

Managing your nephrostomy tube and drainage bag

What is a nephrostomy tube?

- A nephrostomy tube is a narrow tube which is placed into your kidney.
- It is inserted to drain urine which has been trapped in the kidney by an obstruction or narrowing in the tube (ureter) that would normally drain urine into the bladder.
- You can have a nephrostomy tube in the left, right or both kidneys. The tube is stitched in and covered with a drain guard dressing on your lower back.
- This is then attached to connection tubing which attaches to a drainage bag on your leg.

The drainage bag needs to be emptied when two thirds full, the leg bag is secured by straps. At bedtime you would attach a night bag which will hold more urine and put it on a stand at the side of your bed.

What are the potential risks and side effects?

As with any foreign object which enters the body there is a risk of infection. If you have:

- redness and swelling
- the site is more painful
- you have a discharge where the tube enters the skin

If your urine is:

- smelly
- cloudy
- has blood in it

These could all be signs of infection and you should contact your GP or district nurse or Hailsham ward directly especially if you are also feeling unwell with a fever.

Sometimes:

- the tube may become blocked with a blood clot
- or your urine will stop draining into the bag

This can cause infection and or pain; there is a risk of further damage to the kidney if it is not unblocked. You will therefore need to seek medical advice as soon as you become aware that the tube is not draining.

Draining of:

- debris
- or blood

can happen, if you are concerned that there is a lot of blood in the urine or that it is not draining properly then please seek medical advice as above.

There is a risk that the tube could be pulled out or become dislodged, you must be very careful to keep the tube covered and try not to catch it on anything. If you are concerned that the tube

is no longer in the right place it would need to be checked by a medical practitioner and therefore you would need to seek medical advice if you fear this has happened.

What are the expected benefits of treatment?

This treatment helps to drain the kidney and treat what is called 'hydronephrosis' This is when the tube (ureter) that drains fluid from the kidney is blocked in some way. The kidney swells up and is filled with urine due to it not being able to drain away.

This treatment will help to relieve the pain, reduce further damage to the kidney and with the aid of antibiotics treat the initial infection risk.

Nephrostomy tubes (which are on the outside of the body) are usually seen as a temporary solution. After a short time a stent, (which is a thin plastic tube), may be placed on the inside of the ureter that runs from the kidney to the bladder, this stent needs to be changed every three to six months. Once a stent has been inserted you will no longer need to have the nephrostomy tube on the outside. (Occasionally there is difficulty putting in stents, or stents can become blocked if this is the case then you will keep the nephrostomy tube.)

What should I do when I go home?

You may be discharged home with your nephrostomy tube in situ.

When managing drainage bags from your nephrostomy tube it is very important to make sure your hands are clean. Always wash your hands with soap and water before and after emptying the nephrostomy drainage bag.

To empty the drainage bag:

- Wash your hands with soap and water
- Empty the leg bag when it is two thirds full to ensure it does not get too heavy
- To empty, open the tap at the bottom of your bag
- Allow all the urine to flow out of the bag and into the toilet
- Close the tap and wipe the tube at the bottom of the bag with a clean piece of toilet roll or a wet wipe
- Wash your hands with soap and water

