



Renal Health News

Special Edition—Fistula First

A Newsletter for ESRD Patients

The mission of the Southeastern Kidney Council is to improve the lives of patients with or at risk for End Stage Renal Disease by promoting and advancing quality of care.

What is Fistula First?

Vascular access is the “lifeline” for hemodialysis patients. Your access allows blood to be pumped from your body, cleaned and returned to your body. The three most common types of vascular access are catheters, grafts and fistulas. Experts agree that the best access for hemodialysis is an arteriovenous (AV) fistula. An AV fistula is created when an artery and a vein are surgically joined together.



The Centers for Medicare & Medicaid Services (CMS) Administrator Mark B. McClellan MD, PhD said, “Fistulas are the gold standard for establishing access to a patient’s circulatory system in order to provide life-sustaining dialysis”. He also said, “They last longer, need less rework, and are associated with lower infection rates, hospitalization and death for Medicare beneficiaries than other types of access.” For these reasons, in July 2003, work began on a special project called the National Vascular Access Improvement Initiative, also known as **Fistula First**.

“Fistula First” is a National Initiative to increase the use of AV fistulas in hemodialysis patients. “This initiative aims to improve the quality of care and quality of life for Americans living with kidney failure” said Health and Human Services Tommy G. Thompson.

The “Fistula First” initiative goal is to have fistulas placed in at least half of new dialysis patients and maintaining fistulas in 66 percent of eligible patients. CMS has partnered with the 18 ESRD Networks, dialysis providers, primary care physicians, nephrologists, vascular access surgeons, interventional radiologists, state survey agencies, professional societies and patient advocacy groups to help reach this goal. Currently only 40 percent of Medicare patients dialyze with a fistula. As of October 2005, 37.5% prevalent hemodialysis patients in Network 6 (North Carolina, South Carolina and Georgia) were dialyzing via a fistula.

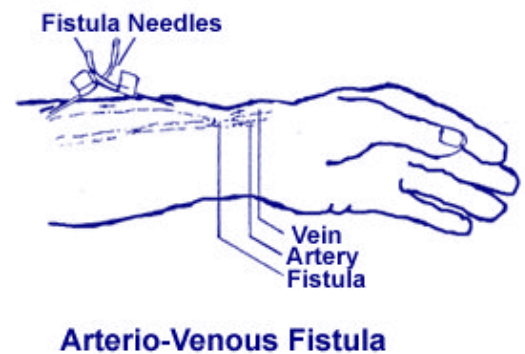
This special edition of the Renal Health News will focus on the advantages of a fistula; from its importance to how to care for and keep your fistula working.

Hemodialysis Vascular Access: Choosing the Right One!

There are 3 kinds of vascular access for hemodialysis: fistula, graft and catheter. The fistula and graft are both considered permanent accesses. The catheter is designed to be used in patients needing short-term dialysis or patients on long-term dialysis who no longer have a place for a fistula or graft.

Arteriovenous Fistula (AVF)

The arteriovenous or AV fistula is a type of vascular access involving a direct connection between an artery and a vein. This connection is made underneath the skin with a surgical procedure that can often be performed on an outpatient basis. The connection between the vein and artery allows for adequate blood flow during dialysis. This increased blood flow leads to larger and stronger veins and makes repeated needle insertions easier. Fistulas require time to mature before cannulation (8-12 weeks). Ideally, a fistula should be placed long before a person needs dialysis treatments. Studies have shown that a fistula lasts longer than other access types, has fewer complications and provides better blood flow. **Fistulas are the preferred hemodialysis vascular access!**

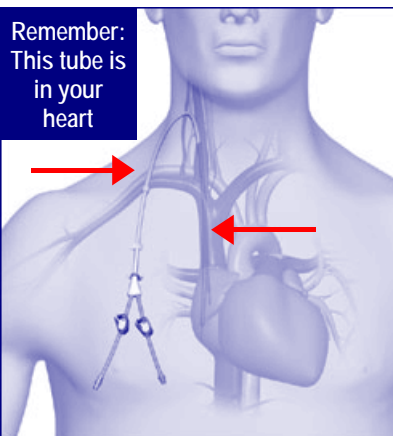


Graft

A graft is a surgical joining of an artery and a vein by a synthetic tube. A tunnel is created under the skin, the tube is inserted into the tunnel and then the tube is attached to an artery and a vein. Grafts can usually be cannulated (stuck) soon after they are placed (3-4 weeks) when the swelling goes down.



