



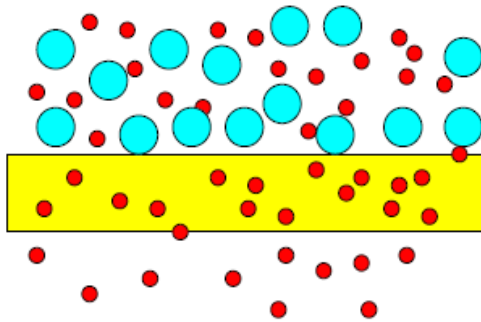
Dialyser membranes

What matters most?

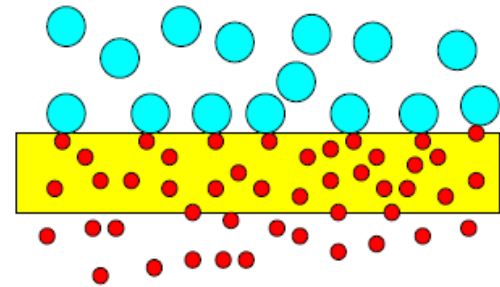
Dr Rajesh B Kumar
Director
Apex Kidney Care

Functions of the membrane

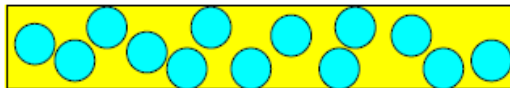
SEPARATION



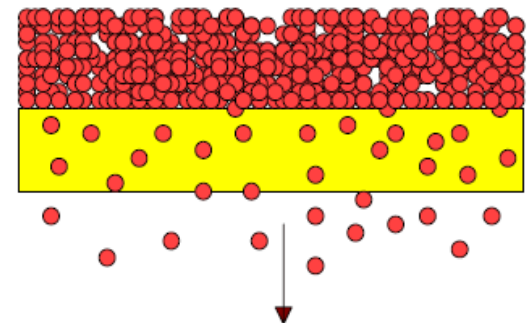
CONTACTING



IMMOBILISATION



CONTROLLED RELEASE

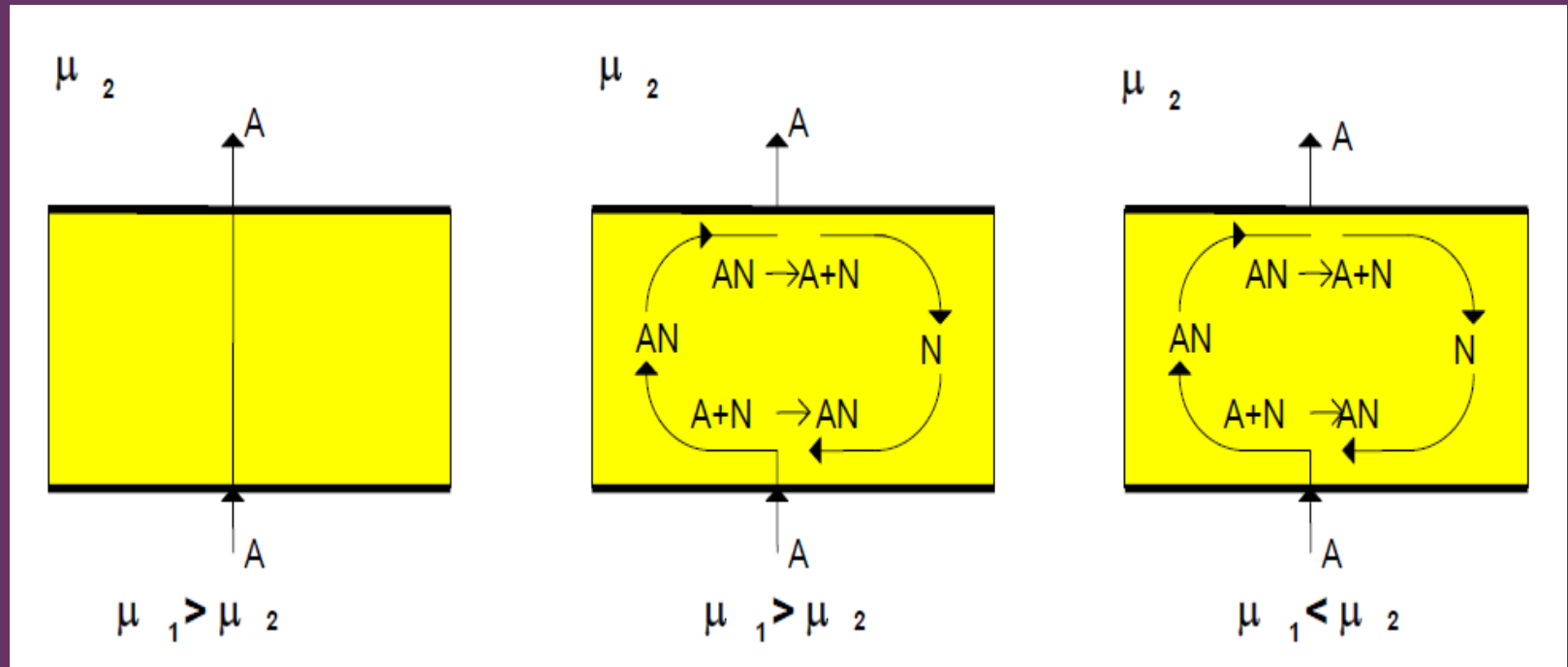


Mass transport through membrane Separation

Passive diffusion

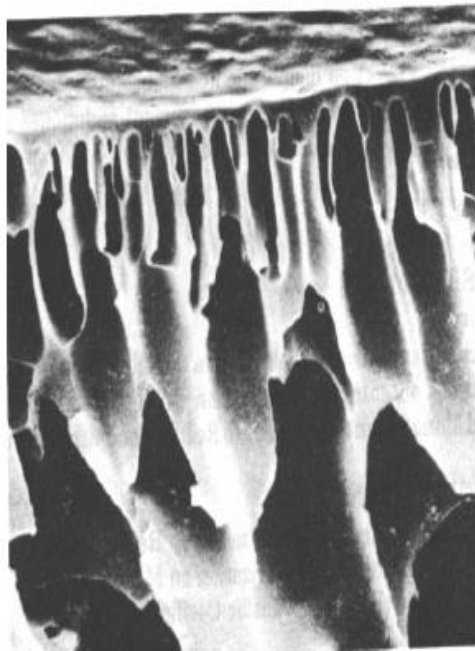
facilitative diffusion

Active transport

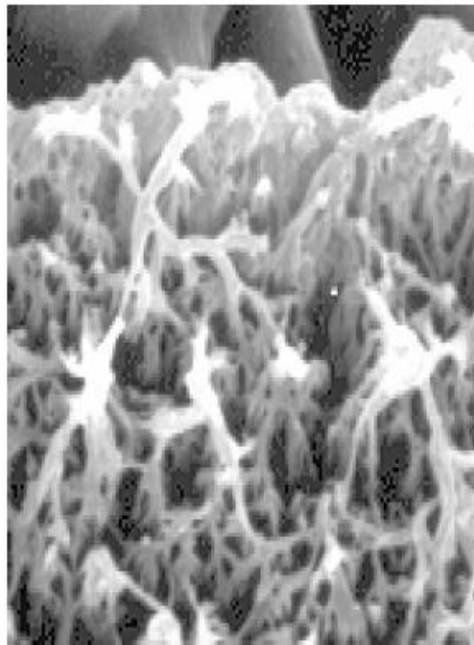


Engineering in Membrane

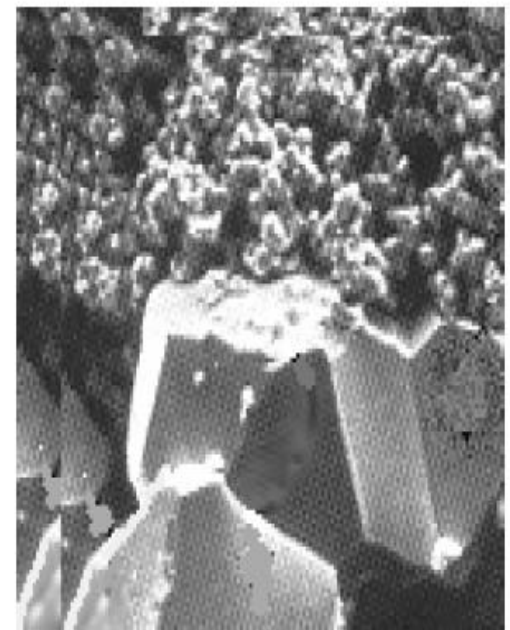
Structure: assymetric
Material: Polysulphone
Method: casting



Structure: symetric
Material: Polysulphone
Method: casting

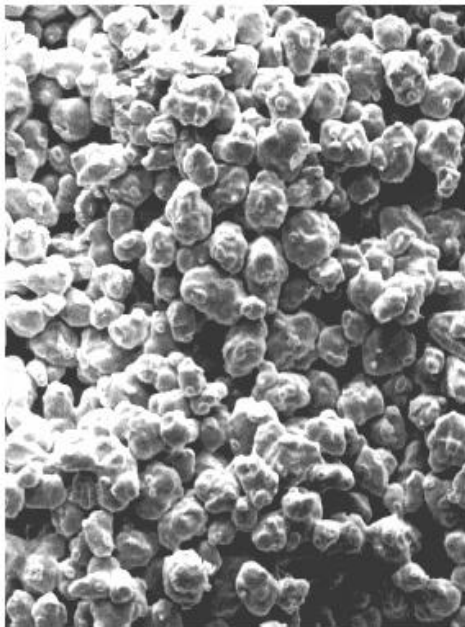


Structure: assymetric
Material: α -Al₂O₃/ZrO
Method: sintering

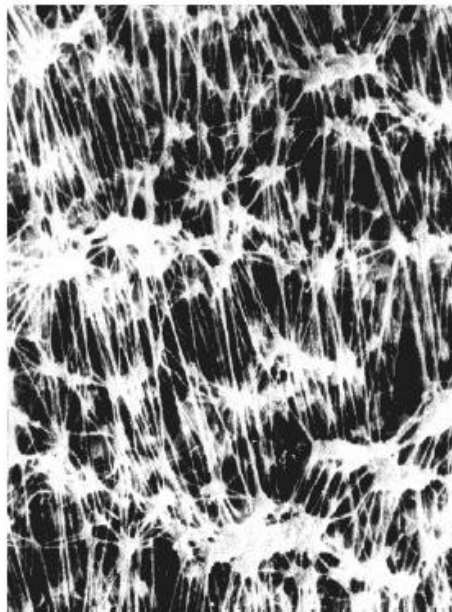


Membrane structure

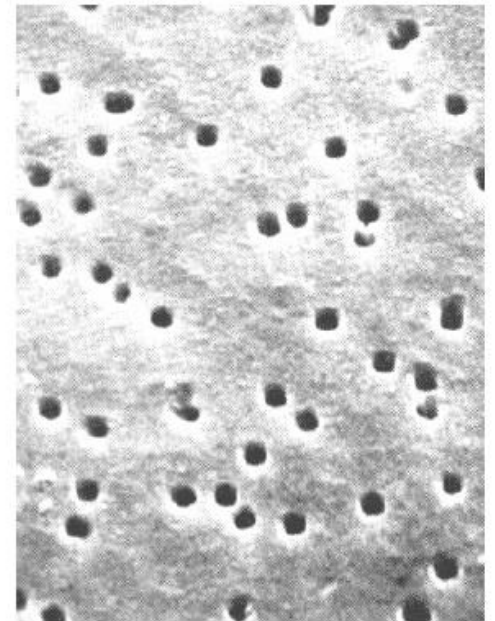
Structure: symetric
Material: glass
Method: sintering



Structure: symetric
Material: Polypropylene
Method: stretching



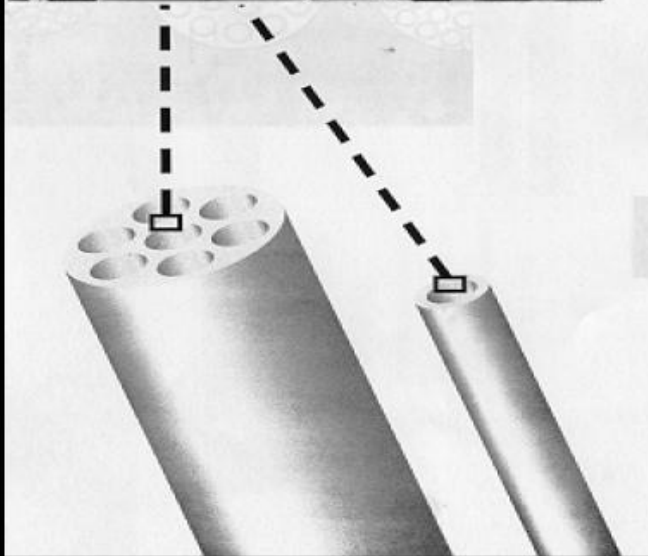
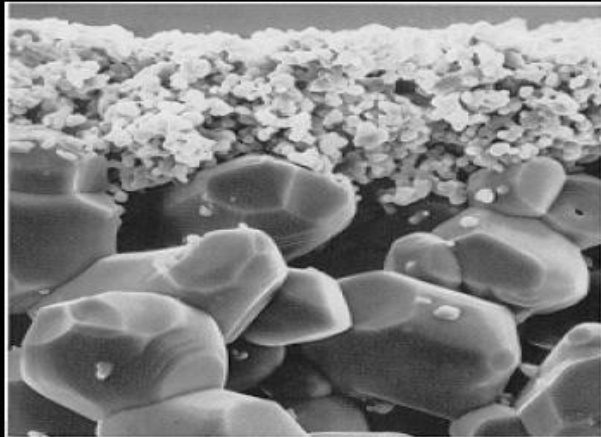
Structure: assymetric
Material: polycarbonate
Method: track-etching



