

Red Blood Cell Exchange (V12 RBCX) Rx Only Procedure Training (Including single-needle option)

Spectra Optia® Apheresis System

TRAINING

Operator's Manual Information

Spectra Optia Apheresis System

Intended Use

The Spectra Optia Apheresis System, a blood component separator, may be used to perform the following therapeutic apheresis, cell collection, and cell processing procedures*:

- Therapeutic plasma exchange
- Therapeutic plasma exchange with a secondary plasma device
- Red blood cell exchange, depletion, and depletion/exchange
- Mononuclear cell collection from the peripheral blood
- Granulocyte collection from the peripheral blood
- White blood cell depletion
 - WBC reduction for patients with leukocytosis at risk for leukostasis (USA)
- Platelet depletion
- Processing of harvested bone marrow



^{*}Procedure availability varies by country

Operator's Manual Information Continued

Contraindications for Use

- Leukocytapheresis is contraindicated in AML FAB M3 (APL) because of the accompanying disseminated intravascular coagulation. (Vahdat L, et al., "Early mortality and the retinoic acid syndrome in acute promyelocytic leukemia: impact of leukocytosis, low-dose chemotherapy, PMN/RAR-alpha isoform and CD13 expression in patients treated with all-trans retinoic acid." Blood 1994; 84: 3843-3849. Daver, et al., "Clinical characteristics and outcomes in patients with acute promyelocytic leukaemia and hyperleucocytosis." British Journal of Haematology 2015, 168, 646-653.)
- Other contraindications for the use of the Spectra Optia system are limited to those associated with the infusion of solutions and replacement fluids as required by the
 apheresis procedure, and those associated with all types of automated apheresis systems.

Possible Adverse Events of Apheresis Procedures Include:

• Anxiety, headache, light-headedness, digital and/or facial paresthesia, fever, chills, hematoma, hyperventilation, nausea and vomiting, syncope (fainting), urticaria, hypotension, allergic reactions, infection, hemolysis, thrombosis in patient and device, hypocalcemia, hypokalemia, thrombocytopenia, hypoalbuminemia, anemia, coagulopathy, fatigue, hypomagnesemia, hypogammaglobulinemia, adverse tissue reaction, device failure/disposable failure, air embolism, blood loss/anemia, electrical shock hazard, fluid imbalance, inadequate separation of blood components.

Reactions to Blood Products Transfused During Procedures

Reactions to transfused blood products can include fever, circulatory overload, shock, allergic reactions, alloimmunization, transfusion-related acute lung injury (TRALI), and graft-versus-host disease (GVHD), as well as transmission of infectious diseases and bacteria. (Sources: Circular of Information for the Use of Human Blood and Blood Components, AABB, et al, ed., April, 2006; Guide to the preparation, use and quality assurance of blood components, 10th Edition, Council of Europe Publishing; Toy P et al., "Transfusion-Related Acute Lung Injury: Incidence and Risk Factors." Blood, 2012; 119: 1757-1767.)

Restricted to Prescription Use Only:

- Operators must be familiar with the system's operating instructions.
- Procedures must be performed by qualified medical personnel.

Learning Objectives

After completing this training you will be able to do the following regarding RBCX procedures using the Spectra Optia system:

- Discuss the principles of the procedure.
- Enter and discuss the data needed to run the procedure.
- Discuss how the data you entered affects the procedure and run targets.
- Understand the effect of the replacement fluid types.
- View and change data on the run values screen.
- Make changes to data on the data, run, and end run menu screens.
- Troubleshoot issues that may arise.
- Describe using the single-needle option with RBCX procedures.
- Understand the issues related to pediatric/low total blood volume (TBV) patients.



Presentation Overview

- Introduction
- Preparing to Perform the Procedure
- Exchange
- Depletion
- Depletion/Exchange
- Making Changes
- Optimization
- Troubleshooting
- Single-Needle
- Pediatric/Low-TBV Patients



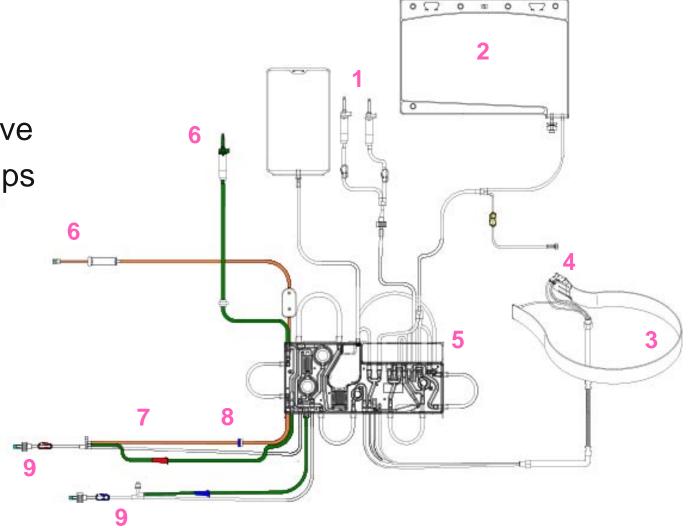
Introduction

- Exchange Set
- Basic Principles of RBCX
 - Flow Path
 - Channel
- Connector
- Single-Needle Procedure

Exchange Set

- 1. Replace line 7. AC line
- 3. Channel
- 4. Connector
- 5. Cassette
- 6. AC and saline tubing
 - **AC Correct** Connect luer*
 - Saline spike
 - Sterile barrier filters

- 2. Remove bag 8. AC check valve
 - 9. Colored clamps

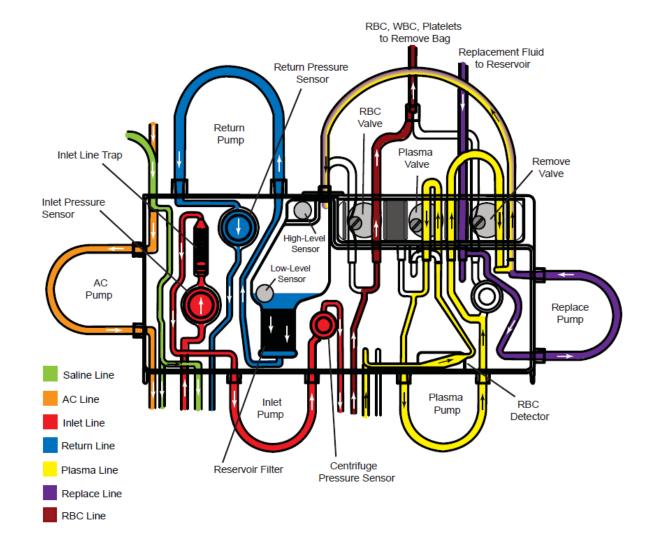




Basic Principles of RBCX

- Indications for RBCX
- Procedure goals:
 - Remove defective or excessive red blood cells (RBC)
 - Infuse replacement fluid
 - Change patient's hematocrit (Hct) (increase or decrease)
 - Maintain fluid balance
- Replacement fluids

Basic Principles of RBCX – Flow Path

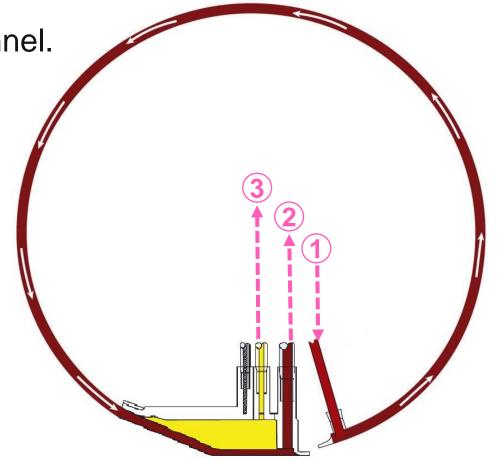


Basic Principles of RBCX – Channel

Anticoagulated whole blood enters the channel.

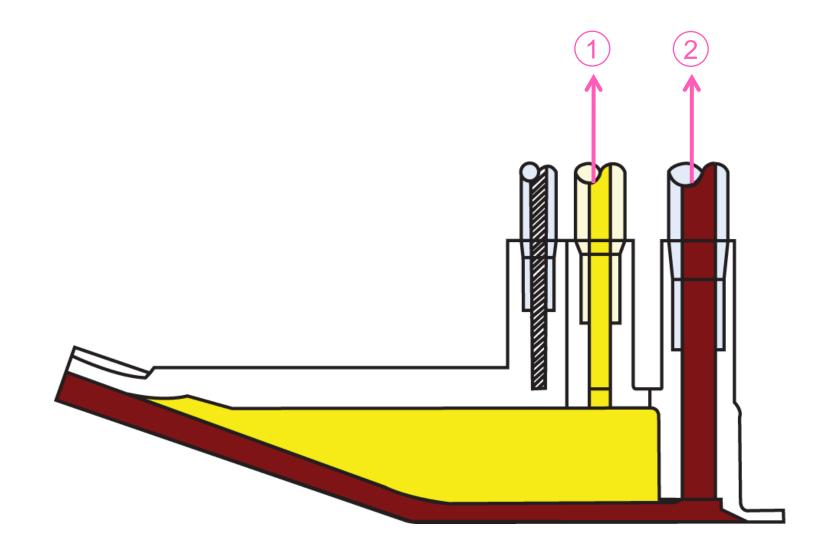
2. Red blood cells (RBC) flow to the remove bag.

