Hemodialysis Fistula or Graft Dressing

Information for Home Care Nurses

BCRenal
Provincial Health Services Authority

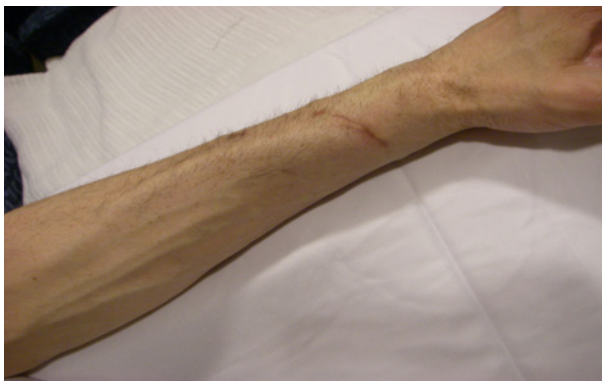
This patient that has been referred to home care nursing for a dressing change on their:

☐ Lower right arm ☐ Lower left arm
☐ Upper right arm ☐ Upper left arm
☐ Other: _____

This patient has kidney disease. The dressing covers a newly created/inserted vascular access (fistula or graft). The access was created on_____, 20___ at _____ Hospital by Dr. _____.
This teaching sheet provides information about fistulas and grafts and related dressing changes. We hope it is useful. If you have any questions, please contact _____ at __ _____.

What is a Fistula? Graft?

During hemodialysis, blood must continuously be removed, cleaned and then returned to a patient's body. In order for this to happen, a patient needs a vascular access. There are 3 options for a vascular access: fistula, graft and catheter. A fistula or graft is better than a catheter as it has fewer complications.



Fistula in Arm

With a fistula, a surgeon joins a vein to an artery, which causes the vein to become bigger and stronger. This big vein is called a fistula. A graft is like a fistula but it uses a short piece of soft, plastic-like tubing to join the vein to an artery.

Graft in Arm

Changing the Dressing of a Fistula/ Graft

This will be the first dressing change since the fistula/graft was created on this patient. It is a simple procedure and is similar to a dressing change on any post-surgical wound.

1. Use standard/routine precautions (wash hands, wear gloves, etc).
2. Use aseptic technique with sterile equipment and supplies ("no touch" technique).
3. Remove the old dressing and discard.
   a. Check that fistula/graft incision is closed.
      - In some cases, the wound over the fistula or graft will be closed with internal stitches that do not get removed. Steri-strips may also be used and these will fall off on their own in about 7 – 10 days.
      - In other cases, the wound over the fistula or graft will be closed with clips or sutures. These are removed by the physician in about 7 – 10 days.
   b. Check for signs of infection (drainage, redness, tenderness at incision site, fever, pain). Some redness and swelling directly around the incision is normal.
   c. Check for swelling in the access arm or pain and/or numbness in the fingers or hand.
   d. Using a stethoscope above or beside the incision line, LISTEN to the bruit to assure that the access has blood flow. A continuous low-pitched bruit should be present.
   e. Place your fingers above or beside the incision line and FEEL for a thrill. A thrill (purring or vibration) indicates blood flow through the access. A continuous thrill should be present, extending through both systole and diastole. It will diminish in strength as you move farther from the anastomosis.
   f. Check for the presence of pulses at the wrist and the temperature and colour of hand to confirm the blood supply to the hand is adequate.
4. Contact the patient's family physician or the contact name provided on this referral if:
   - Edges of the wound are starting to separate.
   - There is redness or warmth spreading beyond the direct area around the incision and/or other signs of infection.
   - There is swelling in the access arm or pain and/or numbness in the fingers or hand.
   - You are unable to hear a bruit and/or feel a thrill.
5. Using a sterile 4x4 gauze soaked in an antiseptic solution, cleanse the site and surrounding area.
6. Apply sterile dressing. Change the dressing every few days for a total of 7 - 14 days. Remove the dressing earlier if the wound is dry and healing. Once dressing is removed, keep the area clean and dry.
7. Do not wrap anything on the arm that may restrict the circulation.

For further details, a patient information pamphlet on the care of a fistula/graft is attached.