

Dialysis: Your Vascular Access

Hemodialysis is a treatment that removes waste from your blood when your kidneys can no longer do the job.

Before you can start this type of dialysis, your doctor will need to create a place where the blood can flow in and out of your body during your dialysis sessions.

This site is called the vascular access.

There are two kinds of accesses: fistula and graft.

Both connect an artery to a vein.

For a fistula, the doctor connects an artery directly to a vein.

For a graft, the doctor implants a tiny tube to connect an artery to the vein.

A fistula tends to be stronger.

It lasts longer and is less likely to get infected.

A fistula must be done several months ahead of dialysis.

The fistula needs time to heal and get strong.

That's because the access needs to have a steady blood flow and be sturdy enough to be used a lot, usually 3 times every week.

A graft works for people whose veins are too small or who need to start dialysis sooner.

You probably won't need to stay overnight at a hospital when you get a graft or a fistula.

The procedure is the same for both kinds of accesses.

Here's how it's done.

You'll get medicine to help you relax and to numb an area on the arm that you use the least.

For example, if you're right-handed, the fistula or graft will usually be put in your left arm.

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The doctor will make a cut on your arm.

And then the doctor will either implant the graft tube or make the fistula that will connect an artery to a vein.

After the procedure, you'll need someone to take you home.

And you will probably need to take 1 or 2 days off from work.

Now, getting a vascular access for dialysis can feel a little scary.

It's the beginning of a new way of living.

But it can help to know what to expect.

And you can always call your care team if you have questions.