

# Physiology of Blood Purification: Dialysis & Apheresis

Jordan M. Symons, MD  
University of Washington School of Medicine  
Seattle Children's Hospital

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## Outline

- Physical principles of mass transfer
- Hemodialysis and CRRT
  - Properties of dialyzers
  - Concepts that underlie the HD procedure
- Peritoneal Dialysis
  - Peritoneal membrane physiology
  - Concepts that underlie the PD procedure
- Apheresis – basic principles of blood separation

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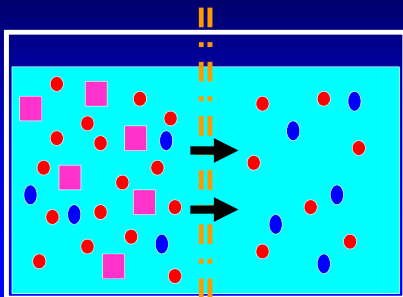
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## Diffusion



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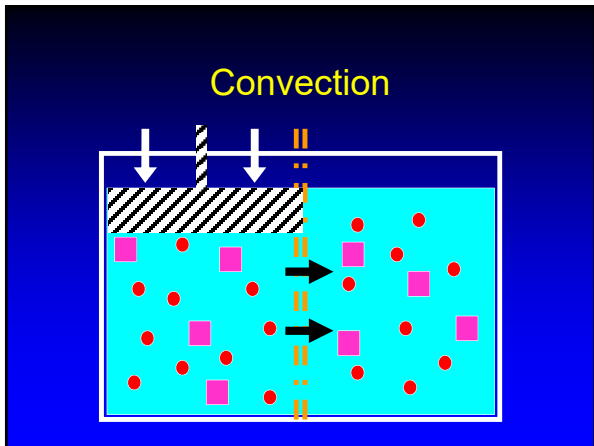
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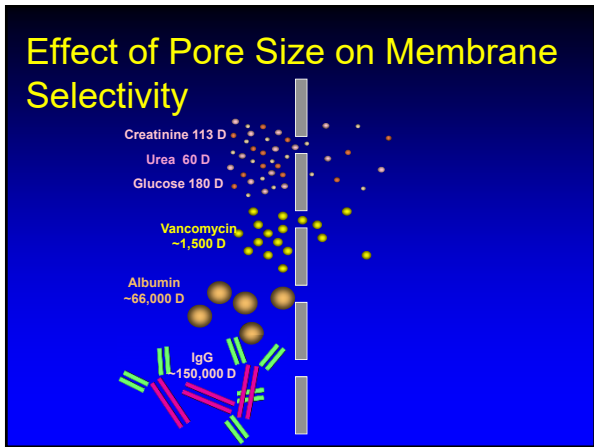
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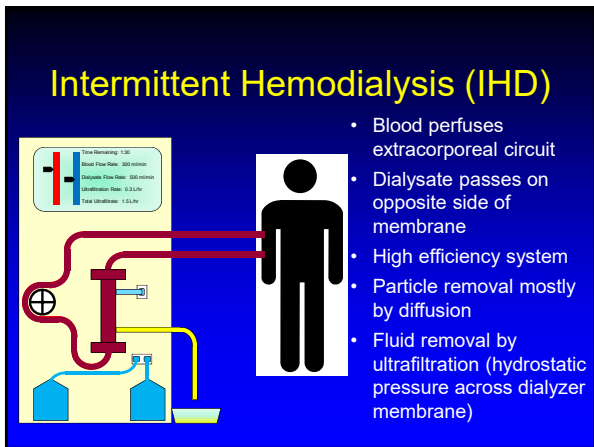
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## Hollow Fiber Dialyzers



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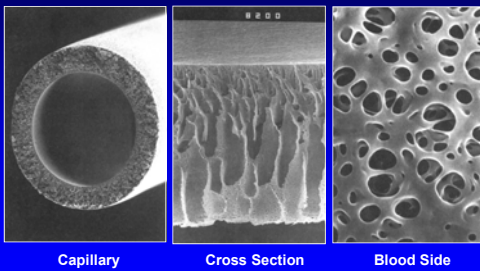
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## Dialysis/Hemofiltration Membranes