Catheter



A catheter is a plastic tube inserted into a vein and extended into the heart. The catheter has two ports; one to draw blood from the body and the other to return blood to the body. Catheters are most commonly used as a temporary access. This is often done when a patient needs dialysis immediately and is waiting for a fistula or graft to mature. They are also used when a permanent access fails and a patient is too unstable to delay treatment.

One of the main reasons hemodialysis patients are hospitalized is because problems with their vascular access.

Frequently Asked Questions about Arteriovenous Fistulas (AVF)

Q: What is an Arteriovenous Fistula (AVF)?

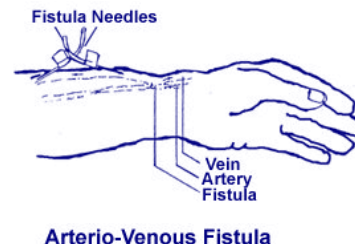
A: It is a surgical joining of an artery and a vein that causes the vein to enlarge to allow cannulation for dialysis. Fistulas require time for the vein to become large enough to cannulate.

Q. Why should I get an AVF?

A: It is widely accepted among the majority of nephrologists and other dialysis professionals that an AVF is the preferred access for hemodialysis. Fistulas last longer and require fewer interventions, such as declotting. With an AVF, it is also likely that you will experience fewer infections, fewer days in the hospital, and received more adequate dialysis (which will improve the way you feel and improve your quality of life).

Q. How do I know if I am a candidate for an AVF?

A. There are very few instances where a fistula is not indicated. It is recommended that all patients (including diabetics and elderly) have a vessel mapping performed. This is a study of the blood vessels in the arm to help select the best veins for a fistula and decrease the chance for an unsuccessful surgery.



Q. How is an AVF different from a catheter or a graft?

A. An AVF is created by connecting one of your own veins and arteries together. A graft requires the surgical placement of a small flexible tube and a catheter requires the placement of a small tube into a large vein in your neck, chest, or groin. The AVF uses your own anatomy and requires no insertion of a “foreign” substance into your body. Since an AVF uses your own vein and artery, it is less likely to clot or become infected and tends to last longer than a catheter or graft.

Q. What additional care will my AVF require?

A. The application of pressure to the site is necessary following the end of your treatment. This will likely add some additional time in the clinic as the access stops bleeding. It will be important that you keep your access clean and wash it thoroughly prior to your dialysis treatment. You will want to make sure anyone caring for your access is wearing clean gloves and observing infection control techniques. You need to be very protective of the arm where your AVF is placed. This includes restricting others from inserting IV's, drawing blood, or taking your blood pressure. You will also want to check your access on a daily basis for changes such as redness or swelling. You might be advised not to lift any heavy objects or put pressure on your access arm because this will limit circulation.

The Importance of Washing Your Access

You have probably been asked to wash your access just before going to your dialysis chair. And, I know that some of you have questioned the nurse or technician about the need for washing your access – you took a shower before you came to dialysis or they imply that you have poor hygiene. Actually, there are several important reasons why you should wash your arm right before sitting down.



First, your immune system does not protect you from infection like it did when you did not have kidney disease and your doctor may have told you that you are now *immunosuppressed*. What this means is that you are at increased risk of developing an infection. Vascular access infection is the most common infection in hemodialysis patients and is the second most common cause of death (15%), according to the Centers for Disease Control and Prevention (CDC).¹ The biggest risk factor is the type of vascular access you have – catheters have the highest infection rate, followed by grafts, and AV fistulas have the lowest infection rate. So, *prevention* of infection is the key and it is important that you can recognize the symptoms of infection: unexplained pain, chills, fever, drainage, and redness or swelling.

