



Imaging



**Brighton and Sussex
University Hospitals**
NHS Trust

Nephrostomy Insertion

Information for patients

What is a Nephrostomy?

Urine normally drains from your kidneys into your bladder through a narrow tube (ureter). The ureter can become blocked, stopping the urine draining into your bladder. In this case you may need a nephrostomy inserted. This is a small thin tube that is inserted directly into your kidney through the skin of your back, so that urine can drain out into a bag. This is normally a temporary solution and can be exchanged for a stent, a small plastic tube, which sits in the ureter helping the kidney to drain the urine into the bladder.

Why do I need a nephrostomy?

You have a blockage in your ureter which means you are unable to pass urine normally. This can cause damage to the kidney. This procedure allows urine to drain from the kidney externally into a bag.

Who has made the decision?

The consultant in charge of your case, and the Interventional Radiologist (the doctor who specialises in Imaging Procedures) who will be carrying out the Nephrostomy Insertion will have discussed the situation, and feel that this is the best treatment option. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can then decide against it.

Who will be performing the Nephrostomy insertion?

A specialist doctor called an Interventional Radiologist. Interventional Radiologists are experts in using X-ray equipment and in microsurgical techniques.

Where will the procedure take place?

In the Imaging Department, in an Interventional Radiology (IR) Procedure Room which is designed for these specialised procedures. You will be checked into the department by a nurse, who will ask some medical questions and fill out some paperwork. The Interventional Radiologist will then explain the procedure. This will give you the opportunity to ask any questions or raise any concerns. Only if you are happy to continue with the procedure will you be asked to sign the consent form.

What happens during the nephrostomy insertion?

It is performed in the IR procedure room.

- You will lie on a special x-ray table usually on your front or side.
- You will have a needle put into a vein in your arm so we can administer antibiotics and pain killers if required.
- Your back is cleaned and you will be covered in sterile drapes. The radiologist will inject local anaesthetic to numb the area. This may sting at first before numbing the area.

- The radiologist will use ultrasound and imaging guidance to place a plastic tube (drain) into your kidney. They will make sure they are in the right place by injecting x-ray dye through the drain. Once they are in the correct place the drain will be held in place with a dressing and sometimes also a stitch. The drain will be attached to a bag to collect the urine.

How do I prepare for a nephrostomy insertion?

To prepare for the procedure you will need to make sure you do the following:

You will need to have a blood test before your procedure.

Please let us know if you are taking any **antiplatelet medicines** (for example, Aspirin, Clopidogrel) or any **medicines that thin the blood** (for example, Warfarin), as these may need to be stopped temporarily before the procedure. Call the IR department for advice as soon as you get your appointment letter on **01273 696955 Ext. 4240/4278** and ask to speak to one of the IR nursing team.

If you are taking **medicines for diabetes** (for example metformin) or using insulin, then these may need to be altered around the time of the procedure. Call the IR department on the numbers above for advice as soon as you get your appointment letter.

You cannot eat or drink anything (except water) for four hours before your procedure. You can drink water up to two hours before your procedure.

You will be admitted to a hospital ward post procedure for monitoring.

Will it hurt?

When the local anaesthetic is injected it will sting for a moment but the stinging will wear off leaving the area of skin numb. You may occasionally feel a pushing sensation as the drain is inserted. If you feel discomfort the nurse looking after you will be able to arrange for further pain relief or sedation, if it is required. You will be awake for the procedure and you will be able to tell the nurse or radiologist if you feel any pain or are uncomfortable in any other way.

How long will it take?

Whilst every patient and every patient's situation is different we allow an hour for the procedure.

What happens afterwards?

You will be taken to one of the hospital wards once your bed is ready. Whilst in our recovery area we will check your blood pressure, pulse rate, and oxygen levels. You will be on bed rest for a few hours until you have recovered. It is important to take care of the drainage bag so that the nephrostomy does not get pulled out. The nurses will empty the drainage bag at regular intervals and record the drainage output. If you are discharged with the nephrostomy in place, the nursing staff will teach you how to care for the catheter at home. The team looking after you will decide when the tube can be removed.

How soon can I eat or drink?

Although nephrostomy insertion is a relatively safe technique, there are some risks:

- **Infection** - you will be given antibiotics before the procedure, to help prevent this
- **Blood in your urine** - this normally lasts for a day or two
- The catheter can become dislodged, or blocked.

What are the benefits?

Preserves kidney function and allows it to function normally.

Finally

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the team looking after you.

Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Interventional Radiology:

01273 696955 Ext. 4240/4278

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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