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## Permeability Surface Area Product: $K_0A$

- $K_0A$  is a property of the *dialyzer*
- Describes maximum ability of dialyzer to clear a given substance

$$K_0A = \text{permeability } (K_0) * \text{surface area } (A)$$

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## Clearance ( $K_D$ )

- Clearance ( $K_D$ ) describes ability of a dialyzer to remove a substance from the blood
- Changes with the dialysis prescription

$$K_D = f_x \{K_0A, Q_B, Q_D\}$$

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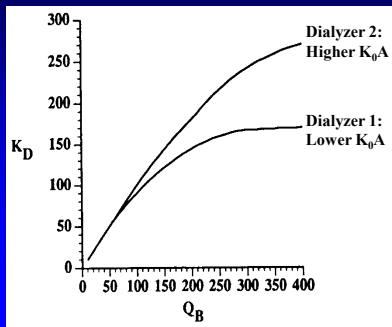
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## Blood Flow and $K_0A$ : Effect on Clearance



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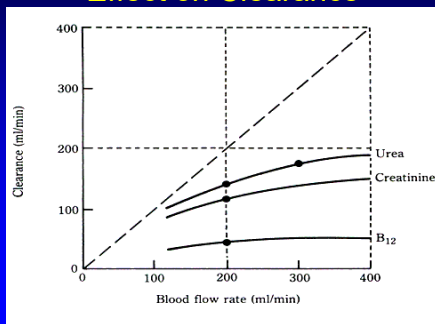
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## Blood Flow and Molecular Weight: Effect on Clearance



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**Small Molecules**

- Diffuse easily
- Higher  $K_d$  at given  $Q_b, Q_d$

**Larger Molecules**

- Diffuse slowly
- Lower  $K_d$  at given  $Q_b, Q_d$

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**Ultrafiltration (UF)**

- Removal of water due to effects of pressure
- Solutes removed by convection at the same time
- UF capability of a dialyzer described by the UF coefficient ( $K_{uf}$ ) – ml/h/mmHg

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**Ultrafiltration**

- Hydrostatic pressure across membrane
- More water removal with  $\uparrow$  pressure,  $\uparrow K_{uf}$

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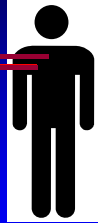
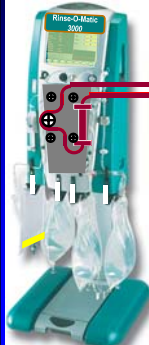
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## Continuous Renal Replacement Therapy (CRRT)



- Extracorporeal circuit similar to IHD
- Runs continuously
- Particle removal may be by diffusion, convection or a combination
- Fluid removal by ultrafiltration
- Clearance can be approximated by the total effluent rate

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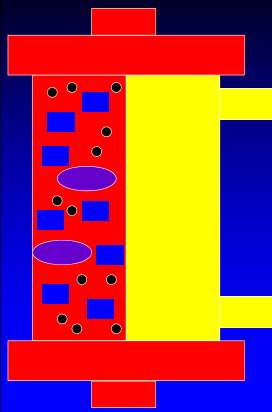
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### Convection

- Small and large molecules move equally
- Limit is cut-off size of membrane
- Significant solute loss over time in CRRT

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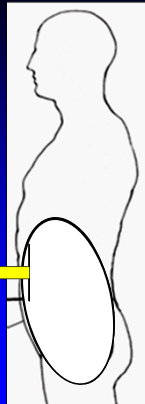
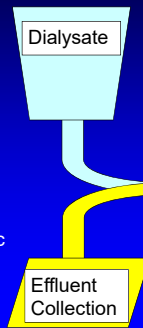
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## Peritoneal Dialysis (PD)

