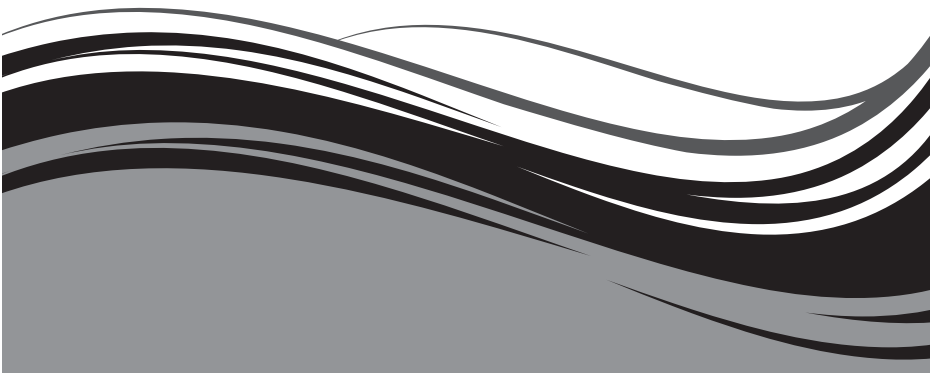


Information about

Caring for your Fistula



Why do I need a fistula?

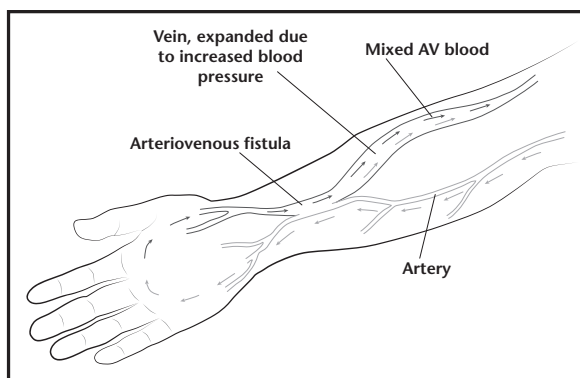
Patients with kidney failure need haemodialysis to clean the blood and take over the function of your kidneys.

A haemodialysis treatment needs to access your bloodstream at two separate points, once to remove the blood to be cleaned by the machine and the other to return the cleaned blood.

For most people, a fistula is the safest and most reliable way to do this.

What is a fistula and how is it made?

A fistula is an artificial join between a vein and an artery. A surgeon will make the fistula in an operating theatre. Most fistulas are made in the arm with a small cut at either the wrist or the elbow. The procedure takes 1-2 hours to perform. It is created by a small operation where a vein is joined onto an artery. Some of the arterial blood that previously flowed down your arm towards your hand is now diverted into the vein.



Most fistulas are made with local anaesthetic (which numbs the area) or an anaesthetic nerve block. You will remain awake during this surgery, but we can give you additional medication to relax you if you are anxious. Most patients are able to go home on the same day as their operation.

The fistula makes the original vein slightly larger and tougher to allow for haemodialysis. The vein becomes a 'super-vein' over 6-8 weeks as it matures to a size where it will allow two needles to be inserted for a haemodialysis treatment.

These needles are removed at the end of your treatment.

The arterial blood passing into the vein creates a buzz (thrill) that you can feel. This will reassure you that your fistula is working.

Is there an alternative to a fistula?

The main alternative to a fistula is a line in the neck. A line can be inserted easily and allows access for dialysis as soon as it is in place. However, patients dialysing through neck lines are more likely to get serious bloodstream infections and need admitted to hospital than patients with fistulas. Lines can also cause scarring of the major neck veins that, after time, can make it more difficult to find routes of access for haemodialysis. This is why most dialysis patients are advised that a fistula is the best for of access for haemodialysis.

Frequently asked questions

- **What have you put in my arm?**

We have not put anything in your arm. The operation simply joins your vein to your artery.

- **Can I go straight home after the operation?**

If possible, fistulas are day case operations. This means you should be able to go home after your operation. However, it is essential that you have someone to stay with you on the night after your operation.

- **What is an anaesthetic block?**

A block is a special type of anaesthetic that numbs the entire arm via an injection at the shoulder. The whole arm is made numb and immobile for several hours following the operation. This can reduce any discomfort that may be felt right after surgery. The block normally starts to wear off about 4 hours after the surgery and will have completely worn off by the next morning. If you feel that your hand or arm has not returned to normal by the next morning, you should contact the Vascular Access Nurses.

- **When can I go back to work?**

This depends on your job. Most people are fine to return to work within a few days. Please discuss this with your Surgeon or Vascular Access Nurse.

- **When can I drive?**

You should be able to drive within 10-14 days. This allows the wound on your arm to heal. Please check with your insurance company before you start driving again. Some insurance companies set time limits on policies that allow people to drive following surgery on their arm.

- **When do my stitches come out?**

Most stitches are dissolvable and do not need to be removed. Non-dissolvable stitches (black or navy blue) need to be removed 10 days after your surgery. Your practice nurse or nurse in your haemodialysis unit can remove them.

- **Can I have a shower?**

Yes. You can let the water run over your dressing. After the shower, pat the wound dry and replace the dressing. You can leave the wound open to the air after a few days.

