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

Radiology Department

Information for Patients

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Introduction

If you are an outpatient please read your appointment letter carefully. Check which hospital your appointment is at.

Please read all of this leaflet. It has important information and instructions.

If you have a nephrostomy passport, please bring it to your appointment.

Why do I need my nephrostomy tube changed?

Your nephrostomy tube in your kidney is helping 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. It can also get pulled out of position. We usually change nephrostomy tubes every 3 months. This is to make sure they keep draining. Some patients may need their tube changed sooner. We will talk to you if we think it would be better to change your tube sooner.

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 doctors looking after you will be able to answer any questions you have about this.

Some patients need a nephrostomy tube for a short time. This could be while a stone in the ureter passes naturally. Some patients need a nephrostomy tube for longer. This could be if doctors need to organise a way to clear the blockage. Or, it could be that doctors have decided that a nephrostomy tube long term is the best solution to your condition.

If your nephrostomy tube has to stay in place, we will arrange an appointment for you to have it changed.

Important information about blood thinners:

If you are taking medicine that thins the blood (anticoagulants or antiplatelets) you may need to stop taking it or take a different one for a few days.

Please call the radiology department for advice as soon as possible. The phone number to call is on your appointment letter. It is also at the end of this leaflet. We will ask you what blood thinning medicine you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), edoxaban (Lixiana), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin and heparin.

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.

Important information before you have X-rays with contrast liquid:

The contrast liquid used in your procedure has iodine in it. Your kidneys remove iodine from your body. It comes out in your pee (urine). If you have kidney dialysis, this will remove the iodine.

Please tell the person doing your procedure if:

- **You are allergic to iodine or rubber (latex)**, or have any other allergies or have asthma.
- **You have had a reaction in the past to a contrast liquid injected into a vein (intravenous contrast).** This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- **You are on kidney dialysis.**
- **You have diabetes.**

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 to come into hospital on the morning of your planned procedure. You should be able to go home the same day.
- Do not eat for 4 hours before your procedure, unless you have been told different.
- 4 hours before your procedure, you can still drink clear liquids like water, squash, or see-through drinks that are not fizzy. This is up to 1 hour before the procedure. Follow this unless you have been told different.
- When there is 1 hour to go before your procedure, you can take sips of water up to 170ml per hour. This is until you are about to go for your procedure. If you are in hospital the nursing staff can give you a cup with 170ml water. Follow this unless you have been told different.
- We will ask you to put on a hospital gown and paper pants.
- We will put thin tube (cannula) into a vein in your arm. This is so we can give you medicines if needed.

- We will give you an antibiotic to help prevent the spread of infection.
- We will give you some pain relief to reduce discomfort during or after your procedure if you need it.

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.

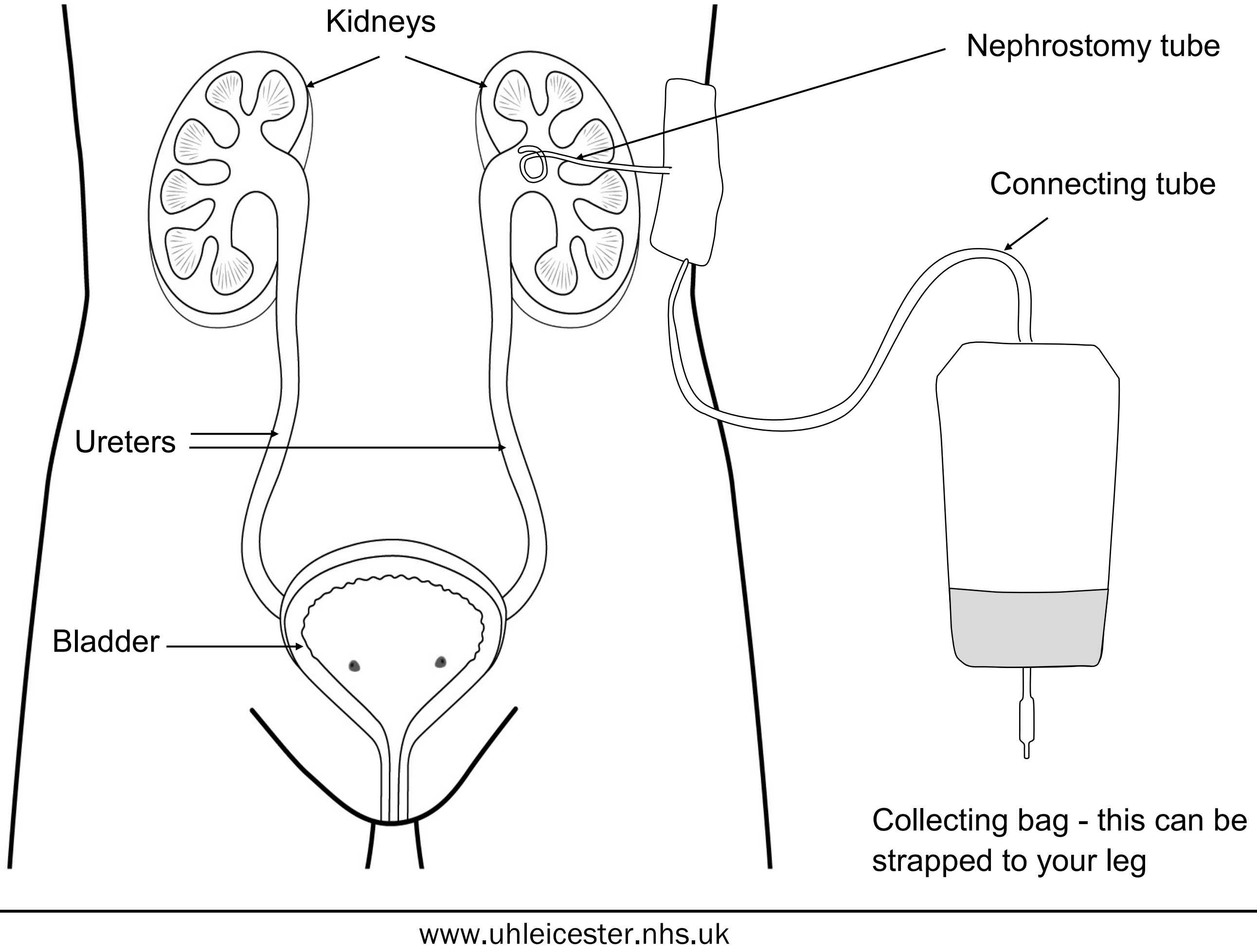
You have been referred to a health care professional who has been trained in this procedure. They will confirm that you understand why the procedure is being done, its potential risks and the chances of success. You will sign a consent form to confirm this. This may be on an iPad or a paper form. **You should feel that you know enough 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 say no. We will talk to you about your options.

