

Percutaneous Nephrostomy

Care of your Nephrostomy

Department of Urology

You may encounter some problems at home but these are usually easily overcome. Listed below are some questions patients commonly ask. If you need any other information not covered in this list, please do not hesitate to ask your doctor or nurse.

What are my restrictions?

Movement may be restricted. You may find it uncomfortable when you bend, stretch, climb stairs or when active, this can be overcome by holding your hand over the nephrostomy site whilst carrying out these activities and ensuring your nephrostomy is well secured.

How will my urine drain?

The urine from the kidney drains through the nephrostomy tube into a bag attached to the tube, which is strapped to your leg. Overnight a larger drainage bag can be attached to your leg bag. It is not uncommon for a small amount of urine to leak around the tube at the insertion site on sudden movement i.e. changing position in bed.

How do I connect the drainage bag?

You will be shown how to do this but you should ask if you are unsure of anything. It is important that you are confident about the care of your nephrostomy before you go home. If you would like someone else to be shown as well as yourself, please tell the nurse looking after you.

How often do the bags need changing?

The leg and night bags should be changed once a week. The night bag should be emptied and rinsed with warm soapy water (use a small amount of liquid detergent to do this).

What type of dressing is there over the site?

A special device known as a Statlock (pictured) holds the nephrostomy in position. This is covered by a plastic dressing which needs to be changed weekly, a district nurse will be organised to do this.

The dressing is waterproof but it is still possible for water to leak under the dressing during showering, please take care.

The Statlock



What happens if the tube comes out?

The nephrostomy tube is loosely secured in place. If for any reason the tube does come out, you need to contact your GP/district nurse urgently, if you are unable to contact them you should present at A & E.

Should you have any concerns about your nephrostomy, you should contact your district nurse or GP for further advice.

What should I do if I notice blood in the bag?

Blood can be an indication of infection and you should arrange to see your GP/district nurse who can test for this. If you have infection you will need antibiotics. Ensuring you maintain a good fluid intake will also help.

Can I prevent infection occurring?

Although you can't stop all infections, you can certainly reduce the risk of developing infection.

- You should aim to drink 2 litres/4 pints of fluid a day unless you have been advised to restrict your fluids by a doctor.
- Ensure you wash and dry your hands thoroughly before and after changing or emptying your drainage bags.

- Keep the tap on your drainage bags closed at all times except when emptying. Leg bags should be emptied when about 2/3 full to reduce pulling on the tube.
- The nephrostomy dressing should be kept clean and changed if soiled or wet.
- The drainage bag should be changed weekly

What happens if the nephrostomy does not drain?

If the nephrostomy does not appear to be draining, you need to check the tube is not kinked/twisted. Check that the tap on the tube is open and has not been accidentally turned off. Have you drunk enough? Try drinking 2 glasses of fluid and if urine still does not drain after these checks, contact your district nurse/GP immediately. Usually, if the tube is blocked it can easily be resolved by flushing a small amount of sterile water into the tube with a syringe, this will be done by a nurse or doctor.

Will I pass urine in the normal way?

Yes. If you have 2 kidneys the other one will work in the normal way. If you have 2 nephrostomy tubes you may pass urine the normal way although it is unlikely as the tubes will be draining both kidneys.

Can I eat and drink normally?

Yes.

Will my sleep be affected?

Lying on the side of the nephrostomy tube can be uncomfortable so lying on the other side may be better. You will find a position that suits you but if you are having problems speak to your district nurse.

Will I have pain?

You may have a little discomfort. Painkillers such as paracetamol can be taken to relieve this as long as you have never been advised not to take these by a doctor. If you experience severe pain see your GP urgently.

Can I bathe?

Immersing yourself in the bath is not advised, however you can shower. Check your dressing is secure after every shower and contact the District Nurse if you have any concerns.

Can I exercise?

Gentle exercise is fine. More strenuous exercise may cause pain and could dislodge your nephrostomy and is therefore best avoided.

When can I go back to work?

This depends on your job. Light office work is fine but heavy work such as labouring may not be. Please check with the doctor/nurse looking after you about your particular job.

Can I have sexual intercourse?

There are no restrictions on sexual activities. You may have some fear of dislodging the tube but remember if you are careful there should be no reason why the tube will come out.

Can I drive?

If you are comfortable whilst driving then there are no restrictions, you should check this is the case before you are discharged. You should inform your insurance company and explain to them that your doctor has stated they are happy for you to drive.

Can I go out and about?

You should be able to carry out your usual activities. Knowing where the toilets are can alleviate fears of your drainage bag getting overfull. As your confidence improves you will find planning your trips becomes easier.

Can I go on holiday?

This depends on why you have your nephrostomy, where you are going and for how long. It may also depend on how confident you are caring for your nephrostomy. If you already have a holiday booked you should discuss this with your doctor. You will also need to inform your insurance company.

What happens on discharge from hospital?

- Ward staff will organize a District Nurse or Practice Nurse at your surgery to change your dressings and check the nephrostomy site.
- You will be given a letter to take to your GP/district nurse.
- You will be given any medication you need before discharge. If you require a repeat prescription your GP will provide this.
- An outpatient appointment will be posted or given to you before you leave. It is important that you attend this appointment so that you can continue to be monitored, plan any further treatment and

arrange future changes of your nephrostomy tube, usually at 3 monthly intervals or earlier if your Consultant feels this is appropriate.

Hopefully your questions will have been answered by this leaflet but if not, do make sure you ask before you go home.

Discharge information - Ward/District Nurses

Patients should have district nurse referral, nephrostomy information pack which includes spare Statlock, occlusive dressing, contact card and nursing guidelines for nephrostomy care.