3. Plasma is pumped to mix with the replacement fluid.



Connector

- 1. Plasma port
- 2. RBC port

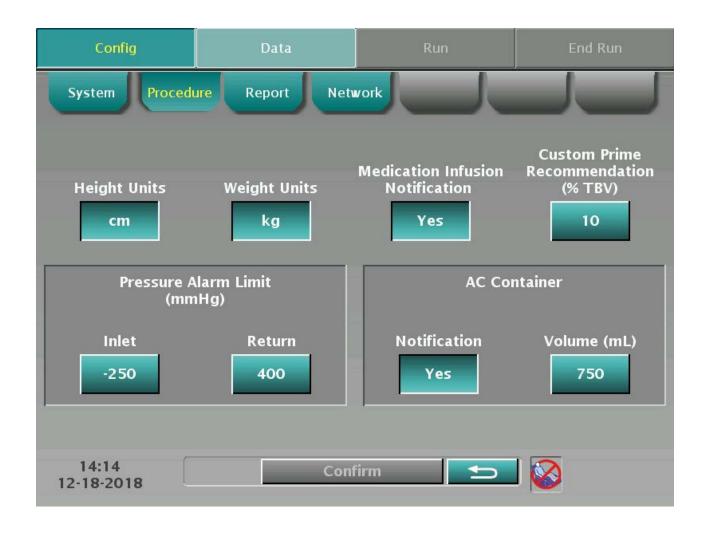


Questions?

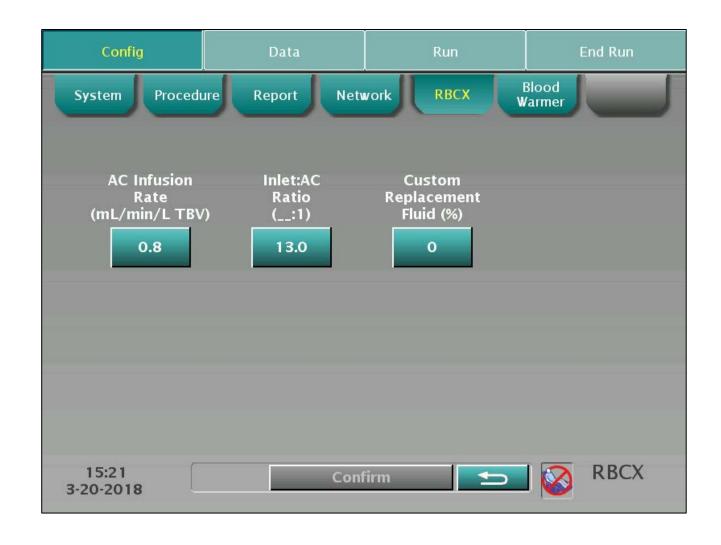
Preparing to Perform the Procedure

- Configuration: Medication Infusion Notification
- Configuration RBCX Procedures
- Configuration Blood Warmer
- Channel Loading
- Single-Needle Procedures
- Patient Data
- Exchange Type
- Fluid Data
 - Replacement Fluid
 - Fluid Balance

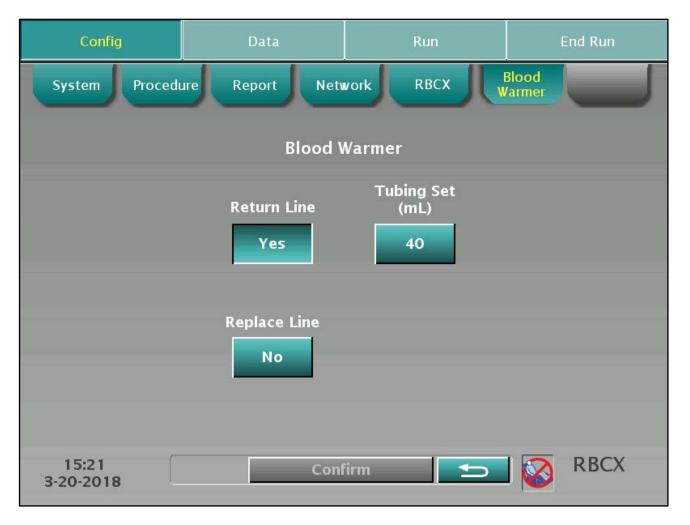
Configuration: Procedure



Configuration – RBCX Procedures



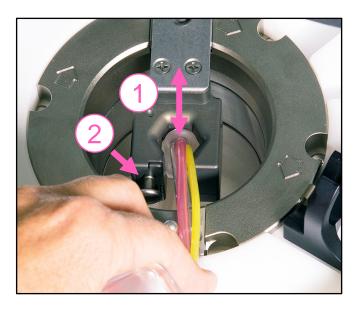
Configuration – Blood Warmer

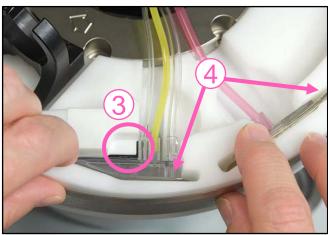


Channel Loading (very important)

Use the standard filler.

- 1. Centrifuge collar is in the correct position.
- 2. Notch on the locking pin is visible.
- 3. Optical reference is visible.
- 4. Channel sits flush with the groove.

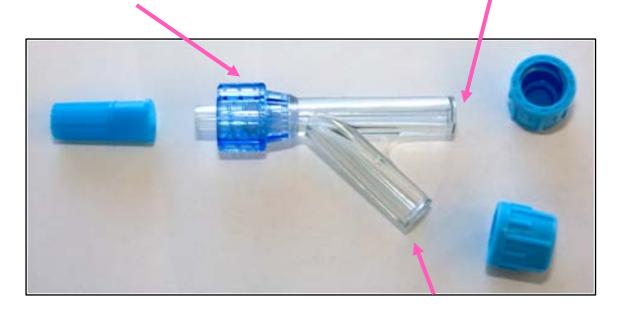




Single-Needle Procedure

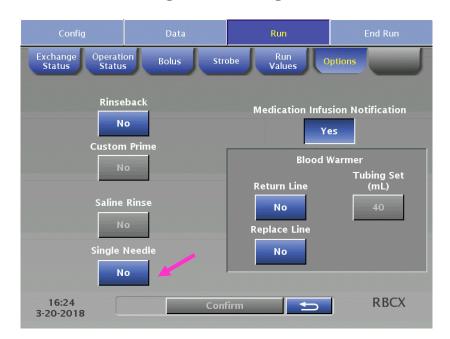
Male luer connection to patient

Female luer connection to inlet line



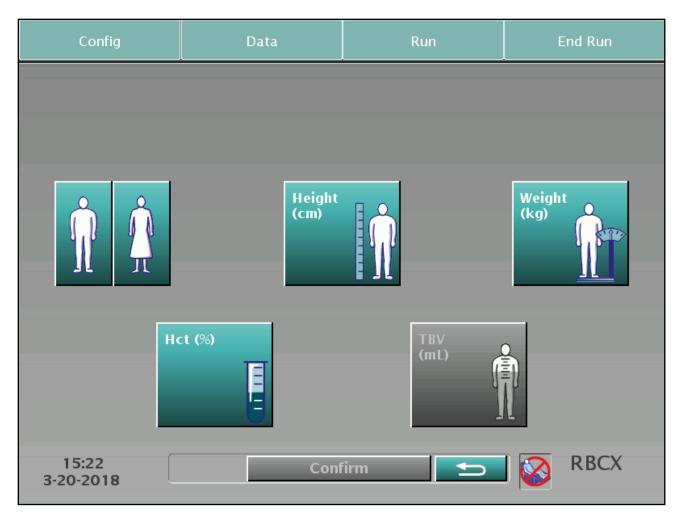
Female luer connection to return line

Converting to Single-Needle Access

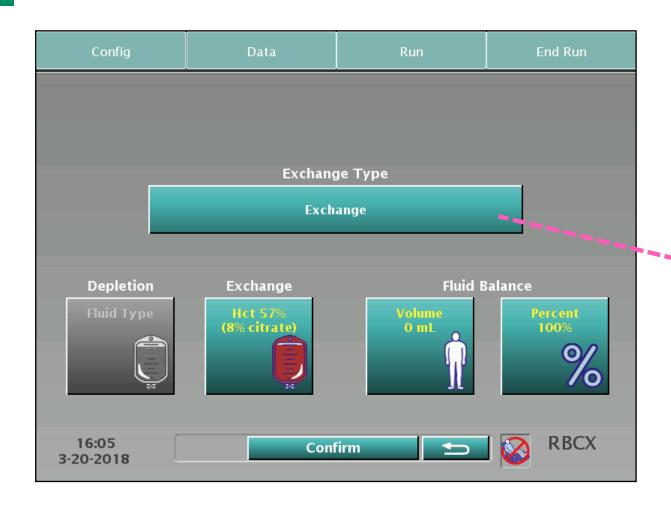


Touch **Single Needle** on the Options screen and follow the on-screen instructions.

Patient Data



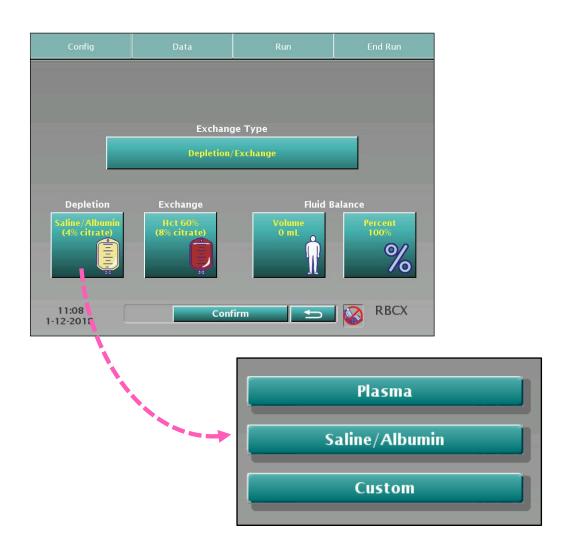
Exchange Type





Fluid Data

- Replacement fluids
- Fluid balance



Questions?

