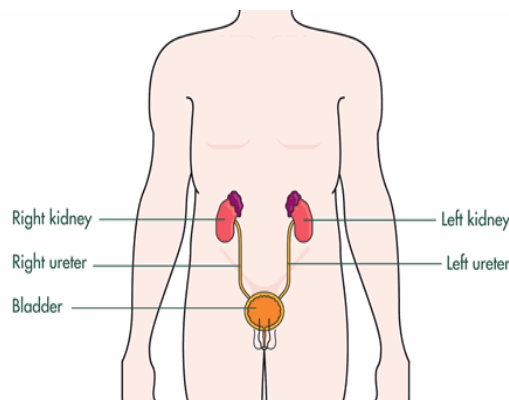


A Patients Guide to Caring for a Nephrostomy Tube at Home

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. You may still pass urine in the normal way even when you 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?

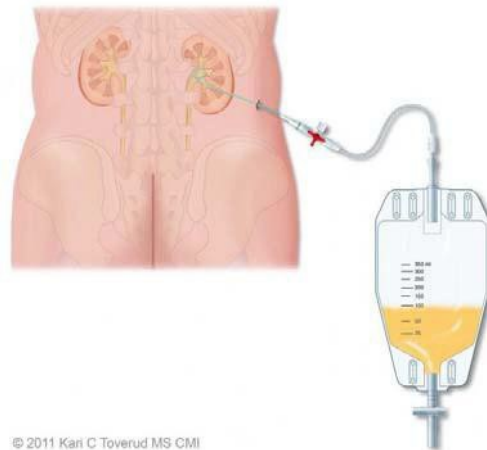
The Doctor will explain how long the nephrostomy tube is likely to remain in place. It will depend on your individual situation. It will be removed if treatment can relieve the

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 you 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 your 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, a sterile dressing should be placed 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.
- You 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 you 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.
- Initially dressings and bag changes will be carried out by your District Nurse, however as you become more confident with the nephrostomy tube you may wish to care for it yourself.

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. You may have a urine infection that will need to be treated with antibiotics.
- Drink plenty of fluids. You should aim to drink at least two litres per day (around 4 pints) to 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.
- If there is no or reduced drainage of urine from the tube into the bag and there has not been an increase in the amount of urine passed through the normal route, the nephrostomy tube may need flushing. 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.

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

Ordering Equipment

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

This information has been included in the 'District Nurse Letter'

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.

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.
- 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 requiring 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.

Points of contact

Your first point of contact for advice should be your District Nurse/GP.

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.