

Having a nephrostomy tube inserted

Urology Department

Patient Information Leaflet

Introduction

This leaflet is for people who have been advised to have a nephrostomy tube inserted. It includes information on what a nephrostomy tube is for, the benefits and risks of having one, and what the procedure involves.

If you would like more detailed information, please contact one of our urology nurse specialists.

What is a nephrostomy?

A nephrostomy is a thin, plastic tube (catheter) that is inserted through the skin on your back and into your kidney. This is carried out using a local anaesthetic which means you will be awake during the procedure. The tube is used to drain urine from one or both kidneys into a collecting bag outside the body. It is usually recommended if there is a blockage that is preventing urine draining from the kidney into the bladder.

The collecting bag has a tap so you can empty it. You may still pass urine in the normal way even when you have a nephrostomy tube in one, or both, of your kidneys.

What are the benefits of a nephrostomy?

It helps to relieve a build-up of urine in the kidney, caused by a blockage. The build-up of urine can prevent the kidney from performing its normal function, which is to filter the blood. If left untreated, this could cause damage to the kidney.

What are the risks?

Most procedures have some risks. Please be reassured that although all these risks are well-recognised, the majority of patients do not suffer any problems after the procedure. We will monitor you closely so we can pick up and treat any problems. The risks of the nephrostomy procedure are:

Common risks (more than one in 10 people will get these)

- Minor bleeding from the kidney which will be visible in the urine drainage bag
- Temporary discomfort in the kidney and at the site where the tube has been inserted

Occasional risks (between one in 10 and one in 50 people will get these)

- Leakage of urine around the tube inside the abdomen (tummy area)
- Blockage of the drainage tube
- Infection after insertion of the tube

Rare (less than one person in 50 will get these)

- A lot of bleeding inside the abdomen (tummy area) which will need to be drained out using surgery
- The drainage tube moves out of position
- The tube is not placed correctly in the kidney. This may mean you need to have another drainage tube inserted using surgery
- Accidental damage to organs nearby, such as the stomach or bowel

X-ray precautions:

The procedure uses X-rays and these use a small amount of radiation which may add slightly to the normal risk of cancer.

If you have sedation:

The sedation will affect your reflexes and judgement. Therefore, it is very important that you follow these instructions if you are going home on the day of your procedure:

- You will need to arrange for a responsible adult to take you home, either by car or taxi. You will not be able to go home on public transport.
- Someone should stay with you overnight.
- You cannot, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- You should not sign legally-binding documents for 24 hours afterwards.
- Do not drink alcohol.
- The effect of the sedation may be prolonged by other drugs you are taking.

The sedation we give patients for the procedure makes you comfortable but it may affect your memory for up to 24 hours. You may not remember anything about the procedure afterwards.

Safety

The sedating drug we use is very safe. There will be trained nurses with you at all times who will monitor you during the procedure and in the recovery area afterwards.

There are a few complications with sedation and the risk of complications is slightly higher in the elderly or those with chronic chest or heart disease. The complications of the sedation are rare but can include:

- feeling or being sick
- small particles of food falling into the lungs and triggering an infection (aspiration pneumonia)

What are the alternatives to this procedure?

You can have a tube or stent inserted using a general anaesthetic, where you will be asleep for the procedure. You can decide not to have the procedure if you do not want to; it is your choice.

What happens before the procedure?

This procedure is sometimes performed as an emergency. In this case, we will give you instructions and information about what will happen at the time.

However, if it is a planned operation, you will need to come to hospital on the day of your surgery. Your admission letter will contain the date and any instructions you must follow before your operation.

If you are taking warfarin, aspirin or clopidogrel (Plavix ®) on a regular basis, you must discuss this with your urology consultant. These drugs can cause increased bleeding after surgery. For this reason, there may be a balance of risk where stopping them before the operation will reduce the chances of bleeding. However, this can result in increased clotting which may also carry a risk to your health.

Therefore, this will need careful discussion with regards to risks and benefits. If you do stop this medication, we will give you instructions before you leave hospital when you can safely start taking them again.

If you smoke, try to cut down or preferably stop, as this reduces the risks of heart and lung complications during and after the procedure.

Your admission letter will contain guidance about when you can eat and drink before your operation.

Pre-assessment

Before the procedure, we will assess you to determine whether there are any reasons why you should not have it.

At this assessment, a range of investigations will be carried out such as:

- A blood test, if you take certain medications.
- You may have an ECG – a heart trace test. This is nothing to be alarmed about, just a routine test to check your heart.
- Your blood pressure, pulse and weight will be recorded.
- You will be screened for MRSA – a nasal and groin swab will be taken to see if you have any evidence of infection.
- A finger prick test to check your blood glucose levels.

You will have the opportunity to ask any questions or discuss any problems you may have.

At this assessment, please tell us if:

- You are diabetic
- You have a cold, cough or any type of infection
- You take any medications and what these are. You may need to stop taking some of these for a short period of time before you have the procedure.

