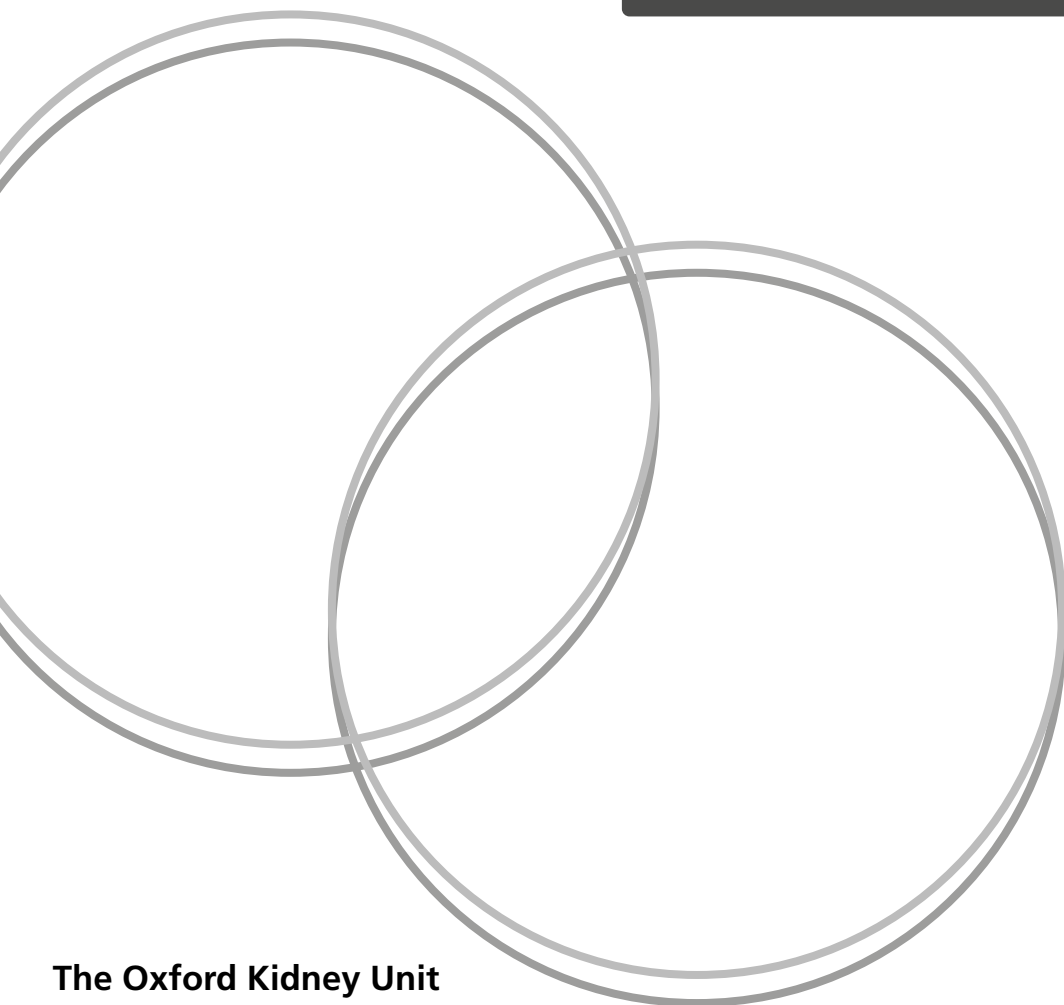


Access for haemodialysis

Part 2

**Starting haemodialysis
and looking after your
new fistula**



You have been given this leaflet as you have a new fistula and are starting haemodialysis soon.

If you have any concerns or questions about anything in this leaflet, please speak to your pre-dialysis or dialysis nurse.

How do I take care of my haemodialysis fistula?

When you had your fistula made, you will have been taught how to feel and listen to it, to check that it is working.

A dialysis or pre-dialysis nurse will contact you 2 and 6 weeks after your operation. At this time they will:

- look at your scar to make sure it has healed, and may change or remove the dressing
- place their hand over your scar to check they can feel your fistula buzzing
- listen with a stethoscope to make sure they can hear it whooshing.

At the 6 week check, they will see if your vein is developing well, so that when you need to start haemodialysis the nurses are able to insert two needles into the fistula. If they feel that it is not developing as well as it should be, they will refer you to the Vascular Access team. The Vascular Access team will discuss what will happen next; you may see a surgeon or a radiologist.

