

## Nephrostomy - Information for patients

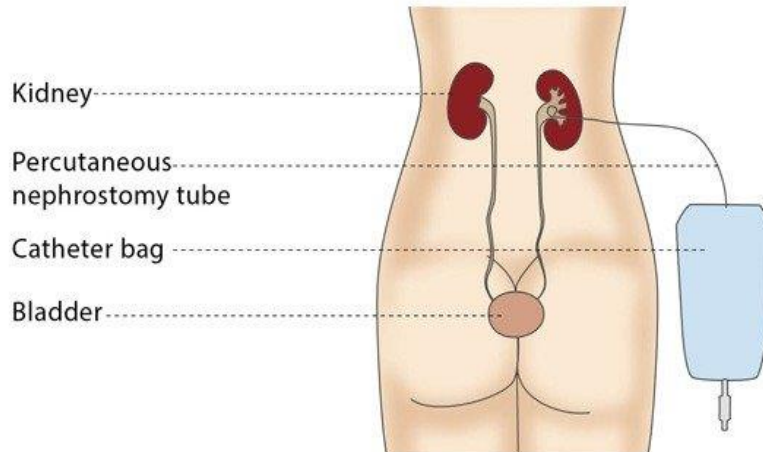
This leaflet aims to answer some of the questions you may have about having nephrostomy. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to the staff caring for you.

### What is a percutaneous nephrostomy?

Normally urine drains from your kidneys through a narrow tube (ureter) into your bladder. A nephrostomy is required when there is a blockage of the ureter; in turn the kidney rapidly becomes affected, especially if infection is present. If left untreated, your kidney could become damaged. During a nephrostomy, a fine plastic tube (catheter) is placed through the skin on your back or side and into your kidney to drain your urine. Urine leaving the kidney is collected in a plastic catheter bag attached to the tube outside your body. The bag can be strapped to your leg or waist so you can move freely. A nephrostomy may relieve the symptoms of blockage and keep the kidney functional. This may be a temporary or permanent measure depending on your medical diagnosis.

#### Percutaneous nephrostomy



## Possible risks of having a nephrostomy

A nephrostomy is a safe procedure that will provide relief from your symptoms if successful, but as with any medical procedure there are some risks and complications that can occur. The radiologist will explain these to you before the procedure. The overall complication rate for a nephrostomy is approximately 10%. The most common complications include:

- Bleeding – Blood in the urine immediately following a nephrostomy is common and usually clears in 24-48hrs. Major bleeding requiring a blood transfusion is uncommon (1-4%)
- Infection – Most cases can be treated satisfactorily with antibiotics. Occasionally a more serious infection (sepsis) requires an escalation in your level of care (1-3%)
- Catheter dislodgement –Your nephrostomy may dislodge or fall out, requiring reinsertion (1-2%)
- Kidney Injury – Trauma to the kidney requiring a follow-up procedure or surgery to stop bleeding or prevent leakage of urine outside of the kidney (0.1-1%)
- Pleural or Bowel Perforation – Rarely the lining of the lung (pleura) or adjacent bowel may be damaged during your nephrostomy (0.2%)

## Contrast

Nephrostomy insertion uses x-ray dye (contrast), and very rarely, a reaction may occur. If you have ever had a test that uses x-ray dye and you have had a reaction to it, you should tell the doctor or nurse before you have your nephrostomy insertion. A reaction may take the form of a rash or itching and very rarely, a more severe allergic reaction can occur. The team are trained and have measures in place to deal with this safely should this occur.

If you have had a previous reaction, please let us know, and we can put measures in place to minimise risk from another reaction.

## Radiation – Benefit versus Risk

Nephrostomy insertion uses X-ray radiation. The radiation dose that you get from a nephrostomy insertion is small and the associated risks are low. Clinical staff consider both the risks and benefits when deciding what examination is appropriate for you. The benefits of having the nephrostomy outweigh any risk. Clinical staff are responsible for making sure that the dose you receive is kept as low as necessary to aid your diagnosis or treatment.

## Pregnancy

If you are in the early stages of pregnancy, there is a very small risk of x-rays harming your unborn child. If you think you could be pregnant, or you are trying to get pregnant, please tell us before your appointment. Individuals aged 10-55 will be asked to confirm their pregnancy status by the radiographer before the procedure and asked to sign a form.

## Consent

We want you to be involved in all the decisions about your care and treatment. The Interventional Radiologist will ask you if you are happy for the procedure to go ahead. This is called verbal consent. If you do not wish to have the procedure or are undecided, please tell the Radiologist. Students/trainees may be present during the examination but only with your verbal consent.

Please remember that you can ask the Interventional Radiologist any questions you have at any time before, during or after your scan.

## Pre-assessment

Pre-assessment is not required.

## Fasting

You may be asked not to eat or drink anything for 4 hours before the procedure.

