



# INSPIRED BY LIFE

B. BRAUN DIALYZERS

# OUR COMMITMENT. FOR LIFE.

It began in 1839, inspired by the drive to improve lives of patients. Through our innovative solutions, B. Braun is now one of the leading international health-care providers, while still retaining the core family values that are the foundation of this company.

Since 1991, we have been taking care of renal patients in our global network of renal care centers in Europe, Latin America, Asia and Africa. We provide care to more than 30,000 patients in our centers, understanding their needs and improving their quality of life.



Inspired by this experience and the knowledge we have gained – combined with the constant sharing of expertise we have with our caregivers and patients – is how we continuously develop and improve on the blood purification solutions we provide.

#### INSPIRED BY PATIENTS

By learning from patients and understanding the functionality of the kidney, B. Braun creates dialyzers to improve patient wellbeing.

#### INSPIRED BY CAREGIVERS

By supporting caregivers to improve on handling and ease-of-use of dialyzers, B. Braun enables time for patient care.



The Diacap Pro and xevonta dialyzers offer a broad range of high-quality dialyzers for individual treatment needs.

#### INSPIRED BY SCIENCE

By developing membranes in the dialyzers which fulfill the outcomes required during treatment, namely small- and middle-molecule clearance and albumin retention.

#### INSPIRED BY TECHNOLOGY

By implementing state-of-the-art research facilities and installing advanced production facilities, B. Braun creates high-performance dialyzers.

At B. Braun, we don't just develop products. With our dialyzers, we provide solutions. For life.

# xevonta

## THE SCIENCE-BASED EXPERT

By achieving the right balance between elimination and retention, xevonta brings you and your patients the advantages of high flux and hemodiafiltration with high convective volumes.

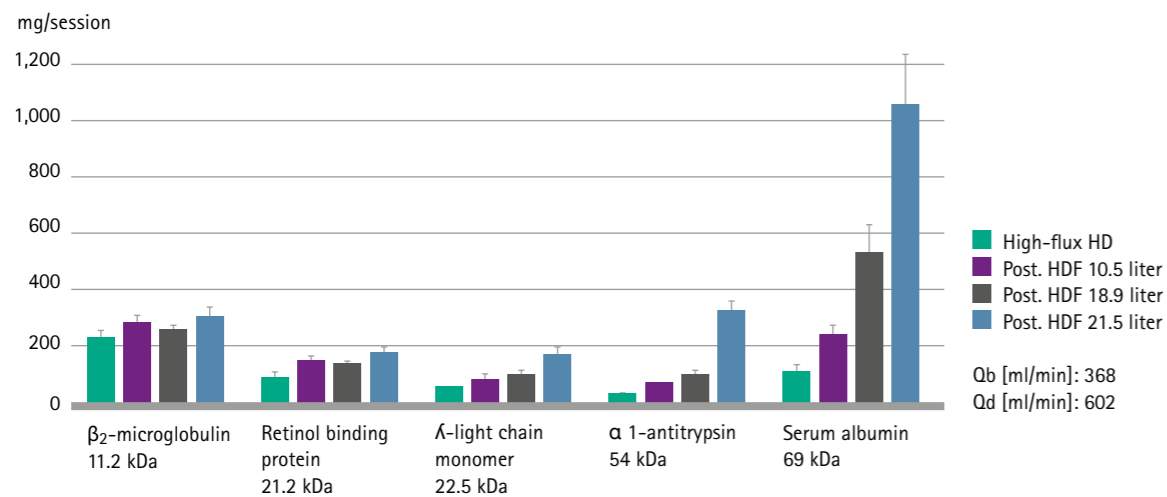
The focus to date in convective therapy has been on the efficient elimination of uremic toxins. In particular, the subgroup of middle molecules is the subject of considerable medical and scientific discussion. However, attention must also be drawn to substances that should be retained, e.g., proteins such as serum albumin.

