

Self-needling for patients with Fistulas and Grafts



**NATIONAL
RENAL CARE**



Why self-needling?

- It is less stressful for the patient
- Less likely to promote fear and anxiety
- Gives the patient a greater feeling of control
- Inspires confidence
- Access may last longer – a patient knows their own body and fistulas/grafts
- Less pain
- Good option for independent patients
- Promotes self care and encourage patients to take control of their treatment and illness

If you decide you want to needle your own fistula/graft; what's next?

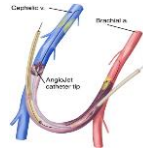
- The staff in the unit will assess if you are able to needle your own fistula/graft
- They will train you to assess your fistula/graft
- They will teach you how to wash your hands
- They will teach you what method of needling will be best suited to your needs and your fistula/graft
- They will train you on how to put in the needles until you re ready to do it on your own

Types of access for self- needling

AV Graft

Pro's

- Moderately low infection rate
 - Can be used in 3-4 weeks after creation
 - Low initial failure rate
 - Can be declotted
 - Initially easier cannulation and monitoring
- Con's**
- More traumatic surgery with more swelling and pain
 - Average life span 18 months to 2 years



AV Fistula

Pro's

- Fewer complications
- Lower infection rates
- Fewer incidents of clotting
- Fewer hospitalisations and procedures for vascular access complications
- Last longer with fewer complications
- Literature shows that an AVF is successful 75% of the time
- Patients have nothing artificial or synthetic – the AVF is the patient's own artery and vein

Con's

- There are no guarantees in life, some complications may occur
- Steel Syndrome – pins and needles in fingers and cold/blue fingers
- Stenosis – veins narrows affecting good blood flow which may require vascular intervention to correct

Who is the best patient to needle their own fistula/graft?

- The patient who is interested and willing to learn how to needle their own fistula/graft
- A patient with a problem free fistula/graft
- Patient must have full use of both hands
- Patient must have good sight and hearing
- Patient must be able to learn the procedure
- Patient must be willing to do this independently without assistance from staff once trained, unless complications occur
- Patient must be drug and alcohol free to prevent drowsiness

Methods for self-needling

Rope Ladder Method

- The needle placement site is rotated with each dialysis session
- Changing the site with each dialysis session the previous needling site gets time to heal
- It is the most common method used to connect patients with fistulas/grafts to the dialysis machine via their needles

Buttonhole/Constant site Method

- The needles are place in the exact same spot with each dialysis session
- The person who started needling the fistula/graft must continue until the tunnel has developed
- Sharp needles are used until the tunnel has formed, blunt needles are used after that
- A scab will form at the needle site, this must be removed with each dialysis session to lower the risk of infection

PATIENT TUTORIAL