Kidney Stories

Access - Fistula & Catheter
Aboriginal and Torres Strait Islander people are advised that this resource contains illustrations that may have a resemblance to deceased people.

Other resources in the Kidney Stories series are:

- The Chronic Kidney Disease Book
- The Work Of Your Kidneys & When Your Kidneys Get Sick
- Living with Kidney Disease
- Diet and Kidney Disease
- Treatment Options - Haemodialysis
- Treatment Options - Peritoneal Dialysis
- Making a Plan & Palliative Care
- Transplant Books 1 - 4

Enquiries > Gillian Gorham, Senior Nurse Renal Advisor
Department of Health and Families, gillian.gorham@nt.gov.au  08 89992405
Access

Access is a term used for the creation of a fistula or insertion of a catheter that is the connection between you and dialysis.

A fistula is for haemodialysis.

A catheter is for peritoneal dialysis.
To get a fistula you will need to attend an access clinic at the hospital to meet the surgeon that makes the fistula.

The doctor will work out which is the best place to put your fistula.

They may stop some of your medicine until you have had your fistula made.
Access - Fistula

On the day the fistula is made you can have a light breakfast.

You should have a shower and put on clean clothes.

When you get to the hospital you will go to Day Procedure Unit.

They will check your blood pressure and blood sugar levels.
You will have an injection in the arm where your fistula will go. This injection will make your arm go numb so you have no feeling in that arm. Some people have an injection that makes them go to sleep.

The doctor will make a small cut and then join an artery and a vein. They will then put stitches to close the cut and put a dressing over it. You can go home the same day.
Access - Fistula

It will take about 6 - 8 weeks for the fistula to grow big and strong enough to do dialysis.

This fistula will be used for haemodialysis treatment.
Access - Fistula

You must take care of your fistula arm and use your other arm to do these things:

- Taking blood samples.
- Taking blood pressure.
- Wearing a watch or jewelry.
- Carrying heavy things.
You will know that your fistula is working because you will be able to feel it vibrating or buzzing under your skin.

If you can’t feel this buzzing, or if your arm feels painful, numb or looks swollen you should visit your health clinic and ask them to ring the renal nurse.
Access - PD Catheter

To get a catheter for peritoneal dialysis you will need to attend an access clinic at the hospital to meet the surgeon that makes the catheter.
The peritoneal dialysis nurse will give you medicine for your bowels and a special sponge to wash your tummy with.

You will have to take the bowel medicine for 2 days before the operation and wash your tummy the night before the operation with the sponge.
Access - PD Catheter

On the day the catheter is made you can have a light breakfast.

You should have a shower and put on clean clothes.

When you get to the hospital you will go to Day Procedure Unit.

They will check your blood pressure and blood sugar levels.
Access - PD Catheter

On the day of your operation the peritoneal dialysis nurse will visit you before you go to theatre and mark your tummy to show the surgeon the best place for your catheter.

The nurse will be able to explain what will happen in the operation and answer any of your questions. You will go to sleep while you have the operation.
Access - PD Catheter

It is good to have the catheter put in early before you need to start the dialysis.

The catheter is buried under the skin on your abdomen. You can’t see it and it means you don’t have to look after it.

When you need to start dialysis it will be all healed up and you only need a small operation to expose the catheter.
Access - PD Catheter

You should shower every day and put on clean clothes.

Remove the dressing before having a shower.
Make sure the catheter is well taped to your abdomen.

The PD nurses will show you how to take care of your catheter.
Access

If you don't have a fistula or a catheter and you need dialysis then the doctors can make a direct access into a vein near your neck.

This is an emergency procedure and it is much better to be prepared with a fistula or catheter.
You can get both a fistula and a catheter at the same time.
You can be active and keep doing the things you enjoy doing after you get a fistula and catheter.
The Chronic Kidney Disease Book

Project Management
Michael Roseth
michael.roseth@nt.gov.au

Art work
NT Renal Services

Content Development
NT Renal Services

Consultants
Renal patients, NT Palliative Care, PEPA Program, NT Preventable Chronic Disease Program, NT Aboriginal Interpreter Services, NT Aboriginal Services Support Unit, NT Aboriginal Workforce Development, Western Desert Nganampa Walytja Palyantjaku Tjutaka, Congress, Danila Dilba Health Service, Katherine West Health Board

Border art work
From NT Palliative Care Model
Design by Bev Derschow
Painting by Barrapuy Wanambi, Dipililnga Marika, Wayalwanga Marika, Samuel M Assan, Nina Puruntatameri, Karina Napagardi Penhall

NT Renal Services would like to thank all the renal patients and others who donated their time in posing for the photos that were used to make the illustrations in these books.