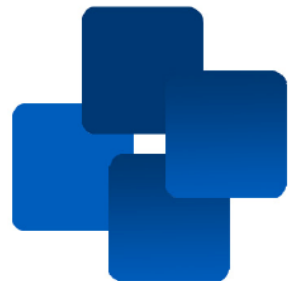


Patient Information

Access for the Unexpected Start on Dialysis

Renal Department



Introduction

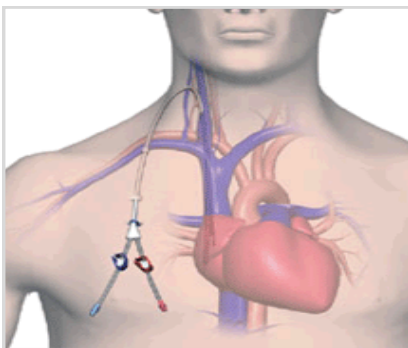
This booklet outlines the different forms of vascular access required for dialysis treatment that may be available to you when you start dialysis.

What is dialysis?

Dialysis is a type of treatment that involves replicating many of the functions of the kidneys. It is often used to treat cases of kidney failure (also known as established renal failure) which is where the kidneys have been severely damaged and have lost almost all of their functioning capacity.

For some patients there may be no warning that they need dialysis treatment. In order for treatment to be started, temporary access to the blood stream must be found and this will be in the form of a temporary renal dialysis catheter.

Temporary Renal Dialysis Catheter



As a short term measure, or if haemodialysis is suddenly required due to a medical emergency, you may be given a renal dialysis catheter. This involves inserting a small tube into a vein in your neck or groin. We use this line as a temporary option until a decision is made about the most appropriate treatment for you. Once permanent access has been established, the catheter will then be removed.

Urgent Start Peritoneal Dialysis

Urgent start peritoneal dialysis is commenced for patients whose renal function has deteriorated unexpectedly and have reached end stage renal disease requiring urgent unplanned dialysis. Urgent start peritoneal dialysis is considered for patients that are good candidates to have peritoneal dialysis.

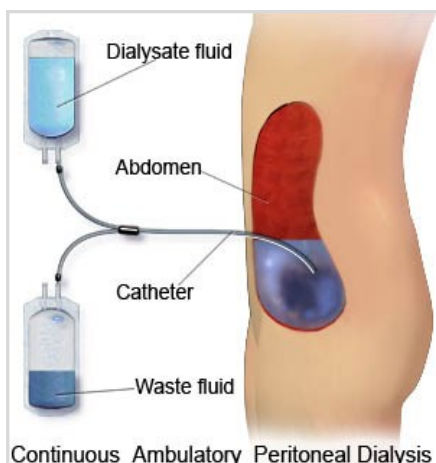
Deciding on a Dialysis Plan

If dialysis is recommended for you, you will have to decide whether you want to have peritoneal dialysis or haemodialysis. Both methods have the same levels of clinical effectiveness, so the choice is usually a case of personal preference or medical recommendation.

Staff will discuss dialysis treatment options with you and further information will be provided.

Peritoneal Dialysis Access

Peritoneal dialysis (PD) is a home based treatment. Peritoneal dialysis involves using the peritoneum as a filter.



The peritoneum is a thin membrane that lines the inside of the abdomen and surrounds and supports the abdominal organs, such as the stomach and liver. Like the kidneys, the peritoneum contains thousands of tiny blood vessels, making it useful as a filtering device.

There are two types of peritoneal dialysis: Continuous Ambulatory Dialysis (CAPD) and Automated Peritoneal Dialysis (APD).

With CAPD you will carry out regular dialysis sessions during the day, these sessions are known as exchanges. Most people will have four exchanges a day, with each exchange lasting between 30-40 minutes.

With APD you will use a dialysis machine. APD is usually performed overnight whilst you are asleep instead of during the day, with a session lasting between eight and ten hours. The suitability to perform APD will be determined at a later date.



The first stage in peritoneal dialysis is to create an access point so that fluid can be passed into, and then out of, your peritoneal cavity. This is done by making an incision in your abdomen, usually just below the navel (belly button), and inserting a piece of equipment called a Tenckhoff Catheter into the incision.

