

Prolonged Bleeding from Arteriovenous Fistula And Grafts

Key Points

- Control bleeding from Arteriovenous Fistula and Graft
- Prevent life threatening blood loss.
- Renal Vascular access team management

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Key words: Bleeding, fistula, AVF, AVG, dialysis, haemodialysis

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Abbreviations

ESRD	End Stage Renal Disease
AVF	Arteriovenous fistula
AVG	Arteriovenous graft
MDT	Multidisciplinary team
CNS	Clinical Nurse Specialist
HD	Haemodialysis
FBC	Full Blood Count

Introduction

Prolonged bleeding from a vascular access can result in significant and life-threatening blood loss. The occurrence of prolonged bleeding points to central or local stenosis of the AVF or AVG and in all cases an underlying cause must be investigated. Other causes include over anticoagulation and infection. Patients with ESRD frequently have prolonged bleeding times from an inherent platelet dysfunction.

Protocol

To Control Bleeding

1. Apply direct digital pressure to the bleeding point for 10 minutes.
2. Once the bleeding stops, observe the patient for rebleeding or early thrombosis for 1 hour. Inform the Renal Consultant of the week
3. To achieve haemostasis when the bleeding has occurred within hours of dialysis, consider reversing the effects of Dalteparin using Protamine Sulphate. Please see **Guidelines for anticoagulation on HD** for details.
4. Send blood tests for FBC, Group and Save, Renal Function and Clotting urgently to the laboratory.

To Investigate the Causes

All cases need investigating as to the cause of prolonged bleeding.

1. Bleeding Stops after 10 minutes pressure:
 - a. Renal Consultant and Renal Vascular Access CNS to discuss urgent duplex scan with Vascular Ultrasound
 - b. Discuss results at MDT
 - c. Arrange outpatient review with Surgeon or Renal Vascular Access CNS
 - d. Surgical or Radiological intervention date to be confirmed within 10 days of event
2. Prolonged bleeding
 - a. Consider keeping the patient on the unit for overnight observation if planned for discharge or dialyzing via a Hot Bed
 - b. Place Kaltostat over the puncture site and dress as per normal.
 - c. Apply direct pressure and consider elevating the limb and using an ice pack
 - d. Discuss with Renal Consultant
 - e. Protamine Sulfate may be prescribed
 - f. To use the Protamine;
 - i. Soak the Kaltostat in the Protamine
 - ii. Apply to the puncture site

Infected fistula or graft suspected:

1. This must be discussed with the Renal Consultant
2. Seek microbiological advice
3. Low threshold for ligation and/or removal of fistula or graft

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Version History

Version	Date	Guideline Lead(s)	Status	Comment
1	Oct 2017	Sijo Stephen	Final	Reviewed
2	May 2024	Ana Fleet	Final	Review

Related Documents

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