

## INFLUENCE OF VASCULAR ACCESSES ON THE SELF-IMAGE AND SEXUALITY OF PATIENTS UNDERGOING HEMODIALYSIS: CONTRIBUTION TO NURSING<sup>1</sup>

Priscila Figueiredo Cezario da Silva\*

Ariane da Silva Pires\*\*

Francisco Gleidson de Azevedo Gonçalves\*\*\*

Lidiane Passos Cunha\*\*\*\*

Tatiane da Silva Campos\*\*\*\*\*

Isabele da Rosa Noronha\*\*\*\*\*

### ABSTRACT

The aim of the study was to identify the perception of patients undergoing hemodialysis on the influence of catheters or arteriovenous fistulae on their self-image and sexuality and to describe the biopsychosocial repercussions of the use of hemodialysis catheter or arteriovenous fistula in the life of patients undergoing hemodialysis. Qualitative, descriptive and exploratory research developed in the hemodialysis sector of a public hospital in Rio de Janeiro. The participants were 16 patients with arteriovenous fistula or hemodialysis catheter. Data were collected through asemi-structured interview in June 2016 and then submitted to thematic content analysis, which gave rise to three empirical categories: Perceptions of vascular access: the perspective of patients undergoing dialysis therapy; Repercussions of vascular access on the daily life of patients with chronic kidney disease; and Influences of vascular access on the self-image and sexuality of patients with chronic kidney disease. We concluded that the catheters or arteriovenous fistula negatively influence the self-image, sexuality and quality of life of patients, since they create corporal modifications that impose limitations in the life of the person undergoing hemodialysis.

**Keywords:** Nursing. Renal dialysis. Self-image.

### INTRODUCTION

According to the Brazilian Society of Nephrology (SBN) Censuses, the estimated number of patients undergoing dialysis treatment was 92,091 in 2010, 91,341 in 2011, 97,586 in 2012 and 100,307 in 2013, demonstrating a growing demand for dialysis services<sup>(1)</sup>.

It is known that CKD is mostly a consequence of complications from Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM)<sup>(2)</sup>. In this scenario, there is a high number of patients with chronic renal disease (CKD) in terminal stage, because unfortunately, in most cases, patients are asymptomatic and only seek the hospital care when the disease is too advanced. This happens because they do not follow up on their health and control basic diseases that lead to renal damage, so that they

need to start immediate Renal Replacement Therapy (RRT).

The current modalities of RRT are: hemodialysis, peritoneal dialysis and renal transplantation<sup>(3)</sup>. Among these, hemodialysis is the most used in Brazil. Thus, a large number of CKD patients are indicated to undergo hemodialysis. This treatment, in turn, needs a vascular access, such as a deep venous catheter or arteriovenous fistula (AVF)<sup>(4,5)</sup>.

Vascular access to patients undergoing hemodialysis is very important, as when these patients do not have vascular access conditions, they are considered to be at high risk of death. This situation negatively impacts the mental health of these individuals, as generates feelings such as anxiety, fear, anguish and sadness<sup>(6,7)</sup>.

In relation to self-image, this is understood as the individual's knowledge/perception of the self and is

<sup>1</sup>This is a research originated from a monograph report presented as a partial requirement for conclusion of the Specialization Course in Nursing Residency in the Nephrology, not previously discussed in a scientific event.

\*Nurse. Resident of the nephrology program of the Rio de Janeiro State University. Rio de Janeiro, RJ, Brazil. E-mail: pfcezario@gmail.com

\*\*Nurse. PhD student in Nursing. Specialist in Labor Nursing and Nursing in Estomatoterapia. Assistant Professor from Department of Surgical Medical Nursing, Faculty of Nursing, Rio de Janeiro State University (ENF/UERJ). Rio de Janeiro, RJ, Brazil. E-mail: E-mail: arianepires@oi.com.br

\*\*\*Nurse. Master in Nursing. Specialist in Occupational Nursing. Nurse at the Arthur de Siqueira Cavalcanti State Institute of Hematology. Rio de Janeiro - RJ, Brazil. E-mail: gleydy\_fran@hotmail.com

\*\*\*\*Nurse. Master in Nursing. Preceptor of the Supervised Internship in Nephrology, Faculty of Nursing, Rio de Janeiro State University (ENF/UERJ). Specialist in Nursing in Nephrology and Nursing in Enterostomaltheraphy. Rio de Janeiro, RJ, Brazil. E-mail: lidiane\_passos\_cunha@hotmail.com

