

## What are the steps to making a secondary AV fistula plan?



1. While you are on dialysis, roll the sleeve up on your graft arm and ask your doctor or nurse to do a “Sleeves Up” check on your arm.

The doctor or nurse will be looking to see if you have a big vein from the graft.

- A “Sleeves Up” check should be done every month.
- It should be written down in your chart.

2. If you do have a big vein above your graft, work with your team to make a secondary AV fistula plan with:



- Orders for a dye test (vessel mapping) the next time your graft needs to be fixed.
- Set a time for creating a secondary AV fistula. When to have this operation depends on how many times your graft has been fixed.

- If your graft has been fixed, experts say vessel mapping should be done the next time your graft clots or needs to be fixed **and** a secondary AV fistula made at that time.
- If your graft has not been fixed and you have no problems in your access hand, a “fistulagram” should be done the first time it needs to be fixed. As long as the graft is working well, there is no reason to make a secondary fistula.



3. Keep a copy of your secondary AV fistula plan with your insurance and Medicare paperwork. When a graft problem happens, remind your surgeon that you want a secondary AVF.



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# If YOU Use an A-V Graft for Dialysis



## Answer These Questions:

1. Has my graft clotted more than once since I got it?



2. Have I had work done on my graft more than once in the last six months?



3. Are there places on my graft where it takes longer to stop the bleeding after the needles are removed?



4. Do I have pain, cold skin or a numb feeling in my hand or fingers below my graft (steal syndrome)?



Read this...

## Did you have "YES" answers?

Be aware that once a graft starts to have problems, the problems usually get worse and happen more often.

## If you had all "NO" answers:

Studies say the average "life" of most grafts is only 3-5 years, so your graft is likely to have problems during the next 3-5 years.



## What should I do?

**Experts say** you should talk to your dialysis care team to plan for a **Secondary AV Fistula** to be made when your graft clots or needs to be fixed.

## What is a Secondary AV Fistula?

It is a fistula that is made when your graft or fistula has problems or can't be used for dialysis.

There are 2 kinds:

- A Type I fistula is made in the same arm as the graft, using the big vein that carries blood from the graft to the heart.
- A Type II fistula is made using a vein not connected to the graft.

## How do I get ready?



1. Talk to your dialysis care team to start making a plan **before** your graft clots or starts to be a problem.
2. Ask them to do a "fistulagram" to look at your blood vessels the next time your graft needs to be fixed. A "fistulagram" gives information needed to make the secondary fistula like:

- Best artery & vein to make a fistula
- Best place for fistula
- Type of AVF operation to be used

If you have a plan before your graft clots then you may:

- **NOT** have to use a catheter for dialysis.
- **SAVE** the big vein from your graft to make a fistula.



## Have you had operations that did not work?

The good news is that in one study, when they used new kinds of operations, 95% of people who had other operations that did not work did get a secondary AVF that worked.

## The reasons I want a secondary fistula instead of another graft:



Fistulas usually last longer – they can last 15-20 years.



Fistulas have less problems than grafts and usually only need 2-3 "tune-ups" over 20 years.



Fistulas don't have many infections. Grafts have more infections than fistulas.



50% of grafts fail within 3 years. 2-3 "tune-ups" may be needed to be done every year.



Most graft "tune-ups" only help it work for a short time. The "tune-ups" can hurt the big vein that takes the blood back to the heart, so it can't be made into a secondary fistula.



There are only 10-12 spots on the body where a dialysis access can be put, so you want one that will last a really long time.



When an access stops working, that spot can't be used again. If a person runs out of places for a dialysis vascular access, they can no longer do hemodialysis.