

Ask the Doctor....

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Why should I have a fistula placed?

A fistula is far superior to any other type of vascular access. They last the longest and have a low rate of infection. Other advantages are that fistulas tolerate low blood pressures much better and have a lesser chance to cause "steal" syndrome (shunting of blood away from the hand).

What if my Doctor tells me that I am not a candidate for a fistula? Should I get a second opinion?

There are very few instances where a fistula is not indicated. Nowadays, in the majority 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. If the mapping study was not done, asking for a second opinion is quite reasonable.

I see other patients in my clinic that have catheters in their neck. They don't have to be stuck with needles and they seem to be doing well. What can you tell me about that?

Having a catheter in the neck can cause problems. The major drawback is the potential for infection, because a catheter is a direct access to the

blood stream, and it is only a matter of time before an infection reaches the blood stream. Those infections are not simple. They can travel to many organs, among them the heart, the brain, and the spine. These infections can be potentially life threatening. The catheter can also become clotted; it can cause narrowing of the vessel where it was placed. It is true that many patients may have had a catheter for a long time without any apparent problems, but unfortunately a substantial number of them will end up with serious complications. A catheter should be used as a last resort or only on a temporary basis.

For more information about which access is the best option for you, talk to your dialysis nurse or nephrologist.

For more information about Fistula First, visit:

www.esrdnet11.org/quality/fistulafirst.asp

or www.fistulafirst.org

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Please call 1-800-973-3773 for any questions or reprint requests.

A Patient Guide:



Choosing Your Vascular Access

arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis



Vascular Access... Your Lifeline to Treatment

For hemodialysis (HD) patients, a well functioning dialysis access is necessary to provide the best dialysis treatment possible. Learning about the different types of dialysis access is important so you can be involved in the decision of which one is best for you.

If you have questions as you read this information, please bring them to the attention of your dialysis team. By doing this, you can gain a better understanding of this important topic and how it affects your health as a dialysis patient.

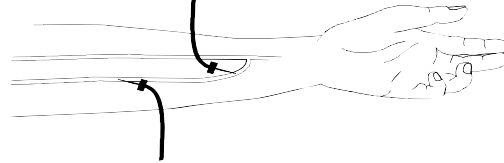
What are my choices for an access?

If you have chosen HD for your therapy, there are three main types of vascular access. These are an AV fistula, an AV graft, and a catheter.

AV Fistula

An arteriovenous (AV) fistula is an access that is made by connecting a vein and an artery together. After this connection is made, the stronger flow of blood from the artery takes a "detour" through the vein, which then makes the vein larger. It typically takes time (3-4 months) and exercise for a fistula to become developed enough to use

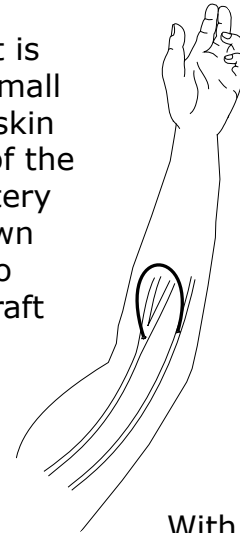
for dialysis treatments. Since a fistula uses your own vein and artery, it is less likely to clot or become



infected. AV fistulas last much longer than other access types. For most people, an AV fistula is the best type of access.

AV Graft

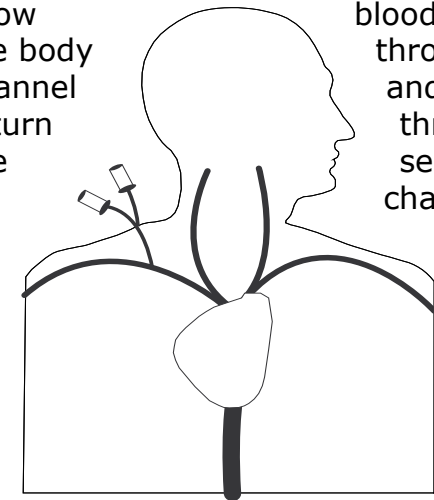
A graft is an access that is created by inserting a small flexible tube under the skin in your arm. One end of the graft is sewn into an artery and the other end is sewn into a vein. It takes two to six weeks before a graft can be used. Grafts are synthetic and they are more likely to become infected or clotted when compared to fistulas. With good care, a graft may last for several years, but usually a graft does not last as long as a fistula.



Catheter

Catheter access for HD is created by putting a small tube into a large vein in the neck, chest, or groin. The bottom

part of the catheter stays in the vein under the skin, while the upper part extends outside the skin. The catheter has two channels that allow blood to leave the body through one channel and then return through the second channel. This



access can be used immediately and is often used when dialysis must be started before a permanent access has been created or while the permanent access is developing. Catheters have an increased number of problems with clotting and infection. In addition, the amount of blood flow is usually limited, so the dialysis treatments are not as effective as with a permanent access. Although there may be exceptions, a catheter is not the best long-term access choice for hemodialysis.

"For most people, an AV fistula is the best type of access."