\*\*\*\*\*Nurse. Master in Public Health. Specialist in pedagogical training for health professionals. Assistant Professor, Faculty of Nursing, UERJ. Rio de Janeiro, RJ, Brazil. E-mail: tatianedascampos@gmail.com

\*\*\*\*\*Academic Nursing student at the State University of Rio de Janeiro. Scientific Initiation fellow (PIBIC/CNPq)

related to the understanding of potentialities, thoughts and ideas. Self-esteem, however, is defined as the appreciation of oneself and is associated with "self-concept" - how an individual understands the self, the discernment of the self as a person and his/her insertion into the social environment<sup>(8)</sup>.

In view of this contextualisation about the object, two guiding questions emerged as follows: What is the perception of patients undergoing hemodialysis treatment about the influence of long- or short-term catheters or arteriovenous fistulae on their image and sexuality? What biopsychosocial repercussions does the presence of catheter or arteriovenous fistula have on the life of patients undergoing hemodialysis?

In order to answer the guiding questions and understand the object of study, the following objectives were drawn: to identify the perception of patients on hemodialysis treatment about the influence of long-term or short-term catheters or arteriovenous fistula on their image and sexuality; and to describe the biopsychosocial repercussions of catheter use or arteriovenous fistula in the life of patients undergoing hemodialysis.

In the scope of nursing care, it is considered that this research may contribute to improvements in the quality of nursing care to clients undergoing hemodialysis treatment, as it investigates elements about the subjectivity and singularity of individuals that are of utmost importance for the maintenance of psychophysical integrity, treatment adherence and quality of life. Regarding education, this research may also encourage other students or professionals to investigate in depth the theme, as well as reflect on its importance for holistic, humanized and ethical care.

## METHODOLOGY

As the study covers perceptions related to values, culture, and personal experiences, it was considered appropriate to opt for a qualitative study, since these questions involve a subjective dimension, that is, they recall expectations, dreams, aspirations, and particular readings of the world in which they are inserted. Thus, this methodological proposal is adequate to what is intended to be investigated. This study has also descriptive and exploratory nature<sup>(9)</sup>.

The study scenario was the Nephrology sector of a public university hospital in the State of Rio de Janeiro, and the field of data collection was the hemodialysis sector. Data were collected from June 6 to 10, 2016, through semi-structured interviews

containing 11 mixed questions covering sociodemographic and health information of participants and 3 open questions aiming at the understanding of the object of study.

The open questions were: What is your perception about the presence of hemodialysis access and/or arteriovenous fistula in your body? Does the presence of the catheter and/or the arteriovenous fistula influence in any way your self-image and sexuality? Explain whether you believe that the presence of a hemodialysis catheter and/or arteriovenous fistula has repercussions in your life. If so, what are these repercussions?

The participants of this research were 16 patients undergoing hemodialysis treatment in the nephrology service in the first shift (from 7 am to noon). For participation in the study, three inclusion criteria were used: adult/elderly patient with chronic renal disease and permanent or temporary access for hemodialysis; patients on outpatient hemodialysis treatment presenting lucid and psycho emotional conditions to answer the research questions.

Data were treated through thematic content analysis, which is the analytical description presenting the likely applications of content analysis as a categorical method that allows the classification of the components of the meaning of the message in the form of categories. The content analysis consists in the analysis of meanings occupying an objective, systematic description of the content extracted from the communications and their respective interpretation<sup>(10)</sup>.

This type of analysis consists of treating the information from a specific script, starting with the pre-analysis, where the documents are chosen, formulating hypotheses and objectives for the study, the material exploration, in which specific techniques are applied according to the objectives, and treatment of results and interpretations<sup>(10)</sup>.

From this analysis emerged three empirical categories named: Perceptions of vascular access: the perspective of patients undergoing dialysis therapy; Repercussions of vascular access on the daily life of CKD patients; and Influences of vascular access on the self-image and sexuality of patients with chronic kidney disease.

This research was registered in the Brazil Platform of the Ministry of Health, as recommended by Resolution 466/2012 and approved under protocol nº 1,517,697. The confidentiality of the participants was respected and guaranteed, and their rights were

explained by signing the Informed Consent Term.

