

Division of Imaging

Information for Patients

Fistulogram / Fistuloplasty

What is a Fistulogram?

A fistulogram is a series of X-ray pictures that provide a map of the blood vessels in and around your fistula.

X-ray dye is injected while a series of x-ray pictures are taken to highlight these blood vessels which would be otherwise invisible on the pictures.

What is a Fistuloplasty?

If the X-ray pictures show that there is a narrowing in the blood vessels in your fistula, it might be possible to widen the narrowed area with a small balloon in order to improve the blood flow.

Very rarely, a special metal tube called a stent is inserted into the fistula. 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 happens during Fistulogram / Fistuloplasty procedure?

A trained specialist doctor called a radiologist will perform your fistulogram / fistuloplasty, along with a team of health care staff which may include a radiographer, nurse and a health care assistant.

- You will be asked to change into a hospital gown.
- You might be asked to remove certain items of clothing and jewellery.

A small needle may be placed in your non-fistula arm in case you need an injection of a painkiller. You will be asked to lie flat on your back. The skin over the area of your fistula will be swabbed with an antiseptic and you will be covered with sterile drapes.

Local anaesthetic will be injected into the skin. A needle, often followed by a fine plastic tube, will then be placed in the fistula and dye injected. You may be asked to hold your breath for a few seconds while the images are taken.

Will I feel any pain?

You will feel some stinging as the local anaesthetic is injected. During fistuloplasty you may feel some pain as a balloon is inflated. The pain can be well controlled by an injection of pain relief (fentanyl). This is used in combination with Entonox (gas and air) if required.

What are the chances of a successful result following Fistuloplasty?

The chances of a successful result vary from person to person depending on the extent and position of the narrowing. You will have the opportunity to discuss the possible outcomes with the radiologist before the procedure.

Are there any risks with this examination?

The most common complication is bruising and/or bleeding from your fistula at the puncture site. This is usually controlled with finger pressure. Very rarely other complications occur which may result in a more prolonged procedure, or possibly a surgical operation.

Radiation risk

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous. Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiologist and radiographer will keep the X-ray dose as low possible. The radiologist (doctor) will discuss the procedure, including the risks and benefits, with you and you will be able to ask any questions.

Contrast risk

We will give you contrast dye to make areas of your body show up more clearly.

The radiographers will complete a checklist to ensure it is safe for you to have the dye and you will be asked to sign this form as a consent, the specific side effects are documented on the checklists that you complete.

The contrast dye that is sometimes used can cause allergic reactions however the staff available will be checking for any risks before we proceed.

Common:

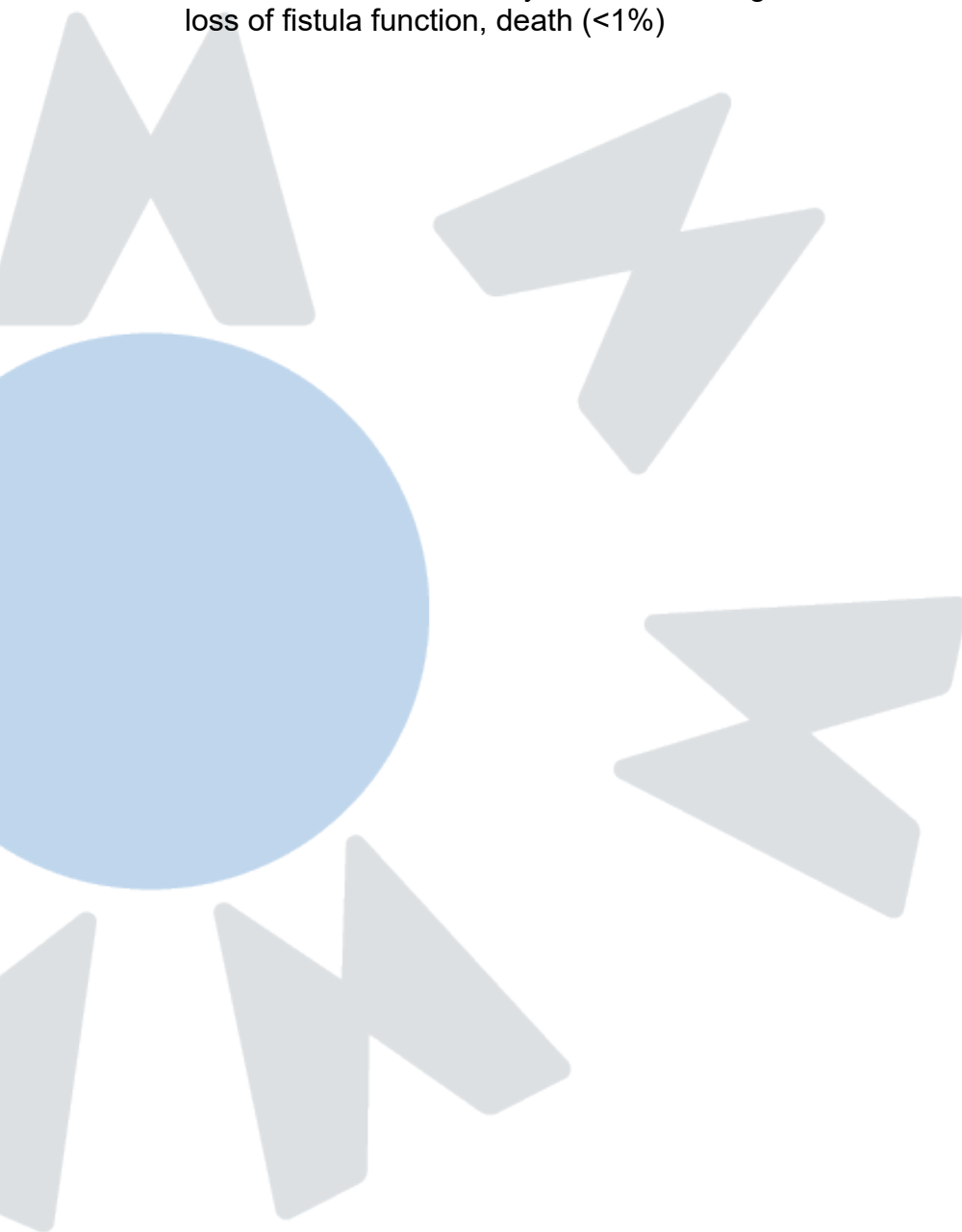
Local discomfort/bruising, minor bleeding, pain swelling

