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“Knowledge And Self Care Practice Regarding Arteriovenous Fistula (Av Fistula) Among Hemodialysis Patients In Selected Hospitals, Kamrup (M), Assam: A Descriptive Study”

NINA MONI BORA¹, RESHMA BEGUM², PIYALI DEY³

¹M.Sc. Nursing, Department of Medical Surgical Nursing (CVTS), Asian Institute of Nursing Education, North Guwahati, Assam, India

²Assistant Professor, Department of Medical Surgical Nursing (CVTS), Asian Institute of Nursing Education, North Guwahati, Assam, India

³Assistant Lecturer, Department of Medical Surgical Nursing (CVTS), Asian Institute of Nursing Education, North Guwahati, Assam, India

Corresponding Author: Nina Moni Bora

ABSTRACT

BACKGROUND:

Hemodialysis is an artificial substitute for kidney function, particularly in cases of renal failure. It is a treatment that filters water and waste from blood, just like healthy kidneys did. Hemodialysis aids in blood pressure regulation and the proper balance of vital minerals like calcium, sodium, and potassium. Dialysis is the process of eliminating waste and excess water from blood. Although dialysis cannot fully restore lost kidney function, it can control its operations to some degree using diffusion and ultrafiltration. Hemodialysis is not a treatment for kidney failure, but it can help people feel better and live longer. It is carried out when the glomerular filtration rate drops below 15 ml/min/1.73 m² in patients with chronic renal failure.

Patients with chronic renal failure who are anticipated to require hemodialysis treatment are treated with fistulas and grafts. A direct connection between an artery and a vein is known as an autogenous Arteriovenous, or AV Fistula. It permits arterial blood to pass through the vein. This results in venous expansion and engorgement, which permits sufficient blood flow for Hemodialysis at a rate of 600 mL/min

OBJECTIVES OF THE STUDY:

1. To assess the Knowledge regarding Arteriovenous Fistula among Hemodialysis patients.
2. To assess the Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients.
3. To find out correlation between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients .
4. To find out the association between Knowledge regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.
5. To find out the association between Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

METHODS AND MATERIALS:

A descriptive survey design was used to accomplish the objectives. Study was undertaken on 70 Hemodialysis patients with Arteriovenous Fistula admitted in selected Hospitals of Kamrup (M), Assam by using purposive sampling technique . Participants were selected based on inclusion and exclusion criteria. Self structured Knowledge questionnaire and inventory checklist were used to assess the level of Knowledge and Self Care Practice.

RESULTS:

The study revealed that Out of 70 respondents 63 (90%) had moderately adequate Knowledge and 7 (10%) had inadequate Knowledge regarding Arteriovenous Fistula. The overall mean was 10.63 and standard deviation was 2.78. Out of 70 respondents 54 (77.1%) had moderate Practice and 16 (22.9%) had adequate Practice regarding Arteriovenous Fistula. The overall mean was 6.47 and standard deviation was 1.51.

Correlation between Knowledge and Self Care Practice scores regarding Arteriovenous Fistula among Hemodialysis patients. The calculated Karl Pearson's Correlation value of $r=0.590$ shows a fair positive correlation between Knowledge and Self Care Practice scores which clearly infers that the when the knowledge regarding arteriovenous fistula among Hemodialysis patients increases or decreases then their Practice towards it also increases or decreases. In association it was observed that the demographic variables did not show statistically significant association with level of knowledge regarding Arteriovenous Fistula among Hemodialysis patients at $p<0.05$ level.

CONCLUSION

From this study it was concluded that majority of the patient had moderately adequate Knowledge and majority of the patient had moderate Practice . So, the investigator concluded that proper awareness of Self Care Practice regarding Arteriovenous Fistula is needed in order to improve the Knowledge among

Hemodialysis patient with Arteriovenous Fistula which will help to prevent from Arteriovenous Fistula related complications.

