

## **Chapter 5:** Colloid Solutions







5

## **Colloid Solutions**

Human Albumin Solution	48
Pharmacological basis	49
Indications	49
Adverse effects	52
Precautions and contraindications	52
Administration	52
Livelesses affect Of analy	
Hydroxyetnyl Starch	52
Pharmacological basis	<b>52</b> 53
Pharmacological basis Advantage and disadvantage	<b>52</b> 53 55
Pharmacological basis Advantage and disadvantage Adverse effects	<b>52</b> 53 55 55
Advantage and disadvantage Indications and contraindications	52 53 55 55 55 56
Hydroxyetnyl Starch   Pharmacological basis   Advantage and disadvantage   Adverse effects   Indications and contraindications   Administration	52 53 55 55 56 56

Gelatin Polymers	56
Composition	57
Indications	57
Advantage	57
Adverse effects and precautions	57
Dextran	58
Pharmacological basis	58
Indications	59
Adverse effects	59
Contraindications	59
Precautions	59
Administration	60

Colloids are volume expanders commonly used in clinical practice for fluid resuscitation in hypovolaemic patients. Colloids are electrolyte solutions fortified with large molecular weight molecules that do not pass through semipermeable membranes and therefore are retained within the vascular system. Theoretically, colloids are more effective as plasma volume expanders and improve blood pressure more rapidly than crystalloids because of their intravascular distribution, the property of drawing fluid from extravascular spaces (due to their higher oncotic pressure), and prolonged effect [1, 2].

Compared to crystalloid fluids, colloids are three times more effective in expanding blood volume and increasing cardiac output [3]. So, when plasma or blood is not available immediately, the infusion of colloids to correct circulatory fluid volume is vital and often life-saving in patients with hemorrhagic shock. However, a blood transfusion is subsequently required to maintain the adequate capacity to carry oxygen. The potency of colloid fluids as plasma volume expanders differs with different commercially available colloid fluids, as shown in Table 5.1.

The major advantages and disadvantages of colloids are summarized in Table 5.2 [4]. Colloids vs. crystalloids in resuscitation is a long-standing debate. The colloids were an attractive and preferred choice for resuscitation before a decade [5]. The potential benefits of colloids are greater, rapid, and more prolonged intravascular volume expansion with smaller volume [3, 6–9] and lesser salt and



water overload and edema. The benefit of speedier achievement of hemodynamic goals with colloids is less organ damage and a decreased incidence of organ failure [3].

## Want to read more?

**Get Printed Version** 

**Get Kindle Version** 

## REFERENCES

- Mitra S, Khandelwal P. Are all colloids same? How to select the right colloid? Indian J Anaesth 2009;53(3):592–607.
- Severs D, Hoorn EJ, Rookmaaker MB. A Critical appraisal of intravenous fluids: from the physiological basis to clinical evidence. Nephrol Dial Transplant. 2015;30(2):178–87.
- László I, Demeter G, Öveges N, et al. Volume-replacement ratio for crystalloids and colloids during bleeding and resuscitation: An Animal Experiment. Intensive Care Med Exp. 2017;5(1):52.
- Colloids vs. crystalloids as resuscitation fluids. Deranged Physiology 2016 (https://derangedphysiology. com/main/required-reading/electrolytes-and-fluids/ Chapter%202.2.5/colloids-vs.-crystalloids-resuscitation-fluids-0).
- 5. Sara J. Allen. Fluid therapy and outcome: balance is best. JECT. 2014;46(1):28–32.
- Martin GS, Bassett P. Crystalloids vs. colloids for fluid resuscitation in the intensive care unit: a systematic review and meta-analysis. Journal of Critical Care 2019;50:144–154.
- Cortés DO, Barros TG, Njimi H, et al. Crystalloids versus colloids: exploring differences in fluid requirements by systematic review and meta-regression. Anesthesia Analgesia. 2015;120(2):389–402.
- Hahn RG, Lyons G. The half-life of infusion fluids: An educational review. Eur J Anaesthesiol. 2016;33(7):475–482.
- Kabon B, Sessler DI, Kurz A, et al. Effect of intraoperative goal-directed balanced crystalloid versus colloid administration on major postoperative morbidity: a randomized trial. Anesthesiology 2019;130(5):728–744.
- 10. Lewis SR, Pritchard MW, Evans DJ, et al. Colloids versus crystalloids for fluid resuscitation in critically

ill people. Cochrane Database Systematic Reviews 2018;8(8):CD000567.

