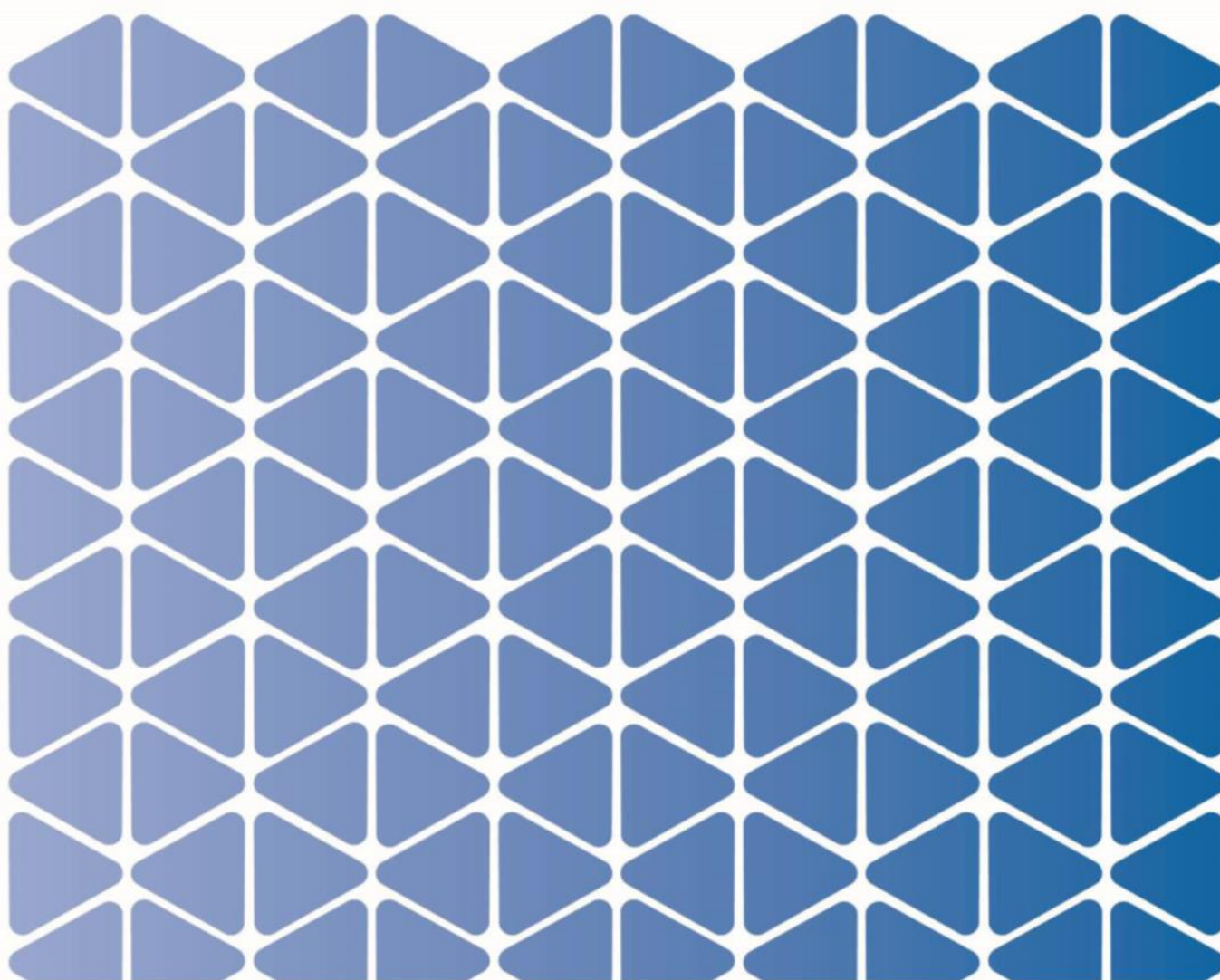




PATIENT INFORMATION

PERCUTANEOUS NEPHROSTOMY



Percutaneous Nephrostomy

This leaflet tells you about having a percutaneous nephrostomy. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

What is a percutaneous nephrostomy?

A nephrostomy is a procedure in which a fine plastic tube (catheter) is placed through the skin into your kidney to drain your urine. The urine is collected in an attached drainage bag.

Why do you need a nephrostomy?

