

Percutaneous endovascular forearm arteriovenous fistula creation for haemodialysis access

Information for the public

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There is not enough evidence about how well this procedure works. This type of procedure can cause complications. So, it can only be done with special arrangements. This means you will have regular appointments afterwards to check how well it is working or if it has caused problems.

Haemodialysis removes waste products and excess fluid from the blood when the kidneys have stopped working properly. An arteriovenous fistula is a connection created to allow haemodialysis by joining a vein to an artery, usually in the forearm. Blood from the artery goes into the vein, which becomes bigger over a few weeks. This makes it possible to put 2 large needles into the vein so that blood can be taken out of the body, sent through the haemodialysis machine, and returned. Usually, the arteriovenous fistula is created surgically as an open procedure.

In this procedure, the arteriovenous fistula is created by inserting 2 thin tubes (catheters) through the forearm skin (percutaneous). One tube goes into an artery and the other goes into a vein (endovascular). The tubes are positioned close to each other, sometimes using magnets, to bring the artery and vein together. Radiofrequency energy, or heat and pressure, from the tubes is then used to join the artery and vein together creating the fistula. The aim is to avoid the need for open surgery.

The [NHS website](#) may have information on your condition and treatment options.

You can [search the NHS website for information about consultants and hospitals](#) that offer this procedure.

Is this procedure right for me?

You should be included in [making decisions about your care](#).

Your healthcare professionals should explain the risks and benefits of this procedure and how it is done. They should discuss your options and listen carefully to your views and concerns. They should offer you more information about the procedure. Your family or carers can be involved if you want or need them to be.

You will be asked to decide whether you agree (consent) to have the procedure. Find out more about [giving consent to treatment on the NHS website](#).

Some questions to think about

- How many appointments will I need?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- Will I have to stay in hospital?
- What happens if it does not work or something goes wrong?
- What happens if I do not want the procedure?
- Are other treatments available?

More information

- [NICE's information on interventional procedures guidance](#) explains what an interventional procedure is and how we assess it.
- [NICE's information on interventional procedures recommendations](#) explains what special arrangements are.

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