



Is it Time to Take Charge of My Own Needles?

What does it mean to “self-needle” a fistula?

“Self-needling” means that *you* put the dialysis needles into your own fistula. If you are unable, a helper may do this for you.

What are the benefits and drawbacks?

Self-needling benefits:

- You control who puts in the needles.
- Many patients report less stress and less pain.
- Fewer missed sticks, infiltrations (swelling from the needle going through the fistula wall) and hematomas (bleeding under the skin). This is because you can feel the inside as well as the outside of the fistula.
- It is possible to self-needle some fistulas that cannot be needled in other ways (e.g., very short fistula or fistula with limited needling sites).
- Allows dialysis to be received in an independent dialysis unit or at home.

Plus, remember that you have the most to lose if needling does not go well!

Self-needling drawbacks:

- May take more time at each dialysis session than standard needling.
- Infection is a risk (especially if cleaning and scab removal is not done properly).



For whom does self-needling work best?

Self-needling is not for everybody and every access. But for some, it is an excellent choice.

Things that help to make self-needling successful:

- Desire to self-needle or have a care giver/helper willing to needle
- Able to hold the needle without shaking
- Good sensation in fingers
- Good eyesight
- Good personal hygiene (to prevent infection)

Generally speaking, lower arm fistulas on the arm that is used less often are the easiest to self-needle.

What is buttonhole needling?

There are 2 ways to needle a fistula:

1. Rope ladder method
2. Buttonhole method

With the rope ladder method, needle sites are rotated each time a fistula is needled. This differs from the buttonhole method in which the same two sites (one for each needle) are needled each time at exactly the same angle and in the same direction. After about 8–18 times, scar tissue forms around the needle into a tunnel—like a pieced earring hole. The tunnel helps to guide the needles into the fistula. The small holes, next to each other, look like holes in a button.

Once a buttonhole track is formed, special blunt (dull) needles are used that are less likely to cut through the fistula or to change the track. It is usually quite easy to place the needles.

Buttonhole needling works very well for those that self-needle.

If you think self-needling might be a good choice for you, what are the next steps?

Talk with your kidney doctor or nurse to see if self-needling might work for you.

Simple steps you can take to get used to the idea of putting in your own needles:

- Watch while someone else puts their own needles in.

- Watch while you get your own needles put in — even just a glance at first, if that's all you can do. Look for a bit longer at each treatment.
- Hold your sites at the end of treatment if you haven't been doing that.
- Ask the staff if you can hold a needle to get used to how it feels in your hand.
- Ask the staff to teach you how to put your needles in.

Where can you learn more about self-needling and the buttonhole method?

Fistula First Website

- Cannulation techniques:
www.fistulafirst.org/videos/cannulation_chapter6.php
- Self-cannulation benefits and training recommendations, buttonhole technique and self-cannulation.
www.fistulafirst.org/videos/cannulation_chapter7.php

Home Dialysis Central Website

- Dialysis patient Bill Peckham self-cannulates using the Buttonhole technique.
www.homedialysis.org/resources/links/BillMovie1.flv
- Starting a Buttonhole and Cannulating a Buttonhole (with step-by-step instructions and diagrams)
www.homedialysis.org/learn/buttonhole/