

Patient education on arteriovenous fistula

Mehmedović N.¹, Parisotto M.T.²

Fresenius Medical Care BiH, Tuzla, Bosnia and Herzegovina

Introduction

Rope-ladder cannulation technique can minimize complications and increase arteriovenous fistula (AVF) functionality but patients often disregard nursing advice to rotate cannulation sites, mostly because this technique is more painful as compared to others.

One of the most important elements of nursing care is patient education and we can expect an improvement in patient outcomes if they understand the basics of arteriovenous fistula.

Objectives

To implement a systematic patient education programme on AVF to empower them to understand the basics on self-assessment and care of AVF and thus follow advice given by nurses.

Methods

Before full implementation we performed a structured pilot program with three nurses and up to four patients from each clinic. For evaluation purposes we prepared short questionnaires to assess patients' knowledge of AVF before and after education; satisfaction with education and whether they will follow the nurses' advice to rotate cannulation sites.

30 Nurses in 10 clinics participated in the pilot programme with 38 patients. To standardize education for each topic we prepared short summary with key information based on Vascular Access, Cannulation and Care, A Nursing Best Practice Guide for Arteriovenous Fistula. Nurses should provide key information but using own words and simple sentences. After each topic nurses ask questions to evaluate whether the patient has understood the information.

Training was performed on a one-to-one basis over a period of 10-15 minutes per HD treatment whenever suitable for patients and nurses.

Results

Our evaluation showed that the education programme was efficient and confirmed patients understand presented topics. Almost all patients (37 out of 38) accepted advice to allow and assist in implementing rope-ladder cannulation technique. After pilot implementation, all nurses will implement the structured education program on AVF for all patients.

Conclusion/Application to practice

Dialysis patients should have a basic knowledge of their disease and the treatment and should actively participate in treatment process. They are more willing to accept advice, if they have proper information about potential complications and benefits of a specific procedure. Self-assessment of AVF will enable early detection of complications which can in turn influence patient outcomes. Structured education is optimal tool to achieve above mentioned goals.

References

1. Parisotto, MT and Pancirova, J, eds. Vascular Access Cannulation and Care. A Nursing Best Practice Guide for Arteriovenous Fistula 2nd ed.; 2015. ISBN: 978-84-617-0567-2. Available from <http://www.edtnaerca.com/pages/education/publication.php>

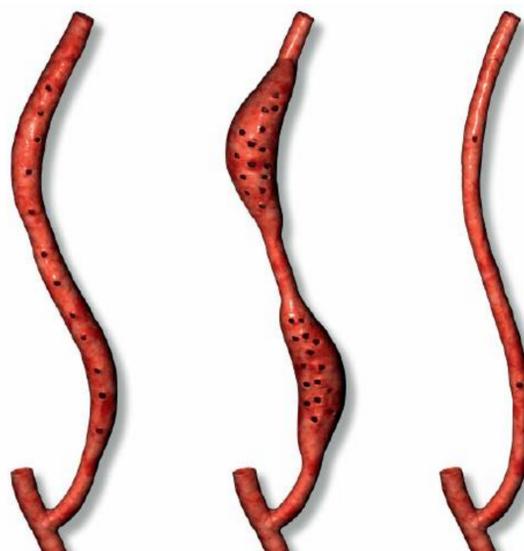


Figure 1: Schematic view of Rope ladder, Area and Buttonhole techniques

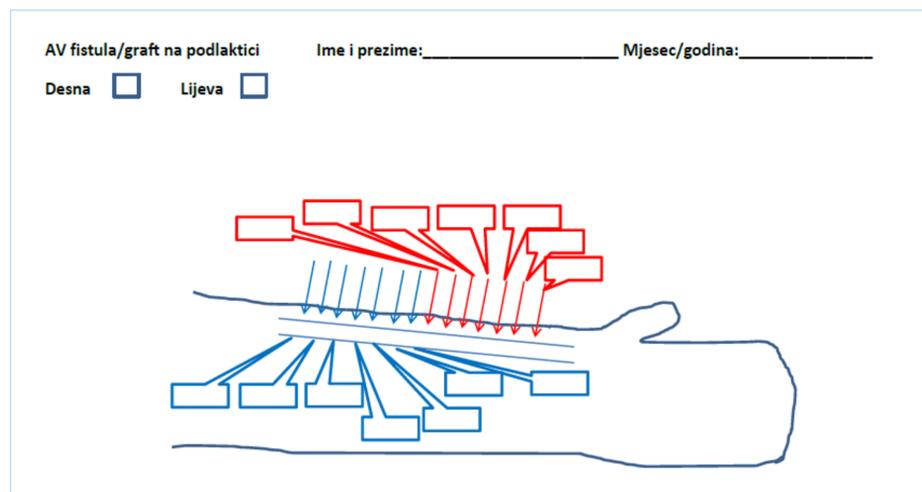


Figure 2: Simple drawing to plan and document cannulation sites