



Rejsevejledning vedrørende knaphuls-kanyleringsteknik

Hvad er et knaphul :

- Etableret kanal fra hudniveau ned til blodbanen.
- Kanyleres KUN med stumppe nåle.
- Sårskorpen over knaphullet skal fjernes før kanalen må kanyleres.

Patienten medbringer:

- Stumpe kanyler til skorpefjernelse.
- Stumpe dialysekanyler.
- Evt. billeddokumentation.

Desinfektion:

- Afsprit 30 sekunder med Klorhexidinsprit eller 60 sekunder med ren sprit før skorpefjernelse.
- Respekter tørretid.
- Fjern sårskorpe med stump steril kanyle.
- Afsprit herefter x 2.
- Respekter tørretid.

Kanylering af knaphul:

- Det er vigtigt, patientens arm er placeret i nøjagtig samme stilling ved hver kanylering
- Den stumppe dialysekanyle anlægges stille og roligt, dialysekanylen må **IKKE** presses ind. Det kan være en fordel at holde på kanyleslangen frem for kanylevingerne.
- Hvis det ikke lykkes at komme i karret, træk dialysekanylen lidt tilbage (ikke helt ud), ændre retning/vinkel på dialysekanylen evt. ændre armens placering og forsøg igen.
- Inddrag patienten.
- Hvis kanyleringen ikke lykkes, gentag afspritning og anvend **ALTID** ny stump dialysekanyle.
- Hvis kanyleringen ikke lykkes i 2. forsøg, anlægges en skarp dialysekanyle andet sted på karret, 2 – 3 cm fra knaphullet.

Travel advice concerning buttonhole cannulation technique

What is a buttonhole?

- An established channel from skin level to the vein
- Is cannulated with dull needles only
- The scab over the buttonhole must be removed before cannulating the channel.

The patient brings:

- Dull needles for scab removing
- Dull needles for hemodialysis.
- Possible photo documentation.

Disinfection:

- Disinfect 30 sec. with chlorhexidine alcohol or 60 sec. with 70% alcohol before scab removal
- Let the skin dry up completely
- Remove scab with dull, sterile needle
- Disinfect again twice with chlorhexidine or 70% alcohol
- Let skin dry up completely between disinfection and after.

Buttonhole cannulation:

- It is very important, that the patient is sitting or lying with his arm in the exact same position every time, the fistula is cannulated.
- The dull needle for hemodialysis is gently inserted in the same spot and same angle every time. The needle must **not** be pressed into the channel/vein. It may be an advantage to hold the needle on the tube instead of the wings.
- If the needle can't get into the vein, then draw the needle a little backwards (not entirely out of the channel), change the angle/direction of the needle and try again. Perhaps the placement of the arm needs to change.
- Involve the patient.
- If cannulation is unsuccessful, repeat disinfection and try again with a new dull needle, never use a sharp needle in a buttonhole.
- If cannulation is still unsuccessful the 2. time, a sharp needle is inserted elsewhere on vein, 2-3 cm from the buttonhole.