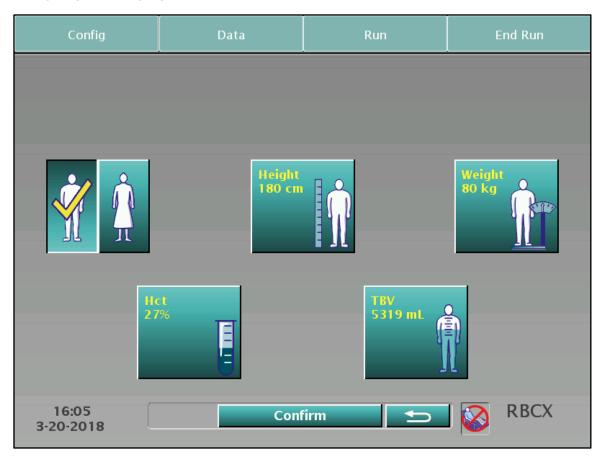
Exchange

- Data Entry
- Run Values
- Calculate FCR
- Enter FCR
- FCR: System-Calculated
- Spike Replacement Fluid
- Main Run
- Exchange Status
- Run Targets Attained and Disconnect
- Procedure Summary



Data Entry

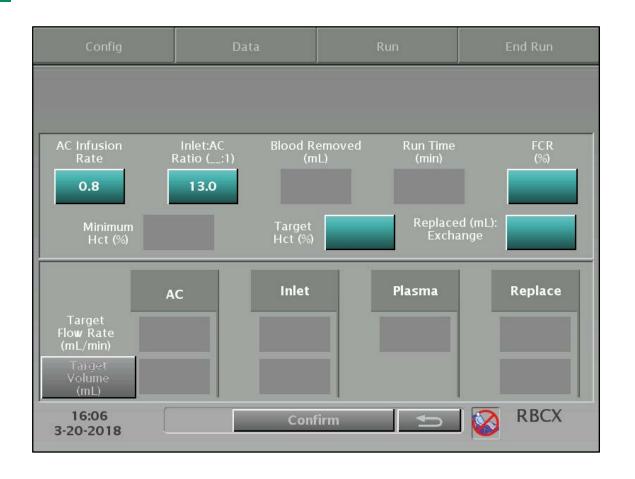
Patient Data

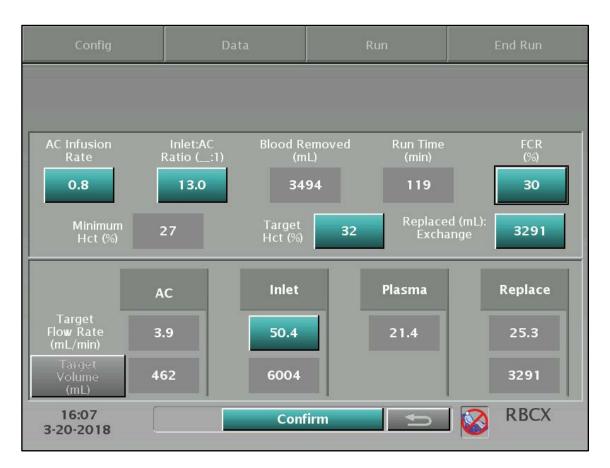


Fluid Data

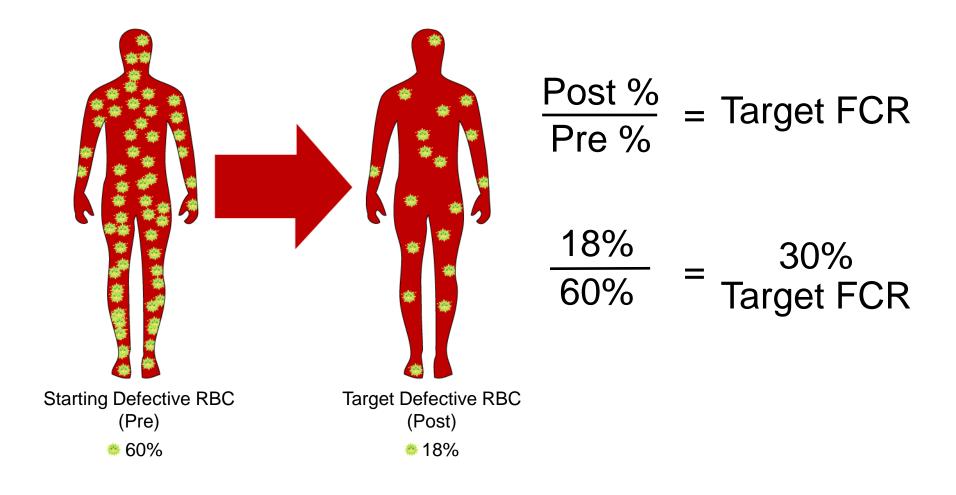


Run Values

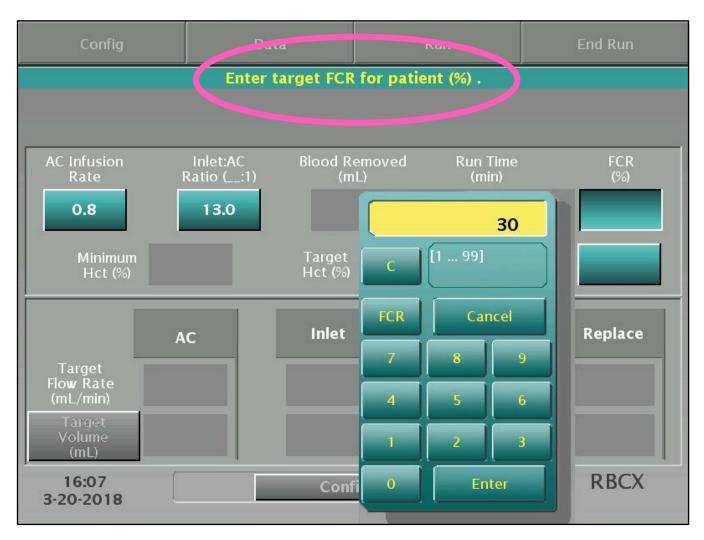




Calculate FCR

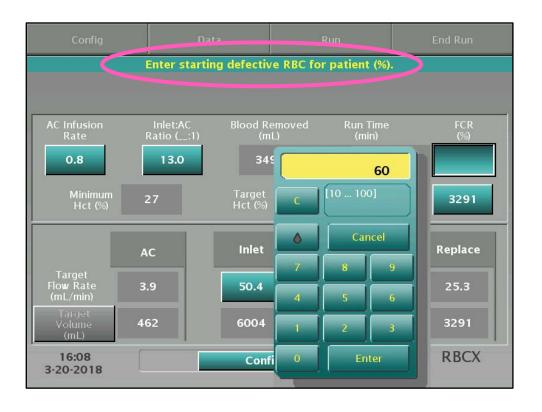


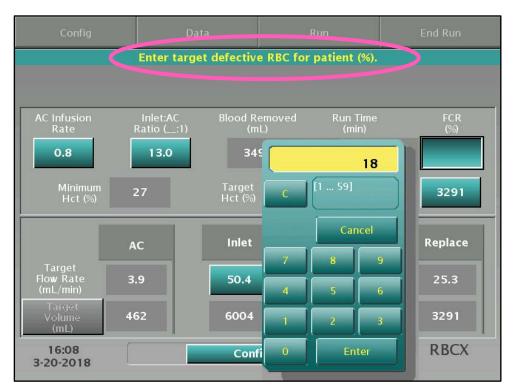
Enter FCR



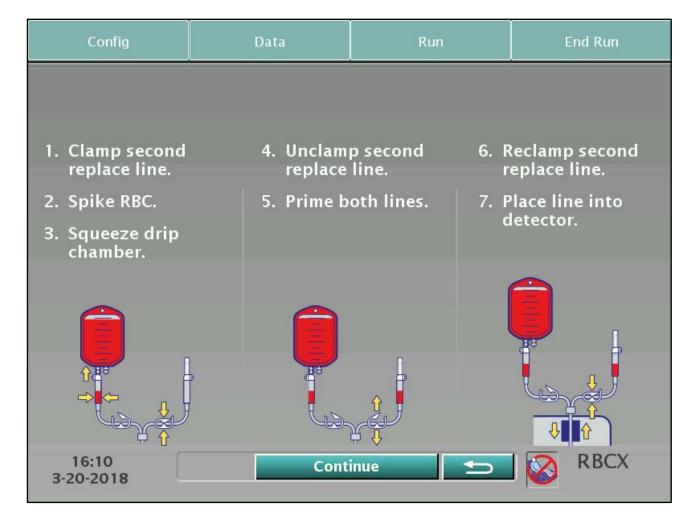
FCR: System-Calculated

- 1. Enter the starting defective RBC (%).
- 2. Enter the target defective RBC (%).

