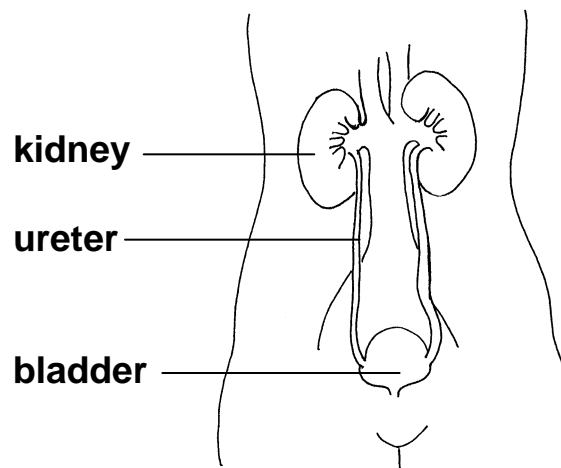

Nephrostomy Tube

What is a nephrostomy tube?

As the kidneys make urine, the ureters take the urine to the bladder to be stored until you void. When a ureter is blocked, urine builds up in the kidney instead of the bladder. This causes pain, inflammation and infection.

A nephrostomy tube is a narrow tube placed through the skin into the kidney to help drain urine and restore kidney function. A nephrostomy tube may also be used to allow healing of a kidney, ureter or bladder after procedure.



What happens before the procedure?

You may need to come to the Pre-Admission Assessment Clinic before the procedure to have any blood work, X-rays and other tests your doctor orders. In this clinic, you will meet a nurse and anaesthetist to learn how to get ready and have your questions answered.

Bring all of your medications to the clinic so the nurses and doctor can see what you are taking. The anaesthetist will tell you what medications to take at home before the procedure.

You will come to the Day Procedure Unit on the day of your procedure. Here, you will be prepared for the procedure. You will have a thin tube placed in a vein in your arm called an intravenous or IV. This is used to give you medications and fluid. The nurses will answer any questions you have. When you are ready, you will be taken to the Diagnostic Imaging Department for the procedure.

What happens during the procedure?

The procedure is done by a Radiologist. You will lie on your side so the blocked kidney is facing up. You will be given a local anaesthetic to freeze the area on your back while you are awake. Sedation and pain control medication are given through the IV in your arm.

The Radiologist then makes a 1 cm ($\frac{3}{4}$ inch) incision in your back. You may feel pulling and tugging on your back when the tube is put in. A balloon at the end of the tube holds it in place. Stitches may be needed as well.

What can I expect after the tube is in?

After the procedure you will go back to the Day Procedure Unit or go to the Urology Unit. Your nurse will give you pain control medication as you need it. You will also get an antibiotic medication to prevent infection.

Part of the nephrostomy tube comes out of your back. This tube drains urine into a bag. The bag needs to be kept lower than the tube site to allow proper drainage. The nurses measure the amount of urine you produce. The bag should be emptied when it is about $\frac{1}{2}$ full to prevent urine backing up into the kidney. You will also be able to pass urine if you have another kidney that works.

You will have a bandage over the incision. The nurse will check under the bandage to make sure that the tube is in place and to look for signs of infection.

Your tubing will be taped to your skin to prevent it from being blocked by a kink or being pulled out by accident.

What can I eat?

Your nurse will tell you when you can start drinking and eating. You should drink 4 to 6 glasses of water each day if you are allowed. You should avoid drinking fluids containing caffeine such as tea, coffee and dark colas. Caffeine makes your kidney work extra hard and it is already working hard with the nephrostomy tube.

Follow your normal diet at home. If allowed, you should eat foods high in fibre and drink a lot of fluids to try and prevent constipation when you return home. Foods high in fibre include whole-wheat products, bran, fruits and vegetables.



What activity can I do?

You will rest in bed for about 4 hours. Your nurse will help you get up the first time and make sure the tube is secure.

Getting up and moving helps:

- keep muscles strong
- prevent breathing problems
- prevent blood clots from forming
- prevent constipation
- promote healing

You can resume your normal activities as soon as you feel able.

Hygiene

You cannot have a tub bath because it will make the incision wet and put you at risk for infection. You will be able to shower if the incision can be completely protected and kept dry. You can have a helper put plastic over the bandage. The nurse can show you how.

