

It's Time to Use Your Fistula/ Graft for Hemodialysis

1. When can my fistula/graft be used (needed) for dialysis?

Your dialysis team will let you know when your fistula/graft is ready for use.

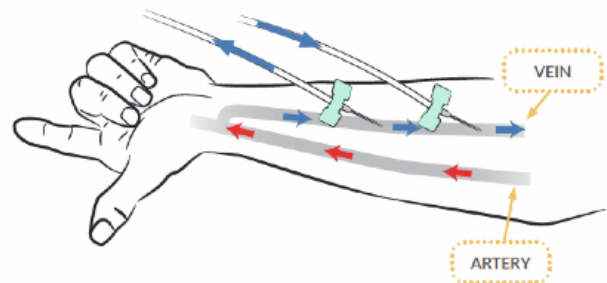
- A fistula needs time to mature (get bigger) and heal so it is strong enough for dialysis needles to be put in 3 times a week. This can take several weeks to months.
- A graft does not have to mature and can be used as soon as it heals. This can take several days to weeks.

If there are concerns about your access, your dialysis team may suggest it needs to be looked at in radiology or by the surgeon. Some concerns can be fixed with a procedure.

2. What happens to my fistula/graft when I have dialysis?

Each time you come for dialysis, two needles are put into your fistula or graft. One needle takes blood out to be cleaned through the dialysis machine, and the other returns the cleaned blood.

When the treatment is complete, these needles are removed.



3. My fistula/graft is ready to be needled, what happens next?

Your dialysis team will work with you to develop a plan.

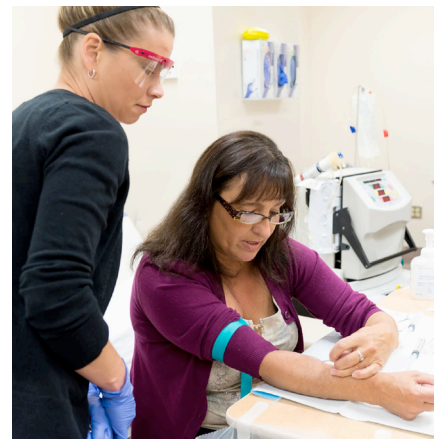
- One or two needles will be placed in your fistula/graft.
- When the needles are inserted, it may be uncomfortable.
- If you have a fear of needles (many of us do), talk to your nurse. There are ways to numb your skin where the needles will be placed.



It may take more than one try to insert the needles. While a fistula/graft is the best access, nothing is perfect. The first several uses may be a challenge.

- The vein wall might not yet be tough enough – it will get stronger with use.
- Some bumps and bruises may occur - this is normal and will improve over time.

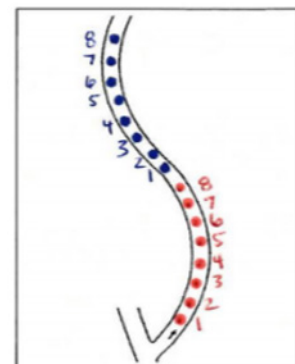
You will meet many nurses at your dialysis unit, each one of them has your best interests at heart. As more nurses get familiar with your access, needling will get easier. Occasionally problems will arise—if you know you have a challenging/tricky access, you can request that your nurse talk with someone else that has put your needles in before. You may also consider self-cannulation (needling your own fistula).



4. Will my fistula/graft be needled in the same place every time?

It is not good to needle your fistula/graft in the same area every time. This will cause the vein to weaken and bulge.

Ask your hemodialysis nurses to needle your access in a new place each dialysis session (called “rotating the sites”). See image.



5. I have been told that infiltrations (or “blows”) are common with new fistulas/grafts. What can I do to avoid a “blow?”

Infiltrations (or “blows”) can occur – this means that blood leaks into your tissues and causes swelling and bruising. This usually happens when your fistula or graft is new, however it can happen any time. Treatment options will depend on the size of the “blow” and will be discussed with you.

Ways to avoid a “blow”

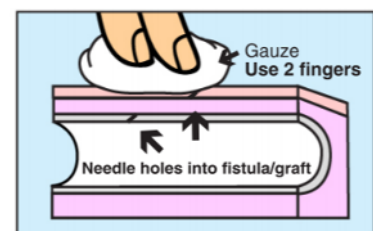
During dialysis:

- Keep your access area and bloodlines visible. **Nurses need to be able to always see your access.**
- Make sure your needles feel secure. If not, tell your nurse.
- Check your access frequently during dialysis. If the area around your access suddenly feels warm or damp or is painful, call your nurse.
- Do not touch your access, connector or tape holding the access during dialysis.
- Try not to move around too much during dialysis. If you need to move, move slowly.
- Do not use your arm to push yourself up in the chair/bed after the needles are in.
- Make sure your blood lines are attached to you, not to your dialysis chair, blankets, or bed rail.



After dialysis:

- Place firm pressure on the needle sites using two fingers for at least 10 minutes. The second needle should not be pulled until the first needle site has stopped bleeding.
- When the bleeding stops, tape the gauze in place. **DO NOT** wrap the tape all around your arm.



How to hold pressure over the needle hole

Take the gauze off 4-6 hours after your dialysis treatment. Expect scabs to form over the needle holes. Avoid scratching or picking the scabs.

- Your access may bleed after dialysis. Your hemodialysis team will tell you how to manage this.

6. Will my fistula or graft change over time?

As your fistula matures, it will look and feel differently. It will get larger and stronger. It will also get firmer. This is normal and a sign of a good, healthy lifeline. But, people may see it and ask about it. The needle marks can show too. And, it can take time to get used to the buzzing of a healthy access. Although a graft is not as large, it can show as a large line or loop under your skin.

Some people wear long sleeves all year to cover up a fistula or graft. Others use questions about their access as a chance to teach others about kidney disease. How you handle your fistula/graft is up to you.

7. How will I know there might be a problem with my fistula/graft? When should I seek medical attention?

- You can't feel the "thrill" or if it feels different from usual.
- There is any redness, warmth or pain in your access limb.
- Your access limb feels cold, painful or has a wound that won't heal.
- There is any oozing or drainage from your access.
- You have noticeable swelling or itching in your access limb.
- You have difficulty moving the fingers or loss of sensation in your access limb.
- You are feverish and have any of the above symptoms.



New fistula



Mature fistula



Graft



► **Patience is important. A fistula/graft is the best option for most people to receive dialysis.**