Why have a fistula?

Information for haemodialysis patients

You are currently dialysing through a tunnelled line but a fistula is the type of vascular access we recommend. This is needed to gain access to your blood to enable you to be connected to the haemodialysis machine.

Fistulas or grafts are the preferred method for dialysis access because they are the best and safest long-term vascular access. They have fewer complications than lines and a much lower risk of infection as well as providing better dialysis (i.e. better clearance) and most people feel better in themselves because of this.

Lines can be used for short-term dialysis access but they are more likely to become blocked and need replacing and to cause complications such as bloodstream infections and vein narrowing, reducing life expectancy. Patients with lines are also more likely to have a hospital admission due to complications than patients with a fistula or graft.

Frequently asked questions:

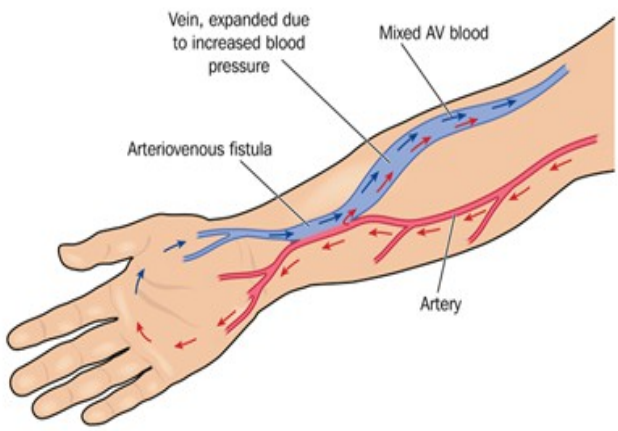
"Why should I have a fistula?"

A fistula has been suggested because it is the best and safest option for you. You will have less risk of infection and other serious complications with a fistula compared to a line. A fistula will also facilitate better, more effective dialysis which is essential for your long-term health and quality of life.

"What does having a fistula involve?"

A fistula is made in the lower or upper arm by a small operation to connect an artery to a vein, usually done under local anaesthetic. It is created by a surgeon in an operating theatre and takes around 1 hour.

If the procedure is going to be more complex then you may need a general anaesthetic (so you will be asleep). The surgeon will explain this to you prior to the procedure.
(Diagram from www.miamikidney.com)



“I’m worried about the operation and what happens afterwards.”

A fistula formation procedure is usually very straightforward is usually done as a day case. Before you go home you will be given advice on how to care for and monitor your fistula and details of who to contact if you have any problems/queries. The nurses on your dialysis unit will also monitor your fistula. There is also dialysis access nurse specialist based on the Jack Pryor Renal Unit (contact details are at the end of this leaflet).

“My line works just fine and I’ve never had an infection before, so why should I change?”

Even if you’ve never had an infection in your line, there is always a high risk of future infections compared to a fistula. The longer you continue to dialyse with a line, the greater the risk of infection. Lines are also very prone to becoming blocked and are likely to need replacing regularly. Due to the vein narrowing caused by lines, the longer a line is in place, the more limited a person’s options for future vascular access becomes.

“Why can’t I wait to have a fistula until my line stops working?”

Unfortunately it takes 6-8 weeks for a fistula to be ready for use. If your line stops working or gets infected and has to be removed, this could leave you without any access for dialysis.

“I feel in control with my line. Isn’t it my decision?”

Yes it is your decision. However a fistula would give you as much, if not more, control in managing your treatment and open options to you such as home haemodialysis (if you are a suitable candidate for this) and self-cannulation.

“I’m scared of needles and worried that using my fistula will hurt.”

We understand that people are concerned about the use of needles and there are ways that we can help with this. There are creams and sprays that can help to numb the skin if necessary, your dialysis nurses can explain these to you. Some patients seek counselling via their GP to help with their anxiety about needles. Once the fistula is established then there is a cannulation technique called ‘buttonhole cannulation’ which involves inserting blunt needles into a formed track. Patients usually find this less painful and so this can be a good option for people who are afraid of needles. Your nurses can explain this to you in greater detail.

“I’m worried a fistula will change the way I look.”

Fistulas can change their appearance over time, however good needling technique can help to reduce the potential for aneurysms forming – these are the swellings or ‘lumps’ that can be seen in some fistulas. You can discuss your concerns with your nurses.

“I’m worried the fistula won’t work.”

In all cases we take every step to make sure that your fistula works properly. However, in a small number of patients, the fistula stops working due to a clot in the vein or because the veins are too small. If this happens then the surgeon will see you again and suggest what to do next.

“I’ve seen other people have problems with their fistula.”

Every person and every fistula is different. Sometimes people do have difficulties with their fistula being needled or with the blood flow being low. These problems are usually temporary and there are things we can do to rectify these problems.

Further Information:

We appreciate that you may have your own questions and concerns about your decision and we are happy to discuss these with you.

If you would like any further information please speak with you renal doctor in clinic, the dialysis nurses or the Dialysis Access Nurse Specialists who are based at the Norfolk and Norwich Kidney Centre, 1-4 Francis Way, Bowthorpe, Norwich NR5 9JA.

Contacts

Dialysis Access Nurse Specialists (Imogen Barber and Rebecca Barnes):
01603 288666 (Monday to Friday, 08.00hrs – 18.00hrs)

Norfolk and Norwich Kidney Centre:
01603 288240 (Monday to Saturday, 07.00hrs – 22.30hrs)

Langley Ward:
01603 286069 (Monday to Sunday, 24 hours)

Cromer Dialysis Unit:
01603 646155 (Monday to Saturday, 07.00hrs – 22.00hrs)

You can find information online at:
http://esrdncc.org/ffcl/for-ffcl-patients/

IN TRAN®
communication for all