## What happens before the procedure?

Please attend the appropriate department as stated on your appointment letter.

When you receive your letter, please let us know if you have any of the following:

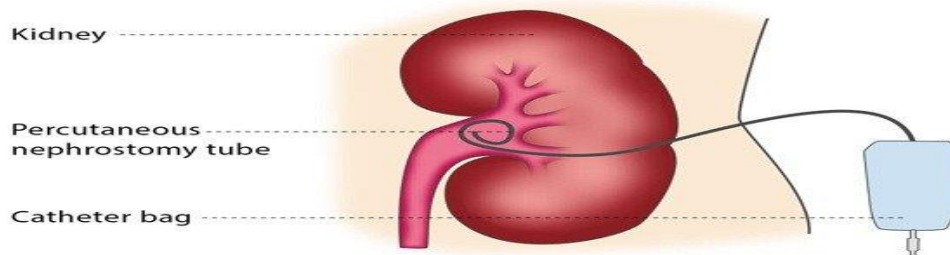
• A history of severe allergy (or anaphylaxis)?
• A previous adverse reaction to x-ray dye?
• Poorly controlled asthma?
• Renal impairment (poor kidney function)?
• Diabetes, which is treated with Metformin therapy?
• Are taking any anti-coagulants (blood thinning medication)?

You will be asked to change into a hospital gown and a small cannula (thin tube) will be inserted in your arm. You will be brought to the Interventional Radiology Suite in your bed, where you will be met by a team of nurses, a radiographer and an interventional radiologist. The procedure will be explained to you by the radiologist and you will be asked to sign a consent form. The Royal Victoria Hospital and Belfast City Hospital are teaching hospitals and as such university students may be in attendance, with your permission.

## What happens during the procedure?

You will be helped to transfer onto the X-ray table and asked to lie on your stomach or your side. Pillows and foam cushions will be used to help you stay comfortable. Monitors will be attached to record heart rate and blood pressure. You will be awake for the procedure.

### Percutaneous nephrostomy



The procedure is performed under sterile conditions and the interventional radiologist will wear a sterile gown and gloves to carry out the procedure. The skin will be cleaned with antiseptic, and numbed with local anaesthetic (this will sting for a short time). A light sedative can also be given if needed. If sedation is required, you will have time to recover afterwards and will need to have someone to accompany you home, and stay with you for 24 hours.

Firstly, using ultrasound guidance a small needle will be placed accurately into the kidney. Once in position, x-ray is used to guide a wire into the kidney. The nephrostomy catheter is then inserted into the kidney over this wire, which is then removed once the nephrostomy catheter is in place. As you are numbed with local anaesthetic, you should not feel any pain, though you may feel some pushing/pulling. Please let a member of staff know if you experience pain so more pain relief can be given if required. A small amount of X-ray dye is injected to confirm the position of the nephrostomy catheter. This will be held in place with a stitch and covered with a dressing.

## What happens after the procedure?

Once the procedure is completed you will return to the Day of Surgery Unit / ward for nursing staff to monitor you post procedure and to check that the nephrostomy is working correctly. You will generally remain in bed for 4 hours. You can usually eat and drink normally, unless told not to. You will generally go home later that day.

## Aftercare following discharge

Your drainage bag will need to be emptied frequently to avoid it becoming too heavy. Always be careful to avoid dislodging the tube. The team will show you how to do this.

## Will I have a follow-up appointment or require further treatment?

A nephrostomy is usually a temporary procedure. Once your kidney has drained, you may not need any further treatment. Depending on the cause of the blockage, other treatment options are as follows:

- **Ureteric stenting** – a stent (plastic tube) can be placed in the ureter across the blockage to allow urine to flow normally from your kidney to your bladder without an external drainage bag staying attached permanently
- **Surgery** – Occasionally this is required to relieve the blockage

All options will be discussed by your doctors, the interventional radiologists and then with yourself.

## Results

You may be able to discuss your procedure with the performing interventional radiologist once it is complete. The performing interventional radiologist will dictate a formal report on your procedure, and it will be attached to your images on our Radiology Information System (RIS). A copy of the report will be sent by Radiology to the referring clinician. Any follow up will be arranged by the referring clinician.

## Image sharing

Your images will be electronically stored on the hospital picture archiving system. This data can be accessed throughout the Belfast Health and Social Care Trust and other doctors and health care professionals who are directly involved in your care. The ability to share images and radiological reports will improve the safety and quality of your care by ensuring that the right information is available in the right place at the right time.

In order to improve the medical services we provide we may also use your data as anonymously as possible for internal audit and medical education. If you would prefer that your data is not used for these purposes, please inform a member of staff when you attend for your examination.

If your data is to be used for research, then a separate consent process will be used. You will be asked for your consent, should this be the case.