### IMPORTANCE OF SERUM ALBUMIN

- Marker for nutritional and inflammatory status of maintenance for dialysis patients<sup>1</sup>
- Strong predictor for mortality<sup>2</sup>

In HDF, xevonta allows for efficient elimination of middle molecules and other uremic toxins while limiting the loss of serum albumin to  $1.1 \pm 0.2$  g/session. This is even the case with our largest 2.3 m<sup>2</sup> surface-area dialyzer, when used under post-dilution HDF conditions using high convective volumes.<sup>3</sup>

### ALBUMIN REMOVAL DURING HDF WITH XEVONTA HI 23<sup>3</sup>



Mode	Substitution volume [l]	Ultrafiltration volume [l]	Total convective volume [l]
High-flux HD	$0.8 \pm 0.2$	$2.8 \pm 0.2$	$3.6 \pm 0.2$
HDF post dilution [10.5 l sub-vol]	$10.5 \pm 0.2$	$3.0 \pm 0.1$	$13.5 \pm 0.3$
HDF post dilution [18.9 l sub-vol]	$18.9 \pm 0.4$	$2.8 \pm 0.2$	$21.7 \pm 0.4$
HDF post dilution [21.5 l sub-vol]	$21.5 \pm 0.5$	$2.8 \pm 0.1$	$24.3 \pm 0.6$

Increased convective volumes.  
High middle-molecule elimination.  
High permeability.  
Low albumin loss.

**0.8 ± 0.2** g/session albumin loss<sup>4</sup> for xevonta Hi 18

**24.5 ± 0.6** l convective volume<sup>4</sup> for xevonta Hi 18

**84%**  $\beta_2$ m reduction rate<sup>5</sup> for xevonta Hi 23

**124** ml/h/mmHg ultrafiltration coefficient<sup>6</sup> for xevonta Hi 23

**<0.0001** albumin sieving coefficient<sup>5</sup> for xevonta Hi

**66%** myoglobin reduction rate<sup>6</sup> for xevonta Hi 23

**99** ultrafiltration coefficient<sup>6</sup> for xevonta Hi 18

**>0.8**  $\beta_2$ m sieving coefficient<sup>6</sup> for xevonta Hi

#### SOURCES

<sup>1</sup> Clinical practice guidelines for nutrition in chronic renal failure. K/DOQI, National Kidney Foundation. Am J Kidney Dis. 2000 Jun; 35(6 suppl. 2): S1-140.  
<sup>2</sup> Kalantar-Zadeh K et al.: Revisiting mortality predictability of serum albumin in the dialysis population: Time dependency, longitudinal changes and population-attributable fraction. Nephrol. Dial. Transplant. 2005 Sep; 20(9): 1880-8.  
<sup>3</sup> Gayrard N et al.: Influence of high convection volumes in removal performances of on-line hemodiafiltration (HDF). Nephrol. Dial. Transplant. 2013; 28 (suppl. 1): i30-i32.

<sup>4</sup> Gayrard N et al.: Consequences of increasing convection onto patient care and protein removal in hemodialysis. PLoS ONE 2017; 12(2): e0171179.  
<sup>5</sup> Pedrini L et al.: Patterns of proteins removed with high-flux membranes on high-volume hemodiafiltration detected with a multidimensional LC-MS/MS strategy. Blood Purif. 2014; 38: 115-126.  
<sup>6</sup> In-vitro performance and physical data according to ISO 8637.

# Diacap Pro

## THE TRUSTED PERFORMER

Increasing time for patient care is what the Diacap Pro is inspired to achieve. Combining efficient performance and user-friendly handling, it is the reliable partner in managing your day-to-day needs.

### EFFICIENT PERFORMANCE

Improved polysulfone membrane provides high uremic-toxin elimination, which enables patients to efficiently achieve their HD targets.

### EASIER HANDLING

Efficient air removal with only 300 ml priming volume. Easy-to-open packaging and improved plugs help nurses to easily and efficiently prepare and perform the treatment.



EFFICIENCY  
High in-vitro urea  
clearance

HANDLING  
Only 300 ml  
priming volume

INNOVATION  
Improved  $\alpha$ -Polysulfone  
Pro membrane

PERFORMANCE  
High small- and middle-  
molecule clearance

QUALITY  
Designed and manufactured by  
B. Braun in Germany

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