

Department of Urology

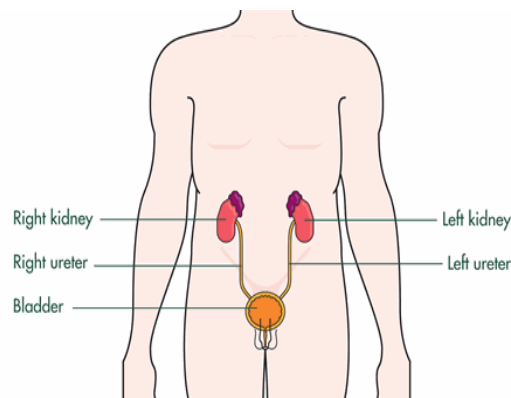
Guidelines for Caring for a Nephrostomy at Home

District Nurses

The Urinary System

The urinary system is made up of several different parts including the kidneys ureters the bladder and the urethra.

The kidneys sit at the back of the body, one on each side, just underneath the ribcage. They filter your blood to remove waste products which they change into urine. Urine is carried from each kidney through a fine tube called a ureter to the bladder where it is stored. When you are ready to pass urine it leaves the bladder through a tube called the urethra.



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. It helps to relieve a buildup of urine in the kidney, caused by a blockage and prevents the kidney from being damaged. It drains urine directly from one or both kidneys into a collecting bag outside your body. The bag has a tap so you can empty it. Patients may still pass urine in the normal way even when they have a nephrostomy tube, in one or both of the kidneys.

Why is a Nephrostomy tube needed?

A nephrostomy tube is needed when the ureter (the tube that connects the kidney to the bladder) becomes blocked and urine cannot flow through from the kidney to the bladder. This can be caused by a stone, cancer growth or stricture (narrowing).

How long can my Nephrostomy stay in for?

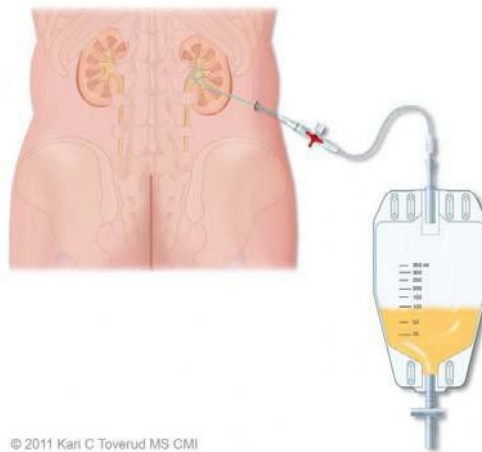
The Doctor will explain how long the nephrostomy tube is likely to remain in place. It will depend on each patient's individual situation. It will be removed if treatment can relieve the blockage for example with a stent. A stent is a specially designed

hollow tube made of a flexible plastic material that is placed in the ureter (the tube that connects the kidney to the bladder). However some patients are not suitable to have treatment or a stent and in these cases the nephrostomy will be permanent but will need to be changed periodically.

The blockage may resolve on its own, or the patient may need to undergo treatment to relieve the blockage or the decision will be made to keep the nephrostomy permanently and a date arranged for admission to hospital for a change of nephrostomy tube or tubes.

Looking after a Nephrostomy

The nephrostomy tube will be stitched in place and will exit the skin from the side of the patients back. The tube will be attached to a drainage bag which is usually worn under your clothing and can either be strapped to the thigh or secured to clothing with a safety pin. It is important **NOT** to leave the bag hanging as the weight of the urine and any tugging may cause the nephrostomy tube to fall out.



Nephrostomy Care

The skin around the nephrostomy tube insertion site should be kept clean and to prevent infection, place a sterile dressing around the site where the tube leaves the skin. The dressing should be changed at least twice a week, especially if the dressing becomes wet. The drainage bag should be changed weekly along with the connection tube.

Patients may shower and bathe 48 hours after the tube has been inserted but try to keep the tube site itself dry. Protect the skin with plastic wrap during showering or bathing. After 14 days the patient may shower without any protection for the tube. Please remember to insure the tube is secure at all times.

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

Equipment: - Sterile Dressing Pack (with sterile gloves)
Sterile Normal Saline
Sterile Dressing

Dressing and Cleaning

- Wash hands and prepare equipment
- Apply non sterile gloves.
- Gently remove old dressing from around the nephrostomy tube insertion site, taking care not to pull on the tube.
- Wash hands and apply sterile gloves.
- Clean the skin gently with sterile normal saline and gauze.
- Dry the surrounding skin well with sterile gauze and apply a new sterile (this can be gauze) dressing and secure with tape (Mefix/Mepore).
- Insure the nephrostomy tube is secure and attached to clothing/thigh to avoid the nephrostomy being pulled out.
- Dispose of clinical waste.

