

# What You Need to Know About Your Nephrostomy Tube

## Information for patients and families

Read this information to learn about:

- What a nephrostomy tube is and why you may need one
- How to prepare for the procedure
- What you can expect
- How to care for your nephrostomy tube
- Who to call if you have any questions

**Let's work together to keep your nephrostomy tube working well and free from infection!**



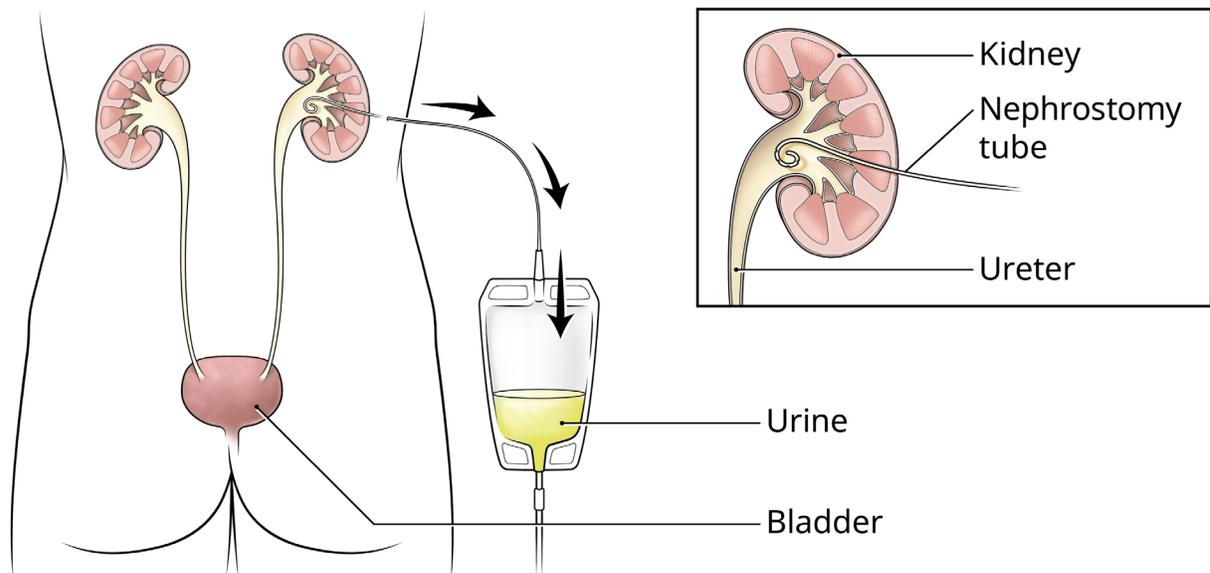
## What is a nephrostomy tube?

A nephrostomy tube is a catheter (a thin tube). It is put in through your skin and into your kidney to drain your urine (pee).

## Why would I need a nephrostomy tube?

You may need a nephrostomy tube when something is blocking your normal flow of urine from your kidney to your bladder. If your urine gets blocked, it will stay in your kidney and cause damage to it. A nephrostomy tube is put in to drain the urine directly from your kidney.

You may need this tube if you have kidney stones, pelvic tumours, damage to your urinary system or prostate cancer.



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## How do I prepare to have a nephrostomy tube put in?

### Before the procedure:

- ❑ **Get your blood tests done 7 days before your procedure date.** The doctor who scheduled you for the procedure will give you a requisition (an order form) for INR, aPTT, Platelets and Creatinine blood tests.

**If you don't get these blood tests done, the hospital may have to cancel your procedure.**

- **Some medicines may increase your risk of bleeding during or after your procedure.**

The following table below is a guideline only. Please tell your family doctor or nurse practitioner if you are taking any medicines on the list. They will give you more for specific instructions.

Medication	When to stop
Acetylsalicylic acid (ASA), NSAIDs such as ibuprofen (Advil, Motrin), naproxen (Aleve) or indomethacin	You can continue taking
Clopidogrel (Plavix), prasugrel (Effient) or ticagrelor (Brillinta)	You can continue taking if you are prescribed only one medicine. If you are also taking ASA, stop 7 days before the procedure
Warfarin (Coumadin)	5 days before the procedure
Dabigatran (Pradaxa)	3 days before the procedure
Rivaroxaban (Xarelto), Apixaban (Eliquis) or edoxaban (Lixiana)	2 days before the procedure
Dalteparin (Fragmin), enoxaparin (Lovenox) or tinzaparin (Innohep)	2 days before the procedure
Fondaparinux (Arixtra) and Argatroban (Acova)	Please ask your blood specialist (hematologist)

- If you take a medication that is not listed above, let your primary health care provider know.
- If you have any kidney related issues or condition, let your primary care provider know.

