



Citrasate®

Citrasate dialysate contains a small quantity of citric acid (2.4 mEq/L) the provides mild anticoagulation where needed, in the extracorporeal circuit, not systemically in the patient.

Citrasate is a cost effective alternative to regional citrate anticoagulation and more effective than saline flushes alone.

Citrasate is helpful for hemodialysis patients with:

- HIT (Heparin Induced Thrombocytopenia)
- Heparin Antibodies
- Clotting Problems
- Bleeding Risk Factors—Active bleeding, trauma, surgery

Citrasate works well with SLEDD (Sustained, Low-Efficiency, Daily Dialysis)

Citrasate replaces acetic acid (found in regular dialysate) with citric acid, this provides the added benefit of anticoagulation.

Citrasate is not the same as regional citrate anticoagulation

Performing citrate dialysis is no different operationally than doing regular bicarbonate dialysis. There is no regional infusion of citric acid employed.

You do not need to be concerned about hypocalcaemia

The concentration of citrate in Citrasate is only 2.4 mEq/L; only about one-fifth of the concentration used to achieve anticoagulation via traditional regional citrate infusions. The use of Citrasate does not produce measurable systemic anticoagulation, the anticoagulation effect is confined to the dialyzer and the venous side of the dialysis set up. Citrasate generally produces a clinically acceptable transitory reduction (about 10%) in ionized calcium¹.

Ionized calcium begins to normalize to the pre-dialysis level as soon as the Citrasate dialysis session stops¹. The consistent treatment of chronic dialysis patients with Citrasate has demonstrated no change over extended time periods in either total or ionized serum calcium levels¹.

(1) Ahmad S. Callan R Cole JJ, Blagg CR. Dialysate made from Dry Chemicals using Citric Acid Increases Dialysis Dose. American Journal of Kidney Diseases. 2000; 35: 493-499.



Chief Medical Supplies Ltd.

Bleeding Edge Technology

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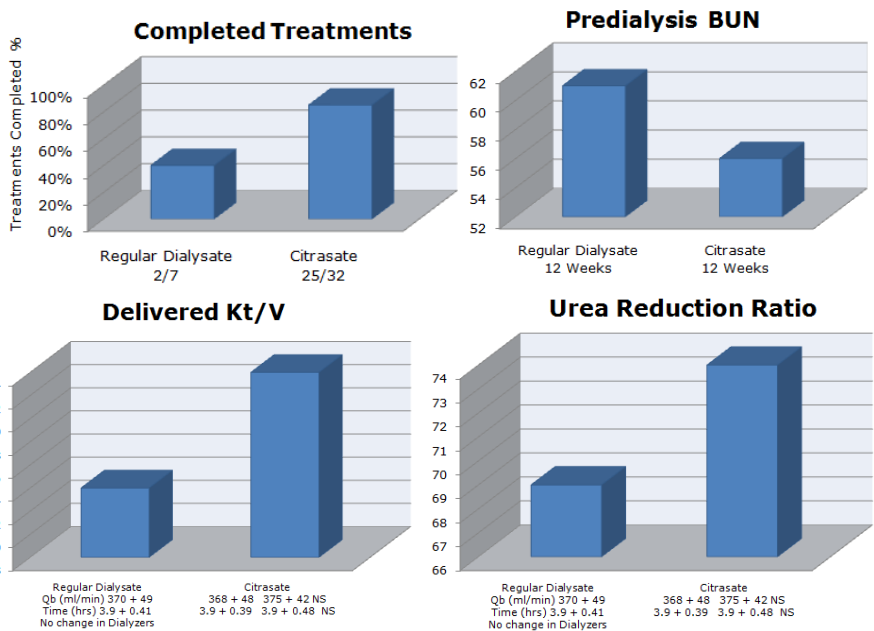
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Citrasate®

Citrasate provides improved anticoagulation properties that lead to a higher dose of dialysis (Graph Completed Treatments), superior heparin free treatments and better dialyzer reuse (Citrasate prevents clotting of fibers).

Published studies available upon request.



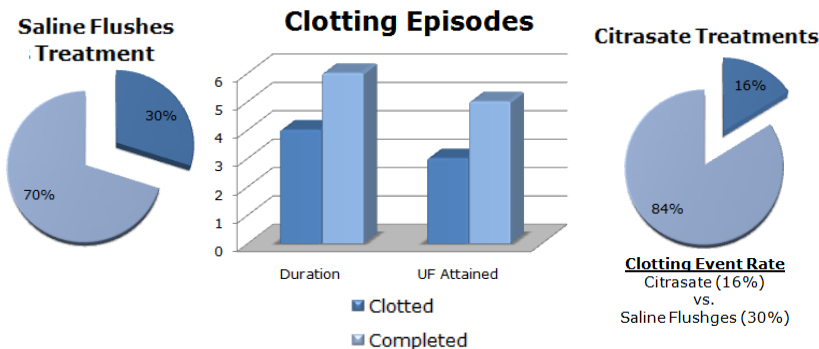
Independent Study Conducted at the University of California, Davis by;

James R Madison DO, MS—Margarita P Illumin MSN, RN—Andrew I Chin MD

“Citrate-Containing Dialysate is Well Tolerated During Slow Extended Daily Dialysis in the ICU”

- Citrate based dialysate appears safe, since we observed no adverse events during 6 hour SLEDD treatments.
- Citrasate was more effective than saline flushes alone, at completing anticoagulant-free SLEDD treatments in the ICU.
- We observed significantly less clotting events in those on Citrasate + hourly saline flushes (16%), compared to those receiving saline flushes every 30 or 60 minutes alone (30%).

- Serum ionized calcium levels remained clinically stable during all SLEDD treatments
- Use of Citrasate required significantly less frequent flushing of dialysis circuits and thereby reducing nursing time.
- *The authors affirm there is no conflict of interest, they have no commercial relationship with any company selling citrate-based dialysate.*



Citrasate is used exactly as you would use your standard (acetic acid) dialysate.

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