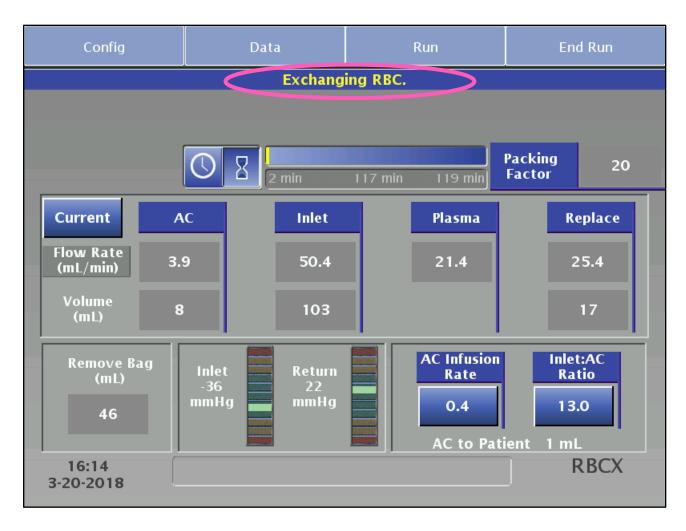




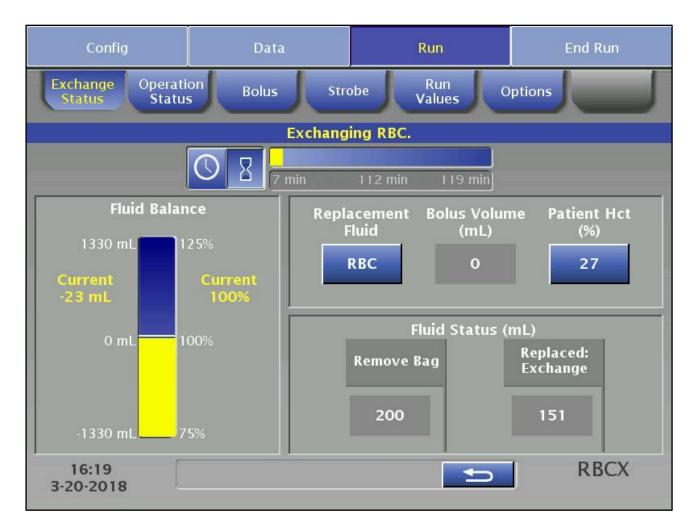
Spike Replacement Fluid



Main Run

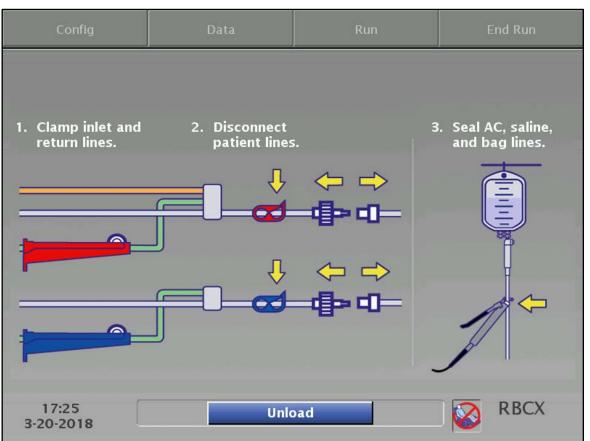


Exchange Status



Run Targets Attained and Disconnect

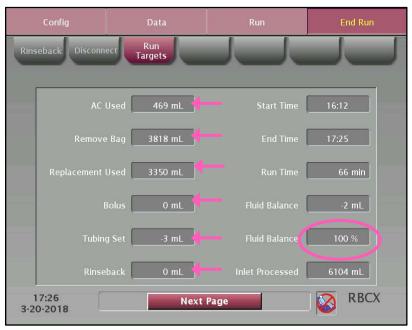




Procedure Summary

To calculate the patient's fluid balance, use the values on the procedure summary screen:

- +469 mL (AC Used)
- -3818 mL (Remove Bag)
- +3350 mL (Replacement Fluid)
 - -3 mL (Tubing Set)
 - +0 mL (Rinseback)
 - -2 mL (Total)
 - +0 mL Bolus (if given)
 - -2 mL Patient's Fluid Balance







Questions?

Depletion

- Data
 - Patient Data
 - Fluid Data
- Run Values
- Spike Replacement Fluid
- Main Run
- Exchange Status
- Run Targets Attained
- Procedure Summary

Data

Patient Data



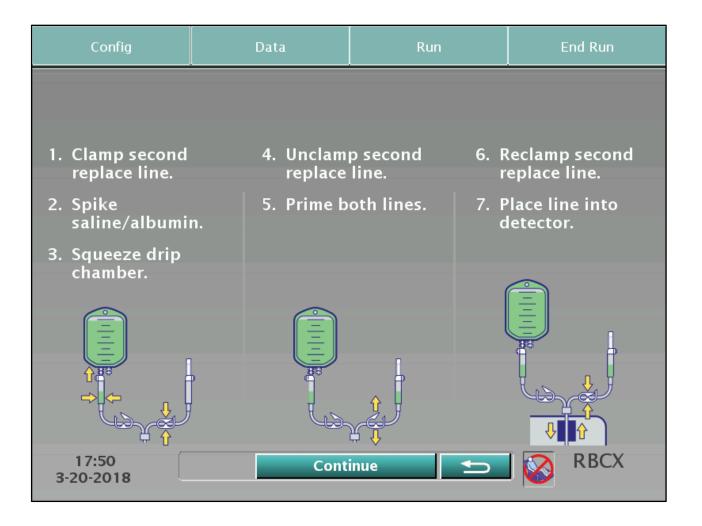
Fluid Data



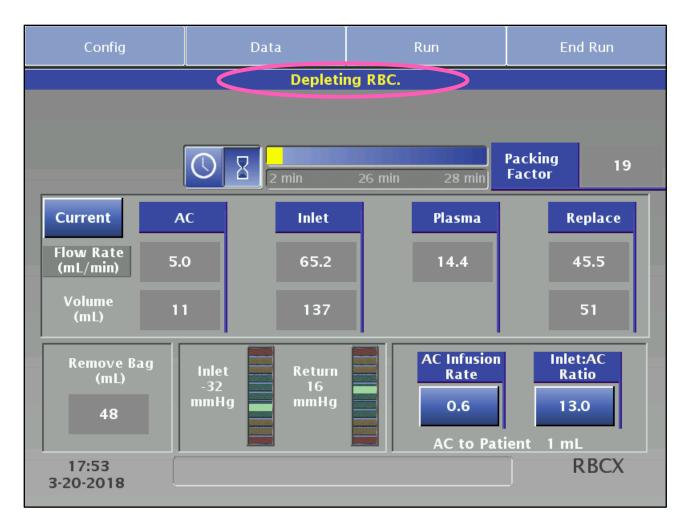
Run Values



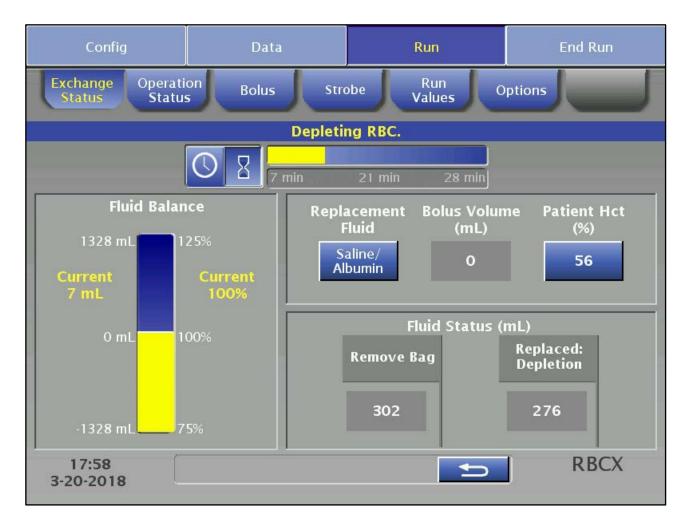
Spike Replacement Fluid



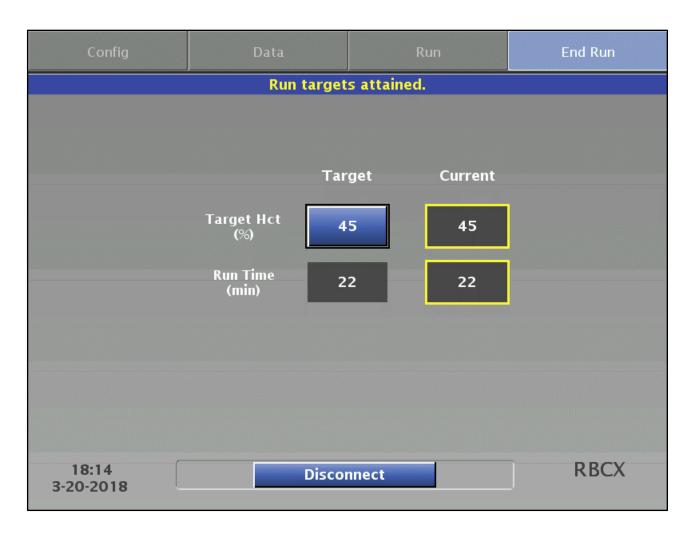
Main Run



Exchange Status



Run Targets Attained



Procedure Summary

1.



2.



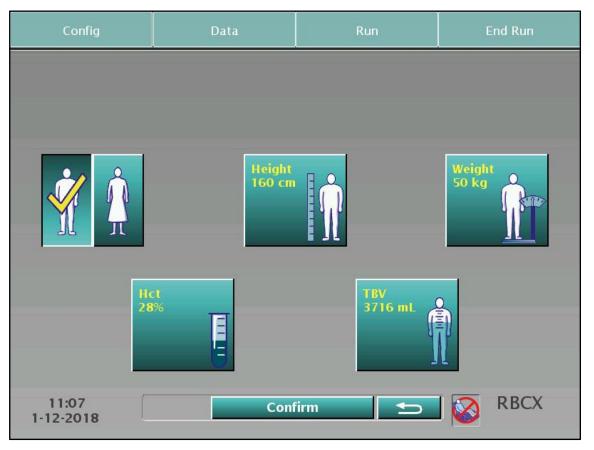
Questions?