Second, all of us have bacteria on our skin that help to protect us from other kinds of germs. The name of this bacteria is called *Staphylococcus aureus*, but the nurses and technicians may use the shortened name - "staph". Some people also have staph in their noses and can spread bacteria simply by breathing. Did you know that dialysis patients have more staph on their skin and in their noses than the general population? Several studies have confirmed this, and it is the major reason that nurses and technicians ask you to wash your arm before dialysis – to reduce the number of bacteria on your skin.² Simply stated, my staph protects me and your staph protects you, but your sterile bloodstream does not like staph either from you or anyone else and a severe infection could result. That is why patient care staff wear gloves during cannulation.

Third, antibiotic resistance has been rising sharply over the last decade. Antibiotic resistance occurs from people taking antibiotics frequently, not taking the entire prescription, or taking them when they were not needed. The bacteria learn to change their DNA or *mutate* so the antibiotic cannot kill the bacteria, and this forces the doctor to find another antibiotic to try and cure the infection. Because dialysis patients are at high risk for antimicrobial resistant infections, the CDC has developed a fact sheet called "Tips for Dialysis Patients to Prevent Antibiotic Resistance". This fact sheet is available on the CDC website, or if you do not have access to the Internet, ask your dialysis facility to print you a copy. One of the tips says to "follow the unit policy on cleaning instructions for your access carefully before every cannulation."³ In closing, because we care about you, we ask you to wash your access before coming to your chair in order to protect you from infection by reducing the number of bacteria on your access, which, in turn, keeps you off antibiotics to prevent resistance.

References:

1. Centers for Disease Control and Prevention: Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients. *MMWR* 2001; 50(5): 13.
2. Kaplowitz, L.G. Comstock, J.A., Landwehr, D. M., Dalton, H.P. and Mayhall, C.G. Prospective study of microbial colonization of the nose and skin and infection of the vascular access site in hemodialysis patients. *Journal of Clinical Microbiology*. 26 (7):1257-1262.
3. Centers for Disease Control and Prevention. CDC campaign to prevent antimicrobial resistance in healthcare settings, tips for dialysis patients to prevent antibiotic resistance. Retrieved on 7/18/05 from the webpage www.cdc.gov/drugresistance/healthcare/dialysis/Tips_for_Dialysis_Patients.pdf.

Written by Lynda Ball BS, BSN, RN, CNN

Quality Improvement Director, ESRD Network 16

A special thank you to Lynda Ball for allowing us to reprint this article.

Fistula Resources

The following is a list of available resources:

| RESOURCE MATERIAL | DESCRIPTION | TO OBTAIN MORE INFORMATION | AVAILABLE AT |
|---|--|---|--|
| <i>Choosing Your Vascular Access</i> | This brochure discusses the dangers of a catheter as a permanent access. | Southeastern Kidney Council (800) 524-7139 | www.esrdnetwork6.org |
| <i>Access Management—The Native AV Fistula</i> | This video discusses keys to successful creation and maintenance of a fistula. | Medisystems Corporation (800) 396-MEDI | www.medisystems.com |
| <i>Buttonhole Method of Needle Insertion into AV Fistulas</i> | This video discusses the buttonhole cannulation technique for a fistula. | University of Missouri-Columbia \$15.00/video | Send payment to Julie Helgerson DCI 3300 Lemone Industrial Blvd. Columbia, MO 65201 |
| <i>Inserting Your Own Needles</i> | This article was written to encourage patients to cannulate themselves. | Life Options | www.lifeoptions.org/stories/stories.php?story=119 |
| <i>Just the Facts: Vascular Access</i> | This flyer provides information on vascular access. | Life Options | www.lifeoptions.org/catalog/pdfs/teaching/VA.pdf |
| <i>Introduction to Cannulation: Steps to Optimal Cannulation</i> | This video addresses the basic concerns and techniques necessary to achieve optimal cannulation. | Medisystems (800) 396-MEDI | www.medisystems.com |
| <i>Kidney School Module 8: Vascular Access: A Lifeline for Dialysis</i> | This online teaching module for patients discusses various vascular access options. | Life Options | www.kidneyschool.org |
| <i>Understanding Your Hemodialysis Access Options</i> | The booklet details various hemodialysis access options. | American Association of Kidney Patients (800) 749-2257 | www.aakp.org/AAKP/hemooptions.htm |
| <i>Vascular Access for Hemodialysis</i> | This video is designed to introduce patients to the various types of hemodialysis access. | Southeastern Kidney Council (800) 524-7139 \$15.00/video | www.esrdnetwork6.org |
| <i>Vascular Access for Hemodialysis</i> | This booklet provides comprehensive information on all access types, what to expect during hemodialysis, possible complications, and taking care of your access. | National Kidney and Urologic Diseases Information Clearinghouse (800) 891-5390 | www.kidney.niddk.nih.gov/kudiseases/pubs/vascularaccess/ |

