

Renal

Information for patients and carers - AVF/AVG possible complications and bleeding emergencies at home

This information leaflet is to inform patients of what to expect after the arteriovenous fistula (AVF) / arteriovenous graft (AVG) has been created. This information also includes instructions on how to deal with bleeding emergencies from fistula/graft away from the hospital.

If you are the patient's family member or carer by understanding and being aware of the following fistula/graft advice, you can play an important role in supporting family members or patients in your care.

A fistula/graft is the preferred vascular access for dialysis because there is less likelihood of problems. However, you and your carer should be aware of problems that can occur and report new or changing problems to dialysis staff, so they can be acted upon accordingly.

- **Bruising or swelling** - this can occur due to the needle piercing the fistula wall after insertion resulting in swelling or bruising. This is most likely to happen in the first 6 months, when the fistula is still maturing. All bruising or swelling should be reported to dialysis staff so they can investigate the cause.
- **Redness or heat** - sometimes accompanied by swelling; this can be a sign of infection. Please contact your Renal Unit immediately if you experience pain, redness and swelling around your fistula or graft or if it feels hot.



Patient Information

- **Allergies** - if your fistula becomes red, itchy, or sore following cleaning with antiseptic solution prior to cannulation, please inform your nurse.
- **Aneurysm** - this is a swollen area which can occur over time due to the needles being put in the same small area. Please rotate needling sites to prevent this (buttonhole needling can also avoid this). If skin becomes thin and shiny or you can see a pulse under the skin in an aneurysmal area, please inform renal staff.
- **Steal syndrome** - this occurs if your hand on your fistula arm is not receiving adequate blood supply. This is because instead of the blood flowing into the hand blood is diverted up the fistula. Let renal staff know if you experience pain, coldness or tingling in the fingers or hand on your fistula/graft arm.
- **Reduction in blood flow** - inform your renal doctor or nurses immediately if you cannot feel the usual buzzing over the fistula or if it weakens. This can occur due to a narrowing or blood clot.
- **Scab** - if a scab over your needle site does not heal quickly or gets larger, let nursing staff know as a non-healing scab puts you at risk of bleeding.
- **Bleeding during dialysis** - if blood oozes around your needles during dialysis let nurses know immediately. You should also let the nurses know if it takes longer than usual for the bleeding to stop after needles are removed.

Bleeding emergency from fistula or graft:

Occasionally a fistula may bleed a little after the plaster is removed at home, if this happens it should stop quickly when direct pressure is applied.

Although it is a very rare occurrence, you should be aware of the actions to take if profuse bleeding occurs from a fistula or graft site unexpectedly between dialysis sessions.

This is a medical emergency.

- Seek help urgently from anyone who is around. The blood flow can be fast and make you feel faint so do not delay in alerting others.
- Dial 999 and report “excessive bleeding from a dialysis fistula/graft.”

Patient Information

- Apply firm pressure over the bleeding site, use gauze and two fingers or alternatively when available use a bottle top or similar. It can help localise pressure over the bleeding site.
- Do not use too large a dressing. For example, a towel may stop you applying enough pressure on the right place.
- If the bleeding is not controlled by you pressing on it then lie down and ask someone to help by supporting your arm over your head. Check you are pressing in the right place.
- Stay calm; bleeding can usually be stopped with enough pressure in the right place. It may take more pressure than usual if the bleeding is not easily controlled.
- If bleeding stops before help arrives it is important that your fistula is still checked urgently as bleeding should not happen between dialysis sessions. You should attend hospital so your fistula can be checked by a fistula surgeon. Also tell your nurse about what happened.

Please be aware this is a rare occurrence, but it is important that you and your family know how to act should it occur. Being aware of signs of complications and reporting these promptly should ensure you do not experience a bleeding emergency.

Contact us:

Access nurses on 02476 96 8307 Monday to Friday 8am-16.00

Ward 50 at UHCW on 02476 96 8257 or 02476 28258

General advice and consent

Most of your questions may have been answered by this leaflet but remember that this is only the starting point for discussion with your healthcare team.

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision you need to have the information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you do not understand or if you want more information.

Patient Information

The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as benefits.

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact us on 024 7696 8262 and we will do our best to meet your needs.

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