

Small Veins, Fistula and Needle Phobia People.

Small Veins

Small veins can sometimes make venesection difficult to perform and also at times a painful experience.

Options for small Veins:

- A brisk walk 5 – 10 minutes before the venesection helps to dilate the veins.
- Alternate your arm used for venesection (do not use the same arm all the time)
- Angel Cream (topical Anaesthetic) applied to the area helps to reduce the discomfort from the needle being inserted
- It sometimes helps to use a warm pack on arm before venesection
- Make sure you are well hydrated, drink at least 1-2 litres of water in the hour before your venesection.
- Health practitioners may use two tourniquets – this assists with blood pooling between the two tourniquets and enlarging the veins a little.
- In cases of very difficult venous access, you may consider having an arteriovenous fistula performed by a surgeon.

Needle Phobia People:

- “Emla Cream **and patches**’ applied to the area, this helps to reduce any pain but you must apply this yourself at least 45 – 60 minutes before the venesection. (Emla cream is only recommended if you have good veins and is not a good option for small veins).
- Plus all of the above except AV fistula.
- Take an iPod with your favourite music to listen to and aid as a distraction.
- Consider having your venesections at a private pathology where a doctor is able to insert the needle.

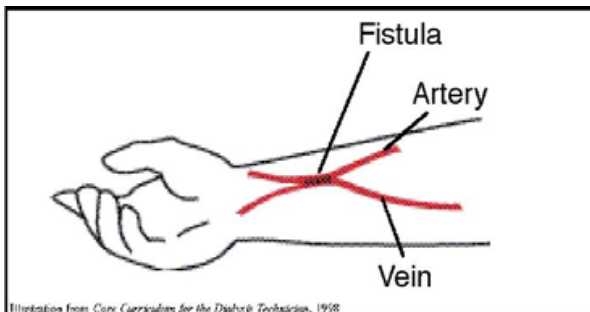
What is an Arteriovenous Fistula?

An arteriovenous Fistula is an abnormal connection of an artery and a vein. A surgeon performs this procedure usually in the lower arm.

Benefits:

- This new connection (fistula) will build a stronger vein with a larger flow of blood. This happens as a result of the increased flow of blood in the vein, which causes the vein to enlarge.
- This will then make access to the vein for venesection easier.

- AV fistulas last longer and need fewer repairs because the person's own vein is used rather than having a long term cannula (needle) inserted.



When is the fistula ready to be used?

A fistula is ready when the vein has grown large enough and strong enough to support the venesection needles. This can take a minimum of between 6 – 8 weeks, but could take longer with some people. Your specialist will tell you when the fistula is ready for venesection.

Improving Fistula Development

You must follow the post operative instructions that your doctor or nurse will give you about the care of your incision immediately post procedure.

Exercising the arm in which the fistula is created can sometimes help the fistula to develop faster. **Check with your doctor before doing this exercise.**

Using a soft ball similar to a stress ball is recommended -

- Place the ball in the hand of the new fistula.
- Squeeze the ball by opening and closing your hand **for five minutes and then rest for five minutes.**
- Continue this cycle for 30 minutes for at least four times a day.

If your arm becomes tired or painful during the exercises, stop and rest your arm.

Keeping your fistula working.

You play an important part in keeping your fistula healthy, because many health professionals may not be trained to care for a fistula.

You should make all health professionals aware of the following –

- Do not perform blood pressure measurements on the fistula arm.
- Do not perform any blood tests from the fistula arm.
- No needles for infusions or drips in the fistula arm.
- Do not wear tight restrictive clothing on the fistula arm.
- Wash your fistula daily with soap and water and pat dry.

- Avoid sleeping on your fistula arm.
- Do not use sharp objects near your fistula eg. Razors.
- Avoid carrying heavy loads or shopping with the fistula arm.
- Do not remove scabs from venesection needle sites as this can start bleeding or introduce infection.
- Avoid becoming dehydrated as this thickens and slows the blood flow and can clot the fistula. (People with restricted fluid intake must adhere to their limit.)

Risks –

Fistula may need to be re done.

Blood clot formation is the most common cause of fistula failure

Infection is the second most common cause of fistula failure.

The fistula may fail at a later stage due to the formation of blood clots or infection around the needle access site. A second fistula may need to be done at another site.

AV Fistula and the Australian Red Cross Blood Service

The Australian Red Cross Blood Service is unable to perform venesections on individuals with AV fistulae. The Blood Service staff are not specifically trained to manage such venesections, nor does the Blood Service have the necessary equipment and systems in place to access the circulation via an AV fistula. Venesection will need to be performed by a specialist or a private pathology provider with the appropriate expertise.

Where can I find out more?

You should talk to the surgeon, your doctor and nurses who are trained in caring for fistulas.