



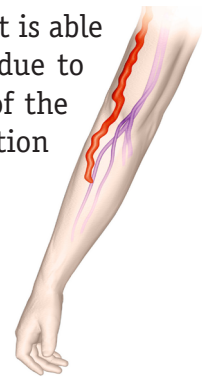
## ***Be Informed About Your Access Options!***

Your dialysis access is your lifeline! There are several things you should be aware of when deciding which access is best for you:

### ***Arteriovenous Fistula***

The arteriovenous fistula or AV fistula is a type of hemodialysis access that involves the connection of a patient's own artery and vein. The connection is done underneath the skin, usually during an outpatient procedure. Once the fistula has been created, it takes time to mature—usually about 6 – 8 weeks; therefore, it is best for a patient to have this access created well before he / she needs their first dialysis treatment. Not every patient is able to have a AV fistula, though. They can be difficult to create in some patients due to other illnesses. It is very important that your vascular surgeon conduct a test of the blood flow in your arms and legs prior to your surgery to determine the best location for your access. The benefits of an AV fistula are:

- ★ Can sustain a higher blood flow—better treatments
- ★ Usually lasts many years
- ★ Access with least chance of infection—fewer hospitalizations
- ★ Considered the “gold standard” of hemodialysis access



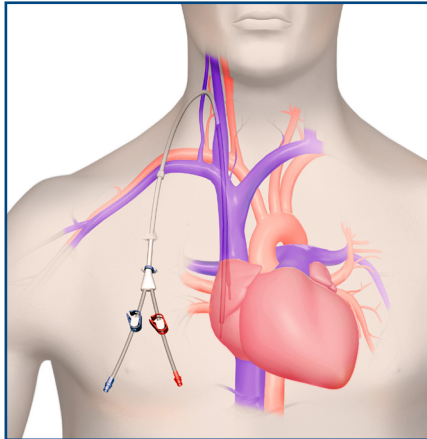
The benefits of AV fistulas are so great that the ESRD Networks and the Centers for Medicare & Medicaid Services (CMS) initiated a breakthrough initiative by the name of “Fistula First.” The goal is to increase AV fistula placement and usage in every eligible patient to 66% nationally, by June 2009. As of June 2007, about 46.8% patients in the United States dialyzed with a fistula.

### ***Arteriovenous Graft***

Grafts are similar to fistulas. Instead of connecting a patient's artery and vein together, the graft is formed by connecting a piece of synthetic tube between the artery and vein. Grafts are usually created when patients have small or weak veins that may not develop into a working fistula. Grafts can be used faster than an AV fistula (usually within 3 – 4 weeks). There is a greater risk of infection with a graft, because the access is created using artificial material. Additionally, they are at high risk for developing narrowing (stenosis) where the graft is sewn to the vein. As a result of the narrowing, clotting or thrombosis often occurs.



## Catheters



***Did you know that the tip of the catheter goes down into the heart?***

A dialysis catheter is made of a flexible, hollow tube that allows blood to flow in and out of the body. The catheter is inserted into one of the large veins located in the neck, chest or groin and runs directly into one of the chambers of the heart. Ideally, this access is in place on a short-term basis, while a permanent access is maturing. Because of where the catheter is placed, there are many serious risks associated with catheter use:

- ★ Serious risk of infection
- ★ Access that clots the most
- ★ Increased hospitalizations
- ★ Difficult to obtain sufficient blood flow for adequate treatment
- ★ Swimming and bathing is not recommended
- ★ Least preferred choice for hemodialysis access
- ★ High rate of death

If you currently have a dialysis catheter in place and don't have plans for a permanent access, ideally a fistula, please speak to your nephrologist or vascular surgeon. Your life depends on it!

For more information about the Fistula First initiative you may visit [www.fistulafirst.org](http://www.fistulafirst.org) or [www.fmqai.com/ESRD/](http://www.fmqai.com/ESRD/). You may also contact FMQAI: The Florida ESRD Network at (813) 383-1530 ext. 5 or (800) 826-3773.

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