

Urology Department, Charing Cross Hospital

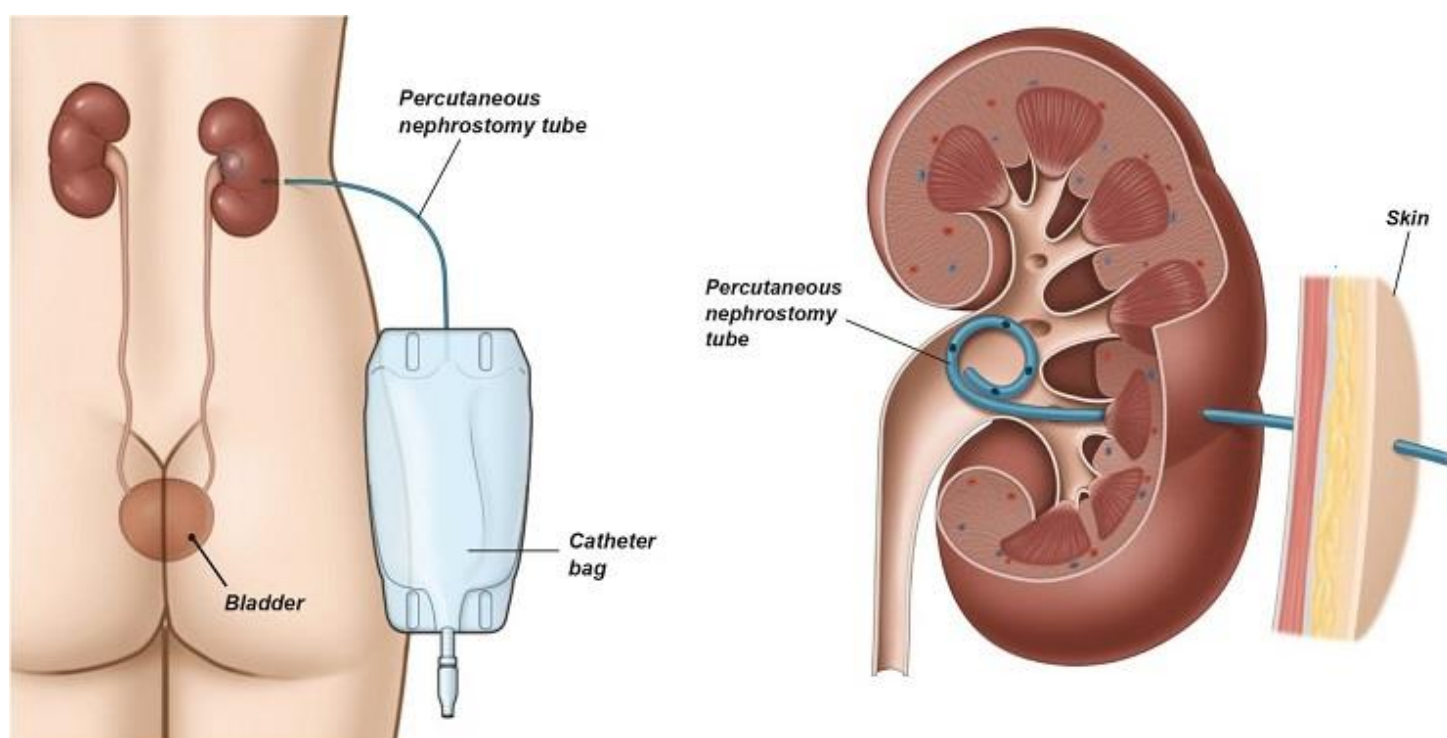
Nephrostomy tube after care

Information for patients, relatives and carers

Most people have two kidneys that create urine (wee). The urine goes through tubes called ureters into the bladder. The bladder stores the urine until it is full and ready to leave the body.

Sometime the ureter tubes become blocked. This can happen because of kidney stones, ureteric strictures (narrowing of the ureter) and cancer, amongst other reasons. If the ureter tube is blocked, the kidney moves the urine into your body. If left untreated, your kidney can become damaged.

