



Short Set-up Guide – CytoSorb integration after dialyzer

Notes prior to treatment start

- Preparation and use of CytoSorb must always be carried out under hygienic conditions
- Before connecting CytoSorb the supply tubing system must be airlessly primed with sterile isotonic saline solution
- **Under no circumstances must air enter CytoSorb**
- Always pay attention to the prescribed running direction when installing CytoSorb
- The recommended blood flow rate is 150 - 700 ml/min
- The maximum duration of usage of a CytoSorb adsorber should not exceed 24 hours
- It may be advisable to change the adsorber sooner if there is evidence of exhausted elimination capacity
- Check the extracorporeal circuit at regular intervals for signs of blood clots, the secure fit of the connections and air within the circuit

Anticoagulation

- Anticoagulation must be effective at treatment start
- In intensive care patients an aPTT of 60 to 80 sec. is sufficient for CytoSorb. Specifications of the device manufacturer have to be observed
- The aPTT should be checked regularly during therapy to ensure adequate anticoagulation

Materials required



CytoSorb adsorber



Mounting option for CytoSorb



4 x plastic scissor clamps



Saline bag 2 liters, sterile



Priming Adapter 2



Adapter 2

Materials required:

- CytoSorb adsorber
- Mounting holder for CytoSorb
- 4 scissor clamps
- Isotonic saline solution with Luer Lock for flushing (2l NaCl 0.9%, sterile)

Additional materials:

Priming Adapter 2

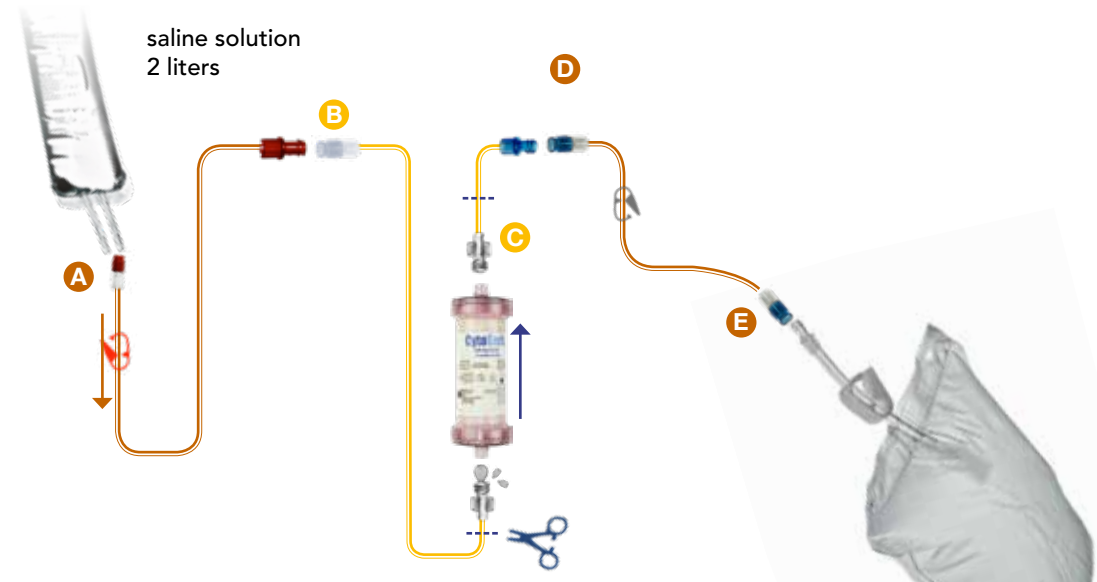
- A** Red Luer Lock – Red Luer Lock
- D** Blue Luer Lock – Blue Luer Lock
- E** 2 liters disposal bag

Adapter 2

- B** Color neutral Luer Lock – Color neutral DIN Lock
- C** Color neutral DIN Lock – Blue Luer Lock

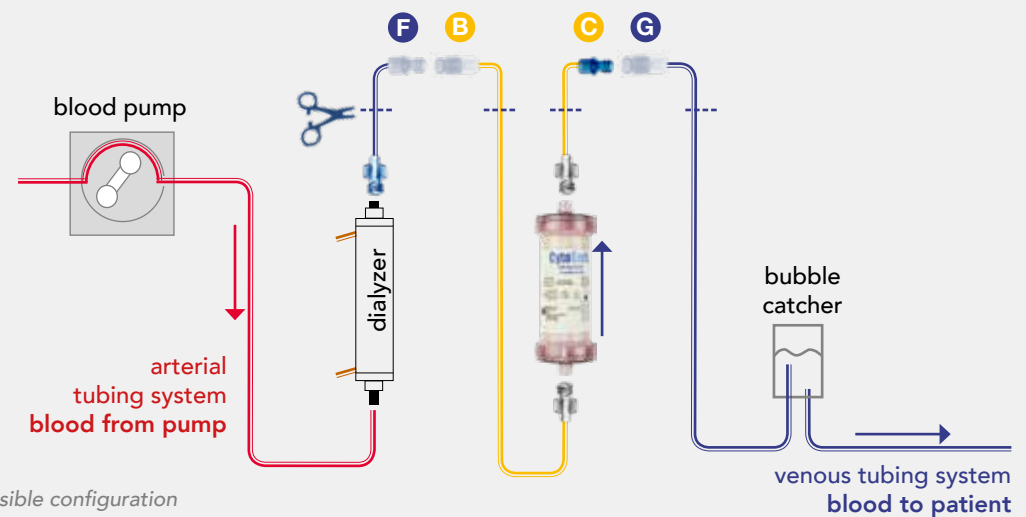
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1. Completely prepare the device according to manufacturer's instructions (incl. flushing). If necessary during ongoing renal replacement therapy first interrupt the treatment (return blood and disconnect patient according to the manufacturer's instructions of each device)
2. Connect saline solution with **A** and **B**, deaerate and close **red pinch clamp** on **A**
3. Connect **B** bubble-free with CytoSorb blood inlet (bottom) (observe flow direction)
4. Connect CytoSorb blood outlet (top) with **C**, **D** and **E**
5. Open **red pinch clamp** on **A** and rinse CytoSorb by gravity with 2 liters of saline and deaerate it by tapping
6. Close **red pinch clamp** on **A** and **blue pinch clamp** of **B**. Clamp **B** before and **C** after CytoSorb at \ddagger by using **scissor clamps**



7. Stop blood pump
8. Clamp blood tubes at the dialyzer blood outlet **F** and before the venous bubble catcher **G** at \ddagger by use of **scissor clamps**
9. Disconnect saline solution and **A** from **B** and discard it
10. Connect **B** with blood tube from dialyzer blood outlet **F**
11. Connect **C** from CytoSorb blood outlet (top) with line to venous bubble catcher **G**
12. Remove all **scissor clamps** on \ddagger and start blood pump
13. Start patient treatment as prescribed

Cave at: If CytoSorb gets integrated after a dialyzer, postdilution in combination with low blood flow may lead to clotting. Predilution configuration is recommended in this setting.



possible configuration