Hollow fiber membrane

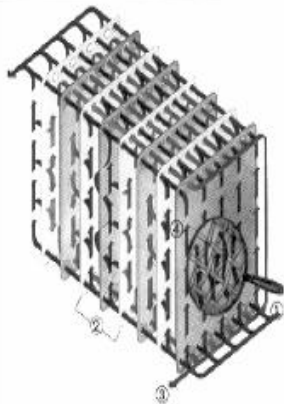


Ceramic membrane

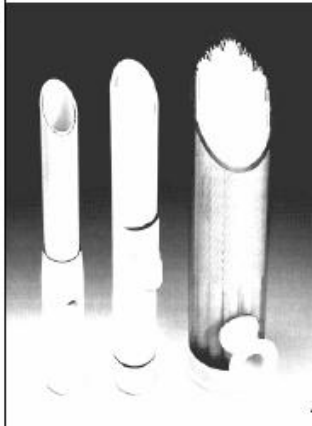


Membrane modules

FLAT



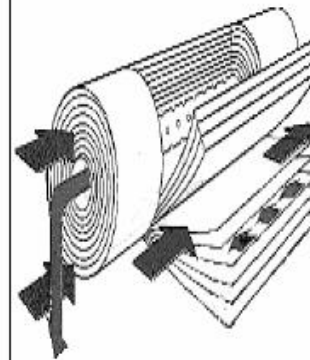
TUBULAR



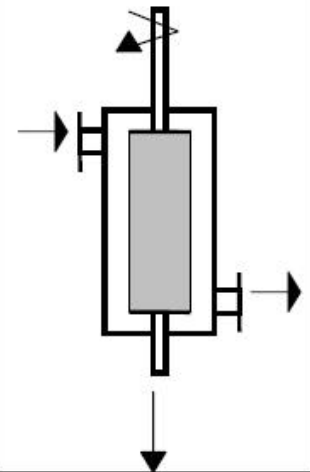
CAPILLARY



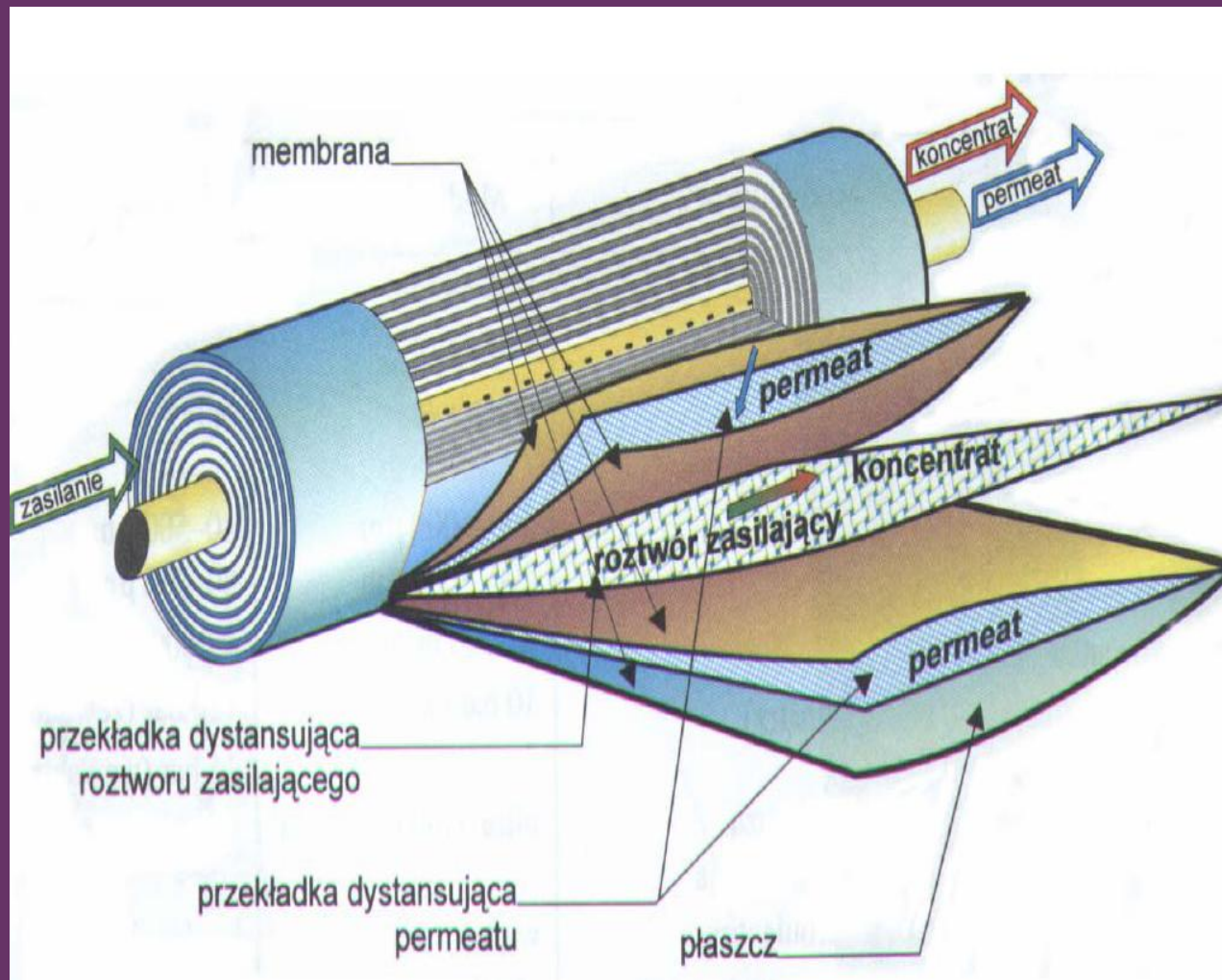
**SPIRAL
-WOUND**



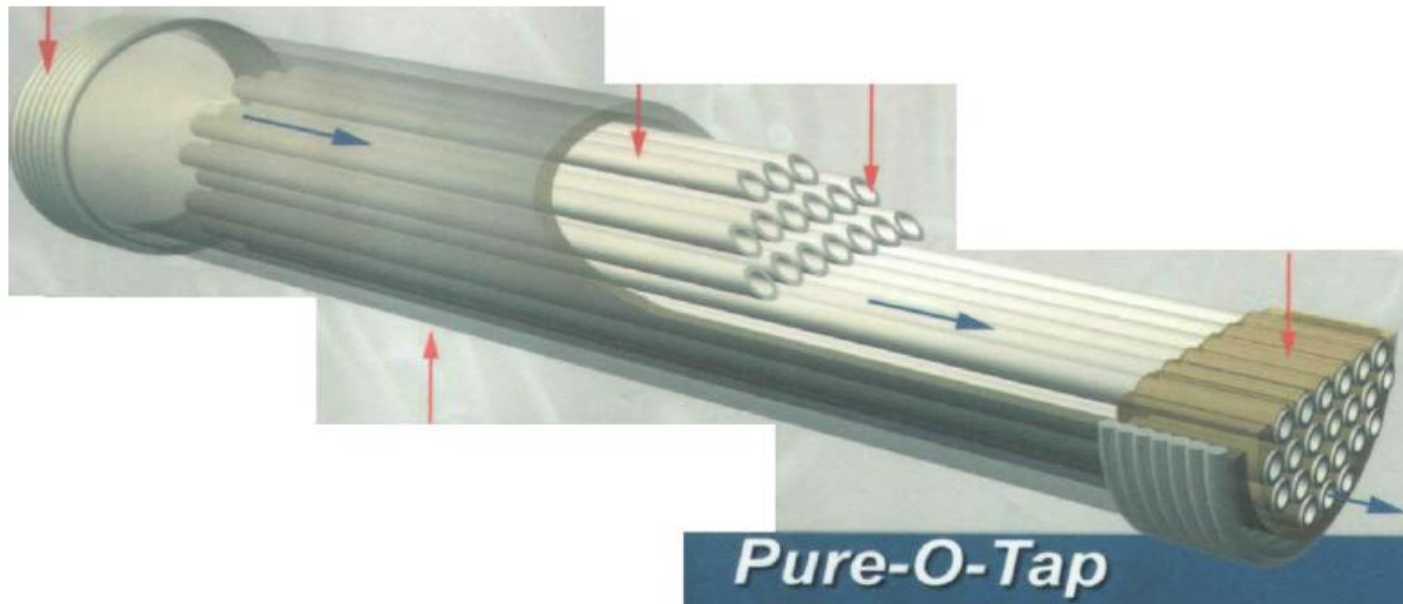
DYNAMIC



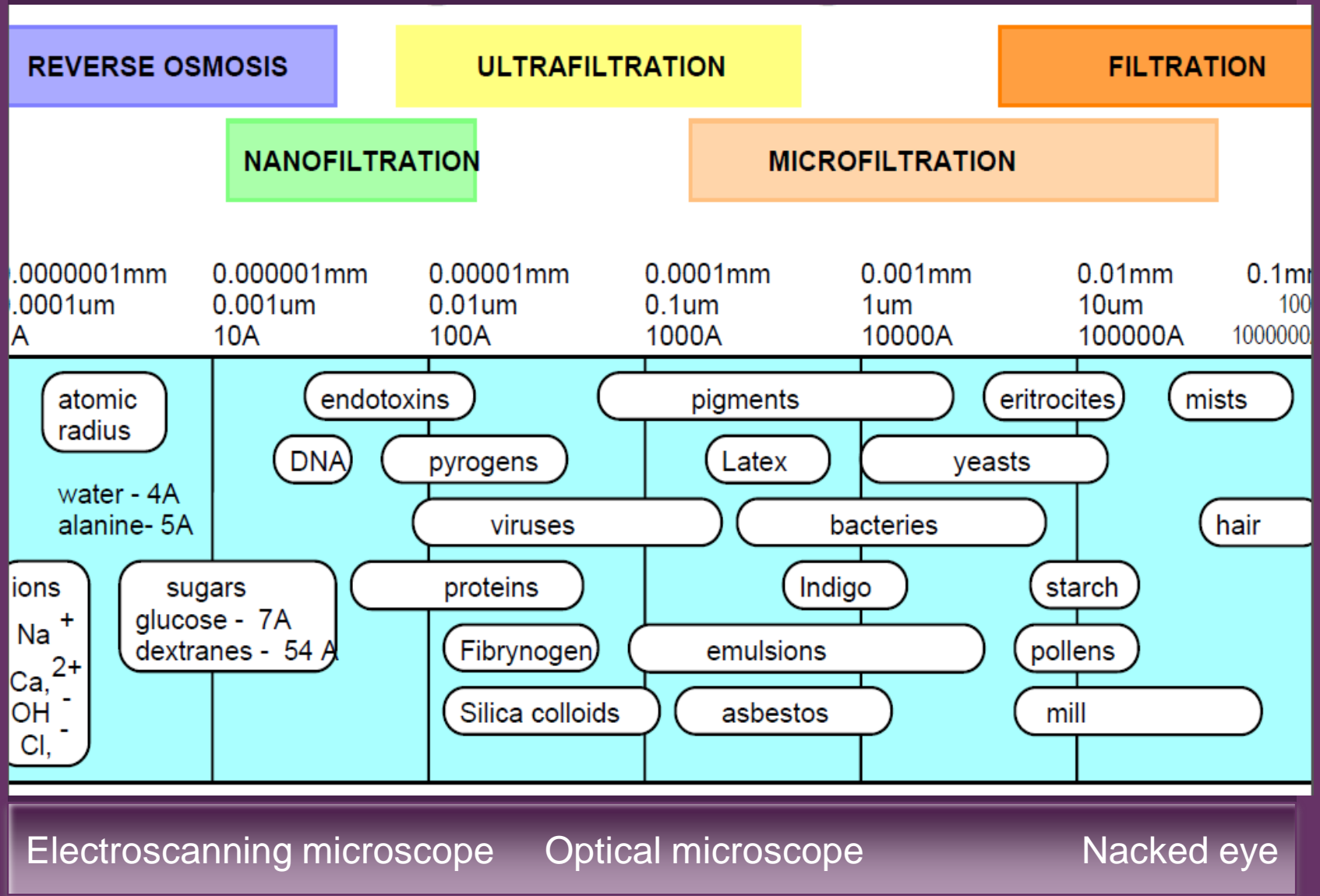
Spiral wound module



Tubular module



Range of membrane separation



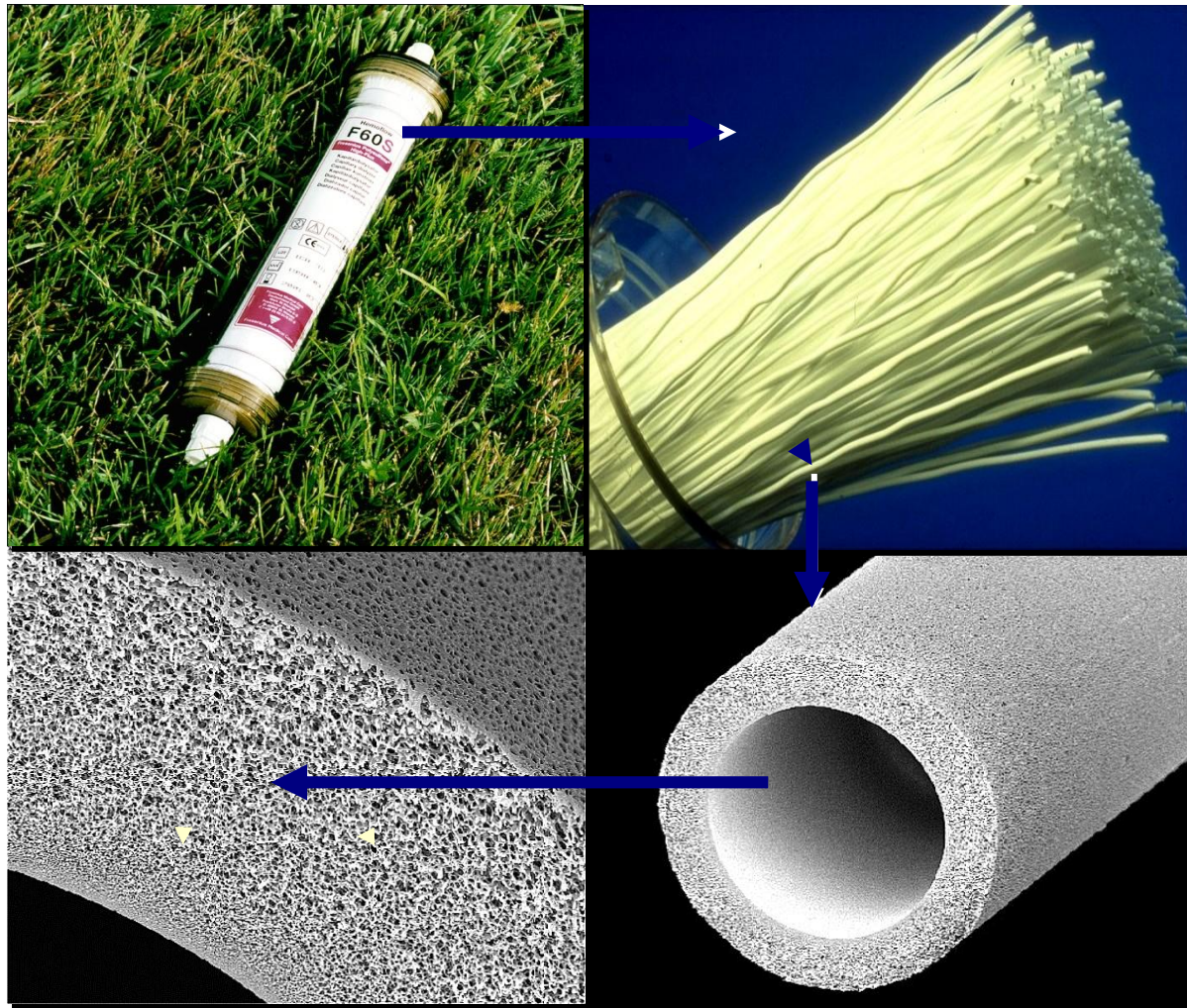


Learning objectives

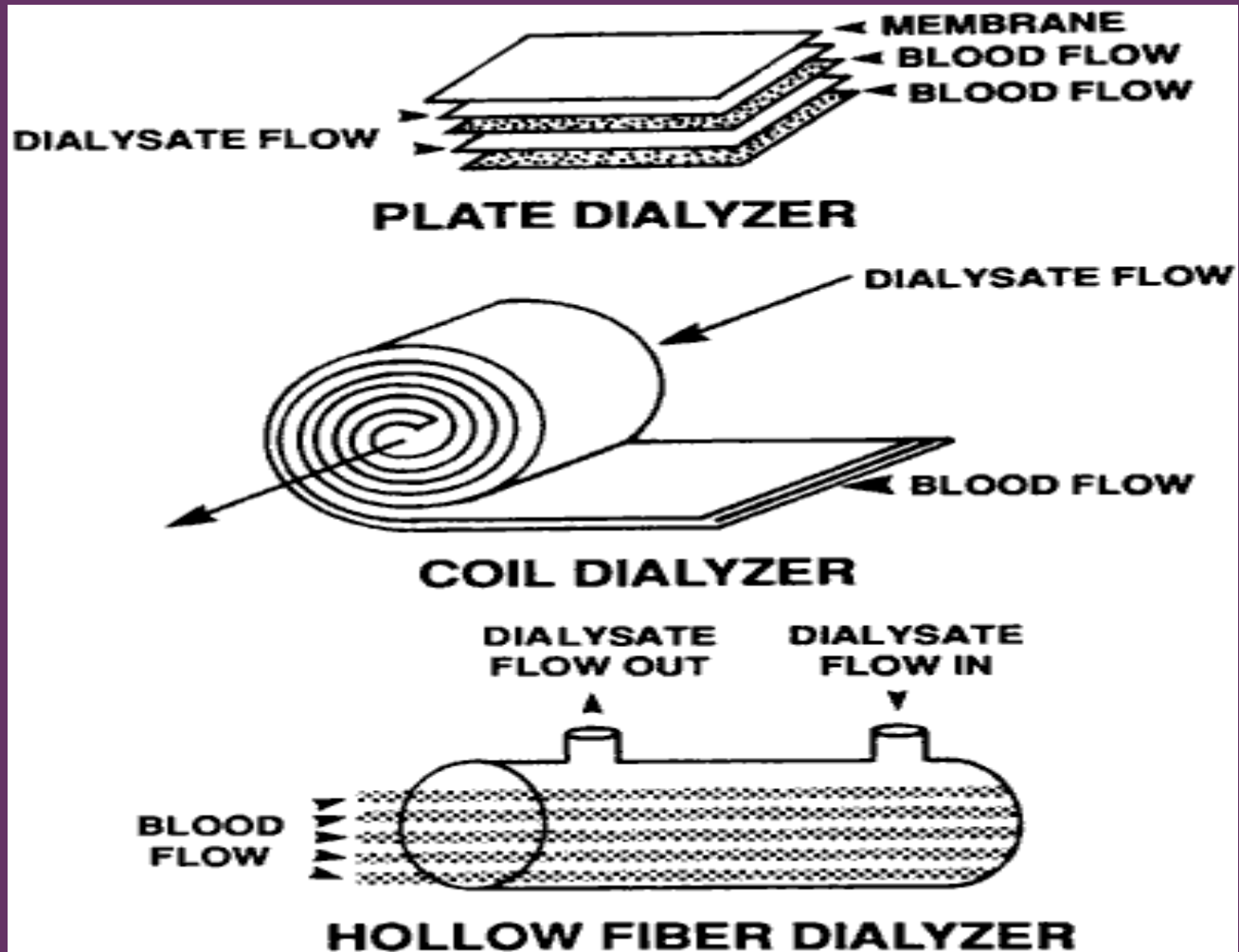
- Classification of membranes used in dialysis
- Basic polymers
- Cellulosic membranes
- Membrane Manufacturing Process.
- Some physicochemical properties of membranes
- Common dialysis membrane polymers
- Functional characteristics of membranes
 - solute transport
 - water transport
 - Biocompatibility



The Dialyser & Membrane



Type of dialyzer



Parallel Plate Dialyzer

Sheets of membrane are mounted on plastic support screens, and then stacked in multiple layers ranging from 2 to 20 or more.

This design allows multiple parallel blood and dialysate flow channels with a lower resistance to flow.



There have been major improvements which provide

- (1) thinner blood and dialysate channels with uniform dimensions,

- (2) minimal masking or blocking of membranes on the support, and

