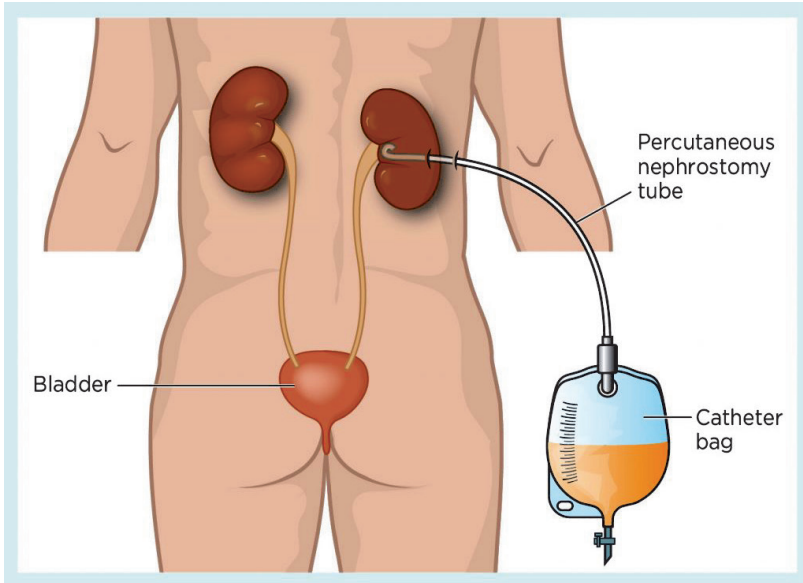


# Nephrostomy tube

**Department of Urology**

## What is a Nephrostomy tube?

It is a drainage tube which is directly placed into the kidney through your skin. This tube is placed using highest practice standards under radiology or X-ray guidance. The tube will then be attached to a drainage bag outside the body.



### ***A nephrostomy tube in situ***

*Picture courtesy: Nursing Times*

## Why do I need this procedure?

This tube is placed if you have a blockage in your ureter (tube from your kidney to your bladder). Blockage in the ureter can prevent urine draining from the kidneys into your bladder and if left untreated can cause damage to the kidneys. Most often this is done as an emergency procedure when there is severe infection, severe blockage or kidney damage. The length of time the tube stays in depends on patient to patient and your surgeon will inform you of this.

## What happens before the procedure?

### Before the procedure:

You full medical history will be taken and recorded in your medical notes before the procedure.

- Please tell you doctor if you have any allergies
- You will be told when you can eat and drink before the procedure.
- You will also be given an injection of antibiotics to prevent you from having any infection post procedure.

Please inform your radiologist or your case doctor if you are on any blood thinning tablets such as Warfarin, Rivaroxaban, Clopidogrel, or Aspirin.

### Please tell your doctor if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint or blood vessel graft
- A neurosurgical shunt
- Any implanted foreign body
- A previous or current MRSA infection
- A high risk of variant-CJD
- Any reaction to contrast/dye used for scans.

## What happens during the procedure?

The procedure will be carried out by a specially trained doctor called a radiologist. The radiologist will be using x-ray and scanning equipment to find the best place on your back to insert the tube into your kidneys. You will be asked to change into a hospital gown. You will be asked to lie on an x-ray table flat on your stomach. You will be given a local

anaesthetic on the skin where the needle will be inserted. The local anaesthetic will help in relieving any pain during the procedure when the tube is being inserted.

The procedure will normally take about 20-30 minutes.

## What happens after the procedure?

You will be taken back to the ward where you were first admitted. The nurses on the ward will monitor your output from the tube. They will carry out routine observations such as blood pressure and body temperature.

The tube will be attached to you and will drain into a collection bag. You will be advised to stay in bed for a few hours. You must let your nurse know when you want to get out of bed and avoid sudden movements so that the tube does not get pulled or become displaced. Slight discomfort is expected post procedure due to the tube.

## What are the after-effects of this procedure?

Percutaneous nephrostomy is normally a very safe procedure but as with any other procedure there are some risks and complications that may happen. After-effects can vary from patient to patient and you should be reassured that the majority of patients do not suffer any problems after a urological procedure.

### **Most common side-effects after this procedure are:**

- Minor bleeding from the kidneys – This should settle within 48 hours. Please inform if it does not.
- Some discomfort where the tube was placed.

### **Not so common side effects are:**

- Leakage of urine around the drainage tube
- Blockage
- Infection.

Please inform your GP or District Nurses if this occurs.

### **Very rare complications are:**

- Significant bleeding
- Displacement of the tube
- Failure to place the tube satisfactorily in the kidney, which would mean another procedure.

Please attend your nearest emergency department if you experience significant bleeding or your tube has been displaced.

## **What should I expect when I get home?**

You will be given advice on how to care for your nephrostomy tube at home. You will be referred to the community nursing team who will change your dressing. You will also be told the appropriate length of time the tube will be left in.

Try to keep the dressing site dry and clean. You may have a shower or bath but make sure the site itself is protected using a plastic wrap or water proof dressings. This will be shown to you prior to your discharge. Swimming is not recommended when you have the tube in.

The drainage bag should be changed weekly and instruction on how to change the bag will be shown before your discharge. Your follow-up plans will be indicated in the discharge letter.

### **If you experience:**

- High temperature
- Back pain
- Redness or swelling around the tube
- Leakage of urine from the drainage site
- Minimal or very less drainage from the tube
- Bleeding
- If the tube falls out

then you must contact the urology department or urology ward.

If you are unable to contact then please attend the emergency department.

Please make sure you understand after care before you leave the ward and if you have any question please do not hesitate to ask.

## **Useful contact details**

**Ansty Ward**

**01444 441881 Ext. 8240/8241**

**Urology Nursing Team**

**01444 441881 Ext. 5457**

### **Urology Consultants:**

**Mr Symes's secretary**

**01444 441881 Ext. 67809**

**Mr Coker's secretary**

**01444 441881 Ext. 68043**

**Mr Nawrocki's secretary**

**01444 441881 Ext. 64077**

**Mr Larner's secretary**

**01444 441881 Ext. 67808**

**Mr Alanbuki's secretary**

**01444 441881 Ext. 67810**

**Mr Zakikhani's secretary**

**01444 441881 Ext. 67809**

**Please ask your nurse to fill in the following details in before you leave the ward:**

Patients Name	
Address	
Consultant Name	
Hospital	
Contact details of Ward	
Date of Insertion	
Reason for Insertion	
Dressing used	
Frequency of Dressing change	
Follow up appointment or date of change/removal of tube	
Contact details for community Nurses	

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