

The Dialysis Tray

The Dialysis Armlet (Exclusive to Euroband® On/Off Tray) Prevents Blockage in Natural and Artificial Blood Vessels.

When the dialysis kit (for on/off hemodialysis procedure) was introduced, the armlet, - specially designed to replace the finger pressure on the entry/exit point of the needle – was questioned. Doubts were raised as to whether the armlet would not be a contributing cause to blockages of blood vessels (shunts or grafts).

The armlet has been designed to create constant pressure on the point of entry/exit of the needle. Simultaneously, its unique “T” shape maintains regular blood flow in the limb. Its pliability and comfort replaces the necessity for finger pressure on the wound exerted by the medical attendant. At the start of the procedure, the needle is removed, and the armlet is wound around the limb creating pressure similar to that created by the finger.

Experience has shown that the pressure exerted by the attendant/patient's finger is not constant, and pressure is inadvertently released before the designated time. This may be due to tiredness, impatience, or temporary loss of concentration, but is the ultimate cause of blood clots at the needle exit point. In view of the frequency of needle penetration into the vessels (every two days at a shunt length of approximately 5 cm), it can be assumed that many blood clots in the same place – or close to it – are the causes of blood vessel blockages.

The differences and results obtained from the two systems are clearly demonstrated in the web-site video, www.euroband.com that explains the different methods.

Further support of the above theory is shown by the following informal experiment conducted in Barzilai Hospital, Ashkelon. After use of the armlet for a period of one year, two random groups of 10 (out of a total of 100 patients) were selected. Some patients had natural shunts, and some were treated by means of artificial grafts (Gortex).

10 patients, treated with the aid of the Euroband® armlet for a period of one year, hereinafter named Group A.

10 patients, not treated with the aid of the armlet, for a period of one year, hereinafter named Group B.

There were no incidences of blockages in Group A.

There were two incidences of blockages in Group B.

Notwithstanding the fact that there were no blockages in Group A, and there were two blockages in Group B, the sampling size is small. This is due to the low percentage of dialysis patients within the population. It cannot, therefore, be emphatically stated that the “armlet system” is preferable. It can, however, be concluded that the “armlet system” is not more dangerous than the system without the armlet.

In order to obtain more conclusive results, it is recommended that a higher population percentage should be tested. The use of the armlet is without any doubt, efficient, comfortable and easy to use, both from the medical attendants' and the patients' point of view.

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