- Sterile dialysate introduced into peritoneal cavity through a catheter
- Dialysate exchanged at intervals
- Particle removal by diffusion
- Fluid removal by ultrafiltration (osmotic gradient using dextrose)



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## HD and PD: Physiological Differences

### Hemodialysis

- Artificial membrane
- Higher blood flow
- Continuous dialysate flow
- Can use hydrostatic pressures for UF

### Peritoneal Dialysis

- Natural membrane
- Capillary blood flow in peritoneum
- “Stationary” dialysate in most forms of PD
- Different approach to UF is required

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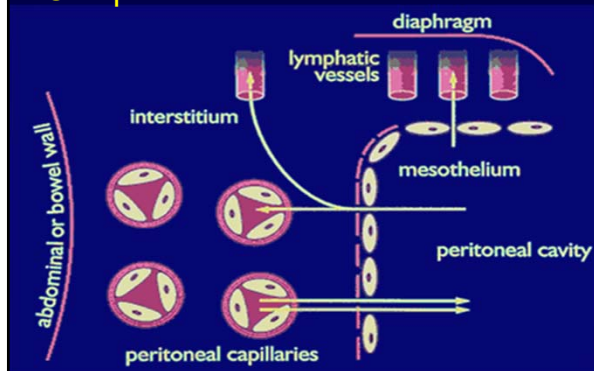
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## PD Transport: A Complex Scheme



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## The “Three Pore” Model of Peritoneal Transport

- Large pores (>20 nm diameter)
  - Few in number (<10%)
  - Can permit protein transport
- Small pores (4 – 6 nm diameter)
  - Majority (90%)
  - Transport most small molecules
- Ultra-small pores (aquaporins)
  - 1–2%; account for nearly half of water flow

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## Peritoneal Transport: An Interaction of Three Separate Processes

- Diffusion
- Ultrafiltration
- Fluid absorption

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## Diffusion in PD: Key Factors

- Concentration gradient of solute (D/P)
- Mass transfer area coefficient (MTAC)
  - Effective peritoneal surface area
    - Surface area + vascularity
  - Diffusive characteristics of membrane for solute in question (permeability)

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## Ultrafiltration in PD: Key Factors

- Osmotic gradient
- Reflection coefficient
  - i.e., how well the osmotic particle stays in the dialysate (“1” would be perfect)
- UF coefficient
- Hydrostatic and oncotic pressure gradients

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## Fluid Absorption in PD

- Direct lymphatic absorption of peritoneal fluid
- Tissue absorption of peritoneal fluid
- Limits ultrafiltration and mass transfer
  - Higher levels of peritoneal absorption reduce net ultrafiltration

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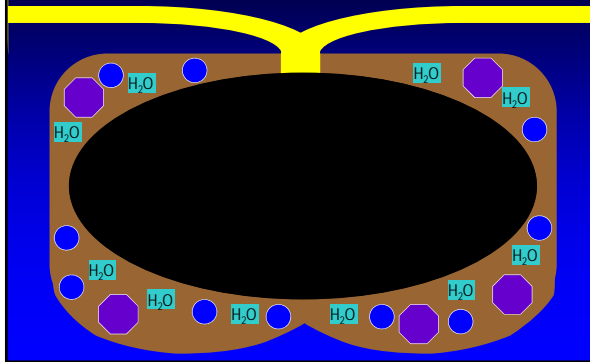
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## Schematic of Molecular Transport in PD



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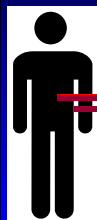
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## Apheresis



- "Apheresis": Greek, "To take away or separate"
- Blood perfuses extracorporeal circuit
- Blood components separated; selected component removed
- If large volume removed replacement is required
- Uses include therapeutic indications or for blood component harvest

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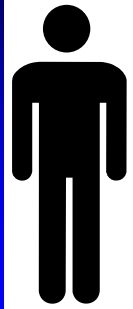
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## Components of Whole Blood



