

MAINTAINING YOUR VASCULAR ACCESS

So, you've been through the surgery, you have kept your follow up appointments, you even asked questions and took notes, you have kept your access clean and felt your thrill every single day!

Now What??? Hooray!

- ✓ Your access has healed, it has matured, you have avoided infection and clotting, you are now the proud owner of a ready to use, easily accessible vascular access!

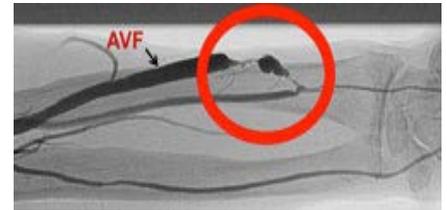
OR

- ✓ Often times an access is created and requires a second surgery before ready to be used. This can include an elevation, translocation, or transposition – procedures to essentially make an access more stable and easily accessible. Your surgeon should know if a second procedure will be needed ahead of time and discuss this with you before scheduling your initial surgery.

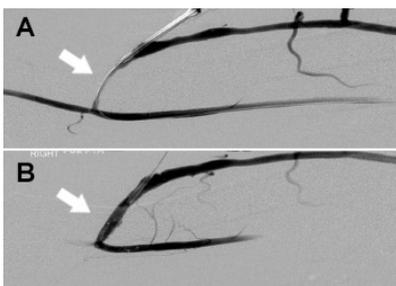
Now What??? Well...

- ✓ Your access has healed, you have avoided infection and clotting, but it is not ready to use.. **WHY???**
 - 1) Fistula did not **MATURE**, or grow large and strong enough to be accessed and maintain blood flow rate necessary for treatment

- Found With Ultrasound
- Stenosis, or skinny spot, not allowing rapid blood flow?
 - Large side branches, veins coming off access like tree branches, stealing blood flow from inside of access?
 - No particular reason, veins simply not growing larger?

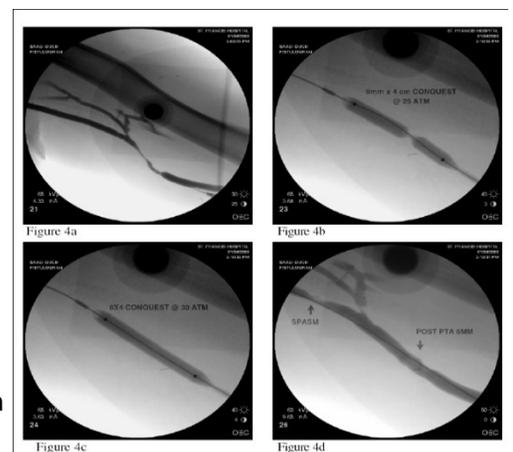
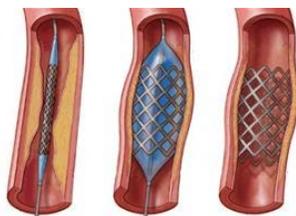


FISTULOGRAM – minimally invasive procedure performed here at our papermill location. Surgeon will inject dye and use xray to watch the blood flow through your access.



❖ If a stenosis is seen, a balloon can be inflated in that area to open it back up and restore proper blood flow to allow the access to mature.

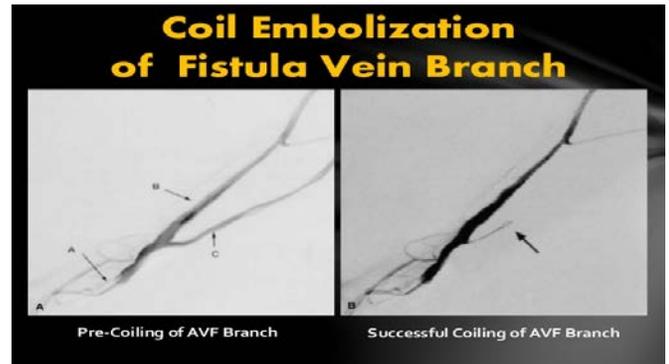
❖ If a stenosis will not stay open after a balloon is inflated, a small, thin, metal stent can be placed to hold the area open.



MAINTAINING YOUR VASCULAR ACCESS

FISTULOGRAM Cont.

- ❖ If there is a blood stealing side branch that is small enough, a small metal coil can be inserted into the branch, preventing blood flow into it.
- ❖ If no identifiable reason, the surgeon can inflate a balloon throughout the access attempting to help it grow – a process called balloon assisted maturation.



BRANCH LIGATION – minimally invasive procedure performed here at our papermill location when a branch is too large to coil. Surgeon will make a small incision where the side branch is to gain access to it and tie it off keeping blood flowing within your fistula

Now What??? Hooray!!