Infrequent:

Treatment failure, bleeding requiring transfusion, allergic reaction, infection

Serious:

Distal embolization, artery or fistula damage, limb loss, fistula clotting (blockage), loss of fistula function, death (<1%)



Is there anything I need to inform you of before I attend for my appointment?

Pregnancy:

Radiation can be harmful for an unborn baby. If you are or think you may be pregnant you must tell the radiographer before the examination.

Each examination request will be checked by the radiographer / radiologist to make sure it is properly justified and necessary.

How do I prepare for my Fistulogram / Fistuloplasty procedure?

- You must not eat or drink anything other than clear fluids for 6 hours before your appointment time, you must then be nil by mouth completely for 2 hours prior your appointment.
- All medications (except blood thinning medication) should be taken as normal. If you are diabetic, please alter your medication to allow for the fact you are nil by mouth.
- If you are taking blood thinning medication you will require special instructions. Please contact us at least 1 week before your appointment on using the contact number on your appointment letter, Monday to Friday between 9.00 am and 5.00 pm.
- If you are asthmatic please bring your inhaler(s) to the X-ray department with you.

Clothes and accessories:

There are some clothes that can affect the quality of the x-ray and you may be asked to remove them and wear a hospital gown.

You may also be asked to remove jewellery, dentures, glasses and any metal objects or clothing that might interfere with the x-ray images.

Help and support in the department

If you have any medical problem which you feel may affect your safety in the department, or if you feel you may need any assistance, please let us know when you arrive.

Do I need to give my permission (consent)?

The radiologist will ask you if you are happy for the examination to go ahead and will ask you to sign a consent form. This is called written consent.

If you do not wish to have the examination or are undecided, please ask the radiologist or a member of the health care team so that they can answer any questions you may have.

Remember, it is your decision. You can change your mind at any time and your wishes will be respected.

How long will it take?

The procedure will take about 30 minutes - 1 hour.

What happens after the Fistulogram / Fistuloplasty procedure?

When the procedure is finished the tube is removed and finger pressure is applied to the area for several minutes or a stitch is put in to prevent bleeding and bruising.

You will be asked to stay in the department or on a ward for 1 to 2 hours depending on the procedure. After that you will be allowed home. Occasionally an overnight stay is required.

You should arrange to have someone take you home so that you are not driving yourself. Because of possible effects of medication on driving ability you must not drive until the next day.

When will I get my results?

You will be aware of the outcome as soon as the procedure has been completed by the radiologist who carried it out.

You may already have an appointment with the clinician who referred you. If not, please contact them to arrange a time to talk about the results and any treatment you may need.

If you are staying in hospital, the results will be given to the doctors looking after you on the ward.