If your test results show a blockage, your doctor might recommend a percutaneous nephrostomy. This is a procedure where a fine plastic tube (catheter) is placed through the skin and into your kidney to drain your urine. This should stop any pain and protect your kidney from further damage. This procedure is performed under local anaesthetic.



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The tube will be secured with sutures and dressing and is connected to a drainage bag.

What happens next:

You will return to the ward where you need to rest in bed for a few hours until you have recovered. The nursing staff will record your pulse and blood pressure during this time. They will also check the area where your nephrostomy tube was put in and measure the urine in the bag during this time.

The urine bag will need to be emptied frequently so that it does not become too heavy. You should be shown how to do this while you're on the ward, but if not then please ask. You will be able to carry on as normal with the tube in place, which will be attached to the collection bag. You need to be careful not to drag the nephrostomy tube out.

It is very important not to make any sudden movements or stand up suddenly without checking that the nephrostomy tube and urine bag can move freely with you.

If you are taking medicine that affects your blood clotting and bleeding (such as anti-coagulants), before you leave hospital, please ask your doctor when you should start them again. You can usually re-start them a few days after your nephrostomy tube is inserted.

Your doctor or nurse will advise you when you can go home.

How long will the nephrostomy tube stay in?

This depends on your condition. Some patients only need the tube for a few days, while others need a further procedure to insert a stent (an internal drainage tube) into the ureter to keep it open. Some patients might need to have a long-term nephrostomy, if they are not suitable or unfit for further interventions.

The procedure to remove the nephrostomy tube is quick and simple. The ward doctor looking after you will discuss this with you. If you are discharged home with the tube in place, your doctor and/or ward nurse will show you how to take care of it. **If you're not sure how to look after it at home please ask us.**

What will I need to know before going home?

If you are discharged home with the tube in place, you will be given some urine bags and dressings. Your ward nurse will refer you to the district/ practice nurse who will help make sure you are looked after in the community.

Please inform your district/practice nurse if you usually have skin irritation or allergies.

It's important that the area where the tube was inserted and your bandage stay dry for the first 14 days after the tube was inserted.

Two days after your tube was inserted, you can take a shower. Wrap cling film around the end of the nephrostomy tube and cover the bandage (you could use medical tape to stick the cling film onto your skin). If the bandage gets wet, you will need to change it. Avoid using heavily perfumed soaps and lotions around the area. Swimming is not recommended at all while you have the nephrostomy tube.

Make sure the nephrostomy tube is secure to prevent it from pulling.

Your district/practice nurse can use a transparent dressing to cover the puncture site.

You may notice a small amount of bruising where the catheter was inserted, this is normal.

However, if you notice:

- **swelling or redness around the insertion site**
- **urine leaking around your nephrostomy tube or**
- **have high temperature**

please either contact your GP or go to your nearest accident & emergency (casualty) department.

How often the dressing should be changed

The dressing should be changed at least once a week, or more if it gets dirty or becomes wet.

Drainage system:

Sometimes a connector is used to attach the nephrostomy tube to your drainage bag. The connector (picture two) and drainage bag should be changed once a week. Your nurse or doctor should explain how to do this while you're in hospital, if they haven't please ask them to show you before you go home. If you are changing the drainage bag please make sure you wash your hands with soap and water before touching the drainage bag or nephrostomy tube.

If you need to attach a night bag your nurse in the ward will give you a clear plastic tube. You can attach this (picture three) to the port of drainage bag and use the night bag. Some night bags are single use and need to be discarded (the ones with a cap can be used up to seven days, and the night bags without a cap are single use). You should be taught how to use the night bags before you leave the hospital.

Your nurse on the ward will inform you how to get supplies at home.



Picture two: Connection tube



Picture three: Connector for night bag

Please contact your GP or go to Accident and Emergency if:

- You have a temperature.
- You have back or side pain.
- You have redness, swelling, tenderness or leakage around the nephrostomy tube.
- The urine amount in the bag is very low, dark in colour or has a foul smell.
- The urine colour changes to pink, red or contains blood.
- You have no urine in the drainage bag.
- Your nephrostomy tube falls out.

Further information:

<https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Percutaneous%20nephrostomy.pdf>

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS imperial.pals@nhs.net The PALS

team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

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