KEYWORDS

Knowledge , Self Care Practice , Hemodialysis patients , Arteriovenous Fistula.

1. INTRODUCTION:

Health is a dynamic process, because it is constantly evolving. Everybody has periods of good health, periods of disease, and possibly even periods of severe illness. Our degree of health changes along with our lifestyle. The concept of health is positive and emphasizes both physical and social resources. This indicates that rather than being an end in and of itself, health is a resource to support a person's role in larger society. Serious health issues affect people's health and indirectly affect the rate of death and morbidity worldwide. Chronic renal problems represent a significant public health burden.

Approximately 8 million people worldwide suffer from kidney disease, which is a non-communicable disease. Because most people are unaware of their reduced kidney function and because there are sometimes no obvious early signs, kidney disorders are generally referred to as "silent diseases." The hallmarks of Chronic Kidney Disease (CKD) include a progressive and irreversible decline in renal function, as well as a failure of the body's hydroelectrolytic and metabolic homeostasis systems. End-stage renal disease (ESRD) is another name for it. The most prevalent type of kidney illness is chronic renal disease, which is estimated to affect 10.4% of men and 11.8% of women worldwide. An estimated 20,000 people in India are thought to get end-stage renal failure each year.

The balance of the body's extracellular fluid depends on the kidneys, one of the most important organs in the human body. Hemodialysis is an artificial substitute for kidney function, particularly in cases of renal failure. It is a treatment that filters water and waste from blood, just like healthy kidneys did. Hemodialysis aids in blood pressure regulation and the proper balance of vital minerals like calcium, sodium, and potassium. Dialysis is the process of eliminating waste and excess water from blood. Although dialysis cannot fully restore lost kidney function, it can control its operations to some degree using diffusion and ultrafiltration. Hemodialysis is not a treatment for kidney failure, but it can help people feel better and live longer. It is carried out when the glomerular filtration rate drops below 15 ml/min/1.73 m² in patients with chronic renal failure.

Patients with chronic renal failure who are anticipated to require Hemodialysis treatment are treated with Fistulas and grafts. A direct connection between an artery and a vein is known as an autogenous

Arteriovenous, or AV Fistula. It permits arterial blood to pass through the vein. This results in venous expansion and engorgement, which permits sufficient blood flow for Hemodialysis at a rate of 600 mL/min.

The formation of a subcutaneous AV Fistula between the radial artery and a nearby vein in the arm was documented by Cimino and Brescia in 1966. This procedure is frequently utilized for vascular access for hemodialysate. Just 16.9% of patients in the USA begin dialysis with an AVF, and 65% of patients dialyze exclusively with an AVF one year after beginning Hemodialysis. One The National Kidney Foundation advises placing an AV Fistula at least six months before beginning Hemodialysis therapy. This will give enough time for vein maturity, access development and evaluation, and, if required, maturation-enhancing procedures before cannulation. In order to give enough time for access placement, it is advised that patients with CKD in the fourth or fifth stages get education on vascular access methods.

2. NEED OF THE STUDY:

AV Fistulas increase dialysis's efficacy and shorten its duration by ensuring adequate blood flow. Because it is a long-term solution for dialysis patients and has a low risk of infection, an AV Fistula is the ideal way to receive dialysis. For Hemodialysis patients with end-stage renal failure, AV Fistula treatment is essential. Hemodialysis patients can lower their risk of complications and death by increasing their degree of AV Fistula Self Care behavior and awareness. Additionally, appropriate treatment can preserve patency and enhance the standard of care. Understanding Hemodialysis patients' educational needs was made easier by their awareness of and Self Care behaviors related to AV Fistula. An Arteriovenous Fistula patient may have Fistula thrombosis or blockage, infection or abscess formation, Fistula maturation failure, inadequate dialysis, and a reduced quality of life if they lack education and Self Care methods. By maintaining access clean and secure through a daily regimen of Self Care procedures, the difficulties linked to AV Fistula can be avoided.