- Miller TE, Bunke M, Nisbet P, et al. Fluid resuscitation practice patterns in intensive care units of the USA: a cross-sectional survey of critical care physicians. Perioper Med (Lond) 2016;5:15.
- Jonsson AB, Perner A. Changes from 2012 to 2015 in intravenous fluid solutions issued to hospital departments. Acta Anaesthesiol Scand. 2017;61(5):532–538.
- Heming N, Lamothe L, Jaber S, et al. Morbidity and mortality of crystalloids compared to colloids in critically ill surgical patients: a subgroup analysis of a randomized trial. Anesthesiology 2018;129(6):1149–1158.
- Joosten A, Delaporte A, Mortier J, et al. Longterm impact of crystalloid versus colloid solutions on renal function and disability-free survival after major abdominal surgery. Anesthesiology 2019;130(2):227–236.
- Spahn DR, Bouillon B, Cerny V, et al. The European guideline on management of major bleeding and coagulopathy following trauma: Fifth edition Critical Care 2019;23(1):98.
- Perner A, Junttila E, Haney M, et al. Scandinavian clinical practice guideline on choice of fluid in resuscitation of critically ill patients with acute circulatory failure. Acta Anaesthesiol Scand. 2015;59(3):274–85.
- 17. Myburgh JA. Fluid resuscitation in acute medicine: what is the current situation? J Intern Med 2015;277(1):58–68.
- Guidet B, Soni N, Rocca GD, et al. A balanced view of balanced solutions. Crit Care. 2010;14(5):325.
- Vincent JL. Fluid management in the critically ill. Kidney International 2019;96(1):52–57.
- 20. Rehm M, Hulde N, Kammerer T, et al. State of the art in fluid and volume therapy: A user-friendly staged



concept Anaesthesist 2019;68(Suppl 1):1-14.

- Qureshi SH, Rizvi SI, Patel NN, et al. Meta-analysis of colloids versus crystalloids in critically ill, trauma and surgical patients. Br J Surg. 2016;103(1):14–26.
- Clarke G, Yan M. Clinical Guide to Transfusion -Professional Education – Canadian Blood Services 2018. Chapter 3: Albumin. https://professionaleducation.blood.ca/en/transfusion/clinical-guide/albumin.
- Jiang L, Jiang S, Zhang M, et al. Albumin versus other fluids for fluid resuscitation in patients with sepsis: a meta-analysis. PLoS One. 2014;9(12):e114666.
- Yasumura S, Makino S, Matsumoto M, et al. Evidence-based guidelines for the use of albumin products. Japan Society of Transfusion Medicine and Cell Therapy. 2017;63(5):641–663.
- Caironi P, Tognoni G, Masson S, et al. ALBIOS study investigators. Albumin replacement in patients with severe sepsis or septic shock. N Engl J Med. 2014;370:1412–1421.
- Rhodes A, Evans LE, Alhazzani W, et al. Surviving sepsis campaign: International guidelines for management of sepsis and septic shock: 2016. Crit Care Med 2017;45(3):486–552.
- Liumbruno GM, Bennardello F, Lattanzio A, et al. Recommendations for the use of albumin and immunoglobulins. Blood Transfus 2009;7(3):216–234.
- 28. Vincent JL, Russell JA, Jacob M, et al. Albumin administration in the acutely ill: what is new and where next? Crit Care 2014;18(4):231.
- Martin C, Cortegiani A, Gregoretti C, et al. Choice of fluids in critically ill patients. BMC Anesthesiology 2018;18(1):200.
- Annamalai A, Wisdom L, Herada M, et al. Management of refractory ascites in cirrhosis: are we out of date? World J Hepatol 2016;8(28):1182–1193.
- European Association for the Study of the Liver. EASL Clinical Practice Guidelines for the management of patients with decompensated cirrhosis. J Hepatol. 2018;69(2):406–460.
- 32. Runken MC, Caraceni P, Fernandez J, et al. The cost-effectiveness of albumin in the treatment of decompensated cirrhosis in Germany, Italy, and Spain. Health Econ Rev. 2019;9(1):22.
- 33. Bernardi M, Caraceni P, Navickis RJ. Does the evidence support a survival benefit of albumin infusion in patients with cirrhosis undergoing largevolume paracentesis? Expert Rev Gastroenterol Hepatol. 2017;11(3):191–192.
- 34. Valerio C, Theocharidou E, Davenport A, et al. Human albumin solution for patients with cirrhosis and acute on chronic liver failure: beyond simple volume expansion. World J Hepatol 2016;8(7):345–354.
- 35. Kwok CS, Krupa L, Mahtani A, et al. Albumin reduces paracentesis-induced circulatory dysfunction and reduces death and renal impairment among patients with cirrhosis and infection: a systematic review and meta-analysis. Biomed Res Int. 2013;2013:295153.
- 36. Bernardi M, Caraceni P, Navickis RJ, et al. Albumin

