

# Establishing constant-sites in native AV fistulae

## using Medisystems Standard AV Fistula Needles

1. Perform a complete physical assessment of the AV fistula and document the findings.<sup>1</sup>
2. Select the cannulation sites carefully. Consider straight areas, needle orientation, and ability of the patient to self-cannulate. Sites should be selected in an area without aneurysms, and with a minimum of two inches between the tips of the needles.
3. Remove any scabs over the cannulation sites.
4. Disinfect the cannulation sites per facility protocol.
5. Using a sharp AV fistula needle, grasp the needle wings, and remove the tip protector. Align the needle cannula, with the bevel facing up, over the cannulation site and pull the skin taut (*Figure 1*).
6. Cannulate the site at a 25 degree angle<sup>1</sup>; self-cannulators may require a steeper angle (*Figure 2*). It is important to cannulate the developing constant-site in the exact same place, using the same insertion angle and depth of penetration each time. ***\*This requires that a single cannulator perform all cannulations until the sites are well established.***
7. A flashback of blood indicates the needle is in the access. Lower the angle of insertion. Continue to advance the needle into the AV fistula until it is appropriately positioned within the vessel (*Figure 3*).
8. Securely tape the AV fistula needle (*Figure 4*) and proceed with dialysis treatment per facility protocol.

\*Note: It takes approximately six cannulations using a sharp needle to create a scar tissue tunnel track in a given site. Once a scar tissue tunnel track is well formed, the Medisystems ButtonHole<sup>®</sup> Needle Set with anti-stick dull bevel may be used.

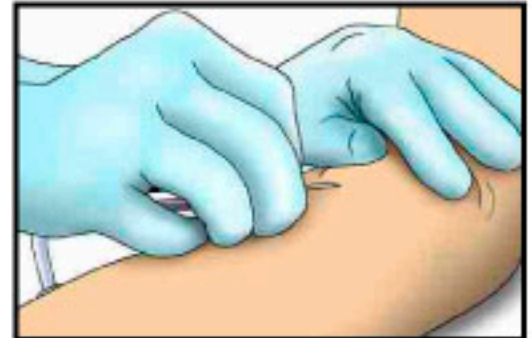


Figure 1

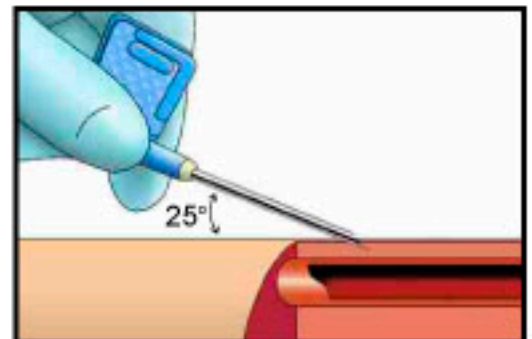


Figure 2

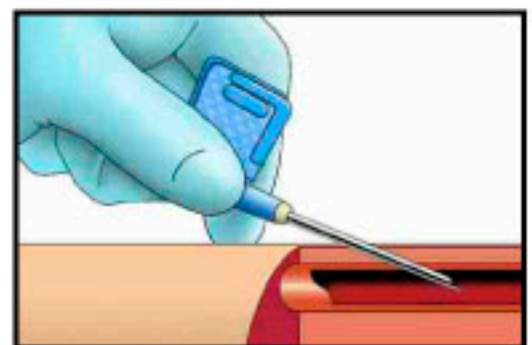


Figure 3

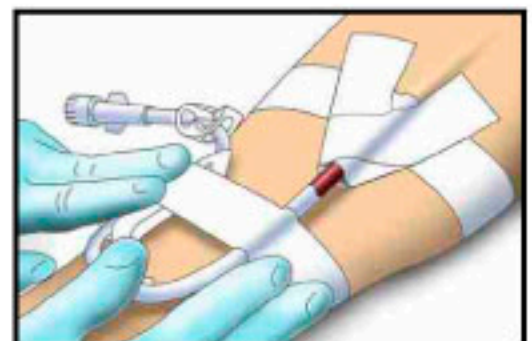


Figure 4

<sup>1</sup> Beathard GA; Physical Examination of AV Grafts; Seminars in Dialysis 5:74, 1992.  
<sup>2</sup> This reference sheet does not replace the Instructions For Use enclosed in the ButtonHole needle set box. The operator should read the instructions prior to use.