Worldwide Incidence

According to the Dialysis Outcomes and Practice Patterns Study (DOPPS), in most DOPPS countries the prevalence of AV Fistula is usually less than 80%, ranging from 49% in Canada up to 92% in Russia .

Epidemiology study on Hemodialysis (2022)

Nearly 4 million people in the world are living on kidney replacement therapy (KRT), and Hemodialysis (HD) remains the commonest form of KRT, accounting for approximately 69% of all KRT and 89% of all dialysis.

In India

Shadu S, Bhatia T, Prabhakar B(2022) conducted a retrospective study among 634 patients who underwent AV fistula creation in 5 years at SMI hospital Dehradun. According to the study, the patency percentage of AV fistula was 91.2% after one week, 84.6% at one month, 83.8% at six months, and 82.9% at one year following formation. AVFs were remained helpful for dialysis in 74.8% of cases after two years.

3. OBJECTIVES:

1. To assess the Knowledge regarding Arteriovenous Fistula among Hemodialysis patients.
2. To assess the Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients.
3. To find out the correlation between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients .
4. To find out the association between Knowledge regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.
5. To find out the association between Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

4. METHODS AND MATERIALS:

A descriptive survey design was used to accomplish the objectives. Study was undertaken on 70 Hemodialysis patients with Arteriovenous Fistula admitted in selected Hospitals of Kamrup (M), Assam by using purposive sampling technique . Participants were selected based on inclusion and exclusion criteria. Self structured Knowledge questionnaire and inventory checklist were used to assess the level of Knowledge and Self Care Practice.

5. DESCRIPTION OF THE TOOL

The tools used for the study consists of three sections:

Section I: Demographic data

Demographic data consist of age, gender, educational qualification, occupation, number of dialysis session done, duration of being undergoing Hemodialysis, family income per month (in rupees), total number of dialysis session done till date.

Section II: Knowledge of the patient regarding Arteriovenous Fistula among Hemodialysis patients

It consist of 20 questions related to Knowledge about Hemodialysis, Arteriovenous Fistula, purpose, location, benefits, side effects, maintenance of Arteriovenous Fistula.

Section III: Inventory checklist

It consists of 10 items related to domains of Self Care Practice which includes fluid intake, exercise, monitoring of complication arm and regular attend of dialysis sessions as a list of items which is to be tick in the "yes" column if it is done and on the "no" column if it is not done.

Scoring key:

The self structured questions consists of 20 questions and each questions had only one correct answer. For each correct response "1" mark was given and for every incorrect answer a score of "0" and maximum score was "20". The level of Knowledge was categorized as follows:

- <33% (<6): Inadequate Knowledge
- 33%-66% (6-13): Moderately adequate Knowledge
- >66% (>13): Adequate Knowledge

The inventory check list consists of 10 questions. For each correct response a score of "1" mark was given and for every incorrect a score of "0" was given. Hence the minimum score was 0 and the maximum score was 10. The level of practice was categorized as follows:

- <33% (<3): Inadequate Practice
- 33%-66% (3-7): Moderate Practice
- >66% (>7): Adequate Practice

6. DATA COLLECTION PROCESS:

The data collection period was scheduled from 10th September to 3th October, 2024.

Prior to data collection, the ethical clearance was obtained from ethical committee INS trust GNRC, Dispur. A formal written permission was obtained from human resource department of Down Town Hospital, Deputy Medical Superintendent of Cosmo Medical Hospital and from the Academic Director of Health City Hospital which was forwarded by Nursing Superintendent. The investigator visits the Hospital and was also informed about the period of data collection. The investigator went to the dialysis unit of Hospital and meet the dialysis technicians and enquire about the patient who are undergoing Hemodialysis with Arteriovenous Fistula. The investigator further listed the bed number and patient name and explain about the purpose of the study to the dialysis technicians.

