

## What happens next?

Because everyone is different, the length of stay in the hospital will vary.

You do not need to stay in hospital whilst you have a nephrostomy tube. Your doctor will explain to you what further treatment is required. This may include an operation at a later date or ultrasound wave therapy if you have a stone. If you have any questions regarding the treatment you are to have, please do not hesitate to ask the nurses looking after you.

Prior to going home you will be taught how to care for your nephrostomy tube and a District Nurse will be informed of your return home. He/she will visit you at home and give you a contact number so you can call for assistance or advice.

Should you have any queries regarding the care of the nephrostomy tube, please contact:

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# HCA

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## What is a Nephrostomy?

A nephrostomy is a small tube inserted through the skin into the kidney to allow urine to drain when there is an obstruction which does not allow urine to drain into the bladder from the kidney, e.g.: a stone.

## How long will it take?

Every patient's situation is different. It may all be done in 30 minutes, or it may take up to an hour. As a rough guide expect about an hour.

## Will it hurt?

Unfortunately it may hurt a little for a short period of time, but any pain you have can be controlled with painkillers.

When the local anaesthetic is injected, it will sting to start with but this soon wears off, and the skin and deeper tissues should then feel numb. Later you may be aware of the needle and then the catheter passing into the kidney, and sometimes this is painful, especially if the kidney was sore to start with.

There will be a nurse looking after you and if you do have pain, then he/she can arrange for you to have more painkillers through the needle in your arm/hand. Once in place, the catheter should not hurt at all.

## What happens before the procedure?

If you are already a patient in the hospital, the radiology nurse will visit you on the ward to provide you with instructions and information about the procedure. If you are not already a patient in the hospital, arrangement will be made for you to be admitted to the hospital 3 hours prior to the procedure time.

On admission, you will need to have some routine blood tests done. Your doctor may request for a urine sample to be sent to the laboratory to check for infection. In some cases, the reason for the insertion of the nephrostomy tube is due to an infected obstructed kidney and the appropriate antibiotics will be given to you.

The doctor (radiologist) will explain the reason you need a nephrostomy tube inserted and will ask you to sign a consent form. Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

You will need to wear a theatre gown. This allows the Radiologist easy access to the insertion site. A needle will be put into a vein in your arm or hand so the radiologist/ radiology nurse can give you a sedative or painkillers during the procedure.

If you are having the procedure under general anaesthetic, you will be kept fasted for 6 hours prior to the procedure. If you are having the procedure under local anaesthetic and sedation, you will be asked not to eat anything for 4 hours beforehand, though you may be allowed water.

If you take Glucophage (Metformin), insulin, aspirin, or a blood thinner such as Warfarin, you must inform the nursing staff. Bring all your medications with you on the day of the procedure.

### **What happens during the procedure?**

You will be taken into the x-ray room where you will be placed on the x-ray table, generally flat on your stomach. You will also have a monitoring device attached to your chest and finger, and will receive oxygen through small tubes in your nose.

The Radiologist and the nurse will keep everything as sterile as possible, and will wear theatre gowns and sterile gloves. The Radiologist will use the x-ray equipment or the ultrasound machine to decide on the most suitable point for inserting the fine plastic tube (catheter), usually in your back just below your 12th rib. Your skin will be cleaned with antiseptic and then most of your body will be covered with a green or blue theatre towel. Then your skin will be anaesthetised with local anaesthetic (Lidocaine or Xylocaine) to numb the skin and deeper tissues. It will sting for a few seconds before the area becomes numb. A nurse will be present to assist the Radiologist with the procedure and another nurse will also be present to give you intravenous medications during the procedure to help you relax and to reduce your pain.

A fine needle will be inserted through your skin into the kidney. Contrast (X-ray) dye will be injected through the needle. When the Radiologist is sure that the needle is in a satisfactory position, a guide wire will be placed into the kidney through the needle, which enables the catheter to be positioned correctly. The catheter will then be fixed to the skin surface with sutures or a catheter device and attached to a drainage bag. You may attach the bag to your leg with the straps provided. The urine will flow from your kidney through the catheter into the bag. The urine may contain some blood at first. However, the blood usually clears over time.

### **What happens after the procedure?**

You will be taken to the recovery room (if the procedure is done under general anaesthesia) or up to your ward (if it is done local anaesthetic and sedation). Your blood pressure and pulse will be taken every half an hour for 2 hours, then less frequently. You will need to rest on your bed for 24 hours. This is to allow the insertion site to heal sufficiently. The tube will be monitored by the nursing staff to ensure that it is draining properly. There will be a dressing over the site of the tube/catheter. You may eat your usual diet, unless you are nauseated or your physician has other tests scheduled.

### **What complications are there?**

As with any medical treatment, there are some risks and complications that can arise. The biggest problem is being unable to place the drainage tube satisfactorily in the kidney. If this happens, your doctor will arrange another method of overcoming the blockage, which may involve surgery.

Sometimes there is a leak of urine from the kidney, resulting in a small collection of fluid inside the abdomen. If this becomes a large collection, it may require draining. There may be slight bleeding from the kidney. On very rare occasions, this may become severe and require a surgical operation or another radiological procedure to stop it.

Occasionally there may be an infection in the kidney, or in the space around it. This can be treated with antibiotics.