

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4C Ward – 0151 430 1643

Who can I contact for more help or information?

Best Health (prepared by the British Medical Association)

NHS Clinical Knowledge Summaries (formerly known as Prodigy)

NHS Direct

Patient UK

Royal College of Anaesthetists (for information about anaesthetics)

Royal College of Surgeons (patient information section)

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600



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Percutaneous (Keyhole) Insertion of Nephrostomy Tube

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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What is the evidence base for this information?

This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

The procedure involves insertion of a small tube into the kidney (usually under local anaesthetic) which then allows urine to drain from the kidney into a collecting bag outside the body.

What are the alternatives to this procedure?

No treatment (observation only) or insertion of an internal stent under general anaesthetic.

What should I expect before the procedure?

You will usually be admitted on the day of your surgery unless the tube insertion is being performed during an emergency admission.

If your admission is not an emergency, you will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 4 hours before surgery and, immediately before the operation, you may be given an injection of antibiotics to prevent infection.

What else should I look out for?

If you experience a high temperature, back pain, redness or swelling around the tube, leakage of urine from the drainage site, poor (or absent) drainage or if the tube falls out, you should contact your doctor immediately.

Are there any other important points?

Any subsequent follow-up treatment will be arranged by your Urologist before your discharge.

If your tube needs to be removed at any stage, this must be performed in hospital and you should contact your Urologist or Specialist Nurse.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Students

There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

Are there any other important points?

This publication provides input from specialists, the British Association of Urological Surgeons, the Department of Health and evidence-based sources as a supplement to any advice you may already have been given by your GP. Alternative treatments can be discussed in more detail with your urologist or Specialist nurse.

What should I expect when I get home?

By the time of your discharge from hospital, you should:

- Be given advice about your recovery at home
- Ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- Ask for a contact number if you have any concerns once you return home
- Ask when your follow-up will be and who will do this (the hospital or your GP)
- Ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

When you leave hospital, you will be given a 'draft' discharge summary of your admission. This holds important information about your inpatient stay and your operation. If you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

The drainage tube will remain in place for an appropriate length of time which will be determined by your Urologist.

Keep the skin around the nephrostomy tube clean and, to prevent infection, place a sterile dressing around the site where the tube leaves your skin. Dressings should be changed at least twice a week, especially if they get wet.

You may shower or bathe 48 hours after the tube has been inserted but try to keep the tube itself dry. You can protect the skin with plastic wrap during showering or bathing. After 14 days, you may shower without any protection for the tube.

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

Please be sure to inform your surgeon in advance of your surgery if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for Warfarin, Aspirin or Clopidogrel (Plavix)
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone).

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

What happens during the procedure?

You will lie on an X-ray table, generally flat on your stomach, or nearly flat. You may need to have a needle put into a vein in your arm so that the radiologist can give you a sedative or painkillers.

The procedure will be performed by a specially-trained doctor called a radiologist. The radiologist will use either X-rays or ultrasound to decide on the most suitable point for inserting the fine catheter. Your skin will then be anaesthetised with local anaesthetic and a fine needle inserted into the kidney.

Once the radiologist is sure that the needle is in a satisfactory position, a guide wire is placed into the kidney, through the needle, which then enables the plastic catheter to be positioned correctly. The catheter is fixed to the skin of your back and attached to a drainage bag.

The procedure will normally take 20 minutes or so but, occasionally, it may take longer.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- Ask if what was planned to be done was achieved
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team
- Ensure that you are clear about what has been done and what is the next move

Once you return to the ward, the nurses will perform some routine observations of your pulse, temperature and blood pressure.

You will generally stay in bed for a few hours until you feel comfortable.

You should avoid making sudden movements, once you are mobile, to ensure that the tube does not get pulled or become displaced. The bag needs to be emptied fairly frequently so that it does not become too heavy.

The nurses will monitor your urine output carefully during this period.

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 (septicaemia) following insertion

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

- Colonisation with MRSA (0.9% - 1 in 10)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for 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.