infusion in patients undergoing large-volume paracentesis: a meta-analysis of randomized trials. Hepatology 2012;55(4):1172–81.

- AISF-SIMTI Position Paper: The appropriate use of albumin in patients with liver cirrhosis. Dig Liver Dis. 2016;48(1):4–15.
- Runyon BA, AASLD. Introduction to the revised American association for the study of liver diseases practice guideline management of adult patients with ascites due to cirrhosis 2012. Hepatology 2013;57(4):1651–1653.
- Salerno F, Navickis RJ, Wilkes MM. Albumin infusion improves outcomes of patients with spontaneous bacterial peritonitis: a meta-analysis of randomized trials. Clin Gastroenterol Hepatol 2013;11(2):123–30.e1.
- Nottingham antibiotic guidelines committee. Guidelines for the management of adult patients with spontaneous bacterial peritonitis or liver cirrhosis with upper gastrointestinal bleed. 2018 (https://www. nuh.nhs.uk/download.cfm?doc=docm93jijm4n627. pdf&ver=4771).
- Dundar HZ, Yılmazlar T. Management of hepatorenal syndrome. World J Nephrol 2015;4(2):277–286.
- 42. Loftus M, Brown RS Jr, El-Farra NS, et al. Improving the Management of Hepatorenal Syndrome-Acute Kidney Injury Using an Updated Guidance and a New Treatment Paradigm. Gastroenterol Hepatol (N Y). 2023;19(9):527–536.
- Bai Z, Méndez-Sánchez N, Romeiro FG, et al. Use of albumin infusion for cirrhosis-related complications: An international position statement. JHEP Rep. 2023;5(8):100785.
- Wong F, Pappas SC, Curry MP, et al. Terlipressin plus Albumin for the Treatment of Type 1 Hepatorenal Syndrome. N Engl J Med 2021;384(9):818–828.
- 45. Winters JL, Brown D, Hazard E, et al. Cost-minimization analysis of the direct costs of TPE and IVIg in the treatment of guillain-barre syndrome. BMC Health Serv Res 2011;11:101.
- Cyriac J, Balasubramanian R. Management of childhood nephrotic syndrome: Nottingham university hospitals NHS trust clinical guideline 2018.
- Dharmaraj R, Hari P, Bagga A. Randomized cross-over trial comparing albumin and frusemide infusions in nephrotic syndrome. Pediatr. Nephrol. 2009;24(4):775–82.
- Ellis D. Pathophysiology, evaluation, and management of edema in childhood nephrotic syndrome. Front. Pediatr. 2016;3:111.
- Duffy M, Jain S, Harrell N, et al. Albumin and furosemide combination for management of edema in Nephrotic Syndrome: a review of clinical studies. Cells 2015;4(4):622–630.
- Ho JJ, Adnan AS, Kueh YC, et al. Human albumin infusion for treating oedema in people with nephrotic syndrome. Cochrane Database of Systematic Reviews 2019;7(7):CD009692.
- Di Pascoli M, Fasolato S, Piano S, et al. Long-term administration of human albumin improves survival in patients with cirrhosis and refractory ascites. Liver