- (3) minimal stretching or deformation of membranes across the supports.

Coil dialyzer

An early design in which the blood compartment consisted of one or two long membrane tubes placed between support screens and then tightly wound around a plastic core.



This design had serious performance limitations, which gradually restricted its use as better designs evolved.

The coil design did not produce uniform dialysate flow distribution across the membrane. More efficient devices have replaced the coil design.

Hollow Fiber Dialyzer:

This is the most effective design for providing low-volume high efficiency devices with low resistance to flow.

The fibers in the device are termed the fiber bundle.

The fibers are potted in polyurethane at each end of the fiber bundle in the tube sheet, which serves as the membrane support.

Hemodialyser

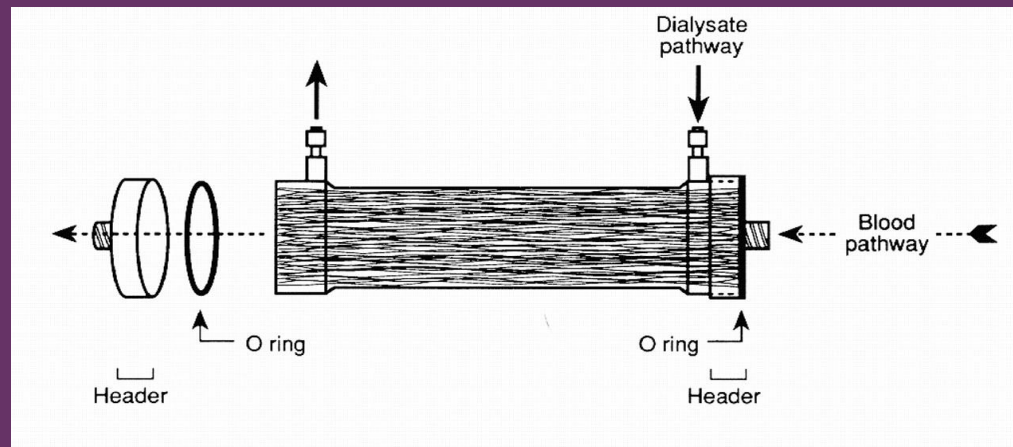
Hollow fiber dialyzers are chemically complex, having several compounds incorporated in their structural components:

- Housing material,

- End cap compartments,

- Potting material and

- Transport surface (membrane)



Dialyzer membranes

Categorize on the basis of

- Surface area
- Pore size
- Type of membrane

Physical property of membrane

The geometric characteristics of a hollow fiber determine the membrane surface area.

