

Donor Assist

The normothermic regional perfusion device for restoring donor body circulation



Donor Assist

Designed for maintaining physiologic conditions of the donor body

XVIVO's Donor Assist is intended to be used for normothermic, regional, pulsatile and oxygenated machine perfusion of the donor abdominal body, for a period up to 6 hours. Small, easy to use and affordable.

Foldable trolley

Light-weight foldable trolley

Hard-shell fluid reservoir

With integrated filter, allows for rapid flushing

Pump unit

With centrifugal pump for efficient pulsatile perfusion

Easy to operate

Single button control

Leukocyte reduction filter

Removing remaining blood platelets and white blood cells from the circulating blood

Thermo unit

Control perfusion temperature

Water filling port

Front-side water filling port allows easy filling





Oxygenator for efficient oxygenated perfusion





The centrifugal pump design allows for true pulsatile perfusion, offering superior perfusion characteristics and air handling.

Normothermic Regional Perfusion (NRP) is used to perfuse organs in situ. The potential benefits of NRP to abdominal organs from Donors after Circulatory Death (DCD) include:

- Interrupting or reversing the injury from warm ischemia by restoring oxygen supply to the organs during retrieval^{1,7}
- Improving post-transplant outcomes^{2,6,7,8}
- Enabling assessment in situ^{1,7}
- Increasing organ recovery rates compared with standard DCD donation^{1,2,5,7,8}
- Facilitating the organ recovery process and overcoming logistical challenges^{1,2,3,4}
- Allowing elective scheduling of transplant procedure without the consequence of longer cold ischemic times¹

Clinical results to date with application of NRP in abdominal DCD transplantation⁴



Lower rates of immediate post-transplantation delayed graft function and primary non-function and improved ongoing graft function among both uDCD and cDCD allograft recipients.

Kidney



Liver

Lower rates of post-transplantation biliary complications, including ischemic type biliary lesions, and less graft loss among cDCD livers; considered essential for the evaluation and recovery of uDCD livers.



Feasible, though more experience is required to determine its true impact



References:

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Nobody should die waiting for a new organ

Founded in 1998, XVIVO is the only medical technology company dedicated to extending the life of all major organs - so transplant teams around the world can save more lives.

Our solutions allow leading clinicians and researchers to push the boundaries of transplantation medicine.

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