

STENOSIS/ANGIOPLASTY PATIENT EDUCATION

A narrowing that restricts the blood flow within your access is called a stenosis. The location of a stenosis can develop inside of your fistula, graft or any vessel supplying blood flow to and from the access. A stenosis can occur immediately or as an access ages in the form of scar tissue. An angioplasty is needed when a stenosis is found.



Pre stenosis

Angioplasty

Post Stenosis

WHAT TO LOOK FOR:

- Frequent machine alarms in arterial or venous pressures.
- Prolonged bleeding.
- Collateral veins.
- Difficult cannulation.
- Developing aneurysms or increasing size of aneurysms.
- Changes in the thrill (buzzing feeling) and bruit (whooshing sound).

INTERVENTION:

- Patient needs to be seen at the access center for an angiogram (picture of internal access).
- If a stenotic lesion is present, then an angioplasty will be performed.
- The angioplasty uses a balloon to widen the vessels back to normal size.
- Possible stent placement if vessel will not stay open.

GUIDELINES:

- Stenosis left untreated can lead to your access clotting. Neglecting to maintain your access can lead to access failure.
- Access flow tests (the amount and speed of the blood in your access) are to be completed regularly at your dialysis unit, quarterly for fistulas and monthly for grafts, to help maintain your access.
- Timely evaluation of access issues are critical for access longevity.