KIDNEY SPECIALISTS SURGICAL CENTER

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Vascular Access Centers of Southern Nevada

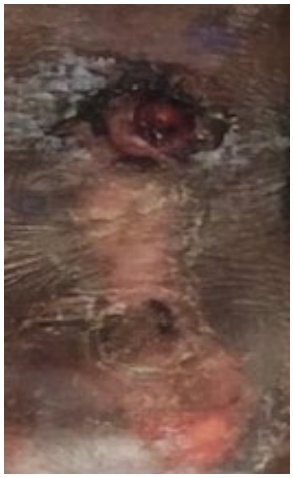
# Aneurysms & Pseudoaneurysms Patient Education

**What is the difference between aneurysm and pseudo-aneurysm?**

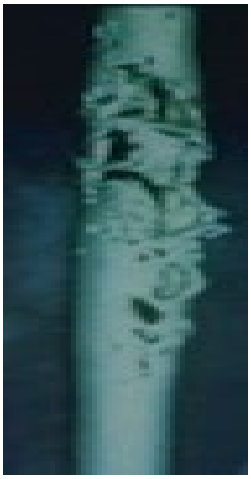
- Recall that a fistula forms when a patient's personal artery is directly connected to a vein. When there is a bulge in the wall of a weakened blood vessel within a fistula, it is called an aneurysm. A bulge extending outside the graft with tissue forming the boundary is called a pseudo-aneurysm or "false" aneurysm.

**What causes them?**

1) Cannulation in the same general area. Needles placed in a fistula or graft cause injury and the overlying skin and fistula vein wall will need time to heal. Site rotation with each dialysis treatment gives the vessel adequate healing time. A graft is plastic and cannot regenerate; continuous cannulation in the same area destroys a graft.
2) Stenosis (narrowing of a blood vessel) causes pressure to build up. Any weakened or injured area of a fistula will balloon out; weakened skin over a graft will do the same.



**NECROTIC ANEURYSM**



**DESTROYED GRAFT**

**SHINY, THIN SKIN**

**How can I tell if I am starting to develop one?**

- Shiny or pink/white skin, sores or scabs and oozing or bleeding over the access site.
- Bulging of skin in a "golf ball" or "snake-like" appearance.

**I think one is developing. What will happen if I don't get it evaluated by the Access Center?**

- Less usable area for staff to cannulate.
- Risk for infection increases.
- If aneurysm ruptures, unmanageable bleeding can occur and the access can be lost.

**What can I do to prevent this from happening to me?**

- Rotate needle sites.
- Get treatment in a timely manner for a stenosis (narrowing inside access).
- Feel and listen to the access daily for abnormal issues.
- DO NOT cannulate in an aneurysm or pseudoaneurysm.