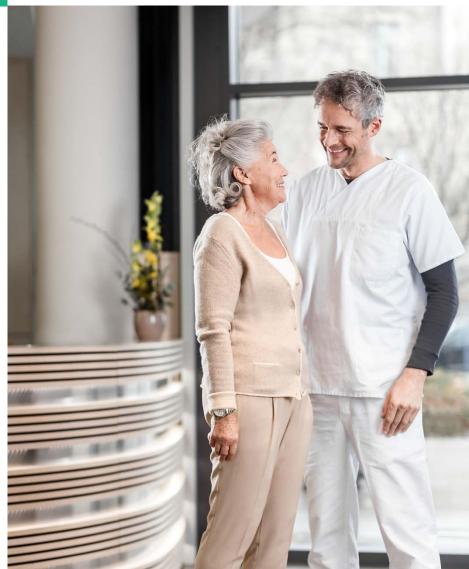


WHAT DO I NEED TO KNOW ABOUT MY VASCULAR ACCESS? CATHETER





WHY DO I NEED VASCULAR ACCESS?

For dialysis to work properly we need to create a way to take blood from your body, pass it through the dialyzer, where it is cleaned and then return it to safely. As this will need to be done each time you come for treatment it is important that we have a safe, clean and easy way of doing this each time. It is also important that we can do this safely.

Therefore, a permanent access is created by a small operation that will allow us to dialyse you safely and efficiently.

There are three main types of access, and we will look at each of these in turn:

- Arterio-venous fistula (AV fistula)
- Arterio-venous graft (AV graft)
- Central venous catheter



WHAT IS A CENTRAL VENOUS CATHETER?

A catheter is used when, for some reason, a fistula is not possible. It is a permanent device and will hopefully last as long as you need it. It involves inserting and securing a soft plastic tube (catheter) about the thickness of a pencil into a large vein in the base of your neck. About 6 inches of the tube protrudes from your skin and a dressing is placed over the site where it enters your skin.

The dressing should be kept clean and dry and extra care is needed when bathing and washing your hair.

The tube is easily disguised by clothing.



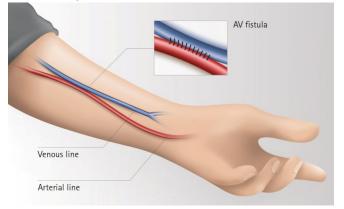


WHAT IS AN ARTERIO-VENOUS FISTULA?

A fistula is the most common type of dialysis access. Creating a fistula involves a small operation on the wrist or arm to join together a vein and an artery. The operation takes about an hour. It is usually carried out under local anesthetic and you will spend part of the day in hospital.

Joining a vein to an artery creates a faster and more turbulent flow of blood through the vein. This makes the vein thicker and it gets bigger. Eventually, it becomes visible under the skin, looking a bit like a large varicose vein. When you touch it you can feel a 'buzz'.

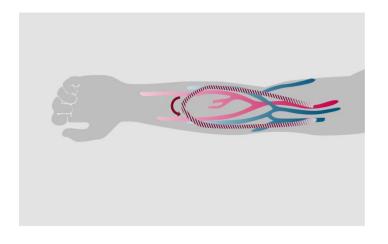
This sensation is very important, because it means that the fistula is working properly. You should check your fistula every day and if it ever stops working, contact the hospital immediately.





WHAT IS AN ARTERIO-VENOUS GRAFT?

A graft is a small piece of plastic inserted between an artery and a vein in your arm or thigh. A small proportion of people have to have these if their own veins are absent or not strong enough for a fistula. The graft is placed close to the surface of the skin for easier needling.





WHAT ARE THE ADVANTAGES AND DISADVANTAGES OF EACH TYPE OF ACCESS?

Type of access	Pros	Cons
Fistula	 Last longer Less infection risk Excellent blood flow Less likely to clot off 	 Takes time to develop after surgery Needles are inserted to connect for dialysis
Graft	Last longer than catheterExcellent blood flow	 Needles are inserted to connect for dialysis More risk of infection than a fistula
Catheter	 Can be used straight away No needles required for dialysis 	 Higher infection risk than a fistula or graft Can clot off Care needed when bathing or showering



HOW DOES THE CATHETER WORK?

The end of the catheter is forked. When you need dialysis, the lines to remove and return your blood are attached to the end of the permcath. After each dialysis session, the permcath is flushed with a solution to prevent clotting or blocking of the line. Two small caps are placed on the end of the catheter until the next dialysis session.



HOW DO I CARE FOR MY CATHETER AT HOME?

- Always keep the dressing over the catheter clean and dry.
- It is not recommended that you take a bath if you have a catheter, but use a shower. Do not let the dressing get wet.
- Some people hold the shower nozzle in their hand in order to direct it away from the catheter site.
- It may be easier to get someone to help you wash your hair over a sink or treat yourself to a trip to the hairdressers.
- Unless you are advised otherwise, it may not be possible to go swimming with a catheter.
- The dressing will be changed each time you have dialysis.
- Infection can be a complication. If the area where the catheter enters your skin becomes tender, red or there is a visible discharge, please contact the dialysis centre.
- Never use scissors near or around you catheter for any reason. Cutting into the catheter is a very serious risk.



DO I NEED TO DO ANYTHING SPECIAL WITH MY CATHETER ON MY DIALYSIS DAYS?

To reduce the chance of infection or other complications when you are being connected to dialysis:

- look away from the side that the catheter is on
- please don't talk to the nurse while you are being connected, unless you are asked a question
- keep you hands by your side
- don't touch the catheter or sterile paper towel
- don't sneeze or cough onto you catheter



SO WHAT NEXT?

Now you have read through this a nurse or doctor will come back to answer any other questions you might have. Remember, you can ask questions at any time.

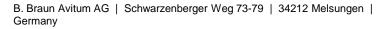
There will be other booklets for you to read later that will include the following topics:

- Hemodialysis a brief introduction
- How does hemodialysis work?
- Looking after your vascular access
- Managing you fluid intake
- The dialysis diet
- Increasing your independence
- Transplantation

We hope that this will help you to adapt to dialysis, helping you to feel better.

Remember, you can ask questions about your treatment at any time.





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