

Revaclear

DESIGNED FOR:
HFHD (High flux)

OTHER APPLICABLE THERAPIES:
CONVECTIVE (HDF)

MEMBRANE:
PORACTON (PAES/PVP, BPA-free)

OPTIMIZING HIGH FLUX PERFORMANCE

The **Revaclear** dialyzer series is a range of high efficiency high-flux dialyzers designed to enhance safety and biocompatibility for your patients, while optimizing clearance with a smaller surface area.¹

OPTIMIZING PERFORMANCE FOR ALL YOUR PATIENTS²

The **Revaclear** dialyzers are designed to optimize the performance of high-flux treatments

- > The **Poracton** membrane provides effective permeability with minimal resistance to diffusion^{3,4,5}
- > Two surface area options are available to meet individual patient needs
- > Study in HD showed **Revaclear** 400 to remove small solutes and β_2 -microglobulin to a similar extent as a 22% larger surface area dialyzer²

WITH SAFETY AND BIOCOMPATIBILITY IN MIND

The relative compact surface area of the **Revaclear** dialyzers may help manage some patient risks

- > Reduces exposure of blood, potentially reducing clotting and micro inflammation⁶
- > Produces less biohazardous waste and reduces saline need, compared to dialyzers of the same performance^{7,8}



Revaclear Specifications

MATERIALS	Revaclear 300	Revaclear 400
Membrane	Poracton Polyarylethersulfone and Polyvinylpyrrolidone blend BPA-free	
Potting	Polyurethane (PUR)	
Housing	Polycarbonate (PC)	
Gaskets	Silicone rubber (SIR)	
Protection caps	Polypropylene (PP)	
Sterilization	Steam (inside-out)	
Sterile barrier	Tyvek	

SPECIFICATIONS

UF-Coefficient (mL/(h*mmHg))*	48	54
KoA urea*	1186	1439
Blood Compartment volume (mL)	74	93
Minimum recommended priming volume (mL)	300	
Maximum TMP (mmHg)	600	
Recommended Q _B (mL/min)	200–500	100–600
Storage conditions	< 30°C (or < 86°F)	
Units per box	24	
Gross/net weight (g)	215/160	225/170

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
> KoA urea: calculated at Q_B = 300 mL/min, Q_D = 500 mL/min, UF = 0 mL/min
> Sieving coefficients: measured with human plasma, Q_B = 300 mL/min, UF = 60 mL/min
> Clearances In-Vitro: measured at UF = 0 mL/min, ± 10%

CLEARANCES IN VITRO (mL/min)*	Revaclear 300	Revaclear 400
Urea (60 Da) (Q_B-Q_D, mL/min)		
200–500**	196	198
300	272	281
400	323	338
400/800	355	369
800	408	430
Phosphate (95 Da)		
200–500**	191	195
300	256	267
400	298	315
400/800	330	348
800	373	398
Creatinine (113 Da)		
200–500**	185	191
300	242	255
400	278	297
400/800	309	330
800	345	373
Vitamin B12 (1.4 kDa)		
200–500**	146	158
300	174	191
400	191	213
400/800	212	236
800	228	256

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. Ronco C, et al. Evolution of synthetic membranes for blood purification: the case of the Polyflux family. *Nephrol Dial Transplant*. 2003;18(Suppl 7):vi10–20.
4. Ward R, et al. Abstract SA-PO510, 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. Vantive. Data on file. Biohazardous waste cost calculation, 2015.
8. Baxter. Revaclear dialyzer priming guide. 306150152_C, 2009.

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