

Feel like you've been "en route" forever?



Stay on the road to your permanent access.

There are many steps on the road to the placement and use of a permanent access. Sometimes it may seem like it's taking forever. **Don't give up!** While the road to your access may be a long one, there are more reasons to keep moving forward than to fall back. Keeping track of your progress can help. Where are you in this plan?

Make an access plan.
Work with your care team to do this. Allow 1 week.
Find the best place for your access.
Have your vessels mapped for the surgeon. Allow 2–3 weeks.
See the surgeon.
He/she will determine whether an arteriovenous graft (AVG) or fistula (AVF) will be best for you. Allow 1–2 weeks to get an appointment with the surgeon and 3–4 weeks for a surgery to be scheduled.
Have the surgery.
This is when your fistula will be made or a graft placed. Don't forget to tell your dialysis team that you have had your surgery. This is all over in a day!
Wait for access to mature or heal.
If you were given a fistula, you will have to return to the surgeon a couple of times before you can use your new access. It may take your fistula as long as 8–10 weeks to mature. If you had a graft placed, it will probably be healed and ready to use in 3–4 weeks.
Use your new access.
This will be a multi-step process. Your care team will work with you. First they will put one needle into your fistula and your catheter. Next they will move to two small needles. Last, they will use your fistula with needles that are larger. This process will take a few weeks.
Get the old catheter out.
When your care team is sure your fistula or graft is working well, it will be time to get the old catheter out. It may take a couple of weeks for this to be scheduled.
Celebrate your success!
It was a long road, but you made it! Now enjoy the freedom your access gives you. And, take care of your lifeline so it lasts a lifetime!

Check each step off this list as you progress through the process. It will give you a sense of achievement and forward movement. If you need more of a reminder of why you are doing this, look on the flip side of this page to find just a few of the reasons you want a permanent access.



Why Go down the Permanent Access Road?

That's easy. In most instances, 90% of the hemodialysis population, it's the healthiest and most liberating dialysis access available to you.

While using a catheter may seem like the *easiest* option for dialyzing, it is not a healthy long-term or permanent option. A catheter is meant to be a temporary fix. Here are a few reasons why you shouldn't keep a catheter longer than necessary. Catheters:

- Don't allow a large enough blood flow for effective dialysis.
- May develop blood clots that block the flow of blood.
- Are prone to infection.
- Can cause a narrowing of major blood vessels.
- Require special care for bathing and prevent swimming.

Check out the pros and cons (below) of having a permanent access inserted. Then, take the first step down the road to a permanent access and meet with your surgeon. He/she will tell you whether you're a better candidate for a graft or a fistula. If you've already started down the road, stay the course. Your care team is there to help you every step of the way!

Arteriovenous Graft (AVG)

Pros—An AVG:

- Is a good alternative for people unable to have a fistula or who have a fistula that failed.
- Is usually ready for use 2–4 weeks after surgery.
- Are easy to use.
- Provides excellent blood flow.
- Allows you to shower and swim without restriction.

Cons—An AVG:

- Lasts only 1–2 years before needing replacement.
- Is more prone to infection than a fistula.
- Is more prone to clotting issues than a fistula.
- May be visible under the skin.

Arteriovenous Fistula (AVF)

Pros—An AVF:

- Can last decades.
- Provides excellent blood flow. It directly connects an artery and a vein, increasing blood flow and thereby effectiveness of dialysis.
- Is not prone to infection.
- Is not prone to developing blood clots or blockages.
- Allows you to shower and swim without restriction.
- Is the "gold standard" for hemodialysis access.

Cons—An AVF:

- Requires 1–4 months to mature and is ready for use.
- May be visible under the skin.