

What to Expect When Having a Fistulogram

Information for patients and families

Read this information to learn about:

- what a fistulogram is
- how to prepare for the procedure
- what you can expect
- who to call if you have any questions



What is a fistulogram?

A fistulogram is a special x-ray procedure. It uses contrast (x-ray dye) to look at the blood flow in your fistula or graft (dialysis access). This procedure can check to see if it is blocked or if there is any narrowing (stenosis).

How do I prepare for my procedure?

- ✓ Get your blood tests done 7 days before your procedure date. The doctor who scheduled your procedure will give you a requisition (an order form) for these blood tests.

Important

If you don't get these blood tests done, the hospital may have to cancel your procedure.

- ✓ Tell your vascular access coordinator if you are taking any anticoagulants (also called blood thinners) such as Aspirin, Plavix, Coumadin (Warfarin). They will check with your kidney specialist to see if you need to stop your medicine and if it's safe for you to stop these medicines before your procedure.

Important

Tell your vascular access coordinator if you are allergic to contrast dye. They will ask your doctor to order medicine for you to take the day before your procedure. They will let you know when to take this medicine.

- ✓ You must have someone take you home after your procedure, **or your procedure will be cancelled**. You can't go home by yourself, even in a taxi or by Wheel-Trans.
- ✓ Bring all of your medicines and a list of all of your medicines with you to your procedure.

The day of your procedure

- **Don't eat or drink anything 6 hours before your procedure.** If you need to take medicine, take it with only a sip of water.
- Bring your Ontario health card (OHIP card).
- Check in at the Medical Imaging Reception Desk **1 hour** before your appointment. We use this time to get you ready for your procedure.

After you check in

- An interventional radiologist (a doctor who specializes in x-ray procedures) explains the procedure and answers your questions.
- The doctor asks you to sign a consent form. Signing this form means you agree to have the procedure.
- We ask you to change into a hospital gown.
- We ask you questions about your health and medicine history.
- We give you an intravenous (IV) in the opposite arm to your fistula or graft. This lets us give you sedatives (medicine to relax you) during your procedure.

What can I expect?

1. We bring you into the procedure room and ask you to lie on a table with machines all around you. We connect you to a monitor that shows your blood pressure, heart rate and oxygen level.
2. The nurses may give you oxygen and medicine to help you relax.
3. We cover you with sterile (clean) drapes from your shoulders to your feet.
4. The doctor places your fistula or graft arm out on a small table and cleans your skin. It may feel cold and wet.
5. The doctor injects some medicine to numb the area they will check on your fistula or graft.
6. Once your skin is numb, your doctor places a tiny catheter (tube) in your fistula or graft. This tube is similar to the needle used during dialysis. The doctor then injects contrast dye into the tube, so they can see what is happening to your fistula or graft on x-rays.
7. If your fistula or graft has stopped working, your doctor may inject blood thinners into the tube.
8. If they find a narrowing, your doctor puts a thin wire with a balloon at the end of it into the tube. When the balloon is inflated, it stretches the narrowing. You may feel some pressure when this happens. Your nurse can give you more pain medicine or sedatives, if you need it.

9. When the procedure is done, your doctor removes the tube. Your doctor or a nurse will press on the puncture site (place where the tube went in) until any bleeding stops. You may get 1 or 2 stitches at the puncture site. In some cases, you go to the recovery area with the tube and stitches, and we remove the tube before you go home.

What can I expect after?

- We take you to the Medical Imaging Day Unit to recover. You stay for about 1 to 2 hours.
- During this time, your nurse checks to see how you are doing. They also check your fistula or graft area for any bleeding.
- When you are ready, you can go home or to the Dialysis Unit. The vascular access coordinator will let you know where to go.
- You must have someone pick you up and take you home or to your dialysis treatment.

What should I do when I get home?

- Relax for the rest of the day.
- You can eat and drink as usual.
- For 24 hours after your procedure:
 - don't drive or use any heavy machines
 - don't make any legal or financial decisions, and don't sign any papers
 - don't drink alcohol to take any medicines that make you drowsy (for example, sedatives or tranquillizers)
 - don't lift anything heavier than a 2 litre pop bottle
- Don't wear tight clothes or jewelry that will press on your wound.
- You can return to your usual activities 24 hours after your procedure.

You may have some pain, mild swelling and bruising at your puncture site. This is normal and should improve in a few days.

You may have stitches at your puncture site. They should be removed at your next dialysis treatment. If you haven't started dialysis yet, call your vascular access coordinator for instructions about your stitches.



What problems should I watch for?

Call your vascular access coordinator or dialysis charge nurse if:

- any redness or swelling around the puncture site gets worse
- the area around your puncture site feels warm
- you have pus (a thick yellowish liquid) comes out of your puncture site
- you can't feel your thrill (pulse at your fistula site) or it feels weak

Who should I call if I have any questions?

If you have any questions, please call your vascular access coordinator at:
Phone: 416 340 4800, extension 3518 or extension 6158

Toronto General Hospital
150 Gerrard Street
Gerrard Street entrance – Ground floor

West Hemodialysis Unit
Phone: 416 340 4072

East Hemodialysis Unit
Phone: 416 340 5707



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