

Having a venoplasty or a fistuloplasty

Information for patients

This leaflet answers common questions about having a venoplasty or a fistuloplasty. If you would like further information, or have any particular worries, please do not hesitate to ask your nurse or doctor.

In all cases, a doctor will explain the procedure to you and answer any questions you may have.

What is a venoplasty and a fistuloplasty?

A venoplasty is a medical procedure performed to improve the flow of blood through narrowed or blocked veins. A fistuloplasty is like a venoplasty, but is performed in patients with a haemodialysis fistula, where the fistula is narrowed or blocked.

Narrowed or blocked veins/fistulae can lead to symptoms such as:

- swollen, heavy or painful limbs
- swollen head and neck
- problems with fistula function in patients on haemodialysis.

By treating this condition, symptoms can be improved and in those patients with a haemodialysis fistula, it can increase the lifespan of the fistula.

How is a venoplasty/fistuloplasty performed?

A specially trained doctor called an interventional radiologist will perform the procedure. They have skills and expertise in performing procedures and administering treatments under image guidance.

Venoplasty and fistuloplasty are normally performed using local anaesthetic (you will be awake but will feel minimal pain during the procedure) and sedation (to help you relax), which is given through a small needle in your arm.

You will have a needle inserted into your narrowed vein or fistula. The narrowing will be inflated with a balloon to open it up.

The benefits of having a venoplasty/fistuloplasty

- Venoplasty can improve symptoms caused by narrowing of the veins.
- Fistuloplasty is effective in increasing the lifespan of your haemodialysis fistula and prevents the need for alternative methods of haemodialysis, eg surgical treatment.
- In fistulae which have not developed properly, this procedure can help mature the fistula so that it can be used for dialysis.

Risks and side effects

Venoplasty and fistuloplasty are safe medical procedures, but some risks and complications can arise:

- It is normal to have some pain where the needle is inserted into the fistula or vein once the local anaesthetic has worn off. You can use over the counter painkillers if you are in any discomfort.
- Rarely, the vein or fistula can be damaged during the procedure. This can usually be treated at the time,

but sometimes you may need to have a blood transfusion.

- In extremely rare cases the fistula may be damaged and require surgery to repair it.

Alternatives to fistuloplasty

Surgery may be an alternative to fistuloplasty. If left untreated, a narrowed fistula can become clotted and cannot be used for dialysis. A new fistula must be created, which will require an operation – it is best to try to prevent this.

Before your procedure

You will need to have a blood test about a week before the procedure. The test lets us check that your blood clotting is normal. If it is abnormal there is an increased risk of bleeding after the procedure. You may be given special blood transfusions to correct this. Please discuss any concerns you have with your doctor.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department at the Royal Free Hospital on 020 7433 8772 for further advice.

If you have any allergies or have previously had a reaction to x-ray dye (contrast) you must tell the radiology staff before you have the test.

- **For morning admissions, please do not eat or drink anything from midnight** – you can drink water for up to two hours before the procedure.
- **For afternoon admissions, you may eat a light breakfast but please do not eat or drink anything after 6am** – you can drink water for up to two hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

You may receive a sedative to relieve anxiety.

What will happen on the day?

The procedure will take place in the interventional radiology department at the Royal Free Hospital and normally takes between 45 minutes and two hours.

You will be asked to give written consent before the procedure. We want to involve you in decisions about your care and treatment – please do not hesitate to ask the doctor if you have any questions at all. It is your decision to have the procedure.

You will be shown to a private cubicle where you will be asked to change into a hospital gown. A small plastic tube (cannula) will be placed into a vein in your arm. This is so that we can give you a sedative during the procedure should you need it.

You will need to lie down on the x-ray table, generally flat on your back with your arm out to the side.

Monitoring devices may be attached to your chest and finger and you may be given oxygen. You will receive an injection of local anaesthetic around the fistula or in the groin and an injection of blood thinning medication to prevent blood clots.

A plastic tube is positioned inside the fistula or vein and a balloon is used to treat the vein. If you have a fistula, the tube will be left in place until medication given to you to thin your blood has worn off. It will be removed on the ward in the same way as a dialysis needle.

After your venoplasty/fistuloplasty

You will be taken back to a ward where you will stay in a bed as instructed by the nursing staff. They will monitor you regularly.

A light refreshment will be provided. If you have any dietary requirements or intolerances, please bring a light refreshment with you on the day.

You will be able to have dialysis the same day and if there is no evidence of bleeding or infection, you can usually leave the hospital that evening.

Someone will need to take you home by car or taxi, especially if you have received sedatives, as the effect of these can last for 24 hours. Public transport is not recommended as it is not safe should you feel unwell.

You may feel sore or bruised for a few days after the procedure, but this will improve. If you have any concerns at home please contact the ward directly.

What you should do when you get home

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stays with you overnight, particularly if you had sedation.
- You should eat and drink as normal.
- Continue with your normal medication as prescribed and pain relief if necessary. If you take anticoagulants, restarting these will be discussed with you before you are discharged.

When will you receive your results?

The success of the procedure may be discussed with you at the time or you may be asked to return to clinic for the results.

What to do if you have a problem at home

If you have swelling, pain or are concerned please go to your nearest emergency department.

Parking

Please be aware that a very limited number of parking spaces are available at the hospital. Please visit the Royal Free London website for further information at:

www.royalfree.nhs.uk/contact-us/getting-to-our-hospitals/parking-at-our-hospitals

More information

For more information about the radiology service at the Royal Free London visit our website:

www.royalfree.nhs.uk/services/services-a-z/radiology

Your feedback

If you have any feedback on this leaflet or for a list of references for it, please email:

rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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