After the 6 week check you will be seen regularly by your Kidney doctor or your pre-dialysis nurse until you need to start haemodialysis.

What can I do to look after my fistula?

- Every day, place your hand over your fistula to feel the buzzing and listen for the whooshing with the stethoscope.
- Do your hand exercises, such as squeezing a rubber ball or a rolled up pair of socks, to help your fistula develop.
- Avoid tight clothing around your fistula, such as tight shirt or blouse sleeves.
- Avoid wearing tight wrist watches or bracelets if you have a wrist fistula.
- Don't let anyone take a blood test or blood pressure from your fistula arm.
- Don't let anyone put a needle (cannula) into your fistula arm.
- Let your nurse or Kidney doctor know if you notice anything different about your fistula, such as it feeling hot, painful, or if it has increased in size.
- Avoid heavy lifting or carrying heavy shopping on your fistula arm.
- Avoid laying on your fistula arm and raising it above your head when sleeping.

We can provide you with an alert wrist band to wear on your fistula arm. Please speak to a member of the haemodialysis team if you would like more information. There may be a small cost.

What if I can't feel my fistula buzzing or hear a whooshing?

If you are concerned about your fistula, please contact your pre-dialysis nurse or a member of the Vascular Access team. If it is a weekend, please phone the hospital switchboard and ask to speak to a transplant doctor. The telephone numbers are at the end of this leaflet.

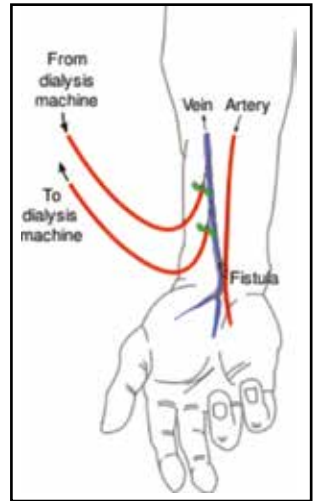
If you are on haemodialysis and are concerned about your fistula, please contact your local unit immediately. Do not wait until you are next due haemodialysis.

What happens when I need to start haemodialysis?

When you need to start haemodialysis, you will be given a regular time slot at one of our two Oxford haemodialysis units. This will be either in the morning or afternoon on a Monday, Wednesday and Friday, or on a Tuesday, Thursday and Saturday. We will try our best to accommodate your other commitments, such as childcare and work, but we may not be able to offer your preferred time and days immediately.

If you don't live in Oxford we will transfer you to your local unit as soon as a space becomes available. This may take a few months. Transport can be provided, but you may prefer to ask a friend or family member to bring you to your haemodialysis treatment.

The first haemodialysis session



When you arrive for dialysis, a nurse will ask you some questions about how you have been at home. You will need to wash your hands and fistula arm before it is needed. You should do this every time you come for haemodialysis. Your dialysis nurse will also clean your arm with a special cleaning solution. This helps to prevent you getting an infection.

What happens to my fistula when I have haemodialysis?

At the beginning of every haemodialysis session you will have two needles inserted into your fistula vein. One needle takes blood out, to be cleaned through the machine, and the other needle returns the cleaned blood back to you.

Small needles will be used at first. As your fistula develops and becomes stronger, larger needles will be used. This will give you a better haemodialysis treatment, as the dialysis nurses will be able to increase the speed of the machine. This means you should be able to have a greater amount of your blood cleaned in one session.

When the needles are inserted it may feel a little uncomfortable. The dialysis nurses can offer you an anaesthetic cream or spray, which will numb your arm where the needles will be placed.

How will the nurses needle my fistula?

To keep your fistula working well the dialysis nurses will place the needles along the entire length of your fistula (moving the needles up and down at each session). This is known as the “rope ladder” technique. This helps to protect your fistula from becoming scarred and forming large swellings.



You may know of some patients who use an alternative technique called “button hole needling”. As this technique may have an increased risk of infection we no longer recommend this type of needling.

What does it mean if my fistula has 'blown'?

When your fistula is new the veins are not very strong. This is because it takes a few haemodialysis treatments for the walls of the vein to become thicker and stronger. A 'blow' usually happens when your fistula is new, however it can happen at any time on haemodialysis.

A blown fistula means that some blood has leaked out of the vein around the needle site and has moved into the surrounding tissues. This may lead to bruising and swelling. If this happens, a nurse will place an ice pack on your arm to help reduce the swelling; this should get better in a few days.

A small blow should not cause any problems for your future haemodialysis. Your nurse may need to avoid needling the area which is bruised, whilst it settles.

