Hemodialysis with Polycarbonate Membrane

Lee W. Henderson, MD, Klaus Schaefer, MD, Karl Erik Hemmeløff, MD (Co-Editor)

KKoffin

selecting a cellulosic
membrane for his
first clinical experiments
with dialysis did
so on empirical

s. somewhat arbitrary
grounds. His selection
proved to be
of such quality
that today more
than 90% of
dialyses throughout t.
the world are
conducted with cellulosic
membranes in general

c. cupro-phane in
particular. These membranes
are comparatively inexpensive.
Present-day cu-prophane reflects
the i. intense
efforts of its
manufacturer to make
it the very
best of transporting
membranes. Recent concern
about unphysiologic events
stemming from blood/membrane
interaction as a
result of the
triggering by dialysis
membranes of the
complement system provided
the stimulus for
an orderly examination
of less commonly

used dialysis membranes
that are free
of this troublesome
property. Cellulose acetate

polymethylmethacrylate have proven
intermediate between cuprophane

polyacrylonitrile membranes with
the latter showing
the least complement
activation. It is
with this background
that renewed interest
in

polycarbonate membrane for dialysis has occurred. The editors have recently reviewed a series of presentations concerning this membrane and felt that the information presented was of sufficient quality and interest for our readership to warrant publication. As such this issue of our journal is devoted to the proceedings of a meeting that was held in Amsterdam on September 13 and 14, 1985 dealing with the properties of this new dialysis membrane. Comments relating to the presentation have been edited in to provide perspective on the presentations. It is likely that with the release of polycarbonate membranes for routine use in clinical dialysis both in Europe and North America more reports on its performance will be forthcoming in the near future. What we present to you here is a preview of its performance.