Then the investigator has approached the respondent who have fulfilled the inclusion criteria and the samples were selected by using purposive sampling technique. The respondent were explained about the purpose of the study and written consent has been taken and only those who are participate are included in the study. Then the investigator administered the tool and the approximate time taken by each sample was 40 to 45 minutes. The investigator collected back the tool.

7. RESULT:

SECTION -I

- **Frequency and percentage distribution of Hemodialysis patients according to their demographic variables.**

Table 1: Frequency and percentage distribution of demographic variables of Hemodialysis patients.

n = 70

Demographic Variables	Frequency (f)	Percentage (%)
Age(in years)		
18 – 26	1	1.4
27 – 35	5	7.1
36 – 44	10	14.4
>44	54	77.1
Gender		
Male	37	52.9
Female	33	47.1
Transgender	-	-
Educational qualification		
No formal education	-	-
Primary education	3	4.3
Secondary education	10	14.3
Higher secondary	28	40.0

Demographic Variables	Frequency (f)	Percentage (%)
Graduate	19	27.1
Post graduate and above	10	14.3
Occupation		
Student	1	1.4
Homemaker	13	18.6
Unemployed	3	4.3
Service	20	28.6
Business	8	11.4
Daily wages earner	1	1.4
Retired	24	34.3
Number of dialysis session done		
2 times / week	58	82.9
3 – 5 times / week	12	17.1
>5 times / week	-	-
Duration of being undergoing hemodialysis		
<1 year	26	37.1
1 – 5 years	39	55.8
>5 years	5	7.1
Family income per month (in rupees)		
2,13,814 and above	-	-
1,06, 850 – 2,13,813	-	-
80,110-1,06,849	6	8.6
53,361-80,109	15	21.4
31,978-53,360	30	42.9
10,703-31,977	18	25.7
≤10,702	1	1.4
Total number of dialysis session done till date		
≤100	21	30.0
100 – 200	15	21.4
200 – 300	9	12.9
>300	25	35.7

The table 1 portrays that most of the 54(77.1%) were aged >44 years, 37(52.9%) were male, 28(40%) had higher secondary education, 24(34.3%) were retired, 58(82.9%) had dialysis 2 times / week, 39(55.8%) were undergoing Hemodialysis for 1 – 5 years, 30(42.9%) had family income of 31,978-53,360 per month and 25(35.7%) had undergone more than 300 dialysis sessions till date.

Section - II

- **Assessment of Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients.**

Table 2: Frequency and percentage distribution of level of Knowledge regarding Arteriovenous Fistula (AV Fistula) among Hemodialysis patients.

n = 70

Level of Knowledge	Frequency	Percentage (%)
Inadequate knowledge (<6)	7	10.0
Moderately adequate knowledge (6 – 15)	63	90.0
Adequate knowledge (>15)	-	-

The table 2 depicts the frequency and percentage distribution of level of Knowledge regarding Arteriovenous Fistula (AV Fistula) among Hemodialysis patients.

It shows that, 63 (90%) had moderate Knowledge and 7(10%) had inadequate knowledge regarding Arteriovenous Fistula (AV Fistula).

Table 3: Frequency and percentage distribution of level of Self Care Practice regarding Arteriovenous Fistula (AV Fistula) among Hemodialysis patients.

n= 70

Level of Practice	Frequency	Percentage (%)
Inadequate practice (<3)	-	-
Moderate practice (3 – 7)	54	77.1
Adequate practice (>7)	16	22.9

The table 3 portrays the frequency and percentage distribution of level of practice regarding Arteriovenous Fistula (AV Fistula) among Hemodialysis patients.

It shows that, 54(77.1%) had moderate practice and 16(22.9%) had adequate practice regarding Arteriovenous Fistula (AV Fistula).

Section - III

Correlation between Knowledge and Self Care Practice scores regarding Arteriovenous Fistula among Hemodialysis patients.

