Flow Diagram 10

Post-operative AV Access

**Patient education:**
- Daily one-minute AV access check (look, listen and feel)
- Early identification and reporting of signs & symptoms of AV access dysfunction or infection
- Whole arm exercise

**Monitoring of AV access development by vascular access team***

- Post-operative Week 2: evaluation by surgical/operator team for post-operative complications
- AVG - Post-operative Week 1 to Week 4: assess cannulation feasibility; physical exam by a member of the vascular access team*
- AVF - Post-operative Week 4 to Week 6: assess maturation and cannulation feasibility; physical exam by a member of the vascular access team*

**AVF or AVG**
- Prior to each dialysis treatment: physical exam by trained AV access cannulators (nurse and/or technician) (Table 13.1)
- Routine (Monthly): physical exam by nephrologist and/or trained APP (Table 13.1)

**AVF or AVG**
- Clinic visits with nephrologist and/or APP: physical exam (Table 13.1)

**AVF or AVG**
- Patient on dialysis

**AVF or AVG**
- Patient not on dialysis
Clinical indicators (signs and symptoms) suggesting underlying clinically significant access lesion (Table 13.2)

No

Continue AV access monitoring

Yes

Proceed with timely (within 2 weeks) imaging of the AV access circuit (refer to "Detection and Management of Clinically Significant AV Access Lesion")

AV access suitable for cannulation*

Yes

Proceed with AV access cannulation (refer to "How to Cannulate and Manage Complications"

No

*Vascular access team members: nephrologist, interventionalist, surgeon/operator, vascular access coordinator.

*AV access suitable for cannulation when there is: absent or mild local erythema, absent or mild local edema; AVF with well-developed vein as assessed by an experienced cannulator; appropriate bruit (AVG) and thrill (AVF). For AVF, expect maturation and cannulation feasibility during post-operative Week 4 to Week 6. For AVG, expect cannulation feasibility during post-operative Week 1 to Week 4, depending on graft material.