A large blow (which is rare) may cause pain and a lot of swelling, which could make it difficult to needle your fistula. This may mean you need to miss a haemodialysis session. If this happens, your Kidney doctor or Vascular Access nurse will discuss the best treatment for you.

How will the nurses take care of my fistula?

Your named nurse will work closely with the Vascular Access team to make sure your fistula is working well and your blood is being cleaned effectively.

Every three months, your dialysis nurse will check how much blood is flowing through your fistula every minute, by using a transonic machine. Your dialysis nurse will attach the transonic machine sensors to your haemodialysis lines to measure the amount of blood through your fistula. This measurement is usually done within the first hour of you starting your haemodialysis treatment.

A normal level is about 600 millilitres per minute. If your blood flow is less than this or the flow rate is decreasing each time we perform the test, you may need to be seen by one of the radiologists or surgeons. The Vascular Access team will explain the best treatment for you.

What can go wrong with my fistula?

For most people a fistula can work well for many years. However, you may experience the following:

- **Thrombosis:** this is when a blood clot blocks the fistula and stops it from working. You would normally need a small operation to treat this and unblock the fistula. If the surgeon is unable to unblock your fistula you may need a temporary line for haemodialysis.

A temporary line is a line which is inserted into the large vein in your groin or neck, to allow you to dialyse. If you would like more information about temporary lines, please ask for a separate leaflet.

In the hot weather you may need more fluid. Talk with your dialysis nurse, they will probably suggest you drink an extra cup of fluid per day.

- **Stenosis:** a narrowing within your fistula vein, which causes a reduced blood flow. This leads to poor haemodialysis. If this happens, you will be referred to a radiologist to have a procedure called a venoplasty. This is where a small balloon is inflated inside your fistula, to stretch it wider at the point where it narrows. More information about having a venoplasty can be found in part 3 of this series of leaflets.
- **Infection of the fistula or graft (rare):** If your arm is red, hot or swollen you may have an infection. Contact your haemodialysis unit immediately for advice.
- **Steal syndrome (rare):** your hand may be painful, cold, blue in colour, weak or numb. This usually happens because the blood flow to your hand is reduced. You would need to see a surgeon urgently and may need to have your fistula vein tied off (disconnected), so that the blood flow returns to your hand. This would mean you no longer have a working fistula and may need to have a tunnelled line inserted for haemodialysis. For information about tunnelled lines, please ask for our separate leaflet. If you are worried about any symptoms please speak to your nurse.

- **Aneurysm (rare):** a weakening of the wall of your fistula vein can occur if your fistula is being needled in the same area at every haemodialysis session. This can lead to your fistula vein swelling in one area. Your dialysis nurses will needle the whole length of your fistula to avoid this happening.

- **Bleeding from your fistula or graft (AVF or AVG)**

Blood flow through your fistula or graft is under high pressure, as your artery and vein have been joined up together.

Although rare, bleeding from a fistula or graft can be life threatening. If the bleeding does not stop once you have applied pressure for 15 minutes, please seek urgent medical help.

We will give you a separate leaflet and a card explaining what to do if your fistula or graft starts bleeding.

Please let your dialysis nurse know if you would like to speak to any of the Vascular Access Nurses about your fistula.

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

Health for Me (patient portal)

'Health for Me' enables you to access to your digital health record via the OUH Patient Portal. It is an online system that allows you to easily view parts of your digital health record safely and securely from a computer or smartphone.

Please ask a member of the renal team to sign you up to the patient portal.

If your bloods are taken through the Oxford Kidney Unit you will be able to see these results. We can give you a leaflet that explains what the blood test results mean. If you would like a copy please ask a member of the renal team.

Contact numbers

Vascular 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)

Transplant Ward, Churchill Hospital

Tel: **01865 235 010** or
01865 235 112

(24 hours a day)

Radiology Department, Churchill Hospital

Tel: **01865 235 755**

(Monday to Friday, 8.00am to 5.00pm)

**Oxford University Hospitals NHS Foundation Trust
switchboard**

Tel: **0300 304 7777**

Milton Keynes Haemodialysis Unit

Tel: **01908 996 496**

Stoke Mandeville Haemodialysis Unit

Tel: **01296 316 996**

Banbury Haemodialysis Unit

Tel: **01295 229 811** or
01295 224 130

High Wycombe Haemodialysis Unit

Tel: **01494 426 347**

Swindon Haemodialysis Unit

Tel: **01793 605 286**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Jo Carter, Specialist Nurse Vascular Access
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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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