

VESSEL MAPPING PATIENT EDUCATION

The Vessel Mapping appointment determines what type of access can accommodate your veins. There are 2 parts to a vessel mapping (vein map) study:

ULTRASOUND EXAM

- This measures the size of blood vessels in your arm.
- A fistula or graft in the arm is the preferred choice for dialysis over a catheter.
- This study determines the best placement for a fistula or graft to be used as a permanent access.

X-RAY

- The nurse will start an IV.
- During the x-ray, a **MINIMAL** amount of contrast dye is used to accurately visualize the vessels in the arm and chest to show the position and flow of the veins. This will not affect kidney function. **Let us know if you have an iodine or contrast allergy.**
- Pacemakers, open heart surgeries, and previous catheters can hinder central vein flow, as they are some of the major causes of vessel narrowing, and therefore require an x-ray evaluation prior to any access creation.

Recommendations for a permanent access will be determined at the end of the vessel mapping appointment. You will be given a packet to give directly to a chosen surgeon.

PROTECT YOUR ARM: NO IV/BLOOD DRAWS ON THE CHOSEN ARM AFTER THE VEIN MAP PROCEDURE. AVOID SLEEPING ON THE ARM AFTER SURGERY.

A fistula will not be ready to use until 6 weeks after surgery.

A graft will not be ready to use until 3 weeks after surgery.

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

KNOW THE DIFFERENT DIALYSIS OPTIONS AVAILABLE TO YOU