## Contact us

If you have any queries, we will be happy to answer any questions before or after your procedure and you can contact us on the number given on your appointment letter.

For procedures performed at the Royal Victoria Hospital, please email [InterventionRadRVH@belfasttrust.hscni.net](mailto:InterventionRadRVH@belfasttrust.hscni.net) Tel: 02896156661 Interventional Radiology Secretary RVH

For procedures at the Belfast City Hospital, please email [InterventionRadBCH@belfasttrust.hscni.net](mailto:InterventionRadBCH@belfasttrust.hscni.net) Tel: 02895041165 Interventional Radiology Secretary BCH

## Feedback

We hope you found the information in this leaflet helpful. If it did not tell you what you needed to know or you would like to provide any feedback on your experience please let us know so that we can make any necessary improvements.

### ***You can provide feedback on your experience:***

Telephone: (028) 9504 8000 (Monday-Friday: 9am-4pm)

Textphone: 18001 028 950 48000

By email: [compliments@belfasttrust.hscni.net](mailto:compliments@belfasttrust.hscni.net)

By email: [complaints@belfasttrust.hscni.net](mailto:complaints@belfasttrust.hscni.net)

By completing an online form: <http://www.belfasttrust.hscni.net/contact/FeedbackForm.htm>

## Care Opinion



We invite you to share your experience by clicking the following link:  
<https://www.careopinion.org.uk/>

or by scanning the following QR code on your smartphone or tablet:



## Language and accessible support services

### Deaf/Hard of Hearing

If a Sign Language interpreter is required, please either telephone **028 9615 8900** via the Sign Video remote interpreting service (<https://signvideo.co.uk/deaf-community/>) or email us at [MPHAdminFOH@belfasttrust.hscni.net](mailto:MPHAdminFOH@belfasttrust.hscni.net) and we will arrange one for your appointment. Please have your H&C number ready when calling or include it in your email. This can be found at the top right corner of any Health and Social Care letters you may have received.

If you are unable to hear on the phone and need to contact us with regards to your appointment you can email us at [MPHAdminFOH@belfasttrust.hscni.net](mailto:MPHAdminFOH@belfasttrust.hscni.net).

## Do you need this information in another format or language?

The Trust has access to interpreting and translation services. If you need this information in another language or format, including Braille, large print, CD, audio tape please contact the telephone number **028 9615 8900** or e-mail address **MPHAdminFOH@belfasttrust.hscni.net**, and we will do our best to meet your needs.

## Polish - Czy potrzebujesz tych informacji w innym formacie lub języku?

Fundusz ma dostęp do usług w zakresie tłumaczeń ustnych i pisemnych. Jeśli potrzebujesz tych informacji w innym języku lub formacie, w tym w piśmie Braille'a, dużym druku, na płycie CD, kasecie magnetofonowej, skontaktuj się z nami pod numerem telefonu lub adresem e-mail **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**, a my dołożymy wszelkich starań, aby spełnić Twoje potrzeby.

## Arabic - هل تحتاج هذه المعلومات بصيغة أو بلغة أخرى؟

تستطيع الجمعية توفير خدمات الترجمة الفورية والتحريرية. إذا احتجت هذه المعلومات بلغة أو بصيغة أخرى، بما فيها صيغة برايل Braille أو صيغة بالأحرف الكبيرة، أو في سي دي CD أو في شريط مسموع، يُرجى الاتصال برقم التليفون أو عبر البريد الإلكتروني **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**، وسوف نبذل قصارى جهدنا في تلبية احتياجاتك.

## Lithuanian - Ar jums reikia šios informacijos kitu formatu ar kalba?

Tarnyba gali suteikti vertimo žodžiu ir raštu paslaugas. Jei reikia šios informacijos kita kalba ar formatu, įskaitant Brailio raštą, didelį šriftą, kompaktinį diską, garso įrašą, skambinkite telefonu arba susisiekite el. paštu **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900** ir mes padarysime viską, kad patenkintume jūsų poreikius.

## Romanian - Aveți nevoie de aceste informații într-un alt format sau altă limbă?

Trustul are acces la servicii de interpretariat și traducere. Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un alt format, inclusiv Braille, tipărire cu caractere de mari dimensiuni, CD, înregistrare audio, atunci vă rugăm să ne contactați la numărul de telefon sau la adresa de e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, iar noi vom face tot posibilul pentru satisfacerea necesităților dumneavoastră.

## Tetum - Ita presiza atu informasaun ida ne'e iha formatu ka lian seluk ka lae?

Fidusiáriu ida ne'e iha asesu ba servisu durubasa no tradusaun. Se Ita presiza informasaun ida ne'e iha lian ka formatu seluk, inklui letra Braile, letra boot, CD, kasete audio, entaun favór telefone númeru ka enderesu e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, no ami sei halo esforsu tomak atu kumpre Ita-nia nesesidade sira.