Table 4 : Correlation between Knowledge and Self Care Practice scores regarding Arteriovenous Fistula among Hemodialysis patients

H_{01} : There is no significant correlation between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients.

H_1 : There is significant correlation between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients .

n = 70

Variables	Mean	S.D	Karl Pearson's Correlation "r" and p- Value
Knowledge	10.63	2.78	r = 0.590 p=0.0001, S***
Practice	6.47	1.51	

*****p<0.001, S – Significant**

The table depicts that the mean score of Knowledge was 10.63 ± 2.78 and the mean score of Practice was 6.47 ± 1.51 . The calculated Karl Pearson's Correlation value of $r=0.590$ shows a fair positive correlation statistically significant at $p<0.001$ level. This clearly infers that the when the Knowledge regarding Arteriovenous Fistula among Hemodialysis patients increases or decreases then their Practice towards it also increases or decreases. Thus the research hypothesis (H_1) was accepted and null hypothesis (H_{01}) was rejected which clearly infers that there is a correlation between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients .

Section IV:**Association between Knowledge and Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables****Table 5:****Association of level of Knowledge regarding Arteriovenous Fistula among Hemodialysis patients with their selected demographic variables**

Fisher exact test was used to assess the association of level of Knowledge regarding Arteriovenous Fistula among Hemodialysis patients.

H₀: There is no significant association between Knowledge score regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

H₂: There is significant association between Knowledge score regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

n= 70

Demographic Variables	Inadequate		Moderately Adequate		Fisher Exact test p-value
	f	%	f	%	
Age (in years)					p=0.219 (N.S)
18 – 26	0	0	1	1.4	
27 – 35	0	0	5	7.1	
36 – 44	3	4.3	7	10.0	
>44	4	5.7	50	71.4	
Gender					p=1.000 (N.S)
Male	4	5.7	33	47.1	
Female	3	4.3	30	42.9	
Transgender	-	-	-	-	
Educational qualification					p=1.000 (N.S)
No formal education	-	-	-	-	
Primary education	0	0	3	4.3	
Secondary education	1	1.4	9	12.9	
Higher secondary	3	4.3	25	35.7	
Graduate	2	2.9	17	24.3	
Post graduate and above	1	1.4	9	12.9	
Occupation					p=0.590 (N.S)
Student	0	0	1	1.4	
Homemaker	1	1.4	12	17.1	
Unemployed	0	0	3	4.3	
Service	4	5.7	16	22.9	
Business	1	1.4	7	10.0	
Daily wages earner	0	0	1	1.4	

Demographic Variables	Inadequate		Moderately Adequate		Fisher Exact test p-value
	f	%	f	%	
Retired	1	1.4	23	32.9	
Number of dialysis session done					p=0.595 (N.S)
2 times / week	5	7.1	53	76.7	
3 – 5 times / week	2	2.9	10	14.3	
>5 times / week	-	-	-	-	
Duration of being undergoing hemodialysis					p=0.822 (N.S)
<1year	2	2.9	24	34.3	
1 – 5years	5	7.1	34	48.6	
>5years	0	0	5	7.1	
Family income per month (in rupees)					p=0.279 (N.S)
2,13,814 and above	-	-	-	-	
1,06, 850 – 2,13,813	-	-	-	-	
80,110-1,06,849	2	2.9	4	5.7	
53,361-80,109	2	2.9	13	18.6	
31,978-53,360	2	2.9	28	40.0	
10,703-31,977	1	1.4	17	24.3	
≤10,702	0	0	1	1.4	
Total number of dialysis session done till date					p=0.851 (N.S)
≤100	2	2.9	19	27.1	
100 – 200	2	2.9	13	18.6	
200 – 300	0	0	9	12.9	
>300	3	4.3	22	31.4	

N.S – Not Significant, $p>0.05$

The table depicts that the association of level of Knowledge regarding Arteriovenous Fistula among Hemodialysis patients with their selected demographic variables. It was observed that the demographic variables did not show statistically significant association with level of Knowledge regarding Arteriovenous Fistula among Hemodialysis patients at $p<0.05$ level. Thus, research hypothesis (H_2) is rejected and null hypothesis (H_{02}) is accepted which clearly infers that there is no significant association between Knowledge score regarding Arteriovenous Fistula with selected demographic variables.

