



Further recommendations:

- The arm with an AVF/AVG must not be used for blood sampling or for administering medications via infusion.
- If hospitalized, inform healthcare staff immediately about the presence of the fistula.
- Avoid measuring blood pressure on the arm with the AVF/AVG.
- Avoid lifting or carrying heavy objects with the AVF/AVG arm.
- Avoid sleeping on the AVF/AVG arm.
- Immediately inform healthcare staff if you notice signs of infection in the AVF/AVG area.
- Avoid wearing tight or constricting sleeves, watches, bracelets, etc., on the fistula arm.
- Protect the fistula arm from trauma and skin injuries.

If you have any questions, please contact the hemodialysis department of LTKH at **+372 651 1461**.

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HOME CARE GUIDE

for Arteriovenous Fistula (AVF) and Arteriovenous Graft (AVG)

Information for Patients



An arteriovenous fistula (AVF) is a connection created from the patient's own blood vessels to enable hemodialysis treatment.

An arteriovenous graft (AVG) is a vascular access in which an artificial blood vessel is also used.

For hemodialysis, the wrist or forearm area of the less frequently used hand is usually preferred as the first choice.

An AVF is a permanent vascular access created surgically by connecting an artery and a vein with the aim of ensuring adequate blood flow, better cannulation, and high-quality blood flow during the procedure.

AVF is the preferred method because it provides sufficient blood flow, is suitable for long-term use, and is associated with a lower risk of complications.

A fistula is considered mature (fully developed) when it is suitable for cannulation with minimal complications and ensures adequate blood flow throughout the hemodialysis procedure.

Maturation usually occurs within 4–6 weeks after AVF creation or 2–4 weeks after the surgical placement of a standard AVG.

Although AVF is the preferred and safer method, complications may still occur. The main complications after cannulation include hematoma, thrombosis, infection, or fistula closure

PROPER CARE OF AN AVF/AVG FISTULA IS ESSENTIAL TO ENSURE SAFE HEMODIALYSIS.

Therefore, it is important to follow these recommendations:

- Keep the skin around the fistula clean.
- Before each dialysis session, wash the arm with the fistula using water and soap, and gently dry the skin with a paper towel.
- To prevent infection, avoid getting the puncture site wet (water, etc.) after the hemodialysis procedure.
- If the puncture site starts bleeding, press directly on the site with your fingers and maintain pressure for 10–15 minutes. Then apply a clean dressing to the site and clean the surrounding skin with water, avoiding getting the dressing wet.
- If the bleeding does not stop, call emergency number 112 immediately and seek help.



Postoperative care (AVF, AVG):

- After the operation, swelling, hematomas, and pain in the arm with the fistula are most common; these usually subside within a week.
- The first wound dressings are performed in the hospital. Upon discharge, the patient is instructed on further wound care at home.
- Ensure that the wound dressing remains clean and dry. If the dressing becomes dirty or wet, replace it with a clean one. Compression dressings must not be used.