Int 2019;39(1):98-105.

- Tajiri K, Futsukaichi Y, Yasuda I. Albumin administration for refractory ascites in cirrhotic patients. AME Med J 2019;4:10.
- 53. Royal College of Obstetricians and Gynaecologists. The Management of Ovarian Hyperstimulation Syndrome. Green-top Guideline 5. London: RCOG, 2016.
- 54. Prevention and treatment of moderate and severe ovarian hyperstimulation syndrome: a guideline. Practice Committee of the American Society for Reproductive Medicine. Fertility and sterility. 2016;106(7):1634–1647.
- Darii N, Pavlovic M, Doroftei B, et al. Unsuspected adverse effect of albumin in severe ovarian hyperstimulation syndrome: a case report. JBRA Assist Reprod. 2019;23(4):430–433.
- Uhlig C, Silva PL, Deckert S, et al. Albumin versus crystalloid solutions in patients with the acute respiratory distress syndrome: a systematic review and meta-analysis. Critical Care 2014;18(1):R10.
- 57. Itagaki Y, Yoshida N, Banno M, et al. Efficacy of albumin with diuretics in mechanically ventilated patients with hypoalbuminemia: A systematic review and meta-analysis. Medicine (Baltimore). 2022;101(37):e30276.
- SAFE Study Investigators; Australian and New Zealand Intensive Care Society Clinical Trials Group; Australian Red Cross Blood Service; et al. Saline or albumin for fluid resuscitation in patients with traumatic brain injury. N Engl J Med. 2007;357(9):874–84.
- Rossi S, Picetti E, Zoerle T, et al. Fluid management in acute brain injury. Curr Neurol Neurosci Rep 2018;18(11):74.
- Mirici-Cappa F, Caraceni P, Domenicali M, et al. How albumin administration for cirrhosis impacts on hospital albumin consumption and expenditure. World J Gastroenterol. 2011;17(30):3479–86.
- Caraceni P, Domenicali M, Tovoli A, et al. Clinical indications for the albumin use: still a controversial issue. Eur J Intern Med. 2013;24(8):721–8.
- 62. Executive committee of the German medical association on the recommendation of the scientific advisory board. Cross-sectional guidelines for therapy with blood components and plasma derivatives: Chapter 5 Human albumin – revised. Transfus Med Hemother 2016;43(3):223–232.
- Bunn F, Trivedi D. Colloid solutions for fluid resuscitation. Cochrane Database Syst Rev. 2012;2012(7):CD001319.
- Jungheinrich C, Neff TA. Pharmacokinetics of hydroxyethyl starch. Clin Pharmacokinet. 2005;44(7):681–699.
- Finger S, Liu B, Taylor C, et al. Resuscitation fluid use in critically ill adults: an international cross-sectional study in 391 intensive care units. Crit. Care 2010;14:R185.
- 66. Zarychanski R, Abou-Setta AM, Turgeon AF, et al. Association of hydroxyethyl starch administration with mortality and acute kidney injury in critically ill patients requiring volume resuscita-

tion: a systematic review and meta-analysis. JAMA 2013;309(7):678–688.

