

# Common

News and Information



# Concerns

For kidney patients and their families

## Fistula First

This issue of *Common Concerns* is dedicated to the Fistula First Project and to discussing the importance of an AV Fistula. The Fistula First Project is seeking to improve vascular access for dialysis patients by increasing arterial venous fistula use. We hope you will find this information pertinent and helpful to you. We also invite your voluntary input. Enclosed is a questionnaire about your dialysis access. Please complete the questionnaire, and mail it back to us. We look forward to hearing from you because your opinion counts!

Renal Network of the Upper Midwest  
1360 Energy Park Drive Suite 200  
St. Paul, MN 55108  
1-800-973-3773

To e-mail Patient Services Coordinator,  
Rena Nelson:  
rdnelson@nw11.esrd.net

## From the Committee Chair

Upon diagnosis of kidney failure in 1978, I was given a choice of either a graft or a fistula to use as an access in preparing for hemodialysis. Because a fistula was using my own vein and artery, we felt this was the best choice. A forearm fistula was placed and that same fistula was used for my first twenty-four years of hemodialysis. When that fistula failed, another was placed in my upper arm where I continue to insert my own needle. Once a fistula is created and has matured, it is virtually maintenance free. I always encourage patients to learn to insert their own needles; it is perhaps the most important reason for the longevity of my fistula.

Having been on hemodialysis for a total of twenty-eight years and using a fistula for that time, I can say without a doubt that a fistula is the best choice for an access.

Judith M. McLaughlin, Chair, Consumer Committee

## Are you a dialysis or transplant patient who lives in WI, MI, MN, SD, ND?

If you answered "yes" to this question, you should consider serving on the Renal Network 11 Consumer Committee. The Consumer Committee is made up of 13 ESRD consumers from the states of Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin. The members of this Committee help to support Network 11 in its mission to assess and improve the quality of care provided to individuals with End Stage Renal Disease (ESRD). The Consumer Committee provides input to the Executive Committee and Medical Review Committee, works on special projects, and helps to develop educational materials for ESRD patients. If you would like more details about serving on this important Committee, please call Rena Nelson at 1-800-973-3773.

## 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.

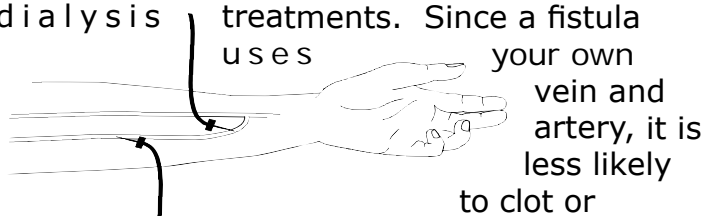
If you have questions as you read this article, please bring them to the attention of your dialysis team. By doing this, you can gain a better understanding of this important topic and how it affects your health as a dialysis patient.

### 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 a fistula, a graft, and a catheter.

#### Fistula

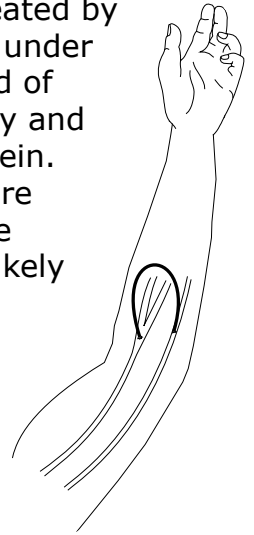
An arteriovenous (AV) fistula is an access that is made by connecting a vein and an artery together. After this connection is made, the stronger flow of blood from the artery takes a "detour" through the vein, which then makes the vein larger. It typically takes time (3-4 months) and exercise for a fistula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



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#### 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.