Depletion/Exchange

- Data
 - Patient Data
 - Fluid Data
- Run Values
- Considerations for Depletion/Exchange
- Spike Replacement Fluid
- Main Run
- Exchange Status
- Run Targets Attained
- Procedure Summary

Data

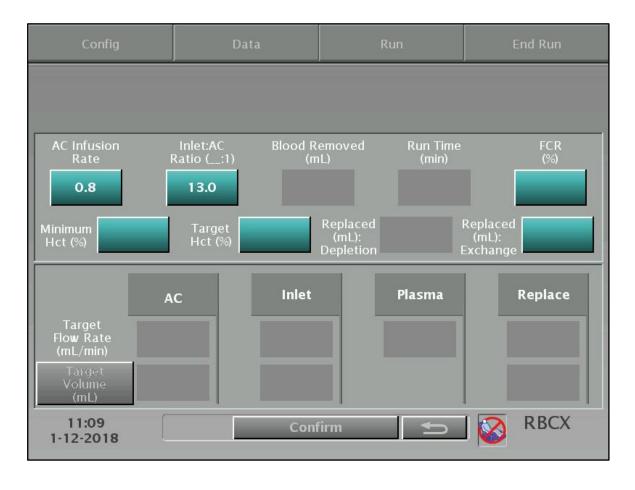
Patient Data



Fluid Data



Run Values





Considerations for Depletion/Exchange

Lower FCR

- Same volume of blood is used
- Lower FCR is attained

Less RBC

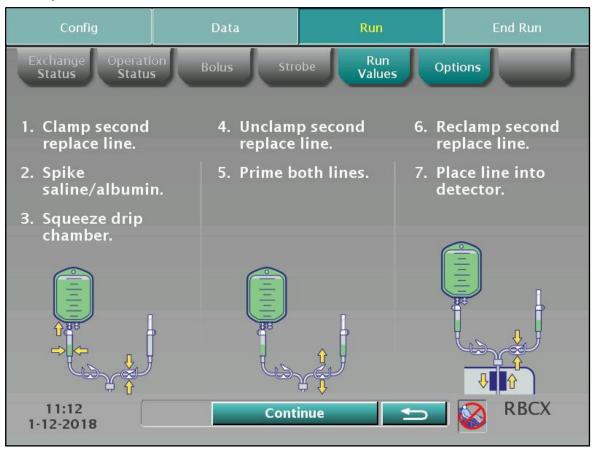
- Same FCR is targeted
- 1 unit less RBC is needed

Patient: 5 L TBV, Hct 26%, fluid balance 100%			
	FCR		
	Exchange	Depletion/ Exchange	
Min Hct (%)	26	22	
Target Hct (%)	32	32	
Target FCR (%)	33	30	
Replace vol (mL)	2921	2921	

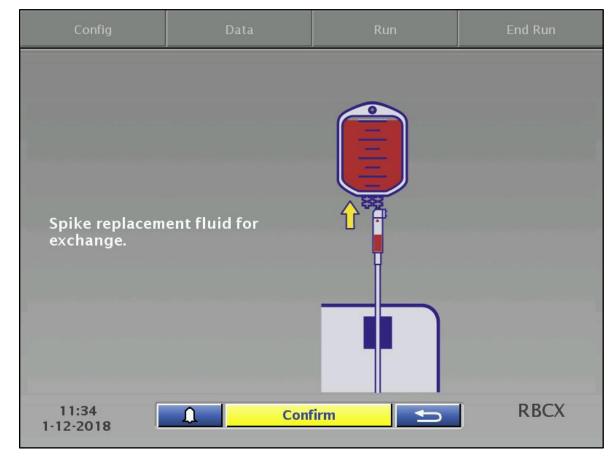
Patient: 5 L TBV, Hct 26%, fluid balance 100%			
	RBC		
	Exchange	Depletion/ Exchange	
Min Hct (%)	26	22	
Target Hct (%)	32	32	
Target FCR (%)	30	30	
Replace vol (mL)	3148	2921	

Spike Replacement Fluid

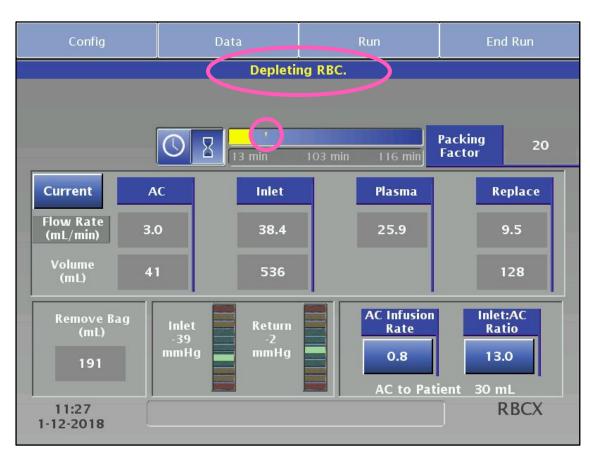
Depletion Phase

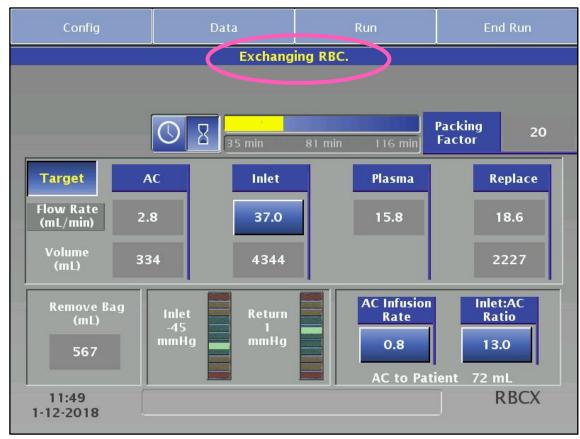


Exchange Phase

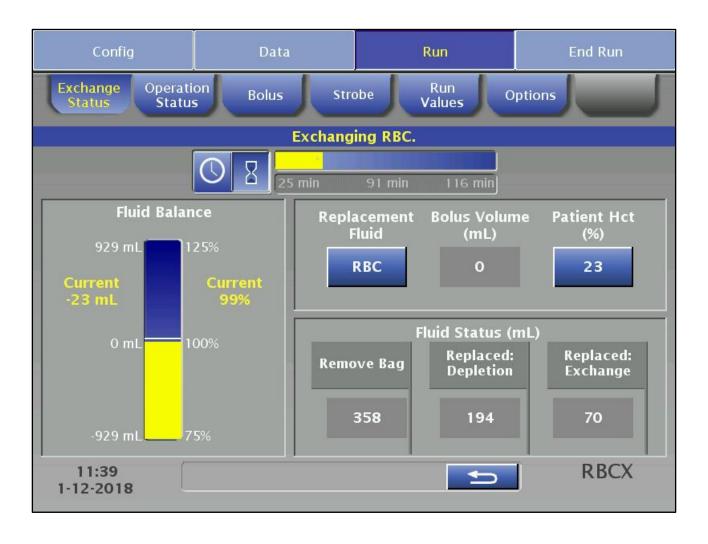


Main Run

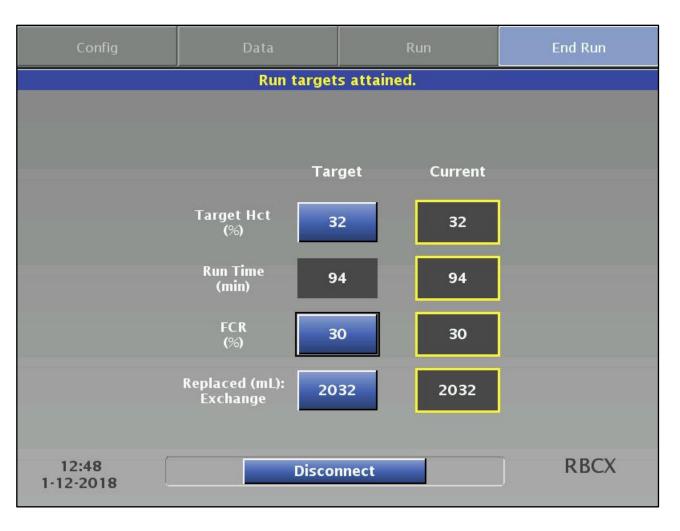




Exchange Status



Run Targets Attained

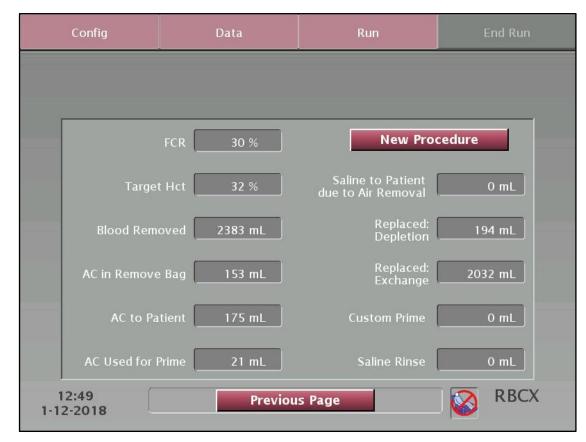


Procedure Summary

1.



2.



Questions?

