

# Nephrostomy Tube Change

An information guide



# **Nephrostomy Tube Change**

## **Introduction**

The aim of this leaflet is to provide you with information to help you understand more about having your nephrostomy tube changed.

It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions.

If you have any questions about the procedure please ask the doctor who has referred you or the staff in the department which is going to perform it.

## **Why do you need to have your nephrostomy tube changed?**

Your nephrostomy tube will require changing every three to four months.

This is because the urine often contains a gritty sediment which can block the tube. This will slow down or even stop the urine from draining out. If this happens then the kidney will become infected and possibly damaged and this will lead to you becoming unwell.

The nephrostomy tube is also a foreign body. Your body's natural response is to coat the tube with a protective layer which itself can become the source of infection. The longer the tube stays in the more this layer builds up. Frequent changes of the tube will reduce the chances of infections happening.

## **Are there any risks involved?**

Changing the nephrostomy tube is a much simpler and quicker procedure than having the nephrostomy inserted for the first time. It is very safe but as with any medical procedure there are some risks and complications that can arise.

The main risk is bleeding from the kidney. It is common for the urine to be bloody (pink or red) immediately after the procedure. This usually clears over the next 24 – 48 hours.

Although every effort is made by the operator to keep the procedure sterile, the urine in the kidney may become infected. This can generally be treated satisfactorily with antibiotics, but occasionally you can feel unwell after the procedure. If this persists for more than 48 hours please contact your own doctor (your GP) who will prescribe antibiotics for you.

Sometimes, the tube which is to be changed may be blocked inside and it can take a few minutes manipulation by the operator to unblock the tube.

Very occasionally, when the old tube has been removed it may not be possible to insert the new one. This is known as 'Lost Access'. If this happens, you will be given an appointment to have a new nephrostomy insertion in a few days time. This will be the same procedure as when you first had your nephrostomy tube inserted.

It is important to notify your consultant if your tube stops draining so that a change of tube can be arranged for you.

## **Who has made the decision to change the tube?**

The consultant in charge of your care and the interventional radiology team performing the procedure have agreed that tubes should be changed at around three or four months. This is because leaving the tubes for too long may result in them becoming blocked and infection can result from this.

## **Are you required to make any special preparations?**

There is no special preparation for you to make.

On the day of your appointment, you may eat and drink normally and take your usual medication. You may wish to bring with you a drink and a snack to eat whilst waiting. (Sometimes there are delays which cannot be avoided). Please bring slippers and a dressing gown with you.

If you are diabetic, please inform the reception staff upon your arrival.

You will be given an intra-venous antibiotic before the procedure to help prevent infection.

If you have any allergies or have previously had a reaction to x-ray 'dye' (contrast agent) used in the radiology department, you must tell the radiology staff before you have the procedure.

## **Where will the procedure take place?**

The nephrostomy tube will be changed in the Intervention Suite within the radiology department. This is similar to an operating theatre into which specialised x-ray equipment has been installed.

## **Who will see you?**

You will be seen by the intervention team led by a radiologist (doctor) and including radiology nurses and radiographers. Some of the interventional nurses or radiographers are trained to perform nephrostomy changes as well as the doctors.

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

You will attend the Day Services Unit, the X-Ray department or a ward. (This will be made clear to you in your appointment letter).

A member of staff will introduce him / herself and check your personal details. You will be asked to get changed into a hospital gown. A small cannula (thin tube) will be placed into a vein in your hand or arm through which antibiotics will be given to prevent infection.

You will be taken to the radiology department where you will meet the radiology staff.

You will be asked to lie on the x-ray couch, usually flat on your stomach.

The nephrostomy tube change is performed under sterile conditions and the doctor, the nurse or radiographer performing the exchange will wear sterile gowns and gloves.

Your drainage bag will first be removed and a swab may be taken of the skin around your nephrostomy tube. The swab will be sent to the lab for analysis. A soft guide-wire is passed through the existing nephrostomy tube which can then be safely removed. A new tube is then passed over the guide-wire, the wire is then removed and the tube is 'locked' in position to prevent it from falling out. An adhesive drainage bag will be fixed to the skin to collect the urine.

## **Will it hurt?**

Changing nephrostomy tubes is rarely painful but if you do experience any pain, the radiology nurse can offer you some Entonox (gas and air) which provides short acting pain relief. Once in place and everything has settled down, the nephrostomy tube should not hurt at all.

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

Although this varies from patient to patient, it will take around 30 minutes or a little longer if the tube is blocked.

### **What happens afterwards?**

You will be taken to a ward or department where nursing staff will carry out routine observations and where you can rest for a little while.

After approximately two hours, if there are no complications, you may go home.

### **Is there anything I should look out for after the tube change?**

Call your own doctor (GP) for any of the following reasons:

- If you have a temperature above 101 degrees fahrenheit or 38 degrees celcius.
- If you develop back pain or side pain.
- If your urine output stops, becomes dark, or foul-smelling.
- If the tube falls out don't attempt to re-insert it yourself. **This needs to be done at the hospital.**

## **How long will I have the tube for?**

This is a question that can only be answered by the doctors looking after you.

It may be for a short time until a stone has passed or it may have to stay in much longer. If yours is a permanent nephrostomy, you will be sent for in three or four months to have it changed again.

If the tube stops draining before your next change is due, then please contact your consultant who will arrange for you to have the tube changed sooner.

## **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.

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

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