

Polyflux 210H

DESIGNED FOR:
CONVECTIVE (HDF-HF)

OTHER APPLICABLE THERAPIES:
HFHD (High flux)

MEMBRANE:
POLYAMIX (PAES/PVP/PA, BPA-free)

FOR EFFECTIVE CONVECTIVE THERAPIES

The **Polyflux** H dialyzer series deliver proven biocompatibility¹ with consistent performance. The **Polyflux** H dialyzers effectively support the delivery of high-volume convective therapies² while helping control the loss of essential proteins such as albumin³, particularly challenging at high flows and TMPs.

DESIGNED TO PROMOTE BIOCOMPATIBILITY¹

The **Polyflux** H dialyzers deliver convective treatments (HDF or HF mode), as well regular high-flux hemodialysis.

- > Since 1988, over 300 million **Polyflux** dialyzers have been used globally⁴
- > Composed of the **Polyamix** membrane, which is BPA-free, the **Polyflux** H dialyzers may limit the risk of clotting events¹
- > The **Polyflux** H dialyzers are steam sterilized inside-out, designed to promote biocompatibility, avoiding the risks associated with the exposure to chemicals such as ethylene oxide and manufacturing residues^{5,6}

WITH HIGH CONVECTIVE VOLUMES IN MIND

The **Polyflux** H dialyzers are aimed at delivering stable and high performing convective treatments, supporting a consistent reach of high volumes of substitution fluid.

- > Narrow pore size distribution is responsible for a carefully controlled albumin selectivity, combined with an effective permeability to small and conventional middle molecules¹
- > The 3-layer-membrane structure has been designed to optimize the combination of high diffusive and convective transport rates, while acting as a barrier to endotoxins⁷
- > Facilitates obtention of high convective flow rate, and provides effective clearance of conventional middle molecules such as β_2 -microglobulin (β_2m)^{8,9}



Polyflux 210H Specifications

MATERIALS

POLYFLUX 210H	
Membrane	Polyamix Polyarylethersulfone, Polyvinylpyrrolidone and Polyamide blend BPA-free
Potting	Polyurethane (PUR)
Housing	Polycarbonate (PC)
Gaskets	Silicone rubber (SIR)
Protection caps	Polypropylene (PP)
Sterilization	Steam (inside-out)
Sterile barrier	Medical Grade Paper

SPECIFICATIONS

UF-Coefficient (mL/(h*mmHg))*	85
KoA urea*	1452
Blood Compartment volume (mL)	125
Minimum recommended priming volume (mL)	500
Maximum TMP (mmHg)	600
Recommended Q _B (mL/min)	300–500
Storage conditions	< 30°C (or < 86°F)
Units per box	24
Gross/net weight (g)	317/300

MEMBRANE

Effective Membrane Area (m ²)	2.1
Fiber inner diameter (µm)	215
Fiber wall thickness (µm)	50

SIEVING COEFFICIENTS*

Vitamin B12 (1.4 kDa)	1.0
Inulin (5.2 kDa)	1.0
β ₂ -microglobulin (11.8 kDa)	0.82
Myoglobin (17 kDa)	0.37
Albumin (66.4 kDa)	0.0022

*According to EN 1283/ISO 8637:

- > UF-Coefficient: measured with bovine blood, Hct 32%, Pct 60 g/L, 37°C
- > KoA urea: calculated at Q_B = 300 mL/min, Q_D = 500mL/min, UF = 0 mL/min
- > Sieving coefficients: measured with bovine plasma, Q_B = 300 mL/min, UF = 60 mL/min
- > Clearances In-Vitro: measured at UF = 0 mL/min, ± 10%
- HDF/HF mode: measured at UF = 60 mL/min, ± 10%

CLEARANCES IN VITRO (mL/min)*

POLYFLUX 210H	
HEMODIALYSIS MODE (HD)	
Urea (60 Da) (Q _B -Q _D , mL/min)	
300/500	281
400/500	339
500/500	378
Phosphate (95 Da)	
300/500	249
400/500	289
500/500	317
Creatinine (113 Da)	
300/500	259
400/500	303
500/500	334
Vitamin B12 (1.4 kDa)	
300/500	183
400/500	203
500/500	218
Inulin (5.2 kDa)	
300/500	131
400/500	143
500/500	151
HEMODIAFILTRATION MODE (HDF/HF)	
Urea (60 Da) (Q _B -Q _D , mL/min)	
300/500	290
400/500	359
500/500	406
Phosphate (95 Da)	
300/500	266
400/500	314
500/500	347
Creatinine (113 Da)	
300/500	274
400/500	327
500/500	363
Vitamin B12 (1.4 kDa)	
300/500	208
400/500	232
500/500	249
Inulin (5.2 kDa)	
300/500	161
400/500	174
500/500	183

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3. Potier J et al. Are all dialyzers compatible with the convective volumes suggested for postdilution online hemodiafiltration? *Int J Artif Org*. 2016;39:460–70.
4. Vantive. Data on file. Dialyzers Sales Report. 2018.
5. Golli-Bennour EE, et al. Cytotoxic effects exerted by polyarylsulfone dialyser membranes depend on different sterilization processes. *Int Urol Nephrol*. 2011;43:483–490.
6. D'Ambrosio FP, et al. Ethylene oxide allergy in dialysis patients. *Nephrol Dial*. 1997;12:1461–1463.
7. Schepers E, Glorieux G, Elout S, et al. Assessment of the association between increasing membrane pore size and endotoxin permeability using a novel experimental dialysis simulation set-up. *BMC Nephrology*. 2018;19:1.
8. Panichi V, et al. Divert to ULTRA: differences in infused volumes and clearance in two on-line hemodiafiltration treatments. *Int J Artif Org*. 2012;35 (6):435–443.
9. Meert N, et al. Effective removal of protein-bound uraemic solutes by different convective strategies: a prospective trial. *Nephrol Dial Transplant*. 2009;24:562–570.

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