## RESULTS AND DISCUSSION

Before presenting the above mentioned categories, it was considered important to present the sociodemographic, labor and health characteristics of the study participants. From 16 interviewees, 62.5% were males and the age group between 60 and 79 years was the most frequent (43.75%). Regarding marital status, 50% of the participants declared that they were married, what is in agreement with the results of three other studies involving nursing diagnoses in the chronic renal patients<sup>(11-13)</sup>.

Regarding the schooling of the interviewees in this study, 31.25% had incomplete elementary education, 6.25% had completed elementary education, 12.5% had incomplete secondary education, 43.75% completed secondary education and one did not report his degree of schooling. Regarding the labor occupation exercised by the participants, it was verified that 50% declared themselves retired and 12.5% did not want to inform. The other 37.5% participants declared themselves housewife, student, cooker, trader, manicurist and housekeeper. These data are corroborated by studies that discussed nursing diagnoses and quality of life of chronic renal patients<sup>(12,13)</sup>.

A study conducted between 2000 and 2004 seeking to trace the epidemiological profile of 90,356 patients through the National Base of Renal Replacement Therapy showed that there was a predominance of hemodialysis in CKD cases, with a majority of male patients, aged 53 years on average, in the age range of 45 to 64 years<sup>(5)</sup>.

The time since diagnosis of CKD ranged from less than 3 years (50%), 3 to 8 years (12.5%), 9 years or more (31.25%), and 6.25% of participants did not know this information. The time undergoing hemodialysis therapy varied from 4 months to more than 6 years, which is in agreement with the literature in a study that analyzed the nursing diagnoses in patients undergoing hemodialysis<sup>(11)</sup>. Another important fact is that, although the patients had been performing RRT for at least 3 months, 31.25% of them still did not have permanent vascular access (arteriovenous fistula - AVF).

Another worrying aspect was the number of accesses made in the patient, since 62.5% had 3 to 8 accesses, 25% had only 1 access, and 12.5 had more than 9 accesses (short-term, long-term and

permanent), with up to 13 reported by one participant (6.25%) who underwent conservative treatment.

It was noted that 43.75% of the participants underwent conservative treatment of renal function and the others did not know or could not inform about such treatment.

Based on the answers to the open questions, after analysis, 182 registration units emerged, which derived 23 units of meaning that were grouped into three empirical categories described and discussed below.

### Perceptions of vascular access: the perspective of patients undergoing dialysis therapy

This category deals with the perception of patients undergoing dialysis treatment regarding the influence of long- or short-term catheters or AVF on their image and sexuality, including 44 of the 182 recording units (RUs) constructed. The following themes emerged from the participants' testimonies: negative perception about the access; recognition of access as an intrusion and cause of discomfort; minimization of the negative perception of accesses linked to the possibility of prolonging life through dialysis; positive perception of access; and familiarization with the presence of the access.

Half of the subjects reported a negative perception of the presence of vascular access (fistula or catheter) in the body. The statements below confirm this assertion:

I wish it had not (...) because it is not good! (E1)

At the beginning, it bothered me because it was new to me, the HD to me ... It became very unpleasant to me. (E2)

I think, it's not a good thing, no. Not really good, (...) is not good, right? (E3)

It's horrible ... it bothers at first, because it gets very sore. You do not have a good life. It's bad for this reason. (E16)

Still on the negative aspect of vascular accesses, the participants' testimonies show the presence of the access as an intrusion, a foreign body, and a discomfort caused by the fist of the AVF:

It's a strange body! I cannot even lower my arm without feeling that big thing (the fistula). (E3)

So, I don't know about other people, but for me, for example, I felt my vein. I would feel it palpitating when it was around my neck. I felt the vein beating. Thus, imagine, you lie at home feeling that thing beating

stronger. Yeah, you get nervous. Is that thing ok or not? To sleep, only lying on one side. (E16)

Although the participants perceived the negative aspects of the accesses, this perception was minimized by the patients' recognition of the need for vascular access for dialysis and the possibility of prolonging their life with this treatment. The statements below exemplify this assertion:

I care for my life today a lot. So today, if I have to make a rip here (points the groin area), I'll do it! (...). It came to bother me a lot, but my life depends on this. (E2)

As the strap is making possible a good dialysis, I go on, because that's what keeps me alive! (E3)

Three participants reported a positive perception regarding the access, emphasizing the possibility of treatment through vascular accesses.

For me, this only helps me. (E8)

In my life, I just think the access just has made me well, okay. (E14)

Other participants got familiar with the presence of vascular access in their bodies, emphasizing the preference for definitive access (AVF) instead of temporary, i.e. long- or short-term catheters.