- 67. European Medicines Agency. Hydroxyethyl-starch solutions for infusion to be suspended – CMDh endorses PRAC recommendation: suspension due to serious risks of kidney injury and death in certain patient populations. EMA http://www.ema.europa. eu/ema/index.jsp?curl=pages/news\_and\_events/ news/2018/01/news\_detail\_002892.jsp&mid=WC-0b01ac058004d5c1 (2018).
- Ünal MN, Reinhart K. Understanding the harms of HES: a review of the evidence to date. Turk J Anaesthesiol Reanim 2019;47(2):81–91.
- Westphal M, James MF, Kozek-Langenecker S, et al. Hydroxyethyl starches: different products - different effects. Anesthesiology 2009;111(1):187–202.
- Brunkhorst FM, Engel C, Bloos F, et al. Intensive insulin therapy and pentastarch resuscitation in severe sepsis. N. Engl.J. Med. 2008;358(2):125–139.
- Myburgh JA, Mythen MG. Resuscitation fluids. N Engl J Med 2013;369:1243–1251.
- McConnell M, Baisden J, Duncan E. Pro: third-generation hydroxyethyl starch solution is safe and effective for plasma volume expansion during cardiac surgery. Journal of Cardiothoracic and Vascular Anesthesia. 2018;32(1):570–575.
- Myburgh JA, Finfer S, Bellomo R, et al. Hydroxyethyl starch or saline for fluid resuscitation in intensive care. N Engl J Med 2012;367:1901–1911.
- Perner A, Haase N, Guttormsen AB. Hydroxyethyl starch 130/0.42 versus Ringer's acetate in severe sepsis. N Engl J Med. 2012;367(2):124–34.
- Muller RB, Haase N, Lange T, et al. Acute kidney injury with hydroxyethyl starch 130/0.42 in severe sepsis. Acta Anaesthesiologica Scandinavica 2015;59(3):329–36.
- Liu C, Zhi Mao Z, Hu1 P, et al. Fluid resuscitation in critically ill patients: a systematic review and network meta-analysis. Therapeutics and Clinical Risk Management 2018;14:1701–1709.
- European Medicines Agency. Hydroxyethyl-starch Solutions (HES) no longer to be used in patients with sepsis or burn injuries or in critically ill patients EMA/809470/2013.
- Haase N, Perner A, Hennings LI, et al. Hydroxyethyl starch 130/0.38–0.45 versus crystalloid or albumin in patients with sepsis: systematic review with meta-analysis and trial sequential analysis. BMJ 2013;346:f839.
- Rasmussen KC, Secher NH, Pedersen T. Effect of perioperative crystalloid or colloid fluid therapy on hemorrhage, coagulation competence, and outcome: a systematic review and stratified meta-analysis. Medicine (Baltimore) 2016;95(31):e4498.
- Kozek-Langenecker SA. Fluids and coagulation. Curr Opin Crit Care 2015;21(4):285–291.
- Toyoda D, Shinoda S, Kotake Y. Pros and cons of tetra starch solution for critically ill patients. Journal of Intensive Care 2014;2:23.
- 82. Fenger-Eriksen C, Tonnesen E, Ingerslev J, et al. Mechanisms of hydroxyethyl starch-induced



dilutional coagulopathy. J Thromb Haemost 2009;7(7):1099–1105.

