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Secondary ArterioVenous Fistulas

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Disclosures

- Senior Clinical Research Manager, DaVita Clinical Research
- No other Financial disclosures

Fistula First Change Concept 6

Evaluate Every AV Graft Patient for Possible Secondary AVF:

*Nephrologists should evaluate every **arteriovenous (AV) graft patient** for possible placement of a **secondary AV fistula**, including vessel mapping as indicated, and **document the Access plan in the patient's record.***

*(Potential) AV fistula evaluation of AV graft patients should include an **updated vascular access history, physical exam with tourniquet, and vessel mapping** if suitable vessels are not identified on physical exam.*

*A **secondary AV fistula plan should be documented in the chart and discussed with the patient, family, staff, nephrologists and surgeon** in anticipation of AV fistula construction on the earliest evidence of graft failure.*

Fistula First Change Concept 6

Evaluate Every AV Graft Patient for Possible Secondary AVF:

Sleeves UP for Patients with Forearm AV Access

Fistula First Change Concept 6

Evaluate Every AV Graft Patient for Possible Secondary AVF:

"SLEEVES UP" Protocol for conversion of forearm A-V graft to upper arm A-V fistula

1) Monthly examination of the AV graft extremity to the shoulder, by rolling up sleeves or removing shirt

2) Once upper arm is exposed to the shoulder, apply light compression just below the shoulder to see if the outflow vein of the forearm graft appears suitable for immediate use as an AVF. If this appears to be the case, the vein may be evaluated by:

-Referring patient for fistulogram (or Doppler study) to confirm that the outflow vein and draining system back to the heart is normal.

*-If fistulogram is normal, the vein may be "tested" by cannulating the outflow vein, with the **venous needle only** for 2 consecutive dialysis sessions.*

*-if both cannulation sessions are uneventful, the plan for surgical conversion from graft to upper arm fistula is **discussed with patient, staff, nephrologists and surgeon—and documented in chart.***

*3) If "sleeves up" evaluation does not identify a vein as being clearly suitable for conversion to an AVF. Referral for Fistulogram or Doppler Ultrasound study should be ordered at the **first signs of AV graft failure.***