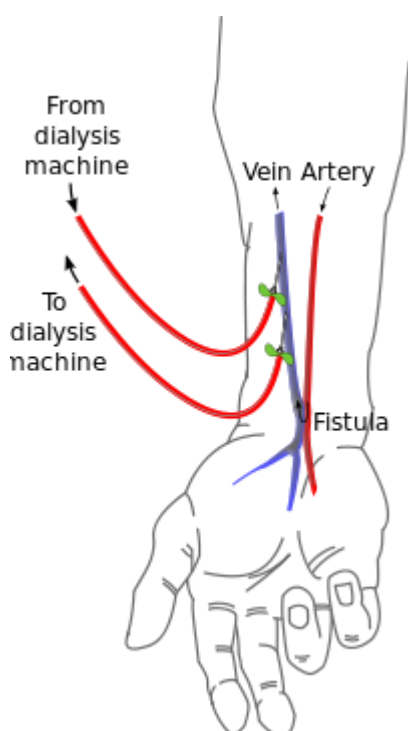


Patient information for care of the arteriovenous dialysis access fistula (AVF)

This leaflet explains:

- How to take care of a new fistula
- How to help the fistula develop
- How to protect the fistula
- How we use the fistula
- What happens if there are problems



A fistula is formed when a vein is joined to an artery under the skin by a surgeon to create a strong blood vessel. The vein becomes the fistula, which then grows big enough to accommodate the needles used for each haemodialysis session.

Immediately after formation of your fistula:

- There may be some swelling around the operation site for a few days. Some bruising is to be expected. The wound may be covered either by a clear spray-on dressing which will gradually peel off over approximately a week. Or there may be a clear plaster dressing covering the wound which can be taken off after 7 days. You can shower with either of these dressings.
- If the arm is sore you can take a mild painkiller like paracetamol. Keep the arm and hand up on cushions for the first 24-48 hours to limit the swelling and this will also help with reducing any pain.
- Bleeding is a risk, although it rarely happens. If it does start, apply direct pressure to the wound and raise the arm, then phone for advice – please see contact details below.
- Avoid lying on the operated side.
- You should use the arm and hand as normally as possible, but **avoid direct pressure on the fistula**. It may be helpful for someone to help you with normal daily activities, such as shopping, cooking and lifting for a few days after the operation. You should not drive for at least 2 weeks until you have full, pain-free use of the arm.
- The sign that the fistula is working is a slight buzzing sensation at the scar, known as the thrill. **It is important that you check this thrill daily**, by resting your fingers on it.
- As some blood is diverted away from the hand, it may feel cooler after the operation. Occasionally, the circulation in the hand cannot cope with the reduced blood supply and the fistula may need further surgery.
- You may feel cold, numbness or pins and needles in the hand especially in the finger closest to the wound. Usually this is mild and settles down over time, but let please contact us if it continues or is uncomfortable.

Developing and protecting your fistula

It is important for you to protect your fistula all the time – it is the vital link between you and the kidney dialysis machine, and is regarded as a **kidney patient's lifeline**.

Following the operation there are some easy steps to follow:

- Exercise the hand by clenching and unclenching the fist, or squeezing repeatedly a small soft ball, several times a day for 5-10 minutes a time. This will help develop the blood vessels and 'mature' the fistula so the thrill becomes stronger.
- If you have been given a fistula wristband please wear it as a visual reminder to other healthcare professionals that you have a fistula. If not, always inform members of the healthcare profession about your fistula, to prevent them using your fistula arm. **Never** have your blood pressure measured on your fistula arm as this will interrupt the blood flow to your arm and may cause your fistula to stop working. **Do not let anybody put any needles**, except those used for haemodialysis, **into any veins in your fistula arm** (eg for blood samples) – ask them to use the veins in the back of **either hand** instead.
- Any prolonged pressure may stop the fistula working. Do not wear a watch, or tight jewellery, clothing or tight cuffs. Ensure the blood flow to the arm is not restricted (like putting the arm in a position where you would get pins and needles).
- Avoid knocking the fistula and be careful during manual work if the arm is exposed. If bleeding does start, apply firm pressure and lift up the arm. If the bleeding is heavy or lasts longer than 15 minutes then get help by calling an ambulance. Tell them that you have an **arterial bleed**.
- Drink plenty (within your personal fluid restriction if you have one), as dehydration reduces the blood flow through the fistula. Dehydration can also occur in hot weather and during any illness which causes diarrhoea or vomiting.
- Keep the arm warm, avoiding prolonged exposure of your fistula arm to extreme cold as this reduces the blood flow in the fistula.
- Keep the arm clean.

Using your fistula for haemodialysis

- The Renal team will tell you when the fistula is ready to be used. This usually takes 6-8 weeks. If you have not yet started dialysis, your fistula will be checked regularly in renal outpatient clinics.
- When it has developed enough to use for dialysis we insert two needles. Tubing is then attached to the needles so that your blood can be circulated around a dialysis machine to have fluid and toxins removed.
- The needles are removed at the end of each dialysis treatment.
- If you have already started dialysis with a neck line, the nurses will ensure that your fistula is being used reliably before removing the neck line.

Potential problems

- Sometimes it takes longer than usual for the fistula to mature. Occasionally a fistula does not mature adequately, in which case another site would have to be found for a new one.
- Sometimes the flow decreases because a narrowing develops within the fistula. This can be treated with a short procedure under a local anaesthetic called a fistuloplasty. This involves stretching up any narrow area in the vein using a balloon device. This is done in the Radiology Department.
- If a narrowing gets too tight then a clot may form, stopping the flow through the fistula. Both the narrowing and the clotted fistula can usually be resolved with radiology procedures.
- **A sign that the fistula is not working** can be an absence of the thrill (buzzing sensation). If you notice this or any redness, swelling, hardness or developing pain relating to your fistula arm, please **call the Dialysis Access Nurse or Renal Unit straight away.**

CONTACTS

With concerns about your fistula, contact **your surgeon** or:

Sister Imogen Barber, Dialysis Access Nurse Specialist –
(01603) 288666 Mon-Fri 08.00- 16.00hrs

Jack Pryor Unit – (01603) 288240 07:00-22:30 Mon-Sat

Langley Ward – (01603) 287069 24 hour service Mon-Sun

Cromer Dialysis Unit - (01603) 646155 07:00-22:00 Mon-Sat

Home dialysis/CAPD patients – (01603) 287070 08:00-17:00 Mon-Fri

James Paget Dialysis Unit - (01493) 452484 07:00-21:30 Mon-Sat

Contacts for further information:

Kidneynorfolk.co.uk

British Kidney Patients Association

Kidney Research UK

UK National Kidney Foundation

UK Kidney Patient Guide

Fistulafirst.org

