

## Patient information

# Information about your percutaneous nephrostomy



**If you cannot for any reason keep this appointment please telephone 01284 713095 which is a direct line into the department. This will avoid undue delay and will help us to keep our waiting list as short as possible**

### What is a percutaneous nephrostomy?

A nephrostomy is a procedure in which a fine plastic tube (catheter) is placed through the skin into your kidney to drain your urine. The urine is collected in an attached drainage bag.

### Why do I need a percutaneous nephrostomy?

The most common reason for having a nephrostomy is blockage of the ureter. The urine from a normal kidney drains through a narrow muscular tube (the ureter) into the bladder. When the ureter becomes blocked, the kidney rapidly becomes affected, especially if infection is present. If left untreated, your kidney will become damaged. A nephrostomy will relieve the symptoms of blockage and keep the kidney working.

### Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

## Who will see you?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

## Where will the procedure take place?

In the angiography suite which is located in the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

## Are you required to make any special preparations?

A percutaneous nephrostomy is usually carried out as a day case procedure under local anaesthetic. You will be able to have a light early breakfast the day of your procedure and carry on drinking fluids as usual. Once on the ward, you will be required to get undressed and put on a hospital gown. You will also have a cannula placed in your vein and sometimes antibiotics will be given through this before your procedure.

If you have any allergies, you **must** let your doctor know. If you have previously reacted to intravenous contrast medium or iodine (the dye used for kidney X-rays and CT scans), then you must also tell the radiology staff before you have the test.

## What actually happens during a percutaneous nephrostomy?

You will lie on the X-ray table, generally flat, or nearly flat on your stomach. Occasionally a cushion is placed under your stomach. You will have a monitoring device attached to your arm and finger, and you may receive oxygen through small tubes in your nose.

A nephrostomy is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure.

Your skin will be swabbed with antiseptic and you will be covered with sterile drapes. The skin overlying the puncture site will be numbed with local anaesthetic. The interventional radiologist will use an ultrasound probe and the X-ray equipment to place a fine needle accurately into the kidney. When happy with the position, a guide wire will be inserted to allow the small plastic tube (catheter) to be placed. The tube is held in place with a stitch and a locking system which sticks to your skin so it shouldn't come out. These will usually remain in place until your catheter needs to be exchanged. The catheter is then attached to a drainage bag outside the body which collects the urine.

The West Suffolk Hospital is a teaching hospital and as part of their training it is necessary for students to observe examinations. If you do not wish for an observer to be present please tell the receptionist on arrival.

## **Will it hurt?**

Unfortunately, it may hurt a little but we will keep any discomfort to a minimum.

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Later, you may be aware of the catheter passing into the kidney, and sometimes this is uncomfortable, especially if the kidney was sore to start with. You will have a member of staff close by to look after you. Generally, placing the catheter in the kidney only takes a short time, and once in place it should not hurt at all.

## **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 20 minutes, or very occasionally it may take longer than 90 minutes. As a guide, expect to be in the x-ray department for about an hour altogether.

## **What happens afterwards?**

You will be taken back to your ward on your bed. Nursing staff will carry out routine observations, including pulse and blood pressure and will also check the nephrostomy site, to make sure there are no problems. You will generally stay in bed for a few hours, until you have recovered.

The nephrostomy catheter remains in place in your body for the time being, and will be attached to a collection bag. You will be able to carry on a normal life with the catheter in place. However, it is important that you try not to make any sudden movements (for example, getting up out of a chair), without remembering about the bag, and making sure that it can move freely with you. The bag needs to be emptied fairly frequently, so that it does not become too heavy, but the nurses may wish to measure the amount in it each time.

## **How long will the nephrostomy stay in, and what happens next?**

These are questions which only the doctors looking after you can answer. It may only need to stay in a short time, for example while a stone passes naturally, or it may need to stay in for a much longer period, to allow a more permanent solution for the blockage to be organised, if possible. Removing the tube does not hurt at all. If the tube needs to stay in longer, **it will need to be exchanged in 3 - 4 months.**

## **Are there any risks or complications?**

Percutaneous nephrostomy is a very safe procedure, but there are some risks and complications that can arise, as with any medical treatment.

The main risk is bleeding from the kidney. It is common for urine to be bloody immediately after the procedure. This usually clears over the next 24 - 48hrs. On rare occasions the bleeding may be more severe and require a transfusion. Very rarely the bleeding may require another surgical operation or radiological procedure to stop it.

The urine in the kidney may be infected. This can generally be treated satisfactorily with antibiotics but occasionally you can feel unwell after the procedure.

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 under local anaesthetic.

