

Dialysis Access Imaging: Decлот

What is a decлот?

A decлот is performed when your dialysis graft has clotted. This usually occurs because an area of narrowing has developed in your graft or in the veins draining the graft.

What should I expect during a decлот?

It is important that you not eat within 8 hours of the procedure time as the X-ray dye and medication make some people feel nauseated. During a decлот, we do the following three things: first, we treat any narrowing by stretching it open with a balloon (angioplasty); second, we break up the clot within the graft; and third, we remove the clot from the graft. Because there are so many steps involved, a decлот can take between one and three hours to complete. Because this is a minimally invasive procedure, your access site will be cleaned and draped with sterile sheets. You will receive some sedation and pain control medication if you need it during the procedure. The Radiologist will then numb the skin over your access and place a small tube called a catheter in your graft. X-ray dye is then injected and pictures are taken of your graft. If an area of abnormal narrowing is seen, we will usually treat it by placing a small balloon in the graft and stretching the narrowed area open – angioplasty. Following this, we will break up the clot within the graft. At this point, a second catheter is placed in the graft. A small balloon is placed in the artery and blood flow is restored in the graft. Any remaining narrowing is treated with angioplasty and final pictures are obtained. At the end of the procedure, both catheters are removed and pressure is held over the puncture sites. Occasionally a device called a stent will need to be placed to keep the narrowed area open and the graft functioning.

What if the decлот is unsuccessful?

If the decлот is unsuccessful, a dialysis catheter will be placed so you can maintain your dialysis schedule while a new access site is found.

What are the risk factors?

The most common complications are allergy to x-ray dye and bleeding. There is also a slight risk of infection. Very occasionally, a piece of clot may break off and go to your lungs or hand and cause a problem that requires further treatment.

What should I expect after the procedure?

- It is important to have a responsible adult to drive you home. After the procedure we will watch you for a short time and then send you home or to dialysis. You may resume your previous diet, medications, and activities.
- If bleeding from your graft or fistula should occur, apply enough pressure at the site to stop the bleeding and hold for 15 minutes.
- If bleeding does not stop after 15 minutes or it continues to be a slow ooze or you are unable to hold adequate pressure to the site, then continue to apply pressure and call the Heart and Vascular Center at 205-996-6800 or 205-934-7245 during



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weekdays (daytime) for instructions. Call 911 if it is urgent or if it is more than a slow ooze or if unable to reach the Heart and Vascular Center by phone. Hold pressure at the site until ambulance arrives.

- Call the Vascular Center if you have fever, chills, pain or redness over the fistula/graft. For arm grafts, if your fingers or hand become cold, painful or blue, call the Center or go the ER. For thigh grafts, watch for the same things at the thigh graft and for new symptoms of cold or painful leg or toes. Go to ER when in doubt.
- May take Tylenol 325 mg for pain if not allergic: 1 to 2 tablets every 6 hours as needed for pain.
- Do **NOT** wear anything tight around the fistula or graft arm, this includes clothing and jewelry.
- Do **NOT** hang purses or shopping bags from the fistula arm.
- Do **NOT** allow blood pressures to be taken on the fistula arm.
- Do **NOT** allow anyone except dialysis personnel to stick needles of any kind in the fistula arm.
- Feel for the thrill in your fistula or graft every day. The thrill is the vibration you feel over the fistula/graft that means the blood is flowing through it. If you cannot feel the thrill, call the Dialysis Unit or your kidney doctor.

If I have other questions, who do I contact?

For further questions or concerns about declotting, please contact Interventional Radiology at 205-934-0152, 205-934-7245, 205-975-4850.