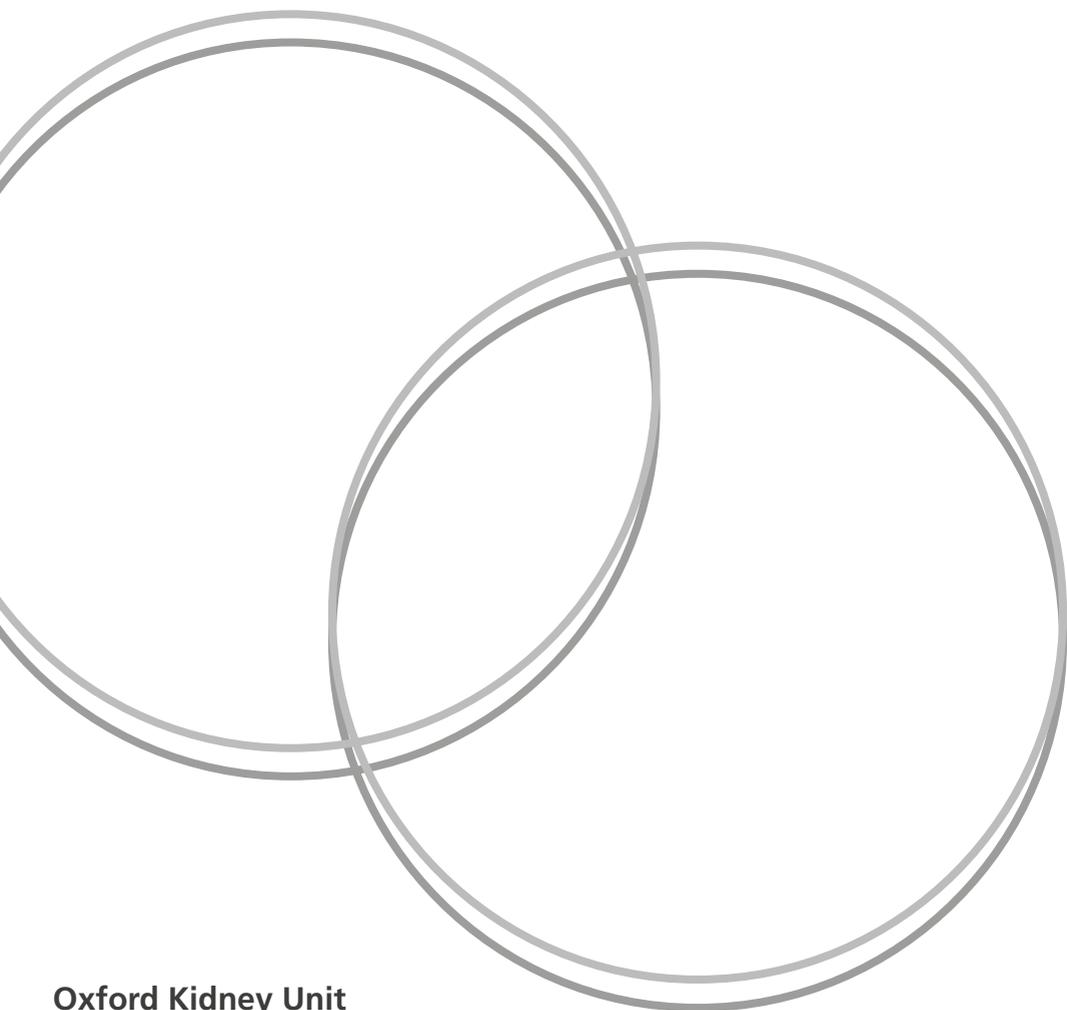




Oxford University Hospitals
NHS Foundation Trust

Ligation and Excision of Your Haemodialysis Fistula or Graft

Information for patients



Ligation of a haemodialysis fistula or graft involves disconnecting the fistula to stop the flow of blood, and in some cases removing at least part of the fistula vein.

This leaflet will provide you with information on what happens when you have your fistula ligated. A surgeon will see you in the vascular access clinic to discuss the operation with you.

If you have any other questions please speak to your dialysis nurse, surgeon or vascular access dialysis nurse. When you have seen the surgeon, they will advise you on the type of anaesthesia that is best for you.

Why do I need my fistula ligated?