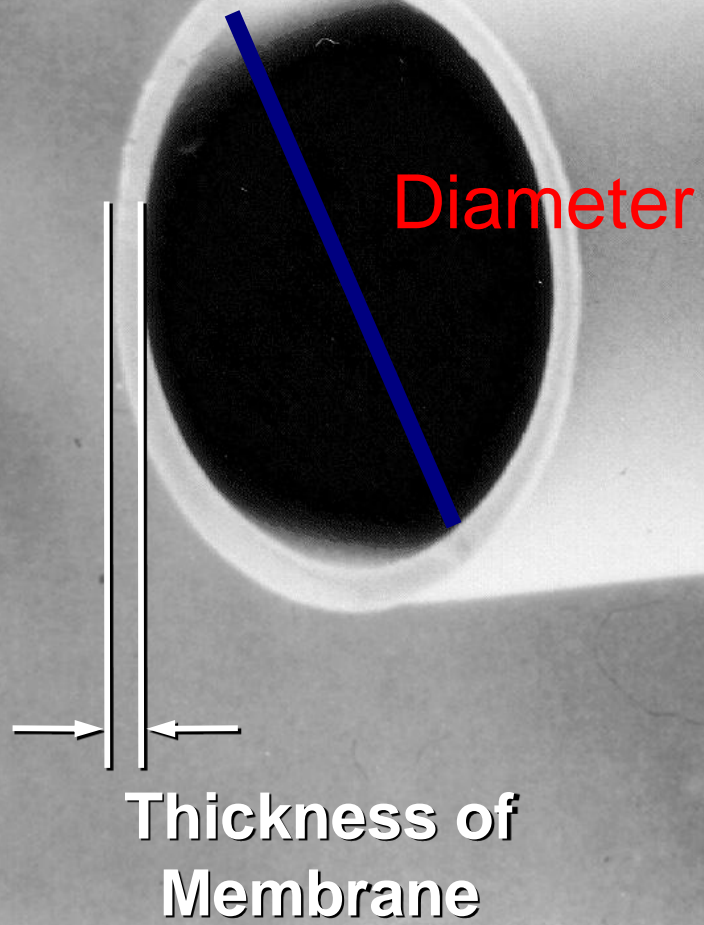
1. Number of fibers,



2. Length of Fibres

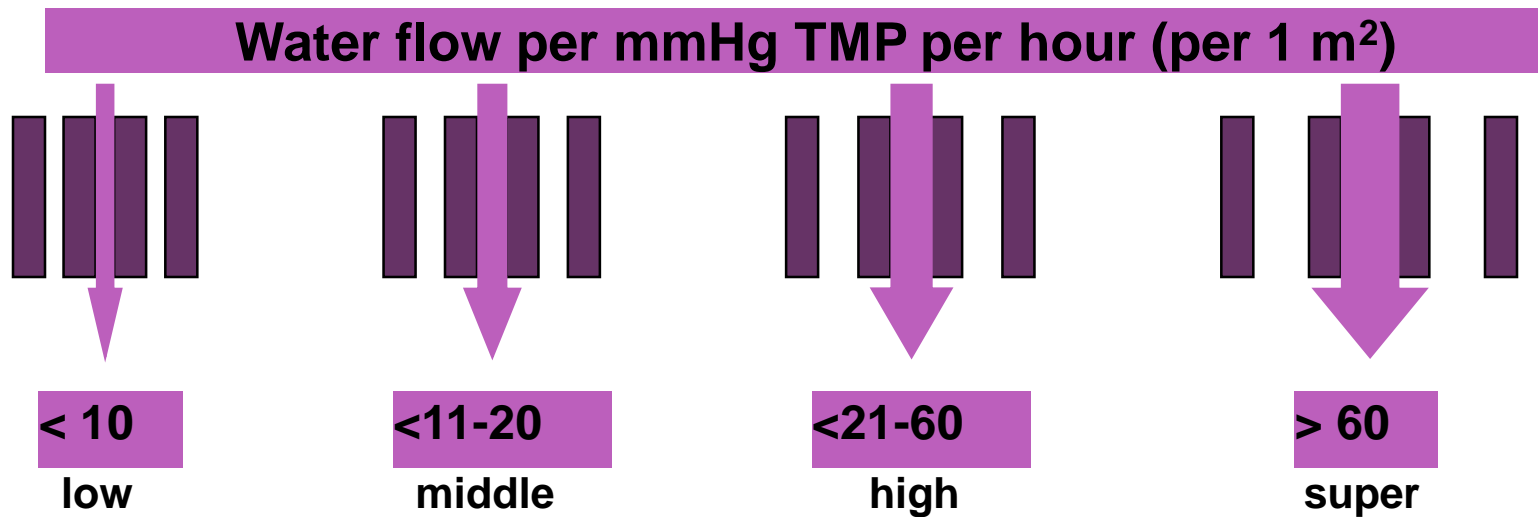
3. Internal diameter of fiber.

