

Renal Services

Preservation of Veins

Introduction

Patients with Chronic Kidney Disease (CKD) stage 4 or 5 must ensure they protect their veins.

Patients who require renal replacement therapy and those undergoing renal replacement therapy do so with haemodialysis, peritoneal dialysis or renal transplantation.

Irrespective of choice of renal replacement therapy the forearm and upper arm veins should be preserved for access and future surgery. Veins must be preserved in all patients with declining renal function.

Constant blood taking from these veins may cause trauma and damage to the veins which will be used to create a fistula or graft.

If you choose haemodialysis as a treatment you will require what is referred to as 'access'; this will be via an arterio-venous fistula (AVF), an arterio-venous graft (AVG) or a vascular dialysis catheter (VC). We try to avoid using dialysis catheters (lines in the neck) because they can cause central vein stenosis (narrowing), which affects blood flow back from the heart. We aim to make a fistula or graft before any neck lines are needed for dialysis.

What is involved?

Creation of a successful fistula or graft is dependent on having good arm veins and a healthy circuit back to the heart. If bloods need to be taken from your arms or a cannula put in for infusions, the recommended place for this is the dorsal veins of both hands (back of the hands). If this is too difficult then in your elbow vein of the dominant arm will be used.

The surgeons will aim to make your fistula or graft in your less dominant arm, therefore if you are right handed we would aim to make the fistula or place a graft in your left arm.

You will be advised of this at your access clinic appointment when you are assessed by a surgeon and renal consultant for your choice of treatment.



Patient Information

When you attend for a blood test please ask the phlebotomist, nurse or health care assistant taking your blood to use the back of your hand to take blood samples if possible. The renal nurse specialists and consultants may also stamp blood forms to inform the phlebotomists to 'preserve the veins'.

Successful vein preservation for patients with declining renal function can only be achieved if there is collaboration between patients, physicians, nephrologists, nurses, health care professionals. These are simple steps to protect precious veins.

Further information

If you would like any further information or have any questions, please contact Sister Pat Cain, the Renal Access Nurse on 024 7696 8307.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 8307 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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