



What is it?

Fistuloplasty is a minimally invasive procedure to restore adequate blood flow in your AV fistula so that you can continue successful haemodialysis.

Who is it for?

Over time, narrowings may occur at any part of your AV fistula circuit, which reduces the flow to/from the haemodialysis machine. Not only does this increase the time required for dialysis, but can also lead to complete blockage of your fistula. A fistuloplasty is used to open up the narrowed segment, thereby restoring normal flow.

How is it done?

This procedure can be done under sedation, or occasionally generally anaesthetic, in an operating room with specialised medical imaging equipment. Your interventional radiologist will do an ultrasound of your fistula and decide where to access the circuit. A small tube will be placed into the fistula and contrast (x-ray dye) injected to outline the anatomy of the circuit. A fine wire will be used to cross the narrowed segment. A balloon catheter will be passed over the wire and the narrowed segment widened by temporary inflation of the balloon. Once flow has been restored, the tubes and wires will be removed and a small stitch placed in the skin to stop any ooze.

What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- bleeding
- infection
- damage to the vessels of the fistula circuit
- clotting of the fistula circuit

Follow up

You will receive a call in the first few days after your procedure from our clinic nurse manager. You will also have an ultrasound scan arranged for about 4-6 weeks after your procedure to ensure that there is no further narrowing of the fistula circuit. Your interventional radiologist may also arrange a follow up appoint in clinic afterwards.



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