

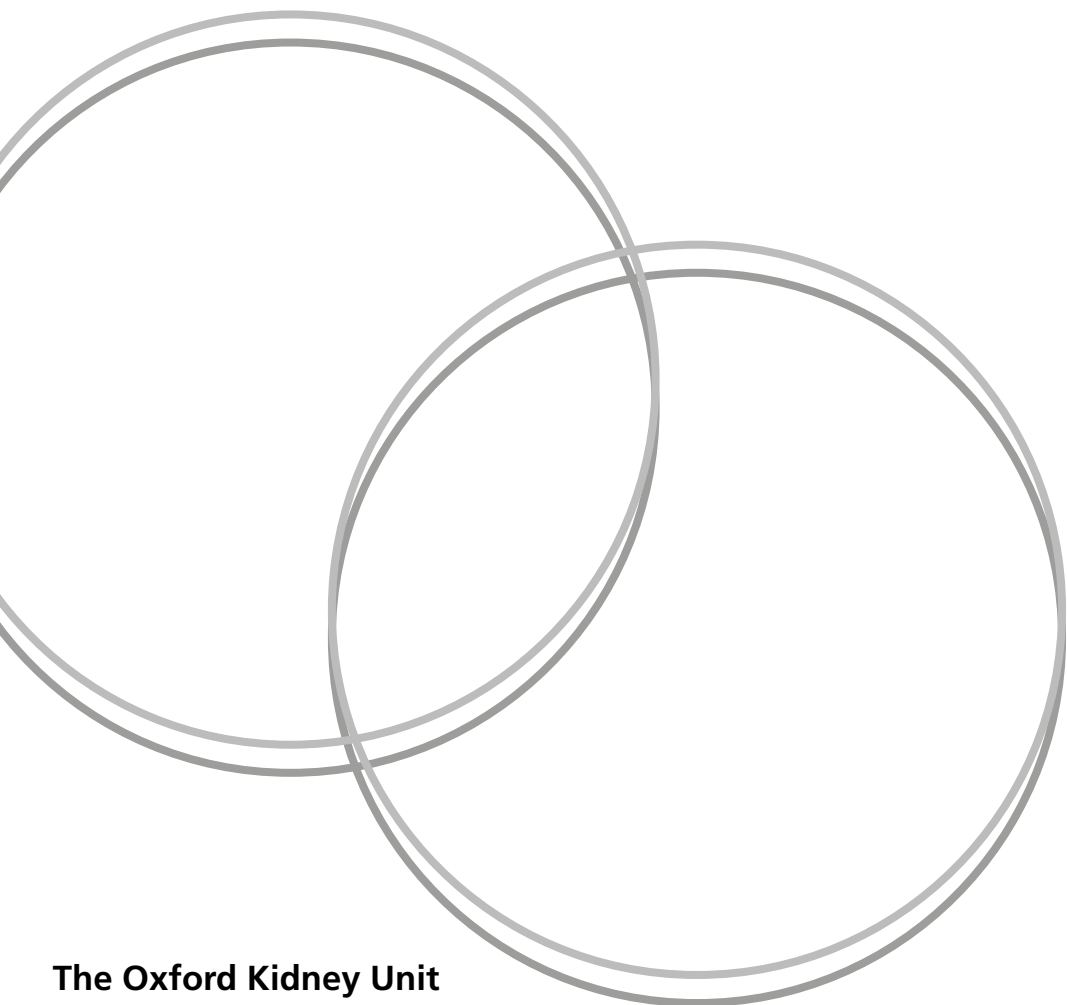


Oxford University Hospitals
NHS Foundation Trust

Access for haemodialysis

Part 3

**Keeping your fistula or
graft working well**



The Oxford Kidney Unit

This leaflet has been written to help you care for your fistula. If you have any questions after reading this leaflet please talk to your renal team.

How to keep your fistula or graft working well if you are on dialysis

To keep your fistula healthy and functioning well, one of the dialysis nurses will assess it every time you come to the dialysis unit. This involves checking it is working well, by feeling for the 'buzz' (thrill). Your dialysis nurse may also listen with a stethoscope for the 'whooshing' (bruit).

They will report any problems you may have to the Vascular Access team. This is very important, as it allows us to identify potential problems early on and act upon them quickly.

If you are not on dialysis please continue to check your fistula and let us know if you have any problems.

What problems may I experience with my fistula or graft on dialysis?

- You may experience a rise in the pressure of the venous chamber or arterial chamber on the dialysis machine (the pressure to and from your fistula or graft); this can cause the dialysis machine to alarm frequently.
- Difficulty inserting needles into your fistula or blood clots in the dialysis needle.
- Your fistula or graft taking longer than 10-15 minutes to stop bleeding, once the needles are removed after dialysis.

All of these are usually due to a narrowing within the fistula vein.

How do the nurses know if my fistula is working properly when on dialysis?

Your haemodialysis nurse will perform a special ultrasound with a 'Trasonic' machine. A trasonic machine measures the amount of blood flowing through your fistula. Sensors are attached to the dialysis lines as you dialyse, the sensors measure the flow rate as blood passes through. This will be performed every 3 months.

A trasonic flow reading of 600millilitres per minute or more is good. If the number falls below 600millilitres per minute your Vascular Access nurse may need to refer you to the to the X-ray department (radiology), so that they can have a look inside your fistula or graft by performing a fistulagram. Your dialysis or Vascular Access nurse will talk to you about referring you to the radiology department.

