Fear of needles is an important issue to acknowledge and address when the patient is considering home hemodialysis therapy as a treatment modality. Regardless of the cannulation technique that is being considered (rope ladder or buttonhole), instruction on self-cannulation should incorporate strategies for patients coping with fear of cannulation. Presented below are some useful strategies and techniques that can be implemented during training that may help a patient cope when learning to self-cannulate.

Coping strategies to reduce patient distress during self-cannulation

- **Staff behavior**: Patience is a virtue. Staff is encouraged to modify the pace of training based on the patient’s skill and level of comfort. Staff can encourage patient involvement by asking the patient to assess the access, preparing the accessories required for cannulation, and observing the cannulation process.

- **Hand holding**: Staff can help patients to slowly engage in self-care by asking them to hold the needle while the nurse cannulates the vessel.

- **Warm compress**: Apply a warm compress to the access site 5 minutes prior to cannulation. This activity has 2 effects. First, the access dilates and becomes engorged, allowing for ease of cannulation. Second, the warmth of the compress is associated with comfort and relaxation.

- **Topical analgesic**: Topical analgesic can be used to reduce the pain associated with needle insertion. Removing the element of pain will allow the patient to focus on self-cannulation.

- **Peer modeling**: Peer support helps connect patients who are diagnosed with chronic conditions such as end stage renal disease. The chronically ill patient is not alone and can find comfort by sharing knowledge and experiences with others who are in similar situations. Peer support can improve patient self-efficacy and attitudes toward self-management.

Useful Resources:


Fear of Needles (cont’d)

♦ Imaginal Exposure Therapy: Imaginal therapy involves the client imagining the situation until acclimatization occurs. Fears should be arranged in a hierarchy from least to most anxiety evolving. The client is encouraged to “be in the scene.” The therapist describes the event while the client describes what he or she sees, hears, tastes, smells, and feels. The client is asked to rate the level of anxiety (scale from 0-10, where 10 is extreme) and return immediately to the scene. The session can be recorded and utilized regularly.

♦ Hypnotherapy: Hypnosis can be used to encourage an individual to respond to suggestions and thus alter a habit or attitude for the benefit of health. Hypnotherapy can be used to decrease anxiety and change the patient’s reaction and attitude toward needles.

♦ Medication: Medications to alleviate anxiety can be given prior to cannulation. This is a temporary measure and the prescribed medication should be limited to the initial first few cannulation events.

Patient training can become a positive experience when simple strategies are implemented to help the individual cope with fear of needles.