

# Global Peritoneal Dialysis Tubing Market Growth 2026-2032

<https://marketpublishers.com/r/G6A83CD8E65FEN.html>

Date: May 2026

Pages: 114

Price: US\$ 3,660.00 (Single User License)

ID: G6A83CD8E65FEN

## Abstracts

The global Peritoneal Dialysis Tubing market size is predicted to grow from US\$ 378 million in 2025 to US\$ 600 million in 2032; it is expected to grow at a CAGR of 7.1% from 2026 to 2032.

Peritoneal Dialysis Tubing generally refers to medical tubing assemblies that safely transfer dialysate between solution bags/warming devices/cycler systems and the patient's peritoneal access pathway. This includes extension and connection lines used with transfer sets in CAPD, as well as disposable tubing sets designed to interface with automated peritoneal dialysis (APD) cyclers. The core problem it solves is delivering a low-leakage, low-contamination-exposure, and low-use-error fluid pathway under repeated fill-and-drain cycles and frequent connect/disconnect events—often in home settings where user technique can vary—while maintaining stable flow, reliable connections, and design-mediated barriers against microbial ingress, backflow contamination, occlusion, and kink-related access failure. Its evolution mirrors the development of PD therapy models: early PD relied on simpler tubing connections with less consistent infection control, but as CAPD expanded, Y-set and double-bag systems emphasizing reduced touch and reduced open exposure became mainstream, driving tubing from “simple lines” toward more integrated assemblies with clamps, branches, and (depending on design) filtration or valve/check functions. With the growth of APD, tubing sets further converged with cycler interface standards, pumping rhythms, and pressure/flow management requirements, increasing emphasis on assembly precision, fatigue resistance, and batch-to-batch consistency to support stable overnight automated therapy. Upstream materials and components typically include medical-grade thermoplastics and elastomers (e.g., PVC, TPU, TPE, silicone) for extruded tubing with requirements for clarity, flexibility, and kink resistance; precision injection-molded connectors and manifolds (often PP, PC, ABS, or medical copolymers

depending on chemical resistance and strength needs); clamps and flow-control elements to reduce misuse; optional filters, drip chambers, and check/valve structures depending on configuration; bonding/welding and sealing materials aligned to solvent bonding, heat sealing, or ultrasonic welding processes; and sterile barrier packaging and sterilization-related materials (medical papers, Tyvek, blister trays, pouches, indicators, and labels). The upstream supply chain is commonly formed by medical resin and compound suppliers, extrusion and tubing-assembly processors, precision molding/tooling specialists, sealing/valve component vendors, sterile packaging suppliers, and sterilization service providers, with final cleanroom assembly, leak/flow consistency testing, packaging qualification, and sterilization release handled by PD consumables manufacturers. In 2025, the global production capacity of peritoneal dialysis catheters reached 7.0 million units, with sales volume totaling 5.127 million units. The average selling price was approximately USD 75.3 per unit, and manufacturers' gross margins were generally in the range of 20% to 30%.

The PD tubing market is currently defined by strong platform lock-in, high quality thresholds, and a heavy dependence on supply-chain stability to protect clinical confidence. In both CAPD and APD pathways, tubing is tightly coupled with specific connection systems, transfer sets, or cyclor interfaces, so providers and patients often prefer to stay within an established platform to minimize adverse-event risk and training burden. As a result, competition is less about “tubing as a commodity” and more about ecosystem performance across the full access workflow. Clinicians focus on sterile connection reliability, seal integrity and fatigue resistance under repeated use, clarity of flow-control elements (clamps/branches/misuse-proofing), and robust lot-to-lot consistency with traceability. Even small process variations can translate into leakage, occlusion, breakage, or contamination exposure, amplifying infection-control concerns and liability pressure. This pushes suppliers to invest in clean manufacturing, precise assembly, rigorous leak testing, and validated packaging/sterilization. Leading players reinforce stickiness through long-term validation, interface standards, and training infrastructure, while regional entrants must first overcome compatibility validation, quality-system maturity, and stable supply capability.

