



Fistuloplasty / Venoplasty

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

You have been referred to the hospital for a Fistuloplasty / Venoplasty. This leaflet explains the following.

- What a Fistuloplasty / Venoplasty is.
- Why you need this procedure.
- How to prepare for the procedure.
- What happens during and after the Fistuloplasty / Venoplasty.
- What the possible risks are.
- What to do if you have any questions.

We hope this leaflet answers some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

Who has made the decision?

After your recent Fistulogram, a Fistuloplasty / Venoplasty has been advised.

Your renal doctor, renal access nurse, and the interventional radiologist will have discussed your care. They will have decided that a Fistuloplasty / Venoplasty is the most appropriate next step. However, you will 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?

A Fistuloplasty or a Venoplasty relates to your fistula or graft vein.

Occasionally, the blood vessels that make up a fistula / graft can develop a narrowing. The narrowing will have been diagnosed with a Fistulogram.

An angioplasty is used to improve the narrowing. An angioplasty is a balloon, which is placed into the narrowed area inside the fistula / graft. The balloon is momentarily inflated from outside the body, and then deflated to widen 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 into 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
- there is a complication.

What are the risks of a Fistuloplasty / Venoplasty?

Fistuloplasty / Venoplasty is very safe, but 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 3 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 cannot 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 remember 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. Local anaesthetic will numb the area but you are awake. If you are having sedation or general anaesthetic, please refer to your appointment letter for instructions. If you need to fast (not eat or drink) before your procedure, this will be included in your appointment letter.

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

At least a week before your procedure, please call the Renal Access team on 01227 864305 if:

- you have any allergies; or
- have previously had a reaction to the dye (contrast agent),

We can 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?

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 dialysis nurse.

How long will it take?

The Fistuloplasty / Venoplasty can take about 1 hour, but you can expect to be in the ward for at least 4 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?

A specially trained team led by an interventional radiologist, will see you at your appointment. They have expertise in:

- reading the images; and
- using imaging to guide catheters and wires to help with 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. It numbs 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. This is 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.
- You will have monitoring devices placed on your chest and 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. Sterile drapes will cover you.
- Local anaesthetic is injected into your skin.
- A needle, often followed by a fine plastic tube, is placed in your fistula / graft and dye injected. It may be necessary to place the fine plastic tube in the vein in your groin. 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 the ward for at least 1 hour after your Fistuloplasty / Venoplasty.

Your renal doctor and dialysis nurse will be told the results of your procedure.

If you are having haemodialysis, we recommend a Nephroflow is measured within a week of your procedure.

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.

- **Renal Dialysis Access Team**
Telephone 01227 864305, Monday to Friday 8am to 4.30pm

What do you think of this leaflet?

We welcome feedback, whether positive or negative, as it helps us to improve our care and services.

If you would like to give us feedback about this leaflet, please fill in our short online survey. Either scan the QR code below, or use the web link. We do not record your personal information, unless you provide contact details and would like to talk to us some more.

Giving feedback about this leaflet



<https://www.smartsurvey.co.uk/s/MDOBU4/>

If you would rather talk to someone instead of filling in a survey, please call the Patient Voice Team.

- **Patient Voice Team**
Telephone: 01227 868605
Email (ekhuft.patientvoice@nhs.net)

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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