Haemodialysis Access

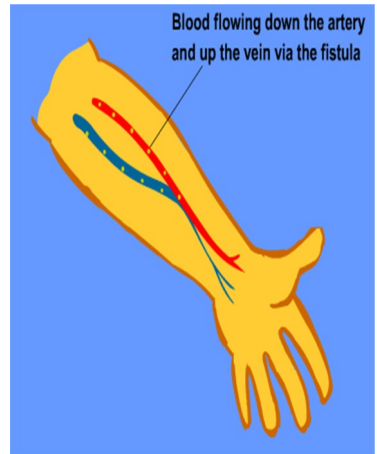
Haemodialysis can involve using a dialysis machine three times a week in a dialysis unit, with each dialysis session lasting for around three to four hours.

You may have the option of having a dialysis machine installed in your home. There are a number of criteria that usually have to be met for home haemodialysis for this to be considered as a suitable treatment option. This can be discussed with you at a later date.



If you choose to receive Haemodialysis, the first step usually involves creating an arterio-venous fistula (AV fistula or AVF).

An AV fistula is a surgically modified blood vessel that is created by connecting an artery to a vein. The fistula is usually created in your wrist or upper arm. The joining of the vein and artery together to create the fistula results in making the blood vessel stronger and larger which will make it easier to transfer your blood into the dialysis machine and then back again.



The operation to create the AV fistula is carried out under a local anaesthetic in the operating department. It will then take at least six weeks before we are able to use the fistula, as this gives time for the vein and artery to become large enough and strong enough to support the required dialysis needles. If you have a renal dialysis catheter, you will continue to use this for your dialysis until your AV fistula is ready to use. The renal dialysis catheter will then be removed when we are able to successfully needle your fistula.

Once your fistula is ready to use, two needles will be inserted into your AV fistula, and then taped into place. One needle will take blood out from your body which is then to be cleaned in the filter known as a dialyser (artificial kidney). The 'dirty' dialysate fluid is then pumped out of the dialyser, and the 'clean' blood is passed back into your body via the second needle.

Once the dialysis session is complete, the needles will be removed and a plaster will be applied to prevent bleeding.

Further information leaflets are available on the ward which discuss all the treatment options in more detail, highlighting any risks and complications that may occur with the surgery.

Access Clinic

Whilst you are in hospital we will endeavour to see you in our Access Clinic. We will assess your suitability for both forms of dialysis treatment. If we are unable to see you whilst you are in hospital, we will make you an appointment to see one of our surgeons in the clinic within two weeks of your discharge from hospital.

Renal Liaison Team

During your stay in hospital the renal liaison nurses will endeavour to visit you on the ward. They will discuss the dialysis options in more detail which will help you decide on the treatment option that would most suit your lifestyle.

Once you have decided, we will put your name forward for surgery according to your treatment choice. Our aim is to have your access for dialysis successfully created within six weeks of your discharge.

Renal Support Team

A renal counsellor and social worker are also available for you to discuss any fears or anxieties you may have regarding your unexpected start on dialysis. For more information about their service and how to contact them please ask the nursing staff on your ward or dialysis unit.

Glossary

Access - direct entry to your body to enable dialysis to take place.

Arterio–Venous Fistula - the joining of an artery and vein in your arm.

Artery - a blood vessel which carries blood away from the heart to all parts of the body.

Vein - a blood vessel through which blood returns to the heart.

Catheter - a flexible tube inserted into the body which allows fluid to drain in and out.

Peritoneum - the membrane that lines the wall of the abdomen (tummy) and the pelvis.

Please use this space to write down any questions you wish to ask the staff:

Contact details

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

A message can be left on the answer phone. Alternatively telephone 01438 314333 and ask for the switchboard to page 0765 913 0921.

Other Useful Numbers

Ward 6B, Nephrology (Renal) Ward, Lister Hospital	01438 285063
Social Worker	01438 284957
Renal Counsellor	01438 284233
Renal Liaison Department	01438 285255
Home Dialysis Therapy Department	01438 284100
Lister Haemodialysis Unit	01438 284152
St Albans Haemodialysis Unit	01727 897588
Luton & Dunstable Haemodialysis Unit	01582 497538
Bedford Renal Unit	01438 286750
Harlow Renal Unit	01279 278205

Further Information

National Kidney Federation 01909 487795
www.kidney.org.uk

www.enherts-tr.nhs.uk

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