

Welcome to our Dialysis Access Program



Nephrology, Inc. is committed to providing comprehensive kidney disease services to our patients including dialysis access care.

A hemodialysis access allows dialysis to occur by providing a pathway that carries blood away from the body to a dialysis machine and then back to the body - it “accesses” the blood. To ensure quality dialysis is delivered, we have developed a dialysis access program that reduces complications, hospitalization and missed treatments.

Types of Hemodialysis Access

A **fistula** is a surgical joining of an artery and vein in the arm or leg. It is considered the best type of access due to low risk of infection, long-term reliable use, and no artificial material is used. Fistulas must mature prior to use, therefore, we recommend fistula placement a minimum of 6-12 months before initiating dialysis.

A **graft** is an artificial tube surgically placed between an artery and a vein in either the arm or the leg. It is generally used when a fistula cannot be created. A graft typically wears out faster than a fistula and has a higher infection rate. It can be used 2 weeks after placement.

A **catheter** is a plastic tube usually placed in a large vein in the chest or leg that is exposed on the outside of the body. A catheter has a the highest risk of infection, high risk of clotting, wear out faster than a fistula or graft, and often have to be changed. A catheter can be used immediately after placement, but should only be used for a short period of time while a fistula or graft is being prepared.

Hemodialysis Access Management

A healthy access provides rapid, high volume blood flow needed for quality dialysis. Our hemodialysis facilities participate in an ongoing process to protect and maintain healthy accesses.

Our personnel monitor, collect data about, and note any difficulties with your access. We also perform transonic testing to measure blood flow. During this test, small probes are placed on the dialysis bloodlines to assess your blood flow rate. You may require care at our Dialysis Access Center if your access shows low blood flow or other complications. *(cont. p.2)*

Hemodialysis Access Care

Your access is your lifeline - it's important that you protect it and keep it healthy. You can protect and maintain a healthy access by avoiding the following on your access arm:

- The use of clamps after dialysis
- Tight pressure on the access
- Drawing blood
- Taking blood pressure
- Wearing a watch or restrictive clothing
- Sleeping on your access arm

It is not unusual to experience some complications with your access including bleeding, clotting, signs of swelling, redness, drainage or infection.

Bleeding Access

Although unlikely, fistulas and grafts may bleed. If this occurs, the bleeding must be stopped quickly. To stop the bleeding, apply continuous strong direct pressure to the site – do not peek or reduce pressure. Use something clean such as sterile gauze,

handkerchief or a piece of cloth. If these are unavailable, fingers may be used. Go to the hospital emergency room if the bleeding is not stopped within 15 minutes.

Clotted Access

On occasion, a fistula or graft may become clotted. A pulse will not be felt over the access if this has occurred. Immediately notify your dialysis facility or doctor if you cannot find a pulse in your access or suspect your access has clotted.

Access Inspection

Your access should be observed for signs of unusual redness, swelling, drainage or infection which may be accompanied by fever and chills. Notify your dialysis facility or your doctor if you observe anything unusual with your access.

Hemodialysis Access Procedures

You may require care at our Dialysis Access Center due to various reasons including correcting a blockage, narrowing, or clot, as well as catheter insertion, exchange, or removal. The

following procedures are performed at our state-of-the-art Dialysis Access Center:

A **fistulogram** is an x-ray of a fistula or graft that determines if a blockage exists. X-rays are taken by injecting contrast imaging solution into the access through a small needle. An **angioplasty** stretches the blocked or narrowed area with a balloon, allowing proper blood flow to return. Angioplasty may be necessary at regular intervals depending on your type of access, quality of veins, and how well you respond to the procedure.

A **declot** is needed when an access has completely stopped working. Two needles are placed into the access to remove the clot and restore blood flow. Angioplasty may be performed at the same time. Since declot procedures are not always successful and may lead to additional surgery, we advise that you get a fistulogram at the first sign of a problem to avoid the access completely clotting off. (*cont. p.3*)

Catheter insertion is necessary when a patient does not have a permanent access (fistula or graft) or the doctor can't fix an access that has stopped working. A catheter is usually placed in a large vein in the chest or leg. The use of ultrasound and x-ray ensure the catheter has safely punctured the vein and is positioned correctly.

A **catheter exchange** is performed when a catheter functions improperly. Contrast imaging solution and an x-ray camera are used to determine why the catheter or vein is not working. Many times it is due to scar tissue build up and an angioplasty is performed to break up the tissue.

Catheter removal occurs when a permanent access becomes available or the patient no longer requires dialysis.

If You Require Care at our Dialysis Access Center

The following is important and helpful information regarding care at our Dialysis Access Center:

Procedures generally take one to four hours and most patients require a local anesthesia or intravenous sedatives.

Patients who have been sedated should remain with a family member or friend for several hours after the procedure and should not drive for 24 hours.

Fistulogram, Declot, or Catheter Exchange

- No eating or drinking after midnight or six hours prior to the procedure.
- Do not take insulin or diabetic medications the morning of the procedure.
- Other morning medications can be taken with a small sip of water.
- Arrange transportation to and from the procedure, as patients cannot drive.

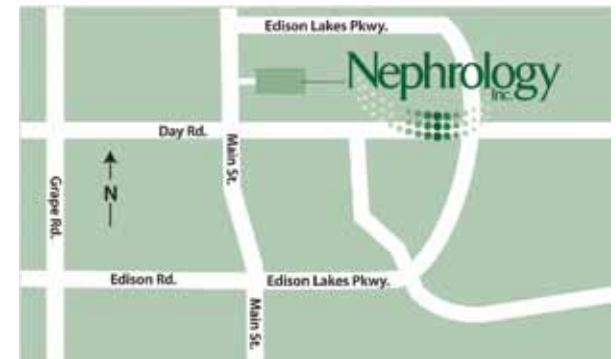
Catheter Insertion

- No eating or drinking after midnight or six hours prior to the procedure.
- Do not take insulin or diabetic medications the morning of the procedure.
- Stop taking blood thinners such as aspirin, Coumadin, or Plavix as instructed.

- Other morning medications can be taken with a small sip of water.
- Arrange transportation to and from the procedure, as patients cannot drive.

Catheter Removal

- Stop taking blood thinners such as aspirin or Coumadin five days prior to the procedure.
- Stop taking Plavix seven days prior to the procedure.



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