## Planning ahead for after surgery

To make sure you leave the hospital safely and are ready for recovery at home, you must:

- **Have an adult take you home.** This person must be able to pick you up from the hospital, carry your belongings, and push you to the front entrance with a wheelchair.

Staxi chair (temporary wheelchair transportation) are available near all the main entrances. They require a \$1.00 deposit, which is reimbursed to you when the chair is returned.

- **Have someone stay with you for 24 hours after the surgery.** This person must be able to help you at home because the medications you receive in hospital can make you dizzy or lightheaded



**If you do not have an adult take you home after surgery, your surgery may be cancelled.**

- When you are ready to go home, the nurses will give you instruction on how to care for yourself at home.

## The day of your procedure:

**Do not eat or drink anything 8 hours before your procedure.** If you need to take medicine, take it with only a sip of water.

- Bring your Ontario health card (OHIP).
- Check in at the Medical Imaging Reception Desk **1 hour** before your appointment. We use this time to get you ready for your procedure.
- Bring a list of medications you take at home.

## **After you check in, we:**

- bring you to the Medical Imaging Day Unit
- help you change into a hospital gown
- ask you questions about your health and medicine history
- give you an intravenous (IV) so that you can have pain medicine and sedatives (medicine to relax you) during your procedure
- answer any questions you have
- ask you to sign a consent form (signing this form means you agree to have the procedure)

## **What can I expect?**

1. We bring you into the procedure room and place you on your stomach or side. We connect you to a monitor that shows your blood pressure, heart rate and oxygen level.
2. The nurses give you oxygen and medicine to help you relax.
3. We clean the area of your body where we place the tube.
4. The doctor uses a needle to give you a local anesthetic (numbing medicine) in the area of your body the tube goes in.
5. Once your skin is numb, your doctor guides the tube into the right place in your kidney using an ultrasound and an x-ray machine.
6. We connect the tube to a bag to collect the urine and keep the tube in place with dressing. We also secure the bag to your leg to make sure the tube stays in place.
7. We then move you onto a stretcher and take you to the Medical Imaging Day Unit to recover for about 3 to 4 hours. Once you are ready, you will be discharged home.

Some patients stay in the hospital overnight. Your doctor would let you know and arrange this during an appointment before your procedure.

If you are discharged, a Home and Community Care nurse will call you to help you care for your nephrostomy tube.



## What can I do when I get home?

For 24 hours after you get home:

- **Don't** drive a car or use heavy machines.
- **Don't** drink alcohol.
- **Don't** make any financial or legal decisions.
- **Relax** for the rest of the day

It is normal to feel pain and have discomfort for about 1 week. You can take acetaminophen (Tylenol), unless you have allergies.

## How do I care for my nephrostomy tube?

Your nephrostomy tube is in a place that makes it hard for you to take care of it by yourself. You will need help. We can teach a family member to help you or work with your local Home and Community Care (LHIN) to have a community nurse help you.

- Your nephrostomy tube is not stitched in place. It is secured to your skin with a device or 2 pieces of clear dressing.
- We give you a brochure called [How to Change Your Drainage Tube Dressing](#).
- If the dressing comes loose, tape it down until a nurse can change the whole dressing. **Don't remove your dressing yourself. Your tube could fall out unless a family member is trained to help you.**



## Other important points to remember

- Keep the bag that is connected to your tube securely in place. To protect your tube, pin the bag to your clothes using safety pins. Or, use the leg straps to keep it in place.
- There should be no pulling or stretching on the tube connected to the bag.
- Make sure you empty the bag often. This will prevent pulling on the tube and helps keep it in place.
- Keep the skin around your tube dry. When you shower, cover the dressing so it does not get wet. If your tube dressing gets wet, dry the skin completely.
- Clean the skin around the tube with normal saline 2 times a week and cover the insertion site with sterile (clean) gauze.



Important!

**Make an appointment to have your tube changed every 3 months or when problems happen.**

## What problems should I watch for?

This chart lists problems you may have, how to prevent them and what to do if they happen.

