Kidney Assist Transport™ at a glance

- Oxygenated
- Up to 24H cold perfusion to support logistics
- Pressure controlled pulsatile flow
- Remote monitoring ready (selected regions only)
- Hypothermic perfusion

NEW

Unique patch holder for easy connection

Designed to facilitate anastomosis of the renal artery and eliminate the risk of direct cannula damage.[3] Now with a Double Patch Holder enabling perfusion of two renal arteries.

Enhanced convenience

Kidney Assist Transport™ is compatible with XVIVO Insights, a complementary remote monitoring tool available in selected countries. Through XVIVO Insights, perfusion run data is safely made available, allowing clinicians in real-time to monitor the perfusion remotely, see run notifications and easily share and download run data.

Nobody should die waiting for a new organ

Founded in 1998, XVIVO is the only MedTech 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 organ transplantation.

Not all XVIVO products are approved in all markets.

Scan this QR-code to get in touch with us!

References:

1. Tingle SJ, et al. *Normothermic and hypothermic machine perfusion preservation versus static cold storage for deceased donor kidney transplantation*. Cochrane Database Syst Rev. 2024;7(7):CD011671.
2. Jochmans I, et al. *Oxygenated versus standard cold perfusion preservation in kidney transplantation (COMPARE): a randomised, double-blind, paired, phase 3 trial*. Lancet. 2020;396(10263):1653-62.
3. Radford L, et al. *The Carrel patch clamp for renal transplantation*. Ann R Coll Surg Engl. 2017;99(8):664.

DBD – Donation after brain death | DCD – Donation after circulatory death | DGF – Delayed graft function | eGFR – Estimated glomerular filtration rate | HMP – Hypothermic Machine Perfusion | HOPE – Hypothermic oxygenated perfusion | KTx – Kidney transplantation | RCT – Randomized controlled trial | SCS – Static cold storage

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MAR-30726-v.1.0 Brochure - Kidney Assist Transport

XVIVO

Kidney Assist Transport™

Unlock the power of oxygen

XVIVO

Kidney Assist Transport™

Unlock the power of oxygen

XVIVO's Kidney Assist Transport™ is a portable device that allows hypothermic pulsatile perfusion of donor kidneys with oxygenated solution for up to 24 hours.

Ease of use
Plug and play design to allow for quick and easy set-up, improved accessibility and safe handling.

Disposable cartridge
Unique pre-assembled sterile set containing reservoir, pulsatile pump, oxygenator, filling line, sampling port and pressure sensor

Intuitive user interface
Touch screen display for optimal interaction and visualization of the perfusion characteristics

Efficient cooling
Easily accessible ice containers ensuring 24 hours hypothermic conditions

State-of-the-art oxygen transfer
Hollow fiber membrane oxygenator for continuous active oxygenation of the perfusate throughout the entire perfusion

Integrated oxygenation
Cylinder with 100% medical oxygen and regulator to ensure optimal oxygenation. Option to connect to oxygen from wall outlet

Rechargeable batteries
Battery pack for 24 hours stand-alone perfusion. Additional use of auxiliary power enabled

Benefits of Kidney Assist Transport™

Hypothermic machine perfusion (HMP) is increasingly replacing static cold storage (SCS) as the standard of care for preserving and transporting kidneys for transplantation. By reducing the rate of delayed graft function (DGF) and improving graft survival, HMP* has proven superior to SCS for both DBD and DCD kidneys[1].

Improved outcomes

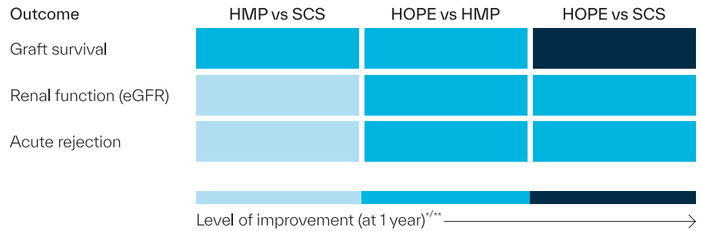
Kidney Assist Transport™ leverages the clinical outcomes of standard HMP with the added benefits of continuous oxygenation, known as HOPE.
Results from the COMPARE trial[2], a multicenter, double-blinded, RCT showed that compared to standard HMP, continuous HOPE using Kidney Assist Transport™ led to:

REDUCED RISK OF GRAFT LOSS
73%
compared to standard HMP in DCD KTx

INCREASED RENAL FUNCTION
11.7%
compared to standard HMP in DCD KTx

REDUCED RISK OF ACUTE REJECTION
44%
compared to standard HMP in DCD KTx

> "/.../ the simple addition of oxygen to continuous HMP further improves graft survival, kidney function and acute rejection rate compared to non- oxygenated HMP**."
>
> Tingle et al, 2024



*Continuos HMP **in DCD ≥ 50 years.
For more information regarding clinical evidence, please see our Clinical evidence summary.