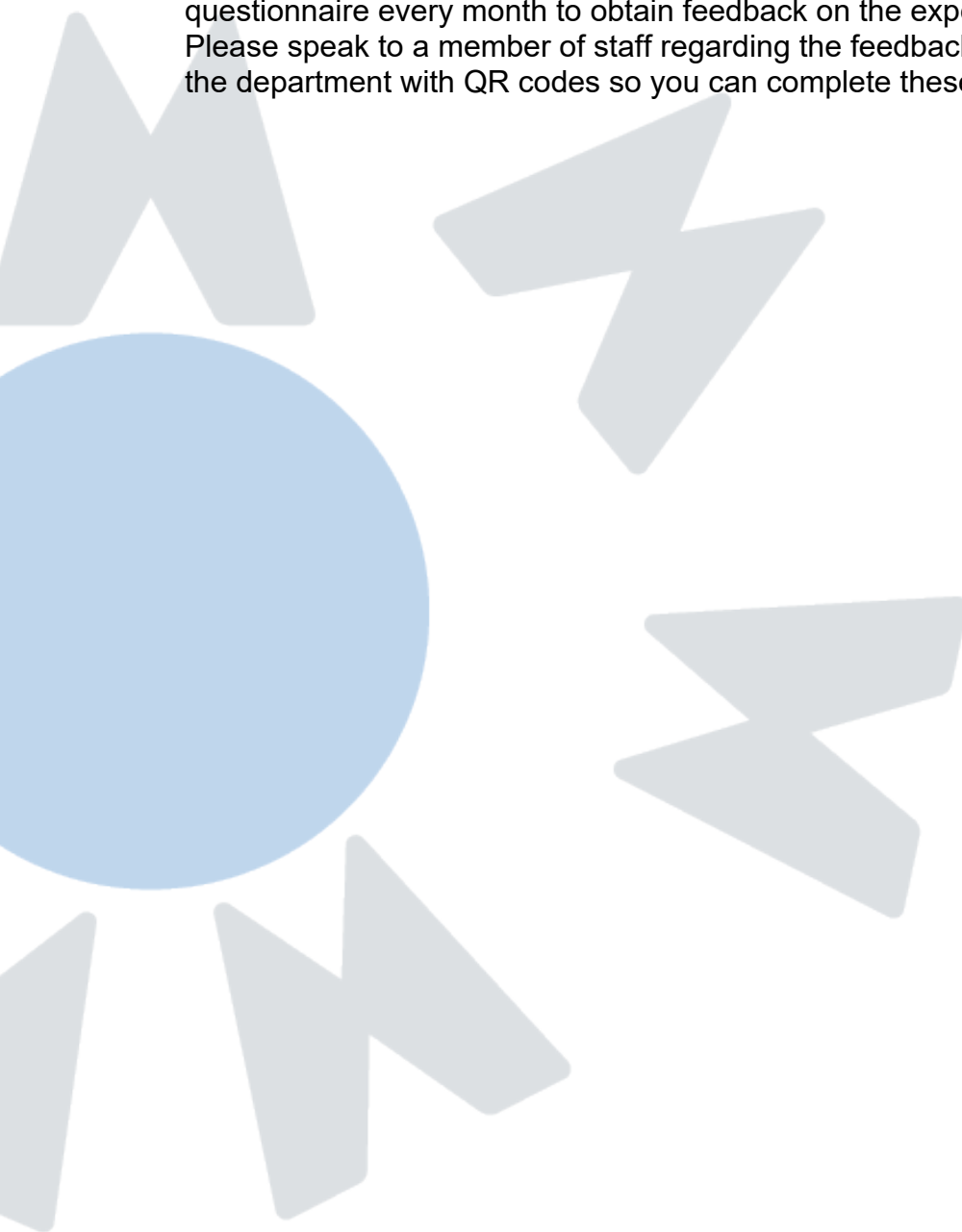
What should I do if I have a problem?

If you have any bleeding from the site which is not resolved by gentle pressure you should contact the X-ray department on the contact number provided on your appointment letter. Or if you have any other concerns telephone the X-ray department between 9.00 am and 5.00 pm Monday to Friday. Alternatively, contact your own Dialysis Unit.

Outside these hours you should attend your local Accident and Emergency department if you have concerns with bleeding from your fistula.

How can I provide feedback for the appointment I have attended today?

The Division of Imaging welcomes feedback from all our patients. We actively take part in the Friends and Family Test and we complete a patient experience questionnaire every month to obtain feedback on the experiences you have had. Please speak to a member of staff regarding the feedback or there are posters within the department with QR codes so you can complete these online.



Contact us

For contact information please refer to your appointment letter or if you are an inpatient please direct your queries to one of the medical staff on the ward.

Language and accessible support services:

If you need an interpreter or information about your care in a different language or format, please get in touch.

Your comments and concerns

If you would like to provide feedback you can:

- Ask to speak to the department lead / manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.
- Log onto the Patient Opinion website www.patientopinion.org.uk/ click on 'Tell your Story'.

If you would like to discuss a concern or make a complaint:

Ask to speak to the department manager – they may be able to help straight away. Inpatients can speak to a senior nurse or manager by contacting the Tell Us Today service on (0161) 701 1999.

Contact our Patient Advice and Liaison Service (PALS) on (0161) 276 8686 email: pals@mft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

NHS 111

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

Telephone: 111, 24 hours a day
Website: www.111.nhs.uk

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Further information can be obtained by contacting the radiology department that is performing the procedure. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.