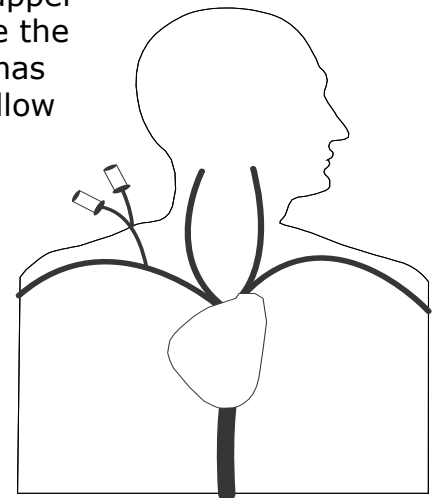


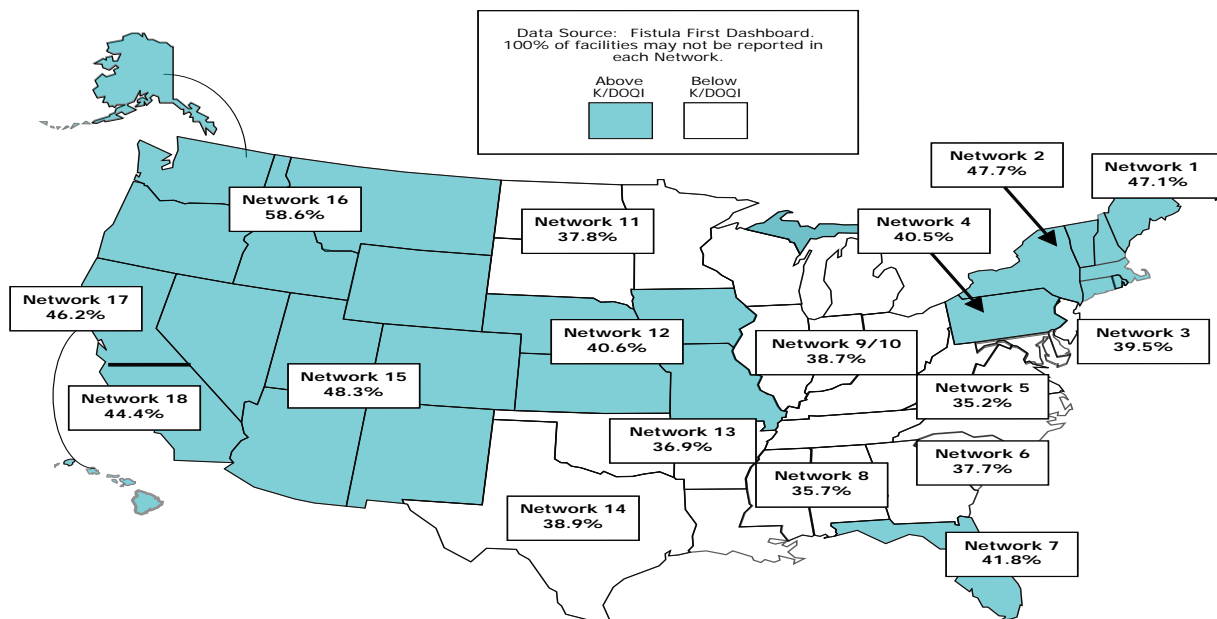
#### Catheter

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.





See how your state compares to others in use of fistulas—the preferred dialysis access

**Below are resources to check out regarding fistulas:**

Resource	Description	Type	To Obtain More Information
<b>AAKP Access Booklet and Patient Plan</b>	Brochure describes permanent and temporary access placements	<b>Booklet</b>	American Association of Kidney Patients 1.800.749.2257 <a href="http://www.aakp.org/brochures/access-options/">http://www.aakp.org/brochures/access-options/</a>
<b>Understanding Your Hemodialysis Access Options</b>	A publication for patients detailing various hemodialysis options	<b>Booklet</b>	
<b>Access Management-The Native AV Fistula</b>	Keys to successful creation, maturation and maintenance of the Native AV Fistula	<b>Video</b>	Medisystems Corporation P.O. Box 960 Elizabeth, CO 80107-0960 Tel: (800) 369-MEDI / (303) 646-5212 <a href="http://www.medisystems.com/">http://www.medisystems.com/</a>
<b>Introduction to Cannulation: Steps to Optimal Cannulation</b>	Addresses the basic concerns and techniques necessary to achieve optimal cannulation	<b>Video</b>	
<b>Kidney School Module 8: Vascular Access: A Lifeline for Dialysis</b>	Online teaching module for patient that discusses various vascular access options	<b>Website</b>	Kidney School/Life Options <a href="http://www.kidneyschool.org">http://www.kidneyschool.org</a>
<b>Vascular Access For Hemodialysis</b>	Provides comprehensive information on all access types, possible complications, and taking care of your access	<b>Booklet</b>	NIDDK National Kidney and Urologic Diseases Information Clearinghouse 3 Information Way Bethesda, MD 20892-3580 Phone: 1-800-891-5390 or (301) 654-4415 <a href="http://kidney.niddk.nih.gov/">http://kidney.niddk.nih.gov/</a>
<b>Your Access to Success</b>	Designed to introduce patients to the types of hemodialysis access available	<b>Brochure/Video</b>	Renal Network 11 651.644.9877 <a href="http://www.esrdnet11.org">www.esrdnet11.org</a>
<b>Vascular Access For Hemodialysis, Part 1-Learning About Your Vascular Access Part 2-Caring for Your Vascular Access</b>	Video 1 highlights importance of vein preservation pros cons of access options. Video 2 has commonly asked questions about surgery and access	<b>Video</b>	Kaiser Permanente Southern CA Vascular Access QI Committee. 1.323.259.4771.
<b>Getting the Most from Your Treatment-What You Need to Know About Your Access</b>	Descriptions and drawings of vascular access options Publication #: NKF-DOQI No. 112	<b>Brochure</b>	National Kidney Foundation 30 E. 33rd St. New York, NY 10016 1.800.622.9010 <a href="http://www.kidney.org/">http://www.kidney.org/</a>
<b>Inserting Your Own Needles</b>	Article written to encourage patients to cannulate themselves	<b>Handout</b>	Life Options <a href="http://www.lifeoptions.org/patient/showcase/inserting.shtml">http://www.lifeoptions.org/patient/showcase/inserting.shtml</a>
<b>Just the Facts: Vascular Access</b>	Access patient education	<b>Handout</b>	