Before you go home

- A friend or family member may learn to look after your dressing and check your skin daily.
- The Community Care Access Centre (CCAC) Manager will visit you before you go home. He or she will arrange for visiting nursing and dressing supplies.
- You will be advised to make an appointment to see your doctor.
- You will also get any prescriptions you need for medications before you leave the hospital.

Going Home with a Nephrostomy Tube

Looking after the nephrostomy tube and bag

You will be going home with your nephrostomy tube and collection bag. The bag needs to be kept lower than the tube insertion site to allow proper drainage.

Wash your hands well before and after you handle the drainage bag.

Empty the bag when it is about $\frac{1}{2}$ full to prevent urine backing up into the kidney. The pressure of a full bag can also pull the tube out.

You should wash and rinse the drainage bag once a day. Follow these steps:

- Wash your hands with soap and water.
- Wash the bag with clean water.
- Rinse the bag with a solution of 30 ml (1 ounce) of vinegar mixed with 950 ml (1 quart) of water.
- Air dry the bag on a clean towel. Do not dry the inside of the bag.



Use a new drainage bag every 7 days. To attach a bag, follow these steps:

- Wash your hands with soap and water.
- Using an alcohol wipe, wipe the tips of the bag and the tube.
- Connect the tip of the tube to the bag.

The dressing over the incision needs to be checked and changed. You will not be able to manage this yourself so a visiting nurse will come and change it. A friend or family member can also learn how to look after the dressing and check for infection.

Your dressing needs to be changed and the skin inspected:

- when wet
- at least every 7 days

The tube will be taped to your skin to prevent it from being blocked by a kink or being pulled out by accident.

Diet

You can eat the same way you did before you came to the hospital. Remember, it is important to drink 6 to 8 glasses of water a day if you are allowed. Drinking helps healing and prevents infection.

Activity

You can slowly return to your normal activities when you go home. Walking is a good activity to begin with. You should avoid strenuous activities. Some examples of strenuous activities are shovelling snow, raking leaves, mowing the lawn, vacuuming, doing laundry or hanging clothes.

Avoid lifting things greater than 10 pounds or 4 kilograms. Some examples are a full grocery bag, suitcase, small child or wet clothes in a laundry basket

Avoid vigorous exercise for 4 to 6 weeks and contact sports for 3 months.

If you have any questions about activities you like to do, ask your doctor.



Sexual activity

You can return to your normal sexual activity when you feel comfortable.

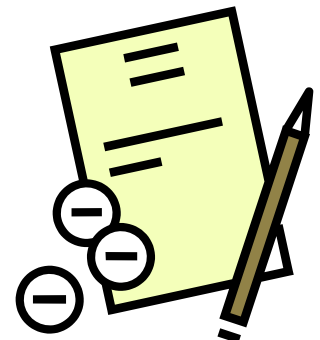


Return to work

Going back to work depends on the type of work you do and your health. Discuss this with your doctor to plan what is best for you.

Medications

When you leave the hospital, you may be given prescriptions for medications. This will depend on your needs. Fill the prescriptions at your local pharmacy and start the medications right away. Follow your doctor's orders for taking them.



Medications

You may need to take:

- Antibiotic medication to help prevent infection. These must be taken until they are all gone.
- Medication to control pain. Take this medication as directed.
- Medication to prevent constipation. Take this as directed.



If the medication contains codeine, you may become constipated. To help prevent constipation, you should eat food high in fibre and drink a lot of water if allowed. If constipation becomes a problem, talk to your doctor or pharmacist.

Prevent infection

Wash your hands before and after:

- all dressing changes
- emptying urine bag
- connecting and reconnecting urine bag
- changing urine bag



Drink at least 4 to 6 glasses of water a day unless you have been given other instructions.

Signs of infection on skin around tube:

- redness
- swelling
- foul odour
- drainage

Signs of a urinary tract infection:

- temperature above 38°C
- pain in the side of your back
- cloudy or foul smelling urine

Signs of a blocked tube:

- sudden decrease in urine
- leaking around the tube
- pain in your back

Contact your doctor, visiting nurse or go to the nearest Emergency Department if you have:

- signs of infection on skin around tube
- signs of a urinary tract infection
- signs of a blocked tube
- blood in the urine drainage
- nausea, vomiting or diarrhea for 2 days or more that is not getting better



If the tube falls out or is pulled out, you need a new tube put in:

- Call the Urologist right away **OR**
- Go to the Emergency Department during off hours.

