Dialysate Generator type 702 000

Electromyograph type NEURODIAL VCN 760

Enables measuring speeds of nervous or motive conduction.

Automatic multiple dialyser re-use machine type 703 C (Four posts)
HYCAL HELPS WITH THE DIETARY MANAGEMENT OF CIRRHOSIS OF THE LIVER.

It's not just a highly concentrated carbohydrate, it's also demineralised and therefore particularly suitable as a diet aid in cirrhosis of the liver.

HYCAL has been recognised as the most highly concentrated, readily assimilable fluid source of carbohydrate.

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This makes HYCAL ideal for patients with cirrhosis of the liver for whom a low sodium diet is essential.

The Borderline Substances Committee accepts that HYCAL can be regarded as a drug* for just such cases.

HYCAL has won the approval of the medical profession on its merit as a valuable aid in the sustenance of patients during the treatment not only of renal failure, but also cirrhosis of the liver.

*For prescription purposes only.

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The Cobe Centri*2 System is the most advanced hemodialysis system on the market today. Improvements in patient therapy, reliability, and ease of use are some of the benefits of this completely integrated dialysis system.

There are Cobe specialists throughout the world who can provide detailed information about the Centri*2 System which includes:

The Centri*2 Dialysis Control Unit—
- incorporating the blood pump, the heparin pump, the bubble detector, and the ultrafiltration rate meter into one single component unit.

The Cobe HF™ 130 Dialyzer—
- with a new Cuprohan hollow fiber membrane.
- Dry sterilized for rapid set up.

The Cobe Centri*2 Dialysis Tubing Sets and Supplies—
- perfectly matched to improve therapy and reduce overall dialysis costs.

The best product available with service and distribution world-wide—it can make a difference.
The Lucas MKIIA haemodialysis machine now combines a variable dialysate proportionating system with the following well proven features for home and hospital dialysis:

(1) Compact enclosed de-aeration system employing no moving parts, with a controlled efficiency of at least double that of previously available systems.

(2) Improved monitoring safety by use of electrical meter read-out on all important parameters combined with photoelectric hi-lo alarm limit contact which can only be adjusted within the safe working ranges.

(3) Extensive use of non-toxic plastic materials in fabricated and moulded form reduces replacement cost, and facilitates assembly and removal of major hydraulic components.

(4) The use of aircraft quality pressure transducers for measurement of fluid pressure and blood pressure.

(5) Automatically controlled pasteurization with hot water reduces preparation time, or chemical sterilization may be used if required.

The machine is designed for flexibility in dialysis selection. It can be used with Kiil or disposable dialysers and, when combined with the Lucas Recirculating Mingle Pass Unit, coils requiring a recirculating technique may be used.

Safety combined with simplicity of operation for medical staff and patients together with unobstructed accessibility, have been the criteria in the design of the Lucas MKIIA machine.

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Its steroid-sparing effect has allowed modification of discomforting steroid regimes.\textsuperscript{11}

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a product of Wellcome Research
...and worldwide experience

Use of Imuran
should always be assessed against the severity
of the patient’s condition and the desired clinical response. It
should not be prescribed unless the patient can be monitored
for toxic effects. Special literature giving full information on the
use and monitoring of IMURAN (azathioprine) Tablets and injection is available on request.

References
7. Lancer (1975), 1, 735.

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RENALYTE

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Three operating modes: Hot water (or cold-chemical) Sterilisation, Rinsing, Dialysing. Staff and patients will manage how to handle the machine with confidence after a very short training.

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After 6 minutes from receiving power all dialysate parameters are within prescribed limits. After dialysis, the machine is recycled for the next run in 45 minutes (average time). 30 minutes sterilisation by hot water at over 90°C + 15 minutes rinsing.

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IN-VIVO CLEARANCES
Blood Flow 200 mls/min.

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Blood Flow 250 mls/min.

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Perform Reliably in Acute and Chronic Hemodialysis.

Extracorporeal's products are designed specifically to help ease your vascular access problems. We include special features to enhance these essential life lines like chemical etching or joints for added security. These vascular access products are designed solely to help you provide the finest care possible for your dialysis patients:

1. Saf-T-Shunt® S Series.
Extracorporeal offers 21 different shunt configurations and 17 vessel tip sizes for chronic and acute vascular access. All shunts are molded from high quality, tissue-compatible silicone rubber, and have a smooth inner surface to reduce the possibility of fibrin adherence and clot formation. Wall thickness and durometer are balanced for pliability and resistance to kinking.

2. Teflon® Vessel Tips and Connectors.
Extracorporeal Teflon vessel tips and connectors are beveled at both ends to help reduce the risk of intimal damage. Both tips and connectors are chemically etched for joint security, eliminating the need for crimp rings. They will not lose shape or curl even when autoclaved. * (except C-501)

The 33 different ST series shunts include all design features of the S series, plus integral silicone rubber tips. These tips are designed to avoid turbulence and reduce the risk of clotting by eliminating the step where vessel tip and cannula normally join. Integration of the tip with the cannula also eliminates assembly time. And the tip is flexible to help reduce trauma to the vessel intima.
Each ST series shunt has a grooved hub for simple, secure ligation.