No, I do not. I honestly do not care. I see nothing here... doesn't cause any trouble. (E8)

Yes, it does not bother me at all, good thing is that at least I do not have those cuts on the neck, on the leg. For me, the fistula is good. (E15)

CKD patients who need dialysis treatment experience changes that can cause physical, sexual, psychological, family and social limitations, affecting their quality of life. In the daily living of these patients, they express negative perceptions such as fear of prognosis, disability, economic dependence and altered self-image<sup>(14)</sup>.

Therefore, it is necessary that the nursing and other professionals who assist them create an atmosphere of understanding, receptivity, sensitivity and exchange, so as to help in reducing tensions, maintaining emotional balance and living with better adaptation to treatment and quality of life. "For this we must exercise listening and consider the patients' perceptions, their needs and their feelings regarding the dialytic treatment"<sup>(8: 844)</sup>.

### **Repercussions of vascular access on the daily life of patients with chronic kidney disease**

This category describes the biopsychosocial repercussions of catheters or arteriovenous fistula in the life of dialysis patients. A total of 91 RUs belong to this category, being the most representative of the study. As for the units of meaning/themes, we can highlight: the negative repercussions that vascular accesses have on these individuals, since the presence of access or fistula cause limitations (in the limb affected) that generate damages or restrictions in life and/or labor activities, besides needing special care for their maintenance.

This is bad because this is not good, it is not. (E5)

They are, many. It causes me trouble from time to time ... it disturbs! Very much. (E12)

It restrains me in several things. I cannot carry weight. I cannot make a purchase, carry a shopping bag [...] messes up everything [...] besides messing up your day to day. The left arm is practically useless [...] and requires care, we cannot check the blood pressure in this arm, cannot take injections, and cannot carry weight. (E6)

Patients understand that vascular accesses for hemodialysis and the limb where they are made need specific<sup>(15: 260)</sup> and sometimes complex care. When patients have no vascular access conditions, they are considered to be at high risk of death. The loss of these accesses may mean interruption of therapy and even death related complications. When experiencing such situations the participants in their testimonies confirm this:

[...] I go out like this, I'm more careful because I still feel the prick of the needle [...] I take care. [...] The care for me is constant. I really take care of it! (E4)

When it was in the neck, I had to be very careful, but it is no longer in the neck, I have fistula now, now I can go to the beach. But, you have to be careful, just be careful. (E10)

CKD patients depend on access to treatment (dialysis). As the years of treatment progress, the chances and functionality of the accesses decrease, and this situation has repercussions on feelings such as fear related to loss of vascular access and consequently interruption of therapy/treatment<sup>(15: 260)</sup>.

[...] I am afraid that this here (Fistula) may have a problem and I do not have access anymore, just as many others. I'm afraid that this comes to happen. Losing it, and no longer having access. I'm afraid about this. (E3)

And now I take care, much care of this, after all, it is my last access. So my care is redoubled, let's put it this way.

When I still had a chance to get a fistula in my arm, put on a prosthesis, something, I still had a chance, but now my last chance was that. So I have to be more careful! (E4)

There are several repercussions for the daily life of CKD patients. They have limitations for locomotion, physical exertion, weight lifting, weakness, fatigue, and other signs and symptoms related to uremia and excess fluid due to hemodynamic changes caused by the renal disease itself. Dialysis treatment influences the quality of life of these patients, as it generates corporal modifications that limit the life of the person undergoing hemodialysis<sup>(7,15)</sup>.

As previously mentioned, the subject needs vascular access to perform the therapy. The access affects the performance of daily activities, as it leads to physical limitations of the limb where it is inserted, as well as negatively affects the image and sexuality of the individual. The presence of the access requires care that is sometimes specific and complex, but essential for the maintenance and permanence of the subject in the therapeutic modality<sup>(6)</sup>.

### **Influences of vascular access on the self-image and sexuality of the person with chronic kidney disease**

This category discusses the influences of vascular access on the self-image and sexuality of CKD patients, including 20 RU. The following themes emerged from the participants' testimonies: negative influence of access in self-image and sexuality causing estrangement from the partner, restrictions and sexual disinterest. However, there was a lack of recognition of access influences by some participants.