DIALYZER FIBER



Membrane hydraulic permeability

- Low Flux
- Middle Flux
- High Flux
- Super Flux

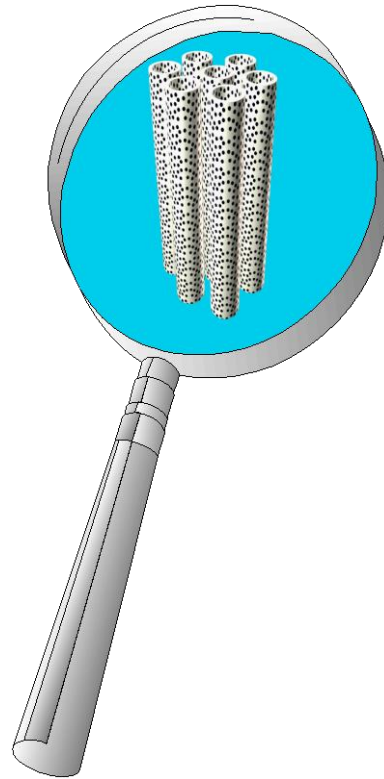


Membran

PORE SIZE

Low Flux or High Flux

HOLLOW FIBRE DIALYSER



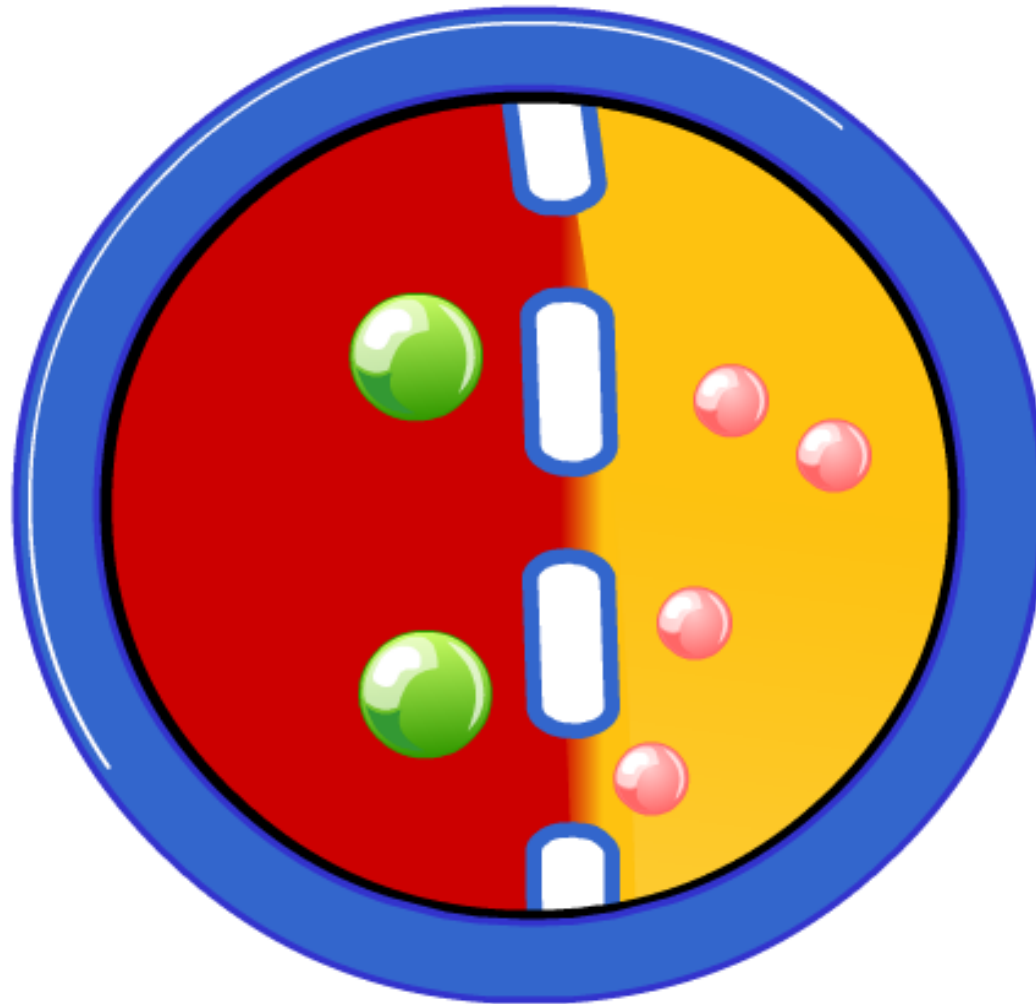
PORE SIZE

Low flux dialyser: Average Pore size ~ 1.0 nm

High flux dialyser:
average Pore size ~ 3.0 nm

Pore Size

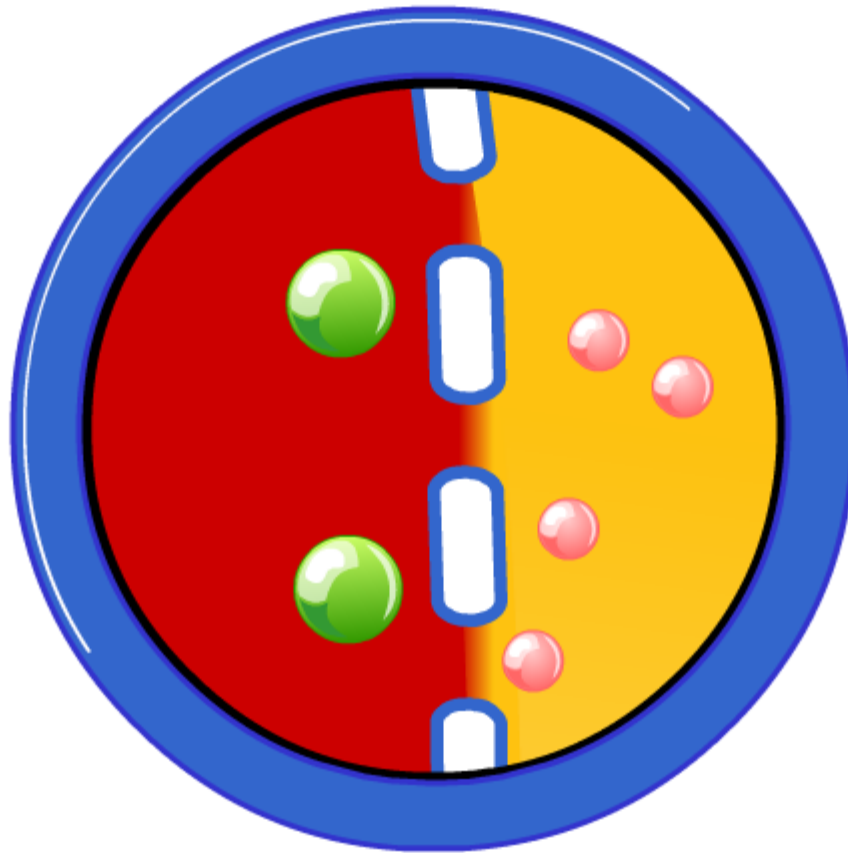
MOLECULES SIZES



Small pore size

Small pores removes small molecules

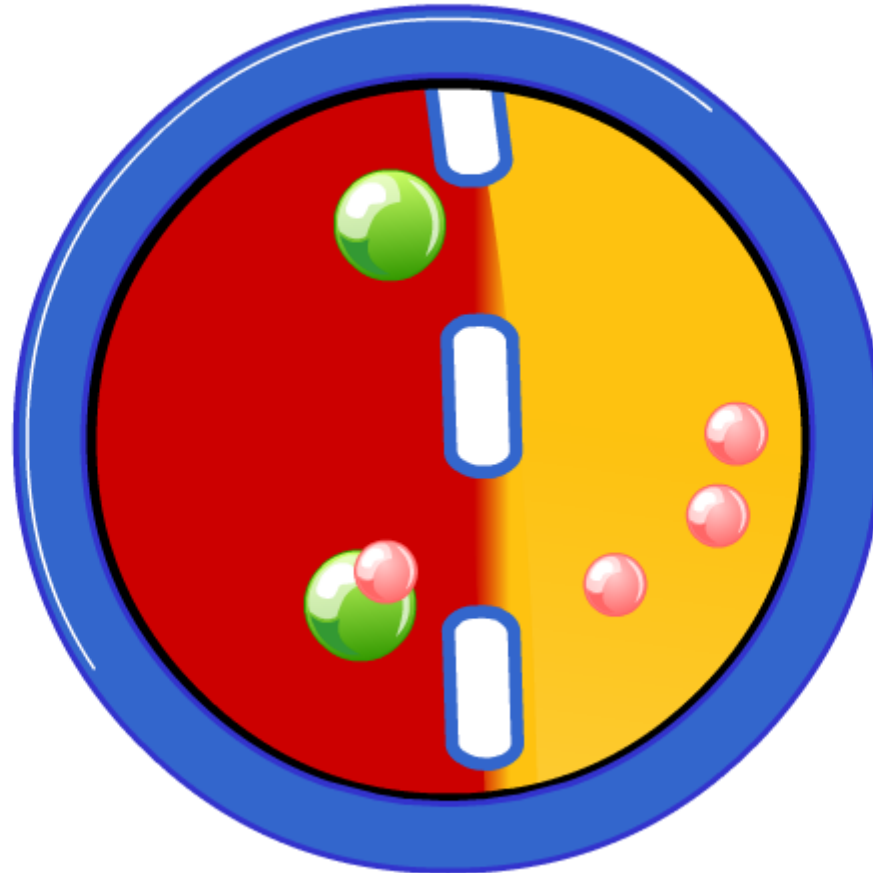
MOLECULES SIZES



Small pore size

Large pores removes large molecule

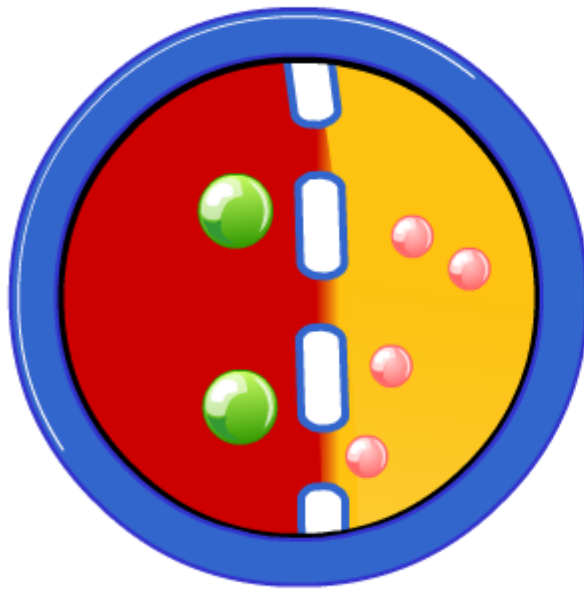
MOLECULES SIZES



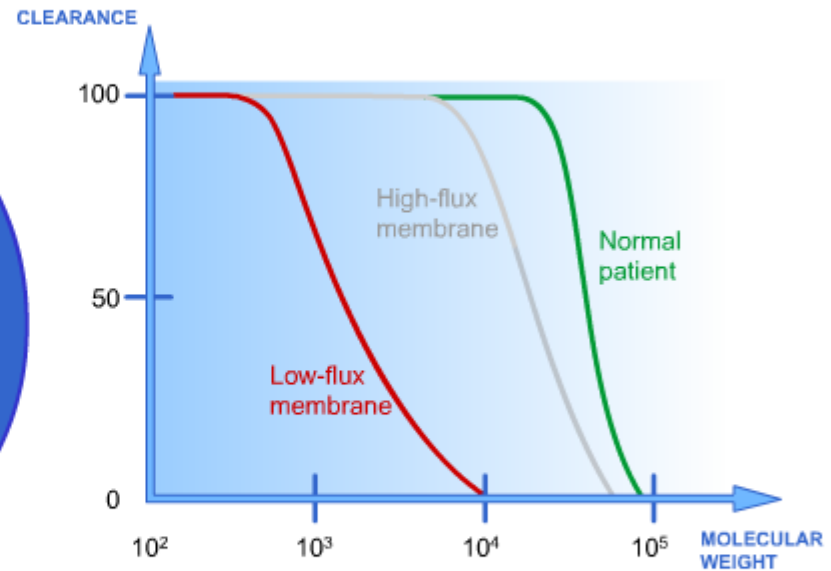
Large pore size

Low-Flux Membrane

LOW-FLUX MEMBRANE

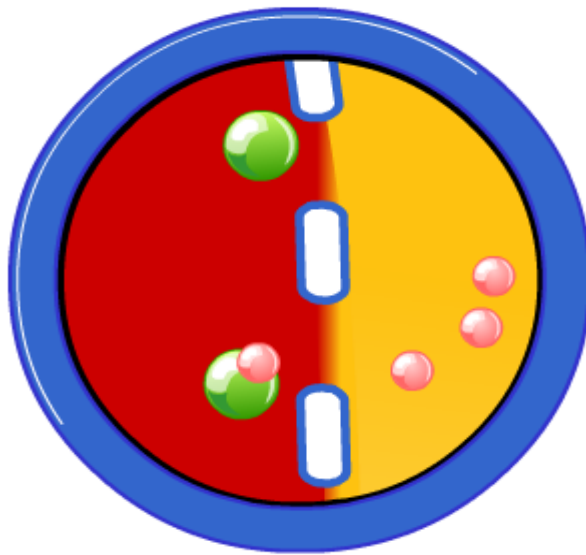


Small pore size

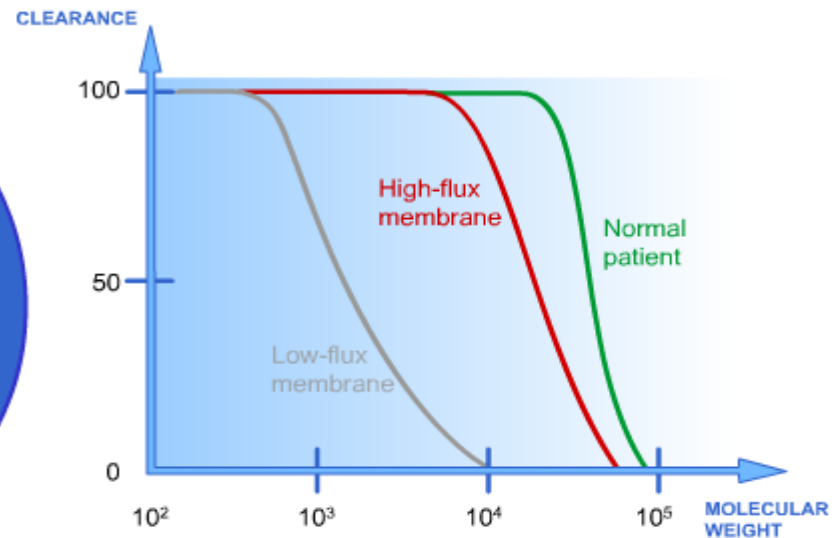


High Flux Membrane

HIGH-FLUX MEMBRANE



Large pore size



Haemodialysis Membranes

Dialysis membrane is composed of four different materials:

- Cellulose,
- Substituted cellulose,
- Cellulosynthetic, and
- Synthetic

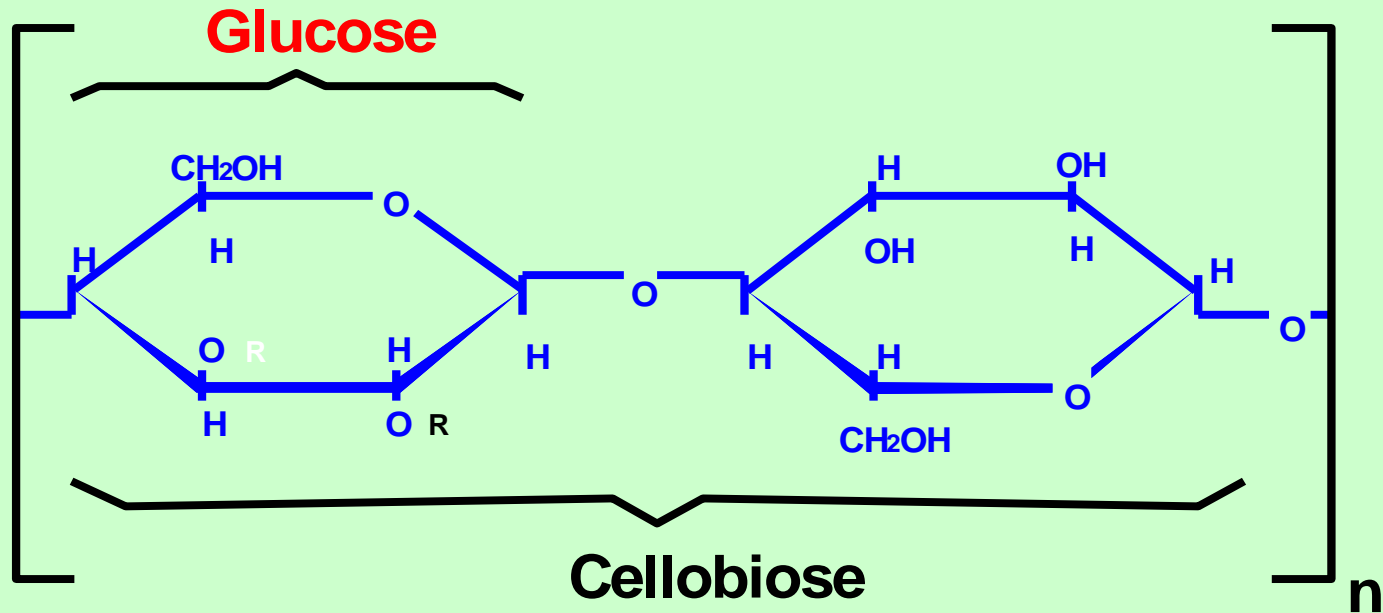


Cellulosic Membranes



Synthetic Membranes

Glucose - The Basic Unit of Cellulosic Membranes



Cuprophane® $R = -OH$
Hemophane® $R = DEAE$ (di-ethyl-amino-ethyl)
Cell. Acetate: $R = Acetyl-$

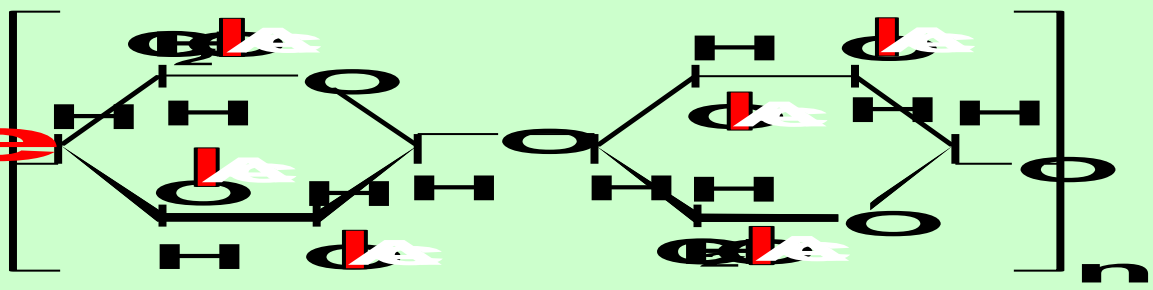
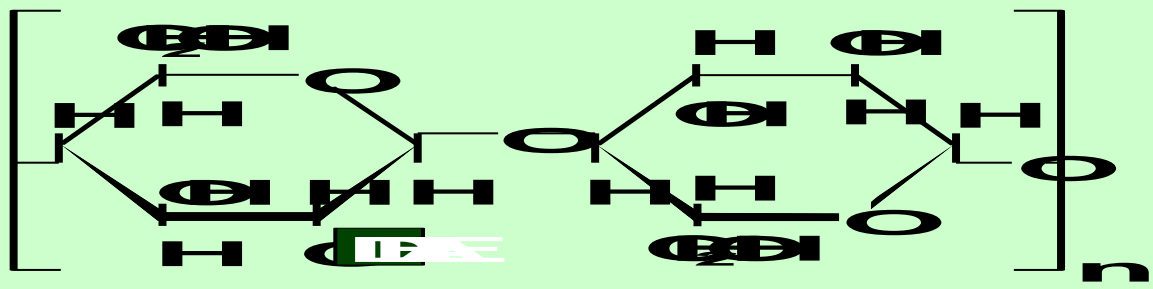
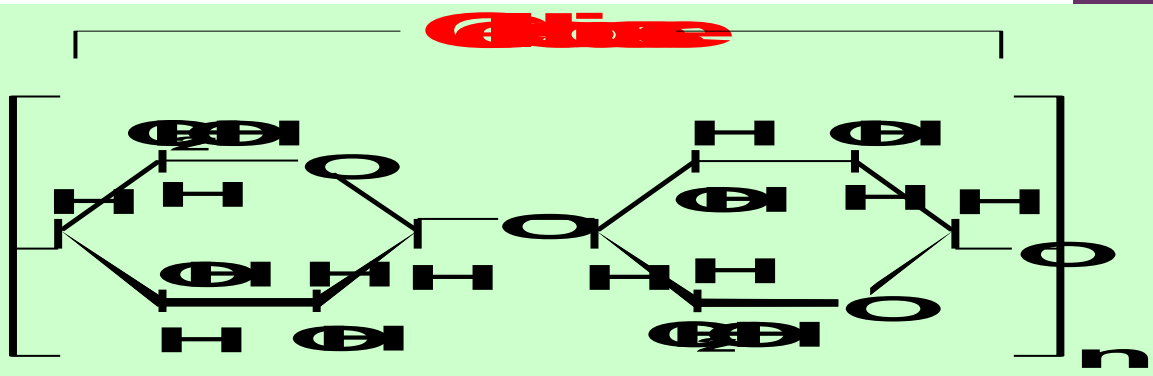
E.g. Cuprophane - hydroxyl groups have implications for blood interactions