The Allen-Brown Shunt provides a new dimension in vascular access. It consists of a short section of 4mm knitted Dacron® graft material connected to a straight length of silicone rubber tubing. A section of Dacron velour sleeve provides a bacterial barrier to reduce the incidence of infection and stabilize the prosthesis.
By replacing the standard Teflon® or silicone vessel tip with a vascular prosthesis, the traditional problems of lumbar reduction and blood turbulence are reduced. If clotting occurs, the straight-line design facilitates removal of the clot. Moreover, skin necrosis associated with a subcutaneous loop is minimized.

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The Extracorporeal AVN Fistula Needle Set is designed to provide improved control during insertion and improved blood flow during hemodialysis. Its stabilizer wing permits a more sensitive grip during insertion, ease of manipulation if necessary, and greater patient comfort during hemodialysis.
The needle assembly is designed to provide smooth transitions in blood flow by eliminating steps at the various connection points. Thin-wall stainless steel needles are siliconized for ease of insertion. They are available in 1", 1 1/8", 1 3/4", and 2" lengths in single or twin packs.

Extracorporeal offers a complete system for femoral vein catheterization using the Seldinger Percutaneous Technique.
A. The FC-100 Femoral Catheter is a 13" Teflon® catheter with a tapered tip designed for ease of insertion and reduced trauma to the vessel intima while the catheter is in place. A short piece of flexible silicone tubing attaches the catheter to a female Luer fitting for connection to any Luer-end blood tubing set. It is packaged in a protective sheath.
B. The FC-101 Guide Wire is a stainless steel, spring-wound guide wire with an O.D. of 0.035" (0.8mm) and an overall length of 75cm. It is used in inserting the FC-100 femoral catheter. Its flexible tip and smooth-welded ends help lessen the chance of vessel trauma during insertion. It is packaged in a coiled, protective sheath for ease of preparation and use.
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Extracorporeal vascular access products* are packaged sterile and non-pyrogenic. They are available now to help you provide the finest care possible for your dialysis patients.
*except FC-102 Femoral Catheterization Needle.
For more information on Extracorporeal vascular access products, contact your Extracorporeal Representative. Or write:

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There are five types of Gambro dialysers, all different in regard to membrane surface and thickness:

GAMBRO MAJOR: 1.5 m² 13.5 μ
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GAMBRO OPTIMA: 1.02 m² 17 μ
GAMBRO MINOR: 0.54 m² 17 μ
GAMBRO MINI-MINOR: 0.24 m² 17 μ

All these dialysers are characterized by low priming volume, high efficiency and flexibility and lowest residual blood volume. These characteristics make the Gambro dialyser one of the most accepted dialysers giving total satisfaction to both the doctor and patient demands.

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The Gambro AK-5 dialysis system incorporates all necessary monitoring equipment for home or center hemodialysis treatment.

The most important product features of the Gambro AK-5 are safety and perfect adaptability to the individual treatment situation.

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The outstanding adaptability of the AK-5 is due to its modular construction. You decide what elements you will have on it: blood pump, single needle monitor, air detector, double pressure module, magnetic clamp, blood pressure module, a second blood pump, etc.

So you make up your dialysis monitor.

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The Nycotron
Self Autoclaving
artificial kidney system Mk II

The Automatic Dialysate Proportioning
And Control Unit (ADPAC) Mk II, type
Nt 563/2 now includes:
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ADPAC Mk II type Nt 563/2

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Constant delivery rate within the range
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Syringe body "safety pins"

Heparin pump type Nt 596B

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Constant delivery rate up to 500 ml/min
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Blood pump
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1,1 m² membrane surface

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HAEMOCOL has been developed over three years extensive research and development at the laboratories of Smith & Nephew Research and is now available through SANDEV LTD.
Transactions of the American Society for Artificial Internal Organs

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Dr George E Schreiner,
c/o Department of Medicine, Georgetown University Medical Center,
Kober Cogan Bldg, Rm 513, Washington, DC 20007, USA
SHALDON I take your point. However, among the population available to us to study we did not have a sufficiently large number of renal failure patients who were not on dialysis.

BRUNNER (Basel) It seems that certain patients develop anaphylactoid reactions due to formalin, which they get even after good rinsing of dialysers. Have you observed such patients and what could you do about it?

SHALDON I think the question of whether a patient is sensitive to anything in a dialysis system, in the extracorporeal circulation, can only be proved by elimination. I imagine that you have patients as described, you take the formalin out of the system, and then you no longer have the reaction. I think that this is a problem common to many dialysis materials. We have patients who are sensitive to the polyacrylonitrile membrane. There are patients who are sensitive, apparently, to the cuprophane membrane. There are undoubtedly plasticisers leaching out of the PVC continuously, and probably giving trace intoxications; so that I think all these things need to be looked at. But I don’t think the objective of our study was to stop dialysis whilst we eliminated all trace contaminants.

CATTELL (London) Could we possibly, Mr Chairman, ask Dr Fassbinder whether he has any observations to make on the different findings by the two groups? Dr Fassbinder on the one hand finds this correlation with formaldehyde sterilisation, which Dr Shaldon has not observed.

SHALDON On the contrary, I am sorry, I must have expressed myself extremely badly. That’s the one thing we do agree on. We find the anti-N-like phenomenon only in patients who have been dialysed against formalin sterilised dialysers.

CATTELL I thought also in your peritoneal dialysis group?

SHALDON No, we found, there, non-specific cold agglutinins, not the anti-N-like phenomenon.

CATTELL I beg your pardon.

CHAIRMAN Dr Fassbinder, do you have a comment?

FASSBINDER No, concerning this point we have the same results in Montpellier and Frankfurt.