

Renal

Complications of Haemodialysis

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This information tells you about the more common complications of dialysis. Dialysis is life support treatment, and although the treatment is much better than it was even a few years ago, there can be problems.

This information will tell you about these complications, how to spot them at an early stage and what can be done to avoid them.

This leaflet does not deal with any other problems you may get as a result of other medical conditions that you may have, for example diabetes.

All complications can be reduced by simple general measures:

- eat well, but keep to your diet;
- do not take too much fluid;
- take your medication regularly;
- do not delay reporting any problems to the Renal Unit.

Problems with lines (Vascular Catheters)

Sometimes we have to use lines (vascular catheters) for haemodialysis, which are inserted in the neck, under the collar bone or in the thigh. These lines may work well for some time, but nearly always give problems in the end. The best way to avoid lines is to have a fistula for dialysis.

Blockage

Lines can block up, although some patients block their lines more often and some never do. If your line blocks, it may be possible to unblock it with 'clot busting' medicines, or to replace it with a new one.



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If a line becomes blocked you may need to be on aspirin or Warfarin to thin the blood and reduce the chances of further blockage.

Infection

Keeping a clean dressing over the line reduces the chances of infection. Infection on the line can be either pus (a dirty discharge on the dressing) around the entry point of the line, or blood poisoning with fever and shivers on dialysis.

An infection is usually treated completely with antibiotics, although sometimes the line has to be removed as well.

Problems with under dialysis

Dialysis does not replace your kidney function 100% - in fact only by about 20%. If you are not getting quite enough dialysis, you may feel sick, or lose your appetite, or have severe itching, or your body will be slowly damaged by chemical build up. It is advised that dialysis is given for 12 hours per week – this is 4 hours dialysis on 3 dialysis sessions.

Blood tests to calculate the 'URR' or the 'KT/V' are performed on the dialysis unit to try and detect under dialysis before any problems arise. If this is low, the dialysis should be improved. It may be possible to do this by getting better blood flows through the machine, making a fistula better or increasing the time of each dialysis session.

Feeling washed out after a dialysis session

Some people feel better immediately after dialysis sessions, but others feel awful and washed out, perhaps having to lie down when they get home. Dialysis removes a lot of chemicals from the body, and this can make you feel ill after dialysis. However, in some cases switching to a different dialyser can help. Also, if you drink too much fluid, dialysis will feel stressful because a lot of fluid is being removed on dialysis.

Problems with your fistula

A fistula in your arm is the best form of access for haemodialysis, and a good fistula can last for 20 years. Of course there are complications:-

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Accidental damage

Don't let anyone take blood from your fistula arm, or put drips into it. Don't let your blood pressure be taken on your fistula arm. If you think your fistula may be at risk from damage at work or in any sport you do, it may be possible to fit a fistula guard.

Pain on Needling

Clearly it can hurt when the needles are inserted for dialysis. Pain should get much less with regular usage.

Blockage and narrowing

There are usually warning signs before blockage, such as difficulty needling, poor flows or extended post dialysis bleeding when the needles have been removed. If this happens the veins should be checked for narrowing's, this will involve a scan of your fistula.

If there is a narrowing in your fistula this can be treated by attending radiology and having a 'fistuloplasty' procedure. A fistuloplasty is when a plastic tube (catheter) is inserted into your fistula and a small balloon is inflated at the end of the plastic tube (catheter) to stretch open the narrowing allowing blood flow to increase through the fistula.

If the narrowing is not treated this can lead to the fistula becoming blocked or clotted. If your fistula does become blocked it can usually be unblocked (salvaged) in either radiology department or in theatre. Occasionally the fistula cannot be unblocked and you will require a new fistula.

Bleeding and 'Blowing'

The fistula can bleed under the skin next to the needle site - if a large bruise forms it is called a "blow". Some bruising is usual the first few times a fistula is needled, but settles down with use. Keeping your arm still during dialysis, watching the needles and supporting the blood lines if you have to adjust position, will help to reduce the chances of blows.

Lumps and swelling on the fistula

A fistula can develop swellings along its length after years of use. If the tissue on these swellings becomes too thin, that part of the fistula may have to be left alone. This can be prevented by using needling sites up and down the fistula. If you needle at the same place every time, it damages the fistula in the long term.

Patient Information

Anxiety about needles

Having haemodialysis three times a week is not easy! It is usual to have periods of being quite fed up with treatment, and it is also common to become very anxious about having your fistula needled. If this happens, don't think you are weak or are the only one to have this problem. Talk to the staff as there are many ways to help.

General Advice and Consent

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

Before any doctor, nurse or therapist examines you, they must seek your consent or permission. In order to make a decision you will need to have the information from health professionals about the treatment or investigation which is being offered to you. You should ask them more questions if you require further information.

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

Further Information

If you need any further information please contact the Renal Dialysis Unit on 024 7696 7777.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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