

# To overcome barriers for self needling.

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- Home Haemodialysis (HHD) is most of the times a self care technique.
- Buttonhole (BH) has been described as the best option for self needling and consequently as the election for HHD.
- Nurses training patients for HHD quite often face difficult situations that could advise not to continue with the training.
- We present three Vascular Access related situations, were nurses had to optimise their training skills in order to continue (and succeed) HHD training.

# First situation/1

- When a patient is a candidate for HHD and self needling, the non dominant arm is the first option to place the AVF, but mostly due to vessels problems, like poor arterial diameter... sometimes the AVF has to be placed in the dominant arm, then the ability to self needling is highly reduced, in our opinion, experience tooth brushing with the arm used for needling is an excellent exercise and after one week, the ability increases dramatically and the patients are able to self needling.

# First situation/2

- We've faced this situation a few times and in all of them, instructing the patient to tooth brushing with the arm used for needling (the non dominant) for at least one week, **the ability to use the non dominant hand increases dramatically and the patients are able to self needling.**



# Second situation

- Patients with severe mobility problems (after some stroke episodes...) **will need specific training program**, like tooth brushing, specific needles fastening, AVF arm tiding to the armchair to avoid involuntary movements, isotonic exercises to strengthen it, **then the patients is able to self needling.**



# Third situation

- Some patients have been diagnosed from **needling phobia**, for these patients is even more difficult than for other to self needling, in these situations HHD training nurses will need to implement a **personalised program**, with longer training sessions. Our advise is **not to give up**, as with professionalism and patience at the end patients are able to self needling.

- Due to **tailored training programmes** and to specific nurse implications, all our HHD patients , (even those labelled as “difficult for self-needing”) were able to self needing and all of them, except two already transplanted, are happy and safe at home.

