

Glossary

Access: The part of the body where needles or a catheter are inserted to gain entry to the bloodstream to perform dialysis treatment (e.g. dialysis perm-cath, fistula or graft).

Anticoagulant: A medication used to extend the length of time it takes for your blood to clot.

Anemia: A condition where you have too few red blood cells in your blood.

Arterial line: The tubing that carries blood away from the body to the dialyzer.

Bruit: The sound that is produced as blood flows through a fistula or graft.

Buttonhole technique: This is a way of putting needles into a fistula. Instead of rotating the sites, two sites are chosen (one for each needle) and used all the time. Needles are put in exactly the same spots at exactly the same angle.

Central venous catheter (CVC): A soft, flexible tube with 2 lumens, usually inserted into a large vein in the neck.

Contamination: The introduction of germs that can occur when a sterile object comes into contact with an unsterile object.

Dehydration: A condition that occurs when there is not enough fluid in the body.

Dialyzer: An item that contains tubes which filter the blood. Also known as an artificial kidney.

Edema: The collection of extra fluid in tissues causing swelling.

Exit site: The point where a catheter comes out of your body.

Fistula: An artery and a vein that are surgically connected and that increases in size due to increased blood flow.

Fistulagram: An x-ray procedure to look at the flow of blood and to check for blood clots, or other blockages in your fistula.

Graft: A synthetic tube that is surgically inserted connecting an artery to a vein.

Hemodialysis: The procedure which removes wastes and fluid and regulates electrolytes by passing blood through a dialyzer (filter)

Hemolysis: The destruction of red blood cells.

Heparin: A medication used in dialysis to prevent blood from clotting.

Hypertension: High blood pressure.

Hypotension: Low blood pressure.

Infiltration: When the needle becomes dislodged from inside the vein (fistula) or graft during needle insertion or during dialysis; also known as a “blow.”

Potassium: A mineral in the blood and tissues. High and low levels can cause potentially serious complications; therefore it must be closely monitored during kidney failure.

Rope ladder technique: The rope ladder technique rotates needle sites for each dialysis treatment. The rope ladder technique must **ALWAYS** be used when needling a graft.

Stenosis: A narrowing in your fistula or graft which can result in poor blood flow.

Sutures: A stitch or row of stitches holding together the edges of a wound or to hold in a dialysis catheter.

Thrill: In a patient with a fistula, it is the vibration felt over the area that indicates there is blood flowing throughout the vessel.

Tourniquet: a rubber band like device that is put around the arm to make sure the blood vessels are filled and easy to see and feel.

Ultrafiltration: The removal of fluid from blood as it passes through a dialyzer.

Vascular access is a way for the health care team to access your bloodstream over and over again. There are three types of vascular access: fistula, graft and catheter.

Venous line: The tubing that returns blood back to the body after it leaves the dialyzer.

References

- Adapted from BCR Home Hemodialysis Workbook
- Various handouts and documents were referenced from the BC Renal Kidney Care Committee, the BC Renal Dietitians Group and the BC Renal Hemodialysis Committee

Images

- Images on page 8 and 11 provided by Ontario Renal Network

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LAND ACKNOWLEDGEMENT

BC Renal plans and monitors the delivery of kidney care services to a diverse population living in various settings and communities across BC. As a provincial network, we operate on the unceded traditional and ancestral land of many Indigenous peoples, including First Nation, Métis and Inuit people. Our main office is located on the traditional and ancestral territories of the Coast Salish peoples – xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) Nations, and the Métis Chartered Community of the Lower Mainland Region.

IMPORTANT INFORMATION

This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. The guideline/resource promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible; refer to [BCRenal.ca](https://www.bcrenal.ca) for the most recent version.

For information about the use and referencing of BC Renal provincial guidelines/resources, refer to [BCRenal.ca/health-info](https://www.bcrenal.ca/health-info).