The most common reason for having a nephrostomy is blockage of the ureter. The urine from a normal kidney drains through a narrow muscular tube (the ureter) into the bladder. When the ureter becomes blocked, the kidney rapidly becomes affected, especially if infection is present. If left untreated, your kidney will become damaged. A nephrostomy drainage will relieve the symptoms of blockage and keep the kidney working.

Are there any risks?

Nephrostomy is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise.

- Nephrostomy involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. The doses that are used in medical x-rays are very low and the associated risks are minimal. The radiologist is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk.
- Bleeding from the kidney. It is common for the urine to be bloody immediately after the procedure. This usually clears over the next 24–48hrs. On rare occasions, the bleeding may be more severe and require a transfusion. Very rarely the bleeding may require another surgical operation or radiological procedure to stop it.
- Infection. The urine in the kidney may be infected. This can generally be treated satisfactorily with antibiotics, but occasionally you can feel unwell after the procedure.

- Leak of urine from the kidney, resulting in a small collection of fluid inside the abdomen. If this becomes a large collection, it may require draining under local anaesthetic.

Very rarely, the interventional radiologist will be unable to place the drainage catheter satisfactorily in the kidney. If this happens, you may require a small operation to overcome the blockage or a repeat procedure.

Despite these possible complications, the procedure is normally very safe, and will almost certainly result in a great improvement in your medical condition.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure will have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

Are you required to make any special preparations?

A percutaneous nephrostomy is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for 6 hours before the procedure, although you will be able to drink clear fluids such as water for up to 2 hours prior to your appointment time.

You will receive an antibiotic prior to the procedure. During the procedure you may receive a sedative. The radiologist will discuss this with you at the time.

If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

You will need to have a blood test prior to admission to check your blood clotting levels. You will be informed of the arrangements for this test.

Your normal medication

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin

If you are taking aspirin regularly, please stop 5 days before the procedure unless you have a high risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,

If you are taking any of these regularly please ring the Imaging department on the numbers provided below.

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the referring clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Imaging department on numbers provided below. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

Please ring the booking coordinator on 01527 503030 asking for extension 44603 for questions.

Who will you see?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

Where will the procedure take place?

In the interventional procedure room within the radiology department. This is an X-ray room in which specialised X-ray equipment has been installed.

What happens during the procedure?

Before being transferred to radiology you will be asked to put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkillers if required.

When you are in Radiology, you will lie on the X-ray table, slightly turned on your stomach. Occasionally a cushion is placed under your stomach. You may have monitoring devices attached to your chest and finger and may be given oxygen.

Your skin will be swabbed with antiseptic, and you will be covered with sterile drapes. The skin overlying the puncture site will be numbed with local anaesthetic. The interventional radiologist will use an ultrasound probe and the X-ray equipment to place a fine needle accurately into the kidney. When happy with the position, a guide wire will be inserted to allow the small plastic tube (catheter) to be placed.

This catheter will then be fixed to the skin surface, and attached to a drainage bag.

Will it hurt?

Unfortunately, it may hurt a little for a very short period of time, but any pain you have should be controlled with painkillers or a sedative.

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Later, you may be aware of the needle and the catheter passing into the kidney, and sometimes this is painful, especially if the kidney was sore to start with. Generally, placing the catheter in the kidney only takes a short time, and once in place it should not hurt at all.

How long will it take?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will generally stay in bed for a few hours, until you have recovered. The nephrostomy catheter remains in place in your body for the time being and will be attached to a collection bag which will be strapped to your leg. It is important to keep the bag strapped to your leg so that it doesn't get caught on anything which may lead to displacing the catheter. You will be able to carry on a normal life with the catheter in place. The bag needs to be emptied fairly frequently, so that it does not become too heavy, but the nurses may wish to measure the amount in it each time.

If you are given sedation during the procedure and are discharged on the same day you should be accompanied home by a responsible adult who should stay with you for at least 12 hours if you live alone. It is recommended that patients who have been given sedation do not drive a car, operate machinery, sign legal documents or drink alcohol for 24 hours.

How long will the tube stay in?

This is a question that can only be answered by the doctors looking after you. It may only need to stay in a short time, for example, while a stone passes naturally, or it may need to stay in for a much longer period, to allow a more permanent solution for the blockage to be organised. Taking the catheter out does not hurt at all.

Finally

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhs.uk
On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.