ASCENSION ST VINCENTS
DIALYSIS AV FISTULA/GRAFT PROCEDURE PATIENT HANDOUT

Radiologist who performed your procedure: _____

Procedure Description:

- Image-guided dialysis AV fistula or graft procedures are performed to evaluate and treat problems with dialysis access. These procedures help identify and correct narrowing, blockage, clot, or poor blood flow within a dialysis fistula or graft.
- During the procedure, a radiologist uses X-ray and ultrasound imaging to guide small catheters into the dialysis access. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. Contrast material is injected to visualize blood flow through the fistula or graft and nearby veins and arteries. This allows the radiologist to identify areas of narrowing, blockage, or clot.
- If a problem is found, treatment may be performed at the same time, including:
  - Angioplasty: A small balloon is inflated to open a narrowed blood vessel.
  - Stent placement: A small metal mesh tube is placed to help keep the vessel open.
  - Thrombolysis: Medication is delivered directly to dissolve a blood clot.
  - Thrombectomy: Special devices are used to remove a blood clot.
- After treatment, the catheter is removed and pressure is applied to the access site to reduce bleeding.
- The procedure usually takes 1-2 hours (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Helps identify problems with dialysis access, such as narrowing, blockage, or clot.
- Can restore or improve blood flow through the fistula or graft.
- Imaging allows the radiologist to precisely target problem areas.
- Enables diagnosis and treatment to be performed during the same procedure in many cases.
- Minimally invasive approach performed through small skin openings.
- May help prevent access failure and avoid placement of a temporary dialysis catheter.
- Can improve the effectiveness of dialysis treatments.
- Often associated with shorter recovery time compared with surgery.
- Most patients tolerate the procedure well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but often mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain is uncommon.

- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, blood vessels, or nerves can occur but is uncommon.
- Blood clots or blockage of unintended vessels can occur but are uncommon.
- Blood clots can form or move during the procedure.
- Incomplete treatment or recurrence of symptoms can occur and may require repeat embolization or additional therapy.
- Re-narrowing or re-blockage of treated vessels can occur over time.
- Bleeding elsewhere in the body can occur, especially when clot-dissolving medication is used.
- Damage to the fistula or graft can occur and may require additional procedures or placement of a temporary dialysis catheter.
- Depending on the treatment performed, specific complications may occur (such as vessel rupture with angioplasty, stent movement, bleeding after thrombolysis, or unintended blockage of nearby vessels with embolization). Occasionally, these complications may require additional procedures, surgery and/or hospital admission for treatment.
- Kidney injury from contrast material can occur, particularly in patients with underlying kidney disease.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Surgical revision or repair of the fistula or graft in appropriate patients.
- Placement of a temporary or tunneled dialysis catheter if the fistula or graft cannot be used.
- Medical management and close monitoring in select cases, depending on symptoms and access function.
- Creation of a new dialysis access at a different site.
- Some patients choose no further treatment; however, this may result in inadequate dialysis access and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandages 24 hours after your procedure. Skin glue may also be applied. Do not pick off the glue—allow it to flake off on its own over several days.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until it has healed.
- If you were provided with an ice pack, apply it to the procedure site periodically for 15-30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.

- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; or numbness, tingling, weakness, or pain in the extremity where the AV fistula or graft is located. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.