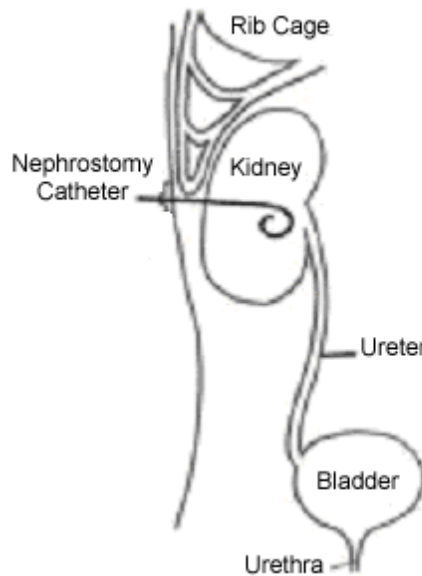


MCRG Interventional Radiology Patient Discharge Education Nephrostomy Tube Placement or Exchange

A nephrostomy tube is a small, flexible, rubber tube that goes through the skin directly into the kidney. The tube is used to drain urine from your kidney to a bag outside your body.



Tube Care:

- Inspect the external tube often for kinks, especially if the dressing is wet and leaking urine.
- Write down the color of the urine and how much is in the bag every time you empty the drainage bag. Empty the bag at the same times each day, or when it is 2/3 full.
- Empty the drainage bag through the spout at the bottom of the bag. **DO NOT** disconnect the tube from the bag.
- Keep the nephrostomy bag below the insertion site so it will drain easily.
- Do not clamp or cap your tube unless specifically instructed to do so by the doctor or team that placed the tube.

Bathing:

- You may shower 24 hours after your drain has been placed.
- Remove the dressing before showering and reapply a new dressing after you've finished.
- **Do not** soak in the bath tub, use a spa or go swimming for the duration of your tube being in place.

Dressing Changes:

- The dressing should be changed at least every two days and after every shower. Because it is usually located on your back, help from a family member or friend may be needed.

- Wash hands thoroughly with soap and water.
- Take off the old dressing and discard.
- Inspect the site for redness, swelling, tenderness or foul/bloody drainage.
- Clean the insertion area (where the tube goes into the skin) gently with soap and water (may be done in the shower). Dry gently and thoroughly.
- Cover the site with gauze and tape to skin.

Irrigation/Flushing (only if directed to irrigate tube):

- Nephrostomy tubes are not routinely flushed. It is not needed unless you are specifically instructed to do so.
- Even if not instructed to flush your tube, you may be discharged with a few prefilled flushes. Keep these on hand in the event you are instructed to flush your tube (see “Tube Problems”).
- If you are asked to flush on a routine basis, we will give you a prescription for prefilled flushes and they can be purchased at the hospital pharmacy. They may or may not be covered by insurance and other pharmacies may or may not carry them.

Activity:

- You may resume your normal activities as tolerated.
- Keep the tube secure at all times (you may tape it to your skin) and avoid tugging on it.

Patients Who Have Received Conscious Sedation (IV sedation) and are discharged same-day:

- You must have someone drive you home when you leave the hospital. It is also good to have a responsible adult stay with you the first night.
- For 24 hours after your procedure, do not do anything where you need to be mentally alert. This includes making important decisions, operating machinery, signing important papers, etc.
- Eat light for the first 24 hours, and then start eating more as you are able. Drink plenty of fluids.
- If you are taking pain medications:
 - Take as directed.
 - Do not drink alcohol while taking narcotic pain medication.
 - Do not drive while on narcotic pain medication.
 - If you are constipated, drink more fluids and eat more fiber. You can also use an over-the-counter stool softener.

Follow-up

- External nephrostomy tubes are usually changed every 2 to 3 months to keep them open and prevent infection. Your treatment plan may differ from this, so don't be alarmed if you are called sooner to schedule.
- Contact the IR scheduler to schedule your tube change appointment or if you have any questions about when you should be seen.

Tube Problems

- If the skin around the catheter becomes red and sore, you may have a skin infection. This means you need to clean the site and change the dressing more often, usually three times a day. Put some antibiotic ointment on the skin when you change the bandage. If the symptoms do not go away in 2 days, call the IR non-emergent number listed below.
- If you experience any of the below symptoms and your tube is connected to a bag, call the IR nurse coordinator and have your supplies ready to flush your tube if directed:
 - Pain in your back or side.
 - Nausea and vomiting.
 - Fever and chills.
 - No (or very little) urine drainage over the last 8 hours.
- If you experience any of the above symptoms and your catheter is capped, connect the catheter to the spare drainage bag given to you at discharge and call the IR non-emergent number listed below.
- If your catheter falls out it can easily be put back in by the doctor if done within 24 hours. Call IR scheduling for an appointment to have the tube reinserted. **Do not attempt to reinsert the tube yourself.**

Interventional Radiology Contact Information

Office Hours 8:00 am - 5:00 pm

Non-emergent questions:

Phone: (407) 649-6823 Fax: (407) 246-0374

Email: IRSupport@MCRG.com – *non urgent concerns only*

IR Clinic Scheduling:

Phone: (321) 841-8104 Fax: (407) 649-7873

Email: IRSupport@MCRG.com – *non urgent appointment requests only*

For all Urgent issues:

On nights and weekends for immediate concerns you may

Page the Interventional Radiologist at:

(321) 841-8122

Or call your Doctor.