

Revaclear

DESIGNED FOR:

HFHD (High flux HD)



일반적인 혈액투석(HD) 환자군

MEMBRANE:

PORACTON [PAES/PVP, BPA-free]

고유량(high-flux)에서의 성능 최적화

환자의 안전과 생체적합성을 향상시키는 동시에 더 작은 표면적으로 제거율이 최적화되도록 설계된 다양한 고유량(high-flux) 투석기(dialyzer)입니다.¹

모든 혈액투석 환자를 위한 성능 최적화²

Revaclear 투석기는 고유량 치료의 성능을 최적화하도록 설계되었습니다.

- Poracton 투석막은 확산에 대한 저항을 최소화하면서 효과적인 투과성을 제공합니다.^{3,4,5}
- 환자 개별적 맞춤 투석을 위해 두 가지의 표면적 옵션을 제공합니다.
- 혈액투석(HD) 연구에 따르면, Revaclear 400은 표면적이 22% 더 큰 투석기와 유사한 정도로 작은 용질과 β_2 -microglobulin을 제거하는 것으로 나타났습니다.²

안전성과 생체 적합성 고려

Revaclear 투석기의 상대적으로 작은 표면적은

일부 환자 위험 관리에 유용할 수 있습니다.

- 혈액 노출이 줄어, 응고 및 미세 염증 발생이 잠재적으로 감소될 수 있습니다.⁶
- 성능이 동일한 투석기와 비교했을 때, 생물학적 유해 폐기물이 덜 생기고, 식염수 필요량을 줄여줍니다.^{7,8}



Revaclear Specifications

MATERIALS	REVACLEAR 300	REVACLEAR 400	CLEARANCES IN VITRO (mL/min)*	REVACLEAR 300	REVACLEAR 400
Membrane	Poracton Polyarylethersulfone and Polyvinylpyrrolidone blend BPA-free		Urea (60 Dal [$Q_p \cdot Q_d$, mL/min])		
Potting	Polyurethane (PUR)		200-250**/500	196	198
Housing	Polycarbonate (PC)		300/500	272	281
Gaskets	Silicone rubber (SIR)		400/500	323	338
Protection caps	Polypropylene (PP)		400/800	355	369
Sterilization	Steam (inside-out)		500/800	408	430
Sterile barrier	Tyvek		Creatinine (113 Dal)		
			200-250**/500	191	195
			300/500	256	267
			400/500	298	315
			400/800	330	348
			500/800	373	398
			Phosphates (142 Dal)		
			200-250**/500	185	191
			300/500	242	255
			400/500	278	297
			400/800	309	330
			500/800	345	373
			Vitamin B12 (1.4 kDa)		
			200-250**/500	146	158
			300/500	174	191
			400/500	191	213
			400/800	212	236
			500/800	228	256
			** REVACLEAR 500		
MEMBRANE					
Effective Membrane Area (m ²)	1.4	1.8			
Fiber inner diameter (µm)		190			
Fiber wall thickness (µm)		35			
SIEVING COEFFICIENTS*					
Vitamin B12 (1.4 kDa)		1.0			
Inulin (5.2 kDa)		1.0			
β_2 -microglobulin (11.8 kDa)		0.95			
Myoglobin (17 kDa)		0.68			
Albumin (66.4 kDa)		0.0027			

* According to EN 1283/ISO 8637:
 - UF-Coefficient: measured with bovine blood, Hct 32%, Pct 60g/L, 37°C
 - K₀A urea: calculated at Q_p=300 mL/min, Q_d=500 mL/min, UF=0 mL/min
 - Sieving coefficients: measured with human plasma, Q_p=300 mL/min, UF=60 mL/min
 - Clearances In-Vitro: measured at UF=0 mL/min, ±10%

1. Baxter. REVACLEAR White Paper. USMP/MG3/140052, May 2013.
 2. Mauric A, et al. Poster SP401, presented at 50th ERA-EDTA congress. Istanbul (Turkey), 2013.
 3. Rence C, et al. Evolution of synthetic membranes for blood purification: the case of the Polyflux family. Nephrol Dial Transplant 2003;18(Suppl 7):ii10-20.
 4. Ward R, et al. Abstract SA-POS10, presented at the 40th ASN congress. San Francisco (USA), 2007.
 5. Bhimani JP, et al. Effect of increasing dialysate flow rate on diffusive mass transfer of urea, phosphate and beta2-microglobulin during clinical haemodialysis. Nephrol Dial Transplant 2010; 25:3990-3995.
 6. Yao Q, et al. Inflammation as a cause of malnutrition, atherosclerotic cardiovascular disease, and poor outcome in hemodialysis patients. Hemodial Int 2004; 8:118-129.
 7. Baxter. Data on file. Biohazardous waste cost calculation, 2015.
 8. Baxter. REVACLEAR dialyzer priming guide. 306150152_C, 2009.

The products meet the applicable provisions of Annex I (Essential Requirements) and Annex II (Full quality assurance system of the Council Directive 93/42/EEC of 14 June 1993, amended by Directive 2007/47/EC)

For safe and proper use of the device, please refer to the Instructions for Use

CE 0086