

LAWRENCE MEMORIAL HOSPITAL POSTOP ARTERAL-VENOUS FISTULA DISCHARGE INSTRUCTIONS

PLEASE REVIEW THESE INSTRUCTIONS THOROUGHLY BEFORE SURGERY

QUESTIONS: Call the office if you have any questions or concerns, 505-2200. Contact our office if you notice any signs of infection: wound redness, increasing pain, or marked swelling. Call if you have a fever over 101 degrees. If you do not already have a postop appointment, call at your first opportunity to arrange an appointment for 7-14 days from surgery.

OPERATIVE SITE:

If **topical skin adhesive** is used to seal the incision, no bandage is needed unless the incision starts draining or oozing. If there is drainage, you may change dressing with gauze and tape or Band-Aids as needed. Do not use ointment on the skin adhesive. You may shower after **24 hours** if you do not have a dialysis catheter, do not soak the incision areas for **2 weeks** (no baths, hot tubs, pools, etc).

If Band-Aids are present, remove them in 24 hours. Band-Aids may be changed as needed after 24 hours. If Steri-Strips are on the incision, leave the Steri-Strips for 7 days. Steri-Strips do not need to be replaced if they fall off earlier.

Use a Band-Aid or dressing to cover any drainage from incisions. Call the office if you notice spreading redness around the incision, increasing pain, or thick odorous drainage.

ACTIVITY:

Use a foam stress ball to squeeze after surgery every hour to promote blood flow through the fistula.

Check for vibration (called a “thrill”) over the fistula. If the thrill is weak, you may not be able to feel it. Another ultrasound of the arm will be scheduled in 6-8 weeks

You may use your arm as tolerated, but prevent bending at the elbow as much as possible. Do not sleep or lie on the area of the fistula or the arm. This may decrease or stop the blood flow through the fistula.

Do not allow blood pressure to be taken on this arm. Do not allow blood to be drawn from this arm.

Do not wear tight clothing around the fistula.

You may resume driving when you are no longer taking prescription pain medications and when you feel you can do so safely. Return to work with light activity is permitted as soon as you can perform your job activities without causing pain.

PAIN CONTROL / MEDICATION:

Take narcotic pain medication as prescribed. Then switch to Tylenol or Ibuprofen when pain is improved.

Continue taking Tylenol as directed by the bottle directions as needed for pain. Ibuprofen (Advil, Motrin, Nuprin) 400 mg —600 mg three or four times daily may adequately control your pain as well. Do not take these medications on an empty stomach, as they can cause stomach upset.

If prescribed narcotic pain medication contains Tylenol or ibuprofen, do not take additional Tylenol or ibuprofen.

Take 81 mg aspirin daily if no allergies to aspirin.

DIET:

Start with bland foods and slowly resume your normal diet.

WHAT TO EXPECT:

There may be some bruising and a small amount of drainage for several days. Call the office if you develop redness, swelling, or increasing pain at any of the incision sites.

RESUME YOUR USUAL MEDICATIONS:

Narcotic pain medication may cause constipation. Take stool softeners twice daily as needed .

If gas pains or constipation occur, use a laxative (Milk of Magnesia or Miralax); these are over the counter and do not require a prescription.