*Separation and removal of individual components may be required for therapeutic need*

Plasma (55%)  
 White blood cells and platelets (<1%)  
 Red blood cells (45%)

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## Apheresis Methods

### Filtration

- Blood separation across a membrane by **size**

### Centrifugation

- Blood component separation by **density**

Filtration		Centrifugation	
	Diameter (µm)		Density (specific gravity)
Filter CutOff →	Plasma	Plasma	(1.025-1.029) ← Select
○	Platelet 3	○	Platelet (1.040)
○	Red cell 7	○	Lymphocyte (1.070)
○	Lymphocyte 10	⊕	Granulocyte (1.087-1.092)
⊕	Granulocyte 13	○	Red cell (1.093-1.096)

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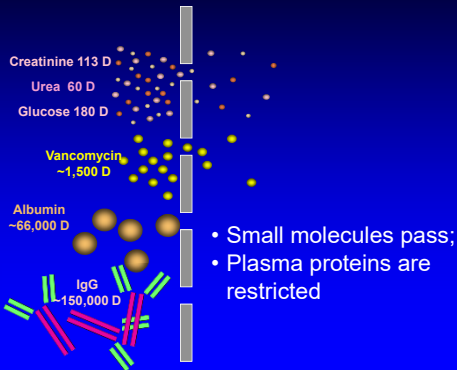
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## Effect of Pore Size In Dialysis




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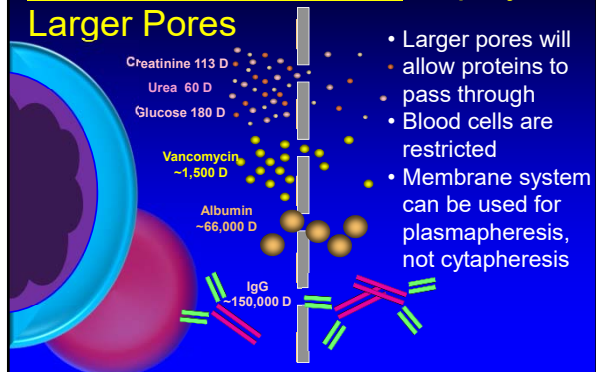
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## Membrane Apheresis Employs Larger Pores



- Larger pores will allow proteins to pass through
- Blood cells are restricted
- Membrane system can be used for plasmapheresis, not cytapheeresis

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## Apheresis by Centrifugation



- Spinning centrifuge separates blood components by density
- Specific component may be selected for removal by choosing appropriate layer
- Permits plasmapheresis and cytapheeresis

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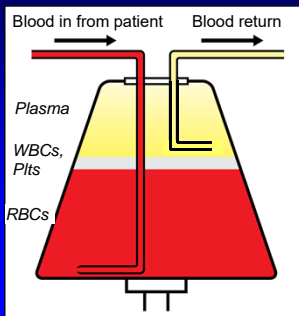
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## Apheresis by Centrifugation




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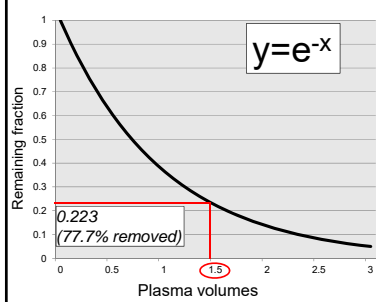
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## Fraction Removed from Plasma by Plasma Volume Replaced



- IgG: only 45% intravascular
- 1.5 vol removes ~35% of total body IgG
- Re-equilibration within ~2 days
- Repeated session QOD often needed

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## Physiology of Blood Purification: Summary

- Basic concepts of **diffusion** and **convection** underlie all dialysis methods
  - HD: Diffusion + hydrostatic-pressure UF
  - CRRT: Diffusion and/or convection + hydrostatic-pressure UF
  - PD: Diffusion + osmotic-pressure UF
- Blood components separated by centrifugation or membrane in **apheresis**

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