



## Having a Nephrostomy Tube Inserted

This handout offers information on what you need to know before having a nephrostomy inserted.

### What is a nephrostomy tube?

A nephrostomy tube is used to drain urine out of your body. It is put into your body by a doctor called an interventional radiologist. Ultrasound and X-ray machines are used to help the doctor insert the tube in the right place. The tube is inserted through the skin on your back and into your kidney. Your urine drains out through the tube and into a drainage bag which can be strapped to your leg with special elastic straps.

### You may need a nephrostomy tube if:

- Your ureter is blocked (ureter = the duct or tube that carries urine from your kidney to your bladder)
- There is a hole in your ureter
- You are having surgery or other procedures on your kidney and/or ureter

### Preparing to have your nephrostomy tube(s) inserted:

1. You need to have bloodwork done before your drainage catheter is inserted.
2. If you take a blood thinning medication (this includes Aspirin®)

Your doctor and nurse will tell you when to stop your blood thinning medication before your nephrostomy tube is inserted. You will also be told when to restart it after your nephrostomy tube is inserted.

The name of your blood thinning medication \_\_\_\_\_

Stop your blood thinning medication \_\_\_\_\_ days before your nephrostomy tube is inserted.

Restart your blood thinning medication \_\_\_\_\_ days after your nephrostomy is inserted.

3. Do not drink alcohol for 24 hours before you have your nephrostomy tube(s) inserted.

### On the day your nephrostomy tube is inserted

- If your appointment is in the morning, do not eat or drink anything after midnight the night before you have your nephrostomy tube(s) inserted. Take your regular medications with a sip of water.
- If your appointment is in the afternoon, do not eat anything after

midnight the night before you have your nephrostomy tube(s) inserted. You may drink clear fluids in the morning. Clear fluids include water, clear fruit juices you can see through, clear tea (no milk or sugar) and black coffee (no milk or sugar). Stop drinking fluids 2 hours before you have your nephrostomy tube(s) inserted.

- An adult needs to drive you to and from the hospital and stay with you for 24 hours after you go home.
- Bring your health card and a list of the medications you are taking with you.

### **Having your nephrostomy tube(s) inserted**

Check in at the reception desk of the Diagnostic Imaging department. The Diagnostic Imaging department is located in the N-wing on the main floor of the hospital.

A nurse inserts an intravenous (IV) line into one of your veins. The interventional radiologist explains how the nephrostomy tube is inserted and answer any questions you have. You need to sign a consent to have the nephrostomy tube inserted. It will take up to 1 hour for each tube to be inserted.

You will be brought into the procedure room and moved onto an X-ray table. An interventional radiology nurse will monitor your blood pressure, heart rate, and check your oxygen levels. This is done many times throughout the procedure. An oxygen mask is placed on your face.

The skin on your back is cleaned with an antiseptic to prevent infection. It feels cold and wet and may colour your skin pink. The interventional radiologist injects freezing (local anesthetic) into the skin on your back. You will feel the needle stick and then some mild burning. You will be awake during the procedure. You will receive medications through your IV to help you relax and to keep you comfortable. These drugs will make you feel sleepy.

The interventional radiologist makes a tiny cut (incision) in your skin where the nephrostomy tube is inserted. Ultrasound is used to guide the needle into your kidney. Your nephrostomy tube is inserted through the small cut in your skin and into your kidney. You may feel some pushing or pulling at this time.

Once the tube is in, a dressing is applied to the area where the tube comes out of your skin. The tube is taped to your back to keep it in place. It is connected to a bag for urine to drain into. You will stay in the hospital for about 4 hours after your nephrostomy tube is inserted. A nurse cares for you during this time.

## **After you have your nephrostomy tube inserted**

You need someone to drive you home and stay with you for 24 hours because of the medications you were given.

If you normally take blood thinners, do not take them if there is bleeding where your tube was inserted or into the drainage bag. If bleeding continues for more than 24 hours, call your doctor. If it is after hours, go to the Emergency Department at the hospital closest to you. You may have discomfort (mild pain) for 1 to 2 weeks after your tube(s) is inserted. You may not be able to do some of your normal activities during this time. Do not do any activity that causes a pulling feeling or pain around your tube or kinking of the tube.

## **Taking care of your nephrostomy tube**

- Keep the tube and the skin around it clean and dry.
- A visiting nurse may flush your nephrostomy tube 1 time each week (or as ordered by your doctor).
- Do not pull on your nephrostomy tube.
- Do not pin your nephrostomy tube to the bed.
- Do not bend or kink your nephrostomy tube.

## **Taking care of the skin around your nephrostomy tube**

1. A visiting nurse comes to your home 24 to 72 hours after your nephrostomy tube is inserted. This is arranged through Ontario Health atHome. Your visiting nurse cleans the skin around your tube every 48 to 72 hours (as ordered by your interventional radiologist). A clean dressing is put on each time. It is important to keep a dry dressing on.
2. You can have a shower. Put the protective plastic dressing over the area of the skin where your tube is. Tape the edges of this dressing to your skin. This will stop water from getting under it. If the area gets wet, dry the skin and put on a dry dressing. Your family member/partner in care or the visiting nurse can help you with this. It is important that anyone helping you washes their hands first.

## **Problems you may have with your nephrostomy tube**

- A skin infection  
Taking good care of the skin around your tube can prevent an infection. If you get an infection, it can usually be treated with medication.

- A kidney infection  
You can get a kidney infection if your tube gets blocked. A kidney infection is more serious than a skin infection. You would be given an appointment to have your tube changed. You would also have to take an antibiotic.
- Leakage around the nephrostomy tube  
Normally, all the urine drains through the tube and is collected in the bag. Leakage of urine around the nephrostomy tube usually means the tube is blocked. The leakage should stop when the tube is replaced by an interventional radiologist.

**Go to the Emergency Department at the hospital closest to you if you have:**

- A lot of pain in your back
- A large amount of bleeding from around your nephrostomy tube site
- A large amount of bleeding from your nephrostomy tube (seen as blood in the drainage bag)
- A fever above 38.3° C/100.9°F at any time or above 38.0° C/100.4°F for more than an hour
- A lot of shakes and chills

**Call the Interventional Radiology Department if you have:**

- A large amount of urine drainage from around your nephrostomy tube site.
- No urine drainage from one or both of your nephrostomy tube(s) for 24 hours.
- Redness or swelling around your nephrostomy tube site.
- Your nephrostomy tube comes out or you feel like it is coming out.

Call 905-433-4305 between the hours of 8 am and 4 pm and ask to speak to the interventional radiology clerk. After 4 pm or on weekends or holidays, call the same number and ask to speak to the interventional radiologist on call. You can also go to the Emergency Department at the hospital closest to you.

To leave a non-urgent message with a question you have, call 905-576-8711 extension 33527. Your call will be returned on the next regular work day.

Talk to a member of your healthcare team if you have questions or do not understand any of the information in this handout.

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