

Glossary

Acronecrosis: Gangrene occurring in the distal part of the extremities, usually the fingertips and toes.

Anastomosis: A communication between an artery and a vein by surgical or endovascular techniques.

Aneurysm: An abnormal dilation of the blood vessel or part of the vessel wall; in the case of vascular access, it may result from disease or trauma of the vessel wall.

Antibiotic lock: Interdialytic instillation and dwelling (“locking”) of an antibiotic containing solution into the lumen of a dialysis catheter.

Antimicrobial: Any agent capable of destroying or inhibiting the growth of microorganisms.

Antimicrobial lock: Interdialytic instillation and dwelling (“locking”) of an antimicrobial solution into the lumen of a dialysis catheter.

Antiseptic: Any agent capable of preventing infection by inhibiting the growth of microorganisms.

AV (arteriovenous) access abandonment: When a vascular access can no longer be used for prescribed 1 or 2 needle dialysis because it is unable to provide adequate flows and/or is deemed unsafe for the patient, and the associated problem cannot be corrected by any intervention, including medical, surgical, or radiologic interventions or rest.¹ A checklist can be used to confirm abandonment as follows:

Checklist for when an AV access can be considered abandoned:	Yes	No
The fistula/graft does not have a pulsation (even with augmentation) at the anastomosis or the access body		
The fistula/graft does not have a palpable thrill at the anastomosis or the access body		
The fistula/graft does not have an audible bruit anywhere along the anastomosis or body (up to 10 cm from the anastomosis)		
An endovascular intervention such as angioplasty, thrombolysis, stenting, embolization or other will not salvage the access to be useable		
A surgical revision will not salvage the access to be useable. Note: A revision means that it is a revision of the current access and not a surgical procedure that will effectively create new access		
A reasonable effort has been made to improve the condition of the access in order for it to be used but the access remains suboptimal, nonusable and/or patient refuses; for example, adequate management and time for rest of an infiltrated fistula		
The fistula/graft is viable but there are complications that require the abandonment of the access, eg, high cardiac output failure or severe steal syndrome		
For documentation: If other reason not stated above, indicate: _____		
I confirm that the fistula or graft is officially abandoned for further use and is not safely salvageable: _____ [signature of assessor] _____		

AV access creation: The connection of an artery and vein for the purposes of establishing hemodialysis access.

Cannulation: The insertion of cannulate (a needle with a lumen) or angiocaths into a vascular vessel. The main forms of cannulation are as follows:

- **Buttonhole technique cannulation:** The cannulation into the exact same puncture site and needle track tunnel developed by repeated cannulation at the same location, angle, and depth between the skin and access vein. The scar tissue tunnel track allows the needle to pass through to the outflow vein or conduit of the AV access following the same path with each cannulation time. Typically used in autogenous arteriovenous fistula and may be acceptable in grafts made of nonautogenous biologic material such as bovine. This type of cannulation should not be used for accessing arteriovenous graft made of synthetic material such as polytetrafluoroethylene (PTFE).