Please be sure to tell your consultant before the procedure if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A brain shunt
- Anything else that has been implanted such as metal pins
- A previous or current MRSA infection
- You have received a cornea transplant, a dural transplant in the brain or previous injections of human-derived growth hormone, as these can be associated with Creutzfeldt-Jakob Disease (CJD)

Giving consent

We will explain the procedure to you and check that you understand what is to be done. If you are happy to go ahead, we will ask you to sign a consent form giving permission for the procedure to take place. Please ensure that you have discussed any concerns and asked any questions you may have, before signing the form.

Medication

Please make sure before you come into hospital you have enough of your regular medication to take when you get home. It is unlikely that the medication prescribed by your GP or another hospital consultant will be changed.

Also, please make sure you have a supply of painkillers to take when you get home. We recommend paracetamol which can be purchased in pharmacies or supermarkets, or the painkillers you normally take (always read the label; do not exceed the recommended dose). Getting medication from the hospital pharmacy can sometimes take a long time as they are very busy and this will delay your return home.

What happens during the procedure?

The procedure is carried out by a radiologist who is a doctor specialising in diagnosing and treating disease using X-rays and scans. It is usually carried out in an X-ray (radiology or imaging) department. The radiologist will use either X-rays or ultrasound imaging to decide on the most suitable point for inserting the fine tube (catheter) into the kidney.

Before the doctor begins, a nurse may put a thin, plastic tube (cannula) into a vein in your arm. Sometimes a drip (infusion) is attached to the cannula to give you fluids. These may include antibiotics to reduce the risk of getting an infection, painkillers and a sedative to help you relax.

You will lie on an X-ray table, generally flat on your stomach, or nearly flat. The doctor will inject local anaesthetic into the skin on your back to make the area numb so you should not feel any pain. They will then insert a fine needle into the kidney using X-ray and ultrasound imaging to guide them.

Once the radiologist is sure that the needle is in a good position, they will put a guide wire into the kidney through the needle. This allows them to position the plastic catheter correctly. The catheter is fixed to the skin on your back with a stitch. The external end of the catheter is fitted to a urine drainage bag.

How long does it take?

The procedure will normally take 20 minutes although occasionally it may take longer.

What happens after the procedure?

After your operation, you will normally go back to the urology ward. You can start eating and drinking as soon as you recover from the anaesthetic. We will tell you how the procedure went and what you can and cannot do. You should:

- Let the staff know if you are in any discomfort.
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team.
- Ensure that you are clear about what has been done and what should happen next.

The nurses will carry out some routine observations of your pulse, temperature and blood pressure. You will generally need to stay in bed for a few hours until you feel comfortable.

It is a good idea to avoid making sudden movements once you can move around, to make sure that the tube does not get pulled or move out of its position. You will need to empty the drainage bag fairly frequently so that it does not become too heavy.

The nurses will also monitor carefully how much urine you produce during this period.

Your consultant urologist will tell you how long you need to have the drainage tube in place.

What happens when I get home?

Keep the skin around the nephrostomy tube clean and, to prevent infection, put a sterile dressing around the site where the tube leaves your skin. Dressings should be changed at least twice a week, especially if they get wet.

You can have a shower or bath 48 hours after the tube has been inserted but try to keep the tube site itself dry. To do this, put plastic wrap (like cling film) around the area during showering or bathing. After 14 days, you can shower or have baths without plastic wrap. The drainage bag will usually need to be changed every week.

We will refer you to the district nursing service when you leave hospital. One of the district nurses should contact you within a week. If not, please contact the ward you stayed on after the procedure.

Swimming is not recommended as long as the tube is in place.

What should I look out for?

Contact your GP immediately if you have any of the following:

- a high temperature
- back pain
- redness or swelling on the skin around the tube
- leakage of urine from the site on your back where the tube comes out
- little or no drainage of urine into the bag
- the tube falls out

In an emergency, ring NHS 111 for advice.

If you have any other concerns, please contact:

- One of our urology nurse specialists on 01384 456111 ext. 2873 or mobile 07787 512834 (8am to 4pm, Monday to Friday)
- or
- The ward you were on after your procedure. Ask to speak to the nurse in charge.

Follow up

Your urology consultant will arrange any follow-up appointments or treatment before you leave hospital. At some point the tube may need to be removed or changed. Your consultant will discuss this with you.

Can I find out more?

You can find out more from the following weblink:

Macmillan

<http://www.macmillan.org.uk/information-and-support/treating/supportive-and-other-treatments/supportive-therapies/nephrostomy.html>

Contact information for urology nurse specialists

If you have any questions, you would like more information, or if there is anything you do not understand about this leaflet, please contact:

Urology nurse specialists on 01384 456111 ext. 2873 or
mobile 07787 512834 (8am to 4pm, Monday to Friday)

Ward C6 on 01384 244282

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/urology/>

If you have any feedback on this patient information leaflet, please email
patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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