**FOR MORE INFORMATION ON AVAILABLE RESOURCES CONTACT THE SOUTHEASTERN KIDNEY COUNCIL
1-800-524-7139**

Dialysis Needle Fear: Easing the Sting

Almost no one likes needles. But for some, needle phobia is much more than a minor fear: it's a terror that can scare you away from medical or dental care. And if you need dialysis, you may face needles often. In this article, we'll help you see how needle fear works and what you can do about it.

How You Know You Have Needle Fear

Having needle fear does not mean that you're weak or childish. It's an involuntary response of your body—a *vasovagal reflex*—to having blood drawn, getting an infection, an injury, or even the sight of blood (or *thought* of a needle). Needle fear is listed in the DSM-IV manual, the official book of psychiatric disorders, as a "specific phobia," called *Blood-Injection-Injury Type*.

Here is how it works:

- ⇒ First, due to fear, your heart beats faster and your blood pressure goes up.
- ⇒ Then, to be sure your brain gets enough blood, your heart slows down, and your blood pressure falls. Your body puts out stress hormones. Your heart rhythms may change.
- ⇒ You may become pale, sweaty, nauseous, light-headed, dizzy, and may pass out.

Experts believe needle fear is part learned and part genetic. ¹ Many needle phobic people have had a needle trauma in their past. About 80% have a family member with the same fear. ¹ You may have both.

At least one in ten people are said to have needle fear. The real number may be higher: one study found that 27% of college students did not give blood due to needle fear. ² A study of people on dialysis found that **47%** said needle phobia kept them from doing self-care treatments. ³ So, if you have this problem, you are not alone!

The degree of needle fear can vary. Some people can have blood drawn or get a vaccine without passing out if they look away and lie flat. Others are so fearful that they avoid *all* needles, and may even refuse care they need to live. If you need dialysis and are very afraid of needles, there are treatments that can help you.

Ways to Reduce Needle Fear

Since needle fear triggers the vasovagal reflex, treatment is based on stopping this reflex in its tracks—or training our body not to react. Here are some ways that have worked for others:

- ♥ **TIP: Bring more blood to your head** - Lie flat, or tilt the chair so your legs are above your head when you get a needle stick.

Why it Can Work: Blood pools in your legs when you sit up. When you need a needle stick, your blood pressure drops to bring more blood to your brain. If you have plenty of blood there already, it can short-circuit the reflex so you don't pass out.

- ♥ **TIP: Tense your muscles** - At the first sign of a problem, tighten your non-access arm, leg, and torso muscles for 10 to 20 seconds, until your face feels warm. Then slowly relax them—but not all the way—until the needle stick is done. Talk to your doctor before you try this. With his or her okay, practice this at home before you need to do it in the clinic.

Why it Can Work: Muscle tension can raise your blood pressure by forcing blood from your arms and legs into your brain. This can keep you from passing out and help retrain your body not to react to needles. In one case report of a pregnant woman, this worked so well that she was able to have many needles and procedures without passing out, even months later. ⁴ It has not been studied in people on dialysis.

