

Your Role in AV Fistula Cannulation

Lynda K. Ball, RN, MSN, CNN

It is important to take an active part in your vascular access care. Even if you don't insert your own needles (cannulate), it is important for you to understand what is going on. Below are some tips for making your AV fistula last for a very long time.

Assess Your Access: At least two times a day, check your access to make sure it is working (patent). Place two fingers over the site where your surgery scar (anastomosis) is, and feel for one of two sensations, called a thrill – a purring like a cat, or a vibration like a vibrator. A thrill should never feel like a bass drum thumping because this is a sign that there is a problem with your fistula, and you need to tell your nurse.

Signs and Symptoms of Infection: There are several clues that will tell you that your AV fistula could be infected. Always look for redness of the skin over your fistula or drainage coming from your fistula. Use the back of your hand and feel if the skin is warmer over your fistula than your other arm. Taking your temperature before dialysis will also help the staff determine if you have an infection.

Exercise Your Access: Starting one week after access surgery, you should start to exercise your arm to develop your new fistula. Exercise is good for small, problem fistulas too. If your AV fistula is in your lower arm, squeeze a small rubber ball several times a day for five minutes at a time. If your AV fistula is in your upper arm, hold on to a soup can or bottle of water and do curls - bending your arm up slowly at the elbow, then stretching it out. Even though it is the pressure of the blood flowing through your fistula that makes it big enough for cannulation, exercise can help.

Washing Your Access: The nurses and technicians may ask you to wash your arm before coming to your chair. This helps to reduce the amount of staph, a bacteria that is on everyone's skin. Staph is okay on you skin, but can make you very sick if it gets into your bloodstream. Dialysis patients have a lot on their skin, and even in their noses, so it is important to wash some away just before cannulation to reduce your risk for an infection.

Learn to Self-Cannulate: Many people are afraid of needles, myself included, because they can cause pain. If you have had needles inserted into your skin before, you know that depending on who inserts your needles, it may hurt more or less. This has to do with their technique, or how they were trained to insert needles. The best thing about putting in your own needles is you take the guesswork out of which cannulator will show up. Patients are better able to feel where the fistula is. Whether it is your concentration or your technique, you will find self-cannulation is a lot less painful and stressful, especially if you choose to use the Buttonhole Technique.

Three Strikes and You're Out! Remember this tip - no one should attempt more than three needles sticks in your access. Two is normal, a third if there is a problem – but no more. Ask them to have another cannulator come and insert your needle. Please don't be afraid to speak up, it's your lifeline, and you are the caretaker.

For more information, contact Lynda at Northwest Renal Network at 1-800-262-1514