Age: The table shows that obtained Fisher exact p-value was $p=0.219$ since p value is greater than 0.05, there was no association between level of Knowledge and age of the respondents.

Gender: The table shows that obtained Fisher exact p-value was $p= 1.000$ since p value is greater than 0.05, there was no association between level of Knowledge and gender of the respondents.

Educational qualification: The table shows that obtained Fisher exact p-value was $p= 1.000$ since p value is greater than 0.05, there was no association between level of Knowledge and educational qualification of the respondents.

Occupation : The table shows that obtained Fisher exact p-value was $p= 0.590$ since p value is greater than 0.05, there was no association between level of Knowledge and occupation of the respondents.

Number of dialysis session done: The table shows that obtained Fisher exact p-value was $p= 0.595$ since p value is greater than 0.05, there was no association between level of Knowledge and number of dialysis session done of the respondents.

Duration of being undergoing Hemodialysis: The table shows that obtained Fisher exact p-value was $p=0.822$ since p value is greater than 0.05, there was no association between level of Knowledge and duration of being undergoing Hemodialysis of the respondents.

Family income per month (in rupees): The table shows that obtained Fisher exact p-value was $p=0.279$ since p value is greater than 0.05, there was no association between level of Knowledge and family income per month (in rupees) of the respondents.

Total number of dialysis session done till date: The table shows that obtained Fisher exact p-value was $p= 0.851$ since p value is greater than 0.05, there was no association between level of knowledge and total number of dialysis session done till date of the respondents.

Table-6**Association of level of Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with their selected demographic variables**

Fisher exact test was used to assess the association of level of Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients.

H₀₃: There is no significant association between Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

H₃ : There is significant association between Self Care Practice regarding Arteriovenous Fistula among Hemodialysis patients with selected demographic variables.

n = 70

Demographic Variables	Moderate		Adequate		Fisher Exact test p-value
	f	%	f	%	
Age (in years)					p=0.816 (N.S)
18 – 26	1	1.4	0	0	
27 – 35	4	5.7	1	1.4	
36 – 44	9	12.9	1	1.4	
>44	40	57.1	14	20.0	
Gender					p=1.000 (N.S)
Male	29	41.4	8	11.4	
Female	25	35.1	8	11.4	
Transgender	-	-	-	-	
Educational qualification					p=0.083 (N.S)
No formal education	-	-	-	-	
Primary education	1	1.4	2	2.9	
Secondary education	8	11.4	2	2.9	
Higher secondary	20	28.6	8	11.4	
Graduate	18	25.7	1	1.4	
Post graduate and above	7	10.0	3	4.3	
Occupation					p=0.786 (N.S)
Student	1	1.4	0	0	
Homemaker	8	11.4	5	7.1	
Unemployed	3	4.3	0	0	
Service	16	22.9	4	5.7	
Business	7	10.0	1	1.4	
Daily wages earner	1	1.4	0	0	
Retired	18	25.7	6	8.6	
Number of dialysis session done					p=0.128 (N.S)
2 times / week	47	67.1	11	15.7	
3 – 5 times / week	7	10.0	5	7.1	

