



Patient Information Leaflet

# Undergoing percutaneous nephrostomy

**Produced by:**  
Diagnostic Imaging

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**If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.**

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**Polish:**

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

**Russian:**

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

**Turkish:**

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

**Bulgarian:**

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

**Czech:**

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

**Bengali:**

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

This leaflet tells you about the procedure known as 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 a discussion.

Whether you are having the percutaneous nephrostomy as a planned or an emergency procedure, you should have a sufficient explanation before you sign the consent form.

## **What is a percutaneous nephrostomy?**

The urine from a normal kidney drains through a narrow muscular tube—the ureter, into the bladder. When that tube becomes blocked the kidney can rapidly become affected, to relieve the blockage a fine plastic tube called a catheter is passed through the skin into the kidney—under local anaesthetic. This catheter then allows the urine to drain from the kidney into a collecting bag, outside the body. This procedure is called a percutaneous (meaning through the skin) nephrostomy (a tube put into the kidney).

## **Why do I need a percutaneous nephrostomy?**

Other tests will have shown that the tube leading from your kidney to the bladder has become blocked. However, it may not be obvious what the cause of the blockage is. If left untreated, your kidney will become damaged.

## **Who has made the decision?**

The Urology consultant.

## **Who will be doing the percutaneous nephrostomy?**

A specially trained doctor called a radiologist. Radiologists have special expertise in using x-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure.

## **Where will the procedure take place?**

The department of Radiology.

## **How do I prepare for percutaneous nephrostomy?**

You need to be an inpatient in the hospital. You will be asked not to eat for six hours beforehand, though you may be allowed to drink some water. You may receive a sedative to relieve anxiety, as well as an antibiotic. You will be asked to put on a hospital gown.

If you have any allergies, you **must** let your doctor know. If you have previously reacted to intravenous contrast medium (the dye used for kidney x-rays and CT scans), then you must also tell your doctor about this.

## **What actually happens during a percutaneous nephrostomy?**

You will lie on the x-ray table, flat on your stomach, or nearly flat. The radiologist will keep everything as sterile as possible. Your skin will be cleaned with antiseptic, and then the rest of your body covered with a sterile theatre towel.

The radiologist will use the x-ray equipment and the ultrasound machine to decide on the most suitable point for inserting the fine plastic tube (catheter) then your skin will be anaesthetised with local anaesthetic, and a fine needle inserted into the kidney.

When the radiologist is sure that the needle is in a satisfactory position, a guide wire will be placed into the kidney, through the needle, which then enables the plastic catheter to be positioned correctly. 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.

When the local anaesthetic is injected, it will sting to start with, but this soon wears off, and the skin and deeper tissues should then feel numb. Later, you may be aware of the needle and then the catheter passing into the kidney, and sometimes this is painful, especially if the kidney was sore to start with. There will be a clinical member of staff standing next to you and looking after you.

### **How long will it take?**

Every patient's situation is different, and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 20 minutes, or very occasionally it may take longer than 90 minutes. As a guide, expect to be in the x-ray department for about an hour altogether.

## **What happens afterwards?**

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally stay in bed for a few hours, until you have recovered.

The drainage catheter stays in place in your body for the time being, and will be attached to a collection bag. You will be able to carry on a normal life with the catheter in place. However, it is important that you try not to make any sudden movements (for example, getting up out of a chair), without remembering about the bag, and making sure that it can move freely with you. The bag needs to be emptied fairly frequently, so that it does not become too heavy. Once back on the ward the nurses will record the amount of urine that you pass.

## **How long will the catheter stay in, and what happens next?**

These are questions which only the doctors looking after you can answer. 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.

## **Are there any risks or complications?**

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

Perhaps the biggest problem is being unable to place the drainage tube satisfactorily in the kidney. If this happens, a surgeon will arrange another method of overcoming the blockage, which may involve surgery.

There may be bleeding from the kidney. On very rare occasions, this may become severe, and require a surgical operation or another radiological procedure to stop it.

Occasionally there may be infection in the kidney, or in the space around it. This can be treated satisfactorily with antibiotics.

## **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, before you sign the consent form.

## **Access to Health Records by Diagnostic Staff**

As a patient undergoing tests as part of a diagnostic procedure information about you may be accessed by other healthcare professionals and images may need to be interpreted by a teleradiology service. It is normal practice in these circumstances for your consent to be implied as part of your agreement to have the test or tests performed.

**If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.**

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.