



Gloucestershire Hospitals
NHS Foundation Trust

How to look after your dialysis access

Introduction

This leaflet gives you the information you need to help you care for your AV Fistula or AV Graft after you have been discharged from hospital.

Your wound has been closed with (tick as appropriate):

- ☐ Stitches that dissolve
- ☐ Steri-strips to the skin
- ☐ Stitches that need to be taken out

If you have stitches that need to be taken out after you go home, an appointment will be made with the access nurse at Gloucestershire Royal Hospital who will take them out and check your wound.

If you are having dialysis, staff at your renal unit will change your dressings and take out any stitches.

- We have arranged for the access nurse to visit you when you are attending the dialysis unit on:
-

- An appointment has been made for you with the access nurse at Ward 7b, Gloucestershire Royal Hospital or medical outpatients on:
-

Looking after your wound

Your nurse will check your wound dressing before you are discharged from hospital. If you stay in overnight, your dressing may be changed before you go home if there has been any leakage.

You will be given a spare dressing to take home, and shown how to put it on, in case the one you have over your wound peels off.

We advise you to keep the wound dry and covered for the first 4 days. It is best if the dressing from theatre is left undisturbed for the first 4 days after your operation.

Try to keep the wound covered until the stiches or staples have been taken out.

If there is some bleeding through the dressing during the first 24 hours after surgery, a pad of sterile gauze should be stuck on top of the dressing you are wearing.

If there is a lot of bleeding, please contact the hospital (where you were treated) for advice. The contact numbers are at the end of this leaflet.

Infection

Signs of infection in the wound may be:

- Redness and swelling around the wound area
- A cloudy coloured leakage (discharge) from the wound
- A smelly leakage from the wound
- You feel generally unwell
- Increased pain in and around the wound area

Contact the Renal Unit as soon as possible if you think you may have an infection, as you could need antibiotic treatment.

Pain

You may have some pain or discomfort from the wound area for a few days. Paracetamol is safe to take in renal failure as long as you follow the instructions on the packet.

If you are allergic to paracetamol, or have been advised not to take it, please find out which pain relief is safe for you to take from your doctor before being discharged. Your GP would also be able to advise you on pain relief medication.

Bruising

It is normal to have some bruising for up to 2 weeks after the operation.

Circulation problems

Your hand or fingers of the arm with the fistula can feel cool, this is quite normal. The coolness is due to the fistula diverting arterial blood away from the hand and into the vein. Sometimes too much blood is moved away from the hand, so if your hand becomes very cold or numb, it is important that you contact Ward 7b or the renal specialist nurse for advice.

Unusual sensation

Some patients find they have unusual sensations, such as numbness or tingling, often over the thumb if the fistula is at the wrist. This usually wears off after a couple of weeks, although it can last longer in some patients. If you are worried, contact your GP, Ward 7b or the renal specialist nurse for advice.

Swelling

Your arm and hand may become swollen after the operation, especially following a graft.

A graft is a biosynthetic tube which is used when it is not possible to create an AV Fistula from a vein and artery. It is possible to use this type of access 2 weeks after surgery.

If your arm is swollen after the surgery, we advise you to rest your arm on a cushion or pillow when sitting down. If you raise your hand to shoulder height some of the time it may reduce some of the swelling. Try to wiggle your fingers from time to time to reduce swelling and prevent stiffness. If the swelling becomes worse and you are worried, contact Ward 7b or the renal specialist nurse for advice.

Bleeding

Blood loss from a fistula or graft can usually be controlled by applying pressure to the site. Avoid using large absorbent dressings and/or towels as this will reduce the pressure applied and its effectiveness to control the bleeding.

If a bleed from your fistula or graft cannot be stopped with direct pressure over the affected area, locate your bottle top and apply with the hollow side facing your skin, maintaining pressure.

By applying the bottle top to the bleed in this way you will have sealed the bleeding area. This will encourage the blood to clot more quickly.

If no blood is seen coming out from underneath the bottle top, it is safe to assume that the bleeding is controlled. If possible, secure the bottle top firmly with a bandage.

You must then contact Ward 7b or NHS 111 informing them that you have uncontrolled bleeding from your dialysis fistula or graft.