Demographic Variables	Moderate		Adequate		Fisher Exact test p-value
	f	%	f	%	
>5 times / week	-	-	-	-	
Duration of being undergoing hemodialysis					p=0.817 (N.S)
<1year	19	27.1	7	10.0	
1 – 5years	31	44.3	8	11.4	
>5years	4	5.7	1	1.4	
Family income per month (in rupees)					p=0.253 (N.S)
2,13,814 and above	-	-	-	-	
1,06, 850 – 2,13,813	-	-	-	-	
80,110-1,06,849	5	7.1	1	1.4	
53,361-80,109	12	17.1	3	4.3	
31,978-53,360	21	30.0	9	12.9	
10,703-31,977	16	22.9	2	2.9	
≤10,702	0	0	1	1.4	
Total number of dialysis session done till date					p=0.242 (N.S)
≤100	15	21.4	6	8.6	
100 – 200	10	14.3	5	7.1	
200 – 300	9	12.9	0	0	
>300	20	28.6	5	7.1	

N.S – Not Significant, $p>0.05$

The table depicts that the association of level of Practice regarding Arteriovenous Fistula among Hemodialysis patients with their selected demographic variables. It was observed that the demographic variables did not show statistically significant association with level of Practice regarding Arteriovenous Fistula among Hemodialysis patients at $p<0.05$ level. Thus, research hypothesis (H_2) is rejected and null hypothesis (H_{02}) is accepted which clearly infers that there is there is no significant association between Self Care Practice regarding Arteriovenous Fistula with selected demographic variables.

Age: The table shows that obtained Fisher exact p-value was $p=0.816$ since p value is greater than 0.05, there was no association between level of Self Care Practice and age of the respondents.

Gender: The table shows that obtained Fisher exact p-value was $p= 1.000$ since p value is greater than 0.05, there was no association between level of Self Care Practice and gender of the respondents.

Educational qualification: The table shows that obtained Fisher exact p-value was $p= 0.083$ since p value is greater than 0.05, there was no association between level of Self Care Practice and educational qualification of the respondents.

Occupation : The table shows that obtained Fisher exact p-value was $p=0.786$ since p value is greater than 0.05, there was no association between level of Self Care Practice and occupation of the respondents.

Number of dialysis session done: The table shows that obtained Fisher exact p-value was $p=0.128$ since p value is greater than 0.05, there was no association between level of Self Care Practice and number of dialysis session done of the respondents.

Duration of being undergoing hemodialysis: The table shows that obtained Fisher exact p-value was $p=0.817$ since p value is greater than 0.05, there was no association between level of Self Care Practice and duration of being undergoing Hemodialysis of the respondents.

Family income per month (in rupees): The table shows that obtained Fisher exact p-value was $p=0.253$ since p value is greater than 0.05, there was no association between level of Self Care Practice and family income per month (in rupees) of the respondents.

Total number of dialysis session done till date: The table shows that obtained Fisher exact p-value was $p=0.242$ since p value is greater than 0.05, there was no association between level of Self Care Practice and total number of dialysis session done till date of the respondents.

8. CONCLUSION

Out of 70 respondents 63(90%) had moderately adequate Knowledge and 7(10%) had inadequate knowledge regarding Arteriovenous Fistula. The overall mean was 10.63 and standard deviation was 2.78. Out of 70 respondents 54(77.1%) had moderate Practice and 16 (22.9%) had adequate Practice regarding Arteriovenous Fistula. The overall mean was 6.47 and standard deviation was 1.51.

The calculated Karl Pearson's Correlation value of $r=0.590$ shows a fair positive correlation between Knowledge and Self Care Practice scores which clearly infers that the when the Knowledge regarding Arteriovenous Fistula among Hemodialysis patients increases or decreases then their Practice towards it also increases or decreases.

The study revealed that the association of level of Knowledge regarding Arteriovenous fistula among Hemodialysis patients with their selected demographic variables. It was observed that the demographic variables did not show statistically significant association with level of Knowledge regarding Arteriovenous Fistula among Hemodialysis patients at $p<0.05$ level. The study revealed that the association of level of Practice regarding Arteriovenous Fistula among Hemodialysis patients with their selected demographic variables. It was observed that the demographic variables did not show statistically significant association with level of Practice regarding Arteriovenous Fistula among Hemodialysis patients at $p<0.05$ level.

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