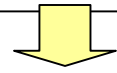


# Fistula Maturation Protocol

## Fistula Creation

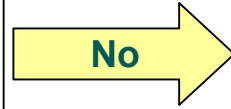
Side: Right Left  
Site/Type: \_\_\_\_\_  
Surgeon: \_\_\_\_\_  
Date: \_\_\_\_\_



## Examine at 4 weeks

Date: \_\_\_\_\_

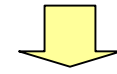
1. Is fistula adequate size for cannulation (>6 mm)?
2. Is fistula superficial (<6 mm deep)
3. Does fistula have a good continuous "thrill" & bruit without excessively pulsatile quality?



**Refer to Interventionalist or Surgeon for evaluation and possible ultrasound examination or fistulogram.**

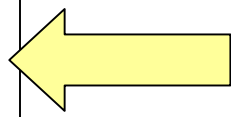
Potential problems include:

1. Inadequate inflow
2. Venous outflow stenosis
3. "Deep" fistula requiring transposition.
4. Accessory veins limiting flow



**Re-examine 4 weeks after intervention, or per recommendations of interventionalist.**

Date: \_\_\_\_\_  
Attempt fistula cannulation

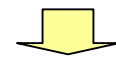


## Attempt Needle Cannulation at 8 weeks

Date: \_\_\_\_\_

1. Begin single 17 gauge cannulation
2. Advance to 16 gauge and then 2 needles as able
3. Measure access flow after successful 2 needle cannulation (if available)

Cannulation Protocol available At [www.fistulafirst.org](http://www.fistulafirst.org)

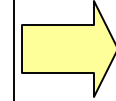


**Two weeks of continuous successful fistula cannulation?**

Date: \_\_\_\_\_



**Refer to Interventionalist or Surgeon for evaluation**



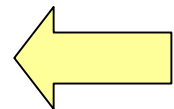
**After evaluation and/or intervention, attempt cannulation protocol.**

If still not successful, patient should be referred back for re-evaluation every four weeks. Log dates here for interventional evaluation.

Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_



**Successful cannulation?**



**Schedule catheter removal**

Protocol Developed by Jeffrey Cicone, M.D.  
and the ESRD Network 4 Medical Review Board under contract with CMS, contract number: HHSM-500-2006-NW004C