



AVF EXPERIENCE – from the patient’s perspective

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Introduction

Pain during cannulation of AVF is an inevitable sensation of every patient on haemodialysis treatment. Because of the complexity of this phenomenon, pain is the object of many multidisciplinary studies on the nature of pain.

Objectives

To measure intensity of pain during AVF cannulation as precisely as possible. Encouraging conversation about fears and problems which they have related to AVF in order to improve healthcare, provide psychological support to patients and improve the environment for teamwork.

Methods

Patients were pleased to participate in the survey. Questions were designed to provide a real picture of their pain perception during AVF cannulation. By evaluating the pain we made it more visible. In addition to the mere perception during cannulation, we also asked patients whether looking at the AVF bothers them in any way or has an impact on their life quality. In order to obtain the most objective measurement possible, we used Linkert’s scale and pain scale.

Results

The survey included 48 patients, 44.5% female and 55.5% male with an average age of 62 years. The survey did not include patients with CVK. AVF was present in 95.84% of patients, while only 4.16% have AVG. The average age of vascular access is 7 years. Two patients use a local anesthetic.

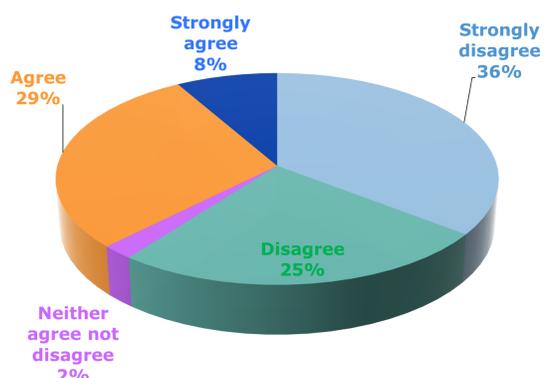
Conclusion

Based on the results, the use of local anesthetic would be desirable for small groups of patients. Moreover, it would be desirable to change the technique of cannulation with constant change of cannulation, in order to reduce the visibility of aneurysms which, as a result, have a bad influence on the self-confidence of patients. Thanks to the survey, good communication and empathy for patient problems we were able to improve cooperation and interpersonal relationship. Any exchange of information in relation to a nurse-patient is one step forward in preventing and reducing complications.

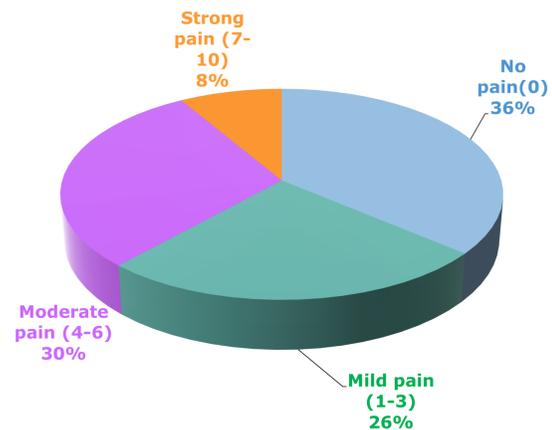
References

1. Crespo R. Influence of bevel position of the needle on puncture pain in haemodialysis. J Eur Dial Transpl-Nurs Assoc 1994; 4:21-23
2. Bali LK.(2005)Improving arteriovenous fistula cannulation skills. Nephrol Nurs J 32(6), 611-617
3. Malovrh, M.Non-invasive evaluation of vessels by duplex sonography prior to construction of arteriovenous fistulas for hemodialysis. Neprol Dial Transplant,1998. 13(1):125-9
4. Verhallen AM, Koistra MP, van Jarsfeld BC.(2007). Cannulating in haemodialysis: rope-ladder or buttonhole technique? Nephrol Dial Transplant 22(9), 2601-2604
5. Ryner HC, Pisoni RL, Gillespie BW. Creation, cannulation and survival of arteriovenous fistulae: data from DOPPS. Kidney Int 2003;63:323.

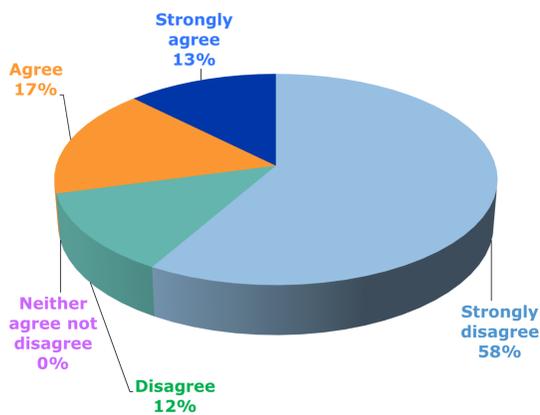
1. AVF cannulation is extremely painful feeling?



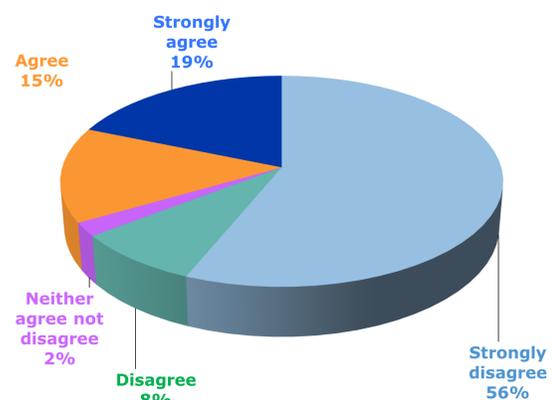
2. How would you rate the extent of pain during cannulation on a scale of 0-10?



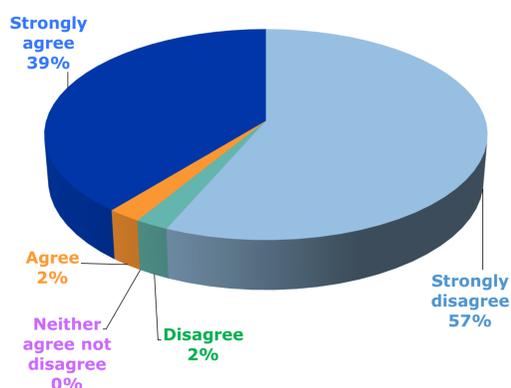
3. Before each cannulation I feel fear and anxiety because of possible complications?



4. It would be much easier for me to use local anesthetics at the clinic?



5. Scars, bruises and visible aneurysm bother me and constantly hiding them under clothing?



6. I had an unpleasant experience of fistula and people who do not know what it is for?

