



AV FISTULA FACT SHEET

WHAT IS AN AV FISTULA?

A **vascular access** is needed to continuously take blood to the dialysis machine to be cleaned and returned to the body. An arteriovenous or AV fistula is the preferred choice for vascular access when feasible.

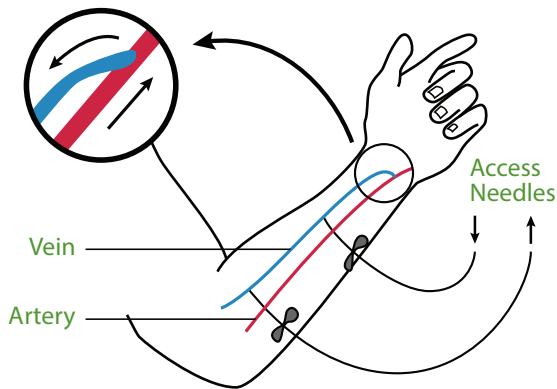
The **AV fistula** is created by a surgeon who connects a vein to an artery in your arm. This vein becomes bigger and stronger, allowing blood to flow from the body to the dialysis machine. To perform hemodialysis, two dialysis needles will be inserted into this big vein which is the AV fistula. Your vascular access team will assess the size and suitability of your veins and arteries to make a well functioning AV fistula.

AV fistulas facts

- sit under your skin either in your lower or upper arm
- can be created in either your right or left arm
- usually take 4-8 weeks to develop
- may require procedure(s) to help them keep working
- are usually created several months before starting dialysis
- use your vein and your artery - no synthetic tubing needed
- are associated with a lower risk of infection compared to AV grafts and catheters

AV FISTULA FACT SHEET

FIGURE 1: AV Fistula



What can I expect after my AV fistula is made?

- You should be able to feel a vibration or “thrill” close to the surgical site.
- You can expect to feel temporary mild pain over the surgical site. Take your pain medication as prescribed by your surgeon.
- You may have some mild swelling in the arm or hand after the AV fistula is made.



VERY IMPORTANT Inform your dialysis nurse of any numbness, tingling, weakness, discoloration, coolness or pain in your arm or hand (on the same side as your AV fistula). The colour and temperature of your fingers should be the same in both hands.

How do I care for my AV fistula?

- Keep all dressings dry after your AV fistula has been made.
- Check for the vibration or thrill over your AV fistula at least once a day.
- Avoid wearing anything tight over your AV fistula.
- Avoid resting anything heavy on your AV fistula.
- Do not allow blood to be drawn, blood pressure taken or intravenous lines to be placed in the arm that your AV fistula was made.
- There is no restriction to most usual activity once the surgical site has healed.
- Elevate your arm if you develop any swelling in the same arm as your AV fistula and notify your vascular access team.

What do I need to do before hemodialysis treatments?

- Wash your AV fistula arm with soap and water.
- Wash your hands when you arrive in the dialysis unit.
- Talk to your dialysis nurse about learning to needle yourself.
- Encourage your dialysis nurse to rotate your needle sites at every dialysis treatment.

What do I need to do after hemodialysis treatments?

- Wear gloves when holding your needle sites.
- Do not scratch or remove scabs.
- If your AV fistula starts to bleed after dialysis, apply gentle pressure using a clean towel/gauze. If the bleeding continues, keep applying pressure and go to the nearest Emergency Department.
- Contact your dialysis team if you do not feel a thrill over your AV fistula or if your AV fistula is red, oozing fluid or painful.

AV FISTULA FACT SHEET

Carry your Save My Veins wallet-card to inform your healthcare provider to protect your arm veins.

Important contact numbers:

Kidney Doctor _____

Surgeon _____

Dialysis Unit _____

Vascular Access Team _____

Need this information in an accessible format?

1-855-460-2647, TTY (416) 217-1815 publicaffairs@cancercare.on.ca.

ORN4011E

About the Chronic Kidney Disease Vascular Access Fact Sheets:

This Fact Sheet was created by the Ontario Renal Network ("ORN"), a work unit within Cancer Care Ontario ("CCO"), in collaboration with the Provincial Vascular Access Working Group ("PVAWG") to provide patients with standardized educational material about Catheters. This Fact Sheet is to be used for informational purposes only. This Fact Sheet is not a substitute for medical advice. This Fact Sheet may not include all relevant information and is not an exhaustive resource. Always consult with your healthcare provider if you have questions or concerns. The information in this Fact Sheet does not create a physician-patient relationship between CCO/ORN/PVAWG and you.