As I have to apply ointment to keep it free of thrombus, to avoid bruises, etc. Also in sexuality it is normal also to keep a distance there, not to press it (the fistula) all the time. (E4)

I cannot date comfortably, it disturbs at sex [...] I cannot slap with my left hand. The woman looks my arm like that with that lump she gets afraid. The fistula is something complicated. (E6)

In addition to the negative impairments in self-image and sexuality, the presence of vascular accesses associated with the facts of having a chronic disease without possibility of cure and requiring a dialysis treatment to survive ends up generating social isolation and disinterest in affective relationships<sup>(14)</sup>:

[...] because when I came to do HD, I was already alone. And I continue alone. Now my understanding is that, I do not want it any more. Because I do not think a person will want to be with someone else who is already sick. Someone who is doing hemodialysis. So I am alone. (E11)

On the other hand, non-recognition of influences and repercussions of the accesses in self-image and sexuality was also observed:

No, there is nothing. For me it's the same thing" (E1)

No, it does not interfere. (E3)

No, no. Not at all. Not for now. (E15)

Studies have shown that the presence of vascular accesses in hemodialysis therapy, whether temporary (short- or long-term) or permanent, reflects in various ways in the life of chronic renal patients who depend on these accesses for dialysis therapy<sup>(6,7)</sup>.

Dialysis treatment can be considered a potentiating factor, as it offers improvements in the living conditions and causes the improvement of the patients' health status<sup>(7)</sup>. For this, venous devices are necessary, although they may sometimes cause feelings of estrangement and annoyance for some individuals. Others, however, may present a positive perception, seeing the access as a means of survival and maintenance of health.

Thus, it can be seen that patients undergoing dialysis end up adapting to the various changes that have occurred, either through renal disease or substitutive therapy, which generate a process of acceptance of their condition. This acceptance interferes in the quality of life of these people, since it requires adaptation that involves a complex process<sup>(13)</sup>.

Self-image and self-esteem must be considered as influential factors for the health/disease process, since they may reflect on the acceptance or non-acceptance of a particular treatment, as well as on the potential for change in social contact and acceptance. They also reflect on sexuality, which should not be seen only as sexual intercourse, but as a component of the individual personality and involving social, physical, affective and cultural elements<sup>(8,16)</sup>.

Since nursing is the professional category that provides care and that is constantly in contact with the clientele, it becomes a potential facilitator of learning and of therapeutic adaptation of chronic renal patients, since these may present limitations in their physical and emotional functions. This is because, besides the difficulties related to work, sports, leisure

and social activities, they sometimes experience impairments related to their self-image and self-esteem, due to the living with a chronic disease and the alterations that this and the presence of the accesses for dialysis cause in their bodies<sup>(17,18)</sup>.

### FINAL CONSIDERATIONS

The study evidenced that the presence of vascular accesses on the image and sexuality bring impacts on the patients' subjective dimension. In this sense, the study revealed feelings of sadness, social isolation, fear of loss of access and interruption of therapy, uselessness of a body part, sexual disinterest, among

other issues that confirm the impacts of living with a chronic disease and the access for the therapy.

In contrast to the negative impacts of vascular accesses on the life of CKD patients, there was a minimization of impacts/repercussions, since the accesses are identified as a means of survival.

Regarding the subject of self-image and sexuality of CKD patients with vascular accesses to dialytic therapy, we conclude that health professionals have significant importance in the guidance and adaptation of these patients, in order to favor social coexistence and better quality of life of them and their partners, since nursing has a guiding and educative function, besides the great bond and proximity to its clientele.

## INFLUÊNCIA DOS ACESSOS VASCULARES NA AUTOIMAGEM E SEXUALIDADE DOS PACIENTES EM HEMODIÁLISE: CONTRIBUIÇÃO PARA ENFERMAGEM

### RESUMO

O estudo teve como objetivos identificar a percepção dos pacientes em tratamento hemodialítico acerca da influência dos cateteres ou da fístula arteriovenosa em sua autoimagem e sexualidade; e descrever as repercussões biopsicossociais do uso do cateter de hemodiálise ou da fístula arteriovenosa na vida dos pacientes em tratamento hemodialítico. Pesquisa qualitativa, descritiva e exploratória, desenvolvida no setor de hemodiálise de um hospital público no Rio de Janeiro. Os participantes foram 16 pacientes com fístula arteriovenosa ou cateter em tratamento hemodialítico. Os dados foram coletados mediante a entrevista semiestruturada, no mês de junho de 2016, e após submetidos à análise de conteúdo temática, que fez emergir três categorias empíricas: Percepções do acesso vascular: a ótica de pacientes em terapia dialítica; Repercussões do acesso vascular para o cotidiano dos pacientes com doença renal crônica; e Influências do acesso vascular na autoimagem e sexualidade do portador de doença renal crônica. Conclui-se que os cateteres ou a fístula arteriovenosa influenciam negativamente na autoimagem, sexualidade e na qualidade de vida, pois geram modificações corporais que limitam a vida da pessoa que realiza hemodiálise.

