University Hospitals of Liverpool Group

Patient information

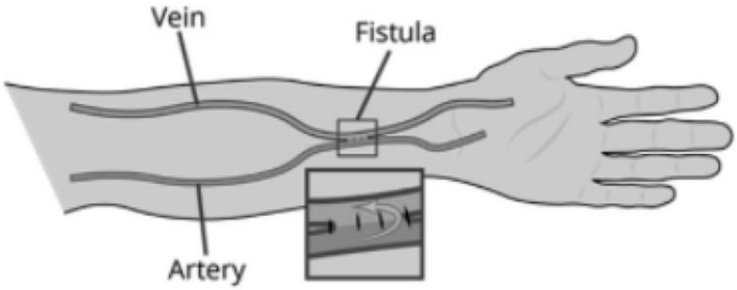
Ward Admission: Vascular Access for Haemodialysis

Nephrology

This booklet aims to help you understand your new fistula/graft and how to care for it. If you have any queries or questions, please do not hesitate to ask either the medical or nursing staff.

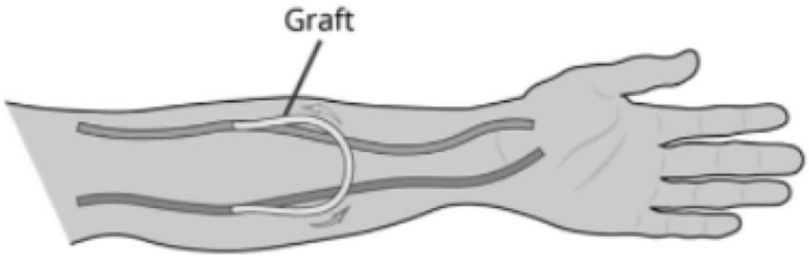
Arteriovenous Fistula (AVF)

An arteriovenous fistula is formed during an operation to join two blood vessels, a vein and an artery, together in your arm. This forms an accessible blood vessel that gives the increased flows of blood that are required for haemodialysis. Once the fistula is formed it usually takes six to eight weeks for it to enlarge sufficiently to be used for haemodialysis, some fistulas may require longer.



Arteriovenous Graft (AVG)

This is similar to a fistula but instead of the artery being connected directly to the vein a synthetic tube is used to link the two together. This is called a graft. This may be used if the blood vessels are unsuitable to be connected directly. Grafts are usually ready to be used for dialysis more quickly than a fistula.



What should I expect after my operation?

- Staff will also monitor your new access. We observe for any signs of bleeding, swelling, pain or redness.
- Staff will listen to the access using a stethoscope which enables us to hear a specific sound that indicates the access is working. This sound is called the bruit and indicates there is a good blood flow through the fistula.

- Staff will also feel the access and encourage you to do the same. If you have a fistula, you should feel a "buzzing" (called the thrill). It may feel faint to start with but as the fistula matures, this should be more prominent. Your nurse will show you where to feel for this and you should continue to check this every day. If you think the thrill has changed or you can no longer feel the buzzing you must notify your nursing staff promptly or contact the Vascular Access Team on 0151 706 3516.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away. You should be able to eat and drink within a few hours.
- You may have a drain in your arm and may be asked to keep your arm elevated. This is to help reduce swelling – this will be removed prior to you going home.
- The incision site will be covered with a dressing.
- **The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy**.
- It is not uncommon to notice some bruising which usually resolves within around two weeks.
- You can help your fistula to develop by exercising your arm daily, clenching and relaxing your fist or by squeezing a small ball in your hand for about five minutes.
- Try not to bend your arm or rest on your arm for the first few days, as this could block your fistula.

Going Home

If you have had a local anaesthetic, and there are no complications, you may be able to go home the same day as surgery. If you have had a general anaesthetic or have a drain in your arm you may need to stay in for a day or two. When you are discharged from hospital, you may be given a clinic appointment to have your fistula checked.

Discharge Information

When you are ready to be discharged, you will be given a letter explaining your stay in hospital. This will also be sent to your GP. If you have any concerns or questions after you have been discharged, please ring ward 7B on 0151 706 2395.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

A dressing will be in place to protect the wound you will have. This usually heals in a few days, and as soon as the wound is dry (usually around day five post procedure), you will be able to remove the dressing. You should try and keep this dressing dry. We advise that a nurse changes the dressings as necessary. This is because they have training in using a non-touch technique which reduces the risk of infection.

The surgeons often use stitches that dissolve in time. However if you have sutures that need to be removed you will be advised of this and the ward will do a referral for you to attend a treatment room to have sutures removed and your wound assessed. For patients that are unable to mobilise a district nurse referral will be completed, lastly for those patients already on dialysis you will be given a supply of wound dressings and your dialysis nurses can remove the sutures and change the dressing. This is a quick and painless process. If the wound site starts leaking or bleeding excessively, you must contact the hospital (0151 706 2395).

Signs to look out for at home:

Please telephone Vascular Access Team (0151 706 3516) if you notice any of the following to your fistula arm:

- Redness.
- Swelling.
- Hot to touch.
- Any signs of oozing – blood/pus.
- Excessive pain/tingling in hands/arm.
- Becomes discoloured (blue/purple in colour).
- You cannot feel the usual buzzing sensation.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days afterwards. You are advised not to lift anything with the fistula arm for two weeks after surgery and in the long term, not to lift anything heavy with your fistula arm. Exercise your arm daily by clenching and relaxing your fist by squeezing a small ball in your hand for around five minutes. This helps the fistula to develop. They usually take around six to twelve weeks to mature enough to be used for dialysis. Grafts can be used much sooner than this.

Your fistula should last for several years, or maybe longer. Repeated "needling" in the same area may weaken the fistula over time and it could become too enlarged causing problems. New needling techniques recently introduced have helped to prevent fistulas become over-developed and unsightly.

Moving forward, we advise you adhere to the following advice to care for your access:

- Keep the skin over your fistula/graft clean. Once your arm has healed following surgery, wash it daily with soap and water and always wash it before dialysis.
- Check the ‘buzz’ or ‘thrill’ daily. Staff will show you how to do this. Report any loss of flow immediately to your dialysis unit if applicable.
- Do not allow blood pressure to be taken on this arm.
- Avoid wearing tight clothing or jewellery, including watches on this arm.
- Do not loop shopping bags over this arm.
- Avoid sleeping on your fistula/graft arm as this increases the risk of clot formation.
- Avoid carrying heavy goods with this arm.
- Avoid injury to the fistula/graft arm.
- **Do not** allow anyone to take blood or put a cannula in your fistula/graft arm, you will be given a wristband prior to discharge which alerts medical personnel to avoid using this arm.

Driving

You must not drive until you feel confident that you would be able to perform an emergency stop.

Further Appointments

You will be sent a six week follow up scan date in the post.
Some consultants may ask to review your fistula in clinic two weeks after your operation, if this is the case you will be sent an appointment in the post if not given whilst in hospital.

Feedback

Your feedback is important to us and helps us influence care in the future.
Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Vascular Access Team

Please contact if you have any concerns about your fistula
0151 706 3516

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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