

Taking Matters into Your Own Hands

by Judy Weintraub



Judy Weintraub has been on dialysis since 1975. This fistula was created several months later, and is still being used. Judy cannulates her own fistula.

I stick my own needles. We've all heard our access called our lifeline. Guess what? It is. And you protect a lifeline the best way you can. It is the most precious thing you have. It allows you to get the dialysis you need to keep living your life. The most common reason for hospitalization of dialysis patients is access problems. "Where is Mr. B. today?" "Oh, he's in the hospital; his access clotted" is an all too-common exchange heard in dialysis units. Much of this can be preventable.

I was sixteen years old and on dialysis for several months when my second fistula was having problems. The veins were small, clots kept forming and my veins were often infiltrated. I endured many days of missed needles resulting in a swollen and painful arm. There were tough days when I was stuck up 6-8 times (hard to imagine now) before I could begin treatment. I went to the unit filled with fear and anxiety. How many needles would it take today? The doctors started poking around my other arm. They announced, "This A-V fistula is very weak; we may need to place a graft in your other upper arm." My instant response was, "No, I intend to give this fistula a chance." Even at that young age I realized that all people do not have equal skills in sticking fistulas and that no one cares more about my arm than me. I knew that all decisions must keep my long-term well being in mind. The doctors were busy inspecting my other arm as a solution to the current situation. And then what? We only have two arm and two legs to work with (hopefully). I felt in my gut what no one ever stated up front: Access possibilities are limited. When they run out, the game is over. I was not about to use up both arms in less than a year of dialysis.

I proposed another solution. "I'll do it," I said. I knew I had to figure out a way to live a life with dialysis and that meant drastically reducing the needle anxiety. A few staff members laughed. "How? You can't even look at the machine!" That was true; so I forced myself to turn toward the machine and take it all in. Slowly, I began taking it on. First, by holding my sites at the end, then by giving myself the lidocaine shots before the needles (I stopped the lidocaine about a year later- it builds extra scar tissue). Finally, with the guidance and support of two deeply caring nurses, Addie and Pricilla, I learned to insert my own needles. I strengthened my arm and helped increase circulation by squeezing a tennis ball and applying moist heat on non-dialysis days. And my fistula grew stronger.

By the following year, I was going ahead with plans to move from New York to Southern California to attend UCLA. Without the knowledge that I could insert my own needles, I doubt that I would have had the confidence to move. But now, it was as if I was taking my most trusted nurse with me. Traveling suddenly seemed possible. I am currently on hemodialysis (I had a 12-year break with PD) and my fistula has been buzzing along since 1976.

Please realize. It is rare that any one will suggest that you learn to stick your needles. If you are interested, raise the issue yourself and work with your most trusted nurse or technician to make it happen. Go for it. You just might give yourself the gift of peace of mind. Protect your access the best way you can.



This picture was taken at the Beverly Wilshire Hotel in Beverly Hills, California. It is probably the only picture of an AV fistula snapped there. It is also probably one of a handful of fistulae lasting over a quarter century, the reason - no doubt self cannulation.

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