

# POST-OPERATIVE INSTRUCTIONS

## WHAT IS VASCULAR ACCESS?

**Vascular access** is an important area on your body, located near a vein and artery.

This access point allows healthcare providers to connect two needles to your bloodstream, which links you to the dialysis machine. The machine works to remove waste from your blood and return the cleaned blood back to your body.

During your treatment, approximately 15 tablespoons of blood—about the same as a small bottle of water—are cleaned and returned to you every minute. Think of your **vascular access** as a conveyor belt that keeps the kidney machine working effectively, helping to keep you healthy and feeling your best!



**YOUR CARE AND RECOVERY  
ARE OUR HIGHEST PRIORITIES**

## AVF & GRAFT

- Keep the access site dry and covered for the first 48 hours. After this you may wash with soap and water. Cover with dry gauze for the first 5 days.
- Monitor for bleeding and be aware of any signs of infection, including redness, tenderness, pus, fever, or chills. Maintaining cleanliness is essential to preventing infection.
- Keep your arm straight and elevated above your heart while the access is healing.
- Consult your doctor about when you can begin exercises, like squeezing a rubber ball, to help your access mature.
- Once your vascular access is in use, reach out to us if you experience increased or prolonged bleeding, or if you have difficulty with cannulation.

## CATHETER

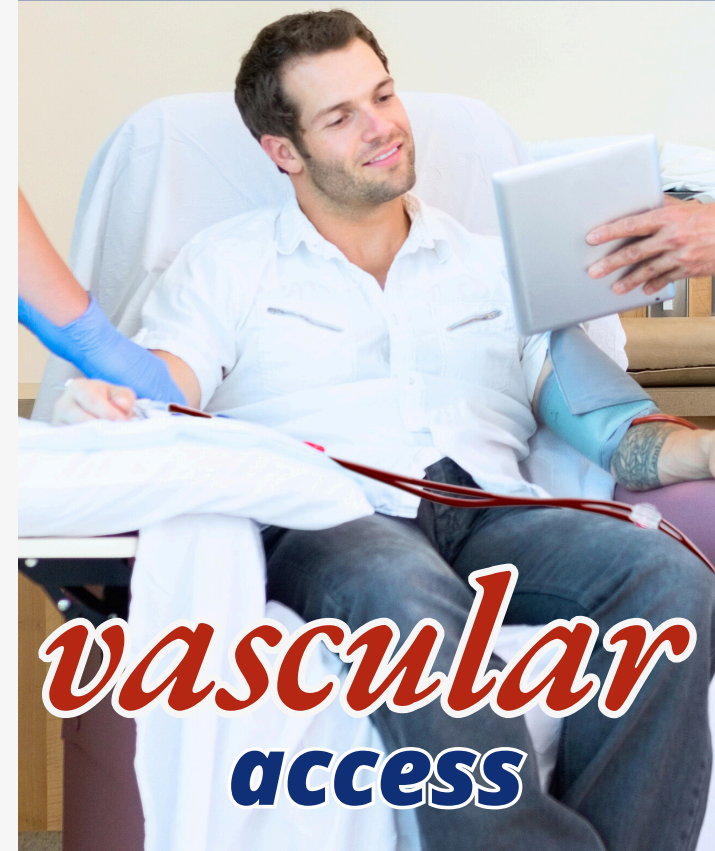
- Keep the access site dry
- Keep the area clean to prevent infection
- Keep the area covered
- Monitor for bleeding or difficulty with cannulation

**PLEASE NOTE:** It's normal to experience some pain near the incision, but if you notice pain or weakness in your hand, please contact us or your dialysis center immediately.



**CHAMPLAIN VALLEY VASCULAR**

## WHAT YOU NEED TO KNOW




***vascular  
access***



518-562-7557

Your doctor can make three kinds of **vascular access** for hemodialysis, each designed to connect your bloodstream to the dialysis machine effectively. The types of access are **arteriovenous fistula (AVF)**, **graft** and **catheter**.



A **catheter** is a Y-shaped plastic tube that protrudes from the skin, usually on the neck, chest, or leg. It has two openings: one for drawing blood and another for returning cleaned blood to your body. Your doctor will place a central venous catheter (CVC) into a large vein to access the bloodstream for dialysis. The benefits of a catheter include the ability to start dialysis immediately, outpatient procedure, and the option to remove it easily. It avoids the need for needle sticks. However, using a catheter is not a long-term solution. Catheters carry a higher risk of infection, and may not provide enough blood flow for effective cleaning, and can narrow veins, complicating future placements of AVFs or grafts. It's also recommended to avoid swimming and baths due to infection risks.

Another kind of “under your skin” vascular access is called a **graft**. Unlike a direct connection between your artery and vein, a graft uses an artificial tube to connect one of your arteries to a vein. This graft is typically made from soft plastic or specially prepared blood vessels. The benefits of a graft include easy placement and predictable performance. It can be used sooner after surgery than an AV fistula, generally within 3 to 4 weeks. If a graft does not work well, it can often be converted to an AV fistula higher up the arm, even if an AV fistula couldn't be placed initially. However, there are some challenges to consider. Grafts have a higher risk of clotting and infection compared to AV fistulas, and they usually do not last as long.

**The Arteriovenous Fistula (AVF) is the first choice** for “under your skin” vascular access. This option involves a small incision where a surgeon connects an artery and a vein, creating a durable pathway for blood flow. AVF is considered the **best option** for vascular access and has a lower risk of infection. While AVF has many benefits there are also challenges such as visibility under the skin and length of time for the site to mature. A catheter may be placed while the AVF is maturing and some may never develop properly.