Continued from page 6

- ♥ **TIP: Get therapy** - Ask your doctor or social worker to refer you to a psychologist who can do desensitization treatments. These slowly expose you to your fears in a safe setting until they lose their power to scare you.

Why it Can Work: This type of treatment is used for phobias of all types—from spiders to heights. Needles are no different. NOTE: This may be paid for by Medicare or your insurance, since needle phobia is in the DSM-IV. Medicare Part B covers “outpatient mental health services when performed by a qualified psychiatrist, a clinical psychologist, or a clinical social worker in the office or the patient’s home, as an outpatient.”

- ♥ **TIP: Avoid needles** - Choose CAPD or CCPD treatments that don’t use needles.

Why it Can Work: Simple—no needles, no vasovagal reflex. If you use hemodialysis, you need to know that using a catheter just to avoid needles may risk your life. A catheter is much more prone to blood infections and blood clots than a fistula. This may result in more needles during hospitalizations.

- ♥ **TIP: Kill the pain** - Use a pain killing cream or gel to numb the site. * (Injected lidocaine uses needles and some say the extra sticks cause scars around the access.)

Why it Can Work: Pain is part of the reason for the fear. If you don’t feel the stick, the vasovagal reflex may not be triggered.¹ A number of creams have lidocaine to numb the skin, and an ingredient to carry it below the top layer of skin. It’s best to apply these products at least 60 to 90 minutes before you need them. Cover the spot with a thick coat of the cream or gel and protect it with a Tegaderm® dressing or self-sticking plastic wrap to keep it in place. (All of these creams are messy). The cream must be cleaned off very well at dialysis.

- ♥ **EMLA®** (AstraZeneca) is a cream or patch with 2.5% lidocaine that your doctor must prescribe for you. It comes in 5 gram or 30 gram tubes; about 3 grams are used each time. The 30 gram tube sells for \$30-\$40. <http://www.astrazeneca.com/node/productbrowse.aspx>.
- ♥ **Less-n-pain** is a 4% lidocaine gel that comes in a box of a dozen 3-gram packets for \$9.99 plus shipping. It is an over-the-counter product and does not need a doctor’s prescription.+ http://www.sdaproduct.com/Less-N-Pain_Product.htm or 305-949-9580.
- ♥ **Topicaine** is a 4% lidocaine gel that comes in a 30-gram tube for \$47.50. It is an over-the-counter product and does not need a doctor’s prescription.+ <http://www.topicaine.com> or 561-746-0365.
- ♥ **LMX4** (“Ela-Max”) is a 4% lidocaine that comes in a 30-gram tube for \$48. It is an over-the-counter product and does not need a doctor’s prescription.+ <http://skinstore.com/store/category.asp?catID=1971>.

*Note: These products are listed for informational reasons only. The Medical Education Institute, Home Dialysis Central, and its sponsors do not endorse any of these products nor do they benefit from them in any way. They do not offer any warranty, implied or inferred. Use them at your own risk.

+ You do not need a doctor’s prescription to buy these products, but we strongly urge you to talk to your doctor before using them for dialysis. Some people are allergic to them. Read all insert precautions before use.

- ♥ **Tip: Take charge of your needles** - Ask for training to put your dialysis needles in yourself.

Why it Can Work: Knowledge fights fear. If you’re not afraid, you won’t trigger the reflex. Other people who were so afraid of needles that they didn’t want to do hemodialysis learned to stick themselves—and are now doing their treatments at home. Sticking yourself puts you in the driver’s seat. It distracts you from the pain, so you feel it less, and helps your access last much longer. If you have a fistula (*not* a graft), you can learn how to do the buttonhole technique (a way of forming a channel for the needles - much like pierced earring holes. Once formed, buttonholes are close to painless).

Continued on page 8

Continued from page 7

Conclusion

It is not your fault if you are afraid of needles—but you don't need to stay that way. You can take charge of your fear and make sure you get the care you need to feel your best.