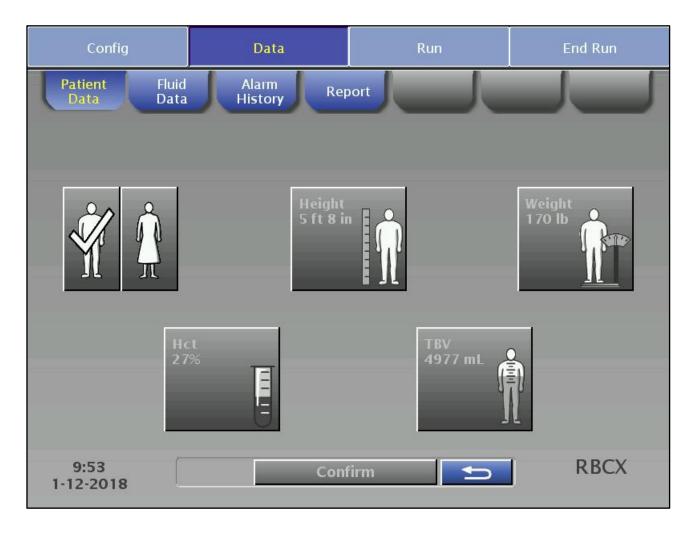
Making Changes

- Configuration Menu
- Data Menu
- Run Menu
- End Run Menu

Data Menu

- Patient Data
- Fluid Data
- Alarm History
- Report

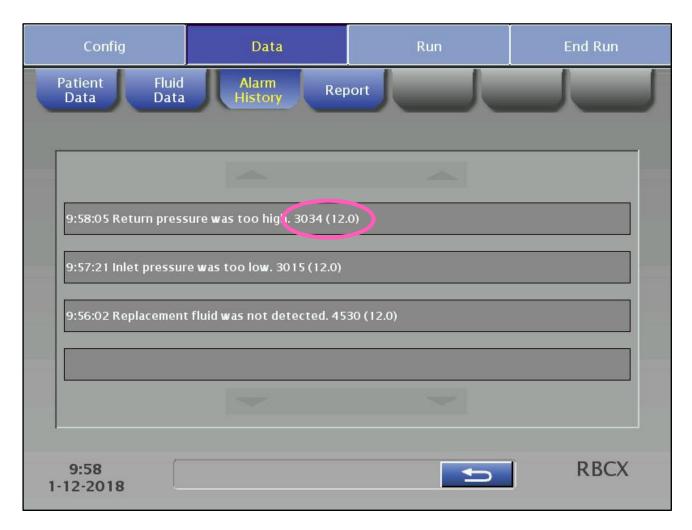
Patient Data



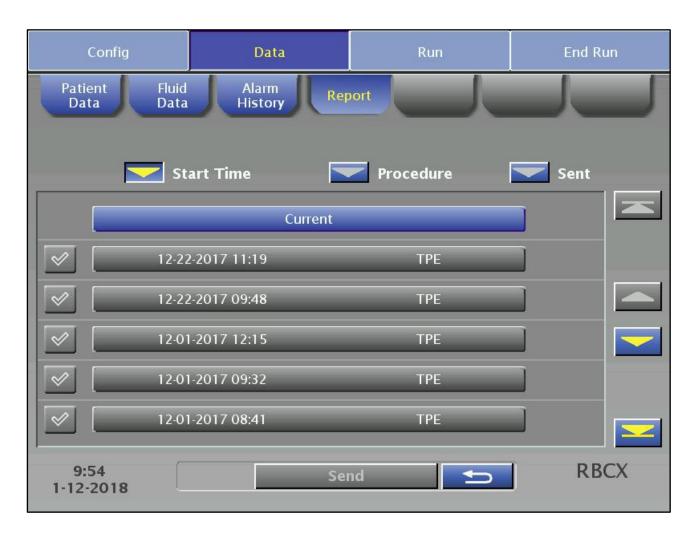
Fluid Data



Alarm History



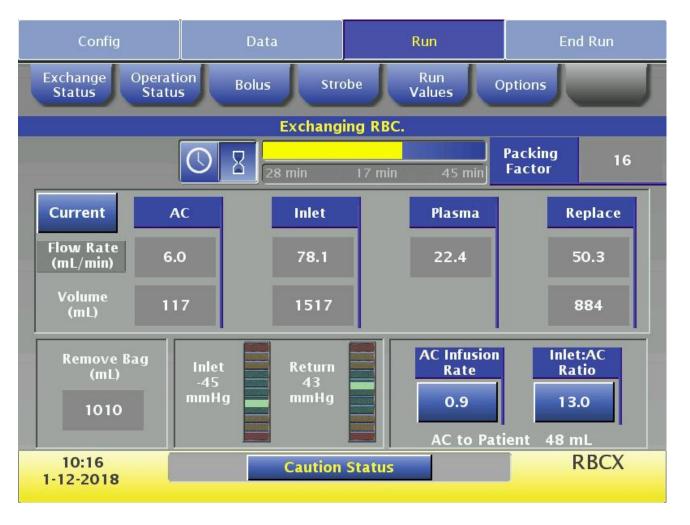
Report



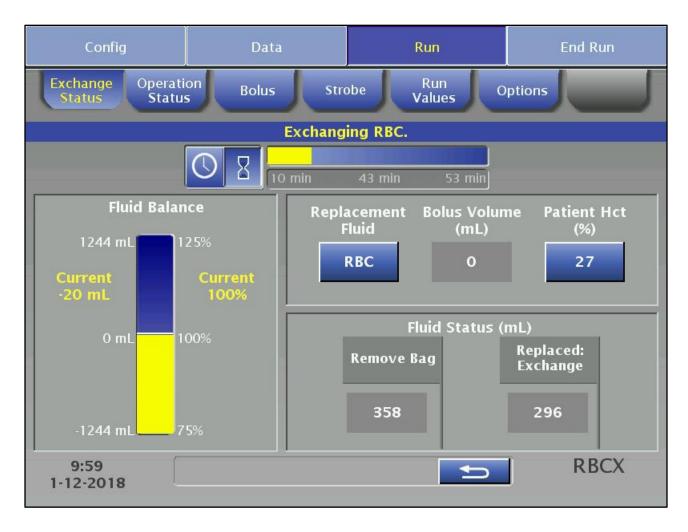
Run Menu

- Main Run Caution Status
- Exchange Status
- Operation Status
- Bolus
- Strobe
- Run Values
- Options