+ Regenerated cellulose

- Realization of -OH related problems
- Replacement of -OH with alternative radicals:–

e.g. Hemophan – DEAE (di-ethyl-amino-ethyl)

e.g. Cellulose Acetate – Acetyl



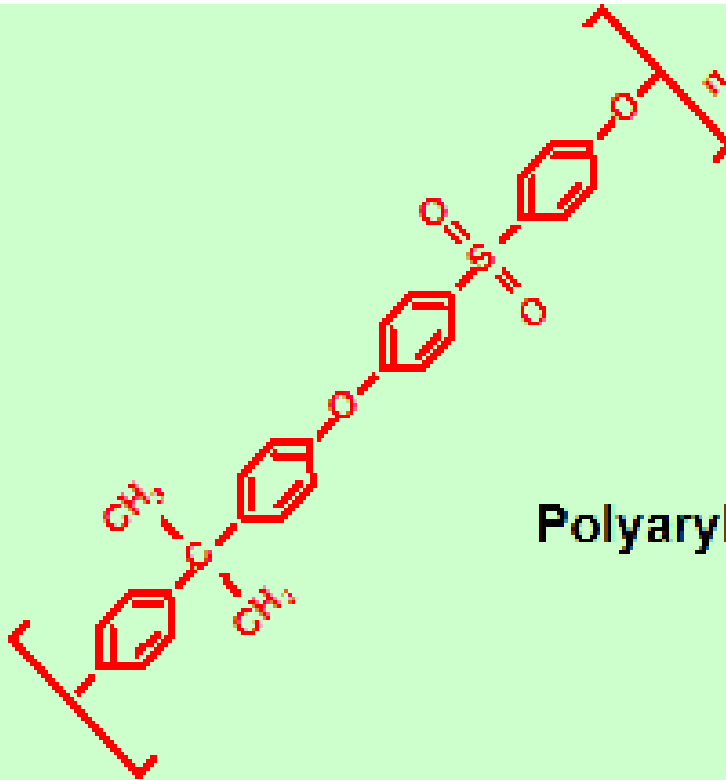
**Regulated
Cellulose**

Hydrolysis

Cellulose



Polysulfone Membrane – basic polymer

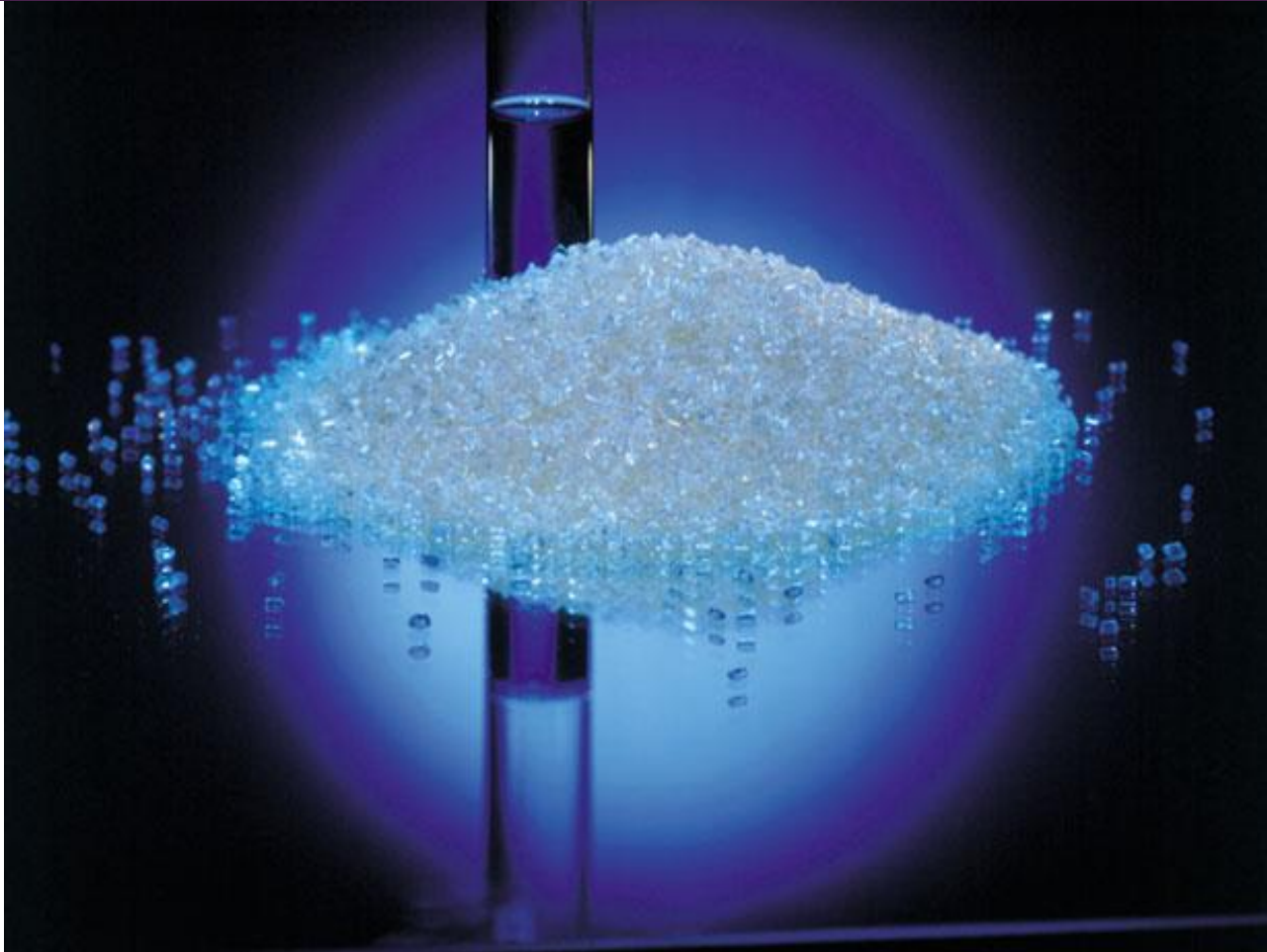


Polyarylethersulfone

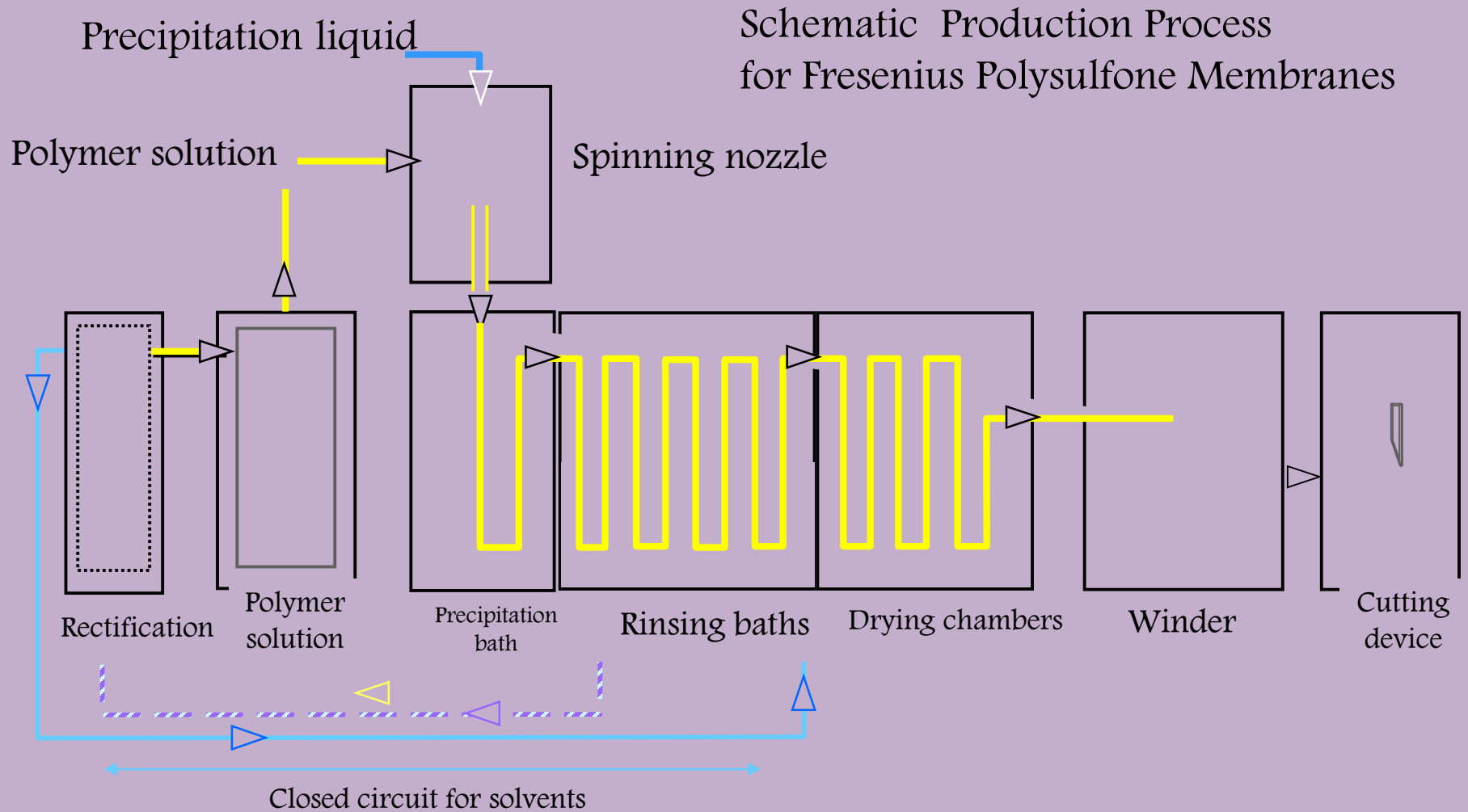
+

Polyvinylpyrrolidone (PVP)

The Polymer → The Fibre → The Dialyser



Polysulfone Membrane Production



Comparison of Membranes

Cellulose	Modified Cellulose	Synthetic
Cotton Based material	Cotton based but removal of Hydroxyl groups and replaced by acetate/ AA / polymers.	Polymer like PVP, and other
Fibre Wall 8-15 microns	22-40 microns	30-55 microns
3,000 Daltons molecules	15,000 Daltons	15,000 Daltons
No endotoxin retention	No endotoxin Retention	Endotoxin Retention(Special Membrane like Fresenius)
Poor Biocompatibility	Good Biocompatibility	Excellent Biocompatibility
High complement activation	Moderate Complement activation	Low Complement activation
Poor Adsorption	High Adsorptive	Highly Adsorptive

Membranes Used in Hollow Fiber Dialyzers

Cellulose Based

- Regenerated Cellulose
- Cuprophane
- Saponified cellulose ester
- Several varieties of regenerated cellulose



Modified Cellulose

- Cellulose acetate
- Cellulose diacetate
- Cellulose triacetate

Synthetically modified cellulose

- Hemophane
- SMC
- PAN-Regenerated cellulose

Synthetic Based

Hydrophilic by nature

EVAL C

EVAL D

Hydrophilic by process

Polycarbonate

PMMA

PAN (AN69,PAN-DX,SPAN)

Hydrophilic by blending

Polyamide

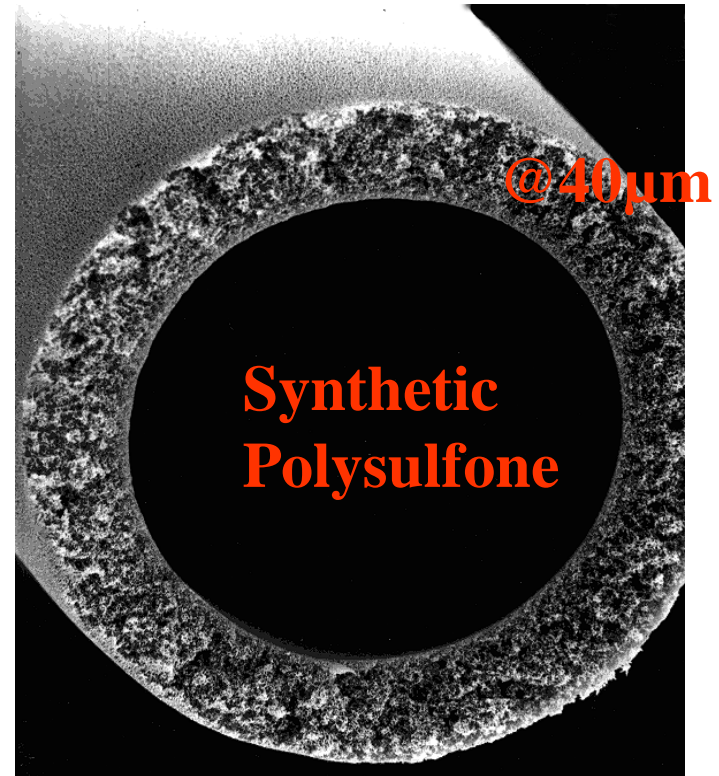
Polysulfone

Polyethersulfone/polyarylate (PEPA)

