



FLUID OVERLOAD IN HEART FAILURE PATIENTS

A STEP TOWARD EFFECTIVE FLUID MANAGEMENT.

Clinicians face the challenge of controlling congestion and managing patient symptoms every day and diuretics play an important role.

Research shows the longer a patient is on a diuretic, the less effective they become.^{3,4}

90% of heart failure (HF) hospitalizations are due to signs and symptoms of fluid overload.¹

40% of HF patients have poor diuretic response.²

24% of HF patients are readmitted within 30 days and 50% readmitted within 6 months.¹

NEARLY HALF OF HOSPITALIZED HEART FAILURE PATIENTS ARE DISCHARGED WITH RESIDUAL EXCESS FLUID AFTER DIURETIC THERAPIES¹

A CLINICALLY PROVEN THERAPY FOR TREATING FLUID OVERLOAD

AQUADEX SMARTFLOW™ SYSTEM

Predictable removal of isotonic fluid that has been shown to reduce heart failure hospitalizations^{5,6}



BENEFITS INCLUDE:

- Safe and precise fluid removal for patients with volume overload
- Has been shown to have no significant changes to electrolytes⁷
- Reduction of neurohormonal stimulation (RAAS)⁸
- Stabilizes or improves cardiac hemodynamics⁹
- Restores diuretic effectiveness in patients, allowing for an improved response to diuretic agents^{10,11}
- 53% reduction in risk of rehospitalization for heart failure⁵

RX ONLY

INDICATION: The Aquadex SmartFlow System is indicated for: Continuous ultrafiltration therapy for temporary (up to 8 hours) or extended (longer than 8 hours in patients who require hospitalization) use in adult and pediatric patients weighing 20 kilograms or more whose fluid overload is unresponsive to medical management, including diuretics. All treatments must be administered by a healthcare provider, within an outpatient or inpatient clinical setting, under physician prescription, both of whom having received training in extracorporeal therapies.

Aquadex SmartFlow™ is a trademark of CHF Solutions, Inc.

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Sources: ^[1]Costanzo MR, et al. J Am Coll Cardiol. 2017;69(19):2428-2445. ^[2]Testani JM, et al. Circ Heart Failure. 2016;9(1):e002370. ^[3]Felker MG and Mentz RJ. J Am Coll Cardiol. 2012; 59(24):2145-53. ^[4]Doering A, et al. Int J Emerg Med. 2017;10(17). ^[5]Costanzo MR, et al. J Am Coll Cardiol. 2007;49(6):675-683. ^[6]Costanzo MR, et al. JACC Heart Fail. 2016 Feb;4(2):95-105. ^[7] De Vecchis R, et al. Minerva Cardioangiol. 2014; 62:131-146. ^[8]Kabach M, et al. Acta Cardiol. 2017 Apr; 72(2):132-141. ^[9]Hanna MA, et al. Congest Heart Fail. 2012 Jan-Feb;18(1):54-63. ^[10]Siddiqui WJ, et al. Heart Fail Rev. 2017; 22:685-698. ^[11]Marenzi G, et al. J Card Fail. 2014 Jan; 20(1):9-17.