References:

- 1 Hamilton JG. Needle phobia: A neglected diagnosis. *J Fam Practice*; 41(2):169-75, 1995. Full text article available free on-line at www.findarticles.com/p/articles/mi_m0689/is_n2_v41/ai_17276569
- 2 Oswald RM, Napoliello M. Motivations of blood donors and nondonors. *J Applied Psychol*; 59:122-24, 1974
- 3 McLaughlin K, Manns B, Mortis G, Hons R, Taub K. Why patients with ESRD do not select self-care dialysis as a treatment option. *Am J Kidney Dis*; 41(2):380-85, 2003
- 4 Peterson AL, Isler WC. Applied tension treatment of vasovagal syncope during pregnancy. *Military Med*; 169(9):751-3, 2004. Full text article free on-line at www.findarticles.com/p/articles/mi_qa3912/is_200409/ai_n9432776
- 5 Dhingra RK, Young EW, Hulbert-Shearon TE, Leavey SF, Port FK: Type of vascular access and mortality in U.S. hemodialysis patients. *Kidney Int*, 60:1443-51, 2001

This article was reprinted with permission from the Medical Education Institute, Inc. <http://www.homedialysis.org>.

Exercising Your Fistula

You now have an AV Fistula. This means one of your veins has been connected to an artery that allows the blood from our artery to flow into the veins near the surface of your skin. This new vein must become enlarged enough for use for your dialysis treatment. You can help make your fistula bigger by performing exercises recommended by your health care team. As a general rule fistula exercises should be started 2-3 weeks after your fistula is placed. To prevent complications, your stitches and incision should be healed before beginning these exercises. It may take 2-3 months of exercise to enlarge the vein enough to use it for your dialysis treatment. Many physicians believe exercising the fistula helps the fistula strengthen and develop. The following are a few exercises:

Forearm Fistula Exercises



Ball Squeeze

As soon as the pain from surgery has subsided, start arm exercises by squeezing a "stress" ball or rolled-up washcloth.

Clothes Pin Grasp

Using a clothespin, squeeze open and allow to close repeatedly for 5 minutes, 6 times a day.



Finger Touches

Touch each finger to the tip of your thumb, opening up your hand after each touch. Touch tips to thumb repeatedly for 5 minutes, 6 times a day.

Upper Arm Fistula Exercises

Hammer Curls

Take a 1-3 pound weight in the arm your fistula was created in and hold the weight as shown in the picture. Pump your arm up and relax down slowly for 10 minutes, repeat 6 times a day.



REMEMBER: CONSULT YOUR HEALTH CARE PROVIDER BEFORE BEGINNING ANY EXERCISE ROUTINE!

Focus on Fistulas: A Patient's Perspective

"A well functioning dialysis access is the key to successful long-term dialysis." I first heard this when I was a 21 year old neophyte and my nephrologist was explaining his choice for the type of access I was going to receive. At the time I was feeling very fit and vigorous, but the blood tests showed highly elevated BUN and creatinine levels. Elevated to the point that it was decided that a gortex graft would be more expeditious and therefore more desirable. At that time I gave it very little thought because all I cared about was the end of my fledgling baseball career. Little did I know how big a part of my life my dialysis access would become!

When I was asked to write this article, I jumped at the chance because I really believe in the importance of knowing your access and how to keep it operating properly. But I must admit I found this concept difficult to write about. Vascular access technology has changed drastically in the 21 years since I started dialysis. There are so many choices and techniques to choose from. How do I cover all the options and choices in a useful manner? Should I interview professionals? Which materials should I use for my research? Then suddenly I realized, this is not about vascular accesses, this is an article about freedom and control. Freedom to decide what works for you and control over your overall dialysis treatment.