As the patient/relative becomes more confident with the nephrostomy tube they may be able to care for it themselves with guidance from the District Nurse.

Coping at home with a Nephrostomy

Once at home with their nephrostomy tube the patient will be able to carry on with day to day activities. However they should:-

- Always wash hands before changing the bag or the dressing.
- Empty the nephrostomy bag approximately four or five times per day dependent on how much is drunk. Empty the bag when it is 1/2 full to avoid it getting to full and pulling.
- Contact the GP/District Nurse if there is blood in the urine, if it looks cloudy or smells strongly or if it is painful to pass urine the normal way. The patient may have a urine infection that will need to be treated with antibiotics.
- Drink plenty of fluids. The patient should aim to drink at least two litres per day (around 4 pints), this can help reduce the risk of infection.
- Contact the GP/District Nurse if the area around the tube becomes uncomfortable, looks red or swollen, or feels warm. These may be signs of infection which will need treating.
- If the tube comes out, which is unusual, or if it stops draining urine, contact your GP/District Nurse.

Flushing the Tube

If the patient reports no drainage of urine from the tube and there has not been an increase in the amount of urine passed normally the nephrostomy may need flushing.

This should be carried out by the District Nurse/Practice Nurse.

Equipment: - Sterile Dressing Pack (with sterile gloves)

10mL Leur Lock Syringe
Leur lock
10mLs Sterile Normal Saline
Alcohol Wipe
Clean Nephrostomy Bag

- Check the tube and bag to make sure that there are no kinks that may be causing mechanical obstruction to the drainage of urine. If there is a physical obstruction that can easily be resolved then a flush may not be necessary.
- Check the end of the tube to see if it has got a luer lock cap on it.
- Wash hands.
- Open dressing pack and prepare equipment, draw the saline into the syringe.
- Remove the nephrostomy bag to allow for access to the distal end of the tube.
- Apply sterile gloves.
- Where possible replace the luer lock prior to flushing to prevent introducing infection. Alternatively wipe around the port with an alcohol wipe.
- Gently apply even pressure, install the saline into the nephrostomy tube.
- Gentle aspiration of the tube may help to dislodge the blockage, excessive pressure may cause bleeding.
- Allow the saline/urine to flow out of the tube.
- Apply a clean nephrostomy bag.

If there is no drainage from the nephrostomy tube over a 12 hour period the patient should contact the GP/District Nurse who may need to contact the Doctor on call for Urology at the hospital.

If the nephrostomy tube is prone to blocking on a regular basis then it may be appropriate to flush the tube twice a week to prevent this.

Ordering Equipment

Patients returning home with a nephrostomy in situ will be sent with a spare bag and connection tube but it is the responsibility of the GP/District Nursing team to order further supplies.

- Linc Medical direct line for samples – **01572 717 515**

Possible Complications

The risks of developing complications from having a nephrostomy are low. Possible complications are infections, bleeding from the kidney or urine leaking from the kidney and collecting in the abdomen.

Signs and Symptoms

Infections – The skin around the insertion site becomes red, hot and swollen.
Blood in your urine, or it appears cloudy or smells strongly

Bleeding from the kidney – Blood in the urine

Urine collecting in the abdomen – the abdomen appears distended (swollen)

Are there any side effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Points of contact

The patient's first point of call for advice should be the District Nurse/GP or the 11 service. Should there be any issues the community teams can refer the Urology Middle Grade on-call via the hospital switch board (10602) 286286.

Complications

Common (greater than 1 in 10)

- Minor bleeding from the kidney (visible in the urine drainage bag)
- Short lived discomfort in the kidney and at the insertion site

Occasional (between 1 in 10 and 1 in 50)

- Leakage of urine around the catheter inside the abdomen.
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- Blockage of the drainage tube.
- Generalised infection following insertion – septicemia (infection in the blood).

Rare (less than 1 in 50)

- Significant bleeding inside the abdomen, that may require surgical drainage.
- Displacement of the drainage tube.
- Failure to place the tube satisfactorily in the kidney requiring alternative treatment (e.g. surgical insertion of a drainage tube).
- Inadvertent damage to adjacent organs (e.g. stomach, bowel).

Hospital acquired infection

The rates of hospital-acquired infection may be greater in high-risk patients e.g. with long term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions. Patients will be screened on admission to hospital and treated appropriately.

Further information:

British Association of Urology Surgeons Website - www.baus.org.uk

The Christie NHS Foundation Trust

Macmillan Cancer Support Website – www.macmillan.org.uk

This sheet describes a surgical procedure. It has been given to you because it relates to your condition and may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.