If the health care professional feels that your condition has changed they will talk to you about if 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 keep going then you can say ask us to stop. We will talk to you about your options so you can decide what to do.

Diagram of a nephrostomy tube in a kidney



What happens during the procedure?

- We do this procedure in a special X-ray room in the Radiology department.
- You will lie down on the X-ray table. This will usually be flat on your tummy, or nearly flat.
- We put a blood pressure cuff (strap) on your arm. We also put a small peg on your finger. These will all be attached to a monitoring machine. This is so we can check your blood pressure, your heart rate and your heart health.
- We will keep everything clean (sterile). We clean your skin with antiseptic. This may feel cold. We cover some of your body with sterile sheets.
- We will use the X-ray equipment to help guide the procedure and change the tube in your kidney.
- We will inject some pain relief (local anaesthetic) into your nephrostomy tube. This will help reduce any discomfort during the procedure.
- We will inject a liquid (contrast) into your nephrostomy the tube. The contrast shows up on the X-ray pictures. This is to make sure the tube is still in your kidney.
- We will put a thin flexible guide wire through the tube into your kidney. We then take the tube out.
- We will put a new tube along the guide wire and into your kidney.
- You may be aware of the tube going in or out of your kidney. Sometimes this may be uncomfortable. You should tell us if the procedure does become uncomfortable. We will arrange for you to have some painkillers if needed.
- It usually only takes a short time for us to put a new nephrostomy tube in the kidney. It should not hurt when it is in place.
- We will fix the tube to your skin using a dressing or a small pouch or bag (called a urostomy bag). We will then attach it 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 (enhanced role practitioner).
- A radiographer will move and control the special X-ray equipment.
- A nurse and maybe a healthcare assistant will care for you and help the person doing the procedure.
- A student may also be in the room. If you do not want this, you can ask that a student is not in the room when you have your procedure.

How long will the procedure take?

Every patient is different. It is not always easy to know how difficult or how straight forward the procedure will be. It may be over in 20 minutes. Sometimes it can take longer than 45 minutes.

What happens after the procedure?

- You will be taken back to radiology day care or to your ward.
- Nurses will do routine checks, such as taking your pulse and blood pressure. This is to make sure that there are no problems
- You will stay in bed for a short time to rest.

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

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

Do not drive yourself home.

When you are home, you should keep looking after your nephrostomy tube and pouch as before. You will have already been given an information sheet on how to do this.

Are there any risks or complications?

As with any procedure there is a risk of complications. Below are the most common risks and complications. The chance of these happening is different for each person. We will talk to you about your risks before you sign the consent form.

- **Infection and Sepsis.** There is a risk of infection. Because the old tube has been in your body, bacteria can sometimes be released into your bloodstream when we change it. This can cause you to feel cold or shaky (rigors) a short time after the procedure. If this happens, we may give you antibiotics to treat it.
- **Bleeding.** It is common to see some blood in your pee (urine) for 24 to 48 hours (1 to 2 days) after the change. Severe bleeding is rare during a tube change. But, if it happens, you might need a blood transfusion or a procedure to stop the bleeding**.** We will check your urine for blood before you go home.
- **Kidney damage.** There is a risk of injury to the kidney or blood vessels in the kidney.
- **Tube blockage or tube pulled out of position.** Your new nephrostomy tube could get blocked or pulled out of position before your next tube change. We can give you more information on how to prevent this.
- **The tube cannot be changed.** Sometimes we not able to remove the tube from the kidney. We may not be able to put a new tube in to your kidney. If this happens the person doing the procedure will talk to you about what happens next.
- **Reaction to contrast liquid.** Some patients may be allergic to the contrast liquid. You could get symptoms such as feeling or being sick (nausea or vomiting), or a rash. Any side effects usually happen within 20 minutes. If you get any of these symptoms at the hospital, tell the doctor, nurse or other staff looking after you. If you develop symptoms at home you should contact your GP or call 111.

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. This is to reduce the effects of any complications.

What are the risks from exposure to radiation in this procedure?

The main risk from exposure to X-rays is a higher 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, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation. The radiation from the X-rays during a nephrostomy tube change is equivalent to receiving about a few weeks of natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this procedure are likely to outweigh any possible risks. The risks of not having the procedure could be greater. We try to keep your exposure to X-rays as low as possible.

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** and select **option 7**. Monday to Friday 9am to 5pm, but not on 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 we will give you a phone number to ring if you have any questions or problems with your nephrostomy tube, dressings or bags at any time.

We will give you a leaflet before you go home. It tells you how to care for your nephrostomy tube and dressing.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ 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

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

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