

Frequently Asked Questions

1. Why should I get an AV Fistula?

With proper care, AVFs tend to last longer for dialysis than other accesses, and require fewer interventions.

2. How do I get an AV Fistula?

Start by asking the doctor or nurse at your dialysis clinic about it.

3. I don't like needles; how do I cope with the pain and fear?

There is no denying that dialyzing with an AVF requires the insertion of two needles into the access site. You might ask your clinic if smaller needles can be used, and ask about the "Buttonhole" method; these techniques may reduce pain. Many patients learn to place their own needles, and find that this helps a lot. Relaxation techniques like deep breathing exercises may also help you feel less discomfort during cannulations.

4. How do I care for my AV Fistula after my treatment?

You will be required to hold pressure at the needle sites to stop the bleeding. Keeping your AVF clean is also very important. You will monitor your AVF on 'off' dialysis days to be sure it has a "thrill" (a buzzing sensation), which tells you that it is working.

5 Great Reasons to Consider an AV Fistula

1. *Fewer infections*
2. *Fewer Hospitalizations*
3. *Fewer Clotting Problems*
4. *Better Blood Flow for Better Treatments*
5. *AVFs usually last for years, compared to just weeks or months for other access types*

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To learn more about AV Fistulas and which vascular access option may be right for you, please visit the following websites:

www.esrdnet15.org
www.esrdnet16.org
www.esrdnet17.org
www.fistulafirst.org

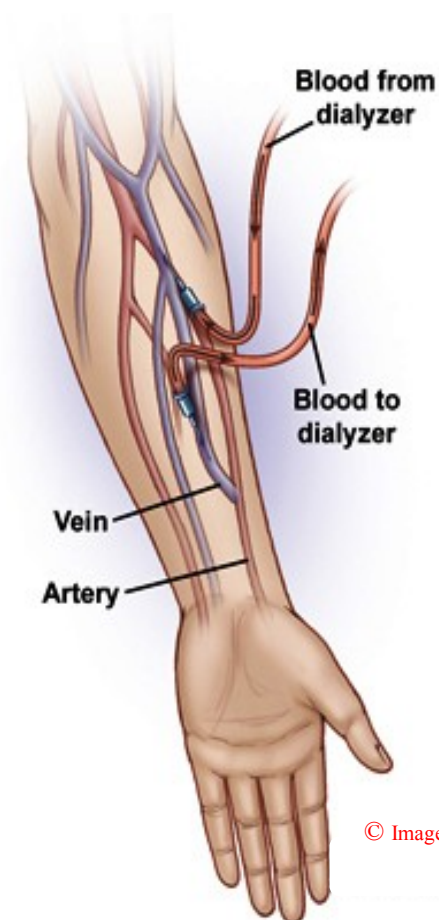
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arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

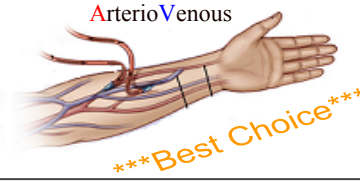
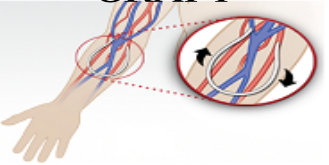
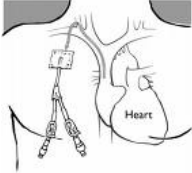
ArterioVenous Fistula



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Intermountain ESRD Network #15
165 S Union Boulevard—Suite 466
Lakewood, CO 80228
303.831.8818

Vascular Access Types for Hemodialysis

| TYPE | LOCATION | ADVANTAGES | DISADVANTAGES |
|--|--|--|---|
| FISTULA ArterioVenous  | <input checked="" type="checkbox"/> Forearm <input checked="" type="checkbox"/> Upper Arm <input checked="" type="checkbox"/> Thigh | <input checked="" type="checkbox"/> Lasts many years <input checked="" type="checkbox"/> Less infection <input checked="" type="checkbox"/> High blood flows <input checked="" type="checkbox"/> Fewer complications | <input checked="" type="checkbox"/> Takes the longest to mature or develop <input checked="" type="checkbox"/> May fail to mature or develop due to other health issues |
| GRAFT  | <input checked="" type="checkbox"/> Forearm <input checked="" type="checkbox"/> Upper Arm <input checked="" type="checkbox"/> Thigh <input checked="" type="checkbox"/> Chest <input checked="" type="checkbox"/> Straight or Loop | <input checked="" type="checkbox"/> Can be used in 2 weeks <input checked="" type="checkbox"/> Used in people when a fistula does not work <input checked="" type="checkbox"/> Used in people with special health issues | <input checked="" type="checkbox"/> Clotting <input checked="" type="checkbox"/> Infection <input checked="" type="checkbox"/> Swelling <input checked="" type="checkbox"/> Frequent interventions required <input checked="" type="checkbox"/> May affect blood flow to the hand (Steal Syndrome) |
| CATHETER  | <input checked="" type="checkbox"/> Neck (Jugular Vein) <input checked="" type="checkbox"/> Groin (Femoral Vein) <input checked="" type="checkbox"/> Chest (Subclavian) **Should be avoided** | <input checked="" type="checkbox"/> Can be used in an emergency (Must have chest X-ray for placement) <input checked="" type="checkbox"/> Can be used while other access types mature | <input checked="" type="checkbox"/> Clotting <input checked="" type="checkbox"/> Infection <input checked="" type="checkbox"/> Lower blood flow rates <input checked="" type="checkbox"/> Vessel damage <input checked="" type="checkbox"/> Designed for short-term use only *Charts were adapted from Networks 16 and 18. |

“When I felt very ill back in 2001, I went to several doctors to find out what was wrong; they were unable to pinpoint why I felt weak and sick until finally one doctor told me, “Your kidneys have failed.” I had known they were weak for several years but was surprised they had actually quit. This doctor said, “You have such high levels of toxins in your blood that you need to dialyze as soon as possible.” I was stunned. Dialysis looked horrible, being dependent on a machine, not to mention all that blood. It was a very difficult time in my life and I wondered if life would still be worth living. I was so sick that I needed a temporary catheter put in my chest just to start treatment. At the same time they put in this catheter just to start treatment, they also put in what is called a fistula. Having a fistula is very, very important to the

quality of your life. A fistula is the joining, usually a few inches above your wrist, of a vein to an artery in your arm. Fistulas take at least 8 weeks to be ready for use but are far superior to catheters. I began dialysis using the temporary catheter and started feeling better after the first few treatments.

Eight weeks later, out came the catheter and I started using my fistula. It allowed much more effective treatment. I continued to get even better and now am healthy and have a fulfilling lifestyle. If you would like to take advantage of my experience, the most important thing you can do is have a fistula put in as soon as your doctor will allow it. It will pay off for you. “

-Ray S. *

- *Ray was a previous member of the Network #15 Patient Advisory Committee*

Faces of Dialysis