Problem	How to prevent it	What to do
<p><b>The skin around the nephrostomy tube is infected.</b></p> <p><b>Signs:</b></p> <ul style="list-style-type: none"> <li>• skin is red, sore and/or swollen</li> </ul>	<p>Clean your tube and the skin around your entry site (where the tube goes in) once or twice a day, 2 or 3 times a week with normal saline.</p> <p>Do not touch around the insertion site.</p> <p>Always wash your hands before handling your nephrostomy tube.</p>	<ul style="list-style-type: none"> <li>• Change dressing every day.</li> <li>• Clean your tube and skin with normal saline (you can buy it at your pharmacy).</li> <li>• Put antibiotic ointment (like Polysporin) around the entry site every time you change your dressing.</li> <li>• Then, put dry, sterile gauze over the tube.</li> <li>• <b>Do this for 1 week. If your skin doesn't get better after 5 days, talk to the doctor who ordered this tube for you.</b></li> </ul>
<p><b>You have a kidney infection.</b></p> <p><b>Signs:</b></p> <ul style="list-style-type: none"> <li>• kidney pain (middle of your back)</li> <li>• fever and chills</li> <li>• urine smells and changes colour</li> <li>• nephrostomy tube not draining well</li> </ul>	<ul style="list-style-type: none"> <li>• Rinse your drainage bag with clean water every day.</li> <li>• Change your nephrostomy tube every 3 months.</li> <li>• Keep the tube taped to your skin and keep the drainage bag below the level of your kidneys.</li> <li>• Drink lots of fluids each day unless your doctor gave you different instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• If your tube is capped, un-cap it and connect your tube to a drainage bag. Call your doctor right away.</li> <li>• Your tube will probably be changed within 48 hours.</li> <li>• You may need to start taking antibiotics.</li> </ul>

Problem	How to prevent it	What to do
<p><b>Your tube has partly or completely fallen out.</b></p> <p><b>Signs:</b></p> <ul style="list-style-type: none"> <li>• tube looks like it moved or is out</li> <li>• no urine is draining into the bag</li> <li>• leaking at the entry site of your tube</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure the tube is secured to your skin.</li> <li>• Make sure your bag is firmly in place. Use safety pins or leg straps.</li> <li>• Don't pull off the dressing without help.</li> <li>• Check your dressing every day to make sure it is securely in place.</li> </ul>	<ul style="list-style-type: none"> <li>• If your tube is partly out, tape it in place. It's important to keep it in as much as possible because your new tube can go in through the same opening and tract (or path).</li> <li>• To get an urgent appointment for a tube change or re-insertion, call the Medical Imaging Central Booking Office at <b>416 340 4800, ext. 3384</b>, Monday to Friday 8:00 am to 4:00 pm.</li> <li>• After hours or on weekends and holidays, go to the Emergency Department at Toronto General Hospital or Toronto Western Hospital.</li> <li>• <b>Important: The tract closes quickly, which makes it harder to replace if you wait too long.</b></li> </ul>
<p><b>Your tube is blocked.</b></p> <p><b>Signs:</b></p> <ul style="list-style-type: none"> <li>• no drainage in the tube</li> <li>• bag and urine are leaking around the tube site</li> <li>• pain in your kidney area</li> </ul>	<ul style="list-style-type: none"> <li>• Check for any kinks (bends or twists) in the tubing. Secure the tube to the skin well to prevent it from getting kinked.</li> <li>• Drink water every day to stay hydrated unless you are on fluid restriction.</li> <li>• Make sure your tube is being flushed by your community nurse.</li> <li>• Change your nephrostomy tube every 3 months.</li> </ul>	<ul style="list-style-type: none"> <li>• You will need to have your tube changed. This takes about 20 to 30 minutes. <ul style="list-style-type: none"> <li>▪ Call 416 340 4800 ext. 3384 and ask for urgent appointment to have your tube changed</li> <li>▪ On weekends and holidays, please go to the emergency department at TGH or TWH.</li> </ul> </li> </ul>



## Who should I call if I have any questions?

If you have any problems with your nephrostomy tube, call the Medical Imaging department and ask to speak with a Clinical Nurse Coordinator:

Toronto General Hospital: 416 340 4800, ext. 5403

Toronto Western Hospital: 416 603 5800, ext. 6301

Hours: Monday to Friday, 8:00 am to 4:00 pm

You can also call the doctor that scheduled you to get a nephrostomy tube.

For your regular tube changes, call the Medical Imaging Central Booking office to make an appointment. When you call, tell the clerk that you need an outpatient appointment for a nephrostomy tube change in the Interventional Radiology department.

Phone: 416 340 4800, ext. 3384

Hours: Monday to Friday, 8:00 am to 4:00 pm



## Go to the nearest Emergency Department if you:

- have a fever higher than 38 °C or 101 °F
- notice a lot of blood in your drainage bag or at the insertion site
- have strong stomach pain or lower back pain that you didn't have before
- feel dizzy and like you are going to faint (mild lightheadedness) after the first 24 hours. Some dizziness is normal during the first 24 hours because of the medicine you received.

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