

Criteria for buttonhole creation

To commence the process of the buttonhole creation an order is required from the Nephrologist. The vascular access nurse will be present to assess the access and decide on the best possible sites using ultrasound.

It is vital that the policy for cleansing buttonhole sites be followed as this cannulation method increases the patient's risk of infections i.e. bacteremia. If the standard cleansing protocol cannot be used due to skin sensitivity, allergy etc, the vascular access nurse must be informed.

Indications to consider buttonhole cannulation

- Limited cannulation sites
 - Short Fistula segment <2 inches/5cm
- Difficult cannulation
- Frequent Infiltration
- Daily dialysis
- Self cannulators
- Aneurysm development
- Patient refusal to random needle

Contraindications for buttonhole cannulation

- Thin subcutaneous tissue
- Valvular heart disease
 - mechanical heart valve
 - rheumatic heart disease etc
 - history of previous endocarditis
- Other prosthetic material which could cause serious problems if infected, for example, permanent pacemaker
- Immune Suppression
 - Lupus
 - Patients on prednisone
 - Failed transplants

If the patient has one or more of these contraindications, the Nephrologist will decide if buttonhole cannulation is in the best interests for the patient. When buttonhole is chosen for any patient with these contraindications, the Nephrologist will discuss the risks with the patient and document in the chart.

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