our study, ischemic neuropathy was seen in 16.1% of the patients and was common in diabetic patients.Much more serious is an infection associated with anatomical abnormalities, such as aneurysms, hematomas or abscesses, which require surgical excision and drainage.[In a recent study done by Bae et al., it was suggested to undergo autologous AVF as the choice of vascular access in elderly HD (HD) patients.[29] Some studies revealed that the deaths in patients on HD are very minimal due to access-related problems, and mediation analyses indicated that vascular access complications were not able to adequately explain the association between access type and death.[30,31] No patient with ESRD should be excluded from consideration for an AVF without vascular mapping and evaluation by an experienced HD access vascular surgeon.Currently, the most acceptable option is end-to-side anastomosis.[22-24] When considering the complications some of the preoperative factors that should be considered are the outflow vein diameter, arterial diameter and flow rate in the vein and across the anastomosis, all of could have an effect on the success of fistulas, especially in proximal and distal arm fistulas.[25] Infections accounts about 20% of all AVF complications and most common infections inlcude .perivascular cellulitis, which manifests as localized erythema and edema and is usually easily treated