

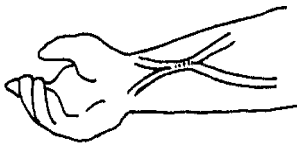
HAVE MORE CONTROL OVER YOUR DIALYSIS AND HEALTH

The best way to do this is an *Arterio-venous Fistula* (Fist-choo-la).

"Fistulas are the 'gold standard' for establishing access to a patient's circulatory system in order to provide life-sustaining dialysis. They last longer, need less rework, and are associated with lower rates of infections, hospitalizations, and death for Medicare beneficiaries than other types of access." [Quote by Centers For Medicare & Medicaid Services (CMS) Administrator Mark B. McLellan, MD, PhD in a CMS press release April 14, 2004]

One patient, who has been on dialysis for twenty-one years noted that a fistula (a form of vascular access) is not about having a vascular access (a way to get to your blood) but about freedom and control — freedom to decide what works for you and control over your overall dialysis treatment. He further noted that over the years he has come to understand that dialysis works best when we have a measure of control over our dialysis and our lives. His first four accesses were gortex grafts, which had the advantage of being immediately usable, however they also required frequent hospital visits for declottings and revisions. When his nephrologist (kidney doctor) suggested an Arterio-venous fistula (AVF) he was concerned about the time it would take to develop after it was created. Once developed, a fistula will usually eliminate the need to have a declotting procedure (Procedure done to remove a clot that has formed in the vascular access). He has since had a very successful eight years with his AVF, with zero revisions and zero declottings! [From the article "Focus on Fistulas: A Patient's Perspective," Phillip Cade, MSW, available at: <http://www.nwrenalnetwork.org/fist1st/cade.htm>]

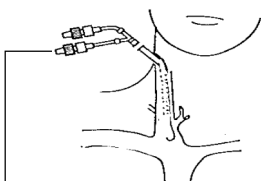
WHAT IT LOOKS LIKE



Fistula — An Arterio-venous fistula (AVF) is created by sewing together the person's own native artery and vein



Graft — A graft is usually a soft, synthetic tube that is connected at one end to an artery and at the other end to a vein, usually in your arm.



Catheters — A catheter is a “y-shaped” plastic tube. It is surgically placed into a vein in your neck, chest, or, occasionally groin.

There are many factors that go into deciding which type of vascular access is best for you. The most important factor that is taken into consideration by the healthcare team is the wishes of a well-informed and knowledgeable patient who has all the facts. Educating yourself is the first step in being in control of your dialysis and healthcare. Deciding to choose a fistula is a good choice.

THE ADVANTAGES OF FISTULAS

- *Last a long time - years, not weeks or months as other accesses*
- *Fewer infections*
- *Fewer hospitalizations*
- *Better blood flow for better dialysis*
- *Least chance of clotting*
- *Preferred type of access*

WHERE TO START

- ✓ Talk to your nephrologist
- ✓ Get a referral to an experienced vascular (blood vessel) surgeon
- ✓ Ask your surgeon if 'vein mapping' (ultrasonic test and physical assessment of arteries and veins) would be helpful
- ✓ Ask your surgeon about doing a 'venogram' (x-ray of the blood vessels)

HELP FOR YOU

The social worker at your dialysis facility can support you as you talk with your nephrologist and surgeon. Ask questions and more questions. The choices you make should be well informed, and consulting with your nephrologist and treatment team is an important step.

You are the one who will live with the choice you make. **CHOICE IS CONTROL.**

The information presented was gathered through a collaborative effort of Patient Services Coordinators from the 18 ESRD Networks across the nation. If you would like more information on AV Fistulas contact the Network office at (323) 962-2020.