# Cannulating mature constant-sites in native AV fistulae using Medisystems ButtonHole® Needle Sets with anti-stick dull bevel<sup>2</sup>

1. Perform a complete physical assessment of the AV fistula and document the findings.<sup>1</sup>
2. Remove any scabs over the cannulation sites.
3. Disinfect the cannulation sites per facility protocol.
4. Using a Medisystems ButtonHole needle set with anti-stick dull bevel, grasp the needle wings, and remove the tip protector. Align the needle cannula, with the bevel facing up, over the cannulation site and pull the skin taut (*Figure 1*).
5. Carefully insert the needle into the established cannulation site (*Figure 2*). Advance the needle along the scar tissue tunnel track. If mild to moderate resistance is met while attempting to insert the needle, rotate the needle as you advance it using gentle pressure (*Figure 3*).
6. A flashback of blood indicates when the needle is in the access. Lower the angle of insertion. Continue to advance the needle into the AV fistula until it is appropriately positioned within the vessel.
7. Securely tape the ButtonHole needle set (*Figure 4*) and proceed with dialysis treatment per facility protocol.

Note: Ensure the same needle insertion angle and depth of penetration are used consistently for each cannulation of a constant-site.

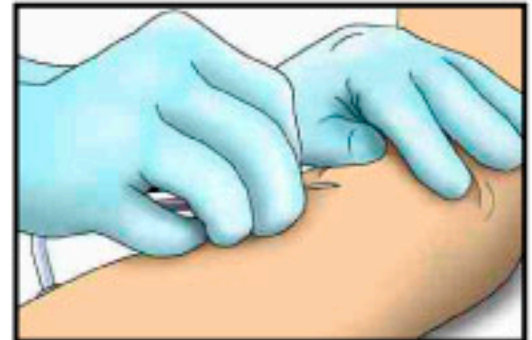


Figure 1

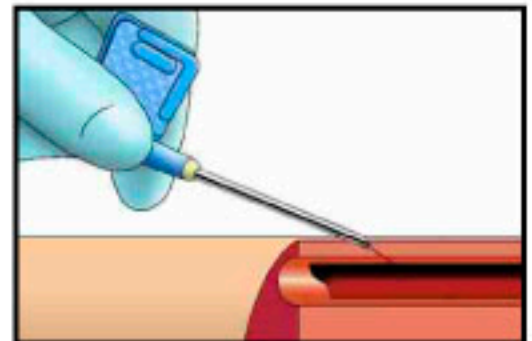


Figure 2

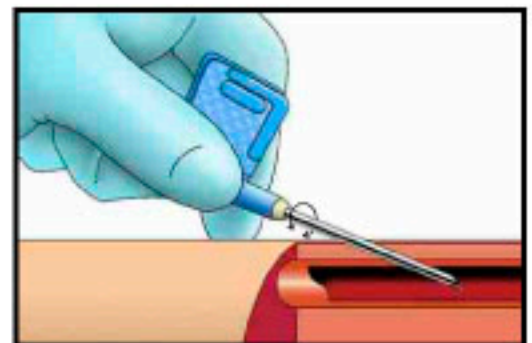


Figure 3

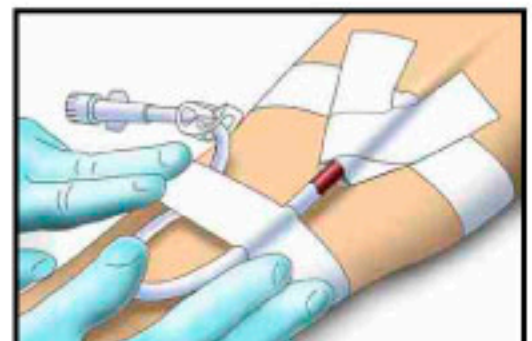


Figure 4



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