Over the years I have come to understand that dialysis works best when we have a measure of control over our dialysis and our lives. I gained this control in part due to the access I am currently using for dialysis. My current access is an AV (arterio-venous) fistula. This access replaced the first four accesses I had which were gortex grafts. All four gortex grafts were placed in my left arm and while they had the advantage of immediate usability, I found myself in the operating room far too often for my tastes. You see, although I was on dialysis, I still needed to indulge my two greatest passions - baseball and weightlifting. These two activities have kept me healthy both mentally and physically for the last 18 years. But I also had to live with the spectre of frequent declottings and graft revisions. This was due primarily to the drop in blood pressure caused by my active lifestyle. At least that was what I was told. I had begun to accept the reality of frequent declottings when my Nephrologist suggested an AV fistula. I was told that it would take some time to develop after it was created but that once developed, it would virtually eliminate the need for declotting surgery.

And it was true! In the last 8 years I have had zero revisions and zero declottings. I still check my access daily, but it is such a joy to know that I can pursue my passions without the fear that at any time I may have to report to the emergency room for a graft declotting procedure of some kind.

I want to stress that while I am so very happy with my fistula, this may not be the choice for you. There are many factors which go into the choice of dialysis access, but I firmly believe that the most important factors should be the wishes of a well-informed and knowledgeable patient who has all the facts. This process is the first step in being in control of your dialysis, a process which I hope will lead to you to learn to put in your own needles!

Self cannulation is a touchy subject in many units but as a patient who has been cannulating himself for 18 years I feel comfortable saying that it is the best decision I ever made. Self-cannulating is a skill which, once learned, will provide you with a significant measure of control over your day to day dialysis treatments. Ask your staff or following physician if you can self-cannulate.

To conclude, there are many options for receiving dialysis today including many types of vascular accesses and cannulating techniques. While I am thoroughly satisfied with my AV fistula, for the reasons previously stated, an AVF may not be for you. The choices you make should be well informed and should come after consulting your Nephrologist and treatment team. But ultimately your treatment choices are up to you and you have to live with them. So choose well and while you're at it choose to live the best most productive life you can. Remember we are not defined by our illness, we are defined by how we live our lives!

Written By: Phillip Cade

[This article was reprinted from the February 2004 edition of the Renal Health News]

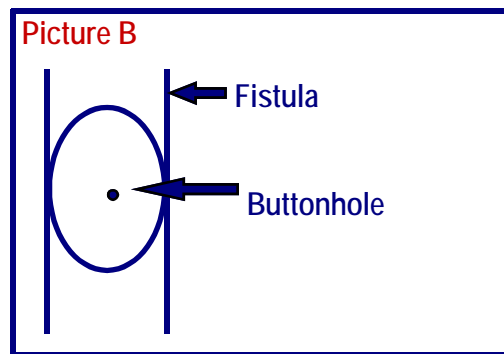
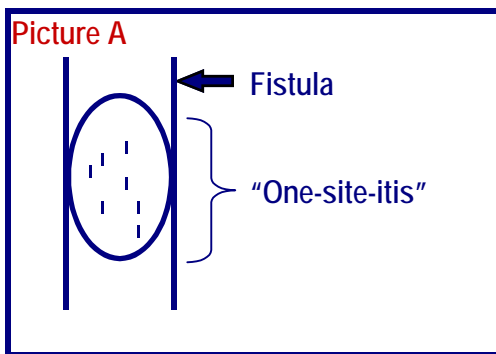
Using the Buttonhole Technique for Your AV Fistula

What is the Buttonhole Technique?

The buttonhole technique is another way of cannulating (putting needles in) your fistula. It requires putting the needles in the exact same spot at the same angle and depth every time your needles are inserted.

My doctor told me not to let staff put the needles in the same place because that could cause an aneurysm. How is this different?

If the needle is placed in the same small area over and over (“one-site-it is”) it will cause the wall of your fistula to weaken and balloon out, forming an aneurysm (Picture A). With the buttonhole technique, the needle goes in the EXACT same hole every time (Picture B). This does not cause an aneurysm!



Is the buttonhole technique a new procedure?

No. The buttonhole technique has been used on AV fistulas in Europe for more than 25 years. It was first used on a patient who had very limited surface area for cannulation. It was so successful that other patients wanted to have their fistulas cannulated using the buttonhole technique. Because there is little to no pain associated with buttonhole cannulation, patients are more willing to learn to cannulate their own access using this technique.