Put a lid on it!

How to use your bottle top keyring in the event of a life-threatening bleed from your fistula or graft

Recognise!



Is your fistula bleeding?

Are you unable to stop the bleed?

Locate your bottle top keyring

Act!



Apply hollow side over bleeding site

Maintain pressure

Secure firmly with a bandage

Get help!



DIAL 999

Tell the emergency services you have uncontrolled bleeding from your dialysis fistula/graft

How will I know if my fistula is working?

A successful fistula has a fast flow of blood from the artery into the vein. This can be heard through a stethoscope as a 'whooshing' noise or felt as a 'buzzing' sensation. The nurse will check your fistula after the operation to see if it is working. You will be shown how to do this.

When your fistula is new, check it at least twice daily. After a few weeks it should be checked at least once a day. It can take 3 months or more until the fistula is ready to use for dialysis treatment.

If you cannot hear or feel the blood flow, or it seems weaker, please contact Ward 7b or your specialist nurse for advice.

Care of your fistula or graft

- Keep your fistula or graft limb warm
- Do not let anyone take blood, put in a drip, insert a needle or take your blood pressure on your fistula or graft arm
- Do not wear tight clothing, a wristwatch or tight jewellery on your limb as this could limit the blood flow and damage your fistula or graft
- Do not pick scabs on your access arm or leg as this could cause infection
- Do not have a tattoo on your access arm or leg
- Try not to sleep on your access arm

Follow up

- You will be given a follow up appointment at Gloucestershire Royal Hospital with a renal nurse to assess the wound. The appointment will be made for 5 to 7 days following your operation.
- The renal team will check the progress of your fistula over the next 8 to 12 weeks. If you are having dialysis already, your dialysis nurse will also check the progress of your fistula and will tell you when it is ready to use.
- If you are not yet on dialysis, you will be reviewed by the surgeon 6 to 8 weeks after your operation. Arrangements will be made for you to be seen as an outpatient at the hospital.

Exercises to help your fistula to develop

Over the next 6 to 12 weeks the fistula vein needs to stretch in diameter (width) so that it is large enough to take dialysis needles. During the dialysis treatment the dialysis machine will take out and put back large volumes of fluid. For this to be successful the fistula vein needs to develop a strong thrill or buzzing sensation, sometimes exercising the arm can help.

If you have a fistula, there are some simple exercises you can do that may help it develop. The renal specialist or dialysis nurse will explain these to you and tell you when you should start them. This is usually when the operation wound has fully healed, normally after 2 weeks.

The exercises are simple and can be done sitting down.

- Hold a soft ball, a sponge or a rolled up pair of socks in your hand. Squeeze the object 10 times then relax. Repeat this 4 or 5 times every day, if you can.

This exercise should not be tiring, but if you have any concerns, please consult a doctor or nurse before starting them.

If you have a graft, there is no need to do these exercises.

Contact information

If you any questions or concerns and you are already on dialysis, please contact the haemodialysis unit you are attending:

Cotswold Renal Haemodialysis Unit

Tel: 0300 422 6848

Tel: 0300 422 6639

Monday to Saturday, 7:00am to 11:00pm

Severn Renal Satellite Unit

Tel: 0300 422 6077

Monday to Saturday, 7:00am to 11:00pm

Forest Renal Satellite Unit

Tel: 0300 422 8762

Monday, Wednesday and Friday, 7:00am to 7:00pm

If you are not yet on dialysis please contact:

Ward 7b, Gloucestershire Royal Hospital

Tel: 0300 422 6768 (open 24 hours a day)

If you need to contact Cheltenham General Hospital:

Tel: 0300 422 2222

When prompted, ask for the ward you were discharged from (open 24 hours a day)

If you require further information, please contact:

Renal Access Nurse

Gloucestershire Royal Hospital

Tel: 0300 422 6270

Monday to Friday, 8:00 to 3:00pm

Teaching and training

Gloucestershire Hospitals NHS Foundation Trust is involved in the teaching or training of medical staff who may be in attendance at some patient consultations.

However, there is an 'opt out' option for any patient who would rather see a doctor without training medical staff in attendance.

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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