

# CytoSorb®



## Best practice flowchart infective endocarditis



### Therapy goal

Stabilization of hemodynamics, reduction of sepsis-related mortality, and protection of organ function



### Patient selection

CytoSorb® Therapy may be considered during cardiac surgery for acute / active high-risk IE. Additional criteria for clinical use of CytoSorb® intraoperatively in IE patients may be the following:

- Fever
- Highly elevated inflammatory parameters
- Hemodynamic instability requiring high vasoactive support
- Staphylococcus aureus as pathogen



### Timing

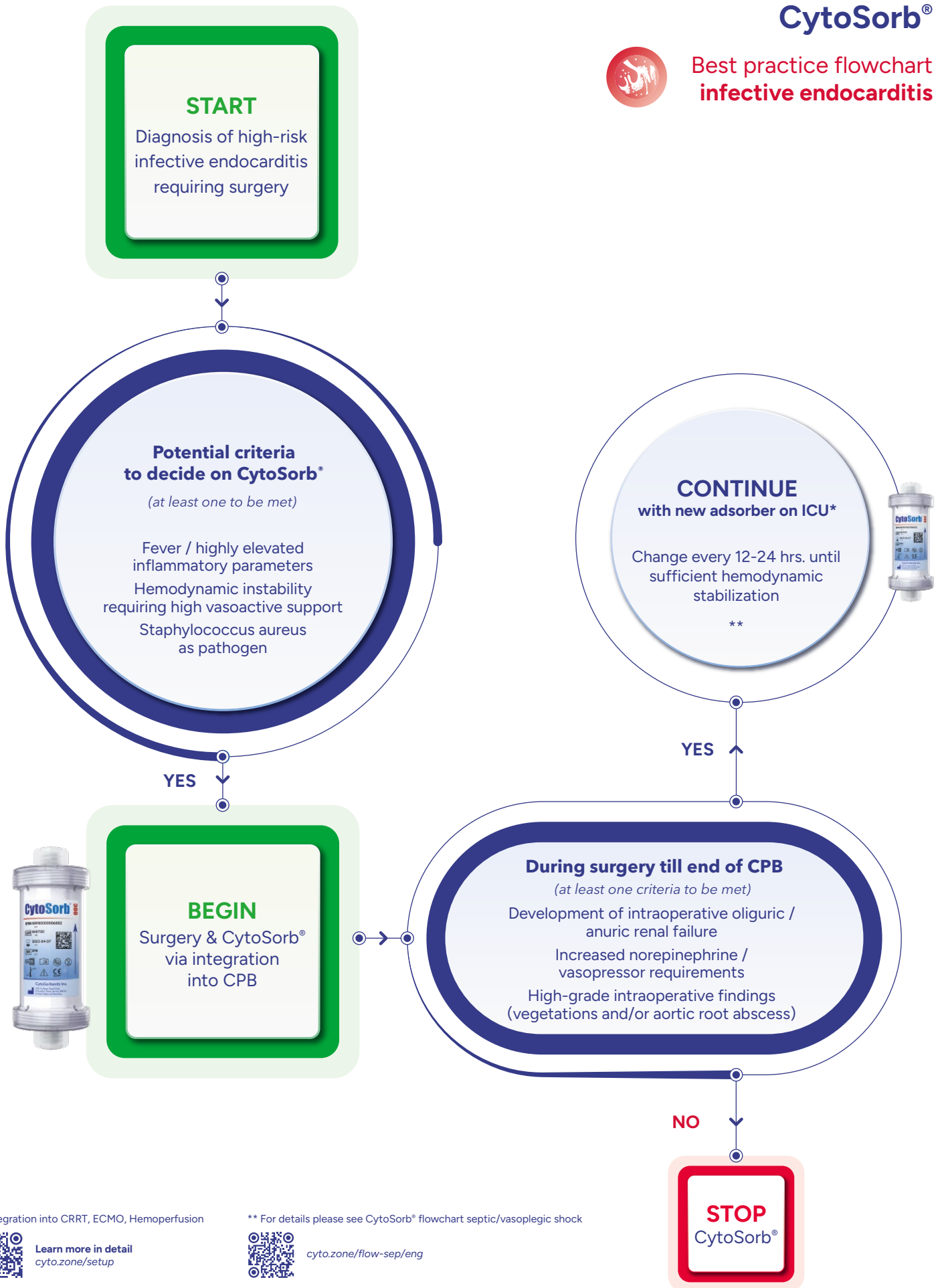
Start therapy with the start of CPB. CytoSorb® is easily integrated into the CPB circuit (post-pump to venous reservoir)



### Dosing

Consider postoperative continuation of CytoSorb® Therapy (with a new adsorber integrated into an extracorporeal circuit) in IE patients when the following signs are observed intraoperatively:

- Development of intraoperative oliguric / anuric renal failure
- Increased norepinephrine / vasopressin requirements
- High-grade intraoperative findings (vegetations and aortic root abscess)



\* Integration into CRRT, ECMO, Hemoperfusion



Learn more in detail  
[cyto.zone/setup](https://cyto.zone/setup)

\*\* For details please see CytoSorb® flowchart septic/vasoplegic shock



[cyto.zone/flow-sep/eng](https://cyto.zone/flow-sep/eng)