Future development will center on lowering contamination exposure, reducing use errors, improving home usability, and expanding digital management—while differentiating along CAPD versus APD needs. For CAPD, tubing assemblies will continue evolving toward more closed, reduced-touch/reduced-exposure connection concepts, with stronger port protection, clearer connection feedback, and (depending on platform design) backflow prevention or misconnection mitigation to lower the learning curve for new patients. For APD, the emphasis will remain on highly reliable cyclor

interfaces, stable fluid-path performance, and enhanced cyclic fatigue resistance aligned with more complex overnight therapy rhythms, alongside ongoing improvements in assembly consistency and ease of setup. In parallel, consumable management will shift from compliance-only traceability to operational optimization: UDI/barcode integration with hospital supply systems or home-delivery networks can enable tighter lot control, faster recall response, and closed-loop patient education. In some markets, vendors will increasingly bundle remote training, usage guidance, and follow-up support into broader solution offerings, positioning tubing not just as a consumable but as a pathway-quality enabler.

Key drivers include healthcare systems' sustained push to expand home dialysis, improve resource efficiency, and enhance patient experience. Nursing constraints and workflow pressure favor standardized, easier-to-train tubing platforms, accelerating adoption where providers can demonstrate safer routines and fewer failures. Guideline and quality-metric attention to peritonitis, access dysfunction, and readmissions further elevates the connection/tubing step as a high-leverage control point. Major constraints include switching resistance created by platform lock-in, compliance-driven change costs, and supply volatility. Once a pathway becomes entrenched, platform switching typically requires substantial training and convincing real-world evidence. Meanwhile, any adjustment to tubing materials, bonding/welding processes, sterilization methods, or packaging structures can trigger revalidation and regulatory change-control burden, slowing iteration. Finally, fluctuations in key resins and additives, precision molded components, and sterilization/sterile packaging capacity can disrupt deliveries and undermine confidence—becoming a practical barrier to rapid scaling, especially for newer entrants.

LP Information, Inc. (LPI) ' newest research report, the “Peritoneal Dialysis Tubing Industry Forecast” looks at past sales and reviews total world Peritoneal Dialysis Tubing sales in 2025, providing a comprehensive analysis by region and market sector of projected Peritoneal Dialysis Tubing sales for 2026 through 2032. With Peritoneal Dialysis Tubing sales broken down by region, market sector and sub-sector, this report provides a detailed analysis in US\$ millions of the world Peritoneal Dialysis Tubing industry.

This Insight Report provides a comprehensive analysis of the global Peritoneal Dialysis Tubing landscape and highlights key trends related to product segmentation, company formation, revenue, and market share, latest development, and M&A activity. This report also analyzes the strategies of leading global companies with a focus on Peritoneal Dialysis Tubing portfolios and capabilities, market entry strategies, market positions,

and geographic footprints, to better understand these firms' unique position in an accelerating global Peritoneal Dialysis Tubing market.

This Insight Report evaluates the key market trends, drivers, and affecting factors shaping the global outlook for Peritoneal Dialysis Tubing and breaks down the forecast by Type, by Application, geography, and market size to highlight emerging pockets of opportunity. With a transparent methodology based on hundreds of bottom-up qualitative and quantitative market inputs, this study forecast offers a highly nuanced view of the current state and future trajectory in the global Peritoneal Dialysis Tubing.

This report presents a comprehensive overview, market shares, and growth opportunities of Peritoneal Dialysis Tubing market by product type, application, key manufacturers and key regions and countries.

#### Segmentation by Type:

Straight Tube

Bend Tube

Others

#### Segmentation by Material:

Silicone

Polyurethane

Surface Modification Materials

#### Segmentation by Application:

Hospital

Clinic

This report also splits the market by region:

### Americas

United States

Canada

Mexico

Brazil

### APAC

China

Japan

Korea

Southeast Asia

India

Australia

### Europe

Germany

France

UK

Italy

Russia

### Middle East & Africa

Egypt

South Africa

Israel

Turkey

GCC Countries

The below companies that are profiled have been selected based on inputs gathered from primary experts and analysing the company's coverage, product portfolio, its market penetration.

Medtronic

Fresenius

Baxter

US rental care

B.Braun

Diaverum

Nipro Corporation

Asahi Kasei

Nikkiso

Toray

WEGO group

Merit Medical

PFM Medical

AMECATH

AdvinHealthcare

#### Key Questions Addressed in this Report

What is the 10-year outlook for the global Peritoneal Dialysis Tubing market?

What factors are driving Peritoneal Dialysis Tubing market growth, globally and by region?

Which technologies are poised for the fastest growth by market and region?

How do Peritoneal Dialysis Tubing market opportunities vary by end market size?

How does Peritoneal Dialysis Tubing break out by Type, by Application?

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