# enephral st

#### SPECIALIZED DIALYZER FOR HIGH BIOCOMPATIBILITY AND ADSORPTION

The Gambro NEPHRAL ST dialyzer features a heparin adsorptive hydrogel membrane for reduced heparin during dialysis. The membrane is designed to provide effective removal of uremic toxins and inflammatory mediators by adsorption.<sup>1</sup>

### **HIGH TOXIN REMOVAL CAPABILITIES**

- AN 69 ST membrane effectively removes toxins such as β<sub>2</sub> microglobulin (β<sub>2</sub>m) and TNF-α, IL-6 and IL-8 cytokines<sup>1,2,3</sup>
- High adsorptive capabilities may improve toxin removal efficiency<sup>1</sup>

#### FOCUSED ON PATIENT BIOCOMPATIBILITY

- Different biocompatibility profile, compared to fully synthetic membranes<sup>1,5</sup>
- May be an alternative for patients who have experienced hypersensitivity reactions to conventional membrane types<sup>4</sup>
- When combined with Acetate Free Biofiltration, carries a lower long-term intradialytic hypotension rate and reduces systolic blood pressure by comparison with bicarbonate dialysis<sup>5,a</sup>

#### SYSTEMIC HEPARIN REDUCTION CAPABILITIES

- Membrane able to bind heparin to the surface during priming, when used with a pre-heparinized saline solution<sup>1,6</sup>
- Designed to minimize the risks associated with systemic heparinization<sup>6,7</sup>

The Nephral ST Dialyzer is intended for use in hemodialysis (HD), hemodiafiltration (HDF), hemofiltration (HF) and associated models for the treatment of chronic renal failure.



TYPICAL PATIENT PROFILE: PATIENTS WHO BENEFIT FROM MEMBRANE ADSORPTION CAPABILITIES

<sup>a</sup> In acetate-free biofiltration modality vs. bicarbonate dialysis modality



## Gambro NEPHRAL ST Dialyzer

CLEARANCE IN VITRO (ml/min) ± 10%	NEPHRAL ST 200	NEPHRAL ST 300	NEPHRAL ST 400	NEPHRAL ST 500
QB/QS (ml/min)	150 200 300 400	200 300 400	200 300 400 500	200 300 400 500
$\rm Q_D{=}500$ ml/min, $\rm Q_{UF}{=}0$ ml/min, $\rm 37^{\circ}C$				
Urea	141 173 216 241	181 231 261	189 250 287 311	195 265 310 338
Creatinine	131 156 187 205	166 204 226	176 220 246 263	184 237 269 290
Phosphate	118 135 156 168	146 172 187	156 187 205 216	168 207 230 244
Vitamin $B_{12} (\pm 20\%)$	79 85 92 96	96 106 111	111 124 131 136	126 143 153 159
Surface area (m <sup>2</sup> )*	1.05	1.30	1.65	2.15
Blood pressure drop (mmHg) TMP $< 50$ mmHg $Q_B = 300$ ml/min; $Q_D = 500$ ml/min	87	76	84	67
Priming volume (ml) ± 10 %; TMP = 100 mmHg	64	81	98	126
UF-coefficient (ml/h x mmHg)*	33	40	50**	65**
Sieving coefficient***				
Creatinine	1.00			
Vitamin B <sub>12</sub>	1.00			
Inulin	0.96			
Myoglobin	0.55			
Albumin	< 0.01			
Weight (g)	160	200	240	255
Recommendations				
Maximum TMP (mmHg)	450	450	450	450
Minimum blood flow rate (ml/min)	150	200	200	200
Recommended ultrafiltration flow rate during priming (I/h)	2	2	2	2
Rinseback (volume of saline solution) (ml)	300	300	400	500
Materials				
AN 69 ST membrane	Acrylonitrile and sodium methallyl sulfonate copolymer			
Surface treatment agent	Polyethyleneimine			
Housing	Polycarbonate			
Potting	Polyurethane			
Sterilization agent	Gamma ray sterilization (wet)			

<sup>\*</sup> typical in vitro data : Bovine blood, Hct = 32 %, Pt = 60 g/l, at 37°C,  $\pm$  20 %

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Nephral ST is contraindicated in patients presenting with a known allergy to heparin or who have type II thrombocytopenia caused by heparin (HIT Syndrome type II).

For the safe and proper use of the Nephral ST Dialyzers refer to contraindications, warnings and precautions and the complete directions for use.

<sup>\*\*</sup> QB/QS = 300 ml/min

<sup>\*\*\*</sup> with plasma (Pt = 60 g/I, QB = 300 ml/min, QUF = 60 ml/min, at  $37^{\circ}\text{C}$ )

Thomas M, et al. Contrib Nephrol 2011; 173:119–129.
Randoux C, et al. Kidney Int 2001; 60:1571–1577.
Bouman CS, et al. Blood Purif 1998; 16:261–268.
Coentrão L, et al. Nephrol Dial Transplant 2010; 10:1093.
Tessistore, et al. Blood Purif 2012; 34:354–363.
Chanard J, et al. Nephrol Dial Transplant 2008; 23:2003–2009.
Kessler M, et al. Semin Dial Transplant 2008; 23:2003–2009.