

Frequently Asked Questions about Arterial Venous Fistula's (AVF)

1. Why should I get an Arterial Venous Fistula (AVF)?

It is widely accepted among the majority of nephrologists and other dialysis professionals that an AVF is the preferable access type by which to receive your dialysis. AVF's, with proper care tend to be the longest lasting type of dialysis accesses and require fewer interventions, such as de-clotting, which can be very painful. With an AVF, it is also likely that you will experience fewer infections, fewer days in the hospital, and receive more adequate dialysis, which in turn will improve the way you feel and improve your quality of life.

2. How do I get an AVF?

There are several members of your healthcare team who can provide you information about obtaining an AVF, but you might want to initiate this discussion with your physician or a nurse in the dialysis clinic. Prior to talking with your healthcare provider you would probably benefit from educating yourself about the benefits of having an AVF. Several sources of educational information regarding AVF's (some of which are included at the end of this document) are available.

3. Who is a candidate for an AVF?

There are very few instances where a fistula is not indicated. Nowadays, in the majority (including those with diabetes or who are "older") of patients a "mapping" study of the blood vessels in the arm is conducted, which will help select the best veins for a fistula and decrease the chance for an unsuccessful surgery. Be persistent, if the mapping study was not done, asking for a second opinion is quite reasonable.

4. I don't like needles, how do I cope with this fear?

There is no denying that having an AVF requires the insertion of two needles into the access site. However, there are many options for dealing with the needles. Many patients report that by learning to place their own needles, they are focusing more on the needle placement than the pain associated with the needles. Additionally, your clinic might have a topical or subcutaneous anesthetic available to numb the area prior to the needle sticks. There are relaxation techniques such as breathing and imagery exercises, which might help reduce the anxiety often related to a fear of needles. You might also ask your clinic or MD if smaller needles might be appropriate or if other ideas for dealing with the pain exist.

5. An AVF will change the looks of my arm, how do I cope with this?

The way we view our bodies is very important to the way we feel about ourselves. If you are uncomfortable with your physical appearance, it is more likely that you won't feel good

about yourself in general. The repeated insertion of needles into an AVF can cause scarring and a change of appearance in your arm or wherever the AVF is placed. What is important to remember is that you have the choice to not let your feelings about yourself be defined by the look of your access site. By opening up and talking to other dialysis patients with AVF's you will learn the methods or coping mechanisms they have used in integrating these physical changes into their daily lives.

6. How is an AVF different from a catheter or a graft?

An AVF is created by connecting (usually in your forearm) one of your own veins and arteries together. Where as a graft requires the surgical placement of a small flexible tube and a catheter requires the placement of a small tube into a large vein in your neck, chest, or groin. The AVF uses your own anatomy and requires no insertion of a "foreign" substance into your body. Since an AVF uses your own vein and artery, it is less likely to clot or

become infected and tend to last longer than catheters or grafts.

7. What additional care will my AVF require?

The application of pressure to the site is necessary following the end of your treatment. This will likely need to be completed by you and it will add some additional time to your time in the clinic as the access stops bleeding. It will be important that you keep your access clean and wash it thoroughly prior to initiating your dialysis run. You will want to make sure anyone caring for or inserting needles into your access site is wearing clean gloves and observing infection control techniques. You need to be very protective of the arm where your AVF is placed. This includes restricting others from inserting IV's, drawing blood, or taking your blood pressure. You will also want to check your access on a daily basis for any changes such as redness or swelling. You might be advised not to lift any heavy objects or put pressure on your access arm because this will limit circulation.

Additional Resources

1. www.kidneypatientguide.org.uk/site/contents.html
2. www.ikidney.org
3. www.aakp.org
4. www.kidneypatientnews.org/VascularAccesslinks.html
5. <http://kidney.niddk.nih.gov/kudises/ases/pubs/vascularaccess/>
6. www.ihl.org/IHI/Topics/ESRD/VascularAccess/Resources/
7. www.esrdnetworks.org
8. www.nephron.com/judy.html
9. www.lifeoptions.org
10. www.kidneyschool.org
11. www.cms.gov

This is a limited list to provide you with an initial list of resources to begin learning more about the benefits of having an AVF. This is

not meant to be an exhaustive list and you can always speak with your physician, nurses, or other members of your healthcare team, or contact your local ESRD Network.