

# Having the drainage tube in your kidney (nephrostomy tube) changed

Department of Radiology

Information for Patients

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## Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at. This leaflet tells you about your examination. Please read it carefully as it contains important information and instructions.

## Why do I need the nephrostomy tube in my kidney changed?

You had a nephrostomy tube put into your kidney to relieve the symptoms you were getting from the blockage in the pipe (ureter) that drains pee (urine) from your kidney to your bladder.

A nephrostomy tube can get blocked over time or can be pulled out of position. Usually a nephrostomy tube should be changed every 3 months to make sure it keeps draining. Some patients may need their tube changed sooner. This will be discussed with you if it is felt this would be better to you.

Your District Nurse will continue to help you with your tube and dressing care once you have had your tube changed.

## How long will I need a nephrostomy tube?

The nephrostomy tube may only need to stay in for a short time, for example while a stone in the ureter passes naturally. Sometimes nephrostomy catheters remain in place longer whilst a solution to the blockage is organised or if it is decided that the catheter is the best solution to your condition. The doctors looking after you will be able to answer any questions you have about this.

If the nephrostomy catheter has to stay in place the hospital will arrange an appointment for you to have your catheter changed.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Important information

If you are taking medication that thins the blood (anticoagulants or antiplatelets) please call the radiology department for advice by calling the number on your appointment letter as soon as possible.

Your blood thinning medication may need to be stopped or replaced with a different one for a few days.

**Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.**

You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

You may have already been given instructions on blood thinners by the doctor who referred you for this procedure. Please still call the radiology department so we can check this.

### **Please tell the Health Care Professional doing the nephrostomy if:**

- **You are allergic to iodine or rubber (latex),** have any other allergies or have asthma.
- **You have reacted previously to an intravenous contrast liquid,** the dye used for kidney X-rays and CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney (renal) dialysis or have any problems with your kidneys.**
- **You have diabetes.**
- **There is any possibility that you may be pregnant.**

## How do I get ready for the procedure?

- If you are staying in the hospital as an inpatient, nurses on the ward will help you to get ready.
- If you are coming in from home and having the procedure as a day-case, you can come into hospital on the morning of your planned procedure and should be able to go home the same day.
- **Do not eat for 4 hours before your appointment.**
- **Continue to drink water until 1 hour before the appointment time.**
- You will be asked to put on a hospital gown and paper pants.
- A needle will be put into a vein in your arm so that you can be given medication if needed.
- You might be given some pain relief to reduce discomfort and an antibiotic to help prevent the spread of infection.
- You will have the opportunity before your procedure to discuss pain relief to reduce any discomfort.

## Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

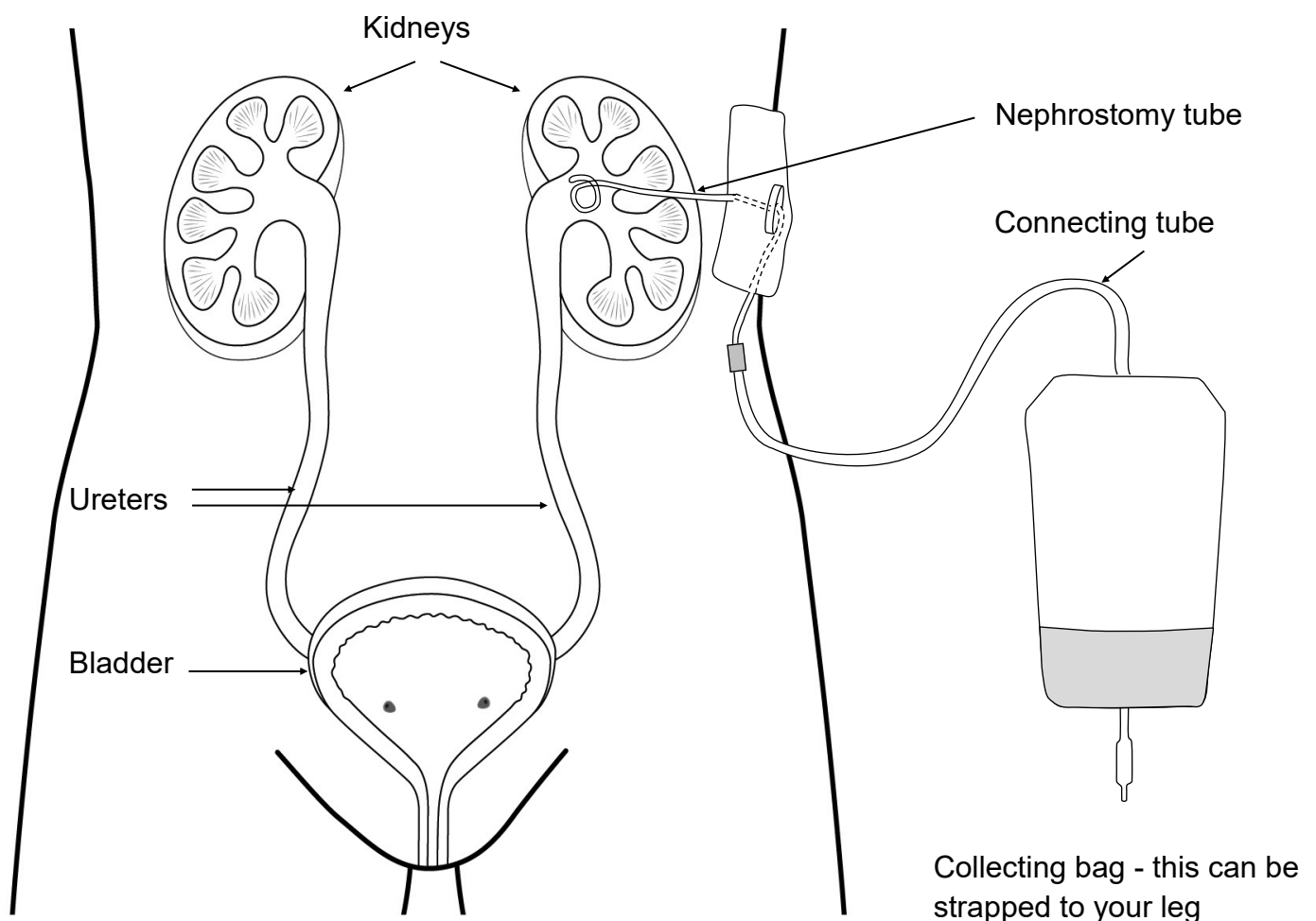
You have been referred to a health care professional who has been trained in this procedure. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the health care professional you do not want to have the procedure then you can decide against it at any time.

