

Renal Services

Preservation of veins

Patients with stage 4 or 5 chronic kidney disease (CKD) must make sure they protect their veins.

Patients who need renal replacement therapy and those undergoing renal replacement therapy do so with:

- haemodialysis,
- peritoneal dialysis, or
- renal transplantation

Your forearm and upper arm veins should be preserved for access and future surgery while undergoing renal replacement therapy. 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. These veins are used to create a fistula or graft.

If you choose haemodialysis as a treatment, you will need 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). They can cause central vein narrowing (stenosis). This 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?

Creating a successful fistula or graft depends 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 on back of the hands. If this is too difficult, then the elbow vein of your dominant arm will be used.

The surgeons will aim to make your fistula or graft in your less dominant arm. 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. You are assessed by a surgeon and renal consultant for your choice of treatment.

When you attend for a blood test, please ask the staff member taking your blood to use the back of your hand if possible. The renal nurse specialists and consultants may also stamp blood forms to tell 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, and 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:

Floramae Ibarreta, Renal Vascular Access Clinical Nurse Specialist
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.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Renal
Contact:	28307
Updated:	June 2023
Review:	June 2025
Version:	2
Reference:	HIC/LFT/2111/16