# PATIENT QUESTIONNAIRE

**We appreciate you taking the time to respond. Please complete the questionnaire, fold the page, staple and mail to Renal Network 11 or Fax to 651.644.9853.**

- 1) What treatment(s) have you received for the loss of your kidney function?  
(Check all that apply)  
 Transplant                      Month/year of transplant \_\_\_\_\_  
 Hemodialysis                      Month/year you started \_\_\_\_\_  
 CAPD or CCPD                      Month/year you started \_\_\_\_\_
- 2) Which of the following types of dialysis access do you have in place right now?  
(Check all that apply)  
 Catheter used for Hemodialysis     Catheter used for CAPD or CCPD  
 AV Fistula                                       AV Graft
- 3) Did you receive pre-dialysis education before you began your dialysis treatment?  
 Yes                                       No
- 4) Had you heard of the Fistula First Project before reading this newsletter?  
 Yes                                       No  
If yes, where did you hear about it? \_\_\_\_\_
- 5) Do you know the difference between a fistula and a graft?  
 Yes                                       No
- 6) Which educational resources have you received or viewed about the types of access used for dialysis?  
 Video: Your Access to Success by Renal Network 11  
 Brochure: Your Access to Success by Renal Network 11  
 Other materials from my dialysis center or doctor. Please describe.  
\_\_\_\_\_  
 Other materials from another organization. Please describe.  
\_\_\_\_\_
- 7) If you receive hemodialysis, have you talked with your doctor or facility about which type of access is best for you?  
 Yes                                       No
- 8) Who helped you to decide what type of access to get? \_\_\_\_\_
- 9) What prevents you or has prevented you in the past from getting a fistula?  
\_\_\_\_\_
- 10) What is the most helpful for you when making decisions?  
 Written information     Talking to an expert  
 Talking to other patients in similar situations     Video  
 Other \_\_\_\_\_
- 11) What other resources are needed to help patients make decisions about choosing a dialysis access? \_\_\_\_\_

## Ask the Doctor....

Victor Rozas, MD  
Great Lakes Renal Network, Alma, MI

### **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.

Renae Nelson  
Renal Network 11  
1360 Energy Park Drive  
Suite 200  
St. Paul, MN 55108

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1360 Energy Park Drive  
Suite 200  
St. Paul, MN 55108

## What is your fistula I.Q?

Test your knowledge about fistulas...

- 1) A fistula is:
  - a) a small fish that has many scales
  - b) a clenched fist while singing
  - c) an access that is made by connecting a vein and an artery.
- 2) What is a graft?
  - a) a giraffe with a hat on
  - b) a breeze from an open window
  - c) an access that is created by inserting a small flexible tube under the skin in your arm.
- 3) How long does it take for a fistula to mature?
  - a) about the same length of time as winter
  - b) 2-5 minutes
  - c) It can take 3-4 months, but in most cases 6-12 weeks is enough.

## What does an AV Fistula mean for you?

- 1) Improved quality of life
- 2) Better dialysis treatments
- 3) Lower chance of death
- 4) Dramatically reduced chance of infection
- 5) Fewer trips to the hospital
- 6) Most reliable and durable type of access



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Renal Network 11  
1360 Energy Park Drive  
Suite 200  
St. Paul, MN 55108