

Dialysis and Surgery

When the kidneys fail, dialysis or kidney transplantation is required. Dialysis can be performed using the abdominal cavity (peritoneal dialysis) or by filtering the blood (hemodialysis). Blood filtration can be done via a catheter, or an arterio-venous, (AV), connection (fistula or graft). Catheters can be placed on short notice but are not be used for a long time. An fistula or graft, can last for years, but requires surgery. Your doctor has recommended hemodialysis via a surgically constructed AV fistula or graft.

days after discharge for routine follow-up, and 6 weeks after surgery to check the dialysis site with ultrasound. You should be sure to see the surgeon as scheduled. Failure to do so may cause harm to the graft or fistula. Once the access site is functional, dialysis can begin. Do not allow dialysis until approved by the surgeon.

Surgery

Do not allow anyone to insert a needle into the arm being used for surgery. This includes intravenous catheter insertion, and blood drawing before surgery. Most procedures are performed on an outpatient basis using local anesthetic with discharge to home several hours after the procedure. Occasionally a patient will be in the hospital overnight. Sometimes the procedure will not work due to the size or quality of the patient's veins. While a good fistula can last for years, they never last forever. Maintaining dialysis access is an ongoing process, and patience is required from patient, family, and surgeon.

After Surgery

At home, you may slowly resume normal activities as tolerated. The surgery site will be sore. Plan to have someone help you with meals, house keeping, grocery shopping, etc. for the first three days after discharge. You may remove your dressings and shower/wash on the fifth day after surgery, unless other instructions have been provided. You will see the surgeon 10 to 14

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