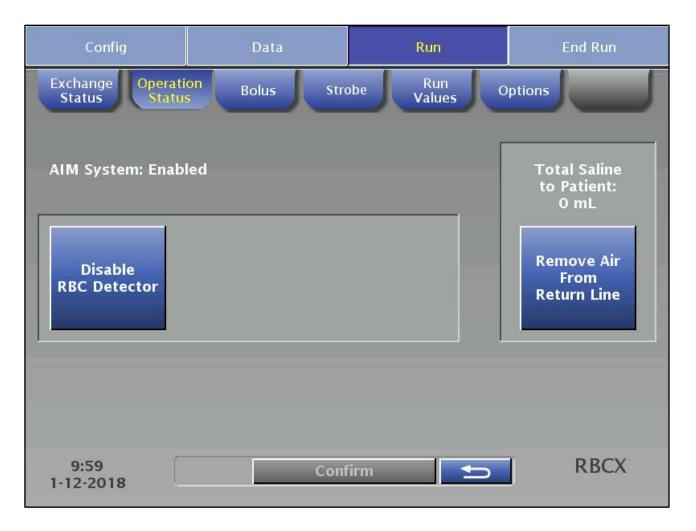
Main Run – Caution Status



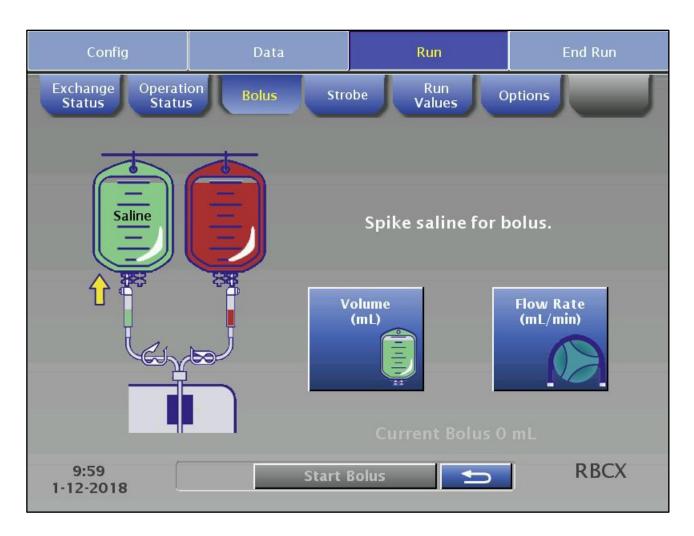
Exchange Status



Operation Status



Bolus

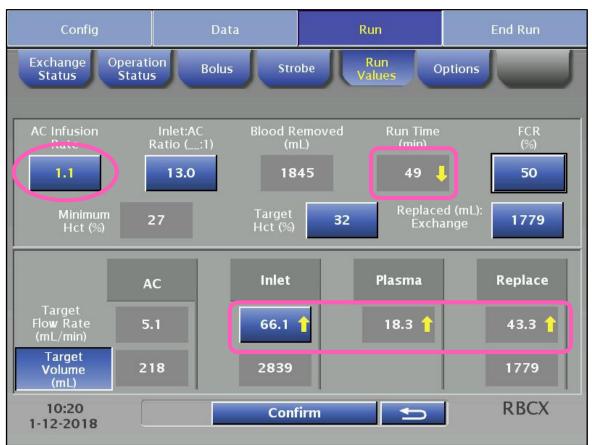


Strobe

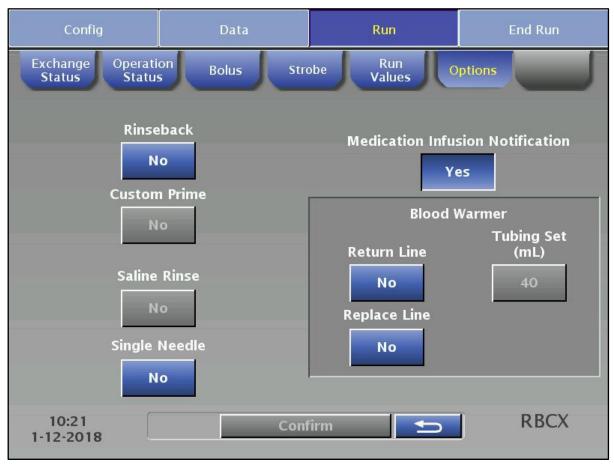


Run Values





Options

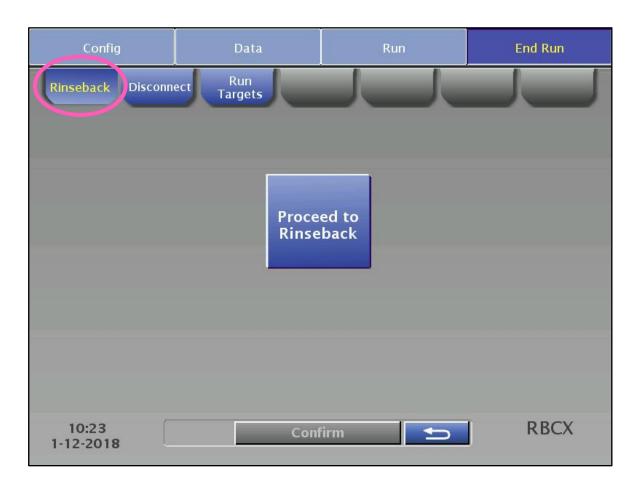


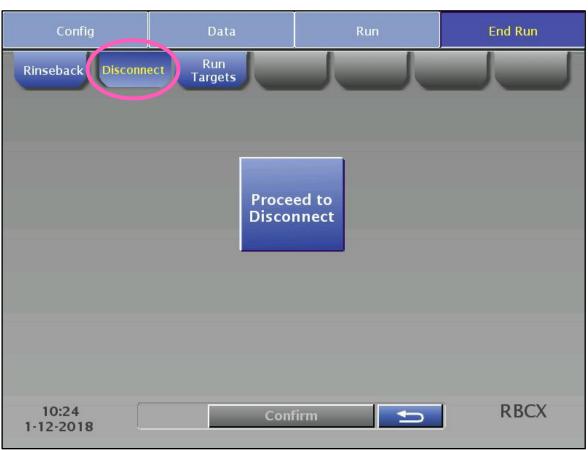
Note: Not all options are commercially available in all world areas.

End Run Menu

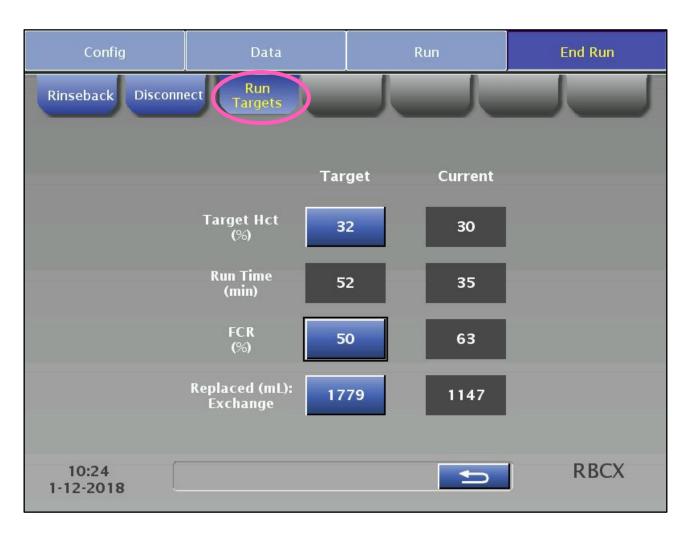
- Rinseback, Disconnect
- Run Targets

Rinseback, Disconnect





Run Targets

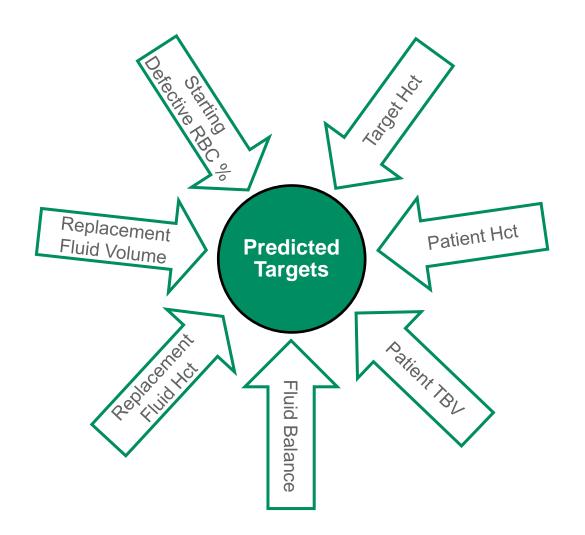


Questions?

Optimization

- Targets Not Achieved
- Helpful Hints

Targets Not Achieved



Targets Not Achieved (continued)

Incorrect Replacement Fluid Hct

Incorrect Patient Hct

Example:	Entered	Actual
Patient Hct	27%	27%
Replacement Hct	27%	57%
Target Hct	27%	37%

Too high or too low post-procedure patient Hct or FCR

Helpful Hints

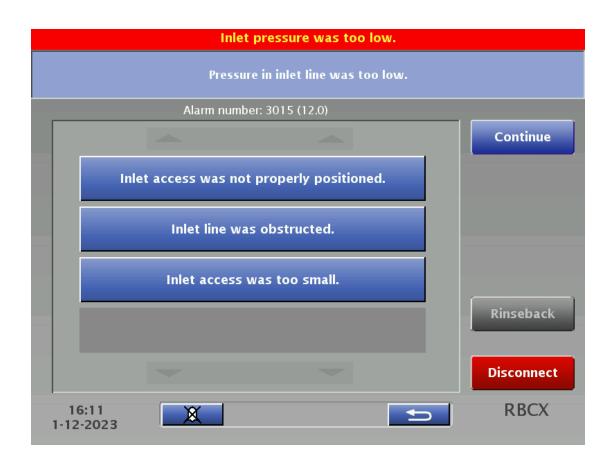
- No rinseback should be performed.
- Enter accurate patient Hct. This is essential!
- Know the Hct and volume of each unit of replacement RBC.
- Certain additive solutions cause an inaccurate spun Hct of the RBC unit.
- For sickle cell patients, screen the replacement RBC units for sickle cell trait.
- The patient's platelet count will decrease depending on the number of TBVs processed.

Questions?

Troubleshooting

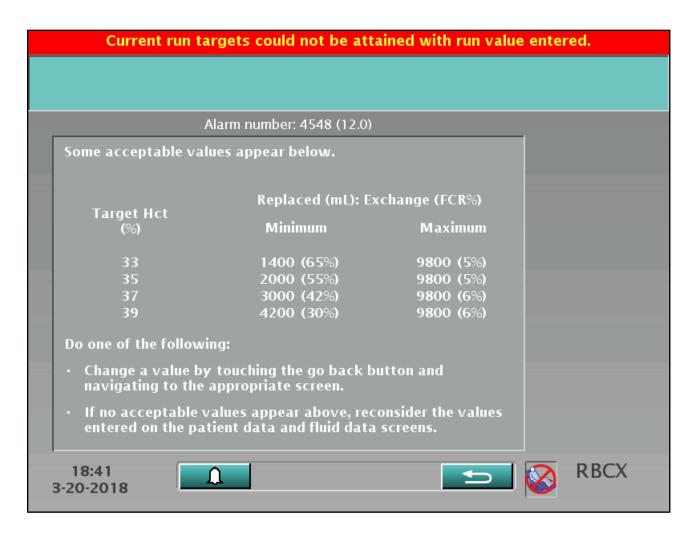
- Inlet and Return Access Alarms
- Unattainable Procedure
- High Interface
- Updating the Patient's Hct Pause

Inlet and Return Access Alarms



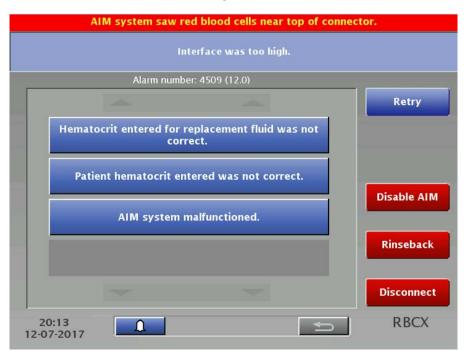


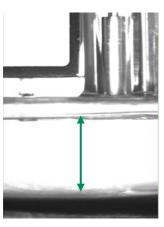
Unattainable Procedure



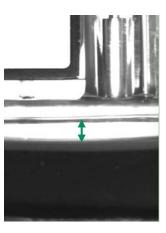
High Interface

- 1. Look through the viewport.
- 2. Check the patient's current Hct.
- 3. Check the replacement fluid Hct.



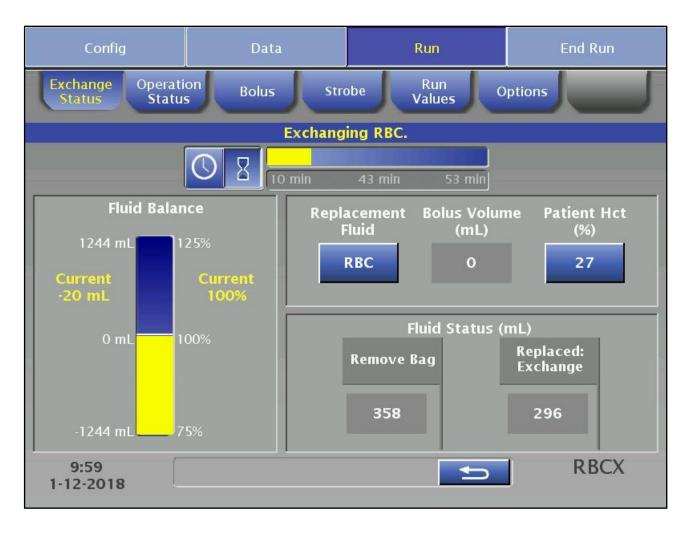


Typical RBCX Interface



High RBCX Interface

Updating the Patient's Hct – Pause



Questions?

