

What to expect when having a fistulogram



What is a fistulogram?

A fistulogram is an x-ray to look inside your arteriovenous fistula (AVF) or arteriovenous graft (AVG) or loop by injecting contrast dye into your dialysis access. Contrast dye is a substance used to see your organs and tissues more clearly in your medical images. A fistulogram is done to detect any problems or narrowing of blood vessels in your AVF/AVG. This procedure is done in a Medical Imaging department.

Why do I need to have a fistulogram?

There are several reasons you might need a fistulogram. It may be that:

- the blood has stopped flowing through your dialysis access as it has become blocked or 'clotted'
- the blood flow going through your dialysis access has reduced. Your nurse can test this for you
- you are having problems with your dialysis, for example your machine's alarm keeps going off
- you or your nurse are having problems with placing the needle in your dialysis access.
- you feel unwell and have symptoms or complications because your dialysis access is not working properly.

How do I prepare for my procedure?

- We will ask you to have a blood test up to 3 days before your procedure. If you are not on dialysis, we will send you a request form. If you are on dialysis, your nurse will do this for you.
- Tell your Renal Doctor or dialysis unit nurse if you are:
 - allergic to contrast
 - taking blood thinners such as aspirin, Plavix®, Coumadin® (warfarin). Your nurse will check with your kidney specialist to see if you need to stop your medicine before your procedure.
- Arrange for someone to take you home after the procedure. We recommend you do not drive.
- A nurse from medical imaging will phone you to tell you what time to arrive and when to fast. If you do not receive a phone call, please contact the Dialysis Access Nurse.
- Your dialysis days may need to be changed for the procedure.

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What happens on the day of my procedure?

Before the procedure:

- Your doctor will explain the procedure and ask you if you consent to the procedure. If you agree to have the procedure, we will give you a consent form to sign.
- You will change into a hospital gown.
- We will insert a cannula into your arm so you can be given medicine to help you relax during the procedure.

During the procedure:

- We will take you to the procedure room and ask you to lie on a table. Your dialysis access limb will be placed so that the doctor can easily reach your dialysis access. There will be machines all around you. You will have a monitor connected to you that measures your blood pressure, heart rate and oxygen level.
- The nurses may give you oxygen through a mask on your face, and medicine to help you relax.
- We will cover you with sterile (clean) sheets from your shoulders to your feet.
- Your doctor will clean the skin around your dialysis access. It may feel cold and wet. Your doctor will inject some medicine into your skin to numb the area.
- Once your skin is numb, your doctor will place a tiny tube into your dialysis access. This is known as the puncture site. The tube used is similar to the needle used during dialysis. Your doctor will then inject dye contrast into the tube.
- If your dialysis access has stopped working, your doctor may inject blood thinners into the tube to remove any blockages or clots.
- If a narrowing is found, your doctor will put a thin wire into the catheter, which has a balloon at the end. When the balloon is filled, it will stretch the narrowing. You may feel some pressure when this happens. Tell your nurse or doctor if it is painful when the balloon is filled and we will give you some more pain medicine.

After the procedure:

- After the procedure you will go to the medical imaging day ward or to the Haemodialysis unit if you need dialysis. The tubes in your dialysis access will be removed by nursing staff before you leave hospital.
- If you go to the medical imaging day ward you will stay for about 1 to 2 hours. Your blood pressure and dialysis access will be checked by a nurse.
- When you are ready to go home you will not be able to drive. We recommend you arrange someone to pick you up.

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What should I do when I get home?

- Relax for the rest of the day. You should not do anything strenuous for the rest of that day.
- You may have some pain, mild swelling and bruising at the puncture site. This is normal and should improve in a few days.

When should I seek help?

Call the Dialysis Access Nurse or tell nursing staff at your dialysis unit if:

- any redness or swelling around the puncture site gets worse
- the area around your puncture site feels hot compared to the rest of your limb
- you have pus (a thick yellowish liquid) coming out of your puncture site
- you can't feel the 'thrill' or 'bruit' at your dialysis access or it feels weaker than normal.

Contact Details

Canberra Hospital Dialysis Access Nurse

Business Hours (Monday to Friday, 8am to 4:30pm)

Ph. (02) 5124 4564

After Hours

Go to the Emergency Department of your nearest hospital.

Acknowledgement of Country



Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. Canberra Health Services respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. Canberra Health Services also acknowledges and welcomes Aboriginal and/or Torres Strait Islander peoples who are part of the community we serve.



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