- ✓ You come back for a follow up appointment and whatever necessary intervention performed was successful. You are now the proud owner of a ready to use, easily accessible vascular access!

What to expect when you come here for a procedure

Now What??? Bummer...

****** REMEMBER – despite doing everything right: early referral, vein protection, fistula placement, exercises, research, early identification and intervention.. Sometimes an access just does not mature..**

Now What??? No Big Deal..

- ❖ This is ok. More than likely, upon your very first meeting with your surgeon, he suspected your access may fail. You all probably already came up with a plan B. If not, that is ok too, this is not unusual. Establish, with your surgeon, a plan B and go with it! Frustration, annoyance, anger, confusion, etc are all very normal. Express them, let us help you through this process. Let us help you understand. Utilize us, we are a resource here for you to answer questions and provide education, resources, and counseling when needed.



MAINTAINING YOUR VASCULAR ACCESS

OK – Information Overload at this point.. Just a few more things I want to mention as I feel they are very important...

Now What....?

- ❖ Sometimes, your access clots before it is ever used... That is why WE are here! Collaboration, remember? Plan B, what's next?
 - Timing – If you feel your thrill every day and you notice it feels different than usual or is not there at all, call us. If on hemodialysis already, notify your clinic. If caught early enough we can get you here to our outpatient center and identify and correct problem with minimally invasive tests and procedures. If not, your surgeon will decide if he wants to do surgery to try and correct the issue. A procedure called a thrombectomy (procedure to remove blood clot(s) through an incision in the OR in a hospital) if not successful, maybe a revision at that same time.
 - It is a process.. please keep that in mind as you begin this journey. I can only hope that you have been sent to us early enough to receive what many do not, which is time. Time to question, discuss, learn, understand, and make decisions as you go through the process that is vascular access establishment and maintenance.

Is There More....??

STEAL SYNDROME...

- VERY LITERAL, THIS ONE – WHEN A VASCULAR ACCESS IS PLACED, IT IS, AS WE HAVE DISCUSSED THUS FAR, ALLOWING MORE BLOOD FLOW THAN BASIC HUMAN ANATOMY ORIGINALLY INTENDED. SO, IT BASICALLY REDUCES, OR “STEALS” BLOOD AWAY FROM THE HAND. YOU MAY EXPERIENCE COOLNESS, TINGLING, MAYBE EVEN SOME NUMBNESS IN THAT HAND DURING THE IMMEDIATE POST OPERATIVE PERIOD. THESE SYMPTOMS MAY GO AWAY OR THEY MAY NOT. THEY WILL PROBABLY BE MORE NOTICEABLE WHILE ON DIALYSIS. THIS IS PERFECTLY NORMAL. IF THEY DO NOT GO AWAY, WE WILL FIGURE OUT A WAY TO BEST MANAGE THEM FOR YOUR COMFORT. IF, HOWEVER, ESPECIALLY WITHIN THE FIRST MONTH OF YOUR SURGERY, THE SYMPTOMS BECOME WORSE.. PAIN, DECREASED MOTOR FUNCTION, SYMPTOMS SUDDENLY PERSISTING WHEN NOT ON DIALYSIS, BLUE FINGERS OR NAILBEDS, ETC, CALL US AND/OR NOTIFY YOUR CLINIC IMMEDIATELY!

*******REMEMBER!! It is called CHRONIC kidney disease for a reason. Once we get a permanent functioning vascular access placed, the fun has only just begun.. We will become an integral part of each other's lives. Assessment, early detection and immediate intervention are the most important part in maintaining your vascular access. Routine ultrasounds are of upmost importance, even if all is well with your treatments and your own personal assessments.**



ORGANIZATIONS THAT CAN HELP

East Tennessee Kidney Foundation

www.etkidney.org

865-288-7351

American Association of Kidney Patients

3505 East Frontage Road

Suite 315

Tampa, FL 33607

Phone: 1-800-749-2257

Email: info@aakp.org

Internet: www.aakp.org

American Kidney Fund

6110 Executive Boulevard

Suite 1010

Rockville, MD 20852

Phone: 1-800-638-8299

Email: helpline@kidneyfund.org

Internet: www.kidneyfund.org

Life Options Rehabilitation Program

c/o Medical Education Institute, Inc.

414 D'Onofrio Drive

Suite 200

Madison, WI 53719

Phone: 1-800-468-7777

Email: lifoptions@MEIresearch.org

Internet: www.lifoptions.org

www.kidneyschool.org

National Kidney Foundation, Inc.

30 East 33rd Street

New York, NY 10016

Phone: 1-800-622-9010

Internet: www.kidney.org