Further information on application/removal technique go to Bard site using link below:

http://www.bardaccess.com/assets/pdfs/statlock/Other/STATLOCK_Universal_Plus_Stabilization/StatLock_Universal_Plus_Poster_M1142.pdf

Other sources of information

NHS Direct - For health advice or information you can call NHS Direct on 0845 4647 or visit the website: www.nhsdirect.nhs.uk

1. *Information for patients undergoing percutaneous nephrostomy* (2008) Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists and the British Society of Interventional Radiology (BSIR). The Royal College of Radiologists, London.

Permission is granted to modify and/or reproduce this leaflet for purposes relating to the improvement of healthcare, provided that the source is acknowledged and that none of the material is used for commercial gain. The material may not be used for any other purpose without prior consent from The Royal College of Radiologists.

© The Royal College of Radiologists May 2008.

Nephrostomy dressing/drainage bag change

****Statlock secure device and drainage bag should be changed weekly.**

Equipment: Dressing pack, cleaning solution, sterile gloves, statlock, connector (if required), nephrostomy dressing/drainage bag, clear adhesive dressing, drainage bag, alcohol/chlorhexidine spray/wipes.

<ol style="list-style-type: none"> 1. Explain the procedure to the patient and gain consent. 2. Ideally sit patient on the edge of the bed or if not appropriate, lay patient on their side. 3. Put on apron. Wash hands. 4. Open sterile pack and prepare sterile field and equipment. Apply sterile gloves. 5. Secure the tube with some tape before gently peeling away old dressing supporting the skin/tube with your other hand to prevent skin damage or pulling of nephrostomy tube. 6. Change sterile gloves. 	<p>To obtain full co-operation.</p> <p>To try and ensure full access to nephrostomy site.</p> <p>To minimize risk of cross infection and to comply with infection control policy</p> <p>To prevent skin damage. To prevent dislodging the tube.</p> <p>To minimize cross infection</p>
--	--

<p>7. Clean around nephrostomy site with sterile saline/water working outwards and away from the nephrostomy tube/insertion site.</p>	<p>To minimize infection and to comply with infection control policy.</p>
---	---

<p>8. When skin is dry, remove statlock dressing backing and secure to skin in similar position to the dressing removed. Replace tube into Statlock dressing ensuring tube is not kinked, pulling or pinched in holder.</p> <p>9. Cover with either sterile gauze dressing or preferably a clear semi-permeable membrane dressing (tegaderm).</p> <p>10. Ensure tap is closed to drainage. Clean end with alcohol/chlorhexidine spray or wipes. Disconnect drainage bag and replace with new bag. Open tap to drainage.</p> <p>11. Ensure nursing notes are fully updated with observations re drain site, date and time of dressing change, ensuring patient aware of date for next review.</p>	<p>To help adherence of dressing To ensure free drainage of urine</p> <p>To reduce risk of dislodging tube Allows visualisation of site</p> <p>To maintain closed system To minimize risk of infection</p> <p>Comply with legal standards of documentation Enable continuity of patient care</p>
--	--

HOW TO FLUSH A NEPHROSTOMY TUBE – ASEPTIC TECHNIQUE

The tube needs to be checked continuously for drainage of clear urine. If tube appears to be blocked, check firstly that it is not kinked. If not, try flushing before contacting medical staff. If no competent person available to flush nephrostomy, medical staff should be contacted promptly

Equipment

Sterile water 10 ml (for flushing), sterile unisept (for cleaning), 5-10 ml sterile syringe, sterile gloves, dressing pack, alcohol/chlorhexidine wipe, apron.

1. Explain the procedure to the patient and gain consent.	To obtain full co-operation.
2. Ideally sit patient on the edge of the bed or if not appropriate, lay patient on their side.	To try and ensure full access to nephrostomy site.
3. Put on apron. Wash hands.	
4. Open sterile pack and prepare sterile field and equipment. Apply sterile gloves.	To minimize infection. Comply with infection control policy
5. Clean the tube and connector with an alcohol or chlorhexidine wipe. Allow to dry.	To minimize infection. Comply with infection control policy

<p>6. Check the tube is not kinked. Ensure drainage tap has not been turned off.</p>	<p>To check for obvious reasons for non drainage.</p>
<p>7. Close tap before disconnecting tube.</p>	<p>Maintain closed system/minimize risk of infection.</p>
<p>8. Flush tube slowly with 5mls of sterile water (saline can increase risk of deposits/stones)</p>	<p>To prevent damage to kidney.</p>

<p>9. Disconnect syringe, allow urine to drain into sterile kidney dish. If no drainage, draw back slowly on syringe, this can dislodge blockage</p>	<p>To check for drainage. Excess force can cause bleeding</p>
<p>10. Flushing again with 5 ml of sterile water can be carried out if necessary. If flushing fails, contact medical staff a new nephrostomy may be required.</p>	<p>To prevent damage to kidney</p>
<p>11. Reconnect drainage bag, wait ½ hour to check for drainage. If draining, encourage patient to drink 1-2 glasses of water if appropriate.</p>	<p>To promote diuresis</p>
<p>12. Remove gloves/apron. Wash hands.</p>	<p>Minimize infection/comply with infection control policy</p>
<p>13. Ensure nursing notes are fully updated.</p>	<p>Comply with legal standards of documentation Enable continuity of patient care.</p>

If patient develops pain over the nephrostomy site or temperature, this should be investigated urgently as this may be a symptom of a blocked tube/infection.

Always check the tube is draining before you leave the patient. A blocked nephrostomy tube can cause lower back pain, hydronephrosis, sepsis and eventually kidney failure.

**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**