



Fistula Thrombectomy

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you for, or is performing, the procedure.

What is fistula thrombectomy?

A fistula is a surgically formed connection between an artery and a vein, usually in the arm or leg, to produce a large vein suitable for regular dialysis. Fistula thrombectomy is necessary when a fistula clots (becomes blocked with blood) and is therefore no longer usable for dialysis. Fistula thrombectomy involves the removal of clot from a fistula using a minimally invasive approach.

Why do I need fistula thrombectomy?

Once a fistula has clotted it is no longer useable for dialysis unless it can be cleared and blood flow re-established. If flow cannot be re-established in a fistula the patient would require another method to undergo dialysis such as a central line.

How do I prepare for fistula thrombectomy?

Fistula thrombectomy is a simple procedure and can safely be performed without the need to put you to sleep. Most patients tolerate the procedure with just local anaesthetic, but you can be given sedation if required.

How is fistula thrombectomy performed?

The procedure involves inserting a needle through the skin and either directly into the fistula or into the vein in your neck or groin. A tube is then inserted into the clotted fistula. There are various methods of performing fistula thrombectomy but most involve either dissolving the clot or sucking the clot out. Sometimes the clot can be broken down inside the fistula and then pushed away to clear the flow. Usually there is an underlying narrowing which caused the fistula to block and this can be treated at the same time by using balloons or stents to widen the fistula vein.

Who performs the procedure and where?

The procedure is performed by an Interventional Radiologist, who is a specialist doctor who performs minimally invasive, image guided surgery.

What are the potential risks/complications of fistula thrombectomy?

The procedure is very safe as the needles and tubes used are very small but there is a small risk of bleeding and infection. Rarely the fistula can rupture (break apart) which might necessitate a surgical procedure to fix the fistula and sometimes the procedure is not successful to clear the clot and the fistula is rendered unusable.

What happens afterwards?

Fistula thrombectomy can be performed as a day-case procedure but sometimes patients will stay overnight to ensure their blood parameters return to normal, particularly as they are likely to require dialysis. If fistula thrombectomy is successful, the fistula can then be used for dialysis again.

Usually, patients are closely monitored after fistula thrombectomy to reduce the risk of it clotting again and are usually invited to come back for an ultrasound or fistulogram to look at the fistula again to ensure there are no further problems with it. It may be necessary to have repeat procedures to balloon or stent the fistula to ensure it doesn't clot again.



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