

**Alongside the traditional rope ladder (RL) puncture method, the buttonhole technique (BH) is increasingly popular; this technique employs the same cannulation sites of AVF in every dialysis associated with the use of dull needles to minimize vessels damage” Di Nicolò et al (2016).**

Abstract:

As a consequence of the central role of the arteriovenous fistula for dialysis (AVF) in the clinical management of the dialysis patient the necessity to limit the puncture-related complications to extend as much as possible the life of the vascular access. Accordingly, the AVF needling technique has gained growing attention. Alongside the traditional rope ladder (RL) puncture method, the buttonhole technique (BH) is increasingly popular; this technique employs the same cannulation sites of AVF in every dialysis associated with the use of dull needles to minimize vessels damage.

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The BH technique, utilized only for native AVF, is considered an appropriate alternative to the RL and is now recommended by several scientific societies for its reported benefits such as: AVF greater ease of cannulation, less pain, faster hemostasis and less tendency to the creation of aneurysms and hematomas. The use of BH is especially recommended in cases in which the RL is problematic with short or winding venous sections and in home dialysis in which the patient performs the needling. However recent evidence in literature, countering these theoretical advantages, indicates that the BH technique appears to be closely related to an increased risk of local and systemic infections. Furthermore, the purported benefits of BH have not held up under closer examination.

Reference:

Di Nicolò, P., Cornacchiari, M., Mereghetti, M. and Mudoni, A. (2016) Buttonhole



Cannulation of the AV Fistula: A Critical Analysis of the Technique. Seminars in Dialysis..  
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