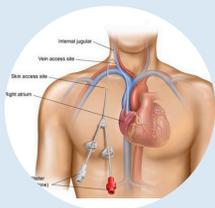


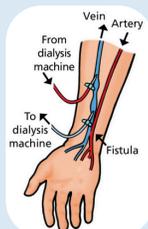
# Questions to Ask Your Doctor About Dialysis Access Options

## WHY THIS MATTERS

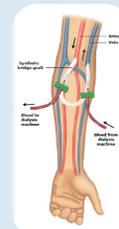
If you need hemodialysis, the access point—how blood leaves and returns to your body—is crucial to dialyzing safely and reliably. The three most common types of access are:



**Catheter:** A tube in a large vein (neck or chest). Quick start, usually short-term, higher infection risk.



**Fistula (Arteriovenous Fistula, AVF):** Your artery joined to a vein (usually in the arm). Often lasts longer and has lower infection risk but may need time to mature.



**Graft (Arteriovenous Graft, AVG):** A soft tube that connects an artery and vein. Ready sooner than many fistulas; may need more maintenance.

**What patients say:** People worry most about effectiveness, complications, and long-term upkeep. Many were offered only one option or later wished they had asked more questions. Use the checklist below to match choices to your life (work, caregiving, swimming, showers, etc.). Doctor recommendations matter—and your goals do, too.

## Checklist: Questions to ask (space to note answers)

As a chronic kidney disease (CKD) patient, when is the best time to address access options with my nephrologist and care team?

Notes:

What are all my access options today, based on my veins and health? *Ask about both surgical and minimally invasive ways to create a fistula. A minimally invasive approach may use a special device to connect the artery and vein without large cuts, but it's not for everyone.*

Notes:

Which option do you recommend for me, and why? *Share lifestyle considerations like swimming and heavy lifting. Will you need dialysis immediately? Share concerns you may have about appearance or infections.*

Notes:

Of those options, what do you recommend for me, and why?

Notes:

If I am not a candidate for a fistula or you do not recommend a fistula, why?

Notes:

What are the main risks and benefits of the options available to me? *Examples: Fistulas may last longer but sometimes need help maturing. Grafts are usable sooner and may need more "touch-ups." Catheters are easy to start but riskier over time (infections).*

Notes:

How long will it take my access to be ready for dialysis? *Fistulas often need weeks to months to mature. Grafts are typically ready sooner. Catheters are immediately ready to use.* As a CKD patient, how early can I have a fistula created in anticipation of future dialysis so I'm ready when it's time?

Notes:

What will recovery from my access procedure look like? Will I have to take time off work or caregiving? Will I need pain control? When can I shower or lift with that arm?

Notes:

How often might I need procedures to keep it working, and can we lower that? *Many fistula patients need at least one maintenance procedure, and some need several. Ask what raises or lowers the number of maintenance procedures in people like me.*

Notes:

Are there any medical devices that might help my fistula mature? Would any of these work for me? If not, why? *Examples: Extravascular support, endovascular (minimally invasive) fistula creation, drug-coated balloons, stent-grafts, etc.*

Notes:

What can I do to help prepare for an access and help care for my access post creation? *Protect veins (avoid IVs/BP cuffs on the access arm), don't smoke, learn arm exercises if advised, check the "thrill" daily, and know warning signs.*

Notes:

If the first plan doesn't work, what are the backup options? How will we move to the next option safely if needed (e.g., different site, graft, or peritoneal dialysis consideration)?

Notes:

How will this affect my daily life and family? *Fewer fixes mean fewer missed treatments and days off. Travel, parking, and copays can add up. We'll plan to minimize disruptions.*

Notes:

### Plan (fill this in before you leave)

- Next step & date: \_\_\_\_\_ (*vein mapping, procedure, or other*)
- If I have a catheter: plan to remove it by \_\_\_\_\_, if safe
- Follow-up check: \_\_\_\_\_ (*who calls whom, when*)

### Simple habits to protect your access

- No blood draws/IVs/BP cuffs on the access arm.
- Check the "thrill" (vibration) every day.
- Call your doctor if redness, swelling, fever, bleeding that won't stop, or no "thrill."

### Tips for your visit

- Talk to your nephrologist—patients and care partners name nephrologists as their most trusted information source. Bring this sheet.
- Second opinions are okay, especially if you were offered only one option.
- You're a partner in the decision. Shared decisions lead to care that fits your life.

***This educational resource is supported by an educational donation by Laminate Medical.***

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Make Fistulas Better

*This guide supports – not replaces – medical advice. Category-level education; no device brand names.  
Developed by AAKP with clinical review by Ari D. Kramer, MD. Last reviewed: September 16, 2025.*