- European Medicines Agency. Hydroxyethyl starch solutions: CMDh introduces new measures to protect patients. Internet Document: 29 Jun 2018.
- Martin C, Jacob M, Vicaut E, et al. Effect of waxy maize-derived hydroxyethyl starch 130/0.4 on renal function in surgical patients. Anesthesiology. 2013;118(2):387–94.
- Van der Linden P, James M, Mythen M, et al. Safety of modern starches used during surgery. Anesth Analg. 2013;116(1):35–48.
- Gillies MA, Habicher M, Jhanji S, et al. Incidence of postoperative death and acute kidney injury associated with IV 6% hydroxyethyl starch use: systematic review and meta-analysis. Br J Anaesth 2014;112(1):25–34.
- Schetz M, Shaw AD, Vincent JL. Is the literature inconclusive about the harm of HES? We are not sure. Intensive Care Med. 2017;43(10):1526–1528.
- Ertmer C, Zwißler B, Van Aken H, et al. Fluid therapy and outcome: a prospective observational study in 65 German intensive care units between 2010 and 2011. Ann Intensive Care. 2018;8(1):27.
- Wiedermann C, Eisendle K. Comparison of hydroxyethyl starch regulatory summaries from the food and drug administration and the european medicines agency. Journal of Pharmaceutical Policy and Practice. 2017;10:12.
- 90. Food and drug administration FDA safety communication: boxed warning on increased mortality and severe renal injury, and additional warning on risk of bleeding, for use of hydroxyethyl starch solutions in some settings (2013). Available online at: http:// wayback.archive-it.org/7993/20170112095648/http:// www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/ucm358271.htm.
- Boer C, Bossers SM, Koning NJ. Choice of fluid type: physiological concepts and perioperative indications. Br J Anaesth. 2018;120(2):384–396.
- 92. Cook TM, Harper NJN, Farmer L, et al. Anaesthesia, surgery, and life-threatening allergic reactions: protocol and methods of the 6th National Audit Project (NAP6) of the Royal College of Anaesthetists. Br J Anaesth. 2018;121(1):124–133.
- 93. Davies MJ. Polygeline. Dev Biol Stand 1987;67:129-31.
- Riley TT, Sanchez CK, Gauthier-Lewis M, et al. A concise review of colloids for fluid resuscitation in severe sepsis and septic shock. Austin J Pharmacol Ther 2014;2(3):1019.
- Niemi TT, Miyashita R, Yamakage M. Colloid solutions: a clinical update. J Anesth. 2010;24(6):913–925.
- Finfer S, Myburgh J, Bellomo R. Intravenous fluid therapy in critically ill adults. Nat Rev Nephrol 2018;14(9):541–557.
- Shah S, Singh A, Kala S, et al. Polygeline in patients with hypovolemia caused by accidental trauma: a prospective, multicentric, safety study. Int Surg J 2018;5(4):1432–1437.
- 98. Marx G, Schindler AW, Mosch C, et al. Intravascular

volume therapy in adults: guidelines from the association of the scientific medical societies in Germany. Eur J Anaesthesiol 2016;33(7):488–521.

- Saw MM, Chandler B, Ho KM. Benefits and risks of using gelatin solution as a plasma expander for perioperative and critically ill patients: a meta-analysis. Anaesth Intensive Care 2012;40(1):17–32.
- 100. Moeller C, Fleischmann C, Thomas-Rueddel D, et al. How safe is gelatin? A systematic review and meta-analysis of Gelatin-containing plasma expanders vs crystalloids and albumin. Journal of Critical Care 35 2016;75–83.
- 101. Thomas-Rueddel DO, Vlasakov V, Reinhart K, et al. Safety of Gelatin for volume resuscitation – a systematic review and meta-analysis. Intensive Care Medicine 2012;38(7):1134–42.
- 102. Ghijselings I, Himpe D, Rex S. Safety of Gelatin solutions for the priming of cardiopulmonary bypass in cardiac surgery: a systematic review and meta-analysis. Perfusion. 2017;32(5):350–362.
- 103. Bayer O, Reinhart K, Sakr Y, et al. Renal effects of synthetic colloids and crystalloids in patients with severe sepsis: a prospective sequential comparison. Crit Care Med. 2011;39(6):1335–1342.
- 104. Laxenaire MC, Charpentier C, Feldman L. Anaphylactoid reactions to colloid plasma substitutes: incidence risk factors mechanisms. A French multicenter prospective study. Ann Fr Anest Reanim. 1994;13(3):301–10.
- 105. Hahn RG. Clinical pharmacology of infusion fluids. Acta medica lituanica. 2012;19(3):210–212.
- 106. Farooque S, Kenny M, Marshall SD. Anaphylaxis to intravenous Gelatin-based solutions: a case series examining clinical features and severity. Anaesthesia 2019;74(2):174–179.
- 107. Bayer O, Reinhart K, Kohl M, et al. Effects of fluid resuscitation with synthetic colloids or crystalloids alone on shock reversal, fluid balance, and patient outcomes in patients with severe sepsis: a prospective sequential analysis. Crit. Care Med. 2012;40(9):2543–2551.
- Schramko A, Suojaranta-Ylinen R, Kuitunen A. et al. Hydroxyethylstarch and Gelatin solutions impair blood coagulation after cardiac surgery: a prospective randomized trial. British Journal of Anaesthesia 2010;104(6):691–7.
- 109. Naessens M, Cerdobbel A, Soetaert W, et al. Leuconostoc dextransucrase and dextran: production, properties and applications. J. Chem. Technol. Biotechnol. 2005;80:845–860.
- Atik M. Dextran-40 and dextran-70. A review. Arch Surg 1967;94(5):664–67.
- Perner A, Aneman A, Guttormsen AB, et al. Preferences for colloid use in scandinavian intensive care units. Acta Anaesthesiol Scand. 2008;52(6):750–8.
- 112. Dextran 1 GLOWM (Internet) https://www.glowm. com/resources/glowm/cd/pages/drugs/d023.html.
- 113. Farber A, Tan TW, Rybin D, et al. Intraoperative use of dextran is associated with cardiac complications after carotid endarterectomy. J Vasc Surg. 2013;57(3):635–641.



