Information about having a

Fistuloplasty
What is a Fistuloplasty?
A fistuloplasty is a way of relieving a blockage in the arteriovenous fistula. This allows access for dialysis without having an operation. The blockage is opened up using a special device or ‘balloon’ therefore allowing more blood to flow through the fistula.

Who will do it?
A specially trained doctor called a Radiologist.

Where will it be done?
Usually in a screening room in the x-ray department. It may also be done in an operating theatre.

When can I discuss the procedure?
You can discuss this with your referring doctor at the clinic or in the ward, and also with the Radiologist before the procedure.

Consent
We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complication of the procedure.

What preparation is required before the procedure?
You may or may not be admitted to a ward before the procedure. You cannot eat for 6 hours before the procedure.
but you may drink small amounts of clear fluid up to 2 hours before the procedure.

You will need to undress and wear a hospital gown.

**What happens during the procedure?**

This is a sterile procedure however the technique used may vary but generally you will lie on your back on the x-ray table. We may give you sedatives or painkillers via a needle in your arm. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

We will clean the area around the fistula with antiseptic solution and then inject a local anaesthetic. The radiologist will use the x-ray equipment to guide a fine plastic tube (catheter) into the artery or vein using a needle, guide wire and x-ray dye. As this x-ray dye (which is called contrast medium) passes round your body you may feel a warm sensation which some people find a little unpleasant. This soon passes and should not concern you.

Using x-ray equipment the radiologist will check that the catheter and guide wire are in the correct position - within the blocked fistula. The radiologist inflates the balloon or activates the device. Occasionally you may experience some discomfort, we will give you pain killers to help. The radiologist may need to do this several times to allow the narrowed area to open up sufficiently to improve blood flow.

The radiologist will monitor the progress by injecting x-ray dye, through the catheter to show how much the narrow artery or vein has opened. When the radiologist is satisfied, they will remove the guide wire and balloon catheter or device. We will apply pressure over the puncture site for 10 minutes to prevent any bleeding.
How long will it take?
This can vary for a number of reasons however you can expect to be in the x-ray department for about one and a half hours.

What happens afterwards?
You will return to your ward or remain in the department for further assessment. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse etc). Nursing staff will also monitor the puncture site to make sure there is no bleeding.

Are there any risks?
This is a safe procedure but as with any medical treatment some risks and complication can arise.

A small bruise may develop around the puncture site, however if this becomes unusually large and infected you will require antibiotics.

Very rarely some damage can be caused to the artery by the catheter, balloon or device and this may need surgery, or another radiological procedure.

Sometimes it is not possible to manoeuvre the guide wire through the blockage, and occasionally despite inflating the balloon several times, the narrowing is so severe that it does not open as much as anticipated. The radiologist will advise you during the procedure if this is the case. If the fistuloplasty is unsuccessful an alternative x-ray procedure or surgery may be needed to relieve the blockage.

If you have any questions please telephone the number on your appointment card or letter.