How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Caring for a Nephrostomy and what is Ureteric Stenting

How and why a nephrostomy tube and stent is inserted

Patient information leaflet
If you require a translation or an alternative format of this leaflet please call PALS on 01296 316042

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The Urinary System

The urinary system comprises the kidneys, ureters, bladder and urethra. The kidneys sit at the back of the body, one on each side, just underneath the ribcage. They filter your blood to remove waste products, which they change into urine. Urine is carried from each kidney through a fine tube, called a ureter, to the bladder where it is stored. When you are ready to pass urine, it leaves the bladder through a tube called the urethra.

The following information is only for District Nurses and Practice Nurses

- The nephrostomy can be flushed aseptically by the District Nurses/Practice Nurses with 10-20mls sterile normal saline.
- There is no need to withdraw the saline, just reconnect the nephrostomy tube to the bag and let it drain immediately. The flushing can be repeated but if it doesn’t drain spontaneously, just leave it and observe for the next 24 hours.
- The dressings require changing weekly unless there is concerns of leaking, then this should be as often as required. Op-site or leukomed dressings are appropriate.
- The drain bags should also be changed weekly.
What to look out for

Please contact your District Nurse or GP immediately if you have any of the following symptoms:

• A high temperature
• Back pain
• Cloudy or blood in urine
• Vomiting for more than 4-6 hours
• Redness or swelling on the skin around the tube
• Leakage of urine from the site on your back where the tube comes out
• Little or no drainage of urine into the bag
• The tube falls out

In an emergency, ring NHS 111 for advice or the Ward you were on after the procedure and ask to speak to the nurse in charge.

Further advice can be obtained from the Urology Ward 12C at Wycombe General Hospital on 01494 426018 or 01494 426019

Nephrostomy

A nephrostomy is a thin, plastic tube (catheter) that is inserted through the skin on your back and into your kidney. It can relieve a build-up of urine in the kidney, which can happen due to a blockage, and prevents the kidney from being damaged. It drains urine directly from one or both kidneys into a collecting bag outside your body. The bag has a tap so you can empty it. You may still pass urine in a normal way even when you have a nephrostomy tube in one, or both, of your kidneys.
Why a nephrostomy tube is needed

When the ureter (the tube that connects the kidney to the bladder) becomes blocked and urine cannot flow from the kidney to the bladder.
- The ureter can be blocked by a kidney stone, cancer growth or a stricture (narrowing).
- Also if there is a hole in the ureter or bladder and urine is leaking into the body.
- The doctor will explain how long the nephrostomy tube is likely to remain in place. It will depend on each patient's individual situation.

Ureteric Stent

The nephrostomy will be removed if treatment can relieve the blockage for example with a ureteric stent. A ureteric stent is a specially designed hollow tube made of a flexible plastic material that is placed in the ureter (the tube that connects the kidney to the bladder).

However some patients may not be suitable to have treatment or a stent and in these cases the nephrostomy will be permanent but will need changing periodically. A date will be arranged for admission to hospital for the periodic change of nephrostomy tube(s).

Aftercare at home

- Keep the skin around the nephrostomy tube clean and, to prevent infection, put a sterile dressing around the site where the tube leaves your skin. Dressings should be changed at least once a week, or more often especially if they get wet.
- You can shower 48 hours after the tube has been inserted but try to keep the tube site dry. To do this, put plastic wrap (like cling film) around the area during showering or bathing. After 14 days, you can shower without plastic wrap.
- The drainage bag usually needs to be changed every week.
- Swimming is not recommended while the tube is in place.
- We will refer you to the Practice Nurse or District Nurse when you leave hospital for regular change of dressing and maintenance of the nephrostomy. If not, please contact the Ward you stayed on and speak to the nurse in charge.
Aftercare on the ward

After your procedure, you will normally go back to the Urology Ward. You can start eating and drinking as soon as you recover from the sedation (if given). We will tell you how the procedure went and what you can and cannot do.

- You may feel sore where the catheter is inserted for 7-10 days. You will be advised on which pain relief to take.
- Fluids are encouraged but please keep within your fluid restriction allowance.
- Keep the site dry and protected from water when taking showers.
- Keep the surrounding skin clean.
- When you can move around avoid making sudden movements to ensure the tube is not pulled or moved out of position.
- Do not allow the bag to drag on the floor.
- Avoid kinking of the tube.
- Ensure you understand what procedure has been done and what should happen next.

The nurses will carry out some routine observations of your pulse, temperature and blood pressure. You will generally need to stay in bed for a few hours until you feel comfortable.

Preparation prior to a Ureteric Stent

This procedure is sometimes performed as an emergency. In this case instructions and information will be given to you at the time. However if it is a planned procedure, you will be advised to attend the Urology ward on the morning of your procedure.

- If you are on any medication to thin your blood e.g. Warfarin, you will be advised when this should be stopped.
- Blood investigations will be taken to assess your clotting, kidney function and haemoglobin levels.
- You must not have any food 6 hours before the procedure and have only clear fluids up to 2 hours before the procedure. This is in case there is a need for sedation.
- A plastic tube (cannula) will be inserted into your wrist or hand for intravenous antibiotics before the procedure, sedation and/or pain relief during the procedure.
- Your written consent will be required following a discussion with the Radiology Consultant as to the procedure involves.
Procedure to inserting the catheter

The procedure is carried out by a Radiologist who is a doctor specialising in diagnosing and treating disease using X-rays and scans. It is usually carried out in an X-ray (radiology or imaging) Department. The Radiologist will use either X-rays or ultrasound imaging to decide on the most suitable point for inserting the fine tube (catheter) into the kidney. You will lie on an X-ray table, generally flat on your stomach, or nearly flat. The doctor will inject local anaesthetic into the skin on your back to make the area numb so you should not feel any pain. They will then insert a fine needle into the kidney using X-ray and ultrasound imaging to guide them. The nurse may give sedation and/or pain-relief via the cannula that was placed in your wrist or hand on the ward to ensure you are comfortable and able to lie still for the procedure.

When the Radiologist is sure that the needle is in a good position, they will put a guide wire into the kidney through the needle. This allows them to position the plastic catheter correctly. The catheter is fixed to the skin on your back with a stitch. The external end of the catheter is fitted to a urine drainage bag.

The procedure usually takes 20 mins although sometimes it may take longer.

Risks

A nephrostomy is an established and generally safe procedure. Please be assured that the majority of patients do not suffer any problems after the procedure. You are monitored very closely so that any problems are identified early and treated. The risk of the nephrostomy procedure are:

Common risks (more than 1 in 10 will get these):
- Minor bleeding from the kidney which will be visible in the urine drainage bag
- Temporary discomfort in the kidney and at the site where the tube has been inserted.

Occasional risks (between 1 in 10 and 1 in 50 people will get these)
- Leakage of urine around the tube inside the abdomen (tummy area)
- Blockage of the drainage tube
- Infection after insertion of the tube.

Rare (less than one person in 50 will get these)
- Delayed bleeding or haemorrhage
- The drainage tube moves out of position
- The tube is not placed correctly in the kidney
- Accidental damage to surrounding organs such as the stomach or bowel.