

Fistulogram or Fistuloplasty

Information For Patients

This leaflet tells you about the procedures known as a fistulogram or fistuloplasty. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

What is a fistulogram?

A fistulogram is an examination of the blood vessels that make up your fistula. A small needle is placed in your fistula and dye (contrast agent) is injected. This dye provides an image of the blood vessels (these would otherwise be invisible on X-ray) and allows us to see any problems with the fistula. In most cases we perform a fistulogram immediately before performing a fistuloplasty or venoplasty.

What is a fistuloplasty or venoplasty?

The blood vessels that make up a fistula can develop narrowings which can make dialysis less effective or can cause bleeding, arm swelling or other problems. To treat this, a small balloon can be inserted and inflated to stretch up the narrowed area. The balloon is then deflated and removed.

If the narrowing is in the fistula the procedure is called a fistuloplasty. If it is in a central vein (in the chest or pelvis) it is called a venoplasty. Sometimes metal scaffolding called a stent is inserted into the fistula if the results of balloon treatment alone are not satisfactory. Unlike the balloon, the stent stays in the fistula permanently.

Why do I need this procedure?

Your kidney doctor thinks that there is a problem with your dialysis fistula (or graft). Most patients will have had an ultrasound or other test to confirm this problem though in some patients a diagnostic test is not required.

Who will be doing the procedure?

An Interventional radiologist is a doctor with special expertise in using medical imaging techniques to undertake procedures through tiny pinholes in the skin.

Other staff involved are Radiographers, Radiology Nurses, Healthcare Assistant and students

There maybe observers who are health care professionals, but not have an active role. If you do not wish them to be in please inform a member of staff.

Where will the procedure take place?

Your procedure will be carried out in the x-ray department, in a dedicated theatre which is adapted for specialised xray procedures.

How do I prepare for a fistulogram, fistuloplasty or venoplasty?

You will have had a pre-assessment appointment prior to your angiography. This is to ensure your suitability for the procedure, you have the correct instructions regarding any medication you currently take and any necessary blood tests are done prior to your angiography.

On the day of the procedure you may have a light breakfast but nothing after 8am. You may drink clear fluids up to the time of your procedure.

Fistuloplasty is normally performed as a radiology day case procedure; you will be admitted to the Radiology Day Case Unit at Huddersfield Royal Infirmary.

Please do not bring valuables, including large sums of money and jewellery with you to hospital.

You should not drive your car immediately after your procedure and on the day following the procedure, therefore you should arrange for someone to bring you into hospital and collect you.

If you need hospital transport you must contact the Radiology department in good time to allow us to book the transport you require.

Please note that hospital transport will only be provided if there is a medical need.

Please ensure you follow any instructions given to you at your pre-assessment regarding your current medications. Failure to stop medication if instructed to do so could lead to your angiography being postponed.

Please mention if you take any blood thinning medication:

Dabigatran
Apixaban
Rivaroxaban
Edoxaban

You will need to stop taking these 3 days prior to procedure, if you are on warfarin we may need to do a blood test on the day of your procedure.

Please continue to take your normal prescribed medication unless advised not to.

Bring your medications on the day of your procedure.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you **must** tell the radiology staff before the procedure.

What happens during a fistulogram, fistuloplasty or venoplasty?

You will be welcomed by the radiology day case staff.

Maintaining your privacy and dignity is very important to us and we will try to ensure that it is upheld.

A blood test may need to be done, The radiologist will talk to you about the procedure and fill in the consent form with you. If you have any questions or concerns about the procedure, they can be discussed at this time.

You will be asked to change into a hospital gown. A small needle (cannula) may be placed in your non-fistula arm in case you need an injection of a painkiller or light sedative.

The team will give you a rough idea for timings

You can walk the short distance to theatre but will come back on a trolley for recovery

The team will help you get onto the xray table and put into position

The skin over the fistula will be cleaned. Local anaesthetic will be injected to numb the skin. A fine plastic tube will then be placed in the fistula and xray dye injected. You may be asked to hold your breath for a few seconds while images are taken.

Occasionally we will need to place tubes in the groin, the neck or elsewhere. This is done in the same way (with local anaesthetic).

Will it hurt?

Local anaesthetic injections sting a little. When the balloon is inflated you may feel pain. This passes when the balloon is deflated. If you wish we can give you painkilling injections or gas-and-air to breathe during the balloon inflation. This usually controls discomfort well.

You may also experience a warm sensation when the x-ray contrast is injected however this passes off very quickly, usually within seconds.

How long will it take?

The procedure usually takes between 30 and 90 minutes though every patient is different.

What happens afterwards?

Firm pressure is applied to the skin puncture site, just like after a session of dialysis.

You will be taken back to the radiology day case unit where the nurses on the unit will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will usually be able to go home shortly afterwards.

You will be discharged from the unit when you have fully recovered and been assessed as fit for discharge by the Radiologist.

Are there any risks or complications?

Fistulogram and fistuloplasty are common procedures and are carried out daily in most hospitals. They are very safe.

Very occasionally bruising can occur at the site of needle puncture. Less commonly (1 in 100 patients), ongoing bleeding requires an inpatient stay or additional procedures or even surgery to manage it.

There is a small risk of failure of treatment or of damage to the fistula. In very rare circumstances emergency surgery may be required or the fistula may cease to function, in which case alternative dialysis access (usually a dialysis line) is required while a new fistula is made.

Narrowings in fistulae have a tendency to recur and you may need repeated procedures over your lifetime.

Infection is very rare.

When considering these risks, it is important to bear in mind that leaving a narrowing in a fistula or vein untreated would ultimately result in failure of the fistula.

Does this procedure use radiation?

This procedure does use x-rays which involves you receiving a moderate dose of radiation, however, the benefit of an accurate diagnosis or successful treatment far outweighs the risk.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. **Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.**

Relatives and carers will not be permitted to translate for consent for the procedure if patient does not understand.

All patients attending the X-ray department will be asked to confirm their identity by stating their full name, address and date of birth. This is a **legal requirement** and may be carried out several times during your visit.

Any enquiries regarding your procedure please contact:

Radiology Admin Team

Telephone: 01484 355591
9am to 5pm

Radiology Daycase

Telephone: 01484 355781
8am to 5pm

Post procedure information will be given on discharge

Out of hours

Contact GP or Accident and Emergency Department

Other Useful Numbers

If you would like to make a complaint

Patient Advice and Complaints Service PALS 9am - 5pm Monday to Friday

Telephone: 0800 013 0018

Email: patientadvice@cht.nhs.uk

Letter: Patient Advice & Complaints Service, Calderdale & Huddersfield NHS Foundation Trust, Acre Street, Lindley, Huddersfield, HD3 3EA

Further information about Interventional Procedures can be found:

<https://wyaat.wyhpартnership.co.uk/our-priorities/west-yorkshire-vascular-services>

<https://www.bsir.org/patients/>

If you would like this information in large print, Braille, Audio, CD or in another language contact below

If you have any comments about this leaflet or the service you have received you can contact :

Radiology Admin Team
Radiology Department
Huddersfield Royal Infirmary,
Lindley, Huddersfield
HD3 3EA

Telephone No: (01484) 342186

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਮਾਫ਼ੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"

This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) with the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists and edited accordingly by Calderdale & Huddersfield Trust

SMOKEFREE CHFT We are a smoke free Trust. If you need help to quit yorkshiresmokefree.nhs.uk can help