Very rarely the interventional radiologist will be unable to place the nephrostomy tube satisfactorily in the kidney. If this happens, you may require a small operation to overcome the blockage or a repeat procedure.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

## **Looking after a nephrostomy**

Your nephrostomy tube will come out from the side of your back. The tube will be attached to a drainage bag. The bag is usually worn under your clothes and is strapped to your thigh. While you are in hospital the nurses will show you how to empty your drainage bag. The bag must always be kept at a level lower than your kidney to allow it urine to drain easily. At night, you can attach a larger drainage bag that will not need emptying until the morning.

Before you go home the nurses will give you advice on how to look after your nephrostomy and they will arrange for the district nurse to check the tube, make sure you have enough drainage bags and change the dressing once a week.

## **Coping at home with a nephrostomy**

Once you are at home, you will be able to go out with your nephrostomy tube. You should avoid sudden movements that may tug on the tube. At first bending or climbing the stairs may be uncomfortable. It may help to place your hand over the nephrostomy when doing anything that feels uncomfortable. It may take a little while to get used to finding the most comfortable position to sleep in.

It is natural to feel worried about coping with a nephrostomy at home. Here are some important things to remember:

1. Change the bag as often as your nurse or doctor has advised.
2. Always wash your hands before and after you change the bag.
3. Drink plenty of fluids. Aim to drink at least 2 litres (around 4 pints) a day to help reduce the risk of infection (unless you are on a fluid restriction as advised by your doctor).

There are certain instances where you should contact your doctor or a specialist nurse straight away:

1. If there is new blood in your urine, if it looks cloudy or smells strongly, or if it is painful when you pass urine the normal way. You may have a urinary infection that will need to be treated with antibiotics
2. If the area around the tube becomes uncomfortable, looks red, swollen or feels warm. These may be signs of an infection which will need to be treated straight away. (Please come to the emergency department if you cannot get hold of your doctor or nurse.)
3. If the tube comes out, which is unusual, or it stops draining urine.
4. If you are worried that something may be wrong with the nephrostomy.

## **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 doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

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This leaflet has been prepared from guidance given by the British Society of Interventional Radiology. For the most up to date advice please visit:  
<https://www.bsir.org/patients/patient-information-leaflets>

If you have any queries please do not hesitate to ring the X-ray department and ask for Matron Miller on 01284 713095.

**Please note:** The hospital is not responsible for any lost or stolen valuables. Please leave all jewellery at home, including body piercing ornaments and rings if possible. Wedding rings need not be removed.

## Hospital transport

Transport has **not** been booked. If you are eligible for transport or have any queries regarding transport eligibility, please contact the E-zec booking office on **0300 999 6666**.

**Car parking for patients / visitors** is available in car park A at the front of the hospital (the first car park to the right as you enter the site), and car park D at the rear of the site near the MRI and Macmillan units.

West Suffolk Hospital operates a number plate recognition system for all vehicles entering the site. When ready to leave, please visit one of the pay stations on site. Enter your vehicle registration number and pay the required fee. The exit barriers will recognise the vehicle registration and that the parking has been paid for, and will open automatically. Please check the hospital website ([www.wsh.nhs.uk](http://www.wsh.nhs.uk)) for further information on car parking, fees, exemptions and penalties.

**Please allow plenty of time to park before your appointment as the car parks are continuously busy throughout the day.**

## Feedback

Please tell us about your experience in the X-ray Department following your appointment:

Email: [imaging.comments@wsh.nhs.uk](mailto:imaging.comments@wsh.nhs.uk)

Or complete our online survey using this weblink:

<https://www.surveymonkey.com/r/TT7J2H2>

Your opinions help shape the department for future patients.

## X-rays and pregnancy

Because of the potential risks to an unborn child we need to know, for certain examinations, if there is any possibility of a patient being pregnant.

All female patients between the ages of 12 years and 54 years of age will be asked if there is the possibility of pregnancy.

Discussion will be carried out in private and in confidence.

**It is not advisable to bring children with you for this appointment as legally staff cannot look after them.**

## **Data protection information**

West Suffolk NHS Foundation Trust will manage your information in line with the General Data Protection Regulation 2016/679. The information you provide will be retained for the purposes of your healthcare. The information will be retained in line with the *NHS Records Management Code of Practice for Health & Social care*.

You have rights in relation to the way we process your information. If you no longer want us to use your information for the purposes specified above; if you want to request to have your information erased or rectified, please contact the Information Governance team on 01284 712781.

We will review all requests in relation to your rights under GDPR, along with our responsibilities for record keeping.

Images may be used for research purposes as well as teaching. Patients must inform a member of staff if they do not consent to this.

As part of a shared service agreement with other NHS organisations, your radiology images and records may be shared with these other organisations as part of determining and providing your care. If you would like to know more about the extent of this sharing, or you wish us not to share at all with another organisation, or have any other concerns about it, please contact a member of staff.

## **For further information please contact:**

Diagnostic Imaging Department, West Suffolk Hospital NHS Foundation Trust,  
Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ

Tel: 01284 713095

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)*

<https://www.accessable.co.uk>



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