

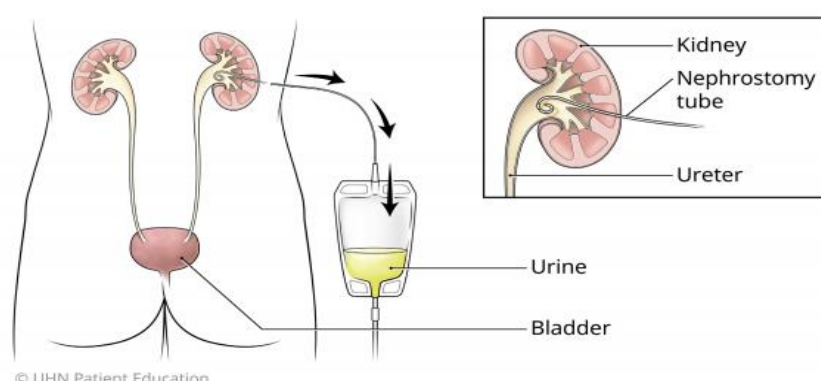
## Nephrostomy tube follow up care

### Information for patients

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#### What is a nephrostomy?

You may need a nephrostomy tube when something is blocking your normal flow of urine from your kidney to your bladder. If your urine gets blocked, it will stay in your kidney and cause damage to it. A nephrostomy tube is put in to drain the urine directly from your kidney. You may need this tube if you have kidney stones, pelvic tumours, damage to your urinary system or cervical/prostate cancer.



#### What is a nephrostomy exchange?

Your nephrostomy tube will need changing around every three months. This is because the urine that comes out contains a gritty sediment which can block the tube. This will slow down or even stop the urine from draining out. If this happens the kidney will become infected and possibly damaged, which will lead to you becoming unwell. This can be avoided and treated by regular nephrostomy exchanges.

The nephrostomy tube is also a foreign body that can become a source of infection. The longer the tube stays in, the more likely it is to become blocked or infected.

Your exchange may be carried out by a radiology doctor or an advanced practitioner radiographer.

Frequent changes of the tube will reduce the chances of this happening. Your radiology doctor or advanced practitioner radiographer will decide how often this needs to be done.

#### Are there any special preparations?

There is no special preparation before your tube exchange. On the day of your appointment you can eat and drink as normal. Your appointment will usually be as an outpatient arranged by the radiology department. You will receive an appointment letter detailing the day, time and any arrival instructions.

#### Should I take my tablets as normal?

You should continue to take all your medications as normal.

You may be given an injection of antibiotic as a precaution against any infection.

## What does the procedure involve?

The radiology doctor or advanced practitioner radiographer will speak with you immediately before your procedure to discuss the procedure and answer any questions or concerns you may have. You will also be asked some questions about any previous nephrostomy exchanges and your current health.

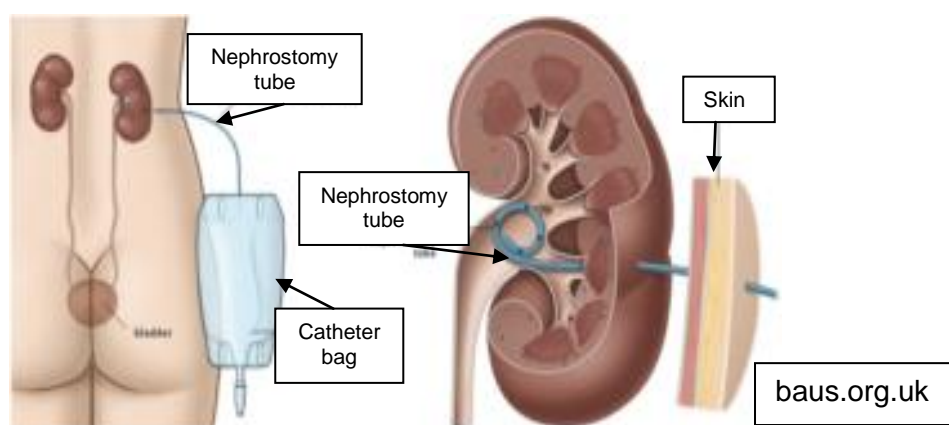
If possible, you will lie on your stomach. If you cannot do this, staff will help you to get into a comfortable position that allows the procedure to continue.

Your back and side will be cleaned with antiseptic to prevent infection. You will then be covered in drapes.

The radiology doctor or advanced practitioner radiographer will inject some X-ray contrast dye down the tube; this is to check that the present tube is in the correct position. Using X-rays as a guide, a wire will then be placed through your existing tube in the kidney.

Using this wire, the radiology doctor or advanced practitioner radiographer will then pull out the old tube, leaving the wire in place. The new tube will then be inserted over the wire and into the correct position in your kidney.

Once the tube is secured in place, the guide wire is removed. The nephrostomy is attached to a new drainage bag and is then secured in place. Sometimes this can be uncomfortable- this normally passes quite soon once the procedure has been completed. If you require pain relief during the procedure, staff will be on hand to assist. The procedure can take approximately 30 minutes.



## Are there any risks?

It is a comparatively safe procedure; however, it does carry some risks and possible complications.

**Urine infection** - you may be given antibiotics to help prevent this, especially if you have had an infection after previous exchanges.

**Blood in the urine** - this is very common and you may notice red coloration in the bag that settles in a day or two, but does not cause you any problems.

The nephrostomy tube may be **blocked inside**; this may take some manipulation and extra time to unblock during the procedure.

On very rare occasions we might '**lose access**' when the old tube has been removed it might not be possible to insert the new one. A new one may be inserted at the same time, but this would be after some discussion with you.

There is some exposure to radiation during the procedure because **X-rays** are used. However, as this is a low dose examination, exposure to radiation is kept to a minimum. Generally, the amount of radiation you are exposed to during this procedure is equivalent to between a few days and a few years of exposure to natural radiation from the environment.

### **What will happen after the procedure?**

You will be transferred back to the ward/day bed area and have your observations checked for around 2 hours before being discharged home. You will still have a drainage bag attached; it's very important you take care of this. You will need to be aware of the bag when moving in bed and walking around. The nurses will explain how to attach your urine bag to your clothes. Keep the bag that is connected to your tube securely in place. To protect your tube, pin the bag to your clothes using safety pins.

### **What should I do if I am worried?**

If you have any questions or concerns, please contact:

- Your GP or District Nurse
- NHS 24 on **111**
- The Radiology Appointments Office: **0131 537 2052** or **0131 537 2054**

### **What should I look out for when I get home?**

Call your own doctor (GP) for any of the following reasons:

- You have a temperature above 38 degrees Celsius or 101 degrees Fahrenheit
- You develop back pain or side pain
- Your urine output stops, becomes dark, or foul-smelling
- If the tube falls out do not attempt to re-insert it yourself. This needs to be done at the hospital.

### **What should I do if I have any problems when I get home?**

Please telephone the Radiology Appointments Office on the number above.

You can call your GP or NHS 24 on 111 if you think it is an emergency or visit the Accident and Emergency department if you become very unwell.

### **Other important points to remember**

- Keep the bag that is connected to your tube securely in place. To protect your tube, pin the bag to your clothes using safety pins.
- There should be no pulling or stretching on the tube connected to the bag.
- Make sure you empty the bag often. This will prevent pulling on the tube and helps keep it in place.
- Keep the skin around your tube dry. When you shower, cover the dressing so it does not get wet. If your tube dressing gets wet, dry the skin completely. You should avoid baths whilst you have a nephrostomy.