

CUSTODIOL®

HTK Solution



Low viscosity

- No starch or colloid
- Fast cold flush with fewer biliary complications^{1,2}
- The preferred solution for DCD³

Low K (10 mmol/L)

- No need to pre-flush
- Shown to reduce OR times^{4,5}

Lower cost per donor case^{2,4}

Long shelf life (1year)

- Storage at 2°C - 15°C

Available in Canada from Methapharm in:



1 L bags



2 L bags



5 L bags

Talk to us about how your program can start
using CUSTODIOL® HTK today

1. Chan SC, Liu CL, Lo CM, Fan ST. Applicability of histidine-tryptophan-ketoglutarate solution in right lobe adult-to-adult live donor liver transplantation. *LiverTranspl* 2004;10:1415-1421.

2. Canelo R, Hakim NS, Ringe B. Experience with histidine-tryptophan-ketoglutarate versus University of Wisconsin preservation in transplantation. *Int Surg* 2003;88:145-151.

3. Fung et al. Using Livers from Donation After Cardiac Death Donors—A Proposal To Protect the True Achilles Heel. *Liver Transpl* 2007; 13:1633-1636

4. Mangus R, Tector AJ, Agarwal A, Vianna R, Murdock P, Fridell JA. A comparison of histidine-tryptophan-ketoglutarate solution (HTK) and University of Wisconsin solution (UW) in adult liver transplantation. *Liver Transpl* 2005;12:226-230.

5. Testa G, Malago M, Nadalin S, Trepow B, Paul A, Frilling A, Broelsch C. Histidine-tryptophan-ketoglutarate versus University of Wisconsin solution in living donor liver transplantation: results of a prospective study. *Liver Transpl* 2003;9:822-826.

Please contact us for details at: 1-800-287-7686 or visit www.custodiol.ca

CUSTODIOL®

HTK Solution



Low Viscosity Solution

Reduced Biliary Complications

Welling et al. Biliary Complications Following Liver Transplantation in the Model for End-Stage Liver Disease Era: Effect of Donor, Recipient and Technical Factors. Liver Transpl 2008; 14:73-80

"Use of HTK appeared to be protective against a stricture (OR 0.48, CI 0.26-0.86, P 0.014)."

"Use of HTK instead of UW preservation solution was associated with a lower incidence of anastomotic stricture, with 17.0% for HTK and 30.2% for UW (P 0.023)."

DCD Liver Transplantation

John Fung et al. Using Livers from Donation After Cardiac Death Donors—A Proposal To Protect the True Achilles Heel. Liver Transpl 2007; 13:1633-1636

"crystalloid-based preservation solutions (like HTK), combined with thrombolytic agents, may lead to better outcomes by enhancing microcirculatory integrity and reducing the risk of ITBS."

"During their initial use of this protocol involving 12 DCD livers there were no cases of ITBS."

Reduced Rates of Delayed Graft Function in Kidney Transplantation

Agarwal et al. Comparison of HTK and UW Solution in Prolonged Cold Preservation of Kidney Allografts. Transplantation 2006; 8:480-483

"HTK "may in fact provide better protection for the prevention of delayed graft function compared to UW solution"

"...with lower rates of DGF (HTK:16%vs.UW:56%; P0.005) compared to UW with extended kidney preservation times >24 hrs."

de Boer et al. Eurotransplant randomized multi-centre kidney graft preservation study comparing HTK with UW. Transpl Int. 1999; 12:447-453

47 centers >1000 kidneys. HTK comparable to UW in preservative abilities even at CIT's > 35 hrs

"overall graft survival at 1,2 and 3 years after transplantation for the HTK-preserved kidneys was 83%, 77%, and 73% respectively, as compared with 81%, 73%, and 68% respectively for the UW preserved kidneys."

Pancreas Transplantation: 93-96% Graft Survivals

Fridell et al. Follow-up Experience Using Histidine-Tryptophan-Ketoglutarate Solution in Clinical Pancreas Transplantation. Transplantation Proceedings 2005; 37:3523-3526

78 pancreas transplants. No cases of primary graft non-function.

"6-month and 1-year graft survivals of the HTK group are 96% and 93%, respectively".

"All patients insulin independent by discharge."

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