



Planning for a Fistula

*Better dialysis,
better health*

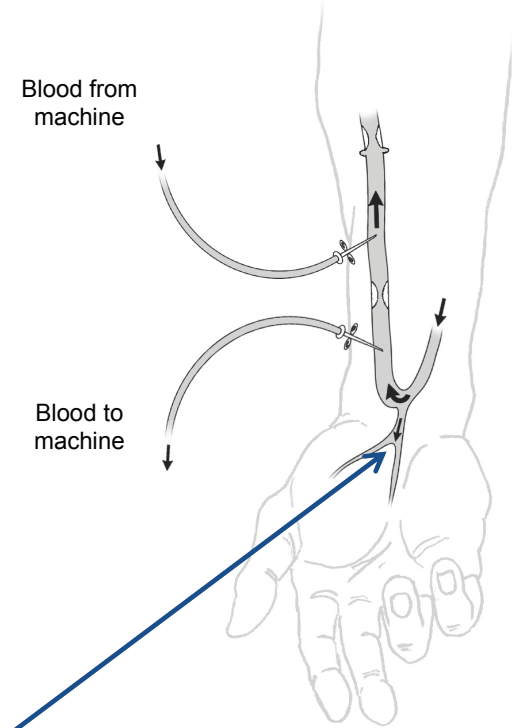
*If your kidney disease
is at stage 4, your
doctor may talk to you
about getting a fistula.*

Having a fistula that's ready to use when you start dialysis is one of the most important things you can do for better health.

- You'll increase your chances of living longer and healthier
- You'll get better dialysis treatments

What is a fistula?

- A surgeon joins a vein and an artery together in your arm (*arteries are blood vessels that take blood away from your heart; veins bring it back*)
- This increases blood flow in the vein, so it grows bigger and strong enough to be used for dialysis
- Everything is under the skin; nothing external
- Takes two months or more before the fistula is ready to use



How is my fistula used during hemodialysis?

- Two needles attached to tubing lines go into the fistula, like having two IVs in your arm
- One line takes blood out through the tubing to a filter on a dialysis machine where waste and extra water are removed
- The other line brings the blood back to your body

Why get a fistula early?

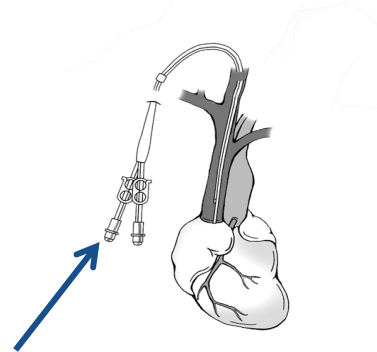
- **Patients who start dialysis with a fistula live longer**—they get better dialysis and have less risk of infection
- Can take several months before your fistula is ready to use, so best to plan ahead
- If you get a fistula early, you still won't need to start dialysis until you need to, and the fistula won't limit your activity

Fistula surgery

- Outpatient surgery; you go home the same day
- Surgeon may do tests to check for good blood vessels to make a fistula
- Can be in lower or upper arm depending on where the best blood vessels are located
- If you don't have good enough blood vessels for a fistula, the surgeon can make a graft (like a fistula, but vessels are joined with a piece of tubing under the skin)

What happens if I don't have a fistula and I need dialysis?

- You'll need an IJ (intra jugular) catheter, an emergency, temporary way to do dialysis until a fistula is ready
- **Patients who start dialysis with a catheter have poorer survival than those who start with a fistula**
- A surgeon puts a tube (called a catheter) into your jugular vein in your chest or neck that goes down to your heart
- There are two branches with caps where the tube comes out of your skin



- The branches connect to tubing that goes to the dialysis machine to take blood in and out
- Catheters have a **very high risk of serious infection**; germs can get into your blood when the branches are being connected to the machine
- Catheters can be uncomfortable, and you can't get your catheter wet, so no showers

Getting a fistula is a big step.

It can make kidney disease seem more real, so sometimes patients put it off too long and end up starting dialysis with a catheter.

Catheters are much riskier and can affect your survival. Even though you may not use your fistula for a long time, it's there if you need it.

Think of getting a fistula as "insurance" to protect you and help you stay healthier.

living well
with CKD.

 NORTHWEST
KIDNEY CENTERS