

AV ACCESS PATIENT EDUCATION

Hemodialysis is the act of removing waste and cleaning your blood when your kidneys are no longer functioning. The Vessel Mapping appointment determines what type of access can accommodate your veins.

FISTULA

- You own vein and artery are joined together
- Less likely to get infected, tends to last longer
- Prepare several months before needed
- Sometimes may be converted into a graft at a time of failure

GRAFT

- Piece of synthetic tubing that connects the vein and artery
- Good choice for small veins
- Can be used sooner than a fistula
- Typically doesn't last as long as a fistula

Your access is your lifeline. A patient should check their access every day and look for any warning signs of access malfunction. By recognizing issues early on, and getting the proper treatment, this may help elongate the lifespan of your access.

LOOK:

- Inspect your access daily for redness, drainage, warmth and symmetry.
- Both of your arms should be the same size.
- Scabs that are not healing are abnormal.
- Evaluate any size/color change of an aneurysm/pseudaneurysm.

LISTEN:

- Your access should have a continuous bruit "whooshing" sound.
- Whistling or visualizing pounding of access is abnormal.
- You should have a stethoscope of your own at home for proper care.

FEEL:

- Feel the entire access daily for any tenderness or warmth.
- The access should have a continuous thrill like a buzzing bee.
- A strong pulsating feel is abnormal.

ARM EVALUTION:

- Your fistula should completely collapse or soften when lifting your arm above your heart.
- If your fistula collapses slowly or not at all there is a probable stenosis.

GUIDELINES:

- Know your average bleeding time and recognize if the time is increasing.
- Know how to check the thrill and bruit in your access.
- Know what the alarms on the machine indicate.
- Be aware of a pattern of difficult needle placement or frequent infiltrations.
- If you have changes in your access notify the dialysis staff immediately.