## **Le**chnical Data; B3 Series Filtryzer

Туре			B3-1.0A	B3-1.3A	B3-1.6A	B3-1.8A	B3-2.0A	
Housing	Material				Polystyrene			
	Length (mm)				283			
	Diameter (mm)		36	41	45	45	53	
	Weight (filled) (	g)	350	420	520	520	660	
	Blood volume	(mL)	61	76	95	105	118	
	Filled fluid		Sterile water					
Fibers	Material		Polymethylmethacrylate (PMMA)					
	Quantity		8,400	10,900	13,300	14,700	16,500	
	Inside diameter (µm)				200			
	Membrane thickness ( $\mu$ m)				20			
	Effective surface area (m <sup>2</sup> )		1.0	1.3	1.6	1.8	2.0	
	Effective length (mm)				195			
Potting	Material		Polyurethane					
Sterilization			Gamma-ray irradiation					
Clearance in v	vitro (mL/min)*							
	Urea c	designed	175	184	188	192	193	
	r	not less than	157	168	173	176	177	
	Creatinine c	designed	146	160	167	173	177	
	Uric acid o	designed	116	130	136	144	149	
	Phosphate c	designed	105	121	128	135	142	
	Vitamin B <sub>12</sub>	designed	70	81	88	95	101	
UFR in vitro {mL/hr, at 13.3kPa (100mmHg)}**		0mmHg)}**	700	880	870	990	1,100	

 $^{*}$  Clearance are data with aqueous solution.  $Q_{\rm B}$  200 ±4mL/min,  $Q_{\rm D}$  500 ±10mL/min., TMP: 13.3k ±1.3Pa (100 ±10mmHg)

Allowable ranges: Blood volume: ±13% Designed clearance: Urea upper limit: +6%, Urea lower limit: see above, Creat: ±6%, Others: ±13% UFR in vitro: ±15%





EC REP

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PMMA for better quality of life



## **Filtryzer B3 Series for Higher Clearance in Small and** Middle Molecular Weight Substances and Phosphate

The Filtryzer B3 series gives improved performance for the removal of small and middle molecular weight substances, and efficiently removes a wide variety of uremic toxins from such small molecular weight substances as BUN and creatinine to middle molecular weight substances. In particular, it more efficiently removes phosphate than our conventional low-flux dialyzers.

# **B**<sub>3</sub> Series for **Moderate Dialysis**

For Pediatric Dialysis B3-0.8A

he PMMA

membrane offers

excellent clinical

benefits to renal

failure patients.

Million Contraction of the second sec

For High Efficiency Dialysis B3-2.0A

For Conventional Dialysis B3-1.0A, B3-1.3A B3-1.6A

It allows for gentler dialysis treatment, especially for pediatric, elderly patients or those at an earlier stage of hemodialysis, with its moderate ultrafiltration rates. B3-0.8A is recommended for pediatric dialysis.



# **D**iocompatibility

Polymethylmethacrylate (PMMA) membrane does not promote generation of the complement fractions which results in less reduction in the neutrophil counts, and does little damage to platelets<sup>2)</sup> during dialysis, due to its superior biocompatibility.



## Comparison of BUN Clearance between B2-1.0 and B3-1.0A

Pre- and Post-dialytic Levels of IL-1eta in Patients Undergoing Hemodialysis with Cuprophane (a), and Hemodiafiltration with Polymethyl-methacry ate (PMMÅ) (b), AN-69 (PAN) (c) and Polysulfone (d)



According to the interleukin hypothesis, hypotension and fever are caused mainly by IL-1, during hemodialysis.<sup>3)</sup>

Increasing IL-1 produces  $\beta_2$ -MG, which may lead to dialysisrelated amyloidosis.4)

PMMA membrane decreases production of IL-1β and tumor necrosis factor (TNF- $\alpha$ ).<sup>5)</sup>

## **U**se of PMMA Membranes Improves Outcome and Recovery from Acute Renal Failure (ARF)

Patients with ARF dialyzed with PMMA membrane have a lower mortality rate and a higher recovery rate compared to patients with similar degree of illness dialyzed with cellulosic membrane<sup>6)</sup>.

	CUPROPHANE	PMMA	TOTAL
Number of Patients	22	18	40
Number of Deaths	16	7	23
Mortality Rate	73%	39%	58%
Mean Number of HD Treatments	11	11	11
Mean Number of Hospital Days	42	45	43
ARF Recovery Rate	27%	67%	45%
Mean Number of HD Days to Recovery	27	15	19

1) From Hakim RM, et al. Biocompatibility of dialysis membranes: Effects of chronic complement activation. Kidney International 1984; 26: 194-200. 2) Akizawa T, Nishizawa H, Koshikawa S. Plasma β-thromboglobulin levels in chronic renal failure patients. Int. Soc. Art Organs 1981; 5: 54-58.

3) Henderson LW. Koch KM. Dinarello CA. et al. Hemodialvsis hypotension

The Interleukin hypothesis. Blood Purif. 1983; 1: 3-8.

4) Kitaoka T, Akizawa T. Kidney and Dialysis 1986; 21: 495-499. 5)Tetta C, Camussi G, Turello E, et al. Production of Cytokines in Hemodialvsis, Blood Purif, 1990; 8: 337-346

6) From Hakim RM, Wingard RL, Lawrence P, et al. Use of biocompatibility membranes (BCM) improves outcome and recovery from acute renal failure (ARF). JASN 1992; 3: 367 (Abstract).

not designed for hemodiafiltration (HDF) and hemofiltration (HF). This device must be used by or at the direction of a physician.

Patients with bleeding tendencies or coagulation disorders must be care fully evaluated by the physician.

When adverse reaction are observed, the patients must be promptly treated under the direction of the physician. For some reactions, manipulation of blood flow rate, ultrafiltration rate, and electrolytic balance can be applied. Filtryzer is designed for single use only.

The "Instructions for Use" should be read thoroughly prior to the use of this medical device.

Filtryzer is manufactured in accordance with "Approval Standard of Artificial

Filtryzer B3 series is a medical device intended for hemodialysis (HD), but Kidney" by the Ministry of Health, Labour and Welfare of Japanese Gover

Each unit is carefully tested, sterilized and packaged prior to shipment. Toray cannot assume any responsibility for damage that may occur during transport or due to mishandling.

Filtryzer is filled with sterile water. Before starting dialysis, rinse it out with

Since Filtryzer B3 series has high ultrafiltration rates, it is necessary to use

a dialysis machine equipped with a volumetric ultrafiltration rate controller.