**Palavras-chave:** Enfermagem. Diálise renal. Autoimagem.

## INFLUENCIA DE ACCESO VASCULAR EN LA AUTO-IMAGEN Y LA SEXUALIDAD DE LOS PACIENTES DE HEMODIÁLISIS EN: UNA CONTRIBUCIÓN A LA ENFERMERÍA

### RESUMEN

El estudio tuvo como objetivos identificar la percepción de los pacientes en tratamiento hemodialítico acerca de la influencia de los catéteres o de la fístula arteriovenosa en su autoimagen y sexualidad; y describir las repercusiones biopsicosociales del uso del catéter de hemodiálisis o de la fístula arteriovenosa en la vida de los pacientes en tratamiento hemodialítico. Investigación cualitativa, descriptiva y exploratoria, desarrollada en el sector de hemodiálisis de un hospital público en Rio de Janeiro-Brasil. Los participantes fueron 16 pacientes con fístula arteriovenosa o catéter en tratamiento hemodialítico. Los datos fueron recolectados mediante entrevista semiestruturada, en el mes de junio de 2016 y sometidos al análisis de contenido temático, del que hizo surgir 3 categorías empíricas: Percepciones del acceso vascular: en la perspectiva de pacientes en terapia dialítica; Repercusiones del acceso vascular para el cotidiano de los pacientes con enfermedad renal crónica; e Influencias del acceso vascular en la autoimagen y sexualidad del portador de enfermedad renal crónica. Se concluye que los catéteres o la fístula arteriovenosa influyen negativamente en la autoimagen, sexualidad y en la calidad de vida, pues generan modificaciones corporales que limitan la vida de la persona que realiza hemodiálisis.

**Palabras clave:** Enfermería. Diálisis renal. Autoimagen.

### REFERENCES

1. Sesso RC, Lopes AA, Thomé FS, Lugon JR, Santos DR. Inquérito Brasileiro de Diálise Crônica 2013 - Análise das tendências entre 2011 e 2013. *J Bras Nefrol*. [on-line]. 2014 out/dez. [citado 2016 jul 10]; 36(4):476-81. Disponível em: <http://www.scielo.br/pdf/jbn/v36n4/0101-2800-jbn-36-04-0476.pdf>.
2. Ministério da Saúde (BR). Departamento de atenção básica. Estratégias para o cuidado da pessoa com doença crônica: diabetes mellitus. Brasília (DF): Ministério da Saúde; 2013.

3. Ministério da Saúde (BR). Diretrizes clínicas para o cuidado ao paciente com doença renal crônica- DRC no Sistema Único de Saúde. Brasília (DF); 2014.
4. KidneyDiseasesOutcomesQualityInitiative – KDOQI. Clinical practice guidelines for vascular access: update 2006. *Am J Kidney Dis*. 2006; [citado em 27 out 2016]; 176-276. Disponível em: [http://www2.kidney.org/professionals/KDOQI/guideline\\_upHD\\_PD\\_VA/va\\_guide1.htm](http://www2.kidney.org/professionals/KDOQI/guideline_upHD_PD_VA/va_guide1.htm)
5. Moreira AGM, Araújo STC, Torchi TS. Preservação da fístula arteriovenosa: ações conjuntas entre enfermagem e cliente. *Esc Anna*

Nery (impr.) [on-line]. 2013 abr/jun. [citado 2016 out 25]; 17(2):256-62. Disponível em:

<http://www.scielo.br/pdf/ean/v17n2/v17n2a08.pdf>

6. Frazão CMFQ, Bezerra CMB, Paiva MGN, Lira ALBC. Changes in the Self-concept Mode of Women Undergoing Hemodialysis: A Descriptive Study. *Online braz j nurs* [on-line]. 2014 jun. [citado 2016 ago 20]; 13(2):219-26. Disponível em: URL:<http://www.objnursing.uff.br/index.php/nursing/article/view/4209>

7. Silva AS, Silveira RS, Fernandes GFM, Lunardi VL, Backes VMS. Percepções e mudanças na qualidade de vida de pacientes submetidos à hemodiálise. *Rev Bras Enferm*. 2011 set-out; 64(5):839-44.

