

Evaluate Every AV Graft Patient for Possible Secondary AVF: Change Concept 6

- *Nephrologists should evaluate every arteriovenous (AV) graft patient for possible placement of a secondary AV fistula, including mapping as indicated, and document the plan in the patient's record.*
- *AV fistula evaluation of graft patients should include an updated vascular access history, physical exam with tourniquet, and vessel mapping if suitable vessels are not identified on physical exam.*
- *A secondary AV fistula plan should be documented in the chart and discussed with the patient, family, staff, nephrologists and surgeon in anticipation of AV fistula construction on the earliest evidence of graft failure.*

"SLEEVES UP" Protocol for conversion of forearm A-V graft to upper arm A-V fistula

Once a month, clinic rounds should include an examination of the AV graft extremity to the shoulder, by rolling sleeves up (or removing shirt if necessary).

- 1. After the upper arm is exposed to the shoulder, the hand or a tourniquet is used for light compression just below the shoulder to see if the outflow vein of the forearm graft appears suitable for immediate use as an AVF.*
- 2. If this appears to be the case, (often this is the case if the cephalic vein is the outflow vein), the vein is evaluated by:*
 - *Refer patient for fistulogram (or Doppler study) to confirm that the outflow vein and draining system back to the heart is normal.*
 - *If fistulogram is normal, the vein is "tested" by cannulating the outflow vein, with the **venous needle** only for 2 consecutive dialysis sessions.*
 - *If both cannulation sessions are uneventful, the plan for surgical conversion from graft to upper arm fistula is discussed with patient, staff, nephrologists and surgeon—and documented in chart.*
- 3. If "sleeves up" evaluation does not identify a vein as being clearly suitable for conversion to an AVF.*
 - *Fistulogram or Doppler Ultrasound study should be ordered at the first signs of graft failure.*

"Timing is Everything"

- *Secondary AVF (SAVF) evaluation should be done no later than the first signs of AVG failure by monitoring an surveillance or thrombosis*
- *SAVF surgery should take place no later than following the 2nd intervention for AVG stenosis or thrombosis.*

*****If you would like more information about this topic, visit our website: www.fistulafirst.org***

References

Cannulation of the Arteriovenous Fistula. [Online] (2008) [Accessed 25th April 2008]. Available from World Wide Web: <http://www.fistulafirst.org/pdfs/sleeves_up_03-08.pdf>

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