Symmetrical vs. asymmetrical membranes

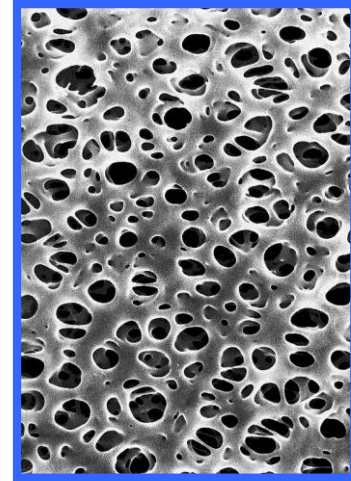
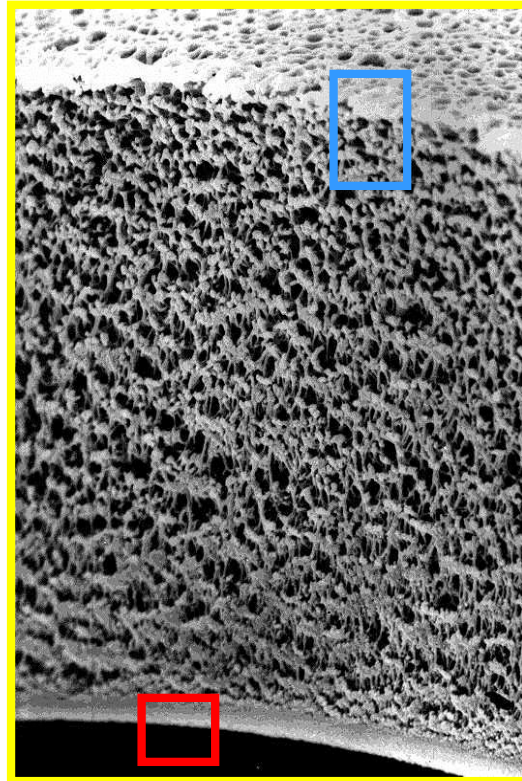
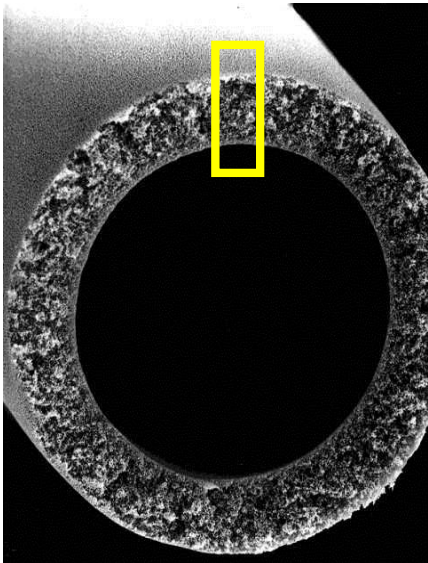


Diameter @ 150μm

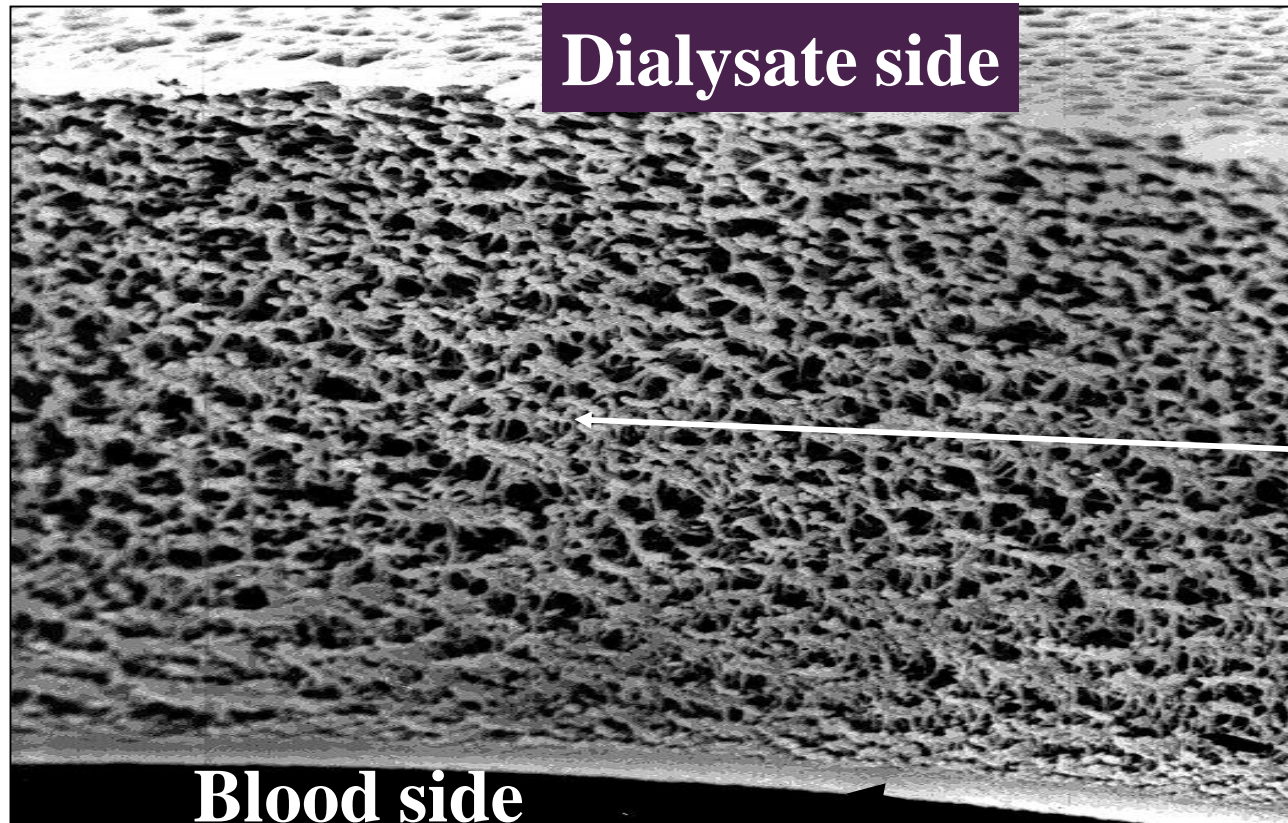


Diameter @ 200μm

Polysulfone: a sponge-like structure.



Asymmetrical synthetic membrane structure

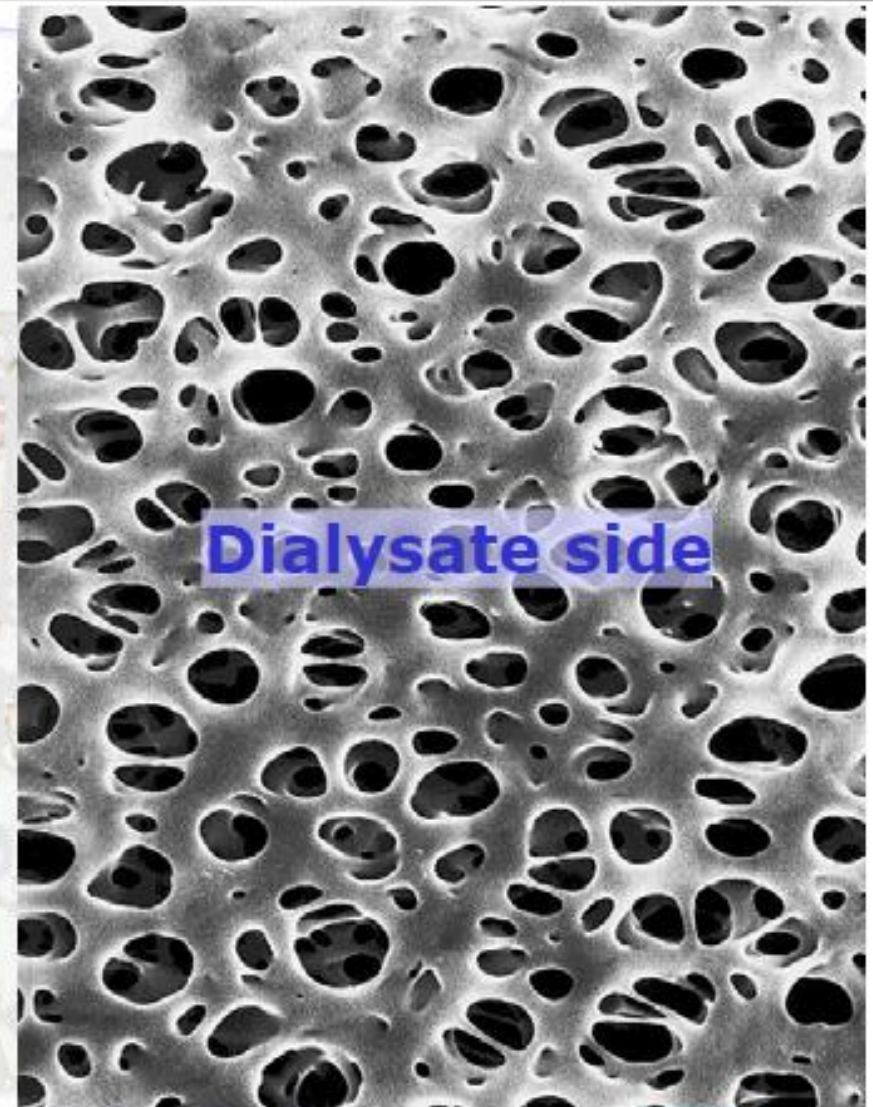
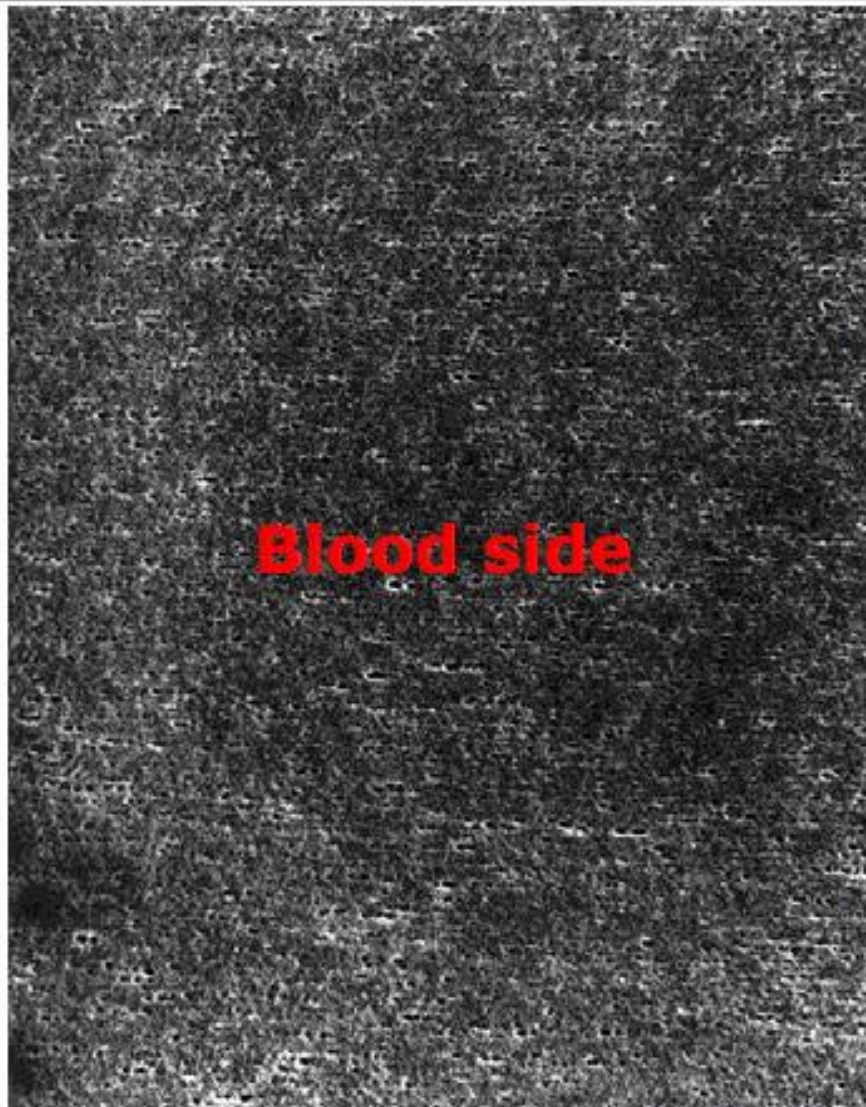


Dialysate side

**Supporting
structure (40μm)**

Blood side

Membrane asymmetry



Membrane physico-chemical properties

- Water repellence
 - hydrophilic: wettable: may swell: low protein adsorbance
 - hydrophobic: non-wettable: no swelling:
protein adsorbance
- Mixed co-polymer
 - hydrophobic with hydrophilic domains,
 - e.g. PS mimics the endothelium – more biocompatible
- Electrical charge
 - negative, positive, neutral: various advantages, disadvantages and trade-offs (endotoxin retention)

+ Dialysis Membranes - classification by polymer type

■ Cellulosic

- cuprophane

■ Modified Cellulosic

- Hemophan

- Cellulose acetate

- Cellulose triacetate

- Saponified Cellulose ester

- synthetically modified cellulose

- Polysynthane

■ Synthetic

- Polyacrylonitrile

- Polysulfone

- Polycarbonate

- Polyamide

- Polymethylmeth-acrylate (PMMA)

- Polyethylene vinyl alcohol

- Polypropylene

- Polyehosulfone.

