1 Hayden Bridge Springfield, OR 97477 Phone: 5418689880 Fax: 5418689920

*NWSS AV Fistula/Graft Post-Surgery Guide

The following information is intended to guide you through your post-op recovery:

Diet:

• For the first few days after your return home you should eat foods that you <u>easily</u> tolerate normally.

Medications:

- Follow the directions on any new prescriptions that your doctor has given you. You
 will be instructed prior to your discharge about what daily medications you will need
 to take when you return home.
- Pain management is an important part of your post-surgery care. You should expect some discomfort after your surgery. You may be sent home with a prescription for pain medication. It is important to take your pain medicine prior to your pain becoming intense in severity.
- <u>PLEASE NOTE:</u> No pain medication refills will be authorized on the weekends. If a refill is needed, the request must be made before 12:00 on Friday.
- Some side effects from the pain medications include nausea and constipation. If you experience nausea or vomiting related to your pain medications, you should stop the medication and take ibuprofen or acetaminophen for pain management.

Bowel Care:

- To prevent constipation you should drink plenty of fluids and take a stool softener daily.
- If you have not had a bowel movement within 48 hours after your return home, you should increase your fluid intake. You may use a general over-the-counter laxative (e.g. MOM or dulcolax) if necessary. Contact your physician if you have continue to difficulty with BM's or experience nausea or abdominal distention.

Incision Care:

- Showering and wetting the incision is usually permitted after 48 hours from surgery.
- You may remove the gauze dressing over your incision 48 hours after your surgery. Please leave the steri-strips in place for approximately 7-10 days.
- If your clothes irritate the incision or if you have drainage from the incision, you may leave a dry gauze dressing over your incision.
- Please observe your incision daily for signs of infection. These signs would include: increased swelling, redness, drainage or odor. <u>It is normal to have some swelling</u> and bruising around your incision.

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- If you have staples or stitches, they will usually be removed within 2 weeks of your surgery. You will need to make an appointment to have the staples or stitches removed.
- After the staples are removed steri-strips will be placed across the incision. Those strips should remain in place for seven to ten days. The strips will gradually loosen and come off. If they do not come off within two weeks you may remove them yourself.

Fistula Information/Care:

- It is normal to have swelling in the surgical area. To help control this swelling you can elevate your arm on a pillow (although, you should not do this if it causes you increased discomfort in your hand.)
- The fistula or graft can not be used until the MD has given approval. Generally, a graft will be ready to use in 2 weeks, and a fistula will be ready to use in 6-8 weeks.
- It is important that you notify our office if you are <u>having numbness and significant</u> pain in the extremity in which you have just had surgery!!
- You will need to regularly exercise the hand and fingers of the extremity that has been operated on. The appropriate exercises include squeezing a ball in your hand for 2-3 minutes two to three times each hour you are awake.

Please read and follow the dialysis unit's instruction sheet that is attached.

Bathing and Showering:

You may generally start showering 48 hours after your surgery. You may shower with your steri-strips and staples or stitches in place. Do not <u>scrub</u> across your steri-strips or staples. **Do not bathe in a tub for a minimum of 3 weeks after your surgery.** This includes a "hot tub".

Driving:

You may drive when you <u>no longer</u> are taking narcotic pain medications *and* you feel you can quickly respond to situations that will not place others in jeopardy.

Return to Work:

Your doctor should inform you of when you might return to work (usually within 1-2 weeks). Please notify our office if you need a return to work letter to your employer. It may take up to 48 hours for the letter to be completed. Please leave a fax number for your employer so we can fax your release

Follow-up Appointments:

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 You will need to return to the office for a follow-up visit usually within 2 weeks after your surgery. Please make sure you have your appointment scheduled.

Problems to Observe For:

Call the office for the following:

- 1. Fever >101.0
- 2. Poorly controlled pain.
- 3. Nausea or vomiting that continues beyond 24 hours.
- 4. Diarrhea that continues beyond 24 hours.
- 5. Signs of a wound infection or healing complications.
- 6. Chest pain or difficulty breathing

If you have further questions after reading this handout please contact our office.

The office is open from 9:00AM to 5:00PM Monday through Friday.

If you need to contact our office after usual office hours, please call the office phone number and the answering service will contact the on-call MD.

Rev:2/2011

Care of the New Fistula: Copied courtesy Oregon Dialysis Center

In order for dialysis personnel to use the fistula it must dilate or enlarge to a size that will accommodate large bore needles. This is best achieved by the patient exercising the access arm. You, the patient, should start learning how to care for your access immediately after surgery by following the protocol below.

<u>Step 1</u> Keep arm elevated (above your heart) starting immediately after surgery and for the next 1-2 weeks or until the swelling is diminished. Wiggle your fingers and clinch your fist 10 times every hour, while awake, for the first 5-7 days. Also, bend and straighten at the elbow to regain normal range of motion. These exercises are designed to promote circulation in the fingers and aid in draining away the excess fluid accumulation in the immediate area. If numbness is present, sensation will return sooner if the exercises are done as prescribed.

If symptoms of numbness, tingling, weakness, and or coldness persist, without improvement, a return visit to your surgeon is warranted as soon as possible as this can be a sign of a more serious problem.

<u>Step 2</u> On post-op day number 5, you should begin squeezing a rubber ball. The dialysis unit usually can provide one, if not a tennis ball will work. Squeeze the ball 10 times

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every hour and hold the squeezed position for 3-5 seconds each time before releasing grip. This helps the vessel wall to strengthen and thicken so it will seal up quickly and won't leak into the surrounding tissue after the needles are removed. It also dilates or engorges the vessel by trapping blood in it under pressure during the 3-5 second hold phase.

This exercise is crucial in the development, or "maturation", of the fistula and may need to be performed for several months.

<u>Step 3</u> Each day, using your opposite hand, feel over fistula for the "thrill" or vibration that is normally present. Also bring your access arm up to your ear and you may be able to hear the 'bruit' or buzzing-the rushing ocean sound. If either one of these are not present, call the dialysis unit for instructions. This is a sign that your fistula is about to clot or already has and requires medical attention.

Healthcare personnel:

- 1. Avoid blood draws or IV starts in the access arm.
- 2. Avoid blood pressure readings in the access arm.
- 3. Avoid use of tourniquets or other pressure holding devices after needle removal when your fistula is brand new 0-6 weeks. Manual pressure is best, preferably by the patient.

The patient (you) should:

- 1. Avoid wearing tight constrictive clothing over that arm.
- 2. Avoid wearing jewelry that is tight, such as a watch on the access arm.
- 3. Avoid carrying heavy objects.
- 4. Avoid purse straps over the fistula.
- 5. Avoid sleeping on the arm or keeping it bent for extended periods of time.