

# Buttonhole Technique

Useful  
Information

- FOR USE WITH NATIVE AV FISTULAS ONLY
- USED FOR OVER 25 YEARS IN EUROPE
- FEWER MISSED STICKS, INFILTRATIONS AND HEMATOMAS
- SCAB REMOVAL IS CRITICAL IN PREVENTING INFECTION

## SCAB REMOVAL TIPS:

- \*MOISTENING SCABS MAKE THEM EASIER TO REMOVE  
TWEEZERS CAN BE USED, BUT SHOULD BE DISINFECTED  
PRIOR TO SCAB REMOVAL.
- \*USE 2 X 2'S AND SOAK WITH SALINE, AN ALCOHOL-BASED  
GEL, OR WHATEVER ANTIMICROBIAL PREP YOU USE ON THE  
SITES AND PLACE OVER SITES UNTIL MOIST.
- \*HAVE THE PATIENT TAPE AN ALCOHOL SQUARE OVER EACH  
SITE BEFORE COMING TO THE DIALYSIS UNIT.

- TRACK FORMATION REQUIRES THE SAME ANGLE AND DEPTH OF  
ENTRY WITH EVERY CANNULATION
- REQUIRES THE SAME CANNULATOR UNTIL THE TRACK FORMS
- CHANGING TO BLUNT NEEDLES AFTER THE TRACK IS FORMED  
PREVENTS CUTTING OF THE TRACK
- NON-DIABETICS WILL FORM A TRACK IN APPROXIMATELY 8  
DAYS; DIABETICS IN APPROXIMATELY 12 DAYS
- NOT EVERYONE IS A CANDIDATE FOR BUTTONHOLE

## UNLIKELY CANDIDATES:

- \*PATIENTS WITH HEAVILY SCARRED FISTULAS
- \*PATIENTS WITH LARGE AMOUNTS OF SUBCUTANEOUS TISSUE  
IN THE UPPER ARM