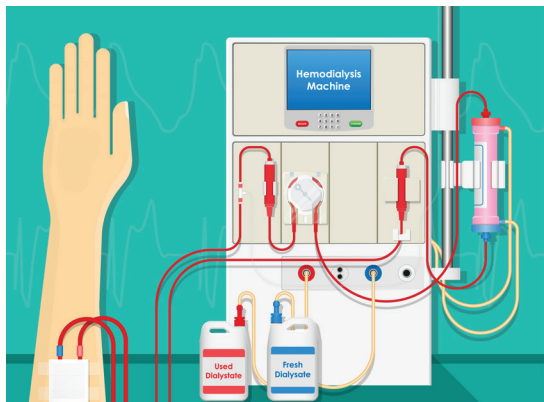


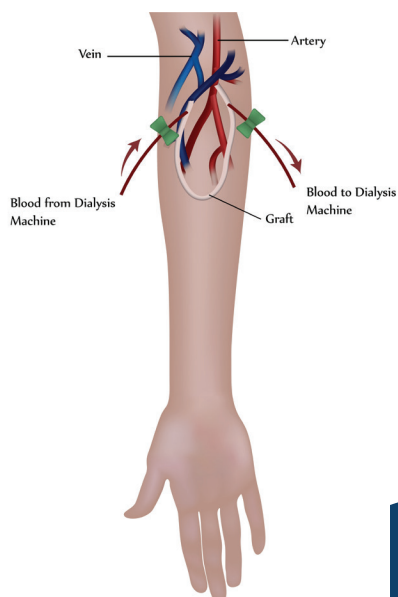
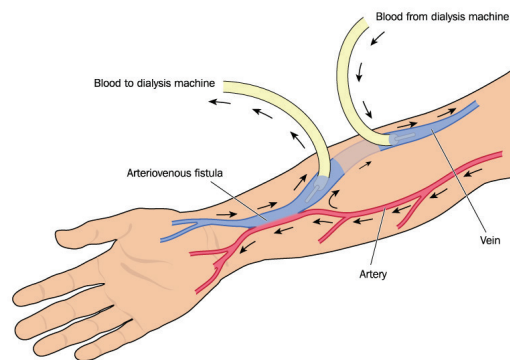
Hemodialysis Access Options



In order to successfully receive dialysis, you must have a dialysis access. There are a variety of access options, and all accesses help your blood get to the dialysis machine to be cleaned and then back into your body. For the vast majority of patients, a fistula is the best access option as it lasts the longest and has the lowest risk of infection and clotting. However, the access that is best for you will depend on timing, age and your healthcare provider input.

Fistula

- A fistula is the preferred choice of access for hemodialysis. A fistula normally lasts the longest (many years) and has the lowest risk of infection and clotting.
- Minor outpatient surgery is needed to create the fistula. The surgeon will connect a vein to a nearby artery, normally near your wrist or elbow. This will help create a blood vessel that has a high enough volume of blood to successfully complete hemodialysis treatments.
- The fistula surgery will need to be completed months before you start dialysis so the body can have time to heal and for the fistula to “mature.”
- Keeping regular appointments with your nephrologist, if you have late stage CKD, can help you prepare an appropriate timeline for when you need to schedule your fistula surgery.



Graft

A graft is the next best choice for access for hemodialysis. Grafts are used for patients that have veins/arteries that are too small for a fistula.

- A graft has a quicker maturation time than a fistula and is normally ready for dialysis within two weeks.
- Though grafts mature quicker than fistulas, they normally don't last as long and periodically may have to be serviced or replaced.
- Minor surgery is needed to create the graft. A small plastic tube is inserted between your vein and artery and under your skin, which is then accessed for your dialysis treatment.

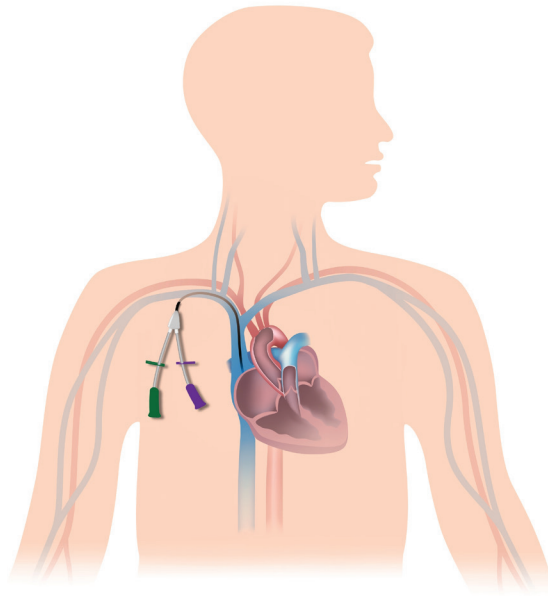


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Hemodialysis Access Options

CVC or Catheter Access

- A catheter is the quickest way to start dialysis and is most frequently used as a temporary emergency access. If you have to start dialysis quickly, you may have catheter access while you go through the process of getting a fistula or graft.
- Catheters are made of two soft plastic tubes that help to remove your blood and then return your blood from the hemodialysis machine.
- A catheter is placed in a large vein. Catheters for dialysis are usually placed in your neck but sometimes are placed in your upper chest.
- Catheters have a higher risk of infection and clotting than fistulas or grafts and one of the reasons why they are only intended for temporary use.



Sources:

- 1) https://www.kidney.org/sites/default/files/11-50-0216_va.pdf
- 2) <https://vascular.org/patient-resources/vascular-treatments/dialysis-acces>

This content is for informational purposes only and is not a substitute for medical advice or treatment. Consult your physician regarding your specific diagnosis, treatment, diet and health questions. If you are experiencing urgent medical conditions, call 9-1-1.



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