

Blocking

The fistula may become blocked because of a narrowing (called a stenosis) that may develop over time. Vomiting and diarrhoea leading to low blood pressure can also cause your access to become blocked.

Avoid any clothing or activities that put pressure on your fistula and restrict blood flow such as:

- Wearing a watch, jewelry or tight sleeves on the fistula arm
- Carrying heavy bags on the fistula arm
- Sleeping on the fistula arm

Check that your access is working at least twice a day. To do this, place two fingers over the site and feel for a buzzing sensation - this is called the 'thrill'.

If you can't feel the "thrill":

- Phone the renal department – the telephone number is on the back page
- Go immediately to St George emergency department
- Don't wait until your next dialysis.

Please check your fistula twice daily. If you think that the buzz is less pronounced or has stopped call

Vascular Access Nurse
0457756436
9113 1111 page 310
(Mon-Fri 8.00am-4.30pm)
otherwise go to the
Emergency Department

For further information ask
the Vascular Access Nurse
9113 1111 page 310
Mobile 0457756436
(Mon-Fri 8.00-4.30)

otherwise call the staff on
4 West Haemodialysis
9113 1151
9113 2078

For clinic appointments contact
91134534

St George Hospital Renal Department Patient Education Leaflet



CARING FOR YOUR AV FISTULA

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About your fistula or graft

Your fistula or graft has been created to enable frequent access to your blood during haemodialysis. Health staff will often refer to this as your access.

A fistula is created in an arm using your own blood vessels and a graft is created in an arm or a leg either by using a piece of vein taken from the other leg or by inserting a synthetic tube called gortex.

A new access can be soft or fragile and make cannulation (placing needles into your access) difficult. This will improve with time as your access becomes tougher.

Warning:

Your fistula / graft is only to be used by dialysis nurses to connect you to the haemodialysis machine. It is not to be used by other nurses or doctors to give you medicines or fluids or for taking blood samples. Blood pressure should not be taken on the arm with the fistula. You are allowed to remind the doctors and nurses of this.

Caring for your access

Before dialysis

Just before cannulation occurs, wash your access arm or leg with antibacterial hand wash and water.

This will remove the bacteria which normally grow on your skin.

During dialysis

- * Keep your access still when the needles are inserted
- * Tell the nurse if you:
 - experience pain or discomfort
 - notice a lump near the needles. A lump can mean the needles have moved and irritated your access.

After dialysis

When your dialysis is finished and the needles are ready to come out:

- Clean your hands with an alcohol rub and put on a plastic glove.
- Hold a gauze dressing on the sites where the needles were for at least 10 minutes to stop any bleeding. If this isn't done correctly blood from your access can leak under the skin and create a haematoma and bruising
- Leave the gauze dressing on for at least 4 hours. Remove it before showering.

Possible complications

Infection

Regular use of your access creates a risk of infection.

- To prevent an infection always wash your access with antibacterial hand wash and water before the needles are inserted
- Check for signs of infection around your access including swelling, redness or soreness
- Never shave your access.

Bleeding

There is a chance your access will bleed after dialysis. Don't panic.

- Apply pressure to the bleeding with a gauze or clean towel for 5 minutes.
- It is more difficult to stop bleeding from a graft or if you are taking warfarin so you need to apply more pressure.
- If the bleeding has not stopped after 5 minutes phone **000** for an ambulance
- Check your access regularly for bleeding.

Poor hand or foot circulation

Your access can impair blood flow in the limb. It is important to tell the nurse if you develop:

- Numbness, Pain, 'Pins and needles' in your hand or foot
- Black spots or wounds