm)	50
Inner diameter (µm)	215

COMPONENTS	MATERIALS	STERILIZATION AGENT	STERILE BARRIER	QUANTITY PER CASE
Membrane	POLYAMIX****	Steam	Medical grade paper	24
Potting material	Polyurethane (PUR)			
Housing, caps	Polycarbonate (PC)			
Protective caps	Polypropylene (PP)			
O-ring	Silicon rubber (SIR)			

* Calculated at QB=300 ml/min, QD=500 ml/min and UF=0.

** Measured with bovine blood, hematocrit of (32 ± 3) %, protein content of (60 ± 5) g/l at 37 °C.

*** Typical values measured with Polyflux 170H dialyzer, with bovine plasma, a protein content of (60 ± 5) g/l at 37 °C. Sieving coefficient determined at a filtration rate of $0.70x10^{-4}$ cm/s and a wall shear rate of 461 s^{-1}.

**** Polyarylethersulfone, Polyvinylpyrrolidone, Polyamide blend.

CE 0086

For the safe and proper use of Polyflux 210H Dialyzer, refer to the contraindications, warnings, precautions and the complete directions for use.

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1. Baxter. POLYFLUX H. Instruction for use. 2013. **2.** Ronco C, *et al. Nephrol Dial Transplant* 2003; 18(Suppl):vii10–20. **3.** Panichi V, *et al. Int J Artif Org* 2013; 35 (6):435-443. **4.** Teatini U, *et al. Blood Purif* 2011; 31:259-267. **5.** Meert N, *et al. Nephrol Dial Transplant* 2009; 24:562-570. **6.** Penne E, *et al. Nephrol Dial Transplant* 2009; 24(12):3579-3581. **7.** Joyeux V, *et al. Int J Artif Organs* 2008; 31(11):928-936. **8.** Girndt M, *et al. Eur J Clin Invest* 2015. [ePub ahead of print]. **9.** Krieter DH, *et al. Artif Organs* 2008; 32:547–554. **10.** Ouseph R, *et al. Nephrol Dial Transplant* 2008;23: 1704–1712. **11.** Lonnemann G, *et al. Clin Nephrol* 2009; 72:170–176. **12.** Hoenich NA, *et al. ASAIO J* 2000; 46:70–75. **13.** Ertl T, *et al. Blood Purif* 2003; 21:358. **14.** Li Z, *et al. Ren Fail* 2015; [Epub ahead of print]:1-5. **15.** Krause B, *et al. Chemie Ingenieur Technik* 2003; 75:1725–1732. **16.** D'Ambrosio FP, *et al. Nephrol Dial* 1997; 12:1461–1463.

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