



Fistuloplasty / Venoplasty

Information for patients from the Interventional Radiology Team and the Renal Dialysis Access Team

This leaflet explains what will happen when you come in to hospital for a Fistuloplasty / Venoplasty procedure. It explains what is involved and what the possible risks are.

It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about your procedure, please ask the doctor or renal access nurse who has referred you, or the relevant department.

Who has made the decision?

After your recent Fistulogram, a Fistuloplasty has been advised.

Your renal doctor, renal access nurse, and the interventional radiologist will have discussed your care and feel this is the most appropriate next step. However, you will also have the opportunity for your opinion to be considered. If after discussion with your doctors you no longer want the procedure, you can decide against it.

What is a Fistuloplasty / Venoplasty and a stent?

This procedure can be referred to as a Fistuloplasty or a Venoplasty and relates to your fistula or graft vein.

Occasionally the blood vessels that make up a fistula / graft can develop a narrowing, which is diagnosed with a Fistulogram. A balloon called an angioplasty balloon is introduced in to the area of narrowing inside the fistula / graft. This balloon is inflated from outside the body momentarily and then deflated to improve the narrowing. If this is in the fistula/graft it is called a Fistuloplasty.

Very rarely, a special metal tube called a stent is inserted in to the fistula / graft. This is permanent and keeps the narrowing open. Stents are generally only used if the balloon does not improve the narrowing satisfactorily or if there is a complication.

What are the risks of a Fistuloplasty / Venoplasty?

Fistuloplasty / Venoplasty is very safe, but occasionally complications do happen.

- There is a small risk the treatment will fail.
- Sometimes the narrowing in a fistula / graft does not respond well to the Fistuloplasty / Venoplasty and needs a stent.
- The risk of bleeding is slightly higher than a Fistulogram (about three in 100 cases).
- There is a small risk that the treatment may damage or even rupture the fistula/vein. If this

happens the fistula / graft may fail and could not be used for dialysis. A small operation may be needed at the time, but more likely a line would be placed and a new fistula / graft fashioned. When considering this risk it is important to bear in mind that leaving a narrowing in a fistula or vein without treatment is likely to lead to fistula failure.

Do I need to make any special preparations for my procedure?

You will be admitted to Marlowe Ward at Kent and Canterbury Hospital as a day patient. Please see your appointment letter for the date and time.

The procedure is normally performed using local anaesthetic (the area is numbed but you are awake). If sedation or general anaesthetic (you are asleep for the procedure) is planned, you will be given specific instructions in your appointment letter if you need to fast (not eat or drink) before your procedure.

We will ask your dialysis unit to take a clotting blood test the day before your procedure.

If you have any allergies or have previously had a reaction to the dye (contrast agent), please call the renal access team on 01227 864305 at least a week before your procedure. We will need to give you medicine to reduce the risk of an allergic reaction and use a different dye.

Do I need to stop any medication before my procedure?

You should take your normal medication on the day of your procedure. If you take warfarin, you will be given specific instructions in your appointment letter or by your nurse.

How long will it take?

The Fistuloplasty / Venoplasty can take about one hour, but you can expect to be in the ward for at least four hours. Your procedure may be delayed if emergency cases take priority on the day. You will be told if this happens.

Who will I see?

You will be seen by a specially trained team led by an interventional radiologist. They have specialised expertise in reading the images and using imaging to guide catheters and wires to help with your diagnosis and treatment.

Where will my procedure take place?

You will have your procedure in the theatre department, where specialised x-ray equipment has been installed.

Will it hurt?

Normally the local anaesthetic works well, numbing the puncture site (which is little more than the size of a dialysis needle) and discomfort from the balloon inflation is very brief.

Sedation is sometimes recommended by your doctor, or you may ask for this before booking your procedure.

What happens during my procedure?

- You will be asked to get undressed and put on a hospital gown.
- A small needle may be placed in your non-fistula arm, in case you need an injection of a painkiller or light sedative during your procedure.
- You will be asked to lie flat on your back.
- If you have a Fistuloplasty / Venoplasty, you will have monitoring devices placed on your chest and on your finger.
- If you have sedation, you will be given oxygen through a face mask.
- The skin over the area of your fistula / graft will be swabbed with an antiseptic and you will be covered with sterile drapes.
- Local anaesthetic will be injected in to your skin.
- A needle, often followed by a fine plastic tube, will then be placed in your fistula / graft and dye injected. Occasionally it may be necessary to place the fine plastic tube in the vein in your groin, as all the veins inside your body are connected and treatment is sometimes carried out through the groin vein. This may be a safer option than directly through your fistula.
- You will be asked to hold your breath for a few seconds while images are taken.

What happens after my procedure?

To prevent bleeding, light pressure is applied for a few minutes to the area where the needle / plastic tube was placed.

You will need to stay on Marlowe Ward for at least one hour following your Fistuloplasty / Venoplasty.

Your renal doctor and dialysis nurse will be told the results of your procedure. We recommend a transonic is measured at your next dialysis session.

Is it safe to have the procedures before / after haemodialysis?

Yes, the procedure will not interfere with your haemodialysis treatment.

What if I have any questions or concerns?

If you have any questions or concerns, please contact the Renal Dialysis Access Team on telephone 01227 864305, Monday to Friday 8am to 4.30pm.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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