



Dialysis fistula or graft surgery: *General discharge instructions*

You have just had surgery to create an access for your hemodialysis.

This sheet goes over some common questions or concerns you or your family may have about your dialysis access. If you have additional questions, **or if you have problems at home, please call us at the numbers listed in the box.** → →

Call if you have problems or questions:

Regular business hours:

Dialysis access coordinator : 617-632-9817

Evenings, nights, weekends, or holidays:

617-632-9700: Ask for "Transplant coordinator on call"

What to expect

- Some pain and swelling is normal for several days. For the next 1-2 days, keep your arm elevated on pillows whenever possible. Make sure that your arm is above the level of your heart. This will help control swelling and will help ease discomfort.
- Your arm may bruise slightly. You may see some blood oozing through the dressing. This is normal. If blood is soaking the dressing, or if you see thick, yellow drainage on the dressing, please call for advice.
- You will feel a "buzzing" sensation through the bandage. This will increase over the next several days. The buzzing means that the access is working and the blood is flowing through it.
- You should be able to move your hand normally. Your sense of touch in your hand should be normal as well. If you cannot move or feel things in your hand normally, please call for advice.
- The appearance and general feeling of your hand on the access side should be normal. If the hand becomes pale, blue, or turns cold, please call for advice.

Your incision and dressing

- Keep the dressing dry for 2 days. Don't change it during this time. (Remember, a small amount of drainage is OK. You may cover the area with a clean gauze if you wish, but leave the dressing underneath on for 2 days.)
- After 2 days, you may remove the dressing. You may then bathe or shower as usual. Pat the area over the fistula or graft gently with a towel – do not rub.
- In most cases, the wound over the fistula or graft is closed with internal stitches that do not need to be removed. You may see small paper strips (steri-strips) over the wound.

information

These fall off on their own in about 7 to 10 days. (If they fall off sooner, it is OK as long as the wound is not opening.)

- Some redness right around the incision is normal. However, if there is redness or warmth that is increasing or spreading, please call us for advice.
- Call for advice if you notice thick drainage coming from the wound, or if the edges of the wound start to separate.

Medications

- You will be discharged with a prescription for pain medication. Please take as directed. The medicine should ease the discomfort at the site, although you will continue to feel some discomfort over the next few days. If pain at the site is severe, or if it does not get better with medicine, please call for advice.
- The pain medicine may cause constipation. Talk with your own doctor about whether you need to take a stool softener or mild laxative.
- We recommend that you do not take prescription pain medication for longer than 3 days. If you feel you need medicine for longer than 3 days, please call for advice.
- If you were taking blood-thinners such as aspirin or warfarin (Coumadin) before surgery, please talk with your doctor about when to resume this medicine. You should go back to taking any other medicines you were on before surgery.

Activity

- Avoid lifting anything weighing more than 10 pounds for the next 3 days. Ten pounds is about the weight of 2 phone books or a gallon of milk. Lifting may put a strain on the incision before it has had a time to heal.
- Please avoid heavy physical exercise or exertion for 2 weeks.
- You may drive when you are no longer taking prescription pain medicine.
- You may go back to routine daily activities as soon as you like (as long as they don't involve heavy lifting).
- If you have a fistula, please begin fistula exercises one week post-operatively. Fistula exercises will help your fistula enlarge and mature. To perform fistula exercises:
 - ✓ Get a tennis ball, nerf-ball, or other soft ball that you can hold comfortably in your hand.
 - ✓ Place the ball in the hand on the same side as your fistula.
 - ✓ Squeeze the ball 10 to 15 times a minute for 1-2 minutes.
 - ✓ Repeat the exercise 10 to 20 times a day.

Some don'ts

Your access will need some long-term attention to make sure it continues to function well. Please note the following precautions, which you must follow for as long as you have this access:

- Don't let anyone draw blood or put an IV in your access arm. (Ask your doctor or nurse about how to order a bracelet that will alert health care providers that you have a dialysis access.)
- You should not have your blood pressures taken in your access arm.
- Don't wear a tight sleeve, a watch, or other constricting jewelry on your access arm.
- Don't carry a handbag or briefcase on your access arm.
- Try not to sleep on your access arm.

Call for advice if...

Please call us at the numbers listed on the front of this brochure if you notice any of the following:

- Severe numbness, tingling, or pain in your access hand
- You are unable to move your access hand
- Swelling, pain, and redness that gets worse instead of better
- A lot of blood soaking through your dressing
- Thick drainage (pus) coming from your wound
- Chills, or a fever more than 100° F
- Your hand becomes very cold, pale or a bluish color
- You do not feel the buzzing sensation in your access

Follow-up appointment

You should make an appointment to see the surgeon who placed your access in about 2 weeks. Please call: **617-632-9700** to schedule this appointment.

Appointment date and time (about 2 weeks after surgery): _____