Membranes – functions of interest

1) Solute transport

2) Water transport

3) Biocompatibility

1. Solute transport

Diffusion most important for small solutes

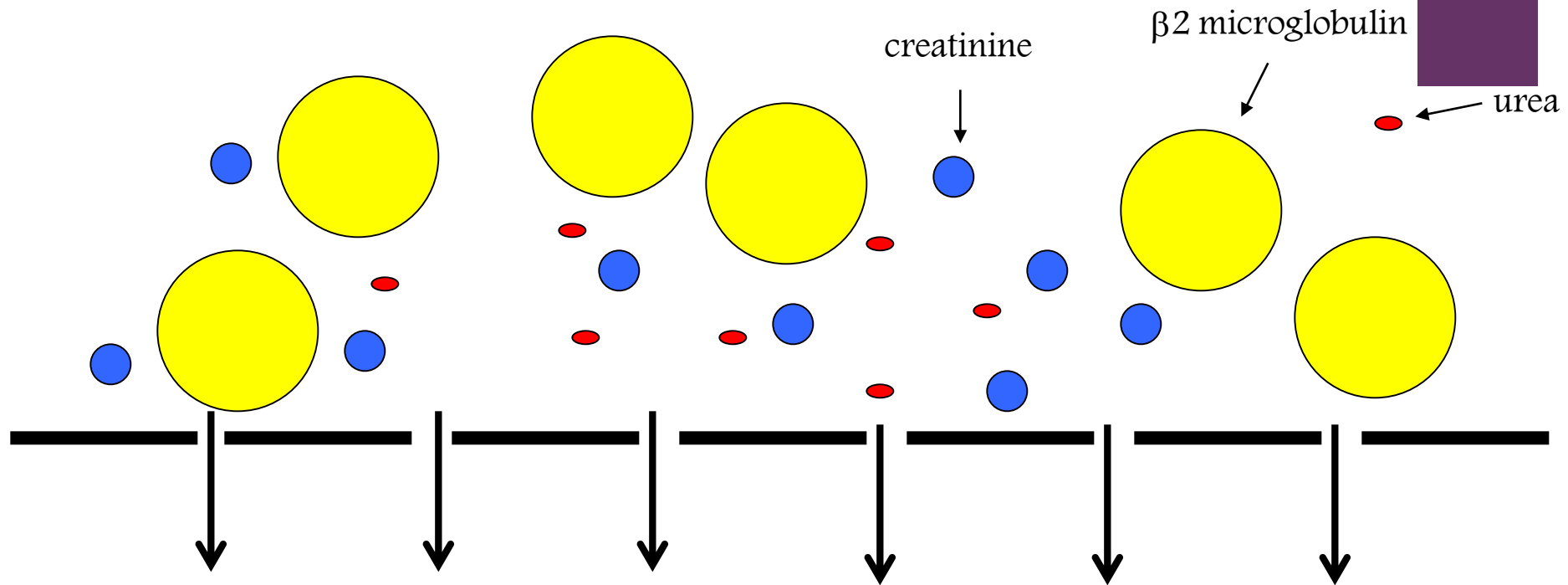
Membrane thickness limiting factor

Increased LF cellulosic clearances during last 20yrs
due to reduced membrane thickness
(Hence, fragile, endotoxin transfer risk, etc.)

Hydrophobic membranes that adsorb a protein layer
can have a reduced in-vivo clearance

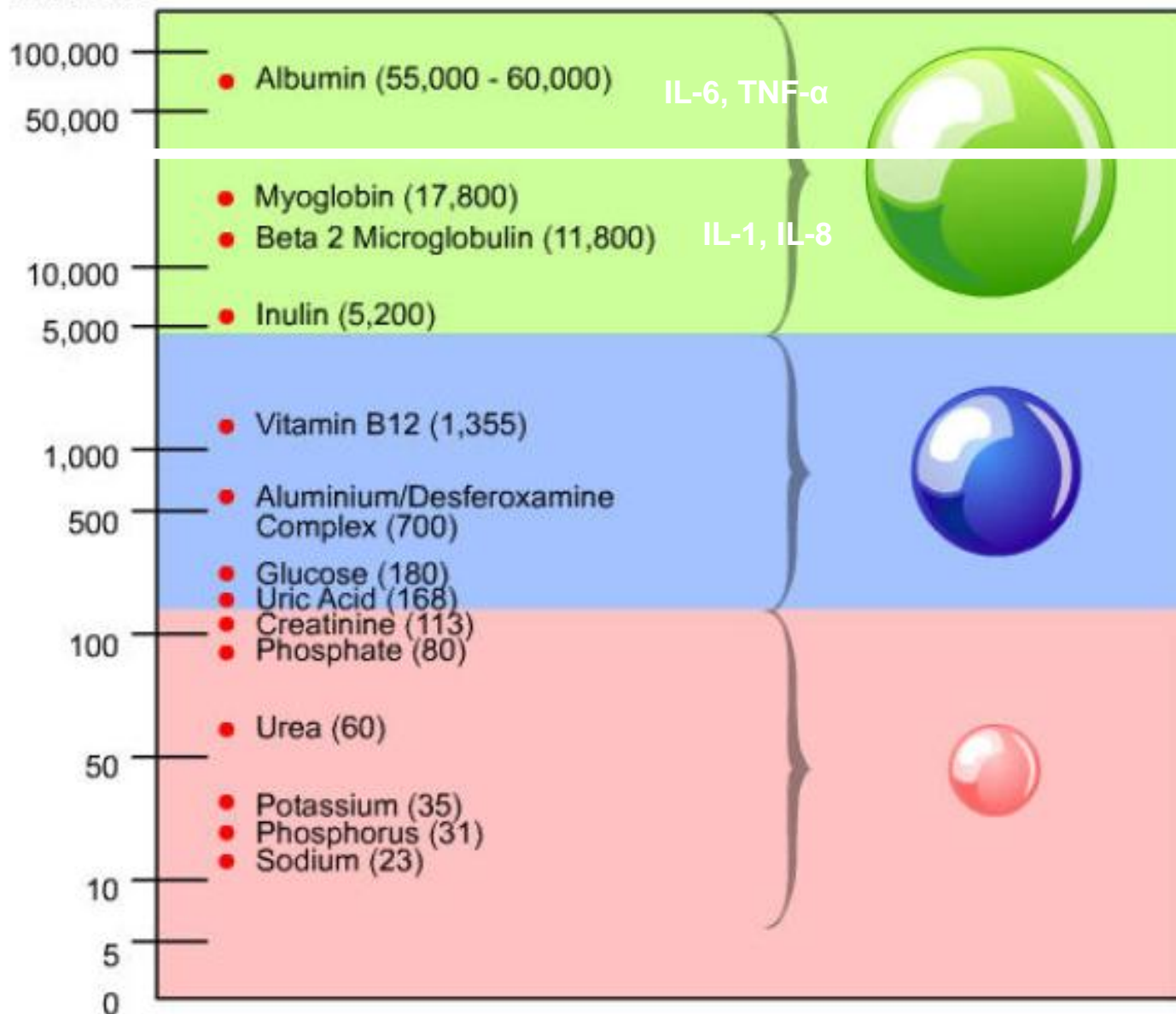


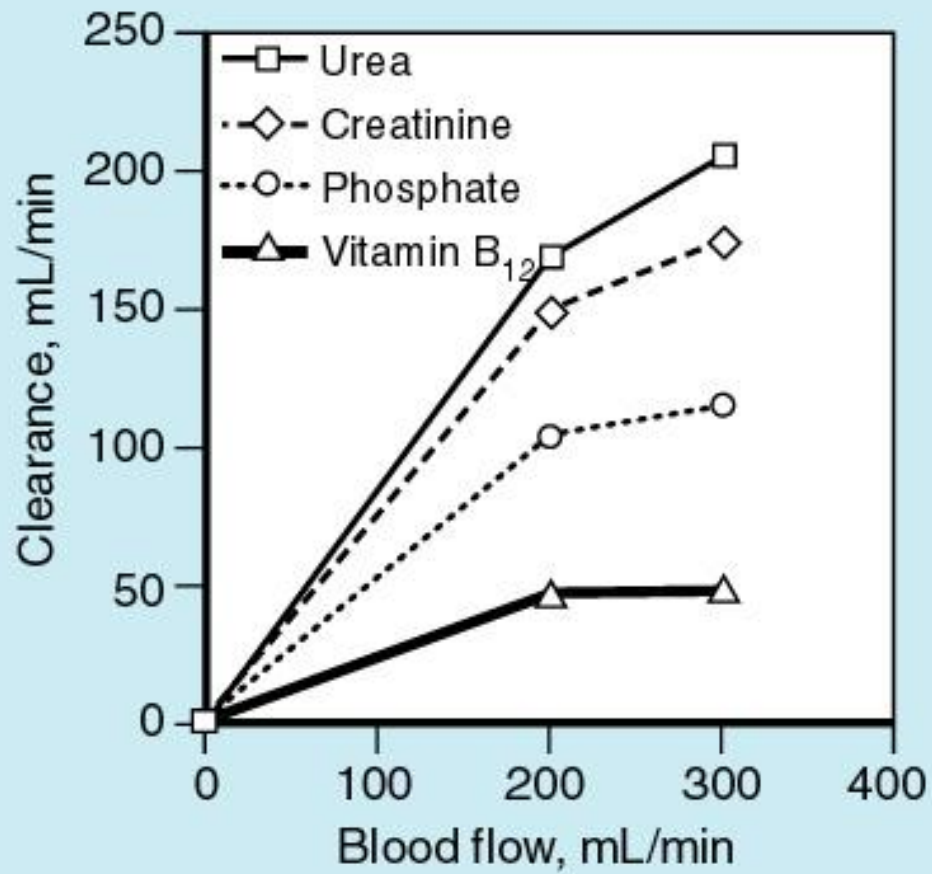
Types of solutes and their clearance





MOLECULAR WEIGHT, DALTONS





2) Water transport

Ultra filtration:

All excess fluid must be removed from the bloodstream as the patient's blood flows through the dialyzer. The process of water removal from the bloodstream is called ultra filtration, and the amount of fluid removed is the ultra filtrate.

Hydraulic⁺ permeability is a function of pore size – dialysers classified according to their KUF

Rate of flow across membrane \propto TMP

Low flux (KUF < 10ml/hr/mmHg/m²)

High flux (KUF > 20ml/hr/mmHg/m²)

Hydrophobic membranes that adsorb a protein layer can exhibit a reduction in permeability as the dialysis session progresses

3) Biocompatibility–

What does this mean?

- An ideal membrane would be inert in terms of blood activation (maximal biocompatibility)

+

- Body responses are very similar to the inflammatory & immune responses

Biocompatibility depends on...

Polymer structure

Hydrophobicity / hydrophilicity

Surface ⁺electrical charge

Protein adsorption

But not exclusively related to the
membrane...

Long term responses to bioincompatibility in hemodialysis

- Dialysis related Amyloidosis (DRA)
- Accelerated loss of residual renal function
- Co morbidity
 - Anemia
 - Endothelial dysfunction and Cardiovascular disease
 - Infection
 - Malnutrition
- Impaired survival

3) Measures of bioincompatibility

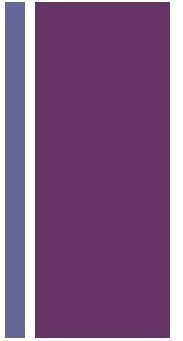
Bioincompatibility is not quantifiable.
Depends on evidence of activation.

- 1) Thrombogenesis
- 2) Complement activation
- 3) Leukocyte activation
- 4) Cytokine induction
- 5) Oxidative stress

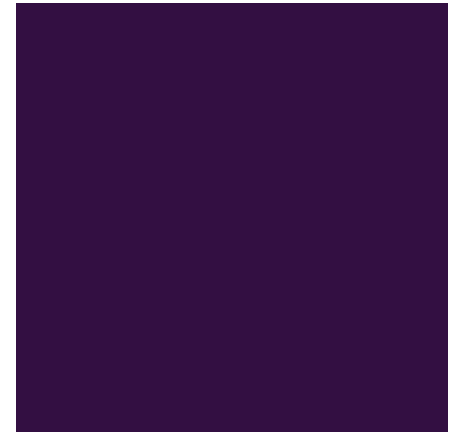
Measures of bioincompatibility

- Using the markers from the previous slide, a hierarchy of bioincompatibility can be constructed:
- Regenerated cellulose
- Modified cellulose
- Synthetic
- ...but results can be varied

While Selecting Membrane.....



- Low compliment activation, Leucopenia, Thrombogenicity, and reduced morbidity.
- In-Line Steam Sterilization, Minimal Residues.
- Membrane integrity test after sterilization.
- High Capillary density.
- Membrane should be hydrophilic and hydrophobic character.
- Superior & Excellent biocompatibility, unaffected by sterilization.
- Effective Endotoxin retention – Better Patient Outcome.



Thank You



+ Structural differences



CELLULOSIC MEMBRANES

- Cellulosic membrane thickness: 8-12 μ m.
- Wettable membranes form a “gel” with hydrated channels of uneven size (pores) through which uremic solutes diffuse & convect.

Structural differences

SYNTHETIC MEMBRANES

Skin thickness @1 μ m.

+ Supporting layer 40 μ m – does not reduce efficiency for solute & water transport.

Extra strength, adsorbance of dialysate contaminants, etc.

