

Information for Patients

Nephrostomy Exchange

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. Our contact details are at the end of this leaflet.

Why do I need to have my 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 may 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.

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

Are there any risks?

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 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. Please take this leaflet with you to your GP.

Sometimes, the tube which is to be changed may be blocked inside and it can take a few minutes' manipulation 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 a few days later. This will be the same procedure as when you first had your nephrostomy tube inserted.

Interventional procedures use ionising radiation to form images of your body and provide treatment. Ionising radiation can cause cell damage that may, after many years or decades, turn cancerous.

Radiation exposure during interventional procedures is generally regarded as low but higher radiation doses might be necessary in difficult or complex cases.

We are all at risk of developing cancer during our lifetime. The normal risk is that this will happen to about 50% of people at some point in their life. Having this procedure will increase the chances of this happening by a very small amount.

In some higher radiation dose procedures there can be a risk of skin damage in the localised area, similar to sun burn. If we think that you are at risk of this, we will inform you before you leave the department.

The radiologist and radiographer will keep the X-ray dose as low possible. The radiologist (doctor) will discuss the procedure, including the risks and benefits, with you and you will be able to ask any questions.

Who has made the decision?

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.

However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Am I required to make any special preparations?

You should not drive to this appointment.

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.

You will be given an intravenous (given directly into a vein) 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.

We need to know the clotting status of your blood before the procedure. Please telephone us if you are taking any of the following:

- Warfarin
- Sinthrome
- Rivaroxaban
- Dabigatran
- Apixaban

Who will I see?

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

Where will the procedure take place?

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

What happens during the procedure?

You will attend the Radiology Day Unit.

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 asked to lie on the X-ray couch, usually face down.

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

Your drainage bag will first be removed and, if required, a swab may be taken of the skin around your nephrostomy tube. The swab will be sent to the laboratory for analysis.

A soft guide-wire is passed through your 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 your 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. The radiologist also can administer local anaesthetic if required.

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 back to the Radiology Day Unit where nursing staff will carry out routine observations and where you can rest for a 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 (38 degrees Celsius).
- If you develop back pain or side pain.
- If your urine output stops, becomes dark, or foul-smelling.
- If the tube falls out do not attempt to re-insert it yourself. **This needs to be done at the hospital. If the tube falls out in the middle of the night you can wait until the following morning to inform your team or attend your local Emergency Department.**

How long will the tube stay in?

This is a question that can only be answered by the doctors looking after you. It may only need to stay in a short time, for example, while a stone passes naturally, or it may need to stay in for a much longer period, to allow a more permanent solution for the blockage to be organised. Taking the catheter out does not hurt at all.

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.

Further information on Nephrostomy can be found at:
<http://www.bsir.org/patients/nephrostomy/>

Contact: Interventional Radiology

If this appointment is not convenient please phone ☎ (0161) 276 8588 Monday to Friday, 9.00 am – 5.00 pm.

If you wish to discuss the procedure ☎ (0161) 276 8588, Monday to Friday, 8.30 am – 5.00 pm.

Out of these hours please contact your GP or the Emergency department at Manchester Royal Infirmary, but most cases can wait until the following morning.