Buttonhole technique is becoming very popular in the United States. Up until a few years ago, the blunt needles, preferred for this technique were not available in the United States.

What do you mean by the term “blunt” needles?



Blunt needles are rounded on the top and do not have a sharp, cutting edge traditional dialysis needles do. Since your access is entered through a specially formed track, there is not need for sharp needles. Blunt needles help to prevent problems like cutting or scraping the newly formed track that can cause oozing around your needles during dialysis. One big advantage of the blunt needles is that they prevent you from accidentally sticking yourself.

Continued from page 10

What is the track?

The track is a tunnel that is created by the formation of scar tissue— exactly like the hole created in an earlobe for a pierced earring. This track goes from the surface of your skin to the outside wall of your fistula (blood vessel wall). Once the track is well healed, there are no nerves or tissue in the path of the needle to cause you pain.

Why would I want the buttonhole technique used on my fistula?

Research has shown that there are:

- ✓ Fewer infiltrations (showing from the needle going through the fistula wall).
- ✓ Fewer missed attempts to place needles.
- ✓ Less pain when inserting needles.

There are dialysis patients who have been using this technique for over 20 years with the SAME AV fistula!

Can I use the buttonhole technique on my access?

This technique is **ONLY** for use with AV fistulas, **NOT** AV grafts. Check with your doctor or nurse to see if this technique will work for your access.

Written by Lynda Ball BS, BSN, RN, CNN
Quality Improvement Director, ESRD Network 16
A special thank you to Lynda Ball for allowing us to reprint this article.

Hemodialysis Patients Speak Out

Having your physician or nurse tell you the importance of an AV fistula and healthy living on dialysis is very important. However, sometimes you would like to hear this information from people just like you—dialysis patients who are going through the same things as you. If you would like to hear information directly from fellow patients then check out the following videos:

- ♥ “Dialysis Patients Speak: A Conversation About the Importance of AV Fistulas” developed by ESRD Network 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont). This 13-minute video contains several informal interviews of patients about their personal experiences with their vascular access, with an emphasis on the benefits of having an AV fistula. For more information on this video contact Network 1 at (203) 387-9332.
- ♥ “Fistula First...Your Access to Success” developed by ESRD Network 11 (Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin). In this 13-minute video, patients discuss the different types of vascular access and describe the benefits of dialyzing with an AV fistula. For more information on this video contact Network 11 at (800) 973-3773.



Southeastern

Network 6

Kidney Council, Inc.

1000 St. Albans Drive
Suite 270

Raleigh, NC 27609
Phone: 919-855-0882
Fax: 919-855-0753

Patients Only: 1-800-524-7139
Executive Director: Jenna Krisher
Editor: Leighann Sauls RN, CDN

Consumer Committee Members:

Chair: Noreen Rogers
Danny Allen

Sammy Bailey, LMSW
Carl Brooks

Jennifer Graves

George Harper M.Ed., Ed.S

John Haynes

W. Merrill Hicks MD

James Humphrey

Pearl Magovern MSW

Mary Claire Montilus

Omega Powell

John H. Robinson

Richard Rogers

Elizabeth Simmons

Thomas and Tammy Taylor

Willoughby Taylor

Wayne Welborn

This newsletter was developed while
under contract with the Centers for
Medicare & Medicaid Services
Baltimore, Maryland
CMS Contract #500-03-NW06

**Check out the
Fistula First
website at
www.fistulafirst.org**

Check out our website
www.esrdnetwork6.org

The Southeastern Kidney Council has a toll-free
number for patients and their family members:

1-800-524-7139

If you have questions or concerns, please call.

Have you Moved?

Remember, if you have recently moved or changed your phone
number be sure to tell someone at your facility. Also, when you
provide your new information, remind the staff to contact the
Southeastern Kidney Council with the changes or call yourself.

Southeastern Kidney Council, Inc.
ESRD Network 6
1000 St. Albans Drive
Suite 270
Raleigh, NC 27609