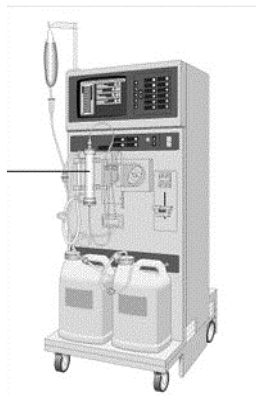


For you to have hemodialysis, blood has to leave your body, travel to the artificial kidney (dialyzer) and return to your body. This is done by making a **vascular access**. The most common type of vascular access is a **FISTULA** made with your own vein and artery or a **GRAFT** made of a “plastic-like” material that is attached to your blood vessels. Some people use a temporary access called a **CENTRAL VENOUS CATHETER**, which is inserted into the heart, until a permanent access such as a fistula or a graft can be made. For most people, the best kind of vascular access is a **fistula**, because they last longer and have fewer problems such as stenosis (narrowing) or infections.

If you are using a fistula or graft, **YOU** can help it last longer, prevent clotting, and stay healthier by doing 2 simple steps:



Ask what type of surveillance (a special test to measure how well your access is working) is used at your clinic and how often this is done. An access may develop a stenosis or narrowing, which slows the blood flow in your access. This may lead to clotting (blood cells that stick together) which then can decrease or stop blood flow. Regular surveillance of your access can alert the clinic staff for early treatment to prevent further clotting or loss of your access.



Learn how to inspect your access for changes that could indicate developing problems. Staff will inspect and examine your access before every dialysis treatment. They can also show you how to perform this inspection (monitoring). Early treatment can keep the access working well.

We have included a form YOU can use to check and track your venous access inspections and surveillance

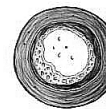
What Causes Graft Stenosis?

The high pressure flow of blood through the needle into the access can cause the inside of access to become smaller or narrower. Your graft may also narrow or clot due to red blood cells sticking to the inside wall of your graft.

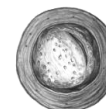
New



Narrowed



Clotted



How to Help Prevent Clotting!

- Every day, check the blood flow in your graft by feeling for a “buzz.” If the buzz changes tell your nurse right away!
- Don’t put pressure on your access by carrying heavy items on it
- Rotating needle stick sites may decrease harm caused by continually sticking the same area. (If you have a fistula, a one-place stick or “button-hole” method may be used without causing problems)

Hemodialysis Vascular Access Facts

• In December, 2008, around 18,682 patients were being dialyzed in Network 5 (includes West Virginia, Virginia, District of Columbia and Maryland). About 48% of patients used a fistula, 25% used grafts and 27% a catheter.*

What you need to know**

• **A fistula is the best choice for most patients**

A fistula is preferred because it lasts longer and has fewer problems like clotting and infections. If you do not have a fistula, ask your doctor or dialysis care team why not.

• **Keep your Access working well**

Staff examines your access every dialysis treatment to better recognize developing problems. Learn how to self-exam your access. Know what is normal for you to detect any differences:

- Buzz through the access – how does this feel
- Pulse at the suture line – how does this feel
- Inspect it daily – for redness, tenderness or swelling

• **Your Access needs surveillance**

Know what type of surveillance is done in your clinic and how often it's performed. Keep track of this.

• **If your Access is not working**

Report any changes immediately to staff

You can help protect your Lifeline and Your Health

*Source: Corporation Electronic Laboratory Data provided to SIMS

** National Kidney Foundation What You Need to Know About your Access 6/2006

PROTECT YOUR



LIFELINE

Hemodialysis Fistula or Graft

What You Can Do Today to:



- Keep your fistula or graft working longer
- Protect your health

Developed by Network 14. Modified and distributed by NW5, May 2009
<http://www.esrdnet5.org/stenosis.asp> Patient Toll-Free: 1-866-651-6272