- **When will my fistula be ready to use?**

It normally takes 4-8 weeks for your fistula to get strong enough to use. You will receive a phone call from the Vascular Access Nurses 2 days after your operation. We will then send you a clinic appointment for 4 weeks after the date of your surgery. At this appointment, the nurse will assess your fistula and make sure it is suitable for use. If it has not matured as expected, the Vascular Access Nurses will plan for any necessary interventions at this time. It is particularly important that you attend this appointment.

- **How can I check that my fistula is working?**

You can feel for the thrill (buzz) and listen with a stethoscope to the bruit (whoosh). You should listen to your fistula in the morning when you get up. You should start listening at the scar and follow the vein right up your arm. If you cannot hear anything or the sound has changed, you should contact the Vascular Access Nurse or hospital for further advice.

- **What happens if my fistula fails?**

If we know early enough that a fistula has stopped working, we may be able to save the access. It is vital that you check your fistula every day so that we can work out when the fistula has failed. If we are unable to save the fistula, we will make a plan for future access.

Problems and complications

Fistulas are a very safe way to receive haemodialysis. However, it is important that you are aware of potential problems:

Bleeding

Although this is uncommon, bleeding can occur. If this happens, **immediately apply direct pressure** on the bleeding point with your finger or thumb. **Do Not** use a towel or dressing as you will not be able to apply enough direct pressure and the blood is likely to soak into the towel or dressing instead.

If you experience any bleeding (that is more significant than spotting) in the days following your fistula creation, you need to contact the hospital as this will need to be reviewed.

Severe or persistent bleeding from a fistula can be life threatening. Do not delay or ignore this. If minor bleeding does not stop after 10 minutes or the bleeding restarts. Put pressure on the bleeding point and **phone 999 and tell them you have a "bleed from a dialysis fistula"**.

If you have only minor bleeding that stops with 5-10 minutes, then you do not need to take any further action. Please let nursing staff know that this has happened, either phone the Vascular Access Nurses or tell the nursing staff at your next haemodialysis session.

Redness or swelling

This can be a sign of infection. Contact your haemodialysis unit or hospital immediately.

The "buzz" has gone

This is a sign that the fistula may have stopped working. Contact your haemodialysis unit or hospital immediately.

Steal syndrome

This can occasionally happen not long after the fistula has been created. Too much blood may be diverted into the fistula, “stealing” blood from your hand. This can leave you with a sore, numb or painful hand. If you develop these symptoms, please contact your haemodialysis unit or hospital.

New “pins and needles” symptoms and loss of power in your hand

Please contact your haemodialysis unit or hospital if you are experiencing this once the nerve block has worn off as we will need to investigate these symptoms.

Caring for your fistula

Do	Don't
<p>Check your fistula every day</p> <ul style="list-style-type: none"> • Look (for redness, scabs, unusual lumps, or bumps) • Listen (with your stethoscope along the full length of the vein) • Feel (for the buzz) <p>Any changes, contact the hospital</p>	<p>Do not allow anyone to take a blood pressure on your fistula arm</p>
<p>Protect your arm from bangs, bumps and pets' claws</p>	<p>Do not allow anyone to take blood from your fistula arm</p>
<p>Exercise your fistula using the stress ball</p>	<p>Do not pick any scabs from your fistula arm</p>
<p>Before arriving for haemodialysis, wash your fistula with soap and water</p>	<p>Do not wear tight or restrictive clothing</p>
<p>When the fistula is used, needle placements should be at least 1cm up the vein from the previous cannulation site. This is important if you are putting on Emla cream to numb the area before you attend for haemodialysis.</p>	<p>Do not wear a watch on your fistula arm</p>
<p>After haemodialysis, your needles should be taken out one at a time and the sites should be pressed for 10 minutes</p>	<p>Do not carry heavy shopping bags on your fistula arm</p>
<p>Wear a red fistula band on your fistula arm to make sure others are aware of your fistula</p>	<p>Avoid carrying heavy weights</p>

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Fistula Exercises

The following exercises will help your fistula to mature after surgery and then keep it running well. They should be carried out every day for the lifetime of your fistula.

Squeezy stress ball

1. Hold the stress ball in the palm of your hand.
2. Slowly squeeze, release and repeat.
3. This should be done for a minimum of 10 minutes per day. However you can do it more often.



Finger-tip exercises

Touch each finger to the tip of your thumb, opening up your hand after each touch. Touch tips to thumb repeatedly for 5 minutes, 6 times per day.

If you find it easier, you can use a peg to squeeze with every fingertip touch.



Further information and contact details

Haemodialysis unit phone number: _____

Vascular Access Nurses (Mon – Fri, 6.30am - 4pm)

Kaye Travers: ☎ 0141 452 3695

Leigh Bainbridge: ☎ 0141 452 2981

Louise McLeod: ☎ 0141 452 3608

Vascular Access

Answering machine: ☎ 0141 452 2448

Renal Surgery Ward 4C, Queen Elizabeth University Hospital
(Out of hours or weekend)

☎ 0141 452 3302 or ☎ 0141 452 3304