There are several possible reasons for ligating a fistula or graft:

- Your fistula has increased in size, such as an aneurysm (a bulge /s in the blood vessel) which can increase the risk of bleeding.
- You may no longer need your fistula (for example post-transplant).
- You may be experiencing pain, numbness or a cold hand on the same side as the fistula, or have developed ulcers in the fingers (steal syndrome).
- Increased flow through the fistula may be putting strain on your heart.

How do I prepare for the operation?

If you take a medication that thins your blood (warfarin, clopidogrel or apixaban) please phone **01865 225 792** a week before the operation. You will need to stop these before the operation or may need an alternative medication. Aspirin is safe to continue if you don't take any other blood thinning medication.

What happens on the day of the operation?

Ligation of a fistula is usually undertaken as a day case procedure, either at the Foscote or Horton Hospital in Banbury or the Churchill Hospital, Oxford. You should be able to go home the same day.

What anaesthesia will I need?

If your fistula is small, this can often be ligated under local anaesthesia. A numbing solution is injected into the area where the fistula has been made meaning that you shouldn't feel pain, but you may feel pressure.

If your fistula is large or has aneurysms (lumps) you will probably need a general anaesthetic, or regional block. For a general anaesthesia, an anaesthetist will put a small cannula (tube) into the back of your hand and give you some medication that makes you sleep. They may also ask you to breath some oxygen or other gas through a mask that goes over your nose and mouth.

In a regional block, the limb being operated on, a numbing solution is injected into the nerves. After about 10 to 20 minutes the limb will go numb. You shouldn't feel any pain but can feel pressure. We can also give you some sedation (medication) that makes you feel sleepy .

If you are going to have a general anaesthetic or regional block you will need to a pre-operative assessment about 3 weeks before the surgery. This is to make sure you are safe to have the operation. We will also let you know what happens around the operation.

What happens at the operation?

The surgeon will usually completely disconnect the fistula vein or graft and suture the end to prevent the flow returning. If the fistula is large/aneurysmal, they will try to remove as much of the fistula vein (excision) as possible to prevent a clot forming which can lead to inflammation. If you have a graft this is usually left in place unless it is infected. For a large fistula, there may be two or more cuts in the skin to remove the fistula vein. After the operation you will no longer have a functioning dialysis fistula. If you should need a fistula in the future, you will need a new one created.

What are the risks of the operation?

- Discomfort and redness of the skin, this is because of clotting of the blood in the disconnected fistula (1 in 20 people).
- Bleeding from the wound/s (1 in 100 people).
- Wound infection (1 in 100 people).
- Numbness at the site due to nerve damage (2 in 100 people).
- A collection of clear or lymphatic fluid at the surgical site (less than 1 in 100 people).
- Rarely, significant reduction of blood flow to your fingers on the fistula side (less than 1 in 100 people).
- Scarring, this is common and can take up to 6 months to fade. Once the wounds have healed keep the site moisturiser using a simple moisturiser. Some people have also found Bio-Oil helps to reduce scarring.

What should I do after the operation?

- Keep your fistula limb elevated at the same level as your heart for 24 hours post-surgery.
- Wounds will have internal stitches and waterproof glue on them. Avoid touching, getting the wound wet for 24 hours. The glue usually forms a scab that peels or falls off in 5 to 10 days.
- Avoid driving for 48 hours. If your arm is painful you may wish to leave it a little longer before driving. You must be in control of the car and able to safely perform an emergency stop.
- Once your wounds are completely healed you can use this arm to have your blood pressure and if needed bloods taken.
- If you take blood thinning medication the surgeon will tell you when to restart this.

Contact the Transplant Ward immediately if you develop any of the following:

- the wound starts to bleed or splits open
- becomes red, swollen, or is leaking pus
- your hand become cold and painful
- you have a high temperature or feel hot and shivery.

Transplant Ward, Churchill Hospital

Telephone: **01865 253 010**

Useful contact numbers

Vascular Access Nurses

Churchill Hospital

Telephone: **01865 225 910** or **01865 225 373**
8am to 4.30pm, Monday to Friday
(Please leave a message on the answer phone)

Transplant ward

Churchill Hospital

Telephone: **01865 253 010**
(24 hours a day, including bank holidays and weekends)

Useful websites

Oxford Kidney Unit

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

Website: www.ouh.nhs.uk/oku

NHS website

This has lots of useful information before and after surgery.

Website: www.nhs.uk/conditions/having-surgery

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.

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