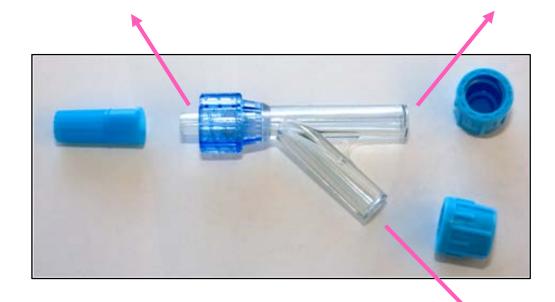
Single-Needle Procedures

- Single-Needle Connector
- Convert Access to Single-Needle
- Optimization

Single-Needle Connector

Male luer connection to patient

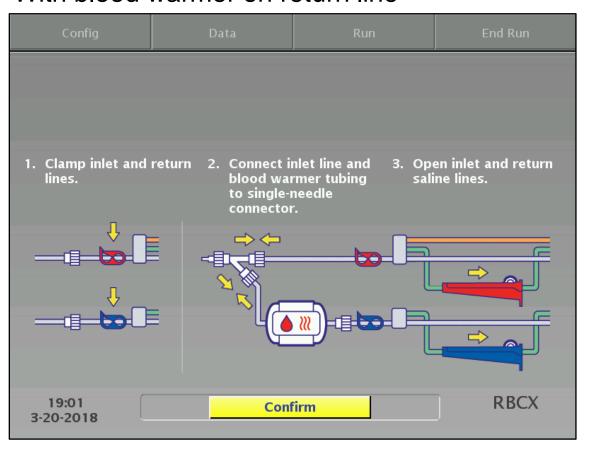
Female luer connection to inlet line



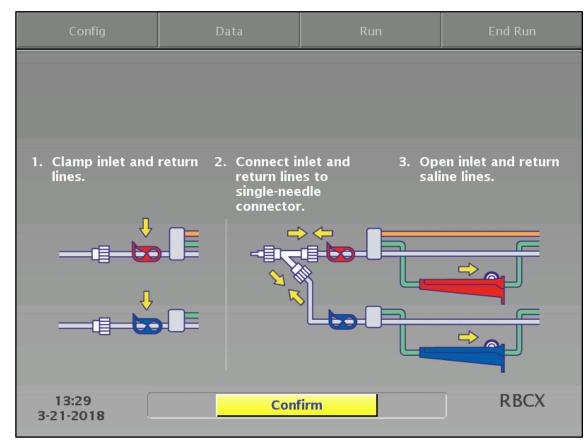
Female luer connection to return line

Convert to Single Needle

With blood warmer on return line

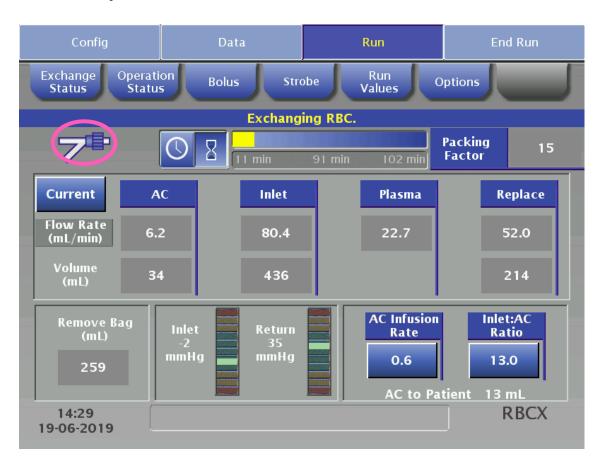


Without blood warmer on return line

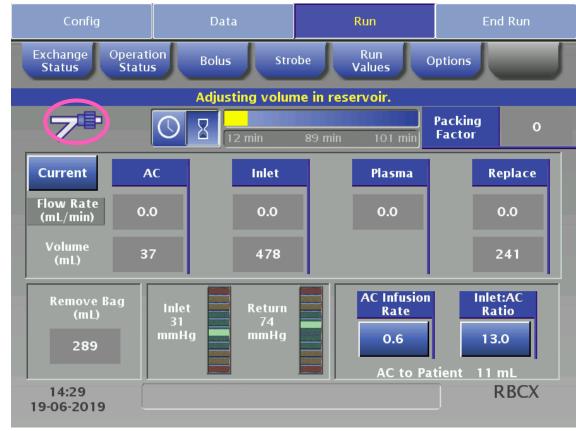


Convert to Single-Needle Access

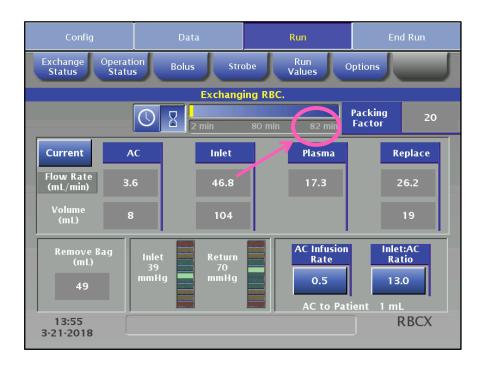
Draw Cycle

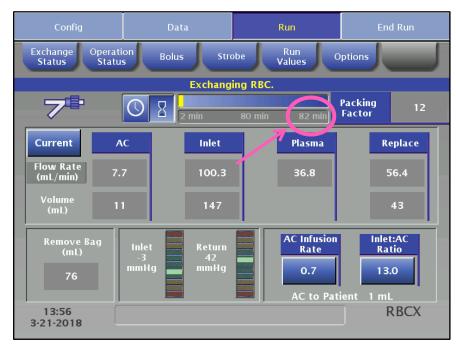


Return Cycle



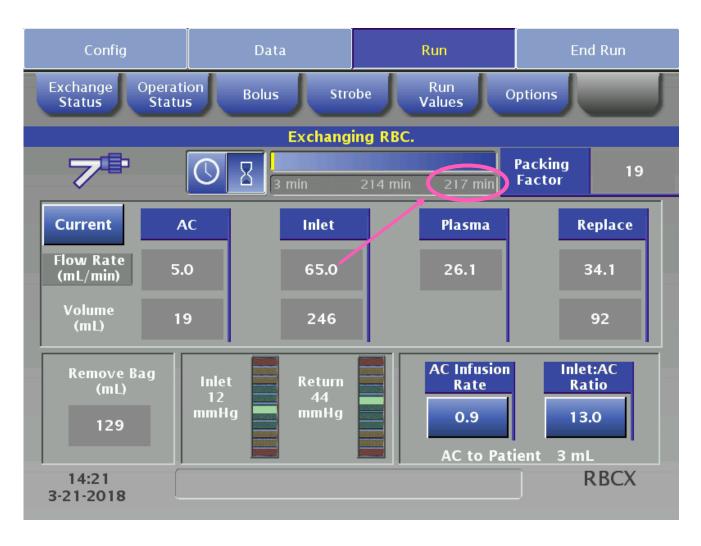
Optimization





- Inlet pump flow rate is set by the system
- Procedure continues at a new inlet pump flow rate set by the system

Optimization



Questions?

Pediatric/Low-TBV Patients

- Minimum Data Entry Limits
- AC Management
- Fluid Balance
- Custom Prime
- Custom Prime Albumin or RBC
- Custom Prime RBC Hct 60%

Minimum Data Entry Limits

Patient data

Height: 12 inches or 30 cm

Weight: 5 lb or 2 kg

TBV: 300 mL
 (The system will not calculate the TBV for weight < 25 kg.)

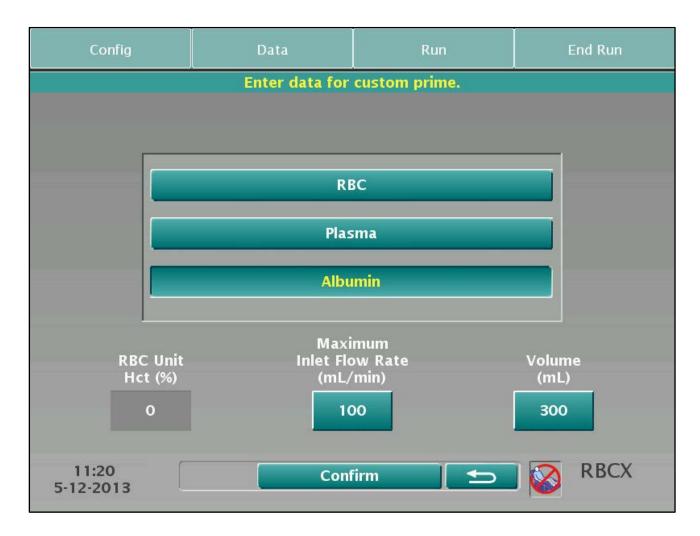
Inlet pump flow rate

- The allowable operator entered minimum inlet pump flow rate is 5 mL/min.
- The system may set up an inlet pump flow rate of less than 5 mL/min and the operator can confirm it.

Fluid Balance

- Target fluid balance
 - Patient tolerance of the procedure
- Blood warmer
 - Patient comfort
- Custom prime
 - Improved tolerance of the volume of the extracorporeal circuit

Custom Prime



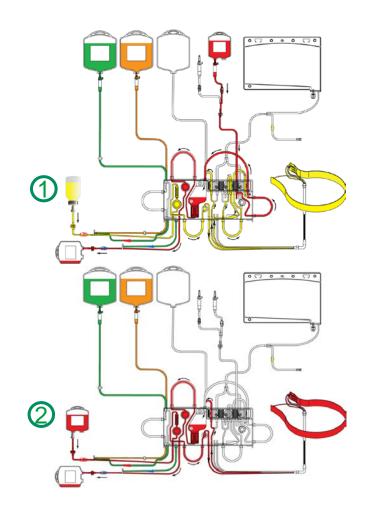
Custom Prime – Albumin or RBC

1. Albumin

- No extra RBC are required.
- Hct in the return line is the same as the patient Hct at the start of the procedure.

2. RBC

- Extra RBC are required.
- Hct in the return line is the same as the RBC Hct at the start of the procedure.
- RBC in the channel are sent to the patient at the start of the procedure.



Questions?

Thank You

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