- 114. Kozek-Langenecker S, Fenger-Eriksen C, Thienpont E, et al. European guidelines on perioperative venous thromboembolism prophylaxis: surgery in the elderly. Eur J Anaesthesiol. 2018;35(2):116–122.
- 115. Bag S, Behera A, Khandelwal N, et al. Improvement in blood supply after "Heparin-Dextran" therapy in patients of buerger's disease with critical limb ischemia. Indian J Surg. 2013;75(6):462–468.
- 116. Michelson E. Anaphylactic reaction to Dextrans. New Engl J Med 1968;278:552.
- 117. Ljungström KG, Renck H, Strandberg K, et al. Adverse reactions to dextran in Sweden 1970–1979. Acta Chirurgica Scandinavica, 1983;149(3):253–262.
- 118. Shiratori T, Sato A, Fukuzawa M, et al. Severe dextran-induced anaphylactic shock during induction of hypertension-hypervolemia-hemodilution therapy following subarachnoid hemorrhage hindawi publishing corporation case reports in critical care Volume 2015, Article ID 967560, 5 pages.
- Zinderman CE, Landow L, Wise RP. Anaphylactoid reactions to dextran 40 and 70: reports to the United States food and drug administration, 1969 to 2004. J Vasc Surg 2006;43(5):1004–9.

- 120. Ferraboli R, Malheiro PS, Abdulkader RC, et al. Anuric acute renal failure caused by dextran 40 administration. Renal Failure 1997;19(2):303–306.
- 121. Dickenmann M, Oettl T, Mihatsch MJ. Osmotic nephrosis: acute kidney injury with accumulation of proximal tubular lysosomes due to administration of exogenous solutes Am J Kidney Dis 2008;51(3):491–503.
- 122. Sigurjonsson J, Hedman D, Bansch P, et al. Comparison of dextran and albumin on blood coagulation in patients undergoing major gynaecological surgery Perioperative Medicine 2018;7:21.
- Schott U, Kander T, Bentzer P. Effects of dextran-70 and albumin on coagulation in experimental hemorrhage in the guinea pig. SHOCK 2018;50(3):366–372.
- 124. Rasmussen KC, Hoejskov M, Johansson PI, et al. Coagulation competence for predicting perioperative hemorrhage in patients treated with lactated Ringer's vs. Dextran - randomized controlled trial. BMC Anesth 2015;15:178.
- 125. 10% LMD in 5% Dextrose, 10% LMD in 0.9% Sodium Chloride (Dextran 40) [prescribing information]. Hospira, Inc. Revised: 8/2018.

