Resources for Vascular Access Information

- Understanding Your Hemodialysis Access Options by American Association of Kidney Patients, revised 3/06. For an electronic copy, visit: www.aakp.org/brochures/access-options
- websites:
  - http://esrd.ipro.org
  - www.fistulafirst.org/patients/patients.php
  - www.aakp.org
  - www.kidney.org/patients/

Quiz

1. What is the vascular access of choice?
   a. Fistula
   b. Graft
   c. Catheter

2. What vascular access has a history of lasting many years?
   a. Fistula
   b. Graft
   c. Catheter

3. What access has fewer complications?
   a. Fistula
   b. Graft
   c. Catheter

4. What access type is used for emergencies and should only be used temporarily?
   a. Fistula
   b. Graft
   c. Catheter


Materials adapted from the Southern California Renal Disease Council, Inc. (Network 18) and the Northwest Renal Network (Network 16).
Vascular Access for Hemodialysis

**Locations**

- **Fistula**
  - Forearm
  - Upper Arm
  - Thigh

- **Graft**
  - Forearm
  - Upper Arm
  - Thigh
  - Chest
  - Straight or Loop

- **Catheter**
  - Neck (jugular vein)
  - Groin (femoral vein)
  - Chest (subclavian vein) should be avoided

**Advantages**

- **Fistula**
  - Lasts many years
  - Less chance of infection
  - Higher blood flow rates
  - Fewer complications

- **Graft**
  - Can be used in two weeks after placement
  - Use for when a fistula does not work
  - Use for patients with special health issues

- **Catheter**
  - Can be used in an emergency (must have chest x-ray for placement prior to initial use)
  - Can be used while other access types are maturing

**Disadvantages**

- **Fistula**
  - Takes the longest to mature (develop)
  - May fail to mature, due to other health issues

- **Graft**
  - Clotting
  - Infection
  - Swelling
  - Frequent interventions required
  - May affect blood flow to the hand (Steal Syndrome)

- **Catheter**
  - Clotting
  - Infection
  - Lower blood flow rates
  - Vessel damage
  - Designed for short-term use only