8. Mendes AR, Dohms KP, Lettnin C, Zacharias J, Mosquera JJM, Stobal CD. Autoimagem, autoestima e autoconceito: contribuições pessoais e profissionais na docência. 9º Seminário em Pesquisa em Educação da Região Sul. [on-line]. 2012. [citado 2016 abr 15]. Disponível em: <http://www.ucs.br/etc/conferencias/index.php/anpedsul/9anpedsul/pape/r/viewFile/724/374.%201-%202013>

9. Minayo MCS. Pesquisa social: teoria, metodologia e criatividade. 19ª. ed. Petrópolis (RJ): Vozes; 2012.

10. Bardin L. Análise de conteúdo. 70ª ed. Lisboa: Edições 70; 2012.

11. Poveda VB, Alves JS, Santos EF, Moreira AGE. Diagnósticos de enfermagem em pacientes submetidos à hemodiálise. *Rev Eletr Enf*. [Internet]. 2014 abr. [citado 2016 out 26]; 13(2):70-81. Disponível em: <http://revistas.um.es/eglobal/article/view/167841/160251>.

12. Muniz GC, Aquino DMC, Rolim ILTP, Chaves ES, Sardinha AHL. Diagnósticos de enfermagem em pacientes com insuficiência renal crônica em tratamento hemodialítico. *Rev Pesq Saúde*. 2015 jan-abr. 16(1):34-40.

13. Costa GMA, Pinheiro MBGN, Medeiros SM, Costa RRO, Cossi MS. Qualidade de vida de pacientes com insuficiência renal crônica em tratamento hemodialítico. *Rev Eletr Enf*. [Internet]. [on-line]. 2016 jul.

[citado 2016 out 26]; 15(3):73-85. Disponível em:

<http://revistas.um.es/eglobal/article/view/213891/193921>.

14. Cruz MRF, Salimena AMO, Souza IEO, Melo MCSC. Descoberta da doença renal crônica e o cotidiano da Hemodiálise. *Cienc Cuid Saude*. 2016 jan-mar; 15(1):36-43. [citado 2017 maio 6]. Disponível em:

<http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/25399/17020>

15. Bibiano RS, Souza CA, Silva AC. A percepção da autoimagem do cliente renal crônico com cateter temporário de duplo lúmen. *Rev Pró-Univer SUS*. [on-line]. 2014. [citado 2016 set 12]; 5(1): 5-11. Disponível em:

<http://www.uss.br/pages/revistas/revistaprouniversus/V5N12014/pdf/001.pdf>

16. Santos ACC. Formação de professoras (es) em gênero e sexualidades: novos saberes, novos olhares. *Fazendo gênero* 9. [on-line]. Universidade federal de Santa Catarina. 2010 ago. [citado 2015 out 6]. Disponível em:

[http://www.fazendogenero.ufsc.br/9/resources/anais/1278296972\\_ARQUITIVO\\_textofazendogenero.pdf](http://www.fazendogenero.ufsc.br/9/resources/anais/1278296972_ARQUITIVO_textofazendogenero.pdf)

17. Bibiano RS, Souza CA, Silva AC. A percepção da autoimagem do cliente renal crônico com cateter temporário de duplo lúmen. *Rev Pró-Univ SUS*. 2014 jan-jun; 5(1):5-11.

18. Jansen DL, Grootendorst DC, Rijken M, Kaptein AA, Boeschoten FWD, PREPARE-2 Study Group. Pre-dialysis patients' perceived autonomy, self-esteem and labor participation: associations with illness perceptions and treatment perceptions. A cross-sectional study. *BMC Nephrol*. [on-line]. 2010. [citado 2016 mar 4]; 11(35):11-35. Disponível em:

<https://www.ncbi.nlm.nih.gov/pubmed/21138597>

**Corresponding author:** Priscila Figueiredo Cezario da Silva. Rua Paraná nº. 4. Santa Cruz da Serra, Duque de Caxias, Brasil. Tel.: (21) 967412316. E-mail: pfcezario@gmail.com

**Submitted:** 29/11/2016

**Accepted:** 16/03/2017