If you are not on dialysis and your Pre-Dialysis nurse or Vascular Access nurse thinks your fistula is not working as well as it should be, they will also refer you to radiology.

What will happen when I go to radiology?

Please contact the radiology department before your appointment if you have an allergy to X-ray contrast or iodine, as you may not be able to have X-ray images taken.

Your Vascular Access nurse will talk to you about which procedure you will be having.

What happens if I need a fistulagram?

You don't need to make any changes to your medications. You can eat and drink as you normally would and go home immediately after your appointment.

What is a fistulagram?

During a fistulagram a small injection of a dye (contrast) is injected into the vein of your fistula. An X-ray camera is then positioned over your fistula or graft and pictures are taken, so that the radiologist can look closely at your veins. The Vascular Access nurse or your Pre-Dialysis nurse (if you are not on dialysis) will discuss the results with you and what the next plan is.

What happens if I need a venoplasty?

You will be asked to come to the Renal Day Case Unit. If you are taking any blood thinning medications such as warfarin, apixiban or clopidogrel, or diabetic medication such as metformin, please phone the Renal Day Case Unit for advice (the number is on page 9 of this leaflet).

You can eat and drink as normal before you arrive. You cannot drive after the procedure, so will need to have someone to take you home. Please do not arrange to go home on public transport. Travelling by car will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

If you need to arrange hospital transport, please phone the Renal Day Case Unit.

When you get to the Renal Day Case Unit the following will happen:

- Your blood clotting levels (and INR if you are on warfarin) will be checked, to make sure they are at a safe level for the procedure to go ahead.
- You will be advised not to eat anything once you arrive on the unit, but you can have water up to an hour before the procedure.
- We will ask you what medications you are taking, including over the counter and herbal remedies.
- A cannula (a small plastic tube) will be inserted into your vein (usually in the back of your hand).
- If you are diabetic, your blood sugar will be checked.

We will ask you to change into a hospital gown and you will be collected by our porters to be taken down for the procedure.

What is a venoplasty?

A venoplasty is a procedure to treat a blockage or narrowing in your fistula or graft. You will require a local anesthetic injection for this procedure. This is a small injection of a solution, which will numb your skin and tissue near the start of your fistula or graft.

During a venoplasty, a small cut is made at the start of your fistula or graft. A small amount of dye (contrast) is injected in the fistula or graft, so that the radiologist can see on the X-ray images where the narrowing is in your vein. You may experience a warm feeling when the dye is injected into your vein.

A small deflated balloon is then inserted into the vein and inflated at the point where your vein narrows. This should widen the vein. It may feel slightly uncomfortable, but this should pass quickly. Sometimes, if your vein is very narrow, the radiologist may need to inflate the balloon several times.

Once the procedure is finished, the radiologist will place a stitch in the cut to close it. If you are on dialysis your nurse will remove the stitch at your next dialysis session. If you are not on dialysis the radiology department will talk to you about the best person to remove the stitch (this may be your local practice nurse).

Instead of a venoplasty, the radiologists may decide to insert a stent into the narrowing of your vein. A stent is a small metallic mesh which holds the wall of the vein open. It gets inserted in the same way as having a venoplasty. Once it is in place, you shouldn't be able to feel it and your dialysis needles can be inserted as normal.

Both procedures take about an hour. You may need to stay on the Renal Day Case Unit for about 1-2 hours after the procedure, to make sure you don't bleed (this is very rare). If we have concerns about you, a doctor will see you before you go home.

If you are worried about your venoplasty site when you are at home, please contact the Renal Ward (number at the back of this leaflet). If you notice that you have bleeding through the dressing, please press hard over the site and wait for 15 minutes. If blood continues to ooze through the dressing despite applying pressure, please phone the renal ward for further advice. If you are experiencing severe bleeding and pressure doesn't stop the blood loss, please phone 999.

How will I know if the procedure has worked?

Your dialysis nurse will repeat a Transonic reading to see if the procedure has improved the blood flow within your fistula or graft. About 90% of the time venoplasties are very successful. Sometimes the narrowing may come back again. If this happens, we will talk to you about having another venoplasty or stent.

Some people need frequent venoplasties to keep their fistula working properly. If you need frequent venoplasties, the Vascular Access team will refer you to see your surgeon in the Access clinic.

Useful contact numbers

Specialist Access Nurses, Churchill Hospital

Tel: **01865 225 910** or **01865 225 373**

(Monday to Friday, 8.00am to 5.00pm)

Main Haemodialysis Unit, Churchill Hospital

Tel: **01865 225 807**

(Monday to Saturday, 7.30am to 7.00pm)

Tarver Haemodialysis Unit, Churchill Hospital

Tel: **01865 225 487**

(Monday to Saturday, 7.30am to 7.00pm)

Renal Ward, Churchill Hospital

Tel: **01865 225 780** or **01865 225 790**

(24 hours a day)

Radiology Department, Churchill Hospital

Tel: **01865 235 755**

(Monday to Friday, 8.00am to 5.00pm)

If non-urgent please leave a message. For urgent messages please phone the Renal Ward.

Milton Keynes Dialysis Unit

Tel: **01908 996 496**

Stoke Mandeville Dialysis Unit

Tel: **01296 316 996**

Banbury Dialysis Unit

Tel: **01295 229 812**

High Wycombe Dialysis Unit

Tel: **01494 426 347**

Swindon Dialysis Unit

Tel: **01793 605 286**

Useful websites

Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

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OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