If the health care professional feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

## Diagram of a nephrostomy tube in a kidney



## What happens during the procedure?

- The procedure is done in the X-ray department. You will lie on the X-ray table, usually flat on your tummy, or nearly flat. Your blood pressure will be monitored regularly during the procedure.
- Your skin will be cleaned with antiseptic and you will have some of your body covered with sterile sheets.
- The health care professional doing your procedure will use the X-ray equipment to help guide the procedure and change the tube in your kidney. X-ray dye will be injected into the tube to make sure it is still in your kidney. A thin flexible guide wire will be placed through the tube into the kidney. This then allows the catheter to be removed safely and a new one placed correctly.
- You may be aware of the wire and tube passing into the kidney. Sometimes this may be uncomfortable. If the procedure does become uncomfortable you should tell the member of staff who will be with you throughout the procedure. They will be able to arrange for you to have some painkillers.
- Generally, placing the drainage tube in the kidney only takes a short time and once in place it should not hurt at all.
- Once the tube is in the right place in the kidney the tube will be fixed to your skin by a dressing or a small pouch or bag (called a urostomy bag) and re-attached to a collecting bag.

## Who will be doing the procedure?

A health care professional who has been trained in X-rays and X-ray guided treatments will do the procedure to change your nephrostomy tube. This person will be either a radiology doctor (radiologist) or a specialised radiographer or nurse (extended role practitioner).

There will also be a nurse and a radiographer in the room. There may also be a healthcare assistant.

As we are a teaching hospital a student may also be present. If you wish, you can ask that a student is not present during your examination.

## How long will the procedure take?

Every patient's situation is different. It is not always easy to know how complex or how straightforward the procedure will be. It may be over in 20 minutes, or very occasionally it may take longer than 45 minutes.

## What happens after the procedure?

After the procedure you will be taken back to radiology day care or to your ward. Nurses will carry out routine checks such as taking your pulse, blood pressure and temperature to make sure that there are no problems.

You will stay in bed for a short time after your procedure.

The nephrostomy tube stays in place attached to a collecting (drainage) bag. It is important that you take care of this. Do not make any sudden movements. When you move, for example getting up out of a chair, you need to make sure that the bag can move freely with you.

The bag will need to be emptied regularly so that it does not become too heavy. The nursing staff will want to measure the amount of urine in it each time.

You can ask the nurses any questions that you have about your catheter tube.

As a guide, expect to be in day care recovery or your ward for up to 4 hours.

Do not drive yourself home.



## Are there any risks or complications?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Bleeding** - There is often some bleeding from the kidney and you may see blood in your pee (urine). On rare occasions, this may become severe. This should start to clear within 24 to 48 hours. If it does not start to clear within 48 hours please phone the hospital on the number you will be given. More scans or X-rays may be needed to find out why. If this becomes severe you may require a blood transfusion or further treatment in the radiology department.
- **Infection** - There is a risk of developing an infection. This can usually be treated with antibiotics.
- **Kidney damage** - There is a risk of injury to the kidney or blood vessels in the kidney.
- **The tube cannot be changed** - Occasionally it is not possible to remove the tube from your kidney. It also may not be possible to put a new tube in to the kidney. If this happens the person doing the procedure will talk to you about what happens next.

Despite these possible complications, the procedure is normally very safe. At all times during and after the procedure the staff will be checking your responses to this treatment to reduce the effects of any complications.

## What are the risks from radiation in this procedure?

The main risk from having X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination gives a dose on top of this natural background radiation. The risks of radiation are slightly higher for an unborn child so we must ask some patients aged 10 to 55 years about their periods and possibility of being pregnant. The radiation from the X-rays during a change of catheter is equivalent to receiving approximately a few weeks of natural background radiation.

The benefits of this examination are likely to outweigh any potential risk and the risk from not having the examination could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

## What if I need to talk to someone?

### Before the procedure:

If you have any questions or concerns, or cannot make the appointment please call the Radiology Department on **0116 258 8765** (option 7) - Monday to Friday, 9am to 5pm (excluding bank holidays).



### After the procedure:

If you have any problems after the procedure please speak to the staff on the ward or your radiology nurses.

When you go home you will be given a telephone number to ring if you have any questions or problems with your nephrostomy tube, dressings or bags at any time.

You will be given a leaflet explaining how to care for your nephrostomy tube and dressing before you go home.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)