A thrombectomy or access revision is needed when your dialysis graft or fistula stops working, usually because it has "clotted." The blood flowing through the access forms a soft blood clot, which needs to be removed.

When your access stops working, the dialysis staff will contact your kidney doctor to set up an outpatient surgery to correct the access problem. In some cases, due to complications, patients may need to stay in the hospital.

- If you have an infection in the line, the line may be pulled and a temporary line placed. In most cases, you will be admitted to the hospital to treat the infection.

Preparing for Access Revision

- Do not eat or drink anything after midnight before your surgery.
- Bathe the night before surgery with an antibacterial soap such as Dial.
- You may be told to hold your heart or blood pressure medicines the morning of surgery. Ask your doctor for specific directions on which medicines to take and which you should not take on the morning of surgery. Be sure to know if you should take any insulin in the morning.
- You will be given an appointment time the morning of surgery for your blood to be drawn to check your electrolytes.
• If your procedure is on your dialysis day, or if you missed a treatment, you may have dialysis done in the hospital before you go home. **Every effort will be made for you to dialyze at your own center.**

• It is important that you arrange for family or a friend to take you home. After having sedation and surgery we need to make sure you are safe when you leave the hospital. **Planned surgeries may have to be cancelled when there is not a responsible adult to assist you at discharge.**

**During Access Revision**

Before surgery, your doctor will check your blood tests and fluid levels. If your doctor has any concerns, your procedure or surgery may be rescheduled.

If your doctor says you are in good enough health for the procedure, an anesthesiologist will give you a nerve block to numb your arm and medicine for sedation. You may feel sleepy. In rare cases, general anesthesia is given.

First, medicines are given to start dissolving the blood clot. Medicines are injected into the access site to begin the declotting process.

Doctors will remove the clot from your graft through 2 or 3 small incisions. A wire with a balloon on the end is placed into your graft through the incision. When the balloon is inflated and pulled out, clots are also removed. Most grafts can be used for dialysis as soon as the thrombectomy or access revision is completed.

Sometimes, a narrow part of the graft cannot be cleaned out. This narrow part is bypassed by a "jump graft." You will be moved to surgery if you need a jump graft. A jump graft is a section of graft that is used to bypass your regular graft. By adding a new piece of graft, this extension keeps the blood flowing through the graft.
What to expect after your surgery or procedure

After surgery, you may have some discomfort and tenderness. It is also common to have a small amount of bloody drainage from the site.

- If the nerve block does not wear off before you leave the hospital, a sling may be placed on the arm until numbness wears off and normal movement returns.
- If you had local anesthesia, rest and limit your physical activity for the rest of the day.
- If you had general, monitored or regional anesthesia, rest for 24 hours. Do not drive, drink alcoholic beverages or make any important decisions while you are recovering.
- It is important to take good care of your access. **Do not sleep** on your arm with the access or wear tight clothing or jewelry.
- The surgeon may prescribe pain medications for you after your surgery. Talk with you doctor about the medicines you take.

Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.