Mersey and West Lancashire Teaching Hospitals
NHS Trust

Having a Nephrostomy Exchange

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

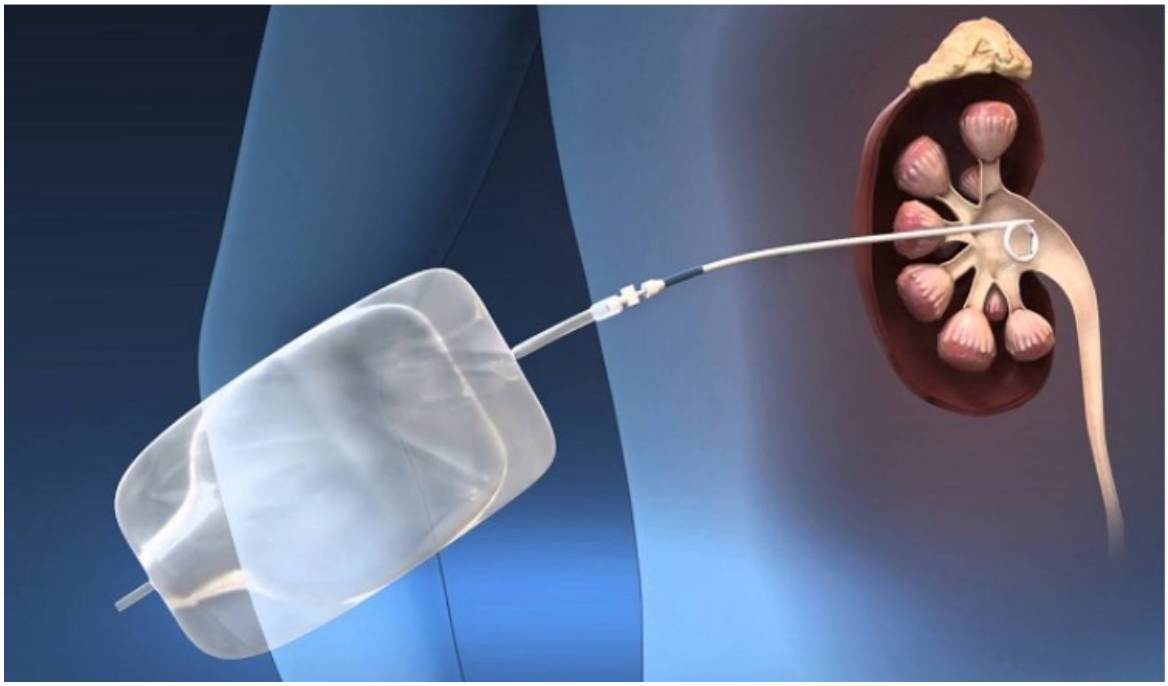
إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Introduction

This leaflet tells you about the procedure known as Nephrostomy Exchange. It explains what is involved and what the possible risks are. It is not meant to be a substitute for informed discussion between you and your doctor, but can act as a starting point for such a discussion.

Whether you are having the procedure as planned or as an emergency procedure you should have sufficient explanation before you sign the consent form.



Why do I need to have my Nephrostomy Tube exchanged?

Your Nephrostomy Tube will require changing at regular intervals which can vary from every few weeks to every few 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.

Who will be doing the procedure?

An Interventional Radiologist, a doctor who specialises in such procedures; will perform this procedure. They will be assisted throughout by Radiology nurses and Radiographers.
As the procedure happens in the Interventional theatre / screening room all members of staff will be dressed in scrub tops. All members of staff will introduce themselves before the start of the procedure.



How do I prepare for the procedure?

No preparation is needed for you Nephrostomy Exchange

Where is the procedure performed?

The procedure will take place in the Radiology Department in a special “screening room” designed specially for this type of procedure.



What to expect

What happens before the procedure?

You can continue taking your normal medication and you may eat and drink as normal.
You will arrive at the Radiology Department and a member of the interventional team will accompany you into the angiography suite (X-ray room). A member of the team will check your details and go through a checklist with you.

Please inform us if you have any allergies.

What happens during the procedure?

An Interventional Radiologist will perform the procedure for you. They will explain the procedure to you and if you have any questions you can ask then.

You will be asked to lie on the X-ray table, in a position where it is possible for us to access the tube – usually on your front. The skin around the Nephrostomy Tube will be cleaned with an antiseptic solution and covered with a drape.

A soft guidewire will be passed into the existing Nephrostomy Tube, using X-rays to guide the passage of the wire. This then allows the interventional Radiologist to remove the old Nephrostomy Tube and a new tube is passed over the guidewire. The new Nephrostomy Tube is secured in position and a dressing applied.

To confirm the Nephrostomy Tube is in the correct position, the Radiologist / Radiographer will inject a small amount of X-ray dye through the tube. The Nephrostomy Tube is then connected to the drainage bag.

What happens after the procedure?

We advise you wait in the department for approx. 30–60mins after your procedure. Then you are free to go home.

Is there anything I should look out for after the tube exchange?

Call your GP for any of the following reasons:

- If you have a temperature.
- If you develop back or side pain.
- If your urine output stops, becomes dark or foul-smelling

If the tube falls out or becomes dislodged - don’t attempt to re-insert it yourself. This needs to be done at the hospital.

Risks

Are there any risks?

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

- 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.
- Infection – Urine in the kidney may become infected. This can generally be treated with antibiotics.
- Sometimes the tube which is to be changed may be blocked inside and it can take a few minutes of manipulation by the operator to unblock the tube.
- Very occasionally the tube has come out of the system completely so a new Nephrostomy tube will need to be inserted.

The procedure uses X-rays and the amount of radiation used is small. However, if you think you may be pregnant, please inform the Imaging Department before attending the appointment.

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

Pregnancy

If you are, or think you could be pregnant, please contact us prior to your appointment on the phone number in your appointment letter.

Radiation

Having a percutaneous Nephrostomy involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is thought the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualized for each patient depending on the size of the patient and the condition being investigated.

For more information on radiation please see the link below:
https://www.ukhsa-protectionservices.org.uk/radiationandyou/

If you have had an allergic reaction to iodine or the X-ray contrast (dye) in the past, then you must tell us prior to, or on arrival for, your appointment.



Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology Department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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