

Patient Information

What I need to know following my Arterio-Venous Access surgery

Renal Department



Introduction

This leaflet follows on from 'A Patient's Guide to Arterio-Venous Fistula Creation'.

The following information is intended to guide you through your post-operative recovery following the creation of your arterio-venous fistula or graft.

Bruit

Even if your fistula or graft looks like it is healthy and working properly, it is important to check that the blood flow through it is strong. Check your fistula or graft at least four times throughout each day. This can be done in two ways, by listening for a 'buzz' and/or feeling for the 'thrill'.

The 'buzz' you hear is otherwise known as a **bruit**. This sounds like a heartbeat or a whooshing sound. If there is a blockage developing, the sound will change from a smooth sound to a choppy one and may get higher in pitch.

Place your hand over the fistula or graft and you should feel a vibration in your access, known as a 'thrill'. This is the flow of blood through the surgical connection between the artery and the vein (known as the anastomosis).

You will be taught how to check your fistula or graft whilst you are on the ward.

If the 'buzz' decreases or you cannot feel the 'thrill', please contact Ward 6B, Renal Access Clinical Nurse Specialist (CNS) or your local dialysis unit where you can seek further advice as surgery may need to be considered.

Wound care

You may remove your initial dressing 48 hours after your surgery. You can replace a soiled dressing with a new dressing if you have any oozing from your wound or if your clothes are irritating the incision.

You may have steri-strips placed over your wound. If you do, allow them to come off by themselves.

You will be advised if you have any stitches. If you have, the nurses will let you know when they are to be removed.

Bruising or swelling is to be expected. To help control the swelling, keep your arm elevated until the swelling subsides.

Although infection or damage are rare, you should carefully examine your access every day. It is a good idea for you to do this yourself at a regular time every day (e.g. first thing in the morning).

Signs of infection or damage to the access include:

- Redness
- Warmth
- Swelling
- Fever
- Pain
- Pus or open sores
- Numbness
- Ballooning of the access (aneurysm)

If you are worried that you may have an infection, please contact Ward 6B, Renal Access CNS or if you are on dialysis, contact your local unit.

Bathing and showering

You can have a shower 48 hours after surgery. You may shower with the steri-strips in place. We advise that you refrain from having a bath until 14 days after surgery.

Driving

We advise that you do not drive for two weeks following surgery. Please check details with your insurance company for further information.

Return to work

We advise that you stay off from work for 1-2 weeks (depending on the nature of your job). If you require a sick certificate please inform the doctors.

Follow-up appointment

You will require a follow-up appointment to attend our post-op clinic six weeks following your surgery. You will be sent this appointment by post.

Care of your new fistula or graft

Following your operation we advise that you take note of the next points that you should adhere to in order to avoid blockage or damage to your fistula:

- **Never** wear tight restrictive clothing on your fistula or graft arm, this includes watches and clothing.



- **Avoid** carrying heavy articles with your fistula or graft arm. This includes carrying young children.





- **Do not** have your blood pressure taken from your fistula or graft arm.

- **Never** allow blood samples or needles for infusions to be taken or placed in your arm.



- Regularly **check** for your bruit four times each day.

- **Avoid** sleeping on your fistula or graft arm.



- If you become unwell (and during hot weather), ensure that you **do not** become dehydrated as this may cause your fistula or graft to stop working. Seek further advice from your dialysis nurses.



- **Do not** scratch or pick any scabs from your wound site as this could start bleeding or introduce infection.



What can I do to help to develop my fistula or graft?

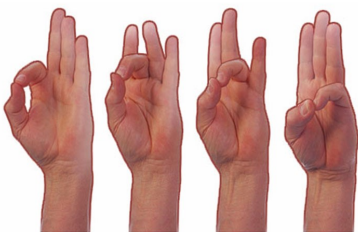
We recommend that following your surgery you start to exercise your fistula or graft arm, this will help in the development of your fistula or graft and reduce any swelling.

We suggest that you follow these exercises for a period of three months. These exercises can be commenced prior to surgery:

- Keep your fistula or graft forearm and hand lower than your chest.
- Hold a small soft ball, for example a tennis ball, firm sponge or similar object, in the hand of the same arm as your fistula or graft.
- Squeeze and release the ball using a steady rhythm, then relax.
- Repeat this sequence for about 10-15 minutes.
- Exercise like this 10 times a day.



Another good exercise to help strengthen and develop your fistula or graft are the finger tip touches.



Touch each finger to the tip of your thumb, opening up your hand after each touch.

Touch finger tips to thumb repeatedly for five minutes, six times a day.

What can I do if the fistula or graft bleeds at home?

Occasionally after dialysis a fistula may bleed a little after the plaster is removed at home, if this happens it should stop quickly when pressure is applied. However although this is a rare occurrence you should be aware of the actions to take if profuse bleeding occurs from a fistula or graft site unexpectedly between dialysis sessions. This is a **medical emergency**.

- Seek help urgently from anyone who is around. The blood flow can be fast and make you feel faint so do not delay in alerting others.
- Dial 999 and report “excessive bleeding from a dialysis fistula”.
- Apply firm pressure over the bleeding site, use gauze and two fingers, or a bottle top or similar can help localize pressure over the bleeding site.
- Do not use too large a dressing: For example a towel may stop you applying enough pressure in the right place.
- If the bleeding is not controlled by you pressing on it then lay down and ask someone to help by supporting your arm over your head. Check you are pressing in the right place.
- Stay calm - Bleeding can usually be stopped with enough pressure in the right place. It may take more pressure than usual if the bleeding is not easily controlled.
- If bleeding stops before help arrives it is important that your fistula is still checked urgently as bleeding should not happen between dialysis sessions. You should attend hospital so your fistula can be checked by a fistula surgeon. Also inform your dialysis unit.

Please be aware this is a rare occurrence but it is important that you and your family know how to act if it should occur. Being aware of signs of complications and reporting them promptly should ensure you do not experience a bleeding emergency.

Contact details

If you have any questions regarding your access, the Renal Access CNS is available Monday to Friday, 8am – 4pm and can be contacted on **01438 284624**.

A message can be left on the answer phone.

Other useful numbers

Ward 6B, Nephrology (Renal) Ward, Lister Hospital	01438 285063 / 284068
Advance Kidney Care Department	01438 285255
Lister Haemodialysis Unit	01438 284152
St Albans Haemodialysis Unit	01727 897588
Chiltern Haemodialysis Unit	01438 288850
Bedford Renal Unit	01438 286750
Harlow Renal Unit	01279 278205

Further Information

www.nhs.uk
www.renal.org
www.kidney.org.uk
www.kidneypatientguide.org.uk/site/intro.php

Acknowledgement: University Hospitals Coventry and Warwickshire NHS Trust, Fistula/graft Care, HIC/LFT/445/07

www.enherts-tr.nhs.uk

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