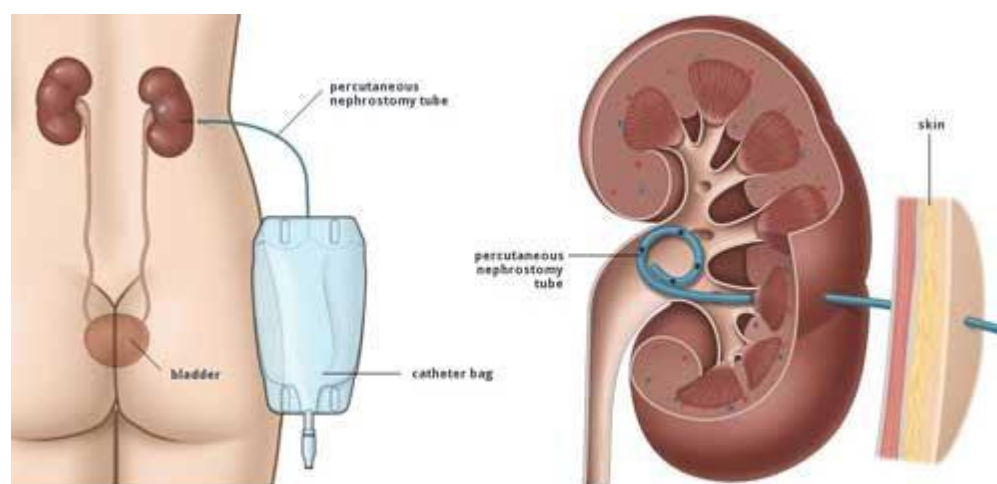
You may find it is necessary to empty the leg bag every 3-4 hours depending on how much fluid you drink. The bag must not be allowed to become heavy and overfilled with urine as this could risk the tube sliding down your leg due to the weight of urine in the bag. To prevent this you must ensure the leg bag is well secured to your leg, getting the tube caught or the bag pulling on the tubing are both common reasons as to why a nephrostomy tube could be accidentally pulled out.

Bedtime:

- Wash your hands with soap and water.
- Before going to bed, empty leg bag in the same way as you have been doing.
- Remove green cap and save this, attach a night bag to the bottom of the leg bag to save you having to empty the bag whilst you are asleep.
- Open the tap at the bottom of the leg bag to allow urine to flow into the night bag whilst you are asleep.
- Put the night bag on the stand (you will be provided with) at the side of the bed.
- Wash your hands with soap and water.

When you wake up:

- Wash your hands with soap and water
- Close the tap at the bottom of the leg bag
- Detach the night bag from the leg bag
- Ensure the leg bag is safely secured to your leg
- Open tap on night bag and empty the urine from the night bag into the toilet
- Close the tap on the night bag and leave it to stand at the side of the bed
- Put the green cap back on to help protect end of tubing from touching floor
- Wash your hands with soap and water



Both the leg bag and night bag can be used for up to a week. When you start using the bag write the date on it so you know when its due for changing.

You may be offered daily night bags which are only able to be emptied the once and must therefore be thrown away each day.

To dispose of your bags:

- Double wrap the bag (either in newspaper or a plastic bag)
- Place into your household waste bin

What else do I need to know?

The nephrostomy tube is stitched in and secured to the lower back by a 'drain guard' dressing.

Care of site: It will be difficult for you to change the dressing yourself because of where it is.

- Do not get the site wet. The tube can also be covered with a film dressing to enable you to shower
- If water gets in under the dressing then it would be best for it to be changed
- You should not get the dressing wet in the bath, use bubble bath or shower gel, talcum powder or any creams to the area

The dressing needs to be changed weekly along with the leg bag

- If you are house bound a referral will be made to the district nurse to come to you and change the dressing weekly.
- Otherwise you will need to arrange to go and see the practice nurse at your local GP surgery.

The hospital will provide you with a 'starting supply' of dressings and bags. The hospital will arrange for the bags to be delivered directly to your home address. The drain guard, gauze and film dressings will be supplied by your surgery / district nurse.

Sources of information

Endourology Clinical Nurse Specialist: Anne-Marie Eldridge

Work mobile: **07815 986967 or 0300 131 4500 Ext:772451**

Hailsham ward, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex BN21 2UD - **0300 131 4500 Ext: 772473 or 735960 (through switchboard)**

Direct line: **0300 131 5960**

Michelham Unit, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex BN21 2UD- **0300 131 4500 Ext: 735476 or 735474 (through switchboard)**

Direct line: **0300 131 5476**

The district nurse and practice nurse will be able to offer you advice and support also.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team - Tel: 0300 131 4784 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Staff working on Hailsham ward and Michelham unit:- Matron Tracey Dougan, Matron Cheryl Jackson-Gamlen, Nurse Practitioner John Buyungo, Sister Ampy Berina, Charge Nurse Edwin Ilagan, Sister Emely Davis, Sister Laura Wallace, Sister Sue Morgan,

The Clinical Specialty/Unit that have agreed this patient information leaflet:

The Urology team, Hailsham ward, Michelham Unit, EDGH

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Responsible clinician/author: Sister Anne Hanaway.

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